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GoldStandard Papers (FCPS-1)

Medicine & Allied

15 August 2022 (Night)

Recent Past Papers

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- ✓ Clear FCPS-1 in **FIRST ATTEMPT**
- ✓ Entire course will be completed in 2 months.
- ✓ Live lectures via video Portal
- ✓ Daily Test session (Test discussion will be on Via Portal)
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- ✓ For Details Phone# 03129684658

(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 th August (Night)
Medicine & Allied 16 th August (Evening)
Medicine & Allied 16 th August (Night)
Medicine & Allied 17 th August (Morning)
Medicine & Allied 17 th August (Evening)
Pathology 15 th August (Morning)
Anesthesia 15 th August (Morning)
Radiology 15 th August (Evening)
Surgery & Allied 16 th August (Evening)
Surgery & Allied 16 th August (Evening)
Surgery & Allied 15 th August (Night)
Gynae 16 th August (Morning)
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- Promethazine mechanism of action---->Block H1
- scenrio of RTA. swelling above the clavicle on sneezing & coughing. Due to ---->Damage to supra-pleural membrane
- Clasp knife rigidity presentation---->Exaggerated muscle activity
- Polymyalgia rheumatic association---->Giant cell arteritis
- Bronchoalveolar lavage was done which shows cells atypia with dispersed macrophages diagnosis---->Bronchoalveolar cancer
- plantar reflex is---->Dorsi flexion of big toe
- Test which excludes completely non-affected---->Specificity
- About Corynebacterium Diphtheriae, ---->Produce Exotoxin
- congo red stain is use for diagnosis of---->B2-microglobulin (Amyloidosis)
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- Which hormone remain normal in pregnancy---->Growth Hormone
- hemolytic anemia and recurrent bleeding. Deficiency of ---->Ascorbic acid
- Baby present with microcephaly short frontal and parietal lobe due to early closure of---->Saggital
- In Wilsons disease---->inc 24hr urine copper
- Receptors for negative stretch reflex which prevent muscle tear---->Golgi tendon organ
- Glucose transport across membrane dueto its concentration difference occurs by---->Facilitated diffusion
- Right hemiparesis, pt can't speak but can understand,lesion at---->Frontal lobe
- Type of necrosis in pancreatitis---->Fat
- Labs MCV=118fL, Hgb=10g/dL. dx---->Vitamin B12 Deficiency
- Percentage of plasma in ECF---->20%
- Surface of the Ovary is lined by whichtype of epithelium ---->Simple Cuboidal



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- state of shock with failing heart which neurotransmitter can relieve his problem--
-->Dopamine
- irregularly irregular pulse is seen in---->atrial fibrillation
- which antibiotic cause arrhythmias when given with terbinadine----
>Erythromycin
- Stomach emptying inhibited ---->CCK
- Muscles of forceful inspiration---->External intercostal
- Rhomboid major nerve supply is---->Dorsal scapular nerve
- Human recombinant growth factor IGF-1 can cause---->Bening Intracrania
Pressure Increase
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- Diminished jaw jerk due to lesion of---->nucleus of trigeminal
- pt. is having polyurea and polydipsia. urine osmolarity decreased. Increased thirst that is not relieved by vasopressin. Dx---->nephrogenic diabetes insipidus
- sedative can be given in CLD pt---->Lorazepam
- Male with gynaecomastia, loss of libido and incapable to erect. Cause is----
>prolectinoma
- Which protein is defective in Duchene Muscular Dystrophy---->Dystrophin 3
- butterfly rash, muscle and joint pains Raynaud's phenomenon ANA & anti-ds
DNA were positive. Dx---->Systemic Lupus Erythmatosis
- post dental procedure sub acute endocarditis occurs due to---->Strep viridans
- Blood supply of Epicardium ---->Epicardial coronary artery
- Pt. with infection containing grampositive cocci,DOC---->Penicillin G
- inhibitory to growth hormone ---->Somatostatin
- Stomach emptying is inhibited by---->CCK
- Restrictive lung disease---->Decrease lung compliance, increased FEV/FVC ratio
- muscle involved inserted on radial tuberosity---->Biceps
- painful micturition, hematuria and having raised creatinine. Dx---->renal cell CA
- Feature of G6PD---->Self limiting



