



2026

FMGE · PREVIOUS-YEAR TOPICS

PYT List All Subjects

Must-do repeated topics, ranked by how often FMGE asks them

17 sessions · Dec 2017 – Jun 2026

19 subjects

359 topics

164 must-do

Exact angle asked

Tick-box revision

01 Anatomy

02 Physiology

03 Biochemistry

04 Pathology

05 Microbiology

06 Pharmacology

07 Forensic Medicine

08 Community Medicine (PSM)

09 ENT

10 Ophthalmology

11 Medicine

12 Surgery

13 Obstetrics & Gynaecology

14 Pediatrics

15 Orthopaedics

16 Anaesthesia

17 Psychiatry

18 Dermatology

19 Radiology

START HERE

How to Use This PYT List

FMGE repeats itself. These are the topics asked again and again across 17 exam sessions (Dec 2017 – Jun 2026), ranked inside every subject by how many sessions each appeared in.

17

Sessions analysed

~4,500

Recall questions

359

Topics ranked

164

Must-do topics

1 Reading the tables

MUST-DO

Highlighted rows appeared in at least 12 of 17 sessions, or in 5 of the last 6. This is the core you cannot skip.

What FMGE asks gives the exact angle of the questions. Revise that angle, not the whole chapter.

Seen in = sessions (out of 17) with at least one question on the topic. The bar shows how often.

Recent = how many of the last 6 sessions (Dec 2023 – Jun 2026) asked it. High recent = still active. Tick ☐ once you can explain it without notes.

Recall papers are reconstructed from student memory, so counts are approximate. The last two sections cover new-pattern topics from 2024–26 and facts that older recall answers now get wrong.

2 Subjects

01 Anatomy · 21 topics	3	02 Physiology · 15 topics	5
03 Biochemistry · 24 topics	7	04 Pathology · 22 topics	9
05 Microbiology · 20 topics	11	06 Pharmacology · 24 topics	13
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09 ENT · 20 topics	19	10 Ophthalmology · 21 topics	21
11 Medicine · 25 topics	23	12 Surgery · 25 topics	25
13 Obstetrics & Gynaecology · 25 topics	27	14 Pediatrics · 19 topics	29
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SUBJECT 01 · PYT

Anatomy

Peripheral nerve injuries are the single biggest block in Anatomy. A radial, ulnar or median nerve question has appeared in almost every recent paper, usually as a clinical vignette or a photo.

21 repeated topics

6 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Radial nerve	Wrist drop after humerus shaft fracture; PIN injury with radial head fracture (no sensory loss)	14/17 · recent 5/6	☐
2	MUST-DO Ulnar nerve	Claw hand, Froment's sign, Guyon canal contents, cubitus valgus with tardy ulnar palsy	13/17 · recent 6/6	☐
3	MUST-DO Median nerve	Ape thumb, carpal tunnel (Phalen/Tinel), lateral 3½ digits, AIN (cannot make the "OK" sign)	11/17 · recent 4/6	☐
4	MUST-DO Superior / recurrent laryngeal nerve	Singer can't hit high notes after thyroidectomy = external branch of the SLN; fish bone in the pyriform fossa = internal branch	12/17 · recent 4/6	☐
5	MUST-DO Pharyngeal arches, pouches and clefts	Derivatives (stapes = 2nd arch, EAM = 1st cleft); branchial fistula = 2nd cleft; mandibular hypoplasia = 1st arch	12/17 · recent 4/6	☐
6	MUST-DO Histology identification	Epithelium type (trachea = pseudostratified ciliated), Hassall's corpuscles, cartilage types, Purkinje cells, lymphoid organs	14/17 · recent 4/6	☐
7	Cavernous sinus / superior orbital fissure	Contents: III, IV, V1, VI (+ V2 in the sinus); which nerve is spared (V3)	9/17 · recent 5/6	☐
8	Facial nerve: UMN vs LMN	UMN = contralateral lower face, forehead spared; LMN = whole ipsilateral half; corneal reflex = V afferent, VII efferent	9/17 · recent 3/6	☐
9	Great saphenous vein	2.5 cm anterior to the medial malleolus; varicose veins along the medial leg	8/17 · recent 4/6	☐
10	Neural tube and embryology timing	Anterior neuropore closes day 25, posterior day 27–28; spina bifida types	9/17 · recent 3/6	☐
11	Joints	Synchondrosis (epiphyseal plate), symphysis (secondary cartilaginous), pivot (radio-ulnar, supination)	8/17 · recent 2/6	☐
12	Axillary nerve	Surgical neck humerus fracture, loss of deltoid abduction	6/17 · recent 3/6	☐
13	Splenic / gastroduodenal / cystic artery	Posterior duodenal ulcer bleed = gastroduodenal artery; Calot's triangle; short gastrics at splenectomy	6/17 · recent 4/6	☐
14	Esophageal constrictions	15 cm (cricoid), 22.5–25 cm (aortic arch / left bronchus), 40 cm (diaphragm and GEJ, NG tube depth)	5/17 · recent 3/6	☐

#	Topic	What FMGE asks	Seen in	✓
15	Erb's / Klumpke palsy	Waiter's tip = C5–C6; claw hand with Horner = C8–T1	7/17 · recent 2/6	☐
16	Common peroneal nerve	Fibula neck fracture, foot drop, loss of eversion, dorsum foot sensory loss	6/17 · recent 2/6	☐
17	Hypoglossal nerve	Tongue deviates to the side of the lesion (LMN)	6/17 · recent 2/6	☐
18	Gluteus medius / Trendelenburg	Pelvis drops on the opposite side when standing on the affected leg	6/17 · recent 2/6	☐
19	Vertebral levels	Transpyloric L1, iliac crest L4, celiac trunk T12, inferior angle of scapula T7	6/17 · recent 2/6	☐
20	Inguinal canal	Hesselbach's triangle boundaries (lateral = inferior epigastric vessels), conjoint tendon	5/17 · recent 1/6	☐
21	Accessory nerve	Nail injury in the posterior triangle, cannot shrug	3/17 · recent 3/6	☐

SUBJECT 02 · PYT

Physiology

Renal physiology (GFR and clearance) and reproductive hormones come up every session. Graph-based questions (action potential, pressure–volume loop, O₂ curve) are growing.

15 repeated topics

5 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO GFR and clearance	Creatinine clearance slightly overestimates GFR (tubular secretion); inulin is the gold standard; UV/P = clearance; normal GFR 125 mL/min	10/17 · recent 6/6	☐
2	MUST-DO Reproductive and lactation hormones	LH surge from rising estradiol; inhibin inhibits FSH; prolactin = milk production, oxytocin = ejection; exogenous testosterone lowers GnRH, LH and FSH	16/17 · recent 6/6	☐
3	MUST-DO ADH and water handling	ADH acts on the collecting duct (aquaporin-2); most water is still reabsorbed in the PCT	11/17 · recent 4/6	☐
4	MUST-DO JVP waves	a wave = atrial contraction; absent a in AF; cannon a in complete heart block; absent y descent in tamponade	13/17 · recent 3/6	☐
5	MUST-DO Aphasias	Broca = non-fluent, comprehension intact; Wernicke = fluent but meaningless; arcuate fasciculus = conduction aphasia	11/17 · recent 3/6	☐
6	Lung compliance and zones	Specific compliance after pneumonectomy; on exercise, perfusion rises most at the apex	8/17 · recent 5/6	☐
7	High altitude	Hypoxia, then hyperventilation, then respiratory alkalosis; acetazolamide for prophylaxis	10/17 · recent 3/6	☐
8	Membrane transport	Facilitated diffusion = GLUT-4; Na-K pump = primary active; SGLT = secondary active	9/17 · recent 3/6	☐
9	Sarcomere bands	On contraction H zone and I band shorten, A band stays constant	8/17 · recent 2/6	☐
10	Action potential and refractory period	Absolute refractory period = Na ⁺ channels inactivated; threshold; hyperpolarisation from K ⁺ efflux	6/17 · recent 2/6	☐
11	Reflexes	Cushing reflex = bradycardia + hypertension; baroreceptor reflex brings bradycardia after noradrenaline	6/17 · recent 3/6	☐
12	O ₂ -Hb dissociation curve	Right shift: ↑ CO ₂ , ↑ H ⁺ , ↑ temperature, ↑ 2,3-BPG; left shift: the opposite and fetal Hb	3/17 · recent 2/6	☐
13	Nerve fibre susceptibility	Pressure: A > B > C; hypoxia: B > A > C; local anaesthetic: C > B > A	5/17 · recent 1/6	☐
14	Cardiac cycle / PV loop	Aortic valve opening, isovolumetric phases; aortic stenosis = ↑ afterload, ↓ stroke volume	5/17 · recent 2/6	☐

#	Topic	What FMGE asks	Seen in	✓
15	Strength–duration curve	Rheobase, chronaxie, utilisation time (new in 2025–26)	1/17 · recent 1/6	☐

SUBJECT 03 · PYT

Biochemistry

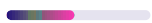
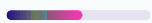
Vitamins (all of them) and inborn errors of metabolism make up most of the Biochemistry questions. Every session has at least three vitamin questions.

