

(Orthopedics)

Q) Colle's fracture:

- **Distal end of the radius.**
- Scaphoid fracture.
- Around the elbow.
- Head of the radius.

(Orthopedics)

Q) A child fell on an out-stretched hand and flexed elbow, exam showed swelling around the elbow with no radial pulse, best management:

- Closed reduction.
- Closed reduction then check for radial pulse.
- **Open reduction.**
- Cuff and collar for 3 wks.

Because of the vessel involvement the best way of Tx is by open repair.

(Medicine)

Q) A patient having an IV line developed an infection, what is the most important source?

- Infected IVF.
- **Infection during the insertion of the line from the skin.**
- Bactermia.
- During changing IVF.

The most common site of infection following a line insertion is the entry site.

(Medicine)

Q) Most common association with acanthosis nigricans (one):

- Hodgkin lymphoma.
- Non-hodgkin lymphoma.
- Internal malignancy.
- DM.
- **Insulin resistance.**

This occurs due to insulin spillover (from excessive production due to obesity or insulin resistance) into the skin which results in abnormal growth being observed. The most common cause would be insulin resistance, usually from type 2 diabetes mellitus. Other causes are familial, obesity, drug-induced, malignancy (gastric cancer), idiopathic and Polycystic ovary syndrome.

(Medicine)

Q) Xanthoma:

- On lateral aspect of the upper eyelid.
- Hard plaque.
- Around arterioles.
- Is not related to hyperlipidemia.
- **Deposited in dermis.**

They are usually soft plaques that are located in the dermis at the inner aspect of the upper eyelid.

(Surgery)

Q) Patient suspected of having brain abscess, the most important q. in the history is:

- **Frontal sinusitis.**
- Ear discharge.
- Head injury.
- Bronchiectasis.
- Hx. of vomiting.

(Medicine)

Q) The following are true about H. Pylori except:

- Related to gastric outlet incontinence.
- **Can cause gastritis but not related to duodenal ulcer.**
- Can be eradicated by ampicillin and metronidazole.
- There will be histological improvement after eradication.
- It can split urea.

Studies showed that eradication of H. pylori significantly reduces the relapse of duodenal ulcers.

(OB/GYNE)

Q) 60 Y/O lady on OCP 21 days a month having recurrent vaginal bleeding (spotting) after the stop of estrogen, best Tx:

- **Endometrial Bx.**
- Papsmear of the cervix.
- Add progestone.
- Stop estrogen.
- Abdominal US. or laproscope.

The use of estrogen as HRT increases the risk of endometrial Ca.

(OB/GYNE)

Q) A post transvaginal hysterectomy having vaginal urine dripping during micturition Dx:

- **Vesicovaginal fistula.**
- Urethrovaginal fistula.
- Ureterovaginal fistula.

(OB/GYNE)

Q) Most common site of gonococcus infection in females in:

- **Cervix.**
- Posterior fornix.
- Urethra.

The first place this bacterium infects is usually the columnar epithelium of the urethra and endocervix. Non-genital sites in which it thrives are in the rectum, oropharynx and the conjunctivae. The vulva and vagina are usually spared because they are lined by stratified epithelial cells.

(OB/GYNE)

Q) Post D&C the most common site of perforation is the:

- **The fundus.**
- Ant. wall of the corpus.
- Post. wall of the corpus.
- lat. wall of the corpus.
- Cervix.

(Medicine)

Q) Regarding typhoid fever, all are true except:

- **Fever and red spots appear on the same time.**
- Can be completely eradicated even in the presence of gall stones.
- Transmitted by food, milk and water.
- Can be treated by quinolones.

Rash only occurs in 1/3 of the patient and usually appears in the 2nd week of infection.

(Medicine)

Q) High output HF causes include all except:

- Anemia.
- **MR.**
- AV fistula.
- Paget's disease.

Severe anemia, AV fistula, hyperthyroidism, beriberi and Paget's disease all are causes for high output HF.

(OB/GYNE)

Q) One of the following is a known cause of polyhydramnios:

- Maternal diabetes insipidus.
- **Duodenal atresia.**
- Renal agenesis.

GDM causes polyhydramnios and macrosomia. Renal agenesis causes oligohydramnios.

(Medicine)

Q) The differentiating feature of Crohn's disease from ulcerative colitis is:

- It affects the ileum.
- **Granuloma.**
- Crypt abscess.
- Affects the rectum.
- Hx of smoking.

They are not present in UC.

(Medicine)

Q) MI with premature ventricular contractions, the best Tx:

- Digoxin.
- **Lidocaine.**
- Quinidine.

Digoxin is known to worsen the PVCs. Lidocaine is known to decrease the occurrence of PVCs.

(Medicine)

Q) A middle aged man having black spots on his thigh for years, it is starting to become more black with bloody discharge, the best management is to:

- **Wide excision.**
- Incisional Bx.
- Cryotherapy.
- Radiotherapy.
- Immunotherapy.

The patient is having a malignant melanoma and the Tx is by excision.

Surg.

Q) 55 y/o presented with bleeding. On ex. found to have external hemorrhoids. One is true:

- Advice for removal of these hemorrhoids.
- **Do rigid sigmoidoscopy.**
- Ask him to go home & visit after 6 months.
- Do barium enema.

(OB/GYNE)

Q) A 34wk GA lady presented with vaginal bleeding of an amount more of that of her normal cycle. O/E uterine contracts every 4 min, bulged membrane, the cervix is 3 cm dilated, fetus is in a high transverse lie and the placenta is on the posterior fundus. US showed translucency behind the placenta and the CTG showed FHR of 170, the best line of management is:

- **C/S immediately.**
- Give oxytocin.
- Do rupture of the membrane.
- Aminocsthesis.

The patient is having placental abruption.

(OB/GYNE)

Q) It is C/I to stop preterm delivery in the following condition:

- **Aminochorionitis.**
- **Placental abruption.**
- Preeclampsia.

pre-eclampsia can be controlled medically. Aminochorionitis will increase the fetal risk as well as the placental abruption.

(OB/GYNE)

Q) PPH happens more commonly with:

- **Multiple pregnancies.**
- Anaemia.
- Preterm delivery.
- Antithrombin III deficiency.

Due to the increased risk of uterine atonia.

(OB/GYNE)

Q) Before you start instrumental delivery it is important to check if there is:

- Face presentation.
- **CPD.**
- Breech presentation.
- Cord prolapse.

(OB/GYNE)

Q) In occipitoposterior malpositioning of the fetal head, all of the following are true except:

- 10% of all vertex deliveries.
- It causes significant delay of labor duration compared to the anterior presentation.
- **Android pelvis is a predisposing factor.**
- Flexion of the head helps the rotation to the ant. position.

(Family medicine)

Q) Important tools for listening to a patient include:

- Using tools for asking.
- Imagination.
- **Using similar words and expressions as the patient.**
- A sense of humor.
- All of the above.

(Medicine)

Q) The mechanism of action of ASA:

- **Inhibition of the platelet cyclo-oxygenase.**
- Decrease the lipids.

(Medicine)

Q) The mechanism of action of heparin:

- **Activation of antithrombin III.**

(Medicine)

Q) One of the major factors causing physiological hypoxemia is:

- Ventilation-perfusion mismatch.
- **Decreased diffusional capacity of the alveolar membrane.**
- Increase in the level of 2,3 DPG.

VP mismatch is not physiological. 2,3 DPG will increase the O₂ in the blood.

(Ortho.)

Q) 20 years old male presented with volar wrist injury with median nerve involvement, what is the clinical picture:

- Wrist drop.
- Claw hand.
- Sensory loss only.
- **Inability to oppose thumb towards fingers.**
- No metacarpophalangeal joint flexion.

*Both ulnar and median nerves provide sensory and motor innervations to the hand, with median nerve supplying the medial part including the thenar muscles to the 3rd digit, and the ulnar on the other two lateral. Injury at the wrist involving radial nerve will cause wrist drop, if ulnar nerve is effected it results in the characteristic claw hand.

(medicine)

Q) Causes of Secondary hyperlipidemia are all except:

- HTN
- **Nephritic syndrome**
- Hypothyroidism
- Obesity

(med.)

Q) A 25 years old male with 3 days Hx of swelling and arthralgia of knees joint. A day later, it involved the Rt wrist also, there is Hx of travel to India. Physical examination revealed, Temperature 39, tender joints with swelling. Aspiration was done for knee joint it gave 50 cc turbid fluid with gram -ve cocci; what is the causative organism:

- Brucella.
- Staph. aureus.
- Strept pyogen.
- Strept pneumonia.
- **Niceria gonoria.**

Niceria gonoria is a gram -ve intracellular diplococcus which infects epithelium, particularly of urogenital tract, rectum, pharynx and conjunctivae. Incubation period 2-14 days. Systemic spread include rash and arthritis.

(ophth.)

Q) Anterior uveitis is a character of the following except:

- **R.A.**
- Sarcoidosis.
- Behcet disease.
- Riter's syndrome.
- Ankylosing spondolitis.

Causes of Iritis (anterior uveitis): idiopathic, seronegative spondyioarthropathies (e.g. Riter's syndrome, Ankylosing spondolitis), IBD, diabetes mellitus, granulomatous disease(e.g. Sarcoidosis), infection(e.g. gonococcal, syphilis, toxoplasmosis, brucellosis, T.B.), Behcet disease. Eye involvement of R.A. episcleritis, scleritis, keratoconjunctivitis.

(gyne.)

Q) A 25 years old female patient who is with 2ry amenorrhea, her prolactin level is 400 ng/ml. the probability to have pituitary prolactin secrecting adenoma is:

- <25.
- 25-49
- **50-74**
- 75-85
- >85

*Prolactin levels in excess of 200 ng/mL are not observed except in the case of prolactin-secreting pituitary adenoma (prolactinoma). In 50 % of those having high prolactin levels there is radiological changes in the sella turcica.

(med.)

Q) 55 years old male patient presented with cough for 10 years which did not bother him much, it is productive of mucoid and purulent sputum alternatively, Hx of excessive smoking for 23 years. He is obese 123 kg. He was wheezing during talking with you. On examination you find rhonchi all over his chest, the most probable diagnosis is:

- **Chronic bronchitis.**
- Emphysema.
- Pneumothorax.
- Cystic fibrosis.
- Bronchiectasis.

*Cough productive of sputum on most days for at least 3 months of the year for more than 1 year is the symptomatic definition of Chronic bronchitis (COPD). Smoking is its dominant causal agent, frequent infective exacerbation occurs giving purulent sputum, there may be wheeze or quiet breath sounds on examination. Cystic fibrosis is an Autosomal recessive condition where patient presents with respiratory symptoms since early life. It is the most common cause of bronchiectasis.

(med.)

