

Medicine

Medicine

Final Year Class Test Neurology 30.7.2021

Name SANA ULLAH

Roll number F16-029

Time 30 minutes

Marks 20

1. A 20-years-old girl presented in emergency with complaints of photophobia headache and vomiting for 5 days. On examination her was, pulse: 100/min, BP 100/70 mmHg, Temp 102 F. GCS was 10/15 and signs of meningeal irritation were positive.

- a) What is the most likely diagnosis? Meningitis 1
- b) What 2 other differentials will you consider in her? 2
- c) Describe the investigations with the expected results you will advise in her 4
- d) Describe her management plan. 3

2. A young male presents with headache for 1 day which has been increasing in severity to such an extent that now it is unbearable and is associated with vomiting. He is irritable, has photophobia and neck stiffness.

- a) What is your diagnosis? *Sub-arachnoid Haemorrhage.* 2
- b) How will you confirm your diagnosis? 2
- c) Enumerate 4 other common causes of headache. 4
- d) Describe his management plan



Time Allowed: 2HOURS

# THE SUPERIOR COLLEGE, LAHORE

Final PROFESSIONAL MBBS  
SENDUP EXAMINATION 2021  
MEDICINE I  
**SEQ'S**

SANA ULLAH

Roll No. F16-029

Total Marks: 45

Date = 11.10.2021

## Instructions

Attempt all questions.

All question carry equal marks.

The SEQ's part is to be submitted within 2 hours, Extra time will not be given.

Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.

Do not write your name or disclose your identity in anyway.

- ✓ 1. A 50 years old chain smoker male, who was diagnosed pulmonary tuberculosis 05 years ago and did not complete his anti-tuberculosis therapy. He has now presented with productive cough for last 4 months. The sputum is dirty yellowish copious amount of sputum mostly foul smelling and occasionally mixed with blood. Cough is more while sleeping on his left side down. He mostly has low grade feverish feeling, anorexia, and generalized weakness with weight loss of few kilograms in last 04 months. On examination his vital signs are normal with axillary temperature of 99°F. He is having marked clubbing and chest auscultation full of coarse crepitations more marked on right side.  
Post T-B  
a) What is the most likely complete diagnosis? *Bronchiectasis* (1.5 Marks)  
b) How will you confirm the diagnosis? (1.5 Marks)  
c) What treatment options he has? Please describe briefly. (02 marks)
- ✓ 2. A 55 years old male patient presented in OPD clinic with complaints of dyspnea and cough for last 03 years. This dyspnea is moderate to severe in intensity. His symptoms are gradually getting worse with the time. On examination his blood pressure, pulse and temperature are normal. His respiratory rate is 26/ minutes and in a characteristic posture, with sitting upright and expiring with narrowed out but open mouth during expiration which is prolonged than the inspiration. Your consultant called it as "Purse Lip Breathing".  
a) What is the most likely diagnosis? *COPD* (01 Mark)  
b) What is the most likely cause of his disease? (01 Mark)  
c) Name two most important findings on radiograph in this disease. (02 Marks)  
d) How purse lip breathing help the patient, briefly explain the mechanism (01 Mark)
- ✓ 3. A 28 years old female teacher from a degree college is referred to you for advice regarding her deranged liver functions test and positive screening test for Hepatitis C virus (HCV). Very anxious for this obvious reason, she wants to get her detailed investigations and then early treatment.  
a) How will you investigate this patient completely? (1.5 Marks)  
b) How the spread of HCV can be prevented to her healthy family members. (02 Marks)  
c) What treatment options you can offer if this patient is a confirmed case of Hepatitis C viral infection? (1.5 Marks)

4. A 25 years female comes to your OPD clinic with headaches for 3 months. The headache occurs after she has some strange feeling of light headedness, mild nausea and vertigo. Its usually in the left temporal region with adjacent forehead and vertex. Intensity is mostly moderate but occasionally get severe and unbearable. Pain also involves other parts of head, but not very frequently. Her elder sister also has this type of headache. Mostly she has to get injectable treatment to relieve the headache. On examination of CNS there is no abnormality detected. Her blood pressure, visual acuity and fundoscopy are normal.

- What is your diagnosis? *Migraine* *acute glaucoma, Meningitis* (01 Mark)
- Name three important differential diagnoses? *(SAH + cluster headache)* (1.5 Marks)
- Describe short and long term treatment for this patient. (2.5 Marks)

5. A 50 years old female who is a known asthmatic, presented to you with multiple complaints like headache, mild vertigo and excessive urination especially at night. She also complains of chronic constipation. She developed pedal swelling after she took treatment for hypertension last time. She is not taking any treatment at the moment. No record of her previous treatments available. Her blood pressure is 180/100 mmHg and heart rate 88/min regular.

- Which medicine you will prescribe in this patient? And why? *ARB's + diuretics* (02 Marks)
- Discuss important adverse effects and potential benefits of each of the important anti-hypertensive medicines groups. (03 Marks)

6. A 60 years old male presented in medical emergency with history of weakness of left upper and lower limbs for 04 hours. He is also having difficulty in speech. He is a diabetic and hypertensive for ten years. He was fine when he suddenly collapsed. There is no history of headache, vomiting etc. Since then he is not moving his left arm and leg. On examination his pulse is 90 beat per minute, it is irregularly irregular. He is afebrile with BP of 160/90 mmHg. He is not talking and does not understand any spoken commands. He has left sided hemiparesis with power grade 2/5, normal deep tendon reflexes and positive Babinski sign on left.

- What is the most likely diagnosis? *Ischemic stroke* (01 Mark)
- How he should be investigated? Enlist. (02 Marks)
- Write down the management steps. (02 Marks)

7. A 44 years old male presented with 07 days history of moderate grade fever, nausea, generalized weakness, aches and pains, loss of sense of smell and taste. There is also history of cough with some yellowish sputum. There is no fever for last 12 hours but suddenly his generalized weakness and cough deteriorated. The family noticed that he is breathing rapidly and fast, although the patient himself denies any shortness of breath. On examination he is afebrile. His blood pressure is 100/70 mmHg, pulse 110/min regular, respiratory rate in 30 breaths per minute. On pulse oximetry the oxygen saturation is 86% which deteriorated with mild exertion to 76%. His complete blood count, blood sugar are normal. X-ray chest done in emergency shows multiple non-homogenous soft tissue shadows in both lung fields.

- What is the most likely diagnosis? *COVID-19* (01 Mark)
- How will you confirm the diagnosis? Discuss the specific investigations. (02 Marks)
- Briefly describe how oxygen inhalation can be administered in this disease. (02 Marks)

A 30 years old female patient presented with history of chronic diarrhea for last one year. she passes 3-5 semisolid to loose stools per day. There is no mucus or blood in it. Diarrhea is associated with abdominal cramps and mostly aggravates when she is anxious or depressed for some reason. Occasionally she develops constipation also. There is no history of weight loss or marked fever.

- a) What is the most likely diagnosis? **IBS (irritable bowel syndrome)** (01 Mark)
- b) What criteria is used to diagnose this disease? Please describe. (1.5 Marks)
- c) What treatment you will offer to her? (01 mark)
- d) Name 03 important causes of chronic diarrhea. (1.5 Marks)

9. A known patient of aortic regurgitation presented to your OPD clinic with off and on complaint of dyspnea. Your consultant has asked you to examine this patient in detail and write a detailed report on it.

- a) What are the physical signs you will look for? Explain these very briefly. (03 Marks)
- b) What are the added sounds in CVS examination other than S1 & S2. (02 Marks)



# THE SUPERIOR COLLEGE, LAHORE

Final PROFESSIONAL MBBS  
SENDUP EXAMINATION 2021  
MEDICINE II

(906)

SANA ULLAH

Roll No. F16-029

Total Marks: 45

Time Allowed: 2HOURS

13.10.021

## Instructions

Attempt all questions.

All question carry equal marks.

The SEQ's part is to be submitted within 2 hours, Extra time will not be given.

Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.

Do not write your name or disclose your identity in anyway.

### 1. Question:

- How is alcohol dependence diagnosed? Describe the essential features of the diagnostic criterion used to diagnose alcohol dependence. (2.5 Marks)
- How would you manage a patient that is dependent on alcohol? Describe the investigations and treatment options available. (2.5 Marks)

### 2. A 35 years old male presented with history of multiple flaccid blisters and erosions for 2 years. Blisters rupture easily within few hours and leave a large erosion. There are few painful ulcers in the oral cavity also.

- What is the diagnosis? Discuss briefly. Pemphigus vulgaris (2.5 Marks)
- What is the treatment? Discuss Briefly. (2.5 Marks)

### 3. A 14-year-old boy presented with facial swelling, ankle edema and dyspnea for 7 days. He was previously healthy except for the development of skin rashes and papules about a month earlier. Examination showed peri-orbital puffiness, edema feet and blood pressure was 150/100 mmHg. ECG was normal. Urine examination showed proteinuria +++; RBCs 9-10/HPF; WBCs 6-7/HPF and granular casts were seen.

- What is the diagnosis? Post-streptococcal Glomerulonephritis (01 Mark)
- Name four further investigations. (02 Marks)
- How will you treat him? (02 Marks)

### 4. A 56 years old female presented in medical OPD with epigastric pain and bilateral leg pains for 3 months. She had history of renal stones and pancreatitis in the last 06 months. Her clinical examination showed dehydration and irregular pulse. Lab investigations showed: Hb 8.5 mg/dl (N 12-16). Serum Creatinine 3.6 mg/dl (N 0.6-1.2), Serum Calcium 18.5 mg/dl (N 8.5-10.5)

- What is your diagnosis? Hyperparathyroidism (02 Marks)
- Discuss the principles of medical management of Hypercalcemia. (02 Marks)
- How is corrected calcium calculated? (01 Mark)

### 5. A 33 yrs. female presented with history of fatigue, loss of energy and lethargy for 3 months. Detailed inquiry revealed that she had weight gain, dry skin, severe muscle and joint pain with weakness in extremities. Her clinical examination revealed slow movements, coarse, brittle, straw-like hair, periorbital puffiness, bradycardia and hyporeflexia with delayed relaxation.

- What is the most probable diagnosis? Hypothyroidism (01 Mark)
- Enlist investigations to diagnose the condition. (02 Marks)
- How will you treat this patient and how will you monitor her progress. (02 Marks)

✓ 6. 23 year young boy presented in rheumatology outdoor with complaint of pain in right knee joint for the last one week. He has history of urethritis 9 days back for which he took treatment from local doctor with minimal relief in symptoms. On examination joint is warm, swollen and tender. (01 mark)

- a) What is diagnosis? **Reactive arthritis** (02 mark)  
b) Write investigations with expected findings according to diagnosis (02 marks)  
c) Write treatment

✓ 7. 21 year old female presented with pain in multiple joints and rash on cheeks for the last 2 months. She is also losing weight. On examination she has malar rash sparing nasolabial folds oral ulcers and swelling in joints of hands. Investigations shows Hb is 9g/dl, TLC 6000/cm, platelets 180,000/cm. ANA and RA factor is positive. (01 mark)

- a) What is single diagnosis? **SLE** (01 mark)  
b) What is most specific serological test (03 marks)  
c) How will you manage this patient?

