MBBS FINAL YEAR

GENERAL MEDICINE

QUESTION BANK

Chapter-wise · Topic-wise Previous-Year Questions

Theory Papers I & II · 2015 – 2026

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By

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MBBS FINAL YEAR — GENERAL MEDICINE

(Third Professional MBBS Part II · Paper I and Paper II)

Chapter-wise, Topic-wise Previous-Year Question Bank

Theory Papers I & II · June 2015 – May 2026

15 chapters · 116 topics · 904 questions (842 after merging repeats) · 120 MCQs · 34 match-the-following sets

Compiled from 42 theory papers (21 examination sittings) and 6 MCQ papers of the Final Professional MBBS General Medicine examination, Amrita Vishwa Vidyapeetham, Kochi

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Preface

Dear students,

Every university examination has a memory. The same diseases, the same clinical problems and very often the same questions return year after year, because they are the conditions you will meet on your first night of duty as an Indian Medical Graduate. This question bank was put together to help you see that memory clearly.

Every question set in the Final Professional MBBS General Medicine theory papers from June 2015 to May 2026 has been collected here, arranged chapter by chapter and topic by topic, and tagged with the examination in which it appeared. Repeated questions are marked so that you can see at a glance which topics the examiners value most.

Use this book actively. Start each chapter with its most-asked topics. Read the topic from your textbook, then come back and write the answers to the previous questions in your own words, within the time you would have in the examination hall. Practise the case-based essays the way you would present a patient at the bedside: diagnosis, clinical features, investigations and management, in that order. Draw the diagrams until you can draw them from memory, and attempt the MCQs without looking at the options first.

A question bank is not a substitute for clinical postings or for a good textbook. It is a map. It shows you where the roads are, how often each road is travelled, and which ones you must know well before you set out. Combined with regular ward work and honest revision, it will help you walk into the examination with confidence.

I wish every one of you the very best for your examinations and for the years of clinical practice that lie ahead. Work steadily, stay curious and keep the patient at the centre of everything you learn.

With best wishes,



Dr. Gireesh Kumar K.P.
Kochi, October 2026

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How to use this question bank

Coverage. Every question from the 42 Paper I and Paper II theory papers between June 2015 and May 2026 (regular and supplementary sittings), plus the 120 MCQs of the 2024–2026 papers.

Organisation. Questions are grouped into 15 system chapters, and inside each chapter into topics, in the order a textbook would teach them. Within a topic: case-based essays (10 marks) come first, then short notes, then "name / enumerate" questions, then diagrams.

Source tags. Each question ends with the sitting and paper it appeared in, e.g. "Jun 2018 P-II" = June 2018, Paper II.

Repeats = high-yield. A question set in more than one paper is listed once with all its appearances and a count in magenta, e.g. [4×]. Each topic heading shows how many papers asked it, and the box at the top of each chapter lists the most-asked topics — revise these first.

MCQs and match-the-following. The MCQs from 2024–2026 are at the end of the chapter they belong to. Match-the-following sets mix several systems, so they are kept paper-wise in the Appendix.

Note. The papers were scanned and converted to text; obvious scanning errors have been corrected and the original wording otherwise kept, including spellings as printed. Check against the original paper if a word looks odd.

Contents and question distribution

#	Chapter	Topics	Questions	MCQs
1.	Cardiovascular System	14	100	21
2.	Respiratory System	12	83	8
3.	Gastroenterology and Hepatology	9	68	11
4.	Nephrology	8	43	6
5.	Fluid, Electrolytes and Acid–Base	4	19	7
6.	Endocrinology and Metabolism	7	64	10
7.	Neurology	13	104	13
8.	Infectious Diseases	16	135	8
9.	Haematology and Oncology	8	68	12
10.	Rheumatology and Immunology	7	53	11
11.	Critical Care, Emergency Medicine and Toxicology	6	44	7
12.	Nutrition and Vitamins	2	17	1
13.	Dermatology	3	15	2
14.	Psychiatry	3	14	3
15.	Genetics, Geriatrics, Ethics and General Medicine	4	15	–
	TOTAL	**116**	**842**	**120**
Appendix — Match the following, paper-wise (34 sets)				

"Questions" counts each question once after merging repeats.

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1. Cardiovascular System (100 questions)

★ Most-asked topics in this chapter

- Valvular heart disease — ***asked in 12 papers***
- Arrhythmias and conduction blocks — ***asked in 12 papers***
- Coronary artery disease and acute coronary syndrome — ***asked in 11 papers***
- Heart failure and acute pulmonary oedema — ***asked in 7 papers***
- Hypertension — ***asked in 7 papers***
- Cardiovascular drugs — ***asked in 7 papers***
- Rheumatic fever and rheumatic heart disease — ***asked in 6 papers***
- Infective endocarditis — ***asked in 6 papers***

1.1 Clinical examination – pulse, JVP and heart sounds *(2 papers)*

1. Collapsing pulse — *Jan 2018 P-II*
2. Three causes for raised jugular venous pressure — *Jan 2018 P-II*
3. Three causes of collapsing pulse — *Jun 2015 P-II*

1.2 Rheumatic fever and rheumatic heart disease *(6 papers)*

1. Diagnosis of Rheumatic fever — ***Oct 2022 P-II · Feb 2023 P-II [2×]***
2. Management of acute rheumatic fever — *May 2017 P-I*
3. Sydenhams chorea — *Apr 2022 P-II*
4. Write the diagnostic criteria of A/C rheumatic fever — *Jan 2020 P-I*
5. Four major manifestations of rheumatic fever — *Apr 2022 P-II*
6. Three major revised Jone's criteria for rheumatic fever — *Jan 2016 P-II*

1.3 Valvular heart disease *(12 papers)*

1. **Case / Essay [10 marks]** A 45 year old male presented with palpitations, exertional dyspnea and fatigue. On examination, he had collapsing pulse, hyperdynamic apex with apical impulse in left 6th intercostal space in midaxillary line and pansystolic murmur in the mitral area. **a)** What is your diagnosis? **b)** Mention four causes of this condition **c)** What are the investigations to be done? **d)** How will you treat this patient? **e)** Four precipitating factors of heart failure — *Jul 2020 P-II*
2. **Case / Essay [10 marks]** A 48 year old male presented with fever , chills, dyspnea and palpitations. On examination he had high volume collapsing pulse, hyperdynamic apex in left 6th intercostal space 2 cm lateral to midclavicular line BP-180/60 mmHg JVP 8cm.On auscultation early diastolic murmur was heard in the aortic area left sternal border. Respiratory system examination revealed bilateral basal crepitations. **a)** Write the complete diagnosis **b)** How will you investigate this patient? **c)** How will you treat this patient? **d)** Mention 4 precipitating factors of heart failure **e)** Mention treatment of heart failure — *Oct 2023 P-II*
3. **Case / Essay [10 marks]** A 52 year-old gentleman with history of diabetes and hypertension, developed acute myocardial infarction and severe dyspnoea. On examination he was found to have a valvular lesion. **a)** What is the valvular lesion **b)** Describe the classical murmur **c)** What investigations would you like to do in this patient **d)** Outline the management of this patient **e)** What are the other complications of acute myocardial infarction — *Jun 2018 P-II*
4. **Case / Essay [10 marks]** A 65-year-old male presented with history of syncope on exertion, angina and dyspnea. On examination he had low volume pulse, heaving apical impulse and ejection systolic murmur in the aortic area radiating to carotids. **a)** What is the diagnosis? **b)** Two causes of this condition **c)** What are the investigations to be done? **d)** How will you treat this patient? **e)** Mention signs of right heart failure — *Oct 2021 P-II*

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5. **Case / Essay [10 marks]** A 66 year-old male presented with exertional syncope, angina and dyspnoea since one year. He has history of hypertension, diabetes, dyslipidemia and smoking. On examination he has a valvular lesion. **a)** What is the diagnosis **b)** Describe the classical murmur **c)** Name four causes of this valvular lesion **d)** How will you investigate this patient **e)** How will you manage this patient — *Jun 2019 P-II*
6. Mention 2 conditions where diastolic murmurs are heard — *Feb 2023 P-II*
7. Mitral valve prolapse — ***Jul 2020 P-II · Oct 2021 P-II [2×]***
8. Peripheral signs of aortic regurgitation — *Jun 2015 P-II*
9. Four radiological signs of enlarged left atrium in mitral stenosis — *Apr 2022 P-I*
10. Four X-ray findings of mitral stenosis — *Jan 2020 P-II*
11. Three cause for mid-diastolic murmur — *Jan 2017 P-II*
12. Three causes for hemoptysis in mitral valve disease — *Jan 2018 P-II*
13. Three causes of Ejection Systolic murmur — *Mar 2021 P-II*
14. Three radiological signs of mitral valve stenosis — *Jun 2015 P-II*

1.4 Infective endocarditis *(6 papers)*

1. **Case / Essay [10 marks]** A 34-years old lady reported with one week-long fever, not responding to oral antibiotics. She complained of extreme tiredness. She was diagnosed 10 years back as having a 'heart ailment'. She gives recent history of root canal treatment. She is pale, pulse rate 122/minute and her temperature is 38.6 degrees Celsius. **a)** What is your diagnosis in this case? **b)** What are the other clinical features you would look for? **c)** Enumerate the relevant investigations **d)** Outline the management of this patient — *Jan 2016 P-II*
2. **Case / Essay [10 marks]** A 46 -year-old female, known case of rheumatic heart disease, mitral stenosis and regurgitation, came with one month history of fever, shortness of breath and palpitation. On examination, febrile, macular lesions over the extremities and splenomegaly. **a)** What is your provisional diagnosis **b)** How will you investigate? **c)** Discuss the pathogenesis and management **d)** Mention complications — *Mar 2021 P-II*
3. Dukes criteria for infective endocarditis — *Apr 2022 P-I*
4. Outline the diagnostic criteria for infective endocarditis — *Feb 2025 P-I*
5. Two complications of infective endocarditis — *Oct 2022 P-II*
6. Three clinical signs of infective endocarditis — *Jan 2017 P-II*

1.5 Congenital heart disease *(6 papers)*

1. Clinical signs of ventricular septal defect — *Jan 2017 P-II*
2. Fallot's tetralogy — *Jan 2016 P-II*
3. Patent ductus arteriosus — *Jan 2018 P-II*
4. Signs of atrial septal defect — *Jun 2015 P-II*
5. Four congenital heart diseases seen in adults — *Jan 2019 P-II*
6. Mention two cardiac abnormality with short stature — *Jan 2020 P-I*

1.6 Coronary artery disease and acute coronary syndrome *(11 papers)*

1. **Case / Essay [10 marks]** 36 year-old male undergoing treatment for dyslipedemia & systemic hypertension. presented with chest & bilateral shoulder pain on exertion relieved by rest. Shoulder movement was normal on examination. **a)** Diagnosis **b)** Pathophysiology **c)** Clinical features **d)** Investigations **e)** Treatment — *May 2017 P-II*
2. **Case / Essay [10 marks]** 58 year old male, with history of systemic hypertension, smoking & recent diabetes mellitus, presented with complaints of central chest pain with profuse sweating. On examination: BP-180/110mmHg, pupils-Normal, heart sounds muffled, systolic murmur-left sternal

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border. **a)** What is your provisional diagnosis? **b)** How will you investigate the case? **c)** Discuss the pathogenesis & management **d)** Outline the complications *— Oct 2022 P-II*

3. **Case / Essay [10 marks]** A 42 year old man came to ER with history of chest discomfort since 2 hours. He was not able to lie down. He looked very anxious. He is a smoker and diabetic. On examination, his BP was 160/100, PR was 100/M. He was sweating profusely. Systemic examination was unremarkable GRBS was 250. **a)** What is the probable diagnosis? **b)** How will you investigate this patient? **c)** What are the complications associated **d)** How will you manage this patient? *— Feb 2023 P-II*
4. **Case / Essay [10 marks]** A 55 years old man, executive, reported to the emergency room with acute onset of retrosternal discomfort and pain of 20 minutes duration. He had sweating at the onset of pain. He gave the history that he used to smoke 20 cigarettes daily, which he stopped a month back. On examination, he was found to be obese. His BP was 160/100 mm Hg. **a)** What is your diagnosis in this case? **b)** What are the other clinical features you would look for? **c)** Enumerate the relevant investigations **d)** Outline the management of this patient *— Jun 2015 P-II*
5. **Case / Essay [10 marks]** A 58 year old male, Ex-smoker, with history of type 2 diabetes mellitus & systemic hypertension>10 years. Presented with history of central chest pain since two hours. Pain is gradually progressive along with excessive sweating and difficulty in breathing. He was seen in a local hospital and on examination, heart rate was 112/mt,BP:160/110 mmHg and heart sounds were muffled. Auscultation chest: few basal crackles on both sides. **a)** What is the most probable clinical diagnosis? **b)** Discuss differential diagnosis **c)** Out-line pathogenesis **d)** How will you plan the management *— Feb 2024 P-I*
6. **Case / Essay [10 marks]** A 60 year old male, smoker with history of diabetes presented with acute onset left side chest pain, diaphoresis, vomiting. On examination, patient anxious, profuse sweating present. PR-110/min, BP-150/80 mm Hg CVS-S1,S2 Normal RS-Normal Vesicular Breath Sounds(NVBS). **a)** What is the most probable diagnosis? **b)** How will you confirm the above diagnosis? **c)** Describe the management plan of above diagnosis **d)** Discuss the risk factors for atherosclerosis *— Feb 2025 P-I*
7. **Case / Essay [10 marks]** A 60 year old smoker and hypertensive has presented with retrosternal chest discomfort and sweating. O/E-Extremities cold, BP-90/60mmHg, Heart sounds-muffled, pulse-feeble. **a)** What is the probable diagnosis? **b)** What investigations are to be done? **c)** What complications can occur for this patient? **d)** Outline the treatment *— Jan 2017 P-II*
8. **Case / Essay [10 marks]** What constitutes acute coronary syndrome(ACS)? Describe its symptoms & signs. Outline the management of ACS. *— Jun 2016 P-II*
9. Diagnosis & treatment of unstable angina *— Jan 2020 P-II*
10. Dresslers syndrome *— Jan 2020 P-II*
11. Manifestations of coronary artery heart disease *— Jan 2019 P-II*
12. Risk factors for coronary artery disease *— Oct 2021 P-II*

1.7 Heart failure and acute pulmonary oedema *(7 papers)*

1. **Case / Essay [10 marks]** A 68 year old male with a history of hypertension and myocardial infarction one month back presents to the Emergency department with acute dyspnea, orthopnea, and bilateral lower extremity edema. Examination reveals a heart rate of 105 bpm, blood pressure 105/60 mmHg, JVP elevated, crackles(rales) in lower lung fields, and a third heart sound(S3). **a)** What is your probable diagnosis? **b)** What are the precipitating factors for this condition **c)** How will you plan the initial management in this patient **d)** What are the basic investigations you check in this patient **e)** How will you plan further treatment for this patient once stabilized *— May 2026 P-I*
2. **Case / Essay [10 marks]** Define Heart failure What are the clinical features of congestive cardiac failure? Discuss the etiopathogenesis & investigations Outline treatment of chronic heart failure. *— Jan 2020 P-II*
3. Cardiac failure-treatment *— Feb 2024 P-I*

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4. Diagnosis & treatment of acute pulmonary edema — *Jan 2020 P-II*
5. Signs of right sided cardiac failure — *Jan 2016 P-II*
6. Treatment of Acute cardiac asthma — *May 2017 P-II*
7. Treatment of acute pulmonary edema — *Mar 2021 P-II*
8. X-ray finding in congestive cardiac failure — *Oct 2022 P-I*

1.8 Arrhythmias and conduction blocks *(12 papers)*

1. Atrial fibrillation — ***Jan 2017 P-II · Jun 2018 P-II · Jul 2020 P-II · Oct 2021 P-II [4×]***
2. Atrial fibrillation-clinical features and diagnosis — *Mar 2021 P-II*
3. Atrial fibrillation-diagnosis — *Oct 2022 P-II*
4. Atrial fibrillation-etiology and treatment — *Oct 2023 P-II*
5. Cardiac syncope — *Jun 2019 P-II*
6. Complete heart block — *Jan 2018 P-II*
7. Describe the clinical features and management of Atrial fibrillation — *Feb 2025 P-I*
8. Second degree heart block — *Jun 2015 P-II*
9. Sick sinus syndrome — *May 2017 P-II*

1.9 ECG and cardiac investigations *(4 papers)*

1. Cardiac biomarkers — *Oct 2022 P-II*
2. ECG findings of Acute anterior wall myocardial infarction — *May 2026 P-I*
3. Normal ECG — *Feb 2024 P-I*
4. Normal Electrocardiogram (ECG) — *Oct 2022 P-II*
5. QT interval — *Jun 2015 P-II*

1.10 Hypertension *(7 papers)*

1. **Case / Essay [10 marks]** A 50 year old male is brought with acute onset of breathlessness. O/E orthopnea present,BP-240/130mm Hg, B/L pedal odema, chest-B/L basal crepitations+ve. **a)** What is the probable diagnosis? **b)** What other clinical signs will you look for? **c)** What investigations are to be done? **d)** Outline the management — *Jan 2018 P-II*
2. Ambulatory blood pressure recording — *Jan 2017 P-II*
3. Describe hypertensive emergency and urgency — *Feb 2025 P-I*
4. Discuss staging of systemic hypertension and classes of antihypertensive drugs with an example each — *May 2026 P-I*
5. Hypertensive encephalopathy — *Jun 2015 P-II*
6. Treatment of hypertension-principles of drug therapy — *Feb 2024 P-I*
7. Four groups of antihypertensive drugs — *Feb 2023 P-I*

1.11 Pericardial and myocardial disease *(6 papers)*

1. Constrictive pericarditis — ***Jun 2015 P-II · Feb 2023 P-II [2×]***
2. HOCM — *Jun 2016 P-II*
3. Kussumaul's sign — *Jan 2017 P-II*
4. Pericardial effusion — *Jan 2018 P-II*
5. Pericarditis — *Jun 2016 P-II*
6. Three causes of pericardial tamponade — *Jan 2016 P-II*

1.12 Peripheral vascular disease *(2 papers)*

1. Acute limb ischemia — *May 2017 P-II*

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2. Peripheral vascular disease-etiology and clinical features — *Mar 2021 P-II*

1.13 Cardiovascular drugs *(7 papers)*

1. ACE(Angiotensin-converting enzyme) inhibitors — *Jul 2020 P-II*
2. Adenosine — *Jun 2015 P-II*
3. Amiodarone — *Jan 2018 P-II*
4. Antiplatelet drugs — *Jan 2017 P-II*
5. Antiplatelets — *Apr 2022 P-II*
6. Aspirin — *Jul 2020 P-II*
7. Cardioselective betablockers — *Jan 2020 P-I*
8. Digitoxicity — *Jan 2016 P-II*

1.14 Diagrams – draw and label *(8 papers)*

1. **Draw and label:** Cardiac conduction system — *Oct 2023 P-II*
2. **Draw and label:** Coronary arteries — *Apr 2022 P-I*
3. **Draw and label:** Coronary circulation — *Jan 2018 P-I*
4. **Draw and label:** ECG in extensive anterior wall ST segment elevation myocardial infarction in a hypertensive. — *Jan 2018 P-II*
5. **Draw and label:** ECG traces of chronic obstructive pulmonary disease and acute pulmonary embolism — *Jun 2015 P-II*
6. **Draw and label:** ECG traces of Type I and Type II of second degree heart block — *Jan 2016 P-II*
7. **Draw and label:** Normal JVP waves — *Feb 2023 P-II*
8. **Draw and label:** Normal pulse and pulsus bisferiens — *Jan 2017 P-II*

1.15 MCQs from recent papers (2024–2026) *(21 MCQs)*

1. Heaving apical impulse is seen in — *Feb 2024 P-I*
   (a) Ventricular septal defect **(b)** Aortic regurgitation **(c)** Mitral stenosis **(d)** Aortic stenosis
2. Marfans syndrome is associated with all except: — *Feb 2024 P-I*
   (a) Aortic aneurysm **(b)** Aortic regurgitation **(c)** Aortic dissection **(d)** Aortic stenosis
3. Coarctation of aorta is most commonly associated with — *Feb 2024 P-I*
   (a) Atrial septal defect **(b)** Bicuspid aortic valve **(c)** VSD **(d)** Patent ductus arteriosus
4. Collapsing pulse is seen in — *Feb 2024 P-I*
   (a) Mitral stenosis **(b)** Aortic regurgitation **(c)** Hypertension **(d)** Aortic stenosis
5. Atrial fibrillation is seen — *Feb 2024 P-I*
   (a) Hypothyroidism **(b)** Smokers **(c)** Hyperthyroidism **(d)** Anemia
6. Major Jones criteria for rheumatic fever include all except: — *Feb 2024 P-I*
   (a) Carditis **(b)** Arthritis **(c)** Hemiballismus **(d)** Erythema marginatum P
7. The major criteria for rheumatic fever are the following except: — *Feb 2025 P-I*
   (a) Carditis **(b)** Chorea **(c)** Raised ESR/CRP **(d)** Arthritis
8. Right ventricular infarction is usually associated with — *Feb 2025 P-I*
   (a) Anterior wall M I **(b)** Lateral wall MI **(c)** Anteroseptal MI **(d)** Inferior wall MI
9. Which of the following is a definite indication for infective endocarditis prophylaxis? — *Feb 2025 P-I*
   (a) Mitral stenosis **(b)** ASD **(c)** Aortic regurgitation **(d)** Prosthetic valve
10. Orthopnea is a classical feature of which among the following disease? — *Feb 2025 P-I*
    (a) Musculoskeletal disorders **(b)** Bronchial asthma **(c)** Left heart disease **(d)** Emphysema
11. Paradoxically split of second heart sound on auscultation signifies severity of which of the following disease? — *Feb 2025 P-I*

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(a) Pulmonary stenosis **(b)** Mitral stenosis **(c)** Aortic stenosis **(d)** Tricuspid stenosis

12. Elfin facies is seen in: *— Feb 2025 P-I*

(a) Mitral stenosis **(b)** Congenital supravalvular Aortic stenosis **(c)** Marfan syndrome **(d)** Down syndrome

13. All are causes of Pan systolic Murmur except: *— May 2026 P-I*

(a) Aortic Regurgitation **(b)** Mitral Regurgitation **(c)** Tricuspid Regurgitation **(d)** Ventricular septal defect

14. A powerful prognostic factor that differentiates dyspnea due to heart failure from noncardiac causes is *— May 2026 P-I*

(a) Troponin **(b)** Nitrous oxide **(c)** Brain natriuretic peptide(BNP) **(d)** Vaso-intestinal polypeptide

15. Wide fixed splitting of S2 seen in: *— May 2026 P-I*

(a) Atrial septal defect(ASD) **(b)** Patent Ductus Arteriosus(PDA) **(c)** Tetralogy of Fallot(TOF) **(d)** Total Anomalous Pulmonary Venous Connection(TAPVC)

16. Wide pulse pressure seen in all the following conditions except: *— May 2026 P-I*

(a) Mitral stenosis **(b)** Severe anaemia **(c)** Aortic regurgitation **(d)** Complete heart block

17. Most common cause of sub-acute bacterial endocarditis? *— May 2026 P-I*

(a) Staph aureus **(b)** Coagulase negative staph **(c)** Strep viridans **(d)** Enterococci

18. Treatment of asymptomatic bradycardia *— May 2026 P-I*

(a) No treatment required **(b)** Atropine **(c)** Adrenaline **(d)** Cardiac pacing

19. Wolff-Parkinson-white (WPW) syndrome is caused by *— May 2026 P-I*

(a) Right bundle branch block **(b)** Left bundle branch block **(c)** Accessory pathway of conduction **(d)** Ectopic pacemaker in atrium 7 aaa...