Q) A 28 years old female. Presented complaining of fleeting arthralgia for days, has tender swelling of her Rt knee. WBC=9.8, ESR=80, Rh F= -ve, VDRL= +ve and has 19 to 20 RBC in her urine sample. The next step will be:

- ASO titer.
- Blood culture.
- U/S of the kidney.
- **Double strand DNA.**
- C-reactive protein.

Arthralgia + Rh F -ve is indicative of : SLE or Spondyloarthritides, Both differentials have high ESR, CRP either high or normal in Reiter's syndrome and normal in SLE, with VDRL (venereal disease research laboratory) +ve will further restrict our list to Reactive arthritides/Reiter's syndrome, but it has no gold standard diagnostic test, so Double strand DNA will help in excluding SLE.

surg.

Q) Indication for valve replacement in infective endocarditis include all except:

- **Viral endocarditis.**
- Resistant bacterial endocarditis.
- Fungal endocarditis.
- Aortic valve regurgitation.
- C.H.F.

Situation in which surgery is necessary:

- Extensive damage to valve
- Prosthetic valve endocarditis
- Persistent infection despite therapy
- Serious embolization
- Large vegetation
- Myocardial abscesses
- Fungal endocarditis
- Progressive cardiac failure

(surg.)

Q) 50 yr old female noticed firm neck swelling with hx of palpitations and weight loss, your diagnosis is:-

- Simple goiter
- **Toxic nodular goiter**
- Parathyroid adenoma
- Thyroiditis

(pedia.)

Q) The child can walk without support in:

- 6 months
- 9 months
- **15 months**
- 18 month

12 months walk with one hand held, 15 months independently and takes a step up at 18 months.

(ortho.)

Q) Flexion, adduction, and internal rotation is:

- Anterior hip dislocation.
- **Posterior hip dislocation.**

Represents 90% of dislocation. Anterior hip dislocation classically extended, externally rotated hip.

(ortho.)

Q) 32 year old Egyptian male patient came with open tibial fracture what is the appropriate medication:

- Gentamycin.
- **Penicillin, Gentamycin and 3rd generation Cephalosporin.**
- Acetaz...
- Acetazo...+ Gentamycin.
- Ciprofloxacin + Gentamycin

Cefazolin for all grade I and II open fractures, Gentamycin is added for all grade III as well as contaminated wound, penicillin required in farm injuries for clostridial coverage.

(Physiology)

Q) Forced vital capacity:

- Volume of gas that can be expelled after inspiration in one minute.
- Volume of gas that can be expelled in the 1st second.
- **Volume of gas that can be expelled after maximal inspiration.**
- Maximal air flow rate in FVC. e. Maximal air flow in 1 second.

Volume of gas that can be expelled in the 1st second of forced vital capacity is FEV1 forced expiratory volume in 1 second.

Volume of gas that can be expelled after maximal inspiration is VC vital capacity. FVC is the same as VC but more forceful and rapid.

(med.)

Q) Within 6 hours after attending a dinner party, 10 participants developed severe N/V, abdominal cramp and diarrhea. Most of them resolved spontaneously. Few were admitted for correction of dehydration. The most probable cause is:

- Salmonella food poisoning.
- Botulism.
- **Staphylococcal food poisoning.**
- Giardiasis.
- Clostridium perfringens food poisoning.

(Med.)

Q) 38 years old female, her thyroid F.N.A showed follicular neoplasm. What of the following suggestion?

- Increase T3 and T4.
- **Cold nodule on scan.**
- Lymphadenopathy.
- Tonsillar radiation.

The diagnosis of follicular thyroid carcinoma usually occurs during the evaluation of a cold thyroid nodule. Fine needle aspiration (FNA) is the diagnostic tool of choice in evaluating thyroid nodules. These tumors are more typically uninodular and spread to lymph nodes is uncommon. There may be hyperfunctioning metastases. Radiation to the neck is a risk factor (but the term ,Tonsillar radiation, was not quit clear in the question).

(med.)

Q) Asthma after 40 years old. What is true?:

- Could be psychological.
- Eosinophiles are increased significantly.
- Peak expiratory value change from night to day.
- **Oral steroid change the peak expiratory value significantly.**

Asthma may be defined as "a chronic inflammatory disorder of the airways in which many cell types play a role, in particular mast cells, eosinophils, and T lymphocytes (irrespective to age). PEFR values is established ideally by recording measurements at least twice daily for two weeks and validity of PEFR measurements depends entirely upon patient effort and technique. Lack of dramatic improvement with a course of oral corticosteroids suggests a diagnosis other than asthma.

(med.)

Q) Old age female presents with morning stiffness, on examination there is distal interphalangeal joint enlargement. What is this swelling called:

- Sigmoid.
- **Hebreden.**
- Bouchar.
- Synovial swelling.

Heberden's nodes are deformity caused by marginal osteophytes which lie at the base of the distal phalanx. Less commonly, the proximal may be involved and here it is called Bouchar's nodes.

(med.)

Q) The following are characteristics features of brucellosis except:

- Lymphadenopathy
- Hepatomegally.
- Splenomegally.
- **Diarrhea.**
- Backache.

Other symptoms and signs include:

Fever, sweating, weakness, headache, anorexia, pain in limbs and back, rigors, joint pain, spinal tenderness.

(Psych.)

Q) Good prognosis factors in schizophrenia are all the following, except:

- Good premorbid adjustment.
- Acute onset.
- **Male.**
- Family hx. Of mood disorder.

Good prognosis factors in schizophrenia are late onset, obvious precipitating factors, acute onset, good premorbid social, sexual, and work histories, mood disorders symptoms, married, family hx. Of mood disorders, good support family and positive symptoms.

(Psych.)

Q) Criteria of major depressive illness:

- Late morning awaking.
- Hallucination with flight of ideas.
- High self-esteem.
- Over eating.
- **Decrease of eye contact in conversation.**

(Surg.)

Q) Gastric lavage is contraindicated:

- Aspirin.
- **Cleaning solution.**
- Vitamin E.

In general only gastric lavage is only of use if presentation within 1h of a potentially toxic dose of a drug has been taken, DO NOT perform if petroleum products or corrosives such as acids, alkali, bleach, descalers have been ingested, or patient is unable to protect his air way.

Q) A 36 years old man, obese. Recently, developed polyuria, polydipsia and weight loss. Urine analysis showed glucosuria and ketone. FBS is 280 mg/dl.

The best initial therapy is:

- **Intermittent I.M. insulin injection till stable.**
- NPH or Lenti insulin 30 units daily + diabetic diet.
- Sulphonylurea + D.D.
- Metformin

The most common indication for insulin therapy in type 2 diabetes is failure to achieve glycemic control with diet, exercise, and oral medications.

Insulin replacement is also needed if the patient develops signs of glucose toxicity.

Occasionally the physician may order an IM insulin injection in order to increase the absorption rate of the insulin

o REGULAR INSULIN is the ONLY insulin that shall be given IM

Surgery

Q) A 20-year-old man sustained a deep laceration on the anterior surface of the wrist. Median nerve injury would result in:

- A claw hand defect.
- A wrist drop.
- A sensory deficit only.
- **An inability to oppose the thumb to other fingers.**
- The inability to flex the metacarpophalangeal joints.

Dermatology

Q) Which of the following is MOST commonly seen in patients with acanthosis nigricans?

- An underlying internal cancer.
- An underlying non-Hodgkin's lymphoma.
- **An insulin resistant state.**
- Diabetes mellitus.
- An underlying Hodgkin's lymphoma.

Medicine

Q) The FIRST step in the management of acute hypercalcemia should be:

- **Correction of deficit of Extra Cellular Fluid volume.**
- Hemodialysis.
- Administration of furosemide.
- Administration of mithramycin.
- Parathyroidectomy.

(Medicine)

Q) A 43-year-old man is brought to the emergency department after a motor vehicle accident involving a head-on collision. He mentioned that he is having headache and dizziness. During his overnight admission for observation, he developed polyuria and his serum sodium level rises to 151 meq/L. All of the following tests are indicated EXCEPT:

- Overnight dehydration test.
- Measurement of response to desmopressin (dDAVP).
- MRI scan of the head.
- **Measurement of morning cortisol level.**
- Measurement of plasma and urine osmolality.

(Pediatrics)

Q) A 7-month-old child is brought to your office by his mother. He has an upper respiratory tract infection (URTI) for the past 3 days. On examination, there is erythema of the left tympanic membrane with opacification. There are no other signs or symptoms. What is the MOST likely diagnosis in this patient?

- **Acute otitis media.**
- Otitis media without effusion.
- Chronic otitis media.
- Otitis media with effusion.
- Chronic suppurative otitis media.

(Pediatrics)

Q) A 6-year-old girl is brought to the family health center by her mother. The child today had sudden onset of a painful sore throat, difficulty swallowing, headache, and abdominal pain. The child has had no recent cough or coryza and was exposed to someone at school that recently was diagnosed with a "strep throat". On examination the child has a temperature of 40°C. She has tender anterior cervical nodes and exudative tonsils. The lungs, heart, and abdominal examination are benign. What treatment would you offer for this child?

- Zithromax.
- **Penicillin V.**
- Ciprofloxacin.
- No antibiotics, rest, fluid, acetaminophen, and saline gargles.
- Trimethoprim.

(Medicine)

Q) A 28-year-old woman came to your clinic with 2-moth history of flitting arthralgia. Past medical history (PMH): Unremarkable. On examination: she is afebrile. Right knee = joint: mild swelling with some tenderness, otherwise no other physical findings. CBC: HB 124 g/L = 12.4 g/dl) WBC: 9.2 x 10⁹/L ESR: 80 mm/h Rheumatoid factor: Negative VDRL: Positive

Urine: RBC 15-20/h PF Protein 2+

The MOST appropriate investigation at this time is:

- Blood culture.
- A.S.O titer.
- C-reactive protein.
- **Double stranded DNA.**
- Ultrasound kidney.

(Medicine)

Q) The single feature which BEST distinguishes Crohn's disease from ulcerative colitis is:

- Presence of ileal disease.
- Cigarette smoking history.
- Presence of disease in the rectum.
- **Non-caseating granulomas.**
- Crypt abscesses.

Q) An 18 yrs old female comes into the clinic. She is complaining of RLQ (Right lower quadrant) pain, diffuse coming on gradually. The pain started around her umbilicus, she has felt some nausea, but has not vomited. It hurts a lot when she moves. Her shoulder hurts and she has felt dizzy at times over the last three days. She is running a low grade temperature of 99.6 F. Her last menstrual period ended three days ago. What is the most likely diagnosis?

- Adexal mass
- Ectopic Pregnancy
- Ovarian cysts
- **Appendicitis**
- Intrauterine pregnancy

Q) A 55 yrs old man presents complaining of dyspnea, paroxysmal nocturnal dyspnea, nocturia and anorexia for the past 3 weeks. On examination he has mild pedal pitting edema. Which of the following is the most common cause of his condition?

