

**Medicine Paper 1**  
**Multiple Choice Questions (MCQs)**  
**Final Professional Examination (Annual) 2017**  
**Azra Naheed Medical College, Lahore**

- All questions are compulsory.
- All questions carry equal marks. i.e. 01 mark each

**Total Marks 45**

**Time allowed 01 Hours**

1. A 25 years male is seen for headache for 7 years. He has generalized headache involving whole of his head, pressing or squeezing feeling with no nausea or vomiting. He get headache almost on daily basis with poor sleep. He looks comfortable with no signs on physical examination. What is most appropriate advice for him.
  - a) Needs admission and imaging
  - b) Reassurance and low dose antidepressants
  - c) Simple analgesic on daily basis
  - d) Arrange a CT brain and lumbar puncture
2. A 90 years female is brought to emergency as she collapsed in toilet. She is known to have uterine malignancy which was operated 2 years ago. Later she had pulmonary embolism and is on anticoagulants for 2 months. She is comatose with limited movement in right side. Vitals she is afebrile with BP 160/80mmHg. What is the likely diagnosis.
  - a) Intracerebral hemorrhage
  - b) Syncope
  - c) Depression
  - d) Anxiety neurosis
3. 79 years female is seen for vertigo for one week. She c/o headache and vertigo with inability to stand or walk. The problem started suddenly and she remains almost static. On examination she has nystagmus on looking to left with left arm showing ataxia on finger nose finger test. Also left leg shows impaired heel knee shin test. The most likely diagnosis is.
  - a) Vestibular neuronitis
  - b) Brain stem stroke
  - c) Left cerebellar stroke
  - d) Right cerebellar stroke
4. 23 years female is admitted for headache and vomiting for one week. She has generalized headache with aches and pain all over her body. She is feverish for last 5 days or so. She is fully conscious orientated with no deficits except she has neck stiffness. Also she is noticed to have a erythematous maculopapular skin rash. Her most likely diagnosis is



- a) Viral meningitis
  - b) Bacterial meningitis**
  - c) Tuberculous meningitis
  - d) Influenza
5. 70 years male is seen for pain and paresthesia in legs for one year. He is a known diabetic for 27 years on insulin recently and has chronic kidney disease. On examination his legs are wasted distally with shiny hairless skin. His power in legs is normal with absent ankle jerk. There is loss of pin prick and touch sensation in legs up to mid-calf. For pain relief best option is
- a) Paracetamol and caffeine
  - b) Nonsteroidal anti-inflammatory drugs
  - c) Opiates like pethidine
  - d) Pregabalin or gabapentine**
6. 38 years female is seen for weakness of legs for one month. She has gradually worsening weakness in legs and now unable to stand and walk for one week. Initially she had difficulty in going up stair and standing from sitting position. She denies headache sensory symptoms or sphincter problems. On examination she has a rash over her face and upper arm. With power in arms 4/5 proximally and normal distally. Lower limb power is 2-3/5 with weakness more marked at hip. Her sensation and reflexes are normal. What is the diagnosis
- a) Stroke
  - b) Parkinsonism
  - c) Dermatomyositis**
  - d) Myasthenia gravis
7. 39 years male is seen for fits for 1 month. He had two generalized tonic clonic fits with tongue bite once. Patient is amnesic about the events. Examination is within normal limits. What should be the plan
- a) Detailed work up including brain MRI
  - b) Reassurance and OPD follow up
  - c) Antiepileptic drugs and reassurance**
  - d) Needs evaluation by cardiologist for echocardiography etc
- 22 year female is seen for fits for one year. She has generalized tonic clonic fits once per month or so. She is married with one daughter. What is the most appropriate medication plan for her.
- a) Phenytoin and carbamazepine
  - b) Sodium Valproate & carbamazepine
  - c) Lamotrigine alone**
  - d) Sodium Valproate alone



