

# GENESIS

Post-Graduation Medical Orientation Centre

230, New Elephant Road (4<sup>th</sup> floor), Katabon More, Dhaka-1205

Phone: 01404-432 530, 01404-432 515

## FCPS PART-I MOCK TEST-II

SUBJECT : Medicine

PAPER : I

Exam Date	:	Mock-I	:	12-12-20/15-12-20/18-12-20
		Mock-II	:	25-12-20/26-12-20/27-12-20
Exam Time	:	03.00pm-4.20pm		
<b>Total Number</b>	:	<b>100</b>		

Question 26-50 based on single answer

**1. The factors that influence the cost-effectiveness for screening of a disease**

- a) The prevalence of the disease in target population
- b) The cost of the screening test
- c) Predictive value
- d) Likelihood ratio
- e) The availability of treatment

**2. In a clinical audit—**

- a) A standard is defined
- b) When practice meets the standard change needed
- c) The standard is extremely agreed
- d) Never compare the practice with the standard
- e) The process follows a cycle

**3. Features of heat stroke—**

- a) Temp 37°C
- b) Confusion
- c) j wave in ECG
- d) Muscle stiffness
- e) Multiple organ failure

**4. Followings are true in case of Oral candidiasis--**

- a) Candida may proliferate to cause thrush
- b) Occur in pts receiving antibiotic therapy
- c) White patches are seen on the pharynx and esophagus
- d) Rx started After mucosal brushing with cytology
- e) Resistant cases may require oral fluconazole

**5. Which of the following suggests a diagnosis Of IBS?**

- a) Bleeding per stool
- b) Abdominal discomfort relieved by defecation
- c) No obvious abdominal swelling
- d) Constipation &/or diarrhea
- e) Feeling of incomplete evacuation after defecation

**6. Indication of thymectomy in myasthenia gravis patient-**

- a) Age > 45yrs
- b) Antibody positive pt
- c) Symptom confined to extraocular muscle
- d) Thymoma
- e) Disease has been established less than 7 yrs

**7. Triad of normal pressure hydrocephalus includes-**

- a) Apraxia
- b) Ataxia
- c) Delirium
- d) Dementia
- e) Urinary incontinence

**8. Regarding Bell's palsy-**

- a) Lower motor type 7th nerve palsy
- b) Female are mainly affected
- c) Lesion in pons
- d) 80% recovery spontaneously within 12wks
- e) Crocodile tears occur during recovery phase

**9. Hallmarks of hemolysis are-**

- a) Reticulocytosis
- b) Increase LDH
- c) Decreased urinary urobilinogen
- d) Increased conjugated bilirubin
- e) Decreased hb level

**10. Primary intracerebral hemorrhage in young patient may be caused by—**

- a) Thrombophilia
- b) Drug misuse
- c) AVM
- d) Fabry's disease
- e) Homocystinuria

**11. A 35 years old man presented with 2 months' diarrhea & vomiting. Endoscopy shows distal small intestinal ulceration. What are the probable causes?**

- a) Crohn's disease
- b) Giardiasis
- c) Lymphoma
- d) Tuberculosis
- e) Ulcerative colitis

**12. Inhalation of asbestos is associated with—**

- a) Sarcoidosis
- b) Mesothelioma
- c) Pulmonary fibrosis
- d) Lung carcinoma
- e) Gastric carcinoma

**13. Occupations that have been associated with a high incidence of cancer—**

- a) Dye & rubber manufacturing
- b) Asbestos mining
- c) PVC manufacturing
- d) Petroleum industry
- e) Nickel workers

**14. Absolute contraindication of thrombolytic therapy-**

- a) Uncontrolled HTN
- b) Aortic dissection
- c) Active GIT bleeding
- d) Perforated diabetic retinopathy
- e) Bleeding diathesis

**15. Causes of cold AIHA-**

- a) SLE
- b) Mycoplasma
- c) EBV
- d) Idiopathic
- e) Methyldopa

**16. CNS malignant tumor include—**

- a) Craniopharyngioma
- b) Neurofibroma
- c) Oligodendroglioma
- d) Meduloblastoma
- e) Astrocytoma

**17. Alpha fetoprotein is a tumor marker for—**

- a) Hepatoma
- b) Prostate cancer
- c) Wilm's tumor
- d) Seminoma of testis
- e) Nephroblastoma