✓ 8. A 22 years old female presented with complaints of easy bruisability, repeated episodes of epistaxis and gum bleed in last 6 months. On examination, she is not pale but there are multiple bruises over arms and legs, no lymph nodes are palpable, no hepatomegaly or splenomegaly. (01 mark)

- a) What is most likely diagnosis? **ITP** (02 Marks)  
b) How would you like to investigate this patient to reach your diagnosis? (02 Marks)  
c) How will you manage this patient?

✓ 9. A 38 years old female patient is admitted with road traffic accident leading to multiple fractures and some abdominal blunt injury. She is a known Type 2 diabetic, controlled reasonably with oral medications. Your consultant has advised to start her on insulin. She is admitted in ICU after orthopedic surgery. Her blood sugar is uncontrolled. (02 Marks)

- a) Discuss specific characteristics of different insulins available. (1.5 Marks)  
b) Which type of insulin you will start for her in this situation? Justify. (1.5 Marks)  
c) Enumerate adverse effects of insulins.

- ↓  
① weight Gain  
② Hypoglycemia  
③ peripheral edema.  
④ lipohypertrophy or lipodystrophy.





SUPERIOR UNIVERSITY

THE SUPERIOR UNIVERSITY

5<sup>TH</sup> PROFESSIONAL MBBS  
ANNUAL EXAMINATION 2021  
MEDICINE-I

SEQ'S

Roll No. F16-029

Total Marks: 45

Time Allowed: 2 HOURS

15.11.2021

Instructions

Sana Ullah

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Handwriting use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

Respiratory ✓

1. A 25-year-old female presented in medical OPD with complaint of productive cough for 3 months. She reported significant weight loss, low grade fever and night sweats for 6 months. Examination showed enlarged significant lymph node in posterior triangle of neck. Chest X-ray showed a homogenous opacity in right upper lobe.

- a) What is the most likely diagnosis? **T.B** 1
- b) How would you investigate her? 2
- c) How would you treat her? 2

Respiratory ✓

2. A 72-year-old lifelong smoker presents with progressive dyspnea. He has a chronic, non-productive cough. On examination he is thin; breathing with pursed lips, respiratory rate is 25 /min with mild wheezing on auscultation.

- a) What is the most likely diagnosis? **COPD** 1
- b) How will you manage this patient? 2
- c) Mention 3 potential complications that can arise in this patient. 2

CNS

3. A 21-year-old lady presented in outdoor clinic with spastic paraparesis for 3 days. Her past history was significant for transient loss of vision 4 months back which settled after treatment. On examination reflexes were brisk and planters were up going. Heel knee shin test was positive.

- a) What is the diagnosis? **Multiple sclerosis** 1
- b) How would you confirm it? 2
- c) Outline treatment options. 2

CNS

4. A 40 year old lady presents with complaint of generalized weakness. She has noticed difficulty in holding her head high up, especially in the evenings. She has problem finishing her meal because of difficulty in chewing. Examination reveals normal power in all the muscle groups but decreases after testing a movement repetitively. Muscle Tone,

P.T.O

coordination, reflexes and sensations are normal. Bilateral ptosis is present and exacerbated by upward gaze. Pupillary reflexes, eye movements and fundoscopy are normal.

- a) What is the most likely diagnosis? **Myasthenia Gravis** 2
- b) How will you investigate her? 1
- c) If this patient develops respiratory failure, how will you manage her? 2

✓ 5. A 20-year-old female presented in medical OPD with weight loss and diarrhea for 6 months. On further inquiry she also reported steatorrhea, abdominal distention, muscle wasting and weakness and exaggerated symptoms on eating wheat products. On examination, she had pallor and few bruises on her legs.

- a) What is the most likely diagnosis? **celiac disease** 1
- b) What investigations should be carried out to reach the diagnosis? 2
- c) Give an outline of treatment protocol. 2

✓ 6. A 45-year-old male patient presented to medical OPD having stigmata of Chronic Liver Disease with portal hypertension & ascites. He is Hepatitis C positive (anti HCV positive)

- a) How will you further investigate this patient? 2
- b) Outline the management plan for this patient? 2
- c) Enlist signs of portal hypertension? 1

✓ 7. A young girl of 20 was brought to the emergency ward with a history of severe retrosternal sharp chest pain radiating to shoulder and neck. This pain is aggravated by the change in position and relieved on bending forward. There is a history of low-grade fever. Her ECG shows ST elevation with upward concavity:

- a. What is the diagnosis? **Pericarditis** 2
- b. What treatment you will prescribe to this patient? 3

✓ 8. A 28-year-old pregnant lady presents with progressively increasing dyspnea in her last trimester of pregnancy. She is now even dyspneic at rest and cannot lie flat. On examination she is irritable with tachycardia and her respiratory rate is 28/min, blood pressure of 110/60 mm/Hg, her jugular venous pulse is raised. On auscultation of chest there are crepitation up till apices of the lungs. On examination of the cardiovascular system apex beat is tapping, first heart sound is loud and a mid-diastolic murmur at the mitral area.

- a. What is the diagnosis of this patient? **Mitral stenosis** 1
- b. What is underlying abnormality of the heart? 1
- c. How will you confirm your diagnosis? 1
- d. How will you manage her? 2

✓ 9. A 16-year-old male presents with high grade fever with body aches for last 4 days. Examination shows multiple bruises all over the trunk and legs. Full blood count reveals platelet count 35,000/cmm, white cell count 3600/cmm and Hb 14 g/dl. There is history of similar outbreak in the community.

- a) What is the diagnosis? **dengue Fever** 1
- b) How will you confirm the diagnosis? 2
- c) Outline the management plan. 2



SUPERIOR UNIVERSITY

THE SUPERIOR UNIVERSITY

5<sup>TH</sup> PROFESSIONAL MBBS  
ANNUAL EXAMINATION 2021  
MEDICINE-II

SEQ'S

Roll No. F16-029

Total Marks: 45

Time Allowed: 2 HOURS

18.11.2021 (Thursday)

Sana Ullah

Instructions

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Handwriting use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

1. An 18-year-old male presents with low back pain and stiffness which is typically worse in the morning and relieved by movement. He also gives history of same problem in the family. Now he has developed pain in the left knee joint and hip joints. The back pain and stiffness has increased to the extent that he is unable to perform forward flexion. He has also developed redness of eyes. His Complete blood picture is normal, ESR is raised, RA factor and ANA are negative.

- a. What is the diagnosis? Ankylosing spondylitis 2
- b. How will you confirm your diagnosis? 1
- c. Enumerate two extra articular manifestations of this disease? 1
- d. How will you manage this patient? 1

2. A 27-year-old female presented in medical OPD with swelling of her left leg with pain for a week. On detailed inquiry, she reported three pregnancy losses after first trimester. There was a malar rash and CBC revealed HB 8.5 mg/dl, TLC 3.2 /cubic mm and platelet 100,000.

- a) What is the diagnosis? secondary antiphospholipid syndrom due to SLE 1
- b) What further investigations should be advised to reach a comprehensive diagnosis? 2
- c) How will you manage the patient? 2

3. A 45-year-old female presents to casualty with a nosebleed and gives a history of intermittent bruising over previous 6 months. Her labs show Hemoglobin 11.0g/dl (11.5 - 16.5) MCV 83fL (80 - 96) White cell count 6.9 x 10<sup>9</sup>/L (4 - 11) Normal Differential Platelets 22 x 10<sup>9</sup>/L (150 - 400). Blood film: Thrombocytopenia with platelet anisocytosis. No other abnormality.

- a) What is the likely diagnosis? ITP 1
- b) How will you manage her disease? 2

P.T.O

- c) If the same patient comes to you with a relapse of symptoms 6 months later, what further treatment plan you will consider. 2
4. A 19-year-old boy presents to the outpatient's department with anasarca. On examination, there is generalized edema; blood pressure is 100/70 and jugular venous pressure is not raised. Investigations show proteinuria +++; serum albumin 2.5mg/dl and serum cholesterol 260mg/dl.
- What is the diagnosis? *Nephrotic syndrome.* 1
  - What further tests are required to determine the etiology? 2
  - What is the initial management? 2
5. A 57-year-old patient presented to the emergency department with shortness of breath and body swelling. He is known to have chronic kidney disease grade 5. He had a Creatinine of 8.9mg/dl. ECG showed tall, tented T waves and broad QRS complexes.
- What is the cause of the above-mentioned ECG findings? *Hyperkalemia* 1
  - What further investigations should be carried out in this patient? 2
  - Outline emergency and long-term management plan for this patient. 2
6. A 17-year-old male brought to medical emergency in a comatose state following history of high-grade fever and productive cough for 2 weeks. He is severely dehydrated with coarse crept and bronchial breathing on right side of chest. Planters are non-specific. Blood tests show TLC 18,000 cubic mm, pH 7.3, bicarbonate 12 (n 20-30), blood sugar 385mg/dl.
- What is the most probable diagnosis? *DKA* 1
  - What further investigations would you order to help you in diagnosis and management of the patient? 2
  - Outline the management protocol? 2
7. A 52-year-old man with hypertension and Diabetes Mellitus is seen in Medical OPD. On examination, his BP is 160/100 mmHg and blood sugar is 210 mg/dl. He has truncal obesity and abdominal striae.
- What is the likely diagnosis? *Cushing syndrome.* 1
  - Name the investigations necessary in this patient 2
  - How will you manage the patient? 2
8. A 25-year-old male presented in out-patient department of psychiatry with feelings as his mind is turned blank, can't concentrate on his job, every task looks burden to him, like tooth brushing, shaving, bathing from the last 2 months. He sleeps poorly at night; his appetite is also decreased. He can't figure out the reason for this condition.
- What is the diagnosis? *Depression* 2
  - How you will manage this case? 3
9. A 30-year-old man presented with oral ulcers and pruritic flat-topped purplish papules and plaques on wrists, forearms and legs for the last 6 months. Some of the lesions resolved with residual pigmentation.
- What is the diagnosis? *Lichen planus.* 1
  - How you will confirm diagnosis? 2
  - Write treatment guidelines. 2

Surgery

SANA ULLAH  
F16-029

07.06-021

Azra Naheed Medical College  
Department of Surgery  
Final year MBBS

TIME ALLOWED 45 min

TOTAL MARKS 35

Short Essay Questions

- ✓ Q1) A 55 years male presented in OPD with the complaints of swellings in front of left ear lobule 5 x5 cm in size, firm in consistency with no neck lymph nodes enlargement and no skin changes noted.
- a) What is most probable diagnosis *Pleomorphic adenoma* (1)
  - b) What is your differential Diagnosis? (2)
  - c) How you will you investigate to confirm your most likely diagnosis? (2)
- ✓ Q2) A 44 yrs old lady presented in having swelling in her right breast of about 3 x3 cm in size, firm to hard in consistency with normal overlying skin. There is another swelling in her right axilla 1x2 cm, discrete, hard in consistency but not fixed
- a) what is your provisional diagnosis? *CA breast* (1)
  - b) How will you investigate to confirm your diagnosis? (2)
  - c) Describe advantage of trucut biopsy over FNAC. (2)
- ✓ Q3) A 63 yrs old man who is a chronic smoker presented in OPD with complaints of persistent cough, weight loss, dyspnoea and non-specific chest pain for the last 6 months. He is complaining of haemoptysis for few days. His chest x ray shows right sided pleural effusion
- a) Give most likely diagnosis? *Bronchogenic CA* (1)
  - b) How will you investigate this patient to confirm diagnosis? (2)
  - c) How would you manage pleural effusion (2)



# AZRA NAHEED MEDICAL COLLEGE

Final Year MBBS SEND-UP session 2020-21 (SEQs)

## SURGERY-1

Name: SANAULLAH

Roll No: F16-029

Date: \_\_\_\_\_

Time Allowed: 120 Min.

