Medical Officer / Women Medical Officer / Medico-Legal Officer / Casualty Medical Officer (BPS-17), Health Department, Government of Sindh — 2016 · Solved Past Paper

Body: Sindh Public Service Commission (SPSC) · **Post:** Medical Officer / Women Medical Officer / Medico-Legal Officer / Casualty Medical Officer (BPS-17), Health Department, Government of Sindh · **Year:** 2016 · **Questions:** 100 in the original paper — **99 solved and verified**, 1 excluded as defective (Q55) · **Price:** Free

> **How to use this paper:** each question shows the stem, the four options, and the correct answer. Click “Why each option?” under a question to see all four options explained — one question teaches four topics. General Knowledge answers are as of the 2016 sitting.

Source note: Official SPSC PDF (accessed 9 Nov 2026): 'Pre-Interview Written Test for the post of Medical Officer / Medical Officer (Minorities) / Medical Officer (Disable) / Medico Legal Officer / Casualty Medical Officer (Male) BPS-17 under Health Department, Government of Sindh', Tuesday 26 April 2016, 03:00 pm to 4:40 pm, maximum marks 100; 6-page scanned printed paper, Q1-Q100, mixed 4-option (20 questions) and 5-option (80 questions) items. NO printed answer key exists for this sitting, so all 100 answers were verified independently from first principles and standard references (MSD Manual, RCOG Green-top Guideline 34, Park's Textbook of Preventive and Social Medicine, StatPearls, WHO/IPAS). 13 PICK-ONE (Q8, Q11, Q16, Q21, Q30, Q38, Q52, Q67, Q69, Q76, Q85, Q93, Q98); 1 DEFECTIVE-excluded (Q55 — all four options are recognized causes of acute sore

unique exception exists). No second reproduction of this sitting was found. Decisions by the assistant under the owner's 8 Nov 2026 delegation.

Question 1 Anatomy

Urinary bladder and urethra are derived from the:

- A. primitive-urogenital sinus ✓ **Correct answer**
- B. Metanephrons
- C. Para-mesonephrics duct
- D. Mesonephric duct

A. The urinary bladder develops from the vesical part of the primitive urogenital sinus, and the urethra from the urogenital sinus.

B. The metanephros forms the kidney (and the ureteric bud), not the bladder or urethra.

C. The paramesonephric (Mullerian) duct forms the uterus, fallopian tubes and upper vagina, not the bladder.

D. The mesonephric (Wolffian) duct forms the male genital ducts (epididymis, vas deferens), not the bladder.

Question 2 Community Medicine

Influenza pandemic occurs after every 7-10 years. This kind of disease distribution in time is known as:

- A. Secular trend
- B. Short time fluctuation
- C. Cyclical trend ✓ **Correct answer**
- D. Seasonal trend

A. A secular trend is a slow long-term change over decades, not a 7-10-year cycle.

B. Short-term fluctuations are brief irregular variations (epidemics), not regular 7-10-year

C. A cyclical trend is a regular periodic rise and fall over years; the 7-10-year influenza pandemic cycle is the classic example.

D. A seasonal trend varies with the seasons within a year, not over 7-10 years.

Question 3 ENT

Blood stained foul smell Nasal discharge is usually seen in patients having:

- A. D.N.S
- B. Nasal Polyp
- C. Rhinolith
- D. Angiofibroma
- E. Inverted Papiloma ✓ **Correct answer**

A. A deviated nasal septum causes obstruction, not foul-smelling blood-stained discharge.

B. Nasal polyps cause watery or mucoid discharge and obstruction, not foul blood-stained discharge.

C. A rhinolith can cause unilateral foul discharge, but it is a calcified foreign body and is not typically blood-stained.

D. Juvenile nasopharyngeal angiofibroma presents with epistaxis and nasal obstruction in adolescent males, not foul discharge.

E. Inverted papilloma classically presents with unilateral foul-smelling blood-stained nasal discharge.

Question 4 ENT

In which condition X-Ray neck lateral view shows the thumb sign:

- A. Acute Laryngitis

te Pharyngitis

- C. Acute Epiglotitis ✓ **Correct answer**
- D. Acute Tonsillitis
- E. Acute Tracheobronchitis

A. Acute laryngitis does not produce the thumb sign.

B. Acute pharyngitis does not produce the thumb sign.

C. The thumb sign is the swollen epiglottis seen on a lateral neck X-ray in acute epiglottitis.

D. Acute tonsillitis does not produce the thumb sign.

E. Acute tracheobronchitis does not produce the thumb sign.

Question 5 Community Medicine

Regarding principles of arthropods control, the elimination of breeding places of the insects is:

- A. Environmental control ✓ **Correct answer**
- B. Genetic control
- C. Biological control
- D. Physical control
- E. Chemical control

A. Eliminating breeding places (source reduction) is environmental control.

B. Genetic control means altering the insect's genes (for example sterile males), not removing breeding places.

C. Biological control uses predators or parasites of the insect.

D. Physical control uses mechanical measures (screens, traps).

E. Chemical control uses insecticides.

6 Community Medicine

Which of the following is the disease most commonly seen in rural environment:

- A. Farmer's lung ✓ **Correct answer**
- B. Tuberculosis
- C. Bronchitis
- D. HIV/AIDS
- E. Meningitis

A. Farmer's lung (hypersensitivity pneumonitis from mouldy hay) is the classic rural and farming disease.

B. Tuberculosis is common in crowded urban settings, not specifically rural.

C. Bronchitis is common in smokers and urban pollution, not specifically rural.

D. HIV/AIDS is not a rural-environment disease.

E. Meningitis is not specifically a rural disease.

Question 7 Obstetrics & Gynaecology

Which is the appropriate clinical finding for diagnosis of uterine rupture during antenatal period:

- A. Abdominal pain and tenderness
- B. Shock
- C. Vaginal bleeding profuse with passage of clots
- D. Fetal tachycardia/Bradycardia
- E. High and obvious fetal presenting parts on abdominal examination ✓ **Correct answer**

A. Abdominal pain and tenderness occur in uterine rupture but are non-specific.

B. Shock occurs late and is non-specific.

vaginal bleeding with clots occurs in abruption and placenta praevia, not specifically in rupture.

D. Fetal tachycardia or bradycardia is a sign of fetal distress, not diagnostic of rupture.

E. Easily palpable fetal parts (loss of uterine contour, the fetus felt superficially) is the classic diagnostic finding of uterine rupture.

Question 8 Medicine

In Charcot neuro arthropathy:

- A. It is non-infective arthropathy with poor perfusion
- B. It is caused by minor trauma in presence of in sensitivity & sympathetic dysfunction ✓ **Correct answer**
- C. Blood flow is good
- D. Foot become cold to touch
- E. Patient can walk with discomfort

A. Charcot arthropathy has GOOD perfusion (a warm foot with bounding pulses), not poor perfusion.

B. Charcot joint is caused by repetitive minor trauma in a foot with loss of protective sensation and sympathetic (autonomic) dysfunction; this is the definitional pathogenesis.

C. Blood flow IS good in the Charcot foot (warm, hyperaemic from autonomic dysfunction), so this is also true; the item is filed as PICK-ONE with B as the definitional answer (decided by the assistant under the owner's 8 Nov 2026 delegation).

D. The Charcot foot is warm, not cold, to touch.

E. The patient can walk with little or no pain (painless), not 'with discomfort'.

9 Medicine

Diagnosis of glandular fever is confirmed by:

- A. Positive monospot test ✓ **Correct answer**
- B. Raised liver enzyme
- C. Leucocytosis
- D. C-reactive protein
- E. Hb A1C

A. The Monospot (heterophile antibody) test confirms infectious mononucleosis (glandular fever).

B. Raised liver enzymes occur in glandular fever but do not confirm it.

C. Leucocytosis is non-specific.

D. C-reactive protein is a non-specific inflammatory marker.

E. HbA1c is a diabetes marker, irrelevant here.

Question 10 Anatomy

Which of the following is not a branch of the ophthalmic nerve:

- A. Supraorbital
- B. Supratrochlear
- C. Infraorbital ✓ **Correct answer**
- D. External nasal

A. Supraorbital is a branch of the frontal nerve (ophthalmic, V1).

B. Supratrochlear is a branch of the frontal nerve (V1).

C. Infraorbital is a branch of the maxillary nerve (V2), not the ophthalmic nerve; it is the odd one out.

nasal is a branch of the nasociliary nerve (V1).

Question 11 Pharmacology

Which of the following is true regarding RU 486?

- A. Prevents fertilization
- B. Has affinity for estrogen receptors
- C. Single dose of 10mg prevents pregnancy in 90% cases
- D. Causes delayed menstruation ✓ **Correct answer**
- E. Reduce bleeding

A. Mifepristone (RU 486) does not prevent fertilization; it blocks progesterone and prevents implantation or induces abortion.

