Q.1 A G5P3+1 received a perineal tear while delivering a baby weighing 4.2 kg. The tear involved muscles of perineal body and fibers of external anal sphincter. This tear is:
   a) First degree.
   b) Second degree.
   c) Third degree.
   d) Fourth degree.
   e) Fifth degree.

Q.2 On examination a neonate was found to have congenital absence of upper part of vagina. Development of which embryonic structure was most likely defective during fetal growth:
   a) Mesonephric duct.
   b) Paramesonephric duct.
   c) Urogenital sinus.
   d) Genital tubercle.
   e) Urogenital folds.

Q.3 G2P1 presents at 24 weeks of gestation with ultrasound report showing single alive fetus with spina bifida. Rest of anatomical survey is normal. This anomaly is due to:
   a) A cleft spinal cord.
   b) A remnant of notochord.
   c) A skull defect.
   d) Failure of neural folds to close.
   e) Failure of vertebral arches to fuse.

Q.4 A 53 year old woman was received in emergency with a stab wound in right buttock. Stab wound was explored. Among the following structure not liable to pass through the greater sciatic foramen is:
   a) Inferior gluteal nerve.
   b) Lateral cutaneous nerve of thigh.
   c) Posterior cutaneous nerve of thigh.
   d) Sciatic nerve.
   e) Superior gluteal nerve.

Q.5 A 42 year old P9+2 complains of foul smelling vaginal discharge and postcoital bleeding for 2 years. Speculum examination shows a fungating growth arising from anterior lip. Most likely involved lymph nodes will be:
   a) Inguinal nodes.
   b) Internal / external iliac nodes.
   c) Lateral sacral nodes.
   d) Obturator nodes.
   e) Paraaortic nodes.

Q.6 A 30 years old P1+0 presents with painful swelling in right posterolateral part of vagina and fever for 3 days. Diagnosis of Bartholin’s abscess is made. Incision and drainage is planned. What is the anatomical location of Bartholin’s gland:
   a) Deep perineal pouch.
   b) Ischiorectal fossa.
   c) Pudendal canal.
   d) Superficial perineal pouch.
   e) Urogenital diaphragm.

Q.7 A young woman came to outpatient department with right inguinal lymph node enlargement. Abnormality of following structure should not be suspected:
   a) Ampulla of rectum.
   b) Dorsum of foot.
   c) Lower half of anal canal.
   d) Medial side of thigh.
   e) Penile urethra.

Q.8 In vulval carcinoma, while doing perineal surgery in order to reach deep inguinal lymph nodes in femoral triangle, the surgeon will not encounter the following structures:
   a) Femoral artery.
   b) Femoral nerve.
   c) Femoral sheath.
   d) Obturator nerve.
   e) Saphenous nerve.
Q.9  Infection of which one of the following structure is not likely to cause superficial inguinal lymphadenopathy:
   a) Anal canal.  
   b) Mons pubis.  
   c) Perineum.  
   d) Cervix.  
   e) Vagina.

Q.10  A woman received stab wound in the region of apex of femoral triangle. Most likely structure cut at the apex of femoral triangle will be:
   a) Femoral artery.  
   b) Femoral nerve.  
   c) Lateral circumflex femoral artery.  
   d) Profunda femoris artery.  
   e) Saphenous nerve.

Q.11  A patient went into hypovolemic shock 2 hours after minilaparotomy for bilateral tubal ligation. On reopening the abdomen one of the ligatures was found to be slipped off the tube resulting in massive hemorrhage. The hemorrhage occurred due to damage to:
   a) External iliac artery.  
   b) Internal iliac artery.  
   c) Pudendal artery.  
   d) Uterine artery.  
   e) Ovarian arteries.

Q.12  G5P3+1 had a difficult C-section due to previous 3 C-sections, she is at risk of massive hemorrhage due to damage to:
   a) External iliac artery.  
   b) Internal iliac artery.  
   c) Obturator artery.  
   d) Pudendal artery.  
   e) Uterine artery.

