

NEET PG 2020 RECALL

300 Questions + Explanation

NEET PG RECALL

Jan 2020

We hope you enjoy using these notes

They have been hand-crafted with an obsessive attention to details, with aim of capturing the course's content in a way that's right for you.

Thank You

*For the Students
from the Students*



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EXAM ANALYSIS:

NEET PG 2020 had a drastic shift in exam pattern, the Questions were more clinical oriented and time consuming. The conventional fact based questions were reduced and the remaining were structured as clinical case scenario. These are the following analysis we have about the paper:

- ✓ 68% questions were asked from Previous NEET PG and other institutional exam
- ✓ Five novel questions were asked
- ✓ 5% were direct repeat from Prev. NEET PG and NEET PG Mock Paper
- ✓ 12% questions were asked from recent November Institutional Exam
- ✓ Image based questions comprised of 33%
- ✓ Questions pattern resembled content in USMLE FIRST AID

The overall inference on the Exam is, as a difficult paper. Concept based study with ample revision integrating with previous year repeated topics may fetch you a good score.

DISCLAIMER: The questions given in this PDF is only NEET PG 2020 Pattern and is provided only for educational purposes. Any resemblance with the actual exam is purely coincidental.

Please Note: This PDF is provided for free in Notespaedia Telegram group and www.notespaedia.com. Controversial questions can be discussed in our official Telegram group.

1) Drugs acting via Tyrosine Kinase receptor is ::

a) TRH

b) TSH

c) Insulin

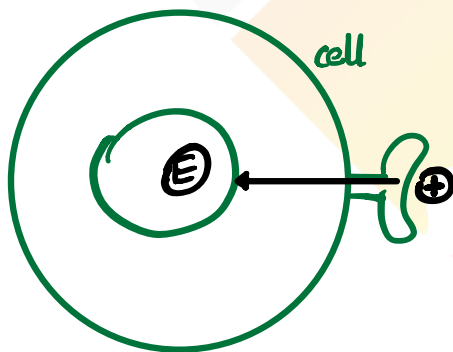
d) MSH

Receptors - freq. tested Topic
NEET'17 - Repeat topic
AIIMS'18 - Repeat topic

Direct Recall from ELITE PHARMACOLOGY

Receptors ::

↳ ENZYME LINKED RECEPTORS



i) Tyrosine Kinase receptors

↳ IGF₁ R

↳ EGFR (HER-1)

↳ VEGFR

↳ ^{NEET'20} Insulin Receptor

↳ Her-2

2) A patient on lithium therapy developed HTN. He was started on Thiazides for hypertension. After few days, he developed coarse tremors and other symptoms suggestive of Lithium toxicity. Explain the likely mechanism of this interaction.

a) Thiazide inhibits the metabolism of Lithium

b) Thiazide act as an add on drug to Lithium.

c) Thiazide increase the tubular reabsorption of Li

d) Thiazides cause loss of water thereby increased Lithium levels

INTERACTION B/W LITHIUM & DIFFERENT DIURETICS ::

Neet '20 //

↑↑↑ Lithium

Variable interaction

(↔ or ↑ Li)

↓↓ Lithium

Thiazide & analogs

- Loop diuretics
- K⁺-sparing diuretics

- Osmotic diuretics
- Carbonic anhydrase inhibitors

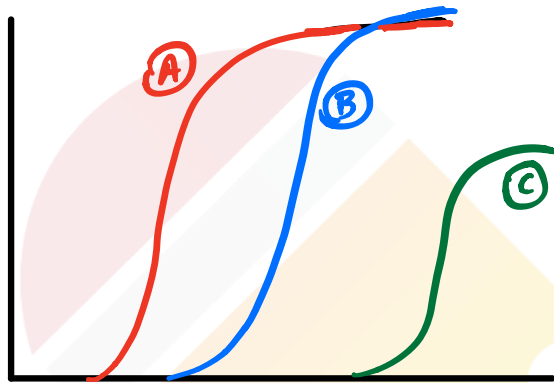
- Chlorthalidone
- Hydrochlorothiazide
- Indapamid

- Furosemide

- mannitol, urea

- acetazolamide

3, Which of the following drugs shown in the graph below has highest potency?



Frequent tested topic
concept of Km, Vmax
Efficacy & Potency

NEET '16 - Repeat
AIIMS '15 - Repeat
JIPMER '17 - Repeat

a) Drug A

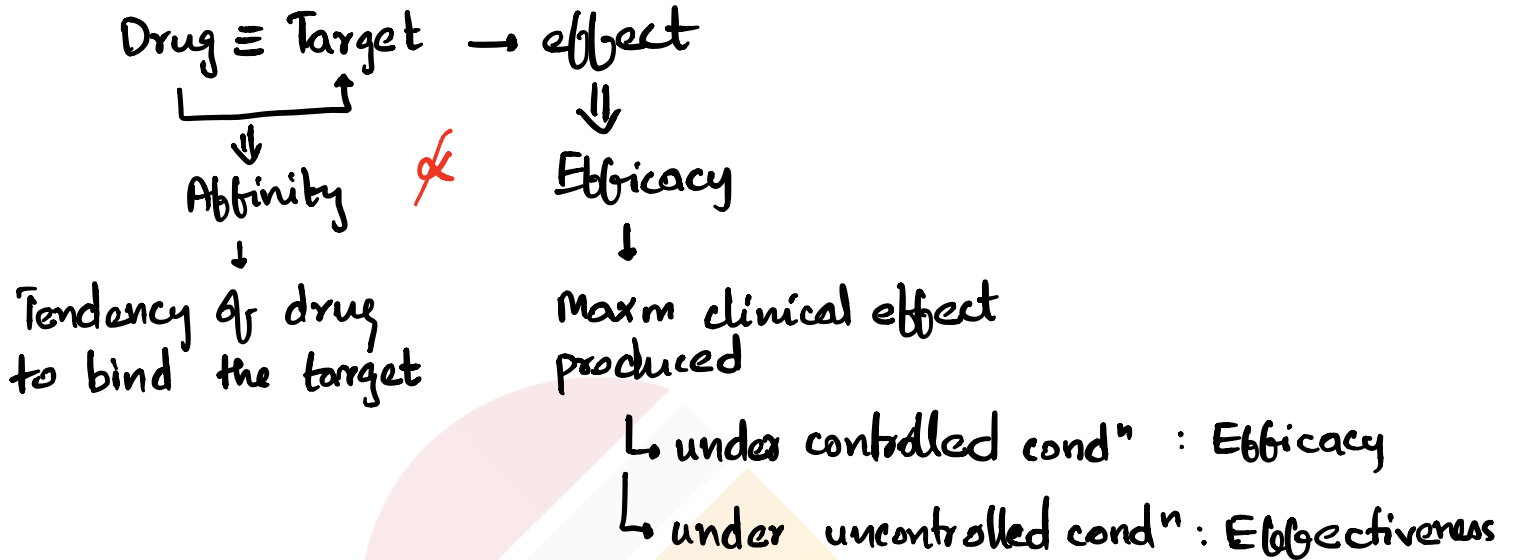
b) Drug B

c) Drug C

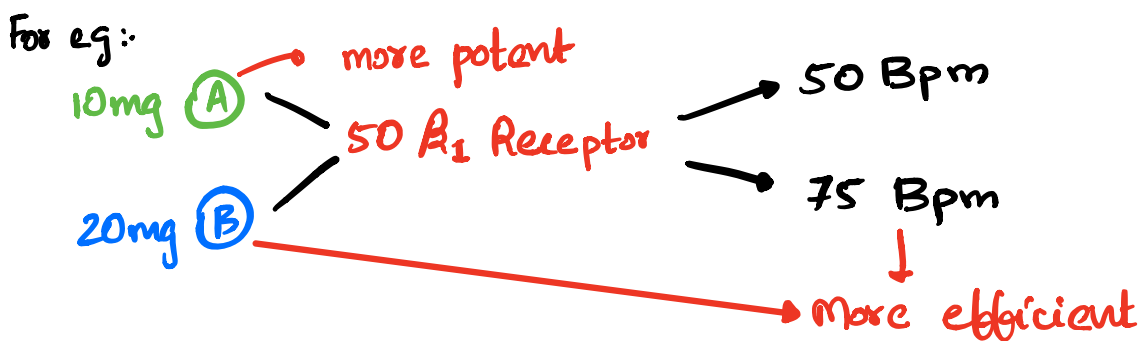
d) Both Drug A & B

Direct Recall from Elite Pharmacology PURPLE BOX

Efficacy vs Potency



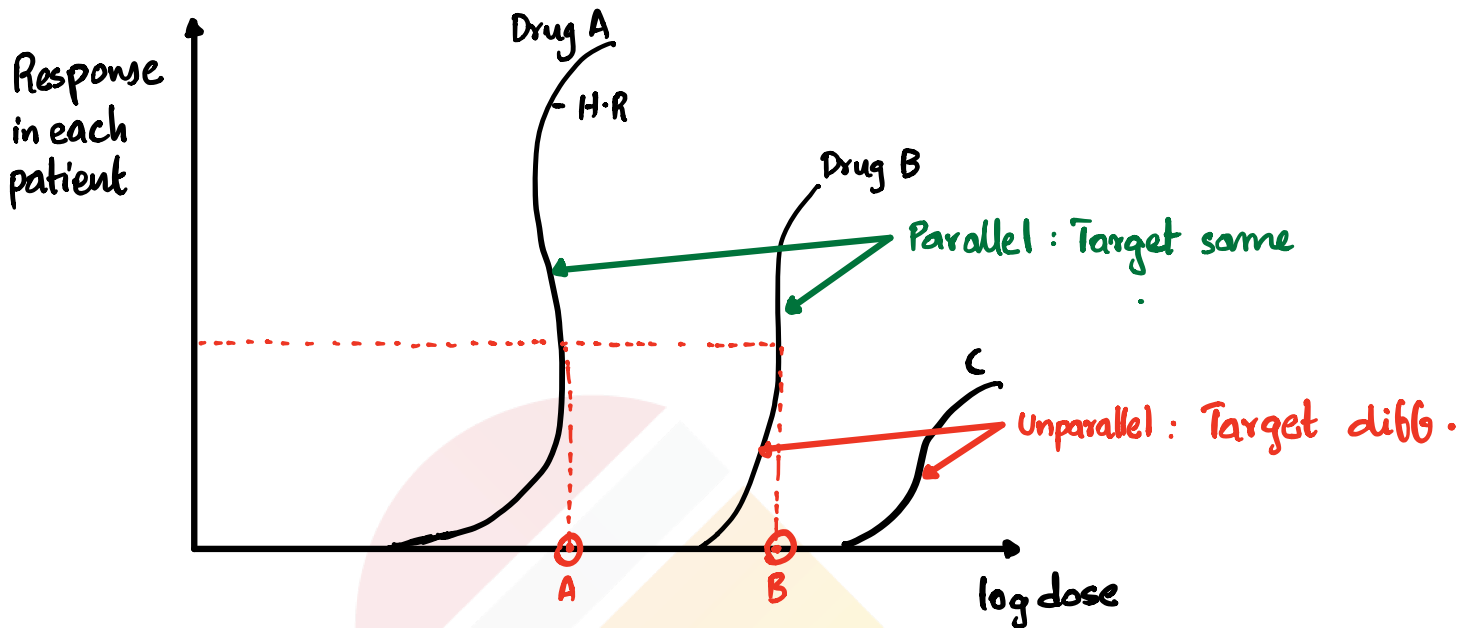
POTENCY: Relative dose of a drug to produce a particular effect



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Dose Response Curve :

Graded DRC



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- Slope/Height indicate efficacy (A > B)
- ^{NEET 20} position of DRC on log dose axis indicates potency (A > B)

Parallel / Same target : access i) efficacy
ii) potency
iii) Affinity

Unparallel / diff. target : access i) efficacy
ii) Potency

In the above Eg: POTENCY → Drug A > B > C
Efficacy → Drug A > B > C

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4) Mechanism of resistance to penicillin via beta lactamase is ::

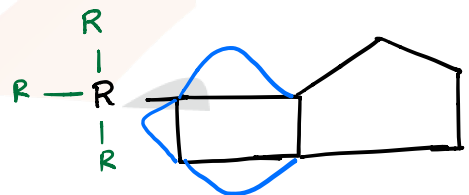
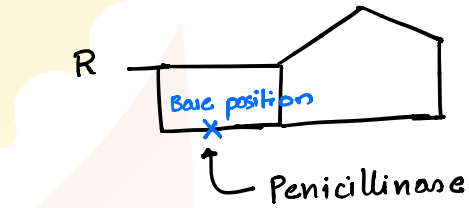
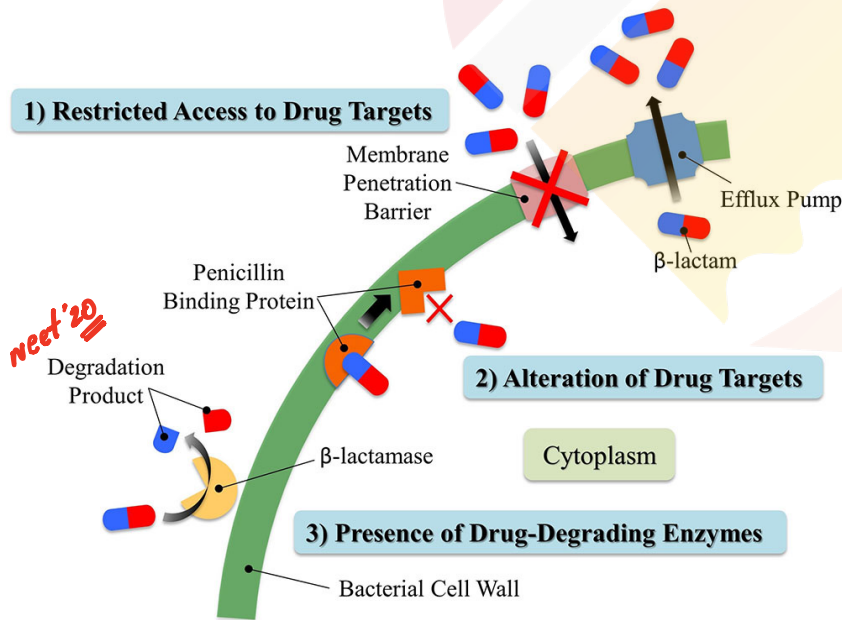
- a) Altered penicillin binding proteins
- b) Drug efflux

Recent NEET Repeat

c) Breaks drug structure

d) Alteration in SDS ribosome structure

Direct Recall from Elite Notes



Penicillinase Resistant. penicillin = change in shape of beta lactam ring

5) which of the following drugs act by inhibiting DNA replication ?

- a) 6-Mercaptopurine
- b) Actinomycin D
- c) Mitomycin C
- d) Asparaginase

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ELITE PHARMAC RECALL

16.2 MECHANISM OF ACTION OF 6-MERCAPTOPYRIMIDINE

The diagram shows the metabolic pathway of 6-Mercaptopurine. It is converted to 6-Thioinosinic acid (thio-IMP) by the enzyme Hypoxanthine-guanine phosphoribosyl transferase. Thio-IMP then leads to the synthesis of AMP, XMP, and Thio-GMP. This process results in non-functional RNA and DNA. There is also a feedback inhibition of phosphoribosylamine synthesis.

- > 6-Mercaptopurine penetrates target cells and is converted to the nucleotide analog.
- > This leads to inhibit the first step of de novo purine-ring biosynthesis
- > This results in non-functional RNA and DNA.

Purine Pyrimidine } analogue are part of DNA synthesis → can inhibit the S phase

6) A ♀ patient was on Li therapy for bipolar disorder for 6 months. She kept the fast for few days d/t religious reasons and presented with Sz, coarse tremors, confusion and weakness of limbs. Which of the following should be done next to assess her condition?

a) S. Electrolyte

b) S. Li levels

c) ECG

d) MRI

Freq. Tested topic - Li Toxicity

NEET '15, 17, 18

AIIMS '15, 16

UPSC 12, 15

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Li is excreted via urine.

Fasting → dehydration → pre Renal AKI

Li toxicity

↓
impaired renal elimination Li

ELITE PHARMAC

Here Li levels are >1.5
§ coarse tremors ⊕ §

Lithium Toxicity
(chronic Ingestion)

Level	s[Li] mEq/L	Clinical Manifestations	Treatment
Grade 1	1.5-2.5	Nausea Vomiting Tremor Hyperreflexia Ataxia Agitation Muscular Weakness	Hydration (x 4-6h) Kayexalate
Grade 2	2.5 -3.5	Stupor Rigidity Hypertonia Hypotension	Hydration, Kayexalate, +/- dialysis
Grade 3	> 3.5	Coma Seizures	Hemodialysis

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More than just notes...

7) Which of the following drugs is used as nail lacquer for fungal infections

- a) Fluconazole
- b) Nystatin
- c) Itraconazole
- d) **Terbinafine**

NOVEL QUESTION

Nail lacquer → . for Rx of Onychomycosis
 . contains topical 10% Terbinafine



8) Pegloticase is used for treatment of :-

- a) Ankylosing spondylosis
- b) CPPD

c) **Chronic tophaceous gout**

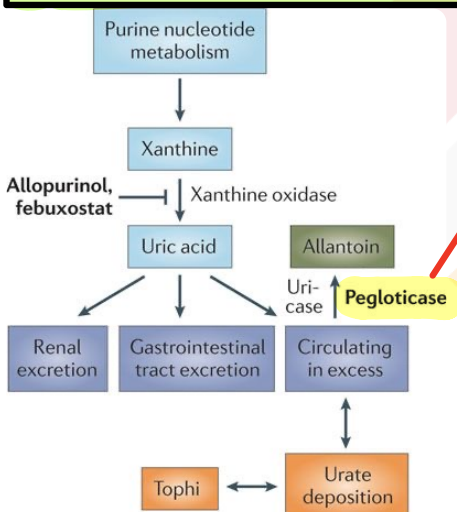
d) Refractory Rheumatoid arthritis



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DIRECT AIIMS NOV' 19 Repeat, Prev. NEET

Elite Pharm



Recombinant uricase

3rd line agent, when no other drugs are useful
 I.V infusion every 2wk.

- Cx in • G6PD deficiency.
- Methaemoglobinemia

9, which of the following is not a prokinetic?

a) 5HT₄ antagonist

b) D2 blocker

c) Macrolides

d) Diphenoxymethane

Recent AIIMS Repeat
NEET Repeat

Drug Classification/ Mechanism	Sites of Activity	Indications	Dose	Other Properties
Dopaminergic D₂-Antagonist Drugs				
Metoclopramide	GES, stomach, intestine, CRTZ	Vomiting disorders, gastroesophageal reflux, delayed gastric emptying, ileus/pseudoobstruction	0.2 to 0.5 mg/kg PO, IV TID; 0.01 to 0.02 mg/kg/h infusion	α ₂ -adrenergic antagonist β ₂ -adrenergic antagonist 5-HT ₄ -serotonergic agonist
Domperidone	GES, CRTZ	Vomiting disorders, gastroesophageal reflux	0.05 to 0.1 mg/kg PO BID	5-HT ₃ -serotonergic antagonist α ₂ -Adrenergic antagonist β ₂ -adrenergic antagonist
Serotonergic 5-HT₄-Agonist Drugs				
Cisapride	GES, stomach, intestine, colon, CRTZ	Gastroesophageal reflux, delayed gastric emptying, ileus/pseudoobstruction, constipation, chemotherapy-induced vomiting	0.1 to 0.5 mg/kg PO TID (doses as high as 0.5 to 1 mg/kg have been used in some dogs)	5-HT ₃ -serotonergic antagonist 5-HT ₁ -serotonergic antagonist 5-HT ₂ -serotonergic agonist
Mosapride	Stomach	Delayed gastric emptying	0.25 to 1 mg/kg PO BID	None
Prucalopride	Stomach, colon	Delayed gastric emptying, constipation	0.01 to 0.2 mg/kg PO BID	None
Tegaserod	Intestine, colon	Constipation, ileus/pseudoobstruction	0.05 to 0.1 mg/kg PO or IV, BID	5-HT ₁ -serotonergic antagonist
Motilin-like Drugs				
Erythromycin	GES, stomach, intestine, colon	Gastroesophageal reflux, delayed gastric emptying, constipation (dogs)	0.5 to 1 mg/kg PO IV TID	5-HT ₃ -serotonergic antagonist
Acetylcholinesterase Inhibitors and Cholinomimetic Agents				
Ranitidine	Stomach, colon	Delayed gastric emptying, constipation	1 to 2 mg/kg PO BID-TID	H ₂ -histaminergic antagonist
Nizatidine	Stomach, colon	Delayed gastric emptying, constipation	2.5 to 5.0 mg/kg PO SID	H ₂ -histaminergic antagonist
Bethanechol	Esophagus	Canine idiopathic megaesophagus	Dog: 5 to 15 mg/dog PO TID	
Nitric Oxide Donors				
AMU-301		Stomach	Diabetic gastroparesis	Not yet established
Prostanoids				
Misoprostol		Colon	Constipation	Dog: 2 to 5 µg/kg PO TID-QID

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CRTZ, chemoreceptor trigger zone; GES, gastroesophageal sphincter; SID, standardized ileal digestible.

10 A ♀ developed pain and insect crawling like sensation on legs at night which is relieved by shaking her legs. which of the following drug of choice for this condition?

a) Pramipexole

b) Gabapentin

c) Vit. B12

d) Iron tablets

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Restless legs syndrome is characterized by burning or tightening sensations, like insects crawling inside the legs, that typically worsen when the patient is at rest.

DOC for Restless leg syndrome



Pramiprexole.

#Elite Pharm

Restless legs syndrome a.k.a Ekbom Sx.

11) Fluoroquinolone contraindicated in Liver d/s is

a) Levofloxacin

b) Pefloxacin

c) Ofloxacin

d) Lomefloxacin

FLOUROQUINONE IS HIGH-YIELD AND MOST REPEATED TOPIC IN NEET PATTERN

Pefloxacin ⇒ well absorbed in GIT

• metabolism not altered in R.F

• CI in Liver failure

• dose adjustment in elderly

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12) At a high altitude of 3000m, a person complains of breathlessness. All of the following can be used for management of this person except

a) IV digoxin

b) Oxygen supplementation

c) Immediate descent

d) Acetazolamide

AIIM'19 Repeat topic

ALTITUDE SICKNESS

ELITE PHARMA Recall

High altitude
P.E

High altitude
cerebral edema

→ Paul Bert effect

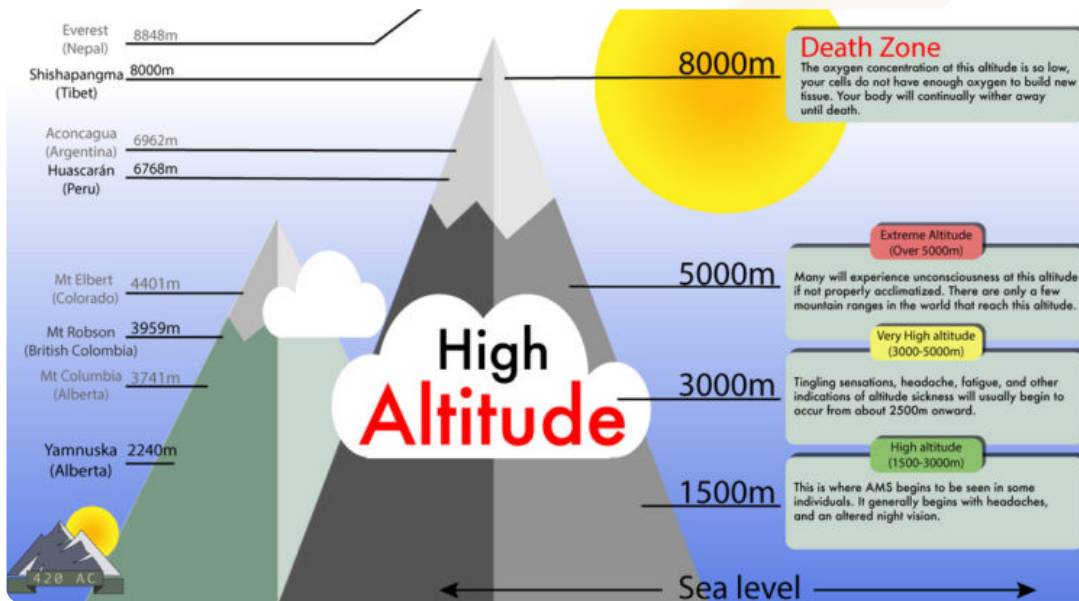
Headache 1st sympt

Rx
ACETAZOLAMIDE

manifestation: 24hr - 48hr later only

- Rx:
- Immediate descent
 - O₂ inhalation
 - Acetazolamide
 - Dexamethasone

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13, True about non-competitive inhibition is

a) K_m remains same, V_{max} decrease

b) K_m increase, V_{max} increase

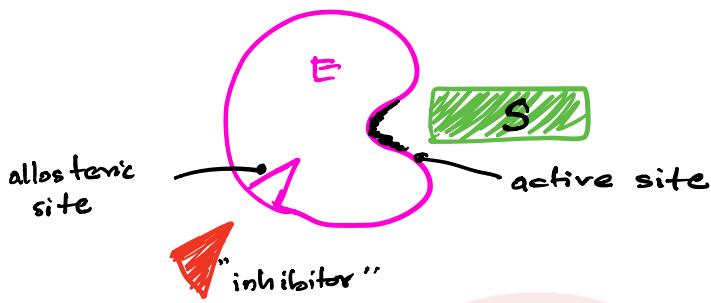
c) K_m decrease, V_{max} increase

d) K_m increase, V_{max} increases

Frequent tested topic
concept of K_m , V_{max}
Efficacy & Potency
NEET '16 - Repeat
AIIMS '15 - Repeat
JIPMER '17 - Repeat

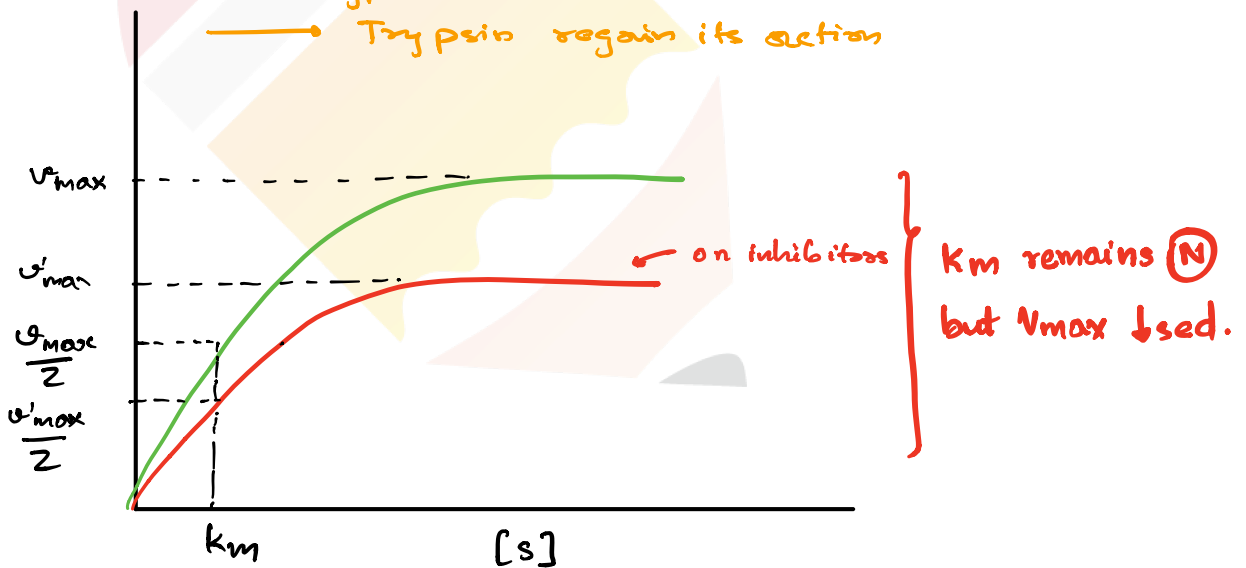
Non competitive inhibitor

DIRECT RECALL ELITE BIOCHEM

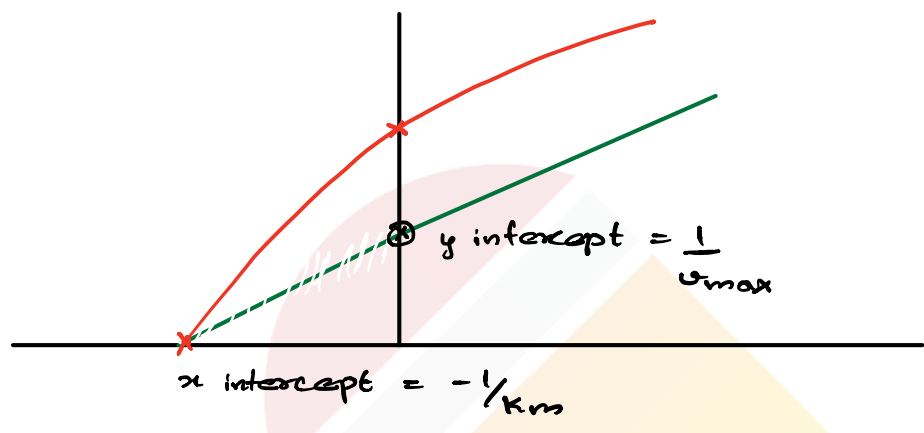


- Substrate & inhibitor are not structural analogue.
 - most non competitive inhibitors are irreversible
- except: Trypsin inhibitors on Trypsin

↳ Remove trypsin inhibitor from medium
↳ Trypsin regain its action



Lineweaver Burk Plot: Non competitive inhibition ⇒ 'V' shaped graph.



non competitive inhibition:

	inhibitor
① Cyt C. oxidase	CYANIDE
② Glyceraldehyde 3 P ₂ , Dehydrogenase	IODO ACETATE

③ Aldahyde Dehydrogenase	DISULFURAM
④ Enolase	FLUORIDE
⑤ α KGDH	ARSENITE
⑥ Acornitase	Fluoroacetate

14) Theophylline causes diuresis because of

a) PDE4 inhibition

b) Adenosine A1 receptor antagonism

c) β 2 agonism

d) PDE 3 inhibition

Methylxanthines

➤ Theophylline - aminophylline

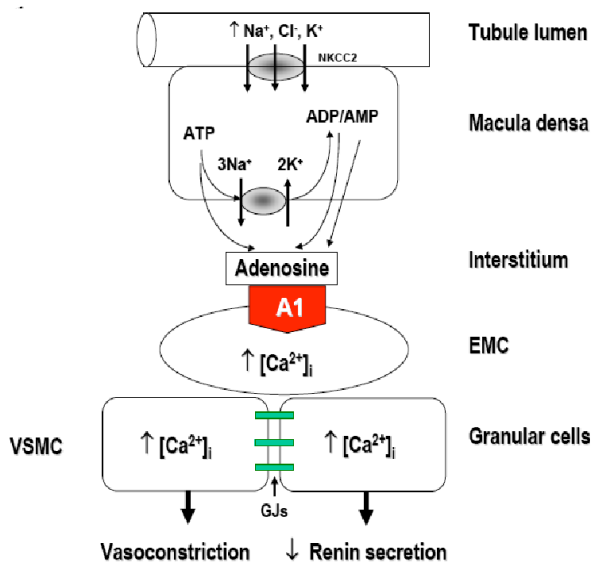
Novel Question
But Repeat Topic

Mechanism of Action

- are phosphodiesterase inhibitors
- \uparrow cAMP \rightarrow bronchodilation
- Adenosine receptors antagonists (A1)
- Increase diaphragmatic contraction
- Stabilization of mast cell membrane



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Adenosine causes vasodilatation at Renal blood vessels.

15) A patient with diabetes and COPD developed **post operative** urinary retention. Which of the following drugs can be used for short term treatment to relieve the symptoms of this person?

- a) **Bethanecol**
- b) Methacholine
- c) Terazosin
- d) Tamsulosin

Repeat NEET'14 Topic

Bethanecol → M3 receptor antagonist.

DIRECT RECALL ELITE PHARM

selective M3 Agonist
acting on intestine / bladder

↳ **BETHANECHOL**

- Rx: i) constipation
ii) Post op paralytic ileus
iii) Post op urinary retention

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16) Drug of choice for invasive aspergillosis is

- a) Posaconazole
- b) **Voriconazole**
- c) Liposomal AMB
- d) Caspofungin

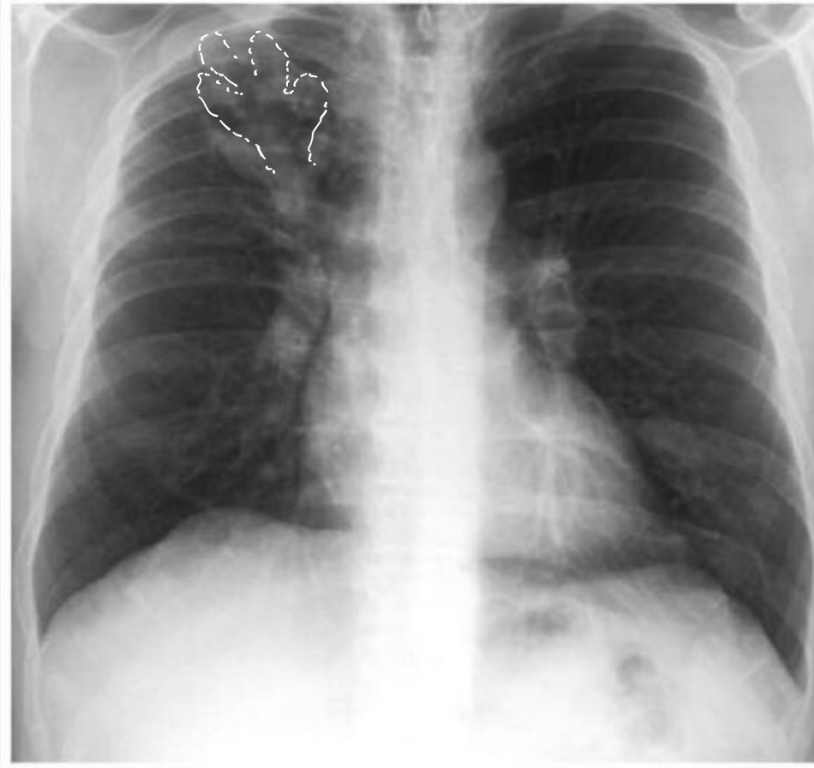


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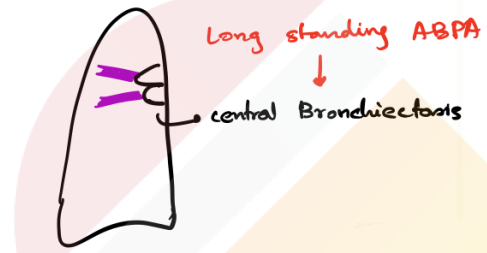
Elite Radio

Asthmatics } Allergic Rx to
cystic fibrosis } aspergillus.

↓
Bronchus filled with mucus

ABPA § allergic bronchopulmonary aspergilliosis §

• Clave finger appearance



Bone marrow transplant pt ::

immuno compromised

immunocompetent

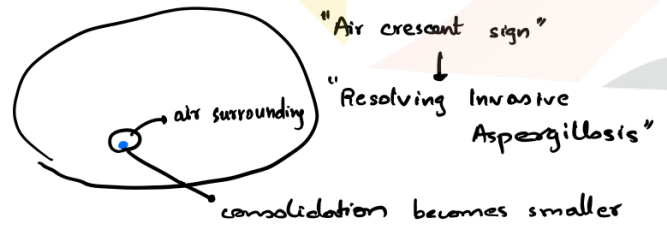
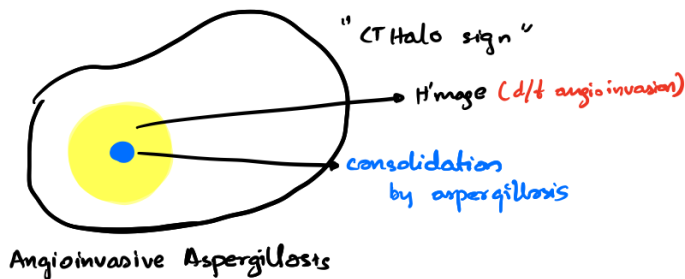
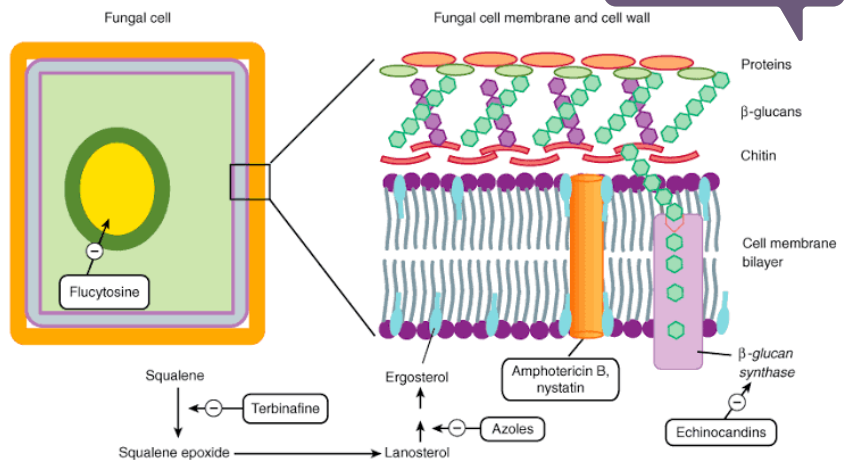


Table 1 – Antifungals for treatment of primary pulmonary aspergillosis¹⁵

Antifungal agent	Regimen
Preferred	
Voriconazole	IV: 6 mg/kg q12h on day 1, then 4 mg/kg q12h PO: 4 mg/kg (rounded up to available pills)
Alternatives	
Liposomal amphotericin B	3 - 5 mg/kg/d IV
Amphotericin B lipid complex	5 mg/kg/d IV
Caspofungin	70 mg IV on day 1, then 50 mg/d
Posaconazole ^a	200 mg qid PO initially, then 400 mg bid after stabilization of disease
Itraconazole	Dosage depends on formulation

^a Posaconazole may have inconsistent oral bioavailability and is considered a drug used for salvage therapy.



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13) Which of the following antihypertensive drug is avoided in patients with high serum uric acid levels?



a) Hydrochlorothiazide

b) Enalapril

c) Prazosin

d) Atenolol

Hyperuricemia is a Frequent tested Topic

Drugs causing hyperuricemia

Aspirin (low dose)	Furosemide
Amiloride	Levodopa
Alcohol	Niacin
Chlorthalidone	Pyrazinamide
Cisplatin	Parathyroid hormone
Cyclosporine A	Tacrolimus
Ethacrynic acid	Thiazide
Ethambutol	Theophylline

Overproduction of uric acid

Genetic : Inborn error of purine metabolism

↑ Nucleic acid turnover :

- Malignancies : Myelo or lymphoproliferative
- Excessive alcohol, purine or fructose intake
- Psoriasis, hemolytic disorders
- Obesity -BMI >30 kg/m²
- Heavy exercise

Underexcretion of uric acid

Chronic kidney disease

Drugs (vide supra)

HT

Metabolites (lactate and ketones)

Lead intoxication

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18) Which of the following drugs acts by inhibiting the transcription of DNA to RNA?

a) Rifampicin

b) Nitrofurantoin

c) Ciprofloxacin

d) Novobiocin

ATT & Anti Leprosy are Frequent tested topics

• Rifampicin inhibits DNA dependent RNA polymerase

19, A patient was recently started on Fluphenazine. Few weeks later, he developed tremors, rigidity, bradykinesia and excessive salivation. 1st line of management for this patient is

a) Selegiline

b) Trihexyphenidyl

c) Pramipexole

d) Amantadine

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• Trihexyphenidyl has central anticholinergic action
• This is case of drug induced parkinsonism

20. Which of the following antimicrobials should not be given to a C/C asthmatic patient managed on theophylline therapy?

a) Erythromycin

b) Cefotaxime

c) Cotrimoxazole

d) Amoxicillin

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More than just notes...

• Theophyllin + Erythromic → QT prolongation

Methylxanthines- Theophylline Cont.,

• Interactions:

- Theophylline metabolism decreased by smoking, phenytoin, rifampicin, phenobarbitone and charcoal broiled meat meal., which increases the parenthesis.
- Erythromycin, ciprofloxacin, cimetidine, oral contraceptives and allopurinol inhibits CYP1A2 and increasing the theophylline plasma concentration; dose should be reduced to 2/3.
- Theophylline reduce the effects of phenytoin, lithium.
- Theophylline enhance the effects of furosemide, sympathomimetics, digitalis, oral anticoagulants and hypoglycemics.

• Indications:

- Primarily used to treat chronic obstructive lung disorders and asthma.
- Also used to treat apnea

Methylxanthines	Theophylline	
		Cigarette smoking CYP 1A2, 2E1, 3A4 inhibitors or inducers CYP 1A3 substrates Decreased effects when used with beta-blockers Do not combine with roflumilast. Fluoroquinolones

21, A person was given a muscle relaxant that competitively blocks nicotinic receptors. which of the following drug is used for reversal of muscle relaxation after surgery?

- a) Neostigmine
- b) Carbachol
- c) Succinylcholine
- d) Physostigmine

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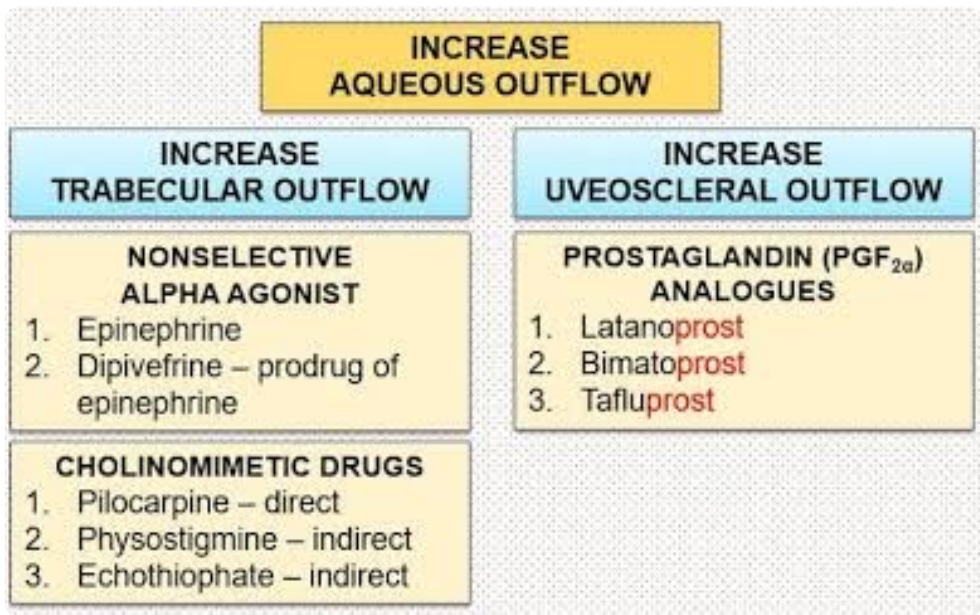
Competitive blocker of nicotine receptor → d-Tubocurarine
Neostigmine is ACh esterase ⊖ ∴ it ↑ ACh at the synapse and competitive inhibition can be overcome.

22, Anti-glaucoma drug that act by increasing uveo-scleral outflow is

- a) Latanoprost
- b) Timolol
- c) Pilocarpine
- d) Dorzolamide

AIIM'19 Repeat topic
NEET'17,18,19 "
JIPMER'15,18 "
UPSC'12,14,15,16 "

Anti glaucoma drugs: Frequent tested topic



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23) A pt. diagnosed with Rheumatoid arthritis was on medications. After 2 years, he developed blurring of vision and was found to have corneal opacity. Which drug is likely to cause this?

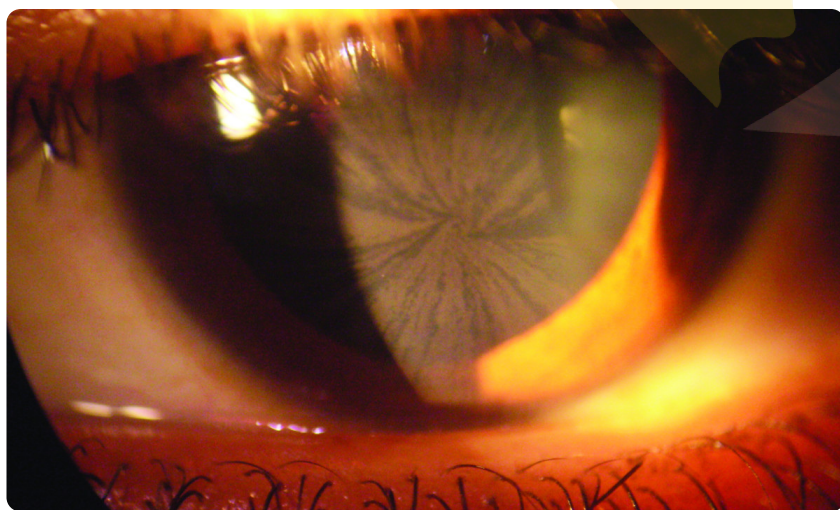
a) Sulfasalazine

b) Chloroquine

c) Methotrexate

d) Leflunamide

Recent Repeat Topic



Vortex Keratopathy/ Cornea verticillata

Causes

Amiodarone

Fabry's disease

Chloroquine

Hydroxychloroquine

Indomethacin

Phenothiazines etc.

24) A boy is planning to travel by bus. Which of the following drug can be used to prevent motion sickness in this person?

a) Promethazine

b) Meclizine

c) Loratidine

d) Fexofenadine

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In motion sickness usually req. prophylactic Rx with 1st gen. antihistamines such as Scopolamine patch used 1hr before travel.

∴ Only promethazine is the 1st gen antihistamine in the option.

25, which of the following antiarrhythmic drug is avoided in a patient with interstitial lung d/s?

a) Amiodarone ⇒ $t_{1/2} = 13 - 103$ days.

b) Sotalol

c) Quinidine

d) Verapamil

AMIODARONE drug is freq. Tested topic

Common drug-induced ILD

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> □ Antimicrobial agents <ul style="list-style-type: none"> ■ Cephalosporins ■ Isoniazid ■ Nitrofurantoin ■ Penicillins ■ Sulfonamides □ Anti-inflammatory agents <ul style="list-style-type: none"> ■ Aspirin ■ Gold ■ Methotrexate ■ NSIDs ■ Penicillamine | <ul style="list-style-type: none"> □ Cardiovascular drugs <ul style="list-style-type: none"> ■ Amiodarone ■ ACEi ■ β-Blockers ■ Hydralazine ■ Hydrochlorothiazide |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Side Effects Of AMIODARONE

T	THYROID ABN. (HYPO/HYPER)
P	PHOTOSENSITIVITY
P	PERIPHERAL NEUROPATHY
L	LUNG FIBROSIS
L	LIVER DAMAGE
C	CARDIAC DEPRESSION
C	CORNEAL MICRODEPOSITS

T	THE
2P	PERIPHERAL PARTS PHOTOSENSITIVE
2L	LUNG & LIVER
2C	CARDIAC & CORNEA

LUNG FIBROSIS

- Most serious adverse effect
- Can be rapidly progressive & fatal
- Risk factors –
 - Underlying lung disease
 - Doses of ≥400 mg/day
 - Recent pulmonary insults e.g. pneumonia

CLASS III DRUGS AMIODARONE

Pharmacokinetics:

- extremely long $t_{1/2} = 13 - 103$ DAYS
- metabolized to its major active metabolite **N-desethylamiodarone** by cytochrome P450 3A4 and CYP2C8
- eliminated primarily by hepatic metabolism
- cross placenta and appear in breast milk

26, which of the following is a late inward sodium channel blocker?

NEET PG'17

a) Ivabradine

b) Ranolazine

c) Trimetazidine → $\%e$: Parkinsonism

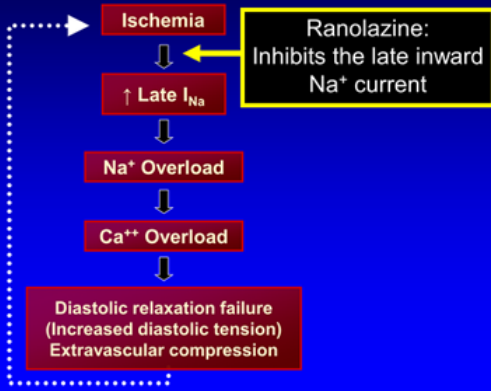
d) Fasudil

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Notespaedia.com
More than just notes.

Ranolazine: Mechanism of Action

Elite Pharma



23) A patient of biliary colic presented to hospital. Intern gave an injection and the pain worsened. Which is the most likely injection given?

- a) Morphine
- b) Diclofenac
- c) Nefopam
- d) Etoricoxib

AIIM'S 15 Repeat

Contraindications of Morphine

- Head injury
- Pregnancy
- Neonates & Elderly
- Dysentery in children
- Biliary colic
- Chronic obstructive pulmonary disease
- Hepatic & renal diseases.
- Hypothyroidism

Elite Pharma

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28) 5 day baby full term breast fed with bilirubin 14mg/dl, weight is 2700g what should be done next?

a) Exchange transfusion

b) Phototherapy

c) Normal newborn care

d) Stop breast feeding

AIIMS PROTOCOL

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Age

Min TSB to start phototherapy

24hr

$\geq 10 \text{ mg/dL}$

48hr

$\geq 13 \text{ mg/dL}$

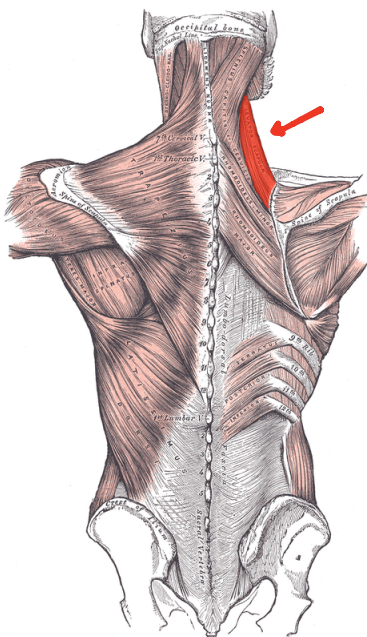
72hr

$\geq 15 \text{ mg/dL}$

96hr & beyond

$\geq 18 \text{ mg/dL}$

29) The nerve that supplies the marked structure?



✓ a) dorsal scapular

b) Suprascapular

c) Dorsal rami of C1

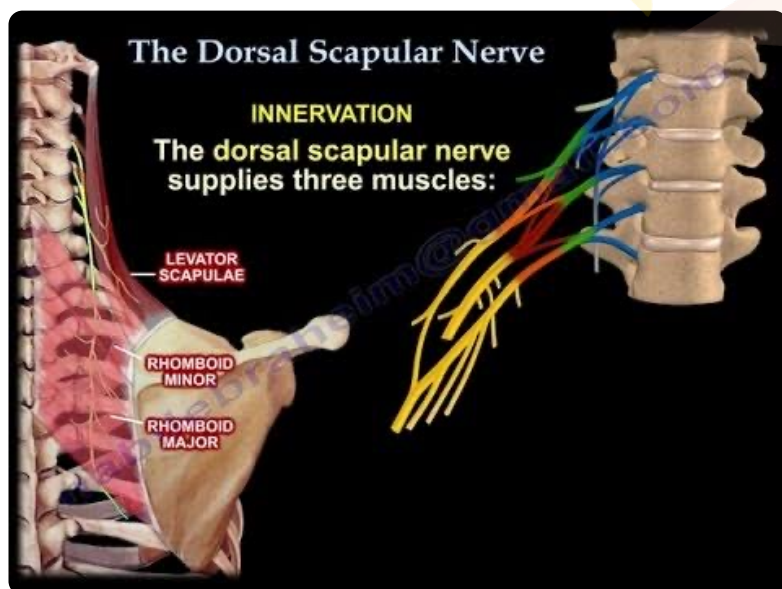
d) Subscapular

sol. marked structure is Levator scapulae

N.S = C5.

Dorsal scapular nerve supplies . Levator scapulae

. Rhomboidus major
minor.



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39) Upward extension of thyroid swelling is prevented by what attached to thyroid cartilage?

