

Pediatrics-OBG BTR Test 2.0

1. A 52-year-old woman presents with foul-smelling bloody discharge per vagina mixed with mucous discharge. On examination, a necrotizing growth is seen in the cervix with lateral parametrium involvement. What will be the management for this patient?

- A. Chemotherapy**
- B. Brachytherapy**
- C. Chemoradiation**
- D. Surgery**

2. A female presents to OPD with 6 weeks of amenorrhea complaints of bleeding per vagina and mild abdominal pain. The urine pregnancy test is positive and hCG level is 2800 IU/L. On investigation, mass is seen on the left adnexa measuring 3 x 2 cm. She is hemodynamically stable. How will you manage this patient?

- A. Oral methotrexate**
- B. Single-dose methotrexate injection**
- C. Serial methotrexate + leucovorin rescue**
- D. Salpingectomy**

3. An 18-month-old girl is brought to the emergency department after having a seizure in day care. The staff report that "she suddenly fell down and started shaking" but they also note that the girl has seemed quieter and has repeatedly pulled at her hair over the past month. The patient's mother says, "My daughter used to say 'mama' and 'papa' and babble away but has begun to talk less in the past few months. The patient is febrile, and other vital signs are normal. On physical examination, the patient makes eye contact with the physician but speaks no words. She is noted to have a lurching gait. Which of the following is the most likely diagnosis for this patient?

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- A. Angelman syndrome
 - B. Lesch-Nyhan syndrome
 - C. Rett syndrome
 - D. Tuberous sclerosis

4. A 8-year-old child weighing 26 kg presents with a history of loose stools for 2 days. On examination, there is severe dehydration. Laboratory investigations are as follows. What is the initial management as per ISPAD guidelines?

RBS → 550

pH → 7.01

Na⁺ → 158

Urine glucose → 3+

Urine Ketone → +ve

-
- A. Manage ABC, NS 40 mL/kg and start insulin after 1 hour
 - B. Manage ABC, NS 40 mL/kg along with insulin 0.1 IU/kg/hr
 - C. Manage ABC, NS 10 mL/kg along with insulin 0.1 IU/kg/hr
 - D. Manage ABC, NS 10 mL/kg and start insulin after 1 hour

5. A 40-year-old woman comes to the emergency department due to nausea, vomiting, and dizziness. Her last menstrual period was approximately 8 weeks ago, and she has a history of irregular menses. Temperature is 36.7 C (98 F), blood pressure is 90/60 mm Hg, and pulse is 112/min. Pelvic examination shows a 12-week-size uterus and bilateral adnexal masses. Pelvic ultrasound shows a uterus filled with multiple small cysts but no embryo. The ovaries shown below. Urine pregnancy test is positive. Which of the following is the most likely mechanism of this patient's adnexal pathology?

- A. Excessive intra-ovarian androgen conversion**
- B. Extrauterine implantation of a developing blastocyst**
- C. Failure of follicular rupture during ovulation**
- D. Ovarian hyperstimulation from abnormal trophoblastic proliferation**



6. A 42-year-old woman accompanied by her mother-in-law comes to the infertility clinic. She has been having regular intercourse for 6 months but is not able to conceive. What is the next best step?

- A. Semen analysis for husband
- B. Reassure and review the couple after 6 months
- C. Hysterolaparoscopy
- D. Diagnostic hysteroscopy

7. Which of the following is the correct sign indicating adequate growth in an infant with a birth weight of 3 kg?

- A. Increase in length of 25 cm in the first year**
- B. Weight gain of 300 grams per month till 1 year**
- C. Anterior fontanelle closure by 6 months of age**
- D. Weight under 75th percentile and height under 25th percentile**

8. A 32-year-old woman comes to the OPD for evaluation of absent menses. The patient had a vaginal delivery 4 months ago, and she has not had a menstrual period since delivery. Her postpartum course was complicated by a postpartum hemorrhage, requiring blood transfusion. At her postpartum visit 2 months ago, the patient was started on combination oral contraceptives and has had no vaginal bleeding or spotting during her week of iron pills. Prior to this pregnancy, she had regular, monthly menstrual cycles with 3-4 days of moderate bleeding. The patient has had increased fatigue. She has no headaches, galactorrhea, or hot flushes. Urine pregnancy test is negative. FSH and TSH levels are normal. Which of the following is the most likely diagnosis in this patient?

- A. Asherman syndrome
- B. Gestational trophoblastic disease
- C. Pituitary apoplexy
- D. Sheehan syndrome

9. A 2-year-old boy is brought to the emergency department due to difficulty breathing that started 6 hours earlier. The patient has had rhinorrhea, nasal congestion, and a dry cough that sounds "like a barking dog" for the past day. Temperature is 37.7 C (99.9 F), blood pressure is 92/64 mm Hg, pulse is 122/min, and respirations are 30/min. Pulse oximetry is 99% on room air. The patient has inspiratory stridor when crying. He is administered oral dexamethasone, and observed in the emergency department. On reassessment 30 minutes later, oxygen saturation is 96% on room air and respirations are 40/min. The patient has inspiratory stridor at rest and subcostal and intercostal retractions. Which of the following is the best next step in management of this patient?

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- A. Chest radiograph
 - B. Nebulized albuterol
 - C. Nebulized racemic epinephrine
 - D. Ceftriaxone

10. A woman at 26 weeks of gestation presents for routine evaluation. On examination, fundal height corresponds to 24 weeks. Ultrasonography revealed decreased amniotic fluid. Which of the following conditions would have led to this presentation?

- A. Renal agenesis
- B. Tracheoesophageal fistula
- C. Cardiac abnormalities
- D. Ureteral stricture

11. An infant is brought to OPD with hepatosplenomegaly and thrombocytopenia. Neuroimaging with CT is shown below. What is the most likely diagnosis?

- A. Congenital rubella syndrome
- B. Congenital herpes simplex virus infection
- C. Congenital toxoplasmosis
- D. Congenital cytomegalovirus infection

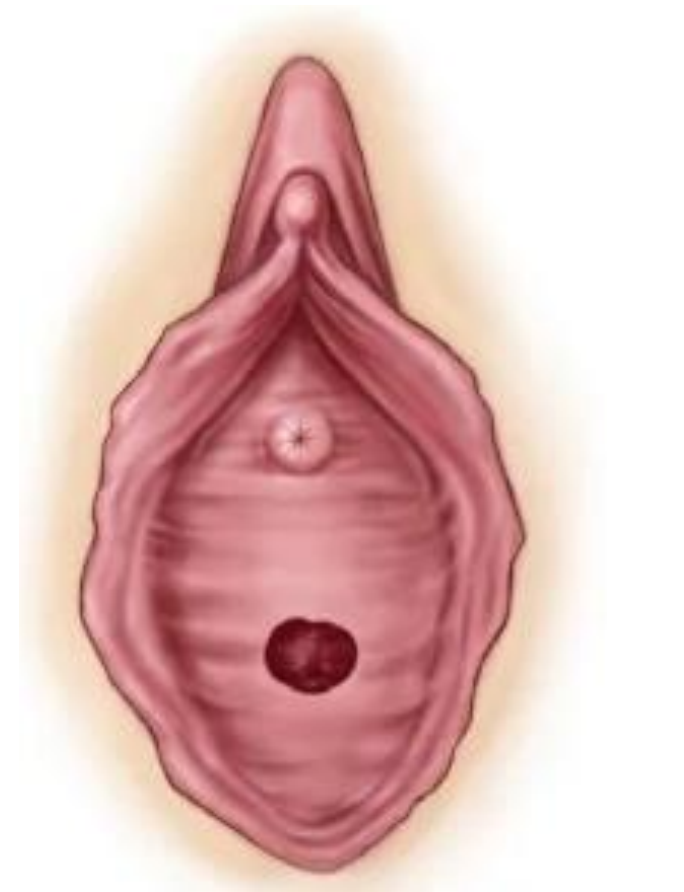


12. A 32-year-old woman, gravida 4 para 4, comes to the OPD for a routine check-up 6 weeks after an uncomplicated vaginal delivery of a healthy boy. The patient has no concerns and would like to discuss contraception options. Prior to this pregnancy, the patient had a history of increasingly heavy menses and was found to be mildly anemic. Iron was prescribed, but she often forgot to take it, she often forgot her prenatal vitamins too. The patient is breastfeeding exclusively. Pelvic examination shows a small, mobile uterus with no abnormalities. Which of the following is the preferred method of contraception for this patient?

- A. Combined estrogen-progestin oral contraceptives
- B. Copper intrauterine device
- C. Levonorgestrel-containing intrauterine device
- D. Medroxyprogesterone injection

13. Identify the type of hymen shown in the image?

- A. Imperforate hymen
- B. Semilunar hymen
- C. Septate hymen
- D. Annular hymen



14. While discharging a patient who underwent a vesicovaginal fistula repair, which of the following would you recommend?

- A. Sexual abstinence for 3 months and avoid pregnancy for a year**
- B. Sexual abstinence for 3 weeks and avoid pregnancy for 6 months**
- C. Sexual abstinence for 6 weeks and avoid pregnancy for a year**
- D. Sexual abstinence for 6 months and avoid pregnancy for 6 years**

15. A 6-year-old boy is brought to the OPD by his mother due to bleeding gums for the past 3 months. Height is below the 5th percentile and weight is at the 25th percentile for age. Several small patches of hypopigmentation are noted on the trunk. X-ray of the hand is shown below

Laboratory results are as follows:

Leukocytes - 3,000/mm³

Hemoglobin - 6.5 g/dL

Mean corpuscular volume-112 um

Platelets-40,000/mm

Which of the following is the most likely cause of this patient's condition?

-
- A. Cobalamin deficiency
 - B. Congenital infection
 - C. DNA repair defect
 - D. Thymic tumor



16. A 23-year-old female comes to the OPD with a 3-day history of intermittent lower abdominal pain and vaginal spotting. The pain was initially mild but has gotten worse. Her last menstrual period was 6 weeks ago. Her temperature is 36.7 C (98 F), blood pressure is 110/70 mm Hg, pulse is 80/min, and respirations are 18/min. Physical examination shows right adnexal tenderness and a closed cervix. Urine pregnancy test is positive. Transabdominal ultrasound does not reveal an intrauterine gestation. Which of the following is the most appropriate next step in management of this patient?

-
- A. Culdocentesis
 - B. Dilation and curettage
 - C. Laparoscopy
 - D. Transvaginal ultrasound

17. A 3-week-old infant is brought to OPD with complaints of cough and sore throat. The mother reports that the infant develops a paroxysm of cough followed by apnea. Blood investigations reveal total leucocyte count to be >50,000 cells/L. Which of the following drugs is appropriate for this patient?

- A. Azithromycin
- B. Amoxicillin
- C. Cotrimoxazole
- D. Ciprofloxacin

18. An 5-day-old boy is brought to the emergency department by his parents due to hypothermia and poor feeding. The infant was cool to the touch this morning and would not wake to breastfeed. He was born via spontaneous normal vaginal delivery. The infant had an uncomplicated nursery stay and was discharged home at age 3 days. The patient's 3-year-old brother attends daycare and has had rhinorrhea and cough this week. Temperature is 35.1 C (95.2 F). Physical examination shows a hypotonic, lethargic infant with a full anterior fontanelle. Initial laboratory studies show a white blood cell count of 2,000/mm³ with 20% bands. During the evaluation, the infant becomes apneic and requires intubation. Which of the following is the most likely cause of this infant's condition?

- A. Group B Streptococcus**
- B. Haemophilus influenzae**
- C. Listeria monocytogenes**
- D. Neisseria meningitidis**

19. A 20-year-old woman is evaluated for primary infertility. Hysterosalpingography was done and reveals the finding shown below. What is the anomaly seen in the image?

- A. Septate uterus
- B. Uterine didelphys
- C. Arcuate uterus
- D. Unicornuate uterus



20. Part 1 of a 2-part question (continued in the next question) A 40-year-old woman, gravida 5 para 0 aborta 4, at 35 weeks gestation comes to labor and delivery triage because she has not felt her baby move for the past 24 hours. The patient has not eaten much all day and skipped dinner due to nausea. She has a 25-pack-year history of cigarette use but has cut down on her smoking during her pregnancy. Her last ultrasound at 32 weeks gestation showed a fetus in breech position measuring at the 15th percentile and placenta previa. A nonstress test shows a baseline fetal heart rate in the 130s with moderate variability and no decelerations. There are no accelerations after an hour of monitoring despite vibroacoustic stimulation. Tocometry shows no contractions. Which of the following is the most appropriate next step in management of this patient?

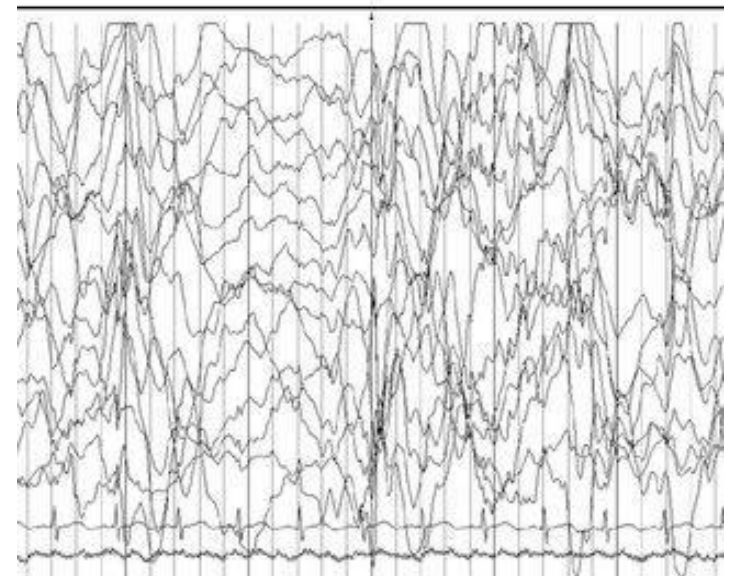
- A. Biophysical profile
- B. Cesarean delivery
- C. Contraction stress test
- D. Umbilical artery flow velocimetry

21. Part 2 of a 2-part question (continued from the previous question) An ultrasound confirms an anterior placenta covering the cervical os and an amniotic fluid index of 1.5 with a single fluid pocket measuring 1.5 x 1 cm. Over a period of 45 minutes, there are 4 episodes of fetal movement, 3 flexion/extension events, and no fetal breathing movements. The fetus is breech. Which of the following is the most likely cause of the patient's biophysical ultrasound findings?

- A. Fetal malpresentation**
- B. Maternal hypoglycemia**
- C. Placental insufficiency**
- D. Placental location**

22. A 10-month-old infant was brought with complaints of jerking movement of limbs towards the body. On examination, there is a regression of developmental milestones. Electroencephalogram is shown below. Which of the following is the drug of choice in this condition?

- A. Phenytoin
- B. Adrenocorticotrophic hormone (ACTH)
- C. Levetiracetam
- D. Phenobarbitone



23. A 9-year-old boy is brought to the clinic for evaluation of dark brown urine for a day. He has had no fever, hesitancy, or urinary frequency. For the past 3 days, the patient has had rhinorrhea, nasal congestion, and a sore throat, but these symptoms are improving. He has bilateral sensorineural hearing loss that has worsened over the past 4 years. Serum creatinine is 1.4 mg/dL, and serum complement levels are normal. A renal biopsy is performed. Which of the following is the most likely histologic finding?

-
- A. Effacement of podocyte foot processes**
 - B. Linear deposition of IgG along the glomerular basement membrane**
 - C. Longitudinal splitting of the glomerular basement membrane**
 - D. Mesangial deposition of IgA**

24. A pregnant woman with no other comorbid conditions develops preeclampsia. She enquires about the cause of her condition. The doctor explains that it is due to the failure of the invasion of?

- A. Spiral artery by villous trophoblasts**
- B. Radial artery by cytotrophoblasts**
- C. Spiral artery by extravillous trophoblasts**
- D. Arcuate artery by extravillous trophoblasts**

25. You are examining a multigravida in the second stage of labor for the past two hours. On examination, contractions are adequate, the cervix is fully dilated with the head at station 0 with molding 2+ and caput 2+. The sagittal suture is in the right occipito-transverse position. The fetal heart rate is 140 beats/minute. Which of the following is carried out for the management of this patient?

- A. Mid pelvic forceps
- B. Vacuum-assisted delivery
- C. Wait for an hour for spontaneous labor
- D. Lower segment cesarean section

26. A 31-year-old woman, gravida 3 aborta 3, comes to the OPD for an annual examination and discussion of contraceptive options. Seven months ago, she experienced her third spontaneous miscarriage and underwent a recurrent miscarriage workup. Results were consistent with antiphospholipid antibody syndrome, and the patient was informed that she is at increased risk for another miscarriage. Due to these risks, the patient and her husband have elected to adopt. Which of the following is the best contraceptive option for this patient?

- A. Combined hormonal patch
- B. Combined oral contraceptive pills
- C. Sponge with spermicide
- D. Copper intrauterine device

27. Where will be the level of the uterus on the second-day post-delivery?

- A. One finger breadth below umbilicus**
- B. Two finger breadths below umbilicus**
- C. Three finger breadths below umbilicus**
- D. Four finger breadths below umbilicus**

28. A child presented with a history of loose stools with an increase in frequency for 4 days. On examination, he is drowsy, unable to feed, and skin on pinching goes back very slowly. According to the integrated management of neonatal and childhood illness (IMNCI), this child will be classified as having:

- A. Mild dehydration**
- B. Some dehydration**
- C. Severe dehydration**
- D. Moderate dehydration**

29. A 34-year-old G2P1 presents at 35 weeks. She has no complaints and is appreciating fetal movements well. She had a previous classical cesarean at 25 weeks for eclampsia and severe FGR. She is currently on low dose aspirin and prenatal vitamins. On examination, the uterus is SFH is 38 cm and FHR is 140 bpm. An ultrasound reveals a single live fetus in breech presentation, placenta posterior and amniotic fluid normal. The patient desires a vaginal delivery. What is the best management?

- A. Review USG after 2 weeks**
- B. Schedule elective LSCS at 37 weeks**
- C. ECV at 36 weeks**
- D. Await spontaneous labor and then do an internal podalic version**

30. A 6-month-old boy is brought to the OPD for follow-up after a urinary tract infection. The boy was initially brought in 2 weeks ago with fever for 4 days. The fever resolved within 48 hours with antibiotic therapy, and a full course of antibiotics was completed. Renal ultrasound performed 2 days ago showed mild right hydronephrosis. MCU is shown below. If untreated, which of the following is the most likely long-term complication of this patient's condition?

- A. Development of renal cysts**
- B. Fibrosis of renal interstitial space**
- C. Inflammation of the renal glomerulus**
- D. No long-term complications**



31. A 22-year-old primigravida is overdue by 2 weeks. She visits the OPD with complaints of vaginal bleeding and abdominal pain on the right side. On Examination, her vitals are stable. Abdomen examination is unremarkable. A bimanual examination reveals a bulky, soft uterus with no tenderness and no adnexal mass. Mild bleeding +. Beta hCG is 1400 IU. An ultrasound reveals a trilaminar endometrium, and both the adnexa are normal. The next best step is?

