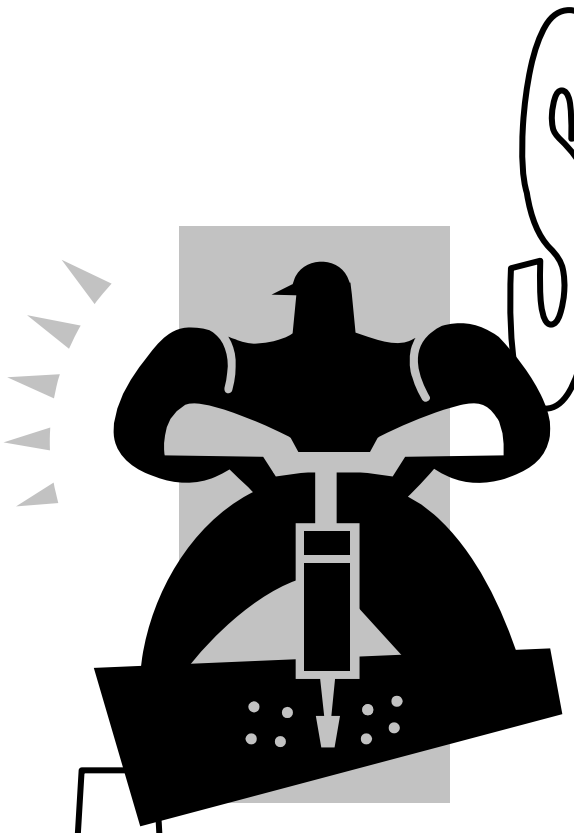
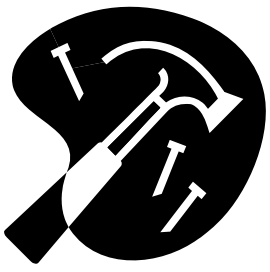


SLE Reconstruction



Group 1422
KSU - Riyadh
March - 2008
Safar - 1429

Supervised by: - MFSH

بسم الله الرحمن الرحيم

بعد أشهر من الجد والاجتهاد، يخرج هذا العمل إلى النور، حاملا بين ثنايا صفحاته مجهود أخ لكم و أخت، قضوا ساعات طوال من وقتهم الشخصي لينشروا العلم والفائدة بين زملائهم وزميلاتهم. عملوا بروح فريق واحد، وبكل حب للخير وتفاني في إتقان ما عزموا على إنجازه، ليكونوا يدا معينة لكل طبيب مجتهد يطمح لما هو أفضل، ولكل مقـْدم على امتحانات القبول لبرامج التدريب العليا، وبشكل خاص الذي تقيمه الهيئة السعودية للتخصصات الصحية. لا يرجون إلا ثوابا من رب لا يؤمن به إلا من أحب لأخيه ما أحب لنفسه، ومنكم دعاءً صادقاً في ظهر الغيب.

مهما تفاوتت قدرات الأشخاص، يظل العمل الجماعي هو أفضل الوسائل وأكثرها جمالا لتحقيق ما يعجز الأفراد عن تحقيقه منفردين. كما أنه يظل العنصر الأهم في قياس تحضّر الأمم والمجتمعات. ولذلك كان ديننا الحنيف – ولا يزال – أكثر أنظمة العالم تحضرا، لما يدعو له من قيم الإيثار والترابط والتكاتف في كل تفاصيل الحياة، مطهرا بتعاليمه الراقية ما في النفوس من جشع وحب للذات، ليبدلها قناعة وسلام وحب للخير، فيجعل متبعيه ينابيع عطاء لا تنضب.

وقد بدأت فكرة مشروعنا هذا لما رأيناه من كثرة المذكرات في مراكز التصوير، تشترك فيما بينها في العديد من الصفحات والأسئلة، والتي كثيرا ما تـُحل بطرق مختلفة مسببة الحيرة و سالبة من وقت كل من أراد الاستفادة منها عند التحضير قبيل دخول الامتحانات. فأردنا تغيير هذا الحال بجعل الرجوع للأسئلة السابقة أكثر سهولة ووضوح، وعمدنا إلى جعل التحقق من الإجابات – بقدر الإمكان – أحد أهم الأهداف التي نسير على ضوئها، معززين ذلك بإرفاق بعض المعلومات ذات الصلة بالأسئلة إن استدعى الأمر، للصعب منها على وجه الخصوص.

أحب أن أتوجه بالشكر والامتنان إلى كل من ساهم في إخراج هذا العمل، والذين سعدت بعملي معهم، ولا يفوتني شكر كل زملائنا وزميلاتنا الذين كتبوا لنا نماذج الأسئلة للسنوات الماضية في المقام الأول، فما كان لهذه المذكرة أن تـُعد من دون ما كتبوه، فلهم منا خالص الدعاء.

المساهمون في كتابة المذكرة (أطباء دفعة 1422هـ – كلية الطب – جامعة الملك سعود)

د. فريده هاني مختار	د. وسيم أحمد الدبيان	د. جمال عمران المدني
د. عبدالرحيم أحمد الشنقيطي	د. عبدالله عبدالعزيز الوابل	د. هند محمد المهنا
د. نورا عبدالرحمن أبو عمه	د. عبير ناصر المسعري	د. عهد الحسن
د. عبدالإله عبدالرحمن المطيردي	د. موسى فارس الزهراني	د. غادة حمد التويجري
د. لولو عبدالله التكروني	د. شريفة محمد المخضري	د. مرام هاني الطويرقي
د. أماني أحمد فتح الله	د. حنان عبدالله الخضير	د. رنيم عبدالله البليهد
د. بدر علي الحمادي	د. وسام حسين طلبة	د. فاطمة سعد الشهراني
د. أحمد عبدالعزيز اليامي	د. محمد عبدالرحمن المهيدب	د. أحمد سعيد الزهراني
د. إياد يحيى فادن	د. عبدالملك حسين المرداوي	د. ثامر قياض الكويكبي
د. هاني بشير البلوي	د. يزيد عيد البلوي	د. أمل قاعد العتيبي
د. عمرو محمد كردي	د. نايف عبدالله الدهام	

لا يخلوا عمل ابن آدم من الخطأ والنقص. والعمل في هذا المشروع لم ينتهِ بعد، ولا يزال يحتاج إلى المزيد من العطاء، خاصة من الأجيال القادمة للبناء على ما تم تأسيسه.

كما يوجد من أسئلة المذكرة ما لم يُحل، ومنها جزء لم يطبع على الحاسب الآلي. كل ذلك يحتاج جهودكم. وسوف يتم التنسيق – في وقت قريب – لتحسين المذكرة عبر موقعنا الإلكتروني. فلا يتردد من يود أن يساهم.

