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- In normal distribution curve true is-----> Mean equal Median and Mode
- Right atrium infarction involves -----> Pectinate muscle
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- Previous infection is indicated by immunoglobulin-----> igg
- A known case of CKD died and on autopsy found hyperplasia of glands----->> Parathyroid
- Adjacent spinous process of sacrum fuses to form-----> Median sacral crest
- Liver is attached to lesser curvature by which ligament-----> Hepatogastric
- Which bacteria has no cell wall-----> Mycoplasma
- Raised calcitonin it is derived from -----> Thyroid
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- Main feature of malignancy is-----> Invasion
- In renal transplant, what is the single most significant test to be done-----> HLA typing and matching
- In pt loss of proprioception occur after RTA what is underlying mechanism-----> Lateral Inhibition
- Max two point discrimination distance between-----> Scapular region
- Lady with sign and symptoms of hyper prolactinoma was diagnosed with pituitary adenoma. The growth of this tumor anteriorly will compress which structure-----> Optic nerve
- Stroke volume will decrease by-----> Decrease EDV
- Clot retraction occurs due to -----> Platelets
- What type of Cell increase in parasitic infection-----> Eosinophil
- Increase plasma calcium associated with-----> Increase PTH



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- Male with dyspnea on lying down, the anatomical structure likely to cause this dyspnea is-----> Retrosternal goiter
- A person is having hx of smoking and drinking from many years On Endoscopy there is a mass in middle third of esophagus. What could it likely be-----> Squamous cell Carcinoma
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- During sympacthetomy which Lumbar ganglion is spared-----> LI
- Pt with Na 144 PH7.34 hccb 12 Cl 110 and anion gap 10 will have-----> Hypercholremic metabolic acidosis with normal anion gap
- Autoregulation of GFR is by-----> Tubuloglomerulr mechanism
- 1 year old child presents to you with failure to thrive, progressive cyanosis, tachypnea and left ventricular hypertrophy, defects are you suspecting-----> TOF
- Pt after taking an analgesic overdose having hyperventilation, tachycardia and metabolic acidosis most likely drug responsible is-----> Acetyl JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- Salicylic
- Man presented with the complaint of post prandial bloating & abdominal cramping. He has hx of passing foul smelling stool. Which investigation will give us multiple information regarding the problem-----> Stool DR
- Known alcoholic and smoker lesion in oral cavity most likely it is-----> Squamous cell carcinoma
- Mainly associated with EBV-----> Burkit lymphoma
- Pt who is shopkeeper suddenly collapsed with fine thread pulse of 120/min and low BP of 80/60mmhg with pale skin. Before collapse, pt experienced JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- sudden central chest and epigastric pain. What is the reason of his collapse-----> Massive Pulmonary embolism
- A primigravida presented in Labour for 2 hr at .2 station. Ultrasound showed a dead hydrocephalous baby.where would gynecologist insert the needle to drain the CSF-----> Anterior fonatanale