24 repeated topics

13 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Vitamin C / scurvy	Bleeding gums, perifollicular haemorrhage, corkscrew hair; prolyl and lysyl hydroxylase need vitamin C	17/17 · recent 6/6	☐
2	MUST-DO Vitamin A	Bitot spots, night blindness, xerophthalmia staging; follicular hyperkeratosis	17/17 · recent 6/6	☐
3	MUST-DO Vitamin D / rickets	Bow legs, wrist widening, high PTH with normal calcium	17/17 · recent 6/6	☐
4	MUST-DO Thiamine (B1)	Polished-rice diet, beriberi, Wernicke; lactic acidosis; give thiamine before glucose in alcoholics	16/17 · recent 5/6	☐
5	MUST-DO Niacin / pellagra / Hartnup	Dermatitis, diarrhoea, dementia; maize eaters; Hartnup = neutral aminoaciduria; carcinoid diverts tryptophan	16/17 · recent 5/6	☐
6	MUST-DO B12 / folate	Megaloblastic anaemia with neuropathy = B12; strict vegetarians	16/17 · recent 5/6	☐
7	MUST-DO Acid-base (ABG)	Name the disorder from pH, PaCO ₂ and HCO ₃ ; anion gap; vomiting = metabolic alkalosis; diarrhoea = NAGMA	13/17 · recent 6/6	☐
8	MUST-DO Collagen	Types (I bone/tendon, II cartilage, IV basement membrane); triple helix; vitamin C and copper needed	15/17 · recent 5/6	☐
9	MUST-DO Zinc	Acrodermatitis enteropathica (perianal/perioral rash and diarrhoea), delayed wound healing	13/17 · recent 4/6	☐
10	MUST-DO Glycogen storage diseases	Von Gierke (G6Pase); Pompe (acid maltase, cardiomegaly, macroglossia); McArdle	12/17 · recent 4/6	☐
11	MUST-DO Galactosemia / fructose disorders	GALT deficiency: cataract, hepatomegaly, E. coli sepsis; aldolase B after fruit juice	12/17 · recent 4/6	☐
12	MUST-DO Starvation and fed-fasting metabolism	Glucagon → glycogenolysis + gluconeogenesis; prolonged starvation → ketogenesis; alcohol blocks gluconeogenesis	12/17 · recent 4/6	☐
13	MUST-DO Lipoprotein disorders	Eruptive xanthomas + chylomicrons = LPL deficiency (type I); LDL receptor defect = FH	11/17 · recent 5/6	☐
14	Lesch-Nyhan / purine metabolism	HGPRT deficiency (self-mutilation, gout); allopurinol inhibits xanthine oxidase	12/17 · recent 2/6	☐

#	Topic	What FMGE asks	Seen in	✓
15	Alkaptonuria	Homogentisate oxidase; black urine on standing, ochronosis, Benedict-positive urine	8/17 · recent 4/6 	☐
16	PKU / tyrosinemia	Tyrosinemia type II = tyrosine transaminase (palmoplantar thickening)	9/17 · recent 4/6 	☐
17	Lysosomal storage diseases	Gaucher (crumpled tissue-paper cells), Niemann–Pick (foam cells), Tay–Sachs (cherry-red spot), Fabry	8/17 · recent 3/6 	☐
18	Sample tubes	Blue = citrate (PT/aPTT); grey = fluoride (glucose, alcohol); lavender = EDTA	11/17 · recent 3/6 	☐
19	Molecular biology	RNA editing (apoB-48 vs apoB-100), CRISPR = gene editing, PCR, blotting	10/17 · recent 3/6 	☐
20	DNA repair defects	Xeroderma pigmentosum = nucleotide excision; HNPCC = mismatch repair; Bloom = helicase (double-strand breaks)	6/17 · recent 3/6 	☐
21	Enzyme kinetics	Competitive inhibition is overcome by ↑ substrate (K_m ↑, V_{max} same); K_m is independent of substrate concentration	8/17 · recent 3/6 	☐
22	Urea cycle	CPS-I deficiency: ↑ NH_3 , ↓ citrulline, normal orotic acid; OTC: ↑ orotic acid	6/17 · recent 3/6 	☐
23	Electron transport chain	Cyanide and CO block complex IV; oligomycin blocks ATP synthase	11/17 · recent 2/6 	☐
24	Porphyrias	PCT = uroporphyrinogen decarboxylase (photosensitive blisters); AIP = PBG deaminase	5/17 · recent 1/6 	☐

SUBJECT 04 · PYT

Pathology

Haematology (anaemias, leukaemias, smears) and genetics (karyotypes, translocations) carry this subject. Expect at least one peripheral-smear image every session.

22 repeated topics

12 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Sickle cell / haemolytic anaemias	Smear identification, dactylitis, black pigment stones, Howell-Jolly bodies; G6PD before primaquine	17/17 · recent 6/6	☐
2	MUST-DO IDA vs thalassemia vs ACD	Low ferritin + high TIBC = IDA; Prussian blue for iron stores; pica; Mentzer index	16/17 · recent 6/6	☐
3	MUST-DO Karyotypes	Down (single palmar crease), Turner (45,XO, webbed neck), Klinefelter (47,XXY), cri-du-chat (5p-)	16/17 · recent 6/6	☐
4	MUST-DO Testicular tumours	Seminoma (normal AFP, ± mild hCG, best prognosis); yolk sac = AFP, Schiller-Duval bodies	15/17 · recent 6/6	☐
5	MUST-DO Cell injury and apoptosis	Irreversible injury = amorphous mitochondrial densities; BAX is pro-apoptotic; phosphatidylserine flip	14/17 · recent 6/6	☐
6	MUST-DO Translocations	Burkitt t(8;14) c-MYC + EBV; CML t(9;22); APL t(15;17); ALCL t(2;5); Ewing t(11;22)	7/17 · recent 5/6	☐
7	MUST-DO Leukaemia smears	CML = leukocytosis, left shift, basophilia (imatinib); AML = blasts, CD13/CD33, Auer rods	13/17 · recent 4/6	☐
8	MUST-DO Tumour markers	AFP (HCC, yolk sac), 5-HIAA (carcinoid), calcitonin (medullary thyroid), PSA	14/17 · recent 5/6	☐
9	MUST-DO Breast pathology	Phyllodes (leaf-like stroma), fibroadenoma (breast mouse), DCIS, mucinous carcinoma (good prognosis)	14/17 · recent 5/6	☐
10	MUST-DO Blood transfusion	Bombay group gets only Bombay (Oh) blood; transfusion reaction = stop the transfusion; hypocalcaemia after massive transfusion	14/17 · recent 5/6	☐
11	MUST-DO Inheritance and pedigree	Pedigree symbols; mitochondrial = from mother only; male-to-male transmission excludes X-linked	14/17 · recent 5/6	☐
12	MUST-DO Pneumoconioses	Eggshell calcification = silicosis; asbestos = mesothelioma; Kota stone / mason = silicosis	13/17 · recent 5/6	☐
13	Lymphomas	Reed-Sternberg cells, popcorn cells; Burkitt starry sky	15/17 · recent 4/6	☐
14	Inflammation	NETs, granuloma (IFN-γ), CRP / hepcidin as acute-phase proteins, albumin falls	16/17 · recent 5/6	☐

#	Topic	What FMGE asks	Seen in	✓
15	Multiple myeloma	M-spike, Bence Jones protein, punched-out lytic lesions, hypercalcaemia; bortezomib	11/17 · recent 2/6 	☐
16	Thyroid carcinomas	Medullary = parafollicular C cells + amyloid + calcitonin (MEN 2, RET); papillary = Orphan Annie nuclei, psammoma	9/17 · recent 4/6 	☐
17	Hypersensitivity types	Type I bee sting; type II myasthenia, Goodpasture; type III SLE, PSGN; RA = type III + IV	11/17 · recent 3/6 	☐
18	Glomerular disease	MCD (podocyte effacement, steroid response), PSGN (low C3, ASO), Goodpasture (anti-GBM)	11/17 · recent 1/6 	☐
19	Vasculitis	HSP (palpable purpura + abdominal pain + IgA), Takayasu (absent radial pulse in young woman), Kawasaki	10/17 · recent 3/6 	☐
20	MEN / NF-1	MEN-1 = parathyroid, pituitary, pancreas; NF-1 = Lisch nodules, optic glioma	9/17 · recent 3/6 	☐
21	Bleeding disorders	vWD (abnormal ristocetin, GpIb binding), haemophilia (↑ aPTT), Glanzmann (GpIIb/IIIa)	9/17 · recent 2/6 	☐
22	MI timeline	TTC stain shows infarct after 2–3 h; earliest marker	8/17 · recent 2/6 	☐

SUBJECT 05 · PYT

Microbiology

Most Microbiology questions are clinical vignettes that name a classic exposure: farmer, sheep wool, flood water, HIV with low CD4, tampon. Learn the exposure-to-organism pairs and the culture media.