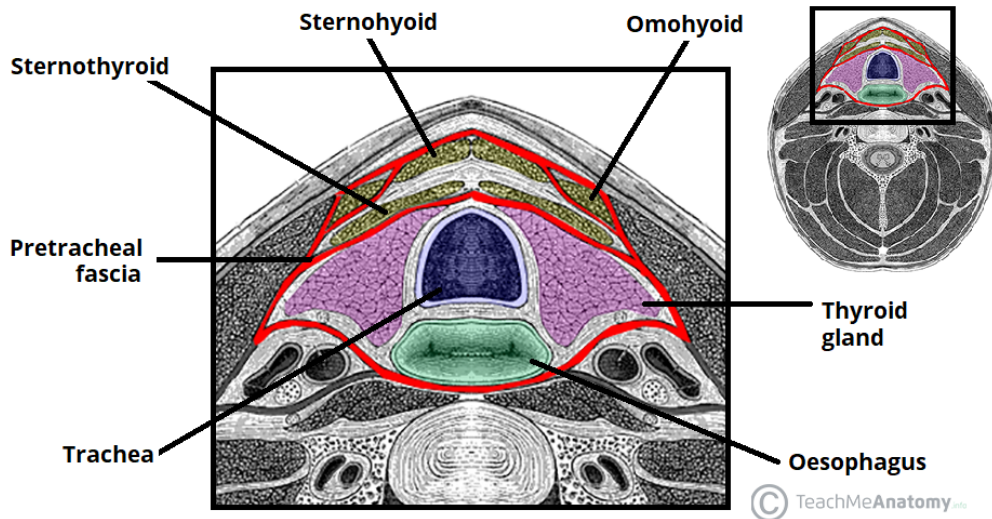
✓ a) Pretracheal fascia

b) Ligament of Berry

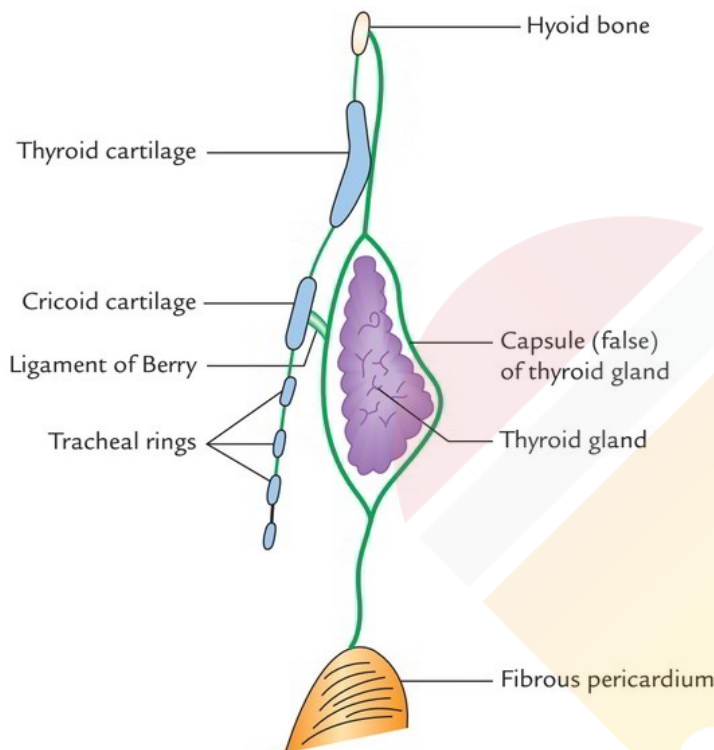
c) Thyrohyoid membrane

d) Sternothyroid

NEET'17 Repeat



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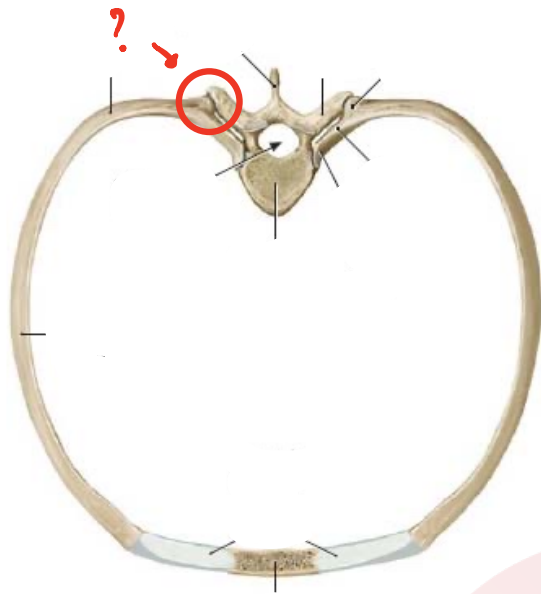


Pretracheal layer extends inferiorly from the base of the skull posteriorly and the hyoid bone & thyroid cartilage anteriorly and laterally and provide fascial sheaths of varying thickness for the thyroid gland, larynx, trachea, pharynx and esophagus

Inferiorly, it continues into superior mediastinum along the great vessels and fuses with the fibrous pericardium

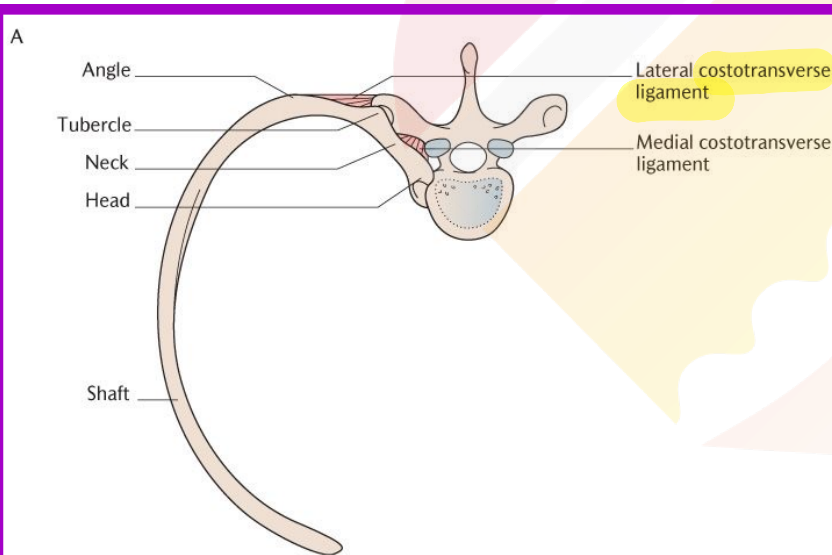
Ligament of berry is attached to cricoid cartilage

31) Identify the type of joint in the given image



- a) Syndesmosis
- b) Synarthrosis
- c) Synchondrosis
- d) Synovial**

JOINT TYPE IS FREQ.
REPEATED TOPIC
AIIM's Repeat Topic



Marked area: costotransverse joint.

- majority of joints in thoracic cage { interchondral, sternocostal, costo vertebral, costotransverse } is plane type of **synovial**

ELITE ANATOMY

32) In human cells, meiosis take place at

- a) Adrenal
- b) Adult ovary** → meiosis occurs in gonads.
- c) pre pubertal testes → spermatogenesis (meiosis) only starts from puberty.
- d) Hypothalamus

33, A pt. present with clinical features of vertigo, nystagmus, the following condition is d/t to thrombosis in which artery?

Warning:
The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespaedia Telegram group

- a) Posterior cerebral Artery
- b) middle cerebral Artery
- c) Internal carotid Ar.

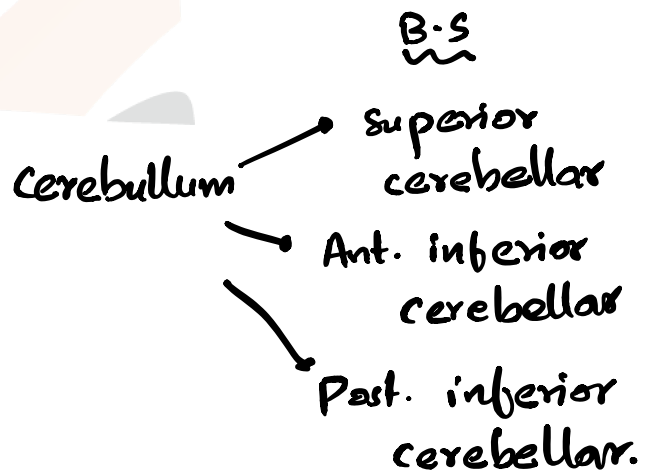
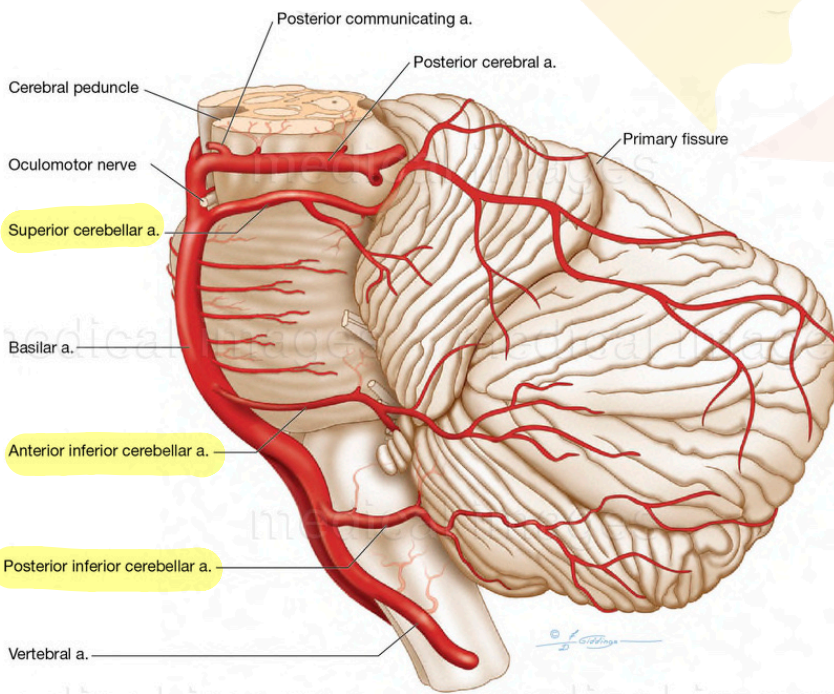
d) Superior cerebellar Ar

Ataxia } d/t cerebellar lesion
Incoordination }

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Blood supply of Cerebellum

Elite ANATOMY



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34) The reason for the long left recurrent laryngeal N. is d/t the persistence of which arch artery?

- a) 3rd Arch
- b) 4th Arch
- c) 5th Arch
- d) 2nd Arch

Pharyngeal Pouch } Foeq. tested topic
Development

Left RLN = wind round the arch of aorta
Arch of Aorta derived from left 4th Arch artery

35) A patient presented with the extension of the MCP joint and flexion of IP. Which muscle is affected?

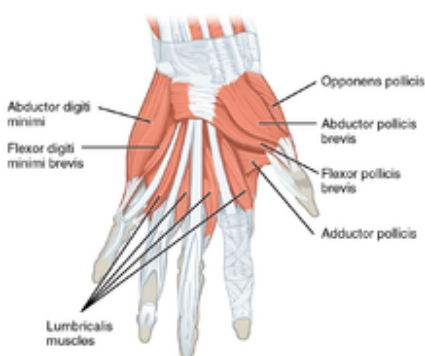
- a) Extensor digitorum
- b) Abductor pollicis brevis
- c) Interossei and Lumbricals
- d) Abductor pollicis longus

Extension of MCP and flexion of IP joints is d/t to palsy of lumbrical and interossei muscles.

* Action of lumbricals → flexion of MCP
extension of IP Jnt

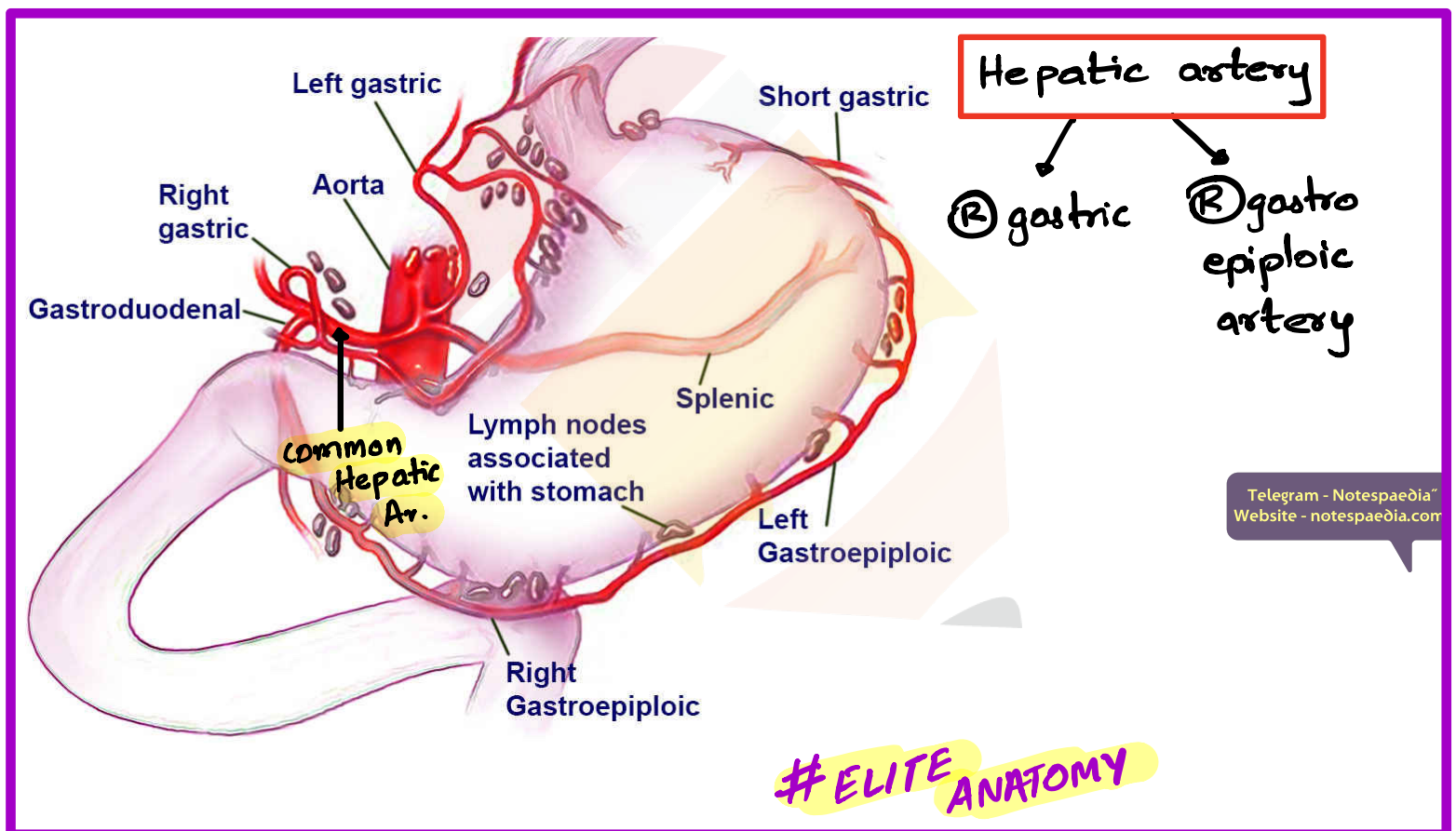
* Action of palmar interossei → adduction of fingers

* Action of dorsal interossei → abduction of fingers



36) Ligation of the common hepatic artery will impair blood supply in: **Repeat Topic**

- a) **R** gastric and **R** gastroepiploic artery
- b) **R** gastric and **L** gastric artery
- c) **R** gastroepiploic and short gastric vessels
- d) **R** gastric and short gastric vessels



37) A patient presented with weakness of the right side of the face with loss of pain and temperature. Pain and temperature sensation of the left leg is lost. The lesion is most likely located.

- a) Medial medulla
- b) **Lateral pons** → **R** Lateral Pons
- c) medial pons
- d) lateral medulla

RULE OF 4

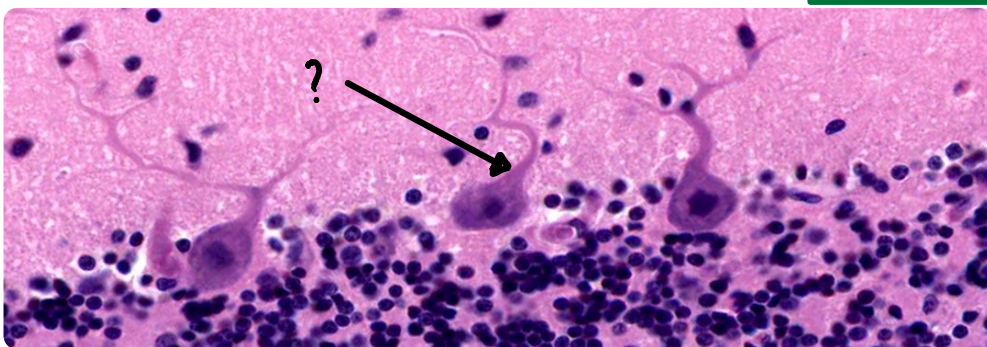
weakness of face → palsy of facial muscles
7th nerve affected
↓
same side
↓
7th N.
from PONS

Loss of pain & temperature from face → Trigeminal Nerve affected
↓
Lesion in lateral side and ipsilateral

Loss of pain & temperature in body UL, LL →
spinothalamic tract affected
↓
Lesion in C/L side and also lateral side

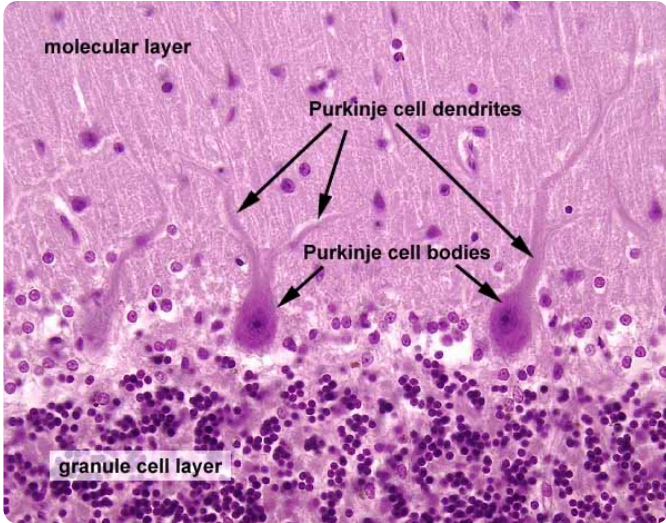
(38) Identify the structure:

CEREBELLUM ANATOMY Freer
Tested Topic



- a) Basket cells
- b) Purkinje cells
- c) Golgi cells
- d) Granular cell

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Types of Cell in cerebellum

- ↳ i) Basket cells
- ↳ ii) Granule cells
- ↳ iii) Golgi cells
- ↳ iv) Purkinje cells → flask shaped cells.
- ↳ v) Stellate cells

40. Tumor of the uncinata process of pancreas affects which of the following vessel?

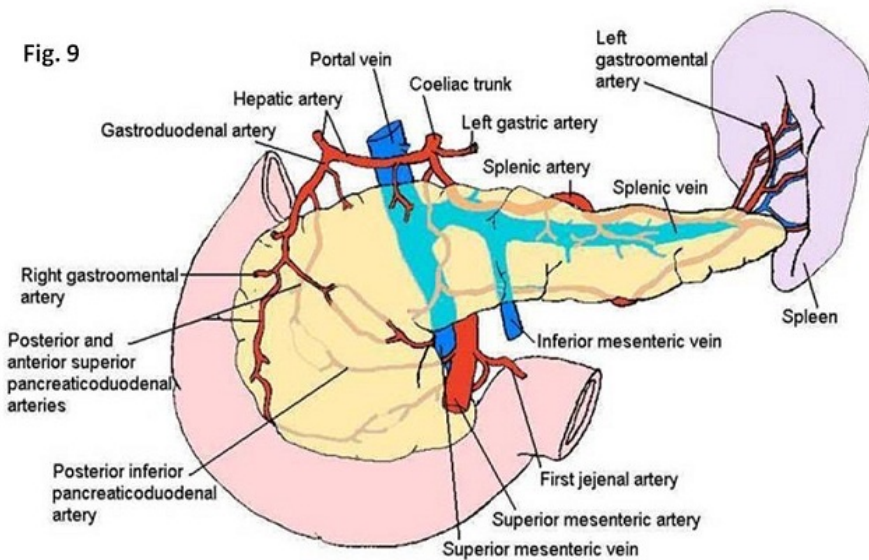
- a) Superior mesenteric artery
- b) Portal vein
- c) Common hepatic artery
- d) Inf. mesenteric artery

Topic from S.M.A
freq. tested

Superior mesenteric artery passing anterior to uncinata process.

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Fig. 9



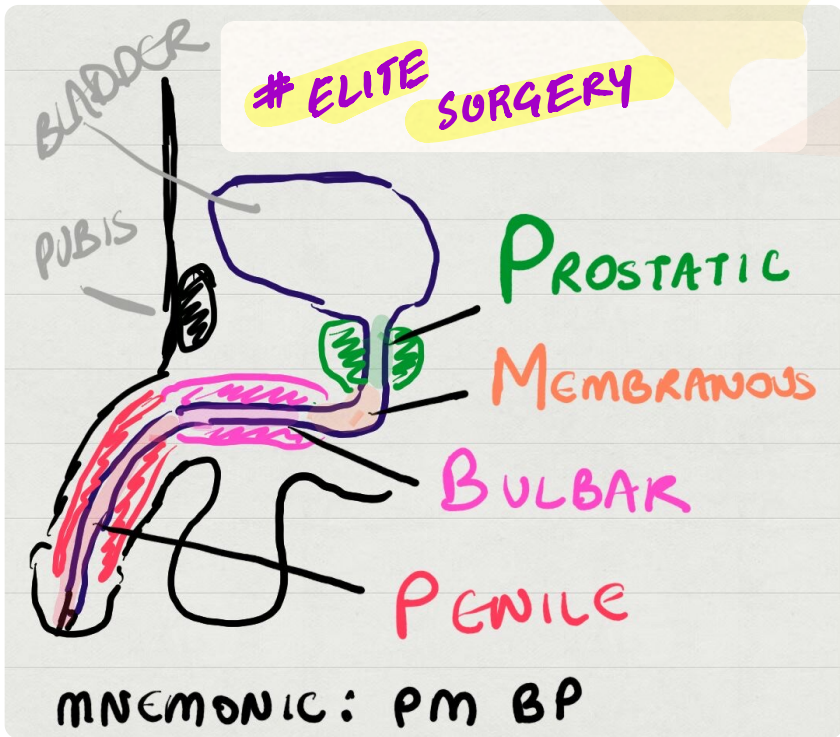
41. A man was brought to the emergency after meeting with an accident and injured his ~~minimus~~ He acts an ~~irres~~ L micturates but

... its unable to pass urine. 0/e blood was s/i at the tip of urethra and swelling of penis and scrotum?

- a) Penile urethra rupture
- b) Bulbar urethra
- c) Membranous urethra
- d) Urinary bladder injury

URETRAL INJURY IS FREQ. TESTED TOPIC
NEET'18 Repeat topic

Rupture of Bulbar urethra



extravasation of urine into ↓

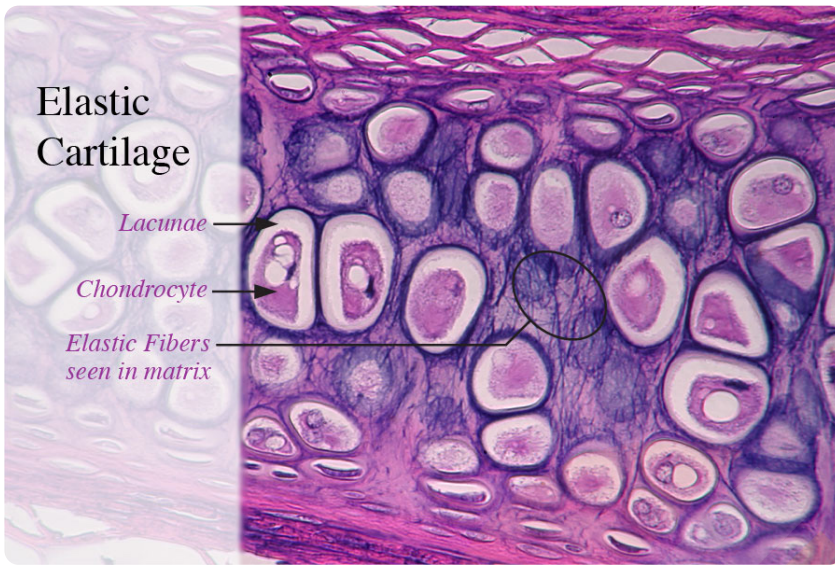
- penis
- scrotum
- supt. perineal pouch
- anterior abdominal wall

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42; what is the type of cartilage shown in the below drawing?



- a) Hyaline cartilage
- b) Elastic cartilage
- c) Articular cartilage
- d) Fibro cartilage



Elite Histology

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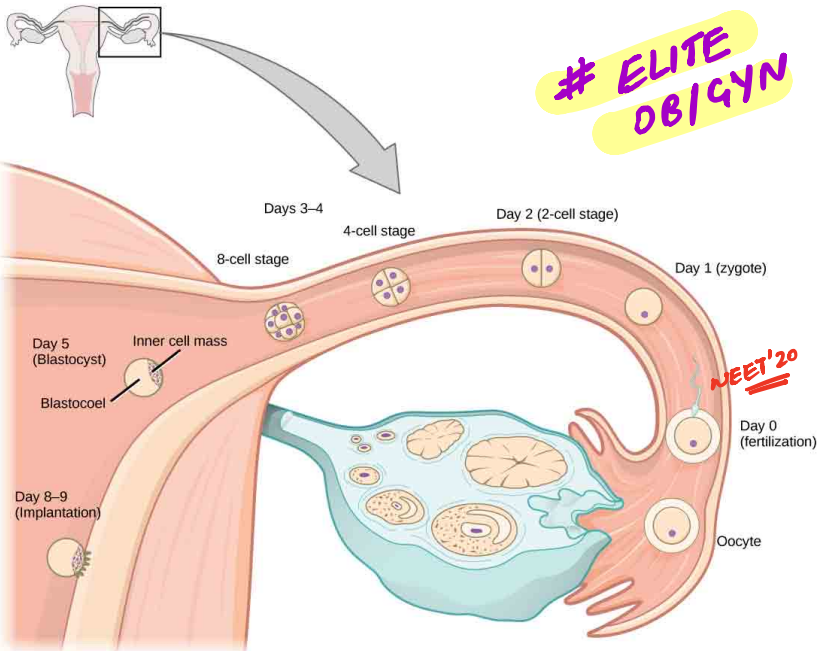
43, Fertilization occurs in which part of the fallopian tube .

a) Ampulla

b) Isthmus

c) Interstitial

d) Infundibular



44, Remnants of Wolffian ducts in a female are in :-

- a) Pouch of Douglas
- b) Broad Ligament**
- c) Uterovesical pouch
- d) Iliac fossa

Prev. NEET Repeat

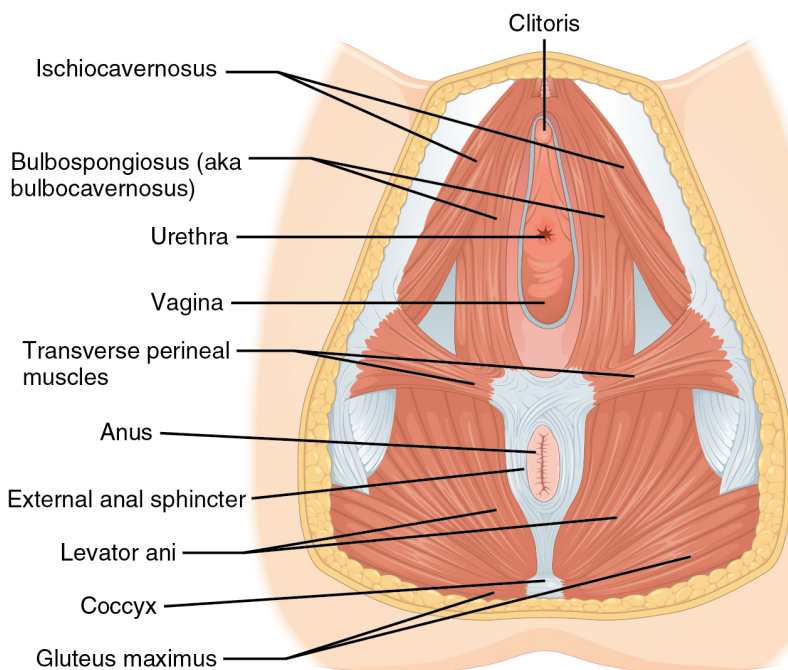
Gartner's duct remnants of mesonephric duct in female.

Located in Broad Ligament.

45, Episiotomy posteriorly beyond perineal body injuring the structure immediately posterior to it. Which structure is injured?

- a) External anal sphincter**
- b) Ischio cavernosus
- c) Bulbospongiosus
- d) Urethral sphincter

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Behind the perineal
↓
External anal sphincter

46) A woman with 18wks gestation presented to the OPD. On abdominal examination, the uterine size was 16wks. On USG, oligohydramnios was found, which of the following is suspected.

a) Renal agenesis

b) Fetal anemia

c) Jaundice

d) anencephaly

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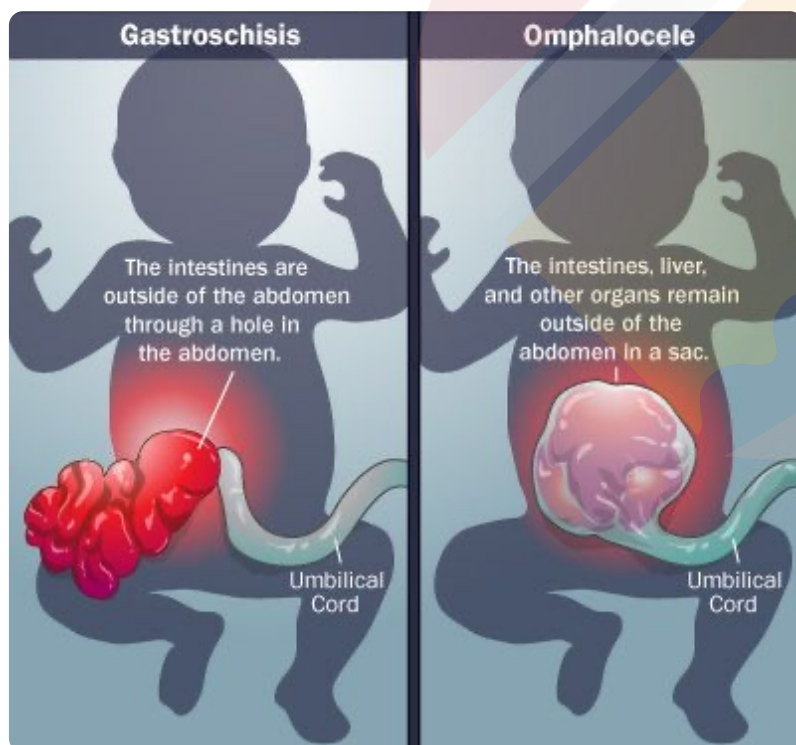
47) A child presented with evisceration of bowel loops coming out of a defect in abdominal wall right to the umbilicus. The possible diagnosis is

a) Omphalocele

b) umbilical hernia

c) Gastroschisis

d) Patent urachus



Direct repeat from Surgery Sixer Revision Note

48) A 30yr old man reports 4hours after acquiring a clean wound without laceration. He had recieved TT vaccination 10years back. What do you advice regarding tetanus prophylaxis?

- a) Single dose of TT
- b) full course of TT
- c) 1 dose of TT & TIG
- d) No vaccination needed

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Patient category	STATUS	Clean, non-penetrating wound, < 6 hours old injury	Other wounds
A	Complete TT course/ booster in past 5 years	Wound toilet	Wound toilet
B	Complete TT course/ booster > 5 years but < 10 years	Wound toilet + One dose of Td	Wound toilet + One dose of Td
C	Complete TT course/ booster > 10 years back	Wound toilet + One dose of Td	Wound toilet + One dose of Td + HTIG**
D	Incomplete TT course/ booster or immune status not known	Wound toilet + Complete TT course*	Wound toilet + Complete TT course* + HTIG**

Complete TT course → Adult child > 10yr } : 3 doses of Td
0 ↔ 6wk ↔ 6months

child < 10yr → 3 doses of DT

0 ↔ 4wk ↔ 8wk

Human TIG: 250units /M, increased to 500units if any of the following conditions apply; wound older than 12 hrs; presence / risk of heavy contamination; or if patient weighs > 90kg

49) which of the following is the vector for Zika virus?

- a) Aedes Aegypti
- b) Culex tritaenorrhynchus
- c) Phlebotomus papatasi
- d) Anopheles

ZIKA VIRUS!

ELITE MICROBIOLOGY

Flavivirus

- Vector: *Aedes aegypti*
 - Specimen: i) Serum
ii) Whole blood
iii) Urine (Best)
- A/c phase of infection → 2 wks of onset of symptoms.

CSF not recommended

CF ⇒ similar to Chicken gunya

- FDA → EUA (Emergency use authorization) → Dx with
i) TRIOPLEX rRT PCR
ii) Zika MAC ELISA.

50. A ♀ from a tribal area of Jharkhand reports with fever for last 3 days. Peripheral blood is collected and stained with Giemsa. A diagnosis of malaria is made. The smear is shown in the fig. What is the likely cause?

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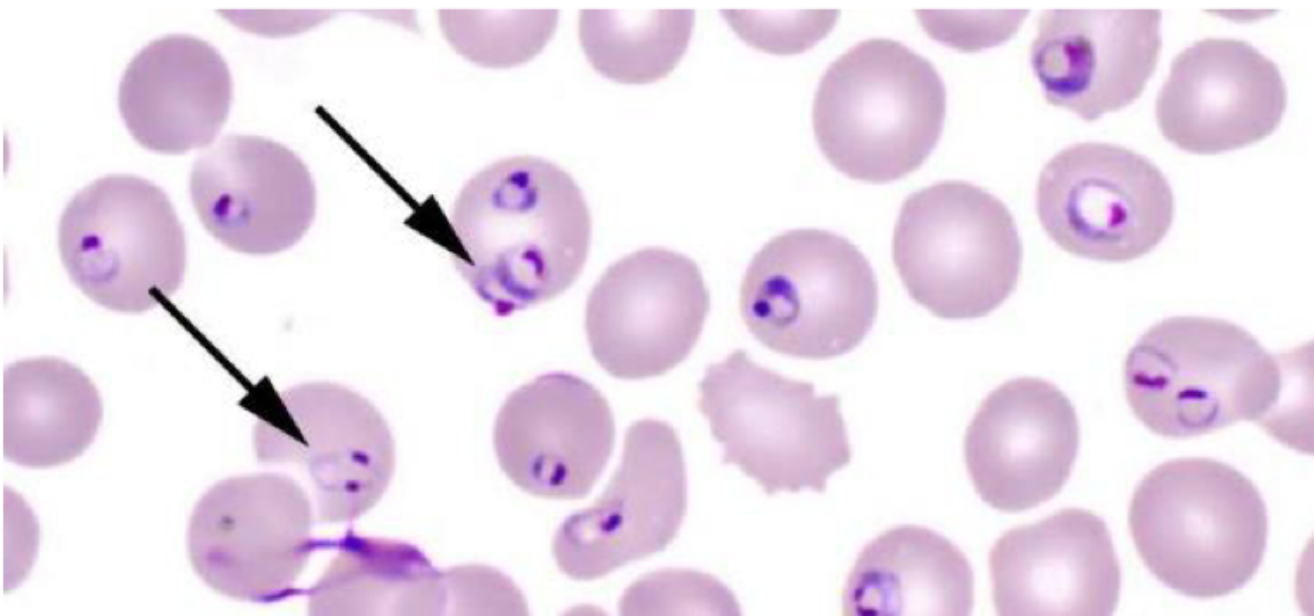
a) *P. falciparum*

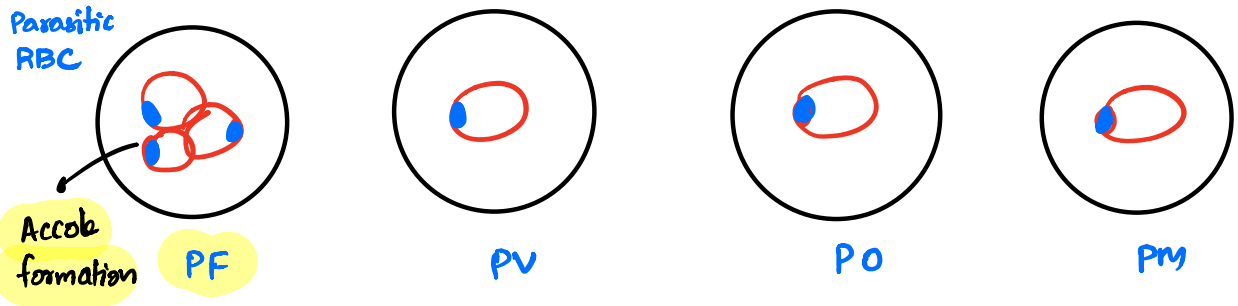
b) *P. vivax*

c) *P. Malariae*

d) *P. Ovale*

F. PALCIPARUM Freq. Repeat





Banana / Boat shape Gametocyte in P.F

- Parasite F Test → detection HISTADINE RICH PROTEIN - 2 Ag
- Dual Ag test → detects PLDH + HRP - 2 Ag

ELISA / PCR.

old medium → RPMI - 1640 medium

High intensity parasitisation → P. falciparum

RBC & all ages affected by → P. falciparum

Young RBC and reticulocyte infected by → P. ovale
 P. vivax

Older RBC infected by → P. malariae

	<i>P. vivax</i>	<i>P. falciparum</i>	<i>P. malariae</i>	<i>P. ovale</i>	
Trophozoites	Early				
	Late				
Schizonts	Early				
	Mature				
Gametocytes	Male				
	Female				

Fig. 6.3: Malaria parasites—Erythrocytic stages of the four species (Giemsa stain, Magn × 2000)

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ELITE MICRO

51. Which of the following is the principle of this test?

- a) Immuno chromatography
- b) Chemiluminescence
- c) ELISA
- d) Immunofluorescence



Immuno chromatography:

- a.k.a lateral flow dipstick immunoassay / strip test
- They are based on dye labelled antibody specific for target analyte present on the lower end of nitrocellulose strip or in the plastic well along on strip.

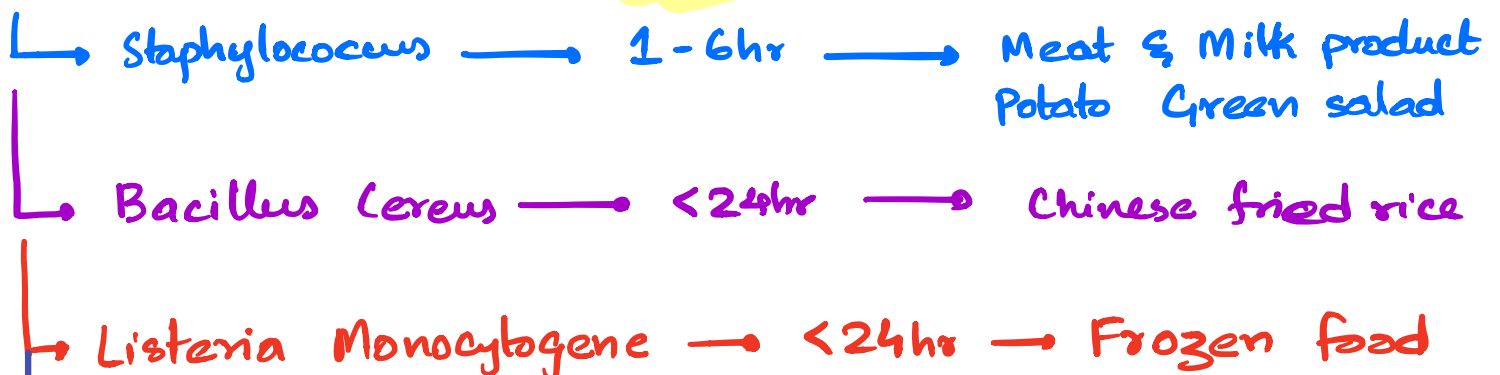
52. A 12yr old boy presents with vomiting within 3 hours of consumption of food at a party. What is the likely causative organism?

- a) Staphylococcus aureus
- b) Salmonella
- c) Clostridium botulinum
- d) Clostridium perfringens

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Food Poisoning:

ELITE MICRO



↳ Clostridium Botulinum → >24hr → Canned food
Tetra packs

↳ Clostridium Perfringence → 8-24hr → Meat products

Q3. A 5yr old boy presents with sore throat for the last two days. On examination he has a greyish white pseudomembrane around his tonsils. Diphtheria is suspected. His brother has received last booster 22 months back. What prophylactic measure should be adopted for the brother.



a) Prophylaxis with oral erythromycin

b) Prophylaxis with erythromycin and diphtheria antitoxin

✓ c) Nothing is required

d) Immunize with booster of diphtheria toxoid.

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National immunization schedule → the 3yr old sibling would have received a booster b/w 16-24 months of age. Nothing needs to be given for diphtheria prophylaxis if booster has been received in last 2yrs

Warning:

The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespaedia Telegram group

54) Antiseptic property of bleaching powder is d/t

a) Hypochlorous acid

b) Hypochlorite

c) Chlorine

d) H^+

NEET '16 Repeat topic

Active component {responsible for the disinfecting property} of bleaching powder is hypochlorous acid.

55) Which of the following is the cause of donovanosis?

a) H. Ducreyi

b) K. granulomatis

c) Leishmania donovani

d) Treponema Pallidum

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Donovanosis or granuloma inguinale is a STD caused by Klebsiella granulomatis.

56) Urethritis in males is not caused by :

a) H. ducreyi

b) Trichomonas

c) Chlamydia

d) Gonococcus

Urethritis is freq. tested topic

H. Ducreyi cause soft sore / chancroid

Infections causes of urethritis :
• Neisseria gonorrhoea
• Chlamydia trachomatis
• Trichomonas vaginalis
• Mycoplasma genitalium

- Herpes Simplex virus
- Adeno virus
- Ureaplasma Urealyticum

57) which of the following is most likely to be acquired by traumatic inoculation?

- a) Blastomycosis dermatitidis
- b) Sporothrix Schenkii**
- c) Coccidioides immitis
- d) Paracoccidioides Brasillensis

All dimorphic fungi are extremely important in PG entrance

All dimorphic fungi are acquired via respiratory route except Sporothrix schenkii, which is acquired in majority by traumatic inoculation of conidia

It's also known as Rose garden d/s
Endemicity in the Himalayan region.
It is a 's/c mycosis



Lymphocutaneous Sporothrix

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58) which of the following is not true about J.E?

- a) Humans are reservoir**
- b) Pig are amplifier hosts
- c) Transmitted by Culex vishnui
- d) Vaccination of pigs control transmission

J.E is a frequent test topic

Humans and Horses

are dead end host as they have insuff. viremia.

Though the 1^o vector is *Culex tritaeniorhynchus*,
in some parts of the world {including India}

Culex vishnui can also transmit the JE virus.

59. Two girls in the same class one diagnosed with meningococcal meningitis. Their 12 yr old close friend is in fear of contracting d/s. What advice should be given to her

Warning:
The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespaedia Telegram group

a) Two doses of polysaccharide vaccine

b) Two doses of conjugate vaccine

c) Single dose of meningococcal vaccine

d) No vaccine needed as exposure has already occurred

• Meningococcal conjugate vaccine (MCV-4) have now largely replaced meningococcal polysaccharide vaccine (MPS) in prevention of meningococcal d/s.

• CDC recommends that all adolescents (all 11 through 18 years olds) should receive meningococcal conjugate vaccine (MCV-4) IM → 1st dose at 11-12 years and booster at 16 years

Chemo prophylaxis ::

Contacts → should be given within 24hrs after identification of the index patient

Serogroups A/C/Y/W d/s contact → immunization + chemoprophylaxis

60. Maternal antibodies do not provide protective immunity to neonate

Warning:
The accuracy of the recall is yet to be confirmed by Faculty and chief editor.
The question will be updated soon in Notespaedia Telegram group.

- a) Diphtheria
- b) Pertussis
- c) Tetanus
- ~~d) Polio~~

Tdap immunization } → Maternal antibodies ↑
@ 30-32 wk POC in neonate

PROTECT from
i) pertussis
ii) Diphtheria
iii) Tetanus

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61. An HIV positive patient with a CD4 count of 300/cumm presents with mucosal lesions in the mouth as shown in the figure. On microscopy budding yeasts and pseudohyphae are seen. What is the likely diagnosis?

~~a) Candidiasis~~

- b) Oral hairy leukoplakia
- c) Lichen planus
- d) Vitamin deficiency



Candida

- unicellular
- Endogenous
- w/ neutropenia pt.

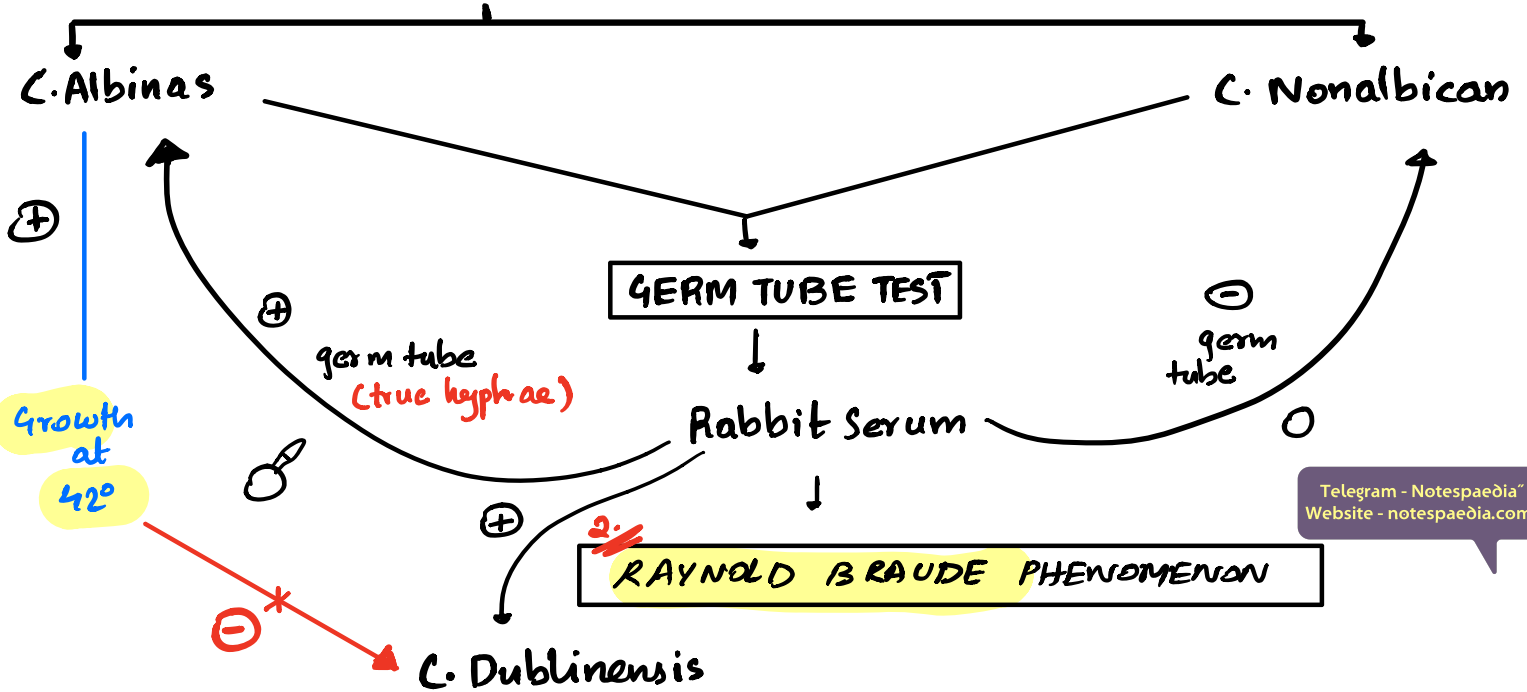
defect in CMI → • HIV/DM

DIRECT RECALL : ELITE MICRO

AIIMS, NEET PG Apt

- Transplantation
- Radiation

Candidiasis



- Causes ⇒
 - Oral thrush
 - Esophageal Candidiasis
 - Moniliasis (vaginal)
 - Pulmonary / cerebral Candidiasis

- Rx: Mild → Fluconazole / Nystatin
- Severe → Amphotericin B

62. Which strain of influenza was declared recently as Pandemic?

- a) H1N1
- b) H5N1
- c) H7N7
- d) H3N3

In June 2009, a new strain of H1N1 influenza (called swine flu) was declared to be a global pandemic by the WHO.

H₁N₁ (swine flu)

→ combination of Human influenza strain, Swine strain, avian flu strain

→ LAB DIAGNOSIS

1 NASO PHARYNGEAL SWAB

→ taken & proper precautions

→ Extract RNA [& RNA Extraction kits]

↓

Real time PCR [< 2 hrs]

RNA → cDNA → amplify

PreLadder
Micro
ELITE MICRO

→ chemoprophylaxis → TAMIFLU [OSELTAMIVIR]

→ Killed & live vaccines are available → Temporary immunity

63, Which of the following help in bacterial adhesion

a) Cytoplasmic membrane

b) Mesosomes

c) Fimbriae

d) LPS

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Fimbria/ Pili helps in bacterial adhesion. They are made of protein subunits - PILIN

Present only on the surface of GN bacteria

64, Which of the following is a category A bioterrorism agent?

a) Coxiella

b) Brucella

c) Nipah

d) Bacillus anthracis

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CATEGORY A BIOTERRORISM AGENT

- 1) Anthrax → *B. anthracis*
- 2) Botulism → *Clostridium Botulinum* toxin
- 3) Plague → *Yersinia pestis*
- 4) Small pox → *Variola major*
- 5) Tularemia → *Francisella tularensis*
- 6) Viral Hemorrhagic fever, including
 - Filoviruses
 - ↳ Ebola
 - ↳ Marburg
 - Arenaviruses
 - ↳ Lassa
 - ↳ Machupo

65) Super antigens is produced by which of the following?