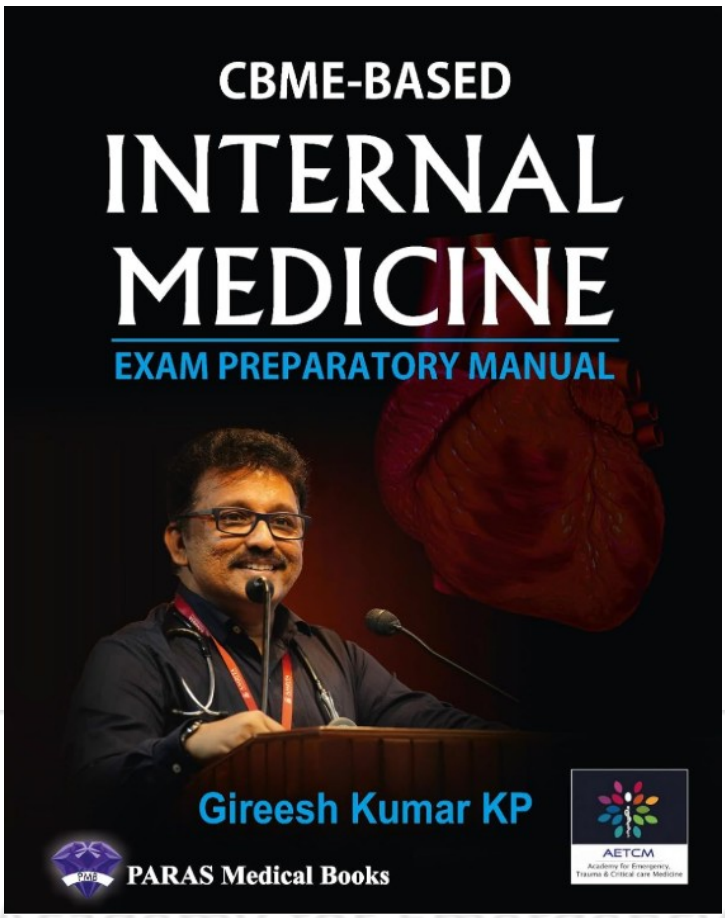
20. Not an absolute contraindication for thrombolysis *— May 2026 P-I*

(a) Diabetic retinal hemorrhage **(b)** Intracranial hemorrhage **(c)** History of head trauma **(d)** Suspected aortic aneurysm

21. All of the following drugs are used routinely for secondary prevention of Myocardial infarction(MI) except: *— May 2026 P-I*

(a) Aspirin **(b)** Statins **(c)** Beta blockers **(d)** Warfarin

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2. Respiratory System (83 questions)

★ Most-asked topics in this chapter

- Pneumonia and lung abscess — ***asked in 13 papers***
- Respiratory symptoms and signs — ***asked in 9 papers***
- COPD and cor pulmonale — ***asked in 7 papers***
- Pleural effusion — ***asked in 7 papers***
- Pneumothorax — ***asked in 6 papers***
- Bronchiectasis — ***asked in 6 papers***
- Interstitial lung disease, pulmonary hypertension and pulmonary embolism — ***asked in 6 papers***
- Pulmonary function tests and respiratory investigations — ***asked in 5 papers***

2.1 Respiratory symptoms and signs *(9 papers)*

1. Cheyne-stokes breathing — *Jan 2016 P-I*
2. Cheyne stokes respiration — *Jan 2017 P-II*
3. Define clubbing and discuss the etiology — *Feb 2024 P-II*
4. Four conditions causing clubbing of nails — *Feb 2023 P-II*
5. Hoarseness of voice — *Jan 2017 P-I*
6. MRC grading of dyspnoea — *Jan 2018 P-I*
7. Write common causes of finger clubbing — *May 2026 P-II*
8. Three causes of acute onset dyspnea — *Mar 2021 P-I*
9. Tubular breathing — *Mar 2021 P-II*

2.2 Pulmonary function tests and respiratory investigations *(5 papers)*

1. FEV1/FVC ratio — *Jun 2015 P-I*
2. Pulmonary Function Test (PFT) — *Jun 2019 P-I*
3. Pulmonary function tests — ***Jan 2017 P-I · Jan 2018 P-I [2×]***
4. Vital capacity — *Feb 2023 P-I*
5. Three causes for miliary shadows on X ray chest — *Jan 2018 P-I*
6. Three indications for flexible fibre-optic bronchoscopy — *Jun 2015 P-I*

2.3 Bronchial asthma *(5 papers)*

1. **Case / Essay [10 marks]** Define Bronchial Asthma. **a)** Discuss etiology **b)** Clinical features **c)** Pathogenesis and management — *Mar 2021 P-I*
2. Outline management of status asthmaticus — *Feb 2025 P-II*
3. Rescue oral steroids — *Apr 2022 P-I*
4. Treatment of Acute severe asthma — *May 2017 P-I*
5. Write the management of A/C severe asthma — *Jan 2020 P-I*

2.4 COPD and cor pulmonale *(7 papers)*

1. **Case / Essay [10 marks]** A 46 year old male, chronic smoker presented with exertional dyspnea since 3 years, worsened dyspnea at rest few weeks associated with wheeze. History of cough with whitish expectoration 2 to 3 months every year. **a)** What is the diagnosis? **b)** Mention the respiratory system examination findings **c)** Mention the complications of this condition **d)** What are the investigations to be done? **e)** How will you treat this patient? — *Oct 2023 P-I*
2. **Case / Essay [10 marks]** A 65 year old chronic smoker with history of dyspnea on exertion and cough with scanty whitish expectoration(episodic), since one year presented to the emergency department with fever, worsening dyspnea, wheeze and cough with yellowish expectoration since 4

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days. On examination: - PR=110/minute,BP=130/90,RR=30/mt,SaO2 - 80%, Temp-101°F,Central cyanosis++. RS=Barrel shaped chest. Reduced intensity of breath sounds bilaterally. Normal vasicular breath sounds with prolonged expiration Diffuse rhonchi bilaterally. **a)** What is the provisional diagnosis? **b)** Outline the investigations **c)** Discuss the management **d)** Enumerate the complication *— Feb 2025 P-II*

3. **Case / Essay [10 marks]** A 65 year old male, chronic smoker, presents with dyspnoea, cough and expectoration off and on since 2 years. **a)** What is your provisional diagnosis? **b)** How will you grade the severity? **c)** Enumerate the clinical findings. **d)** How will you diagnose? **e)** Discuss the treatment. *— Feb 2023 P-I*
4. **Case / Essay [10 marks]** A 67 year-old male who is a heavy smoker with a history of cough and dyspnoea for the past several years was brought to the emergency department with acute exacerbation of breathlessness. O/E he was confused, pulses were bounding, and he had flapping tremor. **a)** Give your complete diagnosis of the present situation **b)** List the factors that trigger exacerbations and the important differential diagnosis **c)** Investigations. **d)** Describe how you will manage such a situation and long term advice *— Jan 2019 P-I*
5. Cor pulmonale *— Oct 2022 P-II*
6. Emphysema-definition, clinical features and diagnosis *— Mar 2021 P-I*
7. Four systemic feature of COPD *— Apr 2022 P-II*
8. Four systemic features of COPD *— Jan 2019 P-I*

2.5 Pneumonia and lung abscess *(13 papers)*

1. **Case / Essay [10 marks]** A 46 year old male, known case of type 2 diabetes presented with high grade fever with chills and rigors, dyspnea, cough with expectoration-rusty sputum since 3 days. **a)** What is the diagnosis & organism responsible? **b)** Mention the respiratory system examination findings **c)** What are the investigations to be done? **d)** How will you treat this patient? *— Jul 2020 P-I*
2. **Case / Essay [10 marks]** A 55 year-old male, presented with high grade fever with chills, cough with rusty sputum and dyspnea since 3 days duration. **a)** What is the diagnosis **b)** Describe the clinical finding (inspection, palpation, percussion & Auscultation) **c)** How will you investigate him **d)** Mention the treatment *— Jun 2018 P-I*
3. **Case / Essay [10 marks]** A 62 year old female presented to the casualty with fever and cough since 8 days. Pleuretic chest pain-right mid axillary area-since two days, breathlessness since one day. On examination: - Febrile 102 degree F Pulse rate: 118/mt, SpO2: 88%, BP:90/50mmHg, RR:36/mt. Examination of RS: movements decreased on the right side with dull percussion notes. Breath sounds-bronchial with crackles in the axillary and infra scapular area. **a)** What is the most probable clinical diagnosis? **b)** Discuss etiopathogenesis **c)** Out-line management **d)** Mention the important complications *— Feb 2024 P-II*
4. **Case / Essay [10 marks]** A 68 year old female with type 2 Diabetes comes to emergency department with fever and cough for 5 days. Dyspnea for 3 days. On examination BP 88/50 mm of Hg, SPO2 is 80 percent with room air. She had bronchial breathing in right infra- axillary area. **a)** What is your diagnosis in this patient **b)** What are the common organisms you suspect here **c)** What are the investigations you would like to do in this case **d)** What are the complications and outcome **e)** How do you manage this patient *— May 2026 P-II*
5. Community acquired pneumonia *— Jan 2017 P-I*
6. Complications of pneumonia *— Oct 2021 P-I*
7. CURB-65 score *— Jun 2019 P-I*
8. Describe the clinical features, diagnostic investigations and management of community acquired pneumonia *— Feb 2025 P-II*
9. Legionella pneumonia *— Jan 2017 P-I*
10. Lung abscess *— Jun 2016 P-II*

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11. Treatment of atypical pneumonia — ***Mar 2021 P-I · Oct 2022 P-I [2×]***
12. Four bacteria in community acquired pneumonia — *Feb 2023 P-I*
13. Three organisms causing community acquired pneumonia — *Jan 2016 P-I*
14. Two organisms causing community acquired pneumonia — *Oct 2021 P-I*

2.6 Pleural effusion *(7 papers)*

1. **Case / Essay [10 marks]** A 26-years old male, reports with left sided heaviness in chest, progressive breathing difficulty and inability to lie on his right side of 3 weeks duration. He reports dry cough, night sweats and loss of 4kg body-weight over the last month. He has no addictions, habituations or history of promiscuous sexual activity/exposure to sexually transmitted diseases. Breath sounds are not audible on his left side of chest. **a)** What is your diagnosis in this case? **b)** What are the other clinical features you would look for? **c)** Enumerate the relevant investigations **d)** Outline the management of this patient. — *Jan 2016 P-I*
2. **Case / Essay [10 marks]** A 40 year-old male presented with low grade evening rise of temperature, dry cough, progressive dyspnoea since three weeks. On examination he has stony dullness in left infrascapular, infraaxillary and inframammary areas. **a)** What is the diagnosis **b)** Describe the other respiratory system findings in this patient **c)** How will you investigate him **d)** How will you treat him — *Jun 2019 P-I*
3. Lights criteria — *Jan 2019 P-I*
4. Light's criteria for pleural effusion — *Jun 2018 P-I*
5. Radiological features of pleural effusion-right side of the chest — *Feb 2023 P-I*
6. Write the clinical features of synpneumonic effusion — *Jan 2020 P-I*
7. Four causes of transudative pleural effusion — *Feb 2023 P-I*
8. Three causes of exudative pleural effusion — *Jan 2018 P-I*

2.7 Pneumothorax *(6 papers)*

1. **Case / Essay [10 marks]** A 45 year old male presents with progressive weight loss, irregular fever with night sweats and right sided chest pain and acute onset breathlessness. O/E respiratory rate 28/min, HR 118/min, tracheal and mediastinal shift to left with prominent right hemithorax. **a)** What is your diagnosis in this case? **b)** What other clinical signs will you look for? **c)** Enumerate the relevant investigations to confirm diagnosis? **d)** Outline the management in this case? — *Jan 2018 P-I*
2. Management of tension pneumothorax — *Jan 2016 P-I*
3. Pneumothorax clinical features — *Oct 2023 P-I*
4. Pneumothorax-clinical features and treatment — *Feb 2024 P-II*
5. Summarise clinical features of pneumothorax — *Feb 2025 P-II*
6. Two causes of Pneumothorax — *Jul 2020 P-I*

2.8 Bronchiectasis *(6 papers)*

1. Bronchiectasis — ***Jun 2016 P-II · Feb 2023 P-I [2×]***
2. Bronchiectasis-diagnosis and treatment — *Oct 2022 P-I*
3. Clinical features of bronchiectasis — *Jun 2018 P-I*
4. Discuss the clinical features of bronchiectasis and outline its management — *Feb 2025 P-II*
5. Kartagener's syndrome — *Jun 2015 P-I*

2.9 Lung cancer and mediastinal disease *(5 papers)*

1. **Case / Essay [10 marks]** A 60 year old chronic smoker presented with chronic cough, hemoptysis and weight loss. O/E clubbing+, right Horner's, supraclavicular fullness with reduced breath sounds. **a)** What is your diagnosis in this case? **b)** What other clinical signs will you look for? **c)**

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Enumerate the relevant investigations to be done **d)** Outline the treatment and other manifestations in this case? — *Jan 2017 P-I*

2. Mention non metastatic extra pulmonary manifestations of bronchial carcinoma — *Jun 2019 P-I*
3. Thymoma — *Jan 2016 P-II*
4. Two important clinical signs of superior venacaval obstruction — *Oct 2022 P-I*
5. Four causes of pulmonary nodule — *Apr 2022 P-II*

2.10 Respiratory failure, ARDS and sleep apnoea *(5 papers)*

1. ARDS — *May 2017 P-I*
2. Obstructive sleep Apnoea — *Oct 2021 P-I*
3. Respiratory failure — *Oct 2021 P-I*
4. Type 2 respiratory failure — *Mar 2021 P-I*
5. Type I respiratory failure — *Jun 2015 P-I*
6. Three causes of type I respiratory failure — *Jan 2016 P-I*

2.11 Interstitial lung disease, pulmonary hypertension and pulmonary embolism *(6 papers)*

1. **Case / Essay [10 marks]** A 60 year old lady, was taken to the casualty in a tertiary care hospital because of sudden onset of dyspnoea and chest discomfort. Hypertensive & diabetic on oral medication, Obese. She was bedridden for some days because of hip pain. **a)** What are the differential diagnosis in this case? **b)** What are the relevant investigations you plan in this case **c)** How will you manage this case justifying your diagnosis **d)** Write briefly on metabolic syndrome — *Jan 2020 P-I*
2. **Case / Essay [10 marks]** A 62 years old lady, bed-ridden following lower limb fracture, reported to the emergency room with acute onset of breathlessness of 40 minutes duration. She was in respiratory distress and was cyanosed. Her finger pulse oxymeter reading showed 82%. She complained of severe chest pain over left lower side of chest. **a)** What is your diagnosis in this case? **b)** What are the other clinical features you would look for? **c)** Enumerate the relevant investigations **d)** Outline the management of this patient. — *Jun 2015 P-I*
3. Clinical features of pulmonary hypertension — *Jan 2016 P-II*
4. ILD (Interstitial lung disease) — *Jun 2016 P-II*
5. Pulmonary hypertension-causes & clinical features — *Mar 2021 P-II*
6. Three drugs causing lung fibrosis — *Jan 2017 P-I*

2.12 Diagrams – draw and label *(5 papers)*

1. **Draw and label:** Bronchopulmonary segments — *May 2017 P-I*
2. **Draw and label:** Chest X-Ray PA view of right lower lobe collapse and left upper lobe consolidation — *Jun 2015 P-I*
3. **Draw and label:** X-ray findings in right hydropneumothorax — *Oct 2021 P-I*
4. **Draw and label:** X-ray findings in right pleural effusion — *Jul 2020 P-I*
5. **Draw and label:** X-ray findings in right pneumothorax — *Jun 2018 P-I*

2.13 MCQs from recent papers (2024–2026) *(8 MCQs)*

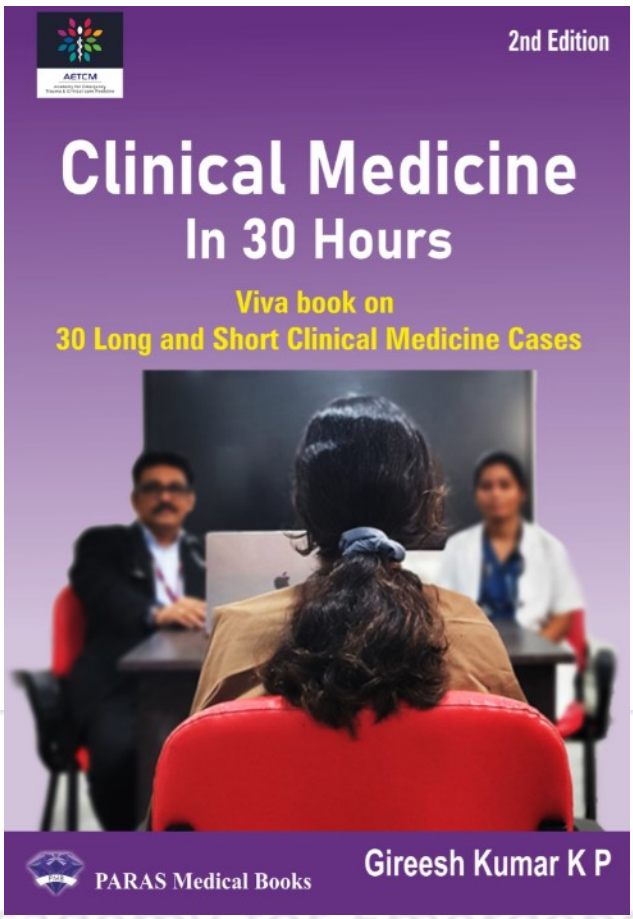
1. CURB-65 score includes all except: — *Feb 2025 P-II*
   (a) Confusion **(b)** Uremia **(c)** RR more than 30/min **(d)** Systolic BP less than 120 mmHg
2. Lung functions in emphysema reveal all of the following except: — *Feb 2025 P-II*
   (a) Decreased vital capacity **(b)** Increased DLCO(diffusion capacity for CO) **(c)** Increased total lung capacity **(d)** Decreased FEV1/FVC ratio
3. Type 2 respiratory failure — *Feb 2025 P-II*

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(a) pO2 decreased, pCo2 decreased **(b)** po2 decreased, pCo2 increased **(c)** Normal pO2,increased pCo2 **(d)** Increased pO2, increased pCo2

4. Most common ECG finding in pulmonary embolism? *— Feb 2025 P-II*
   (a) S1q3t3 **(b)** Bradycardia **(c)** Tachycardia **(d)** Atrial fibrillation
5. Most common cause of community-acquired pneumonia(CAP) *— May 2026 P-I*
   (a) Staph aureus **(b)** H influenzae **(c)** Kleb pneumoniae **(d)** Strep pneumoniae
6. Most common cause of lung abscess in a comatose patient *— May 2026 P-II*
   (a) Staph aureus **(b)** Anaerobes **(c)** Fusobacterium **(d)** Tuberculosis
7. In a patient with bronchial asthma silent chest signifies *— May 2026 P-II*
   (a) Good prognosis **(b)** Bad prognosis **(c)** Grave prognosis **(d)** None of the above
8. Most common cause of chronic cor pulmonale is *— May 2026 P-II*
   (a) Chronic obstructive Pulmonary Disease(COPD) **(b)** Acute Respiratory Distress Syndrome(ARDS) **(c)** Pulmonary embolism **(d)** Vasculitis

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3. Gastroenterology and Hepatology (68 questions)

★ Most-asked topics in this chapter

- Cirrhosis, portal hypertension and hepatic encephalopathy — ***asked in 15 papers***
- Acid peptic disease, GERD and H. pylori — ***asked in 9 papers***
- Jaundice and viral hepatitis — ***asked in 9 papers***
- Gastrointestinal bleeding — ***asked in 8 papers***
- Chronic diarrhoea, malabsorption and IBD — ***asked in 7 papers***
- Acute liver failure, fatty liver and liver tumours — ***asked in 7 papers***
- Ascites, SBP and hepatorenal syndrome — ***asked in 5 papers***
- Pancreatitis — ***asked in 3 papers***

3.1 Acid peptic disease, GERD and H. pylori *(9 papers)*

1. Diagnosis & treatment of H.Pylori — *Jan 2020 P-II*
2. Gastro esophageal reflux disease — ***Jul 2020 P-II · Oct 2023 P-II [2×]***
3. GERD — *Jan 2019 P-II*
4. Helicobacter pylori — *Jan 2016 P-II*
5. Helicobacter pylori infection — *Oct 2021 P-II*
6. H.Pylori — *Mar 2021 P-II*
7. H-pylori infection — *May 2017 P-II*
8. Proton pump inhibitors — *Apr 2022 P-I*

3.2 Gastrointestinal bleeding *(8 papers)*

1. **Case / Essay [10 marks]** 45 year old male, chronic ethanolic presented with massive hemetemesis. Examination revealed jaundice, pallor, clubbing, BP 90/60, RR 18/mt PR 124/mt. **a)** Diagnosis **b)** Clinical features of primary disease **c)** Investigations **d)** Immediate and long term treatment **e)** Other complications of primary disease — *May 2017 P-II*
2. Causes of upper gastrointestinal bleeding — *Jun 2018 P-II*
3. Enumerate causes of upper GI bleed — *May 2026 P-I*
4. Upper GI bleeding-etiology and diagnosis — *Feb 2024 P-I*
5. 2 causes of upper gastrointestinal bleed — *Oct 2023 P-II*
6. Four indications for upper gastro intestinal endoscopy — *Jan 2019 P-II*
7. Two causes of lower gastro intestinal bleed — *Jul 2020 P-II*
8. Two causes of upper gastrointestinal bleed — *Oct 2021 P-II*

