Choose the correct answer from the given alternatives

1. A 26 year old male patient presented with headache, fever and neck pain. On physical examination he has a temperature of 39.2 degree celcius and all meningeal signs are positive. All of the following findings of CSF analysis suggest pyogenic meningitis EXCEPT:
   A. A CSF WBC count of 10,000 per microliter
   B. A CSF glucose concentration of 28mg/dl
   C. A CSF protein concentration of 20mg/dl
   D. An intracellular gram negative diplococcic on gram stain
2. A 33 years old female patient from Chencha is admitted to E ward after presenting with a compliant of reddish discoloration of urine of 2 days duration. In addition to this she has also a Blood pressure record of 150/100mmHg and bilateral pitting leg edema. Urinalysis showed many dysmorphic RBs and proteinuria of +3. Her creatinine level is 5.4mg/dl. 4 months back she had a creatinine measurement of 1.1mg/dl. What is the most likely diagnosis?
   A. Nephrotic Syndrome
   B. Acute glomeluronephritis
   C. Acute pyelonephritis
   D. CKD
3. Which one of the following laboratory investigation is important to make a definitive diagnosis of UTI?
   A. >5 WBC/HPF on urine microscope
   B. Bacteria on gram stain of clean catch urine
   C. Culture
   D. Leukocytosis
4. Which one the following is **not** common complication of malaria on pregnancy
   A. High-level parasitemia with anemia
   B. Hypoglycemia
   C. Acute pulmonary edema.
   D. Convulsions

5. One the following is not part of management of cerebral malaria
   A. Give artesunate as protocol
   B. Put on intra nasal oxygen
   C. Insertion of NG tube for feeding and catheterization
   D. None
6. In chronic hepatitis B virus infection, presence of hepatitis B e antigen signifies which of the following?
   A. Development of liver fibrosis
   B. Increased likelihood of an acute fare in the next 1–2 weeks
   C. Ongoing viral replication
   D. Resolving infection
7. One of the following management in tetanus used for eradication of *c. Tetani*
   A. Human tetanus immune globulin (tig
   B. Tetanus anti toxin-
   C. Metronidazole
   D. Diazepam
8. Which one the following true about rabies
   A. There is not definitive or curative treatment for rabid patients
   B. The classic presentation of encephalitic rabies includes fever, hydrophobia, pharyngeal spasms
   C. Post exposure rabies prophylaxis, in previously unimmunized persons, should always include both passive and active immunization.
   D. All
9. 57 years old known hypertensive patient presented with exertional dyspnea of 2 weeks duration. On examination there is dullness on the Right lower 1/3 of posterior chest with decreased tactile fremitus and PMI shifted to lateral of left MCL. Which one is ***true*** regarding this patient?
   A. No need for pleural fluid analysis
   B. Normal CXR is expected in this patient
   C. ACE inhibitors do not have benefit for this patient
   D. The precordial examination findings are normal

10. Abeba is known asthmatic for the past 06 years, presented with compliant of shortness of breath which doesn't respond for Salbutamol. She has history of repeated hospital admission. On examination RR=54, SO_2=81%. She uses her accessory muscles and she cannot able to speak. Chest is hyper-resonant on auscultation. Which one of the following is not true regarding management of this patient?
    A. Oxygen, 2–4 L/min nasal cannula or 40–60% by mask
    B. Salbutamol 6 puff every 20 min for 01 hr
    C. IV Hydrocortisone 100mg QID
    D. Ceftriaxon 01 grm IV BID with Azythromycin 500 mg PO daily
11. Which one of the following combination of drugs is appropriate for secondary prevention after acute myocardial infarction?
    A. Aspirin, Simvastatin, Morphine & Nitrates
    B. Enalapril, Simvastatin, Digoxin &Aspirin
    C. Aspirin, Enalapril, Metoprolol& Simvastatin
    D. Amlodipine, Aspirin, Morphine &Simvastatin
12. Tamirat is a known cardiac patient, develops dyspnea and PND. On P/E PMI is shifted to lateral of MCL & CXR shows cardiomegaly. His echocardiography report is consistent with dilated cardiomyopathy. Which one of the following causes of DCMP has ***grave*** prognosis?
    A. HIV related CMP
    B. Peripartum CMP
    C. Alcoholic CMP
    D. Idiopathic CMP
13. What is the leading cause of MS?
    A. Rheumatoid arthritis
    B. Rheumatic fever
    C. Infective endocarditis
    D. Dilated CMP