8. 30 years female is known case of hypothyroidism and e/o pain and numbness in right hand. Pain is worse at night and she denies any neck pain, joint pain etc. On examination she is obese and does not have any sensory or motor deficit in arms or elsewhere. Most likely diagnosis for her
- a) Cervical spondylosis
  - b) Carpal tunnel syndrome
  - c) Anxiety neurosis
  - d) Rheumatoid arthritis
9. Common risk factor for stroke include
- a) Male sex, hypertension and diabetes mellitus, sedentary life style
  - b) Female sex, hypertension, diabetes mellitus and sedentary life style
  - c) Both sexes, hypertension, diabetes mellitus and sedentary life style
  - d) Diabetes mellitus, hypertension, excess of smoking and exercise
10. The most common cyanotic cardiac malformation is:
- a) Aortic stenosis
  - b) Atrial septal defect
  - c) Tetralogy of Fallot's
  - d) Ventricular septal defect
11. Troponin T is a sensitive and specific marker for:
- a) Crescendo angina
  - b) Myocardial infarction
  - c) Prinzmetal's angina
  - d) Typical exertional angina
12. Mechanical complications of myocardial infarction include all of the following except:
- a) Cardiac failure
  - b) Rupture of left ventricle
  - c) Rupture of papillary muscle
  - d) Ventricular tachycardia
13. A patient has persistent >2mm ST elevation in V2-6 two hours following a myocardial infarction, with hypertension of 205/115, he has already been given morphine and aspirin, what is the next management of choice?
- a) IV Nitroglycerine
  - b) IV sodium nitroprusside
  - c) IV heparin
  - d) IV streptokinase



14. 15. A 69 year old gentleman was being treated for a chest infection with antibiotics. He has previous history of myocardial infarction and as well as the current antibiotic course he is also taking aspirin, atorvastatin and perindopril. He then collapses 2 days after the antibiotics began and was taken to A and E. When you examine him he has a BP of 130/80mmHg, heart rate of 80 bpm and the rest of his examination is unremarkable. You notice however on the cardiac monitor he is having short runs of torsade de pointes. What is the most likely antibiotic that he has been prescribed?
- a) Amoxicillin
  - b) Cephadrine
  - c) Clarithromycin
  - d) Doxycycline
16. A 68 year old asthmatic presents with shortness of breath. She also has a PMH of hypertension for which she is prescribed ramipril. On examination she is found to have a BP of 130/80mmHg, pulse of 90 irregularly, irregular and bilateral wheeze and normal heart sounds. A CXR reveals cardiomegaly. What is the most appropriate treatment of her AF?
- a) B blockers
  - b) Digoxin
  - c) Flecainide
  - d) Verapamil
17. 17. A 60 year old male presents with general malaise, pyrexia and night sweats. They have a past history of rheumatic heart disease. On examination there is evidence of a pansystolic murmur. Which is a new clinical finding. What organism is the most likely to have caused these symptoms?
- a) Enterococci
  - b) HACEK group
  - c) S. Aureus
  - d) S. Viridans
18. A 75 year old presents with shortness of breath on exertion. On further questioning she is unable to lie flat due to breathlessness and has woken up during the night gasping for air. She has a history of hypertension. On examination there is bibasal crackles. The CXR reveals small bilateral pleural effusions, upper lobe diversion and bat wing oedema. What is the most likely diagnosis?
- a) Bilateral bacterial pneumonia
  - b) Cardiac failure
  - c) Cor-pulmonale
  - d) Idiopathic pulmonary fibrosis
19. A 55-year-old man has just arrived in accident and emergency complaining of 20 minutes of central crushing chest pain. Which feature is most indicative of myocardial infarction at this moment in time?
- a) Q waves
  - b) Raised troponin
  - c) ST depression
  - d) ST elevation



20. A 48-year-old woman has been diagnosed with essential hypertension and was commenced on treatment three months ago. She presents to you with a dry cough which has not been getting better despite taking cough linctus and antibiotics. You assess the patient's medication history. Which of the following antihypertensive medications is responsible for the patient's symptoms?
- a) Amlodipine
  - b) Atenolol
  - c) Frusemide
  - d) Lisinopril
21. Which is true about irritable bowel syndrome?
- a) Bloody diarrhea
  - b) Weight loss
  - c) Altered intestinal motility
  - d) Sigmoidoscopy reveals colitis
22. Shigellosis (bacillary dysentery) is differentiated from ulcerative colitis by
- a) Stool culture
  - b) Stool smear
  - c) Barium enema
  - d) Sigmoidoscopy
23. Which of the following tests remains normal in chronic pancreatitis
- a) Blood glucose
  - b) Secretin test
  - c) Faecal fat
  - d) D-xylose absorption test
24. Which of the features is not found in obstructive jaundice
- a) Pruritis
  - b) Dark colour urine
  - c) Palpable gall bladder
  - d) xanthelesma
25. Which is the cause of exudative ascites
- a) congestive heart failure
  - b) hepatic cirrhosis
  - c) hypoproteinemia
  - d) tuberculous ascites
26. Chronic carrier in hepatitis B is defined as
- a) Positive serum HbsAg for more than 6 months
  - b) Positive HbsAb
  - c) Positive HBs Ag with positive HBe antibody
  - d) Positive HBs Ag with Hbe Ag