20 repeated topics

10 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Fungi	Mucor (non-septate, right-angle branching, diabetics); Aspergillus (acute-angle, halo sign); Sporothrix (rose thorn, lymphatic spread); Histoplasma (bat/bird droppings, intracellular yeast)	16/17 · recent 6/6	☐
2	MUST-DO HIV opportunistic infections	PCP (CD4 <200, GMS stain, ground glass); Cryptococcus (India ink); CMV (owl-eye inclusions); MAC; Isospora	16/17 · recent 6/6	☐
3	MUST-DO Immunoglobulins and serology basics	IgM earliest, IgG highest in serum; heterophile antigens (Weil-Felix, Paul-Bunnell)	17/17 · recent 6/6	☐
4	MUST-DO Scrub typhus and rickettsiae	Eschar after a forest or field trip, Orientia (mite vector), doxycycline	7/17 · recent 6/6	☐
5	MUST-DO STI organisms	LGV L1-L3 (groove sign, painful bubo); chancroid (painful ragged ulcer); syphilis (painless indurated chancre, dark-field)	15/17 · recent 5/6	☐
6	MUST-DO Viral exanthems	HFMD = Coxsackie A16; Tzanck multinucleated giant cells = HSV/VZV; molluscum bodies; EBV with Paul-Bunnell	13/17 · recent 5/6	☐
7	MUST-DO Anthrax and Clostridia	Painless black eschar in a wool/hide worker; gas gangrene (C. perfringens); C. difficile after antibiotics	13/17 · recent 5/6	☐
8	MUST-DO Culture media	MacConkey (lactose), LJ (TB), TCBS (Vibrio), chocolate (H. influenzae, X + V factors), SDA (fungi), PPLO (Mycoplasma, fried-egg colonies)	13/17 · recent 5/6	☐
9	MUST-DO Hepatitis B serology	HBsAg + IgM anti-HBc = acute; HBeAg = high infectivity; window period	12/17 · recent 5/6	☐
10	MUST-DO Malaria parasites	Banana-shaped gametocytes = falciparum; Schüffner dots = vivax	11/17 · recent 5/6	☐
11	Typhoid	Blood culture in week 1; Widal in week 2; stool culture later	9/17 · recent 5/6	☐
12	Cholera and toxin mechanisms	Cholera toxin ↑ cAMP; diphtheria toxin ADP-ribosylates EF-2; botulinum blocks ACh release	12/17 · recent 4/6	☐
13	Protozoa	Naegleria (freshwater swimming, nasal entry, PAM); Acanthamoeba (contact lens); Trichomonas (no cyst stage); Giardia	15/17 · recent 4/6	☐
14	Helminths	Hookworm (skin entry), Strongyloides (larvae in stool), Trichinella (pork, periorbital oedema), Loa loa, Onchocerca (blackfly), guinea worm	14/17 · recent 4/6	☐

#	Topic	What FMGE asks	Seen in	✓
15	Food poisoning	S. aureus (1–6 h, dairy/salad); B. cereus (fried rice, emetic); botulism (canned food, descending paralysis)	7/17 · recent 4/6 	☐
16	Sterilisation	Autoclave indicator = Geobacillus stearothermophilus; ethylene oxide = Bacillus atrophaeus; plasma = hydrogen peroxide	11/17 · recent 3/6 	☐
17	Leptospirosis	Flood water, calf pain, conjunctival suffusion; MAT test	5/17 · recent 3/6 	☐
18	Bacterial genetics	Transduction (via bacteriophage), conjugation, transformation	7/17 · recent 2/6 	☐
19	Biomedical waste colours	Yellow (soiled, anatomical, expired drugs), red (recyclable plastics), white (sharps), blue (glass)	7/17 · recent 2/6 	☐
20	Endocarditis organisms	Early prosthetic valve = coagulase-negative staph; IV drug user = S. aureus; RHD = viridans	7/17 · recent 2/6 	☐

SUBJECT 06 · PYT

Pharmacology

Pharmacology is the second-heaviest pre-clinical subject. It leans on adverse effects, drugs of choice in a clinical scenario, and antidotes, more than on mechanisms.

24 repeated topics

13 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Antibiotics: adverse effects and MOA	Fluoroquinolone tendon rupture (DNA gyrase); typhoid not responding to cipro = ceftriaxone; uncomplicated cystitis = nitrofurantoin/fosfomycin	16/17 · recent 6/6	☐
2	MUST-DO Autonomic drugs	Noradrenaline → reflex bradycardia (baroreceptor); Dale's vasomotor reversal; dopamine for hypotension with bradycardia	16/17 · recent 6/6	☐
3	MUST-DO Antiepileptics	Phenytoin gum hypertrophy; valproate (PCOS, teratogenic); ethosuximide = T-type Ca ²⁺ ; SJS with aromatic AEDs; gabapentin α _{2δ}	16/17 · recent 6/6	☐
4	MUST-DO Antihypertensives / HTN emergency	IV labetalol 20 mg over 2 min; nitroprusside; telmisartan/ACEI for proteinuria; ACEI + NSAID → hyperkalaemia	16/17 · recent 6/6	☐
5	MUST-DO Anticholinergic and OP toxicity	OP: atropine doesn't reverse muscle weakness; anticholinergic toxicity → physostigmine	15/17 · recent 6/6	☐
6	MUST-DO Diuretics	Sites of action; thiazide → hyperglycaemia and hypokalaemia; thiazide in DI; spironolactone for refractory HTN	15/17 · recent 6/6	☐
7	MUST-DO Anti-TB drugs	Ethambutol optic neuritis; INH resistance = katG; bedaquiline QT prolongation; IRIS after starting ART	15/17 · recent 6/6	☐
8	MUST-DO Antipsychotics	Olanzapine weight gain; haloperidol EPS (treat dystonia with benztropine); ziprasidone least weight gain; tardive dyskinesia	11/17 · recent 6/6	☐
9	MUST-DO Antiretrovirals	TLD first line; tenofovir for HBV (also in pregnancy); dolutegravir 50 mg twice daily with rifampicin	8/17 · recent 6/6	☐
10	MUST-DO Antimalarials	Severe or cerebral malaria = IV artesunate; NE states Pf = AL + single-dose primaquine; check G6PD	15/17 · recent 4/6	☐
11	MUST-DO Anticoagulants	Warfarin avoided in 1st trimester (use LMWH); rivaroxaban = factor Xa; heparin for ACS	14/17 · recent 5/6	☐
12	MUST-DO Anticancer toxicities	Bleomycin lung fibrosis; cisplatin nephrotoxicity; ifosfamide/cyclophosphamide haemorrhagic cystitis (mesna); MTX + leucovorin; capecitabine hand-foot syndrome	14/17 · recent 5/6	☐
13	MUST-DO Antidotes	NAC replenishes glutathione; naloxone; desferrioxamine (iron); fomepizole; atropine + neostigmine in neuromuscular blockade	14/17 · recent 4/6	☐
14	Gout drugs	Acute attack = NSAID/colchicine (inhibits neutrophil migration); allopurinol/febuxostat for long term; probenecid uricosuric; rasburicase for tumour lysis	14/17 · recent 3/6	☐

#	Topic	What FMGE asks	Seen in	✓
15	Antidiabetics	SGLT2 inhibitors in heart/kidney disease (cause genital candidiasis); sulfonylurea hypoglycaemia; gemfibrozil + glibenclamide interaction	12/17 · recent 4/6 	☐
16	Migraine and cluster headache	Sumatriptan = 5-HT _{1B} /1D agonist; cluster: O ₂ to abort, verapamil to prevent	11/17 · recent 5/6 	☐
17	Lithium	Thiazides raise lithium levels; hypothyroidism, nephrogenic DI; T-wave flattening	11/17 · recent 3/6 	☐
18	Pharmacokinetics	Clearance = $0.693 \times V_d / t_{1/2}$; first-order kinetics; therapeutic index; bioavailability	11/17 · recent 3/6 	☐
19	Targeted therapy	Imatinib (CML, GIST), eculizumab (PNH), bortezomib (myeloma), ruxolitinib	10/17 · recent 3/6 	☐
20	CYP interactions	Ketoconazole inhibits CYP3A4 (raises ruxolitinib levels)	8/17 · recent 4/6 	☐
21	Antifungals	Voriconazole for invasive aspergillosis; liposomal amphotericin B for mucor and cryptococcal meningitis	8/17 · recent 3/6 	☐
22	Botulinum toxin / NMJ	Blocks ACh release; succinylcholine → malignant hyperthermia (dantrolene)	8/17 · recent 3/6 	☐
23	Disulfiram-like reaction	Metronidazole + alcohol; disulfiram for de-addiction	6/17 · recent 3/6 	☐
24	Immunosuppressants	Sirolimus (mTOR, no calcineurin block); cyclosporine/tacrolimus = calcineurin inhibitors	4/17 · recent 2/6 	☐

SUBJECT 07 · PYT

Forensic Medicine

Forensic Medicine now asks the new criminal laws (BNS, BNSS, BSA) by section number. Learn the new numbers for the classic sections; papers since 2025 use them.

17 repeated topics

5 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Sexual offences	Anal or vaginal swab for semen; acid phosphatase / Florence / Barberio tests; two-finger test banned by the Supreme Court	16/17 · recent 6/6	☐
2	MUST-DO Age estimation	Fusion of the humerus head (~18–20 yr), elbow (~14–16 yr); ossification centres on X-ray	15/17 · recent 6/6	☐
3	MUST-DO Consent and MTP Act 2021	One RMP up to 20 weeks; two RMPs at 20–24 weeks (special categories only); only the woman's own consent if she is an adult; guardian's if she is a minor or mentally ill	12/17 · recent 5/6	☐
4	MUST-DO Poisons and snakebite	Neuroparalytic snakebite: antivenom + neostigmine/atropine; lead (basophilic stippling, wrist drop); arsenic	12/17 · recent 5/6	☐
5	MUST-DO Cherry-red lividity	Carbon monoxide (closed room with a coal stove); cyanide = bright red	10/17 · recent 4/6	☐
6	Firearm injuries	Range from blackening/tattooing (tattooing without blackening = close/intermediate range); calibre = distance between opposite lands	6/17 · recent 4/6	☐
7	Skull fractures	Depressed (hammer), hinge, gutter; teardrop sign in blowout fracture	5/17 · recent 4/6	☐
8	Asphyxia	Drowning (hyponatraemia, no hypokalaemia), hanging vs throttling, burking (smothering + traumatic asphyxia)	12/17 · recent 3/6	☐
9	Wounds	Hesitation cuts = suicide; single-edged knife (one sharp, one blunt angle); lacerated wound crushes hair bulbs	11/17 · recent 3/6	☐
10	Plant and food toxins	Datura (anticholinergic), ergotism, lathyrism (BOAA), aconite	12/17 · recent 3/6	☐
11	New laws (BNS/BNSS/BSA)	Emergency treatment without consent = BNS 30 (old IPC 92); dowry-death inquest = BNSS 196 (old CrPC 176); grievous hurt = 15 days (BNS 116)	4/17 · recent 3/6	☐
12	Identification	Teeth/DNA for burnt or decomposed bodies; VNTR in DNA fingerprinting; superimposition; fingerprint patterns	8/17 · recent 3/6	☐
13	Inquest	Custodial death and dowry death = magistrate (judicial for custodial); routine = police	7/17 · recent 2/6	☐
14	Postmortem changes	Rigor all over and no putrefaction = 12–24 h; cadaveric spasm; scab colour for wound age	8/17 · recent 2/6	☐

#	Topic	What FMGE asks	Seen in	✓
15	Court procedure	Leading questions allowed in cross-examination; criminal summons preferred over civil; dying declaration needs no oath	6/17 · recent 2/6 	☐
16	Species identification	Precipitin test for human vs animal blood/bones	8/17 · recent 1/6 	☐
17	Impotence and sexual deviations	Quoad hoc (impotent with one partner only); fetishism, transvestism, masochism	8/17 · recent 1/6 	☐

SUBJECT 08 · PYT

Community Medicine (PSM)

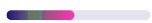
PSM is the highest-scoring subject at about 30 questions per paper. Biostatistics calculations and study designs appear in every session, and national-programme questions are always the latest version of the guideline.

