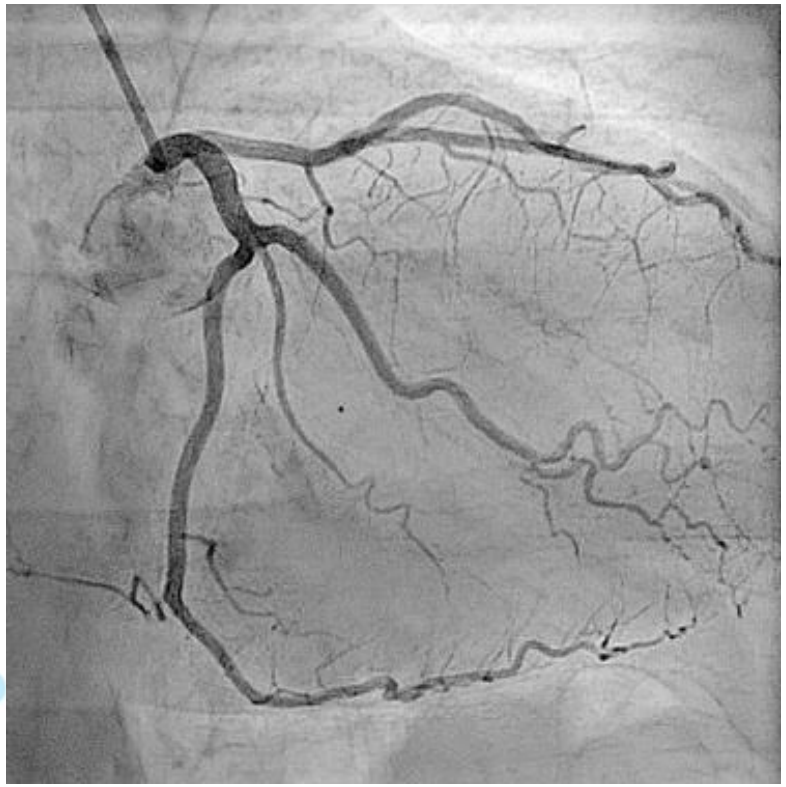
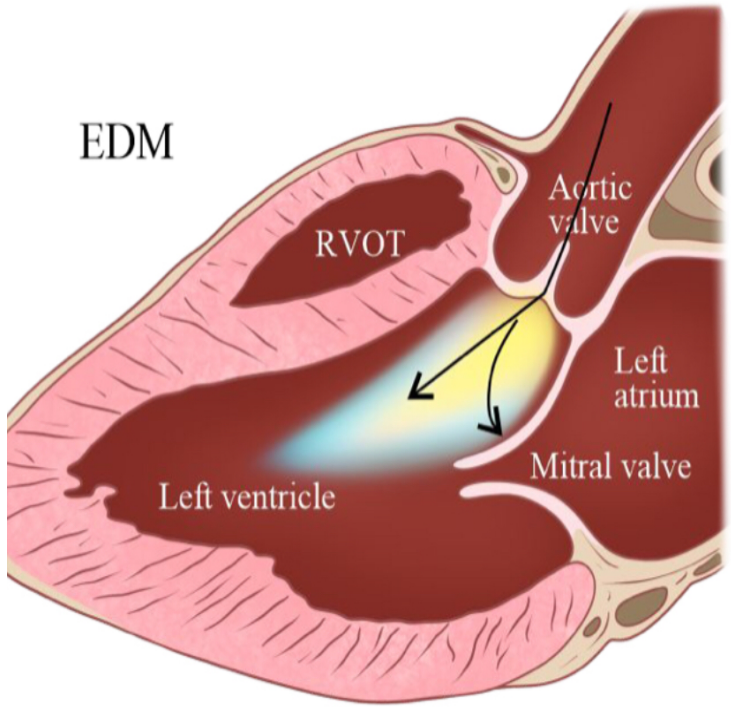
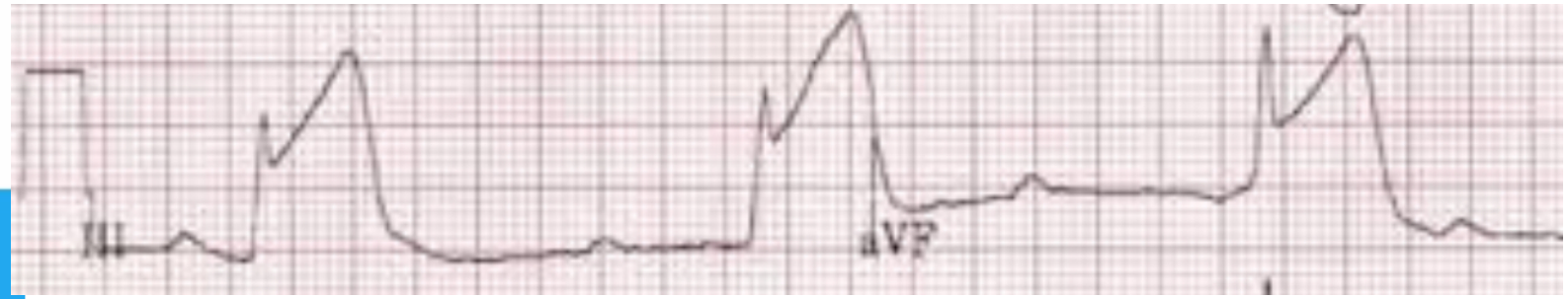






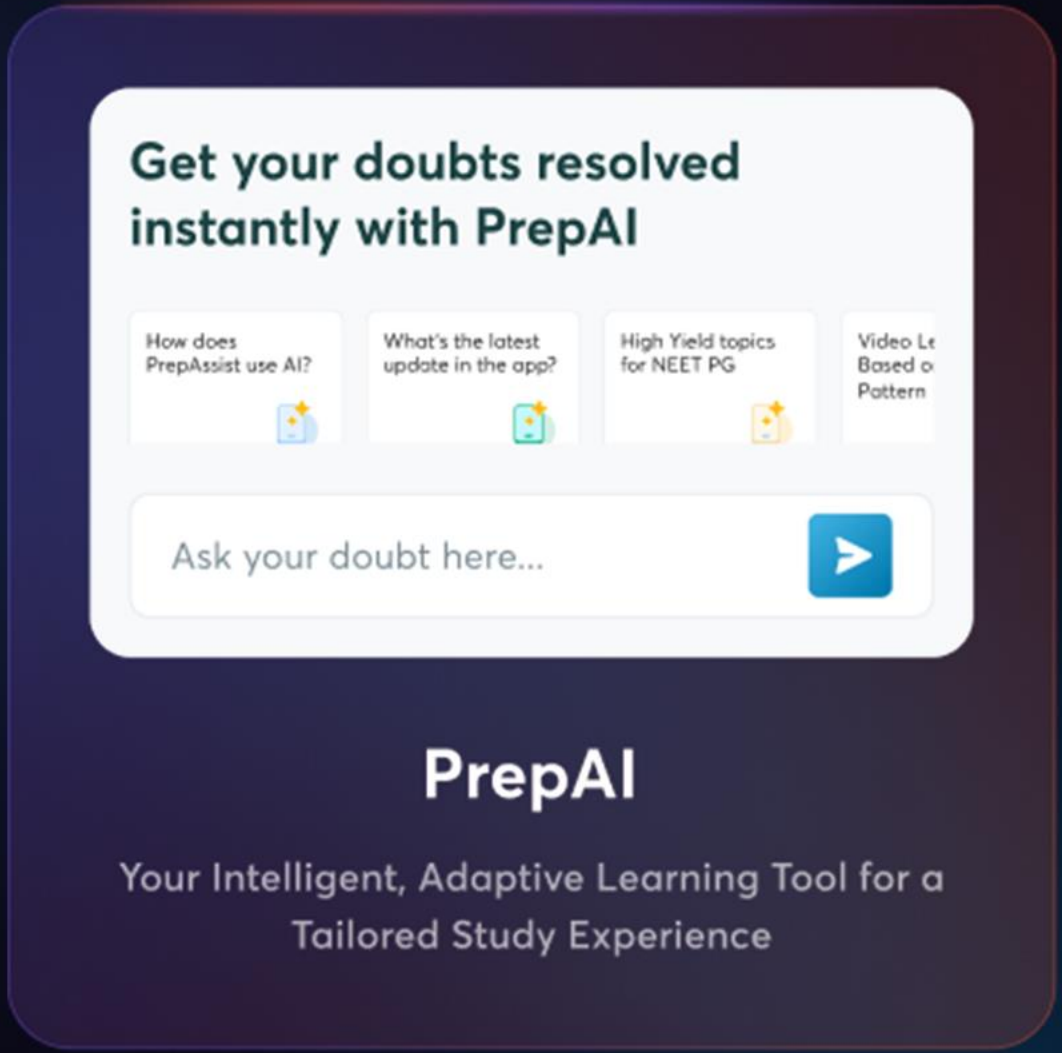
LAST RESORT REVISION : GENERAL MEDICINE

PART 1

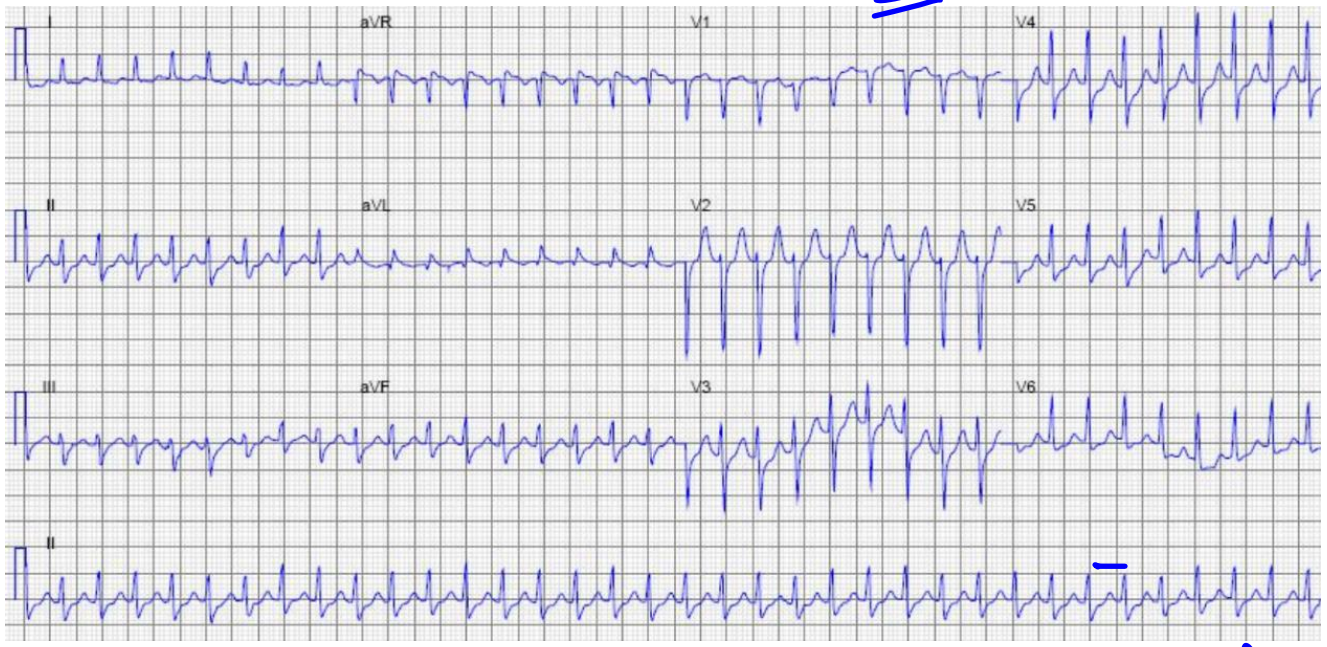
Prep AI

02 **Instant 24×7 doubt resolution** through AI.

02 Trained on content from **PrepLadder**, so it is uniquely capable of handling any and all doubts.

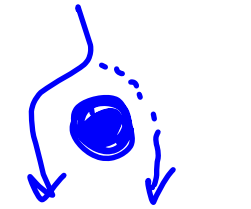


1. Young female comes with complaints of recurrent episodes of palpitations and syncopal events. ECG was done. Which of the following is treatment of choice for this patient to prevent recurrence of these episodes?



PSVT

HR = 200/min



CIRCUS MOVT

ACUTE episode

a. IV adenosine 6 mg followed by saline push
b. IV Verapamil
c. Perform catheter ablation
d. Put defibrillator paddles and perform synchronized cardioversion

ACUTE episode

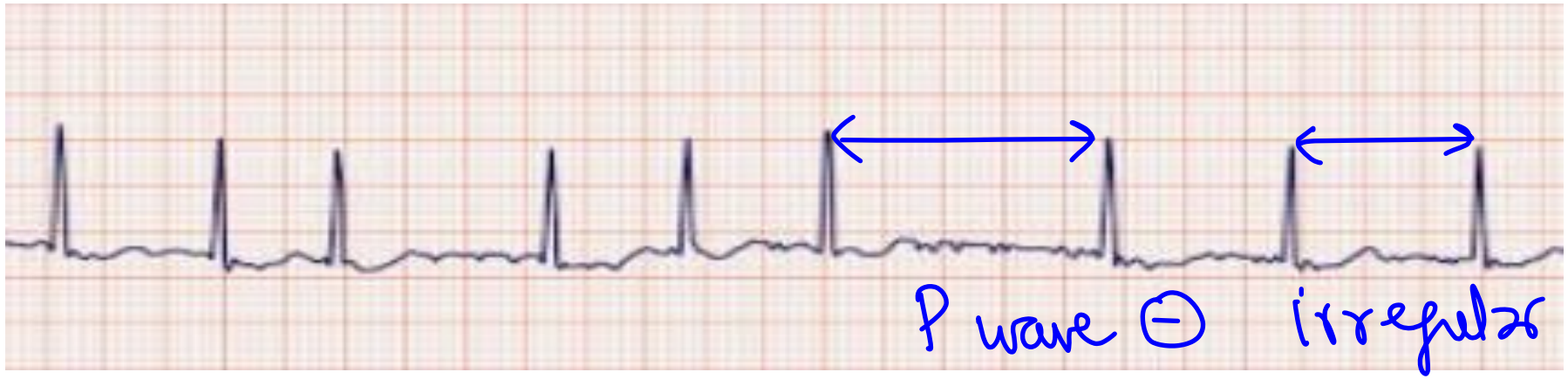
Arrythmia	Interventions
PSVT with SBP > 90 mm Hg	ADENOSINE → fails → SYN. DC SHOCK
PSVT with hemodynamic compromise = SBP < 90	
Ventricular Tachycardia with structural heart disease = SBP > 90 = I.C.M	Amiodarone
Ventricular tachycardia without structural heart disease =	Metoprolol
Multifocal atrial tachycardia ~~~ COPD	>3P wave morphology VERAPAMIL
WPW acute episode	Bundle of KENT 1° Procainamide Flecainide

CSM →

1° PSVT
Cath ablation
Verapamil

PVT → defibrillN

2. 70-year-old patient presents with palpitations and shortness of breath. On examination JVP is elevated, bilateral crepitations are heard with S3 gallop rhythm. ECG was done. Which of the following will be used for management of this patient?