14. A 50-year-old woman has complained of pain and swelling in her proximal interphalangeal joints, both wrists and knees. She complains of morning stiffness. She has had a hysterectomy 10 years ago. Physical exam shows swelling and thickening of the PIP joints.Hemoglobin is 10.3 g/dL, MCV 80 fl, serum iron 8 µmol/L, ironbinding capacity 40 µmol/L (normal: 45 to 66), saturation 20%. The most likely explanation for this woman's anemia is
    A. Occult blood loss
    B. Vitamin deficiency
    C. Anemia of chronic disease
    D. Sideroblastic anemia
15. A 70-year-old intensive care unit patient complains of fever and shaking chills. The patient develops hypotension, and blood cultures are positive for gram-negative bacilli. The patient begins bleeding from venipuncture sites and around his Foley catheter. Hct: 38% WBC: 15.00 _ 103 mm ,Platelet count: 40,000 per mm3 (normal: 130,000 to 400,000) Peripheral blood smear: fragmented RBCs PT: elevated PTT: elevated Plasma fibrinogen: 70 mg/dL (200 to 400).The best course of therapy in this patient is;

    A. Begin heparin
    B. Treat underlying disease
    C. Begin plasmapheresis
    D. Give vitamin K
16. A 22 year old female C-II medical student presented EOPD with complaint of fever ,shaking chills of 04 day duration. She has non- productive cough and pleuritic chest pain of the same duration . she has no significant past medical history . physical examination revealed crepitation on the posterior lower chest bilaterally . Which one is the best initial investigation to confirm the diagnosis ?
    A. Gene expert
    B. Gram stain of sputum
    C. Chest X –ray
    D. culture of sputum

17. A 33 year old male patient from Konso presented with complaint of high grade fever ,chills ,rigor and significant weight loss of 03 week duration . On physical examination there is huge splenomegaly . Which of the following is best investigation modality to confirm the diagnosis ?

A. Ultrasound
B. Bone marrow aspiration
C. Skin smear
D. Splenic aspiration

18. A 35 year old male athlete with heart failure is confortable at rest and during walking nearby . He develops dysnea and fatigue when he runs more than 10m distance .what is the stage and functional class of this patient ?

A. Stage C Class II
B. Stage C Class I
C. Stage B Class III
D. Stage B Class II
E. Stage B Class I

19. A 45 year old male known hypertensive patient for past 12 year presented with compliant of SOB ,night cough and PND of 01 month .physical examination revealed tender hepatomegaly and cardiothoracic ratio of 60 % . He has no pertinent finding on respiratory system and his ejection fraction is 65% . What is the most likely diagnosis?

A. Systolic heart failure
B. Diastolic heart failure
C. Corpulmonale
D. All

20. A known CLD patient from konso present with a compliant of abdominal pain, fever and on physical examination abdominal tenderness; peritoneal fluid analysis reveals WBC=670cells/mm3.The diagnosis considered as Spontaneous Bacterial Peritonitis, the most likely etiologic agent?

A. S.aureus,
B. Enterococcus sp.
C. E.Coli
D. Tuberculosis

21. Which antibiotics are the first line treatments for the above diagnosis?
    A. Ceftriaxone
    B. Gentamycin
    C. Azithromycin
    D. Amoxicillin
22. In which of the following clinical scenarios is the diagnosis of an acute coronary syndrome less likely?
    A. A 58 year old male presented with retrosternal squeezing chest pain that radiates to the left arm and associated with palpitations
    B. A 64 year old male patient presented with a left anterior chest pain which is piercing type and that worsens with inspiration and that is relieved on leaning forward
    C. A 58 year old female diabetic presented with epigastric pain associated with dyspnea, sweating and nausea
    D. A 67 years old known hypertensive patient who developed cardiac arrest while having sex with his wife
23. A 40 year old male patient was brought to your health center with chief complaint of lock jaw of 7 days. He has muscle spasm of 3 day duration .He had sustained injury to his foot two week back. He was vaccinated two times .P/E General appearance: He is in opisthotonos position. He has hypertonia .His vital signs all in normal range .Which of the following **is true** about this patient?
    A. He has poor prognosis because he is in opisthotonos position.
    B. His period of onset is 4 day indicating poor prognosis sign.
    C. He should be vaccinated at discharge.
    D. Diazepam alone suffices to control spasm.