- a) **Streptococcus Pyogenes** → TSST
- b) *Clostridium Perfringens*
- c) *Vibrio Cholerae*
- d) *Staphylococcus epidermidis*

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AIIMS Super Antigens:

ELITE MICRO

Ag directly acts on T cell, without Ag presenting cell involvement

Receptor of Super-Ag is ^{8%} VR of T-cell receptor

Eg:-
i) ^{8%} Staphylococcal toxin: TSST, Exfoliative toxin, Enterotoxin

ii) ^{Need P1/20} Streptococcal toxin: SPE A & C { *strep. pyogenes* exotoxin }

iii) Mycoplasma

iv) *Yersinia* → enterocolitica

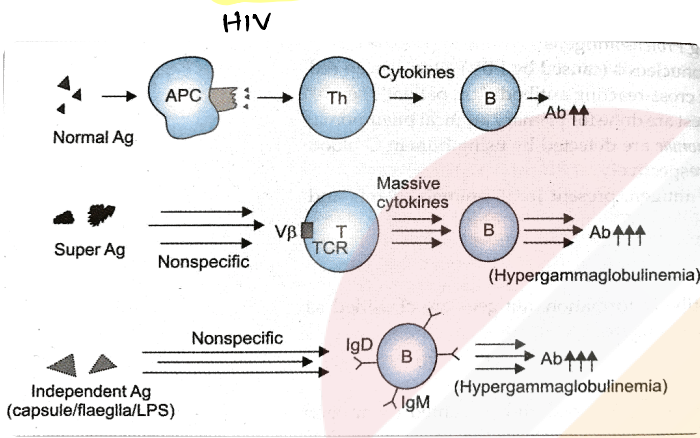
↳ pseudotuberculosis

v) EBV

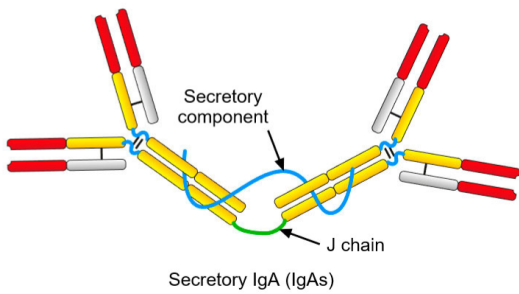
CMV

^{8%} Rabies

vi) ^{8%} Fungal superantigen: *Malassezia furfur*



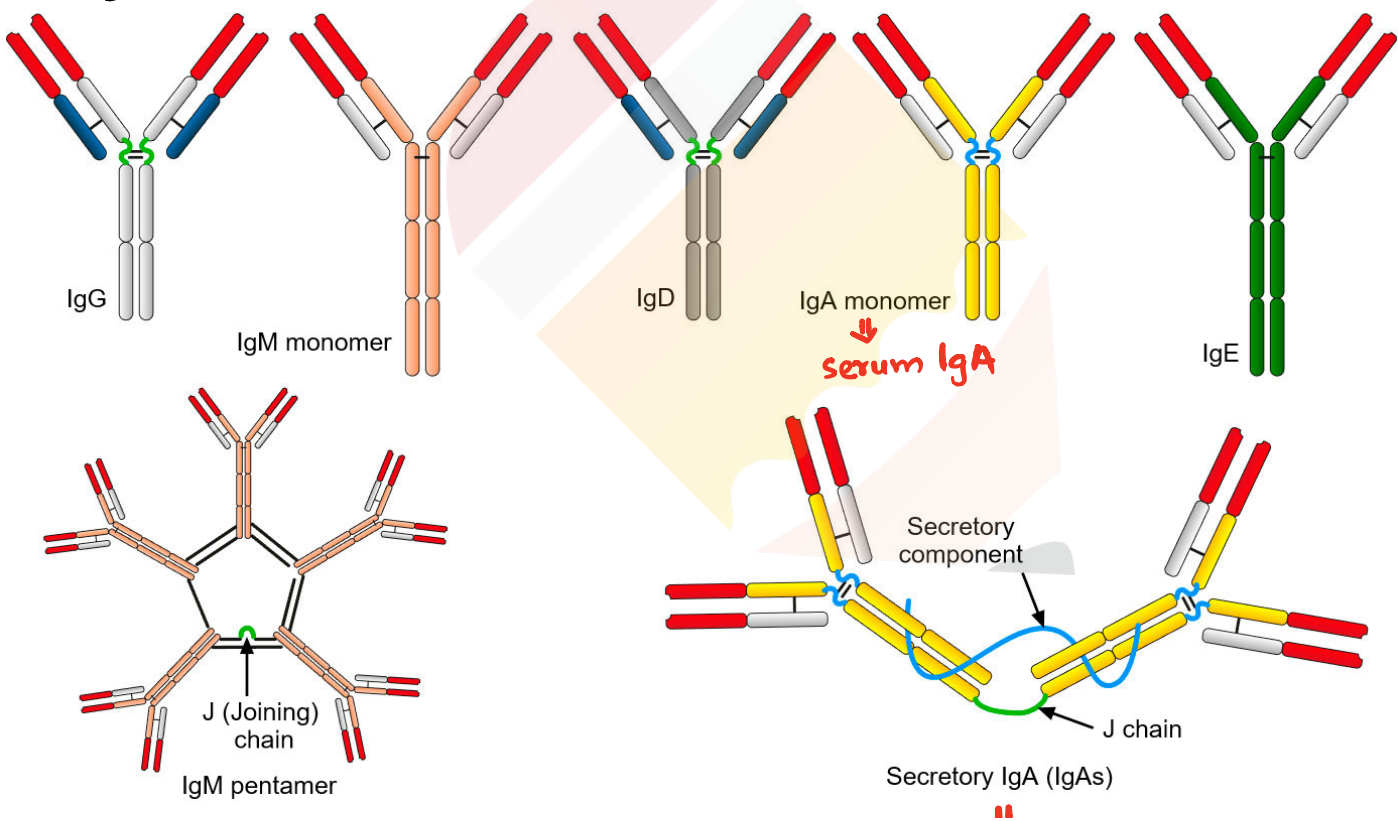
6b) The immunoglobulin structure (dimer) shown in the figure belongs to which class of antibody?



Immunoglobulin freq. tested

- a) IgA
- b) IgM
- c) IgD
- d) IgE

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↓
Dimer joined by the T chain

67) In renal transplant recipients, which is likely organism causing reactivation d/s within 1-4 months after surgery?

a) EBV

b) CMV

c) HSV

d) VZV

CMV is the **(MC)** viral agent causing opportunistic d/s & esp. b/w 1-4 months after surgery in transplant recipients.

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AIMS 19

(MC) of post transplant infection → to get reaction/infection

a) CMV

b) Epstein Barr Virus

c) Varicella Zoster

d) BK virus

68) A child develops septic shock following meningitis. On examination the child has a petechial rash as shown in the figure. Which of the following is a gram negative diplococcus that can be the likely etiology?



a) Pseudomonas Aerigina

b) Neisseria meningitidis

c) Streptococcus pneum.

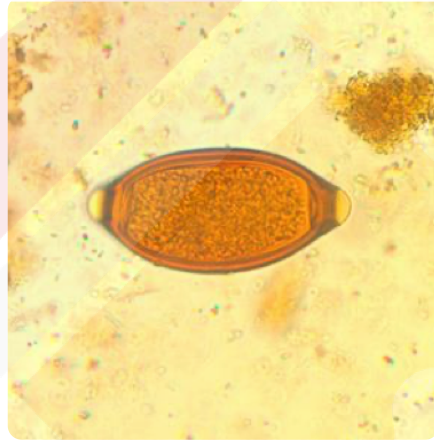
d) Ecoli



- Hemagic skin rash s/i N. meningitides
- GN diplococcus.

Q) which of the following is common soil transmitted helminthic infection in India is characterized by eggs in stool shown in the figure ?

- a) Trichuris
- b) Ascaris
- c) Enterobius
- d) Ancylostoma

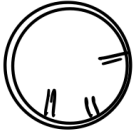


SPACE INTENTIONALLY LEFT

Egg formula:

ELITE MICRO

1, EXACANTH EGG → Cestodes - D. latum



2, ~~AIMS~~ operculate egg D. Latum + Trematode - Schistosoma.



operculate egg

3, spined egg Schistosoma { M. H. J.



spined egg

4, enterobium (kidney shaped / plana convex)

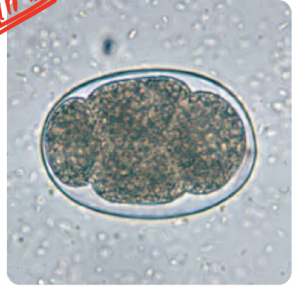


5, ~~NEET-PC~~ Trichouris



egg: 2 mucus plug

~~AIMS~~



Ancylostoma Egg

6, Hookworm 4x blastomeres



7, Ascaris
 Fertilised: mamellated, full of larva
 Unfertilised: shrunken larva
 float in saturated sol.



Chrysopsis Fly - Loa Loa

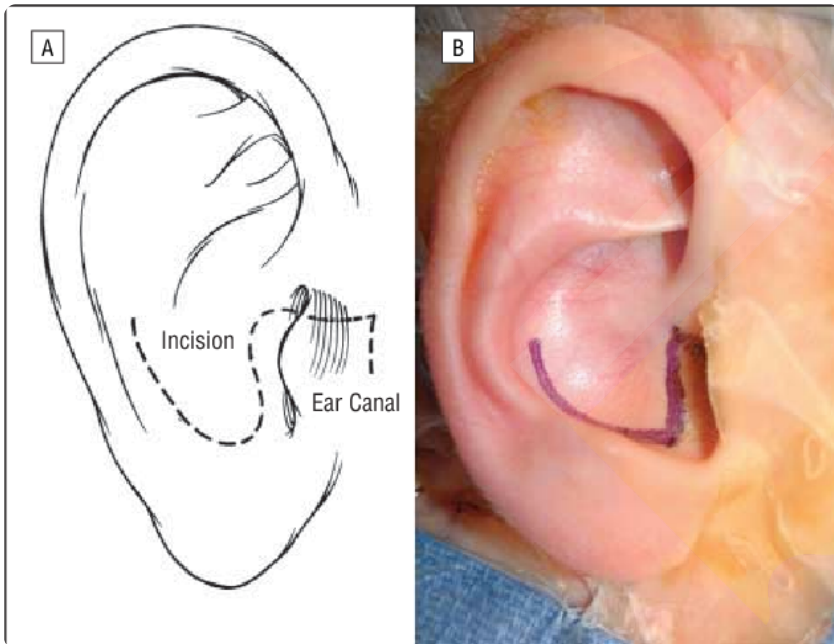


Simulium Fly - Oncocerca

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70, Widening of the cartilaginous part of external auditory canal?

- a) Otoplasty
- b) Myringoplasty
- c) Tympanoplasty
- ~~d) Meatoplasty~~



Z meatoplasty

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conchal incision ⊕
incision extend to superior ear canal

71) A child came to the opd with fever and dysphagia, On examination the following was visualised. What is your most probable diagnosis?

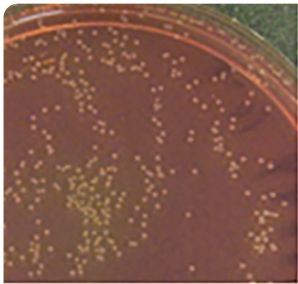
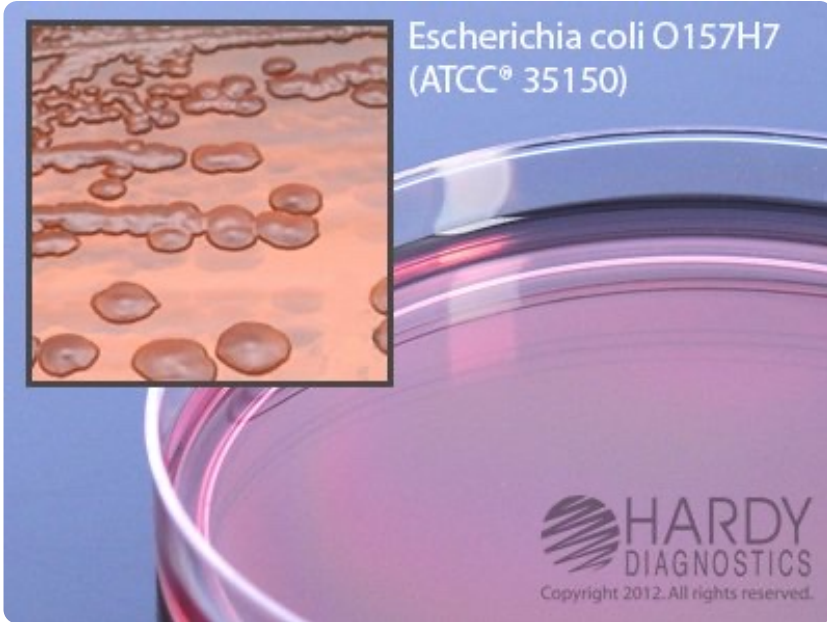


- a) Peritonsillar abscess
- b) Parapharyngeal abscess
- c) Retropharyngeal abscess
- d) Follicular Tonsillitis

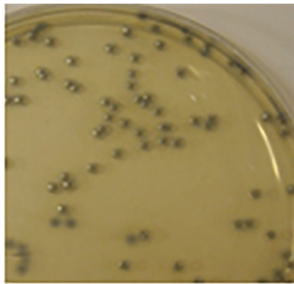
72) The selective medium for E. coli O157: H7 is?

- a) Sorbitol MacConkey agar
- b) Xylose Lysine Desoxycholate agar
- c) Thiosulfate citrate bile salt sucrose agar
- d) Thayer martin agar

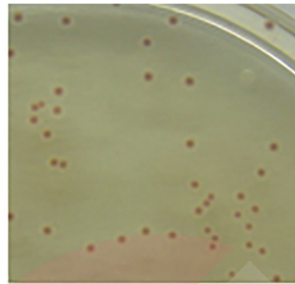
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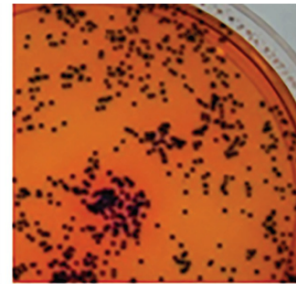
Sorbitol
MacConkey
agar (SMAC)



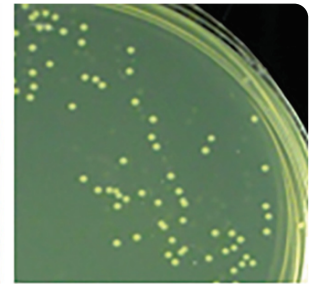
Rainbow® Agar
O157



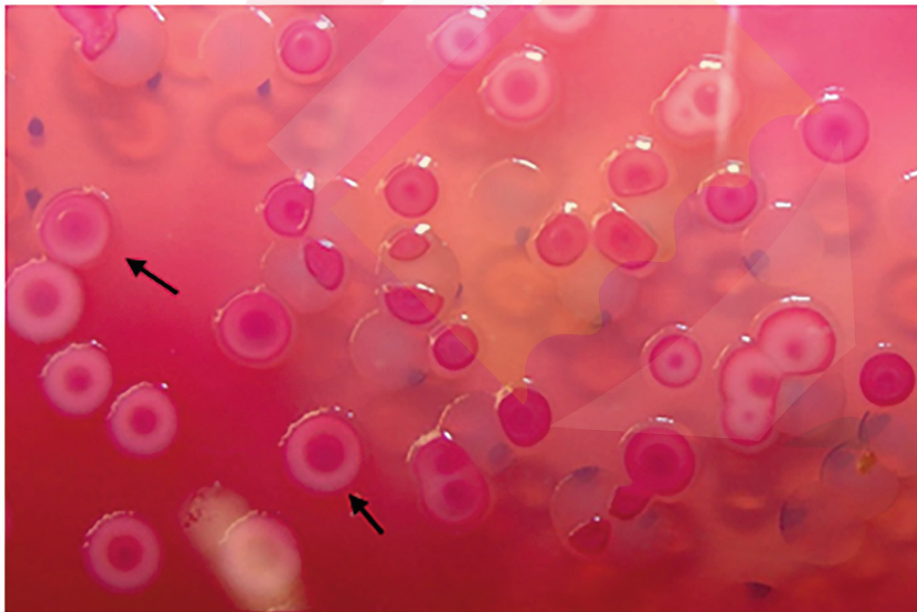
CHROMagar™
O157



R&F® *E. coli*
O157:H7



BHI



E. coli O157:H7 colonies on Sorbitol MacConkey agar+CT

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73) All of the following are part of the ASEPSIS wound grading except ?

- a) Serous discharge
- b) Purulent exudate

~~c) Induration~~

d) Erythema

Criterion	Description	Points
A Additional treatment	Antibiotics	10
	Drainage of pus under local anaesthetics	5
	Debridement of wound (General anaesthetics)	10
S Serous discharge	Daily	0-5
E Erythema	Daily	0-5
P Purulent exudates	Daily	0-10
S Separation of deep tissues	Daily	0-10
I Isolation of bacteria		10
S Stay in hospital prolonged over 14 days		5

Direct Recall from Pure Surgery Notes

- ASEPSIS
- South hampton score
- Trauma score
- Bed sore grading
- ATLS/GCS/NICE

}

AIIMS must read

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74) In otherwise healthy 40yr old man, Management of a RCC less than 4cm in size?

a) Radical nephrectomy

~~b) Partial nephrectomy~~

c) Chemotherapy

d) Surgery followed by chemotherapy

- (1) Absolute
 - (i) Single kidney
 - (ii) Bilateral renal tumor
 - (iii) Severe renal failure
- (2) Relative
 - (i) Abnormal contralateral kidney (nephropathy, nephrolithiasis, trauma, etc.)
 - (ii) Metabolic disease associated with renal failure
 - (iii) Genetic syndrome with tumor multifocality (e.g., VHL syndrome)
- (3) Elective
 - (i) Tumor <4 cm in young and healthy patients
 - (ii) Peripheral tumor
 - (iii) Tumor >4 cm (limit at 7 cm?)

75) Male patient present to the hospital with abdominal pain and is incidentally detected with an abdominal aortic aneurysm. What is the appropriate management of this patient.

- a) Immediately surgery
- b) USG monitoring till size of the aneurysm reaches 70mm
- c) Monitor till size reached 40mm
- d) Monitor till size reaches 55mm**

.55mm is the critical diameter of an abdominal aortic aneurysm and surgery should be done even in asymptomatic patients at this level

CRITICAL DIAMETER		Females have more risk of rupture
ASCENDING THORACICAORTA	5.5	LESS BY 0.5 cm
DESCENDING THORACIC AORTA	6.5	LESS BY 0.5 cm
ABDOMINAL AORTA	5.5	LESS BY 0.5 cm

ALL SYMPTOMATIC ANEURYSMS = SURGICAL REPAIR

Aneurysm

MC EXTRACRANIAL	Infrarenal aorta
MC PERIPHERAL	Popliteal artery
MC MYCOTIC ANEURYSM	Femoral artery
Mc organism causing MYCOTIC ANEURYSM	Staph aureus

Direct Recall from Topper's Surgery Notes

76) 30 yr old man presents with cramping gluteal pain after walking 500mts. Which is the vessel involved?

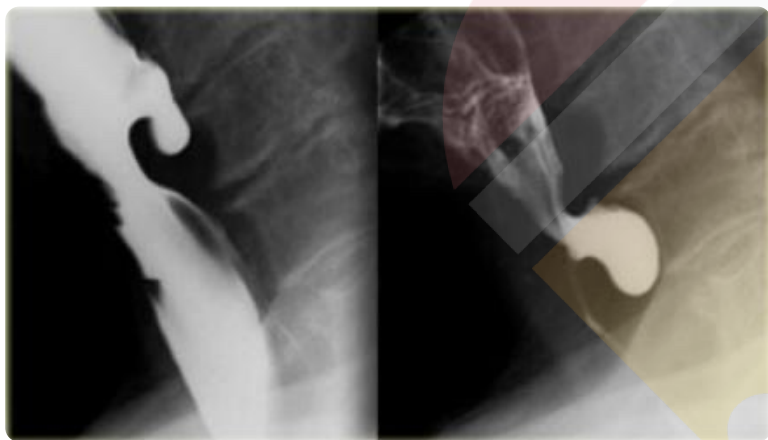
- a) Arterial d/s with aorto-iliac involvement
- b) Arterial d/s with femoral artery involvement
- c) Femoral venous insufficiency
- d) Varicose vein

Arterial d/s with aorto iliac involvement

{LERICHE'S SYNDROME} → patient presents with gluteal claudication ⊕ impotence

77) Patient present with Halitosis and a swelling in the lateral aspect of neck, which on pressing gives rise to a regurgitant air sound. Barium image is shown. Diagnosis:-

- a) Laryngocele
- b) Dysphagia Lusoria
- c) Pharyngeal pouch / Zenker's diverticulum
- d) Schatzki's ring



Zenker's Diverticulum :-

- False } diverticulum
- pulsion }
- occurs @ Killian dehiscence
- starts in midline posteriorly

↓
Ⓛ side of midline.

• It's a false diverticulum
only mucosa is outpouching

earliest } Regurgitation
CF }

(MC) complication: Aspiration
pneumonitis.

78. What is the diagnosis of following Barium Xray?



- a) Achalasia Cardia
- b) Ca. esophagus**
- c) Plummer Winson Sx
- d) GERD



Barium tapering indicates an outgrowth from the walls of the esophagus.

Rat tail appearance



Si Ca. esophagus

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Rat tail

Irregular



Ca. esophagus

Regular / smooth



Achalasia Cardia

a.k.a Bird beak.

Q79) 20 yr old boy is brought to the emergency following an RTA with respiratory distress and hypotension. He has S/L emphysema and no air entry on the R side. What is the next best step in the management?

a) Start IV fluids after insertion of wide bore IV line

b) Needle decompression in the 5th ICS

c) Shift to ICU and intubate

d) Positive pressure ventilation.

This update will be tested in future for sure

H/o & clinical examination is suggestive of tension pneumothorax → according to trauma updates needle decompression in adults should be done in 5th ICS at mid axillary line.

children → needle put in 2nd ICS at MCL

Q80) Patient presents with peritonitis and during surgery diverticular perforation is seen with purulent contamination. What is Hinchey's stage?

a) 1

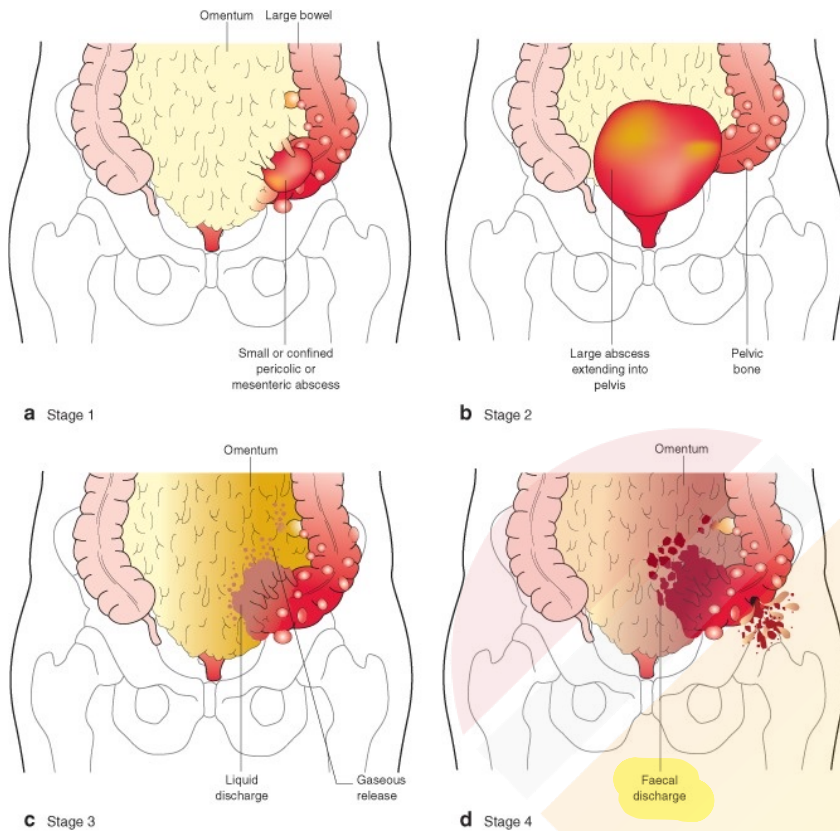
b) 2

c) 3

d) 4

• In other recalls this question is framed wrong
• purulent contamination was asked in NEET 2020

Hinchey Classification	
1a	Pericolonic phlegmon and inflammation, no fluid collection
1b	Pericolonic abscess <4cm
2	Pelvic or inter-loop abscess OR abscess >4cm
3	Purulent peritonitis
4	Feculent peritonitis



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81 In a patient with parathyroid adenoma, how do we confirm the removal of the correct gland after surgery?

a) 50% reduction in PTH within 10mins of gland removal.

b) 50% reduction in PTH within 5min of gland removal

c) 25% reduction in PTH within 10min of gland removal

d) 25% reduction in PTH within 5min of gland removal.

Miami Criteria: 50% reduction in PTH within 10 minutes of gland removal.

1) Pre-incision baseline

- Collected in the operating room before skin incision

2) Pre-excision baseline

- Collected after dissection of parathyroid but just before ligation of its vessels

3) 10-minute post-excision

- Collected at 10 minutes after removal of the suspicious parathyroid gland
- This is the most accurate sample to predict complete excision of hyperfunctioning parathyroid tissue
- If the assumed criterion is met (e.g., > 50% from baseline) the surgery can be terminated with confidence that it was successful

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4) 20-minute post-excision

- Collected at 20 minutes after removal of the suspicious parathyroid gland
- This sample can be measured in case with inadequate but marked drop of iPTH at 10 minutes postexcision (e.g., > 40% but < 50% from baseline)
- If the assumed criterion is not met the extended neck exploration should be performed

82) A 45yr old man presented to the OPD w dysphagia to both solid & liquids.
Esophageal manometry was performed → It revealed premature contraction with $\geq 20\%$ wet swallows and abnormally increased lower esophageal pressure of $> 450\text{mm Hg}$.

a) Type 1 achalasia

b) Type 2 achalasia

c) Type 3 achalasia

d) Jackhammer esophagus → esophageal spasm

Type 3 achalasia → Spastic achalasia

Probable question next year

CHICAGO CLASSIFICATION:

Table 1 | Clinical achalasia syndromes within the CC v3.0

Subtype	IRP > ULN?	Oesophageal contractility	Added criteria
Type I	Yes	Absent contractility	None
Type II	Yes	Absent peristalsis	Pan-oesophageal pressurization with $\geq 20\%$ of swallows
Type III	Yes	<ul style="list-style-type: none"> Absent peristalsis Premature contractions with $\geq 20\%$ of swallows 	None

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CC, Chicago Classification; IRP, integrated relaxation pressure; ULN, upper limit of normal

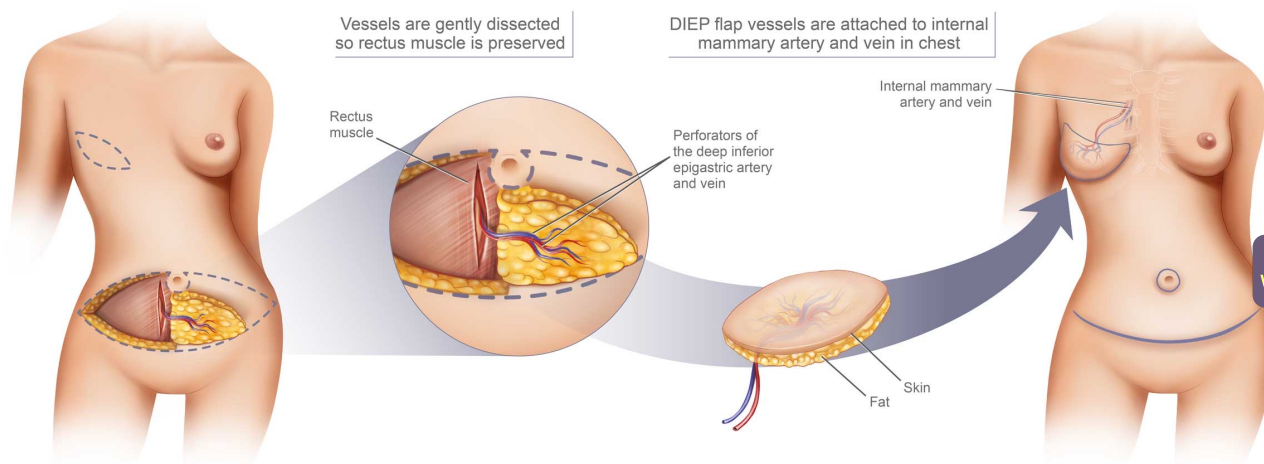
83, Identify the following flap used in breast reconstruction



AIIM's NOV 19 Repeated Topic

- TRAM flap base on superior epigastric vessels
- DIEP based on deep inferior epigastric artery perforator flap.**
- TRAM free flap based on superior & inferior epigastric vessels
- Lower Abdominal Fat based inferior epigastric vessels

Deep Inferior Epigastric Perforator (DIEP) Flap



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84, which of the following statements is true regarding retrosternal goitres?

NEET/A Rpt Topic

- a) Operated only if patient is symptomatic
- b) Sternal incision is always required
- c) Majority of the goitres derive their blood supply from mediastinal vessels
- d) Majority of the retrosternal goitres can be removed by a neck incision.

sol. Majority of the retrosternal goitres → are 2° goitres which can be removed via a neck/cervical incision.

85, A middle aged man complains of upper abdominal pain after a heavy meal. There is tenderness in the upper abdomen and on X-ray, widening of the mediastinum is seen with pneumo-mediastinum. What is the diagnosis?

- a) Spontaneous perforation of the esophagus
- b) Perforated peptic ulcer
- c) Foreign body in esophagus
- d) Rupture of emphysematous bulla.

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Spontaneous perforation of esophagus / Boerhaave's syndrome patient can present with retching, subcutaneous emphysema can pain. On X rays pneumo-mediastinum can be seen.

86) Middle aged man with a swelling over the neck since childhood. Neck swelling has a bag of worms appearance. Bruit heard over the swelling. Dx is ?

- a) Plexiform neurofibroma
- b) Toxic nodular goitre
- c) Varicocele
- d) Cirroid aneurysm**



Similar image in the neck was shown

Cirroid aneurysm

= Add title description

A **cirroid aneurysm**, also referred to as an **arteriovenous hemangioma** ^[1] is the **dilation** of a group of **blood vessels** due to **congenital malformations** with **arterio venous (AV) shunting**. "Cirroid" means resembling a **varix**. ^[citation needed] They are most common on the head or neck. ^[2]

Cirroid aneurysms appear as **nodules** or **papules**. Histologically, they are composed of both thick- and thin-walled blood vessels. ^[2]

87) Which one of the following is not a component of THORACOSORE

- a) Performance status
- b) Complication of surgery**
- c) ASA grading
- d) Priority of surgery

Thoraco score is a score used to predict the in-hospital mortality in a patient require thoracic surgery.

Table 1. Parameters of thoracscore for predicting in-hospital mortality for patients requiring thoracic surgery.

Age (<55, 55-65, >65 years)
Sex
ASA classification (≤ 2 , ≥ 3)
Performance status according to Zubrod scale (≤ 2 , ≥ 3)
Severity of dyspnea according to Medical Research Council Scale (≤ 2 , ≥ 3)
Priority of surgery (elective, urgent/emergency)
Extent of resection (pneumonectomy, other)
Diagnosis (malignant, benign)
Comorbidity score

ASA, American Society of Anesthesiologists.

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88) What is the T stage of a 2.5cm lung carcinoma, which is not involving the pleura.

- a) T1a
- b) T2
- c) T1b
- d) T1c

PREVIOUS QUESTION

TNM 8 th - Primary tumor characteristics	
T _x	Tumor in sputum/bronchial washings but not be assessed in imaging or bronchoscopy
T ₀	No evidence of tumor
T _{is}	Carcinoma in situ
T ₁	≤ 3 cm surrounded by lung/visceral pleura, not involving main bronchus
T _{1a(mi)}	Minimally invasive carcinoma
T _{1a}	≤ 1 cm
T _{1b}	> 1 to ≤ 2 cm
T _{1c}	> 2 to ≤ 3 cm
T ₂	> 3 to ≤ 5 cm or involvement of main bronchus without carina, regardless of distance from carina or invasion visceral pleural or atelectasis or post obstructive pneumonitis extending to hilum
T _{2a}	> 3 to ≤ 4 cm
T _{2b}	> 4 to ≤ 5 cm
T ₃	> 5 to ≤ 7 cm in greatest dimension or tumor of any size that involves chest wall, pericardium, phrenic nerve or satellite nodules in the same lobe
T ₄	> 7 cm in greatest dimension or any tumor with invasion of mediastinum, diaphragm, heart, great vessels, recurrent laryngeal nerve, carina, trachea, oesophagus, spine or separate tumor in different lobe of ipsilateral lung
N ₁	Ipsilateral peribronchial and/or hilar nodes and intrapulmonary nodes
2	Ipsilateral mediastinal and/or subcarinal nodes
3	Contralateral mediastinal or hilar; ipsilateral/contralateral scalene/supraclavicular
M ₁	Distant metastasis
M _{1a}	Tumor in contralateral lung or pleural/pericardial nodule/malignant effusion
M _{1b}	Single extrathoracic metastasis, including single non-regional lymphnode
M _{1c}	Multiple extrathoracic metastases in one or more organs



89) Which is the most common pancreatic endocrine neoplasm?

- a) **Insulinoma**
- b) Gastrinoma.
- c) VIPoma
- d) Glucagonoma

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Insulinoma is the most common pancreatic endocrine tumour.

90) What is the most common site of gastrinoma in MEN1 syndrome?

- a) Jejunum
- b) Ileum
- c) **Duodenum**
- d) Stomach

Wall of the first part of duodenum is the most common site of gastrinoma

91) MRCP image with gall stones plus CBD stones and dilate biliary radicles. Next step in the management?

- a) Cholecystectomy
- b) **ERCP**
- c) CECT
- d) PTC

b) → ERCP should be the next step to retrieve the stones. Cholecystectomy should be done a few days after ERCP, if CBD stone are deleted along with gall stones.

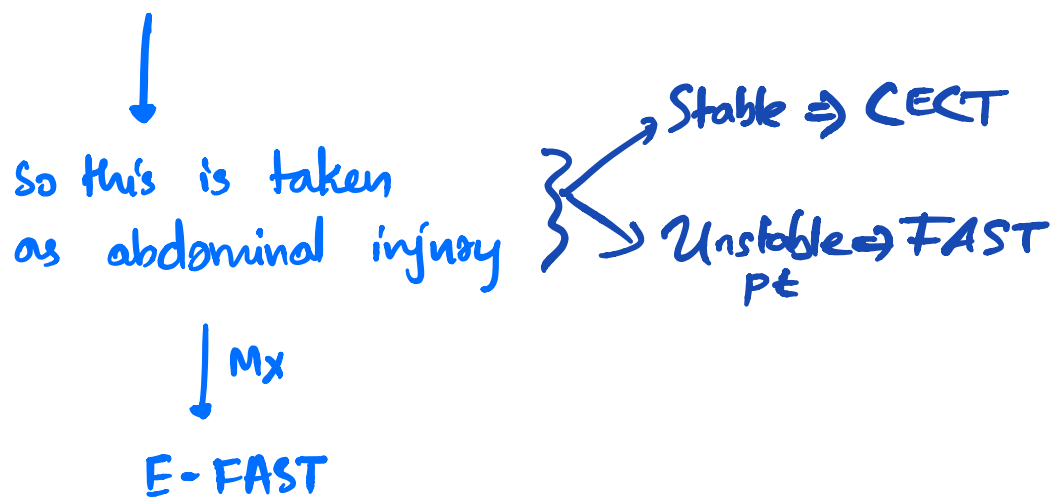
92, Patient with stab injury to the lower chest - presented with low pulses and BP improved after giving IV fluids. Chest Xray showed clear lung fields. Next step in the management?

- a) Chest tube insertion
- b) CECT abdomen
- c) CECT chest

d) E-fast

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Injury to lower chest → § below the nipples§ can also lead to **abdominal injury** and this is highlighted as **lung field clear**



93, Elderly man with a long standing mole over the face which is increasing in size and showing irregular borders. Diagnosis?

- a) Superficial spreading melanoma**
- b) Lentigo maligna
- c) Acral melanoma
- d) Nodular melanoma

AIIM's 19 Repeat topic

The main risk factors for superficial spreading melanoma are:

- Increasing age (see above)
- Previous invasive melanoma or [melanoma in situ](#)
- Previous nonmelanoma [skin cancer](#)
- Many [melanocytic naevi \(moles\)](#)
- Multiple (>5) [atypical naevi](#) (funny-looking moles or moles that are [histologically dysplastic](#))
- Strong family history of melanoma with 2 or more first-degree relatives affected
- Fair skin that burns easily.

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Superficial spreading melanoma is due to the development of malignant pigment cells (melanocytes) along the [basal layer](#) of the epidermis. The majority arise in previously normal-appearing skin. About 25% arise within an existing melanocytic [naevus \(mole\)](#), which can be a common or normal naevus, an [atypical or dysplastic naevus](#) or a [congenital naevus](#).

What triggers the melanocytes to become malignant is not fully known. Specific gene mutations such as [BRAF^{V600E}](#) have been detected in many superficial spreading melanomas and these mutations may change as the disease advances.

Damage by [ultraviolet radiation](#) results in a degree of immune tolerance, allowing abnormal cells to grow unchecked. This can occur from exposure to natural sunlight, particularly if sunburn has occurred, and artificial sources of ultraviolet radiation from [sun beds / solaria](#).

superficial spreading melanoma is the most common type of malignant melanoma and it is also the most common type which occurs in a patient with a pre-existing mole.

Other clues in question →

- Elderly patient
- sun exposed area face
- pre-existing mole
- size 1.5cm indicates initial radial growth phase

94) What is the probable cause of the below image, with long standing non pitting edema. more proximally over (L) thighs.



- a) Lymphoedema.
- b) POVD
- c) Varicose vein
- d) CHD

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Grading of CL Lymphoedema probable question in next NEET

Clinical classification

Grade (Brunner)	Clinical features
Subclinical (latent)	There is excess interstitial fluid and histological abnormalities in lymphatics and lymph nodes, but no clinically apparent lymphoedema
I	Oedema pits on pressure and swelling largely or completely disappears on elevation and bed rest
II	Oedema does not pit and does not significantly reduce upon elevation
III	Oedema is associated with irreversible skin changes, i.e. fibrosis, papillae

LYMPHATIC SYSTEM

Types	
PRIMARY LYMPHEDEMA	1) MILROYS DISEASE
	AT BIRTH,
	ENTIRE LOWERLIMB,
	Face, genitalia
<i>Most common primary LYMPHEDEMA</i>	2) LYMPHEDEMA PRAECOX
PRE Cox = precocious	1-35yrs
	UNILATERAL, ONE LEG
	Familial = MEIGE DISEASE
	3) LYMPHEDEMA TARDA
	>35yrs

Topper's surgery notes

Secondary lymphedema =
• most common

Notespaedia
More than just notes...

95, 25yr old male presents with a diffuse thyroid swelling. Biopsy shows intense lymphocytic infiltration along with Hurthle cell change. TSH is increased. Diagnosis?

a) Grave's Disease

b) Hashimoto's thyroiditis

c) Follicular carcinoma

d) Medullary thyroid carcinoma

Thyroid disorder
Repeat topic every
exam

Hashimoto's Thyroiditis is the most common type of thyroiditis. It is also known as lymphocytic thyroiditis d/t an intense infiltration of the gland.

96, Patient come with a midline swelling in the neck measuring 2cm in size. On H.P.E it shows orphan annie eye nuclei. Most likely diagnosis?

a) Papillary thyroid Ca.

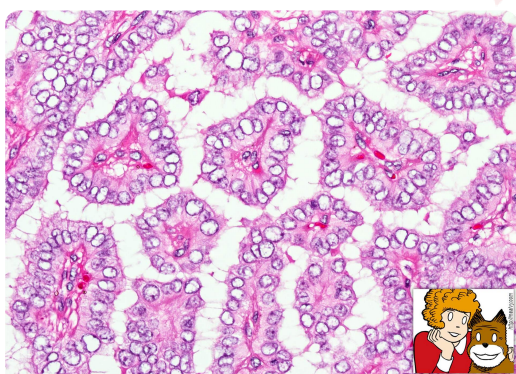
b) Medullary thyroid Ca

c) Toxic nodular goitre

d) Follicular thyroid Ca.

sol: Orphan Annie eyed nuclei are characteristic histopathological feature of PTC

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Papillary thyroid carcinoma with Orphan Annie eye nuclei:
optically clear (empty, ground-glass) nuclei with thick nuclear membrane (H&E, x40)

97, 5 year old child with Acute Liver failure. Which one of the following criteria are not included in the King's college criteria?

a) Age < 10 years

b) INR > 6.5

c) Bilirubin > 17 mg/dL

~~d) Jaundice less than 7 days before development of encephalopathy.~~

King's College Criteria for Liver Transplantation

I. ALF due to acetaminophen toxicity:

a. pH < 7.3 or arterial serum lactate > 3.0 mmol/L

OR:

b. ALL three following conditions occur within a 24-hour period:

i. Presence of grade 3 or 4 hepatic encephalopathy

ii. INR > 6.5

iii. Serum creatinine > 3.4 mg/dL

II. ALF due to other etiologies

a. INR > 6.5 and encephalopathy present (irrespective of grade)

OR:

b. ANY three of the following conditions are present:

i. Age < 10 or > 40 years

ii. Jaundice > 7 days before development of encephalopathy

iii. INR ≥ 3.5

iv. Serum bilirubin ≥ 17 mg/dL

v. Unfavorable etiology such as:

a. Wilson disease

b. Idiosyncratic drug reaction

c. Seronegative hepatitis



98, What is the child pugh class for patient who has a serum bilirubin of 2.5 mg/dL, S. albumin → 3 g/dL, INR of 2. Mild Ascites is present but there is no encephalopathy.

a) CP A

~~b) CP B?~~

c) CP C?

d) CP D

Warning:

The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespaedia Telegram group

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Clinical and Lab Criteria	Points*		
	1	2	3
Encephalopathy	None	Mild to moderate (grade 1 or 2)	Severe (grade 3 or 4)
Ascites	None	Mild to moderate (diuretic responsive)	Severe (diuretic refractory)
Bilirubin (mg/dL)	< 2	2-3	>3
Albumin (g/dL)	> 3.5	2.8-3.5	<2.8
Prothrombin time			
Seconds prolonged	<4	4-6	>6
International normalized ratio	<1.7	1.7-2.3	>2.3
Child-Turcotte-Pugh Class obtained by adding score for each parameter (total points) Class A = 5 to 6 points (least severe liver disease) Class B = 7 to 9 points (moderately severe liver disease) Class C = 10 to 15 points (most severe liver disease)			

Q9, which of the following is not used as an emergency contraception?

- a) Danazole { prev. used now → now not used as emergency contraceptive }
- b) CuT 200B
- c) RU486
- d) High dose Estrogen

Must know topic

Emergency Contraception

#ELITE
OB/GYN

i) Low / High OCP's

ii) Levonogestrol → dose: 75µg
or
1.5mg



iii) RU486 / mifepristone

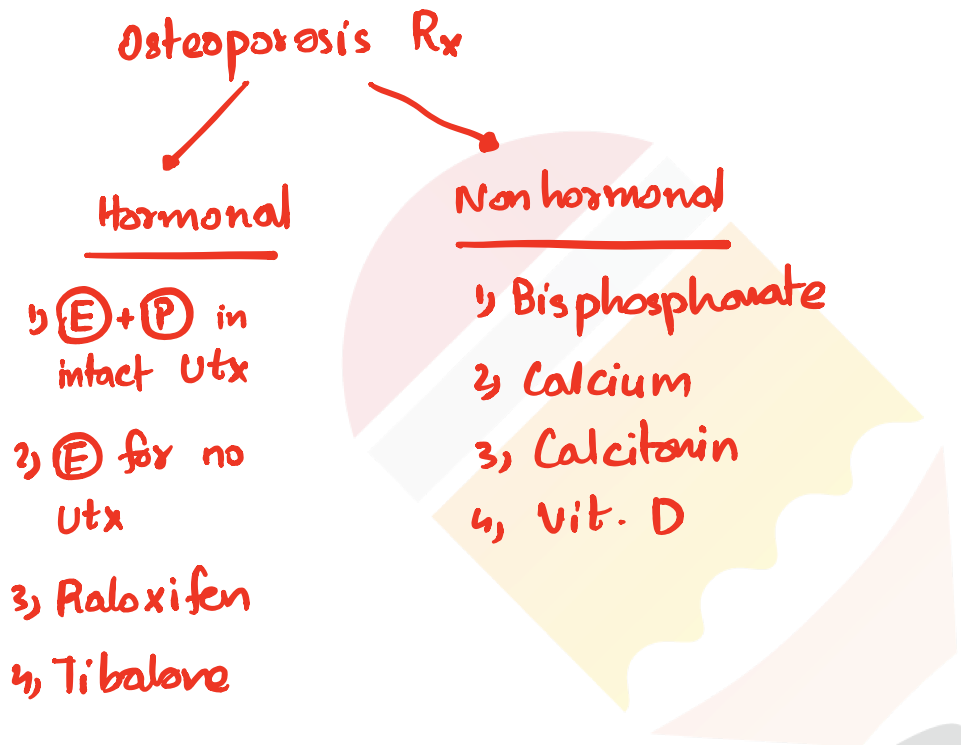
iv) CuT

NEET 19
v) Ulipristal → dose: 30mg

100, First line of Rx of osteoporosis in post menopausal women

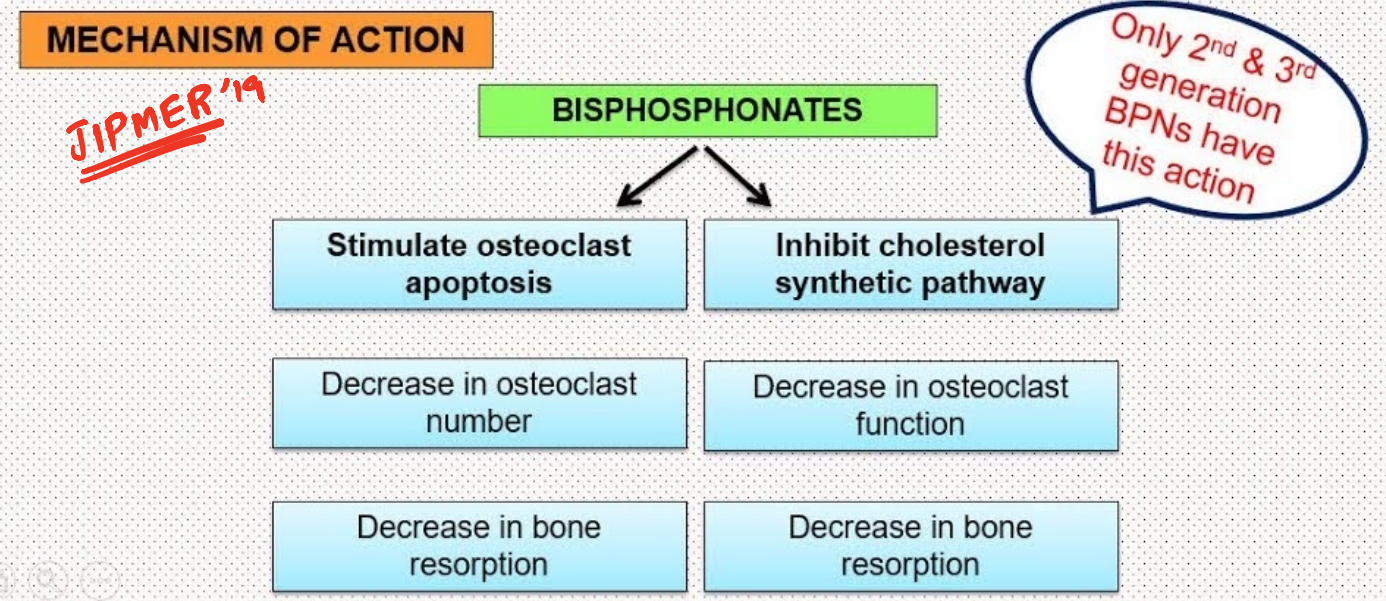
AIIMS Repeat

- a) Estrogen
- b) Bisphosphonates
- c) Raloxifene
- d) Ullipristal



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(N) → "T score" is 0 to -1SD
osteopenia → -1 to -2.5SD
osteoporosis → < -2.5SD



Indications for Use

- Indications for bisphosphonates include such conditions
- 1. Postmenopausal
- 2. Glucocorticoid-induced osteoporosis,
- 3. Paget's disease,
- 4. Osteolytic and osteoblastic bone metastases,
- 5. Fibrous dysplasia,
- 6. Heterotopic ossification,
- 7. Myositis ossificans.
- 8. Other bisphosphonates, medronate and oxidronate are mixed with radioactive technetium and are injected for imaging bone and detecting bone disease

101, which of the following is not estrogen dependent pubertal changes.

a) Hair growth → Androgen dependent.

b) Menstruation

c) Vaginal cornification

d) Cervical mucus

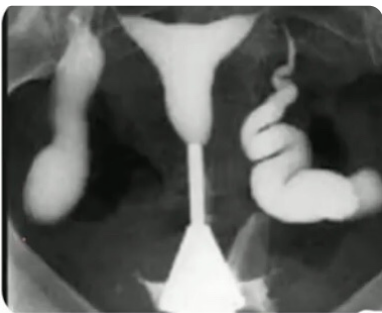
ⓔ → responsible for menstruation
→ " " vaginal cornification
→ " " cervical mucus

ⓔ = estrogen

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→ Thin abundant
clear, watery
Spinbarkert's
effect

102, Identify the image



a) Normal HSG

b) B/L hydrosalpinx

c) B/L cornual block

d) None

The image shows an HSG film showing Uterus & tubes
Distal ends of the tubes are dilated

- Not a (N) HSG → becoz no spill
- Cornual block → distal ends will not be visualized

Q: Instrument used in instilling the dye → Leech Wilkinson cannula during HSG

Q: C/I of HSG

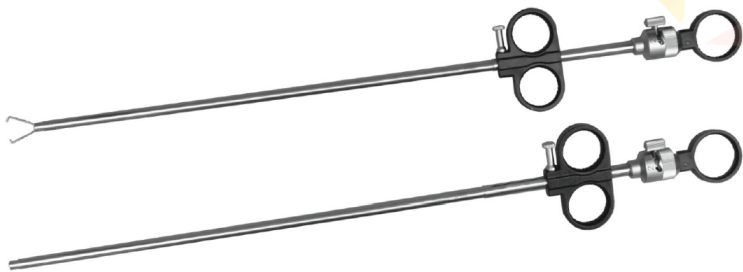
- i) Pregnancy
- ii) Allergic to dye
- iii) Genital TB
- iv) A/c PID



Leech Wilkinson Cannula

AIIMS Post h/o PID is not C/I
or C/c PID " " "

103, The instrument used in



- a) laparoscopic sterilization
- b) removal of ectopic
- c) myomectomy
- d) Endometrial polypectomy

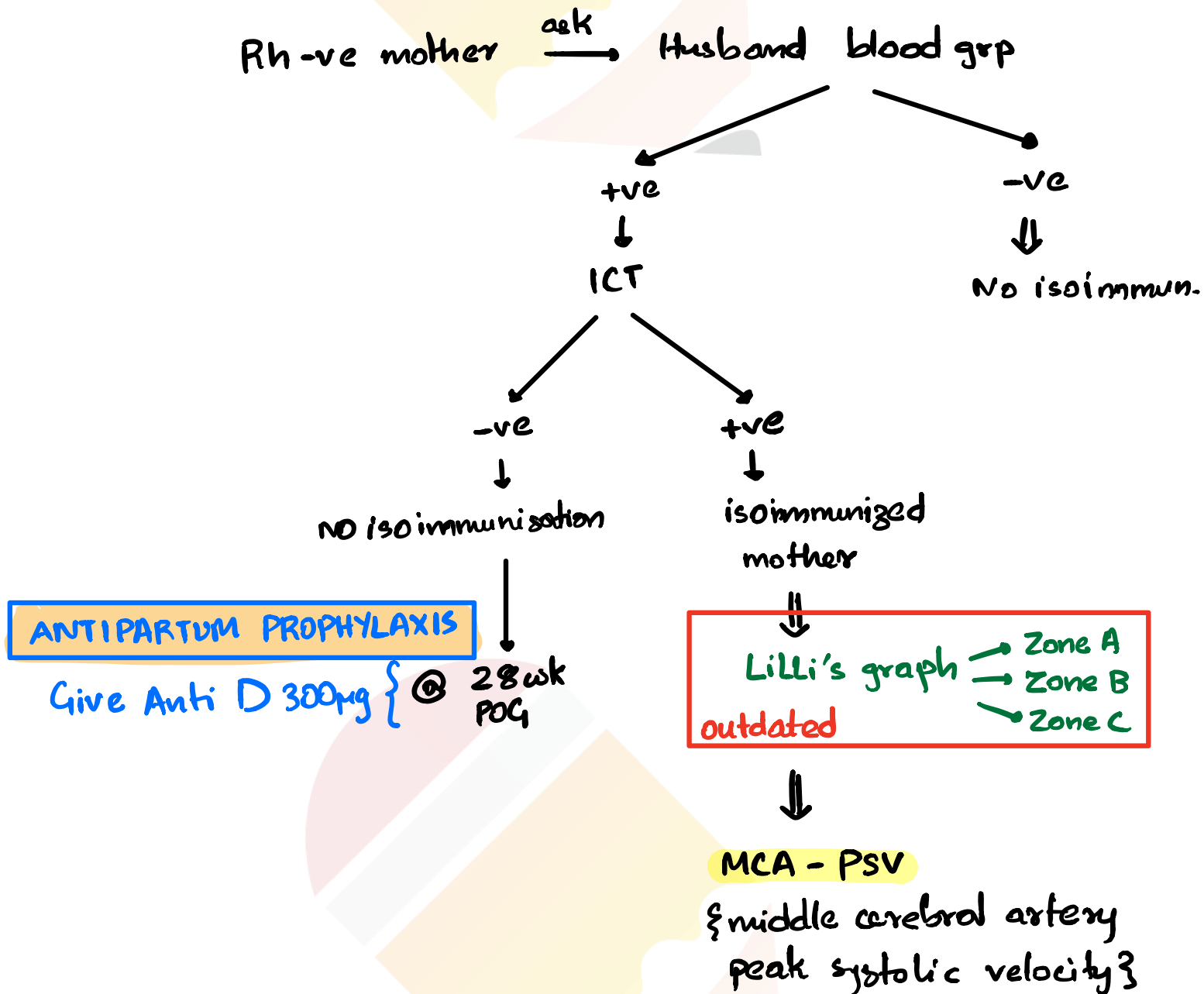
Instrument is : Lap ring applicator
uses: To put fallop ring

104) In current obstetric advanced era, best test for monitoring sensitised Rh -ve mother?

