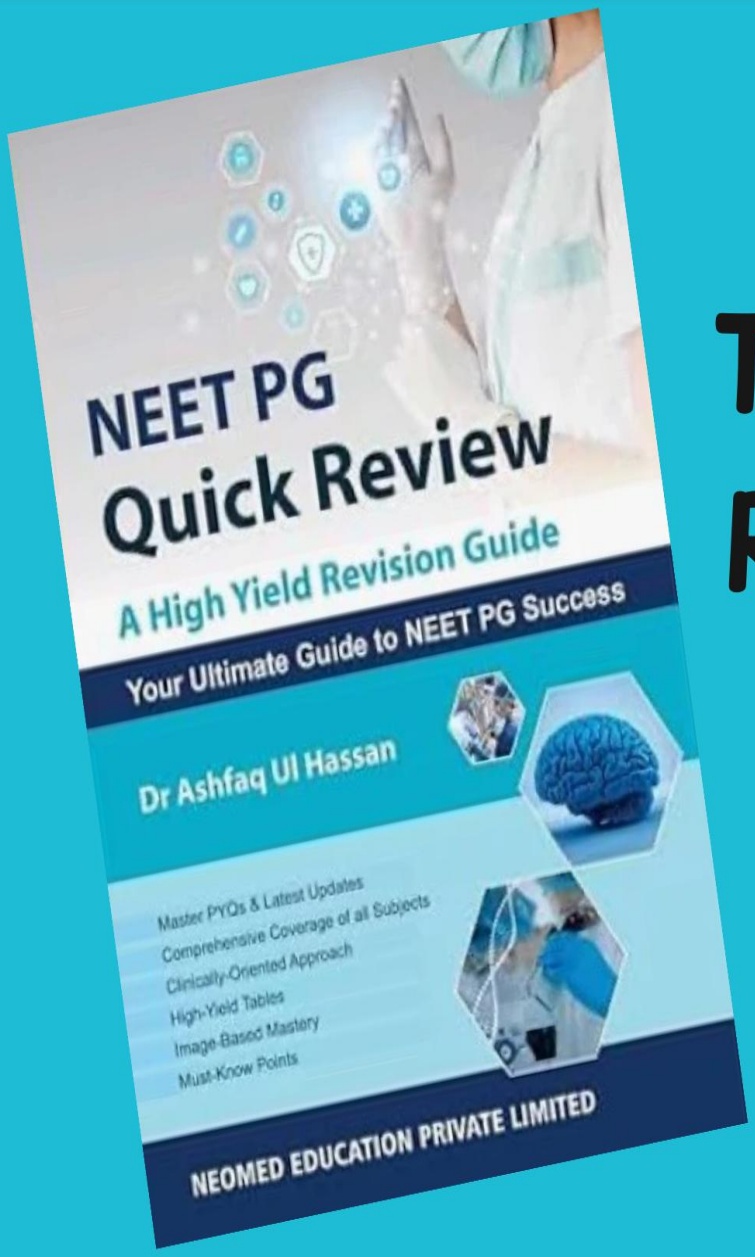
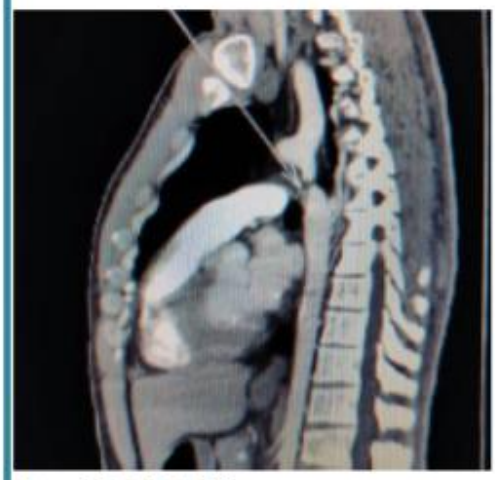


The best Revision guide

A Patient visited a cardiologist who found variation in the pulses at different locations. A CT was done which is shown below. The Coarctation of aorta was confirmed. Which statement is true of Coarctation of aorta?

