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Gynae & Obs

1st-December-2021 (Afternoon)

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Surgery & Allied 30 th November Night
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- was using tampons, she had TSST syndrome, what's the most important feature in toxic shock syndrome-----> Skin desquamation,
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- lady deliver a baby with cleft palate and congenital birth defects she give hx of taking drug for acne the likely risk factor is-----> Retinoic acid
- pt with 3rd degree bum lost so much of water and electrolytes; he will have low voltage action potential due to deficiency of which electrolytes-----> Hyponatremia
- A Male pt with HB 13, showing signs of hypoxia. PO2 is 60mmhg Type of hypoxia is-----> Histotoxic hypoxia
- pt undergoing ascitic tap for ascites, fluid at costodiphargmatic recess JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- where to pass needle-----> T10 midaxillary
- In a lady during labour mediolateral episiotomy performed which muscle is cut-----> Bulbospongiosis
- DOC for partial seizures in neonates-----> Phenobarbital
- Middle rectal artery is branch of -----> Internal iliac artery
- The unconjugated bilirubin is transported in the blood in combination with-----> Albumin
- Posterior one third interventricular septum is supplied by-----> RCA
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- In a normal person, which muscle involved in forced expiration-----> Internal oblique
- 1st pregnancy uneventful. 2nd* pregnancy ultrasound shows fetal development consistent with dates no anomaly but hydrops fetalis is seen. Birth at 32 weeks, severe icterus. Likely immune mechanism involved -----> Complement mediated cell destruction



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- Fluid of choice for third space fluid loss-----> Ringer lactate
- During appendectomy with incision at Mc Burney point structure likely to be injured-----> Iliohypogastric nerve
- CNS symptoms and amenorrhea, She is diagnosed as case of Prolactinoma, JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- She has hemionopia on both temporal Selds due to lesion in which area-----> Middle part of chiasma,
- Inactivated toxin used as toxoid vaccine----->tetnus toxoid
- Amount of air infusion to produce air embolism-----> 100CC
- Cremasdc reflex is-----> Polysynaptic
- Ketamine is used as anesthetic in repeated dressing of bum pt because-----> Has Profound Analgesia
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- Ondansetron acts through-----> 5-HT3 antagonist
- case of schizophrenia was in motionless state already on clozapine and was stable, stopped taking it month before. Now not taking any food or anything since one week. What could be the best treatment-----> Restart clozapine
- pt with severe diarrhea. What infusion wiU be given to increase ECF and decrease ICF causing plasma expansion after osmotic equilibrium-----> 1 liter of 3 percent Nacl
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- A Tailor had TB infection transmitted to two of his family members mode of spread of this is-----> Aerosolated air droplets
- ----->
- In isotonic exercise oxygen consumption by respiratory muscle-----> 5%
- A damage to a nerve coming out from dorsal surface of left side of brain stem. What will be the defect in this pt-----> Left sided loss of intorsion
- Parasympathetic function is-----> Inc. GI small intestine peristalsis
- passing dilute urin (asthenuria), there is tubuloglomerular concentrating JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT



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- problem, what other factor you will see in this condition-----> Low urinary sodium
- A worker is being working near a nickel metal shop which carcinoma is being predisposed likely-----> Nasal
- pt of jaundice with total bilirubin 10, direct 9, what is the cause-----> Cholidocholiithias
- A hypertension increase sodium level 155 and low potassium level 3 likely diagnose is-----> Conn syndrome
- Micturition is controlled by-----> Mechanoreceptors in bladder wall
- JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- Spiranolactone MOA-----> Inhibit K/Na exchange in collecting ducts
- What is important response of body in Hypotensive shock-----> CNS ischemic response
- lady with hard cystic swelling between labia majora and labia minora due to which gland involvement-----> Greater Vestibular gland
- Renal compensation hyperkalemia is-----> Acidosis
- A cardiac surgeon performing open heart surgery, what structure he should be care of in anterior mediastinum-----> Thymus
- Posterolateral thyroid gland is -----> Carotid sheath
- JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- develop hematuria after mild abdominal trauma, urine re shows RBC 3+ proteins 1+, Costovertebral tenderness +ve what is mode of inheritance-----> Autosomal recessive
- A structure having columnar epithelium with clefts in it and smooth muscle this is-----> Fallopian tubes
- Regarding rem sleep true is-----> Night mares ate characteristic of REM
- met a road trafHc accident, had pelvic fractures. He died before reaching to the hospital. What is the cause-----> Excessive blood loss
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- Posterior external arcuate fibers form-----> Cuneocerebellar tract
- A sprained ankle resulting from excessive eversion most likely demonstrates which structure is damage-----> Deltoid ligament