B. Mifepristone has affinity for PROGESTERONE receptors, not estrogen receptors.

C. A single 10 mg dose as emergency contraception prevents about 85-90% of expected pregnancies, so this is also defensible; the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

D. Mifepristone commonly delays the next menstrual period; this is the consistently true statement.

E. Mifepristone causes bleeding; it does not reduce it.

Question 12 Medicine

Which of the following infectious agent may lead to development of liver cancer?

- A. Hepatitis B virus ✓ **Correct answer**
- B. Human Immuno deficiency virus (HIV)
- C. Adenovirus
- D. Polio virus
- E. Entero virus

3 virus is oncogenic and causes hepatocellular carcinoma.

B. HIV causes immunosuppression-related cancers (Kaposi sarcoma, lymphoma), not liver cancer.

C. Adenovirus does not cause liver cancer.

D. Poliovirus does not cause liver cancer.

E. Enteroviruses do not cause liver cancer.

Question 13 Medicine

Inability to perform alternating movement of the hands is referred to as:

- A. Dysdiadochokinesia ✓ **Correct answer**
- B. Dyskinesia
- C. Romberg's sign
- D. Chorea
- E. Athetosis

A. Dysdiadochokinesia is the inability to perform rapid alternating movements (a cerebellar sign).

B. Dyskinesia is abnormal involuntary movement, not impaired alternating movement.

C. Romberg's sign is swaying with the eyes closed (sensory ataxia).

D. Chorea is irregular dancing movements.

E. Athetosis is slow writhing movements.

Question 14 Pharmacology

Which of the following is Antifungal agent:

- A. Gentamycin

ramycin

- C. Canestin ✓ **Correct answer**
- D. Penecillin
- E. Asprin

A. Gentamicin is an aminoglycoside antibacterial.

B. Tobramycin is an aminoglycoside antibacterial.

C. Canesten (clotrimazole) is an antifungal agent.

D. Penicillin is an antibacterial.

E. Aspirin is an analgesic and anti-inflammatory, not an antifungal.

Question 15 Obstetrics & Gynaecology

The common urinary symptoms with anterior vaginal wall prolapsed include:

- A. Urinary retention
- B. Recurrent urinary tract infection
- C. Haematuria
- D. True incontinence of urine ✓ **Correct answer**
- E. Detrusor over activity

A. Urinary retention (incomplete emptying) occurs with large cystoceles but is secondary.

B. Recurrent urinary tract infection occurs from residual urine but is secondary.

C. Haematuria is not a feature of cystocele.

D. 'True incontinence' here means genuine stress incontinence, the hallmark urinary symptom of anterior vaginal wall prolapse (cystocele) from urethral hypermobility (stress incontinence in up to 65% of women with cystocele).

E. Detrusor overactivity (urge incontinence) can occur but is not the hallmark symptom.

16 Ophthalmology

Bitemporal hemianopia is present in:

- A. Craniopharyngioma
- B. Pituitary tumor ✓ **Correct answer**
- C. Meningioma
- D. Astrocytoma
- E. Schwanoma

A. Craniopharyngioma is suprasellar and can also compress the chiasm and cause bitemporal hemianopia, so it is also correct; the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

B. Pituitary adenoma is the classic and commonest cause of chiasmal compression producing bitemporal hemianopia.

C. A meningioma can compress the chiasm but is a less common cause.

D. An astrocytoma does not typically cause bitemporal hemianopia.

E. A schwannoma does not cause bitemporal hemianopia.

Question 17 Paediatrics

Regarding esophageal atresia, which of the following statements is not true about esophageal atresia?

- A. It leads to excessive salivation and/or choking spells when 1st feed is attempted
- B. It is associated with VACTERL anomalies
- C. X ray shows absent gas in the abdomen ✓ **Correct answer**
- D. Primary surgical repair is preferred

A. Excessive salivation (frothing) and choking on the first feed are classic features of oesophageal atresia.

...eal atresia is associated with VACTERL anomalies.

C. In the commonest type (atresia with distal tracheo-oesophageal fistula, about 85%) gas IS present in the abdomen, so 'absent gas' is NOT true; this is the exception.

D. Primary surgical repair is the preferred treatment.

Question 18 Anatomy

The thyroid develops from?

- A. Ectoderm
- B. Mesoderm
- C. Dorsal pharyngeal gut endoderm
- D. Ventral pharyngeal gut endoderm ✓ **Correct answer**

A. The thyroid does not develop from ectoderm.

B. The thyroid does not develop from mesoderm.

C. The thyroid develops from the VENTRAL, not dorsal, pharyngeal gut endoderm.

D. The thyroid diverticulum arises from the ventral endoderm of the pharyngeal gut floor.

Question 19 Pathology

Reed-stenberg cells are characteristic of:

- A. Hodgkin's lymphoma ✓ **Correct answer**
- B. Non-Hodgkin's lymphoma
- C. Burkitt's lymphoma
- D. B-cell lymphoma
- E. T-cell lymphoma

A. Reed-Sternberg cells are the hallmark of Hodgkin lymphoma.

B. Non-Hodgkin lymphoma lacks Reed-Sternberg cells.

lymphoma has a starry-sky pattern, not Reed-Sternberg cells.

D. B-cell lymphoma is a broad category; Reed-Sternberg cells define Hodgkin lymphoma specifically.

E. T-cell lymphoma lacks Reed-Sternberg cells.

Question 20 Anatomy

Following pelvic surgery, a patient reports numbness along the medial thigh as well as weakness of hip adduction. Which nerve has most likely been injured during the operation

- A. Obturator ✓ **Correct answer**
- B. Femoral
- C. Inferior gluteal
- D. Superior gluteal
- E. Sciatic

A. The obturator nerve supplies the hip adductors and the medial thigh, so its injury causes medial thigh numbness and weak adduction.

B. The femoral nerve supplies the quadriceps and the anterior thigh, not the adductors.

C. The inferior gluteal nerve supplies gluteus maximus (hip extension).

D. The superior gluteal nerve supplies the abductors (gluteus medius and minimus).

E. The sciatic nerve supplies the hamstrings and the leg below the knee.

Question 21 Ophthalmology

Regarding the use of ocular staining dyes:

- A. Fluorescein is used to stain corneal epithelium ✓ **Correct answer**
- B. Rose Bengal is used to stain vitalized corneal tissue

- ~~orescein dye is used to stain de-vitalized tissue~~
- D. Merbromin dye is used to stain endothelium of blood vessels
- E. Rose Bengal is used to stain margins of corneal epithelium

A. Fluorescein is the standard dye for the corneal epithelium (it pools in epithelial defects); this is the textbook pairing.

B. Rose Bengal stains DEVITALIZED cells, not vitalized tissue.

C. Fluorescein does pool in devitalized and damaged epithelium, so this is also defensible; the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

D. Merbromin (mercurochrome) is an antiseptic, not a standard ocular dye for endothelium.

E. Rose Bengal does not stain the margins of the corneal epithelium.

Question 22 Pharmacology

Which of the following is Ototoxic drug:

- A. Gentamycin ✓ **Correct answer**
- B. Contimycin
- C. Amoxicillin
- D. Erythrocin
- E. Penecillin

A. Gentamicin (an aminoglycoside) is the classic ototoxic drug.

B. 'Contimycin' is not a recognized ototoxic drug.

C. Amoxicillin is not ototoxic.

D. Erythromycin is not the classic ototoxic drug (gentamicin is).

s not ototoxic.

Question 23 Medicine

Plummer Vinson syndrome is characterized by all except:

- A. Clubbing ✓ **Correct answer**
- B. Dysphagia
- C. Angular Stomatitis
- D. Anaemia
- E. Pale conjunctiva

A. Clubbing is NOT a feature of Plummer-Vinson syndrome; this is the exception.

B. Dysphagia (from the oesophageal web) is a cardinal feature.

C. Angular stomatitis is a feature (iron deficiency).

D. Anaemia (iron deficiency) is a cardinal feature.

E. Pale conjunctiva is a sign of the anaemia.

Question 24 Medicine

Characteristics features of Acute intermittent Porphyria include:

- A. Exessive faecal protoporphyrin excretion
- B. Excessive urinary porphobilinogen excretion between acute attacks ✓ **Correct answer**
- C. Hypernatraemia during attacks
- D. Photosensitivity
- E. Autosomal recessive inheritance

A. Excessive faecal protoporphyrin is a feature of variegate porphyria, not acute intermittent porphyria.

nary porphobilinogen (and ALA) are raised and remain elevated between attacks; this is the diagnostic feature.

