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# FMGE NEET PG Review 2019

## 285 Latest Questions With Explanations of FMGE June 2019

**Useful for NEET PG-FMGE-DNB Aspirants**

Armaan Chourasiya (Bhupendra)

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# Contents

*Color Plates (Image-based Questions)*

**MCQs with Explanations—June 2019** **1–106**

# MCQs WITH EXPLANATIONS JUNE 2019

**1. Which of the following is treatment chemoprophylaxis for *Cryptococcus*?**

a. Fluconazole
b. Itraconazole
c. Ketaconazol
d. Oxiconazole

**Ans. a. Fluconazole**

*(Ref: Essentials of Medical Pharmacology KDT 8th edition, page 232)*

- Cryptococcosis that does not affect the central nervous system can be treated with fluconazole alone.
- Fluconazole is an antifungal medication used for a number of fungal infections. This includes candidiasis, blastomycosis, coccidiodomycosis, cryptococcosis, histoplasmosis, dermatophytosis, and pityriasis versicolor.
- It is also used to prevent candidiasis in those who are at high risk such as following organ transplantation, low birth weight babies, and those with low blood neutrophil counts. It is given either by mouth or by injection into a vein.

**2. Erythema infectiosum is caused by which of the following?**

a. Parvovirus
b. Adenoviruses
c. Herpesviruses
d. Poxviruses

**Ans. a. Parvovirus**

*(Ref: Ananthanarayan and Paniker's Textbook of Microbiology 10th edition, page 332)*

- Erythema infectiosum or fifth disease is one of several possible manifestations of infection by parvovirus B19.
- The name "fifth disease" comes from its place on the standard list of rash-causing childhood diseases, which also includes measles (first), scarlet fever (second), rubella (third), Dukes' disease (fourth, but is no longer widely accepted as distinct), and roseola (sixth).



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**3. Which of the following conditions causes oligohydramnios?**

a. Pelvic kidney
b. PKD
c. Renal agenesis
d. Renal ectopia

**Ans. c. Renal agenesis** *(Ref: Langman's Medical Embryology 11th edition, page 54)*

- Renal agenesis, Bilateral
- Synonyms of Renal Agenesis, Bilateral
  - Kidney Agenesis
  - Renal Agenesis

## General Discussion

Bilateral renal agenesis is the absence of both kidneys at birth. It is a genetic disorder characterized by a failure of the kidneys to develop in a fetus. This absence of kidneys causes a deficiency of amniotic fluid (oligohydramnios) in a pregnant woman. Normally, the amniotic fluid acts as a cushion for the developing fetus. When there is an insufficient amount of this fluid, compression of the fetus may occur resulting in further malformations of the baby.

This disorder is more common in infants born of a parent who has a kidney malformation, particularly the absence of one kidney (unilateral renal agenesis). Studies have proven that unilateral renal agenesis and bilateral renal agenesis are genetically related.

### Signs and Symptoms

Bilateral renal agenesis is characterized by the absence of kidneys and of urine in a baby. The face usually consists of wide-set eyes; a "parrot beak" nose; a receding chin, and large low set ears deficient in cartilage.

Potter sequence is the atypical physical appearance of a baby due to oligohydramnios experienced when in the uterus. It includes clubbed feet, pulmonary hypoplasia and cranial anomalies related to the oligohydramnios. Oligohydramnios is the decrease in amniotic fluid volume sufficient to cause deformations in morphogenesis of the baby.

**4. Aerosol drug used for treatment of RSV infection in a child is:**

a. Ribavirin
b. Amantadine
c. Indinavir
d. Tenofovir

**Ans. a. Ribavirin** *(Ref: Essentials of Medical Pharmacology KDT 8th edition, page 453)*

Ribavirin is an antiviral drug that was approved by the Food and Drug Administration (FDA) in 1986 for aerosol treatment of serious respiratory syncytial virus (RSV) infections in hospitalized children.

Ribavirin has a broad spectrum of antiviral activity in vitro, where it inhibits replication of RSV, influenza, parainfluenza, adenovirus, measles, Lassa fever, and Hantaan viruses. Proof of efficacy for human infection has been obtained in double-blind placebo-controlled studies of RSV, Lassa fever, and Korean hemorrhagic fever.

