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GoldStandard Papers (FCPS-1)

Medicine & Allied

16 August 2022 (Evening)

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 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)
Gynae 16 th August (Evening)

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- injury at neck of radius, unable to hold cup of tea and sensory loss in thumb index finger. dx----->Median nerve
- Parasite rate is calculated for the children under five years of age and it goes on declining afterwards.----->5-15 years
- scenario of jaundice with raised ALP. Dx----->Extrahepatic cholestasis
- post surgery dvt is due to----->Stasis and hypercoagulable state
- Food poisoning and respiratory depression in----->Botulism
- Paralysis of right side of face, loss of nasolabial fold. Taste sensation is intact. CN involve----->Right facial Nerve
- suspecting HIV infection. On which lab will you decide future treatment plan----->Cd 4 count
- Baroreceptors respond to----->Rapidly Decreasing BP
- In surgical neck of humerus fracture, Nerve damaged----->Axillary nerve
- MCV 136 fl, Ferritin 500 and Hypersegmented Neutrophils. What's your dx----->Pernicious anemia
- A boy standing in hot sunny day heat loss is by----->radiation
- Metabolic response to trauma, skeletal muscles respond by----->Increased proteolysis
- secreted by SCC leading to Cushingoid appearance ----->ACTH
- Increased plasma Cortisol and decreased ACTH level----->Cushing syndrome
- Cartilage is present in respiratory pathway----->Conducting zone
- Anti hyperlipidemic drug's common Side Effect is----->GI disturb
- boy with recurrent teeth bleeding and joint hematoma. Investigation of choice----->Factor 8 assay
- Mostly arranged in circular and longitudinal layers----->smooth muscles
- Taste nerve fibers go to----->Tractus Solitarius
- caused by Parasympathetic stimulation----->Decrease heart rate



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- splenomegaly ,generalized lymphadenopathy found. His Labs showed Hb 5, lymphocyte count of 110×10^9 and platelets 10,000 with blasts on peripheral smear. Probable dx. ----->Acute lymphoblastic leukemia
- How apoptosis occurs----->Cell shrinkage ----->DNA fragmentation
- Vagus nerve relation with trachea on Right side while entering in Thorax ----->Separated by Brachiocephalic trunk
- decreases in old age----->Vital capacity
- CSF is blood tinged can be seen in----->Sub-arachnoid haemorrhage
- Due to RTA person got Injury Above sacral spinal cord. this will result in----->Neurogenic bladder
- Transfusion reaction will occur by the transfusion of blood group in pt A-----> ----->AB-ve
- pericardial effusion. This pain is mediated by----->Phrenic nerve
- anti-ribonucleoprotein RNP positive is seen in ----->Mixed connective tissue disorder
- Produced by ependymal cells of choroid plexus----->csf
- Pyrimethamine performs its action by-----> inhibit folic acid synthesis
- cells movement on the intact endothelium----->Diapedesis
- A pt. undergoing thyroidectomy the nerve likely to be injured in vicinity of superior thyroid artery----->External laryngeal nerve
- Keratin pearl formation is characteristic of----->Squamous cell carcinoma
- following structure is closest to Crus cerebri----->Substantia nigra
- complement act as an opson ----->C3b
- Testosterone is produced by the ----->Leydig cells
- A tall male with gynecomastia. absence of secondary sexual characteristics. Presence of a Barr body. ----->Klinefelter
- GFR is decreased by increase in----->Afferent arteriolar resistance
- Atrial fibrillation finding----->Irregular R-R interval
- Hyper extension Injury to neck will cause ----->LMN lesion of upper limb
- The Stomodeum is a derivative of ----->Anterior pituitary



