MEDICINE

INDEX

Dr. Murali Bharadwaz Classes for FM6 Screening Test
1200 High Yeild Topics from 19 subjects

MEDICINE

CARDIOLOGY

MAJOR TOPICS	*MCQ'S*
Myocordial Infarction	45
Hypertension	26
Infective Endocarditis	24
Heart Sound	16
Coarctatio of AORTA	13
RHD	13
Cardiac Tamponade	12
HOCM	12
BOG	11
Pulmonary Embolism	11
PULSE	11
Digitalis	10
Clubbing	9
JVP	8
CHF	7
Mitral Stenosis	7
QT Prolong	7
Shock	7
Aortic Regurgitation	6
Aortic Stenosis	6
CPR	6
Pericarditis	6

CARDIOLOGY

MINOR TOPICS	*MCQ'S*
Aortic Dissection	5
Atrial Fibrillation	5
Cardiomyopathy	5
Murmur	5
Pulmonary Hypertension	5
SVT	5
ASD	4
Atherosclerosis	4
MVP	4
Pulmonary Edema	4
Atrial Myxoma	3
Complete Heart block	3
Mitral Regurgitation	3
PDA	3
VSD	3
VT	3
WPW Syndrome	3
AV Fistula	2
EDEMA	2
Lipoproteins	2
Mycotic Aneurysm	2
PCWP	2
Postural Hypotension	2
Ventricular Fibrillation	2

CARDIOLOGY

MINOR TOPICS	*MCQ'S*
Antithrombotics	1
Myocarditis	1
Nitric Oxide	1
Papilledema	1
Pulmonary Stenosis	1
Raynaud Disease	1
Tricuspid Regurgitation	1

NEUROLOGY

MAJOR TOPICS	*MCQ'S*
Meningitis	27
CVA	21
Epilepsy	14
Subarachnoid Hemorrhage	14
Myasthenia Gravis	12
Parkinson Disease	11
Peripheral Neuropathy	11
Lobar Damage	10
Headache	9
Lateral Meddulary syndrome	9
Alzhemir Disease	8
ICT	7
Lobar Dysfunction	7
Neurocysticercosis	7
Spinal Cord Compression	7
UMN LMN	7
HSV Encephalitis	6
Hypokalemic Periodic Paralysis	6
PRION	6
Botulism	5
Facial Nerve Paralysis	5
MND	5
Wernicke Encepilalopathy	5

NEUROLOGY

MINOR TOPICS	*MCQ'S*
Dementia	4
Fredricks Ataxia	4
GB Syndrome	4
Huntighton Disease	4
Brain Abscess	3
Brainstem Syndrome	3
Charcot Joint	3
DMD	3
Lacunar Infarct	3
Multiple Sclerosis	3
Normal Pressure Hydrocephalus	3
Nuerofibromatosis	3
Subdural Hematoma	3
Supranuclear Palsy	3
Trophic Ulcer	3
Autonomic Neuropathy	2
Brown Sequard Syndrome	2
Congenital Myopathy	2
Occulomotor Paralysis	2
Syringomyelia	2
Spinal Artery Thrombosis	1
Allodynia	1
Cavernous Sunus Thrombosis	1
Cerebellar Dysfunction	1
Cervical Rib	1
Choroid Plexus	1
Chronic Regional Pain Syndrome	1
CJ Syndrome	1
COMA	1
Diffuse Axonal Injury	1
EBG	1
Ihermitte Disease	1

NEUROLOGY

MINOR TOPICS	*MCQ'S*
Myotonic Dystrophy	
Nystagmus	
Optic Neuritis	
Pain Scale	
Pick Disease	
PML	
Psuedotumor Cerebri	
SMA	
Spinocerabral Ataxia	
Sturge Weber Syndrome	
Third Nerve Palsy	
Trochlear Nerve Paralysis	
Tuberous Sclerosis	
Viral Encephalitis	

MEDICINE 3

HEMATOLOGY

MAJOR TOPICS	*MCQ'S*
Multiple Myeloma	23
Lymphoma	17
Iron Deficiency Anemia	14
Megaloblastic Anemia	13
Hemolytic Anemia	12
Polycythemia Vera	12
HUS	11
PNH	11
AML	10
CML	9
Hemophilia	8
Transfusion Complications	8
Aplastic Anemia	7
Hemolyticanemia	7
Thalasemia	7
Sickle Cell Anemia	6
ALL	5
Amyloidosis	5
Bone Marrow Transplantation	5
CLL	5
hairy cell lukemia	5
Anemia	4
Anemia Of Chronic Disease	4

INFECTIOUS DISEASES

MAJOR TOPICS	*MCQ'S*
HIV	30
HBV	15
Leprosy	13
H PYLORI	11
Tuberculosis	8
Sepsis	7
SWHILIS	7
HEV	6
Pnuemocystis Carinii	6
DIC	5
HCV	5
MALARIA	5
POLIO	5

HEMATOLOGY

MINOR TOPICS	*MCQ'S*
G6pd deficiency	4
[TP	4
PTAPTT	4
Splenectomy	4
Heriditary Spherocytosis	3
Myelofibrosis	3
Bernard Soulir Disease	2
Mycosis Fungoides	2
Myelodysplastic Syndrome	2
Sideroblastic Anemia	2
Von Willebrand	2
Afibrinogenemia	
Cold Agglutinin Disease	
Heavy Chain Disease	
Hemoglobinuria	
HYDROPS	
LAPSCORE	

INFECTIOUS DISEASES

MINOR TOPICS	*MCQ'S*
Amebiasis	4
Chlamydia	3
Dengue	3
Diphtheria	3
Gonococcus	3
Toxoplasmiosis	3
Antibiotic Associated Diarrhea	2
Chancroid	2
Chicken Pox	2
EBV Infection	2
Febrile Nuetropenia	2
Legionella	2
leishmaniasis	2
MUMPS	2
RABIES	2
Ricketssial Disese	2
Roseola Infantum	2
Actinomycosis	
Bacteroides	
Candidiasis	
chediak higashi syndrome	
Cryptococcus	
Giardiasis	
Hand Foot Mouth Disease	
HAV	
Herpes Zoster	
HTLV	
Hydatid Disease	
hyperthermia	

INFECTIOUS DISEASES

MINOR TOPICS	*MCQ'S*
Hypothermia	
IMIPINEM	
Immunosuppression	
Legionnaires Pnuemonia	
Lyme Disease	
PCR	
SARS	
SHIGELLA	
Strongyloidosis	
Tropical Pulmonary Eosinophilia	
Tropical Splenomegaly	
TYPHOID	
Vibrio Vilnificus	
pediculosis	
MEASLES	
MRSA	
Mycoplasma	
Neutropenia	
Neutrophilia	
Oncocerca	

MEDICINE 4

ENDOCRINOLOGY

MAJOR TOPICS	*MCQ'S*
Diabetes	31
Hyperparathyroidism	17
Cushing Syndrome	14
Addison Disease	12
Conn Syndrome	12
MEN	11
Wilson Disease	11
Osteoporosis	9
OBESITY	8
CAH	7
Hemochromatosis	
Testicular Feminization Syndrome	7
Diabetes Insipidus	6
Hyperthyroidism	6
Prolactinoma	6
Osteomalacia	6
Pheochromocytoma	5

GASTROENTEROLOGY

MAJOR TOPICS	*MCQ'S*
Cirrhosis	19
Pancreatitis	14
Celiac Disease	12
IBD	11
Jaundice	11
Celiac Disease	8
Alcoholism	7
Metabolic Encephalopathy	7
Malabsorption Syndromes	6
Peptic Ulcer	6
Zollinger Ellison Syndrome	6
Budd Chiari Syndrome	5
Carcinoid	5

RHUEMATOLOGY

MAJOR TOPICS	*MCQ'S*
SLE	26
Rhuematoid Arthritis	22
HS Purpura	12
Poly Arteritis Nodosa	11
GOUT	10
gout	**10**
Sarcoidosis	8
Wegener Granuloma	8
Systemic Sclerosis	7
Kawasaki Disease	6
Polymyositis Dermatomyositis	6
Seronegative Spondyloarthropathy	5
Sicca Syndrome	5

ENDOCRINOLOGY

MINOR TOPICS	*MCQ'S*
Hypopituitarims	4
Insulinoma	4
DKA	3
Gnaecomastia	3
Hyperprolactinemia	3
Hypoparathyroidism	3
Thyroid Function Tests	3
Acromegaly	2
Diabetic Nephropaty	2
Hyperl ipoproteinemia	2
Laurence Moon Beidl Syndrome	2
Hashimoto Thyroiditis	2
HRT	2
Hypothyroidism	2
Lactation	2
Mccune Albright Syndrome	2
Subacute Thyroiditis	2
Thyrotoxicosis	2

GASTROENTEROLOGY

MINOR TOPICS	*MCQ'S*
Hepatitis	*4*
Reye Syndrome	*4*
Fatty Liver	3
Hepatorenal Syndrome	3
Irritable Bowel Syndrome	3
Peutz Jegher Syndrome	3
Whipple Disease	3
Diffuse Esophageal Spasm	2
GI Bleeding	2
Vipoma	2
Ascending Cholangitis	1
ASCITES	1
Cholangiocarcinoma	1
Constipation	1
Esophageal Rupture	1
Gall Stones	1
Gardner Syndrome	1
Gastrinoma	1
Gastritis	1
Hida Scan	1
LFT	1
Mentriers Disease	1
Mesentric Ischemia	1
Pnuemobilia	1
Primary Biliary Cirrhosis	1
Primary Sclerosing Cholangitis	1

RHUEMATOLOGY

MINOR TOPICS	*MCQ'S*
Behcet Syndrome	3
Goodpasture Syndrome	3
Osteo Arthritis	3
Cryoglobylonemia	2
Paget Disease	2
Reiter Synrome	2
Temporal Arteritis	2
Autoimmune Hepatitis	1
Psoriasis Arthropathy	1

India: +919959114545
J Z L 6 r o a c C +91 9391015407
For details, please contact¹, medicoabroad@gmail.com, heiplinechina@gmai\.comr www.medicoabroad.in

MEDICINE 5

RESPIRATORY SYSTEM

MAJOR TOPICS	*MCQ'S*
Asthma	18
Pleural Effusion	17
Lung function tests	10
Hemoptysis	9
Pneumonia	8
A B PA	7
ARDS	7
Pnuemothorax	6
COPD	5
ILD	5

ONCOLOGY

MAJOR TOPICS	*MCQ*
Lung Cancer	17
Brain Tumor	13
Tumor Marker	11
Hepatocellular Carcinoma	10
Thymoma	10
Tumor Lysis Syndrome	8
Paraneoplastic Syndrome	7
Chemotherapy	6

NEPHROLOGY

MAJOR TOPICS	*MCQ'S*
CRF	13
Glomerulonephritis	12
Nephrotic Syndrome	9
Interstitial Nephritis	7
Urine Exam	7
ADPKD	6
Rhabdomyosysis	6
Azotemia	5
Iga Nephropathy	5
Alport Syndrome	4
ATN	4
Medullary Cystic Disease Kidney	4
Renal Transplantation	4

RESPIRATORY SYSTEM

MINOR TOPICS	*MCQ'S*
Alveolar Hypoventilation	3
Bronchiectasis	3
Cor Pulmonale	2
Fat Embolism	2
Respiratory Failure Type 1 &2	2
Antitrypsin Deficiency	1
Aspiration Pnuemonia	1
Atelectasis	1
Bronchial Cyst	1
Btonchiolitis	1
Cough Fracture	1
Diaphragmatic Paralysis	1
Empyema	1
Exercise Physiology	1
Foreign Body Aspiration	1
IPPV	1
Lung Abscess	1
Mediastinal Tumors	1
Nosocomial Pnuemonia	1
Silicosis	1
Sleep Apnea	1

ONCOLOGY

MINOR TOPICS	*MCQ'S*
Craniopharyngioma	3
Mesothelima	3
Svc Obstruction	3
Tumor Biology	3
Neuroblastoma	2
Renal Cell Carcinoma	2
Acanthosis Nigricans	
Acoustic Neuroma	
Angiosarcoma	
Breast Carcinoma	
Cisplatinum	
Gastric Carcinoma	
Hemangioma	
Melanoma	
Pancreatic Tumor	
Radiosenstivity	
Rhabdomyosarcoma	
Testicular Tumor	
Thyroid Carcinoma	

NEPHROLOGY

MINOR TOPICS	*MCQ'S*
ARF	3
Barter Syndrome	2
Erythropoietin	2
Pyelonephritis	2
u n	2
Necrotizing Papillitis	**1**
Renogastic Ceflex	1
Von Hippel Iindau Syndrome	**1**

MFMYTNF

GENETIC DISORDERS

MAJOR TOPICS	*MCQ'S*
Turner Syndrome	8
Inheritance Patterns	
Porphyria	7
Down Syndrome	6
Cystic Fibrosis	4
Marfan Syndrome	4

GENETIC DISORDERS

MINOR TOPICS	*MCQ'S*
Alkaptonuria	3
Gaucher Disease	2
Histiocytosis	2
Kartagener Syndrome	2
Klinefelter Syndrome	2
Cystinosis	1
Drug Monitoring	1
Eosinophilic Granuloma	1
Fabry Disease	1
Fructose Intolerance	1
Genetics	1
Goldenhar Syndrome	1
Mitosis Meiosis	1
Mucopolysachharadoses	1
Myositis Ossificans Progressiva	1
Noonan Syndrome	1
Osteogenesis Imperfecta	1

NUTRITION

Zinc Deficiency	5
TPN	3
Copper Deficiency	2
Magnesium Deficiency	2
Manganese Deficiency	2
\ltamin B6 Deficiency	2
Hyperv itaminosis A	1
Scurvy	1
Vitamin E Deficiency	1

TOXICOLOGY

Carbonmonoxide Poisoning	4
Salicylate Poisoning	2
Poisoning	2
Lead Poisoning	2
Arsenic	2
Organophosphorus Poisoning	1
Opioid Poisoning	1

CARDIOLOGY

TOPIC 1 : MYOCARDIAL INFARCTION

1. The best possible intervention for acute myocardial infarction is: A. Streptokinase B. Streptokinase and aspirin C. Early primary coronary intervention D. Streptokinase and heparin.....**(AIIMS PGMEE - MAY 2005)**

2. Which of the following drugs can be safely prescribed in pregnancy? A. Warfarin B. ACE inhibitors C. Heparin D. Beta-blockers.....**(AIIMS PGMEE - MAY 2005)**

3. Which of the following dietary interventions reduces the further risk in MI patients- A. High fibre diet B. Sterol esters C. Potassium supplements D. n3 polyunsaturated fatty acids.....**(AIIMS PGMEE - MAY 2007)**

4. A man with chest pain, ST segment depression in lead vl-v4, after one hour will not be given: A. Beta blocker B. Thrombolytic C. Morphine D. Aspirin.....**(AIIMS PGMEE - MAY 2008)**

5. Drug used to perform stress ECHO ? A. Thallium B. Dobutamine C. Adrenaline D. Adenosine.....**(AIIMS PGMEE - MAY 2008)**

6. A patient with acute inferior wall myocardial infarction has developed shock. Which of the following is the most likely cause of shock A. Cardiac rupture B. Interventricular septal perforation C. Papillary muscle rupture D. Right ventricular infarction **(AIIMS PGMEE - MAY 2004)**

7. All of the following drugs are used in the management of acute myocardial infarction, EXCEPT A. Tissue Plasminogen activator **B.** Intravenous beta blockers C. Acetylsalicylic acid D. Calcium channel blockers.....**(AIIMS PGMEE - MAY 2004)**

8. A 40 year old male, chronic smoker comes with acute epigastric discomfort, for past one hour. ECGshowing ST segment elevation in inferior leads. What is the immediate intervention ? A. Aspirin B. Thrombolytic therapy C. IV pantoprazole D. Beta blockers **(AIIMS PGMEE-NOV2007)**

9. In MI, which enzyme is raised in 4 to 6 hrs. & decreases in 3 to 4 days: A. SGOT B. LDH C. CPK D. SGPT.....**(AIIMS PGMEE - JUNE 1998)**

10. Cafe coronary, death is due to A. Asphyxia B. Myocardial infarction C. Shock D. Cardiac arrest.....**(AIIMS PGMEE - DEC 1998)**

11. Post MI systolic murmur in left lower sternum may be due to all, EXCEPT A. Complete heart block B. Rupture of Interventricular septum C. Papillary muscle dysfunction D. Ischemic cardiomyopathy **(complications)**.....**(AIIMS PGMEE - MAY - 1993)**

12. Ramkumar a 70 year old hypertensive male was admitted in the intensive care unit with transmural anterolat-eral myocardial infraction. His condition was stable till fifth day of admission, when he developed a pericardial friction rub and pleuritic chest pain which persisted despite narcotic and steroid therapy. On the seventh morning, he suddenly developed marked hypotension. On examination there was marked distension of the jugu lar veins, accompanied with electromechanical dissociation, Most likely, the patient had developed : A. Severe acute mitral regurgitation. B. Ventricular septal rupture. C. Right ventricular infarction. D. External cardiac rupture, **(complications)**.....**(AIIMS PGMEE NOV -2002)**

13. Which of the following are complications of streptokinase therapy : A. Idioventricular rhythm B. Secondary bleeding C. Appearance of new Q waves D. ST depression **(complications)**.....**(PGI - June -2000)**

14. Complications of streptokinase are: A. Myocardial rupture B. Joint pain C. Iniracranial bleed D. Anaphylaxis E. Parkinsonism **(complications)**.....**(PGI - June-2001)**

15. A 60 year old man presents with chest pain with last 6 hours and is diaganosed as acute myocardial infarction. Angiography showed involvement of anterior descending branch of left coronary artery The most probable site of infarct is .: A. Anterolateral wall B. Posterior wall C. Inferior wall D. Septal **(diagnosis)**.....**(AIIMS PGMEE MAY-2001)**

16. A patient with DM of 4 yrs duration presents with dizziness and HR 52/min, probable cause is A. Hypoglycaemia B. Inferior wall MI C. Sick-sinus syndrome D. Autonomic dysfunction, **(diagnosis)**.....**(PGI - JUNE 2004)**

17. 42 yrs old man presented with disease and HR 52/min causes are : A. CHF B. Inferior wall MI C. Pheochromocytoma D. Theophyliine toxicity E. Sick sinus syndrome, **(diagnosis)**.....**(PGI - JUNE 2005)**

18. Risk factors for coronary artery disease (CAD): A. High HDL B. Low LDL C. Increased homocysteine levels D. Decreased fibrinogen levels E. Increased lipoproteins **(etiology)**.....**(PGI - June -2001)**

19. What is diagnostic of fresh myocardial infarction in ECG: A. QT interval prolongation B. P mitrale C. ST segment elevation D. ST segment depression **(investigation)**.....**(AIIMS PGMEE - MAY 1995)**

20. ST elevation is seen in all of the following conditions EXCEPT:- A. Myocardial infarction B. Coronary artery spasm C. Constrictive pericarditis D. Ventricular aneurysm **(investigation)**.....**(AIIMS PGMEE MAY - 2002)**

21. Which test is performed to detect reversible myocardial ischemia ? A. Coronary angiography. B. MUGA scan. C. Thallium scan. D. Resting echocardiography, **(investigation)**.....**(AIIMS PGMEE MAY-2003)**

22. A patient presents 12 hours following aMyocardial infarction. Which of the following enzymes will be elevated at this period : A. Lactate dehydrogenase B. Serum glutamate oxaloacetate Transferase C. Creatinine phosphokinase D. Myoglobin **(investigation)**.....**(AIIMS PGMEE NOV-2000)**

23. In stable angina: A. CK-MB is elevated B. Troponin I is elevated C. Myoglobin is elevated D. The levels of cardiac markers remain unchanged, **(investigation)**.....**(AIIMS PGMEE NOV** - 2003)

ANSWERS

1). C 2). C 3). D 4). B 5). B 6). D 7). D 8). A 9). C 10). D 11). A 12). D 13). A 14). C 15). A 16). B 17). B 18). C 19). C 20). C 21). C 22). C 23). D

MEDICINE 8

24. All of the following may cause ST segment elevation on EKG, except A. Early repolarization variant. B. Constrictive pericarditis. C. Ventricular aneurysm. D. Prizmetal angina, **(investigation)**.....**(AIPGMEE - 2005)**

25. Exercise testing is absolutely conrtraindicated in which one of the following: A. One week following myocardial infarction B. Unstable angina C. Aortic stenosis D. Peripheral vascular disease **(investigation)**.....**(AIPGMEE - 2003)**

26. Troponin-T is preferable to CPK-MB in the diagnosis of acute myocardial infarction (MI) in all of the following situations except: A. Bedside diagnosis of MI B.' Postoperatively (after CABG) C.Reinfarction after 4 days D.Small infarcts **(investigation)**.....**(AIPGMEE 2003)**

27. Serum total lactate dehydrogenase level will NOT be raised in: A. Muscle crush injury B. Stroke C. Myocardial infarction D. Hemolysis **(investigation)**.....**(AIPGMEE** - 2003)

28. Aminotransferase and CK is increased in: A. Obstructive jaundice B. MI C. Infective hepatitis **D.** Myositis **(investigation)** **(PGI -1999 - Dec)**

29. Volume of infarcted area in acute myocardial infarction (AMI) can be detected by : A. ECHO B. ECG C. Levels of CPKMB D. Thallium scan **(investigation)**.....**(PGI - 2000 - Dec)**

30. ST depression & T wave inversion in VI to V6 and aVL leads indicate : A. Anterolateral wall AMI B. Posterior wall AMI C. Inferior wall AMI D. Lateral wall AMI **(investigation)**.....**(PGI - 2000 - Dec)**

31. In a patient with myocardial infarction the valvular lesion commonly seen in:- A. Aortic stenosis B. Mitral regurgitation C. Aortic regurgitation **D.** Septal defect **(pathophysiology)**.....**(AIIMS PGMEE MAY - 2002)**

32. A patient had an inferior wall myocardial infarction and was in shock. The reason for the patient being in shock is:- A. Mitral regurgitation B. Infarction causing septal defect C. Right ventricular infarction D. Decreased ejection fraction from left ventricle **(pathophysiology)**.....**(AIIMS PGMEE MAY - 2002)**

33. Following an attack of myocardial infarction the mortality and morbidity of the patient is indicated by A. Ventricular extra systole B. left ventricular ejection fraction C. Duration of syneope D. Percentage of narrowness of coronary artery **(prognosis)** **(AIIMS PGMEE JUNE - 2000)**

34. Poor prognostic factor in Acute Myocardial infarction: A. VPC's in first 24 hours B. Hypotension at diagnosis C. Chest pain D. Hypertension **(prognosis)**.....**(PGI - June -1998)**

35. Risk factors in Coronary artery disease include : A. Decrease in Lipoprotein A B. Increase in HDL C. Female sex D. Increase in homocysteine levels **E.** Smoking **(risk factots)**.....**(PGI - 2001 - Dec)**

36. A previously healthy 58 years old man is admitted to the hospital because of an acute inferior myocardial infarction. Within several hours, he becomes oliguric and hypotensive (blood pressure is 90/60 mmHg). Insertion of a pulmonary artery (Swan-Ganz) catheter reveals the following pressures: pulmonary capillary wedge- 4 mm Hg; pulmonary artery- 22/4 mmHg: and mean right atrial-11 mmHg. This man would best be treated with: A. Fluids B. Digoxin C. Dopamine D. Intraaortic balloon counterpulsation **(treatment)** **(AIIMS PGMEE NOV-1999)**

37. A 50 year old man with a history of smoking, hypertension, and chronic exertional angina develops several daily episodes of chest pain at rest compatible with cardiac ischemia. The patient is hospitalized. All the following would be part of an appropriate management plan EXCEPT: A. Intravenous heparin B. Aspirin C. Intravenous nitroglycerin D. Lidocaine by bolus infusion **(treatment)**.....**(AIIMS PGMEE NOV-1999)**

38. For the management of intraoperative myocardial ischaemia, all of the following are advised except: A. Heparin B. Intravenous nitroglycerine C. Calcium channel blocker D. Atropine **(treatment)**.....**(AIIMS PGMEE NOV - 2003)**

39. A patient presents with acute anterior wall infarction and hypotension. Which will be the immediate treatment modality for this patient, A. Intra aortic balloon counter pulsation B. Anticoagulation C. Thrombolytic therapy D. Angiography and Primary angioplasty **(treatment)**.....**(AIPGMEE - 2007)**

40. In a pt of acute inferior wall MI;best modalitiy of rx is: A. IV fluids B. Digoxin C. Diuretics D. Vasodilators **(treatment)...(AIPGMEE -2001)**

41. Agent of first choice in an acute attack of PrinzmetaPs angina is A. Diltiazem B. Nitrates C. Propranolol D. Verapamil **(treatment)**.....**(AIPGMEE -1995)**

42. Low doses of aspirin therapy is essentially advised for all of the following conditions except: A. SLE B. IUGR C. Post myocardinal infarction D. Pre ecclampsia **(treatment)**.....**(AIPGMEE - 1997)**

43. In MI following are used except: A. Fibrinolytics B. Plasminogen activator inhibitor C. Anti thrombin D. Platelet inhibitor **(treatment)**.....**(PGI-1997 - Dec)**

44. The treatment of acute myocVdial infarction includes which of the following : A. Aspirin B. Heparin C. Alteplase D. Oral anticoagulants E. ACE inhibitors **(treatment)**.....**(PGI - 2001 - Dec)**

45. A 70 yrs pt. is refusing for angiography but he has an episode of chest pain on walking upstairs not progressed for last 4 year what should be done in this patient A. Aspirin lowdose given B. Nitroglycerine sublingual before walking upstairs **(treatment)** **(PGI-DEC 2005)**

46. A patient presents with intense chest pain of 2 hrs duration. ECG shows ST depression in leads **I** and **VI** to **V4.** There is associated T inversion and CPK-MR is elevated. Which of the following should be included in his management : A. Nitroglycerine drip B. Aspirin C. Coronary angiography D. Streptokinase E. i.v. metoprolol **(treatment)**.....**(PGI - June -2000)**

ANSWERS

24). B 25). C 26). C 27). B 28). B 29). A 30). A 31). B 32). C 33). B 34). A 35). D 36). A 37). D 38). A 39). D 40). A 41). B 42). A 43). B 44). A 45). A 46). A

MEDICINE 9

TOPIC 2: HYPERTENSION

47. Most common site of intracranial hemorrhage inhepertensive hemorrhage is: A. Basal ganglia B. Brainstem C. Cerebellum D. Hippocampus.....**(AIIMS PGMEE - MAY 2007)**

48. Angiographically, the typical "beaded" or "pile of plates" appearance involving the internal carotid artery is seen in A. Takayasu's Disease B. Non-specific aorto-arteritis C. Fibromuscular dysplasia D. Rendu-Osler-Weber Disease.....**(AIIMS PGMEE - MAY 2004)**

49. Most common cause of renal artery stenosis in young adults in India is: A. Atherosclerosis B. Non specific aorto-aortitis C. Fibro muscular dysplasia D. None of the above.....**(AIIMS PGMEE - DEC 1997)**

50. Which of the following is the commonest location of hypertensive hemorrhage: A. Pons B. Thalamus C. Putamen/external capsule **D.** Cerebellum **(complications)**.....**(AIIMS PGMEE MAY - 2003)**

51. The commonest site for hypertensive intracerebral bleed is: A. Putamen. B. Cerebellum. C. Pons. D. Midbrain, **complications)**.....**(AIIMS PGMEE NOV - 2002)**

52. The most common location of hypertensive intracranial hemorrhage is: A. Subarachnoid space B. Basal ganglia C. Cerebellum **D.** Brainstem **(complications)**.....**(AIPGMEE - 2006)**

53. Which one of the following is the most common location of hypertensive bleed in the brain? A. Putamen/external capsule. B. Pons. **C.** Ventricles. D. Lobar white matter, **(complications)**.....**(AIPGMEE - 2005)**

54. A 45 years male presents with hypertension. He has sudden abnormal flinging movements in right upper anc lower limbs. Most ikely site of haemorrahge is: A. Substantia nigra B. Caudate nuclei „ C. Pons D. Subthallmic nuclei **(complications)...(AIPGMEE - 2001)**

55. A common site for intracramal hemorrhage is A. Puiamen B. Cerebellum C. Mid-brain D. Pons **(complications)...(AIPGMEE - 1994)**

56. The commonest cause of Intracerebral Bleed is A. Thrombocytopenia B. Diabetes C. Hypertension D. Berry aneurysm **(complications)**.....**(AIPGMEE -1995)**

57. Which of the following is the most common location of hypertensive hemorrhage? A. Pons B. Thalamus C. Putamen/external capsule D. Subcortical white matter **(complications)**.....**(AIPGMEE - 2003)**

58. Commonest cause of sustained severe hypertension in children: A. Endocrine causes B. Coarctation of aorta C. Renal parenchyma disease D. Pheochromocytoma **(etiology)**.....**(AIIMS PGMEE - Dec - 1995)**

59. Which of the following is most specific and sensitive screening test in a case of renovascular hypertension A. HRCT B. CT guided angiography C. Captopril induced radionuclide scan D. MRI **(investigation)**.....**(AIIMS PGMEE NOV - 2001)**

60. Concentric hypertrophy of left ventricle is seen in: A. Essential hypertension B. Mitral regurgitation C. Mitral stenosis D. Hypertrophic cardiomyopathy **(pathophysiology)**.....**(AIIMS PGMEE - FEB -1997)**

61. In essential hypertention changes seen in the heart are A. Cardiac cell hyperplasia B. Cardiac cell hypertrophy C. Incresed in the mitochondrial number D. Increase in size of mitochondria **(pathophysiology)**.....**(AIIMS PGMEE MAY - 2001)**

62. Renal artery stenosis may occur in all of the following except: A. Atherosclerosis B. Fibromuscular dysplasia C. Takayasu's arteritis D. Polyarteritis nodosa **(pathophysiology)**.....**(AIPGMEE - 2006)**

63. In Renal vascular hypertension true is A. T Aldosterone B. -Renin C. Hypokalemia D. -I Angiotensin II E. Hyponatremia **(pathophysiology)**.....**(PGI - DEC 2005)**

64. Most common cause of LVH is: A. MS **B.** AR C. Hypertension D. Mitral valve prolapse **(pathophysiology)**.....**(PGI - JUNE 1997)**

65. In Accelerated HTN what is metabolic defect: A. Normal non-ionic metabolic acidosis B. Ionic gap met acidosis C. Hypomagnesemia **D.** Metabolic alkalosis **(pathophysiology)**.....**(PGI - June -2000)**

66. A hypertensive, diabetic is having proteinuria, antihypertensive of choice is : A. Propanolol B. Clonidine C. Enalapril% D. Alpha methyldopa **(treatment)**.....**(AIIMS PGMEE - MAY 1995)**

67. An elderly patient with hypertension with diabetes, proteinuria without renal failure, antihypertensive of choice is A. Furosemide **B.** Methyldopa C. Enalapril D. Propranolol **(treatment)**.....**(AIIMS PGMEE - NOV - 1993)**

68. A 40 year old male patient is suffering from type II diabetes mellitus and hypertension. Which of the following antihypertensive drugs should not be'used in such patients: A. Lisinopril B. Hydrochlorthiazide C. Losartan D. Trandolopril **(treatment)**
(AIIMS PGMEE NOV - 2003)

69. True about log dose response curve of Vmax showing norepinephrine & propranolol is known that propranolol is a competetive antagonist of norepinephrine : A. Curve paralles to each others action B. Curve not parallel to each other C. Curve shifted to r **(treatment)**.....**(PGI - 2000 - Dec)**

70. ACE inhibitor induced cough Is mediated by : A. Bradykinin B. Substancc-P C. Prostaglandin D. Serotonin E. Renin **(treatment)**.....**(PGI - DEC 2003)**

71. Cyclosporine induced HTN is treated by A. Clonidine B. Enalapril C. Nifedipine D. Methyl dopa **(treatment)**.....**(PGI - JUNE 2003)**

72. A young patient presented with blood pressure of 190/120 mm of Hg without any clinical symptom and fund us examination Is normal, treatment of choice: A. Oral Nitroglycerine B. IV Nitroglycerine C. Oral Enalapril D. IV Enalapril E. Sublingual short acting Nifedipine **(treatment)**.....**(PGI - JUNE 2003)**

ANSWERS

47). A 48). C 49). B 50). C 51). A 52). B 53). A 54). D 55). A 56). C 57). C 58). C 59). A 60). A 61). B 62). D 63). A 64). C 65). D 66). C 67). C 68). B 69). C 70). A 71). B 72). C

MEDICINE*

TOPIC 3 : INFECTIOUS MONONUCLEOSIS

73. Spontaneous rupture of spleen occurs most commonly in: A. Chronic myeloid leukem -\ B. Hereditary spherocytosis C. Infectious mononucleosis D. Typhoid **(AIIMS PGMEE - DEC** 1997)

TOPIC 4: INFECTIVE ENDOCARDITIS

74. Infective endocarditis due to pseudomonas is most commonly seen with A. Intravenous drug abuse of pentazocin B. HIV patient C. Chronic steroid therapy D. Elderly with community acquired pneumonia **(AIIMS PGMEE - MAY 2007)**

75. Which one of the following cardiac lesions is at highest risk of occurrence of infective endocarditis A. Atrial septal defect B. Mitral valve prolapse without regurgitation C. Valvular aortic regurgitation D. Mitral stenosis **(AIIMS PGMEE - MAY 2004)**

76. Infective endocarditis is commonly seen in all except: A. Small VSD B. Tetralogy of fallot C. PDA D. ASD.... **(AIIMS PGMEE - JUNE 1998)**

77. Osier's nodes are seen at: A. Heart B. Knee joint C. Tip of Palm & Sole D. Anterior abdominal wall **(AIIMS PGMEE - JUNE** 1998)

78. Not a feature of infective endocarditis is : A. Myocardial abscess B. Vegetations along cusps C. Thrombus in left atria D. Perforation of cusp **(complications)** **(AIIMS PGMEE - FEB** -1997)

79. In a patient of rheumatic heart disease with fever and mitral valve vegetations due to infective endocarditis, the vegetations usually do not embolise to A. Brain B. Lungs C. Liver D. Spleen **(complications)** **(AIIMS PGMEE NOV - 2001)**

80. Mitral valve vegetations do not usually embolise to: A. Lung B. Liver G Spleen D. Brain **(complications)** **(AIPGMEE** - 2001)

81. A woman has septic abortion done;vegetation on tricuspid valve is likely to go to: A. Septic infarcts to lung B. Liver C. Spleen infarcts D. Emboli to brain (input by amit batla) **(complications)** **(AIPGMEE - 2001)**

82. Osier's nodes are typically seen in which one of the following: A. Chronic Candida endocarditis B. Acute staphylococcal endocarditis C. Pseudomonas endocarditis D. Libman sack's endocarditis **(diagnosis)** **(AIPGMEE - 2003)**

83. Endocarditis is most commonly seen in : A. Aortic stenosis B. Mitral regurgitation C. Patent ductus arteriosus D. Venous bypass graft **(etiology)** **(AIIMS PGMEE - MAY 1995)**

84. Infective endocarditis is most commonly seen in : A. ASD **B.** VSD C. PDAD. Pulmonary stenosis **(etiology)...(AIIMS PGMEE FEB 1997)**

85. Least common cause of endocarditis is : A. A.S.D. B. P D A. C. T.O.F. D. V.S.D. **(etiology)** **(AIIMS PGMEE - JUNE - 1997)**

86. Infective endocarditis is least common in A. Mitral stenosis B. Aortic stenosis C. VSD D. ASD **(etiology)...(AIIMS PGMEE - NOV -1993)**

87. Least common site for vegetation is A. Aortic Stenosis (AS) B. Mitral Stenosis (MS) C. Mitral Regurgitation (MR) D. Atrial Septal Defect (ASD) **(etiology)** **(AIIMS PGMEE - MAY -1994)**

88. Infective endocarditis is least likely to occur in: A. Atrial septal defect B. Small vecntricular septal defect C. Mitral valve prolapse D. Tetralogy of Fallot's **(etiology)** **(AIIMS PGMEE MAY - 2001)**

89. Which of the following is least likely to cause infective endocarditis? A. Staphylococcus albust B. Streptococcus facalis C. Salmonella typhi D. Pseudomonas aeruginosa **(etiology)** **(AIPGMEE** - 2006)

90. Which of the heart valve is most likely to be involved by infective endocarditis following a septic abortion? A. Aortic valve B. Tricuspid valve C. Pulmonary valve D. Mitral valve **(etiology)** **(AIPGMEE** - 2003)

91. Bacterial endocarditis is most commonly caused by: A. a-Hemolytic Streptococci B. p-Hemolytic Streptococci C. Staphylococcus aureus D. Cardiobacterium **E.** Staph epidermidis **(etiology)** **(PGI - DEC 2003)**

92.Infective endocarditis seen in : A. MR B. AR C. AS D. Coarctation of aorta E. VSD **(etiology)** **(PGI - June** -2002)

93. Blood culture is indicated in all, Except: A. Enteric fever B. Sub acute bacterial endocarditis C. Septicemia D. Malaria **(investigation)** **(AIIMS PGMEE - JUNE** -1997)

94. Most common heart valve involved in IV drug user is: A. Mitral valve B. Aortic valve C. Pulmonary valve D. Tricuspid valve **(pathophysiology)** **(AIIMS PGMEE - FEB -1997)**

95. Vegetations on undersurface of A. V. valves are found ir A. Acute Rheumatic corditis B. Limban Sack's endocarditis C. Non thrombolic bacterial endocarditis D. Chronic rheumatic carditis **(pathophysiology)** **(AIPGMEE** - 2001)

96. Site of lesion in endocarditis of RHD Is A. Along line of closure of valves B. Both sides of valves C. Valve cusps D. Free margin of valves **(pathophysiology)** **(PGI** -1997 - **Dec)**

97. The risk of developing infective endocarditis is the least in a patient with: A. Small ventricular septal defect B. Severe aortic regurgitation. C. Severe mitral regurgitation D. Large atrial septal defect. — **(risk factots)** **(AIIMS PGMEE MAY - 2003)**

98. In a patient of heart disease antibiotic prophylaxis for dental extraction is: A. Amoxycillin B. Imipenam C. Gentamycin D. Erythromycin **(treatment)** **(AIIMS PGMEE JUNE** -1999)

TOPIC 5: HEART SOUND

99. First heart sound is soft in all, EXCEPT: A. Short PR interval B. Ventricular septal defect C. Mitral regurgitation D. Calcified valve **(AIIMS PGMEE - Dec** -1995)

100. Wide split S2 occurs in A. VSD (ventricular septal defect) B. Mitral stenosis C. ASD (Atrial septal defect) D. Coarctation of aorta **(AIIMS PGMEE - MAY** -1993)

ANSWERS

73). **C** 74). **A** 75). **C** 76). **D** 77). **C** 78). **C** 79). **B** 80). **A** 81). **A** 82). **B** 83). **B** 84). **B** 85). **A** 86). **D** 87). **D** 88). **A** 89). **C** 90). **B** 91). **A** 92). **A** 93). **D** 94). **D** 95). **B** 96). **A** 97). **D** 98). **A** 99). **A** 100). **C**

MEDICINE*

101. All of the following heart sounds occur shortly after S_ except: A. Opening snap B. Pericardial knock C. Ejection click D. Tumor plop **(AIPGMEE-2003)**

102. True about third heart sound is: A. Absent in Chr. constrictive pericarditis B. Absent in aortic aneurysm C. Absent in MS D. Normal physiologically in Athletes.......... **(PGI - 1998 - Dec)**

103. Single second heart sound seen in: A. TOF B. Pulmonary arterial hypertension C. Pulmonary atresia D. Corrected TGA E. Severe pulmonary stenosis.......... **(PGI - DEC 2004)**

104. Loud S, is caused by: A. Calcified mitral valve B. MVP C. Short PR interval D. Tachycardia E. Dilatation or widening of mitral valve after valvotomy.......... **(PGI - DEC 2004)**

105. Wide-split second heart sound; A. ASD B. LBBB C. PDA D. MR E. PS.......... **(PGI - DEC 2002)**

106. Left ventricular S3 is seen in A. Pregnancy B. MS C. MR D. ASD E. PDA.......... **(PGI - DEC 2005)**

107. Reverse splint of S2 is seen in all except A. LBBB B. WPW type A C. LV pacing D. Systemic hypertension E. Post-stenotic dilatation in AS **(PGI-DEC 2005)**

108. Some times the following diastolic sounds heard during cardiac auscultation : A. S3 B. S4 C. Opening snap D. Ejection click
(PGI - DEC 2006)

109. Wide splitting of S2 : A. ASD B. MR C. PDA D. PS E. LBBB.......... **(PGI - DEC 2006)**

110. Reverse splitting of 1" heart sound heard in A. RBBB B. LBBB C. Tricuspid stenosis D. AR E. Atrial myxoma.......... **(PGI - JUNE 2004)**

111. Loud pulmonary component of second heart sound heard in A. Pulmonary hypertension B. TOF C. Eissenmenger's syndrome D. Pulmonary stenosis E. AS.......... **(PGI - JUNE 2004)**

112. Wicic split 2nd Heart sound seen in : A. MR B. ASD C. Right ventricular ectopics D. AR E. PS.......... **(PGI - JUNE 2005)**

113. Ejection click is heard in : A. Idiopathic pulmonary Artery dilation B. Mild PS. C. TOF D. AS E. Systemic hypertention**...(PGI JUNE 2005)**

114. S4 is not seen in : A. Ventricular aneurysm B. Mitral regurgitation C. Hypertrophic cardiomyopathy D. Hypertension
(AIIMS PGMEE-MAY 1995)

115. Third heart sound is seen in all except: A. Athletes B. Mitral stenosis C. Constructive pericarditis D. LVF**....(AIIMS PGMEE - DEC 1998)**

<u>TOPIC 6: COARCTATIO OF AORTA</u>

116. All of the following causes of death in co a relation of aorta except : A. Infective endocarditis B. CCF C. Iniracranial hemorrhage **D.** Anterior MI **(complications)**.......... **(PGI - June-2000)**

117. Rib notching is seen in all EXCEPT- A. Coarctation of aorta B. Classical Blalock Tausing operation C. IVC obstruction D. Neurofibromatosis **(diagnosis)**.......... **(AIIMS PGMEE JUNE - 2000)**

118. All the following findings would be expected in a person with coarctation of the aorta EXCEPT : A. A systolic murmur across the anterior chest and back and a high-pitched diastolic murmur along the left sternal border B. A higher blood pressure in the right arm than in the left arm C. Inability to augment cardiac output with exercise D. Persistent hypertension despite complete surgical repair **(diagnosis)**.......... **(AIIMS PGMEE NOV -1999)**

119. A patient presents with headache, intermittent claudication and dizziness. Which of the following may be the underlying cause: A. Tetralogy of Fallot B. Coarctation of aorta C. Patent ductus arteriosus D. Atrial septal defect **(diagnosis)**.......... **(AIIMS PGMEE NOV - 2000)**

120. A 4 1/2- year-old girl always had to wear warm socks even is summer season. On physical examination, it was noticed that she had high blood pressure and her femoral pulse was weak as compared to radial and carotid pulse, a chest radiograph showed remarkable notching of ribs along with their lower borders. This was due to: A. Femoral artery thrombosis. B. Coarctation of aorta. C. Raynaud's disease. D. Takayasu's arteritis, **(diagnosis)**.......... **(AIIMS PGMEE NOV - 2002)**

121. A patient complains of intermittent claudication, dizzi ness and headache; likely cardiac lesion is: A. TOF B. ASD C. PDA D. Coarctation of aorta **(diagnosis)**.......... **(AIPGMEE - 2001)**

122. A 20 year young man presents with exert ional dysp noea, headache, and giddiness. On examination, there is hypertension and LVH. X-ray picture shows notching of the anterior ends of the ribs. The most like diagnosis is: A. Phaeochromocytoma B. Carcinoid syndrome C. Coarctation of the aorta D. Superior Mediastinal syndrome **(diagnosis)**.......... **(AIPGMEE - 2002)**

123. Difference between upper and lower limb blood pressures is usually : A. 5 mm B. 10 mm C. 20 mm D. 30 mm E. 35 mm **(diagnosis)**.......... **(PGI-2001 -Dec)**

124. All are associated with coarctation i>f aorta, EXCEPT: A. Patent ductus arteriosus B. Renal artery stenosis C. Bicuspid aortic valve **D.** Turner's syndrome **(etiology)**.......... **(AIIMS PGMEE - Dec -1995)**

125. Co-arctation of aorta may be associated with all of the following except: A. Bicuspid aortic value B. Turner syndrome C. Renal artery stenosis D. PDA **(etiology)**.......... **(AIPGMEE -1997)**

126. A 27 year old man in noted to have blood pressure of 170/100 mmHg. He has prominent aortic ejection click and murmurs heard over the ribs on the both sides anteriorly and over the back posterioly. In addition, the pulses in the lower extremities are feeble and he complains of mild claudication with exertion. The most likely diagnosis is A. Artial septal defect B. Aortic stenosis C. Coarctation of the aorta D. Cardiomyopathy.......... **(AIIMS PGMEE - NOV 2004)**

127. Coarctation of aorta is associated with all, except; A. Turner's syndrome B. Bicuspid aortic valve C. Pulmonary stenosis D. Atresia of aortic arch.......... **(AIIMS PGMEE - JUNE 1998)**

ANSWERS

101). C 102). C 103). A 104). C 105). A 106). A 107). B 108). A 109). A 110). B 111). A 112). A 113). A 114). A 115). B 116). D 117). C 118). C 119). B 120). B 121). D 122). C 123). B 124). B 125). C 126). C 127). C

MEDICINE*

TOPIC 7: RHP

128. Which valve is least affected in Rheumatic fever ? A. Pulmonary valve B. Tricuspid valve C. Mitral valve D. Aortic valve (AIIMS PGMEE - MAY 2008)

129. Carey coombs murmur, which is false A. Delayed diastolic murmur B. Seen in rheumatic fever C. Can be associated with A.R. D. Low pitched murmur..... **(AIIMS PGMEE - NOV 2006)**

130. 18 year old girl with rheumatic carditis, with mitral insufficiency. Which of the following will be seen? A. Increased peak expiratory flow rate B. Increased vital capacity C. Increased residual volume D. Decreased functional residual capacity... **(AIIMS PGMEE NOV 2007)**

131. Earliest valvular lesion in a case of acute rheumatic fever is A. Mitral regurgitation (MR) B. Aortic Regurgitation(AR) C. Mitral stenosis (MS) D. Aortic Stenosis (AS) **(complications)**..... **(AIIMS PGMEE - MAY -1994)**

132. Carey coomb murmur is seen in: A. Severe mitral stenosis B. Acute rheumatic carditis C. Pure aortic regurgitation D. Severe pulmonary HT **(diagnosis)**..... **(PGI** -1997 - **Dec)**

133. Rheumatic heart disease can be diagnosed on the basis of: A. Asehoff bodies B. Vegetations along the lines of closure of valves C. Endocardial involvement only D. Follows skin and throat infection **(diagnosis)**..... **(PGI** - 2001 - **Dec)**

134. True about Rheumatic fever: A. Chorea is aggravated during pregnancy B. Chorea & arthritis co-existing C. Subcutaneous nodules are tender D. Erythema multiforme seen **(diagnosis)**..... **(PGI - DEC 2003)**

135. True statement about Rheumatic fever in children: A. Polyarthritis B. Caused by a hemolytic streptococci C. Erythema marginatum is most common manifestation D. MC valve involvement is Mitral E. Erythema marginatum is common in face **(diagnosis)** (PGI-DEC 2003)

136. True about subcutaneous nodule in Rheumatic fever A. Non tender B. Most common manifestation C. Present in extensor surfaces D. Associated with arthritis **(diagnosis)**..... **(PGI - DEC 2004)**

137. True about acute rheumatic fever: A. Chorea B. Erythema modosum C. Arthritis D. Caused by amaeedent a-hemolytie streptococcs infection E. Carditis **(diagnosis)**..... **(PGI - DEC 2002)**

138. Major criteria of Rheumatic fever: A. Chorea **B.** Erythema nodosum C. Arthritis D. Fever E. Carditis **(diagnosis)...(PGI - JUNE 2005)**

139. All are true about rheumatic fever, EXCEPT : A. Common in poor socioeconomic group B. Develops after streptococci pharyngitis C. Communicable disease D. Seen in 5- 15 year of children **(epidemiology)**..... **(AIIMS PGMEE JUNE** - 1999)

140. True about Rheumatic heart disease and Rheumatic fever is/are A. Caused by group 'A' streptococci B. Caused by group 'B' streptococci C. Carrier have high risk of developing RF D. Carrier have low risk of developing RF E. M-5 protein cross reacts (etiology)..... (PGI-JUNE 2004)

TOPIC 8 : CARDIAC TAMPONADE

141. Causes of raised J.V.P. with hypotension are all except A. Cardiac tamponade B. Right ventricular M.I. C. Heart failure D. 2nd degree A.V. block..... **(AIIMS PGMEE - MAY** 2007)

142. All are features, seen in cardiac tanfp'onade, EXCEPT: A. Raised JVP B. Kussamaul sign C. Rapid y descent D. Pulsus paradoxus **(diagnosis)**..... **(AIIMS PGMEE - Dec** -1995)

143. A patient presents with respiratory distress, hypotension and dilated bulging neck veins after chest trauma, most likely cause is A. Hemothorax B. Tension Pneumothorax C. Cardiac tamponade D. Flial chest **(diagnosis)**..... **(AIIMS PGMEE JUNE - 2000)**

144. A 62 years old man with carcinoma of lung presented to emergency department with respiratory distress. His EKG showed electrical alternans. The most likely diagnosis is: A. Pneumothorax. B. Pleural effusion. C. Cardiac tamponade. D. Constrictive peri-carditis. **(diagnosis)**..... **(AIIMS PGMEE MAY**-2003)

145. All of the following may be seen in patients of cardiac tamponade except: A. Kussmaul's sign B. Pulsus paradoxus C. Electrical alternans D. Right ventricular diastolic collapse on echocardiogram **(diagnosis)**..... **(AIPGMEE - 2006)**

146. All of the following are seen in cardiac temponade except: A. Pulsus paradoxus B. Diastolic collapse of right ventricle on echocardiogram C. Electrical alternans D. Kussmaul's sign **(diagnosis)**..... **(AIPGMEE** - 2004)

147. Kussmaul's sign is NOT seen in A. Restrictive cardiomyopathy B. Constrictive pericarditis C. Cardiac tamponade D. RV infarct **(diagnosis)**..... **(AIPGMEE**-2001)

148. A pt presents with engorged neck veins, BP 80/50 and pulse rate of 100 following blunt trauma to the chest: Diagnosis is: A. Pneumothorax B. Right ventricular failure C. Cardiac tamponade D. Hemothorax **(diagnosis)**..... **(AIPGMEE** - 2001)

149. Electric alternans is seen in A. Cardiac tamponade B. Restrictive cardiomyopathy ' C. Constructive pericarditis D. Right Ventricular MI (RVMI) **(diagnosis)**..... **(AIPGMEE** -1995)

150. A post-operative cardiac surgical patient developed sudden hypotension, raised central venous pressure,pulsus paradoxus at the 4 post operative hour.The most probable diagnosis is: A. Excessive mediastinal bleeding B. Ventricular dysfunction C. Congestive cardiac failure D. Cardiac tamponade **(diagnosis)**..... **(AIPGMEE** - 2003)

151. In cardiac tamponade all are seen except: A. Pulsus paradoxus B. Electrical alternans C. Kussmauls sign D. Loud S2 **(diagnosis)**..... **(PGI -1998 - Dec)**

ANSWERS

128). A 129). C 130). C 131). A 132). B 133). A 134). A 135). A 136). A 137). A 138). A 139). D 140). A 141). D 142). C 143). C 144). C 145). A 146). D 147). C 148). C 149). A 150). D 151). C

MEDICINE

152. Reek's triad of cardie tamponade includes : A. Hypotension B. Neck vein distension C. Paradoxical pulse D. Silent heart E. Tachycardia **(diagnosis)**.....**(PGI - DEC 2003)**

153. A young motorist suffered injuries in a major road traffic accident. He was diagnosed to have fracture of left femur and left humerus. He was also having fractures of multiple ribs anteriorly on both the sides. On examination the blood pressure was 80/60 mm Hg. and heart rate was 140/minute. The patient was agitated, restless, and tachypnic. Jugular veins were distended. Air entry was adequate in both the lung fields. Heart sounds were barely audible. Femoral pulses were weakly palpable but distally no pulsation could be felt. On priority basis, the immediate intervention would be: A. Rapid blood transfusion. B. Urgent pericardial tap. C. Intercostal tube drainage on both the sides. D. Fixation of left femur and repair of femoral artery, **(diagnosis)**.....**(AIIMS PGMEE NOV • 2002)**

TOPIC 9 : HOCM

154. All are the true regarding hypertrophic obstructive cardiomyopathy, EXCEPT: A. Digitalis is useful B. Left ventricular outflow obstruction C. Asymmetrical septal thickness D. Double apical impulse.....**(AIIMS PGMEE - DEC 1997)**

155. Sudden cardiac death may occur in all of the following except: A. Dilated cardiomyopathy B. Hypertrophic cardiomyopathy C. Eisenmenger's syndrome D. Ventricular septal defect **(complications)**.....**(AIPGMEE - 2006)**

156. All are true about hypertrophic cardiomyopathy, Except: A. Digoxin is useful B. Abdominal pain C. Jaundice D. Bleeding **(diagnosis)**.....**(AIIMS PGMEE-SEP 1996)**

157. All are true regarding hypertrophic cardiomyopathy, Except: A. Digoxin is helpful B. Irregular thickness of septa . - C. Dynamic obstruction D. Double apical impulse **(diagnosis)**.....**(AIIMS PGMEE - JUNE - 1997)**