3.3 Chronic diarrhoea, malabsorption and IBD *(7 papers)*

1. Chronic Diarrhoea-Definition and etiology — *May 2026 P-I*
2. Describe the pharmacological management of inflammatory bowel disease — *Feb 2025 P-I*
3. Distinguish based on the clinical presentation Crohn's disease from ulcerative Colitis — *May 2026 P-I*
4. Extraintestinal manifestations of IBD — *May 2017 P-II*
5. Inflammatory bowel disease-outline clinical features and treatment — *Feb 2024 P-I*
6. Lactose intolerance — *Jun 2019 P-II*
7. Tropical sprue — *Feb 2023 P-II*
8. 2 causes of oral ulcers — *Oct 2023 P-II*
9. 2 extraintestinal manifestations of inflammatory bowel disease — *Oct 2023 P-II*

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3.4 Pancreatitis *(3 papers)*

1. **Case / Essay [10 marks]** 50-year-old male, chronic alcoholic, presents with severe epigastric pain radiating to back. Patient is brought to casualty and is found to be in shock. **a)** What is your diagnosis? **b)** What are the clinical features you will look for? **c)** What is Ransons criteria? **d)** How do you manage the case? *— Jun 2016 P-II*
2. Acute pancreatitis *— Jan 2018 P-I*
3. Three viruses which can cause pancreatitis *— Jun 2015 P-I*

3.5 Jaundice and viral hepatitis *(9 papers)*

1. **Case / Essay [10 marks]** 50 year old male with history of fever, loss of appetite for 10 days, high coloured urine since 4 days. He also complaining of right hypochondrial pain. History of food intake from out side+. **a)** What are the differential diagnosis you will consider? **b)** Discuss the pathogenesis & clinical features **c)** What are the investigations & treatment? **d)** Discuss complications & prevention *— Jan 2020 P-II*
2. Clinical features and investigations in acute hepatitis *— Feb 2024 P-I*
3. Gilbert's syndrome *— Jul 2020 P-II*
4. Hepatitis A infection *— May 2017 P-II*
5. Hepatitis B-diagnosis *— Mar 2021 P-II*
6. Hepatitis B prophylaxis *— Jan 2016 P-I*
7. Mention 4 hepatotoxic drugs *— Feb 2023 P-II*
8. Viral hepatitis A-Discuss clinical features, and management *— May 2026 P-I*
9. Write a note on vaccination schedule for Hepatitis A and Hepatitis B *— May 2026 P-I*
10. Two causes of acute hepatitis *— Jul 2020 P-II*
11. Two drugs causing jaundice *— Oct 2023 P-I*

3.6 Cirrhosis, portal hypertension and hepatic encephalopathy *(15 papers)*

1. **Case / Essay [10 marks]** 60 year old male, chronic alcoholic, presented with fatigue, loss of appetite, distension of abdomen & pedal edema. On examination:- Pallor++, spider naevi over the chest, Flapping tremor+. Abdomen: Distended with shifting dullness,. **a)** What is the most probable clinical diagnosis? **b)** Discuss the investigations **c)** Discuss the pathogenesis and complications **d)** Outline the management *— Oct 2022 P-II*
2. **Case / Essay [10 marks]** A 48 year old male with history of long term alcohol consumption presented with yellowish urine, ascites, and bilateral pedal edema of one month duration. Since 2 days there is history of melaena and confusion with altered sleep rhythm. **a)** What is the diagnosis? **b)** How will you investigate this patient? **c)** How will you treat this patient? **d)** Mention 4 cause of ascites **e)** Mention 2 causes of bilateral pedal edema *— Oct 2023 P-II*
3. **Case / Essay [10 marks]** A 50 year-old male with history of chronic alcohol consumption presented with yellowish discolouration of sclera, ascites, bilateral pedal edema,decreased apetite of 3 weeks duration and 2 episodes of hematemesis since 1 day. **a)** What is your diagnosis? **b)** Mention the complications of this condition **c)** What are the investigations to be done? **d)** Two factors precipitating hepatic encephalopathy **e)** Describe the treatment of hepatic encephalopathy *— Oct 2021 P-II*
4. **Case / Essay [10 marks]** A 55 year old male farmer with a history of significant alcohol consumption presents with jaundice, abdominal distension, vomiting of blood, and altered sensorium, consistent with decompensated chronic liver disease(CLD) and portal hypertension. He demonstrates stigmata of cirrhosis-spider naevi, ascites, splenomegaly, and jaundice. **a)** What are the common lab investigations you perform in this patient **b)** Classify and describe the grades of hepatic encephalopathy **c)** What are the basic steps you will take to treat hepatic encephalopathy **d)** How to control variceal bleeding in this patient **e)** Define spontaneous bacterial peritonitis (SBP) *— May 2026 P-I*

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5. Causes of chronic liver disease — *Feb 2023 P-II*
6. Complications of Cirrhosis — *Oct 2022 P-II*
7. Discuss clinical features of portal hypertension — *Feb 2025 P-I*
8. Hepatic encephalopathy — ***Jun 2018 P-II · Jan 2020 P-II · Mar 2021 P-II [3×]***
9. List any 4 precipitating factors for hepatic encephalopathy and outline its management — *Feb 2025 P-I*
10. Portal hypertension — *Feb 2023 P-II*
11. Portal hypertension-etiology and clinical features — *Feb 2024 P-I*
12. Precipitating factors of hepatic encephalopathy — *Jul 2020 P-II*
13. Stigmata of cirrhosis — *Apr 2022 P-I*
14. Write the management of hepatic encephalopathy — *Jan 2020 P-I*
15. Four causes precipitating hepatic encephalopathy — *Jan 2019 P-II*
16. Four precipitating factors of hepatic encephalopathy — *Jun 2019 P-II*
17. Two causes of chronic liver disease — *Oct 2021 P-II*
18. Two clinical signs of portal hypertension — *Jan 2020 P-II*

3.7 Ascites, SBP and hepatorenal syndrome *(5 papers)*

1. Hepatorenal syndrome — ***Jan 2019 P-II · Jun 2019 P-II [2×]***
2. Spontaneous bacterial peritonitis — ***Jul 2020 P-II · Feb 2023 P-II [2×]***
3. Three causes for high SAAG ascites — *Jan 2017 P-II*

3.8 Acute liver failure, fatty liver and liver tumours *(7 papers)*

1. Acute liver failure-etiology and clinical features — *Mar 2021 P-II*
2. Amebic liver abscess — *Jun 2015 P-I*
3. HCC — *Jun 2016 P-II*
4. Hepatocellular carcinoma — *Jan 2017 P-I*
5. Non alcoholic fatty liver disease — *Jun 2019 P-II*
6. Three causes for hepatic bruit — *Jan 2018 P-II*
7. Three causes of tender hepatomegaly — *Jun 2015 P-II*

3.9 Diagrams – draw and label *(1 paper)*

1. **Draw and label:** Hepatitis B virus — *Jun 2019 P-II*

3.10 MCQs from recent papers (2024–2026) *(11 MCQs)*

1. Chronic diarrhea is not caused by — *Feb 2024 P-I*
   (a) Chronic pancreatitis **(b)** Coeliac disease **(c)** Inflammatory bowel disease **(d)** Bacillus cereus
2. Available vaccination can prevent all except: — *Feb 2024 P-I*
   (a) Hepatitis A **(b)** Hepatitis B **(c)** Hepatitis D **(d)** Hepatitis E
3. Transudative ascites is not seen in: — *Feb 2024 P-I*
   (a) Cirrhosis **(b)** Tuberculosis **(c)** Nephrotic syndrome **(d)** Congestive heart failure
4. A patient in critical care unit has hypotension requiring ionotropic support and has the following derangements in LFT. S.Bilirubin 1.3 mg%, SGOT-4500 IU/L SGPT-7000 IU/L Most likely diagnosis is — *Feb 2025 P-I*
   (a) Viral hepatitis **(b)** Septicemia **(c)** Ischemic hepatitis **(d)** Leptospirosis
5. A 30 year old man presented with nausea, fever and jaundice. The biochemical test revealed Bilirubin of 6.7 mg/dl (conjugated 5 mg) with SGOT/SGPT(AST/ALT) of 1230/900 IU. The serological test showed presence of HBsAg, IgM anti-HBc and HbeAg. The most likely diagnosis is — *Feb 2025 P-I*

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(a) Chronic hepatitis B infection with high infectivity **(b)** Acute hepatitis B infection with high infectivity
(c) Chronic hepatitis B with low infectivity **(d)** Acute hepatitis B infection with low infectivity

6. Which one of the following is not a feature of Irritable bowel syndrome? *— Feb 2025 P-I*
(a) Abdominal pain **(b)** Constipation **(c)** Rectal bleeding **(d)** Bloating

7. Which of the following vitamin deficiency is most common in short bowel syndrome? *— Feb 2025 P-I*
(a) Vitamin B 12 **(b)** Biotin **(c)** Vitamin C **(d)** Vitamin B 1

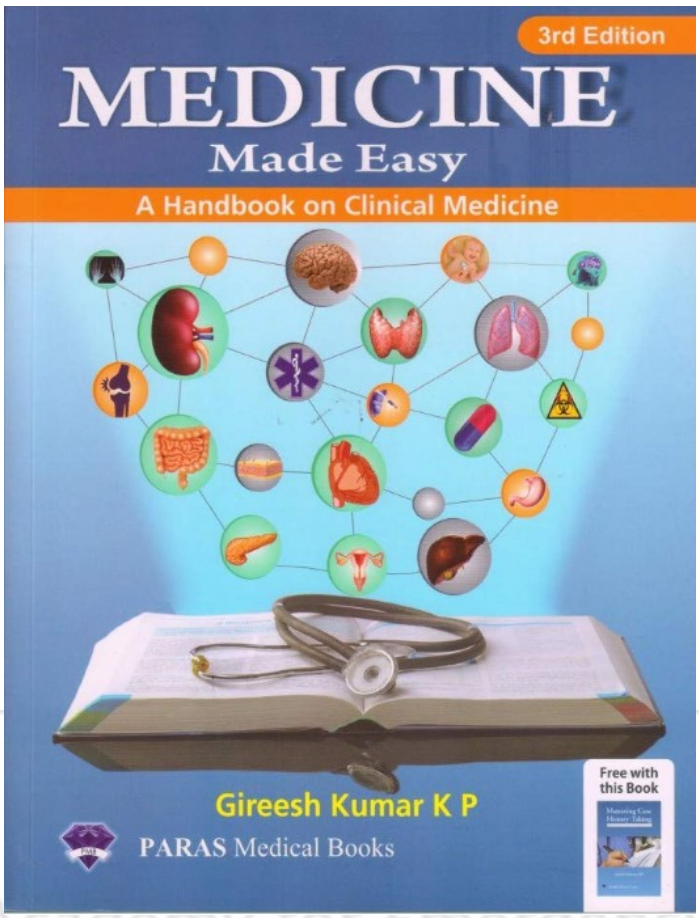
8. Metabolic causes of vomiting are all except: *— May 2026 P-I*
(a) Hyperurecaemia **(b)** Hyponatraemia **(c)** Uremia **(d)** Ketoacidosis

9. In which type of jaundice, bilirubin is absent in urine *— May 2026 P-I*
(a) Obstructive jaundice **(b)** Primary biliary cirrhosis **(c)** Acute viral hepatitis **(d)** Haemolytic jaundice

10. Mildly elevated unconjugated with normal liver enzymes are features of *— May 2026 P-I*
(a) Malaria **(b)** Thalassemia **(c)** G6PD deficiency **(d)** All of the above

11. Spider naevi is seen in *— May 2026 P-I*
(a) Tuberculosis **(b)** Cirrhosis of liver **(c)** Nephrotic syndrome **(d)** Congestive heart failure

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4. Nephrology (43 questions)

★ Most-asked topics in this chapter

- Urine examination and renal investigations — ***asked in 11 papers***
- Chronic kidney disease — ***asked in 8 papers***
- Acute kidney injury — ***asked in 7 papers***
- Urinary tract infection and urinary tract disorders — ***asked in 6 papers***
- Dialysis — ***asked in 4 papers***
- Glomerular and cystic kidney disease — ***asked in 3 papers***
- Diuretics and nephrotoxic drugs — ***asked in 3 papers***

4.1 Urine examination and renal investigations *(11 papers)*

1. Albuminuria — *Jun 2015 P-II*
2. Causes of Hematuria — *Oct 2022 P-II*
3. Glomerular filtration rate — *Apr 2022 P-I*
4. Hematuria — *Oct 2021 P-II*
5. Loop of Henle — *Jan 2019 P-II*
6. Microalbuminuria — ***Jan 2018 P-II · Jan 2019 P-II · Apr 2022 P-II [3×]***
7. Painful hematuria — *Jun 2019 P-II*
8. Renal biopsy — *Jan 2016 P-II*
9. Urine microscopy — *Jan 2017 P-II*
10. Four causes of polyuria — *Jun 2019 P-II*
11. Three causes for hematuria — *Jan 2017 P-I*
12. Three causes for polyuria — *Jan 2017 P-II*

4.2 Acute kidney injury *(7 papers)*

1. Acute kidney injury-etiology and clinical features — *Feb 2024 P-II*
2. Acute Kidney injury (Renal)-Etiology & clinical features — *Jan 2020 P-II*
3. Acute renal failure-clinical features & etiology — *Oct 2023 P-II*
4. Cause of acute renal failure — *Feb 2023 P-II*
5. Causes of acute renal failure — *Feb 2023 P-II*
6. Two complications acute renal failure — *Oct 2022 P-II*
7. Write a note on common Clinical features of acute renal failure — *May 2026 P-II*
8. Two causes of acute kidney injury — *Oct 2021 P-II*

4.3 Chronic kidney disease *(8 papers)*

1. Causes for anaemia in chronic kidney disease — *Jan 2017 P-II*
2. CKD — *Jun 2016 P-II*
3. Clinical features of chronic renal failure — *Jun 2019 P-II*
4. Describe and discuss the clinical features of Chronic renal failure — *May 2026 P-I*
5. Renal osteodystrophy — ***Jan 2019 P-II · Apr 2022 P-I [2×]***
6. Uremic encephalopathy — ***Jun 2016 P-II · Jan 2020 P-II [2×]***
7. Two causes of Chronic kidney disease — *Jul 2020 P-II*

4.4 Dialysis *(4 papers)*

1. Describe the indications for Hemodialysis — *Feb 2025 P-II*

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2. Haemodialysis — *Jun 2018 P-II*
3. Peritoneal dialysis — ***Jun 2015 P-II · Jan 2016 P-II [2×]***

4.5 Glomerular and cystic kidney disease *(3 papers)*

1. Adult polycystic kidney disease — ***Jan 2018 P-II · Jan 2020 P-II [2×]***
2. PSGN — *May 2017 P-II*

4.6 Urinary tract infection and urinary tract disorders *(6 papers)*

1. Acute pyelonephritis — *Jan 2016 P-II*
2. Clinical presentation of urinary tract infection — *Jun 2018 P-II*
3. Hydronephrosis — *Jun 2015 P-II*
4. Neurogenic bladder — *Jan 2018 P-II*
5. Pyelonephritis-clinical features and investigations — *Oct 2023 P-II*
6. Renal tuberculosis — *Jun 2018 P-II*
7. Treatment of Acute prostatitis — *May 2017 P-II*

4.7 Diuretics and nephrotoxic drugs *(3 papers)*

1. Loop diuretics — *Oct 2021 P-II*
2. Nephrotoxic drugs — *Jan 2018 P-II*
3. Four adverse effects of loop diuretics — *Apr 2022 P-II*

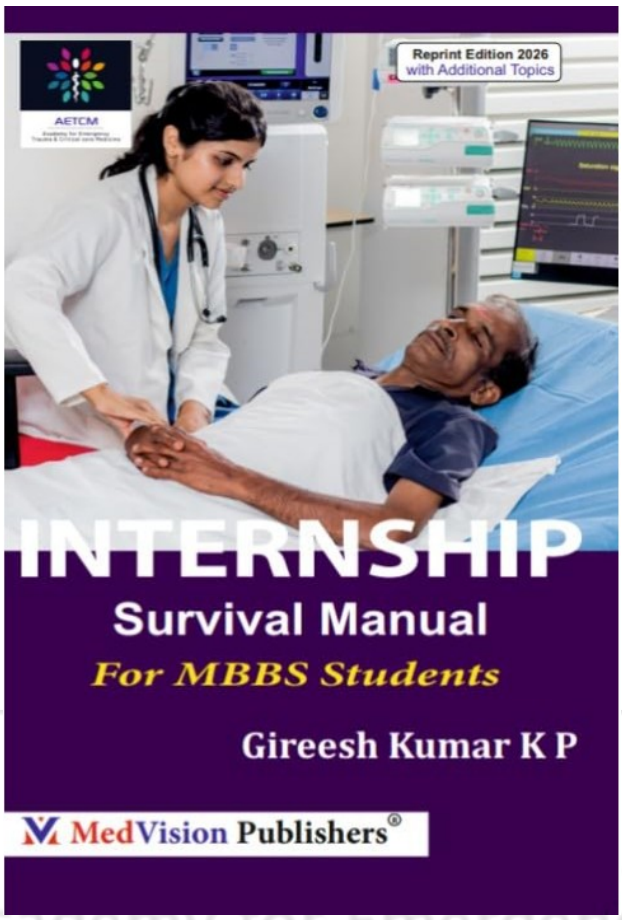
4.8 Diagrams – draw and label *(3 papers)*

1. **Draw and label:** Nephron — ***Jun 2016 P-I · Jan 2019 P-II · Apr 2022 P-II [3×]***

4.9 MCQs from recent papers (2024–2026) *(6 MCQs)*

1. Likely source of urine analysis showing RBC cast is: — *Feb 2024 P-II*
   (a) Ureter **(b)** Urethra **(c)** Kidney **(d)** Bladder
2. Anuria refers to a 24-hour urine output of less than — *Feb 2025 P-II*
   (a) 300 ml **(b)** 200 ml **(c)** 100 ml **(d)** 150 ml
3. Urine analysis shows RBC casts, likely source is — *Feb 2025 P-II*
   (a) Kidney **(b)** Ureter **(c)** Bladder **(d)** Urethra
4. RBC casts are seen if the pathology is in — *May 2026 P-II*
   (a) Kidney **(b)** Ureter **(c)** Bladder **(d)** Urethra
5. Diuresis seen in which phase of acute tubular necrosis — *May 2026 P-II*
   (a) Initiation phase **(b)** Maintenance phase **(c)** Recovery phase **(d)** Any of the above
6. Hemodialysis in Acute Renal Failure(ARF) is indicated in all except: — *May 2026 P-II*
   (a) Refractory hypervolemia **(b)** Acidosis **(c)** Hyponatremia **(d)** Hyperkalaemia

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5. Fluid, Electrolytes and Acid–Base (19 questions)

★ Most-asked topics in this chapter

- Potassium – hypokalaemia and hyperkalaemia — ***asked in 10 papers***
- Sodium and water – hyponatraemia and SIADH — ***asked in 5 papers***
- Calcium – hypercalcaemia, hypocalcaemia and tetany — ***asked in 5 papers***
- Acid–base disorders and ABG — ***asked in 5 papers***

5.1 Sodium and water – hyponatraemia and SIADH *(5 papers)*

1. Hyponatremia-clinical features — *Oct 2023 P-II*
2. Hyponatremia-etiology and clinical features — *Feb 2024 P-II*
3. SIADH — *Jun 2016 P-I*
4. Write the clinical features of hyponatremia — *Jan 2020 P-I*
5. Four causes of SIADH — *Jun 2018 P-II*

5.2 Potassium – hypokalaemia and hyperkalaemia *(10 papers)*

1. Discuss aetiology and treatment of hypokalemia — *Feb 2025 P-II*
2. Hyperkalemia — *Feb 2023 P-I*
3. Hyperkalemia-ECG changes — *Jan 2018 P-II*
4. Hypokalemia — ***Jan 2016 P-I · May 2017 P-I · Jun 2018 P-II · Jan 2019 P-II [4×]***
5. Management of hyperkalemia — ***Apr 2022 P-I · May 2026 P-II [2×]***
6. Name two clinical features of hypokalemia — *Jan 2020 P-I*

5.3 Calcium – hypercalcaemia, hypocalcaemia and tetany *(5 papers)*

1. Hypercalcemia — ***May 2017 P-II · Oct 2021 P-II · Oct 2023 P-II [3×]***
2. Hypercalcemia-develop a treatment plan — *Feb 2024 P-II*
3. Tetany — *Jan 2017 P-II*

5.4 Acid–base disorders and ABG *(5 papers)*

1. ABG(Arterial Blood Gas) — *Oct 2023 P-I*
2. Interpretation of ABG — *Feb 2024 P-II*
3. Kussumaul's respiration — *Jan 2018 P-I*
4. Metabolic acidosis — *Jun 2019 P-II*
5. Four causes of metabolic acidosis — *Apr 2022 P-I*

5.5 MCQs from recent papers (2024–2026) *(7 MCQs)*

1. Phosphorus deficiency is seen in: — *Feb 2024 P-I*
   (a) Hypoglycemia **(b)** Diabetic ketoacidosis **(c)** Vegetarians **(d)** Non-vegetarians
2. Most common cause of euvolemic hyponatremia is: — *Feb 2024 P-II*
   (a) Diuretics **(b)** Diarrhoea **(c)** Salt wasting nephropathies **(d)** SIADH
3. A post thyroidectomy patient develops signs and symptoms of tetany. The immediate management is — *Feb 2025 P-II*
   (a) Intravenous calcium gluconate **(b)** Bicarbonate **(c)** Calcitonin **(d)** Vitamin D
4. ABG shows pH 7.3, PaCO2 68 mm Hg, HCO3-28mmol/L, and PaO2 60 mm Hg. How would you interpret this? — *Feb 2025 P-II*
   (a) Respiratory acidosis uncompensated **(b)** Respiratory acidosis partly compensated **(c)** Metabolic alkalosis uncompensated **(d)** Metabolic acidosis, partly compensated

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5. Trousseau's sign is elicited in *— May 2026 P-I*

(a) Hypocalcaemia **(b)** Hypercalcemia **(c)** Hypokalaemia **(d)** Hyperkalaemia

