



Last 5 year PYQs in Medicine for NEET PG

Q1. Which of the following is the correct statement regarding Huntington's chorea?

1. It is a trinucleotide repeat disorder
2. There is a loss of function type of mutation
3. There are abnormal repeats of CUG
4. Abnormality is seen due to mutation in chromosome 6

Ans. 1) It is a [trinucleotide repeat disorder](#)

- Huntington's chorea, also known as [Huntington's disease](#), is an autosomal inherited disease that occurs at an early age in the next generation.
- Huntington's chorea is a trinucleotide repeat disorder involving the expansion of a repeated trinucleotide sequence (CAG) within the HTT gene.

Q2. A 30-year-old female presents with chest pain, recurrent heartburn, and dysphagia. Barium swallow showed a bird beak sign. Which of the following statements is true about the pathology of the condition of this patient?

1. Relaxation of lower esophageal sphincter
2. Increased peristalsis
3. Decreased release of NO and VIP in the distal part of esophagus
4. Decreased tone of the lower esophageal sphincter

Ans. 3) Decreased release of NO and VIP in the distal part of esophagus

- [Achalasia cardia](#) is a disorder characterized by the dysfunction of the lower esophageal sphincter (LES) and impaired esophageal peristalsis.
- The pathology of achalasia cardia involves a decrease in the release of nitric oxide (NO) and vasoactive intestinal peptide (VIP) in the distal part of the esophagus.
- These neurotransmitters are responsible for relaxing the smooth muscles of the esophagus, allowing for proper movement and passage of food.



Q3. A patient came to the hospital with complaints of lethargy, increased sleep, and weight gain. Investigations revealed low plasma TSH concentration. However, on the administration of TRH, the TSH levels increased. Which of the conditions is likely in this patient?

1. Hyperthyroidism due to primary thyroid disease
2. Hypothyroidism due to thyroid gland
3. Hypothyroidism due to disease in the hypothalamus
4. Hyperthyroidism due to disease in the pituitary

Ans. 3) **Hypothyroidism due to disease in the hypothalamus**

- The scenario described in the question is indicative of a dysfunction at the level of the hypothalamus.
- When the hypothalamus senses low levels of [thyroid hormones](#) (T3 and T4) in the bloodstream, it releases thyrotropin-releasing hormone (TRH). TRH stimulates the anterior pituitary gland to release TSH, which, in turn, stimulates the [thyroid gland](#) to produce and release T3 and T4.
- In this patient, the hypothalamus is not producing sufficient TRH, leading to decreased stimulation of the pituitary to produce TSH

Q4. For a patient with a serum bilirubin level of 2.5 mg/dl, serum albumin level of 3 g/dl, prothrombin time of 5 seconds (INR = 2), encephalopathy of grade 1, and mild ascites, what would be the child-Turcotte-Pugh class?

1. Class A
2. Class B
3. Class C
4. Class D

Ans. 3) **Class C**

- The Child-Turcotte-Pugh (CTP) classification is used to assess the severity of liver disease and predict prognosis in patients with cirrhosis. It takes into account five clinical parameters: serum bilirubin level, serum albumin level, prothrombin time (or INR), presence or absence of hepatic encephalopathy, and severity of ascites.
 1. Serum bilirubin level of 2.5 mg/dl - 2 points
 2. Serum albumin level of 3 g/dl - 2 points
 3. Prothrombin time of 5 seconds (INR = 2) 2 points
 4. encephalopathy of grade 1–2 points
 5. Mild ascites: 2 points
- Bilirubin (2 point) + Albumin (2 point) + INR (2 point) + Encephalopathy (2 points) + Ascites (2 point) = 10 points



- Based on the total points, the patient falls into Class c of the Child-Turcotte-Pugh classification.
- The patient's clinical parameters correspond to Class c in the Child-Turcotte-Pugh classification, indicating moderate severity of liver disease.

Q5. What is the diagnosis of an elderly woman who is brought to the OPD with complaints of behavioral changes, a history of multiple falls, urinary incontinence, and dementia?

