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- Condition of multiple cysts in kidney disease what is the mode of inheritance of the disease-----> autosomal recessive
- After 5 year transplant surgery there is increased incidence of-----> lymphoproliferative
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- Patient underwent hysterectomy, surgeon should know relation of ureter where it can be damaged during hysterectomy-----> behind broad ligament
- Lumbar triangle anterior boundary is formed by-----> post border of external oblique
- Hormonal profile of postmenopausal women shows-----> increased fsh, lh
- Insulin independent glucose uptake occurs in-----> exercising skeletal muscles
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- Blue cells is secreting catecholamines and is because of gene amplification. dx-----> neuroblastoma
- Chronic intravascular hemolysis is characterized by-----> hemosiderinuria
- Through function hormone released at one site, acts locally in near area----> paracrine
- Mhc function is-----> immune recognition
- Left gastric vein directly drains into-----> portal vein
- 0.5 gram of albumin/100 ml is present in fluid-----> lymph
- Gastric carcinoma involving the left upper side of stomach will spread first to lymph node-----> pancreas & splenic nodes
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- Vascular sympathetic effect is produced by-----> by beta adrenergic receptors
- Best time for iv prophylactic administration of antibiotics is-----> on operating table
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- Medial half of the breast drain into lymph node group-----> internal thoracic group of lymph nodes
- Left circumflex artery supply area-----> left atrium and left ventricle
- During prolong surgery of 8 hours the temperature of patient is monitored by-----> probe in esophagus
- After gunshot injury to lower back, patient has loss of contralateral pain sensation but intact temperature sensation what is the likely dx-----> section of dorsal root si
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- Lung pressure volume test in emphysema will show-----> increase lung volume
- Female having severe hemorrhage presented in emergency and her blood group is ab positive blood group fyps can be transfused-----> ab negative
- Superior rectal artery is a continuation of-----> inferior mesenteric
- Pregnant lady has similar features to her uncle suffering from cld is-----> spider navi
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- Moderator band located in -----> right ventricle
- With chronic diarrhea not responding to antibiotics crescent shaped organisms are seen near brush border. Dx is-----> giardia lamblia
- Patient having pleural effusion, on microscopy lymphocytes, macrophage fibroblasts and epitheloid cells found this is type of inflammation-----> granulomatous
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- During left lobe of lower thyroid surgery nerve likely to be damaged-----> recurrent laryngeal
- During 3rd month of embryological period the cell invade the epidermis are originates from the neural crest these cell secrete-----> melanin pigment
- To prevent iatrogenic infections in icu we should-----> use extensive hand washing after
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- Enzyme involved in shortening of dna is-----> telomerase reverse transcriptase
- In adult spinal cord end at level of lower border of-----> li
- Stroke symptoms a slice of brain taken for examination what will you see----
--> liquefactive necrosis
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- Iron stored in the form of-----> ferritin
- Skilled and fine movement of distal limbs is controlled by-----> cerebellum
- With abscess in posterior triangle of neck was operated now patient can't comb her hair where is lesion-----> cryoprecipitate
- Student was sitting on stool and visualizing slide on microscope professor suddenly asked you are sitting on bone-----> ischia tuberosity
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- Taking tca for neuropathic pain analgesic effect of tca is achieved in how much time-----> 2.4 weeks
- Male presented with unequal bp reading in both the arms. On examination visible intercostal pulsation and x.ray shows notching of ribs. What is the dx-----> postductal aortic coarctation
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- Is parasympathetic effect-----> relax git sphincter
- Penile discharge, upon pressing urethra white discharge oozed out, the as neisseria gonorrhoea complication can now occur-----> epididymitis
- Medical student holding three books want to hold 3 book from library upon holding the 4 book she drop all the books this is -----> inverse stretch reflex
- Posterolateral pelvic wall formed by -----> sacrum coccyx
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- Anemia and hypersegmented neutrophils are present on peripheral blood examination with raised mcv he is also having difficulty in balance type of anemia he is suffering from-----> megaloblastic anemia
- Phagocytosis is the function of-----> neutrophils
- Cystic hygroma is seen in-----> turner syndrome



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- Contraindication to local anesthesia in eye procedures-----> penetrating injury to eye
- Lady was having fever, tachycardia and petechial hemorrhages,neisseria meningitidis was dx, what is the mechanism by it is causing these symptoms-----> endotoxin
- New bom with recurrent infection immunoglobulin deficiency is likely-----> igg
- With increasing age what will decrease-----> vital capacity
- Grading of a tumor shows-----> degree of differentiation
- Patient' stressis due to hospitalization and disease is first concern of-----> whats wrong with me
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- Drug increase heart rate, blood pressure and cardiac output-----> ketamine
- Histamine most imp mediator of inflammation source of histamine-----> mast cell
- What will be shown on pa view after barium meal and patient has esophageal construction-----> arch of aorta
- Autoimmune disease only related to one organ is-----> hashimoto disease
- Increase sodium uptake in body is due to-----> increase k in body
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- About sinus arrhythmia true statement is-----> heart rate increase during inspiration and decrease during expiration
- Infection of upper eyelid will travel to dural sinuses through emissiary vein opens into brain sinus structure involved-----> cavernous sinus
- Pendular knee jerk is present in condition-----> e coli
- Protein metabolism best assessed by-----> urea creatinine
- In newborn what is appropriate-----> barrel shaped thoracic cage
- With loss eye vision vitamin used would not let it happen-----> vitamin a



