Medicine

Medicine 6th year 2018

Nephrology

1. Patient with bipolar disorder started on SSRI recently, presented with High urine osmolality 350, low serum osmolality, high urine sodium 35, what is the most likely dx?
- Psychogenic polydipsia
- SIADH*

2.normal complement level?
- Membranous*
- Membranoproliferative
- PSGN
- Cryo
- lupus nephritis

3.pH=7.1, CO2=10, Bicarb=19, calculated AG=24?
HAGMA + met alkalosis + resp alkalosis

4.Case of uncontrolled htn with 2 medications + potassium in the upper limit what is MANS?
Do thing
Add Thiazide *

5.18 year old male with edema + uncontrolled DM type1, +1 glucose on dipstick, +4 protein on dipstick, dx?
diabetic nephropathy
minimal change disease*

6.a sign of progressive deterioration of kidney function in CKD?
BP 140/80*?
proteinuria < 0.5
LDL < 70
microalbuminuria 500
HbA1c 6.5-7 ?

7. Pt had bronchopneumonia 10 days ago, presented with fever, rash, high Cr, 1-2 RBCs in urine, high WBCs in urine, dx:
- acute interstitial nephritis

8.A young patient presenting with sudden onset edema. He denied gross hematuria. He was found to have hypertension and edema on exam. Lab workup was significant for elevated Cr

(2.2) and hypoalbuminemia (2.6). Urinalysis will most likely show:
- pH 5\specific gravity 1.010\+4 protein\25-50 dysmorphic RBCs\one RBC cast *
-Ph 5/specific gravity 1.010/+4 protein/no dysmorphic RBCs/no RBC casts

9.Hypokalemia + Na=140 + HTN For 30 years +uncontrolled by medication
It's liddle syndrome
So the answer is (trimterne)

10.Lupus nephritis stage IV, you start ttt with steroids, what would you give else?
-cyclophosphamide

11.old pt has dm and htn and takes many medications, on exam his bp in the left hand is 150/89 and I think in the lower limb 150/79 what is the cause of his uncontrollable bp :
-Secondary cause of hypertension
-noncompliance

Psychiatry

1.Which of the following is an antidepressant?
-Fluoxitine*
2.Which of following is addictive?
-lorazepam
3.Which is true about major depressive disorder?
-more common in males
-it is a major cause of disability*
-physical symptoms and signs not common
4.Young pt came to ER with SOB, chest pain and impending death. She came for the same complaints in the past month regularly, what would you do?
-refer to psychiatrist
-take a psychosocial hx*
-give her anti-anxiety drug and send home
-tell her family that she has nothing so they don't bring her again
5.True about doctor patient relationship?
-both have a role*
-doctor shouldn't discuss the results with patients if they were normal

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Neurology

1.Clinical case of Parkinson, what would support your dx?
-shuffling gait
2.True about myasthenia gravis:

90% will have diplopia and limitation of eye movement at some point
3.Child with staring spells (absence seizure), associated with:
3 Hz waves on EEG
4.Elderly man with episodes of transient unilateral loss of vision lasting 1 minute then resolves completely, describing it as “curtain coming down”, the cause:
-Carotid emboli (TIA)
5.True about valproic acid:
It is usually used as a first line in idiopathic generalized epilepsy
6.True about papilledema:
- It may cause tunnel vision **
- it’s never transient
-it's associated with low CSF protein
- it causes pain with eye movement
7.True about intracerebral bleeding:
- high BP causes bleeding affecting internal capsule and basal ganglia **
- usually causes meningeal irritation
8.True about diabetic sensory peripheral neuropathy:
Associated with painless ulcer
9.True about temporal arteritis?
Maybe associated with neck pain
Normal ESR doesn't rule it out
Wait for biopsy result to start treatment
Associated with optic neuritis
10.Geniculate ganglion lesion causes:
Hyperacusis

Rheumatology

1.A woman who had an abortion at the six week of gestation and has a positive anticardiolipin titer , what is the management for the next pregnancy?
- low dose aspirin
- do nothing **
Note that this case didn't meet the criteria for the diagnosis of anti phospholipid syndrome

2.case of ankylosing spondylitis, what you would see on x-ray?
- osteophyte
- syndesmophyte*

3.Another case of Ankylosing spondylitis not responsive to high dose NSAIDS (was on ibuprofen and declofenac), what would you give?
methotrexate
prednisolone
Etanercept*

4.Dyspnea + uveitis + discitis + skin lesion, what is the skin lesion?
Erythema nodosum* (this case is sacrcoidosis, so this is the answer)

5.Vasculitis case with hepatitis B: PAN
6.True about catastrophic antiphospholipid syndrome :-
Schistocyte on Blood smear
Severe thrombocytopenia is common
Plasmapheresis is the main initial treatment
Mediated by NFAT
Cause intravascular thrombosis predominantly in microcirculation

7.70 year old male with Knee pain +calcification , no fever ?
Pseudogout

Infectious

1.what's of the following isn't side effect to vancomycin?
a.red man syndrome
b.neutropenia
c.phlebitis
d.neuropathy*
e.nephrotoxicity
2.Recurrent abscess, pneumonia, high IgE :
Defect in phagocytosis
Defect in chemotaxis***
Mixed defect
3.ESBL (extended spectrum beta lacatamase) bacteria defining feature is resistance to:
Imipenem
Meropenem
Ceftriaxone***
Cefuroxime
4. Which Schistosoma causes bladder cancer?
Schistosoma hematopium
5.vaccine safe to give in pregnancy? injectable influenza

6.Diagnostic test in syphilis?
- rapid plasma reafin test (RPR)
- VDRL test
-biopsy*
- T pallidum hemagluttination test
7. MCC of endocarditis: staph A
8.Hep C antibody positive, next step? viral load by PCR
9.Pt complains of perineal itching mainly during night (case of enterobius vermicularis), which is wrong:
- mostly in children
- it is a pinworm infection
- eggs are invisible in stool
- anemia is common *
10.TB case (cough with hemoptysis, hilar lymphadenopathy), diagnostic test:
3 sputum samples
11.most infectious TB:
-CNS
-Spine
-Calcified lung
-larynx*

GI

1.specific antibody in primary biliary cirrhosis: AMA
2. improves with phlebotomy in hemochromatosis?
Arhtopathy
Diabetes
Pigmentation*
Cirrhosis
3.A patient with psychiatric illness swallowed something while playing with her hearing aid. Imaging in the ED showed a round metal object in her distal esophagus. What is the best next step?
- emergent upper endoscopy* (given that she was playing with her hearing aids and the round object on imaging, this is most likely a disc battery that should be removed immediately as it may lead to perforation)
4.Not a cause of colon cancer:
Carotene?
5.Asymptomatic young patient, on routine investigations when applying to health related job, results showed: HBsAg+, HBeAg+, IgG HBcAb+, HBsAb was negative, AST and ALT high (around

70), high HBV DNA, test repeated after 6 months showed the same results, he still have no symptoms, what would you do?
-assure him as he is a chronic carrier
-take a liver biopsy
-
-
6.About ascetic fluid analysis: serum albumin = 2.5, ascites albumin =1, WBC=250, 30% neutrophils, total protein >2.5, what is true?
-Carcinomatosis can be a cause
-Portal HTN
-Constrictive pericarditis* (The patient's SAAG is 1.5 indicating that this is portal HTN, the next thing to check is total protein. Total protein was >2.5 in this patient, this indicates that this is cardiac ascites with constrictive pericarditis being the most likely answer in this case.)
-give prophylaxis for SBP

7. Frequent diarrhea after ileoceal resection for crohn's, negative fat and lactoferrin in stool :-
Bacterial overgrowth
Lactase intolerance
Bile salt diarrhea*
Crohn recurrence

8.The best way to prevent NSAIDs Iinduced gastropathy:
- Switch to a COX-2 inhibitor (possible)
- Add a PPI (possible)
- add sucralfate

9.B12 absorption will not be affected in which of following:
-pt with pernicious anemia
-19 y/o with partial gastrectomy
-
-
10.Pt with systolic murmur found to have mitral vegetation and was diagnosed with infective endocarditis .. culture shows clostridium septicum.. was treated and improved clinically what's next?
CXR
upper endo
colonoscopy*
abdominal CT

Endocrinology

1.cushing disease vs pseudocushing?
abdominal striae
moon facies
truncal obesity
Moon facies
difficulty raising from sitting position (proximal myopathy)*
2.Hypercalcemia + family hx in her brother next step? Urine Ca-crea
3. unlikely to be seen in TURNER?
-FSH 3*
-LH 10
-45 XO
-poor development of breast

4.Addison disease + hyperpigmentation ?
start hydrocortizone
fludrocortisone + prednisone*
give ACTH

5.Given patient readings diagnostic of DM, he was advised to modify his lifestyle, what would you do also?
-start on metformin
6.Diabetic pt on metformin, glipizide, statin.. he develops anemia, what is the cause?
metformin
7.Which of following is diagnostic of DM:
-asymptomatic pt with HBA1C 6,6 + FBG 127
- Pregnant at 28 wks with FBG 90 and 2 hrs OGTT 178
8. pregnant lady at 28 wks presented with thyrotoxicosis?
give methimazole*
uptake scan
surgery

9.Case of Adrenal insufficiency after stopping cortiso, MANS:
IV Hydrocortisone*

10.Erectile dysfunction in 29 y/o gentlema, m.c.c:
DM
Psychologic*?

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hematology

1. Case of TTP (the stem of question was long, and it is the same as the one in Dr. Abbadi slides but with different choices): lack of ADAMTS13
2. pt with hereditary spherocytosis presented with low retic count & low hb, What is the likely cause? Paro virus B19
3. wrong about polycythemia vera? 50% transform into AML
4. Seen in advanced multiple myeloma (stage 3)?high B2 microglobulin
5. What is the genetic abnormality in CML? t(9.22)
6. To differentiate between hemophilia A & hemophilia B: Factor assay
7. seen in HIT? skin necrosis at site of injection
8. EBV infection & painful lymphadenopathy: mostly due to close contact
9.Lung mass with cavitation and hypercalcemia: squamous cell carcinoma

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Cardiology

1. Young patient came to ER with palpitation, HR was above 100, picture of ECG showing SVT, next step: IV adenosine
2. a-fib + WPW syndrome? give procainamide
3. mitral mechanical valve: warfarin with INR target 2.5-3.5
4. case of pericarditis, what is true? Colchicine decrease the recurrence rate
5. Prophylactic abx indicated in which of following to prevent endocarditis:
Mitral valve replacement 5 years ago and now pt will have dental procedure
6. Smoker + chest pain +ECG with MI .. what is correct?
IV heparin is recommended for treatment
7. not a cause of pulsus paradoxus.... hypertrophic obstructive cardiomyopathy
8. case of digoxin toxicity (nausea, vomiting, confusion), what is true:
hypokalemia*
hypocalcemia
hyperthyroid
9. 80 y/o with severe aortic stenosis + class II angina which is true
-surgery is CI due to his age
-gradient of 20 is considered severe
-rheumatic heart disease is the m.c.c
-pt is likely to have 3 cusps in his valves* ?
-Angina is associated with worst prognosis
10. 70 y/o male, HTN, DM, dyslipidemia newly diagnosed with a-fib, what is true?
CHADSVASC score is 3 + anticoagulate
11. Pt with systolic murmur at the right 2nd intercostal border, difference in BP between upper

and lower limbs (coarctation of aorta), what would you do to help in dx?
Echocardiogram

12.what is correct about cardiac enzymes?
troponin negative in pericarditis*

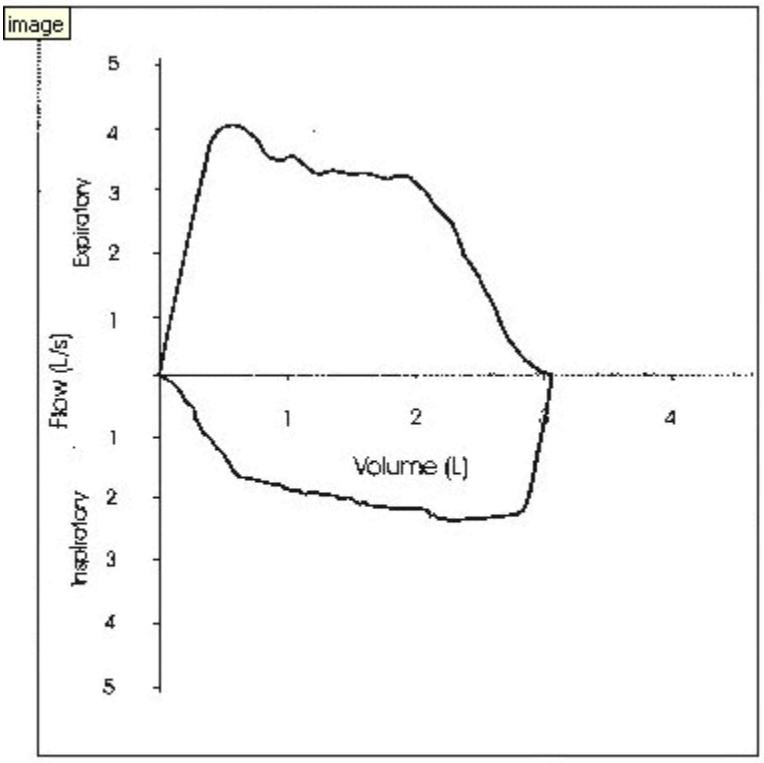
13. unresponsive patient on the ground, what would you do first?
-call 911*
-start CPR

Respiratory

1. Young patient with pneumonia, CURB 65 (1), what is your management? Send home on azithromycin
2. COPD exacerbation, pt is cyanotic and in distress, he is conscious, what is the wrong action:
-bronchodilators
-give broad spectrum antibiotics that covers pseudomonas aurigonosa
-non invasive PPV
-Start mechanical ventilation
-IV corticosteroids
3. pt presented with sudden SOB and pleuritic chest pain otherwise normal (low clinical probability of PE)... next step? D-dimer
4. Case of uncontrolled asthma resistant to multi ttt, associated with limb weakness and paraesthesia, what is the dx?
Allergic bronchopulmonary aspergillosis
Allergic pneumonitis
Churg Strauss syndrome*
5. sinusitis + fertility problems + situs inversus? Primary ciliary dysfunction
6. best way to dx asthma? spirometry to assess reversibility
7. Young female, polyuria, hilar lymphadenopathy next step?
Start steroids
Bronchoscopy with transbronchial biopsy of lymphadenopathy**
8. Table of spirometry results, FEV1 50% of predicted, FVC 50%, DLCO low, TLC and RV are also low, diagnosis?
Obesity
Motor neuron disease
Emphysema
Asthma
Usual interstitial pneumonitis **
9. in Discussion with a COPD patient smoker, best to improve survival :- smoking cessation

10. wrong about pleural effusion in TB?
-high lymphocyte
-Low blood glucose
-Exudative
-acid fast bacilli AFB usually positive for pleural fluid*?

11. flow volume loop (it was nearly the same as this picture), what would you expect in examination:
inspiratory stridor
inspiratory and expiratory wheeze
decreased air entry bilaterally



Fixed Upper Airway Obstruction

Thanks to Lana Al-Sabe', Ramiz Alyacoub, Odai Khaled, Thabet Qabaja, Mohammed Albalkhi, Osama Abed Alkhaleq, محمد رياض الدبس and others

Medicine 4th Year Final 2018

Cardiology

1- Most common cause of HF exacerbation:
Noncompliance to drugs and medications.
2- Which of the following signs is associated with constrictive pericarditis?
High JVP that increases with inspiration (Kussmaual sign)
3- True about HOCM?
Autosomal dominant in 25 % of cases
4- Not associated with ST elevation?
Constrictive pericarditis
5- A case of mitral stenosis (diastolic murmur with opening snap), which is true?
Atrial fibrillation is commonly associated with it.
6- Patient with DM and HTN, both controlled, what to do? – Measure urine albumin (we don't give ACEI or ARB to diabetics unless they have diabetic nephropathy).
7- Patient with bilateral lower limb edema and high JVP, most likely cause? – Right-sided heart failure (the others were nephrotic syndrome, and liver cirrhosis … etc).
8- Systolic murmus, heard best at left sternal border 2nd intercostal space, with ejection click – Pulmonic stenosis
9- Feature of vulnerable plaque? – Large lipid core
10- A prognostic factor for mortality post-MI – diabetes (most likely)
11- A patient with DM and HTN but no other cardiac symptoms, which stage of HF? – Stage A
12- Patient with typical chest pain, in the last 2 weeks, normal ECG, Dx? – Unstable angina (new-onset angina).
13- One of the following is a risk factor of stroke in nonvalvular atrial fibrillation - age above 75

GI

1- Something that normally inhibits gastric acid secretion?
Peptide YY (the others were histamine, Ach, amino acids and gastrin)

2- Which of the following is associated with hypergastrinemia and elevated pH?
a- MEN I
b- Postgastrectomy
c- H. pylori pangastritis*

3- A 67-year-old man with IDA, what to do?
Colonoscopy

4- A case of PSC (-ve AMA, beaded-like pattern on MRCP), what to do?
Colonoscopy (I think this is the answer ◊ to exclude UC)
ERCP

5- Not present in celiac disease? - Migratory myalgia (the others were diarrhea, osteoporosis, IDA and dermatitis herpetiformis).

6- A case of hepatitis (HbsAg -, HbsAb +, HbcAb +, Hep C Ab -, and Hep C + in PCR). Dx?
Acute Hep C

7- A case of mild elevation of ALT, AST and highly elevated ALP and GGT, which of the following is not included in the differential?
a- Ischemic hepatitis
b- Fatty liver disease
c- Hemochromatosis
d- Wilson's (this is the answer, low ALP is a characteristic of Wilson's).
Also ischemic hepatitis oresents with massive hepatic necrosis (not mild elevation of ALT and AST).

8- How much a surgeon can remove from the pancreas without leaving the patient with exocrine and endocrine pancreatic insufficiency?
a- 5 %
b- 10 %
c- 50 %
d- 85 %

9- Which of the following is present in CD but not UC? - Deep ulcers with fistuals

10- Most common cause of upper GI bleeding?
a- Esophageal varices
b- PUD*

11- Not a precipitant of hepatic encephalopathy? - Hyperkalemia

12- A feature of colon cancer following UC:
Multicentric

13- Contraindication to fibrinolytics – Closed head trauma in the last 2 weeks

14- Which of the following is not an indication for paracentesis?
a- Tense ascites
b- New-onset ascites
c- Anemia**
d- Worsening kidney function
e- Fever

15- Not an alarming sign in GERD that requires urgent endoscopy? - Chest pain (the others were significant wt loss, dysphagia, age above 55, hemoptysis).

16- Which is blocked by hepcidin? - ferroportin

Respiratory:

1- Flow-volume loop with severe obstruction – severe emphysema
2- COPD patient presented with right pneumothorax, which is wrong? – increased TVF on the right side
3- Not associated with COPD exacerbation- BMI 24 kg/m2
4- Not associated with asthma exacerbation – Obesity
5- Not a sign of severe asthma – bilateral wheezes
6- Not a predictor of asthma exacerbation – duration of asthma
7- A case of cough, fever, bilateral hilar lymphadenopathy, Dx? – Sarcoidosis
8- Wrong about SCLC – Associated with Pancoast tumor
9- PFTs (FEV1 55, FVC 75, Ratio 55) انسوا الأرقام، المهم المبدأ, which is wrong – Kyphoscoliosis (all the others were obstructive lung diseases – asthma, COPD, bronchiectasia, and bronchiolitis obliterans).
10- A case of atypical pneumonia, what's the most likely pathogen? – Mycoplasma pneumonia
11- Which of the following is not associated with PE –
Either 1- CHD increases the risk of PE
Or 2- D-dimer has very good diagnostic importance for high-risk patients (most likely)

12- Not related to OSA – Smoking
13- Pleural effusion with high LDH and high protein, what's the cause? – parapneumonic effusion.
14- A case of recurrent chest infections, infertility, absent Vas deferens, Dx? - Cystic fibrosis (primary ciliary dyskinesia is wrong because it's associated with motility problems rather than absent vas deferens)
15- Wrong about IPF? - Surgical biopsy is used for diagnosis

ID

1- Most common cause of death in brucellosis – Endocarditis
2- Not an anti-pseudomonal antibiotic – ceftriaxone
3- Immediate action after needle stick injury? – wash your hands with water and soap
4- Needle stick injury with Hep B in an individual not previously vaccinated, what to do? – give the vaccine and Hep B immunoglobulins
5- True about sepsis – Tachypnea can be the first presenting sign (not sure)
6- True about Ascaris lumbricoides – Diagnosed by detection of eggs in stool
7- Wrong about C. difficle infection – C. difficile is a gram-negative bacillus (it's GP).
8- Most common age of HIV in Jordan – 25-35 years
9- Can be acquired from unpasteurized milk – Mycobacterium bovis
10- Most common immunodeficiency - IgA deficiency
11- A case of upper respiratory tract infection, peescribed amoxicillin by a physician, what to do? - May be to stop the antibiotic (although guidelines say you should complete the course).

Rheumatology

1- A case of long-standing RA+ Neutropenia (WBC 2000), and splenomegaly (palpable spleen), Dx – Felty's syndrome
2- Not associated with Behcet disease (A case of oral ulcers, genital ulcers, conjunctivitis, acneiform lesions and erythema nodosum) – Conjuctivitis (all the others are among diagnostic criteria)
3- A case of neonatal lupus (congenital heart disease), most common Ab? – Ro (SS-A)
4- A young man with low back pain (described in the stem as inflammatory), Dx? – Spondyloarthropathy
5- A case of Sjogren's syndrome, most common association – lymphoma
6- A patient with asthma and sinusitis, and signs and symptoms of vasculitis (systemic symptoms, palpable purpura … etc)/ Trying to say it's Churg Strauss or EGPA, what is true? – Associated with positive MPO and positive p-ANCA
7- A case of shoulder and hip stiffness with no synovitis, Dx? – polymyalgia rheumatica
8- A case of stiffness and pain in both knees (described as non-inflammatory in the stem), which is true? – Increases with age (this is OA) / the other choices were indicating an inflammatory cause like RA or gout.
9- Not involved in RA – Thoracic intervertebral joints

Nephrology:
1- A young female with hematuria, UA + for blood and proteins (the stem doesn't mention any RBC casts or dysmorphic RBCs), Dx? – Acute Cystitis
2- A very long case describing a nephrotic syndrome (edema, hypercholestolemia, hypoalbuminemia … etc.), Dx? – Membranous nephropathy (all the others were nephritic diseases).
3- Patient with nephrotic syndrome and AA amyloid, most likely diagnosis? – Rheumatoid arthritis (MM causes AL amyloid)
4- In vomiting, what's the mechanism of hypokalemia? – loss of potassium in urine
5- A patient is hypovolemia (coming from a marathon), which of the following is unlikely? – urine osmolality less than 300 mOsm (most likely).
6- A case of DKA and hypoventilation (ABGs given) – HAGMA + respiratory acidosis (after you calculate it for sure – don't depend on signs and symptoms mentioned in the stem).
7- A patient with features of GN + fresh blood per rectum + colicky abdominal pain, most appropriate thing to do is? – Blood film (this describes HUS following E.coli hemorrhagic diarrhea)

- blood film to see schistocytes

8- Most common diuretic to cause hyponatremia?
a- Furosemide
b- Thazide
c- Amiloride
d- No difference between them

9- A patient had cardiac cath, then developed acute decline in renal function, + livedo reticularis, Dx? - Colesterol emboli (this distinguishes cholesterol emboli from contrast-induced nephropathy.