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- Largest cell in blood vessel----->Monocytes
- drug of choice for Human immunodeficiency virus infection----->Azidothymidine (AZT)
- Not responsive to oxygen therapy----->anemic hypoxia
- LVF AND SOB, is treatment of choice----->|.V frusemide
- Characteristics site of the hemorrhagic infarction is----->Intestine
- Mantoux test skin induration after 24 hrs will be due to which type of immunological response----->Delayed T Cell mediated
- DOC in travellers diarrhoea is ----->Norfloxacin
- Pellagra is Diagnosed by----->Vitamin B3 (Niacin)
- Immune Hemolytic anemia is diagnosed by----->Coombs test
- A 42 years old man presents with worsening Dry cough accompanied by fatigue, fever, and malaise. Physical exam is remarkable for an erythematous, nonulcerated, and tender nodule over the bilateral shins erythema nodosum. chest radiograph shows bilateral hilar adenopathy and Non caseating Granulomas were found in lungs on biopsy. dx----->Sarcoidosis
- controlled by Baroreceptor reflex is----->Mean Arterial Pressure
- old age diabetic loss of trabecular bone. Which hormone is responsible----->PTH
- Burns occurred to deep layer of dermis of hands. complication will occur----->Contracture
- The most common congenital heart anomaly is ----->VSD
- The tidal volume in a normal man is----->0.5 L
- A boy is suffering from vasculitis, arthritis and malar rash, diagnosed as SLE. His Complement system level will be----->decreases
- within 30 min, gold standard for MI----->ecg
- Oxytocin is released from----->Nerve endings
- Small emboli from veins is most commonly lodged in----->Lungs
- loss of wrinkles on her skin and difficulty In eating with hands. Constipation and peculiar facial features. Dx----->CREST
- While doing DRE, doctor can palpate which bone ----->Coccyx



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- Deep personal nerve supply----->Tibialis Anterior
- Continuous machine-like murmur is seen in----->PDA
- If 35% Nephron lost what will happen----->Increase GFR of normal Nephrons
- microscopic feature of malignant tumor----->Invasion
- Anterior relation of trachea In thoracic cavity----->Arch of aorta
- rapid flexion that cause relaxation of extensors results from stimulation of----->Golgi tendon organs
- Where does the ADH act on in nephron ----->DCT
- lymphoid tissue covered with Cuboidal epithelium. structure is----->Peyer's Patches
- most relevant effect of Estrogen----->Puberty in ladies
- Epithelium of conjunctiva----->Stratified Squamous
- involved in eliciting DIC----->Tissue thromboplastin
- Scenario of HOCM =thickened interventricular septum . DOC----->Beta-blockers
- Medial part of frontal & parietal lobe blood supply----->ACA
- atrial fibrillation which treatment should be given to prevent clot----->IV heparin
- Fetal heart rate is----->120-160 beats per minute
- Type of necrosis in pancreatitis----->Fat
- Myelination of CNS cause ----->Oligodendrocytes
- Complete nerve section of intercostobrachial nerve causes----->Sensory loss of medial side of arm
- bacteria has no cell wall----->Mycoplasma
- Most radio sensitive is ----->Lymph node
- Terminal bronchiole is different from Upper respiratory epithelium, because of----->Cartilage is absent
- example of benign tumor----->Warthin tumor
- Knife injury at 6th costal cartilage will damage----->Right atrium
- post RTA on left lung, on thoracocentesis air gushed on left lung after needle passed----->Pneumothorax
- lady schizophrenic, drug induced----->Clozapine



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- Tumor suppressor gene involved in Renal and gonadal Agenesis----->WT1
- irregular R-R interval most likely findings----->P-Mitral
- fell from bed presented with echymosis, plt 180000, hb 4, next test todo----->Coagulation profile
- What activates neutrophil elastase----->Nicotine
- Cimetidine Half life----->2 hours
- fundus of gall bladder is at----->Tip of the 9th costal cartilage
- Cell with increase telomeraseactivity ----->Germ cells
- Microglial cell----->Phagocytes of the nervous system
- NSAID most safe to be prescribed during lactation is----->Ibuprofen
- Lung Ca caused by----->Radon
- Person is lying naked in a room. Way of heat loss----->Radiation & conduction
- associated with thrombus formation ----->Endothelial damage
- A person at the end of the marathon race will have----->High glucagon low insulin
- The most important immediate event following bleeding----->Constriction of blood vessels
- increase muscle spasm may occur due to----->Decrease GABA release
- defect in Hereditary spherocytosis is----->ankyrin
- bilateral hilar adenopathy and Non caseating Granulomas in lungs on biopsy. dx----->Sarcoidosis
- Pt. with Inc HR, low BP. Dx----->Hypovolemic shock
- rheumatic valvular heart disease DOC----->Inj Penicillin -----> Gentamicin
- Renin is increased by ----->Decreased potassium
- statement about Hirschsprung disease true----->absent ganglion cells seen in Auerbach
- Growth hormone stimulated by----->Hypoglycemia
- Immunoglobulin involved in Rh incompatibility like Erythroblastosis fetalis ----->igG
- Slowest conduction occur in----->AV node



