

# DUMPSQUEEN

**Multiple-choice questions for general practitioner (GP) Doctor**

**Test Prep MCQS**

**Version Demo**

**Total Demo Questions: 15**

**Total Premium Questions: 249**

**Buy Premium PDF**

**<https://dumpsqueen.com>**

**[support@dumpsqueen.com](mailto:support@dumpsqueen.com)**

**dumpsqueen.com**

## QUESTION NO: 1

An infant boy is born at 39 weeks' gestation by way of spontaneous vaginal delivery to a healthy, 32-year-old primigravid woman. Prenatal care was appropriate and there were no problems at the time of delivery. Physical examination by the staff pediatrician is normal, with the exception of the genital examination. She observes that the urethral meatus is located on the ventral aspect of the penile shaft.

Which of the following is the most correct statement about this condition?

- A. The infant may have a circumcision now
- B. Voiding cystourethrogram should be ordered
- C. A-Circumcision should be delayed
- D. The infant may never have a circumcision

## ANSWER: C

### Explanation:

This infant has hypospadias. This condition occurs when there is incomplete invagination of ectoderm that is located at the glans penis where the normally located urethral meatus should be. When this occurs, the urethral opening is located on the ventral side of the penis, somewhere between the tip and the base of the shaft. Circumcision should never be performed directly after an infant is born with this condition (choice B). Rather, it should be delayed until approximately 6 months of age when the infant can better tolerate anesthesia. The reason to delay circumcision is because the prepuce will be needed for the plastic reconstruction that will need to be done. At the time of reconstruction, the infant will also undergo a circumcision (choice C). These patients do not have an increased risk for urinary tract infections. Therefore, a urine culture is not necessary (choice D). A voiding cystourethrogram (VCUG) allows for evaluation of the bladder, urinary reflux, and the presence or absence of posterior urethral valves. None of these conditions are associated with hypospadias

## QUESTION NO: 2

A healthy male misses his work for 3 days, he has many times a bowel movement, and it is difficult to wrest it, laboratory tests have shown very high levels of calcium.

What is parenteral treatment?

- A. Hydration
- B. Calcitonin
- C. Furosemide
- D. Phosphate

## ANSWER: A

**Explanation:**

First hydration to prevent renal injury secondary to hypercalcemia then diuretics and then calcitonin.

**QUESTION NO: 3**

The tumor, which may occur in the residual breast or overlying skin following wide local excision and radiotherapy for mammary carcinoma, is:

- A. Squamous cell carcinoma
- B. Leiomyosarcoma
- C. Angiosarcoma
- D. Basal cell carcinoma

**ANSWER: C**

**QUESTION NO: 4**

Patient with CHF (CONGESTIVE Heart Failure) loves to eat out door three times weekly.

Your advice is:

- A. Eat 4gm salt
- B. Eat salt but do exercise
- C. Eat low fat and high protein
- D. Eat without salt

**ANSWER: D**

**Explanation:**

Following a low-salt diet helps control high blood pressure and swelling (edema), as well as decrease breathing difficulties for people who have heart failure. If you have heart failure, you should consume no more than 2,000 mg (2 grams) of salt per day, and less than 1,500 mg if possible.

**QUESTION NO: 5**

The cause of peptic ulcer?

- A. Use of NSAIDS
- B. H. Pylori

C. Both

D. pylori testing is recommended. If

pylori infection is diagnosed, the infection should be eradicated and antisecretory therapy (preferably with a proton pump inhibitor) given for four weeks. Patients with persistent symptoms should be referred for endoscopy. Surgery is indicated if complications develop or if the ulcer is unresponsive to medications. Bleeding is the most common indication for surgery. Administration of proton pump inhibitors and endoscopic therapy control most bleeds. Perforation and gastric outlet obstruction are rare but serious complications. Peritonitis is a surgical emergency requiring patient resuscitation; laparotomy and peritoneal toilet; omental patch placement; and, in selected patients, surgery for ulcer control.

Reference: <http://www.aafp.org/afp/2007/1001/p1005.html>

**ANSWER: C**

**Explanation:**

Peptic ulcer disease usually occurs in the stomach and proximal duodenum. The predominant causes in the United States are infection with *Helicobacter pylori* and use of nonsteroidal antiinflammatory drugs. Symptoms of peptic ulcer disease include epigastric discomfort (specifically, pain relieved by food intake or antacids and pain that causes awakening at night or that occurs between meals), loss of appetite, and weight loss. Older patients and patients with alarm symptoms indicating a complication or malignancy should have prompt endoscopy. Patients taking nonsteroidal anti-inflammatory drugs should discontinue their use. For younger patients with no alarm symptoms, a test-and-treat strategy based on the results of

H. pylori testing is recommended. If

H. pylori infection is diagnosed, the infection should be eradicated and antisecretory therapy (preferably with a proton pump inhibitor) given for four weeks. Patients with persistent symptoms should be referred for endoscopy. Surgery is indicated if complications develop or if the ulcer is unresponsive to medications. Bleeding is the most common indication for surgery. Administration of proton pump inhibitors and endoscopic therapy control most bleeds. Perforation and gastric outlet obstruction are rare but serious complications. Peritonitis is a surgical emergency requiring patient resuscitation; laparotomy and peritoneal toilet; omental patch placement; and, in selected patients, surgery for ulcer control.

