

- The patients affected by the thalassemia trait are generally asymptomatic with a normal haemoglobin level.
- The following options can be used for the confirmation of the diagnosis of Thalassemia trait:
 - HPLC [High-Performance Liquid Chromatography] of Hb
 - Increased HbA2 levels (>3.5%)
 - The levels of HbF are relatively normal.
- NESTROFT [Naked Eye Single Tube Red Cell Osmotic Fragility Test] is useful in **screening** thalassemia trait.

FMGE Recall Questions Jan 2026

Ques ID : Q882123



VERSION

SINGLE CORRECT

A 12-year-old girl presents for a regular health maintenance visit. There are no active complaints, and she has been feeling well. She has no chronic medical conditions and does not take any medications. She has a positive family history of thalassemia. Which of the following best confirms the diagnosis of thalassemia trait?

- ☐ A Elevated HbA2
- ☐ B Reticulocytosis
- ☐ C NESTROFT
- ☐ D Peripheral smear

Q. Identify the clinical sign shown in the image.


- a. Chadwick sign
- b. Hegar sign
- c. Goodell sign
- d. Oslander sign



FMGE Recall Questions Jan 2026

Ques ID : Q841545

Ag X

VERSION 

SINGLE CORRECT

Match the following statements with the right option.

| | |
|--------------------|---|
| 1. Chadwick's sign | a. Increased pulsations felt through lateral fornices. |
| 2. Goodell's sign | b. Softening of Cervix. |
| 3. Osiander's sign | c. Bluish hue of the vaginal wall. |
| 4. Hegar's sign | d. Abdominal & vaginal fingers oppose below the body of the uterus. |

A 1- a, 2- d, 3- c, 4- d

B 1-c, 2- a, 3- b, 4- d

C 1- c, 2- b, 3- a, 4- d

D 1- b, 2- c, 3- d, 4- a

Q. A 14-year-old girl presents with primary amenorrhea. On examination, the uterus is absent and ovaries are absent. Pubic hair is scanty. What is the most likely diagnosis?

FMGE Recall Questions Jan 2026

- a. Turner syndrome
- b. **Androgen insensitivity syndrome**
- c. Gonadal dysgenesis
- d. Müllerian agenesis

COMPLETE AIS, 46 XY

- Internal genitalia - uterus, vag, tubes (-)
- External genitalia - female

Problems :

- Present with primary amenorrhea
- Difficulty in coitus possible
- They need -
 - * Gonadectomy once pubertal dev is complete / 18 yrs
 - * After gonadectomy → Estrogen Replacement
 - * Vaginoplasty
 - * preg → Adoption is the only option

Physical Features:

- Tall height
- Normal breast development
- Undescended testes (from S. Test o → range)
- Absent pubic hair
- Blind vaginal pouch, absent uterus

Q. A postmenopausal woman presents with intermittent vaginal bleeding. She subsequently undergoes hysterectomy. The resected specimen is shown. What is the most likely indication for which the hysterectomy was performed?

- A. Adenomyosis
- B. **Endometrial carcinoma**
- C. Leiomyoma uterus
- D. Endometrial hyperplasia



FMGE Recall Questions Jan 2026

CLINICAL PRESENTATION

- Average age at presentation 55-70 yrs (Indian ♀ Median age ~54 yrs)
- MC presentation Irregular vaginal bleeding
- Most specific complaint post-menopausal bleeding
- Dirty vaginal discharge
- Pelvic pain
- Referred pain in hypogastrium



is called as Simpson's pain. Simpson's pain. This is a diuretic pain. So if a woman is complaining of



Q. Which one of the following options is NOT an the indication of medical management in unruptured ectopic pregnancy

- Fetal cardiac activity present
- Serum β -hCG level of 3500 IU/L
- Gestational sac size of 3 cm
- Hemodynamically stable mother

FMGE Recall Questions Jan 2026

11:29



Ques ID : Q882125

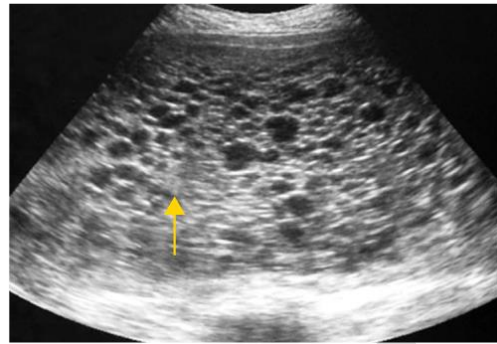


VERSION

SINGLE CORRECT

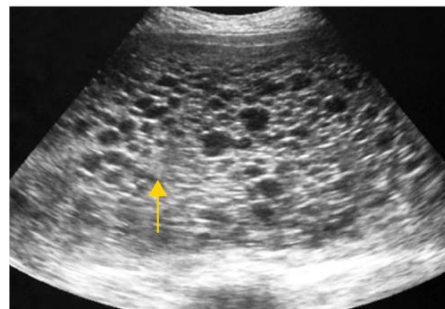
Which of these are true about criteria for medical management in Ectopic pregnancy?

- ☐ A Size of g-sac is < 6 cm
- ☐ B B-HCG levels should be < 5000 IU
- ☐ C Patient should be hemodynamically unstable
- ☐ D Followed in all types of ectopic pregnancies



Q. What is the most likely diagnosis?

- a. Complete mole
- b. Partial mole
- c. Ectopic pregnancy
- d. Hydropic degeneration



FMGE Recall Questions Jan 2026

Q. A woman came with 10 weeks amenorrhea, with severe nausea and vomiting. Size of the uterus is 12 to 14 weeks, and USG shows the following appearance.

What is the management?

Diagnosis: Molar preg, Complete mole

Signs: Snow storm app

CFI, IUD, Cer, Mirena, Contraception during F/U

a. Follow up
b. Continue pregnancy
c. Suction and evacuation
d. Diagnostic laparoscopy

Management: Suction and evacuation

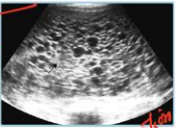
Follow up: hCG F/u weekly till (11) & then monthly to 6 months

Complete Molar preg + BCL theca cysts

Do ex. till 3rd qtr

Toc → S & E

Regress esp on their own in 3-6 months



Q. What is the permanent method used for sterilization in females?

- Salpingectomy
- Salpingotomy
- Pomeroy method**
- Salpingostomy

FMGE Recall Questions Jan 2026

Methods of tubal ligation during laparotomy

- Modified Pomeroy's Method



Q. A woman with 13 weeks gestation presents with a uterus corresponding to 18 weeks. Ultrasound shows a grape-like mass, with no fetus or amniotic fluid. What is the most appropriate management?

- a. **Suction & evacuation**
- b. Dilatation and curettage
- c. Hysterectomy
- d. Methotrexate therapy

FMGE Recall Questions Jan 2026

Q. A woman came with 10 weeks amenorrhea, with severe nausea and vomiting. Size of the uterus is 12 to 14 weeks, and USG shows the following appearance.

What is the management?

Diagnosis: Molar preg
Complete mole

Signs: Snow storm app

Options:

- Follow up
- Continue pregnancy
- Suction and evacuation
- Diagnostic laparoscopy

Management: Suction and evacuation

Post-operative: HPE of products for confirmation

Follow-up: hCG F/u weekly till (11) & then monthly to 6 months

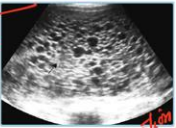
Complete Molar preg + B/L theca lutein cysts

Do not take f & o

Toc → S & E (regress esp on their own in 3-6 months)

Contraception during f/u

CI-I, IUD, Cert, Mirena



Q. Identify the condition based on the following USG:

- Monochorionic diamniotic (MCDA)
- Dichorionic diamniotic (DCDA)
- Monochorionic monoamniotic (MCMA)
- Conjoined twins




T sign **MCDA**




Placenta
Fetus 1
Fetus 2
Amnion

Praveen Kumar Sharma
praveen.sharma@prepladder.com
7415569037



Q. A 50-year-old postmenopausal woman presents with postmenopausal bleeding. Ultrasound shows a "feeding vessel" sign, suggestive of an endometrial polyp. What is the most

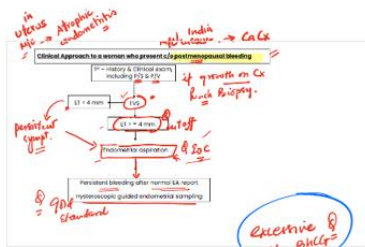
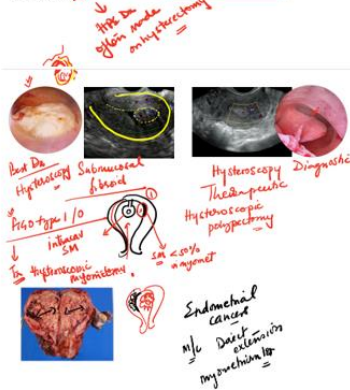
FMGE Recall Questions Jan 2026

appropriate management?

- Watchful waiting
- Medical therapy with progestins
- Hysteroscopic polypectomy**
- Dilation and curettage

Q. A 40-year-old obese woman visits gynaecologist with intermenstrual bleeding.
USG shows a lesion in the endometrial cavity with feeding vessel sign. The diagnosis is?

- Endometrial cancer
- ☒ Endometrial polyp
- Submucous fibroid
- Leiomyosarcoma



Q. Which of the following hormonal patterns is characteristic of a postmenopausal woman?

- ↑ LH, ↑ FSH, ↓ estrogen and progesterone**
- ↓ LH, ↓ FSH, ↑ estrogen and progesterone
- ↑ LH, ↓ FSH, ↑ estrogen and progesterone
- ↓ LH, ↑ FSH, ↓ estrogen and progesterone

FMGE Recall Questions Jan 2026

★ Menopause Retrospective Dx after 12 months of Amen
 Q. 47 year old woman with amenorrhea for 1 year, had FSH levels of 40 IU/L on two occasions & is complaining of hot flashes. She is otherwise healthy. She is started on systemic HRT. What is true about HRT? in a ♀ in expected age. of menopause

Q. Dx of menopause using = hormone = **FSH**

- a. Decreases risk of breast cancer
- b. Decreases risk of endometrial cancer
- c. **Decreases risk of colon cancer**
- d. Increases risk of osteoporosis

• LH ↑
 • S. Estradiol low < 20pg/mL
 • S. AMH ↓

for main reasons for giving systemic HRT

| Advantages of HRT | Disadvantages |
|--|--------------------------------------|
| Relief from hot flashes | Increased risk of CAD in older women |
| Relief from genitourinary atrophy symptoms | Risk of breast cancer |
| Prevention of osteoporosis | Risk of VTE |
| Decreased risk of colon cancer | Risk of endometrial cancer |
| | Risk of gall stones |
| | Risk of ovarian cancer |

Doc for osteoporosis
 ↓
 Bisphosphonates =


only complaint vaginal dryness atrophic vaginitis
 ↓
 Tx local estrogen cream

Q. A woman presents with curdy white vaginal discharge with vaginal itching and burning. What

Is this the most likely diagnosis?

- Bacterial vaginosis
- Vulvovaginal candidiasis**
- Trichomoniasis
- Atrophic vaginitis

Woman C/O Vaginal Discharge P/S & P/V

| Discharge coming out of the os Cervix unhealthy, cervical erosion | Cervix healthy Discharge from the vagina |
|---|---|
| <p>Clinically cervicitis</p>  <p>Gram stain of endocervical smear</p> <p>WBC +, no organism seen Presumptive Dx: Chlamydia</p> <p>Doxycycline 100 mg BD for 7 days</p> <p>Azithromycin 1 gm single dose</p> | <p>Curdy white D/S Intense itching + Dysuria pH < 4.5 Fungal pseudomycotia WBCs seen</p> <p>Greenish frothy D/S Foul-smelling, itching, dysuria, Strawberry Cx, pH > 4.5 Flagellated microorg. & WBCs seen, Whiff test +</p> <p>Milky white D/S Fishy odor, No itching pH > 4.5, Clue cells No WBSs Whiff test +</p> <p>Candidiasis Doc: Fluconazole Vag. clotrimazole</p> <p>Trichomoniasis Doc: MTz</p> <p>Bacterial vaginosis Doc: MTz</p> <p>Not an STD</p> |

FMGE Recall Questions Jan 2026

Q. Which contraception is contraindicated in a woman with hypertension?

- a. CuT
- b. LNG-IUCD
- c. OCPs
- d. DMPA

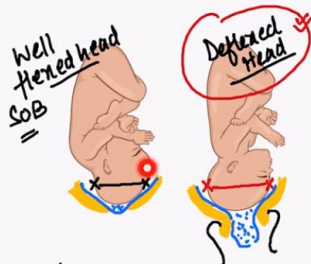
Absolute Contraindications for COCs

- Age > 35 and smoking
- H/o stroke, Past h/o DVT / Thrombotic disorders
- Migraine with aura
- Coronary Artery Disease
- Complicated valvular heart disease
- Breast Cancer
- Uncontrolled Hypertension

In the blood sample, I want to look at any evidence of diabetes. I also want to take a

Q. A woman in labor, P/V findings - sagittal suture obliquely placed, posterior fontanelle at 4 o'clock position & the anterior fontanelle easily palpable. What is the most likely fetal presentation?

- a. Occipitoposterior presentation
- b. Cephalic presentation
- c. Breech presentation
- d. Brow presentation



Q. Engaging diameter of fetal head :

↳ Occipitofrontal or SOF

- Delayed Engagement
- Slow progress of labor
- Easily rupture of membranes

on P/V exam:

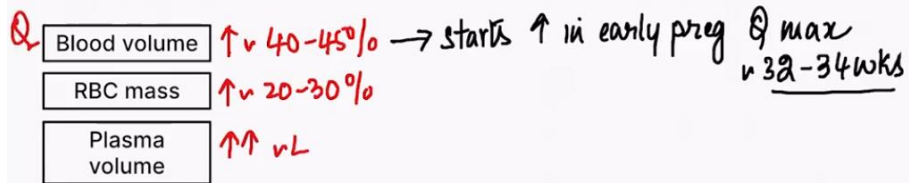
- Loose hanging cervix
- Elongated Bag of membranes
- Anterior fontanelle is more easily felt

the head is deflexed. So, understand here look when the head is well flexed well flexed head

FMGE Recall Questions Jan 2026

Q. Which of the following physiological changes occur during pregnancy?

- a. Increase in cardiac output and plasma volume
- b. Decrease in cardiac output, decrease in plasma volume
- c. Increase in cardiac output, decrease in plasma volume
- d. Decrease in cardiac output, increase in plasma volume



| | |
|---------------|---|
| Blood volume | ↑ ~ 40-45% → starts ↑ in early preg & max ~ 32-34 wks |
| RBC mass | ↑ ~ 20-30% |
| Plasma volume | ↑↑ ~ 2x |



Q. A woman has delivered a stillbirth and now wishes to stop lactation. Which drug is most appropriate?

- a. Bromocriptine
- b. Oxytocin
- c. Misoprostol
- d. Calcitonin

FMGE Recall Questions Jan 2026

12:00



Ques ID : Q882138



not to be very effective with her. The doctor started with another drug, and after 3 weeks, she came for a follow-up and reported that she was able to get sound sleep. The woman was also in her first trimester of pregnancy, but she forgot to tell the psychiatrist and continued to take the drug for the next 2 months. After the delivery, she found that she was not able to feed her baby as there was no lactation. Which of the following drugs led to suppressed lactation in this patient?

☐ A Amphetamines

☐ B Carbamazepine

☐ C Labetalol

☐ D Ibuprofen

FMGE Recall Questions Jan 2026

Ques ID : Q882138



Solution

Correct Option A - Amphetamine:

Medications absolutely contraindicated for a breastfeeding mother include:

- Lithium
- Cyclosporin
- Antineoplastic agents
- Drugs like cocaine, **amphetamines**, ergotamines, and bromocriptine suppress **lactation**.
- Antibiotics are generally safe, with only a few exceptions (such as tetracyclines and chloramphenicol).
- While sedatives and narcotic pain medications are probably safe, the infant must be observed for sedation.

Incorrect Options:

Option B - Carbamazepine:

- **Carbamazepine** is an anticonvulsant medication that is used for the treatment of epilepsy and neuropathic pain.
- Carbamazepine is not associated with suppressed lactation.

Option C - Labetalol:

- Taking labetalol during pregnancy can affect the growth of the baby.
- Oral labetalol does not affect prolactin.

Option D - Ibuprofen:

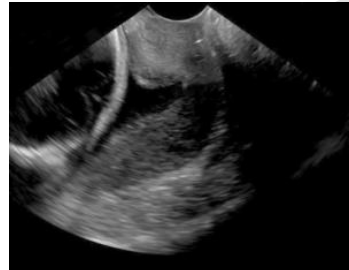
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- Ibuprofen is a painkiller that has no side effects on prolactin and decreases breast milk.
- Ibuprofen can be recommended for breastfeeding mothers.

FMGE Recall Questions Jan 2026

Q. A woman has had two second-trimester pregnancy losses. What is the most likely diagnosis?

- Cervical insufficiency**
- Placental abruption
- Placenta previa
- Uterine anomalies

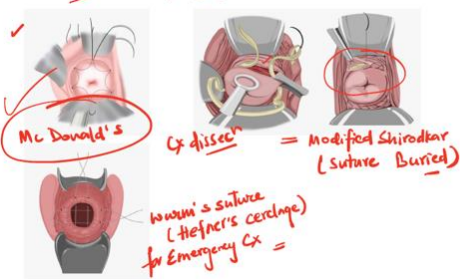


Q15. A 30-year-old G3 (A2) is seen at 16 weeks gestation. She has h/o 2 prior spontaneous pregnancy losses at 4-month & 3-month gestation. She is planned for cervical cerclage procedure in this pregnancy. All of the following are contraindications to the procedure except?

- Vaginal bleeding
- Uterine contraction
- Ruptured membrane
- Funneling of internal os

Handwritten notes:
 Dx: Cx insufficiency
 Classical history 1st of all
 During preg
 ② TVS Cx length 16-24 wks < 25mm

Handwritten notes:
 ① outside 24 preg → easy passage of pessary w/ dilator



Q. 30 year old female with cyclical rectal bleeding & pelvic pain. Pain increased with menses. Diagnosis ?

- Endometriosis**
- Hemorrhoids
- Endometrial cancer
- Fibroids

FMGE Recall Questions Jan 2026


CLINICAL PRESENTATION

- More commonly seen in nulliparous woman
- * Congestive dysmenorrhea
- Chronic pelvic pain
- Dyspareunia
- Infertility
- Pelvic mass
- Menstrual disturbances (can occur)

Handwritten notes:

- usual age 25-35yr
- Classic triad
 - * pelvic pain
 - * Infertility
 - * Dyspareunia
- pain MLC sympt.
- menorrhagia
- frequent cycles
- anovulatory cycles

2nd MLC
3rd MLC



Q. A woman's Pap smear shows atypical glandular cells. What is the next appropriate investigation?

A. Biopsy

B. Colposcopy

C. Colposcopy + Endocervical curettage

D. Hysterectomy

Ques ID : Q821810

and occasionally drank a glass of wine with dinner. There are no abnormalities found on physical examination, including a pelvic examination. A urine pregnancy test comes back negative. A Pap smear reveals abnormal glandular cells. Which of the following management steps is the most appropriate next step?

A Perform colposcopy with endocervical and endometrial sampling

B Perform a diagnostic loop electrosurgical excision

C Test for oncogenic human papillomavirus

D Perform colposcopy and cytology every six months for two years

FMGE Recall Questions Jan 2026

Q. A woman had a LNG-IUCD inserted. She has been experiencing bleeding since the day of insertion, which is affecting her daily activities, and she demands removal. What is the appropriate management?

- a. **Reassure and continue IUCD**
- b. Remove the IUCD
- c. Give NSAIDs / short course of combined oral contraceptive and continue IUCD
- d. Evaluate for pregnancy or pelvic infection and manage accordingly

Local

Live

Ques ID : Q882157

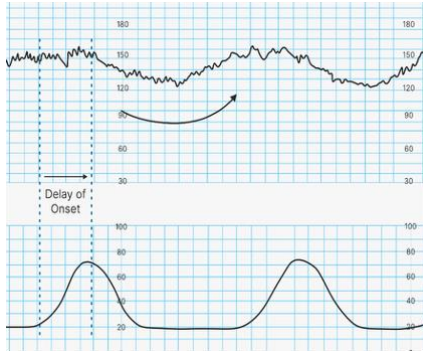
SINGLE CORRECT

Q. 21 A woman had a LNG-IUCD inserted. She has been experiencing bleeding since the day of insertion, which is affecting her daily activities, and she demands removal. What is the appropriate management?

- A** Reassure and continue IUCD
- B** Remove the IUCD
- C** Give NSAIDs / short course of combined oral contraceptive and continue IUCD
- D** Evaluate for pregnancy or pelvic infection and manage accordingly

Q. Identify CTG..

FMGE Recall Questions Jan 2026



- A. Early deceleration
- B. Late deceleration**
- C. Variable deceleration
- D. Prolonged deceleration

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52%

Ques ID : Q882128

ⓐ ×

VERSION ✖

SINGLE CORRECT

An 18-year-old female at full-term primigravida with pre-eclampsia is brought to the emergency department by her husband with labour pain. Her immunization history is unknown, and she didn't receive any antenatal care or take medicine during her pregnancy. Her previous USG report at 36 weeks of gestation was normal. On physical examination, the temperature is 99.4°F; blood pressure is 146/92 mmHg; the pulse is 104 beats/min. Her fetal heart monitor shows late decelerations that appear after each contraction. Which of the following is indicated by this type of finding?

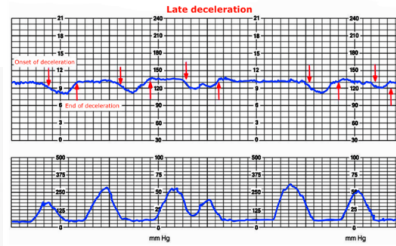
FMGE Recall Questions Jan 2026

A Head compression

B Cord compression

C Fetal hypoxia

D Breech presentation



Decelerations:

- The decelerations are the transient episodes of decreasing FHR below the baseline level of ≥ 110 bpm and lasting ≥ 15 seconds to 2 minutes.
- Types of decelerations include:
 1. Early deceleration - due to head compression.
 2. Late deceleration - due to chronic placental insufficiency.
 3. Variable deceleration - due to cord compression.

Late decelerations:

- It is a uniform, repetitive, periodic slowing of FHR with onset mid to end of the contraction and nadir more than 20 seconds after the peak of the contraction and ending after the contraction.
- Seen in placental insufficiency, epidural analgesia, and maternal hypotension.
- Late decelerations indicate decreased blood flow to the placenta and cause fetal hypoxia, which may lead to fetal acidemia.
- Management includes:
 - Correct the underlying cause to replenish uteroplacental blood flow.
 - The patient is laid down in the left lateral position till the surgery to relieve compression of the vena cava.
 - Oxygen inhalation is given to maintain adequate oxygen supply to the fetus.

Q. A patient with pain, heavy menstrual bleeding and symmetrically enlarged uterus of size corresponding to 10-14 weeks. Diagnosis?



A. Endometrial cancer

B. Endometrial polyp

C. Adenomyosis

D. Endometriosis

FMGE Recall Questions Jan 2026

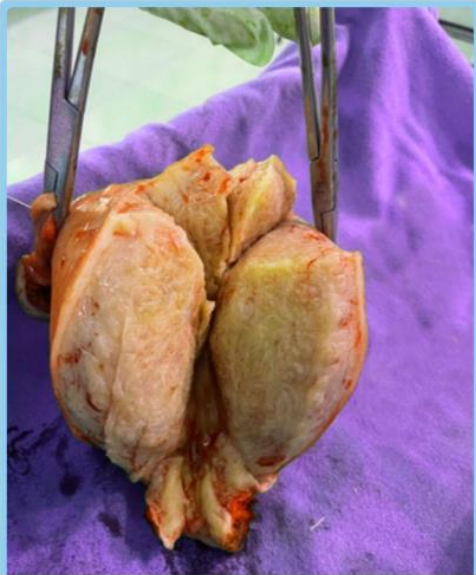
Ques ID : Q882134



VERSION 

SINGLE CORRECT

A 40-year-old, multiparous woman with the complaint of dysmenorrhea, menorrhagia and chronic pelvic pain undergoes hysterectomy. From the cut specimen given below, identify the condition:



A Fibroid uterus

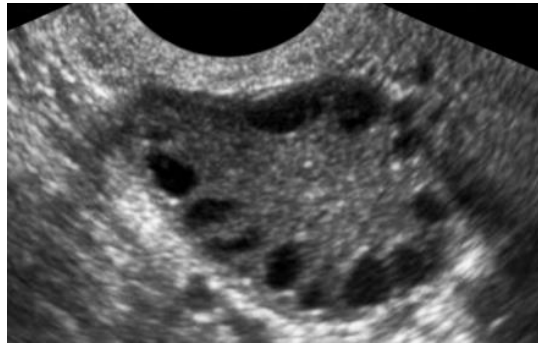
B Adenomyosis

C Endometriosis

D Endometrial cancer

FMGE Recall Questions Jan 2026

Q. A 16-year-old girl presents with delayed and irregular menstrual cycles for the past year. On evaluation, ultrasound of the ovaries shows multiple small peripheral cysts giving a “string-of-pearls” appearance as shown below. What is the most likely diagnosis?



Options

- A) Premature ovarian failure
- B) Polycystic ovary syndrome
- C) Ovarian hyperstimulation syndrome
- D) Endometriosis

Ques ID : Q882193

Ans



A Chocolate cyst

B String of pearls sign

You missed

C Honeycomb appearance

D Ground-glass appearance

Q. A pregnant female at 16th week of gestation is diagnosed with anemia. What is the most appropriate treatment?

FMGE Recall Questions Jan 2026

- a. 100 mg iron, 500 mcg once daily
- b. 60 mg iron, 500 mcg twice daily
- c. **100 mg iron, 500 mcg twice daily**
- d. 60 mg iron, 50 mcg once daily

Ques ID : Q882274



SINGLE CORRECT

A pregnant female at 16th week of gestation is diagnosed with anemia. What is the most appropriate treatment?

- A** 100 mg iron, 500 mcg once daily
- B 60 mg iron, 500 mcg twice daily
- C 100 mg iron, 500 mcg twice daily
- D 60 mg iron, 50 mcg once daily

Q. A woman with white and foul smelling vaginal discharge was subjected to PAP smear examination, which revealed clue cells. What is the appropriate treatment?

- a. Metronidazole**
- b. Oral Itraconazole
- c. Clotrimazole pessaries
- d. Selenium sulphide

FMGE Recall Questions Jan 2026

Ques ID : Q882275



SINGLE CORRECT

A woman with white and foul smelling vaginal discharge was subjected to PAP smear examination, which revealed clue cells. What is the appropriate treatment?

- ☐ A Metronidazole
- ☐ B Oral Itraconazole
- ☐ C Clotrimazole pessaries
- ☐ D Selenium sulphide

Q. What investigation should be done when a patient is presented with leiomyoma in the uterine wall?

- a. CT pelvis
- b. Hysterosalpingography
- c. Plain Roentgenogram - pelvis
- d. **MRI pelvis**

Ques ID : Q882277



SINGLE CORRECT

What investigation should be done when a patient is presented with leiomyoma in the uterine wall?

- ☐ A CT pelvis
- ☐ B Hysterosalpingography
- ☐ C Plain Roentgenogram - pelvis
- ☐ D MRI pelvis

FMGE Recall Questions Jan 2026

Q. A girl was brought to the clinic for primary evaluation. Physical examination: Tanner stage - 4 breast. USG: blind vagina, no uterus, no ovaries. Lab: High testosterone levels. What is the most probable diagnosis?

- a. Complete AIS
- b. 17 Alpha hydroxylase deficiency
- c. Swyer syndrome
- d. MRKH

COMPLETE AIS, 46 XY

- Internal genitalia - uterus, vag, tubes (-)
- External genitalia - female

Problems:

- Present with primary amenorrhea
- Difficulty in coitus possible
- They need -

** Gonadectomy once pubertal dev is complete / 18 yrs*
** After gonadectomy → Estrogen Replacement*
** Vaginoplasty*
** preg → Adoption is the only option*

Tall height

Normal breast development

Undescended testes

Absent pubic hair

Blind vaginal pouch, absent uterus

Estrog

from S. Test → range

for you people, Okay?

Q. What is the next best step when a postmenopausal lady presents with complaints of irregular bleeding with endometrial thickness of 8mm?

- a. MRI pelvis
- b. **Endometrial sampling**
- c. Diagnostic hysteroscopy
- d. Dilatation and Curettage

Ques ID : Q882278

As

SINGLE CORRECT

What is the next best step when a postmenopausal lady presents with complaints of irregular bleeding with endometrial thickness of 8mm?

A MRI

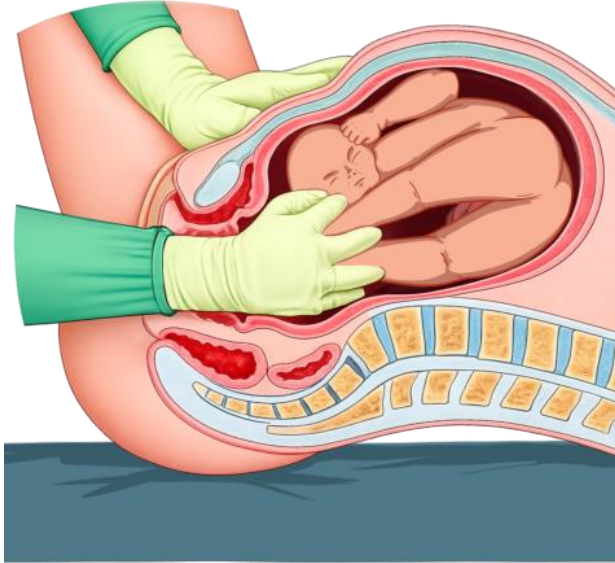
B Endometrial sampling

C Diagnostic hysteroscopy

D Dilatation and Curettage

FMGE Recall Questions Jan 2026

Q. The maneuver shown in the image is done for which of the following conditions?



- a. Face presentation
- b. Shoulder presentation
- c. Breech
- d. **Second twin transverse lie**

FMGE Recall Questions Jan 2026

Ques ID : Q842273



SINGLE CORRECT

A 28-year-old primigravida at 38 weeks of gestation presents to the labor and delivery unit in active labor. She is carrying dichorionic diamniotic twins. The first twin is in a cephalic presentation and delivers vaginally without complications. After the delivery of the first twin, the second twin is found to be in a transverse lie. Given the situation, the decision is made to perform an internal podalic version. Which of the following statements is true regarding internal podalic version in the context of twin pregnancy?

- ☐ A It is necessary if the second twin is in a breech presentation.
- ☐ B It involves converting the second twin to a cephalic presentation externally.
- ☐ C It is performed by reaching into the uterus to grasp and bring down the feet of the second twin for a breech delivery.
- ☐ D It is contraindicated in all cases of transverse lie for the second twin.

Q. A diabetic female with HbA1c of 8 and retinopathy wants to get pregnant. What is the best advice?

- a. Insulin
- b. Metformin
- c. **Preconception counselling**
- d. Control blood sugar

FMGE Recall Questions Jan 2026

Ques ID : Q882279

Ⓐ

SINGLE CORRECT

A diabetic female with HbA1c of 8 and retinopathy wants to get pregnant. What is the best advice?

- ☐ A Insulin
- ☐ B Metformin
- ☐ C Preconception counselling
- ☐ D Control blood sugar

Q. Female in labor shows abrupt fetal bradycardia after spontaneous rupture of membrane. Cervix is 6cm dilated. 5/5 of the head is palpable. Diagnosis?

- a. Abruption
- b. **Cord prolapse**
- c. Uterine prolapse
- d. Vasa previa

Ques ID : Q842357

Ⓐ

SINGLE CORRECT

A 30 year old pregnant woman at 40+5 weeks of gestation is planned for induction of labour with artificial rupture of membranes (ARM). Following ARM, a gush of clear amniotic fluid is noted, and a part of the umbilical cord is visible and pulsating upon vaginal examination, and the cervix is only 4 cm dilated. What is the most appropriate immediate management step for this cord prolapse?

- ☐ A Wait for spontaneous delivery
- ☐ B Direct emergency c-section
- ☐ C Lift the presenting part off the cord and then proceed to cesarean section
- ☐ D Deep episiotomy and ventouse delivery

Biochemistry

FMGE Recall Questions Jan 2026

Q.A patient presents with photosensitivity, purpura, and blistering skin lesions on sun-exposed areas. Biochemical evaluation shows a defect in the conversion of uroporphyrinogen III to coproporphyrinogen III in the heme synthesis pathway. Which enzyme is deficient?



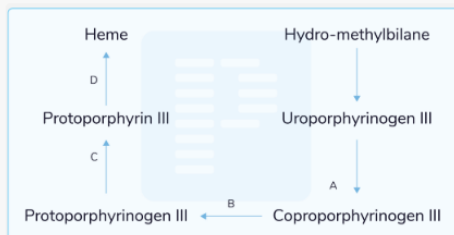
- A) Coproporphyrinogen oxidase
- B) Uroporphyrinogen decarboxylase**
- C) Ferrochelatase
- D) Porphobilinogen deaminase

Ques ID : Q844903



SINGLE CORRECT

According to the given image of heme synthesis, which of the following statements is incorrect?



- A** Steps C and D occur in Mitochondria, while steps A and B occur in the cytosol.
- B** The enzyme involved in step A is Uroporphyrinogen decarboxylase
- C** 4 molecules of CO₂ are liberated at step A
- D** Ferrochelatase is the enzyme involved in step D

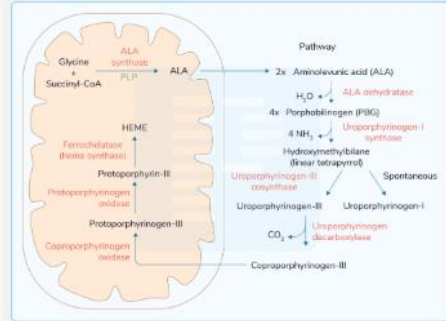
FMGE Recall Questions Jan 2026

Solution

Correct Answer: A. Steps C and D occur in Mitochondria, while steps A and B occur in the cytosol.

Explanation:

Step B represents the synthesis of Protoporphyrinogen III from Coproporphyrinogen III, which occurs in mitochondria.



Heme Synthesis:

- Cytosolic steps: 2 – 5
- Mitochondrial steps: 1, 6 – 8

| Step | Reaction | Enzyme | Key Points |
|------|--|---|--|
| 1 | Succinyl CoA + Glycine → Delta-aminolevulinic acid (ALA) | ALA Synthase | Rate-limiting step; requires pyridoxal phosphate as a cofactor |
| 2 | 2 ALA → Porphobilinogen (PBG) | ALA Dehydratase | It involves removal of 2 molecules of water; the enzyme contains zinc and is inhibited by lead |
| 3 | 4 PBG → Hydroxymethylbilane (HMB) | Uroporphyrinogen I Synthase | - |
| 4a | HMB → Uroporphyrinogen I | Spontaneous cyclization | - |
| 4b | HMB → Uroporphyrinogen III | Uroporphyrinogen III Synthase | - |
| 5 | Uroporphyrinogen III → Coproporphyrinogen III | Uroporphyrinogen Decarboxylase (Option B) | Decarboxylation, removal of 4 molecules of CO ₂ (Option C) |
| 6 | Coproporphyrinogen III → Protoporphyrinogen III | Coproporphyrinogen Oxidase | |
| 7 | Protoporphyrinogen III → Protoporphyrin III | Protoporphyrinogen Oxidase | |
| 8 | Protoporphyrin III → Heme | Ferrochelatase (Option D) | Insertion of Fe ²⁺ |

Q. A child presents with easy bruising and bleeding. Physical examination reveals multiple ecchymoses and purpuric lesions over the body, as shown in the image. Hemarthrosis is absent. Deficiency of which vitamin best explains these findings?

FMGE Recall Questions Jan 2026



- A) **Vitamin C**
- B) Vitamin K
- C) Vitamin D
- D) Vitamin A

Ques ID : Q878690



SINGLE CORRECT

A patient presents with gum bleeding, petechiae, poor wound healing, and other related symptoms. Hemarthrosis is absent. Which of the following vitamin deficiencies is most likely responsible for this presentation?

A Vitamin A

B Vitamin B6

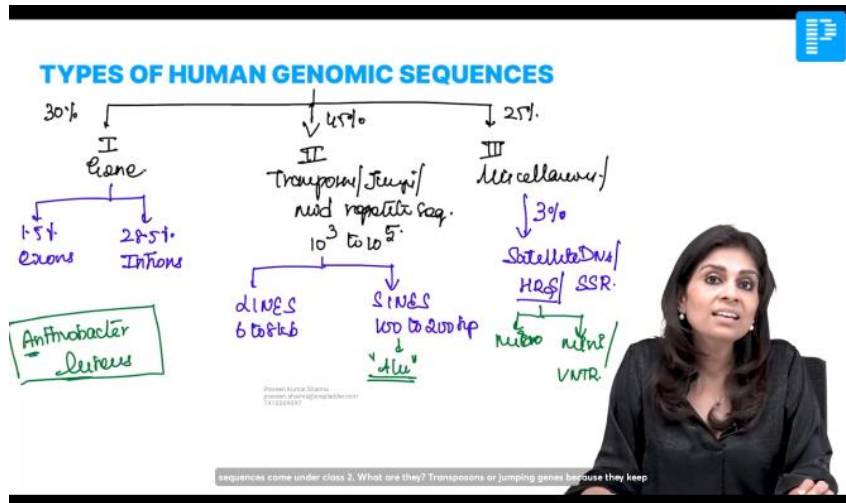
C Vitamin B3

D Vitamin C

Q.DNA matching used for identification and comparison among family members is based on analysis of which genetic marker?

- A) **Short tandem repeats (STRs)**
- B) Single nucleotide polymorphisms (SNPs)
- C) Ribosomal RNA genes
- D) Mitochondrial DNA

FMGE Recall Questions Jan 2026



Q. Eruptive xanthomas with a prominent chylomicron band on lipid electrophoresis are most commonly seen due to:

- A) LDL receptor defect
- B) Lipoprotein lipase (LPL) deficiency**
- C) Apo B-100 deficiency
- D) Apo E deficiency

Ques ID : Q882162

Ⓐ

SINGLE CORRECT

In a patient with a history of recurring attacks of pancreatitis, eruptive xanthomas, increased plasma triglyceride levels (2,000 mg/dL), and milky plasma. Which of the following is the most likely deficiency?

A Lipoprotein Lipase

B LDL receptors

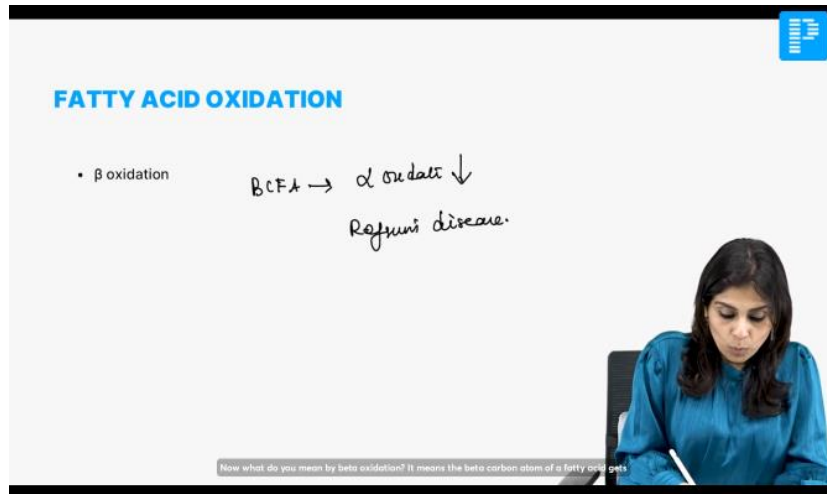
C HMG-CoA reductase

D ABCA1 receptor

FMGE Recall Questions Jan 2026

Q. A patient presents with ataxia, ichthyosis, retinitis pigmentosa, and cardiac conduction defects. Laboratory evaluation reveals increased phytanic acid levels. What is the most likely diagnosis?

- A) Zellweger disease
- B) Refsum disease**
- C) Adrenoleukodystrophy
- D) Metachromatic leukodystrophy



Q. A child is evaluated for cardiomegaly and features of heart failure. Laboratory investigations show maltase deficiency. What is the most likely diagnosis?

- A) Pompe disease**
- B) McArdle disease
- C) Von Gierke disease
- D) Cori disease

FMGE Recall Questions Jan 2026

Ques ID : Q844867

Ⓐ

SINGLE CORRECT

Match the glycogen storage disorders with their respective enzyme defects.

| Glycogen Storage Disorders: | Enzyme Defects: |
|-----------------------------|--------------------------|
| 1. Pompe Disease | a. Debranching enzyme |
| 2. McArdle Disease | b. Acid maltase |
| 3. Von Gierke Disease | c. Glucose-6-phosphatase |
| 4. Cori Disease | d. Myophosphorylase |

A 1-b, 2-d, 3-c, 4-a

B 1-a, 2-c, 3-b, 4-d

C 1-d, 2-b, 3-a, 4-c

D 1-c, 2-a, 3-d, 4-b

Q.A child presents with hepatosplenomegaly, anemia, and bone pain. Histopathological examination reveals macrophages with a “crumpled tissue paper” appearance due to cerebroside accumulation. Deficiency of which enzyme is responsible for this condition?

- A) Hexosaminidase A
- B) Sphingomyelinase
- C) β -Glucocerebrosidase**
- D) Arylsulfatase A

Ques ID : Q802595

Ⓐ

SINGLE CORRECT

Enzyme deficient in Gaucher disease :

A Betagalacto cerebrosidase

B Betagluco cerebrosidase

C Glucose-6-phosphate

D Alpha glucocerebrosidase

FMGE Recall Questions Jan 2026

Q. A child presents with self-mutilating behavior, developmental delay, and hyperuricemia. Deficiency of which enzyme is responsible for this condition?