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- hx fly bite. Now presented with fever, hepatosplenomegaly, lymphadenopathy.
Dx---->Kalazar
- Lesser sac bounded by---->Caudate lobe of liver
- Ductus deferens ligated above the Ejaculatory duct, seminal fluid will contain----
>Seminaland prostatic fluid without sperm
- Test to diagnose HIV in fetus is ---->PCR
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- Difference between clot of antemortem and postmortem clot---->lines of Zahn
- For Crohn's Disease remission which drug is required---->Azathioprine
- flumazenil is antidote of---->benzodiazepine
- Uv light cause---->Cataract
- primary amenorrhea, short blind vagina with normal vulva, scanty pubic and axillary hairs, normal breasts absent uterus. Karyotype will be---->46XY
- Lesion of left optic nerve leads to serious complication---->Left complete blindness
- Tachyphylaxis occurs due to---->Rapid decrease in drug action
- unliateral headach especially in temporal region and jaw claudication dx. is ----
>Giant cell arteritis
- A child has bone marrowtransplanted from a sibling whohas 5/6 of HLA matched donor, now developed rash and diarrhea whatthe other strong related finding in this Pt.---->Hyperbilirubinemia
- Two point discrimination done by---->Meissners
- Microtubulesare part of---->Centrioes
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- In Resting membranepotential, Na-k gradient is maintained by ---->Na/K atpase
- Hyperoxaluria cause---->Increase oxalic acid
- A New born baby with meconium in vagina must be suffering from ----
>Rectovaginal fistula



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- structure lie Lateral to trachea---->Reccurent Laryngeal Nerve
- Pt. has LRTI for many dayx respiratory tree shows damaged---->Cilia
- Factor needed for co enzyme A ---->Panthotetic acid
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- the most radiosensitive cance---->Lymphomas
- anteromedial wall is formed by Sartorius muscle and fascia in---->adductor canal
- An advice you wantto give to GERD Pt.---->Reduce Fatty food
- Salivary enzyme kill bacteria by----> lactoferrin
- Anti-D antibody important because---->Causes Hemolytic Disease
- Second order neuron of corticospinal tract---->Ventral horn
- Pt. presents -with red face and loss of sweating function. nerve supply is damaged---->Cervical sympathetic
- Anterior cerebral artery would effect which cortical area---->Secondary somesthetic arca
- ATT that is hepatotoxic---->Isoniazid
- MOA of Tetracycline Is---->Inhibition of amino transferase on the bacterial ribosome
- splenic vessels are contained in---->Linorenal ligament
- Young girl has 3 books in hands whenfourth one was added she droppedall books. Name reflex---->Inverse stretch reflex
- High output cardiac failure occur in deficiency of---->Thiamine
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- compensation after 30 days for high altitude---->Increased Hb concentration
- Follicular Thyroid carcinoma metastasize to---->Lungs
- found in gram positive bacteria and not in gram negative ---->Teichoic acid
- Most important progesterone function is---->Maintain thickness of endometrium
- sepsis may lead to---->DIC
- Medial arcuate ligament is formed by---->Fascia of psoas major



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- phimosis scenario erythema and edema on penis, causative organism---->Treponema pallidum
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- Dilated and torture superficial veins---->Incomplete and incompetence valves
- is associated with lower motor neuron lesions---->Flaccid paralysis.
- Diagnosis of thalassemia---->Hb electrophoresis
- person is able to sit on chair due to ---->Ischial tuberosity
- Where superior petrosal sinus lie in---->Tentorium cerebelli
- Contact dermatitis is a type of---->Type 4 HSR
- complains of Anosmia and Hypogonadism. Scnerio of Kallmann syndrome. He has lesion in---->Hypothalamus
- In increased body temperature, an Immediate mechanism to lose heat from body is---->Cutaneous Vasodilation
- In anterior dislocation of shoulder joint nerve gets injured---->Axillary
- Predominant cells in Atopy or Asthma---->Eosinophils
- Most sensitive to radiotherapy is---->glioma
- Receptors which determines steady pressure are---->Ruffni
- Severe form of steatorrhea is present In---->Pancreatic resection
- Alveolar capillaries membrane gas exchangerate increase with---->Large surface area for diffusion
- Coarctation of aorta is presents with ---->Constriction just after the subclavian artery
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- Highest chance of pneumothorax during pass of iv catheter---->Subclavian vein
- Diagnostic for DIC---->Increased FDP
- biopsy of intestine show granulomatous epitheloid cells. type of necrosis will be seen, ---->Caseousnecrosis
- night sweats, weightloss and sputum with blood DX.---->Pulmonary tuberculosis