158. Aggravation of symptoms of angina in a patient when given nitrates is seen in : A. Aortic regurgitation B. Mitral regurgitation C. Single left coronary artery stenosis D. Idiopathic hypertrophic subaortic stenosis **(diagnosis)**.....**(AIIMS PGMEE JUNE - 2000)**

159. A 68-year old man who has had a recent syncopal episode is hospitalized with congestive heart failure. His blood pressure is 160/80 mmHg. His pulse rate is 80 beats per minute, and there is a grade lll/IV harsh systolic murmur. An echocardiogram shows a disproportionately thickened ventricular septum and systolic anterior motion of the mitral valve. Which of the following findings would most likely be present in this man: A. Radiation of the murmur to the neck. B. Decrease of the murmur with handgrip C. Delayed carotid upstroke D. Reduced left ventricular ejection fraction **(diagnosis)**.....**(AIIMS PGMEE NOV - 1999)**

160. A 16 year old male is referred by high school coach for a physical examination before joining the football team. His elder brother had died suddenly during football practise, no autopsy was done. The patient has a loud systolic murmur on chest auscultation. All of the following would be constant with hypertrophic cardiomyopathy, EXCEPT: A. A crescendo-decrescendo systolic murmur B. Murmur radiating to neck C. Brisk carotid upstroke D. Increase in murmur during valsalva or standing **(diagnosis)....(AIIMS PGMEE NOV - 1999)**

161. The 9 month old child of a diabetic mother presents with tachypnea and hepatomegaly. Echo cardiography of the heart showed normal cardiac morphology with asymmetric septal hypertrophy. Which of the following you will give to treat this child: A. Digoxin B. Frusemide C. Propanolol D. Isoptin **(diagnosis)**.....**(AIIMS PGMEE NOV - 2000)**

162. The murmur of hypertropic obstructive cardio myopathyis decreased in which of the following: A. Supine position B. Standing position C. Valsalva maneuver D. Amyl nitrate inhalation **(diagnosis)**.....**(AIIMS PGMEE NOV - 2000)**

163. A 35-year-old farmer consulted a local medical practitioner for recurrent attacks of chest pain. His elder brother had similar complaints and had died suddenly at the age of40 years. The farmer was advised to take nitroglycerine sublingulaly at the time of pain. How ever, the patient finds that the intensity of pain is increased by nitroglycerine. Most probably, he is suffer ing from: A. Subacute bacterial endocarditis involving the aortic valve. B. Hypertrophic obstructive cardiomyopathy. C. Degenerative mitral regurgitation. D. Chronic Type A dissection of aorta, **(diagnosis)**.....**(AIIMS PGMEE NOV - 2002)**

164.A young athlete died of sudden cardiac arrest after atheletic activity. Postmortem finding revealed interventricular septal hypertrophy.What is the most probable diagnosis? A. Dilated Cardiomyopathy (DCM) B. Hypertrophic Obstructive Cardiomyopathy **HOCM)** C. Aortic Stenosis (AS) D. Ventricular Septal Defect (VSD) **(diagnosis)**.....**(AIPGMEE - 2008)**

165. All are true about Hypertrophic Obstructive . Cardiommyopathy, except: A. p agonists are useful B. Asymmetrical hypertrophy of septum C. Dynamic L.V. outflow obstruction D. Double apical impulse **(treatment)**.....**(AIPGMEE - 2000)**

TOPIC 10 :ECG

166. Right axis deviation is seen in all except. A. VSD B. Tricuspid atresia C. Pulmonary atresia D. ASD.....**(AIIMS PGMEE - JUNE 1998)**

167. Which of the following statements represent most correct interpretation from the ECG waveform given below: A. X originated from an atrial ectopic focus B. J3. X reset the cardiac rhythm C. Both heart sounds would have been present at X beat. D. The path of spread of excitation was normal.....**(AIPGMEE - 2003)**

168. A 56 year old man presents in the casualty with severe chest pain and difficulty in breathing. His ECG was taken immediately M-viL The above ECG suggest the following diagnosis: VI A. Ventricular fibrillation B. Acute pulmonary embolism C Second degree heart block.....**(AIPGMEE-2003)**

169. All of the following statements regarding the ECG in acute pericarditis are true except: A. T wave inversions develop before ST elevation return to baseline B. Global ST segment elevation is seen in early pericarditis C. Sinus tachycardia is a common finding PR segment depression is present in majority of patients C. Sinus tachycardia is a common finding PR segment depression is present in majority of patients.....**(AIPGMEE - 2003)**

ANSWERS

13). C **152). A 153). B 154). A 155). D 156). A 157). A 158). D 159). B 160). B 161). C 162). A 163). B 164). B 165). A 166). B 167). C 168). D 169). A**

170. All of the following are the electrocardiographic features of severe hyperkalemia except: A. Peaked T waves B. Presence of U waves C. Sine waves pattern D. Loss of P waves.....**(AIPGMEE - 2003)**

171. Hypercalcemia in ECG is diagnosed by: A. Increased QT interval B. Decreased QT interval C. Increased PR interval D. Tall T waves.....**(PGI-1999-Dec)**

172. Following are ECG features of hyperkalemia except: A. High T wave B. Depressed ST segment C. Prolonged PR interval D. Prolonged QT interval.....**(PGI - JUNE 1997)**

173. Chlorthalidone EKG finding of ventricular premature beats A. Fusion beat **B.** Narrow QRS complex C. AV dissociation **D.** Wide QRS complex **E.** Capture beat.....**(PGI - JUNE 2004)**

174. Current of Injury Ii: A. P wave B. ST segment C. QRS complex D. QT intcrvul.....**(PGI - JUNE 2005)**

175. ECG in young healthy person with 80 beats/min will not show: A. RP interval between 120 - 200 msec B. QRS interval less than 100 msec C. Interval between 2 QRS is 750 msec D. T. wave represents repolarizatioR.....**(PGI - June -1998)**

176. Athletic syndrome is characterized by : A. Increased amplitude of QRS B. Tachycardia C, Decreased QT interval D, U-waves
(PGI - June-1999)

TOPIC 11 :PLUMONARY EMBOLISM

177. D-dimer is the most sensitive diagnostic test for: A. Pulmonary embolism **B.** Acute pulmonary oedema C. Cardiac tamponade D. Acute myocardial infaraction.....**(AIIMS PGMEE - MAY 2005)**

178. In acute pulmonary embolism, the most frquent ECG finding is: A. S1Q3T3 pattern B. P. pulmonale C. Sinus tachycardia D. Right axis deviation.....**(AIIMS PGMEE - MAY 2006)**

179. The most definitive method of diagnosing pulmonary embolism is - A. Pulmonary ateriography B. Radioisotope perfusion pulmonary scintigraphy C. EKG D. Venography.....**(AIIMS PGMEE - NOV 2005)**

180. Best investigation when there is clinical suspicion of pulmonary embolism in a patient is A. D - Dimer assay B. Multi detector CT angiography C. Doppler ultrasound D. Catheter angiography.....**(AIIMS PGMEE - NOV 2007)**

181. All are true about pulmonary embolism, except A. Chest pain is the most common symptom B. Most commonly presents within 2 weeks C. More is the survival time, more is the chance of recovery D. Arises from leg veins **(diagnosis)...(AIIMS PGMEE - MAY - 1994)**

182. A patient with fracture pelvis, is admitted in ICU after surgery. Post operatively he develops sudden dyspnea and chest pain. The likely cause is : A. Pulmonary thromboembolism B. Shock C. Respiratory infection D. ARDS **(diagnosis)....(AIIMS PGMEE NOV - 1999)**

183. A 55-year old man who has been on bed rest for the past 10 days, complains of breathlessness and chest pain. The chest x-ray is normal. The next step in investigation should be: A. Lung Ventilation — perfusion scan B. Pulmonary arteriography C. Pulmonary venous wedge angiography D. Echocardiography **(diagnosis)**.....**(AIPGMEE - 2004)**

184. A 55 year old man who has been on bed rest for the past 10 days, complains of breathlessness and chest pain.The chest X-ray is normal. The next investigation should be: A. Lung ventilation-perfusion scan B. Pulmonary arteriography C. Pulmonary venous angiography D. Echocardiography **(diagnosis)**.....**(AIPGMEE - 2003)**

185. True about pulmonary embolism : A. ECG shows right ventricular strain pattern B. PA02 -Pa02 difference in normal C. ECG also shows typical Si Q3 T3 pattern D. Not a medical emergency **(investigation)**.....**(PGI - 2000 - Dec)**

186. The most common source of pulmonary embolism is : A. Amniotic fluid embolism B. Renal artery embolism C. Large veins of leg D. Cardio thoracic surgery **(pathophysiology)**.....**(AIIMS PGMEE - MAY 1995)**

187. Risk factors of pulm embolism A. 30 yrs female of OCPs B. Pregnancy C. Leg paralysis D. 50 yrs person with uncomplicated cholecystectomy E. Behcet's disease **(risk factots)**.....**(PGI - DEC 2005)**

TOPIC 12: PULSE

188. Water hammer pulse seen in A. Aortic stenosis B. Aortic regurgitation C. Aortic stenosis and Aortic regurgitation D. Mitral regurgitation.....**(AIIMS PGMEE - MAY 2007)**

189. Pulsus bisferiens is best felt in: A. Carotid artery B. Radial artery C. Brachial artery D. Femoral.....**(AIIMS PGMEE - JUNE 1998)**

190. Pulsus paradoxus is seen in all except: A. IPPV B. COPD C. Cardiac Temponade D. Constrictive pericarditis
(AIIMS PGMEE-JUNE 1998)

191. Pulsus bisferiens is best felt in : A. Carotid artery B. Brachial artery C. Radial artery D. Femoral artery.....**(AIIMS PGMEE - DEC 1998)**

192. Bisferien pulse is seen in A. AS +AR B. Hypertrophic cardiomyopathy C. Severe AR.....**(PGI - DEC 2005)**

193. Pulses paradoxus present in A. Emphysema B. Pulmonary embolism C. Hypovolemic shock D. Hypertrophic cardiomyopathy.....**(PGI - DEC 2005)**

194. Pulsus paradoxus seen in : A. Cardiac tamponade B. Constrictive pericarditis C. HOCM D. AR E. Severe asthma
(PGI-JUNE 2006)

195. Pulsus alternans occurs in: A. Constrictive pericarditis **B.** Viral myocarditis C. Hypokalemia **D. MI**.....**(PGI - June -1998)**

ANSWERS

170). B 171). B 172). D 173). D 174). B 175). C 176). A 177). A 178). C 179). A 180). B 181). A 182). A 183). A 184). B 185). A C 186). C 187). A 188). B 189). B 190). A 191). C 192). A 193). A 194). A 195). D

MEDICINE*

196. True about pulsus paradoxus Is: A. Arm - tongue circulation time is increased B. T Stroke volume C. Seen in constrictive pericarditis D. THR..... **(PGI - June-1998)**

197. Pulse pressure is A. 1/3 diastolic + 1/2 systolic B.P. B. 1/2 diastolic + 1/3 systolic B.P. C. Systolic - diastolic B .P. D. Diastolic + 1/2 systolic B.P..... **(AIIMS PGMEE - MAY -1993)**

198. PuLsus bisferiens is seen in ail, EXCEPT A. Aortic regurgitation + Aortic stenosis B. Aortic regurgitation C. Hypertrophic cardiomyopathy D. Tetralogy of Fallot..... **(AIIMS PGMEE - MAY -1993)**

TOPIC 13: DIGITALIS

199. Digoxin toxicity is enhanced by all, EXCEPT: A. Quinidine B. Hyperkalemia C. Hypomagnesemia D. Hepatic dysfunction **(AIIMS PGMEE-DEC 1997)**

200. True statement regarding Atrioventricular block with atrial tachycardia is : A. Seen in WPW syndrome B. Is a complication of pacemaker C. Can occur in normal person occasionally. D. Seen in Digitalis toxicity with K+ depletion..... **(AIIMS PGMEE - DEC 1998)**

201. All of the following electrocardiographic findings may represent manifestations of digitalis intoxication, EXCEPT A. Bigeminy B. .Functional tachycardia C. Atrial flutter D. Atrial tachycardia with variable block..... **(AIIMS PGMEE NOV -1999)**

202. A person with mitral regurgitation and atrial fibrillation presents with syncope. On examination the person has a heart rate of 55. What is the most probable cause ? A. Digitalis toxicity B. Incomplete heart block C. Stroke D. Subarachnoid Haemorrhage **(AIPGMEE-2007)**

203. Following are used in treatment of digitalis toxity except A. Potassium B. Lignocaine C. Fab particles D. Hemodialysis **(AIPGMEE-1995)**

204. All of the following statements about digitalis are true except: A. Excretion is mainly renal B. Oral absorption is good C. Actively metabolized in liver D. Lipid soluble..... **(AIPGMEE - 1997)**

205. All of the following may precipitate digitalis toxicity except: A. Hypocalcemia B. Hypokalemia C. Hypomagnecemia D. Hypothyroidism..... **(AIPGMEE -1997)**

206. Treatment of digoxin over dose includes administration of all of the following except: A. Potassium B. Lignocaine C. Phenyton D. Hemodialysis..... **(AIPGMEE - 1997)**

207. Digoxin is used in the treatment of A. Constrictive pericarditis B. Cardiac tamponade C. Heart block D. Atrial fibrillation E. Diastolic failure..... **(PGI-JUNE 2004)**

208. igoxin toxfcity is precipitated by : A. Atenolol **B.** Quiiiidine C. Pulsus paradoxus D. Cyanosis..... **(PGI - June -1999)**

TOPIC 14: CLUBBING

209. Digital clubbing is seen in all except A. Endocarditis B. Pulmonary arteriovenous fistula C. Tricuspid atresia D. Aortic dissection..... **(AIIMS PGMEE - MAY 2007)**

210. Clubbing is least common in: A. Squamous cell carcinoma B. Adenocarcinoma C. Small cell carcinoma of lung **D.** Mesothelioma..... **(AIIMS PGMEE - DEC 1997)**

211. One of the following condition is not associated with clubbing. A. Primary biliary cirrhosis B. Chronic bronchitis C. Cryptogenic fibrosing alveolitis D. Central bronchiectasis..... **(AIIMS PGMEE - DEC 1998)**

212. Causes of clubbing: A. Cirrhosis B. T.B. C. Ca bronchus D. Bronchiectasis E. COPD **(etiology)**..... **(PGI - DEC 2002)**

213. Causes of cay no sis : A. TOF **B.** PDA C. Tricuspid atresia D. Eisenmenger's complex E. TGA **(etiology)**..... **(PGI - JUNE 2005)**

214. Unilateral clubbing seen in : A. Familial clubbing B. Pancost tumor C. Pulmonary A.V. fistula D. Aortic aneurysm (arch) E. Congenital cyanotic heart disease **(etiology)**..... **(PGI - JUNE 2005)**

215. Clubbing is seen in: A. Pulmonary adenoma B. PulmTB C. Interstitial lung disease D. All **(etiology)**..... **(PGI - June -1998)**

216. Clubbing is seen in: A. Suppurative pneumonia B. L — R shunt C. ABPA (Allergic bronchopulmonary aspergillosis) D. Hepatorenal syndrome E. Childhood ashthma **(etiology)**..... **(PGI - June -2001)**

217. Oxygen content of the arterial blood is reduced in all except: A. Methemoglobinemia B. Fallot's tetralogy C. Carbon monoxide poisoning D. Fibrosing alveolitis **(pathophysiology)**..... **(PGI - JUNE 1997)**

TOPIC 15: JVP

218. 'C' wave in JVP is due to A. Atrial contraction B. Tricuspid valve bulging into right atrium C. Right atrial filling D. Rapid ventricular filling **(AIIMS PGMEE - NOV 2007)**

219. All of the following phases of the jugular venous pulse and their causes are correctly matched, Except: A. 'c'wave - onset of atrial systole B. 'a-x' descent - atrial relaxation C. 'v-y' - emptying of blood from right atrium into right ventricle D. 'y-a' ascent - filling of the right atrium from the vena cava..... **(AIPGMEE - 2002)**

220. Which of the following is the correct statement regarding findings in JVP A. Cannon wave: Complete heart block B. Slow vy descent: Tricuspid regurgitation C. Giant c wave: Tricuspid stenosis D. Increased JVP with prominent pulsations : SVC obstruction **(AIPGMEE-2002)**

ANSWERS

196). C 197). C 198). D 199). D 200). D 201). C 202). A 203). D 204). C 205). A 206). D 207). D 208). B 209). D 210). C 211). B 212). A 213). A 214). B 215). C 216). A 217). C 218). B 219). A 220). A

MEDICINE

221. In the JVPt 'a' waves are absent in A. Atrial fibrillation B. Mitral stenosis C. Tricuspid atresia D. Sick sinus syndrome **(AIPGMEE-1994)**

222. Rapid x descent is unlikely in : A. Constrictive pericarditis B. Cardiac temponade C. RV infarction D. Restrictive CMP **(PGI-1999 -Dec)**

223. Prominant *a' wave in J.V.P.: A. Tncuspid stenosis B. Atrial fibrillation C. Pulmonary hypertension D. Tncuspid regurgitation E **M** S.....**(PGI-DEC 2002)**

224. Typical JVP finding in cardiac tamponade : A. Absent "Y" descent B. Prominant 'a" wave C. Absent 'a1 wave D. Prominent 'Y' wave.....**(PGI - June-2000)**

225. 'C wave in JVP corresponds to: A. Atrial systole B. Ventricular systole C. Atrial diastole D. Ventricular diastole E. Protodiastole **(PGI - June-2001)**

226. Prominent 'a' waves seen in: A. MS B. Tricuspid stenosis C. Pulmonary hypertension D. Right atrial myxoma E. ASD **(PGI - June-2002)**

TOPIC 16 :CHF

227. In a patient with chronic congestive cardiac failure, all of the following drugs prolong survival, EXCEPT A. Metoprolol B. Carvedilol C. Enalapril D. Digoxin.....**(AIIMS PGMEE - MAY 2004)**

228. In CCF there is: A. Oliguria B. Polyuria C. Olijuria during day and polyuria during night D. Anuria **(diagnosis)**.....**(PGI -1998 - Dec)**

229. CCF is associated with Increase in all of the following except: A. Right atrial mean pressure B. Serum sodium C. Serum urea D. Serum norepinephrine **(pathophysiology)**.....**(AIPGMEE - 2007)**

230. Peripheral edema in CCF Is due to : A. Increased sympathetic tone B. ANP (atrial natriuretic peptide) C. Increased hydrostatic pressure D. Pulmonary hypertension **(pathophysiology)**.....**(PGI - 2000 - Dec)**

231. At the end of ventricular diastole : A. Atrial volume is more D- Symptomatic B. Coronary How is maximum C. Flow in aorta drops D. All of the above **(pathophysiology)**.....**(PGI - June-1998)**

232. Drug used in heart failure: A. ACE inhibitors B. Hydralazine C. Ca2+ channel blockers D. Carvedilol **(treatment)...(PGI - JUNE 2004)**

233. Pt. with DM, Hypertension, having CHF, the most appropriate drug is: A. ACE inhibitors B. Digitalis C. p blockers D. Diuretics **(treatment)**.....**(PGI - June-1998)**

TOPIC 17 : MITRAL STENOSIS

234. The typical movement of mitral valve calcification is- A. Upwards and downwards B. Counterclock wise C. Side to side D. Circular.....**(AIIMS PGMEE - NOV 2005)**

235. The severity of Mitral stenosis is clinically best decided by: A. Length of diastolic murmur B. Intensity of diastolic murmur C. Loudness of first heart sound D. Split of second heart sound **(diagnosis)**.....**(AIIMS PGMEE MAY - 2003)**

236. Following is true regarding opening snap: A. It is a high-pitched diastolic sound. B. It s due to opening of stenosed aortic valve. C. It indicates pulmonary arterial hypertension. D. It preceedes the aortic component of second heart sound, **(diagnosis)** **(AIIMS PGMEE NOV - 2002)**

237. Severity of mitral stenosis is assessed by: A. Loud opening snap B. Length of murmur C. LoudS, D. Splitting **(diagnosis)**.....**(AIPGMEE -1998)**

238. Loud SI in mitral stenosis is seen in A. Prolonged flow through mitral valve B. 1st degree heart block C. Calcification of the valve D. Immobilization of the valve **(diagnosis)**.....**(PGI - June -1999)**

239.Severity of mitral stenosis is judged by : A. Loud SI B. S2-OS gap C. Prolonged diastolic murmur D. S3 E. S4 **(diagnosis)** **(PGI - June-2002)**

240. Mitral stenosis is associated with A. Right ventricular hyper trophy B. Left ventricular hypertrophy C. Left axis deviation D. QRS complex **(pathophysiology)**.....**(AIPGMEE -1997)**

TOPIC 18 :QT PROLONG

241. Torsades de pointes causes ? A. Eide QRS B. Short QRS C. WideQT D. Short QT.....**(AIIMS PGMEE - MAY 2008)**

242. Feature of Torsade de pointes is: A. Wide QRS complex B. Short QRS complex C. Prolonged QTc interval D. Short QTc interval.....**(AIIMS PGMEE - DEC 1997)**

243. All are features of tabes dorsalis, EXCET: A. Ataxia B. Argyll Robertson's pupil C. Bladder disturbances D. Hyperreflexia.....**(AIIMS PGMEE-DEC 1997)**

244. Congenital long QT syndrome can lead to: A. Complete heart block B. Polymorphic ventricular tachycardia. C. Acute myocardial infarction. D. Recurrent supraventricular tachycardia, **(complications)**.....**(AIIMS PGMEE MAY - 2003)**

245. QT prolongation is seen in all.EXCEPT- A. Hypothermia B. Digitalis toxicity C. Hypocalcemia D. Romanowand syndrome **(etiology)**.....**(AIIMS PGMEE JUNE - 2000)**

ANSWERS

221). A 222). C 223). A 224). A 225). B 226). B 227). D 228). A 229). B 230). A 231). C 232). A 233). A 234). A 235). A 236). A 237). B 238). A 239). B 240). A 241). C 242). C 243). D 244). B 245). B

MEDICINE

246. Torsades des pointes may be caused by which one of the following drugs: A. Quinidine B. Digoxin C. Phenytoin D. Chlorthiazide **(etiology) (AIPGMEE - 2008)**

247. Torsade de pointes is caused by : A. Hypermagnesemia B. Metabolic acidosis C. Hypomagnesemia D. Metabolic alkalosis **(etiology)** ..... **(PGI - June-1999)**

TOPIC 19: SHOCK

248. Feature of septic shock is: A. Acute tubular necrosis " B. Acute cortical necrosis C. Acute glomerulonephritis D. Acute papillary damage **(complications)** ..... **(AIIMS PGMEE - SEP 1996)**

249. A normotensive patient with normal hemoglobin suffered massive blood loss. The following findings would be present in him except: A. Increased PCV B. Increased MCV C. Thrombocytosis D. Reticulocytosis **(investigation)** ..... **(AIPGMEE - 2007)**

250. True statements about shock A. During dehydration both ICF and ECF volume decreases B. 10-20% of fluid loss is compatible to life. C. Early change in shock is increased release of nor adrenaline D. Risk of death is high when fluid loss is 20- 40% E. Hemorrhage cause intravascular fluid loss **(pathophysiology)** ..... **(PGI - DEC 2004)**

251. In cardiac shock: A. SBP < 90 mm of Hg B DBP < 80 mm of Hg C. Urine output < 20 ml/hr D. Cardiae index < 3.5 E. Stroke volume 70 ml S **(pathophysiology)** ..... **(PGI - DEC 2002)**

252. Which of the following hormones are increased after major trauma: A. Epinephrine B. GH C. Glucocorticoids D. Thyroxine E. Insulin **(pathophysiology)** ..... **(PGI - June -2001)**

253. A 70 year old man develops pneumonia and septicemiA) Patient goes into renal failure and has a BP of 70/50 mm of Hg. Drug that should be used to maintain BP is: A. Adrenaline B. Ephedrine C. Phenylephrine D. Nor epinephrine **(treatment)** ..... **(AIPGMEE - 2007)**

254. A patient presented with shock and suspecting It due to hypoglycemia. The treatment should be based on : A. IV glucose after clinical assessment B. Urine sugar C. Blood sugar D. IV access **(treatment)** ..... **(PGI - JUNE 2003)**

255. First Une of treatment of hypovolemic shock Is: A. Blood transfusion B. Normal saline C. 5% dextrose D. Ringer lactate **(treatment)** ..... **(PGI - June-2001)**

TOPIC 20 : AORTIC REGURGITATION

256. A 35 year old athlete has height 184 cm., arm span 194cm., pulse rate 64/min., BP 148/64 mm Hg. Chest ausultation reveals long diastolic murmur over right 2nd intercostal space on routine examination. The probable diagnosis is: A. Aortic regurgitation B. Atrial septal defect C. Ebstein anomaly D. Coarctation of aorta **(diagnosis)** ..... **(AIIMS PGMEE JUNE - 1999)**

257. All of the following murmurs may be heard in patients with aortic reugurgitation except: A. High-pitched decrescendo diastolic murmur. B. Soft, low pitched middistolic rumbling murmur. C. Mid-systolic ejection flow murmur D. Pansystolic murmur, **(diagnosis)** ..... **(AIIMS PGMEE NOV - 2002)**

258. LVH is commonly seen with: A. Pure mitral stenosis B. ASD with fossa-ovalis C. Aortic incompetence D. Carcinoid syndrome **(diagnosis)** ..... **(AIPGMEE -1999)**

259. A young basketball player with ht **188** cm and armspan **19"** cm has a diastolic murmur best heard in second righ intercostal space: likely cause of murmur is: **A. AS B.** Coarctation of aorta C. **AR D. MR (diagnosis)** ..... **(AIPGMEE - 2001)**

260. Wide pulse pressure is seen in : A. Aortic regurgitation B. PDA C. MR D. AS E. CCF **(diagnosis)** ..... **(PGI - DEC 2003)**

261. Aortic regurgitation does NOT occur in : A. Acute Ml B. Marfan's syndrome C. Rheumatic heart disease D. Infective endocarditis **(etiology)** ..... **(AIIMS PGMEE - SEP 1996)**

262. Acute Aortic regurgitation is seen in all the following except A. Marian's syndrome B. Acute myocardial infarction C. Bacterial endocarditis D. Ankylosicg spondylitis **(etiology)** ..... **(AIPGMEE - 1994)**

TOPIC 21 : AORTIC STENOSIS

263. A 63 year old man presents with a triad of angina, syncope and congestive heart failure. Which of the following valvular heart lesion can be suspected - A. Mitral stenosis **B.** Tricuspid regurgitation C. Aortic stenosis D. Aortic regurgitation ..... **(AIIMS PGMEE - NOV 2005)**

264. In severe aortic stenosis true finding is A. Late systolic ejection click. B. Heaving with outward apex C. ST segment deviation in ECG D. LoudS2 ..... **(AIIMS PGMEE - DEC 1998)**

265. Which of the following physical signs is seen in a patient with severe aortic stenosis:- A. Opening snap B. Diastolic rumble C. Holosystolic murmur D. Delayed peak of systolic murmur **(diagnosis)** ..... **(AIIMS PGMEE MAY - 2002)**

266. Angina pectoris and Syncope are most likely to be associated with A. Mitral stenosis B. Aortic stenosis C. Mitral regurgitation D. Tricuspid stenosis **(diagnosis)** ..... **(AIPGMEE - 1994)**

267. Double apical impulse is seen in: A. MR B. AR C. AS D. MS **(diagnosis)** ..... **(PGI - 1998 - Dec)**

268. Paessure difference of 5 mm Hg between the two upper limbs occurs in which congenital heart disease : A. TOF B. TGA C. HOCM D. Supra-valvular aortic stenosis **(diagnosis)** ..... **(PGI - June -1999)**

TOPIC 22: CPR

269. In cardio pulmonary resuscitation, calcium can be given in all, EXCEPT: A. Hypocalcemia B. Hypokalemia C. Hyperkalemia D. Calcium channel blocker ..... **(AIIMS PGMEE - DEC 1997)**

ANSWERS

246). A 247). C 248). A 249). A 250). A 251). A 252). A 253). D 254). C 255). B 256). A 257). D 258). C 259). C 260). A 261). A 262). B 263). C 264). C 265). D 266). B 267). C 268). D 269). B

270. True regarding cardio pulmonary resuscitation is: A. Most common presentation in ECG is asystole **B.** Compression to ventilation ratio is 5:1 C. Adrenaline is given if cardioversion fails. D. Calcuim gluconate is given immediately.....**(AIIMS PGMEE - DEC 1998)**

271. During cardiopulmonary resuscitation, intravenous calcium gluconate is indicated under all of the following circumstances except: A. After 1 mm of arrest routinely B. Hypocalcemia C. Calcium channel blockers toxicity D. Electromechanical dissociation **(AIPGMEE-2003)**

272. Which of the following is used in Resuscitation : A. Epinephrine B. Oxygen C. Lignocaine D. Magnesium E. Nor-epihephrine **(PGI-2001 -Dec)**

273. In basic life support (BLS), support is given to which of the following organ : A. Lung B. Heart C. Kidney D. Skeletal muscle E. Brain (CNS).....**(PGI-JUNE 2005)**

274. True about oxygen concentrators: A. Extraction of 02 from water B. Requires electrical power C. 02 from halolite D. Supplies 100% 02 **(PGI - June-2001)**

TOPIC 23: PERICARDITIS

275. Which of the following is least likely to cause constrictive pericarditis A. Tuberculous pericardial effusion B. Staphylococcal effusion C. Post cardiac surgery D. Acute rheumatic fever.....**(AIIMS PGMEE - NOV 2006)**

276. During ventricular pressure pulses square root wave is seen in: A. ASD B. MVPS C. Dilated cardiomyopathy D. Constrictive pericarditis **(diagnosis)**.....**(PGI -1998 - Dec)**

277. All are true in chronic constrictive pericarditis except : A. Kussmauls sign in present in all types B. Ascites is not in proportion to edema C. Commonest cause is idiopathic D. Right ventricular and diastolic pressure is raised **(diagnosis)**.....**(PGI - 1999 - Dec)**

278. Not seen in constrictive pericarditis is : A. Acute pulmonary edema B. Ascites **97.** C. Tapping apex D. Pericardia! knock/ **(diagnosis)**.....**(PGI - June-1999)**

279. Haemorrhagic pericarditis occurs in all of the following conditions except.: A. Transmural myocardial infarction. B. Dissecting aneurysm of aorta. C. Metastatic disease of pericardium. D. Constrictive pericarditis, **(etiology)**.....**(AIIMS PGMEE MAY - 2003)**

280. Rheumatoid arthritis pericarditis Is: A. Serous **B.** Fibrinous C. Serofibrinous D. Adhesive **(pathophysiology)**.....**(PGI -1998 - Dec)**

TOPIC 24 : AORTIC ANUERYSM

281. Anterior scalloping of vertabrae seen in: A. osteogenesis imperfecta B. Aortic aneurysm C. Metastasis D. Renal Cell Ca. E. TB **(investigation)**.....**(PGI - June-2001)**

282. A 50 year old man, an alcoholic and a smoker presents with a 3 hour history of increasing shortness of breath.He started having this pain while eating,which was constant and radiated to the back and interscapular region.He was a known hypertensive.On examination, he was cold and clammy with a heart rate of 130/min,and a BP of 80/40 mmHg.JVP was normal.AII peripheral pulses were present and equal.Breath sounds were decreased at the left lung base and chest x-ray showed left pleural effusion.Which one of the following is the most likely diagnosis? A. Acute aortic dissection. B. Acute myocardial infarction. C. Rupture of the esophagus. D. Acute pulmonary embolism, **(diagnosis)**.....**(AIPGMEE - 2005)**

283. Manifestations of aortic dissection are: A. pericardial effusion B. AR C. MR D. AMI E. Limb ischemia **(diagnosis)**.....**(PGI - June 2001)**

284.Aortic dissection is associated with : A. Systemic hypertension B. Coarctation of Aorta C. In 1st trimester of pregnancy D. Takayasu's arteritis E. Marfan syndrome **(etiology)**.....**(PGI - June -2002)**

285. In Aortic dissection drug used are A. Propanolol B. Diazoxide C. Na nitroprusside D. Hydralazine E. Labetelol **(treatment)** **(PGI-DEC2005)**

TOPIC 25 : ATRIAL FIBRILLATION

286. Radiofrequency ablation is done for: A. Ventricular tachycardia B. PSVT C. WPW D. Atrial tachychardia...**(AIIMS PGMEE - JUNE 1998)**

287. A chronic alcoholic develops palpitations suddenly after alcohol binge. His pulse is irregularly irregular Which of the following arrythmia is most commonly associated with alcohol binge in the alcoholics ? A. Ventricular fibrillations B. Vetricular premature contractions C. Atrial flutter D. Atrial fibrillation **(diagnosis)**.....**(AIIMS PGMEE NOV -2001)**

288. In a patient with chronic atrial fibrilation with a regular beat of 60/min, the most probable cause is : A. Sleep B. Digitalis toxicity C. Sino nodal block D. Hypothyroidism **(etiology)**.....**(AIIMS PGMEE MAY - 2001)**

289. Atrial fibrillation may occur in all of the following conditions, except: A. Mitral stenosis. B. Hypothyroidism. C. Dilated cardiomyopathy. D. Mitral regurgitation, **(etiology)**.....**(AIIMS PGMEE MAY-2003)**

290. True regarding atrial fibrillation : A. T Thromboembolism B. Digoxin treatment C. Anticoagulant not required D. Aspirin given **(treatment)**.....**(PGI-JUNE 2006)**

TOPIC 26: CARDIOMYOPATHY

291. Cardiomyopathy may be seen in all of th following except: A. Duchenne muscular dystrophy B. Friedrich's ataxia C. Type II glycogen storage disease D. Alkaptonuria.....**(AIIMS PGMEE - MAY 2006)**

292. Which one of the following is a cause for "Restrictive cardiomyopathy" A. Alcohol B. Hemochromatosis C. Amyloidosis D. Sarcoidosis.....**(AIIMS PGMEE - MAY 2004)**

ANSWERS

270). B,C 271). A 272). A 273). A 274). B 275). D 276). D 277). C 278). A 279). D 280). B 281). B 282). A 283). A 284). A 285). A 286). C 287). C 288). B 289). B 290). A 291). D 292). C

293. To differentiate restrictive cardiomypathy and constrictive pericarditis, features favouring constrictive pericarditis are: A. Diastolic pressures are equalised B. There is mild pericardia! Effusion C. Associated with septal hypertrophy D. Thick pericardium is present E. RV size in increased **(diagnosis)**.....**(PGI - June -2002)**

294. Restrictive pattern of pathology is seen in all except: A. RV infarction B. Constrictive pericarditis C. Endomyocardial fibrosis D. Arrhythmogenic cardiac dysplasia **(etiology)**.....**(PGI - June -1998)**

295.Causes of dilated cardiomyopathy are: A. Viral myocarditis B. Amyloidosis C. Alcohol D. Loeffler's endocarditis E. Postpartum CMP **(etiology) (PGI - June-2002)**

TOPIC 27: MURMUR

296. Continuous murmur is found in all, EXCEPT A. Mitral stenosis with mitral regurgitation B. Patent ductus arteriosus C. Rupture of sinus of Valsalva D. Systemic arteriovenous (A\0 fistula.....**(AIIMS PGMEE - MAY - 1993)**

297. Continuous murmur is seen in all the following except A. Aortic sinus of valsalva rupture B. Coarctation of Aorta C. AV malformations D. Peripheral pulmonary' stenosis.....**(AIPGMEE - 1995)**

298. An early systolic murmur may be caused by all of the following except: A. Small ventricular septal defect B. Papillary muscle dysfunction C. Tricuspid regurgitation D. Aortic stenosis.....**(AIPGMEE - 2003)**

299. Continuous murmur is found in: A. AS combined with AR B. Systemic AV fistula C. PDA with reversal of shunt D. Aortopulmonary window **E.** Rupture of sinus valsalva.....**(PGI - DEC 2004)**

300. Continuous murmur present in : A. PDA B. AS with AR C. Shunt between pulmonary & subclavian artery.....**(PGI - JUNE 2006)**

TOPIC 28 : PLUMONARY HYPERTENSION

301. In primary pulmonary hypertension basic abnormality in gene lies in A. Bone morphogenetic protein receptor II B. Endothelin C. Homeobox gene D. PAX-11.....**(AIIMS PGMEE - MAY 2007)**

302. All are used for treating Pulmonary hypertension except: A. Endothelin receptor antagonists B. Phosphodiesterase inhibitors C. Calcium Channel B lockers D. Beta blockers.....**(AIIMS PGMEE - MAY 2008)**

303. All are causes of pulmonary hypertension except, A. Hyperventilation B. Morbid obesity C. High altitude D. Fenfluramine **(AIIMS PGMEE-NOV2007)**

304. Pulmonary hypertension may occur in all of the following conditions except: A. Toxic oil syndrome B. Progressive systemic sclerosis C. Sickle cell anemia D. Argemone mexicana poisoning **(etiology)**.....**(AIPGMEE - 2003)**

305. Not seen in pre capillary pulm. hypertension: A. t pressure in pulm circulation B. T capillary pressure C. Rt-vent. hypertrophy D. T Pulm. wedge pressure **(pathophysiology)**.....**(PGI - June -1998)**

TOPIC 29: SVT

306. What is the drug of choice to control supraventricular tachycardia - A. Adenosine B. Propranolol C. Verapamil D. Digoxin **(AIIMS PGMEE-NOV2005)**

307. All of the following features can differentiate between ventricular tachycardia and supraventricular tachycardia EXCEPT : A. QRs < 0.14 seconds B. Ventricular rate > 160/min C. Variable first heart sound D. Relieved by carotid sinus massage **(AIIMS PGMEE-DEC 1998)**

308. Drug of choice for Supraventricular tachycardia is: A. Verapamil B. Diltiazem C. Digoxin D. Phenytoin **(treatment)...(AIPGMEE - 2008)**

309. Drug of choice in PSVT is: A. Amaidarone B. Lingnocaine C. Quinidine D. Adenosine **(treatment)**.....**(AIPGMEE - 1998)**

310. Stimulation of proximal cut end of vagus causes: A. Apnea B. I HR C. ±BP D. IBP **(treatment)**.....**(PGI - June -1998)**

TOPIC 30: ASD

311. A 20-year-old female presents with history of dyspnoea on exertion. On examination, she has wide, fixed split of S2 with ejection systolic murmur (IH/VI) in left second intercostal space. Her EKG shows left axis deviation. The most probable diagnosis is A. Total anomalous pulmonary venous connection B. Tricuspid atresia C. Ostium primum atrial septal defect D. Tetralogy of Fallot **(AIIMS PGMEE - MAY 2004)**

312. A young female presents with history of dyspnoea on exertion. On examination, she has wide, fixed split S2 with ejection systolic murmur (HI/VI) in left second intercostal space. Her EKG shows left axis deviation. The most probable diagnosis is : A. Total anomalous pulmonary venous drainge. B. Tricuspid atresia. C. Ostium primum atrial septal defect. D. Ventricular septal defect with pulmonary arterial hypertension, **(diagnosis)**.....**(AIIMS PGMEE MAY - 2003)**

313. Transoesophageal Echocardfography Is useful in: A. Sinus venosus type of ASD B. Dissection of arch of aorta C. Thromobis D. Prosthetic valve endocarditis **(investigation)**.....**(PGI - June-1998)**

314. All of the following are true about ASD except: A. Right atrial hypertrophy B. Left atrial hypertrophy C. Right ventricular hypertrophy D. Pulmonary hypertension **(pathophysiology)**.....**(AIPGMEE - 2001)**

TOPIC 31 : ATHEROSCLEROSIS

315. The amino acid which is associated with atherosclerosis is: A. Lysine B. Homocysteine C. Cysteine D. Alanine **(AIIMS PGMEE-MAY 2006)**

ANSWERS

293). A 294). A 295). A 296). A 297). D 298). D 299). B 300). A 301). A 302). D 303). A 304). D 305). D 306). A 307). B 308). A 309). D 310). A 311). C 312). C 313). ALL 314). B 315). B

MEDICINE*

316. The amino acid associated with atherosclerosis A. Arginine B. Homocysteine C. Cysteine D. Tryptophan E. Phenylalanine **(pathophysiology)**.....**(PGI - June -2002)**

317. All of the following are risk factors for atherosclerosis except: A. Increased waist-hip ratio B. Hyperhomocysteinemia C. Decreased fibrinogen levels D. Decreased HDL levels **(risk factots)**.....**(AIPGMEE - 2006)**

318. Risk factors for arterial thrombosis are: A. Hypercholesterolemia B. Hyperuricemia C. Decreased antithrombin-lll D. Homocysteinuria **E.** Decreased protein C **(risk factots)**.....**(PGI - June -2001)**

TOPIC 32 : MVP

319. True regarding Mitral valve prolapse syndrome is all, EXCEPT A. More common in female B. Mostly symptomatic C. High incidence of arrhythmia D. Transient cerebral ischemia can occur **(diagnosis)**.....**(AIIMS PGMEE - NOV - 1993)**

320. All of the following are true for mitral valve prolapse, except. A. Transmission may be as an autosomal dominant trait B. Majority of the case present with features of mitral regurgitation C. The value leaflets characteristically show myxomatous degeneration D. The disease is one of the common cardiovascular manifestations of Marfan's Syndrome **(diagnosis)**.....**(AIPGMEE - 2006)**

321. A female patient Chandani develops chest pain which is not associated with exercise and chest auscultation shows multiple non ejection clicks. The investigation which is used to diagnose the disease is ! A. Echocardiography B. Pyrophosphate scan C. Thallium 201 scan D. ECG **(investigation)**.....**(AIIMS PGMEE JUNE -1999)**

322. A 26 yr old asymptomatic woman is found to have arrthymias and a systolic murmur associated with midsystolic clicks; which investigation would you use: A. Electrophysiological testing B. Tc scan C. Echocardiography D. Angiography **(investigation)** **(AIPGMEE-2001)**

TOPIC 33 : PLUMONARY EDEMA

323. Which is a feature of high altitude pulmonary edema A. Associated with low cardiac output B. Associated with pulmonary hypertension C. Occurs only in unacclamatized persons D. Exercise has no effect.....**(AIIMS PGMEE - MAY** 2008)

324. Which is a feature of high altitude pulmonary edema A. Associated with low cardiac output B. Associated with pulmonary hypertension C. Occurs only in unacclamatized persons D. Exercise has no effect.....**(AIIMS PGMEE - NOV 2006)**

325. Normal PCWP with pulmonary oedema is seen in: A. Left atrial myxoma B. High altitude C. Pulmonary vein obstruction D. Pulmonary artery obstruction.....**(AIIMS PGMEE - JUNE** 1998)

326. A patient comes with sudden respiratory distress, on examination, bilateral basal crepts are present over chest suggestive of pulmonary edema with normal alveoler wedge pressure. The likely cause is A. Narcotic overdose B. Congestive heart failure C. Myocardial infarction D. Cardiogenic shock.....**(AIIMS PGMEE JUNE - 2000)**

TOPIC 34: ATRIAL MYXOMA

327. True statement about cardiac myxoma is: A. Commonest site is left atrium B. Rarely recurrs after excision C. Distant metastasis are seen D. More common in females **(diagnosis)**.....**(AIPGMEE - 1999)**

328. All of the following are clinical features of myxoma, except: A. Fever B. Clubbing C. Hypertension D. Embolic phenomenon **(diagnosis)**.....**(AIPGMEE** -2002)

329. Gradient in pulmonary artery wedge pressure and left venticular end diastolic pressure is seen in A. Aortic regurgitation **B.** Constrictive pericarditis C. Left atrial myxoma D. Pulmonary thromboembolism **(investigation)**.....**(AIIMS PGMEE JUNE - 2000)**

TOPIC 35: COMPLETE HEART BLOCK

330. In the treatment of severe bradycardia, all of the following can be the best modality of treatment except- A. Atropine B. Pacing C. Isoproterenol D. Diltiazem.....**(AIIMS PGMEE - NOV 2005)**

331. Which of the following is seen in second degree AV block : A. Change in morphology of ventricular complex B. Increased atrial rate compared to ventricular rate C. Increase in cardiac output D. Decrease in stroke volume E. Increased AV conduction time **(PGI-2001 -Dec)**

332. Drug used in AV Block : A. Isoprenaline B. Dopamine C. Atropine D. Disopyramide E. Propranolol.....**(PGI - DEC** 2003)

TOPIC 36: MITRAL REGURGITATION

333. The severity of mitral regurgitation is decided by all of the following clinical findings except: A. Presence of mid- diastolic murmur across mitral valve. B. Wide split second heart sound. C. Presence of left ventricular S3 gallop. D. Intensity of systolic murmur across mitral valve **(diagnosis)**.....**(AIIMS PGMEE MAY** - 2003)

334. Severity of MR is associated with : A. Long duration of systolic murmur B. Thromboembolism C. Atria! Fibrillation D. LVS3 **E.** Loud Si **(diagnosis)**.....**(PGI - 2001 - Dec)**

335. A 59 year old man with severe myxomatous mitral regurgitation is asymptomatic, with a left ventricular ejection fraction of 45% and an end-systolic diameter index of 2.9 cm/m2. The most appropriate treatment is: A. Mitral valve repair or replacement. B. No treatment. C. ACE inhibitor therapy. D. Digoxin and diuretic therapy, **(treatment)**.....**(AIPGMEE** - 2005)

ANSWERS

316). B 317). C 318). A 319). B 320). B 321). A 322). C 323). B 324). B 325). B 326). A 327). A 328). C 329). C 330). D 331). A 332). A 333). D 334). A 335). A

MEDICINE*

TOPIC 37 : PDA

336. A continuous murmur is heard in all of the following conditions except: A. Ventricular septal defect with aortic regurgitation B. Patent ductus arteriosus C. Coronary arteriovenous fistula D. Venous hum.....**(AIIMS PGMEE - MAY** 2005)

337. Cause of death in PDA in adult: A. Infective endocarditis **B.** CCF C. Arrhythmias D. Embolism.....**(PGI - 1997 - Dec)**

338. MC cause of death in adults with PDA is : A. CCF B. Infective endocarditis C. Reupture D. Embolism.....**(PGI - 1999 - Dec)**

TOPIC 38: VSD

339. True about V.S.D. is, all Except: A. Small hole closes spontaneously B. Defect is usually in membranous part C. Endocarditis is commonest complication D. Pulmonary oligemia in chest X-ray **(complications)**.....**(AIIMS PGMEE - JUNE - 1997)**

340. AH can cause recurrent pulmonary infection EXCEPT A. VSD B. Recurrent LVF C. TOF D. ASD **(diagnosis)** **(AIIMS PGMEE-SEP 1996)**

341. Cardiac output measured by thermodilution technique is unreliable in all of the following situations except: A. Ventricular septal defect B. Tricuspid regurgitation C. Low cardiac output D. Pulmonary regurgitation **(investigation)**.....**(AIPGMEE - 2003)**

TOPIC 39: VT

342. In a patient with wide-complex tachycardia, the presence of all of the following in the ECG indicates ventricular tachycardia except: **A.** Atrioventricular dissociation. B. Fusion beats C. Typical right bundle branch block D. Capture beats **(investigation)** **(AIIMS PGMEE NOV-2003)**

343. Ventricular ectopic beats represented by : A. Irregular RR interval B. Incomplete compensatory pause C. A.V. dissociation D. Presence of fusion beat **E.** Wide QRS **(investigation)**.....**(PGI - JUNE 2005)**

344. A patient with heart failure developed ventricular arrhythmia. Treatment is/are A. Encainide B. Flecainide C. Intracardiac defibrilation D. Beta-blockers E. Amrinone **(treatment)**.....**(PGI - JUNE 2004)**

TOPIC 40 : WPW SYNDROME

345. WPW syndrome all true except A. More common in females B. Rt ventricular aberrant is commonly seen C. Incidence 4 with age **D.** Heart is structurally normal **E.** Incidence is **0**.3 to **0.7% (epidemiology)**.....**(PGI - DEC 2005)**

346. All are ECG findings in Wolf Parkinson's white syndrome, Except: A. Narrow QRS complexes B. Normal QT interval C. Slurred and **tall** QRS D. Short PR interval **(investigation)**.....**(AIIMS PGMEE - FEB -1997)**

347. The drug of choice in patients with Wolff-Parkinson- White syndrome with atrial fibrillation is : A. Digitalis B. Procainamide C. Verapamil D. Adenosine **(treatment)**.....**(AIIMS PGMEE NOV** - 2003)

TOPIC 41 :AV FISTULA

348. Clinical finding in AV fistula is one of the following: A. Pericarditis B. Sinui tachycardia C. Cardiac arrhthymia D. Hypothermia.....**(AIIMS PGMEE - DEC** 1998)

349. AV fistula true is except: A. Tachycardia B. High stroke volume C. Increased CO D. None.....**(PGI - June -1999)**

TOPIC 42: CYANOSIS

350. AU of the following can cause cyanosis, EXCEPT A. Decompensated hepatic cirrhosis B. Sulfhemoglobin C. Carboxyhemoglobin D. Methemoglobin.....**(AIIMS PGMEE - DEC 1994)**

351. Cyanosis NOT improving with 100% oxygen in case of A. Cardiac asthma B. Interstitial lung disease , C. Bronchial asthma D. Tetralogy of Fallot (TOF).....**(AIIMS PGMEE - MAY -1993)**

TOPIC 43: EDEMA

352. All are true regarding idiopathic edema of women except: A. It is due to estrogen mediated sodium retention B. It is not related to menstrual cycle C. There is increased water retention in upright position D. ACE inhibitors can be useful in some cases **AIPGMEE-2004)**

353. Water-fluid balance is characterized by A. Maintained by endogenous water loss. B. Maintained by exogenous water loss. C. Daily fecal loss is 500 ml. D. Daily respiratory loss is 500 ml.....**(PGI - JUNE 2004)**

TOPIC 44: LIPOPROTEINS

354. Treatment with co-3 polyunsaturated fatty acids, what will be the lipid profile : A. Increased LDL and increased total cholesterol B. Decreased LDL and decreased total cholesterol C. Increased LDL and decreased total cholesterol D. Decreased LDL and increased total cholesterol.....**(AIIMS PGMEE - NOV 2006)**

355. A young male patient presents with LDL 600 mg/dl, triglycerides 160 mg/dl. What would be the most likely finding on physical examination ? A. Tendon xanthoma B. Lipemia retinalis C. Eruptive tuberous xanthomas D. Xanthelesma.....**(AIIMS PGMEE - NOV 2006)**

ANSWERS

336). A 337). A 338). A 339). D 340). C 341). NONE OR A 342). C 343). A 344). C 345). C 346). A 347). B 348). B 349). D 350). C 351). D 352). A 353). B 354). C 355). A

MEDICINE*

TOPIC 45 : MYCOTIC ANEURYSM

356. Myoctic abscesses are due to: A Bacterial infection B. Fungal infection C. Viral infection D. Mixed infection.....**(AIPGMEE - 2006)**

357. Mycotic aneurysm is an aneurysm infected because of: A. Fungal infection B. Blood-borne infection (intravascular) C. Infection introduced from outside (extravascular) D. Both intravascular and extravascular infection.....**(AIPGMEE - 2006)**

TOPIC 46: PCWP

358. Left atrial Tilling pressure closely approximates A. Pulmonary capillary wedge pressure B. Central venous pressure C. Intrapleural pressure D. Intracranial pressure.....**(AIIMS PGMEE - MAY - 1993)**

359. Swan Ganz. catheter is used for A. Lt. cardiac output B. Pulmonary capillary pressure C. Pulmonary artery occlussion pressure D. 02 saturation in mixed venous blood.....**(PGI - JUNE 2003)**

TOPIC 47: POSTURAL HYPOTENSION

360. A 40 year old presenting with dizziness on standing with systolic reduction of BP of 50mm Hg; appropriate treatment A. Graded compression stockings B. Salbutamol C. Fludrocortisone D. B-blockers.....**(PGI - JUNE 2004)**

361. A 42 yrs man presenting with dizziness on standing and SBP falls by 50 mm of Hg : A. Gradual stockings and compression B. S/L isoprenaline C. Fludrocortisone D. Oral indomethacin E. Salmeterol.....**(PGI - JUNE 2005)**

TOPIC 48 :TOF

362. Pulmonary flow is decreased in : A. Fallot's tetralogy B. Ebstein's anomally C. Common atria D. TGV with intact septum E. Postoperative TGV correction **(pathophysiology)**.....**(PGI - DEC 2003)**

363. Fallots tetralogy manifestation A. Left axis deviation B. Left ventricular hypertrophy C. VSD D. Blalock taussig shunt is between pulmonary artery & subclavian artery **E.** Morphine is contraindicated in cyanotic spells **(treatment)**.....**(PGI - DEC 2005)**

TOPIC 49: VENTRICULAR FIBRILLATION

364. What would be the first line of treatment if a patient develops ventricular fibrillation after intravenous injection of potassium chloride A. Cardiac massage B. I.V. Adrenaline C. Defibrillation D. IPPV.....**(AIIMS PGMEE - MAY 2004)**

365. Asynchronous cadioversion is given in : A. AF B. Ventricular fibrillation C. Atrial flutter D. Ventricular tachycarida
(AIIMS PGMEE-DEC 1998)

TOPIC 50: ANTITHROMBOTICS

366. Drugs used for prevention of thrombosis are : A. Warfarin B. Streptokinase C. Heparin D. Protamine sulphate E. Aspirin
(PGI-2000 -Dec)

TOPIC 51 : EBSTEIN ANOMALY

367.Congenital heart disease associated with decreased pulmonary blood flow: A. Truncus arteriosus B. TAPVC C. Ebstein's anomaly D. Complete TGA E. Single ventricle with pulmonary stenosis.....**(PGI - DEC 2004)**

TOPIC 52 : MYOCARDITIS

368. Heart involved in # disease (infections): A. T. cruzi (chagas) B. Lyme diseae C. Trichinosis D. Diphtheria.....**(PGI - DEC 2006)**

