**Question: A 3-year-old child has been brought with facial lacerations. On examination, he has some cuts over his right cheek and under the eye. The GCS on initial evaluation is 15. What is the appropriate next investigation?**  
(a) Facial XR  
(b) Skull XR   
(c) CT scan  
(d) MRI  
(e) Observation

Answer: a

**Question:** A girl with a history of allergies visited a friend’s farm. She developed stridor, wheeze, and an erythematous rash. What is the most appropriate treatment?

(a) 0.25 ml IM adrenaline  
(b) 0.25 ml IV adrenaline   
(c) 0.25 ml PO adrenaline  
(d) IV chlorpheniramine  
(e) Hydrocortisone IV

Answer: b

**Question:** A 34-year-old alcoholic is found passed out in front of a local pub. The ambulance crew informs you that he was sweating when they found him and there were cans of cider lying empty around him. What is the initial stage of investigation?  
(a) Capillary blood sugar  
(b) CT head  
(c) MRI head  
(d) ABG  
(e) MCV

Answer: a

**Question:** A patient with a history of alcoholism presents with **ataxic gait, hallucinations, and memory loss**. He is started on **acamprosate** for alcohol abstinence support. What other drug should also be given with this?  
(a) Thiamine  
(b) Chlordiazepoxide  
(c) Diazepam  
(d) Disulfiram  
(e) Haloperidol

Answer: a

**Question:** A 50-year-old smoker and heavy drinker presents with complaints of a racing heart. A **24-hour ECG (Holter monitoring)** comes out **normal**. What is your next step in management?

(a) Reassure  
(b) ECHO  
(c) Stress test  
(d) Beta blocker  
(e) Serum electrolytes

Answer: a

**Question:** **A 28-year-old man has developed a red, raised rash on trunk after playing football. His past medical history shows he had childhood asthma. The rash is becoming increasingly itchy. What is the most appropriate treatment?**

(a) Oral chlorpheniramine  
(b) Oral amoxicillin  
(c) IM adrenaline  
(d) Nebulized salbutamol  
(e) Histamine

**Answer: a**

**Question:** **After eating a cookie at a garden party, a child began to cough and went blue. The mother also noticed that there were swollen patches on the skin. What is the initial management?**  
(a) OTC antihistamine  
(b) Oxygen  
(c) Bronchodilators  
(d) Epinephrine IM  
(e) Nebulized epinephrine

**Answer: d**

**Question:** A 31-year-old woman with known gallstones undergoes a cholecystectomy. However, she continues to experience abdominal pain, and her liver function tests are indicative of obstructive jaundice. An ERCP is performed and reveals a stone lodged in the **second part of the duodenum**. What is the **SINGLE most likely site** where the stone is impacted?  
**(a) Hepatic duct  
(b) Cystic duct  
(c) Accessory pancreatic duct  
(d) Hepatocellular ampulla  
(e) Common hepatic duct**

Answer: d

**Question:** A 35-year-old man sat **cross-legged for 30 minutes**, and afterward, he was **unable to dorsiflex his left foot** and had **loss of sensation in the web space between the big toe and second toe**. What is the **SINGLE most likely anatomical structure to be affected**?  
**(a) Femoral nerve  
(b) Sural nerve  
(c) Sciatic nerve  
(d) Deep peroneal nerve  
(e) Superficial peroneal nerve**

Answer: d

**Question:** A 22-year-old male athlete presents with a history of frequent fainting episodes since childhood. His ECG shows a sinus rhythm, normal PR and QRS intervals, but a prolonged QT interval. There is no family history of sudden cardiac death or arrhythmias. What is the most likely cause of his syncope?

(a) Asystole  
(b) Complete heart block  
(c) Atrial fibrillation  
(d) Polymorphic ventricular tachycardia  
(e) Sick sinus syndrome

**Answer: d**

**Question:** A 58-year-old man with a 13-year history of type 1 diabetes mellitus and hypertension presents with sudden onset of central chest pain and abdominal pain lasting 45 minutes. The pain radiates to his jaw, began while he was driving, and is associated with cold sweats and dyspnoea. He describes it as a burning pain. What is the **SINGLE most likely diagnosis**?

**(a) Myocardial Infarction**   
**(b) Pericarditis**  
**(c) Pulmonary embolism**  
**(d) Costochondritis**  
**(e) Pneumothorax**

**Answer: a**

**Question:** A 51-year-old woman presents with increasing breathlessness and orthopnoea, requiring three pillows at night to sleep. On examination, she has **bilateral pedal oedema**, **widespread crepitations**, and a **pansystolic murmur at the apex**. Her ECG shows **broad P waves**, and her history includes childhood **asthma** and **rheumatic fever at age 14**.  
What is the **single most likely cardiac defect**?

(a) Tricuspid regurgitation  
(b) Aortic stenosis  
(c) Mitral stenosis  
(d) Mitral regurgitation  
(e) Aortic regurgitation

**Answer: d**

**Question:** A 4-year-old child is brought to your GP practice by her mother. She has painful crusted lesions on her face and neck, mostly localized around her mouth. Her face feels hot to the touch. She is otherwise well. What is the SINGLE most likely diagnosis?