24. A 60 year old male patient presented to you with chief complaint of loss of consciousness of four hrs. Duration. The attendants gave you history of headache, neck stiffness and high grade fever of five day duration. He has history of abnormal body movement involving all extremities of one episode staying five minutes.His vital sign: Blood Pressure: 140/90 mmHg .Pulse Rate: 56RespiratoryRate: 34 irregular T: 38.4 .Pupils are 7 mm bilaterally in size and reactive.**Which of the following is false about this patient?**
    A. This patient is likely to have increased intracranial pressure.
    B. Has poor prognosis features.
    C. Listeria Monocytogenes is likely to be considered as one of etiologic agent.
    D. Antibiotics shouldn't be started blindly unless gram stain is done because this will promote drug resistance.
25. Abebech is a previously healthy 25-year-old woman. Two weeks prior, she had bacterial pharyngitis with 3 days of fever. She has symptomatically completely recovered now. She is working on her engineering degree and enjoys collecting and analyzing data. Thus, she has taken her temperature orally every hour for the past 2 weeks and brings in her temperature log to you. Which of the following statements regarding her expected body temperature pattern is true?
    A. During the febrile illness, the normal diurnal variation in body temperature is absent.
    B. Lowest body temperatures will occur at approximately noon.
    C. Normal daily temperature variations are currently a bit higher than individuals in the normal population.
    D. Oral temperature accurately reflects body core temperature.
    E. Ovulations will not affect her body temperature.
26. of the following are risk factors for COPD EXCEPT:
    A. Airway hyper responsiveness
    B. Coal dust exposure
    C. Passive cigarette smoke exposure
    D. Recurrent respiratory infections
    E. Use of biomass fuels in poorly ventilated areas

27. A 62-year-old woman is admitted to the hospital with a community-acquired pneumonia with a 4-day history of fever, cough, and right-sided pleuritic chest pain. The admission chest x-ray identifies a right lower and middle lobe infiltrate with an associated effusion. All of the following characteristics of the pleural effusion indicate a complicated effusion that may require tube thoracostomy EXCEPT:
    A. Loculated fuid
    B. Pleural fuid pH <7.20
    C. Pleural fuid glucose <60 mg/dL
    D. Positive Gram stain or culture of the pleural fuid
    E. Recurrence of fuid following the initial thoracentesis
28. All of the following are minor criteria in the Modified Duke Criteria for the clinical diagnosis of infective endocarditis EXCEPT:
    A. Immunologic phenomena (glomeluronephritis, Osler nodes, Roth spots)
    B. New valvular regurgitation on transthoracic echocardiogram
    C. Predisposing condition (heart condition, intravenous drug use)
    D. Temperature >38°C
    E. Vascular phenomena (e.g., arterial emboli, septic pulmonary emboli, Janeway lesions)
29. Which of the following statements regarding the epidemiology of and risk factors for urinary tract infections (UTIs) is true?
    A. About one-third of all women will experience at least one UTI in their lifetime.
    B. Across all ages, UTI is 2–3 times more common among females.
    C. Asymptomatic bacteriuria is a common and incidental finding in pregnancy that does not require treatment.
    D. Contrary to popular wisdom, sexual intercourse is not a risk factor for UTI.
    E. In infancy, UTI is more common among males than females

30. All of the following statements regarding HIV transmission are true EXCEPT:
    A. Genital ulcerations increase the risk of HIV transmission.
    B. HIV may be transmitted to infants in maternal breast milk.
    C. HIV may be transmitted via a mosquito or tick bite.
    D. The probability of acquiring HIV is greater during receptive anal intercourse than insertive anal intercourse.
    E. The quantity of HIV in plasma is a primary determinant of the risk of HIV transmission
31. Which one of the following is the first step in approaching a child presenting with seizure?
    A. Search for potentially life-threatening causes of seizure and treating them
    B. Evaluating the patient to determine whether the seizure has a focal onset of is generalized
    C. Managing the patient according to the ABC approach
    D. Giving IV diazepam
32. All are diagnostic criteria for febrile seizure except
    A. Prior history of afebrile seizure
    B. Absence of CNS infection and other metabolic imbalance
    C. Age between 6 month and 5 years
    D. Temperature greater than 38^0c
33. Which one of the following is preventable cause of seizure
    A. Developmental disorders
    B. Perinatal asphyxia
    C. Genetic disorders
    D. Idiopathic
34. The commonest type of neonatal seizure is
    A. Tonic clonic seizure
    B. Atonic seizure
    C. Absence seizure
    D. Subtle seizure

35. The feared complication of DM during physical exercise is
    A. Hyperglycemia
    B. DKA
    C. Hypoglycemia
    D. Diabetic foot ulcer
36. One of the following does not contribute for weight loss in diabetic patient
    A. Polyuria
    B. Polydipsia
    C. Proteolysis
    D. Lipolysis
37. A good indicator of diabetic patient's disease control over near past is
    A. Serial blood sugar levels
    B. Clinical signs and symptoms
    C. Hemoglobin A_1C level
    D. All of the above
38. Not a physiologic jaundice
    A. Visible jaundice appearing after 24 hrs
    B. Total bilirubin rise by >5mg/dl
    C. Jaundice which disappears within 1 week in term and 2 weeks in preterm
    D. Total bilirubin rise by <5mg/dl
39. A 2 year old male child presented with cough, high grade fever and coryza associated with this he has skin rash that progressed from head to trunk and redness of the eye of 3 days duration.