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- Register at www.fcpsworld.com/register
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- A person is unable to oppose his thumb to little finger. Which Nerve is damaged---->Median nerve
- Chronic diarrhoea crescent like organism on brush border on duodenal biopsy. dx---->Giardia
- Marker of osteoblast activity is---->Alkaline phosphatase
- known case of Alcoholic fatty liver for 20 yrs. histopathology of liver will show---->Piecemeal necrosis
- Continuous capillaries are present in---->Brain
- pansystolic murmur at left sternal border. Dx---->Ventricular septal defect
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- increases absorption of iron in the gut---->Citrus fruit
- cimetidine causes---->Inhibition of hepatic enzymes CYP P450
- Space between splanchnic and somatic extracelomic mesoderm---->Extraembryonic coelom
- During degree heart block what happens---->Atrial rate greater than ventricular rate
- nucleus pulposus. is derived from ---->Notochord
- One of the related to the dx. of asthma in 20 yr. old male---->FEV1/FVC less than 65%
- deficiency of Hexosaminidase-A. dx---->Tay-Sachs
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- contain max cholesterol---->LDL
- Hering Breuer reflex is due to---->Stretch receptors in bronchioles
- Pt. with hyperkalemia, dietary restriction---->Tomato



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- tall man with sudden chest pain and and dislocation of lens. Dx---->Marfan syndrome
- H-k pump function associated with---->Carbonic anhydrase
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- In every type of shock, organ failure occurs due to---->Tissue hypoxia
- HTN Pt. taking Beta blocker presented with prolong PR interval.---->Drug Induced First degree block
- Meningitis Diagnosed. what would be the Drug of choice ---->Ceftriaxone
- CSF analysis revealed increased proteins, decreased glucose levels, increased WBCs. Dx---->Acute Bacterial meningitis
- asprine block via aggregation---->Thromboxain A2 Pathway
- Cause of Bleeding due to antithrombin III---->Heparin
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- Incooordination with Pendular reflexes kneejerk and hypotonia is seen in---->Cerebellar disease
- How apoptosis occurs---->Cell shirkage ----> DNA fragmentation
- Hyper acute organ transplant is seen in---->Antibody Mediated rejection
- Rotation of head to the side is the function of ---->Circular canal
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- CLD causes---->Decrease colloid osmotic pressure
- Pt on TPN presented with With ecchymosis,platelets normal, PT 29, Cause---->Vitamin K deficiency
- Neurotransmitter what cause blockage in nigrostriatal pathway---->Gaba
- Under normal physiological condition what is equal---->Venous return and pulmonary flow and CO
- hollow structure around the nucleus. Structure is---->Lysosomes



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- Dry eyes, dry mouth defectin---->Superior salivatory nucleus
- ECG show prolong PR interval, left axis deviation and no left hypertrophy. what Is diagnosis ---->Trifasicular block
- Autosomal dominant different form autosomal recessive as---->only Hetrozygous is affected
- Bone mineralzation & Bone absorption is by---->Vit. D
- The DOC for tapeworm infestation---->Praziqantel
- During the exercise increased loss of body water and heat occurs through---->Sweat
- true about kidney---->Podocytesin viseral layer of bowman's capsule