Ribavirin, also known as tribavirin, is an antiviral medication used to treat RSV infection, hepatitis C, and viral hemorrhagic fever. For hepatitis C, it is used in combination with other medications such as simeprevir, sofosbuvir, peginterferon alfa-2b or peginterferon alfa-2a. Among the viral hemorrhagic fevers it is used for Lassa fever, Crimean–Congo hemorrhagic fever, and Hantavirus infection but not Ebola or Marburg. Ribavirin is taken by mouth or inhaled.

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**5. Secretion of prolactin is inhibited by which of the following?**

a. Adrenaline
b. Nor-adrenaline
c. Serotonin
d. Dopamine

**Ans. d. Dopamine**

*(Ref: Guyton and Hall 13th edition, page 232)*

Dopamine serves as the major prolactin-inhibiting factor or brake on prolactin secretion. Dopamine is secreted into portal blood by hypothalamic neurons, binds to receptors on lactotrophs, and inhibits both the synthesis and secretion of prolactin. Agents and drugs that interfere with dopamine secretion or receptor binding lead to enhanced secretion of prolactin.

In addition to tonic inhibition by dopamine, prolactin secretion is positively regulated by several hormones, including thyroid-releasing hormone, gonadotropin-releasing hormone and vasoactive intestinal polypeptide. Stimulation of the nipples and mammary gland, as occurs during nursing, leads to prolactin release. This effect appears to be due to a spinal reflex arc that causes release of prolactin-stimulating hormones from the hypothalamus.

In women the major action of prolactin is to initiate and sustain lactation. In breast-feeding mothers, tactile stimulation of the nipples and the breast by the suckling infant blocks the secretion of hypothalamic dopamine (which normally inhibits prolactin) into the hypophyseal-portal circulation of the pituitary gland. This results in a sharp rise in serum prolactin concentrations, followed by a prompt fall when feeding stops. High serum prolactin concentrations inhibit secretion of gonadotropin-releasing hormone (GnRH) from the hypothalamus, thereby decreasing the secretion of gonadotropins [luteinizing hormone (LH) and follicle-stimulating hormone (FSH)], and may also inhibit the action of gonadotropins on the gonads. Thus, high serum prolactin concentrations during lactation reduce fertility, protecting lactating women from a premature pregnancy.

**6. Which of the following drug is a selective COX-2 inhibitor?**

a. Etoricoxib
b. Ketorolac
c. Nimesulide
d. Piroxicam

**Ans. a. Etorocoxib**

*(Ref: Essentials of Medical Pharmacology KDT 8th edition, page 325)*

- Etoricoxib (Arcoxia) is a selective COX-2 inhibitor from Merck & Co. Currently it is approved in more than 80 countries worldwide but not in the US, where the FDA has required additional safety and efficacy data for etoricoxib before it will issue approval.
- It was patented in 1996 and approved for medical use in 2002.
- Some COX-2 inhibitors are used in a single dose to treat pain after surgery.
- Selective COX-2 inhibitors are a type of nonsteroidal anti-inflammatory drug (NSAID) that directly targets cyclo-oxygenase-2, COX-2, an enzyme responsible for inflammation and pain. Targeting selectivity for COX-2 reduces the risk of peptic ulceration, and is the main feature of celecoxib, rofecoxib and other members of this drug class.

**7. Which of the following is a mood stabilizer?**

a. Citalopram
b. Paroxetine
c. Escitalopram
d. Lithium

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**Ans. d. Lithium** *(Ref: Essentials of Medical Pharmacology KDT 8th edition, page 431)*

Mood stabilizers represent a class of drugs that are efficacious in the treatment of bipolar disorder. The most established medications in this class are lithium, valproic acid, and carbamazepine. In addition to their therapeutic effects for treatment of acute manic episodes, these medications often are useful as prophylaxis against future episodes and as adjunctive antidepressant medications.

