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- **Q Wave APPENDIX** with Topic-Wise presentation of 'Must Know' facts from 19 subjects
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“Thanks Edulanche for the daily Facts and Qwave. Many questions are repeated in aipgsee and it helped me in securing 706 rank in aipgsee.”

Dr. Azhar  
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Volume III

QWAVE

ANOOP N  
AMITH VISWANATH



A I P G M E E

**QWAVE**

VOLUME III

Recent MCQs with Concise Solutions for AIPG MEE & DNB-CET

**COUPON INSIDE**  
Learn Smarter with EduLanche Access!

- Recommended by Toppers for Cracking AIPG MEE (NEET Pattern)/ DNB-CET, AIIMS and other PG MEE Exams
- Keys & Explanations Based on Latest Reference Textbooks including Parson's 21/e, Harrison's 19/e, William's 24/e, OP Ghai 8/e and Nelson's 20/e
- Recent Image Based MCQs and Related Images in Color included
- Topic-Wise APPENDIX of Must Know's for all PG MEE Exams included



**Anoop N**

**Amith Viswanath**

Content Advisors Ravindran Chirukandath Nishanth B Singh

LETTERWAVE BOOKS

# Q Wave

## VOLUME III

- ◊ APC gene (*colon cancer and FAP*) - chromosome 5
- ◊ WT-1 (*Wilms tumor suppressor gene*) - chromosome 11
- ◊ Rb gene (*retinoblastoma and osteosarcoma*) - chromosome 13
- ◊ NF-1 and p53 – chromosome 17
- ◊ NF-2 – chromosome 22

Q Wave Sample

### 2. Multifocal tumor of vascular origin in a patient with AIDS:

- A. Astrocytoma
- B. Gastric Carcinoma
- C. Kaposi sarcoma
- D. Primary CNS lymphoma

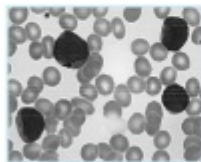
#### KAPOSI SARCOMA

- **HIV-8** is the etiological agent
- It is an angioproliferative disease and **not a true neoplastic sarcoma**
- Develops more commonly in **HIV infected patients and organ transplant patients**
- It may develop at any stage of HIV infection.
- Lymph node involvement **does not** signify poor prognosis
- Characteristic **histologic finding** - **Promontory sign**: plump endothelial cells jutting into the lumen of the capillary
- The skin lesions may show **Kocher phenomenon**
- **Most common internal organ** affected by Kaposi's sarcoma- **Small bowel**.
- There are four different epidemiological forms of Kaposi Sarcoma
  - a. Classic form: occur in **elderly men**
  - b. Equatorial form/African endemic form: occur in all ages, no recognized precipitating factor
  - c. Form associated with organ transplant and other immunocompromised states
  - d. Form associated with HIV-1 infection: **most common form**.

Kaposi sarcoma can develop even in the presence of a normal CD4 count but the single most important determinant of response to treatment of KS is CD4 count

### 3. A 35 year old male presented with complaints of bleeding gums. There is history of recurrent infections in the past 1 year. On examination, pulse present. Peripheral smear of the same patient is shown below. Identify the pointed structure?

- A. Double body
- B. Normoblast
- C. Auer Rod
- D. Heinz bodies



(Refer Color Plate No. 7 for color image)

branch of vagus.

#### Blood Supply

- External carotid artery

- Length of eustachian tube is 36 mm
- Lateral  $\frac{1}{2}$  is bony (12 mm)
- Medial  $\frac{1}{2}$  is cartilaginous (24 mm)

#### 2. Minimum age at which frontal sinus is recognizable is

- At birth
  - 2 year
  - 6 year
  - 15 year
- Sinus present at birth: Maxillary and sphenoid. Sphenoid sinus is rudimentary at birth.

#### Maxillary Sinus

- 1<sup>st</sup> sinus to develop. (developed at birth)
- On X-ray visible by 4-5 months
- MC site of bilateral sinusitis
- MC site of non-invasive fungal sinusitis
- Largest sinus in the body
- Adult size by 15 years
- Best view - *water's view*/ occipitofrontal view

#### Ethmoid Sinus

- Developed at birth
- Leads to orbital cellulitis
- Adenocarcinoma seen mostly in wood workers
- X-ray - visible by 1 year of age & complete by puberty
- MC cause of A/c sinusitis in children.