22 repeated topics

14 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Biostatistics calculations	Mean $\pm$ 2 SD = 95%; median for skewed data; paired t-test (before/after), chi-square (categories); data types	16/17 · recent 6/6	☐
2	MUST-DO Rates	CFR, secondary attack rate (exclude the index case and the immune), incidence vs prevalence, period prevalence	16/17 · recent 6/6	☐
3	MUST-DO Health-care system norms	SC 5,000 / PHC 30,000 / CHC 1,20,000 (plains); FRU must offer C-section + blood storage; ASHA 1 per 1,000; CHO at Ayushman Arogya Mandir	16/17 · recent 6/6	☐
4	MUST-DO Contraception and family planning	Pearl index = failures $\times$ 1200 / (women $\times$ months); IUCD within 48 h postpartum; emergency contraception up to day 5 = CuT	17/17 · recent 6/6	☐
5	MUST-DO Water, fluoride and chlorination	Residual chlorine 0.5 mg/L after 1 h; fluoride 1 mg/L safe, >10 mg/L crippling fluorosis; slow sand filter	16/17 · recent 6/6	☐
6	MUST-DO National health programmes	Anaemia Mukht Bharat doses; NTEP; RBSK (school children once a year); JSSK; Tele-MANAS; Nikshay	11/17 · recent 6/6	☐
7	MUST-DO Health planning and management	Network analysis / PERT critical path; work sampling; Pareto chart; cost-effectiveness analysis	17/17 · recent 6/6	☐
8	MUST-DO Nutrition	Stunting = height-for-age; wasting = weight-for-height; MUAC <11.5 cm = SAM; ICDS 500 kcal + 12–15 g protein	16/17 · recent 5/6	☐
9	MUST-DO Study designs	Cohort (RR, incidence); case-control (OR, recall bias, rare disease); cross-sectional (prevalence); meta-analysis	15/17 · recent 5/6	☐
10	MUST-DO Occupational health	Silicosis (Kota stone), asbestosis (shipyard), byssinosis (cotton), bladder cancer (benzidine dyes), Factory Act 500 cu ft per worker	15/17 · recent 5/6	☐
11	MUST-DO Immunization (NIS)	fIPV schedule; open vial policy (discard MR/BCG/JE); birth doses; no BCG scar = no revaccination; measles dose given at <9 months $\rightarrow$ repeat at 9 months	13/17 · recent 5/6	☐
12	MUST-DO Vital statistics	IMR, NMR, MMR (per 1 lakh live births, excludes accidental deaths), CBR, TFR, NRR (surviving daughters)	14/17 · recent 4/6	☐
13	MUST-DO Screening test indices	Sensitivity, specificity, PPV from a 2 $\times$ 2 table (PPV falls when prevalence is low)	13/17 · recent 4/6	☐

#	Topic	What FMGE asks	Seen in	✓
14	MUST-DO Vectors and malaria control	Anopheles vs Culex vs Aedes images; Gambusia and Paris green kill larvae; plague = flea; scrub typhus = mite	13/17 · recent 5/6 	☐
15	Food adulteration and toxins	Epidemic dropsy (argemone oil, sanguinarine), lathyrism (khesari dal, BOAA), aflatoxin (groundnut)	8/17 · recent 5/6 	☐
16	Bias and sampling	Stratified random sampling (zones); recall bias; Berkson bias	12/17 · recent 4/6 	☐
17	Health education	Panel discussion vs symposium vs workshop; adoption sequence (awareness → interest → evaluation → trial → adoption); psychomotor domain	10/17 · recent 4/6 	☐
18	Disaster management and triage	Red = immediate; sequence impact → response → rehabilitation → mitigation	9/17 · recent 4/6 	☐
19	Levels of prevention	Primordial (salt <5 g policy, tobacco act), primary (handwashing), secondary (screening, penicillin prophylaxis in RHD), tertiary (rehabilitation)	9/17 · recent 3/6 	☐
20	Rabies	Category III bite (bleeding wounds) = wash + vaccine + RIG, whatever the dog's status; re-exposure after full PEP = 2 booster doses	11/17 · recent 2/6 	☐
21	Demography	Demographic cycle stages; dependency ratio (<15 and ≥65 over 15–64)	6/17 · recent 2/6 	☐
22	Family life cycle	Formation → extension → complete extension → contraction → complete contraction → dissolution	4/17 · recent 3/6 	☐

SUBJECT 09 · PYT

ENT

ENT questions cluster around the ear (hearing tests, CSOM complications), the larynx (nerve injuries, cord lesions, airway) and the nose (JNA, mucor, polyps). Audiogram and tympanogram images now come up every session.

20 repeated topics

8 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Otitis media with effusion / adenoids	B-type (flat) tympanogram; adenoidectomy + grommet; dull TM with neck node in an adult = rule out nasopharyngeal carcinoma	17/17 · recent 6/6	☐
2	MUST-DO Nose and sinus anatomy	Uncinate process, osteomeatal complex, which sinus drains into which meatus (posterior ethmoid → superior meatus)	17/17 · recent 6/6	☐
3	MUST-DO CSOM complications	Acute mastoiditis (pinna pushed forward), Bezold, Citelli, zygomatic abscess, Gradenigo (otorrhoea + retro-orbital pain + VI palsy), brain abscess	13/17 · recent 5/6	☐
4	MUST-DO Tracheostomy and cricothyroidotomy	CICO = cricothyroidotomy; cuffed tube prevents aspiration; surgical emphysema after a tight suture	12/17 · recent 5/6	☐
5	MUST-DO JNA	Adolescent boy with profuse epistaxis; Holman–Miller sign; CECT, no biopsy; Fisch staging	12/17 · recent 5/6	☐
6	MUST-DO Laryngeal nerve injury	External branch of the SLN = loss of high pitch; internal branch = supraglottic sensation; RLN = hoarseness	11/17 · recent 5/6	☐
7	MUST-DO Audiometry and tympanometry	4 kHz dip = noise-induced; Carhart notch = otosclerosis; As / Ad / B curves; air–bone gap = mixed loss	10/17 · recent 5/6	☐
8	MUST-DO Vocal cord lesions	Singer's nodule (junction of anterior 1/3 and posterior 2/3); Reinke's oedema (smoker); juvenile papillomatosis (HPV 6/11)	13/17 · recent 4/6	☐
9	Stridor in children	Laryngomalacia (omega epiglottis, better prone); croup (steeple sign, steroids); epiglottitis (thumb sign)	12/17 · recent 3/6	☐
10	Nasopharyngeal carcinoma	Unilateral conductive loss/effusion + neck node + epistaxis in an adult; fossa of Rosenmüller	13/17 · recent 3/6	☐
11	Laryngeal cancer	T staging by cord mobility; T1/T2 = radiotherapy; thyroid cartilage invasion (T4a) = laryngectomy + RT	11/17 · recent 3/6	☐
12	Foreign body airway	Heimlich manoeuvre; audible slap/thud = trachea; right bronchus most common	12/17 · recent 4/6	☐
13	Meniere's / BPPV / vestibular	Triad of vertigo, tinnitus and fluctuating SNHL; utricle and saccule sense linear acceleration	10/17 · recent 4/6	☐
14	Hearing loss types	Presbycusis (high frequency); OAE for newborn screening; tuning-fork interpretation (Rinne/Weber)	11/17 · recent 4/6	☐

#	Topic	What FMGE asks	Seen in	✓
15	Mucormycosis	Black turbinate sign; diabetic or post-COVID; liposomal amphotericin B + debridement	9/17 · recent 3/6 	☐
16	Atrophic rhinitis / rhinosporidiosis / rhinoscleroma	Merciful anosmia with green crusts; strawberry polyp (cannot be cultured); Mikulicz cells	10/17 · recent 3/6 	☐
17	Otosclerosis	Worsens in pregnancy; stapedotomy; Schwartz sign	9/17 · recent 2/6 	☐
18	CSF rhinorrhoea	Beta-2 transferrin; halo sign; conservative first	7/17 · recent 2/6 	☐
19	Malignant otitis externa / otomycosis	Elderly diabetic with granulation tissue and facial palsy (Pseudomonas); wet-newspaper appearance = otomycosis	7/17 · recent 2/6 	☐
20	Deep neck abscesses	Retropharyngeal abscess (widened prevertebral space on lateral X-ray), quinsy, Ludwig's angina	7/17 · recent 1/6 	☐

SUBJECT 10 · PYT

Ophthalmology

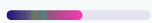
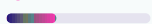
Ophthalmology is mostly clinical photos and slit-lamp images. Cataract types, refraction, glaucoma, lid lesions and field defects are asked every year.