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- Histopathology of necrosed heart tissue in case of acute MI----->Increased neutrophils
- Plasma osmolality will be decreased by injection of----->Vasopressin
- Ventilation perfusion mismatch in which ventilation > Perfusion is----->Dead space
- pt with bile duct obstruction due to stone now has bleeding tendency. Cause is--- -->Vitamin K Deficiency
- is not caused by DNAvirus----->Mumps
- Sequence of leukocytes event----->Margination, Rolling, adhesiopl, Transmigration
- Alcohol use during pregnancy may cause----->Premature birth
- Basal bodies are derived from----->centories
- rontal lobes infarcts affected which tract that cause lower limb weakness----->Corticospinal
- arly diastolic murmur seen in----->Aortic Regurgitation
- concentrated urine with increased osmolarity due to----->ADH
- A nine monthsold child suffers from recurrent upper respiratory tract Infections and diarrhea. Which IG is decreased----->Decreased IgA
- scnerio of measles. It belongs to family----->Paramyxovirus
- A woman losses 2 Liters of sweat and now drink distilled water. What will happen----->Increase in ECF Volume
- Trigone of urinary bladder formed from----->mesonephirc duct
- After 5 years of transplant surgery there is an increase risk of----->Lymphoproliferative disorders
- Culture shows gram ----->ve cocci, Resistant to amoxiiclin----->Vancomycin
- blood culture shows growth of positive cocci which catalase positive and coaoulase negative.----->Staplylococcus epidermidis
- Vasculitis that involves same vessel or different vessels at different ages----->PAN
- In newborn, spinal cord shape----->C shaped vertebral column
- Left adrenal gland relation anteriorly----->Lesser sac



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- Weils disease causing organism----->Leptospira
- Placenta is a ----->Barrier between maternal and fetal blood
- acute pancreatitis is suspected. Diagnostic test----->Serum Lipase and amylase
- Initiator followed by promotor ----->causing carcinoma
- difficulty in medial rotation and adduction of arm.the muscle involved is----->Teres major
- type of joint the intervertebral disc is----->Symphyses
- Herniated Inter-vertebral Disc between C5 and C6 will damage----->C6
- Women has rheumatoid arthritis joint pain etc cause----->Autoimmune
- Liver Cirrhosis in an adults is most commonly caused by----->Alcoholism
- Injury by a pierced rod lateral to tendon of extensor hallucis longus which artery injured----->Dorsalis pedis
- muscles of larynx is abductor of the vocal ligament----->Posterior cricoarytenoid
- Voluntary inhibition of micturition----->Increased firing from pudendal
- A man with bee sting develop swelling and acute inflammation. mediator for it is ----->Histamine
- surgeon passed needle to upper surface of bladder vessel at risk of damage----->Inferior epigastric
- sign of cerebellar disease----->Dysidiadochokinesia
- TSH level is also low but increases when TRH is administered to the Pt. structure damaged----->Hypothalamus
- after head injury , having serum osmolarity of 200mOsm/L and urine osmolarity of 2200 mOsm/L. DX.----->SIADH
- systole in cardiac phase----->ST Segment
- Commonest site of bone marrow aspiration is----->Iliac crest
- In which a wave of JVP is absent----->Mitral stenosis
- Petechia in sclera causative agent ----->Cutaneous Hyperemia
- Occupational Cancer is common----->Mesothelioma
- Characteristic of brain circulation----->Precap anastomosis
- Volume of plasma filtered per unit time is called----->GFR