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- Patient presents with resting tremors and spastic paralysis area of brain involved-----> substantia nigra
- Aortic root dilation upto 4cm, ocular examination showed lens dislocation, mitral valve leaflet defect with a systolic click defect in -----> inherited deficiency of fibrillin
- Cremasteric muscle nerve supply-----> genital branch of genitofemoral
- Lady spilled hot water develops bulla few hours after bum, later erythema and fever. Fluid in bullae was opaque, redness and warm area around it what's the type of inflammation-----> serous
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- Nerve supply at medial side of foot----->tibial
- Lateral side of foot is supplied by-----> si
- Prescribed analgesic for 2 months for a chronic infection. Now complain of diarrhea .what will be seen on colonoscopy-----> fragile submucosa
- Testosterone produced by -----> lyeidig cell
- Epistaxis and ecchymosis on bone marrow aspirate, there is hyperplasia of megakaryocytes, the dx is-----> itp
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- Antibodies are formed by-----> plasma cells
- In asterganosia involved brain area is-----> posterioe occipital
- Goblet cells convert in to clara cells at-----> terminal bronchioles
- Bronchoalveolar lavage shows boat shaped cyst. The organism causing the condition is-----> pneumocystic jiroveci
- Femoral pulse can be felt at site-----> mid inguinal point
- Patient in ot, surgery is undergoing. Patient needs bladder emptying, surgeon passed needle to upper surface of bladder vessel at risk of damage is-----> inferior epigastric
- Middle clavicular fracture is unable to perform lateral rotation of arm, due to damage of muscle-----> teres minor
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- Patient has given injection penicillin after he develops bronchoconstriction. What should be the immediate drug to be given for penicillin allergy-----> im epinephrine
- Malaria not responding to chloroquine treatment is-----> falciparum
- Child presents with pain in lumbar region. Stone at pelviureteric junction. Pain arising from segment-----> T12.L2
- Lady had a difficult labour at home in village. She was brought to hospital with hx of pt bleed & oozing from gums for the last 10 hours. Her CBC shows 6 g/dl, platelets 30,000, TLC 24,000 with neutrophilia, the peripheral blood smear shows blurr cells. Her PT & APTT were prolonged. Cause is-----> DIC
- After 12 months of mitral valve replacement surgery, patient complains of pallor and dark colored urine. What is the cause-----> macroangiopathic hemolytic anemia
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- Hypotonic fluid is present in part-----> early DCT
- Derivative of 3 pharyngeal arch is-----> stylopharyngeus
- Deep palmar arch made by -----> radial artery
- Confidentiality can be breached only-----> if patient authorizes u to do this
- Plasma cells derived from-----> B cells
- Post op wound i3 having discharge and green pigment horn infection site seen. Organism involved is-----> Pseudomonas
- Right ovarian vein drains into-----> IVC
- Join FcpsWorld Online Classes & Clear Exam in 1st Attempt
- Largest cell in blood is -----> monocyte
- Drugs will cause decrease in FEV1/FVC-----> obstructive lung disease
- Tragus and ear auricle derived from-----> 1st pharyngeal arch
- 2nd heart sound is due to -----> isovolumetric relaxation
- Dysuria & high grade fever due to-----> TNF
- Is locally malignant tumor-----> amelanotic melanoma
- Epithelium of trachea is-----> pseudostratified ciliated with goblet cells
- Is the most aggressive carcinoma-----> melanoma
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- Most common skin cancer in hiv positive patient-----> kaposi sarcoma
- Increase dead space-----> hypotension
- Histology slide shows rete ridges with nuclear atypia and nuclear pleomorphism with infiltrating malignant epithelial cells what is diagnose---> verrucous carcinoma
- Hypertension on labs high sodium, low potassium in body this is due to-----> increase aldosterone
- Lower pitch of voice muscle responsible is ----->cricothyroid
- Post mi on angiography lcx artery blocked after 3 days will be most abundant in involved area-----> vegf
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- Difficulty in breathing while in the supine position. What can the type of swelling in this patient-----> retrosternal goiter
- Patient after hx of stroke develops brain necrosis and ischemia type of necrosis will be seen-----> liquefactive necrosis
- Has been rejected by army due to flat foot medial arch of foot have main support from muscle-----> plexor hallucis longus
- Major source of energy for brain in compensates stage during 24 hr-----> ketone bodies
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- Cystic hygroma associated with-----> turner syndrome
- Alternative diarrhea and constipation habits and per rectal bleeding dx as a case of colon cancer is the tumor marker-----> cea
- Latral 1/3 dorsal palmar sensation lost due to nerve injury-----> median
- A tb tb symptoms on biopsy tb granoloma classical feature seen is-----> caseating granuloma
- Lasix (furosamide) mechanism of action is-----> inhibit na k cl co transport at luminal membrabe
- Most common malignancy of large bowel-----> adenocarcinoma
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- Pulmonary embolism. What are the most common source pulmonary emboli-----> femoral vein



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- Antibiotic interfere with neuromuscular transmission-----> gentamycin
- Plays important role in initiation of disseminated intravascular coagulation--
-----> tissue thromboplastin
- Defecation is carried by -----> sacral parasympathetic
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- Patient brought to er unconscious there is breathing problem empty bottle
of aspirin found one eliminate aspirin from body-----> bicarbonate
administration
- Ulnar nerve lesion at wrist will lead-----> paralysis of medial 2 lumbricals
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- Fisherman presents with gum swelling and anemia echymosis likely
cause with-----> vitamin c deficiency
- Patient has left sided cervical lymphadenopathy tumor of stratified
squamous epithelium non keratinized epithelium belongs to-----> larynx
- Lymph flow decreases with increase oncotic pressure lymph enter lymph
node by-----> afferent sub capsular sinus
- Csf absorbed by -----> arachnoid villi
- Is last to appear normal in blood after hemorrhage-----> rbc
- Safety margin of drug can be assessed by-----> therapeutic index
- In appropriate dose of dopamine that increase renal flow-----> dose of 2.5
ug/kg/min
- Case of carcinoma to see metastasis we should look for----->
lymphadenopathy
- Small muscle of hands supplied by -----> t1
- An obese patient wears a tight collar shirt and feels tightness in collar and
faint whenever he turns his head responsible for this-----> increase venous
compliance
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- On histology liver shows centrally distorted area surrounded by epitheloid
cells, lymphocytes and giant cells this is related to-----> caseous necrosis
- Commonly fracture bone in hand-----> scaphoid



