पुस्तिका में पृष्ठों की संख्या-32 No. of Pages in Booklet -32 परितका में प्रश्नों की संख्या-180 No. of Questions in Booklet -180

Paper Code: 06

SUBJECT: T.B. & Chest

(Broad Speciality)

समय : 3.00 घण्टे Time: 3.00 Hours BSAP-22



Question Booklet No प्रश्न पुरितका संख्या

अधिकतम अंक : 180

Maximum Marks: 180

प्रश्न-पत्र पुस्तिका के पेपर सील / पॉलिथिन बैग को खोलने पर परीक्षार्थी यह सुनिश्चित कर लें कि प्रश्न पुस्तिका संख्या तथा ओ.एम.आर उत्तर-पत्रक पर अंकित बारकोड समान हैं। इसमें कोई भिन्नता हो तो परीक्षार्थी वीक्षक से दूसरा प्रश्न–पत्र प्राप्त कर लें। ऐसा सुनिश्चित करने की जिम्मेदारी

On opening the paper seal /polythene bag of the Question Booklet the candidate should ensure that Question Booklet Number and Barcode of OMR Answer Sheet must be same. If there is any difference, candidate must obtain another Question Booklet from Invigilator. Candidate himself shall be responsible for ensuring this.

परीक्षार्थियों के लिए निर्देश

- 1. सभी प्रश्नों के उत्तर दीजिए।
- 2. सभी प्रश्नों के अंक समान हैं।
- 3. प्रत्येक प्रश्न का केवल एक ही उत्तर दीजिए।
- एक से अधिक उत्तर देने की दशा में प्रश्न के उत्तर को गलत माना
- 5. प्रत्येक प्रश्न के चार वैकल्पिक उत्तर दिये गये हैं, जिन्हें क्रमशः 1. 2. 3. 4 अंकित किया गया है। अभ्यर्थी को सही उत्तर निर्दिष्ट करते हए उनमें से केवल एक गोले अथवा बबल को उत्तर-पत्रक पर नीले बॉल प्वॉइंट पेन से गहरा करना है।
- 6. OMR उत्तर-पत्रक इस परीक्षा पुस्तिका के अन्दर रखा है। जब आपको परीक्षा पुस्तिका खोलने को कहा जाए, तो उत्तर-पत्रक निकाल कर ध्यान से केवल नीले बॉल प्वॉइंट पेन से विवरण भरें।
- 7. प्रत्येक गलत उत्तर के लिए प्रश्न अंक का 1/3 भाग काटा जायेगा। गलत उत्तर से तात्पर्य अशुद्ध उत्तर अथवा किसी भी प्रश्न के एक से अधिक उत्तर से है। किसी भी प्रश्न से संबंधित गोले या बबल को खाली छोडना गलत उत्तर नहीं माना जायेगा।
- 8. मोबाइल फोन अथवा इलेक्ट्रॉनिक यंत्र का परीक्षा हॉल में प्रयोग पूर्णतया वर्जित हैं। यदि किसी अभ्यर्थी के पास ऐसी कोई वर्जित सामग्री मिलती है, तो उसके विरुद्ध आयोग द्वारा नियमानुसार कार्यवाही की जायेगी।
- 9. कृपया अपना रोल नम्बर ओ.एम.आर. पत्रक पर सावधानीपूर्वक सही भरें। गलत अथवा अपूर्ण रोल नम्बर भरने पर 5 अंक कुल प्राप्तांकों में से काटे जा सकते हैं।
- 10. यदि किसी प्रश्न में किसी प्रकार की कोई मुद्रण या तथ्यात्मक प्रकार की त्रृटि हो, तो प्रश्न के हिन्दी तथा अंग्रेजी रूपान्तरों में से अंग्रेजी रूपान्तर मान्य होगा।

चेतावनी : अगर कोई अभ्यर्थी नकल करते पकडा जाता है या उसके पास से कोई अनधिकृत सामग्री पाई जाती है, तो उस अभ्यर्थी के विरुद्ध पुलिस में प्राथमिकी दर्जे कराते हुए विविध नियमों-प्रावधानों के तहत कार्यवाही की जाएगी। साथ ही विभाग ऐसे अभ्यर्थी को भविष्य में होने वाली विभाग की समस्त परीक्षाओं से विवर्जित कर सकता है।

INSTRUCTIONS FOR CANDIDATES

- Answer all questions.
- All questions carry equal marks.
- Only one answer is to be given for each question.
- If more than one answers are marked, it would be treated as wrong answer.
- Each question has four alternative responses marked serially as 1, 2, 3, 4. You have to darken only one circle or bubble indicating the correct answer on the Answer Sheet using BLUE BALL POINT PEN.
- The OMR Answer Sheet is inside this Test Booklet. When you are directed to open the Test Booklet, take out the Answer Sheet and fill in the particulars carefully with blue ball point pen only.
- 1/3 part of the mark(s) of each question will be deducted for each wrong answer. A wrong answer means an incorrect answer or more than one answers for any question. Leaving all the relevant circles or bubbles of any question blank will not be considered as wrong answer.
- Mobile Phone or any other electronic gadget in the examination hall is strictly prohibited. A candidate found with any of such objectionable material with him/her will be strictly dealt as per rules.
- Please correctly fill your Roll Number in O.M.R. Sheet. 5 Marks can be deducted for filling wrong or incomplete Roll Number.
- 10. If there is any sort of ambiguity/mistake either of printing or factual nature, then out of Hindi and English Version of the question, the English Version will be treated as

Warning: If a candidate is found copying or if any unauthorized material is found in his/her possession, F.I.R. would be lodged against him/her in the Police Station and he/she would liable to be prosecuted. Department may also debar him/her permanently from all future examinations.

इस परीक्षा पुस्तिका को तब तक न खोलें जब तक कहा न जाए। Do not open this Test Booklet until you are asked to do so.

TUBERCULOSIS AND RESPIRATORY MEDICINE / PULMONARY MEDICINE

1. One of the following statements is not true for bronchogenic cysts -About three quarters of the bronchogenic cysts are intraparenchymal. Intraparenchymal cysts communicating with bronchus do not have gas exchange potential. **(3)** Intrapulmonary bronchogenic cysts are most common in lower lobes. (4)Mediastinal bronchogenic cysts rarely maintain communication with respiratory tract. 2. Total airway resistance at different levels of respiratory tract is contributed by (a) nose (b) pharynx and larynx (c) trachea (d) medium sized lobar bronchi. Arrange these sites in descending order of maximum to minimum contribution to airway resistance -**(1)** a, b, c, d (2) d, c, b, a (4) c, d, b, a (3) c, d, a, b 3. One of the following statement is not true for Positron Emission Tomography in pulmonary neoplasia -False negative findings may result from slowly growing tumor. **(1) (2)** False positive findings may result from talc pleurodesis. **(3)** It is best suited tool for surveillance after curative intent early stage NSCLC. Higher uptake of FDG by NSCLC is often associated with poorer prognosis. (4) 4. One of the following statement is not true for Bronchial thermoplasty -(1)The bronchoscopy session should not be more than one week apart. **(2)** The technique is accomplished by delivering controlled heat to the airway walls. **(3)** It aims to reduce the airway smooth muscle mass. The procedure should start with treatment of each lower lobe separately. **(4)** 5. Following are the statements in relation to benign tracheal stenosis – Idiopathic laryngotracheal stenosis does not involve cartilage. (i) Mucosal ischemia is the cause of post intubation tracheal stenosis. (ii) (iii) Tuberculosis is the commonest cause of post infectious tracheal stenosis worldwide. (iv) There is an increasing trend of post intubation tracheal stenosis in recent past. The correct statements are -**(1)** (i), (ii) & (iii) **(2)** (ii), (iii), & (iv) (3) (i), (ii) & (iv) **(4)** (ii) & (iii)

6.	Drug o	f choice for Methicillin-resistant Staphyl	ococc	us Aureus monomicrobial lung abscess is -				
	(1)	Daptomycin	(2)	Linezolid				
	(3)	Cefazolin	(4)	Vancomycin				
7.	Drug o	f choice for Invasive Pulmonary Aspergi	llosis	is -				
	(1)	Posaconazole	(2)	Lipid Formulation of Amphotericin B				
	(3)	Variconazole	(4)	Caspofungin				
8.	One of	the following statement is not true for M	lucorn	nycosis -				
	(1)	Hematologic malignancies are most	comr	mon underlying condition predisposing to				
		mucormycosis.						
	(2)	Pulmonary infections are commonly ass	sociate	ed with hematologic malignancies.				
	(3)	Sinus involvement is more commonly s	een in	patients with Diabetes.				
	(4)	Breakthrough mucormycosis is most no	table	with voriconazole therapy.				
9.	Which	set of GOLD-COPD categories are corre	ctly d	efined out of below four mentioned?				
	(i) (Class A - Low symptoms, low risk						
	(ii) C	Class B - Low symptoms, high risk						
	(iii) C	Class C - High symptoms, low risk						
	(iv) C	Class D - High symptoms, high risk						
	(1)	(i), (iii)	(2)	(ii), (iii)				
	(3)	(i), (iv)	(4)	(ii), (iv)				
10.	Which	one of the following studies does no	ot inv	rolve role of bronchodilators and inhaled				
	cortico	steroids in treatment of COPD?						
	(1)	BRONCUS	(2)	TORCH				
	(3)	FLAME	(4)	INSPIRE				
11.	Which	of the following is not a component of B	ODE	index?				
	(1)	Body Mass Index	(2)	Airway obstruction				
	(3)	Dyspnea	(4)	Exacerbation frequency				
12.	Alpha -	-1- Antitrypsin deficiency is -						
	(1)	classically associated with centrilobular	emph	nysema.				
	(2)	defined as concentration of less than 50	mg/d	L in PIZZ individuals.				
	(3)	disease is most prominent in upper zone	es.					
	(4)	not responsible for inflammation of all	COPI	O patients.				

