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GoldStandard Papers (FCPS-1)

Surgery & 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)
- ✓ Follow our complete guideline for FCPS-1
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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)
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Surgery & Allied 15 th August (Night)
Gynae 16 th August (Morning)
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- Neck of femur fracture intracapsular leading to ---->Avascular necrosis
- Gestational sac is term for---->Amniotic Sac
- Fenestrated capillaries maximum in---->Kidney
- Continuous contraction without relaxation---->Tetanic Contraction
- A positive blood group have which antibodies in serum---->Anti B antibodies
- pulmonary embolism gold standard diagnosis---->CT pulmonary angiogram (CTPA)
- Mullerian duct remnant---->Uterus
- A man Crossing road he lookright then left side this movement caused by vertebrae having which type joint
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- Pt. with RTA dont need vent support due to respiration is working properly lesion at---->Below C5
- Strongest layer of small intestine is ---->Submucosa
- Pt. has bronchogenic carcinoma behind the hilum of the left lung it causes compress---->Vagus
- Anal gland infection, can spread to---->Ischiorectal fossa
- Muscle spared in carpal tunnel syndrome compression---->Fourth lumbrical muscle
- orbital wall fracture having numbness of lower eyelid and cheek. nerve involved---->Infraorbital nerve
- Cells present in inter---->alveolar---->Macrophages
- IV drug abuser, productive cough low grade fever for 2 months bilateral coarse crepitations.---->Western blot (pcr in children, westren bolt in adults)
- Aldosterone Is secreted by---->Zona Reticularis
- Edemacan occur dueto decrease oncotic pressure and due to raised hydrostatic pressure . Apart from these 2 being causes for edema what combination can cause edema due lymphatic obstruction---->Infection and neoplasia
- Exudate vs transudate difference---->high Inflammatory cells In exudate



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- Pain receptors are---->Free nerve endings
- Femoral hernia descend posterior to---->Inguinal ligament
- fibular neck fractured , presented with foot drop nerve is---->Commonperoneal nerve
- Comb's test is for---->Spherocytes
- Blood supply Of head of femur in children---->Obturator artery
- hemorrhage and hypotension other feature will be---->Postural dizziness
- prostate lymphatic drainage---->Internal iliac nodes
- diaphragm is supplied by which nerve---->Phrenic nerve
- nucleus pulposus.It is derived from embryological structure---->Notochord
- The cause of nonbacterial libman sack thrombotic endocarditis is---->SLE
- Trauma at Midface results---->Zygomatic Arch
- SA node and uterine smooth muscle have receptors---->Alpha 1 Beta 1
- V/Q ratio in Physiological shunt ---->Zero
- Trauma to pubic symphysis structure damaged---->Urethra
- Urine smell of like burnt sugar----> Maple syrup urine disease
- true related to Vitamin K---->Producedbyintestinal bacteria
- Cysticercosis is caused by ingestion of eggs of ---->T. solium
- acute renal failure after post partum hemorrhage,whichpart of the kidney is most likely damaged---->Proximal convoluted tubules
- vomiting 2 hours after attending a wedding party. Organism---->Staph aureus
- symetrical distribution In Biostatics ---->Mean Median modecoincide in normal distribution
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- Confidentiality can be breached---->When Pt. authorises to do so
- Immediate & Transient potent action of Angiotensin 2---->Vasoconstriction
- familial AdenoPolyposis heridatry pattern---->Autosomal dominant
- stomatitis,Angular Cheilosis. Deficiency of---->Riboflavin (B2)
- is presentin front of third part of duodenum---->SMA
- is use to monitor the intrinsic pathway of coagulation---->APTT
- Drug increasing heart rate cardiac output---->Ketamine
- organism will cause post----> splenectomy recurrent infections---->Streptococcus pneumonia