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- N2O/O2 cylinder color is-----> Blue with white handle
- lady 17 year old with primary amenorrhea, absent secondary sexual characteristics examination well develop Normal breast and Blind Vagina. USG confirm absent of uterus. Most likely karyotype of this is-----> Testicular feminization
- Goose bumps are-----> Constriction of erector pilli muscle
- difficulty in writing and reading language comprehension, area damage is---
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- ---> Wemikes
- presented to her physician with concern both her mother and sister died of metastatic breast cancer before 40 year age. She is worried about herself gene is mutated-----> BRCA.1 Mutation
- Anterior duodenal perforation content will go into which area-----> Right posterior subphrenic space
- JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- After transplant liver recent size increase than previous by in both donor and recipient by which mechanism-----> Hyperplasia
- Posture maintenance via and gravity muscles is a funcdon of-----> Lateral vestibular nucleus
- Least likely reaction when B+ blood transfused with -----> Whole blood AB+
- pt sustained injuries in RTA, and then presented with gait problem. On examination he was asked to stand on his left leg, while doing so his Right pelvis sinks. is most probably damaged-----> Left gluteus medius
- Dopamine half.life 2 min, Steady state reached in how much time-----> 9
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- min
- Virulence of staph aureus strain measured by-----> Coagulase positivity
- fell from 2"** story difficulty in voiding micturition the nerve which is damaged have root value-----> S2.4
- Lymph Sow decrease by increase in -----> Capillary oncotic pressure
- Total body water measured by -----> Antipyrene



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- N2O prolong exposure, human have increased risk of-----> Megaloblastic anemia
- Tumor suppressor gene is-----> P53
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- Psychi physiological indirect activity of brain-----> Pupillary reaction
- A non.diabetic lady having chronic rhino sinusitis develop fungal infection that shows septate hyphae at acute angle and producing respiratory symptoms most common fungus found in nasal sinuses-----> Aspergillus
- pt with well differentiated squamous cell Carcinoma of lung, histopathology will show -----> Keratin Pearls
- Hb binds with -----> Hcptoglobin
- Connection of amygdala and Hippocampus is-----> Mammillothalamic body
- High level of protein content in -----> HDL
- ECG of pt shows progressive prolongation of PR interval in successive beats
JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- followed by dropped heart Beat suffering from-----> Mobitz 1 AV block
- lady traveled from cold area to juddah having buccal mucosal eruption organsim involved-----> HSV type 1
- A retrosternal chest pain nausea and GERD with velvety esophagous and columnar epithelium it will increase chance of -----> Barret esophagous
- After vasectomy seminal fluid will contain-----> Seminal and prostatic fluid
- change occur from sea level to 12000 feet high resident-----> Right ventricular hypertrophy
- Most common cause of sub.acute bacterial endocarditis is-----> S.Viridians
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- pt using steroid for very long time he is at risk of-----> Osteoprosis and fracture
- Plasma cells derived from-----> B cells
- pt blindfolded ask to identify the structure in hand which area assessment is being done-----> Somesthetic asociation area.
- Adrenarche starts due to-----> 17 alphahydroxyprogesterone,