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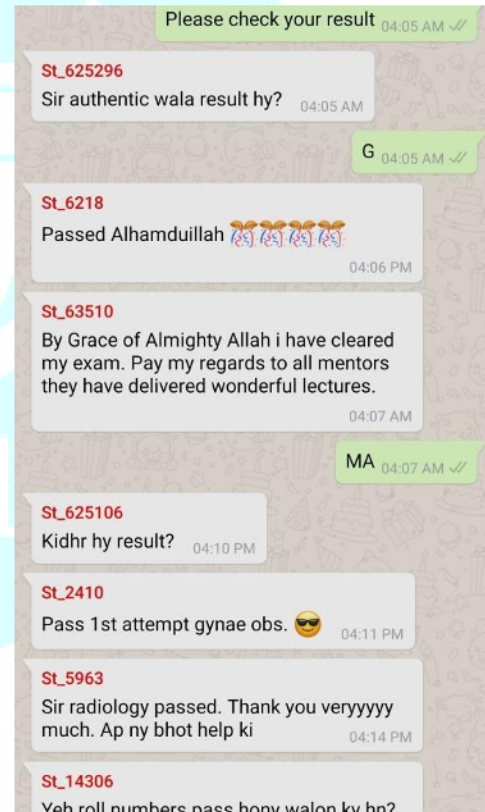


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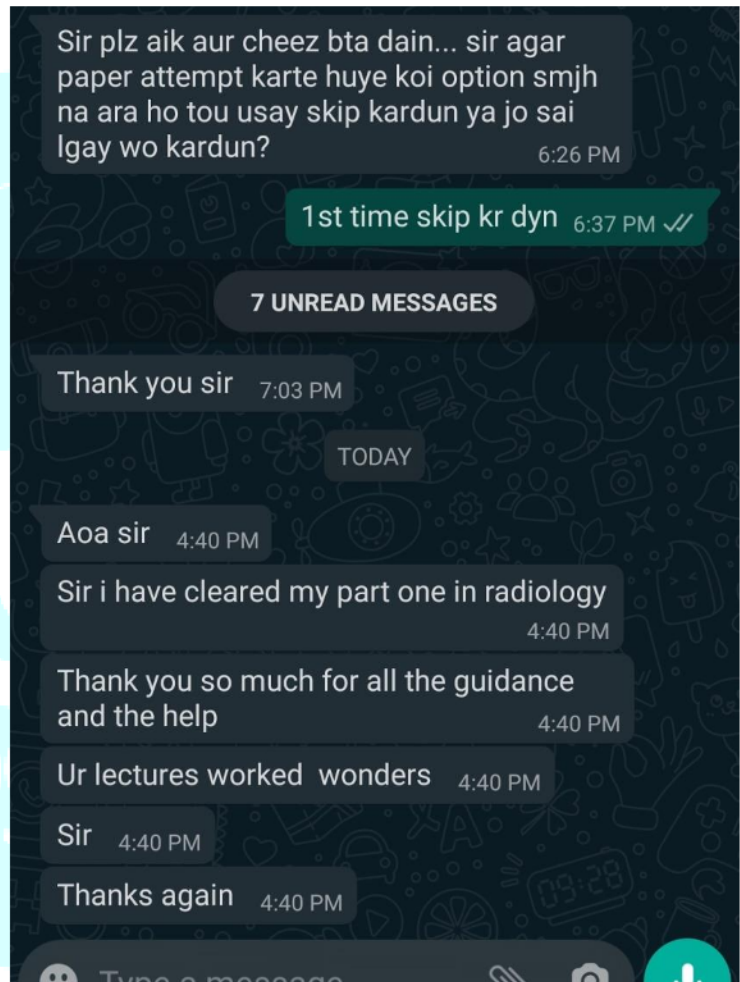
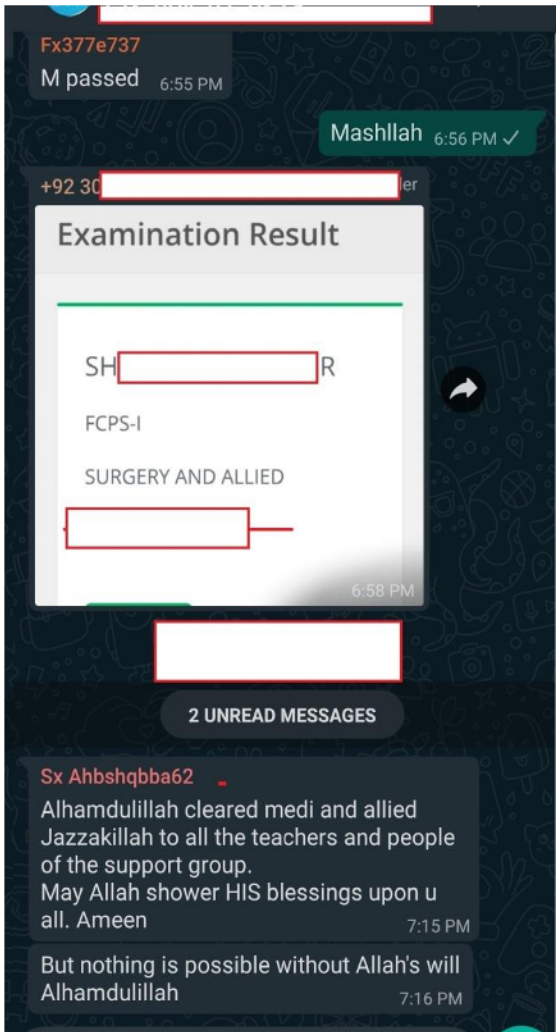
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 - FirstAid, BRS, snell anatomy, kaplan neuroanatomy etc.