    On P/E- V/S- PR-144 RR-40 T-37.8

    Integ – multiple maculo papular rashes over the face and trunk. All of the following are false about the above problem, except?
    A. The most likely diagnosis is chickenpox
    B. Mostly caused by toxic bacteria
    C. It is not contagious
    D. Infection confers life-long immunity

40. A 12 years old female child presented with high grade fever of one day duration associated with this she has loss of appetite, vomiting and flank pain. Two days back she had pain and frequency of urination. The most likely diagnosis is?
    A. Malaria
    B. Cystitis
    C. Pyelonephritis
    D. All
41. A 5 year old female child presented with generalized body swelling of 1wk duration. She has history of skin rash a month back. And has hx of cola colored urine of 3 days duration. On P/E- V/S: PR: 110, RR: 28, T-37, BP: 140/80 and Urine analysis reveals full of RBC.

    The most likely diagnosis of this patient is:

    A. Nephrotic syndrome
    B. post streptococcal glomerulonephritis
    C. disseminated TB
    D. none
42. Which of the following is complication of nephrotic syndrome?
    A. Thrombosis
    B. Spontaneous bacterial peritonitis
    C. sepsis
    D. All
43. Which one of the following statement is not true about childhood asthma?

    A. Parent asthma is one of the minor criteria of asthma predictive index in children
    B. Asthma predictive index is useful to assess future risk
    C. genetic predisposition has role
    D. A & C
    E. none

44. Most common route of transmission of UTI in children is
    A. Sexual abuse
    B. Ascending infection
    C. Hematogenous spread
    D. None
45. A developmental disorder starting at or soon after birth and occurring most frequently in infants with immature lungs is?
    A. Meconium aspiration syndrome
    B. Transient tacypenia of newborn
    C. Hyaline membrane disease
    D. Congenital pneumonia
46. If you encounter a neonate with a scaphoid abdomen, having respiratory distress and upon auscultation there is bowel sound heard on the left side of the chest. What could be the possible diagnosis for this neonate?
    A. Chonal atresia
    B. Diaphragmatic hernia
    C. Tracheoesophageal fistula
    D. None of the above
47. Among the different vaccine which is available in our country which vaccine is protective and has a good efficiency in preventing tuberculosis?

A. PCV
B. BCG
C. OPV
D. Pentavalent

48. Which of the following is not a contraindication to do lumbar puncture in patient you suspected neonatal meningitis?
    A. Bulging fontanel
    B. Focal neurologic deficit
    C. Thrombocytopenia
    D. Infection at the site of LP
    E. None of the above

49. Which could not be possible causes of neonatal conjunctivitis?
    A. N. Gonrrehea
    B. C. Tracomatis
    C. S. Aures
    D. None
    E. All
50. Which one is not a poor prognostic sign of SAM among the following?
    A. Jaundice
    B. Low serum Na level
    C. Age < 6 month
    D. None
    E. All
51. Which one of the following is NOT a disease of URTI (upper respiratory tract infections)?
    A. Croup
    B. Common cold
    C. Epiglottitis
    D. None
52. Which one of the following is NOT true about croup disease?
    A. Preceding URTI is common to present
    B. The commonest age of presentation is 5 mo to 5yr
    C. Bacterial etiology is the known cause
    D. Barking cough, hoarseness of voice, inspiratory stridor is common presentation
53. For a patient having typical clinical manifestation of congestive heart failure, what investigation can we send to support our diagnosis?
    A. CXR
    B. Echocardiography
    C. ECG
    D. All of the above