- A) Adenosine deaminase
- B) Xanthine oxidase
- C) Hypoxanthine-guanine phosphoribosyltransferase (HGPRTase)**
- D) Glucose-6-phosphatase

Ques ID : Q882163



SINGLE CORRECT

A 2-year-old child was brought to the hospital with complaints of developmental delay associated with intellectual disability and on further examination revealed the presence of self-mutilating behavior. Laboratory investigations revealed hyperuricemia. Deficiency of which of the following enzymes is responsible for the condition of this patient?

- ☒ A Adenosine deaminase
- ☐ B Ornithine transcarbamylase
- ☐ C Xanthine oxidase
- ☐ D Hypoxanthine guanine ribosyl transferase

Q.A child presents with hepatosplenomegaly. Histological examination shows foam cells due to lipid accumulation. What is the most likely diagnosis?

- A) Gaucher disease
- B) Niemann–Pick disease**
- C) Tay–Sachs disease
- D) Fabry disease

FMGE Recall Questions Jan 2026

Ques ID : Q850122

Ac

SINGLE CORRECT

A 2-year-old child presents with hepatosplenomegaly, progressive neurological deterioration, and lung involvement. Foam cells are found in the bone marrow, and genetic testing reveals a mutation in the SMPD1 gene. What disease is the child suffering from?

- A Niemann-Pick Disease
- B Gaucher Disease
- C Hunter Disease
- D GM1 Gangliosidosis

Q. A chronic alcoholic who consumes a non-vegetarian diet presents with confusion, gait disturbance, and eye movement abnormalities. Deficiency of which vitamin is most likely responsible for these findings?

- A) Vitamin B12
- B) Niacin
- C) **Thiamine (Vitamin B1)**
- D) Pyridoxine

ALCOHOLISM & THIAMINE DEFICIENCY

- ① Empty Calorie
- ② ↓ Thiamine absorption
- ③ ↓ Mg^{2+}
Thiamine → TPP
Thiamine

Thiamine is alcohol interferes with magnesium absorption



FMGE Recall Questions Jan 2026

Q. Interpret the acid-base status for the following lab values. HCO_3^- -14; PaCO_2 -24; pH- 7.4.

- A) Respiratory acidosis without compensation
- B) Respiratory alkalosis without compensation
- C) Metabolic acidosis with compensation**
- D) Metabolic alkalosis with compensation

Ques ID : Q869329



SINGLE CORRECT

Interpret the ABG report

Blood pH : 7.30

pCO_2 : 29 mmHg

Plasma HCO_3^- : 14 mEq/L

- A** Compensated metabolic acidosis
- B** Uncompensated metabolic acidosis
- C** Compensated respiratory acidosis
- D** Uncompensated respiratory acidosis

Q. A patient presents with hepatomegaly and joint pain. Investigations suggest abnormal intracellular accumulation of macromolecules such as lipids or glycoconjugates. Which cellular organelle is primarily responsible for this accumulation?

- A) Golgi apparatus
- B) Lysosome**
- C) Mitochondria
- D) Peroxisome

FMGE Recall Questions Jan 2026

Ques ID : Q882197

(A)

SINGLE CORRECT

A patient presents with hepatomegaly and joint pain. Investigations suggest abnormal intracellular accumulation of macromolecules such as lipids or glycoconjugates. Which cellular organelle is primarily responsible for this accumulation?

A Golgi apparatus

B Lysosome

C Mitochondria

D Peroxisome

Q.A neonate presents with seizures, low citrulline levels, hyperammonemia, normal orotic acid levels, and high glutamine. What is the most likely diagnosis?

- A. Type I hyperammonemia
- B. Type II hyperammonemia
- C. Citrullinemia
- D. Argininosuccinic aciduria

UREA CYCLE DISORDERS - ALGORITHM



out other manifestations of dclid right what will be other manifestations of dclid there will be

14. Steroid hormone receptors bind to specific sites on DNA by which of the following structures?

FMGE Recall Questions Jan 2026

- A. Zinc finger motif
- B. RNA motif
- C. Leucine zipper
- D. Helix–turn–helix

Ques ID : Q882301



SINGLE CORRECT

Steroid hormone receptors bind to specific sites on DNA by which of the following structures?

A Zinc finger motif

B RNA motif

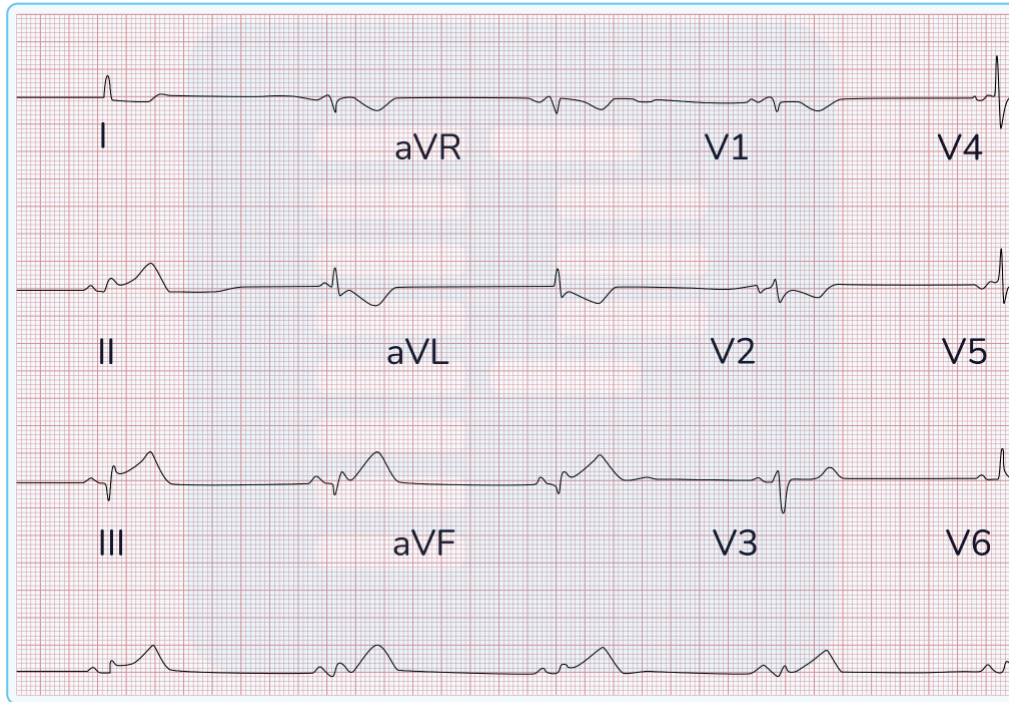
C Leucine zipper

D Helix–turn–helix

MEDICINE

Q. A 58-year-old man presents to the emergency department with sudden onset severe retrosternal chest pain associated with diaphoresis and nausea. ECG shows ST elevation in leads II, III, aVF. His BP is 80/60 mmHg with cool extremities, but lung fields clear on auscultation. What is the next best step in management?

FMGE Recall Questions Jan 2026



- a. Nitroglycerine
- b. Diuretics
- c. **IV normal saline**
- d. Vasopressors

FMGE Recall Questions Jan 2026

Local Live

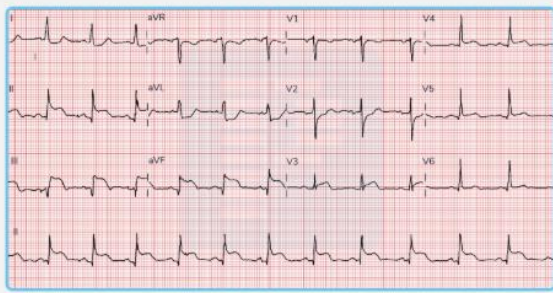
X

Ques ID : Q870070

AO

SINGLE CORRECT

60-year-old smoker comes with central chest pain radiating to left shoulder. ECG is shown below. Troponin I shows rise with value > 99th centile of upper reference limit of normal. On examination pulse is 80/min, BP 90/60 mm Hg and neck veins appear full. Which of the following will have no role in management of this patient



A Normal saline

B NTG

C Enoxaparin

D Streptokinase

Q. Middle aged male presented with gradually progressive effort intolerance and awareness of forceful heartbeats over the last few months. On general physical examination, there is a visibly strong, bounding pulsation in the neck with prominent carotid upstroke. Careful inspection of the nail beds reveals rhythmic pulsatile blanching synchronous with cardiac cycle. Which of the following auscultatory findings best corresponds to this clinical presentation?

- a. Late diastolic murmur
- b. **Early diastolic murmur**
- c. Systolic crescendo decrescendo

FMGE Recall Questions Jan 2026

d. Mid systolic murmur

Local Live



Ques ID : Q830083



SINGLE CORRECT

CLINICAL

ONE LINER

3973542461 A 40-year-old female presents to a clinic complaining of breathlessness and chest pain on exertion. She feels uncomfortable in the supine position. Examination reveals capillary pulsations in the nail bed, single S2 with an early diastolic murmur. Echocardiography shows LVEF = 42 %. What is the most likely diagnosis?

A VSD

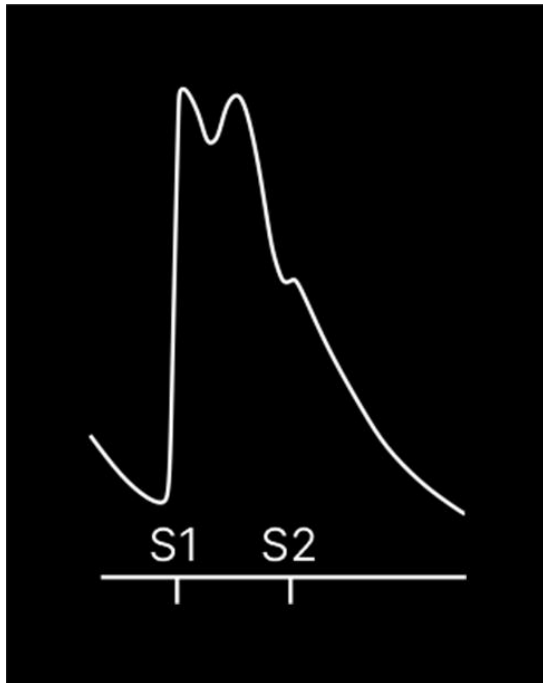
B ASD

C Aortic Regurgitation

D Severe pulmonary regurgitation

Q. You are asked to assess the pulse tracing of the patient. The following pulse corresponds to involvement of which of the following heart valves?

FMGE Recall Questions Jan 2026



- a. Aortic valve
- b. Mitral valve
- c. Tricuspid valve
- d. Pulmonary valve

Local Live

Ques ID : Q859680

SINGLE CORRECT

What is the cause of aortic notch?

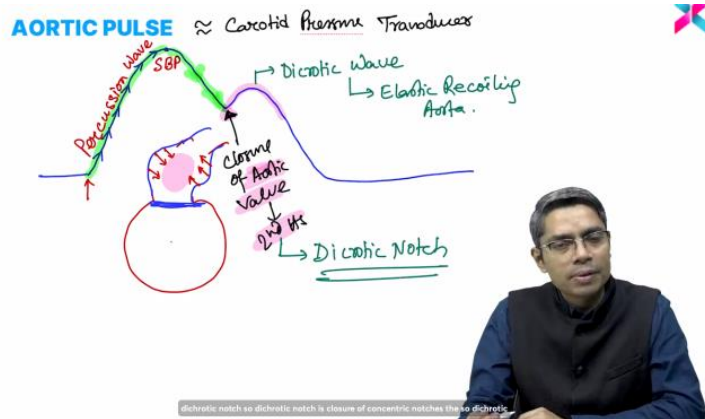
A Passive filling of blood in ventricles

B Rapid ejection phase

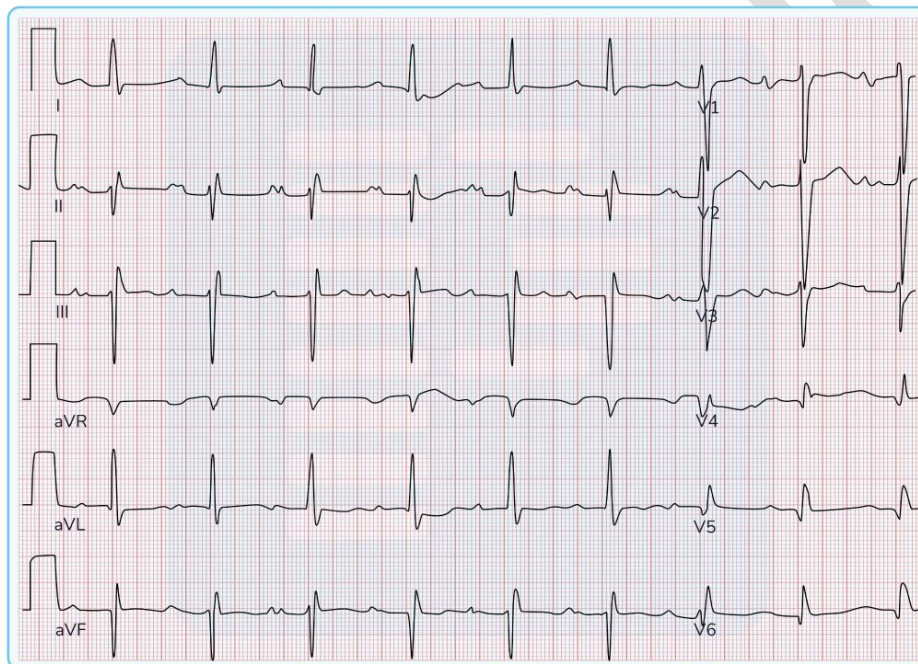
C Closure of semilunar valves

D Isovolumic contraction

FMGE Recall Questions Jan 2026



Q. A patient presents with complaints of shortness of breath and effort intolerance. On auscultation a loud opening snap with mid diastolic murmur is heard. Echocardiography shows an EF of 38%. ECG is shown below. Diagnosis is?



- a. Aortic stenosis
- b. Mitral Regurgitation
- c. **Critical mitral stenosis**
- d. Aortic regurgitation

FMGE Recall Questions Jan 2026

Local Live



Ques ID : Q850436



| Valvular defect | Murmur |
|----------------------------|--|
| 1. Aortic stenosis | a. Pansystolic murmur increasing with inspiration |
| 2. Mitral regurgitation | b. Mid-diastolic rumble with opening snap |
| 3. Mitral stenosis | c. Harsh systolic murmur radiating to the carotids |
| 4. Tricuspid regurgitation | d. Holosystolic murmur radiating to the axilla |

A 1-b, 2-a, 3-d, 4-c

1060:1768974629098

B 1-c, 2-b, 3-a, 4-d

C 1-c, 2-d, 3-b, 4-a

D 1-d, 2-a, 3-c, 4-b

Q. A young patient presents with persistently elevated blood pressure despite adequate lifestyle measures. Laboratory evaluation reveals hypokalemia associated with metabolic alkalosis.

There is no history of diuretic intake, and renal function tests are within normal limits. Which of the following is the most likely diagnosis?

- a. Pheochromocytoma
- b. Conn syndrome**
- c. Liddle syndrome
- d. Carcinoid syndrome

FMGE Recall Questions Jan 2026

Local

Live



Ques ID : Q850528



SINGLE CORRECT

30 year old patient presents with hypertension and hypokalemic metabolic alkalosis. CT scan shows mass over the kidney of size 1.5 cm with elevated ARR. What is the next best step for management of this patient?

A Spironolactone on life-long basis

B Adrenalectomy

C Adrenal venous sampling

D Dexamethasone suppression test

FMGE Recall Questions Jan 2026

LocalLive

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Ques ID : Q876269

Ⓐ

SINGLE CORRECT

A 30-year-old male presents to the clinic with complaints of hyperpigmented skin, lethargy, and abdominal pain occasionally. His vitals are blood pressure of 158/90mmHg, heart rate of 102/min, and a temperature of 98°F (37°C). Keeping in view the suspicion of primary hyperaldosteronism, which of the following set of metabolic findings correlates with this diagnosis?

AHyperkalaemia, hyponatremia, and normal renin

BHyponatremia only

CHypernatremia, hypokalaemia, and low renin

DHypercalcemia only

1060:1768979386545

Q. A patient was detected to have a medullary carcinoma of thyroid and has a family history of endocrine tumors, and genetic counseling is advised. The clinician plans further evaluation to identify associated inherited syndromes and guide family screening. Which of the following statements regarding this condition is correct?

- a. Menin proto-oncogene mutation is associated with MEN 1
- b. Patients should be screened for RET gene mutations associated with MEN 2A and MEN 2B**
- c. Medullary thyroid carcinoma arises from follicular cells and is associated with BRAF mutation
- d. Prophylactic thyroidectomy is not indicated in asymptomatic family members

FMGE Recall Questions Jan 2026

Local Live



Ques ID : Q864377



SINGLE CORRECT

When should children with MEN 2B undergo prophylactic thyroidectomy?

- A Before 6 years
- B Before 10 years
- C Within first year of life
- D At puberty

MEN-2 | 2A | SIPLE SYNDROME

- Chromosome defect: ch10 #
- Gene involved: Ret gene | Ret 634 #
- P- PARATHYROID ADENOMA
- P- * PHEOCHROMOCYTOMA
- M- * Medullary (e Thyroid (calcitonin))




And in spite of the fact that calcitonin is a tumor marker for this condition, that does

Q. A patient is admitted with head injury in the ER. On examination he is having bradycardia with hypertension and posturing. You notice the following breathing pattern. Diagnosis is?


FMGE Recall Questions Jan 2026




- a. Cheyne stokes breathing
- b. Biot breathing**
- c. Kussmaul breathing
- d. apneustic breathing



Biot's breathing : irregularly irregular B




Agonal rhythm



sunny
sunny@prepladder.com
8284802160

means that now there is no like earlier there was a pattern now it was hyperepnea then there was



Q. A middle-aged woman presents with long-standing complaints of dryness of eyes and mouth, requiring frequent use of artificial tears and water while swallowing food. She also reports generalized pruritus and intermittent pain with stiffness in multiple small joints of the hands, suggestive of inflammatory arthritis. There is no history of skin tightening, Raynaud phenomenon, oral ulcers, or photosensitive rash. Based on this clinical presentation, what is the most likely diagnosis?

- a. Sjogren syndrome**
- b. Systemic lupus erythematosus
- c. Rheumatoid arthritis
- d. Scleroderma

FMGE Recall Questions Jan 2026

Local Live

X

Ques ID : Q845518

Aa

SINGLE CORRECT

A 55-year-old woman has had persistent dry eyes and mouth for the past several months. She also reports difficulty in swallowing solid foods and occasional blurred vision. On examination, she has bilateral parotid gland enlargement. She has a history of rheumatoid arthritis. Which antibodies are specific for this disease?



A Anti-Sm

B Anti La

C Anti-Scl 70

D Anti-U1 RNP

Q. A middle-aged male presents to the OPD with complaints of vague abdominei discomfort, intermittent diarrhea, and recent weight loss. There is no history of alcohol intake or gallstone disease. MRI abdomen reveals a diffusely enlarged c pancreas with a characteristic "sausage-shaped" appearance. Laboratory evaluation shows markedly elevated serum IGG4 Tevels. Which of the following is the best treatment for this patient?

a. Steroids

FMGE Recall Questions Jan 2026

- b. Antibiotics
- c. Surgery
- d. Pancreatic enzyme supplements

Local Live

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Ques ID : Q851447

Aa

SINGLE CORRECT

A 45 y/o patient presents with mild abdominal pain, weight loss, and obstructive jaundice. Imaging reveals a "sausage-shaped" pancreas and a subsequent CT scan shows diffuse pancreatic enlargement. The patient's condition is suspected to be related to an inflammatory process rather than malignancy. Which of the following is the most appropriate first-line treatment for this condition?

A Rituximab

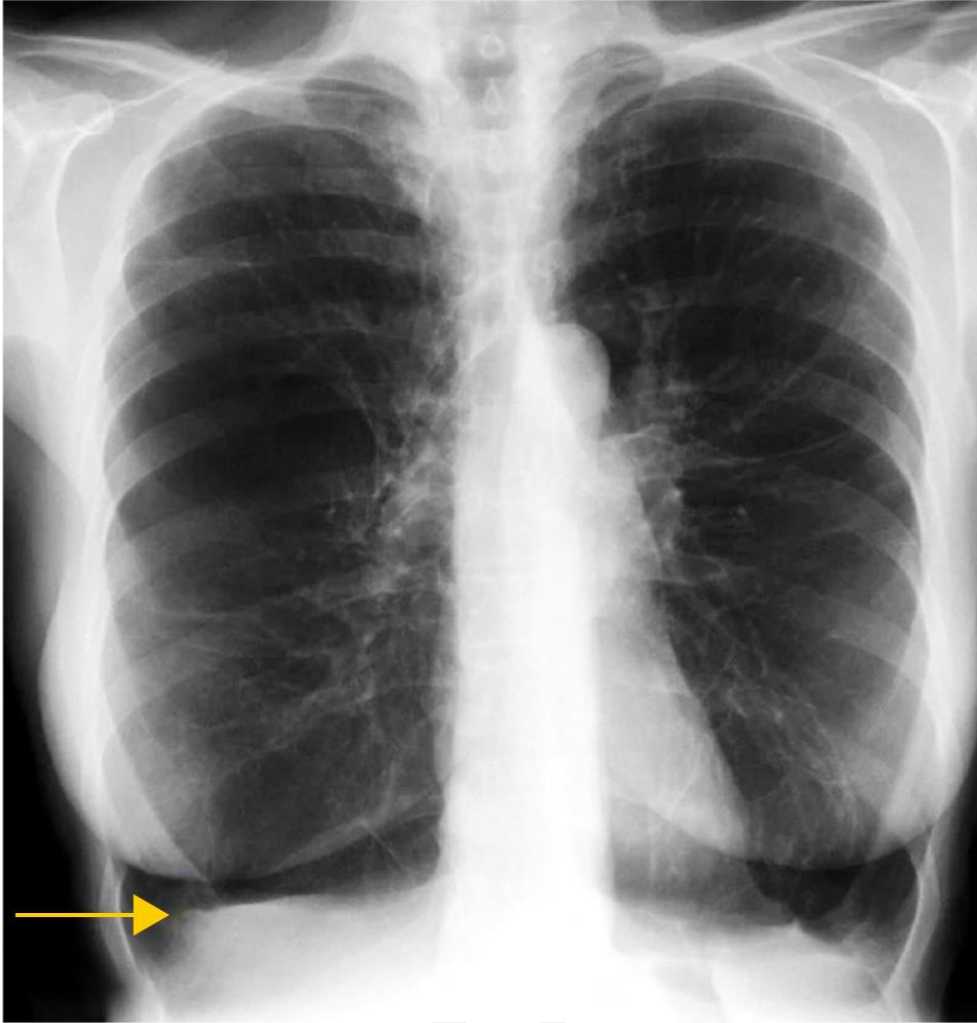
B Surgical resection

C Glucocorticoids

D Antibiotics

Q. A 60-year-old female presents with chronic breathlessness and cough for several years, which has progressively worsened. She has a significant smoking history of 30 pack-years. There is no history of atopy. Pulmonary function testing shows a post-bronchodilator FEV/FVC ratio of <0.7 with an 18% improvement in FEV1 after bronchodilator administration. CXR is shown below?

FMGE Recall Questions Jan 2026



- a. Asthma COPD overlap syndrome
- b. Emphysema
- c. ILD
- d. Asthma

Q. A 17-year-old boy presents with gradually progressive muscle weakness predominantly involving the proximal muscles of the lower limbs. He has difficulty climbing stairs and getting up from a squatting position. There is a significant family history and his elder brother had similar complaints and died around the age of 40 years. Based on the age of onset, pattern of inheritance, and survival, what is the most likely diagnosis?

- a. DMD
- b. **BMD**
- c. CMT
- d. ALS

FMGE Recall Questions Jan 2026

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Ques ID : Q850224



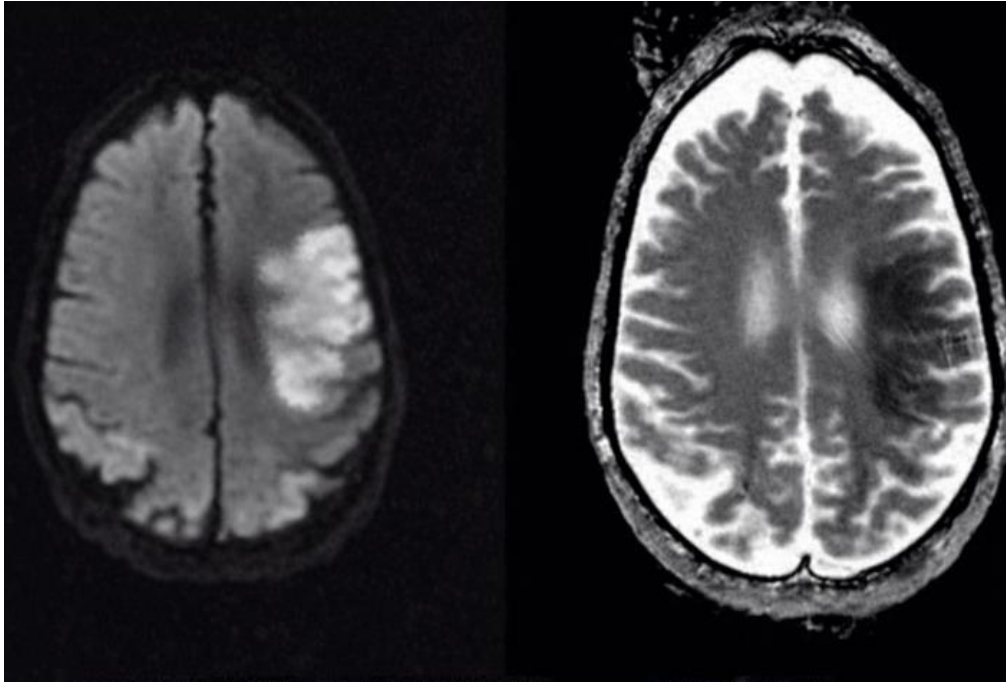
SINGLE CORRECT

A 10-year-old boy presents with progressive proximal muscle weakness and calf hypertrophy. Genetic testing reveals a mutation in the dystrophin gene. Which of the following statements about the diagnosis is true?

- ☐ A Most cases are autosomal dominant
- ☐ B It is caused by the complete loss of dystrophin
- ☐ C It is due to frameshift mutations causing a truncated protein
- ☐ D It is milder with slow progression

Q. A 65 year old man presents with sudden onset weakness of the left upper and lower limbs and slurred speech which started 2 hours ago. MRI of the brain is shown in the image. Which of the following is the most appropriate initial management?

FMGE Recall Questions Jan 2026



- a. Aspirin and clopidogrel
- b. Thrombolysis with alteplase (tPA)**
- c. Mannitol
- d. Anticoagulation with warfarin

FMGE Recall Questions Jan 2026

Local Live



Ques ID : Q851210



SINGLE CORRECT

A 58 year old T2DM male with hypertension presents to the emergency department 2 hours after developing sudden onset of right sided arm weakness and face asymmetry. His blood pressure is 170/90 mmHg, and a NCCT head shows no hemorrhage. He is on metformin, metoprolol and atorvastatin. What is the most appropriate initial treatment for this patient?

- ☒ A Thrombolysis with alteplase
- ☐ B Antiplatelet therapy with aspirin
- ☐ C Mechanical thrombectomy
- ☐ D Immediate blood pressure reduction followed by Alteplase


Q. A chronic smoker with COPD is planned for elective abdominal surgery. What intervention best reduces pulmonary complications?


- a. Prophylactic antibiotics
- b. Smoking cessation with chest physiotherapy**
- c. LAMA and LABA
- d. Long term methylxanthines

FMGE Recall Questions Jan 2026

Treatment

- Smoking cessation**
 - Nicotine replacement — buccal spray
 - Varenicline: $\alpha_4\beta_2$ PARTIAL
- Long term oxygen therapy :**
 - Low flow oxygen @1-2 L per min for 16 hours per day using nasal cannula
 - Titrate to keep SaO₂ > 90%
 - indications :
 - paO₂ < 55 mm Hg, SaO₂ < 88 %
 - paO₂ > 55 mm Hg and < 60 mm Hg with features of right heart failure





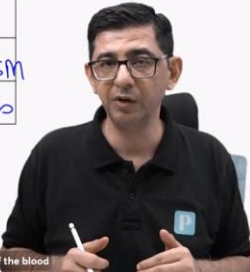
would be covered and he can quit the habit of cigarette smoking ventic line should be remembered

Q. What is the characteristic murmur of a ventricular septal defect detected incidentally in a child?

- Pansystolic murmur
- Ejection systolic murmur
- Late systolic murmur
- Mid diastolic murmur

ACYANOTIC CONGENITAL HEART DISEASE L→R shunt

| | Ventricular septal defect MC | Patent ductus arteriosus Ao-PA | Atrial septal defect LA-RA = 4mm Hg |
|---------------------|---|---|--|
| Features | CHF | + R. pneumonia | episodes |
| Age of presentation | 6 wks | PT: at birth TERM: 6 wks | 5yrs, Adult |
| S2 | wide variable split | narrow split S ₂ | wide fixed split |
| Murmur | S ₁ normal S ₂ Pansystolic | CONTINUOUS M | * Shunt: Absent flow: MDM, GSM |
| Intervention | DACRON patch | PT: Indomethacin T: Surgical ligation | occlusion devices |



natural evidence of the are a inalienable blood so that you can define the swelling of the blood

Q. What is the suspected acid-base disorder based on the ABG analysis?

FMGE Recall Questions Jan 2026

pH 7.45

PaCO₂ 28 mmHg

HCO₃ 20mEq/L

a. Compensated respiratory alkalosis

b. Compensated Respiratory acidosis

c. Uncompensated respiratory acidosis

d. Uncompensated Respiratory alkalosis

Local

Live

X

Ques ID : Q882164

As

SINGLE CORRECT

A 35-year-old male presents to the emergency complaining of chronic pain. He was diagnosed with lymphoma 6 months back. His HR is 96/min, and his RR is 38/min. An ABG sample is withdrawn, which shows pH 7.42, pCO₂=25 mmHg, and HCO₃=18 mmHg. What is the likely acid-base disorder?

A Metabolic acidosis, partially compensated

B Respiratory acidosis, partially compensated

C Respiratory acidosis, fully compensated

D Respiratory alkalosis, fully compensated

Q. A 35-year-old man presents with high-grade fever, severe myalgia (predominantly calf pain), and redness of eyes for the last 4 days. He gives a history of wading through flood water one week ago. On examination, conjunctival suffusion is noted. There is no jaundice or renal impairment at present. This clinical presentation most likely corresponds to which phase of leptospirosis?

a. Incubation phase

b. Septicemic phase

c. Immune phase

d. Weil's disease

FMGE Recall Questions Jan 2026

Q. A 35-year-old man presents with headache and neck stiffness for 5 days. Lumbar puncture reveals the following CSF findings: 90% lymphocytes and 10% neutrophils with CSF glucose: 40 mg/dL (Plasma glucose: 100mg/dL), protein is 1 gm/dl. What is the most likely diagnosis?

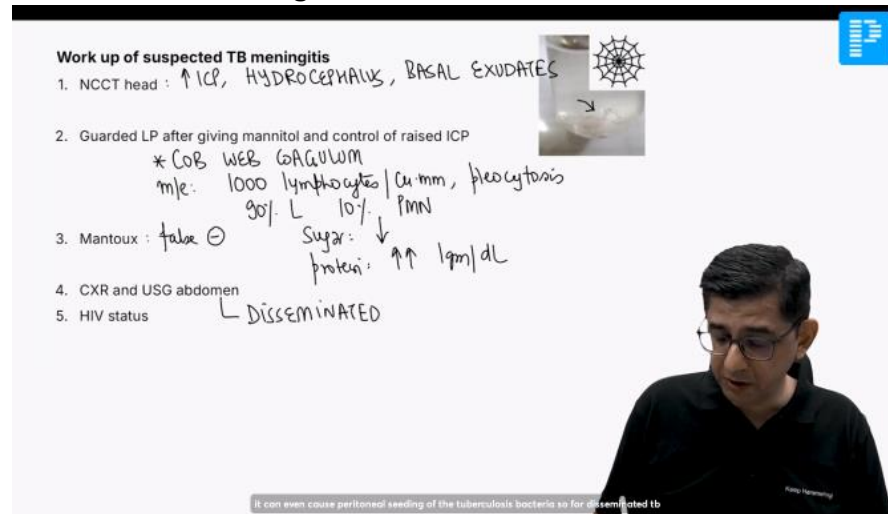
- a. Viral meningitis
- b. Bacterial meningitis
- c. Fungal meningitis
- d. Tubercular meningitis**

Work up of suspected TB meningitis

1. NCCT head : ↑ ICP, HYDROCEPHALUS, BASAL EXUDATES
2. Guarded LP after giving mannitol and control of raised ICP
* COB WEB COAGULUM
m/c: 1000 lymphocytes / cu mm, pleocytosis
90% L 10% PMN
3. Mantoux : false ⊖
Sugar: ↓
protein: ↑↑ 1gm/dL
4. CXR and USG abdomen
5. HIV status

↳ DISSEMINATED

It can even cause peritoneal seeding of the tuberculosis bacteria so for disseminated tb



Q. A 48-year-old woman with a 10-year history of rheumatoid arthritis (anti-CCP positive) presents with a rapidly progressive, extremely painful ulcer over the anterior aspect of the shin. The lesion began as a pustule and progressed to a deep ulcer with a necrotic black eschar and violaceous undermined margins. There is no history of trauma or diabetes. What is the most likely diagnosis?

- a. Cutaneous TB
- b. Pyoderma gangrenosum**
- c. Ecthyma gangrenosum
- d. Necrotising fasciitis

FMGE Recall Questions Jan 2026



5. Dermatological

- Pyoderma gangrenosum: Shin ⁰
- Erythema Nodosum
- Sweet Syndrome: Febrile neutrophilic dermatosis

6. AV Thrombosis ↑ ^{DVT, PE}

7. Endocarditis, myocarditis

8. Amyloidosis ^{AA}

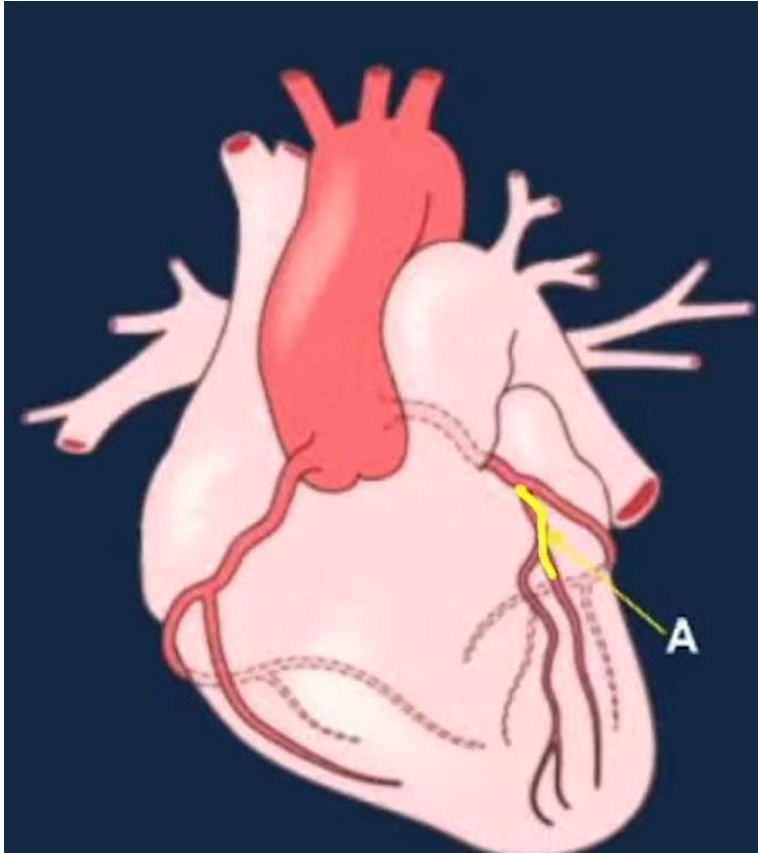
9. Pancreatitis, Pancreatic fistula: Ampullary CD



involved due to association with planka so these are like a list of couple of i would say extra

Q. A patient had an occlusion of the artery marked as "A" in the given image. Which part of the heart is most likely affected?

FMGE Recall Questions Jan 2026



- a. Anterior wall
- b. Posterior wall
- c. Inferior wall
- d. Lateral wall

FMGE Recall Questions Jan 2026

Local Live



Ques ID : Q848340



SINGLE CORRECT

Match the following coronary arteries with the areas of the heart they predominantly supply:

| Coronary Arteries | Supplied Areas |
|--|--|
| 1) Right conus artery | a) Anterior 2/3 of interventricular septum |
| 2) Left anterior descending artery (LAD) | b) Infundibulum of right ventricle |
| 3) Left circumflex artery (LCX) | c) Posterior interventricular septum |
| 4) Posterior descending artery (PDA) | d) Lateral wall of the left ventricle |
| | e) Apex of the heart |

A 1- c, 2- a, 3- d, 4- b

B 1- b, 2- e, 3 - a, 4- d

C 1- b, 2- a, 3- d, 4- c

D 1-d, 2- e, 3- b, 4- a

FMGE Recall Questions Jan 2026

Q. A 52 year old man with the past history of Type-2 DM & Chronic sinusitis presented with continuous high grade fever for 2 days along with severe headache, photophobia, nuchal rigidity, confusion and vomiting. Kernig's sign is positive. Which among the following is the most appropriate empirical therapy?

- a. Clindamycin
- b. Vancomycin
- c. **Ceftriaxone + Vancomycin**
- d. Meropenem

Ques ID : Q852697



SINGLE CORRECT

A patient admitted with fever and nuchal rigidity. CSF analysis shows decreased glucose and increased protein and neutrophils. Choose the correct treatment

☐ A Ampicillin

☐ B Ceftriaxone

☒ C Penicillin

☐ D Vancomycin

Q. A known Type II DM, 70 year old patient was under medication. He also takes Telmisartan. Patient's current lab values: HbA1c- 8.5, eGFR- 50 mL/min/1.73 m. Normal potassium levels. What is the next appropriate step to decrease the risk of further eGFR decrement?

- a. Shift to Ramipril
- b. Increase the dose of antidiabetic meds
- c. Start Carvedilol
- d. Increase Telmisartan dose

FMGE Recall Questions Jan 2026

Ques ID : Q882282



SINGLE CORRECT

A known Type II DM, 70 year old patient was under medication. He also takes Telmisartan. Patients current lab values: HbA1c- 8.5, eGFR- 50 mL/min/1.73 m. Normal potassium levels. What is the next appropriate step to decrease the risk of further eGFR decrement?

- ☐ A Shift to Ramipril
- ☐ B Increase the dose of antidiabetic meds
- ☐ C Start Carvedilol
- ☐ D Increase Telmisartan dose

Q. A 52-year-old man presents with gradually progressive asymmetric limb weakness, muscle wasting, and fasciculations. Examination reveals a combination of upper and lower motor neuron signs. Sensory examination is normal. Which of the following is the most appropriate disease-modifying treatment?

- a. Levodopa
- b. **Riluzole**
- c. Pyridostigmine
- d. Interferon- β

Ques ID : Q836630



SINGLE CORRECT

Which of the following is the drug of choice for treating glutamate-induced toxicity in amyotrophic lateral sclerosis?

- ☐ A Memantine
- ☐ B Riluzole
- ☐ C Amantadine
- ☐ D Nifedipine

FMGE Recall Questions Jan 2026

PEDIATRICS

Q. A child presents with fever, conjunctival redness, and bluish-white spots on the buccal mucosa. What is the most likely diagnosis?

- A. Measles
- B. Mumps
- C. Chickenpox
- D. Rubella

6:36 89

Ques ID : Q882108

A 5-year-old girl is brought to the outpatient department with complaints of fever, cough, and redness of both eyes for 2 days. The patient did not complete the vaccination according to the EPI schedule. Bluish-white spots are present on the buccal mucosa of the child. The patient is given appropriate medications for measles. Which of the following statements is correct about measles?

- A Koplik spots appear after the prodromal stage
- B Fever stops before the onset of rash
- C Vaccine is given at 9 weeks
- D It is infectious before the rash appears

Q. Due to persistence of the Moro reflex, a child will have difficulty achieving which of the

FMGE Recall Questions Jan 2026

following developmental milestones?



- A. Rolling over
- B. Neck holding
- C. Sitting with support
- D. Sitting without support

- 1st component to appear → opening of hands.
- Begins to appear 28 wk gestⁿ
Completely appears 37 wk gestⁿ
- Reflexes that may reappear -
- Snout reflex
 - Glabellar tap
 - Palmarmental reflex
- Also known as → Embrace equivalent.
 - Disappears by 5-6 months.
 - Abnormal persistence of Moro's reflex beyond 6 months indicates → Cerebral damage.
 - Moro's reflex - if once disappears, Never reappears.

So these reflexes may reappear later in life also, right.

Q. A newborn has blue skin, heart rate less than 80/min, absent reflexes, and irregular respiration. What is the Apgar score?

- A. 1

FMGE Recall Questions Jan 2026

B. 2

C. 4

D. 5

6:37

89

Ques ID : Q808809

Ag X

VERSION X

SINGLE CORRECT

A baby assessed 5 minutes after birth is found to be pink, with blue extremities and irregular respiration. The heart rate is 80 beats per minute. There is a grimace and some flexion. What is the APGAR score for this baby?

A 2

B 3

C 4

D 5

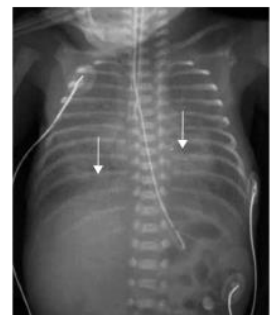
Q. A preterm infant presents with respiratory distress soon after birth. The chest X-ray is given below. What is the most likely diagnosis?