Q.13  A 60 years old lady presented with right sided lower abdominal mass. USG shows 16 cm size mass with solid and cystic components in right adnexa and moderate ascites. Her CA125 is 250U/L. Which group of lymph nodes is expected to enlarge initially:
   a) Cervical lymph nodes.  
   b) External iliac lymph nodes.  
   c) Internal iliac lymph nodes.  
   d) Paraortic lymph nodes.  
   e) Superficial inguinal lymph nodes.

Q.14  A 55 years old P9+0 presents in out patient department with complaint of something coming out of vagina. She has history of good size babies and instrumental deliveries. She develops the condition due to weakness of:
   a) Lateral cervical ligament.  
   b) Posterior pubourethral ligament.  
   c) Pubocervical ligament.  
   d) Round ligament of uterus.  
   e) Urogenital diaphragm.

Q.15  Primigravida delivered a baby by SVD with episiotomy. The structure most likely cut in episiotomy is:
   a) Deep transverse perineal muscle.  
   b) External anal sphincter.  
   c) Ischio cavernosis muscle.  
   d) Labia majora.  
   e) Levator ani muscle.

Q.16  While opening an abdomen by midline incision, surgeon must be cautious to avoid superior epigastric artery hemorrhage. This artery lies:
   a) Anterior to rectus abdominis.  
   b) Deep to posterior rectus sheath.  
   c) Posterior to rectus abdominis.  
   d) Superficial to anterior rectus sheath.  
   e) Within rectus abdominis.

Q.17  A Primigravida developed fetal distress in second stage of labour. Outlet forceps delivery was planned. For pudendal nerve block, which structure is palpated through lateral vaginal wall to localize the injection site:
   a) Cervix.  
   b) Coccyx.  
   c) Ischial spine.  
   d) Sacral promontory.  
   e) Sacrospinous ligament.

Q.18  A female patient presented with severe pain and swelling in vulval region. On examination, a tender swelling was present posterior to labium majus. Most likely structure involved is:
   a) Bartholin's gland.  
   b) Clitoris.  
   c) Anus.  
   d) Great vestibular gland.  
   e) Paraurethral gland.

Q.19  In x-ray pelvimetry, inlet shows transverse diameter more than anteroposterior diameter. Name the type of pelvis:
   a) Android.  
   b) Anthropoid.  
   c) Gynaecoid.  
   d) Platypelloid.  
   e) Ricketic.
Q.20  Histological examination of a dermoid cyst revealed derivatives from all the three germinal layers. Mesodermal derivatives include:
   a) Hair.       d) Smooth muscle.
   b) Lens.       e) Thyroid tissue.
   c) Sebaceous material.

Q.21  During the spermatogenesis, the number of sperms formed from one primary spermatocyte is:
   a) 1.       d) 4.
   b) 2.       e) 8.
   c) 6.

Q.22  A newborn male baby has undescended testes. Descent of testes can occur by administering:
   a) Growth hormone. d) Progesterone.
   b) Follicle stimulating hormone. e) Testosterone.
   c) Estrogen.

Q.23  A middle aged woman presented with amenorrhea, myxedema and other features due to lack of anterior pituitary hormones. She gave past history of severe postpartal hemorrhage leading to circulatory shock. She is most likely suffering from:
   a) Cushings's syndrome. d) Sheehan's syndrome.
   b) Conn's syndrome. e) Simmond's disease.
   c) Hypothyroidism.

Q.24  The hormone causing development of duct system and fat deposition in the breast is:
   a) Estrogen. d) Prolactin.
   b) Luteinizing hormone. e) Progesterone.
   c) Oxytocin.

Q.25  In a pregnant woman, there is inhibition of secretion of:
   a) Estrogens. d) Progesterone.
   b) Gonadotropins. e) Prolactin.
   c) Growth hormone.