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- thyroid drug is teratogenic as it crosses placenta---->Methimazole
- Cell organelle containing DNAs---->Mitochondria
- Transpyloric plane lies at---->upper border I1
- Paracetamol is not used in Pt.s of---->cld
- Second heart sound is heard during---->Pivot joint
- In the last trimester of pregnancy change respiratory parameters occurs---->Decrease PCO2
- Which neurotransmitter is present in slow wave sleep---->Serotonin
- Pt. had RTA. Splenectomy done. Blood will show---->Howell-Jolly bodies
- Most radio sensitive is ---->Lymph node
- Child's Skull xray has abnormal shape. Next test---->Haemoglobin electrophoresis
- Killed organism vaccine---->Whooping cough
- Phagocytic function is seen in---->Mesangium
- difficulty in breathing while in the supine position---->Retrosternal goiter
- hit on temporal region, now headache & blurring of vision. Vessel damaged---->Anterior branch of MMA
- she can't see well at night. Dx due to deficiency of---->Vit. A deficiency
- Diagnostic test for infective mononucleosis---->Monospot test
- investigation before operation---->PT/aPTT
- Daily RDA for protein---->1g per kg
- Most common cancer oral cavity---->Squamous cell carcinoma
- Main support of medial longitudinal arch---->Talus
- Temperature set point of hypothalamus is the body temperature which will NOT occur---->Sweating
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- Roof of ischio-rectal fossa is formed by muscles ---->Levator ani
- Tracheostomy will---->Decrease Dead Space & respiratory work
- the Clara cells present---->Terminal bronchioles
- abductor of the vocal ligament---->Posterior cricoarytenoid
- In Acute inflammation, cells move along endothelium---->Diapedesis
- stands up from supine position heart rate is 120. This increase is due to---->Decrease venous return/baro receptor
- Paracetamol antidote---->N---->acetylcysteine



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- sudden back pain in tall male has hypertension with defect in Tunica media. dx---->Dissecting Aneurysm
- precocious puberty---->Early onset of puberty
- Factor needed for co enzymeA---->Panthotetic acid
- Dead space does not change in ---->Shallow breathing
- In surgical neck of humerus fracture, Nerve damaged---->Axillary nerve
- Epithelium of trachea is---->Pseudostratified columnar epithelium
- catheterization done 10 days back now fever sepsis, what to do---->Blood plus urine culture
- The Maximum O2 saturation in which vessel---->Umbilical vein
- potent response in shock ---->Sympatho---->Adrenal system
- Most likely in primary adrenal insufficiency---->Hyperkalemia
- palpated artery between trachea and infrahyoid muscle. artery is ---->Commoncarotid artery
- Blood in vessels normally has lowest PO2in fetal circulation---->Umbilical artery
- Causeof pneumonia for Pt. on a ventilator---->Pseudomonasaeruginosa
- Diagnostic test for Wilson disease---->24hr urinary copper
- Severe diarrhea---->Metabolic acidosis with normal anion gap
- characteristics of upper motor neuron lesion ---->Increased muscle tone
- Index finger flexion is lost along with lateral palm sensation the nerve damaged--->Median
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- induce saliva production---->VIP
- Alpha---->fetoprotein is a tumor markerfor---->Hepato cellular carcinoma
- A 50 yr male with Macrocytic anemia and is pale and lethargic with sore tongue and mouth ulcers. he also complaintsof tingling sensations underfeet. He has H/O Gastrectomyfor Zollinger---->Ellison Syndrome about two years ago. Whatwill you do to replace the deficiency causing this condition ---->IV vitamin B12
- Pt. recently, discharged after, valve replacement.She camebackwith epistaxis after 5 days. Bleedingcause---->Drug induced
- in primary adrenal insufficiency---->Hyperkalemia
- Posterior wall of mastoid---->Sigamoid sinus
- Infundibulum of pituitary gland is related to---->Pars nervosa