21 repeated topics

10 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Cataract types	Rosette (blunt trauma), sunflower (Wilson's), snowflake (diabetes), zonular (congenital), Christmas tree (myotonic dystrophy); sorbitol in diabetic cataract	16/17 · recent 6/6	☐
2	MUST-DO Refractive errors	Anisometropia; astigmatism (Sturm's conoid); index myopia in nuclear cataract; amplitude of accommodation; retinoscopy correction (subtract the working distance)	16/17 · recent 6/6	☐
3	MUST-DO Instruments and investigations	Identify A-scan, keratometer, Hertel exophthalmometer, Schirmer strip; OCT (CME); pachymetry; indirect ophthalmoscope (inverted image, 2–5×)	16/17 · recent 6/6	☐
4	MUST-DO Lid lesions and ptosis	Chalazion vs sty (gland of Zeis); Marcus Gunn jaw-winking; myasthenic ptosis (ice-pack test); entropion / trichiasis	14/17 · recent 6/6	☐
5	MUST-DO Optic neuritis / papilledema / RAPD	Pain on eye movement = optic neuritis; RAPD after trauma = traumatic optic neuropathy	10/17 · recent 6/6	☐
6	MUST-DO Glaucoma	Acute angle closure: mid-dilated fixed pupil, halos, Vogt's triad after the attack; angle recession (old blunt trauma); POAG drug of choice = prostaglandin analogue	14/17 · recent 5/6	☐
7	MUST-DO Conjunctivitis	VKC (cobblestone papillae, shield ulcer, Trantas dots): mast-cell stabiliser + steroid; trachoma (Herbert pits, SAFE); adenovirus pharyngoconjunctival fever	13/17 · recent 5/6	☐
8	MUST-DO Uveitis	Acute anterior uveitis → HLA-B27; KPs and flare; atropine breaks posterior synechiae; Koeppe nodules	13/17 · recent 5/6	☐
9	MUST-DO Squint and amblyopia	Occlusion therapy; cover-uncover test; accommodative esotropia (keep glasses)	12/17 · recent 5/6	☐
10	MUST-DO Vitamin A eye signs	WHO X-classification (X1B Bitot, X2 corneal xerosis, X3A ulcer <1/3); Bitot >0.5% = public health problem	11/17 · recent 5/6	☐
11	Visual pathway lesions	Pituitary adenoma = bitemporal; optic tract = homonymous; occipital cortex = macular sparing	12/17 · recent 4/6	☐
12	Keratitis	HSV dendritic ulcer (acyclovir 3% + atropine); fungal (satellite lesions, vegetable trauma); Acanthamoeba (contact lens, ring infiltrate)	11/17 · recent 4/6	☐
13	Retinal detachment / vascular occlusion	Floaters + flashes + curtain = rhegmatogenous RD (myopes); CRAO cherry-red spot	11/17 · recent 4/6	☐
14	Ocular trauma	Blowout fracture (diplopia on upgaze, teardrop sign); hyphema; iridodialysis (diplopia); siderosis (iron)	10/17 · recent 4/6	☐

#	Topic	What FMGE asks	Seen in	✓
15	Lens dislocation / KF ring	Marfan = superotemporal; homocystinuria = inferonasal; KF ring = Wilson's	11/17 · recent 3/6 	☐
16	Post-cataract complications	CME (Irvine-Gass, flower-petal on FFA); PCO treated with Nd:YAG; bullous keratopathy	9/17 · recent 3/6 	☐
17	Proptosis	Thyroid eye disease = most common cause (bilateral and unilateral); orbital varices increase on bending	8/17 · recent 3/6 	☐
18	Dry eye	Schirmer <5 mm; lubricants; Sjögren	6/17 · recent 2/6 	☐
19	Diabetic retinopathy	Severe NPDR 4-2-1 rule (cotton-wool spots are not a criterion)	6/17 · recent 2/6 	☐
20	Pterygium	Excision with conjunctival autograft (+ MMC for recurrence)	5/17 · recent 1/6 	☐
21	Retinoblastoma	Leukocoria + calcification on USG; RB1 gene; familial	6/17 · recent 1/6 	☐

SUBJECT 11 · PYT

Medicine

Medicine questions are almost all clinical vignettes that end in "diagnosis" or "next step". ABG interpretation and electrolyte disorders have become near-certain, with two or three ABG questions in each 2025–26 paper.

25 repeated topics

13 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO ABG interpretation	Primary disorder + compensation (Winter's formula); acute vs chronic respiratory acidosis; mixed disorders	14/17 · recent 6/6	☐
2	MUST-DO Electrolytes	Hypocalcaemia after thyroidectomy (Chvostek); hyperkalaemia after crush injury; SIADH (small-cell lung cancer); hypokalaemia with vomiting/laxatives	17/17 · recent 6/6	☐
3	MUST-DO Thyroid disorders	Anti-TPO = Hashimoto; TRAb = Graves; PTU in the 1st trimester	15/17 · recent 6/6	☐
4	MUST-DO Diabetes / DKA	DKA = IV fluids first; HbA1c for long-term control; SGLT2 inhibitors for cardiorenal benefit	15/17 · recent 6/6	☐
5	MUST-DO COPD / asthma / PFT	FEV1/FVC <0.7; asthma–COPD overlap (reversibility >12% and 200 mL); LTOT improves COPD survival; bronchiectasis (postural sputum)	15/17 · recent 6/6	☐
6	MUST-DO Valvular heart disease	AR (water-hammer pulse, Duroziez, Quincke's sign, early diastolic murmur); MS (opening snap + mid-diastolic murmur); pulsus bisferiens	14/17 · recent 6/6	☐
7	MUST-DO Tropical fevers	Dengue (retro-orbital pain, petechiae); leptospirosis phases; scrub typhus; falciparum malaria	16/17 · recent 6/6	☐
8	MUST-DO Meningitis and CSF	Bacterial (↓ glucose, neutrophils) → ceftriaxone + vancomycin (+ ampicillin if >50); TB (lymphocytes, high protein); HSV encephalitis (temporal lobe)	15/17 · recent 5/6	☐
9	MUST-DO ECG	Inferior MI (II, III, aVF); anterior (V1–V3); AF; complete heart block / Stokes–Adams; first-degree block = prolonged PR	15/17 · recent 5/6	☐
10	MUST-DO Pericardial disease	Tamponade: Beck's triad, absent y descent, pulsus paradoxus; constrictive pericarditis: Kussmaul's sign	15/17 · recent 5/6	☐
11	MUST-DO Endocrine hypertension	Conn's (HTN + hypokalaemia + alkalosis); pheochromocytoma (VMA/metanephrines, phenoxybenzamine before beta-blocker); Cushing's (high-dose dexamethasone test)	14/17 · recent 5/6	☐
12	MUST-DO Neuromuscular	GBS (ascending, areflexia); myasthenia (worse in the evening, anti-AChR, SFEMG most sensitive); LEMS (small-cell); ALS (SOD1, UMN + LMN)	12/17 · recent 5/6	☐
13	MUST-DO ACS management	Inferior MI with hypotension and clear lungs = RV infarct → IV fluids, avoid nitrates; primary PCI	14/17 · recent 5/6	☐

#	Topic	What FMGE asks	Seen in	✓
14	Liver	SAAG ≥ 1.1 = portal hypertension; Wilson's (liver biopsy copper); haemochromatosis; Gilbert (fasting jaundice)	15/17 · recent 5/6 	☐
15	Pancreatitis	Lipase most specific; IgG4 autoimmune pancreatitis (sausage pancreas) → steroids	15/17 · recent 5/6 	☐
16	Rheumatology	Anti-dsDNA = lupus nephritis and worse prognosis; Sjögren; gout crystals (negatively birefringent); pseudogout	15/17 · recent 5/6 	☐
17	Stroke	Within 4.5 h and no bleed on CT = alteplase; AF + MS → cardioembolic	15/17 · recent 4/6 	☐
18	Pneumonia	CURB-65 (decides OPD / ward / ICU); Legionella (hyponatraemia, diarrhoea)	16/17 · recent 5/6 	☐
19	Pleural effusion	Light's criteria (exudate: protein ratio >0.5 , LDH ratio >0.6)	14/17 · recent 4/6 	☐
20	Headache	Migraine (triptans); cluster (O ₂); SAH (thunderclap); IIH (obese woman, OCP)	14/17 · recent 4/6 	☐
21	Parkinsonism and dementias	Lewy body dementia (visual hallucinations + parkinsonism); memantine = NMDA antagonist	14/17 · recent 4/6 	☐
22	ACLS / CPR	VF → unsynchronised shock (200 J biphasic); unstable AF → synchronised cardioversion; CPR 30:2; last link = recovery	13/17 · recent 4/6 	☐
23	Sarcoidosis / ILD	Bilateral hilar lymphadenopathy, erythema nodosum, ↑ ACE; Scadding stages	14/17 · recent 5/6 	☐
24	Heat stroke / hypothermia	Heat stroke = no sweating; J (Osborn) wave = hypothermia; HACE = altered mentation	12/17 · recent 3/6 	☐
25	AKI	Prerenal FENa $<1\%$; nephrotic syndrome in adults	11/17 · recent 2/6 	☐

SUBJECT 12 · PYT

Surgery

Surgery is the largest clinical subject. Trauma management, breast, thyroid, hepatobiliary and urology appear in every paper, and image-based questions on instruments, X-rays and ulcers have risen sharply since 2023.