**18. Causes of non-cirrhotic portal HTN are—**

- a) Schistosomiasis
- b) Congenital hepatic fibrosis
- c) Umbilical vein sepsis
- d) Vinyl chloride
- e) Sarcoidosis

**19. Regarding multiple sclerosis which are correct -**

- a) Genetic & environment factors play causative role
- b) Monozygotic twin has 30% concordance rate
- c) Frequent relapse and incomplete recovery indicate poor recovery
- d) Lesion found usually periventricular region of the brain
- e) Impairment of memory never occur in the disease process

**20. Regarding Neurofibromatosis-**

- a) NF-2 is associated with chromosome-22
- b) NF-1 is characterized by schwannomas
- c) Malignant change is more common in NF-2
- d) NF-2 is mostly characterised by neurofibromas and skin lesion
- e) NF-1 is associated with chromosome-17

**21. Metabolic causes of seizure-**

- a) Hypernatremia
- b) Hyponatremia
- c) Hypercalcemia
- d) Hypocalcemia
- e) Hypomagnesemia

**22. Factors influencing small bowel bacterial overgrowth are:**

- a) Crohn's disease
- b) Hypogammaglobulinaemia
- c) Long term PPI therapy
- d) Partial gastrectomy
- e) Whipple's disease

**23. Causes of optic disc swelling-**

- a) ICSOL
- b) Idiopathic intracranial hypertension
- c) Hypercapnia
- d) Methanol
- e) Stroke

**24. Features of tabes dorsalis-**

- a) Lightning pains
- b) Dementia
- c) Visual failure
- d) Abdominal crises
- e) Trophic changes

**25. Vitamin A in excess can cause—**

- a) Hepatotoxicity
- b) Teratogenicity
- c) Hyperostosis
- d) Irreversible blindness
- e) Gastroenteritis

**Each question below contains five suggested answers- choose the one best response to each question (26-50)**

**26. A 44-year-old white male presents to his GP with a long history of joint pains in several joints, which has gradually affected his ability to work on his farm. He has seen another doctor before but no diagnosis was made. He has been taking ibuprofen with partial relief. He has now developed fever, diarrhoea and weight loss. He denies any genitourinary or eye symptoms. He does not use tobacco, alcohol or drugs. On examination he has generalised lymphadenopathy and non-deforming arthritis. Small intestinal biopsy reveals macrophage infiltration into the lamina propria. Which of the following is the most likely diagnosis?**

- a) Reactive arthritis
- b) Inflammatory bowel disease
- c) Sarcoidosis
- d) Whipple's disease
- e) Celiac disease

**27. A 75-year-old male is admitted to ICU with severe pneumonia. He has a previous history of asthma. His regular medications include a beclometasone inhaler 2 puffs BD and salbutamol inhaler PRN. He has never smoked and drinks 10 units of alcohol per week. His CURB-65 score was 5 and he required intubation and sedation. On his 3rd post admission day in ICU, he is started on enteral feeding. His BMI on admission was 19. His serum electrolytes on admission were normal. The dietician reviews him and recommends checking his electrolytes every day to avoid refeeding syndrome.**

**Which of the following, if present, will be considered high risk for refeeding syndrome in this patient?**

- a) BMI of 19 kg/m<sup>2</sup>
- b) Unintentional weight loss of 15% over 3-6 months
- c) No nutritional intake for 2 days.
- d) Hyperphosphatemia prior to refeeding
- e) Hyperkalemia prior to refeeding

**28. A 23-year-old gentleman reviewed by the on-call medical team after having become unwell in the radiology department. He was undergoing a contrast-enhanced MRI of the small bowel to investigate ongoing diarrhoea. He has no other past medical history and takes no regular medications. He is not known to have any allergies. Ten minutes ago he started feeling his throat closing up and became very anxious. This was shortly after having been given a contrast agent by IV injection. The medical emergency team arrives quickly and note him to be tachycardia at 132/min and hypotensive with a blood pressure of 82/35mmHg. He also has a widespread erythematous rash over his body and feels itchy. He is treated for anaphylactic shock. Which blood tests could confirm anaphylaxis?**

- a) Histamine levels
- b) Mast cell tryptase immediately & repeat within one to two hrs
- c) Mast cell tryptase immediately & repeat within 12 hrs
- d) Mast cell tryptase immediately & repeat within 24 hrs
- e) Serum immunoglobulins