13.	Which	Which one of the following is source of most common indoor allergen?					
	(1)	Cat fur			(2)	Do	g fur
	(3)	Cockroac	hes		(4)	Ho	use dust mite
14.	Which	one of the	followin	g statemen	in relation to l	oroncl	nial asthma is wrong?
	(1)	In aspirin	induced	asthma, Ig	E related mech	anism	are at work.
	(2)	Aspirin se	ensitive s	severe asthi	na may be refr	actory	to inhaled and oral corticosteroids.
	(3)	Occupation etiologic		ma is asthr	na arising de no	ovo as	a consequence of exposure to specific
	(4)	False neg	gative re	sults of br	onchial challe	nge te	est may be obtained in asymptomatic
		individua	ls with in	ntermittent	symptoms.		
15.		•			ning have leas	t fav	ourable impact on which one of the
		ing compor		COPD?			
	(1)	Respirato	•		(2)	•	namic compression of airways
	(3)	Spirometr			(4)		s exchange
16.		•	er geno	type) with	list II (selected	d targ	eted therapies) for Non-small cell lung
	cance	r: List (I)		Lie	t (II)		
	(A)	ALK fusio	ns		orafenib		
	(B)	BRAF		` '	otinib		
	(C)	EGFR		` '	gatinib		
	(D)	ROS1 fusi		. ,	rectinib		
		(A)	(B)	(C)	(D)		
	(1)		(iii)	(i)	(iv)		
	(2)		(i)	(ii)	(iv)		
	(3)) (iv)	(ii)	(iii)	(i)		
	(4)	(i)	(iv)	(ii)	(iii)		
17.	A 65	-year-male,	smoker	was found	to have follo	wing	T,N,M descriptor, (was having biopsy
	•	•		·			with pericardial invasion, $N = definite$
							listant metastasis.
			_	r stage clas	sification (eig.	hth ec	lition), this patient fits in which of the
		ving group a	it best?		(2)	TTT	٨
	(1)	II B			(2)	III	
	(3)	III B			(4)	III	
[06]	*				Page 4 of 32		

18.	Which	of the following lymph node station	of m	ediastinum is better assessed by EVS as					
	compa	ured to EBUS?							
	(1)	Station 2	(2)	Station 4					
	(3)	Station 7	(4)	Station 9					
19.	Which	of the following cancer does not appear	to hav	e causal link with tobacco smoking?					
	(1)	Kidney	(2)	Liver					
	(3)	Endometrium	(4)	Pancreas					
20.	Impact	of smoking on serum theophylline levels	s is be	st described as -					
	(1)	Smoking does not affect serum theophy	lline l	evels.					
	(2)	Smoking results in inadequate serum th	eophy	lline levels.					
	(3)	Smoking results in increase in serum th	eophy	lline levels.					
	(4)	Impact of smoking on serum theophylli	ne lev	els in not known.					
21.	Severe	psychiatric symptoms including suicida	al idea	ation is reported with one of the following					
	pharma	acologic intervention for smoking cessation	on -						
	(1)	Bupropion	(2)	Clonidine					
	(3)	Varenicline	(4)	Nortriptyline					
22.	One of	the following statement is not correct for	r Idio _l	pathic Pulmonary Fibrosis histopathology -					
	(1)	Fibroblastic foci are essential to the his	topath	ologic diagnosis of UIP.					
	(2)	Fibroblastic foci are a reflection of activ	ve and	ongoing fibroplasia.					
	(3)	Fibroblastic foci are covered by hyperp	lastic	alveolar lining cells.					
	(4)	There is significant chronic interstitial i	nflam	mation.					
23.	Which	of the following is not a component of G	AP m	odel for IPF prognostic staging system?					
	(1)	Sex	(2)	Age					
	(3)	DLCO	(4)	CT fibrosis score					
24.	Cigaret	tte smoking does not seem to increase	risk	of one of the following Interstitial Lung					
		es (ILD) -							
	(1)	Acute Interstitial Pneumonia							
	(2)	Respiratory Bronchiolitis associated IL	D						
	(3)	Idiopathic Interstitial Fibrosis							
	(4)	Pulmonary Langerhans cell Histiocytos	is						
				<u> </u>					

25.	Most c	ommon, non-malignant, pleural manifest	ation	of asbestos exposure is -				
	(1)	Pleural plaques	(2)	Diffuse pleural thickening				
	(3)	Rounded atelectasis	(4)	Asbestos related pleural effusion				
26.	Which	of the following autoimmune diseases ar	re link	ed to silica exposure?				
	(1)	ANCA associated vasculitis	(2)	Scleroderma				
	(3)	Rheumatoid arthritis	(4)	All of the above				
27.	'Silo-f	iller's disease' is well known for exposur	re to -					
	(1)	Ammonia	(2)	Chlorine				
	(3)	Sulphur dioxide	(4)	Nitrogen oxides				
28.	Amiod	larone has been implicated in all of the	ne fol	lowing drug induced pulmonary disorders,				
	except	-						
	(1)	Interstitial infiltrates & fibrosis						
	(2)	Bronchiolitis obliterans - organizing pr	neumo	nia				
	(3)	Diffuse alveolar haemorrhage						
	(4)	Eosinophilic lung disease						
29.	All of	the following are classified as Group 1 pulmonary hypertension, except -						
	(1)	Portal Hypertension						
	(2)	Schistosomiasis						
	(3)	Scimitar syndrome						
	(4)	Drug and toxin induced pulmonary hyp	perten	sion				
30.	One o	f the following drugs is classified as 'de	efinite	' risk factor for increased risk of pulmonary				
	hypert	ension.						
	(1)	Dasatinib	(2)	Interferon- α				
	(3)	Bosutinib	(4)	Leflunomide				
31.	One o	f the following is first and currently only	y USF	DA approved therapy for inoperable chronic				
	throm	boembolic pulmonary hypertension -						
	(1)	Subcutaneous treprostinil	(2)	Riociguat				
	(3)	Macitentan	(4)	Epoprostenol				

[06]	*	Page 7 of 3	32						
	(3)	(ii), (iii), (iv)	(4)	(i), (ii), (iii)					
	(1)	(i), (ii), (iv)	(2)	(i), (iii), (iv)					
	(iv) S	Skin and soft tissue infections are usua	ally d	ue to Rapidly Growing Mycobacteria.					
	(iii) I	Mycobacterium Scrofulaceum Lymph	adeni	tis is commonest in children.					
	C	considered a diagnostic criteria.							
	(ii) (One single positive bronchial wash	cultur	e regardless of results of AFB smear is					
	(liagnosis.							
	(i) A	A single positive culture for NTM	is us	ually regarded as indeterminate for the					
		ons (NTM)?	- 						
36.				relation to Non-tuberculous Mycobacterial					
	(3)	Lymphedema pathy	(4)	Meningitis Meningitis					
JJ.	(1)	nant clinical feature of cryptic miliary tub Fever	(2)	Weight Loss					
35.		, ,							
	(4)								
	(3)								
	(2)	,							
• • •	(1)	AST/ALT elevation (5×UNL) with nor		-					
34.	, ,		` '	each of the following situations, except -					
	(3)	Sarcoidosis	(4)	Mixed connective tissue disease					
	(1)	Systemic Lupus Erythematosus	(2)	Behcet syndrome					
		ythema nodosum. He developed a pus le diagnosis is -	tule 2	days after an accidental skin prick. Most					
33.	-			ts with uveitis, pulmonary artery aneurysm					
	(3)	Non-pulmonary organ dysfunction	(4)	Major trauma					
	(1)	Sepsis	(2)	Chronic liver disease					
	others'	?							
32.	Out of	the following precipitants of ARDS, v	vhich	one has a better prognosis as compared to					