Total Marks: 50

### Instructions:

1. No cutting or overwriting is allowed.
2. Use of mobile phone is strictly prohibited.
3. No extra time will be given.

- ✓ 1. A young boy is presented with a swelling upper part of neck in midline. Clinical examination requires to describe surgical anatomy of neck
  - a. Describe boundaries of Anterior Triangles of neck with its division and important structures in the triangle 3.0
  - b. Describe different Lymph node groups in neck draining the Floor of the mouth 2.0
- ✓ 2. A 30 year old man has been brought to emergency room with H/o RTA at motorway. He is drwozy and bleeding in oral cavity. His vitals are HR 115/min, BP 85/50mm Hg. He has difficulty in breathing:
  - a. Write down step in maintaining his breathing 3.0
  - b. What are different way of maintaining definite airway 2.0
- ✓ 3. A 32year old man presented in emergency with a lacerated wound at his right lower leg after his bike slipped on a wet road. On examination, lacerated wound with irregular and ragged margin and wound is full of dirt and debris.
  - a. Enlist steps in management of this wound 3.0
  - b. Discuss different phases in secondary wound healing 2.0
- ✓ 4. A 24 years iady had exploratory Laparotomy for ruptured ectopic pregnancy. She was transfused 4 units of whole blood during surgery
  - a. What possible complications can happen with multiple blood transfusions? 3.0
  - b. Enlist four different blood by product with their indication to transfuse 2.0
- ✓ 5. A 56 years old man patient with advanced carcinoma of tounge is planned for partial glossectomy and neck dissection.
  - a. What are different way of nutritional therapy in such a patient postoperatively? 2.0
  - b. How would you monitor Nutritional status in this patient. 3.0
- ✓ 6. A 45 year woman is planned for laparoscopic cholecystectomy on elective list. She is HCV positive.
  - a. What precautions you will take to avoid transmission 3.0
  - b. Write down plan If someone has got needle prick in Operation theatre during surgery 2.0
- ✓ 7. A 35 years old man is brought to emergency room victim of flame burn and remained locked up in room for 15 minutes with smoke. On examination pulse 120/min, B.P 90/60 and oxygen saturation 88% on room air. There are burn wound over anterior chest wall and both arm. weight = 70 Kg
  - a. Write down initial steps in management 9% 18% 3.0
  - b. How will you calculate fluids for this patient for first 24 hours 2.0
- ✓ 8. A 40 years woman presented in surgical clinic with complaining swelling and pain in both legs which get worse later in the day. On examination, he has dilated tortuous vein in both legs but more prominent on left leg.
  - a. How will you investigate this patient 2.0
  - b. Patient is not willing for surgical treatment, advise her conservative treatment plan 3.0
- ✓ 9. A 45 years old woman with Carcinoma left breast. She has completed her radiotherapy for her chest wall as locally advanced disease. She presents with odema of her left arm.
  - a. What are the common complications of radiotherapy 3.0
  - b. What instruction will you give to this patient as she developed odema of her arm 2.0
- ✓ 10. Describe briefly types of chronic pain and pain step ladder for malignant diseases 3.0+2.0

Q=7=ⓑ Fluid calculation

$$\% \text{ of burn} = 9\% + 18\% = 27\%$$

Fluid = 4 x %age of burn x Body weight

$$= 4 \times 27 \times 70$$

$$= 7560 \text{ ml}$$

# AZRA NAHEED MEDICAL COLLEGE

Final Year MBBS SEND-UP Examination 2020-21 (SEQs)  
SURGERY-II

Name: SANA ULLAH

Roll No: F16-029

Date: 18.10.21

Time Allowed: 120 Min.

Total Marks: 65

### Instructions:

1. No cutting or overwriting is allowed.
2. Use of mobile phone is strictly prohibited.
3. No extra time will be given.

1. A 65 years old lady fall on his outstretched hand and develop dinner fork deformity at his wrist.
  - a. What is the type of fracture 1.0 *Colle's Fracture*
  - b. What is the mechanism of injury 2.0
  - c. Write down its management 2.0
2. A 60 years old heavy smoker with H/O progressive dysphagia for solids for 3 months followed by dysphagia for liquids. He lost 10 kg of his weight during this period.
  - a. What is your probable diagnosis? *Esophageal CA* 1.0 *Squamous cell CA of Esophagus*
  - b. Enumerate investigation in confirming diagnosis. 2.0
  - c. Write down steps in management plan? 2.0
3. A 45 years old woman presented to surgical clinic C/O upper abdominal pain for six months .She has flatulence dyspepsia and intolerance to fatty meals. Her BMI is 40.
  - a. Discuss Differential Diagnosis. 2.0
  - b. How will you investigate this patient 3.0
4. A 25 year old woman presented with pain right lower abdomen for 4 days with Anorexia and vomiting. She has developed fever for last 3 days as well. On examination she has a tender firm swelling in right iliac fossa.
  - a. What is your most likely diagnosis? *APPendicular Mass* 1.0
  - b. How would you confirm your diagnosis 2.0
  - c. Describe briefly management plan for patient? 3.0
5. A 36 year man presented in surgical opd with complaints of chronic constipation with off and on bleeding per rectum for 3 months. He gave H/O some swelling at defecation but reduced itself later. Symptoms get some relief with medication from general practitioner
  - a. What is most likely diagnosis *sec degree Hemorrhoids*
  - b. Enumerate differential diagnosis of fresh bleeding Per-rectum. 2.0
  - c. Discuss management of prolapsed Hemorrhoids 2.0
6. A 70 years old man presented to Surgical OPD with CO constipation altered bowel habbits. His son gave H/O loss of weight . He had CT scan abdomen and pelvis already done reporting a segment of bowel thickening at sigmoid colon with fat strandings
  - a. How would you confirm your diagnosis *COLonic diverticul* 1.0
  - b. Advise investigation to help staging the disease. 2.0
  - c. Write down treatment plan for this patient 2.0
7. A 58 years old man presented in OPD with low urinary tract symptoms with post void residual urine of 200ml On PR examination prostate size in 40grams with median sulcus palpable.

→ Dx = BPH



- a. Write down medical treatment options. 2.0
- ✓ b. What are indication of surgical treatment in such cases 3.0
- 8. A 27 years man presented in OPD with right scrotal swelling for 6 month. He has H/O pain in right inguinoscrotal area, fever and burning micturition 6 months ago. On examination you can get above the swelling.
  - a. What is most likely diagnosis? Epididymo-orchitis 2.0
  - ✓ b. Describe management plan 3.0
- 9. A 30 years lady presented to OPD with small lump in front of neck noticed 2 months ago but increasing size gradually. On examination, swelling is moving up with deglutition and firm, non fluctuant and just right side to midline. No other swelling found. She has ultrasound report showing a solitary nodule 2x2 cm in right loge of thyroid
  - a. What is most likely diagnosis. 1.0
  - b. Enlist investigations to confirm you diagnosis 2.0
  - ✓ c. Discuss briefly treatment plan 2.0
- 10. A motorcyclist crashed his bike against the wall and brought to ER. Primary survey revealed that he has sustained blunt chest trauma leading to hemo-pneumothorax. Intercostal tube insertion was planned
  - a. Write down steps for insertion of a chest tube. 2.0
  - b. Enumerate different complication during insertion of a chest tube 2.0
  - ✓ c. What is flail chest 1.0

→ 5th intercostal space safety Triangle.
- 11. A 55 years old lady presented in opd with complains of a lump in her right breast. Her sister died of CA breast 5 years ago.
  - a. Enlist investigations for this patient. 2.0
  - b. What is triple assessment? 2.0
  - ✓ c. What are different prognostic factors for carcinoma breast 1.0
- 12. A 40 years old woman presented to op clinic with swelling over right side of her face just in front of her ear for 3 years .She complains that size has increased recently and cannot close her eyes
  - a. What is most likely diagnosis CA, Ex-pleomorphic 1.0
  - b. How will you investigate this patient adenoma 2.0
  - ✓ c. Describe briefly treatment plan 2.0
- 13. A 19 years boy playing cricket in a club match without halmet and got struck on his left side of face with the hard ball. He presented to surgical emergency with swelling over his left cheek and around orbital area.
  - a. Write down initial management in emergency room. 3.0
  - b. What sort of facial injuries suspected in this patient according to le fort classification 2.0



# THE SUPERIOR UNIVERSITY

5<sup>TH</sup> PROFESSIONAL MBBS  
ANNUAL EXAMINATION 2021

SURGERY-I

(SEQ'S)

SANA Ullah

SUPERIOR UNIVERSITY

Time Allowed: 2 HOURS

22.11.2021  
Monday

Roll No. F16-029

Total Marks: 50

## Instructions

1. Attempt all questions.
2. All questions carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Handwriting use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

- surgical anatomy* ✓
1. A 52-year-old female presented with pain in the right lumbar region for 6 months. USG revealed mass in the right adrenal gland. Biochemical test is within normal range. MRI confirmed 4cm mass in right adrenal gland. Right adrenalectomy planned. Answer the following questions regarding surgical anatomy of adrenal gland.
    - a) What are the relations of right adrenal gland with surrounding structures? 3
    - b) Which structure is more prone to injury during procedure? 2
  2. A 54-year-old woman who is undergoing chemotherapy for breast carcinoma underwent an emergency appendectomy for acute perforated appendicitis 4 days ago. She complains of severe pain in the wound, which shows erythema, oedema, skin blistering and crepitus.
    - a) What is your clinical diagnosis? **Gas Gangrene** 1
    - b) What are the causative organisms for this condition? 2
    - c) What are two types of this condition? 2
  3. *Blood + Haemorrhage* ✓ A 50-year-old man is undergoing partial hepatectomy for secondary metastasis. The operation proceeded smoothly for the first couple of hours, after which the surgical team noticed unusual bleeding in the form of oozing from all the wound sites. The patient has two intravenous cannula sites through one of which he is on his first unit of blood.
    - a) What complication is suspected? **Transfusion reaction** 2
    - b) How will you manage? 3
  4. *nutrition* ✓ A 60 years old man with diagnosis of carcinoma esophagus is planned for surgery. How will you assess his nutritional status before procedure? 5

P.T.O

5. A 25-year-old woman presented with a tender lump in the right supraclavicular area of 3 days duration. The lump is red and fluctuant. She looks unwell with pyrexia. A week before the onset of this episode She had her right ear pierced, which became infected.