نسق المذكرة وساهم فيها أخوكم/ **محمد فيصل شاهين**

Coordinator1422@yahoo.com
www.Msh-Roo-3at.net

5-3-2008 AD / 27-2-1429 HD

TABLE OF CONTENTS

Part 1 (Previous SLE exams)

Part 2 (Samplers)

- Samplers are common questions that were collected from previously printed hand-outs (all prior to 2005)
- Samplers 1 to 7 were created at an earlier time, and are copied here. Adding to them the answers and some relevant information.
- Samplers 8, 9 and 10 are new collections of some "readable" questions which were present in old hand-outs.

- - - - - - - - -

When a group of people shift their ideas from being self-centered to being group-centered... Only then are they called civilized

(MFSH – 2008)

March 2002

(WHT – 2008)

(Family medicine)

1. Evidence based medicine:
   - as in text book.
   - according to department policy.
   - according to latest published articles.
   - according to strong scientific evidence.

EBM is an attempt to more uniformly apply the standards of evidence gained from the scientific method to certain aspects of medical practice.

(Pediatrics)

2. What is the best source of iron in a 3 month old infant?
   - breast milk.
   - low fat cow milk.
   - yellow vegetables.
   - fruit.
   - iron fortified cereals.

infants absorb 100% of the iron in breast milk (less than 1 mg/L), but cannot absorb all of the iron in infant formulas.

(OB/GYNE)

3. 16 wk GA with (++) glycosuria, FBS 4.4, 1 hr PB 8, 2 hr PB 7.2
   - renal glycosuria.
   - GDM.
   - K.M syndrome.???

Renal glucosuria is the excretion of glucose in the urine in detectable amounts at normal blood glucose concentrations or in the absence of hyperglycemia. In general, renal glucosuria is a benign condition and does not require any specific therapy. Glucosuria may be associated with tubular disorders such as Fanconi syndrome, cystinosis, Wilson disease, hereditary tyrosinemia, or oculocerebrorenal syndrome (Lowe syndrome).

For GDM Dx:

Time	100 g Glucose Load, mg/dL (mmol/L)
Fasting	95 (5.3)
1-h	180 (10.0)
2-h	155 (8.6)
3-h	140 (7.8)

(Family medicine)

4. A disease lasts 2-3 wk with fatality rate of 30 %:
   - incidence = prevalence.
   - incidence > prevalence.
   - incidence < prevalence.
   - incidence = 1/2 prevalence.
   - has no relation.

(ID med.)

5. What is the least effective AB of the following to staph. aureus:
   - clindamycin.
   - erythromycin.
   - amoxicillin.
   - Vancomycin.

Over 80% of the staph. aureus are resistant to penicillin.

(OB/GYNE)

6. 35 wk GA PG with pre-eclampsia BP is high with ankle edema, the best to be done is:
   - diarutics.
   - low salt diet.
   - labetolol.
   - immediate delivery.
   - maternal-fetal monitoring with continuous hospitalization.

Children of mothers with hypertension in pregnancy plus diuretic treatment in the third trimester were at significantly increased risk of developing schizophrenia.
Labetolol is C/I in pregnancy.
Aim for delivery when the pregnancy is at term.

(Medicine)

7. 35Y/O presented with left iliac pain and dysuria, management include all the following except:
   - blood C+S.
   - microscopy of urine.
   - IVP.
   - urine C+S.
   - norfloxacin.

   The presence of nitrite and leukocytes on a urine dipstick test in patients with typical symptoms are sufficient for the diagnosis of pyelonephritis, and are an indication for empirical treatment. Formal diagnosis is with culture of the urine; blood cultures may be needed if the source of the infection is initially doubtful. If a kidney stone is suspected, KUB may assist in identifying stones.

(Pediatric surgery)

8. 10 Y/O boy woke up at night with lower abdominal pain, the most important thing to be examined is:
   - testis.
   - kidney.
   - lumbosacral spine.
   - none of the above.

   The age between 10-15 years, the sever lower abdominal pain, Hx of the same event are all risk factors for testicular torsion.

(ID med.)

9. The most important way to prevent disease transmission b/w patients and health workers is:
   - wear gloves for all patients.
   - washing hands before and after examination.
   - wearing a mask.
   - needle container.

(Orthopedics)

10. Colle's fracture:
    - distal end of the radius.
    - scaphoid fracture.
    - around the elbow.
    - head of the radius.

(Orthopedics)

11. 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)

12. 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)

13. Most common association with acanthosis negricans (one):
    - hodgkin lyumphoma.
    - 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)

14. 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)

15. Patient suspected of having brain abscess, the most important q. in the history is:
    - frontal sinusitis.
    - ear discharge.
    - head injury.
    - bronchioctasis.
    - Hx. of vomiting.

Contiguous suppurative focus (45-50%)
Hematogenous spread from a distant focus (25%)
Trauma (10%)
Unknown (15%)

(Medicine)

16. 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)

17. 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)

18. A post transvaginal hysterectomy having vaginal urine dripping during micturition Dx:
    - vesicovaginal fistula.
    - urethrovaginal fistula.
    - ureterovaginal fistula.

(OB/GYNE)

19. 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)

20. 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)

21. 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 quinolonse.

Rash only occur in 1/3 of the patient and usually appear in the 2ed week of infection.

(Medicine)

22. High output HF causes includes 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)

23. One of the following is a known cause of polyhydraminos:
    - maternal diabetes insipidus.
    - duodenal atresia.
    - renal agenesis.

GDM causes polyhydraminos and macrosomia. Renal agenesis uases oligohydraminos.

(Medicine)

24. The differentiating feature of chron'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)

25. MI with premature ventricular contractions, the best Tx:
    - digoxin.
    - lidocaine.
    - quindine.

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

(Medicine)

26. 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.

(OB/GYNE)

27. A 34wk GA lady presented with vaginal bleeding of an amount more of that of her normal cycle.
    O/E utrine 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)

28. It is C/I to stop preterm delivery in the following condition:
    - aminochoronitis.
    - placental abruption.
    - preeclampsia.
    - a & b.

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

(OB/GYNE)

29. PPH happens more commonly with:
    - multiple pregnancies.
    - anaemia.
    - preterm delivery.
    - antithrombin III deficiency.

Due to the increased risk of uterine atonia.

(OB/GYNE)

30. Before you start instrumental delivery it is important to check if there is:
    - face presentation.
    - CPD.
    - breech presentation.
    - cord prolapse.

