

FINAL YEAR THEORY EXAM – AUGUST 2016
PAPER II–SURGERY AND ALLIED SCIENCES

QP .CODE: 434022

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 Marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 Marks)**.
- **Part B** will have Objective type EMQs **Extended Matching Questions (60 Marks)**.
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. In each set there are **some options** given on the top followed by some **questions**. The options are lettered using the English Alphabets A, B, C, D and so on.

Example:
3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedeconoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?
 3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

❖ Each option may be used more than once. Some options may not be used at all.

PART – A

DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. 14 years old Pandian has come to you with the complaints of ear pain and discharge from right ear. (Total: 20 Marks)

- A. Classify and list the common causes of ear discharge. (4 Marks)
- B. What is referred earache? List some causes of referred earache (2 Marks)
- C. How will you approach Pandian to come to a diagnosis? Discuss in detail about the following in him.
 - i) History taking and its clinical relevance. (4 Marks)
 - ii) Clinical examination and significance of the findings. (4 Marks)
- D. You diagnose Pandian to have CSOM. What Red flags would you look for? (3 Marks)
- E. How will you manage Pandian? (3 Marks)

2. 28 year old Mrs. Rekha presented to the clinic with redness of her right eye for the past 2 days associated with pus discharge. [Total 20 Marks]

- A. Classify and list the causes for red eye. (5 Marks)
- B. What are some of the red flags you will ask for in history? (3 Marks)
- C. Name some of the systemic associations you would like to rule out? (2 Marks)
- D. Mention the red flags you would look for on examination. (5 Marks)
- E. How will you ensure that her cornea is intact? (2 Marks)
- F. Mrs. Rekha does not have any red flags. How will you manage her? (3 Marks)

PART – B

EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME: COMMON ORTHOPEDIC PROBLEMS [QUESTIONS 1(i) TO (vi)] (Total: 6 Marks)

From the options 'A to J' given below, choose the best answers for the questions 1(i) to 1(vi)

Options:

- | | |
|------------------------------|------------------------------|
| A. Frozen shoulder | F. Proximal humerus fracture |
| B. Scaphoid fracture | G. Elbow dislocation |
| C. Colles fracture | H. Gamekeepers thumb |
| D. Shaft of humerus fracture | I. Supracondylar fracture |
| E. Bennett fracture | J. Boxers fracture |

Questions:

Mrs. Jeeva 65 yrs old comes with pain left shoulder for one year. She gives no history of trauma and not able to comb the hair.

1(i). What is her likely diagnosis?

Mr. Ramesh 25 yrs old is brought with right wrist drop. He says he fell from his 2nd floor terrace and landed on his outstretched hand.

1(ii). Where is his fracture likely to be?

Mrs. Kamala 45 yrs old fell with her hand and wrist outstretched and complains of pain over her anatomical snuff box.

1(iii). What fracture does she have?

Mrs. Gita 65 yrs old fell on her outstretched hand and came with dinner fork deformity.

1(iv). What fracture do you suspect?

Rita 8 yrs old comes with S deformity of her elbow after falling on her outstretched hand.

1(v). What condition does she have?

Suresh comes with dropped knuckle deformity.

1(vi). What is his diagnosis?

2. THEME: INGUINOSCROTAL SWELLINGS [QUESTIONS 2(i) TO 2(vi)]

(Total: 6 Marks)

From the options 'A to J' given below, choose the best answers for the questions 2(i) to 2(vi)

Options

- A. Femoral hernia
- B. Inguinal hernia
- C. Hydrocele
- D. Sliding hernia
- E. Varicocele

- F. Carcinoma
- G. Testicular torsion
- H. TB epididymo orchitis
- I. Gumma
- J. Spigelian hernia

Questions: What is your diagnosis?

2(i). *30 yrs. old Mr. Suresh comes with a groin swelling on left side with positive cough impulse medial to the pubic tubercle.*

2(ii). *A young couple being evaluated for primary infertility comes to clinic. The male partner is 32 yrs old and says he has a left scrotal swelling. You examine him and the swelling feels like a bag of worms.*

2(iii). *Rakesh a 15 yr old boy comes with pain in the abdomen and scrotum. He has also been vomiting. You examine him and try to elevate the scrotum but his pain only worsens.*

2(iv). *35 yrs old Mr. Kasi comes with a painless scrotal swelling and you palpate a beaded vas deferens.*

2(v). *60 yrs old Kamala comes with right groin swelling for 2 years. She says it has become painful for the last week. On examination, the swelling originates lateral to the pubic tubercle and is non-reducible.*

2(vi). *40 yrs old Mr. Vishwa presented with right testicular swelling without pain. Transillumination test was negative.*

3. THEME: ORAL HEALTH [QUESTIONS 3(i) to 3(vi)] (Total: 6 Marks)

From the options 'A to J' given below, choose the best answers for the questions 3(i) to 3(vi)

Options

- | | |
|---------------------------------------|-----------------------|
| A. No intervention. | F. Change drugs |
| B. Use straw to drink beverages. | G. Biopsy |
| C. Proper brushing and flossing only. | H. Root canal therapy |
| D. Antibiotics with NSAIDs | I. Scaling |
| E. Replace tooth | J. Chew sugarless gum |

Questions: What do you advise in the following situations?

3(i). *2 years old Prishti is brought with yellow coloured teeth. Her mother had tried brushing with whitening toothpaste but there was no change. She says she had taken some medications while pregnant with this child but does not remember what they were.*

3(ii). *16 years old Srishti comes with the complaint of halitosis. She had hard deposits on the gum line.*

3(iii). *40 years old Mr. Prakash comes with an ulcer on the inner aspect of his cheek for one month. You find his teeth are stained with nicotine and there are packets of pan in his shirt pocket.*

3(iv). *25 years old Samuel had fallen while playing cricket with his friends and two of his front teeth had fallen out. His parents bring him to the clinic as soon as the incident happened.*

3(v). *40 yrs old Mahima comes with right sided facial swelling and toothache. On exam you find swollen gums and pain on tapping tooth with spatula.*

3(vi). *50 yrs old Kavitha is brought by her son for having bad odour in the mouth. She has already tried good oral hygiene.*

4. THEME: DIMINISHED VISION [QUESTIONS 4 (i) to 4(vi)] (Total: 6 Marks)

From the options 'A to L' given below, choose the best answers for questions 4 (i) to 4 (vi)

Options

- | | |
|---------------------------------|--------------------------------|
| A. Refractive error | G. Vitamin A deficiency |
| B. Keratoconus | H. Amaurosis fugax |
| C. Age related cataract | I. Optic neuritis |
| D. Retinal detachment | J. Keratitis |
| E. DM retinopathy | K. Phacolytic glaucoma |
| F. Acute angle closure glaucoma | L. Primary open angle glaucoma |

Questions: Identify the diagnosis?

4(i). *12 years old Seema comes with difficulty in seeing the blackboard for the last 6 months associated with headache.*

- 4(ii). 60 yrs old Velu comes with progressive diminished vision and seeing halos. There is no associated headache.
- 4(iii). 60 year old Madan comes with right sided sudden loss of vision and seeing floaters.
- 4(iv). 40 years old Martin comes with the complaints of headache and changes his presbyopic glasses frequently.
- 4(v). 50 years old Susan comes with pain, redness, photophobia and suddenly diminishing vision in her right eye.
- 4(vi). 8 years old Kavi is brought with history of having difficulty in seeing in dim light.

5. THEME: HEAD INJURY [QUESTIONS 5 (i) TO 5 (vi)] (Total: 6 Marks)
From the options 'A to J' given below, choose the best answers for the questions 5(i) to 5 (vi)

Options

- | | |
|--------------------------|----------------------------------|
| A. GCS = 8 | F. Send for CT scan if available |
| B. Send home | G. Mild |
| C. Admit for observation | H. Moderate |
| D. GCS = 12 | I. Severe |
| E. GCS = 10 | J. GCS=11 |

Questions:

- 5(i). 28 years old Suman is brought after RTA with blood on his left forehead. He opens his eyes when you talk to him and seems confused but is able to localize painful stimuli. **Calculate his GCS.**
- 5(ii). 32 years old Sishir comes with fall injury when someone pushed him and he hit a rock. He has blood all over the back of his head. He is opening his eyes in response to pain, speech is confused and withdraws from painful stimulus. **What is his GCS?**
- 5(iii). 22 years old Dhiraj is brought with head injury. He opens his eyes when talked to, moaning but not saying any words and flexes in response to pain. **What is your next step?**
- 5(iv). 45 years old Sita comes after head injury. She has some headache but seems to be getting better. She has her eyes open, is responding appropriately and obeys commands. She lives near the clinic and her son will look after her. **What do you advice?**
- 5(v). 65 years old Rajesh was brought after road traffic accident. He opens his eyes in response to pain, speaks inappropriately and localizes pain. **What degree of head injury does he have?**
- 5(vi). 52 yrs old Fathima comes with history of head injury. She opens eyes spontaneously, withdraws from pain, and speaks inappropriately. **What is her GCS?**

6. THEME: CPR [6 (i) – 6(vi)] (Total: 6 Marks)
From the options 'A to L' given below, choose the best answer for the questions 6 (i) 6 (vi)

Options:

- | | |
|---------------------------------------|--------------------------------|
| A. Call for help | D. 30 compressions : 2 breaths |
| B. Keep in recovery position | E. 15 compressions : 2 breaths |
| C. Transfer to the critical care unit | F. Start chest compressions |

- G. Acute shock
- H. Cardiac arrest
- I. Try to make her sit up
- J. Elicit a quick history from the bystanders.

- K. Get all the previous records of the patient and a detailed history.
- L. Check the response

Questions

Mrs. Muthammal, about 55 yrs old, became unconscious in the X-ray room. You were called.

6 (i) What would you do first?

You try to call the patient and she does not respond.

6 (ii) What would be your next step?

You check the carotid pulse and cannot localize it.

6 (iii) You diagnose it as...

6 (iv) What would be your response once you are unable to localize the carotid pulse?

6 (v) What is the frequency of cycles advised?

6 (vi) If she responds to your efforts, what would you do?

7. THEME: NECK SWELLINGS [7 (i) – 7 (vi)]

(Total: 6 Marks)

From the options 'A to L' given below, choose the best answer for the questions 7(i)

7(vi):

Options:

- | | |
|--|--|
| A. Parotid malignancy | G. Physiological goitre |
| B. LN biopsy | H. Permethrin shampoo for the hair lice |
| C. Hashimoto's Thyroiditis | I. Remove the nits on the hair, T Azithromycin |
| D. CT guided biopsy of the lung lesion | J. Hyperthyroidism |
| E. Parotitis | K. Chest X-ray, Lymph node FNAC |
| F. Thyroglossal cyst | L. Chest X-ray, Sputum AFB |

Questions:

Mahima is a 45 yr old lady with swelling on left side of the face since last few months, gradually increasing in size. Now she has difficulty in drinking fluids, drooling of saliva and on examination has deviation of angle of mouth to the opposite side.

7 (i) What is the possible diagnosis?

50 years old Warriar presents with cough and weight loss for the last few months. On examination he has a hard supraclavicular lymph node on the right side. Chest shows crepitations and rhonchi on the whole of the right side.

7 (ii) How would you approach?

Manoj, 20 yrs, was evaluated elsewhere and presents to you with a Chest X-Ray showing a large homogenous opacity on the right side of the chest with rounded borders, occupying 70% of the right lung field. He has few discrete, non-tender 3x4 cm rubbery lymph nodes on the right supraclavicular region.

7 (iii) How would you approach?

Robin, 24 yrs, has had weight loss for the past few months. On examination he has a pulse rate of 110/min, uniformly enlarged thyroid and you suspect he has lid-lag.

7 (iv) What is your diagnosis?

Jothi 10 year old girl is brought by her grandma with some swelling behind her neck. You find occipital lymph nodes and nits on her hair.

7 (v) How would you manage her?

Malathi, 6 yrs old child, presents with painless fluctuant swelling of 2cm size in the midline of the neck which moves up with protrusion of tongue and swallowing.

7 (vi) What is your diagnosis?

