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## GoldStandard Papers (FCPS-1)

### Gynae & Obs

16 August 2022 (Morning)

Recent Past Papers

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(Errors and omissions excepted)



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### FCPS-1 November-22 Revision Course

- FCPS November-22 **GUESS Papers** with quick system revision!
- MCQs From 2009 to August-2022 (12 Years past papers system wise)
- Each System covered in Each Day!
- GET **PDF** of Recent **August-22 Papers**
- Quick Review of Theory (HIGH YIELD) with Pastpaper discussion.
- Live **interactive** classes (questions can be asked during class)
- Time: 9:30pm
- Class duration: 2.5 Hrs Daily

Starting Date: 3rd November

Fee: 1200rs

Seats: 20 Only\*

Topic 1	CVS SYSTEM
Topic 2	RESPIRATORY SYSTEM
Topic 3	RENAL SYSTEM
Topic 4	ENDOCRINE
Topic 5	RENAL SYSTEM
Topic 6	GIT SYSTEM
Topic 7	HEMATOLOGY
Topic 8	NEUROANATOMY

### Past Papers Included

Medicine & Allied 15 <sup>th</sup> August (Night)
Medicine & Allied 16 <sup>th</sup> August (Evening)
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Medicine & Allied 17 <sup>th</sup> August (Morning)
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- A person got a stab wound lateral right side of linea alba. Pt developed hypotension and shock. Vessel damaged----->IVC
- Which of following structure is behind ovarian fossa?-----> Ureter
- cause of subacute endocarditis?----->Step viridians
- In RTA Pelvis fracture of anterior inferior iliac spine cause avulsion of pelvis due to involvement of which muscle?-----> Rectus femoris
- Pt. having fallopian tube ligation ligature slipped result in bleeding and Pt. become hemodynamically unstable bleeding result from se:----->BRANCHES OF UTERINE ARTERY
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- Structure found 2 feet away from ileocecal junction could be----->Meckel's diverticulum
- cervix drains into Lymphnode----->Internal iliac
- Multigravida pt heaviness in abdomen.Third degree uterine prolapse. Exo-Cervix can be palpated upto introitus, this will be due to which structure:----->Uterosacral ligament
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- A lady whose C section was done leakage of blood due to damage of:-----> Uterine artery
- Left renal vein is posterior to:-----> 3<sup>rd</sup> part of duodenum
- MOA of cabergoline:----->D2 Agonist
- A pregnant lady not taking vegetables presented with Alpha fetoprotein raised. deformity it can lead to?----->Anencephaly
- prolong pregnancy is mentioned if date extends to----->42 weeks



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- Mechanism of action of local anesthesia is ?----->Block Na channels
- The Rigor mortis occurs due to----->Dec ATP
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- Mesonephric duct gives rise to structures?----->Ductus deference
- function of Beta HCG----->Preservation of Corpus luteum
- Inferior rectal artery branch of ----->Internal pudendal
- Sciatic nerve root value is:-----> L4-S3
- ----->
- The Occlusion of inferior mesenteric artery lead to ?----->Damage of sigmoid and descending colon
- In hyperthyroidism cardiac effect because of----->Increased B receptors
- caput medusae. Which veins are most likely involved in this case?----->Paraumbilical and epigastric veins
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- Toxoplasmosis is caused by specie of organism?----->Parasite
- Urin smell of burnt sugar----->Maple syrup
- hypovolumic sock. Next treatment----->iv crystalloids
- Second heart sound is heard during:----->Isovolumetric relaxation
- Highest point of iliac crest at level of:-----> L4
- Injection given 2cm below & lateral to pubic tubercle will damage which of following-----> Obturator nerve
- A doctor used rectus muscle from supra pubic region as a graft, artery should be grafted for its blood supply:-----> Inferior epigastric
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- Bitemporal Heteronomous hemianopia occurs due to lesion of?----->Central part of Optic chiasma