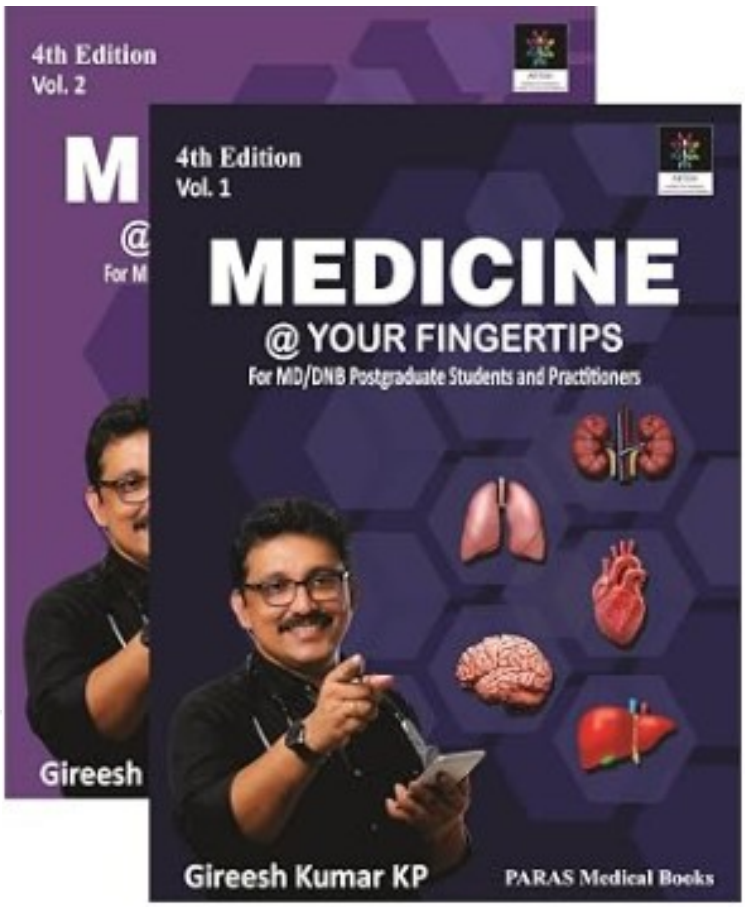
6. Hyponatremia with high urine sodium and high urine osmolality is seen in *— May 2026 P-I*

(a) Primary polydipsia **(b)** Salt depletion **(c)** Diuresis **(d)** Syndrome of Inappropriate Antidiuretic Hormone secretion

7. High anion gap metabolic acidosis is seen in *— May 2026 P-II*

(a) Renal failure **(b)** Renal Tubular Acidosis(RTA) **(c)** Diarrhoea **(d)** All of the above

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6. Endocrinology and Metabolism (64 questions)

★ Most-asked topics in this chapter

- Diabetic emergencies – DKA, HHS and hypoglycaemia — ***asked in 15 papers***
- Diabetes mellitus – diagnosis and drug therapy — ***asked in 14 papers***
- Thyroid disorders — ***asked in 13 papers***
- Obesity, metabolic syndrome and lipids — ***asked in 12 papers***
- Adrenal disorders — ***asked in 7 papers***
- Chronic complications of diabetes — ***asked in 4 papers***
- Pituitary and parathyroid disorders — ***asked in 4 papers***

6.1 Diabetes mellitus – diagnosis and drug therapy *(14 papers)*

1. Antidiabetic drugs — *May 2017 P-II*

2. Gestational diabetes — *Apr 2022 P-II*

3. Gestational diabetes mellitus — *Jun 2019 P-II*

4. Glycosylated hemoglobin — *Jun 2018 P-II*

5. Incretins — ***Jan 2020 P-I · Apr 2022 P-II [2×]***

6. Indications and Adverse effects of SGLT2 inhibitors — *May 2026 P-II*

7. Life style modification in type 2 diabetes — *Feb 2023 P-II*

8. Metformin — *Oct 2021 P-II*

9. Oral hypoglycemic drugs — *Jan 2018 P-II*

10. Secondary diabetes — *Jun 2016 P-II*

11. SGL2 inhibitor drugs — *Feb 2023 P-I*

12. Four oral antidiabetic drugs — *Apr 2022 P-I*

13. Three causes of reducing sugar in urine — *Jun 2015 P-II*

14. Three indications for insulin therapy — *Jan 2017 P-I*

6.2 Diabetic emergencies – DKA, HHS and hypoglycaemia *(15 papers)*

1. **Case / Essay [10 marks]** A 20 year old female presented with abdomen pain, vomiting, polyuria, weakness of 1 day duration. On examination, she was dehydrated, with low blood pressure. Abdomen examination was normal. Her random blood sugar was 500 mg/dl and serum ketone was positive. **a)** What is the diagnosis? **b)** What are the investigations to be done? **c)** Describe treatment of this patient **d)** Mention four chronic complications of diabetes — *Jul 2020 P-II*

2. **Case / Essay [10 marks]** A 22 year old diabetic female on irregular insulin injection presented with fever of one week duration, increased frequency of micturition since 5 days, abdominal pain and vomiting since 2 days. On examination:- . Febrile, pulse rate: 102/mt, BP:100/70 mmHg, No icterus/lymphadenopathy/Rash. No meningeal signs, abdomen: Soft, Supra pubic tenderness present. Other system examination nil significant. Investigations:-WBC:14,000K/ul, Hemoglobin: 8.6gm/dl, ESR: 86 mm/hr, RBS:306 mg/dl. URE: Numerous pus cells; glucose 3+,urine acetone++. **a)** What is your provisional diagnosis? **b)** Out-line management **c)** Discuss complications **d)** Advice long term follow-up — *Feb 2024 P-II*

3. **Case / Essay [10 marks]** A 26 year old female, history of Type I diabetes got admitted with nausea, vomiting abdominal pain and acute onset breathlessness. She gives history of skipping of insulin doses one day prior to admission. On examination, patient is dehydrated, tachypneic with rapid and shallow breathing PR-110/min, BP-90/60 mm Hg, RR-28/min CVS-S1, S2 Normal RS-Normal Vesicular Breath Sounds(NVBS). **a)** What is the most probable diagnosis? **b)** How will you confirm the diagnosis? **c)** Describe the management of above diagnosis **d)** List 4 chronic complications of diabetes **e)** Outline the management of hypoglycemia — *Feb 2025 P-II*

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4. **Case / Essay [10 marks]** A 28 years-old female diabetic, missed two days of insulin therapy. She has presented with severe epigastric pain and vomiting. Her tongue appears dry and she has a pulse rate of 112/min with her blood pressure being 96/68 mm Hg. Random blood sugar reading in the emergency rooms shows 422 mg/dl. **a)** What is your diagnosis in this case? What complication has she developed? **b)** What are the other clinical features you would look for? **c)** Enumerate the relevant investigations **d)** Outline the management of this patient — *Jan 2016 P-II*
5. **Case / Essay [10 marks]** A 50 year-old diabetic female was brought to emergency department with fever, vomiting and abdominal pain. She was febrile severly dehydrated and, tachypnoeic. Urine examination revealed plenty of pus cells and ketone bodies. **a)** Give your complete diagnosis **b)** Pathogenesis of this condition **c)** Investigations with probable results **d)** Management — *Jan 2019 P-II*
6. **Case / Essay [10 marks]** A 55 year-old male with history of Type II Diabetes Mellitus, withheld his insulin for one day as he was travelling. He presented to the emergency with altered sensorium and severe dehydration. His random blood sugar was 600mg/dl. **a)** What is the diagnosis **b)** What are the precipitating factors for this condition **c)** Mention the triad of hypoglycemia **d)** How will you investigate this patient **e)** How will you manage this condition — *Jun 2018 P-II*
7. **Case / Essay [10 marks]** A 56 year old Type 2 diabetic presents with 2 days of vomiting, abdominal pain, and Kussmaul breathing, triggered by a missed insulin dose for 3 days. Examination reveals severe dehydration(tachycardia, hypotension) and fruity-smelling breath. Lab findings show glucose 600 mg/dl, low blood Ph, and high blood ketones and mild elevation of serum creatinine. **a)** What is your probable diagnosis? **b)** What are the precipitating factors for this condition **c)** How will you plan the fluid management in this patient **d)** What are the electrolyte abnormalities you check in this patient **e)** How will you start and monitor insulin therapy in this patient — *May 2026 P-II*
8. Diabetic ketoacidosis-management — *Oct 2022 P-II*
9. HONKC — *Jun 2016 P-II*
10. Hyper osmolar non Ketotic coma — *Jan 2020 P-II*
11. Hypoglycemia — ***Jan 2017 P-II · Oct 2021 P-II [2×]***
12. Hypoglycemia-causes and management — *Mar 2021 P-II*
13. Hypoglycemia-clinical features and treatment — *Oct 2023 P-II*
14. Write the differenciating points in hyperglycemia with and without ketone bodies — *Jan 2020 P-I*

6.3 Chronic complications of diabetes *(4 papers)*

1. Diabetic nephropathy-diagnosis — *Oct 2022 P-II*
2. Diabetic neuropathy — ***Oct 2021 P-II · Oct 2023 P-II [2×]***
3. Diabetic retinopathy — *Jul 2020 P-II*

6.4 Thyroid disorders *(13 papers)*

1. **Case / Essay [10 marks]** A 25 year old female presented with weight gain, fatigue, tingling & numbness of hands. O/E-Periorbital puffiness+,PR-60/min,Menorrhagia+. **a)** What is your diagnosis? **b)** What are the other clinical features you will look for? **c)** Enumerate the relevant investigations **d)** Outline the management — *Jan 2018 P-II*
2. **Case / Essay [10 marks]** A 38 years -old female patient presents with progressive weight loss, palpitations and intolerance to warm climates. Her resting pulse rate is 112 per minute and the rhythm is irregularly irregular. **a)** What is your diagnosis in this case? What complication has she developed? **b)** What are the other clinical features you would look for? **c)** Enumerate the relevant investigations **d)** Outline the management of this patient — *Jun 2015 P-II*
3. **Case / Essay [10 marks]** A 42 year old female presented with weight gain, low pitched voice, slurred speech, non-pitting odema over the periorbital area, hands and feet and menorrhagia. She also

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had cold intolerance, constipation and fatigue. **a)** What is the possible diagnosis? **b)** Clinical features **c)** Diagnostic investigations **d)** Management — *Mar 2021 P-II*

4. Discuss clinical features and treatment of Hypothyroidism — *Feb 2025 P-II*
5. Graves disease — *Feb 2023 P-II*
6. Hypothyroidism — *Feb 2023 P-II*
7. Hypothyroidism-diagnosis & treatment — *Oct 2022 P-II*
8. Hypothyroidism-etiology and treatment — *Feb 2024 P-II*
9. Myxedema coma — ***May 2017 P-II · Jun 2019 P-II · Oct 2021 P-II [3×]***
10. Subclinical hypothyroidism — *Apr 2022 P-I*
11. Write the important clinical signs in thyrotoxicosis — *Jan 2020 P-I*
12. Write the treatment plan of hyperthyroidism(Grave's disease) — *May 2026 P-II*

6.5 Adrenal disorders *(7 papers)*

1. Addison's disease — *Feb 2023 P-II*
2. Adrenal insufficiency — *Jun 2016 P-I*
3. Clinical features of adrenal failure — *Oct 2022 P-II*
4. Cushing's syndrome — *Jun 2016 P-II*
5. Signs of cushings syndrome — *Jun 2018 P-II*
6. Write a note on physiology of the hypothalamic-pituitary-adrenal axis — *May 2026 P-II*
7. Four causes of cushings syndrome — *Jan 2019 P-II*

6.6 Pituitary and parathyroid disorders *(4 papers)*

1. Diabetes insipidus — *Jun 2015 P-II*
2. Diagnosis & treatment of primary hyperparathyroidsm — *Jan 2020 P-II*
3. Prolactinoma — *Jan 2019 P-II*
4. Write the causes and clinical features of hypoparathyroidism — *Jan 2020 P-I*

6.7 Obesity, metabolic syndrome and lipids *(12 papers)*

1. Body mass index — *Apr 2022 P-I*
2. Chylomicrons — *Apr 2022 P-II*
3. Complications of obesity — ***May 2017 P-I · Jan 2019 P-I [2×]***
4. Define obesity and classify according to Body Mass Index(BMI) — *May 2026 P-II*
5. Lipoprotiens — *Jan 2019 P-I*
6. Management of obesity — ***Jun 2015 P-I · Jun 2015 P-II [2×]***
7. Obesity — ***Jun 2016 P-I · Jan 2018 P-I [2×]***
8. Obesity-diagnosis and treatment — ***Mar 2021 P-I · Feb 2024 P-II [2×]***
9. Four features of metabolic syndrome — *Jan 2019 P-I*
10. Two potentially reversible causes of weight gain — *Jun 2018 P-I*

6.8 MCQs from recent papers (2024–2026) *(10 MCQs)*

1. Long acting insulin include all except: — *Feb 2024 P-II*
   (a) Glargine **(b)** Lispro **(c)** Detemir **(d)** Degludec
2. Glycated haemoglobin is erroneously low in: — *Feb 2024 P-II*
   (a) Iron deficiency anemia **(b)** Vitamin B12 deficiency anemia **(c)** Thalassemia **(d)** Splenectomy
3. Thyrotoxicosis is not associated with — *Feb 2024 P-II*
   (a) Osteoporosis **(b)** Weight loss **(c)** Palpitations **(d)** Constipation

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4. All cause weight gain except: *— Feb 2024 P-II*

(a) Addison's disease **(b)** Insulinoma **(c)** Cushing's syndrome **(d)** Hypothyroidism

5. Polyuria is not caused by: *— Feb 2024 P-II*

(a) SGLT 2 inhibitors **(b)** Hyperglycemia **(c)** Hypercalcemia **(d)** DPP-4 inhibitors

6. Acanthosis nigricans is associated with *— Feb 2024 P-II*

(a) Obesity **(b)** Insulin resistance **(c)** Gastric adenocarcinoma **(d)** All of the above

7. A 50 year diabetic female is admitted to the emergency department with vomiting and the treating doctor makes a diagnosis of Diabetic ketoacidosis, based on Clinical presentation and laboratory results. The next best initial step must be: *— Feb 2025 P-II*

(a) Administer short acting insulin intravenously **(b)** Send for blood and urine cultures **(c)** Aggressive IV fluids initiation **(d)** Check serum potassium levels

8. Not a feature of acromegaly *— May 2026 P-I*

(a) Increased sweating **(b)** Hirsutism **(c)** Carpal tunnel syndrome **(d)** Temporal hemianopia

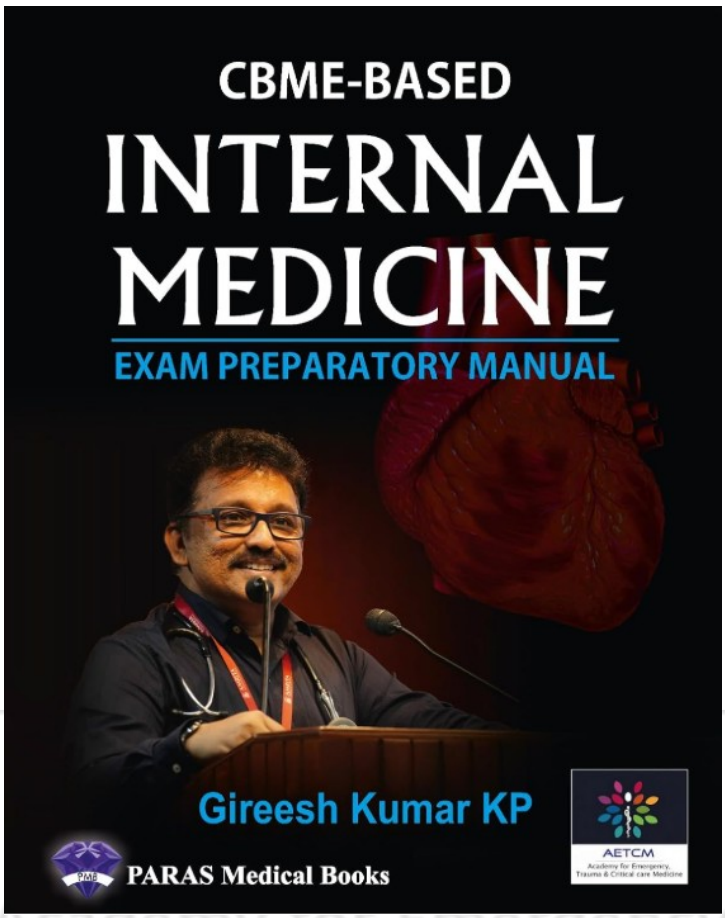
9. Most common oral infection in diabetes mellitus is caused by *— May 2026 P-II*

(a) Candida albicans **(b)** Aspergillus Niger **(c)** Strep pyogenes **(d)** Staph aureus

10. Gynecomastia is present in all except *— May 2026 P-II*

(a) Chronic liver disease **(b)** Klinefelter syndrome **(c)** Sertoli cell tumour **(d)** Adrenal insufficiency

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7. Neurology (104 questions)

★ Most-asked topics in this chapter

- CNS infections and CSF — ***asked in 12 papers***
- Movement disorders – Parkinsonism, chorea and tremor — ***asked in 10 papers***
- Neurological signs and localisation — ***asked in 9 papers***
- Peripheral nerve, neuromuscular junction and muscle — ***asked in 9 papers***
- Headache and facial pain — ***asked in 8 papers***
- Raised intracranial tension, coma and lumbar puncture — ***asked in 8 papers***
- Dementia, delirium and vertigo — ***asked in 8 papers***
- Epilepsy and seizures — ***asked in 7 papers***

7.1 Neurological signs and localisation *(9 papers)*

1. Anisocoria — *Jan 2017 P-II*
2. Argyll Robertson pupil — *Jan 2016 P-II*
3. Babinski's sign — *Jan 2017 P-II*
4. Cerebellar signs — *Jun 2015 P-II*
5. Discuss Aphasia — *Feb 2025 P-II*
6. High stepping gait — *Feb 2023 P-II*
7. Horners syndrome — *Jun 2018 P-II*
8. Knee jerk — *Apr 2022 P-II*
9. Nystagmus — *Jan 2017 P-II*
10. Nystagmus — *Mar 2021 P-II*
11. Two causes of dysarthria — *Oct 2021 P-II*

7.2 Stroke and cerebrovascular disease *(6 papers)*

1. **Case / Essay [10 marks]** A 30 year old man was brought to the casualty unconscious. H/O severe headache and vomiting-1 day no fever no head injury. **a)** What are the possibilities in this case **b)** What are the signs you look for your diagnosis **c)** What are the relevant investigations you will do in this case for the diagnosis **d)** Write briefly on thunderclap headache — *Jan 2020 P-I*
2. **Case / Essay [10 marks]** A 60 year-old female presented with weakness of left upper limb, left lower limb and deviation of angle of mouth to right side on getting up in the morning. She has history of diabetes, hypertension & dyslipidemia. **a)** What is the likely diagnosis **b)** How will you investigate this patient **c)** How will you manage this patient in the first 12 hours **d)** Name the acute and chronic complications of diabetes mellitus **e)** Name four causes of secondary hypertension — *Jun 2019 P-II*
3. Brainstem stroke-clinical features — *Feb 2024 P-II*
4. Describe the initial management of a patient presenting with an ischemic cerebrovascular accident(CVA) — *May 2026 P-II*
5. Sub arachnoid hemorrhage — *Jan 2018 P-II*
6. Transient ischemic attack — *Jan 2020 P-II*
7. Treatment of ischemic stroke — *Feb 2024 P-II*

7.3 Headache and facial pain *(8 papers)*

1. Describe the clinical features of Migraine — *Feb 2025 P-II*
2. Discuss Migraine prophylaxis — *May 2026 P-II*
3. Migraine — *Oct 2021 P-II*

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4. Migraine-clinical features and treatment — *Oct 2023 P-II*
5. Migraine-Diagnosis & treatment — *Jan 2020 P-II*
6. Treatment of Migraine — *May 2017 P-II*
7. Trigeminal neuralgia — *Jun 2016 P-II*
8. Vascular headache-clinical features and treatment — *Feb 2024 P-II*

7.4 Epilepsy and seizures *(7 papers)*

1. Describe classical generalized tonic-clonic seizures — *Jun 2018 P-II*
2. Drugs for generalized tonic-clonic seizures — *Mar 2021 P-II*
3. Generalised tonic clonic seizures — *Jul 2020 P-II*
4. Generalized tonic clonic seizures-clinical features and diagnosis — *Oct 2023 P-II*
5. Petitmal — *Apr 2022 P-II*
6. Status epilepticus treatment — *Oct 2022 P-II*
7. Three uses of carbamazepine — *Jan 2018 P-I*

7.5 CNS infections and CSF *(12 papers)*

1. **Case / Essay [10 marks]** A 35 year old lady was brought to casualty with history of abnormal behavior and irrelevant talk for 2 days. History from the relatives revealed that she has been complaining of headache and fever on and off for about a month. She was not eating properly and appeared lethargic. She had lost some weight. On examination she was disoriented, had neck stiffness. No other focal signs. **a)** What is your most probable diagnosis? **b)** What investigations will you do to confirm the diagnosis **c)** How will you manage of this patient? **d)** What may be the complication that can happen in this patient? — *Feb 2023 P-II*
2. **Case / Essay [10 marks]** A 60 years old male, diabetic and hypertensive presented with fever, headache and vomiting of 2 days duration. On examination he was febrile and had left third nerve palsy and neck stiffness. **a)** What is your complete diagnosis? **b)** What are the other clinical features you would look for? What are the causative organisms? **c)** Enumerate the relevant investigations and expected results **d)** Outline the management of this patient — *Apr 2022 P-I*
3. Bacterial meningitis-diagnosis and treatment — *Feb 2024 P-I*
4. Cerebrospinal fluid(CSF) in pyogenic meningitis — *Oct 2022 P-II*
5. CSF findings in bacterial meningitis — *Jun 2019 P-II*
6. CSF findings in tuberculous meningitis — *Jun 2018 P-II*
7. Empirical therapy of bacterial meningitis — *Jan 2019 P-II*
8. Treatment of bacterial meningitis — *May 2017 P-II*
9. Tubercular meningitis — *Jun 2015 P-II*
10. Viral encephalitis — *Jan 2018 P-II*
11. Four causes of bacterial meningitis — *Jun 2019 P-II*
12. Three organisms causing bacterial meningitis — *Mar 2021 P-I*
13. Two antibiotics used in the empirical treatment of pyogenic meningitis — *Jan 2020 P-II*

7.6 Raised intracranial tension, coma and lumbar puncture *(8 papers)*

1. Enumerate the indications and contra indications of lumber puncture — *May 2026 P-II*
2. Glasgow coma scale — *Jun 2019 P-II*
3. Lumbar puncture — *Apr 2022 P-II*
4. Raised intracranial pressure — *May 2017 P-II*
5. Raised intracranial tension-Clinical features and treatment — *May 2026 P-II*
6. Four metabolic causes of coma — *Jan 2019 P-I*

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7. Four non-neurological causes of coma — *Jun 2018 P-II*
8. Three signs of raised intracranial tension — *Jan 2016 P-II*
9. Two clinical signs of raised ICT — *Jan 2020 P-II*

7.7 Movement disorders – Parkinsonism, chorea and tremor *(10 papers)*

1. Chorea — *Jan 2018 P-II*
2. Clinical features of Parkinson's disease — *Jul 2020 P-II*
3. Define Chorea and enumerate causes — *Feb 2024 P-II*
4. Discuss and describe the pharmacology, dose, and side effects used in the drug therapy of Parkinson's disease — *May 2026 P-II*
5. Discuss clinical features and etiology of Chorea — *Feb 2025 P-II*
6. Parkinsonism — *Jan 2016 P-II*
7. Parkinson's disease — *Feb 2023 P-II*
8. Treatment of Parkinsonism — *Mar 2021 P-II*
9. Tremors — *Jan 2018 P-II*
10. Four causes of Parkinsonism — *Jun 2018 P-II*
11. Three causes for chorea — *Jan 2017 P-II*
12. Two causes of tremors — *Jul 2020 P-II*