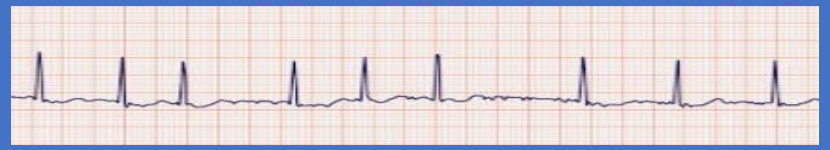


A-FiB + acute HF

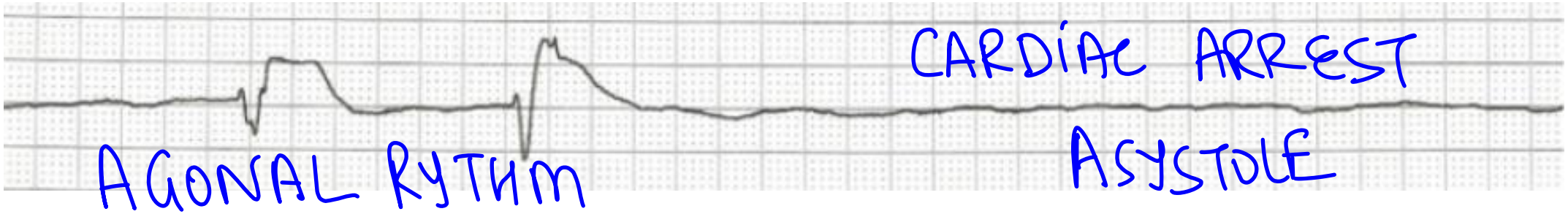
a. Digoxin ✓
b. Esmolol
c. Amiodarone for enabling rhythm control
d. Urgent direct cardioversion

R → A → C → E

↳ RISK OF EMBOLIC STROKE ↑

Atrial Fibrillation 	
Rate control	ESMOLOL
Rate control in Acute HF	DIGOXIN
Rate control in asthma / COPD	VERAPAMIL
Rhythm control	AMIODARONE
Acute onset atrial fibrillation < 48 HOURS	SYN. DC SHOCK
Persistent atrial fibrillation with LAA clots NVAF VAF (MS)	Rivoroxaban WARFARIN

3. Patient admitted with diagnosis of STEMI develops crashing of BP and becomes pulseless. His ECG is shown below. Which of the following is the next best step in management of this patient?



a. Attach defibrillator paddles and deliver synchronized DC shock
b. Attach defibrillator paddles and deliver NON synchronized DC shock
c. Secure IV access and give amiodarone 300 mg diluted in 5% Dextrose
d. Secure IV access and give epinephrine 1 mg diluted to 1:10,000

VFIB

PVT

1

DEFIBRILLATOR

CPR @ 30:2
IV/IO

2

DEFIBRILLATOR

CPR @ 30:2
iv Epinephrine, E.T

3

DEFIBRILLATOR

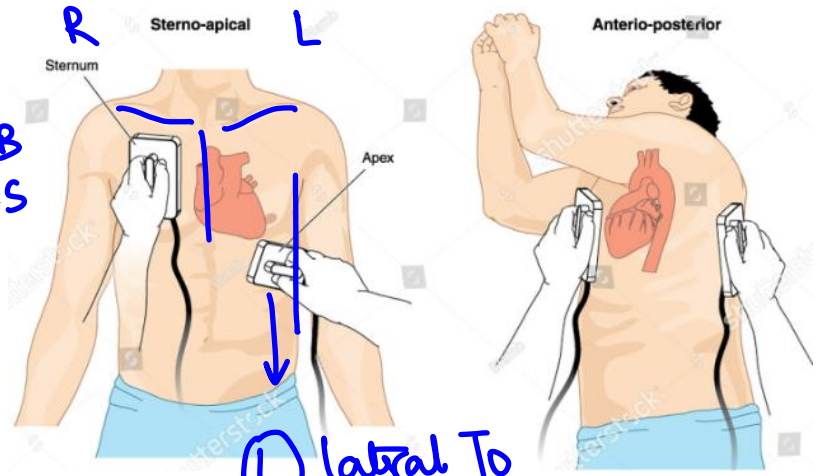
CPR @ 30:2
iv amiodarone | lidocaine

* IO access
JAMSHIDI needle
TIBIAL TUBEROSITY

Post MI
VT
AMIODARONE
lignocaine

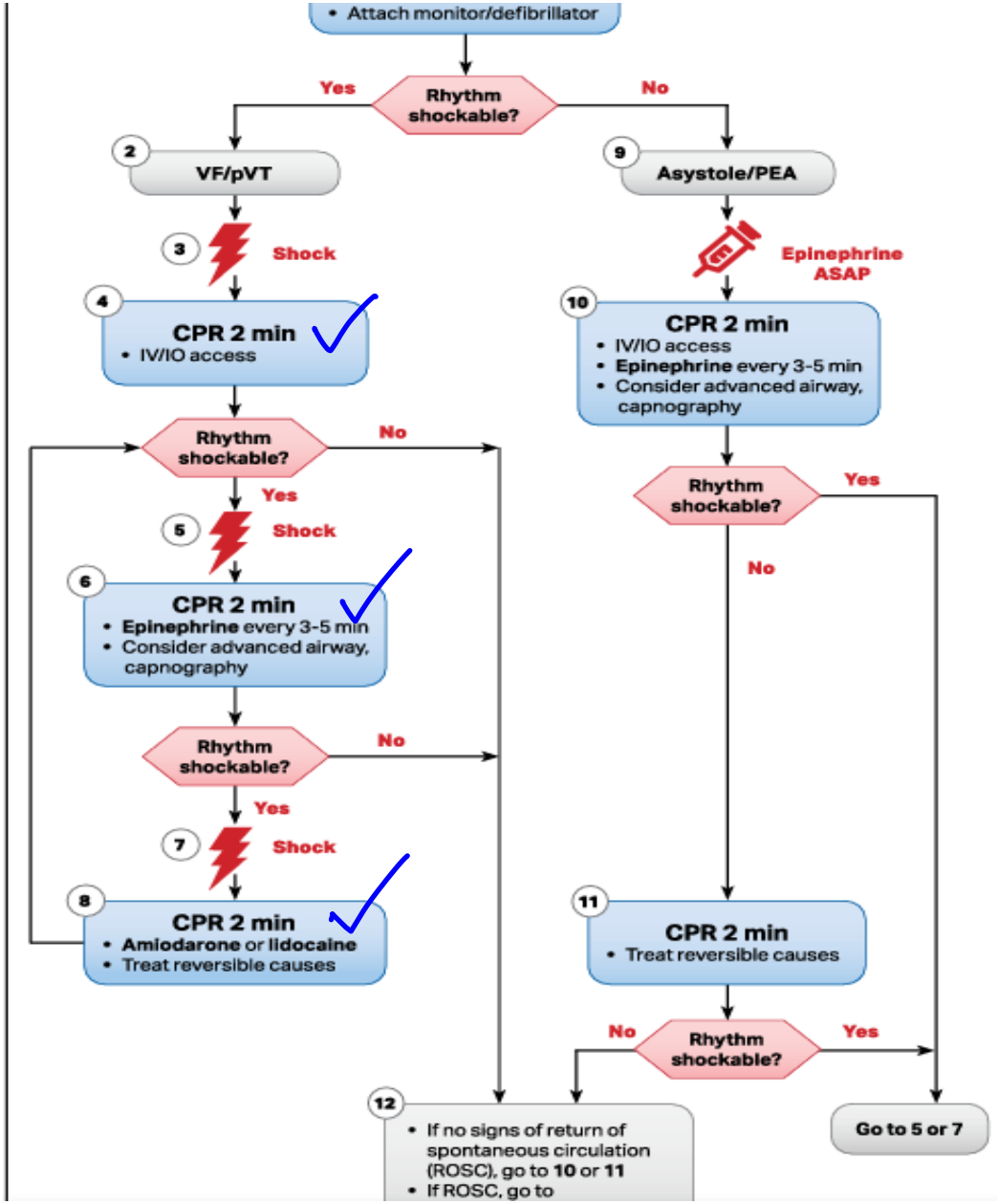
SHOCKABLE RYTHM

V. bigeminy
lignocaine



RUSB 2ICS

(L) lateral To nipple 5-6 ICS middle: MAL



[5 cm]) and fast (100–120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Change compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ratio.
- Quantitative waveform capnography
  - If $PETCO_2$ is low or decreasing, reassess CPR quality.

Shock Energy for Defibrillation

- **Biphasic:** Manufacturer recommendation (eg, initial dose of 120–200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered.
- **Monophasic:** 360 J

Drug Therapy

- **Epinephrine IV/IO dose:** 1 mg every 3–5 minutes
- **Amiodarone IV/IO dose:** First dose: 300 mg bolus. Second dose: 150 mg. or **Lidocaine IV/IO dose:** First dose: 1–1.5 mg/kg. Second dose: 0.5–0.75 mg/kg.

Advanced Airway

- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions

Return of Spontaneous Circulation (ROSC)

- Pulse and blood pressure
- Abrupt sustained increase in $PETCO_2$ (typically ≥40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

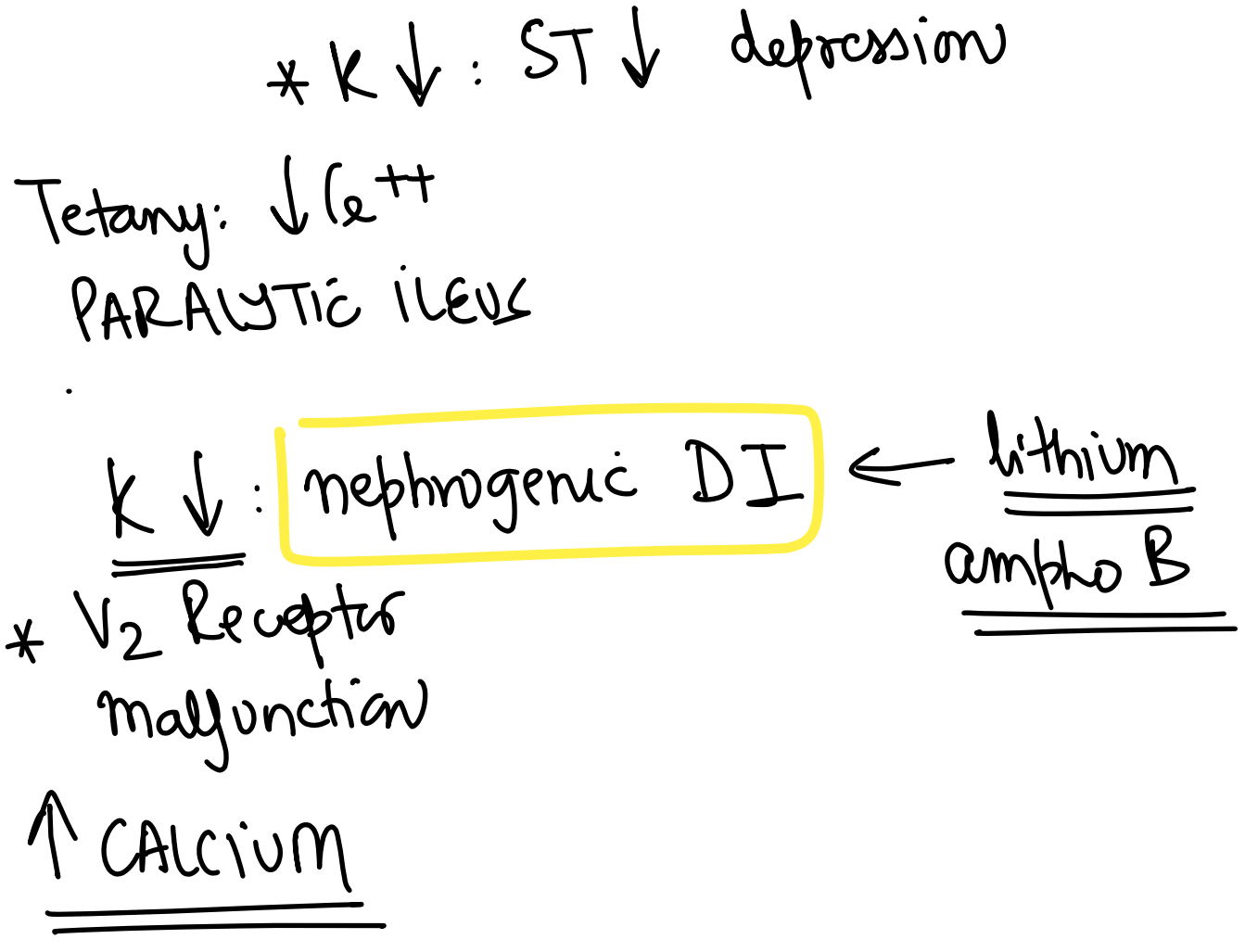
Reversible Causes

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary

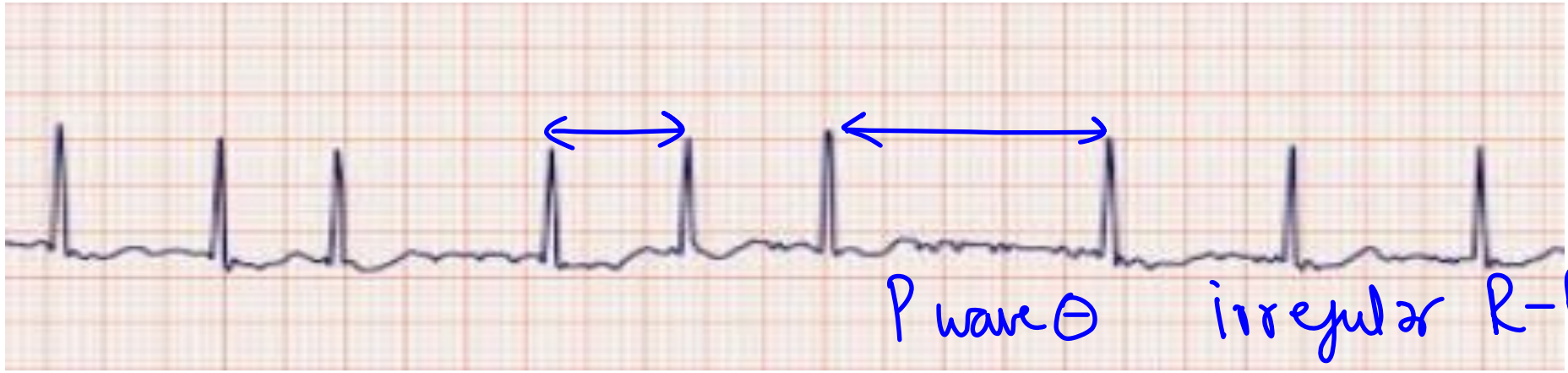
4. Hypokalemia leads to

a. Polyuria
b. ST segment elevation
c. Carpopedal spasm
d. Increased gut motility

1. a
2. a,b
3. a,c
4. a,c,d



5. A patient with a history of hypertension presents with shortness of breath and palpitations. Which physical finding is expected in this patient?



irregularly irregular pulse

a. Fast pulse with irregular rhythm and prominent a waves
b. Fast pulse with regular rhythm with absent a waves
c. Fast pulse with irregular rhythm and absent a waves
d. False pulse with regular rhythm and prominent a waves

6. 30-year-old HIV positive patient presents with unexplained weight loss and night sweats with coughing. He sells chickens for living. CT chest shows cavity in both lung apices. PPD test is negative. CBNAAT sputum is negative. Sputum sample shows 2-4 um ovoid yeast forms. Which of the following tests will confirm diagnosis in this case?

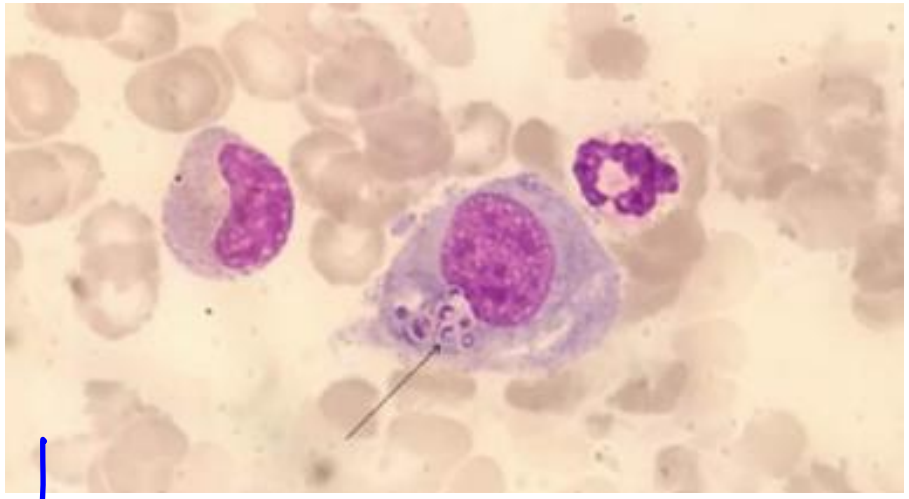
Mx: false ⊖: HIV ⊕

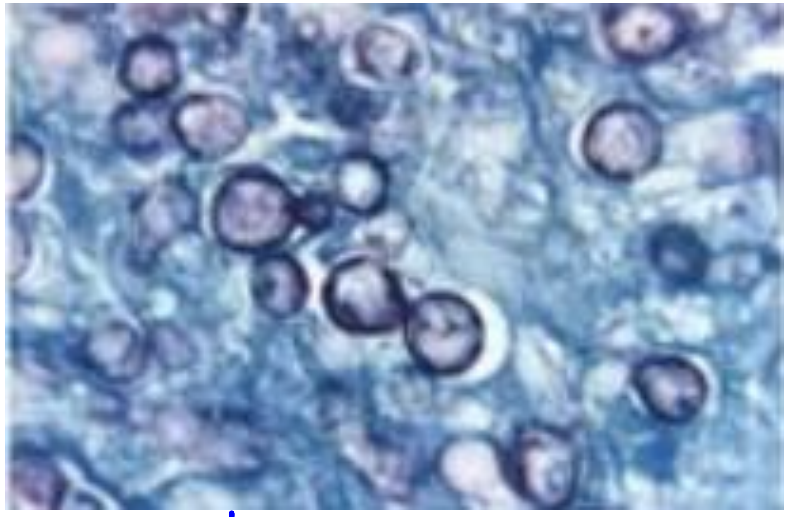
a. Urine histoplasma ✓
b. India ink stain sputum ✗
c. Galactomannan ASPERGILLUS
d. Beta 1,3 glucan test ✓

1. a
2. a, b
3. a, c
4. a, d

I.F.I
Candida
Aspergilus
P. JIROVECI
HISTOPLASMA

✗ MUCOR





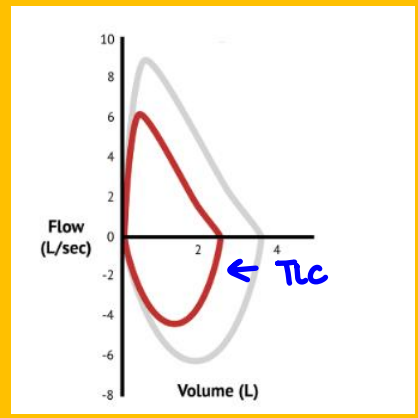
The fungus grows in soil that has a lot of bird droppings or bat guano. It's common in areas such as old chicken houses, caves, and around starling and blackbird roosts.