**Which drugs are mood stabilizers?**

The five individual drugs that can be used as mood stabilizers are:

- Lithium (Camcolit, Liskonum, Priadel, Lithonate, Litarex, Li-liquid)
- Carbamazepine (Tegretol)
- Lamotrigine (Lamictal)
- Valproate (Depakote, Epilim)
- Asenapine (Sycrest).

**8. Which of the following is long acting broncho-dilator?**

a. Terbutaline
b. Adrenaline
c. Formoterol
d. Salbutamol

**Ans. c. Formoterol** *(Ref: Essentials of Medical Pharmacology KDT 8th edition, page 126)*

**Short-acting β-agonists:** Such as salbutamol, are specific to the lungs; they are called β2-adrenergic agonists and can relieve bronchospasms without unwanted cardiac side effects of nonspecific β-agonists (e.g. ephedrine or epinephrine).

**Long-acting β-agonists:** These are long-term medications taken routinely in order to control and prevent bronchoconstriction.

Commonly taken twice a day with an anti-inflammatory medication, they maintain open airways and prevent asthma symptoms, particularly at night.

Salmeterol and formoterol are examples of these.

**Anticholinergic:** tiotropium (Spiriva) and ipratropium bromide.

Tiotropium is a long-acting, 24-hour, anticholinergic bronchodilator used in the management of chronic obstructive pulmonary disease (COPD).

**9. Which of the following does not cause endometrial cancer?**

a. Obesity
b. Diabetes
c. Hypothyroidism
d. Menopause

**Ans. c. Hypothyroidism** *(Ref: DC Dutta's Textbook of Obstetrics 9th edition, page 401)*

Endometrial cancer is cancer that starts in the endometrium, the lining of the uterus (womb).

**Causes:** Endometrial cancer is the most common type of uterine cancer. The exact cause of endometrial cancer is not known. An increased level of estrogen hormone may play a role. This stimulates the buildup of the lining of the uterus. This can lead to overgrowth of the endometrium and cancer.

Most cases of endometrial cancer occur between the ages of 60 and 70. A few cases may occur before age 40.

The following factors related to your hormones increase your risk for endometrial cancer:

- Estrogen replacement therapy without the use of progesterone
- History of endometrial polyps

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- Infrequent periods
- Never being pregnant
- Obesity
- Diabetes
- Polycystic ovary syndrome (PCOS)
- Starting menstruation at an early age (before age 12)
- Starting menopause after age 50
- Tamoxifen, a drug used for breast cancer treatment.

Women with the following conditions also seem to be at a higher risk for endometrial cancer:

- Colon or breast cancer
- Gallbladder disease
- High blood pressure.

Endometrial cancer (EC) is one of the most common gynecological malignancies. Obesity, diabetes mellitus, hypertension, a continuous estrogen supply unopposed by progesterone, infertility, nulliparity, and tamoxifen use are widely accepted to be in involved in the pathogenesis of EC. Clinicians do not usually test the thyroid function of patients with EC, but, interestingly, hypothyroidism has been reported to be a common complication of EC, leading us to consider whether hypothyroidism is also a risk factor for EC. Currently, evidence on the direct relationship between hypothyroidism and EC is unavailable.

**10. Healthy volunteers participate in which phase of clinical trial?**

a. Phase 1 b. Phase 2
c. Phase 3 d. Phase 4

**Ans. a. Phase 1**

*(Ref: Park's Textbook of Preventive and Social Medicine 25th edition, page 324)*

Healthy volunteers in phase 1 clinical trials contribute to the development of safe drugs and other biologics and accept risks and burdens without anticipated health benefits from participation.

Although emerging data have shown that healthy volunteers are influenced by risk, some still worry that financial incentives lead them to take on unreasonable risk. Yet little is known about healthy volunteers' preferences and how they make choices about enrolling in research studies.