Q.26  A lactating mother was diagnosed to have Parkinson’s disease. She was given L-dopa as a treatment. She was likely to have:
   a) Amenorrhea. d) Increased frequency of milk ejection.
   b) Inhibition of lactation. e) Stimulation of lactation.
   c) Increased milk secretion.

Q.27  Inhibin:
   a) Causes secretion of FSH from anterior pituitary.
   b) Causes secretion of LH from anterior pituitary.
   c) Is secreted by the Leydig cells of testes.
   d) Is steroid in nature.
   e) Prevents oversecretion of FSH from anterior pituitary.

Q.28  In a lactating mother, menstrual cycle is inhibited because prolactin inhibits the secretion of:
   a) Estrogen from ovaries. d) Oxytocin from hypothalamo-hypophyseal system.
   b) Gonadotropin releasing hormone from hypothalamus.
   c) Inhibin from ovaries.
   e) Progesterone from ovaries.

Q.29  Release of human chorionic gonadotropin from the placenta:
   a) Begins in 4th week of gestation. d) Stimulates Leydig cells of testes in male fetus.
   b) Decreases the secretion of estrogens. e) Stimulates the secretion of LH.
   c) Helps in involution of the corpus luteum.

Q.30  Normal parturition depends mainly upon:
   a) Activation of beta adrenergic receptors in uterus.
   b) Fall in placental secretion of estrogens.
   c) Innervation of the uterus.
   d) Oxytocin and prostaglandins.
   e) Presence of normal ovaries.

Q.31  The pregnancy in a female is confirmed by finding:
   a) Conjugated progesterone in the urine. d) Human chorionic gonadotropin in the urine.
   b) Estrogens in the urine. e) Thin cervical muscus.
   c) Hardening of the cervical tissue.

Q.32  A female is given tablets containing estrogen and progesterone. This:
   a) Causes ovulation to occur. d) Tends to increase acne formation.
   b) Causes menstruation to increase. e) Tends to increase salt and water excretion.
   c) Depresses secretion of anterior pituitary gonadotropins.

Q.33  In human beings, fertilization of the ovum usually occurs in:
   a) Abdominal cavity. d) Uterine cavity.
   b) Cervix. e) Vaginal canal.
   c) Fallopian tubes.
Q.34 Acne formation in an adolescent girl is due to:
   a) Adrenal androgens.
   b) Follicle stimulating hormone.
   c) Estrogens.
   d) Progesterone.
   e) Luteinizing hormone.

Q.35 In a pregnant woman, there is decreased:
   a) Blood volume.
   b) Cardiac output.
   c) Glomerular filtration rate.
   d) Metabolic rate.
   e) Serum ferritin.

Q.36 A multigravida is in 3rd trimester of a normal pregnancy. During pregnancy, the maternal kidney:
   a) Excretes tiny amounts of vitamin C.
   b) Reabsorbs more uric acid.
   c) Produces less rennin.
   d) Had diminished creatinine clearance in the first trimester.
   e) Has increased tubular reabsorption of glucose.

Q.37 Regarding Growth Hormone (GH):
   a) Is a glycoprotein.
   b) Has a molecular weight of 1500.
   c) Has a structure similar to ACTH.
   d) Is released in short bursts.
   e) Release is stimulated by Corticosteroids.

Q.38 Regarding ACTH:
   a) Inhibits androgen secretion by adrenals.
   b) Has a molecular weight of 21,000.
   c) Contains the sequence of α-melanocytes stimulating hormone (α-MSH).
   d) Contains the sequence of β-endorphin.
   e) It is the precursor of lipotropic hormone (LPH).

Q.39 Regarding LH:
   a) Levels reach a peak at 20 weeks of intrauterine life.
   b) Is secreted in pulses every 5 minutes.
   c) Pulsatile secretion ceases during sleep.
   d) Peak occurs about 30 hours before ovulation.
   e) Levels are higher in male than female fetus.