TOPIC 53 : NITRIC OXIDE

369. Nobel prize in the field of medicine for the year 1998 was awarded to for the detection of molecular structure of: A. Nitrous Oxide **B.** Nitric Oxide C. Nitrogen D. Nitrogen Pentoxide.....**(AIIMS PGMEE - DEC 1998)**

TOPIC 54: PAPILLEDEMA

370. Overdosage of all can cause papilledema, Except: A. Methanol B. Giutethimide C. Anticholinergic D. Carbon mono-oxide
(AIIMS PGMEE - MAY 1995)

TOPIC 55 : PULMONARY STENOSIS

371.Peripheral pulmonic stenosis is associated with : A. Subaortic stenosis B. Takayasu's arteritis C. William syndrome D. Coarctations of syndrome **E.** Rubella.....**(PGI - June -2002)**

TOPIC 56: RAYNAUD DISEASE

372. All of the following are true about Raynaud's disease except: A. More common in females B. Positive Antinuclear Antibodies C. Most common cause of raynaud's phenomenon D. Has good prognosis.....**(AIPGMEE - 2007)**

TOPIC 57 : TRICUSPID REGURGITATION

373. The most common cause of tricuspid regurgitation is secondary to: A. Rheumatoid heart disease B. Dilatation of right ventricle C. Coronary artery disease D. Endocarditis due to intravenous drug abuse.....**(AIPGMEE - 2003**

ANSWERS

356). B 357). D 358). A 359). A 360). A 361). A 362). A 363). C 364). C 365). B 366). A 367). C 368). A 369). B 370). C 371). C 372). B 373). B

MEDICINE

TOPIC 65: THIRD NERVE PALSY

664. Third nerve palsy with pupillary sparing is seen in: A. Hypertension B. Aneurysm of posterior communicating artery C. Diabetes mellitus D. Craniopharyngioma.....**(AIIMS PGMEE - MAY 1995)**

TOPIC 66 : TROCHLEAR NERVE PARALYSIS

665. Most common nerve involved in inuacranial aneurysm is: A. Trochlear B. VII C. Vffl D. Occulomotor.....**(AIPGMEE - 1998)**

TOPIC 67 : TUBEROUS SCLEROSIS

666. The diagnosis of a patient presenting with Seizures. Mental retardation and Sebaceous adenoma is A. Hypothyroidism B. Tuberous sclerosis C. Toxoplasmosis D. Down syndrome.....**(AIPGMEE - 1995)**

TOPIC 68 : VIRAL ENCEPHALITIS

667. The most common cause of sporadic viral encephalitis is A. Japanese B encephalitis B. Herpes simplex encephalitis C. Human immunodeficiency virus encephalitis D. Rubeola encephalitis.....**(AIIMS PGMEE - MAY 2004)**

ANSWERS

664). A 665). A 666). B 667). B

HEMATOLOGY

TOPIC 1 : MULTIPLE MYELOMA

668. All the following are seen in Multiple myeloma except A. Visual Disturbance B. Bleeding tendency C. Proteinuria D. Dystrophic calcification **(complications)**.....**(AIPGMEE -1995)**

669. Multiple myeloma is characterized by: A. Amyloidosis B. Renal calculi C. Nephrocalcinosis D. Cast nephropathy E. MC. IgA Type **(complications)**.....**(PGI - June-2001)**

670. Which of the following is not a major criteria for diagnosis of multiple myeloma? A Lytic bone lesions B. Plasmacytoma on tissue biopsy C. Bone marrow plasmacytosis > 30% D. 'M' spike > 3g% for Ig G, > 2g% for IgA **(criteria)**.....**(AIPGMEE - 2006)**

671. Criteria for diagnosis of multiple myeloma A. Plasma cells in bone marrow B. Bence-jones proteins C. Lytic bone lesions D. Decreased beta 2-microglobulin **(criteria)**.....**(PGI - June -2002)**

672. All seen in multiple myeloma, Except: A. Lytic bone lesion B. Hypercalcemia C. Plasmacytosis of bone marrow > 2% D. Decreased serum alkaline phosphatase activity **(diagnosis)**.....**(AIIMS PGMEE - MAY 1995)**

673. Which is not seen in multiple myeloma : A. Lytic lesions in bone B. Increase in alkaline phosphatase C. Hypercalcemia D. Hypercalciuria **(diagnosis)**.....**(AIIMS PGMEE - FEB -1997)**

674. Ramesh60 years, presents with generalized bone pain. On examination there is elevated ESR of 100 mm, serum globulin 7,lytic lesions in the skull, serum creatinineof 3.5mg/dL and serum calcium of llmg/dL. What is the most likely diagnosis : A. Waldenstrom's macroglobulinemia B. Multiple myeloma C. Hyperparathyroidism D. Osteomalacia **(diagnosis)**.....**(AIIMS PGMEE NOV - 2000)**

675. A 58 years old woman, who had backache and recurrent chest infections for 6 months, develops sudden weakness of the legs and urinary retention. Her investigations show a hemoglobin of 7.3 gm/dl, serum calcium 12.6 mg/dl, phosphate-2.5 mg/dl, alkaline phosphatase-100 u/1, serum albumin-3 gm/dl, globulin - 7.1 gm/dl and urea-178 mg/D) What is the most likely diagnosis? A Lung cancer B. Disseminated tuberculosis C. Multiple myeloma D. Osteoporosis **(diagnosis)**.....**(AIPGMEE - 2006)**

676. An 80 year old asymptomatic woman was detected to have a monoclonal spike on serum electrophoresis (lgG levels 1.5 g/dl). Bone marrow revealed plasma cells of 8%. The most likely diagnosis is: A. Multiple myeloma B. Indolent myeloma C. Monoclonal gammopathy of unknown significance D. Waldenstorm's macroglobulinemia **(diagnosis)**.....**(AIPGMEE - 2004)**

677. In multiple myeloma following are seen except: A. Anion gap raised B. Lytic bone lesion C. Polyarticular pains D. M spike present with polyarticulopathy **(diagnosis)**.....**(PGI -1997 - Dec)**

678. Raised serum alkaline phosphatase is seen in all, EXCEPT A. Paget's disease B. Multiple myeloma C. Osteomalacia D. Hyperthyroidism **(investigation)**.....**(AIIMS PGMEE - DEC 1994)**

679. Ramla, 65 yrs old male presents with low backpain especially at L3, anaemia and fatiguability) His investigation profile reveals-Hb =7gm%, TLC-9000/ cmm, DLC -N- 55%, L-30%, M-10%, E-1%, B- 2%,Serum proteins-8gm %, ratio-2.9/5.9, ESR-90 and serum creatinine-3.2 mg% . Likely diagnosis is: A. Waldenstroms macroglobulinemia B. Multiple myeloma C. TB spine D. Secondaries in spine **(investigation)**.....**(AIIMS PGMEE NOV - 2001)**

ANSWERS

668). D 669). A 670). A 671). A 672). C 673). B 674). B 675). C 676). C 677). A 678). B 679). B

680. A 50 year old man presented with orbital mass. Systemic examination revealed anaemia and investigations revealed hypergammaglobulinemia. The patient should be investigated to rule out: A. Squamous cell carcinoma B. Optic nerve glioma **C.** Multiple myeloma D. Malignant melanoma **(investigation)**.....**(AIIMS PGMEE NOV - 2003)**

681. The following is the least useful investigation in multiple myeloma: A. ESR B. X-Ray C. Bone scan D. Bone marrow biopsy **(investigation)**.....**(AIPGMEE - 2007)**

682. Maximum ESR is seen in: A. CHF B. Polycythemiavera C. Multiple myeloma D. Sickle cell anemia **(investigation)** **(AIPGMEE-1998)**

683. In multiple myeloma following are seen : A. Increased Calcium B. Sclerotic bone lesion C. Bone deposition D. Renal failure **(investigation)**.....**(PGI-JUNE 2005)**

684. True about Myeloma is all, EXCEPT A. Plasma cell clonal proliferation B. Common after 50 yrs of age C. Amyloidosis can occur **D.** Protein casts in urine are made up of complete Ig chains **(pathophysiology)**.....**(AIIMS PGMEE NOV - 2001)**

685. All the following are true about multiple myeloma except A. Osteolytic bone disease B. t{8-l4)lranslocation C. Light chain proliferation D. Bence-Jones proteins in urine **(pathophysiology)**.....**(AIPGMEE - 1994)**

686. A patient of multiple myeloma presents with bony lesions. What is the best marker for prognosis of th& disease: A. Bone marrow olasma cell B. Serum calcium level C. Beta2 micro globulin D. Betal micro globulin **(prognosis)**.....**(AIIMS PGMEE JUNE - 1999)**

687. What is the best prognostic indicator of multiple myeloma at the time of diagnosis- A. Number of myeloma cells in the marrow **B.** Beta.microglobulin C. Alkaline phosphatase level D. Hypercalcemia **(prognosis)**.....**(AIIMS PGMEE NOV - 2000)**

688. Bad prognosis in multiple myeloma is indicatedby: A. WBC > 20000 B. Azotemia C. Hypocalcemia D. Low or normal M component production **(prognosis)**.....**(PGI - June -1999)**

689. Radiotherapy is treatment of choice in : A. Sarcoidosis B. Tuberculosis C. Monoclonal hypogammaglobulinemia D. Sarcomas **treatment)**.....**(AIIMS PGMEE - JUNE -1997)**

690. Which one of the following is not a feature of multiple myeloma? A. Hypercalcemia B. Anemia C. Hyperviscosity D. Elevated alkaline phosphatase.....**(AIIMS PGMEE - MAY 2005)**

691. True regarding multiple myeloma is all, EXCEPT: A. Bone pain B. Lytic lesions* C. Increased alkaline phosphatase D. Tarterate resistance, acid phosphatase positive.....**(AIIMS PGMEE - DEC 1997)**

TOPIC 2: LYMPHOMA

692. Intermediate grade of NHL are all except: A. Diffuse small cell cleaved B. Diffuse large cell C. Mycosis fungoides D. Diffuse mixed **classification)**.....**(AIPGMEE - 2000)**

693. Diagnostic criteria of Hodgkin's disease are A/E: A. RS cells B. Atypical cells in background C. Sclerosing pattern D. CD 30 absent **classification)**.....**(PGI -1999 - Dec)**

694. All are true regarding Hodgkin's lymphoma, except: A. CNS is the commonest site of involvement B. Characteristic cell is a Reed Sternberg cell C. Mediastinal involvement is common in nodular-sclerosis type. D. Eosinophifs, plasma cells and neutrophils in-:-ease. **(complications)**.....**(AIPGMEE - 2000)**

695. All of the following statements regarding primary effusion lymphoma are true except: A It generally presents in elderly patients **3.** There is often an association with HHV-8 C. The proliferating cells are NK cells D. Patients are commonly HIV positive **epidemiology)**.....**(AIPGMEE -2006)**

696. Primary cerebral lymphoma A. It is most common from of T cells B. It is usually solitary C. Multifocal lesion seen D. It is seen in mmunosuppressed patient E. Chemosensitive **(epidemiology)**.....**(PGI - DEC 2005)**

697. In Burkitts lymphoma , translocation seen is chromosome A. 12-14 translocation B. 8-14 translocation C. 4-8 translocation D. 12-• 3 translocation **(genetics)**.....**(AIIMS PGMEE MAY - 2001)**

698. A 63-year old man presented with massive splenomegaly, lymphadenopathy and a total leucocyte count of 17000 per mm . The lowcytometery showed CD 19 positive, CD5 positive, CD23 negative,monoclonal B-cells with bright kappa positively comprising 80% **of the** peripheral blood lymphoid cells.The most likely diagnosis is: A. Mantle cell lymphoma B. Splenic lymphoma with villous lympho-**cytes** C. Follicular lymphoma D. Hairy cell leukemia **(investigation)**.....**(AIPGMEE - 2003)**

699. Poor prognostic factors for Hodgkin's disease are: A. Younger age B. Systemic manifestations C. Lymphocyte depletion **D.** Mediastinal disease **E.** Stomach involvement **(prognosis)**.....**(PGI - 2001 - Dec)**

TOO. A man presents with mass at duodenojejunal flexor invading renal papillae. Histopathology reports it as lymphoma; true statement **s:** A. HE stage B. HIE Stage C. IV E stage D. Staging cannot be done until bone marrow examination is performed **(staging)** **AIPGMEE-2001)**

701. True Hodgkin's stage IA is A. Chemotherapy is best B. Radiotherapy is best C. Total radiation therapy is best treatment D. Fever and a1 loss is always present, **(staging)**.....**(PGI - DEC 2005)**

702. Treatment of Hodgkin's disease : A. CHOP B. MOPP C. ABVD **(treatment)**.....**(PGI - DEC 2006)**

703. IVue about mucosa associated lymphoma : A. H. Pylori predispose B. Chemotherapy sensitive C. Multiple lymphomas D. Stromal polyp **(treatment)**.....**(PGI - JUNE 2005)**

ANSWERS

680). C 681). C 682). C 683). A 684). D 685). B 686). C 687). B 688). B 689). C 690). D 691). C 692). C 693). B 694). A 695). C 696). C 697). B 698). A 699). B 700). C 701). B 702). A 703). A

704. Burkitt's lymphoma is: A. B cell lymphoma B. 6 ,14 translocation C. Can present as abdominal mass D. Radiotherapy is used in treatment **(treatment)**.....**(PGI - June-2002)**

705. Which of the following is not a B-cell neoplasm? A. Hairy cell leukemia B. Angiocentric lymphoma C. Mantle cell lymphoma D. Burkitt's lymphoma.....**(AIIMS PGMEE - MAY 2006)**

706. Post transplant lymphoma is ? A. T cell B. Bcell C. Null cell D. Nkcell.....**(AIIMS PGMEE - MAY 2008)**

707. Most common primary lymphoma of spleen ? A. Hodgkin's lymphoma B. Small lymphocytic lymphoma C. Anaplastic lymphoma D. Burkitt's lymphoma.....**(AIIMS PGMEE - MAY 2008)**

708. A 48 year old woman was admitted with a history of weakness for two months. On examination, cervical lymph nodes were found enlarged and spleen was palpable 2 cm below the costal margin, Her hemoglobin was 10.5 g/dl, platelet count 237 x 109/L, and total leukocyte count 40 x 109/L, which included 80% mature lymphoid cells with coarse clumped chromatin. Bone marrow revealed a nodular lymphoid infiltrate. The peripheral blood lymphoid cells were positive for CD19, CD5, CD20 and were negative for CD79B and IMC -7 .Which one of the following statements in not true about this disease? A. Trisomy 12 correlates an aggressive clinical course B. Abnormalities of 13q 14 are associated with long term survival C. Cases with llq22-23 deletions have excessive lymphadenopathy D. t(ll;14) translocation is present in most of the cases-.....**(AIIMS PGMEE - NOV 2004)**

709. Mycosis fungoides which is not true A. It is the most common form of cutaneous lymphoma B. Pautriers microabscess C. Indolent course and easily amenable to treatment D. Erythroderma seen and spreads to peripheral circulation.....**(AIIMS PGMEE - NOV 2006)**

TOPIC 3: IRON DEFICIENCY ANEMIA

710. All of the following cause Microcyric Hypochromic anemia except A. Lead poisoning B. Thalassemia C. Iron deficiency anemia D. Fanconi's anemia **(etiology)**.....**(AIPGMEE - 1995)**

711. Patient with MCV = 60, Hb = 5 gm% MCHC s 20 & PCV = 32%, causes of anemia in him can be : A. Phenytoin B. Blind loop synd. C. Hook worm infection D. CRF **E.** Renal dialysis **(etiology)**.....**(PGI - 2000 - Dec)**

712. Hypochromic microcytosis is seen in following A. Lead poisoning B. Sideroblastic anemia C. Achalasia cardia D. Curling's ulcer **(etiology)**.....**(PGI - JUNE 1997)**

713. True about plununer-vinson syndrome: A. Microcytic hypochromic anemia B. Sideroblastic anemia C. Common in old age D. Post cricoid carcinoma is common E. Oesophageal webs **(etiology)**.....**(PGI - June -2001)**

714. Causes of iron deficiency anemia are: A. CRF B. Young mate C. Celiac sprue D. Hook worm E. Carcinoma cecum **(etiology)**
(PGI - June-2001)

715. A child has Hb-6.5gm%, MCV-65.MCH-15 and protoporphyria with red cell distribution width much less is most likely to be suffering from A. Thalassemia **B.** Iron deficiency anaemia C. Porphyria D. Megaloblastic anaemia **(investigation)**.....**(AIIMS PGMEE JUNE - 2000)**

716. A 29 year old woman was found to have a hemoglobin of 7.8 g/dl. with a reticulocyte count of 0.8%. The peripherial blood smear showed microcytic hypochromic anemia, Hemoglobin A2 and hemoglobin F levels were 2.4% and 1.3% respectiverly. The serum irom and the total iron binding capacity were 15 micro g/dl, and 420 micro g/dl, respectively. The most likely cause of anemia is: A. Iron deficiency anemia. B. Beta-thalassemia minor. C. Sideroblastic anemia. D. Anemia due to chronic infection, **(investigation)**
(AIIMS PGMEE NOV - 2002)

717. Which of the following findings is diagnostic of iron deficiency anemia: A. Increased TEC, decreased serum ferritin B. Decreased TTBC, decreased serum ferritin C. Increased TIBC, increased serum ferritin D. Decreased TIBC, increased serm ferritin **(investigation)**.....**(AIPGMEE - 2007)**

718. Best test for assessment of iron status is; A. Transferrin B. Ferritin C. Serum iron D. Hemoglobin **(investigation)..(AIPGMEE - 2001)**

719. Most sensitive and specific test for diagnosis of iron deficiency is: A. Serum iron levels B. Serum ferritin levels C. Serum trnasferrin receptor population D. Transferrin saturation **(investigation)**.....**(AIPGMEE - 2003)**

720. Iron absorption is increased in : A. Iron deficiency anemia B. Pregnancy C. All types of anemia D. Malignancy E. Macrocytic anemia **(pathophysiology)**.....**(PGI - 2001 - Dec)**

721. Increased Iron absorption is seen In : A. Iron deficiency anaemia B. Hypoxia C. Inflammation D. Acidic P11 of stomach E. Ferric iron **(pathophysiology)**.....**(PGI - JUNE 2003)**

722. Which of the following is true in iron deficiency anemia? A. In 300 mg elemental iron given lOOmg get absorbed B. Reticulocytosis appears in one to 2 weeks and then peaks in 3-4 weeks C. Response to Rx seen in 4 weeks D. Decreased in absorption with improvement of symptoms E. Stop the Rx after normalizing the Hb **(treatment)**.....**(PGI - DEC 2005)**

723. All are true regarding Plummer Vinson syndrome, EXCEPT: A. Oesophageal web B. Predisposes to malignancy C. Koilonchia D. Common in elderly males.....**(AIIMS PGMEE - DEC 1997)**

724. All of the following cause microcytic hypochromic anaemia, EXCEPT: A. Lead poisoning B. Thalessemia C. Iron deficiency D. Fanconi anaemia.....**(AIIMS PGMEE - DEC 1997)**

TOPIC 4: MEGALOBLASTIC ANEMIA

725. Vitamin B12 deficiency can give rise to all of the following, except A. Myelopathy. B. Optic atrophy. C. Peripheral neuropathy. D. Myopathy, **(complications)**.....**(AIPGMEE - 2005)**

ANSWERS

704). A 705). B 706). B 707). B 708). D 709). C 710). D 711). C 712). D 713). A 714). A 715). B 716). A 717). A 718). B 719). B 720). A 721). A 722). D 723). D 724). D 725). D

726. A patient has Hb 6 gm% folic acid 82g/ml, vitamin B12 60 pg/ml, serum iron 180g/dl, and MCV-104. The diagnosis is: A. Iron deficiency anaemia B. Vitamin B12 deficiency C. Folic acid deficiency D. Pyridoxine deficiency **(diagnosis)...(AIIMS PGMEE NOV -1999)**

727. All are true about subacute combined degeneration of spinal cord except: A. Due to deficiency of vitamen B|2 B. Posterior column involvement C. Corticospinalinvolvement D. Absent deep tendon reflexes **(diagnosis)**.....**(AIPGMEE - 1999)**

728. 65 year old man presents with anaemia and posterior column dysfunction, the likely cause is: A. Bj-deficit B. BI2-defxcit C. SSPE **D.** Multiple sclerosis **(diagnosis)**.....**(AIIMS PGMEE - MAY 1995)**

729. All are complication of Heal resection, Except: A. Megaloblastic anaemia B. Iron deliciency anaemia C. Gastric hyposecretion **D.** Malabsorption syndrome **(etiology)**.....**(AIIMS PGMEE - JUNE -1997)**

730. Megaloblastic anemia due to folic acid deficiency is commonly due to: A. Inadequate dietary intake B. Defective intestinal absorption C. Absence of folic acid binding protein in serum D. Absence of glutamic acid in the intestine **(etiology)**.....**(AIPGMEE - 2006)**

731. Megaloblastic anemia may be aused by all of the following except: A. Phenytoin B. Methotrexate C. Pyrimethamine D. Amoxycilline **i etiology)**.....**(AIPGMEE-1997)**

732. Macrocytic anemia may be seen with all of the following conditions except: A. Liverdisease B. Copper deficiency C. Thiamine deficiency D. Orotic aciduria **(etiology)**.....**(AIPGMEE -1998)**

733. Causes of megaloblastic anaemia are all except: A. Hemodialysis B. Fish tapeworm infestation C. Folinic acid D. DCP **E.** Amlodipine **(etiology)**.....**(PGI - DEC 2004)**

734. A Patient presents with macroglossia and loss of tongue papillA) His Hb is 11.5 and MCV is 100. What should be the next step in nvestigating this patient? A. B12 estimation B. Brush biopsy of the lesion C. Fluconazole treatment D. Incision biopsy **investigation)**.....**(AIPGMEE -2008)**

735. Megaloblastic anemia should be treated with both folic acid vitamin B^{n} because : A. Folic acid alone causes improvement of lematologic symptoms but worsening of neurological symptoms B. It is a Co factor C. It is enzyme D. None of the above **pathophysiology)**.....**(AIPGMEE - 2008)**

736. Megaloblastic anemia in blind loop syndrome is due to: A. VitamenB|2malabsorption B. Bacterial overgrowth C. Frequent diarrhoea D. Decrease iron intake **(pathophysiology)**.....**(AIPGMEE -1999)**

737. Hypergastrinemia with hypochlorhydria is seen in A. Zollinger Ellison Syndrome B. VIPoma C. Pernicious anemia D. Glucagonoma **pathophysiology)**.....**(AIPGMEE - 2002)**

"38. Subacute Combined degeneration due to Vit. B12 deficiency mainly involves : A. Peripheral nerve B. Corticospinal tract C. Posterior **column** D. Spino cerebellar tract E. Spinothalamic tract **(pathophysiology)**.....**(PGI - DEC 2003)**

739. Methylmalonic aciduria can be treated with : A. Niacin B. Pyridoxine C. Thiamine D. Cyanocobalamine **(treatment)** **AIIMS PGMEE-MAY 1995)**

TOPIC 5: HEMOLYTIC ANEMIA

"40. Common features of haemolytic anemia are A. 1 RBC life span B. t Haptoglobulin C. Unconjugated hyperbilirubinemia D. Bile salt **and** bile pigments in urine. E. Erythroid and Myeloid ratio altered, **(diagnosis)**.....**(PGI - JUNE 2004)**

"'41. Which of the following conditions is associated with Coomb's positive hemolytic anaemia: A. Thrombotic thrombocytopenic rwrpura. B. Progressive systemic sclerosis C. Systemic lupus erythematosus. D. Polyarteritis nodosa **(etiology)** **AIIMS PGMEE MAY-2003)**

"42. Acute intravascular hemolysis can be caused by infection due to all of the following organisms except A. Clostridium tetani **5** Bartonella bacilliformis C. Plasmodium falciparum D. Babesia microti **(etiology)**.....**(AIIMS PGMEE NOV - 2003)**

"43. Warm autoimmune hemolytic anaemia may be seen in all of the following conditions except: A. Systemic lupus erythematous **5 a**-Methyl dopa therapy C. Nonhodgkin's lymphoma D. Mycoplasma pneumonia **(etiology)**.....**(AIPGMEE - 1997)**

"44. What will be the most appropriate investigation for a 40 year female presenting with anemia, jaundice and spherocytosis •V Osmotic fragility B. Coomb's test C. Electrophoresis D. RBC Enzyme analysis **(investigation)**.....**(AIPGMEE - 2008)**

"45. Autoimmune hemolytic anemia is associated with malignancy of which lineage: A. Tcell B. Bcell C. Pre Bcell D. Pre Tcell **sathophysiology)**.....**(AIPGMEE -2007)**

"46. True about hemoglobin degradation is/are: A. Heme degradation is followed by biliverdin formation B. Hemoglobin breaks into **-erne** and protein C. Heme is broken down into iron & porphyrin D. Heme is broken into bilirubin directly **(pathophysiology)** **PGI - June-2001)**

"47. Hemolytic anemia may be characterized by all of the following except: A. Hyperbilirubinemia B. Reticulocytosis C. Hemoglobinuria цO. Increased plasma haptoglobin level.....(AIIMS PGMEE - MAY **2005)**

"48. Reticulocytosis is seen in all except: A. P.N.H. B. Hemolysis C. Nutritional anemia D. Dyserythropoietic syndrome **AIIMS PGMEE-MAY 2007)**

"49. Features seen in hemolytic anemia are all except: A. Tear drop and Burr cells B. 1 Haptoglobin C. Reticulocytosis **D** Hemoglobinuria.....**(AIIMS PGMEE - MAY 2007)**

ANSWERS

"26). B 727). D 728). B 729). B&C 730). A 731). D 732). B 733). C 734). A 735). A 736). B 737). C 738). B 739). D 740). A "41). C 742). A 743). D 744). B 745). B 746). B 747). D 748). C 749). A

750. A 21 year old male presents with anemia and mild hepatosplenomegaly. His hemoglobin is 5 gm/dL history of single blood transfusion is present till date. Most probable diagnosis is : A. Thalassemia major B. Thalassemia minor C. Thalassemia intermedia D. Autoimmune hemolytic anemia.....**(AIIMS PGMEE - MAY** 2007)

751. A 23 year old female presenting with anemia, jaundice, for 2 years, peripheral smear showing spherocytes, the best investigation to be done A. Reticulocyte count B. Osmotic fragility test C. Coombs test D. Bone marrow aspiration.....**(AIIMS PGMEE - NOV 2006)**

TOPIC 6 : POLYCYTHEMIA VERA

752. In Policythemia vera, all the following are seen EXCEPT ; A. Thrombocytopenia B. Increased Gl bleed C. Thrombosis D. Transient visual loss **(complications)**.....**(AIIMS PGMEE MAY** -2001)

753. Which of the following is not commonly seen in Polycythemia Vera ? A. Thrombosis B. Hyperuricemia C. Prone for acute leukemia D. Spontaneous severe infection **(complications)**.....**(AIPGMEE** - 2002)

754. True about Polycythemia rubra vera is all except: A. Bleeding B. Thrombosis C. I ed ESR D. Infection **(complications)** (PGI-1997 - Dec)

755. All of the following are the causes of relative polycythemia except A. Dehydration. B. Dengue haemorrhagic fever. C. Gaisbock syndrome. D. High altitude, **(etiology)**.....**(AIPGMEE** - 2005)

756. Tumor associated with polycythemia vera is: A. Sarcoma B. Pitutary adenoma C. Cerebellar haemangioblastoma D. None of the above, **(etiology)**.....**(AIPGMEE - 2001)**

757. Tumor associated with Polycythemia Vera is A. Sarcoma B. Pituitary adenoma C. Cerebellar Hemangioblastoma D. None of the above **(etiology)**.....**(AIPGMEE** -1995)

758. Which is not seen in polycythemia vera: A. Increased vitamin B12 binding capacity B. Increase erythropoietin level C. Increase RBC count D. Ocular congestion **(investigation)**.....**(AIIMS PGMEE - FEB** -1997)

759. All of the following are seen in polycythemia rubra vera EXCEPT: A. Increased Vit B12 binding capacity (>9000 micromols/dL) **B.** Decreased LAP score C. Leucocytosis D. Increased platelets **(investigation)**.....**(AIIMS PGMEE NOV - 2000)**

760. Which of the following is NOT a myeloproliferative disease: A. Polycythemia rubra vera B. Acute myeloid leukemia C. Chronic myeloid leukemia D. Essential thrombocytosis **(pathophysiology)**.....**(AIIMS PGMEE NOV** - 2000)

761. Erythropoietin is increased in all of the following conditions except: A. Hepatocellular carcinoma B. Renal cell carcinoma C. Cerebellar Hemangioblastoma D. Pancreatic carcinoma **(pathophysiology)**.....**(AIPGMEE - 2007)**

762. A patient presents with a platelet count of 700 x 109/L with abnormalities in size, shape and granularity of platelets. WBC count of 12 x 109/L, hemoglobin of llg/dl and the absence of the Philadelphia chromosome. The most likely diagnosis would be: A. Polycythemia vera B. Essential thrombocythemia C. Chromic myeloid leukemika D. Leukemoid reaction.....**(AIIMS PGMEE - MAY** 2006)

763. A 59-year-old male came with Hb 18.0 gm/dl on three occasions. The resident doctor wants to exclude Polycythemia Vera. Which of the following is the most relevant investigation A. Hematocrit B. Total leukocyte count C. Red cell mass D. Reticulocyte count (AIIMS PGMEE - MAY 2004)

TOPIC 7 : HUS

764. All are features of haemolytic uremic syndrome, EXCEPT: A. Hyperkalemia B. Anaemia C. Renal microthrombi < D. Neuro psychiatric disturbances **(diagnosis)**.....**(AIIMS PGMEE - Dec -1995)**

765. A 20 year - old male has features of acute renal failure. Blood examination shows thrombocy-topenia and Hb- 10 gm%. Likely cause is: A. Haemolytic uremic syndrome B. Hereditary spherocytosis C. Haemolytic crises D. Chronic glomerulonephritis **(diagnosis)**.....**(AIIMS PGMEE JUNE -1999)**

766. A 10 year old child develops hematuria after 2 days of diarhoea. Blood film shows fragmented RBCs. Which of the following is likely diagnosis:- A. Acute pyelonephritis B. Disseminated intravascular coagulopathy C. Haemolytic uremic syndrome D. Haemolytic crises **(diagnosis)**.....**(AIIMS PGMEE JUNE -1999)**

767. An 8 yrs old boy presents to casualty with history I diarrhoea, followed by decreased urine output. Bloc examination shows thrombocytes 90,000/cm1. Diagnosis is: A. Hemolytic Uremic Syndrome. B. Disseminated Intravasculer Coagulation C. Hemophilia D. Idiopathic Thrombocytopenic Purpura **(diagnosis)**.....**(AIPGMEE - 2000)**

768. All of the following feature may be seen in thrombotic thrombocytopenic purpura, except: A. Fever B. Haemolysis C. Hypertension D. Low platelets count **(diagnosis)**.....**(AIPGMEE** - 2002)

769. All of the following statements are true about Hemolytic uramic syndrome except; A. Uraemia B. Hypofibhrinogenemia C. Thrombocytopenia D. Positive coomb's test **(diagnosis)**.....**(AIPGMEE** - 1997)

770. Shigella associated hemolytic uramip syndrome is associated with all of the following except: A. Hyperkalemia B. Thrombocytopenia C. Neurological symptom D. Renal microthrombi (diagnosis).....(AIPGMEE - 1998)

771. Haemolytic Uraemic Syndrome is characterized by: A. Microangiopathic haemolytic anaemia B. led LDH C. Thrombocytopaenia D. Renal failure **E.** Positive Coomb's test **(diagnosis)**.....**(PGI - DEC 2003)**

772. Which of the following Is true: A. HSP is associated with igG deposition B. HUS causes thrombocytopenia C. Inulin clearance is best measure of GFR D. PSGN is associated with increased complement **(diagnosis)**.....**(PGI - June -2001)**

ANSWERS

750). D 751). C 752). A 753). D 754). D 755). D 756). C 757). C 758). B 759). B 760). B 761). D 762). B 763). C 764). D 765) A 766). C 767). A 768). C 769). D 770). A 771). A 772). B

773. What is differential diagnosis for thrombotic microangiopathic anemia? A. Sepsis B. Hemolytic uremic syndrome C. MI D. Eclampsia E. Scleroderma renal crisis **(diagnosis)**.....**(PGI - DEC 2005)**

774. Plasmapheresis (plasma exchange therapy) is used in the treatment of A. Autoimmune hemolytic anemia B. Disseminated ntravascular coagulation C. Thrombotic thrombocytopenic purpura D. Hemolytic uremic syndrome.....**(AIIMS PGMEE - MAY 2007)**

775. Hemolytic uremic syndrome is associated with all except A. EHEC B. Shigella C. Campylobacter D. Vibrio cholera **AIIMS PGMEE-MAY2007)**

TOPIC 8: PNH

"76. Which of the following is NOT seen in Paroxysmal Nocturnal Hemoglobinuria: A. Hypocellular bone marrow B. Hemosiderinuria C. Increased LAP score D. Pancytopenia **(diagnosis)**.....**(AIIMS PGMEE NOV - 2000)**

777. Pancytopenia with cellular marrow is seen in: A. PNH B. G6PD deficiency C. Acquired aplastic anemia D. Thalassemia **diagnosis)**.....**(AIPGMEE - 2007)**

"78. Pancytopenia with hypercellular bone marrow is seen in: A. PNH B. Megaloblastic anemia C. Acquired aplastic anemia - Thalessemia **(diagnosis)**.....**(AIPGMEE - 2007)**

"79. Pancytopenia with cellular marrow is seen in all Except: A. Megaloblastic anemia B. Myelodysplasia C. Paroxysmal nocturnal hemoglobinuria D. G6 PD deficiency **(diagnosis)**.....**(AIPGMEE - 2008)**

"80. PNH is associated with all of the following condition, Except: A. Aplastic anemia B. Ted LAP scores C. Venous thrombosis D. Iron teficiency anemia **(diagnosis)**.....**(AIPGMEE - 2002)**

"81. True about PNH is/are : A. Hypocellular marrow B. Budd-chairi syndrome C. Thrombosis D. LAP Score low **(diagnosis)** **PGI-2000 -Dec)**

"82. A stem cell disorder affecting all the three cell lines platelets, RBCs and leucocytes is : A. Hemolytic anaemia B. Paroxysmal cold -aemoglobinuria C. Paroxysmal nocturnal haemoglobinuna D. Blackfan Diamond syndrome **(pathophysiology)** **AIIMS PGMEE MAY-2001)**

"83. Pancytopenia with cellular marrow is seen in all except A. Megaloblastic anemia B. Myelodysplasia C. Paroxysmal nocturnal Temoglobinuria D. G6PD deficiency.....**(AIIMS PGMEE - NOV 2006)**

"84. HAM test is done for A. G.P.I, anchor protein B. Complement defect C. Spectrin defect D. Mannose binding protein. **AIIMS PGMEE-NOV2006)**

"85. AH are true regarding paroxvsmal nocturnal haemoglobinuria, EXCEPT: A. Haemosiderinuria B. Pancytopenia C. Increased alkaline phosphatase D. Cellular marrow.....**(AIIMS PGMEE - DEC** 1997)

"86. All of the following conditions predispose to thrombosis except: A. Paroxysmal nocturnal hemoglobinuria B. Homocystinurea C. Hypomagnesemia D. Behcets syndrome.....**(AIIMS PGMEE - DEC 1998)**

TOPIC 9 : AML

T87. DIC is seen in which type of AML? A. MI B. M3 C. M4 D. M6 **(complications)**.....**(AIPGMEE - 2008)**

"88. Gum hypertrophy seen in A. AML B. Na valproate therapy C. Cyclosporine A D. ALL E. Burkitt's lymphoma **(diagnosis)** **PGI-DEC 2005)**

"89. AML transformation common in : A. Aplastic anemia **B.** MDS C. Megakaryocyte thrombocytopenia **(etiology)**.....**(PGI - JUNE 2006)**

"90. Leukemia is predisposed to by: A. Bloom's syndrome B. Fanconi's anemic C. Ataxia telangiectesia D. Klinefelter's Syndrome **etiology)**.....**(PGI - June-2002)**

791. Poor prognosis in AML is indicated by: A. Inversion 16 B. Translocation 15/17 (tl5; 17) C. Normal cytogenecity D. Monosomy 7 **prognosis)**.....**(AIPGMEE -2008)**

792. All of the following are poor prognostic factors for acute myeloid leukemias, except: A. Age more than 60 years B. Leucocytes count юге than 1,00,000/pl C. Secondary leukemias D. Presence of t(8:21) **(prognosis)**.....**(AIPGMEE - 2003)**

793. In PML, all of the following are seen except: A. Retinoic acid is used in treatment B. 15/17 translocation may be seen C. CD 15/34 soth seen in same cell D. Associated with Disseminated Intravascular Coagulation (DIVC) **(treatment)**.....**(AIPGMEE - 2007)**

794. All - Trans - Retinoic Acid is used in the treatment for A. Acute Promyelocyte Leukemia (PML) B. Acute Lymphoid Leukemia (ALL) C. Chronic Myeloid Leukemia (CML) D. Chronic Lymphoid Leukemia (CLL) **(treatment)**.....**(AIPGMEE - 2008)**

795. Arsenic is used in treatment of A. Acute promyelocytic leukemia B. A.L.L. C. CML D. Transient myeloproliferative disorder **AIIMS PGMEE-MAY2007)**

"96. A.M.L. with worst prognosis A. 8/21 translocation B.Inversion 16 C. Normal cytogenetics D.Monosomy 7**...(AIIMS PGMEE MAY 2007)**

~0PIC 10 : CML

"97. A 45 year old female patient presents with symptoms of easy bruisability and frequent headaches. Physical examination show a moderate splenomegaly. Blood counts shows a normal leucocyte count and a platelet count of 1000 x 103/cu mm. The leucocyte alkaline phosphatase score is normal. Which one of the following is the drug of choice for the treatment of this patient? A. Hydroxyurea **3.** Radioactive phosphorus C. Anagrelide D. Interferon alpha **(diagnosis)**.....**(AIIMS PGMEE NOV - 2003)**

ANSWERS

773). B 774). C 775). D 776). C 777). A 778). B > A 779). D 780). B 781). B 782). B 783). D 784). A 785). C 786). C 787). B 788). A 789). A 790). A 791). D 792). D 793). C 794). A 795). A 796). D 797). A

MEDICINE

798. In a patient suffering from chronic myeloid leukemia, Hb falls from 11 g% to 4 g% in a short span of time, and splenomegaly occurs. The cause couid be : A. Accelerated CML B. CML in blast crisis C. Ineffective erythropoiesis D. Myelofibrosis **(diagnosis) (PGI - June -2002)**

799. Drug of choice for chronic myeloid Leukemia (CML) is: A. Hydroxyurea B. Imatinib C. Infliximab D. IFN **(treatment) (AIPGMEE-2008)**

800. Best Rx for CML is: A. Autologous BMT B. Allogenic BMT C. Alpha interferon D. Hydroxyurea **(treatment)** ..... **(PGI - 1998 - Dec)**

801. Interferon Is used In A. CML B. Multiple myeloma C. Small cell Ca of Lung D. Non small cell Ca of Lung E. Renal cell Ca **(treatment)** ..... **(PGI - JUNE 2003)**

802. All of the following diseases cause massive spleenomegaly except- A. Malaria B. Kalrazar C. Lymphoblastic leukaemia D. Idiopathic myelofibrosis ..... **(AIIMS PGMEE - NOV 2004)**

803. Laboratory evaluation for the differential diagnosis of chronic myeloproliferative disorders includes all the following except- A. Chromosomal evaluation B. Bone marrow aspiration C. Flow-cytometric analysis D. Determination of red blood cell mass **(AIIMS PGMEE-NOV2004)**

804. Which one of the following is not a criterion for making a diagnosis of chronic myeloid leukemia in accelerated phase-A. Blasts 10-19% of WBC's in peripheral blood B. Basophils 10-19% of WBC'S in peripheral blood C. Increasing spleen size unresponsive to therapy D. Persistent thrombocytosis (>1000 x 109 /L) unresponsive to therapy ..... **(AIIMS PGMEE - NOV 2004)**

805. Haemoglobin F is raised in: A. Juvenile chronic myeloid leukemia B. Hereditary spherocytosis C. Congenital red cell aplasia D. Myasthania gravis ..... **(AIIMS PGMEE - DEC 1997)**

TOPIC 11 : HEMOPHILIA

806. Complication of long-term hemophilia : A. Joint deformity B. Transfusion transmitted disease C. Renal calculi D. Severe iron deficiency anemia **(complications)** ..... **(PGI - JUNE 2005)**

807. All are true about hemophilia, except A. Increased Bleeding time (BT) B. Decreased factor VHI C. Decreased factor IX D. Increased partial thromboplastin time **(PTT) (investigation)** ..... **(AIIMS PGMEE - MAY -1994)**

808. True about Haemophilia A are all except: A. PTT increased B. PT increased C. Clotting time is increased. D. serum levels of factor VIII are decreased, **(investigation)** ..... **(AIPGMEE -2001)**

809. A hemophilic patient is going to undergo a tooth extraction under monitored anaesthetic care. Which of the following is not true for this situation : A. Factor 8 cryoprecipitate may be needed B. HIV screening should be done for all cases C. Dental extraction should be done under General anaesthesia D. The dose of lignocaine is same as their normal counterparts **(treatment) (AIIMS PGMEE NOV - 2000)**

810. In a patient of Hemophilia to be taken for dental extraction true is all, EXCEPT A. All patients should be screened for HIV B. Extraction should be done under general anaesthesia and skilled anaesthetic care C. Factor VIII or cryoprecipitate can be needed D. Dose of Lignocaine required for anaesthesia is same as that for normal individuals **(treatment)** ..... **(AIIMS PGMEE NOV - 2001)**

811. Hemophilia with rheumatoid arthritis, analgesic of choice: A. Ibuprofen B. Aspirin C. Aetaminophen D. Phenylbutazone **(treatment)** ..... **(PGI - 1998 - Dec)**

812. A child underwent a tonsillectomy at 6 years of age with no complications. He underwent a preoperative screening for bleeding at the age of 12 years before an elective laparotomy, and was found to have a prolonged partial thromboplastin time but normal Prothrombin time. There was no family history of bleeding. The patient is likely to have- A. Acquired vitamin K deficiency B. Acquired liver disease C. Factor XII deficiency D. Mild hemophilia **A** ..... **(AIIMS PGMEE - NOV 2004)**

813. Cryoprecipitate contains all except A. Factor VIII B. Factor IX C. Fibrinogen D. VWF ..... **(AIIMS PGMEE - NOV 2007)**

TOPIC 12 : TRANSFUSION COMPLICATIONS

814. All of the following are major complications of massive transfusion, except: A. Hypokalemia B. Hypothermia C. Hypomagnesemia **D.** Hypocalcemia ..... **(AIPGMEE - 2006)**

815. Most common blood transfusion reaction is: A. Febrile non hemolytic reaction B. Hemolysis C. Malarial transmission D. Hypothermia ..... **(AIPGMEE -2008)**

816. All of the following infections may be transmitted via blood transfusion, except: A. ParvoB-19 B. Dengue virus C. Cytomegalo virus D. Hepatitis G virus ..... **(AIPGMEE - 2002)**

817. True about complications of massive blood transfusion is/are a/t : A. Hyperkalemia B. Alkalosis C. Acidosis D. Hypercalcemia E. Hypothermia ..... **(PGI - 2000 - Dec)**

818. Complications of blood transfusion A. Dilutional thrombocytopenia B. Metabolic acidosis C. Metabolic alkalosis D. Hyperkalemia ..... **(PGI - DEC 2004)**

819. Blood components products are all except? A. Whole blood B. Plate lets C. Fresh frozen plasma D. Packed Red Blood Cells **E.** Leukocyte reduced RBC ..... **(PGI - DEC 2005)**

820. True about blood transfusion reaction. A. Complement mediated severe haemolysis B. Renal blood flow is decreased C. Transfusion should not be stopped. D. Death is not seen ..... **(PGI - JUNE 2004)**

ANSWERS

798). A 799). B 800). B 801). A 802). C 803). C 804). D 805). A 806). A 807). A 808). B 809). C 810). B 811). A 812). C 813). B 814). A 815). A 816). B 817). D 818). ALL 819). A 820). A

821. Complication of massive blood transfusion: A. Acidosis B. Alkalosis C. Increased K* D. Decreased K* E. Incresed Ca** **(PGI - JUNE 2005)**

822. True about blood transfusion: A. Antigen D' determines Rh posiflVty B. Febrile reaction is due to HLA antibodies C. Anti-D is naturally occurring antibody D. Cryoprecipitate contains all coagulation factors..... **(PGI - June -1998)**

TOPIC 13 : APLASTIC ANEMIA

823. Vasanti, a 25-year-old-girl, presents with complaints of fever and weakness. On examination there is splenomegaly of 3 cm below :>e costal margin. Hb is 8gm/dL,TLCis 3,000/mm3, platelet count is 80,000/ mm3. Which of the following is the least likely diagnosis: **A.** Acute lymphocytic leukemia B. Anemia of chronic disease C. Aplastic anemia D. Megaloblastic anemia **(diagnosis)** **AIIMS PGMEE NOV-2000)**

824. A patient with leukemia on chemotherapy develops acute right lower abdominal pain associated with anemia, thrombocytopenia and leukopeniA) Which of following is the clinical diagnosis? A. Appendictis B. Leukemic colitis C. Perforation peritonitis D. Neutropenic colitis **(diagnosis)**..... **(AIPGMEE - 2006)**

325. Aplastic anaemia is seen in : A. PNH B. Chloramphenicol C. Ataxia Telengiectasia D. Hepatitis A. E. HIV **(etiology)...(PGI - DEC 2003)**

326. Aplastic anemia in hereditary spherocytosis precipitated by A. Parvo virus B. HIV C. EBV **(etiology)**..... **(PGI - DEC 2005)**

327. Pancytopenia is seen in : A. Aplastic anemia B. Megaloblaslic anemia C. Myelofibrosis D. Myelodysplasia E. Diamond-Blackfan **syndrome (etiology)**..... **(PGI - June -2002)**

328. All the following are examples of diseases causing Aplastic anemia except A. PNH B. Hepatitis C. Pregnancy D. Cold hemoglobi- -jria **(etiology)**..... **(AIPGMEE -1995)**

329. A 20 yrs adult presents with severe hypo plastic anemia. What is most effective treatment: A. a - interferon B. IL-2 C. ATG therapy **D.** Bone marrow transplant **(treatment)**..... **(AIPGMEE - 2002)**

330. A patient aged 65 years, is diagnosed to have severe aplastic anemia. HLA compatible sibling is available. The best option of reatment is: A. Anti-thymocyte globulin followed by cyclosporine B. A conventional bone marrow transplantation from the HLA identical =.bling C. A non-myeloablative bone marrow transplantation from the HLA identical sibling D. Cyclosporine...**(AIIMS PGMEE - MAY 2006)**

TOPIC 14: HEMOLYTICANEMIA

331. Coomb's +ve Hemolytic Anaemia is seen in except: A. Alcoholic cirrhosis B. Chronic active hepatitis C. Primary biliary cirrhosis I Primary sclerosing cholangitis **(etiology)**..... **(AIPGMEE - 2000)**

TOPIC 15 :THALASEMIA

332. In Beta thalassemia, there is A. Increase in beta chain .decrease in alpha chain B. Decrease in beta chain .increase in alpha chain **C.** Decrease in beta chain .decrease in alpha chain D. Increase in beta chain, increase alpha chain..... **(AIIMS PGMEE MAY - 2001)**

333. In Beta thalassemia, the most common gene mutation is A. Intron 1 inversion B. Intron 22 C. 619 bp deletion D. 3.7 bp deletion..... **(AIIMS PGMEE - NOV 2006)**

334. A 25-year female presented with mild pallor and moderate hepatosplenomegaly. Her hemoglobin was 92g/L and fetal hemoglobin **evel** was 65%. She has not received any blood transfusion till date. She is most likely to be suffering from: A. Thalassemia major B Thalassemia intermedia. C. Hereditary persistent fetal hemoglobin, homozygous state. D. Hemoglobin D, homozygous state **AIIMS PGMEE NOV-2002)**

335. A 5 year old girl came with history of progressively increasing pallor since birth and hepatosplenomegaly. Which of the following is **ne** most relevant test for achieving diagnosis : A. Hb electrophoresis B. Peripheral smear examination C. Osmotic fragility test D. Bone narrow examination..... **(AIPGMEE - 2004)**

336. RFLF may be used in diagnosis of: A. Thalassemia B. Sickle cell trait C. Duchenne muscular dystrophy D. Phenylketonuria **E.** Huntington's disease..... **(PGI - June -2002)**

837. HbA tj increased in: A. Alfa-thalassemia B. Iron deficiency anemia C. Beta-thalassemia D. Sickle cell trait E. Megaloblastic **anemia**..... **(PGI - June -2002)**

338. A 32-year-old female, asymptomatic, not requiring blood transfusion, presents with Hb 13.0 gm/dl. Her HbF levels are 95%, Hb A2 **".5%.** Which of the following is the most likely diagnosis A. Hereditary persistence of fetal hemoglobin B. Beta homozygous thalas- semia C. Thalassemia intermedia D. Beta heterozygous thalassemia..... **(AIIMS PGMEE - MAY 2004)**

TOPIC 16 : SICKLE CELL ANEMIA

839. All are true for sickle cell anemia, except A. Pulmonary arterial hypertension B. Fish vertebra C. Leukopenia D. Increased, size of -eart **(diagnosis)**..... **(AIIMS PGMEE - MAY -1994)**

840. Mutation leading to sickle cell anemia: A. Crossover mutation B. Frameshift C. Deletion D. Nondysjunction E. Point mutation **(pathophysiology)**..... **(PGI - June-2001)**

841. Commonest presentation of sickle cell anaemia is: A. Priapism B. Bone pain C. Fever D. Splenomegaly...**(AIIMS PGMEE DEC 1998)**

842. Hand foot syndrome Is due to: A. Thalassemia B. Sickle cell anemia C. Haemochromatosis D. Acromegaly **(complications)** **(PGI-1998 -Dec)**

ANSWERS

821). A 822). A 823). C 824). D 825). A 826). A 827). A 828). D 829). D 830). A 831). A 832). B 833). A 834). B 835). A 836). A 837). C 838). A 839). C 840). E 841). B 842). B

843. Which of the following is not seen on hemoglobin electrophoresis in sickle cell anemia: A. HbA R HbA2 C. HbF D. HbS **(investigation)** **(AIPGMEE -2001)**

844. All of the following statements are true about sickle cell disease except A. Patient may require frequent blood transfusions B. Acute infection is the most common cause of mortality before 3 years of age. C. There is positive correlation between cone. HBS and polymerization of HBS. D. Patient presents early in life before 6 months of age. **(pathophysiology)** **(AIPGMEE - 2004)**

TOPIC 17: ALL

845. A pt with an Hb of 6, WBC count of 2000, has anormal Different count except for having 6% blasts;platelets are reduced to 80,000; moderate splenomegaly is present; possible diagnosis is: A. Leukemia B. Aplastic anemia C. Hemolysis D. ITP. **(AIPGMEE - 2001)**

846. Treatment of ALL: A. HyUroxyurca B. All trans retinoic acid C. Prednisodone D. L-asperginase E. Vincrisline **(PGI - DEC 2002)**

847.- Treatment of choice for intracranial ALL is : A. Intrathecal methotrexate B. Vincristine and prednisolone C. Intrathecal vincristine D. Prednisolone **(PGI - June** -1999)

848. Which of the followings combinations of cytogenetic abnormality and associated leukemia/ lymphoma is incorrect? A. t (8:14) Burkitts lymphoma B. t (15:17) AML-M3 C. t (9:22) CML D. t (9:20) ALL **(AIIMS PGMEE - NOV 2004)**

849. A four year old boy was admitted with a history of abdominal pain and fever for two months, maculopapular rash for ten days, and dry cough, dyspnea and wheezing for three days. On examination, liver and spleen were enlarged 4 cm and 3 cm respectively below the costal margins. His hemoglobin was 10.0 g/dl, platelet count 37x 109/L and total leukocyte count 70 x 109/L, which included 80% eosinophils. Bone marrow examination revealed a cellular marrow comprising 45% blasts and 34% Eosinophils and eosinophilic precursors. The blasts stained negative for myeloperoxidase and non -specific esterase and were positive for CD19, CD10, CD22 and CD20.Which one of the following is the most likely diagnosis? A. Biphenotypic acute leukemia (lymphoid and eosinophil lineage) B. Acute eosinophilic leukemia C. Acute lymphoblastic leukemia with hypereosinophilic syndrome D. Acute myeloid leukemia with eosinophilia **(AIIMS PGMEE - NOV 2004)**

TOPIC 18: AMYLOIDOSIS

850. A patient of chronic lung abscess presents with generalized edema, hypoproteinemia, hepatosplenomeguly, with reduced urine output The probable diagnosis is A. Bronchogenic carcinoma B. Amyloidosis of kidney C. Bronchiectasis D. Chronic cor pulmonale with CHF **(AIIMS PGMEE - NOV -1993)**

851. The commonest cause of death in a patient with primary amyloidosis is A. Renal failure B. Cardiac involvement C. Bleeding diathesis D. Respiratory failure **(AIIMS PGMEE MAY - 2003)**

852. Amyloidosis of heart presents with : A. Arrhythmia B. AV Block C. Ted mass/voltage D. AS E. Hypertrophic cardiomyopathy **(PGI-DEC 2006)**

853. Macroglossia is seen in following except: A. Amyloidosis B. Acromegaly C. Hyperthyroidism D. Down's syndorme **(PGI-JUNE 1997)**

854. Senile cardiac amyloidosis is due to deposition of amyloid which is similar to A. Beta2 microglobulin B. Transthyretin C. ANP D. Pyrin **(AIIMS PGMEE - NOV 2007)**