*B.M.A Sample

*BAL Sample

7. Smoker presents with complaints of breathing difficulty and exercise intolerance. Pulmonary function testing results are shown below.

	Pre-bronchodilator	Post bronchodilator
FEV1	60%	65%
FEV1/FVC ratio	0.9 | 0·7	0.9 | 0·7



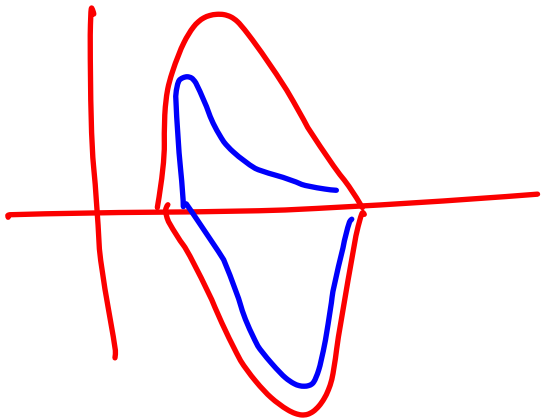
Comment on the diagnosis

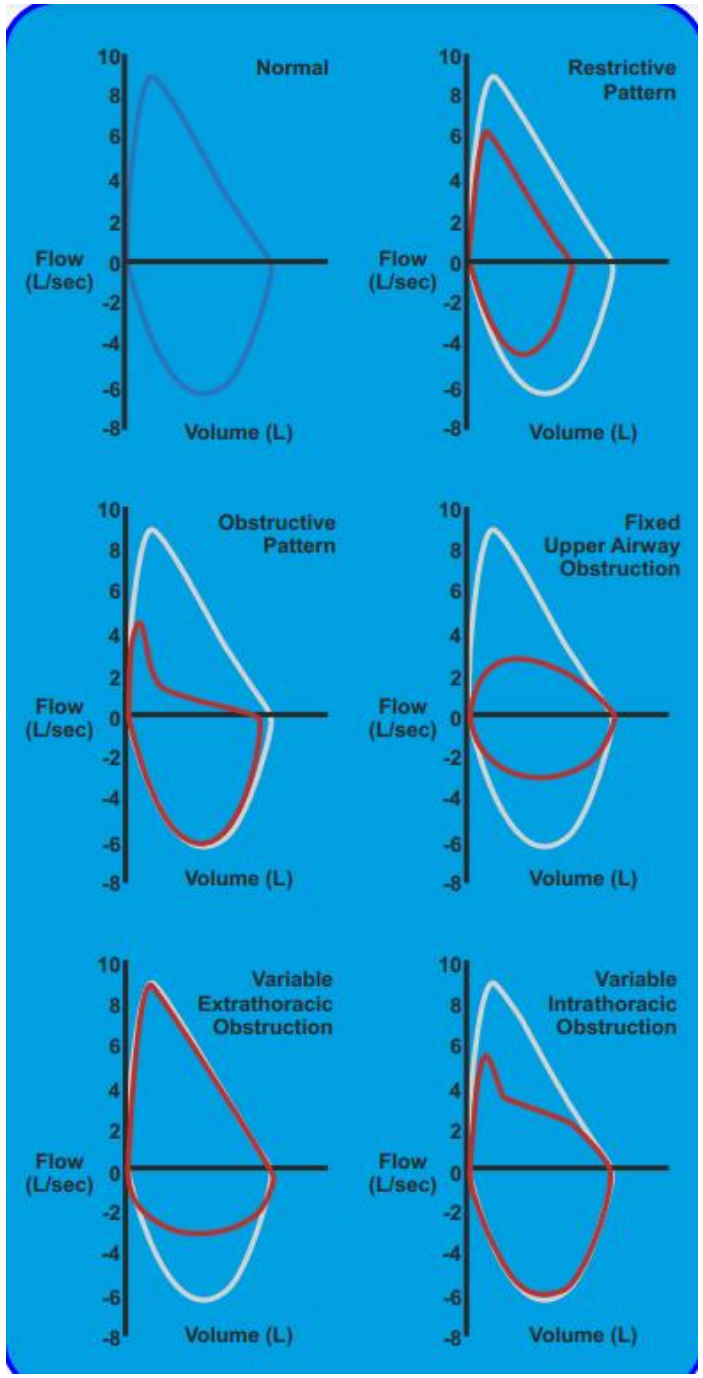
a. Centriacinar emphysema
b. Asthma
c. Desquamative interstitial pneumonitis
d. Pan-acinar emphysema

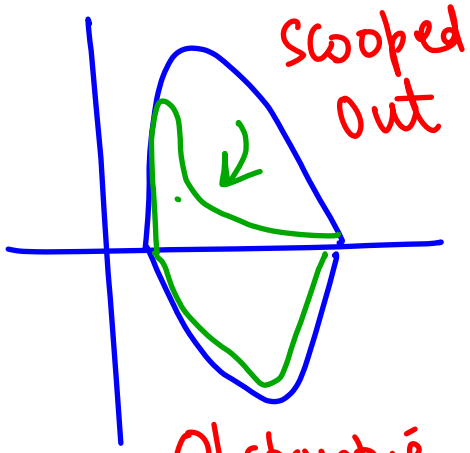
FEV1/FVC

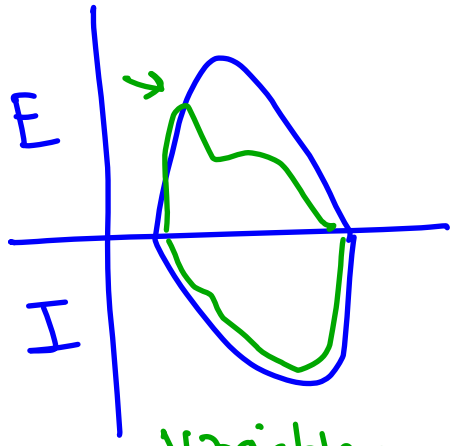
Obstn < 0·7

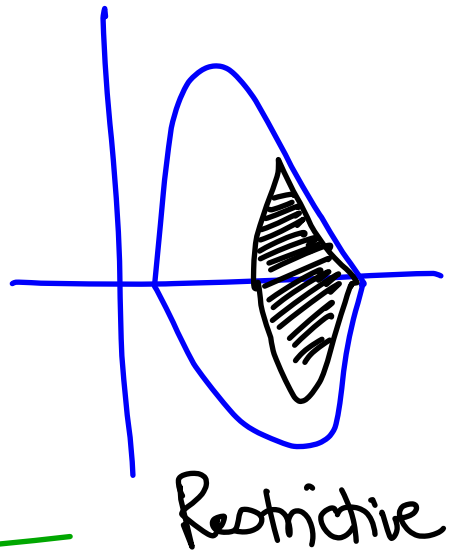
Restrictive > 0·8

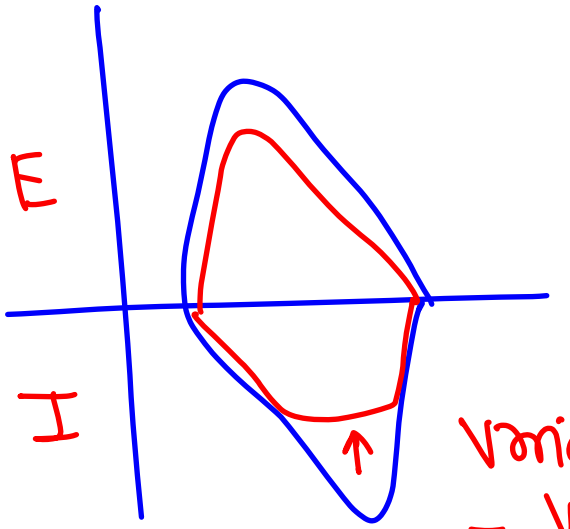








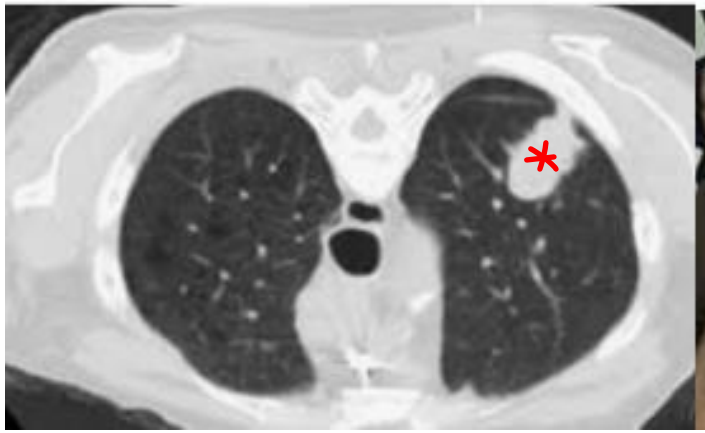




Variable Extra Thoracic obs
- Vocal cord paralysis

8. Chronic smoker presents with hemoptysis and lesions on hands and abdomen. CT Chest is shown. Mid night salivary cortisol levels are elevated and Cushing syndrome was diagnosed. Which of the following is the cause of this presentation?

Hyperpigmen N



a. Pituitary adenoma
b. Carcinoid tumor
c. Non-small cell lung cancer
d. Adrenal Adenoma

ECTOPIC ACTH production

1. CARCINOID TUMOR =>
2. SMALL CELL CA lung

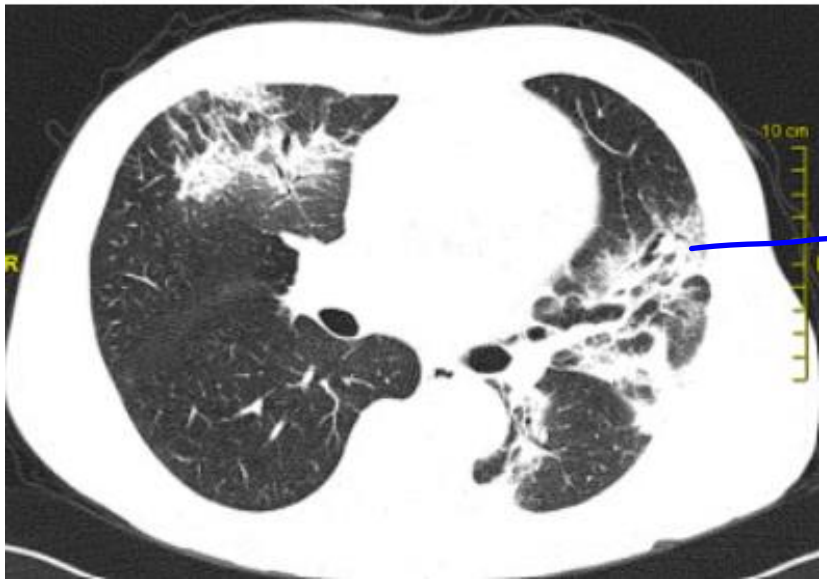
* PANCREATIC NEUROENDOCRINE TUMOR

9. Young woman developed PNET and underwent surgery with chemotherapy. She currently has shortness of breath and spirometry shows FEV/FVC ratio of 0.8. CT chest is shown below. Which of the following drugs is responsible for this presentation?

a. Bleomycin
b. Everolimus
c. Carboplatin
d. Cisplatin

↓ BM #

↓ # Kidney



PULM FIBROSIS

FEV1 / FVC : 0.8

↳ Normal

ABVD ⇒ HL

↳ Ce Testis

Drug-induced interstitial lung disease (DIILD) is a form of interstitial lung disease resulting from exposure to drugs causing inflammation and possibly interstitial fibrosis. Antineoplastic drugs are the primary cause of DIILD, accounting for 23%-51% of cases, with bleomycin, everolimus, erlotinib, trastuzumab-deruxtecan and immune checkpoint inhibitors being the most common causative agents. DIILD can be difficult to identify and manage, and there are currently no specific guidelines on the diagnosis and treatment of DIILD caused by anticancer drugs.

AMIODARONE

* Concomitant Skin Pigmentation

10. 70-year-old man is having light headedness and presyncope after passing blood in stool. He did not have any vomiting. He is on metformin, low dose aspirin and ramipril. BP on admission is 70/50 mm Hg and pulse is 120/min with spO2 on room air 90%. He is given 2L saline on admission. What is next step in management?

a. UGI endoscopy ✓
b. Colonoscopy ✗
c. Nasogastric lavage ✗
d. Angiography ✗

1. a ✓
2. a, b
3. a, c
4. a, b, c, d

LGi Bleeding

HEMATOCHEZIA

* EROSIVE GASTRITIS

* LGi Bleeding + BP↓ = UGIE

SKIRROW, MULLER HINTON

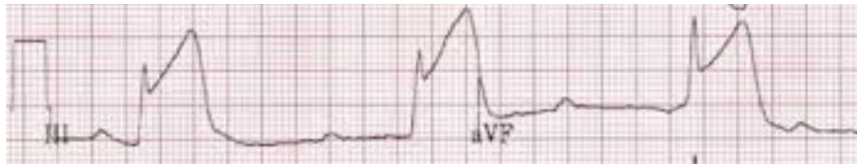
11. 30-year-old woman presents with 3 days history of abdominal pain and diarrhea. Today she is having blood in stool. Her symptoms started after eating chicken at dinner party. Other people who ate the same food are having same symptoms. Her vitals are stable and physical examination reveals slight periumbilical tenderness. Which organism is responsible?

a. Clostridium difficile : PMC: Post Antibiotic diarrhea
b. Campylobacter
c. Vibrio cholerae : RICE WATER STOOL
d. E. Coli 0157: H7

FOOD POISONING
dysentry.