- **Coronary artery disease**
- Idiopathic causes
- Cardiomyopathy
- Valvular heart disease
- Ethanol use.

(Surgery)

Q)- Laparoscopy could be used in all, EXCEPT:

- Infertility
- **Intestinal obstruction**
- Iry amenorrhea

(OB/Gyne)

Q) Recurrent abortion:

- **Genetic abnormality**
- Uterine abnormality
- Thyroid dysfunction
- DM
- Increased prolactin

(OB/Gyne)

Q) DIC occur in all ,EXCEPT:

- Abruptio placenta
- Fetal death
- **DM**
- Pre-eclampsia

(OB/Gyne)

Q) Pregnancy induced HTN, all true EXCEPT:

- Ankle edema
- **Polyuria**
- Exaggerated reflex
- RUQ pain

(OB/Gyne)

Q) Pyelonephritis in pregnancy , all true EXCEPT:

- **Gentamycin is drug of choice**
- Abruptio placenta should ruled out
- E .coli common organism
- Should be treated even for asymptomatic

(ENT)

Q) All are normal in association with teething EXCEPT:

- Rhinorrhea
- Diarrhea
- **Fever > 39 C**
- Irritability

(Medicine)

Q) Pt come within 3 hrs H/O Lt side weakness , examination revealed Lt side hemiparesis, pulse 120/min irregular with diastolic murmur at mitral area. 1st step of management :

- **heparin**
- digoxin
- EEG
- carotid angiography
- echo

(Medicine)

Q) pt with fever , pallor petechi, echemosis, CBC as WBC 2,800 /mm³, Hb 6 & plt 2900 . next step of investigation :

- **bone marrow aspiration**

(Medicine)

Q) pt on chemotherapy presented with fever , all should be done , EXCEPT:

- blood culture
- urine culture
- **aspirine is effective**
- broad spectrum antibiotics

(Surgery)

Q) crohn's disease indication of surgery is:

- internal fistula
- external fistula
- intestinal obstruction
- **abd.mass**

*surgery reserved for complication as fistulae, obstructon, abscess, perforation & bleeding

(Medicine)

Q) pt with low grade fever and arthalgia for 5 days, presented with pansystolic murmur at the apex.H/O difficulty in swallowing with fever 3 wks back. Most likely diagnosis:

- bacterial endocarditis
- viral myocarditis
- **acute rheumatic fever**
- pericarditis

*major criteria(polyarthritis,pericarditis,chorea,eryth.margenatum & subcutaneous nodule

(Medicine)

Q) Sign of congestive heart failure in children all .EXCEPT:

- gallop rhythm
- **periorbital edema**
- basal crept.
- hepatomegaly
- bounding pulse

(Medicine)

Q) 7 months old infant with 4 months H/O interruption of feeding, normal S1 loud S2 pansystolic murmur grade III/IV at 3rd Lt intercostal parasternally, with hyperactive pericardium. Dx:

- large VSD
- large ASD
- **PDA**
- ARMR

*VSD(delayed growth,holosystolic murmur at LLSB)

PDA(poor feeding ,bounding pulse,hyperactive pericordium,continuous murmur best heard infravlavicular and sometimes systolic at left sternal edge)

(Medicine)

Q) Pt presents with fever swelling is felt,Ant.lymph node swelling warm, tender &fluctuant Dx:

- viral infection
- **bacterial lymphadenitis**
- Hodgkin L.
- ALL

(SURGERY)

Q) A 50 years old female patient with H/O weight loss, preference of cold weather, palpitation, there is H/O firm swelling in the anterior neck for 5 years Dx:

- Simple goiter
- Diffuse toxic goiter (gravis disease)
- **Toxic nodular goiter**
- Carotid body tumor
- Parathyroid edema

**Thyrotoxic symptoms:* Most patients with toxic nodular goiter (TNG) present with symptoms typical of hyperthyroidism. Symptoms include heat intolerance, palpitations, tremor, weight loss, hunger, and frequent bowel movements.

(SURGERY)

Q) Patient presented with fluctuant redness of finger bulb. Treatment:

- **Incision**
- Penicillin

***Paronychia** is a soft tissue infection around a fingernail. Paronychia occurs in 2 forms: acute and chronic. The etiology, infectious agent. Treatment: If without obvious abscess, be treated nonsurgically. If an abscess has developed, incision and drainage must be performed.

(OB/GYN)

Q) Infertility, all true, EXCEPT:

- **Male factor present 24%**
- Normal semen analysis is $>20,000,000$
- Idiopathic infertility is 27%
- High prolactin could be a cause

(MEDICINE)

Q) Patient with H/O fever, peripheral blood film +ve for malaria:

- Banana shaped erythrocyte is seen in *P. vivax*
- **Mostly due to *P. falciparum***
- Treated immediately by primaquin 10mg for 3 days
- Response to Rx will take 72 hr to appear

* The majority of malaria infection is caused by either *P. falciparum* or *P. vivax*, and most malaria-associated deaths are due to *P. falciparum*. RBC shapes don't change if infected with malaria. Primaquine is used for irradiation of *P. ovale* & *P. vivax*. Chloroquine is the 1st line of treatment & is used in 2 doses.

(GYN/OBST)

Q) Primary amenorrhea is due to:

- Failure of canalization of Mullerian duct
- Kallmann syndrome
- Agenesis
- **All of the above**
- Non of the above

* Primary amenorrhea: No menses by age of 14 and absence of 2^{ry} sexual CCx.

-No menses by age of 16 with presence of 2^{ry} sexual CCx.

Causes: Gonadal dysgenesis 30%, Hypothalamic-pituitary failure

e.g Kallmann syndrome(deficient GnRH), congenital absence of uterus (20%)

"agenesis of Mullerian system", Androgen insensitivity (10%),

(SURGERY)

Q) Patient with multiple trauma, conscious. Rx:

- **ABC**
- I.V.F
- Cross match

(SURGERY)

Q) Among the causes of Portal HTN, which of these will cause the least hepatocellular damage

- Schistosomiasis
- Alcoholic cirrhosis
- Post necrotic scarring
- **Cirrhosis due to chronic active hepatitis**

(SURGERY)

Q) RTA with urethral bleeding. Step of management:

- Insert foley's cath
- **Stabilize the pelvis**
- Insert suprapubic cath

(Medicine)

Q) Complications of systemic hypertension are all EXPECT:

- **Intracerebellar haemorrhage**
- Renal artery stenosis. (This causes HTN)

*The adverse effects of hypertension principally involve the CNS (stroke from cerebral haemorrhage, hypertensive encephalopathy, subarachnoid haemorrhage and multi infarct dementia) Retinal changes, Heart (Lt ventricular hypertrophy and failure, IHD and aortic dissection) Kidneys (long standing HTN causes nephrosclerosis that leads to proteinuria and progressive renal failure. (Danish).

(Medicine)

Q) S3 occur in all of the following EXCEPT:

- Tricuspid regurgitations.
- young athlete.
- LV failure.
- **mitral stenosis.**

*Physiological 3rd heart sound, is a filling sound that results from rapid Diastolic filling as occurs in Healthy young adults, children, Athletes, pregnancy and fever.

*Pathological 3rd heart sound is a mid diastolic sound that results from reduced ventricular compliance and if it's associated with tachycardia, it is called gallop rhythm.

*LT ventricular S3 - It's louder at apex and expiration.

It is a Sign of LV failure and may occur in AR, MR, VSD and PDA.

*RT ventricular S3 - It's louder at left sternal edge and with inspiration.

Occurs with RT ventricular failure or constrictive pericarditis.

(Medicine)

Q) Treatment of chronic atrial fibrillation all, EXCEPT:

- **cardioversion**
- digoxin
- warfarin

* When AF is due to an acute precipitating event such as alcohol toxicity, chest infection, hyperthyroidism, the provoking cause should be treated. Strategies for acute management of AF are ventricular rate control or cardioversion (+/- anticoagulation).

*Ventricular control rate is achieved by drugs which block the AV node, while cardioversion is achieved electrically with DC shock., or medically with anti-arrhythmic.

In general, each patient deserves at least one cardioversion trial. If patient is unstable and presents in shock, severe hypotension, pulmonary edema, or ongoing myocardial ischemia, DC cardioversion is a must. In less unstable patients or those at high risk for emboli due to cardioversion as in mitral stenosis, rate control is adopted (digoxin,

β -blocker or verapamil to reduce the ventricular rate. If it's unsuccessful then cardiovert the patient after anticoagulating him for 4 wks. *In chronic atrial fibrillation, cardioversion is contra-indicated due to risk of thrombus dislodge*

(Medicine)

Q) Treatment of unstable angina include all EXCEPT:

- heparin
- nitroglycerin
- β -blocker
- **aspirin**

*Hospitalization- Strict bed rest, supplemental oxygen.

Sedation with benzodiazepine if there is anxiety.

Systolic blood pressure is maintained at 100-120 mmHg and pulse should be lowered to 60/min.

(Medicine)

Q) Patient with RT femur fracture developed chest pain, hemoptysis, ABG P_{O_2} below 65 pCO_2 increased, first line of management:

- **Heparin.**
- aminophyllin.

*Since this is a clinical picture of pulmonary embolism management should be

-supportive care(oxygen to correct hypoxemia)

-Normal saline IV for hypotension

-Dopamine to raise blood pressure

-Anticoagulant: Heparin IV should be started soon based on clinical suspicion of pul. Embolism

-The use of thrombolytic therapy is controversial b/c it has not yet been shown to reduce mortality in patients of pulmonary embolism.

(Medicine-Rheumatology)

Q) Patient with pain in sacroiliac joint, with morning stiffness. X – ray of sacroiliac joint... all will be found EXCEPT:

- RF -ve
- **Subcutaneous nodules.**

*This inflammatory joint disease characterized by persistently -ve test for RF It develops in men before age of 40 with HLA B27.

It causes synovial and extra synovial inflammation involving the capsule , periarticular periosteum, cartilage and subchondral bone.

Large central joints are particularly involved such as(sacroiliac, symphysis pubis & intervertebral joints)

Resolution of inflammation leads to extensive fibrosis and joint fusion, but no subcutaneous nodules since it's not a seropositive disease.

(ENT)

Q) How to treat a Glue ear ?

- **Can be treated by grummet tube insertion.**

*Glue ear = serous otitis media= secretory otitis media= mucoid otitis media

This is an insidious condition characterized by accumulation of non-purulent, sterile effusion in the middle ear cleft.

Causes include, malfunctioning of Eustachian tube such as in adenoid hyperplasia, chronic rhinitis & sinusitis, tonsillitis

Viral infection & Allergy that leads to increase secretory activity

Unresolved otitis media occur in inadequate antibiotic therapy in acute suppurative otitis media may inactivate infection and acts as a stimulus to for mucosa to secrete more fluid.

Treatment is with decongestant, antiallergic, antibiotics & middle ear aeration by valsalva maneuver.