10- A case of AML and hyperkalemia and the patient is not on treatment, which one of them can be the cause? - Shift from intracellular to extracellular (a case of spontaneous tumor lysis syndrome)

Endocrine
1- A case of acromegaly, MANS? – Transsphenoidal surgery
2- A case of Klinefelter's, MANS? – Karyotype
3- A case of thyroid nodule, MANS? – Measure TSH
4- A case of adrenal insufficiency (hypotension, fatigue, .. etc), MANS? – ACTH stimulation test
5- A case of primary hyperthyroidism in a young adult, with thyroid acropachy (high T4 and low TSH), most common cause? – Grave's
6- A young lady with hypothyroidism and hyperprolactinemia, what to tell her? – her condition will improve with levothyroxine

7- A case of adrenal incidentaloma, measuring 3 cm and well-circumscribed, they did Cushing's work-up and was negative, BP is normal, MANS?
a- Measure PAC/PRA ration
b- Measure fractionated plasma metanephrines
c- Do nothing

8- A case of a woman having obesity, proximal myopathy, abdominal striae .. etc., MANS? – 24-hr urine cortisol
9- A case of Cushing's, diagnosed by high 24-hr urine cortisol, not suppressed by low-dose dexa, and ACTH is high, MANS? – Pituitary MRI
10- A case of sarcoidosis with hypercalcemia, which will not be found? – High PTH (sarcoid causes hypercalcemia by activating the renal hydroxylase and increases Vit D).
11- A woman with FBG of 136, what to do? – Repeat FBG
12- Case of prostatic cancer, presented with hypercalcemia, MANS? – Measure PTHrP
13- A patient with sweating, and signs of hypoglycemia, she developed hypoglycemia after fasting for 8 hours in the hospital, MANS to know the cause? – Measure C-peptide
14-diabetes cause that has nothing to do with insulin resistance - cystic fibrosis related DM

Hematology

1- Defect in TTP – ADAMTS13 deficiency
2- Poor prognosis in AML – chr 7 deletion
3- A case of CLL, what is the prognosis? – The patient will live for a long time without treatment (he's in the chronic phase)
4- A case of CML, what to do? – Do FISH looking for BCR-ABL translocation
5- Most common cause of severe hemophilia A in Jordan is? – Intron 22 inversion
6- Most common presentation of acute hemolytic reaction in a young adult is? – Back pain, red urine, and headache
7- True about TRALI – occurs in the first 6 hours following transfusion
8- A case with spherocytes, high LDH and other features of hemolytic anemia, most likely Dx? – Hemolytic anemia, autoimmune
9- A case of bleeding gums and heavy menstruation, PT, PTT, plt count are all normal, Dx? – Glanzmann Thrombasthenia
10- Treatment to cure transfusion-dependent beta-thalassemia – Bone marrow transplantation
11- Patient with multiple myeloma, what makes him stage 3? – beta2-microglobulin above 5.5

Collected by: Hashim Ahmad

Special thanks to all of you who participated in contributing to add, edit, or comment on the questions.

Internal medicine 6th year 2017

Psychiatry

1- which drug is considered an antidepressant?
2- a girl who came to the ER repeatedly with normal physical complaining of feeling of impeding death..... take a psychosocial history from her.
3- doctor patient relationship: certain roles must be played
4- depression: is a disability

Dermatology

1-wrong about urticaria and angioedema:
- the primary lesion is macule (it is wheal)
2-Wrong about primary lesions:
- macule is change in color of skin within slightly raised lesion*
- bulla is raised fluid filled lesion > 0.5 cm
- papule is raised lesion 0.5 - 1 cm
3-Wrong about psoriasis:
- It can affect infants
- asymmetrical oligoarthritis is the m.cpresentation in psoriatic arthritis

Neurology

1- What causes reversible dementia :
-alzheimer
-pick's
-normal pressure hydrocephalus
-?
2- internal carotid TIA is NOT likely to cause :
-amoursis fugax
-diplopia
-hemiparesis
-hemisensory loss
-??
3-anterior lobe is not responsible for:
-high intellectual fxns
- personality
-verbal *
-conjugate eye movement

4-lower motor neuron disease causes:
Fasciculations

Nephrology

1. Male tired for 5 days then sudden dark urine:
- IgA deposit in Capillary* (the answer is either IgA deposits or crescent formation depending on how you diagnose)

2. Case of alport, ocuular problem;
- Ant. Lenticonus*
- Lens dislocation

3. Female with pyelonephritis, crystal u see in urine:
-Magnisium,
- urate,
- phosphate*
-Cystine

4. Not a risk for kidney stones:
a. Hypercaleuria
b. Hypercalcemia
C. Hypercitraturia*
D.hyperurecemia

5. Patient with persistent HTN, Cr 4.4 not responding to medication, Next step:
a. Renal doppler US (i think this)
B. Renal angiography

6. Male with UTI, u see in UA;
WBCs cast*

7. Dialysis in ESRD, mcc of death:
-Cardiovascular (ex MI)

8. Acid base disorder:
Posthypercapnic metab alkalosis*

9. A bipolar patient was prescribed SSRI , he has poyluria polydipsia , serum osmolaltity was low ~165 . Urine osmolality was also low ~60 .
What is the diagnosis:
1. DI

2. psychongenic polydipsia**
3. SIADH
4.?

Respiratory

1. Trauma to chest with rib fracture , mechanism of hypoxia: (The presentation was that of ARDS with bilateral chest infiltrate and PaO2 not responding to 100% O2) so you conclude that this is intrapulmonary shunt
-Shunt***

2. To prevent decrease in FEV in COPD:
-Smoking cessation*

3. Not in Sarcoidosis:
a. BAL with abundunat neutrophil*
b. Hypercalcemia

4. Patient with severe respiratory distress:
-Intubation**

5. Patient with CURB 65 score 4 MANS:
ICU admission with IV ceftriaxone and IV Azithromycin and IV fluids

6. Asthma patient came for follow up he is on salmetrol and inhaled steroid with good control ... what to do ?
- Salmetrol with half dose inhaled steroid (i guess)

7. Patient with massive pe all can be found on P/E except ?
a. Loud p2.
b. S3
C. Reversed Split of s2
(actually there will be a loud P2 with enhanced physiologic (wide) splitting but no reverse splitting so the answer is C reversed splitting of s2)

8- when is non-invasive ventilation not needed?--
-Obesity hypoventilation syndrome

9- patient with acute respiratory acidosis due to pulmonary edema from heart failure, he is tired but still oriented and awake..management?
-SABA with IV furosemide

Rheumatology

1. Shoulder stiffness w -ve Rf :
-Polymyalgia rheumatica*

2. Drug induced lupus:
-Hydralazine*

3. Not in Dermatomyositis ?
-Calcinosis ,
-erythema nodosum ,
-fissuring of finger tips

4. 21 FEMALE Spiking fever, with knee pain her mother had a hx fo knee pain:
a.Still's disease*
b. Juvenile RA

5. Female with microscopic hematuria and lower limb, least:
-Scleroderma*
-Wegner

6. Patient with RA taking methotrexate, suddenly developed one joint swelling, dx:
Joint aspiration**

7. Patient underwent abdominal surgery, in 5th day developed wrist pain and erythema:
a. Acute vasculitits
b. Reiter*

8. Renal crisis in Scleroderna:: captopril

9.Not a cause of mononeuritic multiplex:
-uremia

10. A pt develops acute painful red tender wrist in hospital after 3 days of abdominal surgery, Most likely cause:
-Gouty*
-Reactive
-Endocarditis
-Palindromic

11.A young female with palpable lower limbs purpura, microscopic hematuria and FOB. Least likely cause is:
-Systemic sclerosis

-Microscopic polyangiitis
-SLE
-IgA

Infectious

1.HAV, not true:
a. Viral shed in feces at onset of sx**

2. Vaccine CI in immunocompromised::
-MMR*

3. Most infective TB:
-Cavitating pulmonary**

4. Follicular tonsillitis:
a. Strep A
b. Strep. Pyogens***

5. Treatment of HIV;
a. Start when diagnosed*****
b. When CD4 < 250

6. Tinea:
a. cystcercosis caused by tinea
B. Tinea solium in cattle**
C. Tinea Saginatum in pork

7. Not a side effect of Metronidazole:
-Red man syndrome*

8. Antiretroviral drug::

9. 90% congenital rubella syndrome if mother got infected in first trimester

10. CSF :low glu ,,high protein,,lymphocytes, least likely :
-Brucellosis
-TB
-HSV *
-Sarcoidosis

11. Chylothorax wrong : cholesterol more than 200

HAV does not cause splenomegaly .!

Cardiology

1. Pericarditis ttt--> colchicine*

2. NHL w months ago with sx and sx of effusion: pericardiocentesis** (Patient was having pulsus paradoxus and therefore it was tamponade that's why the answer is pericardiocentesis)

3. Patient with prev. MI from 3 years, came for follow up and he is asx but st elevation V2-V4, dx:
Left ventricular aneurysm**

4. ECG : ECG was showing complete 3rd degree heart block (hint: before rushing to say there is progressive prolongation of PR interval look for dissociation between P and QRS which was the case in our exam)

5. Cardiac markers:
a. Isoform CKMB is more sensitive***
b. Troponin can indicate re-infarct

5. According to JNC 8, not considerd as 1st line :
B. B-Blocker **)هههه و همه بعطوه زي الملبس(

6. V. Fib ECG --> defibrillation

7. Patient with chest pain not relieved by NTG:
Dx: CT aorta with contrast**

8. Poor prognosis in inferior MI:
Elevated JVP***

9. Pt. with lower acute limb pain, least likely:
Constrictive pericarditis*

10. Patient sar 3ndo elevation bel creatinine after taking anti hypertensive drugs from which one was lisinopril .. He is normotensive now what to do ? Stop lisinopril , continue medications

Endocrine:

1.50 year Patient with HBA1C 6.8 and FBD 180, normal KFT: next step
Metformin and life style modification**

2. Female with thyroid nodule normal TFT, next step:
FNA**

3. Patient with subacute viral thyroiditis with HR 110, palpitation, next :
Observation
Propranolol*

4. Patient with hyperglycemia hospitalized:
Insulin basal and pre-prandial

5. Patient with Acromegaly, best to diagnose:
Glucose supp. Test*

6. Female with hypercalcemia and Normal PTH, her brother has Hypercalcemia, next step;
Urine Ca and creatinin*

7. 76 yo male with TSH 66 not improved in 2nd lab test:
a. Levothyroxine 25 mcg*
B. Levothyroxine 100 mcg
C. Uptake and scan

The patient is elderly and had hx of heart disease that's why you start with low dose thyroxine unlike what you would do with a young pt with no cardiac hx

8. Patient on long term cortisol therappy and suddenly stopped, came with adrenal insuff sx;
IV hydrocortisone*

GI

1. Defferntiate between UC and chrons:
A. Non- caseating granuloma

2. M.c.c of lower Gi bleed in elderly: Diverticulosis

3. Associated with H. Pylori :
a. GERD
b. Lymphoma*

4. Patient admitted as a case of diarrhea with recent hx of Abx use and colonscopy findings:
Pseudomembarnous colitis

5. Wrong about C. Diff:
Diagnosed by routine culture**

6. Cause of Liver fibrosis:
- Methotrexate**

7. Netcracker with chest pain::
Hyperprestaltic movement of esophagus*"

8. Patient with recurrent duednal ulcer and diarrhea, dx::
Gastrin level with abdomin CT**

Hematology

1. AML with M3
--> DIC

2. Young female Aplastic anemia
--> allogenic BMT

3. Elderly with autoimmune hemolysis
--> look for lemphoid problem and Hodgkin an NHL

4. Not used for Dx of NHL
--> B2 microglobulin

5. Normal platelet count and increased bleeding time with gingival bleeding: --
-Glinzman thrombocthenia

6. Rivaroxapan mecahnism
--> anti factor Xa

7. Male with iliofemoral thrombosis ????

8. Patient with antiphospholipid syndrome
--> not correcting with mixing study

9. Anemic with MCV 112 and macrocytes in smear, MANS :
vit B 12 leve

10. All of the following distinguish qualitative platelet disorders except::
- platelet size

11.Not associated with sickle cell :
1. AML **
2. Priapisim

3. Stroke
4. Acute chest syndrome

12.Best to differentiate bet. Hemophilia A and B::
Factor assay"**

thanks to Abdallah al Masri, Maher Odeh and Mohammad Al Amer

Internal medicine 4th year 2017 – collected by Mohammad Abu alia

Cardiology

1- Wrong about constrictive pericarditis – pulsus alternans
2- Patient with stable angina, not a factor that increases risk of adverse event – high HDL
3- Not a component of the metabolic syndrome – LDL > 130
4- A character that makes the atheromatous plaque less likely to cause ACS – high smooth cells
5- Not a drug that reduces mortality in a patient with congestive heart failure – furosemide
6- ECG – complete heart block
7- Least likely to cause systolic dysfunction – severe mitral stenosis
8- Least likely to cause atrial fibrillation – hypothyroidism (mostly)
9- A patient with bilateral lower limb edema and normal JVP, most likely cause for their edema – nephrotic syndrome
10- A patient receiving doxorubicin for their osteosarcoma, their heart failure grade is – A
11- A patient with left upper sternal border systolic murmur, ejection click, single S2 and a parasternal lift, most likely cause – pulmonic stenosis
12- A patient with a systolic murmur that increases with standing and valsalva, and decreases with squatting, most likely cause – hypertrophic obstructive cardiomyopathy
13- Thiazide does not cause – hypouricemia
14- Blood pressure 135/92, stage of HTN is – stage 1
15- A patient with hypertension, most likely cause of death is – CAD (mostly)
16- A patient on sildenafil, contraindicated drug – nitrite
17- Next step in helping a gasping, unresponsive patient – call 911

Pulmonolgy

18- Flow volume loop – emphysema
19- Flow volume loop, part not changed – maximum inspiratory flow rate
20- Wrong about asthma spirometry – FEV1/FVC <75%
21- Best tool for the diagnosis of asthma – spirometry with reversibility
22- Best for the evaluation of severity of asthma attack – FEV1/FVC (maybe)
23- Doesn't cause chest wheeze – IPF
24- Not associated with normal or high DLCO – emphysema
25- Most significant for the diagnosis of cystic fibrosis – sweat chloride test >60
26- A patient presenting with facial swelling and neck dilated veins with shortness of breath, most likely – SVC obstruction by a lymph node
27- A patient with bilateral chest infiltrate, something that favors him to have ARDS rather than cardiogenic edema – pulmonary venous wedge pressure of 18
28- Strep pneumonae pneumonia, wrong – poor response to treatment (mostly)
29- Alcoholic and smoker with pneumonia, wrong – blood culture has high yield

30- Not a cause of tissue hypoxia – increased EPO

Gastroenterology

31- A 55-year old patient presented with bleeding with feces and claims to have hemorrhoids, what's next to do – upper endoscopy or colonoscopy (not sure)
32- An indication for acute hepatic failure in viral hepatitis – PT
33- Not a cause of unconjugated hyperbilirubinemia – Rotor's syndrome
34- Negative in primary sclerosing cholangitis – AMA
35- A patient with 2 years of solid and fluid dysphagia, no weight loss or anemia, most likely cause – achalasia
36- Wrong about gastric ulcers – not sure
37- Wrong about duodenal ulcers – causes malignancy (mostly)
38- Not used in diagnosing H. pylori – culture
39- True about Celiac disease – associated with GI lymphomas
40- The least important Hepatitis B serum level – HbcAg
41- Not a mode of transmission for hepatitis B – fecooral
42- Bile acids and B122 are absorbed via – distal intestine

Endocrinology

43- A patient with thyroid nodule, hypoechoic on US, next step – TSH
44- A cause of low uptake thyrotoxicosis – factitious thyrotoxicosis
45- A patient with decreased libido, fatigue, small, firm testicles, family history of infertility, 1.92 metres in height, next step – karyotyping
46- Gold standard for confirming low growth hormone in a child with short stature – Insulin Tolerance Test
47- Not associated with insulin resistance – cystic fibrosis
48- Hypoglycemic patient with high insulin and low C-peptide, most likely cause – exogenous insulin
49- A patient of multiple myeloma and constipation, Ca is 10.2, next step in evaluating Ca – serum albumin
50- A an asymptomatic patient with high calcium and normal PTH, normal creatinine, most likely cause – primary hyperparathyroidism
51- Not a cause of high phosphate and low calcium – vitamin D deficiency
52- A patient with adrenal insufficiency on steroids, not an indication to increase steroid dose – hypertension
53- A patient suspected to have Cushing's syndrome, has positive low-dose dexa test and 24h urine cortisol, next step – serum ACTH
54- A patient with weight loss, decreased appetite, fatigue, hypotension. Has Hypothyroidism and vitiligo, next step – ACTH stimulation test for cortisol
55- Confirms DM diagnosis - polydipsia, polyuria, weight loss and FBG of 135

Rheumatology

56- A patient with SLE, presented with multiple seizures, least useful test is – CBC blood film (mostly)
57- A patient with systemic sclerosis, presented with shortness of breath and dry cough of months, least useful test is – kidney function
58- Most likely eye manifestation seen in RA is – scleritis
59- Mostly is RF negative – ankylosing spondylitis
60- A patient with knee swelling and pain, clacinosis in the cartilage and negative culture, mostly – pseudogout
61- True about polymyositis – acute proximal muscle weakness (mostly)
62- Unique about psoriatic arthritis – arthritis mutilans
63- Consistent with hemochromatosis arthritis – involves the 2nd and 3rd MCPs as in OA
64- True about enthesitis – the inflammation of ligament or tendon insertion to bone
65- Neonatal lupus has – anti-Ro and anti-La

Nephrology

66- AKI and hyperkalemia, least likely cause – vomiting
67- Hypokalemia, hyperchloremia, low bicarbonate, normal BP, urine pH is 6.5, most likely cause is – RTA
68- Not associated with hypokalemia – Addison's disease
69- 17 years old with lower limb swelling and proteinuria, DM1 since 4 years, controlled. Most likely diagnosis – minimal change disease
70- A patient with colonic cancer, developed proteinuria and hematuria, mostly – membranous glomerulonephritis
71- A patient with MI, persistent hypotension for 3 days, developed AKI with granular deposits in urine, mostly – acute tubular necrosis
72- A patient with thigh abscess, treated, developed hematuria, proteinuria, positive urine WBCs, RBCs and eosinophils, mostly – drug-induced interstitial nephritis
73- Absolute indication for dialysis in stage V CKD patient – pericarditis
74- A bad prognostic factor for a patient with diabetic nephropathy – BP of 155/95
75- An intubated patient with normal BP, JVP and no swellings, has hypernatremia, urine osmolality is 350, most likely cause – SIADH
76- A patient with crush injury, developed heme positive, dark urine with no RBCs, most likely – rhabdomyolysis
77- Wrong about nephrotic syndrome – hypertension
78- True about kidney blood supply - NSAIDs cause constriction of the efferent arteriole

Hematology

79- Consistent with IDA – hypochromic, microcytic cells, poikelocytosis, anisocytosis, normal platelets and WBCs
80- Consistent with autoimmune hemolytic anemia – spherocytes, retic 8%, positive direct antiglobulin test
81- Thrombocytopenia, consistent with DIC – prolonged PT, PTT and TT
82- Consistent with Glanzmann's thrombasthenia – prolonged BT, normal PT, PTT, TT and Plt, and absent clot retraction
83- Genetic test for hemophilia A – intron 22 inversion
84- Poor prognosis in AML – deletion 7
85- WBC 52k, no blasts, positive APL/BCR, mostly – CML, chronic phase
86- True about NHLs – mostly are B cell
87- Drug known to trigger G6PD hemolysis – sulpha containing drugs
88- A patient with HL, LN involve cervical and inguinal groups, and there is no involovemnt of the spleen, liver, bone marrow or mediastinum. The patient complains of sweating, weight loss and fever, his stage – IIIB
89- Most common mutational thrombophilia associated with VTE is – factor V Leiden
90- More likely to cause TRALI – multipara woman

Infectious diseases

91- Wrong about influenza vaccine – contraindicated in bone marrow transplant patients
92- Wrong about Brucellosis – transmitted from humans to humans, and most common cause of death is splenic abscess
93- A patient developed epigastric abdominal pain 4 hours after eating custard, mostly – Staphylococcus aureus
94- Most common cause of cellulitis – Staphylococcus aureus (Streptococcus pyogens is more common but it was not a choice)
95- An antibiotic that causes arthropathy – levofloxacin
96- An antibiotic contraindicated in pregnancy – doxycycline
97- An antibiotic that triggers G6PD hemolysis – trimethoprim/sulphamethoxazole
98- The percentage of transmitting HIV infection from the mother to the child – 25%
99- Not in the management of common cold – antibacterial drug administration
100- True about C. difficile – diagnosed via stool toxin

4th year MEDICINE exam 2016

Rheumatology

1-Which of the following is true regarding Rheumatoid arthritis:
RF is not specific for the disease.

2- Not involved in Rheumatoid arthritis?
Thoracic intervertebral joint

3- Which doesn't indicate severe rheumatoid arthritis?
Acute onset

4- Not from SLE criteria?
Oral ulcers / neutropenia / perotinints/ thrombocytosis*

5- True about Diffuse scleroderma?
Reynaud's precedes sx many years.
renal crises occurs early in less than 20% of pts*

6- 16 year old young lady, works in nursing, had vomiting, abdominal pain,,,
Polyarteritis Nodosa

7- young male pt, has lower back pain of 3 moths duration, improve with exercise what will reveal the dx?
HLA-B27
X-ray for sacral spine*

8- Wrong about EGPA (Eosinophilic Granulomatosis with Polyangitis)? Fixed infiltrates on CXR

9- 70 year old lady, complains of headache in temporal area, with jaw claudication, on examination she had scalp tenderness, almost absent pulse in temporal artery, next step to confirm dx ?
Temporal artery biopsy

Respiratory

1- Pt, came with acute asthma attack, cyanosis, wheezing, all of the following findings indicate that it is sever except:
cyanosis

bilateral wheeze**

2- COPD patient, developed pnemothorax, all are signs goes with the dx except???
hyperreasonance on percussion
decreased transmitted sounds on the side of pnemothorax
Increase tactile vocal fremitus

3- Lady with history of 1 year cough, she is a cleaner in a bakery from 2 years, the symptoms improve in holiday and off days, dx?
Occupational asthma

4- Pt has respiratory symptoms, recurrent RTI when he was child, he and his partner are visiting doctor for infertility, p/e: clubbing, most likely he has?
Cystic fibrosis
Bronchitis
Primary Ciliary Dyskinesa*

5- Flow volume loop, dx? Tracheal tumor

6- PFT results table showing the finding and the expected (normal) values,
[↑RV, ↓FEV, ↓FVC, ↓DLCO] dx ?
Emphysema

7- Pt with pneumonia, 67 year old, awake, RR 28, BUN 50, BP 85/56, CURB65?
3

8- Not in PE?
Loud A2

9- Not in OSA?
Large chin

10-Not related to OSA?

Hypergonadism
GERD

11- Upper large mass, ↑Ca++ , caviating?
squamous cell carcinoma

12- case of progressive dyspnea and dry cough for 6 months, CXR shows infiltrates
IPF
13- old patient was treated with radiotherapy for Hodgkin 30 years ago, came with pleural effusion yellowish in colour, rich in lymphocytes and atypical cells, he is not a

smoker, most likely the cause is?
adenocarcinoma
recurrence of Hodgkin
14- case of pleural effusion

Infectious

1- regarding brucellosis what is true?
 b.canis most common in sheep and gouts
most common focal disease in MSS*

2- in case of needle stick, base line test should be done for all of the following except?
Baseline for HVC
baseline for HIV
PCR…
3- Which of the following needs only contact isolation?
TB
 measles
influenza
 MRSA*

4- Which of the following is not a defining disease for AIDS?
CMV retinitis
TB
Kaposi sarcoma
cryptosporidiosis
Oral candidiasis*

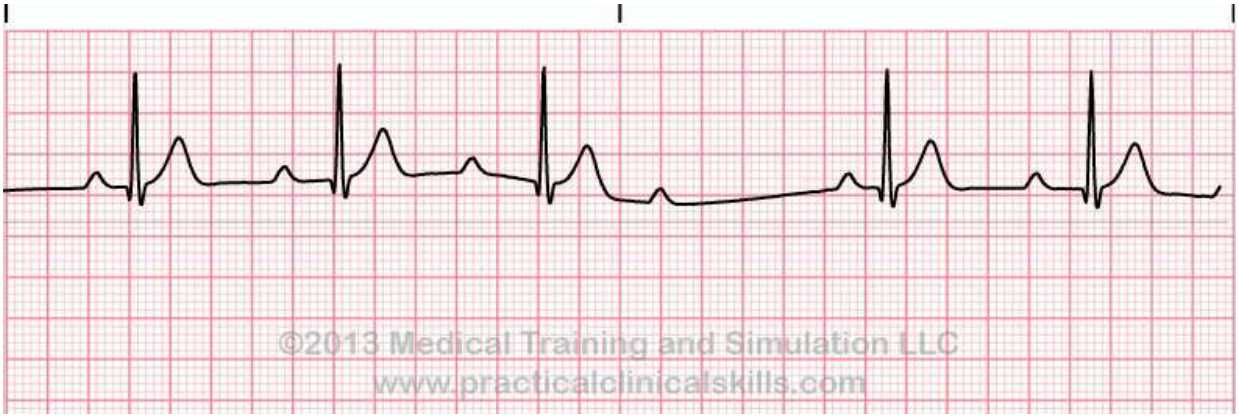
5- true about HIV?
Increased number of survivals

6- What is the most common cause of diarrhea in adults?
rotavirus
Norovirus*
7-most common Ig deficiency
IgA
8-a parasite causing IDA?
9- true about sepsis?
Hypothermia is a poor prognosis sign

10- which one of the following causes erysipelas?
Group A -β hemolytic streptococcus
11- doesn't cause severe diarrhea?
Bacillus cereus

Cardiology

1- ECG ,



dx ?
- type 2, 2n degree heart block

2- Case scenario of bradycardia, chest pain, and hypotension? IV adenosine

3- Case of weak femoral pulse (aortic coarctaion) what to do in ER ?
ct angio/ give plavix/ ct with contrast

4- does not incease the survival in HF?
digoxin

5- Doesn’t increase troponin?