54. A 7 yrs old male patient presented to you at pediatric emergency OPD complaining of generalized body swelling of week duration. Additionally, he has history low grade fever and decreased urine amount, severe headache and one episode of abnormal body movement but, he denies of having urine color change. Two weeks back he had history of sore throat at which it resolved out spontaneously without treatment.
    On P/Ex he has puffy face, V/S: BP 150/100mmHg PR: 110 bpm RR: 28 T: 37.6
    He has grade II bilateral pitting edema
    On U/A there is microscopic hematuria (dysmorphic RBCs)
    Which one is the most likely diagnosis and it's feared complication for this patient?
    A. Nephrotic syndrome- uremic encephalopathy
    B. Severe acute malnutrition- hypoglycemia
    C. Nephtitic syndrome- hypertensive encephalopathy
    D. Acute rheumatic fever- rheumatic heart disease
55. A 10 years old female known asthmatic patient whom on follow up presented to emergency OPD with dyspnea, cough but no fever. On examination v/s: PR: 110 RR: 50 T: 37.4 oC and the pulse oximetry reads 88% of O2 saturation in room air. She has sign of distress and diffuse wheezing over the whole chest and no other pertinent finding.
    What would be your next best stepyou should follow in the of management this patient?
    A. Send her immediately for CXR
    B. Put on her Oxygen therapy and start salbutamol challenge
    C. Hold on any treatment and call for anesthesiologist for endotracheal intubation
    D. Provide her IV antibiotics
56. At which stage of growth and developmental child would normally develop an emotion of fearing darkness?
    A. Infancy age
    B. Preschool age
    C. School age
    D. Adolescent age

57. What is the risk of goat milk if initiated at 4 month of age

A. B12deficiency

B. B iron deficiency anemia

C. C folic acid deficiency

D. D hemolytic anemia

58. one of the following is not diagnostic investigation of HIV for 8 month infant

A. DNA PCR

B. RNA PCR

C. Antibody test

D. All are diagnostic

59. one of the following is absolute contraindication of LP for meningitis

A. cardiorespiratory distress

B. bulged fontanel

C. LP site infection

D. thrombocytopenia

60. one of the following is not true about CSF finding in normal child

A. CSF glucose < 75% of blood glucose

B. CSF protein 20-45g/dl

C. cell count 0-5/microlitter

D. opening pressure of 50-85mmhg

61. Which of the following is NOT a risk factor for ovarian cancer?

A. Nulliparity

B. Infertility

C. Combination oral contraceptive pill use

D. Hereditary nonpolyposis colon cancer (HNPCC)

62. Which one of the following is a criteria for low forceps?

A. The fetal head leading point should be above +2

B. Rotation is less than 45 degree

C. The fetal head is on the pelvic floor

D. The fetal head leading point should be below +2

63. A 25yrs old G3P2 mother with GA of 35wks + 2D present with compliant of gush of fluid per vagina of 1days duration, on sterile speculum examination there is pooling of posterior vaginal fornix. Which of the following is NOT appropriate management:-
    A. Strict Bed rest
    B. Corticosteroid
    C. Prophylactic antibiotics
    D. Kick chart
64. A 30yrs old nulliparous women presents with compliant of inability to conceive of 3yrs duration on pelvic US she has Four submucosal myomas, Hematocrit is 27%. What is the appropriate management?
    A. Transfusion & Hysterectomy
    B. Hysterectomy without transfusion
    C. Transfusion & Myomectomy
    D. Myomectomy without transfusion
65. A 25yrs old laboring multiparous mother is on second stage of labor for 2hrs, she has two moderate contractions and station is +2. What is the next appropriate management?
    A. Do cesarean section
    B. Forceps delivery
    C. Vacuum delivery
    D. Waite for vaginal delivery
66. Which one of the following is the least commonest degenerative change of myoma
    A. Sarcomatous degeneration
    B. Red degeneration
    C. Hyaline degeneration
    D. Septic degeneration
67. A primipara is in labor and an episiotomy is about to be cut. Compared with a midline episiotomy, an advantage of mediolateral episiotomy is
    A. Ease of repair
    B. Less extension of the incision
    C. Less blood loss
    D. Less dyspareunia

68. Multiparous patient who has received no prenatal care presents to Labor and Delivery with a complaint of vaginal bleeding. Her fundal height is 24 cm. Which of the following laboratory tests supports the diagnosis of preeclampsia?
    A. Creatinine 1.5 mg/dL
    B. Platelet count 103,000/μL
    C. Hct 40%
    D. Total protein of 258 mg in a 24-hour urine collection
69. A 23 yrs old primigravida lady with GA of 28wk presented at antenatal care clinic and her blood group is A- and her husband blood group is B+ so what should be done next for this patient?
    A. Administration of anti D
    B. Appoint her at 36 wks of gestation
    C. Indirect coomb's test
    D. Direct coomb's test
70. Which of the following is not an admission criterion for PID?
    A. Failure to respond for outpatient treatment
    B. PID with uncertain diagnosis
    C. PID with TOA
    D. Older Age
71. A woman who is currently pregnant presents to your office for antenatal care. She had two abortions, one ectopic pregnancy, fetal death at 36weeks of gestation and three live births. How are you going to describe her obstetric history?
    A. G7 P3 A3 E1
    B. G7 P4 A3 E1
    C. G8 P4 A2 E1
    D. G8 P3 A3 E1
72. One of the following IS NOT among the classic clinical triad of ectopic pregnancy?
    A. Amenorrhea
    B. Foul Smelling Vaginal Discharge
    C. Abdominal Pain
    D. Vaginal Bleeding

