THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[MBBS 0324] MARCH 2024 Sub. Code :6081

M.B.B.S. DEGREE EXAMINATION

(For the candidates admitted from the Academic Year 2019-2020)

THIRD PROFESSIONAL PART II - (CBME)

PAPER I - GENERAL MEDICINE

Q.P. Code: 526081

Time: Three hours **Maximum : 100 Marks (80 Theory + 20MCQs)**

Answer all the Questions

I. Elaborate on: **(3 x 10 = 30)**

1. A 60 year old woman who is a known Hypertensive for the past 4 years presents to the Emergency Room with history of diffuse chest pain for the past 2 hours. Her pain did not subside with rest and was radiating to the jaw and left shoulder. She also had profuse sweating and on examination she was conscious, her peripheries were cold and clammy. Her pulse rate was 110/min, low volume pulse, Blood Pressure 80/60mmHg, Jugular Venous pressure raised. On auscultation third heart sound heard and basal crackles present.
   a) What is the probable clinical diagnosis?
   b) What is the first investigation that can be done at the bedside to confirm the diagnosis? What are the sequential changes expected in the investigation?
   c) Enumerate the biomarkers that need to be done in this patient?
   d) How to go about managing this patient?
   e) Enlist the complications expected in this patient?

2. A 18 year old female patient hailing from a village is brought with alleged history of poisoning. Her mother gives history that the patient had consumed half a tube of Rat killer paste about 4 hours back. Patient is conscious, oriented, vitals stable and systemic examination unremarkable
   a) What is the first line of management?
   b) What are the clinical features and complications you expect in the patient?
   c) How to manage the complications?

II. Write notes on: **(10 x 5 = 50)**

1. Enumerate the causes and Management of Pre Renal Acute Kidney Injury.
2. Clinical features and management of Scrub Typhus.
3. Define syncope. Enumerate the three principal mechanisms that underlie recurrent syncope. Enlist a few differential diagnosis for syncope.
4. Enumerate acute infectious causes of food poisoning.
5. Classification of Endogenous Cushing's syndrome. What are the investigations to be done to determine the underlying cause?
6. Diagnostic criteria, supporting diagnostic features and treatment in Irritable Bowel syndrome.
7. Indications of Allogenic Haematopoeitic Stem Cell Transplantation and complications of the same.
8. Criteria for the classification for Systemic Lupus Erythematosis.
9. Discuss the pathophysiology, clinical features and management of Hypomagnesemia.
10. A 45 year old admitted in critical care unit following Road Traffic Accident is declared brain dead. The patients relatives want to know regarding the medicolegal issues, socio economic and ethical issues regarding organ donation. As the treating physician how will you explain to them?

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THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[MBBS 0524] **MAY 2024** **Sub. Code :6081**

M.B.B.S. DEGREE EXAMINATION
(For the candidates admitted upto the Academic Year 2018-2019)

THIRD PROFESSIONAL PART II – SUPPLEMENTARY (CBME)
PAPER I - GENERAL MEDICINE - I
Q.P. Code: 526081

Time: Three hours **Maximum : 100 Marks (80 Theory + 20MCQs)**

Answer all the Questions

I. Elaborate on: **(2 x 15 = 30)**

(2+4+4+5)

1. A 75 year old man presents to the out-patient department with progressive weight loss for 3 months, fatigue and malaise. He had lost up to 10 kgs. On Examination patient was ill built and ill nourished. Otherwise general examination was uneventful. On systemic examination, patient had a palpable spleen measuring about 9cms. No other organomegaly. His Complete blood count showed the following :

   Total Count -39,250 cells / cmm
   Differential count -Neutrophils 67%, Lymphocytes 7%, Monocytes 2%, basophils 4%, Eosinophils 3%, Bands 3%, Metamyelocytes 5%, Myelocytes 9%
   RBC 4.37 M /cmm
   Haemoglobin 13gm/dl
   MCV 92 fl
   MCH 29.7 pg
   MCHC 32.5
   Platelets 1,98,000/cmm
   RDW -13.1%

   a) What is the probable diagnosis?
   b) What are the differential diagnosis for a patient presenting with palpable spleen of 9cms?
   c) What are the other investigations necessary for this patient for confirming the diagnosis?
   d) How can this patient be managed?

(2+3+3+2+5)

2. A 25 year old male patient is admitted with persistent fever for the past one month. Patient gives history of being diagnosed with Valvular heart disease during childhood and was advised to take prophylactic treatment for the same. The patient has been on irregular treatment for the past 3 years. Now the patient has high grade fever with joint pain, unusual tiredness, night sweats and weight loss. The patient also has orthopnoea and paroxysmal nocturnal dyspnoea which he is experiencing for the first time. On Examination, patient is febrile, pallor and icterus present, painful tender swelling present in the fingertips and petechial rashes are present. The pulse was irregularly irregular.
   On systemic examination, Pansystolic murmur was heard in the mitral area and he also had a mild Hepatosplenomegaly.

a) What is the probable diagnosis?
b) What is the diagnostic criteria for the above condition?
c) Enumerate the causative agents for this condition?
d) What is the pathophysiology for the above condition?
e) How to manage the patient?