- a) What is most likely diagnosis **abscess** 1
- b) Which organism is responsible? 2
- c) What is treatment advised 2

Burn

6. A 28-year-old morbidly obese male arrives at the emergency room after suffering an electrical shock. He was working on his car at the time of injury. He has a burn mark on his hand and his forearm appears swollen. He also passed red color urine.

- a) what is this type of electric shock? **High tension Electrical injury.** 1
- b) What is the main cause of death? 2
- c) What is the likely cause of red color urine? **→ due to myoglobin** 2

Alex venous disorder.

7. A 33-year-old woman complains of aching and heaviness of her left lower limb, which is much worse at the end of the day after working as a shop assistant. On examination she has large varicosities along the medial side of her entire left lower limb.

- a) Which vein has varicosities **Long saphenous vein** 1
- b) When Trendelenburg test becomes positive 2
- c) Which investigation will confirm the diagnosis? **→ duplex USG** 2

anesthesia

8. 40 years old women underwent Open cholecystectomy for acute cholecystitis. She has mild asthma.

- a) which nerve block can be used after surgery? **intercostal Nerve Block** 1
- b) What is the technique 4

Radiology

9. A 23-year-old man presented with pain abdomen, vomiting, abdominal distention and absolute constipation. **DX=intestinal obstruction**

- a) Which is the first investigation required **→ X-ray abdomen** supine view 2
- b) What findings are expected Erect view 3

10. A 54-year-old man complains of a swelling in the front of his thigh with throbbing pain of 6 weeks duration. The swelling is 4 cm across, warm to the touch, tender and pulsating. Three years ago, he underwent a right nephrectomy for carcinoma.

- a) What is most likely diagnosis **Femoral aneurysum** 2
- b) How will you manage him? 3

Sana ULLAH



THE SUPERIOR UNIVERSITY  
5<sup>TH</sup> PROFESSIONAL MBBS  
ANNUAL EXAMINATION 2021  
SURGERY-II

(SEQ's)

SUPERIOR UNIVERSITY

Time Allowed: 2HOURS

25.11.2021

Roll No. F16-029

Total Marks: 65

Instructions

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Handwriting use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

- ✓ Breast
1. A 26-year-old breast-feeding housewife presented with fever and pain in right breast. She has a temperature of 37.9°C and a pulse rate of 92/min. On examination, there is a localized, tender area, adjacent to the areola of the right breast. There is surrounding erythema and tender lymphadenopathy in the right axilla.
- |  |                |   |
|--|----------------|---|
| a) What is the likely diagnosis                | Breast Abscess | 1 |
| b) What other investigations would you arrange |                | 2 |
| c) What are the treatment options              |                | 2 |
- ✓ Endo
2. A 30-year-old female presented with multiple swellings in front of neck. She gives history of palpitation, weight loss and disturbance of menses. Her pulse is 110/min. On examination, the swellings are firm in consistency and move with swallowing. Radiograph neck shows deviation of trachea.
- |  |                   |   |
|--|-------------------|---|
| a) Enlist the investigations to work up this patient | DX=Thyrotoxicosis | 2 |
| b) How will you manage this case?                    |                   | 3 |
- ✓ upper GIT
3. A 44-year-old Diabetic woman presented to the emergency department with one-day history of constant abdominal pain and vomiting. Her bowels have opened normally, and she has no urinary symptoms. She is febrile with a temperature of 38°C and a pulse rate of 116/min. She is not clinically jaundiced. On examination of the abdomen, she is found to have sever tenderness in the right upper quadrant. The urine is clear and rectal examination is normal.
- |  |                     |   |
|--|---------------------|---|
| a) What is the most likely clinical diagnosis            | Acute cholecystitis | 1 |
| b) What is your first-line treatment                     |                     | 2 |
| c) What specific complication is this patient at risk of |                     | 2 |
- ✓ upper GIT
4. A 45-year-old male presented with dysphagia for liquids but not for solids. He also complains of regurgitation and bouts of cough at night
- |   |           |   |
|---|-----------|---|
| a) What is the most likely diagnosis            | Achalasia | 1 |
| b) Justify the investigations to make diagnosis |           | 2 |
| c) What are the treatment options available     |           | 2 |

P.T.O

- lower GIT ✓
5. A 45 years old female complains of painless bleeding at defecation with appearance of lumps at anus on defecation, which could be reduced manually. She now presents in Emergency Room with sudden onset of severe pain on defecation and inability to reduce the lumps
- a) What is the most likely diagnosis? **Thrombosed 4th degree Haemorrhoids** 2
- b) What are the steps of open Haemorrhoidectomy? 3
- lower GIT ✓
6. A 64-year-old man complained of a diarrhea with tenesmus for 3 months, passing loose motions up to four times a day. The motions have been associated with the passage of blood clots and fresh blood mixed within the stools. There is history of weight loss with normal appetite. On examination, no pallor or lymphadenopathy is present. The abdomen is soft and non-tender with no palpable masses. Digital rectal examination is normal. However, rigid sigmoidoscopy reveals a mass located approximately 9 cm from the anal verge
- a) What is the most likely diagnosis? **Colorectal carcinoma** 1
- b) Give Duke's classification 2
- c) What is the most suitable treatment for his condition? 2
- CNS ✓
7. A 30-year-old motorcyclist is involved in Road Traffic Accident. He is brought to hospital emergency department. On examination he is semiconscious with noisy breathing. There is no facial bleeding. Pulse 80/min, BP 120/70. Examination of chest & abdomen and extremities is unremarkable.
- a) What is most likely clinical diagnosis **sub-dural Hematoma** 1
- b) What are the indications of CT scan? 2
- c) What is the basic principle of management of this patient? 2
- ortho ✓
8. A 12-year-old boy presented with complaint of painful swelling of his left lower femur. Radiograph done at rural health center, reveals sunburst bony lesion of femoral metaphysis.
- a) What is the most likely pathology? **osteosarcoma** 1.5
- b) Briefly outline the management plan 3.5
- urology ✓
9. A 60-year-old male had hematuria for last 4 years. He also complains of severe backache.
- a) Enlist the cause/ causes of his symptoms 2
- b) What investigations will you carry out to reach a final diagnosis? 3
- urology ✓
10. A 12-year-old boy presented to emergency department, complaining of sudden onset of testicular pain. The pain woke him from his sleep and has persisted for the last 3 hours. His mother says that he has vomited once. He has similar attack of pain a year ago, but that subsided quickly. On examination left hemi-scrotum feels normal, but the right side is swollen and tender, on palpation the right testes is elevated. The cremasteric reflex is absent.
- a) What is most likely diagnosis and give differential diagnosis **Testicular Torsion** 1.5
- b) How will you manage this child 3.5
11. A 20-year-old male got stab injury to left side of chest in a fight. On examination the external wound is about 2cm from the left sternal border in the 4<sup>th</sup> intercostal space. He has Blood pressure 80/60mm of Hg with engorged jugular veins. His pulse is paradoxical.
- a) What is most likely diagnosis **Cardiac Tamponade** 2
- b) What is emergency treatment of this patient 3
- thorax ✓
- 12.
- a) What are the common causes of malignant pleural effusion 2.5
- b) What is the role of surgeon in malignant pleural effusion 2.5
- maxillofacial ✓
13. A 24-year-old motorcyclist got facial trauma in road traffic accident. In the emergency room he is managed according to ATLS protocol.
- a) How will you classify his maxillofacial injury? 2.5
- b) What is the management of LeFort 1 type of fracture? 2.5

Obstetrics

SANA ULLAH  
F16-029



MONTHLY TEST FINAL YEAR MBBS; FEB 19th, 2021.

OBS & GYNAE (SHORT ANSWER QUESTIONS)

6 SAQs, 10 Marks each.

Time allowed: 1h: 15 minutes

Attempt all questions

- ✓  
Q: 1. A 36 year old G4 P2 A1 has presented in labor ward at 33 wks. Of gestation with lower abdominal pain. She is a smoker. This is her 4<sup>th</sup> pregnancy with history of two preterm deliveries at 28 & 31 weeks followed by abortion. On examination she looks pale.
- A: What is your differential diagnosis? 2  
B: Enumerate the risk factors in this patient which can again lead to preterm delivery? 2.5  
C: What investigations will you advise to support your diagnosis? 1.5  
D: Outline your management plan. 4
- ✓  
Q: 2. A PG at 41+2 weeks of gestation has been admitted in labor ward with pains. On vaginal examination she is 4cms, fully effaced with membranes intact and vertex is at -1 station.
- A. Is this patient in active labour? Give two reasons to support your diagnosis. 2.5  
B. What treatment will you advise her? 2  
C. After half an hour there is spontaneous rupture of membranes, and there is grade 1 meconium. What is the significance of meconium? 2  
D. After an hour her frequency of contractions a bit reduced, how will you manage the labor? 3.5
- ✓  
Q: 3. A 40 – year PG books into the antenatal clinic at 11 weeks 'gestation. She has no particular medical history of note.
- A. She wishes to discuss the tests that she could consider for screening of Down's syndrome. What options would you discuss with her? 2  
B. What screening tests would you perform if she came in second trimester? 2  
C. What are the diagnostic tests for aneuploidy? 1.5  
D. What the miscarriage risks with these interventional tests? 1.5  
E. What other tests can be performed to add accuracy to screening tests for Down's syndrome? 2

✓  
Q4. A 40 years, obese, PG, at 35 weeks' gestation presents in Labour room with H/O headache & blurring of vision for one hour. On GPE: Edema on the body. Pulse is 90/min, BP is 160/110mmHg. On abdominal examination: SFH is 36 cms. Lie is longitudinal & cephalic presentation. Urine report shows mild proteinuria.