But if fluid is thick it should be removed surgically by myringotomy & aspiration of fluid *Or grommet insertion.*

(Medicine)

Q) The first symptom of left heart failure is:

- orthopnea
- edema
- **dyspnea on exertion**

*Left heart failure is characterized by a reduction in effective left Ventricular output that is reflected in Exertional dyspnea initially that progress to orthopnea, paroxysmal nocturnal dyspnea and dyspnea at rest due to damming of blood resulting in pulmonary venous congestion.

(ENT)

Q) What do you mean by Tinnitus?

*Tinnitus is a ringing sound with its origin within the patient's ear, particularly at night.

Types are (a) subjective, which can be heard by the patient in anemia, Arteriosclerosis, HTN & certain drugs that act through the inner ear or central auditory pathway

(b) objective, heard by stethoscope such as in glomus tumor & carotid artery aneurysm. This type is less frequent.

*Tinnitus synchronous with respiration can be due to abnormal patent Eustachian tube, palatal myoclonus due to clonic contraction of (stapedius and tensor tympani).

*Treatment: as long as it's a symptom, the underlying cause should be treated in addition to sedations and masking of tinnitus (disease of ear nose & throat, Pl dhangra)

(Pediatrics)

Q) Treatment of tetralogy of Fallot, all true EXCEPT:

- Thoracotomy
- use of systemic antibiotics.
- **chest tube insertion.**

*Definitive management is total correction of pulmonary stenosis and VSD this can be performed even in infancy.

-Blalock shunt if pulmonary arteries are excessively small, to increase pulmonary blood flow and decrease hypoxia

-This consists by creation of shunt from a systemic to pulmonary Artery by anastomosis between subclavian to pulmonary artery (pulse is not palpable on ipsilateral side after procedure)

-Antibiotic prophylaxis for endocarditis

-Fallot's spells need propranolol -Vasodilators should be avoided.

(OB/Gyne)

Q) The following are risk factors of puerperal infection EXCEPT:

- **endometriosis**
- cervical laceration
- haemorrhage
- anemia
- retained placenta

*The uterine cavity normally is free of bacteria during pregnancy, after delivery the pH of vagina changes from acidic to alkaline b/c of neutralizing effect of the alkaline amniotic fluid, blood & lochia.

-This favors growth of aerobic & anaerobic

-Factors predisposing to puerperal genital tract infection ARE:

Poor nutrition and hygiene, anemia, PROM, prolonged labour, frequent vaginal examination during labour, cesarean delivery, forceps or vacuum delivery, cervical/vaginal laceration, manual removal of placenta and retained placental fragments.

(Urology)

Q) For Epididymitis, Which one is true:

- The peak age between 12 & 18.
- u/s is diagnostic.
- The scrotal contents are within normal size.
- Typical iliac fossa pain.
- **None of the above.**

*This is an infection involving the epididymis and spreads to the testis.

- The common affecting organism in patients below 40 yrs is Chlamydia trachomatis, and in older patients the gonococcus and E.coli.
- The patient complains of fever, malaise and scrotal swelling.
- On clinical examination, swelling is confined to one side of scrotum and the skin overlying it is red and shiny.
- On palpation epididymis is tender whereas scrotal skin is not.
- It should be differentiated from testicular torsion that occurs in peripubertal males with acute onset of symptoms & negative urinalysis.
- Urine culture and gram staining demonstrates offending organism.

(Medicine)

Q) The following are features of rheumatic fever, Except:

- restless, involuntary abnormal movements.
- subcutaneous nodules.
- rashes over trunk and extremities.
- **short PR interval on ECG.**
- migratory arthritis

*Clinical features:

- Sudden onset of fever, joint pain, malaise and loss of appetite.
- Diagnosis also relies on the presence of two or more major criteria or one major plus two or more minor criteria
- Revised Duckett Jones criteria
- Major criteria are carditis, polyarthritis, chorea, erythema marginatum and subcutaneous nodules.
- Minor criteria are fever, arthralgia, previous rheumatic fever, raised ESR/c-reactive protein.
- Leukocytosis and prolonged PR interval on ECG.

(Pediatrics)

Q) All are differential diagnosis of croup except:

- Pneumonia
- Foreign body inhalation.
- **Cystic fibrosis.**
- Tonsillitis.

*Croup is an acute viral infection of the upper and lower respiratory tract that occurs primarily in the infants and young children 3 months to 3 yrs old after an upper respiratory tract infection.

-It is characterized by hoarseness, fever, a distinctive harsh, brassy cough, Persistent stridor during inspiration, and varying degrees of respiratory distress syndrome.

*Causes are:

-Viral laryngotracheitis, spasmodic croup, bacterial tracheitis

-Less common causes are epiglottitis, inhalation of smoke, trauma to throat, retropharyngeal abscess, laryngeal foreign body, angioedema, infectious mononucleosis, measles and diphtheria.

(Pediatrics)

Q) Child presented with HX of restless sleep during night, somnolence "sleepiness" during day time, headache....etc the most likely diagnosis is

- sinopulmonary syndrome
- **sleep apnea**
- laryngomalacia
- adenoidectomy.

*Tonsillitis and enlarged adenoids may occlude the nasopharyngeal airway especially during sleep, this results in obstructive sleep apnea, the child will present with loud snoring punctuated by periods of silence followed by a large gasp and as a complication of interrupted sleep, child will have somnolence and sleep during the day time.

*Laryngomalacia: the stridor starts at or shortly after birth and is due to inward collapse of soft laryngeal tissue on inspiration. It usually resolves by the age of 2 or 3 yrs, but meanwhile the baby may have real respiratory difficulties. Diagnosis is confirmed by laryngoscopy.

(Surgery)

Q) All are complications of laparoscopic cholecystectomy except:

- Incisional hernia above umbilicus
- persistent pneumoperitonitis
- bile leakage.
- **ascites**

*The most dreaded and morbid complication of cholecystectomy is damage to the common bile duct bile leak.

-Hernia from the laparoscope port sites and conditions associated with CO2 inflation of the abdomen are considerable complications.

(Surgery)

Q) Patient presented after post-laparoscopic cholecystectomy with progressive jaundice, the most appropriate investigation is:

- ERCP
- i.v.cholangiogram

*The most possible cause of jaundice is a stone obstructing the CBD

-There is a controversy as to whether cholangiography should be performed routinely or selectively at the time of laparoscopic cholecystectomy. If stones are found in the common bile duct on cholangiography, they may be removed laparoscopically or with ERCP and sphincterotomy intraoperatively. This procedure can also be converted to an open one to extract the stone.

(Medicine)

Q) All of the following organisms causes diarrhea with invasion except:

- shigella
- yersenia
- salmonella
- **cholera**
- campylobacter

*Invasive pathogens penetrate into the intestinal mucosa.

-They destroy the epithelial cells and produce the symptoms of dysentery :

(low volume bloody diarrhea, with abdominal pain)

-Those organisms are shigella, salmonella, campylobacter, enteroinvasive, enterohaemorrhagic E.coli, Enterotoxigenic E.coli, yersenia enterocolitica, vibrio parahaemolyticus, clostridium difficile.)

-In vibrio cholera, achlorohydra, or hypochloridia facilitates passage of the cholera bacilli into small intestine, where they proliferate and elaborate an exotoxin which produces massive secretion of isotonic fluid into the intestinal lumen.

(Ophthalmology)

Q) Facts about congenital squint:

*Squint(strabismus) is a condition one eye deviates away from the fixation point. Under normal condition both the eyes are in proper alignment.

-The presence of epicanthus and high errors of refraction stimulate squint and this is called apparent squint but in fact there is no squint.

-In a non paralytic squint the movement of both eyes are full but only one eye is directed towards the fixated target, the angle of deviation is constant and unrelated to direction of gaze.

-Paralytic squint there is underaction of one or more of the eye muscles due to a nerve palsy, extraocular muscles that tether the globe.

(Ob/Gyne)

Q) Most common cause of post-partum bleeding:

- **Uterine atony**
- Laceration
- Retained placental tissue
- Uterine inversion

(Surgery)

Q) Most commonly affected organ in blunt abdominal trauma is:

- **Liver**
- Spleen
- Kidney
- Intestine

OB/GYN

Q) A 35 years old primi 16 weeks gestation coming for her first check up. She is excited about the pregnancy. No history of any previous disease. Her blood pressure after a rest was 160/100. after one week her BP was 154/96. what is the most likely diagnosis?

- Pre-eclampsia.
- **Chronic HTN.**
- Labile HTN.
- Chronic HTN with superimposed pre-eclampsia.
- Transient HTN.

OB/GYN

Q) A 55 years old man known case of COPD. Now complaining of 1 week fever, productive cough. CXR showed left upper lobe pneumonia. Sputum culture positive H.influenza. what are you going to give him?

- Penicillin.
- Doxycycline.
- **Cefuroxime.**
- Gentamycin.
- Carbincillin.

Pediatric/ pediatric surgery

Q) A 5-month-old baby presented to ER with sudden abdominal pain & vomiting. The pain lasts for 2-3 minutes with interval of 10- 15 minutes in between. The most likely diagnosis:

- **Intussusception.**
- Infantile colic.
- Appendicitis.

OB/GYN

Q) A 15 years old girl her menarche was at age of 13 years. She is complaining of menstrual pain. She is not sexually active. Her examination & pelvic US were normal. How are you going to manage her?

- Laprotomy.
- Danazol.
- Cervical dilatation.
- **NSAID.**

Surgery

Q) A 45 y.o. lady presented with nipple discharge that contains blood. What is the most likely diagnosis?

- **Duct papilloma.**
- Duct ectasia.
- Breast abscess.
- Fibroadenoma.
- Fat necrosis of breast.

Breast disorders:-

Breast infection

Breast abscess (pus discharge)

Breast cyst according to the *type of* Cyst

Breast duct papilloma - typically a bloody nipple discharge; sometimes yellow nipple discharge.

Mastitis

Breast cancer

Ductal ectasia - may cause a green or brown nipple discharge

Breast duct cancer (*see* Breast cancer)

Breast papilloma (*see* Breast lump)

Paget's disease of nipple - can cause a bloody nipple discharge

Medicine

Q) In moderate to severe asthmatic patient, you will find all the following EXCEPT:

- $PO_2 < 60$
- **$PCO_2 > 60$**
- low HCO_3
- IV hydrocortisone will relieve the symptoms after few hours.
- Dehydration.

Medicine

Q) A 30 y.o. man presented with history of left sided chest pain & shortness of breath. BP 80/50. On examination, hyper-resonant chest on the left side. The most likely diagnosis:

- Pneumonia with pleural effusion.
- MI.
- **Spontaneous pneumothorax.**

Since there is hyper-resonant chest that means there is excess air so neither effusion nor MI causes hyper-resonance.