↳ EHEC: Shiga Toxin: H.U.S
↳ * ANAEMIA, SCHISTOCYTES: HELMET cells : P. Smear
* RENAL FAILURE: URAEMIA

Child
dysentry



12. 60-year-old man develops chest pain with diaphoresis for 6 hours. ECG is shown below. He is thrombolysed with alteplase within 30 minutes of admission. During monitoring of patient, you notice his BP is 80/60 mm Hg with bilateral crepitations and urine output is 60ml in previous 6 hours. Which parameter will explain this derangement?

a. PAOP ✓
b. MVO2 : affected in all shock
c. Filtration fraction : kidney
d. Peripheral vascular resistance

(N) 0.5 = 1ml/kg/hr
60kg = 60ml/hr

STEMI : Cardiogenic shock

LVF
↓
PCWP ↑
PAOP ↑

* BP ↓
* pulm oedema

PUMP FAILURE

* OLIGURIA

13. Which of the following causes SIADH?

a. Amphotericin B : K↓ : NDI
b. Legionnaire disease
c. Sjogren syndrome
d. Lithium : NDI

Legionelle pneumophile → DAMAGE KIDNEY TUBULES: V_2 # : DI

SIADH : CNS INF^N : CEREBRAL Toxoplasme
lung → carcinoid TUMOR, oat cell Ca
Legionelle pneumophile

* amphoB, lithium

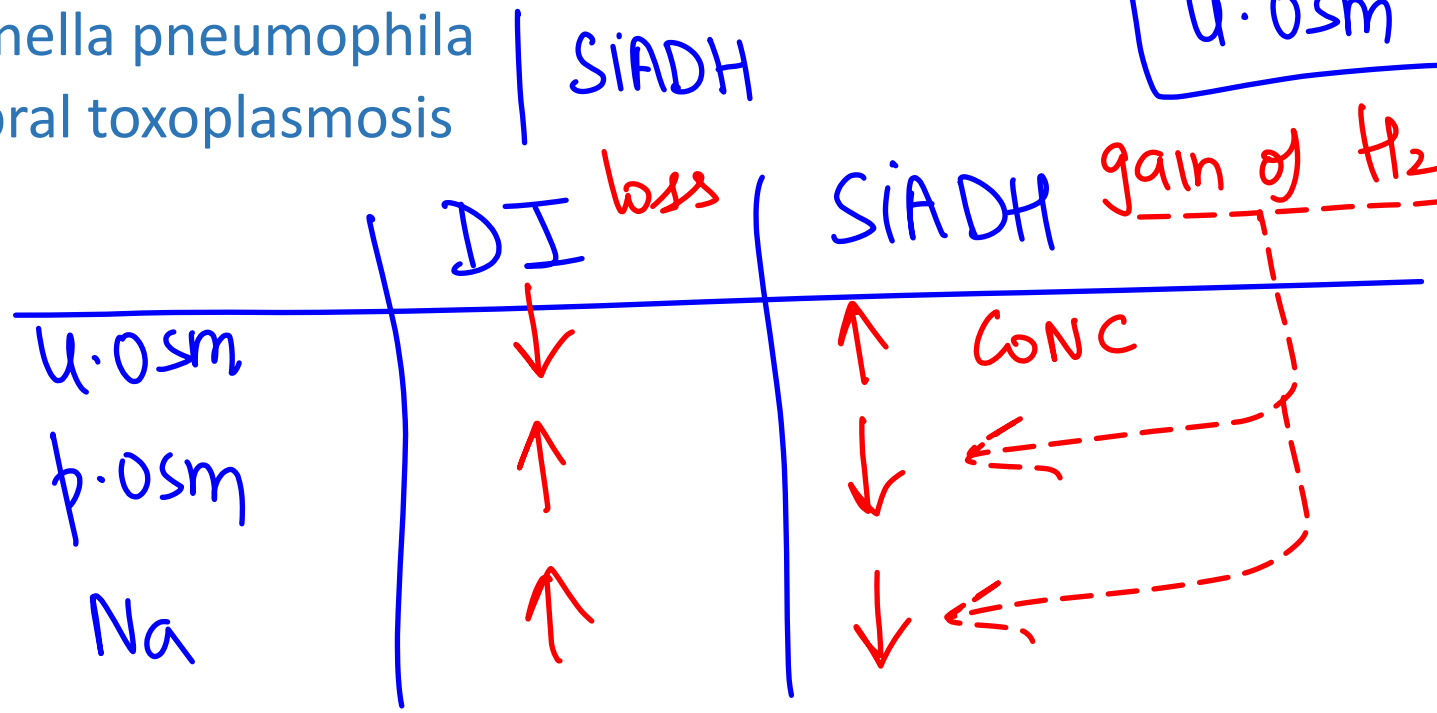
14. Which of the following causes Nephrogenic diabetes insipidus?

* ↓K, ↑Ca, SJOGREN
NDI

a. Hypercalcemia ✓
b. Hypocalcemia
c. Legionella pneumophila
d. Cerebral toxoplasmosis

U·osm ∝ 1/posm

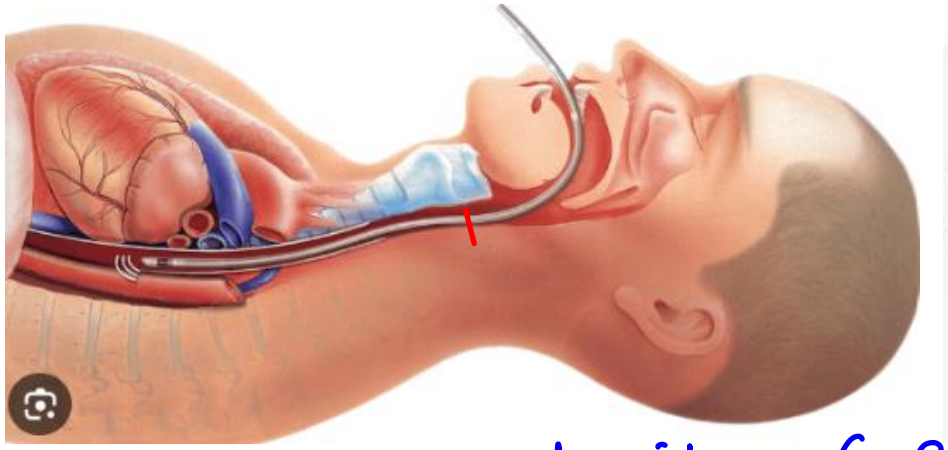
ADH



< 35°C : CORE TEMP

15. For hypothermia esophageal temperature probe is positioned ___ cm from incisors

a. 15
b. 25
c. 40
d. 50



PULM A : Ideal site CORE Temp

LOWER ESOPHAGUS : preffered site

RECTUM

Inline warmer: WARM SALINE IV

Rx: Cardiopulm bypass machine, Peritoneal dialysis

* ALTEPLASE + HEPARIN

IMMOBILIZATION

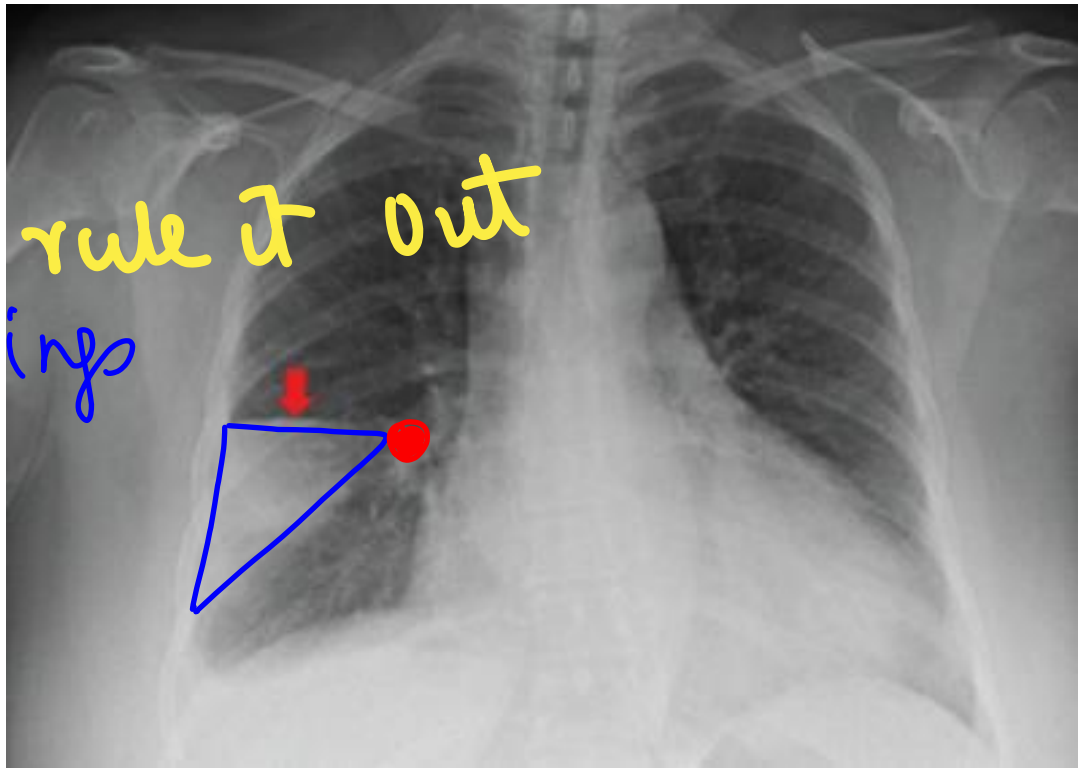
16. After orthopedic surgery for fractured neck of femur, 60-year-old patient develops respiratory distress on third post-operative day. On examination pulse is 120/min with BP 90/60 mm Hg and elevated JVP. CXR is shown. Diagnosis is?

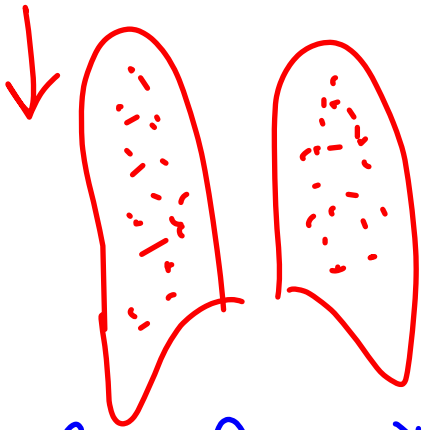
DVT

PA #

Rt CHF

a. Pulmonary embolism
~~b. Lobar pneumonia~~ — FEVER
~~c.~~ Atelectasis of right lower lobe : CHF finding
~~d. Fat embolism syndrome~~





GURD CRITERIA

MAJOR

* lung #
* CNS # : COMA

* petechiae axilla

HAMPTON HUMP

17. 25-year-old man presents with fever, headache and projectile vomiting for last 3 days and inability to recognize parents since last night. On examination nuchal rigidity is noted with GCS 8/15. Fundus examination shows papilledema. Which of the following is the first investigation that should be done in this patient?

a. NCCT head
b. Lumbar puncture
c. Lateral flow assay
d. Blood counts

CI → ? Meningitis / RAISED ICP

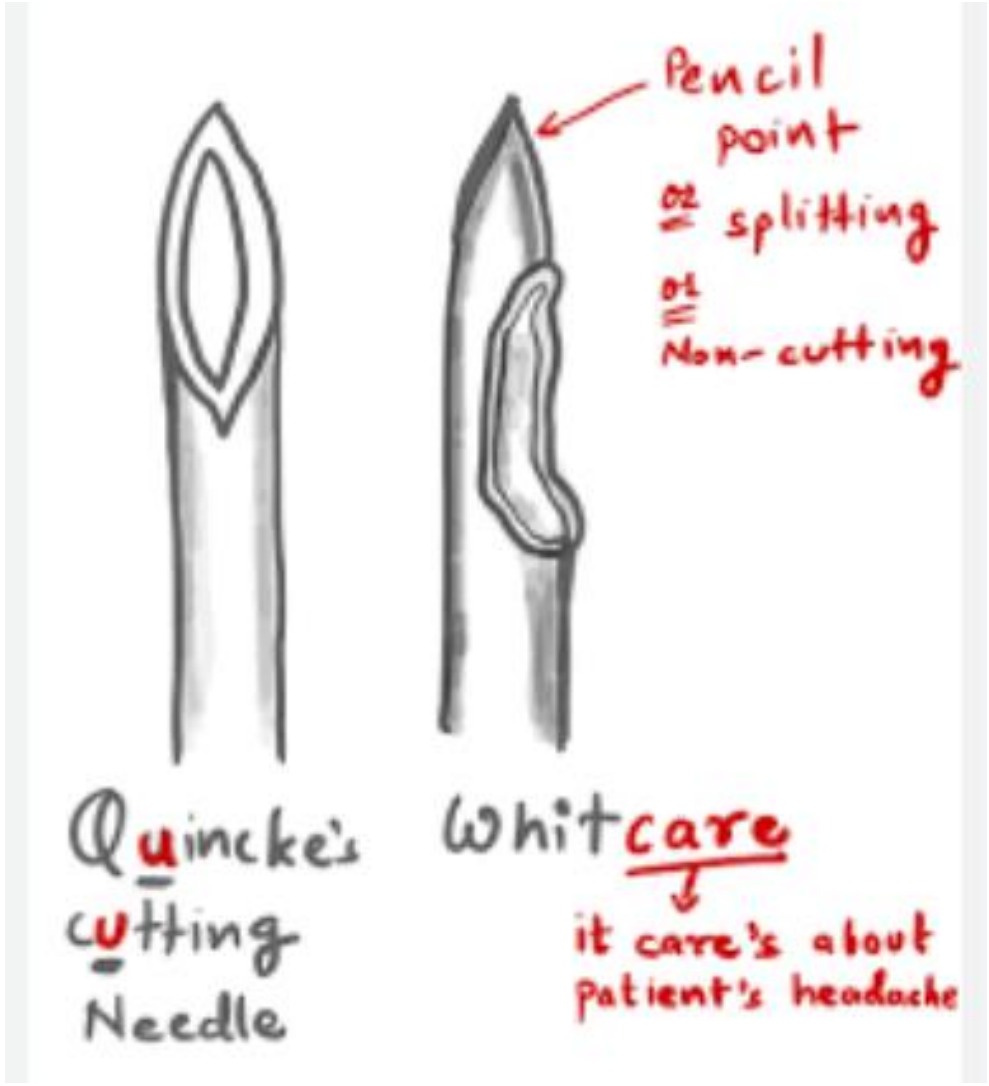
1. draw blood CULTURE
2. r/o Raised ICP
3. guarded LP + empirical Alb : <1hr of admission

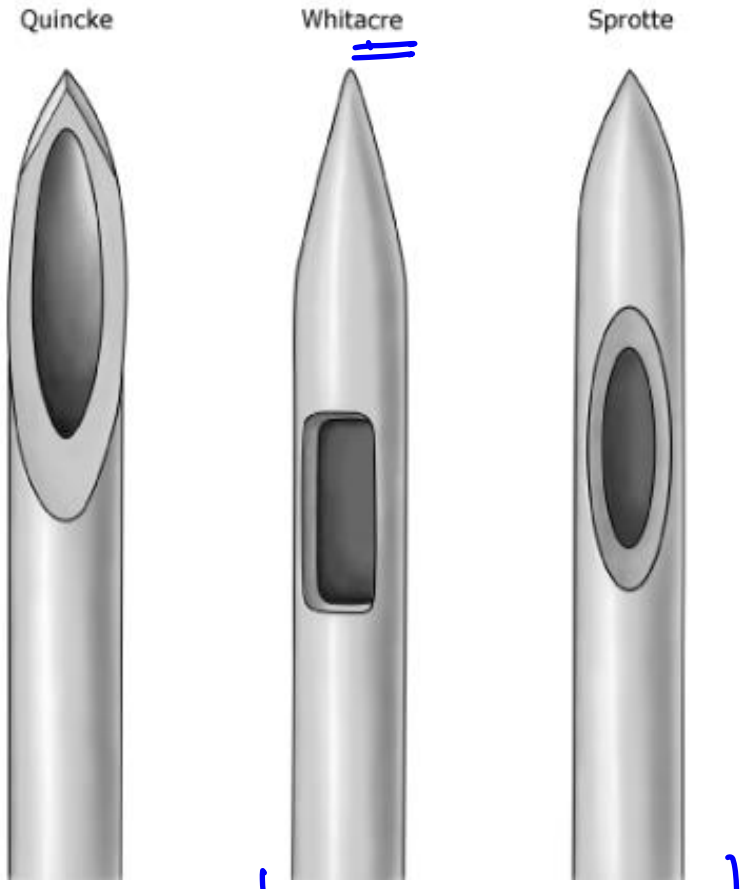
Pneumococcus → CEFTRIAXONE + VANCOMYCIN

1-min ID consult

Indications for head CT scan before LP in suspected meningitis

	Risk factors
P	Papilledema
U	Unconsciousness/abnormal level of consciousness
N	Neurologic deficit (focal)
I	Immunocompromised state (eg, HIV, immunosuppressive Tx, solid organ or HCT*)
S	Seizure (new onset; within one week of presentation)
H	History of CNS disease (mass lesion, stroke, or focal infection)





DOC POST DURAL PUNCTURE HEADACHE : CAFFINE

18. Person is brought to emergency after bee stings. He has hives all over his body, pulse is low volume 110/min, cold clammy extremities with BP of 70/50 mm Hg and peripheral cyanosis. Auscultation shows bilateral conducted sounds with rattling of secretions. GCS is 12/15. Which of the following is correct about this patient?