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- Patient with posterior tongue carcinoma what is the lymphatic drainage-----> jugulothyroid
- Significantly raised apf seen in condition-----> hepatocellular carcinoma
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- Multiple myeloma now has hypercalcemia, polyuria and confusion urine osmolality is 310mosm/l, what is the reason of polyuria-----> adh can't act on tubules
- During anesthesia nerve commonly injured in lower limb-----> common peroneal nerve
- A hypocalcemic patient is developing tetany what can be the life threatening complication that can happen-----> laryngeal spasm
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- Femoral sheath of femoral vessel formed by-----> fascia iliac & fascia transversalis
- Intervention before occurrence of disease lesion is-----> primary prevention
- Muscles are involved in forceful inspiration-----> diaphragm + external intercostal + scm + serratus anterior + scalene muscle
- One slows down lymphatic flow-----> increase oncotic pressure
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- Altered sensorium. He is taking slow, shallow breaths and his breath has a fruity smell. An abg ph=7.30, urine ketones +ve. What is the most probable diagnose-----> dka
- Heparin act by -----> anti thrombin 3
- With the hx of trauma to head and neck region having lesion on tongue on protrusion of tongue deviated to the left side the nerve is-----> left hypoglossal
- Gamma radiation sterilization use to sterilize instrument-----> syringes needles
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- Is shortest in respiratory tree-----> alveolar sac
- Ulnar nerve damage at medial epicondyle will cause-----> hypothenar wasting
- Penicillin reaction cause anaphylaxis characteristics feature is-----> bronchospasm
- Dopamine half.life 2 min, steady state reached in how much time-----> 9 min
- Patient having peau'd orange appearance primary cause of loose dimples and pores in nipple-----> blockage of lymphatic and venous drainage '
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- Why tb drugs are given in combination with other drugs-----> to avoid resistance
- Undergoes abdominal surgery 10 years ago now she is diagnose with hcc thought to cause by hep b. It is said that dna and rna viruses are oncogens caused by rna virus-----> t cell leukemia causing virus
- Tract carries sensation of pain and temperature-----> lateral spinothalamic tract
- Ischiorectal fossa medial boundary formed by -----> levator ani
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- Post sympathetic ganglionic fibers are present in-----> all spinal nerves
- A group of friend went to restaurant and eats chicken and fried rice. At midnight develop food poisoning the causative agent is bacillus cereus. What food is responsible-----> fried rice
- Cavity between somatic and splanchnic extra embryonic mesoderm is caued-----> extrabryomic coelom (exo ceolom)
- Movement occurs at atlanto axial joint-----> rotation
- Most abundant immunoglobulin in body-----> igg
- Epiploic appendages are present in-----> sigmoid colon
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- Lateral fornix of vagina is related to-----> ureter
- CO₂ from alveoli to pulmonary vessels by mode of transport-----> simple diffusion
- Post op wound having greenish pus discharge organism involved-----> pseudomonas
- Head of humerus supplied by-----> arcuate artery
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- Tight cell of adrenal gland parenchyma related to -----> mesothelium
- Fracture of base of skull presented with loss of taste, nausea and vomiting due to damage of-----> jugular foramen
- Is having bleeding problem lab shows pt msec, aptt 60 sec. Bleeding time 6mins and defect in pathway-----> intrinsic pathway
- One contribute to lumbar triangle-----> iliac crest
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- Bleeding joint pain and hemarthrosis pt normal aptt 103 bt prolonged what confirmatory test should be done-----> factor viii assay
- Gfr is measured by-----> inulin
- Should be taken to avoid peripheral neuropathy-----> vitamin b6
- Most common dx breast cancer-----> invasive ductal carcinoma
- Suffering from ca breast having enlarge lymph nodes but biopsy reveal no lymph node involvement. What can be the cause of enlarge lymph nodes---> lymphatic obstruction
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- Mother is rh positive fetus is rh negative father is also rh negative what is true-----> no risk of hemolytic reaction of newborn