#### Frontal Sinus

- Not present at birth
- Invades frontal base at the age of 4 year
- X-ray visible by 6 years of age
- Characteristic feature → Pott's puffy tumour
- MC site for mucocoele
- Injurious oedema
- Best view - Caldwell view/ occipitofrontal view

#### Sphenoid Sinus

- Not present at birth
- Develops 5 years after birth
- X-ray - appear by 15 years

#### 2. C. 6 year

#### Myopeticeal Orifice of Fruchard

- Superior margin: Arch of internal oblique muscle and transverse abdominis muscle.
- Lateral margin: Iliopsoas muscle
- Medial margin: Lateral edge of rectus abdominis
- Inferior margin: Pecten pubis.
- The iliopubic tract divides the orifice into a superior portion housing the spermatic cord and an inferior portion containing the iliac vessels. (Fig. 12.3)

#### Triangle of DOOM

- Medial border: Vas deferens
- Lateral border: Spermatic cord
- Apex-superior: Deep inguinal ring
- Contents: External iliac vessels, deep circumflex iliac vein, femoral nerve and genital branch of the genitofemoral nerve



Fig. 12.5 Triangle of Doom

#### Triangle of pain

- Superomedial border: Gonadal vessels
- Inferolateral border: Iliopubic tract
- Lateral border: Pecten reflection
- Contents: Lateral femoral cutaneous nerve, femoral branch of the genitofemoral nerve

EXTRAMILES



Fig. 12.3



Fig. 12.3, 12.4 Myopeticeal orifice

- Hunter's perforator: Mid thigh

#### Perforator Veins

- Perforator veins perforate the deep fascia/muscles, to connect the superficial veins to the deep veins where they drain.
- They have valves which prevent blood flowing back (reflux), from deep to superficial veins.
- When the valves of perforator veins become incompetent they can cause insufficiency of the blood flow.
- The resulting reflux can cause a rapid deterioration in an existing varicose disease and be responsible for the development of venous ulcers

#### Perforating veins of the lower limb

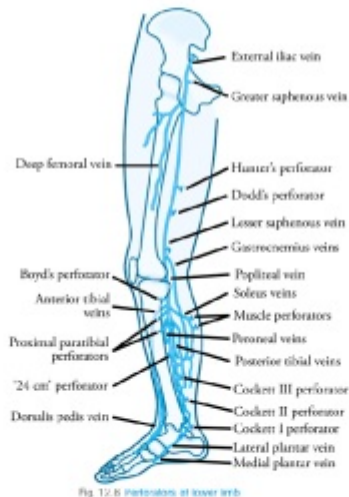


Fig. 12.16 Perforators of lower limb

- May's perforator: Perforator at the gastrocnemius point

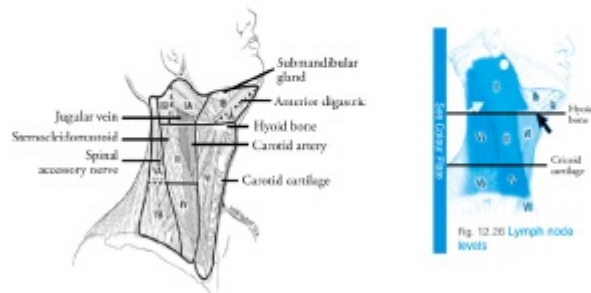


Fig. 12.26 Lymph node levels

Fig. 12.25 Lymph node levels with structures of the neck

#### 56. Investigation of choice for posterior urethral valve is:

- USG
- MRI
- VUCUG
- VCUG

- Investigation of choice for posterior urethral valve is VCUG (voiding cystourethrogram)/MCU (micrizing cystourethrogram).

#### POSTERIOR URETHRAL VALVE

- Posterior urethral valve (PUV) is a cause of bladder outlet obstruction.
- It behaves as a unidirectional valve and causes difficulty in passing urine.
- It occurs exclusively in males.
- Location of the valve: Prostatic urethra, just distal to the verumontanum.
- CF: Bilateral hydrocoele or bilateral hydronephrosis, recurrent urinary tract infection.
- Investigation of choice: Voiding cystourethrogram (shows incomplete bladder emptying and a dilated posterior urethra).
- USG: The bladder is typically thick-walled and trabeculated with an elongated and dilated posterior urethra (keyhole sign).
- Management: Foley's catheter insertion for emptying the bladder. Valve can be destroyed or removed by cystoscopic ablation or resection of the valve.
- Complications: Renal failure.