(OB/GYNE)

31. In occipitoposterior malpositioning of the fetal head, all of the following are true except:
    - 10% if 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)

32. Important tools for listening to a patient include:
    - using tools for asking.
    - imagination.
    - using similar wards and expressions as the patient.
    - a sense of humor.
    - all of the above.

(Medicine)

33. The mechanism of action of ASA:
    - inhibition of the platlet cyclo-oxygenase.
    - decrease the lipids.

(Medicine)

34. The mechanism of action of heparin:
    - activation of antithrombin III.

(Medicine)

35. 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.

September 2003

(M H T – 2008)

(Ortho.)

1- 20 years old male presented with volar wrist injury with median nerve involvement, what is the clinical picture:

a. Wrist drop.
b. Claw hand.
c. Sensory loss only.
d. Inability to oppose thumb towards fingers.
e. No metacarpophalangeal joint flexion.

Both ulnar and median nerves provide sensory and motor innervations to the hand, with median narve 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.

(med.)

2- 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 reveled, Temperture 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:

a. Brucella.
b. Staph. aureus.
c. Strept pyogen.
d. Strept pneumonia.
e. 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.)

3- Anterior uveitis is a character of the following except:

a. R.A.
b. Sarcoidosis.
c. Behcet disease.
d. Riter's syndrome.
e. 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.

gonococal, syphilis, toxoplasmosis, brucellosis, T.B.), Behcet disease. Eye involvement of R.A. episcleritis, scleritis, keratoconjunctivitis.

(ophth.)

4- A 30 years old male present to E.R. complaining of visual deterioration for 3 days of Rt. Eye followed by light preception, the least cause is:

a. Retinal detachment.
b. Central retinal arterial embolism.
c. Vitreous hemorrhage.
d. Retro-orbital neuritis.
e. Retinitis pigmentation.

(I don't know)

(med.)

5- A 50 years old patient come with a Hx. Of wt. loss, palpitation, cold preference and firm neck selling, the diagnosis is:

a. Simple goiter.
b. Graves.
c. Toxic nodular goiter.
d. Parathyroid adenoma.
e. Thyroiditis.

(question is not clear)

(gyne.)

6- 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:

a. <25.
b. 25-49
c. 50-74
d. 75-85
e. >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.)

7- 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 allover his chest, the most probable diagnosis is:

a. Chronic bronchitis.
b. Emphysema.
c. Pneumothorax.
d. Cystic fibrosis.
e. Bronchiactasis.

Cough productive of sputum on most days for at least 3 months of the year for more than 1year is the symptomatic definition of Chronic bronchitis(COPD). Smoking is it's dominant causal agent, frequent infective exacerbation occur 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 bronchiactasis.

(med.)

8- 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:

a. ASO titer.
b. Blood culture.
c. U/S of the kidney.
d. Double strand DNA.
e. C-reactive protein.

Arthralgia +Rh F –ve is an indicative of : SLE or Spondyloarthritidises, Both differentials have high ESR, CRP either high or normal in Reiter's syndrome and normal in SLE, with VRDL(venereal disease research laboratory) +ve will further restricts 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.

(med.)

9- A 48 years old female with long standing infection present with bradycardia, your management with be:

a. I.V. fluid
b. Atropine.
c. Dopamine
d. …….

(I don't know)

(surg.)

10- Indication for valve replacement in infective endocarditis include all exapt:

a. Viral endocarditis.
b. Resistant bacterial endocarditis.
c. Fungal endocarditis.
d. Aortic valve regurgitation.
e. 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.)*

11- 50 yr old female noticed firm neck swelling with hx of palpitations and weight loss, your diagnosis is:-

a. Simple goiter
b. Toxic nodular goiter
c. Parathyroid adenoma
d. thyroditis

(med.)

12- A 33 year Saudi male complaining from lower back pain and considerable morning stiffness. X-ray showed sclerosis joint. Other criterion of this disease are all the following except:

e. Common in male.
f. –ve Rh F.
g. No subcutaneous nodules.
h. Aortic complications.

(I don't know)

The features presented: young, male, lower back pain, morning stiffness, sclerosis of sacroiliac joint, other association include;

Thoracic excursion decreased, chest pain, hip & knee involvement, enthesitides of calcanea; tibial; ischial tuberosities or planter fascia, crohn's/UC, psoriform rashes, amyloid, carditis, iritis, recurrent sterile urethritis, aortic valve diseas.

(pedia.)

13- The child can walk without support in:

a. 6 months
b. 9 months
c. <u>15 months</u>
d. 18 month

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

(Primary care)

14- In PHC which statement is correct:

a. Use less lab. techniques.
b. Examine each patient completely.
c. Write prescription as patient remained.
d. Reassurance of patient only at tertiary Hospital.

(ortho.)

15- Flexion, adduction, and internal rotation is:

a. Anterior hip dislocation.
b. <u>posterior hip dislocation</u>.

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

(ortho.)

16- 32 year old Egyptian male patient came with open tibial fracture what is the appropriate medication:

a. Gentamycin.
b. <u>Penicillin, Gentamycin and 3rd generation Cephlosporin</u>.
c. Acetazo….
d. Acetazo…+ Gentamycin.
e. 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)

17- Forced vital capacity:

a. Volume of gas that can be expelled after inspiration in one minute.
b. Volume of gas that can be expelled in the 1st second.
c. <u>Volume of gas that can be expelled after maximal inspiration</u>.
d. 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 1seconed.
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.)

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

a. Salmonella food poisoning.
b. Botulism.
c. Staphylococcal food poisoning.
d. Giardiasis.
e. Clostridium perfringes food poisoning.

organism	***incubation***	***Clinical feature***
Salmonella	12-48h	D&V, P, fever, septicaemia
Botulism	12-36h	V, paralysis
Staph	1-6h	D&V, P, hypotension
Giardiasis	1-4w	Often asymptomatic, flatulence, abdominal discomfort, loose stoole
Clostridium	8-24h	D,P

(Med.)

19- 38 years old female, her thyroid F.N.A showed follicular neoplasm. What of the following suggestion?

a. Increase T3 and T4.
b. Cold nodule on scan.
c. Lymphadenopathy.
d. 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.)

20- In DKA, all the following are true except:

a. Increase of corticosteroid, glucagon and G.H.
b. Body water deficit is 4 to 6 L

(I don't know)

DKA is a complex disordered metabolic state characterized by hyperglycemia, acidosis, and ketonuria. DKA usually occurs as a consequence of absolute or relative insulin deficiency that is accompanied by an increase in counter-regulatory hormones (ie, glucagon, cortisol, growth hormone, epinephrine). This type of hormonal imbalance enhances hepatic gluconeogenesis, glycogenolysis, and lipolysis Hyperglycemia usually exceeds the renal threshold of glucose absorption and results in significant glycosuria. Consequently, water loss in the urine is increased due to osmotic diuresis induced by glycosuria. This incidence of increased water loss results in severe dehydration, thirst, tissue hypoperfusion, and, possibly, lactic acidosis.Typical free water loss in DKA is approximately 6 liters or nearly 100 mL/kg of body weight. The initial half of this amount is derived from intracellular fluid and precedes signs of dehydration, while the other half is from extracellular fluid and is responsible for signs of dehydration.
(please read about DKA)

(med.)