C. Attacks cause HYPOnatraemia (SIADH), not hypernatraemia.

D. Photosensitivity is NOT a feature of AIP (it occurs in the cutaneous porphyrias).

E. AIP is autosomal DOMINANT, not recessive.

Question 25 Ophthalmology

Optical condition in aphakia is:

- A. Hypermetropia ✓ **Correct answer**
- B. Myopia
- C. Astigmatism with rule
- D. Presbyopia
- E. Astigmatism against rule

A. Without the lens the eye is strongly hypermetropic (about +10 D); aphakia causes hypermetropia.

B. Myopia is the opposite (too much power).

C. 'Astigmatism with the rule' is not the optical condition of aphakia.

D. Presbyopia is age-related loss of accommodation, not aphakia.

E. 'Astigmatism against the rule' is not the optical condition of aphakia.

Question 26 Obstetrics & Gynaecology

The serum B HCG level in ectopic pregnancy:

- A. Increases at a normal rate in 7-10% of cases ✓ **Correct answer**
- B. Doubles abruptly till 5 weeks duration
- C. Rises slowly and then levels doubles in 30 hours

el reach peak at 7 weeks gestation

- E. Is primary investigation then the ultrasound examination

A. In ectopic pregnancy beta-hCG usually rises suboptimally, but a normal rise occurs in about 7-10% of cases.

B. Abrupt doubling until 5 weeks is the pattern of a NORMAL intrauterine pregnancy, not ectopic.

C. The doubling time in normal pregnancy is about 48 hours, not 30 hours, and ectopic hCG rises slowly.

D. hCG peaks at 8-11 weeks in normal pregnancy; ectopic hCG does not peak at 7 weeks.

E. Ultrasound (not serum hCG) is the primary investigation for ectopic pregnancy.

Question 27 ENT

Malignant tumors of the larynx spreads via:

- A. Lymphatic channel
- B. Nerve
- C. Blood
- D. Direct spread to distant structures
- E. All of these ✓ **Correct answer**

A. Laryngeal carcinoma spreads via lymphatics.

B. It spreads perineurally (by nerve).

C. It spreads haematogenously (by blood).

D. It spreads by direct extension.

E. All of these routes occur, so 'all of these' is correct.

28 Biochemistry

All are lipid storage diseases, except:

- A. Gaucher's disease
- B. Niemann's disease
- C. Sach's disease
- D. Berie berie disease ✓ **Correct answer**

A. Gaucher disease is a lipid storage disease (glucocerebrosidase deficiency).

B. Niemann-Pick disease is a lipid storage disease (sphingomyelinase deficiency).

C. Tay-Sachs disease is a lipid storage disease (hexosaminidase deficiency).

D. Beriberi is thiamine (vitamin B1) deficiency, NOT a lipid storage disease; this is the exception.

Question 29 ENT

Regarding Acute Maxillary Sinusitis, all are correct, except:

- A. Is the sequel to common cold
- B. Precipitated by swimming and diving in unhygienic water
- C. Streptococcal organism is its causative agent
- D. Cheek pain radiating to upper jaw
- E. Antral wash out is its surgical treatment ✓ **Correct answer**

A. Acute maxillary sinusitis commonly follows a common cold (viral infection then bacterial superinfection).

B. Swimming and diving in unhygienic water can precipitate sinusitis (water forced into the sinuses).

C. Streptococcus pneumoniae is the commonest bacterial cause.

D. Cheek pain radiating to the upper jaw and teeth is a classic feature.

shout is the surgical treatment of CHRONIC maxillary sinusitis, not acute (acute is treated medically); this is the exception (Dhingra; Nuffield Health confirms antral washout is primarily for chronic sinusitis and 'not the routine treatment' for acute).

Question 30 Medicine

In the Diabetic foot:

- A. They are more common in men aged 40 years
- B. Hand lesion is not a presenting feature of type-2 diabetes
- C. It is least common cause of hospital admission of Diabetic patients
- D. 50% of foot amputation if preventable if patient are educated about foot care ✓ **Correct answer**
- E. It is more common in Asian and socially affluent Diabetic

A. Diabetic foot is more common in men, but 'aged 40 years' is oddly specific and not the taught figure.

B. Hand lesions are indeed rare as a presenting feature of type-2 diabetes, so this is also a true statement; the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

C. Diabetic foot is the COMMONEST, not the least common, cause of hospital admission in diabetics.

D. About 50% of diabetic foot amputations are preventable by patient education about foot care; this is the classic taught figure.

E. Diabetic foot is more common in deprived, not socially affluent, patients.

Question 31 Pathology

Polycythaemia rubra vera:

- A. Is usually associated with a moderately elevated ESR

ally terminated as an acute myeloid leukaemia

- C. Is associated with thrombocythaemia ✓ **Correct answer**
- D. Is associated with low leukocyte alkaline phosphates activity
- E. Is not associated with a prolonged bleeding time is most cases

A. The ESR is usually LOW or normal in polycythaemia vera (high haematocrit), not elevated.

B. Transformation to AML occurs in only about 5-10% of cases, not 'usually'.

C. Thrombocytosis (thrombocythaemia) occurs in about half of polycythaemia vera patients.

D. Leucocyte alkaline phosphatase activity is HIGH in polycythaemia vera (low LAP is the feature of CML).

E. Bleeding time is often PROLONGED in polycythaemia vera (platelet dysfunction), so 'not associated with a prolonged bleeding time' is false.

Question 32 Anatomy

Regarding the lateral mesoderm is divided into two distinct layers by the formation of:

- A. Extra-embryonic coelom
- B. Intra-embryonic coelom ✓ **Correct answer**
- C. Cardiogenic region
- D. Notochord

A. The extra-embryonic coelom does not split the lateral mesoderm.

B. The intra-embryonic coelom splits the lateral plate mesoderm into somatic (parietal) and splanchnic (visceral) layers.

C. The cardiogenic region is not what divides the lateral mesoderm.

D. The notochord induces the neural tube; it does not divide the lateral mesoderm.

Renal adenocarcinomas:

- A. Are of transitional cell origin
- B. Usually are associated with anemia
- C. Are difficult to diagnose
- D. Are extremely radiosensitive
- E. Frequently are signaled by gross hematuria ✓ **Correct answer**

A. Renal adenocarcinoma (RCC) is of renal tubular origin, not transitional cell (transitional cell carcinoma arises from the urothelium).

B. Anaemia can occur as a paraneoplastic feature, but 'usually' overstates it (polycythaemia from erythropoietin is the classic paraneoplastic finding).

C. RCC is often diagnosed incidentally on imaging; 'difficult to diagnose' is vague and not the taught feature.

D. RCC is famously RADIoresistant, not radiosensitive.

E. Gross (or microscopic) haematuria is the most common manifestation of RCC (MSD Manual).

Question 34 ENT

Primary hemorrhage in Tonsillectomy can occur in all, except:

- A. Infection ✓ **Correct answer**
- B. Rough dissection
- C. Fibrosed Tonsils
- D. Post operative persistent cough
- E. Rise of blood pressure

A. Infection causes SECONDARY haemorrhage (day 5-10 after tonsillectomy), not primary haemorrhage; this is the exception.

section is a cause of primary haemorrhage.

C. Fibrosed tonsils (difficult dissection) cause primary haemorrhage.

D. Persistent post-operative cough raises venous pressure and causes primary haemorrhage.

E. A rise in blood pressure causes primary haemorrhage.

Question 35 Psychiatry

Each one of the following is a recognized feature of anorexia nervosa except:

- A. Hypokalemia
- B. Low LH
- C. Impaired glucose tolerance
- D. Low FSH
- E. Reduced growth hormone Level ✓ **Correct answer**

A. Hypokalaemia is a recognized feature (vomiting, laxative abuse).

B. Low LH (hypogonadotropic hypogonadism) is a feature.

C. Impaired glucose tolerance is not a classic feature of anorexia nervosa, but it is not the clearest exception.

D. Low FSH (hypogonadotropic hypogonadism) is a feature.

E. Growth hormone is RAISED in anorexia nervosa (GH resistance with high GH and low IGF-1), not reduced; this is the exception.

Question 36 ENT

Increased number of Eosinophils in Nasal smear is seen in:

- A. Atrophic Rhinitis
- B. Rhinitis Medicamentosa

rgic Rhinitis ✓ **Correct answer**

- D. Vasomotor Rhinitis
- E. Rhinitis Sicca

A. Atrophic rhinitis shows no eosinophilia.

B. Rhinitis medicamentosa (rebound congestion) does not show nasal eosinophilia.

C. Allergic rhinitis shows increased eosinophils in the nasal smear; this is the diagnostic finding.

D. Vasomotor rhinitis does not show eosinophilia.

E. Rhinitis sicca (dry nose) does not show eosinophilia.

Question 37 Medicine

Anaemic heart disease is a complication of:

- A. Hook worm ✓ **Correct answer**
- B. Whip worm
- C. Thread worm
- D. Round worm
- E. Flariases

A. Hookworm causes chronic intestinal blood loss leading to iron-deficiency anaemia and anaemic (high-output) heart disease.

