

Paper 1

1. A boy plays with cat, now presents with fever, malaise & enlarged lymph node. Causative organism -
- Eikenella corrodens
 - Bartonella (ans)

Cat bite if That's a pet	Pasturella most common	
Cat scratch disease	Bartonella	

2. PD1 therapy used in treatment for lung carcinoma. Which kind of therapy ?

- Immunotherapy
- Mtor
- Tyrosine kinase
- VEGF targeted therapy

3. What is not scanned in fast scan

- Pericardium
- Pelvic view
- Right upper quadrant
- Left upper quadrant
- Lower lobe of lungs

4. After RTA patient came with maligned jaw ,opens mouth but smile is not at same level. Which site of mandible is fractured -

- Condyle
- Ramus
- Coronoid process

5. Where parotid duct opens -

- Behind upper 2nd molar tooth
- Floor of mouth
- Frenulum

Symptoms of Cat Scratch Fever



Cleveland Clinic

Table 1 Current Therapies for Non-Small-Cell Lung Cancer

Type of therapy	Drug	Drug class
Cytotoxic chemotherapy	Carboplatin/nab-paclitaxel Cisplatin/gemcitabine Cisplatin/pemetrexed	Platinum-based doublets
EGFR-targeted therapy	Afatinib Cetuximab Crizotinib Gefitinib Erlotinib Necitumumab	EGFR-TKI Anti-EGFR monoclonal antibody EGFR-TKI (for ALK-positive tumors) EGFR-TKI EGFR-TKI Anti-EGFR monoclonal antibody
Antiangiogenesis agents	Bevacizumab Ramucirumab	Anti-VEGF monoclonal antibody VEGFR2 antagonist
Immunotherapeutic agents	Ipilimumab, tremelimumab Nivolumab, pembrolizumab	Anti-CTLA-4 monoclonal antibodies Anti-PD-1 monoclonal antibodies

CTLA indicates cytotoxic T-lymphocyte antigen; EGFR, epidermal growth factor receptor; PD-1, programmed death-1 receptor; TKI, tyrosine kinase inhibitor; VEGFR, vascular endothelial growth factor receptor.

Source: Thatcher N, et al. *Lancet Oncol*. 2015;16:763-774.

6. Which muscle cause hip flexion -

- A) Psoas major

7. Which nerve is tested in trendelenburg test -

- A) Sup.gluteal nerve
- B) Inf.gluteal nerve
- C) Sciatic nerve
- D) Femoral nerve
- E) Common peroneal nerve

8. After RTA, 26 years young man came to the emergency with pelvic fracture. Most likely injured structure for him -

- A) Urethra
- B) Pelvic organ
- C) Left kidney
- D) Liver
- E) Spleen

9. Which muscle is responsible for cremaster reflex during an hernia surgery?

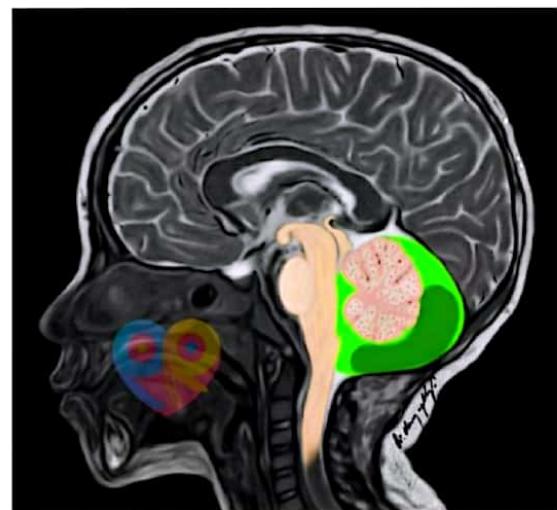
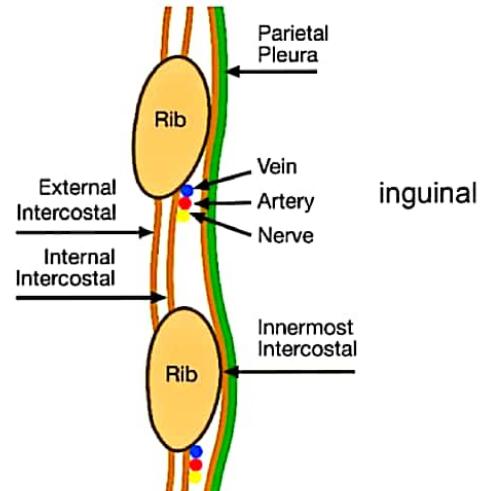
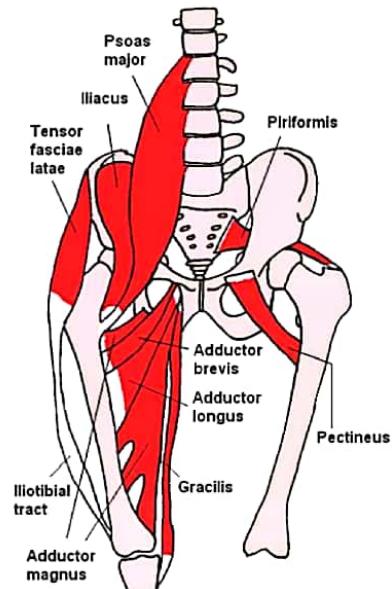
- A) External oblique aponeurosis
- B) Internal oblique muscle
- C) Transversalis fascia
- D) Peritoneum

10. During insertion of chest drain tube in safety triangle, first structure pierced -

- A) External intercostal muscle
- B) Internal intercostal muscle
- C) Serratus anterior
- D) Pectoralis major

11. Communicating hydrocephalus occurs due to communication with -

- A) Lateral ventricle
- B) Foramen of Luschka
- C) Cisterna magna



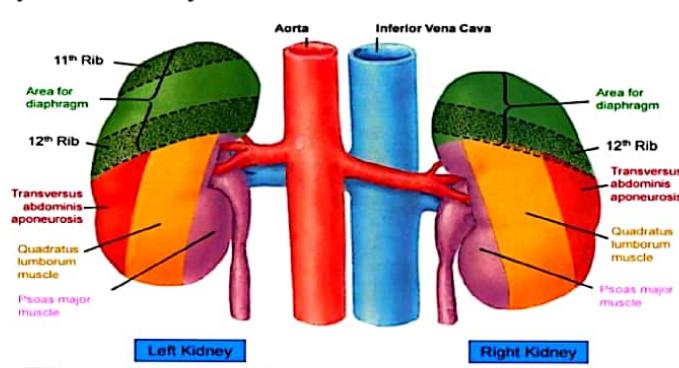
12. Which of the following structure lies posteriorly to the kidney -

- A) Quadratus lumborum

13. After 60% burn, patient presents with shock. He was resuscitated with IV fluid.

How to find inadequate fluid infusion –

- A) Oliguria
- B) Hypotension
- C) Bradycardia
- D) Cheyne stoke breathing
- E) Raised lactate level

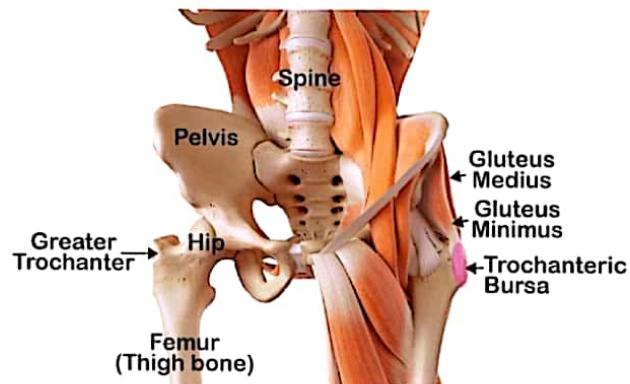


14. Function of gluteus maximus -

- A) Hip flexion
- B) Hip abduction
- C) Knee joint extension

15. Which one is a content of SOF -

- A) Lacrimal nerve
- B) Optic nerve
- C) Infra orbital nerve
- D) Supratrochlear nerve
- E) Long ciliary nerve



16. Repeated infection not responding to antibiotic -

- A) Inadequate dose of antibiotic
- B) Viral infection
- C) Fungal infection
- D) Immunosuppression
- E) Steroid use

17. Patient is on both dipyridamole & aspirin, now emergency OT needed. When to stop dipyridamole pre-operatively -

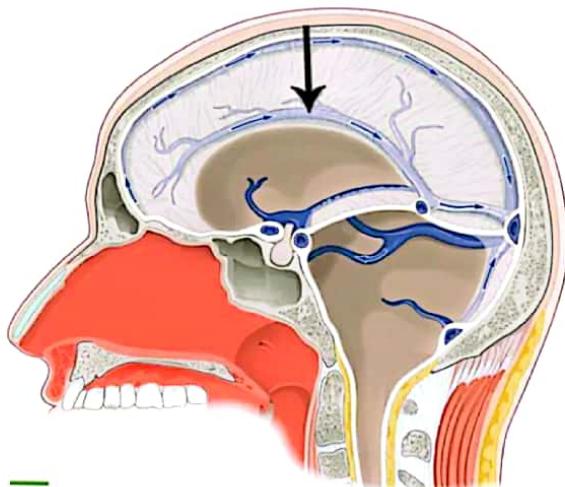
- A) 72hrs
- B) 24-48 hrs
- C) 12hrs

18. Location of inf sagittal sinus in free margin -

- A) Falx cerebri
- B) Tentorium cerebelli

19. Location of splenic vein -

- A) Behind pancreatic body
- B) 2nd part of duodenum
- C) Near lesser curvature



← https://drive.google.com/drive/u/0/mobile/folders/16-3LR3... :

← 2025

20. Splenic artery supplies which of the following -

- A) 2nd part of duodenum
- B) Greater curvature
- C) Pylorus
- D) Lower esophagus
- E) Fundus of stomach

21. Insulin releasing cell lies in which part of pancreas -

- A) Neck
- B) Uncinate process
- C) Tail
- D) Body
- E) Head

22. Magnesium stored mostly in -

- A) Liver
- B) Bones
- C) Skeletal muscle
- D) Smooth muscle
- E) Adipocyte

23. Stab in lower gluteal region. Most likely nerve to be injured -

- A) Sup gluteal nerve
- B) Inf gluteal nerve
- C) Sciatic nerve
- D) Pudendal nerve
- E) Femoral nerve

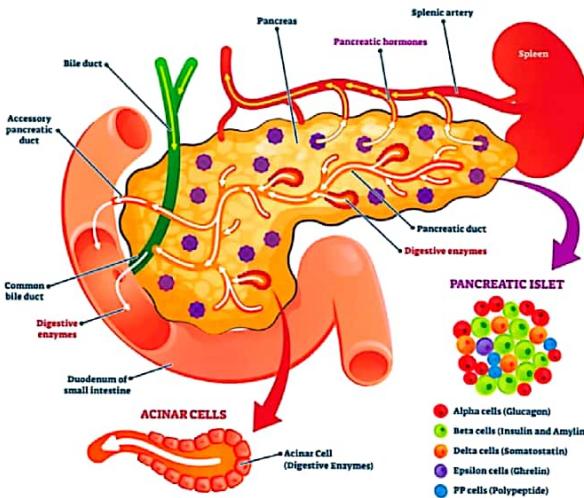
24. After hip surgery, patient came with sensory loss over lateral aspect of foot with foot drop & impaired knee flexion. Probable diagnosis -

- A) Sciatic nerve injury motor component
- B) Femoral nerve injury
- C) Tibial nerve injury

25. Stab injury left 5th ICS. Which structure is at most risk of injury -

- A) Pleura
- B) RA
- C) Base of heart
- D) Pericardium
- E) The diaphragm

PANCREAS



26. 50 years lady came with dyspareunia, P/V bleeding. On examination swelling of inguinal LN found.