**(a) Contact dermatitis**  
**(b) Impetigo**  
**(c) Measles**  
**(d) Chickenpox**  
**(e) Eczema**

Answer: b

**Question:** A 39-year-old woman is being treated with amoxicillin for community-acquired pneumonia. Four days later, she develops a flattish rash on the backs of her hands and feet, which evolves into slightly raised patches spreading to the trunk. The lesions have **dusky red blistering centers with pale surrounding areas** and are mildly itchy. What is the SINGLE most likely diagnosis?

**(a) Erythema multiforme**  
**(b) Erythema nodosum**  
**(c) Erythema migrans**  
**(d) Erythema marginatum**  
**(e) Urticaria**

Answer: a

**Question:** A 38-year-old man presents with an acute infection of the skin on the leg. A diagnosis of **cellulitis** has been made. He has **no known drug allergies**. What is the SINGLE best choice of antibiotic to be prescribed?

**(a) Flucloxacillin**  
**(b) Metronidazole**  
**(c) Vancomycin**  
**(d) Ceftriaxone**  
**(e) Clindamycin**

**Answer: a**

**Question:** A 23-year-old woman presents with acute onset of shortness of breath, perioral tingling, and carpopedal spasm approximately 20 minutes after a heated argument with her boyfriend. She denies experiencing chest pain. What is the single most appropriate next step in management?

(a) Selective serotonin reuptake inhibitors (SSRIs)  
(b) Diazepam  
(c) Rebreathing into a paper bag  
(d) Propranolol  
(e) Alprazolam

**Answer: c**

**Question:** A 23-year-old woman is brought to the Emergency Department after being found unconscious by her partner. Several empty packets of paracetamol and an empty vodka bottle are found at the scene. Upon regaining consciousness, she appears confused and is unable to recall when she took the tablets. Her Glasgow Coma Scale (GCS) is 14/15. What is the single most appropriate next step in management?

(a) CT Head  
(b) Haemodialysis  
(c) Start N-acetylcysteine immediately  
(d) Start N-acetylcysteine 4 hours after presentation  
(e) Take paracetamol levels and treat if raised

**Answer: c**

**Question:** A 7-year-old girl becomes acutely unwell while visiting a friend’s house. She is brought to the Emergency Department, and the friend’s mother mentions preparing a dessert that contained nuts. On examination, the child is fully conscious but has stridor, wheeze, and a sudden-onset erythematous rash. Supplementary oxygen has already been initiated. What is the single most appropriate immediate management step?

(a) Check airway patency and prepare for intubation  
(b) Administer 0.3 mL of 1:1,000 epinephrine intramuscular  
(c) Administer 10 mg chlorpheniramine intramuscular  
(d) Administer 50 mg hydrocortisone intramuscular  
(e) Secure intravenous access

**Answer: b**

**Question:** A 34-year-old woman presents with truncal obesity, easy bruising, hyperglycemia, and depression. Her blood pressure is 165/95 mmHg. Which of the following investigations will be most helpful in localizing the cause of Cushing’s syndrome?

(a) Serum cortisol  
(b) 24-hour urinary free cortisol  
(c) Low dose dexamethasone suppression test  
(d) High dose dexamethasone suppression test  
(e) Overnight dexamethasone suppression test

Answer: d

**Question:** A 35-year-old man with recent **myocardial infarction** is feeling unwell. His ECG shows **QRS widening** and **tall-tented T waves**, and blood tests reveal **serum potassium of 6.2 mmol/L** (elevated). **What is the SINGLE most appropriate immediate management?**  
(a) Intravenous calcium gluconate  
(b) Oral calcium resonium  
(c) Oral calcium with vitamin D  
(d) Intravenous sodium chloride  
(e) Intravenous glucose

Answer: a

**Question:** A 70-year-old man with **polyuria and polydipsia** has random blood sugars of **8–9 mmol/L**. He is on **metformin**, has a **cholesterol of 5.8 mmol/L**, **BP of 135/80 mmHg**, and **microalbuminuria**.**What is the SINGLE most appropriate medications to be added on?**  
(a) Statin and glitazone  
(b) Statin and biguanide  
(c) ACE inhibitors and sulfonylurea  
(d) ACE inhibitors and insulin  
(e) ACE inhibitors and statin

Answer: e

**Question:** A 44-year-old woman has lost weight over 12 months. She has also noticed episodes where her heart beats rapidly and strongly. She has a regular pulse rate of 90 bpm. Her ECG shows sinus rhythm. What is the most appropriate investigation to be done?

(a) Thyroid antibodies  
(b) TFT   
(c) ECG  
(d) Echocardiogram  
(e) Plasma glucose

**Answer: b**

**Question:** A 60-year-old man with a 4-year history of thirst, urinary frequency, and weight loss presents with a deep painless ulcer on the heel. What is the most appropriate investigation?