**11. A patient presented with 3rd nerve palsy with contralateral hemiplegia. Which syndrome is this?**

a. Weber's syndrome b. Lateral pontine syndrome
c. Medial medullary syndrome d. Medial pontine syndrome

**Ans. a. Weber's syndrome** *(Ref: Gray's Anatomy 41st edition, page 211)*

- Weber's syndrome, also known as superior alternating hemiplegia, is a form of stroke characterized by the presence of an ipsilateral oculomotor nerve palsy and contralateral hemiparesis or hemiplegia. It is caused by midbrain infarction as a result of occlusion of the paramedian branches of the posterior cerebral artery or of basilar bifurcation perforating arteries.
- It is caused by midbrain infarction as a result of occlusion of the paramedian branches of the posterior cerebral artery or of basilar bifurcation perforating arteries.

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- Clinical findings mainly eyeball is down and out ipsilateral lateral squint. Ptosis present. Pupil dilated and fixed as lipopolysaccharide (LPS) nerve supply is disrupted. Contralateral hemiplegia CT scan or MRI might help in delineating the cause or the vessel or region of brain involved in stroke.

**12. Treatment of keloid:**

a. Intralesional triamcinolone acetonide
b. Radiotherapy
c. Anti-metabolites
d. Corticoids

**Ans. a. Intralesional triamcinolone acetonide**

*(Ref: Bailey & Love's Short Practice of Surgery, 27th edition, page 219)*

The best treatment is prevention in patients with a known predisposition. This includes preventing unnecessary trauma or surgery (including ear piercing, elective mole removal), whenever possible. Any skin problems in predisposed individuals (e.g. acne, infections) should be treated as early as possible to minimize areas of inflammation.

Treatment of a keloid scar is age dependent. Radiotherapy, anti-metabolites and corticoids would not be recommended to be used in children, in order to avoid harmful side effects, like growth abnormalities.

In adults, corticosteriods combined with 5-FU and PDL in a triple therapy, enhance results and diminish side effects.

Further prophylactic and therapeutic strategies include pressure therapy, silicone gel sheeting, intralesional triamcinolone acetonide (TAC), cryosurgery, radiation, laser therapy, IFN, 5-FU and surgical excision as well as a multitude of extracts and topical agents.

**13. Triple test for Down syndrome consists of all *except*:**

a. AFP
b. Estriol
c. Beta HCG
d. Inhibin alpha

**Ans. d. Inhibin alpha** *(Ref: DC Dutta's Textbook of Obstetrics 9th edition, page 341)*

The triple test measures the following three levels in the maternal serum:

1. Alpha-fetoprotein (AFP)
2. Human chorionic gonadotropin (hCG)
3. Unconjugated estriol (UE3)

The triple test, also called triple screen, the Kettering test or the Bart's test, is an investigation performed during pregnancy in the second trimester to classify a patient as either high-risk or low-risk for chromosomal abnormalities (and neural tube defects).

The most common abnormality the test can screen is trisomy 21 (Down syndrome). In addition to Down syndrome, the triple and quadruple screens assess risk for fetal trisomy 18 also known as Edward's syndrome, open neural tube defects, and may also detect an increased risk of Turner syndrome, triploidy, trisomy 16 mosaicism, fetal death, Smith–Lemli–Opitz syndrome, and steroid sulfatase deficiency.

### Quadruple Test

A test of levels of dimeric inhibin A (DIA) is sometimes added to the other three tests, under the name "quadruple test".

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Other names used include "quad test", "quad screen", or "tetra screen." Inhibin A will be found high in cases of trisomy 21 and low in cases of trisomy 18.

| Inhibin A | Associated conditions |
|---|---|
| High | Trisomy 21 (Down syndrome) |
| Low | Trisomy 18 (Edwards syndrome) |
| Variable | Trisomy 13 (Patau syndrome) |

**14. Jaundice is clinically visible when bilirubin level is more than:**

a. >3 mg/dL
b. >0.5 mg/dL
c. >1 mg/dL
d. >2 mg/dL

**Ans. a. >3 mg/dL** *(Ref: Guyton and Hall 13th edition, page 209)*

- Causes of jaundice vary from non-serious to potentially fatal. Levels of bilirubin in blood are normally below 1.0 mg/dL (17 µmol/L) and levels over 2–3 mg/dL (34–51 µmol/L) typically results in jaundice.
- High bilirubin is divided into two types: (1) unconjugated (indirect) and (2) conjugated (direct).
- The main sign of jaundice is a yellowish discoloration of the white area of the eye and the skin.
- Urine is dark in color. Slight increases in serum bilirubin are best detected by examining the sclera, which have a particular affinity for bilirubin due to their high elastin content.
- The presence of scleral icterus indicates a serum bilirubin of at least 3 mg/dL.