- 37. One of the following statement are not true for treatment of Mycobacterium Avium Complex (MAC) pulmonary disease
 - (1) Treatment outcomes are better when macrolide based regimens are used.
 - (2) Lack of culture conversion at 6 months is considered treatment failure.
 - (3) Single addition of Amikacin liposome inhalation suspension is indicated for treatment refractory MAC.
 - (4) Microbiologic recurrence is twice as common among patients with cavitary disease compared with nodular bronchiectasis.
- 38. One of the following statement are not true for CNS Tuberculosis -
 - (1) The risk of neurological TB is five times more in HIV infected individuals.
 - (2) Hydrocephalous in acute stages is due to adhesive leptomeningitis.
 - (3) Sixth nerve involvement is most common among cranial nerve palsies.
 - (4) Complete or partial loss of vision is a major complication of disease.
- 39. Out of four statements for uses of Delamanid (Dlm), choose the correct ones -
 - (i) Dlm is considered only for longer M/XDR-TB regimen.
 - (ii) Dlm should be taken preferably after a standard meal.
 - (iii) Dlm dose adjustments are required when used with Lopinavir/Ritonavir.
 - (iv) In the presence of FQ resistance, Dlm should be used as first replacement drug.

The correct statements are -

(1) (i), (ii), (iii) & (iv)

(2) (i), (iii), (iv)

(3) (i), (ii), (iii)

- (4) (i), (ii), (iv)
- 40. Preferred replacement sequence of group c drugs for longer oral M/XDR-TB regimen is -
 - (1) Delamanid, Amikacin, Pyrazinamide, Ethionamide
 - (2) Delamanid, Ethionamide, Pyrazinamide, Amikacin
 - (3) Pyrazinamide, Delamanid, Ethionamide, Amikacin
 - (4) Pyrazinamide, Delamanid, Amikacin, Ethionamide
- 41. Which one of the following is not a contraindication for TB preventive treatment?
 - (1) Chronic Hepatitis
 - (2) Concurrent use of Nevirapine
 - (3) Sign and symptoms of peripheral neuropathy
 - (4) Previous history of TB

42.	One of	the following is not a common lesion of	anter	ior compartment of mediastinum -
	(1)	Thymomas	(2)	Lymphomas
	(3)	Germ cell turmors	(4)	Foregut cysts
43.	All of	the following are true for benign mediast	inal te	eratomas, except -
	(1)	It is almost exclusively a disease of me	n.	
	(2)	Trichophytosis is pathognomonic.		
	(3)	CT with contrast is diagnostic procedur	re of c	hoice.
	(4)	Tumor markers (β -HCG and AFP) are	not e	levated.
44.	Castler	nan's disease is characterised by all of th	ne foll	owing features, except -
	(1)	Unicentric disease is most commonly le	ocated	l is mediastinum.
	(2)	Multicentric disease has hepatosplenon	negaly	as an intra-abdominal component.
	(3)	Centricity is less important than histolo	gy in	predicting long term outcome.
	(4)	Herpes virus 8 has been implicated in p	athog	enesis.
45.	On Ple	eural ultrasound, which of the following	g sign	is most sensitive and specific feature that
	differe	ntiates a small effusion from pleural thic	kening	g?
	(1)	Fluid color sign	(2)	Seashore sign
	(3)	Barcode sign	(4)	Dynamic air bronchogram
46.	All of	f the following are well described	l cyt	ological features suggesting mesothelial
	differe	ntiation, except -		
	(1)	hyaluronic acid vacuoles	(2)	peripheral glycogen lakes
	(3)	genuine mucin	(4)	intercellular windows
47.	First lin	ne of treatment for retained hemothorax i	is -	
	(1)	Video assisted thoracoscopic surgery		
	(2)	Intrapleural thrombolytic therapy		
	(3)	Thoracic irrigation with 1L of warmed	saline	
	(4)	Placement of additional chest tube		
48.	Positiv	e end Expiratory pressure is most commo	only u	sed to correct-
	(1)	Hypercapnia	(2)	Mild Hypoxemia
	(3)	Refractory Hypoxemia	(4)	Respiratory Acidosis
-				

49.	All of	the following are strategies to reduce Au	IO –PE	EEP, except -						
	(1)	Reduce tidal volume	(2)	Increase frequency						
	(3)	Increase flow rates	(4)	Optimum used of bronchodilators						
50.	Which	of the following is not a physiologic Go	al of p	rone positioning?						
	(1)	To increase peak inspiratory & plateau	pressi	ures						
	(2)	To improve respiratory mechanics	To improve respiratory mechanics							
	(3)	To reduce intrapulmonary shunting	To reduce intrapulmonary shunting							
	(4)	To reduce ventilator-related lung injury	y							
51.	All of	the following are commonly observed pu	ılmona	ary functional abnormalities following upper						
	abdom	inal surgery, except -								
	(1)	Reduced FEV1/FVC%	(2)	Reduced Vital capacity						
	(3)	Reduced functional residual capacity	(4)	Reduced Inspiratory capacity						
52.		candidate for pneumonectomy, in the absence of Dyspnea or ILD, no further testing is red to clear for pneumonectomy in all the following situations, except - Preoperative FEV1 & DLCO \ge 80% Predicted post pneumonectomy FEV1 & DLCO \ge 40%								
	(3)	Predicated post-operative FEV1& DLCO 30-40%								
	(4)	Predicated post-operative FEV1 & DL	CO 30	9% and VO ₂ max ≥ 15 mL/kg/min.						
53.	Lisch 1	nodules are commonly seen in which org	an as	a manifestation of Neurofibromatosis?						
	(1)	Eyes	(2)	Skin						
	(3)	Lymph nodes	(4)	Lungs						
54.	HMB -	- 45 staining is highly specific for -								
	(1)	Idiopathic pulmonary fibrosis	(2)	Benign metastasizing leiomyoma						
	(3)	Leiomyosarcoma	(4)	T						
E E		· · · · · · · · · · · · · · · · · · ·		Lymphangioleiomyomatosis						
55.	Actigra	· · · · · · · · · · · · · · · · · · ·		jective sleep health dimensions, except -						
55.	(1)	aphy is used to measure all of the follows Daytime alertness	ing ob (2)	jective sleep health dimensions, except - Regularity						
	(1) (3)	aphy is used to measure all of the follow Daytime alertness Timing	ing ob (2) (4)	jective sleep health dimensions, except - Regularity Efficiency						
56.	(1) (3) One of	aphy is used to measure all of the follow. Daytime alertness Timing the following statement is not true for E	ing ob (2) (4) Epwort	jective sleep health dimensions, except - Regularity Efficiency						
	(1) (3) One of (1)	Daytime alertness Timing The following statement is not true for E It is used to identify sleep apnea syndro	ing ob (2) (4) Epwort ome.	jective sleep health dimensions, except - Regularity Efficiency th Sleepiness Scale -						
	(1) (3) One of (1) (2)	Daytime alertness Timing The following statement is not true for E It is used to identify sleep apnea syndre It is composed of eight common circum	(2) (4) Epwortome.	jective sleep health dimensions, except - Regularity Efficiency th Sleepiness Scale -						
	(1) (3) One of (1)	Daytime alertness Timing The following statement is not true for E It is used to identify sleep apnea syndro	(2) (4) Epwortome. mstanceto 3.	jective sleep health dimensions, except - Regularity Efficiency th Sleepiness Scale - res.						