What is the most likely diagnosis -

- A) Ca ovary
- B) Ca anus
- C) Ca bladder
- D) **Ca cervix**
- E) Ca colon

27. Pterion is formed by which bone -

- A) **Squamous part of temporal bone**
- B) Petrous part of temporal bone
- C) Lesser wing of sphenoid bone
- D) Ethmoid bone
- E) Occipital bone

28. A 32-year-old woman presents to the emergency department with weakness and deformity in her right hand following a traumatic fall. She reports that she fell off a tree while attempting to climb down and grabbed onto a branch with her right hand to break the fall. Examination reveals hyperextension of MCP joint with flexion of IP joint. Probable diagnosis -

- A) Erb's palsy
- B) **Klumpke's paralysis**

29. 45-year-old male construction worker fell approximately 10 feet from a ladder, landing on his head and shoulder. Examination reveals weak elbow flexion with reduced sensation over lateral arm & thumb. Most likely cause -

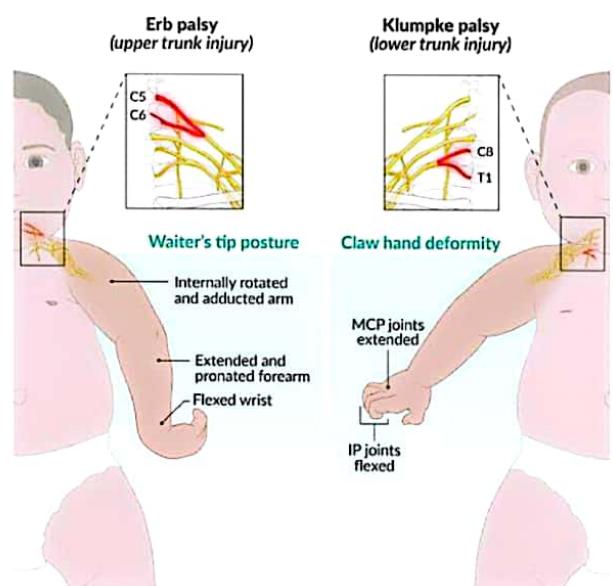
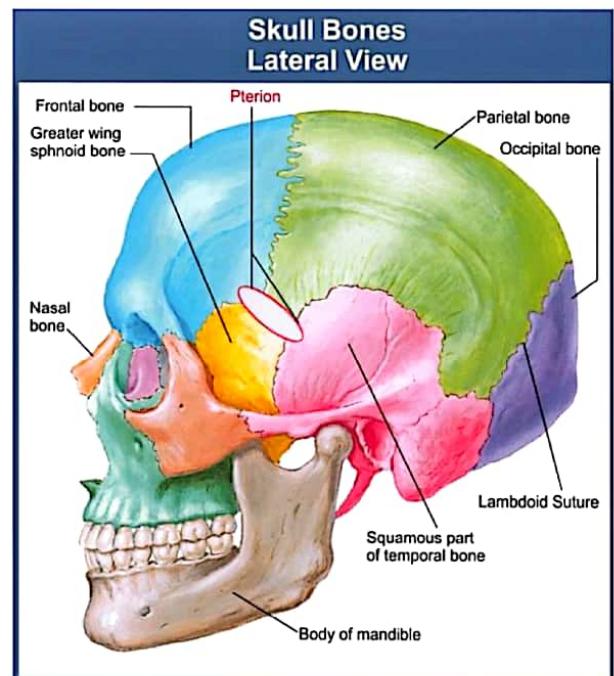
- A) **Injury to C5,6**
- B) Injury to C8,T1
- C) Injury to C4,5

30. 30 years female with thyroid nodule. Probable cause –

- A) **Papillary thyroid ca**
- B) Follicular thyroid ca
- C) Medullary thyroid ca

31. A patient came with thyroid enlargement & positive family history. Most likely diagnosis -

- A) **Medullary thyroid**
- B) Papillary thyroid ca
- C) Follicular thyroid ca



← https://drive.google.com/drive/u/0/mobile/folders/16-3LR3... :

← 2025

32. A patient came with recurrent abdominal pain not responding to various PPI, diarrhoea & symptoms of acid hypersecretion. Most likely diagnosis -

- A) Insulinoma
- B) Gastrinoma
- C) PUD

33. Recurrent peri anal infection. Dx -

- A) Coeliac disease
- B) Ulcerative colitis
- C) Crohn's disease

34. ASD occurs due to defect in -

- A) Bulbus cordis
- B) Sinus venosus
- C) Endocardial cushion

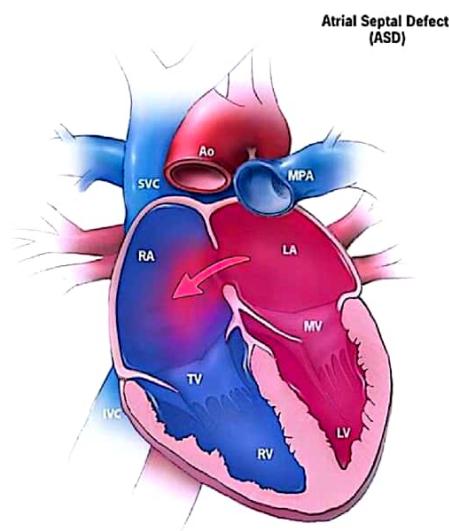
35. Pressure sore how do you manage -

- A) Primary healing
- B) Secondary healing
- C) Tertiary intention

36. Normal GB elective removal no infection,no spillage.

Only stone. Type of surgery -

- A) Clean contaminated
- B) Contaminated
- C) Dirty



RA, Right Atrium
RV, Right Ventricle
LA, Left Atrium
LV, Left Ventricle

SVC, Superior Vena Cava
IVC, Inferior Vena Cava
MPA, Main Pulmonary Artery
Ao, Aorta

TV, Tricuspid Valve
MV, Mitral Valve

Cholecystectomy	No spillage	Clean contaminated
	Spillage	Contaminated
	Purulent GB +/- spillage	Dirty

37. Which layer is primarily defected in aortic dissection -

- A) Tunica adventitia
- B) Medial elastin
- C) Intimal layer
- D) Collagen
- E) Endothelial lining

38. A 20 years old boy came to the emergency department with stab injury in right lung hilum. Which structure lies inferiorly in the hilum -

- A) Right pulmonary vein
- B) Right upper Pulmonary artery
- C) Right principal bronchus
- D) Phrenic nerve
- E) Vagus nerve

39. In Meralgia paresthetica affected nerve root value is -

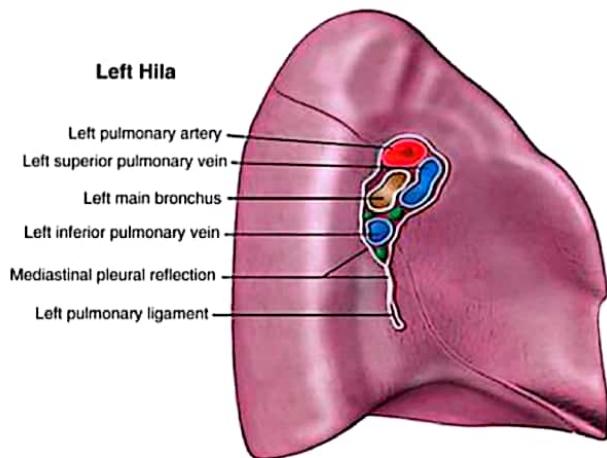
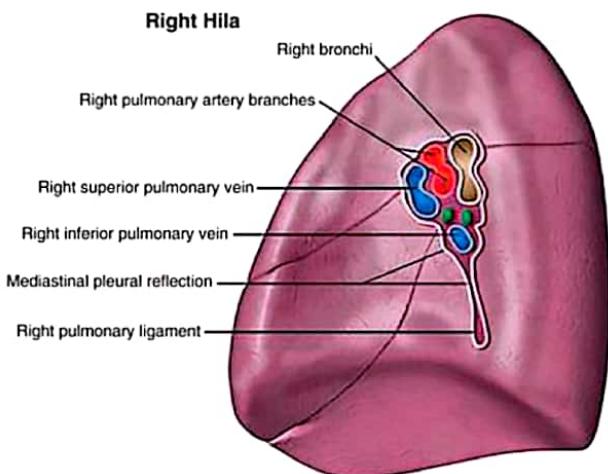
- A) L1,2
- B) L2,3
- C) L4,5
- D) L2,3,4
- E) L1,2,3

40. Root value of sensory supply to lateral aspect of forearm & thumb -

- A) C4
- B) C5
- C) C6
- D) C7
- E) C8

41. Histological feature seen in multiple myeloma -

- A) AL chain
- B) Beta chain
- C) Beta 2 transferin



← https://drive.google.com/drive/u/0/mobile/folders/16-3LR3... :

← 2025



42. A cyst which moves while protruding tongue needs to remove due to -
 A) Aberrant tissue

43. Audit of process(regarding mail)

Audits

Audit of process	examining any activities Annual review for diabetes, any disease
Audit of structure	services available Facility, equipment available in the hospital
Audit of outcome	effectiveness of treatment Patient satisfaction, cure rate of a specific disease
Audit of standard	Collecting data and comparing with standards

44. Antiemetic used in case of a diarrhoea patient -

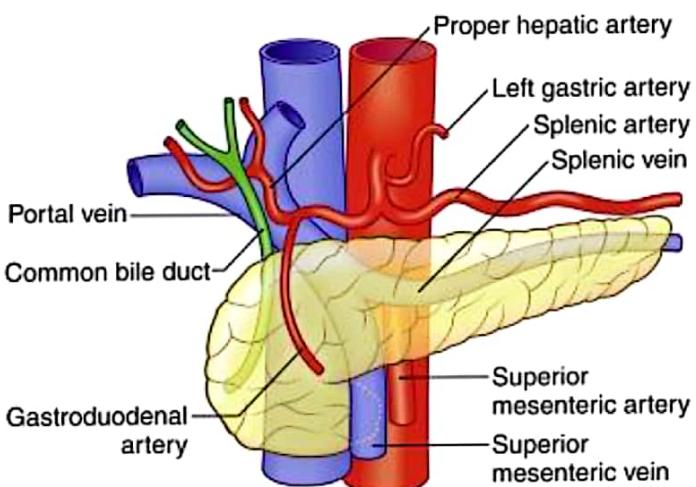
- A) Ondansetron
- B) Metoclopramide
- C) Cyclizine
- D) Dexamethasone
- E) Prochlorperazine

45. Lymph drainage of glans penis

- A) Int iliac LN
- B) Para aortic LN
- C) Deep inguinal LN
- D) Superficial inguinal LN
- E) Ext iliac LN

46. Structure lying above uncinate process -

- A) SMV
- B) Portal vein
- C) Gastro-duodenal artery



47. Where necrosis occurs in pancreas -

- A) Body
- B) Head
- C) Tail
- D) Uncinate process

48. Benefit of monopolar diathermy over bipolar diathermy action -

- A) Cutting & Coagulation
- B) Reduced risk of tissue damage
- C) Reduced risk for electrical burn

49. After abdominal operation aged patient develops hypotension, tachycardia. Type of shock -

- A) Neurogenic
- B) Obstructive
- C) Anaphylactic

50. What happened first during wound healing -

- A) Vasodilation
- B) Haemostasis
- C) Angiogenesis
- D) Margination

WOUND HEALING



1 hour	1 week	2 nd week- 3 rd week	4 th week/month
Stage 1	Stage 2	Stage 3	Stage 4
Hemostasis	Inflammation	Proliferation	Maturation
Immediate arteriolar constriction Capillary dilatation Clot formation	Neutrophil come Macrophage come Acute inflammation start Scab form	Granulation tissue forms Fibroblasts cements with collagen fibers Fibers start pulling tissues > wound contraction start Epithelial cells start migrating > epithelialisation	Around 1 month > Myofibroblast appear.
	7 days	21 days	21 days – 2 years
	Edema Erythema Inflammation Pain		Scar formed