21- Asthma after 40 years old. What is true?:

a. Could be psychological.
b. Eosinophiles are increased significantly.
c. Peak expiratory value change from night to day.
d. 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 (irrespectively 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.)

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

a. Sigmoid.
b. Hebreden.
c. Bouchar.
d. 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.)

23- The following are characteristics features of brucellosis except:

a. Lymphadenopathy
b. Hepatomeglly.
c. Splenomegally.
d. Diarrhea.
e. Backache.

Other symptoms and signs include:
Fever, sweating, weakness, headache, anorexia, pain in limbs and back, rigors, joint pain, spinal tenderness.

(Psych.)
24- Good prognosis factors in schizophrenia are all the following, except:

a. Good premorbid adjustment.
b. Acute onset.
c. Male.
d. 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.)
25- Criteria of major depressive illness:

a. Late morning awaking.
b. Hallucination with flight of ideas.
c. High self-steam.
d. Over eating.
e. Decrease of eye contact in conversation.

Criteria for Major Depressive Episode in Adults, Children, and Adolescents *(American Psychiatric Association)*

Adults	***Children and adolescents***
A. Five (or more) of the following symptoms during the same two-week period and at least one of the symptoms is (1) depressed mood or (2) loss of interest or pleasure.	
(1) Depressed mood most of the day, nearly every day.	**Mood can be depressed or irritable. Children with immature cognitive-linguistic development may present with vague physical complaints, sad facial expression, or poor eye contact. Irritable mood may appear as "acting out"; reckless behavior; or hostile.**
(2) Markedly diminished interest or pleasure in almost all activities most of the day, nearly every day	**Loss of interest can be in peer play or school activities.**
(3) Significant weight loss when not dieting, or weight gain. or decrease or increase in appetite nearly every day	**Children may fail to make expected weight gain rather than losing weight.**

(4) Insomnia or hypersomnia nearly every day	**Similar to adults**
(5) Psychomotor agitation or retardation nearly every day	**Concomitant with mood change, hyperactive behavior may be observed.**
(6) Fatigue or loss of energy nearly every day	**Disengagement from peer play, school refusal, or frequent school absences may be symptoms of fatigue.**
(7) Feeling of worthlessness or excessive or inappropriate guilt	**Child may present with self-depreciation (e.g., "I'm stupid," "I'm a retard").**
(8) Diminished ability to think or concentrate, or indecisiveness, nearly every day	**Problems with attention and concentration**
(9) Recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt or committing suicide	**There may be additional nonverbal cues for potentially suicidal behavior.**
B. Symptoms do not meet the criteria for mixed bipolar disorder.	**Same as adults**
C. Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.	**Clinically significant impairment of social or school functioning is present. Adolescents also may have occupational dysfunction.**
D. Symptoms are not directly caused by a substance or a general medical condition	**Similar to adults**
E. Symptoms are not caused by bereavement, the symptoms persist for longer than two months or are characterized by marked functional impairment	**Psychotic symptoms in severe major depression, if present, are more often auditory hallucinations (usually criticizing the patient) than delusions.**

Changes in appetite (increase or decrease) is a well known element of the criteria of major depressive disorder, But decrease appetite & wt loss looks to be more common than over eating & wt gain.
Although Poor eye contact is not mentioned in every reference as criteria of major depression, it is almost constant if present, (not as ↓ or ↑ appetite).

(Surg.)

26- Gastric lavage is contraindicated:

a. Aspirin.
b. Cleaning solution.
c. Vitamin E.
d. ….bean.

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.

(med.)

27- A 58 years old very heavy alcoholic and smoker. you find 3cm firm mass at Rt. Midclvicle. Most appropriate is :

a. CT of brain.
b. CT of trachia.
c. Fine needle aspiration biopsy.
d. Excessional biopsy.
e. Indirect laryngoscopy.

(I don't know)

(primary care)

28- A 68 years old businessman recently diagnosed to have hepatocellular carcinoma. Regarding telling the patient about his Dx., one of the following is true:

a. Inform him directly after confirm the diagnosis regardless his wishes.
b. Only the patient family should be informed.
c. 50% survival rate should be calculated as recent study and discussed with the patient.
d. This responsibility should be conducted by the social worker.
e. Informed the patient according to his morals, knowledge and psychiatric conditions.

Rules

• Time & place • Honesty • As much as much pt want

• Never give specific time period • Do not remove all hopes

• Confidentiality • Autonomy • Follow up

(med.)