Q.40 Regarding Oxytocin:
   a) It has 50 amino acids.
   b) It is synthesized in posterior pituitary.
   c) Is formed as a larger precursor molecule.
   d) Has no role in labor.
   e) Is found in corpus luteum.

Q.41 A lady is concerned about menopausal symptoms. The following statements are true about the Peri-menopause, Except:
   a) Loss of ovarian function results in absolute estrogen deficiency.
   b) Menstrual irregularity may occur.
   c) Approximately occurs at 51 years.
   d) HRT is of primary concern to many women.
   e) Menopause occurs earlier in smokers.

Q.42 A child has Klinefelter’s syndrome. All are true, Except:
   a) It is a male phenotype.
   b) Has more than one X-chromosome.
   c) There is a lower incidence of mental retardation.
   d) There is raised urinary excretion of gonadotrophins.
   e) There is gonadal dysgenesis.

Q.43 The following are X-linked recessives, EXCEPT:
   a) Hemophilia A.
   b) Duchenne muscular dystrophy.
   c) Glucose – 6- phosphate dehydrogenase deficiency.
   d) Phenylketonuria.
   e) Colour blindness.

Q.44 A baby is delivered with Down’s Syndrome. The following are true for Down’s, Except:
   a) It is characterized by Patent Ductus Arteriosus (PDA).
   b) Has an increase incidence of chronic myeloid leukemia.
   c) Has increased incidence with advancing maternal age.
   d) Can be caused by a paternal 14/21 translocation.
   e) Of the C21 trisomy type is associated with a normal maternal chromosomal pattern.

Q.45 A lady wants to know why she had a spontaneous early miscarriage. The commonest chromosomal abnormality responsible for this is:
   a) 45 X
   b) 45 XXY
   c) 47 XXX
   d) 44 X
   e) Trisomy 16

(Continued)
Q.46 The levels of a “free” drug are more in fetal plasma than in maternal plasma because of:
   a) Increased plasma proteins in mother.
   b) Lower binding sites of fetal proteins.
   c) Increased levels going to fetal circulation.
   d) Decreased elimination in mother.
   e) Increased affinity in fetal plasma proteins.

Q.47 Glyburide, a hypoglycemic agent is present in lower concentrations in fetal circulation than in maternal circulation as it is:
   a) Rapidly metabolized by fetal hepatic enzymes.
   b) Unable to cross placental barrier.
   c) Effluxed from the fetal circulation.
   d) Excreted rapidly.
   e) Metabolized in the maternal circulation into its metabolites.

Q.48 Due to the endocrine environment changes occurring during pregnancy, the drug effects may be changed like on:
   a) Uterus and breast.
   b) Lungs.
   c) Kidneys.
   d) CNS.
   e) Heart (other than on cardiac output).

Q.49 A 25 year old pregnant lady has been detected as HIV positive; her baby may be best prophylacted by giving her:
   a) Nevirapine.
   b) Nelfinavir.
   c) Combination of didanosine and stavudine.
   d) Combination of zidovudine and lamivudine.
   e) Combination of indinavir and lopinavir.

Q.50 A 30 years old South American lady has been recently diagnosed as a patient of primary syphilis. The drug of choice for her may be:
   a) Azithromycin.
   b) Ciprofloxacin.
   c) Cotrimoxazole.
   d) Penicillin.
   e) Doxycycline.

Q.51 A 20 year old pregnant lady needs counseling and reassurance about the possible teratogenic effects of drugs used after 10th weeks of pregnancy especially about:
   a) Limbs.
   b) CNS.
   c) Eyes.
   d) Teeth.
   e) Ear.

Q.52 The drug which is contraindicated throughout the pregnancy to avoid significant depressive adverse effects is:
   a) Tricyclic antidepressants.
   b) Lithium.
   c) Penicillamine.
   d) Thalidomide.
   e) Heroin.