51. ECG feature of hypothermia

- A) J wave
- B) Atrial flutter

52. Recurrent UTI organism -

- A) E.coli
- B) Klebsiella
- C) Proteus

53. No bifid spine vertebra -

- A) C7
- B) C5

C) C4

54. From where external spermatic fascia comes from -

- A) External oblique aponeurosis
- B) Internal oblique aponeurosis
- C) Transversus abdominis

55. Sterilisation of orthopaedic arthroscope -

- A) Glutaraldehyde
- B) NO
- C) Autoclave

56. Dorsiflexion root value -

- A) L2
- B) L3
- C) L4
- D) L5
- E) S1

57. After thyroid surgery patient develops feature of hypocalcemia. Affected organ is supplied by which artery -

- A) Inferior thyroid artery
- B) Superior thyroid artery
- C) Ascending pharyngeal artery

58. After RTA, patient present with fracture of C6 vertebra. Now his BP is low with bradycardia. Most likely diagnosis -

- A) Neurogenic shock
- B) Obstructive shock
- C) Cardiogenic shock
- D) Anaphylactic shock
- E) Hypovolemic shock

59. Which structure is ligated to control bleeding -

- A) Hepatoduodenal ligament

60. Splenic artery lies at -

- A) Superior border of pancreas
- B) Posteriorly to pancreas

61. Young patient after playing football comes with severe abdominal pain. He gave history of infection with mononucleosis. Possible diagnosis -

- A) Splenic rupture
- B) Pancreatitis
- C) Appendicitis
- D) Esophageal spasm
- E) Colonic infarction

62. Which structure is ligated during high anterior resection -

- A) Left colic artery
- B) Superior rectal artery

62. Which structure is ligated during high anterior resection -

- A) Left colic artery
- B) Sup rectal artery
- C) IMA
- D) Middle colic artery
- E) Aorta

63. After submandibular gland operation, there is loss of sensations in ant tongue & floor of mouth. Injured nerve -

- A) Lingual nerve
- B) Hypoglossal nerve
- C) Inf alveolar nerve

64. Young patient came with pain, fever & swelling of preauricular region. Cause -

- A) Tonsillitis
- B) Mumps
- C) Subcutaneous lipoma

65. Tympanic membrane or middle meatus comes from which pouch -

- A) 1st pouch
- B) 2nd
- C) 3rd
- D) 4th
- E) 6th

66. Which structure does not pass through internal carotid canal -

- A) Facial nerve
- B) ICA
- C) Venous plexus

67. Dobutamine reduce BP by acting on which receptor -

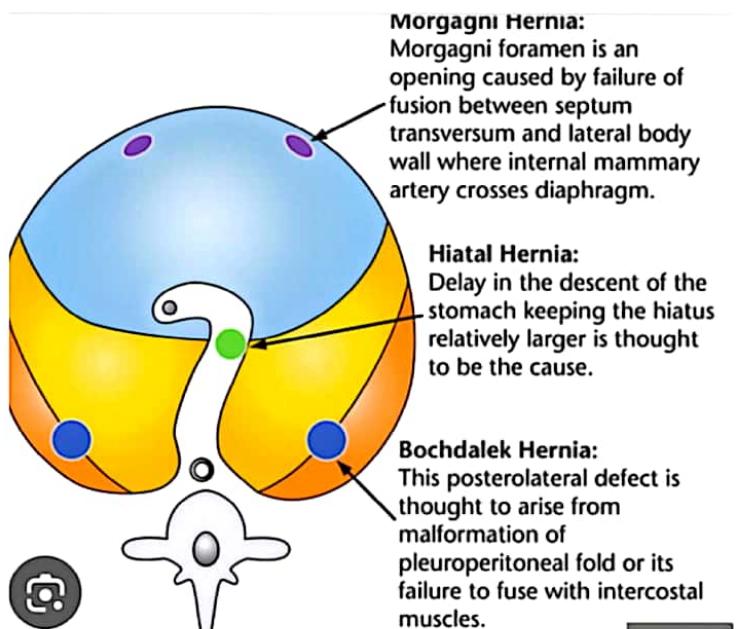
- A) Beta 2
- B) Beta 1
- C) Alpha 1
- D) Alpha 2

68. Failure of fusion of left pleuroperitoneal membrane -

- A) Bochdalek hernia
- B) Richter's hernia
- C) Littre's hernia

69. Left testicular vein drain into -

- A) IVC
- B) Left adrenal vein
- C) Left renal vein



← https://drive.google.com/drive/u/0/mobile/folders/16-3LR3... :

← 2025

70. After resection of terminal ileum what happens to MCV -

- A) Decreased
- B) Increased**
- C) Normal

71. Transfusion of 5L NS will cause which of the following metabolic abnormality -

- A) Hyperchloremic acidosis**
- B) Hypochloremic acidosis
- C) Hyperchloremic alkalosis

72. After taking off the cuff which substance rushes the vessels –

- A) **Histamine**
- B) NO
- C) Prostaglandin A2
- D) Bradykinin

73. Patient presented with isolated lower limb weakness. Possible occlusion in -

- A) MCA
- B) ACA**
- C) PICA

74. Hit on side of head. Which artery is injured?

- A) MMA**
- B) ECA
- C) ICA

75. How to differentiate between LMNL and UMNL palsy in case of facial nerve?

- A) Raise eyebrows**
- B) Drooping of eyelid
- C) Mouth deviation

76. Transverse sinus drains into -

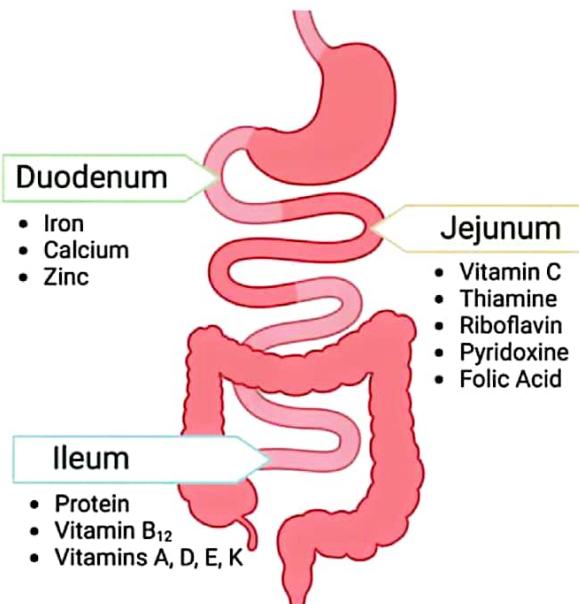
- A) Transverse sinus
- B) Sup.sagittal sinus
- C) Sigmoid sinus**

77. Male and female heights before surgery

- A) Mann Whitney U test**
- B) Unpaired T test
- C) Paired T test

78. Pre op patient is on warfarin. How to reverse drug effect –

- A) PCC**
- B) Vit k 10mg
- C) FFP
- D) Whole blood



79. Which of the following muscle cause 90 degree above abduction –

- A) Deltoid
- B) Trapezius
- C) Teres major
- D) Serratus anterior

80. Patient came with sensation loss over lateral 2 and half fingers. Initial investigation -

- A) X-ray true lateral view
- B) MRI
- C) CT scan

81. Muscle attached to lower border of lateral scapula –

- A) Supra-spinatus
- B) Teres major

82. Root value of medial surface of thigh and leg dermatome -

- A) L1,2
- B) L2,3
- C) L3,4
- D) L4,5
- E) L5,S1

83. Major blood supply to femoral head –

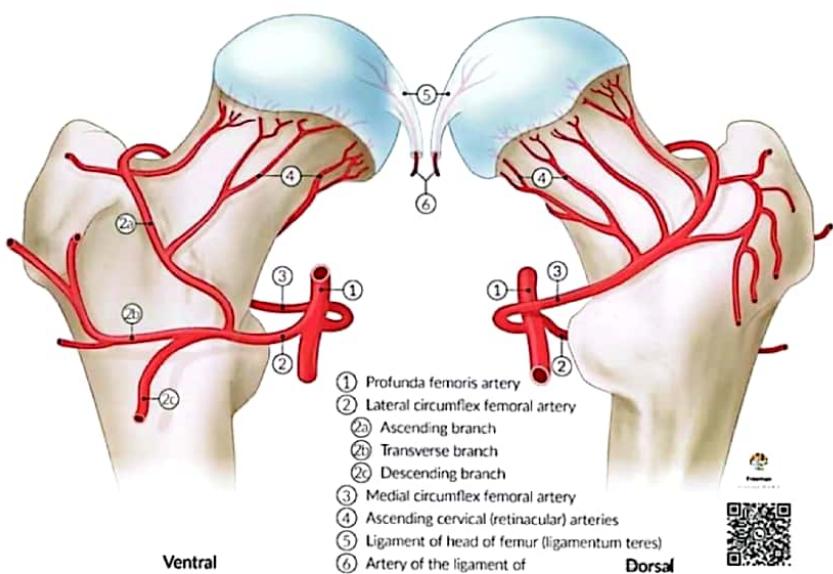
- A) MCFA
- B) LCFA
- C) Profunda femoris artery

84. After sciatic nerve injury what finding will be present –

- A) Impaired Knee flexion
- B) Knee extension lost
- C) Hip extension lost

85. After supracondylar fracture surgery which nerve is at risk of injury -

- A) Radial nerve
- B) AIN



86. SSI after appendectomy. Causative organism –

- A) Staph aureus
- B) Strep pyogens
- C) E.coli
- D) Bacteroid
- E) Salmonella

← https://drive.google.com/drive/u/0/mobile/folders/16-3LR3... :

← 2025



87. During surgery, medial compartment muscles of legs twitch. Which nerve is injured

- A) Obturator nerve
- B) Pudendal nerve
- C) Iliohypogastric nerve

88. After arm surgery, patient can't extend thumb while palm facing downward but sensation intact. Most likely injured nerve

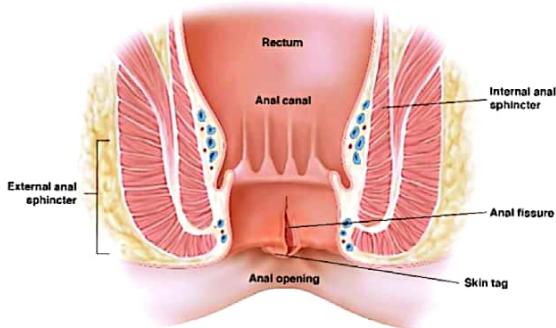
- A) PIN
- B) Radial nerve
- C) Recurrent branch of median nerve
- D) AIN
- E) Ulnar nerve

89. Painful defecation. Where is the tear (anal fissure) –

- A) Posterior midline distally
- B) Posterior midline proximally

90. Structure going inferolaterally to umbilicus carrying –

- A) Oxygenated blood
- B) Deoxygenated blood
- C) From bladder to amniotic fluid
- D) From bladder to placenta



© 2018 University of Iowa Health Care

91. Rivaroxaban belongs to which group of drug

- A) Vit K antagonist
- B) Anti-platelet
- C) Cox inhibitor
- D) Xa inhibitor
- E) Thrombin inhibitor

92. 1st response to shock –

- A) Carotid baroreceptor
- B) Carotid sinus
- C) Aortic arch baroreceptor

93. Type of shock after heart problem –

- A) Neurogenic shock
- B) Cardiogenic shock

94. Before prescribing dabigatran what should be taken into consideration –

- A) Creatinine clearance
- B) Urea

Dabigatran is mainly eliminated by renal excretion, and hence it is contraindicated in patients with creatinine clearance (CrCl) of <30 mL/min. Dabigatran increases the risk for bleeding, particularly in acute kidney injury (AKI)