Pericarditis

Acute heart failure

6-not a risk factor for CAD?
OCP
Obesity
hypertension

7- Regarding cardiac enzymes, what is wrong?
troponin can be used 8 days after MI to asses re-infarction
8- case scenario of peripartum cardiomyopathy

9- patient with signs of right Heart Failure, clear lungs, was treated with radiation for Hodgkin.. ?
Constrictive pericarditis

10-Fixed splitting of S2 throughout the respiratory cycle,, Dx?
ASD

11- All of the following conditions cause chest pain on exertion EXCEPT?
Aortic stenosis
uncontrolled HTN
HOCM
Constrictive pericarditis*

Nephrology

1- Distinctive for distal RTA?
Kidney stones */ fanconi syndrome/ hypokalemia/ hypercalceuria

2- Case scenario most likely APKD, which of the following goes with the dx?
Cerebral aneurysm

3- ABGs and electrolytes results
[PCO2=38, pH=7.12, $HCO3^-$ =12] dx ?
Anoin gap metabolic acidosis and respiratory acidosis
HAGMA and respiratory acidosis

4- Case of hematuria, all investigations and U/S normal, next step?
Doppler ultrasound/ renal biopsy

6- Patient with abdominal pain, purpuric rash on legs and hematuria, Dx?

HSP
7- patient treated with gold for 5 years, RA for 30 years presented with nephrotic syndrome, most likely Dx?
Renal amyliod
Gold induced membranous nephropathy

8- Not a cause of hyponatremia?
lithium
9-

Hematology

1- not a risk factor for developing VTE:
sickle cell disease
obesity
homozygous leiden V
2- not an acute complication for blood transfusion:
Rh hemolysis
3-CML case
t(9,22), with ph chromosome
4- patient with heridetry spherocytosis presented with ↓Hb, ↓reticulocytes,?
Parvovirus B19
5- a case of TTP?
↓ADAMTS 13
6- wrong in polycythemia vera?
50% become AML
7-doesn't occur in blood transfusion?
hypokalemia
8- Young patient with painful axillary and inguinal lymph nodes, abnormal lymphocytes (most likely EBV), what is the most common cause of this problem?
Close contact with another person
9-Seen in advanced melanoma?
↑B_2 microglobulin
10- wrong about Ig of ABO system?
They frequently cross the placenta causing hemolysis
11- a case of HIT, most likely seen?
Skin necrosis at injection site

GI

1- not found in celieac disease duodenal biopsy:
lymphocytes infiltrate
eosinophilic infiltrate* ?
villous atrophy
crypt hyperplasia
crypts of Lieberkühn
2- male, MRCP showed bleeding of the bile ducts, Dx?
PSC
3- An alcoholic patient with epigastric pain for 3 months, all of the following you can

do except?
HAV IgM
4- patient had clostridium defficile infection and diarrhea, now he doesn't complain of anything, what to do?
do not do anything

5-which is not associated with severe Ulcerative Colitis flare?
Abdominal pain
Extra-intestinal manifestation (arthritis)
tachycardia
stool per day
bleeding per rectum
6-patient with cirrhosis has massive UGI bleeding, which of the following doesn't contribute to his decompensation?
spironolactone
7-patient with jaundice and history of CBD stone and ERCP, most appropriate next step?
MRCP
8- Patient with Wislon's disease, which is wrong?
↑ alkaline phosphatase
9- 70 year old female patient with lower abdominal pain and constipation, she had similar symptoms in the past, most likely cuase?
Sigmoid volvulus
diverticular disease
colon dyskinesia

Endocrinology

1- Vitamin D deficiency what is wrong?
normal PTH
2-female patient, ↑ serum Ca ↑PTH ↓urine Ca, and family history of ↑ Ca, dx?
FHH
3-Normal TSH, thyroid nodule, MANS?
FNA
4- Erectile dysfunction in a 29 year old man, most common cause of his condition?
psychological
diabetes
5- ↓FSH, ↓LH, ↓Testosterone, and anosmia, Dx?
Kallman syndrome
6- male with goiter, ↑T4, ↓TSH, MANS is?
24 hour urine cortisol

7- Adrenal insufficiency, MANS?
ACTH stimulation test

8- Patient with cushing, ↑ 24 hr urine cortisol, MANS?
ACTH level

9- Patient with signs and symptoms of cushing MANS?
24 hr urine cortisol

10- Acromegaly, diagnostic test? OGTT
11- Acromegaly, best treatment?
trans- sphenoidal surgery

12- Psychotic patient, which drug causes her ↑Ca?
lithium

13- Obesity doesn't cause?
osteoporosis

Arteriosclerosis

14- diagnostic test of diabetes?
FPG> ١٢٧ several times

15- hypoglycemia + ↑ insulin, MANS?
C-peptide
Pro insuiln

Medicine 6th year exam , 5-5- 2016

** Endocrinology :

1) patient found to have 2 cm nodule on left side , TSH is 10 , thyroglobulin is increased , which one of the following is the least likely cause ?
1. MTC **********
2. benign thyroid adenoma ***
3. papillary thyroid CA
4. follicular thyroid CA
5. anaplastic CA
....
2) pregnant in 22 weeks GA patient with dizziness , fatigue , tremor , paplitation , soft bruit is heared over the left thyroid ,TSH is .04 (0.5-5.0) , T4 23 (9-20) , the MANS :
1. radioiodine ablation
2. carbimazole ***
3. observe then repeat TFT in 4 weeks
4.
5.
....
3) patient underwent transphenoidal surgery for tumor removal , the MANS to assess his thyroid function is :
1. measure TSH
2. measure T4 ***
3. measure T3
4. measure alpha-subunit of TSH
5. measure thyroglobulin
....
4) patient with DM , HTN , hypercholestrolemia , he is on gliplizide , metformin , enalpril and simvastatin . if he developed B12 deficiency due to drug , it will be most likely due to :
1. gliplizide
2. metformin ***
3. enalapril
4. simvastatin
5.
....

5) a cushing syndrome patient , which of the following will confirm adrenal tumor :
1. low ACTH ***
2. Increased urinary cortisol
3.
4.
5.
....
6) diabetic patient on metformin and glimeperide , developed sweating and confusion , his measured glucose was 25mg/dl , of the following the least likely to be a cause of his decreased glucose is :
1. acute kidney injury
2. poor oral intake
3. drug overdose
4. adrenal insufficiency
5. pheochromcytoma ***
....
7) diabetic patient with ED , you decided to start him on Viagra, what drug will be contraindicated to be given with it :
1. Aspirin
2. hydrochlorathiazide
3. simvastatin
4. isosorbide dinitrate ***
5.
....
8) patient with episodic HTN , headaches , palpitation , sweating , for his HTN , which of the one of the following drugs shouldn't be given for this patient :
1. Propanolol ***
2. ACE
3. thiazide
4. alpha blocker
5.
....
9)female patient presented with hypoglycemia SxS and episodic sweating , she noticed weight gain lately , FBG : 40 , MANS :
1. 24 ECG
2. 72 fasting glucose
3. Fasting insulin & C-peptide ***
4. ACTH stimulation test
5.

....
10) 70 year old Female presented with back pain , constipation , and abdominal pain , decreased urinary frequency , her PTH was high , CA high, PO4 low , the most likely diagnosis :
1. multiple myeloma
2. primary hyperparathyroidism***
3. Paget's disease
4. osteomalacia
5.

** Nephro :

(note for 4th year : the Qs were very hard, it's unlikely that you will have them in your exam .. good luck)
.....
1)40 year old male patient known to have alcoholic liver cirrhosis. He is maintained on spironolocatone 100mg daily and furosemide 40mg daily. He has been sober since 4 months. He is being discussed as a candidate for liver transplantation. He notes that he is compliant with his drug regimen, but without any improvement. He has long standing ascites which has progressed over this period of time. He notes increased lower limb swelling and gaining of 3 kg in the past month. Which of the following is the most appropriate next step in the management of this patient?
Na: 136 ?? mEq/L
K: 3.9 mE/L
Cr: 0.6 mg/dl
Urine Na 126 mEq/L
Urine K 36 mEq/L
(a) Fluid restriction of <1L/day ***
(b) Admit for albumin infusion
(c) Increase dose of spironolactone
(d) Advise dietary sodium restriction ***
.....
2)70 year old male patient with history of DM, HT and CKD stage 3 underwent CABG for 2 vessel disease yesterday. 1 week ago he presented with angina and underwent coronary angiography. His surgery today was uneventful. Post-operatively he required mechanical ventilation and administration of vasopressors. He total urine output declined to 300ml/24 hours. His total input was estimated to be positive 10L even

though he is on furosemide. On physical examination he had bilateral dependent edema. HR 74 bpm and BP 94/60 mmHg. What is the most appropriate next step to assess the cause of his acute kidney injury?
(a) Fractional excretion of sodium ***
(b) Adminstration of 1.5% of albumin
(c) Urine sediment and cellular/cast study ***
(d) Determination of complement (C3) level
(e) Measure central venous pressure
.....
3) Patient is referred from the nephrology clinic and said to have nephritic syndrome and his renal biopsy shows (AA) amyloid plaques. Which of the following will most likely associated this presentation?
(a) SLE
(b) Multiple Myeloma
(c) Monoclonal gammopathy of unknown significance
(d) RA***
(e)
.....
4) case of Aspirin overdose (Resp. alkalosis , high level of aspirin and hemodyamically stable) , MANS
1. acetazolamide
2. alkalinization with NaHCO3 ***
3.hemodiaysis
.....
5) 70 year old female hypertensive , had gastroenteritis , admitted with suspicion of prerenal azotemia , after 2 days se devloped bradycardia with regular rhythm and no ECG abnormalities and hypotension , patient is on bb and diuretic , what is the best treatment (BB toxicity) :
1. 5% dextrose & insulin
2. IV glucagon ***
3. IV MgSO4
4. IV NahCO3
5. IV Ca gluconate
.....
6) untreated Hep C patient presented with isolated persistent proteinuria , what is the most likely association :
1. MPGN type 1
2. PAN
3. Cryoglobulinemia ***
4. MCD

5.
.....
7) female patient with met alkalosis (PH not shown , but HCO3 >30) , patient has low K+ and low Cl , on urine patient has Cl<10 , what is the most likely diagnosis
1. surreptitious vomiting ***
2. gittelman syndrome
3. diuretic abuse
4. barter
5. primary hyperaldosteronism
.....
8) female in her 30s presented with HTN (very high) , metabolic alkalosis , low K+ , nl Na+ , on PE CVS and RS were normal , and she does have strong and intact pulses , most likely diagnosis :
1. primary hyperaldosteronism
2. Fibromuscular dysplasia ***
3.
4.
5.
.....
9) patient in his 30s bilateral cystic kidney with 2 distinctive masses , his father died of BRAIN TUMOR , he does have family history of father's 2 sister of similar problem one of them has also hearing loss , what is your diagnosis
1. ADPCK ***
2. ARPCK
3. VHL ***
4. Tuberous sclerosis
5.
.....
10) elderly male was bought by his wife to ED after falling , he has neurological Sxs (confusion , agitation , drowsiness) , his Na was 118 , MANS :
1. desmopressin analog (tolvaptan)
2. 100 mg bolus of 3% hypertonic Na ***
3.
4.
5.
.....

11) all of the following will cause renal glycosuria except :
1. Addison's ***
2. pregnancy
3. Fanconi
4. lead posioning
5. cystinosis
.....
12) 31 y/o female with bloody diarrhea, went to a party 3 days ago .. Diarrhea started today .. Also she has hematuria .. Her platelet count was 78k (hus)
Best thing to confirm diagnosis:
1. Rectal exam
2. look for schistocytes in blood film **
3.
.....

Rheumatology :

1- 50 year-old female patient presented with proximal muscle weakness, difficulty standing and climbing stairs, she also complained of shortness of breath when lying flat. On P/E, there is proximal weakness but her strength is preserved distally, cardiac exam revealed tachycardia, gallop rhythm, and displaced apical impulse. Which of the following antibodies is likely to be present in this patient:

A) Anti-M2
B) Anti Jo
C) Anti SRP
D) Anti SSA
E) Anti RNP-1

2- Female patient, diagnosed with diffuse SSc 2 years ago. She presented to the clinic complaining of headache and impaired visual acuity. On P/E, she has papilledema, her HR 88 bpm, BP 180/118 mmHg, neurological exam was normal. Which of the following is the most appropriate investigation:

A) Head CT and then LP
B) Urinary analysis and blood smear
C) MRV with antiphospholipid antibodies
D) MRA with HLA-B51

E) Temporal artery biopsy and steroids

3- 70 year-old female patient, complaining of painful proximal and distal interphalangeal joints for the last 2 years which has worsened in the last few months, she has mild tenderness on palpation. She also has osteoarthritis of the right knee that was diagnosed 1 year ago. Which would be your first treatment option?

A) Paracetamol
B) Diclofenac
C) Prednisone
D) Methotrexate
E) Knee joint replacement

4- Male patient with recurrent sinusitis, skin rash, nasal septal perforation. Dx?

A) EGPA
B) GPA
C) Relapsing polychondritis
D) SLE

5- Patient with lupus nephritis class IV, what would you give her in addition to steroids?

A) Cyclophosphamide
B) Cyclosporine
C) Methotrexate
D) Leflunomide
E) Rituximab

6- Which one of the following is not seen in Behcet's disease?

A) Scleritis
B) Erythema nodosum
C) Acneiform lesions
D) Genital ulcers
E) Oral ulcers

7- Patient presented with painful acute swelling and redness in the right big toe, her past medical history is significant for hypertension, diabetes, and bleeding peptic ulcer. What would be your management for his painful joint?
   A) Diclofenac
   B) Colchicine
   C) Prednisone
   D) Allopurinol
   E) Rasburicase

8- A female patient complaining of xerostomia and xerophthalmia, she also has anti-SSA and anti-SSB. Which one of the following is a risk that this patient might develop in the future?

A) Sepsis
B) Lymphoma
C) Interstitial lung disease
D) Renal failure
E) Colon cancer

9- Which of the following is likely to have a positive HLA-B27?
   A) 25 year-old male complaining of early morning back pain that improves with exercise
   B) 72 year-old male with chronic back pain
   C) 67 year-old female with painful knee joints that worsens with activity
   D) 62 year-old female with swollen PIPs and MCPs
   E) 19 year-old female with photosensitive rash on her cheeks

10- All of the following are features of reactive arthritis except
   A) Conjunctivitis
   B) Penile ulcers
   C) Keratoderma blenorrhagicum
   D) Tenosynovitis
   E) Circinate balanitis

Infectious :

1- A female who went to a restaurant and presented with vomiting for 5 hours, Dx : Staph?
2- True about Hepatitis B vaccine > protective against hepatitis D
3- All of the following are considered +ve PPD tests except:
(a) HIV patient with 3mm induration***
(b) Healthy person with 17mm induration
(c) Patient with household contact of TB with 7mm induration
(d) Patient with renal transplant with 12mm induration
(e) Patient with prior negative PPD test with 13mm induration***
(both A & E work)
4- 70 year old patient started complaining of cough, SOB and weakness of 3 days duration. He was suspected to have been infection with H1N1 infleunza A strain. All of the following are applicable except?
(a) He should be given oseltamivir
(b) He should be started on antibiotics
(c) His household contacts should be started on oseltamivir
(d) H1N1 diagnosis can be confirmed with nasopharyngeal swab PCR
(Note: oseltamivir is used only if <48 hours since exposure).
5- Most serious type of malaria; P.falciparum
6- True about brucellosis:
Add gentamicin if resistant
7- HIV pt CD4 < 150:
Give Cotrimoxazole prophylaxis against PCP
8- Disorder of phagocytosis?
chronic granulomatous disease
9- True about rubella :transmission is most commonly in the first month of gestational age more than 90 %

** Cardiology :

1- 30 year old female presents with new onset chest pain that is not relieved by rest. She also complains of SOB and fatigability. On physical examination she is febirle (38.4C), has an S3 and bilateral basal crackles. CXR shows cardiomegaly and bilateral pleural effusions are present. Echocardiography shows a LVEF of 30%, global dyskinesia and a gallop rhythm. There are no valvular abnormalities. Which of the following is indicated in this patient?
(a) Methylprednisolone
(b) Captopril and carvedilol***
(c) Vancomycin and ceftriaxone

2- Pt presented with dizziness, pulse rate 35, blood pressure 70/50. He is on b-blocker and hydrochlorothiazide. ECG shows sinus bradycardia and no ST o T wave changes. Glucose:95. What to give him: 1- IV glucagon** (b-blocker antidote) 2- IV calcium gluconate 3- dextose with insulin 4- IV magnesium sulfate

3- ECG showing ventricular tachcardia. Pt presented with palpitation then suddenly collapse while talking to him. What to do: 1- defibrillation** 2- synchronized cadioversion 3- IV digoxen 4- IV adenosine

4- Pt presented with palpitaton, heart rate: 160. ECG showing SVT. Pt is hemodynamically stable (no chest pain, SOB, hypotension, confusion). What to do 1- IV adenosine** 2- IV digoxen 3- defibrillation 4- synchronized cardioversion

5- Pt presented with chest pain stabbing in nature increased by laying flat and relieved by leening forward. ECG showing diffuse ST. Which of the following is not correct about this pain: Steroids is rthe first line therapy

6- Pt after 3 days of acute anterior MI. Presented with chest pain and dysnea. PO2 80% not corrected by 100% O2. On exan: systolic murmur with thrill, pulmonary crackles. What to do: 1- VSD repair** 2- mitral valve repair

7- Female 30 years presented 6 weeks after giving birth with progressive SOB, signs and symptoms of heart failure (S3, crackles...) dx: Preipartum cardiomopathy

8- Pts presented with palpitations, ECG showing wide QRS, pulse irregularly irregular, pt is stable hemodynamically. Drug of choice Procainamide**(WPW syndrome)

9- Which of the following causes short QT: Digoxen

10- Which of he following is contraindicated wth sildenafil: Isosorbide dinitrate

11- Pt pesented with chest pain. He has hx of lymphoma treated. HR: 120. Otherwise PE normal. What to do: pericardiocentesis**

12- Pt presented with severe epigastric abdominal pain with nausea, abdominal exam showing tenderness but no gaurding or other signs of peritonitis. Pulse irregularly irregular. What to do: CT angio** (mesentric ischemia)

13- Which of the following does not cause severe acute chest pain: Papillary muscle dysfunction

14- Pt presented with chest pain consistent with MI, ECG showing ST depression o cardiac markers are positive. What not to give to this pt: Thrombolytics**

15- Pt presented with STEMI. What not to do? Wait cardiac biomarkers to do PCI

** GI

1. Elevated liver enzymes + dm + elevated ferritin .

Most appropriate next step ?

- Liver bx
- transferrin saturation **

2. Case of bloody diarrhea after coming back from a journey to europe ,he also complains of right knee pain and swelling , dx ?

- nongonococcal arthritis
- campylobacter infection **

3. Young male with chronic bloody diarrhea + abdominal pain + RLQ mass + anal skin tags ? Dx?

- crohn's **
- UC
- chronic pancreatitis

4. Chronic diarrhea + microcytic anemia (mcv 77) + low ferritin +low b12 +low folate , serum antibody you will most likely find ?

- anti ttg**
-Anti intrinsic factor

5. A patient diagnosed to have UC 10years ago in remession with drugs , regarding the screening for colon cancer which is true :

- every year **

6. Known case of UC presented with acute flare , we use all of the following except :

- LMWH
- azathioprone *
- iv steroid
- oral mezalamine
- mesalamine enema

7. Chronic diarrhea with wt loss in chronic alcohol abuser , previous hx of terminal ileum resection due to acute appendicitis with rupture , most appropriate next step ?

-fecal elastase *
-endoscopic capsule

8.young patient with chronic diarrhea and anal skin tags , next step?

- colonoscopy

9. Dysphagia for both solid and liquids for 18 months , dx?

- achalasia**
- esophageal cancer

-esophageal webs
- trachial cancer

10. Young female , obese , ocp , presented with ascitis , which of the following if presents will support the diagnosis of Budd chiari syndrome ?
-liver tenderness **
- ascitis protein 35 g/L

11. Female with elevated liver enzyme and ferritin level 400 , dx?
- NASH
- hemochromatosis

** hemato :

1-a case describing a pt developed fever, confusion, renal insufficiency ,thrombocytopenia and anemia (ttp), whats wrong:

-the pt will need plasmapheresis
-the pt will require hemodialysis because he's going to develop renal failure soon **

2-31 y/o female with bloody diarrhea, went to a party 3 days ago .. Diarrhea started today .. Also she has hematuria .. Her platelet count was 78k (hus)
Best thing to confirm diagnosis:
-Rectal exam
- look for schistocytes in blood film**

3- a case describing pt with normal platelet count,normal pt,normal ptt and abnormal aggregation of platelets with adp:

glansman thropasthenia**

4-Patient with thalasaemia was started on chelation therapy , which of the following is true :
- Chelation therapy cannot be started before age of 7 years
- Chelation therapy is given with vit c bacause it increases iron secretion
-before giving therapy , if organ damage was established it cannot be reversed when iron chelation therapy is started
-deferoxamime is first line of ttt
-oral defrasirox is first line of ttt

5-a jordanian soldier was given anti malarial prophylaxis, then he developed symptoms of anemia, on blood smear was found to have heinz bodies, whats the most likely dx :
-Heridetary spherocytosis
-G6PD deficiency**

6- a pt with hb of 14.5, platelets= >800,000 , wbcs: 54,000 , neutrophils 80%, basophils: 3%, what is the most likely dx

-polycythemia vera
-CML, chronic phase***
-CML, blastic phase
-essential thrombocytosis

7- what is the most CURABLE non hodgkin lymphoma:

-follicular
-diffuse large b cell***
-burkitts

8- a pt was diagnosed with lymphocyte-depleted hodgkin lymphoma, all of the following are part of staging except:

-serum B2 microglobulin
-brain ct **

9- a female pt with hx of recurrent abortions and 2 previous episodes of DVT and current episode of PE, all of the following are true except:

-her aPTT will correct in mixing study

10- a case describing pt with bone marrow findings of fibrosis and teardrop cells:

-idiopathic myelofibrosis

11- a pt with chronic low back pain of 6 months duration, his prostate is enlarged and his prostate specific antigen is elevated, he's having pancytopenia, his bone marrow biopsy revealed abnormal dysplastic cells, whats the cause of his pancytopenia:

-infiltration of the bone marrow by metastatic prostate cancer
-myelodysplastic syndrome***

12- a pt developed hit after using heparin, which drug can't be used for anticoagulation:
-argatroban
-LMWH**

13- One of the following is a mutation thrombophilia causing VTE:
Protein C def
Protein A def
Anticardiolipin
Lupus anticoagulant
Factor V leiden**

** Respiratory :

1- a patient with ARDS, not likely to find :
   -normal p CO2
   -increased left atrial pressure **
   -bilat infiltrates
2- compliance curve (restrictive lung disease), all the following are correct except :
   a- decrease FEV1 /FVC *
   b- dec FEV1 c-

3- one of the following enhance lifestyle
   a- pulmonary rehabilitation
   b- salmetrol
   c- albetrol + tiotropium
   d- long term oxygen therapy .
4- COPD patient with pneumonia , given numbers (atm 680) to calculate A-a gradient , the mechanism of pulmonary failure is : hypoventilation + v/q mismatch
5- Flow-volume loop , (a) represents which of the following :
   answer : peak expiratory flow .
6- The best predictor for sepsis in pneumonia : Procalcitonin .
7- Asthmatic patient , his regular Pa CO2 38 one of the following represents the most severe asthma : PaCO2 43

** neuro (6)

**psychiatry (3)

** Derma (3)

Medicine final exam
6th year medical students
2015

Rheumatology

1- Patient with left sided weakness, don't do :

Anti-CCP antibody....