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- DNA study done for deletions---->FISH technique
- symptoms of malignant hyperthermia. Receptor involved is---->Ryanodine receptor
- Women heard her husband saying the girl loves her. She becomes sad to hear a denial of him to love her. she is confused.---->Delusion
- Sacral Segment is damaged lead to---->AutonomousBladder
- watery diarrhea followed by vomiting. Dx---->Vibrio cholera
- Yellow brown granules were found in liver cells.Dx---->Hemosiderin
- lady when started warfarin she developed DVT. Cause is---->Protein c deficiency
- posterolateral Heart are supplied by---->Left circumflex artery (LCX)
- in ckd of pericarditis occurs---->Fibrinous
- In starvation, primary source of energy for brain ---->Ketones
- A raised warty lesions on the vulva is caused by---->HPV
- Tricep reflex lost, lesion at ---->Lower cervical segment
- Most commonorganism causing infection after blood transfusion---->CMV
- Extracellular space volume measure---->Mannitol / Inulin
- External posterior arcuate fibers form---->Cunocerebller
- Upperthird of esophagus has both---->Striated and smooth muscle
- Loss of adhesion in GIT celled occurs due to---->Fibronectin
- risk of giving systemic steroids to diabetic Pt.---->Deranged glycemia control
- Inferior border of epiploic foramen is formed by ---->Duodenum
- Transfusion reaction will occur by the transfusion of which blood group in a person having A+ blood group---->AB---->ve
- heart derives energy from mostly from---->Fats
- Sucralfate and cimetidine in cannot be given---->Sucralfate decreases absorption of cimetidine
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- retropharyngeal abscess spread to---->Prevertebral fascia
- fibular neck fractured , presented with foot drop. Nerve involve is---->Commonperoneal nerve
- in counselling session---->Crisp clear information should b provide
- histo shows tubular structures & lymphoid tissue. Organ is---->Appendix
- bilateral consolidations given. Labs done ---->Both sputum and bloodforculture



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- Extreme sympathetic stimulation will cause---->Bronchodilation
- In anterior dislocation of shoulder joint nerve injured---->Axillary
- Urogenital diaphragm attached laterally to---->Inferior rami of pubis and ischium
- lysosomes show a deficiency of Hexosaminidase---->A. ---->Tay---->Sachs
- Sputum exam reveals increase eosinophilic count, lab found curschmannspirals and charcot leyden crystal in mucus. DX.---->Asthma
- is characteristic for Haemophilia---->Tissue bleeding
- What will confirm the diagnosis of Hypersplenism---->Bone marrow Biopsy
- is site for LP for CSF collection---->Subarchnoid Space
- Sulphonamides is the Drug of choice for---->Nocardia
- Young sexually active male cause of uti---->Chlamydia
- hypersensitivity is associated with erythroblastosis fetalis---->Type II HSR
- Pt. is on A cant different red & green colour. Drug responsible---->Ethambutol
- During supra pubic catheterization a transverse incision is given. Structure likely to be damaged---->Inferior epigastric artery
- receptors involved in flexor withdrawal reflex---->Nociceptors
- complement is an opsin ---->C3b
- beta-2 adrenergic drug---->Salbutamol
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- CSF absorbed in---->Arachnoid granulation
- Decrease PO₄, Increase Calcium will decrease ---->1,25 Vitamin D
- Numbness medial arm & small muscles hand atrophy and upper arm. Dx---->Cervical rib
- is true in post splenectomy---->Pneumococcal vaccine 4 week before splenectomy
- Increase bone marrow megakaryocyte---->itp
- Pancreatic magna artery is the branch of---->Splenic artery
- retropharyngeal abscess will spread---->Prevertebral fascia
- scenario of thalassemia. Diagnosis of thalassemia---->Hb electrophoresis
- Injury to neck Posterolateral muscle damaged. now movement is affected ---->Elevation of scapula
- causes meningitis secondary to organic lung abscess---->Staphylococcus Aureus
- encapsulated myelinated fibers are fastest due to---->Saltatory conduction



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- Oxygen dependent microbial killing is by ---->Myeloperoxidase
- multiple blood transfusion cardiac rhythm is irregular and ECG show stall T waves.---->Hyperkalemia
- cause of subacute endocarditis---->Step viridians
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 - FirstAid, BRS, snell anatomy, kaplan neuroanatomy etc.