1. Normal pressure hydrocephalus
2. Frontotemporal dementia
3. Parkinson disease
4. Creutzfeldt-Jakob disease

Ans. 1) Normal pressure hydrocephalus

- NPH is characterized by the classic triad of gait disturbance (which can lead to falls), urinary incontinence, and cognitive impairment ([dementia](#)).
- Behavioral changes can also be part of the [cognitive impairment](#) seen in NPH.
- The condition is caused by an accumulation of [cerebrospinal fluid \(CSF\)](#) in the brain ventricles without a significant increase in intracranial pressure.

Q6. What is the probable medical condition in a 37-year-old female patient who has been experiencing headaches for the past 6 months and has been using painkillers consistently? The severity of the headache recently worsened for a period of 3 days but improved upon discontinuing the analgesic medication.

1. Medication overuse headache
2. Tension headache
3. Chronic migraine
4. Cluster headache

Ans. 1) Medication overuse headache

- The use of analgesics and anti-migraine medications frequently or regularly can increase headache frequency and cause the transition from episodic to chronic headache.
- Causes of medication overuse headache:
 - Frequent use of acute headache medications (more than 10-15 days per month).
 - Use of combination analgesics containing opioids, barbiturates, or caffeine.
 - Pre-existing primary headache disorders, such as migraines or tension-type headaches.
 - Psychological factors, such as anxiety or depression.



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Ans. 1) Medication overuse headache

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- Causes medication overuse headache
 - Frequent use of acute headache medications (more than 10-15 days per month).
 - Use of combination analgesics containing [opioids](#), barbiturates, or caffeine.
 - Pre-existing primary headache disorders, such as [migraines](#) or tension-type headaches.
 - Psychological factors, such as anxiety or [depression](#).

Q7. A 20-year-old woman presents with breathlessness and chest pain. She is a known case of mitral stenosis. Her pulse is irregularly irregular. No thrombus is seen on echocardiography. What is the best agent to prevent future thrombotic events?

1. Dabigatran
2. Aspirin 150mg
3. Oral warfarin
4. Aspirin + Clopidogrel

Ans. 3) [Oral warfarin](#)

- Oral warfarin is the best agent to prevent future thrombotic events in this patient with mitral stenosis. It addresses the underlying risk of thrombus formation in the left atrium associated with the irregularly irregular pulse seen in atrial fibrillation, which commonly coexists with mitral stenosis. Regular monitoring of the INR is necessary to maintain the therapeutic range and minimize bleeding risk.

Q8. Evaluation of a patient revealed the presence of mild diastolic murmur. JVP showed prominent A-waves. What is the likely diagnosis?

1. Mitral stenosis



2. Tricuspid stenosis
3. Mitral regurgitation
4. Tricuspid regurgitation

Ans. 2) Tricuspid Stenosis

- Tricuspid stenosis is the likely diagnosis based on the mild diastolic murmur and the presence of prominent a-waves on the JVP. These findings are consistent with the narrowing of the tricuspid valve and the resulting elevated right atrial pressure.
- Due to the narrow opening, when blood passes from the right atrium to the right ventricle, turbulence is formed, leading to the formation of mild diastolic murmurs.

Q9. In a male patient who is a chronic alcoholic, he has come in with abdominal distension, reduced urine output, and swelling in the feet (pedal edema). Upon examination, his serum creatinine level was found to be 1.6 mg/dL. What would be the appropriate course of action in managing this patient?

1. Methylprednisolone
2. Heparin
3. Torsemide
4. Octreotide plus albumin

Ans. 4) Octreotide plus albumin

- The correct answer is octreotide plus albumin. Octreotide is a synthetic analogue of somatostatin, a hormone that inhibits the release of various substances in the body. When combined with albumin, it can help manage hepatorenal syndrome (HRS), a condition characterized by renal dysfunction in patients with advanced liver disease. HRS occurs due to severe vasoconstriction of the renal blood vessels, leading to reduced renal blood flow and impaired kidney function. Octreotide helps alleviate vasoconstriction, while albumin improves intravascular volume and renal perfusion.

Q10. A 68-year-old man presents with a cough with yellowish sputum. Auscultation revealed bronchial breath sounds. He is hemodynamically stable and not confused. On examination, his respiratory rate is 20/min and blood pressure is 110/70 mmHg. Lab reports show urea levels of 44 mg/dL. What is the next best step in the management of this patient?