- A. Repeat serum beta HCG after 48h.
- B. Diagnostic laparoscopy.
- C. Repeat USG after 3 days.
- D. Wait and watch.

32. Identify the condition:

- A. Bladder exstrophy
- B. Omphalocele
- C. Persistent vitellointestinal duct
- D. Gastroschisis

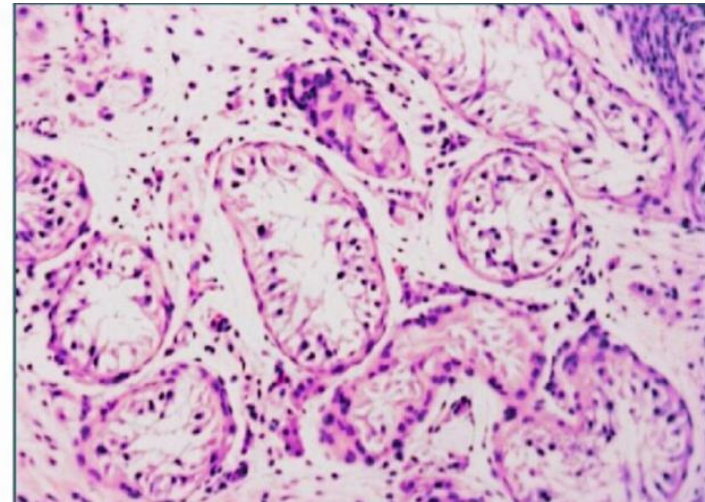


33. A 2-year-old boy is brought to the OPD for a routine visit. His parents are concerned that he is not as talkative as his twin sister. The patient's sister talks "constantly" and is starting to put 3 words together. The boy tends to be quieter and says some 2-word phrases. The patient likes making beeping sounds when playing with toy trucks, but he does not play with his sister, only alongside her. He points to a toy across the room, looks at his mother and smiles, and then brings the toy over to show her. When the physician approaches, the patient runs to hide behind his father and initially refuses to cooperate or make eye contact. When his mother tries to help him onto the examination table, he pushes her away and says, "Me do." Which of the following is the most likely diagnosis in this patient?

- A. Autism spectrum disorder
- B. Cognitive delay
- C. Conductive hearing loss
- D. Normal development

34. A 25-year-old male patient is evaluated for primary infertility. Semen analysis shows azoospermia. A testicular biopsy is done and the image is shown below. The shown finding is consistent with?

- A. Sertoli cell only syndrome**
- B. Testicular atrophy**
- C. Benign testicular neoplasm**
- D. Orchitis**



35. A 32-year-old woman, gravida 3 para 2, at 38 weeks gestation comes to the hospital due to contractions. She had a cesarean delivery for breech presentation at 39 weeks gestation in her second pregnancy. Blood pressure is 100/60 mm Hg, pulse is 100/min, and respirations are 22/min. Fetal heart rate tracing shows moderate variability, multiple accelerations, and no decelerations. Uterine contractions are regular and occur every 4 minutes. The cervix is 6 cm dilated and 60% effaced, and the fetal vertex is at 0 station. After 2 hours, the patient is suddenly restless and has intense lower abdominal pain. Fetal heart monitoring shows recurrent late decelerations. On pelvic examination, there is moderate vaginal bleeding, the cervix is 6 cm dilated and 60% effaced, and the fetal vertex is at -3 station. Which of the following is the most likely diagnosis in this patient?

- A. Fetal nuchal cord
- B. Normal labor
- C. Uterine rupture
- D. Vasa previa

36. A 30-year-old G4A3 woman had a history of miscarriage at 8 weeks, the second miscarriage at 11 weeks with no cardiac activity, and the third pregnancy loss at 24 weeks with preterm delivery due to early-onset preeclampsia. What is the most probable diagnosis?

- A. Syphilis
- B. Antiphospholipid antibody syndrome
- C. TORCH infections
- D. Gestational diabetes mellitus

37. A 7-week-old boy is evaluated for persistent hypoxia. He has been in the neonatal intensive care unit since birth. He was born at 29 weeks gestation due to placental abruption and weighed 1150g. Six hours after delivery, the patient developed tachypnoea, grunting, and cyanosis, a chest x-ray revealed ground-glass opacities. Surfactant was administered and mechanical ventilation was initiated. He remained on mechanical ventilation for the first 3 weeks of life. Ever since ventilation was discontinued, the patient has remained hypoxic and continues to require oxygen administration by nasal cannula. Chest radiograph is shown below. What is the most likely diagnosis for this patient's current presentation?

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- A. Bronchiectasis
 - B. Bronchopulmonary dysplasia
 - C. Neonatal pneumonia
 - D. Persistent pulmonary hypertension



38. A 28-year primigravida presents at 36 weeks with painful vulval ulcers. She does not give history of similar lesions ever in the past. On examination, there are multiple painful vesicular lesions. Which is the best treatment option?

- A. Acyclovir and elective Cesarean section
- B. Acyclovir and induction of labor
- C. Spontaneous delivery
- D. Antiviral and normal vaginal delivery

39. A male child presented with arthralgia and abdominal pain. Examination is shown below. There is a past history of upper respiratory tract infection prior to the onset of presenting symptoms. Which of the following is the treatment for this condition?

- A. Azathioprine
- B. Methotrexate
- C. Cyclosporine
- D. Glucocorticoids



40. A 22-year-old nulligravid woman comes to the OPD for worsening acne on her face and body over the last 6 months. She initially attributed the acne to her diet and has been eating healthier to improve the acne and lose weight. The patient has lost 6.8 kg in the last 3 months, but the acne has not improved. BMI is 42 kg/m². Coarse hair is noted on the chin and upper lip. Pelvic examination shows an enlarged clitoris but otherwise normal external genitalia. Laboratory results reveal elevated total testosterone and normal dehydroepiandrosterone sulfate. Which of the following is the most likely diagnosis in this patient?

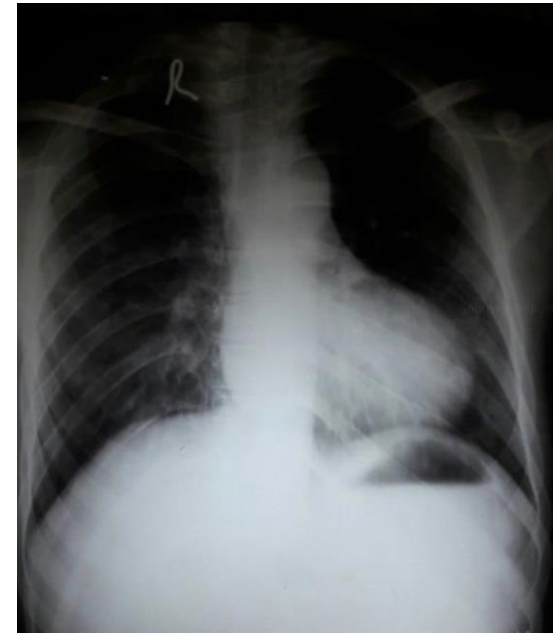
- A. 21-hydroxylase deficiency
- B. Adrenocortical carcinoma
- C. Polycystic ovary syndrome
- D. Sertoli-Leydig cell tumor

41. A 5-hour-old boy is evaluated in the nursery for minimal right arm movement. He was born at 39 weeks gestation to a 37-year-old multigravida via vaginal delivery complicated by difficulty extracting the shoulders. The patient's birth weight is 4.5kg. Examination shows a plethoric infant with crepitus and irregularity over the right clavicle. Moro reflex is absent on the right extremity. Bilateral biceps and grasp reflexes are intact and symmetric. Which of the following risk factors predisposed the infant to this complication?

- A. Congenital infection**
- B. Fetal aneuploidy**
- C. Fetal hyperglycemia**
- D. Fetal hypoglycemia**

42. The given chest X-ray is suggestive of:

- A. Tetralogy of Fallot**
- B. Atrial septal defect**
- C. Ventricular septal defect**
- D. Ebstein's anomaly**



**43. A 49-year-old woman, gravida 5 para 5, comes to the OPD due to involuntary, intermittent loss of urine over the past 5 months. The patient loses a small amount of urine when asked to cough. She has no dysuria, urgency, or hematuria and usually awakens once a night to void. Postvoid residual urine volume is 40 mL. Clean-catch unanalysis results are as follows: Blood-negative
Glucose-negative
Leukocyte esterase- negative
Nitrites- Negative
White blood cells- 3-5/hpf
Bacteria - none
Serum hemoglobin A1c is 7.7%.**

Which of the following is the most likely cause of this patient's symptoms?

- A. Bladder outlet obstruction
- B. Detrusor overactivity
- C. Urethral hypermobility
- D. Vesicovaginal fistula

44. A 30-year-old married woman came for an infertility evaluation. On performing further investigations, intramural fibroids of sizes 7x5cm and 5x3cm were seen at the right and left cornual ends of the uterus. Her husband's semen analysis was found to be normal. What is the appropriate management of this case?

- A. Uterine artery embolization**
- B. Laparoscopic Myomectomy**
- C. Artificial reproductive techniques**
- D. GnRH analogues**

45. An 18-month-old boy is brought to the OPD due to developmental concerns. His parents have noticed that he does not walk independently, which worries them because his older brother began walking at age 12 months. The patient holds on to furniture while standing and steps sideways to move around. He can speak in 2- to 3-word sentences and follow simple commands. The patient can also build a tower of 6 cubes, drink from a straw, and feed himself table foods. Height, weight, and head circumference track at the 20th percentile, similar to prior visits. During physical examination, he uses his hands to push on his legs while getting up and seems to have pain when doing so. Which of the following is the best next step in evaluation of this patient?

- A. Brain imaging
- B. Creatine kinase level
- C. Karyotype analysis
- D. Reassurance only

46. Anuj has been diagnosed with diphtheria and is being treated in the ward. His 3-year-old brother, Ajay who lives in the same house has received vaccination against diphtheria about 16 months back. What is the next best step for the management of the younger sibling, Ajay?

- A. One booster dose**
- B. Nothing as the child is already exposed**
- C. Erythromycin + diphtheria toxoid**
- D. Erythromycin only**

47. A 12-year girl is brought to the OPD by her mother. She is concerned that she is shorter than her peers. On examination there is ptosis on the right side, shield like chest and a webbed neck. On evaluation, which of the following would you expect to find?

- A. Ultrasound showing streak ovaries and a small uterus**
- B. ECHO show laparoscopy**
- C. Ultrasound showing hepatomegaly with altered echotexture**
- D. Ultrasound showing single kidney**

48. A 62-year-old nulligravid woman comes to the OPD for follow-up after right adnexal enlargement was found on routine pelvic examination 2 weeks ago. Pelvic ultrasound reveals a 5-cm right ovarian cyst. Which of the following is the most appropriate initial course of action for this patient?

- A. Endometrial biopsy**
- B. Laparoscopy**
- C. Papanicolaou test**
- D. Serum CA-125 level**

49. Unconjugated hyperbilirubinemia, which did not subside even after 3 weeks of birth, was observed in a neonate. On investigating, liver enzymes, PT/INR and albumin levels were normal. No hemolysis was seen on a peripheral blood smear. A drop in bilirubin level was observed within a week after treatment with phenobarbital. What is the most likely diagnosis?

- A. Rotor syndrome
- B. Crigler Najjar type 2
- C. Dubin Johnson syndrome
- D. Crigler Najjar type 1

50. A 1-day-old girl is in the newborn nursery undergoing routine evaluation. She was born at term to a 24-year-old woman by uncomplicated vaginal delivery. The Apgar scores were 7 at 1 minute and 8 at 5 minutes. Physical examination of the infant shows bilaterally enlarged mammary glands. The labia are slightly swollen and blood-tinged vaginal discharge is seen. What is the best next step in the management of this patient?

- A. Karyotyping**
- B. Measure urinary corticosteroid precursors**
- C. Measure serum FSH and LH levels**
- D. Observation and routine care**

51. An 18-year-old girl presents with a history of low-grade fever, weight loss, abdominal pain and amenorrhea for six months. On examination, a pelvic mass is felt on the left side and signs of ascites are positive. What is your diagnosis?

- A. Tuberculosis with tubo-ovarian mass**
- B. Ovarian malignancy**
- C. Ectopic pregnancy**
- D. Submucous fibroid**

52. Which of the following is not seen in a child with cystic fibrosis?

- A. Sweat chloride test chloride conc of 70 mEq/L
- B. Increase immunoreactive trypsinogen level
- C. Hyperkalemia
- D. Contraction alkalosis

53. A 24-year-old primigravid woman at 10 weeks gestation is brought to the emergency department for vaginal bleeding. She has colicky pain in the suprapubic region radiating to her back. Her temperature is 37 C (98.7 F), blood pressure is 110/76 mm Hg, pulse is 94/min, and respirations are 18/min. Physical examination shows a dilated cervix with visible products of conception. Suction curettage is performed and all products of conception are evacuated. Maternal serum laboratory results are as follows:

Hematocrit 32%

Leukocyte count 8,000/uL

Blood type AB negative

Anti-Rh antibody titer Negative

Which of the following is the most appropriate next step in management of this patient?

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- A. Administer anti-D immune globulin to the woman
 - B. No further workup or therapy for the woman or fetus
 - C. Order maternal antiphospholipid antibodies
 - D. Order maternal blood and endometrial cultures

54. A 6-month-old boy is brought to the OPD for a well-child visit. The patient sits with support, mouths toys, and responds to his name. He has not yet started babbling or using a pincer grasp. The patient drinks approx. 500ml of formula daily. He was adopted at age 2 months. The only available birth history is that the patient was born full-term and that labor and delivery were uncomplicated. Family history is unknown. Immunizations are up to date. He does not take any additional medications. Height and weight are at the 20th and 40th percentiles, respectively. Head circumference is at the 30th percentile. The patient has no dysmorphic facial features. The anterior fontanel is open and flat, and the skull bones are soft and flexible to pressure. Bilateral swelling of the wrist is present. There is no bowing of the lower extremities.. An x-ray of the wrist is performed. Which of the following is the most likely cause of this patient's x-ray abnormality?

-
- A. Vitamin deficiency
 - B. Autosomal recessive lysosomal storage disorder
 - C. Skeletal dysplasia
 - D. Nonaccidental trauma



55. A 35-year-old primigravida who conceived after in-vitro fertilization therapy came for an antenatal checkup at 38 weeks of gestation. Her obstetric history revealed that she was pregnant with DCDA twins. On examination, the first twin was found to be in a breech position and the maternal blood pressure was found to be greater than 140/90 mm Hg on two occasions with grade 1+ proteinuria. What should be done next?

- A. Monitor BP and terminate pregnancy if BP rises**
- B. Immediate Caesarean section**
- C. Terminate pregnancy at 40 weeks of gestation**
- D. Induce labor with PGE2 gel**

56. While you are evaluating a baby, you show him a bright pink teddy bear that he reaches out to with both hands. What is the earliest age by which this milestone is typically achieved?

- A. 4 months**
- B. 5 months**
- C. 6 months**
- D. 7 months**

57. A 3-year-old boy is brought to the emergency department for 2 days of fever, cough, and worsening shortness of breath. The patient's parents report that he recently recovered from prolonged diarrhea due to Giardia infection. Medical history is significant for recurrent ear infections treated with antibiotics since age 6 months and lobar pneumonia requiring hospitalization. Temperature is 38.7 C (101.7 F), pulse is 140/min, and respirations are 60/min. Physical examination reveals small tonsils and crackles in the lower lobe of the right lung. Which of the following is the most likely cause of this patient's recurrent infections?

- A. Abnormal B-lymphocyte maturation**
- B. Adenosine deaminase deficiency**
- C. Complement deficiency**
- D. Impaired oxidative burst**

58. A patient is planned to undergo hysteroscopic polypectomy using bipolar electrocautery. What is the ideal agent for distention

- A. Glycine
- B. Normal saline
- C. CO₂
- D. 70% dextrose

59. A 16-year-old girl comes to the OPD for evaluation of acne. Around the time of her first menstrual period at age 10, the acne appeared only on her face, but over the past 6 years, it has spread to her chest and back. She has since gained 9.1 kg. Menses are irregular and her last menstrual period was 3 months ago. Terminal hairs are notable on the upper lip and around the nipples. Development is Tanner stage V. The abdomen is obese and nontender, with no masses and normal bowel sounds. Serum total testosterone and dehydroepiandrosterone sulfate levels are normal. This patient is at greatest risk for developing malignancy of which of the following?

-
- A. Adrenal gland
 - B. Cervix
 - C. Endometrium
 - D. Vagina

60. When do you consider administering epinephrine in a neonate during resuscitation?

- A. Heart rate remains at < 60 beats/minute despite effective compressions and ventilations.**
- B. Heart rate remains at < 100 beats/minute despite effective compressions and ventilations.**
- C. Heart rate does not improve after 30 seconds with bag and mask ventilation.**
- D. Infants with severe respiratory depression fail to respond to positive-pressure ventilation via bag and mask.**

61. A 3-week-old boy is brought to the emergency due to worsening jaundice. A week ago, the parents noticed that the patient's eyes and face looked yellow, and his trunk became increasingly yellow over the last 2 days. They describe the infant's stool as pale. The patient is exclusively breastfed and has been feeding well. Maternal blood type is O positive, and routine prenatal studies were normal. Examination shows jaundice and hepatomegaly. Laboratory results are as follows:

Hemoglobin - 15 g/dL

Total bilirubin- 10.3 mg/dL

Direct bilirubin- 8.1 mg/dL

Blood type-B positive

Coombs test-negative

Which of the following is the most likely diagnosis?

-
- A. Biliary atresia
 - B. Breast milk jaundice
 - C. Crigler-Naijar syndrome
 - D. Physiologic jaundice

62. A 52-year-old woman diagnosed with carcinoma cervix stage 2B was advised radiotherapy. Which of the following statements regarding radiotherapy is false?

- A. Point B is 3 cm lateral to point A**
- B. Point A is 2 cm above the external os and 5 cm lateral to the internal uterine canal**
- C. Point A receives a dose of 7000 cGy**
- D. Point B receives a dose of 6000 cGy**

63. A 27-year-old woman, gravida 3 para 2, at 14 weeks gestation comes to the OPD for an initial prenatal visit. Her first 2 pregnancies ended at 22 weeks gestation; both deliveries occurred after light vaginal spotting followed by a precipitous, nonpainful vaginal delivery. Ultrasound reveals a single intrauterine fetus measuring 14 weeks gestation, a cervical length of 2.9 cm (normal: >2.5), and no adnexal masses. Which of the following is the best next step in management of this patient?

- A. Amniocentesis**
- B. Cerclage placement**
- C. Pessary placement**
- D. Routine prenatal care only**

64. A 7-year-old boy is brought to the OPD for evaluation of chronic left thigh pain and a limp. Examination shows significantly limited range of motion of the left hip and atrophy of the left proximal thigh muscle. X-ray of the pelvis is shown in the image. Which of the following is most likely responsible for this patient's condition?

- A. Bone infection**
- B. Osteonecrosis**
- C. Slipped epiphysis**
- D. Stress fracture**



65. A lady who is 38 weeks pregnant comes to the OPD for a routine checkup. She has a history of normal twin delivery at term 4 years ago. What is her gravida and para score?