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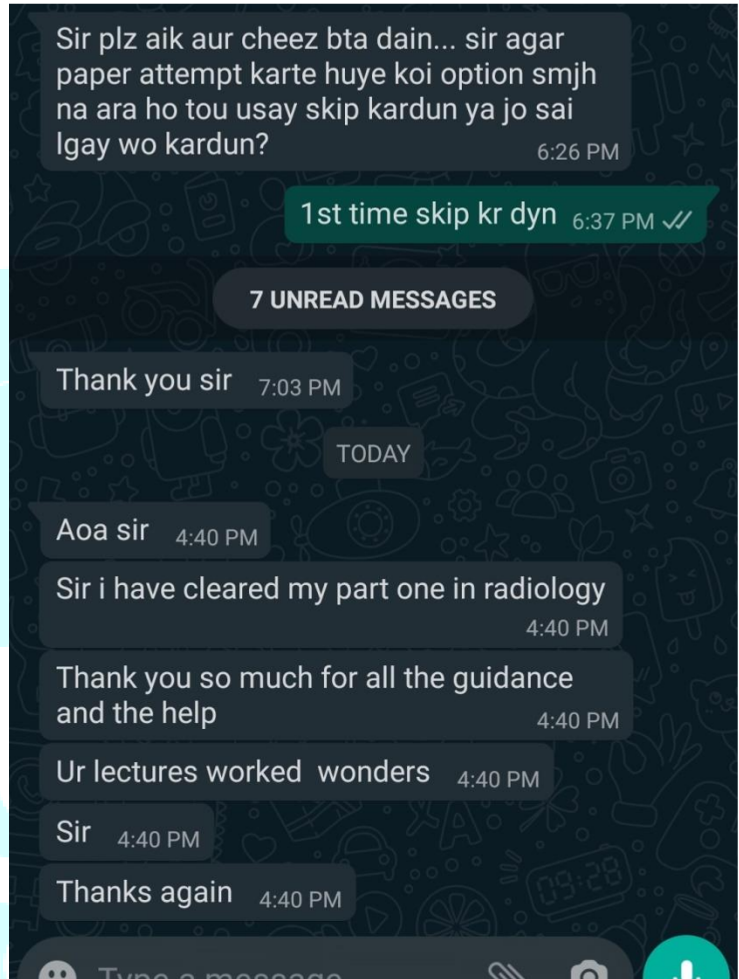
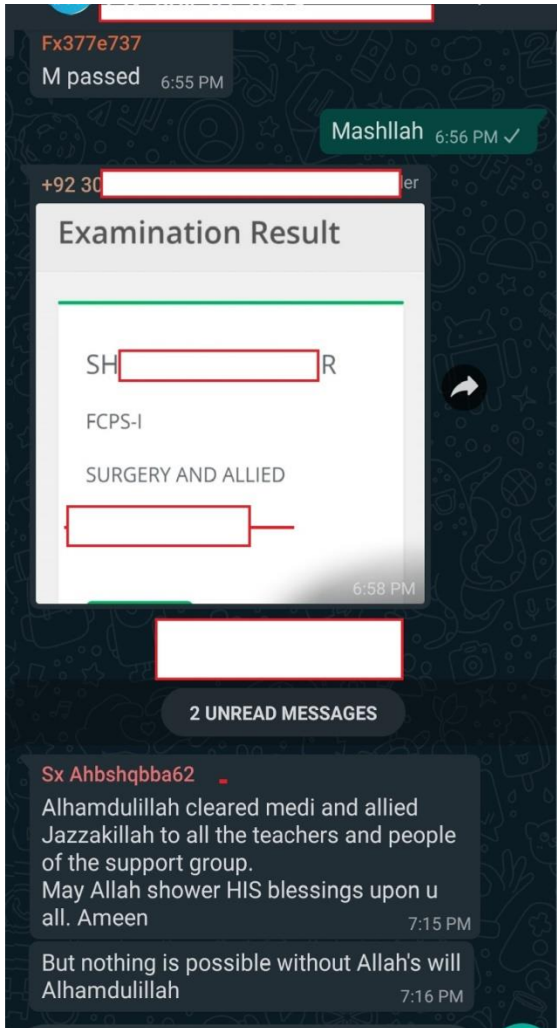
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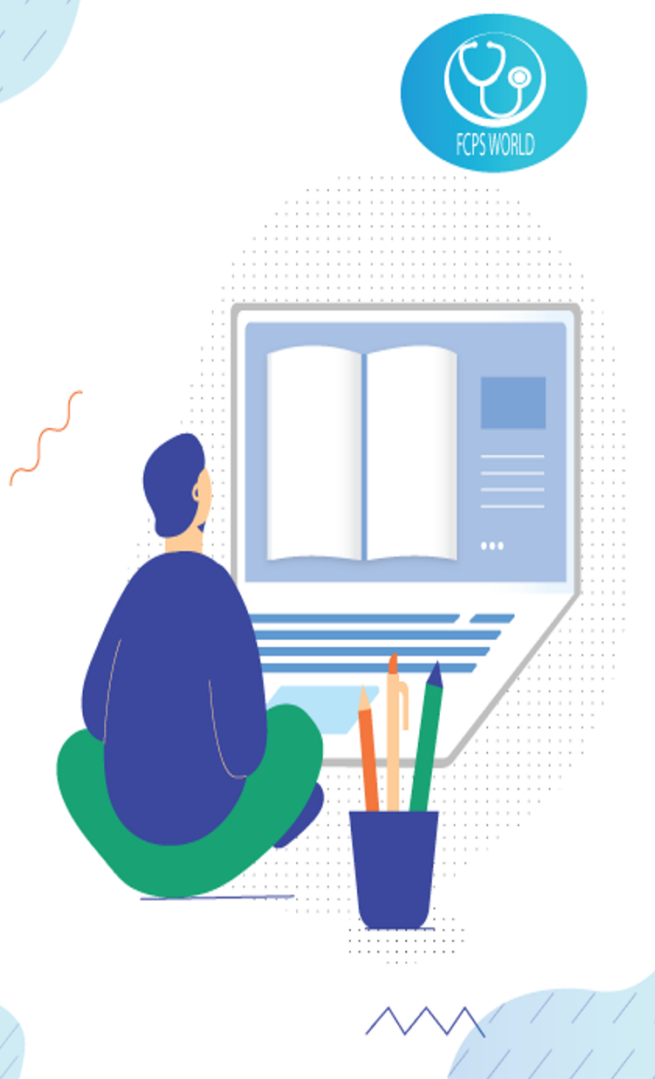
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NOTE:

1. MCQs should be covered in retrograde fashion
2. All students who have ordered book will receive November papers in PDF as well via whatsapp (Do them first)
3. All written In **tabular** form or in **points** form are pastpapers
4. Each and every word from this book is from pastpapers (Except UPPER/LOWER LIMBS that has bit of explanation)
5. Students are highly advised to take Last Minute revision course starting in last 10 days of EXAMS (All points and systems will be covered 3 hr class daily)
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If you have less time first do PDF files sent by us, then open each topic just CRAM TABULAR PASTPAPERS, then open each system and cram MISC 2019-2021 papers of all systems after completing those start MISC 2009-2021 of from system one.