7.8 Spinal cord disorders *(4 papers)*

1. Acute transverse myelitis — *Jun 2015 P-II*
2. Cervical spondylosis-clinical features — *May 2017 P-II*
3. Root pain — *Jan 2019 P-II*
4. UMN causes for paraplegia — *Jan 2017 P-II*

7.9 Peripheral nerve, neuromuscular junction and muscle *(9 papers)*

1. **Case / Essay [10 marks]** A 25 year old male with H/O viral infection 2 weeks ago presented with tingling & numbness of both legs with flaccid areflexic paralysis. **a)** What is your diagnosis? **b)** What are the investigations to be done? **c)** What cranial nerves can be involved? **d)** Outline the management — *Jan 2017 P-II*
2. Carpal tunnel syndrome — *Oct 2021 P-II*
3. Carpal tunnel syndrome-etiology and clinical features — *Oct 2023 P-II*
4. Clinical features of myasthenia gravis — *May 2017 P-II*
5. Diagnosis of Guillain Barre syndrome — *Oct 2022 P-II*
6. Eaton-Lambert syndrome — *Jan 2017 P-I*
7. Friedreich's ataxia — *Jun 2016 P-II*
8. Motor neuron disease — ***Jan 2016 P-II · Oct 2021 P-II [2×]***
9. Plasmapheresis — *Jan 2017 P-II*
10. Treatment of GBS — *May 2017 P-II*
11. Four causes of small muscle wasting in hands — *Apr 2022 P-I*
12. Three causes of hypotonia — *Jan 2016 P-II*

7.10 Cranial nerves and facial palsy *(3 papers)*

1. Bell's palsy — *Feb 2023 P-II*
2. Facial nerve palsy — *Mar 2021 P-II*
3. Four causes of LMN facial palsy — *Apr 2022 P-I*
4. Three causes of lower Motor Neuron Facial Palsy — *Mar 2021 P-II*

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7.11 Dementia, delirium and vertigo *(8 papers)*

1. Benign paroxysmal positional vertigo — *Jul 2020 P-II*
2. Clinical features of delirium — *Oct 2022 P-I*
3. Delirium — ***Jan 2020 P-II · Oct 2023 P-I [2×]***
4. Delirium-clinical features and treatment — *Feb 2024 P-II*
5. Dementia — ***Jun 2019 P-I · Jun 2019 P-II [2×]***
6. Two reversible causes of dementia — *Jun 2018 P-I*

7.12 Neuroimaging *(1 paper)*

1. Magnetic resonance imaging of Head/brain — *Jan 2016 P-II*

7.13 Diagrams – draw and label *(12 papers)*

1. **Draw and label:** Blood supply to internal capsule — *Jun 2019 P-I*
2. **Draw and label:** Circle of Willis — ***Jun 2016 P-II · Jan 2017 P-I · May 2017 P-II [3×]***
3. **Draw and label:** Cross section of spinal cord — *Oct 2022 P-II*
4. **Draw and label:** Cross section of the Spinal cord-(Thoracic level) — *Mar 2021 P-II*
5. **Draw and label:** CSF -circulation — *Jun 2018 P-II*
6. **Draw and label:** Internal capsule — *Jan 2019 P-I*
7. **Draw and label:** Interneuclear ophthalmoplegia — *Jan 2020 P-I*
8. **Draw and label:** Pyramidal tract — *Oct 2021 P-II*
9. **Draw and label:** Transverse section of spinal cord at C5 level — *Jan 2020 P-II*
10. **Draw and label:** Visual pathway — *Jul 2020 P-II*

7.14 MCQs from recent papers (2024–2026) *(13 MCQs)*

1. Tremor is not caused by: — *Feb 2024 P-II*
   (a) Alcohol **(b)** Salbutamol **(c)** Theophylline **(d)** Metoprolol
2. Most common site of saccular or berry aneurysm is: — *Feb 2024 P-II*
   (a) Posterior communicating artery **(b)** Middle communicating artery **(c)** Anterior communicating artery **(d)** None of the above
3. Primary headache syndromes include all except: — *Feb 2024 P-II*
   (a) Tension type headache **(b)** Raised intracranial pressure **(c)** Migraine **(d)** Thunderclap headache
4. Dementia is not associated with — *Feb 2024 P-II*
   (a) Vitamin B12 deficiency **(b)** Iron deficiency **(c)** Alcohol **(d)** Thiamine deficiency
5. What is prosopagnosia? — *Feb 2025 P-II*
   (a) Unable to recognize familiar faces **(b)** Unable to express happiness **(c)** Unable to express sadness **(d)** None
6. What is pathognomic of LMN disease? — *Feb 2025 P-II*
   (a) Hypertrophy **(b)** Rigidity **(c)** Fasciculation **(d)** Spasticity
7. Ramsay Hunt syndrome involves — *Feb 2025 P-II*
   (a) 7th cranial nerve **(b)** 5th cranial nerve **(c)** 12th cranial nerve **(d)** 10th cranial nerve
8. Characteristic finding of subcortical dementia is — *Feb 2025 P-II*
   (a) Memory loss **(b)** Aphasia **(c)** Dyslexia **(d)** Tactile agnosia
9. Herpes Simplex Virus(HSV).encephalitis commonly involves — *May 2026 P-I*
   (a) Frontal lobes **(b)** Temporal lobes **(c)** Parietal lobes **(d)** Basal regions
10. Decerebrate rigidity occurs due to damage of — *May 2026 P-II*
    (a) Cerebrum **(b)** Basal ganglia **(c)** Hypothalamus **(d)** Midbrain

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11. Feature of upper motor neuron disease *— May 2026 P-II*

(a) Fasciculations **(b)** Flaccidity of muscles **(c)** Depressed tendon reflexes **(d)** Extensor plantar response

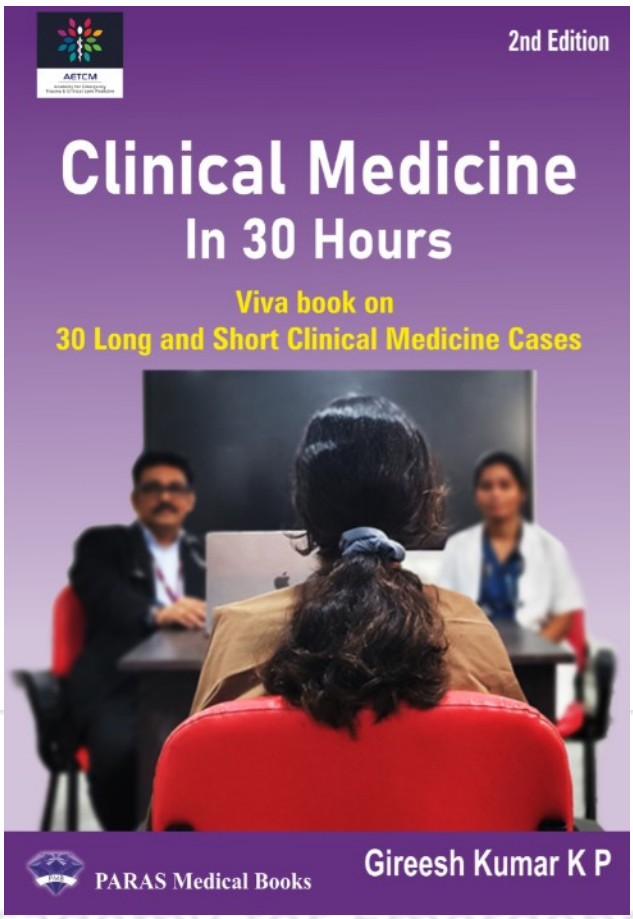
12. Most common cause of embolic stroke is *— May 2026 P-II*

(a) Intra-cardiac thrombi **(b)** Particulate matter from IV drug injection **(c)** Protein C deficiency **(d)** Paradoxical embolism

13. Most common initial sign of Parkinson's disease *— May 2026 P-II*

(a) Postural instability **(b)** Rigidity **(c)** Resting tremor **(d)** Bradykinesia

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8. Infectious Diseases (135 questions)

★ Most-asked topics in this chapter

- Acute diarrhoeal diseases, food poisoning and intestinal parasites — ***asked in 16 papers***
- Tuberculosis — ***asked in 15 papers***
- Malaria — ***asked in 13 papers***
- Dengue, chikungunya and viral haemorrhagic fevers — ***asked in 9 papers***
- Enteric fever — ***asked in 9 papers***
- Leptospirosis, scrub typhus and zoonoses — ***asked in 9 papers***
- HIV / AIDS — ***asked in 9 papers***
- Antimicrobial drugs — ***asked in 7 papers***

8.1 Fever – PUO, fever with rash and lymphadenopathy *(4 papers)*

1. Fever of unknown origin-etiology — *Feb 2024 P-I*
2. Pyrexia of unknown origin — *Jun 2019 P-I*
3. 4 diseases spread by mosquito bite — *May 2017 P-I*
4. 4 infectious diseases causing fever with lymphadenopathy — *May 2017 P-I*
5. Three causes for fever with rashes — *Jan 2018 P-I*

8.2 Malaria *(13 papers)*

1. **Case / Essay [10 marks]** 26-year-old male, working in Karnataka presents with history of fever, rigors and headache of 3 days duration. A few hours later he develops altered sensorium and seizures, On examination patient is febrile, icteric, and has hepatosplenomegaly. **a)** What is your diagnosis? **b)** Mention the features of complicated Malaria **c)** Outline the management of the above problem — *Jun 2016 P-I*
2. **Case / Essay [10 marks]** A 30 year-old business excecutive who has to travel far wide for official purposes was found unconscious in his apartment. O/E he was febrile, temperature 107 F, Pallor+ +, icterus+, disconjugategaze. purpuric rashes, hepatosplenomegaly+.S creatinine 4mg%. **a)** What is your complete diagnosis? **b)** What are the other clinical features you will look for? **c)** Enumerate the relevant investigations with probable results **d)** Outline the management of each and every problem — *Jan 2019 P-I*
3. **Case / Essay [10 marks]** A native of Orissa, presented with fever, chills & rigor, headache & vomiting. On examination he has anemia, jaundice & splenomegaly. **a)** What is the likely diagnosis **b)** How will you investigate this patient **c)** How will you treat this patient **d)** Mention the complications — *Jun 2018 P-I*
4. Black water fever — *Feb 2023 P-I*
5. Clinical features and treatment of falciparum malaria — *Feb 2024 P-I*
6. Discuss and describe the manifestations and management of falciparum malaria — *May 2026 P-I*
7. List any 3 complications of Falciparum malaria and outline the treatment of falciparum malaria — *Feb 2025 P-I*
8. Treatment of cerebral malaria — *Apr 2022 P-I*
9. Treatment of Malaria — *Oct 2022 P-I*
10. Treatment of resistant falciparum malaria — *Jan 2016 P-I*
11. Write the clinical features and management of severe Malaria — *Jan 2020 P-I*
12. Three complications of falciparum malaria — *Jan 2017 P-I*
13. Two complications of falciparum Malaria — *Jul 2020 P-I*

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8.3 Dengue, chikungunya and viral haemorrhagic fevers *(9 papers)*

1. **Case / Essay [10 marks]** A 30 year old male staying in Ernakulam presented with fever. (saddle back pattern), generalized myalgia, headache, bleeding manifestations. On examination he had relative bradycardia. **a)** What is the most probable diagnosis, causative organism and vector? **b)** What are the investigations to be done? **c)** How will you treat this patient?. **d)** Name two complications of this condition *— Jul 2020 P-I*
2. Clinical features of dengue fever *— Oct 2021 P-I*
3. Clinical manifestations of dengue fever *— Jan 2018 P-I*
4. Severe dengue *— Jun 2018 P-I*
5. Viral haemorrhagic fever *— Jan 2018 P-I*
6. Write an account on epidemiology and clinical features of Dengue infection *— Feb 2025 P-I*
7. Write a note on Dengue fever *— May 2026 P-I*
8. Yellow fever *— Jan 2019 P-I*
9. Four diseases caused by aedes aegypti *— Jun 2019 P-I*
10. Two diseases caused by aedes aegypti mosquitoe *— Oct 2021 P-I*
11. Two viruses causing hemorrhagic fever *— Feb 2023 P-I*

8.4 Enteric fever *(9 papers)*

1. **Case / Essay [10 marks]** A 30 year-old lady who had returned from Hyderabad a month back got admitted with fever of two weeks duration along with malaise, headache and bodyache. On examination she was febrile, BP-110/80mmHg, PR-64/mt regular. Spleen was just palpable per abdomen and her tongue was coated. **a)** What is the likely diagnosis? **b)** Organism causing this illness and describe the pathogenesis **c)** Investigations and results **d)** How will you manage? **e)** Complications that can occur if not treated *— Apr 2022 P-II*
2. Clinical features of enteric fever *— Jun 2018 P-I*
3. Complications of enteric fever *— Jan 2018 P-I*
4. Diagnosis and management of Enteric fever *— Feb 2025 P-I*
5. Enteric fever-diagnosis and treatment *— Feb 2024 P-I*
6. Treatment of Enteric fever *— Jun 2019 P-I*
7. Widal test *— **Jun 2015 P-I · May 2026 P-I [2×]***
8. Four drugs used in treatment of enteric fever *— Jan 2019 P-I*

8.5 Leptospirosis, scrub typhus and zoonoses *(9 papers)*

1. **Case / Essay [10 marks]** 45 year-old farmer presented with 5 days of fever, difficulty to walk due to severe back pain and leg pain and diminished urine output with yellow colored urine. Examination revealed yellow color of eyes and tender right hypochondrium. **a)** Diagnosis **b)** 4 differential diagnosis **c)** Investigations **d)** Complications **e)** Treatment *— May 2017 P-I*
2. **Case / Essay [10 marks]** A 25-year-old farmer working in paddy fields presented with high grade fever, severe muscle pain, predominantly affecting thigh muscles, decreased urine output, yellowish discolouration of eyes and mild gum bleeding. **a)** What is your diagnosis? **b)** What is the causative organism? **c)** Mention the findings on examination **d)** What are the investigations to be done? **e)** Describe the treatment of this condition **f)** Mention two complications of this conditions *— Oct 2021 P-I*
3. **Case / Essay [10 marks]** A 35 year old farmer was brought to the ER with history of high grade fever, severe back pain and myalgia and redness of eye. On examination he has tachypnea, tachycardia and BP was 90/60. He also had sub conjunctival hemorrhage and jaundice. **a)** What is your diagnosis? **b)** What are the complications this patient might be having? **c)** How can you confirm diagnosis? **d)** How will you treat this disease? *— Feb 2023 P-I*

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4. **Case / Essay [10 marks]** A 45-year-old male, farmer by occupation presented with myalgia, fever and reduced urine output of one-week duration. On examination, icterus and conjunctival suffusion present. Pulse rate - 108/regular, BP=90/60 mm Hg.Chest examination revealed bilateral basal crepitations. **a)** What is the most probable diagnosis? **b)** How will you confirm the diagnosis? **c)** Describe the management of above diagnosis **d)** Define and classify Fever of unknown origin(FUO) — *Feb 2025 P-I*
5. Brucellosis — *Feb 2023 P-I*
6. Clinical features of leptospirosis — *Oct 2023 P-I*
7. Clinical manifestations of leptospirosis — *Jun 2015 P-I*
8. Leptospirosis-clinical manifestations and treatment. — *Feb 2024 P-I*
9. Management of leptospirosis — *Jan 2016 P-I*
10. Scrub typhus — *Jun 2015 P-I*
11. 4 diseases spread by animal contact — *May 2017 P-I*
12. Two drugs used in the treatment of brucellosis — *Jun 2018 P-I*

8.6 Tuberculosis *(15 papers)*

1. **Case / Essay [10 marks]** 60 year old male Teacher, diabetic & hypertensive, presented with complaints of low grade fever & non productive cough since 2 months. Last week he developed haemoptysis. He also complaints of weight loss of more than 10 kg. His appetite is reduced. O/e-Febrile, No rash/lymphadenopathy. Pallor+. RS: Trachea shifted to right with crackles over the right infra clavicular area. Other systems-no significant abnormality detected. **a)** What is the most probable clinical diagnosis? **b)** Discuss the investigations **c)** Discuss the pathogenesis and complications **d)** Outline the management — *Oct 2022 P-I*
2. **Case / Essay [10 marks]** A 35-year-old male with history of fever, cough, weight loss-3 months duration, brought to the casualty with history of hemoptysis since 3 days. History of contact with chronic cough-patient at home. **a)** What is the most probable diagnosis? **b)** Mention ideal investigations **c)** Discuss pathogenesis and treatment **d)** What are the common complications? — *Mar 2021 P-I*
3. **Case / Essay [10 marks]** A 45-year-old male came with symptoms of low grade fever in the evening cough, breathing difficulty, loss of apetite, weight loss of 3 Kg since 3 weeks. On examination, he had shift of trachea to left with, left supraclavicular hollowing and infraclavicular flattening. On auscultation he had cavernous breath sounds and crepitations in the left supraclavicular and infraclavicular areas. **a)** What is the most probable diagnosis? **b)** What are the investigations to be done? **c)** How will you treat this patient **d)** Mention one side effects of each drug — *Oct 2021 P-I*
4. ADA(Adenosine deaminase) — *Jan 2017 P-I*
5. Chronic complications of pulmonary tuberculosis — *Jun 2018 P-I*
6. Discuss first line anti tubercular agents — *Feb 2025 P-II*
7. Drugs used in treatment of pulmonary tuberculosis — *Jul 2020 P-I*
8. Extrapulmonary tuberculosis-Discuss diagnosis and treatment — *Feb 2024 P-II*
9. Factors contributing to the emergence of drug resistant TB — *Jan 2019 P-I*
10. First line Anti tubercular drugs: Dose, duration and adverse effects — *May 2026 P-I*
11. Investigations in pulmonary tuberculosis — *Jul 2020 P-I*
12. Mantoux test — ***Jun 2015 P-I · Apr 2022 P-I [2×]***
13. Nucleic acid amplification test — *Jan 2019 P-I*
14. Poncet's arthritis — *Jun 2015 P-I*
15. Pott's disease of the spine — *Jan 2016 P-II*
16. Treatment of MDR TB — *Jun 2016 P-I*

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17. Treatment of Tuberculous pleural effusion — *May 2017 P-I*
18. Three hepato-toxic anti-tubercular drugs — *Jun 2015 P-I*

8.7 HIV / AIDS *(9 papers)*

1. CNS manifestation in HIV — *Jun 2016 P-I*
2. Describe the various opportunistic infections in HIV — *Feb 2025 P-I*
3. HAART — *Jun 2019 P-I*
4. Laboratory tests for HIV infection — *Jan 2016 P-I*
5. Nevirapine — *Jun 2015 P-I*
6. Pneumocystis jirovecii pneumonia — ***Jan 2018 P-I · Jan 2019 P-I [2×]***
7. Post exposure prophylaxis-HIV — *Jun 2019 P-I*
8. Regimens used in post exposure prophylaxis of HIV exposure — *May 2026 P-I*
9. Treatment of HIV-out line principles — *Feb 2024 P-I*
10. Write an account on antiretroviral therapy in HIV — *Feb 2025 P-I*

8.8 Acute diarrhoeal diseases, food poisoning and intestinal parasites *(16 papers)*

1. **Case / Essay [10 marks]** A 23-years-old college student was brought to the emergency department in the morning with the history of acute onset of vomiting and diarrhea lasting through the night. He gave the history of returning from an excursion on the previous day. **a)** What is your diagnosis? Mention the common organisms producing his condition **b)** What investigations will you order? **c)** Mention the steps in your management **d)** What are the common complications expected? — *Jan 2016 P-I*
2. **Case / Essay [10 marks]** Four members of a family who had dined outside in a restaurant 8 hours back were admitted in hospital with recurrent vomiting and diarrhea. **a)** What is your diagnosis? **b)** What is the pathogenesis? **c)** Mention the steps in management **d)** What are the common complications expected? — *Apr 2022 P-I*
3. Acute diarrhoeal disease-etiology and treatment — *Oct 2023 P-II*
4. Acute gastro enteritis-management — *Oct 2022 P-II*
5. Ancylostomiasis — *Jun 2018 P-I*
6. Ancylostomiasis (Hookworm)-diagnosis and treatment — *Mar 2021 P-I*
7. Diagnosis and treatment of amoebic dysentery — *Mar 2021 P-II*
8. Distinguish between diarrhea and dysentery, based on clinical features — *Feb 2025 P-I*
9. Etiology, clinical features and management of acute gastroenteritis — *May 2026 P-I*
10. Etiology & treatment plan in acute diarrhoeal disease — *Feb 2024 P-I*
11. Food poisoning — *Jun 2018 P-I*
12. Traveler's diarrhea — *Feb 2023 P-I*
13. Treatment of Amoebic dysentery — *Oct 2022 P-I*
14. Treatment of Giardiasis — *May 2017 P-I*
15. 4 common causes of traveller's diarrhea — *May 2017 P-I*
16. Three organisms causing acute diarrhoeal disease — *Mar 2021 P-I*
17. Three parasites susceptible to albendazole — *Jun 2015 P-I*
18. Treatment of Hookworm infestation — *Jun 2019 P-I*
19. Two organism causing travellers diarrhoea — *Jan 2020 P-II*

8.9 Filariasis *(5 papers)*

1. Diethyl carbamazine — *Jan 2016 P-I*
2. Treatment of Acute filarial lymphangitis — *May 2017 P-I*

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3. Treatment of filarial lymphangitis — *Jun 2018 P-I*
4. Treatment of Filariasis — *Oct 2021 P-I*
5. Treatment of lymphatic filariasis — *Oct 2023 P-I*

8.10 Leprosy *(4 papers)*

1. Erythema nodosum leprosum — *Jan 2016 P-I*
2. Hansen's disease — *Feb 2023 P-I*
3. Lepra reactions — *Jun 2016 P-I*
4. Leprosy reaction — *Jun 2018 P-I*

8.11 Tetanus and rabies *(6 papers)*

1. **Case / Essay [10 marks]** A gardner, presented with difficulty in opening the mouth and neck discomfort. He had a wound over his right foot. **a)** What is the diagnosis **b)** Describe the clinical features **c)** Describe the pathogenesis **d)** How will you manage this case — *Jun 2019 P-I*
2. Clinical features of Tetanus — ***Jul 2020 P-I · Oct 2022 P-I [2×]***
3. Post exposure prophylaxis- Rabies — *Jun 2018 P-I*
4. Rabies- Post exposure prophylaxis — *Feb 2023 P-I*
5. Tetanus — *Jun 2016 P-I*