A. Transient tachypnea of the newborn

B. Hyaline membrane disease

C. Pneumothorax

D. Diaphragmatic hernia



FMGE Recall Questions Jan 2026

6:37

89

Ques ID : Q882109

ⓐ ×

SINGLE CORRECT



A female infant is born prematurely at 28 weeks gestation. Shortly after birth, she shows signs of Dyspnea, cyanosis, and tachypnea. She is placed on a ventilator for assisted breathing, and neonatal respiratory distress syndrome (hyaline membrane disease) is diagnosed. Which of the following is the cause of this syndrome?


- ☐ A Pulmonary hypoplasia
- ☐ B Intraventricular brain haemorrhage
- ☐ C Lack of fetal pulmonary maturity and deficiency of surfactant
- ☐ D Necrotizing enterocolitis


Q. The ductus venosus in fetal circulation primarily functions to:

- A. Umbilical vein → liver
- B. Pulmonary artery → aorta
- C. Right atrium → left atrium
- D. Umbilical vein → IVC**

FMGE Recall Questions Jan 2026

6:43   88%

Ques ID : Q882121  X

VERSION 

SINGLE CORRECT

Ductus venosus is an embryologic shunt that connects which of the following structures?

- ☐ A Pulmonary trunk and descending aorta
- ☐ B Right atrium and left atrium
- ☐ C Umbilical vein and IVC
- ☐ D Pulmonary trunk and ascending aorta

Q. A 12-year-old girl is being evaluated for pubertal development. On examination, she has early breast development and sparse, thin pubic hair. Based on the Tanner staging diagram provided, what stage does she correspond to?

FMGE Recall Questions Jan 2026

- A. Stage I
- B. Stage II**
- C. Stage III
- D. Stage IV

6:38



Ques ID : Q842197



VERSION

SINGLE CORRECT

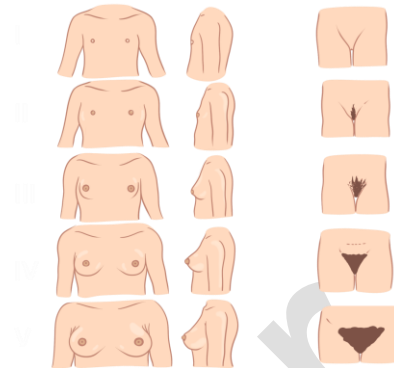
A 12-year-old girl presents to the clinic with her mother, concerned about the development of her breasts. On physical examination, the areola is raised above the contour of the breast and forms a secondary mound. According to the Tanner staging system, which stage of breast development is this girl in?

☐ A Stage 1

☒ B Stage 2

☐ C Stage 3

☐ D Stage 4



Q. A patient presents with signs of early vitamin A deficiency. Based on clinical findings, which of the following is the earliest manifestation on the skin or eyes?

- A. Night blindness
- B. Conjunctival xerosis**
- C. Corneal xerosis
- D. Corneal ulceration

FMGE Recall Questions Jan 2026

6:42

!!! 88

Ques ID : Q882122

Aa X

SINGLE CORRECT

A 3-year-old child weighing 14 kg is brought to the pediatric clinic with complaints of night blindness and dryness of the eyes. On examination, the ophthalmologist observes conjunctival xerosis, Bitot's spots, and keratomalacia. What is the appropriate treatment for this child's condition?

- A Vitamin A: 2 lakhs IU in oral, 0th, 1st, and 10th day
- B Vitamin A: 2 lakhs IU injectable, 0th, 1st, and 14th day
- C Vitamin A: 2 lakhs IU in oral, 0th, 1st, and 14th day
- D Vitamin A: 2 lakhs IU injectable, 0th, 1st, and 10th day

Q. A child was brought to the hospital with fever and rashes at both lower extremities. Labs: normal PT, APTT, & decreased platelet count. Peripheral smear: increased megakaryocyte count. What is the most probable diagnosis?

- a. Measles
- b. Mumps

FMGE Recall Questions Jan 2026

- c. Chicken pox
- d. ITP

Ques ID : Q882287



SINGLE CORRECT

An 8-year-old girl has been brought to the pediatric clinic by her parents. She has been suffering from tiny cutaneous haemorrhages spread all over her body. She has been recovering for a week from a flu-like condition. Her Physical examination is unremarkable, and she is vitally stable. Her Laboratory investigations revealed a platelet count of 20,000/mL. The number of megakaryocytes in her bone marrow has increased. Which of the following is the most likely diagnosis for this girl?

- ☐ A Antiphospholipid antibody syndrome
- ☐ B Disseminated intravascular coagulation
- ☐ C Hemolytic-uremic syndrome
- ☐ D Idiopathic thrombocytopenic purpura

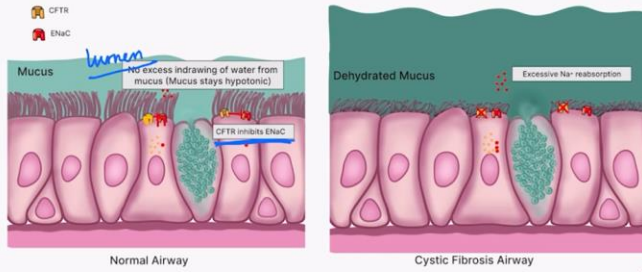
Q. Which among the following channels is affected in CFTR gene mutation?

- a. Potassium
- b. Sodium
- c. Magnesium
- d. Chloride

FMGE Recall Questions Jan 2026

Pathophysiology of Cystic Fibrosis

- Epithelial cells of bronchioles



So as a result, there is formation of dehydrated mucus and that mucus goes on accumulating

FMGE Recall Questions Jan 2026

Surgery

Q. What is CEAP staging of the given image?

- a. C1
- b. C2
- c. C3
- d. C4c



Clinical Classification



varicosity starts from C2. Varicose vein C2. C3 is edema. C4 skin changes. C5 healed wound and C6

Q. During nasogastric tube insertion, obstruction is encountered at 40cm due to ?

- a. Arch of aorta

FMGE Recall Questions Jan 2026

- b. Cricopharyngeal constriction
- c. **Diaphragmatic constriction**
- d. None of above

Local Live



Ques ID : Q860286



SINGLE CORRECT

Which structure is located approximately 23 cm from the central incisor?

- A Cricopharynx
- B Arch of Aorta
- C Left principal bronchus
- D Diaphragm

Q. A lady got a stab wound on thyroid region, which zone and management?

- a. Zone 1 , surgical exploration
- b. **Zone 2, surgical exploration**
- c. Zone 1, conservative
- d. Zone 2, conservative

FMGE Recall Questions Jan 2026

Ques ID : Q849784



A 30 y/o woman sustains a stab wound in the neck that is located just above the cricoid cartilage but below the angle of the mandible. The injury is causing severe bleeding, and there is concern about the potential involvement of vital neck structures. Which neck zone is most relevant for assessing potential injury to major blood vessels and the trachea in this patient?

A Zone I

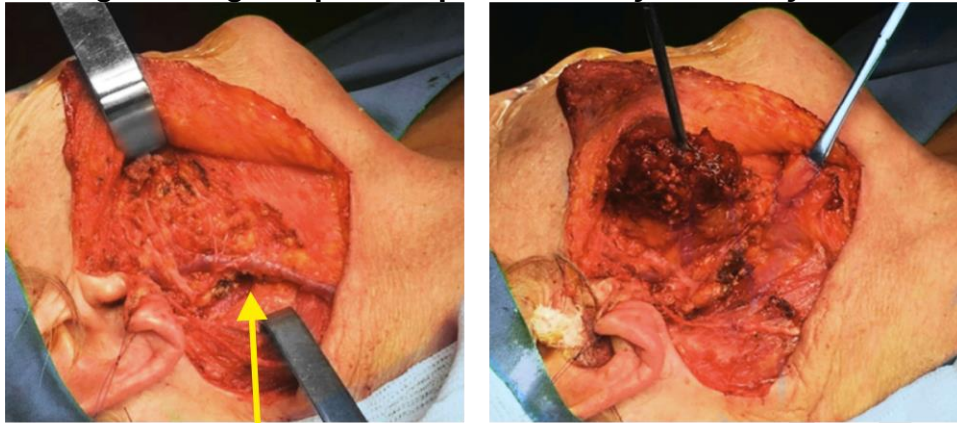
B Zone II

C Zone III

D Zone IV

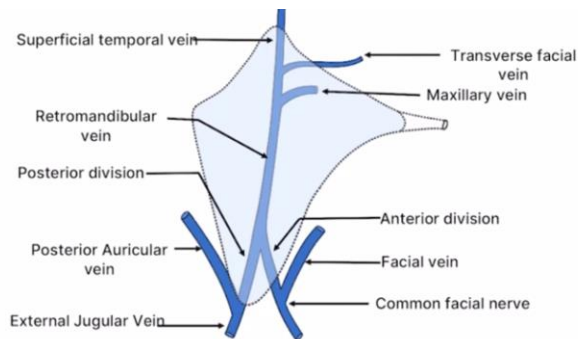
FMGE Recall Questions Jan 2026

Q. The given image is of right superficial parotidectomy to identify the marked



structure?

- a. Facial nerve
- b. External jugular vein**
- c. Parotid gland
- d. Digastric muscle



Q. During a laparoscopic cholecystectomy, a lateral injury to the Common Bile Duct is identified. What is the most appropriate next step in management?

- a. Continue the laparoscopic procedure and place a drain
- b. Convert to open procedure with T-tube drainage**
- c. Ligate the duct proximal to the injury
- d. Close the abdomen and refer for ERCP

FMGE Recall Questions Jan 2026

Local

Live



Ques ID : Q882176



SINGLE CORRECT

During a laparoscopic cholecystectomy, a lateral injury to the Common Bile Duct is identified. What is the most appropriate next step in management?

- ☐ A Continue the laparoscopic procedure and place a drain
- ☐ B Convert to open procedure with T-tube drainage
- ☐ C Ligate the duct proximal to the injury
- ☐ D Close the abdomen and refer for ERCP

Q . 70 yr man having TURP procedure under spinal anesthesia, developed confusion and irritability, what is best next step for management ?

- a. Administer 3% Hypertonic Saline
- b. Check Serum Electrolytes
- c. **Administer IV Furosemide**
- d. Intubate and ventilate

FMGE Recall Questions Jan 2026

12:13 82%

Ques ID : Q849310

VERSION

SINGLE CORRECT

A 70-year-old man is undergoing transurethral resection of the prostate (TURP) for benign prostatic hyperplasia. Postoperatively, he gets agitated and complains of severe headache, nausea, and blurred vision. His lab results show a serum sodium level of 118 mEq/L. Which of the following is the most appropriate initial management?

- A Administer intravenous hypertonic saline
- B Start oral furosemide
- C Administer intravenous normal saline
- D Oral fluid restriction

Q. What is the diagnosis ?



- a. **Ureterocele**
- b. Bladder diverticula
- c. Pseudoureterocele
- d. Gartner's duct cysts

FMGE Recall Questions Jan 2026

12:26

79

Ques ID : Q852808



VERSION

SINGLE CORRECT

A 35 y/o female presents with recurrent urinary tract infections and mild flank pain. An ultrasound reveals a cystic dilation near the lower ureter, and an IVU is shown below. What is the most likely diagnosis?



A Ureterocele

B Vesicoureteral reflux

C Hydronephrosis

D Renal calculi

Q. Ductal carcinoma in situ treated with lumpectomy, and was found to have margins of 2mm, what is the next best management ?

- a. Radiotherapy
- b. Mastectomy
- c. BCT
- d. **Regular follow up**

FMGE Recall Questions Jan 2026

Local Live

X

Ques ID : Q848850

Ao

SINGLE CORRECT

A 52-year-old woman undergoes a routine mammogram, which reveals clustered calcifications in her left breast. Further investigation confirms the diagnosis of ductal carcinoma in situ (DCIS). The lesion is small, low-grade, and has clear margins. The patient expresses a strong desire to preserve her breast if possible. What is the most appropriate initial treatment approach?

A Hormonal therapy alone

B Lumpectomy with radiation therapy

C Lumpectomy alone

D Systemic chemotherapy

Q. A 65-year-old man presents with dysphagia, halitosis, and regurgitation of undigested food several hours after eating. What is the likely diagnosis of this barium study?



- a. Killian-Jamieson Diverticulum
- b. Achalasia
- c. Laryngocele
- d. **Zenker's diverticulum**

FMGE Recall Questions Jan 2026

Local Live

X

Ques ID : Q853501

AO

SINGLE CORRECT

A 72-year-old man presents with dysphagia, regurgitation, and halitosis. A barium swallow examination is performed which is given below. Which of the following radiological findings is most consistent with the presentation?



- A** An outpouching arising from the anterior wall of the proximal esophagus
- B** Multiple small diverticula along the length of the esophagus
- C** A diverticulum arising from the midline of the posterior wall of the distal pharynx
- D** A smooth narrowing of the distal esophagus

FMGE Recall Questions Jan 2026

Q. Mother noticed swelling in groin region while child was coughing and crying, what is diagnosis?

- a. Direct inguinal hernia
- b. Indirect inguinal hernia**
- c. Undescended testis
- d. Femoral hernia

Clinical Features

- Swelling
- Reduced spontaneously
- Progressive increase in size of swelling



reduced spontaneously on lying down position so first question what is the location of swelling

Q. A 43 years presented with 4.6cm breast lump with ipsilateral mobility present, Axillary LN without distant metastasis, which stage does it belongs to?

- a. Stage 2a
- b. Stage 2b**
- c. Stage 3c
- d. Stage 4

FMGE Recall Questions Jan 2026

14:58

5G 66

Ques ID : Q848860

Ag X

TNM staging for breast cancer

| Stage | Description |
|----------------|---|
| Tumor size (T) | |
| TX | Primary tumor cannot be assessed |
| T0 | No evidence of primary tumor |
| Tis | Carcinoma in situ (DCIS, LCIS, or Paget's disease) |
| T1 | Tumor \leq 2 cm |
| T1mi | Tumor \leq 1 mm |
| T1a | Tumor $>$ 1 mm but \leq 5 mm |
| T1b | Tumor $>$ 5 mm but \leq 10 mm |
| T1c | Tumor $>$ 10 mm but \leq 20 mm |
| T2 | Tumor $>$ 2 cm but \leq 5 cm |
| T3 | Tumor $>$ 5 cm |
| T4 | Tumor of any size with direct extension to chest wall or skin |
| T4a | Extension to chest wall |
| T4b | Ulceration or skin nodules |
| T4c | Both T4a and T4b |
| T4d | Inflammatory breast cancer |
| Node (N) | |
| NX | Regional lymph nodes cannot be assessed |
| N0 | No regional lymph node metastasis |

FMGE Recall Questions Jan 2026

| | |
|-----------------------|--|
| N1 | Metastases to movable ipsilateral level I, II axillary lymph nodes |
| N2 | Metastasis to axillary lymph nodes or clinically apparent internal mammary nodes |
| N2a | Metastasis to axillary lymph nodes that are clinically fixed or matted |
| N2b | Metastasis to internal mammary nodes without axillary lymph node involvement |
| N3 | Metastasis to axillary lymph nodes or infraclavicular nodes, or to supraclavicular nodes |
| N3a | Metastasis to infraclavicular nodes |
| N3 | Metastasis to axillary lymph nodes or infraclavicular nodes, or to supraclavicular nodes |
| N3a | Metastasis to infraclavicular nodes |
| N3b | Metastasis to internal mammary nodes |
| N3c | Metastasis to supraclavicular nodes |
| Metastasis (M) | |
| MX | Distant metastasis cannot be assessed |
| M0 | No distant metastasis |
| M1 | Distant metastasis present |

FMGE Recall Questions Jan 2026

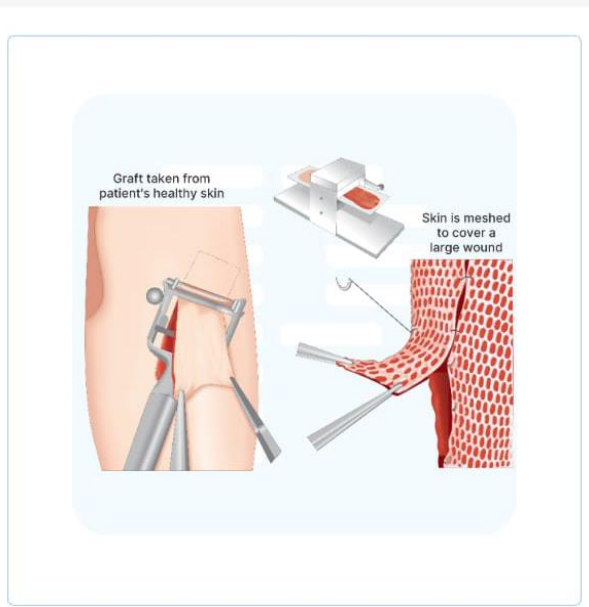
Q. Identify the type of skin graft?



- a. Full-Thickness Skin Graft
- b. **Split thickness skin graft**
- c. Composite Graft
- d. Biomesh

FMGE Recall Questions Jan 2026

Ques ID : Q849555



FMGE Recall Questions Jan 2026

Q. A 22 year old male patient sustained a burn and presented to the emergency department, on examination nasal hair were singed, on blood investigation Carboxy Hb was raised to 18.5%, and oxygen saturation was 81%, what is the next best step?

- a. Intubation
- b. 100% O₂ with NVA
- c. Fluid resuscitation according to parkland formula
- d. Tracheostomy

DANGER SIGNS OF AIRWAY BURNS

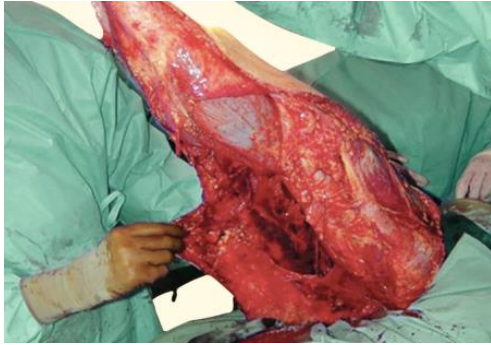
- Burns involving → *HEAD & NECK & FACE*
- Singed / burnt *NAZAL HAIR*
- Carbonaceous deposits *IN SAUTUM*
- Hoarseness of voice
- History of burns *IN CLOSED ROOM*



intubation is preferred why elective intubation is preferred suppose you are not going for elective

Q. After a mass accident on national highway a 20 years old male was brought with following finding what is the color coding according to triage?

FMGE Recall Questions Jan 2026



- a. Red
- b. Yellow**
- c. Black
- d. Green

Ques ID : Q806103



VERSION

SINGLE CORRECT

In a triage system, the patients with the highest priority and those who are deceased are identified by color coding.

A Black and red

B Both black

C Red and black

D Both red

Learning objective

Triage - Color coding

| | |
|----------------|--|
| Red | <ul style="list-style-type: none">• High priority• Victims must be helped within 0 to 6 hours.• Require immediate resuscitation or life-saving surgery.• E.g.- hemothorax or pneumothorax |
| Yellow or Blue | <ul style="list-style-type: none">• Medium priority• Victims must be helped within 6 to 24 hours but can wait up to 24 hours. |
| Green | <ul style="list-style-type: none">• Low priority• These victims are ambulatory and can move with minor injuries. |
| Black | <ul style="list-style-type: none">• Least priority• They are either dead or moribund (likely to die) |

FMGE Recall Questions Jan 2026

Q. A child is born with following finding what is best step in line of management?



- a. Immediately operate
- b. Operate after 1 year age**
- c. Aspiration
- d. I & D

CYSTIC HYGROMA

Diagnosis

- IOC for diagnosis: MRI

Treatment

- Preferred treatment: COMPLETE Sx EXCISION
- Alternative treatment: INJECTION SCLEROTHERAPY
 - Bleomycin, doxycycline
 - OK-432 / PICIBAPHIL → STREP. PYOGENES

which organism strep pyogenes derived from strep pyogenes clear so these are important questions

Q. What is the best investigation to check for extra thyroid spread of thyroid gland neoplasm ?

- a. USG
- b. MRI**

FMGE Recall Questions Jan 2026

- c. Iodine scan
- d. PET scan

Ques ID : Q882181



SINGLE CORRECT

What is the best investigation to check for extra thyroid spread of thyroid gland neoplasm ?

A USG

B MRI

You missed

1265/1743/12650

C PET scan

D Iodine scan

Q. An adult trauma patient presents with severe respiratory distress, hypotension (BP 80/50), and distended neck veins. X given below. What is the immediate next step in management



- a. Needle decompression at 2nd intercostal space
- b. **Needle decompression at 7th intercostal space**
- c. Intubation
- d. 100% O2 at 8 liters /Min

FMGE Recall Questions Jan 2026

16:09

5G 55

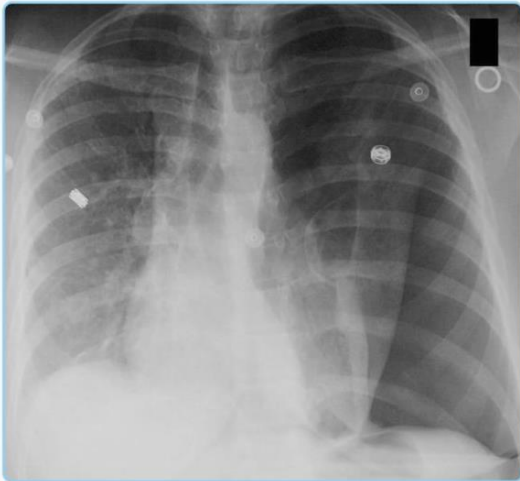
Ques ID : Q851903

Ⓐ ✕

VERSION

SINGLE CORRECT

A 28-year-old male is brought to the emergency department after a motor vehicle accident with chest trauma. He is in severe respiratory distress with BP 80/50 mmHg, HR 142/min, RR 32/min. Physical examination reveals absent breath sounds. The X-ray is attached below. What is the most appropriate next step in management?



A CT Head for identifying possible cerebral injury

B Start high-flow oxygen

C Immediate needle decompression

D Intercostal tube

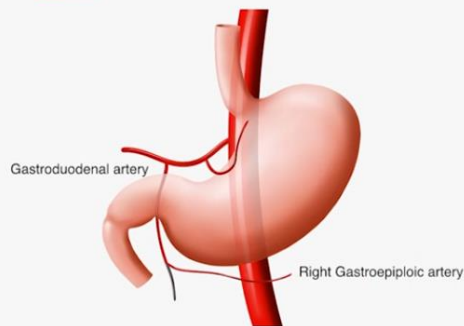
FMGE Recall Questions Jan 2026

Q. What is the most common cause of posterior duodenal ulcer bleeding name the artery involved?

- a. Left epiploic artery
- b. Right epiploic artery
- c. Gastroduodenal artery**
- d. Intercostal artery

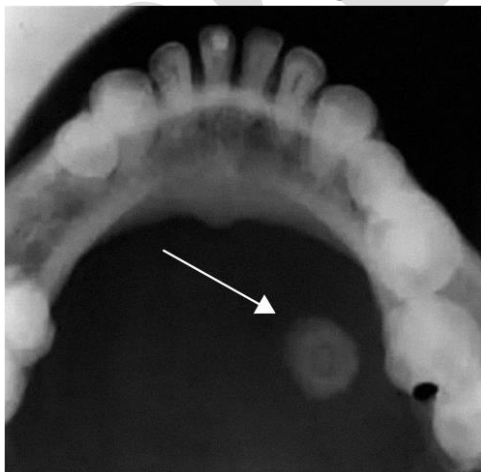
Bleeding Duodenal Ulcer → *POSTERIORLY LOCATED DU*

- MC artery involved: **GDA**



branches of this gastroduodenal artery here you can see this is right gastroepiploic and

Q. What is the likely diagnosis of the X-ray below ?



- a. Sialolith**
- b. Foreign body

FMGE Recall Questions Jan 2026

- c. Dental implant
- d. RCT abscess

Ques ID : Q877741



SINGLE CORRECT

A 45 years old patient complaints of recurrent swelling in one side of the neck. She is afraid of eating food as it worsens the swelling. Imaging was performed and shown below. What is the most likely diagnosis?



- A Sialolithiasis
- B Penetrating irregular foreign body
- C Isolated osteoma of floor of mouth
- D Cervical lymphadenopathy

FMGE Recall Questions Jan 2026

Q. A 5-year-old female brought to OPD with a red mass protruding from the anal verge after defecation. On examination, the mass is 4 cm long and demonstrates concentric mucosal folds. What is the most likely diagnosis?



- a. Injection Sclerotherapy
- b. Suture Rectopexy**
- c. Thiersch Stitch
- d. Conservative

Local Live

Ques ID : Q849192

SINGLE CORRECT

.A 78-year-old woman with a history of chronic constipation and faecal incontinence presents with a complaint of a mass that protrudes circumferentially from her anus, which she can manually reduce. She also reports occasional bleeding and difficulty with bowel movements. Which of the following is the most appropriate management for this patient's rectal prolapse?

- A** Perineal rectopexy
- B Rubber band ligation
- C Abdominal rectopexy
- D Infrared photocoagulation

Q. A patient with a long history of betel nut chewing presents with a progressively

FMGE Recall Questions Jan 2026

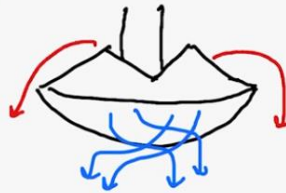
enlarging mass protruding through the mouth. What is the IOC of likely diagnosis?

- a. Brush biopsy
- b. **Edge biopsy**
- c. Punch biopsy

CARCINOMA ORAL CAVITY

- Bilateral Lymphatic Spread:

- Lo: **LOWER LIP**
- S: **SUPRA GLOTTIS**
- S: **SOFT PALATE**
- Penis: **CA PENIS**



- IOC for Diagnosis: **EDGE Bx**

- IOC for Staging: **MRI**

- **MC Flap** used for Head & Neck Reconstruction: **PMMC FLAP**
PECTORAL BRANCHES OF THORACO-ACROMIAL VE

of thoracoacromial vessels. Thoracoacromial vessels. Very important. You know, in India,

Q. Diagnosis?

- a. Crohn's disease
- b. UC
- c. Ileal cancer
- d. Gut malrotation



FMGE Recall Questions Jan 2026

- Vascular jejunitization of ileum:



looking like comb. So, guys, what's the name of this sign? This is known as comb sign. So,

Q. A patient (drug abuser) presents with pain in the right upper quadrant, fever, chills with rigor, anorexia. The patient was HIV positive with increased enzymes. What is the likely diagnosis?

- Liver abscess**
- HCC
- Hydatid cyst
- Liver METS

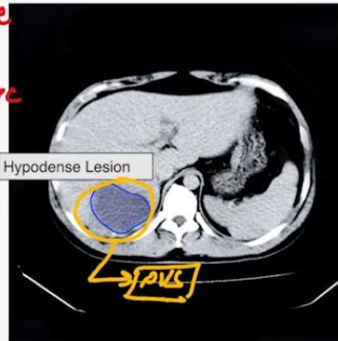


FMGE Recall Questions Jan 2026



Clinical features

- MC symptom: *FEVER & CHILLS & RIGOR*
- Abdominal pain
- Anorexia & fatigue → *MOST CHARACTERISTIC SYMPTOM*
- Jaundice → *25%*
- MC LFT abnormality in PLA: *↑ ALP*



obstruction, it is raised ALP. So, how to remember? In PLA, biogenic liver abscess, it is ALP.

Q. Match the following

- | | |
|--------------------|-------------|
| a. Hyperthyroidism | 1. LATS |
| b. Hypothyroidism | 2. Anti-TPO |

GRAVES' DISEASE

- Diffuse toxic goiter
- Autoimmune disorder → *LATS* → *LONG ACTING THYROID STIMULATOR*
- Associated with: *HLA B8/DR-3* → *TIFR*



It is associated with HLA-B8 and DR3, associated with HLA-B8 and DR3, HLA-B8 and DR3, clear?

FMGE Recall Questions Jan 2026

Radiology

Q. Identify the radiographic sign seen in the IVP image given below:



- a. Adder head appearance
- b. Fish hook sign**
- c. Ball-on-tee sign
- d. Spoke-wheel sign



Q. Based on the given ultrasound of the ovary, which radiological pattern is observed?

FMGE Recall Questions Jan 2026



- a. Chocolate cyst
- b. String of pearls sign**
- c. Honeycomb appearance
- d. Ground-glass appearance

Ques ID : Q882193



SINGLE CORRECT

Q2. Based on the given ultrasound of the ovary, which radiological pattern is observed?



- A** Chocolate cyst
- B** String of pearls sign
- C** Honeycomb appearance
- D** Ground-glass appearance

FMGE Recall Questions Jan 2026


Q. Which of the following is the mechanism involved in X-ray production?

- a. **Photoelectric effect**
- b. Compton effect
- c. Paired production
- d. Bremsstrahlung radiation

X-ray Interactions

| | Photoelectric Effect | Compton Effect |
|---------|--------------------------------------|--|
| Shell | Innermost | Outermost |
| Energy | Low energy photon | High energy photon |
| Effects | Good, produces contrast on the films | Bad, produces scattered radiations on the film |

radiation coming from the patient's body right so x-ray interactions now when the x-ray is reaching



Q. A chest X-ray of a 6-year-old child with recurrent episodes of cyanosis is given below. What is the most probable diagnosis?

FMGE Recall Questions Jan 2026



- a. **Tetralogy of Fallot**
- b. Transposition of the great arteries
- c. Tricuspid atresia
- d. Total anomalous pulmonary venous connection

Ques ID : Q859506

Ⓜ

SINGLE CORRECT

Which of the following is not a characteristic of tetralogy of Fallot?

- ☒ A Ventricular septal defect
- ☐ B Right ventricular hypertrophy
- ☐ C Atrial septal defect
- ☐ D Pulmonary stenosis

FMGE Recall Questions Jan 2026

Solution

Correct Answer C- Atrial septal defect

Explanation:

Atrial septal defect is not the component of Tetralogy of Fallot (TOF).

Tetralogy of Fallot

Components of Tetralogy of Fallot:

- **Pulmonary Stenosis: (Option D Ruled Out)**
 - Narrowing of the pathway from the right ventricle to the pulmonary artery, possibly affecting the infundibulum, valve, or main pulmonary artery.
- **Ventricular Septal Defect (VSD): (Option A Ruled Out)**
 - A large hole between the right and left ventricles, usually misaligned, allowing abnormal blood flow.
- **Overriding Aorta:**
 - The aorta is positioned over the septum, receiving blood from both ventricles.
- **Right Ventricular Hypertrophy: (Option B Ruled Out)**
 - Thickening of the right ventricle wall due to the extra effort required to pump blood.

Clinical features:

- Cyanosis (central) due to hypoxia; SpO₂ <75-85%
- Clubbing
- Polycythemia
- Cyanotic spells

Auscultatory findings:

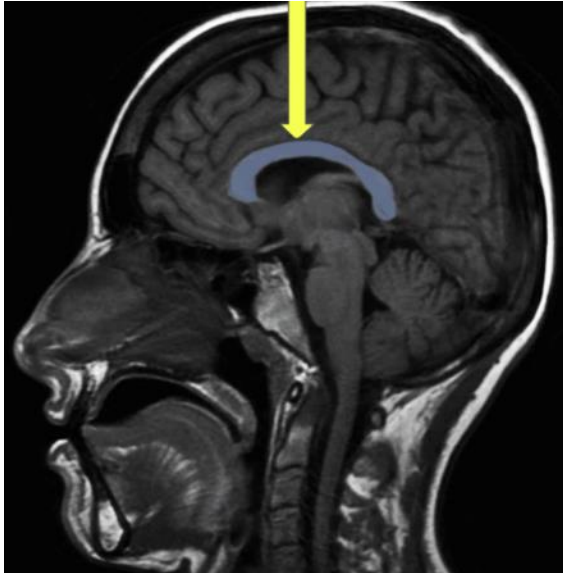
- Ejection systolic murmur in the pulmonary area
- Single S₂ (P₂ is soft and inaudible)

Chest X-ray:

- Boot-Shaped Heart or 'Cor en Sabot' appearance = Pulmonary oligemia

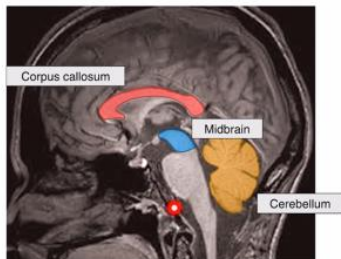
Q. Identify the marked structure:

FMGE Recall Questions Jan 2026



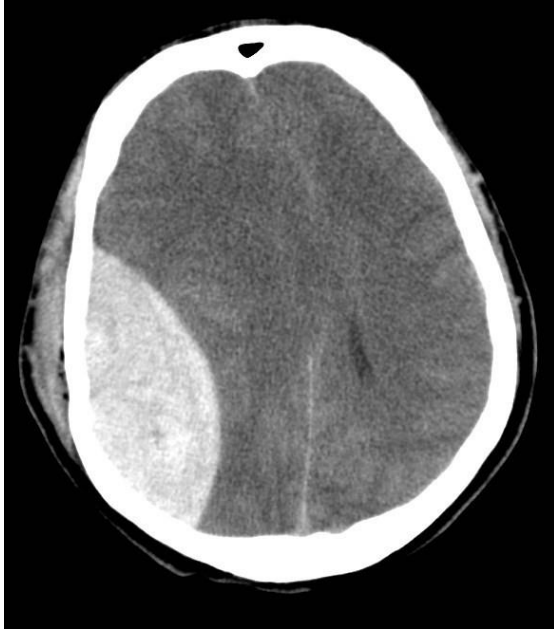
- a. Rostrum
- b. Splenium
- c. Genu
- d. **Body**

Sagittal Anatomy



Q. A 24-year-old male presents to the emergency department after a road traffic accident. Based on the given CT scan, what is the most likely diagnosis?

FMGE Recall Questions Jan 2026



- a. **Epidural hematoma**
- b. Subdural hematoma
- c. Intracerebral hemorrhage
- d. Subarachnoid hemorrhage

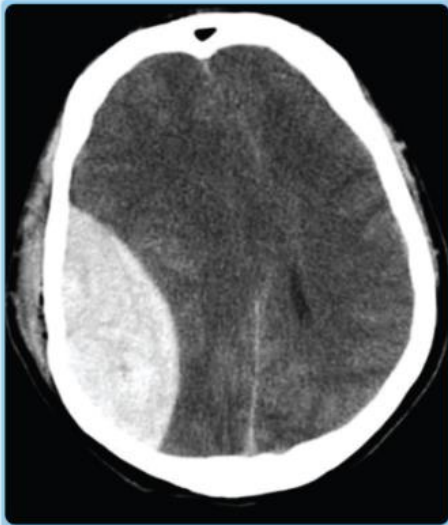
FMGE Recall Questions Jan 2026

Ques ID : Q871204

Ⓐ

SINGLE CORRECT

A person has been brought in the casualty with history of road accident. He had lost consciousness transiently and gained consciousness but again became unconscious. NCCT findings are given below. The most likely injured vessel responsible for this condition is:



- A Bridging veins
- B Dural venous sinuses
- C Middle meningeal artery anterior division
- D Middle meningeal artery posterior division

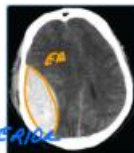
Solution

Q. A person has been brought in the casualty with history of road accident. He had lost consciousness transiently and gained consciousness but again became unconscious. NCCT findings are given below. The most likely injured vessel responsible for this condition is:

- a. Bridging veins → **EDH**
- b. Dural venous sinuses
- c. Middle meningeal artery anterior division
- d. Middle meningeal artery posterior division

LUCIA INTERVAL
↑
↓

MMMA
→ ANTERIOR



Q. A young female undergoes renal angiography for evaluation of secondary hypertension. Based on her angiogram, what is the most likely diagnosis?

FMGE Recall Questions Jan 2026



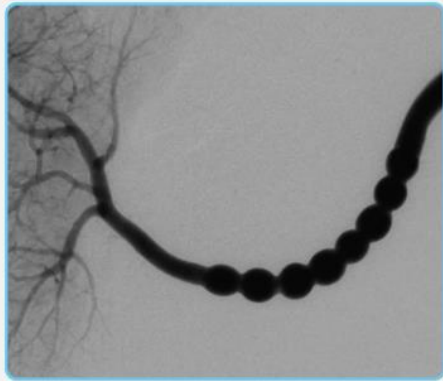
- a. **Fibromuscular dysplasia**
- b. Polyarteritis nodosa
- c. Atherosclerotic renal artery stenosis
- d. Takayasu arteritis

Ques ID : Q850812



SINGLE CORRECT

25-year-old young female is diagnosed with hypertension. Work up shows renal artery stenosis and renal angiogram image is shown. Diagnosis is:



111342

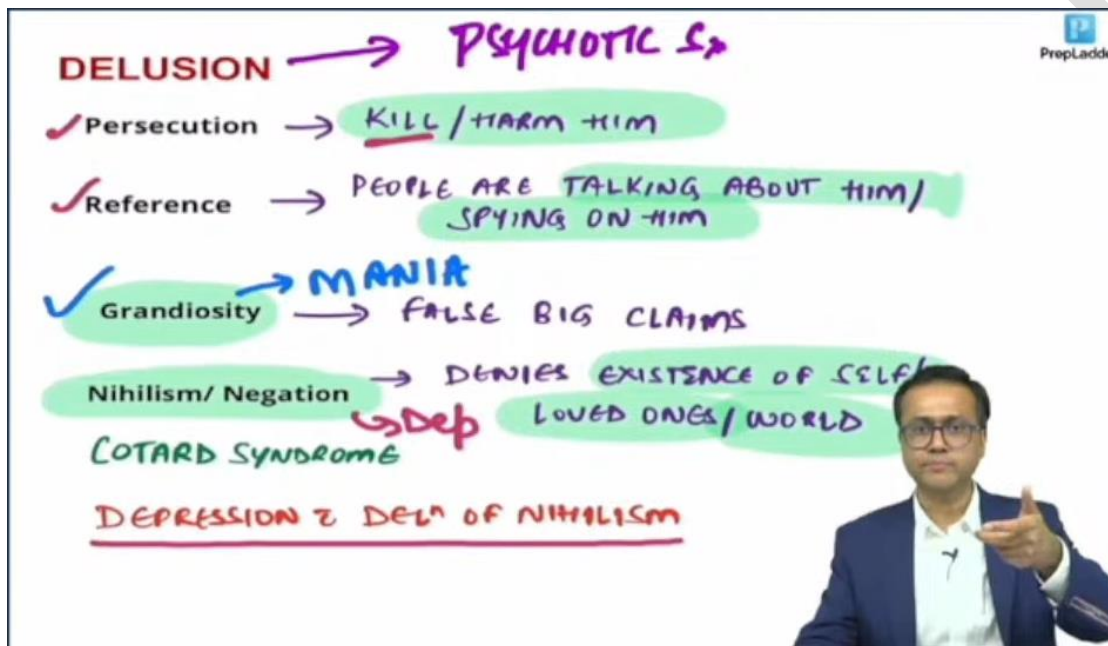
- A Polyarteritis nodosa
- B Microscopic polyangiitis
- C Fibromuscular dysplasia
- D Takayasu arteritis

FMGE Recall Questions Jan 2026

Psychiatry

Q. A person thinks someone wants to kill him. He cannot be convinced or explained. What is the likely phenomenon?

- A. Hallucination
- B. Illusion
- C. Delusion**
- D. Obsession



Q. A 29-year-old female has persistently low mood, doesn't feel like doing anything, sleeps 15 hours a day, limbs feel heavy, eats a lot for 2 months. She feels happy when she hears her mother is coming to visit her in 2 weeks. Likely diagnosis?

- a. Mania
- b. MDD-Atypical features**
- c. Adjustment disorder
- d. Anxiety disorder

FMGE Recall Questions Jan 2026

FMGE Jan '26 Psychiatry Recall by Dr. Ankit Goel

Psychiatry

VERSION X

3. WITH ATYPICAL FEATURES

- Mood Reactivity (mood brightens in response to positive event)
- W Weight gain / ↑ Appetite
- I INTERPERSONAL REJECTION SENSITIVITY (sensitive to events, feels hurt/rejected by others)
- L LEADEN PARALYSIS (limbs feel heavy)
- High Hypersomnia (↑ sleep)

they are paralyzed. So, these are the features of atypical

Q. A 25-year-old female presented to OPD with symptoms of mood reactivity, weight gain, sleep disturbance, reports of putting herself every day to go to work. She has completed her graduation and now is working as assistant manager in an MNC. Which of the following is the likely diagnosis?

A. Recurrent depressive disorder
B. Atypical depression
C. Seasonal affective disorder
D. Dysthymia

2026 update
mood reactivity & sleep, appetite
If rejection sensitive, leading to

LRR Psychiatry for FMGE 2026 By Dr. An...

Q. A patient presents with as shown in the image (rabbit-like perioral movements) on long-term treatment. It is caused by which of the following drugs?



- A. Risperidone
- B. Clozapine
- C. Ziprasidone
- D. Fluoxetine

FMGE Recall Questions Jan 2026

FMGE Jan '26 Psychiatry Recall by Dr. Ankit Goel

Psychiatry **DP AT Night** **VERSION X**

DRUG INDUCED PARKINSONISM

Onset: DAYS - WEEKS

- TREMORS (COARSE TREMORS)
- RIGIDITY
- BRADYKINESIA

// **RABBIT SYNDROME (PERIORAL TREMORS)**
(USUALLY AT LATER STAGE)

rabbit syndrome which is perioral tremors. So, these are like this vertical tremors which may

LRR Psychiatry for FMGE 2026 By Dr. An...

Treatment ✓ **MAF 202**
Dantrolene

STOP AP

Q. A 45-year-old man with a history of chronic alcoholism had been abstinent for the last 3 months while on de-addiction therapy. He consumed 60 mL of alcohol at a social gathering. Within 15–20 minutes, he developed nausea, vomiting, red rashes, throbbing headache, and palpitations. Which of the following drug was he most likely taking for alcohol dependence?