- A. G2P2**
- B. G2P1**
- C. G3P2**
- D. G3P1**

66. The following parameter in ALL indicate a poor prognosis:

- A. Age >10 years**
- B. Leukocyte count <50,000/mm³**
- C. Hyperdiploidy**
- D. Trisomy of chromosomes 4, 10, and 17**

67. A 13-month-old girl is brought to the OPD by her mother due to concern about bruising. The mother first noticed bruising around her daughter's eyes 2 weeks ago after the patient returned from a weekend at her father's house. She recently started walking and falls frequently; the bruising was attributed to bumping her head on a coffee table. The bruising has since been persistent, and there is no other notable bruising on her body. The patient has no fever, vomiting, diarrhea, cough, or congestion. The girl's parents are divorced, and she spends most weekends with her father. Weight is 9 kg down from 9.5 kg a month ago. On examination, the patient has rapid, jerking movements of both eyes with infraorbital ecchymoses bilaterally. The abdomen is mildly distended with a 6-cm palpable, firm mass anterior to the left flank. Which of the following is the most likely diagnosis?

-
- A. Child abuse
 - B. Leukemia
 - C. Neuroblastoma
 - D. Von Willebrand disease

68. A 20-year-old woman comes to the OPD due to 3 days of malodorous vaginal discharge and severe vulvar pruritus. The patient is sexually active and had a copper-containing intrauterine device placed for contraception last year. Pelvic examination shows a thin, frothy, and green vaginal discharge with marked vulvar and vaginal erythema. Vaginal discharge pH is 5.5. The intrauterine device strings are visualized and protrude through the cervical os. Microscopic examination of this patient's vaginal discharge will most likely reveal which of the following?

- A. Clue cells
- B. Filamentous, gram-positive bacilli
- C. Flagellated, motile organisms
- D. Pseudohyphae

69. All are normal physiological changes in pregnancy except?

- A. Left axis deviation**
- B. Mild ST changes in inferior leads**
- C. Atrial and ventricular premature contractions**
- D. Pansystolic murmur**

70. An 11-year-old boy is brought to the OPD by his mother due to concerns about his anxiety and adjustment to school. Six months ago, he started a new school which has been stressful for him and has not become easier over time. He often gets in trouble because he forgets to raise his hand and blurts out answers. The patient reads at grade level and does well in math, but he has particular difficulty in classes that require oral participation or group projects. His mother says he has always been shy. He has no friends at school and can annoy others by talking incessantly about his interest in space exploration. The patient's behavior outside school causes problems as well. When morning traffic required departing from routine by taking a different route to school, he became agitated and refused to go. When interviewed, the patient looks away from the physician and interrupts him to recite the names of planets. Physical examination is remarkable for a repetitive opening and closing motion of his hands, which becomes more intense when he is asked about school, but is otherwise normal. Which of the following is the most likely explanation for the patient's behavior?

- A. Adjustment disorder
- B. Attention-deficit hyperactivity disorder
- C. Autism spectrum disorder
- D. Obsessive-compulsive disorder

71. A pregnant woman with a fibroid uterus develops severe acute pain abdomen at 28 weeks of gestation. There is no history of fever. WBC count is 8000cells/ μ l. The most likely diagnosis is?

- A. Red degeneration of fibroid**
- B. Preterm labor**
- C. Torsion of fibroid**
- D. PID**

72. A 6-year-old child is brought with complaint of short stature. The height of the child corresponds to parent's height and the chronological age of the child corresponds to bone age. What is the likely condition?

- A. Constitutional delay
- B. Familial short stature
- C. GH deficiency
- D. Normal

73. A 18-year-old boy is brought to the clinic due to fatigue, malaise, fever, and sore throat for the past 6 days. He does not use tobacco, alcohol, or illicit drugs. Temperature is 38.3 C (101 F), blood pressure is 115/70 mm Hg, pulse is 90/min, and respirations are 18/min. Physical examination shows pharyngeal hyperemia with exudates along with cervical and axillary lymphadenopathy. Breath sounds are normal. Mild hepatosplenomegaly is present. Joints have a normal range of motion. There is no skin rash. A rapid streptococcal antigen test is negative. Which of the following is the most appropriate management for this patient?

- A. Administer corticosteroids
- B. Initiate antibacterial therapy
- C. Prescribe antiviral treatment
- D. Refrain from sports for at least 3-4 weeks

74. A 40-year-old woman is evaluated on the labor and delivery unit for increasing shortness of breath and muscle weakness. Six hours ago, the patient had a spontaneous vaginal delivery at 38 weeks gestation. Immediately after delivery, she developed a blood pressure of 170/110 mm Hg with a headache and was diagnosed with preeclampsia with severe features. A magnesium sulfate infusion was initiated for seizure prophylaxis, and blood pressure improved with intermittent hypertensive therapy. Now, the patient reports difficulty breathing, flushing, and muscle weakness. Deep tendon reflexes are absent. Which of the following is the best next step in management of this patient?

-
- A. Calcium gluconate
 - B. Intravenous heparin infusion
 - C. Labetalol
 - D. Normal saline bolus

75. A newborn boy is undergoing evaluation immediately after birth in the delivery room. He was born to a primigravida mother at 38 weeks gestation. The prenatal course was otherwise uncomplicated. The amniotic fluid was clear. The infant cries immediately and is actively moving all 4 extremities. He is taken to a warmer and dried with blankets. A minute after delivery, heart rate is 120/min. He grimaces and cries vigorously during brief manipulation and examination by the provider. His body is pink but extremities are cyanotic. Which of the following is the most appropriate next step in the management of this patient?

- A. Administer intramuscular vitamin K**
- B. Attach to cardiac monitor**
- C. Place on mother's chest**
- D. Suction oropharynx and trachea**

76. The maximum dose of PGF2 alpha in postpartum hemorrhage is?

- A. 0.25 mg
- B. 2 mg
- C. 20 mg
- D. 200 mg

77. A 55-year-old lady presents with third degree uterine prolapse. Which of the following is the best management for her?

- A. Fothergill repair
- B. Sling operation
- C. Vaginal hysterectomy with pelvic floor repair
- D. Shirodkar procedure

78. A 2-year-old boy is brought to the emergency department by his parents for persistent, high fever over the last 6 days. The patient has been receiving ibuprofen and acetaminophen daily but has had minimal improvement. Two days ago, a rash developed along his trunk that has now spread to his arms and legs. He has no chronic medical conditions and has not received any vaccinations. Examination shows injected conjunctiva bilaterally with no discharge. The patient has fissured lips and an erythematous oropharynx. An erythematous, blanching rash covers the abdomen, arms, and legs. The hands are edematous, and the skin adjacent to the fingernails is peeling. There are 3 tender, 2-cm, left-sided cervical lymph nodes. Which of the following is the most likely diagnosis in this patient?

- A. Acute lymphoblastic leukemia
- B. Kawasaki disease
- C. Measles
- D. Erythema infectiosum

79. A 36-year-old woman, gravida 3 para 2, at 35 weeks gestation comes to the emergency department due to leakage of fluid and painless vaginal bleeding. The patient had rupture of membranes 30 minutes ago; the fluid was initially clear but became bloody a few minutes later. The patient has not received prenatal care this pregnancy, her 2 previous pregnancies resulted in term cesarean deliveries. She has hypertension but stopped taking her medication when she became pregnant. Speculum examination confirms rupture of membranes; the cervical os is 1 cm dilated with minimal vaginal bleeding. Doppler ultrasound is unable to detect fetal heart tones. Which of the following is the most likely cause of this patient's presentation?

-
- A. Abruptio placentae
 - B. Intraamniotic infection
 - C. Placenta previa
 - D. Vasa previa

80. What can be the fluid of choice for a child in shock with severe acute malnutrition?

- A. Ringer lactate**
- B. Ringer lactate + 5% dextrose**
- C. Normal saline**
- D. Ringer lactate**

81. A 12-year-old girl is brought to the emergency department by her parents for assessment of confusion and rapid breathing. Three days ago the patient developed rhinorrhea, cough, and fever, which have since resolved. The parents say that over the past 48 hours the patient has had increased urination, abdominal pain, and fatigue progressing to somnolence. On physical examination, she is ill-appearing with tachypnea, subcostal retractions, and dry mucous membranes. There is diffuse abdominal tenderness without rebound. Laboratory results are as follows:

Hematocrit-42%

Leukocytes-13,000/mm³

Serum Sodium-129 mEq/L

Potassium-4.8 mEq/L

Chloride-98 mEq/L

Bicarbonate-9 mEq/L

Blood urea nitrogen-24 mg/dL

Creatinine-1.2 mg/dL

Glucose-450 mg/dL

Which of the following is most likely decreased in this patient?

-
- A. Blood renin activity
 - B. Circulating free fatty acids
 - C. Hypothalamic vasopressin production
 - D. Total body potassium

82. The ligament that maintains anteversion of the uterus during pregnancy is:

- A. Round ligament
- B. Cardinal ligament
- C. Uterosacral ligament
- D. Pubocervical ligament

83. Which of the following cannot cross the placenta?

1. Iron

2. Albumin

3. Immunoglobulin M

4. Immunoglobulin G

A. 1 and 2

B. Only 3

C. 2 and 3

D. 3 and 4

84. A 12-year-old girl is brought to the OPD for evaluation of increasing lower abdominal pain. There is a tender, symmetric suprapubic mass to the level of the umbilicus. There is a blue-tinged bulge between the labia. Rectal examination reveals an anterior tender, central mass. Which of the following is the best next step in management of this patient?

- A. Karyotype analysis
- B. Diagnostic laparoscopy
- C. Hymenal incision and drainage
- D. Hysterosalpingogram

85. A 15-month-old boy is brought to the OPD for a well-child visit by his parents. The boy has 5 or 6 loose, oily bowel movements a day. He also has episodic wheezing and a productive cough for which he takes albuterol as needed. The patient was hospitalized last month for pneumonia. Weight, length, and head circumference are below the 5th percentile. Which of the following additional findings is most likely present in this patient?

- A. Absence of bilateral vas deferens
- B. Atrophy of the intestinal villus
- C. Calcification of hilar lymph nodes
- D. Opacification of the ocular lens

86. A 45-year-old lady complains of post-coital bleeding. She has a positive pap smear. What is the next line of management?

- A. Colposcopy directed biopsy
- B. Cone biopsy
- C. Repeat pap smear
- D. Hysterectomy

87. All are true regarding peripartum cardiomyopathy except?

- A. Development of cardiac failure within 5 months of delivery
- B. Left ventricular diastolic dysfunction
- C. Absence of identifiable cause
- D. Dilated left ventricle

88. A 7-day-old girl in the neonatal intensive care unit with truncus arteriosus has poor feeding and abdominal distension. The patient has been hospitalized since birth at 38 weeks gestation via normal spontaneous vaginal delivery and is awaiting adequate weight gain prior to the repair of her congenital heart disease. Physical examination shows a lethargic, cyanotic neonate with moderate abdominal distension and absent bowel sounds. Abdominal x-ray is obtained. What is the most likely diagnosis in this patient?

- A. Intussusception
- B. Malrotation with midgut volvulus
- C. Necrotizing enterocolitis
- D. Meconium ileus



89. In a menstrual cycle, the primary oocyte undergoes meiotic division to produce 2 unequal daughter cells under the influence of the mid-cycle LH surge. What is the cause of LH surge?

- A. FSH
- B. Estradiol
- C. LH
- D. Progesterone

90. A 36-year-old woman, gravida 2 para 1, at 9 weeks gestation comes to the OPS to initiate prenatal care. The patient's first pregnancy ended in a vaginal delivery after an induction of labor at 37 weeks gestation for preeclampsia without severe features. She is otherwise healthy, and her only medication is a prenatal vitamin. Pelvic ultrasound shows an intrauterine pregnancy at 9 weeks gestation with a normal heart rate. Prenatal laboratory tests to be drawn include a complete blood count, basic metabolic panel, urinalysis, and urine culture. Which of the following would be considered a normal finding in this patient?

- A. Decreased leukocyte count**
- B. Decreased serum creatinine**
- C. Increased hemoglobin concentration**
- D. Increased platelet count**

91. What is the use of the instrument given below?

- A. Myomectomy
- B. Hysterosalpingography
- C. Endometrial biopsy
- D. Conization of cervix



92. A 5-year-old boy is brought to the physician due to a 1-week history of generalized edema, fatigue, and abdominal pain. Otherwise, he has been well and his medical history is unremarkable. The scrotum is mildly swollen but nontender. Abdominal examination is unremarkable. Urinalysis results are as follows:

Protein: 4+

Blood: negative

Casts: none

Crystals: none

Which of the following light microscopy findings would be expected if a kidney biopsy were performed?

-
- A. Crescent formation
 - B. Diffuse thickening of basement membrane
 - C. Mesangial hypercellularity
 - D. Normal findings

93. A 21-year-old woman is brought to the emergency department due to continuous vomiting, diarrhea, and high fever for a day. The patient also has a severe headache that is unrelieved by acetaminophen. She is currently on the fifth day of her menstrual period and has had to use both tampons and pads due to heavy bleeding. Temperature is 39.4 C (103 F), blood pressure is 80/40 mm Hg, and pulse is 124/min. Physical examination reveals a diaphoretic woman with dry mucous membranes. There is no nuchal rigidity. An erythematous macular rash covers the entire body, including the palms and soles. Which of the following microorganisms is most likely responsible for this patient's symptoms?

-
- A. *Neisseria gonorrhoeae*
 - B. *Shigella*
 - C. *Staphylococcus aureus*
 - D. EHEC

94. Identify the sign that is seen during 8 weeks of pregnancy resulting in a dusky blue color of the vagina:

- A. Palmer's sign
- B. Chadwick's sign
- C. Hegar's sign
- D. Oslander's sign



95. A 14-year-old girl is brought to the OPD for a routine physical examination. The patient has not undergone menarche. Height and weight are at the 85th percentile for age. Physical examination shows sexual maturity rating (Tanner) stage 4 breast development. The abdomen is soft, nontender, and nondistended. A small, nonreducible mass is palpated in the left inguinal area. On pelvic examination, the external genitalia appear normal, and there is no pubic hair. The vagina ends in a blind pouch. Sonogram confirms the absence of a uterus, cervix, and ovaries. Karyotype is 46XY. Which of the following is the best next step in management of this patient?

- A. Elective gonadectomy procedure
- B. Estrogen therapy
- C. Growth hormone therapy
- D. Reassurance and no further treatment

96. Identify the correct statements

1. The greenish-black color of the first stool in the newborn is due to bilirubin

2. According to current recommended dietary guidelines for children, energy from saturated fats should be <10% of total energy intake

3. Most common cause of ventriculomegaly in newborns is Arnold-Chiari malformation

4. Steroid-resistant nephrotic syndrome is defined as failure to achieve remission after 4-6 weeks when on a daily corticosteroid therapy regimen

A. 1,2,3,4

B. 2,3,4

C. 2,4

D. 1,3

97. A 34-year-old woman is evaluated in the postpartum unit for vaginal bleeding. Two hours ago, she underwent an uncomplicated spontaneous vaginal delivery with an estimated blood loss of 250 mL. Bleeding was initially minimal, but there is now profuse vaginal bleeding, and the patient's perineal pad is soaked with blood and large clots. The patient has chronic hypertension that has been managed throughout this pregnancy with labetalol. On pelvic examination, the uterine fundus is soft, and the lower uterine segment is distended with blood clots. Which of the following medications is contraindicated in this patient?

- A. Carboprost**
- B. Methylergometrine**
- C. Misoprostol**
- D. Oxytocin**

98. What is the average duration of lochia discharge in a puerperal woman?

- A. 5-15 days
- B. 10-20 days
- C. 24-36 days
- D. 36-42 days

99. A mother brought her 16-year-old daughter to the hospital with complaints of primary amenorrhea. On evaluation axillary and pubic hair were present and other secondary sexual characteristics normal. LH and FSH levels are normal and USG showed absence of uterus. What is the most likely diagnosis?

- A. Turner syndrome
- B. MRKH syndrome
- C. Androgen insensitivity syndrome
- D. Swyer syndrome

100. A week-old boy is brought to the emergency department due to vomiting and poor feeding. His mother received appropriate prenatal care, and the full-term infant was delivered at home. Temperature is 36.7 C (98 F), blood pressure is 40/24 mm Hg, pulse is 164/min, and respirations are 46/min. Physical examination is notable for sunken eyes, a depressed anterior fontanelle, and dry mucous membranes. Genital examination shows a normal uncircumcised penis with bilateral testes palpable in the scrotum. Laboratory results are as follows. Which of the following is most likely to be increased in this patient?

- A. 11-deoxycorticosterone
- B. 17-hydroxyprogesterone
- C. Aldosterone
- D. Cortisol

Thank You!

Pediatrics-OBG BTR Test 2.0

1. A 52-year-old woman presents with foul-smelling bloody discharge per vagina mixed with mucous discharge. On examination, a necrotizing growth is seen in the cervix with lateral parametrium involvement. What will be the management for this patient?

- A. Chemotherapy
- B. Brachytherapy
- C. Chemoradiation
- D. Surgery

Stage	Description
I	The carcinoma is strictly confined to the cervix (extension to the uterine corpus should be disregarded)
IA	Invasive carcinoma that can be diagnosed only by microscopy, with maximum depth of invasion <5mm ^a
IA1	Measured stromal invasion <3mm in depth
IA2	Measured stromal invasion ≥3mm and <5mm in depth
IB	Invasive carcinoma with measured deepest invasion ≥5 mm (greater than Stage IA), lesion limited to the cervix uteri ^b
IB1	Invasive carcinoma ≥5mm depth of stromal invasion, and <2cm in greatest dimension
IB2	Invasive carcinoma ≥2cm and <4cm in greatest dimension
IB3	Invasive carcinoma ≥4cm in greatest dimension
IIA	Involvement limited to the upper two-thirds of the vagina without parametrial involvement
IIA1	Invasive carcinoma <4cm in greatest dimension
IIA2	Invasive carcinoma ≥4cm in greatest dimension
IIB	With parametrial involvement but not to the pelvic wall
IIIA	The carcinoma involves the lower third of the vagina, with no extension to the pelvic wall
IIIB	Extension to the pelvic wall and/or hydronephrosis or nonfunctioning kidney (unless known to be due to another cause)
IIIC	Involvement of pelvic and/or para-aortic lymph nodes, irrespective of tumor size and extent (with r and p notations)
IIIC1	Pelvic lymph node metastasis only
IIIC2	Para-aortic lymph node metastasis
IV	The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum. (A bullous edema, as such, does not permit a case to be allotted to Stage IV)
IVA	Spread to adjacent pelvic organs
IVB	Spread to distant organs

Radical trachele

Sx Radical hyst
↳ RT

V
P

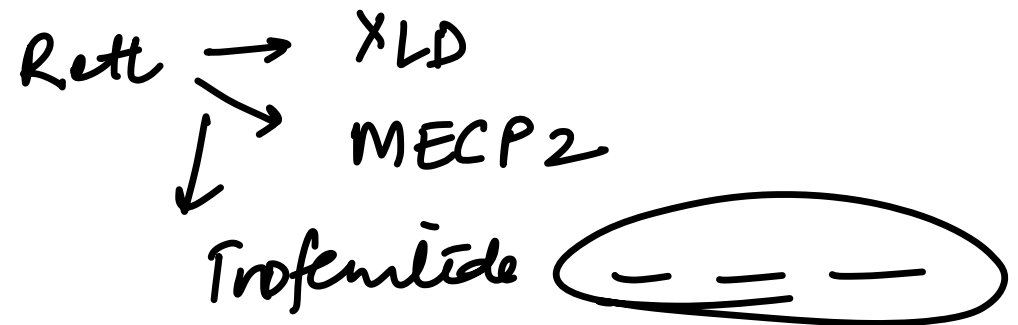
CT-RT

2. A female presents to OPD with 6 weeks of amenorrhea complaints of bleeding per vagina and mild abdominal pain. The urine pregnancy test is positive and hCG level is 2800 IU/L. On investigation, mass is seen on the left adnexa measuring 3 x 2 cm. She is hemodynamically stable. How will you manage this patient?