- a) Middle cerebral artery doppler wave form
- b) amniotic fluid spectrophotometry analysis
- c) fetal blood sampling
- d) Biophysical profile

JIPMER
REPEAT

- . ICT +ve
- . mother is isoimmunized



105, What condition in the mother associated with following fetal anomaly ::

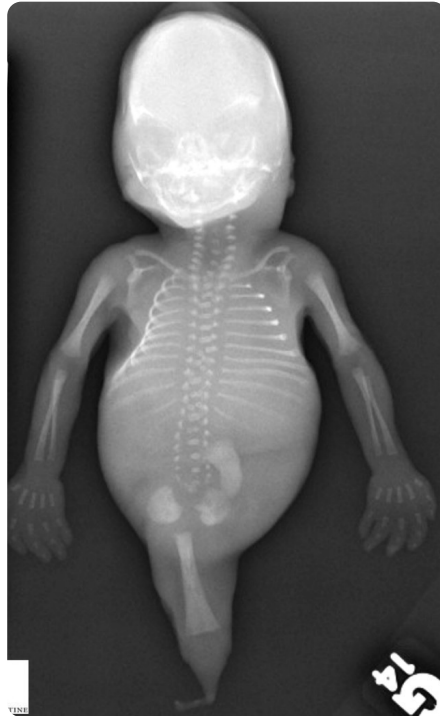
- a) GDM → manifest @ 3rdT
- b) DM → manifest @ 1stT
- c) Intake of ACE ⊖
- d) Intake of sodium valproate

Probable Repeat next year

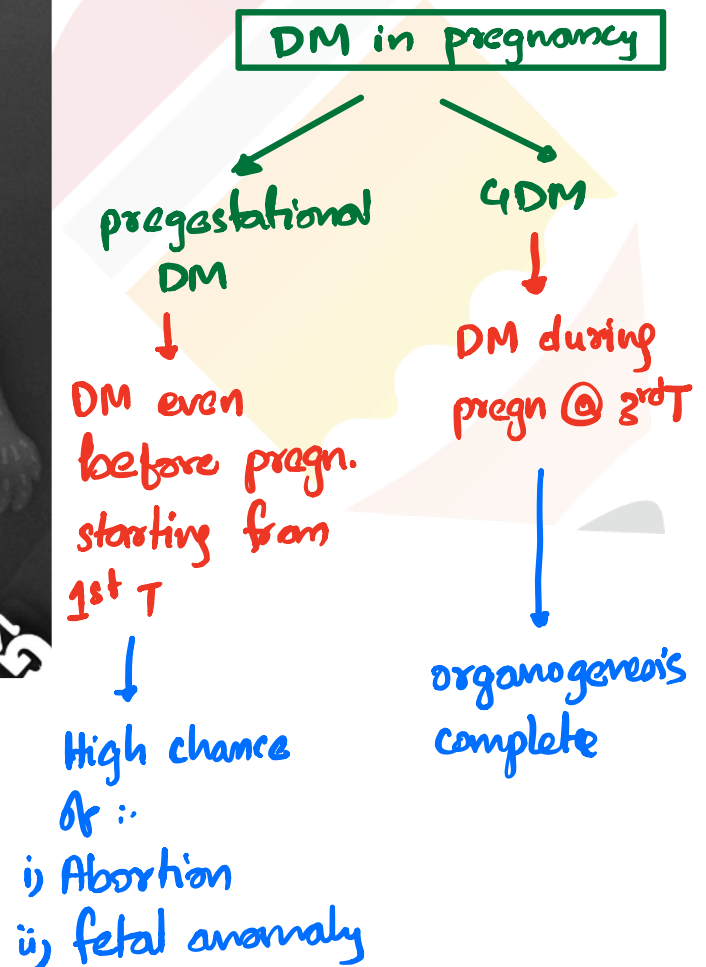


⇒ CAUDAL REGRESSION Syndromes ::

- Specific for Diabetes.



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106, Identify the image

DONOT MAKE SILLY MISTAKE ON THESE TYPE IMAGES



a) Female condom

b) Male condom

c) Cervical cap

d) Diaphragm

Female condom → made of polyurethane

male condom → made of rubber

107, A 35yr old female attends gynaec OPD with h/o excessive bleeding since 6 months, not controlled with non hormonal drugs. USG and clinical examination reveal no abnormality. Next step is ?

a) Endometrial sampling

b) Endometrial ablation

c) Hormonal therapy

d) Hysterectomy

First line drug for excessive bleed



Non hormonal drugs ⇒ TRANEXAMIC ACID
NSAID
MEFTAL SPAS

next step
 ↓
 USG : over here no Ab (N)

next step
 ↓
 Endometrial sampling
 to r/o any pathology

If hormonal therapy done before endometrial sampling the test will be biased and comes to be d/t (P) or (E)

108) A 24yr old women who had home delivery 2 wks back, now presents with complete perineal tear. What's the next line of the management?

- a) repair immediately
- b) repair after 3wks.
- c) repair after 3 months**
- d) repair after 6 months

complete perineal tear < 24hr → Repair immediately
 > 24hr → schedule after 3 months

Maternal rbc mass expansion requires	500mg
APH	after 28weeks
Elective cervical cerclage	12-14w
Emergency cervical cerclage	Till 24weeks
Pp uterus becomes pelvic organ by	2WEEKS pp
Pp uterus returns to normal size by	6weeks pp (UTERINE INVOLUTION COMPLETES BY)
Sonographically, 8weeks	
Preterm labour contractions	4 in every 20mins, or 8 in 60mins ; 80% effacement
Preterm labour predictor	Fetal fibronectin >50ng/ml, CT length <2.5cm
Old complete perineal tear	Repair at 3-6months post delivery
PCod	No virilisation
PCod	Gene = cyp21
PCod	87% oligomenorrhea
Ph of vagina after 2WEEKS till puberty and after menopause	>7

OB/GYN
 Topper's Note

109) A 24yr old mother with 7wks POC presents to ANC OPD with h/o accidental exposure to radiation. What will you advice her regarding pregnancy management?

- a) To continue pregnancy
- b) To terminate pregnancy
- c) To check for chromosomal anomalies
- d) Pre-invasive diagnostic testing

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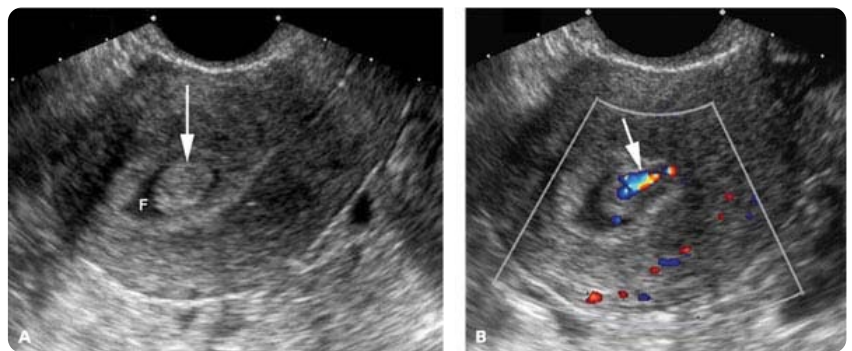
• Radiation exposure depends upon the dose of the radiation and period of gestation

Radiation Exposure	Trimester	
>15rad	→ 2 nd & 3 rd T	} requires counselling for elective termination
>5rad	→ 1 st T	

• At any gestational if radiation exposure is <5rad No termination required

110) A 40yr old women visits OPD with h/o intermenstrual bleeding. The USG image shows lesion with in endometrial cavity with feeding vessel. Diagnosis is ?

- a) Endometrial Ca.
- b) Endometrial Polyp
- c) Submucous Fibroid
- d) leiomyosarcoma



USG shows: Feeding vessel sign & Endometrial polyp

METRRORRHAGIA:

causes:

- i) Cervical polyp
- ii) Pedunculated submucosal fibroid
- iii) Cx TB / erosion

iii) A 22yr old primigravida with sure G₃ dates, visits ANC OPD with 20wks POC. On further obstetric examination uterine height reveals 16wks size. Obstetric USG shows reduced liquor.

What is the probable cause?

- a) Renal agenesis
- b) Fetal anaemia
- c) Baters Syndrome
- d) Liddle Syndrome

Utx height < POC

- i) wrong dates
- ii) oligohydramnios
- iii) IUGR
- iv) Transverse lie

Approach to MCQ in CAH

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1st → determine the type of crisis

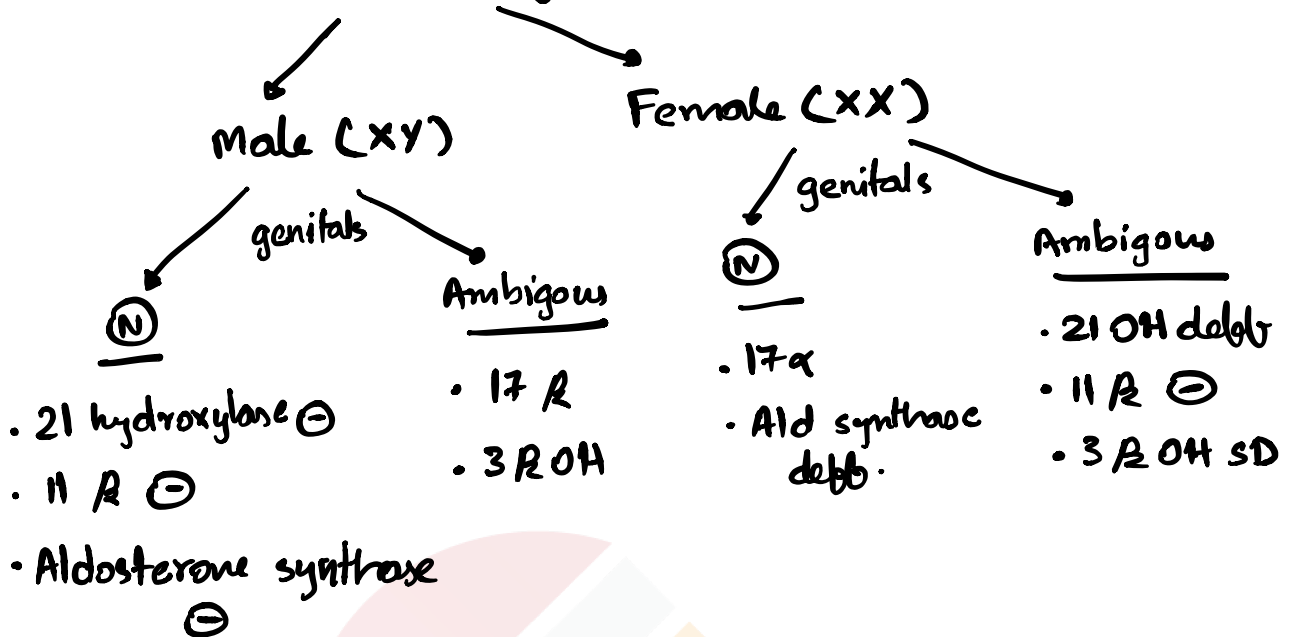


(N)♂ / Ab(N)♀
 Ab(N)♂ / ♀
 (N)♂ / ♀

21 hydroxylase defb.
 3β steroid defb.
 Aldo synthase defb.

11β hydroxylase defb. (N)♂ / Ab(N)♀
 17α hydroxylase defb. (N)♂ / Ab(N)♀

2nd → determine genitalia



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114) Mrs. Rekha having her child of 2yrs of age presents to her family obstetrician with 1/0 pruritis vulvae, and amenorrhoea. She gives 1/0 severe blood loss and failure of lactation during pregnancy. She is lethargic and has cold intolerance. She has got multiple skin infections and anemia. What is the diagnosis?

- a) Sheehan's syndrome
- b) Ashermann Syndrome
- c) Prolactinomas
- d) None

Prev. Repeat Topic

Sheehan Syndrome

- Post partum anterior pituitary necrosis
- ↓ FSH, ↓ LH ⇒ 2° Amenorrhoea
 - ↓ TSH ⇒ cold intolerance
Hypotension
 - ↓ PRL
 - ↓ ACTH = axillary hair } loss
pubic hair }
↓ skin pigmentation

115) A 35yr old primigravida conceived after IVF cycles attends ANC checkup with 38week POG. Her obstetric details reveals DCDA twins with 1st twin as breech. On examination BP > 140/90 mmHg on two occasions with proteinuria +1. How do you manage?

- a) Watch for BP and terminate when BP gets elevated
- b) Watch for BP and induce on the EDD
- c) Immediate C section

d, Induction of labour

PGI '19 Repeat

Indication of immediate C-section 2nd twin

- i, 1st twin non cephalic
- ii, Cord prolapse of 2nd twin
- iii, Abruptio Placenta.
- iv, Difficulty in internal podalic version.

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IDEAL TIME FOR FETAL REDUCTION = 10-13 WEEKS

- MOST COMMON PRESENTN = VERTEX - VERTEX
- 1ST TWIN BREECH = DO CS (TO AVOID TWIN INTERLOCKING), MAY DO VD ALSO.

Topper's Note
OB/GYN

116) A 26yr old pregnant mother who had previous twin delivery visits ANC OPD for routine check up. She is sure of her dates with 36 wks POG. What is the obstetric score?

a) 43P1

b) 42P1

c) 42P2

d) 43P2

Gravida

* No. of times a ♀ has conceived, including present pregnancy.

OBSTETRICS
HIGHYIELD NOTES

Parity

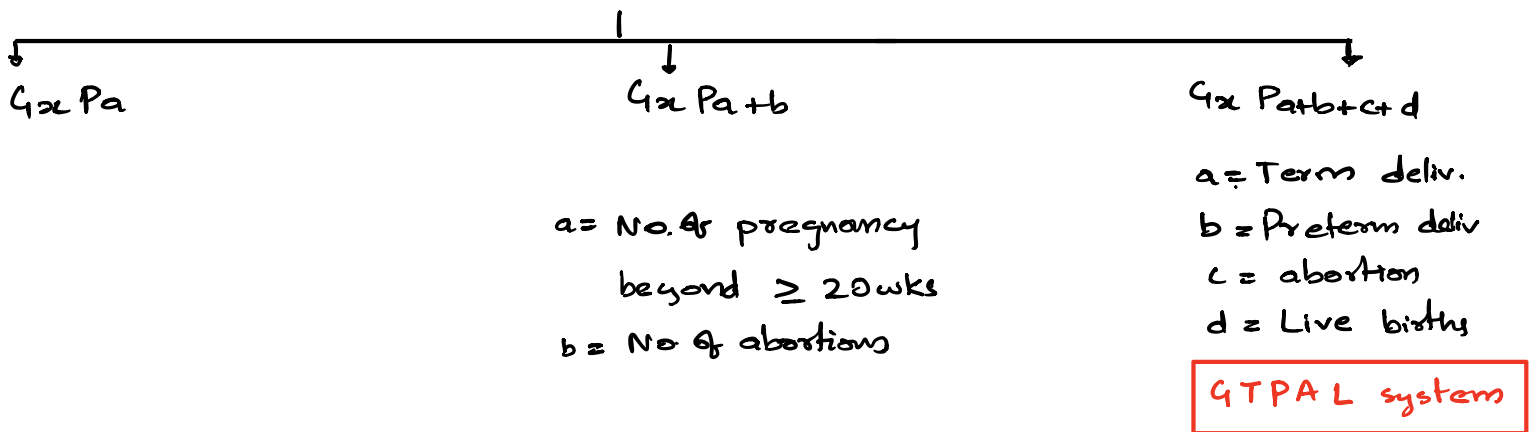
- * No. of pregnancy \geq went beyond 20 wks, irrespective of their outcome.
- * Present pregnancy is not covered in parity

Twin pregnancy \Rightarrow taken as a single pregnancy

Abortion = < 20 wk fetal death

Period of viability = $\frac{1}{2}$ at 20wk, weight = 300gm
In India = 28wks

Methods of writing Gravida & Parity:



117, A 24yr old with married life of 4 years visits infertility clinic with h/o recurrent abortion. On further workup, she found to be having "Septate uterus". Which surgery has better reproductive outcome?

a) Straussman metroplasty

b) Tompkins metroplasty

c) Transcervical hysteroscopic resection of septum

d) Jones metroplasty.

↳ High success reproductive outcome

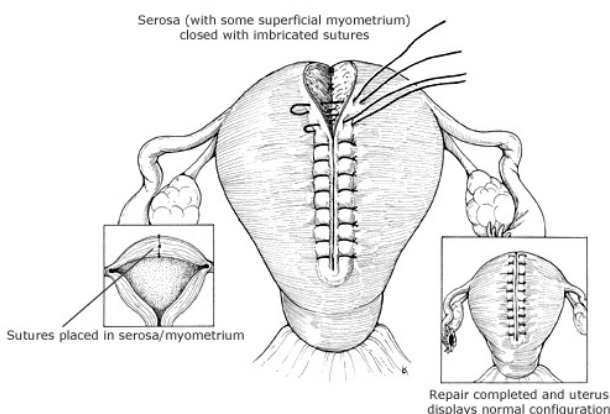
(MC) Mullerian anomaly with recurrent abortion → Septate Uterus

↳ with best outcome: Arcuate Uterus

Metroplasty ⇒

- Unification of Horns
- per abdomen procedure
- C-section only possible

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118, A sexually active female came with profuse frothy foul smelling discharge with intense itching. O/e strawberry cervix revealed. What condition she suffer?

- a) Trichomonas Vaginalis
- b) Candidiasis
- c) Bacterial vaginosis
- d) none.

Prev. Repeated Topic
 NEETPG '15, 12, 17
 AIIMS '18
 JIPMER 12
 UPSC 09

Bacterial vaginosis	Candidiasis	T. vaginitis
<p>(MC) overall</p> <p>• Foul smelling dirty white discharge.</p> <p>pH > 4.5</p> <p>No Itching</p> <p>AMSLER's criteria</p> <p>Neugen scoring</p>	<p>(MC) in pregn. diabetes OCP users immuno comp. antibiotic users</p> <p>• Curdy white Discharge</p> <p>< 4.5</p> <p>Itching ⊕</p>	<p>strawberry cervix</p> <p>• Profuse 'frothy' greeny white discharge</p> <p>5 - 6</p> <p>Itching ⊕</p>

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19, A 26yr old with married life of 2 year visits infertility clinic. She was put on HMG. On treatment she developed Dyspnoea, abdominal pain. Her USG reports shows following image. What is the condition called?

- a) Theca lutein cysts
- b) ovarian hyperstimulation**
- c) PCOD
- d) none

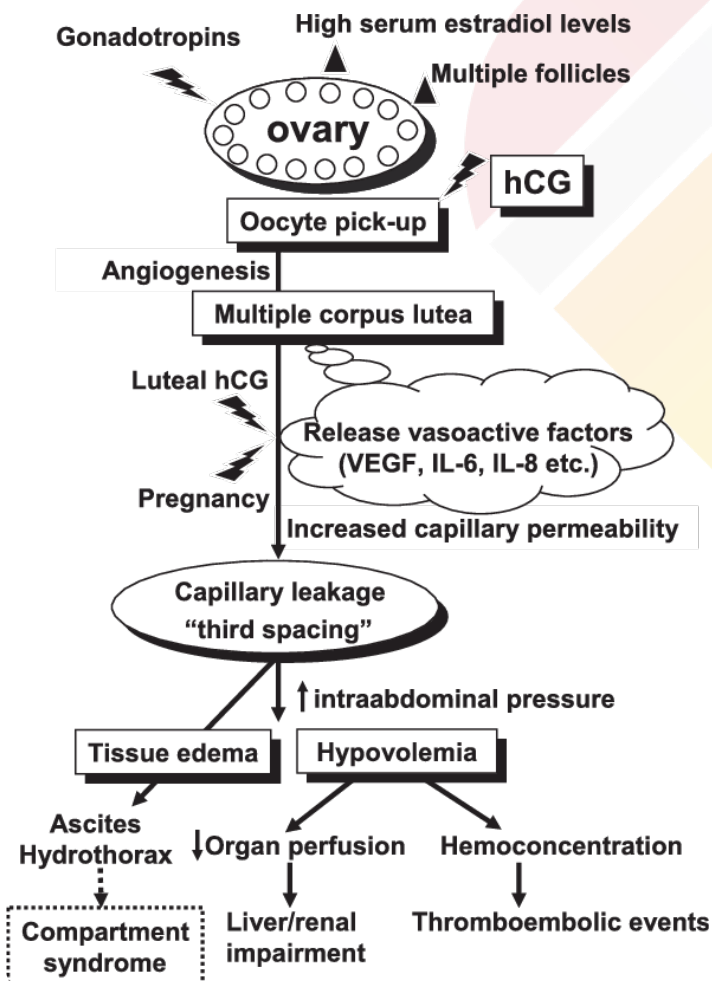


HMG → LH + FSH activity

complication: hyperstimulation

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P.E, Ascites : 3rd space fluid accumulation



120, Interpret the partogram:

- a) Inadequate uterine contraction
- b) Cephalo pelvic disproportion
- c) Prolonged latent phase $\{$ can be dx by old partogram?
- d) (N) partogram

Old partogram includes:

- 1) Latent phase
- 2) Active phase starts from 3cm
- 3) 1 square = 1hr

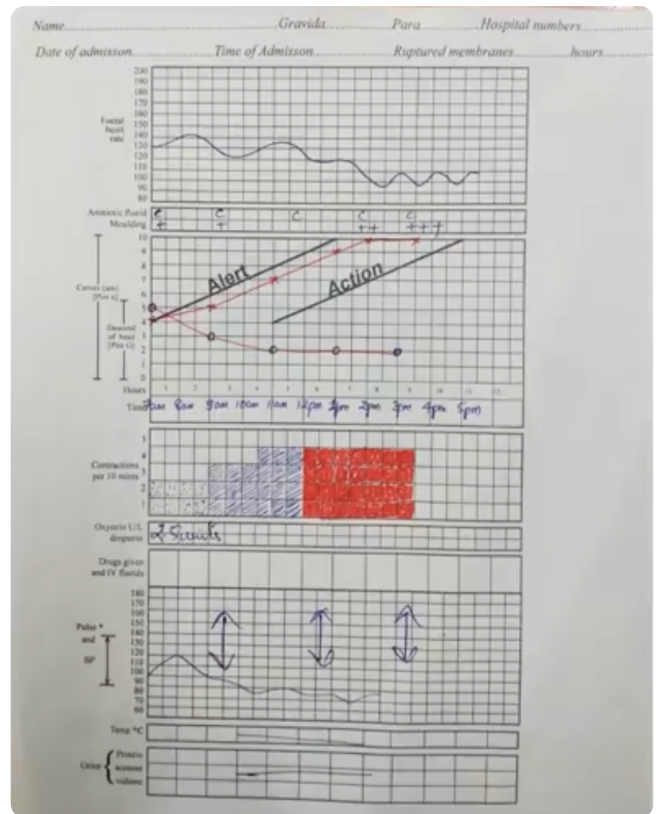
New WHO partogram:

- 1) Latent phase removed
- 2) Active phase starts from 4cm
- 3) 2 square = 1hr

Pt. admitted \Rightarrow @ 7am \Rightarrow 4cm of Cx dilatation

Head is 5/5th palpable

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New WHO Partogram

Min. Cx dilatation \rightarrow PRIMI = 1.2cm/hr
 \rightarrow MULTI = 1.5cm/hr

Avg = 1cm/hr

Min descent of baby \rightarrow PRIMI = 1cm/hr
 \rightarrow MULTI = 2cm/hr

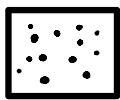


Avg. = 1cm/hr

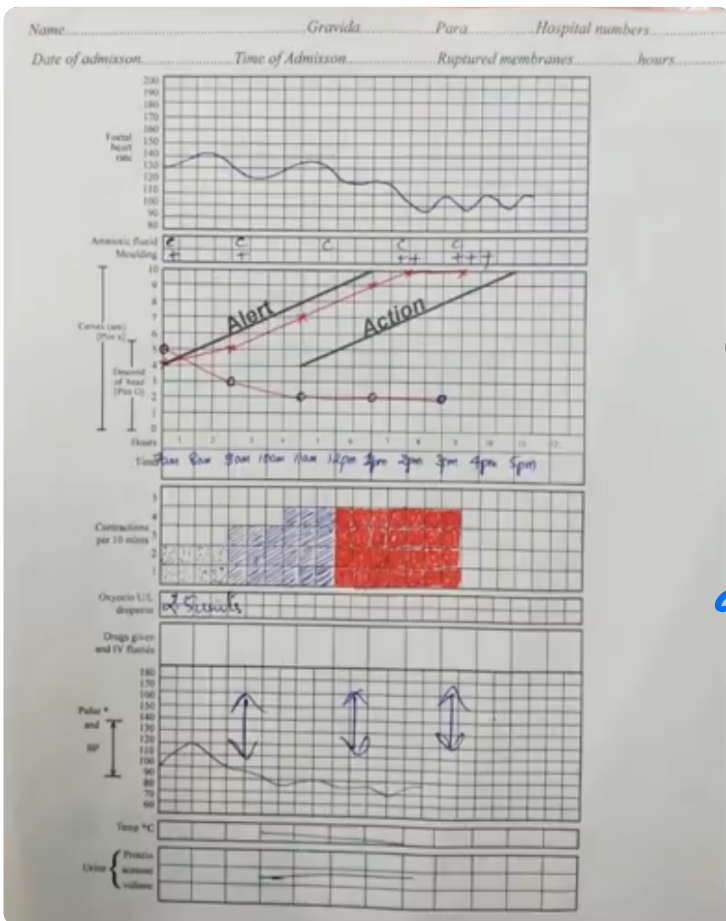
Disorders of Active phase



MCI: inadequate Uterine contraction

Uterine Contraction nomenclatures:

-  < 20sec
-  20 - 40sec
-  > 40sec



New WHO Partogram

7am 11am 3pm 3:30pm
 Cx: 4cm 7cm 9cm 10cm
 +4hr
 +3cm
 Uterine Contractions: < 20 20-40sec > 40sec
 head descent: 5/5th → 3/5th → 2/5th
 +2h
 continuous arrest of descent.

- Arrest of descent is the diagnosis → **MCC** CPD
↳ always diagnosed in presence of strong uterine contraction

121) Serum prolactin level are highest ?

- a) After 24 hour of parturition
- b) After 24 hour of ovulation
- c) After REM sleep
- d) After running for 1 hour.

controversial question

Warning:

The accuracy of the recall is yet to be confirmed by Faculty and chief editor. The question will be updated soon in Notespaedia Telegram group.

- Ovulation → High **(E)**
↓ -ve F.B
PRL : lowest level.

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- PRL more in NREM sleep

122) A 18yr old girl comes to gynaec OPD presenting with 6 months of amenorrhea, with h/o low grade fever, weight loss, pain abdomen, generalised weakness. On clinical examination, pelvic mass felt on left side with features of ascites. Diagnosis is ?

- a) TB pelvic with tuboovarian mass.
- b) ectopic pregnancy
- c) Granulosa cell tumour { Estrogen }
- d) Fibroid with degeneration
↳ no wght loss

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Notespaedia.com
More than just notes...

no generalised women

• Unmarried girl + PID \Rightarrow r/o TB

- MC CLINICAL FTR OF GENITAL TB = INFERTILITY
- MENSTRUAL COMPLAINTS
- =1ST MENSTRUAL COMPLAINT = MEMORRHAGIA (ENDOMETRITIS)
- =MC MENSTRUAL COMPLAINT = AMENORRHEA

Topper's
OB/GYN Note

Mc pelvic finding	
Adolescent girls	ADNEXAL MASS
Reproductive age group	NORMAL PELVIC EXAMINATION

- diagnosis
- Best = ENDOMETRIAL BIOPSY
- ALSO CAN DO MENSTRUAL BLOOD PCR (1ST DAY FLOW)

123) A 55yr old women diagnosed to be Ca Cervix stage 2B advised for chemoradiation. Which of the following is true statement?

- a) small bowel is most radioresistant \Rightarrow Radiosensitive
- b) small blood vessels are most radioresistant, R.S
- c) rapidly proliferating cells are most radioresistant \hookrightarrow R.S
- d) dose/intensity of radiation is inversely proportional to the square of distance of the source

124) The distention media used in diagnostic hysteroscopy with bipolar cautery is :-

a) CO₂

b) NS \rightarrow won't conduct electricity.

c) Dextran 70

d) Glycine.

For monopolar cautery \rightarrow glycine (preferred)

- Sorbitol
- mannitol

Novel Question
but Repeated Topic

125) Maxm work hours for person including overtime under the factories act:

a) 48

b) 72

c) 60

d) 96

Marrow Pearls 2165

Factories act permits work for 48 hours/wk with 2 hours overtime every day making it approximately 60 hours of maximum work as per the factories act of India

Factory ACT, 1948:

- 1) Factory is an establishment employing 10 or more workers where power is used and 20 or more workers where power is not used
- 2) There is no distinction b/w perennial and seasonal factories
- 3) 'Worker' includes contract labour employed in the manufacturing process
- 4) The Act applies to the whole of India except the state of Jammu and Kashmir

Prescribed Work hours

- Maxm 48hr/wk → not more than 9 hours/day with rest of at least 1/2 hour after 5 hours of continuous work.
- For adolescents, maximum hours of work is 4 1/2/day
- Total hours of work in a week including overtime

shall not exceed 60 hours (Maxm permissible)

• Spread over period of work (including rest intervals) of an employee in a factory is 12 hours.

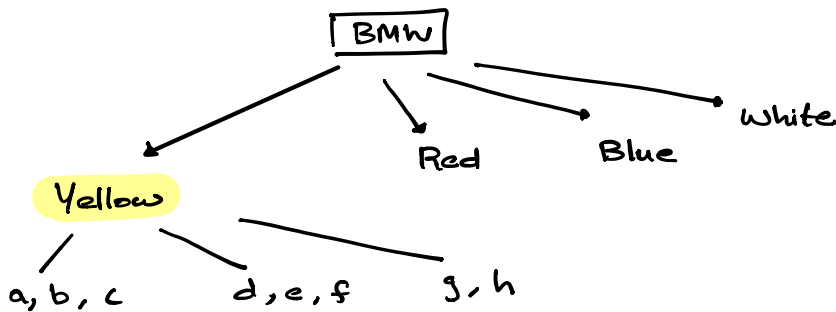
126, Liquid chemical waste is discarded in

- a) yellow bag
- b) Red bag
- c, Blue bag
- d) Black bag.

BMW is frequent tested topic
 AIIM's Nov 19, May 19, 17, 16
 JIPMER 17
 NEET '18, 17

BMW category

DIRECT RECALL → ELITE COMMUNITY MED.



(a) ⇒ Human waste
 (b) ⇒ animal "
 (c) ⇒ soiled " ⇒ Dressings, Coat, Plaster } No chemical pre-Rx required → INCINERATION

(d) ⇒ Expired medicine
 (e) ⇒ chemical waste = solid / liq = Biologicals } back to pharmaceutical comp.
 (f) ⇒ Liquid chemical waste

X-ray film → to the Recycler
 Infectious → Body fluid aspirate = Disinfected (Pre Rx)
 liq. waste from lab } Neutralize
 eg: Disinfectant
 eg: Ascitic tap, CSF aspirate, pleural aspirates

(g) ⇒ beddings (Reusable gowns)
 (h) ⇒ • Microbiological (Live vaccine)
 • Biotechnological
 • lab waste } Pre Rx
 I - hand & hand wash.

- Vacuainers & blood
- Vials & live vaccine

Red

- ↳ Foley catheters
- ↳ Rubbers → gloves
- ↳ tubes
- ↳ plastics

white ⇒ sharps

Blue ⇒
 ↳ Glass **except** live vaccine
 ↳ orthoimplants

vial & blood ⇒ throw into yellow (h) category

127) Blood bags are discarded in

- Yellow category
- Red category
- Blue category
- white category

Blood bag → Yellow

Urine bag → Red

128) Vaccine to given after disaster ::

- Vaccination against typhoid
- Vaccination against cholera
- Vaccination against typhoid and cholera in community
- vaccination against tetanus, typhoid & cholera for health workers

During disaster ::

- Exposed to unsanitary conditions → Tetanus vaccine
- Evacuees → Routine vaccine recommended
- cholera & typhoid vaccine do not have any evidence for mass vaccination d/t to low level of exposure

and prevention.

- Tetanus } vaccine are req. in case of disaster.
Hep B }

DOC of cholera → Doxy
Max. vaccination
or mass chemoprophylaxis
for cholera not recommended.



129) Extended sickness benefit for TB under ESI Act is

a) 91 days

b) 1 year

c) 2 years

d) 3 years

Ⓝ sickness benefit → 91 days

extended sickness benefit → 2 years

130) Mission Indradhanush is for ::

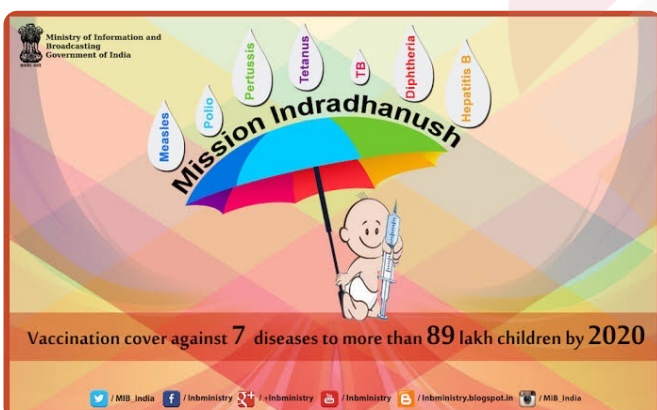
a) non-communicable d/s

b) universal immunization

c) Family planning

d) safe water and sanitization.

Recent NEET Rpt
AIIMS Repeat



131, A study had a normal distribution with the median value as 200 and standard deviation 20. 68% will fall b/w

NEET '19 REPEAT TOPIC → Concept based

a) 160 - 240

b) 170 - 230

c) 180 - 220

d) 190 - 210

Median = 200

S.D = 20

68% of population → Median \pm 1SD
 $200 \pm 20 \Rightarrow 180 - 220$

95% of population → Median \pm 2SD = 160 - 240
 200 ± 40

99% of population → Median \pm 3SD = 140 - 260
 200 ± 60

132, which of the following is a technique / method based on behaviour sciences

a) Management by objective

b) Network analysis

c) Systems analysis

d) Decision making

The methods based on behaviour sciences include

i) Organisational design

ii) Personal management

iii) Management by objectives

iv, information systems

v, communication.

Quantitative method include ::

- 1) Cost benefit analysis
- 2) Cost effective analysis
- 3) Input output analysis
- 4) network analysis as PERT and CPM
- 5) Planning programming budgeting systems
- 6) Decision making.

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133) As per sustainable development goals, the target for MMR is to achieve maternal deaths of ::

- a) $< 70 / \text{Lac live births}$
- b) $< 100 / \text{Lac live births}$
- c) $< 110 / 1000 \text{ live births}$
- d) $< 130 / 1000 \text{ live births}$

SUSTAINABLE DEVELOPMENT GOALS (2015-2030)

- 1) Reduce global maternal mortality to less than $70 / 100,000$ L.B
- 2) Reduce new born mortality to at least as low as $12 / 1,000$
- 3) Reduce under five mortality to at least as low as $25 / 1,000$ L.B
- 4) End epidemics of HIV, tuberculosis, malaria, neglected tropical d/s and other communicable d/s.
- 5) Reduce by one third premature mortality from non communicable disease and promote mental health and well being.

134) Best method for routine monitoring of air pollution

a) $CO + CH_3 + CFC$

b) H_2S

c) Suspended particles

d) $SO_2 + Dust \ \& \ smoke$

Warning:

The accuracy of the recall is yet to be confirmed by Faculty and chief editor. The question will be updated soon in Notespedia Telegram group.

Air quality index consist of :-

i) particulate matter ($< 2.5 \mu m$ and $10 \mu m - PM_{2.5}$ and PM_{10})

ii) Nitrogen dioxide (NO_2)

iii) Sulphur dioxide (SO_2)

iv) Carbon monoxide (CO)

v) Ozone

vi) Ammonia

vii) Pb.

AQI Category, Pollutants and Health Breakpoints

AQI Category (Range)	PM ₁₀ 24-hr	PM _{2.5} 24-hr	NO ₂ 24-hr	O ₃ 8-hr	CO 8-hr (mg/m ³)	SO ₂ 24-hr	NH ₃ 24-hr	Pb 24-hr
Good (0-50)	0-50	0-30	0-40	0-50	0-1.0	0-40	0-200	0-0.5
Satisfactory (51-100)	51-100	31-60	41-80	51-100	1.1-2.0	41-80	201-400	0.5 - 1.0
Moderately polluted (101-200)	101-250	61-90	81-180	101-168	2.1- 10	81-380	401-800	1.1-2.0
Poor (201-300)	251-350	91-120	181-280	169-208	10-17	381-800	801-1200	2.1-3.0
Very poor (301-400)	351-430	121-250	281-400	209-748*	17-34	801-1600	1200-1800	3.1-3.5
Severe (401-500)	430 +	250+	400+	748+*	34+	1600+	1800+	3.5+

*One hourly monitoring (for mathematical calculations only)

135) The variation in a data is compared with another data set by ::

- a) variance
- b) coefficient of variation
- c) standard error of mean
- d) standard deviation



Coefficient of Variation :

- Ratio b/w standard deviation and the mean
- Formula: Coeff. of variation = $SD/mean \times 100$
- Interpretation: Higher the coefficient of variation, greater the level of dispersion around the mean and conversely - the lower the coeff. of variation, the more precise the data.
- Use: it's frequently used to compare and evaluate relative risks.

variance		Is the square of SD. it tells about the standard deviation
coefficient of variation	of	It may help by comparing the variations in the data set
standard error of mean	of	It is to compare the means of the data sets which have different sample size, central tendency and standard deviations
standard deviation		It is the deviation of values from the mean

136) Difference b/w the incidence in exposed and non-exposed group is best given by ::

- a) relative risk
- b) attributable risk
- c) population attributable risk
- d) Odd's ratio

Attributable risk = The risk difference focuses on absolute effect of the risk factor, or the excess risk of disease in those who have factor compared with those who don't.

137, Monetary benefit is measured in:.

- a) Program budgeting system
- b) Network analysis
- c) Cost effective analysis
- ✓ **Cost benefit analysis**

Input Output analysis :.

How much of "input" is needed to produce a unit amount of "output"

Cost-benefit Analysis: Economic benefits of any program are compared with cost of the program.

Drawback: Benefits in health field as a result of a particular program cannot always be expressed in monetary means.

Cost-effective Analysis: Here, benefit is expressed in terms of results achieved eg. number of lives saved and number of days free from disease.

138, If one variable is given then you can find another variable by:.

- a) Coefficient of variation
- b) Coefficient of correlation
- ✓ **Coefficient of regression**

d) Coefficient of determination

Regression Analysis ::

- Regression analysis is a mathematical model to describe the effect of ≥ 1 Independent variable on a dependent variable
- Linear regression describes effect of one independent variable on a dependent variable.
- Multiple linear regression describes effect of two or more independent variable on a dependent variable
- Non linear regression involves more complex mathematical form, including logarithmic functions
- Logistic regression describes effects of multiple independent (Qualitative, Quantitative or Mixed) variable on dichotomous qualitative variable.
- Regression coefficient is average change in dependent variable for each unit of independent variable

Regression Lines

Let there be two variables: x & y . If y depends on x , then the result comes in the form of simple regression. Furthermore, we name the variables x and y as:

y – Regression or Dependent Variable or Explained Variable

x – Independent Variable or Predictor or Explanator

Therefore, if we use a simple linear regression model where y depends on x , then the regression line of y on x is:

$$y = a + bx$$

139) Prospective screening is done in case of ?

a) neonate for thyroid d/s

b) Immigrant screening

c) Pap smear for 45yr female

d) Diabetes mellitus for 40yr male

DAMS CBT Rpt.
Marrow Moek Rpt.

Categories of screening

Prescriptive



- 2^o type of prevention
- Find d/s in early phase
- prevents complication or sequel or death
- Eg: i) mammography for Breast Ca.
ii) PAP smear for Ca Cervix

Presumptive



- 1^o type of prevention
- Prevent / protect from d/s when person is at risk
- Eg: i) HIV screening for blood donation
ii) Track HTN in young children for prevention of CVS morbidity

140) A researcher wants to prove relation b/w COPD and smoking. He collected patients record from govt. hospital and record of cigarette sale from finance and taxation department. This is an example of which study design.

a) Cross sectional

b) Posological study

c) Ecological study

d) Operations research

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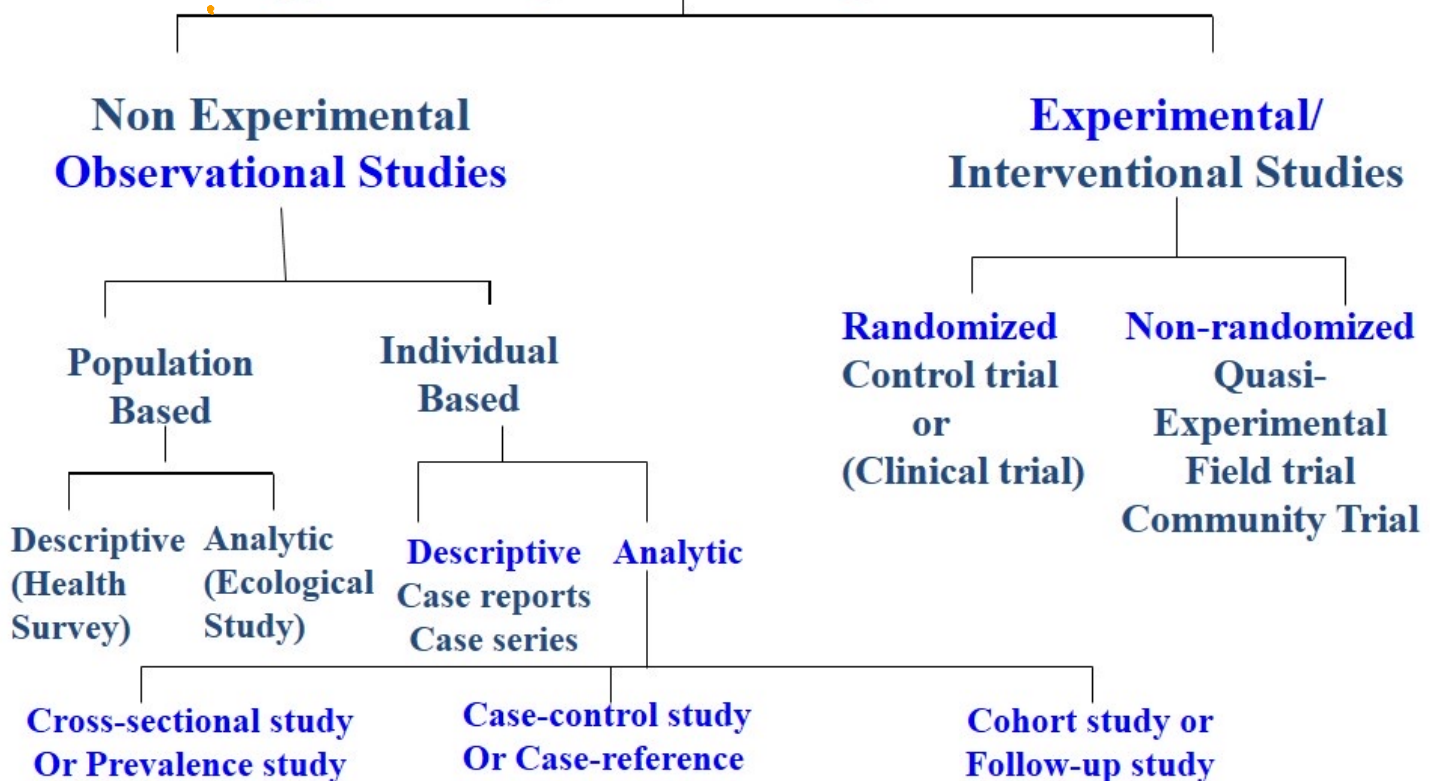
Correlational / Ecological studies:

- Use population as unit of analysis (Population can be of countries, states - usually to compare genotypic distinct population)
- use databases from entire population to compare frequency of a particular disease / attribute.

Advantage ::

- Helps in evaluating the d/s exposure relationship
- Usually based on records from the whole population .

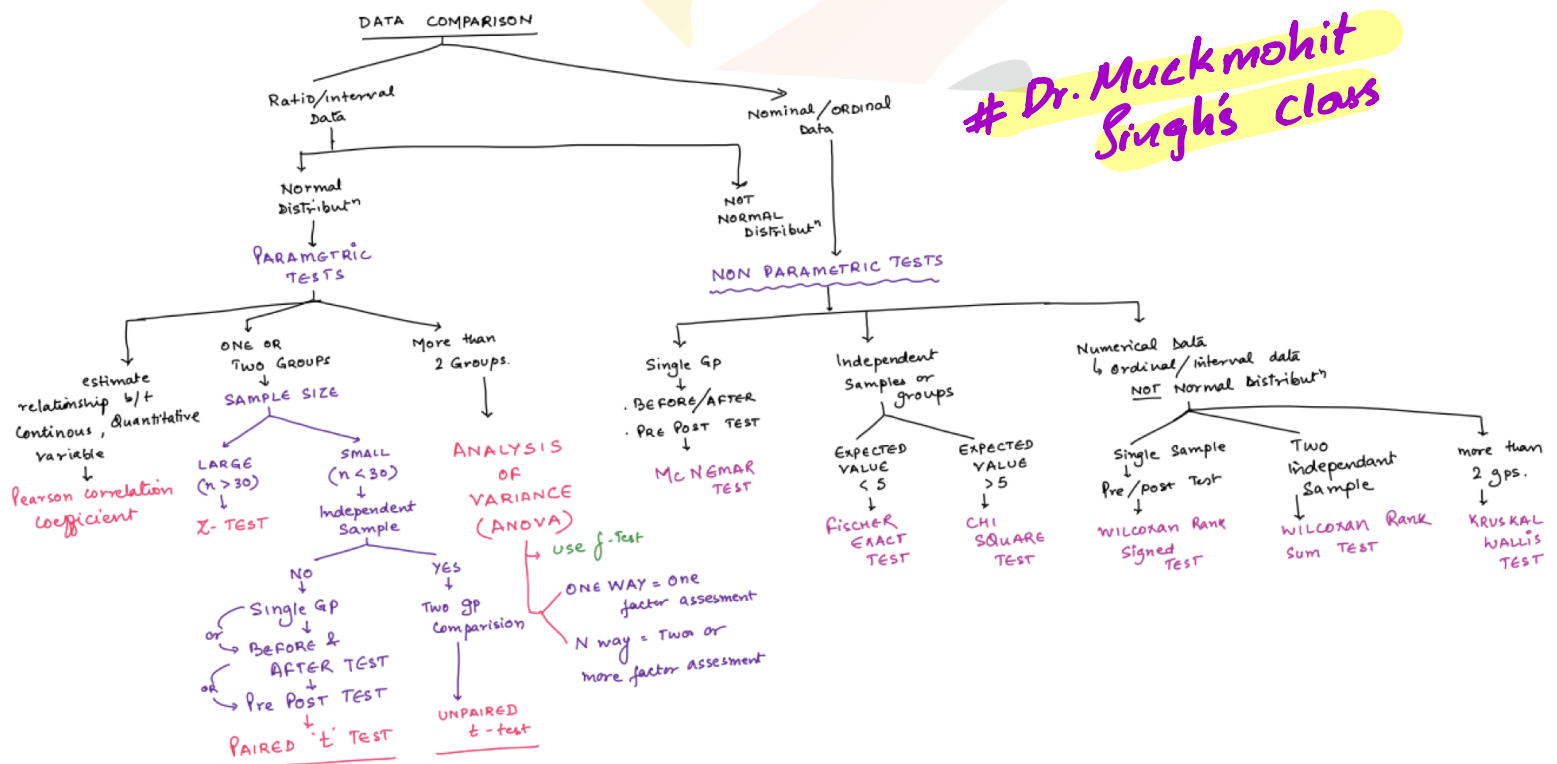
Types of Epidemiological Studies



141) A study was done to assess the malnutrition among young children . 100 children were selected each from rural and urban areas.

Out of these, 30 among rural and 20 among urban were found to be malnourished. Which of the following statistical test is used to compare the data sets?

- a) Paired t test
- b) Chi square**
- c) Standard error of mean
- d) ANOVA



Dr. Mukhmohit Singh's class

Table 5: Parametric and nonparametric test for qualitative data

Testing groups – situation	Parametric test	Nonparametric test
Testing association between two qualitative variables		Chi square test
Comparison of two independent groups	t-test for independent samples	Wilcoxon rank sum test
Comparison of data between paired observations (usually single group – before and after)	t-test for paired observation	Wilcoxon rank sign test
Comparison of several groups (three or more groups)	ANOVA	Kruskal-Wallis test
Assessment of relationship between two variables	Pearson correlation for linear relation	Spearman rank correlation

Table 6: Tests used in various number of groups

Between one group	Paired t-test	McNemar's test
Between two groups	Unpaired t-test	Chi square test
Between 3 or more groups	ANOVA	Kruskal-Wallis test

Dr. Mukhmohit Singh's Book

- 142) A 3 yr old child presents to PHC with fever
 He had chest indrawing and respiratory rate
 of 38 per minute. The next step in management is
- give antipyretics only
 - not an emergency, give oral antibiotics and follow up
 - refer urgently to a 3^o care centre.
 - give antibiotics and refer to a 3^o care centre

No pneumonia	No chest indrawing, no tachypnoea	Home care, treat fever and follow up
Pneumonia	Tachypnoea No chest indrawing	Oral antibiotics and home care, treat fever and follow up
Severe pneumonia	Chest indrawing	Give first dose antibiotic and refer urgently to hospital

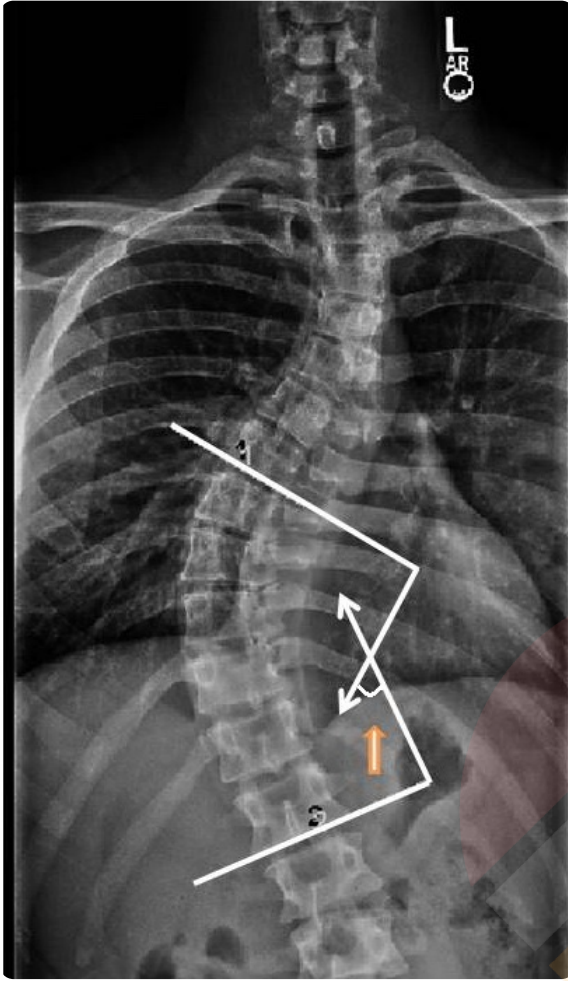
Antibiotics for severe pneumonia (age 2 months - 5 years)
 include intravenous

- B. penicillin → IM 50,000 IU/kg/dose 6 hourly
- Ampicillin → IM 50 mg/kg/dose 6 hourly
- Chloramphenicol → IM 25 mg/kg/dose 6 hourly

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 More than just notes.