2- whats not likely with polymyositis :
- ocular artery
- raynauds

- involvement of Extraocular muscles

3- Antibodies associated with congenital heart block
Ro/ La

4- Reumatoid factor right :
-directed against portion of IgM
-related to disease activity
-pathognomonic for RA
-associated with milder disease
-positive in cryoglobulinemia

5- If pt on azathioprine, which of the following we should pay attention when giving it
- allopuranol

6- which of the following are likely to be HLA B 27 positive
- young male with back pain and stifness
- old male with symmetrical hand involovment
-....

7- all of the following in reactive arthritis except:
- conjunctivitis
- genitla ulcers
- keratoderma blennorrhagia
- tenosynovitis
- balanitis

8- pt with elevated CPK, ALt, AST, all might occur in him except
- dysphagia
- raynaud
- Interstitial Lung Disease
-

9- RA: erosive arthritis

10- Wegner's :
- leukocytoclastic vasculitis
- ANCA +ve
- needs steroids and cychlophosphamide

- associated with MPGN*

Hematology

1- which of the following is the definitive test to distinguish hemophilia A from B:
- PTT
- factor assay**
- male
- X linked
-

2- which of the following is the characteristic cell seen in the peripheral blood in patients with autoimmune hemolytic anemia warm antibodies:
- densely hemoglobinated spherocytes**
- anisocytosis and poikilocytosis
- helmint cells

3- Patient with : Anemia, Leukopenia and Neutropenia, thrombocytopenia.....Hypoplastic Marrow….. prestented with fever.... best treatment ?
- Give Packed RBCs And Platelets and IV ABx...
- Give GCSF & IV ABx
- Give Steriods

4- Patient with increased Hb and WBCs and Platelets..... Dx. ?
Polycythemia Rubra Vera

5- a young female, c/p menorrhagia and fever from 2 weeks, acute onset, no splenomegaly, she has 6 sisters and none complain of bleeding ... labs showed Hb 7, Plt 10,000, WBC 1000 with 2% neutophilles, bone marrow examination showed severely hypocellular bone marrow, what would you do to her?
- immediatelly look for matched HLA to do bone marrow transplant
- give her prednisolone and cyclo

-Give Packed RBCs And Platelets and IV ABx...
-Give GCSF & IV ABx & EPO
- gice iron, vit b12, and folate replacement

6- CML vs leukemoid reaction vs ET vs PRV:
Hb 14.5 , WBC 56000 , plts 960,000 , 80% neutrophils, 3% basophils all other myelogenous cells are present

7- with the advancement of iron chelating in patient undergoing frequent transfusion ... which is true
- parentral deforexamine remains the drug of choice, 2 times a week
- oral deferasirox is the first line treatment
- once organ damage has established nothing can be done to reverse it

8- scenario of vit b 12 deficiency, what are the cells in peripheral blood
- macrospheres
- nucleated RBC
-blasts

9- all of the following help to distinguish qualitative platelet disorder except:
- platelet size*
- clot retraction
- platelet aggragation
- bone marrow cytogenatics
- platelet flow cytometry

10- AML with myelomonocytes what do u see in cytogenetics : inv 16

11- all of the following are indicated to stage a patient with NHL except:
- brain CT
- bone marrow
- chest, abd, pelvic CT
- LDH
- bone scan

12- female told that she has heterozygous factor V leiden ... what would you tell her
- start of LMWH for lifelong
- start on heparin and warfarin then stop heparin
- do nothing
- do lower limb doppler and treat acoordingly

13- case of hypocellular BM, everything low = aplastic anemia :
BMT (definitive Rx for patients who are young and have an HLA-matched family member (10-year survival > 80%).

GI

1- Patient just returned from Thailand with Jaundice... least useful test:
Acetaminophin level....

2- Patient with elevated liver enzymes and proteinuria and low complement..... Next step:
Test for Hepatitis C.

3- Patients taking Azathioprine should be also monitored if taking another drug: Allopurinol.

4- One of the following is an indication to repeat endoscopy :
Hyperplastic Gastric polyp ???

Dr Said Esophageal Varices

5- Patient with intermittent Dysphagia..... and Esophagial webs..... and Eiosinophils on Biopsy.... best treatment :
Inhaled corticosteroids sprayed in the mouth and swallowed ??

6- Patient with UC, started 10 years ago, he is in remission now, asks you about frequency of colonscopy :
-after 5 years since he is in remission
-every one year
-every 7 years for 14 years then every 3 years
-do colectomy now

7- Patient with crohn's on azathioprine presented with perianal fistulas, what to do next ?
-ASA oral
-ASA rectal
-pednisone oral
-infleximab

8- 60 year old female, presented with high liver enzymes, normal GGT and Alk phosphatase, all are important for diagnosis except :
-ANA
-ferritin
-serum ceruloplasmin
-ANA
-hepatitis C

9- Patient presented with upper GI bleeding, found to have duodenal ulcer on EGD and H pylori, you started eradication treatment, what to do next ?
-restet by EGD 8 weeks later
-by fecal antigen 8 weeks later
-by serolgy
-no need to repeat tests
-keep him on omeprazole lifelong

10- Male patient, with 1 year history of diarrhea and weight loss, chronic alcohol ingestion, had recurrent abdominal pain in the past and underwent terminal ileal resection for appenditis, upper and lower GI endoscopy are normal, what to do next :
-capsule ensoscopy
-imaging of small intestine
-h pylori testing
-fecal elastase

11- Patient with crohn's, on azathioprine, presented with perianal abscess and intersphinter abscess, what to do next ?
-ASA oral
-ASA rectal
-pednisone oral
-infleximab
- refer to surgery ****

12- pt with chronic liver cirrhosis and enchaphelopathy, all can be done except
- TIPSS ***
- large volume peritoneal tap
- diuretics

Respiratory

1- Alcoholic patient with Rt. upper lobe Pneumonia.... Most likely organism :
Klibsella....

2- Patient with Pnuemonia :
RR:32
Age : 66
Urea : 78
BP: 75/55
CURB 65 is ??
4

3- Polysomnography: Episodes of Decreased Flow (but not fully cessated) goes more with Hypopnea.

4- Flow Volume Loop: PROGRESSIVE SOB over 2 years with Box shaped FVL: - Retrosternal Goiter, hx of wheeze?

Vocal Cord Paralysis (unlikely to be progressive?)

5- COPD Patient with Low O2 High CO2: V/Q mismatch with hypoventilation?

6- Pt with Kyphoscoliosis and High CO2: Hypoventilation.

7- Pressure volume curve : emphysema

8- spirometry., obstructive pattern ... which is the likely casue
- bronchiolitis
- chronic bronchitis
- emphesema
- sarcidosis
-...

9- which goes with left heart faliure more than ARDS
- po2/fio2 100
- pcwp 18
- increased left atrial pressure**
- ....

10- which is the least likely cause of upper airway obstruction
- epiglotitis
- TB
- pneumoccus
- ???

11- all of the following may trigger asthma except
- normal saline**
- methacoline
-

12- Pt with pneumonia o u started him on antibiotics next day his xray showed multiple pocketing what do u do:
Wait for antibiotics to work
Chest tube and streptokinase**

Endocrinology

1. Old man with Recent Dx of DM, well controlled, taking Simvastatin, Glimeperide, Other 2 drugs.... Presented with Peripheral Neuropathy... What explains that?

- DM Induced Neuropathy.

- Glimepiride.

- Simvastatin induced Vitamin B12 Deficiency.

- Metformin induced Vitamin B12 Deficiency

2- 11 weeks pregnant woman with Nausea and Vomiting,
TSH:low , free t4 & t3 : upper limit of normal..... dx. :
Hyperemesis Gravidarum.

3- turner syndrome which is least likely :
1) fsh 5 (4-9)
2)tsh 10
3) under developed breasts
4) low estrogen

4- klinfelter syndrome what is least likely to find :
1) soft normal testicles**
2) azoospermia
3) upper body higher than lower

5- hypoglycemia and high insulin and low c-protein :
- psychiatry evaluation**
- urine sulfonylurea

6- Patient with limited financial status she has typical symptoms of hypothyroidism , what is the next step
TSH
Scan

U/S

7- Patient with raised plasma metanephrines, which drug shouldn't be used as initial treatment for his HTN
Propranolol

ACEIs

CCB

alpha blocker

Cardiology

1- Patient with prolonged fever & weight loss, changing murmur , and embolic phenomena, ESR 70, Echo showed Lt. Atrial mass.... dx :
Atrial Myxoma

infective endocarditis.

2- ECG : SVT..... Give:
IV Adenosine...

3- patient with inferior MI, became hypotensive with edema and elevated JVP.... Management :
Give 500ml bolus plus 100ml/hr fluid...

4- Which of the following Causes Short QT Interval:

Digitalis

5- ECG showing STEMI whats not true :
wait until cardic enzymes are elevated to treat

patient presented with peaked t wave , proloneg PR interval , wide QRS , what to give the patient
IV calcium
iv magnesium
iv phosphate
iv potassium

6- 70 year old male presented for evaluation for his HTN, on echo he was found to have aortic stenosis with area of 1 cm, gradient 50, LVEF 52%, asymptotic, how to manage :
- aortic valve replacement
-aortic valve repair
-medical management and modification of risk factors

7- Who should receive prophylaxis for infective endocarditis :
-ASD
-VSD
-tetralogy of fallot

8- Young male patient, complains of headache especially after exercise, has grade 3 systolic murmur on aortic outflow tract, radiating to carotid, A component of S2 is spared, next step :
-echo
-measure blood pressure in upper and lower limbs

9- ECG for patient with BP 70/50, treatment:
-defibrillation
-synchronized DC shock

10- which is correct
- ASD premimum is associated with AF
- ASD secondum is associated with BBB***
-

11- which is the mcc of infective endocarditis
- s aureus
- s epidermidis
- GBS
-

12- ECG showing delta wave and wide qrs...wpw (accessory pathway parallel to av node)

13- Patient with st elevation in 1, 2, 3 , vi ,, (multiple leads) and has chest pain increased by breathing u give him:
Colchicine*
Aspirin and heparin

14- HCM asx: treadmill stress test

15- Bad prognostic factor in MI:

female gender

the degree of ST elevation

Infectious Diseases

1- One of these goes with Dx of AIDS :
CD4 count = 300

2- pcp pneumonia : CD4 < 200

3- bacillus cerues : rice

4- Man went to india now has bloody diarrhea all of these are possible except :
Shigella
Salmonella
Cholera**
Campylobacter

5- Patient has prostatitos for which he takes an antibiotic he now developed right shoulder and he cant move his arm what can this antibiotic be
Cipro*
Sulfa-trime
Doxycyclin
Ampicillin

6- Common variable immune deficiency, which is true :
-recurrent infections in childhood
- low IgA and IgG
-decreased b lymphocytes

7- which is false about sepsis:
blood culture is positive in 80% of cases

8- Bacterial meningitis : neutrophils and glu < 20

9- endocarditis "bdon infective 7ta" mostly by :
-staph aureus**
-staph epidermides
-strep pneumo
-group A beta hemolytic
-strep bovis

10- CVID: Common variable immune def: correct is : low IGs (IgG, IgA, IgM)

Misc. (Neurology+Psychiatry+Dermatology)

1. Among the following, which one is considered the most common presentation of Multiple Sclerosis: Optic Neuritis.

2. Not used to treat Status Epilepticus: Carbamazepine.

3. Which of the following is used in opiate detoxification?
- Naloxone
- Methadone .

4. True about Bullous Pemphigoid:

- Flaccid Bullus

- Poor General Health.

- oral involvement is common

- related to urticarial illness

5- arm , face leg stroke :

int capsule

Thalamus

6- which of the following is likely to represent a CSF with bacterial menengitis
- glu (low), WBC high, neutrophiles high

7- all of the following are indicators to do CT before LP except:
- focal neurological sx
- papilledema
- seziure
- comma
- bilaterla kerning sign positive

8- all cause acquired icthyosis except
diabetes mellitus

Hyperparathyroidism

9- A patch with irregular , spreading, varying shades of pigmentation most accurately represents which of the following types of melanoma:
1) Superfical spreading melanoma <----- I believe this is the answer
2) Acral lentiginous.
3) Nodular.
4) Lentigo maligna.
5) SCC

10- which of the following indicate alcohol dependancy
- drinking at morning

11- small hippocampus + complex partial seizures (originating in temporal lobe)..... which was most likely to be present in the patient's history, not sure of the choices.... I remember :
Hx. of childhood febrile seizures

neurofibromatosis

DM

12- bullous pemphigoid :
related to urticarial illness**
general bad condition = oral involvement = acantholysis (which are in pemphigus vulgaris)

13- Pt with peripheral neuropathy all of these justified invistigations except
B12
DM
HIV test
Vit d * not sure

14- not a cause of pseuotumor cerebri (IIH):
Tetracycline
hypervitaminosis D
DM
hypothyroidism
hypervitaminosis A

Nephrology

1- Acid base problem : Non- anion Gap acidosis + Anion gap acidosis :
Salicylate poisoning.

2- patient with lower limb edema, started 2 years ago, presented with flank pain, protein to creatinine ratio in urine = 9

renal vein thrombosis: so: renal U/S + duplex...

3- 40 yr old female Patient with Hodgkin Lymphoma plus Nephrotic Synd. .... Cause of Nephrotic Synd. ??
Membranous GN
or
Minimal Change disease.

4- Case of 16 year old boy.... with dehydration and hypernatremia +Hypokalemia and Elevated urine Ca.... Dx:
Barrter Synd.

5- Patient with sever HTN and low Potasium and high Sodium and Alkalosis... and low Plasma Renin Activity.... Best Treatment
ACE
Amiloride
Spironolactone

6- acid-base problem :
young female with vomitting and naseua , pain 2ry to renal stones,
labs : Na 140 , K 3.sth , bicarb 20, CO2 43 , cl 109 ,
what is the acid-base status (without pH !!)
elmohem:
1- "Non" anion gap metabolic acidosis
2-"normal" anion gap metabolic acidosis with respiratory alkalosis
3- wide anion gap metabolic acidosis
4- wide anion gap metabolic acidosis with respiratory acidosis
5- respiratory acidosis

7- pt with polyurea, Nocturia for 1 week, wt loss. Na normal, K normal, serum osm 300, urine osm 200 ... ??
- DM
- DI...

8- which is not the correct match of mechanism of action of diuretics:
- hydrochlorothiazide: NaCl cotransporter in the cortical collecting duct
- acetazolamide: CAI in the distal tubule
- spironolactone : compete aldo at the receptor at the DCT
- furo : inhibite NaK2Cl at thick ascending loop

9- female with hematurea after exercise for the last 2 weeks, mild muscle tenderness ..... what is the likely cause
- IgA nephropathy
- PSGN
- wegener
- Rhabdomyolysis

10- Hodgkin's lymphoma: MCD

11- Patient with resistant hypertension otherwise normal has b.p of 160/100 and has strong family history of htn, father died at the age of 30 because of stroke and he has hyporenimic hyperaldosteronism on imaging adrenals are normal next start him on:
Amiloride
Spirnolactone
Thiazide
Furosemide

4th year

Medicine 16/5/2015 questions

Nephrology

1. A 45 year old man presented with sudden onset headache and loss of consciousness. He has a history of hypertension and CKD. His father and grandfather died of intracranial hemorrhages. What is the most likely diagnoses:
   Medullary sponge kidney
   Polycystic kidney disease*
   Renal cell carcinoma

2. Which of the following doen't have low complement?
   SLE nephritis
   IgA nephropathy*
   Post streptococcal glomerulonephritis
   Cryoglobulinemia
3. Patient with CKD .DM HTN .on B blockers ACEI and statin.Blood glucose >240 k+=7. CPK =300.
   Which one of the following doesn't contribute to hyperkalemia in her condition?
   Beta blockers
   CKD
   Use of ACEI
   Hyperglycemia
   Rhabdomyolysis*
   Note: the answer is rhabdomyolysis is because although statins cause rhabdomyolyis, in this case the rise in CPK is not in range of frank rhabdomyolysis which should be in thousands

4. Patient with polydipsia and polyuria and nocturia .low urine osmolarity with no renal disease in his family history (Signs and symptoms of D.I) what is the next step:
   Desmopressing administration
   Water deprivation test*
   Administer Amiloride
5. Which of the following causes CKD with enlarged kidneys:
   Amyloidoses*
   HTN
   Glomerulonephritis
   Hepatitis
6. Patient with history of cellulitis of 3 weeks.took cephalosporin's.. developed SOB bilateral lower limb edema .fever ..Elevated Cr with 1-2 RBCs . Cause : interstial nephritis .
   post strep GN*
   MCD
7. A patient with renal failure is expected to have hypocalcemia due to :
   Decreased hydroxylation of vitamin D*
   decreased absorption of vit D

Rheumatology

1. A 40 year old female with arthralgia, dry eye and dry mouth. She's anti Ro positive.Which of the following is true about her case
   She is advised not to get pregnant
   She is at risk of developing lymphoma*

2. Which of the following is true about ankylosing spondylitis
   May be polyarticular symmetrical
   Gumma formation
   Aortic stenosis
   Buttock pain*
3. True about psoriatic arthritis:
   involves SI joints
   causes circunate balanitis
   causes enthesitis*

Medicine 16/5/2015 questions

4. One is not a risk factor of osteoporosis
   Obesity*
   Age
   Female sex
   Alcohol
   Smoking
5. A 30 year old female with Rheumatoid arthritis on sulfasalazine but still complains of joint pain, and imaging shows joint erosions. She was prescribed methotrexate, what is wrong about this medication
   Causes pancytopenia
   Causes pneumonitis
   Can cause elevated liver enzymes}
   Cannot be given with sulfasalazine*
   can be given once weekly
6. What is wrong about SLE:
   low complement
   C1q
   HLA DR3
   HLA B27*
7. What antibody is associated with subacute cutaneous lupus erythematosus:
   ANA
   Anti-DsDNA
   Anti Ro*
   Anti-Smith
8. A 65 year old female patient with headache and temporal tenderness with jaw claudications which of the following is true?
   She's at risk of losing vision*
   Angiogram is the diagnostic procedure
   One negative biopsy rules out the disease
   She responds to low dose IV hydrocortisone
9. What is wrong about gout
   Solubility of uric acid in men is 7
   Females of child bearing age have higher uric acid levels in their blood*
10. True about Rheumatoid arthritis:
    Not an erosive arthritis
    Relieved by rest*
    Relieved by exercise
11. Osteoarthritis:
    Exacerbated by exercise*

Cardiology

1. ECG patient with hx of DM, HTN and retrosternal chest pain : Anterior M.I
2. ECG: 3rd degree heart block
3. Which of the following doesn't improve mortality in heart failure:
   Beta blockers
   Ace inhibitors
   Spironolactone
   Hydralazine
   Furosemide*
4. Which of the following doesn't increase mortality in myocardial infarction
   Hypertension
   Female gender
   St segment elevation more than 5 mm*
5. a patient with ejection click on upper left sternal bordor with 4/6 systolic murmur with suprasternal notch thrill:
   aortic stenosis
   poulmonic stenosis*
   HOCMP
   aortic regurgitation
6. Which of the following does not have pulsusparadoxas?
   Hypertrophic cardiomyopathy*
   Cardiac tamponade
   Constrictive pericarditis
   Severe asthma
7. What is wrong about Constrictive pericarditis:

Friction rub is heard on auscultation
Early diastolic sound is heard on auscultation → he means the pericardial knock
Pulsus alrernans is a feature*
JVP is increased on inspiration

8. Which of the following does not increase the risk of thromboembolic events in A.fib patients
   Hypertension
   Age above 60
   CHF
   DM
   High LDL*
   (remember CHAD VASC)
9. All decrease HDL except
   Smoking
   Obesity
   Low carbohydrate intake*
10. Which is not consistent with JVP of 4 cm above the neck with lower limb edema
    Nephrotic syndrome
    Budd chiarri syndrome
    Right sided heart failure*
11. Most common causative organism of infective endocarditis in IV drug users
    Staph aureus
    staph epidermidis*
    Strep viridians (alpha hemolytic strep)
    (Remember that staph aureus is the MCC of infective endocarditis overall as well, it used to be viridians years ago (this is 2015 :p))
12. a patient with hx suggesting pericarditis (chest pain decrease by leaning forward), what is wrong
    colchicine decrease recurrence
    steroids are 1st line therapy*
13. All increase the risk of rupture of atheroma except:
    high smooth muscle cell content
    high lipid content
    thin fibrous cap
14. all have a risk of thromboembolism except
    A.fib
    sick sinus syndrome
    constrictive pericarditis*
    endocarditis
    heart aneurysm
15. all are risk factors for CAD except:
    truncal obesity
    high insulin
    low homocystine *
    smoking

Hematology

(Leukemia and lymphoma questions were from revision sheet for doctor Abbadi)

1. Which of the following mutations indicate severe hemophilia?
   Ans: inversion 22
2. A 65 year old healthy male was incidentally found to have on his labs: WBC of 70K with lymphocyte predominance, platelets of 250k, Hb 12. He does not have any lymph node enlargement or splenomegaly or hepatomegaly. Cytoanalysis of lymphocytes showed 5% of cd38 (ZAP) positive cells. The rest were cd 19 and cd 20 positive. Smudge cells were seen. Which of the following is true about this case:
   (Note: choices here might not be very accurate, but the point of the question is to know that the patient has very good prognosis: refer to sheet)
   The patient will survive for years*
   The patient will develop generalized

lymphadenopathy and splenomegaly in a year

3. A patient with gingival bleeding and increased bleeding time and normal PT and PTT and normal platelet count, parents are cousins, what's the diagnosis:
   Glanzmans thrombosthenia*
   VWD
   Hemophilia
   ITP
4. A 54 year old male complains of abdominal discomfort , weight loss, sweating and headache. P/E: showed splenomegaly. Platelets 800k.WBC 120K neutrophils 80% and basophils 2%.Uric acid elevated.Hb 13. What is the diagnoses
   ALL
   CLL
   CML in chronic phase*
   Richter transformation
5. A female patient with headache bleeding from mucosal surface was found to have low platelet count. Hb is decreased with schistocytes on blood smear.Her temperature is 38.5.
   WBC are normal,PT and PTT are normal.
   What's the most probable explanation:
   Antibodies against ADAMTS-13
6. Transfusion related acute lung injury is most probable of which blood DONOR :
   Multiparous women
7. Which of the following causes hemolysis in G6PD patients:
   Sulfonamides*
   erythromycin
   azathioprine
8. AML: what is associated with very poor prognosis:
   t(15:17)
   inv(16)
   del (7) *
   NMP1 mutaion
   (7 is a very unlucky number in hematology/oncology so whenever it is present in a question it's associated with bad prognosis (whether inversion, deletion or anything).
9. A question about a patient with extravascular hemolysis and positive coombs:
   Warm agglutinin (IgG antibodies) against RBCs
10. Which of the following is curative for hemochromatosis of chronic dialysis in beta thalassemia major
    B.M transplant
    defirasorax
    (not sure about the answer, defirasorax is the drug of choice, but the word "curative" is confusing)