1. Given antibiotics and send the patient home
2. Admit to ICU without mechanical ventilation
3. Admit to ICU with invasive mechanical ventilation
4. Consider admission in a non-ICU setting



Ans. 4) Consider admission in a non-ICU setting

CURB-65 score:

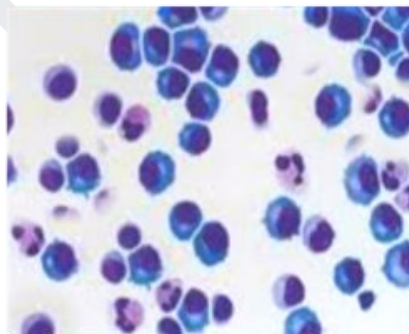
Confusion	1 point
Urea > 7 mmol/L (19 mg/dL)	1 point
Respiratory rate \geq 30 breaths/min	1 point
Blood pressure (systolic < 90 mmHg or diastolic \leq 60 mmHg)	1 point
Age \geq 65 years	1 point

Interpretation:

Score	Treatment
0	OPD basis
1-2	IPD basis
\geq 3	ICU basis

- The CURB-65 score for the patient in the above case is 2 (urea > 19 mg/dL and age \geq 65 years).
- Considering admission in a non-ICU setting should be the treatment plan for the patient.

Q11. What is the probable cause of the patient's condition based on the cerebrospinal fluid (CSF) specimen shown below, which exhibits mononuclear cytosis, increased proteins, and decreased sugars?



1. Tuberculous meningitis
2. Aseptic meningitis
3. Bacterial meningitis



4. Chemical meningitis

Ans. 1) [Tuberculous meningitis](#)

CSF findings in tubercular meningitis

- Mononuclear cytosis (increased number of mononuclear cells, which are ordinarily lymphocytes or monocytes)
- Elevated proteins (suggestive of inflammation)
- Low sugars (suggestive of increased metabolism by the inflammatory cells)

Q12. A female patient presents to you with a unilateral headache. It is associated with nausea, photophobia, and phonophobia. What is the drug of choice for acute management?

1. Flunarizine
2. Sumatriptan
3. Propranolol
4. Topiramate

Ans. 2) **Sumatriptan:**

- The patient's introduction suggests a **migraine** [headache](#).
- **Sumatriptan is a serotonin 5-HT_{1B/1D} receptor agonist and is considered the drug of choice for acute administration of migraines.**
- These can be administered via oral, subcutaneous, or nasal route.
- Triptans are contraindicated in pregnancy, [prinzmetal angina](#), [peripheral arterial disease](#), and basilar migraine.

Q13. A patient presents to you with fever, night sweats, ptosis, and bilateral facial nerve palsy. Investigations showed leukocytosis and bilateral hilar lymphadenopathy. Which of the following is the most likely diagnosis?

1. Sarcoidosis
2. Tuberculosis
3. Lymphoma
4. Hypersensitive pneumonitis

Ans. 1) [Sarcoidosis](#)

- The clinical presentation of fever, night sweats, bilateral facial nerve paralysis, and bilateral hilar lymphadenopathy is suggestive of a systemic inflammatory condition affecting multiple organs.



- **Sarcoidosis is a multisystem granulomatous disorder** that commonly presents with hilar lymphadenopathy besides other features of systemic involvement such as facial nerve palsy.

Q14. A 25-year-old patient with caries is scheduled for a dental extraction. Which of the following cardiac conditions does not require endocarditis prophylaxis prior to dental extraction?

1. Prior history of endocarditis
2. Atrial septal defect
3. Unrepaired cyanotic heart disease
4. Prosthetic heart valves

Ans. 2) Atrial septal defect

- Patients with atrial septal defects do not require endocarditis prophylaxis prior to dental extraction.

Q15. A patient presents to the emergency department with a history of ingestion of ten tablets of paracetamol. He has developed oliguria and liver function tests show deranged values. Which of the following can be used in the management of this condition?

1. N-acetylcysteine
2. Dopamine
3. Ursodeoxycholic acid
4. Furosemide

Ans. 1) N-acetylcysteine

- N-acetylcysteine (NAC) is used for paracetamol toxicity.
- It acts as a precursor of glutathione and replenishes the exhausted glutathione stores within the liver, further assisting in the metabolism of NAPQI (the toxic metabolite of paracetamol).

Q16. Which of the following statements is true regarding the modified Duke's criteria?