-
- A. Oral methotrexate
- B. Single-dose methotrexate injection \rightarrow im ~~iv~~
- C. Serial methotrexate + leucovorin rescue
- D. Salpingectomy \times
- \rightarrow BHCG < 15 \rightarrow repeat < 4 cm
HCG < 5000

3. An 18-month-old girl is brought to the emergency department after having a seizure in day care. The staff report that "she suddenly fell down and started shaking" but they also note that the girl has seemed quieter and has repeatedly pulled at her hair over the past month. The patient's mother says, "My daughter used to say 'mama' and 'papa' and babble away but has begun to talk less in the past few months. The patient is febrile, and other vital signs are normal. On physical examination, the patient makes eye contact with the physician but speaks no words. She is noted to have a lurching gait. Which of the following is the most likely diagnosis for this patient?"

- A. Angelman syndrome ✗
- B. Lesch-Nyhan syndrome ✗ ✗
- ~~C.~~ Rett syndrome
- D. Tuberous sclerosis ✗ (SZ)



4. A 8-year-old child weighing 26 kg presents with a history of loose stools for 2 days. On examination, there is severe dehydration. Laboratory investigations are as follows. What is the initial management as per ISPAD guidelines?

RBS → 550

pH → 7.01

Na⁺ → 158

Urine glucose → 3+

Urine Ketone → +ve

DKA

10-20ml/kg

-
- A. Manage ABC, NS 40 ~~mL~~/kg and start insulin after 1 hour
- B. Manage ABC, NS 40 mL/kg along with insulin 0.1 IU/kg/hr
- C. Manage ABC, NS 10 mL/kg along with insulin 0.1 IU/kg/hr
- D. Manage ABC, NS 10 mL/kg and start insulin after 1 hour

Diagnosis of DKA
Criteria: hyperglycemia + acidosis + urine/serum ketones
Clinical features: polyuria, polydipsia, weight loss, abdominal pain, vomiting, headache, Kussmaul respirations, altered mental status

Initial Management
Clinical assessment: ABCs, vital signs, neuro exam with GCS
Obtain IV access (if possible, 2nd line for serial blood draws)
Laboratory studies: glucose; serum electrolytes, creatinine, beta-hydroxybutyrate; venous blood gas; urinalysis

Signs of cerebral edema?

Yes

Assess ABCs
Elevate head of bed to 30°
Mannitol (0.5-1 g/kg) or 3% NaCl (5 mL/kg) IV over 20 minutes
Reduce IV fluid rate

No

Fluid Resuscitation
Administer 10 mL/kg NS bolus
Repeat bolus for persistent tachycardia, prolonged capillary refill, cool extremities, or other signs of hypoperfusion

IV fluid Administration
0.9% or 0.45% NaCl to replace deficit over 36-48 hrs plus maintenance fluids
Add 40 mEq/L potassium once serum K < 5 mEq/L (5 mmol/L) as KPhos, KAcetate, or KCl
Add 5-10% dextrose, if serum glucose < 300 mg/dL (16.7 mmol/dL)
Do not administer sodium bicarbonate

Avoid intubation
Unless unable to protect airway or poor effort
Intubation/ventilation are high-risk procedures in children with DKA

Insulin Administration
Start IV insulin infusion at 0.05-0.1 unit/kg/hr
Do not administer insulin bolus

Ongoing Monitoring
Q1 hour: vital signs, blood glucose, neurologic checks with GCS
Q2-3 hour: Electrolytes and VBG

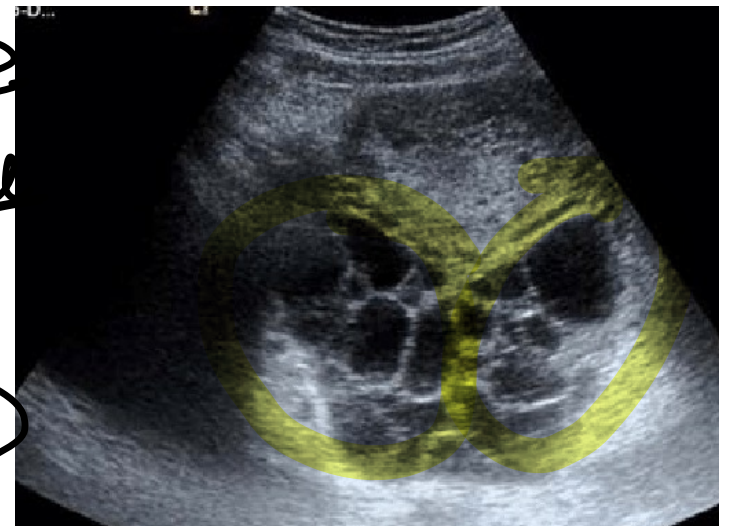
IV fluids
Insulin infusion
bolus

5. A 40-year-old woman comes to the emergency department due to nausea, vomiting, and dizziness. Her last menstrual period was approximately 8 weeks ago, and she has a history of irregular menses. Temperature is 36.7 C (98 F), blood pressure is 90/60 mm Hg, and pulse is 112/min. Pelvic examination shows a 12-week-size uterus and bilateral adnexal masses. Pelvic ultrasound shows a uterus filled with multiple small cysts but no embryo. The ovaries shown below. Urine pregnancy test is positive. Which of the following is the most likely mechanism of this patient's adnexal pathology?

OKSS

Theca-lutein cysts

- A. Excessive intra-ovarian androgen conversion PLOD
- B. Extrauterine implantation of a developing blastocyst free cells
- C. Failure of follicular rupture during ovulation PLOD
- D. Ovarian hyperstimulation from abnormal trophoblastic proliferation ↑ B-HCG



6. A 42-year-old woman < 33 yr accompanied by her mother-in-law comes to the infertility clinic. She has been having regular intercourse for 6 months but is not able to conceive. What is the next best step?

-
- A. Semen analysis for husband
 - B. Reassure and review the couple after 6 months
 - C. Hysterolaparoscopy
 - D. Diagnostic hysteroscopy

< 35 yr → 1 yr
> 35 yr → 6 mos
> 40 yr → 3 mos

7. Which of the following is the correct sign indicating adequate growth in an infant with a birth weight of 3 kg?

- A. Increase in length of 25 cm in the first year
- B. Weight gain of 300 grams per month till 1 year
- C. Anterior fontanelle closure by 6 months of age
- D. Weight under 75th percentile and height under 25th percentile

Birth - 50 cm
1y - 75 cm
2y - 90 cm
4y - 106 cm

50%

400g / month - 1yr

Fontanelles	Age of closure
Anterior or bregmatic	24 months
Posterior or lambdoid	<u>3 months</u>
Anterolateral (Sphenoid)	6-24 months
Posterolateral (Mastoid)	6-24 months

→ 24 months 18-24 mon

9. A 2-year-old boy is brought to the emergency department due to difficulty breathing that started 6 hours earlier. The patient has had rhinorrhea, nasal congestion, and a dry cough that sounds "like a barking dog" for the past day. Temperature is 37.7 C (99.9 F), blood pressure is 92/64 mm Hg, pulse is 122/min, and respirations are 30/min. Pulse oximetry is 99% on room air. The patient has inspiratory stridor when crying. He is administered oral dexamethasone, and observed in the emergency department. On reassessment 30 minutes later, oxygen saturation is 96% on room air and respirations are 40/min. The patient has inspiratory stridor at rest and subcostal and intercostal retractions. Which of the following is the best next step in management of this patient?

CROUP

Resp distress

Severe → dexamethasone +

racemic epinephrine

- A. Chest radiograph
- B. Nebulized albuterol
- C. Nebulized racemic epinephrine
- D. Ceftriaxone

Pit

apoplexy

↓

Hge inside

Pit adenoma



Headache
OC comp

Hydr

Sheehan

PPH

↓

lactⁿ

amenorr

pan hypo

↓ TSH

FSH

ACTH

10. A woman at 26 weeks of gestation presents for routine evaluation. On examination, fundal height corresponds to 24 weeks. Ultrasonography revealed decreased amniotic fluid. Which of the following conditions would have led to this presentation?

~~A. Renal agenesis~~

B. Tracheoesophageal fistula

C. Cardiac abnormalities

D. Ureteral stricture

→ B/L

→ Poly

11. An infant is brought to OPD with hepatosplenomegaly and thrombocytopenia. Neuroimaging with CT is shown below. What is the most likely diagnosis?




- A. Congenital rubella syndrome
- B. Congenital herpes simplex virus infection
- C. Congenital toxoplasmosis
- ~~D. Congenital cytomegalovirus infection~~

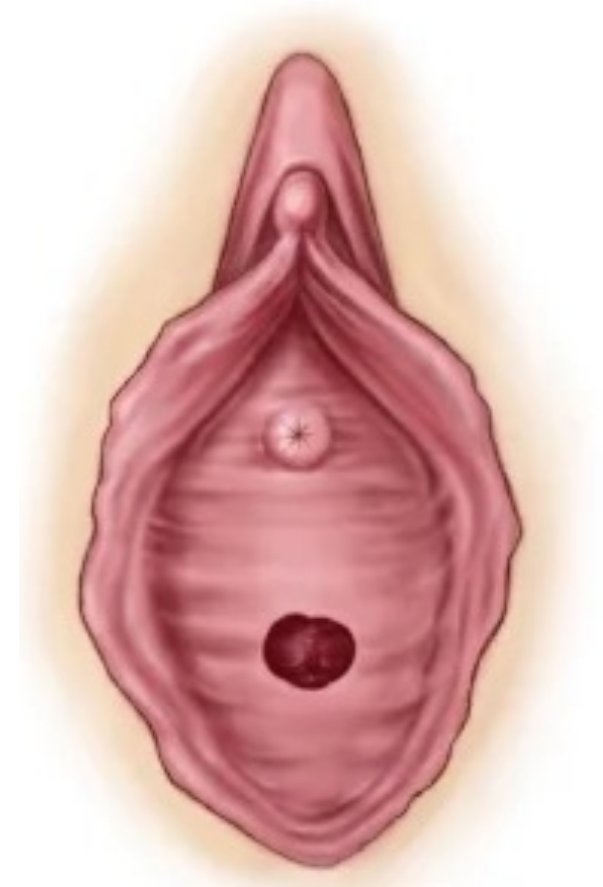


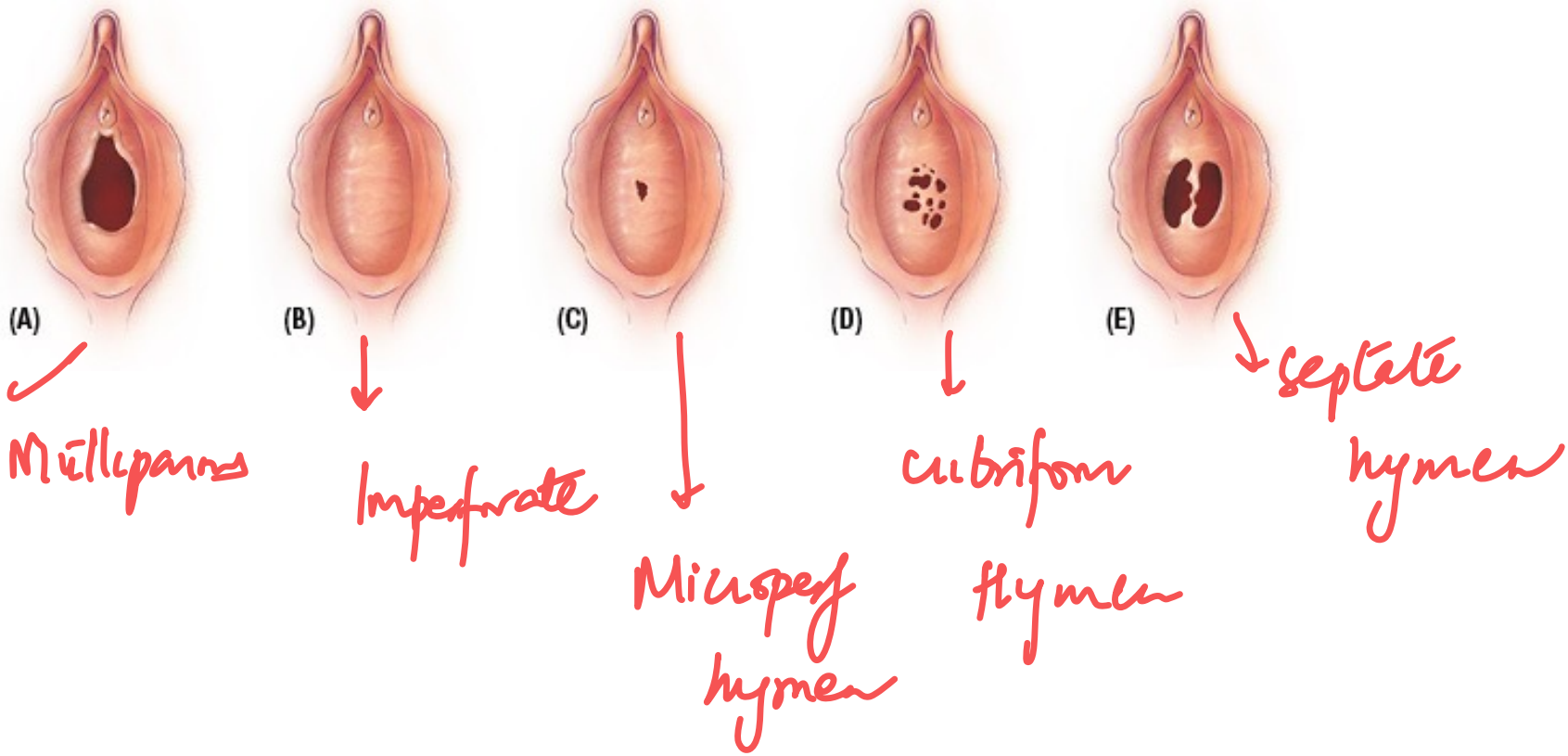
12. A 32-year-old woman, gravida 4 para 4, comes to the OPD for a routine check-up 6 weeks after an uncomplicated vaginal delivery of a healthy boy. The patient has no concerns and would like to discuss contraception options. Prior to this pregnancy, the patient had a history of increasingly heavy menses and was found to be mildly anemic. Iron was prescribed, but she often forgot to take it, she often forgot her prenatal vitamins too. The patient is breastfeeding exclusively. Pelvic examination shows a small, mobile uterus with no abnormalities. Which of the following is the preferred method of contraception for this patient?

-
- A. Combined estrogen-progestin oral contraceptives
 - B. Copper intrauterine device
 - C. Levonorgestrel-containing intrauterine device
 - D. Medroxyprogesterone injection

13. Identify the type of hymen shown in the image?

- A. Imperforate hymen ~~X~~
- B. Semilunar hymen 
- C. Septate hymen 
- D. Annular hymen 





14. While discharging a patient who underwent a vesicovaginal fistula repair, which of the following would you recommend?

- A. Sexual abstinence for 3 months and avoid pregnancy for a year
- B. Sexual abstinence for 3 weeks and avoid pregnancy for 6 months
- C. Sexual abstinence for 6 weeks and avoid pregnancy for a year
- D. Sexual abstinence for 6 months and avoid pregnancy for 6 years

15. A 6-year-old boy is brought to the OPD by his mother due to bleeding gums for the past 3 months. Height is below the 5th percentile and weight is at the 25th percentile for age. Several small patches of hypopigmentation are noted on the trunk. X-ray of the hand is shown below

Laboratory results are as follows:

Leukocytes - 3,000/mm³

Hemoglobin - 6.5 g/dL //

Mean corpuscular volume - 112 um

Platelets - 40,000/mm³

Which of the following is the most likely cause of this patient's condition?

A. Cobalamin deficiency ^x

B. Congenital infection ^x

C. DNA repair defect

D. Thymic tumor ^x

↓
PRCA

↓
HEJ

↓
CALMs

Short stature

+
Pancytopenia

+
radial ray

FANCONI ANEMIA

vs
Disease
C
PCT



Radial ray anomalies

- TAR

- Fanconi

- VALTERRA
✓✓✓✓✓

ALD

- Holt exam Sp

16. A 23-year-old female comes to the OPD with a 3-day history of intermittent lower abdominal pain and vaginal spotting. The pain was initially mild but has gotten worse. Her last menstrual period was 6 weeks ago. Her temperature is 36.7 C (98 F), blood pressure is 110/70 mm Hg, pulse is 80/min, and respirations are 18/min. Physical examination shows right adnexal tenderness and a closed cervix. Urine pregnancy test is positive. Transabdominal ultrasound does not reveal an intrauterine gestation. Which of the following is the most appropriate next step in management of this patient?

ectopic pregn

-
- A. Culdocentesis X
 - B. Dilation and curettage XX
 - C. Laparoscopy X
 - D. Transvaginal ultrasound

17. A 3-week-old infant is brought to OPD with complaints of cough and sore throat. The mother reports that the infant develops a paroxysm of cough followed by apnea. Blood investigations reveal total leucocyte count to be $>50,000$ cells/L. Which of the following drugs is appropriate for this patient?

A. Azithromycin

B. Amoxicillin

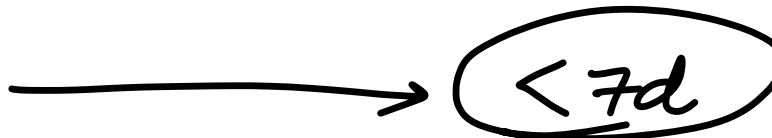
C. Cotrimoxazole

D. Ciprofloxacin

Whooping cough

18. An 5-day-old boy is brought to the emergency department by his parents due to hypothermia and poor feeding. The infant was cool to the touch this morning and would not wake to breastfeed. He was born via spontaneous normal vaginal delivery. The infant had an uncomplicated nursery stay and was discharged home at age 3 days. The patient's 3-year-old brother attends daycare and has had rhinorrhea and cough this week. Temperature is 35.1 C (95.2 F). Physical examination shows a hypotonic, lethargic infant with a full anterior fontanelle. Initial laboratory studies show a white blood cell count of 2,000/mm³ with 20% bands. During the evaluation, the infant becomes apneic and requires intubation. Which of the following is the most likely cause of this infant's condition?