8.12 Viral infections – varicella, zoster, COVID and others *(5 papers)*

1. Chickenpox(Varicella) — ***Jul 2020 P-I · Oct 2021 P-I · Oct 2023 P-I [3×]***
2. COVID 19 - clinical features and diagnosis — *Mar 2021 P-I*
3. Shingle(Herpes zoaster)-clinical features and management — *Mar 2021 P-I*
4. Koplik spots — *Jun 2019 P-I*

8.13 Bacterial, fungal and sexually transmitted infections *(6 papers)*

1. Candidiasis-clinical features and treatment — *Mar 2021 P-I*
2. Methicillin resistant staph aureus — *Jan 2019 P-I*
3. Necrotising fascitis — *Jun 2016 P-II*
4. Treatment of candidiasis — *Oct 2022 P-I*
5. Treatment of Chlamydial infection in women — *May 2017 P-I*
6. Two causative organisms of cellulitis — *Jul 2020 P-I*

8.14 Antimicrobial drugs *(7 papers)*

1. Azithromycin — *Oct 2021 P-I*
2. Cephalosporins — *May 2017 P-I*
3. Cotrimoxazole — *Jun 2019 P-I*
4. Metronidazole — *Jan 2018 P-I*
5. Penicillin — *Jul 2020 P-I*
6. Four aminoglycosides — *Jan 2019 P-I*
7. Three antibiotics safe to be given in pregnancy — *Jan 2016 P-I*

8.15 Vaccination and adult immunisation *(4 papers)*

1. Adult immunization — ***Jan 2017 P-I · Jan 2018 P-I [2×]***
2. Adult vaccination — *Oct 2023 P-I*
3. 4 live attenuated vaccines — *May 2017 P-I*

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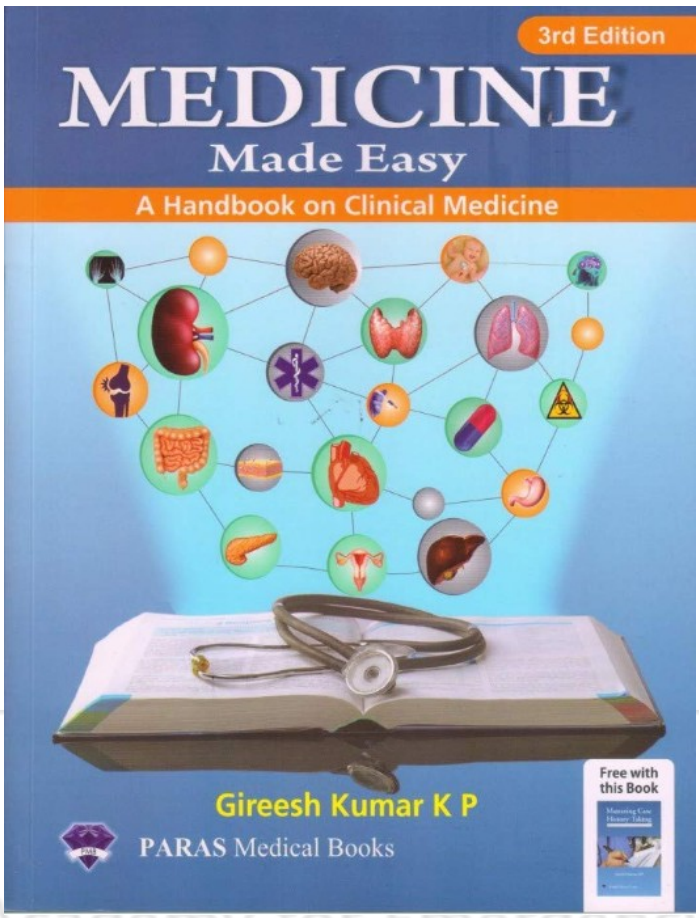
8.16 Diagrams – draw and label *(5 papers)*

1. **Draw and label:** HIV Virus — *Feb 2023 P-I*
2. **Draw and label:** Hook worm Ova — *Oct 2022 P-I*
3. **Draw and label:** Life cycle of Malarial parasite — *Oct 2023 P-I*
4. **Draw and label:** Malaria-life cycle — *Mar 2021 P-I*
5. **Draw and label:** Microfilaria of the species of wuchereria bancrofti and brugia malayi — *Jan 2016 P-I*

8.17 MCQs from recent papers (2024–2026) *(8 MCQs)*

1. Test for dengue on the second day of fever is: — *Feb 2024 P-I*
   (a) Dengue IgM **(b)** Dengue IgG **(c)** NS1 antigen **(d)** Peripheral smear
2. Cerebral malaria is caused by — *Feb 2024 P-I*
   (a) Plasmodium vivax **(b)** Plasmodium ovale **(c)** Plasmodium malariae **(d)** Plasmodium falciparum
3. Aedes aegypti is a vector for all except: — *Feb 2024 P-I*
   (a) Chikungunya **(b)** Dengue **(c)** Malaria **(d)** Zika virus
4. Drug used for prophylaxis of leptospirosis — *Feb 2025 P-I*
   (a) Cotrimoxazole **(b)** Clindamycin **(c)** Metronidazole **(d)** Doxycycline
5. Primaquine is used for radical cure in which of the following? — *Feb 2025 P-I*
   (a) Plasmodium vivax **(b)** Plasmodium falciparum **(c)** Both **(d)** None of the above
6. Which is not an AIDS defining illness? — *Feb 2025 P-I*
   (a) Pneumocystis Jiroveci **(b)** Herpes zoster **(c)** HIV related encephalopathy **(d)** Invasive cervical cancer
7. The anti tubercular drug safe in liver disease is — *Feb 2025 P-I*
   (a) INH **(b)** Rifampicin **(c)** Ethambutol **(d)** Pyrazinamide
8. Which of the following is the most common pathogenic species of leptospira in humans? — *May 2026 P-I*
   (a) Leptospira interrogans **(b)** Leptospira biflexa **(c)** Leptospira wolbachii **(d)** Leptospira inadai

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9. Haematology and Oncology (68 questions)

★ Most-asked topics in this chapter

- Megaloblastic anaemia and vitamin B12 deficiency — ***asked in 15 papers***
- Iron deficiency and microcytic anaemia — ***asked in 10 papers***
- Anticoagulants, blood transfusion and transplantation — ***asked in 8 papers***
- Leukaemia, myeloma and myeloproliferative disorders — ***asked in 8 papers***
- Bleeding disorders and thrombocytopenia — ***asked in 7 papers***
- Splenomegaly, lymphadenopathy and eosinophilia — ***asked in 7 papers***
- Haemolytic anaemias — ***asked in 6 papers***
- Oncology — ***asked in 4 papers***

9.1 Iron deficiency and microcytic anaemia *(10 papers)*

1. Causes of iron deficiency Anemia — *Jul 2020 P-II*
2. Describe the clinical features and diagnostic investigations of iron deficiency anemia — *Feb 2025 P-I*
3. Discuss etiology and management of iron deficiency Anemia — *May 2026 P-I*
4. Investigations in Iron deficiency anemia — *Oct 2021 P-II*
5. Iron deficiency anemia-clinical features and treatment — *Mar 2021 P-I*
6. Microcytic Anemia — *Oct 2022 P-II*
7. Microcytic hypochromic anemia-etiology. How will you manage iron deficiency anemia — *Feb 2024 P-I*
8. Write the important causes and management of iron deficiency anemia — *Jan 2020 P-I*
9. Four causes of iron deficiency anemia — *Jun 2018 P-II*
10. Two causes for microcytic hypochromic anemia — *Feb 2023 P-I*

9.2 Megaloblastic anaemia and vitamin B12 deficiency *(15 papers)*

1. B12 deficiency-clinical features and treatment — *Feb 2024 P-I*
2. B12 deficiency-clinical features & treatment — *Oct 2022 P-I*
3. B12 deficiency-diagnosis and treatment — *Mar 2021 P-I*
4. Clinical features of B12 deficiency — *May 2017 P-I*
5. Describe and discuss the various tests for Vitamin B12 deficiency — *May 2026 P-I*
6. Discuss the clinical features and management of B12 deficiency — *Feb 2025 P-I*
7. Investigations in vitamin B12 deficiency — *Jun 2018 P-II*
8. Investigations in Vitamin B12 deficiency anemia — *Jul 2020 P-II*
9. Macrocytic anaemia — *Jan 2018 P-I*
10. Megaloblastic anemia — *Jun 2015 P-I*
11. Mention 2 conditions where macrocytic RBCs are seen — *Feb 2023 P-II*
12. Neurological manifestations of Vitamin B12 deficiency — *Jan 2019 P-I*
13. Four causes of macrocytosis — *Jun 2019 P-II*
14. Two neurological manifestations of Vitamin B12 deficiency — *Oct 2023 P-I*
15. Two neurological manifestations of Vitamin B12 deficiency — *Jul 2020 P-I*

9.3 Haemolytic anaemias *(6 papers)*

1. Clinical features of hemolytic anemia — *Jun 2019 P-II*
2. Hemolytic anaemia — *Jan 2017 P-I*
3. Hemolytic anemia-Clinical features and diagnosis — *Feb 2024 P-I*

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4. Hemolytic anemia-etiology and investigations — *Mar 2021 P-II*
5. Microangiopathic haemolytic anemia — *Jan 2019 P-II*
6. Paroxysmal nocturnal haemoglobinuria — *Jan 2019 P-II*
7. Sickle cell crisis — *Jan 2019 P-II*
8. Spherocytosis — *May 2017 P-II*

9.4 Bleeding disorders and thrombocytopenia *(7 papers)*

1. Disseminated intravascular coagulation — *Apr 2022 P-I*
2. Hemophylia-A — *Jan 2020 P-II*
3. Thrombocytopenia — *Oct 2022 P-II*
4. Thrombocytopenia-etio-pathogenesis — *Oct 2023 P-II*
5. Treatment of ITP — *May 2017 P-II*
6. Vonwillibrand disease — *Jun 2016 P-I*
7. Three causes of thrombocytopenia — *Jun 2015 P-II*

9.5 Anticoagulants, blood transfusion and transplantation *(8 papers)*

1. Blood components & their use — *Jan 2020 P-II*
2. Bone marrow transplantation — *Jun 2019 P-II*
3. Complications of blood transfusion — *Oct 2023 P-II*
4. Fresh frozen plasma — *Oct 2022 P-II*
5. Heparin — *Jul 2020 P-II*
6. Low molecular weight heparin — *Jan 2019 P-II*
7. Warfarin therapy — *Jan 2016 P-II*
8. Write a note on clinical uses of platelet transfusions — *May 2026 P-I*

9.6 Leukaemia, myeloma and myeloproliferative disorders *(8 papers)*

1. **Case / Essay [10 marks]** 70 year-old male presented with acute low back ache followed by weakness of both lower limbs. He was having fatigue, bone pains and exertional dyspnoea for the last 3 months. Investigations revealed Hb 6gms%, ESR 110 mm/1st hr,S.creatinine- 3mg%, compression fracture of T10 vertebra. **a)** Give your complete diagnosis **b)** Other investigations to confirm your diagnosis **c)** How will you manage his problems? **d)** What are the causes of renal impairment in this condition — *Jan 2019 P-II*
2. Acute myeloid leukemia clinical features and diagnosis — *May 2026 P-II*
3. Laboratory features in multiple myeloma — *Oct 2023 P-II*
4. Outline the clinical features and diagnosis of acute myeloid leukemia — *Feb 2025 P-II*
5. Polycythaemia vera — *Jun 2018 P-II*
6. Write the clinical features and diagnosis of haemophagocytosis — *Jan 2020 P-I*
7. Four myelodysplastic syndromes — *Apr 2022 P-II*
8. Two causes of polycythaemia — *Oct 2021 P-II*

9.7 Splenomegaly, lymphadenopathy and eosinophilia *(7 papers)*

1. 2 causes of eosinophilia — *Oct 2023 P-II*
2. 2 causes of generalized lymphadenopathy — *Oct 2023 P-II*
3. Four causes of massive splenomegaly — ***Jan 2019 P-II · Jun 2019 P-II [2×]***
4. Three cause for obliteration of traube's spce — *Jan 2018 P-II*
5. Three causes for massive splenomegaly — *Jan 2018 P-II*
6. Three causes of generalized lymphadenopathy — *Mar 2021 P-II*

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7. Three causes of massive splenomegaly — *Jan 2016 P-II*
8. Two causes of eosinophilia — *Jul 2020 P-II*

9.8 Oncology *(4 papers)*

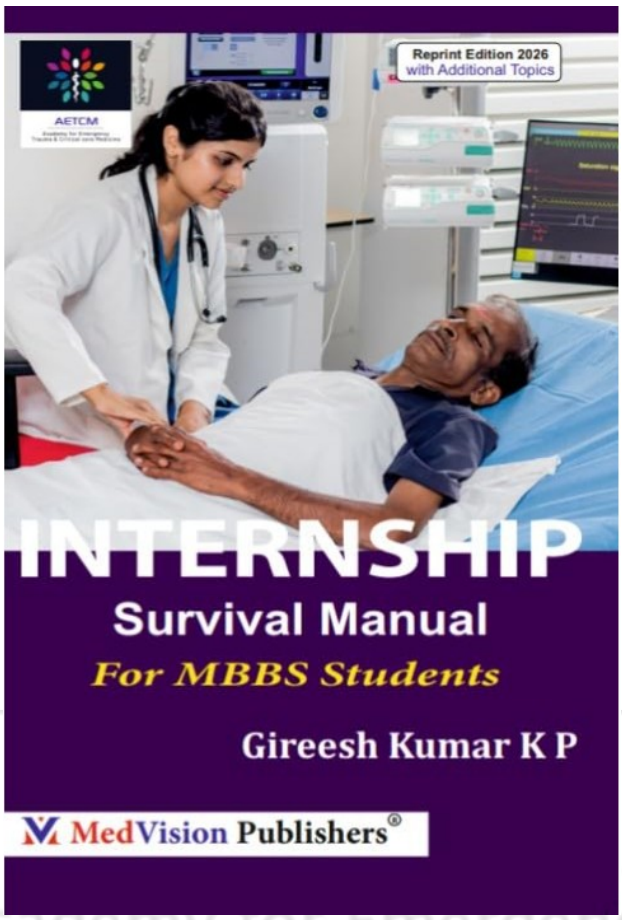
1. Carcinoid tumours — *Jun 2018 P-II*
2. Discuss the modifiable risk factors for common malignancies in India — *Feb 2025 P-II*
3. Febrile neutropenia — *Jan 2020 P-I*
4. Tumour markers — *Apr 2022 P-II*

9.9 MCQs from recent papers (2024–2026) *(12 MCQs)*

1. Neurological findings in Vitamin B12 deficiency include all except: — *Feb 2024 P-I*
   (a) Dementia **(b)** Mononeuropathy **(c)** Optic atrophy **(d)** Glove and stocking paraesthesia
2. Earliest lab finding in iron deficiency anemia is: — *Feb 2024 P-I*
   (a) Low iron **(b)** Low ferritin **(c)** High TIBC **(d)** High LDH
3. Macrocytosis can be seen in all except: — *Feb 2024 P-I*
   (a) Liver disease **(b)** Vitamin B12 deficiency **(c)** Sideroblastic anemia **(d)** Hypothyroidism
4. Rich source of folate is — *Feb 2024 P-I*
   (a) Green leafy vegetables **(b)** Liver **(c)** Milk **(d)** Fortified breakfast cereals
5. All are transmitted through blood transfusion except: — *Feb 2024 P-I*
   (a) HIV **(b)** Hepatitis E **(c)** Hepatitis B **(d)** Hepatitis C
6. Ectopic erythropoietin production is not seen in: — *Feb 2024 P-II*
   (a) Renal cell cancer **(b)** Hepatocellular cancer **(c)** Small cell lung cancer **(d)** Uterine fibroid
7. Prostate specific antigen(PSA)can be elevated in: — *Feb 2024 P-II*
   (a) Prostate cancer **(b)** Acute prostatitis **(c)** Chronic prostatitis **(d)** All of the above
8. Reticulocytosis is associated with all the following except: — *Feb 2025 P-I*
   (a) Acute haemorrhage **(b)** Iron deficiency anemia **(c)** Microangiopathic hemolytic anemia **(d)** Sickle cell anemia
9. Which of the following is not consistent with a diagnosis of iron deficiency anemia? — *Feb 2025 P-I*
   (a) Microcytic hypochromic blood picture **(b)** Decreased total iron binding capacity **(c)** Increased Red cell protoporphyrin level **(d)** Increased serum transferrin receptor protein
10. Sub acute combined degeneration of cord is a manifestation of which Vitamin Deficiency — *Feb 2025 P-I*
    (a) Vitamin B1 **(b)** Vitamin B6 **(c)** Vitamin B3 **(d)** Vitamin B 12
11. All are complications of massive blood transfusion except: — *May 2026 P-I*
    (a) Hyperkalaemia **(b)** Hypocalcaemia **(c)** Hypothermia **(d)** Metabolic alkalosis
12. Which of the following Lab findings is most specific for intravascular hemolysis. — *May 2026 P-II*
    (a) Elevated indirect Bilirubin **(b)** Reticulocytosis **(c)** Hemoglobinurea **(d)** Increased serum LDH

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10. Rheumatology and Immunology (53 questions)

★ Most-asked topics in this chapter

- Rheumatoid arthritis and DMARDs — ***asked in 11 papers***
- SLE and connective tissue diseases — ***asked in 10 papers***
- Allergy, anaphylaxis and immunology — ***asked in 10 papers***
- Spondyloarthritis, reactive arthritis and vasculitis — ***asked in 6 papers***
- Gout and hyperuricaemia — ***asked in 6 papers***
- Osteoporosis and metabolic bone disease — ***asked in 4 papers***
- Septic arthritis and approach to arthritis — ***asked in 3 papers***

10.1 Rheumatoid arthritis and DMARDs *(11 papers)*

1. Describe the clinical features and investigations of Rheumatoid arthritis — *Feb 2025 P-II*
2. Diagnosis of Rheumatoid Arthritis — *Oct 2022 P-I*
3. Hand deformities in Rheumatoid Arthritis — *Oct 2021 P-I*
4. Hydroxychloroquine — *Jul 2020 P-I*
5. Methotrexate — *Jun 2018 P-I*
6. Rheumatoid factor — *Apr 2022 P-II*
7. Treatment of rheumatoid arthritis — *Feb 2024 P-II*
8. Rheumatoid factor — *Jun 2019 P-I*
9. Three drugs(disease modified drugs) used in the treatment of Rheumatoid Arthritis — *Mar 2021 P-I*
10. Three radiological signs of rheumatoid arthritis — *Jan 2016 P-I*
11. Two side effects of hydroxychloroquine — *Oct 2021 P-I*
12. Two side effects of methotrexate — ***Jul 2020 P-I · Oct 2023 P-I [2×]***
13. Two specific investigations in rheumatoid arthritis — *Oct 2023 P-I*

10.2 SLE and connective tissue diseases *(10 papers)*

1. **Case / Essay [10 marks]** 20-year-old female presents with fever and joint pains of 3 weeks duration. She also has hair loss and notices swelling of feet recently. **a)** What is your provisional diagnosis? **b)** State the diagnostic criteria **c)** Outline the management — *Jun 2016 P-I*
2. **Case / Essay [10 marks]** A 22 year female presented with oral ulcers, rash over face, photosensitivity, non-deforming polyarthritis and Raynaud's phenomenon. **a)** What is the diagnosis? **b)** What is Raynaud's phenomenon? **c)** Mention the criteria for diagnosis of this condition **d)** What are the investigations to be done? **e)** Mention the goals of treatment and treatment of this condition — *Oct 2023 P-I*
3. Antiphospholipid antibodies — *May 2017 P-II*
4. CREST syndrome — *Oct 2022 P-I*
5. Discuss the clinical importance of ANA and anti DS DNA antibodies — *May 2026 P-II*
6. Haematological manifestations in SLE — *Jan 2019 P-II*
7. Investigations in systemic lupus erythematosus — *Jul 2020 P-I*
8. Mention the criteria for systemic lupus erythematosis — *Jun 2018 P-I*
9. Raynaud's syndrome — *May 2026 P-II*
10. Skin manifestations in SLE — *May 2017 P-I*
11. Two Immuno modulator drugs for SLE — *Oct 2022 P-I*
12. Two extra articular manifestations of systemic Lupus erythematosus — *Oct 2021 P-I*

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10.3 Spondyloarthritis, reactive arthritis and vasculitis *(6 papers)*

1. Bechet's syndrome — *May 2017 P-I*
2. Discuss the clinical features and management of reactive arthritis — *Feb 2025 P-II*
3. HSP — *Jun 2016 P-II*
4. Reactive arthritis — *Jan 2018 P-I*
5. Still's disease — *Jan 2017 P-I*
6. Mention two features of adult onset stills disease — *Jan 2020 P-I*

10.4 Gout and hyperuricaemia *(6 papers)*

1. Febuxostat — *Jan 2017 P-I*
2. Gout — *Oct 2023 P-I*
3. GOUT-causes and treatment — *Mar 2021 P-II*
4. Gout-clinical features and treatment — *Feb 2024 P-II*
5. Podagra — *Apr 2022 P-II*
6. Four causes of hyperuricemia — *Jun 2019 P-I*

10.5 Septic arthritis and approach to arthritis *(3 papers)*

1. Septic arthritis — ***Jun 2019 P-I · Jul 2020 P-I [2×]***
2. Two causes of acute monoarthritis — *Jun 2018 P-I*

10.6 Osteoporosis and metabolic bone disease *(4 papers)*

1. Osteoporosis treatment — *Oct 2023 P-I*
2. Treatment of osteoporosis — *Jul 2020 P-I*
3. Write a note on Osteoporosis in geriatric population — *May 2026 P-II*
4. Three causes for osteoporosis — *Jan 2017 P-I*

10.7 Allergy, anaphylaxis and immunology *(10 papers)*

1. Acute phase response — *Apr 2022 P-II*
2. Anaphylaxis — *Oct 2023 P-I*
3. Anaphylaxis-clinical features and management — *Mar 2021 P-I*
4. Angioedema — *Jul 2020 P-I*
5. C reactive protein — *Feb 2023 P-II*
6. Management of Anaphylaxis — *Oct 2021 P-I*
7. Serum sickness — *Jan 2016 P-I*
8. Side effects of corticosteroids — *Jun 2019 P-II*
9. Name two new antihistamine — *Jan 2020 P-I*
10. Three side effects of prednisolone — *Jan 2018 P-I*

10.8 MCQs from recent papers (2024–2026) *(11 MCQs)*

1. Rheumatoid factor is: — *Feb 2024 P-II*
   (a) IgA **(b)** IgG **(c)** IgM **(d)** IgE
2. Disease modifying anti-rheumatic drugs include all except: — *Feb 2024 P-II*
   (a) Methotrexate **(b)** Sulfamethoxazole **(c)** Leflunomide **(d)** Sulfasalazine
3. Heberden's nodes are seen in: — *Feb 2024 P-II*
   (a) Gout **(b)** Rheumatoid arthritis **(c)** Osteoarthritis **(d)** SLE
4. Hyperuricemia is caused by all except: — *Feb 2024 P-II*
   (a) Alcohol intake **(b)** Renal failure **(c)** Increased intake of shell fish **(d)** Rifampicin

