

**“Don’t worry about others
doing BETTER THAN YOU.**

**Concentrate on
beating your OWN records
every day.**

**Success is a battle between
YOU and YOURSELF only.”**

- Angel Chernoff

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- A 49-year-old man presents to the emergency room because of melena of 3 days' duration. He denies abdominal pain. Vital signs reveal a resting pulse of 104 per minute and a 25-mm Hg orthostatic drop in BP. Physical findings include bilateral temporal wasting, pale conjunctivae, spider angiomas on his upper torso, muscle wasting, hepatosplenomegaly, and hyperactive bowel sounds without abdominal tenderness to palpation. His stool is melenic. Nasogastric tube aspiration reveals coffee grounds material. Hematocrit is 31%. The appropriate next step in the management of this man's illness would be to
- A. Pass a Sengstaken-Blakemore tube
- B. Obtain an upper GI series
- C. Insert a transjugular intrahepatic portosystemic shunt (TIPS).
- D. Obtain immediate visceral angiography.
- E. Perform upper endoscopy

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• MALLORY-WEIS TEAR ALL TRUE EXCEPT

A. Typically occurs on gastric mucosa

B. Uncommon cause of UGI bleed

C. Endoscopic therapy effective

D. Surgical treatment is common 

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- In alcohol-related liver disease:
 - (a) chronic disease is usually associated with tender palpable hepatomegaly
 - (b) patients are unlikely to be smokers
 - (c) thiamine has not been proven to prevent memory problems
 - (d) decreased tolerance to alcohol indicates progression of disease
 - (e) benzodiazepines are contraindicated during alcohol detoxification

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• Causes of indirect hyperbilirubinemia ,all are true except

A. B12 deficiency

B. Wilson's disease

C. Gilbert's syndrome

D. Rotor syndrome


E. major ABO incompatibility reaction

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• Local measure to stop a variceal upper GIT bleeding, all are true except

A banding

B sclerotherapy

C esophageal transection 

D balloon tamponade

E terlipressin infusion

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A patient with chronic liver disease presents with upper GIT bleeding, all are true except

- A. upper GIT endoscopy should be done in all cases as 20% of cases the bleeding is non variceal
- B. despite all advances in the management, the mortality rate is still high
- C. portosystemic shunt surgery in this patient may have a mortality of 50%
- D. vasopressin is contraindicated in ischemic heart disease
- E. esophageal transection is commonly used as a first line treatment



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- TIPSS (transjugular intrahepatic Porto-systemic shunt) , all are true except
 - A it is done by placing a stent between the hepatic vein and the portal vein in the liver under radiological control.
 - B the objective is to produce a Porto systemic shunt to reduce the portal pressure and hence the variceal bleeding
 - C prior patency of the portal vein should checked before hand by angiography
 - D may precipitate or worsen hepatic encephalopathy
 - E when rebleeding occurs, the shunt should be removed

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- Spontaneous bacterial peritonitis in the context of cirrhosis, all are true except
 - A unfortunately, up to one third of cases the abdominal signs are mild or absent
 - B almost always a mono-microbial infection state
 - C recurrence is common but unfortunately there is no way to prevent it
 - D The commonest organisms are enteric gram negatives, but no source of infection is usually present
 - E the ascitic fluid is cloudy with more than 250 neutrophils / mm³

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- Precipitating factors for hepatic encephalopathy in a patient with cirrhosis, all are true except
 - A occult infection
 - B aggressive diuresis
 - C diarrhea or constipation
 - D treatment with oral Rifaximin
 - E excess dietary proteins

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- Acute fulminant hepatic failure, all are true except
 - A the commonest causes are viral hepatitis and medications-induced
 - B the hallmark is the presence of acute hepatic encephalopathy
 - C the absence of jaundice is against the diagnosis
 - D there are long listed complications and these usually complicates the picture further
 - E the patient should be managed in an intensive care unit or a high dependency unit once the PT is prolonged

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• All are Causes of acute hepatitis, except

A Halothane

B Wilson's disease

C autoimmune hepatitis

D CMV

E hemochromatosis

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• DRUG NOT USED IN TREATING CHRONIC HBV INFECTION

A. Lamivudine

B. Adefovir

C. Entecavir

D. Ribavarin 

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- All are Causes of chronic liver disease and cirrhosis, except

A alpha 1 anti-trypsin deficiency

B Hepatitis C

C hemochromatosis

D autoimmune hepatitis

E EB Virus infection



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• The hepatitis viruses, all are true except