(a) Blood sugar  
(b) Arteriography  
(c) Venography  
(d) Biopsy for malignant melanoma  
(e) Biopsy for pyoderma

**Answer: a**

**Question:** A 28-year-old woman presents with **recurrent episodes of vertigo** and **nausea**, each lasting from **30 minutes to a few hours**, occurring several times per year. She is **asymptomatic between episodes**, but also reports **mild hearing loss in the left ear**. What is the **SINGLE most appropriate treatment**?  
**(a) Aspirin  
(b) Metoclopramide  
(c) Cyclizine  
(d) Clotrimazole  
(e) Ondansetron**

Answer: c

**Question:** A **44-year-old man** presents with **muffled hearing**, **constant high-frequency tinnitus**, **a sense of pressure in the right ear**, **vertigo**, and **double vision when looking to the right**. What is the **SINGLE most likely diagnosis**?  
**(a) Ménière’s disease  
(b) Acoustic neuroma  
(c) Acute labyrinthitis  
(d) Meningioma  
(e) Otosclerosis**

Answer: b

**Question:** A 25-year-old woman presents with recurrent episodes of dizziness, nausea, and anxiety. These episodes occur with sudden changes in posture and last only a few seconds. She describes the sensation as “the room spinning around her.” **What is the SINGLE most likely diagnosis?**  
(a) Panic disorder  
(b) Carotid sinus syncope  
(c) Benign paroxysmal positional vertigo  
(d) Vertebrobasilar insufficiency  
(e) Postural hypotension

**Answer: c**

**Question: A small town has a population of 250,000. In a five-year period there were 1,000 cases of lung cancer diagnosed in that town. The neighbouring town also has a population of 250,000 but only 400 people were diagnosed with lung cancer during the five-year period. What is the annual incidence per million of lung cancer in the population of both of these towns?**

(a) 2800  
(b) 1400  
(c) 700  
(d) 560  
(e) 1800

**Answer: d**

**Question: A 12-year-old patient presents with copious diarrhea. Examination: urine output low, mucous membrane dry, skin turgor low. What is the most appropriate initial management?**

(a) Antibiotic  
(b) Antimotility  
(c) Anti-emetic  
(d) Fluid replacement  
(e) Reassurance

**Answer: d**

**Question: A middle-aged male is feeling unwell after a recent MI. The recent ECG shows prolonged QRS complex and tented T waves. Na⁺ 136 mmol/L, K⁺ 6.2 mmol/L, urea 5 mmol/L. What is the most appropriate management?**

(a) Calcium gluconate  
(b) Calcium resonium  
(c) Calcium with vitamin D supplement  
(d) Vitamin D  
(e) Calcium

**Answer: a**

**Question: An 80-year-old man with prostatic cancer has confusion, thirst, abdominal pain, and an abnormal ECG. What is the most appropriate investigation?**

(a) MRI spine  
(b) Radionuclide bone scan  
(c) DEXA scan  
(d) Serum calcium concentration  
(e) Serum ALP concentration

**Answer: d**

**Question:** A 67-year-old female presents with a firm, rounded, painless lump measuring approximately 5 cm in diameter in her right breast. There is a visible bruise over the affected area, and she denies any nipple discharge. What is the **SINGLE most likely diagnosis** in this patient?

(a) Fat necrosis  
(b) Fibroadenoma  
(c) Fibroadenosis  
(d) Duct ectasia  
(e) Breast cancer

**Answer: a**

**Question:** A 53-year-old woman underwent investigations including a biopsy after being found to have a breast lump along with skin changes over the lump that appeared red and dimpled. Her biopsy report was suggestive of malignancy. What is the **SINGLE most likely statement** that would describe the histopathological findings in this case?

(a) Invasive intraductal carcinoma of the breast extending to the epithelium  
(b) In situ carcinoma involving the nipple epidermis  
(c) Encapsulated adipocytes within a fibrotic stroma  
(d) Proliferation and expansion of the stroma with low cellularity  
(e) Cystic formations with mild epithelial hyperplasia in ducts

**Answer: a**

**Question:** A 59-year-old man presents to the Emergency Department with abdominal pain that started 18 hours ago. The pain had a gradual onset and initially began in the left side of the abdomen, accompanied by nausea. His past medical history includes heart failure, diabetes, and hypertension. On examination, there is generalized abdominal tenderness. A digital rectal examination reveals the presence of blood per rectum. His vital signs include a heart rate of 80 beats per minute, blood pressure of 150/80 mmHg, and a temperature of 37.9°C. What is the **SINGLE most likely diagnosis**?