27. Which of the test indicate acute hepatitis with infectivity
- a) HBs Ag
  - b) HBs Ag with HBe Ag
  - c) HBs Ag with anti-HBs
  - d) IgM anti-HBe
28. SAAG (Serum- Ascites Albumin Gradient) > 1.1 occurs in
- a) Tuberculous ascites
  - b) Malignant ascites
  - c) Bacterial peritonitis
  - d) Liver cirrhosis
29. Obstructive jaundice is a feature of
- a) Gilbert syndrome
  - b) Intravascular hemolysis
  - c) Fatty liver
  - d) Cholestatic jaundice
30. Which of the following conditions is most common cause of upper GI bleeding
- a) Esophageal varices
  - b) Peptic ulcer
  - c) Gastric erosions
  - d) Mallory weiss syndrome
31. A 20 years old female presented with 4 days of continuous high grade fever, headache, severe myalgia & malaise, backache, anorexia and vomiting. Her investigations on 2<sup>nd</sup> day of illness are: Hemoglobin 14gm/dl, total leucocyte count 4300/mm<sup>3</sup>, platelets 156000/mm<sup>3</sup>, ALT 56 IU/L, renal functions and urine complete examination normal. What is the most likely diagnosis?
- a) Chicken pox
  - b) Dengue fever
  - c) Enteric fever
  - d) Malaria
32. The longest incubation period among the plasmodium species is:
- a) Plasmodium Falciparum
  - b) Plasmodium Malariae
  - c) Plasmodium Ovale
  - d) Plasmodium Vivax
33. Mosquitoes are vectors in:
- a) African trypanosomiasis
  - b) Bancrofti filariasis
  - c) Onchocercosis
  - d) Visceral leishmaniasis



34. Major visual adverse effects are mostly associated with, which one of the following?

- a) Ethambutol
- b) Isoniazid
- c) Pyrazinamide
- d) Rifampicin

35. Which of the following is the most common form of dengue fever?

- a) Subclinical infection
- b) Acute febrile illness
- c) Dengue hemorrhagic syndrome
- d) Dengue shock syndrome

36. In chronic salmonella infection and recurrent enteric fever, which of the following organ harbors the causative organisms?

- a) Liver
- b) Kidneys
- c) Gall Bladder
- d) Pancreas

37. Major visual adverse effects are mostly associated with which of the following?

- a) Ethambutol
- b) Isoniazid
- c) Pyrazinamide
- d) Rifampicin

38. A 50 years old man presented with episodic dyspnea, dry cough, each episode preceded by seasonal rhinitis and worst time being early morning. Which of the following possibilities is on the top?

- a) Bronchial asthma
- b) Acute pulmonary aspergillosis
- c) Pulmonary fibrosis
- d) Acute bronchitis

39. When a patient complains of chronic productive cough with copious purulent sputum and occasional hemoptysis, which is the most likely disease?

- a) Pulmonary aspergillosis
- b) Pulmonary tuberculosis
- c) Lobar pneumonia
- d) Bronchiectasis





40. A 45 years old male heavily smoking since the age of 18, develops cachexia, malaise, ill health and weight loss over a period of 04 months, which investigation will be the most pertinent?
- a) Complete blood count
  - b) C-Reactive proteins
  - c) Xray Chest
  - d) Pulmonary function test
41. Which is the most predictable route of administration of corticosteroids in a patient of bronchial asthma?
- a) Oral
  - b) Inhalational
  - c) Topical
  - d) Parenteral
42. Which of the following is the most accurate investigation to diagnose pulmonary embolism
- a) X-ray Chest
  - b) Electrocardiography
  - c) D-Dimer
  - d) Pulmonary angiography
43. Cannon balls appearance on x-ray chest of a patient is most likely due to which of the following?
- a) Bronchogenic carcinoma
  - b) Bronchiectasis
  - c) Bronchial asthma
  - d) Broncho-pneumonia
44. Pink puffers is synonymously used for patients of which of the following?
- a) Bronchial asthma
  - b) Pulmonary tuberculosis
  - c) Bronchiectasis
  - d) Emphysema
45. Which of the following condition will likely to have exudative pleural effusion?
- a) Cardiac failure
  - b) Liver cirrhosis
  - c) Chronic renal failure
  - d) Pneumonia