Dr.M.G.R.
EDUCATIONAL AND RESEARCH INSTITUTE
(DEEMED TO BE UNIVERSITY)
Maduravoyal, Chennai - 600 095, Tamil Nadu, India.
(An ISO 9001 : 2015 Certified Institution)

PART - 1

Answer Booklet Number: 1473124

STUDENTS TO FILL THIS AREA FIRST
Write your Register Number and shade the Circle with Blue or Black Ballpoint Pen only.

REGISTER NUMBER: 1 6 2 0 1 1 1 0 5 1 2 3

STUDENTS TO WRITE APPROPRIATE INFORMATION BELOW :

Degree : MBBS Question Booklet No : EM01

Branch : Medicine Subject Code : BMS16401

Subject : General Medicine Paper I Semester : NS

No of Pages used : 27 Date : 16/3/2021 Session : FN

Signature of the Candidate

Invigilator's Signature

Chief Superintendent's Signature / Facsimile with date

Bundle Number

For Office use only

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PART - 2

QUESTION NUMBERS / MARKS

Q.No.	Marks	Q.No.	Marks	Q.No.	Marks
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	
Total					

TOTAL MARKS

Total Marks (in Words) by the Evaluator :

Degree : MBBS Branch : Medicine

Subject : General medicine paper I No. of pages used : 27

Semester : NS

Bundle Number

Evaluator's Name:

Evaluator's Signature :

2ND VALUATION

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PART - 3

QUESTION NUMBERS / MARKS

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1ST VALUATION

INSTRUCTIONS TO THE CANDIDATES

1. **No Additional sheets will be provided.**
2. **Check whether the Answer Book Number is clear & legible.**
3. **Check whether Answer Booklet consist of 40 / 10 pages.**
4. **Ensure whether the pages are stitched or stapled properly.**
5. **Fill in the particulars such as**

For Example

a) Degree	:	B.A./B.Sc./B.Com./B.Tech./B.Arch./B.Ed./B.D.S/M.A./M.Sc./ M.Com./M.Tech./M.Arch./M.D.S/M.Phil./MBA/MCA/MBBS/BPT/ B.Pharm/D.Pharm, etc
b) Branch	:	CSE / ECE / F.D / V.C / Ind. Bio - Tech. / Mech. / Prod. / Nursing / etc.
c) Semester	:	I / II / III / IV / V / VI / VII / VIII / IX / X
d) Subject Code	:	As per the University
e) Subject	:	Name of the Subject
f) Question Paper No.	:	Given in the Question Book
g) Date	:	The date on which the exam is attended
h) Session	:	Mention the exam is conducted during Fore Noon or After Noon (FN/AN)
i)No. of pages	:	Total No. of pages used in the Answer Book for writing the exam.

Note : Do not write Name anywhere on the Answer Sheet.
Do not write your Register Number excepting the space provided.

6. Use both side of the Answer Book for writing.
7. Answers must be written in blue / black ink only.
8. Do not write in the margin.
9. Possession of ID card & Exam Hall Ticket is mandatory and has to be produced on demand.
10. Log Books, Reference Tables, hand Books, etc., must be attested by the Dept. HOD / Chief Superintendent / Hall Superintendent.
11. Borrowing is strictly prohibited.
12. Candidates are not allowed to enter the examinations hall 30 minutes after commencement of the exam and should not leave the hall during first 30 minutes.
13. Distinguishing Mark on the Answer Sheet for identifications is prohibited & punishable.
14. Possession of any incriminating material like Digital Memory Devices such as Cell Phones, Pagers, Programmable Calculators, etc and Malpractice of any nature is punishable as per rules.

ESSAY

1) H1N1 influenza.

- it is highly infectious disease, caused by influenza A virus.
- many strains are there.
- It can spread from one person to other person by direct contact.
- where the pig ~~used~~ farms are near by.
- where the pig is infected, while take care of pigs in cattle it can spread.
- It can spread through the droplet.

clinical features.

Symptoms.

- it start with common cold.
- fever will be present.
- As the disease progress there will be difficulty in breathing.
- nausea and vomiting.
- patient complaints of severe myalgia, athralgia etc:-
- fatiganess.

Signs.

pressure of bronchi

or crepitations will be there.

~~symmetrical sign~~.

Diagnosis.

~~Wells~~ wells criteria is

- There will be one diagnosed case of H1N1 in that area.
- There will be a travelling history to a pandemic ~~H~~ H1N1 area.
- There will be atleast a contact with a patient.

Investigation.