(a) Bowel perforation  
(b) Rectal carcinoma  
(c) Ischaemic colitis  
(d) Acute mesenteric ischaemia  
(e) Angiodysplasia

**Answer: c**

**Question:** **An 8-year-old boy is clinically obese. As a baby, he was floppy and difficult to feed. He now has learning difficulties and is constantly eating, despite measures by his parents to hide food out of reach. What is the most probable diagnosis?**  
(a) Cushing’s syndrome  
(b) Congenital hypothyroidism  
(c) Prader-Willi syndrome  
(d) Laurence-Moon-Biedl syndrome  
(e) Down’s syndrome

**Answer: c**

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(e) Down’s syndrome

Answer: c

**Question:** The parents of two children would like to try for another child. Their **first child was diagnosed with cystic fibrosis (CF)** and their **second child is healthy**. Both parents are healthy.What is the **chance of their next child being a carrier**?  
(a) 1:4  
(b) 1:2  
(c) 2:3  
(d) 1:8  
(e) 1:16

Answer: b

**Question:** A **44-year-old lady** with **polycystic kidney disease (PKD)** is concerned because her **38-year-old brother** recently died of an **intracranial insult**. She knows he was **not hypertensive**.What was the **SINGLE most likely cause of her brother’s death**?  
(a) Subdural haematoma  
(b) Subarachnoid haemorrhage  
(c) Cerebral infarct  
(d) Epidural haematoma  
(e) Dehydration

Answer: b

**Question: A 15-year-old boy presents with testicular pain for 2 days. There is no history of trauma.Examination: Temperature = 38.5°C, right hemi-scrotum tenderness. What is the single most appropriate management?**(a) Give antibiotics  
(b) Give analgesia  
(c) Reassure  
(d) Ultrasound scrotum  
(e) Exploratory surgery

**Answer: a**

**Question:** A 63-year-old man presents with persistent **thirst**, **back pain** for 4 months, **fatigue**, **weight loss**, **breathlessness**, and **hypercalcemia**. A blood film is ordered.

What is the SINGLE most likely finding to be seen on a blood film?

(a) Basophilic stippling  
(b) Howell Jolly bodies  
(c) Heinz bodies  
(d) Trophozoites  
(e) Rouleaux formation

Answer: e

**Question:** A 36-year-old woman presents with a petechial rash and menorrhagia. On examination, she is otherwise normal and has no additional complaints. A full blood count shows:

* Hemoglobin: 13.3 g/dL
* WBC: 9 × 10⁹/L
* Platelets: 90 × 10⁹/L

**What is the SINGLE most likely diagnosis?**

(a) Polycythaemia rubra vera  
(b) Thrombocytopaenia  
(c) Thrombocytosis  
(d) Chronic myeloid leukaemia  
(e) Hyposplenism

Answer: b

**Question: A 33-year-old man presents with lethargy, tiredness, and pruritus. He is diagnosed with polycythaemia vera. What is the SINGLE most appropriate management?**

(a) Phlebotomy  
(b) Splenectomy  
(c) Indomethacin  
(d) Heparin  
(e) Warfarin

Answer: a

**Question:** A 29-year-old lady who is a bank manager is referred by the GP to the medical OPC due to a long history of tiredness and pain in the joints. An autoimmune screen result showed smooth muscle antibodies positive. What is the most appropriate next investigation?  
(a) ECG  
(b) TFT  
(c) LFT  
(d) Serum glucose  
(e) Jejunal biopsy

**Answer: c**

**Question:** An alcoholic 56-year-old man had ascitic fluid analysis done which was found to be yellow in color. What is the most appropriate cause?

(a) Alcoholic hepatitis  
(b) Decompensated cirrhosis  
(c) TB peritonitis  
(d) Pyogenic peritonitis  
(e) Neoplasm

**Answer: b**

**Question:** A 62-year-old intravenous drug user presents to the emergency department with fever, chills, malaise, dyspnea, and a productive cough. He had flu-like symptoms 8 days ago that initially improved but worsened over the past 3 days. His temperature is 39°C, pulse 110 bpm, BP 100/70 mmHg, and respiratory rate 22/min. Chest X-ray reveals bilateral cavitary lesions.  
Which is the SINGLE most likely causative organism?

(a) Mycoplasma pneumoniae  
(b) Staphylococcus aureus  
(c) Chlamydia pneumoniae  
(d) Escherichia coli  
(e) Klebsiella pneumoniae

Answer: b

**Question:** A patient presented with jaundice, fever, and upper abdominal pain within 24 hours after removal of a gallstone by ERCP. Cholangiography was done and found to be patent. What is the possible cause of his complaints?

(a) Biliary infection  
(b) Acute pancreatitis  
(c) Perforation

(d) Acute cholangitis  
(e) Post-ERCP pancreatitis

**Answer: b**

**Question:** A 23-year-old man has been using intravenous drugs. You explain to him the dangers of this, including the risk of contracting a blood-borne virus such as Hepatitis B.  
**Which of the following laboratory tests will first become abnormal after acquiring hepatitis B infection?**

(a) Bilirubin  
(b) Hepatitis B surface antigen   
(c) Hepatitis B core IgM antibody  
(d) Alanine aminotransferase (ALT)  
(e) Anti-hepatitis B e antibody

**Answer: b**

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(d) Alanine aminotransferase (ALT)  
(e) Anti-hepatitis B e antibody

**Answer: b**

**Question:** A 33 year old male patient presents with white patches in the mouth that can be wiped off and is easily removed leaving behind a red base which is painless. He has cracks at the corners of his mouth. What is the SINGLE most likely diagnosis?