- A. What is the most likely diagnosis? *Pre-Eclampsia* 1  
B. Write down risk factors in this patient? 2  
C. What is the underlying pathophysiology of this condition? 2  
D. How will you manage her? 5

✓  
Q5. A 36 years, G7P5A1, at 34 weeks' gestation presents in outpatient department with H/O breathlessness & fatiguability on slight exertion. She has H/O postpartum hemorrhage in her last delivery one year ago. She has not taken iron supplements & belongs to a poor socioeconomic class. On examination, she looks pale, her pulse is 99/min & BP is 110/70mmHg. Lab report shows Hemoglobin 7.6g/dl.

- A. What is the most likely diagnosis? *iron deficiency anemia* 1  
B. What are the causes of this condition in this patient? 2  
C. What risks will this have on the mother & the baby? 2  
D. How will you manage her? 5

✓  
Q6. A 25 year, G3P1+1, presents at 8 weeks gestation for booking in the antenatal clinic. She has H/O gestational diabetes in her last pregnancy.

- A. What are important points in history you will record? 3  
B. How many antenatal visits will you advise her? 2  
C. Name the investigations advised? 2  
D. What medications will you suggest her? 3



FINAL YEAR MBBS CLASS TEST 27<sup>th</sup> August, 2021 (OBSTETRICS)

Total Marks: 50

Time allowed: 1 hour 15 Min

Attempt all questions.

✓ Q1. A 22-year-old in her first pregnancy comes to antenatal clinic at 9 weeks of gestation. She is advised regular antenatal care. She wants to discuss some queries with you.

- i. Why should she have regular antenatal care? Give 2 reasons. 2
- ii. Her BMI is 30kg/m<sup>2</sup>. What 3 optimal weight control advice RCOG recommends? 1.5
- iii. She does not have any coexisting medical condition. What general exercise advice you will give her? 1.5

✓ Q2. A 26-year Primigravida at 40 weeks and 5 days came with complaint of spontaneous rupture of membrane and moderate contractions at the rate of 3-4 in 10 minutes. On vaginal examination cervix was fully effaced and 6 cms dilated with vertex at -2. She was examined after 4 hours the vaginal findings were the same but contractions were spaced off 2 in 10 mins.

- i. What is the likely diagnosis? *prolonged First stage of labour* 1
- ii. What is the most likely cause in her for this diagnosis? *primary arrest* 2
- iii. What are the management options in her case? 2

✓ Q3. Mrs KB, 26 years of age, presented in OPD, two weeks after the delivery of her first child. The husband had concerns regarding his wife behaviour. She is restless and not eating properly. She is unable to sleep and has delusions. She has history of depression in the past. Her father had bipolar disorder. She is on antidepressant which was prescribed by her GP.

- i. What is the most likely diagnosis? *Puerperal Psychosis* 1
- ii. What are the risk factors in her history for this diagnosis? 2
- iii. How should this be managed? 1
- iv. How should her breastfeeding be managed? 1

✓ Q4. A 35-year-old woman got married recently. She has a history of type 1 diabetes. She is considering a pregnancy and came to see you regarding prepregnancy counselling. She has mild retinopathy and is taking only insulin. Her most recent HbA1c is 75 mmol/mol.

- i. What medication should she start prior to trying for a pregnancy, at what dose and why? *Folic acid (5mg)* 1
- ii. Is her diabetes satisfactorily controlled? What will you advise her? 2
- iii. What important pregnancy complications should be discussed with her prior to her embarking on a pregnancy? 2

✓ Q5. A 32-year-old Gravida 3 para 1+1 has iron deficiency anaemia. She presented at 34 weeks of gestation with shortness of breath & easy fatigability. Her haemoglobin is 6 gm/dl

- i. What factors are responsible for iron deficiency anaemia? 2
- ii. What are the risks to mother & baby? 1
- iii. How will you manage her in pregnancy? 2

Q6. A 35-year-old woman, Gravida 2 para 1 at 30 weeks of gestation with twin pregnancy presented with vaginal bleeding without abdominal pain. She has conceived with assisted conception. She had a history of prior caesarean section due to preeclampsia and abruption five years back. An urgent abdominal ultrasound examination showed a viable fetus with appropriate biometrical parameters with normal amniotic fluid and placenta previa. Her BP is 140/90mmHg without antihypertensives.

- i. What are the risk factors in her for placenta previa? 1.5
- ii. How will you manage her? 2.5
- iii. What are the risk factors for abruption? 1

Q7. 28 yrs. Primigravida who has mitral stenosis came in labour at 38 weeks of gestation.

- i. What important steps you will consider in managing her labour? 2
- ii. What are the fetal risks of maternal cardiac disease? 1.5
- iii. What are 4 risk factors for development of heart failure in pregnancy with cardiac disease? 1.5

Q8. 37-year teacher is 10 weeks pregnant with triplet. This is her fifth pregnancy. She had three spontaneous first trimester miscarriages, followed by dilation and curettage (D&C) for retained products of conception. Last year she had a late miscarriage at 22 weeks. She is a smoker.

- i. What risk factors she has for preterm labour? 1.5
- ii. Discuss specific elements of her antenatal care that may be beneficial to prevent Miscarriage. 2
- iii. Name the different types of cerclage? 1.5

Q9. 38 -year primigravida came to labour ward with contractions of 5 in 10 minutes with good intensity. She made good progress to 7 cms. She is examined after 4 hrs and is still 7 cms despite good contractions. The fetal head is not engaged. On vaginal examination the head is poorly applied to cervix and there is severe moulding and caput. Her urine is blood stained.

- i. What is the likely diagnosis? → *cephalo-pelvic disproportion* 1
- ii. What are the causes of such diagnosis? 1.5
- iii. What are the findings in her suggestive for cephalopelvic disproportion? 1.5
- iv. What is partogram and what is benefit of it? 1

Q10. 30-yr G2P1 with BMI 35 came fully dilated to labour ward. You have delivered the fetus head but have been unsuccessful in delivering the shoulders. She had Forcep delivery in previous pregnancy.

- i. What is the most likely diagnosis? *shoulder dystoria* 1
- ii. What are the maternal and fetal complications related to it? 2
- iii. How will you manage her? 2

F16-029  
Sana Ullah

### CLASS TEST FINAL YEAR JUNE 2021 (OBSTETRICS)

Total Marks: 70

Time allowed: 1 hour 15 min

Attempt all questions.

✓ Q1- A G3P2+0 is a diagnosed case of mitral stenosis came for antenatal check -up at 34 weeks of gestation. She is very conscious for her cardiac status

- a. What are the risk factors for cardiac failure in pregnancy? 4
- b. What is the prophylaxis for subacute bacterial endocarditis? 2
- c. Mention heart diseases in which pregnancy is contraindicated? 3
- d. What is the ideal contraception in this patient? 1

✓ Q2. A 26 Years old woman in her first pregnancy with Rhesus (D) antibodies level 10 IU/ml at 26 weeks. She is very anxious regarding her problem and effect on baby.

- a. What are sensitizing events for Rhesus disease? 2
- b. How to prevent Rhesus iso-immunization? 2
- c. Which test is used to assess amount of fetomaternal hemorrhage? 2
- d. Mention different routes of in utero blood transfusion to fetus? 2
- e. What are the signs of fetal anaemia in HDFN? 2

✓ Q3. A woman has a booking scan which reveals a monochorionic twin gestation. A scan at 26 weeks reveals an increase amniotic fluid index in twin 1 and decreased amniotic fluid index in twin 2.

- a. What is your diagnosis? *Twin-Twin Transfusion syndrome?* 2
- b. Which twin is at risk and why? 3
- c. What are the treatment options for the problem? 2
- d. How will you determine the chorionicity with USG? 3

✓ Q4. A multigravida delivered at home one hour ago, by a traditional Dai, was brought to emergency labor ward with heavy vaginal bleeding. Her B.P is 90/30mmHg, pulse.102/min and R/R is 22/min.

- Primary PPH*
- a) What is your diagnosis and what are the warning signs of this condition? 2
  - b) What are the common risk factors of this condition? 3
  - c) Give stepwise management of this patient? 5

✓ Q5. A 32 years woman presents with epigastric pain at 38 wks. of gestation with H/O pre-eclampsia in her first pregnancy. Her B.P is 160/110 mmHg. Her ALT is raised (170u/l) and her platelet count is 40000 uL.

- a) What is your likely diagnosis? **HELLP syndrome** 2
- b) What are complications of this condition? (At least common 3) 3
- c) How will you manage this patient? 5

✓ Q6. A G3P2+0 is a diagnosed case of mitral stenosis came for antenatal check-up at 34 weeks of gestation. She is very conscious for her cardiac status

- a) What are the risk factors for cardiac failure in pregnancy? 4
- b) What is the prophylaxis for subacute bacterial endocarditis? 2
- c) Mention heart diseases in which pregnancy is contraindicated? 3
- d) What is the ideal contraception in this patient? 1

✓ Q7. A para4 delivered at home, a full term male baby 2 days ago, she presents with chills, rigors and temperature 101degree Fahrenheit with foul smelling lochia:  
*fever > 38°C.*

- a) Define puerperal pyrexia? 2
- b) What are the commonly associated organisms? → *E. coli, H. influenza.* 4
- c) Name some risk factors for puerperal infection? 4

↓  
*prolong labour*  
*septic focus*  
*prolong antenatal rupture of membrane,*  
*manual removal of plac*  
*antenatal membrane infection.*  
*C-section.*

SANA ULLAH  
F16-029

FINAL YEAR MBBS SEND UP 20<sup>th</sup> OCTOBER, 2021

(OBSTETRICS)

Total Marks: 35  
Attempt all questions.

Time allowed: 1hr.30Min

✓ Q1: A G3P2+0, a diagnosed case of mitral stenosis, came for antenatal check-up at 34 weeks of gestation. She is very conscious for her cardiac status.

- Single dose of  
of injection  
ampicillin  
1g + injection  
Gentamincine  
1.5 mg/kg
- Write 4 risk factors for cardiac failure in pregnancy with cardiac disease? *Respiratory + urinary infection, Polyhydramnios, anemia, Toxicity* 2
  - What is the prophylaxis for sub-acute bacterial endocarditis? 1
  - Mention 2 heart diseases in which pregnancy is contraindicated? 1
  - What is the ideal contraception for this patient? *LNG-IUD* 1

✓ Q2: A P4, delivered at home a full term male baby 2 days ago, she now presents with chills, rigors and temperature 101 °F with foul smelling lochia

- Define puerperal pyrexia? 1
- What are the commonly associated organisms? 2
- Name 4 risk factors for puerperal infection? 2

✓ Q3: A woman, P4A0, delivered an alive baby at home by an untrained birth attendant uneventfully. After 2 hours patient started having heavy vaginal bleeding. She was received in emergency with pulse 110/min, BP 80/50mmHg and afebrile. On examination there was heavy vaginal bleeding with clots and uterus was not felt contracted abdominally.

