The West Bengal University of Health Sciences M.D. (General Medicine) July - August, 2021 Examination

| Paper: I | | Full Marks: 100 |
|----------|--|-----------------|
| | | Time: 3 Hours |

| | Attempt all questions | |
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| 1. | Draw the important structures seen in an axial section of the brain stem at the level of | f |
| M | edulla. Briefly describe the clinical features of Lateral Medullary Syndrome, mentioning | ng |
| the | e structures responsible. | 4+6 |
| 2. | How will you diagnose common respiratory abnormalities using different parameters | in a |
| Lu | ing Function Test report? | 10 |
| 3. | What is Cyanotic Spell? Describe the mechanisms of how squatting becomes benefic | ial |
| in | such a spell. Enumerate the conditions which may present with a cyanotic spell. | +4+5 |
| 4. | Give an overview of the Coronary Circulation. Briefly describe how ECG can be use | d to |
| loc | calise the site of culprit vessel occlusion. | 4+6 |
| 5. | A 65-year-old gentleman presents to you with multiple ecchymoses and a significant | |
| mu | ascle bleed. How would you approach to diagnose and manage him? | 6+4 |
| | Classify Lupus Nephritis. Briefly outline the management of Proliferative Lupus ephritis. | 5+5 |
| 7. | Briefly outline the anatomical course of the 7th Cranial Nerve. A 42-year-old man ha | S |
| pre | esented with a LMN type of 7th Cranial Nerve palsy of right side. How will you clinical | ally |
| loc | calise the site of lesion? | 5+5 |
| 8. | Briefly describe the role of Gut Microbiota in Health. How altered Gut Microbiota | |
| coi | ntributes to the development of different Metabolic Diseases? | 4+6 |

- 6
- 9. What are the types of Renal Tubular Acidosis? Briefly outline the etiology, basic pathophysiology and manifestations of the different types of Renal Tubular Acidosis.

2+2+3+3 10. Briefly describe the Renin Angiotensin Aldosterone System. Enumerate the causes of Hypertension with Hypokalemia. Briefly outline the diagnostic work up of a 21-year-old male with hypertension, muscle weakness and persistent hypokalemia. 3+3+4