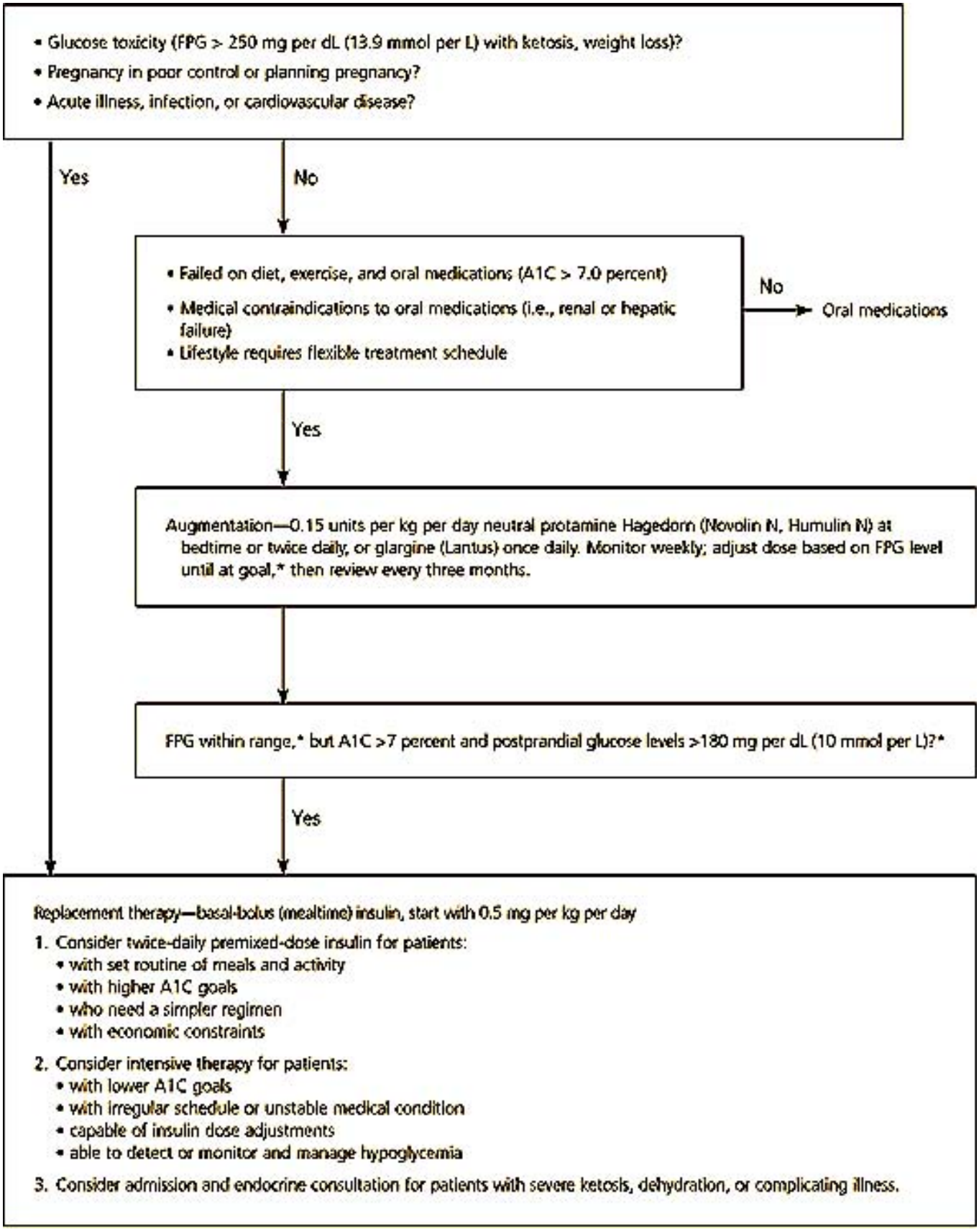
29- A 36 years old man, obese. Recently, developed polyuria, polydepsia and weight loss. Urine analysis showed glucosuria and ketone. FBS is 280 mg/dl. The best initial therapy is:

a. Intermitted I.M. insulin injection till stabe.
b. NPH or Lenti insulin 30 units daily + diabetic diet.
c. Sulphonylurea + D.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
    - *REGULAR INSULIN is the ONLY insulin that shall be given IM*

Please see attached algorithm for Management of Type 2 Diabetes



*-Fasting plasma glucose goal is 90 to 130 mg per dL (5 to 7.2 mmol per L), preprandial goal is less than 140 mg per dL (7.8 mmol per L), and postprandial goal is less than 180 mg per dL to achieve an A1C of 7 percent. A1C goals should be individualized

(med.)

30- Pulmonary stenosis:

a. Commonest lesion in turner's syndrome.
b. P2 is loud indicates sever stenosis.
c. Ejection click means it is valvular.
d. All of the above.

(I don't know)

In valvular PS, auscultation reveals a normal S1 and a widely split S2, with a soft and delayed P2. Valvular PS typically causes a systolic crescendo-decrescendo ejection murmur in the left upper sternal border that increases with inspiration and radiates diffusely.

In patients with pliable valve leaflets, a systolic ejection click may precede the murmur, distinguished from aortic ejection sounds by its increased intensity on expiration and softening on inspiration

(pedia.)

31- cardiac congenital heart disease in child, all true except:

a. 4-5%
b. VSD is the commonest.
c. ASD patient should not play a competition.
d. …….

congenital heart defects can be related to an abnormality of an infant's chromosomes (5 to 6 percent), single gene defects (3 to 5 percent), or environmental factors (2 percent). In 85 to 90 percent of cases, there is no identifiable cause for the heart defect, and they are generally considered to be caused by multifactorial inheritance.
chromosome abnormalities associated with congenital heart defects. Some of these include the following:

- Down syndrome
- trisomy 18 and trisomy 13
- Turner's syndrome
- Cri du chat syndrome
- Wolf-Hirshhorn syndrome
- DiGeorge syndrome (deletion 22q11)

genetic syndromes associated with a higher incidence of heart defects include, but are not limited to, the following:

- Marfan syndrome
- Smith-Lemli-Opitz syndrome
- Ellis-van Creveld
- Holt-Oram syndrome
- Noonan syndrome
- Mucopolysaccharidoses

VSDs are the most common congenital heart defects encountered after bicuspid aortic valves.
Some children with ASDs have poor weight gain, they remain somewhat small, and they may have exertional dyspnea or frequent upper respiratory tract infections, but generally have no restrictions on their activity

(gyne.)
32- The most frequent complication of cesarian hysterectomy is:

a. Pelvic cellulites.
b. Pulmonary embolism.
c. Bladder injury.
d. Hemorrhage.
e. Ureteral injuries.

Hemorrhage — Average intraoperative blood loss is 400 mL. Excessive bleeding complicates 1 to 3 percent of hysterectomy

Infection — Approximately one-third of women undergoing abdominal hysterectomy without antibiotic prophylaxis develop postoperative fever; there is no obvious source in 50 percent

Thromboembolic disease — The risk of thromboembolism after abdominal hysterectomy in low and high risk patients is 0.2 and 2.4 percent,

Ureteral injuries — In one retrospective study including over 62,000 hysterectomies, the total incidence of ureteral injury after all hysterectomies was 1.0 of 1000 procedures: 13.9 of 1000 after laparoscopic, 0.4 of 1000 after total abdominal

(gyen)
33- Secondary amenorrhea:

a. Part of Sheehan syndrome.
b. Commonly associated with turner syndrome.
c. Always pathological.
d. May be due to gonadal agenesis.
e. It is rare to be gonaal agenesis.

Pregnancy is the most common cause of secondary amenorrhea.
After excluding pregnancy, the most common causes of secondary amenorrhea are :

- Ovarian disease — 40 percent
- Hypothalamic dysfunction — 35 percent
- Pituitary disease — 19 percent
- Uterine disease — 5 percent
- Other — 1 percent

Turner syndrome — Women with Turner syndrome are usually missing all of one X chromosome (45,X gonadal dysgenesis). Amenorrhea occurs because the ovaries are replaced with fibrous tissue and do not produce much estrogen.

Gonadal dysgenesis — In young women with primary amenorrhea, the single most common cause is primary ovarian failure due to gonadal dysgenesis.

(med.)