8. THEME: LEG ULCERS [QUESTIONS 8 (i) TO 8 (vi)] (Total: 6 Marks)

From the options 'A to J' given below, choose the best answers for the questions 8 (i) 8 (vi)

Options

- | | |
|----------------------|---------------------|
| A. Venous ulcer | F. Malignant ulcer |
| B. Arterial ulcer | G. Vasculitic ulcer |
| C. Tuberculous ulcer | H. Trophic ulcer |
| D. Vasculitic ulcer | I. Traumatic ulcer |
| E. Diabetic ulcer | J. Mixed ulcer |

Questions: Identify the type of leg ulcer in the following scenarios

8(i). *Mr. Mohan, about 45 yrs, the tea shop man requests you to see the wound on his leg. You find a small superficial ulcer surrounded by hyperpigmentation of the lower leg, few dilated vessels on the calf.*

8(ii). *Mr. Madhu, 35 yrs, has been smoking since the age of 16. He presents with a small painful, superficial ulcer on his left great toe. The ulcer is surrounded by an area of discolouration, is tender to touch. You examine and note that the pulses of his feet and popliteal region are not palpable on both sides and the femorals pulses are weak.*

8(iii). *Mr. Muthaiah, 65 yrs has had a ulcer on his foot since the last 15 yrs, following an injury. It has never fully healed. You examine and find an ulcer with a dirty base, everted and raised margins, on the dorsum of the foot.*

8(iv). *Mr. Marimuthu, 54 yrs, presents with an ulcer on the sole of the foot. On examining, you find a deep ulcer under the ball of big toe with slough. He feels no sensation on his feet since he had a skin disease 20 yrs ago.*

8(v). *Mrs. Mariamma, 75 yrs, has been on treatment for Diabetes since 35 years. She had been doing well till the last week. Since 1 week, she noticed few small blebs on the foot, now the foot is fully swollen, painful, and she is unable to stand or walk. On examination, the foot is edematous, warm, and erythematous. The foot pulses are difficult to palpate.*

8(vi). *Mrs. Manoos, 25 yrs, has presented with multiple painful ulcers on both feet. She is also having features of rheumatoid arthritis.*

9. THEME: ACUTE ABDOMEN [QUESTIONS 9 (i) TO 9 (vi)

(Total: 6 Marks)

From the options 'A to N' given below, choose the best answers for questions 9(i) to 9(vi)

Options:

- | | |
|----------------------------|-------------------------------|
| A. Urinary tract infection | H. Ureteric colic |
| B. Acute Appendicitis | I. Intussusception |
| C. Pancreatitis | J. Twisted ovarian cyst |
| D. Colitis | K. Ruptured ectopic pregnancy |
| E. Sigmoid volvulus | L. Intestinal obstruction |
| F. Cholecystitis | M. Duodenal perforation. |
| G. Pneumonia | N. Diabetic ketoacidosis |

Questions: What is your diagnosis?

9(i) *Fatima, 18 yrs, has pain abdomen since 3 am this morning, associated with low-grade fever. She vomited twice since then. Has passed stools normally the previous day and has normal bladder habits. Her vitals show a pulse rate of 108/min, BP 120/80 mm Hg, respiratory rate 18/ min. Per abdomen you can elicit right iliac tenderness.*

9(ii). *Mr. Sudappa, 70 yrs, presents with inability to pass motion since the last few days, abdominal distension and discomfort since 2 days and on inquiry, admits to not passing flatus since 2 days. His pulse is 110/min, BP 110/70, respiratory rate 24/min. Per abdomen, he has gaseous distension, and is tympanic on percussion. Per rectal examination showed an empty rectum.*

9(iii). *Santhosh, 40 yrs, presents with severe pain in the abdomen since morning, more on the right side, radiating to the groin. It is associated with burning micturition and he has vomited twice since then. He has had previous similar episodes over the last few weeks, which had subsided spontaneously. Pulse: 90/min, BP: 130/90 mm Hg, respiratory rate: 18/min. per abdomen, he has no areas of tenderness or organomegaly.*

9(iv). *Ms. Radhamony, 35 yrs, has had intermittent pain on the right side of the abdomen on and off since the last few months. Her periods are regular. Pulse: 110/min, BP: 110/60 mm Hg, respiratory rate: 24/min. per abdomen, she has a tender ill-defined mass on the right iliac fossa. Per vaginal examination, you elicit a tender mass on the right side of the pelvis. Pregnancy test is negative.*

9(v). *Mr. Krisnaiah, 25 yrs, presents with pain abdomen since morning. His pulse: 120/min, BP: 90/50, respiratory rate: 36/min. per abdomen, he has tenderness and guarding of the upper abdomen; loss of the hepatic dullness on percussion, and absent bowel sounds on auscultation.*

9(vi). *9 month old Dinesh is brought by his mother as he has been crying intermittently. You examine the child as he feeds and per abdomen, you suspect a swelling in the right side of the abdomen.*

10. THEME: DIZZINESS AND VERTIGO [QUESTIONS 10(i) 10(vi)] (Total: 6 Marks)

From the options 'A to J' given below, choose the best answers for the questions 10(i) 10(vi)

Options:

- | | |
|---|---------------------------------|
| A. Central vertigo | F. Syncope |
| B. BPPV | G. Peripheral vertigo |
| C. TIA (Transient Ischemic Attack) | H. Meniere's disease |
| D. Cerebellar disease | I. Vestibular neuronitis |
| E. Postural hypotension | J. Acute labyrinthitis |

Questions:

10.(i). 20 years old Mr. Ramesh comes to you with history suggestive of vertigo. The most common vertigo is:

10.(ii). 45 years old Mrs. Shanthi has been having Upper respiratory tract infection for the past 2 days. This morning she presented to you with vertigo. The most likely cause is:

10.(iii). 35 years old Mrs. Mythili presents to you with history of fluctuating hearing loss, episodic rotational vertigo and tinnitus with fluctuating aural fullness for the past 6 months. The most likely diagnosis is:

10.(iv). Mrs. Sarojini presents to you with history of giddiness since last night. Whenever she turns to her right side, she feels giddy. Last night, she also vomited twice. The most likely cause is

10. (v). 12 year old Mala was brought to you with the following history: While standing in the school assembly, she developed giddiness and fell down. After a minute, she regained consciousness. The most likely cause is

10. (vi). Mr. Palanisamy, a known diabetic and hypertensive, had giddiness associated with inability to use his left upper and lower limb for 1/2 an hour. By the time he reached your clinic, he became well again. The most likely cause is

(LK 0217)

M.MED. FAMILY MEDICINE

(Sub: Code: 4022)

**FINAL YEAR THEORY EXAM – FEBRUARY 2017
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INSTRUCTIONS

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Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)

From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(v)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedecanoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

- Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	A
3(ii)	F
3(iii)	
3(iv)	
3(v)	
3(vi)	

- Each option may be used more than once. Some options may not be used at all.

PART – A

DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. 52 year old Mrs. Kala is brought with complaints of severe pain in the abdomen for the past 2 hours. On examination, she is febrile with a temperature of 100⁰ F and mildly dehydrated. Abdomen is rigid and there is no movement with respiration. Normal liver dullness is obliterated. (Total: 20 Marks)
- A. How do you define acute abdomen? (2 Marks)
 - B. What are the common causes of acute abdomen in an adult? (4 Marks)
 - C. What are the differential diagnoses you will think of if you are the primary care physician attending Mrs. Kala? Give reasons. (4 Marks)
 - D. How will you approach a patient with acute abdomen? Draw an algorithm for this. (7 Marks)
 - E. How will you manage Mrs. Kala as a primary care physician? What are the priorities of your management? (3 Marks)
2. 25 year old Mr. Lal is brought to you by his friends with history of having been in a road traffic accident 30 minutes ago. (Total: 20 Marks)
- A. What are the 5 steps in approaching a patient with head injury? (2 Marks)
 - B. How will you assess a patient with head injury by history and examination? (5 Marks)
 - C. What is GCS score? Describe the components of GCS score. (5 Marks)
 - D. What are the risk factors for brain injury following head injury? (4 Marks)
 - E. If you are discharging Mr. Lal, what are the signs you will ask the relatives to monitor which indicate deterioration of the patient's condition? (4 Marks)

PART – B

EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME: NECK SWELLINGS [QUESTIONS 1(i)-1(vi)] (Total: 6 Marks)
From the options 'A to L' given below, choose the best answer for the questions 1(i) – 1(vi)

Options:

- | | |
|--------------------------|------------------------------|
| A. Cystic hygroma | G. Occipital lymphadenopathy |
| B. Sternomastoid tumour | H. Cervical rib |
| C. Supraclavicular nodes | I. Plunging ranula |
| D. Carotid body tumour | J. Sublingual dermoid cyst |
| E. Thyroglossal cyst | K. Branchial cysts |
| F. Thyroid swelling | L. Cold abscesses |

Questions: What is the diagnosis?

1(i) 1 month old baby of Sheila is brought by her parents with complaints of a firm swelling in the right lateral side of the neck. You observe that the neck is laterally flexed towards the side of the swelling. The swelling is not translucent. The baby is otherwise active and feeding well.

1(ii) 12 year old Kavitha is brought by her parents with complaints of left-sided neck and upper arm pain. On examination, there is a bony hard swelling appreciated on the left side, at the root of the neck. Adson's test is positive.

1(iii) 11 year old Malini has come with complaints of a midline neck swelling which moves up on deglutition and protrusion of the tongue.

1(iv) 12 year old Megana has come with complaints of a bluish, cystic swelling in the floor of the mouth, which is bimanually palpable.

1(v) 15 year old Ravi has come with complaints of a neck swelling of recent onset. The swelling is at the junction of the upper third and the lower two thirds of the sternomastoid muscle, about 2-3 inches in length and lies obliquely with the long axis forwards and downwards. It is not transilluminant but fluctuant.

1(vi) 2 month old Neeru is brought by her parents with a neck swelling. The swelling is soft, painless, compressible and brilliantly transilluminant.

2. THEME: THYROID SWELLING [QUESTIONS. 2(i) - 2(vi)]

(Total: 6 Marks)

From the options 'A to H' given below, choose the best answer for the questions 2(i) – 2(vi)

Options:

- A. De Quervain's thyroiditis
- B. Grave's disease
- C. Hashimoto's thyroiditis
- D. Thyroglossal cyst

- E. Malignant solitary nodule
- F. Lymphocytic thyroiditis
- G. Pituitary tumour
- H. Benign solitary nodule

Questions: What is the diagnosis?

2 (i) 32 year old Mrs. Devi has evidence of thyrotoxic symptoms; but there is no enlargement of thyroid.

2 (ii) 21 year old Ms. Leela, who lives in a coastal area, has come with complaints of diffuse enlargement of the thyroid. She has signs of myxoedema.

2 (iii) 52 year old Mrs. Fiona has a solitary nodule of the thyroid. There are no signs of toxicity. Radioactive scan shows that the nodule is a cold nodule.

2 (iv) 28 year old Mrs. Jansi has come with complaints of painful, diffuse enlargement of the thyroid. The swelling is acute in onset, and there is associated fever and myalgia. The complaints started with an upper respiratory infection.

2 (v) 27 year old Mrs. Kala has complaints of diffuse uniform painless enlargement of the thyroid. She has pre-tibial oedema and eye signs of hyperthyroidism.

2 (vi) 28 year old Mrs. Uma has developed painless uniform enlargement of the thyroid. She has delivered a full-term, girl baby 2 weeks ago.

3. THEME: ENT PROBLEMS FOR A FAMILY PHYSICIAN [QUESTIONS. 3(i) - 3(vi)]
(Total: 6 Marks)

From the options 'A to H' given below, choose the best answer for the questions 3(i) – 3(vi)

Options

- | | |
|-----------------------------|-------------------------|
| A. CSOM –attico-antral type | E. Myringitisbullosa |
| B. Acute otitis media | F. Otomycosis |
| C. CSOM –tubo-tympanic type | G. Furuncle |
| D. Diffuse otitis externa | H. Herpes zoster oticus |

Questions: What is the diagnosis?

3.(i) Mr. Subbaiah has come with severe ear pain. On examination, you find vesicles on the ear drum.

3.(ii) Mrs. Suguna has come with ear pain. On examination, tragus sign is positive and there is a widespread redness noticed over the pinna.