TOPIC 19 : BONE MARROW TRANSPLANTATION

855. True about Haematopoietic stem cells : A. CD34 +ve cells B. Largest marrow cells C. Self renewal D. Self differentiation **(PGI-DEC2003)**

856. Chondrosarcoma Whole body radiation is indicated in : A. Advanced head & neck tumours A. BM transplantation B. Medulloblastoma C. Mycosis fungoides D. Histiocytosis-x **(PGI - JUNE 2004)**

857. Bone marrow transplantation is indicated in : A. Osteopetrosis B. Hemophilia C. Mucopolysaccharidosis D. Ineffective erythropoiesis **E.** Diamond-Blackfan syndrome **(PGI - June -2002)**

858. Bone marrow transplantation can be used as a treatment for all except: A. Osteop etrosis B. Adrenoleukodystrophy C. Hurler's syndrome D. Hemochromatosis **(AIPGMEE - 2004)**

859. The following group of tests shojild be done to optimize graft uptake in bone marrow transplant: A. Missing B. Missing C. Missing D. Missing **(AIPGMEE - 2001)**

TOPIC 20 :CLL

860. In which leukemia, autoimmune hemolytic anemia is: most common A. ALL B. AML C. CML D. CLL **(AIIMS PGMEE - NOV -1993)**

861. Autoimmune hemolytic anemia is seen in A. Sickle cell anemia B. Chronic lymphocytic leukemia (CLL) C. Acute myelocytic leukemia (AML) D. Multiple myeloma **(AIIMS PGMEE - MAY -1994)**

862. B cell prolymphocyte leukemia patients differ from those with B cell chronic lymphocytic leukemia in: A Presenting at a younger age B. Having a lower total leucocyte count C. Having prominent lymphadenopathy D. Having a shorter survival **(AIPGMEE - 2006)**

863. 80 year old, asymptomatic man present with a Total Leucocyte Count of 1 lakh, with 80% lymphocytes and 20% PMC's. What is the most probable diagnosis? A. HTV B. CML C. CLL D. TB **(AIPGMEE** - 2007)

ANSWERS

843). A 844). D 845). A 846). C 847). A 848). D 849). C 850). B 851). B 852). A 853). C 854). B 855). A 856). B 857). A 858). D 859)? 860). D 861). B 862). D 863). C

864. A 48 year old woman was admitted with a history of weakness for two months. On examination, cervical lymph nodes were found enlarged and spleen was palpable 2 cm below the costal margin. Her hemoglobin was 10.5 g/dl, platelet count 237 x 109/L and total leukocyte count 40 x 109/L, which included 80% mature lymphoid cells with coarse clumped chromatin. Bone marrow revealed a nodular lymphoid infiltrate. The peripheral blood lymphoid cells were positive for D 19, CD 5, CD 20 and Cd 23 and were negative for CD 79 B and FMC - 7. What is the most likely diagnosis ? A. T - cell rich B - cell lymphoma with leukemic spill over in blood. B. Chronic lymphocytic leukemia C. mantle cell lymphoma D. A definite diagnosis can not be made in this patient without lymph node biopsy **(AIIMS PGMEE - NOV 2005)**

TOPIC 21 : HAIRY CELL LUKEMIA

865. Bone marrow biopsy is absolutely indicated in, A. Acute leukemia B. Megaloblastic anemia C. Hairy cell leukemia D. Thalassemia..... **(AIPGMEE - 2007)**

866. Treatment of choice in hairy cell leukemia is A. Steroids B. Cladribine C. Splenectomy D. Pentostatin..... **(AIPGMEE - 1995)**

867. Huge splenomegally is found in : A. Hairy cell Leukemia B. CLL C. CML D. Polycythemia vera **E.** Lymphoma..... **(PGI - DEC 2003)**

868. CD 19 positive, CD22 positive, CD103 positive monoclonal B-cells with bright kappa positivity were found to comprise 60% of the peripheral blood lymphoid cells on flow cytometric analysis in a 55 year old man with massive splenomegaly and a total leucocyte count of 3.3 x 109/L. Which one of the following is the most likely diagnosis? A. Splenic lymphoma with villous lymphocytes B. Mantle cell lymphoma C. B-cell prolymphocytic leukemia D. Hairy cell leukemia..... **(AIIMS PGMEE - NOV 2004)**

869. Which of the following is NOT used in treatment of hairy cell leukemia : A. Steroid B. Pentostatin C. Splenectomy D. alpha-interferon..... **(AIIMS PGMEE - FEB -1997)**

TOPIC 22: ANEMIA

870. Reticulocytosis is NOT a feature of A. Paroxysmal nocturnal hemoglobinuria B. Following acute bleeding C. Hereditary spherocy-tosis D. Anemia in CRF..... **(AIIMS PGMEE - DEC 1994)**

871. NOT a cause of microcytic hypochromic anemia A. Sickle eel! Disease B. Aplastic anemia C. Iron deficiency anemia D. Hereditary spherocytosis..... **(AIIMS PGMEE - DEC 1994)**

872. Macrocytic anaemia occurs in all, Except: A. Thiamine deficiency B. Liver disease C. Orotic aciduria D. Copper deficiency **(AIIMS PGMEE-SEP 1996)**

873. Blood turbulence is increased in which of the following situations- A. Multiple myeloma B. Leukemia C. Polycythemia D. Anemia..... **(AIIMS PGMEE NOV - 2000)**

TOPIC 23 : ANEMIA OF CHRONIC DISEASE

874. Anemia of chronic disease is characterized by all, except A. Decreased serum iron B. Increased total iron binding capacity (TIBC) C. Increased serum ferritin D. Increased macrophage iron in bone marrow..... **(AIIMS PGMEE - MAY - 1994)**

875. All are true regarding Anaemia of Chronic Diseases, excep' A. Decreased serum Fe B. Decreased Ferritin C. Decreased Total Fe Binding Capacity D. Increased Bone Marrow..... **(AIPGMEE - 2000)**

876. Seen in chroni inflammatory anemia is: A. Serum iron - S. ferrilin - and transferrin " B. Serum iron - S. ferritin - and iransferrin - C. Serum iron " S. ferritin ~ and transferrin - D. Serum iron - S. ferritin " and iransferrin "..... **(PGI - 1999 - Dec)**

877. Anemia of chronic renal failure A. Normocytic normochromic anaemia B. Erythropoietin improves the symptoms C. Dialysis causes severe anemia D. Anemia is proportional to the kidney disease..... **(PGI - DEC 2005)**

TOPIC 24: G6PD DEFICIENCY

878. Hemolysis in G6PD may be caused by all Expect: A. Primaquine B. Chloroquine C. Pyrimethamine D. Quinine..... **(AIPGMEE - 2008)**

879. All of the following statements are true about Glucose 6 phosphatase deficiency disease except: A. Storage occurs in liver and muscle B. Hyperuricemia C. Gluconeogenesis is increased D. Hyperglycemia is seen..... **(AIPGMEE - 1997)**

880. Primaquine may cause hemolysis in: A. G-6-PD deficiency B. NADP-deficiency C. Methemoglobin reductase deficiency D. Crabb's disease..... **(AIPGMEE - 1998)**

881. Which does't cause hemolysis in G 6 PD deficiency: A. Oestrogen B. Salicylates C. Primaquine D. Nitrofurantoin... **(PGI - 1999 - Dec)**

TOPIC 25: ITP

882. Autoimmune destruction of platelet is seen in : A. SLE B. Rheumatoid arthritis C. Reiter disease D. Polyarteritis nodosa **(AIIMS PGMEE-MAY 1995)**

883. Vertical transmission of antibody can occur in all of the following, Except: A. Rh incompatibility B. Isoimmune thrombocytopenia C. Neonatal toxic erythema D. Neonatal myasthenia gravis..... **(AIIMS PGMEE - SEP 1996)**

884. The following laboratory determinants is abnormally prolonged in ITP: A. APTT B. Prothrombin time C. Bleeding time D. Clotting time **(AIPGMEE-2002)**

885. Antibodies for the following conditions may be transmitted from mother to fetus except: A. Rh-incompatibility B. Isoimmune thrombocytopenia C. Toxic erythesma D. My-gravis..... **(AIPGMEE - 1998)**

ANSWERS

864). B 865). C 866). B 867). A 868). D 869). A 870). D 871). B 872). D 873). D 874). C 875). B 876). A 877). A 878). C 879). D 880). A 881). A 882). A 883). C 884). C 885). C

TOPIC 26 :PTAPTT

886. A patient on aspirin, will show the following finding? A. Prolonged BT B. Prolonged PT C. Prolonged APTT D. Prolonged CT **(AIPGMEE-2007)**

887. Which is most likely to be increased in Vit K deficiency A. P.T.T. **B.** PT. C. Platelet count D. Fibrinogen time..... **(AIPGMEE - 2000)**

888. Plate la t function assessed by: A. Platelet adhesion B. BT C. CT D. PIT E. led TLC..... **(PGI - DEC 2002)**

889. Converging point of both pathways in coagulation is at: A. Factor VIII B. Stuart factor XC. Factor IX D. Factor VII..... **(PGI - June -1999)**

TOPIC 27: SPLENECTOMY

890. In which of the following conditions Splenectomy is not useful? A. Herediatary spherocytosis. B. PorphyriA) C. ThalassemiA) D. Sickle cell disease with large spleen..... **(AIPGMEE - 2005)**

891. Splenectomy is most useful in: A. Thrombocytopenia B. Hereditary spherocytosis C. H.S.purpura D. Sickle cell anemia **(AIPGMEE-1998)**

892. Hisleria Pneumococcal vaccination is indicated in: A. Postspleneclomy B. Sickle cell anemia C. HIV D. After radiotherapy **(PGI-DEC2002)**

893. Pneumococcal vaccine is given in: A. HIV B. Splenectomised patients C. Sickle cell anemia D. Corticosteroids therapy E. Chemotherapy..... **(PGI - JUNE 2006)**

TOPIC 28 : HERIDITARY SPHEROCYTOSIS

894. Features of hereditary spherocytosis include all of the following except: A. T Osmotic fragility B. TMCHC C. TMCV D. Decrease surface area per unit volume..... **(AIPGMEE -1998)**

895. Decreased osmotic fragility is seen in : A. Hereditary spherocytosis B. Sickle cell ds. C. Autoimmune hemolytic anemia D. Thalassemia..... **(PGI - 2000 - Dec)**

896. Osmotic fragility is seen in: A. Sickle cell anemia B. B Thalassemia C. Hereditary spherocytosis D. Iron deficiency anemia **(PGI - June-1998)**

TOPIC 29: MYELOFIBROSIS

897. A pt. being investigated for anemia has a dry marrow tap;peripheral smear reveals tear drop cells; likely diagnosis is: A. Leukemia B. Lymphoma C. Myelofibrosis D. Polycythemia mbra vera..... **(AIPGMEE - 2001)**

898. Leukoerythroblastic picture may be seen in all of the following, except: A. Myelofibrosis B. Metastatic carcinoma C Gaucher's disease D. Thalassemia..... **(AIPGMEE - 2003)**

899. Pancytopenia with massive/moderate splenomegaly is seen In: A. Myelofibrosis B. Thalassemia C. PRV D. Hairy cell leukemia E. CML..... **(PGI - June-2001)**

TOPIC 30 : BERANARD SOULIR DISEASE

900. Platelet function defect Is seen In : A. Glanzmann synd. B. Bernard Soulier synd. C. Wiskot Aldrich synd. D. Von-Willebrand disease E. Weber Christian disease..... **(PGI - JUNE 2003)**

901. Which is not true regarding Bernard Soulier syndrome? A. Ristocetin aggregation is normal B. Aggregation with collagen and ADP is normal C. Large platelets D. Thrombocytopenia..... **(AIPGMEE - 2007)**

TOPIC 31 : MYCOSIS FUNGOIDES

902. Which of the following statements about Myco sis fungoides is not true: A. It is the most common form of cutaneous lymphoma B. Pautriers microabscess C. Indolent course and easily amenable to treatment D. Erythroderma seen and spreads to peripheral circulation..... **(AIPGMEE - 2007)**

903. Mycosis fungofdes syndrome, treatment is I A. 5 -FU B. Adriamycin C. Electron beam therapy D. Interferon..... **(PGI - 1998 - Dec)**

TOPIC 32 : MYELODYSPLASTIC SYNDROME

904. In which of the following age group myelodysplastic syndromes (MDS) are most common? A 2-10 B. 15-20 C 25-40 D. >50..... **(AIPGMEE-2006)**

905. Ring sideroblasts are characteristically seen in: A. Myelodysplastic syndrome (MDS) B. Acute Lymphoid Leukemia (ALL) C. Acute Myeloid Leukemia (AML) D. Anemia of chronic disease..... **(AIPGMEE - 2008)**

TOPIC 33 : SIDEROBLASTIC ANEMIA

906. All are causes of sideroblastic anaemia, EXCEPT A. Collagen vascular disease B. Iron deficit C. Lead poisoning D Cutaneous porphyria..... **(AIIMS PGMEE - MAY -1993)**

907. A patient presents with increased serum ferritin, decreased TD3C, increased serum iron, % saturation increased. Most probable diagnosis is A. Anemia of chronic disease B. Sideroblastic anemia C. Iron deficiency anemia D. Thalassemia minor **(AIIMS PGMEE-NOV2006)**

ANSWERS

886). A 887). B 888). A 889). B 890). B 891). B 892). A 893). ALL 894). C 895). D 896). C 897). C 898). D 899). A 900). A 901). A 902). C 903). C 904). D 905). A 906). B 907). B

MEDICINE

TOPIC 34 : VON WILLEBRAND

908. TRUE regarding Von-Willibrand disease is: A. Prolonged bleeding time B. Decreased factor VIII C. Platelets do not adhere to glass surface D. Defects detected with ristocetin.....**(AIIMS PGMEE - DEC 1997)**

909. Best assay for deficiency of von Willebrand factor is : A. Bleeding time B. APTT C. BT + APTT D. BT + APTT + vWF-ristocetin factor assay E. PT.....**(PGI - 2001 - Dec)**

TOPIC 35: AFIBRINOGENEMIA

910. In which condition Thrombin time is raised A. Afibrinogenemia B. Hemophilia C. Factor XII deficiency D. von Willebrand's disease.....**(AIIMS PGMEE - NOV -1993)**

TOPIC 36: COLD AGGLUTININ DISEASE

911. Which of the following is Cold agglutinin: A. IgG antibody B. IgM antibody C. Donath landsteiner antibody D. IgA antibody **(AIPGMEE-2008)**

TOPIC 37: COLD AGGLUTININ DESEASE

912. Franklin's disease is associated with: A. Gamma heavy chain disease B. Multiple myeloma C. Alpha heavy chain disease **D.** Waldenstorm's macroglobulinemia.....**(AIIMS PGMEE - MAY 1995)**

TOPIC 38: HEMOGLOBINURIA

913. Haemoglobinuria does not occur in A. CuS04 poisoning B. Snake bite C. Mismatched blood transfusion D. Thalassemia **(AIIMS PGMEE-FEB-1997)**

TOPIC 39 : HYDROPS

914. In non immune hydrops which of the following is NOT seen A. skin oedema 87. B. ascites C. large placenta D. cardiomegaly **(AIIMS PGMEE JUNE-2000)**

TOPIC 40 : LAP SCORE

915. Leukocyte alkaline phosphate is increased in all, except A. Polycythyemia vera B. CML C. Myelofibrosis D. Myeloid metaplasia.....**(AIIMS PGMEE - MAY -1994)**

ANSWERS

908). A 909). D 910). A 911). B 912). A 913). D 914). D 915). B

INFECTIOUS DISEASES

TOPIC 1 : HIV

916. The most common lateCNS complication of HIV is: A. Dementia B. Ataxia C. Seizures D. Delirium **(COMPLICATIONS) (AIIMS PGMEE MAY -2001)**

917. All are HIV associated malignancies except: A. Kaposi's sarcoma B. Lung carcinoma C NHL D. Anogenital CA **(COMPLICATIONS).....(PGI -1999 - Dec)**

918. AIDS asso malignancy/neoplasms: A. NHL B. Kaposis Sarcoma C. Primary CNS lymphoma D. Ca cervix **(COMPLICATIONS) (PGI-DEC 2006)**

919.AIDS-associated malignancies are: A. Kaposi's sarcoma B. Bronchgenic ca C. Breast ca D. Non-Hodgkins lymphoma E. Invasive cervical ca **(COMPLICATIONS).....(PGI - June -2002)**

920. Multifocal tumour of vascular origin in a patient of All is: A. Kaposi sarcome B. Astrocytoma Gastric C. carcinoma Primary CNS D. lymphoma **(COMPLICATIONS).....(AIPGMEE - 2000)**

921. The chance that a health worker gets HTV from an accidental needle prick is : A. 1% B. 10% C. 95% D. 100% **(EPIDEMIOLOGY).....(PGI - June -1999)**

922. True about HIV in pregnancy: A. Perinatal transmission common B. LSCS increases chances of transmission significantly C. Zidovudine does not decreased risk if given to baby born to HIV positive mother D. Less than 5 % chance of transmission E. Pregnancy predisposes to HIV infection **(EPIDEMIOLOGY).....(PGI - June -2001)**

923. A patient develops hepatosplenomegaly, lymphadenopathy following sexual contact,3 weeks back. The best test to rule out HIV infection is : A. ELISA B. Western blot C. P24Ag D. Lymph node biopsy **(LAB).....(AIIMS PGMEE JUNE -1999)**

924. A woman is admitted with complains of low -grade fever of 6 weeks duration. Chest radiograph reveals bihilar adenopathy with clear lung fields. All of the following investigations will be useful in differential diagnosis except: A. CD4/CD8 counts in the blood B. Serum ACE levels C. CECT of chest D. Gallium scan **(LAB).....(AIPGMEE - 2004)**

ANSWERS

916). A 917). B 918). A 919). A 920). A 921). A 922). A 923). C 924). A

MEDICINE*

TOPIC 56: SARS

1115. SARS true are : A. Severe acute respiratory syndrome B. Documented respiratory route spread C. Effective vaccine available D. Cause atypical pneumonitis E. Group coronavirus..... **(PGI - JUNE 2006)**

TOPIC 57: SHIGELLA

1116. Complications of shigella infections : A. HUS B. Reactive arthritis C. Sepsis..... **(PGI - JUNE 2006)**

TOPIC 58: STRONGYLOIDOSIS

1117. Which of the following statement concerning infections with intestinal nematodes is correct: A. A relatively small number of organisms typically produce severe clinical symptoms B. Ascaris larvae enter the body via migration through dermal capillaries C. Hookworm infections result from swallowing of hook worm eggs D. Strongyloides infection is associated with recurrent urticaria..... **(AIIMS PGMEE NOV-1999)**

TOPIC 59 : TROPICAL PLUMONARY EOSINOPHILS

1118. All the following are features of Tropical Pulmonary Eosinophilia except A. Eosinophilia > 3000/mm3 B. Microfilaria in blood C. Paroxysmal cough and wheezing D. Bilateral chest mottling and increased broncho- vascular markings..... **(AIPGMEE - 1994)**

TOPIC 60 : TROPICAL SPLENOMEGALY

1119. Treatment of choice for tropical splenomegaly is : A. Chloroquine ' 6 months B. Mefloquine ' 3 months C. Proguanil **D.** Pyrimethamine + sulphadoxine X 1 month..... **(AIIMS PGMEE - JUNE - 1997)**

TOPIC 61 : TYPHOID

1120. All are true regarding typhoid ulcer, EXCEPT: A. Ileum is common site B. Bleeding is common C. Stricture is usual and causes obstruction D. Perforation is common..... **(AIIMS PGMEE - Dec - 1995)**

TOPIC 62 : VIBRIO VILNIFICUS

1121. A 32 year old male, Kallu, who recently visited a sea coast presented with ulcer over the left leg. The probable cause is: A. Pasturella multocida B. Micrococcus halophillus C. Vibrio vulnificus D. Neisseria gonorrhea..... **(AIIMS PGMEE MAY - 2001)**

TOPIC 63: PEDICULOSIS

1122. A 10-year-old school girl has recurrent episodes of boils on the scalp. The boils subside with antibiotic therapy but recur after some time. The most likely cause of the recurrences is: A. Primary immunodeficiency syndrome B. Juvenile diabetes mellitus C. Pediculosis capitis D. HIV infection..... **(AIIMS PGMEE - MAY 2005)**

ANSWERS

1115). A 1116). A 1117). D 1118). B 1119). C 1120). C 1121). C 1122). C

ENDOCRINOLOGY

TOPIC 1 : DIABETES

1123. In a patient with NIDDM which of the following condition is seen:- A. Ketosis commonly occurs on stopping treatment. **3.** Hypertriglyceridmia never occurs C. Pancreatic beta cells stop producing insulin D. There are increased levels of insulin in blood **classification)**..... **(AIIMS PGMEE MAY-2002)**

1124. Which type diabetes is HLA associated A. Type I diabetes B. Tyep II diabetes C. Malnutrition related type disease D. Pregnancy related type diabetes **(classification)**..... **(AIPGMEE - 2002)**

1125. Which of the following statements is tj-ue regarding type **1** Diabetes mellitus : A. Family history is present in 90% cases B. Dependent on insulin to prevent ketoacidosis C. Time of onset is usually predictable D. Autoimmune destruction of beta cells **classification)**..... **(PGI - 2001 - Dec)**

1126. In type I DM true about : A. 90% family H/O B. Antibodies aganist P cells C. Insulin given to Rx DKA D. D.K.A. occurrence **classification)**..... **(PGI - DEC 2006)**

1127. In diabetes meilltus which is/are not found A. Encephalopathy B. Myelopathy C. Neuropathy D. Myopathy E. Retinopathy **complications)**..... **(PGI - JUNE 2003)**

1128. True about diabetic nephropathy : A. Microalbuminiuria is not an indicator of long-term cardiovascu'Ar morbidity B. Strict glycemic control cannot prevent microalbuminuria C. Beta islet cell/pancreatic transplantation can inprove the proteinuria in early stage D. Augiotensin receptor blockers have no additive advantugc overl other drugs except B.P. control E. Protein restriction is not helpful. H6, **(complications)**..... **(PGI - JUNE 2005)**

ANSWERS

1123). D 1124). A 1125). B 1126). B 1127). B 1128). C

MEDICINE

1129. He characteristic finding in diabetic nephropathy A. Diffuse glomerulosclerosis B. Nodular glomerulosclerosis C. Armani - Ebstein reaction D. Fibrin caps **(complications)** **(PGI - June -1999)**

1130. Features of diabetic nonproliferative retinopathy are: A. Hard exudates B. Soft exudates C. Micro aneurysms D. IRMA E. RD **(complications)** **(PGI-June-2001)**

1131. Diabetes mellitus can lead to : A. Vitreous hemorrhage B. Rubeosis iridis C. Retinal detachemenl D. III, IV, and VI nerves palsy E. Hypermelropia **(complications)** **(PGI - June -2002)**

1132. A 45 -year old woman visited her physician with complaints of increased appetite and thirst with increased frequency of urination. She also had the symptoms of diminished or impalpable pulses in the feet, besides gangrene of the feet. Her laboratory findings on the oral glucose Which of the following statements is not correct for the above mentioned case: A. She was suffering from insulin dependent diabetes mellitus B. She was suffering from non-insulin dependent diabetes mellitus C. She was treated with oral hypoglycemic drugs only when diet and exercise could not control the pathological situation D. Knowledge of family history of diabetes mellitus is useful in predicting the nature of the diabetes, **(diagnosis)** **(AIPGMEE - 2004)**

1133. In a patient presenting with polyuria and polydipsia, the diagosis is likely to be : A. Diabetes mellitus B. Diabetes insipidus C. Psychological D. Hyper thyroid ism **(diagnosis)** **(PGI - 2001 - Dec)**

1134. Correct statement about Type-I DM A. Mumps infection B. Autoimmune C. Family history of Type-2 DM D. **(etiology)** **(PGI-DEC2003)**

1135. A 35 years old man Ramu has fasting and post prandial blood sugar within normal limit but urine sugar is 3 plus (+++). The diagnosis is. A. Renal Glycosuria B. Pancreatic insufficiency C. Alimentary glycosuria D. High carbohydrate diet taken in the morning, **(investigations)** **(AIIMS PGMEE JUNE -1999)**

1136. A 42 years old male has strong positive Benedict's test, random blood sugar is > 163 mg%, fasting blood sugar is > 200 mg% Next line of investigation is -: A. Urine glucose charting 5 hourly B. OralGTT ⁿ C. Repeat benedict's test D. 24 hr urine sugar estimation **(investigations)** **(AIIMS PGMEE JUNE -1999)**

1137. An obese lady aged 45 years, was brought to emergency in a semi comatose condition. The laboratory investigations showed K+ (5.8 mmol/L); Na+ (136 mmol/L); blood pH (7.1), HCO3 (12 mmol/L),' ketone bodies (350 mg/dl). The expected level of blood glucose for this lady is: A. <45 mg/dl. B. < 120 mg/dl. C. >180 mg/dl. D. < 75 mg/dl. **(investigations)** **(AIIMS PGMEE MAY - 2003)**

1138. HBA1C level in blood explains: A. Acute rise of sugar B. Long terms status of blood sugar C. Hepatorenal syndrome D. Chronic pancreatitis **(investigations)** **(AIPGMEE - 2004)**

1139. Diabetes control is best monitored by: A. Serum glucose B. Postprandial blood glucose C. HbAuc D. HbAuc **(investigations)** **(PGI -1998 - Dec)**

1140. Impaired oral GTT indicated by : A. Fasting plasma sugar > 126 mg/dl B. Random blood sugar > 200 mg/dl C. Fasting blood sugar < 90 mg/dl D. Fasting blood sugar < 140 mg/dl and two hrs after glucose load > 200 mg/dl E. 2 hrs. after glucose load 140 — 200 mg/dl and tasting blood sugar < 126 mg/dl **(investigations)** **(PGI - DEC 2002)**

1141. Two most important tests to be done in a comatose patient with blood glucose of 750 mg/dl will be: A. Sr. creatinine B. Sr. sodium C. CSF examination D. Blood **pH E.** Blood urea **(investigations)** **(PGI - June -2001)**

1142. Mypoglycemic unawareness that occurs in diabetic patients when transfered from oral hypoglycemics to insulin, is due to: A. Autonomic neuropathy B. Insulin resistance C. Lipodystrophy D. Somogi phenomenon **(pathophysiology)** **(AIPGMEE - 2000)**

1143. Insulin resistance syndrome includes: A Dyslipidemia A. Dyslipidemia B. Hypertension C. Hyperuricemia D. High HDL **(pathophysiology)** **(PGI - JUNE 2006)**

1144. Recombinant human insulin is made by A. CDNA from any eukaryote cell b. Genome of any eukaryote c. CDNA of pancreatic cell D. Genome of pancreatic cell **(treatment)** **(AIIMS PGMEE JUNE - 2000)**

1145. An obese patient presented in casualty in an uncon scious state. His blood sugar measured 400mg%, urine tested positive for sugar and ketones;drug most useful in management is: A. Glibenclamide B. Troglitazone C. Insulin D. Chlorpropamide, **(treatment)** **(AIPGMEE-2001)**

1146. Mechanism of action of LASER is/are: A. Photocoagulation B. Photoablation C. Photodegradation D. Coagulation of protein **(treatment)** **(PGI - June -2001)**

1147. An obese NIDDM patient present with FBS=180 mg% and PP2BS=260 mg% Management include : A. Glibenctamide B. Diet therapy+exercise C. Diet therapy+exercise+metformin D. Insulin E. Chlorpropamide **(treatment)** **(PGI - June -2002)**

1148. At what value of one hour glucose challenge test will you recommend a standard glucose tolerance test? A. 120mg/dl B. 140 mg l dl C. 150 mg/dl D. 160 mg/dl **(AIIMS PGMEE - MAY 2005)**

1149. Life threatening complications of diabetes mellitus are all except: A. Malignant otitis externa B. Rhinocerebral mucormycosis C. Emphysematous pyelonephritis D. Emphysematous appendicitis **(AIIMS PGMEE - MAY 2007)**

1150. A 42-year-old engineer developed redness of the glans and radial fissuring of the prepuce 2 weeks ago. A Potassium hydroxide preparation of scrapings from the glans showed pseudohyphae and buds. Which one of the following systemic illness should he be screened for A. Pulmonary tuberculosis B. Diabetes mellitus C. Systemic Candidiasis D. Chronic renal failure **(AIIMS PGMEE MAY-2004)**

ANSWERS

1129). B 1130). B 1131). A 1132). A 1133). A 1134). A 1135). A 1136). B 1137). C 1138). B 1139). C 1140). E 1141). A 1142). A 1143). A 1144). B 1145). C 1146). A 1147). C 1148). B 1149). D 1150). B

1151. A 50 year old male with type 2 diabetes mellitus is found to have 24-hr urinary albumium of 250 mg. Which of the following drugs may be used to retard progression of renal disease- A. Hydrochlorthiazide B. Enalapril C. Amiloride D. Aspirin **(AIIMS PGMEE - NOV 2004)**

1152. Intensive management of diabetes is needed in all except, A. Autonomic neuropathy causing hypotension B. Pregnancy C. Post kidney transplant in diabetic nephropathy D. DM with acute MI..... **(AIIMS PGMEE - NOV 2007)**

1153. All are seen in DKA except, A. Tachypnoea B. Dehydration C. Bradycardia D. Abdominal pain/tenderness **(AIIMS PGMEE - NOV 2007)**

1154. Treatment of 42 year old obese man with blood glucose 450 mg, urine albumin 2+Sugar A* Ketone 1+ is: A. Insulin B. Glibenclamide C. Glipizide D. Metformin D. Metformin..... **(AIIMS PGMEE - JUNE** 1998)

1155. Insulin resistance is seen in all, Except: A. Werner's syndrome B. Addison's disease C. Ataxia telengiectasia D. Lipodystrophy..... **(AIIMS PGMEE - JUNE** 1998)

TOPIC 2: HYPERPARATHYROIDISM

1156. Nephrocalcinosis is a feature of A/E: A. Primary hyperparathyroidism B. Medullary sponge kidney C. Vitamin D intoxication D. Pseudo hypoparathyroidism **(complications)**..... **(PGI - June -2000)**

1157. Asymptomatic hyper-calceinia in a 30 year old young male is due to: A. Occult primary malignancy B. Primary Hyperparathyroidism C. Familial hypocalciuria D. Hyper-nephroma **(diagnosis)**..... **(AIPGMEE - 2000)**

1158. Renal osteodystropy differs from nutritional and genetic forms of osesteomalacia in having: A. Hypocalcaemia B. Hypercalcemia C. Hypophostaemia D. Hyerphosphatema **(diagnosis)**..... **(AIPGMEE - 2002)**

1159. In hyperparathyroidism all are seen except: A. Osteopetrosis B. Osteoporosis C. Cysts D. Brown tumor **(diagnosis)** **(PGI-1998 -Dec)**

1160. Which of the following is associated with secondary hyperparathyroidism A. Parathyroid adenoma B. Marked hypercalcemia C. Chronic renal failure D. Parathyroidectomy relieves the symptoms **(etiology)**..... **(AIIMS PGMEE - DEC 1994)**

1161. The commonest cause of primary hyperparathyroidism is : A. Carcinoma parathyroid B. Solitary adenoma of parathyroid C. Chronic renal failure D. Hyperplasia of the parathyroid **(etiology)**..... **(AIIMS PGMEE - MAY** 1995)

1162. All are TRUE about hyperparathyroidism, EXCEPT A. Commonly occurs after thyroidectomy B. May cause hypercalcemia C. Solitary adenoma is the most common cause D. None of the above **(etiology)**..... **(AIIMS PGMEE - MAY - 1993)**

1163. Most common cause of hyperpara-thyroldism A. Iatrogenic B. Medullary carcinoma thyroid C. Parathyroid adenoma D. Parathyroid hyperplasia **(etiology)**..... **(AIIMS PGMEE - NOV -1993)**

1164. A 45 year old man, known case of chronic renal failure develops rugger jersy spine. The probable cause it: A. Aluminium intoxication **B.** Secondary hyperparathyroidism C. Osteoporosis D. Osteomalacia **(etiology)**..... **(AIPGMEE - 2000)**

1165. A common cause of Primary hyperparathyroidism is A. Multiple parathyroid adenomas B. Solitary parathyroid adenoma C. Adrenal hyperplasia D. Ectopic PTH production **(etiology)**..... **(AIPGMEE** - 1995)

1166. Most common cause of hyperparathyroidism is A. Solitary adenoma B. Chief cell hyperplasia C. Multiple adenoma D. Werner's syndrome **(etiology)**..... **(AIPGMEE -1997)**

1167. Rugger jersy sign is seen In: A. Myeloma B. TB spine C. CRF D. Ankylosing spondylitis **(etiology)**..... **(PGI - June** -1998)

1168. Increased alkaline phosphate in seen in: A. Multiple myeloma B. Primary hyperparathyroidism C. Chronic renal failure D. Osteoporosis **(investigations)**..... **(AIPGMEE** -1999)

1169. In hyperparathyroidism, which of the following is not seen : A. Normal alkaline phosphatase B. Decresed phosphate in urine **C.** Increased calcium D. Hypophosphatemia **E.** Decreased alkaline phosphatase **(investigations)**..... **(PGI - 2001 - Dec)**

1170. Alkaline phosphatase is elevated in all, EXCEPT: A. Rickets B. Osteomalacia C. Hypoparathyroidism D. Hypophosphatemia..... (AIIMS PGMEE - DEC 1997)

1171. Subtle presentation of hyperparathyroidism is: A. Psychiatric manifestation B. Neprocalcinosis C. Abdominal pain D. Hypercalcemia..... **(AIIMS PGMEE - DEC** 1997)

1172. Not a marker for hyperparathyroidism is: A. Increase in serum calcium B. Increase in 24 hour urinary calcium excretion C. Increase in serum calcitonin D. Subperiosteal resorption of phalanges..... **(AIIMS PGMEE - JUNE** 1998)

TOPIC 3: CUSHING DISEASE

1173. All are features of Cushings disease except, A. Central obesity B. Episodic hypertension C. Easy bruising D. Glucose intolerance..... **(AIIMS PGMEE - NOV 2007)**

1174. The differntiating feature b/w Ectopic ACTH secretion and Cushing syndrome is A. Hypokalemic alkalosis B. Clinical features of cushing syndrome C. Hyperpigmentation D. Dexamethasone suppression test..... **(AIIMS PGMEE - DEC** 1998)

1175. In a chronic smoker with mild haemoptysis. He also gave a history of hypertension and obesity. Lab data showed raised ACTH levels, which were not suppressed by dexamethasone. The cause for the Cushing's syndrome in the patient is:- A. MENI B. Pituitary adenoma C. Adrenal cortical adenoma D. Ectopic ACTH secreting tumor **(diagnosis)**..... **(AIIMS PGMEE MAY - 2002)**

ANSWERS

1151). B 1152). A 1153). C 1154). A 1155). B 1156). D 1157). B 1158). D 1159). A 1160). C 1161). B 1162). A 1163). C 1164). B 1165). B 1166). A 1167). C 1168). B 1169). B 1170). C 1171). A 1172). C 1173). B 1174). A 1175). D

1176. Lalloo, 50 years old, a chronic smoker, presents with history of hemoptysis. He was having truncal obesity and hypertension. He had an elevated ACTH level which was not suppressible with high dose dexamethasone. What would be the most probable diagnosis: A. Bilateral adrenal hyperplasia B. Adrenal adenoma C. Pitutary tumour D. Ectopic ACTH producing lung cancer **(diagnosis)..**
(AIIMS PGMEE NOV - 2000)

1177. A 28 year old lady has put on weight (10 kg over a period of 3 years), and has oligomenorrhoea followed by amenorrohoea for 8 months. The blood pressure is 160/100 mm of Hg. Which of the following is the most appropriate investigation? A. Serum electrolytes B. Plasma Cortisol C. Plasma testosterone and ultrasound evaluation of pelvis D. T3,T4andTSH **(diagnosis)** ..... **(AIPGMEE - 2004)**

1178. Featuers not seen in Cushing's Syndrome is ; A. Hypoglycemia B. Hypertension C. Frank psychosis D. Hypokalenrv **(diagnosis)** ..... **(AIPGMEE -1997)**

1179. Cushing syndrome is characterized by all except: A. DM B. HT C. Proximal myopathy D. Centripetal obesity **(diagnosis)..**
(PGI - June -1998)

1180. Cushing syndrome is not a feature of: A. Adrenal carcinoma B. Oat cell carcinoma of lung C. Medulloblastoma D. Pituitary adenoma **(etiology)** ..... **(AIIMS PGMEE - MAY 1995)**

1181. A common cause of Cushing syndrome is A. Cancer producing ectopic ACTH B. Pituitary adenoma C. Adrenal tuberculosis D. None of the above **(etiology)** ..... **(AIIMS PGMEE - MAY -1993)**

1182. The most common cause of Cushing's syndrome is A. Pituitary adenoma B. Adrenal adenoma C. Ectopic ACTH D. Iatrogeno steroids **(etiology)** ..... **(AIPGMEE -1995)**

1183. Intake of exogenous steroid causes A. Addison's disease B. Cushing's syndrome C. Pheochromocytoma D. Conn's syndro **(etiology)** ..... **(PGI-JUNE 1997)**

1184. Which of the following is the earliest manifestation of Cushing's syndrome? A. Loss of diurnal variation B. Increased ACTH C. Increased plasma Cortisol D. Increased urinary metabolites of Cortisol **(investigations)** ..... **(AIPGMEE - 2004)**

1185. A patient with cushinoid features presents with hemoptysis ;he shows no response to dexamethasone supression test;most likely diagnosis here is: A. Adrenal hyperplasia B. Adrenal adenoma C. Ca lung with ectopic ACTH production. D. Pituitary microadenoma **(investigations)** ..... **(AIPGMEE -2001)**

1186. About cushing syndrome, true is : A. Low dose dexamethasone suppress cortisone secretion B. CA of adrenal is more common than adenoma C. Pituitary adenoma size > 2cm (usually) D. - ACTH secretion is the commonest cause **(investigations)..**
(PGI-June-2000)

1187. Cushing's disease is associated with A. Increased ACTH and increased Cortisol B. Increased urinary Catecholamines C. Increased ADH D. Decreased ACTH and increased Cortisol levels **(pathophysiology)** ..... **(AIPGMEE - 2008)**

TOPIC 4: ADDISON DISEASE

1188. Hypoglycemia is a recognized feature of all of the following conditions, except: A. Uremia B. Acromegaly C. Addison's disease D. Hepatocellular failure **(diagnosis)** ..... **(AIPGMEE - 2002)**

1189. Addison's disease is characterized by all except A. Hyperglycemia B. Hypotension C. Hyperkalemia D. Hyponatremia **(diagnosis)** ..... **(AIPGMEE -1995)**

1190. In addison's disease, most diagnostic test is: A. Serum Na\ K.% renin B. S. Na% K\ saline suppression C. Serum creatinine/urea ratitW D. ACTH stimulation test **(investigations)** ..... **(PGI - 1997 - Dec)**

1191. Chronic adrenal insufficiency is characterized by of the following except: A. Excess pigmentation B. Asthenia C. Weight gain D. Hypoglycemic episodes ..... **(AIIMS PGMEE - MAY 2005)**

1192. Nelson's syndrome is most likely seen after: A. Hypophysectomy B. Adrenalectomy C. Thyroidectomy D. Orchidectomy..
(AIIMS PGMEE - MAY 2005)

1193. Which of the following statements is correct regarding adrenal histoplasmosis: A. In active disease, calcification is commonly seen B. Lymphadenopathy is not seen C. The adrenal glands are usually symmetrically enlarged D. Adrenal insufficiency is uncommon ..... **(AIIMS PGMEE - MAY 2006)**

1194. Addisons's disease is associated with all except: A. Cardiac atrophy B. Decreased diastolic B.P. C. Serum Cortisol < 8 D. Low renin levels ..... **(AIIMS PGMEE - MAY 2007)**

1195. Addison's disease is characterized by following except: A. Hyperkalemia B. Hypotension C. Hyponatremia D. Hypocalcemia **(diagnosis)** ..... **(PGI - JUNE 1997)**

1196. Dilutional hyponatremia is seen in: A. Addison's disease B. DI C. Diuretic therapy A. Temporary colostomy D. None . B. Closure + lavage **(investigations)** ..... **(PGI - June -1998)**

1197. Which is NOT a clinical feature of Addison's disease: A. Hypoglycemia B. Hyponatremia C. Hypocalcemia D. Hyperkalemia **(diagnosis)** ..... **(AIIMS PGMEE - FEB -1997)**

1198. Regarding Addisonian pigmentation , all are true EXCEPT A. Involves moles and scars B. Involves palmer creases C. Does not involve oral mucosa D. Decreased fibrosis **(diagnosis)** ..... **(AIIMS PGMEE MAY - 2001)**

1199. Most common cause of adrenal insufficiency in India is A. Autoimmune B. Surgery C. Steroid withdrawal D. Tuberculosis **(etiology)** ..... **(AIIMS PGMEE - MAY -1994)**

ANSWERS

1176). D 1177). B 1178). A 1179). NONE 1180). C 1181). B 1182). D 1183). B 1184). A 1185). C 1186). D 1187). A 1188). B 1189). A 1190). D 1191). C 1192). B 1193). C 1194). D 1195). D 1196). A 1197). C 1198). C 1199). D

TOPIC 5: CONN SYNDROME

1200. NOT a feature of primary hyperaldosteronism is A. Pedal edema B. Diastolic hypertension C. Polyuria D. Hypokalemia **(diagnosis)** **(AIIMS PGMEE - DEC 1994)**

1201. Which is NOT a feature of primary hyperaldosteronism A. Hypokalemia B. Hypertension C. Hypernatremia D. Increased renin level **(diagnosis)** **(AIIMS PGMEE - MAY -1993)**

1202. Conn's syndrome is associated with all, except: A. Hypertension B. Muscle weakness C. Hypokalemia D. Oedema **(diagnosis)** **(AIPGMEE -2002)**

1203. Excess Aldosterone is associated with all the following except A. Hypokalemia B. Hyperkalemia C. Sodium retention D. Hypertension **(diagnosis)** **(AIPGMEE -1995)**

1204. All of the following are features of primary hyperaldosteronism except: A. Paedal oedema B. Polyurea C. Hypokalemia D. Hypertension **(diagnosis)** **(AIPGMEE -1998)**

1205. A young hypertensive patient has serum K+ 2.8 meq/2 and taldosterone level with ied plasma rennin activity. The likely is / are A. Renal artery stenosis B. Ectopic ACTH syndrome C. Diuretic therapy D. Conns syndrome E. Liddle's syndrome **(diagnosis)** **(PGI-DEC 2004)**

1206. True about conn's syndrome: A. -K+ B. ~K+ C. Proximal myopathy D. Ted plasma renin activity E. Edema **(diagnosis)** **(PGI-DEC 2002)**

1207. In conn's syndrome the following is/are true : A. Diastolic HTN without oedema B. Systolic HTN without oedema C. Pseudotetany D. Hyper Na+ E. Hyper K+ **(diagnosis)** **(PGI - DEC 2006)**

1208. The following are features of primary hyperaldosteronism except: A. Polyuria B. Hypertension C. Hypokalemia D. Hyperkalemia **(diagnosis)** **(PGI - JUNE 1997)**

1209. True about primary aldosteronism : A. Pedal oedema B. Increased renin C. Increased Na D. Decreased K+ E. Hypertension **(diagnosis)** **(PGI - JUNE 2005)**

1210. Conn's syndrome is most commonly associated with A. Cortical adenoma B. Cortical hyperplasia C. Cortical carcinoma D. Pheochromocytoma **(etiology)** **(AIPGMEE -2008)**

1211. Tumours associated with primary aldosteronism : A. Adrenal adenoma B. Adrenal hyperplasia C. von Hippel-Lindau syndrome. D. Adrenal carcinoma '\ **(etiology)** **(PGI - JUNE 2005)**

1212. All are causes of hypertension with hypokalemia except, A. Bilateral renal artery stenosis B. End stage renal disease C. Primary hyperaldosteronism D. Cushings disease **(AIIMS PGMEE - NOV 2007)**

TOPIC 6: MEN

1213. Type I MEN involves all, EXCEPT A. Pancreas B. Adrenal C. Pituitary D. Parathyroid **(diagnosis)** **(AIIMS PGMEE - MAY -1993)**

1214. A patient presents with intermittent headache. On examination there is hypertension and a thyroid nodule. Which of the following steps is to be taken next: A. Urine HIAA levels B. Urine VMAand aspiration of the thyroid nodule C. Ultrasound abdomen D. Echocardiography **(diagnosis)** **(AIIMS PGMEE NOV - 2000)**

1215. A 25 year old young woman has recurrent episodes of headache and sweating. Her mother had renal calculi and died after having a neck mass. The physical exaination reveals a thyriod nodule but no clinical sign of thyrotoxicosis. Before performig thyroid surgery, the surgeon should order: A. Mesurement of thyroid hormones. B. Serial determinations of serum calcium, phosphorus protein and alkaline phosphatase. C. 24-hours urine test for 5 hydroxyindoleacetic acid excretion. D. Serial 24 hours test for catecholamines, metanephrines and vanillylamandelic acid excertion. **(diagnosis)** **(AIIMS PGMEE NOV - 2002)**

1216. Which of the following endocrine tumors is most commonly seen in MEN I? A. Insulinoma B. Gastrinoma C. Glucagonoma D. Somatostatinoma **(diagnosis)** **(AIPGMEE - 2007)**

1217. MEN I syndrome is most commonly associated with A. Gastrinoma B. Insulinoma C. Glucucagonoma D. Somatistatinoma **(diagnosis)** **(AIPGMEE - 2008)**

1218. Pancreatitis, pituitary tumor and phaeochromocytoma may be associated with: A. Medullary carinoma of thyroiD) B. Papillary carcinoma of thyroiD) C. Anaplastic carcinoma of thyroiD) D. Follicular carcinoma of thyroid, **(diagnosis)** **(AIPGMEE - 2005)**

1219. All of the following are features of MEN lla,except: A. Pituitary tumor B. Pheochromocytoma C. Medullary ca thyroid D. Neuromas **(diagnosis)** **(AIPGMEE -2001)**

1220. A young patient presented with HTN and VMA 14 mg/24, the causes is/are : A. Medullary carcinoma thyroid B. Von Hippel Lindau syndrome C. Grave's disease D. Pseudohypoparathyroidism E. Sturge weber syndrome **(diagnosis)** **(PGI - JUNE 2005)**

1221. Multiple submucosal neuromas is most likely associated with: A. Medullary carcinomos of the thyroid B. Ovarian carcinoma C. Testicular teratoma D. Pancreatic beta cell carcinoma **(AIIMS PGMEE - MAY 2005)**

1222. All are associated with MEN-2 except: A. Phoeochromocytoma B. Islet cell hyperplasia C. Medullary carcinoma thyroid D. Parathyroid adenoma **(AIIMS PGMEE - MAY 2007)**

1223. A 36 year old female with symptoms of hyperparathyroidism, tumor in pancreas, adrenal cortical hyperplasia, pituitary adenomas, islet cell tumor with cutaneous angiofibromas. What is the diagnosis ? A. MEN 1 B. MEN 2 A C. MEN2B D. MEN2C **(AIIMS PGMEE - NOV 2007)**

ANSWERS

1200). A 1201). D 1202). D 1203). B 1204). A 1205). D 1206). B 1207). A 1208). D 1209). C 1210). A 1211). A 1212). B 1213). B 1214). B 1215). D 1216). B 1217). A 1218). A 1219). A 1220). A 1221). A 1222). B 1223). A

TOPIC 7 : WILSON DISEASE

1224. A 12 year old girl with tremors and emotional lability has a golden brown discoloration in Descemet's membrane. The most likely diagnosis is: A. Fabry's disease B. Wilson's disease C. Glycogen storage Disease D. Acute Rheumatic fever **(diagnosis) (AIPGMEE-2004)**

1225. All of the following may be seen in Wilson's disease except: A. cerebellar ataxia B. peripheral neuropathy C. dysphagia D. chorea **(diagnosis)**.....**(AIPGMEE -2001)**

1226. Enlarge liver with Hepatecllulnr dysfunction seen in : A. Wilson's disease B. Budd. Chiari syndrome C. Alcoholic hepatitis D. NASH E. Post necrotic cirrhosis **(diagnosis)**.....**(PGI - JUNE 2005)**

1227. PeniciUamlne is commonly used in the management of following heavy metal poisonlnlg except : A. Arsenic B. Copper C. Lead D. Mercury **(treatment)**.....**(PGI - June -2000)**

1228. All of the following statements about Wilson's disease are true, EXCEPT A. It is an autosomal recessive disorder B. Serum Ceruloplasmin level is <20 mg/dl C. Urinary copper excretion is <100 ng/day D. Zinc acetate is effective as maintenance therapy **(AIIMS PGMEE - MAY 2004)**

1229. AH of the features of Wilson's disease, EXCEPT: A. Haemolytic anaemia **B.** Testicular atrophy C. Chorea **D.** Chronic active hepatitis.....**(AIIMS PGMEE - DEC 1997)**

1230. Wilson disease all are true except: A. t ceruloplasmin B. t Cu in liver C. t Cu in cornea D. Absence of sensory loss **(investigations)**.....**(PGI -1997 - Dec)**

1231. True about Wilson's disease : A. Low ceruloplasmin level B. ted hepatic copper C. 4-ed hepatic copper D. ted urinary copper **E.** ted ceruloplasmin **(investigations)**.....**(PGI - DEC 2003)**

1232. Wilson's disease characterised by: A. Ted urinary coper excretion B. led ceruloplasmin C. Ted liver copper D. Ted ceruloplasmin **E.** ied copper level in plasma **(investigations)**.....**(PGI - DEC 2002)**

1233. KF ring deposition is seen in: A. Conjunctiva B. Corneal epithelium C. Descement membrance D. Iris **(pathophysiology) (PGI-1999 -Dec)**

1234. Single gene autosomal recessive disease is: A. Wilson's ds B. Tuberous sclerosis C. Hutington's ds D. Schizophrenia **(pathophysiology)**.....**(PGI -1999 - Dec)**

TOPIC 8: OSTEOPOROSIS

1235. The most common manifestation of osteoporosis is A. Compression fracture of the spine B. Asymptomatic, detected incidentally by low serum Calcium C. Bowing of legs D. Loss of weight **(diagnosis)**.....**(AIPGMEE - 1994)**

1236. All are causes of osteoporosis, Except: A. Rheumatoid arthritis B. Hypoparathyroidism C. Chronic heparin therapy D. Thyrotoxicosis **(etiology)**.....**(AIIMS PGMEE - JUNE -1997)**

1237. All of the following are the known causes of osteoporosis except: A. Fluorosis B. Hypogonadism C. Hyperthyroidism D. Hyperparathyroidism **(etiology)**.....(AIPGMEE - 2006)

1238. All of the following can cause osteoporosis, except: A. Hyperparathyroidism. B. Steroid use. C. Fluorosis. D. Thyrotoxicosis, **(etiology)**.....**(AIPGMEE - 2005)**

1239. All are causes of Osteoporosis, except: A. Thyrotoxicosis B. Hypothyroidism C. Chronic heparin therapy D. Old age **(etiology)**.....**(AIPGMEE - 2000)**

1240. Osteoporosis is seen in all the following except A. Thyrotoxicosis B. Rheumatoid arthritis C. Hypoparathyroidism D. Steroid therapy **(etiology)**.....**(AIPGMEE -1994)**

1241. Osteoporosis is seen in A. Thyrotoxicosis B. Cushing's disease C. Menopause D. All of the above **(etiology) (AIPGMEE-1994)**

1242. Osteoporosis may be seen in all except: A. Hyperparathyridism B. Hypoparathyridism C. Thyrotoxicosis D. Heparin administration **(etiology)**.....**(AIPGMEE -1998)**

1243. Osteoporosis may be seen in all except: A. Hypoparathyroidism B. Osteogenesis imperfecta C. Hypogonadism D. Hypophosphatasia **(etiology)**.....**(AIPGMEE -1998)**

1244. Indicators of osteoblastic activity: A. Alkaline phosphatase B. Osteocalcin C. Hydroxylysin D Hydroxyproline E Acid phosphatase **(investigations)**.....**(PGI - June -2001)**

TOPIC 9: OBESITY

1245. Obesity is not a feature of: A. Hypothyroidism B. Pheochromocytoma C. Hypogonadism D. Cushing's syndrome **(etiology) (AIIMS PGMEE - MAY 1995)**

1246. All cause weight gain, Except: A. Pheochromocytoma B. Cushing's syndrome C. Hypothyroidism D. Insulin secreting tumour **(etiology)**.....**(AIIMS PGMEE - SEP 1996)**

1247. Obesity is associated with all ofthe following except: A. Osteoarthritis B. Hypertension C. Gallstones D. Pancreatitis **(etiology)**.....**(AIPGMEE -1997)**

ANSWERS

1224). B 1225). B 1226). A 1227). A 1228). C 1229). B 1230). A 1231). A 1232). A 1233). C 1234). A 1235). A 1236). B 1237). A 1238). C 1239). B 1240). C 1241). D 1242). B 1243). A 1244). A 1245). B 1246). C 1247). D

1248. Obesity is associated with : A. Cushing's syndrome B. Pheochromocytoma C. Insulinoma D. Hypothalamic lesion E. Hyperthyroidism **(etiology)**.....**(PGI - DEC 2003)**

1249. Weight gain occurs in all. Except: A. Pheochromocytoma B. Cushing's syndrome : C. Hypothyroidism D. Insulin secreting tumor **(etiology)**.....**(AIIMS PGMEE - JUNE -1997)**

1250. Weight gain is seen in all, EXCEPT: A. Phaeochromocytoma B. Insulinoma C. Myxoedema D. Cushing's disease **(etiology)**.....**(AIIMS PGMEE JUNE -1999)**