(a) Kaposi’s sarcoma  
(b) Molluscum contagiosum  
(c) Cytomegalovirus infection  
(d) Oral thrush  
(e) Leukoplakia

Answer: d

**Question:** A 58-year-old man presents with **tiredness**, **lethargy**, **nausea**, and **severe pruritus**, worse **after hot baths and at night**. Examination reveals **pale, dry, pigmented skin**, **scratch marks**, and **peripheral oedema**.  
**What is the SINGLE most likely diagnosis?**

**(a) Hyperthyroidism**  
**(b) Polycythaemia vera**  
**(c) Chronic renal failure**  
**(d) Eczema**  
**(e) Liver failure**

Answer: c

**Question:** A **6-year-old boy** presents with **sudden-onset generalized edema** (notably **puffy eyes** and **lower limb swelling**) and **dramatic weight gain** over 2 days. He is otherwise well and has no prior medical history. Urine analysis shows **3+ proteinuria**.

**What is the SINGLE next best investigation?**

**(a) Serum albumin levels**  
**(b) Repeat urine analysis**  
**(c) Refer to nephrology**  
**(d) Refer to dietician**  
**(e) Ultrasound KUB (kidneys, ureters, bladder)**

Answer: a

**Question:** A 32-year-old woman presents with recurrent unilateral pulsatile headaches lasting 24–48 hours, associated with nausea and photophobia These headaches are severe enough to limit her daily activities. She has tried several over-the-counter painkillers without relief.  
Which of the following is the **SINGLE most appropriate first-line treatment**?

(a) Paracetamol oral  
(b) Prednisone oral  
(c) Sumatriptan oral  
(d) Sumatriptan nasal  
(e) Oxycodone oral

**Answer: c**

**Question:** A 55-year-old man was admitted for investigation of haemoptysis. Two days later, he develops **fluctuating consciousness**, **sweating**, and **tremors**. His temperature is 37.3°(c) He gives a history of **daily alcohol consumption for the past year**.  
What is the **SINGLE most appropriate management**?

(a) Acamprosate  
(b) Chlordiazepoxide  
(c) Antibiotics  
(d) High potency vitamin B complex  
(e) Disulfiram

**Answer: b**

**Question:** A 62-year-old woman presents with **drooping of the upper eyelid** and **double vision**, which **alternates between eyes** and worsens **toward the end of the day**. Her speech gradually becomes **slower and softer** as she talks. On examination, **pupils are normal**.  
Which **SINGLE investigation** will help confirm the diagnosis?

(a) Thyroid function test  
(b) Electrocardiography  
(c) Tensilon test  
(d) Serum skeletal muscle nicotinic acetylcholine receptor antibody  
(e) Computed tomography of the brain

**Answer: d**

**Question:** A 53-year-old woman presents with **vaginal dryness**, **hot flashes**, and **night sweats** for the past 6 months. Her **last menstrual period was over a year ago**, confirming **menopause**. She is on an **ACE inhibitor** for blood pressure control. **What is the SINGLE most appropriate management for her symptoms?**

(a) Raloxifene  
(b) Hormone replacement therapy (HRT)   
(c) Progesterone only pill  
(d) Topical oestrogen  
(e) Clonidine

**Answer: b**

**Question: A 35-year-old woman complains of urinary leakage when coughing or sneezing, occurring 4 months postpartum after a normal vaginal delivery. Speculum exam is normal with no visible anatomical abnormality. What is the SINGLE most appropriate next step in management?**

(a) Tension-free vaginal tape operation  
(b) Bladder drill (retraining)  
(c) Ring pessary  
(d) Pelvic floor exercise  
(e) Duloxetine

Answer: d

**Question:** A 40-year-old woman presents to the Gynaecology outpatient clinic with painful periods. Her pain is most severe on the first day of menstruation and persists for five days. Her cycles are regular every 28 days, and she also reports menorrhagia. She previously underwent laparoscopic tubal sterilisation and currently uses ibuprofen and paracetamol for pain relief. She is sexually active with a stable partner and has no urinary or bowel symptoms. Endometriosis is suspected. What is the **SINGLE most appropriate initial action**?

(a) Prescribe regular codeine  
(b) Prescribe a trial of combined oral contraceptive pill  
(c) Request a pelvic magnetic resonance imaging  
(d) Prescribe antibiotics  
(e) Arrange a diagnostic laparoscopy

Answer: b

**Question:** A 50-year-old woman who was treated for breast cancer 3 years ago now presents with increased thirst, confusion, and has become drowsy. What is the most likely metabolic abnormality?

