The Final 7 Days: Your Data-Driven FMGE Countdown

Transform last-minute revision from anxiety into a strategic advantage.

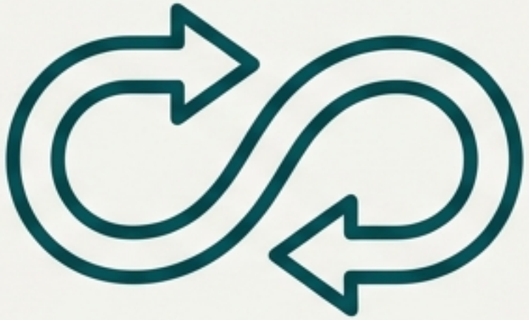
You've spent months, even years, preparing.
The final week isn't about learning everything; it's about mastering what matters most.

This guide is built on a rigorous analysis of over 1,500 questions **from the last 7 FMGE papers**, designed to focus your energy on the highest-yield topics.

Let's cut through the noise and concentrate on the patterns that define this exam.

Decoding the Exam's DNA: Our Methodology

We analyzed every question from seven recent exams (Aug 2020 to July 2025) to identify two critical types of topics:



1. The Old Guard (Highly Repeatable Concepts)

Definition: Topics with 3+ variations that appear year after year. They are the backbone of the exam.

Example: Visual Field Defects — tested via direct questions, clinical scenarios, and image-based lesion localization across multiple papers.

2. The New Challengers (Emerging Topics)

Definition: Topics that have appeared exclusively in the 2024–2025 papers, signaling a shift in exam focus.

Example: Management of Cluster Headaches, recognition of Diffuse Axonal Injury on imaging.

This deck isolates these patterns to create your ultimate revision plan.

Mastering the Old Guard: The Pillars of Your Score

These concepts are the most reliable source of marks. Your goal is to master their variations.

Vitamin B Deficiencies (Biochem/Medicine)

Appears consistently.

- **Aug 2020:** Alcoholic with Wernicke's (B1), Macrocytic anemia with normal methylmalonate (B9).
- **June 2021:** Anemia with high homocysteine (B9), neurological symptoms with decreased vibration sense (B12).

Trauma Management (Surgery/Anesthesia)

A constant in clinical scenarios.

- **Jan 2024:** Maxillofacial trauma requiring cricothyrotomy.
- **July 2025:** Penetrating chest trauma with tracheal deviation needing needle decompression.
- **June 2022:** Burn resuscitation principles.

Levels of Prevention (PSM)

A fundamental concept tested with clinical examples.

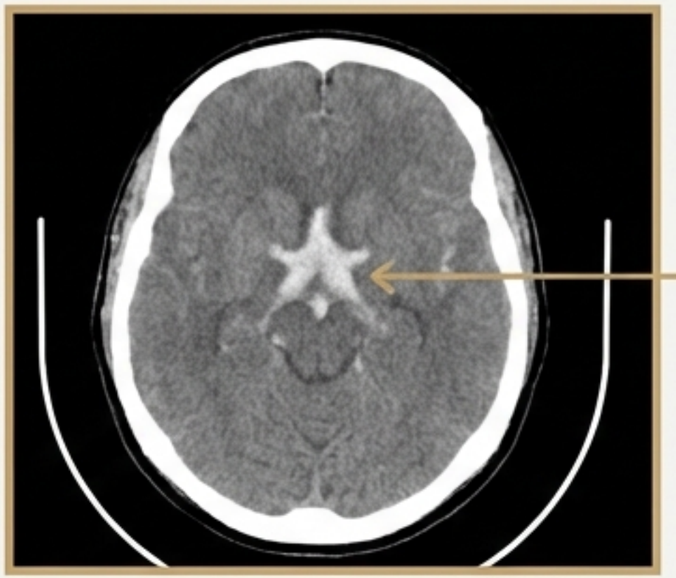
- **Aug 2020:** Health check-up for hypertension (Secondary Prevention).
- **June 2022:** Folic acid supplementation to prevent anencephaly (Primary
- **Jan 2025:** Colonoscopy screening in a patient with a family history of colon cancer (Secondary Prevention).