1251. True statements about obesity A. Dexfenfluramine is drug of choice B. Sibutramine is only nor epinephrine uptake inhibitor C. Common risk factor for all cancers D. According to WHO, body mass index greater then 25 is overweight E. Long-term effect of orlistat is known, **(treatment)**.....**(PGI - DEC 2004)**

1252. Atkin's diet is A. Protein restricted low calorie diet B. Carbohydrate restricted low calorie diet C. Fat restricted low calorie diet D. Mineral restricted low calorie diet.....**(AIIMS PGMEE - MAY** 2007)

TOPIC 10: CAH

1253. Virilisation of female is present in all, EXCEPT A. 17-a hydroxylase deficiency , B. 21-p hydroxylase deficiency C. 11-P hydroxylase deficiency D. 11-p hydroxysteroid deficiency **(diagnosis)**.....**(AIIMS PGMEE - MAY -1993)**

1254. Late onset of puberty in male is defined as A. Puberty onset after 16 years B. Puberty onset after 17 years C. Puberty onset after 18 years % D. Puberty onset after 21 years **(diagnosis)**.....**(AIIMS PGMEE - MAY -1994)**

1255. In primary adrenal hyperplasia, incorrect is A. Hypokalemia B. Hyponatremia C. Hypernatremia D. Water retention **(diagnosis)**.....**(AIIMS PGMEE - MAY -1994)**

1256. Retardation of skeletal maturity can be caused by all except : A. Chronic renal failure B. Hypothyroidism C. Protein energy malnutrition (PEM) D. Congenital adrenal hyperplasia **(diagnosis)**.....**(AIPGMEE - 2004)**

1257. A 21 year old woman presents with complaints of primary amenorrhoeA) Her height is 153 cms, weight is 51 kg. She has well developed breasts. She has no pubic or axillary hair and no hirsuitism. Which of the following is the most probable diagnosis? A. Turner's syndrome B. Stein-Leventhal syndrome C. Premature ovarian failure D. Complete androgen insensitivity syndrome **(diagnosis)**.....**(AIPGMEE - 2004)**

1258. Salt losing Hydroxylase deficiency is characterized by: A. Hyponatremia B. Hyperkalemia C. Hypokalemia D. Hypoglycemia **E.** Hypocalcemia **(diagnosis)**.....**(PGI - June -2001)**

1259. A female child with virilization, hypertension with low plasma renin diagnosis is : A. 21a hydroxylase deficiency B. lip hydroxylase deficiency C. 3P hydroxylase deficiency D. Conn's syndrome.....**(AIIMS PGMEE - MAY 2007)**

TOPIC 11 : HEMOCHROMATOSIS

1260. True about hereditary haemochromatosis : A. Increased iron absorption from gut B. Autosomal dominant C. Predisposes to hepatocellular carcinoma D. Arthritis commonly involve 2n*MCP joint E. Gynaecomastia **(complications)**.....**(PGI - DEC 2003)**

1261. Lalloo, aged 54 years, who is a known diabetic patient develops cirrhosis. There is associated skin hyperpigmentation and restrictive cardiomyopathy. Which of the following is the best initial test to diagnose this case: A. Total Iron Binding Capacity B. Serum ferritin C. Serum copper D. Serum ceruloplasmin **(diagnosis)**.....**(AIIMS PGMEE NOV - 2000)**

1262.AU of the following statements about hereditary hemochromatosis are true Except A. Arthropathy involving small joints of hands may be seen B. Skin pigmentation is a frequent presentation C. Desferroxamine is the treatment of choice D. Hypogonadism may be seen **(diagnosis)**.....**(AIPGMEE - 2008)**

1263. A patient presents with arthritis, hyperpigmentation of skin and hypogonadism;likely diagnosis is: A. Hemochromatosis B. Ectopic acth secreting tumor ;of lung C. Wilsons disease D. Rheumatoid arthrits **(diagnosis)**.....**(AIPGMEE - 2001)**

1264. A patient presented with skin pigmentation, hyperglycemia and his serum ferritin level is 900 microgram/l, possible diagnosis : A. Aceruloplasminemia B. Atransferrinemia C. Sideroblastic anemia D. Hereditary spherocytosis E. Thalassemia **(diagnosis)**
(PGI-JUNE 2003)

1265. Elevated serum ferritin, serum iron and percent transferrin saturation are most consistent with the diagnosis of: A. Iron deficiency anemia B. Anemia of chronic disease C. Hemochromatosis D. Lead poisoning **(investigations)**.....**(AIPGMEE - 2004)**

1266. Iron overload occurs in all, Except: A. Thalassemia B. Myelodysplastic syndrome C. Polycythemia vera D. Sideroblastic anaemia **(pathophysiology)**.....**(AIIMS PGMEE-SEP 1996)**

1267. Earliest phenotypic manifestation of Idiopathic hereditary hemochromatosis is : A. Post prandial increase in serum iron concentration B. Elevated serum ferritin level C. Slate grey pigmentation of skin D. Increased transferrin saturation**...(AIIMS PGMEE - MAY 2007)**

TOPIC 12 : TESTICULAR FEMINIZATION SYNDROME

1268. 16 year old girl with primary amenorrhoea attends OPD. She has normal sexual development and normal breast but with absent public and axillary hair. Examination shows B/L inguinal hernias. USG shows absent uterus and blind vagina. Diagnosis will be A. Turner syndrome B. Mullerian agenesis C. Star syndrome D. Androgen insensitivity syndrome.....**(AIIMS PGMEE - MAY 2007)**

1269. A baby girl presents with bilateral inguinal masses, thought to be hernias but are found to be testes in the inguinal canals.Which karyotype would you expect to find in the child - A. 46, XX **B.** 46, XY C. 47, XXY D. 47.XYY.....**(AIIMS PGMEE - NOV 2004)**

ANSWERS

1248). A 1249). A 1250). A 1251). D 1252). B 1253). A 1254). A 1255). B 1256). D 1257). D 1258). A 1259). B 1260). A 1261). B 1262). C 1263). A 1264). B 1265). C 1266). A 1267). D 1268). D 1269). B

1270. 16 year old girl with primary amenorrhoea attends OPD. She has normal sexual development and normal breast but with absent public and axillary hair. Examination shows B/L inguinal hernias. USG shows absent uterus and blind vagina. Diagnosis will be A. Turner syndrome B. Mullerian agenesis C. Star syndrome D. Androgen insensitivity syndrome..... **(AIIMS PGMEE - NOV 2006)**

1271. Prophylactic gonadectomy is done in: A. Testicular feminising syndrome B. Klinefelter's syndrome C. Kalaman's syndrome D. Down's syndrome..... **(AIIMS PGMEE - DEC 1997)**

1272. Testicular feminising syndrome Is characterized by: A. 47XX B. 47XY C. Ambiguous genitalia D. Female genitalia E. Mullerian derrivatives present..... **(PGI - JUNE 2003)**

1273. True statement about Testicular feminization syndrome A. Absent uterus B. Absent vagina C. Chromosome pattern 47 X Y D. Absent ovary..... **(PGI - JUNE 2004)**

1274.True of testicular feminization syndrome is : A. Testes are present B. Female habitus C. XY genotype £ D. Secondary amenorrhea **E.** Uterus present..... **(PGI - June -2002)**

TOPIC 13 : DIABETES INSIPIDUS

1275. A 33 year old lady presents with polydipsia and poly-uria. Her symptoms started soon after a road trafic accident 6 months ago. The blood pressure is 120/80 mm Hg with no postural drop. The daily urinary output is 6-8 liters. Investigation showed, Na 130 mEq/ L, K.3.5 mEq/ L, urea 15mg/dL, sugar-65 mg/dL. The plasma osmolality is 268 mosmol/L and urine osmolatity 45 mosmol/L. The most likely diagnosis is: A. Central diabetes insipidus. B. Nephrogenic diabetes insipidus. C. Resolving acute tubular necrosis. D. Psy-chogenic polydipsia, **(diagnosis)**..... **(AIIMS PGMEE NOV - 2002)**

1276. All of the following conditions are known to cause diabetes insipidus except: A. Multiple sclerosis. B. Head injury. C. Histiocytosis. D. Viral encephalitis, **(etiology)**..... **(AIPGMEE - 2005)**

1277. Choose the best Lab value for a patient with central diabetes insipidus: Urinary Osmolality & Serum Osmolality A. 50 300 B. 500 . 260 C 50 260 D. 500 100 **(investigations)**..... **(AIPGMEE - 2000)**

1278. In a woman with polyuria of 6 L/day, which are the 2 most important investigations to be done: A. Water deprivation test B. Water loading C. Plasma and urine osmolality D. Plasma osmolality E. Skull Xray **(investigations)**..... **(PGI - 2001 - Dec)**

1279. Treatment of diabetes insipidus : A. ADH B. Acetazol amide C. Chlorthalidone D. Thiazide E. Furosemide **(treatment)** **(PGI-DEC2003)**

1280. Rx ot DI: A. ADH B. Thiazide C. Loop diuretics D. Insulin E. Chlorpromazine **(treatment)**..... **(PGI - DEC 2002)**

1281. All of the following conditions are known to cause diabetes insipidus, EXCEPT A. Multiple sclerosis B. Head injury C. Histiocytosis D. Viral encephalitis..... **(AIIMS PGMEE - MAY 2004)**

TOPIC 14: HYPERTHYROIDISM

1282. The occurrence of hyperthyroidism following administration of supplemental iodine to subjects with endemic iodine deficiency goiter is known as: A. Jod-Basedow effect B. Wolff-Chaokoff effect C. Thyrotoxicosis factitia D. De Quervain's thyroiditis **(complications)**..... **(AIPGMEE - 2004)**

1283. Cardiopulmonary manifestation of hyperthy-roidism. A. Tachycardia B. Sinus bradycardia C. Cardiomyopathy D. Low output cardiac failure **(complications)**..... **(PGI - DEC 2004)**

1284. Diffuse toxic goitre is characterized by A. Primary thyroid disease. B. Secondary thyroid disease. C. It is due to autoimmune thyroid stimulating hormone (TSH) antibody. D. It due to TSH receptor antibody **(diagnosis)**..... **(PGI - JUNE 2004)**

1285. True about thyroid storm : A. Bradycardia B. Hyperthermia C. Hypercalcemia D. Hypotension E. Cardiac arrhythmia **(diagnosis)**..... **(PGI - JUNE 2005)**

1286. All of the following are true about amiadarone induced thyroid dysfunction except? A. Hyperthyroidism is common in iodine deficient areas B. Hypothyroidism is more common in men C. Amiodarone inhibits deiodinase activity D. Amiodaraone therapy is associated with initial reduction of serum **T4** levels **(etiology)**..... **(AIPGMEE - 2004)**

1287. In Thyrotoxicosis, |3-blockers do not control A. Anxiety B. Tremors C. Tachycardia D. Oxygen consumption **(treatment)** **(AIPGMEE-1994)**

1288. Dancing carotid is seen in : A. Thyrotoxicosis B. Hypothyroidism C. AV Fistuala D. Blowout carotid..... **(AIIMS PGMEE - DEC 1998)**

TOPIC 15: PROLACTINOMA

1289. A 30 year old woman presented with secondary amenorrhoea for 3 years along with galactorrhoeA) The most likely cause of her symptoms would be: A. Craniopharyngioma B. Prolactinoma C. Meningioma D. Sub-arachnoid haemorrhage **(diagnosis)** **(AIPGMEE-2004)**

1290. A 30-year-old male complains of loss of erection; he has low testosterone and high prolactin level in blood; What is the likely diagnosis: A. Pituitary adenoma B. Testicular failure C. Cranio pharyngioma D. Cushing's syndrome **(diagnosis)**..... **(AIPGMEE - 2001)**

1291. Which of the following is true regarding galactorrhea: A. Bilateral B. Seen in pregnancy and lactation C. Associated with prolactinomas and other endocrinopathies **(diagnosis)**..... **(PGI - June -2001)**

ANSWERS

1270). D 1271). A 1272). B 1273). A 1274). A 1275). D 1276). A 1277). A 1278). A 1279). A 1280). A 1281). A 1282). A 1283). A 1284). A 1285). B 1286). B 1287). D 1288). A 1289). B 1290). A 1291). A

1292. A young women comes with secondary amenorrhoea and galactorrhoen. MRI shows a tumous of < 10mm diameter in the pituitary fossa. Treatment is A. Hormonal therapy for withdrawal bleeding B. Radiotherapy C. Chemotherapy D. Bromocriptine **E.** Surgery **(treatment)**.....**(PGI - JUNE 2004)**

1293. Which of the following is the most common type of pituitary adenoma? A. Thyrotropinoma B. Gonadotropinoma C. Prolactinoma **D.** Corticotropinoma.....**(AIIMS PGMEE - MAY 2005)**

1294. Ramkali bai, a 35 year old female presented with one year history of menstrual irregularity and galactorrhea. She also had off-and-on headache. Her examination revealed bitemporal superior quadrantopia. Her fundus examination showed primary optic atropy. Which of the following is the most likely diagnosis in this case - A. Craniopharyngioma B. Pituitary macroadenoma C. Ophthalmic ICA aneurysm D. Chiasmal glioma.....**(AIIMS PGMEE - NOV 2004)**

TOPIC 16: OSTEOMALACIA

1295. A patient Shweta with raised serum alkaline phosphatase and raised parathormone level along with low calcium and low phosphate level is likely to have: A. Primary hyperparathyroidism B. Paget's disease C. Osteoporosis D. Vitamin D deficiency **(investigations)**.....**(AIIMS PGMEE JUNE -1999)**

1296. Which of the following is seen in Vitamin D deficiency : A. Increased alkaline phosphatase B. Decreased phosphate in urine C. Hypophosphatemia D. Decreased alkaline phosphatase E. Decreased serum calcium **(investigations)**.....**(PGI - 2001 - Dec)**

1297. Hypophosphatemia is seen in: A. Pseudohypoparathyropdism B. CRF C Rickets D. Hyperphrathyroidism E Respiratory aeidosis **(investigations)**.....**(PGI - DEC 2002)**

1298. A common finding in osteomalacia is A. Low serum phosphate B. Normal lelvel of 1.25 di-hydroxy vit D3 C. Low serum calcium D. Increased hydroxy proline in urine **(investigations)**.....**(PGI - June -1999)**

1299. True about rickets: A. Increased alkaline phosphatase B. Hyperphosphatemia C. Hypophosphatemia D. Hypophosphaturia **E.** Decreased alkaline phosphatase **(investigations)**.....**(PGI - June -2001)**

TOPIC 17: PHEOCHROMOCYTOMA

1300. All are clinical features of pheochromocytoma, Except A. Increased hematocrit B. Orthostatic hypotension C. Low Cortisol level **D.** Impaired glucose tolerance **(diagnosis)**.....**(AIIMS PGMEE - FEB -1997)**

1301. All of the following are features of pheochromocytoma except A. Hypertensive paraoxysm B. Headache C. Orhtostatic hypotension D. Wheezing **(diagnosis)**.....**(AIPGMEE - 2002)**

1302. Urinary 3 hydroxy 4 methyl VMA is seen with: A. Neuroblastoma B. Pheochromocytoma C. Ganglioneuroma D. Carcinoid **(investigations)**.....**(PGI -1999 - Dec)**

1303. Pheochromocytoma predominantly secretes A. Epinephrine B. Norepinephrine C. Dopamine D. DORA **(pathophysiology)**.....**(AIIMS PGMEE NOV - 2001)**

1304. Extra-adrenal pheochromocytoma secretes A. Norepinephrine B. Epinephrine C. Metanephrine D. Dopamine E. VMA **(pathophysiology)**.....**(PGI - JUNE 2003)**

TOPIC 18: HYPOPITUITARISM

1305. Hypoglycemia is seen in A. Acromegaly B. Cushings syndrome C. Hypothyroidism D. Hypopitutarism..**(AIIMS PGMEE MAY - 2001)**

1306. A patient meets with an accident with resultant transection of the pituitary stalk;what will NOT occur: A. Diabetes mellitus **B.** Diabetes insipidus C. Hyperprolactinemia D. Hypothyroidism.....**(AIPGMEE - 2001)**

1307. All are associated with pituitary apoplexy except: A. Hyperthyroidism B. Diabetes mellitus C. Sickle cell anemia D. Hypertension.....**(AIIMS PGMEE - MAY 2007)**

1308. A person sustains head trauma leading to transection of pituitary stalk. All can be consequence of this, EXCEPT: A. SIADH **B.** Diabetes mellitus C. Diabetes incipidus D. Hyperprolactinemia.....**(AIIMS PGMEE - DEC 1997)**

TOPIC 19: INSULINOMA

1309. Weight loss may be seen in all of the following except A. Uremia B. Pheochromacytoma C. Adrenal insufficiency **D.** Insulinoma.....**(AIPGMEE -1998)**

1310. Insulinoma true are A. Present in pancreas B. Mostly malignant C. Surgical therapy indicated if diagnosed.....**(PGI - DEC 2005)**

1311. For differentiating between Insulinoma and Sulfonylurea related hypoglycemia, the test which is useful is ? A. Antibody to Insulin **B.** Plasma C-peptide level C. Plasma Insulin level D. Insulin: Glucose ratio.....**(AIIMS PGMEE - MAY 2008)**

1312. Hypoglycemia is associated with all, EXCPET: A. Fibroma B. Soft tissue sarcoma C. Small cell carcinoma of lung D. Hepatocellular carcinoma.....**(AIIMS PGMEE - DEC 1997)**

TOPIC 20 : DKA

1313. Most useful investigation in diagnosis of diabetic ketoacidosis: A. Ketonemia B. pH of blood C. Urinary sugar D. Urine ketone **(investigations)**.....**(PGI - June -1998)**

ANSWERS

1292). D 1293). C 1294). B 1295). D 1296). A 1297). C 1298). A 1299). A 1300). C 1301). D 1302). B 1303). B 1304). A 1305). D 1306). A 1307). A 1308). B 1309). D 1310). A 1311). NONE 1312). C 1313). A

MEDICINE

1314. A chronic alcoholic presented to the casualty with altered sensorium. His blood sugar level was normal. Which of the following is the treatment to be given:- A. Inj. Vitamin Bl B. IV dextrose 5% C. IV dextrose 50% D. IV Normal saline **(treatment)** **(AIIMS PGMEE MAY-2002)**

1315. A diabetic patient with blood glucose of 600mg/dL and Na 122 mEq/L was treated with insulin. After giving insulin the blood glucose decreased to 100 mg/dL.What changes in blood Na level is expected? A. Increased in Na+ level B. Decrease in Na+ level C. No change would be expected D. NaT would return to previous level spontaneously on correction of blood glucose, **(treatment)**.....**(AIPGMEE -2002)**

TOPIC 21 : GNAECOMASTIA

1316. Gynaecomastia is seen in following except : A. Digitalis B. Seminoma C. Cryptorchidism D. Puberty.....**(PGI - June -2000)**

1317. AU are causes of Gynaecomastia, EXCEPT A. Cimetidine therapy B. Androgen therapy C. Leprosy D. Small cell carcinoma lung **(AIIMS PGMEE - MAY** -1993)

1318. Estimation of the following hormones is useful while investigating a case of gynaecomastia except: A. Testosterone B. Prolactin C. Estradiol D. Lutenizing hormone.....**(AIPGMEE - 2004)**

TOPIC 22: HYPERPROLACTINEMIA

1319. Investigation of choice of hyper-prolactinemia A. TRH estimation B. LH estimation C. Prolactin estimation D. Estradiol estimation.....**(AIIMS PGMEE - NOV -1993)**

1320. All are causes of hyperprolactinemia, except A. Bromocriptine B. Phenothiazine C. Methyldopa D. Metoclopramide **(AIIMS PGMEE-MAY-1994)**

1321. All of the following are known to cause hyperprolactenemii except: A. Methyldopa B. Phenothiazines C. Bromocriptine D. Metoclopramide.....**(AIPGMEE** -1997)

TOPIC 23: HYPOPARATHYROIDISM

1322. Tufting of the terminal phalanges is seen in A. Hypoparathyroidism B. Hyperparathyroidism C. Hyperthyroidism D. Hypothyroidism.....**(AIPGMEE** -1995)

1323. True about pseudohypopurathwodism: A. Heterotopic calcification B. Ted Ca2+ C. 4-ed P()4 D. Ted PTH E. Ted response of urinary CAMP on PTH.....**(PGI - DEC 2002)**

1324. A patient has hyperphosphatemia with short metacarpals and associated cataract. The diagnosis is : A. Pseudohypoparathyroidism B. Hypophosphatasia * C. Hyperparathyroidism D. Osteomalacia '.....**(PGI - June -1999)**

TOPIC 24: THYROID FUNCTION TESTS

1325. The best marker to diagnose thyroid related disorder is: A. T3 B. T4 C. TSH D. Thyroglobulin.....**(AIPGMEE - 2004)**

1326. The Lab investigation of patient shows -IT3, XT4, & iTSH. It cannot be: A. Primary hypothyrodism B. Pan-hypopinitarism C. Liver disease D. None of the above.....**(AIPGMEE - 2000)**

1327. Primary T3 hyperthyroidism : A. Free T3 tsed B. TTSH C. Free T4 tsed D. 4TSH.....**(PGI - DEC** 2006)

TOPIC 25: ACROMEGALY

1328. Confirmatory investigation for acromegaly is: A. Insulin induced hypoglycemia test B. GH assay C. ACTH infusion test D. IGF levels **(PGI-June**-2001)

1329. Paradoxical response of GH release to TRH is seen in: A. Prolactinoma B. Acromegaly C. Malnutrition D. Pitutary adenoma **(AIIMS PGMEE-DEC 1998)**

TOPIC 26: DIABETIC NEPHROPATY

1330. A patient has EDDM diagnosed at age of 15 years. The most reliable indicator for diabetic nephropathy is: A. Urine albumin <50 mg per day in 3 consecutive samples b. Urinary protein >550 mg per day for 3 consecutive samples c. Development of diabetic retinopathy d. Hematuria.....**(AIIMS PGMEE NOV -1999)**

1331. Most common cause of nephrotic range proteinuria in an adult is: A. Diabetes Mellitus B. Amyloidosis C. Hypertensive nephropathy D. Wegner's Granulomatosis.....**(AIPGMEE - 2007)**

TOPIC 27: HYPERLIPOPROTEINEMIA

1332. In an old patient, the best indicator of probability of developing cardiovascular disease can be calculated by:- A. LDL/HDL ratio B. Triglycerides C. Total cholesterol D. Serum LDL.....**(AIIMS PGMEE MAY** - 2002)

1333. Drug causing hypertriglyceridemia include: A. Thiazides B. Beta blockers C. ACE inhibitors D. Estrogen E. Warfarin **(PGI - June -2001)**

TOPIC 28 : LAURENCE MOON BEIDL SYNDROME

1334. All are components of Laurence Moon Biedl syndrome, EXCEPT A. Digital anomaly B. Asthenic built C. Mental retardation D. Hypogonadism.....**(AIIMS PGMEE - MAY -1993)**

ANSWERS

1314). A 1315). A 1316). C 1317). B 1318). B 1319). C 1320). A 1321). C 1322). B 1323). A 1324). A 1325). C 1326). A 1327). A 1328). B 1329). B 1330). B 1331). A 1332). A 1333). A 1334). B

1335. All are true about Laurence Moon Bledl syndrome, except A. Digital anomalies B. Asthenic built C. Hypogonadism D. Mental retardation.....**(AIIMS PGMEE - MAY** -1994)

TOPIC 29 : HASHIMOTO THYROIDITIS

1336. Hashimoto's thyroiditis, all are TRUE, EXCEPT A. Neutrophilic infiltration B. Maximum incidence in child C. Pain in hyoid D. None of the above.....**(AIIMS PGMEE - MAY -1993)**

TOPIC 30 : HRT

1337. All of the following statements about HRT (hormone replacement therapy) are true except: A. It increases the risk of coronary artery disease B. It increases bone mineral density C. It increases the risk of breast cancer D. It increases the risk of endometrial cancer.....**(AIIMS PGMEE - MAY 2005)**

TOPIC 31 : HYPOTHYROIDISM

1338. Following diseases or disorders are associated with iodine deficiency : A. Abortions B. Major depression C. Goitre D. Squint **(PGI-DEC2003)**

TOPIC 32: LACTATION

1339. AH reduce lactation except: A. Maternal anxiety B. Retracted nipple C. Dehydration D. Diabetes E. Antibiotics **(PGI-JUNE 2006)**

TOPIC 33 :MCCUNE ALBRIGHT SYNDROME

1340. The diagnosis of a patient presenting with familial Polyostosis, Precocious puberty and Pigmentation is A. Tuberous sclerosis B. McAlbright syndrome C. Klinefelter syndrome D. SLE.....**(AIPGMEE** - 1995)

TOPIC 34: SUBACUTE THYROIDITIS

1341. Decreased Radio iodine uptake is/are seen in : A. Toxic multinodular goiter B. Grave's disease C. Subacute thyroiditis D. Factitious thyroiditis.....**(PGI - 2000 - Dec)**

TOPIC 35: THYROTOXICOSIS

1342. All of the following are features of thyrotoxicosis, EXCEPT- A. Diastolic murmur B. Soft non ejection systolic murmur C. Irregularly, irregular pulse D. Scratching sound in systole.....**(AIIMS PGMEE JUNE - 1999)**

ANSWERS

1335). B 1336). D 1337). D 1338). A 1339). C 1340). B 1341). C 1342). A

GASTROENTEROLOGY

TOPIC 1 : CIRRHOSIS

1343. A young patient presenting with massive hematemesis was found to have splenomegaly. In this case the most likely source of bleeding is- A. Duodenal ulcer B. Esophageal varices C. Erosive mucosal disease D. Gastric ulcer **(portal hypertension)** **(AIIMS PGMEE - NOV 2004)**

1344. A 20 year old male has presented with repeated episodes of hematemesis. There is no history of jaudice or liver decompensation. On examination ther significant findings include splenomegaly (8 cms below costal margin), and presence of esophageal varices. There is no ascites or peptic ulceration. The liver function tests are normal. The most likely diagnosis is- A. Extahepatic portal venous obstruction B. Non cirrhotic portal fibrosis C. Cirrhosis D. Hepatic venous outflow tract obstruction **(portal hypertension)** **(AIIMS PGMEE - NOV 2004)**

1345. True about ascites : A. In hernorrhuge ascites R.B.C. count is > 1000/mm3 B. In SBP, WBC count i&>500/mm? C. Norfloxacin is the drug of choice in SBR D. USG can delected as little as 100 ml of peritoneul fluid. E. Large volume paracentasis is indicated in SBP **(ascites)**.....**(PGI-JUNE 2005)**

1346. First line of treatment In severe ascites: A. Bed rest and salt restriction B. Heavy peracentesis C. Shunt D. Large dose of diuretics **(ascites)**.....**(PGI-June -1998)**

1347. Cirrhosis is seen in: A. Type I glycogen disease B. Type III glycogen disease C. Mucopolysaccharidosis D. Type IV glycogen storage disease **(etiology)**.....**(PGI - June -1998)**

1348. A young boy, Rahul presents with massive hemetemesis. He had fever for 15 days few days back which was treated with few drugs. Clinical examination reveal moderate splenomegaly) No other history is positive) Probable diagnosis is A. Drug induced gastritis B. Oesophageal tear C. Bleeding duodenal ulcer D. Oesophageal varices **(hematemesis diagnosis)** **(AIIMS PGMEE NOV-2001)**

1349. A patient of esophageal varies with liver span of 19 cm. Likely causes: A. Haemochromatosis B. Alcoholic liver disease C. Veno-occlusive disease D. Post necrotic cirrhosis **E.** Budd- chiary syndrome **(hematemesis diagnosis)**.....**(PGI - DEC 2004)**

ANSWERS

1343). B 1344). B 1345). D 1346). A 1347). B 1348). D 1349). B

1350. A 45 - year old cirrhotic patient presented with severe haematemesis. The management of choice is : A. Whole blood transfusion is the best B. Colloids are preferred over crystalloids C. Normal saline infusion D. IV fluid with diuretics **(hematemesis management)**.....**(AIIMS PGMEE JUNE -1999)**

1351. A 40 year old patient, a known case of cirrhosis develops acute episode of Gl bleed .Initial therapy given for 6 hours. Which of the following procedure is useful: A. Nasogastric aspiration B. Urgent endoscopy C. Sedation D. Ultrasound **(hematemesis management)**.....**(AIIMS PGMEE JUNE -1999)**

1352. A vasopressin analogue does not produce therapeutic effect through vasopressin V-2 receptor in which of the following: A. Central diabetes insipidus. B. Bleeding esophageal varices. C. Type I van Willebrand's disease. D. Primary nocturnal enuresis, **(hematemesis management)**.....**(AIIMS PGMEE MAY - 2003)**

1353. All can be used as endoscopic sclerosants in the treatment of variceal bleeding, EXCEPT A. Polydochyl B. Cynoacrylate C. Alcohol j D. Acetic acid **(hematemisis management)**.....**(AIIMS PGMEE NOV-2001)**

1354. An 18 yr old male presents with massive hematemesis;he has history of fever for the past 14 days for which he was managed with I drugs; moderate spleenomegaly is present; diagnosis is: A. NSAID induced duodenal ulcer B. Drug induced gastritis C. Esophageal varices D. None of the above, **(hematemisis management)**.....**(AIPGMEE - 2001)**

1355. In hepatic cirrhosis, which of the following is increased: A. Alpha 1 globulin B. Alpha 2 globulin C. Gamma globulin D. All of the above **(lab)**.....**(PGI-JUNE 1997)**

1356. A child presents with massive hemetemesis and systemic hypotension) He has no fever or other significant history) Examination reveal massive splenomegaly but no hepatomegaly)Likely diagnosis is A. Hepatocellular carcinoma B. Bleeding duodenal ulcer) C. Oesophageal varices D. Non-cirrhotic portal fibrosis **(ncpf)**.....**(AIIMS PGMEE NOV - 2001)**

1357. Which of the following is the most common presenting symptom of non-cirrhotic portal hypertension? A. Chronic liver failure B. Ascites C. Upper gastrointestinal bleeding D. Encephalopathy **(ncpf)**.....**(AIPGMEE - 2006)**

1358. In patients with cirrhosis of the liver the site of obstruction in the portal system is in the : A. Hepatic vein B. Post sinusoidal C. Extra hepatic portal vein D. Sinusoids **(portal hypertension)**.....**(AIPGMEE - 2004)**

1359. Normal portal venous pressure is A. 3-5 cm saline B. 5-10 cm saline C. 10-15 cm saline D. 15-20 cm saline **(portal hypertension)**.....**(AIPGMEE -1994)**

1360. Which of the following statement are correct of cirrhosis : A. Antimitochondria! antibodies positive in primary biliary cirrhosis B. In [late stage of PSC treatment is liver transplantation C. In advanced stages major blood supply is through hepatic vein D. Elevated lipoprotein-X in **PBC (primary biliary cirrhosis)**.....**(PGI - DEC 2003)**

1361. In patients with acute liver failure, the best prognostic indicator is A. Serum albumin B. Serum alpha feto protein C. Serum bilirubin D. Factor V estimation **(prognosis)**.....**(AIIMS PGMEE MAY-2001)**

TOPIC 2: PANCREATITIS

1362. Most common complication of acute pancreatitis is: A. Pancreatic abscess B. Pseudocyst C. Phlegmon D. Pleural effusion **(complications)**.....**(AIIMS PGMEE - MAY 1995)**

1363. Cause of sudden loss of vision in alcoholic pancreatitis is: a. Central retinal artery obstruction b. Acute congestive glaucoma C. Purstchner retinopathy d. Sudden alcohol withdrawl **(complications)**.....**(AIIMS PGMEE JUNE - 1999)**

1364. Cause of acute loss of vision in a patient of alcoholic pancreatitis is: A. Purstchner's Retinopathy B. Sudden Alcohol Withdraw! C. Acute Congestive Glaucoma D. Central Retinal Artery Obstruction (CRAO) **(complications)**.....**(AIPGMEE - 2000)**

1365. Cause of acute loss of vision in a patient of alcoholic pancreatitis is A. Purtscher's retinopathy B. Sudden alcohol withdrawal C. Acute congestive glaucoma D. CRAO **(complications)**.....**(AIPGMEE -1995)**

1366. All are true about pseudopancreatic cyst except: A. Not lined by epithelium B. Resolves spontaneously C. Raised amyiase leve not persistent D. CT and ultrasound helps in diagnosis **(complications)**.....**(PGI - 1999 - Dec)**

1367. All the following are causes of Acute Pancreatitis except A. Gall stones B. Alcohol C. Hemochromatosis D. Hypercalcemia **(etiology)**.....**(AIPGMEE -1994)**

1368. Increased amylase may be seen in all of the following except: A. Pancreatic pseudocyst B. Appendicitis C. Perforated peptic ulcer D. Ruptured ectopic pregnancy **(ranson criteria)**.....**(AIPGMEE - 1997)**

1369. Ranson's criteria for prognosis in acute pancreatitis include all except: A. WB016,000 cells/cumm B. Age over 55 years C. AST>250U/100ml D. S.amylase>350I.U. **(ranson criteria)**.....**(AIPGMEE - 1998)**

1370. Worst Prognostic indicator of acute pancreatitis A. Hypercalcemia B. Hypocalcemia C. Raised amyiase level D. Glycosuria **(ranson criteria)**.....**(PGI - 1999 - Dec)**

1371. Medical treatment of pancreatitis are all, except A. Cholestyramine **B.** Aprotinin C. Calcium **D.** Glucagon **(treatment)** **(AIIMS PGMEE - MAY -1994)**

1372. Raised serum amylase levels are used to diagnose A. Autoimmune disease B. Degenerative diseases C. Acute cholecystitis D. Acute pancreatitis.....**(AIIMS PGMEE - MAY 2004)**

1373. Lactate dehydrogenase is increased in: A. Ac pancreatitis **B.** MI C. Pneumothorax **D.** Cystic fibrosis **(ranson criteria)** **(PGI-JUNE 1997)**

ANSWERS

1350). A 1351). B 1352). B 1353). D 1354). C 1355). C 1356). D 1357). C 1358). D 1359). C 1360). A 1361). D 1362). B 1363). C 1364). A 1365). A 1366). C 1367). C 1368). B 1369). D 1370). B 1371). A 1372). D 1373). A

1374. Definitive diagnosis of acute pancreatitis Is done by : A. Amylnse B. Lipase C. S. alkaline phosphatuse D. Increaased Ca++ E. Hyperglycemia **(ranson criteria)**.....**(PGI - JUNE 2005)**

1375. Serum amylase level Is raised in A/E: A. Blocked salivary duct B. Ruptured ectopic C. Appendicitis D. Pancreatitis **(ranson criteria)**.....**(PGI - June -1998)**

TOPIC 3 : CELIAC DISEASE

1376. Celiac disease asso. with : A. Dermatitis herpetiforms B. Type 1 DM C. Lymphoma D. Atrophic gastritis E. ffiD.....**(PGI - DEC 2006)**

1377. What a patient with gluten hypersensitivity can consume : A. Rice **B.** Barley C. Oat **D.** Corn **E.** Rye.....**(PGI - DEC 2006)**

1378. Which docs not cause malabsorption in India: A. Tropical sprue B. Amoebiasis C. Giardiasis D. Intestinal TB**...(PGI - JUNE 1997)**

1379. Selective protein loss is seen in A. Celiac disease B.Giardiasis C.Lymphangiectasis D.Tropical sprue**..(AIIMS PGMEE MAY 1994)**

1380. Which of the following ciruclating antibodies has the best sensitivity and specificity for the diagnosis of celiac disease? A. Anti-endomysial antibody B. Anti-tissue transglutaminase antibody C. Anti-gliadin antibody D. Anti-reticulin antibody **(AIIMS PGMEE-MAY2006)**

1381. 30 year male with chronic diarrhoea, anemia, raised liver enzymes. Most likely associated with A. Antimitochondrial antibody B. Anti-endomysial antibody C. Anti-smooth muscle antibody D. Antinuclear antibody.....**(AIIMS PGMEE - MAY 2007)**

1382. A 12 year old girl has history of recurrent bulky stalls and abdominal pain since 3 year of age. She has moderate pallor and her weight and height are below the 3rd percentile. Which of the following is the most appropriate investigation to make a specific diagnosis? A. Small intestinal biopsy B. Barium studies C. 24-hr- fecal fat estimation D. Urinary d-xylose test **(AIIMS PGMEE-NOV2004)**

1383. A 30 year old lady presents with features of malabsorption and iron deficiency anaemia. Duodenal biopsy shows complete villous atrophy. Which of the following antibodies is likely to be present - A. Antiendomysial antibodies B. Anti-goblet cell antibodies C. Anti-Saccharomyces cerevisae antibodies D. Antineutrophil cytoplasmic antibodies.....**(AIIMS PGMEE - NOV 2005)**

TOPIC 4: IBP

1384. Crohn's disease may be caused by which one of the following infectious agents: A. Clostridium difficle B. Mycobacterium paratuberculosis C. Cytomegalo virus (CMV) D. Mycoplasma **(chrons etiology)**.....**(AIPGMEE - 2008)**

1385. Which one of the following conditions commonly predisposes to Colonic carcinoma? A. Ulcerative colitis. B. Crohn's disease. C. Diverticular disease. D. Ischaemic colitis, **(complication uc)**.....**(AIPGMEE - 2005)**

1386. All of the following conditions are premalignant except A. Ulcerative colitis B. Crohn's disease C. Bronchiectasis **D.** Paget disease of bone **(complication uc)**.....**(AIPGMEE -1999)**

1387. A 25 yrs women presents with bloody diarrhea & is diagnosed as a case of Ulcerative colitis. Which of the following condition is not associated: A. Sclerosing cholengitis **B.** Iritis C. Ankylosing spondylitis D. Pancreatitis **(complication uc)**.....**(AIPGMEE - 2002)**

1388. Which of the following is associated with malignancy : A. Hyperplastic adenoma B. Villous adenoma C. Crohn's adenoma D. Ulcerative colitis **E.** Familial polyposis coli **(complication uc)**.....**(PGI - 2001 - Dec)**

1389. Extra Intestinal manifestation* of crolm's disease : A. Uveitis B. Selcrosing cholungiliti C. Osteoarthritis D. Skin nodules **(complication uc)**.....**(PGI - JUNE 2005)**

1390.A 25 year old male presents with a history of chronic diarrheA) Pathological examination reveals cryptitis and crypt abscesses. The likely diagnosis is: A. Crohn's disease B. Ulcerative colitis C. Giardiasis D. Microscipic colitis **(crohn histology)..(AIPGMEE - 2008)**

1391. The presence of anti-Saccharomyces cerevisae antibody is a surrogate marker of one of the following: A. Celiac disease B. Crohn's disease C. Ulcerative colitis D. Tropical sprue **(lab)**.....**(AIPGMEE - 2006)**

1392. What is drug of choice for ulcerative colitis : A. Salazopyrine B. Pedinisolone C. Sulphasalazine D. 5-amino salicylic acid **(treatmentuc)**.....**(AIIMS PGMEE - MAY 1995)**

1393. Drug effective in ulcerative colitis is : A. 5 amino salicyclic acid (5-ASA) B. Steroids C. Salazopyrin D. Antibiotics **(treatmentuc)**.....**(AIIMS PGMEE - FEB -1997)**

1394. A 41 year old male patient presented with recurrent episodes of bloody diarrhea for 5 years. Despite regular treatment with adequate doses of sulfasalazine, he has had several exacerbations of his disease and required several weeks of steroids for the control for flares. What should be the next line of treatment for him? A. Methotrexate B. Azathioprine C. Cyclosporine D. Cyclophospha-mide **(treatmentuc)**.....**(AIIMS PGMEE NOV - 2003)**

TOPIC 5: JAUNDICE

1395. True about criggler Najjar type II syndrome is: A. Diglucuronide deficiency B. Recessive trait C. Kernicterus is seen D. Phenobarb not useful **(criggler najar)**.....**(PGI - 1997 - Dec)**

1396. The test used to diagnose Dubin Johnson syndrome is: A. Serum transminases B. Bromsulphalein test (BSP) C. Hippurate test D. Gamma glutamyl transferase level **(dubin johnsin)**.....**(AIPGMEE - 2007)**

1397. Following are causes of unconjugated hyperbilirubinemia, EXCEPT A. Hemolytic anemia B. Large hematoma C. Rotor syndrome D. Megaloblastic anemia **(etiology)**.....**(AIIMS PGMEE - DEC 1994)**

1398. Bland cholestasis is seen with A. OCP B. Androgen C. Chlorpromazine D. Erythromycin **(etiology)**.....**(PGI - DEC 2004)**

ANSWERS

1374). B 1375). C 1376). A 1377). A 1378). A 1379). C 1380). A 1381). B 1382). A 1383). A 1384). A 1385). A 1386). C 1387). D 1388). B 1389). ALL 1390). B >A 1391). B 1392). D 1393). A 1394). B 1395). A 1396). B 1397). C 1398). A

1399. A male child with gall bladder stone has Hb-6 gm%, serum bilirubin 2.5 mg % and high urobilinogen in urine . The diagnosis is : A. Haemolytic jaundice B. Obstructive jaundice C. Secondary biliary cirrhosis D. Hepato cellular jaundice **(lab)**
(AIIMS PGMEE JUNE-1999)

1400. A 30 year - old male has jaundice. Blood examination shows total serum bilirubin 21 mg%, direct bilirubin 9.6 mg % and alkaline phosphatase 84 KA units . The Diagnosis is :- A. Haemolytic jaundice B. Viral hepatitis C. Chronic active hepatitis D. Obstructivejaundice **(lab) (AIIMS PGMEE JUNE -1999)**

1401. A 56-year old man presents to his internist with jaundice. The patient is receiving no medication and his only symptomatic complaints is mild fatigue over the past 2 months. Physical examination is remarkable only for the presence of scleral icterus. The patient has no significant past medical history. Analysis of serum chemistry reveals the following : SGOT : 0.58 microkat/L (35U/L) SGPT : 0.58 microkat/L (35U/L) Total bilirubin: 91.7 micron mol/L (7mg/dL) Direct Bilirubin:85.5 micron mol/L (5 mg/dL) Alkaline phosphatase: 12micronkat/L(720U/L) Which of the following is the next most appropriate diagnostic step ? A. Ultrasound B. Liver biopsy C. Review of peripheral blood smear D. Endoscopic retrograde cholangiopan-creatography (ERCP) **(lab)**.....**(AIIMS PGMEE NOV - 1999)**

1402. A young pt presents with jaundice.Total bilirubin is 21, direct is 9.6, alkphos is84 KA units. Diagnosis is: A. Hemolytic jaundice B. Viral hepatitis C. Chronic active hepatitis D. Obstructivejaundice **(lab)**.....**(AIPGMEE - 2001)**

1403. A young male with gallbladder stones shows the following test results; serum bilirubin 2.5, Hb 6; urine test positive for urobilinogen;diagnosis is: A. Hemolytic jaundice B. Obstructive jaundice C Hepatocellular jaundice D. Protoporphyria **(lab)**
(AIPGMEE-2001)

1404. Unconjugated hyperbilirubinemia A. 85% of the total should be indirect B. Hemolytic anemia C. - Haemoglobin destruction (t bilirubin production) D. 50% of the total should be indirect E. It is seen in Biliary atresia and neonatal hepatitis **(pathophysiology)**
(PGI-DEC 2005)

1405. Conjugated hyperbilirubinemia is seen in: A. Gilbert' syndrome B. Criggler Najj ar syndrome C. Breast milk jaundice D. Dubin Johnson syndrome.....**(AIIMS PGMEE - MAY 2006)**

TOPIC 6: CELIAC DISEASE

1406. A patient presents with chronic small bowel diarrhea, Duodenal biopsy shows villous atrophy. Anti endomysial antibodies and IgA TTG antibodies are positive. What is the treatment of choice ? A. Gluten free diet B. Antibiotics C. Loperamide D. 5-ASA
(AIPGMEE-2007)

1407. Proved association of celiac sprue is with : A. Dermatitis herpetiformis B. Scleroderma C. Pemphigus D. Pemphigoid
(PGI-2000 -Dec)

1408. The grain which can be used safely in Celiac sprue is : A. Corn B. Rye C. Soyabean D. Rice E. Barley.....**(PGI - 2001 - Dec)**

1409. Celiac sprue diagnosed by: A. Intestinal biopsy B. Unequivocal response to gluten restriction C. Finding of organism D. Improvement on dapsome treatment E. H/O fat mal absorption.....**(PGI - DEC 2002)**

TOPIC 7: ALCOHOLISM

1410. Which of the following enzyme assay is useful to diagnose alcoholism A. SGOT B. SGPT C. Alkaline phosphatase D. Glutamyl aminotransferase.....**(AIIMS PGMEE - DEC 1994)**

1411. Which is not true about alcoholic hepatitis : A. Gamma glutamyl transferase is raised B. SGP'T is raised C. SGOT is raised D. Alkaline phosphatase is raised I -5.....**(AIIMS PGMEE - MAY 1995)**

1412. Alcohol induced testicular atrophy A. Occurs due to increase in blood viscosity B. Occurs due to peripheral neuropathy C. Occurs due to hepatic involvement D. Occurs due to veno-occlusion.....**(AIIMS PGMEE - MAY - 1994)**

1413. A 36 yrs old female who is chronic alcoholic feels that she can hear voices commanding her to do thing and has difficulty in falling sleep. Diagnosis is- a. Delirium tremens b. Depression c. Alcoholic hallucinosis d. Wernicke's encephalopathy
(AIIMS PGMEE JUNE-2000)

1414. Which of the following drug is given for detoxification of alcohol in chronic alcoholics a. Haloperidol b. Naltrexone c. Chlordiazepoxide d. Buprenorphine.....**(AIIMS PGMEE JUNE - 2000)**

1415. A 40 year old male, with history of daily alcohol consumption for the last 7 years, is brought to the hospital emergency room with acute onsent of seeing snakes all around him in the room, not recognizing family members, violent behavior and tremulousness for few hours. There is history of his having missed the alcohol drink since 2 days. Examination reveals increased blood pressure, tremors, increased psychomotor activity, fearfiil affect, hallucinatory behaviour, disorientation, impaired judgement and insight.He is most likely to be suffering from: A. Alcoholic hallucinosis. B. Delirium tremens. C. Wernicke encephalopathy. D. Korsakoff's psychosis
(AIPGMEE-2005)

1416. A female taking alcohol is more prone to develop toxiL-ity and cirrhosis compare with mule when saint amount of alcohol taken due to: A. leU alcohol dehydrogenase in stomach B. Ted absorption C. Congenital D. Genetic factors E Large body size
(PGI - DEC 2002)

TOPIC 8: METABOLIC ENCEPHALOPATHY

1417. Metabolic encephalopathy presents with A. Broca's aphais B. Anomic aphasia C. Transcortical sensory aphasice D. transcortical motor aphasia.....**(AIIMS PGMEE JUNE -1999)**

ANSWERS

1399). A 1400). D 1401). A 1402). D 1403). A 1404). A 1405). D 1406). A 1407). A 1408). A 1409). B 1410). NONE 1411). NONE 1412). C 1413). C 1414). C 1415). B 1416). A 1417). B

1418. Hepatic-encephalopathy may be precipitated by all of the following except: A. Anemia B. Barbiturates C. Hyper kalemia D. Hypothyroidism.....**(AIPGMEE -1999)**

1419. In metabolic encephalopathy, feature Is: A. Tonic clonic seizures B. Chorea C. Asterixis D. Paraplegia.....**(PGI - JUNE 1997)**

1420. Hepatic encephalopathy is predisposed by A. TK+ B. Dehydration C. Constipation D. G.I. Bleeding E. S.B.P.....**(PGI - JUNE 2003)**

1421. Which of the following is not a precipitating factor for hepatic encephalopathy in patients with chronic liver disease? A. Hypokalemia B. Hyponatremia C. Hypoxia D. Metabolic acidosis.....**(AIIMS PGMEE - MAY 2005)**

1422. The causes of systemic secondary insult to injured brain include all of the following except: A. Hypercapnia B. Hypoxaemia C. Hypotension D. Hypothermia.....**(AIIMS PGMEE - MAY 2006)**

1423. A symmetric high-voltage, triphasic slow wave pattern is seen on EEG in the following: A. Hepatic encephalopathy B. Uremic encephalopathy C. Hypoxic encephalopathy D. Hypercarbic encephalopathy.....**(AIIMS PGMEE - MAY 2006)**

TOPIC 9 : MALABSORPTION SYNDROMES

1424. A 41 year old patient presented with chronic diarrhoea for 3 months. A d-xylose absorption test was ordered to look for: A. Carbohydrate malabsorption due to mucosal disease. B. Carbohydrate malabsorption due to chronic pancreatitis C. Fat malabsorption dure to mucosal disease. D. Fat malabsorption due to chronic pancreatitis.....**(AIIMS PGMEE NOV - 2002)**

1425. Best test for Small intestine malabsorption of carbohydrates is: A. Lund meal test: B. Shilling test C. D-Xylosetest D. Follacintest.....**(AIPGMEE** -1997)

1426. False positive D-xylose test seen in : A. Blind loop syndrome B. Ascites C. Renal failure D. Antibiotic therapy E. Pyloric stenosis.....**(PGI - DEC 2006)**

1427. Alpha chain disease is detected by: A. M component in serum B. Jejunal biopsy C. Light chain in lumen of jejunum D. All of the above **(PGI - June -1998)**

1428. False positive D-xylose test is seen in: A. Ascites B. Blindloop syndrome C. Renal failure D. Aspirin E. Hepatic failure **(PGI - June -2001)**

1429. The short bowel syndrome is characterized by all of the following except : A. Diarrhea B. Hypogastrinemia C. Weight loss D. Steatorrhoea.....**(AIPGMEE - 2004)**

TOPIC 10: PEPTIC ULCER

1430. A patient presents with tachy cardia, BP<100mm systolic and postural hypotension. Diagnosis is- a. Vasovagal attack b. Diabetic neuropathy c. Shy drager syndrome d. Bleeding peptic ulcer.....**(AIIMS PGMEE JUNE - 2000)**

1431. Which of the following statements about peptic ulcer disease is true. A. Helicobacter pylori eradication increases the likelihood of occurrence of complications. B. The incidence of complications has remained unchanged. C. The incidence of Helicobacter pylori reinfection in India is very low. D. Helicobacter pylori eradication does not alter the recurrence ratio.....**(AIIMS PGMEE MAY - 2003)**

1432. A 70-year old male patient presented to the emergency department with pain in epigastrium and difficulty in breathing for 6 hours. On examination, his heart rate was 56 per minute and the blood pressure was 106/60 mm Hg. Chest examination was normal. The patient has been taking omeprazole for gastroesophageal reflux disease for last 6 months. What should be the intial investigation - A. An ECG B. An upper GI endoscopy C. Urgent ultrasound of the abdomen D. An x-ray chest.....**(AIIMS PGMEE - NOV 2005)**

1433. AH of the following are true regarding a patient with acid peptic disease except A. Misoprostol is the drug of choice in patients on NSAIDS B. DU is preventable by the use of single night time H2 blockers C. Omeprazole may help ulcers refractory to H2 blockers D. Mesoprostol is DOC in pregnant patients.....**(AIPGMEE - 2001)**

1434. Stress ulcers seen in burns are ; A. Curling's ulcer B. Cushing's ulcer C. Meleney's ulcer D. Rodent ulcer.....**(PGI - 2000 - Dec)**

TOPIC 11 : ZOLLINGER ELLISON SYNDROME

1435. Drug of choice in Zolfinger Ellison syndrome is : A. Ranitidine B. Omeprazole C. Antacids D. B-blocker **(AIIMS PGMEE - MAY 1995)**

1436. Treatment of choice for Zollinger Ellison Syndrome (ZES) is: A. PPI B. Somatostatin analogues C. Streptozocin D. Sucralfate.....**(AIPGMEE** - 2007)

1437. Most important investigation for diagnosis of ZolHnger Ellison-syndrome is: A. Ca"* infusion test B. Secretin injection test C. ACTH stimulation test s D. Steroid assay".....**(AIPGMEE - 1999)**

1438. The triad originally described by Zollinger Ellison syndrome is characterized by: A. Peptic ulceration, gastric hypersecretion, non beta cell tumour B. Peptic ulceration, gastric hypersecretion, beta cell rumour C. Peptic ulceration, achlorhydria, non beta cell tumour D. Peptic ulceration, achlorhydria, beta cell tumour.....**(AIPGMEE - 2002)**

1439. Which of the following does not occur in a patient with gastrinoma? A. Epigastric pain B. Diarrhoea C. Basal acid output (BAO) less than IS mEq/ litre D. Serum gastrin levels >200 pg/ml.....**(AIIMS PGMEE - MAY 2005)**

1440. All are true regarding Zollinger Ellison syndrome, EXCEPT: A. Diarrhoea B. Recurrence after operation C. Hypergastrinemia D. Decreased ratio of BAO to MAO.....**(AIIMS PGMEE - DEC 1**997)

ANSWERS

1418). C 1419). C 1420). B 1421). D 1422). D 1423). A 1424). A 1425). C 1426). A 1427). B 1428). A 1429). B 1430). D 1431). B 1432). A 1433). D 1434). A 1435). B 1436). A 1437). B 1438). A 1439). C 1440). D

TOPIC 12 : BUDD CHIARI SYNDROME

1441. Most common cause of Budd Chiari syndrome Is A. Idiopathic B. Valves in hepatic veins C. Hepatocellular carcinoma D. Thrombosis of hepatic veins..... **(AIIMS PGMEE - MAY - 1994)**

1442. What is the most common cause for Budd chiari syndrome: A. Right ventricular failure B. PNH C. Valve in hepatic veins D. Polycythemia vera..... **(AIIMS PGMEE NOV-2000)**

1443. In Budd Chiari syndrome, the site of venous thrombosis is : A. Intrahepatic inferior vena cava B. Infrarenal inferior vena cava C. Hepatic veins D. Portal veins..... **(AIPGMEE - 2004)**

