

The Nervous System:

- 1- A patient taking steroids, started feeling generalized weakness, wide gait and bilateral Romberg's sign – myopathy due to drug (mostly)
- 2- Girl was playing, lost consciousness shortly, recovered immediately – vasovagal attack
- 3- Similar to Q2, but duration was 3 minutes, what is least connected to a vasovagal attack – duration of loss of consciousness
- 4- Not in UMNL – hand fasciculation
- 5- Patient with asymmetrical face, mouth deviates to left, preserved frontal wrinkles – UMNL of right VII nerve
- 6- Not part of trigeminal exam – platysma power
- 7- New born, with weakness in rotation of forearm and abduction of arm, and extension of wrist, lesion at – C5, 6 (mostly)
- 8- Boy with memory loss, inappropriate social behavior, incontinence, mother thinks he is mahsood – frontal lobe lesion
- 9- Patient undergoing right temporal lobectomy, she would have – left upper quadrantanopia
- 10- Patient with visual hallucinations, agnosia and macropsia – secondary visual areas lesion
- 11- Patient, hypertensive, presented with sudden severe headache with neck stiffness – subarachnoid hemorrhage
- 12- Young female with first time onset of severe headache, least likely cause – idiopathic intracranial hypertension
- 13- Not mitochondrial inheritance - Becker and Duchene muscular dystrophies
- 14- Patient with hesitant gait, little arm swing, short steps – Parkinson's disease
- 15- Girl with rapid, brief, purposeless movements – chorea
- 16- Man with fluent, but meaningless speech – Wernicke's area lesion
- 17- Not a cause of fast fine tremor – exercise

Gastrointestinal and Renal Systems:

- 18- Patient with chronic dry cough, jaundice – alpha 1 antitrypsin deficiency
- 19- Patient with polycythemia vera, ascites and absent hepatojugular reflex – Budd Chiari Syndrome
- 20- Ascites with very low protein content, least likely – ovarian tumor with peritoneal seeding
- 21- Central severe abdominal pain, occult blood in feces – mesenteric ischemia
- 22- Wrong statement – MI with epigastric pain also is accompanied with severe epigastric tenderness
- 23- Fresh blood per rectum, 4 month history of intermittent abdominal pain, lower limb stent – ischemic colitis
- 24- Alcoholic, fresh blood in urine, signs of liver disease – esophageal varices
- 25- Alcoholic, recurrent vomiting with fresh blood, no chronic illnesses – Mallory-Weiss tear
- 26- Not related with dysphagia of solids mainly – odynophagia can indicate cancer
- 27- Increases gastric reflux – theophylline (mostly)
- 28- Doesn't need further investigation to confirm IBS – 6 month recurrent abdominal pain, relieved with bowel movements, usually loose
- 29- True about Plummer-Vinson's esophageal webs – postcricoid dysphagia
- 30- Causes blue-green urine – propofol
- 31- CKD without lower limb edema, mostly due to – ACEI (maybe)

Respiratory System:

- 32- Both in emphysema and chronic bronchitis – polycythemia (mostly)
- 33- Causes erythema nodosum – acute sarcoidosis
- 34- Smelly cough, least likely cause – chronic bronchitis
- 35- Worsening shortness of breath, depressed diaphragm, prolonged expiration – acute asthma
- 36- COPD, pain on right side increased with respiration, hyper resonance on right, trachea to left – right pneumothorax
- 37- Stroke patient, left sided decreased TVF, decreased breathing sounds and dullness, trachea to left – left atelectasis
- 38- Lung cancer, left sided decreased TVF, decreased breathing sounds and dullness, trachea to left – left collapse
- 39- Treated for right lobar pneumonia, has right sided decreased TVF, stony dull and descent sounds on the right, trachea to the left – right pleural effusion
- 40- Patient on antibiotics with decreased TVF, dull and decreased sounds bilaterally, drug to stop – nitrofurantoin
- 41- Dull, aching retrosternal pain, not related to respiration – cancer invading mediastinal lymph nodes
- 42- Type I respiratory failure due to pulmonary edema, mechanism through – reduced diffusion (mostly)
- 43- Type II respiratory failure, with reduced CO₂ on voluntary hyperventilation – respiratory center problem
- 44- Causes alveolar bleeding and glomerulonephritis – Good pasture disease
- 45- Causes granulomas and necrosis in the lungs and other tissues – Wegener's granulomatosis
- 46- Causes Malt Worker's lung – Aspergillus clavatus
- 47- Doesn't cause occupational asthma – cotton
- 48- Doesn't affect recurrent laryngeal nerve – stomach cancer