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- Positive predictive value formula-----> True positive .s. True positive +Fa!Se positive
- Decreases arterial Oa saturation without decreasing arterial oxygen tension-----> Co poisoning
- Therapeutic index of drug indicates-----> Safety
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- With uneventful tooth extraction presented with the very next day with bleeding likely reason-----> Anti coagulant effect
- With pheochromocytoma needs preoperative BP control the most useful drug would be-----> Alpha 1 & beta blocker
- Stroke now unable to speak or write which areas is most likely damage----->> Broca area
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- Pt with delayed puberty having small testis with large legs, loss of axillary hair and gynecomastia and most suitable karyotype is-----> 47XXY
- In paramedian approach incision artery can be damaged is-----> Inferior epigastric
- Injured bilateral temporal disc he will have will vision defect-----> Hemonymous heminopia
- In axonal membrane constant membrane depolarization depends on-----> Membrane capacitance
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- ----->
- Neuroectoderm derivative is -----> Ciliary epithelium
- For assessing the risk of smoking for heart disease, 500 CHD pts were asked if they smoke or not, the 500 healthy friends with similar age sex and socioeconomic background were also asked about their smoking habits, the result revealed smoking is a risk factor for CHD, this is an example off-----> Cohort study
- Olfactory epithelium (sustentacular cells) special feature-----> Microvilli
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- Lethargy generalized weakness, easy bruisibility, fever, Hb 5.6gm/dl, Platelets 30,000, TLC 3400 and Retie-----> Aplastic anemia
- Side effect of aspirin is-----> Alkalosis
- Most common fungal infection in HIV positive pt-----> Candida
- Descent of testis caused by -----> Regression of gubernaculum
- Who was treated for meningitis one month back has complaint of morning headache. Examination there is bilateral papilledema. Likely cause-----> Hydrocephalus
- Hypotonic fluid is present in which part-----> Early DCT
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- UTI most commonly caused by organism-----> E.coli
- H2 receptor blocker is not of therapeutic value in which condition-----> Zollinger ellison syndrome
- A pregnant lady in 30 weeks taking only iron supplements she will be deficient in-----> Folic acid
- Which blood group is transfused successfully without reaction and can be used-----> O Negative to A Negative
- JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- Pt in OT, surgery is undergoing. Pt needs bladder emptying, surgeon passed needle to upper surface of bladder vessel at risk of damage is-----> Inferior epigastric
- In thalassemia what's true-----> Increase iron
- Half life of kanamycin in perilymph-----> 12 hour
- Baby have neck rigidity, fever restless, on CSF examination, low glucose high proteins, he was diagnosed as meningitis and causative agent is-----> Strep pneumoniae
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- Fracture on anterior.inferior of parietal bone with non.blood stained CSF leads to-----> Epidural Hemorrhage
- Hall mark of vitamin B12 deficiency is-----> Hypersegmented neutrophil
- ----->



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- A patient was tachycardic after ECG he was found case of arrhythmia Doctor prescribed her a drug after she developed thyroid problem most probably drug is-----> Amiodarone
- Lady taking supplements for dietary deficiency. After some time, duration JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- she developed dry mouth, bone hyperostosis, papilledema nausea and vomiting due to increased in -----> Vitamin A
- Primigravida presented to obstetric department in 2nd stage of labour, on examination the sacral promontory was not reachable and the pelvic arch was narrow and prominent ischial spines the most likely pelvis is-----> Android pelvis
- Is most aggressive carcinoma-----> Melanoma
- A diabetic Hypertension which anti-hypertensive should be avoided in JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- asthma-----> Propanolol
- Pt Para 8 with UV prolapse and cervix at introitus ligament damage is-----> Uterosacral ligament
- Had obstructed labor for 2 days, LSCS done, foley passed for 14 days and urine started leaking after 10 days, what could be the cause-----> Vesico JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- vaginal fistula
- Glucagon is stimulated by-----> Exercise
- Child presents with pain in lumbar region. Stone at pelviureteric junction pain arising from which segment-----> T12.L2
- Mental foramen location related to mandible and mental nerve at the level of-----> 20 lower premolar
- ----->
- Which condition leads to hypokalemia-----> Increase PH
- JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- Edema in nephrotic syndrome is due to-----> Hypoalbuminemia
- Which lymphoid organ with absent lymphocytes as compared to lymphoid tissue of lymph node-----> Thymus