1444. Budd-chiari syndrome is most commonly due to: A. Hepatic vein obstruction B. Acute portal hypertension C. Congenital portal hypertension D. IVC-obstruction..... **(AIPGMEE - 1999)**

1445. Commonest cause of Budd Chiary syndrome is A. Valve in the IVC B. Hepatocellular carcinoma C. Paroxysmal nocturnal hemoglobinuria D. Renal cell carcinoma..... **(AIPGMEE - 1997)**

TOPIC 13: CARCINOID

1446. Followings are the symptoms of carcinoid symptoms: A. Wheezing B. Flushing C. Cyanosis D. Clubbing E. Diarrhoea **(PGI-DEC 2002)**

1447. Carcinoid syndrome produces valvular disease primarily involving: A. Pulmonary valves awns p£fmee questions - May., 2005 B. Tricuspid valves C. Mitral valve D. Aortic valve..... **(AIIMS PGMEE - MAY 2005)**

1448. Carcinoid syndrome produces valvular disease primarily of the A. Venous valves B. Tricuspid valve C. Mitral valve D. Aortic valve **(AIIMS PGMEE - MAY 2004)**

1449. Carcinoid tumour is most common in A. Esophagus B. Stomach C. Jejunum D. Appendix..... **(AIIMS PGMEE - MAY 2004)**

1450. In carcinoid syndrome, the part of heart mostly affected is A. Outflow tract of RV B. Inflow tract of RV C. Inflow tract of LV D. Outflow tract in LV..... **(PGI-1997-Dec)**

TOPIC 14: HEPATITIS

1451. Ratio of AST/ALT > 1 present in A. Non alcoholic steatohepatitis B. Alcoholic hepatitis C. Wilson's disease D. All of the above **(AIIMS PGMEE - MAY 2007)**

1452. Following liver transplantation, recurrence of primary disease in the liver most likely occurs in - A. Wilson's disease B. Autoimmune hepatitis C. Alpha-1 antitrypsin deficiency D. Primary biliary cirrhosis..... **(AIIMS PGMEE - NOV 2005)**

1453. A 50 year old lady presented with history of pain upper abdomen, nausea, and decreased appetite for 5 days. She had undergone cholecystectomy 2 years back. Her bilirubin was 10 mg/dl, SGOT 900 IU/ISGPT 700IU/I and serum alkaline phosphatase was 280 III/I. What is the most likely diagnosis - A. Acute pancreatitis B. Acute cholangitis C. Acute viral hepatitis D. Posterior penetration of peptic ulcer **(AIIMS PGMEE - NOV 2005)**

1454. Micronodular cirrhosis is commonly seen in all except, A. Chronic hepatitis B B. Alcoholic liver disease C. Hemochromatosis **D.** Chronic extrahepatic biliary obstruction..... **(AIIMS PGMEE - NOV 2007)**

TOPIC 15: REYE SYNPROME

1455. Reye's syndrome is characterized by : A. Viral infection is seen B. Present as deep jaundice C. Ted Blood urea D. Cerebral edema **E.** Micro vesicular fatty infiltration..... **(PGI - DEC 2003)**

1456. True about Reye's syndrome ? A. Micro vesicular fatty infiltration B. Hepatic encephalopathy C. Brain edema D. Hypoglycemia **(PGI-JUNE 2005)**

1457. Feature of acute fulminant hepatic failure includes: A. Hyperglycemia B. Hepatorenal syndrome C. Hypermagnesemia D. Mostly drug induced E. Fetor hepaticus..... **(PGI - June -2001)**

1458. In a child with actue liver failure, the most important prognostic factor for death is: A. Increasing transaminases B. Increasing bilirubin C. Increasing prothrombin time D. Gram negative sepis..... **(AIIMS PGMEE - MAY 2006)**

TOPIC 16: FATTY LIVER

1459. Non-alcoholic steatohepatitis seen in : A. DM B. Obesity C. IHD D. Gall stone E. Hyper tryglyceridemia..... **(PGI - JUNE 2005)**

1460. Which of the following is true regarding nonalcoholic fatty liver A. Seen in diabetic B. Clofibrate is used in treatment C. Comonnest cause of cryptogenic cirrhosis D. Associated with transaminitis..... **(PGI - June -2001)**

1461. All of the following are causes of microvesicular fatty liver except: A. Reye's syndrome B. Obesity C. Actue fatty liver of pregnancy **D.** Valproic acid..... **(AIIMS PGMEE - MAY 2005)**

TOPIC 17 : HEPATORENAL SYNDROME

1462. Hepatorenal syndrome features are: A. Urine sodium <10 mEq/L. B. Normal renal histology C. Renal function abnormal even after liver becomes normal. D. Proteinuria <500 mg/day..... **(PGI - JUNE 2006)**

ANSWERS

1441). D 1442). D 1443). C 1444). A 1445). C 1446). A 1447). B 1448). B 1449). D 1450). B 1451). B 1452). B 1453). C 1454). A 1455). A 1456). ALL 1457). B 1458). C 1459). A 1460). A 1461). B 1462). A

1463. Which is useful to decrease mortality and renal failure in acute liver disease due to alcoholism A. Pentoxyfylline B. Orlistat C. S-Adenosyl methionine D. Syrlamysin.....**(AIIMS PGMEE - MAY 2007)**

1464. Which of the following statements is incorrect with regard to heptorenal syndrome in a patient with cirrhosis - A. The creatinine clearance is > 40 ml/min B. The urinary sodium is less than 10 mmol/L C. The urine osmolality is lower than the plasmaosmolality D. There is poor response to volume expansion.....**(AIIMS PGMEE - NOV 2004)**

TOPIC 18 : IRRITABLE BOWEL SYNDROME

1465. True about Irritable bowel syndrome : A. Associated with anxiety B. Stress predisposes C. Constipation D. Diurrheu **(PGI-JUNE 2005)**

1466. Which one of the following is not a feature of irritable bowel syndrome? A. Abdominal pain B. Constipation C. Rectal bleeding **D.** Bloating.....**(AIIMS PGMEE - MAY 2005)**

TOPIC 19 : PEUTZ JEGHER SYNDROME

1467. A girl presents with complaints of malena. On examination there are pigmented lesions involving her mouth and lips. Two of her sisters also had similar complaints. Which of the following is the most probable diagnosis: A. Kornkhite Canada syndrome B. Puetz Jegher's syndrome C. Gardner's syndrome D. Turcot's syndrome.....**(AIIMS PGMEE NOV - 2000)**

1468. Which of the following colonic polyps is not pre- malignant? A Juvenile polyps B. Ham artomatous polyps associated with Peutz-Jeghers Syndrome C. Villous adenomas D. Tubular adenomas.....**(AIPGMEE - 2006)**

1469. A 25-year old male had pigmented macules over the plam, sole and oral mucosa. He also had anemia and pain in abdomen. The most probable diagnosis is: A. Albright's syndrome B. Cushing's syndrome C. Peutz-Jegher's syndrome D. Incontinentia pigmenti.....**(AIIMS PGMEE - MAY 2005)**

TOPIC 20 : WHIPPLE DISEASE

1470.Histopathological findings in Whipple's disease include all of the following Except: A. Marked increase in the number of macrophages in the mucosa B. Marked increase in the number of intraepithelial lymphocytes C. Dilatation of Lymphatics in the mucosa D. Lipid deposition in the mucosa.....**(AIPGMEE - 2008)**

1471. Most common CNS manifestation of Whipple's disease is: A. Cerebellar ataxia B. Supranuclearophthalmoplegia C. Seizure D. Dementia.....**(AIPGMEE -1999)**

1472. In which of the following conditions of malabsorption, an intestinal biopsy in diagnostic? A. Celiac disease B. Tropical sprue C. Whipple's disease D. Lactose intolerance.....**(AIIMS PGMEE - MAY 2005)**

TOPIC 21 : DIFFUSE ESOPHAGEAL SPASM

1473. Diffuse esophageal spasm is best diagnosed by A. Endoscopy B. Manaometry C. Barium swallow D. CT.....**(AIPGMEE - 2008)**

1474. A 30 year old female patient presents with non progressive dysphagia, for both solids and liquids. The charachteristic finding on baruim swallow that will confirm the probable diagnosis is: A. Dilated esophagus with narrow lower end (Rat tail esophagus) B. Multiple sacculations and pseudodiverticulae (Corkscrew esophagus) C. Narrow and irregular esophageal lumen D. Stricture ulcer in the esophagus.....**(AIPGMEE - 2008)**

TOPIC 22 :GI BLEEDING

1475. The amount of GI bleed that can be detected by angiography : A. 0.5 ml/min B. 0.1 ml/min C. 0.05 ml/min D. 5 ml/min E. 2 ml/min **(PGI-DEC 2004)**

1476. Which of the following is the commonest cause of lower GI bleed: A. Angiodysplasia B. Enteric fever C. Diverticulosis D. Colonic polyps E. Hemorrhoids.....**(PGI - DEC 2004)**

TOPIC 23: VIPOMA

1477. Diarrhoea is seen in A. Insulinoma B. Glucagonoma C. Vipoma D. All.....**(PGI - 1997 - Dec)**

1478. Regarding VIPOMA, true is : A. Watery diarrhea **B.** Hypochlorphydria C. Flushing D. Hyperkalemia.....**(PGI - June -2002)**

TOPIC 24: ASCENDING CHOLANGITIS

1479. Most common causative organism for ascending cholangitis is A. Streptococcus B. Proteus C. E. coli D. Anaerobes **(AIIMS PGMEE-DEC 1994)**

TOPIC 25: ASCITES

1480. Chylous acities is caused by all of the following except: A. Colloid carcinoma of stomach. B. Tuberculosis. C. Trauma. D. Nephrotic syndrome.....**(AIIMS PGMEE NOV - 2002)**

ANSWERS

1463). A 1464). A 1465). A 1466). C 1467). B 1468). A 1469). C 1470). B 1471). D 1472). C 1473). B 1474). B 1475). A 1476). E 1477). C 1478). A 1479). C 1480). A

MEDICINE

TOPIC 26: CHOLANGIOCARCINOMA

1481. Cancer caused by chronic parasitic infection; A. Cholangiocarcinoma B. Hepatic cell Ca C. Ca GB D. Ca pancreas **(PGI - June -1998)**

TOPIC 27: CONSTIPATION

1482. Intestinal hypomotility is seen in all the following except A. Diabetes B. Parkinsonism C. Amyloidosis D. All of the above **(AIPGMEE-1995)**

TOPIC 28: ESOPHAGEAL RUPTURE

1483. Most common cause of mediastinitis is: A. Tracheal rupture B. Esophageal rupture C. Drugs D. Idiopathic.....**(AIPGMEE - 1997)**

TOPIC 29: GALL STONES

1484. Risk factors fpr gall stones: A. Hormone replacement therapy B. Female sex C. OCP D. Acute weight loss.....**(PGI - DEC 2004)**

TOPIC 30: GARDNER SYNDROME

1485. True about Gardner's syndrome is except: A. CNS tumor **B.** Osteoma C. Dermoid tumour D. Colonic polyps..**(PGI - June -2000)**

TOPIC 31 : GASTRINOMA

1486. Somatostatin is secreted by : A. D-cell B. A-cell C. B-cell D. DI-cell.....**(AIIMS PGMEE - FEB - 1997)**

TOPIC 32 : GASTRITIS

1487. Which is not true about erosive gastritis: A. Endoscopy is investigation of choice B. Pain is absent C. It may be drug induced D. Barium meal may clinch the diagnosis.....**(AIIMS PGMEE - MAY 1995)**

TOPIC 33 :HIDA SCAN

1488. A patient presenting with jaundice the HIDA scan would be most useful for which of the following:- A. Biliary atresia B. Cholelithiasis C. Bile duct carcinoma D. Benign biliary disease.....**(AIIMS PGMEE MAY - 2002)**

TOPIC 34: LFT

1489. How will you check the quantitative assessment of liver function A. Degree of t Transaminases B. Degree of t Alkaline phosphatase C. Galactose metabolism.....**(PGI - DEC 2005)**

TOPIC 35: MENTRIERS DISEASE

1490. All are true regarding Menetrier's disease, EXCEPT A. Protein loss B. Exophytic growth C. Hypertrophy of gastric mucosa D. Premalignant condition.....**(AIIMS PGMEE - DEC 1994)**

TOPIC 36 : MESENTRIC ISCHEMIA

1491. "Intestinal angina" is a symptom complex of the following: A. Postprandial abdominal pain, weight loss, actue mesenteric vessel occlusion B. Postprandial abdominal pain, weight loss, chronic mesenteric vessel occlusion C. Preprandia abdominal pain, weight loss, chronic mesenteric vessel occlusion D. Preprandial abdominal pain, weight gain acute mesenteric vessel occlusion.....**(AIIMS PGMEE-MAY2006)**

TOPIC 37: PNUEMOBILIA

1492. Air in biliary tract is seen in all, Except: A. Gall stone ileus; B. Sclerosing cholangitis C. Carcinoma gall bladder D. Endoscopic papillotomy.....**(AIIMS PGMEE-MAY 1995)**

TOPIC 38 : PRIMARY BILIARY CIRRHOSIS

1493. Most common symptom of primary biliary cirrhosis is A. Pruritis B. Abdominal pain C. Jaundice **D.** Bleeding **(AIIMS PGMEE-SEP 1996)**

TOPIC 39 : PRIMARY SCLEROSING CHOLANGITIS

1494. Primary sclerosing cholangitis, true are: A, T Females B, Associated with IBD C. Involves intra & extrahepatic ducts D ERCP not helpful.....**(PGI-JUNE 2006)**

TOPIC 40 : TELENGECTASIA COLON

1495. All of the following statements stand true for telengiectasia of colon except: A. May be seen in person less than 40 years of age B. May be seen in person more than 60 years of age C. Common site is caecum D. 50% involve rectum.....**(AIPGMEE - 1998)**

ANSWERS

1481). A 1482). D 1483). B 1484). A 1485). A 1486). D 1487). D 1488). A 1489). C 1490). B 1491). B 1492). B 1493). A 1494). B 1495). D

TOPIC 1 : SLE

1496. All are true regarding Lupus anticoagulant, EXCEPT A. Increased abortions B. Arterial thrombosis C. Rashes D. Increased PT **(APLAS)**.....**(AIIMS PGMEE - NOV -1993)**

1497. Anti Phospholipid Syndrome (APS) is associated with all of the following Except: A. Pancytopenia B. Recurrent abortions C. Venous thrombosis D. Pulmonary hypertension **(APLAS)**.....**(AIPGMEE - 2008)**

1498. The following condition is not associated with an Anti-phopholipid syndrome: A. Venous thrombosis B. Recurrent foetal loss C. Thrombocytosis D. Neurological manifestations **(APLAS)**.....**(AIPGMEE - 2002)**

1499. Lupus anticoagulants may cause all of the following except: A. Recurrent abortion B. False+veVDRL results C. Increase prothrambin time D. Arterial thrombosis **(APLAS)**.....**(AIPGMEE - 1998)**

1500. True about antlphospholipid antibody syndrome is : A. Causes arterial thrombosis B. Causes recurrent abortion C. Recurrent intrauterine fetal loss D. Thrombocytopenia E. Prolonged a PTT **(APLAS)**.....**(PGI - 2001 - Dec)**

1501. Shrinking lung is seen in: A. Diffuse fibrosis B. Scleroderma C. SLE D. Rheumatoid arthritis **(COMPLICATIONS)...(PG11997 - Dec)**

1502. Characteristic feature of SLE is : A. Uveitis B. Joint deformity C. Polyserositis D. Cavitating lesion in lung **(COMPLICATIONS)**
(PGI- 1999 -Dec)

1503. Shrinking lung is a feature of : A. SLE B. Rheumatoid arthritis C. Scleroderma D. Sarcoidosis **(COMPLICATIONS)**
(PGI-June -1999)

1504. A female developed brown macule on the cheek, forehead and nose after exposure to light following delivery of a baby, the diagnosis is a. SLE b. Chloasma c. Photodermatitis d. Acne rosacea **(DIAGNOSIS)**.....**(AIIMS PGMEE JUNE - 2000)**

1505. Joint erosions are not a feature of A. Rheumatoid arthritis B. Psoriasis C. Multicentric reticulohistiocytosis D. Systemic lupus erythematosus **(DIAGNOSIS)**.....**(AIPGMEE - 2006)**

1506. Erosive arthritis is seen in all, except: A. SLE B. Gout C. Osteoarthritis D. Old age **(DIAGNOSIS)**.....**(AIPGMEE - 2000)**

1507. A 23-year old woman has experienced episodes of myalgias, pleural effusion, pericarditis and arthralgias without joint deformity over course of several years.The best laboratory screening test to diagnose her disease would be: A. CD4 lymphocyte count **B.** Erythrocyte sedimentation rate C. Antinuclear antibody D. Assay for thyroid hormones **(DIAGNOSIS)**.....**(AIPGMEE - 2003)**

1508. Features of SLE include all of the following except: A. Recurrent abortion B. Sterility C. Coomb's positive hemolytic anemia D. Psychosis **(DIAGNOSIS)**.....**(AIPGMEE -1998)**

1509. In SI,E, characteristic kidney lesion is: A. Mesangial proliteration B. Tubular fibrin deposits C. Wire loops D. IgG deposits **(HISTOLOGY)**.....**(PGI -1998 - Dec)**

1510. Anti-double stranded DNA is highly specific for: A. Systemic sclerosis B. S.L.E. C. Polymyositis D. Rheumatic sclerosis **(lab) (AIIMS PGMEE - JUNE -1997)**

1511. Drug induced lupus can be identified by: A Anti-histone antibodies B. Double stranded DNA antibodies C. Antinuclear antibodies D. Anti-SM antibodies **(lab)**.....**(AIPGMEE - 2006)**

1512. Deposition of Anti ds DNA Ab in kidney, skin, choroid plexus and joints is seen in: A. SLE B. Good pasture C. Scleroderma D. Raynauds disease **(lab)**.....**(AIPGMEE - 2007)**

1513. Best marker for drug induced lupus is, A. Anti histone antibodies B. Anti ds DNA C. ANA D. Anti Smith Ab **(lab)**.....**(AIPGMEE - 2007)**

1514. Specific antibody for SLE is : A. Anti-Ro B. Anti-Jo C. Anti-Sm D. Anti ds DNA E. Anti-La **(lab)**.....**(PGI - 2000 - Dec)**

1515. Anti-ds DNA is most specific for: A. SLE B. Rheumatoid Arthritis C. Scleroderma D. Polymyositis E. Sjogrens syndrome **(lab)**
(PGI-DEC 2003)

1516. In SLE, true are : A. Autoimmune hemolytic anaemia B. Joint joint deformity C. ted ANA D. Anti-dsDNA E. Raynaud's phenomena **(lab) (PGI-DEC2006)**

1517. A female presents with H/0 rash and polyarthritis. It may be associated with : A. ANA B. RA factor C. Bad obstetric history D. Increased APTT E. HLA-B27 **(lab)**.....**(PGI - June -2002)**

1518. Bad prognostic factors in Lupus Nephritis : A. Anti-ds DNA B. Hypocomplementemia C. Persistent proteinuria(>3gm/day) D. Anti-La(SS-B) **(LUPUS NEPHRITIS)**.....**(PGI - DEC 2003)**

1519. Indications of steroids in SLE are all except: A. Myocarditis B. Endocarditis C. Thrombocytopenia D. Neuropsychiatric symptoms **(TREATMENT)**.....**(AIPGMEE -1998)**

1520. In which of the following arthritis erosions are not seen: A. Rheumatoid arthritis B. Systemic lupus erthematosus (SLE) C. Psoriasis D. Gout.....**(AIIMS PGMEE - MAY 2005)**

1521. 30-year old Basanti presents with light brown lesions involving both her cheeks. The lesions had never been erythematous. Which of the following is the most probable diagnosis: A. SLE B. Chloasma C. Air borne contact dermatitis D. Photo sensitive reaction **(DIAGNOSIS)**.....**(AIIMS PGMEE NOV - 2000)**

ANSWERS

1496). C 1497). A 1498). C 1499). C 1500). A 1501). C 1502). C 1503). A 1504). B 1505). D 1506). A 1507). C 1508). B 1509). C 1510). B 1511). A 1512). A 1513). A 1514). C 1515). A 1516). A 1517). A 1518). B 1519). B 1520). B 1521). B

TOPIC 2 : RHEUMATOID ARTHRITIS

1522. Part of spine, involved in Rheumatoid arthritis is: A. Cervical B. Thoracic C. Lumbar D. Sacral **(DIAGNOSIS) (AIIMS PGMEE-FEB-1997)**

1523. A 45 year old coal mine worker presents with cutaneous nodules, joint pain and occasional cough with dyspnoea. His chest radiograph shows multiple small (1-4 cm) nodules in bilateral lung fields. Some of the nodules show cavitation and specks of calcification. Most likely these features are diagnostic of: A. Sjogrens syndrome B. Caplan's syndrome C. Silicosis D. Wegener's granulomatosis **(DIAGNOSIS)**.....**(AIIMS PGMEE NOV - 2003)**

1524. True about RA : A. HLADR4 B. HLA B27 C. Anaemia D. Subcutaneous nodules E. Joint deformity **(DIAGNOSIS) (PGI-JUNE 2005)**

1525. Regarding rheumatoid arthritis: A. More common in females B. Primarily affects cartilage C. Involves small points D. Presence of RA factor is diagnostic **(DIAGNOSIS)**.....**(PGI - June -2002)**

1526. Causative agent for rheumatoid arthritis is: A. Mycoplasma B. Mycobacaterium avium C. Yersinia D. Herpes virus **(ETIOLOGY)**.....**(AIPGMEE - 2008)**

1527. Which of the following HLA is specific to rheumatoid arthritis: A. HLADR, B. HLADR2 C. HLADR3 D. HLADR4 E. HLADR5 **(PATHOPHYSIOLOGY)**.....**(PGI - June -2001)**

1528. What is the indication of using systemic steroids in a case of rheumatoid arthritis A. Carpal tunnel syndrome B. Presence of deformities C. Mononeuritis multiplex D. Involvement of articular cartilage **(TREATMENT)**.....**(AIIMS PGMEE - MAY - 1994)**

1529. Which of the following is the most specific test for Rheumatoid arthritis A. Anti-ccp antibody B. Anti Igm antibody C. Anti IgA antibody **D.** Anti IgG antibody.....**(AIIMS PGMEE - NOV 2006)**

1530. Rheumatoid factor is : A. IgG B. IgM C. IgA D. IgD E. IgE **(PATHOPHYSIOLOGY)**.....**(PGI - DEC 2003)**

1531. All of the following are seen in inflammatory polyarthritis, except A. New bone formation B. Spontaneous flare C. Increased ESR D. Morning stiffness more than one hour **(DIAGNOSIS)**.....**(AIIMS PGMEE - MAY -1994)**

1532. Rheumatoid factor in rheumatoid arthritis is important because: A. RA factor is associated with bad prognosis B. Absent RA factor rules out the diagnosis of Rheumatoid arthritis C. It is very common in childhood Rheumatoid arthritis D. It correlates with disease activity **(DIAGNOSIS)**.....**(AIPGMEE - 2002)**

1533. Which part of the spine is most commonly affected in Rheumatoid arthritis A. Cervical B. Lumbar C. Thoracic D. Sacral **(DIAGNOSIS)**.....**(AIPGMEE -1994)**

1534. All the following are true about Rheumatoid arthriti except A. Positive for Anti-IgG antibody B. Juxta-articular osteoporosis C. Morning stiffness D. C Reactive protein indicates better prognosis **(DIAGNOSIS)**.....**(AIPGMEE - 1994)**

1535. Which of the following is true regarding Rheumatoid arthritis A. Typically involves small and large joints symmetrically but spares the cervical spine B. Causes pleural effusion with low sugar C. Pulmonary nodules are absent D. Enthesopathy prominent **(DIAGNOSIS)**.....**(AIPGMEE -1994)**

1536. Rheumatoid factor is A. 1 g G B. IgA C. 1 g D D. IgE E. 1 g M **(PATHOPHYSIOLOGY)**.....**(PGI - DEC 2004)**

1537. Gold salts can be used in A. Ankylosing spondylitis B. Rheumatoid artluitis C. Osteoarthritis D. Behcet's syndrome **(TREATMENT)**.....**(AIPGMEE -1994)**

1538. The following are rheumatoid disease modifying drugs except A. Chloroquine B. Gold C. Penicillamine D. BAL **(TREATMENT)**.....**(AIPGMEE -1995)**

1539. Indication of systemic steroids in rheumatoid arthritis is: A. Mononeuritis multiplex B. Carpul tunnel syndrome C. Presence of deformities D. Articular cartilage involvement **(TREATMENT)**.....**(AIPGMEE -1997)**

1540. Infliximab is directed against: A. Tumor necrosis factor-a (TNF-A) B. Interleukin-1 (IL-1) C. Interleukin-12(IL-12) D. Intercellular adhesion molecule (ICAM).....**(AIIMS PGMEE - MAY 2005)**

1541. Rituximab is used in all except A. NHL **B.** PNH C. RA D. SLE.....**(AIIMS PGMEE - MAY 2008)**

1542. Type of anemia seen in Rheumatoid arthritis is: A. Microcytic hypochromic anaemia B. Macrocytic hypochromic anaemia C. Normocytic hypochromic anaemia D. Normocytic nonnochromic anaemia.....**(AIIMS PGMEE - DEC 1997)**

1543. True regarding felty's syndrome is afl, EXCEPT: A. Splenomegaly B. Rheumatoid arthritis C. Neutropenia D. Nephropathy **(AIIMS PGMEE-DEC 1997)**

TOPIC 3:HS PURPURA

1544. Palpable purpura is seen in all, except A. Idiopathic thrombocytopenic purpura (FTP) B. Scurvy C. Henoch Sconlein Purpura D. Essential mixed cryoglobulinemia.....**(AIIMS PGMEE - MAY -1994)**

1545. A 24 year old male presents with abdominal pain, rashes, palpable purpura and, arthritis. The most probable diagnosis is. A. Henoch Schonlein Purpura (HSP) B. Sweet syndrome C. Meningococcemia D. Hemochromatosis.....**(AIPGMEE - 2008)**

1546. Palpable purpura could occur in the following conditions, except: A. ThrombocytopeniA) B. Small-vessel vasculitis. C. Disseminated gonococcal infection. D. Acute meningococcemia.....**(AIPGMEE - 2005)**

ANSWERS

1522). C 1523). B 1524). A 1525). A 1526). A 1527). D 1528). C 1529). A 1530). B 1531). A 1532). A 1533). A 1534). D 1535). A 1536). E 1537). B 1538). D 1539). A 1540). A 1541). B 1542). D 1543). D 1544). A 1545). A 1546). A

1547. A 20 year old woman presents with bilateral conductive deafness, palpable purpura on the legs and hemoptysis. Radiograph of the chest shows a thin walled cavity in left lower zone. Investigations reveal total leukocyte count 12000/mm3, red cell casts in the urine and serum creatinine 3mg/dL. What is the most probable diagnosis? A. Henoch- Schonlein purpura B. Polyarteritis nodosa C. Wegener's granulomatosis D. Disseminated tuberculosis.....**(AIPGMEE - 2004)**

1548. All are true of Henoch ScholehV s purpura, except: A. Thrombocytopenia B. Abdominal pain (O Arthritis D. GI bleed **(AIPGMEE-2000)**

1549. Thrombocytopenia occurs in all EXCEPT A. Henoch schonlein purpura B. TTP C. DIC D. Cavernous hemangioma **(AIPGMEE-2001)**

1550. One of the following is a characteristic of Henoch - Schonlein Purpura: A. Blood in stool B. Thrombocytopenia C. Intracranial hemorrhage D. Susceptibility to infection.....**(AIPGMEE - 2002)**

1551. Henoch Schbnlein purpura is characterized by all except A. Thrombocytopenia B. Glomerulonephritis C. Arthralgia D. Abdominal pain **(AIPGMEE-1994)**

1552. True about HSP : A. Palpable purpura **B.** Kidneys commonly affected C. ANCA positive D. Thrombocytopenia.....**(PGI 2000 - Dec)**

1553. Which of the following diseases is/ are mediated through complement activation : A. Atopic dermatitis B. Graft versus Host disease C. Pholoallergy D. Necrotizing vasculitis E. Urticaria.....**(PGI - DEC 2003)**

1554. Henoch-Sehonlein purpura is characterized by the deposition of the following immunoglobulin around the vessels - A. IgM B. IgG C. IgA D. IgE.....**(AIIMS PGMEE - NOV 2005)**

1555. Platelet count is decreased in all of the following condition except: A. H. S. Purpura B. Idiopathic thrombocytopenic purpura C. Thrombotic thrombocytopenic pupura D. Systemic lupus erythematosus.....**(AIIMS PGMEE - DEC 1998)**

TOPIC 4: POLYARTERITIS NODOSA

1556. Kidney lesions are common in: A. PAN B. Type II DM C. SLE.....**(PGI - JUNE 2006)**

1557. Muscle biopsy in PAN shows: A. Necrotising arteritis B. Atrophy C. Granulomatous lesions D. Ring lesions.....**(PGI - June -1998)**

1558. A 30 years old male patient presents with complaints of weakness in right upper and both lower limbs of last 4 months.He developed digital infarcts involving 2n and 3rd fingers on right side and 5th finger on left side.On examination,BP was 160/140 mm Hg.all peripheral pulses were palpabl e and there was asymmetrical neuropathy. Investigations showed a Hb 12 gm,TLC - 12000 Cu mm, Platelets 4,30,000, ESR — 49 mm.Urine examination showed proteinuria and RBC - 10-15/hpf with no casts.Which of the following is the most likely diagnosis? A. Polyarteritis nodosA) B. Systemic lupus erythematosus. C. Wegener's granulomatosis. D. Mixed cryoglobulemia.....**(AIPGMEE** - 2005)

1559. PAN most commonly involves: A. Large vessels B. Medium and small sized vessels C. Arterioles D. Venules.....**(PGI JUNE 1997)**

1560. A patient presents with melaena. normal renal function, hypertension and mononeuritis multiples. The most probable diagnosis is - A. Classical polyarteritis nodosa B. Microscopic polyangiitis C. Henoch-Schonlein purpura D. Buerger's disease **(AIIMS PGMEE-NOV2004)**

1561. In polyarteritis nodosa, aneurysms are seen in all, EXCEPT: A. Kidney B. Lung C. Liver D. Pancreas.....**(AIIMS PGMEE Dec -1995)**

1562. An 18 yr old boy presents with digital gangrene in third and fourth fingers for last 2 weeks. On examination the bloodpressureis 170/110 mm of Hg and all peripheral pulses were palpable. Blood and urine examinations were unremarkable. Antinuclear antibodies, antibody to double stranded DNA and antineutrophil cytoplasmic antibody were negative. The most likely diagnosis is; A. Wegener's granulomatosis B. Polyarteritis nodosa C. Takayasu's arteritis D. Systemic lupus erythematosis (SLE).....**(AIPGMEE - 2004)**

1563. Feature of microscopic polyangitis Is: A. IgG deposits in kidney B. Bronchospasm C. Renal involvement in 90% cases D. All of the above **(PGI-1999-Dec)**

1564. Small vessel vasculitis are : A. Classical PAN B. Wegener's granulomatosis C. Giant cell arteritis D. HSP E. Churg-struass syndrome.....**(PGI - 2000 - Dec)**

1565. A 30-year-old male presents with numbness of both lower limbs and right upper limb. Examination reveals pulse 88/minute and BP160/ 110 mm of Hg. He also has digital gangrene involving right 2nd and 3rd finger, urine routine examination is unremarkeable. Microscopic examination shows RBC's Hemogram and serum biochemistry is within normal limits. What is the most probable diagnosis? A. Systemic lupus erythematosus B. Polyarteritis nodosa C. Malignant hypertension D. Chrug-Strauss syndrome.....**(AIIMS PGMEE-MAY 2006)**

1566. A patient is admitted with 3rd episode of deep venous thrombosis. There is no history of any associated medical illness. All of the following investigations are required for establishing the diagnosis except- A. Proteing C deficiency B. Antithrombin III deficiency C. Antibodies to factor VIII D. Antibodies to cardiolipin.....**(AIIMS PGMEE - NOV 2004)**

TOPIC 5: GOUT

1567. What is not true about gout: A. Acute attack may be seen without any cause B. Patient may be asymptomatic with high serum uric acid for years C. Development of arthritis correlates with level of serum uric acid D. Uric acid crystals are best seen by polarising light microscope.....**(AIIMS PGMEE - MAY 1995)**

ANSWERS

1547). A 1548). A 1549). A 1550). A 1551). A 1552). A 1553). D 1554). C 1555). A 1556). A 1557). A 1558). A 1559). B 1560). A 1561). B 1562). B 1563). C 1564). AD 1565). B 1566). C 1567). NONE

1568. Specific test for gout is : A. Raised serum uric acid level B. Raised uric acid in synovial fluid of joint C. Raised urea level D. Raised urease enzyme level **(AIIMS PGMEE - SEP 1996)**

1569. All are used in treatment of acute gout, EXCEPT A. Aspirin B. Naproxen C. Allopurinol D. Colchinine **(AIIMS PGMEE MAY -1993)**

1570. False regarding gouty arthritis 5s A. Synovial fluid analysis is diagnostic B. Allopurinol is the treatment of choice in acute gout C. Arthritis occurs after long attack of hyperuricemia D. Level of uric acid in blood and severity of gout has good correlation **(AIIMS PGMEE - NOV -1993)**

1571. C/F of Gout : A. Pain B. Inflammation of joint C. Small joint involvement D. Crystul deposition at synovium **E.** Chondrocalcinosis **(PGI - JUNE 2005)**

1572. A patient had the following blood biochemical values. Calcium 6; uric acid 13; phosphorus 12; creatinine 6. Which counld be **the** possible diagnosis: A. Krait bite B. Uric acid nephropathy C. Hypercalcemic nephropathy **(PGI - June -1999)**

1573. In spectroscopy, nucleotides absorb at 260nm. This absorbence is due to: A. Purines and pyrimidines B. Deoxribose C. Ribose D. Histone **E.** Phosphate **(PGI - June -2002)**

1574. True about gout is : A. Occurs due to accumulation of urate crystals in joints B. Can be pptd by pyrazinamide C. Birefringent crystals are present in joints D. Occurs more in females E. Due to decreased excretion of uric acid **(PGI - June -2002)**

1575. All of the following conditions are observed in Gout, except: A. Uric acid nephrolithiasis B. Deficiency of enzyme Xanthine oxidase C. Increase in serum urate concentration D. Renal disease involving interstitial tissues **(AIIMS PGMEE - MAY 2005)**

1576. In case of gout preservation of urine sample is done in A. Normal saline B. Formaline C. Alcohol D. Distilled water **(AIIMS PGMEE-DEC 1997)**

TOPIC 6: SARCOIDOSIS

1577. Following cranical nerve is most commonly involved in patients with sarcoidosis : A. II Cranical nerve. B. HI Cranial nerve. C. VII Cranial nerve. D. IX Cranial nerve **(AIIMS PGMEE NOV - 2002)**

1578. A patient presents with decreased vital capacity and total lung volume. What is the most probable diagnosis ? A. Bronchiectasis B. Sarcoidosis C. Cystic fibrosis D. Asthma **(AIPGMEE - 2007)**

1579. Serum angiotensin converting enzyme may be raised in all of the following, except: A. Sarcoidosis. B. Silicosis. C. Berylliosis. D. Bronchogenic carcinoma **(AIPGMEE - 2005)**

1580. B/L hilar lymphadenopathy, along with non caseating granulomas is a characteristic feature of: A. Sarcoidosis B. Scleroderma C. SLE D. Stein-leventhal syndrome **(AIPGMEE -1997)**

1581. True about sarcoidosis is : A. Kveim test is not helpful in diagnosis B. May be associated with positive RA factor C. Pleural effusion D. Common is 50 years male **(PGI - 1999 - Dec)**

1582. E.S.L.D. is caused by : A. Sarcoidosis B. ILD C. ABPA D. Amyloidosis E. Emphysema **(PGI - JUNE 2005)**

1583. Uveoparotitis is seen in A. SLE B. Sjogren's syndrome C. Rheumatoid arthrits D. Sarcoidosis **(PGI - June -1998)**

1584. All are correct regarding sarcoidosis EXCEPT : A. Often cavitate B. Spontaneous remission is usual C. Tuberculine test is negative D. B/L hilar lymphadenopathy **(AIIMS PGMEE - DEC 1998)**

TOPIC 7: WEGENER GRANULOMA

1585. ANCA is NOT associated with which of the following diseases: A. Wegener's granulamatosis B. Henoch schonlein purpura C. Microscopic PAN D. Churg Strauss syndrome **(AIIMS PGMEE NOV - 2000)**

1586. c- ANCA is characteristic for: A. Polyarteritis Nodosa B. R.P.GN. C. Henoch's Schonlein Purpura . D. Wegeners granulomatosis **(AIIMS PGMEE - DEC 1998)**

1587. Cavitating lesion in lung is seen in : A. PAN B. SLE C. Wegeners granulomatosis D. Sjogren's syndrome **(PGI - 1999 - Dec)**

1588. ANCA is positive in : A. Wegener's granulomatosis B. Churg strauss syndrome C. Microscopic PAN D. Goodpasture's syndrome **(PGI - DEC 2006)**

1589. E. Predisposes to malignancy in long term j. Causes of nail bed Infractions : A. H.D. B. Wegener's granulomatosis C. Infective endocarditis D. Surge strauss syndrome E. PAN **(PGI - JUNE 2005)**

1590. ANCA is found in : A. Wegener's granulomatosis B. Churg-Straussl disease C. Microscopic polyangitis D. Takayasu's arteritis E. SLE **(PGI-June-2002)**

1591. A 25 years old female develops serous otitis media of left ear with cough and occasional hemoptysis and hematuria and epistaxis for one & half months her hemoglobin is 7 gm. B.P.-> 170 /100, ptoreinuria +++, RA - ve and ANCA - ve. the likely cause is A. Wegener's granulo matosis B. Rheumiatoid arthritis C. Rapidly proliferative glomerulonep hritis D. Good pasteur's syndrome **(AIIMS PGMEE JUNE-1999)**

1592. C-ANCApositivity indicates, antibody formed against A. Proteinase 3 B. Myeloperoxidase C. Cytoplasmic antinuclear Antibody D. Anti centromere Antibody **(AIPGMEE - 2007)**

ANSWERS

1568). B 1569). A 1570). B 1571). ALL 1572). B 1573). A 1574). A 1575). B 1576). C 1577). C 1578). B 1579). D 1580). A 1581). B 1582). A 1583). D 1584). A 1585). B 1586). D 1587). C 1588). A 1589). B 1590). A 1591). A 1592). A

TOPIC 8 : SYSTEMIC SCLEROSIS

1593. A 35 year old lady complains dysphagia, Raynaud's phenomenon, sclerodactyly. Investigations show antinuclear antibody. The likely diagnosis is : A. Systemic lupus erythematosis B. Systemic sclerosis C. Mixed connective tissue disorder D. Rheumatoid arthritis..... **(AIIMS PGMEE JUNE -1999)**

1594. Vasanti, 28-year-old, presents with complaints of tightness of fingers. There is also history of dysphagia. Which of the following is the probable diagnosis: A. Dermatomyositis B. Scleroderma C. Rheumatoid-arthritis D. Polyarteritis nodosa **(AIIMS PGMEE NOV - 2000)**

1595. Anticentromere antibodies are most commonly associated with: A. Diffuse cutaneous systemic sclerosis B. Mixed connective tissue disease C. CREST syndrome D. Polymyositis..... **(AIPGMEE - 2006)**

1596. All the following are features of Scleroderma except A. Dysphagia B. Raynaud's phenomenon C. Skin contracture D. Calcification in all the long bones..... **(AIPGMEE - 1995)**

1597. Raynaud's phenonmenon is seen in : A. Scleroderma B. Reiter's disease C. Rheumatoid arthritis D. Behcet's syndrome E. Mixed connective tissue disease..... **(PGI - 2001 - Dec)**

1598. Features of systemic sclerosis are t A. Calcinosis B. Sclerodactyly C. Raynaud's phenomena D. Melanin deposition E. Occurs in old age..... **(PGI-JUNE 2003)**

1599. Biochemical marker for systemic sclerosis: A. Anti-nuclear antibody B. Antibody against double stranded DNA C. Antinucleolar Ab D. Antismith antibody..... **(PGI - June -1998)**

TOPIC 9 : KAWASAKI DISEASE

1600. All are manifestations of Kawasaki disease, Except: A. Conjunctiva! Congestion B. Thrombocytopenia C. Aneurysm of coronary artery D. Enlarged lymphnodes..... **(AIIMS PGMEE - FEB -1997)**

1601. The following are components of Kawasaki disease except, A. Purulent conjunctivitis B. Pedal edema C. Truncalrash D. Pharyngeal congestion..... **(AIPGMEE - 2007)**

1602. I.V Immunoglobulin is given in A. Kawasaki disease B. PAN C. Wegener's granulomatosis D. Bruton's disease E. Guillain Barre syndrome..... **(PGI - DEC 2005)**

1603. Intravenous immunoglobulin is given in A. Kawasaki disease B. GB syndrome C. Wegener's granulomatosis D. PAN - **E.** Myasthenia gravis..... **(PGI - JUNE 2004)**

1604. Which one of the following is the treatment of choice for Kawasaki's diseses? A. Cyclosporine B. Dapsone C. Intravenous immunoglobulin D. Methotrexate..... **(AIIMS PGMEE - MAY 2005)**

1605. Kawasaki disease is associated with all of the following clinical features EXCEPT: A. Truncalrash B. Posterior cervical lymphadenopathy C. Thrombocytopenia D. Conjunctivitis..... **(AIIMS PGMEE - DEC 1998)**

TOPIC 10 : POLYMYOSITIS DERMATOMYOSITIS

1606. Which of the following collages disorder is NOT commonly associated with pulmonary fibrosis A. SLE B. Progressive systemic sclerosis C. Dermatomyositis D. Rheumatoid arthritis..... **(AIIMS PGMEE - DEC 1994)**

1607. Which is NOT a feature of polymyositis : A. Ocular muscle involvement B. Gottron'srash C. Proximal muscle involvement D. Pain in limbs..... **(AIIMS PGMEE - FEB -1997)**

1608. Which one of the following clinical findings excludes the diagnosis of polymyositis? A Neck muscle involvement B. Extraocular muscle involvement C. Dysphagia D. Abdominal muscle involvement..... **(AIPGMEE - 2006)**

1609. In idiopathic polymyositis, following are seen except: A. Ocular muscles commonly involved B. Pharyngeal muscles involved C. Cutaneous manifestations D. Proximal limb muscles invariably involved..... **(PGI - JUNE 1997)**

1610. Ture about polymyositis is : A. Ocular muscle involvement B. Pharyngeal involvement C. Muscle atrophy D. Brisk reflexes common..... **(PGI - June -1999)**

1611. Primary idiopathic polymyositis does not involve: A. Pelvic girdle muscles B. Neck muscles C. Ocular muscles D. Pharyngeal muscle..... **(AIIMS PGMEE - DEC 1997)**

TOPIC 11 : SERONEGATIVE SPONDYLOARTHROPATHY

1612. Treatment of choice in seronegative spondylarthritis is A. Phenylbutazone B. Aspirin C. Indomethacin D. Corticosteroid **(AIIMS PGMEE-NOV-1993)**

1613. All are seronegative (spondyloepiphyseal) arthritis with ocular manifestations, EXCEPT- A. Ankylospondilitis B. Ritter's disease C. Rheumatoid arthritis D. Psoriatic arthritis..... **(AIIMS PGMEE NOV - 2001)**

1614. Ankylosing spondylitis in associated with: A. HLA-B27 B. HLA-B-8* C. HLA-DW4/DR4 D. HLA-DR3..... **(AIPGMEE - 1999)**

1615. All the following diseases are associated with H1L A B-2' &Uveitis, except: A. Bechcet's syndrome B. Psoriasis C. Ankylosing Spondylitis D. Reiter's syndrome..... **(AIPGMEE - 2000)**

1616. HLA B27 is associated with all except: A. Ankylosing spondyliu's B. Pernicious anemia C. Behcet's syndrome D. Reiter's syndrome..... **(PGI -1998 - Dec)**

ANSWERS

1593). B 1594). B 1595). C 1596). D 1597). A 1598). A 1599). A 1600). B 1601). A 1602). A 1603). A 1604). C 1605). C 1606). C 1607). A 1608). B 1609). A 1610). B 1611). C 1612). C 1613). C 1614). A 1615). A 1616). B

TOPIC 12 : SICCA SYNDROME

1617. All may be associated with Sicca syndrome, EXCEPT: A. Sarcoidosis B. Rheumatoid arthritis C. Midline granuloma D. Chronic active hepatitis.....**(AIIMS PGMEE - Dec -1995)**

1618. Sicca syndrome is associated with all, Except: A. Midline granuloma B. Chronic active hepatitis C. Rheumatoid arthritis D. Scleroderma.....**(AIIMS PGMEE - FEB -1997)**

1619. Bilateral parotid enlargement occurs in all, Except: A. Sjogren's syndrome B. SLE C. Sarcoidosis D. Chronic pancreatitis **(AIIMS PGMEE - JUNE -1997)**

1620. Bilateral parotid gland enlargement is seen in all of the following except: A. Sarcoidosis B. SLE C. Chronic pancreatitis D. Sjogem's syndrome.....**(AIPGMEE - 1998)**

1621. Primary extraglandular Sjogren's syndrome is seen in A/E : A. Rheumatiod Arthritis B. Raynaud's Phenomena C. Lymphoma D. Splenomegally.....**(PGI - 1999 - Dec)**

TOPIC 13 : BEHCET SYNDROME

1622. All the following are features of Behcet's syndrome except A. Recurrent aphthous stomatitis B. Multi-system involvement C. Seen only in the tropics D. Common in youngsters.....**(AIPGMEE - 1994)**

1623. Seen hi Behcet's syndrome is: A. Pyoderma gangrenosum B. Thrombophlebitis C. Renal manifestations D. Painless ulcers **(PGI - 1999 - Dec)**

1624. Behcet's syndrome is characterized by a/e : A. Myocarditis B. Pyoderma gangrenosum C. Genital & oral ulcers D. Thrombophlebitis.....**(PGI - 2000 - Dec)**

TOPIC 14: GOODPASTURE DISEASE

1625. Plasmapheresis is treatment of choice for : A. Henoch scholien purpura B. Wegener's granulomatosis C. Good Pasture's syndrome D. Acute renal transplant rejection.....**(AIIMS PGMEE NOV - 2001)**

1626. Good-pasture syndrome is not characterized by : A. Ami GBM antibody B. Crescents C. Pulmonary haemorrhage D. Diffuse alveolar damage.....**(PGI - June -1999)**

1627. Goodpasture's disease is characterized by all except: A. Glomerulonephritis B. Leukocytoclastic vasculitis C. Diffuse alveolar hemorrhage D. Presence of antibodies to BM.....**(AIIMS PGMEE - MAY 2008)**

TOPIC 15 : OSTEOARTHRITIS

1628. Proximal interphalangeal, distal interphalangeal & 1st metacarpophalangeal joint involvement and sparing of wrist is a feature of: A. Rheumatoid arthritis B. Pseudogout C. Psoriatic arthropathy D. Osteoarthritis.....**(AIIMS PGMEE - Dec - 1995)**

1629. A 35 year old male patient develom involvement of proximal and distal interphalangeal joints and Is 1 eanpo-metacarpal joints with sparing of wrist and metacarophalangeal joint. The Diagnosis is: A. Osteoarthritis B. Psoriatic arthropathy C. Rheumatoid arthritis D. Pseudogout.....**(AIPGMEE - 2000)**

1630. Least common site to be involved in osteoarthritis amongst the following is: A. Hipjoint B. Kneejoint C. Carpometacarpal joint of thumb D. Metacarpophalangeal joint.....**(AIPGMEE - 1997)**

TOPIC 16: CRYOGLOBULONEMIA

1631. A 60 year old woman presents with generalized edema, skin ulceration and hypertension. Urine examination shows subnephrotic proteinuria (<2gm) and microscopic haematuriA) Serum complement levels are decreased and she is positive for anti -hepatitis C antibodies. The likely diagnosis is : A. PSGN B. Essential mixed cryoglobulinemia C. Membrano proliferative glomerulonephritis D. Focal segmental glomerulosclerosis.....**(AIPGMEE - 2007)**

1632. A 30-year-old male patient presents with complaints of weakness in right upper and both lower limbs for last 4 months. He developed digital infarcts involving 2nd and 3rd fingers on right side and 5th finger on left side. On examination, BP was 160/140 mm Hg, all peripheral pulses were palpable and there was asymmetrical neuropathy, nvestigations showed Hb 12 gm%, TLC 12,000 per cu. mm, Platelets 4,30,000 and ESR 49 mm. Urine examination showed Proteinuria and RBC-10-15/hpf with no casts. What is the most likely diagnosis A. Polyarteritis nodosa B. Systemic lupus erythematosus C. Wegener's granulomatosis D. Mixed cryoglobulinemia.....**(AIIMS PGMEE - MAY 2004)**

TOPIC 17 : PAGET DISEASE

1633. During a routine checkup, a 67-year-old man is found to have a level of serum alkaline phosphatase three times the upper limit of normal. Serum calcium and phosphorus concentrations and liver function test results are normal. He is asymptomatic. The most likely diagnosis is: A. Metastatic bone disease B. Primary hyperparathyroidism C. Paget's disease of bone D. Osteomalacia **(AIIMS PGMEE NOV-1999)**

1634. Serum alkaline phosphatase is classically increased in which of the following diseases: A. Osteoporosis B. Paget's disease C. Hypoparathyroidism D. Multiple myeloma.....**(AIIMS PGMEE NOV - 2000)**

ANSWERS

1617). C 1618). A 1619). B 1620). B 1621). A 1622). C 1623). B 1624). A 1625). C 1626). NONE 1627). B 1628). D 1629). A 1630). D 1631). B >C 1632). A 1633). C 1634). B

TOPIC 18 : REITER SYNDROME

1635. All are true regarding Reiter's syndrome, EXCEPT A. Interstitial lung disease B. Conjunctivitis C. Occurs after sexual contact **D.** Ulcers on palm and sole.....**(AIIMS PGMEE - NOV - 1993)**

1636. Most common organism associated with reactive arthritis is: A. Staphylococcus B. Shigella C. Chlamydia D. Yersinia **(AIIMS PGMEE - MAY 2008)**

TOPIC 19 : TEMPORAL ARTERITIS

1637. All are true about temporal arteritis, Except: A. Polymyalgia rheumatica B. Anaemia C. LowESR D. Sudden blindness is a complication.....**(AIIMS PGMEE - MAY 1995)**

1638. A 64 year old lady Kamla complains of severe unilateral headache on the right side and blindness for 2 days. On examination there is a thick cord like structure on the lateral side of the head. The ESR is 80 mm / hr in the first hour. The most likely diaganosis is : A. Temporal arteritis B. Migraine C. Cluster headache D. Sinusitis.....**(AIIMS PGMEE MAY - 2001)**

TOPIC 20 : AUTOIMMUNE HEPATITIS

1639. Autoimmune hepatitis asso with : A. Anti LKM antibody B. ANA C. ANCA D. SLA-antibody.....**(PGI - DEC 2006)**

TOPIC 21 : PSORIASIS ARTHROPATHY

1640. A 35 - year old male develops involvements of PIP,DIP and metacarpo phalangeal joints with sparing of wrist and carpometacarpal joints. The probable diagnosis is: A. Psoriatic arthopathy B. Osteo arthritis C. Rheumatoid arthritis D. Pseudo gout **(AIIMS PGMEE JUNE -1999)**

ANSWERS

1635). A 1636). C 1637). C 1638). D 1639). A 1640). A

RESPIRATORY SYSTEM

TOPIC 1 : ASTHMA

1641. Bronchial asthma can be diagnosed by : A. Wheeze B. Dyspnea C. Normal D. Cough E. Reversible obstruction **(DIAGNOSIS) (PGI-2001 -Dec)**

1642. Platypnca is seen in : A. Diaphragmatic palsy B. Pleura! Effusion C. Pulmonary embolism D. Lt atrial tumor E. Bronchial asthma **(DIAGNOSIS).....(PGI - JUNE 2005)**

1643. Not a feature of acute severe asthma : A. Tachycardia B. Respiratory acidosis C. Pulsus paradoxus D. Cyanosis **(DIAGNOSIS) (PGI - June-1999)**

1644. True about asthma A. Increasing incidence day by day B. Allergic asthma common in older patients C. Increase in IgE in idiosyncratic asthma D. Bronchoconstriction **(EPIDEMIOLOGY).....(PGI - DEC 2004)**

1645. Decreased maximum mid expiratory flow rate indicate obstruction in : A. Small airways B. Large airways % C. Trachea* D. Trachea and bronchi both **(PATHOPHYSIOLOGY).....(AIIMS PGMEE - MAY 1995)**

1646. The most predictive and dangerous side effect of propranolol that makes it to be avoided in known patient of COPD is induction of: A. Respiratory failure B. Acute asthmatic attack C. Glucoma D. Pleural effusion **(PATHOPHYSIOLOGY)...(AIIMS PGMEE NOV - 2001)**

1647. Aspirin-sensitive asthma is associated with A. Obesity B. Urticaria C. Nasal polyp D. Extrinsic asthma **(PATHOPHYSIOLOGY).....(AIPGMEE -1995)**

1648. True about morphology of Asthma: A. Charcot- leyden crystal B. Irreversible C. Involve larger airways D. Intermittent asthma is better responsive to bronchodilator therapy. E. Hypersensitive lung. **(PATHOPHYSIOLOGY).....(PGI - DEC 2004)**

1649. True about Asthma except A. Inflammatory disease B. Hyper responsive C. Necrosis of airway D. Mucous plug formation E. Airway edema **(PATHOPHYSIOLOGY).....(PGI - DEC 2005)**