(a) Hypercalcemia  
(b) Hyperkalemia  
(c) Hypoglycemia  
(d) Hyperglycemia  
(e) Hypocalcemia

**Answer: a**

**Question:** A **45-year-old woman** presents with **itchy, dry, gritty eyes**, worse **during the day** and when in an **air-conditioned room**. A **Schirmer’s test** shows **7 mm of moisture**, indicating reduced tear production (normal >10 mm). What is the **SINGLE most appropriate management**?  
**(a) Cyclopentolate  
(b) Steroid drops  
(c) Hypromellose drops  
(d) Topical ciclosporin  
(e) Scleral lenses**

Answer: c

**Question:** A 45-year-old man with type 1 diabetes mellitus undergoes his routine annual eye examination. On fundoscopy, dot and blot hemorrhages along with hard exudates are seen. **Which one of the following is the SINGLE most likely diagnosis?**

(a) Macular degeneration  
(b) Retinal detachment  
(c) Multiple sclerosis  
(d) Diabetic background retinopathy  
(e) Diabetic proliferative retinopathy

Answer: d

**Question:** A 45-year-old woman presents with complaints of itchy, dry eyes. She reports mild pain in the morning which worsens throughout the day. She also mentions that her eyes feel gritty, particularly in air-conditioned environments. A Schirmer’s test is performed, and the result shows 7 mm of moisture on the filter paper. (Note: A normal Schirmer’s test result is more than 10 mm of moisture on the filter paper.) What is the SINGLE most appropriate management for this patient?

(a) Cyclopentolate  
(b) Steroid eye drops  
(c) Hypromellose eye drops  
(d) Topical ciclosporin  
(e) Scleral lenses

**Answer: c**

**Question: A 2-year-old girl presents with a painless limp. On examination, she has unequal skin folds and the left leg is shorter than the right leg. What is the SINGLE most likely diagnosis?**(a) Transient synovitis  
(b) Developmental dysplasia of the hip (DDH)   
(c) Perthes’ disease  
(d) Juvenile idiopathic arthritis  
(e) Slipped capital femoral epiphysis (SCFE)

Answer: b

**Question:** A **60-year-old man** presents to the emergency department with a **hip fracture**. He has a history of **progressive hearing loss**, **recently diagnosed heart failure**, and **hypercalcemia** on blood tests.**What is the SINGLE most likely diagnosis?**  
(a) Paget’s disease   
(b) Osteoporosis  
(c) Osteomalacia  
(d) Multiple myeloma  
(e) Spondylosis

Answer: a

**Question: A 34-year-old man developed back pain two days ago while moving house. The pain radiates to his left foot, worsens on coughing, and he has loss of deep tendon reflexes on the left leg. Exam shows positive straight leg raise test and sensory loss over the anterior knee.**

**What is the SINGLE most likely cause of this patient's symptoms?**(a) Intervertebral disc prolapse   
(b) L5 nerve root compression  
(c) Ilioinguinal ligament strain  
(d) Spinal fracture  
(e) Cauda equina syndrome

Answer: a

**Question: A patient who was previously on 120 mg slow-release oral morphine has had his dose increased to 200 mg. He is still in significant pain. He complains of drowsiness and constipation. What is the next step in the management?**(a) Increase slow-release morphine dose  
(b) Fentanyl patch  
(c) Replace morphine with oral hydromorphone  
(d) Replace morphine with oxycodone  
(e) Subcutaneous morphine

**Answer: d**

**Question:** A 61-year-old man who had a stroke 2 years ago is on aspirin. He has rheumatoid arthritis (RA) but suffers from significant pain. He is also taking senna for constipation. What is the best medication to relieve his pain?

(a) DMARDs  
(b) Ibuprofen  
(c) Co-codamol  
(d) Paracetamol  
(e) Naproxen

**Answer: d**

**Question: A 65-year-old man with metastatic prostate cancer presents with severe bone pain not relieved by oral morphine. He has nausea, constipation, and is becoming increasingly drowsy. Which is the most appropriate next step?**

(a) Switch to transdermal fentanyl  
(b) Start bisphosphonate therapy  
(c) Prescribe subcutaneous diamorphine infusion  
(d) Add regular NSAIDs  
(e) Start ketamine infusion

**Answer: c**

**Question: A 1-week-old preterm male infant (born at 32 weeks) in the NICU was tolerating increasing nasogastric feeds but has now developed vomiting, lethargy, blood in stool, and a distended, tense abdomen with reduced bowel sounds. Abdominal X-ray reveals distended bowel loops with air in the bowel wall (pneumatosis intestinalis). What is the single most appropriate next step in management?**  
(a) Emergent exploratory laparotomy  
(b) Reduce volume of feeds per feeding and feed more frequently  
(c) Remove nasogastric tube and replace with transpyloric tube, then switch feeds from nasogastric to nasoduodenal tube  
(d) Stop feeds, begin intravenous fluids, perform abdominal films, and initiate systemic antibiotics  
(e) Continue the same

Answer: d

**Question: A 6-year-old boy is brought to the Emergency Department by his mother’s boyfriend. He has had a fever for 3 days. On examination, there are purple spots on the lower back, brownish discoloration on the forearm, and a left shoulder dislocation. The child is quiet and avoids eye contact. What is the single most appropriate action after treating his fever?**(a) Discharge home with appropriate medications  
(b) Admit patient into general paediatrics ward  
(c) Refer to social services  
(d) Option B and C  
(e) None of the above

Answer: d

**Question: A 3-year-old boy presents with a left-sided irreducible firm swelling in the groin, which descends on crying. On examination, both testes are palpable in the scrotum.  
What is the single most appropriate management?**(a) Reassurance  
(b) Emergency herniotomy  
(c) Elective herniotomy  
(d) Emergency herniotomy and orchidopexy  
(e) Elective herniotomy and orchidopexy