OB/GYN - surgery

Q) A 20 y.o. married lady presented with history of left lower abdominal pain & amenorrhea for 6 weeks. The most appropriate investigation to rule out serious diagnosis is:

- CBC.
- ESR.
- **Pelvic US.**
- Abdominal XR
- Vaginal swab for culture & sensitivity.

Pelvic US To exclude ectopic pregnancy Ectopic pregnancies are usually discovered when a woman has symptoms at about six or seven weeks, though you may notice symptoms as early as four weeks. In some cases, there are no symptoms and the ectopic is discovered during a first trimester ultrasound.

Symptoms can vary greatly from person to person, and depending on how far along you are and whether the ectopic pregnancy has ruptured — a true obstetric emergency. To prevent rupture, it's critical to get diagnosed and treated as soon as there's even a hint of a problem, although sometimes rupture occurs without much advance warning. Ectopic pregnancies don't always register on home pregnancy tests, so if you suspect there's a problem, don't wait for a positive pregnancy test to contact your caregiver. Pain that gets worse when you're active or while moving your bowels or coughing

Pharmacology

Q) patient had anterior wall MI and will he was transferred to ICU the nurse notice that he has PVC 20 per minute. He is on digoxin, diuretic. What do you want to add?

- Propranolol.
- **Amiodarone.**
- Moxillin.
- Nothing.

Medicine

Q) patient was diagnosed to have D U and was given raniditin for 2 weeks and now he is diagnosed to have H.pylori. what is your choice of management?

- **Omeprazol+ clarithromcin+ amoxacylin.**
- Bismuth+ tetracycline+ metronidazol.
- Metronidazol+ amoxicillin. d- omeprazol+ tetracycline.

Medicine

Q) Patient had abdominal pain for 3 months, what will support that pain due to duodenal ulcer?

- Pain after meal 30-90 min.
- Pain after meal immediately.
- Pain after nausea & vomiting.
- Pain after fatty meal.
- **Pain radiating to the back.**

Pediatrics/ Hematology

Q) An 8-year-old girl presented with fever, numerous bruises over the entire body, and pain in both legs. Physical examination reveals pallor and ecchymoses and petechiae on the face, trunk and extremities. Findings on complete blood count includes a hemoglobin of 6.3 g/dl, white cell count of 2800/mm³ and platelet count of 29,000/mm³. Which of the following would be the MOST appropriate diagnostic test?

- Hb electrophoresis.
- **Bone marrow aspiration.**
- Sedimentation rate. (ESR)
- Skeletal survey.
- Liver and spleen scan.

Pediatrics /Ortho

Q) A 2-year-old baby was brought to the clinic because of inability to walk straight. On examination, there was asymmetry of skin creases in the groin. The Trendelenburg's sign was positive on the left side. Your diagnosis is:

- Fracture pelvis.
- **Congenital hip dislocation.**
- Fracture femur on the left side.
- Poliomyelitis. E. Rickets.

Pediatrics

Q) An 18-month-old child is found to have dental decay in the upper central and lateral incisors. This is MOST suggestive of:

- Excessive fluoride ingestion.
- **Milk-bottle caries.**
- Tetracycline exposure.
- Insufficient fluoride intake.
- Failure to brush the child's teeth properly.

Pediatric Surgery

Q) A mother brought her 16-month-old baby boy to the emergency room. She said the baby was crying on and off for about 24 hours, now he is passing currently jelly stool. The MOST likely diagnosis is:

- Necrotizing enterocolitis.
- Duplication of the Gut.
- **Intussusception.**
- Bowel obstruction secondary to internal hernia.
- Meckel's diverticulum.

Intussusception is invagination of proximal segment of bowel into distal segment. Patients with intussusception typically develop the sudden onset of intermittent, severe, crampy, progressive abdominal pain, accompanied by inconsolable crying and drawing up of the legs toward the abdomen. The episodes usually occur at 15 to 20 minute intervals. They become more frequent and more severe over time. Vomiting may follow episodes of abdominal pain. Initially emesis is non-bilious, but it may become bilious as the obstruction progresses. Between the painful episodes, the child may behave relatively normally and be free of pain. As a result, initial symptoms can be confused with gastroenteritis. However, the classically described triad of pain, a palpable sausage shaped abdominal mass, and currant-jelly stool is seen in less than 15 percent of patients at the time of presentation.

Pediatrics/ Cardiology

Q) A 7-month-old boy presented with history of interrupted feeds associated with difficulty in breathing and sweating for the last 4 months. Physical examination revealed normal peripheral pulses, hyperactive precordium, normal S1, loud S2 and Pansystolic murmur grade 3/6 with maximum intensity at the 3rd left intercostal space parasternally. The MOST likely diagnosis is:

- Small PDA (Patent ductus arteriosus).
- Large ASD (Atrial septal defect).
- Aortic regurgitation.
- Mitral regurgitation.
- **Large VSD (Ventricular septal defect).**

Pediatrics

Q) Which of the following vaccines must NOT be given to a household contact of an immunodeficient child?

- Mumps, measles and rubella.
- BCG.
- Influenza vaccine.
- **Oral polio vaccine.**
- Hepatitis B vaccine.

Oral Polio is live attenuated vaccine, excreted in feces, can be transmitted feco orally.

Pediatrics

Q) A 6-year-old girl presented with low grade fever and arthralgia for 5 days. She had difficulty in swallowing associated with fever 3 weeks prior to presentation. Physical examination revealed a heart rate of 150/min and pansystolic murmur at the apex. There was no gallop and liver was 1 cm below costal margin. The MOST likely diagnosis is:

- Bacterial endocarditis.
- Viral myocarditis.
- **Acute rheumatic fever.**
- Pericarditis.
- Congenital heart failure.

Pediatrics

Q) A 10-year-old girl presented with a 2-day history of fever and a 4 cm, warm, tender and fluctuant left anterior cervical lymph node. The MOST likely diagnosis is:

- Hodgkin's disease.
- Acute lymphoblastic leukemia (ALL).
- Histiocytosis X.
- **Acute bacterial lymphadenitis.**
- Metastatic neuroblastoma.

Pediatrics/ ENT

Q) Fetid (i.e: offensive odor) unilateral nasal discharge in childhood is commonly caused by:

- Atrophic rhinitis.
- Adenoids.
- **Foreign body (neglected).**
- Choanal atresia.
- Deviated nasal septum.

Pediatrics

Q) A 3-year-old child wakes from sleep with croup, the differential diagnosis should include all EXCEPT:

- **Pneumonia.**
- Post nasal drip.
- Tonsillitis.
- Cystic fibrosis.
- Inhaled foreign body.

Croup: is a symptom of upper airway obstruction. The only choice that is not involving the upper airway is pneumonia. In Cystic Fibrosis. Nasal polyp can cause upper airway obstruction.

Medicine

Q) A 61-year-old man with known ischemic heart disease and peripheral vascular disease is started on an ACE inhibitor by his GP for hypertension. Three weeks later he is admitted with increasing confusion and vomiting. Investigations reveal:- CBC: Hb 14.9 g/dl, MCV 88 fl, WBC $13.6 \times 10^9/L$; U & Es: Na⁺ 131 mmol/L, K⁺ 7.3 mol/L, urea 37.8 mmol/L, Cr 858 umol/L. The patient is suffering from:

- Diabetic nephropathy.
- Pheochromocytoma.
- Polycystic kidney disease.
- Raised intracranial pressure.
- **Renal artery stenosis.**

Psychiatry

Q) A 65-year-old male with hypertension, congestive heart failure, and peptic ulcer disease came to your office for his regular blood pressure check. Although his blood pressure is now under control, he complains of an inability to maintain an erection. He currently is taking propranolol, verapamil, hydrochlorothiazide, and ranitidine. On examination his blood pressure is 125/76 mmHg. His pulse is 56 and regular. The rest of the cardiovascular examination and the rest of the physical examination are normal. Which of the following generally considered to be the MOST common cause of sexual dysfunction?

- Pharmacological agents.
- Panic disorder.
- Generalized anxiety disorder (GAD).
- Major depressive disorder (MDD).
- **Dysthymic disorder.**

The most common cause of sexual dysfunction is psychological disease.

Dysthymic disorder is one of mood disorders, has similar symptoms of major depressive disorder, but less in severity, present at least for 2 years. Symptoms free period are possible but may not exceed 2 months in 2 years time frame.

Family and Community Medicine

Q) You have received the computed tomography (CT) scan report on a 34-year-old mother of three who had a malignant melanoma removed 3 years ago. Originally, it was a Clerk's level I and the prognosis was excellent. The patient came to your office 1 week ago complaining of chest pain and abdominal pain. A CT scan of the chest and abdomen revealed metastatic lesions throughout the lungs and the abdomen. She is in your office, and you have to deliver the bad news of the significant spread of the cancer. The FIRST step in breaking news is to:

- Deliver the news all in one blow and get it over with as quickly as is humanly possible.
- Fire a "warning shot" that some bad news is coming.
- Find out how much the patient knows.
- **Find out how much the patient wants to know it.**

Family and Community Medicine

Q) Regarding smoking cessation, the following are true EXCEPT:

- The most effective method of smoking control is health education.
- **There is strong evidence that acupuncture is effective in smoking cessation.**
- Anti smoking advice improves smoking cessation.
- Nicotine replacement therapy causes 40-50% of smokers to quit.
- The relapse rate is high within the first week of abstinence.

From Up-to-date, I found it in an article about smoking cessation.

Hypnosis and acupuncture— Hypnosis and acupuncture are the basis of many commercially available stop-smoking programs. However, at 2002 Cochrane meta-analysis assessed 22 studies comparing acupuncture to sham acupuncture or other methods of smoking cessation, and found no differences in outcome at any point in time. A similarly designed systematic review of hypnotherapy found insufficient data upon which to perform a meta-analysis. *While scientific support for these two methods is weak, the availability of hypnosis and acupuncture programs may encourage renewed attempts to stop smoking by people who have failed with other techniques*

Medicine

Q) A 46-year-old man, a known case of diabetes for the last 5 months. He is maintained on Metformin 850 mg Po TID, diet control and used to walk daily for 30 minutes. On examination: unremarkable.

Some investigations show the following: FBS 7.4 mmol/L;
2 hr PP 8.6 mmol/L ; HbA1c 6.6% ; Total Cholesterol 5.98 mmol/L
HDL 0.92 mmol/L LDL 3.88 mmol/L

Triglycerides 2.84 mmol/L (0.34-2.27) Based on evidence, the following concerning his management is TRUE:

- The goal of management is to lower the triglycerides first.
- The goal of management is to reduce the HbA1c.
- The drug of choice to reach the goal is Fibrates.
- **The goal of management is LDL ≤ 2.6 mmol/L.**
- The goal of management is total cholesterol ≤ 5.2 mmol/L.