143) Show n angle in the image is known as ::



a) Cobb's angle

b) Bohler's angle

c) Ferguson angle

d) Bauman's angle

Cobb's angle : Angle measured from the uppermost vertebrae to the lower most vertebrae.

The angle b/w the two gives Cobb's angle.

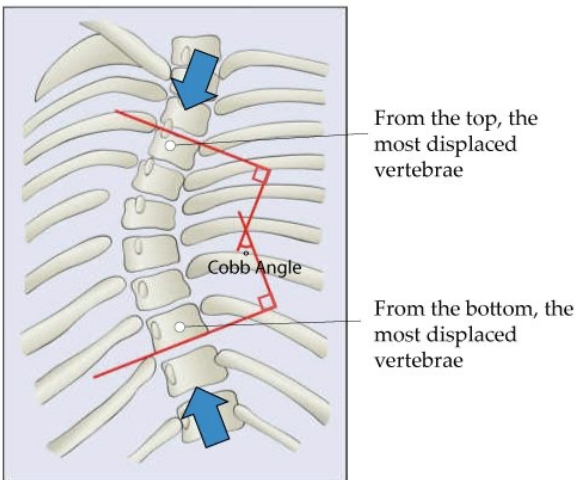
• **Spine** for scoliosis

• Bohler's angle → calcaneum

• Ferguson angle → angle at lumbosacral area for the scoliosis

• Bauman's angle → s/i elbow after correction of supracondylar # of humerus

MEASURING THE COBB ANGLE



Source: e-radiography.net and core concepts

Angles in Ortho	
KITE'S ANGLE	CALCANEUM
CoBB's ANGLE	SCOLIOSIS
BAUMANN	SC#H
WIEBERG	DDH

Toppers Note Ortho

144, Patient is presenting with pain around base of thumb (De Quervain's Tenosynovitis). What are marked in the image.

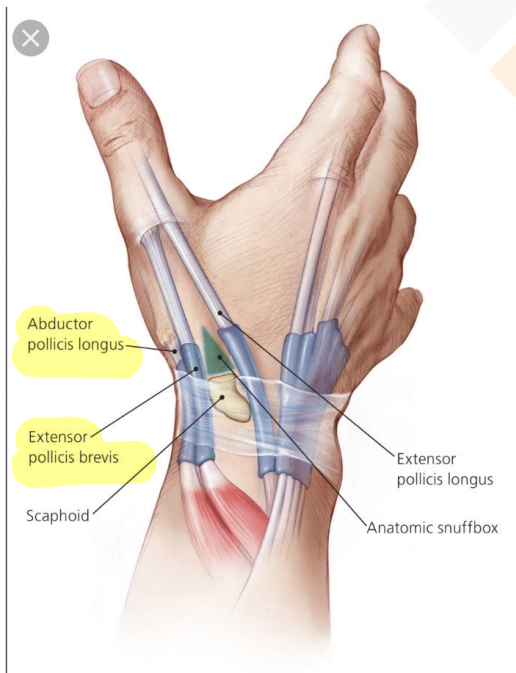
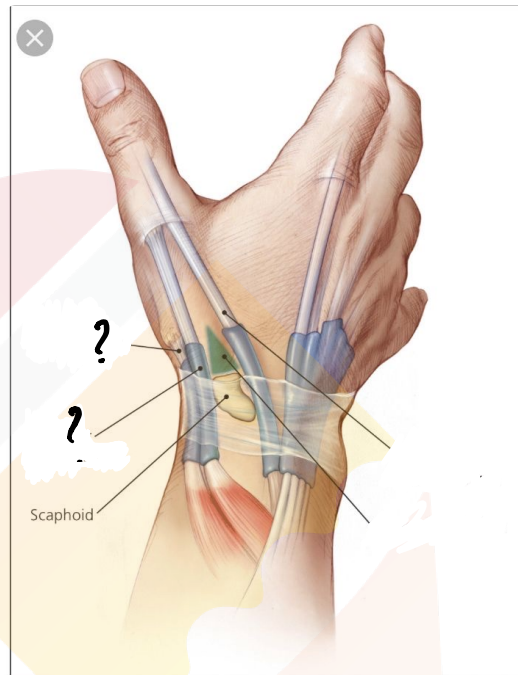
a) APB and EPL

b) APL and EPB

c) APB and EPB

d) APL and EPL

NEET Repeat



145, Patient is presenting with deformity of the finger as shown. The PIP is involved but DIP is spared

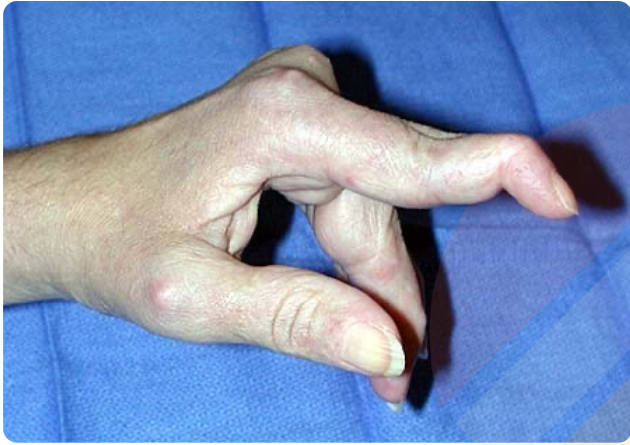
a) Osteoarthritis

b) Rheumatoid arthritis

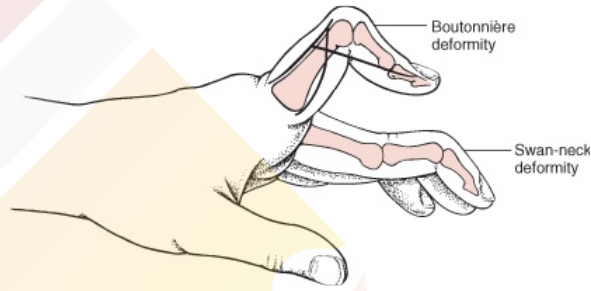
c) Psoriatic arthritis

d) Ankylosing spondylitis

Repeat topic



Swan Neck deformity

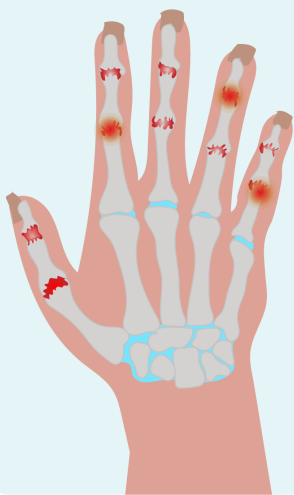


Carpal Tunnel vs. Arthritis

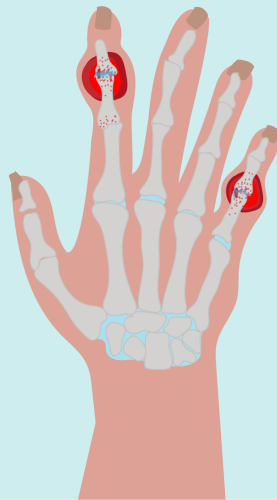
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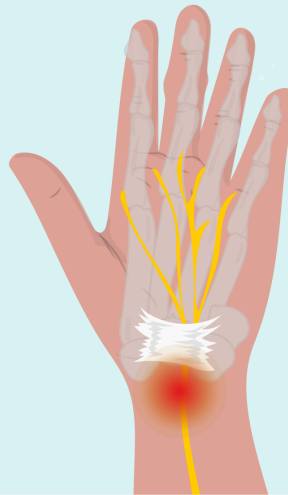
Osteoarthritis



Rheumatoid Arthritis



Carpal tunnel



146, what is the most likely diagnosis of a 55yr old female complaining of C/C back ache

- a) Osteoporosis
- b) Hurler's Syndrome
- c) Paget's d/s
- d) Renal osteodystrophy

NEET '19 REPEAT



55yr → ♀ → menopause → OSTEOPOROSIS

147, what is the most likely age of this child, a victim of rape being examined under POSCO act.

a) 4yr

b) 7yr

c) 10yr

d) 13yr

Recent Repeat

⇒ pisiform is absent

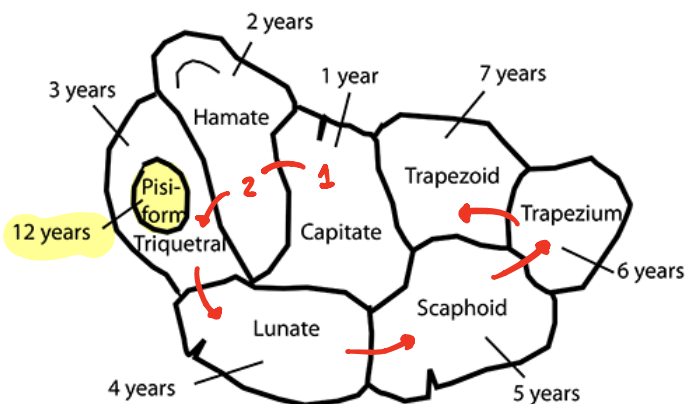
pisiform arise @ age of 12yrs.

Every 1yr of age one carpal appears.

7 carpels → 7 yrs



OSSIFICATION OF BONES OF HAND



Roughly one centre appears per year from the age of 1 year to 7 years, anticlockwise in the right hand looking from the anterior surface

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148, A 4yr old child while playing suddenly spinned around his elbow from her servant maid's hand and now continuously crying and not allowing anyone to touch the elbow. He is keeping the elbow in extended state. What is most likely diagnosis

a) Radial head #

b) Pulled elbow

c) Supracondylar fracture

d) Elbow dislocation

• **(MC)** condition when Elbow is kept extended by the child after trauma is **Pulled elbow / nurse maid elbow.**



- Radial head subluxates from annular ligament
- Age is 2 to 5yrs

Presentation: Elbow extended and forearm pronated

Reduction: Elbow should be flexed and supination of fore arm.

149) what is the most likely diagnosis for the image showing biceps tendon rupture:

a) Popeye's sign

b) inverted champagne bottle sign

c) Biceps hematoma

d) Discoloration



or riceps injury

sol. Rupture of tendon biceps

150) A patient received 12 hours after fracture of tibia is having PaO₂ as 60%. On rebreathing unit maintaining the saturation of 100%, but remains confused. Chest is clear. What is most likely diagnosis.

Controversial point: 12hr

a) Pulmonary contusion

b) Fat embolism syndrome → GURD staging

c) Pulmonary Embolism

d) ARDS

Fat embolism ⇒ happens 1-3 days after #
↓
rarely it may occur as early as 12 hr.

Criteria	Gurd and Wilson's	Modified Gurd's	Schonfeld's	Score
FES Diagnosis	2 major or 1 major + 4 minor	1 major + 3 minor or 2 major + 2 minor	Five points	
Major	Petechiae Hypoxemia	Petechiae on conjunctiva and upper trunk PaO₂ <60 at FIO₂ 0.21 with or without pulmonary infiltrate on chest X-ray	Petechiae X-ray infiltrate on chest (diffuse alveolar infiltrate) Hypoxemia	5 4 3
	Altered mentality	Altered mentality with multiple cerebral white matter lesion on brain MRI	Mental confusion	1
Minor	Tachycardia Fever	HR >100/min Temperature >38°C	Tachycardia Fever Tachypnea	1 1 1
	Thrombocytopenia Unexplained anemia	Platelet <100×10 ³ /μL Anemia with coagulopathy or DIC without definite ongoing bleeding site		
	Anuria or oliguria Retinal embolism Fat globule in urine or sputum Jaundice High ESR	Anuria or oliguria Retinal embolism on ophthalmoscopic examination		

Note: Bold text represents major criteria.

Abbreviations: DIC, disseminated intravascular coagulation; ESR, erythrocyte sedimentation rate; FES, fat embolism syndrome; HR, heart rate; PaO₂, arterial oxygen pressure.

151, Patient aged 30yr presented with swelling around knee. Aspirate shows giant cells and mononuclear cells. Most likely diagnosis is

a) GCT ⇒ 20-40yr / knee

b) Osteosarcoma

c) Chondroblastoma

d) Ewing's sarcoma

1° = 2nd decade

2° = elderly

5-20 yrs

5-30 yrs [MC 10yr]

Giant cells present in

i) GCT

ii) Chondroblastoma

} epiphyseal tumour

• Osteosarcoma → Metaphysis

• Ewing's sarcoma → Diaphysis

→ s/i knee

152, H/O arthritis with involvement of PIP & DIP and 1 MCP and sparing of wrist and ankle diagnosis asked?

a) Osteoarthritis → 1 MCP involved with sparing of other MCP

b) Rheumatoid Arthritis

c) Psoriatic arthritis

d) Gout

DIP involved
sparing of wrist } never RA

153) A graft from an identical twin

a) Allograft

b) Autograft

c) Isograft

d) Xenograft

Repeat topic in NEET '19

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Isograft:
isograft

Allograft → different individual same species

Autograft → same person

Xenograft → different species

Isograft → b/w identical twins

154) Effacement of foot processes is pathognomic of which disease?

a) Minimal change disease

b) Steroid resistant glomerulonephritis

c) Membranous glomerulonephritis

d) IgA nephropathy

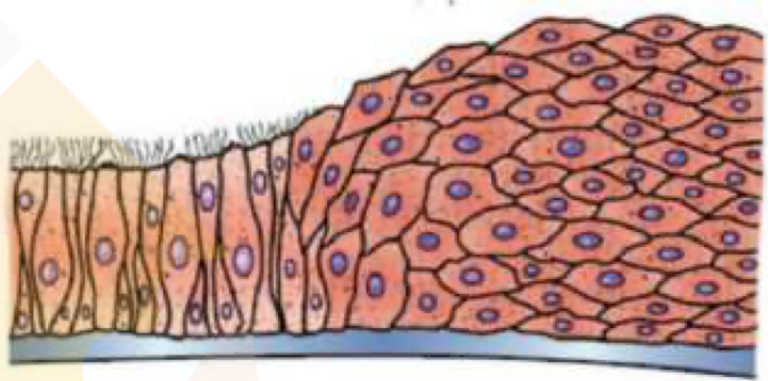
In minimal change disease, histopathology is normal while electron microscopy is pathognomic which shows loss or effacement of podocyte foot processes

155) A 45yr old person who is a C/c smoker came to the clinic with complaints of cough. The physician examines the patient and takes a biopsy. The picture in the biopsy was as the description below.

Which of the following cellular changes has happened in patient.

Repeat Topic

- a) Dysplasia
- b) Hypertrophy
- c) Atrophy
- d) Metaplasia



- Dysplasia - disordered growth
- Hypertrophy - increased cell size
- Atrophy - decreased cell size
- Metaplasia - reversible change in which one differentiated cell type

156) A 25yr old male with thyroid swelling. Biopsy shows intense lymphocytic infiltration along with hurthle cell change. TSH increased

- a) Hashimoto's thyroiditis
- b) Grave's d/s
- c) Follicular carcinoma
- d) Medullary carcinoma thyroid

Hashimoto's Thyroiditis \Rightarrow Biopsy features of lymphocytic infiltrate along with hurthle cell change in thyroid

swelling is diagnostic of hashimoto's thyroiditis.

157, A 20yr old patient with swelling in wrist joint.
Histopathology shows spindle cells and verrocaey bodies
Most likely diagnosis ?

a) Schwannoma

b) Neurofibroma

c) Neuroma

d) Lipoma

Histopathology of schwannoma shows - Antoni A pattern, Antoni B pattern and verrocaey bodies.

158, Large, friable irregular vegetations on the valves.

a) RHD

b) Infective Endocarditis

c) LSE

d) NBTE

Previous NEET Repeat

Summary of salient features of vegetations in different endocarditis



RHD	NBTE	LSE	IE
Rheumatic Fever	Non Bacterial Thrombotic (Marantic Endocarditis)	Libman Sack's Endocarditis	Infective Endocarditis
<ul style="list-style-type: none"> Small, warty Firm Friable 	<ul style="list-style-type: none"> Small, warty Friable 	<ul style="list-style-type: none"> Medium sized (small) Flat, Verrucous Irregular 	<ul style="list-style-type: none"> Large Bulky Irregular
<ul style="list-style-type: none"> Along lines of closure 	<ul style="list-style-type: none"> Along lines of closure 	<ul style="list-style-type: none"> On surface of cusps (both surfaces may be involved but the undersurface is more likely affected, less commonly mural endocardium is involved) In pockets of valves 	<ul style="list-style-type: none"> Vegetations on the valve cusps Less often on mural endocardium
<ul style="list-style-type: none"> Sterile (no organism) 	<ul style="list-style-type: none"> Sterile 	<ul style="list-style-type: none"> Sterile 	<ul style="list-style-type: none"> Non-sterile (bacteria)
<ul style="list-style-type: none"> Embolisation is uncommon 	<ul style="list-style-type: none"> Embolisation is common 	<ul style="list-style-type: none"> Embolisation is uncommon 	<ul style="list-style-type: none"> Embolisation is very common (max chances)
<ul style="list-style-type: none"> In rheumatic heart disease 	<ul style="list-style-type: none"> In cancers (like M3-AML, pancreatic cancer), deep vein thrombosis, Trosseau syndrome 	<ul style="list-style-type: none"> In SLE 	<ul style="list-style-type: none"> In infective endocarditis

159) 35 yr old lady presents with a lump in the upper outer quadrant of breast. Histopathology shows cells in pools of mucin and faint nuclei.

- a) Adenocarcinoma
- b) Colloidal Carcinoma
- c) Medullary carcinoma
- d) Lobular carcinoma

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• Colloidal / Mucinous carcinoma breast

• The histopathology feature of cells in pools of mucin is suggestive of colloidal carcinoma.

160) ATRA is used in treatment of tumour which is associated with which of the following :-

- a) PML RARA
- b) BCR ABL
- c) C-myc
- d) CEBPA

NOVEL QUESTION

PML RARA::

So, AML M3 is associated with PML RARA fusion product
And the treatment AML - M3 is ATRA or arsenic trioxide.

161) Thrombosis is initiated by

- a) Platelet activation
- b) Endothelial damage
- c) Coagulation cascade
- d) Vasoconstriction of vessels

NEET Prev. Repeat

162, 6 yr old child presented to OPD with eczematous rash. On evaluation was found to have fever, plt=80,000 on enquiry multiple hospitalisation for recurrent infection.

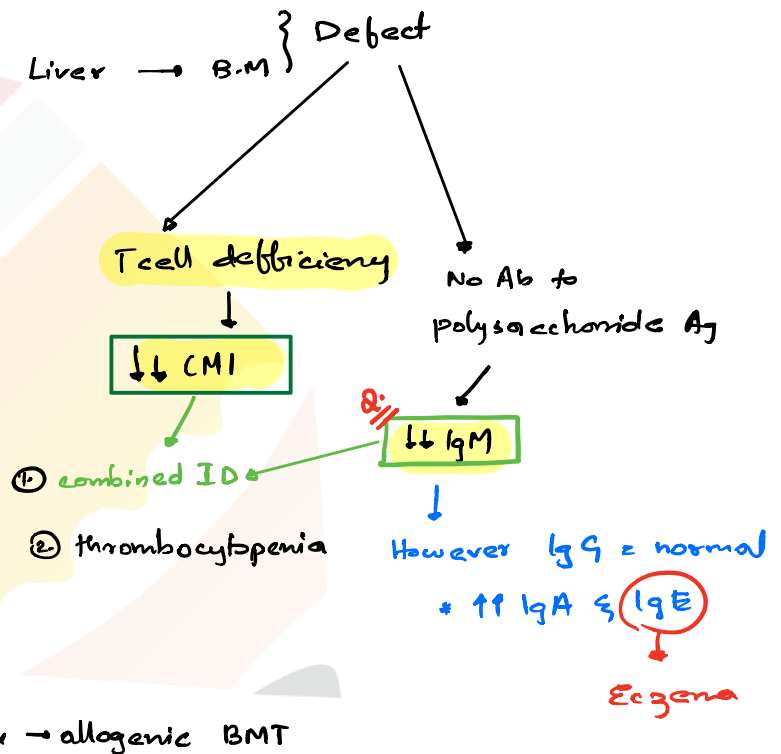
- a) Chediak Higashi Syndrome
- b) Bruton's agammaglobulinemia
- c) Wiscott Aldrich syndrome**
- d) Severe combined immunodeficiency d/o

NEET '19 Recent Repeat
Immuno deficiency d/o

Wiscott Aldrich Syndrome (WAS) XLR

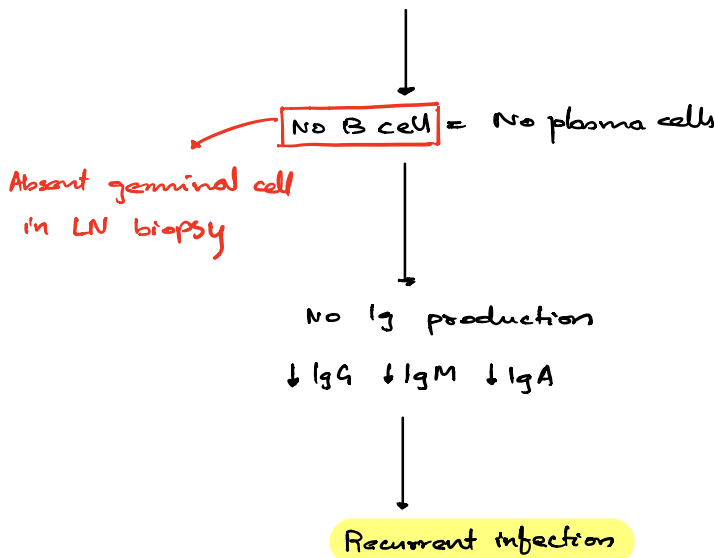
WASP mutations
(wiscott aldrich & proteins)

cellular migration
of stem cells from Liver → B.M



Bruton's Agammaglobulinemia → XLR

Pathogenesis → Pro & Pre B cells fail to mature into B cells ^{d/d} B cell Tyrosine kinase def.



ii, CHEDIAK HIGASHI Syndrome - AR

Lyst gene mutation \Rightarrow phagolysosome formation is defective

\downarrow
No killing

- Recurrent Infection
- Melanocyte fusion affected \rightarrow **Albinism** (Melanosomes)
- Peripheral neuropathy
- Platelet granule Ab⁺

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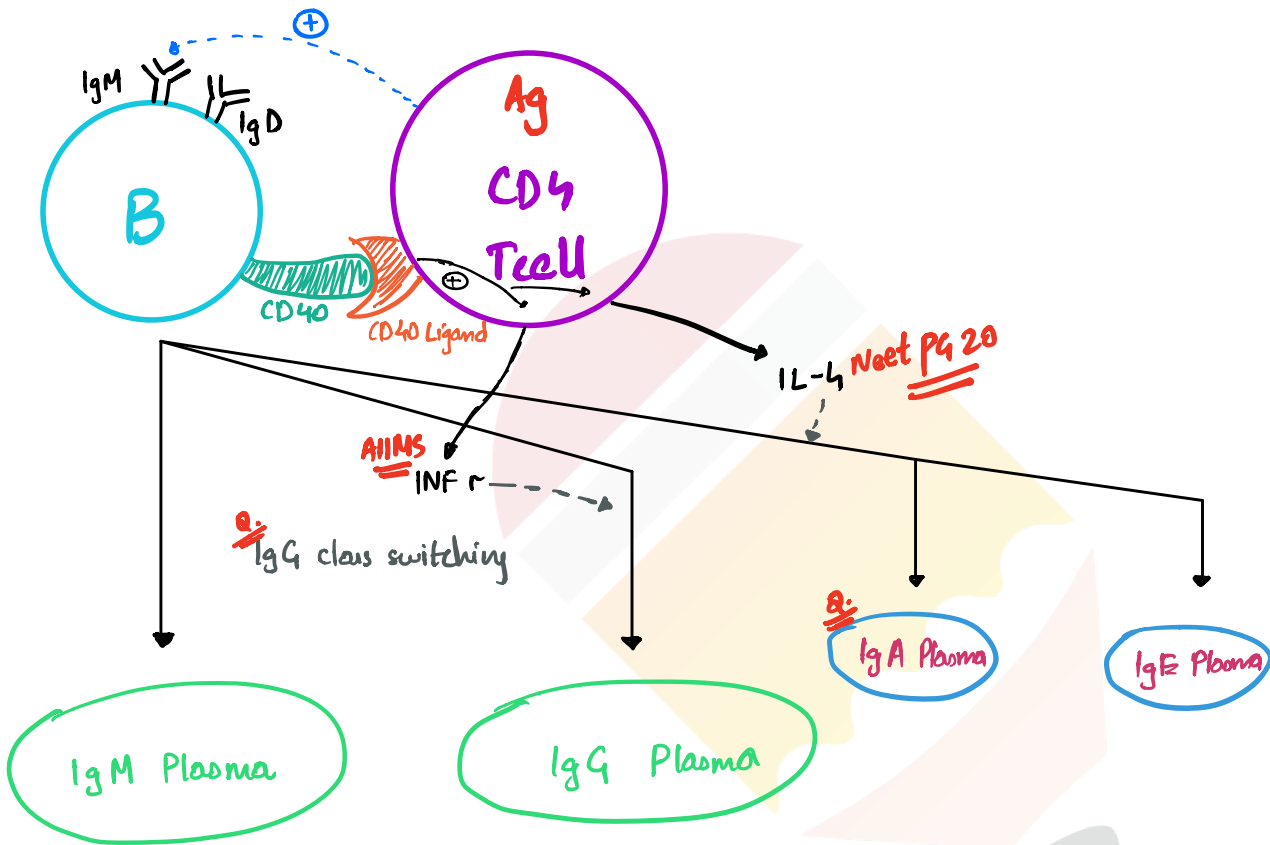
163 B cells are induced to produce IgE by which of the following

- a) IL-2
- b) IL-4**
- c) IL-1
- d) IL-6

AIIM NOV'19 Repeat Concept

Class switching

DIRECT RECALL from ELITE PATHOLOGY

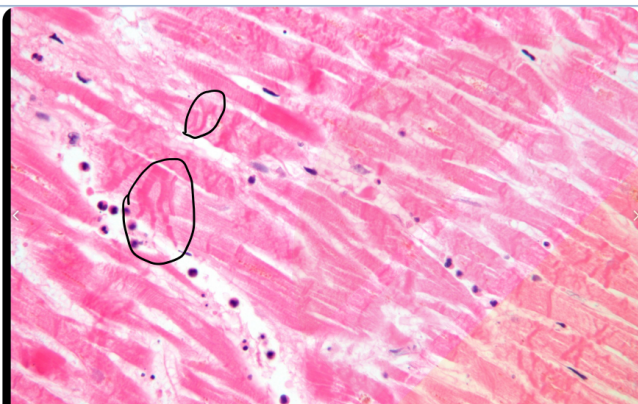


164) which of the following is seen in the biopsy of a patient who had a post MI reperfusion injury?

- a) Wavy fibres
- b) Eosinophilic infiltration
- c) Endothelial swelling
- d) Endothelial contraction band**

Contraction band Necrosis → NEET '20

DIRECT RECALL from ELITE PATHO



High magnification micrograph showing contraction band necrosis and karyolysis. H&E stain.

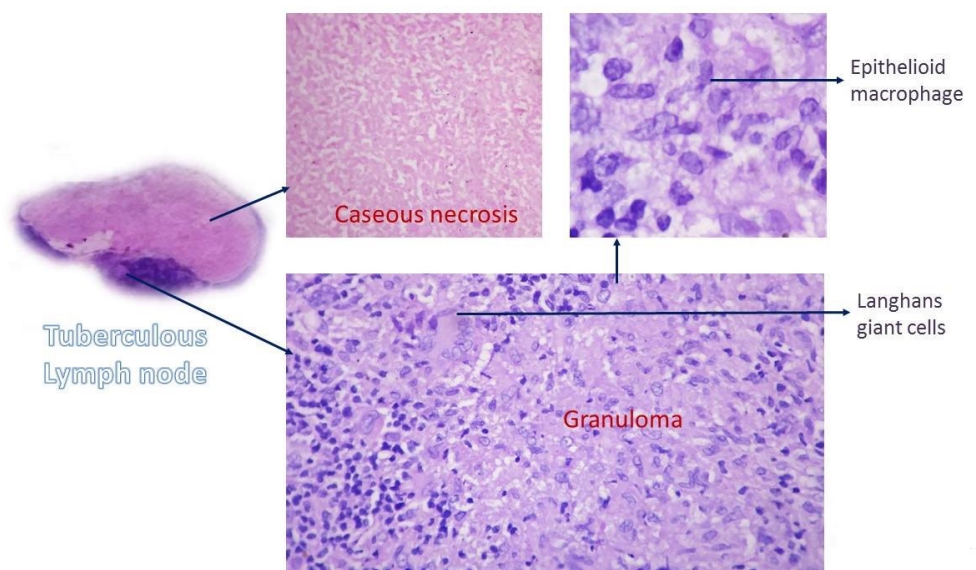
In the first 24 hrs, there is attempts of reperfusion of the already damaged myocardium. When blood reaches to these dead cells, there is also Ca^{2+} reaching which leads to contraction of the dead cells, seen as contraction band necrosis.

The features of this band :-

- i) loss of striation
- ii) Nucleus become less visible (dead cells)
- iii) Irregular dark pink.

165) A child with 15 days cough, examination shows cervical lymphadenopathy. Lymphnode biopsy shows langerhans giant cells

- a) Leprosy
- b) Tuberculosis**
- c) Sarcoidosis
- d) Syphilis



166, which of the following is the etiology of Werner syndrome with premature aging?

- a) increased length of telomere
- b) Short telomere with damaged DNA and loss of helicase
- c) Increased advanced glycation end products
- d) Decreased lipid peroxidation

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More than just notes...

Werner Syndrome

- Adult Progeria
- Premature aging syndrome
- Many metabolic and structural abnormalities affecting numerous organs
- Cells demonstrate genomic instability
- Diagnosed in middle age, die before 50
- Senile cataracts, premature balding and graying, scleroderma-like lesion on the skin
- Loss of subcutaneous tissue and muscle wasting
- Osteoporosis and aseptic necrosis
- Skin – poikiloderma, scleroderma, atrophy, hyperkeratoses and leg ulcers
- High rate of malignancy



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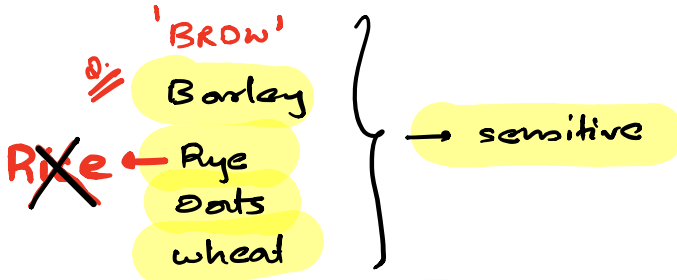
PHOTOS BY WILLIAMS AND WILKINS CO.

Taking its toll. As a teenager (left) this Japanese American looked normal, but by age 48, the effects of Werner's syndrome

167, A 20 yr old patient presented with 4/0 of malabsorption, diarrhea and poor appetite. Duodenal biopsy of the patient shows crypt hyperplasia, villous atrophy and CD8 plus cells in lamina propria. Your most probable diagnosis is

- a) Whipple d/s
- c) Celiac d/s
- b) IBD
- d) 4/c Pancreatitis

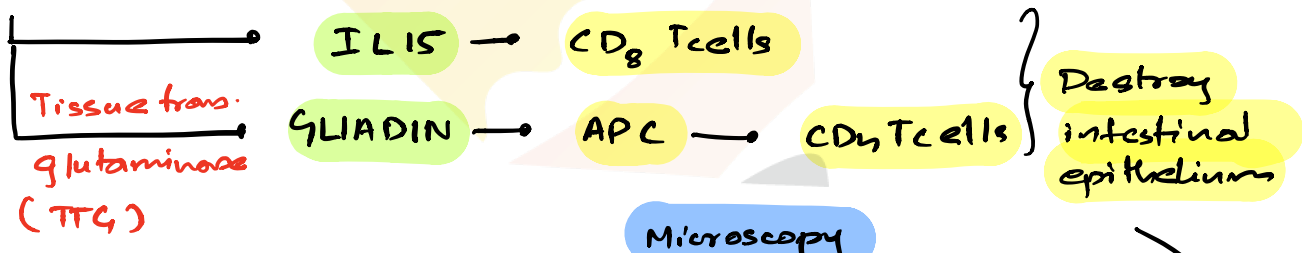
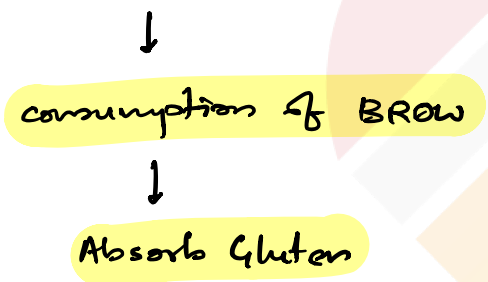
Coeliac d/s → Gluten sensitive enteropathy



ELITE PATHO

• Predisposing HLA DQ2 / HLA DQ8

In a gluten sensitive person



Microscopy

- 1) villous atrophy
- 2) crypt hyperplasia
- 3) Lymphocytes

Scoring in celiac d/s

- a) loss or shortening of villi
 - b) ↑ intraepithelial lymphocytes
 - c) Crypt hyperplasia
- MARSH'S SCORE used

- ⊕ Bloom richardsons score → Car. of Breast
- ⊕ Gleasons score → prostate Ca.
- ⊕ Thickness remains the same

serology

Anti TTG (Tissue trans glutaminase)

Anti Gliadin

Anti endomysin

Rx: Avoid **Brow foods i.e Gluten**

HGF

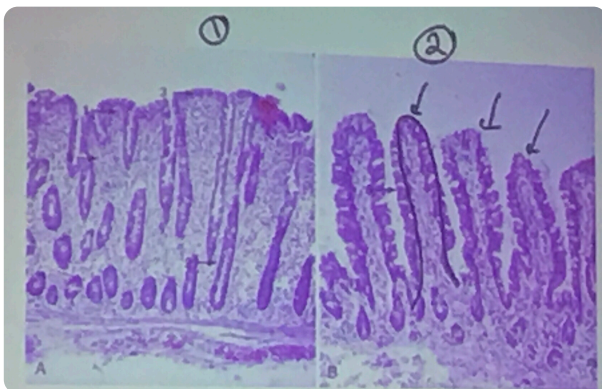
usually affects the 2nd part of duodenum or proximal jejunum.

CF of Celiac disease

- 1) Diarrhea
- 2) Fatigue
- 3) bloating
- 4) ↑ risk of Dermatitis herpetiformis
- 5, ↑ risk of **Enteropathy associated T cell Lymphoma.**

Tropical Sprue:

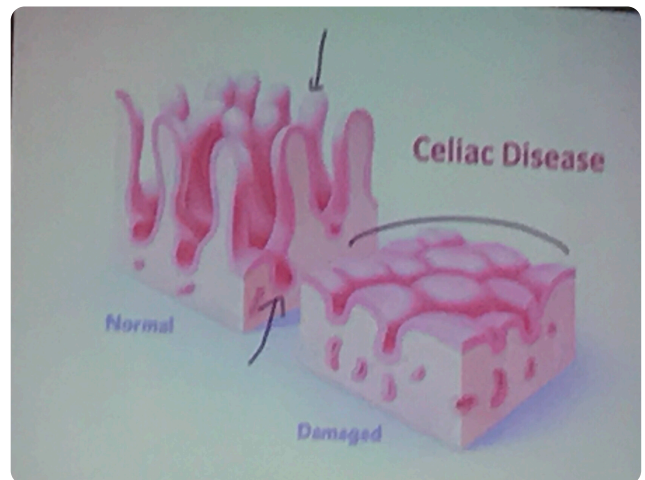
- Seen in people inhabiting tropical region
- Similar to celiac → small bowel is affected
- Unknown etiology

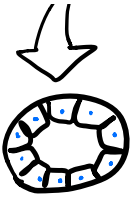


celiac d/s

normal

- villous atrophy
- crypt hyperplasia



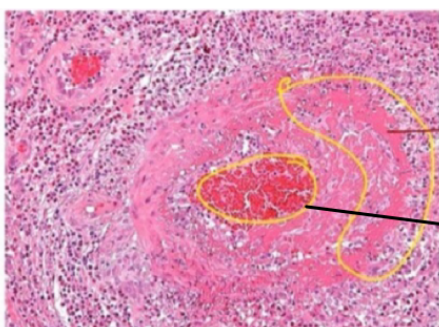


168) Which of the following is true about PAN?

- a) ANCA is +ve
- b) Patient has hypogammaglobulinemia
- ✓ c) 30% patients are HBs Ag positive
- d) Microscopy shows fibrinoid necrosis in large arteries

Polyarteritis Nodosa :

- 1) Median vessel vasculitis
- 2) Type III HSV Rx
- 3) Can involve all organs except lungs
- 4) Can affect kidney, liver, GIT etc
- 5) (MC) cause of MONONEURITIC MULTIPLEX
- 6) 30% pt are HepB surface Ag positive HBSAg ⇒ NEET PG 2020
- 7) Kidney can be affected but Glomerulonephritis is not seen
- 8) (MC) cause of mortality → Renal involvement
- 9) H&E → i) Segmental transmural necrotizing inflammation
ii) Fibrinoid necrosis
- 10) All stages of activity co-exist within different or within same vessel.



Fibrinoid }
necrosis }
RBC in lumen s/i B.V

Pure Marrow Patho

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169, which of the following is the correct statement for Huntington's Chorea?

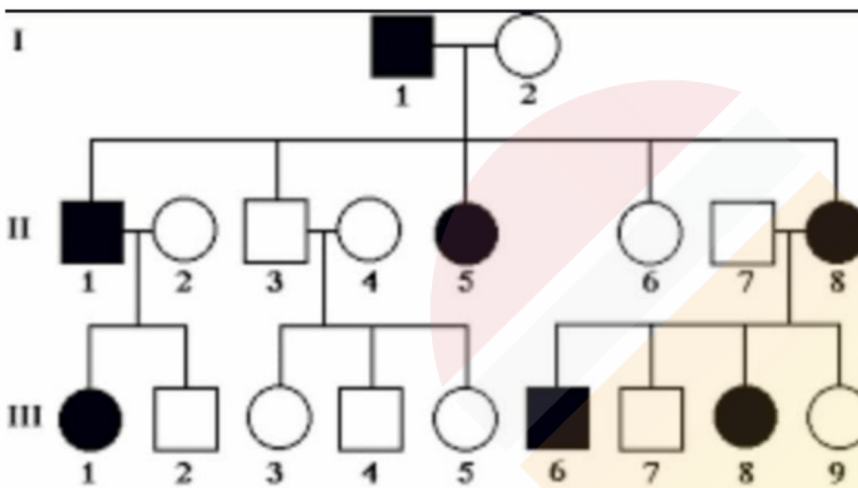
a) There is loss of function type of mutation

b) There are ab(IV) CAG repeats

c) It is a trinucleotide expansion mutation related disorder

d) Abnormality is seen due to mutation in chromosome

170, A 25yr old man presents for a routine examination. The patient is tall and on examination was found to have an early diastolic murmur. Family pedigree given. What is the mode of inheritance of the disease in this patient?



All genes are affected

+

Father transmits to both males and females

Mother also transmits to both sexes equally

a) AD

Inheritance pattern is Autosomal dominant

b) Mitochondrial

c) XLR

d) XLD

The h/o of a very tall man and heart d/s itself is suggestive of Marfan's syndrome which is an autosomal dominant disorder.

171) A 12yr old boy complains of fatigue and abdominal pain after playing football. He also complains of painful swelling of digits in the past. USG abdomen shows a small spleen. Which of the following is most likely diagnosis?

a) Iron deficiency anemia

b) Sickle cell anemia

c) A/c pancreatitis

d) Megaloblastic anemia

H/o of young boy, with dactylitis and small spleen is suggestive of sickle cell anemia. This question can also be solved by rejecting other options. It cannot be iron defn. anemia or a/c pancreatitis since they will not have small spleen.

172) A 30yr old patient complains of easy fatigability, exertional dyspnoea and weight loss. She also complains of frequent fall. There is B/L decrease in vibration sense. Her Hb levels were low. She was treated with folate. Her anemia improved but neurological symptoms worsened. Which of the following is most probable reason of her condition.

a) Folate not absorbed

b) Defn. of folate reductase in CNS

c) Unmasked pyridoxine deficiency

d) Folate therapy caused rapid use of B12 stores

aggravating symptoms.

If a patient of vit B12 deficiency anemia keeps taking folate, the anemia will improve but the neurological symptoms will worsen.

173) A 20yr old ♂ presented with 40% of fatigue and tiredness. On investigation, Hb = 9gm%. , MCV = 101 FL. PS shows macrocytic RBC's with hypersegmented neutrophils. What is the most likely diagnosis?

a) Iron deficiency anemia

b) Pb poisoning

c) C/c alcoholism → causes liver d/s

d) Anemia of C/c disease

Macrocytic anemia causes "LHMC"

i) Liver d/s

ii) Hypothyroidism

iii) vit. B12 & folate deficiency

iv) Cytotoxic drugs.

Microcytic anemia

i) IDA

ii) Pb poisoning

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More than just notes.

Zieve's syndrome

A unique form of hemolytic anemia (with spur cells and acanthocytes) called Zieve's syndrome can occur in patients with severe alcoholic hepatitis.

Tetrad of Zieve's syndrome = Alcoholic hepatitis + Hemolytic anemia (with spur cells and acanthocytes) + Jaundice + Hyperlipidemia

It usually occurs in males and resolves once alcohol consumption is stopped

174, A 30yr old woman with dyspnea, cough, sputum production and wheezing dies of respiratory failure. She was a non smoker and alcoholic. The lung autopsy is shown in the image. Which of the following underlying condition was most likely associated with pathological changes here?

NEET'19 Repeat topic

a) Cystic fibrosis

b) α -1 antitrypsin deficiency

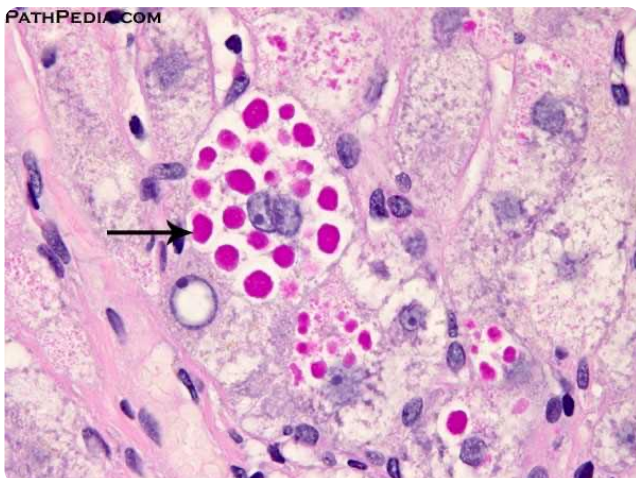
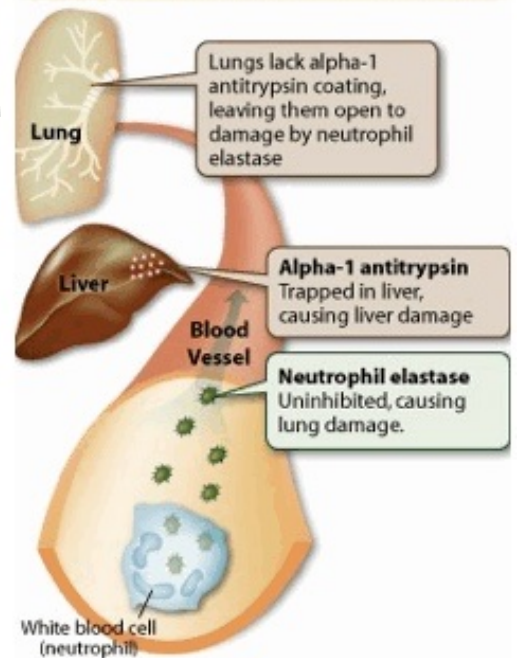
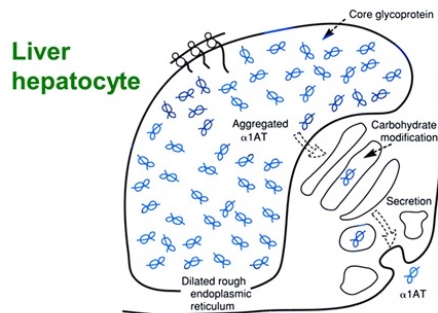
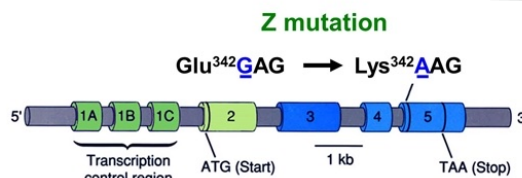
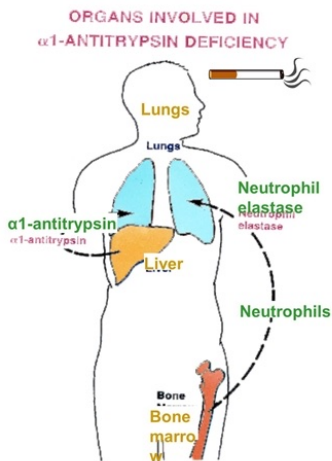
c) Mutation in dynein arm.

d) Emphysema



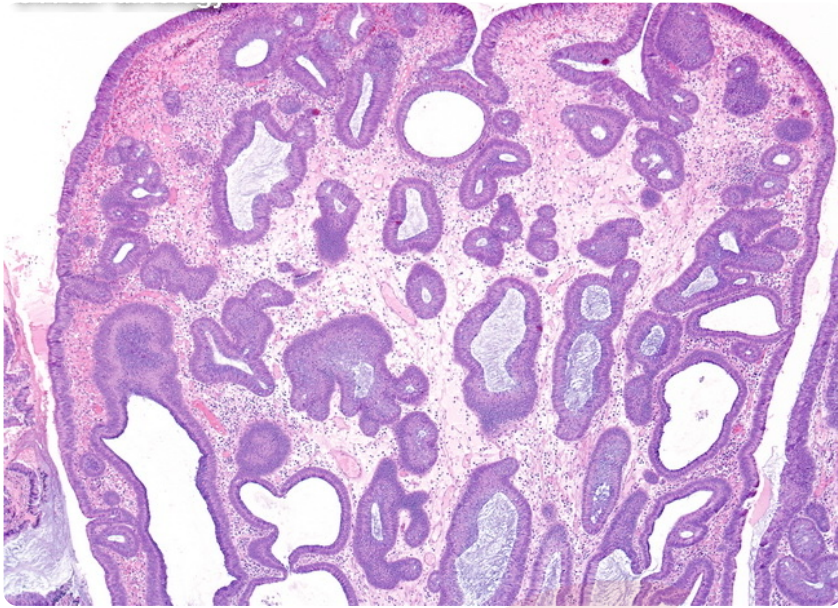
Pathogenesis of α 1-Antitrypsin Deficiency

Alpha-1 Antitrypsin Deficiency



Alpha 1 antitrypsin deficiency HPE

175, A 5yr old child presents with anal polyp. The histopathological image is shown as follows. Most likely diagnosis?

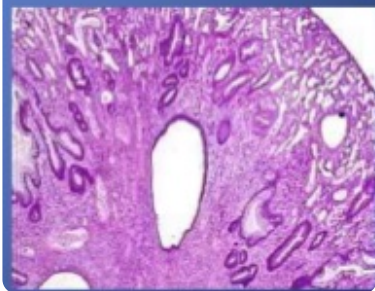
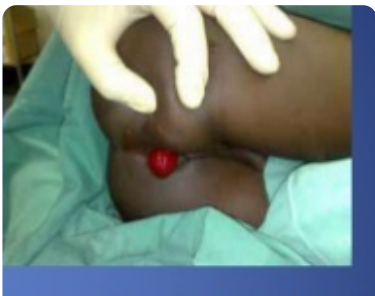


- a) Villous adenoma
- b) Juvenile Polyp**
- c) Tubular adenoma
- d) Peutz Jegher.

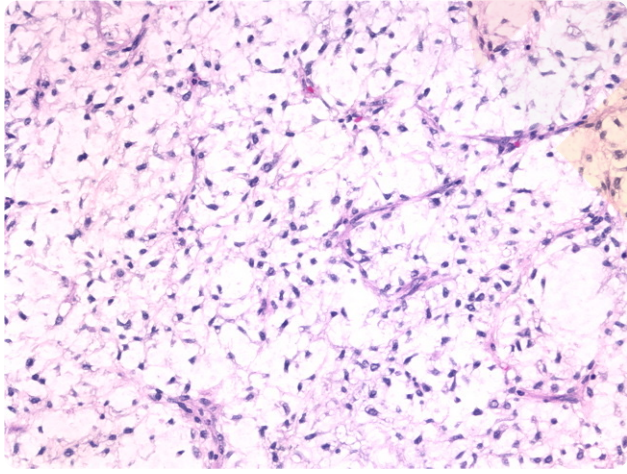
Juvenile Polyp:

- Present at 2-5yrs
- **(MC)** 80%
- Bleeding / rectum or prolapsed polyp
- Diagnosis by history, examination and colonoscopy
- Rx is polypectomy
- Histological examination is vital.

#ELITE
PATHO



176) Female in her 30s, with retroperitoneal swelling, biopsy of the swelling showed the following image and tested positive for t(12:16). What is the probable Dx?



- a) Lipoma
- b) Synovial sarcoma.
- c) Myxoid liposarcoma
- d) Pleomorphic liposarcoma

soft tissue sarcomas are freq. repeated

177) If the % of thymine residues in DNA is 28%. What is the % of cytosine?

Repeat MCQ

- a) 28%
- b) 44%
- c) 36%
- d) 22%



CHARGAFF'S RULE:

- The amount of Adenine = The amount of Thymine
- The amount of Guanine = The amount of Cytosine

$$A + T + C + G = 100\%$$

$$\frac{A}{T} + \frac{G}{C} = 100$$

$$2T + 2C = 100$$

$$2C = 100 - 2 \times 28 = 44$$

$$C = \underline{\underline{22\%}}$$

179) A patient complains of knee pain. Routine investigations are unremarkable and still, the patient is unsatisfied. Urine turns black on standing, what is the enzyme involved?

- a) Homogentisate Oxidase
- b) Xanthine Oxidase
- c) Phenyl alanine hydroxylase
- d) Dihydroorotate Dehydrogenase

Recent Repeat

• Homogentisic acid

↳ in Alkaptonuria

{ Homogentisate oxidase }

- C/F:
- does not affect life
 - pigmentation of pinnae ears and palm
 - urine becomes dark on standing

DIRECT RECALL
FROM ELITE BIOCHEM

179, Non Competitive inhibition has

a) N K_m and \uparrow sed V_{max}

~~b)~~ N K_m and decreased V_{max}

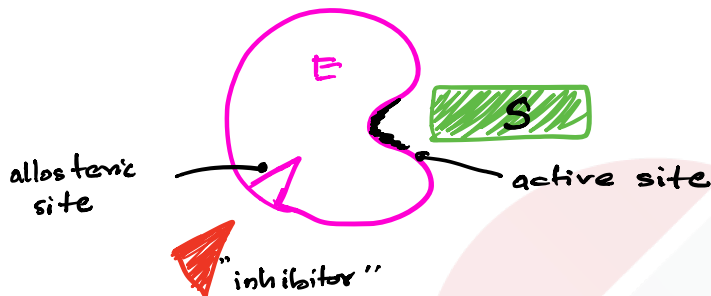
c) Decreased K_m and decreased V_{max}

d) Decreased K_m and \uparrow sed V_{max} .

Please Note:
This question has been accidentally repeated

Non competitive Inhibitor

DIRECT RECALL ELITE BIOCHEM



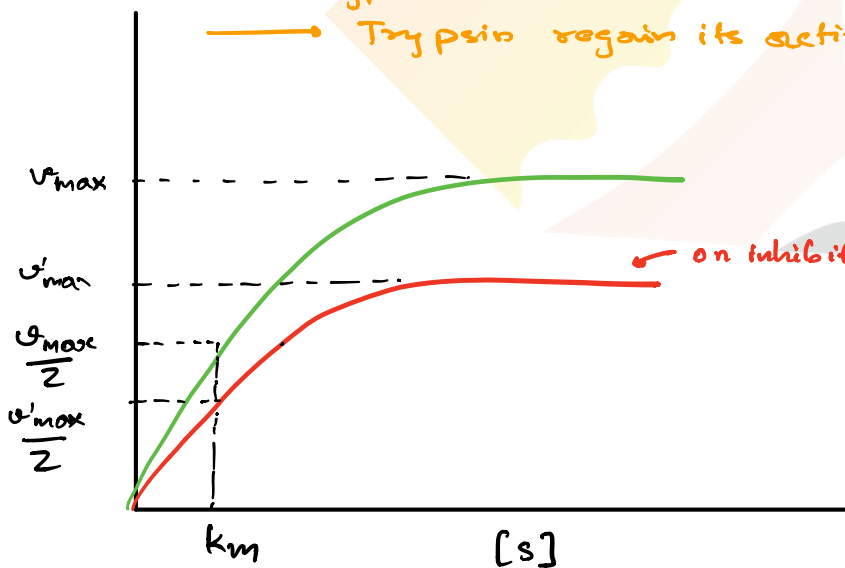
• Substrate & inhibitor are not structural analogue.