The New Challengers: Gaining an Edge with Emerging Topics

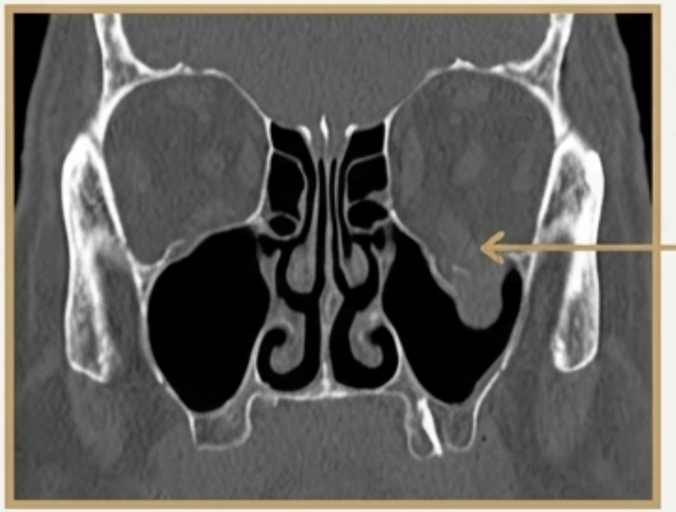
These topics, found only in the 2024 & 2025 papers, reflect the latest exam trends. Knowing them sets you apart.

Key Emerging Topics to Prioritize:

- **Neurology**: Management and prevention of **Cluster Headaches**.
- **Radiology**: Recognizing **Subarachnoid Hemorrhage (SAH)** on a non-contrast CT head. Reference image shows the classic 'star sign'.
- **Trauma**: Identifying **Orbital Blowout Fractures** and associated signs like the 'tear-drop sign'. Reference image shows a CT coronal view.
- **Genetics/Medicine**: Linking **Marfan Syndrome** to FBN1 gene mutation and superotemporal lens dislocation.
- **Pathology**: Understanding **Diffuse Axonal Injury (DAI)** as a cause of poor outcomes in head trauma with a normal initial CT.



Classic '**star sign**' of SAH.



'**Tear-drop sign**' in Orbital Blowout Fracture.

The ‘Last 7 Days’ Blueprint: Clinical Subjects (1/3)

Your comprehensive checklist for the final week. Focus on understanding the concepts and their common clinical presentations.

Medicine

- [ ] **Myasthenia Gravis vs. LEMS**: Clinical features, antibodies, and drug of choice (Pyridostigmine).
- [ ] **Guillain-Barré Syndrome**: Classic presentation (ascending paralysis after infection) and CSF findings.
- [ ] **Meningitis**: Differentiating bacterial, viral, and TB meningitis based on CSF analysis (cells, protein, glucose).
- [ ] **Pheochromocytoma**: Triad of symptoms and diagnostic tests (urine VMA/metanephrines).
- [ ] **Visual Field Defects**: Lesion localization for Bitemporal & Homonymous Hemianopia.
- [ ] **ECG Essentials**: Identifying Atrial Fibrillation, ST elevation MI (anterior, inferior), and 3rd-degree AV block.

Surgery

- [ ] **Trauma (ATLS)**: Management of tension pneumothorax, flail chest, and indications for cricothyrotomy.
- [ ] **Burns**: Parkland formula for fluid resuscitation and calculating burn percentage.
- [ ] **Breast Pathology**: Differentiating Fibroadenoma, Phyllodes tumor, and lactational mastitis.
- [ ] **Prostate Cancer**: Role of PSA, Gleason score, and Iodine-125 brachytherapy.
- [ ] **Acute Abdomen**: Signs of hollow viscus perforation on X-ray; differentiating appendicitis, pancreatitis, and cholecystitis.

The 'Last 7 Days' Blueprint: OBG & Short Subjects (2/3)

Continue your focused revision, prioritizing these high-frequency topics.

Obstetrics & Gynecology

- [ ] **MTP Act**: Key timelines (e.g., 20-24 weeks requires two RMPs) and legal indications.
- [ ] **OBG Emergencies**: Initial management of Shoulder Dystocia (McRoberts maneuver) and Uterine Inversion.
- [ ] **Placental Abnormalities**: Differentiating abruption and previa; understanding placenta accreta spectrum.
- [ ] **Contraception**: Contraindications for OCPs and IUCDs.
- [ ] **CTG Interpretation**: Recognizing variable, early, and late decelerations and their causes (cord compression, head compression, placental insufficiency).

Ophthalmology & ENT

- [ ] **Cataracts**: Association with diabetes (sorbitol) and trauma (rosette cataract).
- [ ] **Glaucoma**: Differentiating acute angle-closure from open-angle glaucoma.
- [ ] **Mucormycosis**: The 'black turbinate sign' in diabetic patients.
- [ ] **Malignant Otitis Externa**: Association with diabetes and *Pseudomonas*.
- [ ] **Nerve Injuries in Head/Neck Surgery**: Frey's Frey's syndrome (parotidectomy) and superior laryngeal nerve injury (thyroidectomy).

The 'Last 7 Days' Blueprint: Foundational Subjects (3/3)

Solidify your core knowledge. These topics integrate across multiple disciplines.