Endocrinology

1. Elderly patient , asymptomatic , on thyroid u/s a nodule was found . TSH within normal range 0.9 . What is the Most appropriate next step?
   FNA . *
   uptake .
   scan
   start on antithyroid medications
   Measure T4
2. Patient with upper limit normal PTH and elevated corrected calcium, what is the most likely diagnosis:
   Primary hyperparathyroidism*
   Secondary hyperparathyroidism
   tertiary hyperparathyroidism
   Vitamin D deficiency
3. A patient with symptoms and signs of acromegaly and developed bitemporal hemianopia. What is the definitive test

for the diagnosis:
IGF-BP3
Glucose suppression test*
MRI
(remember that imaging is only done after diagnosis is established to confirm, IGF is the SCREENING test)

4. 21 year old, test showed he had diabetes, has a very strong family hx for Diabetes in father and grandfather without complications, no acanthosis nigricans, antibodies were negative: what is the type of diabetes:
   LADA
   MODY*
   DM1
   DM2

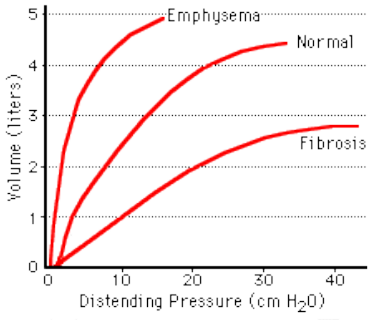
   A note about MODY and LADA:
   MODY: is an autosomal dominant form of diabetes, which justifies the strong family history in the question. It is due to a defect of a gene in the endocrine pancreas (glucokinase), so it's called "monogenic diabete" and is not an autoimmune phenomenon which goes with the negative antibodies in the question.
   LADA: Is a form of type 1 DM which occurs in the adults (i.e slower onset than type one but the same etiology). And it's also called type 1.5 DM
5. A Patient with DM on metformin and glemiperide, what nutrient u should monitor:
   B12*
   B6
   vitamin E
   zinc
   (according to Dr Munther Momani, metformin may causes B12 deficiency)
6. A female pt came to the ER with hypoglycemic attacks,her lab tests showed normal Insulin normal C-peptide and low Glucose (31), what is the next step?
   CT abdomen
   MRI
   test for sulfonylurea in urine *
   psychiatric evaluation
7. Which of the following is considered diabetic:
   Fasting blood glucose 135 with symptoms*
   OGTT of 230 (One time is not enough without symptoms)

   Know this: Diabetes is diagnosed in case of:
   In a symptomatic patient with one of the following:
   -Fasting blood glucose 126 or more
   -Random blood glucose of 200 or more
   -OGTT of 200 or more
   In a non-symptomatic patient you have to do the test you used from the above three tests twice if it came positive in the first time.
8. Which of the following drugs cause neutropenia:
   Carbimazole*
   Clomipramine
   Erythromycin
   Aminoglycosides
9. True about HbA1C :
   evaluates glycemic control in the past 3 weeks
   evaluates glycemic control in the past 3 months*
   evaluates glycemic control in the past 6 months
10. A patient diagnosed with Cushing (overnight low dose dexamethasone

suppression test was positive), what is the next step:
ACTH levels*
High dose desxamethasone suppression test
XT chest
MRI brain

Respiratory

1. Polysomnography what does it show:
   Ans: hypopnea (don't forget to take a look at respiratory curves before exam. Study how hypopnea, apnea wither central or peripheral show on polysomnogrpahy. Use the dossiers or the internet)
2. Two questions about flow volume loops: one is showing variable extrathoracic obstruction (vocal cord dysfunction) and the other is showing fixed upper airway obstruction (tracheal stenosis, goiter)
   Study them from the dossier or the internet.
3. Which of the following is most specific for asthma:
   variability test
   Methacholine challenge
4. A patient with kyphoscoliosis and pco2 of 65 pO2 of 45 the mechanism involved is:
   Hypoventilation*
   V/Q mismatch
   Hyoventilation and V/Q mismatch
5. A 70 year old patient with BUN of 50 and respiratory rate of 18 and blood pressure of 80/50, CURB65 score is:
   1
   2
   3*
   4
6. Which one of the following volumes doesn't change with severe asthma :
   FVC
   RV
   TLC
   inspiratory arm of flow volume loop*
7. Which of the following is not seen in severe asthma
   bilateral wheezes
8. A non smoking 30 year old COPD patient with emphysema predominance, what is wrong:
   Thin patient
   Large sputum production*
   Increased AP diameter
   Pursed lips
9. Compliance curve (Shows decreased compliance): what does it show
   Emphysema
   Chronic bronchitis
   P.Fibroses*



10. About PFT what is wrong
    it is effort dependent
    spirometry is used to demonestrate variability *
    DLCO can't defferntiate IPF and emphysema
    bronchiolitis oblerterans can cause low DLCO
11. patient with acute asthma, what is the mechanism of dysnea
    Resp acidosis

resp alkalosis
hypoxia
hypercapnea
increased work of breathing*

12. A flow volume loop was shown and the question is asking about the distance between two points what does it represent:
answer: FVC
13. Which of the following is least likely to cause pulmonary edema:
Malignant hypertension
Heart failure
Massive pulmonary embolism*
Bicuspid regurgitation

Gastroenterology

1. Eradication of H.pylori will improve all of following except :
gastric ulcer
doudenal ulcer
gastritis
maltoma
GERD*
2. Patient with HTN, DM, hyperlipidemia, BMI 38, liver enzymes transaminases greater than twice the upper limit of normal..what is the most appropriate thing to do to reduce enzyme levels?
Reduction of weight*
Metformin
Smoking cessation
3. Doesn't cause unconjugated hyperbilirubinemia:
gilbert
Rotor's syndrome *
hemolysis
megaloblastic anemia
large hematoma
4. A 35 yr male patient has itching, ALK= 450, GGT= 500, AST =45, ALT= 55, ultrasound is normal, next step:
ANCA
AMA*
Anti smooth muscle Ab
MRCP
(remember that PBC is more in femles, AMA is the test. PSC is more in males, MRCP is the test, the trick is: although that the pt is a male, normal LFT, so it is PBC not PSC)
5. Female pt with history of diarrhea for the last 3 months/ endoscopy shows ulcerations in terminal elium / skip lesions/ granulomas, what should you tell the patient?
You have 20% risk for developing anal fistulae *
You won't have malignancy
panproctocoloectomy is curative
Note: Although this question is about a ratio that you probably don't know; it can be solved by exclusion. All other choices were wrong.
6. 21 year old male had massive UGI bleeding, was managed medically in the weekend and 2 days later endoscopy was done and it was normal, most likely diagnosis:
esophageal varices
gastric varices
angiodysplasia
watermelon gastritis
dieulafoy lesion*
7. what causes is an independent risk factor for HCC without causing cirrhosis:
HBV*
HCV
HDC
EBV
8. Pt with Hip replacement surgery and prolonged hospital stay, developed

diarrhea, what is the most likely cause:
C.difficile

9. Alcoholic patient with history of bleeding varices .things to do to decrease recurrence except ?
   Proponol
   banding
   TIPS
   stop alcohol
   spironlactone*
10. A patient with suspect spontaneous bacterial peritonitis, how to confirm it?
    Peritoneal aspirate with >250 neutrophils*
11. Pt with DM, cirrhosis, bronze skin, infertility you get that what is true(hemochromatosis):
    autosomal dominant
    C282Y is a common mutation *
    early detection wouldn't change course
12. A fairly young male patient complaining of dysphasia to both solids and liquids had an endoscopy performed that showed dilated esophagus with difficulty passing through the GE sphincter. What is the most likely diagnosis?
    hypertensive GE sphincter
    achalasia *
    Extrinsic compression
13. A 25 year old lady with one year history of diarrhea, anemia and vesicular skin lesions on her extensor surfaces. Anti endomysial antibodies were negative. What is the best next step?
    Stool analysis
    colonoscopy
    Upper endoscopy*
    Note: negative celiac antibodies do not necessarily rule out celiac disease especially with high degree of suspicion.
14. Risk of chronicity of hepatitis B in an infant after transmission from mother:
    5
    10
    50
    75
    95*

Infectious diseases

1. Most common cause of viral encephalitis
   HSV*
   CMV
   VZV
   EBV
   West nile virus
2. Which on the following is true about SIRS
   Bands more than 10%
3. About brucellosis, what is wrong:
   more common in males
   most common focal lesion is in bone
   B. abortus is the most virulent (wrong.. its meletensis)
4. AIDS defining disease:
   CD4<300
   viral load >10000
   TB*
   VZV
5. HIV in jordan, what is wrong:
   vertical transmission has occured
   3000 case including undiagnosed cases
   affects males more than females
   risk age group is 15-20 (wrong, it 25-35)
6. What is the risk of being infected with HIV after needle stick injury?
   - 0.3 % *

- 30 %
- 3%

7. A man complains of itching around his anus especially at night. He was found to have a worm infection and it was 2 cm in length. What is the worm
   Enterobius vermicularis*
   Ascaris
8. What is correct about TB:
   Meningeal TB has low infectivity*
   surgical mask is approved for reducing risk of transmission (note it is a special tight mask that is approvred-check its name from the lectures)
   positive pressure rooms are for reducing risk of transmission

Done by Doctor 2011
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Sixth year Medicine , 2014

Rheumatology

1) Patient was started on Allopurinol, what drug should you monitor :
a-Azathioprine*
b-mycophenolate mofetil

2) A patient with back pain that is worse when going down, and better with bending, (lumbar canal stenosis), what is next :
a- plasma electrophoresis
b- MRI back *
c-CRP

3) Which of the following has symmetrical narrowing of the joint space ?
a-primary OA
b-secondary OA of hip
c-secondary OA of knee
d-secondary OA from Rheumatoid arthritis **

4) A case describing a pt who had a nasal ulcer and polyarthralgia , all of the autoimmune studies were –ve (including ANA, c-ANCA, p-ANCA, cryoglobulins, C3, C4,...) Then the ANCA became trace positive and he developed full blown GN with crescents. What is the most appropriate treatment:

a-Oral steroids

b-Oral steroids + cyclophosphamide**

c- Oral steroids + azathioprine

5) Which is associated with Adult onset still's disease :
a-high ferritin levels*
b-anti-RO
c- +ve ANA

6) In scleroderma, which is not indicated in follow up
a-DLCO
b-echo
c- esophageal studies
d-skin biopsy**

7) a patient with high uric acid 9mg/dl , he is asymptomatic. His father has gout. Next step:
a-nothing, tell him to get back when he has symptoms**
b-start allopurinol

8) best way to dx HSP:
a-skin biopsy showing immune complexes with IgA deposition**
b-Renal biopsy

9) a patient with diffuse sclerosis. Best way to manage renal crisis (it appeared twice!)
a-Ace inhibitors *

Respiratory:

10) Flow volume loop in a patient with progressive SOB for 2 years, he also had prominent inspiratory and to lesser extent expiratory wheezes, what is the dx:
a-Vocal cord dysfunction**
b-tracheal tumor

11) compliance curve (pressure vs volume) showing three patients, patient 2 is? (Obstructive pattern)
A-pulmonary edema
b-fibrosis
c-pneumonia
d-emphysema**
e-sarcoidosis

12) CURB65 pneumonia patient management, he is young, with CURB 3, what is next?
a-outpatient a.bs with
b-admit to flow with IV meropenem and levofloxacin
c-ICU with IV meropenem and levofloxacin *?
d-floor admission with levofloxacin

13) not in severe asthma:
a-wheezy chest**
b-accessory muscle
c- incomplete sentences
d-cyanosis

14) which enhance lifestyle and decrease dyspnea in COPD patients:
a- salmeterol and inhaled steroids??
B-lung rehabilitation
c-tiotropium
d- oxygen therapy during exertion ??

15) Massive PE question, which is not seen:
a-loud S2
b-TR
c- loud A2*
d-pulmonary regurge
e-left sternal heave

16) a patient with chronic cough since two years with chest pain, she has the symptoms for several weeks then resolve. With symptoms mainly occurring after URTI, examination is normal, spirometry is normal. Next step:
a-stress echo
b-bronchoscopy
c-endoscopy
d- methacholine challenge test***

17) Worse asthma patient, she has a baseline of CO2 36.
A-a gradient =25
b-Fev1 65%
c-PaCO2 of 40***

18) a patient in dead see was seen his CO2 at admission 60 and O2 30, after oxygen administration O2=60 mmHg. What was the cause of his hypoxia?
a-hypoventilation
b-VQ mismatch
c- VQ mismatch with hypoventilation** (upon calculating the A-a gradient, it's elevated)
d-Shunt

19) A patient with chest infection, u hear heart sounds on right
a- kartagener! *

20) Not a Risk factor for OSA:
a-big chin * it's a small one (micrognathia)
b-short neck
c-large abd cx
d-large tongue
e-large uvula

21) Wrong about ARDS:
a- bilateral infiltrates
b-increased atrial pressure***
c-can benefit from PEEP
d-Shunt is the mechanism of hypoxia
e-po2.FIO2 < 200

22) COPD what is true
a-Steroids decrease the number of exacerbations and their severity***
b-COPD eventually develops in all smokers
c-O2 therapy improves quality but not mortality
d-tiotropium is used in mid COPD

Infectious

23) Not for pseudomonas
a-ceftriaxone***
b-ceftazidime
c-cefepime

24) About brucella , which is wrong
a-recurrence rate 40% ***
b- in goat and sheep mainly brucella melitensis
c-cause of death is infective endocarditis
d-treatment is for at least 6 weeks with two a.bs

25) Case of c-diffcle diarrhea (it mentioned the endoscopic finding of microabscesses)

rx with metronidazole***

26) Not a side effect of vancomycin
a-red man
b-phlebitis
c-renal toxicity
d-seizures *

27) Seen in old DM patients , causing Otitis externa :
a- pseudomonas aeruginosa *
b- staph aureus

28) a case of infective endocarditis, patient 45yo healthy she , did a root extraction at dentist clinic, started to have new murmur, which is the most likely organism :
a-staph aurues
b-alpha hemolytic strep ***
c-e-coli
d-bactriodes
e-staph epidermidis

29) a patient with VZV shingles , which is wrong (smth is weird abt this q)

a-observe
b-give ganicylovir
c-give acyclovir
d-give levofloxacin**
e- do HIV test

GI:

30) Not useful in the follow up in H pylori :

a-Serology**
b-breath test
c-stool antigen
d-histology
e-biopsy with urea on it

31) Thumbprint sign, seen in :

a-UC**
b-mesenteric ischemia
c-crohn's
d- none of the above** ?

actually thumb printing is pathognomonic for ischemic colitis not mesenteric ischemia, however some say that is can also be seen in UC

32) A long case describing +ve P-ANCA patient, and he has UC:

a- PSC**

33) difference between UC and Crohns, what's wrong:

a- UC patient has more stones*
b-erythema nodosum in UC correlate with disease activity
c-smoking worsens CD

34) Indication for intubation in upper GI bleeding:

a-pt with decreased level of consciousness and hematemesis**
b-all patients with hematemesis
c-all patients with hematemesis unless it delays endoscopic intervention

35) HBV case, it was HBsAg+ , HBeg+ , high virus load but normal LFT
a- Immune Tolerance**
b-immune active
c-precore mutant

36) HCV case , she was HCV+ , but asymptomatic, next step :
a-RNA viral load * ?
b- AST
c-HbsAg
d- liver biopsy

37) esophageal varices, all are use to acutely manage them except
a- VASOPRESSIN IV ?
b- octreotide
c-propranolol *?(since it's for maintenance)

38) not risk for Colon Cancer:
a-FAP
b-peutz jeger
c-Osler Weber Telangiectasia **
d-PSC

39) Acute pancreatitis , which is not seen
a- Low Albumin less than 3 ?
b- Hypoglycemia *
c- hypocalcaemia

40) Mesenteric Ischemia:
a- Lady pain after meal with P/E disproportionate

41) all can be rx for Wilson except
a- penicillamine
b-zinc
c-liver transplant
d-trientine
e- simeprevir ***

42) Acute pancreatitis first thing to do:
a-IV fluids **
b-Antibiotics
c- pain management**??

Hemato:

43) CML case: wrong...positive globulin test.
44) True in DIC: increased PT
45) wrong in TTP case: give platelets.
46) CLL case, treatment of autoimmune hemolytic anemia: Steroids
47) increase thrombosis except: heterozygous something.
48) True about hemophilia: factor 8 level correlates with severity.
49) Multiple Myeloma stage 3: give chemo+BM transplant
50) Worst lymphoma: Burkitt;s.
51)True in myelofibrosis: hypercellular BM with +2 fibrosis
52) How to complete staging of a lymphoma case: BM biopsy or MRI abdomen?

Endocrine:

53) All are initial steps to treat a DKA patient with potassium 6.1, except:
a- K-axalat*
b-insulin
c-start glucose when his BR is 250 mg
d-IV fluids

54) postpartum thyroditis
a- Uptake*
b-scan

55) Cushing disease, suppressed by low dose, next step
a- High dose Dexa
b- ACTH *

56) Drug resistant patient (taking the three maximal dose of antiHT meds) what is most likely causing that:
a-NSAIDS *

b- pioglitazone** (I think this is the answer since thiazolidinediones are associated with fluid retention)

57) Patient on a chemotherapy for adrenal cancer,(mitotane) plus replacement for his steroids, he started to vomit and having a having diarrhea, fatigue and dizziness

a- stop mitotane
b- increase dose of steroids?
c-start anti-emetic * ?
d-refer to endoscopy

58) a patient with DM type 1 , now she has high PTH , low Ca , normal PO4 low 25-OH vitamin D, elevated alkaline phosphatase, What is next

a- PTH technium
b-see levels of 1,25 Vit D
c- TTG antibodies * (celiac disease causing vit D malabsorption)
d- Bone biopsy

59)a TB patient , he is sick and all. Thyroid TSH low T4 border line T3, so apparently it is either euthyroid sick syndrome or central hypothyroidism what is correct about it :

a-do brain MRI**?
b-its due to decrease peripheral conversion of t4 to t3 * ?

60) HTN hypokalemia, Virilization, CAH,, so

a-11B hydroxylase deficiency**
b-21 OH def
c-17 alpha OH def

61) HTN/Hypokalemia/Renin High/Aldo high:

a-Renovascular Fibrodysplasia **
b-conn's
c- licorice

Cardio:

62) a young girl with palpitations, ECG strip >> SVT:
IV Adenosine acute

63) Afib case and low ejection fraction;
a-Amiodarone***
b-sotalol
c-procainamide
d-flecainide

64) A case with a 40 years old man who is now in pulmonary edema, PEX shows a murmur that is accentuated with valsalva and decreased with hand grip(u get it's a HOCM case) so what is next for him (he is already taking BB and diuretics)
a-ICD ??
b- Myomectomy??
c-Mitral surgery
d- carvedilol

65) an old guy with severe chest pain , ECG shows anterior MI (STEMI), which is wrong:
Wait for troponin Before cath **

66) A man with chest pain and normal ECG findings , it is not relieved with NG , , CXR mediastinal widening (so Aortic Dissection case) what is next
a- CT Angio with contrast**

67) Anterior MI, 5 days later he decompensated , and his SO2% drops , given oxygen , still didn't raise , he has pulmonary crackles, auscultation shows a systolic murmur at left boarder , (so it's a VSD, with a shunt) what to do?
a-mitral valve repair
b-pericardiocentesis
c-VSD repair**

68) MI case was given NG and morphine and suddenly his BP dropped, what caused that?
A-cardiac shock
b- he had inferior MI with RV infarction **

69) Asymptomatic AS, AS area 1 and EF 52%
a-: Keep on medical therapy and follow up ***
b-valve replacement
c-balloon repair
d- refer to cath lab

(the indication for surgical repair in AS is either valve area less than 0.6 or gradient across the valve more than 50)

70) Drug to add for HF on ACEI and thiazide:
a- furosemide (not GFR dependent)**
b- carvedilol **
c-digoxin**?
d- amlodipine

71) Pericarditis case, wrong:
a- First line therapy steroid for pericarditis. **
b-colchicines reduces recurrence
c-NSAIDs is used with colchicines
d-majority are asymptomatic

72) chest pain, with +ve markers, you at the ECG , there is ST depression ! What is wrong
a-: thrombolytics is indicated *

73) A question about a patient with chest pain, with minimal pericardial effusion (pericarditis vs myocarditis) , he had cardiomegaly or cxr and crackles on pex : what to do
a- bb and ace-1***
b-give ceftriaxone
c-steriods

Nephro

74) A pt with severe vomiting for 7 days with the following labs

Sodium: 140

K: low-normal

Chloride: 80

Bicarb: 11

PH:7.1

PaCO2: 24

What is the acid base status? -non anion gap metabolic acidosis

a -non anion gap metabolic acidosis

b-anion gap met acidosis with respiratory alkalosis

c-anion gap met acidosis with metabolic alkalosis***

75) A patient who is kidney transplant recipient and is on prednisone, mycophenolate and cyclosporine. He developed severe diarrhea with anorexia, labs were (I am not sure about the exact values)

Bicarb: low potassium: low-normal sodium: high normal.

What would you expect to find on his urinalysis

a-* No protein, ph of 5, specific gravity 1.005

b-* No protein , ph of 5, specific gravity 1.03

c-* Trace protein , ph of 7, gravity 1.005

d-* Trace protein, ph of 7, gravity 1.03***

e-* No protein, ph of 7, gravity 1.005

76) All of these are measures used to decrease the incidence of catheter related UTI except:

a-avoid catheterization as possible

b-use closed collection system

c-use sterile techniques

d-use prophylactic antibiotics ***

77) All of these are complications of hemodialysis except:

a- Muscle weakness

b- Hypotension

c- Anaphylaxis

d- Fever??

e- Hypoglycemia***

78) A pt with severe hyponatremia (sodium 110) developed grand mal seizures, what is the treatment:

a- conivaptan

b- Fluid restriction

c- 3% saline at rate of 30-40 ml/hour***

d- Demeclocycline

79) A patient who is in acute renal failure, of these what is the absolute indication for dialysis:

a-* Potassium >7

b-* Bicarb <15

c-* BUN >90 (or something)

d-* Presence of pericardial rub on auscultation***

80) A patient went to the dead sea marathon, he became severely dehydrated and hypernatremic, sodium was 175 and his weight was 60kg. Calculate the free water deficit:

a-0.75 L

b-1.5 L

c-7.5 L

d-15 L***

e-25L

(Note that –since the pt is severely dehydrated- you should add 10% of his body weight to the number you got from the calculation which is 9)

81) A case of orthostatic proteinuria, what is the next step:

a- Reassurance**

b- Follow up with blood tests

82) renal crisis in scleroderma :

enalpril *

83) Doesn't increase uric acid

SIADH**

Neuro:

84) headache case, what is not useful >> EEG

85) myoclonic seizure >> sodium valproate

86) a patient with metastatic prostate cancer, +ve babinski, sensation loss in LL >> thoracic compression

87) back pain radiating to leg, , loss of sensation on lateral border of forefoot and no plantar flexion but preserved eversion and inversion
a-s1 *
b-L5
c-L4
d-s1

88) Headache with diplopia raised ICP not a good test : ?
a-skull.xray with Sella Turcia view
b-good drug hx
c-CSF analysis after proper imaging is done

89) stroke q 1st test
a-non contrasted ct

90) temporal lobe epilepsy what is wrong
a-surgery is not beneficial
b-history of febrile seizure is related

91) long case having symptoms of MS and diplopia and can't adduct the eye and the other goes into nystagmus, where is the lesion causing her eye symptoms?
a- bilateral medial longitudinal fasciculus

Derma

92) non scarring alopecia

a-sarcoidosis
b-SLE
c-carbuncle
d-2ry syphilis*
c-

93) which is not a side effect of retinoids

a-liver toxicity
b-nail dystrophy
c-renal toxicity*
d-hair loss

94) All can be treatment for psoriasis except

a-oral fumaric esters
b-oral steroids*
c-topical steroids
d-topical cyclosporine

95) all can cause squamous cell carcinoma except

a- chronic venous insufficiency
b-chronic persistent psoriasis*
c- immunosuppresion
d-oral lichen planus

Psychiatry

96-a case of paracetamol toxicity

NAC

97-pt with hallucination all possible diagnosis except:

delusional disorder

98-pt with sudden cloudiness of consciousness, he was healthy before.