- What is your diagnosis? *Primary PPH* 1
- What are its causes? (name any 3) *uterine atony, Anemia, DIC, tear polyhydramnios* 1.5
- Write down steps of management of this patient? 2.5

✓ Q4: Mrs. XYZ, 32 years old, G3P2 at 34 weeks of gestation presented in OPD. Her dates were confirmed by ultrasound at booking (12wks). She is hypertensive & taking medications. Her B.P is 140/90 mmHg on admission. On examination: Symphiosfundal height is 30 cm.

- What is your diagnosis? *FGIR* 1
- What investigations you would carry out to support your diagnosis? 1
- What are the indicators of fetal wellbeing after 24 weeks of pregnancy? 1
- Which fetal vessels are used to assess fetal well-being? 2

→ middle cerebral artery  
→ fetal aorta  
→ IVC  
→ ductus venosus  
→ umbilical artery

✓ Q5: A 35 years old primigravida came to labour room with C/O labour pains since morning. On examination symphysio-fundal height is 38 cm with longitudinal lie and cephalic presentation. Head is not engaged, she is having 2 to 3 strong uterine contractions. On pelvic examination cervix is 6 cm dilated and head is poorly applied to cervix. Re assessment after 4 hours shows that she is still 6 cm dilated with head poorly applied to cervix. There is caput 2 plus. Her urine is blood stained.

- What is your diagnosis? *cephalo-pelvic disproportion*. 1
- Which findings in this scenario favour your diagnosis? 1.5
- Write three causes of this condition? 1.5
- What should be the mode of delivery? *c-section* 1

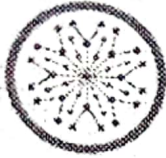
✓ Q6: A 29 year old G3P2 has been admitted for induction of labour. She is at 40 weeks. On pelvic examination Cervix is 2 cm dilated, 2 cm long, firm and central in position. Presenting part is high.

- What is her bishop score? *03* 1
- Write 5 methods of induction of labour? 2.5
- Write 3 complications of induction of labour? *PPH, uterine rupture, cord prolapse* 1.5

✓ Q7: A primigravida has delivered 20 minutes ago. She has delivered a baby boy of 3.2 kg. Placenta still has not delivered. She is vitally stable.

- What is the normal duration of 3rd stage of labour? *30 Min* 1
- Write 4 signs of placental separation? 2
- What is the active management of 3rd stage of labour? 2





SUPERIOR UNIVERSITY

Time Allowed: 2HOURS

THE SUPERIOR UNIVERSITY  
5<sup>TH</sup> PROFESSIONAL MBBS  
ANNUAL EXAMINATION 2021  
OBSTETRICS

(SEQ's)

29.11.21

Roll No. F16-029

Total Marks: 35

Sana Ullah

Instructions

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Handwriting use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

- ✓ 1. Describe important foetal factors which determine foetal growth and birthweight. 5
- ✓ 2. You are working in labour room and doing CTGs of admitted patients. Describe different features that are reported from a cardiotocography to define normality and to identify abnormality and potential concern. 5
- ✓ 3. You are posted in the antenatal clinic. Describe the aims of antenatal care. 5
- ✓ 4. A G2P1 lady at 38 weeks gestation presented in labour room with uterine contractions. What are the '3Ps' in understanding of the physiological and anatomical principles involved in normal and abnormal labour? 5
- ✓ 5. A 20-year-old primigravida lady at 37 weeks gestation with severe hypertension is in labour. What are the different foetal assessment options for her? 5
- ✓ 6. a) Enumerate important symptoms of severe postnatal depressive disorder. 3  
b) What are the adverse sequelae of postnatal depressive illness? 2
- ✓ 7. A 20-year-old primigravida girl with insulin dependent diabetes mellitus is booked for antenatal care.  
a) Describe the effects of pregnancy on diabetes. 2.5  
b) Describe the effects of diabetes on pregnancy. 2.5

Гигиена



SANA Urah  
F16-029

Class Test Final Year MBBS

Date: 16<sup>th</sup> July, 2021

Total marks: 25

Time allowed: 1 hour

Attempt all questions

✓ Q1. A 25-year-old, married for 4 years, P1A2, presents in OPD with history of scanty, infrequent period along with hirsutism & weight gain for the last 1 year. Her BMI is 35. (5)

- a. What is the most likely diagnosis? **PCOS** 0.5  
b. How will you investigate to establish the diagnosis? 1.5  
c. How will you manage her? 2  
d. What are the long-term risks involved with this condition? 1

✓ Q2. A 30-year-old, P3, last child born of 3 years, presented in OPD with history of amenorrhea & galactorrhoea for the last seven months. She is not pregnant. (5)

- a. What is the most likely diagnosis? **Prolactinoma** 1 **Hyperprolactinemia**  
b. What specific investigations are required to diagnose this condition? 1  
c. How will you manage her? 3

✓ Q3. A 48-year-old, P4A1, presents in emergency with heavy, irregular vaginal bleeding for six months. She is diabetic, obese & has tubal ligation done after her last delivery. She is pale. Bimanual examination shows uterus of 8 weeks size, A/V, mobile, fornices clear with no vaginal discharge. On ultrasound: uterus is 8 weeks size, endometrial thickness of 8mm & no adnexal pathology. (5)

- a. What are the differential diagnosis of irregular vaginal bleeding? 1  
b. How will you investigate her? 2  
c. How will you manage her? 2

✓ Q4. A 58-year-old female came to gynecology clinic complaining of abdomino-pelvic pain, indigestion and bloating. Her pelvic scan revealed a complex multilocular solid mass 12x15 cm in right ovary with ascites.

(5)

- a. What is the likely diagnosis? **ovarian CA** 1
- b. Give four prognostic factors on which survival is dependent. 1
- c. Give 5- year survival rate at stage 3 of tumour? 1
- d. How will you manage her? 2

✓ Q5. A 30year, nulliparous patient presents in emergency with H/O sudden acute lower abdominal pain associated with nausea and vomiting for one day. Pulse is 120/min, temp is 98.6. On abdominal examination there is tenderness with guarding and rigidity. USG report shows a cyst of 10 x 8cm in the right adnexa.

(5)

- a. What is the most likely diagnosis? **ovarian Torsion** 1
- b. What investigations will you carry out? 2
- c. How will you manage her? 2

FINAL YEAR MBBS MEGA CLASS TEST 23rd SEPTEMBER, 2021  
(GYNAE)

Time allowed: 1hr.15Min

Total Marks: 50  
Attempt all questions.

- ✓ Q1. A 50-year, P5, undergoes hysterectomy of a 20-week size uterus with multiple fibroids. Because of disturbed pelvic anatomy, there is possibility of ureteric injury during surgery.
- a. What is the relationship of the ureter with the uterine artery? 2
  - b. What is the blood supply of the ureter? 1.5
  - c. What injury can occur to the ureter during hysterectomy? 1.5
- ✓ Q2. A 13-year-old girl presents in OPD with cyclical, lower abdominal pain for last 3 months. On abdominal exam: A globular, pelvic mass felt in the hypogastrium. On inspection of vulva, a bulging membrane seen at the vaginal entrance.
- a. What is the most likely diagnosis? Hematocolpos 1.5
  - b. What investigations will you carry out? CBC, ESR, BSR, Hep B, C, Pelvic USG 1.5
  - c. What is the treatment of this condition? 2  
↳ surgical incision of the hymen + drainage of the retained blood.
- ✓ Q3. A 42-year-old, P4, presents in OPD with H/O heavy menstrual bleeding & severe dysmenorrhea for the last 5 months. On GPE: pallor++. On speculum examination: Cervix is normal looking, no discharge seen. On Bimanual examination: uterus is bulky, tender, boggy in consistency, mobile & fornices clear.
- a. Give 2 differential diagnosis? → adenomyosis, Fibroid uterus. 1
  - b. What investigations will you carry out? 1
  - c. How will you manage her? 3
- ✓ Q4. A 58-year, obese, nulliparous woman, presents in OPD with history of vaginal bleeding for 6 months. She is menopausal for 2 years and is diabetic. On bimanual examination: Uterus is 8-week size, anteverted, mobile & fornices clear. USG report shows uterine size of 10.0 cm & endometrial thickness of 10 mm.
- a. What is the most likely diagnosis? Endometrial CA 0.5
  - b. What are the risk factors in this woman which favour this condition? 1
  - c. How will you investigate her? 2.5
  - d. What treatment will you offer? (TAH + BSO) 1
- ✓ Q5. A 25-year, P2, presents with H/O lower abdominal pain & vaginal discharge for 10 days. On examination her pulse is 110/min, Temp of 100F. Speculum examination showed copious mucopurulent discharge. On bimanual exam: Uterus is bulky, markedly tender.
- a. What is the most likely diagnosis? PID 0.5
  - b. Give 3 long term sequelae of this disease? 1.5
  - c. Give 3 specific investigations will you advise? 1.5
  - d. What treatment will you advice 1.5

✓ Q6. A 35-year-old woman, P1A1, presents in the OPD with C/O intermenstrual bleeding & post coital bleeding for 6 months. On speculum exam: Friable, vascular mass of 2x3 cm arising from cervix which bleeds to touch. On B/M exam: Mass confined to the cervix, Uterus is of normal size, mobile & fornices are clear. She is suspected to have cancer of the cervix & is concerned about her fertility.

- a. What is the stage of the disease? **1B1** 0.5
- b. What Specific investigations will you advise her to see the extent of the disease? 2
- c. Name 3 risk factor to this condition? 1
- d. What T/M will you offer? 1.5

✓ Q7. A 65-year-old, P5, with previous normal vaginal deliveries, presents in OPD with C/O perineal heaviness & something coming out of vagina for 2 years. She has difficulty in voiding & urinary incontinence along with chronic constipation. She is otherwise physically fit. On speculum examination: Mass extending outside the hymen, cystocele 2+ & rectocele 1+

- a. What is the differential diagnosis of mass coming out of vagina? **UV-prolapse, Fibroid Polyp, Gartner Cyst** 1.5
- b. Give 2 risk factors leading to this condition? **Menopause, SVD, constipation** 1.0
- c. What investigations will you advise her? 1.5
- d. How will you manage her? 1.0

✓ Q8. A 30 year, P4 presented in OPD with H/O unprotected intercourse 6 hours back. She is worried about getting pregnant.

- a. What are the methods you can advise her to prevent pregnancy along with their failure rates? **CU-IUD, Oral LNG (1.5 mg)** 2.0
- b. What are the modes of action of these methods? 3.0

✓ Q9. A 37-year-old, P0+2, married for 8 years has presented in OPD with H/O subfertility for 8 years. She is obese & her BMI is 30kg/m. Her menstrual cycle is for 2-3 days after 2-3 months. Her husband is of 36 years of age, known diabetic, smoker & works in a chemical factory.