-
- ~~A.~~ Group B Streptococcus
 - B. Haemophilus influenzae
 - C. Listeria monocytogenes
 - D. Neisseria meningitidis



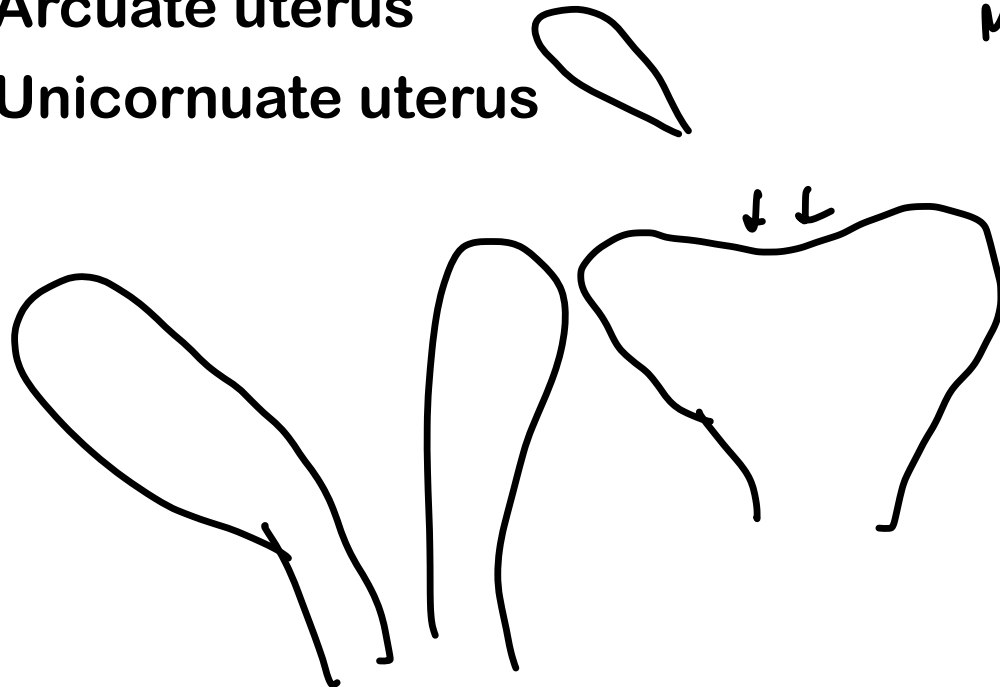
Sepsis Screen

- **Leukopenia (TLC < 5000)**
- **Neutropenia (ANC < 1800)**
- **Immature neutrophil to**
- **total neutrophil (I/T) ratio >0.2**
- **Micro-ESR > 15mm 1st hour**
- **CRP + ve**

19. A 20-year-old woman is evaluated for primary infertility. Hysterosalpingography was done and reveals the finding shown below. What is the anomaly seen in the image?

- ~~A. Septate uterus~~ vs Bicornuate
- B. Uterine didelphys
- C. Arcuate uterus
- D. Unicornuate uterus

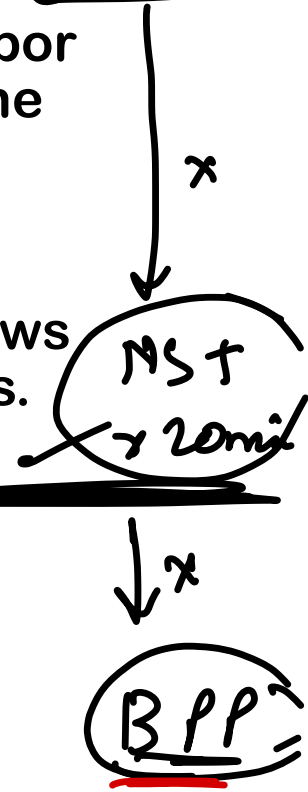
3D USG / MRI



20. Part 1 of a 2-part question

A 40-year-old woman, gravida 5 para 0 aborta 4, at 35 weeks gestation comes to labor and delivery triage because she has not felt her baby move for the past 24 hours. The patient has not eaten much all day and skipped dinner due to nausea. She has a 25-pack-year history of cigarette use but has cut down on her smoking during her pregnancy. Her last ultrasound at 32 weeks gestation showed a fetus in breech position measuring at the 15th percentile and placenta previa. A nonstress test shows a baseline fetal heart rate in the 130s with moderate variability and no decelerations. There are no accelerations after an hour of monitoring despite vibroacoustic stimulation. Tocometry shows no contractions. Which of the following is the most appropriate next step in management of this patient?

Next: NST - 20min



910-160

104R

- A. Biophysical profile →
- B. Cesarean delivery x
- C. Contraction stress test xx
- D. Umbilical artery flow velocimetry (104R)

Mod BPP = NST + AFL

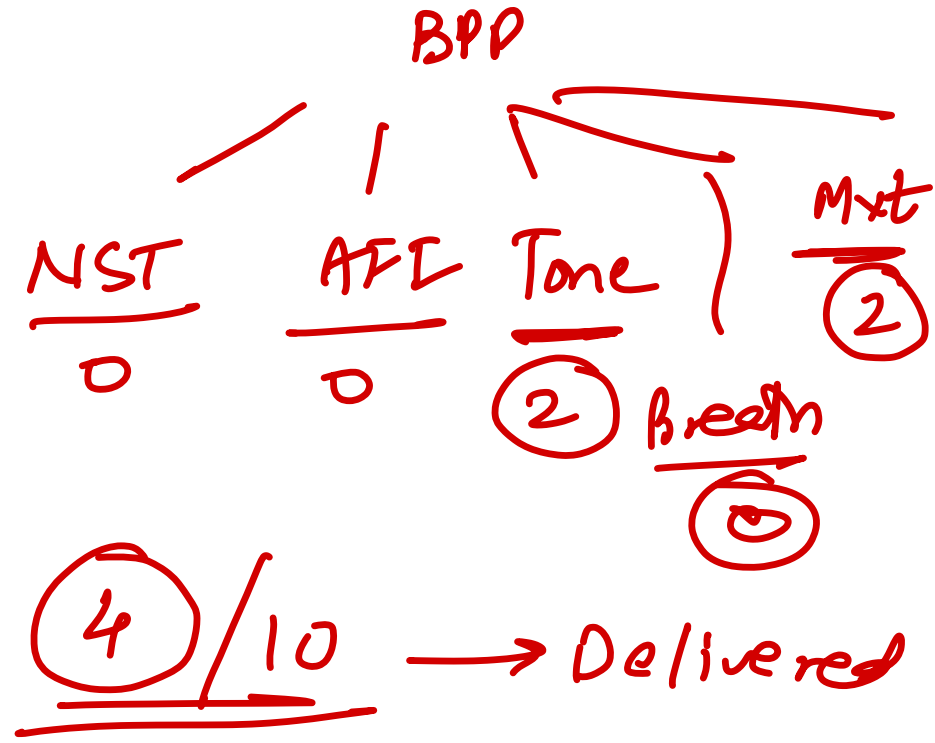
21. Part 2 of a 2-part question

An ultrasound confirms an anterior placenta covering the cervical os and an amniotic fluid index of 1.5 with a single fluid pocket measuring 1.5 x 1 cm. Over a period of 45 minutes, there are 4 episodes of fetal movement, 3 flexion/extension events, and no fetal breathing movements. The fetus is breech. Which of the following is the most likely cause of the patient's biophysical ultrasound findings?

10-20

- A. Fetal malpresentation ^{xx}
- B. Maternal hypoglycemia ^{xx}
- C. Placental insufficiency
- D. Placental location ^{xx}

0 / 2



Biophysical Parameter	Normal 2	Abnormal 0
Qualitative AFI	AFI + between <u>10 and 20</u>	AFI less than 10 or more than 20
Reactive FHR	Two episodes of FHR acceleration of ≥ 15 beats/minute and of at least 15 sec 2	Less than two episodes 0
Fetal tone	At least <u>1 episode</u> of active extension with return to flexion of fetal limb (s) or trunk	Either slow or absent fetal movement
Fetal breathing	At least <u>1 episode</u> of fetal breathing in 30min	Absent
Gross body movement	At least <u>3 discrete</u> body/limb movement in 30 minutes	2 or fewer episodes of body /limb movements in 30 minutes

22. A 10-month-old infant was brought with complaints of jerking movement of limbs towards the body. On examination, there is a regression of developmental milestones. Electroencephalogram is shown below. Which of the following is the drug of choice in this condition?

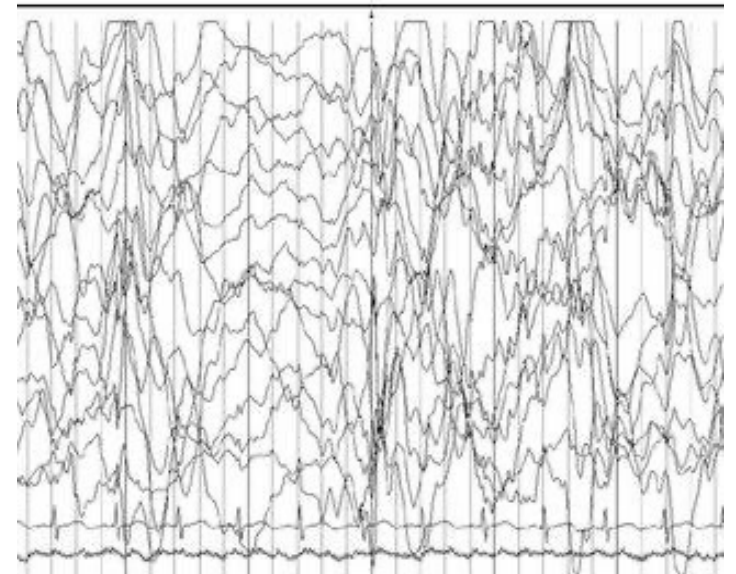
A. Phenytoin

B. Adrenocorticotrophic hormone (ACTH)

C. Levetiracetam

D. Phenobarbitone

TSC - Vigabatrin



23. A 9-year-old boy is brought to the clinic for evaluation of dark brown urine for a day. He has had no fever, hesitancy, or urinary frequency. For the past 3 days, the patient has had rhinorrhea, nasal congestion, and a sore throat, but these symptoms are improving. He has bilateral sensorineural hearing loss that has worsened over the past 4 years. Serum creatinine is 1.4 mg/dL, and serum complement levels are normal. A renal biopsy is performed. Which of the following is the most likely histologic finding?

IgA
Berger

Alport

-
- A. Effacement of podocyte foot processes ~~x~~ MCD x
 - B. Linear deposition of IgG along the glomerular basement membrane
 - ~~C.~~ Longitudinal splitting of the glomerular basement membrane
 - D. Mesangial deposition of IgA

24. A pregnant woman with no other comorbid conditions develops preeclampsia. She enquires about the cause of her condition. The doctor explains that it is due to the failure of the invasion of?

- A. Spiral artery by villous trophoblasts
- B. ~~Radial~~ artery by cytotrophoblasts
- C. Spiral artery by extravillous trophoblasts
- D. Arcuate artery by extravillous trophoblasts

25. You are examining a multigravida in the second stage of labor for the past two hours. On examination, contractions are adequate, the cervix is fully dilated with the head at station 0 with molding 2+ and caput 2+. The sagittal suture is in the right occipito-transverse position. The fetal heart rate is 140 beats/minute. Which of the following is carried out for the management of this patient?

- A. Mid pelvic forceps ✗
- B. Vacuum-assisted delivery ✗
- C. Wait for an hour for spontaneous labor ✗
- ~~D. Lower segment cesarean section~~

D D)

26. A 31-year-old woman, gravida 3 aborta 3, comes to the OPD for an annual examination and discussion of contraceptive options. Seven months ago, she experienced her third spontaneous miscarriage and underwent a recurrent miscarriage workup. Results were consistent with antiphospholipid antibody syndrome, and the patient was informed that she is at increased risk for another miscarriage. Due to these risks, the patient and her husband have elected to adopt. Which of the following is the best contraceptive option for this patient?

- A. Combined hormonal patch ✗
- B. Combined oral contraceptive pills ✗
- C. Sponge with spermicide
- D. Copper intrauterine device

↑ DVT / art thrombosis

27. Where will be the level of the uterus on the (second-day post-delivery)?

- A. One finger breadth below umbilicus
- B. Two finger breadths below umbilicus
- C. Three finger breadths below umbilicus
- D. Four finger breadths below umbilicus

Changes in Uterus after delivery

Undergoes involution (0.5 inch or 1 finger breadth per day)

Immediately after delivery	Uterus is at the lower border of the umbilicus (20 weeks)
Day 1	1 finger breadth below the umbilicus
Day 2	2 finger breadths below the umbilicus
At the end of 2 weeks	No longer palpable abdominally (It becomes a pelvic organ)
At the end of 6-8 weeks	Pre-pregnant sized uterus

28. A child presented with a history of loose stools with an increase in frequency for 4 days. On examination, he is drowsy, unable to feed, and skin on pinching goes back very slowly. According to the integrated management of neonatal and childhood illness (IMNCI), this child will be classified as having:

- A. Mild dehydration
- B. Some dehydration
- ~~C. Severe dehydration~~
- D. Moderate dehydration

29. A 34-year-old **G2P1** presents at 35 weeks. She has no complaints and is appreciating fetal movements well. She had a previous **classical cesarean** at 25 weeks for eclampsia and severe FGR. She is currently on low dose aspirin and prenatal vitamins. On examination, the uterus is SFH is 38 cm and FHR is 140 bpm. An ultrasound reveals a single live fetus in breech presentation, placenta posterior and amniotic fluid normal. The patient desires a vaginal delivery. What is the best management?

A. Review USG after 2 weeks

B. Schedule **elective LSCS** at **37 weeks**

C. ECV at 36 weeks

D. Await spontaneous labor and then do an internal podalic version

30. A 6-month-old boy is brought to the OPD for follow-up after a urinary tract infection. The boy was initially brought in 2 weeks ago with fever for 4 days. The fever resolved within 48 hours with antibiotic therapy, and a full course of antibiotics was completed. Renal ultrasound performed 2 days ago showed mild right hydronephrosis. MCU is shown below. If untreated, which of the following is the most likely long-term complication of this patient's condition?

- A. Development of renal cysts
- B. Fibrosis of renal interstitial space
- C. Inflammation of the renal glomerulus
- D. No long-term complications

Handwritten annotations: 'X' above A, 'X' below C, 'X' below D, 'scarring' with an arrow pointing to B, 'YUR' in a circle, '100' in a circle, and 'DM SA' below the circles.



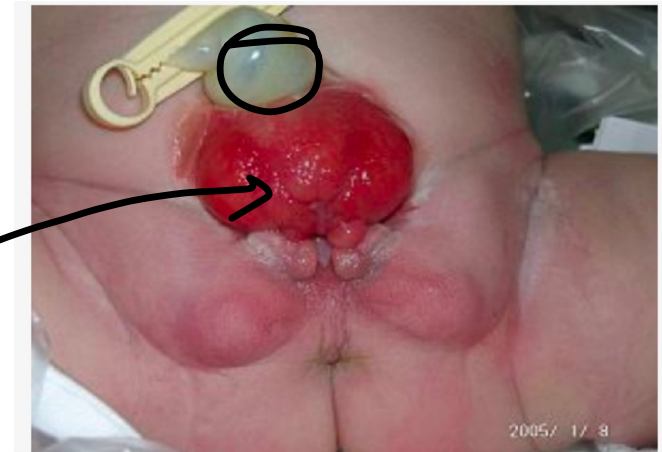
31. A 22-year-old primigravida is overdue by 2 weeks. She visits the OPD with complaints of vaginal bleeding and abdominal pain on the right side. On Examination, her vitals are stable. Abdomen examination is unremarkable. A bimanual examination reveals a bulky, soft uterus with no tenderness and no adnexal mass. Mild bleeding +. Beta hCG is 1400 IU. An ultrasound reveals a trilaminar endometrium, and both the adnexa are normal. The next best step is?

- ~~A.~~ Repeat serum beta HCG after 48h.
- ~~B.~~ Diagnostic laparoscopy.
- C. Repeat USG after 3 days.
- D. Wait and watch ✗

PVL → abortion!
ectopic
early

32. Identify the condition:

- ~~A. Bladder exstrophy~~
- B. Omphalocele
- C. ~~Persistent vitellointestinal duct~~
- D. Gastroschisis



// parallel

33. A 2-year-old boy is brought to the OPD for a routine visit. His parents are concerned that he is not as talkative as his twin sister. The patient's sister talks "constantly" and is starting to put 3 words together. The boy tends to be quieter and says some 2-word phrases. The patient likes making beeping sounds when playing with toy trucks, but he does not play with his sister, only alongside her. He points to a toy across the room, looks at his mother and smiles, and then brings the toy over to show her. When the physician approaches, the patient runs to hide behind his father and initially refuses to cooperate or make eye contact. When his mother tries to help him onto the examination table, he pushes her away and says, "Me do." Which of the following is the most likely diagnosis in this patient?

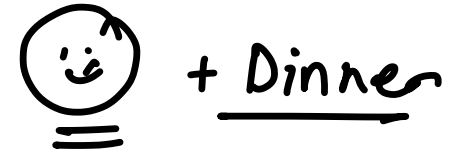
-
- A. Autism spectrum disorder
 - B. Cognitive delay
 - C. Conductive hearing loss
 - D. Normal development

34. A 25-year-old male patient is evaluated for primary infertility. Semen analysis shows azoospermia. A testicular biopsy is done and the image is shown below. The shown finding is consistent with?

- A. Sertoli cell only syndrome
- B. Testicular atrophy
- C. Benign testicular neoplasm
- D. Orchitis







35. A 32-year-old woman, gravida 3 para 2, at 38 weeks gestation comes to the hospital due to contractions. She had a cesarean delivery for breech presentation at 39 weeks gestation in her second pregnancy. Blood pressure is 100/60 mm Hg, pulse is 100/min, and respirations are 22/min. Fetal heart rate tracing shows moderate variability, multiple accelerations, and no decelerations. Uterine contractions are regular and occur every 4 minutes. The cervix is 6 cm dilated and 60% effaced, and the fetal vertex is at 0 station. After 2 hours, the patient is suddenly restless and has intense lower abdominal pain. Fetal heart monitoring shows recurrent late decelerations. On pelvic examination, there is moderate vaginal bleeding, the cervix is 6 cm dilated and 60% effaced, and the fetal vertex is at -3 station. Which of the following is the most likely diagnosis in this patient?

A. Fetal nuchal cord

B. Normal labor ✗

C. Uterine rupture

D. Vasa previa ✗

PP
variable deceleration

asphyxia

36. A 30-year-old G4A3 woman had a history of miscarriage at 8 weeks, the second miscarriage at 11 weeks with no cardiac activity, and the third pregnancy loss at 24 weeks with preterm delivery due to early-onset preeclampsia. What is the most probable diagnosis?