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GoldStandard FCPS 4th 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.

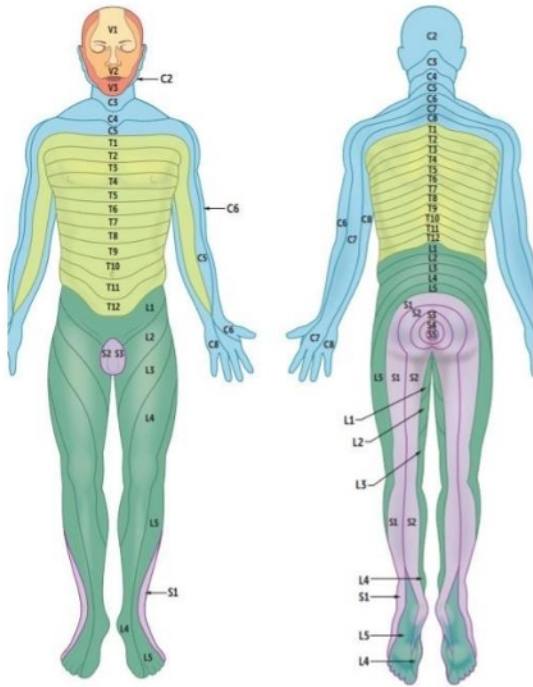




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- Superficial fascia of the scalp is mixture of → Loose areolar and adipose tissue
- The axillary sheath is a continuation of → Prevertebral fascia
- Thyroid gland moves with swallowing because it is enclosed in → Pretracheal fascia
- Trauma to one 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 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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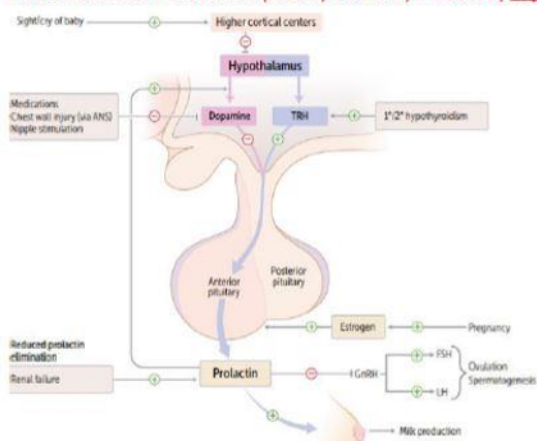
knee dermatome	l4
lower end of clavicle dermatome	c3-4
pain in calf and medial malleolus dermatome	l4





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.



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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 valvule
- common in IV-drug users
- Libman-Sack Endocarditis occurs in → SLE
- DOC is benzethins pencilline if allergic give genta+vanco
- Correct Infective endocarditis sequence
Damage valve, Thrombus, Bacteremia, Perforation (VT-BP)

Bacterial endocarditis

Acute—*S aureus* (high virulence). Large vegetations on previously normal valves. Rapid onset.