25 repeated topics

15 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Chest trauma / tension pneumothorax	Needle decompression at the 5th ICS (ATLS 10) for an unstable patient; chest tube for a stable large pneumothorax; eFAST for a hypotensive stab wound	16/17 · recent 6/6	☐
2	MUST-DO Breast	Phyllodes vs fibroadenoma; intraductal papilloma (bloody discharge); lactational abscess = I&D; TNM staging; DCIS with positive margins = mastectomy; Paget's of the nipple	17/17 · recent 6/6	☐
3	MUST-DO Hepatobiliary	Calot's triangle (cystic artery); bile leak after cholecystectomy = ERCP + stent; Charcot's triad; choledochal cyst types	17/17 · recent 6/6	☐
4	MUST-DO Urology	Staghorn = struvite; obstructed infected kidney = urgent DJ stent / PCN; TUR syndrome (glycine → hyponatraemia) → stop + hypertonic saline; bipolar TURP uses saline; 3-way catheter for clots	17/17 · recent 6/6	☐
5	MUST-DO Hernia	Indirect vs direct; EHS classification; mesh positions (onlay/sublay); incisional hernia repair	17/17 · recent 6/6	☐
6	MUST-DO Esophagus	Achalasia (bird's beak, ↓ NO); Boerhaave (CECT / water-soluble contrast, early surgery); Mallory–Weiss; Zenker (Killian's dehiscence)	17/17 · recent 6/6	☐
7	MUST-DO Salivary glands	Pleomorphic adenoma → superficial parotidectomy; Frey's syndrome; great auricular nerve injury; submandibular stone → gland excision	16/17 · recent 6/6	☐
8	MUST-DO Vascular	CEAP classes (C4a, C4b, C5); great saphenous vein; DVT in an immobilised patient; acute limb ischaemia (Rutherford IIb → urgent revascularisation); Buerger's	16/17 · recent 6/6	☐
9	MUST-DO Testis	Torsion = explore without delay; ectopic testis (superficial inguinal pouch); varicocele (bag of worms); seminoma; para-aortic nodes first	16/17 · recent 6/6	☐
10	MUST-DO Instruments and laparoscopy	Veress needle, trocar injury to the inferior epigastric artery, staplers, Hasson cannula	16/17 · recent 6/6	☐
11	MUST-DO Ulcer edges	Rolled/beaded = BCC; everted = SCC; punched-out = syphilis/trophic; undermined = TB; sloping = healing/venous	14/17 · recent 6/6	☐
12	MUST-DO Head injury	EDH (biconvex, lucid interval); SDH (crescent); DAI (poor GCS with normal CT); GCS calculation	16/17 · recent 5/6	☐
13	MUST-DO Thyroid surgery	Hypocalcaemia day 2–3; EBSLN (voice pitch) and RLN injury; medullary carcinoma → RET screening	15/17 · recent 5/6	☐

#	Topic	What FMGE asks	Seen in	✓
14	MUST-DO Burns	Rule of nines (child: Lund-Browder); Parkland 4 mL (ATLS 2 mL/kg/%TBSA); inhalation injury → early intubation; oliguria → bolus	14/17 · recent 5/6 	☐
15	MUST-DO Colorectal / anal	Peutz-Jeghers (lip pigmentation + hamartomas); anal canal SCC = chemoradiation (Nigro); stapled haemorrhoidopexy; fistula-in-ano MRI	14/17 · recent 5/6 	☐
16	Pancreas	Chronic pancreatitis (calcification) → enzymes + analgesia; pseudocyst; Whipple's	14/17 · recent 4/6 	☐
17	Urethral injury	Bulbar (straddle, perineal haematoma) vs membranous (pelvic fracture); RGU before catheter	13/17 · recent 4/6 	☐
18	Surgical infections	Necrotising fasciitis, Fournier's gangrene (after catheterisation), gas gangrene	12/17 · recent 4/6 	☐
19	Paediatric surgery	Pyloric stenosis (correct hypokalaemic alkalosis first); gastroschisis (silo or primary closure); TEF; CDH (Bochdalek)	12/17 · recent 4/6 	☐
20	Skin grafts and flaps	Split-thickness = epidermis + part of dermis; flaps for pilonidal sinus	11/17 · recent 4/6 	☐
21	Intestinal obstruction	X-ray signs; sigmoid volvulus (coffee bean); paralytic ileus	11/17 · recent 4/6 	☐
22	Appendix	Grid-iron incision; mucocele; pseudomyxoma (mucinous tumour)	13/17 · recent 3/6 	☐
23	Neck cysts	Thyroglossal cyst moves with tongue protrusion; branchial cyst/fistula (2nd cleft); cystic hygroma	10/17 · recent 3/6 	☐
24	Neck trauma zones	Zone II = cricoid to angle of mandible; hard signs (bubbling air, expanding haematoma) = explore	2/17 · recent 2/6 	☐
25	Damage control and triage	Sequence: control bleeding → ICU resuscitation → definitive repair; triage colours	7/17 · recent 4/6 	☐

SUBJECT 13 · PYT

Obstetrics & Gynaecology

OBG has about 30 questions per paper and repeats the most of any clinical subject. Labour emergencies, contraception and gynae oncology screening come up in every session.

25 repeated topics

14 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Contraception	IUCD absolute contraindications (active PID); missing IUCD threads (USG first); MEC category for COCs (contraindicated in HTN); LNG-IUS for hyperplasia without atypia	17/17 · recent 6/6	☐
2	MUST-DO Cervical cancer screening and treatment	Pap fixative 95% ethanol; HPV co-testing every 5 years from age 30; AGC on Pap = colposcopy + ECC; chemoradiation is platinum-based	17/17 · recent 6/6	☐
3	MUST-DO Rh isoimmunisation / fetal anaemia	MCA peak systolic velocity Doppler; anti-D 50 µg in the 1st trimester (300 µg at term); indirect Coombs test	17/17 · recent 6/6	☐
4	MUST-DO Vaginitis	BV (Amsel criteria, clue cells); candida (curdy discharge, pseudohyphae); trichomonas (treat the partner)	17/17 · recent 6/6	☐
5	MUST-DO Fibroids / postmenopausal bleeding	PMB → TVS then endometrial biopsy (ET >4 mm); polyp (feeding-vessel sign) = hysteroscopic polypectomy	17/17 · recent 6/6	☐
6	MUST-DO Twins	Chorionicity by day of division (<3 d DCDA, 4–8 d MCDA, 8–12 d MCMA, >13 d conjoined); second twin transverse lie = internal podalic version	16/17 · recent 6/6	☐
7	MUST-DO Ectopic pregnancy	Empty uterus + adnexal mass + fluid; methotrexate is contraindicated if there is fetal cardiac activity; β-hCG every 48 h for PUL	16/17 · recent 6/6	☐
8	MUST-DO Endometriosis / endometrioma	Laparoscopy is the gold standard; rectovaginal nodule; laparoscopic cystectomy for fertility	15/17 · recent 6/6	☐
9	MUST-DO Shoulder dystocia	Head-to-shoulder delay >60 s; McRoberts first, then suprapubic pressure; McRoberts mechanism	13/17 · recent 6/6	☐
10	MUST-DO Uterine inversion / rupture / VBAC	Inversion = shock out of proportion, reposition with the placenta attached; earliest sign of rupture = abnormal FHR; VBAC only after a low transverse scar	12/17 · recent 6/6	☐
11	MUST-DO Malpresentations	OP position (back labour, posterior fontanelle findings); breech manoeuvres (MSV, Burns–Marshall, Lovset); face presentation = submentobregmatic diameter	12/17 · recent 6/6	☐
12	MUST-DO Molar pregnancy / GTN	Snowstorm on USG; complete mole 46XX, p57-negative; suction evacuation	15/17 · recent 4/6	☐
13	MUST-DO Infertility / semen analysis	WHO 2021 limits (progressive motility ≥30%, total motility ≥42%, morphology ≥4%); HSG findings	15/17 · recent 5/6	☐

#	Topic	What FMGE asks	Seen in	✓
14	MUST-DO PCOS	Rotterdam criteria (≥ 20 follicles per ovary); lifestyle first, then COC; ovarian drilling	14/17 · recent 5/6 	☐
15	Prolapse and fistula	POP-Q (reference point = hymen); young nulliparous woman = Shirodkar sling; VVF after obstructed labour	13/17 · recent 5/6 	☐
16	Amenorrhoea	Asherman (repeated D&C); androgen insensitivity (breasts present, no uterus); MRKH; Sheehan's	13/17 · recent 4/6 	☐
17	Puerperium and lactation	Lochia sequence (rubra $\rightarrow$ serosa $\rightarrow$ alba); puerperal pyrexia = $\geq 100.4^\circ\text{F}$ after 24 h; bromocriptine suppresses lactation	15/17 · recent 5/6 	☐
18	PPH	4 Ts; balloon tamponade; AMTSL components	11/17 · recent 4/6 	☐
19	Prenatal diagnosis	NT at 11–13+6 weeks; CVS at 10–13 weeks; amniocentesis from 15 weeks; lemon and banana signs = NTD	10/17 · recent 4/6 	☐
20	Cervical insufficiency	Second-trimester painless losses; short cervix; cerclage (McDonald, Shirodkar)	9/17 · recent 4/6 	☐
21	Instrumental delivery	Outlet forceps (head on perineum); ventouse contraindicated <34 weeks	9/17 · recent 3/6 	☐
22	Hypertension in pregnancy	Gestational HTN vs pre-eclampsia vs chronic (<20 weeks); labetalol/nifedipine; enalapril contraindicated	9/17 · recent 3/6 	☐
23	Pregnancy signs and physiology	Hegar's (6–10 weeks), Chadwick, Goodell, Oslander; supine hypotension (IVC compression); $\uparrow$ plasma volume, $\downarrow$ SVR	5/17 · recent 3/6 	☐
24	CTG	Early (head compression), variable (cord compression), late (uteroplacental insufficiency)	4/17 · recent 3/6 	☐
25	Anaemia Mukht Bharat in pregnancy	Prophylaxis 60 mg iron + 500 μg folic acid daily from the 2nd trimester for 180 days	4/17 · recent 3/6 	☐

SUBJECT 14 · PYT

Pediatrics

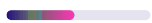
Pediatrics leans on recognition: rashes, syndromes, heart lesions, milestones. It also asks calculation-based management of fluids, SAM and IMNCI.