3.(iii) Mrs. Seema has come with intense itching and discomfort in the ear. There is watery discharge with musty odour. Tragus sign is positive. On otoscopy, you find a vague mass in the external auditory canal which looks like a wet piece of filter paper.

3.(iv) 3 month old Shekinah is brought with complaints of incessant cry to the casualty. On otoscopic examination, there is congestion and bulging of the ear drum.

3.(v) 12 year old Raju has come with complaints of ear discharge for the past 2 years. The discharge is scanty, foul smelling and intermittent.

3.(vi). 10 year old Meena has come with complaints of ear discharge for the past 3 years. The discharge is mucopurulent, copious, and increases in quantity whenever she develops an upper respiratory infection.

4. THEME: BASIC LIFE SUPPORT [QUESTIONS. 4(i) - 4(vi)]
4 (Total: 6 Marks)

From the options 'A to K' given below, choose the best answer for the questions 4(i) – 4(vi)

Options

- | | |
|--|---|
| A. Look for definite brachial pulse for 20 seconds | G. Begin cycles of 30 compressions and 2 breaths |
| B. Shout for help | H. Place the patient in recovery position and monitor |
| C. Quickly remove the patient from the place of danger | I. Make him sit down reclined at 45 degrees |
| D. Assess the response | J. Give 1 breath every 5 to 6 seconds and recheck pulse every 2 minutes |
| E. Look for definite carotid pulse within 10 seconds | K. Give 2 breaths every 30 second without compression and recheck pulse every 2 minutes |
| F. Begin cycles of 15 compressions and 2 breaths | |

Questions: What is the action needed?

When you are shopping in a mall with your family, you see a person collapse in front of you.

- 4.(i) According to AHA guidelines, what will you do as the first step?
- 4.(ii) Once you have done the first step, what will you do next?
- 4.(iii) What is the third step?
- 4.(iv) If the patient is breathing and the pulse is well palpable, what will you do?
- 4.(v) If there is a definite pulse, and if the patient is not breathing, what will you do?
- 4.(vi) If the pulse and respiration is absent, what will you do?

5. THEME: MANAGEMENT OF LEG ULCERS [QUESTIONS. 5(i) - 5(vi)] (Total:6 Marks)
From the options 'A to G' given below, choose the best answer for the questions 5(i) – 5(vi)

Options

- | | |
|--|--|
| A. Compression bandaging | E. Ulcer needs grafting. |
| B. Stopping smoking immediately | F. Control of hyperglycaemia is basic to the treatment |
| C. Antibiotics in the penicillin group and moist dressings | G. Ankle /foot exercise in addition to drug compliance |
| D. A biopsy is indicated | |

Questions: What is the first and MOST important step in management?

5.(i). Mr. Rajat, a 50 year old teacher and a diabetic for 6 years has come with an ulcer. The ulcer is on the sole of the left foot and is totally painless. On examination, the ulcer is deep, foul smelling, with necrotic slough, and purulent discharge.

5.(ii). 52 year old Mr. Mani, a bus conductor has come with complaints of an ulcer above the medial malleolus in the right leg on and off for the past one year. On examination, the ulcer is shallow with ragged bluish edges. The surrounding area is pigmented and hardened. The Ankle Brachial Pressure index is 0.9.

5.(iii). Mrs. Meena, who works as a housemaid has come with a very painful ulcer in her right leg. She says it started as a tiny pustule, and then progressed into an acutely painful ulcer over weeks. On examination, the ulcer is 5 cm in size with raised, thickened and slightly undermined edges. Bloody discharge covers the grey slough in its floor, and the skin around it is dark and swollen. Peripheral pulses are palpable.

5.(iv). 32 year old Mr. Kannan has come to you with a superficial ulcer on his left big toe of a month's duration. You can see that he is in very severe pain. There is history of claudication. On examination, left dorsalis pedis and popliteal pulses are not palpable.

5.(v). Mr. Hari, a manual labourer, has come with complaints of an ulcer in the right leg for the past one year which has begun to bleed easily on contact, recently. The edges of the ulcer are rolled out and irregular.

5.(vi). 22 year old Ms. Lucy has come with complaints of multiple painful ulcers in both the feet. The ulcers are small and very painful. Peripheral pulses are palpable. She is on treatment for rheumatoid arthritis for the past 3 years.

6. THEME: ORTHOPAEDIC PROBLEMS FOR THE FAMILY PHYSICIAN QUESTIONS
6(i) - 6(vi)] **(Total: 6 Marks)**

From the options 'A to J' given below, choose the best answer for the questions 6(i) – 6(vi)

Options

- | | |
|-----------------------------------|---------------------------------------|
| A. Bicipital tendinitis | F. De Quervain's tenosynovitis |
| B. Sub acromial bursitis | G. Trigger finger |
| C. Rotator cuff tendinitis | H. Lateral epicondylitis |
| D. Adhesive capsulitis | I. Medial epicondylitis |
| E. Carpal tunnel syndrome | J. Olecranon bursitis |

Questions: What is the diagnosis?

6(i). Mrs. Seetha has come with complaints of pain and tenderness of the right index finger. She also complains that the finger suddenly 'snaps' during movement. On examination, a nodule is felt in the palm on the flexor tendon just proximal to the digital palmar crease.

6(ii). Mr. Mohan has come with complaints of pain in the anterior aspect of the shoulder which is aggravated by lifting or overhead pushing and pulling. On examination, when you place a finger on the anterolateral humeral head between the greater and lesser tubercles, there is tenderness.

6(iii). Mr. Raju has complaints of pain in the lateral deltoid region of the shoulder, which is aggravated by an overhead motion of the arm. On examination, there is tenderness in the sub acromial region, between the greater tubercle of the humerus and acromial process, and there is pain in the middle of the arc of active abduction.

6(iv). Mrs. Devi has come with complaints of pain in the radial aspect of the wrist and thumb during pinching, grasping and similar movements. On examination, ulnar deviation of the wrist, with the thumb held in abduction by the flexed fingers of the same hand reproduces the pain.

6(v). Mr. Faizal, a diabetic for 4 years has come with complaints of pain and restricted movement of right shoulder for the past 3 months. On examination, all movements of the shoulder are affected with mild wasting of right shoulder muscles.

6(vi). Mrs. Shanthi is in her sixth month of the first pregnancy. For the past two weeks, she has been having complaints of numbness and tingling of the lateral three and a half digits over the palmar and dorsal aspects, and tips. She says that she is not able to hold things properly with the right hand.

**7. THEME: PATIENT WITH INGUINO SCROTAL SWELLING [QUESTIONS. 7(i) - 7(vi)]
(Total: 6 Marks)**

From the options 'A to I' given below, choose the best answer for the questions 7(i) – 7(vi)

Options

- | | |
|-------------------------------|----------------------------------|
| A. Infantile hydrocele | F. Torsion of testis |
| B. Inguinal hernia | G. Cyst of epididymis |
| C. Vaginal hydrocele | H. Acute haematocele |
| D. Chronic haematocele | I. Tuberculous epididymis |
| E. Acute haematocele | |

Questions: What is the clinical condition?

7(i). Mr. Kumar has an inguino-scrotal swelling. On examination, the swelling is not transilluminant and there is a cough impulse. It is reducible and the testis is palpable separately.

7(ii). Mr. Lal, a 29 year old football player has come with a scrotal swelling. The swelling is not transilluminant; testis and epididymis are not definable separately. The swelling is not tender.

7(iii). 32 year old Mr. Justin has come with a scrotal swelling. The swelling is brilliantly transilluminant; testis and epididymis are definable separately from the swelling. The swelling is not tender.

7(iv). 21 year old Mr. Gunasekar has come with a scrotal swelling of acute onset. The swelling is tender, not transilluminant; testis and epididymis are not definable separately from the swelling.

7(v). 35 year old Mr. Shah has a scrotal swelling. On examination, the swelling is transilluminant and there is no cough impulse. It is not reducible and testis is not palpable separately.

7(vi). 12 year old Hari is brought by his parents with complaints of an inguino-scrotal swelling. On examination, there is no cough impulse, and the swelling is translucent. It is not reducible and the testis is not palpable separately.

**8. THEME: MANAGEMENT OF UPPER GI BLEEDING [QUESTIONS. 8(i)-8(vi)]
(Total: 6 Marks)**

From the options 'A to F' given below, choose the best answer for the questions. 8(i) – 8(vi)

Options:

- | | |
|--|--|
| A. Omeprazole and prochlorperazine and observation | E. Injection of the bleeding area with dilute epinephrine or thermo coagulation |
| B. Oral omeprazole and discharge | F. IV omeprazole for 48 hours and observation as inpatient |
| C. Endoscopic sclerotherapy | |
| D. Sengstaken tube insertion and medical management | |

Questions:

8 (i). 60 year old Mr. Subhash has come with severe upper abdominal pain and hematemesis. He says he has been taking tablets from the medical shop for his knee pain. On assessing the ASA class before endoscopy for risk stratification, he was found to be low risk.

8 (ii). Mr. Rajesh has come with complaints of hematemesis after a party with his friends. He is haemodynamically stable. There is no past history of similar symptoms.

8 (iii). Mr. Sadayan presented to you with hematemesis. An upper GI endoscopy was done. Endoscopic risk stratification was low risk.

8 (iv). Mrs. Govindammal has nephrotic syndrome and she is on T. prednisolone for that. Today morning she had upper abdominal pain and vomiting and there was blood in the vomitus. Endoscopic risk stratification is high risk.

8 (v). Mr. Ganesan has cirrhosis with portal hypertension. He had a bout of hematemesis ½ an hour back and has been brought to you. Endoscopy is available in the facility you work.

8 (vi). Mr. Mani has cirrhosis with portal hypertension. He had a bout of hematemesis ½ an hour back and has been brought to you. Endoscopy is not available in the facility you work.

9. THEME –MANAGEMENT OF EYE CONDITIONS [QUESTIONS. 9(i) – 9(vi)]

(Total: 6 Marks)

From the options ‘A to I’ given below, choose the best answer for the questions 9(i) – 9(vi)

Options:

- | | |
|---|---|
| A. Hot fomentation, oral analgesics, topical antibiotic drops/ointment | E. Scraping of outer margin of the lid |
| B. Lid hygiene and antibiotic eye ointment | F. Subconjunctival antibiotics |
| C. Incision and curettage. | G. Epilation and electro cautery. |
| D. Instrumental dilatation | H. Cleaning and massage |
| | I. Ketorolac 0.5% or olopatidine |

Questions: What is the management?

9(i). 1 week old baby of Shanthi is brought to you by her concerned parents because she has complaints of discharge from her eyes. The right eye seems to be more affected than the left. The sclerae of both eyes are clear, and there are no other signs of infection.

9(ii). 12 year old Geetha has come with complaints of red eye. On examination, there is crust formation on the lid margins of both the eyes. On removing the crust, there is minimal bleeding.

9(iii). 16 year old Hari goes to school every day in his bicycle. Every year, during certain seasons, he develops redness of eyes with watering and severe itching of both the eyes.

9(iv). 32 year old Mr. Chandran presents with a swelling of upper eyelid of 3 months duration. It is painless, and there is no ulceration. He has come to you because the swelling disturbs his reading.

9(v). 28 year old John presents with a painful swelling of the lid of two day's duration. The pus points at the outer lid margin.

9(vi). 56 year old Mrs. Rani has come with complaints of foreign body sensation, watering and photophobia. On examination, the lashes are misdirected and seen rubbing the cornea.

**10. THEME: SIDE EFFECTS OF ANAESTHETIC AGENTS [QUESTIONS 10 (i) - 10 (vi)]
(Total: 6 Marks)**

From the options 'A to F' given below, choose the best answer for the questions 10 (i) – 10(vi)

Options:

- | | |
|--|----------------------------------|
| A. Emergence hallucinations | D. Respiratory depression |
| B. Irritation and burning with IV administration | E. Myoclonus |
| C. Chest wall rigidity associated with rapid push of the drug | F. Paradoxical excitation |

Questions: Common side effects of the anaesthetic agents.

10 (i). 11 year old Shanthy has come for a minor procedure. You are giving her midazolam slowly. The side effect you are anticipating is this.

10 (ii). 15 year old Suresh was given ketamine for a procedure. The side effect you are anticipating is this.

10 (iii). 40 year old Mr. Rohit was given pentobarbital for a procedure. The side effect you are anticipating is this.