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- In school children had party, they had sandwiches and fried rice, after 6 hours many of them developed nausea vomiting, abdominal cramps, what do you think what could be the cause-----> Fried rice
- ----->
- There's a news of epidemic in an area, where mortality of pregnant women is high, what do you think what which disease could be the cause----->
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- Hepatitis E
- Most rapid BP regulation mechanism is-----> Baroreceptors
- Of southern origin gives birth at 35th weeks baby is slightly hydropic, peripheral blood smear shows nucleated rbc's and some erythrocytes, marked anisocytosis, poikilocytosis, elliptocytosis, what's is diagnose-----> Alpha thalassemia
- A hx of recurrent abortion. Enzyme analysis will give help to dx-----> Progesterone
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- Cysticercosis caused by -----> Ingestion of ova of tenia solium
- Furosemide is doc in-----> Acute pulmonary edema
- After rtpt was unable to pass urine nerve root involve-----> S2, S3, S4
- Infection in pretracheal layer will spread to-----> Anterior mediastinum
- Strep. Viridian Presence of increase light chain immunoglobulin in blood is a feature of-----> Systemic type amyloidosis
- Lady with oligomenorrhea karyotype 46XX/45X0 associated features is-----
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- --> Gonadal dysgenesis
- In lung formation canalicular stage what will happen-----> Increase vasculogenesis
- Side effects of dicumarol are-----> Delayed clotting
- There is risk of nausea and vomiting in pt which anaesthetic drug can be used preoperatively-----> Propofol
- ----->



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- In cresenteric glomerulonephritis Linear antibody complex deposition on
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- GBM on biopsy, which type of hypersensitivity it is-----> Type 2
- Woman presents with fever from 3 days. She also complains about urinary frequency beside loin (flank) pain. The white blood cells count is 35,000/cmm. What is the next best step-----> Urine and Blood culture
- Anterior 2/3"* general sensation carried by-----> Trigeminal nerve
- HSV 2 causes -----> CA Cervix
- Pt developed Chest pain for 3 hours, not relieved by nitrates, bp 110/70,pulse 100bpm, what's next best investigation to do-----> CKMB
- Terminal bronchioles epithelium is-----> Simple cuboidal ciliated without
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- goblet cells
- Pregnant lady died after reaching hospital after the obstructed labour at home for 36hrs cause of death would be-----> Amniotic fluid embolism
- Cervix drains lymph via which lymph nodes-----> Internal and External iliac nodes
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- Hep. B infectivity rate indicated by-----> hbeag Positive, hbeab Negative
- Regarding pituitary gland true is-----> Pituitary tumor causes junctional scotoma
- Had intestinal obstruction at terminal part of ileum. Biopsy of that part shows granulomatous epitheloid cells. What type of necrosis will be seen---
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- -----> Caseous
- A presented with hx of unconsciousness, Sts, high grade fever and dark coloured urine for one day CSF exam is unremarkable, dx is-----> Cerebral malaria
- Fast conduction in myelinated fibers due to-----> Saltatory conduction
- Pt suffering from hemorrhoids Inferior rectal vein drain into -----> JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- Decreased lamellar bodies in type 2
- What to give in hypothyroidism-----> Levothyroxine