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- A headache, Neck stiffness and photophobia on LP glucose 40, and Raised Neutrophils what is diagnose-----> Pyogenic meningitis
- A fatigue, dizziness with low Hb and difficulty in breathing and diagnosed as Anemic hypoxia statement is true-----> Not responsive to oxygen JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- therapy
- pt present with esophageal varices having bleeding which vessel is involved-----> Left gastric Vein
- Intrinsic gene changes, cell causing demise of own cells, with enzymes cysteine proteases, due intrinsic or extrinsic stimuli, which cell death it is----> Apoptosis
- Donovan bodies found in infection of-----> Granuloma inguinale
- Hormone exhibit relation between weight and puberty is-----> Leptin
- The main work in breathing (65%) by the inspiratory effort is done to overcome-----> Elastic recoil of the lungs
- JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- dr performing thyroidectomy during upper lobe thyroid surgery nerve likely to be damaged accidentally is-----> External laryngeal nerve
- After RTA GFR decrease in pt came with excessive bleeding, Cause of decrease GFR is-----> Decrease arterial blood flow
- A middle age known ESRD list for hemodialysis multiple transfusion done normocytic normochromic anemia. Which is more appropriate therapy-----> S/C erythropoietin
- Comparison between cephalosporin and penicillin Dr randomly prescribed to two groups which type of study is-----> Randomized control
- Lymphatic drainage of Labia majora is-----> Superficial inguinal
- JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- A man was involved in an RTA with multiple rib fractures. He has difficulty in breathing. You notice that his abdomen is moving more during breathing. Which of the muscle is helping him breathe-----> 3 times Normal saline
- Early stage of asthmatic attack with RR 30/min will show-----> Low arterial PCCh



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- Inactivation gates of Na are closed during-----> Depolarized state
- Aspirin reduce fever by inhibiting -----> Prostaglandin Synthesis
- Anesthetic that causes bronchodilation-----> Ketamine
- Potency of volatile anesthetic depends on-----> Lipid solubility
- At LI level on CT scan shows which structure-----> SMA origin from aorta
- About Sinus arrhythmia true statement is-----> Heart rate increase during inspiration and decrease during expiration
- JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- During Right inguinal hernia surgery which structure is most probably seen-----> Pampiniform plexus
- Motor supply of diaphragm is-----> Phrenic nerve
- Velocity in vessel is inversely proportional to-----> Viscosity
- Enzyme which is important for lady secondary sexual characteristics but not in male-----> Aromatase
- Lung compliance increases in which if -----> Old age
- JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- A ppd tuberculin test done to pt. After 40 hours, 15mm erythema is noticed. Cells responsible for erythema are-----> Helper T cell
- A thyroid mass usually moves with swallowing because the thyroid gland is enclosed by fascia-----> Pretracheal fascia
- In 3rd degree UV prolapse ligament damage is-----> Uterosacral ligament
- Chronic cold adaptation occurs through of the mechanisms-----> Formation of brown fat
- During Puberty lady develop secondary Sexual characters. Androgen peak at which age-----> 20.30 years
- pt was diagnosed as case of pulmonary embolism. What are the most JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- common source pulmonary emboli-----> Femoral vein
- Obesity calculated as-----> More than 25% weight is of fats in women
- A young boy is brought to the hospital after a bicycle accident and possible pelvic fracture. While awaiting a computed tomography (CT) scan of his pelvis, a physician proceeds with a focal neurologic examination. In testing