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- boundaries of pelvic inlet----->Pubic Crest
- warfirin antidote----->Vit K
- in exploratory Laparotomy ovaries found attached to lateral pelvic wall, which structure might be damaged----->Internal iliac artery
- Protein required for an adult----->56g
- Hemisection of spinal cord results in ----->Loss of contralateral pain
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- Subcutaneous part of external anal sphincter contains smooth muscle presents around anus and attached to:-----> Coccygoanal body
- Endometrium showed a collection of epitheloid cells, histiocytes and giant cells. Dx----->Tuberculous infection
- pain in right iliac fossa with fever and raised WBCs count. Her LMP was 2 months back. Organ is----->Fallopian tube
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- A pateint 40 weeks pregnancy Acute Respiratory Distress syndromehaving dyspnea & tachypnea. she died due to?----->Amniotic embolism
- history of gastritis , Koilonychia and brittle nails , low hb. Dx----->Iron deficiency anemia
- Largest cell in blood vessel----->Monocytes
- MI of left ventricle and intra ventricular septum. Vessle involve-----> LCX
- Condition seen in DM type 1----->Weight loss
- Gestational age is estimated from----->Crown rump length
- ----->
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- Star shaped lumen is of----->Ureter
- Cysticercosis is caused by ingestion of eggs of ?----->T. solium



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- hormone remain Normal in pregnancy----->Growth Hormone
- A young lady of 30 has presented in the OPD with complaints of palpitations, sweating and inability to sleep at night. On examination the hands are warm and sweaty with fine tremors. Eyes give a staring look. Pulse is 110/min and irregular. ECG shows varying R-R interval. The most appropriate drug to treat her arrhythmia would be----->Propranolol
- A child x-rays showing unilateral hydronephrosis. What is the cause behind this?-->> Pelvic ureteric junction obstruction
- white muscle is seen in----->Gastrocnemius
- Most important progesterone function is?----->Maintain thickness of endometrium
- in central Diabetes insipidus there is low----->Dec. ADH
- lie Posterior to urinary bladder----->Denonvillers fascia
- Finger got hurt with the sharp nail which is first released mediator----->Histamine
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- First line of defense against microbial agents----->Skin
- The anterior relation of right kidney is ?----->Liver
- Pregnant lady with atrial fibrillation. What should be given----->lv heparin
- Main support of pelvic viscera?----->Levator ani
- not oncogene and cause gene amplification----->Myc
- Regarding urinary bladder true is:-----> Motor supply by sympathetic and parasympathetic
- Hypospadias due to defect in----->Urogenital fold
- Pt. with deep wound on scalp, which layer has to be sutured----->Epicranial aponeurosis (scalp vessels lie in loose alveolar tissue => dangerous area)
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- Neutropenia, sinus bradycardia and hepatosplenomegaly scenario. Dx----->Typhoid



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- The hormone keep balance between calcium and phosphate is:----->Parathyroid hormone
- Fever with sudden drop in blood pressure to 90/40 mmHg with tachycardia. Dx--- -->Septic shock
- Superficial inguinal nodes follow which of the following?-----> Rount ligament of uterus
- Temperature set point of hypothalamus increase body temperature now what will occur----->Shivering
- A normal distribution curve depends on----->Mean & standard deviation
- complaints of not able to abduct his after 40 degrees.dx----->Supraspinatous
- mechanism of Rigor mortis is?----->Failure of Cross bridges of myosinto separate
- Why encapsulated myelinated fibers are fastest----->Saltatory conduction
- Which structure forms pelvic diaphragm?-----> Puborectalis muscle
- ----->
- Mode of action of theophylline i.e methylxanthines ----->Phosphodiesterase inhibition
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- Left gastroepiploic artery is a branch of?----->Splenic
- Most important test to differentiate iron deficiency anemia from thalessemia----->Serum ferritin
- Female urethra in female:-----> More prone to infection
- ----->
- In Splenectomy Pt. may be benefitted in?----->ITP
- fluid in blister after hot water spills on body----->serous
- In pregnancy endocervical epithelium protrusioncause?----->Physiological change
- surgeon passed needle to upper surface of bladder vessel at risk of damageis:----->Inferior epigastric