- A hepatitis A is an RNA enterovirus which does not lead to a carrier state
- B hepatitis B is a DNA virus that 42 nm in diameter and leads to chronic infection up to 10% of adults versus 90% of neonatal hepatitis B infection
- C hepatitis C is an RNA flavivirus and of those infected, up to 20 % of them will develop cirrhosis after 20 years
- D hepatitis D is a defective RNA virus that can be prevented by preventing hepatitis B infection in high risk groups by using hepatitis B vaccine and immunoglobulin
- E hepatitis E is a RNA calicivirus that carries a mortality of 2% if the infection occurs in pregnancy




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- Autoimmune hepatitis, all are true except
 - A type I is ANA and antismooth muscle antibodies positive, while type II is anti LKM antibodies positive
 - B amenorrhea is the rule and cushingoid faces may be seen
 - C 25% of cases present as a hepatitis like picture
 - D corticosteroids are effective in the treatment of acute attacks and at prevention of future attacks but do not prevent the progression to frank cirrhosis
 - E hepatocellular carcinoma as a complication is common

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• Acute hepatitis B is diagnosed

- A. High bilirubin levels with normal enzymes
- B. IgM anti-HbC 
- C. High HBV DNA levels
- D. Normal LFT

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• WILSON DS , TRUE STATEMENT is

- A. K-F ring seen in all cases
- B. High ceruloplasmin levels
- C. High urinary copper levels ☒
- D. Desferoxamine is treatment of choice

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- NOT SEEN IN HAEMOCHROMATOSIS

A. DIABETES

B. ARTHROPATHY

C. CARDIAC INVOLVEMENT


D. BASAL GANGLION DEGENERATION 

• PURTSCHER'S RETINOPATHY IS SEEN IN

- A. Acute hepatitis
- B. Primary biliary cirrhosis
- C. Acute pancreatitis ~~EE~~
- D. Hepatic amyloidosis

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• GIANOTTI- CROSTI SYNDROME IS ASSOCIATED WITH

- A. Auto immune hepatitis
- B. Hepatitis B infection 
- C. Wilson ds
- D. Hepatitis C

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• TRIAD OF HAEMOBILIA DOES NOT INCLUDE

A. Upper abdominal pain

B. Jaundice

C. Malena

D. Fever ~~ES~~

• ACUTE PANCREATITIS WITH NORMAL AMYLASE SEEN IN

- A. Hyper triglyceridemia ☒
- B. Mumps related
- C. Post-ERCP
- D. All of above

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• ALL ARE PART OF RANSOM CRITERIA FOR ACUTE PANCREATITIS EXCEPT

A. Hypercalcemia ~~605~~

B. Glucose > 200

C. Age > 55

D. LDH ->350

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• NOT TRUE ABOUT ACHALASIA CARDIA

- A. Surgery is treatment of choice
- B. Disease of smooth muscle
- C. Manometry is invg of choice
- D. Nifedipine is useful in treatment



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• NOT TRUE ABOUT ULCERATIVE COLITIS

- A. Strictures more common than Crohn's disease ☒
- B. Premalignant condition
- C. Steroids useful in acute exacerbation
- D. Infliximab is useful treatment option

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• Ascitic fluid ADA levels s/o tuberculosis is

A. > 6 IU/ml

B. > 12 IU/ml

C. > 26 IU/ml

D. > 32 IU/ml



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- Which statement is not true about pyogenic liver abscess
- A. Usually multiple
- B. Mild jaundice
- C. Acute presentation ~~is~~
- D. All above statements are incorrect

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• World hepatitis day is celebrated every year on which date ?

A. 14TH Feb.

B. 5th June

C. 28th July ~~AB~~

D. 6th August

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- Complications of ulcerative colitis include all EXCEPT:

A. Fistulae *P*

B. Neoplasia

C. Primary sclerosing cholangitis

D. Toxic megacolon

(Date 2014)

Roll No - 89

(Suresh Kumar)

Winnott's Cr

① E

② D

③ d

④ A -

⑤ E

⑥ E

⑦ E

⑧ C

⑨ C ⑩

10 C

11 E

12 D

13

14 E

15 E

16 D ⑪

17 B

18 C

19 D

20 C

21 A -

22 D

23 A ⑫

24 A

25 B ⑬

26 A

27 A ⑭

28 C C

29 C

30 A

Acute phase

↳ High

↳ Acute

↳ Lat

CSF -

Asc

EBV → Acute



Rumi - رومی

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5 Jun at 9:15pm • 

LOVE is only freedom in this World, because it so elevates the spirit that the laws of humanity and phenomenon of nature donot alter its course

~ RUMI