Q.53 Due to low levels exerted/secreted in the breast milk a young lady of 25 year may be allowed to take it throughout her lactation:
   a) Propranolol.
   b) Isoniazid.
   c) Doxycycline.
   d) Phenobarbitone.
   e) I^{131}.

Q.54 A young 20 year old lady has failed to progress during labor so is a candidate for cesarean section which can be performed very easily by a faster and superior block like:
   a) Spinal anesthesia.
   b) Epidural anesthesia.
   c) Continuous spinal anesthesia.
   d) Combined spinal epidural technique.
   e) General anesthesia.

Q.55 The oral bioavailability will be increased in a neonate of 10 days when he is given a dose of:
   a) Paracetamol.
   b) Ampicillin.
   c) Phenobarbitone.
   d) Phenytoin.
   e) Co-trimoxazole.

Q.56 A lady with DVT is being treated. Regarding anticoagulants:
   a) Heparin is a protein.
   b) Heparin is secreted into breast milk.
   c) Prolonged use of Heparin may be associated with Osteoporosis.
   d) Coumarins act by inhibiting conversion of fibrinogen to fibrin.
   e) The effect of coumarins can be reversed in less than one hour by administration of Vitamin K.

Q.57 A 27 year old Primigravida is in 2nd stage of labor and is in pain. Which nerve roots are responsible for the pain of vaginal delivery?
   a) T8, T9, T10
   b) T11, T12 only.
   c) T10, T11, T12, L1
   d) T10, T11 only.
   e) S2, S3, S4.
Q.58 Local anesthesia is being infiltrated in the perineum at delivery for episiotomy. Which of the following is NOT a sign of CNS toxicity from local anesthetist?
   a) Slurred speech.  
   b) Tinnitus.  
   c) Respiratory failure.  
   d) Chorea.  
   e) Paresthesia of mouth.

Q.59 A multigravida is being given a paracervical block for a short procedure. The most common complication of this block is:
   a) Maternal hypotension.  
   b) CNS toxicity.  
   c) Bleeding.  
   d) Convulsion.  
   e) Fetal bradycardia.

Q.60 The requirements of vitamins and minerals are established for daily intake. Regarding Vitamin A:
   a) It is water soluble.  
   b) Deficiency leads to night blindness.  
   c) Requires bile for its absorption.  
   d) Excess leads to xerophthalmia.  
   e) Is mainly stored in brain.

Q.61 Vitamin K is an essential vitamin in relation to Obstetrics. Regarding Vitamin K:
   a) Is not present in green vegetables.  
   b) Is water soluble.  
   c) Is synthesized by viruses.  
   d) Is stored in large quantities in liver.  
   e) Its deficiency cause hypoprothrombinemia.

Q.62 A crucial prenatal requirement is folic acid. Regarding this vitamin:
   a) It is fat soluble.  
   b) Given before and during first trimester, it reduces recurrence of Neural Tube Defects (NTD) by 70%.  
   c) Requires gastric intrinsic factor for its absorption.  
   d) Deficiency leads to microcytic anemia.  
   e) It is lower in concentration in fetal blood than in maternal blood.

Q.63 Minerals are essential during pregnancy. The following minerals and trace elements are correctly paired with their functions, EXCEPT:
   a) Magnesium – enzyme co-factor.  
   b) Copper – oxidase enzymes.  
   c) Chromium – nerve and muscle function.  
   d) Zinc – enzyme co-factor.  
   e) Phosphorus – metabolic intermediaries.

Q.64 A 51 year old lady is getting Estrogen Replacement Therapy (ERT). The administration of Estrogen does all the following, EXCEPT:
   a) Increases thyroxine – binding globulin.  
   b) Leads to water retention.  
   c) Leads to rise in blood lipids.  
   d) Reduces cortisol binding globulin.  
   e) Alters glucose tolerance.