PSM (Community Medicine)

- [ ] **Study Designs:** Differentiating Cohort, Case-Control, and Cross-Sectional studies.
- [ ] **Biomedical Waste Management:** Color coding for sharps, blood bags, and expired medicines.
- [ ] **National Immunization Schedule (NIS):** Vaccines given at birth, 6/10/14 weeks, and 9 months.
- [ ] **Food Toxins:** Lathyrism (Khesari dal), Epidemic Dropsy (Argemone oil), Aflatoxicosis (groundnuts).

Pharmacology

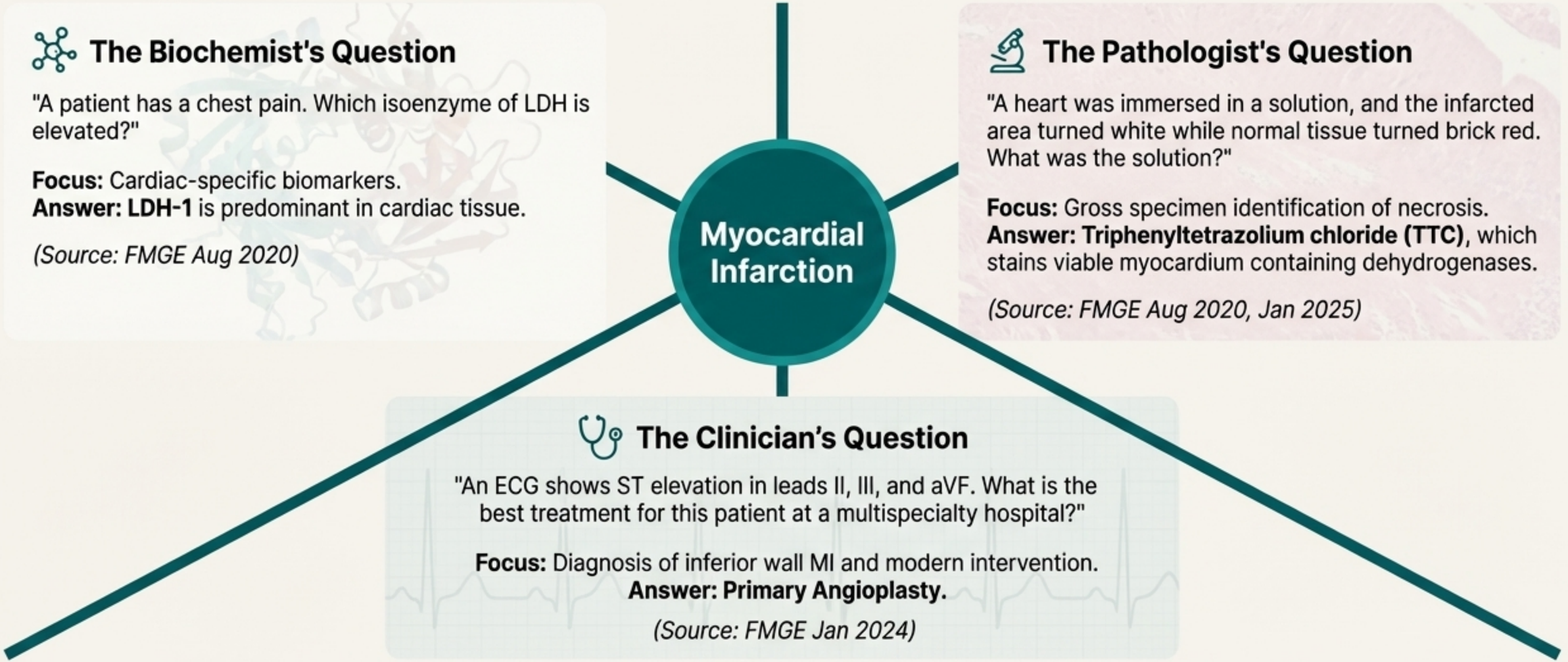
- [ ] **Malignant Hyperthermia:** Triggering agents (halothane, succinylcholine), mechanism (ryanodine receptor), and antidote (Dantrolene).
- [ ] **Gout Management:** Mechanism of allopurinol/febuxostat (xanthine oxidase inhibition).

Pathology

- [ ] **Genetic Syndromes:** Karyotypes and key features of Turner's (45,X0), Klinefelter's (47,XXY), and Down's Syndrome (Trisomy 21).
- [ ] **DNA Repair Defects:** Xeroderma Pigmentosum (nucleotide excision repair) and HNPCC (mismatch repair).
- [ ] **Asbestosis & Silicosis:** Occupational history and key radiological findings (pleural plaques vs. eggshell calcification).

An Integrated Deep Dive: The Myocardial Infarction Case

A classic 'Old Guard' topic is never tested in just one way. Here's how it appears across subjects.



The Biochemist's Question

"A patient has a chest pain. Which isoenzyme of LDH is elevated?"