**15. Greenish color in putrefaction is due to formation of:**

a. Sulfhemoglobinemia
b. Methemoglobinemia
c. Carboxyhemoglobinemia
d. Oxyhaemoglobin

**Ans. a. Sulfhemoglobinemia** *(Ref: Robbins Basic Pathology 10th edition, page 675)*

Sulfhemoglobinemia is a rare condition in which there is excess sulfhemoglobin (SulfHb) in the blood. The pigment is a greenish derivative of hemoglobin which cannot be converted back to normal, functional hemoglobin. It causes cyanosis even at low blood levels.

It is a rare blood condition that occurs when a sulfur atom is incorporated into the hemoglobin molecule. When hydrogen sulfide ($H_2S$) (or sulfide ions) and ferric ions combine in the blood, the blood is incapable of carrying oxygen.

**16. Management of olecranon fracture:**

a. Tension band wiring
b. Intramedullary fixation and plates
c. Excision
d. Triceps advancement

**Ans. a. Tension band wiring**

*(Ref: Rockwood and Green's Fractures in Adults 8th edition, page 33)*

Olecranon fracture is a fracture of the bony portion of the elbow. The injury is fairly common and often occurs following a fall or direct trauma to the elbow. The olecranon is the proximal extremity of the ulna which is articulated with the humerus bone and constitutes a part of the elbow articulation. Its location makes it vulnerable to direct trauma.

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- **Displaced fractures:** Most olecranon fractures are displaced and are best treated surgically.
- **Tension band fixation:** Tension band fixation is the most common form of internal fixation used for non-comminuted olectranon fractures. It is typically reserved for noncomminuted fractures that are proximal to the coronoid. This procedure is performed using Kirschner wire (K-wires) which converts tensile forces into compressive force.
- **Intramedullary fixation and plates:** Single intramedullary screws can be used to treat simple transverse or oblique fractures. Plates can be used for all proximal ulna fracture types including Monteggia fractures, and comminuted fractures.
- **Excision and triceps advancement:** This method is indicated for cases when open reduction and internal fixation is unlikely to be successful. For example, extensive comminutions, elderly patients with osteoporotic bone, and small or non-union fractures.

**17. Which of the following is done to study the prevalence?**

a. Cohort study
b. Cross-sectional study
c. Case-control studies
d. Panel study

**Ans. b. Cross-sectional study**

*(Ref: Park's Textbook of Preventive & Social Medicine 25th edition, page 329)*

A cross-sectional study (also known as a cross-sectional analysis, transverse study, prevalence study) is a type of observational study that analyzes data from a population, or a representative subset, at a specific point in time—i.e. cross-sectional data.

In medical research, cross-sectional studies differ from case-control studies in that they aim to provide data on the entire population under study, whereas case-control studies typically include only individuals with a specific characteristic, with a sample, often a tiny minority, of the rest of the population. Cross-sectional studies are descriptive studies (neither longitudinal nor experimental). Unlike case-control studies, they can be used to describe, not only the odds ratio, but also absolute risks and relative risks from prevalences (sometimes called prevalence risk ratio, or PRR).

They may be used to describe some feature of the population, such as prevalence of an illness, or they may support inferences of cause and effect. Longitudinal studies differ from both in making a series of observations more than once on members of the study population over a period of time.

**18. Most common part affected in intestinal TB is:**

a. Ileocecal region
b. Esophagus
c. Stomach
d. Colon

**Ans. a. Ileocecal region** *(Ref: Robbins Basic Pathology 10th edition, page 430)*

- The most common site of the gastrointestinal TB is ileocecal location (ileocecal TB), followed by jejunum and colon. The esophagus, stomach and duodenum are rarely involved.
- The most common site of involvement of the gastrointestinal tuberculosis is the ileocaecal region. Ileocaecal and small bowel tuberculosis presents with a palpable mass in the right lower quadrant and/or complications of obstruction, perforation or malabsorption especially in the presence of stricture.