Q.65 A primigravida just delivered is being managed for Post Partum Hemorrhage (PPH). Prostaglandin F2α given in therapeutic dose will produce:
   a) Water retention.  
   b) Increased uterine contractility.  
   c) Decreased small bowel peristalsis.  
   d) Reduced uterine contractility.  
   e) Dilation of bronchi.

Q.66 A 65 year old hypertensive with BP 180/105 mm Hg presents with dyspnea at rest and swelling of legs. Clinical examination reveals congestion in lungs with ankle edema. What could be the most likely composition of his edema fluid in extracellular space:
   a) Increased proteins  
   b) Increased cells  
   c) Exudative  
   d) Transudative  
   e) Haemorrhagic

Q.67 Which of the following chemical mediator is not involved in acute inflammation?
   a) Complement  
   b) Lymphokine  
   c) Bradykinin  
   d) Histamine  
   e) Nitrous oxide

Q.68 A patient with recurrent bacterial infection is diagnosed to have a genetic deficiency of myeloperoxidase enzyme. The cause of increased susceptibility to infection is:
   a) Defective neutrophil degranulation  
   b) Defective production of Prostaglandins  
   c) An inability to produce HOCl  
   d) Decreased oxygen consumption after phagocytosis  
   e) An inability to produce hydrogen peroxide

Q.69 Following except one are the features of arterial thrombi:
   a) They are friable  
   b) They are easily detached  
   c) They are dry  
   d) They have mottled appearance  
   e) They are wedge-shaped
Q.70 Commonest source of pulmonary embolism is
a) Pelvic vein thrombosis   b) Deep vein thrombosis   c) Hepatic vein thrombosis
   d) Cardiac thrombosis   e) Patent ductus arteriosus

Q.71 A 24-year-old woman presents with increasing pain and swelling in the posterior region of her neck. Physical examination finds a red, hot, swollen area measuring approximately 1 cm in greatest dimension. The skin is intact in this area, but surgical exploration finds a cavity that is filled with purulent material. Cultures from this material grow Staphylococcus aureus. Histological sections reveal liquefactive necrosis filled with numerous neutrophils and necrotic tissue. These histological findings best describe which one of the following pathological processes?
   a) Abscess formation   b) Epithelial erosion   c) Fibrinous inflammation
   d) Serous inflammation   e) Ulcer formation

Q.72 Which type of inflammatory cell would predominate in histological sections of a biopsy specimen from an enlarged salivary gland in an individual with Sjögren's syndrome?
   a) Basophil   b) Eosinophil   c) Epithelioid cell
   d) Lymphocyte   e) Neutrophil

Q.73 A 49-year-old man develops an acute myocardial infarction because of the sudden occlusion of the left anterior descending coronary artery. Which of the following types of necrosis should be present in these areas of infarction?
   a) Coagulative necrosis   b) Liquefactive necrosis   c) Fat necrosis
   d) Caseous necrosis   e) Fibrinoid necrosis

Q.74 Which of the following describes multiple small mucinous cysts of the endocervix that result from blockage of the endocervical glands by overlying squamous metaplastic epithelium?
   a) Bartholins cysts   b) Chocolate cysts   c) Follicular cysts
   d) Gartner's duct cysts   e) Nabothian cysts

Q.75 A 65-year-old woman presents with a pruritic red, crusted, sharply demarcated map-like lesion involving a large portion of her labia majora. Histologic sections from this lesion reveal individual anaplastic tumor cells infiltrating the epidermis. Distinctive clear spaces are noted between these anaplastic cells and the surrounding normal epithelial cells. These malignant cells stain positively for mucin and negatively with S100. Which of the following is the most likely diagnosis?
   a) Clear cell adenocarcinoma   b) Malignant melanoma   c) Extramammary Paget disease
   d) Sarcoma botryoides   e) Squamous cell carcinoma