-
- A. Syphilis *Kassowitz* abortion → PTL → (N) del
- B. Antiphospholipid antibody syndrome
- C. TORCH infections *x*
- D. Gestational diabetes mellitus *x*

37. A 7-week-old boy is evaluated for persistent hypoxia. He has been in the neonatal intensive care unit since birth. He was born at 29 weeks gestation due to placental abruption and weighed 1150g. Six hours after delivery, the patient developed tachypnoea, grunting, and cyanosis, a chest x-ray revealed ground-glass opacities. Surfactant was administered and mechanical ventilation was initiated. He remained on mechanical ventilation for the first 3 weeks of life. Ever since ventilation was discontinued, the patient has remained hypoxic and continues to require oxygen administration by nasal cannula. Chest radiograph is shown below. What is the most likely diagnosis for this patient's current presentation?

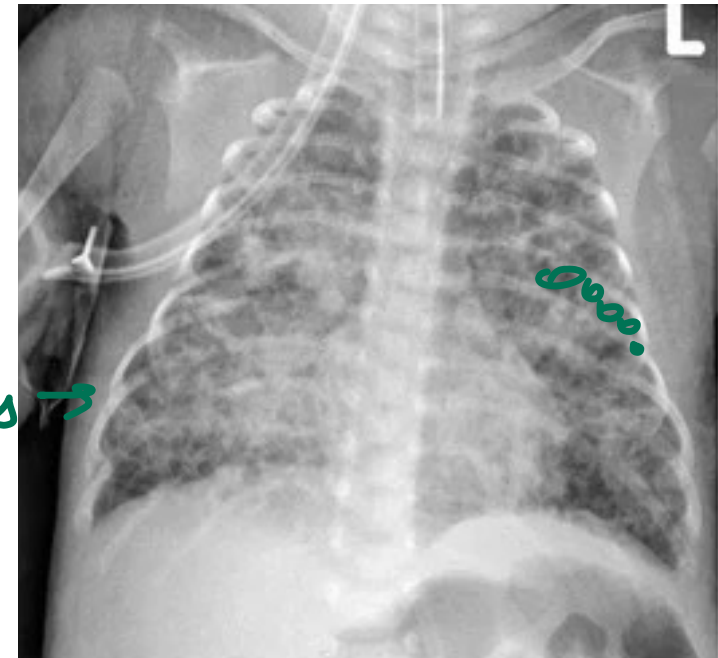
A. Bronchiectasis *x*

B. Bronchopulmonary dysplasia

C. Neonatal pneumonia *x*

D. Persistent pulmonary hypertension *x*

multifocal cystic lucencies →



38. A 28-year primigravida presents at 36 weeks with painful vulval ulcers. She does not give history of similar lesions ever in the past. On examination, there are multiple painful vesicular lesions. Which is the best treatment option?

HSV

-
- A. Acyclovir and elective Cesarean section
 - B. Acyclovir and induction of labor
 - C. Spontaneous delivery
 - D. Antiviral and normal vaginal delivery

39. A male child presented with arthralgia and abdominal pain. Examination is shown below. There is a past history of upper respiratory tract infection prior to the onset of presenting symptoms. Which of the following is the treatment for this condition?

A. Azathioprine ✗

B. Methotrexate ✗

C. Cyclosporine ✗

D. Glucocorticoids

HSP
IgA vasculitis
leukocytosis



40. A 22-year-old nulligravid woman comes to the OPD for worsening acne on her face and body over the last 6 months. She initially attributed the acne to her diet and has been eating healthier to improve the acne and lose weight. The patient has lost 6.8 kg in the last 3 months, but the acne has not improved. BMI is 42 kg/m². Coarse hair is noted on the chin and upper lip. Pelvic examination shows an enlarged clitoris but otherwise normal external genitalia. Laboratory results reveal elevated total testosterone and normal dehydroepiandrosterone sulfate. Which of the following is the most likely diagnosis in this patient?



- A. 21-hydroxylase deficiency ✗
- B. Adrenocortical carcinoma ✗
- C. Polycystic ovary syndrome
- D. Sertoli-Leydig cell tumor

adrenocortical

clitoromegaly ✗✗

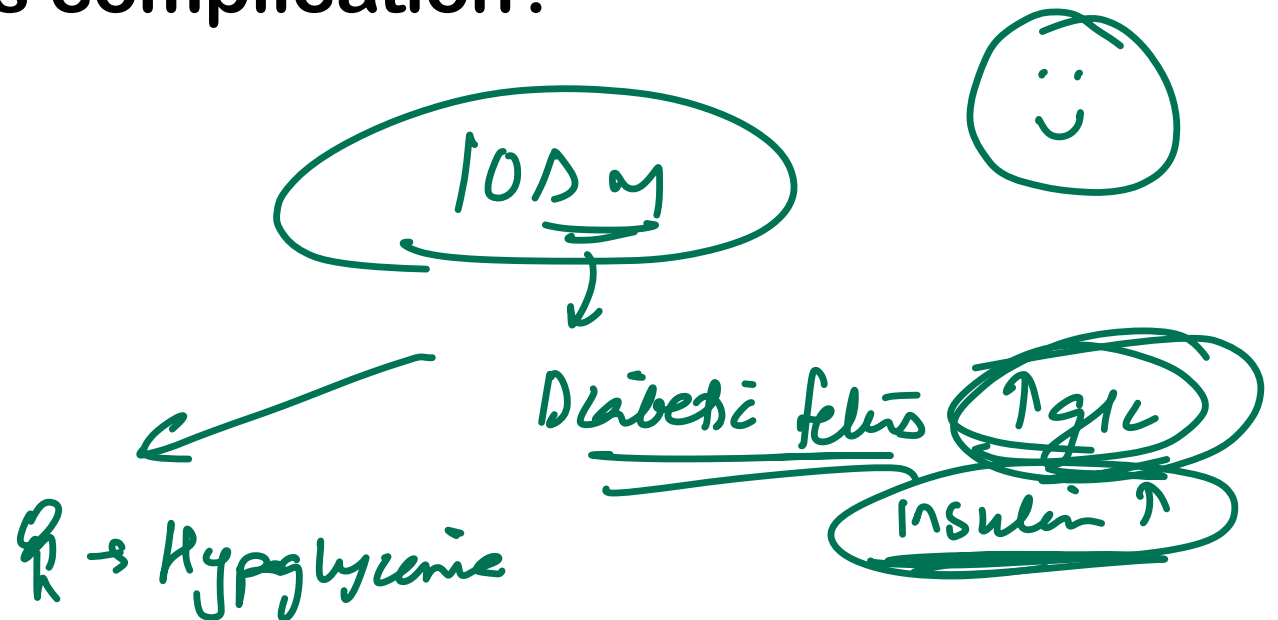
↑ DHEAS

Acute onset virilism

41. A 5-hour-old boy is evaluated in the nursery for minimal right arm movement. He was born at 39 weeks gestation to a 37-year-old multigravida via vaginal delivery complicated by difficulty extracting the shoulders. The patient's birth weight is 4.5kg. Examination shows a plethoric infant with crepitus and irregularity over the right clavicle. Moro reflex is absent on the right extremity. Bilateral biceps and grasp reflexes are intact and symmetric. Which of the following risk factors predisposed the infant to this complication?

- A. Congenital infection
- B. Fetal aneuploidy
- C. Fetal hyperglycemia
- D. Fetal hypoglycemia

Neonatal



fetus → hyperglycemia
↳ Insulin T



resident

10DM

Hypoglycemia

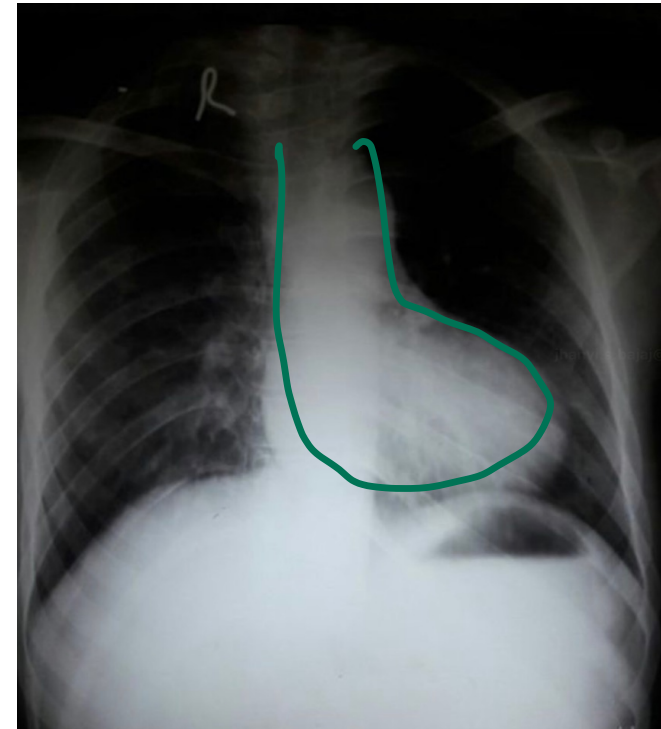
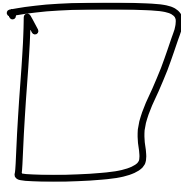
42. The given chest X-ray is suggestive of:

A. Tetralogy of Fallot

B. Atrial septal defect ✗

C. Ventricular septal defect ✗

D. Ebstein's anomaly ✗



43. A 49-year-old woman, gravida 5 para 5, comes to the OPD due to involuntary, intermittent loss of urine over the past 5 months. The patient loses a small amount of urine when asked to cough. She has no dysuria, urgency, or hematuria and usually awakens once a night to void. Postvoid residual urine volume is 40 mL. Clean-catch urinalysis results are as follows: Blood-negative

Glucose-negative
Leukocyte esterase- negative
Nitrites- Negative
White blood cells- 3-5/hpf
Bacteria - none
Serum hemoglobin A1c is 7.7%.

< 50 ml
PVR
SUI

Which of the following is the most likely cause of this patient's symptoms?

- A. Bladder outlet obstruction xx
- B. Detrusor overactivity -urge
- C. Urethral hypermobility - SUI
- D. Vesicovaginal fistula

Urinary incontinence

VVF
contin drip

urgency /
urged
incont

OAB

Detrusor
spasm

h/o urge

incont

Rp → anticholin

Ngic bladder

Detrusor
flaccid

cont
dribbling
of urine

Rp →
cholin

PVR ↑

SUI

pelvic floor
weakness

Cough / valsalva

Interruption

↓
urethral
hypermobility

44. A 30-year-old married woman came for an infertility evaluation. On performing further investigations, intramural fibroids of sizes 7x5cm and 5x3cm were seen at the right and left cornual ends of the uterus. Her husband's semen analysis was found to be normal. What is the appropriate management of this case?

-
- A. Uterine artery embolization — fertility ↗
 - B. Laparoscopic Myomectomy —————→ Submucosal fibroids
 - C. Artificial reproductive techniques X
 - D. GnRH analogues >
- Intramural > 5cm



45. An 18-month-old boy is brought to the OPD due to developmental concerns. His parents have noticed that he does not walk independently, which worries them because his older brother began walking at age 12 months. The patient holds on to furniture while standing and steps sideways to move around. He can speak in 2- to 3-word sentences and follow simple commands. The patient can also build a tower of 6 cubes, drink from a straw, and feed himself table foods. Height, weight, and head circumference track at the 20th percentile, similar to prior visits. During physical examination, he uses his hands to push on his legs while getting up and seems to have pain when doing so. Which of the following is the best next step in evaluation of this patient?

- A. Brain imaging ✗
- B. Creatine kinase level
- C. Karyotype analysis ✗
- D. Reassurance only ✗

Gower's

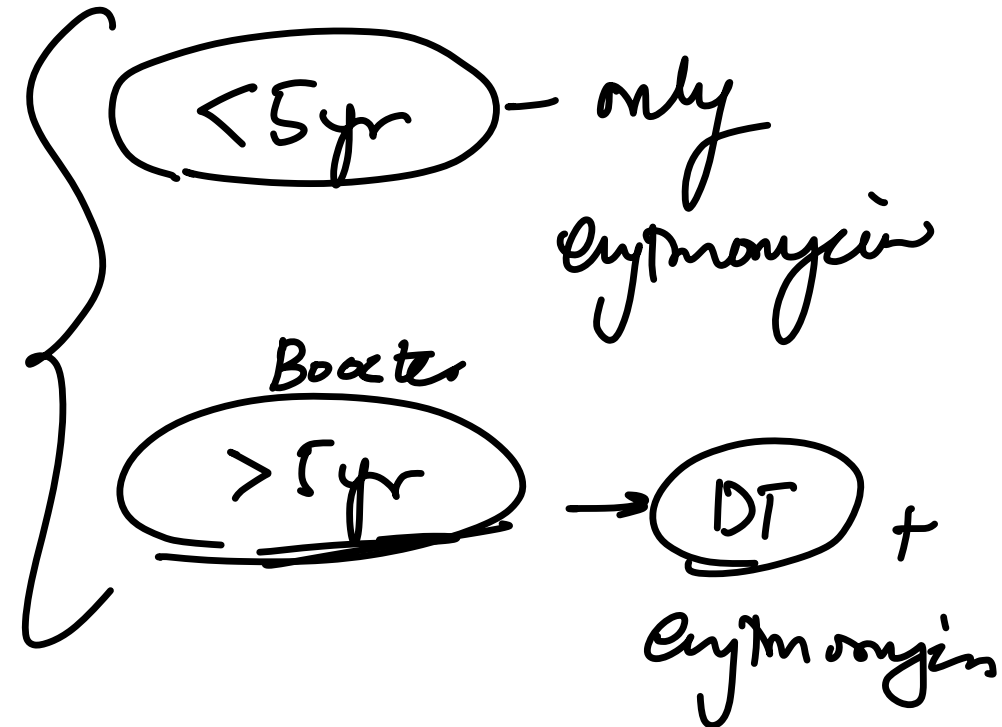
DM D

BMD

46. Anuj has been diagnosed with diphtheria and is being treated in the ward. His 3-year-old brother, Ajay who lives in the same house has received vaccination against diphtheria about 16 months back. What is the next best step for the management of the younger sibling, Ajay?

- A. One booster dose
- B. Nothing as the child is already exposed
- C. Erythromycin + diphtheria toxoid
- ~~D. Erythromycin only~~

Contacts



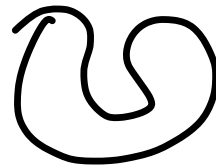
47. A 12-year girl is brought to the OPD by her mother. She is concerned that she is shorter than her peers. On examination there is ~~ptosis on the right side~~, shield like chest and a webbed neck. On evaluation, which of the following would you expect to find?

A. Ultrasound showing streak ovaries and a small uterus

B. ~~ECHO show laparoscopy~~

C. Ultrasound showing hepatomegaly with altered echotexture ✕✕

D. Ultrasound showing single kidney



48. A 62-year-old nulligravid woman comes to the OPD for follow-up after right adnexal enlargement was found on routine pelvic examination 2 weeks ago. Pelvic ultrasound reveals a 5-cm right ovarian cyst. Which of the following is the most appropriate initial course of action for this patient?

A. Endometrial biopsy ✗

B. Laparoscopy ✗

C. Papanicolaou test ✗

D. Serum CA-125 level

→ TAFH + B2

49. Unconjugated hyperbilirubinemia, which did not subside even after 3 weeks of birth, was observed in a neonate. On investigating, liver enzymes, PT/INR and albumin levels were normal. No hemolysis was seen on a peripheral blood smear. A drop in bilirubin level was observed within a week after treatment with phenobarbital. What is the most likely diagnosis?

A. Rotor syndrome

B. Crigler Najjar type 2

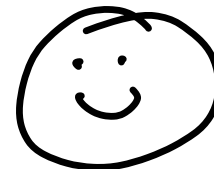
C. Dubin Johnson syndrome

D. Crigler Najjar type 1

— conj
diff g GT
— conj → black liver
— absence — g GT — kernicterus

50. A 1-day-old girl is in the newborn nursery undergoing routine evaluation. She was born at term to a 24-year-old woman by uncomplicated vaginal delivery. The Apgar scores were 7 at 1 minute and 8 at 5 minutes. Physical examination of the infant shows bilaterally enlarged mammary glands. The labia are slightly swollen and blood-tinged vaginal discharge is seen. What is the best next step in the management of this patient?

-
- A. Karyotyping
 - B. Measure urinary corticosteroid precursors
 - C. Measure serum FSH and LH levels



D. Observation and routine care

maternal estrogen

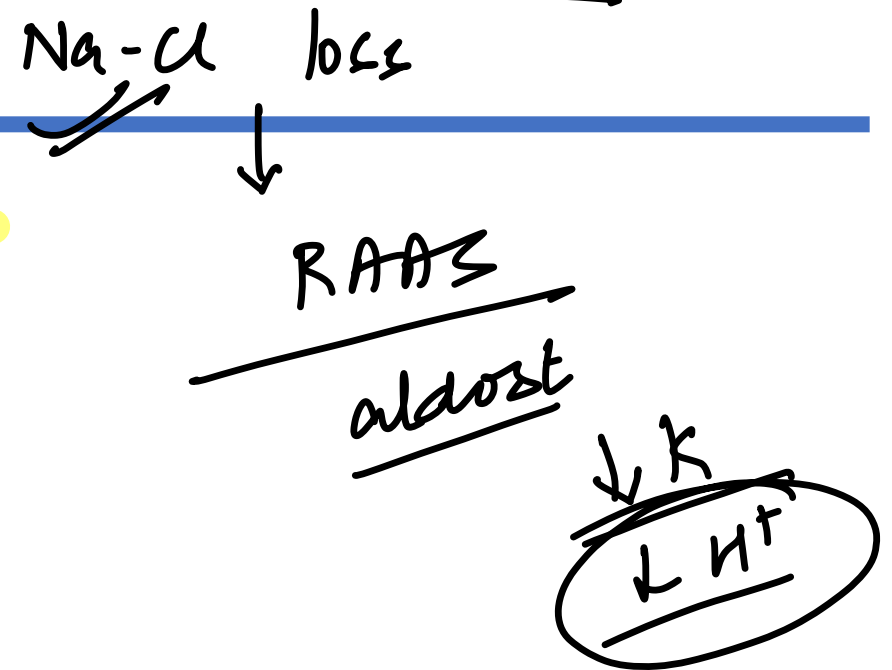
51. An 18-year-old girl presents with a history of low-grade fever, weight loss, abdominal pain and amenorrhea for six months. On examination, a pelvic mass is felt on the left side and signs of ascites are positive. What is your diagnosis?

- A. Tuberculosis with tubo-ovarian mass
- B. Ovarian malignancy X
- C. Ectopic pregnancy X
- D. Submucous fibroid X X

Meig's
ascites
Rt pleural effusion

52. Which of the following is not seen in a child with cystic fibrosis?

- A. Sweat chloride test chloride conc of 70 mEq/L
- B. Increase immunoreactive trypsinogen level
- C. Hyperkalemia $\downarrow K^+$
- D. Contraction alkalosis



53. A 24-year-old primigravid woman at 10 weeks gestation is brought to the emergency department for vaginal bleeding. She has colicky pain in the suprapubic region radiating to her back. Her temperature is 37 C (98.7 F), blood pressure is 110/76 mm Hg, pulse is 94/min, and respirations are 18/min. Physical examination shows a dilated cervix with visible products of conception. Suction curettage is performed and all products of conception are evacuated. Maternal serum laboratory results are as follows:

Hematocrit 32%

Leukocyte count 8,000/uL

Blood type AB negative

Anti-Rh antibody titer Negative

Which of the following is the most appropriate next step in management of this patient?