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- What's the most common cause of cervical dysplasia, causing cervical carcinoma-----> HPV
- A jaundice has reports hbsag+, hbeag+ and hbc Ab igm+ what is diagnose-----> Acute hepatitis
- Is spore forming bacteria-----> Clostridium
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- Blood is warm at 37 °C for massive transfusion to cause-----> L.R shift
- Lesion is caused by chlamydia trochomatis-----> Lymphogranuloma Venetum
- Occurs due to sympathetic stimulation-----> Bronchodilator
- Structures provide maximum stability to the temporomandibular joint and keeps the condyle of mandible in the fossa-----> Temporomandibular ligament
- Will the best parameter to have estimation of fetal assessment-----> CRL
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- at 8 weeks
- Of the is white muscle-----> Gastrocnemius
- Same in glycolysis and gluconeogenesis-----> Fructose 1,6 bisphosphate
- Which organelle generates energy by oxidation of glucose into CO₂ and water-----> Mitochondria
- Which parasite spread through eating raw and uncooked food-----> Tape worm
- Which part of intestine thick loop with less mesentery fat and long Vasa recta with her arcades surgeon asked by uplifting of gut during surgery-----
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- --> Jejunum
- Which pharmacological agent when given in excess of higher doses cause grade 4 encephalopathy-----> Paracetamol
- Which receive input from hypophysial portal system-----> Adenohypophysis
- Which will be the same substrate for the glycolysis glycogenesis and HMP
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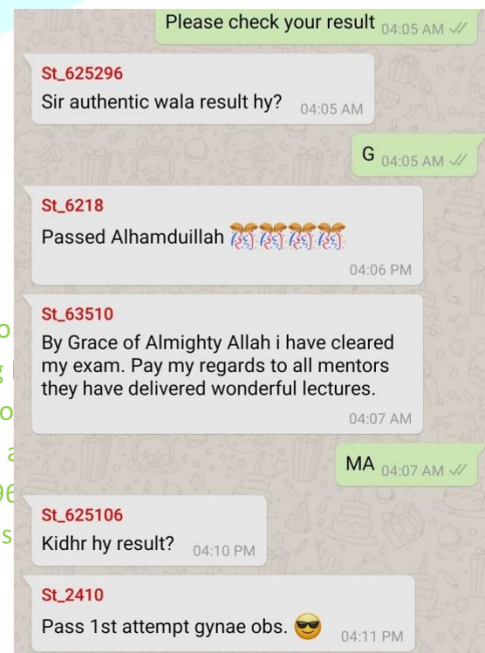
- shunt-----> Fructose 6 phosphate
- Whole wheat source of which vitamin-----> Thiamine
- Why isoflurane used in neurosurgery-----> It does not produce epileptic activity on EEG
- Woman having presented with protruding jaw, swollen hands and feet, headache it is due to adenoma-----> Adenoma of acidophilic cells
- Women with long standing asthma and depressive disorder. Most likely JOIN FCPSWORLD ONLINE CLASSES & CLEAR EXAM IN 1ST ATTEMPT
- immunological change-----> Increased lymphocytic proliferative response to mitogens
- Young lady with ovarian cancer her sister died of breast CA. What gene is mutated in family-----> Raloxifene

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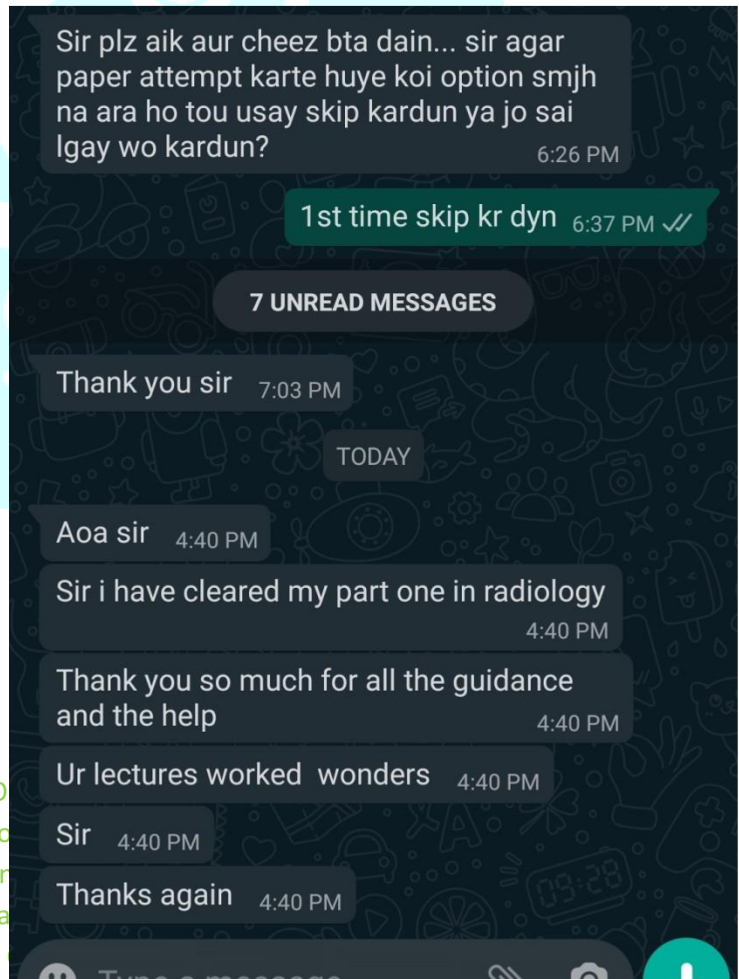
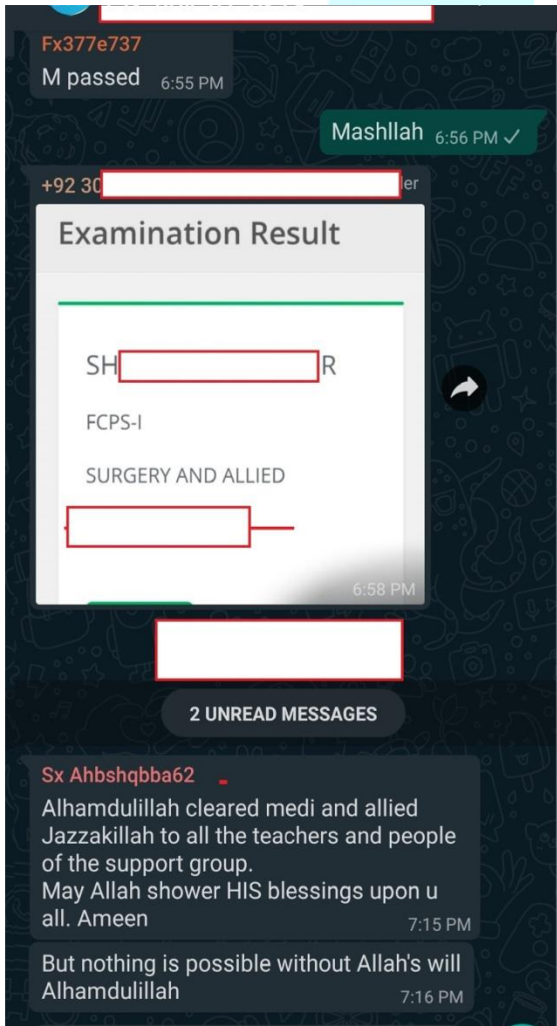
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NOTE:

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)
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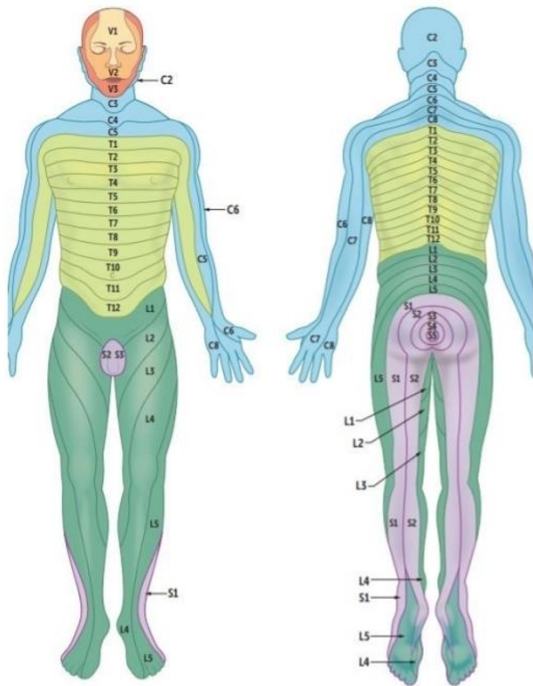


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- Superficial fascia of the scalp is mixture of → Loose areolar and adipose tissue
- The axillary sheath is a continuation of → Prevertebral fascia
- Thyroid gland moves with swallowing because it is enclosed in → Pretracheal fascia
- Trauma to one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