Answer: b

**Question:** A 48-year-old man presents with perioral paresthesia and severe perioral pain following surgical excision of mandibular cancer. The pain is **not relieved** by **oral morphine and ibuprofen**, and the skin in the affected area is **tender to touch**, indicating features of **neuropathic pain**. **What is the SINGLE most appropriate next step in management to relieve the pain?**

(a) Gabapentin  
(b) Oral oxycodone  
(c) Patient controlled analgesia  
(d) Intravenous morphine  
(e) Fentanyl patch

Answer: a

**Question:** A 35-year-old man with a history of chronic alcohol use presents with signs of decompensated chronic liver disease, including ascites confirmed by shifting dullness and the presence of spider naevi on the trunk. Paracentesis shows clear (non-infected) ascitic fluid. His vital signs are stable: temperature 37.2°C, pulse 85 bpm, BP 119/85 mmHg, respiratory rate 20/min. **What is the SINGLE most appropriate medication to start?**

(a) Corticosteroid  
(b) Azathioprine  
(c) Spironolactone  
(d) Cholestyramine  
(e) Penicillamine

Answer: c

**Question:** A 14-year-old girl’s mother visits your clinic seeking advice about the most suitable contraceptive method for her daughter, who suffers from dysmenorrhoea. She requests a prescription for her daughter, mentioning that her daughter couldn’t attend the appointment due to school commitments. What is the SINGLE most appropriate next step to take?

(a) Ask both the mother and daughter to attend the clinic together  
(b) Enquire whether the daughter is sexually active  
(c) Telephone the daughter to discuss her needs  
(d) Arrange for the daughter to attend the clinic alone  
(e) Provide the mother with a prescription for the combined oral contraceptive pill for her daughter

**Answer: a**

**Question: As a junior doctor, you are dining with friends at a restaurant. As you leave, you notice that a nearby empty table has been left unattended with a set of patient medical notes on it for some time. What is the SINGLE most appropriate action to take?**

(a) Ask the restaurant manager to contact the hospital  
(b) Examine the medical notes and try to phone the patient directly  
(c) Check the medical notes for the patient’s general practitioner details and inform the GP practice  
(d) Collect the medical notes and take them to the hospital yourself  
(e) Ignore the situation and leave the restaurant

**Answer: c**

**Question: A 14-year-old girl attends the clinic requesting contraception. She discloses that she is sexually active. When asked about her partner, she initially declines to answer but later reveals that her partner is a teacher at her school. She has been previously advised to inform her parents, but she refuses to do so. She clearly states that she does not want anyone to know about her relationship with the teacher. What is the SINGLE most appropriate action to take?**

(a) Prescribe contraception and continue encouraging her to inform her parents  
(b) Decline to prescribe contraception  
(c) Inform her parents about the relationship  
(d) Report the case to the safeguarding authority  
(e) Notify the police immediately

**Answer: d**

**Question: A 35-year-old man is being evaluated by a psychiatrist for severe depression. He expresses a belief that the world has ended and is no longer real. He insists that he himself no longer exists in the world. He maintains minimal eye contact during the session. What is the SINGLE most appropriate diagnosis?**

(a) Somatization disorder  
(b) Hypochondriasis  
(c) Conversion disorder  
(d) Nihilistic delusions  
(e) Capgras syndrome

Answer: d

**Question: A 71-year-old woman appears disheveled and unkempt, with poor eye contact. She has recently lost her husband 2 months ago and has been feeling hopeless, tearful, and emotionally distressed throughout the week. Which ONE of the following terms best describes her current emotional state?**

(a) Anxiety  
(b) Hallucinations  
(c) Mania  
(d) High mood  
(e) Low mood

Answer: e

**Question: A 25-year-old woman visits her GP with complaints of low mood. She reports an increased appetite and has gone up by 2 dress sizes recently. Additionally, she feels very tired and mentions that she often stays in bed until the afternoon, despite going to bed early at night. What is the SINGLE most likely diagnosis?**

(a) Pseudo depression  
(b) Moderate depression  
(c) Severe depression  
(d) Dysthymia  
(e) Atypical depression

Answer: e

**Question: A 67-year-old chronic smoker presents with cough, breathlessness, and wheezing. He is started on 24% oxygen via a Venturi face mask, nebulized salbutamol, and intravenous hydrocortisone. His dyspnoea does not improve, so intravenous aminophylline is administered. Arterial blood gas analysis reveals:**

* pH: 7.32
* pCO₂: 7.7 kPa
* pO₂: 10.1 kPa  
  Respiratory rate is 32 breaths per minute.