73. Assume you are responsible physician at ANC clinic and a 45 year old known hypertensive pregnant mother comes to you for first evaluation. Under which WHO follow up category do you put her for next follow up?
    A. Specialized care
    B. Basic component
    C. Can be reclassified in basic component follow-up, if her blood pressure one's well controlled
    D. must be referred to territory hospital
74. You are at emergency OPD and a mother with profuse vaginal bleeding of 5 hrs is brought to you by her family after she gave birth vaginal. On physical examination she is unconscious and pale. How do you proceed with the management of this particular patient?
    A. You have to secure double IV line and resuscitate with crystalloid
    B. You have to take sample for cross mach
    C. Call for help
    D. You have to do bimanual compression
75. The diagnosis of post partum hemorrhage is considered if;
    A. Estimated blood loss is greater than 1000ml after vaginal delivery
    B. 10% drop in hematocrit as we compare with health adult women hematocrit
    C. There is vital signs derangement with hypovolemia
    D. Estimated blood loss greater than 1000ml after abdominal hysterectomy
76. A 35 year old G3P2 mother who claims to be amenorrhic for the last 8 months present to emergency OPD with vaginal bleeding of 06hr duration. She has history of 1 previous C/S scare and you proceed with P/E. Which one of the following is true for this case scenario?
    A. Abdominal examination should be avoided.
    B. Digital vaginal examination is contraindicated.
    C. Double set-up examination should be done first
    D. External genital examination should be avoided

77. Which one of the following is True about abnormal uterine bleeding?
    A. Pregnancy must be considered in any reproductive age group mother who present with vaginal bleeding.
    B. It can be caused by wide variety of local and systemic disease or drugs
    C. Most common cause of AUB is anovulatory
    D. All
78. You are with your family on vacation, and one of your cousins need advise after she missed four pills of companied oral contraceptive in row in the first week of her normal menstrual cycle. She has no history of sexual contact in the last 5 days. What will be your best advice?
    A. To take her pills as soon as possible, but no problem for missed pills
    B. To take her pills as soon as possible, and to use condom for the next 7 days
    C. To stop the pills as pregnancy is more likely and as it is teratogenic
    D. All
79. A 19 year-old female patient presents with recurrent non-foul smelling curd like whitish vaginal discharge. Her current episode started a week back. She never had any sexual intercourse. She has no other oral, hair nail or skin lesions. What is the most likely diagnosis?
    A. Gonorrhea
    B. Vaginal candidiasis
    C. Chlamydia
    D. Primary syphilis
80. A 37 year-old female HIV patient with presents with a persistent painful ulcer involving the genital area and the inter-gluteal cleft of two years duration. She recalls that the initial lesions were vesicles which easily ruptured. What is the most likely diagnosis?
    A. Pressure ulcer
    B. Herpes simplex
    C. Herpes zoster
    D. Aphthous ulcer

81. A 25 year old gravida2 para1mother comes to your clinic for a quest of transfer to other hospital for delivery. She is currently 36 weeks. She was diagnosed to have HIV at first screening and was put on HAART since then. Her pregnancy otherwise was uncomplicated. A recent viral Load was 2000 copies/ml. What is the most likely method and timing of delivery to reduce the risk of mother to child transmission is?
    A. Cesarean delivery at 38 week
    B. Vaginal delivery at 37 weeks
    C. Vaginal delivery at 39 weeks
    D. Cesarean delivery at 39 week
82. A 25yrs old para2 gravida 1 mother whose GA is 36wk fromelnmp comes to emergency opdwith compliant of pain full vaginal bleeding of 2hr duration at presentation her Bp =80/40 PR=128 with paper white conjuctia & 34 WK sized uterus FHB=184 for 10 min ultrasound shows fundal placenta with hypoechoic mass at retroplacental area what will the diagnosis of thise patient?
    A. Grade1 abruptio placenta
    B. Grade2 abruptio placenta
    C. Grade3A abruptio placenta
    D. Grade3B abruptio placenta
83. What should be the definitive management for the above patient?
    A. Resuscitation &termination of pregnancy with induction
    B. Resuscitation & continue with conservative management
    C. Resuscitation with fluid & prepare cross match blood then c/s at 39 WK
    D. Correcting the shock with fluid &blood transfusion then emergency c/s