• most non competitive inhibitors are irreversible

except: Trypsin inhibitors on Trypsin

↳ Remove trypsin inhibitor from medium

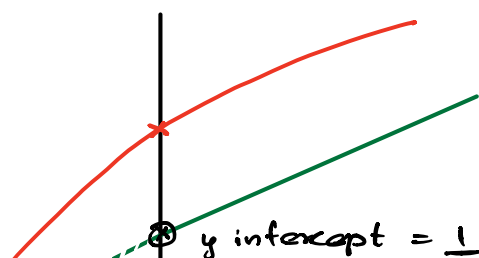
↳ Trypsin regain its action



K_m remains N but V_{max} \downarrow sed.

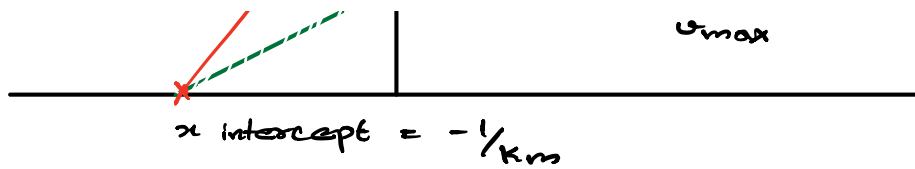
Lineweaver Burk Plot:

Non competitive inhibition \Rightarrow 'V' shaped graph.



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non competitive inhibition ::

	inhibitor
① Cyt c. oxidase	CYANIDE
② Glyceraldehyde 3 P ₂ , Dehydrogenase	IODO ACETATE
③ Aldehyde Dehydrogenase	DISULFURAM
④ Enolase	FLUORIDE
⑤ α KGDH	ARSENITE
⑥ Acornitase	Fluoroacetate

179, A female on maize as staple diet. H/o diarrhea and lesion in the neck region. It is d/t deficiency of

- a) Niacin
- b) Zinc
- c) Thiamine
- d) Riboflavin

180, Replacing alanine by which amino acid, will increase UV absorbance of protein at 280nm wavelength?

- a) Tryptophan
- b) Arginine
- c) Guanine
- d) Lysine

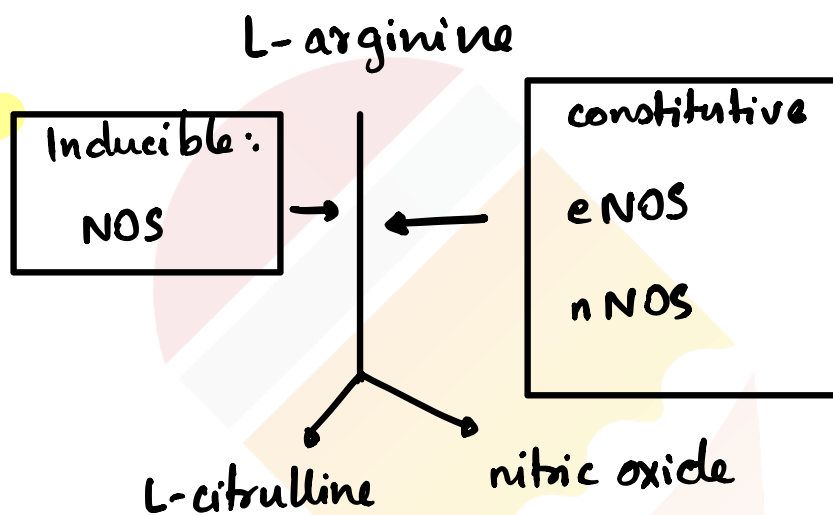
RECALL ELITE BIOCHEM

- Aromatic A.A have capability of UV absorption
- Tryptophan @ 280 nm → peak absorbance
- Porphyrin @ 405 nm → Soret Band

181, NO is synthesized from ::

- a) L-arginine
- b) L-citrulline
- c) Glycine
- d) Lysine

Elite Biochem



Low levels constitutive:

- vasodilation
- antiplatelet aggregation
- neurotransmission

High levels, inducible

- cytotoxicity

182) Apolipoprotein B48 ?

NOVEL QUESTION

a) RNA alternate splicing

b) RNA editing

c) DNA editing

d) RNA interference

183) Which absorbs least water?

a) Mucilage

b) Hemicellulose

c) Gum / lignin

d) Pectin

NEW TRENDING TOPIC

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184) Vit. B12 is found maximum in

a) Animal products

b) Green leafy vegetables

c) Roots and tubers

d) All

185) Enzyme activated by decrease in insulin: glucagon ratio.

a) Glucokinase

b) Hexokinase

c) PFK

d) Glucose 6 phosphatase

AIIMS Repeat topic

186) Proteoglycan present in Glomerular basement memb.

- a) Heparan Sulphate
- b) Keratan Sulphate
- c) Hyaluronic acid
- d) Dermatan sulphate

NEET'17 Repeat
AIIMS'19 Repeat

187) Image of Casal's necklace. Which vitamin deficiency?



- a) B12
- b) B1
- c) B2
- d) B3

Pellagra manifested by the 4D's

- ↳ Dermatitis
- ↳ Diarrhea
- ↳ Dementia
- ↳ Death

- This is the only photosensitivity syndrome where death is included as a cardinal clinical feature.
- Due to Niacin deficiency
- Ax: Nicotinic acid.

188) A 45yr old presents with paresthesia. Hb = 6.8 g/dL Peripheral smear shows macrocytes and neutrophils with hypersegmented nuclei. Endoscopy reveals atrophic gastritis. Which of the following deficiency is more likely?

- a) Vit. B12 deficiency
- b) Niacin deficiency
- c) Riboflavin deficiency
- d) Folate deficiency

sol. Condition s/i Macrocytic anemia → Folate def. or Vit. B12 def.

Atrophic gastritis → loss of parietal cells which leads to Iron deficiency and Vit. B12.

∴ Vit B12 def. is the answer

189, In a preterm baby with respiratory distress syndrome, which of the following lipid would be deficient?

- a) Sphingomyelin
- b) Cardiolipin

✓ d) Dipalmitoyl phosphatidyl choline

- d) None of the above

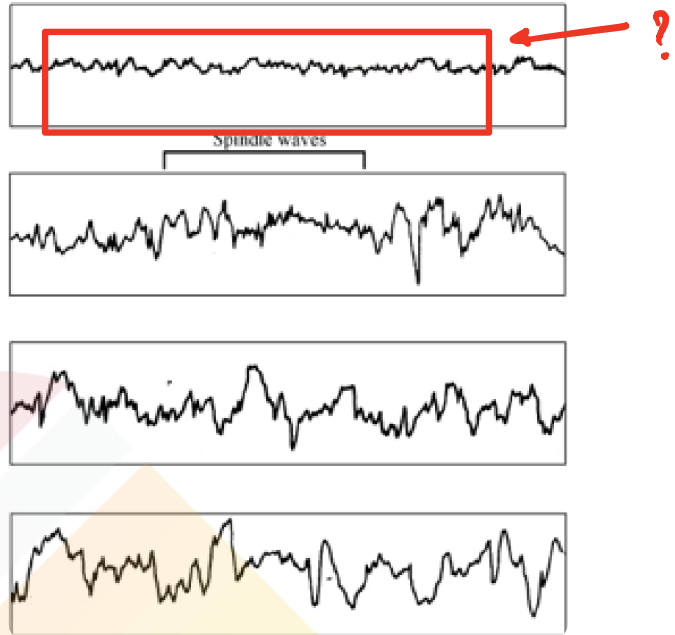
190, Which of the following drugs acts by inhibiting the transcription of DNA to RNA?

- a) Novobiocin
- b) Nitrofurantoin
- c) Ciprofloxacin
- ✓ d) Rifampicin

Drug RIFAMPICIN is freq. tested topic

191) Identify the sleep wave marked in the EEG during sleep wake cycle.

- a) Sleep stage 1
- b) Sleep stage 2
- c) Sleep stage 3
- d) REM Sleep**



"Mnemonic" → AT NIGHT BATS DRINK BLOOD

Awake Beta waves		⇒ <u>B</u> wave → Eye open
Drowsy, Relaxed Alpha waves		⇒ <u>A</u> wave → Eye closed
Stage 1 Sleep Theta waves		⇒ <u>T</u> wave → NREM ①
Stage 2 Sleep Sleep spindles, K complexes		⇒ <u>S</u> pindles → NREM ②
Stage 3/Stage 4 Sleep Delta waves		⇒ <u>D</u> elta → NREM ③ ④
REM Sleep Fast, random		⇒ <u>R</u> wave → REM & Paradoxical

↳ B occurs during eye open but during REM B can occur and this is why REM is k/a paradoxical sleep.

B waves = Highest freq. lowest amplitude

D wave = Highest amplitude and lowest freq.

192) In a preterm baby with respiratory distress syndrome which type of cell is deficient?

a) Type 1 alveolar cell

b) Type 2 alveolar cell

c) Alveolar capillary endothelial cells

d) Bronchial mucosal epithelial cells

Fetus → After birth

- Lung expands due to inspiring air
- surfactant keeps the lung from collapsing

• deficiency of surfactant → Respiratory Distress Syndrome



Type 2 alveolar cell produce surfactant and they are def.

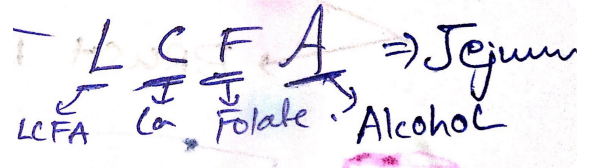
193) A young man met with a motor bike accident and had injury to ileum and jejunum. Therefore the entire ileum and partial jejunum was resected. Which of the following would the patient suffer from?

a) Vit. B12 deficiency

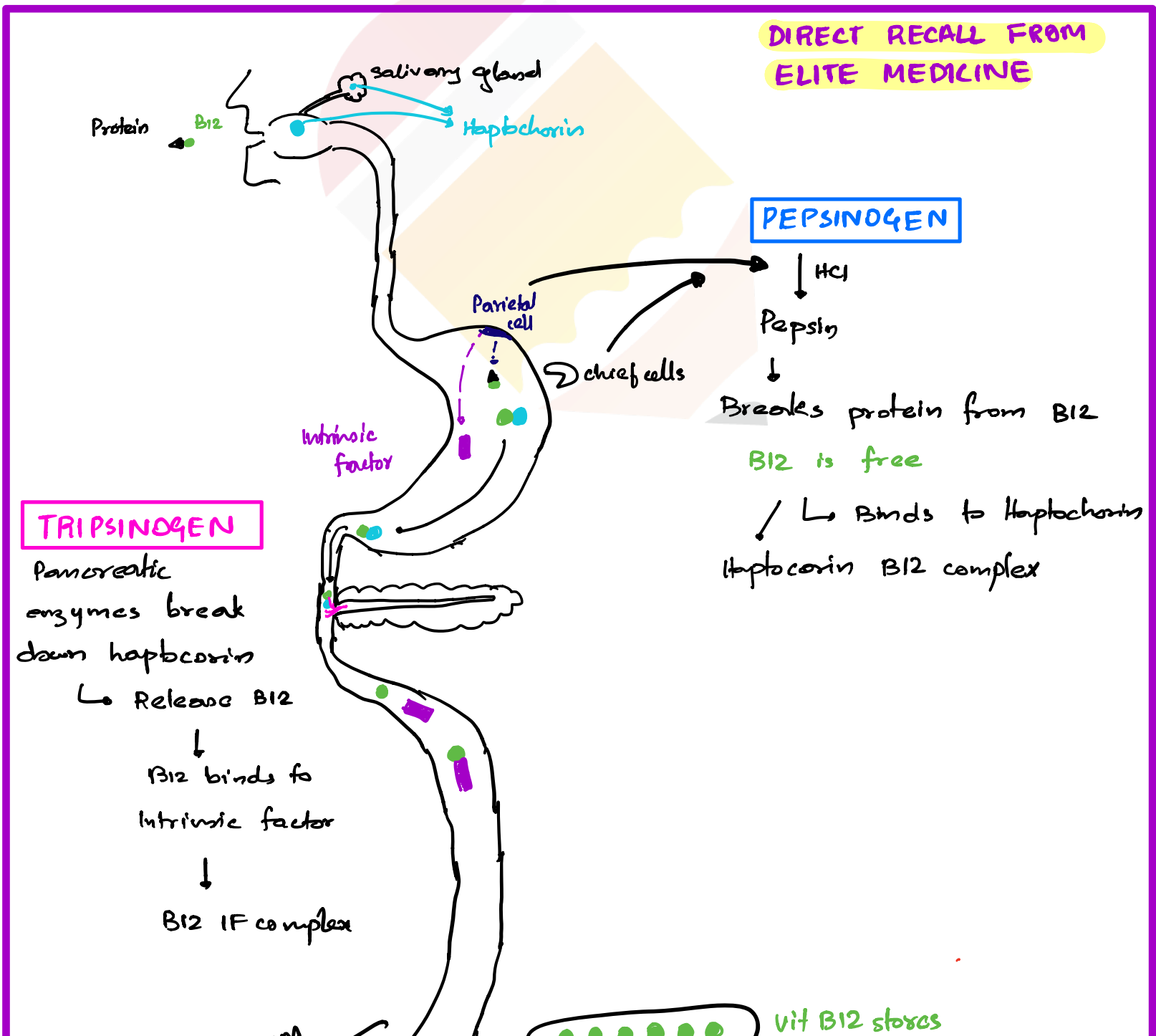
b) Constipation

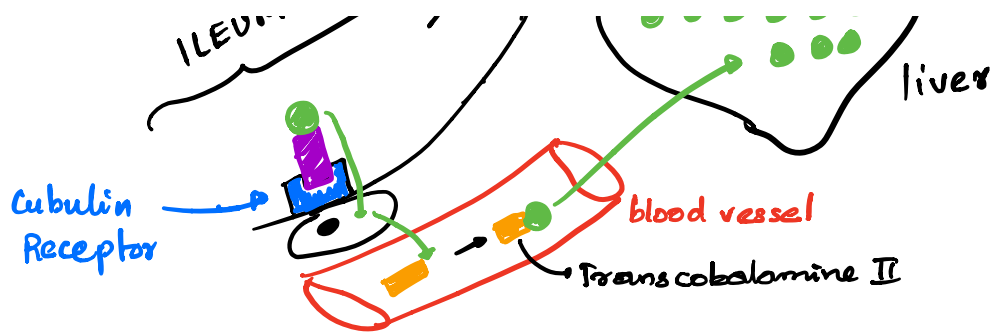
- c) Gastric ulcer
- d) GI bleeding.

vit B12 defn $\xrightarrow{d/t}$ i) Gastrectomy
 ii) Terminal ileal resection.



Materials absorbed from jejunum (mnemonic)





194) A 35yr old female was watching TV for long hours with hands under the head. She complains of tingling sensation over the arm. Which type of nerve fiber is most likely to be affected?

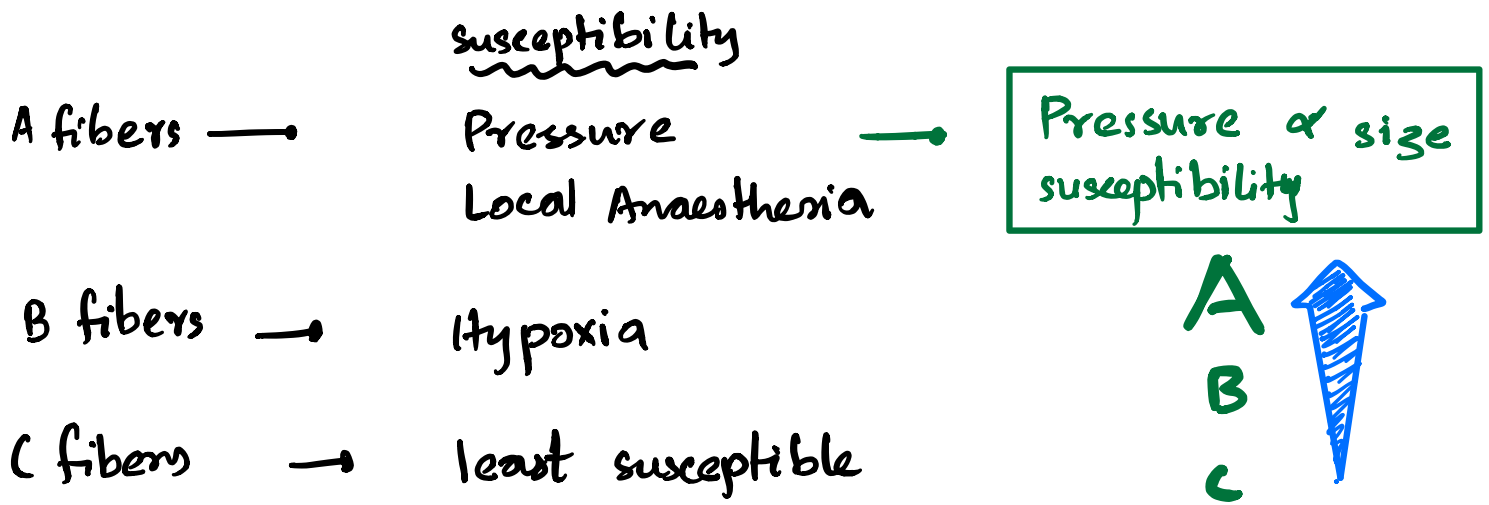
- a) A
- b) B
- c) C
- d) Sympathetic

Repeat Topic NEET
Controversies won't be asked (L.A)

Fiber type	Diameter(m)	Conduction velocity(m/s)	Function
A			
α	12-20	70-120	Proprioception: somatic motor
β	5-12	30-70	Touch, pressure
γ	3-6	15-30	Motor to muscle spindles
δ	2-5	12-30	Pain, cold, touch
B	<3	3-15	Preganglionic autonomic
C			
Dorsal Root	0.4-1.2	0.5-2	Pain, temperature
Sympathetic	0.3-1.3	0.7-2.3	Postganglionic sympathetic

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195, The reflex in which there is inhibition of gastric emptying when there is acid and hypertonic solution in the duodenum.

a) Enterogastric

- b) Gastrocolic → increase in motility of colon in response to stretch in the stomach
- c) Gastroileal
- d) Myentric

} responsible for the urge to defecate after a meal

Acid in duodenum



low pH



decreases the release of Gastrin from G cells of the antrum of stomach



inhibits gastric & also gastric emptying motility

Gastroileal reflex : peristalsis in the ileum and opening of ileocecal valve in response to food in the stomach

196, In multiple sclerosis, slow conduction of motor and sensory pathway is d/t .

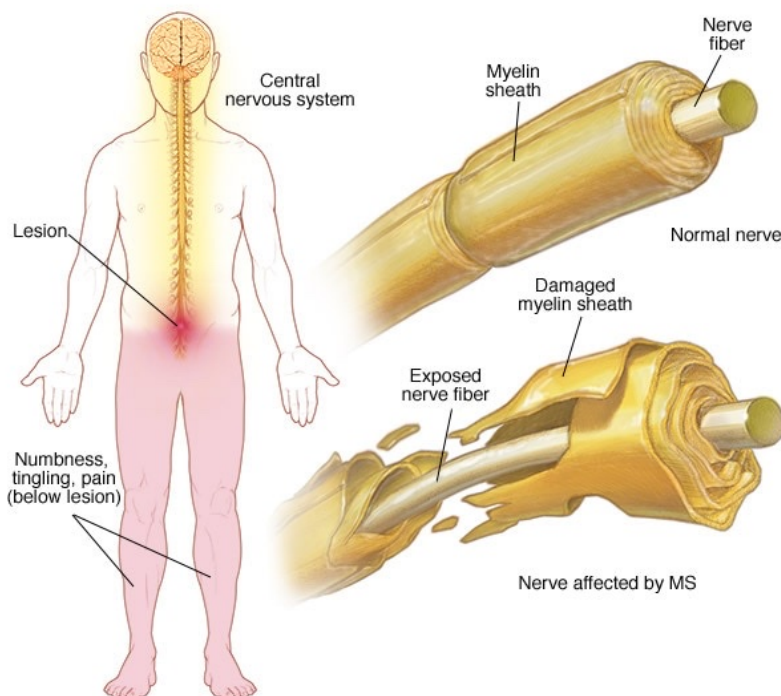
a) Defect in node of ranvier

~~b)~~ Loss of myelin sheath

c) Leaking sodium channel

d) Oligodendrocyte

M.S = Auto Ab against myelin sheaths



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197) Proteoglycan present in glomerular basement membrane.

- a) Keratan Sulphate 1
- b) Keratan Sulphate 2
- c) Heparan Sulphate**
- d) Chondroitin Sulphate

GBM →

- Lamin
- Type IV Collagen
- Nidogen
- Heparan Sulphate (-ve charge to membrane)



198) Which of the following clotting factor in a patient on warfarin therapy, would have decreased gamma carboxyglutamate residue?

- a) Factor 2**
- b) Factor 11
- c) Tissue factor
- d) Factor 5

Warfarin therapy

→ Reduce the activity of Vit. K dependent carboxylase



Secretion Vit. K dependent clotting factors

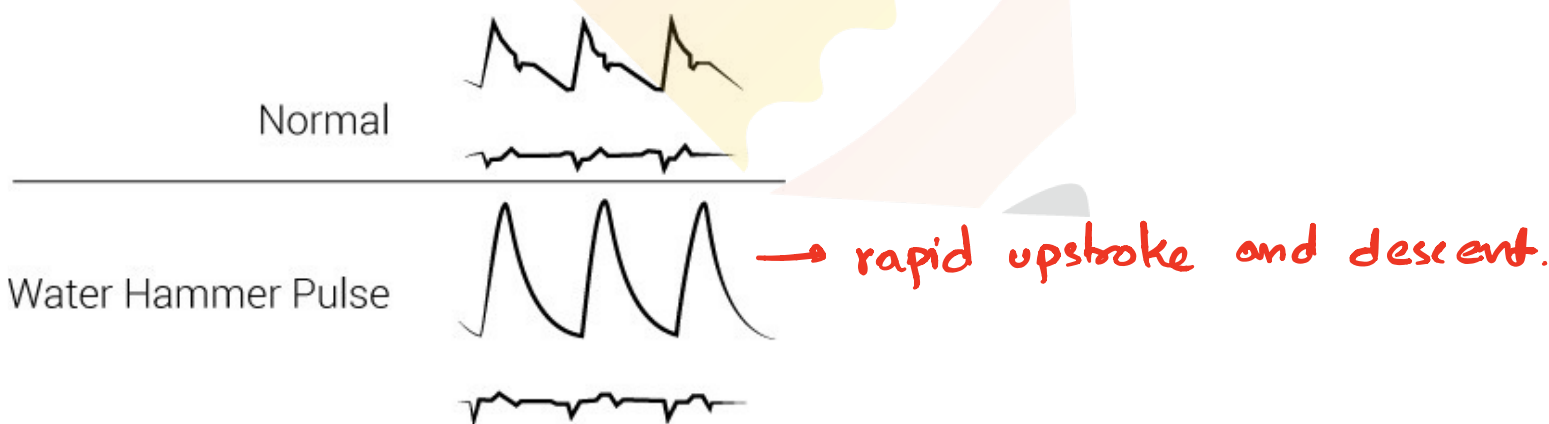


Factor II, VII, IX, X, Protein C, S

199, Water hammer pulse is s/i

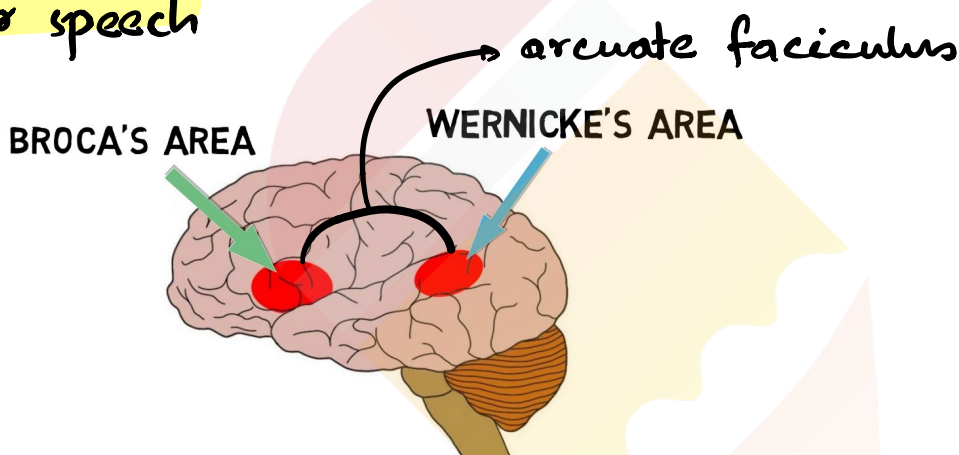
- a) ~~Aortic regurgitation~~
- b) Mitral stenosis
- c) Aortic stenosis
- d) Ventricular failure

Water hammer Pulse / Corrigan's pulse / Collapsing pulse ::



200, A 65 yr old lady presents with a vascular injury to the inferior frontal gyrus. Which functional area would mostly be affected?

- a) Visual
- b) Auditory
- c) Wernicke
- d) Motor speech



Aphasia = abnormality of language or speech that are not d/t defects of vision / hearing /

motor paralysis

- But d/t damage to the speech areas of the brain.

Broca's area	Wernicke's area
<ul style="list-style-type: none">• Brodman 44, 45• Inferior frontal Gyrus• Motor area of speech• Produce speech• Damage = Non fluent aphasia <p>↳ MOTOR APHASIA</p>	<ul style="list-style-type: none">• Brodman 22• Superior temporal Gyrus• Sensory area of speech• Comprehension of speech• Damage = fluent aphasia <p>↳ SENSORY APHASIA</p>

Arcuate fasciculus → connects Broca's & Wernicke's
damage: conduction aphasia

201, A boy met with a motor bike accident. CT brain shows injury to posterior end of superior temporal gyrus. He is likely to suffer from :-

- a) **Fluent aphasia**
- b) Non fluent aphasia
- c) Conduction aphasia
- d) nominal aphasia

202, The lab reports of a patient given below

$$pH = 7.2$$

$$HCO_3^- = 10 \text{ mEq/L } \{ \downarrow \text{sed} \}$$

$$PCO_2 = 30 \text{ mmHg}$$

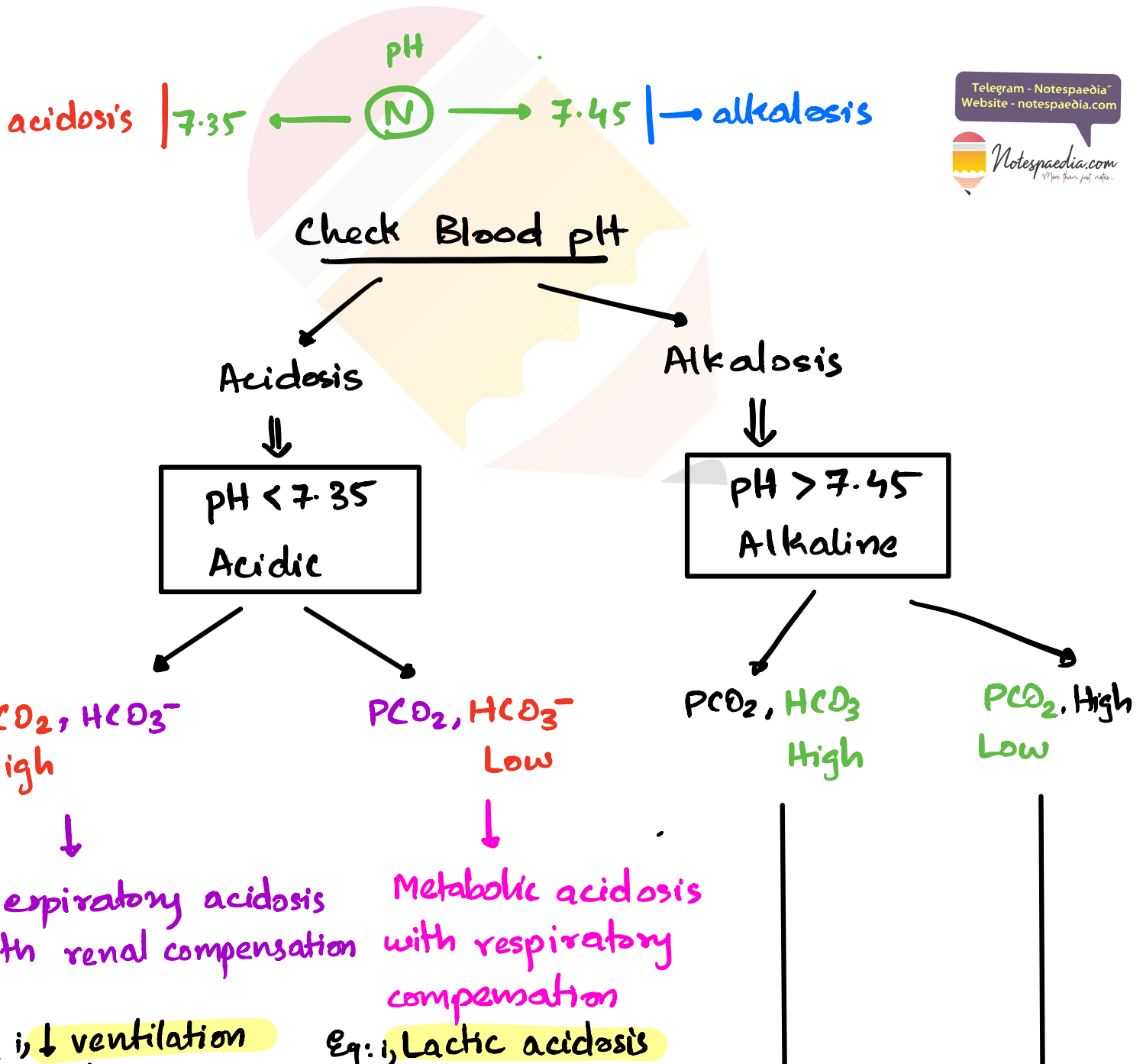
This exemplifies which of the following disorder

a) Respiratory acidosis

b) Respiratory alkalosis

c) Metabolic acidosis

d) Metabolic alkalosis



- ↓
- damage to resp. center
- weakness to resp. muscle

- ii) DKA, starvation
- iii) R.F
- iv) Diarrhoea

Metabolic alkalosis with respiratory compensation

Eg.: Aldosterone

- Thiazide
- Vomiting of gastric contents

Respiratory alkalosis with renal compensation

• ↑ ventilation



203) A 55yr old male presents with tachypnea and mental confusion. Blood glucose 350mg/dL. pH = 7.0. What is the most likely acid base d/o.

- a) Metabolic alkalosis
- b) Respiratory alkalosis
- c) Metabolic acidosis
- d) Respiratory acidosis

• The condition of patient is D.K.A

204) In which of the following condition elevated ACTH and cortisol levels in comparison to a (N) individ. in the evening.

- a) Addison d/s
- b) (N) person after giving dexamethasone → ↓ ACTH ↓ cortisol
- c) (N) person after waking up in morning

Warning:
The accuracy of the recall is yet to be confirmed by Faculty and chief editor. The question will be updated soon in Notespaedia Telegram group.

d) Cushing's syndrome

↳ cortical awakening response.

Addison d/s :

• 1° adrenal insufficiency d/t to d/s that destroy the adrenal cortex.

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More than just notes...

• cortisol ↓ , ACTH ↑

205) Blood stored in citrate - phosphate - dextrose is better for hypoxic patients, than acid - citrate dextrose because :

a) It has less p50

b) It is less acidic

✓ c) The fall in 2, 3 DPG is less

d) None of the above

↓
↓ 2, 3 DPG

not used in hypoxic pt.

Citrate phosphate dextrose medium :: storage of blood substantially reduces the rate of 2, 3 DPG depletion

• Better preferred in hypoxic patient.

206) when V_a/Q is ∞ , it means

Previous Repeat

✓ a) Partial pressure of alveolar gas is same as dead space

b) The pO_2 of alveolar air is 159 mmHg and PCO_2 is 40 mmHg

c) Partial pressure of O_2 and CO_2 are equal

d) No diffusion of O_2 from alveoli to blood and CO_2 from blood to alveolar gas.

$\frac{V_a}{Q}$ = ventilation perfusion ratio

Ⓝ: 4.2 L/min / 5.5 L/min

Ⓝ = 0.8

∞: when $Q = 0$ = dead space

207) C wave in JVP is d/t

✓ Bulging of tricuspid valve during the isovolumetric contraction phase

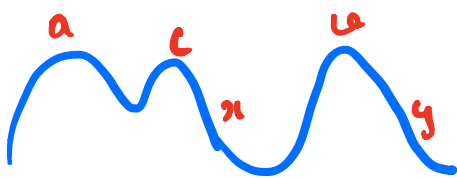
Recent Repeat

b) Atrial systole

c) Passive filling ventricle

d) Atrial relaxation.

JVP waveform:



a = atrial contraction

c = tricuspid

x descent = Atrial relaxation

v = atrial venous filling

y = atrial emptying

208) Impaired function of aquaporin results in

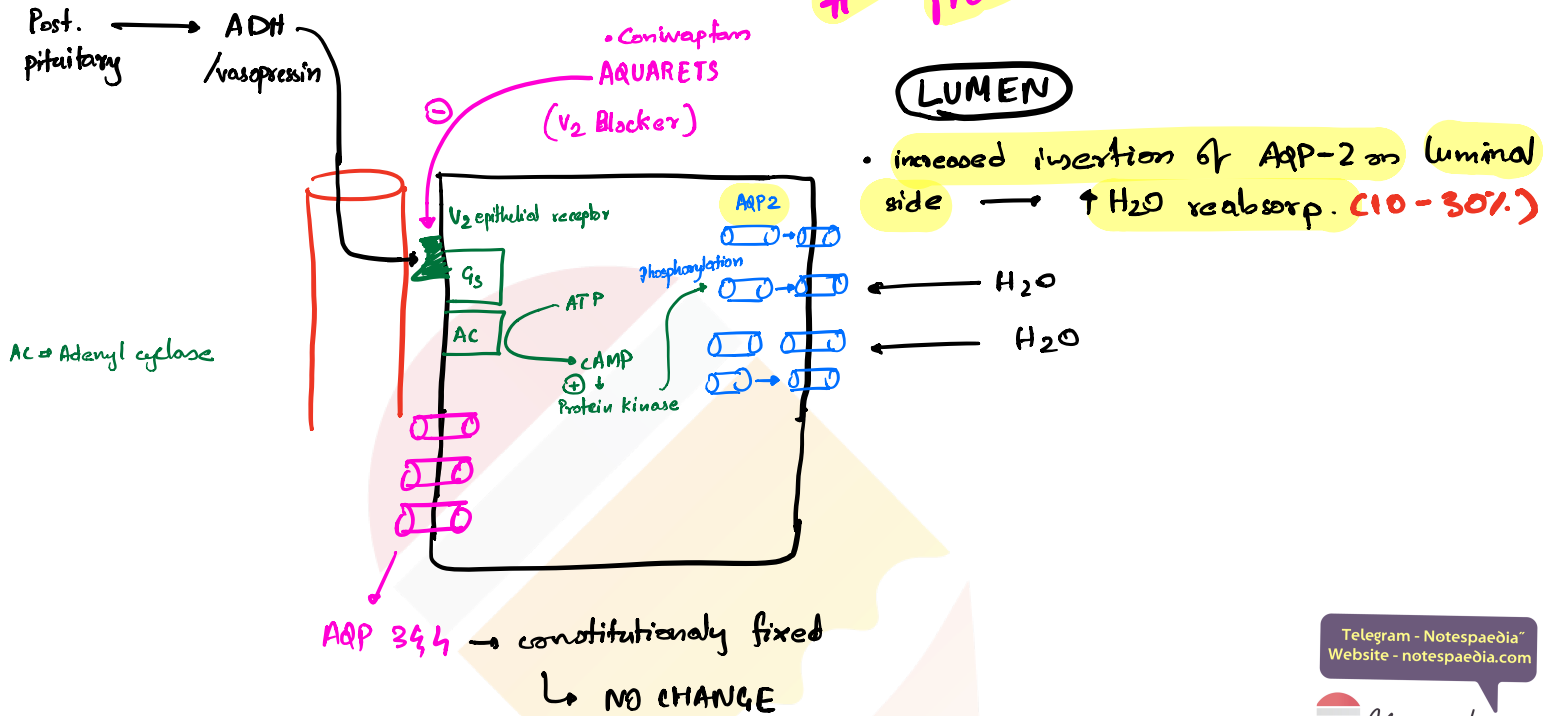
✓ a) Nephrogenic DI

b) Liddle syndrome

c) Cystic fibrosis → mutation of CFTR gene { Cl⁻ channel }

d) Bartter Syndrome

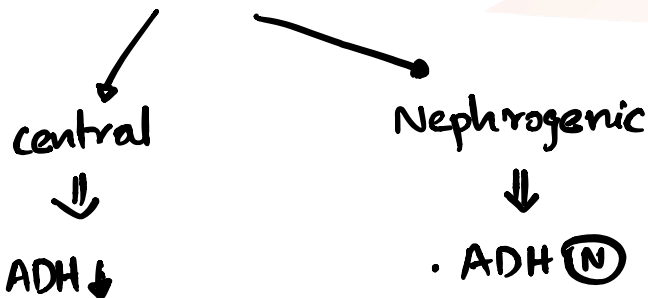
CELLULAR ACTION OF ADH



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Diabetes Insipidus



• Mutation of V₂ Receptor / AQP 2

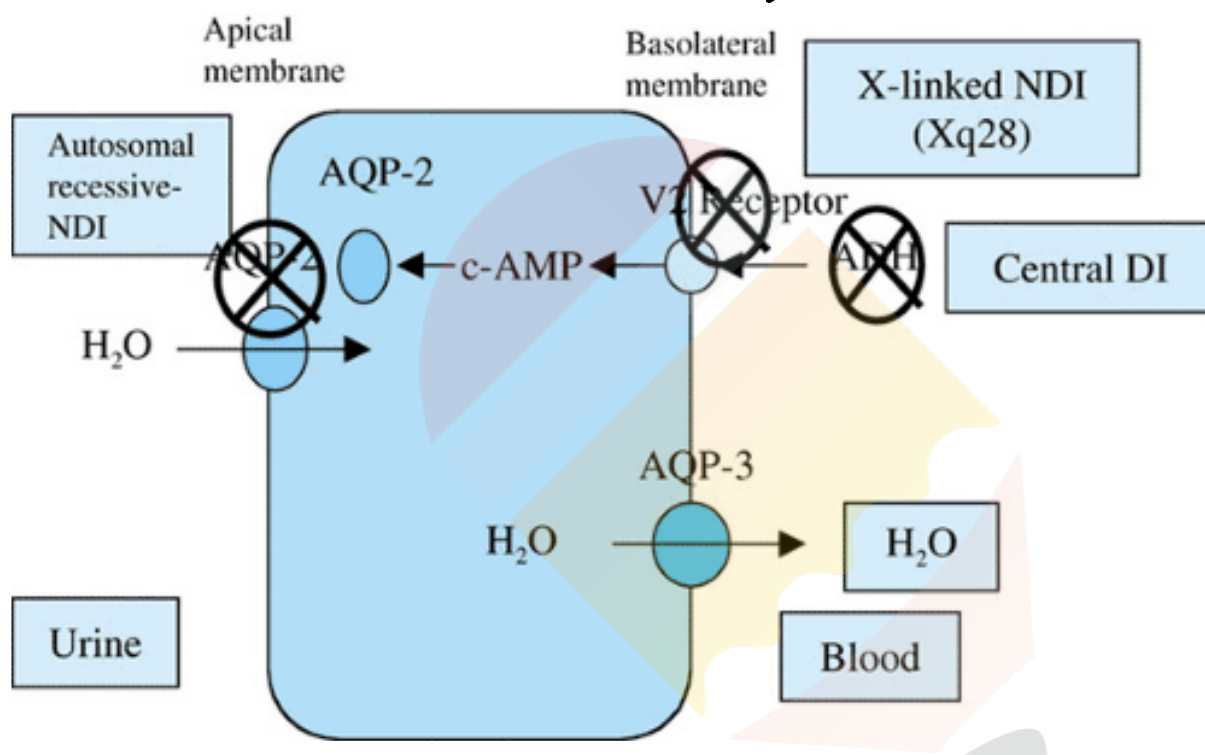
Bartter Syndrome → Loss of function mutation of any of the channels in thick ascending limb.

The channels are ::

- i) Type 1 NKCC
- ii) Type 2 ROMK
- iii) Type 3 Cl⁻ channel
- iv) Type 4 Barttin

Gitelmann syndrome → Defect in NaCl symporter in DCT

Liddle's Syndrome → Gain of function of ENaC & Collecting duct



Etiology	Contributors
Acquired	
Drug-induced	Demeclocycline, lithium, cisplatin, methoxyflurane
Infiltrating lesions	Sarcoidosis, amyloidosis, multiple myeloma, Sjogren's disease
Electrolyte imbalance	Hypercalcemia, hypokalemia
Vascular	Sickle cell disease
Congenital	
Autosomal recessive mutations	Mutations in AQP2
X-linked recessive mutations	Mutations in V2R

AQP2: Aquaporin 2, V2R: Vasopressin-2-receptor

209) As per NCEP - ATP III, which is not included in metabolic syndrome.

a) Hypertriglyceridemia

b) High LDL

c) Central Obesity

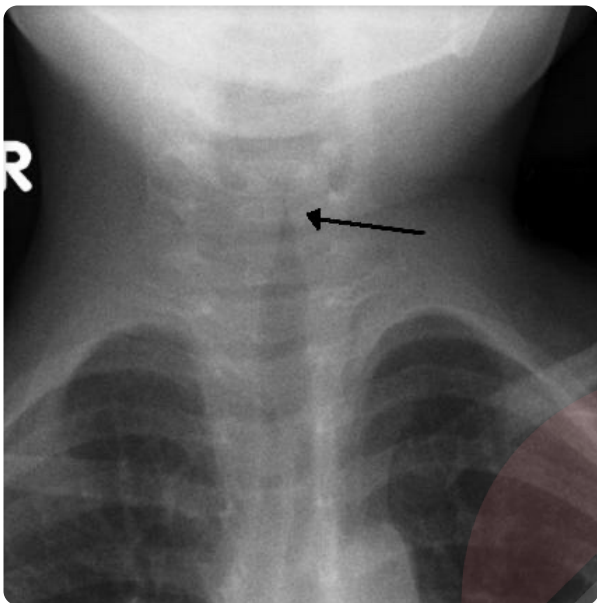
d) Hypertension

NCEP - ATP III ⇒ National cholesterol Education program and adult treatment panel III

Metabolic syndrome is present if **three or more** of the **following five criteria** are met:

- i) waist circumference over 40 inches (men) or 35 inches (women)
- ii) blood pressure over 130/85 mm Hg
- iii) Fasting triglyceride (TG) level over 150mg/dL
- iv) Fasting high-density lipoprotein (HDL)
- v) Cholesterol level less than 40mg/dL (men) or 50mg/dL (women)
- vi) Fasting blood sugar over 100mg/dL.

210) Identify the diagnosis of the particular Xray?



- a) Epiglottitis
- b) Foreign body swallow
- c) Retropharyngeal abscess
- d) A/c Laryngobronchitis

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More than just notes...

Recent NEET Repeat

- The following Xray shows steeple sign
- S/i A/c Laryngotracheobronchitis / croup
- Organism: Parainfluenza virus
- Presents with barking cough along with fever and

stridor.

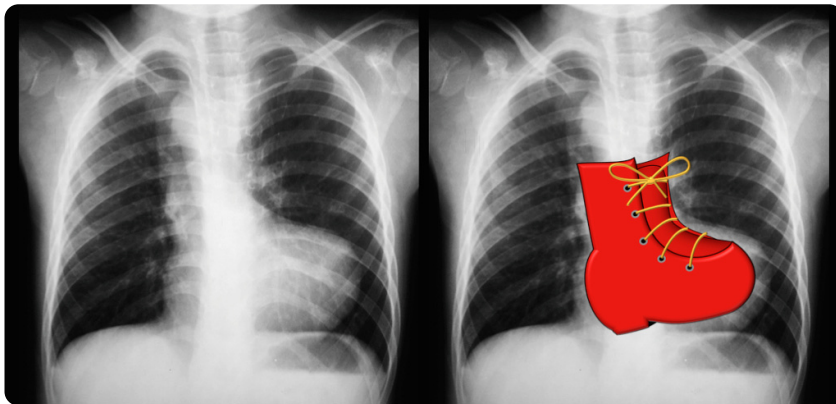
- Mx : supportive

21) What is likely diagnosis of following CXR ?



- a) Tetralogy of fallot
- b) TAPVC
- c) Ebstein's anomaly
- d) VSD

NEET '19 Repeat



- Boot shaped heart s/i TOF.
- a.k.a coeur-en-sabot

NEET '19

Cause of boot shaped heart

- d/t upturning of apex
- Right ventricular hypertrophy

- Concavity d/t ↓ pulmonary blood flow.

(MC) condition associated with coeur-en-sabot is . TOF
sometimes → Tricuspid atresia

22) Pulmonary plethora s/i

✓ a) TAPVC

- b) Tricuspid atresia
- c) Ebstein anomaly
- d) TOF

JIPMER '19

Partial TAPVC → Scimitar sign

Pulmonary plethora is s/i → CXR



prominent pulmonary vascular markings



d/t ↑ PBF

Acyanotic

- VSD
- PDA
- ASD (large)

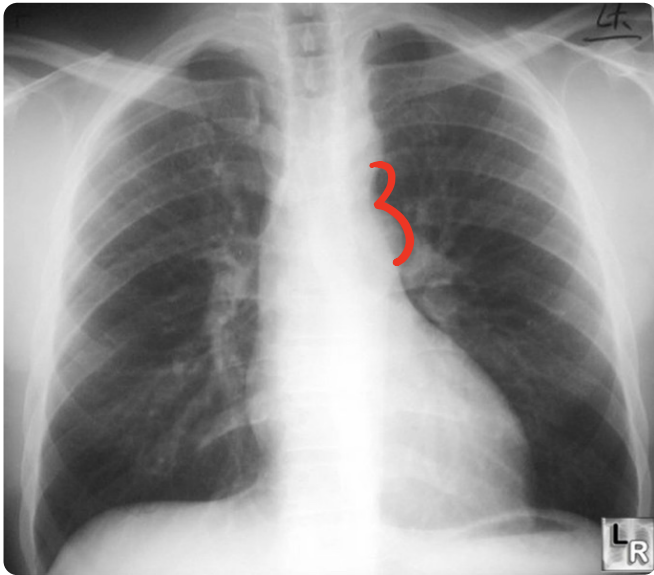
Cyanotic

- TAPVC
- TGA

Pulmonary Oligemia → ↓ PBF ^{s/i} → TOF

- Ebstein anomaly
- Tricuspid atresia

213) A 20 yr old man with hypertension has following CXR finding with aortic shadow as below what could



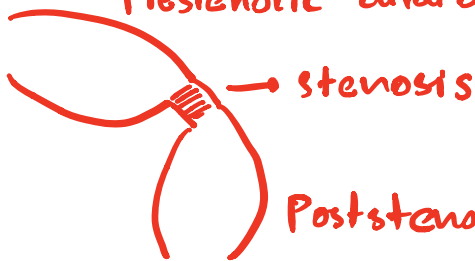
be the most likely cause?

- a) Coarctation of Aorta
- b) Aortic aneurysm
- c) Aortobacteritis
- d) Essential Hypertension

s/i Coarctation of Aorta

→ Reverse 3 sign.

Prestenotic dilatation of Aorta



Poststenotic dilatation of Aorta

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Xray shows ⇒ 3 sign s/i coarctation of Aorta.

21) A 5yr old male child presented to the clinic with h/o of recurrent infections. D/c the child had rashes as shown below. Routine blood investigations revealed the patient had low platelets. Which of the following is the probable diagnosis in the kid?

Warning:
The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespaedia Telegram group



- a) Job syndrome (2019 NEET)
- b) Wiskott Aldrich syndrome
- c) HSP
- d) Measles

eczema like rash

Wiskott Aldrich syndrome

- x linked recessive
- WASP gene mutation
- more in boys
- low plt. count
- ↓sed immune response to polysaccharide Ag.

215, A child with coarse facial features, hypercalcemia and cardiac findings / murmur. suggestive of supraventricular AS, likely defect is ?

Williams Syndrome

- b) DiGeorge Syndrome
- c) Prader Willi Syndrome
- d) Angelman Syndrome

William's syndrome :



Repeat NEET Topic

- William C.F
- mutation @ $7q11.23$
 - C/F ::
 - i) depressed nasal bridge
 - ii) Hypertelorism
 - iii) Prominent and wide fitrum
 - iv) wide oral aperture

ELFIN FACIES

- ⊕. ↓ I.Q
- HTN
- Cocktail personality: over friendly.

216) Greenish-black thick stool in neonate was observed after delivery. Reason for this could be d/t ?

- a) Meconium
- b) Bile pigments like Biliverdin
- c) Bilirubin excretion
- d) Gut Bacterial flora



Sakshi Arora Hans ▶ Marrowlings

Dr. Sakshi Arora
FB post

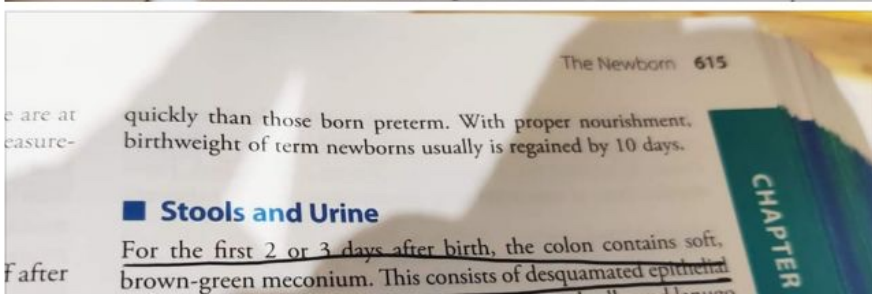
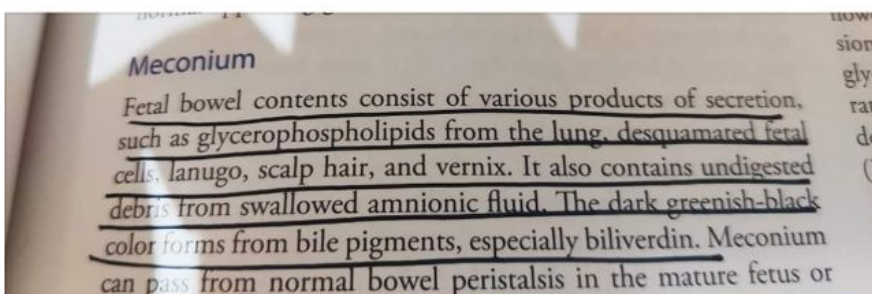
The color of meconium is green due to ...