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- Left adrenal gland relation anteriorly----->Lesser sac
- supra renal gland supplied by----->Celiac plexus
- Waddling gait is caused by damaged to which of the following nerve?-----> Superior gluteal nerve
- pt with exophthalmos. to confirm the diagnosis?----->Serum T3 & T4 levels
- hypochromic microcytic anemia with non-healing leg ulcer and howell Jolly bodies. Dx----->Sickle cell Anemia
- Tumor suppressor gene?----->P53
- Lymph drainage from skin of scrotum is to----->Superficial inguinal lymph nodes
- ICF = 28 liters, ECF = M liters, Plasma = 31liters Interstitial fluid will be:----->11L
- lysosomes show a deficiency of Hexosaminidase-A----->Tay-Sachs
- On the X Ray right border of heart is formed by ?----->Right atrium----->Superior Vena cava
- Derivatives of ventral mesogastrium?----->Hepatoduodenal ligament
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- the early Feature of reversible injury?----->ER swelling
- drug is contraindicated in MI and hypertension----->Ergometrine
- Scrotal skin drained by:-----> Superficial inguinal lymph nodes
- Largest total cross-sectional and surface area is of----->Capillaries
- associated with increased risk of death in a cardiac pt with positive family positive of hyperlipidemia?----->LDL
- Femoral pulse can be felt at which of following site?-----> Mid inguinal point
- Splenectomy done What is seen on blood films?----->Howelljolly bodies
- Which cells can Regenerate?----->Liver cells
- Pt. with decrease thirst and decrease hunger area of brain involved is ?----->Hypothalamus
- which vessel lie posterior in ovarian fossa----->Internal iliac vessel



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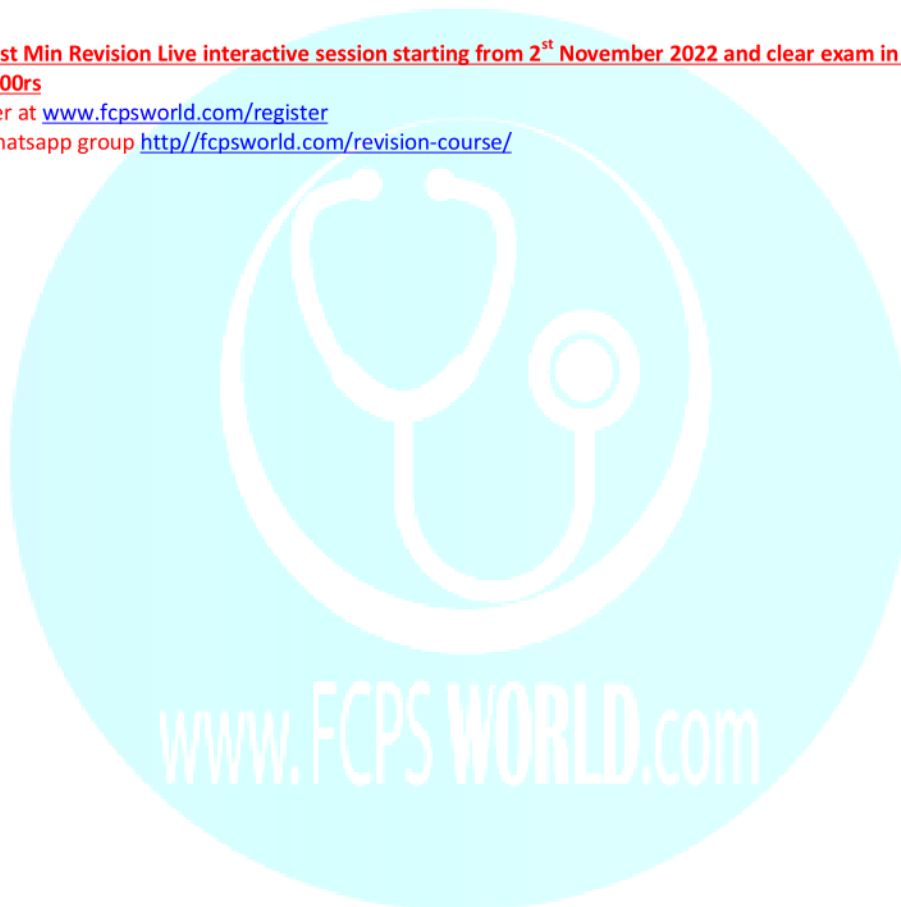
- Exudate v/s transudate difference----->Increased numbers of Inflammatory cells in exudate
- Epidural hematoma is due to----->MMA
- Most potent carcinogen for cervix is----->HPV
- symptoms of malignant hyperthermia. Receptor involved is:----->Ryanodine receptor
- function of Beta HCG----->Preservation of Corpus luteum
- A child fell while cycling, after that he has complain of anuria which structure is damaged?-----> Urethra
- Cells of acute inflammation ----->Neutrophil
- Infundibulum of pituitary gland is related to:----->Pars nervosa
- Skin of Gians penis lymphatics include which of following?-----> Superficial inguinal LN
- Prosopagnosiacause lesion of----->Fusiform gyrus
- In Obese patients----->Tidal volume decreased
- Sweating is produced in sweat glands by the mechanism----->Sympathetic cholinergic
- The ascent of horse shoe shaped kidney is prevented by ----->Inferior mesenteric artery
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- the investigation of choice for infective endocarditis?----->Blood Culture
- Pt. with Lower orbital wall fracture having numbness of lower eyelid and cheek. Which nerve is most probably injured----->Infraorbital nerve
- ----->
- External posterior arcuate fibers form:----->Cunocerebller
- PCT in comparison to DCT has?-----> Extensive brush border