- A. Administer anti-D immune globulin to the woman
- B. No further workup or therapy for the woman or fetus
- C. Order maternal antiphospholipid antibodies
- D. Order maternal blood and endometrial cultures

Indications for prophylactic administration of anti-D immunoglobulin for Rh(D)-negative patients

- At 28-32 weeks gestation ✓
- <72 hours after delivery of Rh(D)-positive infant ✓
- <72 hours after spontaneous abortion ✓

NOT FOR: Complete / Threatened - 1st trimester

- Ectopic pregnancy
- Hydatidiform mole
- Chorionic villus sampling, amniocentesis
- Abdominal trauma
- 2nd- & 3rd-trimester bleeding
- External cephalic version

54. A 6-month-old boy is brought to the OPD for a well-child visit. The patient sits with support, mouths toys, and responds to his name. He has not yet started babbling or using a pincer grasp. The patient drinks approx. 500ml of formula daily. He was adopted at age 2 months. The only available birth history is that the patient was born full-term and that labor and delivery were uncomplicated. Family history is unknown. Immunizations are up to date. He does not take any additional medications. Height and weight are at the 20th and 40th percentiles, respectively. Head circumference is at the 30th percentile. The patient has no dysmorphic facial features. The anterior fontanel is open and flat, and the skull bones are soft and flexible to pressure. Bilateral swelling of the wrist is present. There is no bowing of the lower extremities.. An x-ray of the wrist is performed. Which of the following is the most likely cause of this patient's x-ray abnormality?

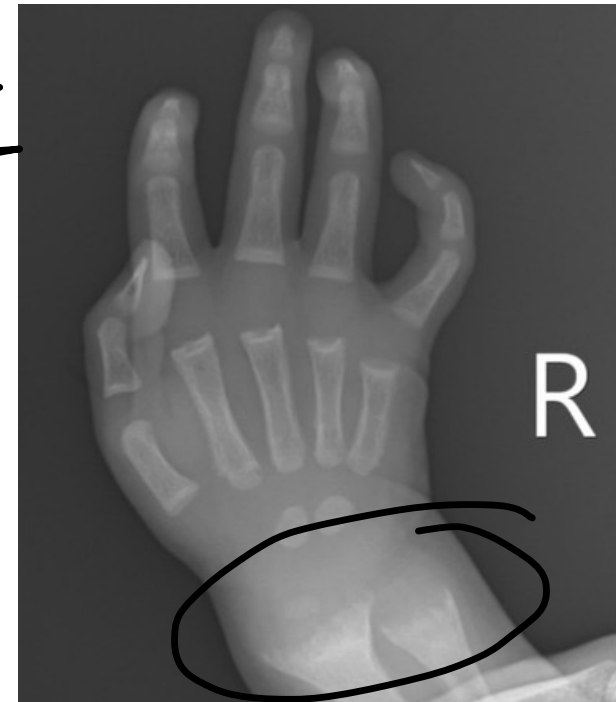
Vit D 400 IU/d

A. Vitamin deficiency

B. Autosomal recessive lysosomal storage disorder

C. Skeletal dysplasia

D. Nonaccidental trauma



55. A 35-year-old primigravida who conceived after in-vitro fertilization therapy came for an antenatal checkup at 38 weeks of gestation. Her obstetric history revealed that she was pregnant with DCDA twins. On examination, the first twin was found to be in a breech position and the maternal blood pressure was found to be greater than 140/90 mm Hg on two occasions with grade 1+ proteinuria. What should be done next?

-
- A. Monitor BP and terminate pregnancy if BP rises \times
 - B. Immediate Caesarean section
 - C. Terminate pregnancy at 40 weeks of gestation \times
 - D. Induce labor with PGE2 gel \times

37 wks

- Indications of cesarean delivery in multiple pregnancy:
 - 1st twin non cephalic
 - Monoamniotic monochorionic twins
 - Conjoined twins
 - Triplets and above

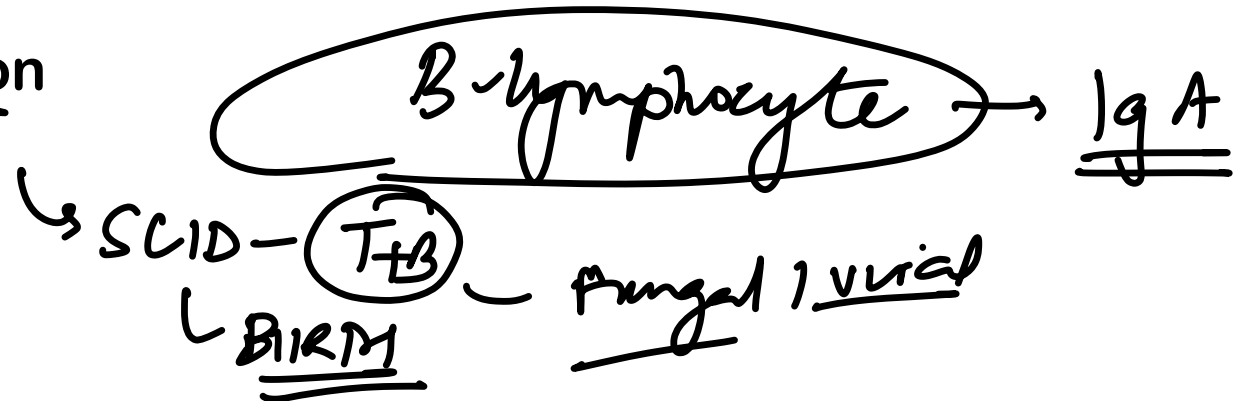
56. While you are evaluating a baby, you show him a bright pink teddy bear that he reaches out to with both hands. What is the earliest age by which this milestone is typically achieved?

- A. 4 months**
- B. 5 months**
- C. 6 months**
- D. 7 months**

57. A 3-year-old boy is brought to the emergency department for 2 days of fever, cough, and worsening shortness of breath. The patient's parents report that he recently recovered from prolonged diarrhea due to Giardia infection. Medical history is significant for recurrent ear infections treated with antibiotics since age 6 months and lobar pneumonia requiring hospitalization. Temperature is 38.7 C (101.7 F), pulse is 140/min, and respirations are 60/min. Physical examination reveals small tonsils and crackles in the lower lobe of the right lung. Which of the following is the most likely cause of this patient's recurrent infections?

- ~~A. Abnormal B-lymphocyte maturation~~
- B. Adenosine deaminase deficiency
- C. Complement deficiency
- D. Impaired oxidative burst

cat +



58. A patient is planned to undergo hysteroscopic polypectomy using bipolar electrocautery. What is the ideal agent for distention

- A. Glycine *bipolar*
- ~~B. Normal saline~~
- C. CO₂
- D. 70% dextrose

59. A 16-year-old girl comes to the OPD for evaluation of acne. Around the time of her first menstrual period at age 10, the acne appeared only on her face, but over the past 6 years, it has spread to her chest and back. She has since gained 9.1 kg. Menses are irregular and her last menstrual period was 3 months ago. Terminal hairs are notable on the upper lip and around the nipples. Development is Tanner stage V. The abdomen is obese and nontender, with no masses and normal bowel sounds. Serum total testosterone and dehydroepiandrosterone sulfate levels are normal. This patient is at greatest risk for developing malignancy of which of the following?

A. Adrenal gland

B. Cervix

C. Endometrium


D. Vagina



PCOD

Endometrial hyperplasia

60. When do you consider administering epinephrine in a neonate during resuscitation?

-  A. Heart rate remains at < 60 beats/minute despite effective compressions and ventilations.
- B. Heart rate remains at < 100 beats/minute despite effective compressions and ventilations.
- C. Heart rate does not improve after 30 seconds with bag and mask ventilation.
- D. Infants with severe respiratory depression fail to respond to positive-pressure ventilation via bag and mask.

61. A 3-week-old boy is brought to the emergency due to worsening jaundice. A week ago, the parents noticed that the patient's eyes and face looked yellow, and his trunk became increasingly yellow over the last 2 days. They describe the infant's stool as pale. The patient is exclusively breastfed and has been feeding well. Maternal blood type is O positive, and routine prenatal studies were normal. Examination shows jaundice and hepatomegaly. Laboratory results are as follows: Hemoglobin - 15 g/dL

Total bilirubin - 10.3 mg/dL

Direct bilirubin - 8.1 mg/dL

Blood type - B positive

Coombs test - negative

Which of the following is the most likely diagnosis?

- ~~A. Biliary atresia~~
- B. Breast milk jaundice *unclear*
- C. Crigler-Najjar syndrome ~~X~~
- D. Physiologic jaundice ~~X~~

Δ cord sign PV

Next step:

a) USG

b) MRCP

c) HIDA

d) ERCP

e) Intra-op ch

Best Tx

Op - Kasai

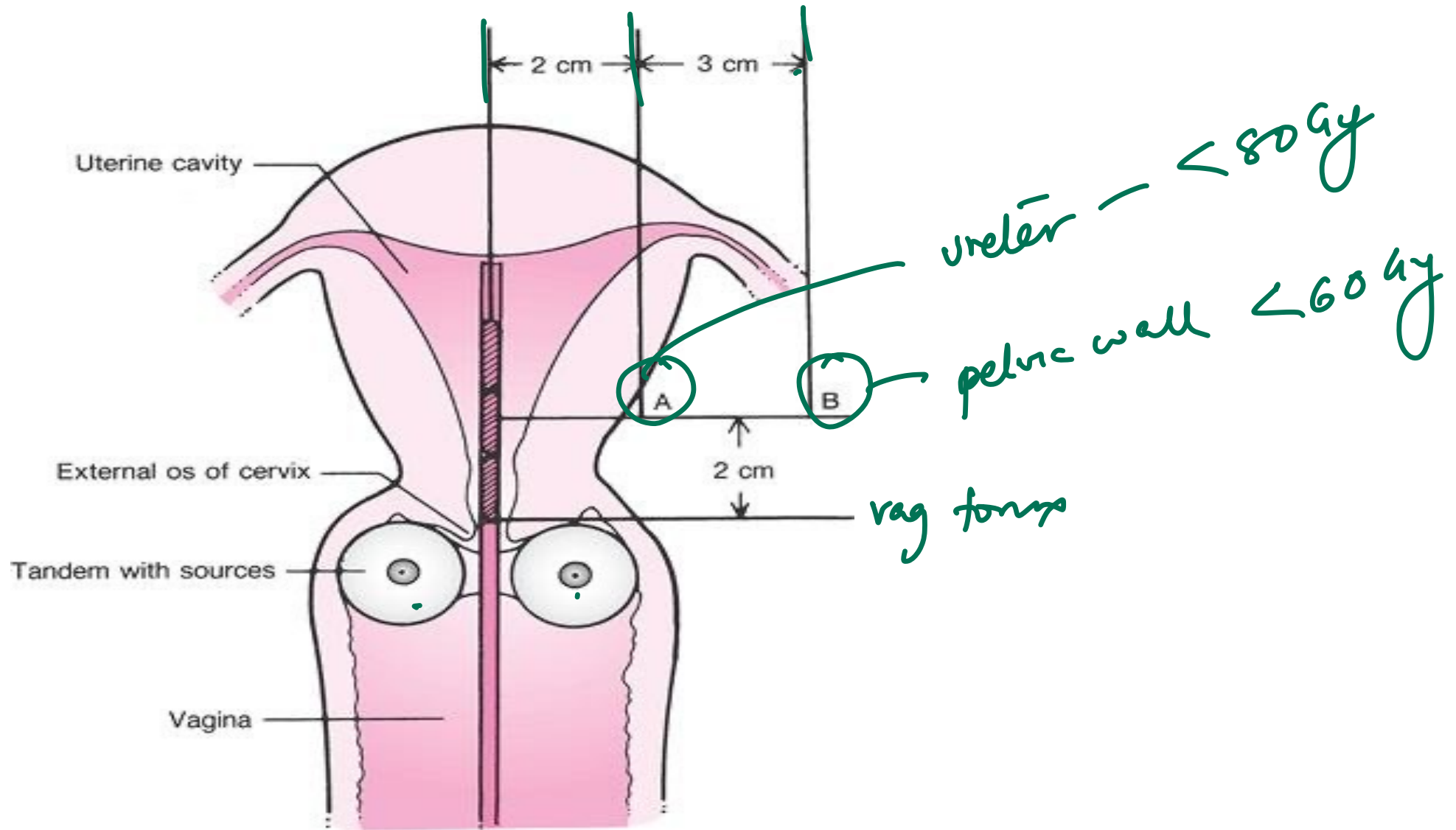
62. A 52-year-old woman diagnosed with carcinoma cervix stage 2B was advised radiotherapy. Which of the following statements regarding radiotherapy is false?

A. Point B is 3 cm lateral to point A ✓

B. ~~Point A is 2 cm above the external os and 5 cm lateral to the internal uterine canal~~ ✓ ^{2cm} 5 cm lateral to the internal uterine canal xx

C. Point A receives a dose of 7000 cGy < 80 Gy

D. Point B receives a dose of 6000 cGy < 60 Gy



63. A 27-year-old woman, gravida 3 para 2, at 14 weeks gestation comes to the OPD for an initial prenatal visit. Her first 2 pregnancies ended at 22 weeks gestation; both deliveries occurred after light vaginal spotting followed by a precipitous, nonpainful vaginal delivery. Ultrasound reveals a single intrauterine fetus measuring 14 weeks gestation, a cervical length of 2.9 cm (normal: >2.5), and no adnexal masses. Which of the following is the best next step in management of this patient?

A. Amniocentesis

B. Cerclage placement

C. Pessary placement

D. Routine prenatal care only

12-18 wks

CI

≥ 2



Cerclage

64. A 7-year-old boy is brought to the OPD for evaluation of chronic left thigh pain and a limp. Examination shows significantly limited range of motion of the left hip and atrophy of the left proximal thigh muscle. X-ray of the pelvis is shown in the image. Which of the following is most likely responsible for this patient's condition?

- A. Bone infection ✗ *4-8 yrs*
- B. Osteonecrosis**
- C. Slipped epiphysis ✗ *- obese adolescent*
- D. Stress fracture ✗



65. A lady who is 38 weeks pregnant comes to the OPD for a routine checkup. She has a history of normal twin delivery at term 4 years ago. What is her gravida and para score?

A. G2P2

B. G2P1

C. G3P2

D. G3P1

66. The following parameter in ALL indicate a poor prognosis:

A. Age >10 years

B. Leukocyte count <50,000/mm³

C. Hyperdiploidy :-

D. Trisomy of chromosomes 4, 10, and 17

<1yr, >10yr

T cell - Acid phosphatase +

Mediastinum, Brain, Testes

L2

Hypodiploidy

t (9;22)

t (4;11)

Pre B cell

L1

Hyperdiploidy

t 12;21

67. A 13-month-old girl is brought to the OPD by her mother due to concern about bruising. The mother first noticed bruising around her daughter's eyes 2 weeks ago after the patient returned from a weekend at her father's house. She recently started walking and falls frequently; the bruising was attributed to bumping her head on a coffee table. The bruising has since been persistent, and there is no other notable bruising on her body. The patient has no fever, vomiting, diarrhea, cough, or congestion. The girl's parents are divorced, and she spends most weekends with her father. Weight is 9 kg down from 9.5 kg a month ago. On examination, the patient has rapid, jerking movements of both eyes with infraorbital ecchymoses bilaterally. The abdomen is mildly distended with a 6-cm palpable, firm mass anterior to the left flank. Which of the following is the most likely diagnosis?

-
- A. Child abuse
 - B. Leukemia
 - C. Neuroblastoma
 - D. Von Willebrand disease

68. A 20-year-old woman comes to the OPD due to 3 days of malodorous vaginal discharge and severe vulvar pruritus. The patient is sexually active and had a copper-containing intrauterine device placed for contraception last year. Pelvic examination shows a thin, frothy, and green vaginal discharge with marked vulvar and vaginal erythema. Vaginal discharge pH is 5.5. The intrauterine device strings are visualized and protrude through the cervical os. Microscopic examination of this patient's vaginal discharge will most likely reveal which of the following?





- A. Clue cells ++
- B. Filamentous, gram-positive bacilli
- C. Flagellated, motile organisms
- D. Pseudohyphae ++

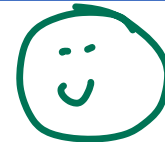
actinomyces IUD - PID
trichomonas

69. All are normal physiological changes in pregnancy except?

- A. Left axis deviation ✓
- B. Mild ST changes in inferior leads ✓
- C. Atrial and ventricular premature contractions ✓
- D. Pansystolic murmur / Diastolic — (sad face)

70. An 11-year-old boy is brought to the OPD by his mother due to concerns about his anxiety and adjustment to school. Six months ago, he started a new school which has been stressful for him and has not become easier over time. He often gets in trouble because he forgets to raise his hand and blurts out answers. The patient reads at grade level and does well in math, but he has particular difficulty in classes that require oral participation or group projects. His mother says he has always been shy. He has no friends at school and can annoy others by talking incessantly about his interest in space exploration. The patient's behavior outside school causes problems as well. When morning traffic required departing from routine by taking a different route to school, he became agitated and refused to go. When interviewed, the patient looks away from the physician and interrupts him to recite the names of planets. Physical examination is remarkable for a repetitive opening and closing motion of his hands, which becomes more intense when he is asked about school, but is otherwise normal. Which of the following is the most likely explanation for the patient's behavior?

-
- A. Adjustment disorder 
 - B. Attention-deficit hyperactivity disorder 
 - C. Autism spectrum disorder 
 - D. Obsessive-compulsive disorder 



↓ SOCIAL /
Language /

Repetitive behavior

routine

71. A pregnant woman with a fibroid uterus develops severe acute pain abdomen at 28 weeks of gestation. There is no history of fever. WBC count is 8000 cells/ μ l. The most likely diagnosis is?

A. Red degeneration of fibroid

B. Preterm labor

C. Torsion of fibroid

D. PID

fever +
leukocytosis.

subserosal

72. A 6-year-old child is brought with complaint of short stature. The height of the child corresponds to parent's height and the chronological age of the child corresponds to bone age. What is the likely condition?

A. Constitutional delay 

B. Familial short stature

C. GH deficiency 

D. Normal

CA = BA

BA < CA

73. A 18-year-old boy is brought to the clinic due to fatigue, malaise, fever, and sore throat for the past 6 days. He does not use tobacco, alcohol, or illicit drugs. Temperature is 38.3 C (101 F), blood pressure is 115/70 mm Hg, pulse is 90/min, and respirations are 18/min. Physical examination shows pharyngeal hyperemia with exudates along with cervical and axillary lymphadenopathy. Breath sounds are normal. Mild hepatosplenomegaly is present. Joints have a normal range of motion. There is no skin rash. A rapid streptococcal antigen test is negative. Which of the following is the most appropriate management for this patient?

- A. Administer corticosteroids X
- B. Initiate antibacterial therapy X
- C. Prescribe antiviral treatment X
- D. Refrain from sports for at least 3-4 weeks

EBV - IM
X amoxicillin
Lrash.