1650. Bronchial asthma is characterized : A. Inflammatory disease of airway B. Allergic disease of air way C. Hypo responsive ness of airway D. Hyper responsiveness of airway E. Rx is mostly inhaled steroid **(PATHOPHYSIOLOGY).....(PGI - JUNE 2005)**

1651. Thickening of pulmonary memb. is seen in: A. Asthma B. Emphysema C. Bronchitis D. Skeletal defect **(PATHOPHYSIOLOGY) (PGI - June-1998)**

1652. Universal finding in asthma is : A. Hypoxia B. Hypercarbia C. Hypoxemia D. Respiratory acidosis E. Metabolic acidosis **(PATHOPHYSIOLOGY).....(PGI - June -2002)**

1653. Pulmonary function changes In acute bronchial asthma In untreated patient : A. ted peak expiratory flow B. led TLC C. ledFVC D. Ted RV E. TedFEVu **(SPIROMETRY).....(PGI - JUNE 2003)**

ANSWERS

1641). E 1642). D 1643). NONE 1644). A 1645). A 1646). B 1647). C 1648). A 1649). A 1650). A 1651). A 1652). A 1653). C

1654. Central cyanosis is not seen with A/E: A. Below 5 gm/IOOml reduced haemoglobin B. Pulmonary aspergillosis C. Status asthmaticus D. Congenital pulmonary stenosis **(STATUS ASTHMATICUS)**.....**(PGI - 1998 - Dec)**

1655. All are used in bronchial asthma, Except: A. Salbutamol B. Morphine C. Aminophylline D. Steroid **(TREATMENT)** **(AIIMS PGMEE-JUNE-1997)**

1656. All of the following drugs useful in the treatment of a patient with acute bronchial asthma except A. Ipratropium B. Salbutamol C. Montelukast D. Hydrocortisone **(TREATMENT)**.....**(AIIMS PGMEE NOV** - 2003)

1657. A drug is to be delivered by a nebuliser. The size of a droplet for its humidification is: A. <5n B. 5-10 M- C. 10-15^A D. 1 **(TREATMENT)**.....**(AIPGMEE -2000)**

1658. Anti-inflammatory action of airways : A. Fluticasone B. Ipratropium bromide C. Budesonide D. Theophylline E. Terbutaline **(TREATMENT)**.....**(PGI-JUNE 2005)**

TOPIC 2: PLEURAL EFFUSION

1659. Which of the following is true about pleural effusion A. Horizontal fluid level B. Low lung volume C. Muffled heart sounds D. Decreased chest movements E. Succussion splash **(DIAGNOSIS)**.....**(PGI - DEC 2005)**

1660. Left sided pleural effusion is seen In: A. ACCF B. Pancreatitis C. Rheumatoid arthritis D. Oesophageal perforation **(etiology)** **(PGI - June-2001)**

1661. Left-sided pleural effusion seen in: A. Pancreatitis B. Rheumatoid arthritis C. Hypoproteinemia D. CCF E. Esophageal rupture **(etiology)**.....**(PGI - June-2002)**

1662. Which one of the following conditions may lead to exudative pleural effusion A. Cirrhosis B. Nephrotic syndrome C. Congestive heart failure D. Bronchogenic carcinoma **(exudate vs transudate)**.....**(AIPGMEE - 2003)**

1663. bilateral exudative pleural effusion is seen in : A. CHF B. Nephrotic syndrome C. SLE D. Cirrhosis of liver E. Lymphoma **(exudate vs transudate)**.....**(PGI - 2001 - Dec)**

1664. Transudative pleural effusion seen in : A. Nephrotic syndrome B. Rheumatoid arthritis C. Constrictive pericarditis D. Myxedema **E.** Pulmonary embolism **(exudate vs transudate)**.....**(PGI - June -2002)**

1665. AU of the following show low glucose in pleural fluid, EXCEPT A. Empyema B. Malignant pleural effusion C. Rheumatoid arthritis D. Dressler's syndrome **(PLEURAL FLUID ANALYSIS)**.....**(AIIMS PGMEE - DEC 1994)**

1666. Presence of cholesterol crystal in pleural effusion is a feature of: A. Myxoedema B. Hypertriglyceridemia C. Hyperthyroidism D, Sarcoidosis **(PLEURAL FLUID ANALYSIS)**.....**(AIIMS PGMEE - JUNE -1997)**

1667. Pleural fluid having low glucose is seen in all, EXCEPT A. Tuberculosis B. Empyema C. Mesothelioma D. Rheumatoid arthritis **(PLEURAL FLUID ANALYSIS)**.....**(AIIMS PGMEE - MAY -1993)**

1668. Tuberculous pleural effusion is characterized by all, except A. LDH >60% of serum LDH B. Hemorrhagic fluid C. Increased mesothelial cells D. Increased Deaminase **(PLEURAL FLUID ANALYSIS)**.....**(AIIMS PGMEE - MAY -1994)**

1669. Low glucose in pleural effusion is seen in all, except A. Dressier syndrome B. Empyema C. Malignant pleural effusion D. Rheumatoid arthritis **(PLEURAL FLUID ANALYSIS)**.....**(AIIMS PGMEE - MAY -1994)**

1670. A high amylase level in pleural fluid suggests a diagnosis of A. Tuberculosis B. Malignancy C. Rheumatoid arthritis D. Pulmonary infarction **(PLEURAL FLUID ANALYSIS)**.....**(AIIMS PGMEE MAY - 2003)**

1671. Tuberculous pleural effusion is characterised by all of the following features except effusion: A. Harmorrhagic effusion B. Pleural fluid LDH more than 60% that of serum LDH C. Protein in apirated fluid is increased. D. TMesothelial cells. **(PLEURAL FLUID ANALYSIS)**.....**(AIPGMEE -1997)**

1672. Pleural aspiration with raised LDH and amylase seen in: A. Pulm. Infarction B. COPD C. Pulm. Malignancy D. None **(PLEURAL FLUID ANALYSIS)**.....**(PGI-1997 - Dec)**

1673. Decreased glucose level in pleural effusion is found in : A. Rheumatoid arthritis B. SLE C. Pneumococcal infection D. P. carinii infection **(PLEURAL FLUID ANALYSIS)**.....**(PGI - June-1999)**

1674. Amylase increased in pleural fluid is seen in following except : A. Rheumatoid arthritis B. Esophageal perforation C. Malignancy D. Gall stone pancreatitis **(PLEURAL FLUID ANALYSIS)**.....**(PGI - June -2000)**

TOPIC 3 : LUNG FUNCTION TESTS

1675. FEV^AVC is reduced in case of: A. Pleural effusion B. Lung fibrosis C. Asthma D. All of the above.....**(AIIMS PGMEE - MAY 1995)**

1676. Carbon monoxide diffusion capacity decreases in all, Except: A. Emphysema B. Primary pulmonary hypertension C. Alveolar haemorrhage D. Infiltrative lung disease.....**(AIIMS PGMEE - FEB - 1997)**

1677. The abnormal preoperative pulmonary function test in a patient with severe kyphoscoliosis includes: A. Increased RV/TLC) B. Reduced FEV1/FVC) C. Reduced FEV25-75. D. Increased FRC.....**(AIPGMEE - 2005)**

1678. Decreased maximum mid-expiratory flow rate indicates obstruction in A. Small airways B. Trachea C. Large airways D. Trachea & Bronchi both.....**(AIPGMEE -1994)**

ANSWERS

1654). C 1655). B 1656). C 1657). A 1658). A 1659). B 1660). B 1661). A 1662). D 1663). C 1664). A 1665). D 1666). A 1667). A 1668). C 1669). A 1670). B 1671). D 1672). C 1673). A 1674). A 1675). C 1676). C 1677). A 1678). A

1679. The diffusion capacity of lung (DL^n) is decreased in all of the following conditions except: A. Interstitial lung disease B. Goodpasture's syndrome C. Emphysema D. Primary pulmonary hypertension **(AIPGMEE - 2003)**

1680. FEV1/VC is decreased In: A. Emphysema B. Chr. Bronchitis C. Interstitial lung disease D. Restrictive lung disease **(PGI-1998-Dec)**

1681. Lung function test In emphysema reveals : A. Increased vital capacity B. Decreased diffusion capacity for carbon monoxide C. Increased diffusion capacity for carbon monoxide D. Decreased total lung capacity E. FEV] decreased **(PGI - 2001 - Dec)**

1682. In emphysema changes are: A. -ed FEV! B. " led FEV | C. -T static lung compliance D." RV E. " ed TLC **(PGI - DEC 2002)**

1683. True about interstitial fibrosis : A. FVC I B. FEV1/FVC normal or T C. FRC normal D. FEV1/FVC 4- **(PGI - June -1999)**

1684. Static lung compliance is decreased in : A. Asthma B. Radiation fibrosis C. Scoliosis D. Emphysema E. Fibrosing Alveolitis **(PGI - June-2000)**

1685. Features of restrictive lung disease is: A. FEVj/FVC decreases and compliance decreases B. FEVj/FVC increases and compliance increases C. FEVj/FVC decreases and compliance increases D. FEVj/FVC increases and compliance decreases **(AIIMS PGMEE-JUNE 1998)**

TOPIC 4: HEMOPTYSIS

1686. A lady presents with complaints ofhemoptysis.Her chest X-ray appears to be normal. What is the next best investigation: A. Bronchoscopy B. High resolution CT C. Sputum cytology D. Pulmonary function test **(DIAGNOSIS) (AIIMS PGMEE NOV - 2000)**

1687. Rampal, 45 yr old man presents with history of recurrent hemoptysis and purulent sputum. His chest X-Ray is normal, which of the following will be the next best investigation for him ? A. HRCT B. CT guided angiography C. Angiography D. Spiral CT **(DIAGNOSIS) (AIIMS PGMEE NOV - 2001)**

1688. A 35 year old non-smoker presents with 2 episodes of mild hemoptysis. There is no history of fever or any constitutional symptoms. A plain x-ray of chest is found to be normal. Which one of the following should be the next step in the diagnostic evaluation of this patient: A. Bronchography B. High-resolution computed tomography C. Contrast-enhanced computed tomography D. Fibreoptic bronchoscopy **(DIAGNOSIS) (AIIMS PGMEE NOV - 2003)**

1689. A patient presents with a cavitary lesion in right upper lobe of Lung. The best investigation is; A. Branchoscopy, lavage and brushing. B. C.T.scan C. Xray D. FNAC **(DIAGNOSIS) (AIPGMEE - 2000)**

1690. Bronchial adenoma commonly present as; A. Recurrent hemoptysis B. Cough C. Dysponea D. Chest pain **(DIAGNOSIS) (AIPGMEE -1998)**

1691. The commonest intrabronchial cause of haemoptysis is: A. Carcinoma lung B. Adenoma lung C. Emphysema D. Bronchiectasis **(etiology) (AIIMS PGMEE - MAY 1995)**

1692. Common causes of haemoptysis : A. T.B. B. Ca lung C. ILD D. Pulmonary infraction E. Bronchial asthma **(etiology) (PGI-JUNE 2005)**

1693. Causes of hemoptysis include : A. Mitral stenosis B. Bronchogenic ca C. Bronchicctcsis D. Pneumonia **(etiology) (PGI - June-2002)**

1694. A young man with tuberculosis presents with massive recurrent hemoptysis. For angiographic treatment which vascular structure should be evaluated first. A. Pulmonary artery B. Bronchial artery C. Pulomary vein D. Superior vena cava **(TREATMENT) (AIIMS PGMEE MAY-2003)**

TOPIC 5: PNEUMONIA

1695. The most common causative organism for lobar pneumonia is- A. Staphylococcus aureus B. Streptococcus pyogenes C. Streptococcus pheumoniae D. Haemophilus influenzae **(AIIMS PGMEE - NOV 2004)**

1696. Hemolysis is caused in which Pneumonia A. Haemophilous B. Klebsiella C. Pseudomonas D. Streptococcus **(AIIMS PGMEE - MAY -1993)**

1697. Treatment of choice in Chlamydia pneumoniae is A. Streptomycin B. Erythroraycin C. Cephalosporins D. Cotrimoxazole **(AIIMS PGMEE-NOV-1993)**

1698. Drug of choice for Mycoplasma pneumoniae is A. Penicillin B. Doxycycline C. Amphotericin D. Cotrimoxazole **(AIIMS PGMEE-MAY-1994)**

1699. In mycoplasma pneumonia, following are seen except: A. Diffuse infiltration of lungs B. Cannot be cultured routinely C. Best treatment by cefotaxime D. Serology is useful in diagnosis **(PGI - 1997 - Dec)**

1700. Giant cell (Hecht's) pneumonia is due tot A. CMV B. Measles C. Malaria D. P. carinii **(PGI - 1998 - Dec)**

1701. Predisposing factor for pneumocbcal pneumonia A. CRF B. Lymphoma C. Old age D. Thalassemia E. Cystic fibrosis **(PGI - June-2001)**

1702. Complications of lobar pneumonia do not include: A. Lung abscess B. Amyloidosis C. Suppurative arthritis D. Infective endocarditis **(AIIMS PGMEE - MAY 2005)**

ANSWERS

1679). B 1680). A 1681). B 1682). B 1683). B 1684). B 1685). D 1686). B 1687). A 1688). D 1689). A 1690). A 1691). A 1692). A 1693). A 1694). B 1695). C 1696). D 1697). B 1698). B 1699). C 1700). B 1701). A,B,C 1702). B

TOPIC 6: ABPA

1703. All the following diseases are associated with peripheiral blood eosinophilia except: A. Allergic bronchopulmanary aspergillosis (ABPA). B. Loffler's syndrome. C. Pulmonary eosinophilic granuloma. D. Chrug-Strauss syndrome.....**(AIIMS PGMEE NOV - 2002)**

1704. A 40 year old man presented with repeated episodes of bronchospasm and hemoptysis. Chest X-ray revealed perihilar bronchiectasis. The most likely diagnosis is: A. Sarcoidosis B. Idiopathic pulmonary fiborsis C. Extrinsic allergic alveolitis D. Bronchopulmonary aspergillosis.....**(AIPGMEE - 2002)**

1705. All the following are true about bronchopulmonary aspergillosis except A. Central bronchiectasis **B.** Pleural effusion C. Asthma D. Eosinophilia.....**(AIPGMEE -1995)**

1706. Diagnostic features of allergic bronchopulmonary aspergillosis (ABPA) include all of the following except: A. Changing pulmonary infiltrates B. Peripheral eosinophilia C. Serum precipitins against Aspergillosis fumigants D. Occurrence in patients with old cavitatory lesions.....**(AIPGMEE-2003)**

1707. True about bronchopulmonary aspergillosis: A. Eosinophil count > 1 x 109 / ml B. Commonly associated with bronchial asthma C. Sputum sensitive to aspergillus antigen D. Ted Ig G E. Lower lobe predominance.....**(PGI - DEC 2004)**

1708. Allergic bronchopulmonary aspergillosis diagnotic criteria are A. Peripheral eosinophilia > 0.1 x 109 B. Central lower lobe bronchiectasis C. t IgG D. Detection of Aspergillus in sputum E. Asthma is always present.....**(PGI - DEC 2005)**

1709. Diagnostic criteria for allergic bronchop ulmonary aspergillosis A. Asthma B. Eosinophillia C. Bilateral chest infiltrates D. ted igG E. Bronchiectasis.....**(PGI - JUNE 2004)**

TOPIC 7: ARDS

1710. All are seen in ARDS, Except: A. Pulmonary edema B. Hypoxia C. Hypercapnia D. Stiff lung.....**(AIIMS PGMEE - MAY 1995)**

1711. Acute lung injury in caused by all of the following except. A. Aspiration B. Toxic gas inhalation C. Cardiopulmonary bypass with heart lung machine, D. Lung contusion.....**(AIIMS PGMEE MAY - 2002)**

1712. Pulm. edema associated with normal PCWP is observed, which of these is not a cause: A. High altitude B. Cocaine overdose C. Post cardiopulm bypass D. Bilateral renal artery stenosis.....**(AIPGMEE - 2001)**

1713. ARDS is associated with A. Acute pancreatitis B. Trauma C. Severe Falciparum malaria D.....**(PGI - DEC 2004)**

1714. Acute Lung injury/ARDS characterized by: A. Alveolar infiltrates B. Hypoxemia C. Pulmonary shunting D. PaO 2/FI02 < 200mm of Hg E. Tachycardia.....**(PGI - DEC 2004)**

1715. Acute severe lung Injury Is characterised by : A. Hypotension B. Shunting C. Pulmonary vasodilatation D. Cardiac tamponade E. Cardiac irregularities.....**(PGI - JUNE 2003)**

1716. In ARDS, not true Is : A. Increased pulmonary compliance B. Increased pulmonary artery pressure C. Increased left atrial pressure D. Severe hypoxemia.....**(PGI - June -1999)**

TOPIC 8: PNUEMOTHORAX

1717. In left sided massive pneumothorax, ECG shows all, except A. Left axis deviation B. Absent R wave C. Peaked P wave D. Precordial T wave inversion.....**(AIIMS PGMEE - MAY -1994)**

1718. Which statement is TRUE regarding pneumothorax A. Decreased breath sounds B. Decreased percussion note C. Always needs chest tube insertion D. Often needs chest tube insertion.....**(AIIMS PGMEE - DEC 1994)**

1719. Pneumothorax is seen in all, except A. Marfan syndrome B. Assisted ventilation C. Eosinophilic granuloma D. Bronchopulmonary Aspergillosis.....**(AIIMS PGMEE - MAY -1994)**

1720. Which of the following ECG changes is least likely in a patient with left pneumothorax : A. Inversion of Twave B. Left axis deviation C. Small R wave D. Electrical alternans.....**(AIIMS PGMEE NOV - 2000)**

1721. While inseting a central venous catheter, a patient develops respiratory distress. The most likely cause is: A. Hemothorax B. Pneumothorax C. Pleural effusion D. Hypovolumia.....**(AIPGMEE - 2002)**

1722. Risk factors for pneumothorax: A. Smoking B. Short stature C. Obesity D. Male sex E. Severe exercise.....**(PGI - June -2001)**

1723. Spontaneous pneumothorax is seen in: A. Smokers B. Male sex C. Old age D. Exercise E. Short stature.....**(PGI - June -2002)**

TOPIC 9: COPD

1724. All pulmonary function abnormalities are seen in COPD, Except: A. Decreased FEV1 B. Decreased maximum expiratory flow rate C. Increased residual volume D. Decreased diffusing capacity.....**(AIIMS PGMEE - JUNE - 1997)**

1725. Smoking is generally not associated as a risk factor with: A Small cell carcinoma B. Respiratory bronchiolitis C. Emphysema D. Bronchiolitis obliterans organizing pneumonia.....**(AIPGMEE - 2006)**

1726. All the following are true about Chronic Obstructive lung disease except A. Decreased FeV, B. Decreased MEFR C. Increased RV D. Decreased diffusion capacity.....**(AIPGMEE - 1994)**

1727. Pulm. hypertension in COPD is due to: A. Constriction of pulm vessels B. Hypoxia C. Intersititial fibrosis D. Bronchoconstriction.....**(PGI - 1997 - Dec)**

ANSWERS

1703). C 1704). D 1705). B 1706). D 1707). B 1708). B 1709). A 1710). C 1711). C 1712). C 1713). A 1714). ALL 1715). B 1716). A 1717). A 1718). A&D 1719). D 1720). B 1721). B 1722). A 1723). A 1724). D 1725). D 1726). D 1727). A

1728. True statements about emphysema : A. Breathlessness is always there B. Diffusion rate for carbon monoxide is reduced C. Restrictive pattern of lung disease D. Long-term bronchodilator therapy is not effective..... **(PGI - DEC 2004)**

TOPIC 10 :ILD

1729. All are decreased in infiltrative lung disease, Except: A. Vital capacity B. Alveolar arterial difference in Pa02 C. Total lung capacity D. Lung compliance..... **(AIIMS PGMEE - FEB -1997)**

1730. A 28 years old woman having limited cutaneous scleroderma for the last 10 years complains of shortness of breath for last one month. Her pulmonary function tests (PFT) are as follows: What is the most likely diagnosis in this case? A Interstitial lung disease B. Pulmonary artery hypertension C. Congestive heart failure D. Bronchiectasis..... **(AIPGMEE - 2006)**

1731. Which of the following is characteristically not associated with the development of interstitial lung disease ? A. Coal dust B. Sulfur dioxide C. Thermophilic actenomycetes D. Tobacco smokes..... **(AIPGMEE - 2002)**

1732. Pulmonary hypertension Is caused by A. Interstitial lung disease B. MyocardiaJ infarction C. Systemic hypertension D. Thromboembolism..... **(PGI - JUNE** 2003)

1733. A worker working in a cotton industry presents with night cramps, sweating & cough. Likely cause is : A. Interstital lung disease **B.** Rest after 5 days of work C. Pulm edema D. COPD..... **(PGI - June -2000)**

1734. Features seen in Bronchiolitis Obliterans with Organizng Pneunonia include : A. Polypoid plugs in bronchioles B. Ulceration and exudation of epithelium into the lumen C. Exudation of proteinaceous material in terminal airways D. Bronchocon stricti on **(PGI-2001 -Dec)**

TOPIC 11 : ALVEOLAR HYPOVENTILATION

1735. P02 level is i in: A. Anaemia **B.** Co poisoning C. Methaemoglobinemia D. KCN poisoning **E.** Hypoventilation..... **(PGI - DEC 2002)**

1736. Hypoxemia seen in : A. Hypo ventilation B. Decreased Fio2 C. Myasthenia gravis D. Pulmonary emboli E. Diazepam of overdose..... **(PGI - June-2002)**

1737. True about primary pulmonary hypo ventilation is: A. Does not respond to chemical stimuli B. Hypocapnoea and normal PaO3 C. Common in children D. Respiratory alkalosis is diagnostic..... **(AIIMS PGMEE - FEB - 1997)**

TOPIC 12: BRONCHIECTASIS

1738. Bronchiectasis is most common in which lobe: A. Right upper lobe B. Right middle lobe C. Left upper lobe D. Left lower lobe **(AIIMS PGMEE - MAY 1995)**

1739. Which of the following is NOT a complication of bronchiectasis: A. Lung abscess B. Lung cancer C. Amylodosis D. Empyema **(AIIMS PGMEE-SEP 1996)**

1740. Complications of bronchiectasis include all except: A. Amyloidosis B. Lung abscess C. Cerebral abscess D. Bronchiogenic carcinoma..... **(AIPGMEE -1998)**

TOPIC 13 : COR PULMONALE

1741. The most common cause of acute cor pulmonale is : A. Pneumonia. B. Pulmonary thromboembolism. C. Chronic obstructive pulmonary disease. D. Primary spontaneous pneumothorax..... **(AIIMS PGMEE NOV - 2002)**

1742. Which of the following conditions commonly progress to cor pulmonale: A. Pulmonary thromboembolism B. Bronchial asthma C. COPD D. Cystic fibrosis **E.** Airway foreign body..... **(PGI - DEC 2004)**

TOPIC 14: FAT EMBOLISM

1743. All are features of fat embolism, Except: A. Fat globules are seen in urine B. Fundus examination is held out C. Symptoms occur after one week of injury D. Pulmonary and cerebral features are seen..... **(AIIMS PGMEE - SEP 1996)**

1744. To about fat embolism ; A. Seen one week after injury B. Patechiae C. Bradycurdiu D. Fat globuline in urine **E.** Thrombocytopeniu..... **(PGI - JUNE** 2005)

TOPIC 15 : RESPIRATORYFAILURE TYPE 1 &2

1745. In type - II respiratory failure, there is: A. Lowp02andlowpC02; B. Low p02 and high pC02 C. Normal p02 and high pC02. D. Low p02 and normal pC02..... **(AIIMS PGMEE NOV - 2002)**

1746. False statement about type 1 respiratory failure is: A. decreased Pa02 B. decreased PaC02 G normal PaC02 D. normal A-a gradient..... **(AIPGMEE-2001)**

TOPIC 16: FINAL

1747. The type of AHergic reaction seen in Allergic fungal sinusitis is- A. Type 1 and Type 2 B. Type 2 and Type 3 C. Type 1 and Type 3 **D.** Type **4** and Type **1**..... **(AIIMS PGMEE - NOV 2004)**

TOPIC 17: ANTITRYPSIN DEFICIENCY

1748. a,- Antitrypsin deficiency is associated with: A. Centriaciner emphysema B. Panaciner-emphysema C. Irregular emphysema **D.** Paraseptal-emphysema..... **(AIPGMEE - 1999)**

ANSWERS

1728). A 1729). B 1730). A 1731). D 1732). A 1733).? 1734). A 1735). E 1736). A 1737). A 1738). D 1739). B 1740). D 1741). B 1742). C 1743). C 1744). B 1745). B 1746). D 1747). C 1748). B

TOPIC 18 : ASPIRATION PNUEMONIA

1749. Commonest sign of aspiration pneumonitis is A. Cyanosis B. Tachypnoea C. Crepitations D. Rhonchi...**(AIIMS PGMEE DEC 1994)**

TOPIC 19 ATELECTASIS

1750. Right hemithorax with rig:it side shift of mediastinum is due to: A. Collapse of lung B. Right side hemothorax C. Hydrothorax D. Bronchiectasis.....**(PGI - JUNE 1997)**

TOPIC 20 : BRONCHIAL CYST

1751. All are true regarding bronchial cyst, EXCEPT: A. 50-70% are seen in lung B. Usually seen in mediastinum C. May be premalignant D. Commonly gets infected.....**(AIIMS PGMEE - Dec - 1995)**

TOPIC 21 : BRONCHIOLITIS

1752. Features of bronchiolitis are: A. Caused by R.S.V B. Wheeze present C. Pulmonary edema common D. Seen in immunocompromised hosts E. Common age group is from 5 to 15 years age.....**(PGI - June -2001)**

TOPIC 22: COUGH FRACTURE

1753. Cough fracture is associated with : A. Sudden pain during coughing B. Commonest in midscapular region C. Managed by strapping the chest D. Most common cause is COPD **E.** PneumoUiorax ocurs very frequently.....**(PGI - 2001 - Dec)**

TOPIC 23 : DIAPHRAGMATIC PARALYSIS

1754. All are true about bilateral diaphragmatic paralysis, Except: A. Sniff test is positive B. Causes normocapnic failure C. Diaphragmatic pacing is useful if any nerve is intact D. None of the above.....**(AIIMS PGMEE - MAY 1995)**

TOPIC 24: EMPYEMA

1755. Fever persisting even after treatment of pneumonia likely diagnosis is : A. Empyema B. Fungal lesion C. Hydrothorax D. All of the above **(AIIMS PGMEE - JUNE -1997)**

TOPIC 25 : EXERCISE PHYSIOLOGY

1756. False statement regarding hemodynamic changes occurring during exercise is which of the following: A. Venous return is augmented by the pumping action of skeletal muscles B. The increased adrenergic nerve impulses to the heart as well as an increased concentration of circulating catecholamines help to augment the contractile state of the myocardium C. Venoconstriction in exercising muscles as well as increased cardiac output leads to marked increase in systemic blood pressure D. End-diastolic volume increases in the failing heart during exercise.....**(AIIMS PGMEE NOV - 1999)**

TOPIC 26 : FOREIGN BODY ASPIRATION

1757. A patient develops acute respiratory distress, stridor, hyperinflation on one side of chest with decreased breath sound on that side. Most likely cause is : a. Asthma b. Aspiration pneumonia c. Foreign body aspiration d. Pleural effusion...**(AIIMS PGMEE JUNE 2000)**

TOPIC 27: IPPV

1758. IPPV can cause: A. Barotrauma B. Pleural effusion C. Missing D. None of the above.....**(AIPGMEE - 2001)**

TOPIC 28 : LUNG ABSCESS

1759. Most common cause of empyema is: A. Bronchopleural fistula B. Tubercular pneumonia C. Bacterial pneumonia D. Pleurisy.....**(AIIMS PGMEE - DEC 1997)**

TOPIC 29 : MEDIASTINAL TUMORS

1760. Commonest lesion in middle mediastinum is: A. Lipoma B. Aneurysm C. Congenital cyst D. Germ cell rumour...**(AIPGMEE** - 1998)

TOPIC 30 : NOSOCOMIAL PNUEMONIA

1761. Nosocomial pneumonia is most commonly caused by: A. Gram-ve bacilli B. Gram +ve bacilli C. Gram-ve cocci D. Mycoplasma.....**(AIPGMEE -1998)**

TOPIC 31 : RESTRICTIVE CARDIOMYOPATHY

1762. False regarding restrictive cardiomyopathy is A. Filling pressure is increased B. Left ventricular hypertrophy C. Heart failure is not predominantly right sided D. In early phase, systolic function is not impaired.....**(AIIMS PGMEE - NOV - 1993)**

TOPIC 32: SILICOSIS

1763. True Statement about silicosis: A. Produces pleural plaque B. A/w tuberculosis C. Lower lobe infiltration D. Hilar adenopathy **(PGI-DEC 2004)**

TOPIC 33: SLEEP APNEA

1764. "Sleep apnoea", is defined as a temporary pause in breathing during sleep lasting at least. **A. 40 seconds B.** 30 seconds C. 20 seconds D. 10 seconds.....**(AIIMS PGMEE MAY - 2003)**

ANSWERS

1749). B 1750). A 1751). C 1752). A 1753). A 1754). B 1755). A 1756). C 1757). C 1758). A 1759 C 1760). B 1761). A 1762). C 1763). B 1764). D

TOPIC 1: LUNG CANCER

1765. A patient presents with secondaries to the adrenals. The most common site of primary is: A. Lung B. Kidney C. Breast D. Stomach **(COMPLICATIONS)** **(AIPGMEE • 2000)**

1766. A patient comes with non-productive cough, hemoptysis and grade IE clubbing, Chest X-ray shows upper left zone lesion. The likely cause is- a. Small cell carcinoma lung b. Non-small cell carcinoma lung c. Tuberculosis d. Fungal infection of lung **(DIAGNOSIS)** **(AIIMS PGMEE JUNE -2000)**

1767. A 60 year old man presents with non productive cough for 4 weeks;He has grade III clubbing, and a lesion in the apical lobe on xray. Most likely diagnosis here is ; A. Small cell ca B. Non small cell c3 C. Fungal infection D. Tuberculosis **(DIAGNOSIS)** **(AIPGMEE-2001)**

1768. What is TRUE regarding adenocarcinoma lung A. Causes 50% of lung cancers B. More common in females C. Associated with subcutaneous angiomyolipoma D. Peripheral location **(DIAGNOSIS)** **(AIIMS PGMEE - DEC 1994)**

1769. Most common type of carcinoma lung is A. Small cell carcinoma B. Adenocarcinoma C. Squamous cell carcinoma D. Large cell carcinoma **(EPIDEMIOLOGY)** **(AIIMS PGMEE - MAY -1993)**

1770. Most common bronchogenic carcinoma is a. Small cell carcinoma b. Squamous cell carcinoma c. Mixed cell carcinoma •.Adenocarcinoma **(EPIDEMIOLOGY)** **(AIIMS PGMEE JUNE -2000)**

1771. True about adenocarcinoma lung : A. More common in female B. Smoking is not associated with C. Central cavitations D. Upper lobe involvement is most common E. Peripheral involvement **(EPIDEMIOLOGY)** **(PGI - JUNE 2005)**

1772. Commonest type of lung carcinoma in nonsmokers is A. Squamous cell carcinoma B. Adenocarcinoma C. Alveolar cell carcinoma **D.** Small cell carcinoma **(EPIDEMIOLOGY)** **(AIIMS PGMEE - DEC 1994)**

1773. Lung cancer predisposing factors A. Cigerette smoking B. Bidi smoking C. Passive smoking D. Active smoking E. Rurals have higher invidence than urbans **(ETIOLOGY)** **(PGI - JUNE 2003)**

1774. Autopsy of lung of an old man shows that the bronchi are lined by stratified squamous epithelium. What is this change - A. Metaplasia B. Dysplasia C. Hyperplasia D. Hypertrophy **(HISTOLOGY)** **(AIIMS PGMEE NOV - 2001)**

1775. A 60 yr old man is suspected of having bronchogenic ca; TB has been ruled out in this pt.What should be the next investigation: A. CT guided FNAC B. Bronchoscopy and biopsy C. Sputum cytology D. X-Ray chest. **(LAB)** **(AIPGMEE - 2001)**

1776. Following hormonal levels are increased in small cell carcinoma of lung except: A. ACTH B. Growth hormone C. ANF D. AVP **(PARANEOPLASTIC)** **(AIPGMEE -1997)**

1777. - Ca+ 2 in Ca lung is seen in Ca: A. Adeno B. Squamous C. Small cell D. Large cell **(PARANEOPLASTIC)** **(PGI - 1997 - Dec)**

1778. All following secreted by Bronchogenk Ca except: A. Nor adrenaline B. PTH C. ACTH D. ADH **(PARANEOPLASTIC)** **(PGI-June-2000)**

1779. All are cavitating lesions in the lu>'gs, except A. Caplan's syndrome B. Hamartoma C. Wegner's granuloma D. Squamous cell carcinoma **(RADIOLOGY)** **(AIIMS PGMEE - MAY -1994)**

1780. All of the following are true regarding oat cell carcinoma of lung, EXCEPT: A. Varient of large cell anaplastic CA B. Chemotherapy is effective C. Paraneoplastic syndrome may be present D. Causes SIADH **(SMALL CELL)** **(AIIMS PGMEE JUNE - 1999)**

1781. In a chronic smoker, a highly malignant aggressive and metastatic lung carcinoma is : A. Squamous cell Carcinoma B. Small cell Carcinoma C. Adenocarcinoma D. Large cell carcinoma **(SMALL CELL)** **(AIIMS PGMEE MAY - 2001)**

1782. Small cell carcinoma features are: A. Commonest malignancy of lung B. Associated with paraneoplastic syndrome C. Don't cause SVC syndrome D. Chemosensitive E. Commonly present with metastasis to brain **(SMALL CELL)** **(PGI - JUNE 2006)**

1783. Lung to lung metastasis is seen in: A. Adenocarcinoma of lung B. Squamous cell carcinoma of lung C. Small cell carcinoma **D.** Neuroendocrine tumor of lung **(AIIMS PGMEE - MAY 2005)**

TOPIC 2 : BRAIN TUMOR

1784. In children, most common posterior fossa tumour is: A. Meningioma B. Astrocytoma C. Medulloblastoma D. Glioblastoma multiforme **(ASTROCYTOMA)** **(AIIMS PGMEE - Dec -1995)**

1785. Most common Intracranial neoplasm in adults fc A. Meningioma B. Astrocytoma C. Posterior fossa tumor D. Ganglioneuroma **(ASTROCYTOMA)** **(AIIMS PGMEE - MAY -1993)**

1786. Most common intracranial tumour is A. Meningioma B. Glioma „ C. Craniopharyngioma D. Metastasis **(ASTROCYTOMA)** **(AIIMS PGMEE - MAY -1994)**

1787. Tumour with best prognosis is A. Ependymoma B. Medulloblastoma C. Cerebellar astrocytoma D. Glioblastoma multiforme **(ASTROCYTOMA)** **(AIIMS PGMEE - MAY -1994)**

1788. Which of the following is the most common type of Glial tumors? A. Astrocytomas B. Medulloblastomas C. Neurofibromas D. Ependymomas **(ASTROCYTOMA)** **(AIPGMEE - 2006)**

ANSWERS

1765). A 1766). B 1767). B 1768). D 1769). B 1770). D 1771). A 1772). B 1773). A 1774). B 1775). B 1776). B 1777). B 1778). A 1779). B 1780). A 1781). B 1782). B 1783). A 1784). B 1785). B 1786). B 1787). C 1788). A

1789. Which of the following brain tumors does not spread via CSF ? A. Germ cell tumors B. Medulloblastoma C. CNS Lymphoma D. Craniopharyngoma **(CRANIOPHARYNGIOMA)**.....**(AIPGMEE - 2004)**

1790. Downbeat nystagmus is characteristic of A. Posterior fossa lesion B. Vestibular lesion C. Labyrinthine lesion D. Cerebellar lesion **(DIAGNOSIS)**.....**(PGI - JUNE 1997)**

1791. All of the following hereditary conditions predispose to CNS tumors, except. A. Neurofibromatosis 1 & 2 B. Tuberous sclerosis C. Von-Hippel-Lindau syndrome D. Xeroderma pigmentosum.....**(AIIMS PGMEE - MAY 2005)**

1792. Most common site of sub ependymal astrocytoma (giant cell) A. Trigone of lateral ventricle B. Foramen of Munro C. Temporal horn of lateral ventricle D. 4th ventricle.....**(AIIMS PGMEE - NOV 2007)**

1793. All of the following tumors are malignant except: A. Glioma B. Astrocytoma C. Hemangioblastoma D. Ependymoma **(CLASSIFICATION)**.....**(AIPGMEE -1997)**

1794. Bilateral extensor plantar are seen in: A. Peroneal muscle disease B. Infective polyneuropathy C. Brain tumour D. Sunaracnnoid hemorrhage **(DIAGNOSIS)**.....**(PGI -1998 - Dec)**

1795. Brain tumour is associated with A/E : A. Tuberous sclerosis A. PAN B. Von hippel lindau ds B. SLE C. Neurofibromatosis D. Sturge weber sydnrome **(ETIOLOGY)**.....**(PGI -1999 - Dec)**

1796.'CNS tumor seen in von hippel lindau syndrome is : A. Meningioma B. Cerebellar hemangioblastoma C. CNS lymphoma D. Glioma **(ETIOLOGY)**.....**(PGI -1999 - Dec)**

TOPIC 3 : TUMOR MARKER

1797. Ca 125 is specific marker of ; A. Choriocarcinoma B. Teratoma C. Epithelial cell carcinoma of ovary D. Seminoraa **(PGI- 1999-Dec)**

1798. Alpha feto protein is increased in : A. Germ cell tumors B. Carcinoma colon C. Carcinoma liver D. Carcinoma prostate **E.** Carcinoma lung.....**(PGI - 2001 - Dec)**

1799. Specific Tumor marker is seen in A. Ca breast **B.** Ca lung C. Ca liver D. Ca ovary **E.** Ca colon.....**(PGI - DEC 2005)**

1800. Which of the following has a normal level of alpha fetoprotein value in serum? A. Ovarian dysgerminoma B. Hepatoblastoma C. Embroynal corcinoma D. Yolk sac tumours.....**(AIIMS PGMEE - MAY 2005)**

1801. All are correctly matched, EXCEPT a. CA ovary -CA 125 b. Choriocarcinoma-CEA c. Prostatic carcinoma-PSA d. Meig's syndrome-HCG **(AIIMS PGMEE JUNE - 2000)**

1802. The level of alpha fetoprotein is raised in all of the following except. A. Cirrohosis of liver. B. Hepatocellur carcinoma C. Yolksac tumor D. Dysgerminoma.....**(AIIMS PGMEE MAY - 2003)**

1803. 5'-Nucleotidase activity is increased in: A. Bone diseases. B. Prostate cancer. C. Chronic renal failure. D. Cholestatic disorders.....**(AIPGMEE - 2005)**

1804. Which one of the following serum levels would help in distinguishing an acute liver disease from chronic liver disease? A. Aminotransaminase. B. Alkaline phosphatase. C. Bilirubin. D. Albumin.....**(AIPGMEE - 2005)**

1805. Which of the following statements is not true regarding a-fetoprotein: A. High levels are seen in fibrolamellar hepatic carcinoma B. Pre-operative high level indicates worse prognosis C. High level are seen in stomach carcinoma D. Levels may be increased in Hepatitis.....**(AIPGMEE-1999)**

1806. Alpha-fetoprotein in maternal serum and/or amniotic fluid is increased in all except: A. Fetal neural tube defects B. Down's syndrome C. Anencephaly D. Encephalocele.....**(AIIMS PGMEE - MAY 2005)**

TOPIC 4: HEPATOCELLULAR CARCINOMA

1807. ALI are features of hepatocellular carcinoma, Except: A. Not common in Asian B. Liver biopsy is diagnostic C. Raised titre of HB V and HCV antibodies D. Fibrolameller type is having good prognosis.....**(AIIMS PGMEE - SEP 1996)**

1808. About fibrolamellar carcinoma, TRUE is A. Diffuse in nature B. Occurs after 60 years of age C. Cirrhosis is the most common presenting feature D. Has better prognosis.....**(AIIMS PGMEE - MAY - 1994)**

1809. Ingestion of arsenic causes A. Hepatic carcinoma B. Hepatic adenoma C. Noncirrhotic portal fibrosis D. Hepatic cirrhosis **(AIIMS PGMEE MAY - 2001)**

1810. Lalloo, 60 years of age, a known case of cirrhosis liver, presents with increased levels of Alpha feto protein, hepatomegaly 3 cm below costal margin.USG showed lesions involving the right lobe of the liver. What is the most probable diagnosis: A. Focal nodular hyper-plasia B. Hepatocellular carinoma C. Hepatic adenoma D. Metastasis.....**(AIIMS PGMEE NOV - 2000)**

1811. Maximum increase in a-fetoprotein increased is seen with: A. Hepato-celtular-carcinoma B. Benign-mature teratoma C. Chorio-carcinoma D. Teratoma.....**(AIPGMEE - 1999)**

1812. Increased B|2 level is seen in all, except: Cirrhosis Primary hepatocel lular Ca Hepatitis Cholestatic jaundice A. Except Cirrhosis B. Primary Hepatocellular Ca C. Hepatitis D. Cholestatic jaundice.....**(AIPGMEE - 2000)**

1813. 38 year old man Babbu, a chronic alcoholic, presents with pain in abdomen. On examination his liver is enlarged and serum a fetoprotein is elevated. The most likely diagnosis is: A. Hepatocellularparcinoma B. Liver cell hyperplasia C. Hepatic adenoma D. Hepatitis.....**(AIPGMEE** - 2000)

ANSWERS

1789). D 1790). A 1791). D 1792). B 1793). C 1794). C 1795). D 1796). B 1797). C 1798). A 1799). NONE 1800). A 1801). C 1802). D 1803). A 1804). D 1805). A 1806). B 1807). A 1808). D 1809). C 1810). B 1811). A 1812). D 1813). A

1814. Prolonged used of oral contraceptives will lead to : A, Hepatic adenoma B. Focal nodular hyperplasia C. Extrahepatic cholestasis D. Sclerosing cholangitis E. Hepatic vein thrombosis.....(PGI - **2001 - Dec)**

1815. Spontaneous hypoglycemia is caused by: A. Glucagonoma B. Chr. Pancreatitis C. Cushing's syndrome D. Hepatocellular carcinoma.....**(PGI - JUNE 1997)**

1816. Which is the most common site of metastatic disease? A. Lung B. Bone C. Liver D. Brain.....**(AIIMS PGMEE - MAY 2005)**

TOPIC 5: THYMOMA

1817. Thymoma can be associated with all, EXCEPT: A. Superior mediastinum syndrome B. Myasthenia gravis C. Hypergammaglobulinemia D. Pure red cell aplasia.....**(AIIMS PGMEE - Dec - 1995)**

1818. All are true about Thy mo ma, except A. Myasthenia gravis B. Hypergammaglobulinemia C. Pure red cell aplasia D. Superior mediastinal compression syndrome.....**(AIIMS PGMEE - MAY - 1994)**

1819. Thymoma is associated with A. Myasthenia gravis B. Hypergammaglobulinemia C. SLE D. Multiple sclerosis **(AIPGMEE-2008)**

1820. Most common tumor of the anterior mediastinum tumou is: A. Thymoma B. Lymphoma C. Neurogenic tumour D. Vascular cyst **(AIPGMEE-1999)**

1821. Thymoma is associated with: A. Myasthenia gravis B. Scleroderma C. Oesophageal atrasia D. Hypergammaglobulinemia.....**(AIPGMEE - 2000)**

1822. Which of the following is not associated with thymoma: A. Red cell aplasia B. Myasthenia gravis C. Hypergammaglobulinemia D. Compression of the superior mediastinum.....**(AIPGMEE - 2001)**

1823. Thymoma is associated with all except A. Pure Red-cell aplasia B. Aplastic anemia C. Hypergammaglobulinemia D. Myasthenia gravis.....**(AIPGMEE -1994)**

1824. Thymoma is associated with A. Myasthenia gravis B. Scleroderma C. Oesophageal atrasia D. Hypergammaglobulinemia.....**(AIPGMEE - 1994)**

1825. All of the following may be associated with thymoma except; A. Myasthenia-gravis B. Pure red cell aplasia C. Superior mediastinal compression syndrome D. Hypergammaglobulinemia.....**(AIPGMEE - 1997)**

1826. Pure red-cell aplasia is associated with : A. Thymoma B. Myelofibrosis C. Sarcoidosis D. Multiple myeloma.....**(PGI - June -1999)**

TOPIC 6 : TUMOR LYSIS SYNDROME

1827. Tumor lysis syndrome is associated with all of he following laboratory feature except: A. Hyperkalemia B. Hypercalcemia C. Hyperuricemia D. Hyperphosphatemia.....**(AIIMS PGMEE NOV - 2003)**

1828. Tumor lysis syndrome is characterized by except: A. Hypercalcemia B. Hypokalemia C. Hyper phosphatemia D. Hyperuricemia.....**(PGI - 1997 - Dec)**

1829. Lysis of cells cause A/E: A. Hyperuricemia B. Hypercalcemia C. Hyper phosphatemia D. Hyper kalemia.....**(PGI - 1998 - Dec)**

1830. Features of tumor lysis syndrome are : A. Hypocalcemia B, Hyperphosphatemia C, Ajkalosis D. Hypokalemia...**(PGI - 2000 - Dec)**

1831. True about tumour lysis syndrome are A/E : A. Hyperuricemia B. Hypercalcemia C. Hyperkalemia D. Hyperphosphatemia E. Hypocalcemia.....**(PGI - DEC** 2003)

1832. Features of tumour lysis syndrome: A. Hyperuricemia B. Hypercalcemia C. Hyperphosphatemia D. Hypernatremia **E.** Hyperkalemia.....**(PGI - JUNE 2006)**

1833. Not seen to tumor-lysis syndrome is : A. Hyperkalemia B. Hypercalcemia C. Hyponatremia D. Hypocalcemia...**(PGI - June -1999)**

1834. Which of the following are features of Tumour lysis syndrome : A. Hyperuricemia B. Hyperkalemia C. Hyperphosphatemia D. Hyperealcemia **E.** Hypophosphatemia.....**(PGI - June -2000)**

TOPIC 7 : PARANEOPLASTIC SYNDROME

1835. All are associated with paraneoplastic syndromes EXCEPT: A. Cerebeller degeneration B. Progressive multifocal leucoencephalopathy C. Amyotropic lateral sclerosis D. Opsoclonus myoclonus.....**(AIIMS PGMEE MAY - 2001)**

1836. Non-metastatic manifestation of Ca lung A. Cushing synd. B. Diabetes Mellitus C. Carcinoid synd. D. Jaundice **E.** Hypercalcemia.....**(PGI - JUNE 2003)**

1837. Migratory necrolytic erythema is seen in: A. Glucagonoma syndrome B. Peutz-Jeghers syndrome C. Sarcoidosis D. Amyloidosis.....**(AIIMS PGMEE - MAY** 2005)

1838. Which one of the following is not a non-metastatic complication of malignancies A. Cushing's syndrome B. Cerebral cortical degeneration C. Cerebellar degeneration D. Polymyositis.....**(AIIMS PGMEE - MAY 2005)**

1839. Which one of the following is correct regarding Eaton- Lambert syndrome- A. It commonly affects the ocular muscle B. Neostigmine is the drug of choice for this syndrome C. Repeated electrical stimulation enhances muscle power in it. D. It is commonly associated with adenocarcinoma of lung.....**(AIIMS PGMEE - NOV 2004)**

1840. The paraneoplastic syndrome associated with Hodgkin's disease is - A. Nephrotic syndrome B. Retinopathy C. Cerebellar degenerative disease D. Acanthosis nigricans.....**(AIIMS PGMEE - NOV 2005)**

ANSWERS

1814). A 1815). D 1816). C 1817). C 1818). B 1819). A 1820). A 1821). A 1822). C 1823). C 1824). A 1825). D 1826). A 1827). B 1828). A 1829). B 1830). A 1831). B 1832). A 1833). B 1834). A 1835). B 1836). A 1837). A 1838). B 1839). C 1840). C

1841. Hyperkeratosis of palm and sole is seen in: A. Carcinoma colon B. Hepatoma C. Adenocarcinoma lung D. CA oesophagus.....**(AIIMS PGMEE - DEC 1997)**

TOPIC 8: CHEMOTHERAPY

1842. Tumors most amenable (cured with) to chemotherapy : A. Chorio Ca B. Embryonal rhabdomyosarcoma C. Hepatocelullar Ca D. Thyroid Ca.....**(PGI - DEC 2006)**

1843. Chemotherapy induced agranulocytopenia is treated with : A. GM-CSF B. G-CSF C. Packed cells D T Platelets**...(PGI - DEC** 2006)

1844. Natural elements having anticancer properties : A. Nitrosoamines B. Vit. C C. Vit. D D. Carotene E. Selenium**...(PGI - JUNE 2006)**

1845. The most common side-effect of chemotherapy administration is: A. Nausea B. Alopecia C. Myelosuppression D. Renal dysfunction.....**(AIIMS PGMEE - MAY 2005)**

1846. A 45-year-old woman underwent a modified radical mastectomy 4 years ago. She was treated for multiple bone metastases with cyclophosphamide, doxorubicin, and fluorouracil for 6 months. She is complaining of exertion on exercise, swelling of the legs, and swelling around eyes in the morning. On examination, she has bilateral rales in the lungs, SI, S2 audible, S3, S4 gallop present. Her BP is 149/117 mm Hg, PR is 80/min, and RR is 18/min. What is the most likely cause for her cardiac condition? A. Systolic dysfunction CHF B. Drug induced cardiac toxicity C. Metastatic cardiac disease D. Pneumonia.....**(AIIMS PGMEE - MAY 2006)**

1847. Chemotherapy is useful in all, EXCEPT A. Ewing's sarcoma **B** Germ cell tumor C. Secondaries **D.** Carcinoma cervix **(AIIMS PGMEE-DEC 1997)**

TOPIC 9: CRANIOPHARYNGIOMA

1848. Sea saw nystagmus is seen in : A. Anterior longitudinal fasiculus B. Craniopharyngioma C. Medullary lesion D. G.B. Syndrome.....**(AIIMS PGMEE - JUNE -1997)**

1849. All the following are true of Craniopharyngioma except A. Derived from Rathke's pouch B. Contains epithelial cells C. Present in sella or mrra-sellar location D. Causes visual disturbances.....**(AIPGMEE - 1994)**

1850. A 6 year old boy has been complaining of headache, ignoring to see the objects on the sides for four months. On examination, he is not mentally retarded, his grades at school are good, and visual acuity is diminished in both the eyes. Visual charting showed significant field defect. CT scan of the head showed suprasellar mass with calcification. Which of the following is the most probable diagnosis? A. Astrocytoma B. Craniopharyngioma C. Pituitary adenoma D. Meningioma.....**(AIIMS PGMEE - NOV 2004)**

TOPIC 10: MESOTHELIMA

1851. Asbestosb causes A. Pleura] mesothelioma B. peritoneal mesothelioma C. Ca. larynx D. Ca. colon E. Ca. stomach **(PGI-June-2001)**

1852. Pleural calcification is seen in A. Mesothelioma B. Haemothorax C. Asbestosis D. Pulmonary fibrosis E. Tubercular empyema.....**(PGI - DEC 2004)**

1853. True statements about asbestosis: A. Causes Lung Ca B. Pleural mesothelioma C. Peritoneal mesothelioma D. Pulmonary fibrosis.....**(PGI - DEC 2004)**

TOPIC 11 : SVC OBSTRUCTION

1854. In superior vena cava obstruction following are true: A. Dyspnea B. Palpitation C. Oedema of the head and neck D. Enlarged dilated veins on anterior chest wall E. Ted JVP.....**(PGI - DEC** 2002)

1855. Type of lung carcinoma producing superior vena cava syndrome : A. Squamous cell carcinoma B. Adenocarcinoma C. Small cell carcinoma D. Anaplastic carcinoma.....**(AIIMS PGMEE - JUNE - 1997)**

1856. A 60 year old male presented to the emergency with breathlessness, facial swelling and dilated veins on the chest wall. The most common cause is: A. Thymoma B. Lung cancer C. Hodgkin's lymphoma D. Superior vena caval obstruction.....**(AIPGMEE - 2003)**

TOPIC 12 : TUMOR BIOLOGY

1857. Which of the following is involved in tumor metastasis cascade:-A. Fibronectin B. E-Cadherin C. Type IV collagenase D. Tyrosine kinase.....**(AIIMS PGMEE MAY** - 2002)

1858. Natural prevention of cancers are/is A. Nitrosamines B. Ascorbic acid C. Beta carotene D. Vitamin D E. a -Toco p herol **(PGI-JUNE 2004)**

1859. True about occupational cancers: A. Seen even after exposure is stopped B. Site for occurance common to a occupation C. Uasually not seen in younger persons D. Scrota! cancer is common in dye industry workers.....**(PGI - June -2001)**

TOPIC 13: NEUROBLASTOMA

1860. Increase in alpha-fetoprotein is seen in a. Hepatoblastoma b. Neuroblastoma c. Thymoma d. Angiosarcoma.....**(AIIMS PGMEE JUNE-2000)**

1861. Opso myoclonus is seen In: A. Neuroblastoma B. Nephroblastoma C. Retino blastoma D. Melanoma.....**(PGI** - 1998 - **Dec)**

ANSWERS

1841). D 1842). A 1843). A 1844). B 1845). A 1846). B 1847). D 1848). B 1849). C 1850). B 1851). A 1852). A 1853). ALL 1854). A 1855). C 1856). D 1857). B 1858). C 1859). A 1860). B 1861). A