<i>5</i> 7.	Diaphr	agma	tic injuries	are -						
	(1)	mor	e common	on left side						
	(2)	easi	easily diagnosed on chest radiographs							
	(3)	usu	usually devoid of typical signs of computed radiography							
	(4)	diag	gnosed clini	cally by spe	ecific signs					
58.	All of	the fo	llowing stat	tements are	re true for Myasthenia Gravis, except -					
	(1)	The	re is moder	lerate reduction in inspiratory and expiratory mouth pressures.						
	(2)	Upp	er airway o	irway obstruction is commonly reported.						
	(3)	Rec	urrent pneu	monia may	occur du	e to aspiration.				
	(4)	Ear	ly noninvasi	ive ventilati	on may r	educe intubation rates.				
59.	All of	the fo	llowing are	absolute co	ntraindic	ation to lung transplantation, except -				
	(1)	Col	onisation w	ith highly re	sistant b	acteria				
	(2)	Chr	onic active	viral Hepati	tis B					
	(3)	Sign	nificant che	st wall defor	rmity					
	(4)	Act	ive substand	e addiction						
60.	Biome	dical	wastes are	segregated i	in color o	coded bags. Match color of the bags (List I) with the				
	kind of	f wast	te segregate	d in them (I	List II) -					
		List	(I) (Color o	f bags)		List (II) (Kind of waste)				
	(A)	Yello	w		(i)	Glassware				
	(B)	Red			(ii)	Needles				
	(C)	Whit	e		(iii)	Human anatomical waste				
	(D)	Blue			(iv)	Catheters				
			(A)	(B)	(C)	(D)				
	(1))	(iii)	(iv)	(ii)	(i)				
	(2))	(iv)	(iii)	(i)	(ii)				
	(3))	(ii)	(i)	(iii)	(iv)				
	(4))	(i)	(ii)	(iv)	(iii)				

61.	Which	one of the following measures is used	as a l	ast resort for respiratory protection at work				
	place?							
	(1)	Substitution	(2)	Personal protective equipment				
	(3)	Engineering control	(4)	Elimination				
62.	The co	orrect statement for veno-venous extracor	rporea	l membrane oxygenation is -				
	(1)	It is primarily used for cardiac support						
	(2)	ECMO Blood flow is main determinar	t of Pa	atient oxygenation.				
	(3)	Oxygenation is significantly better that	n CO ₂	removal.				
	(4)	Prolonged mechanical ventilation is an	absol	ute contraindication for ECMO.				
63.	High	FiO ₂ cannot be used in one of the fo	ollowii	ng therapeutic bronchoscopy interventional				
	techni	ques -						
	(1)	Laser photoresection	(2)	Microdebrider				
	(3)	Cryotherapy	(4)	Photodynamic therapy				
64.	All are	e absolute contraindication for Pulmonar	y Reha	abilitation, except -				
	(1)	Arrhythmia	(2)	Unstable bone fracture				
	(3)	Communicable infectious disease	(4)	Nutritional depletion				
65.		ving statements for Pulmonary Rehabilit	_	_				
	(i)	Single-leg cycling can lead to greate cycling.	er gan	ns in endurance compared to conventional				
	(ii)	•	ompar	rable gains as that of continuous endurance				
	(iii)	training. Endurance training is prescribed at 60-8	80% o	f maximal work rate.				
	(iv)	Interval training is prescribed at 80-100)% of	maximal work rate.				
	(1)	The correct statements are – All of the above	(2)	(i), (iii), (iv)				
	(3)	(i), (ii), (iii)	(4)	(ii), (iii), (iv)				
66.				opriate in relation to Chronic Pulmonary				
		gillosis (CPA)?						
	(1)	Disease must be present for a minimum	m of si	ix months.				
	(2)	Aspergillus IgG testing is preferred ov	er Asp	pergillus precipitins in diagnosis of CPA.				
	(3)	Invasion in the surrounding tissue is co	ommo	nly observed.				
	(4)	Voriconazole is now considered as dru	ıg of c	hoice for refractory CPA.				
[06]	*	Page 12 of	32					

67.					rug of cho	pice in list II and select the correct answer by
	using	codes giver List (I)	below the	list -		List (II)
	(A)	Strongyloi	diasis		(i)	Ivermectin
	(B)	-	ırva migran	S	(ii)	Albendazole
	(C)	Paragonim	_		(iii)	Praziquantel
	(D)	•		osinophilia	(iv)	Diethylcarbamazine
		(A)	(B)	(C)	(D)	
	(1)	(ii)	(iii)	(i)	(iv)	
	(2)		(iii)	(ii)	(iv)	
	(3)		(ii)	(iii)	(iv)	
	(4)		(iv)	(i)	(iii)	
68.		, .			` ,	n to Ventilator Associated Pneumonia (VAP)?
	(1)	Cut off v	alue of 6 is	used for Cl	linical Puli	monary Infection Score (CPIS) for diagnosis
		of VAP.				
	(2)	Based on	quantitativ	e cultures of	BAL, few	ver patients are treated with antibiotics.
	(3)	Quantitat	ive BAL cu	ltures are ac	curate in p	patients who have received prior antibiotics.
	(4)		cs can be st ntilator setti		early in pa	atients with suspected VAP but minimal and
69.	Which	of the follo	owing states	nents are tru	e for surgi	ical resection of lung abscess?
	(i)	Segmente	ctomy is pre	eferred over	lobectomy	<i>y</i> .
	(ii)	When then	e is lack of	response to	12 weeks	of antibiotic therapy.
	(iii)	When then	e is massiv	e, recurrent l	nemoptysis	s.
	(iv)	When broa	nchopleural	fistula is ab	sent.	
	(1)	(ii) & (iii))		(2)	(i) & (ii)
	(3)	(i) & (iii)			(4)	(ii) & (iv)
70.	Which	of the fol	lowing sets	of stateme	nts are tru	ne in relation to Stereotactic Body Radiation
	Therap	y (SBRT)?	•			
	(i)	Precise an	d accurate d	lelivery of ra	adiation.	
	(ii)	Hyperfrac	tionated cor	irse of treatn	nent.	
	(iii)	Delivery of	of lower bio	logical effec	tive dose a	as compared to typical radiotherapy plan.
	(iv)	Local cont	trol is best a	chieved by a	a biologica	al effective dose of less than 100 Gy.
	(1)	(i) only			(2)	(i) & (ii)
	(3)	(i), (ii) &	(iii)		(4)	(i), (ii), (iii) & (iv)

	(1)	Effusions	Effusions develop one week or more after myocardial injury.							
	(2)	Pleural eff	usion occ	eur in 60	-80% of pati	ents.				
	(3)	Effusions :	Effusions are typically moderate to large and bilateral.							
	(4)	Effusions :	are mostl	y hemor	rhagic and n	eutro	phil predominance in early phase.			
72.	Match	unique adve	rse reacti	ion (List	A) to possib	ole Ar	nti – TB drugs (List B) –			
		List (A)			List (B)					
	(A)	Arthralgia		(i)	Isoniazid					
	(B)	Gynecomas	tia	(ii)	Bedaquiline	;				
	(C)	Lactic acido	osis	(iii)	Linezolid					
	(D)	Alopecia		(iv)	Ethionamid	e				
		(4)	(B)	(C)	(D)					
	(1)	(A) (iv)	(B) (iii)	(C) (ii)						
	(2)		(iv)	(iii)						
	(3)		(iv)	(i)	(iii)					
	(4)		(ii)	(iii						
73.						on T	uberculosis was conducted between 1955 to			
		n India?	Ü		•					
	(1)	National s	ample su	rvey		(2)	Chingleput trial on BCG			
	(3)	Madanapa	lle TB p	reventio	n study	(4)	BMRC trial			
74.	At wh	at lung volu	me does	the outw	vard recoil of	f the o	chest wall equals the inward elastic recoil of			
	the lur	ıg?								
	(1)	Expiratory	reserve	volume		(2)	Functional residual capacity			
	(3)	Residual v	olume			(4)	Tidal volume			
75.	Cason	i test is used	for the d	iagnosis	s of disease c	aused	l by -			
	(1)	Ascaris lu	mbricoid	les .		(2)	Wuchereria bancrofti			
	(3)	Schistoson	na manso	oni		(4)	Echinococcus granulosus			
76.	Immu	notherapy is	usually r	ot indic	ated in -					
	(1)	Allergic rl	hinitis			(2)	Allergic asthma			
	(3)	Food aller	gy			(4)	Sting allergy			
[06]	*				Page 14 of	32				

All of the following statements for 'Dressler syndrome' are correct, except -

77.	Dyspnea with arterial deoxygenation in the upright position and improved with recumbency is classically seen in -							
	(1)	Bronchial asthma	(2)	Left ventricular failure				
	(3)	Hepatic cirrhosis	(4)	Respiratory muscle weakness				
78.	Clubbi	ng is seen in all of the following condition	ns, ex	ccept -				
	(1)	Pulmonary arterio-venous fistula	(2)	Asbestosis				
	(3)	Chronic bronchitis	(4)	Idiopathic pulmonary fibrosis				
79.	The mo	ost common mechanism of nosocomial p	neum	onia is -				
	(1)	Aspiration	(2)	Aerosolization				
	(3)	Hematogenous	(4)	Catheters				
80.	Pneum	onitis with associated periostitis and rib	destru	ction is characteristic feature of -				
	(1)	Blastomycosis	(2)	Actinomycosis				
	(3)	Cryptococcosis	(4)	Histoplasmosis				
81.	An eld	erly male with long term alcohol abuse	and	underlying diabetes mellitus presented with				
	sudden	en onset of fever, rigor, dyspnea and productive cough. The sputum is tenacious, gelatinous,						
	and dif	ifficult to expectorate and brick red in color. The most likely diagnosis in this patient is -						
	(1)	Staphylococcal pneumonia	(2)	Serratia marcescens pneumonia				
	(3)	Haemophilus pneumonia	(4)	Klebsiella pneumonia				
82.	Which	of the following statement is correct for	Lemie	erre's syndrome?				
	(1)	Typically occurs in elderly with comor	bidity					
	(2)	Acute oropharyngeal infection with sep	tic th	combophlebitis of internal jugular veins				
	(3)	Systemic aerobic infection with abscess	s at lu	ng, liver and bones				
	(4)	Lung abscess associated with bronchog	enic c	rarcinoma				
83.	In whi	ch of the following pneumonia, the bro	onchia	al washing shows foamy macrophages that				
	stain po	ositive for Sudan black stain?		•				
	(1)	Cytomegalovirus pneumonia	(2)	Friedlander's pneumonia				
	(3)	Mycoplasma pneumonia	(4)	Lipoid pneumonia				
84.	All of t	the followings are anaerobic gram-negati	ve bac	cilli, except -				
	(1)	Prevotella	(2)	Fusobacterium				
	(3)	Veillonella	(4)	Bacteroides				