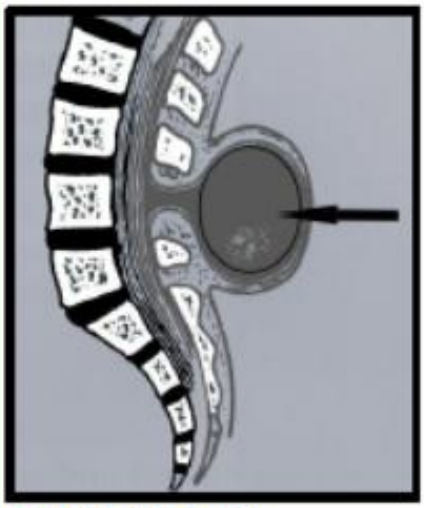


Courtesy: Dr Zubair : MBBS, MS , Mch

A. Decreased pressure in the femoral artery with increased blood flow through epigastric, and scapular arteries.
B. Increased pressure in the femoral artery with increased blood flow through epigastric, and scapular arteries.
C. Decreased pressure in the femoral, epigastric, and scapular arteries.
D. Increased pressure in the femoral, with decreased blood flow through epigastric, and scapular arteries.

Ans A Decreased pressure in the femoral artery with increased blood flow through epigastric, and scapular arteries.

The Below figure represents a serious Congenital Distal vertebroneural defect. It is most likely



A. An Encephalocele
B. Meningomyelocele
C. Anencephaly
D. Arnold Chiari Malformation

Ans B Meningomyelocele

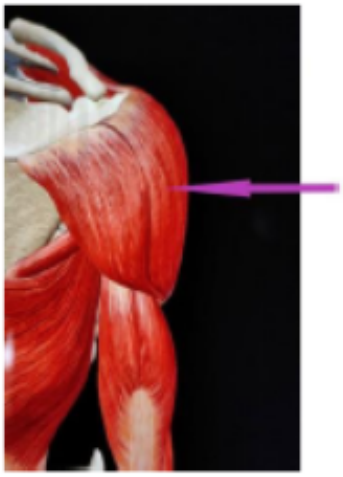
Meningocele: The Arachnoid and the Piamater covering the spinal cord protrude through the opening of the bifid spine and form a cystic swelling.

Meningomyelocele: Here the spinal cord along with its meninges and the spinal nerves are seen to protrude. It is a more serious condition owing to development of infection of the cord itself.

Section 4

Image Based Questions

A Student is studying the Anatomy of Upper Limb. The Muscle shown by arrow is supplied by a Branch from:



A. Lateral cord
B. Medial cord
C. Posterior cord
D. Erb's Point directly

High yield:

- ANA: SLE
- Anti Smith, anti ds DNA: specific for SLE
- Anti Histone: Drug induced SLE
- Anti centromere: CREST Syndrome
- Anti Scl 70: Scleroderma
- Anti SSA, Anti SSB: Sjogren's syndrome
- Anti Jo 1: Polymyositis
- Anti mitochondrial: Primary Biliary Cirrhosis
- Anti glidin, Anti transglutaminase: Celiac disease
- Anti GIL: Hemolytic transfusion reactions
- Anti saccharomyces cerevisiae: Crohn's disease
- Anti epithelial cell: Pemphigus vulgaris
- Anti IgG: Rheumatoid Arthritis

- **CMV mononucleosis** occurs in patients of any age but is most common in sexually active young adults. A vigorous host T cell response may contribute to the syndrome, which is characterized by fever, malaise, fatigue, and myalgia. Headache and splenomegaly are also often present. Mild liver enzyme abnormalities are common, and atypical lymphocytes are present in the peripheral blood. Heterophile antibodies are not formed in response to CMV infection; however, mild immunologic abnormalities, including the presence of rheumatoid factor and antinuclear antibodies, are common.

- **Congenital Rubella syndrome** may become manifest in one or many organ systems. Heart malformations (patent ductus arteriosus, intraventricular septal defect, and pulmonic stenosis) are common, as are ocular lesions (cataracts, microphthalmos, and chorioretinitis) and CNS abnormalities (mental retardation, microcephaly, and deafness).