10 (iv). 15 year old Sekar was given fentanyl for a procedure. The side effect you are anticipating is this.

10 (v). 45 year old Mrs. Jansi is being given propofol for a procedure. The side effect you need to warn the patient about is this.

10 (vi). 30 year old Hari has received etomidate for a procedure. This is the expected side effect.

(LL 0817)

M.MED. FAMILY MEDICINE

(Sub: Code: 4022)

**FINAL YEAR THEORY EXAM– AUGUST 2017
PAPER II–SURGERY AND ALLIED SCIENCES**

QP .CODE: 434022

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 Marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios. **(40 Marks)**
- **Part B** will have Objective type EMQs **Extended Matching Questions**. **(60 Marks)**
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. In each set there are **some options** given on the top followed by some **questions**. The options are lettered using the English Alphabets A, B, C, D and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)

From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

❖ Each option may be used more than once. Some options may not be used at all.

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

PART – A

DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. While you were crossing the signal a middle aged man suddenly collapsed in the middle of the zebra crossing. (Total: 20 Marks)

- A. What are the steps of BLS according to AHA (American Heart Association)? Explain it with an algorithm. (4 Marks)**
- B. When will you stop CPR? (1 Mark)**
- C. What is recovery position and when will you attempt it? (2 Marks)**
- D. What are the principles of ACLS? (4 Marks)**
- E. How is Shockable rhythm managed? (4 Marks)**
- F. How is non - Shockable rhythm managed? (3 Marks)**
- G. What is post resuscitation care? (2 Marks)**

2. Mrs. Kalyani comes to you with the complaint of ulcers in the mouth for the past two days. She is having pain and not able to eat because of the pain. (Total 20 Marks)

- A. What are the causes for oral ulcers? (4 Marks)**
- B. How will you identify benign and malignant oral ulcers? (8 Marks)**
- C. How will you treat aphthous ulcers? (5 Marks)**
- D. What advice will you give for a patient coming with oral ulcers? (3 Marks)**

PART – B

EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. Theme: Examination of the Eye [Questions 1 (i) to 1(vi)] (Total: 6 Marks)

From the options 'A to N' given below, choose the best answers for questions 1 (i) to 1 (vi)

Options

- | | |
|--------------------------------|--------------------------------|
| A. Vitamin A deficiency | H. Papilloedema |
| B. 30cm | I. Normal |
| C. Diabetic retinopathy | J. 35cm |
| D. 1cm and 2cm | K. Refractive error |
| E. Retinal detachment | L. Keratitis |
| F. 1.0 and 1.5mm | M. Glaucoma |
| G. 25cm | N. Retrobulbar neuritis |

Questions:

1(i). Mrs. Kamala has come to you for her eye problem. During the examination of her eyes you shown a torch light on to one pupil and after 2-3 seconds the light is rapidly transferred to the opposite pupil. This swinging back and forth is repeated several times. You observe the

reaction of the pupil and the pupil to whom the light is transferred dilates. What does it imply?

- 1(ii).** In your clinic, near vision charts of various kinds are available to check near vision. The chart to be kept at _____ distance for reading and checking near vision.
- 1(iii).** You are doing Pin hole testing for Mr. Varun. He says the vision is better and improved during this test. What does it imply?
- 1(iv).** You can easily make a pinhole from a piece of cardboard to use in your office. The pinhole must be between _____ in diameter.
- 1(v).** Mr. Ravi has come to you for the treatment of Diabetes. You are doing ophthalmoscopic examination on him and found that there is increased cupping. What does it implies?
- 1(vi).** Mrs. Lalitha comes to you for routine check-up. You are doing distant direct ophthalmoscopic examination on her and found that there is red reflex. What does it implies?

2. Theme: Anesthesia for a Family Physician [Questions 2(i) to 2(vi)] (Total:6 Marks)
From the options 'A to P' given below, choose the best answers for the questions 2(i) to 2(vi)

Options

- | | |
|---|-----------------------------|
| A. Atropine | I. Lignocaine 0.5% |
| B. Digital block | J. Laryngospasm |
| C. IV sedation | K. Hepatic disease |
| D. Lignocaine 2% | L. Diabetes Mellitus |
| E. Chronic pulmonary insufficiency | M. Lignocaine 5% |
| F. Ketamine | N. Lignocaine 1% |
| G. Respiratory depression | O. Haloperidol |
| H. Midazolam | P. Adrenaline |

Questions: What is your diagnosis?

40 year old Mr. Venu has come to you with pain in the left index finger. You examine it and diagnose paronychia. You want to drain it without causing much pain.

- 2(i).** What comorbidity would you look for?
- 2(ii).** What anesthesia would you plan?
- 2(iii).** What drug would you use?

Mrs. Banu has come with the complaint of pain and swelling in the breast. You diagnose it as an abscess and planning to do drainage under ketamine anesthesia.

- 2(iv).** What is the drug you will add to prevent the side effect of ketamine?
- 2(v).** What is the complication you should look for during ketamine anesthesia?

Drainage of breast abscess was done successfully under Ketamine anesthesia. The procedure was uneventful. You have satisfactorily drained the abscess and dressed the wound.

- 2(vi).** The patient is shouting and gesticulating wildly in the recovery area. What would you do?

3. Theme: Inguino scrotal swellings [Questions 3(i) to 3(vi)]

(Total: 6 Marks)

From the options 'A to L' given below, choose the best answers for the questions 3(i) to 3(vi)

Options

- | | |
|------------------------------|-------------------------------|
| A. Inguinal node | G. Right supraclavicular node |
| B. Posterior cervical node | H. Left supraclavicular node |
| C. Tuberculosis | I. Assurance |
| D. Filariasis | J. Surgical correction |
| E. Correcting Co-morbidities | K. Antibiotics |
| F. Varicocele | L. Epididymitis |

Questions:

- 3(i).** Mrs. Parvathy brings her child to you with the complaint of some problems in the external genitalia of her son. Her complaint is her son's left testis hangs a little lower than right testis. What will you do?
- 3(ii).** 60 years old Mr. Maran suffering with congestive cardiac failure comes to you with the complaint of swelling in the genitalia. On examination you found that there is mild oedema of the scrotum. How will you treat?
- 3(iii).** 40 year old Mr. Palani comes to you with the complaint of painless swelling in the scrotum. On examination you found that the vas deferens felt like whipcord on each side and it is beaded. What could be the possibility?
- 3(iv).** Mr. Yadhav comes to you with the complaint of swelling in the scrotum. On examination you suspect testicular tumors, where will you look for secondaries?
- 3(v).** 20 year old Mr. Sunny comes to you with the complaint of swelling in the scrotum. On examination there is a transilluminant swelling attached to the testes and the testes can be felt separately. What will you do?
- 3(vi).** Mr. Tarun comes to you with the complaint of swelling in the genitalia. On examination, palpated as a 'bag of worms' with the patient standing. What could be the possibility?

4. Theme: Diagnosis of Eye Problems [Questions 4(i) -4(vi)]

(Total: 6 Marks)

From the options 'A to N' given below, choose the best answers for the questions 4(i) – 4(vi)

Options:

- | | |
|---------------------------------------|---------------------------------|
| A. Viral conjunctivitis | H. Hyper acute conjunctivitis |
| B. Iritis | I. Episcleritis |
| C. Simple Allergic conjunctivitis | J. Vernal Kerato Conjunctivitis |
| D. Bacterial conjunctivitis | K. Viral kerato conjunctivitis |
| E. Scleritis | L. Inflamed pinguecula |
| F. Phlyctenular kerato conjunctivitis | M. Ultraviolet Keratitis |
| G. Exposure keratitis | N. Chemical Keratitis |

Questions: What could be the possible diagnosis in the following scenarios?

4(i). Mrs. Gomathy comes to you with the complaint of matting of eye lashes on waking up in the morning, having mucopurulent discharge, gritty sensation and irritation of her eyes for the past 2 days.

4(ii). Mr. Davidson is suffering with Ankylosing spondylitis and comes to you with throbbing pain in the eye, watering, but no discharge. Photophobia is present. Examination shows ciliary congestion, and a constricted, irregular pupil.

4(iii). Miss. Jhansi has severe itching over both the eyes and has mucoid, ropy discharge. On examination, brown pigmentation of the conjunctiva around the limbus seen.

4(iv). Mr. Fernandez comes with the complaint of deep seated pain in the eyes and pain radiating to the forehead, brow and jaw. The pain is made worse with eye movements and eye palpation.

4(v). Mr. Surya comes with photophobia, pain and blepharospasm. He works in arc welding and do not use protective glasses during the work. No discharge from the eyes.

4(vi). Mrs. Selvi presents with irritation, pain and severe discharge from the eyes. The discharge is thick, greenish-yellow and accumulates immediately after it is wiped off. There is severe lid edema, congestion and chemosis. Tender preauricular lymphadenopathy is also present.

5. Theme: Head Injury [Questions 5 (i) to 5 (vi)]

(Total: 6 Marks)

From the options 'A to N' given below, choose the best answers for the questions 5(i) to 5(vi)

Options

- | | |
|---------------------------------|--------------------|
| A. GCS 7 | H. Moderate |
| B. Send home | I. GCS 13 |
| C. Admit for observation | J. Severe |
| D. GCS 12 | K. GCS11 |
| E. GCS 10 | L. Refer |
| F. Send for CT scan | M. GCS 9 |
| G. Mild | N. GCS 8 |

Questions:

5(i). 40 years old Mr. Kumaran is brought after a motor bike accident with blood on his left forehead. During the examination you found that he opens his eyes when you talk to him and seems confused but is able to localize painful stimuli. Calculate his GCS.

5(ii). What degree of head injury does Mr. Kumaran have?

5(iii). 20 years old Mr. Babu fell down from a tree and sustained head injury. He has blood all over the back of his head. He is opening his eyes in response to pain; speech is confused and withdraws from painful stimulus. What is his GCS?

5(iv). 65 years old Mrs. Latha comes after a fall in the bathroom. She has some headache but seems to be getting better. She has her eyes open, is responding appropriately and obeys commands. She lives near the clinic and her son will look after her. What do you advice?

5(v). Mr. Rajesh was brought after road traffic accident. He opens his eyes in response to pain, speaks inappropriately and localizes pain. What degree of head injury does he have?

5(vi). 52 yrs old Mrs. Fathima comes with history of head injury. She opens eyes spontaneously, withdraws from pain, and speaks inappropriately. What is her GCS?

6. Theme: Common Orthopedic Problems [Questions 6(i) – 6(vi)] (Total: 6 Marks)

From the options ‘A to K’ given below, choose the best answers for the questions 6(i) to 6(vi)

Options:

- | | |
|-----------------------------|----------------------------|
| A. Thoracic outlet syndrome | G. Gout |
| B. Rotator cuff tendinitis | H. Plantar fasciitis |
| C. Morton’s Neuroma | I. Sub acromial bursitis |
| D. Cervical spondylosis | J. Rotator cuff tear |
| E. Hammer toe | K. Retrocalcaneal bursitis |
| F. Periarthritis shoulder | |

Questions: What is the most likely diagnosis in the following scenarios?

6(i). Mr. Shukla 53 year’s old salesman, comes to you with a history of sharp pain in the forefoot radiating to the toes exacerbated by walking and standing. It is relieved by rest or removing his shoes. On examination there is tenderness in the third interdigital space.

6(ii). Mr. Rajesh 52 year’s old “line-man” came with complaints of neck pain radiating along the shoulder, arm and hand. He has difficulty while repairing the overhead electrical lines. On examination Adson’s sign is negative.

6(iii). Mrs. Komal 37 year’s old teacher came with complaints of neck pain, numbness and feeling of “pins and needles” along the arm, hand, ring and little fingers when she writes on the board. On examination Adson’s sign is positive.

6(iv). Mrs. Fathima 45 year’s old house wife presented with pain in the shoulder which started while getting a suitcase down from the top of the cupboard. Now due to stiffness she finds it difficult even to wear her scarf over her head while praying.

6(v). Mr. Manohar 40 years old Soldier, complaints of pain in the shoulder aggravated by overhead motions of the arm during his routine military drills and also pain when sleeping on the affected side.