Delirium

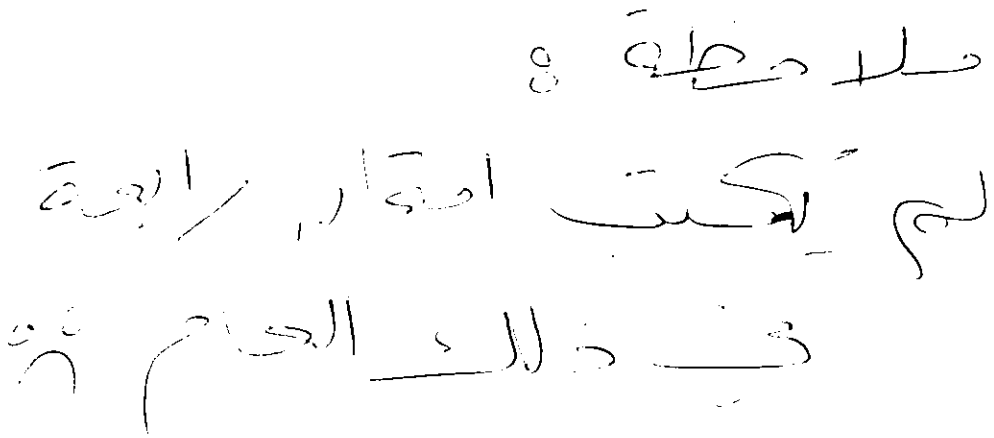
99-a young man, typical schizophrenia hx:

schizophrenia

100) chronic alcohol use man, treatment of his condition

a-clonidine

b-benzodiazepam



Medicine Exam- Final- 2013
4th year

Added below some questions are some comments by our colleague Abdallah Mansour

Cardiology

1) pt with bilateral lower limb edema, jvp 4cm above sternum... All can cause his condition except
   - right side heart failure **
   - cirrhosis
   - nephrotic
   - pelvic venous fibrosis
   exp: JVP is normal here, so it is not cardiogenic edema.

2) Pt with acute rt lower limb pain, all can cause this except;
   - constructive pericarditis **
   - a fib
   - paroxysmal SVT
   -bacterial endocarditis
   exp: this is acute limb ischemia most likely due to embolus originating in the heart.. all the conditions above cause emboli except constrictive pericarditis.

3) Otherwise healthy 21 year old patient with st elevation in more than 7 leads, What is the best treatment:
   - colchicine**
   -Aspirin and heparin
   -prednisone
   exp: this pericarditis, its treatment in previously healthy people is colchicine, if it was after MI, aspirin is the answer.

4) Echocardiogram can show all of the following except:
   - coronary artery calcification**
   - aortic stenosis
   - ASD
   - mitral incompetence
   exp: coronary calcium can only be measured by ultrafast CT

5) All can cause st elevation except
   - coronary spasm
   - constrictive pericarditis **
   - hyperkalemia
   - ventricular aneurism
   exp: Constrictive pericarditis is not associated with st elevation, however the acute pericarditis is.

6) Pt on Digoxin developed loss if appetite, vomiting, ... What caused his symptoms
- hypokalemia
- hypocalcemia
- hypoxia
-hypothyroidism
No idea =\

7) All of the following are associated with cardiac constrictive pericarditis except
- palsus alternus**
-edema
-ascites
-hepatomegaly
exp: Pulsus alternans is a physical finding with arterial pulse waveform showing alternating strong and weak beats. It is almost always indicative of left ventricular systolic impairment and carries a poor prognosis.

8) Pt with suprasternal thrills, ejection click after S1, flow ejection systolic murmur, single S2, systolic heave in the left spurasternal fossa, what would be the cause
- aortic valve stenosis
-Pulmonic valve stenosis
- coarcutation of aorta
- PDA
- ASD
exp: it is heard on the left upper sternal border, if the question was right upper border, it would be aortic stenosis.

9) Which of the following doesn't support plaque rupture in atherosclerosis
- abundant smooth muscles**
- low fibroblast
-high inflammatory cells

10) All can be associated with endocarditis except :
Anti ASO
Hematuria
A fib
Rhematoid factor

** No idea

11) all of the following is considered a poor prognostic indicator in ant. MI except :
- being a female
- sinus tachycardia
-persistent hypertension

I don't remember the other choices , but the above three are poor prognostic factors!

Rheumatology :

1) +ve RF in all of these except :-
a. scleroderma
b. Rhumatoid arthritis
c. polymyalgia rhumatica
d. viral infection
e. chronic liver disease

2) +ve ANA , except :
a. SLE
b. dermatomyositis
c. sjogren's syndrome
d.fibromyalgia (or sth else !)
e. polyarteritis nodosa

3) in SLE , which autoantibody is the characteristic one in the majority of patients:-
a. anti DNA
b. ANA
c. anti Ro
d. anti sm
e. anti la

4) about gout , which is true ?
a. normal adult solubility of serum monosodium urate < 8 mg/dl **
b. women above age of 50 have lower serum conc of uric acid than men at the same age group
c. gout may be precipitated by acute illness.

e. ....

5) polymyositis , all associated in confirming diagnosis except :
a. anti-jo 1
b. ANA
c. dysphagia
d. pulmonary fibrosis
e. thrombocytopenia **

6) not true about ACPA:
a. citrullinated proteins originate in the synovium
b. sensitivity 70- 80 %
c. strong predictor of more severe disease and poorer prognosis
d. specific 95-98%
e. ACPA is found in many connective tissue diseases. **
exP: ACPA is very specific for rheumatoid arthritis.

7) pt with back pain (spondylartropathy) , all suspected to be seen except :

a. arthritis of the toe IP joints
b. sausage digits
c. Achilles tenosynovitis
d. planter fasciitis
e. subcutaneous nodules**

8) anti-scl 70 is specific for :
a. CREST syndrome
b. ....
c. mixed connective tissue disease
d. diffuse scleromerma**
e. ....

9) adult still's disease is associated with:
a) leukocytosis**
b)thrombocytopenia
c) leukopenia
exp: adult still's disease is almost always accompanied by neutrophilic leukocytosis.

10) all are true about septic arthritis except :
the most common cause is staph aureus
mostly polyarticular **

exp: its mostly monoarticular\oligo

Gastrointestinal:

1) All of the following may result from hemochromatosis except:
   - diabetes
   - pronze colored skin
   - acute fulminate hepatitis **
   - cirrhosis
2) Jaundiced patient whose sister died of liver failure two years ago, Serum ceruloplasmin .15 (normal > .155) what can u do to confirm diagnosis:
   - liver ultrasound
   - liver biopsy **
   - 24hr copper excreted in urine

   exp: measure copper concentration on liver biopsy is the gold standard for diagnosing Wilson disease.. 24hr copper in urine has low sensitivity and specificity to be used for screening. (Medscape)
3) All of the following are true about diabetics except:
   - lower rate of gall stones
4) Which of the following is false about celiac disease:
   - anti gliadin antibodies are specific**
   - can be a symptomatic
   - pt can be obese

- biopsy will be negative if pt on gluten free diet
- it is known to be complicated with ulcerative jejunitis.

exp: they are neither specific nor sensitive!

5) Pt with 3 days hx of Melena and fatigue, hemodynamically stable, no hematemesis no coffee ground vomiting, what would u do him first
- colonoscopy
- EGDscopy**
- start on H2 antagonist
- test and treat for H.pylory

exp: the patient is most likely having upper GI bleeding, (he doesn't have to have hematemesis (medstudy)) so the most appropriate next step is upper GI endoscopy.

6) all of the following are included in child pugh classification except:
-encephalopathy
-ascitis
-total protein**
-bilirubin level
-prothrombin time
exp: Child pugh mentions albumin not total protein.

Infectious

1) All of the following in regard to influenza vaccine are true except
- contraindicated in pregnancy**
- composed if 3 strains
- given annually
- contraindicated in Giuliani barre syndrome
- recommended in AIDS pts
exp: they should've told us wether this is inactivated or live attenuated!, assuming this inactivated type, it is not contraindicated in pregnancy!

2) Chance of getting HBV from needle stick injury
-30%

3) All about HAV true except:
- virus shied in feces at the onset of symptoms**
- feco-oral transmission
- doesn't cause chronic liver disease
- no vaccine against it
exp: begins shedding the virus one week before onset of symptoms and continues to shed the virus up to three to four days after onset of jaundice.

4) All true about brucellosis except:
   - osteoartecular are rare area of localization**
   - treatment continue for 6 weeks
   - intracellular organism
   - B. melitensis is the most prevalent and cause the most sever infection
   - endocarditis is the most common cause of death

5) About amebia trophozoide found in feces (not true):
   - treatment for 7-10 days
   - elevated alkaline phosphatase means liver abscess
   - blood come from colon ulcers
   **The above three choices are true
   - Metromidazole is a treatment of choice
6) HIV which is wrong:
   - CD 4 count can be used to screen for infection**
   - ELISA is positive after 3 weeks to 3 months of infection
   - westren plot used to confirm positive results in ELISA
   - PCR used to detect primary infection
7) All of the following indicate SIRS except
   - RR 23
   - WBC 10000 **
   - temp 39
   - bands 13%
   exp : it should be less than 3000 or more than 12000
8) All of the following are considered positive ppd test except
   - 17 mm in healthy individual
   - 8 mm in immune compromised
   - 10 mm in house hold exposure to TB
   - 13 mm in person previously known to have negative ppd test**

   exp: he is low risk, so he should be above 15 to be positive.
9) the only non effective antibiotic against p.aureginosa :
   A.ceftazidime
   B.ciprofloxacin
   C.ceftriaxone **
   D. Cefepeme
   E.ticarcellin
   exp: the only third generation cephalosporine that is active against p.aurogenosa is ceftazidime.. so ceftriaxone is not.

10) Whats wrong about e.coli o157:h7 ...
   -we use antibiotics to treat..
   ** actually antibiotics are contraindicated here.

Hematology

Pt known to have hemolytic anemia and spherocytes on blood smear, came to ER with reticulocyte zero and Hb 5, WBC and plt normal, what would be the most common cause:
>> parvovirus B19 infection

exp: this is pure red cell aplasia caused by parvo B19 affecting mostly those with sickle cell and spherocytosis.

1) Pt with HIT syndrome, which of the following support your diagnosis:
   - necrosis at the site if heparin injection**
   - normal platelet count
   - normal ptt
   - absent distal pulses
   - blood film showing spherocytic hemolytic anemia

2) The most common NHL is
   >>> diffuse large B cell lymphoma
3) All of the following are established risk factors for venous thrombosis except
   - sickle cell trait
   - homozygouse laden V
   - old age
   - obesity

   ** All of these causes venous thromboembolism!

4) patient with a 5 day history of fever(?) and cervical lymphadenopathy. P/E generalized lymphadenopathy and splenomegaly. high WBC with large, vaculated cells, low neutrophils (?).
   A) ALL / Burkitt type **
   B) CLL undergoing richter transformation **
   C) AML/M3
   D) SLL

   Its most likely B but I am not sure.

Nephro (not sure of the stem of the questions nor the choices nor the answers here ☺)

1) the most important predictor for a diabetic to develop a nephropathy is :
   duration of diabetes
   the development of retinopathy**
   protienuria

   exp: studies showed that ☺

2) Pt with renal stones, urine ph 7, hypokalemia
>> distal RTA

3) Pt with hypokalemia , HTN, metabolic alkalosis, hyernatemia, lowe aldosterone levels
>> liddle syndrome

4) Obese psychotic patient with Low ca in urine, hypomagnesemia, no HTN, hypokalemia
>> gitelman's
>> Excessive vomiting
>> diuretic abuse**
Not sure, but I think its diuretic abuse to lose weight =\

5) Which is wrong about HTN
>> target of blood reduction in diabetics is < 140/90 mmHg

6) all are causes of secondaru HTN except :

Respiratory

1) flow volume loop >> severe emphysema

2) flow volume loop >> fixed obstruction

3) wrong about pulmonary function test : DLCO to differentiate between emphysema & IPF

4) polysomnography :
a. obstructive sleep apnea
b. central sleep apnea
c. mixed apnea
d. hypopnea *

5) Not in case of acute severe asthma :
a. ph = 7.3 , HCO3 = 27
b. PCo2 = 43
c. PCo2 = 52
d. ....
e. P (A-a) O2 = 22

6) mechanical ventilation, 100% O2 , PaO2 = 65 , what is the cause of hypoxia ?
a. V/Q mismatch
b. hypoventilation
c. .....

d. intrapulmonary shunt **
e. decreased DLCO
exp: Shunting cannot be fully treated by 100% O2 while V\Q mismatch can.

7) 6 months cough , dyspnea , long expiratory period , FEV1/FVC =60% , normal FVC , may be all except :
a. myasthenia gravis**
b. asthma
c. sarcoidosis
d. Tuberculosis
e. emphysema

-- Restricitve lung disease, myasthenia gravis

8)pt 40 y old, diagnosed with COPD from 4 years, FEV 1 FVC 2....po2 50% all true except:
A- h. Influenza is a common pathogen that can be implcated such condition
B- positive pressure respiration will solve his problem**
C- pt is hypo ventilated
D- pt has ventilation perfusion mismatch
exp: he must intubated and ventilated mechanically

9) which of the following support the diagnosis of pulmonary embolism over pneumonia:
- site of pain
- presence of effusion
-loud P2**

exp: Others are common for both

10) which of the following most commonly complicate H1N1 influenza infection
- streptococcus pneumonia
- h. Influenza **
- legionella
11) what the pt CURB65 score,
Age 60, in pain, urea 92, BP 80/70,
I think it is 2

Endocrine

12) All of the following are diagnosed with diabetes mellitus except (I cant remember the choices but I think it was the pregnant OGTT → not sure)
- pt with HbA1c of 6.7%
- polyuria, polydepsia, wt loss with random blood sugar of 240
- fasting blood sugar of 127 repeated twice

- OGTT ...
- pregnant OGTT

13) Pt DM type I from 9 years in ICU, u have been called to evaluate his condition, pt has nightmares, what would be the cause
- over treatment with insulin**
- under treatment with insulin
- diabetic neuropathy
- diabetic nephropathy
- pt has phobia .., from insulin needle
exp: **Somogyi effect** a rebound phenomenon occurring in diabetes: overtreatment with insulin induces hypoglycemia, which initiates the release of epinephrine, ACTH, glucagon, and growth hormone, which stimulate lipolysis, gluconeogenesis, and glycogenolysis, which, in turn, result in a rebound hyperglycemia and ketosis. It is characterized by Nightmares!

14) Postpartum from 4 months, developed goiter, symptoms of hyperthyroidism, elevated T4, low TSH .... What would u expect to find
- elevated thyroglobulin

15) All of the following are associated with increase uptake except
>>> TSH secreting adenoma
16)41 year old Pt with prolactine slightly elevated, TSH elevated, T4 normal, brain MRI showed 2.1* 1.3 cm mass with suprasellary extension, what would explain the case:
- craniopharynioma
- prolactenoma
- primary hypothyroidism
- non functioning pituitary tumor**

exp: If he was child, craniopharyngioma will be the choice.

17) What is the screening test for acromegaly
>>> IGF1 levels in blood
18) Diabetic with erectile dysfunction, what would u do
- give seldinafil
- arrange for penile Doppler **
-nerve conduction studies of lower limb

19) Pt with XXY, what do u expect to find in his blood
>>> testosterone low, FSH high, LH high, prolactin normal

20) * Beriberi :
a. vitamin B1**
b. vitamin B3
c. vitamin B6
d. Vitamin B12
e. vitamin C

Medicine Exam 6th year - 2013

Infectious

1-All true about C.difficle Except :
a-most antibiotic-induced diarrhea not caused by CD
b-most cases of pseudo membranous colitis are caused by CD
c-may be found in healthy people
d-immune complex mediated*
e-Metronidazole is DOC

2-All true about staph.Aur. food poisoning except :
a-fever*
b-nausea and vomiting
c-Diarrhea less than 24 Hours
d-abdominal cramping
e-attack rate >80% after initial infection

GI

1-least useful to Dx H.pylori :
a-urea breath test
b-rapid urease test
c-stool antigen test
d-tissue culture for Gastric ulcer*
e-tissue histology for Gastric ulcer

2-Anti -Calprotectin, True Except :
a-express neutrophills activity
b-bind Ca and Zinc
c-indicates inflammation
d-small intestinal inflammation*
e-correlates with Ulcerative colitis activity

3-patient with UC, increased Alkaline phosphatase, increased Bilirubin, Normal AST/ALT, next step :
a-Abdominal CT
b-ERCP*
C-Liver Biopsy
d-Liver U/S

4-All true about Gastric Ulcer except :
a-mostly caused by H.pylori and NSAIDs
b-increased basal acid secretion*
c-when doing endoscopy take Bx to r/o neoplasm
d-do H.pylori testing to confirm eradication

5-primary sclerosing cholangitis, all true except:
a-anti mitochondrial ABs*
b-increased Alkaline phosphatase
c-increased circulatory immune complexes
d-P-ANCA

6-all true about intrahepatic cholestasis in pregnancy except :
a-jaundice is common
b-increased risk for post par tum hemorrhage
c-takes many months after delivery to turn back to normal
d-increased bile acids in blood*

7-About SBP, all true except :
a-mcc is E.Coli
b-fever isn't always present
c-recurrence rate >20% per year
d-neutrophils >250 sufficient for Dx*
c-Albumin infusion prevents renal failure

8-patient with jaundice, his sister died 2 years ago with liver disease,low ceruloplasmin, increased ALT/AST, normal Alkaline phosphatase, next test is :
a-24 hour urine Copper measurement*
b-liver Biopsy*
c-liver US
d-serum protein electrophoresis

9-All true about osmotic diarrhea except :
a-osmotic gap > 125
b-doesn't decrease at night
c-Anemia not common
d-dehydration is the role*
e-malabsorption and laxatives are common causes

10-Good prognostic factors for HCV infection except :
a-Obesity*
b-young age
c-genotype 2
d-decreased HCV RNA
e-minimal liver fibrosis

11-Patient with cystic fibrosis, all true except :
a-brochiactatic changes in upper lobes on CXR
b-vitamin B12 is the most common vitamin deficiency*
c-infertility due to absent vas deferens
d-Dnase replacement part of treatment
e-autosomal recessive chromosome 7

12-Flu-like illness, fever, became jaundiced, normal ALT,AST,Alkaline phosphatase, increased bilirubin (direct 0.4, total 4), jaundice resolved after a while:
a-Gilbert syndrome*
b-PSC
c-PBC
d-Gall stones
e-acute Viral hepatitis

*****Respiratory*****

1-Represented by point C:
1-FEV1.0 25%
2-TLC*
3-FEV1.0 75%
4-maximum expiatory flow

2-Assess pneumonia in patient with sepsis :
a-procalcitonin*
b-ESR
c-CRP
d-IL-1
e-troponin

3-Pulmonary flow loop :
a-brochial asthma*
b-severe emphysema*
c-IPF
d-vocal cord dysfunction
e-tracheal stenosis

4-all goes in favor of emphysema rather than chronic bronchitis :
a-Age
b-family Hx
c-DLCO less than 60% of normal
d-methacholine challenge test*

5-polysomnography : Central sleep Apnea

6-differentiate between ARDS and cardiogenic pulmonary edema :
1-BNP below <100*
2-PaO2/FiO2 >350
3-PCWP 25

7-All true about ARDS (in the Q CXR showing bilateral pulmonary infiltrates) except :
a-glucococrticoids have minimal effect
b-permissive hypercapnia is beneficial
c-PEEP used in treatment
d-swan-Ganz catheter improves mortality*
e-shunt is the mechanism of hypoxia

8-all cause bronchospasm except :
a-histamine
b-methacholine
c-normal saline*
d-adenosine
e-exercise

9-True about COPD:
a-most smokers develop COPD
b-tiotropium used in all patients with COPD
c-O2 therapy improves life quality not survival*
d-re habitation increase survival in severe COPD
e-glucocorticoids increase rate of infection in COPD pneumonia

10-20 years old female Dx with asthma, taking salmetrol & des.., came back with continuous dry cough and wheezes, FEV1 >92%,FVC>90%:
a-double the dose of the drugs
b-change to another drugs
c-Anti IgE if IgE is elevated

d-repeat flow volume loop looking for important inspiratory limitation*

11-All increase risk of PE except :
a-hip replacement surgery
b-Age >75 Years
c-major srugery > 3 hours
d-heterozygous mutation in HEE....gene*

Endocrine

1-Female patient presented after Head CT with sellar masswith extension to suprasellar area, prolactin=50 (increased),increased TSH, normal T4, most likely cause is :
a-prolactinoma
b-craniopharygioma
c-metastatic tumor
4-non functioning pituitary adenoma*

2-Patient with hypothyroidism on levothyroxine, presented with fatigue, skin tanning, muscle weakness, Glu 64, Na 126, TSH 3, K 5.5, T4 15, most appropriate next step is:
a-ACTH level
b-cosynotropin stimulating test*
c-abdominal CT
d-Biopsy from adrenals

3-patient with T4=29.9, uptake is 2%(low), all of the following are possible Dx except:
a-exogenous thyroid hormones
b-infectious thyroiditis
c-subacute thyroiditis
d-struma ovarii
e-TSH-secreting pituitary tumor*

4-female patient presented with palpitations, 4 months ago she gave birth, diffuse goiter, T4=24, TSH=0.01, most appropriate next step:
a-repeat TFT after 3 months
b-Anti-TBg & anti-thyroid perioxidase
c-U/S
d-measure TBG levels
c- radioactive 125 scan*

5-male patient with delayed puberty, arm span>length, small soft testicles, low testosterone, lower-normal LH & FSH, prolactin decreased, most likely Dx
a-hypothysitis
b-5 alpha reductase deficiency
c-androgen insensitivity
d-abnormal karyotyping
5-GnRH deficiency*

6-ICU patient with sinus tachycardia, T4=19.9, T3=3(decreased),TSH(0.01), the most appropriate regarding patient's condition:
a-thyroid uptake and scan should be done*
b-triiodothrynine should be given
c-pituitary MRI
d-TBG levels are decreased*
e-anti thyroids maybe beneficial

7-female patient presented with abdominal pain, CT was done and showed 2.6 cm mass, most appropriate next step is :
a-24 hr metanephrins and cortisol*
b-needle guided Biopsy
c-surgical removal

8-Most to go with heterozygous familial hypercholestrolinemia
TC LDL HDL TG
A 34 110
B 870 570 34 110
C 223 34 110
D 196 140 34 110
E NA 34 730

Answer : E (not sure about it)

9-diuretic beneficial for patient with osteoporosis
a-loop
b-Thiazide*
c-ACEi

Hematology

1-Wrong about CML
increased platlet count*

2-AML treatment
all-trans retinoic acid*

3-hemophilia A, true statment:
severity depend on level of factor VIII

4-Autoimmune hemolytic anemia
give IV prednisone

5-Multiple myeloma stage 3:
Chemotherapy and Bone marrow transplant

6-patient post.op, develop drug induced ischemic signs in his hands, what do u expect to find in labs :
decrease >50% in platlet count

7-case presentation including tear drop cells:
idiopathic myelofibrosis

8-lymphoma with best prognosis
Follicular lymphoma

9-staging for lymphoma
Bone marrow biopsy

10-patient with recurrent 2nd tri. pregnancy loss, least likely to be changed:
a-PT*
b-PTT
c-PC

11-20-year old patient, right leg swelling, bilaterla DVT, PC normal, PT normal, PTT increased, next step :
a-Vitamin K levels
b-d-dimer levels
c-mixing study*

12-TTP, wrong statment
hemodialysis for renal involvment ??