74. A 40-year-old woman is evaluated on the labor and delivery unit for increasing shortness of breath and muscle weakness. Six hours ago, the patient had a spontaneous vaginal delivery at 38 weeks gestation. Immediately after delivery, she developed a blood pressure of 170/110 mm Hg with a headache and was diagnosed with preeclampsia with severe features. A magnesium sulfate infusion was initiated for seizure prophylaxis, and blood pressure improved with intermittent hypertensive therapy. Now, the patient reports difficulty breathing, flushing, and muscle weakness. Deep tendon reflexes are absent. Which of the following is the best next step in management of this patient?

- A. Calcium gluconate
- B. Intravenous heparin infusion
- C. Labetalol
- D. Normal saline bolus



75. A newborn boy is undergoing evaluation immediately after birth in the delivery room. He was born to a primigravida mother at 38 weeks gestation. The prenatal course was otherwise uncomplicated. The amniotic fluid was clear. The infant cries immediately and is actively moving all 4 extremities. He is taken to a warmer and dried with blankets. A minute after delivery, heart rate is 120/min. He grimaces and cries vigorously during brief manipulation and examination by the provider. His body is pink but extremities are cyanotic. Which of the following is the most appropriate next step in the management of this patient?

- A. Administer intramuscular vitamin K *x*
- B. Attach to cardiac monitor *x*
- C. Place on mother's chest *warmer*
- D. Suction oropharynx and trachea *- x routinely*

T T C

NRP

76. The maximum dose of PGF2 alpha in postpartum hemorrhage is?

8 doses 200ug

A. 0.25 mg

B. 2 mg

C. 20 mg

D. 200 mg

77. A 55-year-old lady presents with third degree uterine prolapse. Which of the following is the best management for her?

- A. Fothergill repair
- B. Sling operation
- C. Vaginal hysterectomy with pelvic floor repair**
- D. Shirodkar procedure

78. A 2-year-old boy is brought to the emergency department by his parents for persistent, high fever over the last 6 days. The patient has been receiving ibuprofen and acetaminophen daily but has had minimal improvement. Two days ago, a rash developed along his trunk that has now spread to his arms and legs. He has no chronic medical conditions and has not received any vaccinations. Examination shows injected conjunctiva bilaterally with no discharge. The patient has fissured lips and an erythematous oropharynx. An erythematous, blanching rash covers the abdomen, arms, and legs. The hands are edematous, and the skin adjacent to the fingernails is peeling. There are 3 tender, 2-cm, left-sided cervical lymph nodes. Which of the following is the most likely diagnosis in this patient?

A. Acute lymphoblastic leukemia ~~XX~~

B. Kawasaki disease

C. Measles

D. Erythema infectiosum Scarlet fever

KLN

😊 + PARTY

79. A 36-year-old woman, gravida 3 para 2, at 35 weeks gestation comes to the emergency department due to leakage of fluid and painless vaginal bleeding. The patient had rupture of membranes 30 minutes ago; the fluid was initially clear but became bloody a few minutes later. The patient has not received prenatal care this pregnancy, her 2 previous pregnancies resulted in term cesarean deliveries. She has hypertension but stopped taking her medication when she became pregnant. Speculum examination confirms rupture of membranes; the cervical os is 1 cm dilated with minimal vaginal bleeding. Doppler ultrasound is unable to detect fetal heart tones. Which of the following is the most likely cause of this patient's presentation?

-
- A. Abruption placentae
 - B. Intraamniotic infection ~~xxxx~~
 - C. Placenta previa
 - D. Vasa previa



80. What can be the fluid of choice for a child in shock with severe acute malnutrition?

A. Ringer lactate

B. Ringer lactate + 5% dextrose

C. Normal saline

D. Ringer lactate

81. A 12-year-old girl is brought to the emergency department by her parents for assessment of confusion and rapid breathing. Three days ago the patient developed rhinorrhea, cough, and fever, which have since resolved. The parents say that over the past 48 hours the patient has had increased urination, abdominal pain, and fatigue progressing to somnolence. On physical examination, she is ill-appearing with tachypnea, subcostal retractions, and dry mucous membranes. There is diffuse abdominal tenderness without rebound. Laboratory results are as follows:

Hematocrit-42%

Leukocytes-13,000/mm³

Serum Sodium-129 mEq/L

Potassium-4.8 mEq/L

Chloride-98 mEq/L

Bicarbonate-9 mEq/L

Blood urea nitrogen-24 mg/dL

Creatinine-1.2 mg/dL

Glucose-450 mg/dL

Which of the following is most likely decreased in this patient?

A. Blood renin activity

B. Circulating free fatty acids

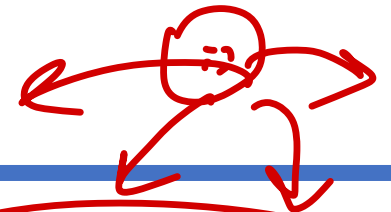
C. Hypothalamic vasopressin production

D. Total body potassium

DKA

3.5.6

insulin ↓



reservoir ↓

82. The ligament that maintains anteversion of the uterus during pregnancy is:

- A. Round ligament**
- B. Cardinal ligament**
- C. Uterosacral ligament**
- D. Pubocervical ligament**

83. Which of the following cannot cross the placenta?

1. Iron ✓ *album transport*

2. Albumin — ✗

3. Immunoglobulin M — ✗

4. Immunoglobulin G — ✓

A. 1 and 2

B. Only 3

C. 2 and 3

~~D. 3 and 4~~

84. A 12-year-old girl is brought to the OPD for evaluation of increasing lower abdominal pain. There is a tender, symmetric suprapubic mass to the level of the umbilicus. There is a blue-tinged bulge between the labia. Rectal examination reveals an anterior tender, central mass. Which of the following is the best next step in management of this patient?

- A. Karyotype analysis
- B. Diagnostic laparoscopy
- C. Hymenal incision and drainage
- D. Hysterosalpingogram

85. A 15-month-old boy is brought to the OPD for a well-child visit by his parents. The boy has 5 or 6 loose, oily bowel movements a day. He also has episodic wheezing and a productive cough for which he takes albuterol as needed. The patient was hospitalized last month for pneumonia. Weight, length, and head circumference are below the 5th percentile. Which of the following additional findings is most likely present in this patient?

-
- A. Absence of bilateral vas deferens
 - B. Atrophy of the intestinal villus
 - C. Calcification of hilar lymph nodes
 - D. Opacification of the ocular lens

CF

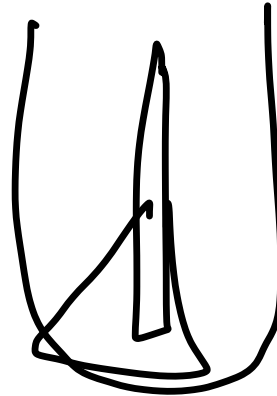
86. A 45-year-old lady complains of post-coital bleeding. She has a positive pap smear. What is the next line of management?

A. Colposcopy directed biopsy

B. Cone biopsy *Conisation*

C. Repeat pap smear ~~X~~

D. Hysterectomy ~~X~~



mass → push bp

87. All are true regarding peripartum cardiomyopathy except?

A. Development of cardiac failure *last month /* within 5 months of delivery T

~~B. Left ventricular diastolic dysfunction~~ *systemic*

C. Absence of identifiable cause

D. Dilated left ventricle

DCM

88. A 7-day-old girl in the neonatal intensive care unit with truncus arteriosus has poor feeding and abdominal distension. The patient has been hospitalized since birth at 38 weeks gestation via normal spontaneous vaginal delivery and is awaiting adequate weight gain prior to the repair of her congenital heart disease. Physical examination shows a lethargic, cyanotic neonate with moderate abdominal distension and absent bowel sounds. Abdominal x-ray is obtained. What is the most likely diagnosis in this patient?

A. Intussusception ~~X~~ ~~X~~

B. Malrotation with midgut volvulus ~~X~~ ~~X~~

C. Necrotizing enterocolitis

D. Meconium ileus

⓪

~~Pneumonia~~



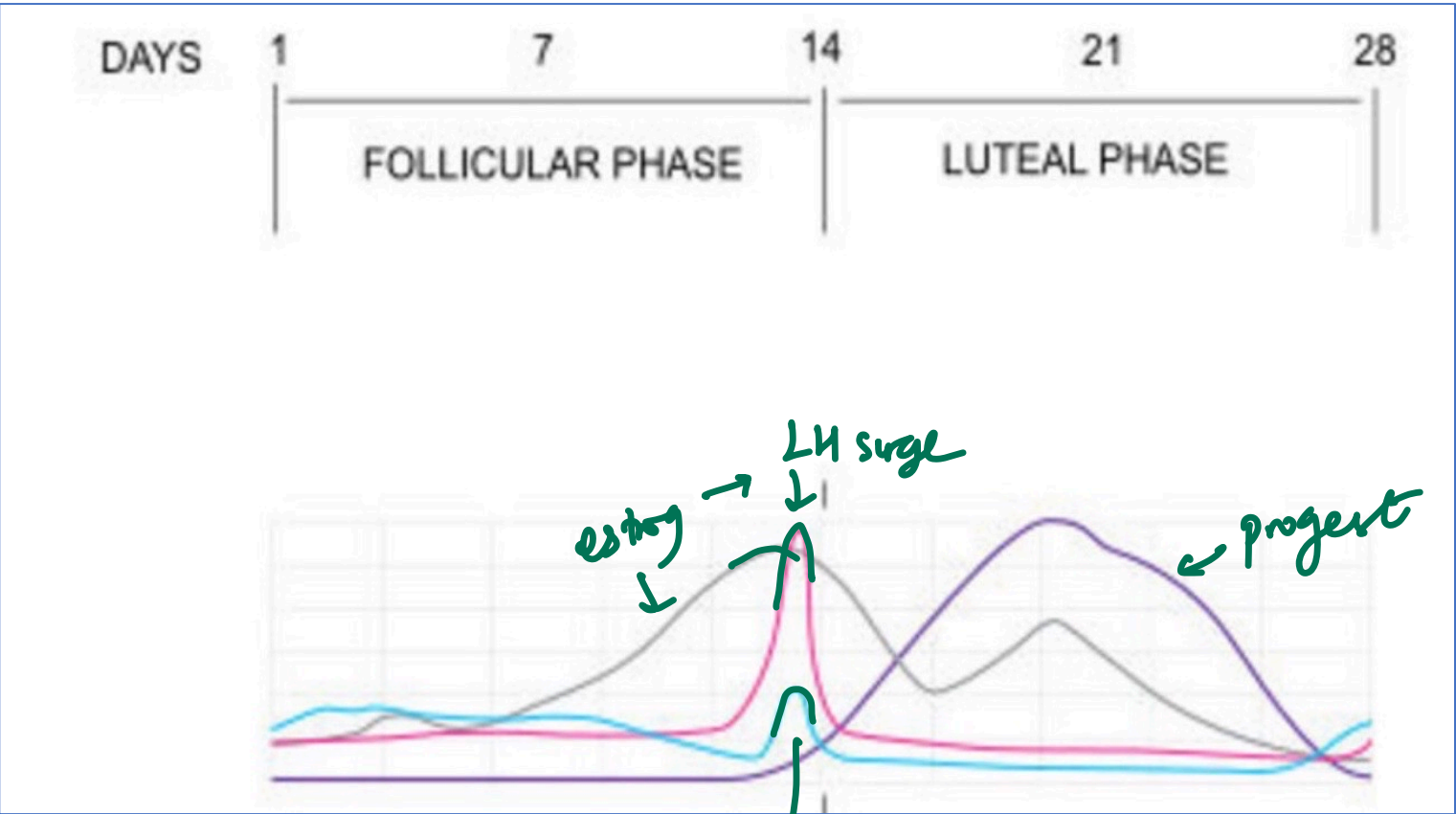
89. In a menstrual cycle, the primary oocyte undergoes meiotic division to produce 2 unequal daughter cells under the influence of the mid-cycle LH surge. What is the cause of LH surge?

A. FSH

B. Estradiol

C. LH

D. Progesterone



90. A 36-year-old woman, gravida 2 para 1, at 9 weeks gestation comes to the OPS to initiate prenatal care. The patient's first pregnancy ended in a vaginal delivery after an induction of labor at 37 weeks gestation for preeclampsia without severe features. She is otherwise healthy, and her only medication is a prenatal vitamin. Pelvic ultrasound shows an intrauterine pregnancy at 9 weeks gestation with a normal heart rate. Prenatal laboratory tests to be drawn include a complete blood count, basic metabolic panel, urinalysis, and urine culture. Which of the following would be considered a normal finding in this patient?

- A. Decreased leukocyte count
- B. Decreased serum creatinine
- C. Increased hemoglobin concentration
- D. Increased platelet count

leukocytosis

GFR ↑
RPF

Hb ↓

Plt ↓

91. What is the use of the instrument given below?

- A. Myomectomy
- B. Hysterosalpingography
- C. Endometrial biopsy
- D. Conization of cervix



92. A 5-year-old boy is brought to the physician due to a 1-week history of generalized edema, fatigue, and abdominal pain. Otherwise, he has been well and his medical history is unremarkable. The scrotum is mildly swollen but nontender. Abdominal examination is unremarkable. Urinalysis results are as follows:

Protein: 4+

Blood: negative

Casts: none

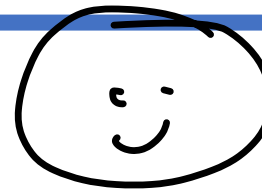
Crystals: none

Which of the following light microscopy findings would be expected if a kidney biopsy were performed?

-
- A. Crescent formation
 - B. Diffuse thickening of basement membrane
 - C. Mesangial hypercellularity

D. Normal findings

H/P



93. A 21-year-old woman is brought to the emergency department due to continuous vomiting, diarrhea, and high fever for a day. The patient also has a severe headache that is unrelieved by acetaminophen. She is currently on the fifth day of her menstrual period and has had to use both tampons and pads due to heavy bleeding. Temperature is 39.4 C (103 F), blood pressure is 80/40 mm Hg, and pulse is 124/min. Physical examination reveals a diaphoretic woman with dry mucous membranes. There is no nuchal rigidity. An erythematous macular rash covers the entire body, including the palms and soles. Which of the following microorganisms is most likely responsible for this patient's symptoms?

- A. ~~Neisseria gonorrhoeae~~
- B. ~~Shigella~~
- C. ~~Staphylococcus aureus~~
- D. EHEC (HUS)

TSS

😊 +
Pizza

94. Identify the sign that is seen during 8 weeks of pregnancy resulting in a dusky blue color of the vagina:

A. Palmer's sign

B. Chadwick's sign

C. Hegar's sign

D. Oslander's sign



95. A 14-year-old girl is brought to the OPD for a routine physical examination. The patient has not undergone menarche. Height and weight are at the 85th percentile for age. Physical examination shows sexual maturity rating (Tanner) stage 4 breast development. The abdomen is soft, nontender, and nondistended. A small, nonreducible mass is palpated in the left inguinal area. On pelvic examination, the external genitalia appear normal, and there is no pubic hair. The vagina ends in a blind pouch. Sonogram confirms the absence of a uterus, cervix, and ovaries. Karyotype is 46XY. Which of the following is the best next step in management of this patient?

- A. Elective gonadectomy procedure
- B. Estrogen therapy ✗
- C. Growth hormone therapy ✗
- D. Reassurance and no further treatment ✗



96. Identify the correct statements

1. The greenish-black color of the first stool in the newborn is due to bilirubin → *biliverdin*
oxidⁿ

2. According to current recommended dietary guidelines for children, energy from saturated fats should be <10% of total energy intake *(+)*

3. Most common cause of ventriculomegaly in newborns is Arnold-Chiari malformation *long aqueductal stenosis*

4. Steroid-resistant nephrotic syndrome is defined as failure to achieve remission after 4-6 weeks when on a daily corticosteroid therapy regimen *(+)*

A. 1,2,3,4

B. 2,3,4

~~C. 2,4~~

D. 1,3

4-8 weeks

- Current recommendations define SRNS as the absence of remission even after 4 weeks of therapy at a dose of 60 mg/m each day.
- Nelson and Ghai define SRNS as the absence of remission after treatment with daily prednisolone at a dose of 2 mg/kg per day for 4 weeks, followed by alternate-day dosing for the next 4 weeks, for a total of 8 weeks.

97. A 34-year-old woman is evaluated in the postpartum unit for vaginal bleeding. Two hours ago, she underwent an uncomplicated spontaneous vaginal delivery with an estimated blood loss of 250 mL. Bleeding was initially minimal, but there is now profuse vaginal bleeding, and the patient's perineal pad is soaked with blood and large clots. The patient has **chronic hypertension** that has been managed throughout this pregnancy with labetalol. On pelvic examination, the uterine fundus is soft, and the lower uterine segment is distended with blood clots. Which of the following medications is contraindicated in this patient?

A. Carboprost

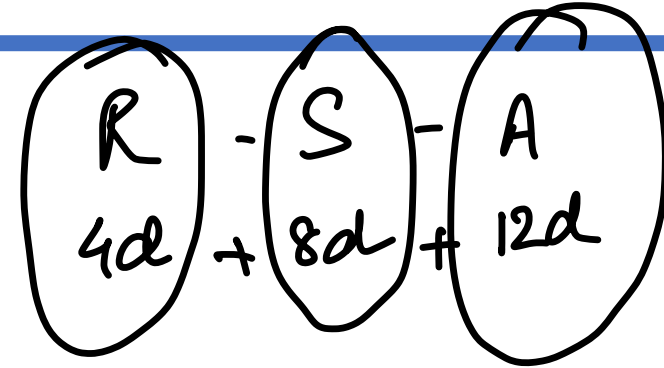
B. **Methylergometrine** CI - Hytn / ♥ / Rh iso

C. Misoprostol

D. Oxytocin

98. What is the average duration of lochia discharge in a puerperal woman?

- A. 5-15 days
- B. 10-20 days
- C. 24-36 days
- D. 36-42 days



99. A mother brought her 16-year-old daughter to the hospital with complaints of primary amenorrhea. On evaluation axillary and pubic hair were present and other secondary sexual characteristics normal. LH and FSH levels are normal and USG showed absence of uterus. What is the most likely diagnosis?

- A. Turner syndrome ~~x~~
- B. MRKH syndrome
- C. Androgen insensitivity syndrome ~~x~~
- D. Swyer syndrome ~~x~~

100. A week-old boy is brought to the emergency department due to vomiting and poor feeding. His mother received appropriate prenatal care, and the full-term infant was delivered at home. Temperature is 36.7 C (98 F), blood pressure is 40/24 mm Hg, pulse is 164/min, and respirations are 46/min. Physical examination is notable for sunken eyes, a depressed anterior fontanelle, and dry mucous membranes. Genital examination shows a normal uncircumcised penis with bilateral testes palpable in the scrotum. Laboratory results are as follows. Which of the following is most likely to be increased in this patient?

-
- A. 11-deoxycorticosterone
 - B. 17-hydroxyprogesterone
 - C. Aldosterone
 - D. Cortisol

21

↑BP

21

MC

2 ↓

test

↑
↓BP

Thank You!

- Schedule

→ Psychi - opthal - ENT

1-2-3

19-20-21