[06]	•	Page 16 of	22	·	
	(4)	Residual Volume-Total Lung Capacity	ratio	(RV/TLC)	
	(3)	Functional Residual Capacity (FRC)			
	(2)	Residual Volume (RV)			
	(1)	Forced Vital Capacity (FVC)			
91.	All of	the following parameters are increased in	COP	D, except -	
	(3)	Mosaic attenuation	(4)	Tree-in-bud opacities	
	(1)	Central bronchiectasis	(2)	High-attenuation mucus	
	tomogr	raphy is -			
90.	The m	ost specific radiological feature of aller	gic br	conchopulmonary aspergillosis on computed	
	(3)	Complications in bullae	(4)	All of the above	
	(1)	Giant bullae	(2)	Symptomatic bullous lung disease	
89.	Bullect	tomy is indicated in -			
	. ,	performing any maneuvers.	_	-	
	(4)	Allows measurement of central and pe	ripher	al respiratory resistance without the need for	
	(3)	Useful for the diagnosis of restrictive lu	ıng di	sease.	
	(2)	Helps in identifying small airway disea	se tha	t is missed by spirometry.	
	(1)	This test is performed during normal tie	dal bro	eathing.	
88.	Which	of the following statement is incorrect re	gardi	ng impulse oscillometry?	
	(3)	Eosinophilic granulomatosis	(4)	Allergic bronchopulmonary aspergillosis	
	(1)	Actinomycosis	(2)	Diffuse panbronchiolitis	
	infiltra	tes and central bronchiectasis?			
87.	Which	one of the following condition presents	with	asthma, fever, cough, migratory pulmonary	
	(3)	Cyst	(4)	Cavity	
	(1)	Bulla	(2)	Bleb	
	called -	·			
86.	, .	•	, ,	ral pleura and lined by the elastic lamina is	
	(3)	Exocrine pancreatic sufficiency	(4)	Chronic obstructive disease	
	(1)	Family history of the disease	(2)	Positive sweat test	
03.	All of the following are included in the diagnostic criteria for diagnosis of cystic fibrosis, except -				
85.	Allof	the following are included in the dia	onosti	ic criteria for diagnosis of cystic fibrosis.	

92.	All of t	the following features suggest benign nature of a solitary pulmonary nodule, except -					
	(1)	Central calcification					
	(2)	Bubbly lucencies within the nodule					
	(3)	Absence of air bronchogram within the	nodul	le			
	(4)	More than 200 HU attenuation on CT d	ensito	ometry			
93.	The mo	ost common lung cancer associated with	Super	ior Vena Cava syndrome is -			
	(1)	Squamous cell carcinoma	(2)	Adenocarcinoma			
	(3)	Small cell carcinoma	(4)	Carcinoid tumour			
94.	Which	one of the following is treatment of ch	oice t	o relieve severe Dyspnea and Orthopnea in			
	patient	having Superior Vena Cava (SVC) synd	rome	when the diagnosis is still not established?			
	(1)	Empirical radiotherapy	(2)	Empirical chemotherapy			
	(3)	Systemic high dose corticosteroids	(4)	Endoscopic stenting of SVC			
95.	Intersti	tial lung disease with 'Gottron's papules	' is se	en in -			
	(1)	Systemic sclerosis	(2)	Sjogren's syndrome			
	(3)	Dermatomyositis	(4)	Sarcoidosis			
96.	All of	the following statements are correct for a	sbesto	osis related pleural involvement, except -			
	(1)	Diffuse pleural thickening is not specif	ic for	asbestos exposure.			
	(2)	Trapped lung in asbestosis may lead	l to r	estriction of lung function and respiratory			
		insufficiency/failure.					
	(3)	Rounded atelectasis results from visce	ral pl	eural fibrosis that has been drawn back into			
		the lung and is called Blesovsky's synd	lrome.				
	(4)	Pleural plaques represent parietal ple	ura in	volvement that are associated with pleural			
		adhesions and cause significant pulmor	nary fu	unction impairment.			
97.	All of	the following are pulmonary manifestation	ons of	systemic lupus erythematosus, except -			
	(1)	Cavitary lung nodules	(2)	Pleuritis			
	(3)	Pulmonary haemorrhage	(4)	Pulmonary vascular disease			
98.		the following anti-tuberculosis drugs matous, except -	are in	nplicated in drug induced Systemic Lupus			
	(1)	Streptomycin	(2)	Isoniazid			
	(3)	Rifampicin	(4)	Para-aminosalicylic acid			

99.	At which of the following points does the maximum flow volume curve crosses the volume axis?							
	(1)	Expiratory reserve volume and FVC	(2)	Residual volume and TLC				
	(3)	FRC and FVC	(4)	Maximum inspiratory and expiratory flow				
100.	Which	is the most common immunodeficiency	associ	ated with bronchiectasis?				
	(1)	Combined Variable Immunodeficiency (CVID)						
	(2)	Chronic granulomatous disease						
	(3)	Hyper IgE syndrome						
	(4)	Severe Combined Immunodeficiency (SCID)					
101.	Which	of the following is false regarding bronc	hial cl	hallenge test in asthma?				
	(1)	Fall in FEV1 from baseline >15% with	stand	ard doses of methacholine.				
	(2)	Airway hyperresponsiveness is also see	n in C	COPD, BPD, allergic rhinitis.				
	(3)	Challenge agents include inhaled metha	choli	ne, histamine, exercise.				
	(4)	Positive challenge test doesn't mean pa	tient l	nas asthma.				
102.	Which	of the following is the earliest radiograph	hic fir	nding of cystic fibrosis?				
	(1)	hyperinflation of lungs	(2)	enlargement of pulmonary artery				
	(3)	peribronchial thickening	(4)	cystic lesions				
103.	p53 and	d RB gene mutation are related with which	ch car	cinoma lung?				
	(1)	Adenocarcinoma	(2)	Small cell lung carcinoma				
	(3)	Large cell carcinoma	(4)	Squamous cell carcinoma				
104.	First li	ne treatment in advanced non-small cell	lung	carcinoma without EGFR/ALK alternations				
	with Pl	D-L1 expression less than 50% -						
	(1)	Pembrolizumab with platinum chemoth	erapy	agents				
	(2)	Atezolizumab with platinum chemother	ару а	gents				
	(3)	Durvalumab with platinum chemothera						
	(4)	Nivolumab with platinum chemotherap	_					
105.	Which	of the following is not seen in Heerfordt	syndr	rome?				
	(1)	Uveitis	(2)	Parotitis				
	(3)	Erythema nodosum	(4)	Fever				
5063			<u></u>					

100.	Shaver	's disease is associated with exposure to	which	agent?
	(1)	Silica	(2)	Beryllium
	(3)	Aluminium	(4)	Asbestos
107.	Which	of the following is of highest value for th	ie diag	gnosis of Hypersensitivity Pneumonitis?
	(1)	Exposure to a known offending antigen		
	(2)	Eosinophils in Bronchoalveolar Lavage	(BAI	<u>-)</u>
	(3)	Serum precipitins		
	(4)	Delayed respond to corticosteroids		
108.	Migrato	ory shadows are not found in which of th	e follo	owing?
	(1)	Allergic Bronchopulmonary Aspergillo	sis	
	(2)	Cryptogenic Organizing Pneumonia		
	(3)	Chronic Eosinophilic Pneumonia		
	(4)	Hypersensitivity Pneumonia		
109.	Shrinki	ng lung syndrome is associated with -		
	(1)	Systemic Lupus Erythematous	(2)	Rheumatoid Arthritis ,
	(3)	Systemic Sclerosis	(4)	Sjogren's Syndrome
110.	Which	of the following is false regarding Herma	ansky	-Pudlak Syndrome?
	(1)	It is autosomal dominant disorder.		
	(2) .	Associated with oculocutaneous albinis	m, ble	eeding diathesis, granulomatous colitis.
	(3)	Subtypes HPS-1, 2, 4 are associated wit	th pul	monary fibrosis.
	(4)	HPS related pulmonary fibrosis share th	ne UII	P pattern.
111.	Which	of the following is false regarding silicos	sis?	
	(1)	Silicosis has been linked with ANCA and	ntibod	ly positivity and vasculitis.
	(2)	Egg shell calcification is pathognomoni	ic of s	ilicosis.
	(3)	Silicotic nodule range from 3 to 10 mm	in dia	ameter.
	(4)	Silicotic nodules are symmetrically dist	ribute	ed and tend to involve upper zone first.