General Examination:

- 49- Wrong on vitiligo – causes bilateral asymmetrical skin depigmentation
- 50- Causes macroglossia – amyloidosis
- 51- Biotin deficiency – paresthesia
- 52- Critical alcohol intake in females – 14g of pure ethanol
- 53- 10 cigarettes a day for ten years – 5 pack years
- 54- Wrong Match – poverty of expression/hypothyroidism

Cardiovascular System:

- 55- Patient with lymphoma and on chemotherapy, has sudden dyspnea, low blood pressure, increased heart rate and prominent P2 – massive pulmonary embolism (mostly)
- 56- Huge irregular a wave – complete heart block
- 57- Flat left heart border – mitral stenosis
- 58- Cyanosing congenital heart disease – total anomalous pulmonary venous return
- 59- Uses IV drugs, has petechiae and hematuria, mid-systolic click with late systolic murmur – mitral regurgitation due mitral valve prolapse
- 60- Not in atrial fibrillation – collapsing pulse

- 61- In heart failure – pulsus alternans
- 62- Not in constrictive pericarditis – orthopnea
- 63- Uses IV drugs, has pan systolic murmur at left sternal border – tricuspid regurgitation
- 64- Worsening hypertension with intermittent claudication – renal artery stenosis
- 65- Patient with dysphagia, beaky nose finger ulcers, antihypertensive drug to avoid – propranolol (maybe)
- 66- Graham Steel murmur due to – pulmonary insufficiency
- 67- Austin Flint murmur due to – regurgitation flow hitting anterior cusp of mitral
- 68- Wrong about venous ulcers – moderate pain relieved on dependency
- 69- True about S3 incidentally discovered in a otherwise normal patient preparing for operation – in normal people
- 70- True about S4 – common in hypertension
- 71- Wrong about strokes – up to 50% of anterior circulation strokes are due to atheromatous embolism from the origin of external carotid
- 72- Wrong statement – constrictive pericarditis cause heart failure of impaired contractility
- 73- Significant lower limb ischemia – ABPI > 0.9
- 74- Decreased atrial pressure with ventricular systole in – x descent
- 75- Best way to assess real blood pressure in white-coat HTN –get home measurements

Musculoskeletal System:

- 76- Chronic dry cough with polyarthritis and raised painful masses – sarcoidosis
- 77- Ruptured tendon Achilles – quinolone
- 78- True about meniscal tear – minimal effusion in about 24 (mostly)
- 79- Wrong about the knee – posterior cruciate ligament prevents posterior subluxation of femur on tibia
- 80- True about knee – suprapatellar pouch is an extension of synovial membrane beneath quadriceps
- 81- Not part of the wrist joint – Ulnoradial joint
- 82- Loss of ability to raise hand of back when internally rotated – Subscapularis lesion
- 83- Not in OA – valgus deformity
- 84- True about spine – kyphosis is curvature in sagittal plane with posterior apex
- 85- Spondylolisthesis is – anterior dislocation of vertebra on one below
- 86- Not a red flag symptom of back pain – sole paresthesia
- 87- Not a cause of lower back pain – rheumatoid arthritis
- 88- Causes splenomegaly and leg ulcers - rheumatoid arthritis
- 89- Wrong about cervical spine – flexion, extension and lateral flexion happen at the distal segments
- 90- Rheumatoid arthritis grading - 6
- 91- Sudden toe pain with redness, tenderness, hotness – acute gouty attack

Basic Life Support and ethics:

- 92- Change roles in CPR with assistant – 5 times (mostly)
- 93- Order of initial BLS – Assess, activate EMS and get AED, pulse, CPR (mostly)
- 94- Not in the 2010 AHA recommendations for CPS – interrupt compressions for 10 seconds

- 95- Sunscreen study – randomized clinical trial
- 96- Statistical analysis of many RCTs – meta-analysis
- 97- True about diagnosis – hypothetico-inductive method is often used in clinical practice
- 98- Patient with weight loss, fear of breast cancer – continue history and examination, and reassure her
- 99- Elderly female with 6 months history of cough, order of most probable diagnoses – Cancer, COPD, chronic bronchitis, TB