Focus: Cardiac-specific biomarkers.
Answer: LDH-1 is predominant in cardiac tissue.

(Source: FMGE Aug 2020)

The Pathologist's Question

"A heart was immersed in a solution, and the infarcted area turned white while normal tissue turned brick red. What was the solution?"

Focus: Gross specimen identification of necrosis.
Answer: Triphenyltetrazolium chloride (TTC), which stains viable myocardium containing dehydrogenases.

(Source: FMGE Aug 2020, Jan 2025)

The Clinician's Question

"An ECG shows ST elevation in leads II, III, and aVF. What is the best treatment for this patient at a multispecialty hospital?"

Focus: Diagnosis of inferior wall MI and modern intervention.
Answer: Primary Angioplasty.

(Source: FMGE Jan 2024)

Takeaway: Know the topic from cell to bedside.

The Final Sprint: Your 'Last 48 Hours' Hit List

In the last two days, focus on rapid recall of must-know facts, images, and values. These are short, high-frequency topics perfect for a final review.

****The Strategy****:

- No new complex topics.
- Focus on recognition and recall.
- Review image-based questions and one-liners.

The following slides contain 15-20 absolutely essential topics to cement in your memory.

The 48-Hour Hit List: Must-Know Images & Facts (1/2)

1. Key Karyotypes

- **Turner Syndrome**: 45, X0 (Webbed neck, widely spaced nipples)
- **Klinefelter Syndrome**: 47, XXY (Gynecomastia, azoospermia)
- **Down Syndrome**: Trisomy 21 (Single palmar crease)

2. Brain Tumors on Histo

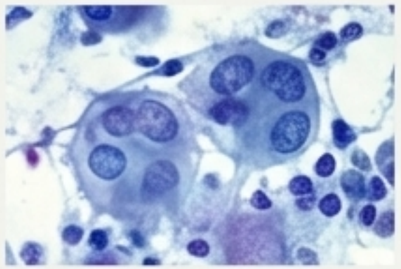
- **Meningioma**: Psammoma bodies and whorled pattern.
- **Papillary Thyroid Cancer**: Orphan Annie eye nuclei.

3. Poisoning & Antidotes

- Iron -> Desferrioxamine
- Organophosphates -> Atropine + Oximes
- Paracetamol -> N-Acetylcysteine
- Opioids -> Naloxone

4. Tzanck Smear

- Shows multinucleated giant cells for **Herpes Simplex Virus (HSV)** and **Varicella-Zoster Virus (VZV)**.



5. Subarachnoid Hemorrhage (SAH) on CT

- Look for hyperdensity (blood) in basal cisterns. A 'thunderclap headache' is the classic history.

6. Boot-Shaped Heart on CXR

- Classic sign for **Tetralogy of Fallot**.

7. Hand-Foot-Mouth Disease

- Caused by **Coxsackievirus**. Know the classic rash distribution.

8. Malignant Hyperthermia

- Triggered by halothane/succinylcholine. Antidote is **Dantrolene**.

The 48-Hour Hit List: Key Values & Guidelines (2/2)

9. MTP Act Rules:
- Up to 20 weeks: 1 RMP opinion.
- 20-24 weeks: 2 RMP opinions needed.

10. Hepatitis B Serology:
- Acute infection: HBsAg+, Anti-HBc IgM+
- Previous infection (resolved): Anti-HBs+, Anti-HBc IgG+

11. Biomedical Waste Colors:
- **Yellow**: Human anatomical waste, soiled cotton, expired meds.
- **Red**: Contaminated recyclable plastic (syringes without needle, gloves).
- **White (Translucent)**: Sharps, including needles.
- **Blue**: Glassware, metallic implants.

12. Shoulder Dystocia First Step:
McRoberts Maneuver.

13. MgSO4 Toxicity First Sign:
Loss of deep tendon reflexes (e.g., patellar reflex).

14. CSF in Bacterial Meningitis:
High neutrophils, high protein, low glucose.

15. Levels of Health Care:
- **Primary**: PHC, Sub-centres.
- **Secondary**: CHC, District Hospitals.
- **Tertiary**: Medical Colleges, Super-specialty hospitals.

16. Fat Embolism vs. PE:
Fat embolism occurs 24-72 hours post-long bone fracture, often with petechiae and neurological signs.

Execute with Confidence

You have done the work. Now, it's time to perform.

On exam day, remember this data-driven strategy.

Trust the Patterns: You know the ‘Old Guard’ concepts that will definitely appear.

Leverage Your Edge: You are prepared for the ‘New Challengers’ that others might miss.

Think Integrated: Connect the dots between subjects, just like the MI deep-dive.

Walk into that exam hall knowing you have focused on what truly matters. Your preparation has been strategic. Now, go claim your result.