Subacute—viridans streptococci (low virulence). Smaller vegetations on congenitally abnormal or diseased valves. Sequela of dental procedures. Gradual onset.

Tricuspid valve endocarditis is associated with IV drug use (don't "tri" drugs). Associated with *S aureus*, *Pseudomonas*, and *Candida*. *S bovis (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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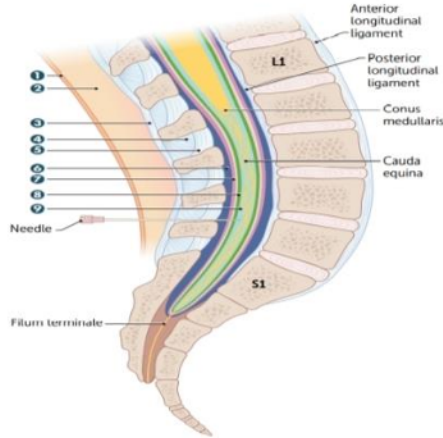
LUMBAR PUNCTURE

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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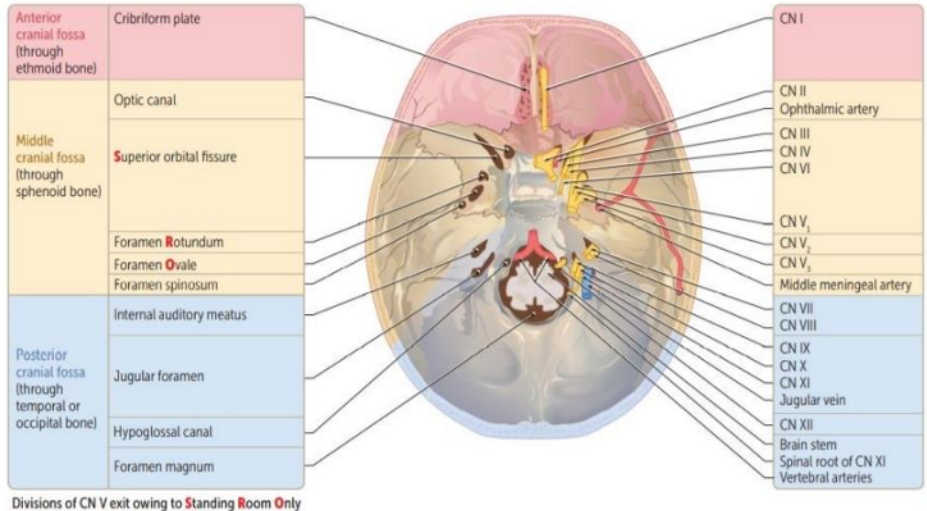




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HEAD AND NECK

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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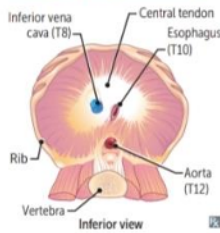




Thorax

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





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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 **A**. 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 **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

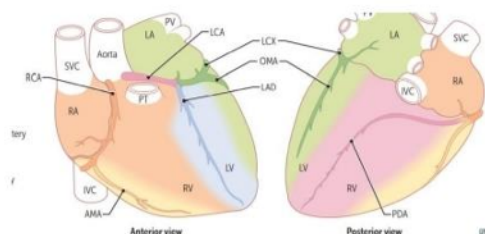


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MI ECG LEADS

INFARCT LOCATION	LEADS WITH ST-SEGMENT ELEVATIONS OR Q WAVES
Anteroseptal (LAD)	V ₁ -V ₂
Anterolateral (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

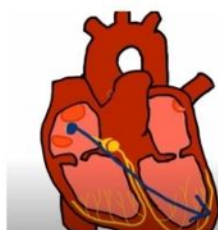
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Patient presented to ER with crushing chest pain for last 1 hour ON ECG there is ST segment elevation in lead II, III & AVF what's the diagnosis	Inferior wall MI
ST segment elevation in lead II which artery effected	right main coronary
A man presents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