ANAPHYLACTIC SHOCK

a. Adrenaline 1 mg intramuscular 1:10000 every 5 minutes with high flow oxygen
b. Adrenaline 0.5 mg intramuscular 1:1000 every 5 minutes with ~~intubation~~
c. Adrenaline 1 mg intramuscular 1:10000 every 5 minutes with cricothyroidotomy
d. Adrenaline 0.5 mg intramuscular 1:1000 every 5 minutes with 2 L saline

* LARYNGEAL EDEMA

Table 1. Traditional Management V.S. New recommendation

	WAO 2020 recommendation	Recommendation based on "Evidence update for the treatment of anaphylaxis"
First-line treatment	IM epinephrine	IM epinephrine
Epinephrine IM dose	0.01 mg/kg of a 1:1,00 • Max 0.5 mg in adults • Max 0.3 mg in children	• 0.5 mg in adults • 0.01 mg/kg titrated to clinical response in children
Repeated IM epinephrine injection time interval	Every 5-15 min	Every 5 min, titrated to clinical response
IV fluids	Consider 1-2 L of 0.9% normal saline rapidly • 5-10 mL/kg in first 5-10 min in adults • 10 mL/kg in children	IV crystalloid fluids should be infused in the presence of hemodynamic compromise as an adjunct to improve drug distribution in refractory cases
Antihistamines	• Second-line medication • Can be helpful in relieving cutaneous symptoms but have limited role in treating anaphylaxis	• Against the use of antihistamines as part of the initial emergency treatment • Only use antihistamines in treating cutaneous symptoms without delaying management of respiratory/cardiovascular symptoms

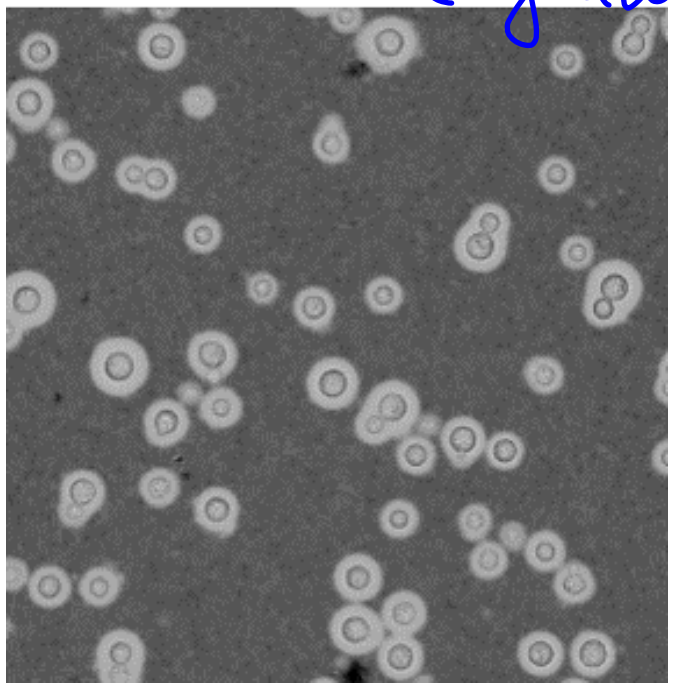
19. HIV positive patient presents with fever and neck rigidity. LP was done and CSF examination shows lymphocytosis, normal sugar, increased protein and special study shown below is done. Which test is done to confirm the diagnosis?

LAMB + 5-flucytosine + oral fluconazole

a. CSF ELISA for cryptococcal antigen
b. Lateral flow assay
c. India ink stain : FALSE ⊖: low COUNT OF FUNGUS
d. Beta 1,3 glucan test

⊖ CAPSULE of Cryptococcus

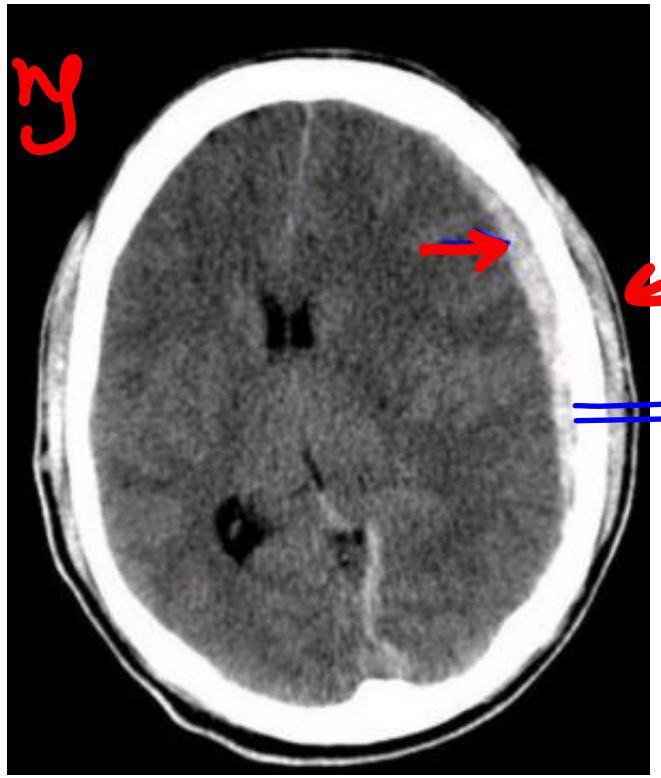
Stain: MUCICARMINE



20. Diabetic patient sustains a fall. Since he is not able to talk properly NCCT head was done. What is best step in management of this patient?

a. Mannitol
b. Vitamin K and FFP
c. Thrombolyse with streptokinase
d. Stabilize and do neurosurgery consult

Cl active CNS bleeding



subperiosteal bleed

S.D. HEMORRHAGE

BURR HOLE Sx

21. 25-year-old young woman comes with weight loss, palpitations, heat intolerance, and tremors. She has the following look on examination. Work up shows decreased TSH levels, free T3, T4 elevated. Which of the following statements is not true about this condition?

GRAVE : CARBIMAZOLE

a. Retraction of muller muscle ✓
b. Myxedema will involve pre-tibial area ✓
c. Start levothyroxine and monitor TSH after one month
d. Start steroids to prevent visual loss ✓

Score	Finding
0	No signs or symptoms
1	Only signs
2	Soft tissue involvement with symptoms and signs
3	Proptosis (≥ 20 mm)
4	Extraocular muscle involvement
5	Corneal involvement
6	Sight loss (visual acuity ≤ 0.67)

STARE SIGN : MULLER MUSCLE, LID LAG SIGN

Exophthalmos

→ DIPLOPIA : INF RECTUS

M/C

RETROBULBAR NEURITIS

GRAVE Ophthalmopathy : NO SPECS

Methylsteroids

22. 18-year-old girl presents with left wrist joint swelling causing difficulty in working on lap top. On examination she has pan-systolic murmur. ECG shows PR interval prolongation and positive CRP. Which drug will be started in this case?

a. Aspirin
b. Indomethacin
c. Methotrexate
d. Methotrexate with hydroxychloroquine and sulfasalazine

RF
* Carditis
* PR ↑
* CRP +

Rheumatoid A

23. 65-year-old smoker with hypertension patient presents with pain in foot and firm nodular swellings on ankle and right fifth digit in foot. MTP joint * Aspiration reveals increased Leucocytes > 2000 cell/cu mm. There is no history of travel, dysuria, dysentery, sexual contact in patient. BUN and serum uric acid level is normal. Clinical Diagnosis is?

a. Septic arthritis
b. Gouty Arthritis
c. Rheumatoid arthritis
d. Baker cyst

REDNESS, THR/TKR

acute gout flare

MTP Joint aspirN

TOPHI

S.uric Acid (N)

Knee

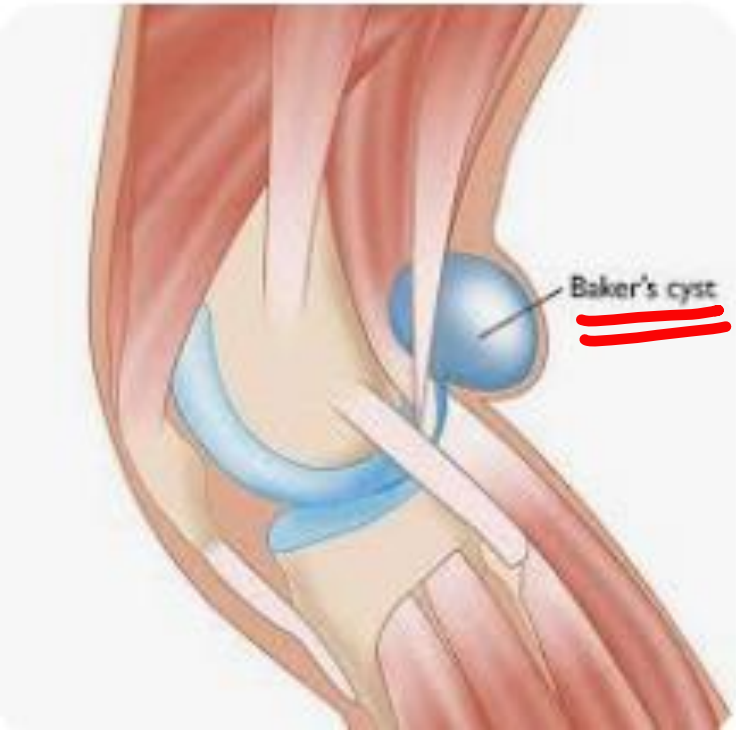
♀

PIP, MCP, WRIST

B/L

morning stiffness

Rheumatoid Nodules


Baker's cyst

24. 20-year asthmatic presents with wheezing and chest tightness and cannot sleep at night for three days per week. He is on Formoterol with high dose budesonide. What is next step in management of this patient?

a. Replace formoterol with salmeterol twice daily
b. Start Tab prednisolone → AV necrosis, Cushing, D.M
c. Add inhaled Fluticasone twice daily
d. Add LAMA

Step Therapy for the Treatment of Asthma

	Confirm inhaler technique and optimize adherence Move up or down steps based on control					
	STEP 1	**STEP 2**	**STEP 3**	**STEP 4**	**STEP 5**	**STEP 6**
Preferred regular therapy	None	None or low dose ICS	Low-dose ICS formoterol	Medium dose ICS Formoterol	Medium to high dose ICS/LABA, + add-on LAMA	Anti- IgE or anti-IL-5 or anti-IL4 Rα
Alternative regular therapy	None	LTRA	Medium - dose ICS	High -dose ICS	Anti-IgE or anti-IL-5 or anti-IL4-Rα	OCS
As-needed reliever therapy	ICS/formoterol (low dose) or SABA	ICS/formoterol (low dose), or PRN concomitant ICS and	ICS / formoterol low (low dose)			

Omalizumab
Mepolizumab

25. Farmer presents with fever, retro orbital pain and severe myalgia for last 5 days. NS-1 antigen is positive. Which of the following test should be done to evaluate for Dengue shock syndrome?

a. Platelet count
b. Hematocrit
c. Tourniquet test
d. IgM antibody to Dengue virus 1,2,3,4

└ Capillaritis : Hemo conc
: Hematocrit ↑ 20% baseline value

* Platelet Tx : platelet count < 10k

actual pCO_2

26. A patient presents with the following laboratory values: pH 7.20, pCO_2 30 mmHg, HCO_3- 5 mEq/L, Na^+ 136 mEq/L, Cl^- 110 mEq/L. which of the following is correct about this condition?

pCO_2 20

Expected pCO_2 = HCO_3 + 15
= 5 + 15
= 20 mm Hg

(a)

a. High anion gap metabolic acidosis with respiratory alkalosis
b. High anion gap metabolic acidosis with respiratory acidosis
c. Normal anion gap metabolic acidosis with respiratory acidosis
d. Normal anion gap metabolic acidosis with respiratory alkalosis

mixed disordr

$(1.5 \times HCO_3) + 8 \pm 2$

AG = 136 − (110 + 5)
= 136 − 115 − 21

LAST RESORT REVISION : GENERAL MEDICINE

PART 2

27. A patient presents with hypotension, hyponatremia and alabaster pale skin. Which of the following is most likely associated with these symptoms?

a. Conn syndrome
b. Vitamin B12 deficiency
c. Primary adrenal insufficiency
d. Secondary adrenal insufficiency

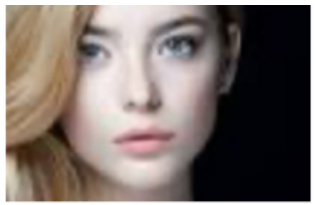
HTN

→ ACTH ↑ : Hyperpigmentation

↳ ACTH ↓
CORTISOL ↓
ADH +++
* dilutional Na ↓

ALDOSTERONE / RAAS

K+ = normal



Alabaster skin is basically very white skin with ... and ivory ... very beautiful, clean, and healthy skin tone. ... Dec 2019

28. 50-year-old patient presents with ptosis and muscle weakness that improves with activity. On physical examination engorged veins are noted chest wall with hyperpigmentation of knuckles. CT scan reveals a mass in the thoracic region. What is the most likely diagnosis?

a. Thymoma
b. Vitamin B12 deficiency
c. Small cell lung carcinoma
d. Neurofibroma

M. GRAVIS: WORSENS ⊂ ACTIVITY *

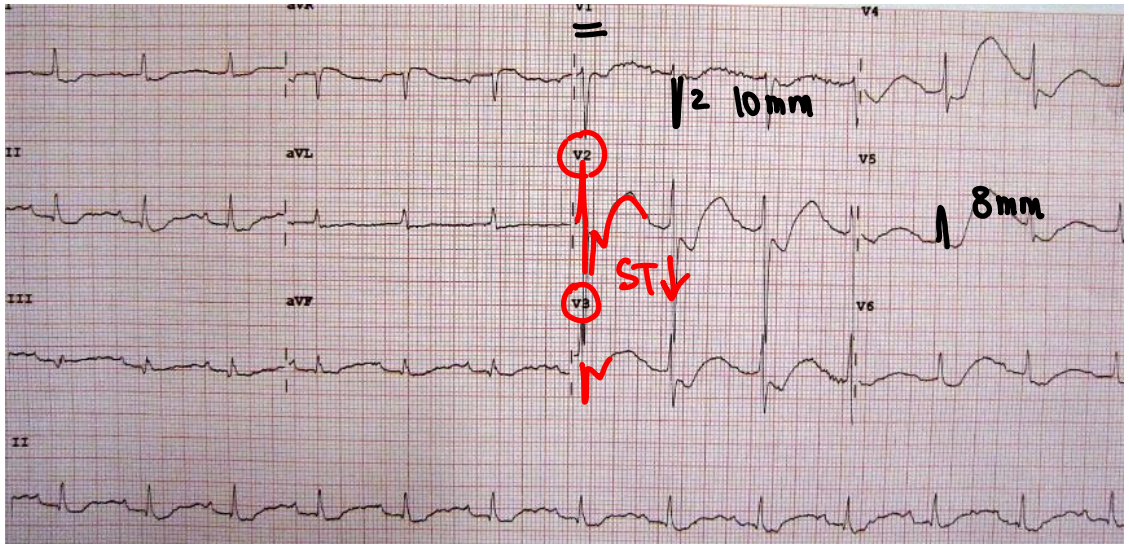
— ANEMIA, SENSORY ATAXIA

Oat cell → SVC syndrome → engorged veins chest

Ca lung → ACTH ↑ → Hyperpigment

→ NMJ #: ↓ Ca+ release at NMJ
↓ Ach : Lambert Eaton syn

29. Patient with CKD is admitted due to complains of vomiting episodes and severe headache. His BP is 220/120 mm Hg, pulse rate 80/min, temp 37C and GCS 15/15. ECG is done. What's the most likely diagnosis?



a. Uremic encephalopathy → GCS ≤ 8

b. Hypokalemia

c. Hypertensive encephalopathy → GCS ≤ 8

~~d.~~ Left ventricular hypertrophy

THIAZIDES

C.K.D → K↑ → K(n) → K↓

→ $SV_1 + RV_5 > 35mm$

30. A patient presents with oral mucosa and palmar crease pigmentation, BP=90/60 mm Hg, Na^+=125 mEq/L and K^+ 6.0 mEq/L and Blood sugar = 70 mg/dl . What is the most appropriate treatment?