Medicine

Q) Regarding the criteria of the diagnosis of diabetes mellitus, the following are true EXCEPT:

- **Symptomatic patient plus casual plasma glucose ≥ 7.6 mmol/L is diagnostic of diabetes mellitus.**
- FPG ≥ 7.0 mmol/L plus 2 h-post 75 gm glucose ≥ 11.1 mmol/L is diagnostic of diabetes mellitus.
- FPG ≤ 5.5 mmol/L = normal fasting glucose.
- FPG ≥ 7.0 mmol/L = provisional diagnosis of diabetes mellitus and must be confirmed in another setting in asymptomatic patient.
- 2-h post 75 gm glucose ≥ 7.6 mmol/L and < 11.1 mmol/L = impaired glucose tolerance.

Medicine

Q) A 24-year-old woman develops wheezing and shortness of breath when she is exposed to cold air or when she is exercising. These symptoms are becoming worse. Which of the following is the prophylactic agent of choice for the treatment of asthma in these circumstances?

- **Inhaled β_2 agonists.**
- Oral aminophylline.
- Inhaled anticholinergics.
- Oral antihistamines.
- Oral corticosteroids.

Pediatrics

Q) Which of the following medications has been shown to be safe and effective for migraine prophylaxis in children?

- **Propranolol.**
- Fluoxetine.
- Lithium.
- Naproxyn.
- Timed-released dihydroergotamine mesylate (DHE-45).

Medicine

Q) Which one of the following regimens is the recommended initial treatment for most adults with active tuberculosis?

- A two-drug regimen consisting of isoniazid (INH) and rifampin (Rifadin).
- A three-drug regimen consisting of isoniazid, rifampin, and ethambutol (Myambutol).
- **A four-drug regimen consisting of isoniazid, rifampin, pyrazinamide and ethambutol.**
- No treatment for most patients until infection is confirmed by culture.
- A five-drug regimen consisting of Isoniazid, rifampin, pyrazinamide, ethambutol and ciprofloxacin

Psychiatry

Q) Characteristic feature of major depressive illness is:

- Late morning awakening.
- Hallucination and flight of ideas.
- High self-esteem.
- Over-eating.
- **Decreased eye contact during conversation.**

Over-eating is not a constant feature of depression unlike poor or decreased eye contact, especially in children and adolescence age groups

Psychiatry

Q) A 26-year-old patient came to your office with recurrent episodes of binge eating (approximately four times a week) after which she vomits to prevent weight gain. She says that "she has no control" over these episodes and becomes depressed because of her inability to control herself. These episodes have been occurring for the past 2 years. She also admits using self-induced vomiting, laxatives, and diuretics to lose weight. On examination, the patient's blood pressure is 110/70 mmHg and her pulse is 72 and regular. She is not in apparent distress. Her physical examination is entirely normal. What is the MOST likely diagnosis in this patient?

- Borderline personality disorder.
- Anorexia nervosa.
- **Bulimia nervosa.**
- Masked depression.
- Generalized anxiety disorder.

Psychiatry

Q) Good prognostic features in schizophrenia include all but ONE of the following:

- Good premorbid adjustment.
- Acute onset.
- **Male gender.**
- Family history of mood disorder.

Psychiatry

Q) A 23-year-old female came to your office with a chief complaint of having "a peculiar jaw". She tells you that she has seen a number of plastic surgeons about this problem, but "every one has refused to do anything". On examination, there is no protrusion that you can see, and it appears to you that she has a completely normal jaw and face. Although the physical examination is completely normal, she appears depressed. What is the MOST likely diagnosis in this patient?

- Dysthymia.
- Major depressive disorder (MDD) with somatic concerns.
- Somatization disorder.
- **Body dysmorphic disorder.**
- Hypochondriasis.

Psychiatry

Q) A 29-year-old waiter consulted you regarding what he describes as "an intense fear" before he begins his nightly performance. He tells you that it is only a matter of time before he "makes a real major mistake". What is the MOST likely diagnosis in this patient?

- A specific phobia.
- **A social phobia.**
- A mixed phobia.
- Panic disorder without agoraphobia.
- Panic disorder with agoraphobia.

Diagnostic criteria for social phobia

A persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.

Exposure to the feared social situation almost invariably provokes an immediate anxiety response, which may take the form of a Panic Attack. The person recognizes that the fear is unreasonable or excessive and the phobic situation is avoided or endured with intense anxiety.

The avoidance, anxious anticipation, or distress in the feared social or performance situation interferes significantly with the person's normal routine, occupational (academic) functioning, or social activities or relationships with others, or there is marked distress about having the phobia.

Psychiatry

Q) Known risk factors for suicide include all the following EXCEPT:

- Repeated attempts at self injury.
- Male sex.
- Symptoms of depression with guilt.
- Drug and alcohol dependence.
- **If the doctor asked the patient about suicide.**

Epidemiology

Q) Incidence is calculated by the number of:

- Old cases during the study period.
- New cases during the study period.
- **New cases at a point in time.**
- Old cases at a point in time.
- Existing cases at a study period.

OB/GYN

Q) The site MOST likely to yield gonococci in women is:

- The cervix.
- The urethra.
- The rectum.
- The pharynx.
- Posterior vaginal fornix.

Surgery

Q) A 25-year-old female has had a sore left great toe for the past 4 weeks. On examination, the lateral aspect of the left toe is erythematous and puffy, with pus oozing from the corner between the nail and the skin tissue surrounding the nail. This is the first occurrence of this condition in this patient. At this time, what should you do?

- Nothing and reassurance.
- Have the patient soak her toe in saline three times daily.
- Have the patient apply a local antibiotic cream, and prescribe systemic antibiotics to be taken for 7-10 days.
- Under local anesthesia, remove the whole toenail.
- Debride the wound.

Treatment of Non infected IGTN: give advice to correct cutting of the nail, avoid tight, pointed shoes. Tuck a pludget of cotton wool soaked in mild antiseptic under the corner of the nail to left it out of soft tissue. Soak feet in warm water regularly.

Treatment of Infected IGTN: with mild infection it may possible to adopt the above regimen in addition to administration of antistaphelococcal antibiotics. If this fails, carry out the following: *Simple nail avulsion with curettage of infected granulation tissue under local anesthetics. Antistaph antibiotics should be administrated.

*Wedge excision. Lateral & medial nail & nail bed are removed together with granulation tissue & germinal matrix. Liquefied phenol may be applied to the germinal matrix to ensure complete removal.

*Zadik's procedure: this is reserved for recurrent IGTN. The nail is avulsed & the germinal matrix completely excised after raising a skin flap to expose it. To ensure complete removal of the germinal matrix liquefied phenol is applied after protecting the skin. The nail should not regrow after this procedure.

Surgery

Q) A 28-year-old male comes to your office with rectal bleeding and local burning and searing pain in the rectal area. The patient describes a small amount of bright red blood on the toilet paper. The pain is maximal at defecation and following defecation. The burning and searing pain that occurs at defecation is replaced by a spasmodic pain after defecation that lasts approximately 30 minutes. What is the MOST likely diagnosis in this patient?

- Adenocarcinoma of the rectum.
- Squamous cell carcinoma of the rectum.
- Internal hemorrhoids.
- **Anal fissure.**
- An external thrombosed hemorrhoid.

Surgery

Q) A 23-year-old female consulted her physician because of breast mass; the mass is mobile, firm, and approximately 1 cm in diameter. It is located in the upper outer quadrant of the right breast. No axillary lymph nodes are present. What is the treatment of choice for this condition?

- Modified radical mastectomy.
- Lumpectomy. C. Biopsy.
- Radical mastectomy.
- **Watchful waiting.**

Surgery

Q) A 25-year-old man has a right inguinal herniorrhaphy and on the second post-operative day develops excruciating pain over the wound and a thin, brown, foul-smelling discharge. His temperature is 39°C and his pulse rate is 130/min. A gram stain of the exudate shows numerous gram positive rods with terminal spores. The MOST important step in the management of this patient is:

- Massive intravenous doses of penicillin G.
- Administration of Clostridia antitoxin.
- Wide surgical debridement.
- Massive doses of chloramphenicol.
- **Wide surgical debridement and massive doses of penicillin G.**

Surgery

Q) A 55-year-old man presented to emergency room with central abdominal pain radiating to his back. Examination showed localized central abdominal tenderness. Chest X-ray and back X-ray were normal. Your MOST likely diagnosis is:

- Perforated duodenal ulcer.
- Acute cholecystitis.
- Acute appendicitis.
- **Acute pancreatitis.**
- Diverticulitis.

Surgery

Q) On the 6th post-operative day closure of colostomy, a 52-year old man had a swinging fever and complained of diarrhea. The MOST likely diagnosis is:

- Gastroenteritis.
- Colitis.
- Irritable bowel syndrome.
- **Pelvic abscess.**
- Cholecystitis.

Surgery

Q) A 40-year-old female presented to the clinic with central neck swelling which is moving with swallowing. The mass is hard and the patient gave history of dysphagia. You should:

- Request thyroid function tests and follow-up in 2 months.
- Refer the patient to Gastroenterology for the diagnosis of dysphagia.
- **Admit the patient as a possible cancer thyroid and manage accordingly.**
- Give the patient thyroxine and send her home.
- If the patient is euthyroid, ask her to come in 6 months.

Surgery

Q) A 30-year-old male patient with long history of Crohn's disease.

Surgery is indicated if he has:

- Internal fistula.
- External fistula.
- **Intestinal obstruction.**
- Abdominal mass.
- Stagnant bowel syndrome.

Most common cause of surgical intervention in Crohn's disease is intestinal obstruction. Other indications of surgery are: failure of medical treatment, steroid dependant cases, fistula, short bowel syndrome, abscess formation, ca, growth retardation, Hemorrhage.

Anesthesia

Q) All of the following signs or symptoms are characteristics of an extracellular fluid volume deficit EXCEPT:

- Dry, sticky oral mucous membranes.
- **Decreased body temperature.**
- Decreased skin turgor.
- Apathy.
- Tachycardia.

Surgery

Q) A 30-year-old female presented with painless breast lump. Ultrasound showed a cystic lesion. Aspiration of the whole lump content was done and was a clear fluid. Your NEXT step is:

- Do nothing and no follow-up.
- Send the aspirated content for cytology and if abnormal do mastectomy.
- **Reassure the patient that this lump is a cyst and reassess her in 4 weeks.**
- Book the patient for mastectomy as this cyst may change to cancer.
- Put the patient on contraceptive pills and send her home.

Emergency medicine

Q) A 70-year-old male was brought to the emergency with sudden onset of pain in his left lower limb. The pain was severe with numbness. He had an acute myocardial infarction 2 weeks previously and was discharged 24 hours prior to his presentation. The left leg was cold and pale, right leg was normal. The MOST likely diagnosis is:

- Acute arterial thrombosis.
- **Acute arterial embolus.**
- Deep vein thrombosis.
- Ruptured disc at L4-5 with radiating pain
- Dissecting thoraco-abdominal aneurysm.