6(vi). 45 years old Mrs. Sonu, came with complaints of pain in the heel, which is more pronounced when she takes her first step after a period of rest since past 3 weeks. On examination the pain is exacerbated by passive dorsiflexion of the toes.

7. Theme: Neck Swellings [7 (i) – 7 (vi)] (Total: 6 Marks)

From the options ‘A to L’ given below, choose the best answer for the questions 7(i) – 7(vi):

Options:

- | | |
|-----------------------|------------------------------|
| A. Branchial cyst | C. Sternomastoid tumour |
| B. Hodgkin’s lymphoma | D. Tuberculous lymphadenitis |

- E. Infectious mononucleosis
- F. Sublingual dermoid cyst
- G. Non-Hodgkin's lymphoma
- H. Supraclavicular lymph nodes

- I. Thyroglossal cyst
- J. Plunging ranula
- K. Anterior cervical nodes
- L. Posterior cervical nodes

Questions: what is the most probable diagnosis?

7(i) 55 years old Mr. Nitin came to your clinic with vomiting, history of loss of weight and appetite. During examination you were able to palpate a particular node during a valsalvamaneuvre, which helped you to clinch your diagnosis. Which is this node?

7(ii) 15 year old John presented with swelling at the junction of the upper third and lower two third of sternomastoid muscle and is partly under the cover of the anterior border of that muscle. On examination the swelling is soft, fluctuant and is not transilluminant. What is the possible diagnosis?

7(iii) Mr. Anuj, 18 years, presented with fever, pharyngitis and lymphadenopathy; cervical, axillary and inguinal lymph nodes involved. What is the likely diagnosis?

7(iv) 24 years old Mr. Roshan, presented with fever, night sweats, pruritus and weight loss, cervical, axillary and inguinal lymphadenopathy. On examination chest is clear and there is no organomegaly.

7(v) 10 year old girl Jeena, is brought by her grandmother with small painless swelling in front of the neck which moves up with protrusion of the tongue and swallowing. What is your diagnosis?

7(vi) When a sublingual cyst extends into the submandibular space then it is called-----

8. Theme: Leg Ulcers [Questions 8(i) to 8(vi)]

(Total: 6 Marks)

From the options 'A to J' given below, choose the best answers for the questions 8 (i) – 8 (vi)

Options

- | | |
|----------------------|--------------------|
| A. Venous ulcer | F. Radiation ulcer |
| B. Arterial ulcer | G. Trophic ulcer |
| C. Tuberculous ulcer | H. Traumatic ulcer |
| D. Vasculitic ulcer | I. Mixed ulcer |
| E. Malignant ulcer | J. Tropical ulcer |

Questions: Identify the type of leg ulcer in the following scenarios

8(i). 55 years old Kabi Thapa, a night watchman, presented with history of cramp like pain in the legs which starts few minutes after he starts his night round and relieved on standing still. On examination there is a painful ulcer on the dorsum of the foot which is punched out in appearance.

8(ii). Mr. Raghav, about 45 years old, a farmer requests you to see a painful wound on his leg. You find an ulcer on the medial side of the leg in the gaiter area. Based on the location can you tell the type of ulcer?

8(iii). Mrs. Madhumita 57 year's old housewife presented with early morning joint stiffness, comes with history of recurrent crops of painful ulcers on the lower legs, with scarring and hyper-pigmentation.

8(iv). Mr. Mohan, 34 years old who has been treated for Hansen's disease, presented with a painless ulcer on the foot. On examining, you find a deep ulcer under the ball of big toe and on the heel with slough.

8(v). Mr. Chinnappa a 27 years old farmer from a village in Tamil Nadu, presented with a history of an insect bite on his right leg over the lateral malleolus 5 weeks back, which gradually evolved into an ulcer. On examination the ulcer is necrotic and foul smelling which has eroded the muscle and the periosteum.

8(vi). Mr. Chandsingh, 55 year old Fireman had sustained a burn injury on his left leg while rescuing a victim during a fire 9 years back. 3 months ago he noticed a nodule on the scar which became hard and developed into a painless ulcer. On examination he has inguinal lymphadenopathy.

9. Theme: Acute Abdomen [Questions 9 (i) to 9 (vi)]

(Total: 6 Marks)

From the options 'A to J' given below, choose the best answers for questions 9(i) to 9(vi)

Options:

- | | |
|------------------------------|-----------------------------|
| A. Rovsing's sign | F. Coffee bean sign |
| B. Kehr's sign | G. Cullen's sign |
| C. Grey turner's sign | H. Obturator sign |
| D. Murphy's sign | I. Kamenchik's sign |
| E. Sentinel loop sign | J. Bird of prey sign |

Questions: Name the sign in the following scenarios.

9(i) 70 year old Mr. Ramsingh presented with complains of severe left lower quadrant abdominal pain with distension and constipation. On examination his vital signs are normal and there is gaseous distension present in the abdomen. What sign will you look for in his X-ray abdomen?

9(ii) 12 year old Nathen presented with complains of severe pain abdomen in the right lower quadrant associated with nausea and vomiting. On examination there is tenderness in the abdomen on hyperextension of the right hip. What is this sign?

9(iii) 35 year old Mr. Santosh presented with complains of severe abdominal pain radiating to back more on lying down and better with sitting up and bending forwards. On examination tenderness elicited with pressure under xiphoid process. What sign is this?

9(iv) What sign will you look for in the X-ray abdomen of Mr. Santosh?

9(v) Mr. Arjun, 25 year old presented with pain abdomen since morning associated with distension and back pain. On examination his pulse is 120/min, BP is 90/50, respiratory rate is

36/min. He has tenderness and rigidity of the abdomen. There is a bluish discoloration of the flanks. What is this sign?

9(vi) 35 year old Mrs. Seetha presented with complains of severe abdominal pain in the epigastrium and hypochondrium radiating to the back and left shoulder. What is the sign that suggest the diagnosis?

10. Theme: Gastrointestinal Bleeding [Questions 10(i) - 10(vi)] (Total: 6 Marks)

From the options 'A to M' given below, choose the best answers for the questions 10(i) – 10(vi)

Options:

- | | |
|------------------------------|---------------------------------------|
| A. Gastric varices | H. Anal fissures |
| B. Ulcerative Colitis | I. Benign or Malignant Tumours |
| C. Diverticulosis | J. Sigmoidoscopy |
| D. Duodenal Ulcers | K. Barium Enema |
| E. Traumatic | L. CT Abdomen |
| F. Haemorrhoids | M. Colonoscopy |
| G. Intestinal polyps | |

Questions: Identify the cause of the GI bleeding in the following scenarios

10(i). 35 year old Mr. Rakesh comes with complaints of epigastric pain, fullness, nausea and one episode of vomiting of coffee ground vomitus. She gives a past history of early morning epigastric pain relieved by food.

10(ii). 49 year old Mr. Sathish presents to your clinic with complaints of intermittent mild, painless bleeding with bright red blood per rectum, over the last 4 months, there is an associated uncomfortable sensation of fullness and incomplete evacuation.

10(iii). 62 years old Mrs. Sumitra, presented with complaints of profuse bleeding per rectum with mild cramps and bloating, with a long term history of constipation. What is the likely diagnosis?

10(iv). What investigation would you do to confirm the diagnosis of Mrs. Sumitra?

10(v). Mr. Kumarasamy 14 year old boy presented with history of fresh bleeding per rectum with diarrhoea and lower abdominal cramps. 3 years ago his elder brother also had similar complaints. What is the most probable diagnosis?

10(vi). How will you confirm Mr. Kumarasamy's diagnosis?

(LM 0218)

M.MED. FAMILY MEDICINE

(Sub: Code: 4022)

FINAL YEAR THEORY EXAM – FEBRUARY 2018
PAPER II–SURGERY AND ALLIED SCIENCES

QP .CODE: 434022

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 Marks**
- Answer **all** the Questions
- The Paper has 2 parts – **Part A & Part B**
- **Part A** will be **Descriptive Type Questions** based on case scenarios **(40 Marks)**
- **Part B** will have Objective type EMQs **Extended Matching Questions** **(60 Marks)**
 - ✓ This will have 10 sets of these questions
 - ✓ Each set will have 6 questions
 - ✓ Each question will carry 1 mark
 - ✓ Each set has a **theme** on the top
 - ✓ In each set there are **some options** given on the top followed by some **questions**
 - ✓ The options are lettered using the English Alphabets A, B, C, D and so on.

Example:

3. THEME – COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine decanoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

- 3(i) What is the drug of choice for Acute Psychosis?
- 3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

❖ Each option may be used more than once. Some options may not be used at all.

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

PART – A

DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. **43 year old Mr. Kumar has come with severe abdominal pain for two days, increasing in intensity since this morning.** (Total 20 Marks)
- A. Describe any 5 clinical signs and their significance in examination of a patient with acute abdominal pain? (5 Marks)
 - B. What are the red flags for referral of a patient with acute abdominal pain? (5 Marks)
 - C. List few extra-abdominal causes of acute abdominal pain. (5 Marks)
 - D. List the clinical features and management of intussusception. (5 Marks)
2. **Mr. Velu sustained a fall after his bike collided with another bike 2 hours ago. He was unconscious for 15 minutes after which he is now drowsy but arousable, gives proper history but has intermittent periods of black-out. He can move all limbs.** (Total 20 Marks)
- A. Define secondary brain injury and list the causes for it. (3 Marks)
 - B. Describe the high-risk factors / red flags for traumatic brain injury. For what red flags will you refer the patient? (7 Marks)
 - C. Enumerate Glasgow Coma Scale (GCS) scoring. (7 Marks)
 - D. Based on GCS how will you classify head injuries? (3 Marks)

PART – B

EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. **Theme: Diminished vision [Questions 1(i) – 1(vi)]** (Total: 6 Marks)
From the options 'A to L' given below, choose the best answer for the questions 1(i) – 1(vi):

Options:

- | | |
|-------------------------|-------------------------|
| A. Vitamin A deficiency | G. Papilloedema |
| B. Uveitis | H. Age related Cataract |
| C. Diabetic Retinopathy | I. Refractive error |
| D. Retinal Detachment | J. Keratitis |
| E. Iridocyclitis | K. Pathological myopia |
| F. Open Angle Glaucoma | L. Amblyopia |

Questions:

1(i). 60 year old Mrs. Jesse has gradual, painless, diminution of vision in both eyes (right more than left) for the past 6 months. Visual acuity is 2/6 in right eye that improves with pinhole and 4/6 in left eye. An opacity is present in the red reflex on doing direct ophthalmoscopy. What does she has?

1(ii). 64 year old Mr. Yoshua presents with sudden painless loss of vision in left eye since yesterday. He is a diabetic on irregular treatment, with Fasting Blood Sugar of 280mg/dl and post-prandial of 420mg/dl. BP is normal, no history of floaters, flashes or veil-like obscurity. What do you suspect?

1(iii). 53 year old Mr. Stephen has painless diminution of vision and had to change his presbyopic glasses thrice in one month also has occasional headache. On fundoscopy, there's optic nerve head cupping, thinned neuro-retinal rim and intra-ocular pressure in right eye is 35mm Hg. What do you think he probably has?

1(iv). 72 year old Mrs. Julia has Hypermature cataract. During surgery lens protein leakage into anterior chamber can cause which complication?

38 year old Mrs. Angel has been using spectacles since childhood. She uses -12 Diopter lenses. She has sudden painless large floaters since last night and a curtain-like obscuring her field of vision, her visual acuity is only finger counting at 1metre.

1(v). What problem did she have since childhood?

1(vi). What do you think has happened now?

2. Theme: Anesthesia for A Family Physician [Questions 2(i) – 2(vi)] (Total: 6 Marks)

From the options 'A to P' given below, choose the best answer for the questions 2(i) – 2(vi):

Options:

- | | |
|--|----------------------------|
| A. Atropine | I. Digital block |
| B. IV sedation | J. Lignocaine 2% |
| C. Propofol, Adrenaline, Diazepam | K. Ketamine |
| D. Respiratory depression | L. Vivid dreams |
| E. Lignocaine + Adrenaline | M. Laryngospasm |
| F. Ketamine, Atropine, Midazolam | N. Wrist block |
| G. Lignocaine 4% eardrops | O. Bupivacaine 0.5% |
| H. Thiopentone, Scoline, Fortwin | P. Adrenaline |

Questions :

Mr. Senthil has a crush injury of left index finger that needs suturing. Bone is normal.