34- A 14 years old boy with type 1 D.M. presented in coma. His blood glucose level is 33 mmol/l. Na is 142 mmol/l, K is 5.5 mmol/l, bicarb is 10 mmol/l. the following are true except :

a. The initial Rx. Should be I.V. normal saline 3 l/hour for 1-2 hours
b. I.V. insulin loading dose 1 u/kg is necessary.
c. I.V. Na bicarbonate could be given if pH is 7 or less.
d. Hyprephosphatemia can occur during trement.
e. Hyperchloremia can occur during treatment

(I don't know)

In DKA Serum potassium levels initially are high or within the reference range due to the extracellular shift of potassium in exchange of hydrogen, which is accumulated in acidosis, in spite of severely depleted total body potassium.
The serum sodium level usually is low.
The serum chloride levels and phosphorus levels always are low.
Hypoglycemia and/or hypokalemia may develop with correction of ketoacidosis

References:

1. *Kumar.*
2. *Danish*
3. *Clinical examination, Talley.*
4. *Oxford hand book of clinical medicin.*
5. *Mont reid*
6. *Up to date*
7. *E-medicein*

Med.

35 - 82 y/o female presented to ER in confusion with hypotension. BP was 70/20, P=160/min, rectal T 37.7ºC. The most likely of the following would suggest sepsis as a cause of hypotension is:

a- Low systemic vascular resistance & high cardiac output.
b- High systemic vascular resistance & low cardiac output.
c- Pulmonary capillary wedge pressure less than 26.
d- PH is less than 7.2 .
e- Serum lactate dehydrogenase more than 22.

-Special features of septic shock: 1. high fever, 2. marked vasodilatation throughout the body, especially in the infected tissues. 3. high cardiac output in perhaps one half of patients caused by vasodilatation in the infected tissues & by high metabolic rate & vasodilatation elsewhere in the body, resulting from bacterial toxin stimulation of cellular metabolism & from high body temperature. 4. DIC.

Pedia.

36 - Which of the following vaccines must not be given to a household contact with immunodeficiency child :

a- MMR.
b- BCG.
c- Influenza B.
d- Oral polio .
e- Hepatitis.

*Congenital or acquired immunodeficiency: injectable polio should be given instead of oral polio to the patient & the contacts.

Pedia.

37 - Term baby born to a mother who developed chickenpox 7 days before delivery . The baby is a symptomatic. Which is true :

a- give acyclovir & 15 mg /kg I.V Q 8 hr. for 7 days immediately.??
b- give acyclovir & varicella zoster immune globulin when the baby develops symptoms.
c- serologic evidence is needed before initiation of therapy .
d-the mother & baby should be nursed together at their own room .
e- none of the above.

-15% of pregnant women are susceptible to varicella (chickenpox) . Usually, the fetus is not affected, but is at high risk if the mother develops chickenpox:

* in the 1st half of pregnancy (< 20 weeks), when there is a < 2 % risk of the fetus developing sever scarring of the skin & possibly ocular & neurological damage .

* Within 5 days before or 2 days after delivery, when the fetus is unprotected by maternal antibodies & the viral dose is high. About 25 % develop a vesicular rash. Exposed susceptible women can be protected with varicella zoster immune globulin & treated with acyclovir. Infants born in the high-risk period should also receive zoster immune globulin & are often also given acyclovir prophylactically.

Family med.

38 - Definition of TRUE NEGATIVE. (Review FAMCO)

- Def. of true negative: negative results that come back actually representing the absence of the disease.

Surg.

39 - 55 y/o presented with bleeding. On ex. found to have external hemorrhoids. One is true:

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

*Hemorrhoids : check Hb if bleeding is prolonged or heavy .
Examine abdomen to exclude other lesions. Digital rectal examination.
Sigmoidoscopy to exclude other lesions. Proctoscopy to confirm presence of piles.

Med.
40 - 42 y/o female presented with 5 months Hx of N, V & malaise. Na is low, Cr is high, Glucose is 2.7 mmol/L & HCO3 is 10.

a- hypothyroidism.
b- Addison's disease .
c- hypervolemia because of the vomiting .
d- pheochromocytoma.
e- SIADH.

Q is not clear enough!!!

Med.
41 - 55 y/o female presented to ER because her family noticed skin discoloration. Has Hx of 5 kg loss over 3 weeks. Her medical Hx is –ve apart from vitiligo. Her examination is within normal except for scleral icterus & skin jaundice. Her Ix : WBC 2500 ,Plt 70000, MCV 106, Hct 17, Retics count 15, T.bil 3, which of the following test will be more associated with the syndrome she has:

a- Chromosomal kariotype of bone marrow.
b- Antiparietal cells antibodies.
c- Extrahepatic biliary obstruction .
d- Decrease gastric fluid .

* The Q doesn't seem right!! sooo:
-Primary biliary cirrhosis : is a chronic disease of liver in which interlobular bile ducts of the liver become progressively damaged &eventually leading to cirrhosis & cholestasis. Women are affected in 90% of cases in the age range 40-50 years .Etiology is unknown , immunological mechanisms may play a part because antimitochondrial antibodies are found in almost all patients.
*If we are considering autoimmune liver disease(1ry biliary cirrhosis) , especially with the hx of vitiligo,the tests that should be conducted are either:

Smooth muscle antibody(SMA) , which is +ve in chronic active hepatitis 40-90%,1ry biliary cirrhosis 30-70 %, idiopathic cirrhosis 25-30%.
Or mitochondrial autoantibodies (AMA) , which is +ve in 1ry biliary cirrhosis 60-90 % , chronic active hepatitis 25-60% , idiopathic cirrhosis 25-30%.
*Gastric parietal cells antibody is usually associated with pernicious anaemia & atrophic gastritis.

Surg.

42 - What is the most common site for indirect inguinal hernia :

a- Anterolateral.
b- Posterolateral.
c- Anteromedial.
d- Posteromedial.
e- Any where.

Indirect inguinal hernia: sac lies ant.medial to cord, exiting through the internal ring, lateral to the inf epigastric artery.

Ped.

43- Which one of the following component causes contact dermatitis in children?

a- Citric acid
b- Cinnamon
c- … (name of very strange tree which is very unrecognizable)
d- … (name of very strange tree which is very unrecognizable)

Primary Contact Dermatitis: is a direct response of the skin to an irritant. The most common irritants are soap, bubble bath (may cause severe vaginal pruritis in prepubertal girls), saliva, urine, feces, perspiration, citrus juice, chemicals (creosote, acids) & wool.
Allergic Contact Dermatitis: requires reexposure of the allergen and characterized by delayed hypersensitivity reaction. The most common allergen implicated include poison ivy, poison oak & poison sumac (rhus dermatitis), jewelry (nickel), cosmetics (causing eye lid involvement) & nail polish, topical medications [neomycin, thimerosal, calamine, para-aminobenzoic acid (PABA)], shoe material (rubber, tanning agents, dye) and clothing materials (elastic or latex compounds).