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- Anterior surface of the heart is formed by----->Right atrium and Right ventricle
 - Atrial pressure control is by----->ANP
 - Fastest conducting fibers in heart are----->Purkinje
 - Bone marrow stem cell division and proliferation controlled by----->Growth factor
 - cola colored urine for 2 days along with fever, rigors every 3rd day. Organism----->Falciparum Malaria
 - Posterior boundary of epiploic foramen----->IVC
 - moderate pain DOC----->Ketorolac
 - A pt. of pseudo membranous colitis is resistant to metronidazole . DOC----->Vancomycin
 - Vitamin D resistant Rickets occurs in----->Malabsorption syndrome (Hypophosphatemia rickets)
 - Right bundle branch of conducting system of the heart is present in----->Septomarginal Trabeculae
 - vertebrae having which type joint----->Pivot joint
 - An IgG2 molecule is composed of ----->Two gamma2 chains and two kappa Ig chains
 - not oncogene and cause gene amplification----->Myc
 - Actin is bound to Z line by ----->Actinin
-
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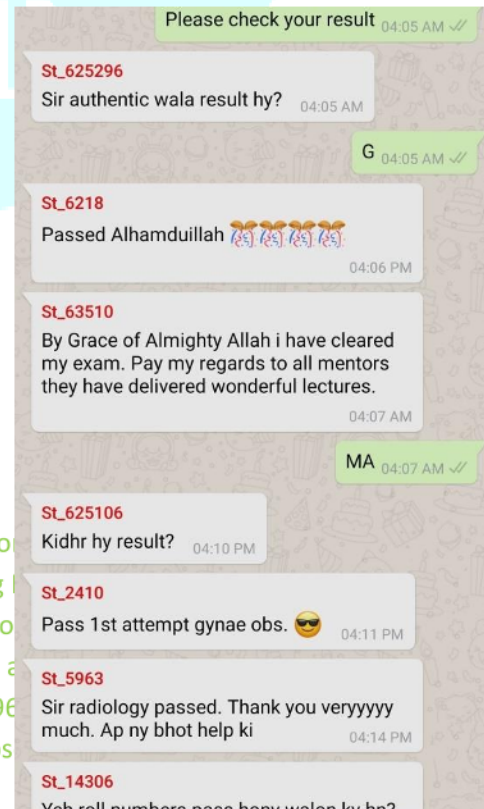


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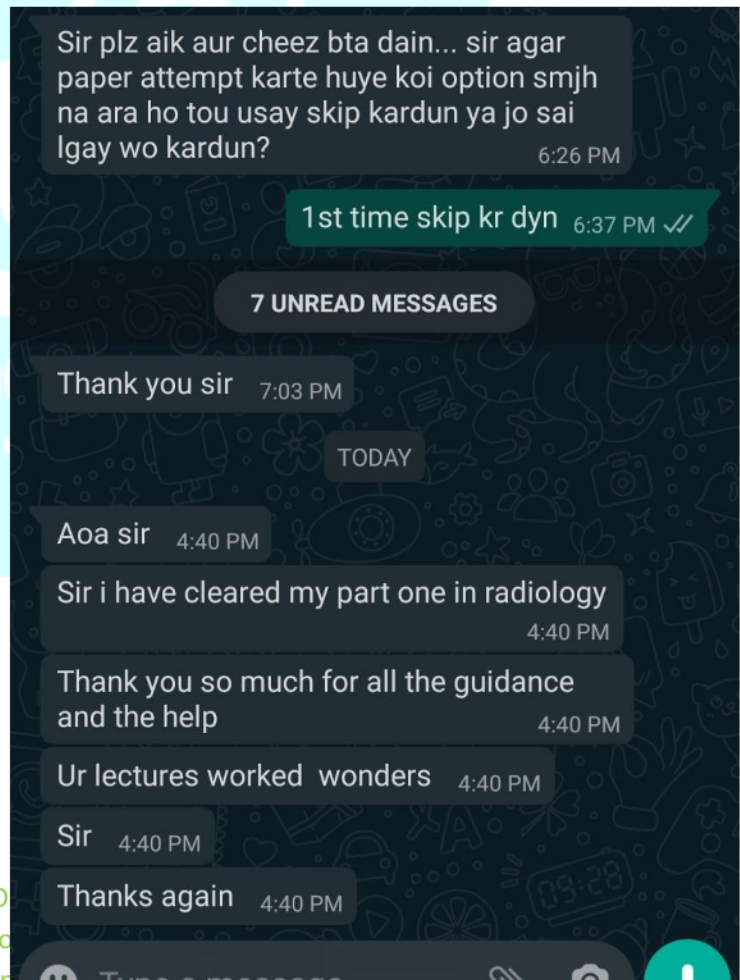
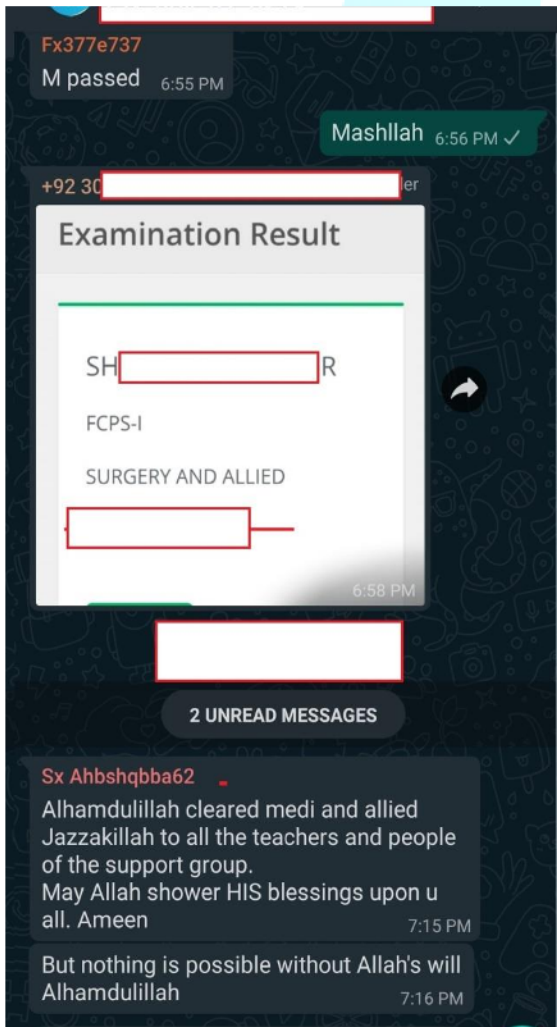
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 - FirstAid, BRS, snell anatomy, kaplan neuroanatomy etc.