19 repeated topics

5 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Exanthems	Measles (Koplik spots), varicella (pleomorphic, centripetal), HFMD, Kawasaki, scarlet fever	17/17 · recent 6/6	☐
2	MUST-DO Growth and short stature	Mid-parental height; familial vs constitutional delay; WHO growth chart reading; US:LS ratio (achondroplasia)	13/17 · recent 6/6	☐
3	MUST-DO Congenital heart disease	TOF (boot-shaped heart, squatting, cyanotic spells); PDA (indomethacin/ibuprofen in preterms); CoA (radio-femoral delay); acyanotic vs cyanotic	14/17 · recent 5/6	☐
4	MUST-DO IMNCI	Fast breathing cut-offs (2–12 months ≥ 50 , 1–5 years ≥ 40); chest indrawing; dehydration colour codes	14/17 · recent 5/6	☐
5	MUST-DO Genetic syndromes	Down, Turner, Noonan (boy with short stature + pulmonary stenosis), Prader-Willi (paternal 15q deletion), Angelman	13/17 · recent 5/6	☐
6	Neonatal respiratory distress	HMD (preterm, ground glass, air bronchograms); TTN (term C-section, fissure fluid); MAS; Bochdalek hernia	11/17 · recent 4/6	☐
7	SAM management	MUAC < 11.5 cm; appetite test; ReSoMal ($\downarrow$ Na, $\uparrow$ K); refeeding syndrome (hypophosphataemia); shock fluid = RL + 5% dextrose	11/17 · recent 4/6	☐
8	Rickets and scurvy	Wrist widening and bow legs; high PTH with normal calcium; scurvy white line	11/17 · recent 4/6	☐
9	Developmental milestones	6 months transfers objects; 9 months waves bye-bye; 3 years tricycle; handedness by 3 years	10/17 · recent 4/6	☐
10	TORCH infections	Rubella (PDA, cataract, salt-and-pepper retina); CMV (periventricular calcification); toxoplasma (diffuse calcification, chorioretinitis)	10/17 · recent 4/6	☐
11	Muscular dystrophies	DMD (Gowers sign, boy aged ~5); Becker (later onset, survives to 30s–40s)	8/17 · recent 4/6	☐
12	Fluids and diarrhoea	Holliday–Segar (12 kg = 1,100 mL/day); zinc 20 mg $\times$ 14 days (10 mg if < 6 months)	12/17 · recent 3/6	☐
13	Nephrotic syndrome / HSP	Minimal change (steroid-responsive); HSP (palpable purpura, abdominal pain, arthralgia)	12/17 · recent 3/6	☐
14	Neonatal resuscitation	Room air for term babies; chest compressions if HR < 60 after effective PPV; epinephrine; Apgar scoring	10/17 · recent 3/6	☐

#	Topic	What FMGE asks	Seen in	✓
15	Cystic fibrosis	CFTR chloride channel; meconium ileus (gastrografin enema); fat-soluble vitamin deficiency	8/17 · recent 3/6 	☐
16	Pyloric stenosis / intussusception / Hirschsprung	Olive mass + non-bilious vomiting; rectal biopsy is the gold standard for Hirschsprung	11/17 · recent 2/6 	☐
17	Immunodeficiencies	Bruton (all Ig ↓, no B cells); CGD (DHR test); DiGeorge	8/17 · recent 2/6 	☐
18	Seizure syndromes	Infantile spasms (hypsarrhythmia → ACTH); Dravet (SCN1A); febrile seizures	3/17 · recent 2/6 	☐
19	Neonatal jaundice	Physiological vs pathological; congenital hypothyroidism screening at 24–72 h	6/17 · recent 2/6 	☐

SUBJECT 15 · PYT

Orthopaedics

Orthopaedics is mostly X-ray reading. Bone tumours and nerve injuries with fractures are the two blocks asked in nearly every recent paper.

15 repeated topics

4 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Bone tumours	Osteosarcoma (sunburst, Codman's triangle, metaphysis); Ewing (onion skin, diaphysis, t(11;22)); GCT (epiphyseal, soap bubble); chondroblastoma (epiphysis before fusion); enchondroma (phalanx); osteoid osteoma (night pain relieved by aspirin)	14/17 · recent 6/6	☐
2	MUST-DO Nerve injuries with fractures	Humerus shaft = radial; surgical neck = axillary; radial head = PIN; fibula neck = common peroneal; supracondylar = AIN/median	14/17 · recent 5/6	☐
3	MUST-DO Splints and traction	Identify Thomas splint, Bohler-Braun, Buck's traction, scaphoid cast	16/17 · recent 5/6	☐
4	MUST-DO Arthritis on X-ray	OA (osteophytes, reduced joint space); AS (bamboo spine, with IBD); RA	15/17 · recent 4/6	☐
5	TB spine / TB hip	Pott's spine on MRI; TB hip stages by attitude (flexion-adduction-internal rotation = late)	12/17 · recent 4/6	☐
6	Hip injuries	Posterior dislocation (dashboard: flexion, adduction, internal rotation, shortening); anterior (abduction, external rotation, lengthening); intertrochanteric = DHS; neck femur in elderly = arthroplasty	13/17 · recent 3/6	☐
7	Metabolic bone disease	Paget's (cotton-wool skull); FRAX components; osteoporosis	14/17 · recent 3/6	☐
8	Knee injuries	ACL (twisting on a planted foot, Lachman); meniscus; housemaid's (prepatellar) vs clergyman's (infrapatellar) bursitis	7/17 · recent 4/6	☐
9	Fat embolism	24–72 h after a long-bone fracture: hypoxia, confusion, petechiae	5/17 · recent 4/6	☐
10	Wrist fractures	Colles (dorsal displacement), Smith, scaphoid (snuffbox, AVN), Bennett (1st CMC fracture-subluxation)	10/17 · recent 2/6	☐
11	Osteomyelitis	Brodie's abscess (metaphyseal lucency, afebrile); sequestrum, involucrum	9/17 · recent 3/6	☐
12	Supracondylar fracture	Cubitus varus malunion; brachial artery injury; Volkmann's ischaemic contracture	5/17 · recent 1/6	☐
13	Paediatric orthopaedics	CTEV (Ponseti; neglected adult = triple arthrodesis); Perthes; SCFE	6/17 · recent 1/6	☐
14	Shoulder dislocation	Anterior (abduction + external rotation, Bankart); posterior (epileptic seizure, light-bulb sign)	3/17 · recent 1/6	☐

#	Topic	What FMGE asks	Seen in	✓
15	Compartment and crush injury	Hyperkalaemia; pain on passive stretch	4/17 · recent 2/6 	☐

SUBJECT 16 · PYT

Anaesthesia

Anaesthesia is a small subject (5–8 questions) but very predictable: choice of induction agent, inhalational agents, airway devices and regional blocks.

9 repeated topics

5 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Pre-op assessment	ASA grades; day-care eligibility (needs an attendant at home); stop aspirin 5–7 days before; smoking cessation + physiotherapy in COPD	14/17 · recent 6/6	☐
2	MUST-DO Regional blocks	Epidural pierces the ligamentum flavum but not the dura/arachnoid; supraclavicular block = "spinal of the arm"; post-dural puncture headache (blood patch)	15/17 · recent 5/6	☐
3	MUST-DO Airway devices and tubes	Cuff prevents aspiration; right endobronchial intubation (left lung collapses); cuffed tracheostomy tube	13/17 · recent 5/6	☐
4	MUST-DO Inhalational agents	Sevoflurane = inhalational induction in children; desflurane needs a heated vaporiser (blood:gas coefficient close to N ₂ O); halothane hepatitis	14/17 · recent 4/6	☐
5	MUST-DO Induction agents	Propofol for day care and TIVA; ketamine in hypotension/shock and as an NMDA antagonist; etomidate in cardiac instability	12/17 · recent 4/6	☐
6	Local anaesthetic toxicity	Bupivacaine cardiotoxicity → lipid emulsion (Intralipid); lignocaine for IVRA (Bier's block); proparacaine for eye surgery	11/17 · recent 3/6	☐
7	Capnography	Sudden fall in EtCO ₂ = embolism or disconnection; rising EtCO ₂ = hypoventilation or malignant hyperthermia	5/17 · recent 3/6	☐
8	Airway assessment	Mallampati classes (image or video)	4/17 · recent 3/6	☐
9	Neuromuscular monitoring	Ulnar nerve / adductor pollicis; succinylcholine → malignant hyperthermia → dantrolene	8/17 · recent 2/6	☐

SUBJECT 17 · PYT

Psychiatry

Psychiatry questions are short vignettes asking for the diagnosis, plus drug side effects. Alcohol-related syndromes and psychopathology terms come up every year.