95. During cholecystectomy, minimal bile spillage occurs. Type of surgery –

- A) Clean contaminated
- B) Contaminated
- C) Dirty

96. Ejaculation problem after high anterior resection. Likely injured nerve –

- A) Hypogastric plexus
- B) Pelvic splanchnic plexus
- C) Pudendal nerve

97. After priapism (settled) management –

- A) Tamsulosin
- B) Phenylephrine
- C) Prazosin

98. Injury to accessory nerve site at -

- A) Posterior triangle
- B) Anterior triangle

99. Acute kidney rejection following grafting due to renal artery thrombosis mediated by -

- A) Complement
- B) Immunoglobulin
- C) Antigenic reaction

100. Pain mediator –

- A) Bradykinin
- B) Prostaglandin A2
- C) Prostacyclin
- D) Histamine
- E) NO

101. Patient is on steroids , later present with weight loss , hemoptysis. Likely diagnosis –

- A) TB
- B) HL

102. Macrophages seen in -

- A) Hodgkin lymphoma
- B) Sarcoidosis
- C) Hashimoto's thyroiditis

103. Orbital fracture causing inferior oblique muscle entrapment. Now what is the position of eye -

- A) Down in
- B) Down
- C) Down out

104. Small boy with hamartoma and pigmentation around mouth Dx –
A) Peutz jeghers syndrome
B) Juvenile polyp
C) IBD

105. Symptoms of aortic dissection occurs due to –
A) Intimal derangement

106. Patient with enlarged cervical and mediastinal LN. Dx -
A) HL

107. JVP changes seen in tricuspid stenosis –
A) Cannon a wave
B) Giant a wave
C) Absent a wave
D) Slow y descent

108. Substance produced by Delta granules of platelet -
A) Fibrinogen
B) VWF
C) Serotonin
D) PDGF
E) VEGF

109. Heparin is activated by -
A) Antithrombin 3
B) Factor Xa
C) Thrombin

110. Thickening of gastric & duodenal mucosa due to –
A) Increased gastrin
B) Increased CCK

111. Most likely complication of massive blood transfusion –
A) Citrate toxicity
B) AKI
C) TRALI
D) Hypokalemia

112. Small cell lung ca. Paraneoplastic syndrome associated with –
A) SIADH
B) Hypocalcemia

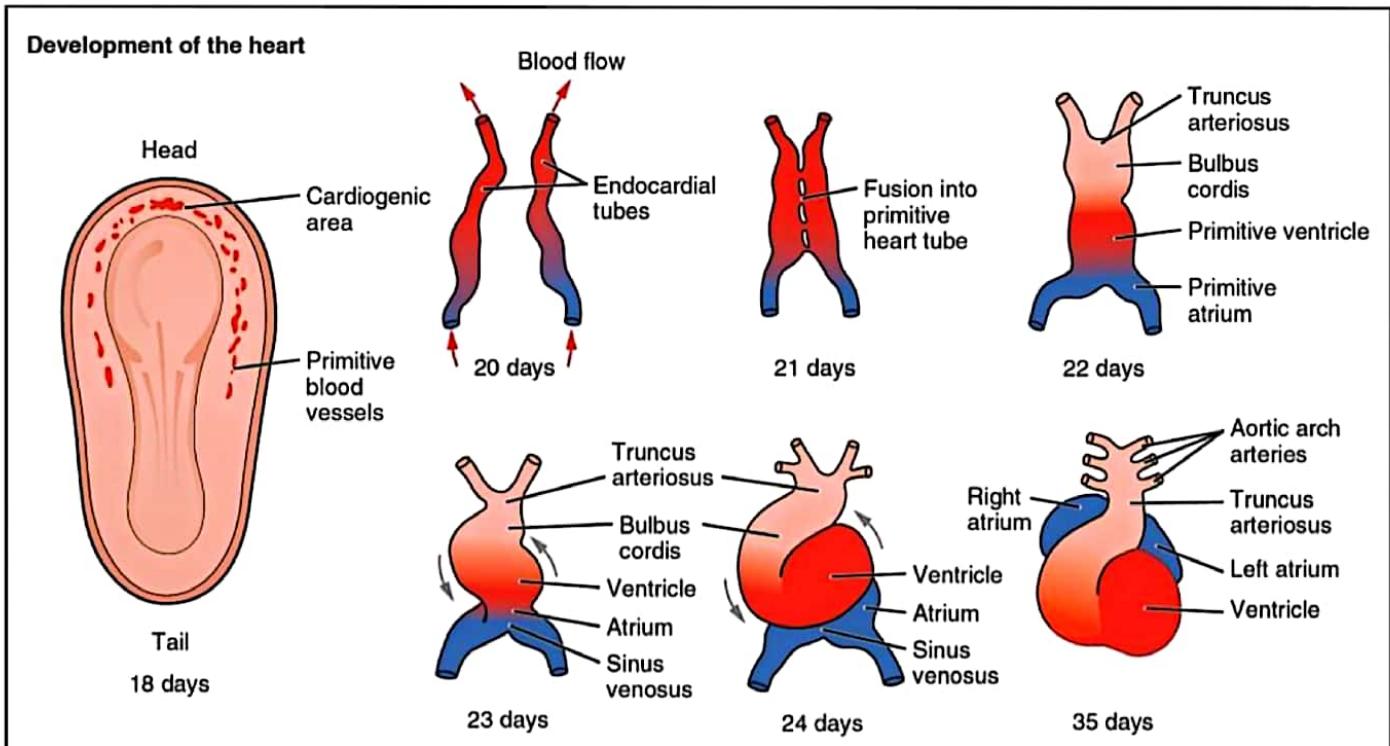
Prominent a Wave

- Forceful atrial contraction when there is resistance to RA emptying or increased resistance to ventricular filling
- RV inflow obstruction:
 - Tricuspid stenosis or atresia
 - RA myxoma
- Decreased ventricular compliance:
 - Pulmonary stenosis
 - Pulmonary hypertension of any cause
 - RV infarction
 - RV cardiomyopathy (including HOCM)
 - Acute pulmonary embolism

Histologic Type	Paraneoplastic Syndrome
Adenocarcinoma	Hypertrophic pulmonary osteoarthropathy Trousseau's syndrome
Squamous cell carcinoma	Humoral hypercalcemia of malignancy (PTHrP) Pancoast syndrome
Small (oat) cell carcinoma	SIADH Lambert-Eaton myasthenic syndrome Cerebellar degeneration

113. Interventricular septal defect occurs due to defect in –

- A) Bulbus cordis
- B) Sinus venosus
- C) Endocardial cushion



114. Abnormality present in hypothyroidism –

- A) Increased cholesterol
- B) Decreased cholesterol

115. Deep perineal pouch content –

- A) Bulbourethral gland
- B) Bulbospongiosus muscle
- C) Int pudendal vessels
- D) Crura of penis
- E) Greater vestibular gland

116. Which has more resistance in respiratory system –

- A) Upper trachea
- B) Carina

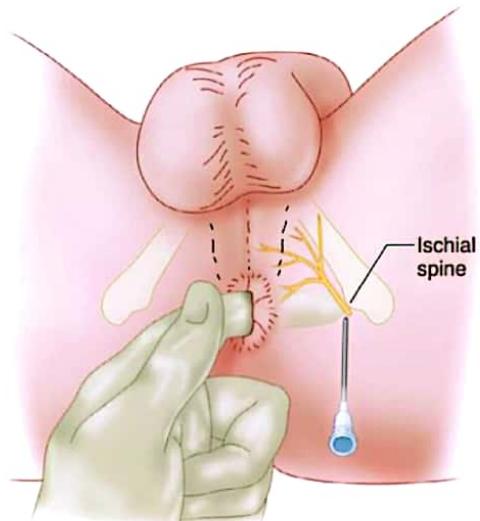
117. 25 cm from incisor a it was blocked where does it drain into

- A) Tracheobronchial
- B) parasternal

118. If aspirin stopped one day before surgery it will cause –

- A) Platelet derangement

119. Ileal resection will cause –
 A) Decreased bile salt circulation
 B) Increased bile secretion
 C) Increased concentration of stored bile
120. Sympathetic trunk relation to aorta -
 A) Lateral to aorta
 B) Post to IVC
 C) Post to aorta
 D) Ant to aorta
 E) Medial to aorta
121. During cholecystectomy in Calot's triangle which structure is ligated –
 A) Right hepatic artery
 B) Cystic artery
 C) Common hepatic artery
 D) CBD
 E) Portal vein
122. Pudendal nerve block given at the level of –
 A) Ischial spine
 B) Pubic tubercle
 C) Mid inguinal point
123. LN drainage of cervix –
 A) Ext iliac + int iliac LN
 B) Inguinal LN
124. Pain after rib fracture is due to which nerve –
 A) Intercostal nerve
 B) Phrenic nerve
 C) Long thoracic nerve
125. PE patient with left heart strain on ECG. Cause -
 A) Pressure increased in left ventricle
 B) Reduced filling in RV
126. CPP calculation, BP 120/75, ICP 30 mmHg -
 A) 90
 B) 120
 C) 60
127. Wrist fracture requiring internal fixation. Anaesthetic agent used –
 A) Prilocaine
 B) Bupivacaine
 C) Lidocaine
 D) Lignocaine



← https://drive.google.com/drive/u/0/mobile/folders/16-3LR3... :

← 2025



128. Resting membrane potential is maintained by -

- A) K+
- B) Na+
- C) Calcium

129. Inferior relation of left adrenal gland -

- A) Renal vein
- B) Pancreas body

130. Which structure is present in L1 -

- A) SMA
- B) IVC
- C) Fundus of stomach

131. In pancreatitis, which substance cause auto digestion –

- A) Amylase
- B) Trypsin
- C) Lipase

132. Cause of post operative hyperglycemia –

- A) Decreased insulin secretion
- B) Increased glycolysis

133. Standard deviation with p -0.5

134. Post parotidectomy ear lobe sensation lost due to injury to –

- A) Auriculo temporal nerve
- B) Greater auricular nerve
- C) Facial nerve

135. Nerve forming afferent arc of gag reflex & it's nearby nerve if injured causes tongue deviation.

Their nucleus stays in –

- A) Medulla
- B) Pons
- C) Cerebellum

136. Hyperthyroid patient develops atrial fibrillation. Mx to control heart rate –

- A) Beta blocker
- B) Carbimazole
- C) PTU

137. The dural sac in adults usually ends at -

- A) S2
- B) L1
- C) L2-3

138. Some values of pCO₂, HCO₃, pO₂ given. pCO₂ control center is located at -

- A) Medulla
- B) Pons

139. Patient smoker, now undergoing inguinal surgery. Prophylaxis -

- A) LMWH
- B) LMWH +stocking
- C) Early mobilisation

140. Patient has horizontal and vertical diplopia. What occurred first –

- A) Ptosis
- B) Mydriasis
- C) Nystagmus

141. What is taken before MIBG scan –

- A) Chromium
- B) Iodine
- C) Iron
- D) Technetium 99
- E) Cobalt

142. White lesion seen on pharynx which bleeds on removal. Causative organism –

- A) Diphtheria
- B) Strep pyogens
- C) H.influenzae
- D) Neisseria
- E) EBV

143. How to differentiate between ileum and jejunum –

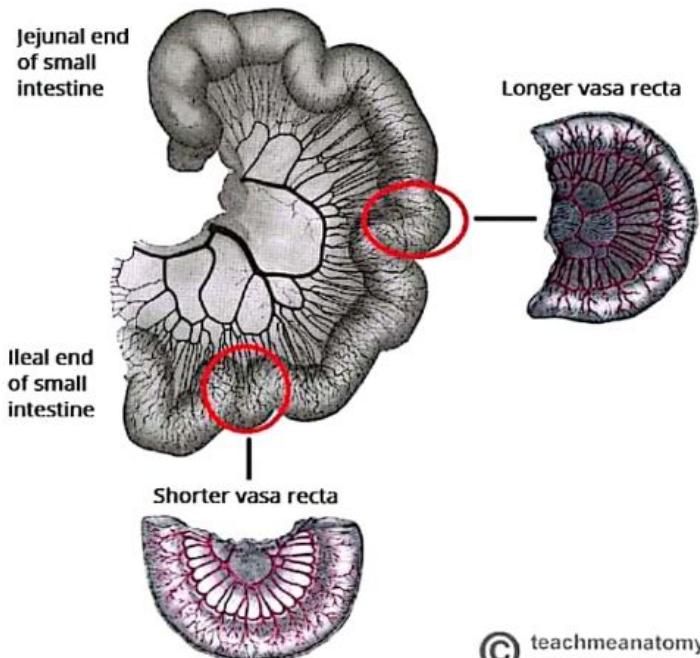
- A) Presence of longer vasa recta
- B) Taenia coli
- C) Circular Folds
- D) Omental fat
- E) Peyer's patches