B. Whipworm causes dysentery and colitis, not anaemic heart disease.

C. Threadworm (pinworm) causes perianal itching, not anaemia.

D. Roundworm (Ascaris) causes obstruction and malnutrition, not anaemic heart disease.

E. Filariasis causes lymphatic disease (elephantiasis), not anaemic heart disease.

Which one of the following is a risk factor for preeclampsia:

- A. BMI<25
- B. Diabetes
- C. Intrepregnancy interval of >8 years
- D. Antiphospholipid antibodies ✓ **Correct answer**
- E. Multiparity

A. BMI under 25 is not a risk factor (obesity, BMI over 30, is).

B. Diabetes (pre-gestational) IS a risk factor for pre-eclampsia, so it is also correct; the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

C. A long interpregnancy interval (over 8-10 years) is a risk factor, though the usual threshold is over 10 years.

D. Antiphospholipid antibodies (antiphospholipid syndrome) are a strong, specific risk factor for pre-eclampsia; this is the filed answer.

E. MULTiparity is not a risk factor; NULLiparity is.

Question 39 Medicine

Additional procedures in the management of diabetic ketoacidosis does not include:

- A. Nasogastric tube to keep stomach empty in unconscious patients
- B. Antibiotic if infection is suspected
- C. ECG monitoring in severe cases
- D. Plasma expander if systolic BP<90 mm of Hg ✓ **Correct answer**
- E. Plasma expander if systolic BP<90 mm of Hg if does not rise with I/V saline

A. A nasogastric tube to keep the stomach empty in unconscious patients is a correct DKA measure (aspiration risk).

s if infection is suspected are correct (infection precipitates DKA).

C. ECG monitoring in severe cases is correct (potassium disturbances).

D. Plasma expander as the FIRST response to systolic BP under 90 is NOT standard; IV saline comes first, and plasma expander is used only if BP does not rise with saline, so D is the 'does not include' item.

E. Plasma expander if BP stays under 90 DESPITE IV saline is correct management.

Question 40 Medicine

Malabsorption due to a mucosal intestinal defect occurs in:

- A. Chronic pancreatitis
- B. Celiac disease ✓ **Correct answer**
- C. Ulcerative colitis
- D. Cystic Fibrosis

A. Chronic pancreatitis causes malDIGESTION (enzyme deficiency), not a mucosal defect.

B. Coeliac disease causes villous atrophy, a mucosal intestinal defect causing malabsorption.

C. Ulcerative colitis affects the colon, not the small-bowel mucosa.

D. Cystic fibrosis causes maldigestion (pancreatic enzyme deficiency), not a mucosal defect.

Question 41 Medicine

Kluver-Bucy syndrome is due to lesion of which of the following:

- A. Cerebellum
- B. Amygdala ✓ **Correct answer**
- C. Fornix

- E. Thalamus

A. The cerebellum is not the site of the Kluver-Bucy lesion.

B. Bilateral amygdala lesions cause Kluver-Bucy syndrome (hyperorality, hypersexuality, visual agnosia, placidity).

C. The fornix is not the site.

D. The hypothalamus is not the site.

E. The thalamus is not the site.

Question 42 ENT

It is true regarding facial nerve paralysis, except:

- A. Also seen in Herpes-Zoster
- B. Bell's paralysis
- C. It can be detected on C.T. scan ✓ **Correct answer**
- D. Supra-nuclear damage

A. Facial nerve paralysis is seen in herpes zoster (Ramsay Hunt syndrome).

B. Bell's palsy IS a facial nerve paralysis.

C. Facial nerve paralysis is a clinical diagnosis; it cannot be 'detected' on a CT scan (CT shows a causative lesion, not the paralysis itself); this is the exception.

D. Supranuclear (central) lesions do cause facial nerve paralysis (lower face).

Question 43 Obstetrics & Gynaecology

A 52 year old postmenopausal woman presents in OPD with complaint of lower abdominal pain. Her ultra sound shows left sided ovarian cyst of 5cm, her CA-125 is

most appropriate option for the treatment of this case is:

- A. U/s guided aspiration of cyst
- B. Administration of IV antibiotics
- C. Cystectomy ✓ **Correct answer**
- D. Laprotomy, TAH & BSO
- E. Follow up observation

A. Ultrasound-guided aspiration is NOT recommended for ovarian cysts in postmenopausal women (risk of spillage and malignancy).

B. IV antibiotics have no role; this is not an infection.

C. A symptomatic 5 cm postmenopausal cyst with normal CA-125 needs surgical removal; cystectomy is the surgical-removal option offered (TAH and BSO is the cancer operation). Note: RCOG Green-top Guideline 34 says laparoscopic bilateral salpingo-oophorectomy (not cystectomy) is preferred in postmenopausal women, but that option is not offered, so cystectomy is the best available surgical answer.

D. Laparotomy with TAH and BSO is the operation for suspected malignancy (high RMI), not for a benign-appearing cyst with normal CA-125.

E. Follow-up observation is only for asymptomatic, simple, under-5 cm cysts with normal CA-125; this patient is symptomatic with a 5 cm cyst.

Question 44 Medicine

Following familial cancer syndromes exhiloit autosomal recessive inheritance except:

- A. Ataxia telangiectasia
- B. Bloom's syndrome
- C. Wilson's tumor ✓ **Correct answer**
- D. Fanconi's anaemia
- E. Xeroderma pigmentosa

angiectasia is autosomal recessive.

B. Bloom syndrome is autosomal recessive.

C. 'Wilson's tumor' (Wilms tumour, nephroblastoma) is associated with autosomal DOMINANT syndromes (WAGR, Beckwith-Wiedemann); this is the exception.

D. Fanconi anaemia is (mostly) autosomal recessive.

E. Xeroderma pigmentosum is autosomal recessive.

Question 45 Ophthalmology

Aphakia is defined as:

- A. Presence of lens in its normal position
- B. Absence of lens from its normal position ✓ **Correct answer**
- C. Subluxation of lens
- D. Upward deviation
- E. Change in colour of lens

A. Presence of the lens in its normal position is the opposite of aphakia.

B. Aphakia is the absence of the lens from its normal position.

C. Subluxation is displacement, not absence.

D. Upward deviation is not aphakia.

E. Change in lens colour is cataract, not aphakia.

Question 46 Community Medicine

Which of the following is the most common cause of neonatal deaths in developing countries?

- A. Neonatal sepsis

oebiasis

- C. Neonatal tetanus
- D. Meningitis
- E. Birth asphyxia ✓ **Correct answer**

A. Neonatal sepsis is a leading cause, but the standard textbook (Park) answer for the commonest cause is birth asphyxia.

B. Amoebiasis is not a cause of neonatal death.

C. Neonatal tetanus is a cause but not the commonest.

D. Meningitis is a cause but not the commonest.

E. Birth asphyxia is the commonest cause of neonatal deaths in developing countries (Park and the standard MCQ-bank key; modern CHAMPS data puts sepsis close behind).

Question 47 ENT

Treatment of Nasopharyngeal Angiofibroma is:

- A. Radiotherapy
- B. Chemotherapy
- C. Surgery ✓ **Correct answer**
- D. Harmonal therapy
- E. I/V Antibiotics

A. Radiotherapy is not the treatment of nasopharyngeal angiofibroma.

B. Chemotherapy is not the treatment.

C. Surgery is the treatment of choice for juvenile nasopharyngeal angiofibroma.

D. Hormonal therapy is not the treatment.

E. IV antibiotics are not the treatment.

48 Pharmacology

Which is imidazole derivative:

- A. Thiopentone sodium
- B. Methohexitone
- C. Propofol
- D. Etomidate ✓ **Correct answer**

A. Thiopentone sodium is a barbiturate, not an imidazole.

B. Methohexitone is a barbiturate, not an imidazole.

C. Propofol is a phenol (alkylphenol), not an imidazole.

D. Etomidate is an imidazole derivative.

Question 49 Physiology

In the alveolar region of the lungs:

- A. te barrier to diffusion of gases is about 10 u.m thick
- B. Srfactant-secreting cells form a continuous cytoplasmic layer lining the alveoli
- C. Alveoli are larger in the upper and smaller in the lower zones of the lungs ✓ **Correct answer**
- D. If any fluid escapes from capillaries, it goes into the alveoli
- E. Macrophages in the alveoli are carried to the respiratory bronchioles by the activity of cilia

A. The alveolar-capillary barrier is about 0.5 micrometres thick, not 10 micrometres.

B. Surfactant-secreting (type II) cells are scattered cuboidal cells; the CONTINUOUS layer is formed by type I pneumocytes.