Dermatology

zalameh with polygonal lesions --> Lischen planus

Rheumatology

1-Father with Gout, brother with Gout, the patient is hyperuricemic but no symptoms, what to do:
a-Allopurinol
b-cholchicine
c-probenacid
d-Allpurinol+cholchicine
e-Do nthn, ask the patient to come back when joint symptoms*

2-60 year old male patient with long Hx of ankylosing spondylitis, come to clinic with law back pain after a trivial accident, wakes him at night, recetly he is depressed, loosing interest in things, not going out, what to do:
a-give him indomethacin, and ask him to come back again after 3 weeks.
b-give him antidepressant
c-do spine MRI*

3-All true about RA except:
a-lymphoadenpathy
b-mononeuritis multiplex
c-lung fibrosis
d-+ve coomb test*

4-adult onset still's disease, wrong is :
a-high ferritin
b-pruritic skin rash
c-spleenomegaly
d-High Anti-RO Abs*

5-strong familial predisposition :
a-Priamry Osteoarthritis*
b-hip OA
c-knee OA
d-spine OA

6-70 year old male, with back pain, least important to do :
a-urine protein electrophoresis
b-plasma protein electrophoresis
c-HLA-B27*
d-MRI
e-brucella

7-all present with red eye, photophobia and blurred vision except :
a-70 year old male with skin rash, photophobia, myalgia and arthritis*

8-scleroderma with renal HTN : give ACEi*

9-all used to assess sclerdoderma except :
a-DLCO
b-ECHO
c-abdominal CT
d-esophageal studies
e-skin Biopsy*

10- diagnostic for wegners:
a-C-ANCA
b-P-ANCA
c-Tissue biopsy*
d-Sinus CT
e-Chest CT

11-patient with jaw claudication, pulsless temporal artery..etc, next step : a-MRI/MRA b-ESR** c-temporal artery biopsy

Nephrology

1-Main mechanism for renovascular HTN :
baroreceptors sense decreasing perfusion pressure hence releasing renin*

2-all better in peritoneal dialysis compared to hemodialysis except :
a-no vascular access
b-no anticoagulants
c-more biocompatabile
d-better outcome*

3-DM 1, BP=135/85, electrolytes normal (K=5.1,....), urine albumin/creatinine Increased, which is true :
a-intense glucose control decrease progression to over ptoteinurea*
b-Anti hypertensives not needed because he has normal blood pressure
c-ACEi contraindicated due to hyperkalemia

4-ANCA + Patient, with glomerulonephritis, plasma exchange is beneficial by
a-removing pathogenic ABs
b-removing activated complement*
c-removing cytokines
b-replenish the plasma with Abs
e-new plasma has anti inflamamtory action

5-Patient with history of Confusion, vomiting, decreased skin turgor, decreased Na, decreased K, decreased Cl, increased HCO3, increased Urea, Increased urinary PH, normal Na in urine, Normal cortisol :
a-bartter syndrome
b-distral tubular acidosis
c-pyloric stenosis*
d-addisonian crisis
e-SIADH

6-patient with fatigue, high JVP, pericardial friction rub, low C3, normal C4, increased IgA, most appropriate Dx :
a-IgA nephropathy
b-FSGS
c-membranous nephropathy
d-isolated renal vasculitis
e-Infective endocarditis*

7-patient with RA, was on Gold regimen for 5 year, discontinued 9 months, started diclofenac since the last 2 years, recent lower limb edema, proteinurea, Dx :
a-Gold-induced membranous GN*
b-interstitial nephritis*
c-Amyloid*
d-Minimal change disease
e-vasculitis

8-patient with Hx of fever, spleenomegaly,rash on abdomen and back, lymph nodes, recently microalbuminurea, most important test :
a-ANCA
b-ANA*
c-Cryoglobins
d-Plasma electrophoresis
e-EBV titer*

9-47 year old female patient, her husband works as a nurse, measure her BP regularly at home and it

120/80, at clinic its 138/85, most important step in addition to life style modification is
a-Ambulatory BP measurement*
b-Continue home BP measurements
c-renal artery Doppler.

rapid correction of hyponatremia.. central pontine myelinolysis

Neurology

1-not supplied by median nerve :
Supinator muscle*

2-absence seizures:
sodium valproate*

3-loss of pressure and vibration sensation in LL with spastic paresis and tingling sensation,which vitamin Deficiency :
B12*

4-intact comprehension, cant repeat short phrases, cant write, cant speak:
broca's aphasia*

5-most common cause for brain abscess :
Hematogenous spread *

6-not given in essential tremors:
L.dopa

7-case of Bipolar :
Valporic acid

8-20 years old female thinking she has no stomach, so she isnt eating...etc.
schitzophreniform or schizoaffective ??

9-someone thinking people want to hurt him, he is seeing snakes..etc
psycho stimulant abuse*

10-70 year-old male recently became forgetful, agitated, withdrawn..
major depression*

Drug not given with elevated serum Creatinine : cyclosporin A*

Pseudotumor cerebri, wrong :CSF >35 lymphocytes

antiepileptic causing renal stone... topiramate

Cardiology

1-ECG showing Delta wave :
accessory pathway parallel to AV node

2-patient with marrow complex arrhythmia
IV adenosine

3-all increase digitalis toxicity except :
a-hyperparathyroidism
b-COPD with hypoxia
c-hyperthyroidism*
d-loop diuretics
e-Quinidine

4-Long QT, all except :
a-digitalis*
b-amiodarone
c-macrolides
d-TCA
e-cerebral injury

5-improve survival, all except
a-digitalis*
b-ACEi
c-BB
d-nitrates
e-spiranolactone

6-patient with syncopal episodes, anterior motion on mitral valve on echo, the true statement is :
a-murmur decrease with hand gripping*
b-murmur radiates to carotids
c-impaired systolic function of heart

7-patient with history of fever, presents with left sided weakness, increased ESR, Echo shows shadow on left atrium, Dx is
a-Infective endocarditis
b-emboli from mural thrombus
c-atrial myoxoma*

8-unstable plaque, all true except :
a-thin fibrous cap
b-high inflammatory content
c-lipid core
d-high smooth muscle cell content*
e-few fibroblasts

9-patient with aortic stenosis, wrong about it :
1-degeneration is the most common cause in elderly
2-muffled S2*
3-ACEi improve survival*

10-tropinin increase with all except :
Pulmonary edema*

11-wrong about paroxysmal SVTs :
Amlodipine improves it*

12-patient with MI, admitted to hospital, after 12 hours his BP decrease to 90/60, HR 110 , first to do :
a-IV NE
b-IV dopamine
c-Normal saline infusion*

13-patient with long Hx for DM, he is on thiazide, but his BP not controlled, what to do:
a-add lisopril*
b-remove thiazide
c-remove thiazide and add lisopril

14-wrong about ASD :

a-osteum secondum associated with RBBB like feature

b-osteum primium associated with mitral valve abnormalities

c-transcutanous closure is beneficial
d-surgical closure to decrease risk of infective endocarditis**

15-wrong statment :
1-fatty acids main energy supply
2- AV node supplied by RCA
3- during exercise heart will increase O2 extraction**
4- coronory perfusion increase with diastole
5- SA node in the superior Posterior Rt Atruim

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GI :(10)

1.45 year old male patient , with pruritis and jaundice < elevated liver enzymesk and alkaline phosphatase, +ve pANCA and -ve ANA –ve AMA < the dx is :

a. cholangiocarcinoma

b. GBS

c. primary sclerosing cholangitis ***

d- primary biliary cirrhosis

2.Patient with aortic stenosis and lowe GI bleeding(or melena) >> the most likely diagnosis :

a. Angiodysplasia**

b.doudenal ulcer

c-gastric ulcer

d- ulcerative colitis.

3. Patient complaining of regurgitation of food that was eaten several day before < and have fouly smelling breath, he has :

a. zincker divertieulum

4. patient present with one day history of bloody diarrhea , the most likely organism is :

a. Campylobacter jejuni** b. giardia

5. patien has h.pylori gastric ulcer , after eradication of the organism ,one of the following still detectable:

a. urease test

b. fecal antigen

c. h.pylori serology**

6. patient founfd to have multiple liver cysts seen by U/s , next step is :

a. ERCP

b.CT

c. Hydatiform serology***

d- laproscopy

7.female patient , BMI =35, non alcoholic , no family hx of liver diseases, Lab show elevation of liver enzymes . mos likely dx is:
a. NASH***

8. pt with recent hx of HBV infection ,where he was +ve HBsAg and anti HBc igm ...now he has non detectable level of HBsAg and there is no anti HBsAg... one of the following is the least likely :

a. he is in the window period

b. he has -ve HBV DNA

c. he may have +ve anti HBCag

d. he has -ve HBsAg

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e. he may have chronic infection ****

9. wrong about enterobius vermicularis:

a. eosinophilia**

b. treated by mebendazole

c. worm =1cm in adult d. easily person to person

d- school aged children are mostly infected

10. case describing acute exacerbation of ulcerative cholitis with bleeding per rectum :

a. give IV hydrocortisone***

b. give metronidazole

c. give iv 5 salsalate

Nephrology:(10)

1. Case cenario describing patient with normal every thing but +2 protinuria ,

a. reassurance**

b. give ACE inhibitor

2. Patient with Sjögren's syndrome

, who have hypokalemia , hyperchloremia , urine pH=6, the most likely dx is :

a. RTA 1**

b.RTA2

c.RTA3

d.RTA4

c. diarrhea

3. pregnant patient with seizure attack , high Bp,edema , dx is :

ecclampsia

4. not associated with renal stone :

a. hyperparathyroidism

b. polycystic kidney discase

c. medullary cyctic kidney***

e recurrent UTI

5. diabetic nephropathy (??) :

a. protinuria***

b. duration of the disease

6. hypercoagulability in MCD is due to all of the following except :

a. chronic DIC***

b. fibronigenemia

c. low c protein

d. low antithrombin 3

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7. patint with serum Na= 160, weight =70 , severe dehydration .. the amount of water defecit is :

a.1. 9.6

b.6.9

c.7

d.6***

8. patient in the ICU < have brown muddy cast , most likely he has :
a. ATN**

9. Patient with low serum phosphate, Ca, Mg .. the 1st step in management is:

a. oral Ca and Mg

b. IV Ca and Mg***

c. IV phosphate then IV Ca and Mg

10. All of the following are associated with refractory HTN except :

a. noncompliance

b. insufficient dose

c. high diet K**

Endocrine:(11)

1. Diabetic patient presented with acute panereatitis ,hyperglycemia, very high LDL,TGD.. immediate management is :

a. niacin

b.Gemfebrozil

c.statin

d. IV insulin ***

2. 28 year old patient with Hx of infertility , gynecomastia, small testis , high LH and FSH, low testosterone, most appropriate next step is :

a.testicular bx

b. give testosterone

c.Karyotype**

3. Female patient presented few years ago with amenorrhea, galactorrhea, normal thyroid function tests, high prolactin (54) treated with bromocriptin , the prolactin level normalize, but after she stopped taking the drug , she has high prolactin again (60) , and develp visual field defects , brain CT shows supracellar mass 2-4 cm .. the most likely dx is :

a. prolactinoma

b. non functioning pituitary adenoma***

4. patient with incedentaloma, next step is :

a. surgery

b. urine cortizole ,metaniphrine, ...****

5. patient with high prolactin and hypothyroidism, pituitary enlargement next step is :

a. levothyroxine alone**

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b. levothyroxine with bromocriptine

c. surgery

6. amiodarone cause :
iodine overload and thyroiditis

7. Question about diabetcs: Metformin

8. Fe jawab : LDL-c decrease with thyroxin

9. Question about diagnosis of diabetes:

a. FBS >94 , 2 timcs

b. pregnant woman with OGTT , FBS> 210..??

10. Patient with polydipsia and polyuria, urine osmolality is low , and siay low after water deprivation test, but after giving desmopressin , the urine osmolality increase, DX:

a. SIADH

b. psychogenic polydipsia

c.nephrogenic DI

d. idiopathic central DI**

11.patient with hypertension, elevated Na, decreased K , next step is :

a. plasma aldosteron concentration and plasma rennin activity***

b. metaniphrin

c. urine cortizol

Rheumatology:(11)

1. Not associated with bad prognosis in RA:

a. long standin RF

b. Anti CCP

c.age >30** d. HLA D B 1

2. In chronic tophacious gout the goal is :

a. dec uric acid in the serum to <4

b. dec uric acid in the serum to <7**

c. dec uric acid in the serum to <8
d.disappearance of tophus

3. Not bad prognosis in sarcoidosis

a. sinus diseasc

b.lung fibrosis

c. lupus pernio

d. bone marrow involvement

e Löfgren syndrome**

4. Adult still's onset disease , all true except :

a. high ferritin

b. high ANA, RF**

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c. high spiking fever

5. Not associated with ankylosing spondylitis:

a. aortic regurgeb. enthesitis

c.pulmonary fibrosis

d. hip arthritis e.RPGN***

6. Not present in dermatomyositis:

a. calcinosis*** ??

b. rash on the neck

c.nephritis *** ??

|d. ANA

7. Patient with pulmonary fibrosis ,he may have all of the following except:

a.RA

b.anti centromere

c. Raynaud's d.HLA**

8. Wrong about autoantibodies:

A. very high ANA titer indicate severe disease

9. Case of suspected fibromyalgia, in order to exclude other causes the least important test to do is :

a. CBC, ESR

b. ANA**

c. CK d. CPK

10.wrong association is :

a. churg straus _ atopy

b. PAN- HBV

c. WG- cANCA

d.hypersensivity- vasculitis***

e. mixed cryogloulinemia- HCV

11. Patient with Amaurosis fugax, temporal muscle wasting, high esr , next step is :

a. prednisolone 60 mg

respiratory:(11)

1. plethysmograph: central apnea

2. Flow volume loop: tracheal stenosis

3. Normal in severe asthma:

a. FRC

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b. RV

c.TLC **

d. DLCo**

الجواب مش أكيد إما C أو D

4. one is not different between emphysyma and chronic bronchitis:

a. young age in emphysyma

b. family Hx

c. challenge test**

d. low DLCo in emphysyma

5. female patient with daytime sleepiness , has 5-6 apnea/hypopnea/hour.

next step is :

a. CPAP

b. loos weight

c. **Multiple Sleep Latency Test** (MSLT)

6.HIV patint on HAART. treated for TB , he started to have visual sx and loss of colour vision , the most likely drug is :

a. ethambutol**

b.rifambin

c.pyrodixamine

7. Not associated with increase in troponin :

a. PE

b. Pulmonary edema**

c. HTN

8. Mechanism of hypoxia in COPD:

a. Mixed hypoventilation v/q mismatch**

b. hypoventilation

c. shunt

9.female patient presented with dry cough, and suspected to have asthma , what of the folloing is the most usefull :
a. variability

10. Young patient with DVT, normal pt , elevated ptt, what is the next step:

a. mixing test

b.factor level

c.D-dimer

11. One is correspond with the most severe asthma:

a. PO2 55/ PCO2 35

b. PO2 55/ PCO2 43***

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c. PO2 60/ PCO2 38

Cardiology:(13)

1. Not bad prognostic sign in MI:

a. heart failure

b. HTN**

c.DM

2. One that does not cause elevation in troponin: (سؤال مكرر)
a. PE
b. pulmonary edema**

3. Case of inferior MI, and hypotension , the immediate management:

a. give 500cc saline**

b. pacemaker

c. iv morphine

4. Pateient with mitral stenosis, present with pulmonary infiltrate, and bilateral crackle, all of the following may cause this except :

a. Pneumonia

b. B. blocker***

c. A fib

5. Wrong match:
a. hyperkalemia- inverted T wave**
b. Acute pericarditis- ST elevation

6. Major criteria in Duke's for infective endocarditis:

a. new mitral valve regurge**

b. Osler

c. roth spot

7. One cause stabilization of atheromatous plaque:
a. ASA
b.statin**
c. ACE inhibitor

8. Wrong match:
a. ACE inhibitor- hyperkalemia
b. CCB-lower limb edema
c. B-blocker-impotence d. a-blocker- urine retension***

9. Case of acute pulmonary edema in patient with heart failure, one is not given :

a. furosemide

b. b.blocker (besoprolol)**

10. Case of arrhythmia (مش متذكر شو التفاصيل)

a. D/C cardiversion

b.iv adenosine**

c. iv amiodarone

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11. Patient with valvular vegetation , one is wrong :

a. do not coagulate

b. take 3 cx , 30 minutc apart , before treatment

c. give bacteriosratic Ab in the beginning then bactericidal

d. surgery consult for removal of the vigitation

ans A or D

12. in heart failure , you suspect to found all of the following exceprt :

a. increase TNF

b. increase B. naturetic peptide

c. increase aldosteone d. incrcasc b. adrenergic receptor density

13. Patient with heart failurc and edema:

a. 1-2 liter of extracellular fluid is enough to cause edema

b.edema may cause skin rupture

c. in patient with hemiplesia , edema is more in the affected side.

Hematology :(13)

1. AML and M3:
t(15.17)

2. Patient with MDS del ch 7, del(5q), del(20q) , blast 20% , what would you tell the family :
she is unlikely to live more than 1 year

3. In All , good prognosis:

t(12.21)

4. Wrong about glanzman thrombasthenia:

a. normal platelet count

b. There's a defect in platelet plug formation.

c. abnormal clot retraction test

d. del ch (17)

e. abnormal flowcytometry , CD19, CD38

5. Not acute complication of blood transfusion :

a. iron overload**

b. TRALI

c. WBC reaction d. ABO incombitability hemolysis

6.patient with recurrent viral, fungal , protozoal infection , the most likely defect in :

a. B. lcell

b. T.cell**

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c.macrophage

d. neutrophil

e. immunoglobulin

7. MM patient , one is not of the routinely tests :

a. b2.macroglobulin

b. Albumin

c. MRI for lytic bone lesion d. renal biobsy to r/o amyloidosis**

8. Tear drop cell, increase retics.... مش متذكر باقي الأشياء ..

idiopathic amylofibrosis

9. B.thalasemia and iron chelating , one is true :

a. chelating should not be started before age 8 b.oral Deferasirox (exjade). Is the drug of choice**

10. Question about hepcidine, true is :

a. increase with depleted iron stores

b. increase with low serum iron c. هذا الجواب الصحيح بس مش متذكره!!!!

12. Patient with CML:

t(9,22)

13. In hemophilia:

inversion 22

neurology :(6)

1. Although the definition of TIA is neurological defecit that last less than 24 h , it is usually less than :

a. 12 h

b.8

c.6

d.4

e. 1**

2.wrong about headache :

a. eluster headache more in male

b. migraine relieved by sleeping

c. headach of increase IC pressure is worse at the night ***

3. Not used in TTT of status epilipticus :

a. carbamazipine**

b. diazepam

c. phenytoin

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4. Not in temporal epilepsy :

a. starring

b. lip smaking

c. de ja vu

d. jerky limb movement ***

5. Truc in Parkinson :

a. charectarised by : tremor , bradychynesia, spasticity

b. anticholinergic is used to treat tremor**

c. caused by defect in spinothalamic nucleus

6. Patient with headache ,CSF . WBC 200 , 80% lymphocyte , gluc 32 , (serum 120) , (don't remember opening pressure and protein)most likely Dx :

a. pnuemococcus

b. guillain barre syndrome

c. TB meningitis**

d. pseudotumor cerebri

dermatology :(6)

1. Not in psoriasis:

a. onycholysis

b. nail pitting

c. subungual hyperkeratosis

d. proximal nail splitting

e. thickening of the nail ***

2. Most aggressive form of melanoma:

a. superficial spreading

b. nodular**

c. acral lentigenus

3. wrong about pemphigus vulgaris :

a. flaccid blister

b. good general health**

c. mucous membrane involvement

4. Wrong about scabies:

a. involve the back **

b. other family member involved

c. burrow

5. Most common one of congenital icthyosis

a. AD icthyosis vulgaris**

b. x.linked

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6. Ereythema multiforme present in :
a. HSV **

a. hyperkalemia

b. luekopenia

c.thrombocytosis**

psychiatry :(6)

1. does not cause depression :

a. nifidipine**

b. reserpine

2. Shcizophrinic patient on medication , presented with weight gain , unilaterall gynecomastia , cytopenia , all of the following may be the cause except :

a. fluxitine**

b. olanzapine

c.haloperidole

3. Visuall hallucination is most specific of :

a. Shcizophrinia

b. delirium

4. Not associated with sympathetic hyperarousal:

a. conversion disorders**

b. delirium

5. Patient with anorexia nervosa may have all of the following except :

6. Alcoholic patient presented with diplopia, inability to stand , decrease LOC ,one day after treated with (something مش متذكره) the most likely cause is ;

a. delirium

b. vit B deficiency**

Infectious: sorry not all questions were remembered

1. The vaccine not recommended in 25 year old physician is :

a. HBV vaccine

b. tetanus

c. Measles, Mumps, Rubella (MMR)

d. pneumococcal ***

2. Patient with PCP, diagnostic test for HIV:

a. HIV ELISA**

b. HIV western blot

Medicine Exam 4th year 2012

Infectious

Infectious: (additions are welcomed, as I couldn't get them all)
1. All of the following are adverse effects of vancomycin EXCEPT
a. phlebitis
b. seizures **
c. Red man syndrome
...
2. Brucellosis treatment
6 weeks of rifampcin and doxycylin

3.patient with PCP suspected to have AIDS, what test will you do?!
a. ELISA **
b. Western blot
c. Virus load
d. ...

4. Which of the following medications should never be used in pregnancy
a. levofloxacin **
b. Imatinib
c....

5. Which of the following may cause lupus
a. Isoniazid **
b. Rifampicin
c. Pyrazinamide
d. Ethambutol
e. Streptomycin

6. Incorrect about metronidazol
pseduomona

7. All of the following vaccines may be given to a patient who is immunosuppresed
a. HBV
b. Influenza
c. MMR**

8. A patient susceptible to parasitic infections, mostly due to
a. B cell deficiency
b. T cell deficiency**

9-Q about PCP and its prophylaxis
Trimethoprim and sulphomethaxazole

10-Septic shock --- wrong it start with vasoconstriction

11- 3 positive swabs
MAC
12- splenectomy no vaccination for mycoplasma

Rheumatology

1)Not associated with ankylosing spondylitis
: Pulmonary Embolism**, anterior uveitis, Pulmonary fibrosis,....

2)IncorrectaboutRheumatoidArithritis:
bilateralsynovitis, subcutanous nodules are exclusively in seropositive patients, iron defeciency anemia**, detected radiographic changes

3)which of the following investigations is not required in a 35 female patient with a history of 1 month bilateral ankle swelling: -serum uric acid**
- rectal swap - proctoscopy - ct scan

... 4)Which is the following has no relation with SLE : albumin , ESR , c3 and c4 , anti DNA, ENA titer (i guess this is the answer, not sure though)

5)a case of SLE(butterfly Rash), which of the following tests is not related: ANCA and PANCA **, Coombs test

7)which of the following physical finding mostly differentiates between Limited and Diffuse Scleroderma: skin involvement (anahekjawabto), renal crisis (some say this is the answer)

8)a case of raynauds and sclerodactyly only: anti centromere**

9)Which of the following is not associated with Reactive arithritis : Raynauds

10)which of the following isn't of the criteria of inflammatory back pain:
age less than 60**, decreases with exercise, doesn't decrease with rest, insidious onset ...

10) serum uric acid not increased in:
SIADH** low dose aspirin

11) celecoxib most NSAID with GI protective

12) not present in rheumatoid : repeated abortion, Mononeuritis multiplex

cardio :

1- pt with heart failure, all trus except:
negativerales excludes increased PCWP. – no peripheral edema when overload and venous htn

2- pulsusparadoxus found in : cardiac temponade

3- all of the following are modifiable RF's of CAD except : thyrotoxicosis, hyperurecemia**

4- all of the following affect mortality rate post MI except : HTN

... 5- all of the findings are found in MS except : S3

6-one of the following is considered of major DUKES criteria : new valvular regurgitation

7- constrictive pericarditis is assosiated with all of the following except : a- hepatomegaly, b. ascitis c. pulmonary edema** d. early diastolic sounde. raised JVP

8- renal artery stenosis as a cause of HTN, on of the following physical findings doesn't expect that : a. mild renal impairment, b. flash edema, c. palpable kidney**, d. renal artery bruit diastolic and systolic.

9- wrong assosiation : a blockers : urine retention

10- which of the following increases HDL : a. statins, b. niacin, c. fibrates, d. excersise**

11.all of the following exacerbates MS symptoms except : B blockers

12- troponin : not elevated in pulmonary edema

13- one of the following is not assosiated with improved prognosis in DCM except : a. digoxin***, b. nitrates

14-all increase the PR interval except :thyroxine.