Reference: <http://www.aafp.org/afp/2007/1001/p1005.html>

**QUESTION NO: 6**

The child brought by a mother having bouts of severe abdominal pain that cause child to bring his legs to fold to abdomen, settles after sometime, now again he had this attack with vomiting. On examination child is distressed with pain and there is a mass in epigastrium.

What Investigation you will do?

- A. Ultrasound
- B. Chest x-ray
- C. Ct abdomen
- D. Air enema

**ANSWER: D**

## Explanation:

This investigation is both diagnostic and therapeutic and is the initial investigation of choice if strong clinical suspicion of intussusception (e.g. palpable mass & bowel obstruction) There is a small risk of bowel perforation and bacteremia during the gas enema (the surgical registrar as well as a suitably trained nurse should attend with appropriate resuscitation equipment) Ultrasound scan Diagnostic investigation of choice (unnecessary if high level of suspicion) Useful if there is a suggestive history but no mass palpable or signs on plain AXR and may identify other pathology.

## QUESTION NO: 7

Victim of RTA came with multiple injuries to abdomen, chest and limbs. BP is 80/ 50. upper limb has upper third near amputation that bleeds profusely, what is your first thing to do:

- A. Tourniquet the limb to stop the bleeding
- B. Check the airway and breathing
- C. Five IV fluid
- D. Call orthopedic

## ANSWER: B

## Explanation:

As rule ABC also in description near amputation so difficult to make tourniquet enough which stops bleeding.

## QUESTION NO: 8

A 42-year-old man presents with a target shaped rash that has developed over the last several days. He was on a camping trip in the woods last week in Maine.

What is the next best step in management?

- A. Western blot
- B. Doxycycline E-Ceftriaxone
- C. ELISA
- D. Serology for IgM

## ANSWER: B

## Explanation:

A rash suggestive of Lyme is enough to indicate treatment. A 5-cm-wide targetshaped rash, particularly with a history of camping/hiking, is enough to indicate the need for antibiotic treatment with doxycycline. A characteristic rash is more specific than serology.

## QUESTION NO: 9

During a basketball match, one of the players suddenly collapsed to the ground with coughing and SOB. What choice?

- A. V/Q
- B. CTPA
- C. MRI
- D. CT scan
- E. CXR

**ANSWER: E**

### Explanation:

CXR. Likely diagnosis is pneumothorax. So investigation of choice is CXR

## QUESTION NO: 10

Which of the following will have the lowest glucose level on pleural effusion?

- A. Cancer
- B. Pulmonary tuberculosis
- C. Rheumatoid arthritis
- D. Pneumonia

**ANSWER: C**

### Explanation:

Rheumatoid arthritis has the lowest glucose level of all the causes of pleural effusion described here.

## QUESTION NO: 11

An 18years female has periorbital blisters. Some of them are crusted, others secreting pinkish fluid.

What likely diagnosis?

- A. Rubella
- B. Shingles
- C. Measles

D. Chicken pox

E. Varicella

**ANSWER: B**

**Explanation:**

Shingles Ophthalmic division of trigeminal nerve. Typically, shingles is unilateral.

**QUESTION NO: 12**

A mother presents with her 14months child. He holds furniture and other things to help him stand and says 'mama' and 'papa'. He makes eye contact and smiles. He can transfer objects from one hand to another.

What do you interpret from his development?

A. Normal development

B. Delayed social development

C. Delayed fine motor development

D. Delayed gross motor development

E. delayed verbal development

**ANSWER: A**

**QUESTION NO: 13**

A 6-year-old boy fell in the playground and has been holding his forearm complaining of pain. Exam: no sign swelling. However, there is minimal tenderness on exam.

What is the diagnosis?

A. Green stick fx of distal radius

B. Fracture neck of humerus

C. Fracture mid ulnar

D. Fracture mid radius

**ANSWER: A**

## QUESTION NO: 14

A 75-yearold man has been attending the clinic for lower urinary tract symptoms. His mood is very low and he is unhappy, anxious and unable to sleep. He has been diagnosed with moderate depression.

What treatment would you use for this patient?

- A. Amitryptaline
- B. CBT
- C. Citalopram
- D. Dosulepin
- E. Diasepam

**ANSWER: C**

### Explanation:

Mild depression = CBT, Moderate depression = Antidepressant, Severe depression & Ps = ECT, Amitriptyline and Dosulepine causes urinary retention (which is comparatively less in citalopram) so no a patient with lower urinary symptoms. Hence Citalopram is the preferred option.

## QUESTION NO: 15

A 72years presents with polyuria and polydipsia. The fasting blood sugar is 8 and 10mmol/ l.BP=130/80mm cholesterol=5.7mmol/l. There is microalbuminuria.

What is the single most appropriate next management?

- A. Statin and glitazone
- B. ACEi and sulfonylurea
- C. Statin and Biguanide
- D. Statin and ACEi

**ANSWER: D**