C. Alveoli are larger in the upper zones and smaller in the lower zones (greater transpulmonary pressure at the apex).

pring from capillaries goes into the interstitium first, not directly into the alveoli.

E. Alveoli have no cilia; macrophages reach the bronchioles by amoeboid movement, not ciliary action.

Question 50 ENT

Which one of the following occurs in long standing case of Chronic Suppurative Otitis Media:

- A. Acoustic Neuroma
- B. Glomus Tumor
- C. Persistent T.M Perforation ✓ **Correct answer**
- D. Basal Cell Carcinoma
- E. Mienier's Disease

A. Acoustic neuroma is not a complication of CSOM.

B. Glomus tumour is not a complication of CSOM.

C. Persistent tympanic membrane perforation is the hallmark of long-standing chronic suppurative otitis media.

D. Basal cell carcinoma is not a complication of CSOM.

E. Meniere's disease is not a complication of CSOM.

Question 51 Physiology

Functional residual capacity is:

- A. The volume of air inhaled during inspiration
- B. The volume of air exhaled during exhalation
- C. The maximal amount of air the can be exhaled after quiet expiration
- D. The amount of air left in the lungs at the end of normal, resting expiration ✓

- E. The volume of air expired forcefully after maximar inspiration

A. The volume inhaled during inspiration is the tidal volume, not FRC.

B. The volume exhaled during exhalation is the tidal volume, not FRC.

C. The maximal amount exhaled after quiet expiration is the expiratory reserve volume.

D. FRC is the air left in the lungs at the end of a normal, resting expiration (ERV + RV).

E. The volume expired forcefully after maximal inspiration is the vital capacity.

Question 52 Medicine

In pathogenesis of ulcerative colitis (UC):

- A. Appendectomy has protective effect ✓ **Correct answer**
- B. Cigarette smoking has not detrimental effect
- C. The mucosal B-cell & plasma cell increase in UC
- D. The patient may improve with broad spectrum antibiotics
- E. Environmental factor are more important than gentic factors in UC

A. Appendectomy has a protective effect against ulcerative colitis; this is the classic fact.

B. Cigarette smoking is actually PROTECTIVE in UC, so 'has no detrimental effect' is also true; the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

C. Mucosal B-cell and plasma-cell infiltration does increase in chronic UC, so this is also true.

D. Broad-spectrum antibiotics are not standard UC treatment.

E. Environmental factors are important in UC, arguably more than genetic factors, so this is also defensible.

53 Ophthalmology

The junction of cornea and sclera is known as:

- A. Angle of anterior chamber
- B. Trabecular mesh work
- C. Limbus ✓ **Correct answer**
- D. Collaret line
- E. Sulcus

A. The angle of the anterior chamber is the drainage angle, not the corneoscleral junction.

B. The trabecular meshwork is the drainage tissue, not the junction.

C. The limbus is the junction of the cornea and sclera.

D. The collarette is a feature of the iris, not the corneoscleral junction.

E. The sulcus is not the corneoscleral junction.

Question 54 Anatomy

Levator palpebrae superioris muscle is supplied by:

- A. 3rd nerve ✓ **Correct answer**
- B. 4th nerve
- C. 5th nerve
- D. 6th nerve
- E. 7th nerve

A. Levator palpebrae superioris is supplied by the oculomotor nerve (3rd cranial nerve).

B. The 4th nerve (trochlear) supplies the superior oblique.

C. The 5th nerve (trigeminal) is sensory to the face.

D. The 6th nerve (abducens) supplies the lateral rectus.

erve (facial) supplies the orbicularis oculi, not the levator.

Question 55 ENT

Regarding causes of acute sore throat includes all, except:

- A. Acute tonslitis
- B. Pharyngeal diphtheria
- C. Acute Pharyngitis
- D. Quinsy

No answer is given for this question, and none is taught. DEFECTIVE — excluded (DEFECTIVE-excluded)

A. Acute tonsillitis IS a cause of acute sore throat.

B. Pharyngeal diphtheria IS a cause of acute sore throat.

C. Acute pharyngitis IS a cause of acute sore throat.

D. Quinsy (peritonsillar abscess) IS a cause of acute sore throat. DEFECTIVE (decided by the assistant under the owner's 8 Nov 2026 delegation): the item is DEFECTIVE: all four options are recognized causes of acute sore throat, so no unique exception exists and no answer can be determined. No answer is asserted. Decided by the assistant under the owner's 8 Nov 2026 delegation.

Question 56 ENT

Common site for tracheostomy is:

- A. 1st and 2nd Tracheal Rings
- B. 3rd and 4th Tracheal Rings ✓ **Correct answer**
- C. 5th and 6th Tracheal Rings
- D. Just above the 1st Tracheal Ring
- E. Just below the Cricoid Cartilage

nd 2nd tracheal rings are too high (risk of subglottic stenosis).

B. Tracheostomy is performed at the 3rd and 4th tracheal rings; this is the classic site.

C. The 5th and 6th rings are too low.

D. Just above the 1st ring is too high.

E. Just below the cricoid cartilage is the site for cricothyroidotomy, not tracheostomy.

Question 57 Community Medicine

Which of the following is an iceberg disease?

- A. Acute gastroenteritis
- B. Malaria
- C. Dengue fever
- D. Hypertension ✓ **Correct answer**
- E. Plague

A. Acute gastroenteritis is not an iceberg disease.

B. Malaria is not the classic iceberg disease.

C. Dengue fever is not the classic iceberg disease.

D. Hypertension is the classic iceberg disease (most cases are subclinical or undiagnosed; only the tip is seen).

E. Plague is not an iceberg disease.

Question 58 Forensic Medicine

Regarding medico-legal certificate, which statement is appropriate:

- A. It is document relevant to the cause of death
- B. It is certificate describing the manner of death

certificate of working ability/capability

- D. It is certificate of injuries sustained by person ✓ **Correct answer**

A. A document relevant to the cause of death is a death certificate, not a medico-legal certificate.

B. A certificate describing the manner of death comes from the post-mortem or inquest, not a medico-legal certificate.

C. A certificate of working ability is a fitness certificate.

D. A medico-legal certificate documents the injuries sustained by a person (for legal purposes).

Question 59 ENT

In case of hoarseness of voice, the site of lesion is:

- A. Base of Tongue
- B. Vallecula
- C. Vocal Cord ✓ **Correct answer**
- D. Pyriform fossa
- E. Ary-epiglottic folds

A. The base of the tongue is not the site of the hoarseness lesion.

B. The vallecula is not the site.

C. Hoarseness is due to a lesion of the vocal cord.

D. The pyriform fossa is not the site.

E. The ary-epiglottic folds are not the site.

60 Medicine

Regarding folic acid deficiency megaloblastic anemia, this occurs in:

- A. Strick vegetarians
- B. Gluten enteropathy ✓ **Correct answer**
- C. Hypertension
- D. Diuretic therapy
- E. Pin worm infection

A. Strict vegetarians develop B12 deficiency, not folate deficiency (vegetables are rich in folate).

B. Gluten enteropathy (coeliac disease) causes folate malabsorption and folate-deficiency megaloblastic anaemia.

C. Hypertension does not cause folate deficiency.

D. Diuretic therapy does not cause folate deficiency.

E. Pinworm infection does not cause folate deficiency.

Question 61 Community Medicine

When number of calculated females is expressed as a % of total females present in village. It is called:

- A. Frequency
- B. Ratio
- C. Rate
- D. Proportion ✓ **Correct answer**

A. Frequency is a count of events, not a percentage of a total.

B. A ratio compares two different quantities, not a part to its whole.

C. A rate is events per unit time or population.

pressed as a percentage of the whole (females as a percentage of all females) is a proportion.

Question 62 Obstetrics & Gynaecology

The best period of gestation to carry out chorion villous biopsy for prenatal diagnosis is?

- A. 8-10 weeks
- B. 10-12 weeks ✓ **Correct answer**
- C. 12-14 weeks
- D. 14-16 weeks

A. 8-10 weeks is too early for chorionic villus sampling.

B. 10-12 weeks is the best period for CVS (10-13 weeks overall).

C. 12-14 weeks is late for CVS (amniocentesis is preferred after 15 weeks).

D. 14-16 weeks is too late for CVS.

Question 63 Obstetrics & Gynaecology

Manual vacuum aspiration can be performed without regional anesthesia up to:

- A. 5-6 weeks
- B. 6-7 weeks
- C. 7-15 weeks ✓ **Correct answer**
- D. 15-20 weeks
- E. 20-24 weeks

A. 5-6 weeks is too narrow; MVA is used up to 12 weeks.

B. 6-7 weeks is too narrow.

C. MVA is a first-trimester procedure validated through 12 weeks; 7-15 weeks is the only option containing the 12-week limit (MSD Manual; WHO/IPAS).

eks is beyond the MVA limit (dilatation and evacuation is used).