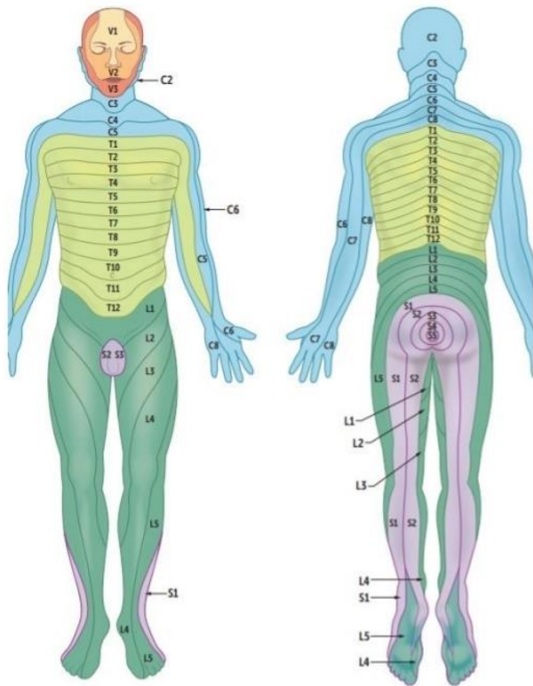


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- Superficial fascia of the scalp is mixture of → Loose areolar and adipose tissue
- The axillary sheath is a continuation of → Prevertebral fascia
- Thyroid gland moves with swallowing because it is enclosed in → Pretracheal fascia
- Trauma to one kidney without the perforation of Gerota fascia, the blood goes to → Inferiorly to the pelvis
- True regarding the posterior triangle of neck is → Roof formed by investing layer of deep cervical fascia

DERMATOMES



C2	Posterior half of skull
C3	High turtleneck shirt Diaphragm and gallbladder pain referred to the right shoulder via phrenic nerve ✓ C3, 4, 5 keeps the diaphragm alive
C4	Low-collar shirt
C6	Includes thumbs ✓ Thumbs up sign on left hand looks like
T4	✓ At the nipple ✓ T4 at the teat pore
T7	✓ At the xiphoid process 7 letters in xiphoid
T10	✓ At the umbilicus (belly button) Point of referred pain in early appendicitis
L1	✓ At the Inguinal Ligament
L4	✓ Includes the kneecaps Down on ALL 4's
S2, S3, S4	✓ Sensation of penile and anal zones S2, 3, 4 keep the penis off the floor

GREAT TOE	L4
LITTLE TOE	S1
KNEE	L4
NIPPLE	T4
UMBILICUS	T10
RING AND LITTLE FINGER	C8 RING, T1 LITTLE
THUMB	C6

anal area dermatome	s3-4
dermatome of lateral wrist	c6
dermatomy of thumb	c6

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knee dermatome	l4
lower end of clavicle dermatome	c3-4
pain in calf and medial malleolus dermatome	l4

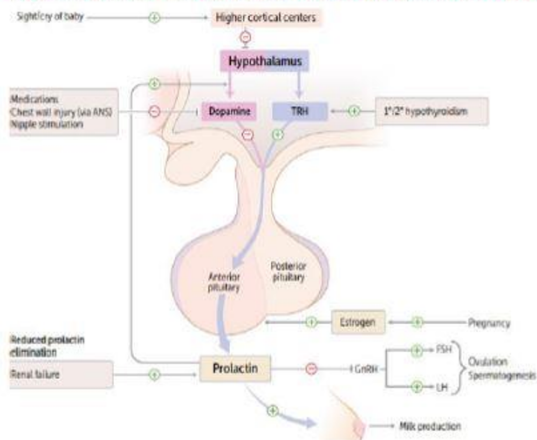




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Prolectin

1. Stimulates milk production in breast; inhibits ovulation in females and spermatogenesis in males by inhibiting **GnRH** synthesis and release (thus **LH, FSH release**).
 - Hypothalamus -> Decr GnRH secretion -> Decr FSH/LH -> Decr estradiol in females, Decr testosterone in males
 - Alveolar Cells of Breast Ducts -> Milk production and release -> Lactation
 - Prolectin release dopamine which inhibits prolectin
2. Release by sucking, voice of baby
3. Prolectin secretion from anterior pituitary is tonically inhibited by **dopamine** Prolectin.



PAST PAPERS

Potent stimulus for prolactin release is?	Suckling reflex of baby
A 9-month pregnant presents with complaints of lactation (milky discharge). This is likely due to	Prolactin
Secretion of milk in mammary gland is due to	Prolactin
During lactation, ovulation is inhibited because of inhibition of GnRH by?	Prolactin
hormone of the anterior pituitary is under direct inhibitory control of hypothalamus?	Prolactin
During lactation, ovulation is inhibited because of inhibition of GnRH hv?	Prolactin



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ENDOCARDITIS

- Nonbacterial endocarditis is seen in → Neoplasms, hypercuaguable state
- Most common cause of death in rheumatic fever → Myocarditis
- Commonly use Tri-cuspid valvule
- common in IV-drug users
- Libman-Sack Endocarditis occurs in → SLE
- DOC is benzethins pencilline if allergic give genta+vanco
- Correct infective endocarditis sequence
Damage valve, Thrombus, Bacteremia, Perforation (VT-BP)

Bacterial endocarditis Acute—*S aureus* (high virulence). Large vegetations on previously normal valves. Rapid onset.
Subacute—viridans streptococci (low virulence). Smaller vegetations on congenitally abnormal or diseased valves. Sequela of dental procedures. Gradual onset.