144. Brunner gland presents in -

- A) Duodenum
- B) Fundus of stomach
- C) Appendix
- D) Jejunum
- E) Rectum

145. Regarding PTH which of the following is true –

- A) Helps calcium absorption from GIT
- B) It's a peptide
- C) Excretes calcium from kidney
- D) Directly stimulates osteoblast
- E) Helps in Vit D metabolism



146. On 3rd POD, woman after giving birth to child collapse suddenly. Likely organism causing this situation is –

- A) Pseudomonas
- B) Clostridium
- C) **Streptococcus**
- D) Staphylococcus
- E) E.coli

147. Pt came with hypercalcemia. What will be the next step –

- A) 0.9% nacl infusion
- B) IV ca gluconate
- C) Inhaled salbutamol
- D) Dialysis
- E) Monitoring ECG

148. 40years male underwent esophagectomy due to ca esophagus & gastric conduit was made. Which artery supplies the remaining esophagus -

- A) Right epiploic artery
- B) Left epiploic artery
- C) Short gastric artery
- D) Splenic artery
- E) Inferior thyroid artery

149. Which structure lies in the immediate post relation to kidney –

- A) **Quadratus lumborum**
- B) Erector spinae
- C) Psoas major
- D) The diaphragm
- E) Iliacus

150. Which structure pass through the internal acoustic meatus –

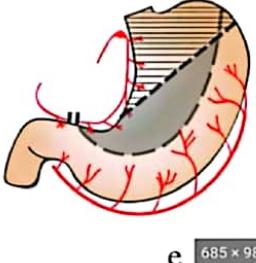
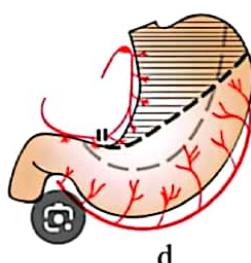
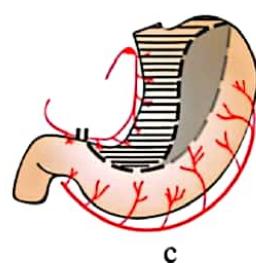
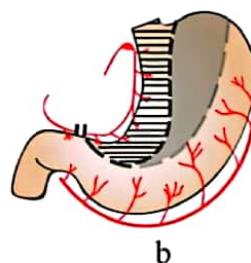
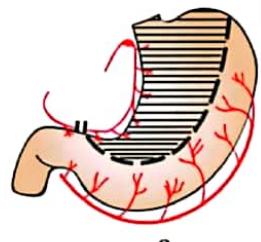
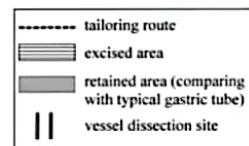
- A) Nervous spinosus
- B) **Nervous intermedius**

151. Foramen ovale is closed due to –

- A) **Fusion of ostium primum and secundum**
- B) Fusion of AV septum
- C) Fusion of endocardial cushion

152. What will be the metabolic abnormality seen in vomiting –

- A) Hypokalemia with high urinary pH
- B) **Hypokalemia with low urinary pH**
- C) Hypernatremia
- D) Hyperkalemia with high urinary pH
- E) Hyperkalemia with low urinary pH



153. Maximum storage of phosphate in body -
A) Skeletal muscle
B) Bone
C) Hepatocyte
D) Renal tubular cell
E) Neuron
154. Hypomagnesemia is associated with -
A) Hypocalcemia
B) Hypophosphatemia
C) Hypokalemia
D) Hypernatremia
E) Hyperkalemia
155. A patient with multiple myeloma. Histopathology shows extracellular pink substance. Most likely diagnosis -
A) Amyloidosis
B) Sarcoidosis
156. 50 years old male with H/O PVD developed blackish discoloration of left leg for few days. What may be the underlying factor for developing this situation -
A) Smoking
B) HTN
C) Atherosclerosis
D) Old age
157. Patient had STEMI and is having a HR of 40. What is damaged -
A) AV node
B) SA node
C) Bundle of his
D) Purkinje fiber
E) Papillary muscle
158. Dobutamine cause vasodilation by binding to which receptor –
A) Beta 2
B) Beta 1
C) Alpha 1
D) Alpha 2
E) D1
159. Atelectasis occurs due to lack of –
A) Oxygen
B) Nitric oxide
C) CO₂
D) N₂ gas
E) Air

160. Patient came with carotid body tumor. During surgery near bifurcation of carotid which structure affected or injured causing dysarthria -

- A) Vagus nerve
- B) Hypoglossal nerve**
- C) IJV
- D) ICA
- E) CCA

161. Clostridium perfringens belongs to which group of bacteria –

- A) Gram positive rods**
- B) Gram positive cocci
- C) Gram negative rods
- D) Gram negative cocci
- E) Cocco-bacilli

162. Which artery is ligated during superior part of rectum resection -

- A) Sup rectal artery**
- B) Middle rectal artery
- C) Inf rectal artery
- D) IIA
- E) Int pudendal artery

163. A diabetic patient came with wound following RTA. Investigation shows his HbA1c 10 mmol.

What may be the possible complication -

- A) Delayed wound healing**
- B) Keloid formation
- C) Wound Contracture

164. During inguinal hernia surgery, in which vertebral level local anesthesia is given –

- A) L1
- B) T10
- C) T12**
- D) L2
- E) C6

165. Heart transplant not cured after giving antibiotics. Causative organism –

- A) EBV
- B) CMV**
- C) Pseudomonas
- D) Klebsiella
- E) Acinetobacter

166. Down syndrome associated with > duodenal atresia

← https://drive.google.com/drive/u/0/mobile/folders/16-3LR3... :

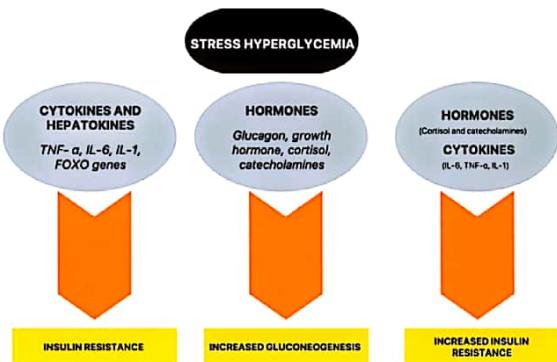
← 2025



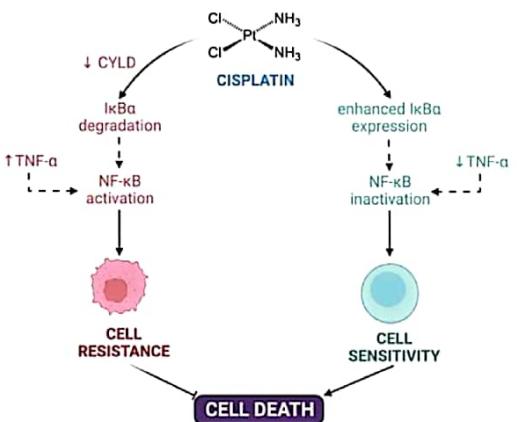
166. Down syndrome associated with > duodenal atresia
 167. What's involved gland > sublingual gland



168. Why hyperglycemia occurs in stress >



169. Cisplatin mechanism of action



← https://drive.google.com/drive/u/0/mobile/folders/16-3LR3... :

← 2025

170. Pathophysiology of appendicitis

- A) Arterial occlusion
- B) Venous thrombosis
- C) Obstruction of lumen

171. Pneumoperitoneum after induction

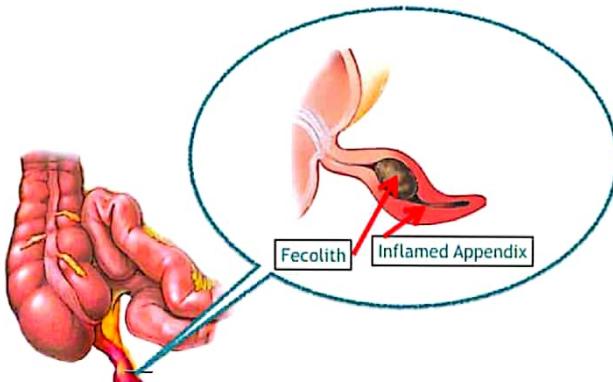
patient condition deteriorate

- A) anaphylaxis
- B) reduced venous return

172. Ligament inferolaterally to umbilicus, what did it carry before birth –
A) oxygenated blood from placenta to fetus
B) deoxygenated blood from fetus to placenta
C) from bladder to amnion
D) from bladder to placenta

173. rivoroxaban –

- A) Xa inhibitor
 - B) thrombin inhibitor
174. white lesion bleed on removal – diphtheria
175. Hypothyroid – inc cholesterol
176. Renin act on angiotensinogen
177. complement -acute kidney injury
178. abscess was resected , below the abscess wound is growing – dermatofibroma
179. brca family history first definitive diagnosis for prostate malignancy – perineural biopsy of prostate , brca testing
180. Spine injury with damaged arm – first to check arm



← https://drive.google.com/drive/u/0/mobile/folders/16-3LR3... :

2025

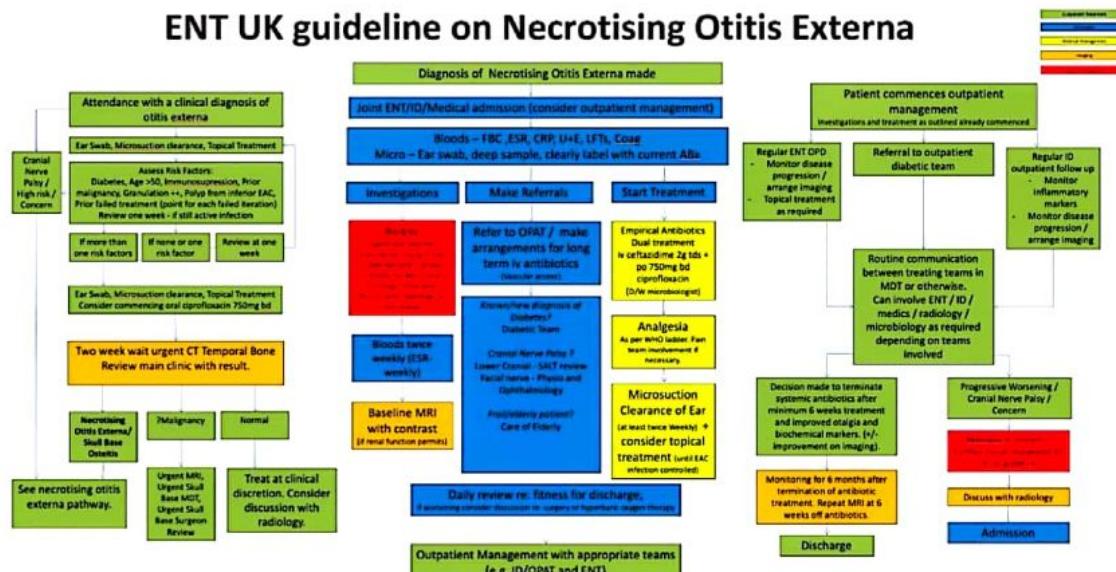


Paper 2

1. least helpful mx of otitis externa

- A) regular micro suction
- B) others were antibiotic
- C) combined antibiotic steroid

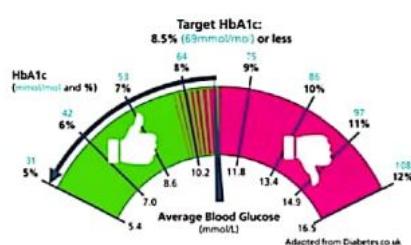
ENT UK guideline on Necrotising Otitis Externa