- A. Chlorpromazine
- B. Disulfiram
- C. Fomepizole
- D. TCA / Topiramate

FMGE Recall Questions Jan 2026

Ques ID : Q882165

(A)

SINGLE CORRECT

A chronic alcoholic with complaints of severe nausea and vomiting. His blood pressure is 80/60 mm of Hg. He says he took disulfiram, prescribed by his doctor, before a few drinks. His symptoms have resulted from the accumulation of which substance?

A Acetaldehyde

B Acetate

C Methanol

D NADH

Psychiatry

VERSION X

The diagram illustrates the metabolic pathway of alcohol. It starts with **ALCOHOL (ETHANOL)**, which is converted to **ACETALDEHYDE** by the enzyme **ALCOHOL DEHYDROGENASE (ADH)**. **ACETALDEHYDE** is circled in red, and an arrow points to it from the text **↑↑**. From **ACETALDEHYDE**, the pathway would normally proceed to **ACETIC ACID** via the enzyme **ALDEHYDE DEHYDROGENASE (ALDH)**, which is crossed out with a large 'X'. **ACETIC ACID** is then converted to **CO₂ + H₂O**. The text **Ankit Goyal 6@gmail.com** is written near the **ACETIC ACID** step.

To the right of the diagram, the following text is written:

UNPLEASANT SYMPTOMS
(DISULFIRAM ALCOHOL REACTION) DER
NAUSEA, VOMITING,
BURNING SENSATION IN FACE, STOMACH
SEVERE REACTION → HEART FAILURE, MI,
RESPIRATORY DEPRESSION

At the bottom right, there is a video inset of a man in a blue suit and glasses, gesturing with his hand.

But remember sometimes if very high amount is consumed severe reactions such as heart

FMGE Recall Questions Jan 2026

Q. An elderly woman is brought to psychiatry OPD by her daughter with complaints of forgetfulness. For the past one year, she has been seeing people and animals in nearby house that has been unoccupied during this period. Also has rigidity. What is the most likely type of dementia?

- A. Alzheimer's disease
- B. Lewy body dementia
- C. Parkinson's disease
- D. Vascular dementia


LEWY BODY DEMENTIA

CV MR

CORE FEATURES:

1. FLUCTUATING COGNITION (VARIATIONS IN ATTENTION & ALERTNESS)
2. VISUAL HALLUCINATION
3. MOTOR FEATURES OF PARKINSONISM (TREMORS, RIGIDITY, BRADYKINESIA)
- ✓ 4. REM SLEEP BEHAVIOR DISORDER (FQ)

→ MS TONE = ATONIA X



LRR Psychiatry for FMGE 2026 By Dr. An...

FMGE Recall Questions Jan 2026

Q. A patient is getting irritated, having fluctuation of emotions. He reports of hearing voices talking about his actions. He has poor eye contact with the people and wants to stay alone. These symptoms are there for more than two months. Which of the following is pointing towards the diagnosis of schizophrenia and not delusional disorder?

- A. Emotional problem/depression
- B. Delusion of persecution
- C. **Second person, third person auditory hallucinations**
- D. Symptoms are there for more than 2 months

SCHIZOPHRENIA

Diagnosis DSM-5

D Delusions
H Hallucinations
D Disorganized speech
C Catatonic/ disorganized behavior
N Negative symptoms

FTD: LOM, D, TN...

2 OR > 5x ATLEAST ONE FROM (1st 3)

ANHEDONIA ↓ INTEREST
AVOLITION ↓ WILL
ALOGIA ↓ SPEECH
AFFECT FLATTENING
ASOCIALITY

LRR Psychiatry for FMGE 2026 By Dr. An...

Q. A young boy bright in studies, securing good grades in class now has poor performance. Parents notice a change in behaviour, he avoids speaking to others, often comes home late in the night. Which of the following is the likely cause?

- A. Depression / Mania
- B. **Recent drug use**
- C. Personality disorder
- D. Peer pressure

FMGE Recall Questions Jan 2026

Psychiatry **VERSION X**

DEPENDENCE

- Difficulty in controlling substance taking behavior - in terms of its onset, termination or levels of use
- Progressive neglect of alternative pleasure or interests because of substance use
- Persistence with substance use despite clear evidence of harmful consequences

my work life is getting disrupted, but still I am not able to stop it. So, these are the symptoms

Q. A chronic alcohol abuser is brought to hospital with complains of chronic liver disease. Which of the following you will add in the treatment?

- a. Vitamin A
- b. Vitamin C
- c. Vitamin B1
- d. Vitamin D

Ques ID : Q803395

(A0)

SINGLE CORRECT

What is the underlying cause of the presenting symptoms in a 21-year-old individual with chronic alcoholism who is admitted to the emergency department with confusion, tremors, ataxia, and ophthalmoplegia?

A Vitamin B12

B Vitamin B9

C Vitamin B1

D Vitamin B3

FMGE Recall Questions Jan 2026

Q. A child with low IQ, poor communication, presented with loss of bladder control/urinary incontinence. Which of the following is the most likely diagnosis?

- a. Refsum's disease
- b. Heller's disease**
- c. ADHD
- d. Weil's disease

Psychiatry **VERSION X**

3. Childhood Disintegrative Disorder (Heller's Syndrome)


UPTO 2 YEARS : NORMAL DEVELOPMENT

AFTER 2 YEARS : MARKED REGRESSION IN SEVERAL AREAS

- LANGUAGE, SOCIAL OR ADAPTIVE BEHAVIOR
- BOWL & BLADDER CONTROL
- PLAY
- MOTOR SKILLS

marked regression in several areas like language, social or adaptive behaviors,

MOST PATIENTS LEFT WITH
ATLEAST MODERATE MENTAL RETARDATION



Q. Young adult female who was bullied in class throughout school period, later on in life she started having stage fear, anxiety, low mood. What is the cause of her diagnosis?

- A. Personality disorder
- B. Anxiety disorder
- C. Peer pressure
- D. Social anxiety disorder**

FMGE Recall Questions Jan 2026

Local

Live



Ques ID : Q882177



SINGLE CORRECT

Young adult female who was bullied in class throughout school period, later on in life she started having stage fear, anxiety, low mood. What is the cause of her diagnosis?

- ☐ A Personality disorder
- ☐ B Anxiety disorder
- ☐ C Peer pressure
- ☐ D Social anxiety disorder

FMGE Recall Questions Jan 2026

Physiology

Q. A trekker at high altitude develops ataxia and confusion, followed by pulmonary edema. What is the most appropriate management?

- a. Spironolactone
- b. Steroids
- c. Acetazolamide
- d. **Rapid descent**

Local

Live

Ques ID : Q801376

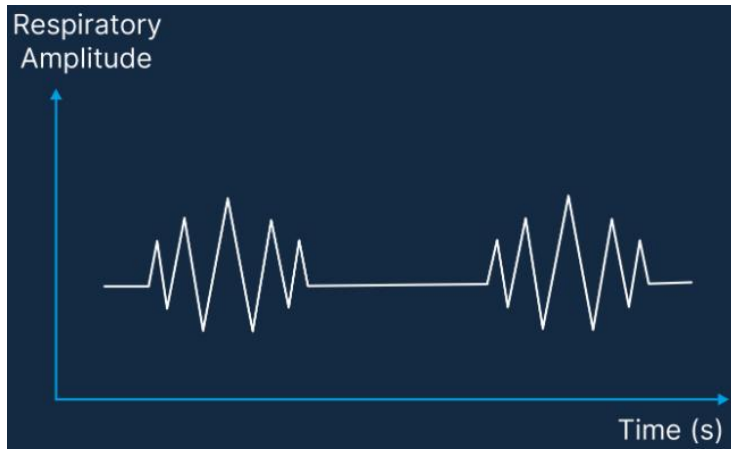
SINGLE CORRECT

All of the following is used in the management of breathless patient at a high altitude of 3000 mts except.

- A Intravenous digoxin
- B Oxygen supplementation
- C Immediate descent
- D Acetazolamide

Q. Identify the breathing pattern shown in the image below:

FMGE Recall Questions Jan 2026



- a. Biot's breathing
- b. Cheyne-Stokes breathing**
- c. Kussmaul breathing
- d. Apneustic breathing

FMGE Recall Questions Jan 2026

Local

Live

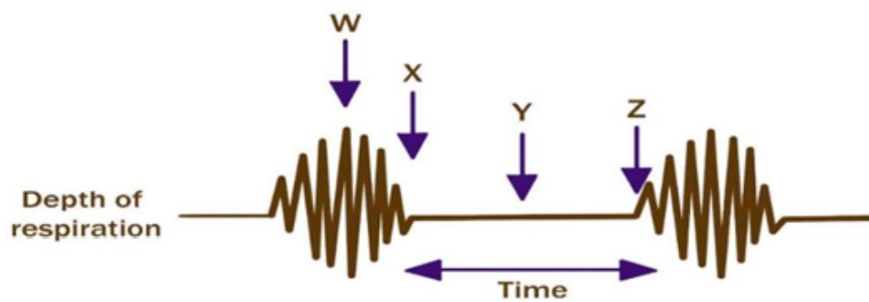
X

Ques ID : Q882158

Aa

SINGLE CORRECT

Which time points on the Cheyne-Stokes breathing graph are associated with the highest $p\text{CO}_2$ in the lung blood and in the respiratory center respectively?



A X Y

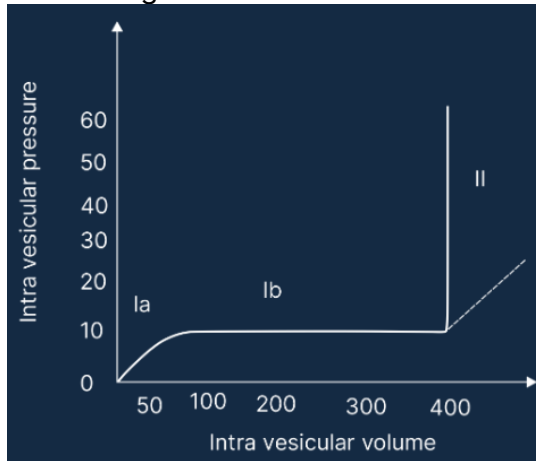
B Y Z

C Z W

D W X

FMGE Recall Questions Jan 2026

Q. In the following Pressure-Volume curve of the bladder, what is the physiological basis for the segment labeled 1b?



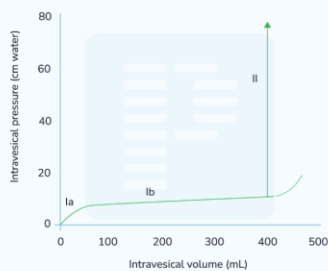
- a. Sympathetic control
- b. Parasympathetic control
- c. Law of Laplace**
- d. Urethral valve

Local Live

Ques ID : Q855855

SINGLE CORRECT

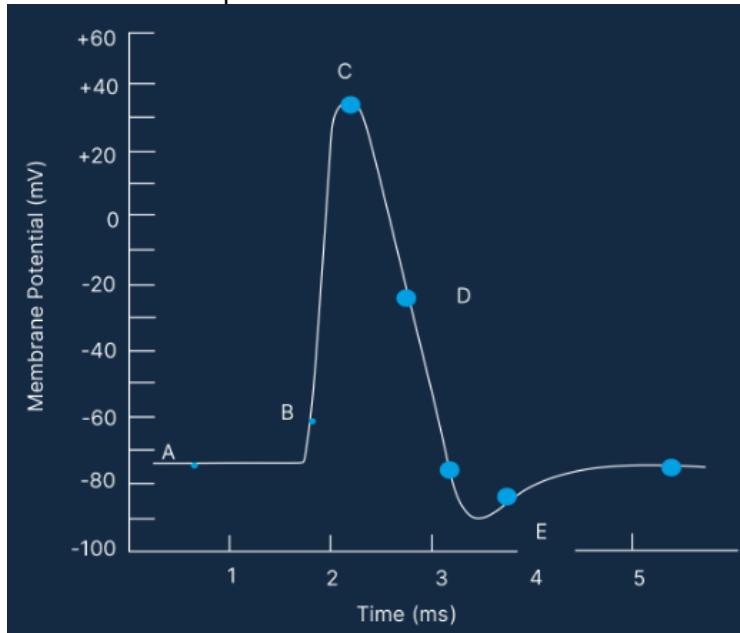
Which of the following statements is true regarding the given cystometrogram?



- A** Segment Ia is due to residual urine
- B** Segment Ib is due to Laplace law
- C** Micturition fails to happen in segment II
- D** Micturition occurs in segment Ib

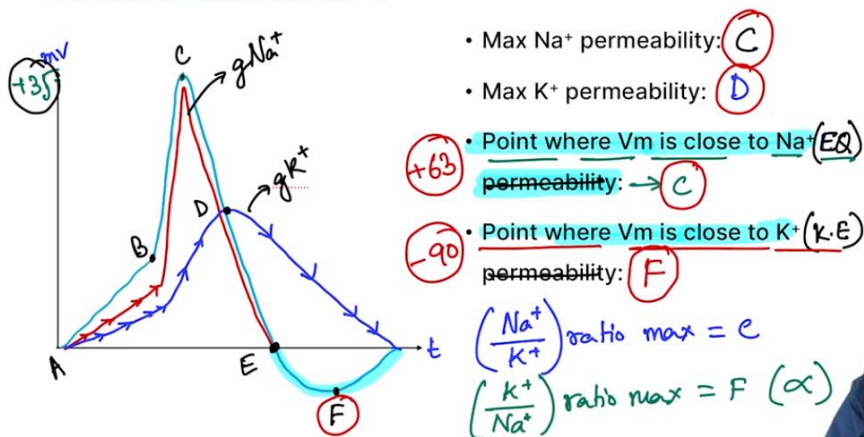
FMGE Recall Questions Jan 2026

Q. Based on the provided image of a nerve action potential, at which marked point is the combined transport of Na^+ and K^+ ions at its minimum?



- Point A
- Point B
- Point C
- Point E**

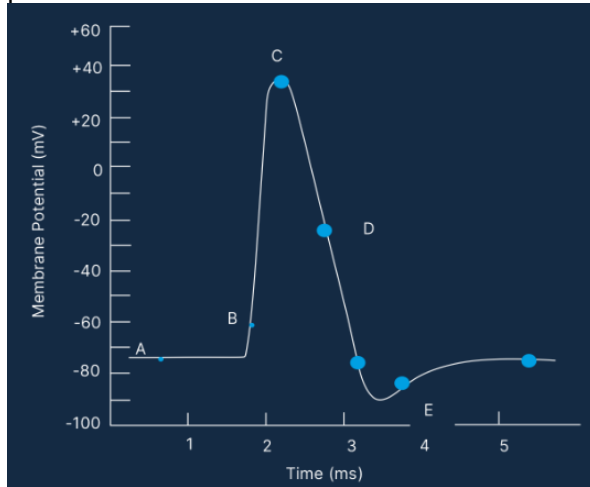
IONIC PERMEABILITY (Conductance)



But at point number F, sodium permeability is absolute 0. So, that is why potassium,

FMGE Recall Questions Jan 2026

Q. Why is no new impulse generated during the depolarization phase of an action potential?



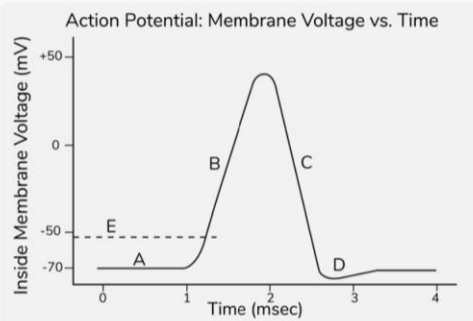
- a. Potassium channels are closed
- b. Sodium channels are closed
- c. Sodium channels are open**
- d. The neuron is hyperpolarized

FMGE Recall Questions Jan 2026

Ques ID : Q882159

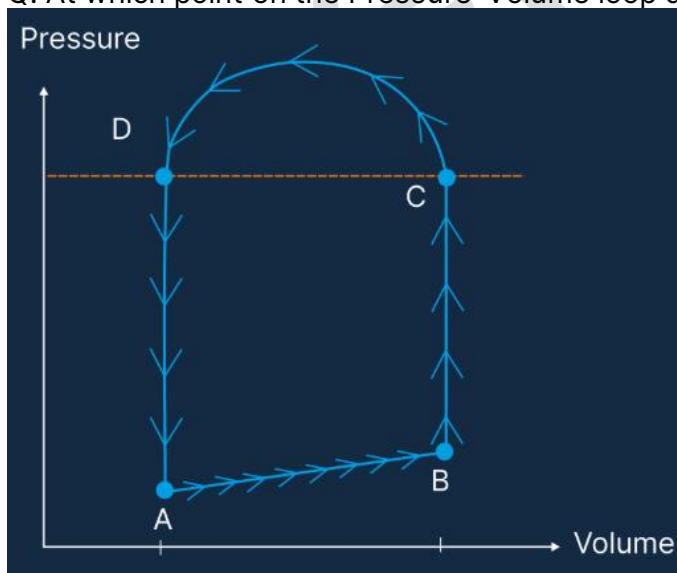
(A9)

The following graph shows the diagrammatic representation of an action potential where point E is the threshold potential. The researchers deliver a stimulus at point B during a nerve action potential. Which changes will occur in response to a stimulus given at point B of the graph?



- A Second action potential of normal magnitude will occur.
- B Second action potential of normal magnitude will occur but will be delayed.
- C A second action potential will occur but will not have an overshoot.
- D A second action potential will not occur.

Q. At which point on the Pressure-Volume loop does the aortic valve open?

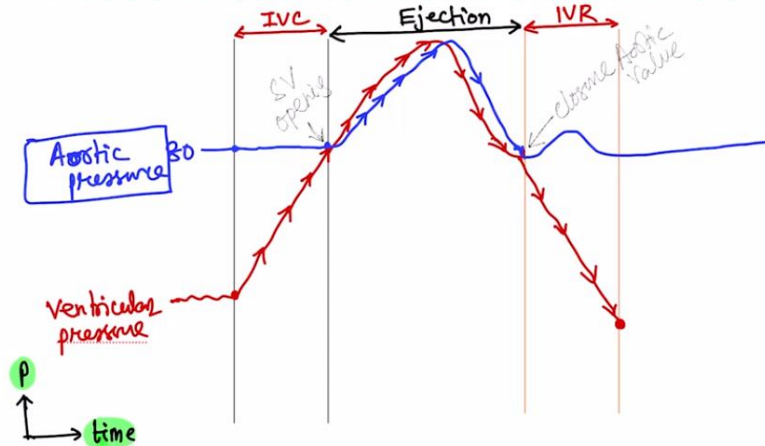


- a. Point A

FMGE Recall Questions Jan 2026

- b. Point B
- c. **Point C**
- d. Point D

PRESSURE CHANGE DURING CARDIAC CYCLE



pressure decreases to a very low level we know that this is the point

Q. A patient undergoes a surgery where one lung is removed due to malignancy. Which of the following parameters should be measured to accurately assess the remaining lung's elasticity, independent of the change in lung volume?

- a. Chest wall compliance
- b. **Specific lung compliance**
- c. Total lung compliance
- d. Static compliance

FMGE Recall Questions Jan 2026



COMPLIANCE

- Expansibility (distensibility) of tissue)

$$C = \frac{\Delta V}{\Delta P} = \frac{\text{Lungs volume change}}{\text{Pressure change (IPP/TM)}}$$



denominator. So, whenever we say compliance we use this mathematical formula that compliance

CONCEPT OF COMPLIANCE

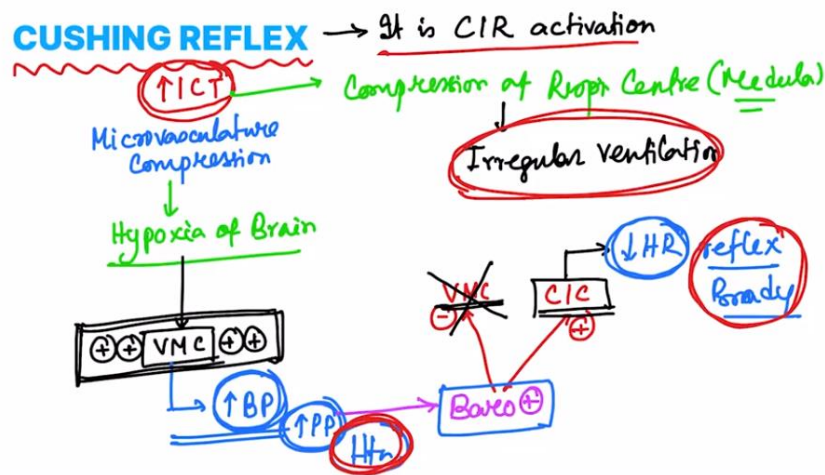
00:00:39

- Compliance: Stretchability/ extensibility of a structure (distensibility of tissue)
 - Easily stretchable structures are highly compliant and vice versa
- Compliance = $\frac{\Delta V}{\Delta P} = \frac{\text{Change in volume}}{\text{Change in pressure}}$
- Lung Compliance: $\frac{\text{Change in lung volume}}{\text{Pressure change}}$
 - Pressure change (Intrapleural pressure/Transmural pressure)

Q. A patient with a history of head trauma presents with signs of increased Intracranial Pressure. Which of the following sets of vital signs characterizes the Cushing Reflex?

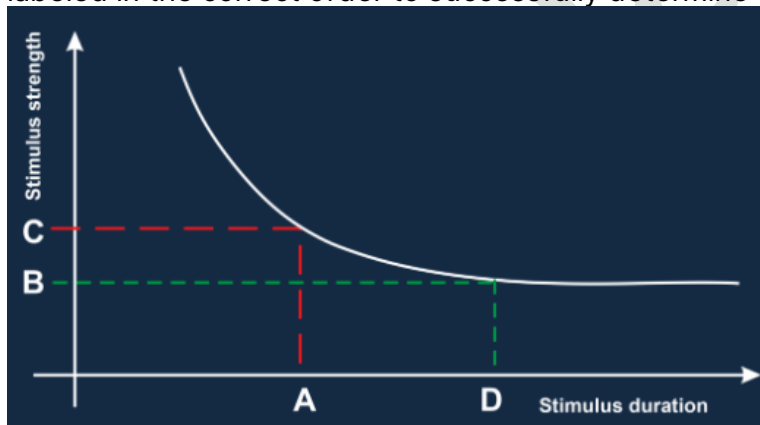
- Tachycardia and Hypertension
- Bradycardia and Hypertension**
- Bradycardia and Hypotension
- Tachycardia and Hypotension

FMGE Recall Questions Jan 2026



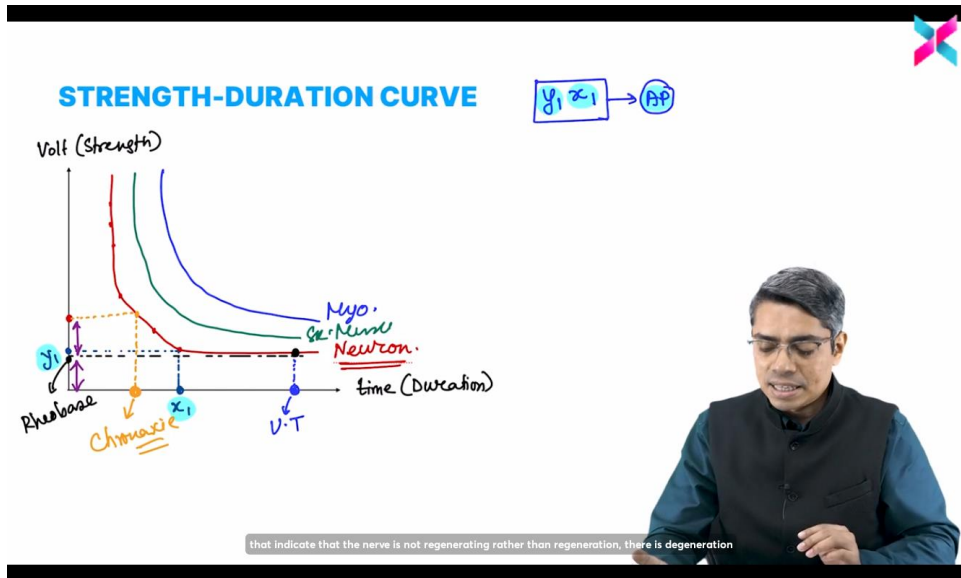
the three important mechanism which is controlling your blood pressure on a short term basis

Q. A Strength-Duration curve is plotted for a skeletal muscle. Identify the parameters labeled in the correct order to successfully determine the tissue excitability.



- A: Utilization Time; B: Rheobase; D: Chronaxie
- A: Rheobase; B: Chronaxie; D: Utilization Time
- A: Chronaxie; B: Utilization Time; D: Rheobase
- A: Chronaxie; B: Rheobase; D: Utilization Time**

FMGE Recall Questions Jan 2026



Q. A 28-year-old man develops descending flaccid paralysis, diplopia and dysphagia after eating improperly canned food. Another patient develops rapid paralysis after eating puffer fish. Which of the following correctly matches the mechanism of action?

- A. Botulinum toxin blocks Na channels: Tetrodotoxin blocks ACh release
- B. Botulinum toxin blocks ACh release: Tetrodotoxin blocks Ca^{2+} channels
- C. Botulinum toxin blocks nicotinic ACh receptors: Tetrodotoxin blocks Ca^{2+}
- D. Botulinum toxin increases ACh release: Tetrodotoxin blocks K^{+} channels

Local Live

X

Ques ID : Q852535

Aa

SINGLE CORRECT

MOA of botulinum toxin is

- A Inhibits Elongation factor 2
- B Inhibits the release of GABA
- C Inhibits the release of Acetylcholine
- D Increases cAMP

FMGE Recall Questions Jan 2026

Q. Patient has slurred speech, keeps speaking a lot but speaks meaningless words. Lesion is in superior temporal gyrus. Which area is involved?

- A. Broca's area
- B. Wernicke's area
- C. Arcuate fasciculus
- D. Angular gyrus

Local Live

Ques ID : Q800905

SINGLE CORRECT

What type of aphasia is observed in individuals with lesions in the posterior region of the superior temporal gyrus?

A Fluent

B Non fluent

C Anomic

D Conduction

PHARMACOLOGY

FMGE Recall Questions Jan 2026

Q. A 28-year-old man diagnosed with borderline tuberculoid (BT) leprosy was started on WHO-MDT. After 2 months of regular treatment, he now presents with sudden onset of tender, erythematous, oedematous lesions over the nose and forehead associated with mild fever. There is no new sensory loss or nerve tenderness. What is the most appropriate next step in management?

- a. **Continue MDT and start oral prednisolone**
- b. Stop MDT and start oral prednisolone
- c. Stop MDT and start thalidomide.
- d. Continue MDT alone without steroids

| Type 1 Leprosy reaction | Type 2 Leprosy reaction ✓ |
|-------------------------|-----------------------------|
| Reversal reaction | Erythema nodosum leprosum ✓ |

Do not stop MDT

start: **DO NOT** Corticosteroids (Prednisolone) ✓

Previously: Chloroquine

Type 2 LR:

Risk factor: Thalidomide

In corticosteroid resistant cases.

Ques ID : Q842032

Ad

SINGLE CORRECT

A pregnant woman at 10 weeks of gestation, who is currently undergoing multidrug therapy (MDT) for leprosy, now presents with type 2 lepra reaction. What is the preferred treatment for this patient?

- A Stop MDT and start oral steroids
- B Antibiotics
- C Thalidomide
- D Continue MDT and add oral steroids

FMGE Recall Questions Jan 2026

Q. A 45-year-old male with severe postoperative pain is administered morphine 5 mg intravenously. You are monitoring him for opioid toxicity. Based on which of the following findings would you make the diagnosis of opioid overdose?

- a. Tachycardia
- b. Bradypnea**
- c. Constriction of pupil
- d. Dilation of pupil

Opioid Addiction

| Symptoms of opioid poisoning | Symptoms of opioid withdrawal |
|--|---|
| <ul style="list-style-type: none">Sedation (unconscious)DRY skin: Dry eye/mouth, Constipation, Urinary retentionMiosis: Pin point pupilConvulsionsResp. depression | <ul style="list-style-type: none">Excitable↑ secnd: sweating, salivationMydriasisNo convulsionsYawning |

not seen. So, this could be a question. So, we all know that in any drug addiction, there is

Ques ID : Q846833

SINGLE CORRECT

A 45-year-old man is in the postanesthesia care unit following a routine elective surgery. You are asked to monitor the patient for morphine overdose. Which of the following sets of symptoms best represents the classic triad associated with morphine overdose?

A Mydriasis, hypertension, and tachycardia

B Hypertension, respiratory depression, and miosis

C Respiratory depression, miosis, and altered mental status

D Agitation, hyperreflexia, and diaphoresis

Q. A 26-year-old man diagnosed with diabetes insipidus was started on hydrochlorothiazide. The beneficial effect of hydrochlorothiazide in this patient is due to which of the following mechanisms?

FMGE Recall Questions Jan 2026

- a. Direct stimulation of V2 receptors in the collecting duct
- b. Inhibition of Na⁺ reabsorption in DCT, leading to mild volume depletion and increased proximal water reabsorption**
- c. Blocking aquaporin-2 channels in the collecting duct
- d. Increasing medullary interstitial osmolarity

Ques ID : Q843725



SINGLE CORRECT

A patient on long-term lithium therapy visits with complaints of frequent urination and increased thirst. He was diagnosed with nephrogenic diabetes insipidus based on urine analysis and plasma ADH levels. He was prescribed a combination of amiloride and hydrochlorothiazide. What is the reason for the use of thiazide diuretics in nephrogenic DI?

- A** Thiazides reduce urine output by increasing free water absorption in proximal tubules
- B Thiazides directly increase the sensitivity of the kidneys to ADH.
- C Thiazides help to increase lithium excretion, reducing its nephrotoxic effects.
- D Thiazides decrease the risk of hypokalemia when used with amiloride.

Q. A 52-year-old diabetic patient with poorly controlled blood glucose presents with facial pain, nasal blockage, and a black necrotic lesion over the nasal turbinate (black sinus) along with fever. Imaging shows involvement of the maxillary sinus. What is the most appropriate management?

- a. Surgical debridement only
- b. Surgical debridement with antifungal therapy**
- c. Surgical debridement with antibiotics
- d. Antibiotics only

FMGE Recall Questions Jan 2026

Amphotericin B iv

Highly amphoteric : Highly POLAR : not absorbed oral.

MOST effective Antifungal : Fungicidal

DOC All serious invasive fungal infection

- Cryptococcal meningitis
- Mucormycosis
- Coccidial meningitis.

DOC 2 Fluconazole → KALA-AZAR
NAEGLERIA

iv AMB
induction
↓
maintain : Azoles
(ORAL)

Amphotericin B and when the fungal load reduces the patient has symptomatic improvement for rest of the months maintain the patient on azoles so azoles we give for maintenance because they can be given orally as well as for any serious infection overall induction therapies amphotericin B it is the drug of choice.

Q. Which of the following ECG change is most characteristically associated with lithium therapy?

- ST-segment elevation
- ST-segment depression
- QT interval prolongation
- T-wave inversion**

Lithium: ECG changes

SA X
AV X
myocardium X

⊖ SA : Inc ↑ R-R interval
⊖ AV : Inc ↑ P-R interval

supern myocardium : Flattening of T waves.

and flattened T waves

Q. Which of the following best describes the mechanism of action of gabapentin?

- Sodium channel blockade
- Blockage of the $\alpha 2\delta$ subunit of voltage-gated calcium channels**
- Opioid receptor blockade
- NMDA receptor antagonism

FMGE Recall Questions Jan 2026

Pregabalin and Gabapentin

MOA: Increase Release of GABA ~~Not~~
NEW → Block Voltage gated Ca^{2+} channel (P/Q type, N type)
 $\alpha_2\delta$ subunit

Uses: Focal seizure
Neuropathic pain
Gabapentin: Migraine prophylaxis

side: Sedative
Folate deficiency

pregabalin and gabapentin

Q. Which of the following best describes the mechanism of action of colchicine in acute attack of gout?

- a. Inhibition of xanthine oxidase
- b. Inhibition of cyclooxygenase (COX)
- c. Inhibit migration of neutrophil chemotaxis**
- d. Blockade of IL-1 receptors

Ques ID : Q805331

Ans

SINGLE CORRECT

How does colchicine work in the body?

- A** Inhibits synthesis of uric acid
- B Promotes excretion of uric acid
- C Inhibits xanthine oxidase enzyme
- D Binds to tubulin and inhibits granulocyte migration

Q. A 55-year-old male presents with sudden onset of severe pain, redness, and swelling of the foot as shown in the image below. There is no history of trauma. Serum uric acid is 9 mg/dL. What is the best acute management at this stage?

- a. Febuxostat 40 mg once daily
- b. Indomethacin 50 mg three times a day**
- c. Colchicine 0.5 mg every 6 hours

FMGE Recall Questions Jan 2026

d. Allopurinol 100 mg twice daily

Ques ID : Q847535

Ans

SINGLE CORRECT

A 58 year old male presents with a sudden onset of severe pain and swelling in his right big toe. His medical history includes hypertension and obesity. On examination, there is erythema and tenderness over the affected joint. A diagnosis of acute gout is made. Which of the following is the most appropriate initial treatment for this patient?

- ☒ A Oral colchicine
- ☐ B Intra-articular corticosteroid injection
- ☐ C Non-steroidal anti-inflammatory drugs (NSAIDs)
- ☐ D Xanthine oxidase inhibitors

Q. A 32-year-old man returned from a malaria-endemic area with high-grade fever for 5 days. On examination he is drowsy, confused, and has altered sensorium. Peripheral smear shows Plasmodium falciparum. What is the most appropriate treatment?

- a. **Intravenous artesunate**
- b. Intravenous artesunate with sulfadoxine-pyrimethamine
- c. Oral artemether-lumefantrine
- d. Oral chloroquine

FMGE Recall Questions Jan 2026

Ques ID : Q804446



SINGLE CORRECT

A 32-year-old man who had traveled to Assam recently presents with fever, chills, seizures, and altered sensorium. On examination, his blood pressure was 70/50 mm of Hg and labored breathing was present. A blood smear was sent which revealed plasmodium falciparum. Which of the following is the drug of choice in this condition?

A Chloroquine

B Quinine

C Intravenous artesunate

D Artemether

Q. A 65-year-old woman with breast cancer is receiving combination chemotherapy including methotrexate. To reduce toxicity, leucovorin is administered alongside methotrexate. Which of the following enzymes is bypassed by leucovorin rescue during methotrexate therapy?

- a. **Dihydrofolate reductase**
- b. Thymidylate synthase
- c. Dihydropteroate synthase
- d. Purine nucleoside phosphorylase

FMGE Recall Questions Jan 2026

Conventional DMARDs

Methotrexate → most effective DRUG

• Mechanism of action:

- ① Anti-folate DRUG
 - ⊖ DHFR enzyme
 - ⊖ Hydro folate Reductase
 - ⊖ Thymidylate synthase
 - ⊖ Adenosine Deaminase

• Dose

- * **RA**: Low dose: 10 - 25 mg / week
- * **Anticancer DRUGS**: High dose: 100 mg / day

↑ Adenosine Efflux
kills in lymphocyte

Anchor DRUG
MTx
Add Biologicals

methotrexate. Now, the question comes, what is the main side effects of methotrexate? We know

Side effects of Methotrexate:

Monitoring with MTx

- ① MEGALOBlastic Anemia → CBC
- ② B-M suppression → LFT
- ③ Hepatotoxicity → PFT
- ④ Lungs: Interstitial lung fibrosis

Methotrexate toxicity:

Antidote: **Folinic acid**

↓ Hs

- LEUCOVORIN
- CITROVORUM factor

folate acid
⊖ DHFR
Tetra Hydro folate (THF)

para-aminobenzoic acid, notable for its strange exactly

Q. Which of the following best describes the mechanism of action of memantine when used for Alzheimer's disease?

- Acetylcholinesterase inhibition
- NMDA receptor antagonist**
- Blockade of A-beta amyloid
- Dopamine D2 receptor antagonism

FMGE Recall Questions Jan 2026

Drugs for Alzheimer's disease (dementia)

1. Anti-choline Esterase (Tertiary Amine)
↑ ACh in Brain → ↑ MEMORY

✓ TACRINE: Banned: SHORT Acting Hepatotoxic
✓ DONEPEZIL → most effective: DOC

✓ GALANTAMINE ← Benz Galantamine (prodrug)
✓ RIVASTIGMINE → Transdermal patch

2. **MEMANTINE**
NMDA Antagonist (glutamate)
↑ MEMORY

3. Anti-β₁ Amyloid Antibody

✓ A • ADUCANUMAB
✓ Lzhemur • LECANEMAB
✓ Duocan • DONANEMAB

Now these are the only drugs which have been approved in Alzheimer's disease.

- Q. What is the mechanism of action of finasteride?
- Adrenergic α 1A receptor antagonism
 - 5- α reductase inhibition**
 - Androgen receptor blockade
 - Phosphodiesterase inhibition

Ques ID : Q796600

Ans

SINGLE CORRECT

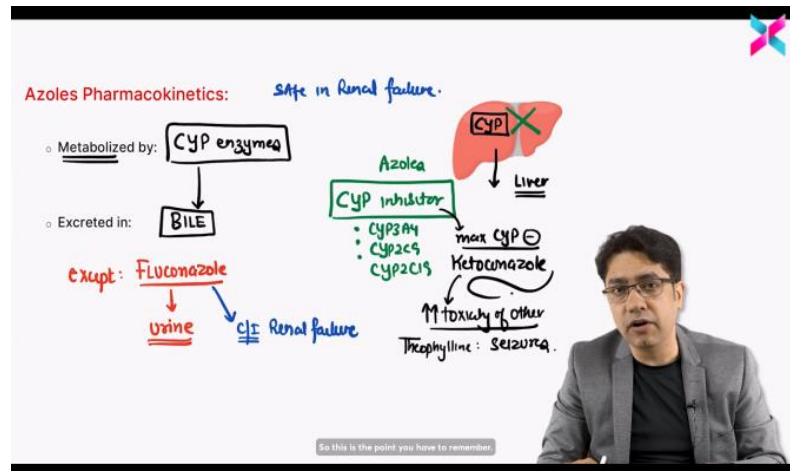
Which enzymes does Finasteride inhibit in order to treat male-pattern baldness?

- ☐ A Aromatase
- ☐ B 17-hydrolase
- ☐ C 5- α reductase
- ☐ D Phosphodiesterase

FMGE Recall Questions Jan 2026

Q. A 45-year-old man with bronchial asthma is on regular theophylline therapy. He develops a fungal infection and is started on ketoconazole. After 4–5 days, he presents with nausea, vomiting, tremors, palpitations, and restlessness. His serum theophylline level is found to be elevated. What is the most likely reason for this toxicity?

- a. Ketoconazole induces CYP450 enzymes, increasing theophylline metabolism
- b. Ketoconazole inhibits CYP450 enzymes, decreasing theophylline metabolism**
- c. Theophylline induces ketoconazole metabolism
- d. Additive pharmacodynamic effect of both drugs



Q. A 28-year-old pregnant woman is found to be HBsAg positive with high HBV DNA levels during routine antenatal screening. She has no features of liver failure. What is the most appropriate treatment during pregnancy?

- a. Pegylated interferon
- b. Tenofovir**
- c. Zidovudine
- d. Acyclovir

FMGE Recall Questions Jan 2026

HBV

DOC: REVERSE Transcriptase Inhibitor

ORAL

T - TENOFOVIR + E - ENTECAVIR

C - CLEVDUDINE

T - Telbivudine 2nd line

A - Adefovir

L - Lamivudine

Resistance: YMDD mutation

Common

Interferon α (injectable)

HCV

Non-structural protein inhibitors

DOC: ORAL: NS-inhibitor

Ribavirin

Protease Inhibitors - NAVIR

Now Interferon is a common drug for Hepatitis B and C virus but let's see certain other

Q. A 32-year-old woman presents for contraception counseling. Which of the following is a contraindication to the use of combined oral contraceptive pills?

- Iron deficiency anemia
- Migraine with aura**
- Polycystic ovarian syndrome
- Dysmenorrhea

ADVERSE EFFECTS OF OCP

1. Mild

Nausea - Vomiting (mc)

Oedema

Recurrent Headache

Mastalgia

AL: Abnormal break through bleeding

So these were the mild side effect

FMGE Recall Questions Jan 2026

Q. A patient started on a new cholesterol-lowering medication develops facial flushing and erythema, as shown in the image. Which of the following drugs is most likely responsible for this presentation?



- a. Lovastatin
- b. Ezetimibe
- c. Gemfibrozil
- d. **Niacin**

Niacin adverse effects: Most toxic DRUG.

- F FLUSHING (mc) → ↑↑ PG-D₂ (cutaneous vasodilator)
Tt: ASPIRIN (↓ prodⁿ PG)
- H Hepatotoxic (most)
Tt: LAROPIPRANT (PG D₂ Antagonist)
- H Hyperuricaemia (Bad for gout)
- H Hyperpigmentation



which leads to hyperpigmentation so these are the adverse effect of niacin now let's talk about

Q. Which of the following drugs is least commonly used as first-line therapy for uncomplicated urinary tract infections ?


- a. Nitrofurantoin
- b. Sulfonamides
- c. Fluoroquinolones
- d. **Fosfomycin**

FMGE Recall Questions Jan 2026

Fosfomycin

- MOA: \ominus ENOL PYRUVATE transferase \rightarrow \ominus cell wall.
- Use: ∇ UTI \rightarrow enterococcal UTI (CAUTI: Catheter Associated UTI)
- Dose: 3 grams oral single dose Q.

given as a 3g oral single dose, which is available as a powder form in sachet, 3g oral single




Q. A patient is shown using a metered-dose inhaler as shown in the image. Which of the following statements about spacer use is correct?