12 repeated topics

5 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Mood disorders	Mania (≥ 1 week, reduced sleep, spending); atypical depression (hypersomnia, hyperphagia, mood reactivity); psychotic depression = antidepressant + antipsychotic	17/17 · recent 6/6	☐
2	MUST-DO Anxiety spectrum	OCD (handwashing); phobias (acrophobia); acute stress disorder vs PTSD (<1 month vs >1 month); adjustment disorder	17/17 · recent 6/6	☐
3	MUST-DO Somatoform / conversion	Conversion with la belle indifférence; illness anxiety disorder (fear of having a disease); malingering	17/17 · recent 6/6	☐
4	MUST-DO Psychopathology terms	Delusions (persecution, grandeur, influence); circumstantiality vs tangentiality; echolalia; 2nd- and 3rd-person hallucinations	15/17 · recent 6/6	☐
5	MUST-DO Alcohol	Delirium tremens at 48–72 h (visual and tactile hallucinations, disorientation); alcoholic hallucinosis (clear sensorium); Wernicke (IV thiamine)	14/17 · recent 4/6	☐
6	Schizophrenia	Hallucinations distinguish it from delusional disorder; negative symptoms (affective flattening); duration criteria	10/17 · recent 5/6	☐
7	Drug side effects	Olanzapine weight gain; tardive dyskinesia and rabbit syndrome (typical antipsychotics); lithium toxicity; bupropion = least sexual dysfunction	10/17 · recent 5/6	☐
8	Personality / defence mechanisms	Sublimation, displacement, altruism; MSE serial sevens test attention	12/17 · recent 5/6	☐
9	Substance use	Cocaine (formication, tachycardia); opioid (pinpoint pupils, naloxone); LSD (synaesthesia); cannabis	13/17 · recent 4/6	☐
10	Dementia / delirium	Lewy body (visual hallucinations + parkinsonism); delirium after surgery; haloperidol for delirium	13/17 · recent 4/6	☐
11	Child psychiatry	ADHD (methylphenidate); autism (no eye contact, echolalia, repetitive behaviour)	6/17 · recent 2/6	☐
12	Eating disorders	Bulimia (binge + purge, normal weight) vs anorexia	5/17 · recent 2/6	☐

SUBJECT 18 · PYT

Dermatology

Dermatology is almost entirely clinical photos. Leprosy and STIs are the two blocks you can't skip; leprosy has been asked in every paper since Dec 2023.

13 repeated topics

4 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Leprosy	Type 1 reaction (BT, inflamed existing lesions) = continue MDT + prednisolone; ENL (type 2) = thalidomide/steroids; MB-MDT doses (rifampicin 600 mg monthly, clofazimine 300 mg monthly + 50 mg daily, dapsone 100 mg daily); MDT continues in pregnancy	12/17 · recent 6/6	☐
2	MUST-DO STIs and genital ulcers	Painless indurated = syphilis (dark-field); painful ragged = chancroid; groove sign + bubo = LGV; beefy red granulation = donovanosis; condyloma acuminata	15/17 · recent 5/6	☐
3	MUST-DO Bullous disorders	Pemphigus vulgaris (Nikolsky +, intraepidermal, acantholysis) vs bullous pemphigoid (tense, subepidermal); dermatitis herpetiformis (celiac)	13/17 · recent 4/6	☐
4	MUST-DO Psoriasis	Auspitz sign, Munro microabscesses, Koebner; guttate after a sore throat; nail pitting	12/17 · recent 4/6	☐
5	Acne	Isotretinoin for nodulocystic acne; baseline LFT + lipid profile, pregnancy test	10/17 · recent 4/6	☐
6	Infantile haemangioma	Grows in the first months then involutes: observation	10/17 · recent 4/6	☐
7	Viral lesions	Molluscum (umbilicated, Henderson–Paterson bodies); herpetic whitlow in dentists; zoster	14/17 · recent 3/6	☐
8	Drug reactions	SJS/TEN from aromatic antiepileptics; erythema multiforme (target lesions, HSV)	10/17 · recent 3/6	☐
9	Lichen planus	Wickham's striae, saw-tooth acanthosis, Civatte bodies; topical steroids	7/17 · recent 3/6	☐
10	Fungal and Wood's lamp	Erythrasma = coral red (erythromycin); tinea (annular, central clearing); pityriasis versicolor	7/17 · recent 3/6	☐
11	Pigmentary	Vitiligo; melasma (sun exposure); melanoma (ABCDE)	11/17 · recent 2/6	☐
12	Hair	Alopecia areata (exclamation-mark hairs); anagen effluvium (chemotherapy)	7/17 · recent 2/6	☐
13	Scabies	Burrows, nocturnal itch, mite; permethrin	4/17 · recent 3/6	☐

SUBJECT 19 · PYT

Radiology

Radiology questions are X-ray and CT identification plus a fast-growing block of radiation physics and nuclear medicine theory.

10 repeated topics

3 must-do

Ranked by sessions asked (of 17)

#	Topic	What FMGE asks	Seen in	✓
1	MUST-DO Chest X-ray signs	Pneumothorax, effusion, consolidation, aspergilloma (air crescent), miliary TB, sarcoid hilar nodes	17/17 · recent 6/6	☐
2	MUST-DO CT head	EDH = biconvex, doesn't cross sutures; SDH = crescent; SAH (worst headache of life)	16/17 · recent 5/6	☐
3	MUST-DO USG / Doppler / MRI basics	Doppler for torsion and DVT; mammography identification; BI-RADS	16/17 · recent 6/6	☐
4	Nuclear medicine	PET = 18F-FDG (glucose metabolism); sestamibi scan for parathyroid adenoma; Ga-68 PSMA for prostate cancer; DTPA/DMSA	12/17 · recent 4/6	☐
5	Radiotherapy	Brachytherapy (high dose to tumour, spares normal tissue); conventional fractionation 1.8–2 Gy × 5 days/week; S phase most radioresistant; Co-60 for teletherapy	13/17 · recent 3/6	☐
6	Radiation physics	Photoelectric effect (low energy + high Z); LINAC (electrons hit a tungsten target); ALARA	5/17 · recent 4/6	☐
7	IVP / urography	Cobra head = ureterocele; IVP and MCU identification	7/17 · recent 4/6	☐
8	Abdominal X-ray	Gas under the diaphragm; air–fluid levels; coffee-bean sign	11/17 · recent 4/6	☐
9	Barium studies	Bird's beak (achalasia), rat tail (carcinoma), corkscrew (diffuse spasm), string sign (Crohn's)	11/17 · recent 3/6	☐
10	Paediatric radiology	Boot-shaped heart (TOF), double bubble (duodenal atresia), HMD	8/17 · recent 2/6	☐

TREND WATCH

New-Pattern Topics (2024–26)

These were rare or absent before 2023 but now appear every session. Students who revise only from 2017–22 PYQs will miss them.

Video and image questions: the June 2026 paper showed videos for the Schirmer test, Mallampati class, the MSV manoeuvre, sperm motility, the hydrostatic test, wrist drop and laryngoscopy. Practise identifying from images, not only from text.

Two or three ABG questions per paper in Medicine, Physiology and Biochemistry, including mixed disorders.

Radiation physics and nuclear medicine: photoelectric effect, LINAC, Co-60, ALARA, brachytherapy, PET-FDG, Ga-68 PSMA, sestamibi.

New criminal laws: BNS, BNSS and BSA section numbers in place of the IPC, CrPC and Evidence Act.

Graph-based physiology: action potential, strength-duration curve, bladder pressure-volume curve, LV pressure-volume loop.

Management "next step" vignettes in Surgery: neck trauma zones, AAST renal injury grade, acute limb ischaemia (Rutherford), Boerhaave, CBD injury at cholecystectomy, TUR syndrome.

Current programme names and numbers: Ayushman Arogya Mandir, Anaemia Mukh Bharat doses, Tele-MANAS, TLD, WHO 2021 semen limits, Rotterdam 2023 (≥ 20 follicles).

Drug interactions and targeted therapy: CYP3A4 (ketoconazole with ruxolitinib), eculizumab for PNH, sirolimus, bortezomib.

DON'T LOSE MARKS

Updated Facts

The exam uses current guidelines, so teach the current fact even when an older PYQ book or recall key says otherwise.

Topic	Old answer in recall books	Answer to use now
Emergency treatment without consent	IPC 92 (some keys say BNS 26)	BNS 30
Dowry-death inquest	CrPC 176	BNSS 196 (magistrate)
Grievous hurt (pain / unable to follow ordinary pursuits)	20 days	15 days (BNS 116)
MTP for contraceptive failure	Up to 20 weeks, married women only	Up to 20 weeks, any woman, one RMP; 20–24 weeks only for special categories
Tension pneumothorax needle site (adult)	2nd ICS, midclavicular line	4th/5th ICS, just anterior to the midaxillary line (ATLS 10)
Burns fluid (ATLS)	Parkland 4 mL/kg/%TBSA	2 mL/kg/%TBSA for adult thermal burns (ATLS 10); Parkland is still the textbook formula

Topic	Old answer in recall books	Answer to use now
Tetanus in pregnancy	TT	Td
TB treatment	Thrice-weekly DOTS	Daily fixed-dose combination under NTEP
ART with TB	Depends on CD4 count	Start ATT, then ART within 2 weeks
First-line ART	TLE	TLD (tenofovir + lamivudine + dolutegravir)
Semen analysis	WHO 2010 (progressive motility 32%)	WHO 2021: progressive $\geq 30\%$, total motility $\geq 42\%$
PCOS ultrasound	≥ 12 follicles	≥ 20 follicles per ovary
Health & Wellness Centre	HWC	Ayushman Arogya Mandir
Invasive aspergillosis drug of choice	Amphotericin B	Voriconazole
Uric acid in tumour lysis	Allopurinol	Rasburicase (fastest)
Maxillofacial trauma, cannot intubate	Tracheostomy	Cricothyroidotomy
Anal canal SCC	Surgery / APR	Definitive chemoradiation (Nigro); surgery only as salvage

MISSION FMGE

Know what repeats. Revise it until it's yours.

Start with the must-do rows, revise the exact angle FMGE asks, and tick each topic only when you can explain it without notes. Go through this list at least three times before the exam.



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