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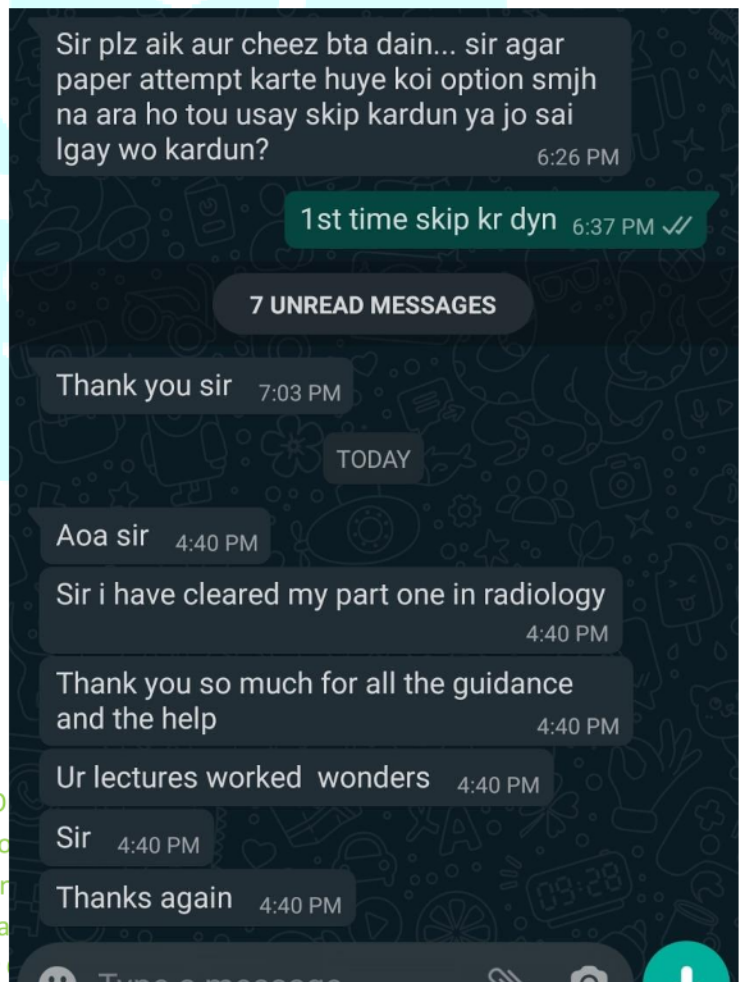
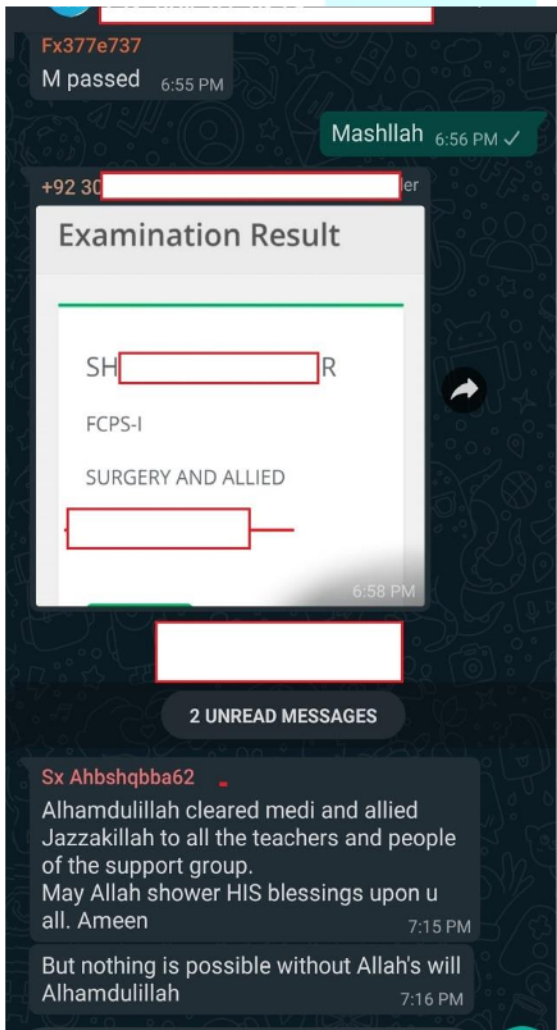