Q.76 A 23-year-old woman presents with urinary frequency and abnormal uterine bleeding. A careful medical history finds that her abnormal menstrual bleeding is characterized by excessive bleeding at irregular intervals. A pelvic examination finds a single mass in the anterior wall of the uterus, this being confirmed by ultrasonography, which one of the following clinical terms best describes the abnormal uterine bleeding in this woman?
   a) Amenorrhea   b) Dysmenorrhea   c) Menometrorrhagia
   d) Oligomenorrhea   e) Polymenorrhea

Q.77 A boy of 8yrs has progressive corneal vascularization, deafness, notched incisors & a flat nose. This is most likely a congenital infection by which organism.
   a) Rubella   b) Cytomegalovirus   c) Toxoplasma
   d) T. Palladium   e) Herpes simplex virus

Q.78 A 29-year-old woman presents with severe pain during menstruation (dysmenorrhea). During workup, an endometrial biopsy is obtained. The pathology report from this specimen makes the diagnosis of chronic endometritis. Based on this pathology report, which of the following was present in the biopsy sample of the endometrium?
   a) Neutrophils   b) Lymphocytes   c) Lymphoid follicles
   d) Plasma cells   e) Decidualized stromal cells

Q.79 A 25-year-old woman presents to your office for workup of infertility. In giving a history she describes severe pain during menses, and she also tells you that in the past another doctor told her that she had "chocolate" in her cysts. Which of the following abnormalities is most likely to be present in this patient?
   a) Metastatic ovarian cancer   b) Endometriosis   c) Acute pelvic inflammatory disease
   d) Adenomyosis   e) A posteriorly located subserosal uterine leiomyoma

(Continued)
Q.80 Prolonged unopposed estrogen stimulation in an adult woman increases the risk of development of endometrial hyperplasia and subsequent carcinoma. Which of the following is the most common histologic appearance for this type of cancer?
   a) Adenocarcinoma               d) Squamous cell carcinoma
   b) Clear cell carcinoma         e) Transitional cell carcinoma
   c) Small-cell carcinoma

Q.81 A 40 years old woman came to OPD with complaints of fever and cervical lymphadenopathy. Histopahatological examination of lymph node shows chronic granulomata. Diagnosis of tuberculosis is confirmed by:
   a) Central caseous necrosis.               d) Positive Mantoux test.
   b) Langhan's giant cells.               e) Raised ESR.
   c) Lung fibrosis on CXR.

Q.82 45 years old man who is smoker and diabetic for ten years, complains of sensory loss and ulcer on big toe. Underlying mechanism involved is:
   a) Atherosclerosis.               d) Neuropathy / Atherosclerosis.
   b) Infection and obstruction.               e) Thrombosis.
   c) Neuropathy.

Q.83 Basic mechanism of radiation injury is:
   a) Decrease in intracellular Ca^{++}.               d) Increase in APT production.
   b) Decrease in intracellular Na^{+}.               e) Inhibition of protein synthesis.
   c) Free radical formation.

Q.84 Pregnancy is accompanied by uterine enlargement. This is best explained by:
   a) Aplasia.               d) Hypoplasia.
   b) Hyperplasia.               e) Metaplasia.
   c) Hypertrophy.

Q.85 Rhesus incompatibility indicates:
   a) None of below.               d) Type III hypersensitivity.
   b) Type I hypersensitivity.               e) Type IV hypersensitivity.
   c) Type II hypersensitivity.

Q.86 George Engel put forward the concept of Biopsychosocial perspective of health and disease which stresses on the understanding of:
   a) Holistic medicine.               d) Personality of the patient
   b) Social milieu of the patient.               e) Psychosocial environment of patient in the same way as pathophysiological processes.
   c) Better communication skills.