- a. Increases systemic absorption of the drug
- b. Decreases drug wastage & reduces oropharyngeal deposition**
- c. Makes inhaler technique more complicated and less effective
- d. Has no effect on drug delivery

FMGE Recall Questions Jan 2026

Oral thrush



- **Prevention**
 - Gargles & spit them out
 - Plastic spacers
- **Treatment : Anti-fungal**
 - Localized candida : **NYSTATIN paint**
 - Pharyngeal and esophageal candidiasis
↓
ORAL FLUCONAZOLE

Now let's talk about a very unique corticosteroid cyclanamide.

Q. A patient undergoing chemotherapy develops hemorrhagic cystitis. Which of the following drugs is most commonly responsible?

- Bleomycin
- Ifosfamide**
- Vincristine
- Methotrexate

Hemorrhagic Cystitis

clf : **PAINFUL HEMATURIA**

Cause: Cyclophosphamide
IFOSFAMIDE ← more Risk

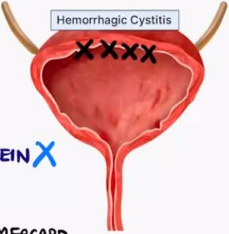
due to ACROLEIN X

Remove

Antidote: **MESNA**

ORAL (prevention) i/v (T/L)

M MERCAPTO
E ETHANE
S SULFONATE
Na Na.



So, antidote of hemorrhagic cystitis is mesna. Now, let us talk about third drug that is melphalan.

Q. A 40-year-old patient with refractory epilepsy is on a multi-drug antiepileptic regimen. Two weeks after a dosage adjustment, he develops diffuse morbilliform rash, fever and oral mucosal erosions. Which of the following antiepileptic drugs can most safely be continued?

FMGE Recall Questions Jan 2026



- a. Phenytoin
- b. Valproate
- c. Lamotrigine
- d. **Clobazam**

Ques ID : Q882198



SINGLE CORRECT

Q28. A 40-year-old patient with refractory epilepsy is on a multi-drug antiepileptic regimen. Two weeks after a dosage adjustment, he develops diffuse morbilliform rash, fever and oral mucosal erosions. Which of the following antiepileptic drugs can most safely be continued?



A Phenytoin

B Valproate

C Lamotrigine

D **Clobazam**

FMGE Recall Questions Jan 2026

Q. Which immunosuppressive medication blocks the effects of interleukin-2 (IL-2) without inhibiting calcineurin activity?

- a. Tacrolimus
- b. Mycophenolate mofetil
- c. Sirolimus**
- d. Azathioprine

Ques ID : Q882284

Ag

SINGLE CORRECT

Which immunosuppressive medication blocks the effects of interleukin-2 (IL-2) without inhibiting calcineurin activity?

A Tacrolimus

B Mycophenolate mofetil

C Sirolimus

D Azathioprine

Microbiology

Q. A particular parasite commonly associated with water bodies shown in the below

FMGE Recall Questions Jan 2026

image has been eliminated from this habitat. Which of the following parasites is it?



- a. **Guinea worm**
- b. Whipworm
- c. Hookworm
- d. Roundworm

Local

Live

×

Ⓐ

Ques ID : Q882171

SINGLE CORRECT

A 27-year-old male from a rural village presented to the PHC complaining of blister formation and worms coming out of it, accompanied by fever. The condition was diagnosed as guinea worm disease. This condition is a common public health problem that is attributed to the use of?

A Dug well

B Sanitary well

C Artesian well

D Step well

FMGE Recall Questions Jan 2026


TYPES OF WELL

Based on method of construction wells are of two types:

- ① Dug wells.
- ② Tube wells.

Handwritten notes:

- Source of guinea worm infection.
- Dug wells → Katcha well → Bore well → step well.



infection. Now we know guinea worm is eliminated in India but it was a source of guinea worm

Q. A patient presents with a painless ulcer over the leg with a characteristic black eschar at the center, as shown in the image. There is surrounding edema with minimal pain. Which of the following is the most likely causative organism?



- a. Staphylococcus aureus
- b. Clostridium perfringens
- c. Rickettsia conorii
- d. **Bacillus anthracis**

FMGE Recall Questions Jan 2026

Ques ID : Q803427



SINGLE CORRECT

A veterinarian developed an ulcer with a central black eschar over the forearm, as shown in the image.

Which of the following is the most probable causative organism?



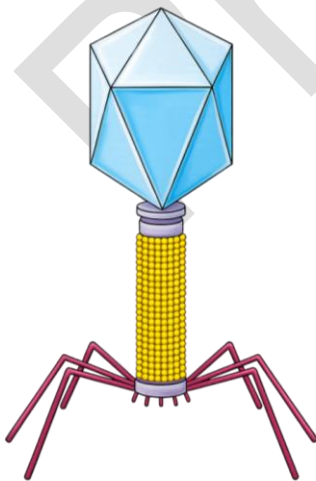
A *Pseudomonas aeruginosa*

B *Yersinia pestis*

C *Bacillus anthracis*

D *Francisella tularensis*

Q. Which of the following mechanisms of genetic transfer is illustrated here?



a. Transformation

FMGE Recall Questions Jan 2026

- b. **Transduction**
- c. Conjugation
- d. Transposition

Local

Live



Ques ID : Q851750



SINGLE CORRECT

Transduction in bacteria involves the transfer of genetic material via bacteriophages. Which of the following statements is true about specialized transduction?

- A It can transfer any segment of the donor bacterium's DNA
- B It occurs due to packaging errors during the lytic cycle
- C It transfers specific genes located near the prophage's integration site
- D It destroys the host cell

Q. A patient with HIV infection who is also on immunosuppressive therapy presents with dry cough, progressive weight loss, and generalized weakness. What is the most likely diagnosis?

- a. Histoplasma capsulatum
- b. Candida albicans
- c. **Pneumocystis jirovecii**
- d. Mycobacterium tuberculosis

FMGE Recall Questions Jan 2026

Local Live



Ques ID : Q850960



SINGLE CORRECT

A 40-year-old HIV-positive patient presents with fever, dry cough, and progressive shortness of breath. His CD4+ count is 150 cells/mm³. Chest X-ray shows bilateral interstitial infiltrates. Which of the following is the most likely mechanism of infection in this patient?

- ☐ A Primary infection acquired from a contaminated water source
- ☐ B Airborne transmission from an infected individual
- ☐ C Ingestion of fungal spores from environmental reservoirs
- ☐ D Reactivation of a previously dormant infection acquired during childhood

Q. A patient presents with a painless genital ulcer followed by painful inguinal buboes (lymphadenopathy). Which strains of *Chlamydia trachomatis* are responsible for this condition?

- a. A, B, C
- b. D-K
- c. **L1-L3**
- d. B, C, D

FMGE Recall Questions Jan 2026

Ques ID : Q852017

Ⓐ

SINGLE CORRECT

Which of the following serotypes of *Chlamydia trachomatis* is primarily associated with causing trachoma?

A D, E, F, G, H, I, J, K

B A, B, Ba, C

C L1, L2, L3

D G, H, I

Q. A patient from TN, presents with a long-standing painless swelling of the foot with multiple discharging sinuses, as shown in the image. HYPHAE in biopsy. What is the most appropriate treatment?



- a. **Long-term antifungal therapy with surgical debridement**
- b. Immediate amputation
- c. Short-term antifungal therapy alone
- d. Surgical debridement only

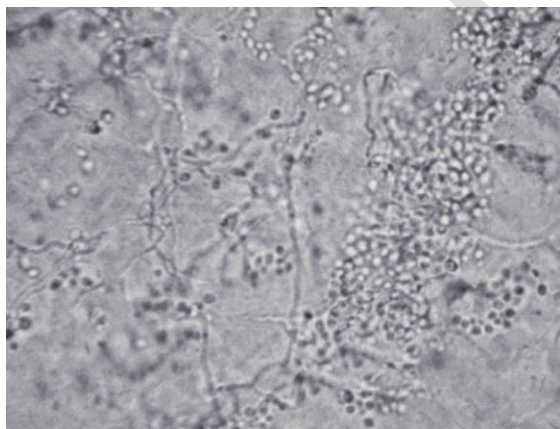
FMGE Recall Questions Jan 2026

| A | Actinomycetoma | Feature | Eumycetoma | E |
|---|--|--------------------|---|---|
| B | • Bacteria (gram +ve) | Organism | • Fungus | F |
| | • Actinomyadura madurae <i>mke</i> | Examples <i>ms</i> | Madurella mycetomatis | |
| | • Red - Actinomyadura pelletieri | Granules | • Brown (Melanin) - Madurella | |
| | • Off white / yellow - Nocardia, Streptomyces, Actinomyadura | | • White (Hyaline) - Acremonium, Pseudallescheria boydii | |
| | Antibiotics cotrimoxazole +/- | Treatment | Surgical amputation | |
| | amikacin X 6-12 months | | + AZOLES | |

view. First let's look at these gram positive bacteria under the microscope then we'll go in



Q. Which of the following organisms is most likely responsible for this finding?



- Aspergillus fumigatus
- Candida albicans**
- Cryptococcus neoformans
- Mucor species

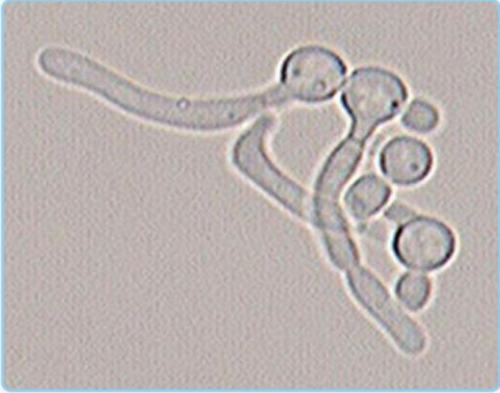
FMGE Recall Questions Jan 2026

Local Live ×

Ques ID : Q851953 Ⓜ

SINGLE CORRECT

Identify the test performed and the organism implicated from the image given below



A Germ tube test - *Candida albicans*

B Chrom agar test - *Candida glabrata*

C SDA Culture media test - *Candida tropicalis*

D Corn meal agar test - *Candida krusei*

Q. A patient develops acute flaccid paralysis after consuming improperly canned food the previous day. The illness is attributed to *Clostridium botulinum* toxin. What is the mode of transmission in this case?

- a. Direct transmission
- b. Indirect transmission
- c. Vehicle-borne transmission**
- d. Vector-borne transmission

FMGE Recall Questions Jan 2026

Local Live

X

Ques ID : Q851877

Ⓐ

SINGLE CORRECT

A 35 y/o man presents to the emergency with a 24-hour history of double vision, difficulty swallowing, and generalised weakness. O/E, has diplopia, a diminished gag reflex, and symmetric descending paralysis. He reports that he recently consumed canned vegetables. Which type of botulism is most likely responsible for his symptoms?

- ☐ A Infant Botulism
- ☐ B Wound Botulism
- ☐ C Foodborne Botulism
- ☐ D Adult Intestinal Botulism

Q. A patient with bronchial asthma on long-term inhaled corticosteroid therapy presents with whitish plaques over the palate and tonsillar region. What is the most likely diagnosis?

- a. Oral lichen planus
- b. Oral candidiasis**
- c. Aphthous ulcer
- d. Leukoplakia

FMGE Recall Questions Jan 2026

Local Live

×

Ques ID : Q882169

Ⓐ

SINGLE CORRECT

An HIV positive patient presented with a whitish plaque in the mouth and esophagus as shown in the image below. Most likely diagnosis is:



A Oral leukoplakia

B Hairy cell leukemia

C Oral candidiasis

D Oral cancer

Q. A patient presents with fever, sore throat, cervical lymphadenopathy, and laboratory findings show atypical lymphocytes on peripheral blood smear. Which of the following is the most likely causative organism?

- a. Cytomegalovirus
- b. Epstein-Barr virus**

FMGE Recall Questions Jan 2026

- c. Human herpesvirus-6
- d. Adenovirus

Local Live

X

Ques ID : Q852160

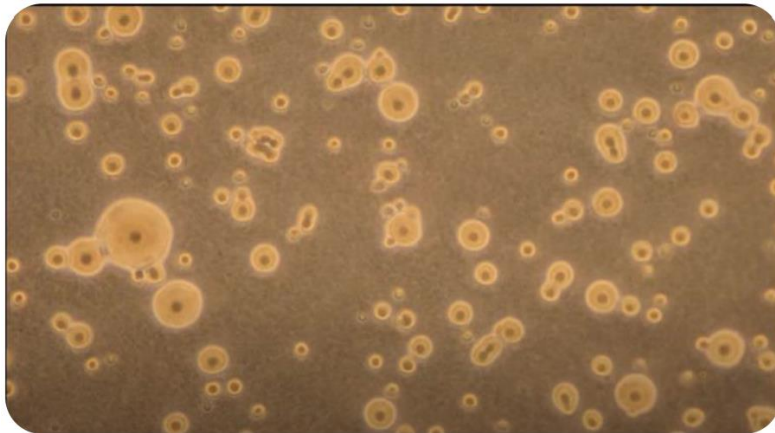
Aa

SINGLE CORRECT

A 22-year-old male college student comes in with a 1-week history of fever, significant fatigue, sore throat, and swollen cervical lymph nodes. Examination shows elevated temperature, bilateral tender lymphadenopathy, and tonsillar enlargement with exudate. His CBC reveals leukocytosis with atypical lymphocytes. How does the heterophile agglutination test aid in diagnosing his condition?

- A Antibodies react with early antigen
- B Antibodies react with EBNA
- C Antibodies react with VCA
- D Antibodies react with sheep RBC

Q. Which of the following organisms is most likely represented?



- a. Chlamydia
- b. **Mycoplasma**
- c. Legionella

FMGE Recall Questions Jan 2026

d. Ureaplasma

Mycoplasma pneumoniae/ Eaton's agent

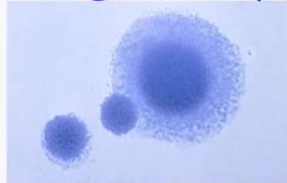
- PPLO: *Pleuro Pneumonia like organism*
- Selecting agent



• *FRIED EGG COLONIES*



• *DIENE'S STAIN*



*Note :
Diene's
Phenomenon
(Proteus)*

• *GLIDING MOTILITY (NO FLAGELLA)*



Q. The **Paul-Bunnell test** is primarily used for the diagnosis of:

- A) Cytomegalovirus infection
- B) Epstein-Barr Virus (Infectious Mononucleosis)**
- C) Herpes Simplex Virus infection
- D) Rubella

FMGE Recall Questions Jan 2026

Ques ID : Q882170

AO

SINGLE CORRECT

A 19-year-old woman presents to an emergency room with a two-day history of fever of 39.4°C, lymphadenopathy, myalgias, malaise, night sweats, fatigue, and an intermittent rash on her thighs. Her white blood cell count is $4.2 \times 10^9/L$ (granulocytes, 19%; bands, 25%; lymphocytes, 42%; and monocytes, 13%), and her platelet count was $141 \times 10^9/L$. Her attending physician orders blood cultures and antibody assays to isolate & identify the causative microorganisms. Based on the patient's history, the microbiologist suspects a viral pathology and intends to undergo an initial latex agglutinin test before proceeding to antibody assays. Which of the following options best describes the microorganism and associated laboratory test for the initial diagnosis?

| | |
|--------------------------|-----------------------------|
| 1. Paul Bunnell tests | a. Rickettsial diseases |
| 2. Weil Felix's reaction | b. Infectious mononucleosis |
| 3. Tzanck test | c. Herpes virus |
| 4. Sabin Feldman dye | d. Toxoplasmosis |

A 1-b,2-a, 3-c, 4-d

B 1-b, 2-c, 3- d, 4-a

C 1-c, 2-d, 3-a, 4-b

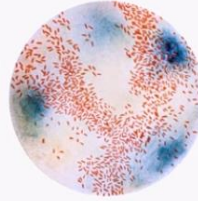
D 1-d, 2-c 3- b, 4-a

Q. Factor V,X?

- a. **Hemophilus influenza**
- b. Rubella
- c. HSV
- d. EBV

FMGE Recall Questions Jan 2026

- HemoPHilus InFluenza
Pfeiffer bacillus Needs factor V
X
- ①
- Virulence factors: Capsular polysaccharide
6 Types A → F
 - Consists:



Like I mean it causes influenza which is pretty obvious from the name but it causes meningitis

Q. Foreigner with rice water stool

- a. **Cholera toxin**
- b. Shigella toxin
- c. Heat labile E.Coli
- d. Rotavirus

FMGE Recall Questions Jan 2026

Local

Live

X

Ques ID : Q808735

AO

SINGLE CORRECT

What is the likely pathogen responsible for an 8-year-old boy's continuous diarrhea, starting 20 hours ago, which is rice watery in consistency, causing drowsiness, unresponsiveness, sunken eyes, and poor skin turgor?

A Vibrio cholera

B Entamoeba coli

C Escherichia

D Shigella sonnei

Q. A 20 year old female presented with abdominal pain and passage of motile segments in the stool. She claims to have barbecue pork at her friends house. No other complaints. What is the most likely causative agent?

- a. Taenia solium
- b. H. nana
- c. E. vermicularis
- d. T. saginata

FMGE Recall Questions Jan 2026

Ques ID : Q852244



SINGLE CORRECT

A 34-year-old patient presents with gastrointestinal discomfort and reports passing segments in stool. Stool microscopy shows *Taenia* eggs, but further tests are needed for species identification. Which test best differentiates *Taenia saginata* from *Taenia solium*, and what is the drug of choice?

- ☐ A MRI to detect non-calcified cysts; Praziquantel
- ☐ B ELISA for anti-cysticercus antibodies; Albendazole
- ☐ C Microscopy of gravid proglottids to count lateral uterine branches; Praziquantel
- ☐ D Stool concentration using the formol-ether sedimentation method; Albendazole

Pathology

Q. A 40-year-old woman presents with headache and undergoes evaluation for a brain tumor/ cerebellopontine angle. Histopathological examination reveals a tumor composed of Antoni A and Antoni B areas. Which of the following is the most sensitive immunohistochemical marker for this tumor?

- a. **S-100 protein**
- b. Glial fibrillary acidic protein (GFAP)
- c. Epithelial membrane antigen (EMA)
- d. c-KIT

FMGE Recall Questions Jan 2026

Local Live



Ques ID : Q882188



SINGLE CORRECT

Q1. A 40-year-old woman presents with headache and undergoes evaluation for a brain tumor/ cerebellopontine angle. Histopathological examination reveals a tumor composed of Antoni A and Antoni B areas. Which of the following is the most sensitive immunohistochemical marker for this tumor?

- ☐ A S-100 protein
- ☐ B Glial fibrillary acidic protein (GFAP)
- ☐ C Epithelial membrane antigen (EMA)
- ☐ D c-KIT

- Q. How does Epstein-Barr virus (EBV) cause Burkitt's lymphoma?
- a. Primer insertion
 - b. Chromosomal translocation**
 - c. Receptor insertion
 - d. Viral integration into host genome

FMGE Recall Questions Jan 2026

Local

Live

X

Ques ID : Q851118

Ans

SINGLE CORRECT

Which of the following is not correct about burkitt lymphoma?

- A Most common chromosomal translocation is t(8:22)
- B Non endemic form presents with ascites
- C Biopsy shows sheets of monotonous cells with basophilic cytoplasm with interspersed macrophages
- D CD10, CD19, CD20, and BCL-6 positive and BCL-2 negative

Solution

Correct Answer: A) Most common chromosomal translocation is t(8:22)

Explanation:

- The most frequent chromosomal translocation in Burkitt lymphoma is **t(8:14)**, involving c-MYC and the IgH locus.

Non-endemic form with ascites (Option B): Sporadic Burkitt lymphoma can involve abdominal organs.

Biopsy features (Option C): "Starry-sky" appearance due to interspersed macrophages is characteristic.

Immunophenotype (Option D): Cells are CD10, CD19, CD20, BCL6 positive and BCL2 negative.

Q. Which genetic abnormality is classically associated with Burkitt lymphoma?

- a. t(14;18)
- b. t(11;14)
- c. **t(8;14)**
- d. t(9;22)

FMGE Recall Questions Jan 2026

Local Live

X

Ques ID : Q851118

Ad

SINGLE CORRECT

Which of the following is not correct about burkitt lymphoma?

- A Most common chromosomal translocation is t(8:22)
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- C Biopsy shows sheets of monotonous cells with basophilic cytoplasm with interspersed macrophages
- D CD10, CD19, CD20, and BCL-6 positive and BCL-2 negative

Solution

Correct Answer: A) Most common chromosomal translocation is t(8:22)

Explanation:

- The most frequent chromosomal translocation in Burkitt lymphoma is **t(8:14)**, involving c-MYC and the IgH locus.

Non-endemic form with ascites (Option B): Sporadic Burkitt lymphoma can involve abdominal organs.

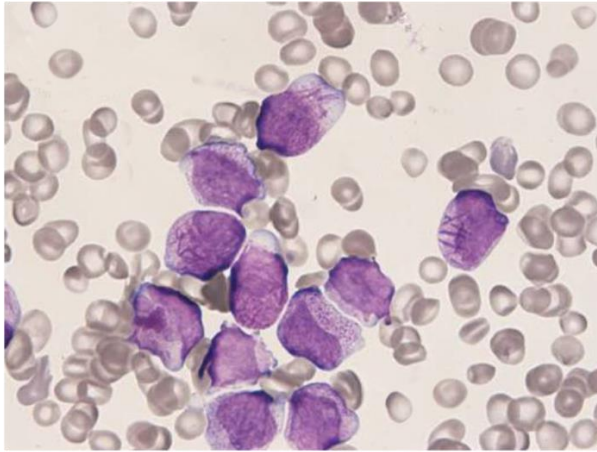
Biopsy features (Option C): "Starry-sky" appearance due to interspersed macrophages is characteristic.

Immunophenotype (Option D): Cells are CD10, CD19, CD20, BCL6 positive and BCL2 negative.

Q. A peripheral blood smear is given, blasts count more than 60%. Immunophenotyping

FMGE Recall Questions Jan 2026

reveals positivity for CD13 and CD33. Negative CD19. What is the most likely diagnosis?



- a. CML
- b. AML**
- c. ALL
- d. CLL

FMGE Recall Questions Jan 2026

Local Live

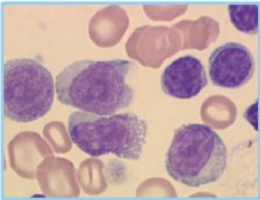
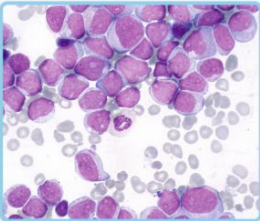
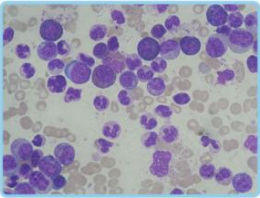
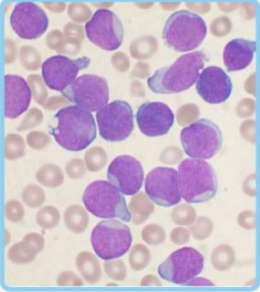
X

Ques ID : Q842741

AO

SINGLE CORRECT

Match the following peripheral smear images with the respective diagnosis:

| | |
|---|---------------------------------------|
| A.  | 1. Acute Myeloid Leukemia (AML) |
| B.  | 2. Chronic Myeloid Leukemia (CML) |
| C.  | 3. Acute Lymphoblastic Leukemia (ALL) |
| D.  | 4. Chronic Lymphocytic Leukemia (CLL) |

- A 1-B, 2-A, 3-D, 4-C
- B 1-B, 2-C, 3-D, 4-A
- C 1-C, 2-D, 3-B, 4-A
- D 1-D, 2-C, 3-A, 4-B

FMGE Recall Questions Jan 2026

Q. A 6-year-old child presents with joint pain and a purpuric rash over the buttocks and lower limbs. The rash is palpable and non-blanching. An image of the rash is shown. The child also complains of colicky abdominal pain. What is the most likely diagnosis?



- a. Immune thrombocytopenic purpura
- b. Acute rheumatic fever
- c. Kawasaki disease
- d. **Henoch-Schönlein purpura**

Local

Live

X

Ques ID : Q882172

Ans

SINGLE CORRECT

A 4-year-old kid comes to your clinic with his mother. His mother complains that he has had an acute fever and abdominal pain for 2 days. You examine the child and find out that the skin on the buttocks and extensor surfaces of arms and legs are covered with small round patches of blue-purple discoloration. You also find out that the kid has hematuria. You have diagnosed it as a case of Henoch Schonlein Purpura. Henoch-Schonlein purpura, a vasculitis, is characterized by which of the following symptoms?

A Erythromelalgia

B Glomerulonephritis, hematochezia and palpable purpura

C Lhermitte's sign

D Virchow's triad

FMGE Recall Questions Jan 2026

Q Which of the following is a commonly used immunohistochemical marker for neuroendocrine tumors?

- a. **Chromogranin**
- b. S-100
- c. p63
- d. Napsin A

Local Live

×

Ques ID : Q882173

Aa

SINGLE CORRECT

What is the diagnosis for a patient who has a history of smoking 24 packs, is currently experiencing breathlessness and chest pain, and is found to have a lung tumor with positive chromogranin staining?

- A Adenocarcinoma
- B Squamous cell carcinoma
- C Mesothelioma
- D Small cell carcinoma

Q. A 19-year-old boy presents with long limbs and hypermobility of joints. Genetic analysis shows a mutation in the FBN1 gene. What is the most likely diagnosis?

- a. **Marfan syndrome**
- b. Ehlers–Danlos syndrome
- c. Homocystinuria
- d. Loeys–Dietz syndrome

FMGE Recall Questions Jan 2026

Local Live

X

Ques ID : Q839025

Ans

SINGLE CORRECT

Which gene mutation is most commonly associated with Marfan Syndrome?

A BRCA1

B FBN1

C CFTR

D RET

Q. Factor VIII level of 50% in a patient with bleeding disorder is most suggestive of?

- a. Hemophilia A
- b. Von Willebrand disease**
- c. Glanzmann thrombasthenia
- d. Bernard–Soulier syndrome

Local Live

X

Ques ID : Q850123

Ans

SINGLE CORRECT

Match the following bleeding and clotting disorders with their corresponding pathology.

| | | | |
|---|--------------------------|---|------------------------|
| 1 | Glanzmann Thrombasthenia | a | Defect in (GPIIb/IIIa) |
| 2 | Bernard-Soulier Syndrome | b | Defect in GPIb-IX-V |
| 3 | Von Willebrand Disease | c | Defect in (vWF) |
| 4 | Haemophilia A | d | Defect in Factor 8 |

A 1-b, 2-a, 3-c, 4-d

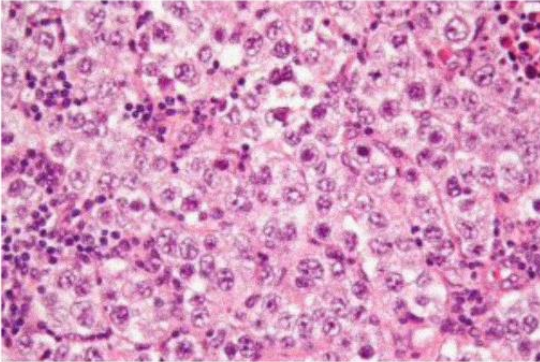
B 1-a, 2-b, 3-c, 4-d

C 1-a, 2-b, 3-d, 4-c

D 1-b, 2-a, 3-d, 4-c

FMGE Recall Questions Jan 2026

Q. Testicular tumor on histopathology shows AFP negative and mildly elevated β -hCG. LDH? Most likely diagnosis is:



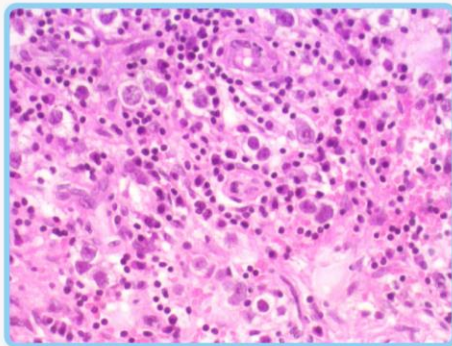
- a. **Seminoma**
- b. Choriocarcinoma
- c. Embryonal carcinoma
- d. Yolk sac tumor

Ques ID : Q845850



SINGLE CORRECT

A patient underwent unilateral orchiectomy for a swelling in the right testis. The specimen is sent for histopathological examination, and its microscopic appearance is depicted in the image below. Which of the following statements is true regarding the diagnosis?



- A 3 different sizes of tumour cells are seen
- B Schiller-Duval bodies are present
- C Tumor cells are arranged in sheets
- D Tumor cells have a watery-clear cytoplasm

Q. The most likely diagnosis is?

FMGE Recall Questions Jan 2026



- a. IDA
- b. Thalassemia**
- c. Sideroblastic anemia
- d. Anemia of chronic disease

Local Live

Ques ID : Q832583

SINGLE CORRECT

Match the images to their respective causes:

| | |
|------------------------------|----|
| A. Post-splenectomy finding. | 1. |
| B. Megaloblastic Anemia | 2. |
| C. α -Thalassemia | 3. |
| D. Hb-C | 4. |

A A-3, B-1, C-2, D-4

B A-3, B-4, C-2, D-1

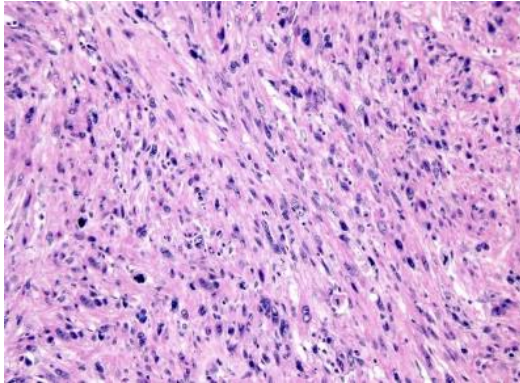
C A-1, B-3, C-2, D-4

D A-3, B-2, C-1, D-4

Q. A 45-year-old female presents with a rapidly enlarging mass arising from the uterine wall along with perimenopausal bleeding. Histopathological examination is suggestive of

FMGE Recall Questions Jan 2026

malignant smooth muscle tumor. What is the most likely diagnosis?



- a. Leiomyoma
- b. Endometrial carcinoma
- c. Adenomyosis
- d. Leiomyosarcoma**

Ques ID : Q845699

Ⓐ

SINGLE CORRECT

A 25-year-old woman presents with persistent dull lower abdominal pain and increased urinary frequency. A uterine ultrasound reveals a heterogeneous vascular mass with areas of necrosis. Biopsy results show spindle cells with significant atypia, high mitotic activity, and necrosis. What is the most likely diagnosis?

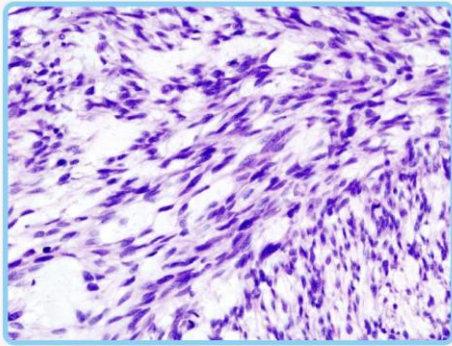


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A Endometriosis

B Endometrial carcinoma

C Leiomyoma

D Leiomyosarcoma

Q. A patient with parathyroid hyperplasia, pancreatic neuroendocrine tumor, and

FMGE Recall Questions Jan 2026

recurrent peptic ulcer disease most commonly has mutation of which gene?

- a. RET
- b. TP53
- c. **MEN1 (menin gene)**
- d. VHL

Local

Live



Ques ID : Q855032



SINGLE CORRECT

In MEN 1 syndrome, where is the most frequent occurrence of gastrinoma observed?

A Jejunum

B Ileum

C Duodenum

D Stomach

FMGE Recall Questions Jan 2026

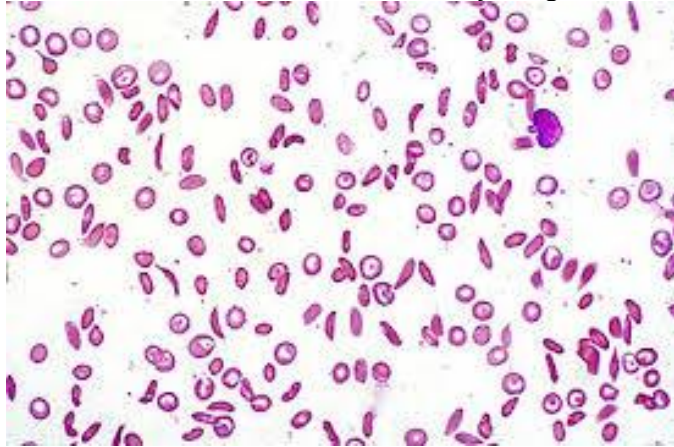
Learning objective

| Multiple Endocrine Neoplasia Type 1 (MEN Type I) | |
|--|---|
| Cause | <ul style="list-style-type: none">• Defect of chromosome 11q13 causing MEN 1 gene mutation• Also called Wermer's syndrome |
| Tumors Included | Parathyroid adenoma (Most common) <ul style="list-style-type: none">• It presents with primary hyperparathyroidism (↑ PTH and ↑ Ca)• All the four glands can be included.• Rx: Total/subtotal parathyroid resection |
| | Pancreatic adenoma <ul style="list-style-type: none">• Presents as Gastrinoma or Zollinger-Ellison syndrome• This leads to peptic ulcer disease in the duodenum, which is the leading cause of death in this type. |
| | Pituitary adenoma: Prolactinoma, causing amenorrhea and Infertility |
| Associated conditions | <ul style="list-style-type: none">• Angiofibroma• Collagenoma• Adrenocortical tumor• Carcinoid tumors/Argentaffinoma• Pheochromocytoma (only in 1%) |



FMGE Recall Questions Jan 2026

Q. A 22-year-old male presents with anemia. Peripheral smear is given, and reticulocyte count is 6%. What is the most likely diagnosis?



- a. Iron deficiency anemia
- b. Thalassemia trait
- c. Aplastic anemia
- d. **Sickle cell disease**

Local Live

Ques ID : Q833844

SINGLE CORRECT

CLINICAL

ONE LINER

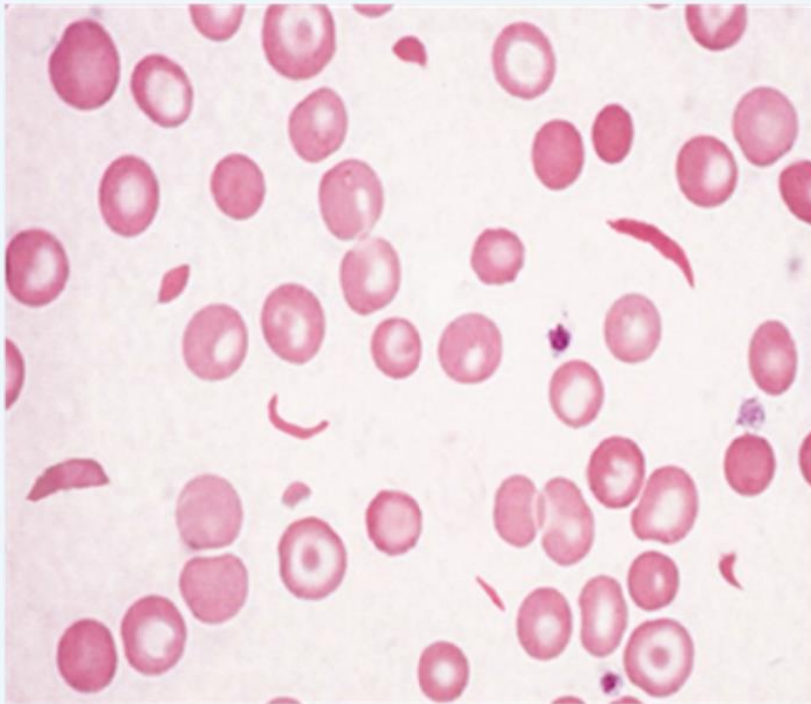
Which statement is accurate about sickle cell disease?

- A Abnormal valine residue in β -globin chain
- B Significant protective effect of HbS against Plasmodium vivax
- C The commonest complication of SCD is the aplastic crisis
- D SCD is a red cell embryopathy

FMGE Recall Questions Jan 2026

Learning objective

- Sickle cell disease (SCD) is a hereditary **hemoglobinopathy** that causes the production of abnormal **β -globin chains** by point mutation creating sickle hemoglobin (**HbS**).
- HbS is produced by **substituting valine for glutamic acid** at position 6.
- The two leading causes of ischemia-related death in SCD are **acute chest syndrome** and **stroke**.
- **The aplastic crisis** is a **second acute event** caused by a sudden decrease in red cell production.



Q. A patient is diagnosed with paroxysmal nocturnal hemoglobinuria (PNH). Which of the

FMGE Recall Questions Jan 2026

following drugs is used to reduce complement-mediated hemolysis in PNH?

- a. Rituximab
- b. Eculizumab**
- c. Prednisolone
- d. Hydroxyurea

Local

Live

X

Ques ID : Q845891

Aa

SINGLE CORRECT

Which of the following treatments is commonly used for Paroxysmal Nocturnal Hemoglobinuria?

- A** Rituximab
- B Bevacizumab
- C Eculizumab
- D Trastuzumab

Q. A 45-year-old man presents with splenomegaly and weight loss. Peripheral smear shows leukocytosis with a left shift. Bone marrow is hypercellular. Cytogenetic analysis reveals t(9;22). What is the treatment of choice?

- a. Imatinib**
- b. Rituximab
- c. IFN alpha
- d. Hydroxyurea

FMGE Recall Questions Jan 2026

Local

Live

X

Ques ID : Q882174

Ⓐ

SINGLE CORRECT

A 45-year-old male complained of fatigue and weakness in daily activities associated with intermittent fever. A blood workup revealed ↑ TLC, ↑ Platelets, ↑ and Differential leukocyte count. On further investigations, Chronic Myeloid Leukemia is diagnosed. Which of the following is correct regarding CML?

- ☐ A Philadelphia chromosome is present in a minority of cases
- ☐ B Tyrosine kinase inhibitors (TKIs) are the drug of choice
- ☐ C Most cases present in the blast phase
- ☐ D Methotrexate is the drug of choice for AML

Learning objective

- CML is the most common leukaemia and has a mean age of diagnosis of 65 years.
- It is most common in men.
- It occurs due to reciprocal translocation leading to shortened chromosome 22, the Philadelphia chromosome.
- Philadelphia Chromosome is highly sensitive and specific for CML, and its presence confirms CML. It is present in more than 90% of CML patients.
- The drug of choice is tyrosine Kinase inhibitors (TKI) such as imatinib.
- Most patients are in the chronic phase. However, some patients can present in the advanced phase, which presents with more than 20% blast cells in peripheral or blood smear and acts as acute leukaemia.



FMGE Recall Questions Jan 2026

Q. A middle-aged woman presents with weight gain, cold intolerance, and painless enlargement of the thyroid gland. Which of the following antibodies is most commonly associated with this condition?

- a. **Anti TPO**
- b. Anti mitochondrial ab
- c. Anti ds DNA ab
- d. Anti TSH Rc

Local

Live

Ques ID : Q882190

X

Aa

SINGLE CORRECT

Q16. A middle-aged woman presents with weight gain, cold intolerance, and painless enlargement of the thyroid gland. Which of the following antibodies is most commonly associated with this condition?

A Anti TPO

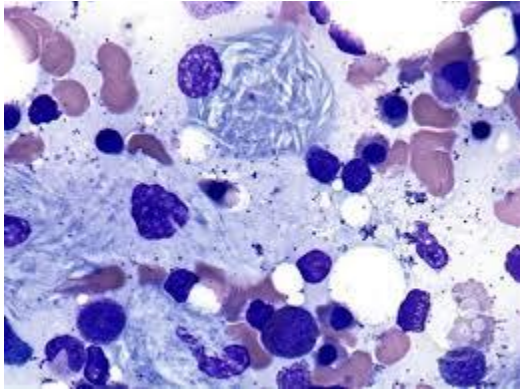
B Anti mitochondrial ab

C Anti ds DNA ab

D Anti TSH Rc

FMGE Recall Questions Jan 2026

Q. Crumpled tissue paper appearance. Patient with hepatosplenomegaly?



- a. **Gaucher disease**
- b. Pompe disease
- c. Niemann–Pick disease
- d. Tay–Sachs disease

Local

Live

Ques ID : Q882175

SINGLE CORRECT

A 10-year-old boy presents to the clinic with a complaint of bone pain. He does not sustain any trauma. He denies a history of fever. On examination, hepatosplenomegaly and bone tenderness are noted. Biopsy specimen from the spleen shows a crumpled tissue paper appearance. Keeping in view the most likely diagnosis, which of the following substance would most likely accumulate in this disorder?

A Glucocerebroside

B SphingomyelinSulfatide

C Sulfatide

D Ganglioside

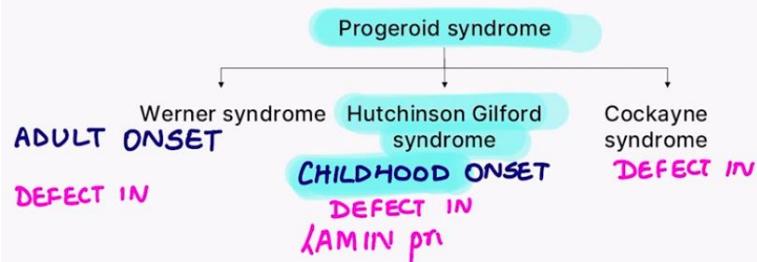
FMGE Recall Questions Jan 2026

Q. An infant presents with features of premature ageing, growth failure, and early-onset atherosclerosis. The child has a characteristic progeroid appearance. Which of the following genes is most commonly associated with this condition?