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- abortion at home done by a Dai. She develops few weeks later a pelvic mass. O/E hematoma in broad ligament is found. Injury to leads to hematoma formation?---  
-->Uterine artery
- precocious puberty?----->Early onset of puberty
- ----->
- inhalational anesthesia potency proportional----->Lipid solubility
  
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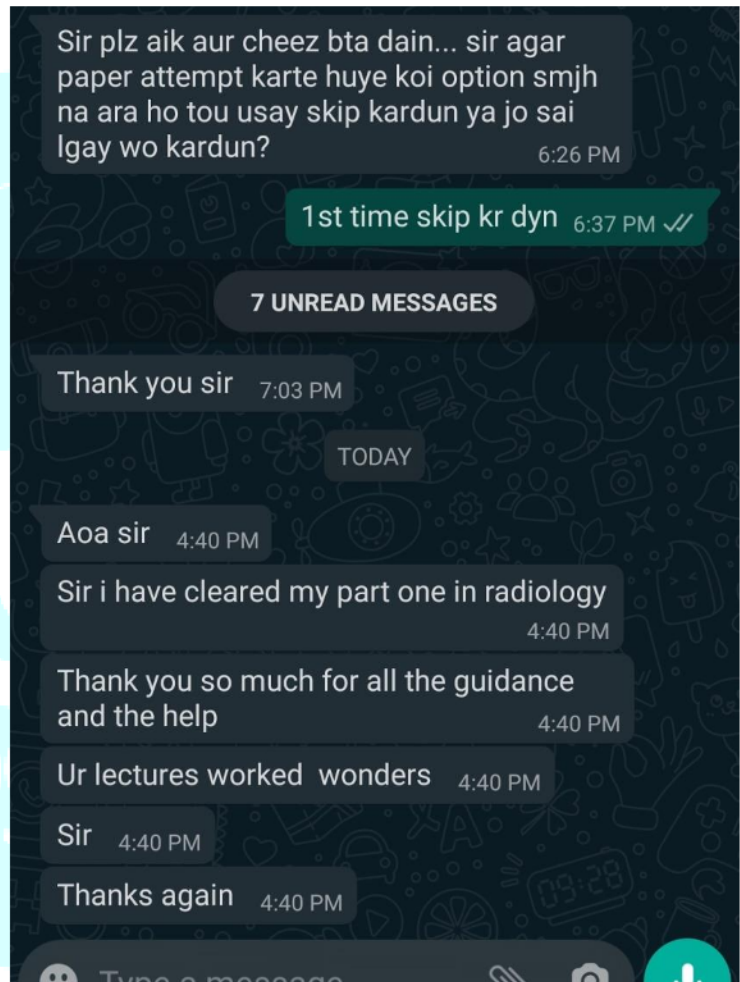
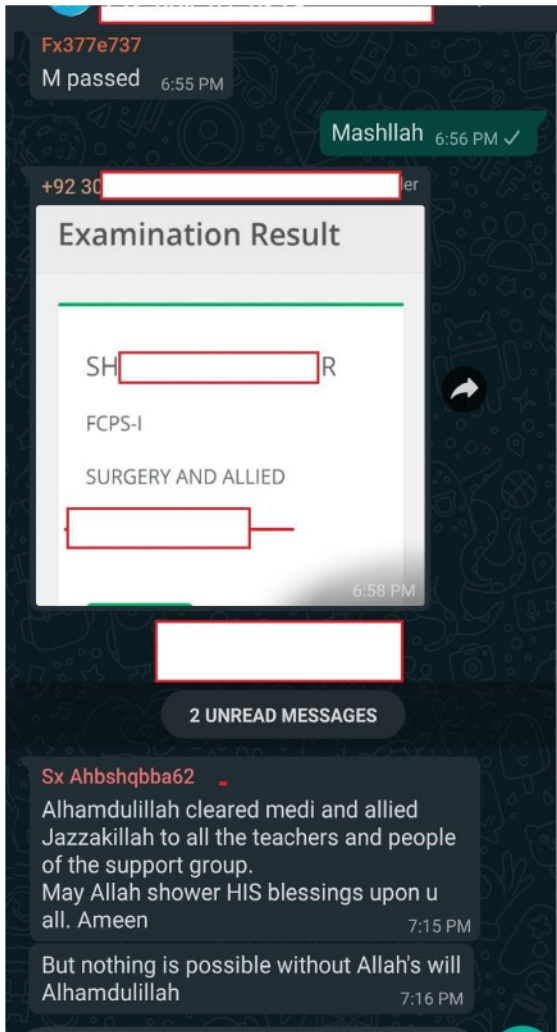
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GoldStandard FCPS 4<sup>th</sup> Edition V1 (Golden 13)