Tricuspid valve endocarditis is associated with IV drug use (don't "tri" drugs). Associated with *S aureus*, *Pseudomonas*, and *Candida*.
S bovis (gallolyticus) is present in colon cancer, *S epidermidis* on prosthetic valves.

PAST PAPERS

Non thrombotic bacterial endocarditis is frequently associated with?	Terminal neoplasm
A known case of rheumatic mitrai stenosis developed fever, lassitude body ache after tooth extraction. O/E splinter haemorrhages and splenomegaly was noted Subacute endocarditis is suspected. Most likely organism on blood culture would be?	Strep viridans
Most common heart valve affected in diseases is	Tricuspid
Female pt. has valvular heart disease, such pt. are at risk of developing infective endocarditis, which organism is commonly responsible	streptococcus viridians
On Examination there are skin spots and nail bed hemorrhages on both hands & a Grade-4 Diastolic Murmur, past history is unremarkable. Patient is most likely suffering from	Infective Endocarditis
Developed fever, lassitude body ache after tooth extraction. Most likely organism on blood culture would be	Strep viridians
Infective endocarditis Patient is allergic to penicillin give medication	Vancomycin + gentamicin
School teacher who after death was diagnosed as a case of endocarditis and lymphocytic infiltration of cardiac tissues	Coxsackie virus



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True about CSF	Slightly acidic than plasma
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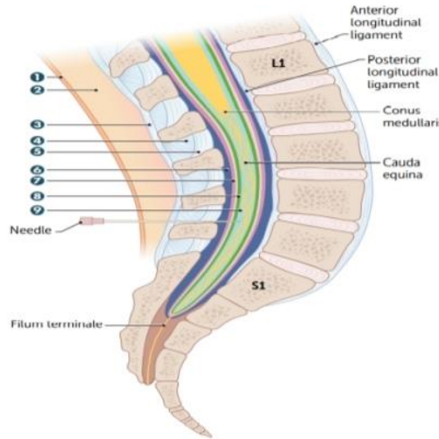
LUMBAR PUNCTURE

In adults, spinal cord ends at lower border of L1–L2 vertebrae. Subarachnoid space (which contains the CSF) extends to lower border of S2 vertebra. Lumbar puncture is usually performed between L3–L4 or L4–L5 (level of cauda equina).

Goal of lumbar puncture is to obtain sample of CSF without damaging spinal cord. To **keep** the cord **alive**, keep the spinal needle between **L3** and **L5**.

Needle passes through:

- 1 skin
- 2 fascia and fat
- 3 supraspinous ligament
- 4 interspinous ligament
- 5 ligamentum flavum
- 6 epidural space (epidural anaesthesia needle stops here)
- 7 dura mater
- 8 arachnoid mater
- 9 subarachnoid space (CSF collection occurs here)



Past papers

During LP after crossing flavum at L3, L4 the needle touches which structure first	Epidural space
Ideal site for lumbar puncture is	Below L4
Regarding Epidural space extension	Foramen magnum to S2
Site of Epidural anaesthesia for patient undergoing Vaginal hysterectomy is	Sacral hiatus
Spinal cord is suspended in dura by	Denticulate ligament
Structure most likely pierced by needle during lumbar puncture is	Ligamentum flavum
Which of the following structure is pierced in paramedian approach	Ligamentum flavum
The most common site of spinal anaesthesia is?	Subarachnoid
Subarachnoid space ends at the level of	S2-S3
Cauda equina:	Anterior & posterior roots of spinal cord from L1 to L5

Note:

Herniation between L4-L5 affect which spinal segment?	Lumbar
Between L4 and L5 disc herniation, which spinal nerve will be affected	L5
Herniation between L4-L5 affect which spinal segment	L4

Centers of Brain

- Vomiting centre located in → Medulla
- Cough centre is present in → medulla
- Respiratory centre located in → Medulla oblongata