Q.87 While the physician is expected to know the patient’s language, the patient is often unaware of the medical jargon. Therefore:
   a) The responsibility lies with the physician to bridge the communication gap               d) Medical jargon must be banned.
   b) The physician must first simplify and explain the medical terminology.               e) The physician must learn other languages.
   c) The physician must explore the psychosocial background of each patient.

Q.88 Active listening is a complex process which involves a simultaneous focus on patient’s words as well as:
   a) Body language.               d) Adequate eye contact.
   b) Paralinguistic aspects               e) Open ended questions.
   c) Active prompting

Q.89 Empathy building refers to the statements of the doctor that:
   a) Conveys to the patient that his feelings have been well-understood.               d) Reflect his good upbringing.
   b) Show his sincere sympathy for the patient.               e) Indicate good communication skills.
   c) Relaxes the patient

Q.90 Empathic skills are essential for better therapeutic relationship and include reflection, validation, support, respect and:
   a) Exclusivity.               d) Partnership.
   b) Unconditional positive regard.               e) Friendship.
   c) Informational care.

(Continued)
Q.91 Counselling is a technique which aims at:
   a) Making people less emotional.
   b) Achieving a greater depth of understanding and clarification of the problem.
   c) Comparing the patient’s experiences with one’s own.
   d) Giving sincere advice and solutions to the patient’s problems.
   e) Breaking bad news in a professional manner.

Q.92 A doctor aiming to adopt the role of a counsellor must exhibit and develop attributes such as:
   a) Wide ranging knowledge base.
   b) Charismatic personality.
   c) Mastery of the local dialect.
   d) Unconditional positive regard.
   e) Honest and simple life style.

Q.93 A 56 years old male patient has just been diagnosed with Diabetes Mellitus. His physician is concerned about his treatment compliance with the prescribed regimen of medication and dietary changes. The patient is most likely to follow the instructions given by the physician if the conversation with the physician makes the patient:
   a) Calm and collected.
   b) Calm and questioning.
   c) Concerned and attentive.
   d) Worried and distracted.
   e) Fearful and self absorbed.

Q.94 Consent is the agreement of the patient to an examination, procedure, treatment or intervention. Which of the following pillars of medical ethics does it represent?
   a) Justice.
   b) Beneficence.
   c) Autonomy.
   d) Non-malaficence.
   e) Confidentiality.

Q.95 A patient constantly defying prohibitions by the doctors in spite of repeated warnings of serious consequences is displaying the phenomena of:
   a) Transference.
   b) Resistance.
   c) Counter-transference.
   d) Non-compliance.
   e) Emotional instability.

Q.96 In a study, 100 individuals having history of multiple sexual partners were followed up for development of Cervix over 10 years. After 10 years 20 cases were found to be having the disease. This measure is:
   a) Incidence.
   b) Prevalence.
   c) Rate.
   d) Ratio.
   e) Risk.

Q.97 In Gynae clinic total of 5 women were attended in one hour with weight of 55, 57, 58, 60, 72 kg. The figure 58 in the above data represents the:
   a) Mean.
   b) Median.
   c) Mode.
   d) Percentage.
   e) Ratio.

Q.98 The DGO Part-I result has been declared. The students were discussing the marks obtained. These are 92, 46, 37, 64, 73, 73, 64, 73, 77, 69, 64, 51, 70, 52, 64, 41, 62, 64, 60. The marks obtained by four students i.e. 64 is the:
   a) Mean.
   b) Median.
   c) Mode.
   d) Percentage.
   e) Ratio.

Q.99 A “Late Neonatal Death” is one that takes place from:
   a) 1 to 3 day.
   b) 4 to 7 days.
   c) 8 to 28 days.
   d) 29 to 35 days.
   e) 36 to 40 days.

Q.100 The number of deaths per 1000 births occurring during the first 28 days of life is called:
   a) Stillbirth rate.
   b) Fetal death rate.
   c) Perinatal mortality rate.
   d) Neonatal mortality rate.
   e) Perinatal mortality ratio.