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NOTE:

1. MCQs should be covered in retrograde fashion
2. All students who have ordered book will receive November papers in PDF as well via whatsapp (Do them first)
3. All written in **tabular** form or in **points** form are pastpapers
4. Each and every word from this book is from pastpapers (Except UPPER/LOWER LIMBS that has bit of explanation)
5. Students are highly advised to take Last Minute revision course starting in last 10 days of EXAMS (All points and systems will be covered 3 hr class daily)
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If you have less time first do PDF files sent by us, then open each topic just CRAM TABULAR PASTPAPERS, then open each system and cram MISC 2019-2021 papers of all systems after completing those start MISC 2009-2021 of from system one.

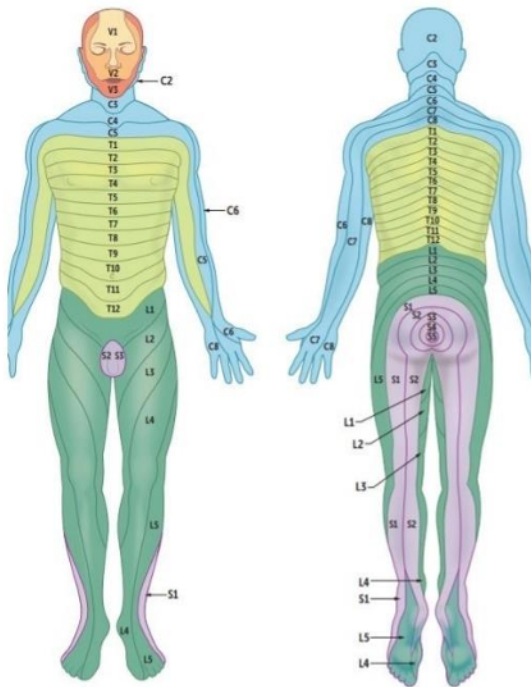




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- Superficial fascia of the scalp is mixture of → Loose areolar and adipose tissue
- The axillary sheath is a continuation of → Prevertebral fascia
- Thyroid gland moves with swallowing because it is enclosed in → Pretracheal fascia
- Trauma to one kidney without the perforation of Gerota fascia, the blood goes to → Inferiorly to the pelvis
- True regarding the posterior triangle of neck is → Roof formed by investing layer of deep cervical fascia

DERMATOMES



C2	Posterior half of skull
C3	High turtleneck shirt Diaphragm and gallbladder pain referred to the right shoulder via phrenic nerve ✓ C3, 4, 5 keeps the diaphragm alive
C4	Low-collar shirt
C6	Includes thumbs ✓ Thumbs up sign on left hand looks like
T4	✓ At the nipple ✓ T4 at the teat pore
T7	✓ At the xiphoid process 7 letters in xiphoid
T10	✓ At the umbilicus (belly button) Point of referred pain in early appendicitis
L1	✓ At the Inguinal Ligament
L4	✓ Includes the kneecaps Down on ALL 4's
S2, S3, S4	✓ Sensation of penile and anal zones S2, 3, 4 keep the penis off the floor

GREAT TOE	L4
LITTLE TOE	S1
KNEE	L4
NIPPLE	T4
UMBILICUS	T10
RING AND LITTLE FINGER	C8 RING, T1 LITTLE
THUMB	C6

anal area dermatome	s3-4
dermatome of lateral wrist	c6
dermatomy of thumb	c6

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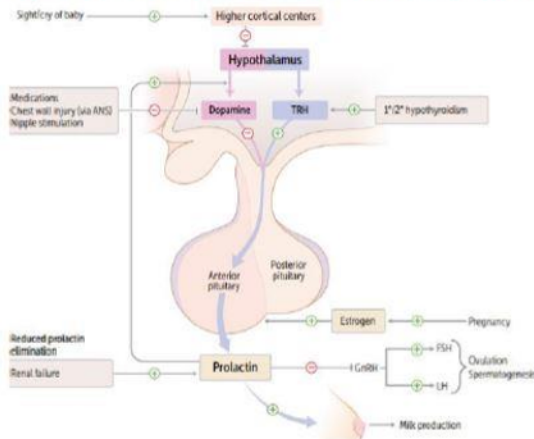
knee dermatome	l4
lower end of clavicle dermatome	c3-4
pain in calf and medial malleolus dermatome	l4