Past papers



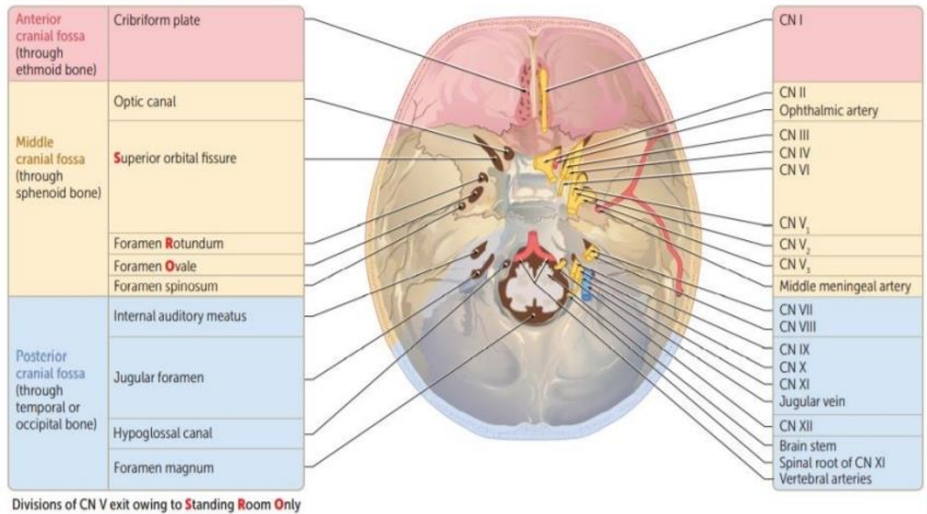


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HEAD AND NECK

Foramin of Skull



Anterior cranial Fossa (ethmoid bone)	Cribriform plate	CN 1
Middle Cranial Fossa (sphenoid bone)	Optic Canal	CN2 Ophthalmic artery, central retinal vein
	Superior orbital fissure	CN2,4,6 CN 5-V1
	Foramen rotundum	CN5-V2 → maxillary branch of trigeminal nerve
	Foramen ovale	CN5-V3 → mandibular branch of trigeminal nerve
Posterior Cranial Fossa (temporal or occipital bone)	Foramen spinosum	Middle meningeal artery
	Internal auditory meatus	CN7, 8
	Jugular foramen	CN 9,10,11 Jugular vein
	Hypoglossal canal	CN12
	Foramen magnum	Brain stem Spinal root of CN 12 Vertebral arteries

Pastpapers

270/314



Accessory meningeal artery enters through which foremen----->Ovale
Accessory nerve passes through which foramen----->Jugular foramen
Foramen Rotundum damaged which structure will be severed----->Maxillary branch of trigeminal nerve.
Lesion below foramen Ovale causes paralysis of----->Lower part of face/Jaw
Mandibular branch of Trigeminal nerve passes through----->Foramen ovale
Middle meningeal artery in the----->Foramen Spinosum
Nerve in foramen Ovale damaged nerve supply of which part will be affected----->Lower face
Vagus nerve passes through----->jugular foramen





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FSH & LH

LH

Luteinizing Hormone in males acts on = Leydig cells

1. **Luteinizing** hormone acts on = **Leydig** cells to produce **Testosterone**
2. Function of LH before ovulation is=Convert most of the **granulosa** cells into **lutein** cells

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FSH

3. **FSH** acts on =**Sertoli** cells to do **Spermatogenesis** → Related to **Azoospermia**
(**LighT** is **FaSt**)

- Development of seminiferous tubules
- Convert testosterone into estradiol
- Helps in maturation of follicles
- Inhibited by **INHIBIN**

Spermatogenesis is stimulated by	FSH and testosterone
LH act through:	cAMP
Hormone causing increase release of testosterone:	Luteinizing hormone
LH act on which testicular cells mostly	Leydig cells

Function of sertoli cells	help in spermiogenesis
A tall man with normal external genitalia married but no kids. Semen analysis showed azospermia. Most likely cause may be in	Sertoli cell
Sertoli cells produce	MIF (Mullerian inhibitory factor)
Married man with azospermia. Investigation of choice is	Serum FSH + LH

Function and development of seminiferous tubule requires=FSH and androgen
Testosterone converted to estradiol by which hormone= FSH
Conversion of testosterone to 17-beta estradiol in granulosa cells occurs by the influence of= FSH

Before Ovulation maturation of follicles occur by action of FSH

Maturation of follicles

Hormone responsible is FSH mainly and LH partly.

GnRH from hypothalamus release FSH and LH by pituitary

Which hormone stimulates release of FSH and LH	GnRH
During lactation, amenorrhea occurs due to	Inhibition of GnRH

The Sertoli cells also secrete inhibin Which stop FSH secretion

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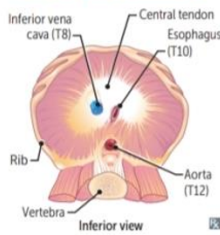
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Thorax

Diaphragm

Diaphragm structures



Structures perforating diaphragm:

- At T8: IVC, right phrenic nerve
- At T10: esophagus, vagus (CN 10; 2 trunks)
- At T12: aorta (red), thoracic duct (white), azygos vein (blue) ("At T-1-2 it's the red, white, and blue")

Diaphragm is innervated by C3, 4, and 5 (phrenic nerve). Pain from diaphragm irritation (eg, air, blood, or pus in peritoneal cavity) can be referred to shoulder (C5) and trapezius ridge (C3, 4).

Number of letters = T level:

T8: vena cava (IVC)

T10: (O)esophagus

T12: aortic hiatus

I ate (8) ten eggs at twelve.

C3, 4, 5 keeps the diaphragm alive.

Other bifurcations:

- The Common Carotid bifurcates at C4.
- The Trachea bifurcates at T4.
- The abdominal aorta bifurcates at L4.

ESOPHAGUS [All are pastpapers]

Oesophagus starts at level of:	Cricoid cartilage
Esophagus narrowest at:	Cricopharyngus
Esophagus constricted at:	Where crossed by arch of aorta

Breast [All are pastpapers]

Regarding breast:	15-20 lactiferous ducts
In a female major breast duct terminate into terminal ducts from terminal ducts it forms:	Lactiferous sinus
Terminal duct in breast form:	Lobule
Breast lies on:	Pect major

LYMPHATICS OF BREAST [All are pastpapers]

Pectoral group of axillary nodes drain:	Major part of the breast
Breast CA involving lateral part of breast drain by:	Ant pectoral group
Upper lateral quadrant of breast is drained by which grp of nodes:	Anterior axillary lymph node
Lymph drainage from nipple of breast is to:	Anterior axillary nodes
Inner medial lower quadrant of breast doesnt drain into	Inf phrenic
Lymph node of inner breast drains into all except:	Inf phrenic nodes
Breast Medial / Lower compartment does not:	Inferior phrenic lymph nodes
Medial quadrant of breast drain into?	Internal thoracic nodes
Pectrol lymph nodes drain maximum:	Major part of breast
Lateral side of breast drains into:	Pectoral lymph nodes
Lateral quadrants of breast drain into which nodes?	Pectoral nodes.
Lymphatic drainage from nipple of breast is:	Ant axillary lymph node
Breast outer quadrant:	Pectoral (anterior) group