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5. Which is not an example of DMARD: *— Feb 2025 P-II*

(a) Methotrexate **(b)** Infliximab **(c)** Leflunomide **(d)** Azathioprine

6. Reiter's syndrome is associated with all except: *— Feb 2025 P-II*

(a) Keratoderma blenorrhagica **(b)** Urethritis **(c)** Reactive arthritis **(d)** Serositis

7. Anti-histone antibody is associated with: *— Feb 2025 P-II*

(a) Rheumatoid arthritis **(b)** Systemic sclerosis **(c)** Drug induced Lupus **(d)** Polymyositis

8. Gout is due to deposition of: *— Feb 2025 P-II*

(a) Monosodium urate monohydrate **(b)** Calcium pyrophosphate dehydrate **(c)** Calcium oxalate **(d)** Basic calcium phosphate

9. Drug used in treatment of acute gout *— May 2026 P-II*

(a) Allopurinol **(b)** Colchicine **(c)** Febuxostat **(d)** Pegloticase

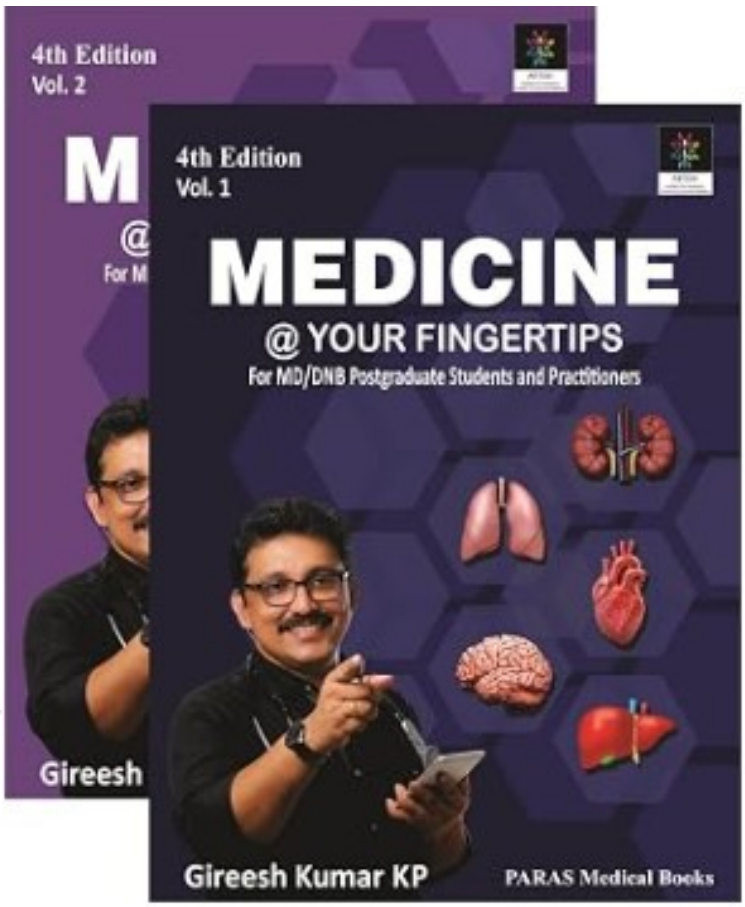
10. Most specific test for rheumatoid arthritis *— May 2026 P-II*

(a) Anti-CCP antibody **(b)** Rheumatoid factor **(c)** Anti-smith antibody **(d)** Anti-Ro antibody

11. Most common pattern of joint involvement in psoriatic arthritis *— May 2026 P-II*

(a) Asymmetric inflammatory oligoarthritis **(b)** Symmetrical polyarthritis **(c)** Arthritis of DIP joints **(d)** Arthritis mutilans

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11. Critical Care, Emergency Medicine and Toxicology (44 questions)

★ Most-asked topics in this chapter

- Snake bite — ***asked in 12 papers***
- Organophosphorus poisoning — ***asked in 11 papers***
- Paracetamol and other poisonings — ***asked in 10 papers***
- Environmental emergencies – heat, drowning, lightning, altitude — ***asked in 5 papers***
- Shock and sepsis — ***asked in 4 papers***

11.1 Shock and sepsis *(4 papers)*

1. **Case / Essay [10 marks]** Define sepsis. Discuss the pathogenesis, clinical features, management and complications of bacterial sepsis. — *Feb 2024 P-I*
2. Discuss the aetiology and clinical features of hypovolemic shock. — *Feb 2025 P-II*
3. Hypovolemic shock-etiology and treatment. — *Feb 2024 P-II*
4. Septic shock — *Jan 2020 P-I*

11.2 Resuscitation – BLS and ACLS *(2 papers)*

1. ACLS algorithm for symptomatic bradycardia — *May 2026 P-II*
2. Key steps of Basic life support (BLS)adult — *May 2026 P-I*

11.3 Organophosphorus poisoning *(11 papers)*

1. **Case / Essay [10 marks]** 22 year-old female was found unconscious in room. She was dyspneic with frothing from mouth which was not blood stained. Examination revealed pinpoint pupils and muscle twitchings. **a)** Diagnosis **b)** Pathophysiology **c)** Investigations **d)** Treatment **e)** Complications — *May 2017 P-I*
2. **Case / Essay [10 marks]** A 35 year old farmer is brought unconscious to the emergency department. O/E smell of kerosene in breath with pinpoint pupils and froth from mouth. **a)** What is your possible clinical diagnosis? **b)** What investigations will you do for this patient? **c)** Mention the treatment to be given? **d)** What are the complications? — *Jan 2018 P-I*
3. Approach to a patient with organoposphorous poisoning — *Feb 2024 P-I*
4. Clinical features of organophosphorus (OP) poisoning — *Oct 2022 P-I*
5. Clinical features of organophosphorous poisoning — *Jul 2020 P-I*
6. Complications of organophosphorus poisoning — *Apr 2022 P-I*
7. Describe the clinical features and management of Organophosphorus poisoning — *Feb 2025 P-I*
8. Describe the management of a patient who presents with organo phosphorus poisoning — *May 2026 P-I*
9. Organophosphorus poisoning — *Jan 2017 P-I*
10. Two cardiovascular findings in organophosphorous poisoning — *Jun 2018 P-I*
11. Two drugs used in organophosphorous poisoning — *Oct 2021 P-I*

11.4 Paracetamol and other poisonings *(10 papers)*

1. **Case / Essay [10 marks]** 18 years old girl presented with alleged consumption of 30 tablets of paracetamol half an hour back. **a)** Enumerate different methods of gastrointestinal decontamination and the substances usually eliminated by these methods **b)** Write briefly on the mechanism of toxicity of paracetamol **c)** What are the investigations? **d)** How will you manage this patient? **e)** What is the complication that can arise and what are the early manifestations that you will watch for? — *Apr 2022 P-II*

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2. Describe the complications and management of paracetamol overdose — *Feb 2025 P-I*
3. Describe the management protocol of paracetamol overdose — *May 2026 P-I*
4. Diazepam poisoning — *Jun 2015 P-I*
5. Lithium toxicity — *Apr 2022 P-II*
6. Management of paracetamol poisoning — *Jan 2019 P-I*
7. N-acetyl cysteine — *Jan 2017 P-I*
8. Paracetamol overdose — *Oct 2023 P-I*
9. Paracetamol poisoning — ***Jan 2018 P-I · Jul 2020 P-I [2×]***
10. Treatment of paracetamol poisoning — *Mar 2021 P-I*

11.5 Snake bite *(12 papers)*

1. **Case / Essay [10 marks]** 55 year old male, brought to casualty with history of snake bite. On examination, local bite marks noted along with swelling and tenderness. **a)** What are the initial steps in the management? **b)** How will you monitor the patient? **c)** Outline-definitive management **d)** Discuss the complications — *Oct 2022 P-I*
2. **Case / Essay [10 marks]** A 35 year old alcoholic was brought with H/O bite over right foot while returning home by walking He later developed dysphagia and difficulty in opening his eyes. O/E two puncture points over right foot. **a)** What is the likely diagnosis? **b)** What investigations will you plan? **c)** What other complications do you expect? **d)** Mention the treatment to be given? — *Jan 2017 P-I*
3. **Case / Essay [10 marks]** A 43-years-old farmer was brought to the emergency with the history of being bitten by some reptile about one hour back, while engaged in bush-cutting. Examination showed two puncture marks with bleeding. **a)** What is your diagnosis? Identify the likely reptile **b)** What investigations will you order? **c)** Mention the steps in your management **d)** What are the common complications expected? — *Jun 2015 P-I*
4. Clinical features of Cobra bite — *Oct 2021 P-I*
5. Clinical features of Russels viper envenomation — *Oct 2023 P-I*
6. Clinical features of viper envenomation — *Jun 2019 P-I*
7. Cobra bite — *Jun 2016 P-I*
8. Management of cobra bite — *Jan 2019 P-I*
9. Outline the clinical features and management of neurotoxic snake envenomation — *Feb 2025 P-I*
10. Snake Bite-clinical features and treatment — *Feb 2024 P-I*
11. Viper bite — *Feb 2023 P-I*
12. Name two neurotoxic snakes — *Jan 2020 P-I*

11.6 Environmental emergencies – heat, drowning, lightning, altitude *(5 papers)*

1. Acute mountain sickness — *Feb 2023 P-I*
2. Harzards of lightening — *May 2017 P-I*
3. Heat stroke — ***Jun 2018 P-I · Oct 2022 P-I [2×]***
4. Management of drowning — *Jun 2018 P-I*
5. Near drowning — *Jan 2019 P-I*

11.7 MCQs from recent papers (2024–2026) *(7 MCQs)*

1. Treatment of paracetamol poisoning include all except: — *Feb 2024 P-I*
   (a) Activated charcoal **(b)** Acetyl cysteine **(c)** Desferrioxamine **(d)** Methionine
2. Ptosis is an early feature of envenomation by: — *Feb 2024 P-I*
   (a) Cobra **(b)** Russell's viper **(c)** Krait **(d)** Sea snake
3. Antidote of choice for organophosphorus poisoning is — *Feb 2025 P-I*

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(a) Acetylcholine **(b)** Atropine **(c)** Vitamin K **(d)** N acetyl cysteine

4. Methaemoglobinaemia is a complication of which of the following overdose? *— Feb 2025 P-I*

(a) Paracetamol **(b)** Amoxycillin **(c)** Warfarin **(d)** Copper sulphate

5. Perioperative shock is an example of *— May 2026 P-II*

(a) Hypovolemic shock **(b)** Septic shock **(c)** Cardiogenic shock **(d)** Neurogenic shock

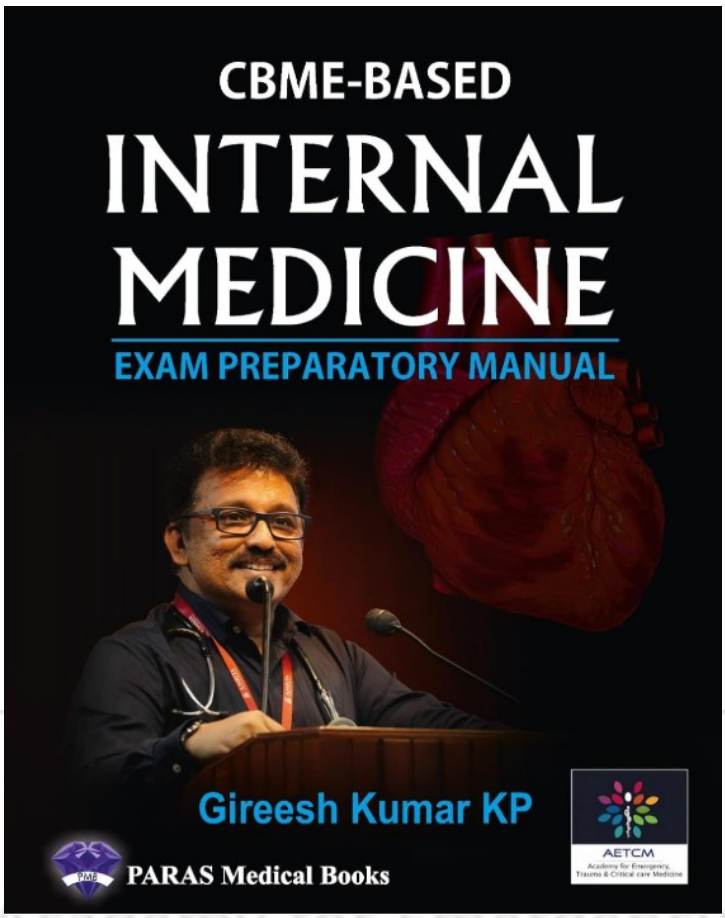
6. Earliest sign of hypovolemia *— May 2026 P-II*

(a) Tachycardia **(b)** Cool clammy skin **(c)** Postural hypotension **(d)** Urine output

7. In hypovolemic shock *— May 2026 P-II*

(a) Only fluids are given **(b)** Only inotropic drugs are given **(c)** First fluid followed by inotropes **(d)** Inotropes along with fluids

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12. Nutrition and Vitamins (17 questions)

★ Most-asked topics in this chapter

- Vitamin A and vitamin D — ***asked in 9 papers***
- Vitamin B-complex deficiencies — ***asked in 7 papers***

12.1 Vitamin B-complex deficiencies *(7 papers)*

1. B6 deficiency — *Jun 2016 P-I*
2. Beri beri — *Jan 2019 P-I*
3. Clinical features of Thiamine(vitamin B1) deficiency — *May 2026 P-II*
4. Describe clinical features of Thiamine deficiency — *Feb 2025 P-I*
5. Niacin deficiency — *Jul 2020 P-I*
6. Thiamine — *Jun 2019 P-I*
7. Wernickes encephalopathy — *Jan 2019 P-I*
8. Three clinical features of Niacin deficiency — *Mar 2021 P-I*

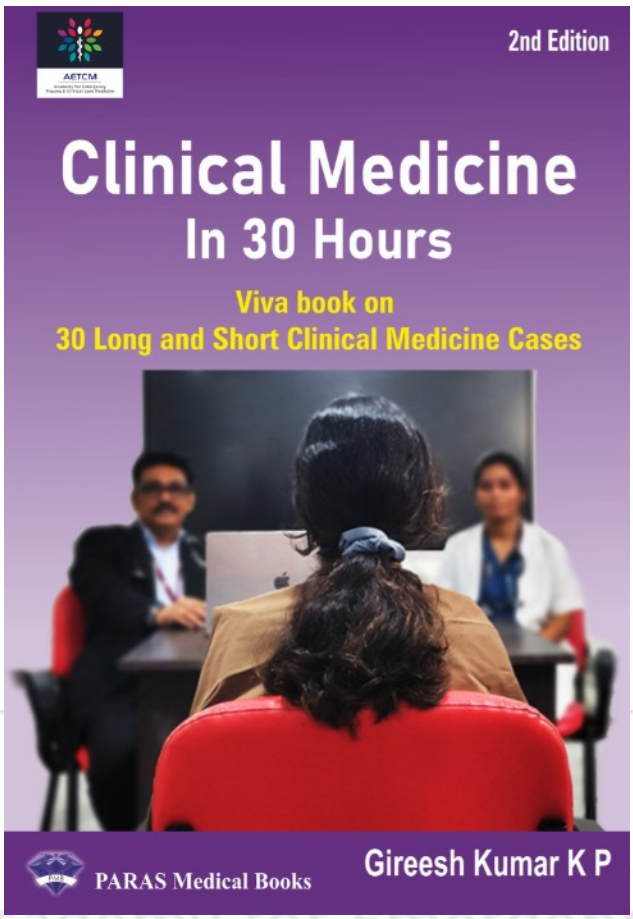
12.2 Vitamin A and vitamin D *(9 papers)*

1. Clinical features of vitamin D deficiency — *Feb 2024 P-I*
2. Osteomalacia — *Jun 2016 P-I*
3. Vitamin A — *Oct 2023 P-I*
4. Vitamin D — *Oct 2021 P-I*
5. Vitamin D deficiency — ***Jun 2018 P-I · Oct 2023 P-I [2×]***
6. Vitamin D deficiency- diagnosis and treatment — *Mar 2021 P-I*
7. Vitamin D deficiency- Treatment — *Oct 2022 P-I*
8. Three food sources of Vit A — *Jan 2016 P-I*
9. Three radiological signs of rickets — *Jun 2015 P-I*

12.3 MCQs from recent papers (2024–2026) *(1 MCQs)*

1. Wernickes Korsakoffs is a manifestation of which Vitamin deficiency? — *Feb 2025 P-I*
   (a) Vitamin B1 **(b)** Vitamin B6 **(c)** Vitamin B3 **(d)** Vitamin B12

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13. Dermatology (15 questions)

★ Most-asked topics in this chapter

- Papulosquamous and bullous disorders — ***asked in 11 papers***
- Other skin conditions — ***asked in 7 papers***

13.1 Papulosquamous and bullous disorders *(11 papers)*

1. Clinical features of psoriasis — ***Jun 2019 P-I · Oct 2021 P-I [2×]***
2. Common clinical manifestations of psoriasis. — *May 2026 P-II*
3. Lichen plannus — *Jun 2015 P-I*
4. Pemphigus vulgaris — *Jan 2017 P-I*
5. Psoriasis — ***Jun 2016 P-I · Jan 2018 P-I · Jul 2020 P-I [3×]***
6. Psoriasis-diagnosis and treatment — *Feb 2024 P-II*
7. Two important clinical signs of psoriasis — *Oct 2022 P-I*
8. Write briefly on the clinical features and management of psoriasis — *Feb 2025 P-II*

13.2 Skin infections and infestations *(2 papers)*

1. Acne vulgaris — *Jun 2019 P-I*
2. Scabies — *Oct 2021 P-I*

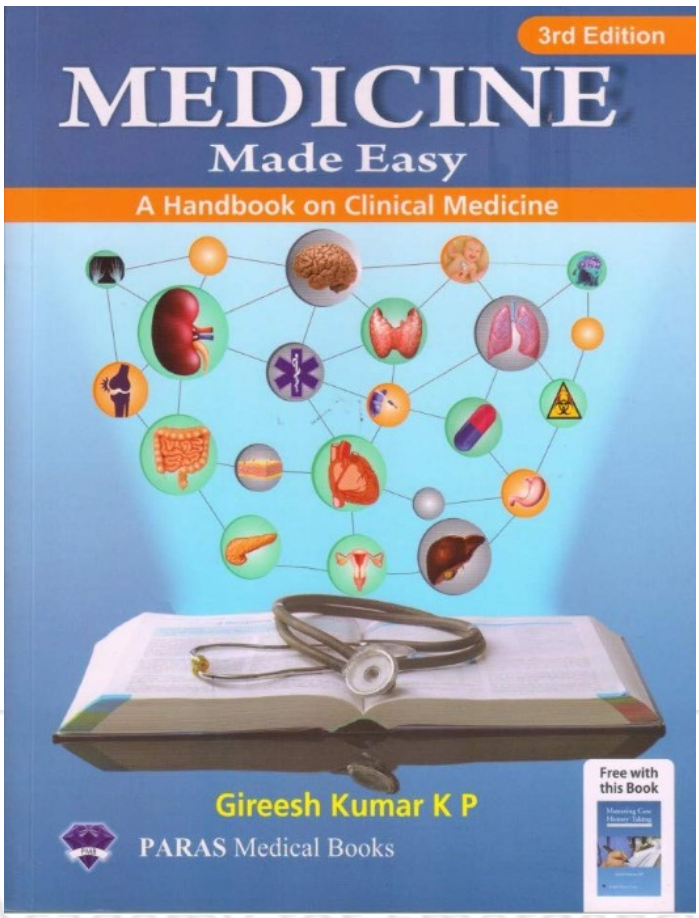
13.3 Other skin conditions *(7 papers)*

1. Different causes of "LEG ULCERS" and their investigations — *Jan 2019 P-I*
2. Erythema nodosum — ***Jun 2016 P-I · Jun 2019 P-I · Apr 2022 P-I [3×]***
3. Lupus pernio — *Apr 2022 P-II*
4. Vitiligo — *Oct 2023 P-I*
5. Four systemic causes of pruritis — *Jun 2018 P-II*

13.4 MCQs from recent papers (2024–2026) *(2 MCQs)*

1. Pruritis is associated with all except: — *Feb 2024 P-II*
   (a) Renal failure **(b)** Hypothyroidism **(c)** Polycythaemia rubra **(d)** Immune thrombocytopenic purpura
2. The following drug is indicated in the treatment of Pityriasis versicolor? — *Feb 2025 P-II*
   (a) Ketoconazole **(b)** Metronidazole **(c)** Griseofulvin **(d)** Chloroquine

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14. Psychiatry (14 questions)

★ Most-asked topics in this chapter

- Mood disorders – depression and bipolar disorder — ***asked in 9 papers***
- Anxiety, psychosis, eating disorders and suicide — ***asked in 4 papers***

14.1 Mood disorders – depression and bipolar disorder *(9 papers)*

1. Anti-depressants — *Jan 2016 P-I*

2. Bipolar mood disorder — *May 2017 P-I*

3. BPD — *Jun 2016 P-I*

4. Clinical features of depression — *Feb 2023 P-I*

5. Depression — ***Jul 2020 P-I · Oct 2021 P-I [2×]***

6. Depression-clinical features and diagnosis — *Mar 2021 P-I*

7. Depression-clinical features and management — *May 2026 P-II*

8. Outline clinical features of depression — *Feb 2025 P-II*

14.2 Anxiety, psychosis, eating disorders and suicide *(4 papers)*

1. Anorexia nervosa — ***Jun 2015 P-I · Oct 2022 P-I [2×]***

2. Generalised Anxiety disorder-diagnosis & treatment — *Oct 2022 P-I*

3. Predisposing factors for suicide — *Jan 2016 P-I*

4. Schizophrenia — *Jun 2016 P-I*

14.3 Alcohol and substance use *(2 papers)*

1. Alcohol withdrawal syndrome — *Oct 2021 P-I*

2. Two neurological complications of harmful alcohol use — *Oct 2023 P-I*

14.4 MCQs from recent papers (2024–2026) *(3 MCQs)*

1. Anxiety is commonly seen in all except: — *Feb 2024 P-II*

(a) Alcohol withdrawal **(b)** Hypothyroidism **(c)** Hyperthyroidism **(d)** Pheochromocytoma