Hematology

44- Which drug can be givin to G6PD patient?

a- ASA

b- Sulphonamide.

c- Nitrofurantoin.

d- Chloroquine.

Drugs & medications that can induce hemolysis in G6PD-difficient patients include: acetanilide, doxorubicin, Methylene blue, naphthalene, nitrofurantoin, primaquine, pamaquine & sulfa drugs.

Med

45- Radiological features of Miliary TB?

a- Sparing lung apices.

b- …

c- Septal line.

d- No glandular enlargement

e- Small cavity.

Small nodules, uniform in size, distributed evenly all over the lung field. The nodules are well defined but in severe cases they become relatively confluent so that individual nodules are difficult to appreciate.

± Mediastinal/ Hilar Lymph nodes.

± One or more patches of consolidation.

± Pleural effusion.

Note: chest film may be normal in early stages of Miliary TB. High resolution computed tomography (HRCT) of the chest is more sensitive for miliary TB than plain chest radiography and has improved the antemortem diagnosis. Numerous, 2 to 3 mm nodules can be visualized, distributed throughout the lung. Septal thickening usually accompanies these nodules.

References: UTD & Diagnostic imaging.

Surg

46- Conscious with multiple trauma patient. Your priority is:

a-intubate the patient

b-peritoneal lavage then insert IV.

c-assess airway, breathing & BP.

d-insert IV line then send blood for matching.

Surg

47- 30 years old man with long history of Crohn's disease. Indication of surgery is:

a-internal fistula
b-external fístula
c-intestinal obsturction
d-megacolon syndrome.

Indications of surgery in Crohn's disease:
-Small bowel obstruction- 50%
-Fistula.
-Abscess
-Hemorrhage.
-Perianal disease- unresponsive to medical therapy.
-Disease intractable to medical management.
-Failure to thrive- chronic malnutrition, growth retardation.
-Toxic megacolon.

Med.

48- Heparinization includes all except:

-increase PT
-increase PTT
-Anti inflammatory.
- open potential collateral vessels

Q is not clear for me!!!

Radiology

49- Filling defect in IVP & hypoechoic mass in US:

-Blood clots
-Tumer
-Uric acid stones.
-… Papilla!!
The Q is not clear!! Anyway another similar Q from Sep 2004.

IVP study done for a male & showed a filling defect in the renal pelvis non-radio opaque. U/S shows echogenic structure & hyperacustic shadow. The most likely diagnosis is:

a. Blood clot
b. Tumor
c. Uric acid stone
d. ???

- Stones cause hyperacustic shadows.
- All types of renal calculi are radiopaque except urate stones (5% of all stones)

(Statistics and Primary care)

50- A risk of assessment test is negative if individual is not at risk for developing the disease. True negative if:

-Predict individual will develop disease & actually develop it.
- Predict individual will develop disease & he didn't develop it.
- Predict individual will not develop disease & he develop it.
- Predict individual will not develop disease & he didn't develop it.
-If not assessed person develop the disease.

Med

51- Acute suppurative cholangitis. All except:

-Dangerous disease result from concurrent biliary infection & obstruction.
-Jaundice.
-Increase Serum amylase.
-Increase SGOT & serum ALP
-Hypotension & mental confusion in severe cases.

For me,, all are true :s

Acute cholangitis is a clinical syndrome characterized by fever, jaundice, and abdominal pain that develops as a result of stasis and infection in the biliary tract. Acute cholangitis is caused primarily by bacterial infection. The organisms typically ascend from the duodenum; hematogenous spread from the portal vein is a rare source of infection. The most important predisposing factor for acute cholangitis is biliary obstruction and stasis secondary to biliary calculi or benign stricture.

Clinical Manifestations — The classic triad of Charcot — fever, right upper quadrant pain, and jaundice — occurs in only 50 to

75 percent of patients with acute cholangitis. Confusion and hypotension can occur in patients with suppurative cholangitis, producing Reynold's pentad, which is associated with significant morbidity and mortality. Hypotension may be the only presenting symptom in elderly patients or those on corticosteroids, while septic shock in severe cases can lead to multiorgan failure.

Laboratory tests — Routine laboratory tests typically reveal an elevated white blood cell count with neutrophil predominance, and a cholestatic pattern of liver function test abnormalities with elevations in the serum alkaline phosphatase, gammaglutamyl transpeptidase (GGT), and bilirubin (predominantly conjugated) concentration. Serum amylase can be increased to three to four times normal, suggesting an associated pancreatitis.

However, a pattern of acute hepatocyte necrosis can be seen in which the aminotransferases may be as high as 1000 IU/L. This pattern reflects microabscess formation in the liver.

Treatment — The mainstays of therapy are antibiotics and establishment of biliary drainage. Other general measures include fluids to maintain urine output, correction of coagulopathy, and frequent monitoring of vital signs for evidence of sepsis. In cases of suspected sepsis, monitoring for multiorgan failure from endotoxemia is essential.

Community

52- Definition of the following. (All with its right definition) except:

-prevalence is …

-infant mortality rate is ….

-<u>incidence & prevalence are the same.</u>

-Incidence is …

Psychiatry

53- Severe postpartum depression mostly associated with:

-Decrease socioeconomic class.

-Emotional separation between the patient & his mother.

<u>-Past Hx of depression.</u>

-1st birth delivery.

-Poor wt gain during pregnancy.

A personal history of depression (prior to pregnancy, antepartum or postpartum) is the major risk factor for PPD: one-half of women with PPD have onset of symptoms before or during their pregnancies. Other risk factors for PPD include: Marital conflict/ Stressful life events in the previous 12 months/ Lack of perceived

social support from family and friends for the pregnancy / Lack of emotional and financial support from the partner / Living without a partner/ Unplanned pregnancy / Having contemplated terminating the current pregnancy / Previous miscarriage/ Family psychiatric history/ A poor relationship with one's own mother/ Not breastfeeding/ Unemployment in the mother (no job to return to) or in the head of household/ A lifetime history of depression in the husband or partner/ Child-care related stressors/ Sick leave during pregnancy related to hyperemesis, uterine irritability, or psychiatric disorder/ High number of visits to prenatal clinic/ A congenitally malformed infant/ Personality factors (high neuroticism and high introversion)/ Personal history of bipolar disorder.