2(i). What anesthesia will you give before suturing?

2(ii). What should you avoid giving?

4year old Rahul was brought with history of inserting a small eraser into his left ear. On otoscopy you can visualize the eraser piece in the external auditory canal close to the exterior. But the child is not lying still for you to remove it with forceps. Child has not eaten anything for more than 4 hours.

2(iii). What type of anesthesia do you plan to give?

2(iv). What anesthetic drugs would you like to give?

2(v). What can happen if you give it rapidly?

2(vi). What life-threatening complication will you be vigilant about?

3. Theme: Gastrointestinal Bleeding [Questions 3(i) – 3(vi)]

(Total: 6 Marks)

From the options 'A to J' given below, choose the best answer for the questions 3(i) – 3(vi):

Options:

- | | |
|---------------------------|------------------------------|
| A. Gastric varices | F. Carcinoma stomach |
| B. Peptic Ulcer | G. Mallory-Weiss tear |
| C. Haemorrhoids | H. CT Abdomen |
| D. Anal fissures | I. Esophageal varices |
| E. Colonoscopy | J. Endoscopic Biopsy |

Questions:

3(i). Mrs. Shanthi, 68 year old, with history of chronic liver disease presents with abdominal distension, anemia and vomiting of blood for 2 days with one episode just now. She had 3 episodes so far, the kidney basin contains fresh blood and clots around 500ml. What could be the probable site of bleed?

Mr. Deva, 58 years with complaints of vomiting for 2 months, recently coffee-colored urine for 1 week, gradually progressive, epigastric pain with radiation to back, anemia with Hb-7g% and malena for 2 weeks. On examination, he has a hard mass in the epigastric region.

3(ii). What do you suspect?

3(iii). What investigation will confirm your diagnosis?

3(iv). Mr. Kumar, 34 years old, consumes alcohol regularly, last binge yesterday, came with history of violent retching and several episodes of vomiting, now has 2 episodes of minimal bleeding in the vomitus. Vitals are stable. What is your probable diagnosis?

3(v). Mr. Jena, 28 year old IT professional, with chronic constipation comes with history of fresh bright red bleeding, minimal amounts after defecation since 4 days with severe pain while defecation. What is your diagnosis?

3(vi). Mrs. Parvathy 25 years old lady comes to you with the history of painless fresh bleeding per rectum for the past 2 weeks. She is also giving the history of constipation. What is your possible diagnosis?

4. Theme: Diagnosis of Throat Problems [Questions 4(i) – 4(vi)]

(Total: 6 Marks)

From the options 'A to P' given below, choose the best answer for the questions 4(i) – 4(vi):

Options:

- | | |
|------------------------------------|-------------------------------------|
| A. Centor Criteria | I. Laryngotracheo-bronchitis |
| B. Drooling, dysphonia | J. Carcinoma larynx |
| C. Quinsy | K. Epiglottitis |
| D. Pharyngeal carcinoma | L. Acute laryngitis |
| E. Esophageal carcinoma | M. Vocal cord nodules |
| F. Sore throat | N. Tonsillitis |
| G. Carcinoma of oral cavity | O. Candidiasis |
| H. Hypothyroidism | P. Achalasia cardia |

Questions:

4(i). Modified Centor criteria is a clinical decision tool for management of which problem?

4(ii). Mr. Soman has come with increasing difficulty in swallowing, trismus and throat pain since two days, progressively worsening type. Tonsillar tissue is displaced medially by the peritonsillar swelling.

4(iii). Mr. Michael 76 year old, comes with dysphagia, food getting stuck in food-pipe, more for solids, needs to be pushed down by chest thumping or massage. He has retrosternal discomfort increasing for the past 2 months. He has lost considerable weight.

4(iv). A 43 year old lorry driver with history of promiscuous behaviour comes with dysphagia, weight loss and curdy, white adherent patches of oral cavity with halitosis.

4(v). 7 year old Reema has hoarseness of voice since three days, increased in one day, fever, cough for 1 day, complains of throat pain, inability to swallow, has drooling of saliva. What do you suspect?

4(vi). 75year old Mr. Danny has painful swallowing for 2 months which is worsening with hoarseness of voice for 3 weeks and pain in left ear for ten days. There is no ear discharge, tympanum and mastoid are normal, no fever. From this triad what should you rule out?

5. Theme: Neck Swellings [Questions 5 (i) – 5 (vi)]

(Total: 6 Marks)

From options ‘A to M’ given below, choose the best answer for questions 5(i) – 5(vi):

Options:

- A. Hashimoto’s Thyroiditis
- B. Thyroglossal cyst
- C. Congenital Goitre
- D. Cystic hygroma
- E. Cervical rib
- F. Posterior cervical nodes
- G. Graves’ disease

- H. Branchial cyst
- I. Parotid swelling
- J. Submandibular duct calculus
- K. Multi-nodular goiter
- L. Solitary thyroid nodule
- M. Lymphoma

Questions: What is the likely diagnosis in the following patients?

5(i). 4 month old Gokul is brought to you with a large, diffuse swelling on right side of neck, present since birth. His mother had to undergo Caesarean section due to anticipated difficult head delivery. The swelling is trans illuminant and painless.

5(ii). 28 year old Mrs. Meera has left sided neck pain, numbness and paresthesias of upper limb radiating from shoulder till tip of fingers. Adson’s test is positive and you can feel a bony swelling in the neck.

5(iii). 34 year old Mr. Paresh has a painless, slow growing swelling below the right angle of mandible for 3 months. Intra-orally there is no saliva on that side from the duct on compression..

5(iv). 5 year old Jyothi has a midline swelling in front of neck below the chin, for past 2 years, variable size, moves up when child puts out the tongue.

5(v). 44 year old Mr. Jituku has multiple swellings on right side of neck below angle of mandible, and in posterior triangle. Rubbery, non-matted, painless, variable sizes, with rapid increase in size in one month. Also has intense pruritus and fever at nights.

5(vi). 28 year old Mrs. Mongli comes to you with the swelling in front of her neck which is uniform, and she also has pre tibial edema and eye signs.

6. Theme: Common Orthopedic Problems [Questions 6(i) – 6(vi)] (Total: 6 Marks)

From the options ‘A to P’ given below, choose the best answer for the questions 6(i) – 6(vi):

Options:

- | | |
|---|--------------------------------------|
| A. Femoral neck fracture | I. Epiphyseal plate fractures |
| B. Paralysis of limb | J. Adhesive capsulitis |
| C. Rotator Cuff tear | K. Pelvis fracture |
| D. Ruptured tendo-achilles | L. Achilles tendonitis |
| E. Shoulder impingement syndrome | M. Fat embolism |
| F. Classic metaphyseal lesions | N. Volkmann’s contracture |
| G. Avulsion fracture | O. Greenstick fracture |
| H. Fracture fixation | P. Meniscal tear |

Questions: What is your likely diagnosis in the following scenarios?

6(i). 8 year old Suma is brought with painful swelling of joints following trivial trauma, no history of accident or vehicular injury. You suspect chronic abuse of the child. What feature on X-ray is high in specificity for skeletal trauma due to abuse?

6(ii). 57 year old Giridar on treatment for Ischemic heart disease and dyslipidemia has come with right shoulder pain and stiffness since 3 months, on conservative measures. No history of trauma, no muscle wasting. There is decreased range of movements in all directions, pain on lying on that side.

6(iii). Mrs. Prema 48 years old is on self-medication for joint pains for the past 12 years. She has Cushingoid facies, papery thin skin, obesity, and developed Diabetes 3 years ago. She comes with right heel pain for the past 5 days, has weak plantar flexion and is unable to tiptoe.

6(iv). Ms. Riya, 28 year old, receptionist has left heel pain, aggravated on passive stretching with swelling, Haglund’s deformity present. She is a constant high heels user.

6(v). 65 year old Mrs. Rajiv brought to you with the history of fall at home and sustained injury. On examination her right lower limb was shortened and externally rotated with painful limited hip movements. What do you suspect?

6(vi). 18 year old Sudhakar while playing football, had knee injury. He has pain, swelling, and effusion in the knee joint. McMurray’s & Apley’s grinding test positive.

7. Theme: Inguino-scrotal Swellings [Questions 7(i) – 7(vi)] (Total: 6 Marks)

From the options ‘A to N’ given below, choose the best answers for questions 7(i) - 7(vi):

Options:

- | | |
|----------------------------------|------------------------------|
| A. Inguinal hernia | H. Cryptorchidism |
| B. Femoral hernia | I. Varicocele |
| C. Inguinal lymphadenitis | J. Testicular torsion |
| D. Epididymo-orchitis | K. Testicular tumor |
| E. Hydrocele | L. Umbilical hernia |
| F. Epigastric hernia | M. Incisional hernia |
| G. Saphena varix | N. Cold abscess |

Questions: What is your diagnosis in the following scenarios based on the history?

7(i). 5 year old Amir is brought by his father saying he has fever and a painful swelling in the right groin since 3 days. The child also has multiple skin lesions on both feet.

7(ii). 3 year old Jay is brought by his mother with the complaint that left side testis is not in the scrotum since birth. There is a small swelling in the left groin

7(iii). 65 year old Pattammal comes with vomiting, abdominal pain, obstipation for 2 days. She has a swelling that is reddish, tender and irreducible arising from below the right inguinal ligament and lateral to the pubic tubercle. It was asymptomatic for 8 months till 2 days ago

7(iv). 22 year old Gaja comes with sudden onset of pain in the right testis with abdominal pain and vomiting, with no history of trauma, urine micro is normal. What do you suspect?

7(v). 36 year old Shakti comes for infertility workup. On examination you find that just above his left testis you palpate a 'bag of worms' on standing posture. What could it be?

7(vi). 28 year old Murugan, comes with bilateral testicular swelling with pain for 3 days, low grade fever, dysuria, pus cells in urine micro present. He also gives the history of having multiple partners.

8. Theme: Leg Ulcers [Questions 8(i) – 8(vi)]

(Total: 6 Marks)

From options 'A to J' given below, choose the best answers for the questions 8(i) – 8(vi):

Options:

A. Venous ulcer

B. Tuberculous ulcer

C. Marjolin's ulcer

D. Trophic ulcer

E. Mixed ulcer

F. Arterial ulcer

G. Vasculitic ulcer

H. Radiation ulcer

I. Traumatic ulcer

J. Tropical ulcer

Questions: What is your diagnosis in the following scenarios based on the history?

8(i). Mrs. Paro has a 4x4cm sized ulcer in the left leg with proliferative margin which is increasing in size within one month. She gives a history of burns 12 years ago which then became a contracture scar on which the ulcer is now developing.

8(ii). Mrs. Parvathy, an agricultural laborer, has come with an acutely painful ulcer with thickened, and raised edges. Over a month it has grown rapidly that now bone, muscle and tendon lie exposed. A bloody discharge covers the grey slough on its floor, skin around is dark and swollen in its base. Ulcer has not yet healed though it's a month now.

8(iii). 43 years old Mr. Siddhu, a smoker, with extremely painful ulcer with punched out edges, cold, hairless limbs, feeble peripheral pulses, rest pain and intermittent claudication.

8(iv). Mr. Marimuthu, 54 years old, presents with an ulcer on the sole of the foot. On examining, you find a deep ulcer under the ball of big toe with slough. He feels no sensation on his feet since he had a skin disease 20 years ago.

8(v). 49 years old Mr. Thomas, a bus conductor, with ulcer on the medial side of lower leg with slopping edges, brownish pigmentation of the surrounding skin and varicosities

8(vi). Mrs. Manoo, 25 yrs, has presented with multiple painful ulcers on both feet. She is also having features of rheumatoid arthritis.

9. Theme: Diagnosis of Red Eye [Questions 9(i) – 9(vi)]

(Total: 6 Marks)

From the options 'A to P' given below, choose the best answer for the questions 9(i) – 9(vi):

Options:

- | | |
|-----------------------------------|--|
| A. Seborrhoeic blepharitis | I. Acute bacterial conjunctivitis |
| B. Scleritis | J. Uveitis |
| C. Inflamed Pinguecula | K. Episcleritis |
| D. Viral conjunctivitis | L. Pterygium |
| E. Ulcerative blepharitis | M. Vernal keratoconjunctivitis |
| F. Keratitis | N. Hordeolum internum |
| G. Endophthalmitis | O. Corneal ulcer |
| H. Hordeolum externum | P. Acute Glaucoma |

Questions: What is your diagnosis in the following scenarios based on the history?