15- unstable plaque – scattered calcification is wrong

Nephro :

1- pt. with lymphoma, known to excrete 1.5 gram/day protein , was found to have -ve dipstick for protein, what's your explanation:
answer: dipstick detects only albumin

2- acid-base case, ph 7.6, HCO3 45 Na 133 Cl 75 PO2 60 PCO2 59
... answer: metabolic alkalosis only

3- Nephritic syndrome is ass. with all of the following except:
a- hematuria b- HTN c- renal failure d-edema e- hypoalbuminemia
(i don't know the answer) :/

4- pt. u/w cholecystectomy, which is supportive for pre-renal failure :
answer : a- orthostatic hypotension

5- female patient was running in a marathon and came later in the day (eno mainly with signs of dehydration), you expect to find all the following except:
answer : urine osmolarity<300

6- all are supportive for glomerular cause of hematuria except:
answer: e- blood clots

7- pt. with hemoptysis, nasal mucosal ulcer, recently became oliguric, ANCA +ve :
answer: a- wegener'sgranulomatosis

8- blood hydrostatic pressure 55 , blood oncotic pressure 30, bowman's capsule hydrostatic pressure 15, the net filtration pressure is :
answer : 10

9- AD-PKD is ass with all the following except :
answer :angiodysplasia

10- all retard progression of D-nephropathy excepy :
answer :B.p< 140/90

11- pt. with Chronic renal failure developed osteitisfibrosacystica, all the following may be associated except (i'm not sure 3n 9ee3'et el so2aal bsenno el muhemmbeddo el 3a'al6)
a- hyperPTH
b- Hypocalcemia
c- aluminu toxicity **
d- hyperphosphatemia
e- met. Acidosis

12- angiotensin 2 -- wrong decrease ADH

13- aldosterone – increase Na-k channel

14- goal for Bp in dm = 130/90

Respiratory

1. polysomnography: central apnea

2. Flow volume loop: residual volume

3. one is not different between emphysyma and chronic bronchitis:
c. challenge test**

4-death in asthma : mucous plug

5-Mechanism of hypoxia in COPD:
a. Mixed hypoventilation v/q mismatch**

6- Pt in ICU having hypercapnia : hypoventilation

7- dead space : area not perfused but ventillated normally

8- One corresponds with the most severe asthma:
a. PO2 50/ PCO2 43

9- diagnosis of BKS : CT scan

10- curp score – 3

11- asthma airway limitation – fev1/fvc< 70 or reversible by 12%

12- ashma .....dirunal variability 25 pefr

Hemato

1)G6PD associated with >>> 563c--->T

2)GlanzmannThrombasthenia, a simple cheap test to dx it : 1-platelet count? 2-Clot retraction** 3-Platelet aggregation

3)Hemophila A >> intron 22 inversion

... 4)a patient with 9;22 chromosomal abnormality , asymptomatic, JAk2 -ve : 1) CML with acute leukemia phase 2) CML in chronic phase ** 3)PCV

5)a patient who is jaundiced with normocytic anemia>>MCV=96, HB=9? , blood smear shows polychromatophilicerythrocytes , high reticulocytes=8, +veCoomb : 1- autoimmune hemolytic anemia ** 2-SCD ? 3-anemia of chronic disease

6)an 18 year old boy presents to the ER with seizures, CBC was done, platelets were low, and his PT and PTT were normal ,, Best test to Dx his condition : 1- FDP(fibrin degradation product) 2-ADAMTS-13 ** (nt sure)

7) , a girl had cervial,axillary and inguinal lymph node enlargement, very large spleen up to her umbilicus, normal platelets and no anemia, her blood smear showed metamylocytes and blasts, >> in Rai system it is 2 and in Pinet it's B , (be aware that in Rai there is 0 as well)

8)a girl has AML, M5 .. which is the worst prognosis >>chr 7 deletion.

9) Thalaesemia has improved greatly regarding trasfusion because 1- HB vaccine, 2-chelating agents **

10) TRALI 1- 1-4 hours after transfusion** 2- next day?

11) Heparin , which is wrong : it causes deep venous thrmbosis !! **/ thrombocytopenia

12) MM case, B2 microglobulin is 6 , and albumin is smth , so which stage in ISS >> stage 3 **

Endocrine

1- Hemochromatosis hemochromatosis : transferrin saturation

2- silent thyroitidits no idea wt is the q

3- thyroxine and monitor free t4

4- patient with high prolactin and hypothyroidism, pituitary enlargement next step is : a. levothyroxine alone**

5- polycestic ovary msh congenital adrenal hyperplasia bnaa2n 3la 7ky doc aiman :/

6- 1-18 yrs old , small testicles ,low testosterone , low FsH and LH,
Long arms , can't smell: a-marfanb.GnRHgnrh deficiency**c.karyotype

7- ACTH (cosyntropin) stimulation test

8- diagnosis of diabetes: woman with OGTT , FBS> 210... , A1c > 7

9- fe so2al el hypoglycemia with phsycological manifestations? men 1....men 2a... wella isolated pancreatic tumor**

10-25 vitamin D

11-Osteomalacia – hypercalcemia

12-Hypoparathyroidism???

1-18 yrsold , small testicles ,low testosterone , low FsH and LH,
Long arms , can't smell: a-marfan b.GnRHgnrh deficiency c.karyotype

... 2. DM : a-random blood glucose 220 asymptomatic b- asymptomatic HbAlc=7
c-pregnant lady w 94 FBS twice

3. lowca ,normal pth , high alkaline phosphatase: a- vit D defficiency
b-1,25-dihydroxyvitamin D
c-pseudohypoparathyroidism d-hypoparathyroidism

4- low BP , dark pigmentation of skin, next step : a-aldosterone and renin 2-Acth

5- symptoms of prolactinoma and hypothyroidism : a- levothyroxine alone b- levo and bromocriptine.

6- pt with non tender thyroid nodule , high t4 and t3 ,low tsh , low uptake ,high thyroglobulin ,positive anti peroxidase anti bodies : 1- silent thyroiditis 2-subacute thyroiditis 3-iodine induced thyrotoxicsis

7 – ER , Blood sugar = 16 ,negative sulphonylurea ,high insulin ,high c-peptide ,high pro-insulin :a- insulinoma b- men1 c- men2

8- signs of acromegaly, next step : a-IGF-1 , b-growth hormone

9- normalca ,low PTH, diagnosed to have hypothyroidism, he doesn't take medication high tsh , low phosphate : next step :
1- t4 , 2-vit D

GIT:

1- 1 day bloody bleeding: C.jujeni

2-specific for UC: psuedopolyps

3-HBV wrong: chronic infection

4- + p-anca: primary sclerosing cholangitis

5-liver cyst: hydatid serology

6-decrease b12: pancreatic exocrine inefficiency

8-bile acids: absorbed by small intestines

9- decrease hcl secretion misoprostil

10- pt with 6 year hx of diahrea + constipation, colonoscopy was normal - reassure

11- Patient complaining of regurgitation of food that was eaten several day before < and have fouly smelling breath, he has :
zincker diverticulum

Medicine Exam / 2011
6th year

Please note that we all have exams so I am sorry I couldn't write all the questions, no time! Just thought I would help with a couple of hours of my time. The answers are most probably correct but as you all know there is always room for mistakes. When I was in doubt I did not put in an answer so I would not mislead you. If you find yourselves uncomfortable with the suggested answers feel free to think for yourselves, or alternatively you can look up the answers if applicable. Good luck!

All of the following drugs can be given in the management of status epileptieus except:
1- valproic acid
2- phenytoin
3- phenobarbital
4- earbamazepines***
5- benzodiazepines

---

which of the following is wrong about asthma?
1- FEV1/FVC < 75%
2- reversibility is defined as increase in the ratio FEV1/FVC by 12% upon administration of salbutamol

---

A patient presented with hematuria and flank pain. The most important test to do is:
1- renal US
2- helical CT
3- IVP

All of the following causes sinusitis except :
1. SLE* (most likely but not 100% sure)**
2. WG
3. sarcoidosis
4. churg-strauss syndrome
5. Relapsing polychondritis

All are associated with OSA except:
1- macrognathia**
2- large tongue
3- large neck size
4- large uvula
5- abdominal girth

A patient with scleroderma presented with hypertensive crisis, the most appropriate treatment is: Enalapril***

All is used in the treatment of acute COPD exacerbations exeept: Positive and negative pressure ventilation***

All of the following are used in the management of obstructive sleep apnea except:

1- CPAP
2- BiPAP
3- Weight reduction
4- Lung volume reduction surgery***

A patient with sclerodcrma could develop all of the following except:

1- Digital gangrene
2- Accclerated hypertcnsion
3- DVT***
4- Pulmonary HTN
5- Pulmonary fibrosis

Most common cause of death in asthmatic patients :
1) mucous plug ***
2) infection
3)cardiac cause

4) severe bronchoconstriction

A case of HIT, induced after 5 days of heparin therapy for massive PE. The patient was asymptomatic other than the finding of low platelet count. The next step after stopping heparin is :
1. Switch to subcutaneous LMWH
2. Hirudin**
3. Warfarin alone
4. Give glycoprotein IIb/IIIa inhibitor

Which of the following antibodies is responsible for heart block in the baby of a mother with SLE?

- Anti Ro/Anti La***

All is true about hypokalemia except:

1. ST depression, U waves are typical ECG findings
2. Decreases digoxin toxicity***

3. Depressed tendon reflexes

A patient presented with mild epigastric pain. He describes mild pain and pain assocaited with "some foods". Examination was normal. what would u do?
1- Stool H.pylori*** (But not 100% positive)
2- CT
3- MRCP 4- 24 hr pH monitoring

A 17yr old female presented with fatigue, sleepiness thoughout the day, she has 3-4 naps a day and wakes up from sleep refreshed but that doesnt last. Polysmonography showed respiratory disturbance index of 6 events/hr. What is the next step:
1- Recommend weight reduction (ma jabo seret enha obese bil os2al!)
2- Do multiple sleep latency test (MSLT) ***
3- CPAP

A patient presented to ER with hypoglycemia given dextrose. She was admitted for workup. She developed hypoglyeemia after a 24hr supervised fast. Insulin was inappropriately high, proinsulin high, C-peptide high, sulfonylurea screen negative, CT showed no masses in abdomen nor in pancreas. What's the next test you would do?

1. Observation & repeat the CT
2. Reassure the pt
3. Refer to psychiatry
4. Pancreatectomy
5. Intraarterial Ca+ stimulation test***

All are true facts related to cerebellum except,

1. Vermis lesions produce trunkal ataxia
2. Wilson's disease
3. Dysfunction is associatcd with paraneoplastic phenomenon in small cell lung cancer

---

A patient presented with acute lower limb pain and pallor due to acute embolism. All of the following could be a source for embolism except:
1- A Fib
2- Dilated cardiomyopathy
3- 3rd degree heart block***

4- Infective endocarditis
5- Acute MI

A patient presented with weakncss and lost 5kg in the past month. Physical exam: +ve hyperpigmentation, no straic, no abdominal swelling... The patient had some tests done on which the 24hr urine collection for cortisol was high. What is the most likely diagnosis:
1- ectopic ACTH secreting tumor*** (lung cancer, it does produce hyperpigmention)
2- ACTH secreting pituitary adenoma (would be so if there was no history of weight loss)
3- exogenous steriods

A patient developed pneumonia and was admitted to the hospital and recieved antibiotics. And then, i think after a few weeks. ba3ed ma el pneumonia resolved, he started to complain of ankle pain...
What is the likely cause of ankle pain?
1- Reactive arthritis
2- Crystal arthropathy

A patient had low total T4, normal TSH, normal free T4. Who could this patient be?
1- a female patient taking OCPs
2- a male patient with acute hepatitis
3- a male patient with bilateral limb swelling from nephrotic syndrome > 10g/day***

A patient presented with long standing palpitations. ECG picture was given which showed --> A.fib. All of the following increases the risk of thromboembolism in this patient except:
1- Female patient age > 75yrs
2- Heart failure
3- Hyperlipidemia***
4- Immediate cardioversion
5- Hypertension

A man presented with foot drop. Impairement of which of the following would suggest that the patient has an L5 radiculopathy rather than a lesion of the common peroneal nerve?

1- Inversion of the foot***
2- Eversion of the foot
3- Plantar flexion of the foot
4- Dorsiflexion of the foot
5- Dorsiflexion of big toe

A patient has a prosthetie valve. Which of the following procedures is an indication for antibiotic prophylaxis?

1- Endoscopy
2- Hernia repair
3- TURP (transurethral resection of prostate) ***** (90% sure)
4- Heart cath
5- Pacemaker insertion

A patient presented to ER with chest pain, ECG showed transient ST elevation, the patient was discharged on a new medication. After discharge the patient started to have more attacks of chest pain. What could this new medication be?
a- Ca channel blocker
b- Nitrates
c- Atenolol***

One is characteristie about inflammatory back pain:

1- Weight loss
2- Increases with rest***
3- Gets worse by the end of the day

One of the following is not associated with increased risk of sudden death in HOCM:

1- Exereise hypotension
2- Syncope
3- Family history of sudden death
4- Non-sustained V-tach
5- Trans-valve gradient of 100 mmHg***

One of the following has not been shown to affect mortality in patients with advanced heart failure:

1- Spironolaetone
2- Ace inhibitor
3- Digoxin***
4- Hydralazine-Nitrate combination

The antibiotic for treating Listeria monocytogenes is: Ampicillin***

Thalasemia: The mainstay of treatment is oral disferisox***

Long case with pancytopenia, splenomegaly, tear-drop cells, negative autoimmune antibodies, the diagnosis is:

1- Idiopathic myelofibrosis***
2- Primary autoimmune myelofibrosis
3- Myelodysplasia

All of the following are immediate transfusion adverse effects except:

1- Hemolysis due to ABO incompatibility
2- Sensitization from Rh incompatibility*** (not 100% sure)
3- Acute lung injury
4- Coagulation disorder
5- WBC reaction

One of the following conditions mimics carpal tunnel syndrome:

- C5 radiculopathy
- C6 radiculopathy***
- C8 radiculopathy
- Medial antebrachial nerve compression
- Lateral antebrachial nerve compression

All of the following can be caused by a lacunar infarct except:
- Global aphasia*** (definitely)
- Pure motor hemiplegia
- Pure sensory hemiplegia
- Dysarthria clumsy hand syndrome
- Ataxia hemiparesis syndrome

A lady came with a history of multiple unprovoked seizures two weeks ago, physical exam is normal, all of the following is appropriate diagnostic workup except:
- EEG
- Brain MRI
- Serum sodium***

- Mammogram
- Plain chest X-ray

All can cause trigeminal neuralgia except:
- Posterior fossa meningioma
- Middle cerebral artery stroke***
- Acoustic neuroma
- Multiple sclerosis

A right sided patient presented with Broca's aphasia. Going back through patient's history, he had experienced three episodes of transient visual loss in his left eye. The patient's condition is explained by:
- Anterior cerebral artery stenosis
- Middle cerebral artery stenosis
- Internal carotid artery stenosis***
- Posterior cerebral artery stenosis

A healthy young man presents with incidental fasting blood sugar of 127mg/dl, confirmed several times. His HbA1C is 6.6%. According to most recent guidelines, the most appropriate thing to do is:
- Life style modification, then reassess in 3 months and start metformin.
- Lifestyle modification plus start metformin right away***
- Other inappropriate options!

A lady presented with recurrent headaches, her B.P. was elevated, she has episodes of diaphoresis and palpitations.. the next most appropriate step is:
- Serum VMA
- 24hr urinary fractionated metanephrines and catecholamines***

One of the following is not associated with renal stones:
- Hyperparathyroidism
- Adult Polycystic kidney disease
- Medullary cystic kidney***
- Distal RTA

---

nephro...a case of s/p cholecystectomy...presented with signs of acute kidney injury. which goes with prerenal ?
1) Postural hypotension***
2) FeNa >3%
3) Urine Na >50
4) Urine sp.gravity 1.012

5) Heme and granular casts

Patient came with hypertension of 210/130, which of the following is not an indication for acute reduction of systolic B.P to <140?

1- Confusion, change in mental status but no focal neurological deficit
2- Papilledema
3- Acute MI
4- Pulmonary edema
5- Aortic dissection

A child presented with pupura on buttock and thighs, ... (classical picture of HSP), the most likely cause is:

1- Immune complex disorder****

A patient with a 40% stenosis in his LAD, which of the following would improve mortality in this patient?

1- Beta blocker
2- Nitrates
3- Statins
4- Ca channel blocker
5- ACE inhibitor

---

60 year old man with signifieant eardiae disease presented with left abdominal pain and thumb sign on xray, the most likely diagnosis is:

1- Infectious colitis
2- Ischemie colitis***
3- IBD

A 20 year old male pt came with low Na and normal K and he was confused, uric acid in the serum was low, the most likely diagnosis is:

1- Addisons
2- SIADH*** (hyponatremia+ hypouricemia)

A patient with fever + flank pain + cosinophilia, the most likely diagnosis is:

1- Acute papillary necrosis
2- Acute tubular necrosis
3- Acute interstitial nephritis***

A patient with isolated upper limb hypertension (coarctation), same BP in both arms, all of the following are true except:

1- Unilateral rib notching is more common than bilateral
2- ACE inhibitors are mainstay of treatment***
3- Prophylaxis for infective endocarditis in NOT INDICATED

A patient with middiastolic sound then murmur heard over apex, (so mitral stenosis), all are true about this case except:

1- The most common cause is rheumatic heart disease
2- They can't tolerate tachycardia
3- Pulmonary edema is rare ***
4- Infective endocarditis prophylaxis is NOT indicated

(The point of these questions is: Go through most recent indications for IE prophylaxis. In new guidelines, simple mitral stenosis or coarctation are NOT indications for prophylaxis)

All of the following are possible causes of refractory hypertension except:

1- Noncompliance
2- Inadequate medication
3- Primary hyperaldosteronism
4- High potassium diet***

Wernicke's encephalopathy, which is wrong:

1- Thiamine deficieney is the cause
2- First line of treatment is 50% glucose*******
3- Ataxia
4- Confusion
5- Ophthalmoplegia

Which drug will cause HTN ?

1-MTX 2- cyclosporine**** 3-sulfasalazine 4-hydroxychloroquine

---

Which is the wrong match of drug-side effect?

1- Thiazide – hypercalcemia
2- Statin – Peripheral neuropathy**
3- Clopidogrel – Thrombocytopenia

A patient had a prolactinoma. He was treated with dopamine agonists. He improved. A few weeks later he developed watery nasal discharge without nasal congestion. The most appropriate test for this discharge is:

1- Glucose*** (to see if it was CSF)
2- Protein
3- WBC
4- Gram stain/ culture

A patient with TG >1000, HDL 20, cholesterol elevated but not as much as TG, the most appropratie drug is:

1- Niacin***
2- Atorvastatin
3- Simvastatin
4- Ezetemibe
5- Choestyramine

Sever hemophilia A, the most eoomon mutation is: intron 22***

Hematology questions: 2011

1- A 61 year old man has had dull, constant back pain for 3 months. He recently developed a cough productive of yellowish sputum. On PE there are crackles at the right lung base. A plan film radiograph of the spine reveals several 1 to 2 cm lytic lesions of the vertebral bodies. Laboratory studies show normal Na, K, Cl, CO2, blood glucose, urea 49 mg/dl, cr 5 mg/dl, total protein 8.3 g/dl, albumin 3.7 g/dl, alkph 176 U/L, AST 45 U/L, ALT 22 U/L. a sputum culture grows strept. Pneumonia. Which of the following pathologic findings is most likely to be seen in a bone marrow biopsy from this patient?

a- Scatterd small granulomas
b- Nodules os small mature lymphocytes
c- Occasional reed-sternberg cells
d- Numerous binucleated and trinucleated plasma cells
e- Hypercellularity with many blasts

2- A 72 year old mn has had increasing fatigue for the past year. On PE there are no abnormal findings. Laboratory studies show aHgb of 9.1 gm/dl Hct 27.9%, MCV 96 fl, WBC count 3700/microlitre, and platelets count 125000/microlitre. The WBC differential count on the peripheral blood smear shows 53 segs, 5 band, 2 metamyelocytes, 1 myelocyte, 32 lymphs, 7 monos, and 5 nucleated RBCs/100 WBCs. He has a negative direct and indirect coombs test. Which of the following diseases is he most likely to have? (NOT SURE IF IT'S CORRECT ANSWER)

a- Metastatic carcinoma
b- Chronic alcoholism
c- Malabsorption
d- Hemoglobinopathy
e- Chronic blood loss

3- The most frequent genetic abnormality which causes sever hemophilia (A) is:

a- Inversion of intron 22 (int 22 inverse) of factor VIII gene
b- Inversion of intron 1 (in 1 inverse) of factor VIII gene
c- Nonsense mutation leading to a stop codon
d- Missesnse mutation leading to a substitution of an amino acid

e- Single base deletion in exon 18

4- A 25 year old male patient was reffered with the diagnosis of acute myeloid leukemia. He was found to have Hb 8gm/dl, WBC 80000/ul, platelets count 17000/ul. Blood film showed 80% blasts with bilobed appearance. BM was heavily infiltrated by blasts with abundant cytoplasmic granles and aur rods. Granules were positive for myeloperoxidase, but negative for butyrate esterase. Blasts were CD33 and CD13 positive. Cytogenetics studies were done. Which of the following cytogenetic abnormalities is most likely in this patient:

a- T(15;17)
b- T(8;16)
c- T(8:21)
d- T(1;22)
e- T(9;22)

5- 69 year old male presented with chest infection. His blood count showed: Hb 8g/dl, WBC 2100 with 20% neutrophils, platelete count 28000, blood film showed 12% blasts. Bone marrow examination revealed myelodysplastic changes with 18% blasts. Cytogentetics sowed deletion of chromosome 7. What's the likelyhood of survival as judged by the international prognosis score (IPSS) of myelodysplastic syndrome (MDS):

a- 46 months
b- 34 montha
c- 7 months
d- 24 months
e- Normal life expectancy

6- 19, M, malaise for 3w, has pharyngitis and tende LNs, has peripherally "atypical lymphoctes" --> CMV, captured from personal contact !!essara7a ma fhemetshufekret esso2al wellashuhowweh a9lan !! if anyone of those who attended could help :))))

1- How do we differenciate between L5 root lesion and common peroneal nerve injury?bypreservation of:
   a- foot eversion
   b- **foot inversion**

2- All of the following drugs can be given in patient during an epipleptic attack except:
   a- valproic acid
   b- phenytoin
   c- Phenobarbital
   d- **carbamazepines*****
   e- benzodiazepines

3- One of the following conditions mimics carpal tunnel syndrome:
   a- C5 radiculopathy
   b- **C6 radiculopathy*****
   c- C8 radiculopathy
   d- Medial antebrachial nerve compression
   e- Lateral antebrachial nerve compression

4- All of the following can be caused by a lacunar infarct except:
   a- **Global aphasia*****
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   c- Pure sensory hemiplegia
   d- Dysarthria clumsy hand syndrome
   e- Ataxia hemiparesis syndrome

5- 70 year old lady came with a history of multiple unprovoked seizures two weeks ago, physical exam is normal, all of the following is appropriate diagnostic workup except:

a- EEG
b- Brain MRI
c- **Serum sodium*****
d- Mammogram
e- Plain chest X-ray

6- All can cause trigeminal neuralgia except:

a- Posterior fossa meningioma
b- **Middle cerebral artery stroke*****
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7- A right sided patient presented with Broca's aphasia. Going back through patient's history, he had experienced three episodes of transient visual loss in his left eye. The patient's condition is explained by:

a- Anterior cerebral artery stenosis
b- Middle cerebral artery stenosis
c- **Internal carotid artery stenosis*****
d- Posterior cerebral artery stenosis

8- wernick'senephalopathy which is wrong:

a- **give 50% glucose as IV fluid**
b- ataxia
c- opthalmoplegia
d- give thiamine

9- which one isn't used in status epilepticus ?

a- phenytoin

b- **carbamazepine**

c- valproic acid

d- diazepam

10- transient amaurosisfugax& non fluent aphasia----->multiple emboli from heart

11- drug that cause renal stones:

a- topiramate

12- IN NEURO THE MOST COMMON TEST FOR EXAMINATION MYESTHENIA GRAVIS is:

a- TENSOLIN TEST

b- schrecep abs

c- emg

13- ALL SPECIFIC FOR CEREBELLAR ATAXIA EXCEPT:

a- WILLSON

b- MS

c- irreversible with phenytoin