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 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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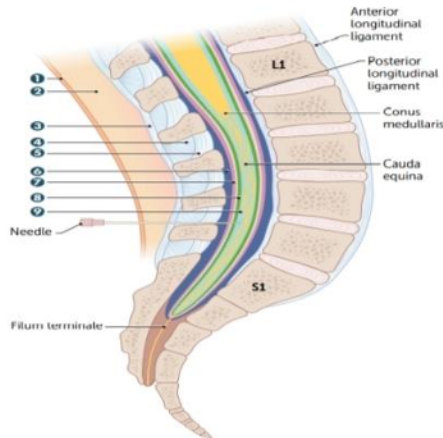
LUMBAR PUNCTURE

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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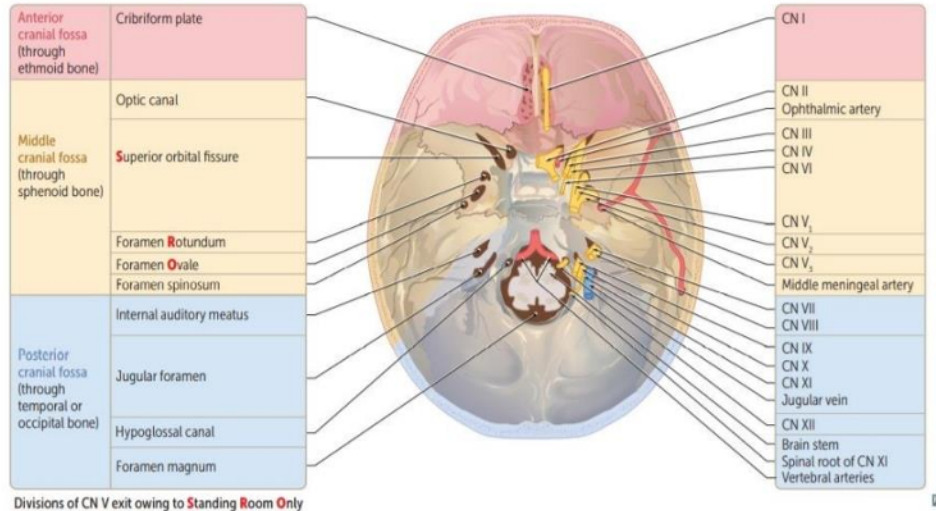




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HEAD AND NECK

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 granuloosa 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 granuloosa 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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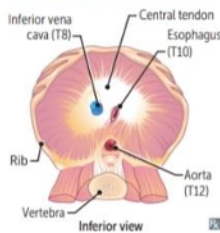




Thorax

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





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

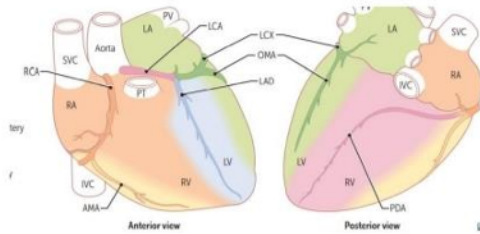


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MI ECG LEADS

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



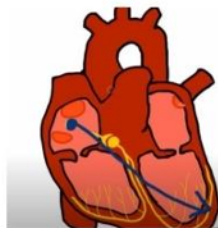
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Inferior wall MI occurs due to blockage of	Right coronary artery
Post 1/3 of interventricular septum is damaged due to MI. Artery involved is?	Right coronary artery
Inferior wall MI occurs due to blockage of which artery?	Right marginal
MI of posterolateral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