9(i). 15 year old Vinaya comes with history of red eyes for 2 days. She has gritty sensation, irritation, watery discharge, conjunctival congestion, cornea is clear, pupil is reacting normally.

9(ii). Nomitha, a 7 year old girl is brought to you by her mother with history of a red swelling in the left eye for the past one week. She has associated pain, irritation and photophobia. On examination the patient has a raised vascular nodule at the temporal limbus of the left eye. This is her third episode in the last three months. What could be the possible diagnosis?

9(iii). 50 year old Mrs. Kanaka has come with sudden onset of severe photophobia, head ache, pain and diminished vision. There is ciliary congestion, corneal edema, shallow anterior chamber and a non-reactive mid-dilated pupil.

9(iv). A 35 year old farmer, Mr. Ajay comes with history of injury to right eye with a tree branch 2 days ago. He has severe pain, photophobia, ciliary congestion, haziness of cornea, diminished vision.

9(v). 16 year old Freddy comes with chronic bilateral, recurrent episodes of severe itching of eyes, redness, ropy discharge, more in summer months. His mother is an asthmatic. The upper palpebral conjunctiva has multiple papillae. There is also a broad, gelatinous opacification of the superior limbus.

9(vi). 13 year old Valsan, is brought to you with matting of eye lashes on waking in the morning with mucopurulent discharge, gritty sensation, irritation and mild pain. He has diffuse conjunctival congestion with papillary reaction, chemosis and eyelid edema. Many of his classmates also have similar features.

10. Theme: BLS and ACLS [Questions 10(i) – 10 (vi)]

(Total: 6 Marks)

From the options 'A to O' given below, choose the best answer for the questions 10(i)–

10(vi):

Options:

- | | |
|------------------------------------|----------------------------------|
| A. Resume CPR immediately | E. 15 : 2 for one cycle |
| B. Check ECG rhythm | F. Prepare for intubation |
| C. Immediate defibrillation | G. Check for pulse |
| D. 5cm depth ; 100/min | H. 5cm depth; 150 / min |

- I. Check for response
- J. 10 cm depth; 150 / min
- K. 30 : 2 for one cycle
- L. 30 : 2 for two cycles

- M. Full cycle CPR, then intubate
- N. Give one shock and Resume CPR immediately
- O. Start chest compressions

Questions:

A 63 year old lady comes to casualty with complaint of giddiness and chest pain. She suddenly collapses and the staff calls you.

- 10(i). What will you do first?
- 10(ii). If patient is unresponsive, not breathing and you can't feel a pulse what will you do?
- 10(iii). What is good quality CPR in terms of depth and rate of compressions?
- 10(iv). What ratio will you follow for CPR?

By now the defibrillator arrives.

- 10(v). If there is a shockable rhythm what will you do?
- 10(vi). If there is a non-shockable rhythm what will you do?

(LO 0219)

M.MED. FAMILY MEDICINE

(Sub: Code: 4022)

FINAL YEAR THEORY EXAM - FEBRUARY 2019

PAPER II–SURGERY AND ALLIED SCIENCES

QP .CODE: 434022

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper is for a total of **100 Marks**.
- All questions are mandatory. **Answer ALL** the questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** has **Descriptive Type Questions (40 Marks)**.
 - There are **2** questions in this part.
- **Part B** has Objective type **Extended Matching Questions- EMQs (60 Marks)**.
 - There are **10** sets of these questions.
 - Each set has **6** questions.
 - Each question carries 1 mark.
 - The **theme** of each set is mentioned at the beginning.
 - In each set there are **options** followed by some **questions**.
 - The options are lettered using the English Alphabets A, B, C, D and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [Questions 3(i) – 3(vi)] (Total: 6 marks)

From options ‘A to I’ given below, choose the best answer for the questions 3(i) –3(vi):

Options:

- | | |
|-------------------------------|-------------------------------|
| A. Inj. Haloperidol | E. Tab. Diazepam |
| B. Amitriptyline + counseling | F. Tab. Lithium |
| C. Tab. Chlorpromazine | G. Inj. Fluphenazine deconate |
| D. Tab. Trihexyphenidyl | |

Questions: What is your treatment option in the following scenarios?

3(i). Mr. P feels sad all the time and he has lost interest in meeting with friends...

3(ii). Mr. A has a fluctuating mood. Sometimes he is very enthusiastic and sometimes he is ...

- Match each question to a **single best option** and write it in your answer paper like this:

- Each option may be used more than once. Some options may not be used at all.

3(i)	B
3(ii)	C
3(iii)	B
3(iv)	D
3(v)	A
3(vi)	G

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. 62 year old Mr. Johnson has come with complaints of diminished vision in both eyes. He says he can see better with his left eye. He is accompanied by his 9 year old granddaughter Rachel. (Total 20 Marks)

- A. What questions would you like to ask him and what is the significance of each question? (6 Marks)**
- B. What medical history would you like to elicit from him? (2 Marks)**
- C. Mr. Johnson was evaluated and newly diagnosed with diabetes mellitus. What advice would you give regarding an ophthalmic checkup? (2 Marks)**
- D. As a family physician how can you help in the prevention of blindness? (6 Marks)**

Rachel frequently complains of headache and diminished vision for the past 6 months and her academic performance in school has become worse. Mr. Johnson wants to know if it has to do with her eyes.

- E. What is the commonest cause for Rachel's problem and what advice will you give Mr. Johnson? (4 Marks)**

2. 55 year old Mrs. Annie has come with a history of a reeling sensation with nausea and one episode of vomiting. She has come walking on her own. During the episode she found everything was rotating and it started in the morning after getting out of the bed suddenly. This lasted for 20-30 seconds. She says she had a similar episode when she was cleaning the upper shelf in the kitchen the previous day. There is no history suggestive of headache, diabetes, cardiac or neurological disease. She gives no history of stress. On examination, her vital signs are normal. Romberg test is negative.

(Total 20 Marks)

- A. What are the causes for dizziness? (4 Marks)**
- B. With the given history what would be the probable diagnosis? Justify it. (2 Marks)**
- C. What will you look for in general examination of the patient with dizziness? (3 Marks)**
- D. How will you confirm the diagnosis? Elaborate. (5 Marks)**
- E. How will you treat her? Elaborate. (6 Marks)**

PART – B

EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. Theme: Diagnosis of Eye problems [Questions 1(i) – 1(vi)] (Total: 6 Marks)

From the options ‘A to L’ given below, choose the best answer for questions 1(i) – (vi):

Options:

- | | |
|------------------------------|--------------------------|
| A. Iritis | G. Vernal conjunctivitis |
| B. Bacterial conjunctivitis | H. Acute glaucoma |
| C. Scleritis | I. Episcleritis |
| D. Viral keratitis | J. Ultraviolet Keratitis |
| E. Hyperacute conjunctivitis | K. Fungal Keratitis |
| F. Viral conjunctivitis | L. Bacterial keratitis |

Questions: What is possible diagnosis in the following scenarios?

1(i). 42 year old Mr. Jeevan has come with history of injury to right eye with a twig 2 days ago. He has severe pain, photophobia, ciliary congestion, haziness of cornea, diminished vision. Corneal examination shows satellite lesions.

1(ii). 12 year old Basil has chronic, bilateral, recurrent itching of eyes, with ropy eye discharge, especially in summer. His elder sister is an asthmatic. On examination, multiple papillae in the upper palpebral conjunctiva and broad, gelatinous opacification of the superior limbus are observed.

1(iii). 58 year old Mr. Alnawar has come with photophobia and throbbing pain in the right eye. On examination, there is ciliary congestion, and the pupil is constricted and irregular. He is on treatment for inflammatory bowel disease.

1(iv). 56 year old Mrs. Munni has come with sudden onset of severe photophobia, headache, pain and diminished vision in the left eye. On examination, there is ciliary congestion, corneal edema, shallow anterior chamber and non-reactive mid-dilated pupil.

1(v). Mr. Aasif has come with photophobia, pain and blepharospasm. He works as an arc welder and does not use protective glasses during the work.

1(vi). Mr. Irani comes with the complaints of deep seated pain in the eyes, radiating to forehead, brow and jaw. The pain is made worse with eye movements and eye palpation.

2. Theme: Acute Abdomen [Questions 2(i) – 2(vi)] (Total: 6 Marks)

From options ‘A to J’ given below, choose the best answer for questions 2(i) – 2(vi):

Options:

- | | |
|-----------------------|-----------------------|
| A. Murphy’s sign | F. Kamenchik’s sign |
| B. Grey turner’s sign | G. Coffee bean sign |
| C. Rovsing’s sign | H. Obturator sign |
| D. Kehr’s sign | I. Bird of prey sign |
| E. Cullen’s sign | J. Sentinel loop sign |

Questions: Name the sign in the following scenarios.

2(i). 31 year old Mr. Aakash presents with pain abdomen since morning associated with distension and back pain. On examination his pulse is 120/minute, BP is 90/50 mm of Hg, respiratory rate is 36/minute. There is bluish discoloration of the flanks and the abdomen is tender and rigid.

2(ii). 28 year old Mrs. Meher presents with severe abdominal pain in the epigastrium and hypochondrium radiating to the back and left shoulder.

2(iii). 76 year old Mr. Joshua comes with severe left lower quadrant abdominal pain with distension and constipation. On examination his vital signs are normal and there is gaseous distension present in the abdomen. You are suspecting volvulus. What sign will you look for in his X-ray abdomen?

2(iv). 14 year old Mohit presents with severe pain abdomen in the right lower quadrant associated with nausea and vomiting. On examination, there is tenderness in the abdomen on hyperextension of the right hip.

2(v). 29 year old Mr. Jagadish presents with severe abdominal pain radiating to back more on lying down and better with sitting up and bending forwards. On examination tenderness is elicited with pressure under xiphoid process.

2(vi). What sign will you look for in the X-ray abdomen of Mr. Jagadish?

3. Theme: Ear, Nose and Throat problems [Questions 3(i) – 3(vi)] (Total: 6 Marks)

From options 'A to K' given below, choose the best answer for the questions 3(i) – 3(vi):

Options:

- | | |
|--|----------------------------------|
| A. Acute suppurative otitis media | G. Furuncle |
| B. Otomycosis | H. Glue ear |
| C. Impacted ear wax | I. Cholesteatoma |
| D. Mastoiditis | J. CSOM Tubotympanic type |
| E. Diffuse otitis externa | K. Myringitis bullosa |
| F. CSOM Atticoantral type | |

Questions: What is possible diagnosis in the following scenarios?

3(i). Mrs. Janaki brings her 9 year old son Rahul, with complaints of severe pain in the ear since 2 days which is aggravated on eating. On examination there is scanty ear discharge with ear canal edema and erythema. Tragus sign is positive.

3(ii). 3 year old Rakhi is brought by her parents with complaints of fever, irritability, occasional cough and continuous cry for the past 1 day. On examination, the child is febrile and not crying now. There is mucopurulent discharge from the left ear. Tragus sign is negative.

3(iii). 11 year old Baldev is brought by his mother. She wants to know whether her son is losing his hearing because he is not answering her most of the time and his academic performance is also deteriorating for the past 2 months. On examination he has scanty, watery foul smelling discharge from both ears and perforations in pars flaccida.

3(iv). 22 year old Ms. Shania complains of discomfort with severe itching in the right ear for the past 8 days. She says it all started after she began her swimming classes. On examination there is watery discharge and the debris inside ear canal looks like wet filter paper.

3(v). 8 year old Puneet is brought with complaints of ear pain, feeling of fullness, tinnitus, mild hearing impairment and frequent falls. On examination there is impaired mobility of the ear drum and air fluid level behind the tympanic membrane

3(vi). 14 year old Malini brought by her mother with complaints of hearing loss, ear pain, blocked ear sensation and tinnitus. Her mother says she used to be a good student, but now not doing so well in academics.

