

National Board of Examinations

Question Paper Name :	DrNB Endocrinology Paper2
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DrNB Endocrinology Paper2

Group Number :	1
Group Id :	3271872488
Group Maximum Duration :	0
Group Minimum Duration :	180
Show Attended Group? :	No
Edit Attended Group? :	No
Group Marks :	100
Is this Group for Examiner? :	No
Examiner permission :	Cant View
Show Progress Bar? :	No

DrNB Endocrinology Paper2

Section Id :	3271872491
Section Number :	1
Section type :	Offline

Mandatory or Optional :	Mandatory
Number of Questions to be attempted :	10
Section Marks :	100
Enable Mark as Answered Mark for Review and Clear Response :	Yes
Maximum Instruction Time :	0
Sub-Section Number :	1
Sub-Section Id :	3271872495
Question Shuffling Allowed :	No
Is Section Default? :	null

Question Number : 1 Question Id : 32718725113 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Please write your answers in the answer booklet within the allotted pages as follows:-

Question Number	Answer to be attempted within	Question Number	Answer to be attempted within
Q. 1	Page 1-5	Q. 6	Page 26-30
Q. 2	Page 6-10	Q. 7	Page 31-35
Q. 3	Page 11-15	Q. 8	Page 36-40
Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

1. A 25-year-old woman, with BMI-22kg/m², known case of primary hypothyroidism for the past 5 years, currently on 200 mcg of levothyroxine therapy since 6 months, presents with uncorrected hypothyroidism with TSH-45 mIU/L. Discuss the approach to the case:

- Causes of refractory hypothyroidism. [5]
- Management of refractory hypothyroidism. [5]

Question Number : 2 Question Id : 32718725114 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

T3 use in clinical practice:

- a) Rationale for T3 use in hypothyroidism. [2.5]
- b) Indications. [2.5]
- c) Contraindications. [2.5]
- d) Pragmatic use with T4. [2.5]

Question Number : 3 Question Id : 32718725115 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

A 24-year-old young male patient presented with hypertension with hypokalemia, no cushingoid features and BMI- 21kg/m². Discuss the approach to the case:

- a) Relevant history and examination. [2.5]
- b) Differential diagnosis. [2.5]
- c) Diagnosis and management. [2.5+2.5]

Question Number : 4 Question Id : 32718725116 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Discuss the following steps in the evaluation of suspected Cushing's syndrome:

- a) Urinary free cortisol estimation: Brief method, interpretation and limitations. [5]
- b) False positive and False negative causes of Low Dose Dexamethasone Suppression Test (LDDST) interpretation. [5]

Question Number : 5 Question Id : 32718725117 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

A 5-year-old male child was brought by his parents with complaints of progressive bowing of legs, poor height gain and failure to thrive of 1 year duration. Discuss the practical approach to this case.

- a) Relevant history and clinical examination. [2.5]
- b) Differential diagnosis. [2.5]
- c) Management. [5]

Question Number : 6 Question Id : 32718725118 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

A 36-year-old woman, unwell for the past 1 year admitted with fragility fracture of femur in Orthopaedics department. On evaluation, she was found to have serum calcium of 11.8 mg/dl.

Discuss the approach to this case:

- a) Relevant history and clinical examination. [2.5]
- b) Differential diagnosis. [2.5]
- c) Appropriate investigations. [2.5]
- d) Diagnosis and management. [2.5]

Question Number : 7 Question Id : 32718725119 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Heart failure with preserved ejection fraction in diabetes:

- a) Pathophysiology. [3]
- b) Diagnostic evaluation. [3]
- c) Management. [4]

Question Number : 8 Question Id : 32718725120 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Newer lipid lowering therapies:

- a) Mechanism of action. [2.5]

- b) Contraindications and side effects. [2.5]
- c) Dose administration and efficacy in clinical trials. [5]

Question Number : 9 Question Id : 32718725121 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Sarcopenic obesity:

- a) Diagnosis. [5]
- b) Management. [5]

Question Number : 10 Question Id : 32718725122 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Management of post-menopausal osteoporosis: Discuss indications, doses, duration and side effects of each of the following drugs:

- a) Bisphosphonates. [2.5]
- b) Synthetic PTH. [2.5]
- c) Denosumab. [2.5]
- d) Romosozumab. [2.5]