a. ACTH
b. Hydrocortisone
c. Dexamethasone
d. Sodium chloride infusion

GLUCOCORTICOID ACTIVITY

ADDISON DISEASE

aldosterone ↓ (M) BP ↓

Na ↓ K ↑

cortisol ↓ (G) Hypoglycemia

Na ∝ $\frac{1}{K^+}$: aldosterone

AUTOIMMUNE

1°

Addison

BP ↓

Na ↓

Kt ↑

Supr ↓

Hyperpig ++

ACTH + TEST

HYDROCORTICONE

SHEEHAN

2°

Addison

↓

↓

n

↓

PALE SKIN

DEXAmethasone

CONN adenome

ARR

Screening

Saline infusion

N | TBS++

↓ alkalosis

N

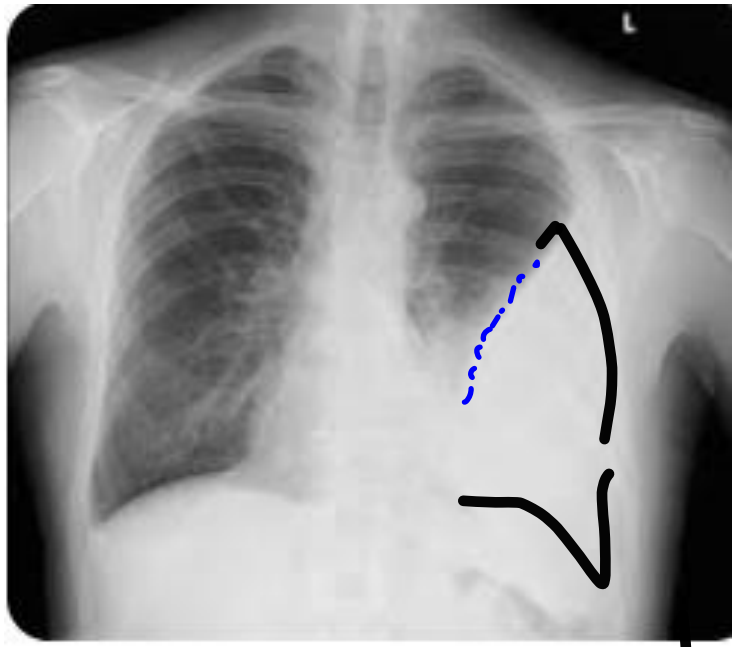
Spironolactone

PURULENT Bronchorrhea

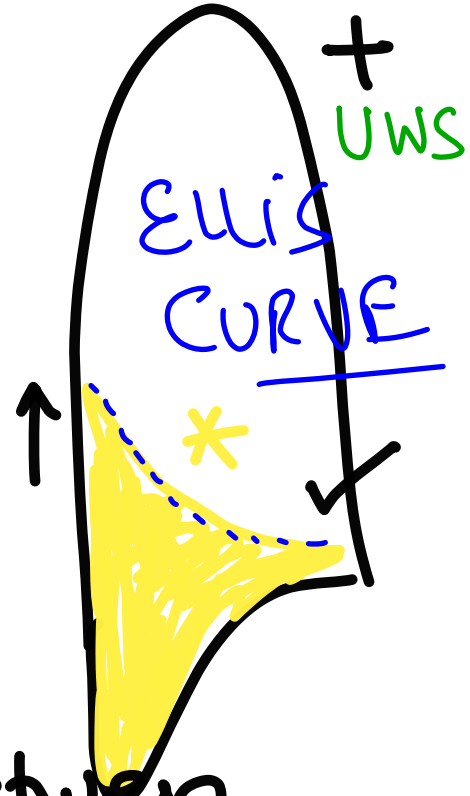
31. A patient presents with fever of 102 F with cough, foul smelling sputum and digital clubbing. CXR is given. What is the most likely diagnosis?

a. Lung abscess → Pus
b. Pneumatocele
c. Empyema : Pneumococcus > S.AUREUS
d. Pleural effusion

LIGHT CRITERIA
PF protein > 0.5 lung abscess
// LDH > 0.6 Empyema

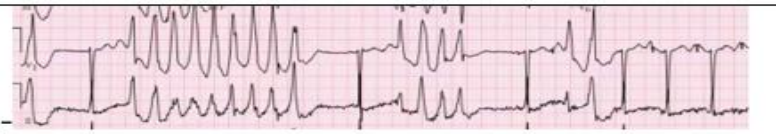
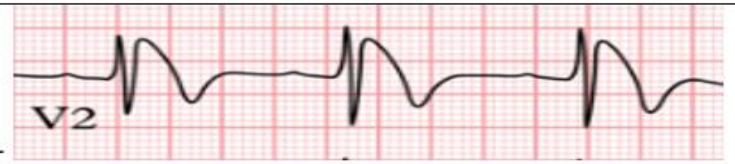


TOC empyema: 5th ICS I.C.D + UWSD

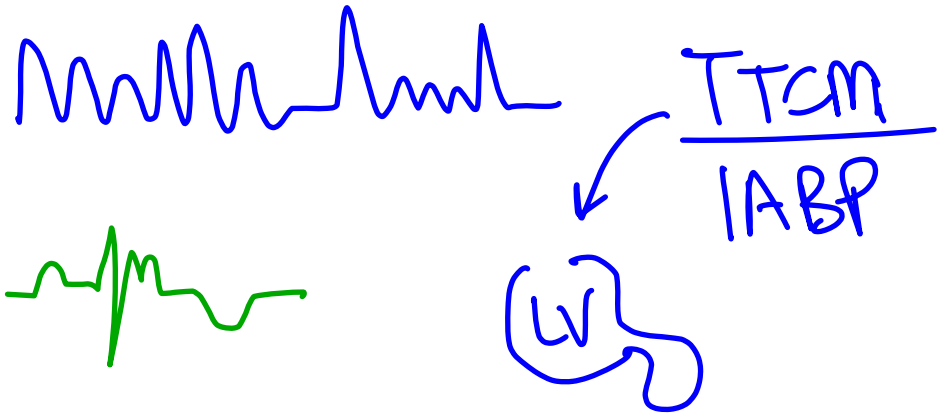


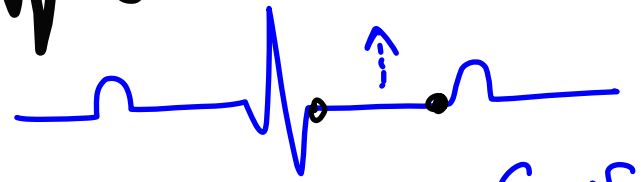
diagnostic Thoracocentesis → 8 ICS midway between post axillary line & scapular line

32. Match the following

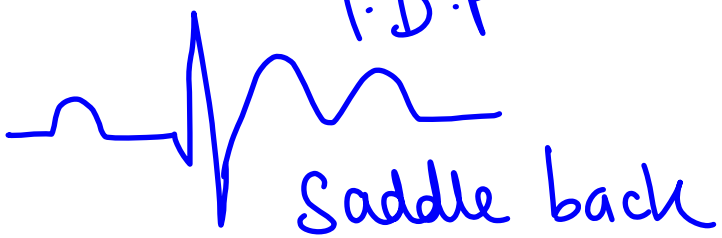
A. Brugada syndrome	1- 
B. MAT	2- 
C. ARVD	3- 
D. Polymorphic Ventricular tachycardia	4- 

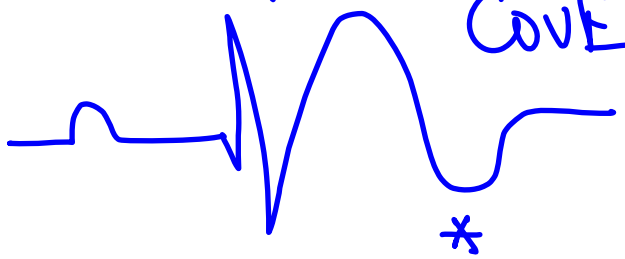
a. A-2, B-1, C-4. D-3
b. A-2, B-1, C-3. D-4
c. A-4, B-2, C-4. D-3
d. A-4, B-3, C-2. D-1

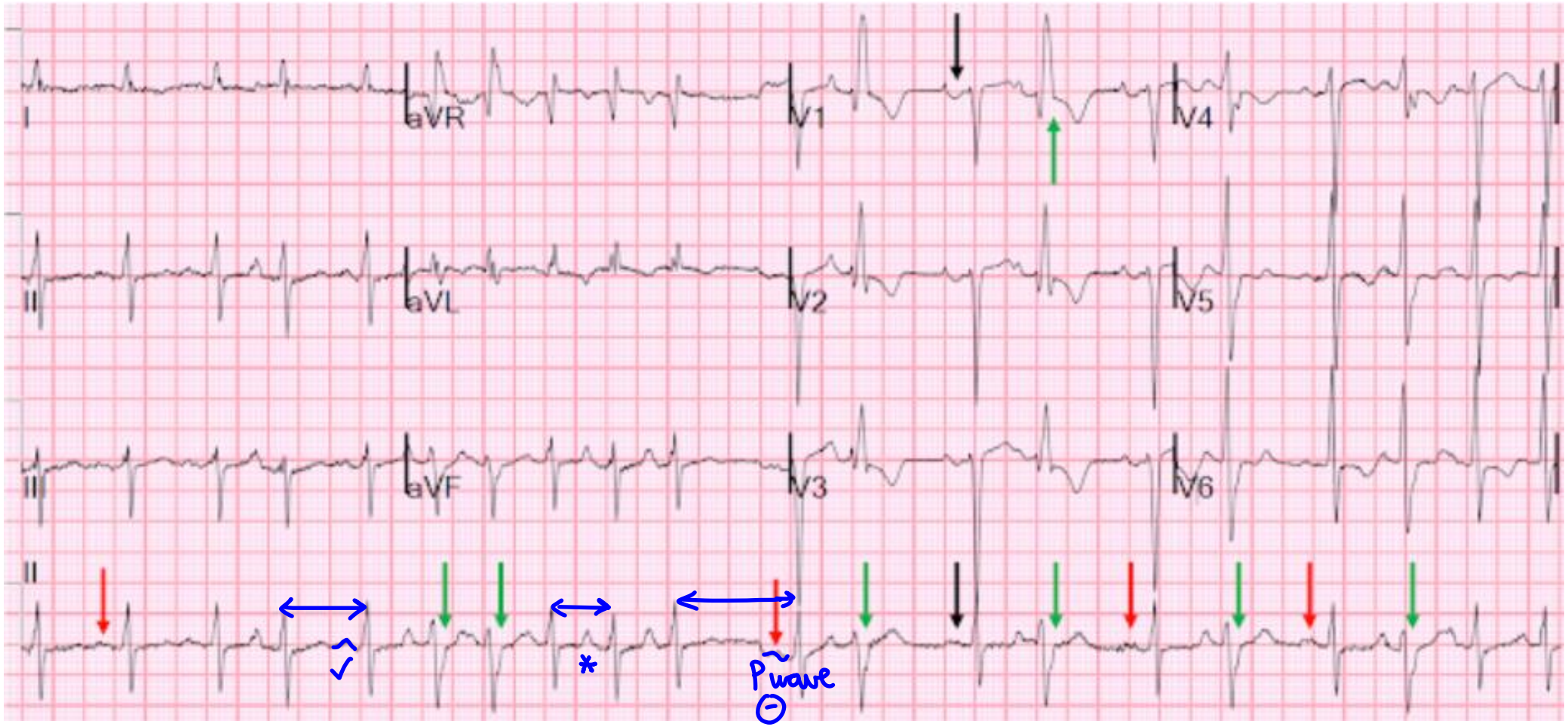




BRUGADA: SCN5A #







irregular R-R interval

Varying P wave morphology

COPD c/o Palpitations

DC SHOCK: Not recommended

33. What is next best step in management of pulseless patient with following rhythm?

Monomorphic VT

R R

R S

a. Defibrillate and continue chest compression
b. Defibrillate and check pulse
c. Check pulse and give synchronized DC
d. Give synchronized DC and continue chest compressions

Broad RS = 200 msec

R-R interval = 300/min

34. Patient presents with daily headaches and visual disturbances. On examination large sweaty hands and feet with thick palm and soles. He has macroglossia and gap in central incisors. Select the best test for confirmation of diagnosis?

IOC

Prognathism

SPADE like Hand

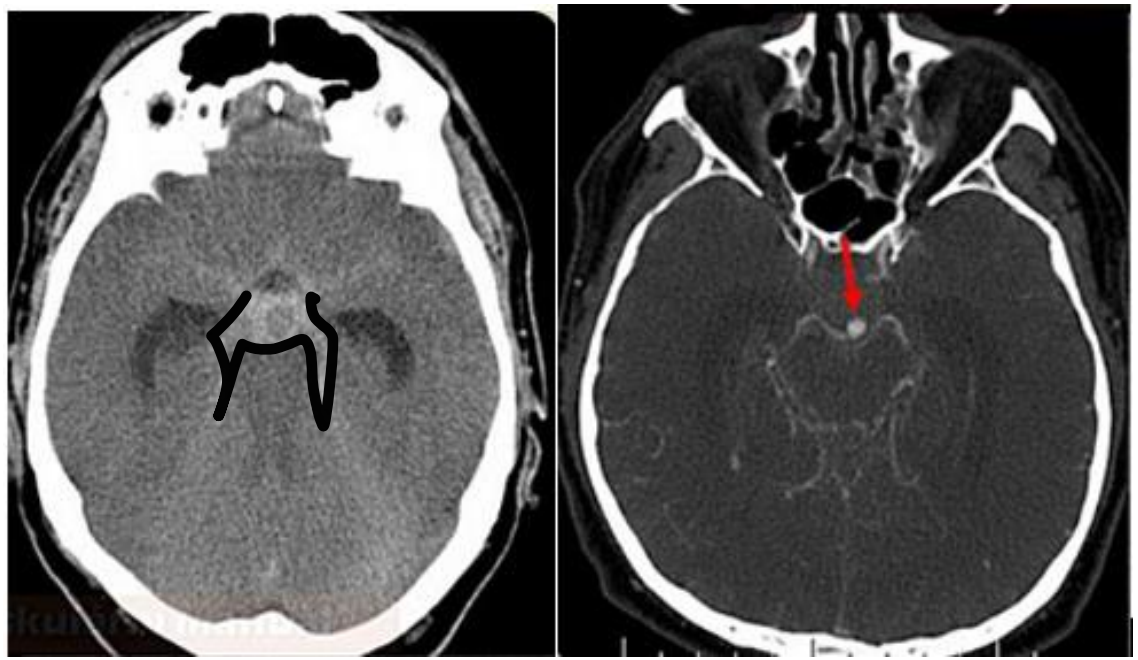
ACROMEGALY : pituitary Adenoma

a. Early morning fasting GH levels
b. Age specific IGF-1 levels ← Screening Test
c. Age specific IGF-2 levels
d. GH levels to less than 0.4 ug/L after glucose suppression 75gm glucose

LANREOTIDE → T.S.S

35. Patient is brought to the emergency with loss of consciousness. NCCT head and CTA is shown below. Best for management of this case?

a. Endovascular therapy
b. Endovascular coiling
c. Nimodipine
d. Nicardipine



Aneurysmal Bleed / SAH

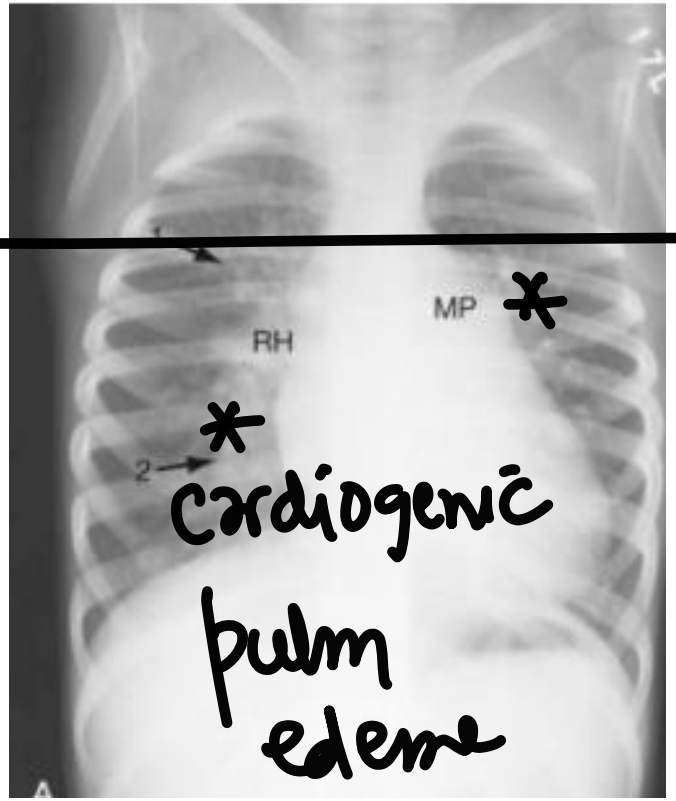
1°: vasospasm / 1° delayed cerebral ischemia

CEREBRAL INFARCTION

36. Child presents with recurrent lung infections and congenital heart disease ASD. His milestones are delayed. Chest X ray given below. What is the most likely diagnosis?