Answer question 84&85 based on the given scenario

A 23-year-old G1P0 presents to labor and delivery at 39 weeks complaining of irregular uterine contractions for the past several hours, some of which are painful. The discomfort is located primarily in her lower abdomen. She reports good fetal movement and denies any vaginal bleeding or leakage of fluid. The nurses place the patient on an external fetal monitor. The monitor indicates that she is contracting every 2 to 10 min, and the nurses tell you that the contractions are mild to palpation. Cervical
exam is 50/1–2/−1, vertex. This exam is unchanged from that in the office 1 week ago. The fetal heart rate is reactive without any decelerations. The patient is tired of being pregnant and wants to deliver as soon as possible.

84. What is this patient's most likely diagnosis?

A. Active labor
B. Latent labor
C. False labor
D. Stage 1 of labor

85. What is the most appropriate next step in the management of this patient?

A. Send her home
B. Admit her for an epidural for pain control
C. Do artificial rupture of membrane
D. Administer terbutaline

86. A 69-year-old postmenopausal woman is being admitted for surgical treatment of endometrial cancer. She has no health insurance and would like to know which is the most important preoperative screening test to look for metastasis?

A. chest X-ray
B. hysterosalpingogram
C. pelvic ultrasound
D. intravenous pyelogram (IVP)

87. Which one of the following **FALSE** about augmentation of labour?

A. It is a means of correcting obstructed labour by using oxytocin
B. Its indication is poor progress of labour due insufficient uterine actions
C. When there is gross CPD labour should not be augmented

D. None of the above

88. Which one is an absolute contraindication for induction of labour?
    A. Grand multiparity
    B. One upper uterine segment scare
    C. Twin pregnancy
    D. One lower uterine segment scar
89. A 21 year old woman has presented for first prenatal visit. Her LNMP was 12 wks ago, which she was certain about. Upon abdominal examination you noted bilaterally enlarged adnexae and the uterus is about 20 wks sized. Abdominal Ultrasound depicted a snowstorm pattern in the uterus. What is the specific next step management?
    A. Admit and prepare x-matched blood
    B. Put her on oxytocin
    C. Evacuate the content
    D. Primary hysterectomy
90. With typical use, which of the following contraceptive methods has the highest failure rate within the first year of use?
    A. Withdrawal
    B. Spermicides
    C. Male condom
    D. Progestin-only pills
91. Surgical infection that is erythematous and edematous with shiny skin, sever pain and fever but has no sharply circumscribed border/edge is most characteristic of:

    A. Cellulitis
    B. Abscess
    C. Boils (Furuncle)
    D. Carbuncle

92. One of the following is NOT included in post operative infections:

    A. Pancratitis
    B. Parotitis

C. Ludwig angina

D. Septic thrombophilebitis

93. Dead bone in patients with chronic osteomylities is called----------

A. Osteomalacia
B. Involucrum
C. Sequestrum
D. Cloaca

94. Which of the following is not true about acute osteomyelitis

A. Its common in pediatrics age group
B. The commonest causative organism in neonates is Staph. aures only
C. It is usually caused by a single organism
D. Bone scan can be useful in early phase

95. which one of the following is the most common cause of small bowl obstraction

A. Hernia
B. Post op adhesion
C. Intussesuption
D. Volvules

96. the definative diagnosis of BOO is made through

A. history and physical examination
B. ultrasound
C. pressur -flow studies
D. based on PSA level

97. Which one of the follwing is different from others

A. Poor flow
B. Hesitency
C. Frequency
D. Dribbling

98. Most accurate method of diagnosing achalasia?

A. Barium swallow
B. CT scan
C. Manometry
D. MRI Scan

99. A 55 years old male presents with progressive dysphagia which is more for solids, weight loss and he is alcoholic since the age of 15. Examination entirely normal. Diagnosis is?

A. Esophageal stricture
B. Achalasia
C. Diffuse esophageal spasm
D. Esophageal Cancer

100.65 years old male patient presented with compliant failure to urinate of a day duration during DRE he has smooth convex and elastic prostate with mobile rectal mucosa .Which diagnosis go with DRE finding

A. Prostatic ca
B. BPH
C. Prostatic caliculi
D. Prostatitis

101.Among the blood products one can be used beyond 5 years

E. Whole blood
F. Cryoprecipitate
G. Fresh frozen plazma
H. Platelet

102.On arrival at E-OPD of MVA, You observe a significant bruising on the chest/seat belt sign. You suspected the patient has a pericardial tamponade. Which of the following is not a sign of Beck triad?