2. One of the following is not a side effect of antipsychotic — *Feb 2025 P-II*

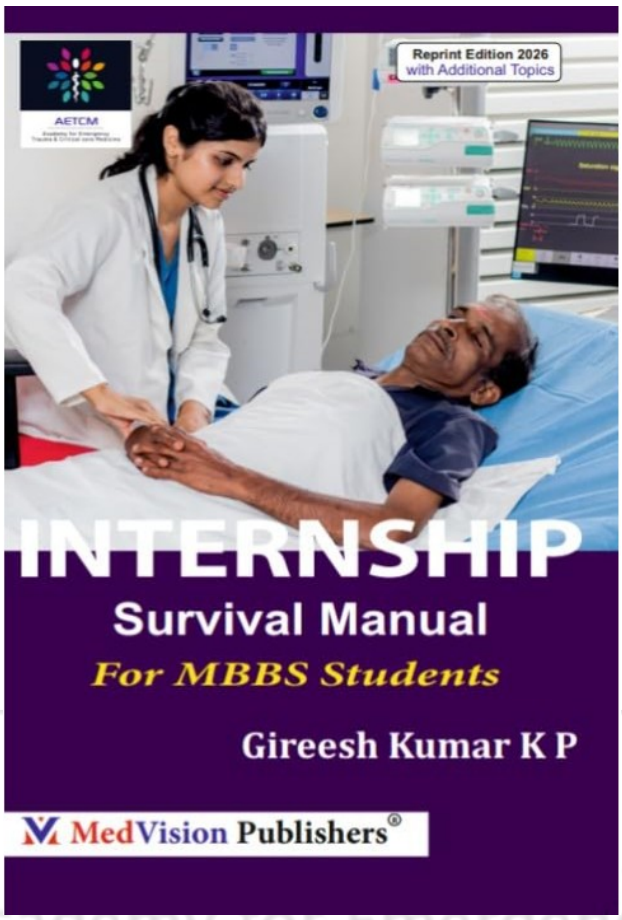
(a) Ballismus **(b)** Tardive dyskinesia **(c)** Dystonia **(d)** Akathisia

3. Depressive disorders have which of the following feature? — *Feb 2025 P-II*

(a) Anhedonia **(b)** Optimistic thinking **(c)** Perceptional disturbances **(d)** Normal apetite

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15. Genetics, Geriatrics, Ethics and General Medicine (15 questions)

★ Most-asked topics in this chapter

- Genetic disorders — ***asked in 6 papers***
- Medical ethics, AETCOM and professionalism — ***asked in 3 papers***

15.1 Genetic disorders *(6 papers)*

1. Autosomal dominant disorders(two examples) — *Mar 2021 P-I*
2. Clinical features of Down syndrome — *Oct 2022 P-I*
3. Klinefelters syndrome — *Apr 2022 P-I*
4. Marfan's syndrome — *Jan 2017 P-I*
5. Trisomy 21 — *Jan 2016 P-I*
6. X-linked transmission — *Feb 2023 P-I*

15.2 Geriatrics *(2 papers)*

1. Describe the causes of recurrent falls in elderly — *Feb 2025 P-II*
2. Discuss fall in elderly — *Feb 2024 P-II*

15.3 Medical ethics, AETCOM and professionalism *(3 papers)*

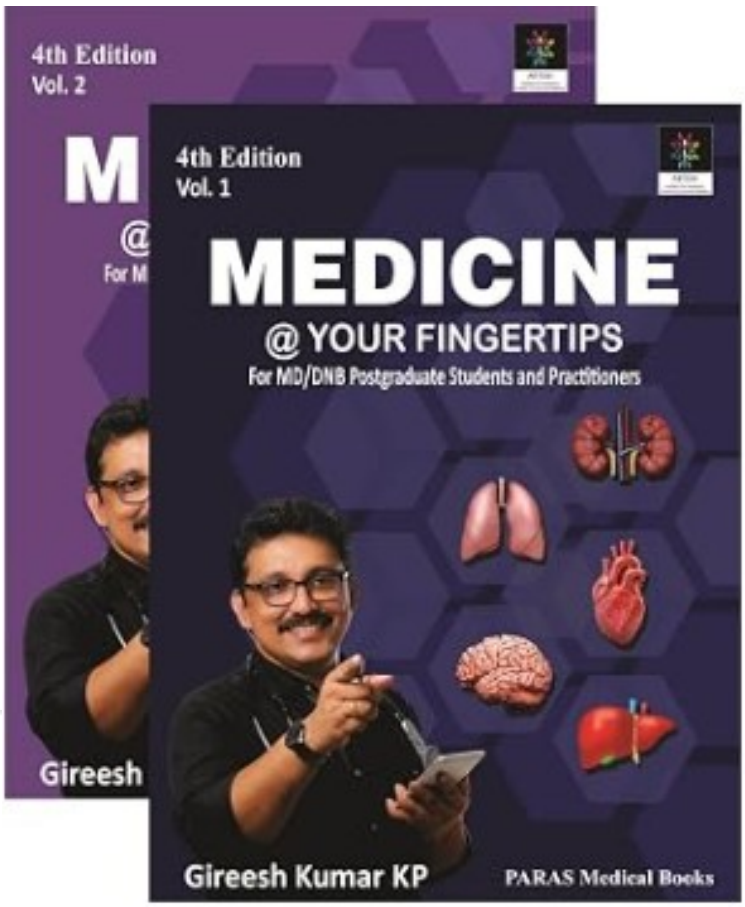
1. AETCOM-Explain importance in patient care — *Feb 2024 P-II*
2. Describe the four principles of medical ethics with examples — *Feb 2025 P-I*
3. Discuss doctor's responsibility in the doctor-patient relationship — *Feb 2025 P-II*
4. Enumerate and describe professional qualities and roles of a physician — *Feb 2025 P-I*

15.4 Lifestyle and smoking *(2 papers)*

1. Adverse effects of smoking — *Feb 2023 P-I*
2. Health hazards of cigarette smoking — *Jan 2016 P-I*
3. Ultrasound imaging — *Jan 2016 P-I*

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Appendix — Match the following (paper-wise)

Match each item in column A with the most appropriate option in column B. Column B usually has extra options.

Jun 2015 · Paper I

Column A	Column B
A. Confabulation	**A.** Leprosy
B. Omalizumab	**B.** Paranoia
C. Ellis's "S" shaped curve	**C.** Gonorrhea
D. Erythema nodosum	**D.** Tuberculosis
E. Malar erythema	**E.** Sever adult asthma
F. Scrofuloderma	**F.** Systemic lupus erythematosis
	G. Pleural effusion
	H. Multiple myeloma
	I. Korsakoff's psychosis

Jun 2015 · Paper II

Column A	Column B
A. Recurrent abdominal pain	**A.** Leprosy
B. Sumatriptan	**B.** Antithrombin III
C. Heparin	**C.** Polycythemia
D. Howell-jolly bodies	**D.** Tuberculosis
E. Low ESR	**E.** Migraine
F. Guillain-Barre syndrome	**F.** Systemic lupus erythematosis
	G. Plasma exchange
	H. Splenectomy
	I. Acute intermittent porphyria

Jan 2016 · Paper I

Column A	Column B
A. Rasmussen's aneurysm	**A.** Hemodialysis
B. Infliximab	**B.** Chronic obstructive pulmonary disease
C. Hampton's hump	**C.** Scabies
D. Lithium toxicity	**D.** Pulmonary tuberculosis
E. Permethrin	**E.** Sever adult asthma
F. Tiotropium	**F.** Pulmonary embolism
	G. Pleural effusion
	H. Ankylosing spondyllitis
	I. Pancoast tumor

Jan 2016 · Paper II

Column A	Column B
A. Optic atrophy	**A.** Coeliac disease
B. Zollinger-ellison syndrome	**B.** Type I diabetes mellitus
C. HLA-DR4	**C.** Leucopenia
D. Sodium valproate	**D.** Tuberculosis
E. Osteoporosis	**E.** Esophageal pain with diarrhea

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F. Chloramphenicol	**F.** Systemic lupus erythematosis
	G. Smoking
	H. Multiple sclerosis
	I. Generalized seizures

Jun 2016 · Paper I

Column A	Column B
A. RA	**1.** HGPRT Deficiency
B. MCTD	**2.** Auto immune haemolytic anemia
C. Arthritis Mutilance	**3.** Kerato Conjunctivitis Sicca
D. Psoriasis	**4.** Salt & Pepper skin
E. SLE	**5.** Felty syndrome
F. Sjogrens	**6.** Thimble Pitting

Jun 2016 · Paper II

Column A	Column B
A. Hepatopulmonary syndrome	**1.** Addison's
B. Wegners granulomatosis	**2.** CLD
C. Pulmonary arterial HTN	**3.** CLL
D. Acanthocytes	**4.** Hanta virus
E. Hypoglycemia	**5.** Phosphodiesterase inhibitor
F. Smudge cells	**6.** Pauci immune GN

Jan 2017 · Paper I

Column A	Column B
A. Erythema nodosum	**A.** Diabetes mellitus
B. Kaposi's sarcoma	**B.** Tuberculosis
C. Migratory thrombophlebitis	**C.** Bronchial Asthma
D. Angiotensin converting enzyme	**D.** Angio odema
E. Acanthosis nigricans	**E.** Gonorrhea
F. Rheumatoid arthritis	**F.** Pleural effusion
	G. Pancreatic carcinoma
	H. Immunodeficiency syndrome

Jan 2017 · Paper II

Column A	Column B
A. Recurrent haemolysis	**A.** Facial diplegia
B. Low molecular weight Heparin	**B.** Splenic rupture
C. Flunarizine	**C.** Leprosy
D. Infective endocarditis	**D.** Sub arachnoid hemorrhage
E. Infectious mononucleosis	**E.** Migraine
F. Guillain barre syndrome	**F.** Pulmonary Tuberculosis
	G. Osler's nodes
	H. Antiphospholipid syndrome
	I. Hereditary spherocytosis

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May 2017 · Paper I

Column A	Column B
A. Ground itch	**A.** Scarlet fever
B. Straw berry tongue	**B.** HIV
C. Membranous tonsillitis	**C.** Rickettsial infection
D. Saddle back fever	**D.** Diphtheria
E. Eschar	**E.** Hook worm infection
F. Oral hairy leukoplakia	**F.** Dengue infection
	G. Strongyloides infection
	H. Lymphoma

May 2017 · Paper II

Column A	Column B
A. Hemochromatosis	**A.** Linali Domide
B. Multiple myeloma	**B.** Balaclava helmet sensory loss
C. Syringobulbia	**C.** Machinary murmur
D. Diabetes mellitus	**D.** Cyanotic spells
E. Subarachnoid hemorrhage	**E.** Frozen shoulder
F. PDA	**F.** Thunderclap headache
	G. Bronzed diabetes

Jan 2018 · Paper I

Column A	Column B
A. Ataxia	**A.** Diabetes mellitus
B. Leflunamide	**B.** Wernicke's encephalopathy
C. Hamman rich sign	**C.** Rheumatoid arthritis
D. Photosensitive rashes	**D.** Mediastinal emphysema
E. SIADH	**E.** SLE
F. Granuloma inguinale	**F.** Klebsiella
	G. Tolvapten
	H. Malaria

Jan 2018 · Paper II

Column A	Column B
A. Spontaneous bacterial peritonitis	**A.** Aortoarteritis
B. Guillain barre syndrome	**B.** Polycythemia
C. Levetiracetam	**C.** Cortical sinus thrombosis
D. High ESR	**D.** Migraine
E. Tetralogy of fallot	**E.** Flaccid paralysis
F. Heparin	**F.** Splenomegaly
	G. Epilepsy
	H. Porphyria
	I. Norflox prophylaxis

Jun 2018 · Paper I

Column A	Column B
A. Drowning	**A.** Polycystic Ovarian Syndrome

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B. Obesity	**B.** Hemolysis
C. Methotrexate	**C.** Metabolic acidosis
D. Biotin	**D.** Ticks
E. Dapsone	**E.** Mite
F. Scabies	**F.** Egg yolk
	G. Rheumatoid arthritis
	H. Fresh fruits

Jun 2018 · Paper II

Column A	Column B
A. Hyponatremia	**A.** Hypoglycemia
B. Hyperuricemia	**B.** Osteopenia
C. Glimeperide	**C.** Reticulocytosis
D. Pheochromocytoma	**D.** Microcytic hypochromic anemia
E. Aortic regurgitation	**E.** Adrenal insufficiency
F. Mycoplasma pneumonia	**F.** Gestational diabetes mellitus
	G. Thiazides
	H. Palpitations

Jan 2019 · Paper I

Column A	Column B
A. Depression	**A.** Sarcoidosis
B. Lupus pernio	**B.** Tuberculosis
C. Lepra reaction I	**C.** Type IV reaction
D. Multiple myeloma	**D.** Sertalin
E. Erythema multi forme	**E.** Thalidomide
G. Jaccoud's arthropathy	

Jan 2019 · Paper II

Column A	Column B
A. Whipples triad	**A.** Hypoglycemia
B. Lamivudine	**B.** HIV
C. Splenomegaly	**C.** Hepatitis B
D. Gluten	**D.** Hepatitis A
E. Adenosine	**E.** Supra ventricular tachycardia
F. Diabetes insipidus	**F.** Coeliac disease
	G. Atrial fibrillation
	H. DDAVP

Jun 2019 · Paper I

Column A	Column B
A. Hypothermia	**A.** Hemolysis
B. Hydroxychloroquine	**B.** Aminoglycosides
C. Riboflavin	**C.** Methotrexate
D. Sulphonamides	**D.** Metabolic Acidosis
E. Klebsiella	**E.** Erythrasma

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F. Psoriasis	**F.** Eggs
	G. Systemic Lupus Erythematosis
	H. Milk

Jun 2019 · Paper II

Column A	Column B
A. Fasiculations	**A.** Dermatomyositis
B. Metformin	**B.** Carcinoma stomach
C. Panic attack	**C.** Iron deficiency anemia
D. Acanthosis nigricans	**D.** B 12 deficiency anemia
E. Reactive thrombocytosis	**E.** Myasthemnia gravis
F. Heliotrope rash	**F.** Pheochromocytoma
	G. Lactic acidosis

Jan 2020 · Paper I

Column A	Column B
A. Diabetes mellitus	**A.** Migratory thrombophlebitis
B. Polycythemia	**B.** PDA
C. Bronzed diabetes	**C.** Flunarizine
D. Machinery murmur	**D.** Hansen's disease
E. Migraine	**E.** Low ESR
F. Pancreatic tumor	**F.** Acanthosis nigricans
	G. Hemochromatosis

Jan 2020 · Paper II

Column A	Column B
A. Lactulose	**A.** Hyperuricemia
B. Anaphylaxis	**B.** Left ventricular dysfunction
C. Levetiracetam	**C.** Glyceryl trinitrate
D. Angina pectoris	**D.** Non absorbable disaccharide
E. Pyrazinamide	**E.** IgE
F. Pulses alternans	**F.** Epilepsy

Jul 2020 · Paper I

Column A	Column B
A. Anti-dsDNA	**A.** Osteoarthritis
B. Uric Acid	**B.** Psoriasis
C. Heberden's nodes	**C.** Rheumatoid arthritis
D. Swan neck deformity	**D.** Osteoporosis
E. Prednisolone	**E.** GOUT
F. Pitting of nails	**F.** Systemic lupus erythematosus

Jul 2020 · Paper II

Column A	Column B
A. Hypokalemia	**A.** Metformin
B. Hypoglycemia	**B.** Lactulose
C. Lactic acidosis	**C.** Pioglitazone

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D. Flapping tremors	**D.** Frusemide
E. Bilateral pedal edema	**E.** Glibenclamide
F. Wernicke's encephalopathy	**F.** Thiamine
	G. Vitamin B12

Mar 2021 · Paper I

Column A	Column B
A. Sarcoptes Scabiei	**A.** Aedes Aegypticus
B. Brucellosis	**B.** Atropin
C. Dengue Fever	**C.** Benzyl Benzoate
D. Depressive illness	**D.** Zoonosis
E. Organophosphorous poisoning	**E.** Aminopenicillin
F. Beta-Lactam Antibiotic	**F.** Tricyclics

Mar 2021 · Paper II

Column A	Column B
A. Acute coronary syndrome	**A.** Hypoglycemia
B. Aortitis	**B.** Barrett's Oesophagus
C. Thyrotoxicosis	**C.** Elevated INR
D. Whipple's triad	**D.** ST elevation
E. Hiatus Hernia	**E.** Syphillis
F. Vitamin K deficiency	**F.** Graves disease

Oct 2021 · Paper I

Column A	Column B
A. Beri Beri	**A.** Vitamin K
B. Sub acute combined degeneration of spinal cord	**B.** Niacin
C. Pellagra	**C.** Vitamin C
D. Peripheral Neuropathy	**D.** Vitamin A
E. Scurvy	**E.** Pyridoxine
F. Night Blindness	**F.** Thiamine
	G. Vitamin B12
	H. Vitamin D

Oct 2021 · Paper II

Column A	Column B
A. Microcytic hypochromic	**A.** Post splenectomy
B. Macrocytosis	**B.** Lead poisoning
C. Howell jolly bodies	**C.** Hereditary spherocytosis
D. Basophilic stippling	**D.** Hemolysis
E. Spherocytes	**E.** Iron deficiency anemia
F. Polychromasia	**F.** Vitamin B12
	G. Organophosphorous poisoning

Apr 2022 · Paper I

Column A	Column B
A. Sitagliptin	**A.** Type 1 diabetes mellitus

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B. Megaloblastic anaemia	**B.** Type 2 diabetes mellitus
C. Adenoma sebaceum	**C.** Premature graying of hair
D. Nail changes	**D.** Systemic lupus erythematosis
E. Chvosteks sign	**E.** Phakomatosis
F. Hydroxychloroquin	**F.** Azure lunule
	G. Porphyria
	H. Hypoparathyroidism
	I. Rheumatic fever

Apr 2022 · Paper II

Column A	Column B
A. Thalidomide	**A.** Calcitriol
B. Pregabaline	**B.** Doxycycline
C. Osteoporosis	**C.** Lepra 2 reaction
D. Addisons disease	**D.** Peripheral neuropathy
E. Borrelia	**E.** Hypoadrenalism
F. Brucellosis	**F.** Spirochete
	G. Vitamin-D
	H. Gram positive bacillus

Oct 2022 · Paper I

Column A	Column B
A. Black death	**A.** Infective endocarditis
B. Rose spots	**B.** Syphilis
C. Roths spots	**C.** Plague
D. Cluttons joints	**D.** Typhoid
E. Anchovy sauce	**E.** Malaria
F. Black water fever	**F.** Amoebic abscess

Oct 2022 · Paper II

Column A	Column B
A. Angor Animi	**A.** Bechcet's syndrome
B. Carpal tunnel syndrome _	**B.** Zollinger Ellison syndrome
C. Aphthous ulcer	**C.** Pheochromocytoma
D. Peptic ulcer	**D.** Diabetes Mellitus
E. Massive spleen	**E.** Gout
F. Tophi	**F.** Thalassemia

Feb 2023 · Paper I

Column A	Column B
A. Traveler's diarrhea	**A.** Mycoplasma
B. Koebner's phenomenon	**B.** LD bodies
C. Weil's disease	**C.** Lichen planus
D. Atypical pneumonia	**D.** Vitamin C
E. Kala-azar	**E.** Leptospira
F. Scurvy	**F.** Shigella

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Feb 2023 · Paper II

Column A	Column B
A. Dancing carotids	**A.** Chronic liver disease
B. Pill rolling movement	**B.** Sensory ataxia
C. Spontaneous bacterial peritonitis	**C.** Aortic regurgitation
D. Atrial fibrillation	**D.** Hypertension
E. Stamping gait	**E.** Parkinson's disease
F. Adult polycystic kidney disease	**F.** Mitral valve disease

Oct 2023 · Paper I

Column A	Column B
A. Type 1 respiratory failure	**A.** Lung abcess
B. Pneumothorax	**B.** Polycythemia
C. Alcohol	**C.** Tympanic percussion note
D. Clubbing	**D.** Coarse leathery crackles
E. Bronchiectasis	**E.** Pneumonia
F. High hematocrit	**F.** Ataxia

Oct 2023 · Paper II

Column A	Column B
A. Hyponatremia	**A.** Bronchogenic carcinoma
B. Hypokalemia	**B.** Glimepiride
C. Lactic acidosis	**C.** Hypothyroidism
D. Hypoglycemia	**D.** Thiazide
E. Gynaecomastia	**E.** Frusemide
F. Constipation	**F.** Metformin

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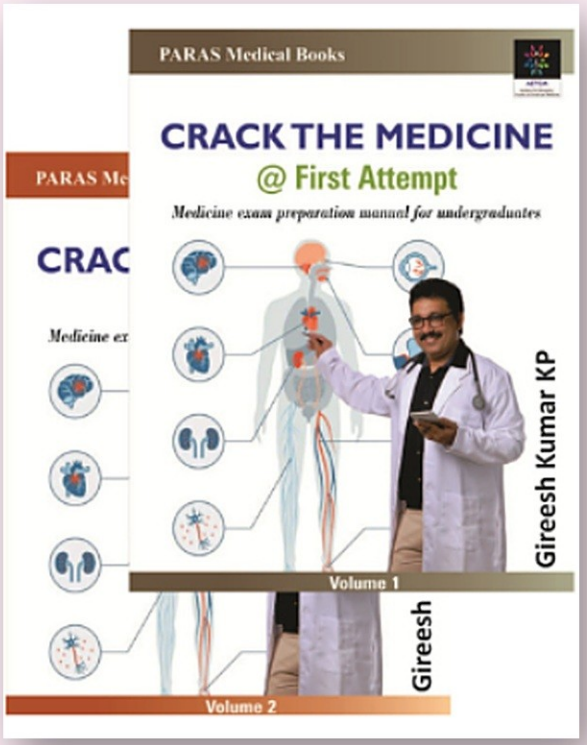
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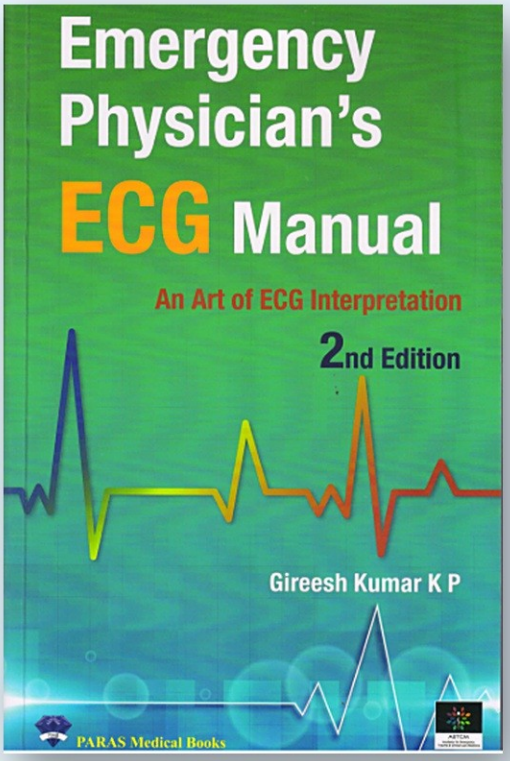
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