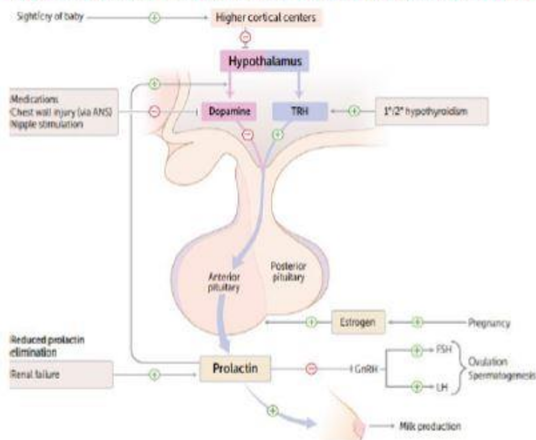




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Prolectin

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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ENDOCARDITIS

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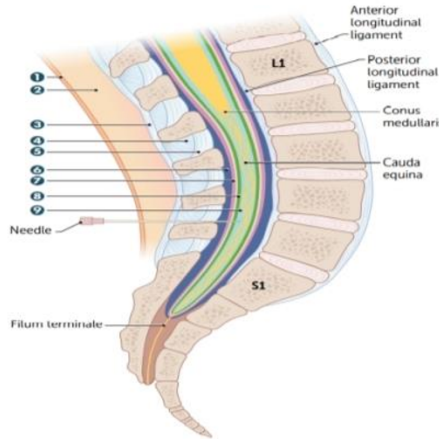
LUMBAR PUNCTURE

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



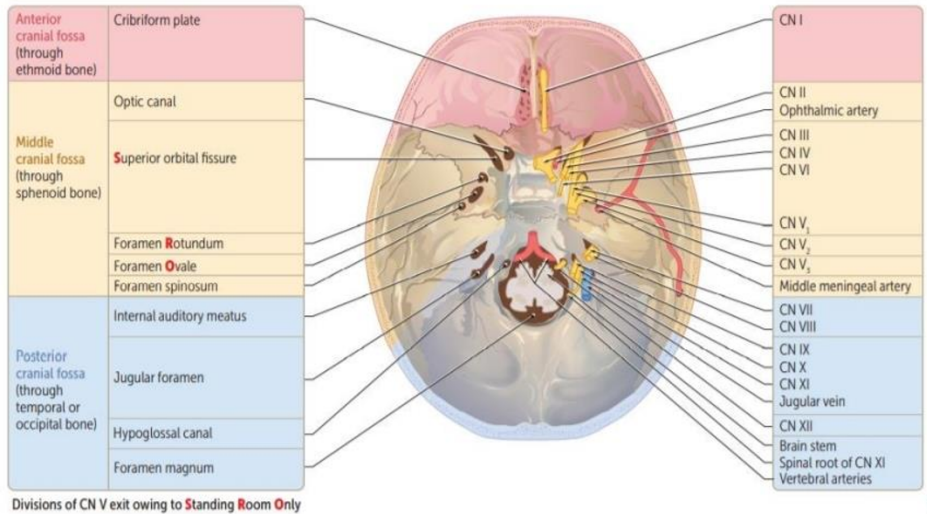


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HEAD AND NECK

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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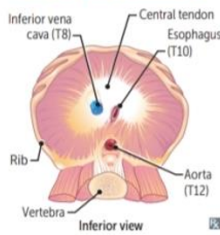
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Thorax

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

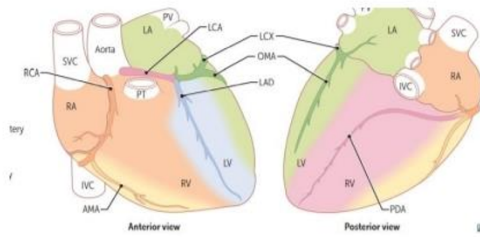




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MI ECG LEADS

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

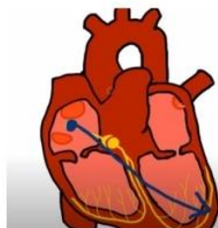
Inferior wall MI occurs due to blockage of	Right coronary artery
Post 1/3 of interventricular septum is damaged due to MI. Artery involved is?	Right coronary artery
Inferior wall MI occurs due to blockage of which artery?	Right marginal
MI of posterolateral surface of heart. Vessel involved is	Left circumflex
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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