**29. A 50-year-old Caucasian female on holiday from Australia presents to the walk-in urgent care centre with four-day history of left-sided temporal headache, which is persistent and of gradual onset. In addition, she complains of double vision as well. She is known to have migraines but is relatively well-controlled. She is normally independent with no significant family history. She takes no regular medications except the oral contraceptive pill. On examination, you note a left sided loss of the afferent papillary reflex. She also has a loss of vertical gaze and is unable to adduct her left eye. She has a reduced sensation to light touch on the left forehead and cheek, not crossing the midline. What is the most likely diagnosis?**

- a) Left space occupying lesion
- b) Multiple sclerosis
- c) Right MCA territory ischemic infarct.
- d) Cavernous sinus thrombosis
- e) Migraine with aura

**30. An 82-year-old man is referred to neurology clinic with slowness. He presented with his wife who reported that he has been becoming progressively slower in his movements and his facial expressions have become more limited. His symptoms have progressed rapidly following the onset of dizziness a few weeks ago. He has a past medical history of type two diabetes, hypertension, high cholesterol, previous hemicolectomy for diverticulitis. His current medications include ramipril, atorvastatin, paracetamol, amlodipine, metformin, prochlorperazine and gliclazide. On examination, he has a coarse bilateral tremor at rest, and rigidity in both arms. He has a slow gait as well. What is the most likely diagnosis?**

- a) Parkinson's disease
- b) Drug-induced parkinsonism
- c) Multi-system atrophy
- d) Vascular parkinsonism
- e) Wilson's disease

**31. A previously well, 70-year-old woman develops episodes of severe, lancinating facial pain affecting the left side of her face; these have increased in frequency over the past few months. They typically affect the upper part of her face, are very sudden and last a few seconds or so. They can occur in clusters over several hours. Her GP has already prescribed carbamazepine, which has helped to some degree. There are no specific activities or movements that can bring on the pain, although it is perhaps a little worse in the cold. On examination she has reduced pinprick sensation over the left side of her face (all III divisions of the Vth nerve) and a reduced corneal reflex on that side. The remainder of the examination appears to be within normal limits. Which possible diagnosis would you consider as the most likely at this stage?**

- a) Hemifacial spasm
- b) Herpes zoster of the trigeminal nerve
- c) Idiopathic trigeminal neuralgia
- d) Local tumour compressing the trigeminal nerve
- e) Paroxysmal hemicrania

**32. Which of the following is a feature of active IBD?**

- a) Autoimmune liver disease
- b) Large joint arthritis
- c) Metabolic bone disease
- d) Oxalate stone
- e) Sacroiliitis

**33. Which of the following is the gold standard test to diagnose H. pylori infection?**

- a) Faecal antigen test
- b) Histopathology of antral tissue
- c) Microbiological culture of antral tissue
- d) Rapid urease test
- e) Urea breath test

**34. A 33-year-old woman presents with a 48-hour history of pain behind her right ear followed by drooping of the right side of her face. She also describes having an 'odd taste' in her mouth and soreness on swallowing. She had previously been fit and well. On examination there is right-sided facial weakness affecting both the upper and lower parts of her face and impaired taste sensation over the right anterior part of her tongue. You notice a vesicular rash on the pinna. There is no sensory loss over her face. What is the most likely diagnosis in this case?**

- a) Bell's palsy
- b) Glomus jugulare tumour
- c) Left hemisphere lacunar stroke
- d) Ramsay Hunt syndrome
- e) Parotid tumour

**35. A 50-year-old man complains of a sharp pain over his left shoulder and upper trunk, exacerbated by coughing. He has noticed that when he places his left hand in the bath he is unable to feel the temperature accurately. What is the most likely diagnosis?**

- a) Atlanto-axial subluxation
- b) Guillain-Barré syndrome
- c) Syringomyelia
- d) T1 root lesion secondary to Pancoast's tumour
- e) Vitamin B deficiency

**36. A 65-yr-old lady, known case of DM, HTN & IHD presented with severe mid abdominal pain developing about 30 minutes after eating, weight loss and diarrhoea. Physical exam reveals dry skin with reduced peripheral pulse & cold fingers. Which of the following is the most likely diagnosis?**

- a) Acute pancreatitis
- b) Chronic mesenteric ischemia
- c) Diverticulitis
- d) Peptic ulcer disease
- e) Tropical sprue