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GoldStandard FCPS 4th Edition V1 (Golden 13)

Table of Content

1. CVS SYSTEM	Page#5
2. ENDOCRINE SYSTEM	Page#33
3. RENAL SYSTEM	Page#69
4. RESPIRATORY SYSTEM	Page#89
5. GIT SYSTEM	Page#113
6. Hematology	Page#145
7.	
8. ANATOMY	
a. UPPER LIMB	Page#169
b. LOWER LIMB	Page#200
c. THORAX	Page#225
d. NEUROANATOMY	Page#233
e. HEAD AND NECK	Page#270
f. ABDOMEN PELVIS	Page#281
g. Histology	Page#292
h. General Anatomy	Page#294
9. PHARMACOLOGY	Page#298
10. MICROBIOLOGY	
a. Bacteriology	Page#301
b. Virology	Page#309
c. Fungi	Page#3011

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)
- Register: www.fcpsworld.com/register

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.

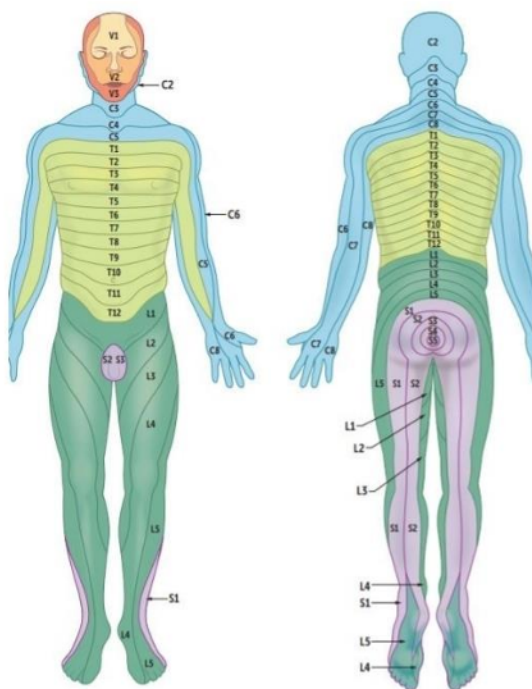




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- Superficial fascia of the scalp is mixture of → Loose areolar and adipose tissue
- The axillary sheath is a continuation of → Prevertebral fascia
- Thyroid gland moves with swallowing because it is enclosed in → Pretracheal fascia
- Trauma to one 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
dermatome of thumb	c6