Clinical Pharmacology

Q) Complications of long term phenytoin therapy include the following EXCEPT:

- Hypotism.
- **Osteoporosis.**
- Osteomalacia.
- Macrocytosis.
- Ataxia.

(mixed)

Q) All of the following are true, EXCEPT:

- Iron is not essential for all breast fed children (mothers' milk is poor of iron)
- Every anti TB regimen contains INH
- One or more essential amino acids are found in vegetables

(Although it is not required in any breastfed infant, iron is required in anemic exclusively breastfed infants. Every anti TB regimen contains isoniazid (INH) and all essential amino acids may be obtained from plant sources, and even strict vegetarian diets can provide all dietary requirements.)

(pedia)

Q) Management of trachea-esophageal fistula all of the following EXCEPT:

- Chest tube
- Gastrostomy
- Pulmonary toilet
- I.V antibiotics

(Tracheoesophageal fistula, treatment: In healthy infants without pulmonary complications, primary repair is performed within the first few days of life. Repair is delayed in patients with low birth weight, pneumonia, or other major anomalies. Initially, treat patients conservatively with parenteral nutrition, gastrostomy, and upper pouch suction until they are considered to be low risk....broad spectrum antibiotics if develop lower respiratory tract infection) It's obvious that a chest tube wouldn't be needed in the management of this case.

(E.R. surgery)

Q) Most commonly affected organ in abdominal blunt trauma:

- Liver
- Spleen
- Kidney
- Intestine

(pedia)

Q) Risk factor for HSV II acquisition in infants all of the following EXCEPT:

- Cervical transmission is commoner than labial
- Maternal first episode is of greater risk than recurrence
- Maternal antibodies against HSV I protect from HSV II
- Head electrodes increase risk of infection

(ob/gyn)

Q) Best detector for progress of labor is:

- Dilatation
- Descent
- Dilatation and descent
- Degree of pain
- Fetal heart rate

(ob/gyn)

Q) PET: (Pre-eclampsia)

- Commoner in multipara than primigravida
- Mostly in diabetic
- **Headache and blurred vision**
- Progress very fast to eclampsia

(ob/gyn)

Q) A 25 year old pregnant presented with fever and sore throat (in flue season) then she developed non productive cough and dyspnea, she was extremely hypoxic, the most likely Dx:

- Staph. Pneumonia
- Strep. Pharyngitis
- Pneumococcal pneumonia
- Viral pneumonia

(The initial symptoms of viral pneumonia are the same as influenza symptoms: fever, a dry cough, headache, muscle pain, and weakness. Within 12 to 36 hours, there is increasing breathlessness; the cough becomes worse and produces a small amount of mucus. There is a high fever and there may be blueness of the lips.)

(pedia)

Q) Henoch-schonelein purpura, all of the following are true EXCEPT:

- Arthritis
- **Rash on the face**
- Platelets normal
- Abdominal pain
- Focal glomerulonephritis

(pharma_ob/gyn)

Q) Post pill amenorrhea, all of the following are true EXCEPT:

- More in pt with history of menstrual irregularity
- The more usage the higher the risk
- **More than 6 months needed**
- none of the above

(Immunology)

Q) All of the following are true about measles vaccine except:

- **1 out of 10 develop measles as result of vaccine**
- **It is not effective if given within 48hrs of expose to measles**
- 40 year old man usually gives positive immunity to measles
- Presence of IgM antibodies indicate recent infection

(Clinical Pharmacology)

Q) Which of the following combination is safe:

- Alcohol and metronidazol
- Digxin and amidrone
- **Warafirin and propranolol**
- Furosemide and gentamycin

(Medicine)

Q) Regarding aphthous ulceration in the mouth all are true except:

- **There is no treatment for acute ulcer**
- Tetracyclin suspension helps in healing
- There is immunological role in its development
- Mostly idiopathic in origin

(Clinical Pharmacology)

Q) Which of the following is NOT associated with phenytoin toxicity:

- Hirsutism
- Osteomalacia
- Ataxia
- **Osteoporosis**

(OB/Gyne)

Q) Which of the following is not cause of IUGR:

- Toxoplasmosis
- RUBELLA
- CMV
- **SYPHILIS**
- HSV

(Pediatrics)

Q) One of the following is not a feature of Henoch-Schönlein Purpura:-

- Arthritis
- **Rash on the face**
- Normal platelet count
- Abdominal pain
- Hematuria

(Dermatology)

- **Ethinyl estradiol**
- Retin A
- Vit A
- Erythromycin ointment
- Azelenic acid

(Medicine)

Q) The following murmur can be accentuated by positioning of the patient:

- Aortic regurgitation by sitting
- **Venous hum by lying down**
- Pericardial rub by sitting
- Outflow innocent murmur by sitting

(Medicine)

Q) One of the following is the single most important cause of stroke:

- D.M.
- **HTN**
- Family history
- Hyperlipidemia
- Hypercholesteremia

(Medicine)

Q) All the following are differentials of acute abdomen except:

- **Pleurisy**
- MI
- Herpes zoster
- Polyarteritis nodosa
- Pancreatitis

(Medicine)

Q) All the following can cause small stature in children except:

- Hypothyroidism
- Turner syndrome
- **Klinefelter syndrome**
- Down syndrome

(Pediatrics)

Q) In new born, the following needs immediate treatment:

- Asymptomatic hydrocele
- Erupted tooth
- **Absent femoral pulse**

(OB/Gyne)

Q) About vaginal trichomonosis all the following are true except:

- **Common in diabetics**

- Is protozoal infection
- Diagnosed by wet smear
- Treated by metronadazol

(OB/Gyne)

Q) APGAR score:

- Out of 12 points
- Color is not important
- **Heart rate is important**

(Surgery)

Q) About appendicitis in elderly:

- Perforation is not common
- Gives more rigidity than usual
- **Can mimic obstruction**

(Clinical Pharmacology)

Q) All the following are side effect of thiazide diuretics except:

- Has diabetogenic effect
- **Cause hypocalcemia**
- Cause hypomagnesimias
- Flat curve response
- Cause hypokalemia

(Surgery)

Q) All the following are true except regarding laproscopic cholecystectomy:

- Commonest complication is wound infection
- **Patient readmission is frequent**
- It reduce hospital stay
- Patient can be discharged after 1-2 days

(Medicine)

Q) All the following regarding NSAID ALL TRUE EXCEPT:

- Acute renal failure
- **Acute tubular necrosis**
- Interstitial nephritis
- Hyperkalemia

(Medicine - Community medicine)

Q) Regarding protective measures of malaria, one is true:-

- **Infestation occur more in day than night**
- Using insect repellent is useful

- Because no antimalarial is 100% effective, avoiding exposure to mosquitoes in endemic areas is essential
- Female anopheles mosquito feeds primarily from dusk until dawn, travelers can reduce their risk of malaria by limiting evening outdoor activities
- Using permethrin-treated clothing in conjunction with applying a topical DEET repellent to exposed skin gives nearly 100% protection
- Sleep in an air-conditioned or well-screened room under mosquito nets.

(Medicine)

Q) ECG stress test is indicated in the following except:-

- **Routine (yearly) test in asymptomatic patients**
- In high risk jobs
- 40 year old patient before starting exercise program

Indications of stress test are:-

- Diagnosis of CAD in patients with chest pain that is atypical for myocardial ischemia.
- Assessment of functional capacity and prognosis of patients with known CAD.
- Assessment of prognosis and functional capacity of patients with CAD soon after an uncomplicated myocardial infarction (before hospital discharge or early after discharge.)
- Evaluation of patients with symptoms consistent with recurrent, exercise-induced cardiac arrhythmia.
- Assessment of functional capacity of selected patients with congenital or valvular heart disease.
- Evaluation of patients with rate-responsive pacemakers.
- Evaluation of asymptomatic men > 40 years with special occupations (airline pilots, bus drivers, etc)
- Evaluation of asymptomatic individuals > 40 years with two or more risk factors for CAD.
- Evaluation of sedentary individuals (men 45 years and women 55 years) with two or more risk factors who plan to enter a vigorous exercise program.
- Assessment of functional capacity and response to therapy in patients with ischemic heart disease or heart failure.
- Monitoring progress and safety in conjunction with rehabilitation after a cardiac event or surgical procedure.

(Surgery)

Q) Screening program for prostatic Ca, the following is true:-

- Tumor marker (like PSA) is not helpful
- PR examination is the only test to do
- **Early detection does not improve over all survival**

- Both prostate specific antigen (PSA) and digital rectal examination (DRE) should be offered annually, beginning at age 50 years, to men who have at least a 10-year life expectancy and to younger men who are at high risk (Family history, Black race..).
- Advocates of screening believe that early detection is crucial in order to find organ-confined disease and, thereby, *impact in disease specific mortality*. If patients wait for symptoms or even positive DRE results, less than half have organ-confined disease.
- *No difference in overall survival was noted* as watchful waiting, has been suggested as an alternative treatment because many patients with prostate cancer will die from other causes (most commonly heart disease).

(Medicine)

Q) Premature ventricular contracture (PVC), one is true:-

- **Use antiarrhythmic post MI improve prognosis**
- Use of antiarrhythmic type 1 increase mortality

- PVCs in young, healthy patients without underlying structural heart disease are usually not associated with any increased rate of mortality.
- Antiarrhythmic therapy with flecainide and ecainide has been shown to increase mortality
- After MI, antiarrhythmic - Despite suppression of ectopy- patients treated with encainide, flecainide, or moricizine had increased rates of sudden death and death from all causes. Amiodarone maybe an *exception*, as it had shown to reduce post MI arrhythmias and death.

(Pediatrics)

Q) Whooping cough in children, all true except:-

- Blood picture with absolute lymphocytosis
- Can cause bronchiectasis
- **Patient is still infective to others after 4 weeks of infection**

- Whooping cough is caused by the bacteria Bordetella pertussis.
- Spreads by coughed droplets
- Whooping cough is contagious from 7 days after exposure to the bacteria and up to 3 weeks after the onset of coughing spasms. The most contagious time is during the first stage of the illness
- Characteristically there is a marked lymphocytosis ($>15,000$ cells/mm³)
- Complication (uncommon) include:- pneumonia, convulsions and bronchiectasis

(ENT)

Q) Commonest cause of otorrhea:-

- **Otitis externa**
- CSF otorrhea
- Liquefied eczema
- Eustachian tube dysfunction

• Acute otorrhea is recognized by being of duration of <3 weeks, whereas chronic otorrhea is marked by lasting >6 weeks. Those that fall between these parameters are called sub-acute.

• The most common cause of otorrhea is prolonged and untreated ear infection caused by over exposure and submersion in water (swimmer's ear) or from a foreign body entering the ear canal.

• Other potential causes are CSF leak, mastoiditis, cholesteatoma or tumors of the surrounding areas.