4. Theme: Basic life support [Questions 4(i) – 4 (vi)]

(Total: 6 Marks)

From options ‘A to K’ given below, choose the best answer for the questions 4(i) – 4(vi):

Options:

- | | |
|--|---|
| A. Shout for help. | G. Assess the response. |
| B. Look for definite radial pulse for 20 seconds. | H. Give 1 breath every 5 to 6 seconds and recheck pulse every 2 minutes. |
| C. Quickly remove the patient from the place of danger. | I. Give 2 breaths every 30 second without compression and recheck pulse every 2 minutes. |
| D. Begin cycles of 30 compressions and 2 breaths. | J. Make him sit down reclined at 45 degrees. |
| E. Place the patient in recovery position and monitor. | K. Look for definite carotid pulse within 10 seconds. |
| F. Begin cycles of 30 compressions and 1 breath. | |

Questions: What is the action needed?

You are travelling in a train. The train has halted in the station. A man got into your compartment and sat in the seat next to you. He was sweating and seemed uncomfortable. Within a few seconds you see him slump down and fall on the floor.

4(i). According to AHA guidelines, what will you do first?

4(ii). Once you have done that, what will you do next?

4(iii). What is the third step you will take?

4(iv). If the patient is breathing and the pulse is well palpable, what will you do?

4(v). If there is a definite pulse, and if the patient is not breathing, what will you do?

4(vi). If the pulse and respiration are absent, what will you do?

5. Theme: Head injury [Questions 5(i) – 5(vi)]

(Total:6 Marks)

From options ‘A to I’ given below, choose the best answer for questions 5(i) – 5(vi):

Options:

- | | |
|-------------------------------------|---|
| A. Acute extradural hematoma | F. Chronic extradural hematoma |
| B. Acute subdural hematoma | G. Inadequate cerebral perfusion |
| C. Chronic subdural hematoma | H. Traumatic optic nerve injury |
| D. Horner’s syndrome | I. Pontine injury |
| E. Transtentorial herniation | |

Questions: What is your clinical diagnosis?

5(i). 52 year old Mr. Abdul Haq was hit by a drunk driver from behind when he was riding his bicycle. While examining him, you found that he is unconscious with decerebrate rigidity and irregular breathing. His both pupils are pin point and constricted.

5(ii). 45 year old Mrs. Chaitanya sustained a head injury 8 hours back. On investigating her, CT scan shows a hypodense area which is convex towards the brain.

5(iii). 68 year old Mrs. Ambika has come to you with 9 days history of headache, confusion and some gait disturbance. She is not a known diabetic or a hypertensive. On examination, she has some weakness of the left lower limb and her right pupil is dilated. There is no history of head injury except the fact that 3 weeks ago she had bumped her head into a wall in the darkness during a power cut.

5(iv). 78 year old Mr. Balram brought to your clinic with a history of fall while going for a morning walk and was found unconscious by another person. After several minutes his wife reached and found him sitting dazed. She says that he was confused for about 10 minutes and then was his normal self again. However, after about 4 hours, he began to feel drowsy and confused again. His GCS at present is 12.

5(v). 29 year old Mr. Ayush was hit by a lorry while coming back from a nearby saloon without wearing a helmet. He was brought to the casualty in a comatose condition. Examination shows unilateral dilated pupil that does not respond to either direct or consensual stimulation.

5(vi). 20 year old college student Mr. John is brought to the hospital after a road traffic accident. While examining him, you found that one of his pupils does not constrict when light is directed at it but constricts when light is directed into the contralateral pupil.

6. Theme: Common Orthopedic problems [Questions [6(i) – 6 (vi)] (Total: 6 Marks)

From options ‘A to K’ given below, choose the best answer for the questions 6(i) – 6(vi):

Options:

- | | |
|------------------------------------|-----------------------------------|
| A. Gout | G. Hammer toe |
| B. Rotator cuff tendinitis | H. Plantar fasciitis |
| C. Morton’s Neuroma | I. Subacromial bursitis |
| D. Cervical spondylosis | J. Rotator cuff tear |
| E. Thoracic outlet syndrome | K. Retrocalcaneal bursitis |
| F. Periarthritis shoulder | |

Questions: What is the most likely diagnosis in the following scenarios??

6(i). 43 year old Mr. Soman, a fabrication supervisor presents with neck pain radiating along the shoulder, arm and hand. He has difficulty while working when he has to monitor the manoeuvring of materials by overhead cranes. On examination Adson’s sign is negative.

6(ii). 41 year old Mrs. Aleena, an IT professional presents with pain in the left heel, which is more pronounced when she takes a step after a prolonged period of sitting in front of her desktop, since past 3 weeks. On examination the pain is exacerbated by passive dorsiflexion of the toes.

6(iii). Mr. Michael, a 37 year old musician presents with neck pain, numbness and feeling of 'pins and needles' along right arm, hand, ring and little fingers when he writes on the board while taking the lessons. On examination, Adson's sign is positive

6(iv). Mr. Jagan, a 49 year old soldier comes to you with a history of sharp pain in left forefoot radiating to the toes exacerbated by walking and standing. It is relieved by rest or removing his shoes. On examination there is tenderness in the third interdigital space.

6(v). Mr. Hussain a 47 year old artist has pain in the right shoulder aggravated by overhead motions of the arm while painting on the canvas on board and pain when sleeping on the affected side.

6(vi). Mrs. Neelam, a 36 year old clerk has pain right shoulder for the last 3 months, which started while getting a suitcase down from the rack above her seat. Now due to stiffness she finds it difficult to take out and put back files from upper racks in her office.

7. Theme: investigation in neck swellings [Questions 7 (i) –7 (vi)] (Total: 6 Marks)

From options 'A to I' given below, choose the best answer for questions 7(i) – 7(vi):

Options:

- | | |
|--|--|
| A. Lymphocytosis and abnormal lymphocytes with large nuclei | F. Chorionic villous biopsy |
| B. Reed Sternberg cells | G. High ESR |
| C. Urate crystals in the aspirate | H. Cholesterol crystals in the aspirate |
| D. TSH | I. Antinuclear antibody |
| E. Antenatal USG | |

Question: What is the important investigation that will help you diagnose/differentiate the following conditions?

7(i). 21 year old Mr. Noel noticed a swelling on his neck 1 month ago. On examination, the swelling is at the junction of upper third and lower two third of the sternomastoid muscle, around 2 inches, smooth, mobile and fluctuant.

7(ii). 14 year old Sheena was brought by her mother with a neck swelling. On examination, the swelling moves with swallowing but not with protrusion of tongue.

7(iii). Mrs. Rani has come with a painful thyroid swelling which she noticed two days ago.

7(iv). 22 year old Mr. Monish has a swelling in the neck with complaints fever, night sweats, pruritus and weight loss for the past 2 weeks. On examination the swelling is non-tender and rubbery.

7(v). 27 year old Lakshmi, an unbooked primi had to undergo emergency caesarian section because of obstructed labour. Examination of the newborn baby showed a large swelling in the posterior triangle on the left side. This investigation could have identified the condition early.

7(vi). 20 year old Mr. Joshi presents with complains of tiredness, swelling in both sides of the neck associated with fever and sore throat. On examination there are enlarged tonsils with exudate.

8. Theme: Leg Ulcers [(Questions [8 (i) – 8 (vi)]

(Total: 6 Marks)

From the options 'A to I' given below, choose the best answer for questions 8 (i) – 8 (vi):

Options:

- | | |
|-------------------------|---------------------|
| A. Perforating ulcers. | F. Trophic ulcer |
| B. Malignant ulcer | G. Vasculitic ulcer |
| C. Lipodermatosclerosis | H. Pregangrene |
| D. Arterial ulcer | I. Tropical ulcer |
| E. Venous ulcer | |

Question: : Identify the condition in the following scenarios.

8(i). 39 year old Mr. Raghuram has a painful ulcer on his lower leg above the medial malleoli. On examination there is shallow irregular ulcer with pigmentation and hardening of the surrounding skin.

8(ii). 41 year old Mr. Zakir has multiple ulcers with punched-out appearance both feet, shin, and around the malleoli. The surrounding skin is cold and atrophic and there is loss of hair. On elevation of leg, there is pain and limb becomes blanched.

8(iii). Mr. Hari has come with complaints of ulcer right feet for the past 2 months. The ulcer is a fungating, Proliferative mass with everted edges. The right inguinal nodes are enlarged and non tender.

8(iv). 31 year old Mrs. Pichamma from a remote village in Tamil Nadu has a necrotic and foul smelling ulcer with erosion of muscle and periosteum. The ulcer started with the history of insect bite on dorsum of her right foot 7 weeks back.

8(v). 55 year old Mrs. Gupta a housewife presented with history of recurrent crops of painful ulcers on the lower legs, with petechiae, scarring and hyperpigmentation. She gives history of fatigue, malar rash, joint pains for which she was evaluated and diagnosed as SLE.

8(vi). 52 year old Mr. Jacob a diabetic presented with complains of an ulcer in the plantar aspect of the 3rd metatarsal head. On examination there is a non-tender, deep punched out ulcer with slough.

9. Theme: Inguinoscrotal Swellings [Questions [9 (i) –9(vi)]

(Total: 6 Marks)

From options 'A to L' given below, choose the best answer for the questions 9(i) – 9(vi):

Options:

- | | |
|-----------------------------------|-----------------------------|
| A. Epididymo-orchitis | G. Indirect Inguinal hernia |
| B. Tuberculous Epididymo-orchitis | H. Direct inguinal hernia |
| C. Torsion of testes | I. Femoral hernia |
| D. Testicular tumors | J. Undescended testes |
| E. Varicocele | K. Saphena varix |
| F. Hydrocele | L. Cyst of epididymis |

Questions: What is your diagnosis in the following scenarios?

9(i). 32 year old Mr. Vasudevan has come for evaluation of infertility. On examination, his scrotum feels like a bag of worms and there is no tenderness.

9(ii). 19 year old Dhruv is brought to the casualty with complaints of sudden onset of severe pain in the groin and scrotum. On examination, the epididymis and testes cannot be palpated separately. There is no relief of pain on gentle scrotal elevation.

9(iii). 29 year old Mr. Mohan has scrotal pain and swelling associated with dysuria and frequency of urine. On examination there is tenderness and some relief of pain on elevation of the testes.

9(iv). 65 year old Mr. Noel has a right groin swelling which he noticed before 3 months. The swelling becomes pronounced on standing and disappears rapidly when lying down. On examination there is no tenderness and cough impulse is present.

9(v). 31 year old Mr. Mahesh has a right groin swelling for the past 2 months. Swelling appears on standing and on little manipulation it is reduced. On examination there is no tenderness and cough impulse is present.

9(vi). 42 year old Mr. Ramsingh presents with complaints of scrotal swelling since 6 months. On examination there is no tenderness. The vas deferens is enlarged and beaded.

10. Theme: Gastrointestinal Bleeding [Questions [10 (i) –10 (vi)] (Total: 6 Marks)

From options ‘A to J’ given below, choose the best answer for questions 10(i) – 10(vi):

Options:

- | | |
|--|--|
| A. WASH Regimen | F. Proton pump inhibitors |
| B. Injection of Botulinum toxin | G. Referral for surgical management |
| C. Application of local antibiotics | H. Reassurance |
| D. Propranolol | I. Terlipressin |
| E. High fiber diet | J. Nitroglycerine drip |

Questions: Choose the best treatment option for the GI bleeding in the following scenarios.

10(i). 35 year old Mr. Naushad was diagnosed with cirrhosis of the liver and portal hypertension. He was managed in your hospital and now is being discharged. What is the drug you will prescribe for prophylaxis of variceal bleeding?

10(ii). 26 year old Regina had severe rhinitis. She had epistaxis for several days which stopped after treatment. After three days of this, she had an episode of vomiting with coffee ground material.

10(iii). 32 year old Mr. Ganesh has haemorrhoids which prolapses on straining and need manual reduction. There is occasional bleeding PR and faecal soiling.

10(iv). 36 year old Mr. Yousuf presented with complaints of one episode of hematemesis following severe retching and vomiting after a late night alcohol party.

10(v). 35 year old Rash Pal has portal hypertension and is admitted with acute variceal bleeding. What is the medical treatment for him before referral?

10(vi). 24 year old Miss Nancy presented with complains of rectal bleeding - bright red streaks on stools associated with anal pain and spasm during bowel movements since 2 days.