Answer Biliverdin

Attaching a screenshot from willis obs 25/e

2nd version of question....the first stool passed by newborn I'd green due to

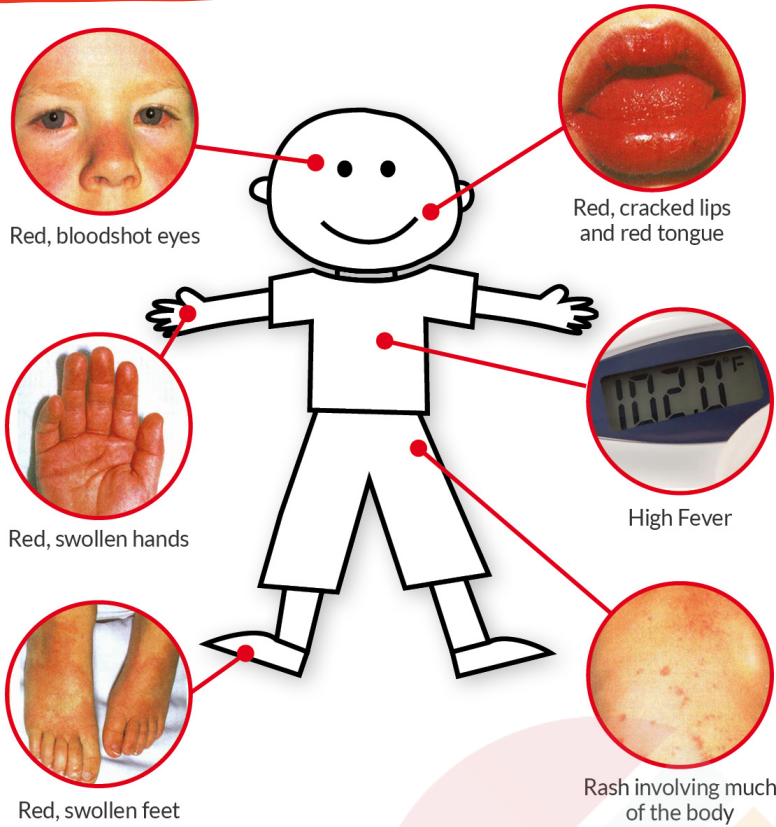
Then also answer ... Biliverdin



217) Child with fever x 5 days, conjunctivitis, cervical Lymphadenopathy > 1.5 cm N/L, erythema and desquamation, oral mucosa reddish. Diagnosis?

- a) Kawasaki d/s
- b) scarlet fever
- c) measles
- d) HSP

KAWASAKI DISEASE SYMPTOMS:



218, In a fetus highest O_2 conc. found in ?

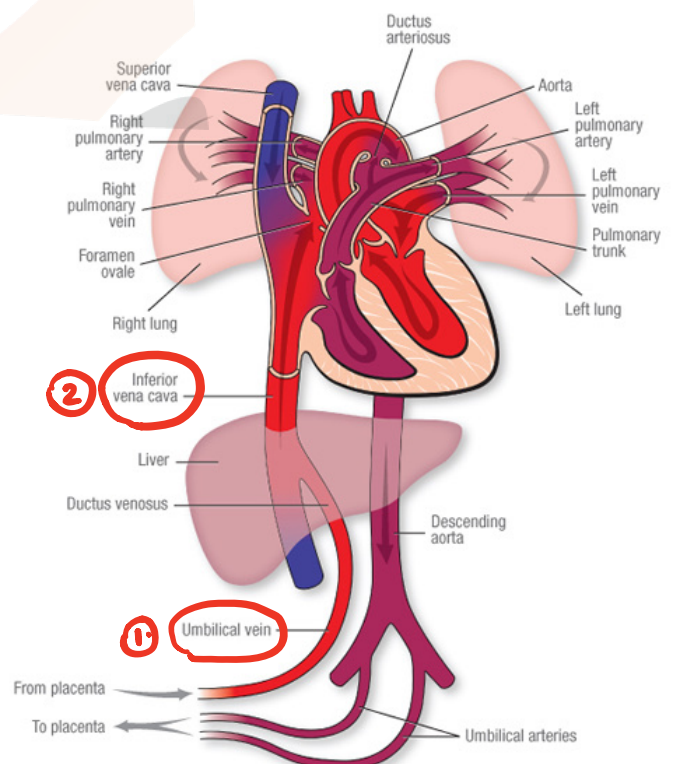
- a) SVC
- b) IVC
- c) Right Ventricle
- d) Aorta

Fetal circulation freq. tested topic

Highest O_2 conc

Umbilical vein > IVC
> SVC = RA = RV >
Umbilical artery

FETAL CIRCULATION



Warning:

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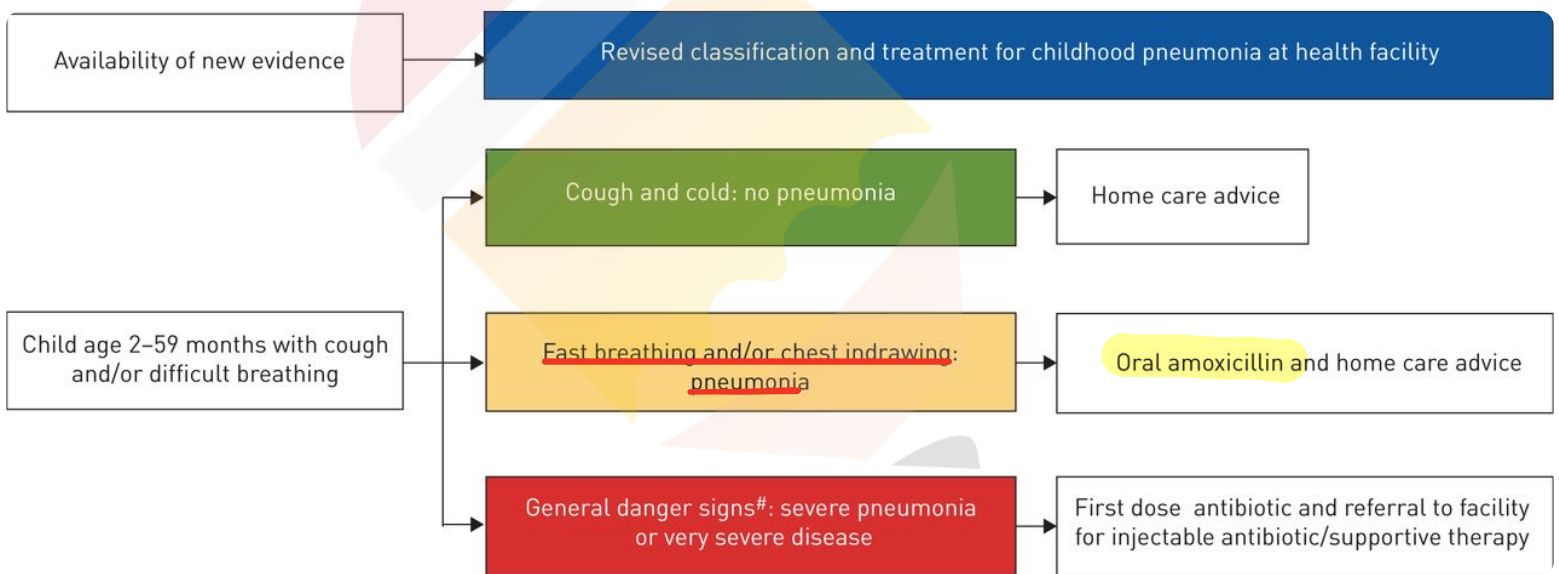
219) A 2yr old child presents to PHC with fever, and cough. He had chest indrawing and respiratory rate of 38 per minute, weight 11 kg. The next step in management according to IMNCI is

- Only antipyretics are given
- Refer to tertiary care
- Given antibiotics and refer to 3^o care

~~d) Not an emergency.~~ → Mx: Oral Ab f/b → review in 48hr

Warning:

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child age 2-59 months with chest indrawing and difficult breath should be treated with oral AMOX at least 40mg for BD 5 days.

220, Remote after loading is used in :-

- Brachytherapy
- Electron beam
- Proton beam
- Cyber knife therapy

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221, Cystic lesion in suprasellar region with calcification?



- a) **Cranioangioma**
- b) Pituitary adenoma
- c) Meningioma
- d) Oligodendroglioma

222, 45yr old female with sudden onset headache and neck rigidity. There is no h/o trauma.

- a) **SAH**
- b) Meningitis
- c) Hemorrhagic stroke
- d) SDH

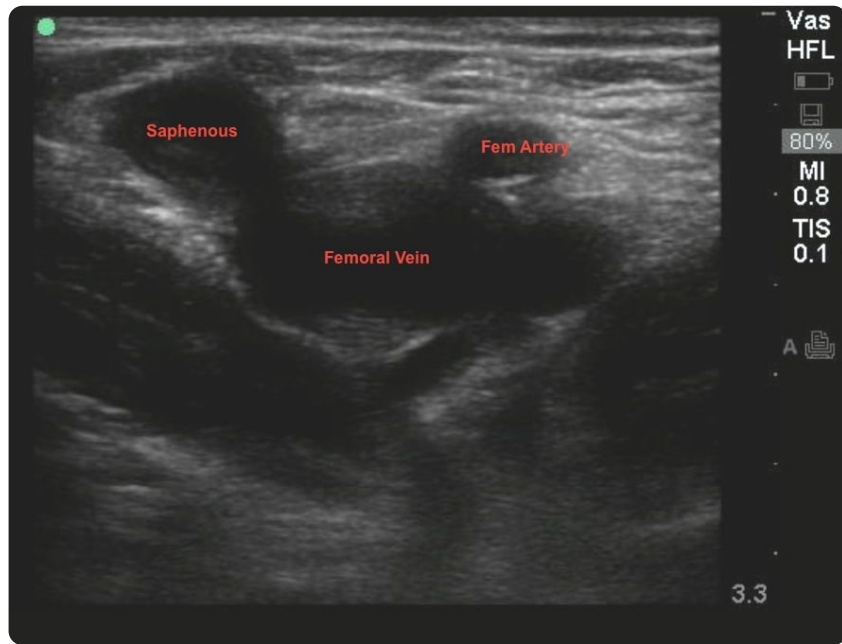
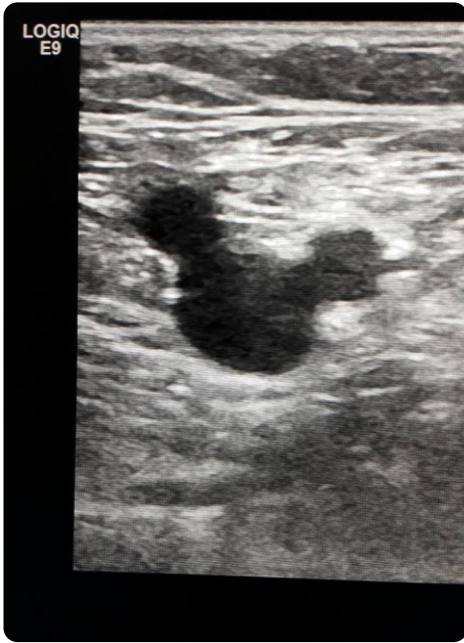


223, which sign is seen on USG when the femoral vein meets the IJV and femoral artery at sapheno-femoral junction?

- a) **Mickey mouse sign**
- b) String sign
- c) Tillaux sign

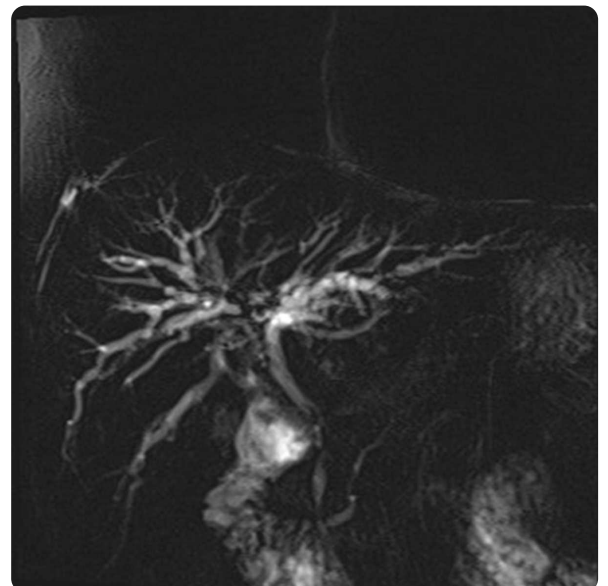
d, stamers sign.

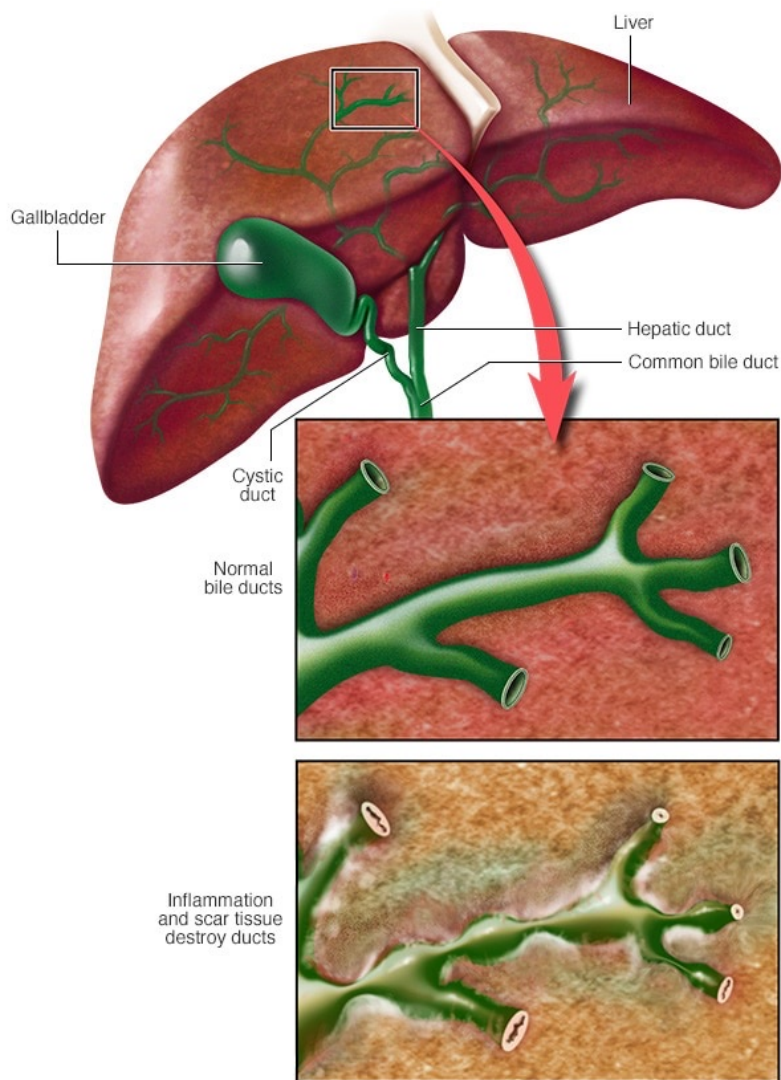
Expected question for next year.



224) 35yr old man presenting with recurrent episodes of fever with chills and fatigue, an MRCP image is given. Diagnosis?

- a) Primary sclerosing cholangitis
- b) Primary biliary Ca.
- c) Oriental cholangitis
- d) Caroli dys





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Primary Sclerosing Cholangitis

225) A ♀ pt presents with h/o thickening of skin and shortness of breath and B/L basal rales. Her CXR shows reticular opacities in B/L basal fields. What is the next step in the case?

a) Do CECT

b) Do HRCT

c) Do pulmonary function test

d) Echocardiography

• The patient is suffering from ILD

• InxOC ⇒ HRCT $\frac{f/b}{\rightarrow}$ PFT

→ Echo if PHTN present.

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226, A 42yr old patient came in emergency department with abdominal colic and features of obstructive jaundice. Her counts and liver enzymes were elevated. A USG was done and gall bladder was scleroatrophic and CBD was impacted with stones along with IHBR dilation. Which is the next step in the management of this patient?

Warning:

The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespaedia Telegram group

- a) Cholecystectomy
- b) CT scan
- c) ERCP - MRCP
- d) wait & watch

Condition of choledocholithiasis

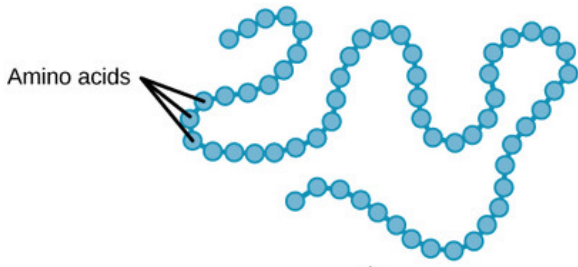


Mx: ERCP / MRCP to see one first to quantify the amount of stones

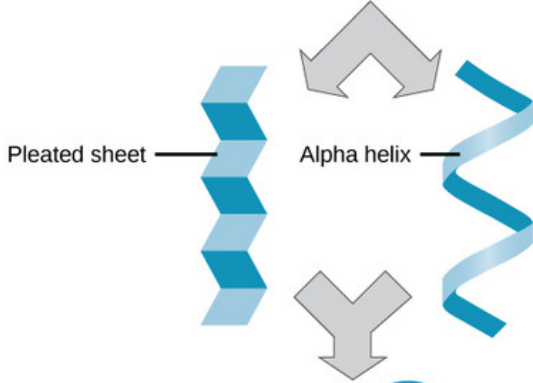
227) True about structure of protein is ?

- a) 2° structure is 3D
- b) 2° structure stabilized by disulfide bonds
- c) 2° structure and 3° structure depends on amino acid
- d) 1°, 2° & 3° structure is destroyed on heating

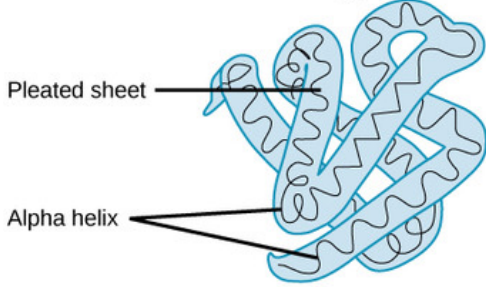
STRUCTURE OF PROTEINS:



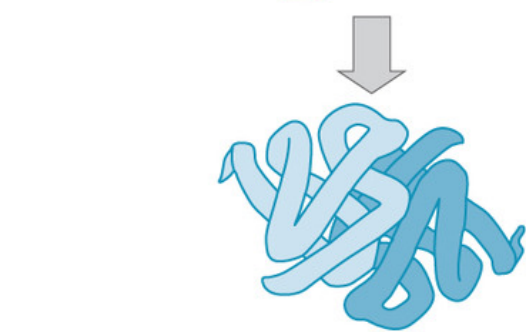
Primary Protein structure
sequence of a chain of amino acids



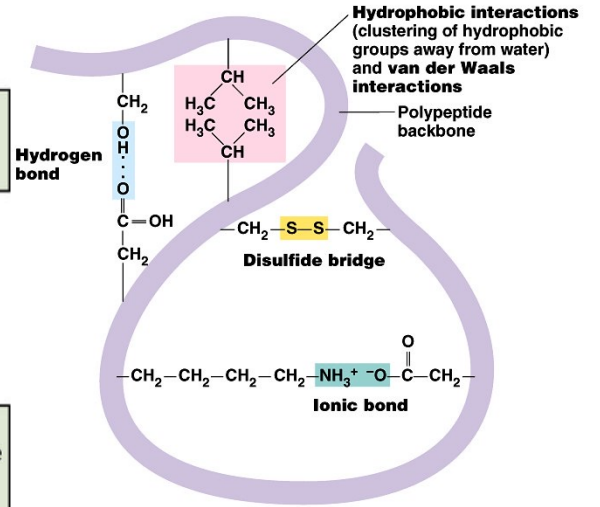
Secondary Protein structure
hydrogen bonding of the peptide backbone causes the amino acids to fold into a repeating pattern



Tertiary protein structure
three-dimensional folding pattern of a protein due to side chain interactions



Quaternary protein structure
protein consisting of more than one amino acid chain



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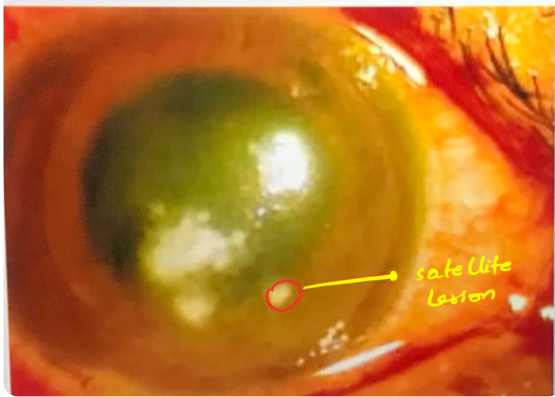
229, Charecteristic finding of fungal ulcer :-

- a) satellite lesion
- b) Dendritic ulcer
- c) Ring abscess
- d) white hypopyon

Fungal Corneal Ulcer { Mycotic Keratitis }

ELITE OPHTHAL

FUNGAL KERATITIS



- Dry as leather parchment app.
- GU defined feathery margins
- Sterile immune ring & yellow line of demarcation?
- Satellite lesions
- Perforations are rare

NEET'20//

229, which vitamin in high doses causes macular edema and macular cyst?

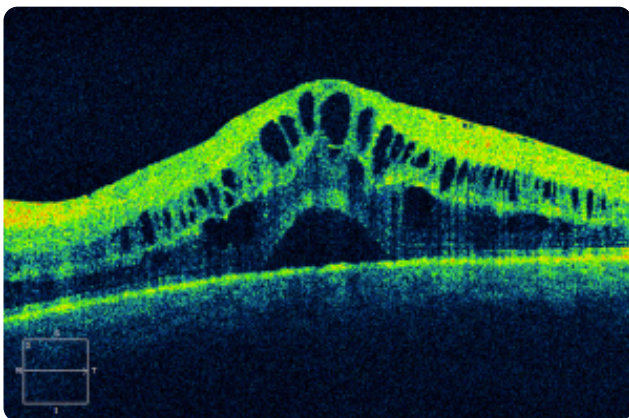
high doses causes macular edema

a) Vitamin A

b) Vitamin D

c) Vitamin E

d) Niacin



Cystoid Macular Edema - OCT

Drugs cause Cystoid macular edema

- 1) Niacin
- 2) Epinephrine
- 3) Paclitaxel
- 4) PG Analogs
- 5) Tamoxifen
- 6) Timolol

230, Pre-requisite for sympathetic ophthalmitis

a) Penetrating trauma to eye

b) Blunt ocular trauma

c) Chemical injury

d) Urinary tract infection

Sympathetic Ophthalmia:

ELITE
OPHTHAL

• B/L Granulomatous Pan uveitis

• Affect the uninvolved (sympathising / non injured) eye following penetration.

Eye is an immunoprivileged organ → SEQUESTERED Ag



During trauma gets exposed and body starts recognising this as new Ag.

Retinal S Ag

231, Which layer of cornea helps in maintaining hydration of stroma of cornea?

a) Descemet membrane

b) Endothelium

c) Epithelium

d) Stroma.

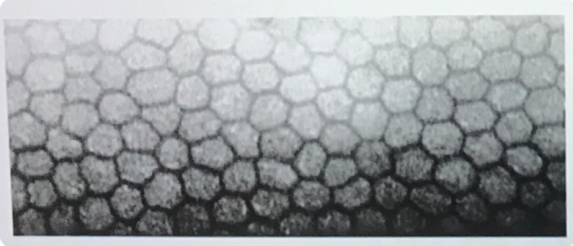
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More than just notes.

Endothelium:

DIRECT RECALL ELITE OPHTHAL

- Single layer of cuboidal
- Visualise the endothelial layer by:
 - i) Specular Microscopy → Hexagonal pattern
 - ii) Confocal Microscopy



Specular Microscopy

④ Endothelium count → 3000 - 4000 cells/mm²
@ birth

↓
↓ as by age

⊖ Adult = 2500 - 3000 cells/mm²

⊖ Old = 2000 cells/mm²

Function of Endothelium:

Na⁺ - K⁺ ATPase pump

↓
Stroma $\xrightarrow{H_2O}$ aqueous humor.

Relatively
dehydration

Critical density

↓

< 500 cells/mm²

↓

stroma gets hydrated

↓

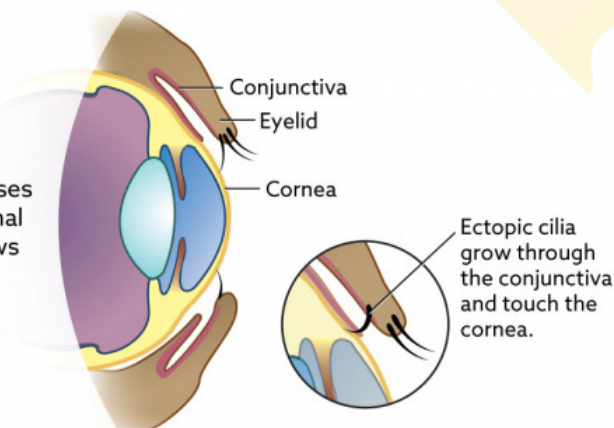
CORNEAL HAZY

232, Extra layer of cilia posterior to grey line:

- a) Tylosis
- b) Madarosis
- c) **Distichiasis**
- d) Trichiasis

Distichia is an eyelash that arises from an abnormal location or grows in an abnormal direction.

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Ectopic cilia grow through the conjunctiva and touch the cornea.

233, U/L proptosis with B/L sixth nerve palsy

a) **Cavernous sinus thrombosis**

b) Thyroid ophthalmopathy

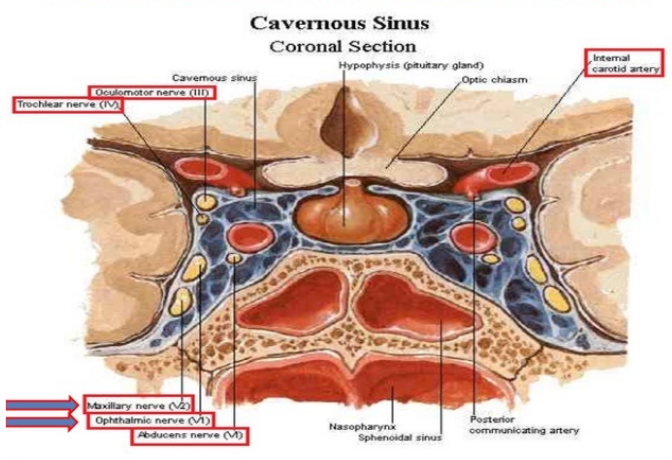
c) Retinoblastoma

d) Orbital pseudotumour.

Warning:

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The question will be updated soon in Notespaedia Telegram group

Relations of cranial nerves with cavernous sinus



In CST → Abducent N. has high chance of being affected.

234, Shifting fluid sign is s/i:

a) **Exudative Retinal detachment**

b) Traumatic Retinal detachment

c) Rhegmatogenous R.D

d) Retinal dialysis

RETINAL DETACHMENT: Inner 9 (neurosensory layer) separate from 10th RPE

① Rhegmatogenous R.D

Retinal tear/hole

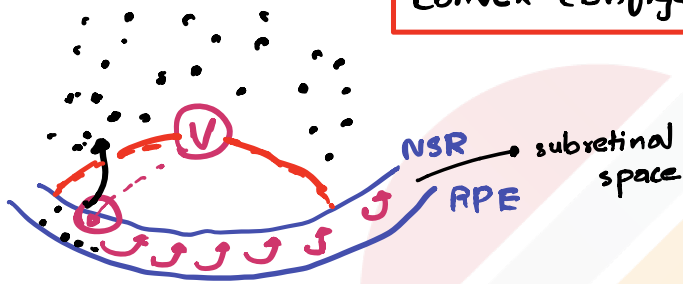
+ liquid vitreous

→ horse shoe shape

convex configuration

ELITE ophthalmol

convex configuration



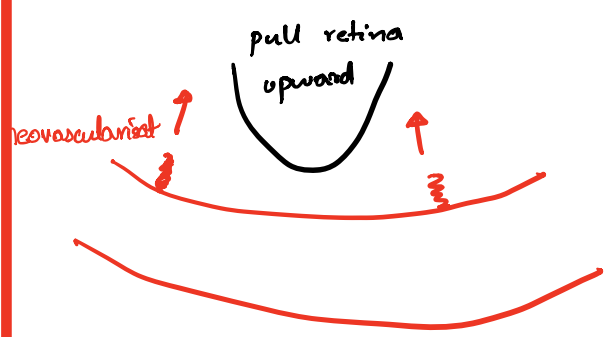
symptoms :- floaters
 ↓
 flashes / photopsia
 ↓
 field defect
 ↓
 sudden painless loss of vision

Tobacco dust ⇒ Schaffer sign



② Tractional Retinal detachment

New vessels on retina



concave configuration

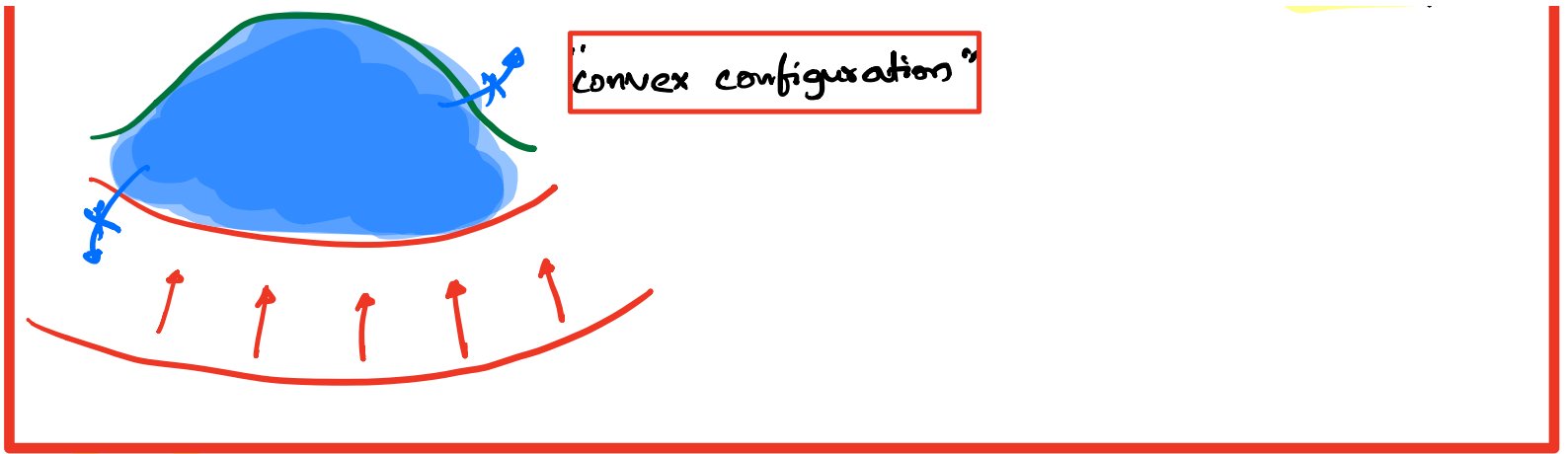
③ Exudative R.D

- ↑ fluid from choroid
- outer barrier break by inflammation

neet '20

fluid shift sign ⊕

- i) Post. uveitis
- ii) Post. scleritis
- iii) Choroidal tumours
- iv) Pregnancy
- v) Central serous retinopathy

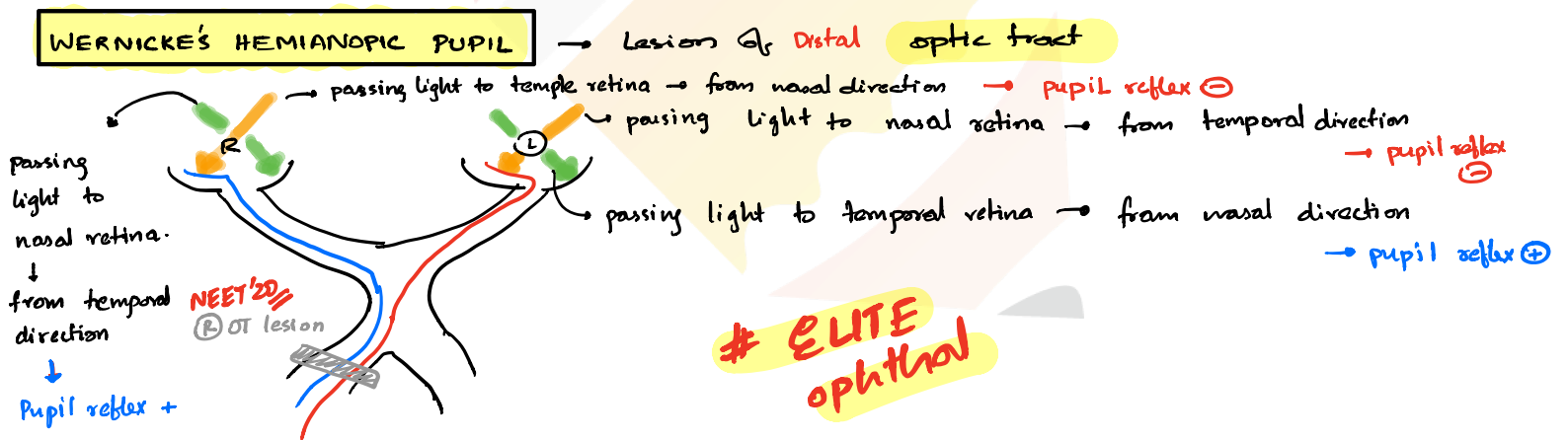


neet '19 topic

- 235) Esotropia is most commonly associated with
- a) Hyperopia → Near vision impaired, they try to compensate by increasing their accommodation.
 - b) Myopia
 - c) Presbyopia
 - d) Astigmatism
- Infants are hyperopic by 2.5 D, they are esotropic at birth.

236) Lesion producing incongruous Homonymous Hemianopia with Wernicke's Hemianopia pupil.

- a) Optic tract
- b) Visual cortex
- c) Optic radiation
- d) Optic Nerve



237) A 65yr old male with h/o of Diabetes and HTN presents to OPD with complaints of diplopia and squint. On examination secondary deviation is seen to be more than primary deviation. Which of the following is the most probable diagnosis?

Paralytic squint

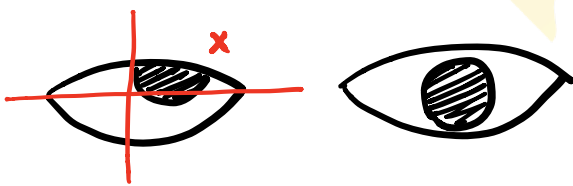
Repeat Concept

b) Incomitant squint

c) Restrictive squint

d) Pseudo squint.

238) The movement is lost in this action, which nerve is affected?



a) Trochlear Nerve palsy

b) Abducent Nerve palsy

c) Facial Nerve palsy

Third Nerve palsy

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239) Middle aged women with B/L proptosis, with restricted ocular movements and chemosis, is euthyroid. What is probable diagnosis?

a) Orbital cellulitis

Thyroid ophthalmopathy → does not depend on thyroid hormone levels, pt. can be euthyroid.

c) Pseudo tumor of Orbit

d) Orbital lymphoma

240, In an exhumed body which of the following poisons can be detected in bones.

a) lead

b) Arsenic

c) Mercury

d) Cadmium

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241, A witness comes to court for evidence recording. Witness is giving false evidence in court of law. The offence is punishable under which IPC.

a) 191

b) 192

c) 193

d) 197

Recent NEET '19 Repeat

LAW AND DOCTOR

- Sec 179 IPC – Omission to give notice or Information to Public servant by person legally bound to give it
- Sec 177 IPC – furnishing false information
- Sec 191 IPC – give false evidence
- Sec 192 IPC – fabricating false evidence
- Sec 193 IPC – punishment for false evidence (perjury)
- Sec 194 IPC – giving false evidence/intent to procure conviction of capital offense
- Sec 194 IPC – giving false evidence/intent to procure conviction of offence punishable with imprisonment for life.
- Sec 197 IPC – issuing/signing false certificate

193 → perjury punishment
+4

197 → false evidence punishment
+4

201 → disappearance of evidence punishment

(embalming before autopsy)

242, In a patient with tongue swelling, bloated face was noted along with findings are shown in image what is the probable cause?

- a) Electric burn
- b) Crocodile burn
- c) Scalds
- d) Putrefaction



243, Onus of proof in civil negligence case lies against doctor lies on

- a) Doctor
- b) Magistrate
- c) Police
- d) Patient

244, Magnan's symptoms are associated with which poisoning event

- a) Cocain
- b) Cannabis
- c) Amphetamine
- d) Alcohol

PGMEE 2014

Magnan's symptom a.k.a Cocaine bugs → feeling of insect crawling under the skin.

Other features in Cocain addicts :

- Ulceration of the nasal septum d/t sniffling
- Cocainism → cocain habit
- Cocainomania → C/c abusers tolerate upto 10gm/day

Antidote is Amyl Nitrate

245, What is the most commonly abused substance which cause dependence?

a) Cocaine

b) Heroin

c) Amphetamine

d) Cannabis

Dependence causing potential is higher with heroin compared to other drugs, cannabis the among the list.

246, In a rape incidence occurred in child of 5yrs the hymen is :

a) Ruptured, because it is thin

b) Ruptured, because it is situated superficially

c) Don't rupture because it is thick and elastic

d) Don't rupture because it is situated deeply

247, 5yr old boy was presented to the OPD by his mother with complaints of pain in the perineal region. On examination of sample taken with nitric acid

from his perianal region showed yellow crystal of picrate
What is the test done ?

a) Teichmann's test

b) **Barberio's test**

c) Takayama test

d) Florence

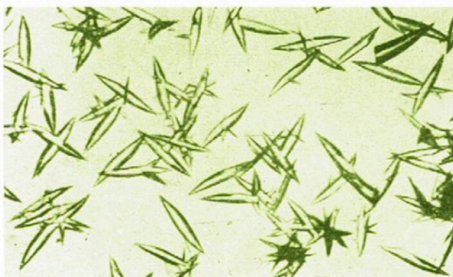
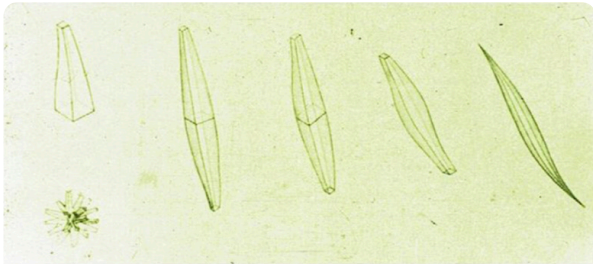
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Barberio's test :
mmmm

Basis: Detection of Spermin

Procedure: A few drops of Barberio's reagent when added to spermatic fluid produces crystals of spermin in picrate (needle shaped, rhombic & of yellow color)



Florence test:

- Basis: Choline is detected in this method.
- Florence reagent { 8% Iodine in H_2O + 5% KI } added
- Dark brown crystals of choline periodide, needle shaped formed with a few minutes.
- False -ve are common

Chemical Examination for seminal stain

- a) Florence test
 - b) Barberio test
 - c) Acid phosphatase test
 - d) Creatine phosphokinase
 - e) Immunological methods
-

248, Tattoo marks are not visible during autopsy as confirmed by relatives. Where tattooing can be check next during autopsy.

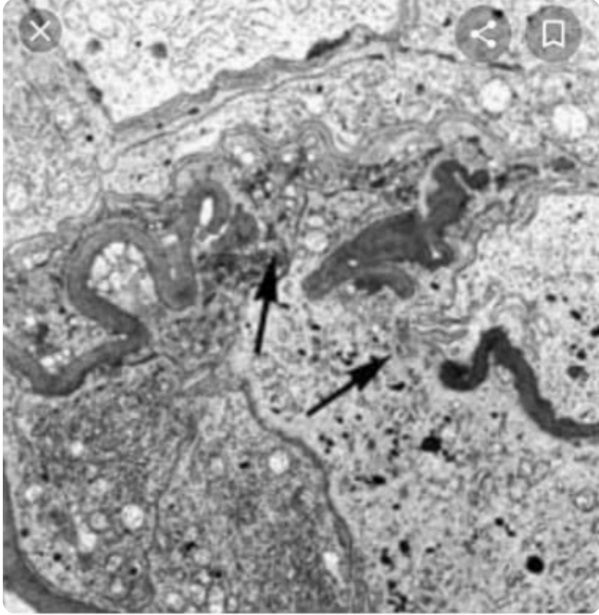
- a) Skin
 - b) Blood vessels
 - c) Liver
 - d) Lymph Nodes
-

249, On voluntary admission maximum no. of days for which a patient can be admitted in mental hospital as per mental health act 2017 is ?

- a) 30 days
 - b) 60 days
 - c) 14 days
 - d) 100 days
-

250, A 51-yr old person came with complaints of hematuria to the clinic. On examination he was normotensive and had pedal edema. Investigations revealed the patient had no glycosuria and had

a creatinine value of 9mg%. Renal biopsy is as shown below. Which of the following investigations one should do to identify the etiology of the d/s?



a) ANA

b) Anti GBM Antibodies

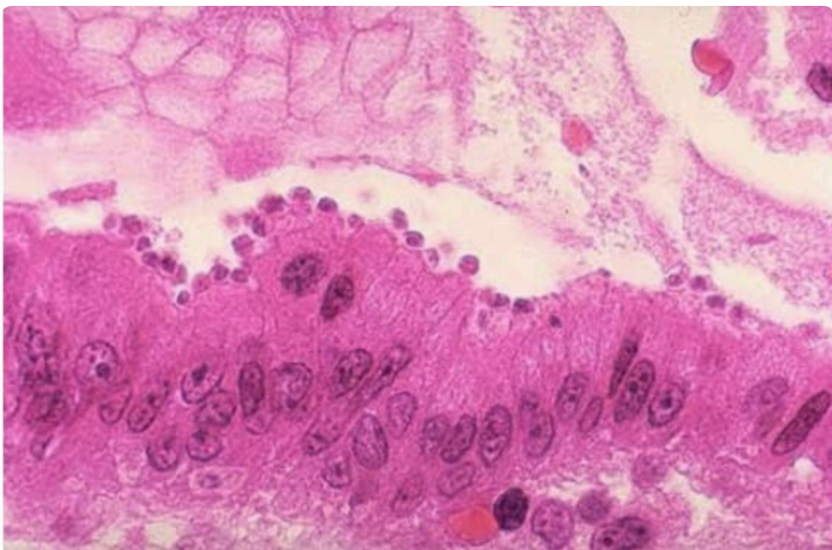
c) HIV RNA

d) Urine Immunoelectrophoresis

Warning:

The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespaedia Telegram group

251) A 35yr old heterosexual patient diagnosed with HIV had h/o c/c watery diarrhea. Colonoscopic biopsy shown as below. Which of the following is your most probable diagnosis?



a) Giardia

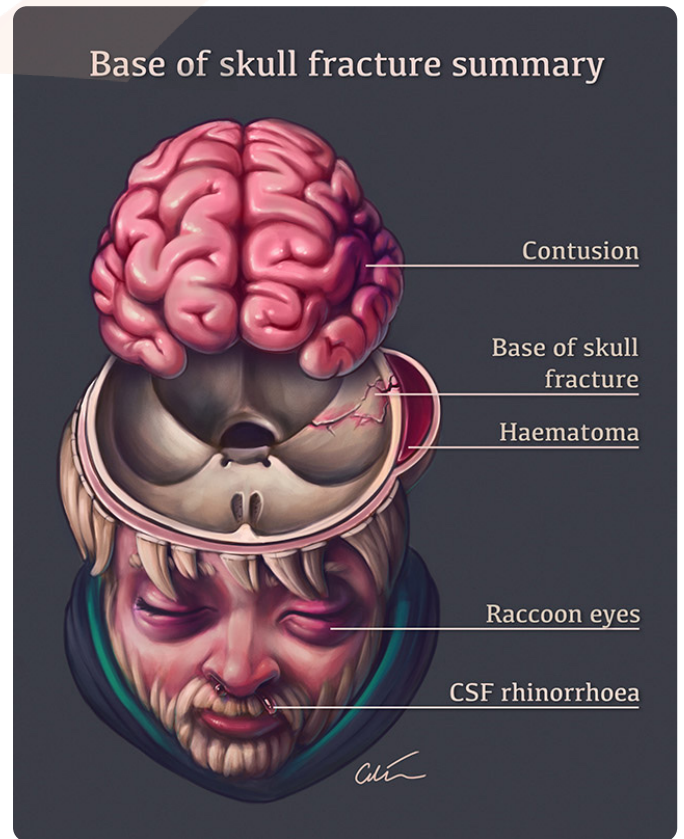
b) Cryptosporidium

c) Microspora

d) CMV

252, A person met with an accident and suffer from middle cranial fossa fracture. There was a bluish purple colour behind mastoid. What is your probable diagnosis?

- a) Battle sign
- b) Bezold sign
- c) Laceration
- d) Aberation



253, Occipitomenatal x ray view of paranasal sinuses with open mouth is k/a

NOVEL QUESTION

- a) Water's view
- b) Caldwell's view
- c) Towne's view
- d) Pierre's view

	Status at birth	Adult size	1 st Radiological evidence (XRAY)
Maxillary sinus	Present	15 yrs	^{best} 4-5mth {Waters view} ↳ Naso-chin view
Ethmoid sinus Anterior ethmoid	Present	12	^{best} 1 yr ↳ Naso frontal view {Caldwell view}
Frontal sinus	Not present	Until teens	6 yrs {Caldwell view}
Sphenoid sinus	Not present	15 to adult	^{best} 4 yrs • {Lateral view} • Waters view & open mouth

LATERAL VIEW
all these sinus visible

Occipitomental View

Nose Chin Position

- Frontal process of maxilla
- Superior orbital fissure
- Infratemporal fossa
- Sphenoid sinus ?

WATER VIEW

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Occipitofrontal

Nose -Forehead position

- Frontal process of zygoma and zygomatic process of maxilla
- Superior margin of orbit
- Superior orbital fissure
- Foramen rotundum

CALDWELL VIEW

X-ray paranasal sinus

Water's view (Occipito-mental) → maxillary

Caldwell's view (Occipito-frontal) → frontal

Rhese's view (lateral oblique) → ethmoid

Base skull view (Submento-vertical) → sphenoid

Lateral view

NEET '20

Pierre's view (occipito-mental with mouth open)

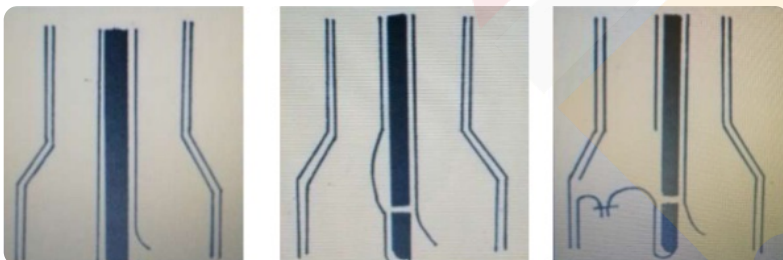
Air-fluid level: acute sinusitis

Mucosal thickening chronic sinusitis

254) Partial closure of the nostrils is done as management in ?

- a) Atrophic rhinitis
- b) Allergic rhinitis
- c) Vasomotor rhinitis
- d) Occupational rhinitis

Repeat topic



Modified Youngs Operation

Youngs operation → complete closure

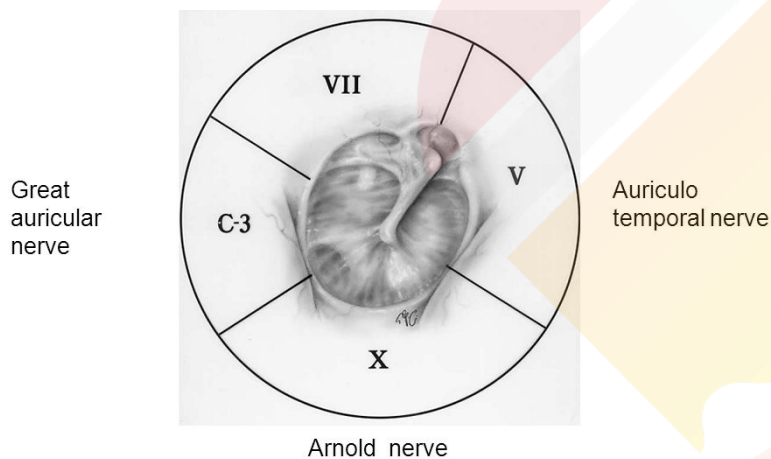
Modb. young → Partial closure

255) Stimulation of external auditory canal leads to cough d/t which nerve

- a) Auricular branch of Vagus
- b) Greater auricular Nerve
- c) Auriculo temporal nerve
- d) Facial Nerve

AIIMS Repeat
NEET Repeat

Nerve supply of external auditory canal



256) Not a surgical landmark for parotid surgery is

- a) Inferior belly of omohyoid
- b) Tragal pointer
- c) Digastric posterior belly
- d) Dissecting from peripheral branches

Surgical landmark of parotid surgery are :-

- a) Tragal pointer
- b) Digastric posterior belly
- c) Styloid process
- d) tympanomastoid suture

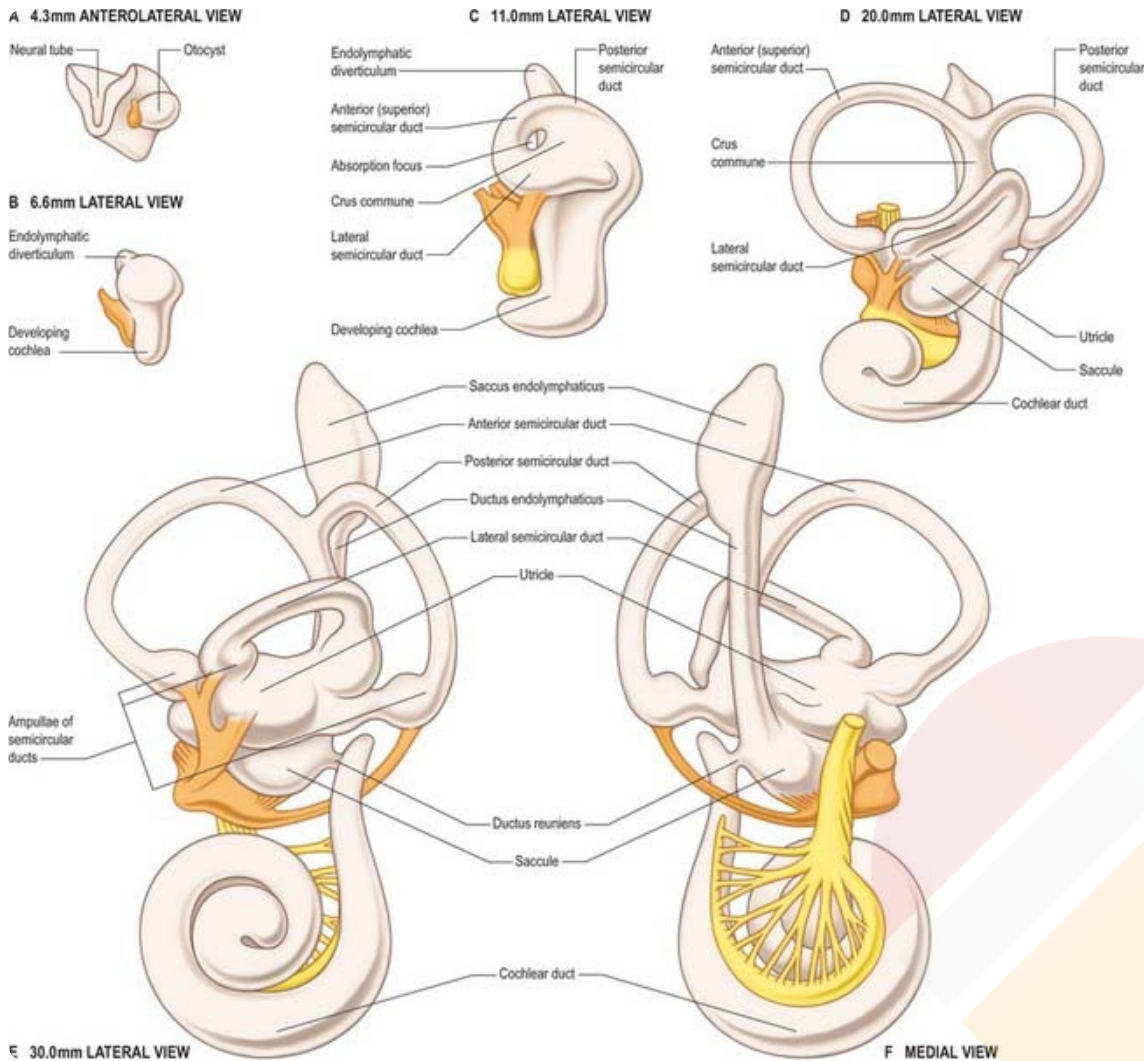
257) Sacculle develops from ::

a) Saccus anterior

b) Saccus medius

c) Pars superior

d) Pars inferior



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More than just notes...