(ENT)

Q) Commonest cause of deafness in children:-

- Barotraumas
- Measles
- Meningitis
- **Chronic serous otitis media**

The most common cause of deafness (post-natal) is otitis media

(ENT)

Q) A lady with epistaxis after quitting of the nose, all true except:-

- Don't snuff for 1-2 days
- Use of nasal packing if bleeds again
- **Use of aspirin for pain**

• Common causes of epistaxis:- Chronic sinusitis, nose picking, Foreign bodies, Intranasal neoplasm or polyps, Irritants (e.g., cigarette smoke), Medications (e.g., topical corticosteroids, aspirin, anticoagulants, nonsteroidal anti-inflammatory drugs), Rhinitis, Septal deviation, Septal perforation, Trauma, Vascular malformation or telangiectasia, Hemophilia, Hypertension, Leukemia, Liver disease, Platelet dysfunction, Thrombocytopenia

• Initial management includes compression of the nostrils (application of direct pressure to the septal area) and plugging of the affected nostril with gauze or cotton that has been soaked in a topical decongestant. Direct pressure should be applied continuously for at least five minutes, and for up to 20 minutes. Tilting the head forward prevents blood from pooling in the posterior pharynx

(Medicine)

Q) Indication for CT brain for dementia, all true except:-

- Younger than 60 years old
- After head trauma
- **Progressive dementia over 3 years**

- Alzheimer's disease is primarily a clinical diagnosis. Based on the presence of characteristic neurological and neuropsychological features and the absence of alternative diagnosis
- Commonly found in people over 65 presenting with progressive dementia for several years

(Surgery)

Q) Regarding infection in the finger bulb, all true except:-

- Can progress to collar abscess
- **Has loose fibrous attachment**
- Causes throbbing pain

- * Three main types of finger infections are termed: *felon*, *paronychia* and *herpetic whitlow*.
- * *Felon* is an infection which involves the index finger and the thumb. usually affect the fingertip or pad. *Paronychia* is a term which describes the most common of all hand infections. This infection usually is limited to the soft tissues surrounding the nail of the affected finger.
- * Most common organism is *Staph aureus* for both *Felon* and *paronychia*
- * *Herpetic Whitlow* describes a lesion on the fingertips usually caused by the *Herpes simplex virus*, typically appears as a small ulcerated area on the fingertip.
- * *Felons* are extremely painful. The pad of the fingertip usually becomes very swollen, the skin becomes tight, warm and sometimes a noticeable wound may be present with or without pus drainage.
- * A *paronychia* is usually less painful than a *felon*, the pad of the fingertip is not involved.
- * *Herpetic Whitlow* is very painful. It begins with a clear sac-like lesion termed a *vesicle*. These may be found in varying stages from intact vesicles to ruptured vesicles or ulcers. One differentiating characteristic between this and a *felon* is the lack of tightness and swelling of the pad in this condition.
- * Collar abscess may develop in deep space infection, when involving the web space of the finger

(Derma)

Q) Scabies infestation, all true except:-

- Rarely involve head and neck
- 5% lindane is effective
- Benzobenzoates is equally effective to 5% lindane
- **Itching occurs 1 week after infestation**

- Scabies is caused by the mite *S scabiei* var *hominis*, an arthropod.
- Humans can be affected by animal scabies. Transient pruritic papular or vesicular erythemic lesion may occur after 24 hours of an exposure to an infested animal. The immediate itching protective mechanism can prevent the mite from burrowing.
- SCABICIDES - treatment options include either topical or total medications. Topical options include permethrin cream, lindane, benzyl benzoate, crotamiton lotion and cream, sulfur, Tea tree oil. Oral options include ivermectin.

(Medicine - Derma)

Q) All of the following cause photosensitivity except:-

- **Lithium**
- Propranolol
- Tetracycline
- Chlorpromazine
- Chlorpropamide

(ENT)

Q) All true about black hairy tongue, except:-

- **Advice patient not to brush his tongue**
- It is caused by bacterial over growth
- Bad oral hygiene is a potential cause
- Antibiotics may be prescribed if refractory

- A black tongue is temporary, harmless condition. It typically results from an overgrowth of bacteria — and sometimes yeast -. It may also appear "hairy" due to more rapid growth of papillae or an interruption of the normal shedding of cells by the tongue.
- some potential causes include:
 - o Changes in the normal bacteria or yeast content of the mouth following antibiotic treatment
 - o Poor oral hygiene
 - o Medications containing bismuth, such as Pepto-Bismol
 - o Regular use of mouthwashes containing oxidizing agents, such as peroxide, or astringent agents, such as witch hazel or menthol
 - o Tobacco use
 - o Drinking excessive amounts of coffee or tea
- Some tips for removing the discoloration include:
 - o Gently brush your tongue with a toothbrush twice a day.
 - o Rinse your mouth with diluted hydrogen peroxide (one part peroxide to five parts water) or apply it with a toothbrush. Rinse your mouth with water afterward.
 - o If this doesn't resolve the problem antibiotics may be prescribed.

(Medicine)

Q) Blistering skin rash is a feature of the following dermatoses except:-

- Erythema herpeticum
- Erythema multiforme
- Sulphonamide allergy
- Erythema nodosum

- Erythema multiforme (EM):- is an acute, self-limiting, inflammatory skin eruption. The rash is made of spots that are red, sometimes with blistered areas in the center. so named because of the "multiple forms" it appears in; Divided into two overlapping subgroups (EM minor and Stevens-Johnson syndrome "most often results from a medication like penicillins and sulfa drugs")
- Eczema herpeticum:- A febrile condition caused by cutaneous dissemination of herpesvirus type 1, occurring most commonly in children, consisting of a widespread eruption of vesicles rapidly becoming umbilicated pustules
- Skin reactions are the most common adverse reactions to sulfa medications, ranging from various benign rashes to life- threatening Stevens-Johnson syndrome and toxic epidermal necrolysis.
- Erythema nodosum:- the formation of tender, red nodules on the front of the legs

(Pediatrics)

Q) About kernicterus all are true, EXCEPT:-

- Can occur even in late neonatal age
- Can be caused by all severe types of jaundice
- **Cause neurological abnormality which can be reversed by Rx**

- Kernicterus is damage to the brain centers of infants caused by elevated levels of bilirubin. This may be due to polycythemic of new born babies. When they red cells break down, bilirubin is produced. Alternately, Rh incompatibility between mother and fetus may cause hemolysis of fetal red blood cells.
- Since the fetal blood brain barrier is not fully formed, some of this released bilirubin enters the brain and interferes with normal neuronal development. In adults and older children, jaundice is harmless in and of itself.
- Some medications, such as co-trimoxazole, a combination of trimethoprim/sulfamethoxazole may induce this disorder to the baby when taken by the mother or given directly to the baby. Due to displacement of of bilirubin from binding sites on serum albumin.

(Pediatrics)

Q) Diarrhea can occur in which of the following:-

- **Hypothyroidism**
- Hyperthyroidism

- Hyperthyroidism more commonly affects women between the ages of 20 and 40, but men can also develop this condition. The symptoms can be frightening.

(Clinical pharmacology)

Q) One is true about cephalosporin use:-

- **The most common side-effect is allergy**
- There is a skin test for cephalosporin sensitivity

Side Effects and Risks of cephalosporins:-

- mainly the digestive system: mild stomach cramps or upset, nausea, vomiting, and diarrhea. These are usually mild and go away over time. can sometimes cause overgrowth of fungus normally present in the body, causing mild side effects such as a sore tongue, mouth, or vaginal yeast infections.
- Allergic reactions to cephalosporins are infrequent, but range from a skin rash that may be itchy, red or swollen to life-threatening reactions such as severe difficulty breathing and shock.

(Medicine)

Q) All of the following drugs contraindicated in G6PD deficiency, except:-

- Aspirin
- Nitrofurantoin
- Chlorquine
- Sulphonamide
- **Gentamycin**

(Dermatology - Plastic)

Q) Dysplastic nevus syndrome one of the following are true except:-

- **Autosomal dominant**
- Without family history of melanoma, risk of malignant transformation in 0.6% as whole life risk

Dysplastic nevi, also known as atypical moles, are unusual benign moles that may resemble melanoma. People who have them are at an increased risk of melanoma. In general, the lifetime risk of developing a cutaneous melanoma is approximately 0.6%, or 1 in 150 individuals. People with larger number of atypical moles, have greater risk. As having 10 or more of them = 12 times the risk of developing melanoma as members of the general public even with no family history. This condition can be Hereditary (two or more 1st degree relatives), or sporadic. *The mood of inheritance is not consistent.*

The classic atypical mole syndrome has the following characteristics:

- 100 or more moles
- One or more moles greater than 8mm (1/3 inch) or larger in diameter
- One or more moles that look atypical

In some studies of patients with FAMM (syndrome of familial atypical moles and melanomas), the overall lifetime risk of melanoma has been estimated to be 100%.

(Ophthalmology)

Q) Regarding Stye infection of the lower eyelid, all true except:-

- Is infection of gland in the lower eye lid
- Can be treated by topical antibiotics
- Can be treated by systemic antibiotics
- **Needs ophthalmology referral**

(Dermatology)

Q) Psoralin ultraviolet ray A (PUVA) all of the following are true except:-

- Useful in vitiligo
- Contraindicated in SLE
- **Used to treat some childhood intractable dermatosis**
- Increase the risk of basal and squamous cell cancer

(Medicine)

Q) Regarding moderately severe asthma, all true except:-

- $PO_2 < 60$ mm Hg
- **$PCO_2 > 60$ mm Hg ,early in the attack**
- Pulsus Paradoxicus
- I.V cortisone help in few hours

A typical arterial gas during an acute uncomplicated asthma attack reveals normal PaO_2 , low $PaCO_2$ and respiratory alkalosis. Hypoxemia in a PaO_2 range of 60 to 80 mm Hg frequently is found even in moderately severe asthma.²⁴ However, a $PaO_2 < 60$ mm Hg may indicate severe disease.

Hypoxemia is due to ventilation perfusion mismatching, whereas low $PaCO_2$ is a result of hyperventilation.

A progressive increase in $PaCO_2$ is an early warning sign of severe airway obstruction in a child with respiratory muscle fatigue

(Surgery)

Q) In indirect inguinal hernia one of the following are true:-

- **You can get above the swelling (if descends to scrotum)**
- Swelling descends to the scrotum

(pediatrics)

Q) Childhood asthma.....all are true except:

- 90% bronchospasm are induced by exercise.
- Inhalation of beclomethasone is safe.
- Inhalation by aerospace chamber in younger child.
- Hypercapnia is the first physiological change.
- **Cough is the only symptom.**

(Ob/Gyne)

Q) Pregnant patient with hepatitis:

- **SGPT; ALT**
- SGOT; AST
- BUN D
- WBC