References: 1. Mahdyar P, Paksoy C, Gahide I, Raftanli C, Savoldelli C, Castillo I, Guerera N. Necrotizing otitis externa: a systematic review. Clin Infect Dis. 2013 Jun; 56(4):620-9. 2. Courisam AM, Vakram HR, Barrs DM. What are the criteria for terminating treatment for necrotizing (malignant) otitis externa? J Laryngol Otol. 2013 Feb; 127(2):161-2. 3. Chawdhury G, Pankhania M, Douglas S, Bottrell I. Current management of necrotising otitis externa in the UK: survey of 223 UK otolaryngologists. Acta Otolaryngol. 2017 Aug; 137(8):818-22. 4. Pankhania M, Bathurst A, Budd D, Chawdhury G, Douglas S, Pankhania M, Bottrell I. Clinical practice guidelines for the management of necrotising otitis externa. Clin Otolaryngol. 2016 Jun; 41(3):293-303. 5. Jones D, Hyderovic B, Dwyer A, et al. Management of necrotising otitis externa. Cochlear. Delphi Consensus Statement. Br J Otolaryngol Head Neck Surg. 2013 May; 115(5):C500-C517. 6. Paksoy C, Mahdyar P, Cui L, Raftanli C, Castillo I, Guerera N. Clinical outcome parameters for necrotizing otitis externa. J Clin Microbiol Infect Dis. 2012 Dec; 21(12):323-7. 7. Verma A, Naibeglu R, Karaca C, Senedinci I, Kulekci S, Oysu C. Clinical outcome parameters for necrotizing otitis externa. Otol Neurotol. 2014 Feb; 35(2):371-4. Authors: Robert Nash (GOSH), Sarah Logan (UCLH), Trupti Patel (Imperial), Sherif Khalid (RNTNE), Shafeek Saeed (UCL)

2. Acceptable HbA1C for a elective case according to NHS

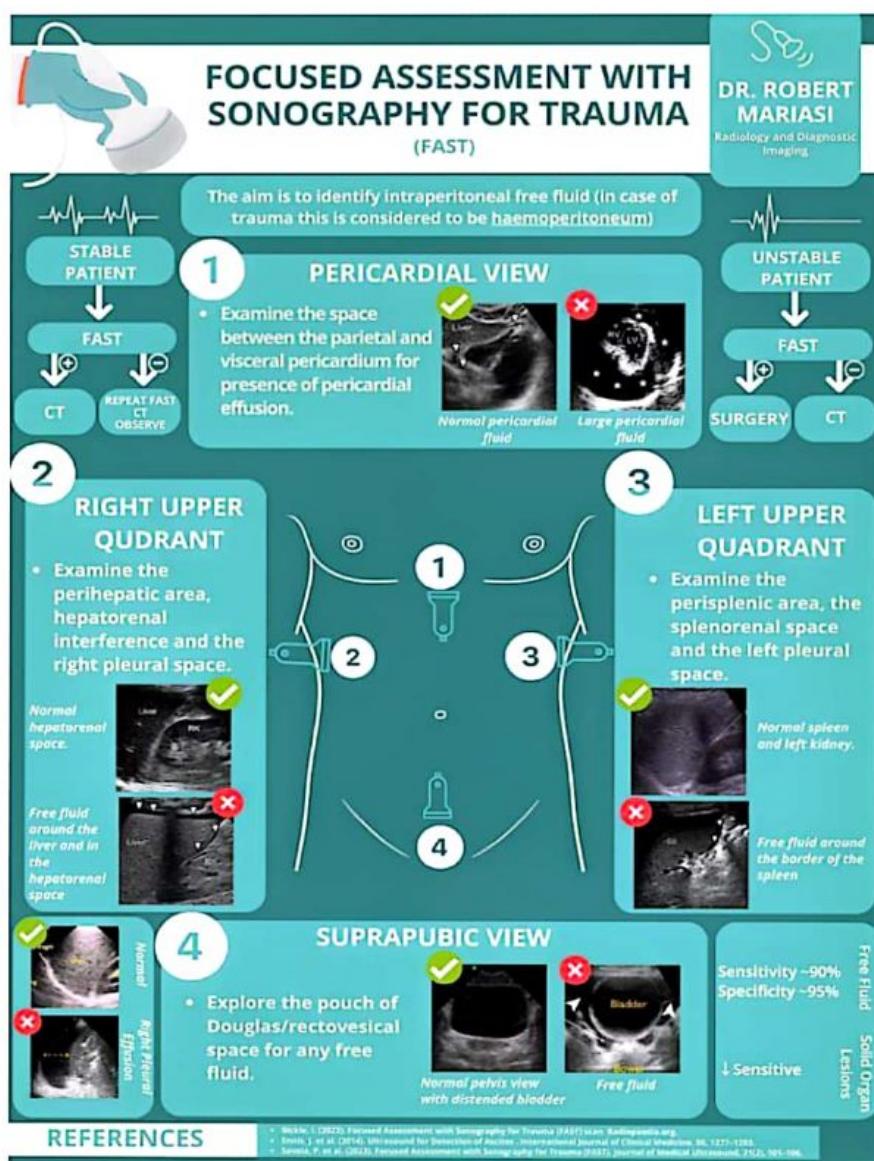
- A) 7.5%
- B) 8
- C) 8.5
- D) 9
- E) 9.5%



3. suspected prostate ca feature bit psa 6.4 and have pain in multiple sites what to do next?

- A) CT of pelvis, chest, abdomen
- B) perineal prostate biopsy

- C) transrectal prostate biopsy
D) transrectal
4. breast malignancy with pathological sub trochanteric fracture, patient has severe pain.
A) Internal fixation
B) external fixation
C) radiotherapy
D) nsaid
5. What is not seen in fast scan
A) Pericardium
B) Pelvic view
C) right upper quadrant
D) left upper lobe lung



6. Thoracic trauma, unstable patient in ED what to do now

- A) DC version
- B) Emergency thoracotomy

7. DM patient with so many nsaids and preop lab findings were in limit but post op creatinine was 120 And internal hemorrhage er ba hypovolemic shock er moto chilo now ei post lab finding er Karon ki?

- A) Pre renal failure
- B) post renal failure
- C) DM uropathy
- D) nsaids

8. After endoscopy fever,sob and chest pain

- A) mediastinitis
- B) aspiration pneumonia

9. Sigmoidoscopy in a diarrhoea patient what will be the metabolic abnormality

- A) hyperkalaemia
- B) hypercalcemia
- C) hyperphosphatemia
- D) hypocalcemia

10. non drinker but takes 5 cigarettes per day and come for ot
A) ASA 2E

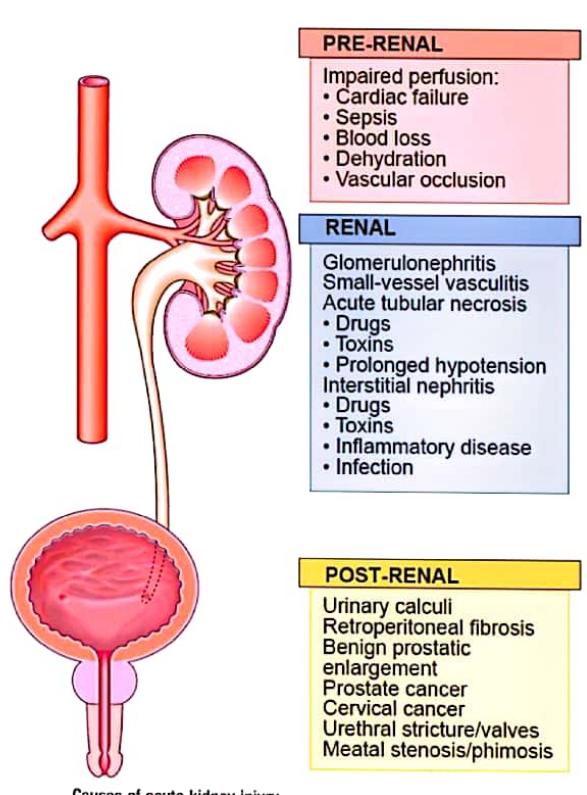
11. pelvic fracture er 2 ta ashche ektay hemodynamic instability
A) pelvic binder!!

12. 60% burn in anterior chest and abdomen > calculate fluid

13. during skating in snow got pain in knee and instant swelling pain

diagnosis?

- A) ACL
- B) PCL
- C) MCL
- D) LCL
- E) MEniscus



Causes of acute kidney injury.
Source : Davidsons Essentials of Medicine, 2e

Mediastinitis

- **Acute** : endoscopy complication, Boerhaave's SD, operation, esophageal rupture, median sternotomy
- **Chronic** : Tbc, histoplasmosis, silicosis, fibrosing mediastinitis

Pelvic Binder Application Criteria

- Severe blunt force or blast injury with one or more of the following indications:
 - Pelvic pain
 - Any major lower limb amputation or near amputation
 - Physical exam findings suggestive of a pelvic fracture
 - Unconsciousness
 - Shock

14. pediatric dose of paracetamol(option e 20mg/kg)

Body weight (kg)	Route of administration	Dose (mg kg^{-1} b.w.)	Intervals between doses (hours)	Max. daily dose (mg kg^{-1} b.w.)
< 5 (neonates)	Intravenous	7.5 mg kg^{-1} b.w.	4–6	30 mg kg^{-1} b.w.
	Oral	7.5–10 mg kg^{-1} b.w.	4–6	40 mg kg^{-1} b.w.
	Rectal	15 mg kg^{-1} b.w.	4–6	60 mg kg^{-1} b.w.
5–10	Intravenous	10 mg kg^{-1} b.w.	4–6	40 mg kg^{-1} b.w.
	Oral	10–15 mg kg^{-1} b.w.	4–6	40–60 mg kg^{-1} b.w.
	Rectal	15–20 mg kg^{-1} b.w.	4–6	60–90 mg kg^{-1} b.w.
10–50	Intravenous	15 mg kg^{-1} b.w.	4–6	60 mg kg^{-1} b.w.
	Oral	15 mg kg^{-1} b.w.	4–6	60 mg kg^{-1} b.w.
	Rectal	20–40 mg kg^{-1} b.w.	4–6	80–160 mg kg^{-1} b.w.
> 50	Intravenous	1 g	4–6	4–5 g
	Oral	1 g	4–6	4–5 g

15. pelvic fracture e commonly injured structure diyeche for a man

- A) urethra
- B) pelvic organ

16. enlarged thyroid e with CD20+ cells, bldd thyroid cell

- A) Lymphoma
- B) Hashimoto thyroiditis

17. A child had retractile testic now acute torsion, which approach will be best?

- A) Scrotal
- B) Inguinal

18. liver laceration by a stab injury and patient came back after some days, hemodynamically unstable possible reason

- A) Pseudo aneurysm
- B) Visceral perforation

19. A known case of crohn's disease now presents with shortness of breath,hemoptysis.

- A) TB
- B) Sarcoidosis

20. contraindiction for SPC

- A) lower mid line scar for previous ot
- B) bladder upto umbilicus

21. burn scenario medic gave a tube but it got dislodged, what to do now

- A) emergency tracheotomy

22. abdominal trauma intial inv-fast scan

23. screaming baby crawling up legs > intussusception

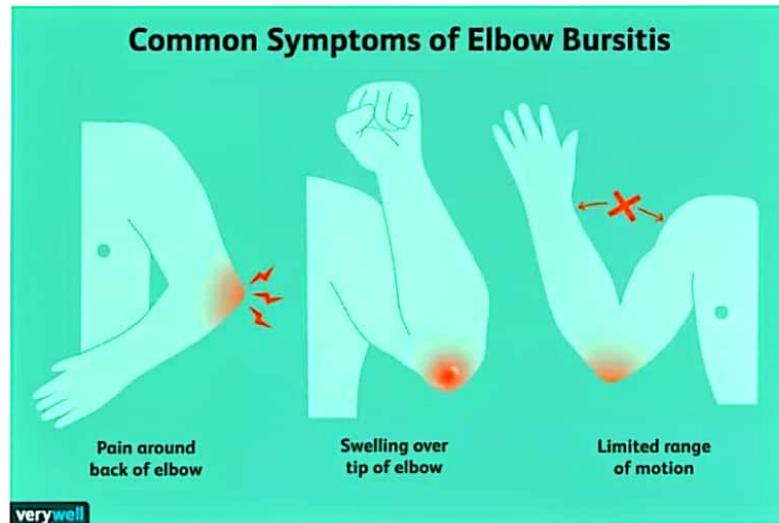
CONTRAINDICATIONS

- 1 Carcinoma of the bladder (or undiagnosed haematuria).
- 2 Uncorrected bleeding disorder or anticoagulation treatment.
- 3 Abdominal wall sepsis.
- 4 Presence of a subcutaneous vascular graft in the suprapubic region, in order to avoid the rare but catastrophic report of graft rupture .