* Blood count, DC, TLC,
* ESR will be elevated due to infection.
* X-ray to find out any abnormality in the chest; lung.
* LFT.

Complications.

* Acute Respiratory distress Syndrome.
* Pleural effusion.
* Pneumonia.

Managment:-

* when the First Case is reporting. educate the people about the importance, how it spreads and how to stop spreading and all.
* Personal Care, Frequent washing of the hands using soap.
* If not dirty also, use alcohol based Santitizers.

* wear mask.
* people should maintain a 6 feet distance while talking.
* when a person is a family having the disease, isolate him and gave him all supports.
* stop the schools for awhile.
* stop gathering of people for awhile.

Treatment.

there is no particular drugs,

* there supportive treatment, like
* give proper hydration,
* give mental support to the patient.
* proper nutrition.
* for fever => give antipyretic drugs.
* for myalgia ~~dan~~ give NSAIDs.

If difficulty in breathing give ventilatory support or oxygen mask.

x for people who all at risk of developing H1N1 can take vaccine for H1N1 (People who have heart disease etc.)

2] cardiomyopathy.

There are 3 types of cardio myopathy,

Dialated cardiomyopthy.
restricted cardiomyopathy
Hypertropic cardiomyopathy.

clinical features.

Symptoms.

* Difficulty in breathing.
* ~~mainly~~ first there will be exertional dyspnea, then it will progress in to dyspnea at rest.
* fatigue.
* chest pain.
* cough with expectoration.
* orthopnea
* paranoxysmal nocturnal dyspnea will ~~be~~ there ~~also if~~
* hemoptysis - if associated with stenosis or regurgitation.
*

Signs:

On examination:,

* Patient will be lean toward, for comfort breathing.
* Ventricular heave may be present-
* irregular pulse,
* Apex beat will located more laterally.
* Some time it will be associated with mitral or tricuspid regurgitation or stenosis.
* medialternal shift will be there.
* If it is associated with heart failure, there will JVP raised, Carotid pulse.
* Pheripheral edema will be there.
* Anaemia - If hemoptysis is present-
* ~~Dyspnoea~~ murmurs will be present, Some times pulmonary hypertension and edema will present.

- radio-femoral delay.

Investigations

* X-ray shows ~~the~~ caedio-thoracic ratio of more than 0.5 or more confirms caldiomyopathy.
* ECG ⇒ shows ventricular variation, if arrythymia presents, that variations also.
* ~~the~~ CT-scan ~~or~~ will give more clear image, there will be atrial and ventricular hypertrophy.
* if hemoptysis is present, then anemia will be present. - so blood hemochit.
* ECHO ⇒ shows atrial or ventricular hypertrophy.
* Complete Blood count.
* Creatine, urea level.
* Pulse oxymetry.
* ~~G~~ Kreb's B line will be at the base.

Liver functions.

Managment-

control the underlying causes and treatment for it.

* If hyperlipidemia is there treat that with drugs like ~~atorvastin~~. atorvastatin.
* If hypertensive or diabetic treat for that.
* Quit, smoking, alcohol etc.-
* Diuretics like furosemide.
* β-blockers - Labetalol, esmolol.
  or
* Calcium channel blockers like Captopril.

* digoxidis
* amidaron is good.
* Good nutrional therapy.
* Reduce the level of Sodium intake proper diet.

Detailed Answers:

3) pulmonary hypertension.

* If the arterial blood pressure greater than ~~of~~ of 25 mm Hg.

* it can be due to primary or secondary causes.

* primary cause - no underlying cause.

* Secondary to causes like :-
  * congestive heart failure.
  * Ischemic heart disease.
  * ~~Any~~ Ventricular septal defect.
  * Atrial septal defect.
  * mitral stenosis / mitral regurgitation
  * tricuspid stenosis, tricuspid regurgitation.

- Tuberculosis
- HIV.

- amyloidosis.

- nephrotic syndrome.
- SLE.

clinical features.

- chest pain
- fatigue.
- cough
- dyspnea.
- on examination, 'P' will loud and 'd' will be absent.
- JVP will raised.
- hemoptysis.

Investigation

* Complete blood count.
* X-ray ⇒ ~~arterial dilatation~~ shows arterial dilatation.
* CT - may show pulmonary odema.
* ECHO ⇒ TO know any cardiac abnormality.
* Arterial blood gas.

Management -

- restricted sodium intake.
- Proper diet.
- digoxin.
- β - blockers - labetalol, esmolol.

* calcium channel blockers ⇒
* diuretics - furosemide.
* selezanine.