- a. What are the causes of subfertility in this couple? 1.0
- b. What first line investigations will you advise? 2.0
- c. What treatment will you offer her? 2

✓ Q10.

- A. What is diagnostic laparoscopy? 1
- B. Enlist four indications of this procedure. 2
- C. What complications can occur during this procedure? 2

FINAL YEAR MBBS SEND UP 22<sup>th</sup> OCTOBER, 2021  
(GYNAE)

Time allowed: 1hr.30Min

Total Marks: 30

Attempt all questions.

✓ Q1. A 32-year, nulliparous woman, married for 3 years presents in OPD with painful menstruation, dyspareunia & unable to conceive. On Bimanual exam, uterus is Retroverted, fixed, normal size. On USG report there is small thick walled cyst of 3.5 cm in the right ovary & another in left ovary of 4 cm.

- a. What is the most likely diagnosis? *endometrioma* 0.5  
b. Write 2 specific investigations will you advise? 1.0  
c. Write 3 different treatment options to treat this disease? 1.5

✓ Q2. A 34-year-old woman presents in OPD with erythematous rash on the palms & soles. She also has oral lesions & painless, raised lesions in the genital area termed "condylomata lata". There is associated lymphadenopathy. Page 128  
Ten T

- a. What is the most likely diagnosis? → *Syphilis* 0.5  
b. What is the cause of this infection? *Treponema Pallidum* 0.5  
c. What are the 2 late complications associated with this condition? 1.0  
d. How will you treat this condition? 1.0

✓ Q3. An 18 yrs. old tall unmarried girl presents with primary amenorrhea. Secondary sexual characters are well developed. On examination she has a blind vagina.

- a. What is your diagnosis? *Mullerian agenesis* 1  
b. How will you evaluate and investigate her? 1  
c. How will you manage her? 1

✓ Q4. 22-years-old pregnant lady, at 12 weeks of gestation presented with vaginal bleeding. She had hyperemesis. On examination her uterus was 18 weeks in size. On ultrasound dead fetus with a large placental mass with cluster of grapes appearance is visualized. Her HCG > 100,000 IU/ml.

- a. What is the most likely diagnosis? *GTD (Molar pregnancy)* 1  
b. How will you manage her? 2

✓ Q5. 30-year-old at 7 weeks of gestation presented with slight vaginal bleeding for a day. She had endometriosis and conceived with IVF after six years of subfertility. She had appendicectomy few years back. She had an ultrasound and was diagnosed as ectopic pregnancy.

- a. Write 4 the risk factors in her history for ectopic pregnancy? 1.0  
b. What are the criteria for medical management of ectopic? 0.5  
c. Name of the drug used? *Methotrexate 50 mg/m<sup>2</sup>* 0.5  
d. How is medical treatment monitored? 1.0

✓ Q6. 53-year old teacher, having secondary amenorrhoea for the last 2 years. She has been amenorrhoea. She is having difficulty in sleeping, often waking up feeling hot and mood changes.

- a. What is the most likely diagnosis? *Menopause* 0.5
- b. Write 2 other problems she may have in 3-10 years? 0.5
- c. Name 2 hormones in hormone replacement therapy (HRT) and in who are these hormones suitable? 1.0
- d. Name any 4 absolute contraindications to HRT? → *Breast CA, active liver disease, Endometrial CA, Thromboembolism* 1.0

✓ Q7. A 65 - year, obese, nulliparous woman, presents in OPD with history of irregular vaginal bleeding for 6 months. She is menopausal for 12 years, and is diabetic. On bimanual examination: Uterus is 8-week size, anteverted, mobile & fornices clear. USG report shows uterine size of 12 cm & endometrial thickness of 14 mm.

- a. What is the most likely diagnosis? *Endometrial CA* 0.5
- b. What are the risk factors in this woman which favour this condition? 1.0
- c. Write specific investigate you will do for her? 0.5
- d. What treatment will you offer? 1.0

✓ Q8. A 65- year- old, P5, with previous normal vaginal deliveries, presents in OPD with C/O perineal heaviness & something coming out of vagina for 2 years. She has difficulty in voiding & urinary incontinence along with chronic constipation. She is otherwise physically fit. On speculum examination: A Mass extending outside the hymen with cystocele 2+ & rectocele 1+.

- a. What is the differential diagnosis of mass coming out of vagina? *uterovaginal prolapse* 1.0
- b. Give 2 risk factors leading to this condition? 1.0
- c. How will you manage her? 1.0

✓ Q9. A 23-year-old P<sub>2</sub> lady presents in the gynaecology OPD with heavy periods for last six months. Her cycle is 5/30 days. Her history and clinical examination is unremarkable, otherwise. She requests you for non-surgical treatment and also wishes to delay pregnancy for another five-year period.

- a. Enlist two most suitable medical treatment options for her? *COCp, LNG* 1
- b. Enumerate benefits and disadvantages of each of these two options? 2

✓ Q10. A 61 year, post-menopausal Present in OPD with history of mild abdominal pain for 2 months. Her abdominopelvic ultrasound shows a left sided, 7.0 x 8.0 cm ovarian mass.

- a. What is common ovarian tumour in this age group? *Epithelial ovarian Tumor* 1
- b. What tumor markers you will ask? *CA-125* 1
- c. How you are going to manage her? 1



THE SUPERIOR UNIVERSITY  
5<sup>TH</sup> PROFESSIONAL MBBS  
ANNUAL EXAMINATION 2021  
GYNECOLOGY  
**(SEQ'S)**

SUPERIOR UNIVERSITY

Time Allowed: 2 HOURS

Roll No. F16-029

Total Marks: 30

**Instructions**

Sana Ullah

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Handwriting use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

- ✓ 1. Describe various clinical features of polycystic ovarian syndrome. 3
- ✓ 2. Enlist important investigations in cases of heavy menstrual bleeding. 3
- ✓ 3.
  - a) What is recurrent miscarriage? 0.5
  - b) What are different causes of recurrent miscarriage? 2.5
- ✓ 4. A couple married for three years, having frequent unprotected intercourse, presented in OPD with infertility. What are different possible causes of this problem in females? 3
- ✓ 5. A 29-year-old primigravida lady is recently diagnosed to have syphilis. Describe important early (within 2 years) clinical features of congenital syphilis. 3
- ✓ 6. A 29-year-old, P<sub>1</sub> lady presented in OPD with chronic pelvic pain. Enlist important differential diagnosis. 3
- ✓ 7. A 25-year-old nulliparous lady presented in OPD with lower abdominal mass and presence of fibroid is suspected. What are useful tests in such cases? 3
- ✓ 8. A 42-year-old, P<sub>1</sub> lady presented in OPD. She is worried about her risk of endometrial cancer as one of her colleagues has recently been diagnosed to have it. What are factors that increase the risk and factors that protect against this disease? 3
- ✓ 9. A 37-year-old lady is found to have cervical cancer on loop excision for precancerous disease. Describe staging of this disease. 3
- ✓ 10. A P<sub>2</sub> lady is prescribed hormonal contraceptive pills. Explain her increased or reduced risk of cancer with use of COCPs. 3

Pediatrics



SANA Ullah  
F16-029

Paeds class Test  
30.aug.021

Azra Naheed Medical College

Class Test : Peads

Time Allowed: 30 Minutes

① A 3 years old child presented in emergency with respiratory difficulty. According to father there is history of high grade fever and dysphagia for last 2 days. On clinical examination child is febrile, has toxic look with drooling of saliva and stridor.

- A. What is the most likely diagnosis (1) *Acute Epiglottitis*  
B. Write down two differential diagnosis (2)  
C. Write down steps of management (2)

② A 1 years old girl brought to outdoor with complain of not gaining weight. On examination her weight and height is below 5<sup>th</sup> centile. She has generalized loss of muscle bulk especially wasting of gluteal region. She is pale and irritable.

- *Kawshikor and Myasmus*  
A. What are two common types of malnutrition disorders. (1)  
B. Write down their main differentiating points. (2)  
C. Write down 10 steps of management of Malnutrition. (2)

③ A 10 years old boy received in emergency room in state of fit, which was generalized tonic clonic in nature with frothing from mouth and urinary incontinence. She was alright before this episode with no history of fever, headache or vomiting. According to the father this is his third attack in last one year.

- A. What is the diagnosis (1) *Epilepsy*  
B. How will you investigate (2)  
C. Write down acute and long term management plan (2)

## Final year class test (June 7, 2021)

Total 4 Seqs

Time allotted 40 minutes (20 marks)

- ✓ 1. A 3 years old child comes to outdoor department with complaint of progressive pallor for the 1 year. According to his father he has been transfused 2 times and the last blood transfusion was done 4 months back. His parents are related as first cousin and his elder sister had been died with the same problem. On clinical examination he has retarded physical growth with marked pallor and a firm large spleen. On laboratory parameter he has low hemoglobin, low MCV and a bit raised reticulocyte count
- What is the most likely diagnosis? (1) *β-Thalassemia*
  - How will you confirm the diagnosis? (2)
  - Discuss steps of long term management? (2)
- ✓ 2. Nine month old infant is brought to OPD for not gaining weight. He is exclusively breastfed. The baby sweats profusely while feeding. He has been treated twice for bronchopneumonia. On examination his weight is five kg, heart rate is 160/min, R/R 60/min, liver is 3cm palpable below right costal margin and pansystolic murmur heard all over the precordium.
- What is most likely diagnosis? (1) *VSD*
  - How will you investigate? (2)
  - How will you manage this patient? (2)
- ✓ 3. Three years old girl comes to you with history of poor growth. On clinical examination child is cyanosed and clubbed. There is no history of recurrent chest infections and chronic diarrhea. On auscultation of chest there is an ejection systolic murmur of grade 3 at left upper sternal border. *TOF*
- What is most likely diagnosis? (1)
  - Write two differential diagnoses (1)
  - Give 2 common complications. (1)
  - Give your treatment plan. (2)
- ✓ 4. Four years old child comes to you with complaint of delayed speech. According to mother he is not able to speak a single meaningful word but his hearing is intact. He is not friendly with others and prefers to play alone with his favorite toy. On clinical examination his growth parameters are normal with normal motor skills but he does not give proper eye contact.
- What is the most likely diagnosis? (1) *Autism.*
  - What parameters are used to diagnose above condition? (1)
  - How will you manage this patient? (2)
  - What is prognosis if left untreated? (1)

SANA Ullah  
F16-029

Final Year Class Test

Total 3 SEQs

Time allotted 45 minutes



1. Five years old girl presented in emergency with complaint of sudden onset of high grade fever recorded up to 103°F associated with rigors, fever is intermittent and in between fever patient remains alright, for last one day she is also complaining of headache and vomiting, on examination she was febrile and pale, spleen was palpable 2cm below left costal margin no other visceromegaly. Neck stiffness positive.