**What is the SINGLE most appropriate next step in management?**

(a) Non-invasive ventilation  
(b) Invasive mechanical ventilation  
(c) Long-acting beta-adrenoceptor agonist  
(d) Intravenous doxapram hydrochloride  
(e) Oral amoxicillin

Answer: a

**Question: A 60-year-old warehouse worker presents with a 7-month history of progressive shortness of breath and a 5-month dry cough. He is on ramipril for hypertension. Examination reveals clubbing, fine inspiratory crackles, and oxygen saturation of 89%. He is gaunt in appearance. Lung function tests show:**

* **FEV1: 60% predicted**
* **FVC: 40% predicted**
* **FEV1/FVC ratio: 0.8**  
  **What is the SINGLE most likely diagnosis for this patient?**

(a) Asthma  
(b) Bronchiectasis  
(c) Pulmonary oedema  
(d) Pulmonary fibrosis  
(e) Chronic obstructive pulmonary disease (COPD)

Answer: d

**Question: A 27-year-old man presents with chest pain and respiratory distress following a road traffic accident. He has distended neck veins, tracheal deviation to the right, absent breath sounds on the left, and hypotension (BP 80/40 mmHg) with tachycardia (HR 120 bpm).  
What is the SINGLE most appropriate next action?**

(a) Chest X-ray  
(b) Insertion of a cannula into the left second intercostal space  
(c) Insertion of a cannula into the right second intercostal space  
(d) Insertion of a chest drain into right mid-axillary line  
(e) Insertion of a chest drain into left mid-axillary line

Answer: b

**Question:** A **60-year-old man** presents with **acute, spontaneous, painful swelling** of the **right knee**. It appears **hot and tender**, worsening over the past few days. He is **apyrexial**. He recently had **inguinal hernia surgery**. Medications: **Ramipril**, **Bendroflumethiazide**, and **GTN**.  
**What is the SINGLE best method for confirming the diagnosis?**

(a) Joint aspirate for microscopy  
(b) Blood culture  
(c) D-dimer  
(d) X-ray of knee  
(e) Serum uric acid levels

Answer: a

**Question:** A **35-year-old man**, recently diagnosed with **asthma**, now presents with:

* **Deep, aching lower back pain**, worse at night
* **Tender subcutaneous nodules** on his **legs**
* He has undergone investigations and has been started on **corticosteroids**

**What is the SINGLE most likely diagnosis?**

**Options:**  
(a) Ankylosing spondylitis  
(b) Churg-Strauss syndrome  
(c) Cryptogenic fibrosing alveolitis  
(d) Polyarteritis nodosa  
(e) Tropical eosinophilia

Answer: b

**Question:** A 32-year-old woman presents with a **febrile illness**, **acute joint pain and swelling** in the **small joints of her feet and knees**, and a **maculopapular rash on her soles**. She also has **conjunctivitis**, and there is no travel history outside the UK. What is the **SINGLE most likely diagnosis**?

**(a) Septic Arthritis**  
**(b) Reactive Arthritis**  
**(c) Rheumatoid Arthritis**  
**(d) Psoriatic Arthritis**  
**(e) Systemic Lupus Erythematosus (SLE)**

Answer: b

**Question: A resident of a nursing home presented with rashes in his finger webs and also on his abdomen, with complaints of itching which is severe at night. He was diagnosed with scabies. What is the best treatment for his condition?**

(a) 0.5% permethrin  
(b) Doxycycline  
(c) 5% permethrin   
(d) Reassure  
(e) Acyclovir

**Answer: c**

**Question:** **A patient from Africa comes with a nodular patch on the shin which is reddish brown. What is the most probable diagnosis?**

(a) Lupus vulgaris   
(b) Erythema nodosum  
(c) Pyoderma gangrenosum  
(d) Erythema marginatum  
(e) Solar keratosis

**Answer: a**

**Question:** **A young man develops itching worse at night and following bathing. Examination reveals a greyish-white linear rash on the wrist and periumbilical area. What is the diagnosis?**

(a) Scabies   
(b) Polycythemia  
(c) Urticaria  
(d) Atopic eczema  
(e) Lichen planus

**Answer: a**

**Question:** A lady presents with itching around the breast and greenish foul-smelling discharge from the nipple. She had a similar episode before. What is the most likely diagnosis?  
(a) Duct papilloma  
(b) Mammary duct fistula   
(c) Breast abscess  
(d) Periductal mastitis  
(e) Duct ectasia

Answer: e

**Question: A 60-year-old smoker presents with cramp-like calf pain relieved by rest and non-healing ulcers. On examination, there are cold extremities, loss of hair around the ankles, and absent distal pulses. What is the most probable diagnosis?**

(a) Intermittent claudication  
(b) Chronic ischemia of the limbs  
(c) Buerger’s disease  
(d) DVT  
(e) DM

Answer: b

**Question: A 65-year-old man presents with painless hematuria. IVU (Intravenous Urogram) is normal. Prostate is mildly enlarged with mild frequency. What is the most appropriate next step?**

(a) US Abdomen  
(b) Flexible cystoscopy  
(c) MRI  
(d) Nuclear imaging  
(e) PSA

**Answer: b**

**Question:** A young boy presents with acute scrotal pain for a few hours. Examination reveals that one testis is very tender. He reports a similar mild episode previously that resolved within 30 minutes. What is the next best step in management?

(a) Urgent exploration  
(b) US  
(c) Antibiotics  
(d) IV fluids  
(e) Doppler US

**Answer: a**