E. 20-24 weeks is far beyond the MVA limit.

Question 64 Physiology

At the beginning of the forced expiration:

- A. Lung elastic recoil increases ✓ **Correct answer**
- B. Airway resistance decreases
- C. Intrathoracic airways widen
- D. Transmural airway pressure remains low
- E. O2 pressure increases in airways

A. At the beginning of forced expiration (from total lung capacity) elastic recoil is maximal; it is the driving pressure for expiration.

B. Airway resistance INCREASES during forced expiration (airways narrow), it does not decrease.

C. Intrathoracic airways NARROW during forced expiration (dynamic compression), they do not widen.

D. Transmural airway pressure becomes negative downstream (dynamic compression), it does not remain low.

E. Oxygen pressure does not increase in the airways during forced expiration.

Question 65 Medicine

In acute tubular necrosis:

- A. The urinary sodium concentration is classically less than 30 mmol/l
- B. The urine plasma osomolality ratio is more than 1:2
- C. Red cell casts are usually present in the urine
- D. Proteinuria is a expected findings

creatinine clearance is within the normal range, 1 year after the disease onset, in almost all patients ✓ **Correct answer**

A. In ATN urinary sodium is HIGH (over 40 mmol/L); under 30 mmol/L is the prerenal pattern.

B. In ATN the urine is isosthenuric (urine:plasma osmolality about 1), so this garbled ratio is not the finding.

C. ATN shows muddy-brown GRANULAR casts; red cell casts indicate glomerulonephritis.

D. Proteinuria in ATN is only mild (under 1 g/day), not a prominent expected finding.

E. ATN is reversible: creatinine clearance returns to the normal range within a year in almost all survivors.

Question 66 Community Medicine

Which statements is true for polio vaccines:

- A. Salk is an inactivated polio vaccine
- B. Salk and Sabin Polio vaccine
- C. Sabin is a live attenuated vaccine
- D. All of these ✓ **Correct answer**

A. Salk vaccine is the inactivated polio vaccine (IPV).

B. Salk and Sabin are both polio vaccines.

C. Sabin vaccine is the live attenuated polio vaccine (OPV).

D. All of A, B and C are true, so 'all of these' is correct.

Question 67 Obstetrics & Gynaecology

Which is a risk factor for the development of an ectopic pregnancy?

- r Chlamydial cervical infection ✓ **Correct answer**
- B. History of tubal ligation
- C. Prior molar pregnancy
- D. Prior miscarriage
- E. Combined oral contraceptive pill use

A. Prior chlamydial cervical infection (PID) causes tubal damage and is the classic risk factor for ectopic pregnancy.

B. A history of tubal ligation is ALSO a risk factor (a pregnancy after sterilization failure is more likely ectopic); the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

C. Prior molar pregnancy is not a risk factor for ectopic pregnancy.

D. Prior miscarriage is not a risk factor.

E. Combined oral contraceptive use REDUCES ectopic risk (it prevents ovulation).

Question 68 Community Medicine

Which is the winged insect?

- A. Lice
- B. Sand fly ✓ **Correct answer**
- C. Flea
- D. Mite
- E. Tick

A. Lice are wingless insects.

B. The sandfly is a winged insect.

C. Fleas are wingless.

D. Mites are arachnids (wingless).

arachnids (wingless).

Question 69 Physiology

In QRS complex:

- A. It represent left ventricular depolarization
- B. Physiological Q wave is more than .02 sec in duration
- C. It is less than 25% of R wave magnitude
- D. The R wave is major negative deflection
- E. The R wave is major positive deflection ✓ **Correct answer**

A. The QRS complex represents depolarization of BOTH ventricles, not the left ventricle alone, so this is an oversimplification.

B. A physiological Q wave is LESS than 0.04 s in duration, and the criterion is an upper limit, not 'more than 0.02 s'.

C. A physiological Q wave is less than 25% of the R wave amplitude, so this is also true; the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

D. The R wave is the major POSITIVE deflection, not negative.

E. The R wave is the major positive deflection of the QRS complex.

Question 70 Pathology

Regarding nuclear changes in cell injury include:

- A. Karyolysis ✓ **Correct answer**
- B. Enocytosis
- C. Pinocytosis
- D. Autophagic vacuoles
- E. Residual body

(dissolution of the nucleus) is a nuclear change in cell injury.

B. Endocytosis is a membrane process, not a nuclear change.

C. Pinocytosis is a membrane process, not a nuclear change.

D. Autophagic vacuoles are cytoplasmic, not nuclear.

E. Residual bodies are cytoplasmic, not nuclear.

Question 71 Medicine

An adult young patient comes to your clinic with generalized pain, ache and skin rashes on body, what is your most likely diagnosis:

- A. Malaria
- B. Dengue fever ✓ **Correct answer**
- C. Drug reaction
- D. Scarlet fever

A. Malaria causes fever and chills, not typically a skin rash with generalized aches.

B. Dengue fever (breakbone fever) causes severe generalized body ache and a skin rash in a young adult; this is the most likely diagnosis.

C. A drug reaction can cause a rash, but the generalized severe ache points to dengue.

D. Scarlet fever mainly affects children and presents with sore throat and a sandpaper rash.

Question 72 Obstetrics & Gynaecology

Regarding 22 years old lady primigravida in the first trimester, has blood sugar levels 300 mg/dl. The most appropriate therapy to control her blood sugar:

- A. Acarbose
- B. Biguanides

- D. Insulin and sulphonylurea
- E. Sulphonyl ureas

A. Acarbose is not used in pregnancy.

B. Biguanides (metformin) are avoided in pregnancy; insulin is preferred.

C. Insulin is the treatment of choice for diabetes in pregnancy.

D. Insulin plus sulphonylurea is not used; sulphonylureas are avoided in pregnancy.

E. Sulphonylureas are avoided in pregnancy (risk of neonatal hypoglycaemia).

Question 73 Community Medicine

Which is the most common & widely distributed air pollutant?

- A. Sulphur dioxide
- B. Lead
- C. Hydrogen sulphide
- D. Carbon dioxide
- E. Carbon monoxide ✓ **Correct answer**

A. Sulphur dioxide is a pollutant but not the most common and widely distributed.

B. Lead is a pollutant but not the most common.

C. Hydrogen sulphide is not the most common air pollutant.

D. Carbon dioxide is a greenhouse gas but is not classed as the most common air pollutant in the PSM sense.

E. Carbon monoxide is the most common and widely distributed air pollutant (Park/PSM classic).

You have just examined a 28-year old primigravida in spontaneous labour. Examination findings are 0/5 palpable per abdomen, cervix is 7 cm dilated, cephalic presentation, -1 station, anterior fontanelle palpable with orbital ridges and nasal bridge felt anteriorly. What is the presenting diameter of the fetus?

- A. Mentovertical ✓ **Correct answer**
- B. Occipitofrontal
- C. Submentobregmatic
- D. Suboccipitobregmatic
- E. Suboccipitofrontal

A. An anterior fontanelle palpable with orbital ridges and the nasal bridge felt anteriorly means a BROW presentation; its presenting diameter is the mentovertical (13.5 cm).

B. Occipitofrontal (11.5 cm) is the presenting diameter in occipitoposterior (deflexed vertex) presentation.

C. Submentobregmatic (9.5 cm) is the presenting diameter in FACE presentation.

D. Suboccipitobregmatic (9.5 cm) is the presenting diameter in vertex (occiput anterior) presentation.

E. Suboccipitofrontal (10 cm) is the presenting diameter in a partially deflexed vertex.

Question 75 Pathology

Florescent microscopy is used for the following purpose except:

- A. Glomerular disease
- B. Tumors of uncertain Origin ✓ **Correct answer**
- C. Bullous dermatosis
- D. Serum auto antibodies

A. Fluorescent (immunofluorescence) microscopy is used in glomerular disease (renal

B. Tumour typing uses immunohistochemistry, not fluorescent microscopy; this is the exception.

C. Fluorescent microscopy is used in bullous dermatoses (skin immunofluorescence).

D. Serum autoantibodies (for example ANA) are detected by indirect immunofluorescence.

Question 76 Medicine

In treatment of ulcerative colitis UC:

- A. For induction of remission corticosteroid are considered first time agent
- B. 5-ASA, Sulphasalazine are required for induction
- C. Combination of oral and rectal enema of 5 ASA is better ✓ **Correct answer**
- D. In extension disease 5. ASA of corticosteroids are required
- E. In limited disease oral corticosteroid are used

A. Corticosteroids are first-line for induction of remission in moderate-to-severe UC, so this is also defensible; the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

B. 5-ASA and sulphasalazine are used for induction in MILD UC, but they are not 'required' (steroids are used in moderate-severe disease).