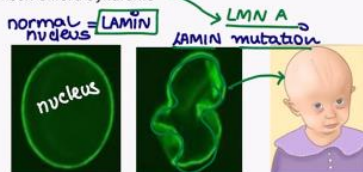
Options:

- A. LMNA gene
- B. WRN gene
- C. C-KIT gene
- D. TP53 gene

PREMATURE AGEING



Hutchinson Gilford Syndrome



R:

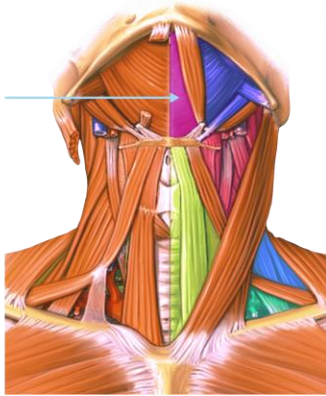
gene mutation now although this is a little for the medicine side but these days there are some



FMGE Recall Questions Jan 2026

Anatomy

Q. Identify the triangle shown in the image.



- A. Muscular triangle
- B. **Submental triangle**
- C. Carotid triangle
- D. Digastric triangle

FMGE Recall Questions Jan 2026

18:01

17%

Ques ID : Q863487

⌕ ×

SINGLE CORRECT

How many smaller triangles comprise the anterior triangle of the neck?

A Two

B Three

C Four

D Five

Solution

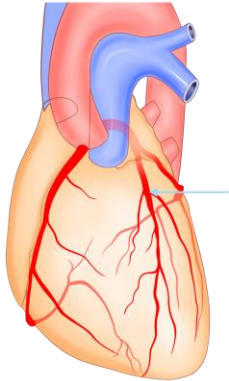
Correct Option C - Four:

Explanation:

- The anterior triangle of the neck is a large anatomical region defined by the midline of the neck, the anterior border of the sternocleidomastoid, and the inferior border of the mandible. This large triangle is further subdivided by the digastric and omohyoid muscles into four smaller, clinically important triangles:
 - The Submental Triangle
 - The Submandibular (Digastric) Triangle
 - The Carotid Triangle
 - The Muscular Triangle

Q. Identify the marked blood vessel in the given image.

FMGE Recall Questions Jan 2026



- A. Left coronary artery
- B. Right coronary artery
- C. Interventricular artery**
- D. Left circumflex artery

18:02

Bluetooth 5G 17%

Ques ID : Q848340



VERSION 

SINGLE CORRECT

Match the following coronary arteries with the areas of the heart they predominantly supply:

| Coronary Arteries | Supplied Areas |
|--|--|
| 1) Right conus artery | a) Anterior 2/3 of interventricular septum |
| 2) Left anterior descending artery (LAD) | b) Infundibulum of right ventricle |

FMGE Recall Questions Jan 2026

| | |
|--------------------------------------|---------------------------------------|
| 3) Left circumflex artery (LCX) | c) Posterior interventricular septum |
| 4) Posterior descending artery (PDA) | d) Lateral wall of the left ventricle |
| | e) Apex of the heart |

A 1- c, 2- a, 3- d, 4- b

B 1- b, 2- e, 3 - a, 4- d

C 1- b, 2- a, 3- d, 4- c

D 1-d, 2- e, 3- b, 4- a

FMGE Recall Questions Jan 2026

Q. A person came in with difficulty to abduct his left arm above 15 degrees and loss of sensation over his left lateral arm. Xray of the affected arm is given. Which structure is most probably affected? **(Badge sign was also mentioned in the question).**



- A. **Axillary nerve**
- B. Radial nerve
- C. Musculocutaneous nerve
- D. Subscapular nerve

FMGE Recall Questions Jan 2026

18:03

Bluetooth 5G 17%

Ques ID : Q847601



VERSION 

SINGLE CORRECT

A 55-year-old female fell on her left shoulder while walking and now presents with severe pain, swelling, and bruising. Based on the X-ray shown below, what is the most common mechanism of injury and the likely affected structure?

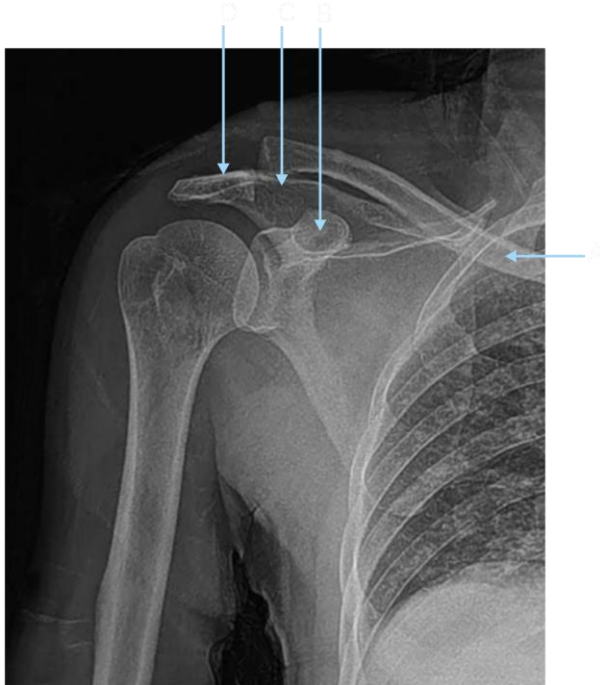


FMGE Recall Questions Jan 2026

- A** Direct trauma, Axillary nerve
- B** Fall on an outstretched hand, Radial nerve
- C** Direct trauma, Radial nerve
- D** Fall on an outstretched hand, Axillary nerve

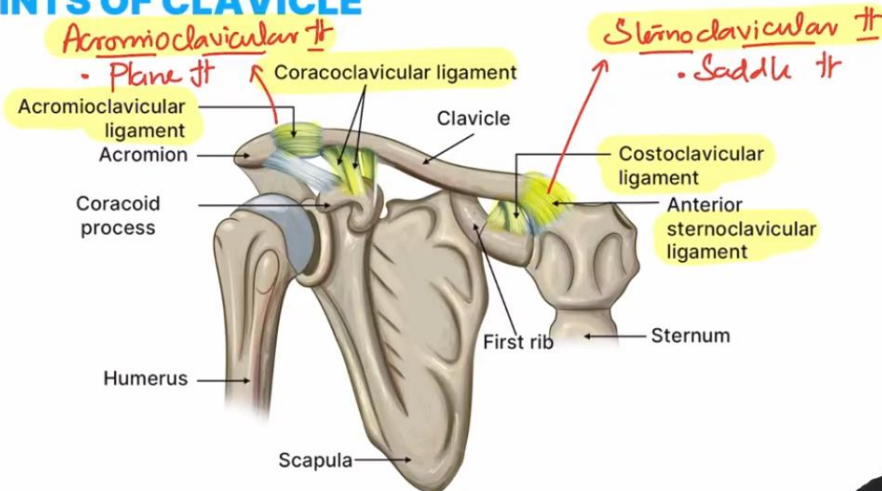
FMGE Recall Questions Jan 2026

Q. Match the corresponding structures according to the labels in the given image.



- A. A- Clavicle, B- Coracoid process, C- Acromion, D- Scapula
- B. **A- Clavicle, B- Coracoid process, C- Scapula, D- Acromion**
- C. A- Clavicle, B- Acromion, C- Coracoid process, D- Scapula
- D. A- Clavicle, B- Acromion, C- Scapula, D- Coracoid process

JOINTS OF CLAVICLE

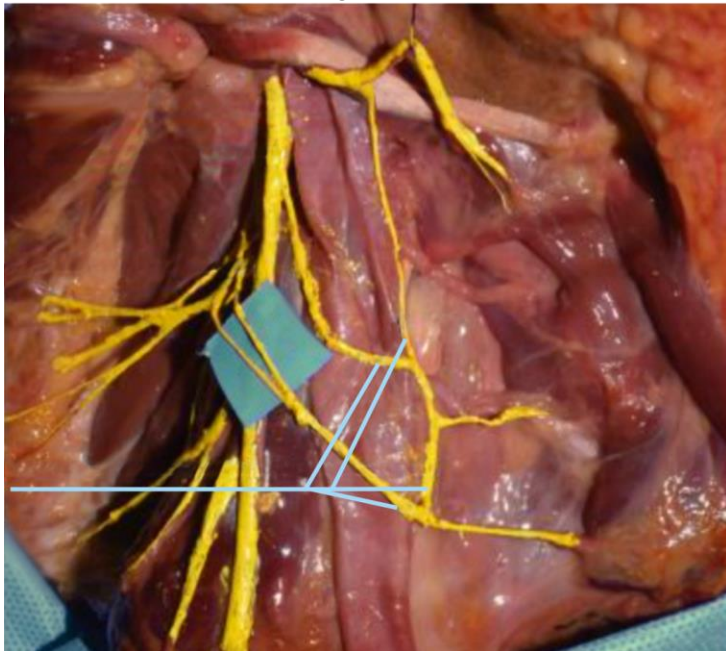


like two ligaments for the acromioclavicular joint and two ligaments for the sternoclavicular joint



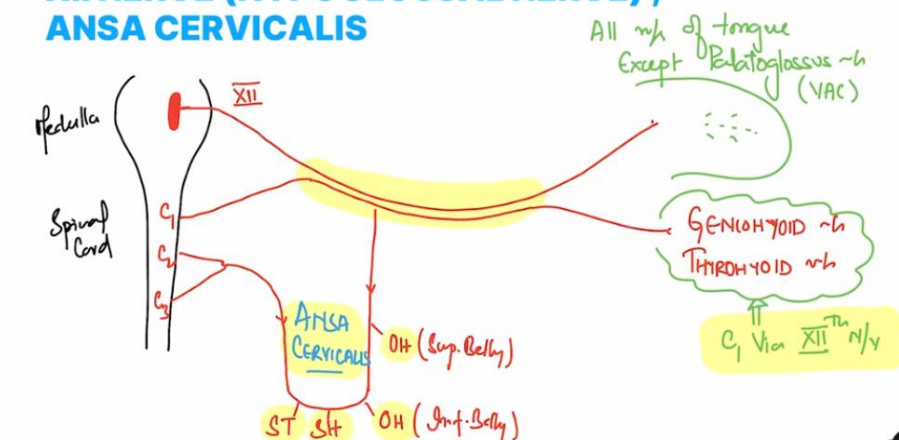
FMGE Recall Questions Jan 2026

Q. Which of the following muscle is not innervated by the nerve shown in the image?



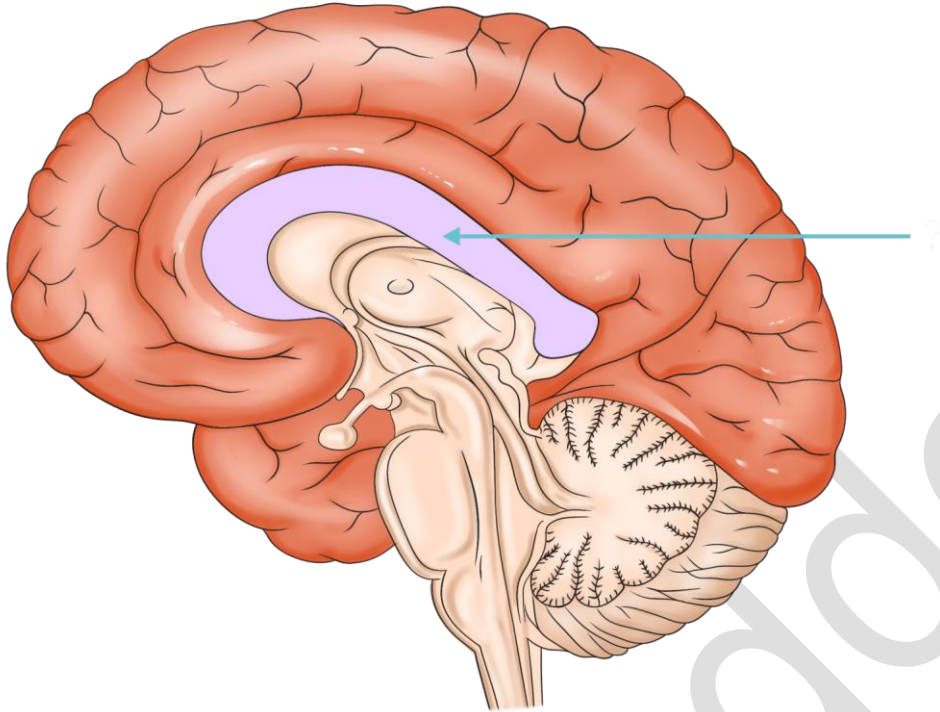
- A. Omohyoid
- B. **Thyrohyoid**
- C. Sternohyoid
- D. Sternothyroid

XII NERVE (HYPOGLOSSAL NERVE) ; ANSA CERVICALIS



Q. Identify the marked structure.

FMGE Recall Questions Jan 2026



- A. **Corpus callosum**
- B. Septum pellucidum
- C. Globus pallidus
- D. Fornix

FMGE Recall Questions Jan 2026

18:04

Bluetooth Vo 5G 17%

Ques ID : Q848568



VERSION

SINGLE CORRECT

In the image below, which structure is labeled as the rostrum of the corpus callosum?



A Structure A

B Structure B

C Structure C

D Structure D

FMGE Recall Questions Jan 2026

Q. A 60 year traffic police presented with dull pain in the both lower limb with tortuous vein as shown in the image. Which of the following structure is involved?



- A. **Great saphenous vein**
- B. Short saphenous vein
- C. Popliteal vein
- D. Femoral vein

FMGE Recall Questions Jan 2026

18:05

Bluetooth 5G 17%

Ques ID : Q848301



VERSION 

SINGLE CORRECT

A 35-year-old female presents with symptoms of heaviness and visible varicose veins primarily affecting her left leg. Duplex ultrasonography reveals dilation of the great saphenous vein (GSV) with incompetent valves. She is scheduled for vein stripping surgery. Which of the following statements regarding the anatomical features of the GSV compared to the small saphenous vein (SSV) is correct?

FMGE Recall Questions Jan 2026

A The GSV has fewer valves than the SSV, making it less prone to varicosities

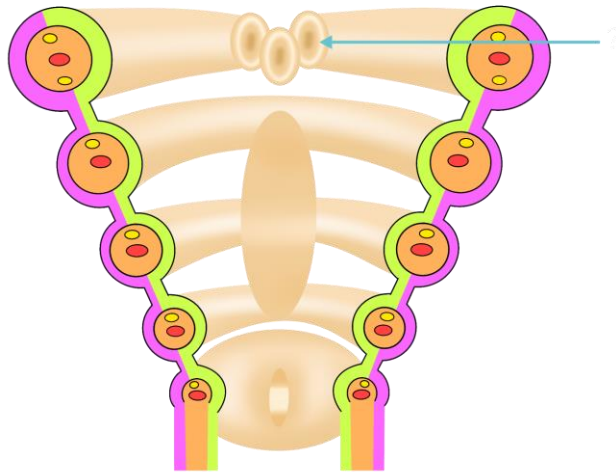
B The GSV originates from the lateral end of the dorsal venous arch of the foot

C The GSV is a continuation of the medial marginal vein.

D The GSV pierces the deep fascia to drain into the popliteal vein.

FMGE Recall Questions Jan 2026

Q. Identify the marked structure in the given image.



- A. **Lingual swelling**
- B. Tuberculum impar
- C. Hypobranchial eminence
- D. 2nd arch

FMGE Recall Questions Jan 2026

18:06

Bluetooth 5G 17%

Ques ID : Q848491



VERSION

SINGLE CORRECT

Which pharyngeal arch primarily contributes to the development of the anterior two-thirds of the tongue?

- ☐ A First pharyngeal arch
- ☐ B Second pharyngeal arch
- ☐ C Third pharyngeal arch
- ☐ D Fourth pharyngeal arch

FMGE Recall Questions Jan 2026

Solution

Correct Answer: A) First pharyngeal arch

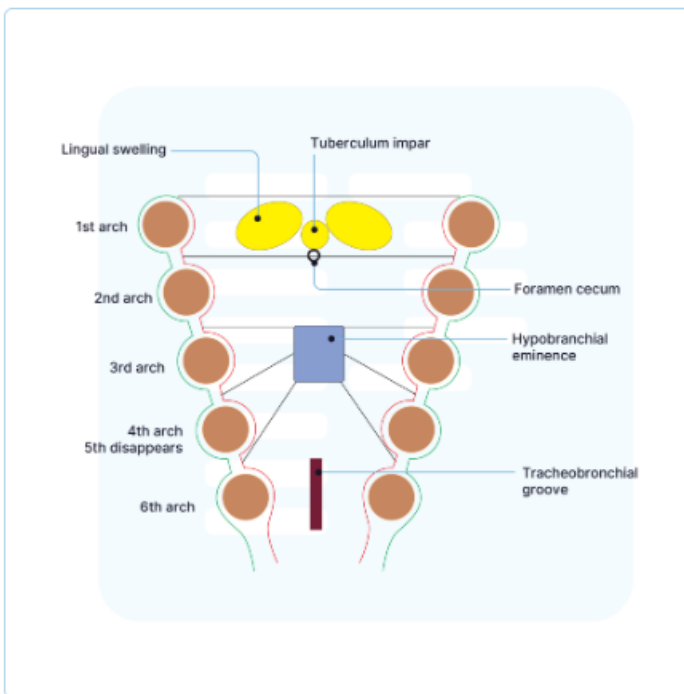
Explanation:

The **first pharyngeal arch** forms the **anterior two-thirds of the tongue** via the lateral lingual swellings and tuberculum impar.

Second pharyngeal arch (Option B): Contributes transiently and later gets overgrown by first and third arches.

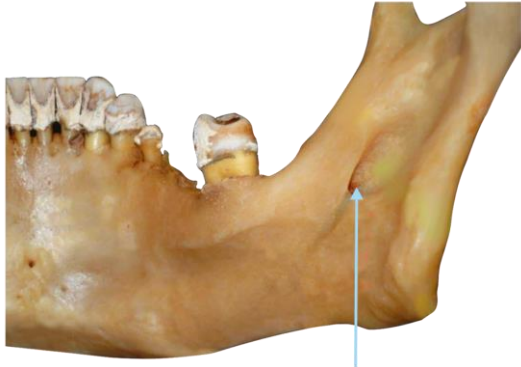
Third pharyngeal arch (Option C): Forms the **posterior one-third** of the tongue.

Fourth pharyngeal arch (Option D): Contributes to the **epiglottic region**, not the anterior tongue.



Q. What is the nerve that passes through the marked structure in the given image?

FMGE Recall Questions Jan 2026



- A. **Inferior alveolar nerve**
- B. Lingual nerve
- C. Hypoglossal nerve
- D. Greater auricular nerve

FMGE Recall Questions Jan 2026

18:06

Bluetooth Vo 5G 17%

Ques ID : Q805413

Aa X

VERSION 

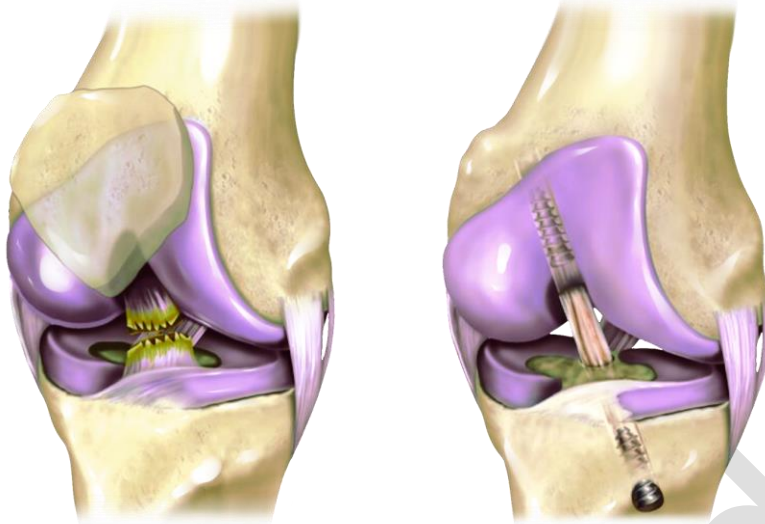
SINGLE CORRECT

Which of the following nerve passes through the mandibular foramen ?

- ☐ A Lingual nerve
- ☐ B Zygomatic nerve
- ☐ C Chorda tympani nerve
- ☐ D Inferior alveolar nerve

FMGE Recall Questions Jan 2026

Q. Which ligament injury is shown?



- A. **Anterior cruciate ligament**
- B. Posterior cruciate ligament
- C. Medial cruciate ligament
- D. Lateral cruciate ligament

FMGE Recall Questions Jan 2026

18:07

Bluetooth 5G 17%

Ques ID : Q848264



VERSION 

SINGLE CORRECT

A 25 y/o male presents to the emergency after a sports injury involving a sudden pivot on his left knee. An MRI reveals a tear in the anterior cruciate ligament (ACL). Which statement regarding the knee ligaments is true?

- A ACL is an extracapsular ligament.
- B Lateral collateral ligament attaches to the patella.
- C The medial meniscus is wider anteriorly.
- D PCL prevents anterior displacement of the femur.

FMGE Recall Questions Jan 2026

Ques ID : Q868674



prevents anterior displacement of the tibia relative to the femur and is commonly injured in sports. Which ligament is marked?



A Posterior cruciate ligament

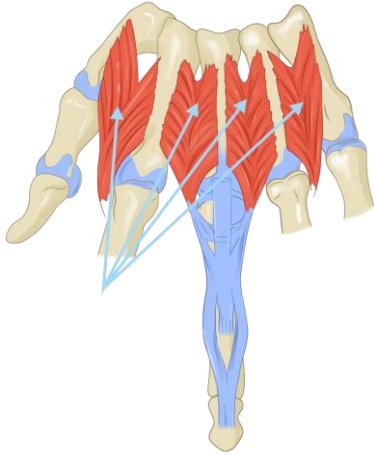
B Anterior cruciate ligament

C Medial collateral ligament

D Lateral collateral ligament

FMGE Recall Questions Jan 2026

Q. Identify the muscle along with its action.



- A. Dorsal interossei - adduction
- B. Palmar interossei - adduction
- C. Dorsal interossei - abduction**
- D. Palmar interossei - abduction

FMGE Recall Questions Jan 2026

18:10

Vo 5G 16%

Ques ID : Q808205

Aa X

VERSION 

SINGLE CORRECT

Which finger possesses two dorsal interossei muscles among the following options?

A Index finger

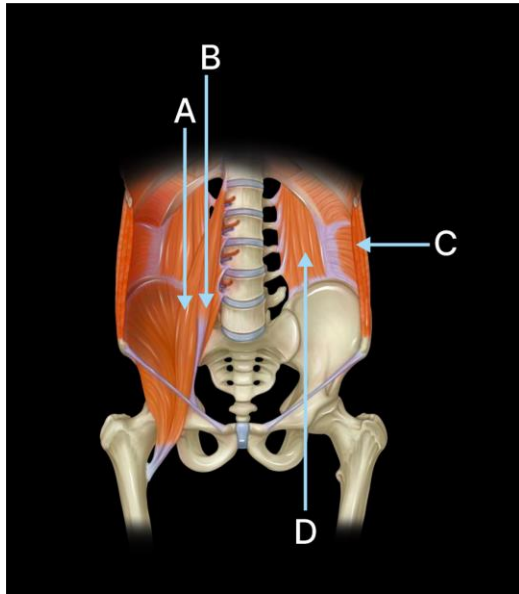
B Little finger

C Middle finger

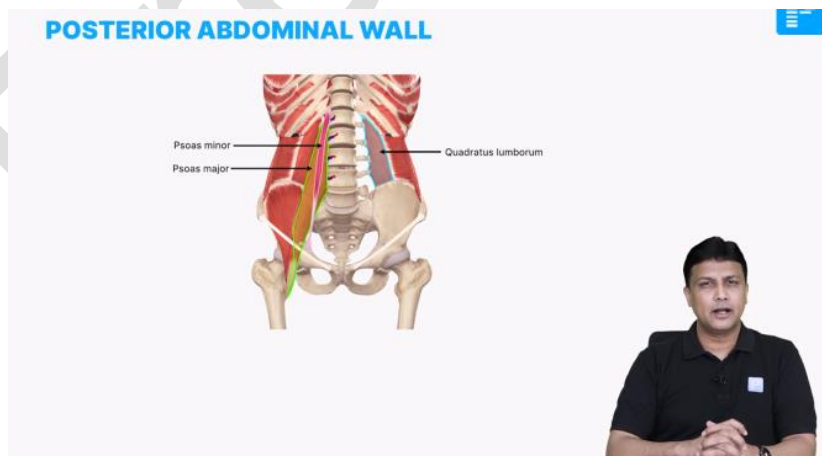
D Ring finger

FMGE Recall Questions Jan 2026

Q. Identify the muscles given in the image.



- A. A- Psoas major, B- Psoas minor, C- Quadratus lumborum, D- Transverse abdominis
- B. **A- Psoas major, B- Psoas minor, C- Transverse abdominis, D- Quadratus lumborum**
- C. A- Psoas minor, B- Psoas major, C- Quadratus lumborum, D- Transverse abdominis
- D. A- Psoas minor, B- Psoas major, C- Quadratus lumborum, D- Transverse abdominis



FMGE Recall Questions Jan 2026

Q. Fracture to the medial epicondyle of the humerus can lead to which of the following nerve injury?

- a. Axillary
- b. Radial
- c. **Ulnar**
- d. Median

Ques ID : Q882295



SINGLE CORRECT

A 25-year-old male patient presents to the emergency department after he fell while playing football and hit his right elbow. Physical examination reveals severe pain and tenderness in his elbow with a limited range of motion. An x-ray was performed that showed a fracture of the medial epicondyle of the right humerus. Which is the most common nerve injured in the given clinical scenario?

A Ulnar

B Median

C Radial

D Axillary

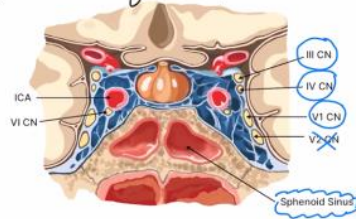
Q. A patient suffering from cavernous sinus thrombosis complains of pain in forehead, orbital area and upper lip. Patient denies of pain in the lower lip region. Which of the following is not involved in the patients pathological condition?

- a. Trochlear nerve
- b. Abducent nerve
- c. Oculomotor nerve
- d. **Mandibular nerve**

FMGE Recall Questions Jan 2026

CAVERNOUS SINUS

- Paired Sinus
- location: Either side of body of Sphenoid bone



Q. A patient with a malignant lesion involving the posterior one-third of the tongue is being evaluated for regional lymph node metastasis. Which lymph nodes are most commonly involved in the lymphatic drainage of this region?

- a. **Deep cervical lymphnodes**
- b. Submental lymphnodes
- c. Submandibular lymphnodes
- d. Periauricular lymphnodes

Ques ID : Q882294



SINGLE CORRECT

A patient with a malignant lesion involving the posterior one-third of the tongue is being evaluated for regional lymph node metastasis. Which lymph nodes are most commonly involved in the lymphatic drainage of this region?

A Deep cervical lymphnodes

1265-1769166638311

B Submental lymphnodes

C Submandibular lymphnodes

D Periauricular lymphnodes

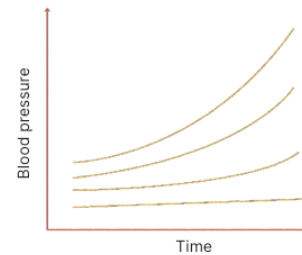
FMGE Recall Questions Jan 2026

Q . According to the Rule of Halves, in a population where the prevalence of hypertension is 30%, which of the following statements is most correct?

- A. 7.5% knows that they have the disease
- B. 3.5% would have adequate treatment**
- C. 3.5% would have adequately controlled blood pressure
- D. 50% know that they have hypertension

TRACKING OF BLOOD PRESSURE

- On tracking BP from childhood to adulthood
 - If BP is low in childhood, it remains low in adulthood
→ Hypotensive in childhood will remain hypotensive in adulthood
 - If BP is high in childhood, it remains high in adulthood
→ Hypertensive in childhood will remain hypertensive in adulthood



RULE OF HALVES

- Out of all hypertensives in a community:
 - Only 50% are aware → only 50% are treated → only 50% are adequately treated



Q. As per the latest official nomenclature change, what is the new name of this facility?



- A. Sub-Centre
- B. Ayushman Bharat Wellness Center
- C. Ayushman Arogya Mandir**
- D. Primary Health Centre (PHC)

FMGE Recall Questions Jan 2026



AYUSHMAN AROGYA MANDIR provide comprehensive range of services:

1. RMNCAH+ N services
2. Non communicable diseases, palliative and rehabilitative care
3. Oral, Eye & ENT Care
4. Mental Health Care
5. Emergencies & trauma first level care
6. Free Essential drugs
7. Diagnostic services



Q. According to Biomedical Waste Management Rules, this item should be disposed of in which color-coded container?



- A. Red
- B. Blue
- C. White
- D. Yellow

FMGE Recall Questions Jan 2026

Ques ID : Q841089



SINGLE CORRECT

Which color-coded container is used for disposing of infectious biomedical waste, such as contaminated dressings or swabs?

A Yellow

B Red

1543:1768890400376

C Blue

D Black

Q. A health centre conducts screening of women in the community. An elderly woman is detected to have carcinoma of the cervix/breast during this screening. This activity corresponds to which level of prevention?

- A. Primary
- B. Secondary**
- C. Primordial
- D. Tertiary

FMGE Recall Questions Jan 2026

Ques ID : Q840600



SINGLE CORRECT

Match the following level of prevention with their correct definition.

| Level of prevention | Definition |
|---------------------|--|
| 1) Primary | a) Prevention of establishment of risk factors in a population. |
| 2) Secondary | b) Prevention of the development of disease in a high-risk group/individual. |
| 3) Tertiary | c) Prevention or limitation of disability in a diseased individual. |
| 4) Primordial | d) Prevention of the progression of diseases that are in their early stages. |

A 1-c, 2-b, 3-d, 4-a

B 1-b, 2-d, 3-c, 4-a

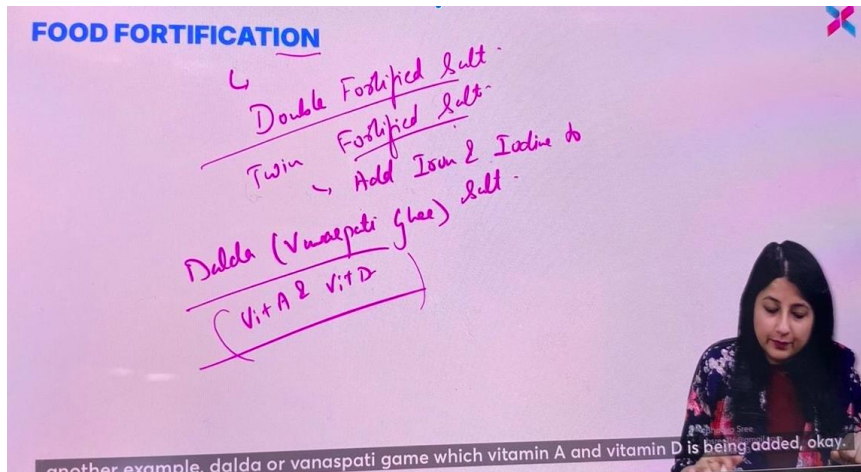
C 1-b, 2-d, 3-a, 4-c

D 1-a, 2-c, 3-b, 4-d

Q. Vitamin A is deliberately added to ghee to improve its nutritional value at the population level. This process is known as:

- A. **Fortification**
- B. Adulteration
- C. Enrichment
- D. Supplementation

FMGE Recall Questions Jan 2026



Q. A researcher studies serum cholesterol levels (continuous variable) in two independent groups of patients (100 patients in one group and 200 patients in another group). Which of the following statistical tests is most appropriate for analysis?

- A. Paired t-test
- B. Unpaired t-test**
- C. Chi-square test
- D. ANOVA

Ques ID : Q882184

Aa

SINGLE CORRECT

Q7. A researcher studies serum cholesterol levels (continuous variable) in two independent groups of patients (100 patients in one group and 200 patients in another group). Which of the following statistical tests is most appropriate for analysis?

- A** Paired t-test
- B** Unpaired t-test
- C** Chi-square test
- D** ANOVA

Q. In a contraceptive study, 500 women were followed for 6 months. During this period, 4 pregnancies occurred. What is the Pearl Index?

FMGE Recall Questions Jan 2026

- A. 2.5
- B. 1.6**
- C. 5.0
- D. 2.0

Ques ID : Q882189

Ⓐ

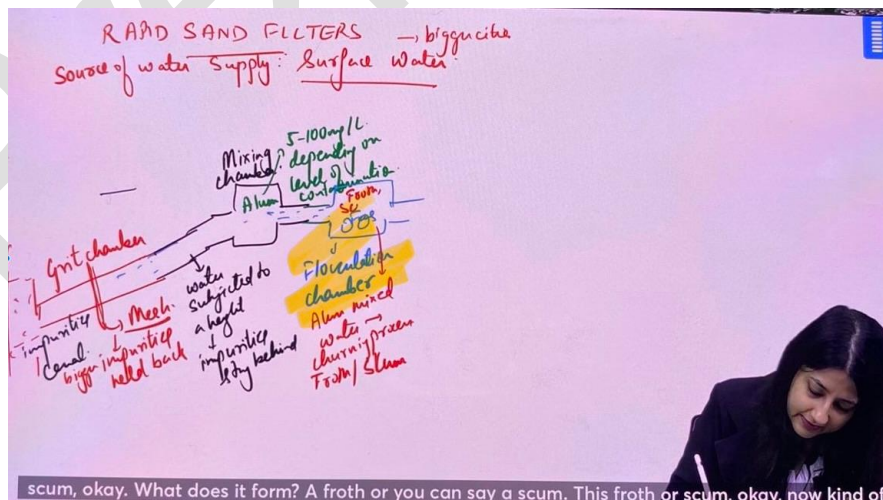
SINGLE CORRECT

A contraceptive "X" is used by 100 couples for a continuous period of 2 years. During this period 20 women become pregnant despite using contraceptive "X". What is the pearl index of contraceptive "X"?

- A** 0.1 per HWY
- B 1 per HWY
- C 10 per HWY
- D 1000 per HWY

Q. During flocculation in water treatment, which of the following substances is commonly added to facilitate aggregation of suspended particles?

- A. Chlorine
- B. Alum**
- C. Lime
- D. Activated charcoal



FMGE Recall Questions Jan 2026

Q. An immunization session where 40 children are scheduled to be vaccinated in 2 hours by 2 ANMs is planned. Due to overcrowding, there is long waiting time, missed opportunities, and increased vaccine wastage. Which of the following is the most appropriate measure to reduce missed opportunities and vaccine wastage?

- A. Increase the number of cold-chain carriers and extend the session time
- B. Assign one ANM for documentation and one for vaccination**
- C. Limit the number of children to 20 per session
- D. Increase the dose per vial

Q. The following data show systolic blood pressure (SBP) values and the number of patients corresponding to each value:

| SBP (mmHg) | Salt intake |
|------------|-------------|
| 120 | 3.2 |
| 130 | 4.1 |
| 140 | 5.1 |
| 150 | 6.2 |

- A. Line graph
- B. Ogive
- C. Pie chart
- D. Scatter diagram**

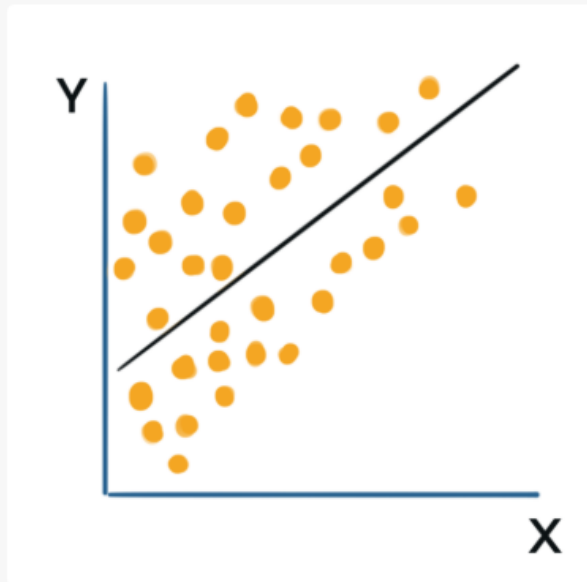
FMGE Recall Questions Jan 2026

Ques ID : Q882191



SINGLE CORRECT

A Scatter Diagram /Dot diagram used in the depiction of correlation is given in the image below. Interpret the Statistical graph.



☐ A Positive correlation

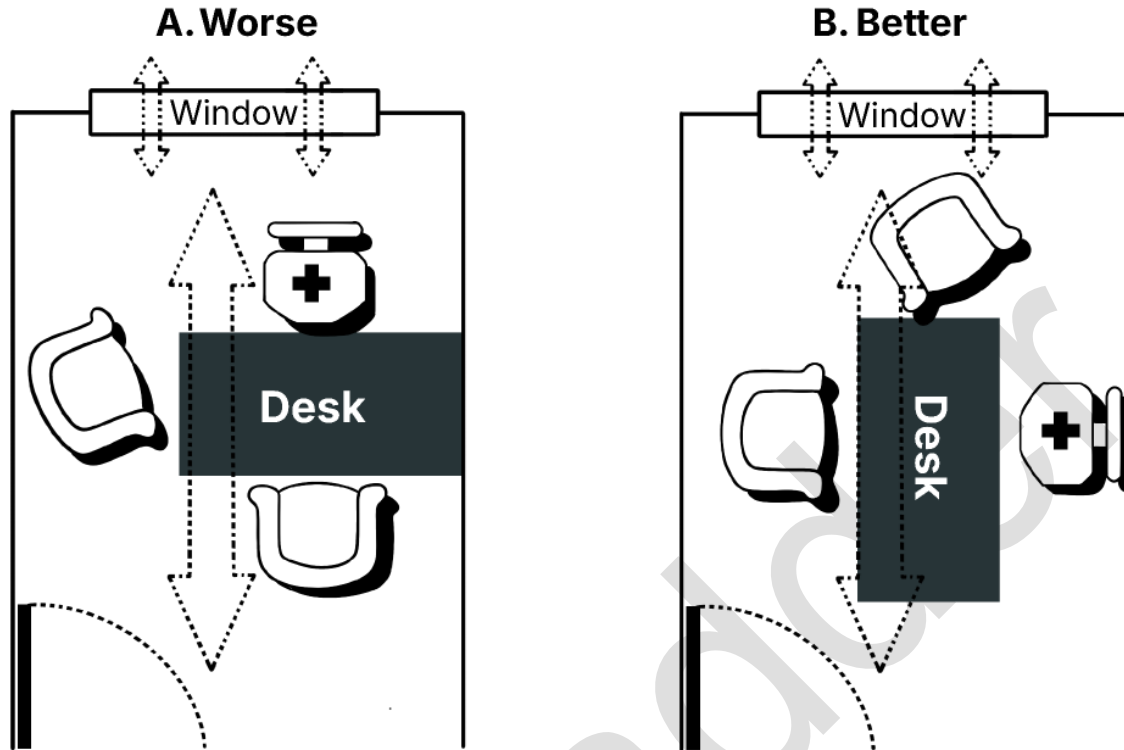
☐ B Negative correlation

☐ C Absent correlation

☐ D Spurious correlation

Q. An HIV-positive patient with a suspected airborne infection is seated in a consultation room. Based on the direction of airflow (green arrows) shown in the image, where should the doctor sit to have the least chance of infection?

FMGE Recall Questions Jan 2026



- A. A
- B. B**
- C. A & B
- D. None of the above

FMGE Recall Questions Jan 2026

Infection Control

- Hospital construction guidelines → *away from windows*
- BMW Handling → *slide disposal*
- TB Notification
- New Surveillance Measures
 - Bi directional TB Screening
 - Indian TB Genomic Surveillance Consortium
 - DT3 Centre

Shagun Sree

you so i'll write it here okay if you have to talk about this
light disposal okay then you have to put

Isoniazid resistant + Rifampicin sensitive: *Rifampicin (4 months)*

BMW Handling

Sputum disposal

| | |
|-------------------|--|
| Hospitals | 5% cresol or 5% phenol → after 12 hours disposal |
| Home | Sputum is collected in handkerchief |
| Large TB hospital | Incineration |

INFECTION CONTROL

Hospital construction guidelines: Doctor should be away from windows

BMW Handling: slide disposal Put in plastic container (red bag) Autoclave

TB Notification: TB is notifiable disease

Q. A rural health program has led to an increase in vaccination coverage, institutional deliveries, and access to healthcare services. However, when compared to urban areas, the overall health indicators are still significantly lower. Which pillar of Primary Health Care is most likely being compromised?

- A. **Equitable distribution**
- B. Community participation
- C. Appropriate technology
- D. Intersectoral coordination

FMGE Recall Questions Jan 2026

Ques ID : Q803658

Ⓐ

SINGLE CORRECT

Which of the following is not considered a pillar of primary health care?

A Health education

B Intersectoral coordination

C Appropriate technology

D Equitable distribution

Learning objective

4 Principles or Pillars of Primary Health Care

1. Equitable distribution-

- Equitable distribution of health services.
- Irrespective of ability to pay, rich or poor, urban/rural etc.

2. Appropriate technology-

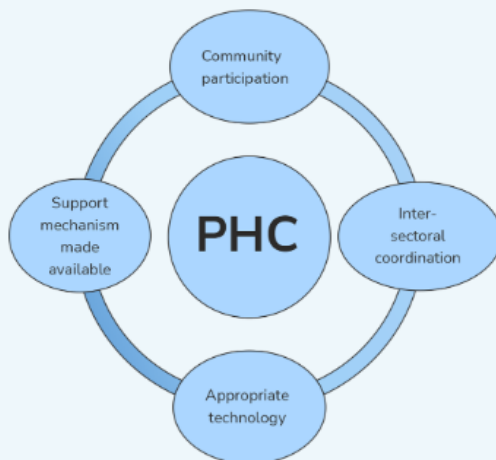
- Should be cost-effective.
- Good quality services.