- **Congenital Toxoplasmosis:** If toxoplasmosis is acquired during pregnancy, transplacental infection of the fetus can occur. during the third trimester. The clinical spectrum of congenital toxoplasmosis varies widely. infants will experience chorioretinitis, hearing loss, or developmental delay. The clinical spectrum of symptom atic congenital toxoplasmosis includes fetal death, neurologic

REMEMBER THE TABLE:

Strans of commonly used vaccines:

Vaccine	Strain(s)
BCG	Danish-1331 strain (WHO recommended)
OPV/ IPV	P1, P2, P3 strains (Mono or Tri-valent)
Measles vaccine	Edmonston Zagreb strain (MC) Schwartz strain Moraten strain
Mumps vaccine	Jeryll Lynn strain
Rubella vaccine	RA 27/3
Yellow Fever vaccine	17 D strain
Varicella vaccine	OKA strain
JE vaccine	Nakayama strain (MC)
(Japanese Encephalitis)	Beijing P3 strain SA 14-14-2
Malaria vaccine	SPf66 strain (Lytic Cocktail) Pf 25 strain

Drugs and Cardiotoxicity:
• Doxorubicin,
• Daunorubicin,
• Vincristine
• Halothane
• Alcohol
Drugs causing Pulmonary Fibrosis:
• Busulfan
• Bleomycin
• Methotrexate
• Nitrofurantoin
• Sulfasalazine
• Practolol
• Amiodarone
Drugs with "Low Safety Margin":
• Digoxin
• Anticonvulsants
• Antiarrythmics
• TCA (tricyclic antidepressants)
• Lithium
• Aminoglycosides

Epratuzumab	CD 22
Etanercept	TNF α
Gemtuzumab	CD 33
Ibritumomab	CD 20
Infliximab	TNF α
Natalizumab	Integrin- α
Nimotuzumab	EGFR
Ocrelizumab	CD 20
Ofatumumab	CD 20
Omalizumab	Ig E
Palivizumab	Fusion protein
Panitumumab	EGFR
Ranibizumab	VEGF
Rituximab	CD 20
Tocilizumab	IL-6R
Trastuzumab	her-2/neu

Disease	Enzyme Deficiency	Clinical Symptoms
Tay-Sachs disease	Hex-osamini-dase A	• Mental retardation • Blindness • Muscular weakness
Fabry's dis-ease	a-Galacto-sidase	• Skin rash • kidney failure • X-linked recessive)
Farber's disease	Cerami-dase	• Hoarseness • Dermatitis • skeletal deformation • mental retardation • fatal in early life
Gaucher's disease	β-GIuco-sidase	• Enlarged liver and spleen • erosion of long bones • mental retardation in infants
Krabbe's disease	β -Galacto-sidase	• Mental retardation • myelin almost absent
Metachro-matic leu-kodystro-phy	Arylsulfa-tase A	• Mental retardation • Psychological disturbances in adults; demyelination
Niemann-Pick dis-ease	Sphingo-myelinase	• Enlarged liver and spleen • mental retardation • fatal in early life

Section 3

Not to Forget Section

How to Identify Most Commonly asked Diseases

Important Anatomical Membranes

– Basilar membrane	Forming floor of Organ of Corti (Ear)
– Bowmans Membrane	Anterior limiting mem brane of Cornea (Eye)
– Bruchs Membrane	Pigment membrane in Retina (Eye)
– Decemet's Membrane	Posterior limiting mem-brane of Cornea (Eye)
– Elschings Membrane	Astroglial membrane covering Optic Disc (Eye)

A 67 year old man is apprehensive about abdominal discomfort, fatigue and weight loss. He presents in GI clinic with vomiting and fullness after taking food. He is a smoker, takes moderate amounts of alcohol. He is taking lansoprazole for stomach ulceration for 4 months. On examination he is having nodularity in his right hypochondrium. Lab examination demonstrates:

Hb: 8.6 gm/dl

AST: Mild elevation

ALT: Mild elevation

Total bilirubin: normal. USG report is pending He would most likely be having:

1. Esophageal mass
2. Peptic ulcer perforation
3. Pseudocyst pancreas
4. Metastasis from gastric mass

Ans 4 Metastasis from gastric mass

Cancer of the stomach may present with abdominal discomfort, fatigue, Anorexia and weight loss. Vomiting is a late symptom. Weakness and fatigue from anemia (Hb: 8.6 gm/dl) caused by chronic occult blood loss are common. When the tumor metastasizes, additional symptoms may include jaundice or right upper quadrant pain from liver metastases. This Patient who was treated for peptic ulcer disease has constant anorexia and mild weight loss with nodularity in right hypochondrium suggesting metastasis

Section 2

Clinically Oriented Questions

A 25 years old non diabetic female is brought to casualty with an episode of giddiness. On Examination she had a BP OF: 210/130 mm Hg. Her Past History is significant for hypertension not responding to antihypertensives. Contrast Radiology Reveals String of Beads Appearance. Most Likely cause is:

1. Aberrant Renal Vessels
2. Fibromuscular Dysplasia
3. Renal Ectopia
4. Renal Agenesis

Ans 2 Fibromuscular Dysplasia

Patients with fibromuscular disease tend to be younger and predominantly female and are less likely to develop cardiovascular complications. This is a classic example of Obstructive lesions of the renal artery which can produce hypertension Renovascu-

ryllium disease may contain Schaumann and asteroid inclusion bodies, which are the end-products of actively secreting epithelioid cells.