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**19. Color of nitrous oxide cylinder is:**

a. White
b. Black
c. Blue
d. Blue body with white shoulder

**Ans. c. Blue** *(Ref: Morgan and Mikhail's Clinical Anesthesiology, 6th edition, Page 239)*

| Gas | USA | International |
|---|---|---|
| Oxygen | Green | White |
| Carbon dioxide | Gray | Gray |
| Nitrous oxide | Blue | Blue |
| Helium | Brown | Brown |
| Nitrogen | Black | Black |
| Air | Yellow | White and black |

Nitrous oxide, commonly known as laughing gas or nitrous, is a chemical compound an oxide of nitrogen with the formula $N_2O$. At room temperature, it is a colorless non-flammable gas, with a slightly metallic scent and taste. At elevated temperatures, nitrous oxide is a powerful oxidizer similar to molecular oxygen. The cylinders used to store the nitrous oxide are of blue color.

**20. Drug of choice for treatment of Alzheimer's disease:**

a. Atropine
b. Donepezil
c. Fluoxetine
d. Physostigmine

**Ans. b. Donepezil** *(Ref: Essentials of Medical Pharmacology KDT 8th edition, page 651)*

| Treatment of choice | |
|---|---|
| 1. Erythrodermic psoriasis | Methotrexate |
| 2. Psoriatic arthropathy | • Methotrexate |
| 3. Severe erythrodermic psoriasis | Cyclosporine |
| 4. Pustular psoriasis | Acitretin (Retinoid) |
| 5. Impetigo herpetiformis | Systemic steroids |
| 6. Arthritis mutilans | Etanercept |
| 7. Guttate psoriasis | Macrolide |
| 8. Genital warts imiquimod | • Podophyllin (CI in pregnancy) |
| 9. Genital warts in pregnancy | Cryotherapy > Trichloroacetic acid |
| 10. Syphilis | Benzathine penicillin 2.4 million units |
| 11. Neurosyphilis | Aqueous penicillin |
| 12. Herpes | Acyclovir or foscarnet |
| 13. Donovanosis | Azithromycin or doxycycline |
| 14. LGV | Doxycycline or tetracycline |
| 15. Chancroid | Ceftriaxone > Azithromycin |

*Contd…*

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*Contd…*

| Treatment of choice | |
|---|---|
| 16. *Neisseria* | Ceftriaxone |
| 17. *Cryptococcus* | Induction: Amphotericin maintenance: Fluconazole |
| 18. *Pneumocystis carinii* | Cotrimoxazole* 14d (21d in HIV) |
| 19. Invasive aspergillosis | Voriconazole |
| 20. Aspergillosis | Itraconazole |
| 21. *Sporothrix* | Itraconazole |
| 22. Blastomycosis | Amphotericin B |
| 23. Coccidioidomycosis | Itraconazole |
| 24. Paracoccidioidomycosis | Itraconazole |
| 25. Dermatitis herpetiformis | Gluten free diet > Dapsone (DOC) |
| 26. Pemphigus vulgaris | Prednisolone |
| 27. Porphyria cutanea tarda | Venesection > Low dose chloroquine |
| 28. Xerostomia | Cevimeline (muscarinic agonist) |
| 29. Atropine (*Belladonna* poison) | Physostigmine |
| 30. Alzheimer's disease | Donepezil (Tertiary carbamate) |
| 31. Diagnosis of myasthenia | Edrophonium |
| 32. Myasthenia gravis | Pyridostigmine |
| 33. Open angle glaucoma | Prostaglandins analogs |