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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.**



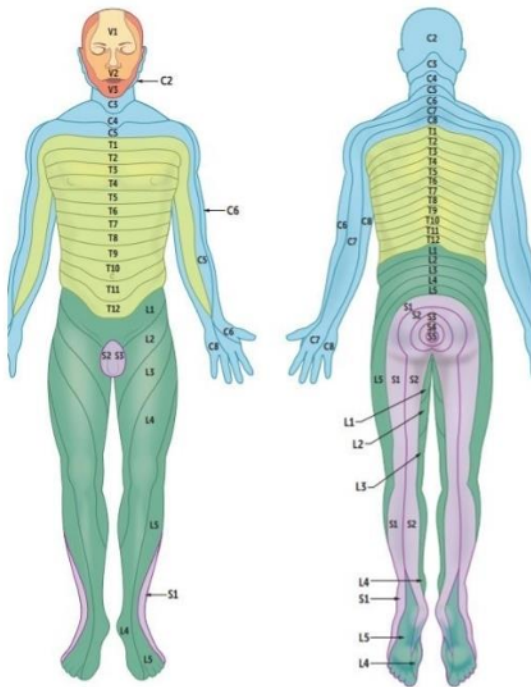




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- Superficial fascia of the scalp is mixture of → Loose areolar and adipose tissue
- The axillary sheath is a continuation of → Prevertebral fascia
- Thyroid gland moves with swallowing because it is enclosed in → Pretracheal fascia
- Trauma to one 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 <b>alive</b>
C4	Low-collar shirt
C6	Includes thumbs ✓ <b>Thumbs up</b> sign on left hand looks like
T4	✓ At the <b>nipple</b> ✓ T4 at the <b>teat pore</b>
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 <b>ALL 4's</b>
S2, S3, S4	✓ Sensation of penile and anal zones S2, 3, 4 keep the penis off the <b>floor</b>

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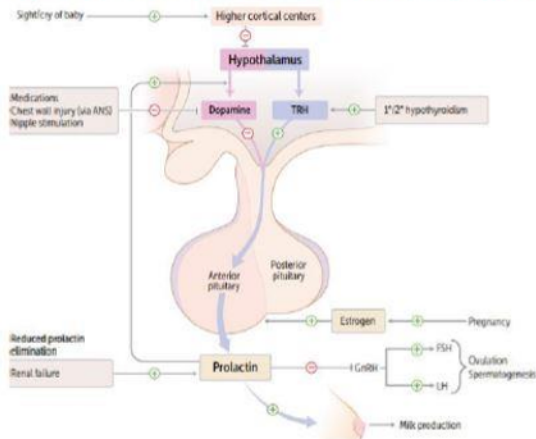
knee dermatome	l4
lower end of clavicle dermatome	c3-4
pain in calf and medial malleolus dermatome	l4





**Prolactin**

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
  - Prolactin release dopamine which inhibits prolactin
2. Release by sucking, voice of baby
3. Prolactin secretion from anterior pituitary is tonically inhibited by dopamine Prolactin.