**37. In case of BARR body which one is false?**

- a) During anaphase presents
- b) During cell division it is not seen
- c) Drum stick appearance
- d) Klinefelter syndrome: 1 Barr body
- e) Present in neutrophil

**38. A 30-year-old man presents with a sudden onset of severe occipital headache, vomiting and neck stiffness. He says it was the worst headache he has ever had. Neurological examination is normal. CT brain is normal. A lumbar puncture is going to be performed. How many hours after the onset of headache should the lumbar puncture be performed?**

- a) 1 hour
- b) 2 hours
- c) 6 hours
- d) 8 hours
- e) 12 hours

**39. A 50-year-old man presents with a 6-day history of poor balance, worsening double vision and slurred speech. The symptoms began after a flu-like illness. On examination he has impaired eye movements in all directions of gaze, mild dysarthria and bilateral ataxia. None of his tendon reflexes can be elicited and the plantar responses are flexor. Which one of the following best describes the diagnosis?**

- a) Cytomegalovirus polyradiculoneuropathy
- b) Guillain-Barré syndrome
- c) Lambert-Eaton myasthenic syndrome
- d) Miller Fisher syndrome
- e) Paraneoplastic neuropathy

**40. In case of X linked dominant trait-**

- a) An affected male transmits the disease to all his daughters but none his sons
- b) Both male & female are affected
- c) Vit-D resistant rickets is X-linked dominant
- d) The disease is less severe in female
- e) All are true

**41. What is the commonest cause of abnormality of chromosome number?**

- a) Anaphase lag
- b) Aneuploidy
- c) Non-disjunction
- d) Mutation
- e) Irradiation

**42. Bony metastasis are common in carcinoma of all of the following except:**

- a) Uterus
- b) Breast
- c) Lungs
- d) Prostate
- e) Kidney

**43. A 44-year-old man with an unremarkable past medical history developed episodes of dizziness, tinnitus and mild left-sided hearing loss. The symptoms presented over several months and were slowly progressive, with tinnitus being continuous over the past 2 months. The initial evaluation by his GP was unremarkable with a normal neurological examination and normal otoscopy. Audiometry revealed a mild degree of sensorineural hearing loss on the left side. What would be your next course of action?**

- a) Repeat audiometry at 6 months
- b) Prescribe a hearing aid
- c) Prescribe a vestibular sedative
- d) MRI brain scan
- e) CT brain scan with contrast

**44. Which one of the following is a cause of second-order-neuron Horner syndrome?**

- a) Cavernous sinus thrombosis
- b) Craniopharyngioma
- c) Internal carotid artery aneurysm
- d) Pancoast's tumour
- e) Syringomyelia

**45. A 30-year-old man with known epilepsy presents in the Emergency Department complaining of severe loin pain. Ultrasound scan of the renal tract shows bilateral renal stones. He also admits to having lost 6.4 kg over the last 3 months despite a good appetite. He was started on a new antiepileptic drug 6 months ago. Which antiepileptic drug is most likely to have caused these side-effects?**

- a) Carbamazepine
- b) Lamotrigine
- c) Phenytoin
- d) Sodium valproate
- e) Topiramate

**46. Principle of ethics except—**

- a) Autonomy
- b) Maleficence
- c) Beneficence
- d) Justice
- e) Non-maleficence

**47. Cutaneous manifestation of cancer except—**

- a) Pruritus
- b) Acanthosis nigricans
- c) Psoriasis
- d) Vitiligo
- e) Pemphigus

**48. Most common primary tumor that metastasize to the brain—**

- a) Breast
- b) Lung
- c) Melanoma
- d) Colon
- e) Prostate

**49. Difference between HUS & TTP is**

- a) Anemia
- b) Thrombocytopenia
- c) Features of DIC
- d) Neurological signs
- e) AKI

**50. Which one of the following is the main factor responsible for hepatorenal syndrome?**

- a) Renal vasoconstriction
- b) Renal vasodilatation
- c) Portal vasoconstriction
- d) Portal vasodilatation
- e) Hepatic vasoconstriction