| Drug agent | Doc for |
|---|---|
| Streptomycin | 1. Tularemia |
| Oseltamivir | 2. Influenza |
| Tetracaine | 3. Spinal anesthesia |
| Amytriptyline | 4. Multiple sclerosis |
| Betaxolol | 5. Emergency HTN beta blocker |
| Oxytocin | 6. Postpartum hemorrhage |
| Neostigmine | 7. Myasthenia gravis |
| Promethazine | 8. Delayed HTNivity reaction |
| Levodopa | 9. Parkinsons |
| Codeine | 10. Dry itchy cough |
| Chloramphenicol | 11. Typhoid fever |
| Vancomycin | 12. Pseudomembranous colitis |
| Acyclovir | 13. Herpes |
| Metronidazole | 14. Trichomoniasis |
| Lithium carbonate | 15. Mania |
| Omeprazole | 16. Peptic ulcer |
| ORS | 17. Mainstay for diarrhea |
| Diazepam | 18. Status epilepticus |

*Contd…*

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*Contd…*

| Drug agent | Doc for |
|---|---|
| Phenobarbital | 19. Status epilepticus in children |
| Oxytocin | 20. Postpartum breast engorgement |
| Belladonna | 21. Neostigmine induced diarrhea |
| Epinephrine | 22. Anaphylactic shock |
| Ergotamine | 23. Migraine |
| Ferrous sulfate | 24. Microcytic anemia |
| Carbon dioxide | 25. Persistent hiccups |
| Ipratropium bromide | 26. Bronchospasm with COPD |
| Imipramine | 27. Enuresis |
| Tegaserod | 28. Constipation due to IBS in women |
| Misoprostol | 29. GI ulceration |
| Mannitol | 30. Cerebral edema |
| Mannitol | 31. Intracranial pressure |
| Diuretic | 32. Mild HTN |
| Carbamazepine | 33. Psychomotor seizure |
| Mupirocin | 34. Impetigo |
| Nitroprusside | 35. Hypertensive crisis |
| Carbamazepine | 36. Trigeminal neuralgia |

**21. Mechanism of action of atropine in treatment of organophosphate poisoning is:**

a. It inhibits secretion of acetylcholine
b. It is re-activator of acetylcholine esterase enzyme
c. It is agonist of acetylcholine receptors
d. It has antimuscarinic activity

**Ans. d. It has antimuscarinic activity**

*(Ref: Essentials of Medical Pharmacology KDT 8th edition, page 341)*

- Atropine can be used as an antidote in conjunction with pralidoxime or other pyridinium oximes (such as trimedoxime or obidoxime), though the use of "-oximes" has been found to be of no benefit, or to be possibly harmful, in at least two meta-analyses.
- Atropine is a muscarinic antagonist, and thus blocks the action of acetylcholine peripherally.
- In general, atropine counters the "rest and digest" activity of glands regulated by the parasympathetic nervous system. This occurs because atropine is a competitive, reversible antagonist of the muscarinic acetylcholine receptors (acetylcholine being the main neurotransmitter used by the parasympathetic nervous system).
- Atropine is a competitive antagonist of the muscarinic acetylcholine receptor types M1, M2, M3, M4 and M5. It is classified as an anticholinergic drug (parasympatholytic).

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# FMGE/NEET PG Review 2019

***Salient Features***

- Questions based on new pattern of NBE
- Genuine questions with explanation of FMGE June 2019 examination
- Genuine image-based questions of FMGE/NEET-PG/DNB
- Important for FMGE/NEET-PG/DNB aspirants.

**Armaan Chourasiya (Bhupendra)** (CEO of MCI Gurukul) is a well-known motivational speaker and author of national and international fame for medical books on PG and MCI screening examination (FMGE) on international platform. He has been invited as a motivational speaker in around 10+ countries and more than 50+ world reputed medical universities where he motivated thousands of students and taught them the basic orientation of FMGE and NEET-PG. He is author of around 15 PG and MCI books and his previous best-selling books were, *FMGE Self Assessment & Review 2012, NEET PG- FMGE Self Assessment & Review 2013, Pass FMGE in 15 Days, AIPGMEE-FMGE Self Assessment & Review 2014, CBT Prometric MCI Screening Test 2012-2015,* and *Last Hour Review for AIPGMEE/FMGE/DNB 2016*

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