258) A patient was administered a competitive neuromuscular blockade which acts on nicotinic receptor. At the end of surgery which of the following drugs can be administered to reverse the effects of that drug

Please Note:

This question has been accidentally repeated

a) Succinyl Choline

b) Neostigmine

c) Physostigmine

d) Carbachol

• Neostigmine is used to reverse effects of competitive NM blockade

259) A 55yr old male patient with h/o HTN on ACEI and has CABG four years back is scheduled for hernia surgery. He has good effort tolerance. Which of the following prep investigations are ordered.

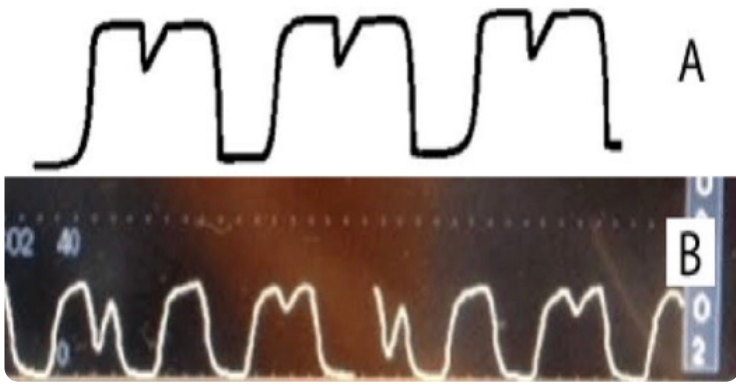
a) Routine preop evaluation + clinical evaluation

b) Routine preop + clinical + stress testing

c) Routine preop + clinical + angiography to look for patency

d) Routine preop + clinical exam + V/Q scan

260) The following ETCO₂ curve depicts what



- a) spontaneous efforts
- b) bronchospasm
- c) Esophageal intubation
- d) Accidental extubation

⇒ Curare notch

261) A pt. coming from North-east part of India with w/o u/L edem. He is K/c of CAD with PCI done. o/e swollen lower limb proximal > distal. Next best investigation is ?

a) microfilarial test

- b) Malaria
- c) Liver d/s
- d) CHF

262) For assessment cardio vascular d/s MONICA project is used. What is it associated with: **NOVEL Q.**

- a) Risk factor intervention trials for CVD
- b) Oslo diet / smoking intervention study
- c) Monitoring of trends & determinants in cardiovascular disease
- d) Lipid research clinics study

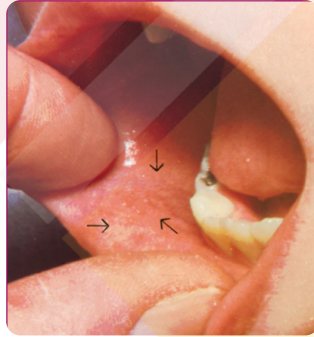
263, A patient with clustered white lesions on the buccal mucosa (opposite the upper 1st & 2nd molars) pathognomonic for measles. These are

a) Leukoplakia

b) Koplik spots

c) Kaposi spots

d) None



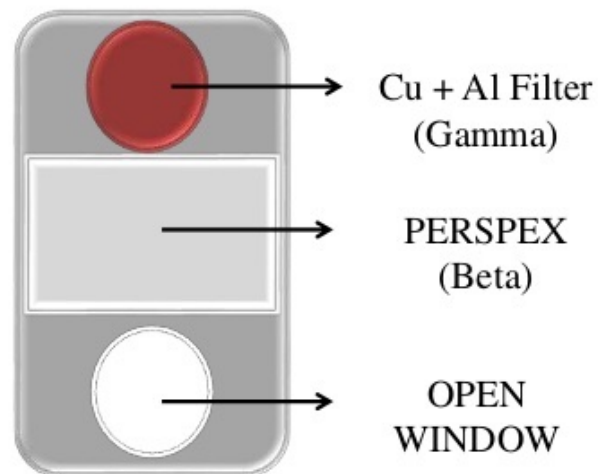
264) Radiation dose monitoring in occupational personal is done by

a) TLD Badge

b) Linear accelerator

c) Collimators

d) Grid



DEEPAK AHEER (AIIMS)

265, which is not a radiographic finding S/I: CHF?

a) Kerley B Lines

d) Kerley A Lines

b) Cardiomegaly

c) Oligemia

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HEART FAILURE:

LHF → Pulmonary Edema, d/t ↑PCWP

ELITE RADIO

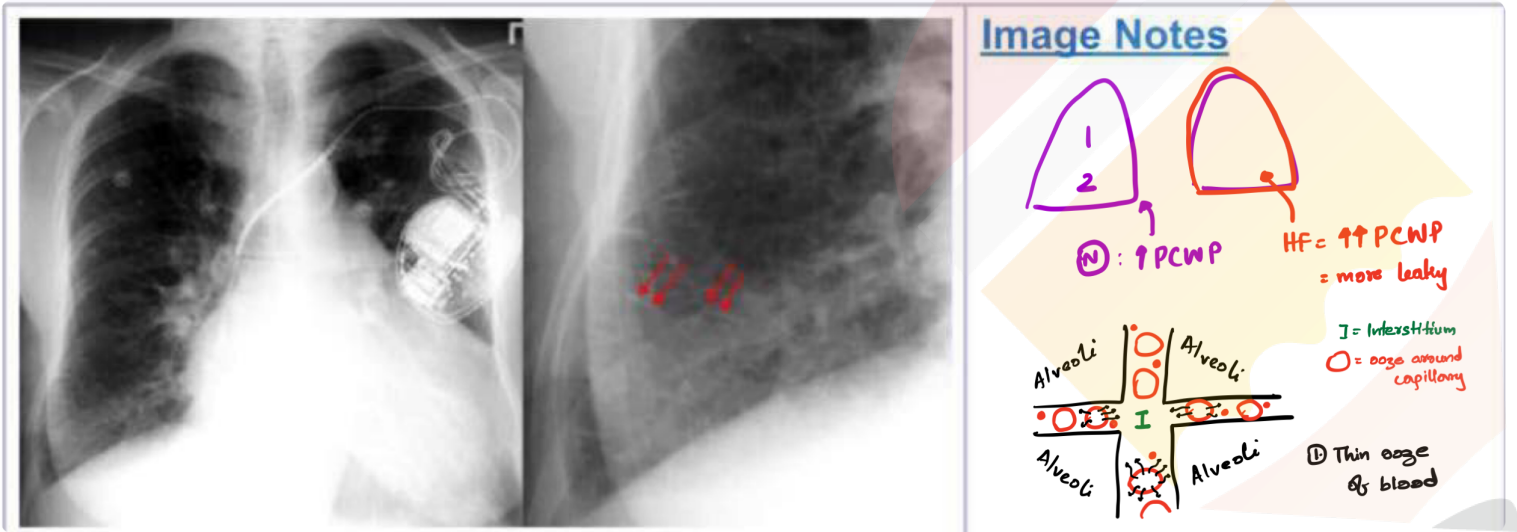
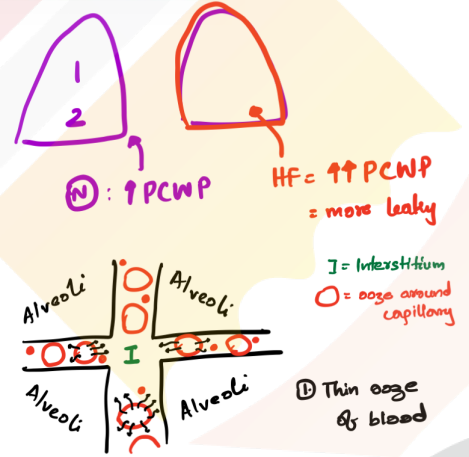


Image Notes



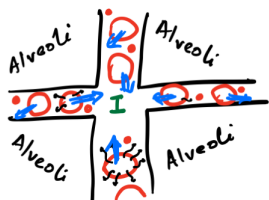
9th CXR sign:

CEPHALISATION OF BLOOD FLOW

∴ RV pumps blood to upper lobe of lung.

Pulmonary Ar. → vasoconstriction at lower lobe of lung

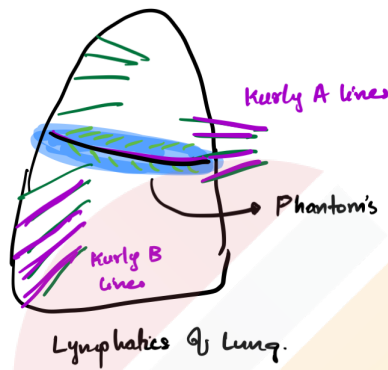
HYPOXIA ← Blood-gas exchange disrupted



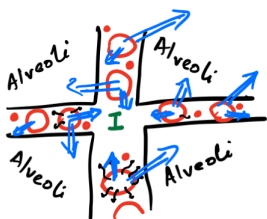
water leaks

↓ Lower lobe lymphatics

KURBY B Lines



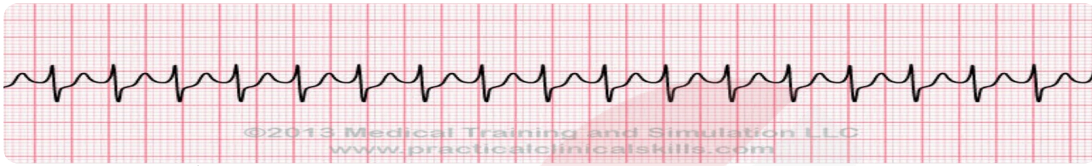
Phantom's Tumor & water filled in horizontal fissure.



water leak into the alveoli



266) 70yr old male with h/o HTN and DM developed the following rhythm with B.P 90/40 mm Hg and feeble pulse, what is the next step of management?



- a) IV adenosine
- b) IV Diltiazem
- c) DC cardioversion
- d) Ibutilide

Recent AIIM's Nov17 Topic

ECG shows unstable SVT → DC cardioversion should be done.

SPACE INTENTIONALLY LEFT

267) A patient underwent B/L adrenalectomy in view of B/L pheochromocytoma, 1 day later developed lethargy, fatigue & low BP and pulse normal. No signs of volume deficit likely cause?

- a) Addisonian Crisis
- b) SIADH
- c) DI
- d) Cerebral salt wasting d/s

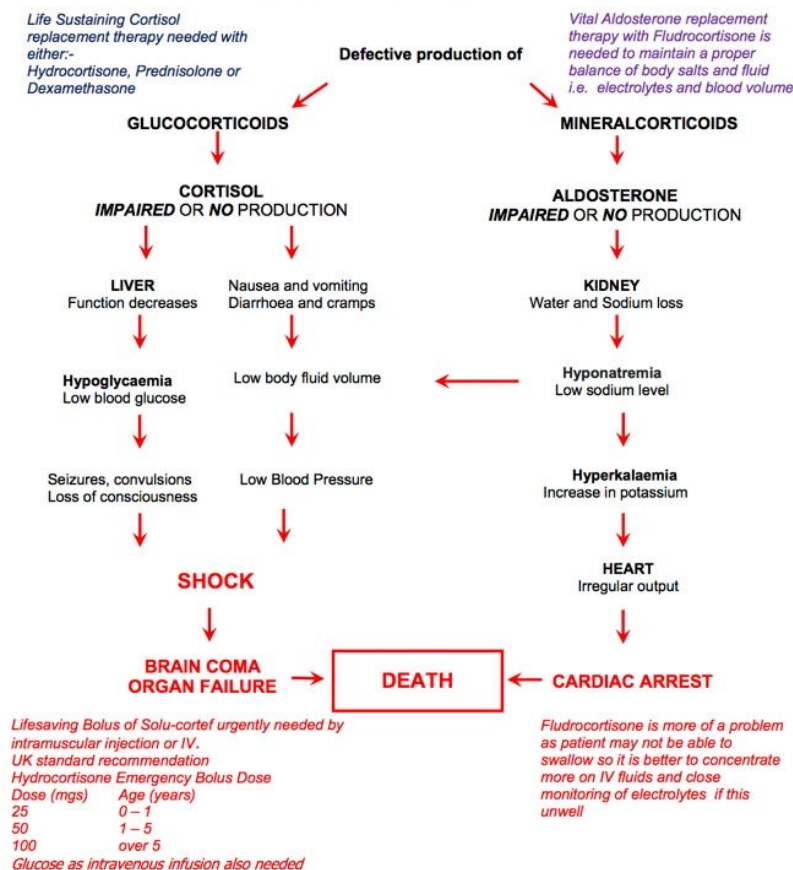
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ADRENAL INSUFFICIENCY

by: Professor Peter Hindmarsh

ADRENAL CRISIS - PATHWAY OF EVENTS



268, Patient with atrial fibrillation which is false.

~~a)~~ Brain imaging is not done

- b) **Warning:**
The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespaedia Telegram group
- c)
d)

269, Frost bite rapid rewarming is done with which temp?

a) 37°C

~~b)~~ 42°C

c) 45°C

d) 30°C

- Warning:**
The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespaedia Telegram group

270, Case w/o peripheral smear is showing hypersegmented neutrophils d/t deficiencies of ::

- a) Vit. B12 defb.
- b) Folate defb.
- c) Iron deficiency
- d) Thalasemia

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271, A pt of BPD on Lithium for 6 months after fasting for a day presents with seizure, coarse tremors, confusion and weakness of limbs. What's the most accurate to diagnosis her condition?

- a) Serum Electrolyte
- b) ? S. Lithium
- c) ? S. creatinin
- d) ? ECG

2nd q. on Li { accurate recall

Not possible

Warning:

The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespaedia Telegram group

272, ADPKD pt taking TOLVAPTAN complaining of symptoms of abdomen pain and loose stools. Which of these is the likely cause?

- a) Colonic Diverticulosis
- b) Diverticulitis
- c) Appendicitis
- d) s/e of Tolvoptan

273, Van den Berg test for ::

- a) Direct bilirubin
- b) indirect bilirubin
- c) Coproporphyrin
- d) ? Total bilirubin

- ◉ **Van den Bergh reagent reacts with conjugated bilirubin & gives a purple colour immediately (normally within 30 seconds.**
- ◉ **This is direct positive van den Bergh reaction.**
- ◉ **Addition of methanol (or alcohol) dissolves the unconjugated bilirubin & gives the van den Bergh reaction (normally within 30 minutes) positive.**
- ◉ **This is indirect positive.**



294, Absence of dystrophin

- ~~a)~~ **DMD**
- b) Becker
- c) Myotonic Dystrophy
- d) Myasthenia Gravis

Features	Duchenne Muscular Dystrophy	Becker Dystrophy
Age	Early onset, 2–5 years	Late onset, 8–10 years
Incidence	More common	Less common
Progression	Rapid	Slow
Intelligence	Subnormal	Normal
Life expectancy	15–20 years	25–30 years
Cardiomyopathy	Common	Rare
Investigations		
Dystrophin levels	ABSENT DYSTRO	Reduced
Contractures	Early	No early contractures
Associated problems	Cardiomyopathy	Colour blindness
Ambulation	Till 9–11 years	Beyond 15–20 years
Prognosis	Severe; death by 16–20 years	Less severe, benign course of illness, death in the fourth or fifth decade

295, Lesion was seen on the face of 42 yr old patient as shown below. Which of these would be the ideal management for this condition



- a) start on ATT
- b) Topical retinoids
- c) Oral steroids
- d) start on MDT for leprosy

Lupus Vulgaris

Common form of cutaneous reinfection with *Mycobacterium tuberculosis*

Soft reddish brown nodules which enlarge to form irregularly shaped plaques

Tuberculoid granulomas

Common in young adults
90% in head and neck region
Also in extremities and buttock

#royopath histopathology-india.net



Lupus Vulgaris

- ✓ Cutaneous TB from hematogenous spread
 - Chronic and progressive
 - 50% have TB elsewhere
- ✓ Single plaque of grouped red-brown papules that blanch with diascopic pressure
 - **“Apple-jelly” nodules** = pale brown/yellow
 - Spreads peripherally
 - Risk of BCC/SCC with mets
- ✓ 90% occur head/neck

276) Identify the phenomenon shown in the image

- a) Isomorphic phenomenon
- b) Reverse isomorphic
- c) Gottron's Papule
- d) Nikolsky sign



Kobner's Phenomenon / isomorphic phenomenon :: lesion spreads along the lines of trauma.

Marrow Pearls #1956

277) Identify the condition shown in the image:

- a) DLE
- b) SLE
- c) Rosacea
- d) Vitiligo



278) Image of lesion associated with scaling and itching

- a) Tinea Corporis
- b) Granuloma annulare
- c) Pyoderma granulosum
- d) Icthyosis Vulgaris

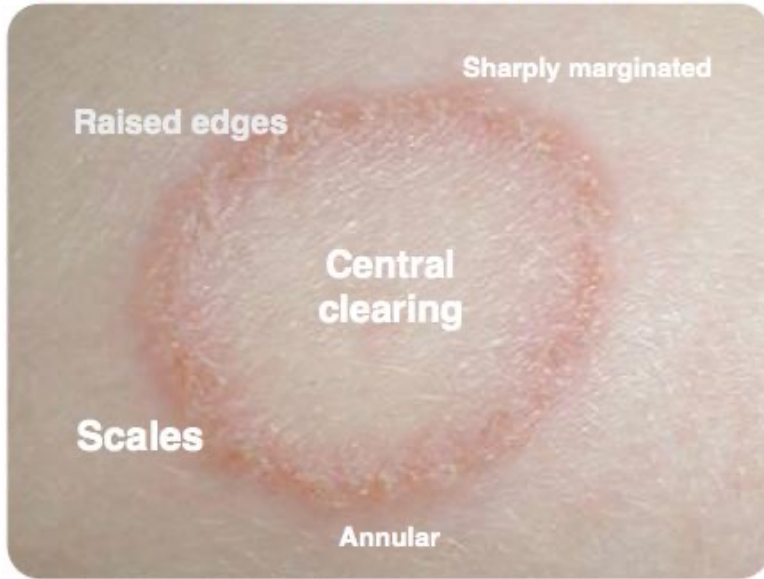


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Tinea corporis (ring worm)

↳ *Trichophyton rubrum* is most common cause



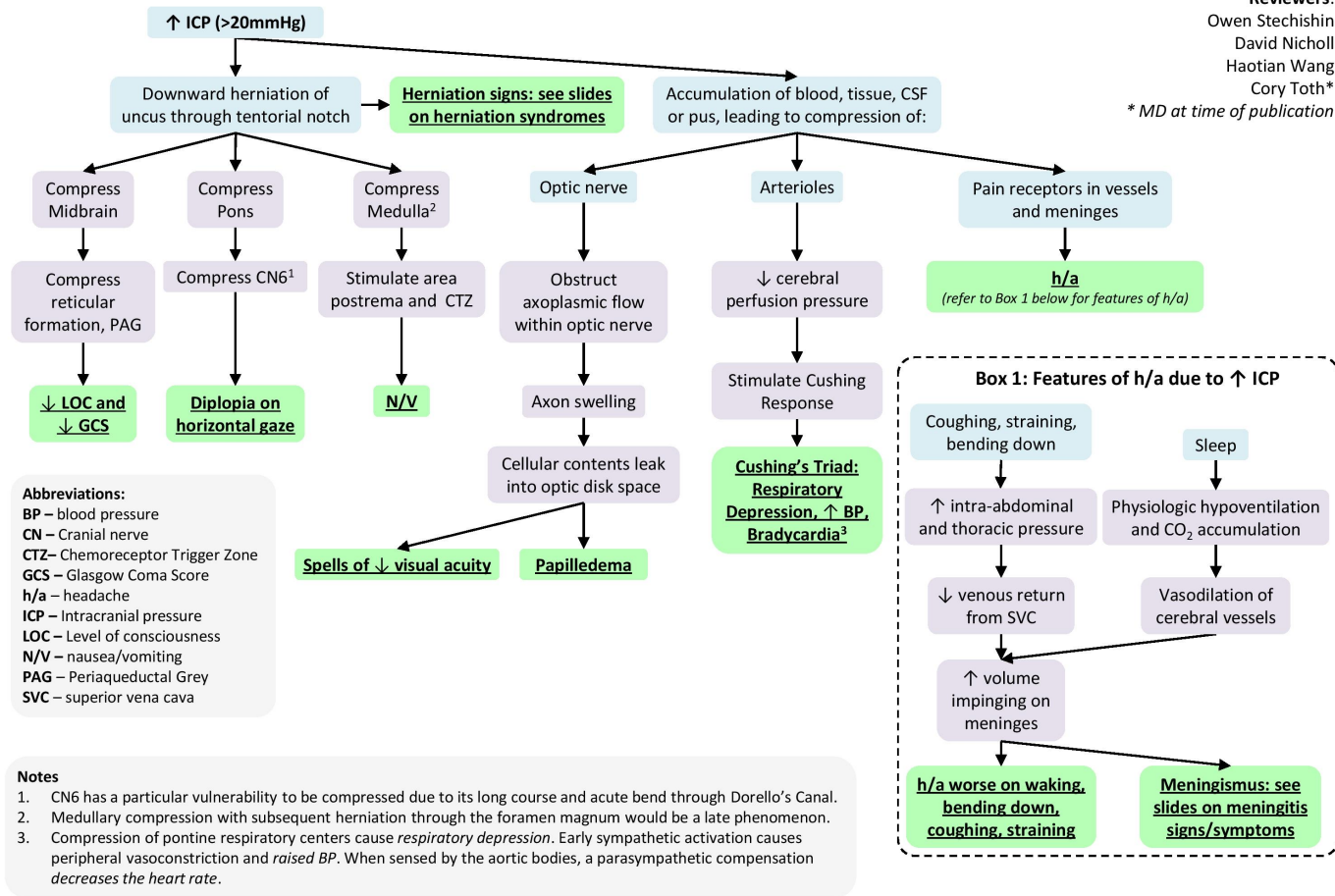
279) Pt with h/o RTA presented to the OPD after 3days. CT showed the presence of an SDH. On fundoscopy B/L papilledema was seen. What is the most probable cause of this

- a) Raised ICT
- b) Meningitis
- c) Optic neuritis
- d) Glaucoma

SPACE INTENTIONALLY LEFT

Increased Intracranial Pressure (ICP): Clinical Findings

Authors:
Jason An
Reviewers:
Owen Stechishin
David Nicholl
Haotian Wang
Cory Toth*
* MD at time of publication



Legend: Pathophysiology Mechanism Sign/Symptom/Lab Finding Complications Published July 2, 2014 on www.thecalgaryguide.com

200) lady with h/o depression come to the OPD and was prescribed on imipramine. One wk later bystanders complained that she was having hallucination and excessive talking. what will you advice on follow up?

CONTROVERSIAL Q

- a) Stop the current antidepressent
- b) mood stabilizer
- c) Add sodium valproate to antidepressents
- d) add Antipsychotics

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281, MBBS 1st year girl came to OPD complaining of intermittent episodes of feeling of impending doom, accompanied by intense perspiration. Usually the episodes occur prior to her exams. What is the most likely diagnosis?

- a) Panic attack
- b) Generalised anxiety d/o
- c) Phobia
- d) Schizophrenia

282, A 74yr old male patient was brought to the OPD by his daughter complaining of urinary incontinence and ataxia. O/e he has difficulty in calculating simple arithmetics and memory loss. What is the probable diagnosis

- a) Normal pressure hydrocephalus → Adam's Triad or Hakim's Triad NPH
- b) Vascular dementia
- c) Vit. B12 deficiency
- d) Tabes dorsalis

283, A 25yr old male presented to OPD with complaint of recurrent oral ulcers and congested eyes. On enquiry he has h/o prior hospital admission for venous thrombosis. What is the condition he is suffering from?

- a) SLE
- b) Reiter's syndrome
- c) Behcet's d/o
- d) Wegner's Granulomatosis

Prev. NEET Repeat

Behcet's Disease: The Most Common Sign and Symptoms

A delay in the diagnosis of Behcet's disease is common. Knowing what to look for can help you take control of the disease.

Eye Inflammation

Occurs in more than 50% of patients and can result in blurry vision, sensitivity to light, pain and redness. Can lead to blindness if untreated.

Mouth Sores

One of the most common and earliest signs. Look like canker sores on the lips, tongue, cheek lining or the roof of the mouth.

Skin Sores

Occur in 60-90% of patients. Can look like bumps resembling acne anywhere on the skin or as red, tender nodules on the legs, arms, face and neck.

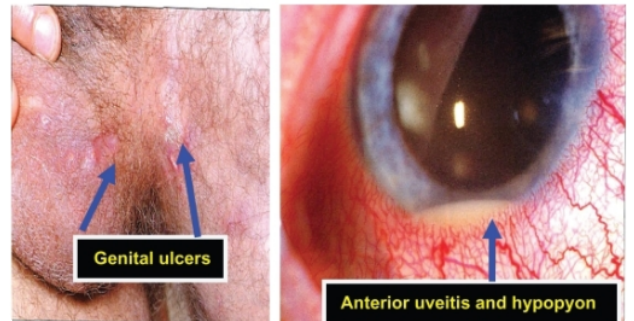
Genital Sores

Appear in about 75% of people. Tend to be larger and deeper than oral sores and often scar.

Joint Pain & Swelling

Arthritis or spondylitis affect 50% of patients. Can affect an individual or multiple joints, causing pain, swelling, and stiffness.

JIPMER '19 Repeat Topic



It is not the scrotal ulcer but ulcers on the penis or vulva. {Jipmer}

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SPACE INTENTIONALLY LEFT

284, An 6yr old unvaccinated came to the OPD with fever and red eyes. O/e the following type of rash was seen body of the pt. What is the most likely complication expected with this condition?



a) A/c myocarditis

b) a/c nephritis

c) A/c pancreatitis

d) A/c orchitis

Viruses That Have Been Shown to Cause Myocarditis

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Common <ul style="list-style-type: none"> - Coxsackievirus A - Coxsackievirus B - Echovirus - Human immunodeficiency virus - Influenza | <ul style="list-style-type: none"> • Less Common <ul style="list-style-type: none"> - Adenovirus family - Arbovirus - Epstein-Barr virus - Herpes simplex virus type 1 - Human cytomegalovirus - <u>Measles virus</u> - Respiratory syncytial virus - Rubella virus - Varicella-zoster virus |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



285, Pt with h/o DM, Hypothyroidism now present with passing stools and not gaining weight. What is the further diagnostic investigation to be done?

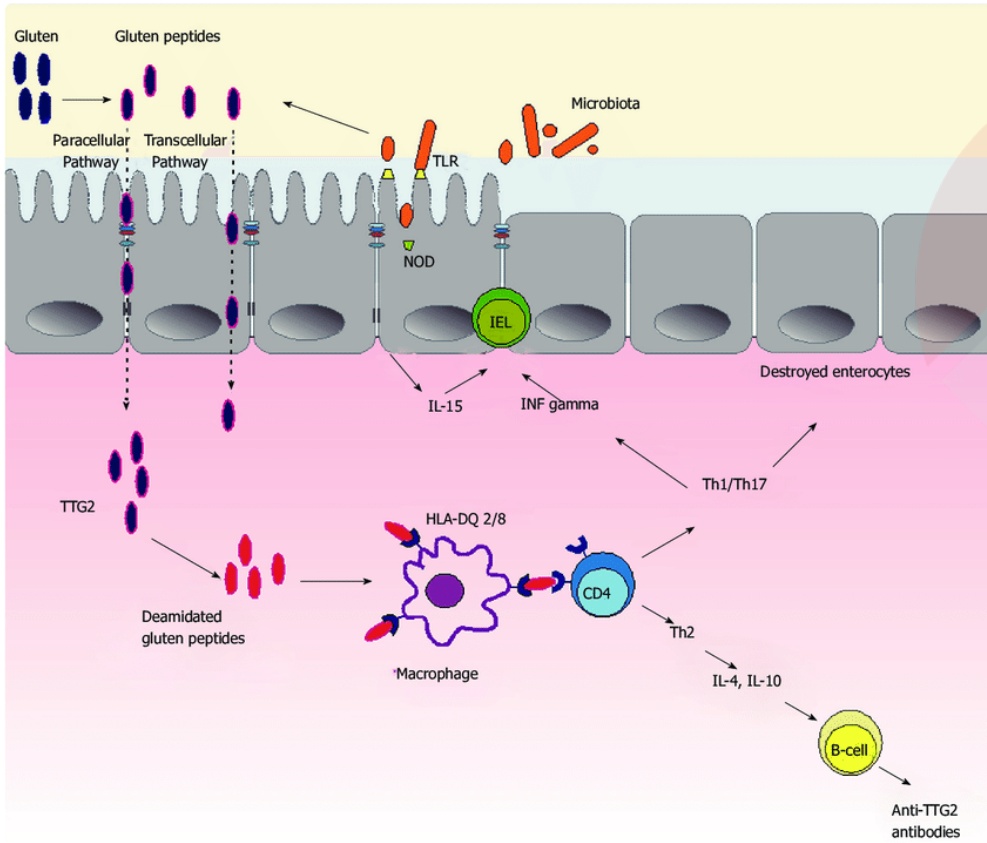
a) Anti Gliadin Ab / Anti TTG.

b). TFT

c). Stool microscopy

d). 72 hr fecal fat

Coeliac disease

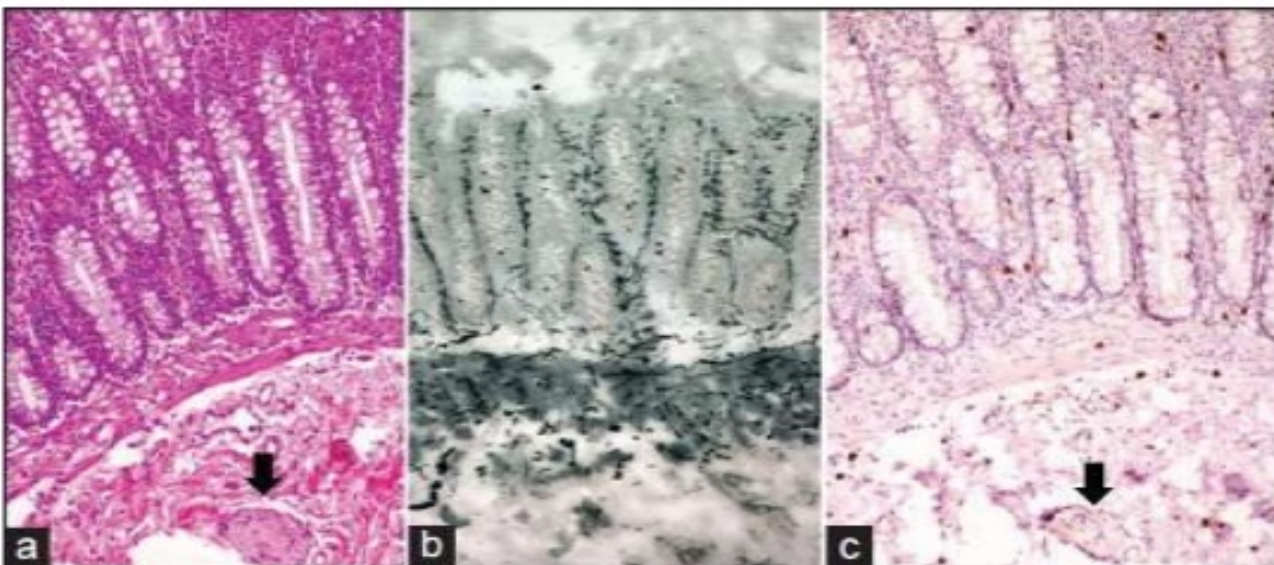


2006, Hirschsprung d/s d/t

a) Failure of migration of NCC

b) } other options are irrelevant to the
 c) } point of discussion.
 d) }

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Hirschsprung disease: Rectal mucosa (a) showing hypertrophic nerve bundle in the submucosa, increase in Acetylcholinesterase activity (b) of pattern A and negative staining with calretinin (c) note the negative staining of hypertrophic nerve fibre (arrow) with calretinin

- * The **fundamental pathology** in HD is the **absence of ganglion cells** in the submucosal and intermuscular nerve plexuses and is associated with an **increase in the nerve fibers** in the affected segment.
- * That aganglionic segment usually involves the terminal intestine, i.e. the rectum or rectosigmoid. The aganglionic segment may, however, include the entire large bowel and even small bowel..

287, H/o consumption of rice milk, child presenting with protruded abdomen, low albumin but no proteinuria. What is the probable diagnosis?

- a) Kwashiorkor
- b) Marasmus
- c) Nephrotic syndrome
- d) Ascites d/t liver failure

Warning:

The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespedia Telegram group

288, Normal value of which of these parameter is specific in ruling out malnutrition

- a) Total body water
- b) skin fold thickness
- c) lean body mass
- d) BMI

289) Not correct about fetal circulation

a) \textcircled{R} umbilical vein is absent

CONTROVERSIAL
RECALL

b) Ductus arteriosus closes by day 3-5

c) Ductus venosus closes by day 3-5

~~d) Foramen ovale closes by day 3-5~~



Changes After Birth: Closing of Shunts

Shunt	Functional closure	Anatomical closure	Remnant
Ductus arteriosus	10 – 96 hrs after birth	2 – 3 wks after birth	Ligamentum arteriosum
Foramen ovale	Within several mins after birth	One year after birth	Fossa ovalis
Ductus venosus	Within several mins after birth	3 – 7 days after birth	Ligamentum venosum

Umbilical arteries → Umbilical ligaments

Umbilical vein → Ligamentum teres

SPACE INTENTIONALLY LEFT

290, A 68yr old male with h/o bladder Ca. , while travelling by flight, complained of ① Leg pain, hemoptysis. O/e pulse rate was 102/min. On enquiry he had h/o prior hospitalisation for pulmonary embolism. He had undergone surgical procedure 3wks back. What is the clinical probability of thrombotic risk with Wells scoring.

a) wells scoring cannot be calculated as D-dimer levels not mentioned

b) low risk according to wells score

c) moderate risk according to wells score

d) High risk according to wells score

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Characteristics	Score
Previous pulmonary embolism or deep vein thrombosis	1.5
Heart rate > 100 beats/minute	1.5
Recent surgery or immobilization	1.5
Clinical signs of deep vein thrombosis	3
Alternative diagnosis less likely than pulmonary embolism	3
Hemoptysis	1
Cancer	1
Interpretation:	
Low probability: 0-1 points	
Intermediate probability: 2-6 points	
High probability: 7 or more	

D-dimer is used an adjunct only to wells scoring to predict risk of DVT and PTE more accurately.

291, TB otitis media is characterised by all except

a) painful otorrhea

b) multiple tympanic perforations

c) Pale granulation

d) Facial palsy

Tuberculous Otitis Media

- ✓ Painless, odorless otorrhoea refractory to antibiotics
- ✓ Multiple TM perforations → large perforation
 - Middle ear mucosa pale (congestion around E.T.O.)
- ✓ Pale granulations in mastoid & middle ear
 - Severe deafness with bony necrosis (caries)
- ✓ Facial palsy & labyrinthitis
 - Tx: Anti-TB therapy + cortical mastoidectomy



Figure 5. Thick and dull tympanic membrane.

292, Photostress test used to differentiate B/w
 a) retina and vitreous
 b) macula and optic Nerve
 c) Cataract and glaucoma
 d) lens and retina

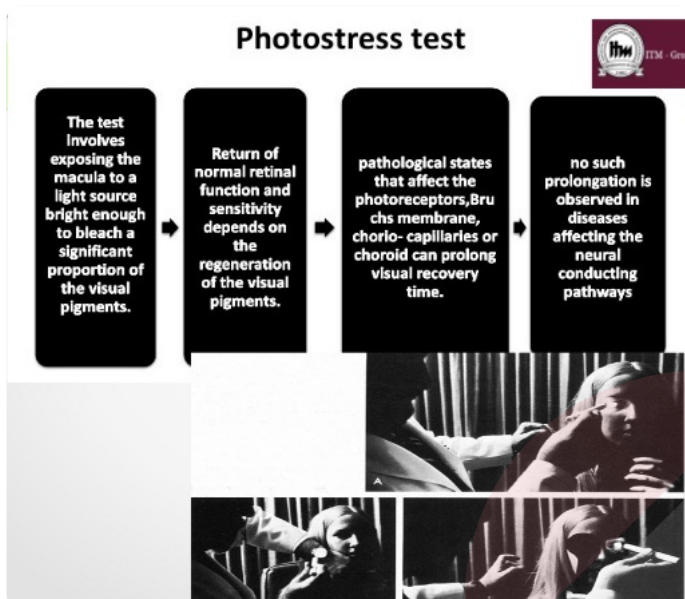


PHOTO STRESS TEST

- TO DIFFERENTIATE VISUAL LOSS DUE TO OPTIC NERVE LESION OR MACULAR LESION
- PURPOSE-INITIATE PHOTOCHEMICAL CHANGES
- REQUIREMENTS-
 - OCLUDER
 - PEN TORCH
 - STOPWATCH
 - VISION CHART
- PSRT – PHOTO STRESS RECOVERY TIME - TIME REQUIRED BY MACULA TO PERFORM ITS FUNCTION

Indirect Recall

293) Pt. with A/C onset of \textcircled{L} side weakness and loss of sensation over \textcircled{L} side of body with facial sparing. On protrusion of tongue, deviates to the right side. Which artery involved

sd. **PICA** is involved

Infarct causes medial medullary syndrome.

Warning:
 The accuracy of the recall is yet to be confirmed by Faculty and chief editor
 The question will be updated soon in Notespedia Telegram group

294, Pt underwent LSCS post operative pt. developed constipation, abdomen distention and examination showed absent Bowel sound and soft in consistency. Diagnosis is?



- a) Paralytic Ileus
- b) Amniotic fluid peritonitis
- c) Appendicitis
- d) Uterine Rupture

Table 2. Possible Causes of Ileus

Surgery (abdominal or nonabdominal)
Medications (opioids, anticholinergics, calcium channel blockers, anesthetics, anticonvulsants, antiparkinsonians, neuroleptics)
Inflammation (appendicitis, diverticulitis, perforated duodenal ulcer)
Hematoma (ruptured abdominal aortic aneurysm)
Metabolic disturbances (hypokalemia)

Source: References 1-3.

Table 1. Clinical Features and Consequences of POI

Nausea
Vomiting
Inability to eat
Bowel distention
Patient discomfort
Delayed enteral feeding
No flatus/bowel movement
Cost >\$1 billion/year

POI: postoperative ileus.
Source: References 3, 7.

Table 3. Pathophysiology of POI

Inhibitory neural reflexes—work via spinal afferent signals that increase inhibitory sympathetic activity
Inflammation—inflammatory response to physical insult (manipulation or trauma)
Neurohumoral peptides—inhibitory neurotransmitters (nitrous oxide, vasoactive intestinal peptide, substance P)

POI: postoperative ileus.
Source: References 2-5.

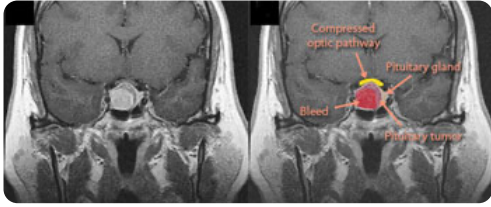
295, Patient having inguinal mass likely diagnosis

- a) Anal cancer
- b) Prostate Cancer
- c) Testicular Cancer
- d) Penile Cancer

296, which of the following is not s/i pituitary apoplexy

- a) Hypertension
- b) Shock
- c) Loss of Consciousness
- d) Head ache





Pituitary Apoplexy

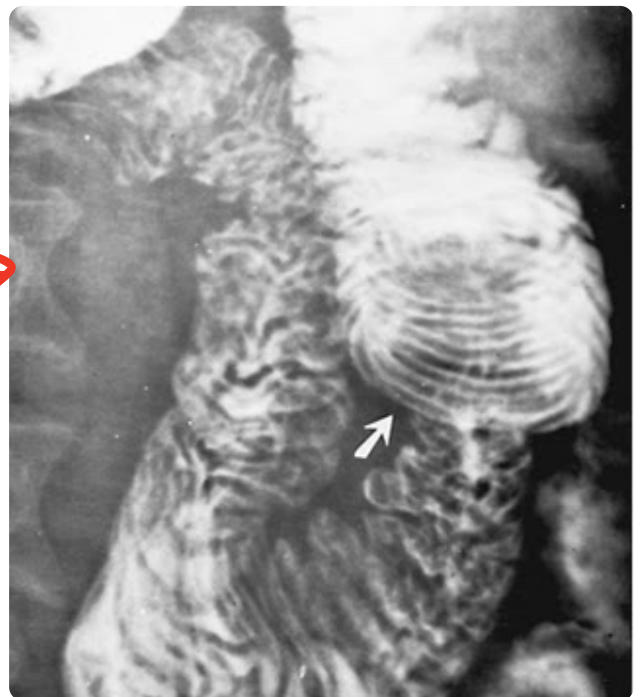
- A clinical syndrome resulting from acute hemorrhage or infarction of the pituitary gland characterized by the onset of:
 - Headache
 - Vomiting
 - Visual Disturbances
 - Ophthalmoplegia – CN III most common
 - Meningismus
 - Fever
 - Decreased Consciousness
 - Death

297, A 51yr old male 90 blood stained stools and abdominal pain.

- ✓ Intussusception.
- b) Sigmoid Volvulus
 - c) Diverticulosis
 - d) Ulcerative colitis



Show a classic "coiled spring" appearance due to trapping of contrast between layers of bowel.



298, Nosocomial infection after how many hrs

- a) 48 hrs
- b) 72 hrs
- c) 96 hrs
- d) 7 days

DEFINITION

- Nosocomial infections or hospital acquired infections are infections acquired during hospital care which are not present at the time of admission.
- Infections occurring more than 48 hours after admission are considered nosocomial.

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299, Not s/i ACTH deficiency

- a) Hyperpigmentation
- b) weight loss
- c) hyponatremia
- d) hypoglycemia

ACTH Deficiency

- Results in hypocortisolism
 - ✓ Malaise
 - ✓ Anorexia
 - ✓ Weight-loss, weakness
 - ✓ Gastrointestinal disturbances- Nausea , Vomiting
 - ✓ Hyponatremia , hypoglycemia, hyperkalemia
- Pale complexion
 - ✓ Unable to tan or maintain a tan
 - ✓ Not accompanied by hyperpigmentation
- No features of mineralocorticoid deficiency
 - ✓ Aldosterone secretion unaffected

300) A K/C/O COPD with A/C exacerbation of COPD is managed in ICU. Following is not true

a) Non invasive ventilation is not indicated

b) O₂ inhalation.

c) Salbutamol inhalation.

d) IV Dexamethasone.

Expected Next year
Repeat

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Role of NIV in Treating Acute COPD

- Preferred therapy for exacerbations of COPD in the acute setting
 - Respiratory acidosis:
 - PaCO₂ ≥ 45 mmHg (6.0 kPa)
 - Arterial pH ≤ 7.35
- Improves oxygenation, increases pH, and decreases PaCO₂
- Decreases respiratory rate, work of breathing (can help overcome auto-PEEP), and severity of breathlessness
- Success rates up to 85%

Table 1 Contraindications to NIV

Significantly altered mental status or severe central nervous system disorders

Inability to cooperate with fitting and wearing the interface

Apnea

Inability to protect the airway or clear respiratory secretions

Upper airway obstruction

Severe upper gastrointestinal bleeding

Severe hemodynamic or rhythm instability

Recent facial surgery or significant facial trauma, burns or deformity (unless a helmet is used)

Recent gastro-esophageal surgery

Undrained pneumothorax

Vomiting

NIV, non-invasive ventilation.

301, P-t has fatigue and not gaining weight, body is warm, o/e the pt has staring look and B/L proptosis. Investigation will show

- a) Low TSH and High T₃ / T₄.
- b) High TSH and High T₃
- c) High TSH and Low free T₃.
- d) Normal TSH and High T₃

Freq. tested topic

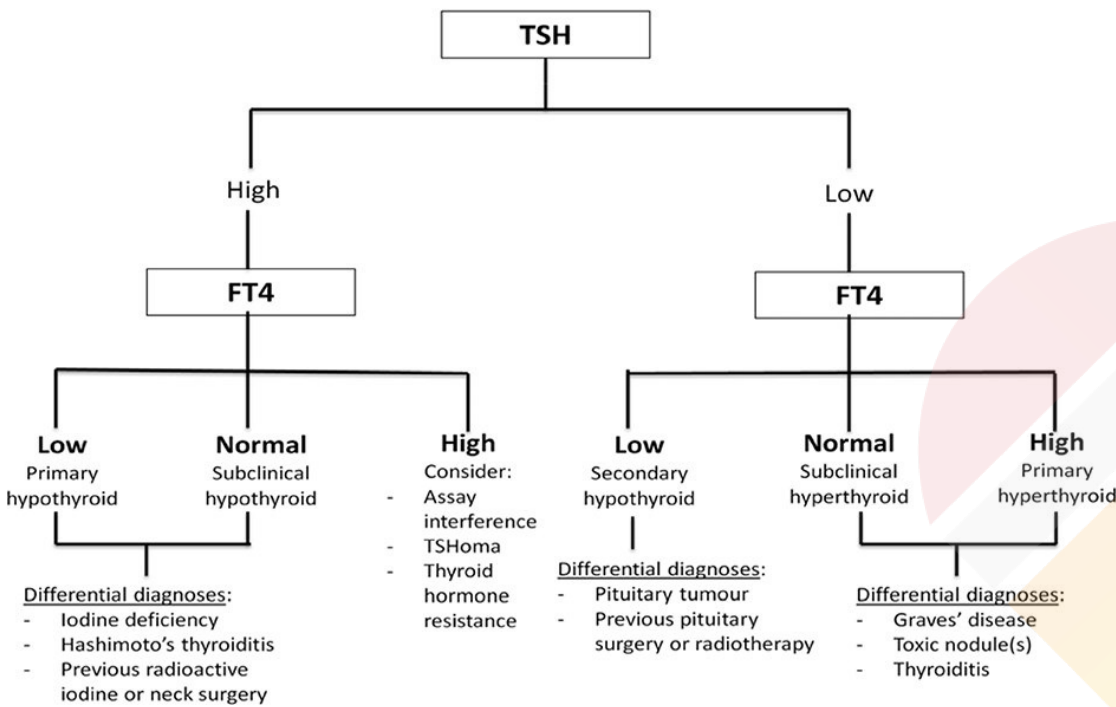


Table 4. Patterns Observed in Radioactive Iodine Uptake and Scan

Condition	Radioactive iodine uptake (normal = 15% to 25%)	Radiotracer distribution in the thyroid gland
Graves disease	High	Homogeneous
Toxic adenoma	High	Iodine 123 is concentrated in one spot
Toxic multinodular goiter	High	Iodine 123 is concentrated in multiple spots
Thyroiditis	Low	Not applicable

302, Test to differentiate b/w organic d/s and functional disorder of Bowel

a) fecal Calprotectin

b) Stool Occult blood.

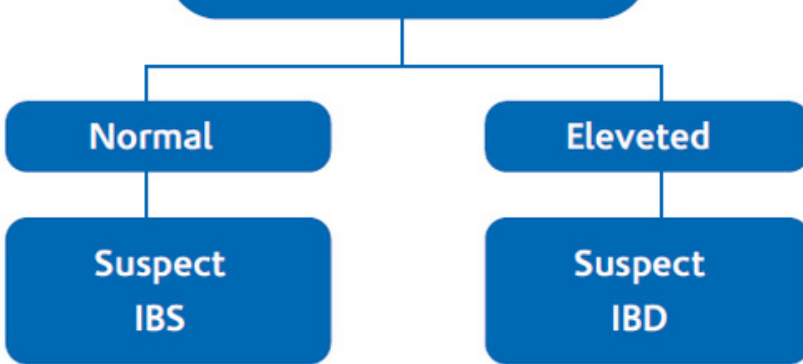
c) fecal elastase

d) 72hr fecal fat estimation.

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Fecal Calprotectin



303, 1^o survey of ATLS does not include

a) CT scan

b) Chin lift, Jaw thrust

c) Intubation

d) IV fluid

2018 ATLS Update

- Initial assessment**
 - 1 litre crystalloid only (not 1-2 litres!)
 - Move to blood quickly, if non-responder
 - Tranexamic acid
- Shock**
 - Give blood 1:1:1 as part of a massive transfusion protocol
 - New table for signs and symptoms of hemorrhage: Emphasis on base deficit
- Thoracic**
 - If U/S available and qualified operator, use e-fast to ID pneumothorax
 - Adults needle thoracotomy location changed to 5th intercostal space (peds unchanged)
 - Chest tube size smaller: 28-32 F (previously 36-40F)
- Traumatic cardiac arrest algorithm (new)**
- Pelvis**
 - High riding prostate not accurate to determine if urethral injury present
 - Consider pre-peritoneal packing (incorporated into new algorithm)

- Head Trauma**
 - Anticoagulation reversal table (new)
 - Revised GCS (clarification of terms, scale is the same).
- Spine and spinal cord trauma**
 - Spinal motion restriction (changed from immobilization)
 - Backboard awareness (>2 hours = ulcers)
 - Use of Canadian C-Spine rule
- Musculoskeletal trauma**
 - Use of tourniquet to control bleeding
- Pediatrics**
 - Use of PECARN rule for head injury
- Geriatrics**
 - Specific injuries listed: Ribs, TBI, Pelvis
 - Lower threshold for imaging
- Transfer to definitive care**
 - Avoid CT in primary hospital
 - Avoid procedures that do not change plan of care
 - ABC-SBAR for communication
- Trauma is a team approach**

ATLS 10th edition Trauma update presented by Dr. Michael Woo, Department of Emergency Medicine, University of Ottawa.
Infographic created by Dr. Shahbaz Syed, Department of Emergency Medicine, University of Ottawa.

304, Pt. with low TSH but on administering TRH TSH improved. Likely cause

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- a) Hypothalamic lesion
- b) Pituitary lesion
- c) 1° Hypothyroidism
- d) De Quervain Thyroiditis

Primary, Secondary and Tertiary Hypothyroidism

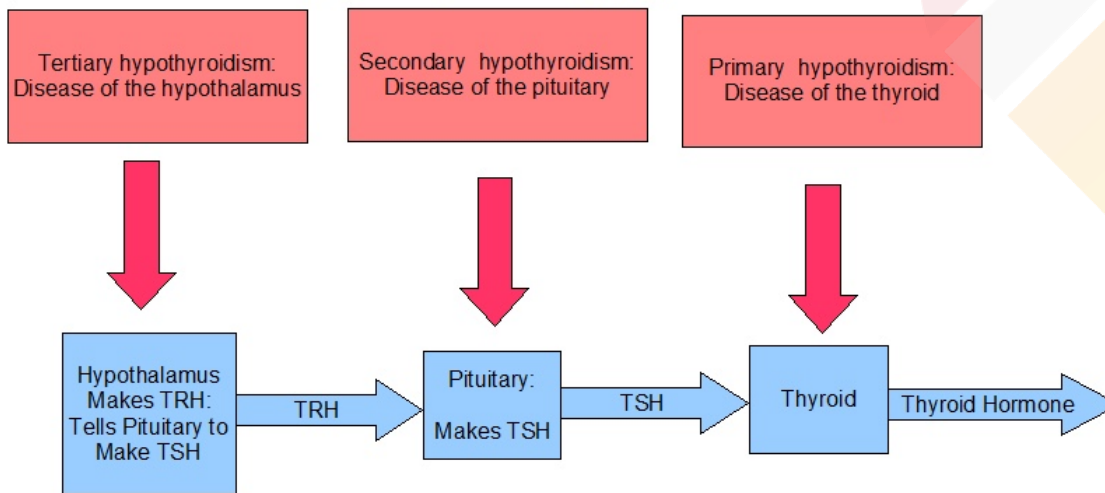


Image showing grouped lesion on lips

- a) Herpes labialis
- b) Impetigo contagiosa
- c) Pemphigus vulgaris
- d) Varicella Zoster.



297, A patient presented to the OPD with complaints of papular lesions over the extremities. %E lesions were soft, nontender. Image of the lesion is provided below. What is the probable diagnosis of this case?

Warning:

The accuracy of the recall is yet to be confirmed by Faculty and chief editor
The question will be updated soon in Notespaedia Telegram group



Pearly, fungating, cauliflower, plaquelike

Condylomata acuminata (HPV)



elevated plaques

Condylomata lata (Secondary syphilis)



Common wart

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Molluscum Contagiosum

- a) Condyloma Lata
- b) Molluscum Contagiosum
- c) Condyloma acuminata .
- d) Common Warts.



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NEURONOTES

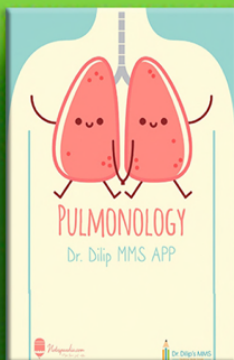


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