[06]	*	Page 20 of 3	32		
	(4)	Mycophenolate and prednisolone			
	(3)	Cyclophosphamide and prednisolone			
	(2)	Azathioprine and Prednisolone			
	(1)	Methotrexate			
		ning disease?	-		
117.	Which	of the following initial treatment is app	propri	ate in granulomatosis with polyangiitis life	
	(4)	BAL eosinophilia > 40%			
	(3)	$PaO_2/FiO_2 < 300 \text{ mm Hg}$			
	(2)	Bilateral diffuse opacities on imaging			
	(1)	Acute onset with febrile respiratory ma	nifesta	ation	
116.	Which	of the following is false regarding Acute	Eosii	nophilic Pneumonia (AEP)?	
	(3)	Ozone	(4)	Carbon monoxide	
	(1)	Sulphur dioxide	(2)	Nitrogen dioxide	
115.	Which	of the following air pollutant does not ca	ause p	ulmonary toxicity?	
	(3)	Schistosomiasis	(4)	Congenital heart disease	
	(1)	HIV infection	(2)	Sarcoidosis	
114.		of the following is not a cause of Pulmo	nary A	Artery Hypertension?	
	(4)	Active GIT bleeding in the last 7 days.			
	(3)	Intracranial bleeding in last 30 days.			
	(2)	Platelet count < 25,000/mL			
	(1)	oembolism? Difficult to control active bleeding			
113.		-	ontraii	ndication for anticoagulation in pulmonary	
	(4)	SHS increases the risk of exacerbation	in CO	PD patients.	
	(3)	Exposure to SHS does not cause respire	atory s	symptoms in non asthmatic individual.	
	(2)	SHS exposure is a cause of asthma exa	cerbat	ion in both children and adults.	
	(1)	It contains respiratory irritants like SO ₂ , Ammonia, acrolein.			

Which of the following is not correct regarding second-hand smoke?

	(1) Classical presentation includes dyspnea, hemoptysis and anemia.					
	(2)	2) Hemoptysis may not be present in 50 percent of cases.				
	(3)	BAL shows sequential increase in red l	blood	cells count.		
	(4)	Most common cause is systemic vascul	litis.			
119.	Which	of the following is the most common	presen	ntation in Autoimmune Pulmonary Alveolar		
	Protein	nosis?				
	(1)	Dyspnea	(2)	Cough		
	(3)	Sputum production	(4)	Chest pain		
120.	The Tu	uberculosis Unit in Sub-district Level und	der N	TEP scheme covers which of the following?		
	(1)	One TB unit per 1.5-2.5 lakh for rural	and ur	ban population		
	(2)	One TB unit per 0.5-0.75 lakh for rural	l and u	urban population		
	(3)	One TB unit per 1-2 lakh for rural and urban population				
	(4)	One TB unit per 0.75-1.25 lakh for run	al and	urban population		
121.	Which	of the following statement about Isonia:	zid Pre	eventive Therapy (IPT) is false?		
	(1)	The dose of Isoniazid for preventive the	herapy	is 10 mg/kg body weight administered daily		
		for a period of 6 months.				
	(2)	•	to ch	nildren below 6 years of age who are close		
	(3)	contacts of a TB patient. INH preventive therapy is not recom-	mende	ed for children (who had close contact with		
	(0)	TB) who are already BCG vaccinated.		101 101 011 011 011 01 01 01 01 01 01 01		
	(4)	INH preventive therapy is given to a ci	hild bo	orn to mother with TB in pregnancy.		
122.	Which	of the following anti-TB drugs causes p	seudo	membranous colitis?		
	(1)	Pyrazinamide	(2)	Rifampicin		
	(3)	Isoniazid	(4)	Ethambutol		
[06]	*	Page 21 of	32			

With of the following is false regarding Diffuse Alveolar Haemorrhage (DAH)?

[06]	*	Page 22 of 3	32				
	(3)	Amiodarone	(4)	Mycophenolate mofetil			
	(1)	Nitrofurantoin	(2)	Dantrolene			
129.	Which	of the following drugs does not cause ple	eural e	effusion?			
	(3)	Ehlers-Danlos syndrome	(4)	Alpha-1 antitrypsin deficiency			
	(1)	Cystic fibrosis	(2)	Marfan syndrome			
128.	Which	of the following is not associated with p	rimary	y spontaneous pneumothorax?			
	(3)	CLL	(4)	Metastatic cancer			
	(1)	Lymphoma	(2)	Lung cancer			
127.	Which	malignancy is the leading cause of chylo	thora	x?			
	(4)	The mainstay treatment for thymoma is	surgi	cal resection.			
	(3)	The most common systemic syndrome	associ	iated with thymoma is myasthenia gravis.			
	(2)	In PET scan, thymoma show high uptal	ke of l	FDG.			
	(1)	Thymoma is most common neoplasm a	rising	in anterior mediastinum.			
126.	Which	of the following statement about thymor	na is f	False?			
	(3)	M. Marinum	(4)	M. Xenopi			
	except (1)	- M. Kansasii	(2)	M. Avium Complex			
125.		-	(NTM	I) can cause chronic pulmonary infection,			
	(4)	The treatment of miliary TB may exten	d up t	o one year.			
	(3)	In miliary TB, giant cells are not found	in the	e TB granulomas.			
	(2)	Pleural and pericardial involvement is	comm	on with bilateral pleural effusions.			
	(1)	In miliary TB, acid-fast bacilli are more	e likel	y to be found in hard tubercles.			
124.	Which	of the following statement about miliary	Tube	erculosis is false?			
	(4)	Bedaquiline/Delamanid should not be	ısed iı	n pregnant and lactating mothers.			
	(3)	Bedaquiline or Delamanid can be used on patients aged > 6 years of age.					
	(2)	The half life of Delamanid is 5.5 months.					
		tuberculosis.		- •			
	(1)	Bedaquiline, newer anti-TB drug tar	gets .	ATP synthase enzyme of mycobacterium			

123.

Which of following statement is false?

[06]	*	Page 23 of	32	
	(3)	Mycoplasma pneumoniae	(4)	Streptococcus pneumoniae
	(1)	H. Influenzae	(2)	Pseudomonas aeruginosa
135.	Extra-p	oulmonary complication of Guillain Barr	e synd	frome is seen in pneumonia caused by -
	(4)	In volume assist, the flow and volume i	s set,	whereas the breath is machine triggered.
	(3)	In pressure control, the pressure and Ti	is set,	, whereas breath is patient triggered.
	(2)	In volume control, pressure and flow is	set, w	hereas breath is machine triggered.
	(1)	In pressure support, the pressure and retriggered.	ninim	al flow is set, whereas the breath is patient
	mechar	nical ventilation is true?		,
134.	Which	_		ables of positive pressure breath types in
	(3)	Volume targeted ventilation	(4)	Negative pressure ventilation
	(1)	PSV plus PEEP	(2)	Neurally adjusted ventilation
133.		is most commonly delivered with which		•
	(4)			NIV predicts failure in hypoxemic patients.
	(3)	In HACOR score, PaO ₂ /FiO ₂ ratio of ≤	200 is	s given a point of 6
	(2)	patients.	5 at 2	2 hour of NIV predicts failure in hypoxemic
	(1)	APACHE II score is the widely used so		
132.		of the following statement is true?	ana ta	mundiat NIIV failum
122	(3)	Neuromuscular disease	(4)	Community acquired pneumonia
	(1)	Mild ARDS	(2)	Severe ARDS
131.		of the following is a contraindication for		
	(4)	Vt setting should start at 6 mL/kg and I	-	·
		H_2O .		
	(3)	Vt setting should start at 8 mL/kg ide	al boo	dy weight and Pplat do not exceed 30 cm
	(2)	Vt setting should start at 7 mL/kg ideal	body	weight and I:E setting is 1:1 to 1:3.
	(1)	Vt setting should start at 6 mL/kg ideal	body	weight and I:E setting is 1:2 to 1:4.