- A. What is the most likely diagnosis? (1) → *Malaria*
- B. Write down differential diagnosis? (2)
- C. Write important investigations to reach the diagnosis? (2)
- D. Name few complications if not treated promptly? (2)
- E. How will you manage this patient? (3)



2. Six years old child presented in OPD with history of high grade continuous fever for last 6 days associated with abdominal pain and vomiting, on examination patient was febrile up to 102°F fever recorded, tongue is coated and jaundice positive further examination revealed abdomen was distended and tenderness positive at right hypochondrial region, liver was palpable 2.5 cm and spleen 1.5 cm.

→ *Typhoid fever.*

- A. Give your three differential diagnoses? (3)
- B. Write down the investigations to reach the diagnosis? (3)
- C. Write management plan of this patient? (4)



3. Eight years old child came to OPD along with father with history of polydipsia, weight loss for last 20 days and repetitive bed wetting for last one week, on examination patient was afebrile weight 20 kg and tachycardia. His lab reports showed fasting blood sugar level 140mg/dl and random 257mg/dl, urine ketone 1+, glucose 3+++.

*Type-1*

*DM.*

- A. What is likely diagnosis with justification? (2)
- B. What further questions will ask to reach the diagnosis? (2)
- C. What further investigation will you advise to confirm the diagnosis? (2)
- D. Give your acute and long treatment plan for this patient. (4)

SANA ULLAH  
F16-029

Final year MBBS Sem 5 2021

Paediatric Medicine (Theory) SEQs

Max. Marks 45

Times Allowed 2:25 minutes

✓  
1. A 2 month old girl presents with poor feeding, sweating and respiratory distress for 2 days. On examination she is not cyanosed with heart rate 140/min, respiratory rate 62/min. There is pansystolic murmur at the left lower sternal edge. Liver is palpable 4 cm below right costal margin. Chest x ray shows cardiomegaly.

- A. What is the most likely diagnosis? (1) VSD
- B. Write down the management plan. (2)
- C. Write down three complications (2)

✓  
2. An 11 month old infant had flu, cough and fever for 1 day. Today he has developed generalized tonic clonic seizures for 5 min associated with high grade fever. Otherwise he was well infant with normal birth and developmental history. On examination he is fully conscious, active with normal feeding.

- A. What is the most likely diagnosis (1) Febrile seizure
- B. Give two differential diagnosis (2)
- C. Write down the management plan. (2)

✓  
3. A 4 month old infant has 10 days history of cough. There is mild fever, poor feeding and thick nasal secretions. Cough occurs in bouts and usually end in vomiting and facial cyanosis. On examination chest is clear. CXR shows peribronchial thickening. CBC shows WBCs 30,000 with 95% lymphocytes.

- A. What is the most likely diagnosis? (1) ~~Whooping cough~~ Pertussis
- B. Write down the management plan. (2)
- C. Write down three complications (2) Bronchopneumonia, Atelectasis, otitis media, Convulsion, Encephalitis

✓  
4. Two year old boy presented with respiratory difficulty. He had flu, cough and mild fever for 2 days. On examination there is barking cough, stridor and hoarseness of voice. Temperature is 100, pulse 120/min and respiratory rate is 40/min. Chest is clear on auscultation.

- A. What is the most likely diagnosis (1) Viral croup
- B. Write down the name of causative agent (2) → para-influenza virus
- C. Write down the management plan. (2)

5. Two years old girl presented with loose stools, abdominal pain for 8 months. According to mother problem started after introduction of semi solid and she is not growing like her siblings. On examination she is pale with protruding abdomen. Weight and height are below third centile. Labs show iron deficiency anemia.

- GIT ✓
- A. What is the most likely diagnosis? (1) *celiac disease*
  - B. Write down two differential diagnosis (2)
  - C. Write down the management plan. (2)

6. A 12 month old infant presents with pallor. He is taking only cow milk with minimal weaning food. There is H/O eating papers and tissues. On examination there is no organomegaly. His investigations show Hb 7gm/dl, hypochromia and microcytosis.

- Blood ✓
- A. What is the most likely diagnosis (1) *Iron deficiency anemia*
  - B. What investigations would you like to do to confirm diagnosis (2)
  - C. Write down the management plan. (2)

7. A 6 weeks old boy presented with jaundice and constipation. Mother complains that he is sleeping most the time. He has hoarse cry. On examination he has wide open anterior, coarse skin and big umbilical hernia.

- Endo ✓
- A. What is the most likely diagnosis (1) *congenital hypothyroidism*
  - B. Write down two causes (2) *APlasia of thyroid gland, defect in Thyroxine synthesis*
  - C. Write down the management plan. (2)

8. A 3 year old child presented with history of fever and irritability. He has refusal to move his right lower limb. The right knee is swollen with tenderness on movements. Labs showed elevated WBC count and raised CRP.

- Joint ✓
- A. What is the most likely diagnosis (1) *septic arthritis*
  - B. How will you confirm the diagnosis (2) *↑WBC, ↑ESR, Joint fluid aspiration, X-ray, USG, MRI*
  - C. Write down the management plan. (2)

9. A 1 years old girl brought to outdoor with complain of not gaining weight. On examination her weight and height is below 5<sup>th</sup> centile. She has generalized loss of muscle bulk especially wasting of gluteal region. She is pale and lethargic and have pedal edema.

- Nutrition ✓
- A. What is most likely diagnosis (1) *Kawshiker's disease*
  - B. Write down two differential diagnosis (2)
  - C. Write down 10 steps of management of this illness. (2)



THE SUPERIOR UNIVERSITY  
5<sup>TH</sup> PROFESSIONAL MBBS  
ANNUAL EXAMINATION 2021  
PEDIATRICS  
(SEQ's)

SUPERIOR UNIVERSITY

Time Allowed: 2 HOURS

Roll No. F16-029  
Total Marks: 45

06.12.2021

Instructions

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Handwriting use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

GIT

✓ Q1 A-2 years old boy presented in paediatric emergency with C/O excessive inconsolable crying for 5 hours. H/O passage of blood and mucous in stools. O/E, sausage shaped mass palpable in lower abdomen: Hb= 13g/d . WBCs =13000 Platelets =170,000  
Urine Exam: WBCs 4/HPF. RBCs NIL

- a) What is most likely diagnosis? **Intussusception**
- b) Write down three investigations to reach diagnosis?
- c) Write down management steps

1  
2  
2

✓ Q2 A-13 years old girl presented in paediatric OPD with C/O photosensitivity and malar rash along with pain in large joints of body. Clinical examination reveals oral ulcerations and joint swellings. B.P is 150/100. Heart is clinically normal. Chest exam is unremarkable.  
Hb is 9gm//dl, platelets 97,000. Coomb's test is positive.  
Urine exam reveals numerous RBCs.

- a) How will you investigate further? Write 4 at least which will help in diagnosis.
- b) Most likely diagnosis? **SLE**
- c) What is cardiac manifestations of this diseases? write 4 at least

2  
1  
2

✓ Q3 A-4 days old baby boy weighing 3 kg is delivered by primigravida at 39 weeks of gestation is brought by parents because of yellowish discoloration of skin and eyes. Antenatal history is normal. Baby is active and taking feed vigorously brought by mother because of jaundices. Bilirubin total = 15 mg/dl (Direct bilirubin =2 mg/dl indirect) Hb=14

- a) What further investigations you will do to reach diagnosis?
- b) what special physical signs will help in diagnosis? Mention 2 at least
- c) what are complications of phototherapy? mention 4 at least

1.5  
2  
1.5

CVS

✓ Q4 A-9 years old girl who is a diagnosed case of rheumatic heart disease now presented in paediatric emergency with high grade fever and chills for one week. He has painful right knee and worsening of palpitations and dyspnoea. Patient is toxic and feverish. chest is clear. spleen is palpable. CBC, Hb =9 gm. /dl. TLC =20,000  
Urine Examination shows RBC casts.

↳ DX = infective endocarditis

P.T.O

- a) What other clinical findings you will note. write at least 3 to reach a diagnosis in this case? 2
- b) What further investigations you would do to reach final diagnosis? 2
- c) What prophylaxis you would advise to this patient? 1

Q5 A-10 days old female baby was admitted in neonatal unit because of bleeding from vagina. CBC Hb = 8 gm. Platelets = 75,000 PT = 30 seconds APTT = 50 seconds

- a) Give 2 differential diagnosis? **Hemophilia A** 2
- b) How will you further investigate? 2
- c) Write down management plan. 1

Q6 A- Mother brought his 6 months old baby to you in paediatric OPD with the for general check-up. Examination shows an active baby. Weight and height are normal for age. Vital signs are stable. He has slight tinge of jaundice. Spleen is palpable 1 cm below costal margins Investigations =

CBC = TLC 8400, Polys = 56% lymphocytes = 30% Hb = 12 gm/dl. Haemoglobin electrophoresis report shows: Hb A = 20%, Hb F = 78%, HbA2 = 2%

- a) What is most likely diagnosis? **Thalassemia** 1
- b) What genetic counselling will you offer for next pregnancy? 3
- c) What antenatal investigations are available for diagnosis in Pakistan? 1

Q7 A-11 months old unvaccinated child came in paediatric emergency with bouts of cough, vomiting for the last 11 days. He has conjunctival redness on examination. WBCs 25000 with 80% atypical lymphocytes. Chest X-Ray is normal.

- a) What is most likely diagnosis? **Pertussis** 1
- b) How will you confirm diagnosis? 2
- c) How will you manage this case? 2

Q8 A-3 years old boy presents with 5 - day history of sore throat, fever and painful left knee. child is toxic, irritable and unable walk. There is no skin rash, ear discharge or history of trauma

Examination findings = sick looking irritable feverish child. HR = 120/min, RR = 30/min. Left limb is held in position of flexion. Knee is swollen and movements are painful

CBC = 24000 P = 67% P = 24%. X Ray of knee is normal. Blood cultures is negative

- a) What is differential diagnosis **Septic arthritis** 1
- b) How will you confirm diagnosis? 2
- c) Give steps of management 2

Q9 4 years old boy presents in emergency with 2- day history of high-grade fever and generalized fit for one day. There is no history of head injury, ear discharge He is fully vaccinated according to EPI schedule. There is no history of contact with TB.

Examination = sick child, GCS = 7/15, fever = 102 F, HR = 130/min, RR = 28/min X ray chest is normal Mantoux test is negative. Cranial nerves are intact. rest of systemic examination is normal. signs of meningeal irritation are equivocal.

- a) Give 2 differential diagnosis **Febrile convulsion** 2
- b) What further investigation will you order 1.5
- c) Mention steps of management in emergency department 1.5