295 | Page

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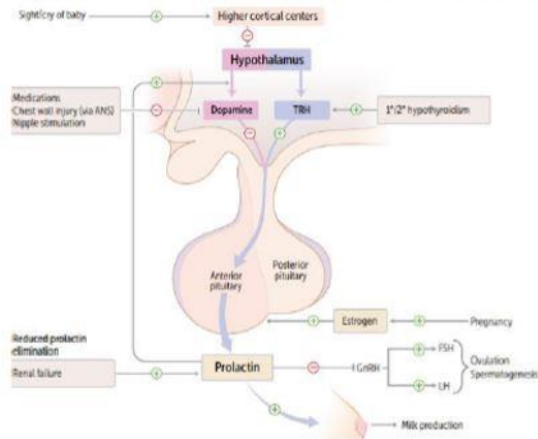
knee dermatome	l4
lower end of clavicle dermatome	c3-4
pain in calf and medial malleolus dermatome	l4





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, hypercucaguable state
- Most common cause of death in rheumatic fever → Myocarditis
- Commonly use Tri-cuspid 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 mitral 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

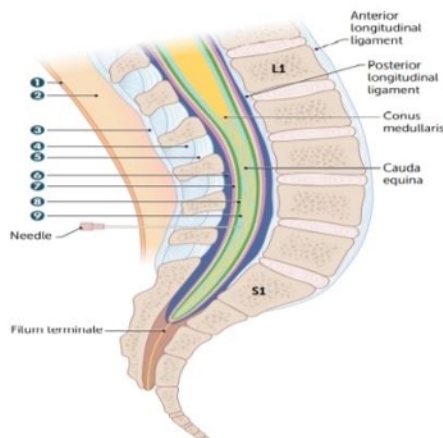
LUMBAR PUNCTURE

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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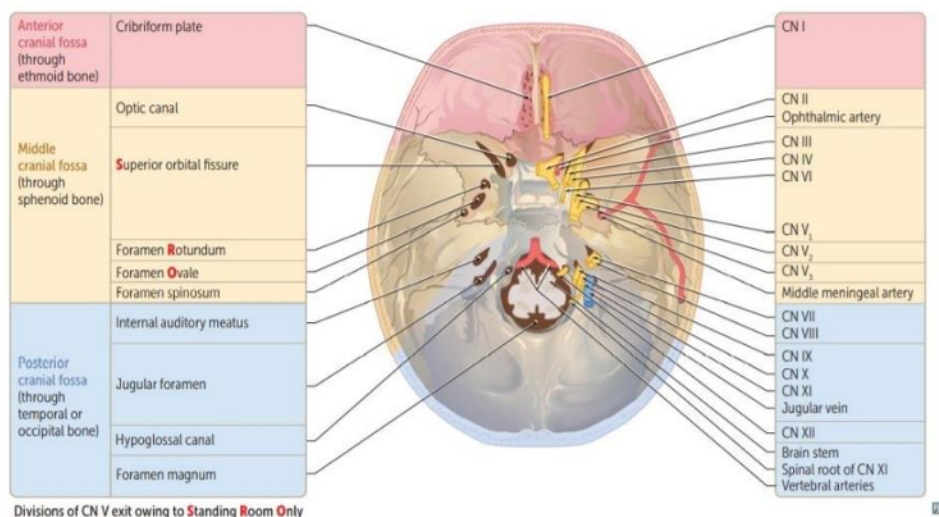




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HEAD AND NECK

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

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270 | Page





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

40 | Page

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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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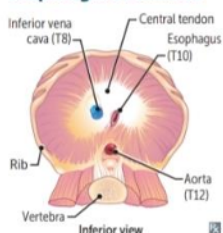




Thorax

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 doesn't 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
Pectoral 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

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

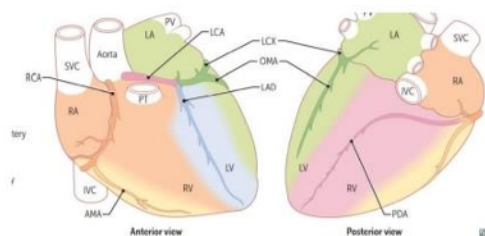


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MI ECG LEADS

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

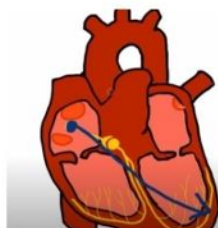
18 | Page

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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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