A. Hyperresonant chest sounds
B. Hypotension
C. Jugular vein distention
D. Muffled heart tones

103.True about nodular goiter

A. There is persistent stimulation of TSH
B. Nodules may be cystic or solid
C. More single nodule than multiple
D. Cyst is common complication lead to calcification

104.Diffuse toxic goiter (graves' disease) NOT characterized by

A. Thyroid enlargement
B. Overproduction of TSH
C. Exophthalmos

105.Which of the following is true about shock?

A. Anaphylactic shock is a type of Obstructive shock.
B. Multiorgan failure is expected in compensated stage of shock.
C. In cardiogenic shock pulmonary capillary wadge pressure decrease.
D. A and C
E. None of the above

106.A 25 years old male patient presented 1hrs after he sustained road traffic accident. At presentation the vital signs were BP: 80/40mmHg PR:108b/m RR:26 Temp:36.7. He has no site of bleeding but has a bilateral femoral shaft deformity. He has no other site of injury. What should be your first step in Emergency management of this patient ?

A. Send him for X-ray
B. Secure double IV line and start resuscitation
C. Splint the extremity to prevent further injury
D. Follow the ATLS protocol

107.Not true about appendix and acute appendicites

A. peak age of acute appendicites is b/n 2nd and 3rd decade of life
B. appendicites is poly microbial infection
C. pelvic appendixe is most common position of appendix
D. all are true

108.Which one of the following is NOT a clinical indication for laparatomy in management of Abdominal injury?

A. Hemodynamic stability

B. Clear and persistent signs of peritoneal irritation

C. Radiologic evidence of pneumoperitonium

D. Evisceration

109.Which one of the following combination is TRUE about Abdominal trauma?

A. Blunt abdominal trauma ----- Organs with largest surface area are prone to injury

B. Penetrating abdominal trauma ----- Mostly inelastic tissues injured

C. Blunt abdominal trauma ----- Adjacent structures are commonly injured

D. Penetrating abdominal trauma ----- Damage localized to the path of an object

110.A single most practical method of assessing adequacy of fluid resuscitation in trauma patient is:

A. Blood pressure

B. Pulse rate

C. Urine output

D. Daily weight monitoring

111.A victim of road traffic accident is brought to emergency room unconscious and with blood pressure of 80/60 mmHg. The first step in management of this patient is:

A. IV fluid resuscitation

B. Skull x-ray

C. To establish adequate airway

D. Neurologic evaluation

112. the most common immediate cause of death in a major trauma includes:

A. Bleeding in the chest and abdomen

B. Lethal injury to brain, heart & major blood vessels

C. Extensive fractures and increased intracranial injuries

D. Sepsis and organ failure

113.Alemitu is 18 years old female patient who was admitted in the surgical ward with a diagnosis of severe anemia secondary to acute blood loss secondary to unstable pelvic fracture.she was investigated with CBC and her hgb was 2mg/dl and her platelet count was 80,000.you were the one who manage her in the emergency, what is your first choice to treat the severe anemia?

A. Whole blood
B. Plasma
C. Platlet
D. Ringer lactate

114.Based on the above case, What is your next choice?

A. Whole blood
B. Platelet
C. Normal saline
D. Albumin

115.If you want to give platelet to Alemitu, how many units do you want to transfuse her to attain the lowest normal level of platelet count?

A. 5 units
B. 7 units
C. 8 units
D. 4 units

116.Which one of the following is H type spectrum of EA and TEF?

A. Isolated atresia

B. Blind end proximal limb and distal fistula

C. Fistula without atresia

D. All

117.Neck x-ray finding of patient with goiter can be?

A. Lateral view –tracheal shift

B. AP view- tracheal compretion

C. Calcification

118.Which of the following is not predisposing factor for adenocarcinoma of the esophagus?

A. Barrett's esophagus
B. Esophageal web
C. Obesity
D. Smoking

119.While performing an assessment on a patient involved in MVA, you observe decreased breath sounds, and upon percussion of the chest, you note hyper resonance and has no any additional finding. What will be the diagnosis?

A. Hemothorax
B. Open pneumothorax
C. Simple pneumothorax
D. Tension pneumothorax

120.22years old male patient presented with abdomenal pain of a day duration wich was intially around periumbalical region later on shifted to RLQ and has associated anorexia during physical examinatin he has pain on right lower quadrat during palpation of LLQ.....which sign is posetive in this patient

A. Rovsing sign

B. psoas sign
C. obturater sign
D. Pointing sign