130. Which of the following statement regarding ventilator strategy in ARDS is true?

136.	Regard	ling Lymphangioleiomyomatosis (LAM)	whic	h of the following is not correct?
	(1)	It usually manifests during the reprodu	ctive y	years in female.
	(2)	Lung volume does not remain preserve	ed.	
	(3)	Renal cysts are occasionally presents.		
	(4)	Pneumothorax in LAM has high recurr	ence r	rate.
137.	Which	of the following statement regarding no	n-REN	A sleep is true?
	(1)	non-REM sleep is characterised by low	/-volta	age slow wave EEG activity.
	(2)	non-REM sleep is characterised by hig	h volt	age slow wave EEG activity.
	(3)	non-REM sleep is characterised by low	volta	ge fast wave EEG activity.
	(4)	non-REM sleep is characterised by hig	h volt	age fast wave EEG activity.
138.	Which	of the following statement about Obstru	ctive S	Sleep Apnea (OSA) is false?
	(1)	Upper airway resistance is increased du	aring s	sleep.
	(2)	Apnea, hypopneas and respiratory effo	rt-rela	ted arousals are found.
	(3)	Sympathetic activity is increased both	during	wakefulness and sleep.
	(4)	Hypoxia attenuates the effects of incre	ased s	ympathetic tone.
139.	Which	of the following statements regarding Pe	olyson	nnography (PSG) is true?
	(1)	In PSG, Level 1 sleep testing meaninformation compared to other levels.	asures	only oximetry and airflow yielding less
	(2)	•	hnolog	gist attendant overnight sleep testing level
	(3)	Level 3 is the level that acquires resp	oirator	y flow, respiratory effort, oximetry, snoring
		and body position.		
	(4)	Level 4 involves a Full PSG performed	l in an	unattended non-laboratory setting which has
		been used in population based studies.		
140.	Obese 1	Hypoventilation Syndrome (OHS) is def	ined b	
	(1)	BMI > 25 kg/m ² ; PaCO ₂ > 45 mmHg	(2)	BMI > 35kg/m^2 ; PaCO ₂ > 40mmHg
	(3)	BMI > 30kg/m^2 ; PaCO ₂ > 45mmHg	(4)	BMI > 40kg/m^2 ; PaCO ₂ > 45mmHg
141.	Which	of the following conditions can cause D	iaphra	gmatic palsy?
	(1)	Sarcoidosis	(2)	Tuberculosis
	(3)	Asthma	(4)	Silicosis
[06]	*	Page 24 of	32	

142.	The p	oredominant	immunosuppres	ssive a	gent us	sed	in	the	induction	therapy	after	lung
	transpl	antation is -										
	(1)	Tacrolimus	S		(2)	Basiliximab						
	(3)	Alemtuzun	nab		(4)		Мусс	phen	olate mofe	til		
143.	E-ciga	rette/Vaping	Associated Lung	g Injury	(EVAL	I),	a syn	drom	ne of acute	respirator	y distr	ess is
	associa	ated with vap	oing of which of	he follo	owing to	xic	chem	nicals	3?			
	(1)	Benzo (a) j	pyrene		(2)		β-nap	hthy	lamine			
	(3)	delta-9-tetr	rahydrocannabino	ol (THC	(4)		Nicot	tine				
144.	All of	the following	g are components	of Puli	monary 1	eha	abilita	ation,	, except -			
	(1)	Exercise tr	aining									
	(2)	Psychosoc	ial support									
	(3)	Collaborat	ive self-managen	nent ski	lls							
	(4)	Emphasis	on short-term hea	lth enh	ancing b	eha	aviou	r				
145.	Cryoth	nerapy used i	in therapeutic bro	onchoso	copy tecl	hni	que f	or m	anaging ce	ntral airw	ay disc	orders
	is base	based on which of the following principles?										
	(1)	Boyle's La	aw.		(2)		Joule	Tho	mpson effe	ct		
	(3)	Carnot's th	neorem		(4)		Avog	gadro	's law			
146.	Which	of the follow	wing statement is	false al	bout Bro	ncl	hial A	rtery	Embolizat	tion (BAE	E)?	
	(1)	BAE can b	ooth localise and	emboliz	ze bleedi	ng	vesse	els.				
	(2)	Success rate have been reported as high as 85%.										
	(3)	BAE for h	aemoptysis due 1	o active	e tubercu	ılos	sis an	d asp	ergilloma ı	may be as	sociate	d with
		higher suc	cess rates with le	ss recui	rrence ra	tes.	•					
	(4)	Adverse e	ffects include sub	ointimal	l vascula	r di	issect	ion a	nd neurolog	gic defect	s.	
147.	All of	the followin	g are diagnosed l	y EBU	S-TBNA	A (t	ransb	roncl	hial-needle	aspiratio	1), exce	ept -
	(1)	Lymphom	ıa		(2))	Tube	ercula	ır hilar lym	phadenop	athy	
	(3)	Silicosis			(4))	Sarce	oidos	sis			

- 148. Which of the following influenza vaccine is administered through intranasal route?
 - (1) Trivalent Inactivated Influenza Vaccine (IIV3)
 - (2) Quadrivalent Inactivated Influenza Vaccine (IIV4)
 - (3) Quadrivalent Recombinant Influenza Vaccine (RIV4)
 - (4) Quadrivalent Live Attenuated Influenza Vaccine (LAIV4)
- 149. Which of the following statement is true?
 - (1) VATS (Video-Assisted Thoracoscopic Surgery) allows sampling from any tissue confined to anterior and middle mediastinum only.
 - (2) Cervical mediastinoscopy provides access to lymph nodes in aortopulmonary window.
 - (3) EBUS-TBNA provides access to posterior subcarinal lymph nodes as well hilar nodes or masses.
 - (4) VATS can be performed under regional anaesthesia.
- 150. The cardinal symptom of radiation pneumonitis is -
 - (1) Cough

(2) Dyspnea

(3) Chest pain

- (4) Hemoptysis
- **151.** In which of the following patients presenting with acute dyspnea would a positive D-dimer prompt additional testing for a pulmonary embolus?
 - (1) A 24-year-old woman with 32 weeks pregnancy.
 - (2) A 36-year-old woman undergoing breast cancer chemotherapy.
 - (3) A 48-year-old man with no medical history and presents with calf pain following prolonged air travel with normal alveolar-arterial oxygen gradient.
 - (4) A 62-year-old man who had an acute myocardial infarction two weeks ago.
- 152. Which of the following statements regarding diagnostic imaging in pulmonary embolism is true?
 - (1) A high probability ventilation-perfusion scan is one that has at least one segmental perfusion defect in the setting of normal ventilation.
 - (2) If a patient has a high probability ventilation-perfusion scan, there is a 90% likelihood that the patient does indeed have a pulmonary embolism.
 - (3) Magnetic resonance angiography provides excellent resolution for both proximal and smaller segmental pulmonary emboli.
 - (4) Multidetector-row spiral CT imaging is suboptimal for detecting small peripheral emboli, necessitating the use of invasive pulmonary angiography.