DEXTRO CARDIA

a. Kartagener syndrome
b. Cystic fibrosis
c. Digeorge syndrome
d. Down syndrome



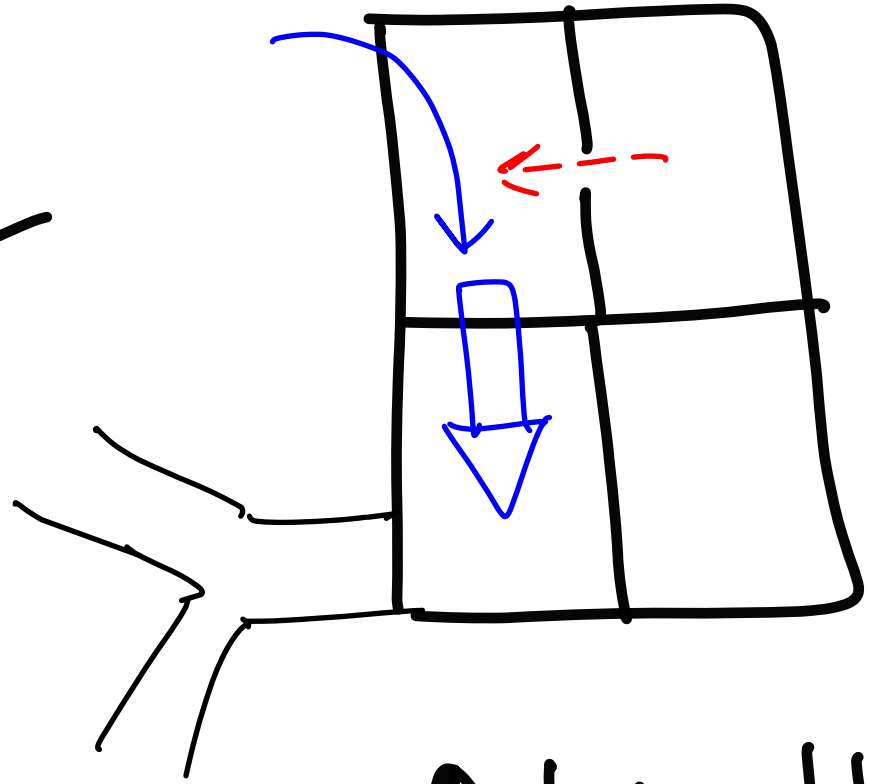
CNI ↓
Thymus #

parathyroid
delayed
dentition

R. pneumonia
Malabsorption syn
Meconium ileus

cardiogenic
pulm
edema

Pulm. PLETHORA



ASD → ↑ pulm blood flow : wet lungs

R. pneumonia(s)

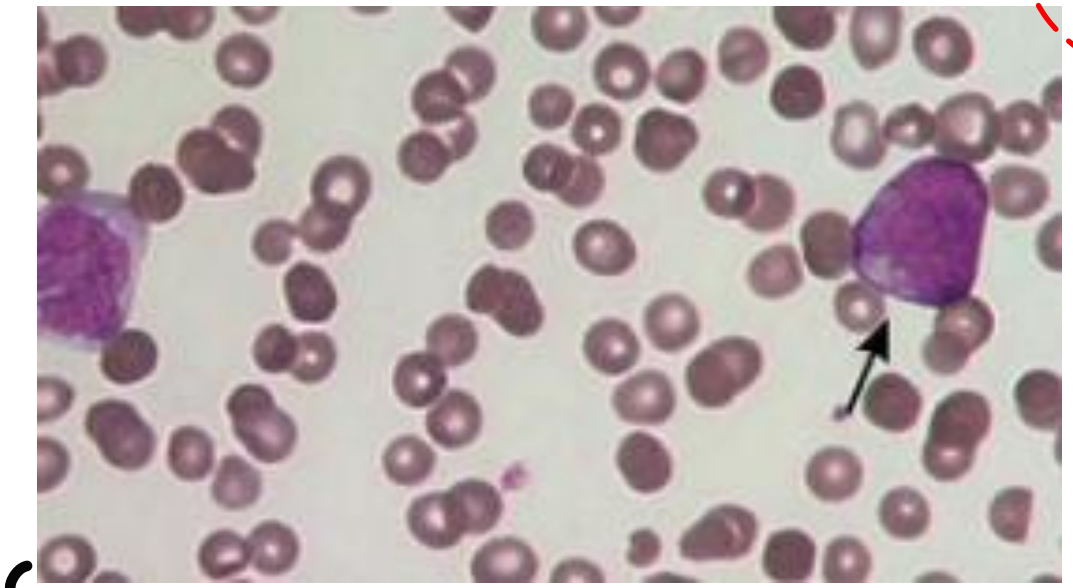
R. pneumonia

1. CHD: VSD, ASD
2. Duchenne's
3. CF
4. Kartagener
* 5. Digeorge

37. 34-year-old female presented with progressive pallor and organomegaly. Work up shows low Hb, platelet count of 25000/mm3. raised PT and aPTT. Peripheral smear is given. Which of the following fusion gene is affected?

plat count ↓ PT ↑ aPTT ↑ : DIC

a. PML RARA ✓
b. RUNX1 RUNX1T1
c. IGH NSD2
d. BCR ABL



M3 AML
t(15:17)
ATRA
ARSENIC TRIOXIDE

M3 AML: Sterile vegetations in heart
↳ NBTE | MARANTIC Endocarditis

38. A patient presented with early satiety and abdominal pain. On examination grossly enlarged spleen and liver is palpable Work up shows low Hb with WBC-50000/mm3 and platelet count of 5 lac/cu.mm. P. Smear shows increased basophils with shift to left. Which of the following will cause this presentation?

a. CML
b. CLL → PB flow cytometry
c. ALL ‖ BMA: flow cytometry
d. AML → t(15:17) inv16 Trisomy 21

Hb↓ TLC↑ plat↑
Basophilia
Shift To left

IOC: FISH on bone marrow > PCR for bcr-abl 1

Rx: T.K.I : Imatinib, nilotinib

* T315I mutation → Ponatinib

39. Which of the following is major mortality reducing agent in heart failure with reduced ejection fraction?

a. Ramipril
b. Bisoprolol
c. Spironolactone
d. Empagliflozin

HFrEF : ≤ 40%

1. ACEi : RAMIPRIL
2. β Blocker : Metoprolol, bisoprolol, carvedilol
3. AA : Spirinolactone
4. SGLT2i : CANAGLIFLOZIN

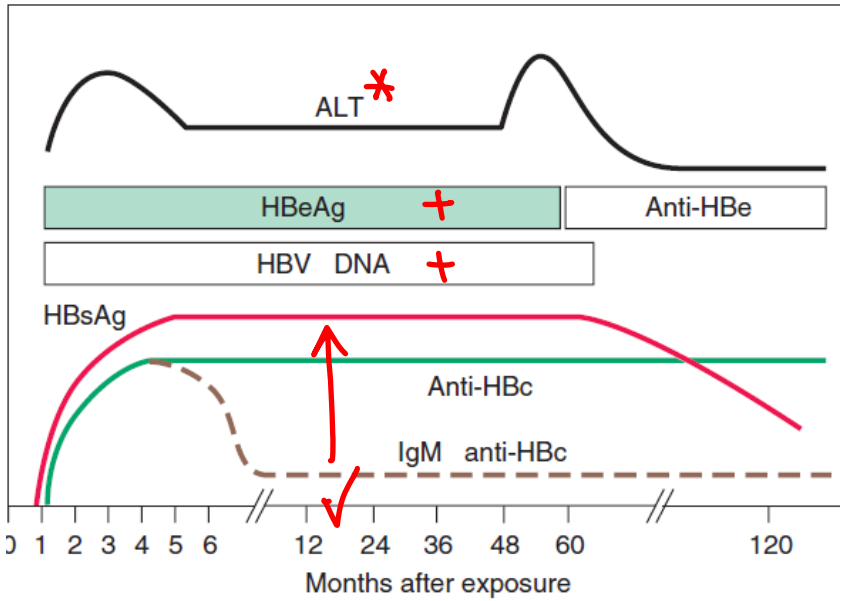
Salt loss

5. ↓ ACEi : not Tolerated : ARNI

HFpEF = 50%

* ARNI — ARB + neprilysin ⊖
* AA

40 .A young man had a history of jaundice and HBsAg positive status a year back. On follow up now, he has normal levels of liver enzymes. His current profile is shown in this image. What is the diagnosis for this current condition?



a. Chronic Hep B with HBe Ag negative
b. Chronic Hep B with HBe Ag positive
c. Resolved infection
d. Acute Hepatitis B

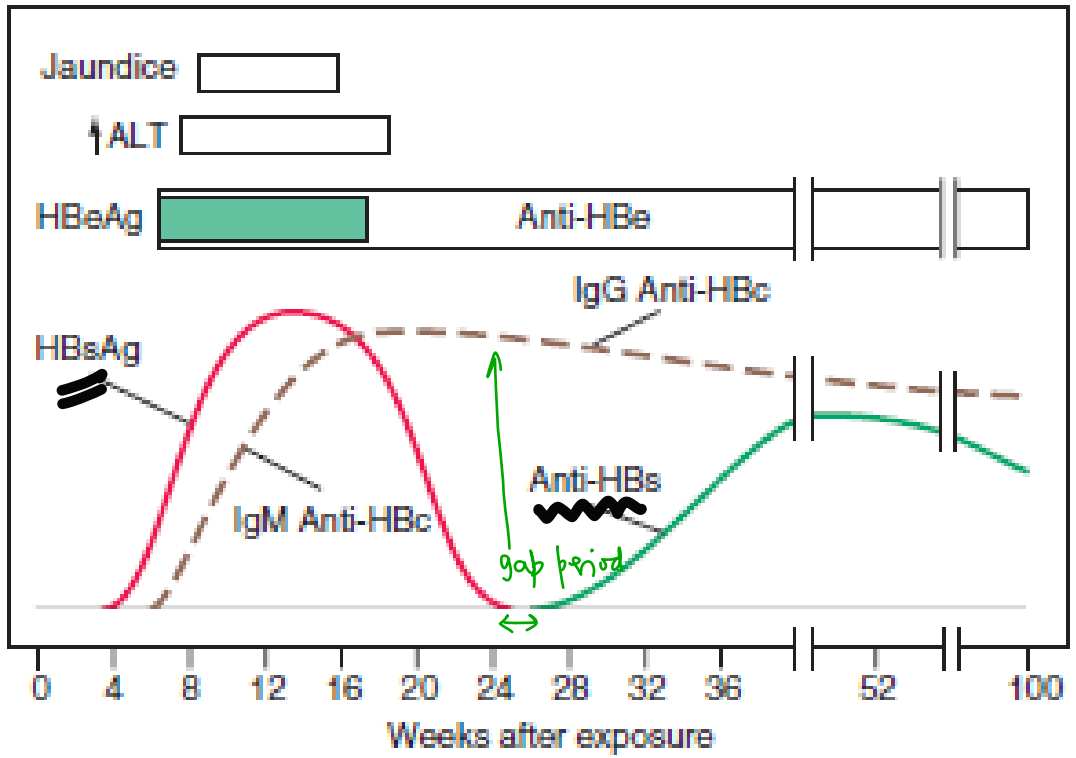


FIGURE 339-4 Scheme of typical clinical and laboratory features of acute hepatitis B. ALT, alanine aminotransferase.

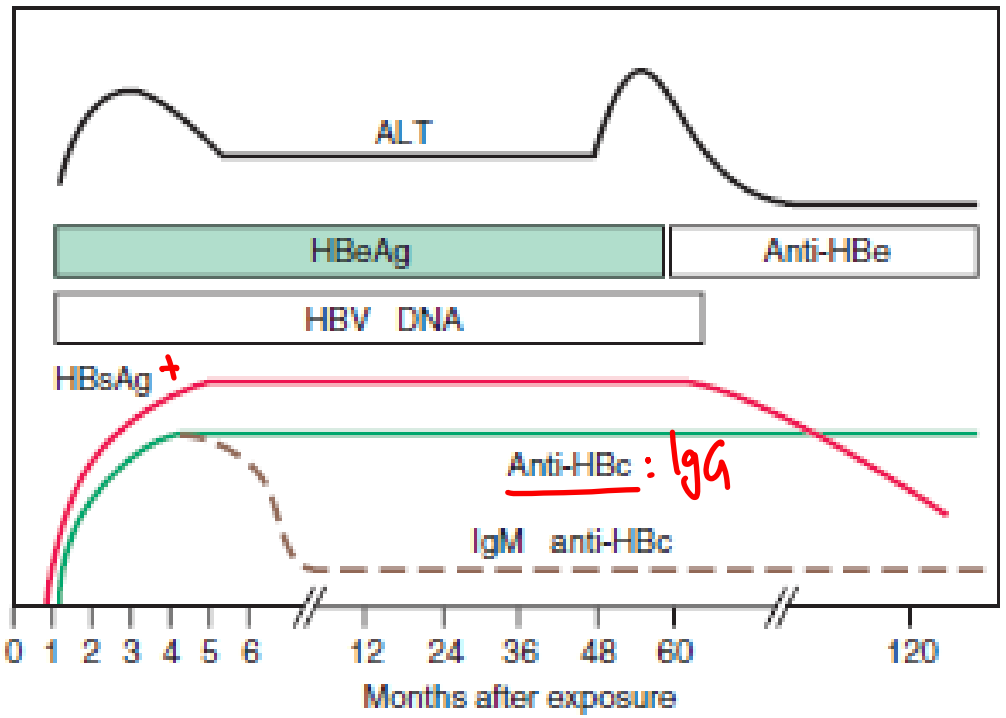


FIGURE 339-5 Scheme of typical laboratory features of wild-type chronic hepatitis B. HBeAg and hepatitis B virus (HBV) DNA can be detected in serum during the relatively *replicative phase* of chronic infection, which is associated

TABLE 339-5 Commonly Encountered Serologic Patterns of Hepatitis B Infection

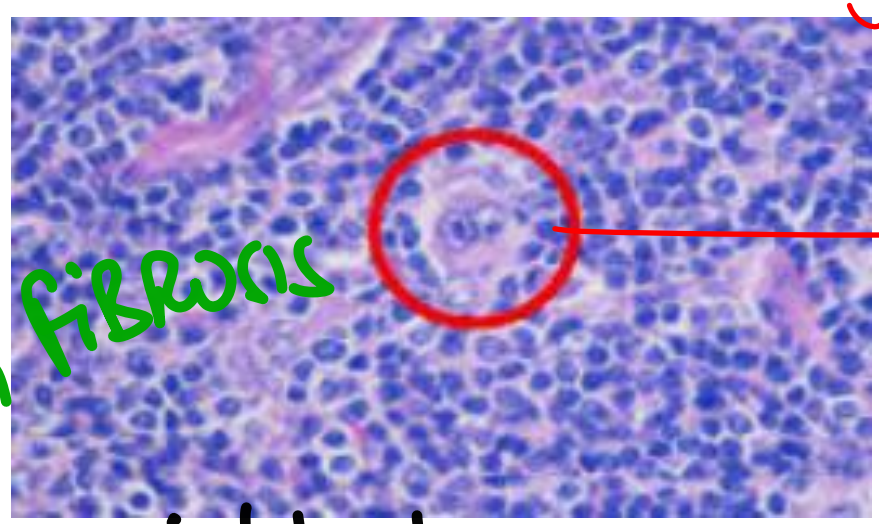
HBsAg	ANTI-HBs	ANTI-HBc	HBeAg	ANTI-HBe	INTERPRETATION
+	–	IgM	+	–	Acute hepatitis B, high infectivity[a]
+	–	IgG	+	–	Chronic hepatitis B, high infectivity
+	–	IgG	–	+	1. Late acute or chronic hepatitis B, low infectivity 2. HBeAg-negative ("precore-mutant") hepatitis B (chronic or, rarely, acute)
+	+	+	+/–	+/–	1. HBsAg of one subtype and heterotypic anti-HBs (common) 2. Process of seroconversion from HBsAg to anti-HBs (rare)
–	–	IgM	+/–	+/–	1. Acute hepatitis B[a] 2. Anti-HBc "window"
–	–	IgG	–	+/–	1. Low-level hepatitis B carrier 2. Hepatitis B in remote past
–	+	IgG	–	+/–	Recovery from hepatitis B
–	+	–	–	–	1. Immunization with HBsAg (after vaccination) 2. Hepatitis B in the remote past (?) 3. False-positive

HbsAg	Anti-Hbs	Anti-Hbc	HbeAg	Interpretation
Negative	Negative	Ig M	Negative	GAP PERIOD
Negative *	Negative	Ig G	Negative	Low level carrier HBV infection in REMOTE injection
Negative	+	Ig G	Negative	CURED | recovery
Negative	+	Negative	Negative	Vaccinated

41. 40-year-old woman came with the complaints of fever, night sweats, generalized itching and unintentional weight loss of 10% in the last 3 months. On examination she has enlarged cervical and axillary lymph nodes. Histopathological examination of excision lymph node biopsy is shown below. What would the likely diagnosis and treatment option be?