1. A single positive blood culture for HACEK group is a major criterion
2. A single positive blood culture for *Coxiella burnetti* is a major criterion
3. Complete dehiscence of prosthetic valve
4. Documentation of four minor criteria allows a clinical diagnosis

Ans. 2) Single positive blood culture for *Coxiella burnetti* is a major criterion.



- A single positive blood culture for *Coxiella burnetii* is a major criterion in the modified Duke's criteria for infective endocarditis.

Q17. Nasal polyps are commonly associated with which of the following?

1. Intrinsic asthma
2. Brittle asthma
3. Extrinsic asthma
4. Exercise - induced asthma

Ans. 1) Intrinsic asthma

- [Nasal polyps](#) are commonly associated with intrinsic asthma. Intrinsic asthma, also known as non-allergic or non-atopic asthma, is characterized by asthma symptoms that are not triggered by specific allergens. It can be caused by factors such as respiratory infections, irritants, exercise, cold air, stress, or certain medications. Nasal polyps are frequently seen in individuals with intrinsic asthma, suggesting a connection between these two conditions.

Q18. All of the following are AIDS-defining illnesses except:

1. Encephalopathy attributed to HIV
2. Invasive cervical cancer
3. *Mycobacterium tuberculosis* of any site
4. Oral candidiasis

Ans. 4) Oral candidiasis

- Oral [candidiasis](#), also known as thrush, is a [fungal infection](#) caused by *Candida* species. While oral candidiasis is commonly seen in individuals with HIV/AIDS, it is not considered an AIDS-defining illness. It is a relatively common opportunistic infection that can occur in people with weakened immune systems, including those with HIV/AIDS, but its presence does not meet the criteria for defining the diagnosis of AIDS.

Q19. A 47-year-old man with a diagnosis of acute myeloid leukemia with a blood type O negative presents to the transplant clinic to discuss proceeding with an allogeneic stem cell transplant. Which of the following would be an optimal donor?

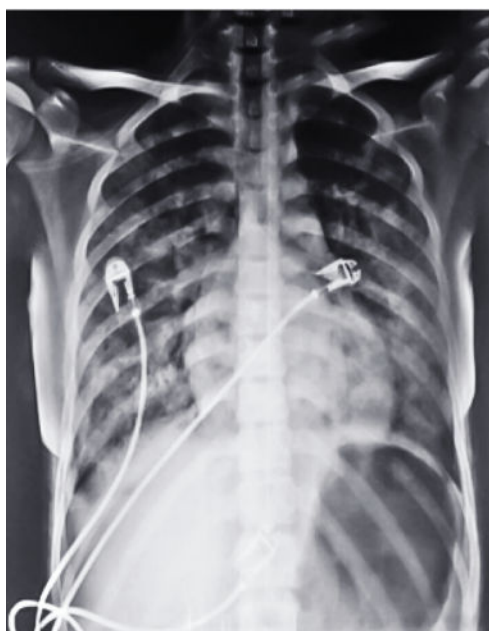
1. His brother
2. Umbilical cord transplant
3. His HLA twin identical brother, who is otherwise healthy and is blood type O+
4. An HLA-identical-matched unrelated donor



Ans. 3) His HLA twin identical brother who is otherwise healthy and is blood type O+

- The correct option would be the patient's HLA identical brother, who is otherwise healthy and has blood type O+. HLA matching is a crucial factor in determining the compatibility of the donor for an allogeneic stem cell transplant.
- As long as the HLA types match, the patient can receive stem cells from a donor with a different blood type without significant adverse effects.

Q20. A 30-year-old HIV-positive man presents with fever for 3 weeks, dry cough, and significant weight loss. His chest x-ray is given below. What is the most likely diagnosis?



1. Staphylococcal pneumonia
2. Pneumococcal pneumonia
3. Tuberculosis
4. Pneumocystis jirovecii pneumonia

Ans. 4) [Pneumocystis jirovecii pneumonia \(PJP\)](#):

- Pneumocystis jirovecii pneumonia (formerly known as Pneumocystis carinii [pneumonia](#)) is a **fungal infection that commonly affects individuals with weakened immune systems**, such as those with HIV/AIDS. The presentation of **fever, dry cough, significant weight loss**, and chest X-ray findings of **diffuse interstitial infiltrates and symmetrical perihilar involvement** are highly suggestive of PJP.

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