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THIRD PROFESSIONAL M.B.B.S. (Part II) DEGREE EXAMINATION JUNE/AUGUST 2007

Paper II—GENERAL MEDICINE

Time: Three Hours

Maximum: 60 Marks

Answer Sections A and B in separate answer-books. Response sheet for MCQ be provided.

Section A

I. Multiple Choice Questions: Single response type-20 (separate sheet attached).

 $(20 \times \frac{1}{2} = 10 \text{ marks})$

II. Match the following: Single response type-6 (separate sheet attached).

 $(6 \times \frac{1}{2} = 3 \text{ marks})$

- III. Draw and label:
 - 1 Write normal JVP and label them.
 - 2 Schematic diagram of extra-pyramidal system.

 $(2 \times 1 = 2 \text{ marks})$

- IV. Write briefly on:
 - 1 Chronic persistent hepatitis.
 - 2 Risk factors for cholesterol gall-stones:
 - 3 Causes of pancytopenia.
 - 4 Features of acute nephritis.
 - 5 ECG changes in hyperkalemia.

 $(5 \times 1 = 5 \text{ marks})$

- V. Write short notes on :
 - 1 Viral myocarditis.
 - 2 Pulmonary stenosis.
 - 3 Management of hypertensive crisis.
 - 4 Management of Thyroid storm.
 - 5 Prevention of deep vein thrombosis.

 $(5 \times 2 = 10 \text{ marks})$

Section B

VI. Read the paragraph and answer the following questions:-

A 24-year old female is admitted with chest-pain, palpitation, breathlessness followed by weakness of left half of the body.

- 1 What is the provisional diagnosis?
- 2 List four common causes of stroke in young.
- 3 What are the clinical triads of mitral stenosis?
- 4 Outline the management.

(2+2+3+3=10 marks)

VII. Write briefly on:

- 1 Digoxin.
- 2 Collapsing pulse.
- 3 Chest X-ray findings in co-arctation of aorta.
- 4 Pancreatic abscess.
- 5 Biological warfare.
- 6 Types of gallstones.
- 7 Platelet transfusion.
- 8 Dysuria.
- 9 Pre-renal causes of ARF.
- 10 Causes of hyperthyroidism.

 $(10 \times 1 = 10 \text{ marks})$

VIII. Write short notes on:

- 1 Diabetic ketoacidosis.
- 2 Bell's palsy.
- 3 Management of parkinsonism.
- 4 Entrapment of neuropathy.
- 5 Sickle-cell anaemia.

GENERAL MEDICINE—Paper II

I. MULTIPLE CHOICE QUESTIONS

Note.—(1) Do not write anything on the question paper.

(C) Hyperthyroidism.

		(2) Wri	te your register number on	the an	swer-sheet provided.		
		(3) Sele each	cct one most appropriate re i question in the answer-sh	sponse eet pro	e and encircle the corresponding alphabet against ovided.		
1		High ESR is se	een in :				
		(A) CHF.		(B)	Polycythemia vera.		
		(C) Multip	ole myeloma.	(D)	Sickle-cell anaemia.		
2.		Splenectomy is most useful in :					
		(A) Throm	bocytopenia.	(B)	Spherocytosis.		
		(C) H.S. p	игрига.	(D)	Sickle-cell anaemia.		
3.	3.	Severity of mitral regurgitation is indicated by:					
		(A) A-soft	S ₁ .	(B)	Length of murmur.		
		(C) Presen	nce of LVS ₃ .	(D)	Opening snap.		
4	<u>1</u> .	Drug of choice	in Atrial fibrillation:				
		(A) Amaio	larone.	(B)	Lignocaine.		
		(C) Quini	dine.	(D)	Digoxin.		
: 6	5.	Commonest cause of embolism in CVA in young patient is:					
		(A) Mitra	l valve disease.	(B)	Carotid artery thrombosis.		
		(C) Venou	s thrombosis.	(D)	Tumour.		
	6.	CSF finding in	n pyogenic meningitis is :				
		(A) Protei	in↑sugar↓.	(B)	Protein ↓ sugar ↑.		
		(C) Chlor	ide ↑ protein \downarrow .	(D)	↓ protein ↓ sugar.		
•	7.	Massive albur	ninuria is feature of :				
		(A) Acute	nephritis.	(B)	Nephrotic syndrome.		
		(C) Neph	rolithiasis.	(D)	Acute tubular necrosis.		
9	8.	Metabolic bone disease is a feature of :					
		(A) ARF.		(B)	CRF.		
		(C) Neph	ritis.	(D)	Nephropathy.		
	9.	Gigantism is	feature of :				
		(A) Panh	yperpituitarism.	(B)	Panhypopituitarism.		
		(C) Hype	rthyroidism.	(D)	Hypothyroidism.		