24. swelling from elbow/forearm covered with synovial membrane type now pain > bursitis
 25. How to monitor shock? > check urine output
 26. shock after burns inadequate fluid how to find –oliguria
 27. thyroid ca er feature usg te ki pabo?
 hypoechoic shadow

Key ultrasound findings suggestive of thyroid carcinoma:

- Echogenicity: Markedly hypoechoic (darker than surrounding tissue)
- Margins: Irregular, spiculated, or microlobulated
- Calcifications: Fine punctate calcifications (microcalcifications)
- Shape: Taller-than-wide
- Vascularity: Increased internal blood flow pattern
- Lymph node involvement: Enlarged suspicious lymph nodes in the neck



28. pegets of nipple- invasive DCC
 29. osteomyelitis common in >

diaphysis
 epiphysis
 metaphysis

30. failure to thrive, diarrhoea, recurrent chest infection
Celiac disease
 Cystic fibrosis

31. breast pathology mammography unhelpful, fnac NAD no other option that made sense except > inflammatory breast ca

32. Repeated infection not responding to antibiotic > viral infection

33. Lower femur mass with pain, histology shows calcification, with muscle component >
 Osteosarcoma

Myositis ossificans

34. schwannoma's feature intial inv >
 CT head / PET

35. Ecg > PE

36. gcs > 9 answer

37. Female with thyroid nodule – papillary thyroid ca

	M	V	O	calculated GCS
1.	None	None	None	
2.	Extension	Sounds	To Pressure	
3.	Abnormal flexion	Words	To speech	
4.	Withdrawal	Confused	Spontaneous	
5.	Localizing	Orientated		Pupil Reactivity Score
6.	Obeying commands			
			Pupil(s) unreactive to light	Score
			Both pupils	2
			One Pupil	1
			Neither pupil	0

38. Family history thyroid enlargement - medullary
39. scalp ulceration h/o ca colon operatio ..next best step >
Excision biopsy
Incisional biopsy
Radio therapy
Punch biopsy

40. gastrinoma

41. Recurrent peri anal infection > crohn's

42. Pressure sore how do you manage > secondary healing

43. Normal gb elective removal no inf,no spillage only stone >

- A) Clean contaminated
- B) Contaminated
- C) dirty

44. ot theke ber korbo temp 36 hole

45. Patient with shock what to give > 500ml bolus with urine output

46. C2 level e fracture suspected CT korse already..saturation low, what to do now

- A) Intubate

47. CT EDH what to do > burr hole > refer to neurosurgery

48. Thyroglossal cyst ot-abarrant tissue

49. Usg finding hyper vascular hypo and hyperechoic what to do > FNAC

50. After renal operation loin approach pt develop sao2 90% tachycardia cause > pneumothorax

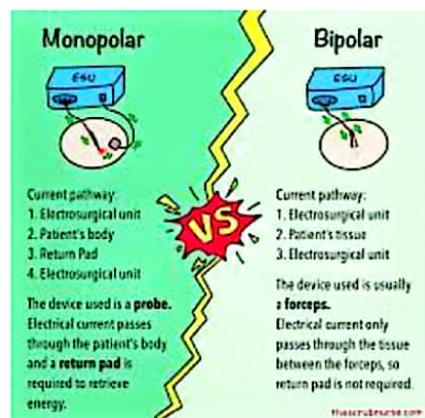
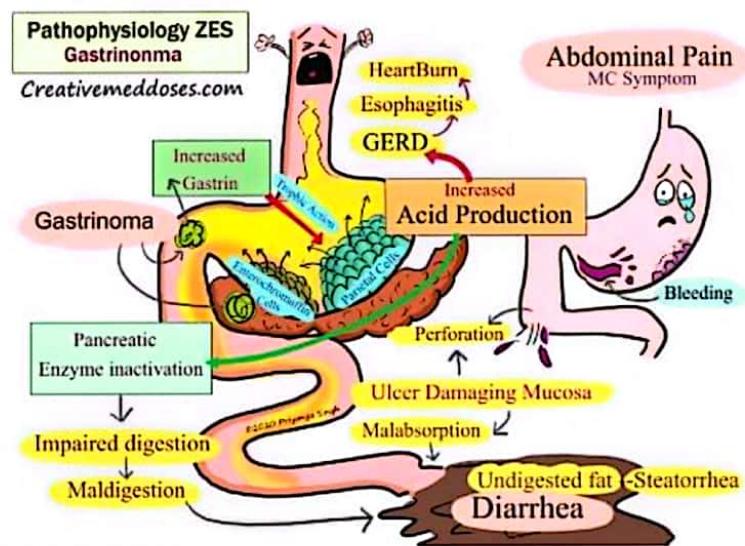
51. Bipolar diathermy action >

- A) Cutting & Coagulation

52. After abdominal operation aged PT develops features of shock > obstructive

53. 70kg wt burn PT when you worried if out below 35ml/hr

54. Puj obstruction investigation mag3



99MTC-MAG3

-It provides quantitative data regarding differential renal function and obstruction, even in hydronephrotic renal units.

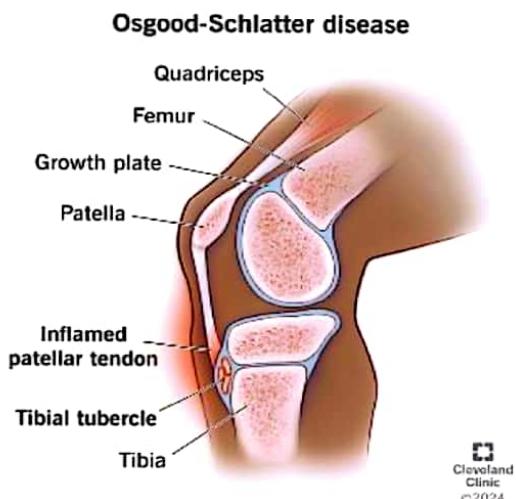
-There is evidence that the diuretic renography using MAG-3 is a most accurate study for patients with UPJ obstruction following therapeutic intervention

55. Stanford type B treatment

- A) Iv antihypertensive
- B) Surgery

56. Abdominal pain no distension aged PT cause ischemic colitis

57. Feature of Osgood disease > settles with rest



Cleveland Clinic
©2024

58. Sterilisation of orthopaedic arthroscopic guteraldehyde

59. 35yrs ot cough weakness having mediastinal mass raise alfaproten cause

- A) benign teratoma seminoma
- B) non seminomatus germ cell tumour

60. After oesophagus surgery chyle leaking Rx tpn

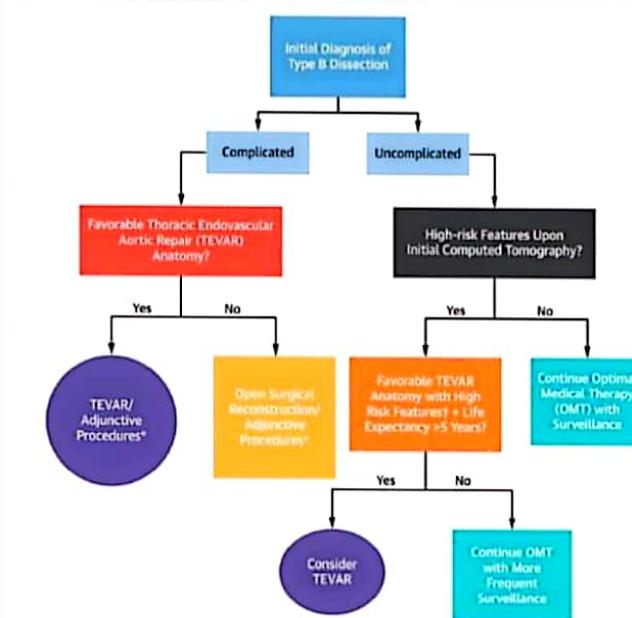
61. Young pt after playing comes with abdominal pain he has history of mononucleosis > splenic rupture

62. Crush injury related question Rx acid diuretics alkali diuretics

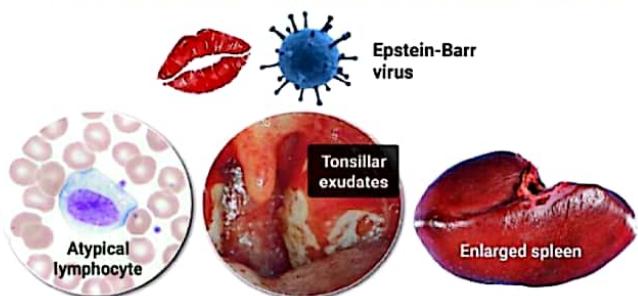
63. Perianal itching for two yrs haemorrhoids outside treatment > stool softener

64. Young pt pain fever swelling preauricular region >mumps

CENTRAL ILLUSTRATION: Algorithmic Framework for the Treatment of Type B Aortic Dissection



Infectious Mononucleosis



Clinical

- Transmitted by saliva (the kissing disease)
- Fever, malaise
- Exudative pharyngitis
- Cervical lymphadenopathy (posterior > anterior)
- Rash following amoxicillin

Diagnosis

- Heterophile antibody test (90% sensitivity in adolescents but only 50% sensitivity in children < 4 years)

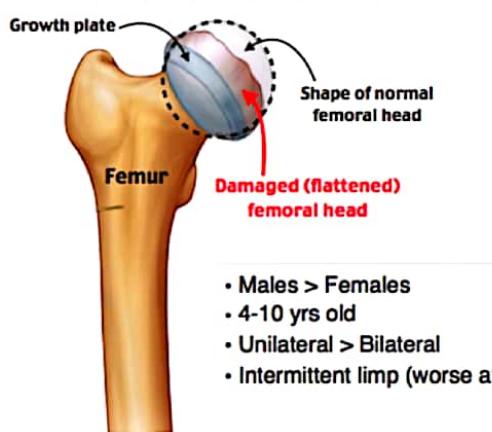
Treatment

- Supportive care
- Avoid contact sports

65. 6yrs old Perth's disease

Legg-Calvé-Perthes Disease

→ Avascular necrosis of the femoral head



- Males > Females
- 4-10 yrs old
- Unilateral > Bilateral
- Intermittent limp (worse after activity)