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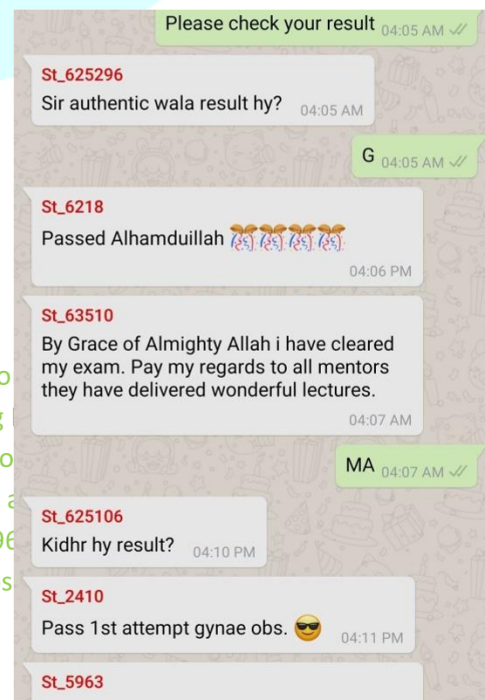
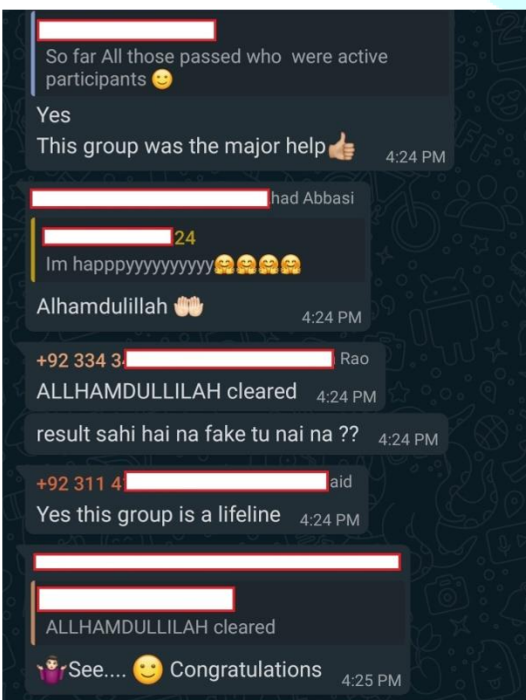
the child's reflexes, nerves would carry afferent impulses of the cremasteric reflex-----> Iliioinguinal Nerve

- ----->
- Sinusoids in liver are lined by-----> Discontinued fenestration and endothelium
- Pregnant lady delivered a baby after parturition regression of uterus is JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- done by -----> Lysosomes
- In cell cycle G2 phase is between-----> SandM
- Naturally occurring anti thrombotic-----> Heparin
- is locally malignant tumor-----> Ambleoblastoma

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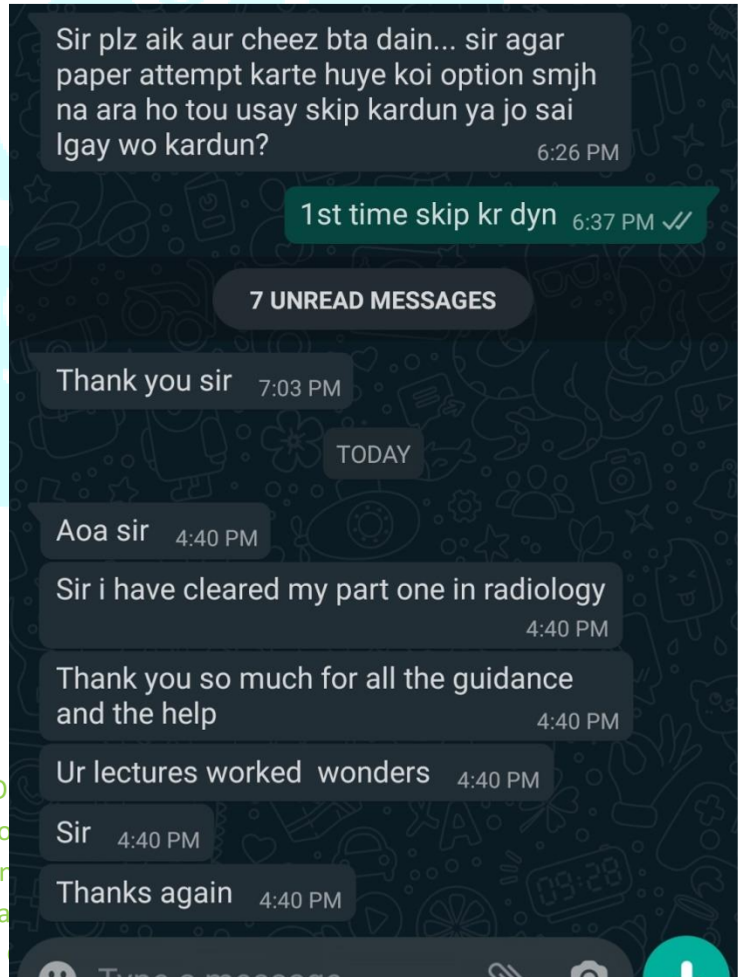
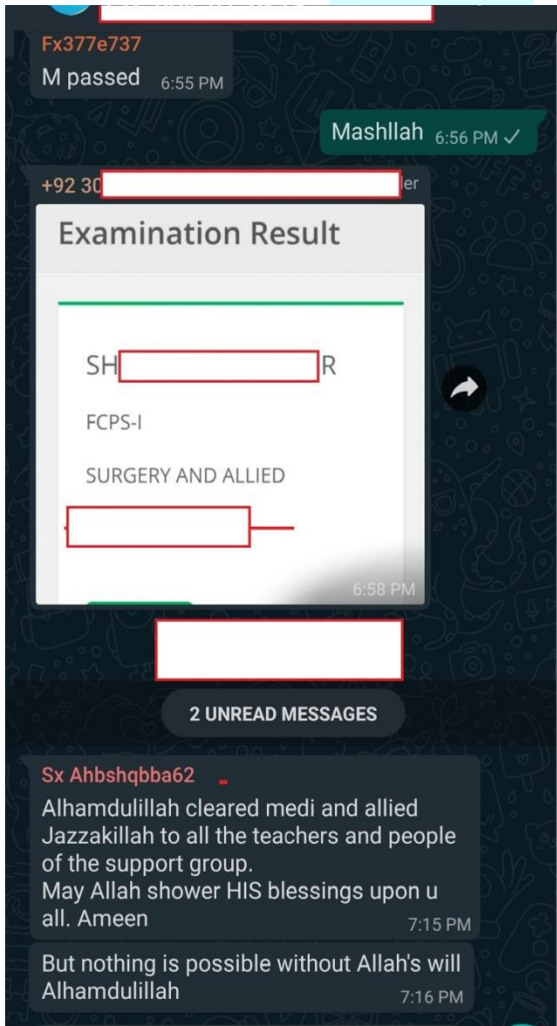
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NOTE:

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.



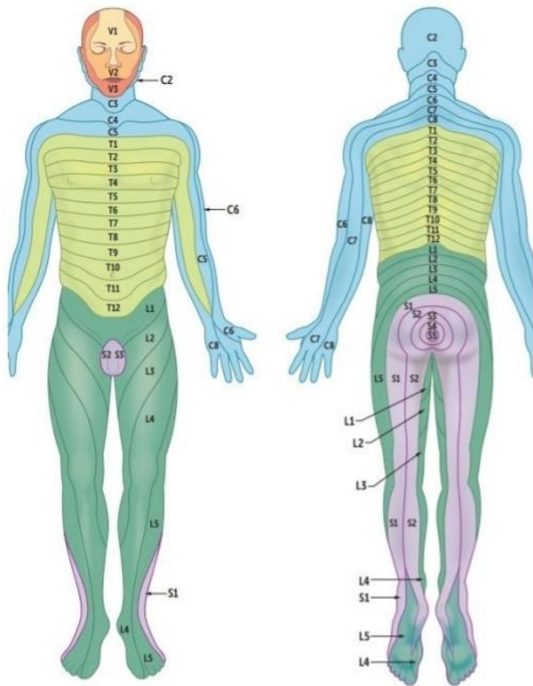


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- Superficial fascia of the scalp is mixture of → Loose areolar and adipose tissue
- The axillary sheath is a continuation of → Prevertebral fascia
- Thyroid gland moves with swallowing because it is enclosed in → Pretracheal fascia
- Trauma to one 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

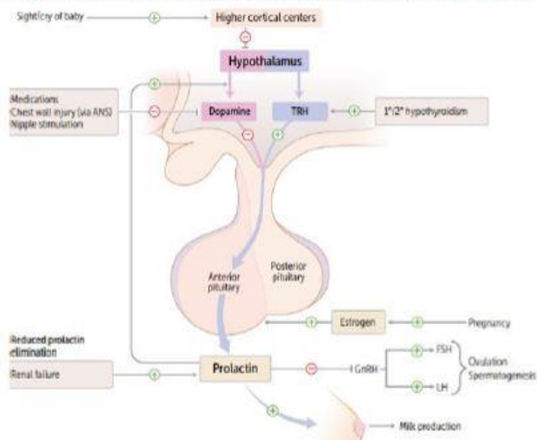




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Prolectin

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.