* sulfanide.

* treat the underlying cause also. so then itself we can control pulmonary hypertension.

4) Diabetic foot-

In diabetic patients, after a maximal of 10 years, these patients will develop a diabetic foot.

- The loss these sense of in the foot.
- There will loss of sense of touch, vibration, pripioception etc:-

* ~~there will~~ The patient will feel like walking in sand.

* it happens due to neuropathy.

* The nerves to ~~legs~~ legs will be affected.

* There will blackish discoloration of the foot.

* it can be change to diabetic ulcer if there happens a wound and causes ulcer.

• management:

• keep the diabetes in control below < 90 in fasting.

• use MCR - chappels.

* Dont use Hight compressions.

* use anti hyperglycemic drugs like Metformin, sipaglibris etc:- to control the diabetes.

* take care of the foot, because of the patient lost his sensation he may can't know when a wound happens. so take care.

* take care of the nails and fingers from the Fungal infections

* If any infection happens and can't control means, amputation have to do.

7) Achalasia of oesophagus.

* Achalasia of oesophagus happens because of neuro inhibitory process and not relaxation of the lower oesophageal sphincter.

* ~~those of imaging those~~

* patient complaints of dysphagia, even for liquid ~~and~~ substance also.

* on imagining there will dialation of the proximal end of esophagus and ~~narrowing~~ or beak like appearence of lower part.

Treatment.

- Ipatropium bromide, helps to relax the lower oesophageal sphincter.
- Anti ~~reflux~~ inhibitor also used for treatment.
- dialation using ballooning.
- Recurrence happens with patients who esophageal reflux etc.-

8) Effects of radiation exposure.

(*) radiation exposure can be used as a treatment for many medical conditions like, ~~cancer, etc~~ many cancers.

(*) For pregnant ladies, maximum radiation is 500 rads.

above that it will affects the fetal growth.,

there will fetal growth restriction, can cause death also.

* for small kids, it will affect- there bone growth, there skin etc.-

* so normally for everyone, it will affects the growth of the human ~~beeee~~ being.

* it will affects the bone, skin,

* for eyes => can cause blindness.

* & can cause cancers also because of high radiation.

* if radiation we are giving a large amount a gama / beta rays to the body.

* It will destroy the cells and arrest the growth there. causing permanent killing of the cells.

* loss of water from body.
* Skin texture will change.
* Skin will lost its elasticity, lustre.
* ion contents everything will lost.

Short Answers.

9) Gramma - glutamyl transferase.

helps to differentiate between alcohol or non-alcohol consumption.

10) Acyclovir

- It is a antiviral drug.
- used for disease like, varicella zosters, herpes zosters.
  about dosage of 400 mg.

11) Causes of hypothyroidism.

- in tropical areas due to ~~idoni~~ Iodine deficiency.
- increased need during pregnancy.
- Any tumor in the pituatory
- during puberty.
- Iron deficiency.
- pituatory adenoma.
- Acromegaly.

12) Causes for delayed puberty.

(*) pituatory tumors.
(*) nephrotic cyndrome:- due to GH secretion problems.

- hypothyroidism.
- malnutrient person.
- Sheehan's syndrome.

13) CURB 65 :- criteria for the admission of the pneumonia.

C – count below < 2000.

U – urea above > 20 mg/dl

R – respiratory rate > 30.

B – Blood pressure

systolic < 90 mmHg.

diastolic < 60 mmHg.

Age above patient 65.

5) Chronic fatigue syndrome.

* It is a physcological disorder,

* the person ~~feels~~ feels always fatigue.

~~but due to some personal pro~~, the person belive that he or she sicks everytime. he have a big disease.

* So ~~he~~ she feels fatigue everytime.

* whatever be the emotion, he feels sick only and that person try to seek attendance from people by telling sick everytime.

* It happens they don't get enough attention from loved ones.

he or she is sad, happy or whatever she feels she is sick.

* ~~on the~~ on examination also the person will be perfectly alright.

* It may sometimes associated with nausea., fear, anxiety etc:-

management-

* give counselling telling the patient good in health.
* give him iron and vitamin tablets so they can believe after having this medicine they will be alright.
* give mental support.

6) Myelodysplastic Syndromes.

* It is chronic proliferation of bone marrow disease.

~~bone dysplasia~~.

* happens due to thrombocytopenia.

* In investigation PTT Prolonged.

* ~~cock~~ cytopenia and count will be < 2000.

* treatment ⇒ chemotherapy
⇒ Radiotherapy.
⇒ Bone marrow transplantation