Pneumothorax



Hemothorax



Hydrothorax



Hemopneumothorax

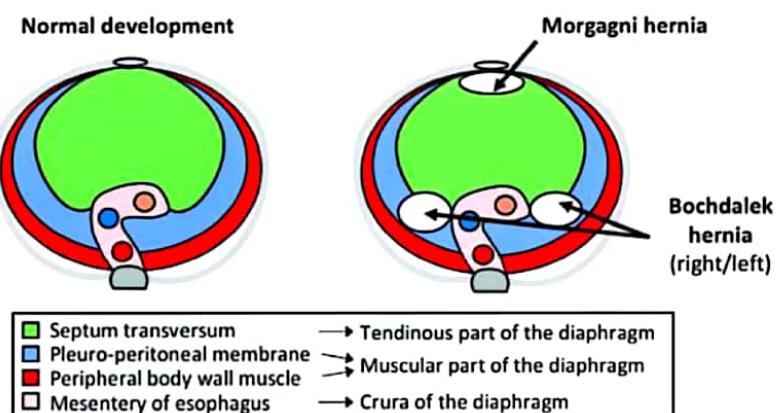
66. Pic of hydrothorax Rx

67. Pt undergoing descending colon operations having
pvd methods of thrombo prophylaxis >> LMWH

alamy

Image ID: 208Y10
www.alamy.com

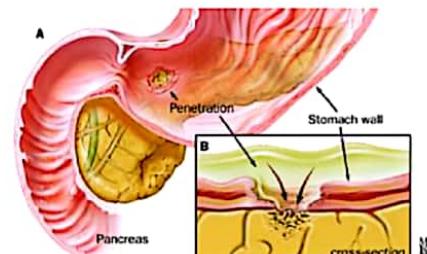
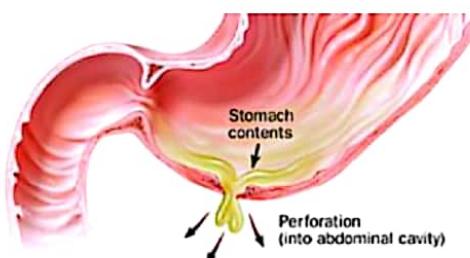
68. Failure of fusion of left pleuroperitoneal membrane bockdalek hernia



69. Pt 12yrs present with RT inguinale pain swelling by testes not palpable but her mother found it during childhood what to > do laparoscopy and proced or inguinal exploration

70. Complications of PUD

- Hge
- Perforation
- Fistula
- splenic vein thrombosis**



71. Indication for CT in a person according to NHS- retro auricular bruise

Within 1 hour

adult	Child
GCS <13 on initial assessment	Any suspicion of non-accidental injury
GCS <15 after 2 hours of observation	Post traumatic seizure (and no history of epilepsy)
Open or depressed skull fracture	GCS < 14 or if under 12 months old < 15
Signs suggestive of basal skull fracture	GCS < 15 at two hours after injury
Post-traumatic seizure	Suspected open or depressed skull fracture or tense fontanelle
Focal neurological deficit	Signs of basal skull fracture
>1 episode of vomiting	Focal neurological deficit
	Child < 12 months: bruise, swelling or laceration > 5cm on head
	More than one of the following risk factors: a. LOC > 5mins (witnessed) b. Abnormal drowsiness c. Three or more discrete episodes of vomiting d. Dangerous mechanism of injury (high speed RTC as vehicle occupant pedestrian or cyclist; fall from >3M; high speed projectile injury) e. Amnesia (anterograde or retrograde lasting > 5mins)

1. Child having two or more from a,b,c,d,e > CT ēin 1 hr
2. Child having only 1 from a,b,c,d,e > observe for 4 hours
3. In this observation period if the child
 - Vomits
 - Gets drowsy
 - GCS falls (below 15)➤ Do CT immediately

72. Pre op patient is on warfarin – a) pcc b) vit k 10mg

73. lateral 2 and half sensation lost > X-ray true-lateral view

74. during surgery complaint of severe pain – compartment syndrome

75. paracetamol dose in 10 year old in 24 hours a) 20mg/kg , b) 40mg/kg

76. type 1 diabetes patient on insulin regime , peri op management

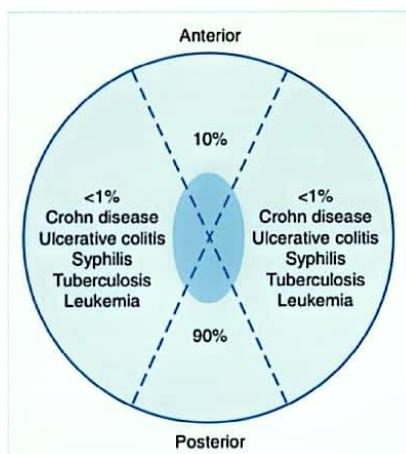
- a) continue regime
- b) variable insulin infusion
- c) reduce dose

77. increased afp –

- a) non seminomatous testicular tumor
- b) benign teratoma

78. blood infusion bp normal , has fever - a) febrile non hemolytic
b) hemolytic anemia

79. painful defecation where is the tear (anal fissure) –
a) distal posterior
b) posterior proximal



80. injury didn't heal after 1 week – meniscal tear

81. multiple osteolytic lesion , no lymph node – pagets

82. martial artist mass separate from bone – myositis ossifications

83. abscess was resected , below the abscess wound is growing – dermatofibroma

84. distal ureter mass – distal ureterectomy

85. one week after GI surgery white fluid in drain – a) tpn , b) add lipids

86. patient had stenosis came with pulseless limb – thrombosis

87. pelvic injury urine output was good later oliguria –

- A) Hypovolemic shock
- B) uretric injury

88. 10 years later – secondary arthritis

89. 1 year later – AVN

90. complement -acute kidney reaction

91. burns anterior abdomen chest – 3 to 5L

92. On steroids , later weight loss , hemoptysis –

TB

HL

93. 1cm PTC with cervical lymph node – thyroidectomy with some lymph node resection

94. breast family history positive 3 months back normal MRI , now has B/L mastitis investigation

- A) Mri
- B) Early rescreeing
- C) U/S
- D) mammogram

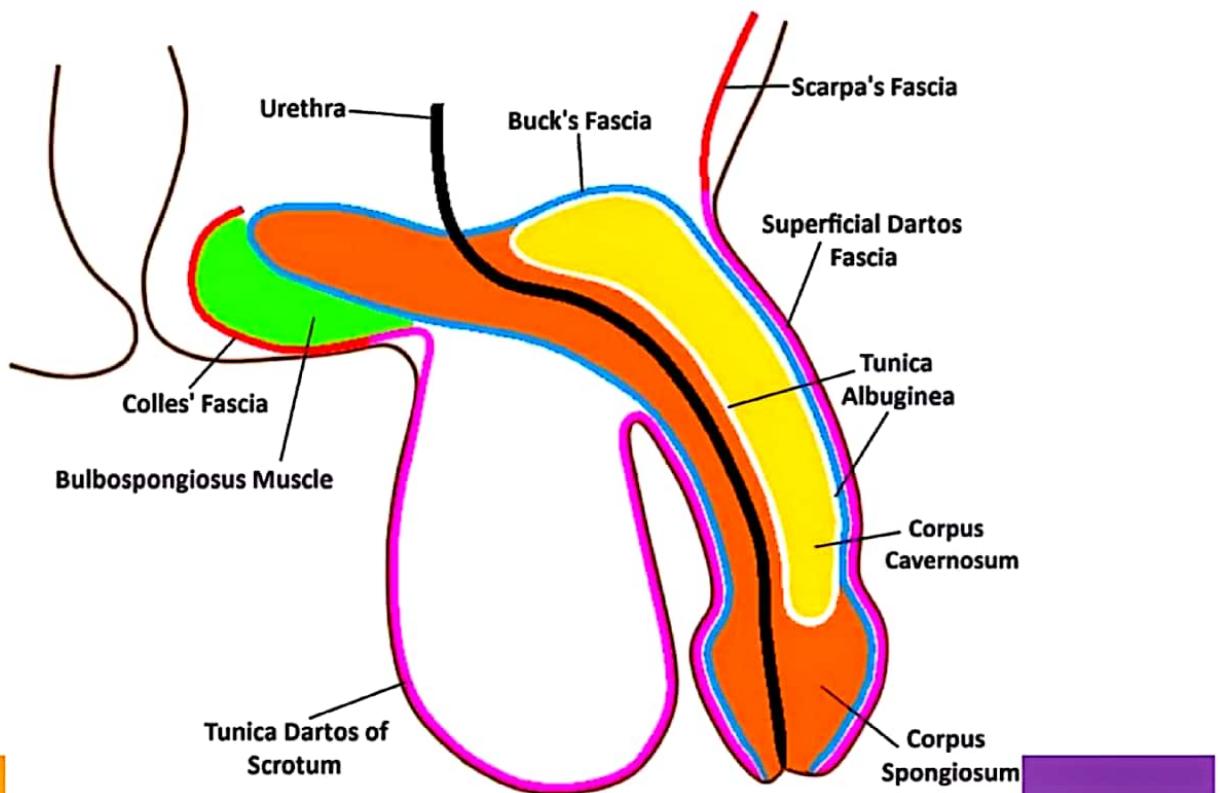
95. bcc prognosis after surgery depends on – completeness of excision

96. 2cm full thickness burn , pus discharge

A) Stsg

B) debridement and delayed secondary 70

97. buck's fascia rupture



98. Wood worker has scc of mouth risk factor –

A) smoking

B) hpv

99. pan facial injury emergency next step-

A) cricothyroidectomy

B) tracheostomy

100. abdomen surgery breathing difficulty – subdiaphragmatic hematoma , pneumothorax

101. old patient (80+) patient had iliac occlusion before and had treatment now pain in left leg >

A) b/l axillifemoral

B) b/l aortofemoral

C) Femero-femero crossover

102. wrist fracture –

- A) prilocaine
- B) bupivacaine

103. right iliac fossa stab injury liver was packed 2 days later patient went into shock >

- a) missed perforation injury
- b) bile leak
- c) Peritonitis

104. patient with raynauds has dysphagia achalasia

- a) Scleroderma
- b) esophageal spasm

105. patient smoker inguinal surgery prophylaxis >

- A) Imwh
- B) Imwh +stocking
- C) early mobilisation

106. Types of stones seen in patients with hereditary spherocytosis?

- A) Pigment
- B) Calcium oxalate

107. what is taken before mibg scan – iodine



Radiolabeled meta-iodo-benzylguanidine (MIBG) adrenal medullary scintigraphy has been used clinically since the 1980s for diagnosis and staging of neural crest tumors (e.g., pheochromocytomas, neuroblastomas and paragangliomas).

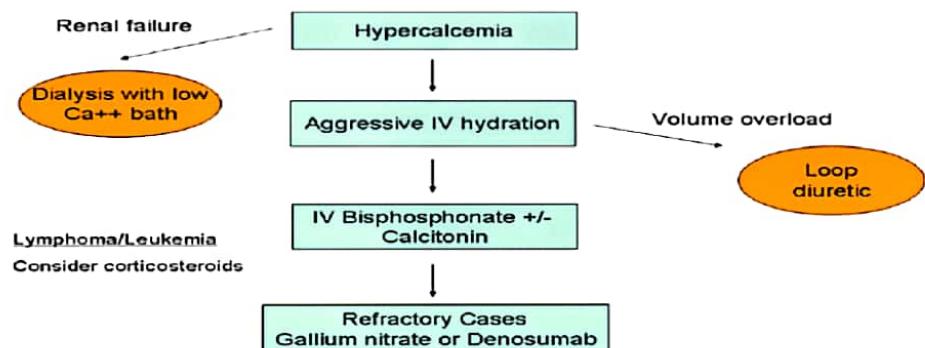
108. hypercalcemia next step – 0.9% nacl

I-131-labeled MIBG was the original diagnostic agent; however, I-123-labeled MIBG is now widely available and preferable because of its superior image quality with an optimal 159-keV gamma-ray energy and lower patient radiation given a lack of β -emissions and shorter half-life of 13 hours as opposed to I-131 with a 364-keV gamma-ray energy, β^- emissions, and 8-day half life. I-131 mIBG is reserved for therapy.

109. fluid resuscitation in

abdomen surgery –

- a) 0.9% nacl+0.3%kcl
- b) RL



110. testis missing –

- a) diagnostic laparoscopy , laprotomy

111. copd with 30% oxygenation – abg values given

112. subcapital fracture – total hip replacement

113. atelectasis is due to lack of –

- A) Oxygen
- B) nitric oxide

Paget's Disease of the Breast

Symptoms



**Itching or
burning in the
nipple and/or
areola**



**Pain
and
sensitivity**



**Flattening
of the
nipple**



**Yellow or
bloody
nipple
discharge**



A lump



**Only one
breast
affected**