(1)	Polyarteritis nodosa	(2)	Wegener's syndrome
(3)	Microscopic polyangiitis	(4)	Churg-Strauss syndrome
In whi	ch of the following condition the bron	choal	veolar lavage typically shows increased T
lympho	ocytes with high helper T cells?		
(1)	Sarcoidosis		
(2)	Hypersensitivity pneumonitis	•	
(3)	Idiopathic pulmonary fibrosis		
(4)	Rheumatoid arthritis		
Which	one of the following is not in the diagnos	stic cr	iteria for tropical pulmonary eosinophilia?
(1)	Haemoptysis		
(2)	Eosinophil counts greater than 3300 cel	ls/mn	n ³
(3)	Residence in a filarial endemic area		
(4)	Clinical improvement and haematologic	cal res	sponse to diethylcarbamazine
In which	ch of the following condition, chest radio	ograpl	shows widespread snow-storm appearance
from n	ninute calcified mottled shadows?		
(1)	Alveolar microlithiasis		
(2)	Miliary carcinomatosis		
(3)	Talc granulomatosis		
(4)	Pulmonary alveolar haemorrhage		
Which	of the following statement is correct for	HIV-1	related tuberculosis?
(1)	Apical lobe involvement and cavitation	is co	mmon with low CD ₄ count.
(2)	Extra-pulmonary tuberculosis is more c	omm	on than pulmonary tuberculosis.
(3)	Pleural effusion can be seen in both hig	h and	low CD ₄ count.
(4)	A 3 mm induration is considered positi	ve tub	perculin test.
Which	of the following drug can be safely used	with	Bedaquiline?
(1)	Amiodarone	(2)	Digoxin
(2)	Diltiazem	(4)	Procainamide
(3)			
	(3) In which (1) (2) (3) (4) Which (1) (2) (3) (4) In which (1) (2) (3) (4)	(3) Microscopic polyangiitis In which of the following condition the bron lymphocytes with high helper T cells? (1) Sarcoidosis (2) Hypersensitivity pneumonitis (3) Idiopathic pulmonary fibrosis (4) Rheumatoid arthritis Which one of the following is not in the diagnost (1) Haemoptysis (2) Eosinophil counts greater than 3300 cells (3) Residence in a filarial endemic area (4) Clinical improvement and haematological In which of the following condition, chest radio from minute calcified mottled shadows? (1) Alveolar microlithiasis (2) Miliary carcinomatosis (3) Talc granulomatosis (4) Pulmonary alveolar haemorrhage Which of the following statement is correct for (1) Apical lobe involvement and cavitation (2) Extra-pulmonary tuberculosis is more (3) Pleural effusion can be seen in both high (4) A 3 mm induration is considered position.	(3) Microscopic polyangiitis (4) In which of the following condition the bronchoal lymphocytes with high helper T cells? (1) Sarcoidosis (2) Hypersensitivity pneumonitis (3) Idiopathic pulmonary fibrosis (4) Rheumatoid arthritis Which one of the following is not in the diagnostic cr (1) Haemoptysis (2) Eosinophil counts greater than 3300 cells/mm (3) Residence in a filarial endemic area (4) Clinical improvement and haematological results in which of the following condition, chest radiograph from minute calcified mottled shadows? (1) Alveolar microlithiasis (2) Miliary carcinomatosis (3) Talc granulomatosis (4) Pulmonary alveolar haemorrhage Which of the following statement is correct for HIV-10 in the following statement and cavitation is considered positive tube. (3) Pleural effusion can be seen in both high and the following drug can be safely used with

All of the following are ANCA-associated vasculitis, execpt -

159.	All of the following drugs causes QT prolongation as adverse drug events, except -				
	(1)	Ethionamide	(2)	Fluoroquinolone	
	(3)	Clofazimine	(4)	Bedaquiline	
160.	Regard	ling molecular tests in TB, which of the i	ollow	ring is not correct?	
	(1)	Molecular diagnostic tests provide tir	nely r	results useful for high-quality patient care,	
		low contamination risk and ease of per-	forma	nce and speed.	
	(2)	Diagnostic accuracy is better for r specimens	espira	tory specimens than for non-respiratory	
	(3)	Molecular methods can be used for det	ermin	ing response to treatment	
	(4)	These tests cannot differentiate between	n live	and dead bacilli	
161.	Parapn	eumonic pleural effusion with alkalotic p	H is	caused by -	
	(1)	Enterococci	(2)	E.Coli	
	(3)	Pseudomonas	(4)	Proteus	
162.	Lung s	liding and comet tail artifacts sign on the	oracic	ultrasound denotes -	
	(1)	Pneumothorax	(2)	Pleural effusion	
	(3)	Pleural thickening	(4)	No abnormality	
163.	Sponta	neous pneumothorax in a patient with sk	in lesi	ions, renal mass and 'FLCN' gene mutations	
	is seen	in -			
	(1)	Marfan syndrome	(2)	Adams-Oliver syndrome	
	(3)	Birt-Hogg-Dube syndrome	(4)	Contarini's syndrome	
164.	Which	one of the following Interleukin (IL) is	s the	primary factor responsible for eosinophilic	
	pleural	effusion?			
	(1)	IL-1	(2)	IL-3	
	(3)	IL-5	(4)	IL-7	
165.	Hyperl	paric oxygen therapy is contraindicated in	n -		
	(1)	Carbon monoxide poisoning	(2)	Air embolism	
	(3)	Necrotizing fasciitis	(4)	Untreated tension pneumothorax	

166.	In which of the following method, removal of large quantity of pleural fluid is possible with						
	minima	nimal risk of re-expansion pulmonary edema?					
	(1)	Intercostal tube drainage system					
	(2)	Thoracoscopic removal with controlled suction					
	(3)	Thoracocentesis via needle aspiration					
	(4)	Thoracocentesis via needle aspiration and controlled suction					
167.	Follow	ving are common hemodynamic profile in both hypovolemic and cardiogenic shock,					
	except	cept -					
	(1)	Decrease mean arterial pressure					
	(2)	Decrease in cardiac output					
	(3)	Decrease in pulmonary arterial wedge pressure					
	(4)	Increase in systemic vascular resistance					
168.	The m	nain purpose of permissive hypercapnia during mechanical ventilation is to reduce the					
	patients -						
	(1)	рН	(2)	Tidal volume			
	(3)	Respiratory rate	(4)	Pulmonary pressure			
169.	Which	ch of the following is not a complication of Positive End Expiratory Pressure (PEEP)?					
	(1)	Decrease venous return and cardiac our	tput				
	(2)	Barotrauma					
	(3)	Decreased intracranial pressure					
	(4)	Alteration in renal function and water metabolism					
170.	All of	All of the followings are contraindication of non-invasive mechanical ventilation, except -					
	(1)	1) AIDS with pneumocystis infection					
	(2)	Hemodynamic instability					
	(3)	Inability to protect the airway					
	(4)	Copious respiratory secretions					
171.	'Rago	cytes' in pleural fluid are seen in -					
	(1)	Tuberculosis	(2)	Sarcoidosis			
	(3)	Rheumatoid arthritis	(4)	Ankylosing spondylitis			
[06]	•	Page 20 of	22				

1,4,	** IIICII	which of the following connective tissue disease is not responsive to conteosieroids:					
	(1)	Rheumatoid arthritis	(2)	Ankylosing spondylitis			
	(3)	Acute lupus pneumonitis	(4)	Scleroderma related lung disease			
173.	A 30%	of greater decrease in airflow lasting	atleas	st 10 seconds and associated with a 4% or			
	greater oxyhemoglobin desaturation is called -						
	(1)	Central apnea	(2)	Obstructive apnea			
	(3)	Hypopnea	(4)	Respiratory event-related arousal			
174.	Which	of the followings validated questionnai	res fo	r screening obstructive sleep apnea is based			
	on three reported symptoms (snoring, feeling tired, having witnessed apneas) and five physical						
	characteristics (hypertension, obesity, age, enlarged neck circumference and male gender) -						
	(1)	Berlin questionnaire	(2)	Epworth sleepiness scale			
	(3)	Pittsburgh sleep quality index	(4)	STOP-BANG questionnaire			
175.	Patient	s with chronic hypoventilation disorde	rs of	en complain of headache upon wakening.			
	What is the cause of this symptom?						
	(1)	Arousal from sleep					
	(2)	Polycythaemia					
	(3)	Cerebral vasodilation					
	(4)	Nocturnal micro-aspiration and cough					
176.	In which	In which of the following condition, paradoxical movement of chest wall is seen?					
	(1)	Kyphosis	(2)	Flail chest			
	(3)	Pectus excavatum	(4)	Ankylosing spondylitis			
177.	Which	of the following technique is based or	n aim	to reduce airway smooth muscle mass in			
	uncontrolled bronchial asthma?						
	(1)	Bronchial thermoplasty					
	(2)	(2) Bronchoscopic thermal vapour ablation					
	(3)	Bronchoscopic electrocautery					
	(4)	Photodynamic therapy					

- 178. A worker in acrylic resin factory presented with dizziness, nausea, rapid breathing followed by vomiting, chest pain and confusion in a rapid manner. On examination there is 'bitter almonds' odour breath with no cyanosis and normal oxygen saturation. These features suggest -
 - (1) Carbon monoxide poisoning
 - (2) Cyanide poisoning
 - (3) Paraquat poisoning
 - (4) Sulfur dioxide poisoning
- 179. Which of the following pair of tumors constitutes majority of tracheal tumors?
 - (1) Adenoid cystic carcinoma and adenocarcinoma
 - (2) Squamous cell carcinoma and mucoepidermoid carcinoma
 - (3) Squamous cell carcinoma and adenoid cystic carcinoma
 - (4) Adenoid cystic carcinoma and mucoepidermoid carcinoma
- **180.** The most common cause for hypertension, hyperglycemia, hypokalemic alkalosis and raised ACTH levels among lung cancer is -
 - (1) Squamous cell carcinoma
 - (2) Adenocarcinoma
 - (3) Large cell carcinoma
 - (4) Small cell carcinoma

Space for Rough Work / रफ कार्य के लिए जगह