## Medicine-Mock-II, Paper-I

1. TFFFT (Ref: Davidson 22<sup>nd</sup>/Page-7/Box 1.7)
2. TFTFT (Ref: Davidson 22<sup>nd</sup>/FIG- audit loop)
3. F (40)TF (Severe Hypothermia) F(Severe Hypothermia)T(Ref: Davidson 23<sup>rd</sup>/Page-167)
4. TFFFT (Ref: Davidson 23<sup>rd</sup>/Page-790)
5. FTTTT (Ref: Davidson 23<sup>rd</sup>/Page- 825)
6. F (under 45yrs) TF (not) TT  
(Ref: Davidson 23<sup>rd</sup>/Page-1142, Box-25.90)
7. TFFTT (Ref: Davidson 23<sup>rd</sup>/Page-1132)
8. TFFTT (Ref: Davidson 23<sup>rd</sup>/Page-1082,1083)
9. TTF (increased) F(unconjugated) T  
(Ref: Davidson 23<sup>rd</sup>/Page-946)
10. F (infarct)TTFF (infarct)  
(Ref: Davidson 23<sup>rd</sup>/Page-1155)
11. TFTTF (Ref: Davidson 23<sup>rd</sup>/Page-810/Box-21.49)
12. FTFTT  
(Ref: Robbins 9<sup>th</sup>/P-278/Davidson 23<sup>rd</sup>/Page-615)
13. TTTTT (Ref: Davidson 23<sup>rd</sup>/Page-1320)
14. TTTTF (relative contraindication)
15. FTTF (SLE& methyl dopa cause warm AIHA)  
(Ref: Davidson 23<sup>rd</sup>/Page-946)
16. FTTTT (Ref: Davidson 23<sup>rd</sup>/page -1129)
17. TFFFF (Ref: Robbin's 9<sup>th</sup>/Page-337)
18. TTTTT (Ref: Davidson 23<sup>rd</sup>/Page—863)
19. TTTTF (Ref: Davidson 23<sup>rd</sup>/Page-1106)
20. TFFFT (Ref: Davidson 23<sup>rd</sup>/Page-1132)
21. FTFTT (Ref: Davidson 23<sup>rd</sup>/Page-1080)
22. TTTTF (Ref: Davidson 23<sup>rd</sup>/Page-808/Box-21.44)
23. TTTTF (Ref: Davidson 23<sup>rd</sup>/Page-1092)
24. TFTTT (Ref: Davidson 23<sup>rd</sup>/page-1125)
25. TTTFF (Ref: Davidson 22<sup>nd</sup>/Page-127)
26. D (Ref: Davidson 23<sup>rd</sup>/Page-809)
27. B(Ref: Davidson 23<sup>rd</sup>/Page-1094)
28. B(Ref: Davidson 23<sup>rd</sup>/clinical immunology)
29. D (Ref: Davidson 23<sup>rd</sup>/Page-1162)
30. B (Ref: Davidson 23<sup>rd</sup>/Page-1112)
31. D (Ref: Davidson 23<sup>rd</sup>/neurology topic – trigeminal neurology)
32. B (Ref: Davidson 23<sup>rd</sup>/Page- 819/Fig- 21.52)
33. C (Ref: Davidson 23<sup>rd</sup>/Page-800)
34. D (Ref: Davidson 23<sup>rd</sup>/Topic-bells palsy)
35. C (Ref:Davidson 23<sup>rd</sup>/Topic-syringomyelia)
36. B (Ref: Davidson 23<sup>rd</sup>/Page- 827)
37. A (Genetics sheet, genesis)
38. E (Ref: Davidson 23<sup>rd</sup>/neurology topic – SAH)
39. D (Ref: Davidson 23<sup>rd</sup>/neurology topic – GBS)
40. E (Ref: Davidson 23<sup>rd</sup>/clinical genetics)
41. C (Ref: Davidson 23<sup>rd</sup>/clinical genetics)
42. A (Ref: Davidson 23<sup>rd</sup>/Page-1329, Neoplasm, Genesis)
43. D (Ref: Davidson 23<sup>rd</sup>/neurology topic – acoustic neuroma)
44. D (Ref:Davidson 23<sup>rd</sup>/neurology topic –horner syndrome)

45. D (Ref:Davidson 23<sup>rd</sup>/neurology topic – antiepileptic drug)
46. B (Ref: Davidson 22<sup>nd</sup>/Page-10)
47. C (Ref: Davidson 23<sup>rd</sup>/Page-1326, Neoplasm, Genesis)
48. B (Ref: Davidson 23<sup>rd</sup>/Page-1327)
49. D (Ref: Davidson 23<sup>rd</sup>/Topic HUS & TTP)
50. A (Ref: Davidson 23<sup>rd</sup>/Page-864)