Fig. 12.27 MCU showing posterior urethral valve

chest, back and shoulders, characteristic scale being like *furfuraceous*

**Diagnosis**

- KOH mount shows typical spaghetti and meat balls or banana and grapes appearance.
- Wood's light: Yellow fluorescence

**Treatment**

- Topical/systemic azole group of antifungals and selenium sulphide
- Griseofulvin: Used for treatment of dermatophytosis, no action on *Candida* and *Malassezia*

7. A middle aged woman presents with erythematous papulopustular lesions on convexities of face associated with erythema and telangiectasia. The most likely diagnosis is:

- SLE
- Acne vulgaris
- Rosacea
- PMLE



Fig. 16.6 Rosacea sparing across the nose and cheek



Fig. 16.7 Rhinophyma

**ROSACEA**

- Chronic disorder affecting the facial convexities, characterized by frequent flushing, persistent erythema and telangiectasia, papules and pustules.
- Seen in fair skinned young to middle aged adults, more often in women.
- Cruciate pattern of skin involvement
- Provoked flushing in response to heat and emotional stimuli
- Complication is rhinophyma

8. Melanocytes are present in:

- Stratum corneum
- Stratum basale
- Stratum germinativum
- Stratum lucidum

**MELANOCYTES**

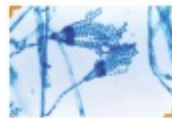
- Pigment producing cells arising from neural crest and located in stratum basale
- One melanocyte supplies melanosomes to 36 surrounding keratinocytes. This unit is called epidermal melanin unit
- Transfer of melanosomes to keratinocytes is by a process called apocytosis
- 3 different types of melanin are: Eumelanin (brown to black), Pheomelanin (yellow to reddish brown) and trichrome in red hair

7. C. Rosacea

B.

1. Identify the fungus in the image given below:

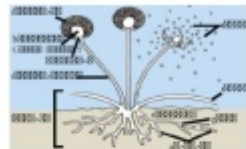
- Histoplasma capsulatum*
- Penicillium marneffi*
- Pneumocystis carinii*
- Sporothrix schenckii*

**Penicillium marneffi: Features**

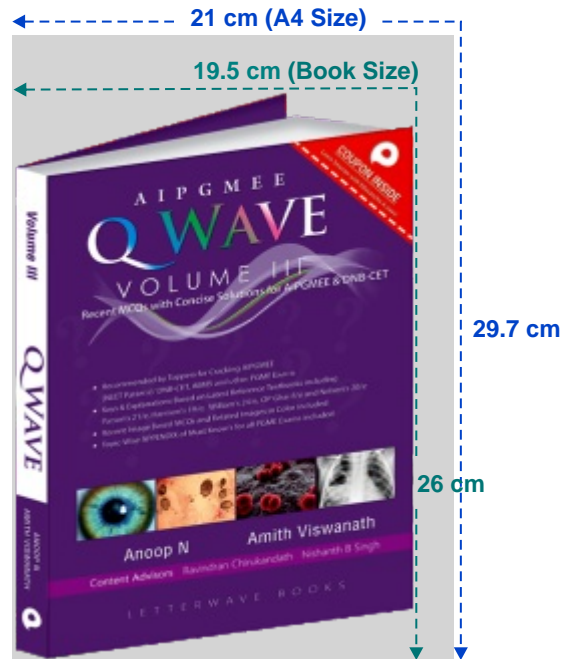
- Phialides may be produced singly, in groups or from branched metulae, giving a brush-like appearance known as a penicillus.
- Conidiophores are hyaline, smooth-walled globose structures produced from the phialides

**Images of Important Fungi with Identifying Features**

1. **Rhizopus/Bread mould**

**Features**

- The presence of stolons and pigmented rhizoids.
- i. Stolons: Stem like hyphae that run along the growing surface, most commonly bread.
- ii. Rhizoids: These are root like hyphae that anchor the fungus to bread.
- Sporangioophores arise from nodes directly above the rhizoids and terminate as globose sporangia. Sporangia are generally hypophysate, columellate and multi-spored.
- After spore release, the apophysis and columella often collapse to form an umbrella-like structure



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