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10.	STADE	I is common in :				
10.	(A)	Hypothalamic causes.	(B)	Cortical lesion.		
	(C)	Cerebellar lesion.				
11	(C) Cerebellar lesion. (D) Thyroid disease. Angina and syncope are most likely to be associated with:					
11.		Mitral stenosis.		A		
	(A)		(B)	Aortic stenosis.		
10	(C)	Mitral regurgitation.	(D)	Tricuspid stenosis.		
12.		ence is the term used to describe	(70.)			
	(A)	Passing of excessive wind.	(B)	Passing of excessive stool.		
	(C)	Passing of excessive fat in stool.	(D)	Passing of excessive blood in stool.		
13.		c Inhibitory peptide (GIP):				
	(A)	Increases insulin secretion.	(B)	decreases insulin secretion.		
	(C)	Enhances insulin action.	(D)	None of the above.		
14.	"Warm	"autoimmune hemolytic anaemia	is ass	ociated with all expect:		
	(A)	lymphoid malignancy.	(B)	Rheumatoid arthritis.		
	(C)	Pneumonia.	(D)	SLE.		
15 .	Neutropenia is seen in all the following except:					
	(A)	Black race.	(B)	Viral infection.		
	(C)	Bacterial pneumonia.	(D)	Felty's syndrome,		
16.	Renal carbuncle may be diagnosed by:					
	(A)	Plain X ray of abdomen.	(B)	Clinical examination.		
	(C)	USG abdomen.	(D)	None of the above.		
17.	In emp	oty-sella syndrome :				
	(A)	Pituitary function is usually nor	mal.			
	(B)	Pituitary function is low.				
	(C)	Pituitary function is high.				
	(D)	None of the above.				
18,	Osteoporosis is seen in the following endocrine disease expect:					
	(A)	Cushing's syndrome.	(B)	Thyrotoxicosis.		
	(C)	Hypogonadism.	(D)	Short stature.		
19.	Optic neuritis is an important toxic effect of:					
	(A)	INH.	(B)	Rifampicin.		
	(C)	Ethambutol.	(D)	Pyrazinamide.		
20.		Robertson pupil is characterised by		•	•	
~ • • • • • • • • • • • • • • • • • • •	(A)	Absence of light reflex.	(B)	Retention of accommodation reflex.		
	(C)	Dilated pupil.	(D)	Improper response to mydriatics.		
	(0)	Timor bahir	(1)			

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GENERAL MEDICINE-Paper II

II. Match the following:-

- 1 Pulsus paradoxus
- 2 Flapping tremor
- 3 Dysmetria
- 4 Facial puffiness
- 5 Koilonychia
- 6 Marked face

- (a) Cerebellar sign.
- (b) Cardiac tamponade.
- (c) Liver-cell failure.
- (d) Renal oedema.
- (e) Parkinsonism.
- (f) Iron deficiency anaemia.
- (g) Cortical lesion.
- (h) Megaloblastic ana↓↓emia.

 $(6 \times \frac{1}{2} = 3 \text{ marks})$