**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 by?	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-cuspaed valve
- 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* (*galloyticus*) 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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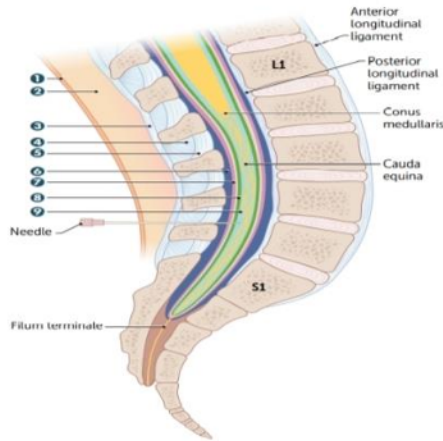
**LUMBAR PUNCTURE**

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 anesthesia 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 anesthesia 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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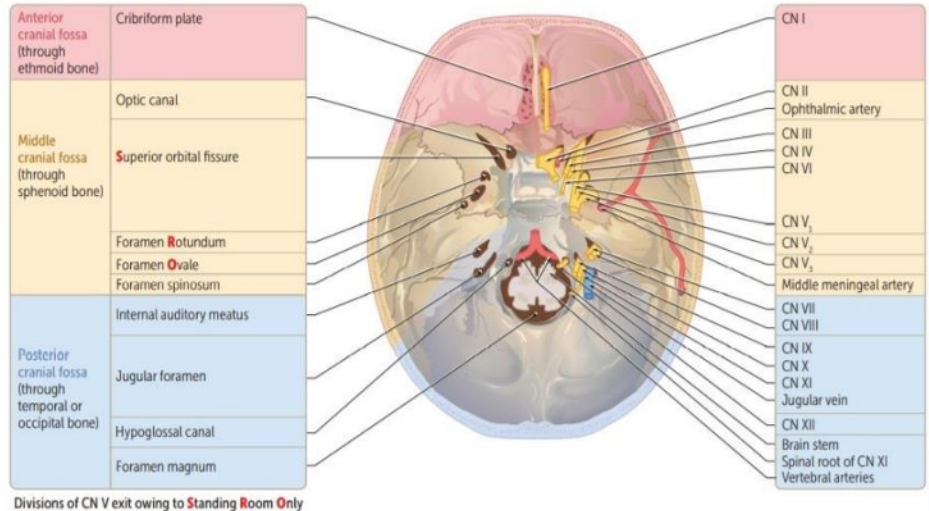




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## HEAD AND NECK

### 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
	Foramen spinosum	Middle meningeal artery
Posterior Cranial Fossa (temporal or occipital bone)	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





**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 granulos 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 granulos 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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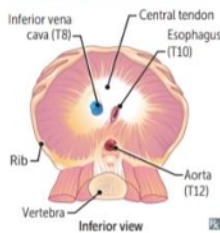




# Thorax

## 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







**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 **A**. 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
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 **A**, lymphoid aggregates with germinal centers **B**.  
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 in front 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



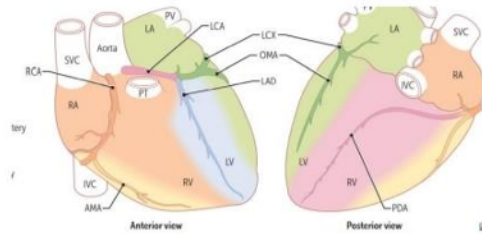
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**MI ECG LEADS**

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



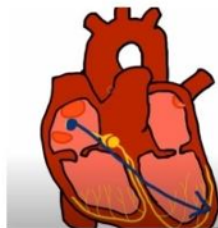
**PAST PAPERS**

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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