C. Combined oral plus rectal (enema) 5-ASA is better than either alone in distal UC; this is the most distinctive evidence-based statement.

D. In extensive disease, oral 5-ASA with or without corticosteroids is used; this is true but garbled.

E. In limited (distal) disease, TOPICAL (not oral) corticosteroids or 5-ASA are used.

The extra intestinal manifestation of Crohn's disease (CD):

- A. Apthous ulcer 30%
- B. Erythema Nodosum 20%
- C. Pyoderma gangreosum 1% ✓ **Correct answer**
- D. Eye complications 10%
- E. Acute arthritis 10%

A. Aphthous ulcers occur in about 10-30% of Crohn's patients, so 30% is at the top of the range, not the textbook figure.

B. Erythema nodosum occurs in about 1-15% of IBD, so 20% is too high.

C. Pyoderma gangrenosum is the rarest extra-intestinal manifestation, seen in about 0.4-2% of IBD patients; 1% is the textbook figure (StatPearls, 'Extraintestinal Manifestations of Inflammatory Bowel Disease').

D. Eye complications (uveitis, episcleritis) occur in about 2-5% of IBD, so 10% is too high.

E. Acute arthritis occurs in about 10-25% of Crohn's patients, so 10% is plausible but not the most distinctive figure.

Question 78 Surgery

Regarding the patient, who underwent surgery, suddenly developed acute shortness of breath. The underlying cause is:

- A. Heart failure
- B. Pneumonia
- C. Fat embolism
- D. Pulmonary embolism ✓ **Correct answer**
- E. Paradoxical embolism

A. Heart failure causes gradual dyspnoea, not sudden post-operative breathlessness.

ia develops over days, not suddenly after surgery.

C. Fat embolism follows long-bone fracture, not routine surgery.

D. Sudden acute shortness of breath after surgery is classically pulmonary embolism.

E. Paradoxical embolism is rare and not the classic post-operative cause.

Question 79 Medicine

Regarding death during food poisoning, the causative agent is:

- A. Bacteroides
- B. Clostridium botulinum ✓ **Correct answer**
- C. Staphy lococci
- D. Shigella
- E. Vibrio cholera

A. Bacteroides are gut commensals, not the lethal food-poisoning agent.

B. Clostridium botulinum causes botulism, the food poisoning that kills (respiratory paralysis).

C. Staphylococcal food poisoning causes vomiting and diarrhoea but is rarely fatal.

D. Shigella causes dysentery, not lethal food poisoning.

E. Vibrio cholerae causes cholera (watery diarrhoea), not food-poisoning death.

Question 80 Pharmacology

Regarding the antiemetics function as a cholinergic muscarinic antagonist:

- A. Aprepitant
- B. Domeperidone
- C. Hyoscine ✓ **Correct answer**
- D. Metocolppromide

A. Aprepitant is an NK1 receptor antagonist.

B. Domperidone is a dopamine (D2) antagonist.

C. Hyoscine (scopolamine) is a muscarinic (cholinergic) antagonist antiemetic.

D. Metoclopramide is a D2 antagonist (and 5-HT4 agonist).

E. Ondansetron is a 5-HT3 antagonist.

Question 81 Physiology

Side-effect of acute altitude hypoxia (or of the compensatory changes it leads to) include:

- A. Decreased pulmonary vascular resistance
- B. Decreased blood viscosity
- C. Hypocapnic cerebral vasoconstriction ✓ **Correct answer**
- D. Increased bicarbonate reabsorption in kidneys
- E. Decreased heart rate

A. Hypoxia causes pulmonary vasoconstriction, so pulmonary vascular resistance INCREASES at altitude, it does not decrease.

B. Altitude raises haematocrit, so blood viscosity INCREASES, it does not decrease.

C. Hyperventilation at altitude causes hypocapnia, which causes cerebral vasoconstriction (the altitude headache).

D. The kidneys EXCRETE bicarbonate to compensate for respiratory alkalosis, so bicarbonate reabsorption DECREASES.

E. Heart rate INCREASES at altitude, it does not decrease.

82 Pathology

Tumour secreting placental alkaline phosphatase is?

- A. Carcinoid tumour
- B. Arrhenoblastoma
- C. Granulosa cell tumour
- D. Dysgerminoma ✓ **Correct answer**

A. Carcinoid tumour secretes serotonin, not placental alkaline phosphatase.

B. Arrhenoblastoma (Sertoli-Leydig cell tumour) secretes androgens, not PLAP.

C. Granulosa cell tumour secretes estrogen (and inhibin), not PLAP.

D. Dysgerminoma (ovarian germ cell tumour) secretes placental alkaline phosphatase (and LDH).

Question 83 Medicine

Which of the following are features of tabes dorsalis?

- A. Hypertonia
- B. Analgesia over the nose
- C. Ataxia in the presence of impaired proprioception ✓ **Correct answer**
- D. Decreased gamma globulin concentration in the CSF
- E. Colour blindness

A. Tabes dorsalis causes HYPOTONIA (flaccid), not hypertonia.

B. Analgesia over the nose is not a feature of tabes dorsalis.

C. Sensory ataxia from impaired proprioception (dorsal column loss) is the classic feature of tabes dorsalis.

D. CSF gamma globulin is INCREASED in tabes dorsalis, not decreased.

ndness is not a feature (Argyll Robertson pupils and optic atrophy occur, not colour blindness).

Question 84 Pathology

Which one of the following is true about Acute Myloid Leukemia:

- A. Never caused by chemothraphy
- B. Not associated with DIC Scan
- C. More than 20% blasts for diagnosis ✓ **Correct answer**
- D. Most common in children

A. AML CAN be caused by chemotherapy (therapy-related AML).

B. AML (especially APL, M3) IS associated with DIC.

C. The WHO diagnostic criterion for AML is more than 20% blasts in blood or marrow.

D. AML is the commonest leukaemia in ADULTS; ALL is the commonest in children.

Question 85 Physiology

In the P wave:

- A. It represent activation of Rt atrium
- B. P wave is upright in lead AVR
- C. Normal P wave is 3 m.m is height
- D. Normal P wave is 2.5 m.m in width ✓ **Correct answer**
- E. It is biphasic normally

A. The P wave represents atrial depolarization (both atria); its first component is right atrial activation, so this is also defensible; the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

B. The P wave is INVERTED in lead aVR, not upright.

wave is less than 2.5 mm in height (3 mm is P pulmonale).

D. The normal P wave is 2.5 mm in width (0.10 s); this is the standard upper-limit criterion.

E. The P wave is biphasic only in V1, not normally biphasic in general.

Question 86 Biochemistry

Regarding the normal ketone body level in human is as under:

- A. 1.5----2 mg/dl
- B. 1.8----3 mg/dl ✓ **Correct answer**
- C. 1.9----3.5 mg/dl
- D. 2.5----3.8 mg/dl

A. 1.5-2 mg/dL is within the textbook range but is not the range carrying the standard upper limit.

B. The textbook normal total ketone body level is about 1-3 mg/dL; 1.8-3 mg/dL is the only option with the standard upper limit of 3 mg/dL (the modern laboratory reference is under 1 mg/dL).

C. 1.9-3.5 mg/dL exceeds the standard upper limit of 3 mg/dL.

D. 2.5-3.8 mg/dL exceeds the standard upper limit.

Question 87 Medicine

In management of acute infectious diarrhea:

- A. Anti motility drug loperamide is indicated in children
- B. E. Coli (ETEC) does not require antibiotics ✓ **Correct answer**
- C. 5HT3 receptor antagonist reduces diarrhea in children
- D. Oligofructose is not very effective in preventing relapse
- E. Metronidazole in drug of choice in clostridium difficult infection

de (an antimotility drug) is NOT indicated in children (avoided, especially in dysentery).

B. ETEC (traveller's diarrhoea) is self-limiting and does not require antibiotics (ORS suffices).

C. A 5-HT3 antagonist (ondansetron) reduces VOMITING, not diarrhoea, in children.

D. Oligofructose (a prebiotic) is not a standard treatment for acute infectious diarrhoea.

E. The drug of choice for Clostridium difficile infection is oral vancomycin (or fidaxomicin); metronidazole is second-line.

Question 88 Medicine

Regarding rheumatic fever, the diagnostic is:

- A. ASO titer ✓ **Correct answer**
- B. Serum urea
- C. Serum creatinine
- D. Throat swab culture
- E. Urine routine assay

A. The ASO titre (evidence of a preceding streptococcal infection) is the diagnostic supporting test for rheumatic fever (Jones criteria).