II. Write notes on: **(10 x 5 =50)**

1. Heat related illness
2. Treatment of Rheumatoid arthritis.
3. Clinical features and Management of Scorpion sting.
4. Complications of Falciparum Malaria and their immediate management.
5. Enumerate the causes and diagnosis of Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH).
6. Enumerate the causes of Hypertriglyceridemia.
7. IgA Nephropathy.
8. Thyrotoxicosis.
9. Inflammatory Bowel disease.
10. A 50 year old man brought to the hospital with status epilepticus is critically ill and needs ventilatory care. As a treating physician how will you explain to the patient's attendants regarding the condition and prognosis of the patient.

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[MBBS 0524]

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[MBBS 0325] **MARCH 2025** **Sub. Code :6081**

M.B.B.S. DEGREE EXAMINATION
(For the candidates admitted from the Academic Year 2019 - 2020)

THIRD PROFESSIONAL MBBS PART II
PAPER I - GENERAL MEDICINE
Q.P. Code: 526081

Time: Three hours **Maximum : 100 Marks (80 Theory + 20MCQs)**

Answer all the Questions

I. Elaborate on: **(2 x 15 = 30)**

(2+2+2+4+5)

1. A 55-year-old woman is admitted with history of fever and abdominal pain especially in the loin for the past 5 days. Patient had high grade fever associated with rigors. She also gave history of vomiting which was non-bilious and non-projectile. She was a diabetic for the past one year. On Examination patient was febrile, dehydrated. She had tachycardia and hypotension. On systemic examination had renal angle tenderness bilaterally. Her baseline investigations showed Total Count of 16,700 cells/cmm with Differential count of Polymorphs 89% Lymphocytes 6% and Eosinophils 5%, Haemoglobin of 11.2gm/dl. Her Random Blood sugar was 222mg/dl and Blood Urea 170mg%, serum creatinine 8mg%, Sodium 137meq/l and Potassium 4meq/l. Her past records done 2 months back showed her baseline Renal Function tests and Ultrasonogram abdomen normal.
   a) What is the diagnosis?
   b) What is the aetiology and pathogenesis for the same?
   c) What are the other investigations to be done in this patient to confirm the diagnosis?
   d) What would be the treatment approach to this patient?

(2+3+5+5)

2. A 35-year-old female presents with history of palpitations, breathlessness and fatigue for the past 6 months which has been gradually progressive. She also has significant weight loss in spite of normal appetite, diarrhoea on and off and history of heat intolerance. She has recently noticed a swelling in the neck which is not painful. On examination patient is pale, tremors and tachycardia present, lid retraction and lid lag, diffuse goitre present.
   a) What is the probable diagnosis?
   b) Enumerate the differential diagnosis?
   c) What is the approach to evaluate the patient?
   d) How to treat the patient?

II. Write notes on: **(10 x 5 = 50)**

1. Definition and aetiology of Cardiogenic Shock.

2. Clinical features and management of Severe Dengue.

3. Renal Replacement therapy.

4. Enumerate the complications of acute pancreatitis.

5. Polycythaemia rubra vera.

6. Clinical features and management of fibromyalgia.

7. Migraine.

8. A 16-year-old boy who is morbidly obese is brought to the Outpatient department by his parents. How will you counsel the boy and his parents regarding Lifestyle Modifications?

9. Management of Chronic Hepatitis B infection.

10. Clinical manifestations and management of Viper Bite.

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[MBBS 0325]

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[MBBS 0625] **JUNE 2025** **Sub. Code :6081**

M.B.B.S. DEGREE EXAMINATION
(For the candidates admitted from the Academic Year 2019-2020)

THIRD PROFESSIONAL PART II SUPPLEMENTARY EXAMINATION
PAPER I - GENERAL MEDICINE
Q.P. Code: 526081

Time: Three hours **Maximum : 100 Marks (80 Theory + 20 MCQs)**

Answer all the Questions

I. Elaborate on: **(2 x 15 = 30)**

1. A 45 years old man was admitted in the medicine department with complaints of abdominal distension for past 1-month, yellowish discolouration of eyes for the past 15 days, history of vomiting 3 episodes for one day. He is chronic alcoholic for past 15 years. On examination patient conscious, afebrile, jaundice present, flapping tremor present and vitals stable. Abdomen examination showed uniform distension with shifting dullness and mild splenomegaly.
   a) What is the diagnosis? (3)
   b) How do you investigate the above patient? (4)
   c) What is the management of hepatic encephalopathy? (4)
   d) Describe the causes of Ascites? (4)

2. A 30-year male was admitted with complaints of fever for past 5 days, headache and projectile vomiting for past 4 days. On examination patient conscious, febrile, neck stiffness, photophobia present, vitals stable. Investigation showed total count 15,000 WBCs/µL, Neutrophils 77%, Lymphocyte 18%, Eosinophil 4 %, and Monocyte 1 %.
   a) Describe the relevant investigations needed for the diagnosis in this patient? (3)
   b) Describe the management for this patient. (4)
   c) What are the complications expected and its management? (4)
   d) Etiology of Acute bacterial meningitis. (4)

II. Write notes on: **(10 x 5 = 50)**

1. Clinical features of Hypothyroidism.
2. Etiology of Community acquired pneumonia.
3. Clinical features and treatment of leptospirosis.
4. Clinical features and management of Obstructive sleep apnoea syndrome.
5. Management of Epilepsy.
6. Clinical features of Peripheral neuropathy in Diabetes mellitus.
7. Management of Deep vein thrombosis.
8. Complications of Nephrotic syndrome
9. Clinical manifestations of pulmonary tuberculosis in HIV positive patients with CD4 count < 200 cell mm3.
10. Glasgow coma scale.

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