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Graves Disease

Hyperthyroidism

Graves disease



Most common cause of hyperthyroidism. Thyroid-stimulating immunoglobulin (IgG, can cause transient neonatal hyperthyroidism; type II hypersensitivity) stimulates TSH receptors on thyroid (hyperthyroidism, diffuse goiter), dermal fibroblasts (pretibial myxedema), and orbital fibroblasts (Graves orbitopathy). Activation of T-cells → lymphocytic infiltration of retroorbital space → ↑ cytokines (eg, TNF-α, IFN-γ) → ↑ fibroblast secretion of hydrophilic GAGs → ↑ osmotic muscle swelling, muscle inflammation, and adipocyte count → exophthalmos. Often presents during stress (eg, pregnancy). Associated with HLA-DR3 and HLA-B8.
Histology: tall, crowded follicular epithelial cells; scalloped colloid.

PAST PAPERS

57/314

A pt with exophthalmos and other hyperthyroid features and positive anti-thyroid antibodies is suggestive of	Graves disease
Exophthalmos is due to:	Inc TSI
Most common cause of hyperthyroidism:	Graves disease
Hyperthyroid, goiter and exophthalmos:	Graves disease
common cause of hyperthyroidism?	Grave's disease
What will increase in graves disease	t3
Graves ophthalmopathy:	Optic nerve compression

Vitamin D deficiency is associated with Ophthalmopathy in patients with Graves' hyperthyroidism

Key lympho, antibody

Hypothyroidism

Hashimoto thyroiditis

Also called chronic autoimmune thyroiditis. Most common cause of hypothyroidism in iodine-sufficient regions. Associated with HLA-DR3, ↑ risk of primary thyroid lymphoma (typically diffuse large B-cell lymphoma).
Findings: moderately enlarged, **nontender** thyroid. May be preceded by transient hyperthyroid state ("Hashitoxicosis") due to follicular rupture and thyroid hormone release.
Serology: ⊕ antithyroid peroxidase (antimicrosomal) and antithyroglobulin antibodies.
Histology: Hürthle cells, lymphoid aggregates with germinal centers.
Postpartum thyroiditis—mild, self-limited variant of Hashimoto thyroiditis arising < 1 year after delivery.

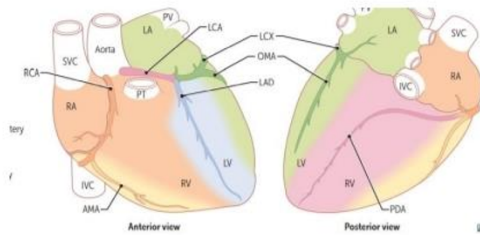
A 40-year known Hypothyroidism female was referred to endocrinologist for a mass in neck. FNAC shows increased lymphocytes and serology was adviseD.What is the most probable cause?	Hashimoto thyroiditis
Female with neck swelling hypothyroid dr orders some immunologic tests?	Hashimoto thyroiditis
Female swelling infront of neck. Hypothyroid Dr orders some immunological test. What is the diagnosis?	Hashimoto thyroiditis
Diagnosis for hashimotos	Antimicrosomal and anti-thyroglobulin

A 40-year known Hypothyroidism female was referred to endocrinologist for a mass in neck. FNAC shows increased lymphocytes and serology was advised. What is the most probable cause
Hashimoto



MI ECG LEADS

INFARCT LOCATION	LEADS WITH ST-SEGMENT ELEVATIONS OR Q WAVES
Anteroseptal (LAD)	V ₁ -V ₂
Anteroapical (distal LAD)	V ₃ -V ₄
Anterolateral (LAD or LCX)	V ₅ -V ₆
Lateral (LCX)	I, aVL
Inferior (RCA)	II, III, aVF
Posterior (PDA)	V ₇ -V ₉ , ST depression in V ₁ -V ₃ with tall R waves



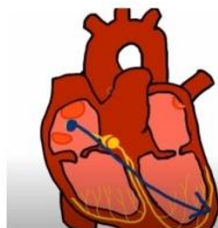
PAST PAPERS

Inferior wall MI occurs due to blockage of	Right coronary artery
Post 1/3 of interventricular septum is damaged due to MI. Artery involved is?	Right coronary artery
Inferior wall MI occurs due to blockage of which artery?	Right marginal
MI of posterolateral surface of heart. Vessel involved is	Left circumflex
ECG changes in lead V4 indicated involvement of which vessel	LAD
Infarction of apex of heart, vessel thrombosed will be	LAD
The circumflex artery supplies	Left atrium and left ventricle
Infarct in the lower segment of heart	LCX
ECG shows changes in leads II, III and avF. Diagnosis	Inferior wall MI
ST elevation in lead II, which artery involved	RCA

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Patient presented to ER with crushing chest pain for last 1 hour ON ECG there is ST segment elevation in lead II, III & AvF what's the diagnosis	Inferior wall MI
ST segment elevation in lead II which artery effected	right main coronary
A man presents to ER with ST depressions in II, III and avF and was advised angiography. The Most likely culprit artery is	RCA
Artery involved in inferior wall MI	Right marginal
Patient having ST elevation in Lead 2 and complete heart block vessel involved	RCA

NOTE: AXIS deviation



Left axis deviation on ECG is seen in	Rt ventricular myocardial damage
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