- **Bornholm disease:** It is fibrinous pleurisy caused by infection with coxsackie B virus. It is mostly a dry pleurisy characterised by clinical triad (fever, pain and pleural rub). Some patients may have small effusion not detected clinically. The condition is self-limiting and resolves within 2 weeks.

- **Cartilage Hair Hypoplasia:** The autosomal recessive cartilage hair hypoplasia (CHH) disease is characterized by short-limb dwarfism, metaphyseal dysostosis, and sparse hair, together with a combined T and B cell PID of extremely variable intensity.

- **Collectins:** These are secreted collagen-like proteins that bind to carbohydrate or lipids in microbial cell walls and can be antimicrobial or activate the complement system. **Mannan-binding lectin (MBL)** is synthesized in the liver and secreted into the serum as part of the acute phase response. It binds to microbial carbohydrates to initiate the lectin pathway of complement activation. The MBL has mannose-associated serine proteases (MASP-2) that function like Clr and Cls to activate the classical complement

Section 1

Newer Concepts for 2024-2025

- **Alder-Reilly Anomaly:** This congenital abnormality of granulocytes is characterised by the presence of abnormally large, darkly staining granules resembling toxic granules in cytoplasm. The granules are also variably present in monocytes. This abnormality is commonly seen in mucopolysaccharidoses such as Hurler's and Hunter's syndrome.

- **Alveolar hydatid disease:** Alveolar hydatid disease, also designated alveolar or multilocular echinococcosis, is caused by Echinococcus multilocularis. Adult worms are present in foxes, coyotes, or dogs, and humans may be infected by contact with these animals or by ingesting vegetables or water soiled by infected dog feces.

The Book is specifically suited for

- **Neet Pg Students**
- **INICET Students**
- **MBBS Students**

Tips to Improve your Score

- Use All Standard Text Books
- Be regular in studies
- Not to start preparation late
- Make Use of ward rounds
- Do not Take Social media seriously
- Make use of your Notes.
- Do not waste time on unnecessarily long videos.

NEET PG

Quick Review

A High Yield Revision Guide

Dr. Ashfaq Ul Hassan
MBBS, MS

- Qualified MS Surgery
- USMLE Step 1
- USMLE Step 2
- Passed UAE Board
- Passed Dubai Health Care Exams
- Passed PSC JK
- Passed IELTS UK
- Passed PLAB 1
- Passed PLAB 2

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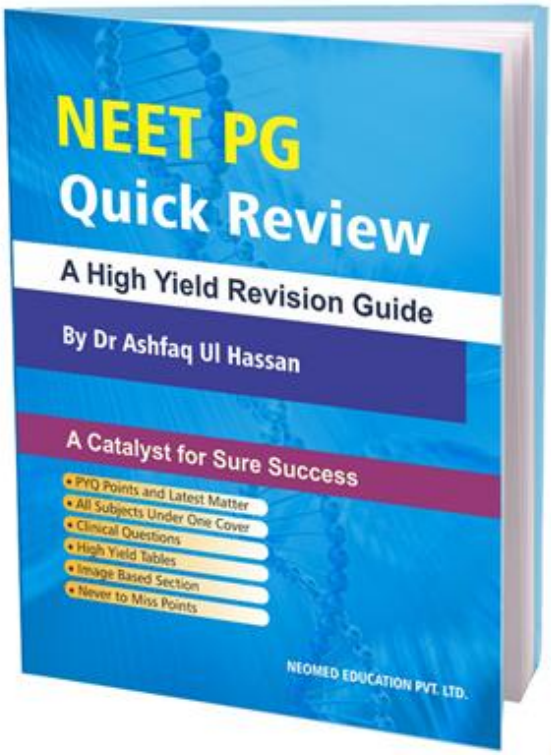
NEOMED EDUCATION PRIVATE LIMITED

NEET PG Quick Review



- ✓ PYQ Points and Latest Matter
- ✓ All Subjects Under One Cover
- ✓ Clinical Questions
- ✓ High Yield Tables
- ✓ Image Based Questions
- ✓ Never to Miss Points