3. Community participation-

- Ensure the participation of individuals, families and communities.
- For the promotion and maintenance of their health.

4. Intersectoral coordination-

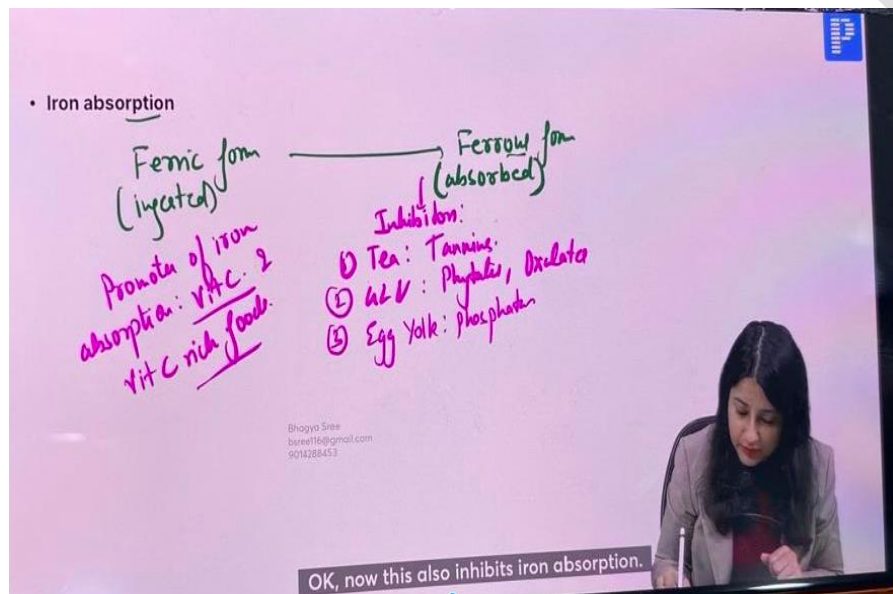
- Needs support from other sectors like agriculture, education, environmental sectors etc.
- Maintains good health.



FMGE Recall Questions Jan 2026

Q. An anemic woman in the 2nd trimester of pregnancy is receiving iron and folic acid under the Anemia Mukh Bharat program. Which of the following should be added to improve the efficacy of iron therapy?

- A. Albendazole
- B. Vitamin C**
- C. Green leafy vegetables
- D. Non-vegetarian food



Q. A resident of North-East India, presents with fever and chills. Peripheral blood smear shows *P. falciparum* malaria. Which of the following treatment regimens should be given?

- A. Chloroquine + Primaquine
- B. Artemether-Lumefantrine + Primaquine**
- C. Oral quinine
- D. Artesunate + Sulfadoxine-Pyrimethamine + Primaquine

FMGE Recall Questions Jan 2026

Ques ID : Q882194

Aa

SINGLE CORRECT

A patient from Delhi is diagnosed with *P. falciparum* malaria. What is the most appropriate drug for this patient?

- ☐ A Artemether plus lumefantrine
- ☐ B Artesunate plus Sulfadoxine plus pyrimethamine
- ☐ C Chloroquine
- ☐ D Mefloquine

Treatment guidelines: NVBDCP Guidelines

2. *Plasmodium falciparum* : CHLOROQUINE Resistant

↓

ACT + Primaquine (1 DAY) ✓ Gametocidal

(ARTEMISININ based Combination Therapy)

✓ Clinical cure

3 DAYS


↓

All States of India except: NORTH EASTERN States

✓ ARTESUNATE + SULFADOXINE/pyrimethamine

ARTEMETHER + LUMEFANTRINE

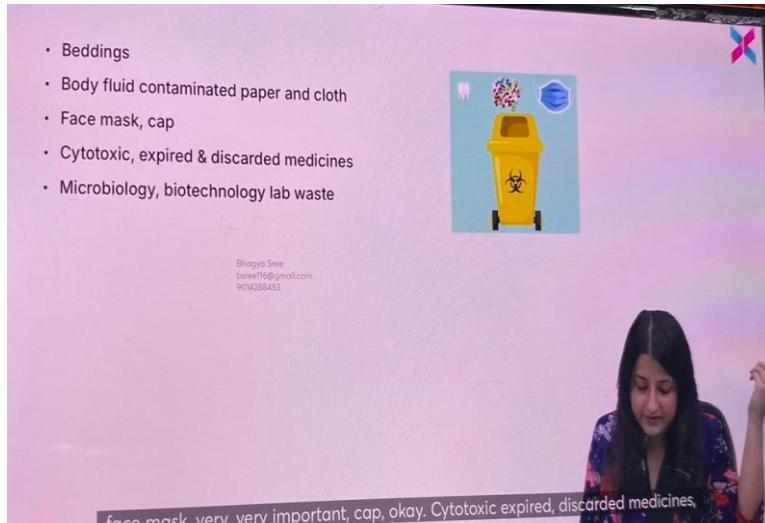
mind, let's see the doses of RT-misinin based combination therapy. So let's talk about a



Q. How should expired medications be disposed of as per Biomedical Waste Management guidelines?

- A. Incineration**
- B. Deep burial
- C. Recycling
- D. Chemical disinfection

FMGE Recall Questions Jan 2026



Q. What is the calorie and protein supplementation given to a child aged 6–72 months under ICDS programme of India?

- A. 500 kcal, 12–15 g protein
- B. 600 kcal, 18–20 g protein
- C. 800 kcal, 20–25 g protein
- D. 400 kcal, 10 g protein

| NUTRITIONAL NORMS | | | | | |
|-------------------|---------------------------------------|---------------------|----------------|--------------------------------------|-------------|
| S. No. | Category | Pre-revised | | Revised (per beneficiary per day) | |
| | | Calories (K cal) | Protein (g) | Calories (K cal) | Protein (g) |
| 1 | Children (6-72 months) | 300 | 8-10 | 500 | 12-15 |
| 2 | Severely Malnourished Children (6-72) | 600 | 20 | 800 | 20-25 |
| 3 | Pregnant Women and Nursing Mothers | 500 | 15-20 | 600 | 18-20 |

Q. In a study, 100 patients were telephoned and asked whether they exercise daily (exposure), and whether they have coronary artery disease now or ever before (outcome). Identify the study design.

- A. Cohort study
- B. Case-control study
- C. **Cross-sectional study**
- D. Randomized controlled trial (RCT)

FMGE Recall Questions Jan 2026

Ques ID : Q882195



SINGLE CORRECT

A community medicine intern was asked to compare two study designs. What is the similarity between Cross-sectional study design and Ecological study design?

- A Both studies are done at a point of time
- B Both provide prevalence
- C Both are based on primary data
- D The unit of study is the population

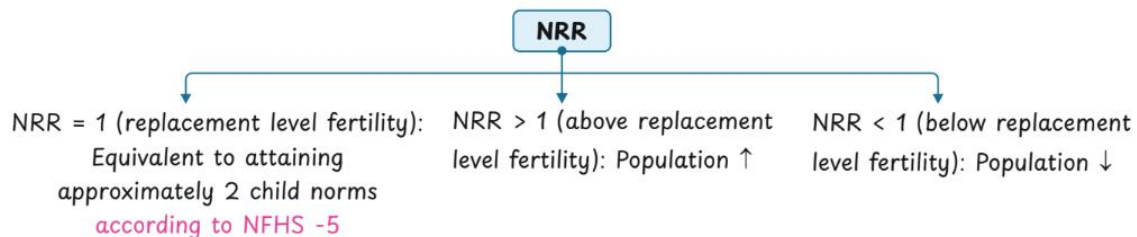
Q. Define net reproduction rate

- A. Total number of children born during the reproductive age of a woman
- B. Total number of girl children born during the reproductive age of a woman
- C. **Total number of girl children born during the reproductive age of a woman taking into account mortality/Average no of female children a newborn girl will bear during her reproductive age assuming age specific fertility and mortality rates**
- D. Average number of live births per woman during her reproductive lifespan

NET REPRODUCTION RATE (NRR):

00:20:16

- It is total no. of **daughters** a newborn will have throughout her reproductive life span considering current age specific fertility rates and current age specific death /mortality rates
- **Mortality dependent** fertility indicator
- For a country's population to stabilize, TFR= **2.1** (achieved when NRR =1)
- NRR=1 (**replacement level fertility**) achieved when CPR (Couple protection rate /Contraceptive prevalence rate) >60%



- India: Current TFR- 2.0 and CPR- 66.7%

FMGE Recall Questions Jan 2026

Q. Arrange the following in sequence.

1. Evaluation
2. Execution
3. Planning
4. Delegation

A. 3, 2, 4, 1

B. 1, 3, 4, 2

C. 3, 1, 2, 4

D. 3, 1, 2, 4

Q. Regarding the transition from HFA → MDG → SDG, which of the following is correct?

A. Targets on time

B. Only communicable diseases

C. Only Lower Socio economic status

D. Applicable only to developing countries

Q. A pregnant woman avoids a particular fruit due to a commonly held belief that its consumption can induce abortion, despite there being no scientific evidence to support this claim. Which of the following fruits is most commonly associated with this misconception?

Options:

A) Banana

B) Grapes

C) Orange

D) Papaya

FMGE Recall Questions Jan 2026

Ques ID : Q882296



SINGLE CORRECT

A pregnant woman avoids a particular fruit due to a commonly held belief that its consumption can induce abortion, despite there being no scientific evidence to support this claim. Which of the following fruits is most commonly associated with this misconception

A Banana

B Grapes

C Orange

D Papaya

Orthopedics

Q. A patient sustained an elbow dislocation that was treated locally. Due to improper healing, the patient later developed a tingling sensation in the palm. Which nerve is most likely involved?



- A. Median nerve
- B. Ulnar nerve**
- C. Radial nerve
- D. Axillary nerve

FMGE Recall Questions Jan 2026

Ques ID : Q848520

Ad

SINGLE CORRECT

A 30-year-old man sustains an elbow dislocation with a medial epicondyle fracture. He now presents with difficulty flexing the fourth and fifth fingers and an inability to adduct the thumb. Which nerve is most likely injured?

☐ A Axillary nerve

☐ B Radial nerve

☐ C Median nerve

☐ D Ulnar nerve

FMGE Recall Questions Jan 2026

Ques ID : Q847601

Ⓐ

SINGLE CORRECT

A 55-year-old female fell on her left shoulder while walking and now presents with severe pain, swelling, and bruising. Based on the X-ray shown below, what is the most common mechanism of injury and the likely affected structure?



- ☐ A Direct trauma, Axillary nerve
- ☐ B Fall on an outstretched hand, Radial nerve
- ☐ C Direct trauma, Radial nerve
- ☐ D Fall on an outstretched hand, Axillary nerve

Q. A 28-year-old male is brought to the emergency department following a high-speed motor vehicle collision in which his knee struck the dashboard. On physical examination, the right lower limb is shortened, adducted, and internally rotated. An anteroposterior X-ray of the pelvis is shown below. Based on the clinical presentation and radiographic findings, what is the most likely diagnosis?

FMGE Recall Questions Jan 2026



- A. Anterior hip dislocation
- B. Posterior hip dislocation**
- C. Intertrochanteric fracture
- D. Fracture of acetabulum

Ques ID : Q847407



SINGLE CORRECT

In a 45-year-old patient who was a victim of a road traffic accident, a right posterior hip dislocation is suspected. On further evaluation, the dislocation is associated with comminuted fragments of the posterior acetabular wall. According to the Thomas and Epstein classification, which type of posterior dislocation is this?

A Type I

B Type III

C Type II

D Type V

FMGE Recall Questions Jan 2026

Q. A 9-year-old child presents with pain and swelling over the mid-shaft of the tibia, associated with low-grade fever and an elevated erythrocyte sedimentation rate (ESR). An X-ray of the affected limb is shown below. Based on the clinical features and radiographic findings, what is the most likely diagnosis?



- A. Osteosarcoma
- B. Ewing sarcoma**
- C. Acute osteomyelitis
- D. Osteoid osteoma

FMGE Recall Questions Jan 2026

Ques ID : Q853074



SINGLE CORRECT

A 10-year-old patient presents with symptoms suggestive of osteomyelitis. An MRI is performed, and the radiologist notes a finding indicative of acute osteomyelitis. Which of the following findings is considered pathognomonic for this condition?

☐ A Penumbra sign

☐ B Bone marrow edema

☐ C Sequestrum

☐ D Involucrum

FMGE Recall Questions Jan 2026

Solution

Correct Answer: B) Bone marrow edema

Explanation:

- The pathognomonic MRI finding of acute osteomyelitis is **bone marrow edema**, which appears as high signal intensity on T2-weighted images and low signal intensity on T1-weighted images & is one of the earliest radiological signs and appears within 24 hours (Earliest-Bone scintigraphy)
- The **penumbra sign (Option A)** (Ring enhancement due to granulation tissue) is pathognomonic for **subacute osteomyelitis**, especially in cases of Brodie's abscess.
- **Sequestrum (Option C)** refers to a piece of dead bone that has separated from healthy bone, commonly seen in **chronic osteomyelitis**.
- **Involucrum (Option D)** is the new bone formation that develops around the sequestrum, indicative of **chronic osteomyelitis**.



Q. A 28-year-old female presents to the clinic with a complaint of dull, aching pain in her left hand after accidentally striking her finger against a door frame. On physical examination, there is mild tenderness over the affected area, but the range of motion is preserved. An X-ray of the hand is shown below. Based on the clinical presentation and radiographic findings, what is the most likely diagnosis?

FMGE Recall Questions Jan 2026



- A. Giant cell tumor
- B. Enchondroma**
- C. Brown tumor
- D. Aneurysmal bone cyst

Ques ID : Q855467



SINGLE CORRECT

A woman during her routine examination presents with the following X-ray finding. What is her most likely diagnosis?



- A** A multiple brown tumour
- B Fibrous dysplasia
- C Multiple Enchondromas
- D Multiple exostoses

FMGE Recall Questions Jan 2026

Q. Based on the image provided below, what is the most likely diagnosis?



- A. **Synovial Osteochondritis**
- B. Pseudogout

FMGE Recall Questions Jan 2026

Ques ID : Q847677

Ⓐ

SINGLE CORRECT

A 45-year-old male presents with progressive knee pain, swelling, reduced range of motion, and occasional mechanical locking. An X-ray of the knee is given below. MRI confirms the presence of lobular cartilage nodules with areas of calcification. What is the most appropriate treatment for this patient?



- ☐ A Observation and conservative management
- ☐ B Arthroscopic synovectomy and loose body removal
- ☐ C Total knee replacement
- ☐ D Physical therapy only

Solution

Correct Answer: B) Arthroscopic synovectomy and loose body removal

Explanation:

- The patient presents with knee pain, swelling, reduced range of motion, and mechanical locking, which are hallmark features of **synovial chondromatosis**.
- The X-ray showing **multiple calcified loose bodies** and the MRI confirming **lobular cartilage nodules with areas of calcification** further support this diagnosis.
- Given the severe symptoms (pain, limited motion, and locking) and imaging findings of calcified loose bodies, arthroscopic synovectomy and removal of the loose bodies is the recommended treatment. This approach addresses both symptom relief and prevents further joint damage.

Imaging

- **Radiographs:** Standard anteroposterior (AP) and lateral views of the affected joint are recommended. Findings vary by disease stage and may show stippled calcification.

FMGE Recall Questions Jan 2026

- **Radiographs:** Standard anteroposterior (AP) and lateral views of the affected joint are recommended. Findings vary by disease stage and may show stippled calcification.



Fig. Plain X-ray of chondromatosis of elbow



Fig. Plain X-ray of chondromatosis of hip joint

FMGE Recall Questions Jan 2026

- **MRI:** Initially, cartilage nodules are visible only on MRI, appearing lobular. In later stages, there is a signal drop-out indicating calcification.



Fig. MRI of synovial chondromatosis of the knee

Histology

- Displays discrete hyaline cartilage nodules at various stages of calcification and ossification, with mild atypia, binucleate cells, and occasional mitoses.

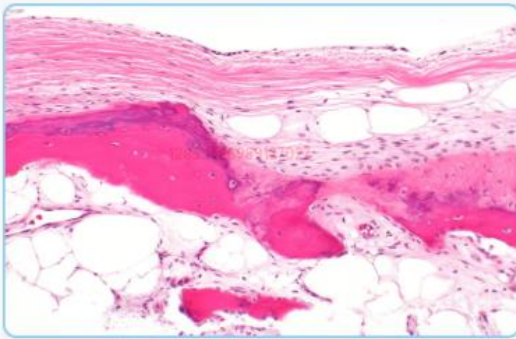


Fig. Histology of chondromatosis

Treatment:

- **Nonoperative:** Observation is recommended for mild symptoms that do not affect range of motion.
- **Operative:** Open or arthroscopic synovectomy and loose body resection are indicated for severe symptoms impacting range of motion.
- **Outcomes:** Treatment is symptomatic and may help prevent degenerative changes in the joint.

Observation and conservative management (Option A) is reserved for mild cases not affecting joint function.

Total knee replacement (Option C) is not typically indicated unless severe degenerative changes are present, which is not mentioned in this case.

Physical therapy only (Option D) alone would not resolve the mechanical issues caused by the loose bodies.

FMGE Recall Questions Jan 2026

Anaesthesia

Q. Which of the following intravenous agents is commonly used for outpatient procedures?

- A. Propofol
- B. Ketamine
- C. Thiopental
- D. Etomidate

Ques ID : Q882154

Ag

SINGLE CORRECT

Which of the following anaesthetic agents is actively used for cases taken up as daycare surgery?

A Thiopentone

B Propofol

You missed

C Etomidate

1155:1759

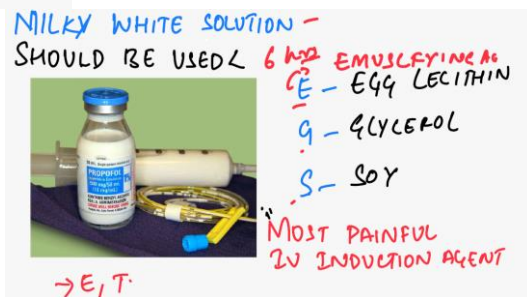
D Ketamine

30) Q. A 30-year-old patient is posted for lipoma excision on the hand under GA in a Day care setup. Anaesthetist plans for TIVA, which induction agent should be used?

- a. Thiopentone
- b. Ketamine
- c. Propofol
- d. Etomidate

< 2hr

"IV INDUCTION AGENT OF CHOICE"
*DAY CARE SURGERY
→ TIVA → MH
→ LMA → A/P
→ ANTI EMETIC → Liver Dis.
→ ANTI PRURITIS



FMGE Recall Questions Jan 2026

Q. What is the Mallampati score?



- A. Type 1
- B. Type 2
- C. Type 3
- D. Type 4

Local Live 989877582

Ques ID : Q820224

SINGLE CORRECT

In a 45-year-old patient undergoing a preoperative assessment for a surgical procedure, which classification of Mallampati score is assigned based on the following description:

Hard palate, soft palate, uvula, tip of the uvula, and tonsil pillars are visible. No oropharyngeal structures are obstructing the view.

A Grade I

B Grade II

C Grade III

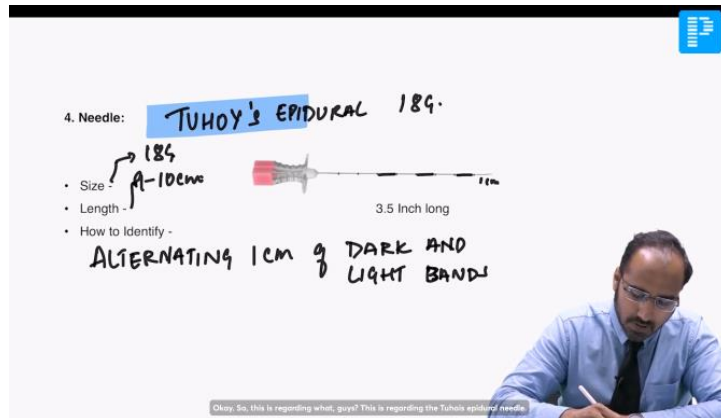
D Grade IV

Q. Identify the needle shown in the image:

FMGE Recall Questions Jan 2026

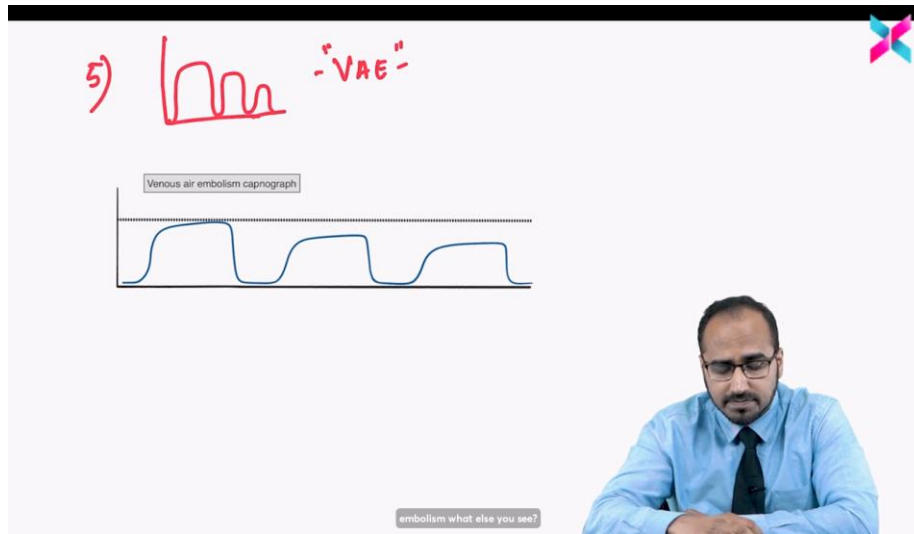


- A. Quincke spinal needle
- B. **Tuohy epidural needle**
- C. Huber needle
- D. Veress needle



- Q. A patient undergoing surgery shows a sudden drop of end-tidal CO_2 (ETCO_2) to zero on capnography. What does this most likely indicate?
- A. Hypothermia
 - B. Hyperthermia
 - C. **Embolism**
 - D. Hypotension

FMGE Recall Questions Jan 2026



ENT

Q. A 35-year-old patient presents with hearing loss. Clinical examination reveals a Rinne test where Air Conduction is greater than Bone Conduction in both ears. The Weber test lateralizes to the left ear. What is the most likely diagnosis?

- A. Conductive hearing loss in the left ear
- B. Conductive hearing loss in the right ear
- C. Sensorineural hearing loss in the left ear
- D. **Sensorineural hearing loss in the right ear**

FMGE Recall Questions Jan 2026

Handwritten notes on Rinne and Weber tests:

RINNE

| | |
|---|---|
| R | L |
| + | + |

weber Equal → (N)

RINNE

| | |
|---|---|
| R | L |
| + | - |

N SNHL, L CHL → (L) CHL

RINNE

| | |
|---|---|
| R | L |
| + | + |

U/L severe to profound SNHL, Weber -ve → (R) SNHL

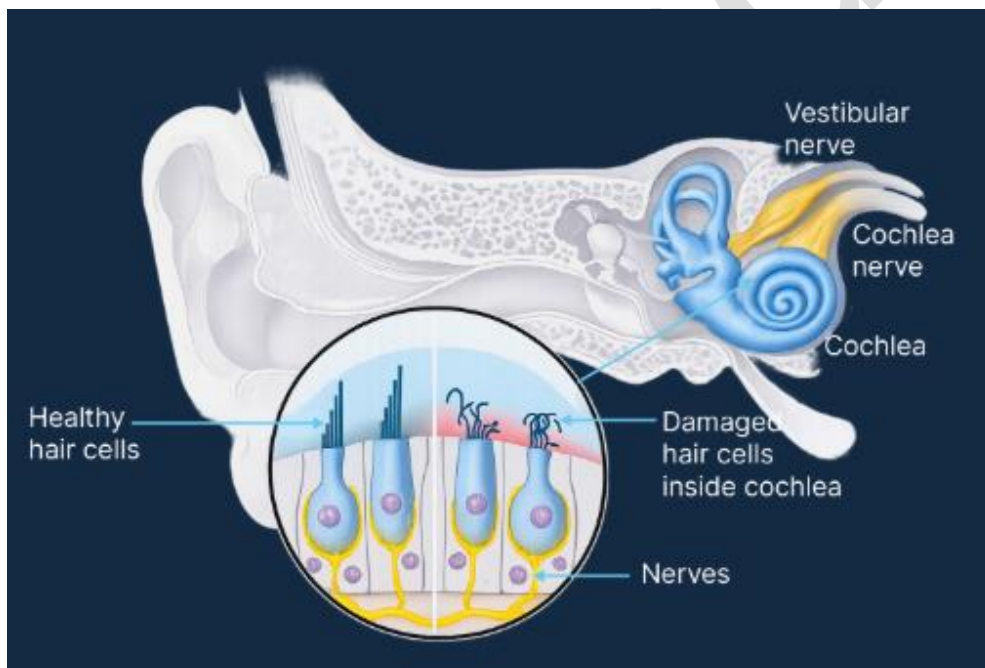
RINNE

| | |
|---|---|
| R | L |
| - | + |

U/L severe to profound SNHL, Weber -ve → (R) severe to profound SNHL

test combinations you should be able to get to the answer and to put the conclusions in your exam

Q. Furosemide-induced hearing loss occurs primarily by damaging which structure?



- A. Outer hair cells in Organ of Corti
- B. $\text{Na}^+ \text{-K}^+ \text{-2Cl}^-$ cotransporter in stria vascularis
- C. Vestibulocochlear nerve
- D. Cochlear duct basement membrane

FMGE Recall Questions Jan 2026

Ques ID : Q882297



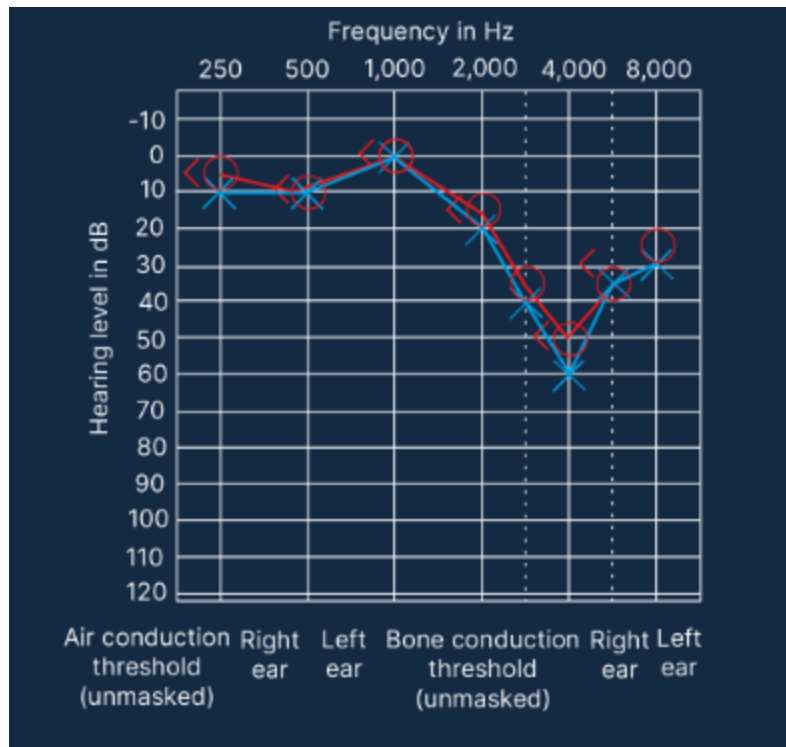
SINGLE CORRECT

Furosemide-induced hearing loss occurs primarily by damaging which structure?

- ☐ A Outer hair cells in Organ of Corti
- ☐ B $\text{Na}^+\text{-K}^+\text{-2Cl}^-$ cotransporter in stria vascularis
- ☐ C Vestibulocochlear nerve
- ☐ D Cochlear duct basement membrane

Q. A factory worker presents with bilateral hearing difficulty. Audiometry is as shown in the image. This pattern is characteristic of:

FMGE Recall Questions Jan 2026



- A. Presbycusis
- B. Noise-induced hearing loss**
- C. Meniere's disease
- D. Sudden sensorineural hearing loss

Ques ID : Q807814

Ans

SINGLE CORRECT

What does a dip at 4000Hz indicate in pure tone audiometry?

- A** Otosclerosis
- B Meniere's disease
- C Noise induced hearing loss
- D Age related hearing loss

Q. A patient presents with chronic sinusitis, nasal crusting, and saddle nose deformity. What is the most likely diagnosis?

- A. Granulomatosis with polyangiitis**

FMGE Recall Questions Jan 2026

- B. Allergic rhinitis
- C. Nasal polyposis
- D. Rhinoscleroma

Ques ID : Q865499

Ⓐ

SINGLE CORRECT

A 38-year-old man presents with a 6-month history of recurrent epistaxis, purulent nasal discharge, and progressive collapse of the nasal bridge. On examination, he has a saddle nose deformity and a large nasal septal perforation. Urinalysis reveals microscopic hematuria and proteinuria. Which diagnostic test has the highest yield to confirm the suspected diagnosis?

- ☐ A Nasal mucosal biopsy demonstrating granulomas
- ☐ B c-ANCA testing with anti-PR3 antibody assay
- ☐ C Chest CT scan for cavitary lung lesions
- ☐ D Renal biopsy showing crescentic glomerulonephritis

Solution

Correct Option B - c-ANCA testing with anti-PR3 antibody assay:

- This Clinical Question —upper airway destruction (saddle nose, septal perforation), purulent nasal discharge, and renal involvement—strongly suggests granulomatosis with polyangiitis (Wegener's granulomatosis). The c-ANCA test, specifically anti-PR3 antibodies, has about 90% sensitivity and high specificity for this disease, making it the most reliable initial diagnostic test.

Incorrect Options:

- **Option A:** Nasal biopsy may show granulomatous inflammation but has only around 50% sensitivity and can miss the diagnosis.
- **Option C:** Chest CT findings of cavitary lesions support the diagnosis but are nonspecific and cannot confirm it.
- **Option D:** Renal biopsy is invasive and typically reserved for cases where serology is inconclusive or to assess severity.

Q. The ideal age for surgical correction of the condition shown in the image is:

FMGE Recall Questions Jan 2026



- A. At birth
- B. 6 years and above**
- C. 1 year and above
- D. Anytime after adolescence

cosmetically appealing for the patient. That's one thing that you should know. The next thing is

Q. A 12-year-old child presents with a midline neck swelling that moves upward with deglutition. She undergoes surgical removal, and postoperatively, she cannot raise her voice. What is the most likely nerve injury?

- A. Unilateral superior laryngeal nerve palsy**
- B. Bilateral recurrent laryngeal nerve palsy
- C. Hypoglossal nerve injury
- D. Vagus nerve injury

FMGE Recall Questions Jan 2026

FUNCTIONAL ASPECTS

Tensor & sec adduction

PHONATOR → CT → EIV

Phonation:

- Cricothyroid Muscle: Acts as a tensor and adductor, essential for phonation.
- Posterior Cricoarytenoid Muscle: Only abductor of the vocal cords, necessary for deep inhalation.

adductors

ONLY TENSOR

EIV

CT

ALN

CRAP

laryngeal nerve which is a branch of your superior laryngeal nerve. So what happens during phonation

TYPES OF LARYNGEAL PARALYSIS

** MCQ*

↑ note

↑ tone

↑ pitch

loss of voice

Unilateral SLN Palsy:

- Sensory Loss: Above the vocal cords on the affected side.
- Motor Loss: Only the Cricothyroid Muscle is paralyzed.
- Vocal Cord Position: Paralyzed cord is adducted; normal cord in the intermediate position.
- Phonation: Affected with changes in pitch and tone.
- Respiration: Not significantly affected.
- Aspiration: Increased risk.
- Treatment: Type 1 Thyroplasty.

So what do we do for that? We medialize the vocal cord and that surgery is called as

Q. A patient presents with difficulty swallowing and regurgitation of undigested food with foul-smelling breath. The lateral neck X-ray is as shown. The diverticulum occurs due to herniation between which muscles?



A. Cricopharyngeus and Thyropharyngeus

FMGE Recall Questions Jan 2026

- B. Cricopharyngeus and Sternocleidomastoid
- C. Thyropharyngeus and Inferior constrictor
- D. Inferior constrictor and Sternocleidomastoid

Ques ID : Q869468



SINGLE CORRECT

A 65-year-old man presents with progressive dysphagia, regurgitation of undigested food, and halitosis. He also reports gurgling in the neck on swallowing. On barium swallow, a posterior outpouching is seen at the level of the cricopharynx. What is the most likely site of origin of this lesion?

- ☒ A Killian's dehiscence (between thyropharyngeus and cricopharyngeus)
- ☐ B Laimer's triangle (between cricopharyngeus and longitudinal fibers of esophagus)
- ☐ C Between superior and middle constrictor
- ☐ D Between middle and inferior constrictor

Q. A 2-month-old infant is brought to the pediatric clinic with a history of high-pitched inspiratory stridor that began shortly after birth. The mother notes that the sound is most noticeable when the baby is crying or feeding. Which of the following is true regarding the diagnosis?

- A. Omega sign improves in the prone position**
- B. Thumb sign improves in the supine position
- C. Steeple sign is characteristic
- D. Cherry-red epiglottis sign is characteristic

FMGE Recall Questions Jan 2026

Ques ID : Q847908



SINGLE CORRECT

A newborn baby presents with an inspirational stridor immediately after birth, which increases on crying. The stridor is alleviated when the baby is placed in the prone position, and the cry is normal. The flexible laryngoscopy is shown as follows.

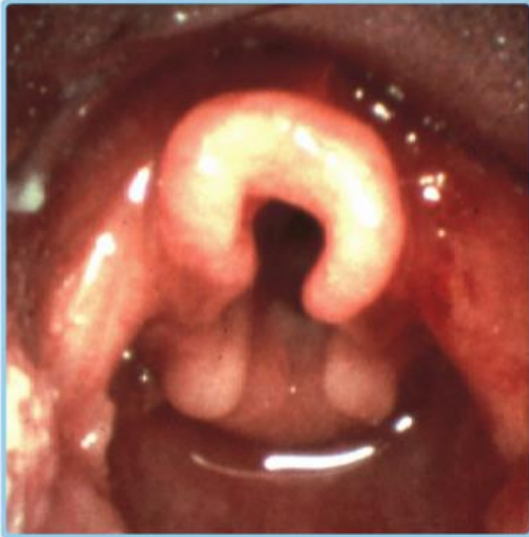
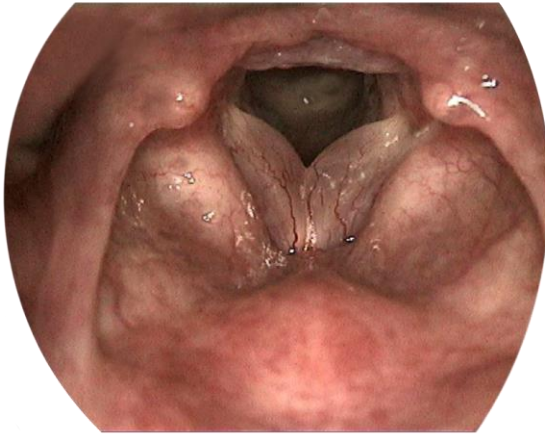


Image Credits and Usage Rights ⓘ

- ☐ A Congenital subglottic stenosis
- ☐ B Subglottic hemangioma
- ☐ C Laryngeal web
- ☐ D Laryngomalacia

Q. A chronic smoker presents with a low-pitched, husky voice. Indirect laryngoscopy reveals findings as shown in the image. What is the most likely diagnosis?

FMGE Recall Questions Jan 2026



- A. Reinke's edema
- B. Vocal cord polyp
- C. Bilateral vocal cord cyst
- D. Laryngeal papillomatosis

REINKE'S OEDEMA




Diagram illustrating Reinke's edema, showing the vocal folds and the surrounding tissue. The diagram is annotated with handwritten notes: "B/L" (Bilateral) and "Bag of water" pointing to the edematous areas, and "Ant 2/3" (Anterior 2/3) pointing to the anterior portion of the vocal folds.

pointers that will help you diagnose Reinke's edema. Now that you know that the diagnosis is

Q. A child presents with a history of accidental coin ingestion. The X-ray is as shown in the image. The coin is most likely lodged in which site?

FMGE Recall Questions Jan 2026



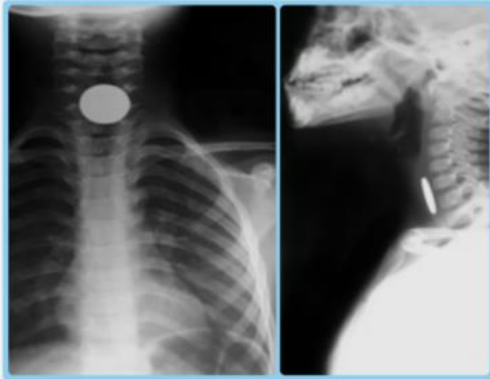
- A. Larynx
- B. Trachea
- C. Esophagus**
- D. Hypopharynx

Ques ID : Q869491

Ⓐ

SINGLE CORRECT

A 5-year-old swallowed a coin. Xray image is given.
Where is the coin lodged?



- A Trachea
- B Esophagus
- C Hypopharynx
- D Bronchus

FMGE Recall Questions Jan 2026

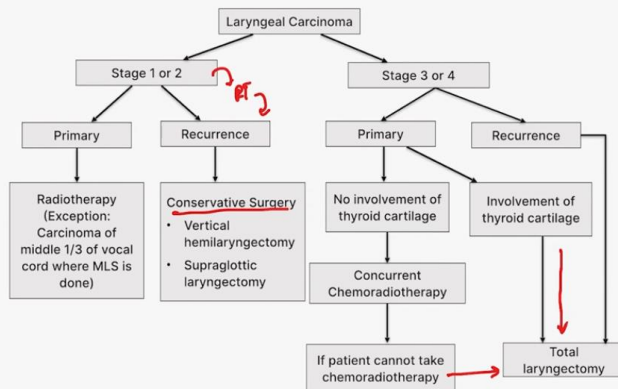
Q. A 58-year-old man, chronic smoker, presents with progressive hoarseness of voice and throat discomfort for 4 months. Laryngoscopy reveals a laryngeal growth, and neck examination shows a single ipsilateral, mobile cervical lymph node. Biopsy confirms squamous cell carcinoma of the larynx. What is the most appropriate treatment?

- A. Radiotherapy alone
- B. Chemoradiotherapy**
- C. Partial laryngectomy
- D. Total laryngectomy

TNM CLASSIFICATION

| | | | |
|-----|-----------------|----------------|----------------|
| I | T ₁ | N ₀ | M ₀ |
| II | T ₂ | N ₀ | M ₀ |
| III | T ₃ | N ₀ | M ₀ |
| | T ₁ | N ₁ | M ₀ |
| | T ₂ | N ₁ | M ₀ |
| | T ₃ | N ₁ | M ₀ |
| IVA | T _{4a} | N ₀ | M ₀ |
| | T _{4a} | N ₁ | M ₀ |
| | T ₁ | N ₂ | M ₀ |
| | T ₂ | N ₂ | M ₀ |
| | T ₃ | N ₂ | M ₀ |
| | T _{4a} | N ₂ | M ₀ |
| IVB | T _{4b} | Any N | M ₀ |
| | Any T | N ₃ | M ₀ |
| IVC | Any | Any N | M ₁ |

becomes n 3 and m 0 that is going to be your t 4 b any t any n but if it is m 1 then it is your



total laryngectomy. So, total laryngectomy is reserved if a patient is having recurrence.

Q. A patient presents with an ulcer on the posterior pharyngeal wall, as shown in the image. This lesion most likely originates from which structure?

FMGE Recall Questions Jan 2026



- A. Minor salivary glands
- B. Pharyngeal mucosa**
- C. Subepithelial region
- D. Lymphoid tissue

Q. A patient presents with a swelling in the floor of the mouth, as shown in the image. The swelling is painless and gradually increasing in size. What is the most likely diagnosis?

FMGE Recall Questions Jan 2026



- A. Ludwig's angina
- B. Ranula**
- C. Mucocele
- D. Dermoid cyst

Ques ID : Q849657

Ans

SINGLE CORRECT

A 16 y/o female has a painless, soft, fluctuant swelling in the anterior floor of her mouth that has increased in size over a few weeks. There is no history of trauma or infection. What is the most appropriate next step in confirming the diagnosis?