* Category B
* Cxal LN+

a. NHL– RCHOP
b. HL- ABVD regimen
c. Multiple myeloma: dexamethasone with lenalidomide
d. Sarcoidosis: Prednisolone



RS cells

RCM

Pulm

* Adriamycin – bleomycin – vinblastine – DACARBAZINE

↳ Pneumitis

42. Which of the following is most likely based on the lab values given in a CKD patient presenting with vomiting?

Blood pH:	7.40 (N)
Na+:	140mEq/L
K+:	2.8 mEq/L
Cl:	100 mEq/L
HCO3:	23 mEq/L (N)
Urea:	25 mg/dL
Creatinine:	0.6 mg/dL
pCO2:	40 mm Hg (N)

└ Metabolic Alkalosis + M. acidosis

$AG = 140 - (100 + 23)$

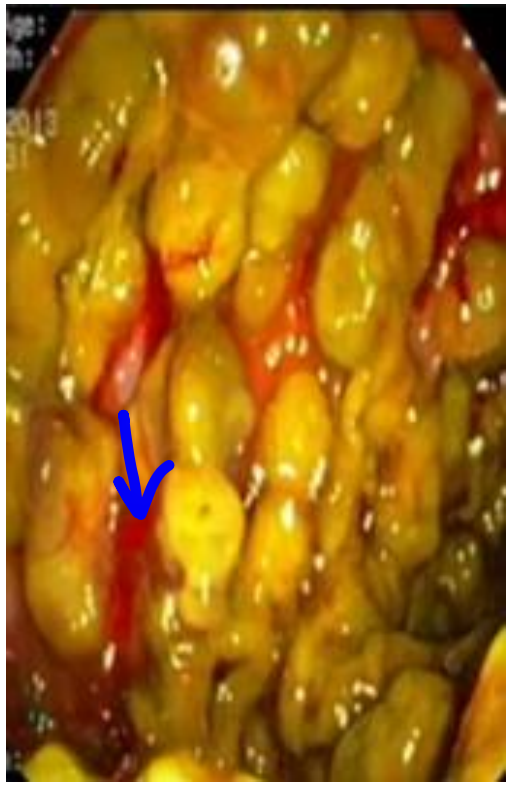
$= 140 - 123 = 17 \uparrow$

* DELTA RATIO $= \frac{\Delta AG}{\Delta HCO_3} = \frac{17 - 12}{24 - 23}$

a. Normal report
b. High anion gap metabolic acidosis with metabolic alkalosis ✓
c. Normal Anion gap metabolic acidosis with metabolic alkalosis
d. High anion gap Metabolic acidosis with respiratory acidosis

43. Lady has compound tibial fracture and was admitted for surgery and started on broad spectrum antibiotics. Post discharge she had severe diarrhea which persisted with oral metronidazole. Hence for further work up of which colonoscopy was done which is shown below. Treatment is?

a. Ceftriaxone
b. Tetracycline
c. Probiotics
d. Fidaxomicin



Recurrence PMC
Vancomycin

P.M.C
C. difficile

Inv:
Stool ICR for Toxin A
Toxin B

44. Patient with lung cancer has breathing difficulty. On examination he has distant heart sounds with low BP. CXR is shown. Select the correct JVP finding for the case

* Cardiac Tamponade: malignant pericardial effus

a. Steep x descent and steep Y descent
b. Steep x and Absent y descent
c. Blunted x and blunted y descent
d. Blunted x descent and steep y descent

C. PERICARDITIS

Q ↓

Penentrating Trauma: Hemopericardium

Emergency Resuscitatitive THORACOTOMY

45. AIDS positive patient presents with new onset headache, seizures, monoparesis and raised ICP. CSF examination shows increased mononuclear cells with CSF glucose/ plasma glucose of 0.4 and protein of 1gm/L. Which is correct intervention for management of this case?

a. Liposomal amphotericin B with 5 flucytosine
b. Anti-tubercular medication
c. Ceftriaxone with Vancomycin
d. Albendazole with Steroids

PMN

MONONUCLEAR cells
* CSF lymphocytosis
* protein: 1gm/dL
* glucose: ↓

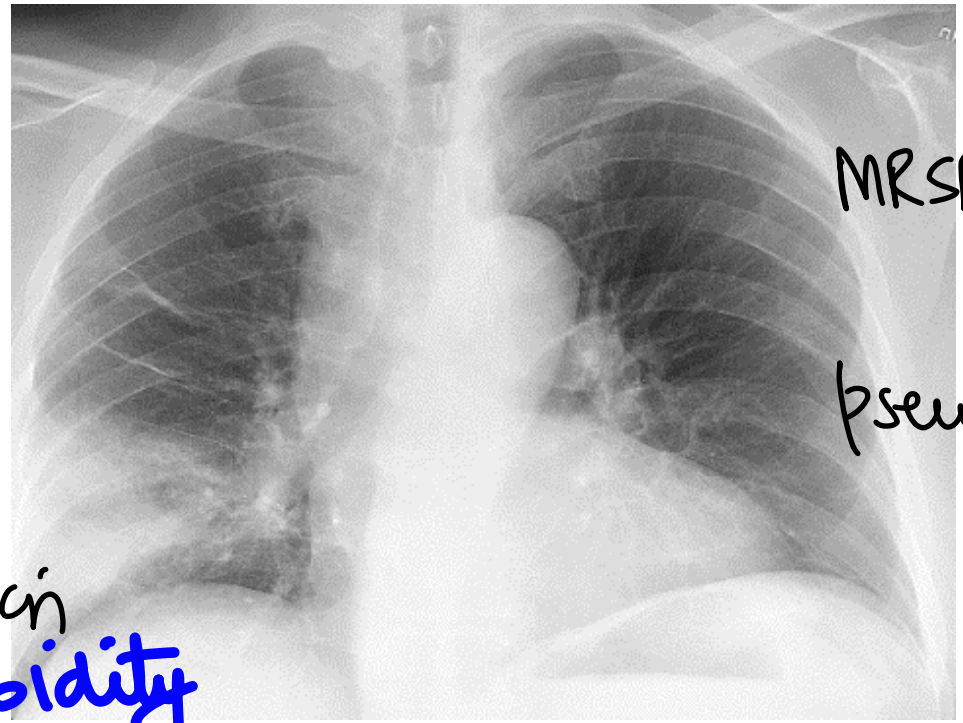
TBM

↓ 1 ↑ 1 ↗ 1 Pneumococcus

46. 72-year-old patient has fever with SOB and rusty sputum. On examination he appears confused with RR is 40/ min. Labs show serum creatinine= 1.9 mg/dl BUN :10 mmol/L Which is correct about its management?

└ 1

a. OPD management with oral drugs
b. IPD management with IV drugs
c. ICU management with IV drugs
d. ICU management with oral drugs



2
L.M.G iv
MRSA
linezolid
pseudomonas
Meropenem

CURB 0-1: → age > 65 yr
→ oral amoxicillin + oral azithromycin

NEVER Hospitalized, No comorbidity
Previous Hospitalized, Comorbidity
→ oral amoxicillin + clavulanic acid + azithromycin

In patient Pneumonia

	Non severe	Severe → requiring ventilation * → septic shock * → Confusion, Multilobar infiltrates
No Risk factors:	Respi FQ or ampicillin-sulbactam + azithromycin	ampicillin-sulbactam + Respi FQ or ampicillin-sulbactam + azithromycin
Prior Respi isolation	Add coverage MRSA or P. aeruginosa	Add coverage for MRSA or P. aeruginosa

47. 48-year-old smoker presents with copious foul-smelling yellow sputum that increases significantly on postural change and has this problem for few years. HRCT chest inset is shown

a. Asthma
b. Pneumonia
c. Bronchiectasis
d. Cancer

TRAM TRACK

48. A patient has features of involuntary hand movements with dementia and bradykinesia. His father also had the same illness and died due to pneumonia 20 years ago. Diagnosis?

~~a. AD~~ BRADYKINESIA

b. PD +/-

c. HD ++ → AD → DEMENTIA, CHOREA, BRADYKINESIA

~~d. Motor neuron disease~~ LMNL + UMNL

↳ death: D. paralysis pyramidal neuron #

HEXANUCLEOTIDE Repeats: SOD ↓: Ant horn cells #

[LBD]

AD, HD, PD = death: Aspiration pneumonia

PD

* Rigidity : Bradykinesia
  Akinetic MUTISM
* TREMORS : HYPERKINETIC Mvt

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* CHOREA : FAST distal
* ATHEOTOSIS : Slow distal
* HEMIBALLISMUS : Wide flinging Mvt
  proximal + distal

B.G #

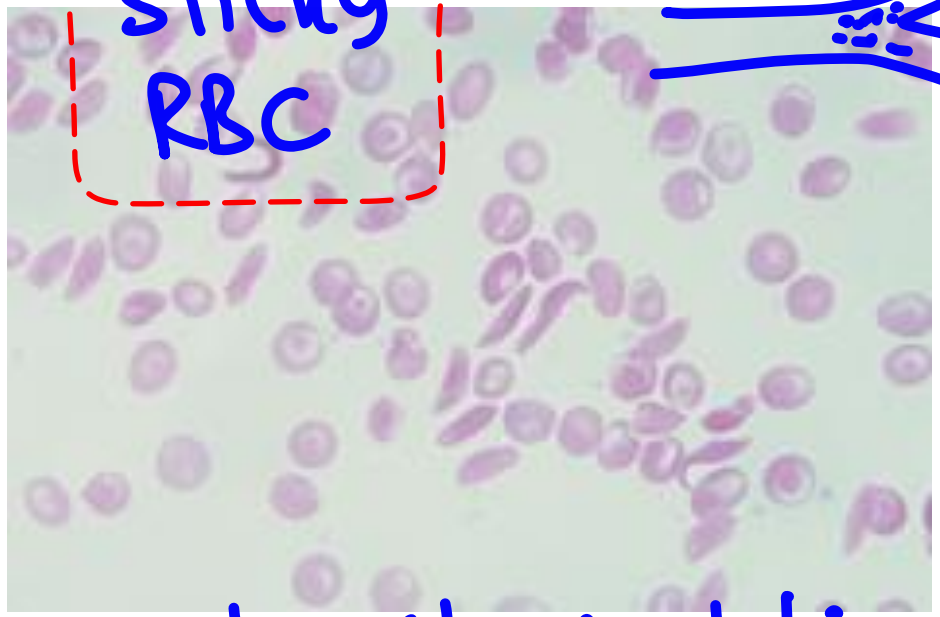
49. Patient presents with excruciating finger pain /dactylitis and chest pain. Work up shows Hb= 6 gm%, elevated unconjugated bilirubin. Diagnosis of sickling crisis is made. Treatment is?

a. Packed RBC
b. Whole blood transfusion
c. Voxelotor
d. Crizanlizumab

SCA

SICKLING CRISIS

STICKY RBC

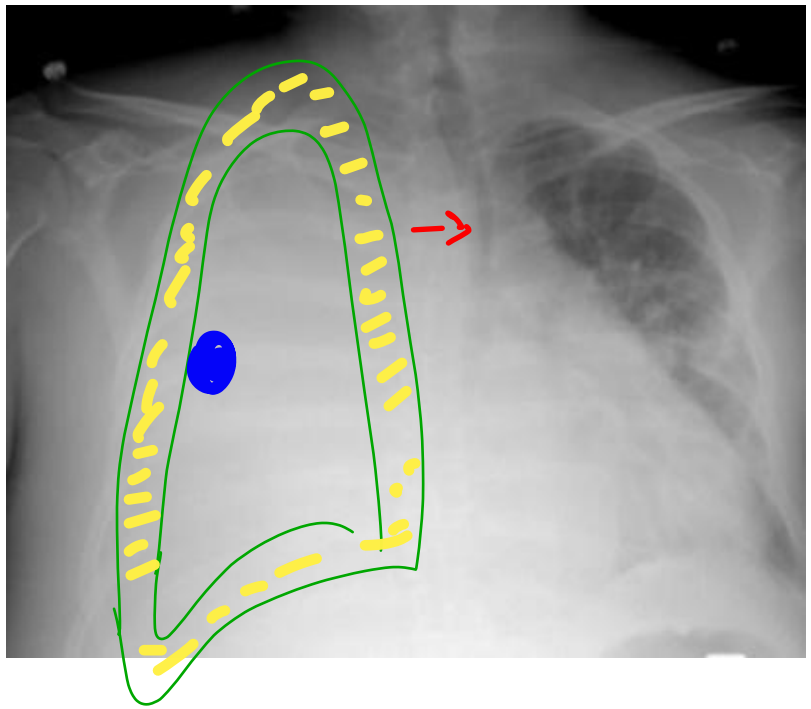


* sluggish circulation

Rx: 1. Opoids
2. IVF
3. Whole blood Tx

50. Man presents with shortness of breath for a week. Comment on diagnosis based on C.X.R

a. Pneumothorax
b. Consolidation
c. Collapse
d. Thoracic mass



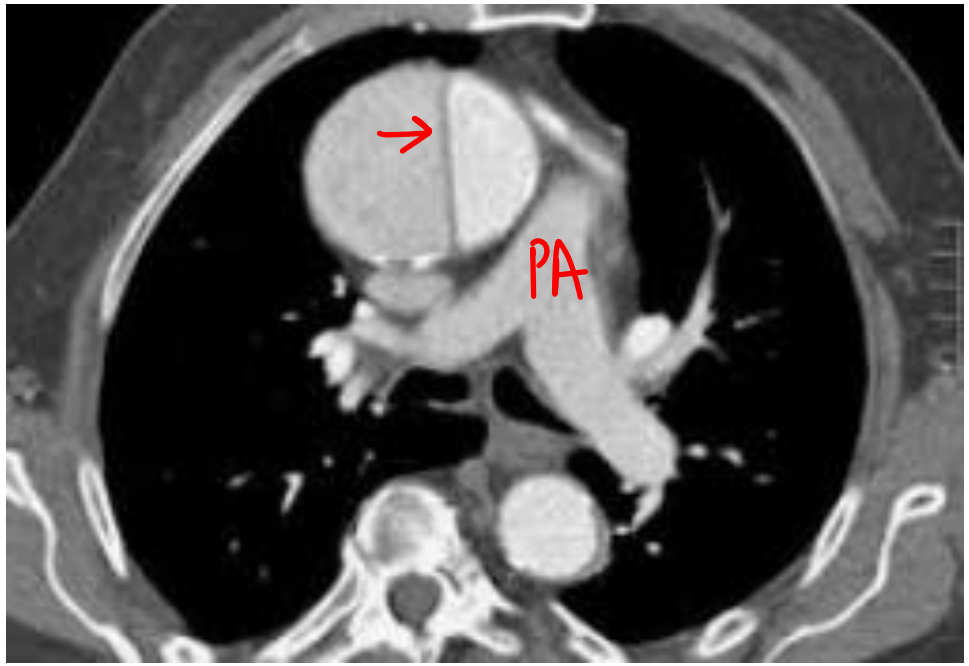
CXR shows tracheal shift to left side which is seen in massive pleural effusion due to thoracic mass like lung cancer.

INTERSCAPULAR AREA

52. 60-year-old hypertensive patient presents with excruciating chest pain with unequal radial pulses. Which is correct about management of this patient?

Type A : AORTIC dissection

a. Emergency Surgical repair
b. BP control and monitoring
c. Stenting of aorta
d. Balloon dilatation



CATS

CoA preductal
AORTIC DISSN
TAKAYASU
SVAS

Type A aortic dissection	Emergent surgery	Excision of intimal flap Obliteration of false lumen Interposition graft
Type B aortic dissection	Medical management 1. Esmolol 2. NITROPRUSSIDE CONTROL of HTN	Thoracic endovascular aortic repair if complicated. (Sx) When to say complicated type B Mnemonic: ACE Aortic rupture Continuing pain and HTN despite medical therapy End organ ischemia Early Expansion of false lumen

Reduce propagation of Tear

53. 50-year-old Laborer becomes unconscious and is brought to ER with temp of 105 F with decreased skin turgor. Which of the following will not be seen?

HEAT STROKE

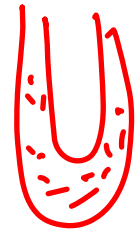
a. Sweating
b. Hypotension
c. Tachypnea
d. Red and Hot skin FLUSHING

TUMOR DOUBLING TIME → 24 HOURS *

54. You are starting chemotherapy in a patient with Burkitt lymphoma. Which of the following baseline investigation is useful monitor this patient during chemo session?

DNA ## TUMOR LYSIS SYN
PURINES ## * PURE - CALCIUM

a. Uric acid level ✓
b. pH and HCO3 levels
c. Serum sodium levels
d. TLC and DLC

1. PO4 ↑
2. URIC ACID ↑ :  ATN / BUN ↑
3. K ↑
4. CALCIUM ↓

Rx: RASBURICASE
INF

55. 30-year-old lady presents with recurrent episodes of pulsatile hemicrania with nausea which leads to difficulty in doing tasks like going to college. She says her mother also suffers from same types of headaches. Which drug is used for preventing such episodes in future?

a. Diclofenac sodium ✓
b. Sumatriptan ✓ ACUTE
c. Rizatriptan ✓
d. Flunarizine

1° migraine

* PRPNL
* CCB: flunarizine
* TCA: amitryptiline
* gabapentin

56. 70-year-old man is having progressive decline in kidney function. Work up shows massive non- selective proteinuria Which of the following antibodies can explain this presentation?

Nephrotic syn

MGN primary

a. ASO antibodies RF

b. Anti-phospholipase A2 receptor antibody

c. Anti Hyalurinodase antibody

d. Anti DNAase B antibody

PSGN : HEMATURIA + SUBNEPHROTIC PROTEINURIA