B. Serum urea is not diagnostic of rheumatic fever.

C. Serum creatinine is not diagnostic.

D. Throat swab culture is usually negative by the time rheumatic fever develops (the infection was weeks earlier).

E. Urine routine examination is not diagnostic.

89 Physiology

Which is not a mechanism to promote venous return and reduce blood pooling?

- A. One way venous valves
- B. Parasympathetic stimulation ✓ **Correct answer**
- C. Skeletal muscle pump
- D. Thoraco-abdominal pump
- E. Pumping of the heart

A. One-way venous valves promote venous return.

B. PARASYMPATHETIC stimulation does not promote venous return (sympathetic stimulation does, by venoconstriction); this is the exception.

C. The skeletal muscle pump promotes venous return.

D. The thoraco-abdominal (respiratory) pump promotes venous return.

E. Pumping of the heart promotes venous return.

Question 90 Physiology

Inspiratory centre is situated in:

- A. Upper part of medulla oblongata ✓ **Correct answer**
- B. Nucleus ambiguous anteriorly
- C. Reticular formation of lower pons
- D. Dorsolateral part of reticular formation in upper Pons
- E. Lower part of Pons

A. The inspiratory (dorsal respiratory) centre is in the upper part of the medulla oblongata.

B. The nucleus ambiguus is the site of the ventral respiratory group (expiratory), not the inspiratory centre.

C. The reticular formation of the lower pons is the apneustic centre, not the inspiratory

D. The dorsolateral reticular formation of the upper pons is the pneumotaxic centre (which limits inspiration).

E. The lower pons is the apneustic centre.

Question 91 Ophthalmology

Conjunctival follicles are seen in:

- A. Trachoma ✓ **Correct answer**
- B. Spring catarrh
- C. Keratitis
- D. Muco purulent conjunctivitis
- E. Strepto coccal conjunctivitis

A. Conjunctival follicles are the hallmark of trachoma.

B. Spring catarrh (vernal keratoconjunctivitis) shows PAPILLAE, not follicles.

C. Keratitis is corneal inflammation, not conjunctival follicles.

D. Mucopurulent conjunctivitis shows discharge, not follicles.

E. Streptococcal conjunctivitis shows discharge, not follicles.

Question 92 ENT

Risk of metastasis is high in cancer of:

- A. Oropharynx
- B. Nasopharynx ✓ **Correct answer**
- C. Buccal mucosa
- D. Larynx
- E. Hypopharynx

ngeal cancer has a lower metastatic risk than nasopharyngeal cancer.

B. Nasopharyngeal carcinoma has the highest risk of (nodal and distant) metastasis among head-and-neck cancers (70-90% have nodal disease at presentation).

C. Buccal mucosa cancer has a lower metastatic risk.

D. Laryngeal cancer has a lower metastatic risk (especially glottic).

E. Hypopharyngeal cancer also has a high nodal metastatic risk, but nasopharyngeal carcinoma is the classic highest-risk site.

Question 93 Obstetrics & Gynaecology

Acute fatty liver of pregnancy:

- A. It occurs in 2nd trimester
- B. It can cause acute hepatic failure
- C. Treatment is immediate delivery of fetus ✓ **Correct answer**
- D. The cause of fatty liver is pregnancy
- E. The cause is unknown

A. Acute fatty liver of pregnancy occurs in the 3rd trimester, not the 2nd.

B. AFLP can cause acute hepatic failure, so this is also true; the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

C. Immediate (prompt) delivery of the fetus is the definitive treatment; this is the classic management fact.

D. The cause is a fetal fatty-acid oxidation defect (LCHAD deficiency) unmasked by pregnancy, not pregnancy itself.

E. The cause is known (fetal LCHAD deficiency), not unknown.

94 Community Medicine

Immunization against hepatitis B also protects against which infection?

- A. Hepatitis A
- B. Hepatitis C
- C. Hepatitis E
- D. Hepatitis D ✓ **Correct answer**
- E. None of these

A. Hepatitis B vaccine does not protect against hepatitis A.

B. It does not protect against hepatitis C.

C. It does not protect against hepatitis E.

D. Hepatitis D (delta virus) can only replicate in the presence of HBV, so HBV vaccination also prevents hepatitis D.

E. 'None of these' is wrong because D is correct.

Question 95 Forensic Medicine

Regarding snake bite, which of the following statement is not correct?

- A. The effects of hemolytic toxins are immediate
- B. Neurotoxins may exert a delayed effect on the victim
- C. The reaction to the bite will be less severe if the bite is at proximal part of an extremity ✓ **Correct answer**
- D. The type of the first aid given to the victim will decide the severity of outcome
- E. Anti snake venom (ASV) is a polyvalent preparation

A. The effects of haemolytic (haemotoxic) toxins are not immediate in the systemic sense (local effects are immediate; systemic haemolysis takes hours), so this option is ambiguous.

ns may exert a delayed effect on the victim; this is true.

C. A bite at the PROXIMAL part of an extremity is MORE severe (faster systemic absorption), not less severe; this statement is not correct.

D. The first aid given does affect the severity of the outcome; this is true.

E. Anti-snake venom (ASV) is a polyvalent preparation in Pakistan and India; this is true.

Question 96 Obstetrics & Gynaecology

The respiratory system undergoes immense changes in pregnancy in order to cope with demands of the developing fetus and labour. Which of the following parameters does not change?

- A. Arterial pH
- B. Functional residual capacity
- C. PaO2
- D. Tidal volume
- E. Vital capacity ✓ **Correct answer**

A. Arterial pH rises slightly in pregnancy (respiratory alkalosis, about 7.44), so it does change.

B. Functional residual capacity FALLS by about 20% in pregnancy.

C. PaO2 rises slightly in pregnancy.

D. Tidal volume rises by about 40% in pregnancy.

E. Vital capacity does NOT change in pregnancy.

Question 97 Obstetrics & Gynaecology

Best high risk disease management protocol in gestational trophoblastic disease includes:

- B. EMA/CO therapy ✓ **Correct answer**
- C. Methotrexate only
- D. Methotrexate and Actinomycin
- E. Methotrexate, vincristine and cyclophosamide

A. EP/EMA or TE/TP is used for EMA/CO-resistant high-risk GTN, not as the first protocol.

B. EMA/CO (etoposide, methotrexate, actinomycin D, cyclophosphamide, vincristine) is the standard multi-agent protocol for high-risk gestational trophoblastic disease.

C. Methotrexate alone is for LOW-risk disease, not high-risk.

D. Methotrexate plus actinomycin is a low-risk regimen, not high-risk.

E. Methotrexate, vincristine and cyclophosphamide (without etoposide and actinomycin) is not the standard high-risk protocol.

Question 98 Surgery

After gastrectomy which one of the following conditions may happen:

- A. Alkalosis
- B. Malabsorption
- C. Streatorthea
- D. Anemia ✓ **Correct answer**
- E. Protein losing diarrhea

A. Alkalosis is not the classic post-gastrectomy condition.

B. Malabsorption does occur after gastrectomy (dumping, pancreatic insufficiency), so this is also true; the item is filed as PICK-ONE (decided by the assistant under the owner's 8 Nov 2026 delegation).

C. Steatorrhoea also occurs after gastrectomy, so this is also true.

iron deficiency and B12 deficiency from loss of intrinsic factor) is THE classic post-gastrectomy complication; this is the filed answer.

E. Protein-losing diarrhoea is not the classic post-gastrectomy condition.

Question 99 Obstetrics & Gynaecology

Regarding the drug of choice in Chlamydia trachomatis infection during pregnancy:

- A. Metronidazole
- B. Cephazolin
- C. Amoxicillin ✓ **Correct answer**
- D. Tetra cycline
- E. Clindamycin

A. Metronidazole is not active against Chlamydia.

B. Cephazolin is not active against Chlamydia.

C. Amoxicillin is the CDC-listed alternative regimen for chlamydia in pregnancy (azithromycin, the drug of choice, is not among the options).

D. Tetracycline is CONTRAINDICATED in pregnancy.

E. Clindamycin is not used for chlamydia.

Question 100 Physiology

Which hormone causes ejection of milk from a lactating mammary gland?

- A. Oxytoxin ✓ **Correct answer**
- B. FSH
- C. Growth hormone
- D. LH
- E. Prolactin

causes ejection (let-down) of milk from the lactating mammary gland.

B. FSH acts on the ovary, not on milk ejection.

C. Growth hormone does not cause milk ejection.

D. LH acts on the ovary, not on milk ejection.

E. Prolactin causes milk PRODUCTION, not ejection.

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