MEDICINE

TOPIC 14: RENAL CELL CARCINOMA

1862. A 40 year old man presented with painless hematuria Bimanual examination revealed a ballotable mass over the right flank. Subsequently right nephrectomy was done and mass was seen to be composed of cells with clear cytoplasm. Areas of hemorrhage and necrosis were frequent. Cytogenic analysis of this mass is likely to reveal an abnormality of: A. Chromosome 1 B. Chromosome 3 C. Chromosome 11 D. Chromosome 17.....**(AIPGMEE - 2004)**

1863. Which of She following donot cause osteoblastic secondaries : A. Kidney I B. Prostate C. Thyroid D. Breast'.....**(PGI - DEC 2006)**

TOPIC 15: ACANTHOSIS NIGRICANS

1864. Acanthosis nigricans is caused by/which drug : A. Amphotericin - B B. Ketoconazole C. Nicotinic acid D. Nalidixil acid **(PGI - June -2000)**

TOPIC 16 : ACOUSTIC NEUROMA

1865. C/F of cere hello pontine angle tumours : A. Tinitus B. Deafness C. Loss of corneal reflex , D. Vertigo.....**(PGI - JUNE 2005)**

TOPIC 17: ANGIOSARCOMA

1866. Lymph node metastasis is common in: A. Osteosarcoma B. Fibrous histiocytoma C. Angiosarcoma D. Rhabdomyosarcoma.... **(AIIMS PGMEE - Dec -1995)**

TOPIC 18 : BREAST CARCINOMA

1867. Chemo prevention trials shown effective in reducing of: A. Lymphoma B. Breast Ca C. Pancreatic Ca D. Ca urinary bladder E. Aero digestive tract.....**(PGI - DEC 2004)**

TOPIC 19 :CISPLATINUM

1868. The commonest side effect of cisplatinum in a patient using it for esophageal carcinoma is A. Acute tubular necrosis B. Thrombocytopenia C. Hepatic failure D. Cardiomyopathy.....**(AIIMS PGMEE MAY - 2001)**

TOPIC 20 : GASTRIC CARCINOMA

1869. Early gastric cancer generally indicates- A. Gastric adencarcinoma detected early B. Gastric adenocarcinoma confined to the mucosa C. Gastric adenocarcinoma confined to the mucosa & submucosa D. Gastric adenocarcinoma less than 1 cm. In size **(AIIMS PGMEE - NOV 2004)**

TOPIC 21 : HEMANGIOMA

1870. Kasabaach Merrit Syndrome is associated with: A. Giant hemangioma B. Large aneurysm of aorta C. Giant Thrombocytes D. A-V malformation.....**(AIIMS PGMEE - MAY 2008)**

TOPIC 22 : LUNG ABSCESS

1871. Most common cause of amoebic lung abscess is A. Aspiration B. Direct spread from liver C. Hematogenous spread from liver D. Hematogenous spread from gut.....**(AIPGMEE - 1997)**

TOPIC 23: MELANOMA

1872. Skin eruptions. Radio resistant tumours are A. Melanoma B. HD C. Seminoma D. Ewing's sarcoma.....**(PGI - JUNE 2004)**

TOPIC 24: ONCOLOGY

1873. WHO Ladder is for the rational titration of: A. Oral analgesia B. Chemotherapry C. Radiotherapy D. Antidepressants **(AIIMS PGMEE-MAY2005)**

TOPIC 25 : PANCREATIC TUMOR

1874. Which of the following is NOT secreted in pancreatic tumour: A. VIP B. Insulin>C. Somatostatin D. ACTH..**(AIIMS PGMEE SEP1996)**

TOPIC 26: RADIOSENSTIVITY

1875. Most radiosensitive brain tumour is : A. Ependymoma B. Medulloblastoma C. Glioblastoma multiforme D. Astrocytoma **(AIIMS PGMEE-SEP 1996)**

TOPIC 27: RHABDOMYOSARCOMA

1876. Most common site of rhabdomyosarcoma in children is A. Genito urinary area B. Head and neck region C. Trunk D. Extremities.....**(AIIMS PGMEE JUNE - 2000)**

TOPIC 28 : TESTICULAR TUMOR

1877. A combination of gynaecomastia, decreased serum testosterone and LH in a male patient is seen in: A. Testicular failure B. Sertoli cell tumor C. Gonadotrophins D. Androgen resistant state.....**(AIIMS PGMEE - DEC 1997)**

TOPIC 29 : THYROID CARCINOMA

1878. Thyroid carcmoma associated with hypocalcemia is A. Follicular carcinoma B. Medullary carcinoma C. Anaplastic carcinoma D. Papillary carcinoma.....**(AIIMS PGMEE - DEC 1994)**

ANSWERS

1862). B 1863). A 1864). C 1865). ALL 1866). C 1867). B 1868). A 1869). C 1870). A 1871). B 1872). A 1873). A 1874). NONE 1875). B 1876). B 1877). B 1878). B

NEPHROLOGY

TOPIC 1 : CRF

1879. Anemia in chronic renal failure (*9<F) is due to: A. Decreased erythropoietin production B. Iron deficiency C. Hypoplastic bone marrow D. Decreased VH-BI2 **E.** Decreased folate levels **(ANEMIA)**.....**(PGI - June** -2001)

1880. Central nervous system manifestation in chronic renal failure are a result of all of the following, except: A. Hyperosmolarity B. Hypocalcemia C. Acidosis D. Hyponatremia **(COMPLICATION)**.....**(AIPGMEE** - 2003)

1881. Metabolic complication in CRF include all of the following except: A. Hyperkalemia B. Hypophosphatemia C. Hypocalcemia D. Hypokalemia **(COMPLICATION)**.....**(AIPGMEE** -1998)

1882. Al toxicity A, Dementia B. Bone disease C. Cardiomyopathy D. Anemia **(COMPLICATION)**.....**(PGI - DEC 2005)**

1883. In chronic dialysis, most common CNS manifestation is: A. Sensory loss B. Paralysis C. Dementia D. Depression **(COMPLICATION)**.....**(PGI - JUNE** 1997)

1884. Hyperphosphatemia with hypocalcemia is seen in : A. CRF B. Pseudophypoparalhyroidism C. Tumor lysis syndrome (TLS) D. Vitamin D intoxication E. Sarcoidosis **(COMPLICATION)**.....**(PGI - June -2002)**

1885. Presence of which of the following correlates best with renal pathology A. Hyaline cast B. Coarse granular cast C. Broad cast D. Epithelial cast **(CUE)**.....**(AIIMS PGMEE JUNE - 2000)**

1886. Which of the following is pathognomonic of renal disease A. Hyaline casts B. Coarse granular casts C. Cystine Oxalate cells D. Epithelial cells **(CUE)**.....**(AIIMS PGMEE MAY - 2001)**

1887. C/F of CRF : A. Broad cast in urine B. Hypomagnesemia C. Hypokalemia D. Impotence **(CUE)**.....**(PGI - JUNE 2005)**

1888. Causes of large kidney in CRF are a/e : A. DM B. Amyloidosis C. Benign nephrosclerosis D. Diffuse GN **(LARGE KIDNEY)** **(PGI - 2000 - Dec)**

1889. Which drug/s no given in CRF : A. Amiloride B. ACE Inhibitors C. Spironolactone D. ARB E. Calcium acetate. **(MANAGEMENT)**.....**(PGI - DEC 2006)**

1890. Nail and half nail sign, seen in uremia is A. Due to melanin deposition B. Increased capillary density at the distal half of nails C. Hypoproteinemia D. Circulating toxin.....**(AIIMS PGMEE - MAY** 2007)

1891. Which of the folio wing is not true? A. William syndrome consists of precocious puberty, mental retardation and obesity B. In absence of sunlight daily requirement of vitamin D is 400-600IU C. 1 alpha hydroxylation occurs in kidney D. 25 alpha hydroxylation occurs in liver.....**(AIIMS PGMEE - MAY 2008)**

TOPIC 2: GLOMERULONEPHRITIS

1892. All can cause R.P.G.N., Except: A. Minimal change glomerulonephritis B. Poststreptococcal glomerulonephritis C. Wegener granulomatosis D. S.L.E.....**(AIIMS PGMEE - JUNE** -1997)

1893. A 30 year old man presents with generalized edema and hypertension. Urine examination shows subnephrotic proteinuria (< 2gm) and microscopic hematuriA) Serum complement levels are decreased and he is positive for antihepatitis C antibodies. The most likely diagnosis is: A. Post streptococcal Glomerulonephritis (PSGN) B. Mixed cryoglobulinemia C. Membranoproliferative glomerulonephritis (MPGN) D. Focal symentat Glomerular sclerosis (FSGS) **(diagnosis)**.....**(AIPGMEE - 2007)**

1894. Most characterstic GN in HIV is : A. FSGN B. MPGN C. MCD D. RPGN **(FSGS)**.....**(PGI - 1999 - Dec)**

1895. Presence of which of the following in the urine is diagnostic of glomerular injury: A. Bright red cells B. 20% dysmorphic RBC's C. 100RBC per high power field D. Beta2 micro globulin **(lab)**.....**(AIIMS PGMEE JUNE** - 1999)

1896. Following are features of acute GN except: A. Polyuria B. Haematurta C. Red cell cast D. Oliguia **(lab)**.....**(PGI - JUNE 1997)**

1897. Hypocomplementemia is seen: A. PSGN B. Membranous GN C. Focal segmental GN D. MPGN E. Infective endocarditis **(lab)... (PGI - June**-2001)

1898. Membranous glomerulonephritis is associated with: A. Renal venous thrombosis B. Hodgkin's disease C. Subepithelial immune deposits D. Hematuria E. Acute nephritis **(mgn)**.....**(PGI - June** -2002)

1899. True about Post-Streptocoeeal Glomerulonephritis is ; A. 50% of cases occur after pharyngitis B. Early treatment of Pharyngitis eleminates the risk P.S.G.N. C. Glomerulonephritis, secondary to skin infection, is more common in summer D. Recurrence is seen **(PSGN)**.....**(AIPGMEE-2000)**

1900. Minimal change glomerulopathy may be seen in association with all of the following except - A. Hepatitis B B. HIV C. Drug-induced interstitial nephritis D. Hodgkin's disease.....**(AIIMS PGMEE - NOV 2005)**

1901. Reflux disease which cause proteinuria of nephrotic range A. Membranous glomerulonephritis B. Focal segmental glomerulosclerosis C. Nodular glomerulosclerosis D. Crescenteric glomerulonephritis.....**(AIIMS PGMEE - NOV 2006)**

1902. Persistent low C3 complement level is not found in A. Post streptococcal glomerulonephritis B. Mesangiocapillary glomerulonephritis C. Cryoglobulinemia D. SLE 110.....**(AIIMS PGMEE - NOV 2006)**

1903. ACNA is sensitive and specific for : A. Post streptococcal glomerulonephritis B. Idiopathic cresentic glomerulonephritis. C. Diffuse glomerulosclerosis D. Henoch's schonlein purpura.....**(AIIMS PGMEE - DEC** 1998)

ANSWERS

1879). A 1880). B 1881). B 1882). A 1883). C 1884). A 1885). C 1886). B 1887). A 1888). C 1889). A 1890). B 1891). A 1892). A 1893). C>B 1894). A 1895). A 1896). A 1897). A 1898). A 1899). C 1900). A 1901). B 1902). A 1903). B

TOPIC 3 : NEPHROTIC SYNDROME

1904. AU decreased in Nephrotic syndrome, EXCEPT A. Transferrin B. Albumin C. Ceruloplasmin D. Fibrinogen **(lab) (AIIMS PGMEE - MAY -1993)**

1905. All are true of Nephrotic syndrome, except: A. RBC casts in urine B. Hypo-proteinemia C. Oedema D. Hyperlipidemia **(lab) (AIPGMEE-2000)**

1906. Orthostatic proteinuria : A. Seen in recumbant postion B. Is benign C. Future risk of nephrotic synd. D. > 300 mg/day **(lab) (PGI-2000 -Dec)**

1907. Which of the following is not found in nephritic syndrome: A. T LDL - Cholesterol B. t TG C. T HDL - cholesterol D. i VLDL - cholesterol E. i TG **(lab)** ..... **(PGI - DEC 2004)**

1908. Which is seen in nephrotic syndrome A. Low serum calcium B. Raised AT-in C. Low lipid D. Platelet activation **(lab) (PGI - June-1999)**

1909. Renal vein thrombosis is most commonly associated with: A. Diabetic nephropathy B. Membranous glomerulopathy C. Minimal change disease D. Membrano-proliferative glomerulonephritis **(Renal vein thrombosis)** ..... **(AIPGMEE - 2002)**

1910. Cause for renal vein thrombosis could be : A. Membranous nephropaihy B. Lupus nephritis C. Membranoproliferative glomerulonephrilis D. Post streptococcal glomerulonephritis E. Renal amyloidosis **(Renal vein thrombosis)** ..... **(PGI - 2001 - Dec)**

1911. Renal vein thrombosis A. Nephrotic syndrome B. Renal cell carcinoma C. Leukemia D. Lymphoma E. Thalasemia **(Renal vein thrombosis)** ..... **(PGI - DEC 2005)**

1912. A patient with nephrotic syndrome on longstanding cortico-steroid therapy may develop all the following except A. Hyperglycemia B. Hypertophy of muscle C. Neuropsychiatric symptoms D. Suppression of the pituitary adrenal axis **(steroid complications)** ..... **(AIPGMEE - 2002)**

TOPIC 4: INTERSTITIAL NEPHRITIS

1913. Salt losing nephritis is a feature of: A. Interstitial nephritis B. Polycystic kidney C. Lupus nephritis D. Renal amyloidosis **(AIIMS PGMEE - Dec -1995)**

1914. Salt losing nephropathy is seen in A. Protein Energy malnutrition B. Post Streptococcal glomerulonephritis C. Amyloidosis of kidney D. Interstitial nephritis ..... **(AIIMS PGMEE - MAY -1994)**

1915. Salt losing nephritis is a feature of: A. Interstitial nephritis B. Renal Amyloidosis C. Lupus nephritis D. Post Streptococcol Glomerulonebhritis ..... **(AIPGMEE - 2000)**

1916. Eosinophiluria is seen in : A. Wegener's granulomatosis B. Interstitial nephritis C. PAN D. HUS ..... **(PGI** - 1999 - **Dec)**

1917. In acute interstitial nephritis, proteins associated : A. Amyloid B. Fibrinogen C. Vitamin D binding protein D. Albumin E. Light chain **(PGI-JUNE 2006)**

1918. True of the following: A. Interstitial nephritis is associated with salt losing nephropathy B. Idiopathic hypercalciuria is most common cause of hypercalcemia C. Vitamin-D resistant rickets is a X-linked recessive disease. D. Calcitonin deficiency causes hyperphosphatemia. E. Idiopathic hypercalciuria commonly presents with hematuria ..... **(PGI - June -2001)**

1919. Interstitial nephritis is seen with all except: A. Beta lactam inhibitors B. DSFH C. Diuretics D. Allopurinol ..... **(AIIMS PGMEE - MAY 2007)**

TOPIC 5 : URINE EXAM

1920. Which of the following best methods of urine collection is associated with least contamination : A. Suprapubic aspiration B. Mid stream collection C. Catheterization D. Urine Bag specimen ..... **(AIPGMEE - 2008)**

1921. Coloured urine is not seen in A. Quinine B. Rifampcin C. Nitrofurantoin D. Pyridium ..... **(AIPGMEE - 2008)**

1922. In hematuria of glomerular origin the urine is characterized by the presence of all of the following except: A. Red cell casts **B.** Acanthocytes C. Crenated red cells D. Dysmorphic red cells ..... **(AIPGMEE - 2004)**

1923. Urinalysis shows RBC casts; likely source is: A. Kidney B. Ureter C Bladder D. Urethra ..... **(AIPGMEE - 2001)**

1924. Glomerular range proteinuria differentiated by non-glomcrular proteinurea by : A. Proteinuria > 3.0-3.5 g/day B. Globulin < albumin C Albumin to p2 microglobulin ration 100:1 D. Tarn Harsfall protein ..... **(PGI - JUNE 2005)**

1925. Features of glomerular hacmaturia : A. Dysmorphic RBC B. Fragmented RBC C. Full of RBC in High power field D. Gross haematuria ' **E.** RBC Cast ..... **(PGI - JUNE 2005)**

1926. A boy is suffering from acute pyelonephritis. Most specific urinary finding will be A. W.B.C. casts B. Leucocyte test C. Nitrite test D. Bacteria in gram stain ..... **(AIIMS PGMEE - NOV 2006)**

TOPIC 6: ADPKD

1927. Which condition is Autosomal dominant A. Hemophilia A B. Duchenne muscular dystrophy C. Wilson's disease D. Adult polycystic kidney disease ..... **(AIIMS PGMEE - NOV -1993)**

1928. Polycystic disease of the kidney may have cysts in all of the following organs except: A. Lung B. Liver C. Pancreas **D.** Spleen ..... **(AIPGMEE - 2004)**

ANSWERS

1904). D 1905). A 1906). B 1907). A 1908). A 1909). B 1910). A 1911). A 1912). B 1913). A 1914). D 1915). A 1916). B 1917). A 1918). A 1919). B 1920). A 1921). A 1922). B 1923). A 1924). A 1925). A 1926). A 1927). D 1928). A

MEDICINE*

1929. Adult polycystic kidney is inherited as: A. Autosomal-co-dominant **B.** Autosomal dominant **C.** Autosomal **recessive D.** X-linked dominant.....**(AIPGMEE -1997)**

1930. Chromosomes involved in adult polycystic kidney disease (APKD): A. 6 & 11 B. 4 & 16 C. 7 & 17 D. 4 & 12 E. 4 & 17 **(PGI - June-2001)**

1931. Which one of the following statements is wrong regarding adult polycystic kidney disease A. Kidneys are enlarged in size B. The presentation is unilateral C. Intracranial aneurysms may be associated D. Typically manifests in the 3rd decade **(AIIMS PGMEE - MAY 2004)**

1932. Which of the following is the most common extrarenal involvement in autosomal dominant polycystic kidney disease - A. Mitral valve prolapse **B.** Hepatic cysts C. Splenic cysts D. Colonic diverticulosis.....**(AIIMS PGMEE - NOV 2004)**

TOPIC 7 : RHABDOMYOLYSIS

1933. True about Rhabdomyolysis: A. Hyperuricenia B. Hyperphosphatemia C. T Ca2+ D. t CPK - MB.....**(PGI - DEC 2004)**

1934. Features of Rhabdomyolysis A. Present with acute muscular weakness B. Calf muscles commonly ruptured C. Myoglobinuria D. Hemoglobinuria **E.** Acute renal failure is most common.....**(PGI - DEC 2004)**

1935. Rhabdomyolysis with haemoglobinuria seen in : A. Viper bite B. Heat stroke C. Malignant hyperthermia D. Multiple hornet stings **(PGI - DEC 2006)**

1936. Rhabdomyolysis Is characterized by : A. Proximal muscle weakness B. Increased Mg++ C. Increased Ca*+ D. urinary cast **E.** Incresed K*.....**(PGI - JUNE 2005)**

1937. Rhabdomyolysis occurs in : A. Volume depletion B. Cocaine intoxication 94. C. Hyperphosphatemia D. None of the above **(PGI - June-1999)**

1938. Which of the these can cause both rhabdomyolysis and myoglobinuria: A. Hyperpyrexia B. Viper snake venom C. Multiple hornet stings D. Prolonged coma **E.** Anemia.....**(PGI - June -2002)**

TOPIC 8 : AZOTEMIA

1939. Prerenal and renal azotemia is differentiated on the basis of: A. Creatinine clearance B. Serum creatinine level C. Sodium fraction excretion D. Urine bicarbonate level.....**(PGI - 1999 - Dec)**

1940. While differentiating prerenal azotemia with ATN features favouring pre-renal azotemia A. Urine osmolating > 500 mosmol/kg B. Sodium spot excretion < 10 ml/L C. Plasma transferrin/lg ratio D Fractional excretion of sodium > 1 E E. Plasma BUN/creatinine ratio <20.....**(PGI - DEC 2002)**

1941. True about pre rcnul n/otcmln : A. Urine output <500 nil B. tier / Per > 40 C. Fe Na < I D. Fe Na > 1 E. Urinary ureu/plasmu urea >3 **(PGI-JUNE 2005)**

1942. Fractional excretion of sodium < 1 is seen in A. Pre renal azotemia B. Acute tubular necrosis C. Acute ureteral obstruction D. Interstitial nephritis.....**(AIIMS PGMEE - NOV 2007)**

1943. Pre-renal azotemia is associated with one of the following characteristic feature: A. Urinary Na+< 10 mmol/L B. Renal failure index > 1 C. Osmolality < 500 D. Urinary creatinine / P. creatinine ratio < 20.....**(AIIMS PGMEE - DEC 1998)**

TOPIC 9 : IGA NEPHROPATHY

1944. A female patient Nandini presents with upper respiratory tract infection . Two days after , she develops hematuria.Probable diagnosis is:- A. IgA nephropathy B. Wegener's granulomatosis C. Henoch scholein purpura D. Post streptococcal glomerulonephritis.....**(AIIMS PGMEE JUNE - 1999)**

1945. IgA-nephropathy is seen in a. Membranous glomerulonephritis b. Mesangioproliferative glomerulonephritis c. Focal glomerulonephritis d. Cresentic glomerulonephritis.....**(AIIMS PGMEE JUNE - 2000)**

1946. A child comes with hematuria following respiratory tract infection. He gives similar history about 5-10 months back also. All are true, EXCEPT : a. C3 complement level normal b. Progressive renal failure with each attack c. Biopsy shows focal and diffuse proliferative change in 50% of patient d. Anti streptococcal antibody titre may not rise after each attack.....**(AIIMS PGMEE NOV -1999)**

1947. A young man develops gross hematuria 3 days after an attack of URT1; likely renal pathology is: A. Acute glomerulonephritis B. Minimal change disease C. lgA nephropathy D. Membranous glomerulonephritis.....**(AIPGMEE - 2001)**

1948. Recurrent gross hematuria is seen in : A. Alport's syndrome B. lgA nephropathy C. Focal seg. GN D. DM.....**(PGI - 2000 - Dec)**

TOPIC 10 : ALPORT SYNDROME

1949. First manifestation of Alport syndrome is : A. Microscopic haematuria B. Proteinuria C. Oliguria D Sensorineural deafness.....**(AIIMS PGMEE - FEB -1997)**

1950. Disease, does not recur in the kidney after renal transplant is : A. Alport syndrome B. SLE with renal involvement C. Good Pasteur's syndrome D. Diabetic nephropathy.....**(AIIMS PGMEE - FEB - 1997)**

1951. Association of deafness & nephritis is seen in A. Pickwickian syndrome B. Alport's syndrome C. Fabry's disease D. Lawrence Moon Biedl syndrome.....**(AIIMS PGMEE - MAY -1993)**

ANSWERS

1929). B 1930). B 1931). B 1932).? 1933). B 1934). A 1935). D 1936). E 1937). A 1938). A 1939). C 1940). A 1941). A 1942). A 1943). A 1944). A 1945). B 1946). C 1947). C 1948). B 1949). A 1950). A 1951). B

1952. Mutation in alpha 5 chain of collagen 4, the diagonisis A. Alport's syndrome B. Thin membrane disease C. Nodular glomerulosclerosis D. Good pasture syndrome.....**(AIIMS PGMEE - NOV 2006)**

TOPIC 11 : ATN

1953. Which of the following values are suggestive of acute tubular necrosis: A. Urine osmolality>500 B. Urine sodium>40 C. Blood urea nitrogen/plasma creatinine>20 D. Urine creatinine /plasma creatinine>40.....**(AIIMS PGMEE NOV - 2000)**

1954. Most unlikely cause of acute tubular necrosis amongs the following is: A. Severe-bacterial-infection B. Massive burn C. Severe cursh injury in the foot D. Rupture of aortic aneurysm.....**(AIPGMEE - 1999)**

1955. In tubular necrosis, ratio of urine plasma creatinine is : A. 20 B. 40 C. 20-30 D. 30-40.....**(PGI - 1999 - Dec)**

1956. Iso osmolar urine is seen in : A. ATN B. Severe dehydration C. Diabetes insipidus D. PCKD.....**(PGI - 2000 - Dec)**

TOPIC 12 : MEDULLARY CYSTIC DISEASE KIDNEY

1957. Medullary cystic disease of the kidney is best diagnosed by A. Ultrasound B. Nuclear scan C. Urography D. Biopsy **(AIPGMEE-2002)**

1958. Nephrocalcinosis is seen A. Medullary sponge disease B. Acute pyelonephritis C. Acute glomerulonephritis D. Chronic pyelonephritis **E.** Hyper parathyroidism.....**(PGI - DEC 2005)**

1959. True about medullary sponge kidney disease Is a/e: A. Nephrocalcinosis B. Renal calculi C. RTA-1 D. Renal failure **E.** Nephrotic syndrome.....**(PGI - June -2001)**

1960. Regarding medullary sponge kidney: A. Autosomal dominant B. Nephrocalcinosis C. ARF D. minimal proteinuria E. More common in female.....**(PGI - June -2002)**

TOPIC 13 : RENAL TRANSPLANTATION

1961. Hyperacute rejection of renal transplant is due to: A. Preformed antibodies B. Antigen antibody complex C. T-cell sensitization D. All of the above.....**(PGI-JUNE 1997)**

1962. In case of renal transplant, most common infection within one month is: A. Pneumococcus B. Gram-ve organism C. Pneumocystis carinii *'*' D. Cryptococcus.....**(PGI - JUNE 1997)**

1963. Long term complication (>10 yr) following renal transplantation Is/are : A. Bacterial infection B. Malignancy C. Viral infection D. Acute graft versus host reaction E. Psychosis.....**(PGI - JUNE 2005)**

1964. All are true for transplanted kidney except: A. Humoral antibody responsible for rejection B. CMI, responsible for rejection C. Donor's antibody on transfusion can causes rejection D. HLA identity similarity is seen in 1: 100 people.....**(PGI - 1999 - Dec)**

TOPIC 14: ARF

1965. Oliguric phase of renal failure, all are TRUE, EXCEPT A. Hypercalcemia B. Hyponatremia C. Anaemia D. Hyperkalemia **(AIIMS PGMEE - MAY -1993)**

1966. A patient presents with acute renal failure with normal ultrasound abdomen report. Next most useful investigation is: A. Intravenous pyelography B. DTPAscan C. Retrograde pyelography D. X-ray abdomen and CT scan.....**(AIIMS PGMEE JUNE - 1999)**

1967. Hypophosphatemia is seen in all except: A. Acute renal failure B. Resolving phases of diabetic ketocidosis C. Respiratory alkalosis / COPD D. Chronic alcoholism.....**(AIPGMEE - 2007)**

TOPIC 15 : BARTER SYNDROME

1968. All are features of Barters syndrome, EXCEPT:-A. Polyuria B. Metabolic alkalosis C. Periodic paralysis D. Hypertension **(AIIMS PGMEE-Dec-1995)**

1969. Bartter's syndrome is associated with : A. Hyperkalemia B. Decreased renin level in plasma C. Hypertension D. Renal tubular acidosis E. Metabolic alkaJosis.....**(PGI - 2001 - Dec)**

TOPIC 16: ERYTHROPOIETIN

1970. Side effects of erythropoietin A. Hypertension B. Increased ferritin C. ~K+ D. Thrombocytosis E." P04.....**(PGI - DEC 2004)**

1971. A patient with Renal cell carcinoma is on treatment with Erythropoetin. Erythropoetin use may be associated with all of the following Except: A. Decreased reticulocytes B. Increased hemtocrit C. Increased hemoglobin D. Eliminates need for transfusion.....**(AIPGMEE - 2008)**

TOPIC 17 : PYELONEPHRITIS

1972. Acute pyelonephritis and uncomplicated UTI may be differentiated by all of the following Except A. WBCcast B. Concentrating defect C. Organisms in excess of 100,000 cfu/ml D. Antibody to Tomm Horsfall protein.....**(AIPGMEE - 2008)**

1973. A boy is suffering from acute pyelonephritis. Most specific urinary finding will be A. W.B.C. casts B. Leucocyte esterase test C. Nitrite test D. Bacteria in gram stain.....**(AIIMS PGMEE - MAY 2007)**

ANSWERS

1952). A 1953). B 1954). D 1955). A 1956). A 1957). D 1958). A 1959). D 1960). A 1961). A 1962). C 1963). B 1964). D 1965). A 1966). B 1967). A 1968). D 1969). E 1970). A 1971). A 1972). C 1973). A

TOPIC 18 : UTI

1974. Organisms causing UTI: A. Proteus vulgaris B. Chlamydia C. Nocardia.....**(PGI - JUNE 2006)**

1975. Which one of the following gram positive organisms is the most common cause of urinary tract infection (UTI) among sexually active women- A. Staphylococcus epidermidis B. Staphylococcus aureus C. Staphylococcus saprophyticus D. Enterococcus **(AIIMS PGMEE - NOV 2004)**

TOPIC 19 : NECROTIZING PAPILLITIS

1976. Necrotizing papilitis is seen in all of the following EXCEPT:- A. Salicylate poisoning. B. Renal vascular thrombosis C. PNH D. Diabetes *mellitus*.....(AIIMS PGMEE MAY - 2002)

TOPIC 20 : PAPILLARY NECROSIS

1977. Causes of sterile pyuria without UTI include: A. Cortical abscess B. Pyelonephritis C. Gonococcal infection D. Urolithiasis E. Analgesic nephropathy.....**(PGI - June** -2002)

TOPIC 21 : RENOGASTIC REFLEX

1978. In urinary system disease, GI symptoms appears because of: A. chemical reaction B. Renogastric reflex C. peritoneal reaction D. reflux phenomenon.....**(AIIMS PGMEE - JUNE** 1998)

TOPIC 22 : VON HIPPEL LINDAU SYNDROME

1979. Von Hippel Lindau is associated with all except, A. Endo lymphatic sac tumors B. Hemangioendotheliomas C. Pheochromocytoma D. Islet cell tumors.....**(AIIMS PGMEE - NOV** 2007)

ANSWERS

1974). A 1975). C 1976). C 1977). E 1978). B 1979). B

GENETIC DISORDERS

TOPIC 1 : TURNER SYNDROME

1980. All are seen in Turner's syndrome, EXCEPT A. XO pattern B. Webbed neck C. Short stature D. Mental retardation **(diagnosis)**.....**(AIIMS PGMEE-MAY**-1993)

1981. All are true about XO chromosomal pattern, except A. All are hermaphrodites B. Gonadal dysgenesis C. Webbed neck D. Congenital heart disease **(diagnosis)**.....**(AIIMS PGMEE - MAY** -1994)

1982. In Turner's syndrome which ofthe following is NOT seen a. Short stature b. Widely spaced nipple c. Webbed neck d. Mental retardation **(diagnosis)**.....**(AIIMS PGMEE JUNE** - 2000)

1983. A patient with XO chromosomes and short stature is likely tohave- a. Klinefelter's syndrome b. Turner's syndrome c. Condy syndrome d. Condy phenomenon **(diagnosis)**.....**(AIIMS PGMEE JUNE** - 2000)

1984. The following statements regarding Turner syndrome are true except. A. Occurence of Turner syndrome is influenced by maternal age. B. Most patients have primary amenorrhoea. C. Most patients have short stature. D. Edema of hands and feet is an important feature during infancy, **(diagnosis)**.....**(AIIMS PGMEE MAY** - 2003)

1985. Which ofthe following is true regarding Turner's syndrome : A. XC) genotype B. Cubitus valgus deformity is present C. Infertility occurs D. Mental subnormality is common E. Streak ovaries are seen **(diagnosis)**.....**(PGI** - 2001 - **Dec)**

1986. True about Turner's syndrome: A. Primary amenorrhea B. 45 XO C. Short stature patient D. Puberty usually late E. Streak ovaries **(diagnosis)**.....**(PGI - DEC** 2002)

1987. Turner syndrome Is characterized by: A. Secondary amenorrhea B. karyotype XO C. Normal breasts D. Low estrogen E. High gonadotropin **(diagnosis)**.....**(PGI - June** -2001)

TOPIC 2: INHERITANCE

1988. Most common group of diseases following Mendelian inheritance are: A. Autosomal dominant - B. Autosomal recessive C. X-linked dominant D. X-linked recessive.....**(AIPGMEE** - 1999)

1989. Which of the following is Autosomal Dominant: A. Retinoblastoma B. Ataxia telangectasia C. Bloom's syndrome D. Xeroderma pigmentosa.....**(AIPGMEE** - 2000)

1990. The commonest mode of inheritance of congenital heart disease is A. Autosomal dominant B. Autosomal recessive C. Sex linked dominant D. Multifactorial.....**(AIPGMEE** - 2002)

ANSWERS

1980). **D** 1981). A 1982). **D** 1983). B 1984). A 1985). A 1986). A 1987). B 1988). A 1989). A 1990). **D**

1991. Which one of the following is an Autosomal Dominant disorder: A. Cystic fibrosis B. Hereditary spherocytosis C. Sickle cell anemia D. G-6PD deficiency.....**(AIPGMEE - 2002)**

1992. An X-linked recessive disease is characterised by the following inheritance: A. Vertical transmission B. 50% female carriers if male is affected and female is normal C. 50% male affected if female is carrier and male is normal D. 50% male carriers if female is affected and male is normal.....**(AIPGMEE - 1997)**

1993. Which one of the following diseases is an autosomal dominant disorder? A. Hemochromatosis B. Phenylketonuria C. Maturity onset diabetes of the young D. Glucose-6 phosphate dehydrogenase deficiency.....**(AIIMS PGMEE - MAY 2005)**

1994. What is true about linkage analysis in familial gene disorders? A. Useful to make pedigree chart to show affected and non-affected family members B. Used to make pedigree chart to show non paternity C. Characteristic DNA polymorphism in a family is associated with disorders D. Pedigree chart to identify disease frequency.....**(AIIMS PGMEE - NOV 2007)**

TOPIC 3: PORPHYRIA

1995. Photosensitivity is maximum in : A. Prophyria cutanea tarda B. Congenital Erythropoietic purpura C. Erythrogenic porphyria D. Hereditary coproporphyria **(diagnosis)**.....**(PGI - June -2000)**

1996. Find the correct matches : A. ANCA-Takayasu's arteritis B. Antihistone antibodies-SLE in newborn C. Naproxen-pseudoporphyria **D.** Antimitochondrial antibodies-primary biliary cirrhosis **(etiology)**.....**(PGI - June -2002)**

1997. Congenital erythropoietic porphyria is due to deficiency of: A. Uroporphyrinogen III cosynthetase B. ALA synthetase C. Ferrochelatase D. CP oxidase **(pathophysiology)**.....**(PGI -1997 - Dec)**

1998. Enzyme defect In acute Intermittent porphyria ; A. HMB synthase B. ALA dchydratuse C. URO I synthase D. URO II synthase **E.** Ferrochelutase **(pathophysiology)**.....**(PGI - JUNE 2005)**

1999. In congenital erythropoitic porphyria, enzyme- defect is A. Uro synthase B. Ferro ketolase C. ALA synthetase D. PROTO oxidase **(pathophysiology)**.....**(PGI - June -2000)**

2000. Enzyme defect in congenital erythropoietic porphyria : A. Uroporphyrinogen III synthetase B. Uroporphyrinogen decarboxylase C. ALA synthetase D. Ferroketolase **(pathophysiology)**.....**(PGI - June -2000)**

2001. Drug contraindicated in acute intermittent ponphyria is: A. Lithium B. Phenobarbitone C. Aspirin D. Opioid Analgesics **(AIIMS PGMEE-DEC 1998)**

TOPIC 4 : DOWN SYNDROME

2002. Memory impairment is most likely to occur in : a. Downs Syndrome b. Alkaptonuria c. Attention deficit disorder d. Conduct disorder **(complications)**.....**(AIIMS PGMEE NOV-1999)**

2003. Down's syndrome is associated with; A. Congenital heart disease B. ALL C. Early onset Alzheimer's disease D. CNS tumour E. Infection **(complications)**.....**(PGI - DEC 2002)**

2004. True about Down's syndrome are A/E A. Predisposed to acute leukemias. B. Associated with congenital heart disease. C. ted risk of CNS tumours D. Early onset Alzheimer's disease **E.** ted risk of infection **(complications)**.....**(PGI - JUNE 2004)**

2005. Most common chromosomal syndrome is A. Fragile X syndrome B. Trisomy 17 C. Trisomy 21 D. Trisomy 13 **(diagnosis)** **(AIIMS PGMEE-DEC 1994)**

2006. In Down's syndrome : A. Gap (Sandle gap) B. Antimongoloid slant C. Cliodactyly D. Hypotonia **(diagnosis)**.....**(PGI - DEC 2006)**

2007. Most common trisomy among following is: A. 18 B. 21 C. 13 D. 5 **(epidemiology)**.....**(AIPGMEE - 1998)**

2008. 100% recurrence of disease in Down's syndrome: A. Trauslocation of 15 + 21 chromsome B. Mosaic pattern C. Trisomy - (21, 21 iranslocalion) D. Non Dysjunction **(epidemiology)**.....**(PGI - June -2000)**

TOPIC 5: CYSTIC FIBROSIS

2009. Levels of Na+ and Cl" in sweat is elevated in all, EXCEPT A. Type I glycogen storage disorder B. Mucoviscidosis C. Addison's disease D. Coeliac disease.....**(AIIMS PGMEE - NOV - 1993)**

2010. All of the following are seen in a patient with cystic fibrosisEXCEPT:- A. Metabolic acidosis B. Steatorrhoea C. Hypochloremia D. Recurrent pneumonias.....**(AIIMS PGMEE MAY** - 2002)

2011. Sweat chloride levels are increased in all of the following: conditions except: A. Ectodermal dysplasia B. G-6PD-deficiency C. Heriditary nephrogenic-diabetes incipidus D. Obesity.....**(AIPGMEE - 1999)**

2012. A pt. of cystic fibrosis (homozygous) married a carrier (heterozygous). The chances of developing cystic fibrosis in the offsprings is A. 50% carriers, 50% affected B. 25% carriers, 75% affected C. 75% carriers, 25% affected D. All are carriers E. All are affected **(PGI-JUNE 2004)**

TOPIC 6: MARFAN SYNDROME

2013. All are features of Marfan's syndrome, EXCEPT: A. Lens dislocation B. Aortic regurgitation C. Mousy odour urine; D. Pneumothorax **(AIIMS PGMEE - Dec -1995)**

2014. All the following are features of Marfan's syndromt except A. Arachnodaciyly B. Joint hypermobility C. High palate D. Flat foot-pes planus.....**(AIPGMEE-1994)**

ANSWERS

1991). B 1992). C 1993). C 1994).? 1995). A 1996). C 1997). A 1998). A 1999). A 2000). A 2001). B 2002). A 2003). A 2004). NONE 2005). C 2006). A 2007). B 2008). C 2009). D 2010). A 2011). D 2012). A 2013). C 2014). B

2015. Severe Laxity of Joints seen In : A. Marfan's syndrome B. Ehler Donlos C. RA D. Osteogenesis imperfects E. OA....**(PGI JUNE** 2005)

2016. A young, tall, thin male with archnodactyly has ectopia lentis in both eyes. The most likely diagnosis is - A. Marfan's Syndrome B. Marchesani's Syndrome C. Homocystinuria D. Ehler's Danlos syndrome.....**(AIIMS PGMEE - NOV** 2005)

TOPIC 7: ALKAPTONURIA

2017. In alkaptonuria there is increased pigmentation in all ofthe following EXCEPT: - A. Eyes B. Nose C. Ear D. Articular cartilage **(AIIMS PGMEE MAY** - 2002)

2018. In alkaptonuria there is increased pigmentation in all ofthe following EXCEPT: - A. Eyes B. Nose C. Ear D. Articular cartilage **(AIIMS PGMEE MAY**-2002)

2019. A 25 year old male presented with pigmentation of nose and pinna. After voiding, his urine becomes dark. His spine is most likely to show- A. Atlantoaxial subluxation B. Spondyloptosis C. Basilar invagination D. Calcification of disc.....**(AIIMS PGMEE - NOV** 2005)

TOPIC 8: GAUCHER DISEASE

2020. Enzyme replacement therapy is available for the treatment of the following disorder. A. Gaucher' disease B. Niemann-Pick disease C. Hunter syndrome D. Phenylketonuria.....**(AIIMS PGMEE NOV** - 2003)

2021. Massive splenomegaly is seen in : A. Gaucher's B. Chronic kala-azar C. CML D. Myelodysplasia E. Splenic infarcts **(PGI - June** -2002)

TOPIC 9: HISTIOCYTOSIS

2022. True about Langerhan's histiocytosis 'X': A. Can be associated with diabetes insipidus B. X-ray shows pathognomonic osteo-sclerotic lesions C. Birbeck's granules in langerhans cells D. Proliferation of antigen presenting cells E. Associated with specific HLA DR **(PGI - June**-2001)

2023. Most common site of histiocytosis is A. Bone B. Skin C. Lung D. Liver.....**(AIIMS PGMEE - MAY** 2007)

TOPIC 10: **KARTAGENER SYNDROME**

2024. True about kartagener's syndrome A. Dextrocardia B. Infertility C. Mental retardation D. Bronchiectasis.....**(PGI - DEC** 2004)

2025. Kartagener's syndrome includes: A. Situs inversus B. Bronchiectasis C. Sinusitis D. Male infertility E. Cystic fibrosis **(PGI-June**-2001)

TOPIC 11 : **KLINEFELTER SYNDROME**

2026. Klinefelter's syndrome is associated with: A. XXY genotype B. Male habitus C. Infertility D. Azoospermia E. Barr body absent **(PGI - June**-2002)

2027. Which of the following is an example of disorders of sex chromosomes? A. Marfan's syndrome B. Testicular feminization syndrome C. Klinefelter's syndome D. Down's syndrome.....**(AIIMS PGMEE - MAY** 2006)

TOPIC 12: **CYSTINOSIS**

2028. All are seen in cystinosis except: A. Photophobia and blond hair B. Renal calculi C. Presence of cystine within leukocytes D. Fanconi syndrome.....**(AIIMS PGMEE - MAY** 2008)

TOPIC 13 : **DRUG MONITORING**

2029. Use of blood monitering of drug : A. For proper therapeutic purpose B. For avoiding drug overdose ת C. For increasing drug effectiveness D. For shortening drug half life.....**(PGI** - 2000 - **Dec)**

TOPIC 14: **EOSINOPHILIC GRANULOMA**

2030. True about Eosinophillic granuloma. A. M.C. in 20-45 years of age B. More common in female C. Osteolytic lesion D. Skull is commonly affected E. Lung is commonly affected.....**(PGI - DEC** 2004)

TOPIC 15 : **FABRY DISEASE**

2031. Angiokeratomas are seen in A. Turner's syndrome B. Klinefelter's syndrome C. Carcinoid syndrome D. Fabry disease **(AIIMS PGMEE - MAY** -1993)

TOPIC 16: FRUCTOSE INTOLERANCE

2032. History of dislike for sweet food items is typically present in: A. Diabetes mellitus B. Glycogen storage disease C. Hereditary fructose intolerance D. Galactosemia.....**(AIIMS PGMEE NOV** - 2003)

TOPIC 17: **GENETICS**

2033. True about Transgenic process Is: A. Removing DNA from a cell B. Inserting DNA into a cell C. Tumor carcinogenesis can be studied D. In "Knock out" animals a specific gene is targated for inducing mutation or inactivation.....**(PGI - June** -2001)

TOPIC 18: **GOLDENHAR SYNDROME**

2034. Goldenhar's syndrome A. Micrognathia B. Malformed ear C. Preauricular tags D. Malar hypoplasia.....**(PGI - DEC** 2004)

ANSWERS

2015). **A** 2016). **A** 2017). B 2018). B 2019). **D** 2020). **A** 2021). **A** 2022). **A** 2023). **A** 2024). **A** 2025). **A** 2026). **A** 2027). **C** 2028). B 2029). **A** 2030). **C** 2031). **D** 2032). **C** 2033). **B** 2034). **ALL**

TOPIC 19 : MITOSIS MEIOSIS

2035. Steps in meiosis about sister chromatid separation are : A. Prophase ® Metaphase ® Aiaphase ® Telophase B. Prophase ® Telophase ® Anaphase ® Metaphse C. Telephase ® Anaphase ® Prophase ® Metaphase D. Anaphase ® Prophase ® Njetaphase ® Telophase **(PGI - 2000 - Dec)**

TOPIC 20: MUCOPOLYSACHHARADOSES

2036. Following are seen in mucopolysaccharidoses; A. Hair on-end appearance B. Beaked vertebrae C. Avascular necrosis of femoral head D. Osteosclerotic lesions **(PGI - 1997 - Dec)**

TOPIC 21 : MYOSITIS OSSIFICANS PROGRESSIVA

2037. A man was diagnosed to have myositis ossificans progressiva at the age of 20 years. He died five years later. What is the most probable cause of his death : A. Starvation and chest infection B. Myocarditis C. Hypercalcemia D. Hyperphosphatemia **(AIIMS PGMEE NOV-2000)**

TOPIC 22 : NOONAN SYNDROME

2038. Cardiac abnormality seen with Noonan's syndrome is A. VSD B. ASD C. Pulmonary stenosis' D. Coarctation of aorta **(AIIMS PGMEE-MAY 1995)**

TOPIC 23: OSTEOGENESIS IMPERFECTA

2039. All are seen in osteogenesis imperfecta except: A. Posterior dislocation of hip B. Osteoporosis C. Bluesclera D. Ligament laxity **(AIPGMEE-1998)**

ANSWERS

2035). A 2036). B 2037). A 2038). C 2039). A

NUTRITION

TOPIC 1: ZINC DEFICIENCY

2040. Zinc deficiency causes : A. Sexual infantilism B. Loss of libido C. Poor weight gain D. Poor wound healing **(PGI - DEC 2003)**

2041. Zinc deficiency result in: A. Loss of libido B. Poor weight gain C. Poor wound heating D. Sexual infantilism **(PGI - DEC 2002)**

2042. Zinc deficiency causes : A. Cardiomyopathy B. Reduced growth C. Mental Retardation D. Gonadal atrophy **(PGI - JUNE 2006)**

2043. Zinc deficiency is characterized by A. Sexual infantilism B. Poor growth C. Cardiomyopathy D. Poor wound healing **(PGI-JUNE 2004)**

2044. Deficiency of which trace elemei 1 causes perioral rash, gonadal atrophy, neuritis «ad pigmentation in skin creases A. Cobalt B. Zinc C. Magnesium D. Selenium **(AIIMS PGMEE - NOV - 1993)**

TOPIC 2 : TPN

2045. In a patient of total parenteral nutrition daily monitoring is done with: A. Body weight B. Plasma protein C. CBC D. Plasma osmolality **E.** Coagulation profile **(PGI - DEC 2004)**

2046. A patient on enteral nutrition develops diarrhea. Which of the following statements is/are true: A. Diarrhea seen in > 30% cases B. More in duodenal nutrition than jejunal nutrition C. MC cause is contamination of food D. In persistent diarrhea Clostridium difficile should be excluded **E.** It is self-limiting **(PGI - DEC 2004)**

2047. True statement about nutrition in adult is are A. Daily calorie intake in a sedentary adult is 40-45 kcal/ kg/ day B. Daily calorie intake in a sedentary adult is 120- 150 kcal/kg/day C. Nitrogen requirement is Igm/kg D. One gram nitrogen yields <>gm of protein **(PGI-JUNE 2004)**

TOPIC 3 : COPPER DEFICIENCY

2048. Copper deficiency is characterized by A. Cardiomyopathy B. Anaemia C. Osteopenia D. Growth retardation **(PGI - DEC 2004)**

2049. Cu deficiency manifest as : A. Anemia B. Cardiomyopathy C. Hepatomegaly D. Growth retardation **(PGI - JUNE 2005)**

TOPIC 4 : MAGNESIUM DEFICIENCY

2050. Mg is use in Rx of : A. Diarrhea B. Tetani C. Intractable seizure D. Cardiac arrest **E.** Premature labour **(PGI - JUNE 2005)**

2051. Manganese deficiency features A. Anemia B. Alopecia C. Ataxia D. Gonadal atrophy E. Taste alteration **(PGI - DEC 2005)**

TOPIC 5 : VITAMIN B6 DEFICIENCY

2052. Vitamin B6 **deficiency is associated with** all of the following except A. Penicillamine B. INH C. Cyclosporin D. Cycloserine **(AIPGMEE -1995)**

2053. Decreased level of serum **Vit B6 is seen in:** A. CRF B. CHF C. INH therapy D. Alcohol **(PGI - DEC 2004)**

ANSWERS

2040).A 2041).A 2042). B 2043). A 2044). B 2045). A 2046). A 2047). A 2048). B 2049). A 2050). ALL 2051). NONE 2052). C 2053). C

MEDICINE

TOPIC 6 : HYPERVITAMINOSIS A

2054. Abnormalities of bone metabolism is associated with excess of which vitamins : A. Vitamin A B. Thiamine C. Vitamin B, D. Vitamin D" E. Tocoferol.....**(PGI - June -2002)**

TOPIC 7 : SCURVY

2055. A 78 year old man who lives alone and prepares his own food is found to have ecchymotic patches over posterior aspect of his lower extremities. He has haemorrhagic areas around hair follicles, hair are fragmented and splinter haemorrhages are present in nail beds and several hematomas are present in the muscles of arms and legs. PT and CT are normal. This clinical syndrome is most likely due to : A. Vitamin K deficiency B. Vitamin C deficiency C. Pyridoxine deficiency D. Vitamin A deficiency •
(AIIMS PGMEE NOV-1999)

TOPIC 8 : VITAMIN E DEFICIENCY

2056. All of the following are true about manifestations of vitamin E deficiency, except: A. Hemolytic anemiA) B. Posterior column abnormalities. C. Cerebellar ataxiA) D. Autonomic dysfunction.....**(AIPGMEE - 2005)**

ANSWERS : 2054). A 2055). B 2056). D

TOXICOLOGY

TOPIC 1 : CARBONMONOXIDE POISONING

2057. CO poisoning is characterised by A. Lt. shift of 02 dissociation curve B. 4PaC02 C. IP30 D. It)2 content E. Smoking is a predisposing factor.....**(PGI - JUNE 2003)**

2058. Hyperbaric oxygen U used in: A. ARDS B. CO-poisoning C. Anaerobic soft tissue injury D. During radiotherapy as desensttzer E. Aconite poisoning.....**(PGI - June -2001)**

2059. Hyperbaric oxygen is used in: A. CO poisoning B. ARDS C. Anerobic infection D. Septicemia E. Pneumonia...**(PGI June -2002)**

2060. Non-irritant gas producing systemic toxicity is: A. Ammonia B. Hydrogen chloride C. Carbon monoxide D. Chlorine
(PGI - June-2002)

TOPIC 2 : SALICYLATE POISONING

2061. A patient with salicylic acid poisoning has the following arterial blood gas analysis report: pH = 7.12; PC02 = 18 mmHg; HCO3 = 12 mmol/L. The resulting acid-base abnormality can be best labeled as: A. Metabolic acidosis with respiratory alkalosis B. Metabolic apidosis with respiratory acidosis C. Respiratory acidosis with metabolic alkalosis D. Metabolic acidosis.....**(AIIMS PGMEE NOV-2003)**

2062. All are true about aspirin poisoning except: A. Acidosis B. Hypothermia C. Dehydration D. Oliguria.....**(PGI - 1999 - Dec)**

TOPIC 3: POISONING

2063. A hoursewife ingests a rodenticide white powder accidentally. She is brought to hospital where the examination shows generalized, flaccid paralysis and an irrgular pulse. ECG shows multiple ventricular ectopics, generalized changes with ST- T. Serum potassium is 2.5 m Eq/L. The most likely ingested poison is: A. Barium carbonate B. Superwarfarins C. Zinc phosphide D. Aluminium phosphide.....**(AIIMS PGMEE - MAY 2006)**

2064. Tricyclic antidepressants cause all except: A. Coma B. Prolongation of QRS complexes C. Myoclonic jerks D. Metabolic alkalosis.....**(AIIMS PGMEE - DEC 1998)**

TOPIC 4 : LEAD POISONING

2065. Lead poisoning Is characterised by: A. Eosinophilic stippling of WBC B. Normochromic normoeytic anaemia C. Hypopehromic normoeytic anaemia D. "Fe2+ E. Microcytic anaemia.....**(PGI - DEC 2002)**

2066. A 25 year old woman presents with recurrent abdominal pain and anemia. Peripheral blood smear shows basophilic stippling of the red blood cells. What is the most likely diagnosis - A. Coeliac disease B. Hookworm infestation C. Sickle cell disease D. Lead poisoning.....**(AIIMS PGMEE - NOV 2005)**

TOPIC 5: ARSENIC

2067. Arsenic causes: A. Basal cell carcinoma B. Malignant melanoma C. Mesotheliorma D. Sezeary Syndrome.....**(AIPGMEE - 2000)**

2068. Arsenic causes: A. Portal hypertension B. Cirrhosis C. Extra hepatic portal vein obstruction D. Hepatic carcinoma
(AIPGMEE-2000)

TOPIC 6 : ORGANOPHOSPHORUS POISONING

2069. A-65, year old farmer presents with sweating, hypothermia and pulse rate of <50/min treatment is: A. Physostigmine B. Neostigmine C. Atropine D. Pilocarpine.....**(AIIMS PGMEE - DEC 1998)**

TOPIC 7 : OPIOID POISONING

2070. Which is seen in opioid poisoning: A. Hyperventilation B. Raised BP C. Slow shallow respiration D. Dyspnea...**(PGI 1999 Dec)**

2071. An 8 year old boy, Raju, is brought to the casuality with a history of consuming something while playing outside in the playground. On examination, there was altered sensorium, hyperpyrexia, dilated pupils. Most probable cause is: A. Dhatura poisoning B. Organo-phosphorus poisoning C. Partheniun poisoning D. Barbiturate poisonig.....**(AIIMS PGMEE MAY - 2001)**

ANSWERS

2057).A 2058). B 2059). A 2060). C 2061). A 2062). B 2063). A 2064). D 2065). A 2066). D 2067). A 2068). A 2069). C 2070). C 2071). A