A Magnetic Resonance Imaging

B Computed Tomography

C Incisional biopsy

1265:1768796190008

D Aspiration of the lesion


FMGE Recall Questions Jan 2026

Solution

Correct Answer: A) Magnetic Resonance Imaging (MRI)

Explanation:

MRI is the most appropriate imaging modality to confirm the diagnosis of a ranula. It provides detailed information about the extent of the lesion and helps differentiate it from other lesions, such as lymphangiomas.

| Ranula | |
|------------|---|
| Definition | <p>Ranulas are a type of extravasation mucocele, caused by the rupture of the main duct or obstructed acini of the sublingual gland. They appear as bluish swellings on the floor of the mouth and resemble the belly of a frog.</p>  |
| Location | <ul style="list-style-type: none">• Commonly found in the anterior floor of the mouth.• When it extends through the mylohyoid muscle, it presents as a submental swelling known as a "plunging ranula." |

FMGE Recall Questions Jan 2026

| | |
|-----------|---|
| Symptoms | Typically soft, fluctuant, and painless unless infected. |
| Diagnosis | <ul style="list-style-type: none"> Confirmed through Magnetic Resonance Imaging (MRI) Ultrasound Aspiration of thick sticky saliva differentiates it from a lymphangioma. |
| Treatment | <ul style="list-style-type: none"> Removal of the sublingual gland is preferred. Incision, drainage, and marsupialization have low success rates. Although marsupialization is often adequate, it has a higher recurrence rate compared to sublingual gland excision. OK-432 injection Botulinum toxin injections |



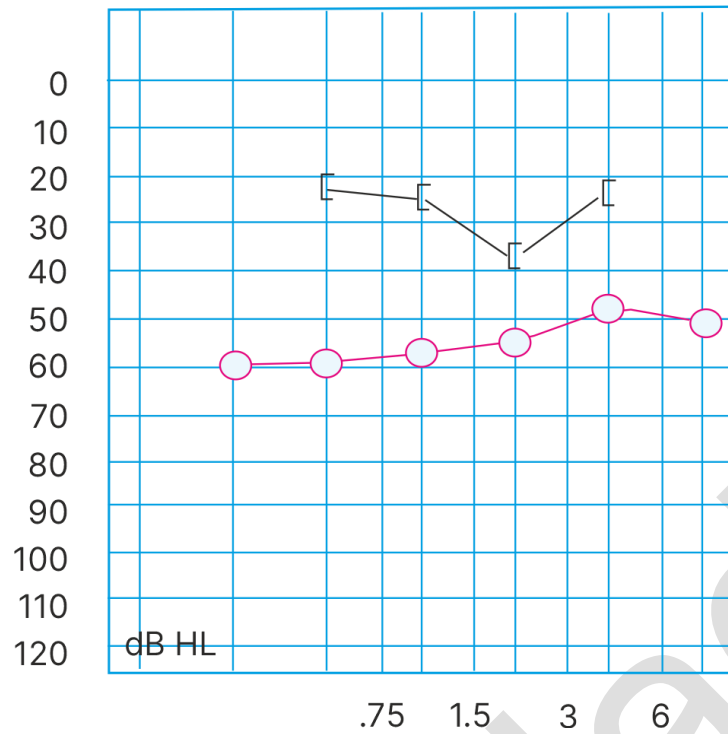
CT (Option B): Although CT can be used to visualize the lesion, MRI is preferred due to its superior soft tissue contrast and ability to better delineate the extent of the lesion, especially in cases of plunging ranulas.

Incisional biopsy (Option C) is generally not indicated for diagnosing a ranula. The diagnosis is typically made based on clinical presentation and imaging. Biopsy may be reserved for atypical cases where malignancy or another condition is suspected.

Aspiration of the lesion (Option D): Aspiration of thick sticky saliva can help differentiate a ranula from a lymphangioma. However, it is often used as a supplementary diagnostic method alongside imaging, rather than the first line of investigation.

Q. A 40 year old presented with bilateral hearing loss. Audiogram shows a dip at 2000 Hz. What is the most appropriate investigation?

FMGE Recall Questions Jan 2026



- a. BERA
- b. Impedance audiometry**
- c. Otoacoustic emissions
- d. Pure tone audiometry

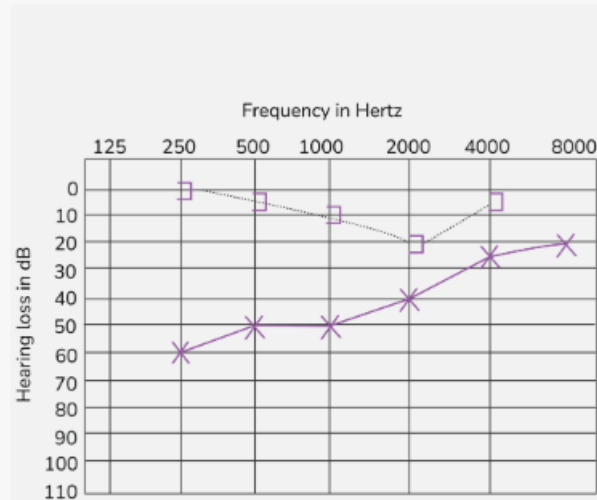
FMGE Recall Questions Jan 2026

Ques ID : Q810293

Ag

SINGLE CORRECT

A 28 years female patient presented with history of bilateral hearing loss and tinnitus. She can hear better in noisy environment. Examination showed intact eardrums bilaterally and Rinne test is negative bilaterally. Pure tone audiometry given below. What is the most probable diagnosis ?



Impedance Audiometry → Objective test

→ Tympanometry

→ Acoustic Reflex

ME

TET } Subjective

DTA }

TM vibration Max

1st Channel (Delivers sound which is 26Hz)

2nd Channel (For Collecting reflected sound)

ME

Inferences because they want you to tell them what could be the probable

Q. What is the best and safest site for performing a tracheostomy?

- Through the cricothyroid membrane
- Between the 4th and 5th tracheal rings
- Between the 2nd and 3rd tracheal rings
- Just below the cricoid cartilage

FMGE Recall Questions Jan 2026

Ques ID : Q882300



SINGLE CORRECT

An 8-year-old boy is brought to the emergency department after an attack of bees in the backyard. He was playing with his friends when he got stung by bees there. He is in obvious distress and has difficulty in breathing. Examination swelling in mouth, lips, and arms, with red patches. He is given intravenous epinephrine, and a mini tracheostomy is performed. The procedure is done through which of the following structures?

☐ A Cricothyroid membrane

☐ B 2nd and 3rd tracheal rings

☐ C Any of the above

☐ D None of the above

Q. What is the treatment of choice for Rhinoscleroma?

- a. Long term antibiotics with surgical debulking
- b. Corticosteroids with antihistamines
- c. Radiotherapy
- d. Short course oral antibiotics with nasal decongestants

FMGE Recall Questions Jan 2026

Ques ID : Q848098



SINGLE CORRECT

A 45-year-old woman has a history of progressive nasal obstruction, recurrent nosebleeds, and crusting. On examination, she has a nasal deformity with a firm mass in the nasal cavity. A biopsy of the mass shows Mikulicz cells and is positive for *Klebsiella rhinoscleromatis*. What is the most appropriate treatment strategy for this patient?

- ☐ A Prolonged course of tetracycline and streptomycin
- ☐ B Amphotericin B
- ☐ C Only Prednisolone without antibiotics
- ☐ D Surgical debridement

Q. Which among the following structures is used for facial nerve identification?

- a. Sternocleidomastoid
- b. Digastric
- c. Tragus
- d. Lateral border of lip

SURGICAL LANDMARKS FOR FACIAL NERVE

- Styloid process
- Tragal pointer, tympanomastoid suture
- Retromandibular vein
- Posterior belly of digastric

and there are various landmarks. So, how to remember the various landmarks for facial nerve

FMGE Recall Questions Jan 2026

FMT

Q. Identify the given fingerprint pattern:



- A. Loop
- B. Whorl**
- C. Arch
- D. Composite


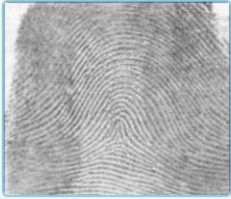

FMGE Recall Questions Jan 2026

Ques ID : Q847111



SINGLE CORRECT

Match the following dactylography patterns with their correct type and frequency (%)

| | | |
|----------|--|-----------|
| 1. Loop | a. | X. 30-35% |
| |  | |
| 2. Whorl | b. | Y. 5-10% |
| |  | |
| 3. Arch | c. | Z. 60-70% |
| |  | |

A 1-a-X, 2-c-Z, 3-b-Y

B 1-c-Z, 2-a-X, 3-b-Y

C 1-a-Z, 2-c-Y, 3-b-X

D 1-c-Y, 2-a-X, 3-b-Z

Q. Which paraphilia involves sexual gratification from wearing clothes of opposite gender?

- A. Eonism
- B. Fetishism
- C. Transvestic fetishism
- D. Voyeurism

FMGE Recall Questions Jan 2026

Ques ID : Q882179



SINGLE CORRECT

A person of eonism derives pleasure from?

- ☒ A Wearing clothes of opposite sex
- ☐ B Kissing and licking of anus by a sexual partner
- ☐ C Underclothing of female
- ☐ D Seeing a female undressing

Ques ID : Q882179



Solution

Correct Option A - Wearing clothes of opposite sex:

- Eonism is a practice where individuals derive pleasure or satisfaction from wearing the clothes of the opposite sex. It's not about voyeurism or fetishizing specific items of clothing or sexual practices but about the act of adopting the appearance of the opposite sex

Incorrect Options:

Option B - Kissing and licking of the anus by a sexual partner: This sexual activity, often referred to as anilingus, doesn't have any specific connection to eonism.

Option C - Underclothing of a female: Underclothing of a female eonism isn't about this particular item of clothing. It's about the act of dressing in clothing of the opposite sex as a whole.

Option D - Seeing a female undressing: This option describes voyeurism

Q. A male is brought for medicolegal examination after sustaining a firearm injury. On examination, there is tattooing of skin, but no burning, singeing of hair, or charring is present. The margins of the wound are inverted. What is the most likely range of fire in this case?

- A. Close range
- B. Contact range
- C. Intermediate range**
- D. Distant range

FMGE Recall Questions Jan 2026

Ques ID : Q808756

Ad

SINGLE CORRECT

In a case where a gunshot victim was brought for autopsy, the entry wound displayed margins that were turned inward. Additionally, there was evidence of tattooing around the wound, but no signs of blackening or singeing of hair were observed. Based on this information, what is the likely firing range of the gunshot?

A Contact shot

B Near shot

C Close shot

D Distant shot

Solution

Correct Option B - Near shot:

- Although an intermediate distance wound leaves blackening and tattooing but does not leave burning/singeing marks on the gunshot wound, it is not given in the option.
- The next best answer would be a near gunshot wound.
- This is because near gunshot wounds and intermediate gunshot wounds may or may not have blackening but definitely have tattooing present.

Incorrect Options:

Option A - Contact shot: Burning, blackening and tattooing are not found on the surface, but may be present within the wound.

Option C - Close Shot: Burning/ singeing, blackening and tattooing- all 3 are present.

Option D - Distant Shot: Burning/ singeing, blackening and tattooing- all 3 are absent.

Q. A young male is brought for a medico-legal examination under court orders to determine his age for criminal liability for a rape case. Based on the given radiographic findings, what is the most likely age of the accused?

FMGE Recall Questions Jan 2026



- A. 12-14 years
- B. 14-16 years
- C. **16-18 years**
- D. 18+ years

UPPER LIMB FUSION VS LOWER LIMB FUSION

| | |
|------------------------------|--------------|
| 18 Hip | 17 Lo |
| • Shoulder 18Y | Hip 17-18Y |
| • Elbow 16Y | Knee 18Y |
| • Wrist 18Y | Ankle 17-16Y |
| • FEMALE → 1-2 YEARS EARLIER | |

17 these are the joint in male in female now sir how many fontanelle that skull has my dear friend

Q. A 29-year-old male presents within 24 hours of an alleged sexual assault by a co-worker. Which of the following sites is the most appropriate for specimen collection within 24 hours?

- A. Oral cavity for semen
- B. **Anus for epithelial cells and semen**
- C. Nails
- D. Blood test

FMGE Recall Questions Jan 2026

Ques ID : Q847094

Ⓐ

SINGLE CORRECT

A 28-year-old male presents to the emergency department following an alleged sexual assault by a man. The victim recalls that the assault occurred approximately 4 hours ago. Which of the following examination findings would least likely support evidence of the current sodomy assault?

- ☐ A Linear abrasions or contusions in the perianal region
- ☐ B Dried semen around the anus
- ☐ C Paradoxical dilatation of anus during bimanual traction of buttocks
- ☐ D Fresh anal tears or fissures

Solution

Correct Answer: C) Paradoxical dilatation of anus during bimanual traction of buttocks

Explanation:

Most findings listed are **consistent with an acute (recent) anal assault**, especially since the event reportedly occurred **within the last 4 hours**.

Linear abrasions or contusions in the perianal region

(Option A): Indicate recent trauma → support recent assault

Dried semen around the anus (Option B): Biological evidence strongly supportive of recent penetration

Fresh anal tears or fissures (Option D): Direct sign of recent forced penetration

However:

Paradoxical dilatation of anus during bimanual traction of buttocks (Option C) is typically seen in individuals with **habitual passive anal intercourse or chronic laxity**, not necessarily due to a recent assault. It lacks **acute forensic significance**, making it the **least supportive finding for a current sodomy event**.

Q. Which among the following is the best sample for DNA in advanced burnt dead body?

- a. Spleen
- b. Enamel
- c. Femur
- d. Sternum

FMGE Recall Questions Jan 2026

Ques ID : Q882306

Ag

SINGLE CORRECT

The charred body has been recovered from the dense vegetation close to the highway. The police were led to the spot by a sniffer dog that was tracking a 25-year-old IT employee who had been missing since the previous evening. The team has to collect a sample to identify the victim. A sample of which tissue from a burnt body, is best for identification?

A Hair

B Bone

C Teeth

D Blood

DERMATOLOGY

Q. A patient presents with multiple painful genital ulcers associated with tender cervical/inguinal lymphadenopathy. The ulcers are soft and irregular as shown in the image. What is the most likely causative organism?



- A. Chlamydia trachomatis
- B. **Haemophilus ducreyi**
- C. Klebsiella granulomatis
- D. Treponema pallidum

FMGE Recall Questions Jan 2026

Local

Live

×

Ques ID : Q804181

Aa

SINGLE CORRECT

A 30-year-old male presented to the OPD with painful genital ulcers. Which of the following can cause a painful ulcer on the glans penis ?

A Treponema pallidum

B Chlamydia trachomatis

C H. ducreyi

D Lymphogranuloma venereum

Q. A young woman presents with vesiculobullous lesions involving the upper lips and target lesions on extremities. What is the most likely diagnosis?

- A. Dermatitis herpetiformis
- B. Bullous pemphigoid
- C. Pemphigus vulgaris
- D. **Erythema multiforme**

FMGE Recall Questions Jan 2026

Local

Live



Ques ID : Q816352



SINGLE CORRECT

Which of the following statements best describes erythema multiforme?

- A** Highly contagious viral infection primarily affecting the respiratory tract.
- B** Autoimmune disorder characterized by the destruction of melanocytes in the skin.
- C** An acute, self-limiting skin condition characterized by target-like lesions with concentric rings of color.
- D** Chronic inflammatory condition affecting the hair follicles and sebaceous glands.

FMGE Recall Questions Jan 2026

Local Live



Ques ID : Q837333



SINGLE CORRECT

Which of the following characteristics is NOT typically observed in this Typical target lesions ?



- ☐ A Central area of necrosis/vesiculation
- ☐ B Middle zone of edema/pallor
- ☐ C Outer zone of erythema
- ☐ D Inner zone of hyperpigmentation

Solution

Correct Option D- Inner zone of hyperpigmentation:

- Erythema multiforme (EM) typically manifests with target lesions, affecting palms, soles, and trunk, displaying multiple zones
 - A central area of necrosis/vesiculation
 - A middle zone of edema/pallor
 - An outer zone of erythema
- However, an inner zone of hyperpigmentation is not typically observed in EM

FMGE Recall Questions Jan 2026



Q. A truck driver presents with a single painless genital ulcer that appeared 3 weeks after an unprotected sexual encounter. There is associated non-tender inguinal lymphadenopathy. What is the most likely diagnosis?

- A. Chancroid
- B. Genital herpes
- C. Primary syphilis**
- D. Lymphogranuloma venereum

Local Live

Ques ID : Q829000

SINGLE CORRECT

CLINICAL

ONE LINER

What is the causative agent of the painless genital ulcer in a patient with a history of multiple sexual partners and add single, well-defined, indurated before painless?

- A** Treponema pallidum
- B Leptospira interrogans
- C Borrelia burgdorferi
- D Neisseria gonorrhoeae

FMGE Recall Questions Jan 2026

Q. A child presents with severe itching involving the extensor surface, especially at night. There is a positive family history of asthma in father. On examination, the child has dry, itchy skin with eczematous lesions. What is the most likely diagnosis?

- A. Scabies
- B. Cradle cap (Seborrheic dermatitis)
- C. Contact dermatitis
- D. **Atopic dermatitis**


Symptom → Itching + dry skin.

↑


Clinical Features:

- Infantile: 3 months - 2 years
not at birth.

| Infantile type | Children type | Adult type |
|--|--|---|
| Face, scalp, trunk, extensor surfaces of extremities | Flexural folds of ext (antecubital, popliteal fossa) Neck, ankles | Upper arms, back, wrist, hands, fingers, feet, toes |



It begins at three months of age and persist up to two years. Then there is childhood type.



Q. An individual develops a high-grade fever lasting for 3 days, after which a vesicular rash appears. The rash is predominantly centripetal, involving the trunk more than the extremities, as shown in the image.

FMGE Recall Questions Jan 2026



What is the most likely diagnosis?

- A. Dengue
- B. Chickenpox (Varicella)**
- C. Smallpox
- D. Measles

FMGE Recall Questions Jan 2026

Local Live



Ques ID : Q820220



SINGLE CORRECT

A 3-year-old child is brought to the clinic with a generalized vesicular rash covering the entire body. The child's parents report that the rash started as red spots and quickly developed into fluid-filled blisters. The child also has a mild fever and is feeling irritable. What is the most likely diagnosis for this child's condition?



A Varicella

B Shingles

C Smallpox

D Dermatomyocytis

Q. A woman with diabetes mellitus presents with an asymptomatic skin lesion present for the past one year. On examination, there is a non-scaly, annular lesion as shown in the image. There is no itching or pain.

FMGE Recall Questions Jan 2026



What is the most likely diagnosis?

- A. Tinea corporis
- B. Granuloma annulare**
- C. Annular lichen planus
- D. Annular psoriasis

Granuloma Annulare

- Symptoms:
- Sites: Dorsa of hands and feet
- Clinical features: annular lesions



raised granulomatous
eryth border
central clearing
no surface change
x scaling
x crusting
x itching

And on the surface, you do not see any scaling, crusting or itching. So, this is granuloma annular

Q. A 25 year old male presented with fast moving serpiginous rash on the body. What is the

FMGE Recall Questions Jan 2026

causative agent?

- a. *S. stercoralis*
- b. *Ancylostoma braziliense*
- c. Cutaneous larva migrans due to hookworm species
- d. *Sarcoptes scabiei*

Ques ID : Q882304



SINGLE CORRECT

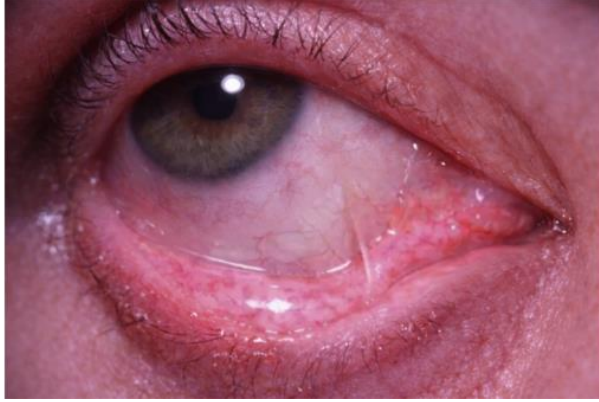
A 25-year-old man presents with an intensely pruritic, rapidly progressing, serpiginous rash over the trunk and proximal limbs. The lesion is noted to migrate quickly over hours to days. Which of the following organisms is the most likely causative agent?

- A** *Strongyloides stercoralis*
- B** *Ancylostoma braziliense*
- C** Cutaneous larva migrans due to hookworm species
- D** *Sarcoptes scabiei*


OPHTHALMOLOGY

Q. A patient presents with a history of chemical injury to the eye. Based on the image shown, what is the most likely diagnosis?



FMGE Recall Questions Jan 2026




- a. Symblepharon
- b. Ankyloblepharon
- c. Entropion
- d. Trichiasis

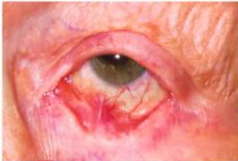




```
graph TD;
    A[Late Effects] --> B[Stromal Opacification<br/>(Deeper penetration)];
    A --> C[Symblepharon];
    A --> D[Cicatricial Entropion];
```

These are the effects of chemical injury.





Next we talk about is of course this is how it looks this is what is symblepharon and next

FMGE Recall Questions Jan 2026

Q. Festooned (irregular) pupil is most commonly seen in which type of glaucoma?

- a. Primary angle-closure glaucoma
- b. Open-angle glaucoma
- c. Acute uveitic glaucoma**
- d. Pseudoexfoliation glaucoma

Local Live

X

Ques ID : Q831234

Aa

SINGLE CORRECT

CLINICAL ONE LINER

A 36-year-old female presents with pain, redness, and blurred vision in her right eye. The ophthalmologist observes a festooned pupil and tells his intern that this could block aqueous from flowing anteriorly. What is the next sequence of events that can be seen if the patient remains untreated?

- A** Peripheral anterior synechiae → Iris Bombe → Angle Closure Glaucoma
- B Iris Bombe → Anterior synechiae angle → Closure Glaucoma
- C Iris Bombe → Peripheral anterior synechiae → Angle Closure Glaucoma
- D Anterior synechiae → Iris Bombe → Angle Closure Glaucoma

Q. Absolute contraindication for LASIK is:

- a. Age < 13 years
- b. Central corneal thickness < 480 μ m**
- c. Myopia of -4 D

FMGE Recall Questions Jan 2026

d. Stable refraction for 1 year

Ques ID : Q853635

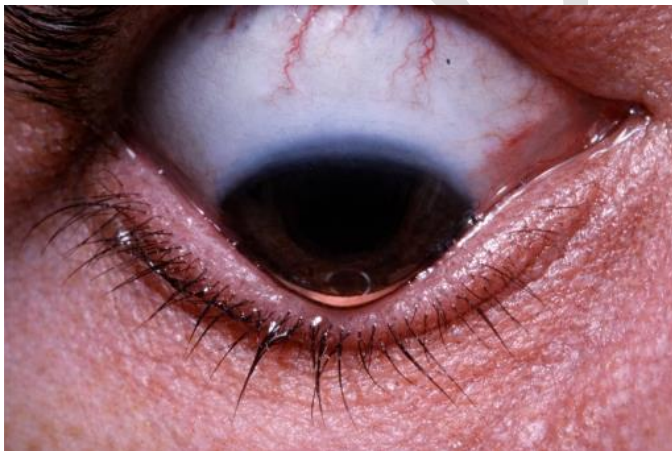


SINGLE CORRECT

A 30-year-old patient with a history of myopia is considering LASIK surgery. Which of the following is NOT an indication of the procedure?

- ☐ A The patient's refraction has been stable for the past 14 months
- ☐ B The patient is over 20 years old
- ☐ C Presence of corneal ectasia
- ☐ D Myopia of -7 D

Q. A young patient presents with this sign. Diagnosis is best made by:



- a. Keratometry
- b. Corneal topography**
- c. Pachymetry

FMGE Recall Questions Jan 2026


d. A-scan

Local Live ×

Ques ID : Q882199 Ⓐ

SINGLE CORRECT

Q4. A young patient presents with this sign. Diagnosis is best made by:



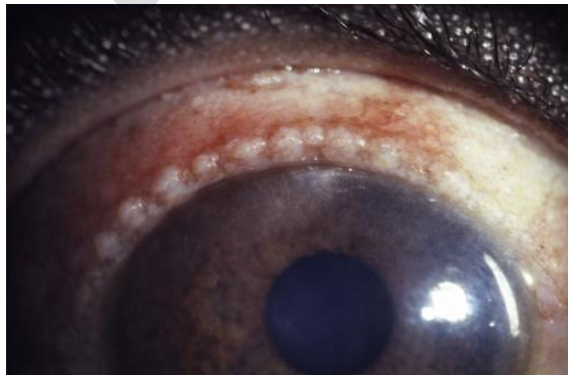
A Keratometry

B Corneal topography

C Pachymetry

D A-scan

Q. Best treatment for a small boy with itching in summers and Horner-Trantas spots:



FMGE Recall Questions Jan 2026

- a. Oral antihistaminics
- b. Antibiotics
- c. Topical mast cell stabilizers + steroids**
- d. Surgery

Ques ID : Q882180

AO

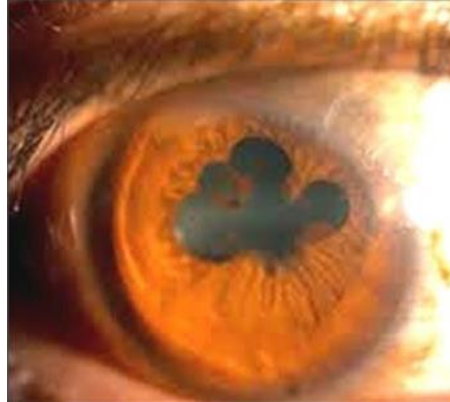
SINGLE CORRECT

A 25-year-old male presents to the ophthalmologic clinic for evaluation of his ocular lesions. After carefully assessing the eyes, the attending doctor diagnoses vernal keratoconjunctivitis. Which of the following statements is most likely associated with vernal keratoconjunctivitis?

- A** It is a Follicular hypertrophy
- B** Hallmark is the presence of Cobblestone papillae
- C** Mild itching is present
- D** Type IV hypersensitivity response

Q. A patient came with redness and pain, and you dilated the pupil to break the synechiae. Which drug was used, looking at this picture?

FMGE Recall Questions Jan 2026



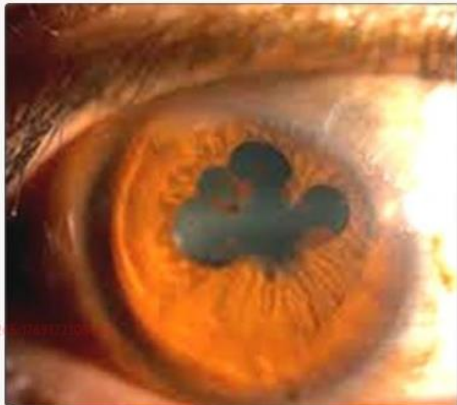
- A) Atropine
- B) Phenylephrine
- C) Scopolamine
- D) Miotics

Ques ID : Q882305



SINGLE CORRECT

A patient came with redness and pain, and you dilated the pupil to break the synechiae. Which drug was used, looking at this picture?



A Atropine

B Phenylephrine

C Scopolamine

D Miotics

FMGE Recall Questions Jan 2026

Q. A 52-year-old male outdoor worker presents with a fleshy growth in his left eye associated with foreign body sensation and redness for 3 years. On examination, a triangular fibrovascular tissue is seen arising from the nasal conjunctiva and encroaching 3 mm onto the cornea, crossing the pupillary axis. Best-corrected visual acuity is reduced to 6/18, and keratometry reveals significant with-the-rule astigmatism. There is no evidence of active inflammation. What is the **most appropriate management** for this patient?

- A) Simple excision
- B) **Excision with conjunctival autograft**
- C) Topical corticosteroids and sunglasses
- D) Observation with lubricating eye drops

Local Live

X

Ques ID : Q882182

Aa

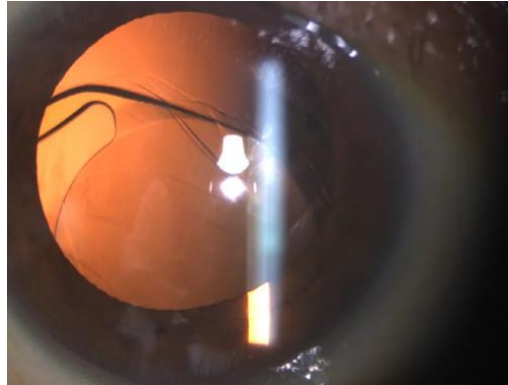
SINGLE CORRECT

A 25-year-old male presents to the ophthalmologic clinic for evaluation of his ocular lesions. After carefully assessing the eyes, the attending doctor diagnoses vernal keratoconjunctivitis. Which of the following statements is most likely associated with vernal keratoconjunctivitis?

- A Keratoplasty
- B Excision with conjunctival autograft
- C Observation
- D Beta-radiation

Q. A patient developed a complication after cataract surgery. On slit lamp examination, the following finding was observed. What is the diagnosis?

FMGE Recall Questions Jan 2026



- a. Aphakia
- b. Lens subluxation**
- c. Posterior capsular opacification
- d. Endophthalmitis

Local Live

X

Ques ID : Q882185

Aa

SINGLE CORRECT

What kind of laser can be utilized to treat posterior capsular opacification, which is observed during an examination of a patient who has reported decreased visual acuity following cataract surgery?

A Femto laser

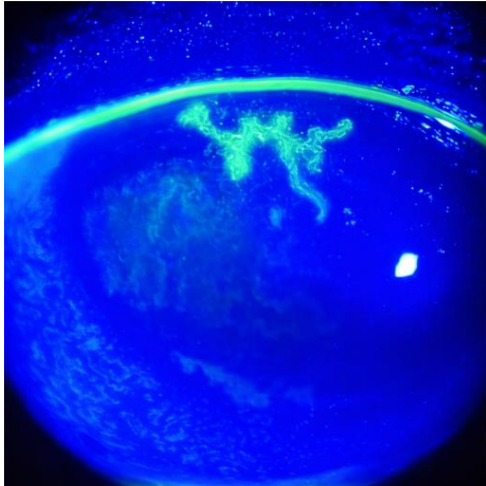
B Nd YAG laser

C Argon fluoride

D Argon

Q. Best treatment for this corneal lesion is:

FMGE Recall Questions Jan 2026



- a. Broad-spectrum topical antibiotics
- b. Topical acyclovir 3% with atropine**
- c. Topical steroids
- d. Lubricating eye drops

Local

Live

X

Ques ID : Q853668

AQ

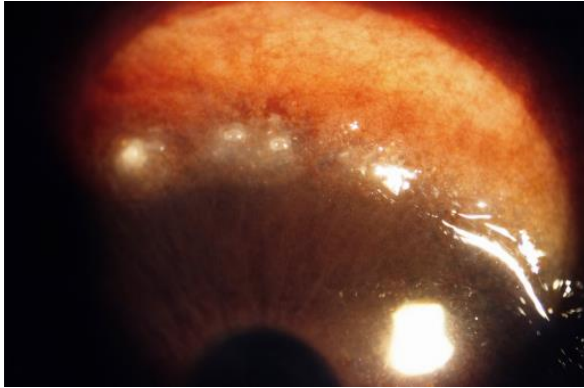
SINGLE CORRECT

A 35 y/o patient presents with pain, redness, photophobia, and decreased vision in the right eye. Slit-lamp examination reveals a dendritic ulcer on the cornea. Which of the following is the most appropriate initial treatment for this patient?

- A** Topical steroids and antibiotics
- B** Oral acyclovir and lubricants
- C** Topical acyclovir and cycloplegics
- D** Oral steroids and topical antibiotics

FMGE Recall Questions Jan 2026

Q. A patient presents with redness and pain in the eye. Examination findings are given below. What is the investigation of choice to diagnose this condition?



- a. HLA-B27
- b. Anti-CCP antibodies
- c. ANA
- d. X-ray chest

FMGE Recall Questions Jan 2026

Local

Live

X

Ques ID : Q882186

Ad

SINGLE CORRECT

A 23-year-old male presents to the ophthalmologist with pain, redness, photophobia or sensitivity to the light, and decreased vision from the last 3 days. Both the eyes of the patient are affected, and the patient is very irritable. Upon examination, infection of both the cornea and ciliary nerve is involved. The doctor diagnosed the patient with acute anterior uveitis. Which of the following HLA (human leukocyte antigen) is associated with uveitis?

A HLA B27

B HLA A29

C HLA B51

D HLA DR4

Q. A patient has 6/6 vision in one eye and <6/60 in the other. A difference of 4 D was given. On A patient came with a vision of 6/6 in one eye, and the other eye had less than 6/60. A difference of 4D is present. On covering the normal eye, the deviated eye moved towards the centre. What is the Diagnosis?

- a. Anisometropia
- b. Strabismic amblyopia**
- c. Esotropia
- d. Suppression scotoma

FMGE Recall Questions Jan 2026

Local

Live



Ques ID : Q853629



SINGLE CORRECT

A 7-year-old girl who had a H/O congenital cataract is presenting with decreased vision in her right eye. Which type of amblyopia is most likely in this case?

- ☐ A Strabismic amblyopia
- ☐ B Toxic amblyopia
- ☐ C Anisometropic amblyopia
- ☐ D Stimulus deprivation amblyopia

Prepla

FMGE Recall Questions Jan 2026

Local

Live



Ques ID : Q853629



Solution

Correct Answer: D) Stimulus deprivation amblyopia

Explanation:

- Stimulus deprivation amblyopia occurs when there is a physical obstruction preventing adequate visual input from reaching the brain, such as a congenital cataract.
- In this case, the Congenital cataract is blocking the vision in the right eye, leading to amblyopia, also known as "lazy eye."

Types of Amblyopia:

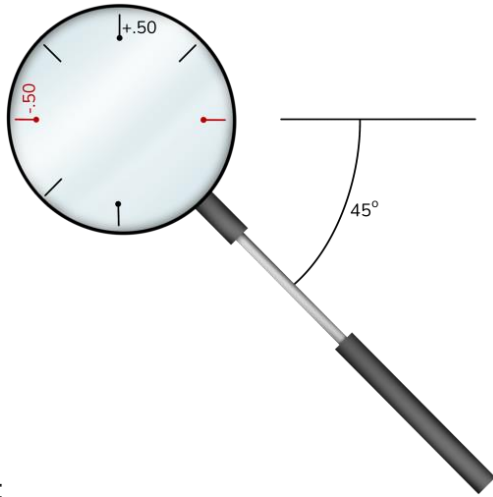
| Type | Cause | Key Features |
|--|--|---|
| Strabismic Amblyopia (Option A ruled out) | The brain suppresses input from one eye due to constant squint (strabismus). | Common cause; underdevelopment of vision in the deviated eye. |
| Stimulus Deprivation Amblyopia (Option D) | Hindered vision due to obstruction from early life (e.g., congenital cataracts, ptosis). | Lack of visual stimulation affects normal development. |
| Anisometropic Amblyopia (Option C ruled out) | A significant difference in refractive error between eyes. | The brain favours the clearer eye, leading to amblyopia in the other. |

Toxic amblyopia (Option B):

- Toxic amblyopia, also known as toxic/nutritional optic neuropathy, is caused by damage to the optic nerve fibres due to exposure to toxins like tobacco, alcohol, and certain medications.

FMGE Recall Questions Jan 2026

Q. This instrument is used for



:

- a. Refinement of cylindrical prescription
- b. Measurement of corneal curvature
- c. Visual acuity testing
- d. Measurement of intraocular pressure

FMGE Recall Questions Jan 2026

Local Live

X

Ques ID : Q853619

Ag

SINGLE CORRECT

During subjective refraction, an optometrist uses a Jackson Cross Cylinder (JCC) lens as part of the assessment. Which of the following is the primary purpose of this test?

- ☒ A To determine the spherical refractive error
- ☐ B To measure the visual acuity at distance
- ☐ C To verify the axis and power of the cylindrical correction
- ☐ D To test for binocular vision and eye alignment

FMGE Recall Questions Jan 2026

Solution

Correct Answer: C) To verify the axis and power of the cylindrical correction

Explanation:

- The **Jackson Cross Cylinder (JCC)** is used during the refraction process to verify and fine-tune both the **axis** and **power** of the cylindrical correction for astigmatism.



- JCC consists of two cylinders with equal strength but opposite signs, placed at right angles to each other.
- It is mounted in a handle and commonly used with strengths of $\pm 0.25D$ and $\pm 0.50D$.
- The test helps to verify the power and axis of a cylindrical lens correction.
- **Power check:** When placed along the cylinder axis, the JCC helps determine whether more or less cylindrical power is needed.
- **Axis check:** When placed at 45° to the cylinder axis, it helps refine the correct orientation of the astigmatism correction.

Q. A baby sustained blunt trauma to the eye with a ball. Finding seen in the picture is:



FMGE Recall Questions Jan 2026

- a. Hyphema
- b. Hypopyon
- c. Iridodialysis
- d. Traumatic cataract

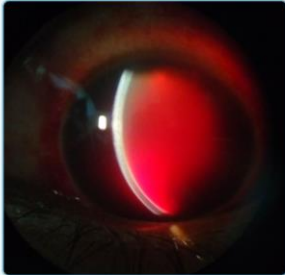
Ques ID : Q853600



SINGLE CORRECT

Which of the following types of ocular injuries can result from blunt trauma to the eye?

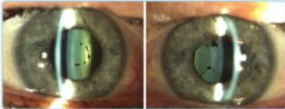
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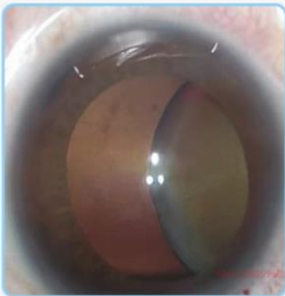
2)



3)



4)



A 2 and 4

B 1 and 2

C 3 and 1

D All of the Above

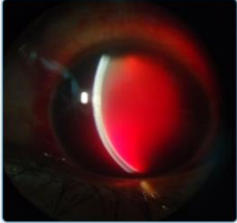

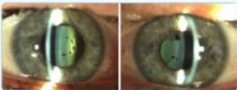
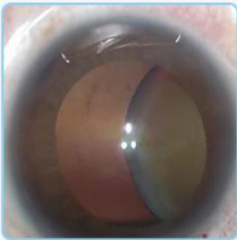
FMGE Recall Questions Jan 2026

Solution

Correct Answer: D) All of the Above

Explanation:

All of the given presentations can result from **Blunt trauma to the eye**.

| | |
|--|---|
| 1. Hyphema: Blood in the anterior chamber leading to corneal staining. |  |
| 2. Descemet's membrane tear |  |
| 3. Vossius ring: In the shape of the pupil |  |
| 4. Lens subluxation |  |

Features of blunt trauma:

- **Conjunctiva:** Subconjunctival hemorrhage
- **Iris:** Iridodialysis (dehiscence of the iris from the ciliary body at its root), iris sphincter tear,
- **Ciliary body:** Ciliary body tear leading to angle recession.
- **Lens:** **Vossious Ring, Rosette-shaped cataract** (flower-shaped opacity), subluxation of lens.
- **Globe rupture** (caused by severe blunt trauma, indicated by iris prolapse)
- **Vitreous haemorrhage:** Pigment cells ('tobacco dust') can be seen floating in the anterior vitreous.
- **Choroidal rupture**
- **Retina:** **Commotio Retinae** (also known as **Berlin's oedema**), retinal dialysis (disinsertion from ora serrata), giant retinal Tear (**horseshoe shaped**), macular hole.
- Injury to optic nerve
- **Traumatic neuropathy** with chorioretinal scarring (decreased visual acuity, visual field defect, afferent pupillary defect, colour, and brightness).

FMGE Recall Questions Jan 2026

Q.A patient has bilateral proptosis with restricted movements of the eye. What is the most common cause of such condition?



- a. **Thyroid eye disease**
- b. Idiopathic orbital inflammation
- c. Orbital cellulitis
- d. Cavernous hemangioma

Local Live

×

Ques ID : Q800641

Aa

SINGLE CORRECT

A middle-aged woman presented with bilateral proptosis, restriction of eye movements, and chemosis. Her thyroid profile showed she was hyperthyroid. What is the most probable cause?

A Orbital pseudotumor

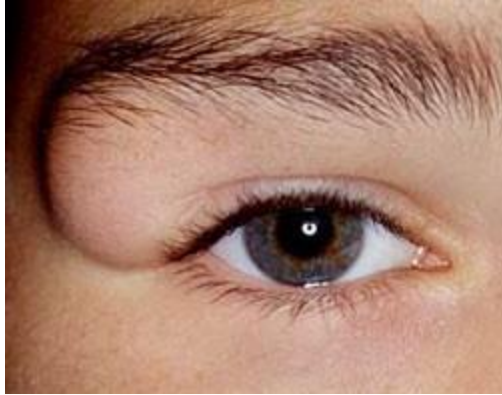
B Grave's ophthalmopathy

C Orbital lymphoma

D Orbital cellulitis

Q. Identify the lesion.

FMGE Recall Questions Jan 2026



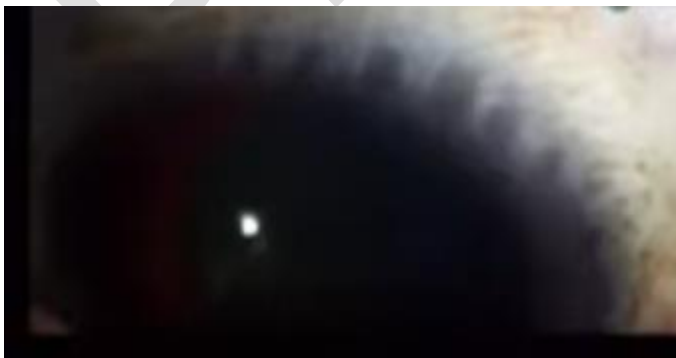
Options:

- A) **Dermoid cyst**
- B) Lipodermoid
- C) Hemangioma
- D) Lacrimal sac tumor



in this child, this is a dermoid cyst. It is intraorbital, right, and which is the most

Q. Image-based question: Diagnosis is:



a. Trachoma

FMGE Recall Questions Jan 2026

b. Vernal keratoconjunctivitis

c. Allergic conjunctivitis

d. Chronic follicular conjunctivitis

Local Live

X

Ques ID : Q882187

Ad

SINGLE CORRECT

A 25-year-old male presents to the ophthalmologic clinic for evaluation of his ocular lesions. After carefully assessing the eyes, the attending doctor diagnoses vernal keratoconjunctivitis. Which of the following statements is most likely associated with vernal keratoconjunctivitis?

A It is a Follicular hypertrophy

B Hallmark is the presence of Cobblestone papillae

C Mild itching is present

D Type IV hypersensitivity response

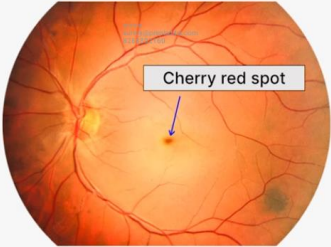
Q.. A patient presented with sudden loss of vision with the retinal findings as shown in the image. What is the most probable diagnosis?

FMGE Recall Questions Jan 2026



- a. CRAO
- b. CRVO
- c. Retinal detachment
- d. Vitreous hemorrhage

CENTRAL RETINAL ARTERY OCCLUSION



Cherry red spot

also that fovea and foveola though these structures of these areas do not have all