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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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GoldStandard FCPS 4th Edition V1 (Golden 13)

ENDOCARDITIS

- Nonbacterial endocarditis is seen in → Neoplasms, hypercuaquable state
- Most common cause of death in rheumatic fever → Myocarditis
- Commonly use Tri-cuspid valvue
- 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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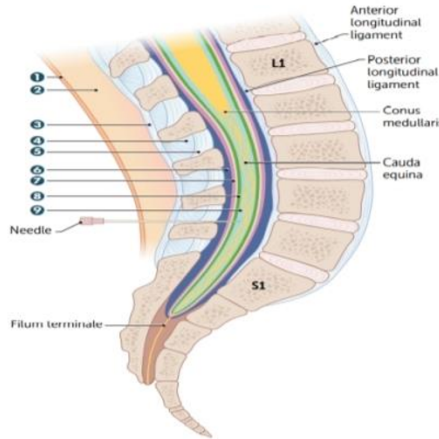
LUMBER PUNCTURE

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



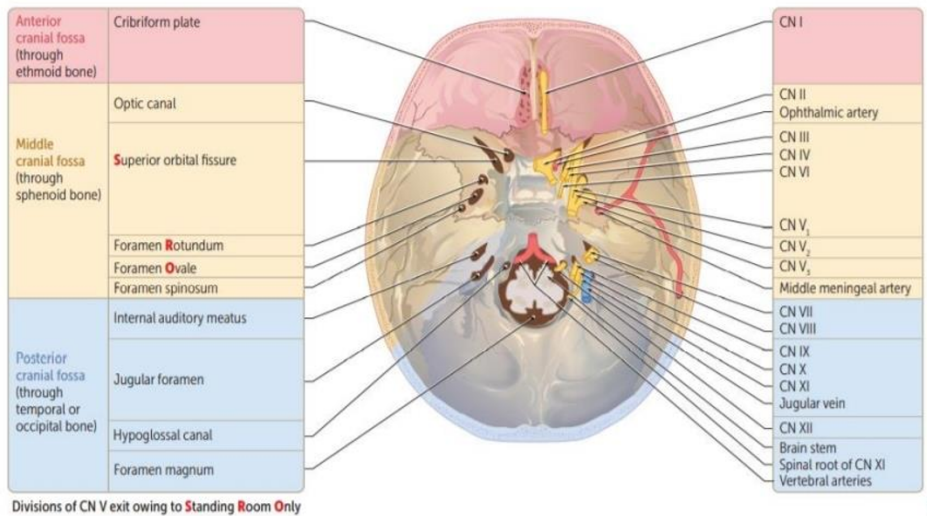


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HEAD AND NECK

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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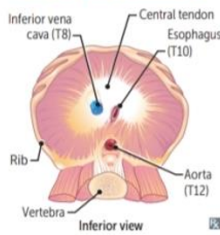
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GoldStandard FCPS 4th Edition V1 (Golk

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

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A pt with exophthalmos and other hyperthyroid features and positive anti-thyroid antibodies is suggestive of	Graves disease
Exophthalmus 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

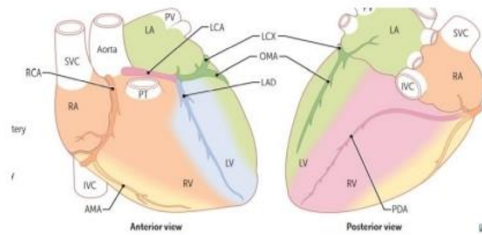




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MI ECG LEADS

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

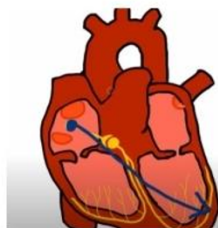
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Patient presented to ER with crushing chest pain for last 1 hour ON ECG there is ST segment elevation in lead II, III & avF what's the diagnosis	Inferior wall MI
ST segment elevation in lead II which artery effected	right main coronary
A man presents 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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