54- 50 years old male with 2 years history of dysphagia, lump in the throat, excessive salivation, intermittent hoarseness & wt loss. The most likely diagnosis is:

-Cricopharyngeal dysfunction
-Achalasia
-Diffuse spasm of the oesophagus.
-Scleroderma.
-Ca of cervical oesophagus.

Surg

55- 45 years old lady presents with bloody nipple discharge. Most likely Dx:

-Breast ca.
-Fibroadenoma
-Ductal Papilloma.
-Ducat ectasia.

Surg

56- A 82 years old patient present with urinary retension. What is the most proper treatment in ER?

-Insert Folly's Cath then send to clinic.
-Insert Folly's Cath then send to home.
-O.R. for prostatectomy.
-Admission, Investigation, then do cystoscope or TRUP.

Q is not complete.. as I remember it was in our exam (Oct 2007), acute urinary retention. But unfortunately I don't remember the choices ☹

Radiology

57- Air Bronchogram is characteristic feature of:

-Pulmonary edema.
-HMD= Hyaline membrane disease.
-Lobar Pneumonia.
-Lung Granuloma.

Psych*

58- Characteristic feature of major depressive illness is:

A. Late morning awakening.
B. Hallucination and flight of ideas.
C. High self-esteem.
D. Over-eating.
E. Decreased eye contact during conversation.

For me, I'll choose decrease eye contact, coz although over eating is a feature of major depressive disease, but it is not consistent

Criteria for Major Depressive Episode in Adults, Children, and Adolescents *(American Psychiatric Association)*	
Adults	*Children and adolescents*
A. Five (or more) of the following symptoms during the same two-week period and at least one of the symptoms is (1) depressed mood or (2) loss of interest or pleasure.	
(1) Depressed mood most of the day, nearly every day.	Mood can be depressed or irritable. Children with immature cognitive-linguistic development may present with vague physical complaints, sad facial expression, or poor eye contact. Irritable mood may appear as "acting out"; reckless behavior; or hostile.
(2) Markedly diminished interest or pleasure in almost all activities most of the day, nearly every day	Loss of interest can be in peer play or school activities.

(3) Significant weight loss when not dieting, or weight gain. or decrease or increase in appetite nearly every day	Children may fail to make expected weight gain rather than losing weight.
(4) Insomnia or hypersomnia nearly every day	Similar to adults
(5) Psychomotor agitation or retardation nearly every day	Concomitant with mood change, hyperactive behavior may be observed.
(6) Fatigue or loss of energy nearly every day	Disengagement from peer play, school refusal, or frequent school absences may be symptoms of fatigue.
(7) Feeling of worthlessness or excessive or inappropriate guilt	Child may present with self-depreciation (e.g., "I'm stupid," "I'm a retard").
(8) Diminished ability to think or concentrate, or indecisiveness, nearly every day	Problems with attention and concentration
(9) Recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt or committing suicide	There may be additional nonverbal cues for potentially suicidal behavior.
B. Symptoms do not meet the criteria for mixed bipolar disorder.	Same as adults
C. Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.	Clinically significant impairment of social or school functioning is present. Adolescents also may have occupational dysfunction.
D. Symptoms are not directly caused by a substance or a general medical condition	Similar to adults
E. Symptoms are not caused by bereavement, the symptoms persist for longer	Psychotic symptoms in severe major depression, if present, are more often auditory hallucinations (usually

than two months or are characterized by marked functional impairment	criticizing the patient) than delusions.

Pedia *

59- A child has croup after waking up of sleep; the differential diagnosis includes all EXCEPT:-

- Pneumonia
- Forien body aspiration
- Tonsilitis
- Cystic Fibrosis
-!

OB/GYN

60- Which of the following doesn't cause IUGR?

-Toxoplasmosis
-CMV.
-Rubella.
-Syphilis.
-HSV2.

OB/GYN

61- Action of O.C.P:

-Inhibition of estrogen then ovulation.
-Inhibition of prolactin then ovulation
-Inhibition of protozoa by changing the cervical mucosa.
-Inhibition of mid cycle gonadotropin then ovulation
-Inhibition of implantation of the embryo.

Mechanisms Of Action: While OCs have several mechanisms of action, the most important for providing contraception is estrogen-induced inhibition of the midcycle surge of gonadotropin secretion, so that ovulation does not occur. Combination OCs are potent in this regard, but progestin-only pills are not.

Another potential mechanism of contraceptive action is suppression of gonadotropin secretion during the follicular phase of the cycle, thereby preventing follicular maturation.

Other estrogenic mechanisms of action include suppression of ovarian steroid production, due to suppression of gonadotropin secretion, and a possible decrease in responsiveness of the pituitary to gonadotropin-releasing hormone.
Progestin-related mechanisms also may contribute to the contraceptive effect. These include:
* Effects on the endometrium, rendering it less suitable for implantation
* Alterations in cervical mucus, which becomes less permeable to penetration by sperm
* Impairment of normal tubal motility and peristalsis

Med *

62- Which of the following is not associated with phenytoin toxicity?

- hirsutism
- osteomalacia
- ataxia
- osteoprosis

By exclusion, as all the rest are associated with phenytoin toxicity.

Med

63- Thyroid cancer associated with:

-Hyperthyroidism
-Hypothyroidism
-Euothyroid.
-Toxic Nodules.

Q is not clear!!!

Surg.

64- All of the followings are complications of laparoscopic cholycystectomy except:

-Incisional hernia above the umbilicus.
-Persistent pneumo peritonitis.
-Bile leakage.
-Ascitis.

Surg.

65- Post lap chole patient presented with progressive Jaundice. The most appropriate investigation is:

-ERCP.

-IV cholangiogram.

-…

OB/GYN:

66- The most common cause of Post Partum Hemorrhage is:

-Uterine Atony

-Multiple Pregnancy.

-Pre Eclampsia.

-…

September 2004

(A H – 2008)

(Urology)

2. **An 80 year old gentleman presented to ER with Hx of decreased urine stream, hesitancy, urgency & frequency. What is the cause?**
    - ***a.*** Stricture
    - ***b.*** Benign prostate hypertrophy
    - ***c.*** Narrowing of the external meatus
    - ***d.*** Urethral stone
    - ***e.*** ???
        - BPH is common in ages above 40 yrs (24% from 40-60yrs & 40% if >60yrs old). It's associated with frequency, urgency & decreased urinary stream.
        - Stricture & narrowing of the external meatus doesn't cause decreased urinary stream
        - Uretheral stones causes severe colicky pain & haematuria

(Urology)

3. **IVP study done for a male & showed a filling defect in the renal pelvis non-radio opaque. U/S shows echogenic structure & hyperacustic shadow. The most likely diagnosis is:**
    - ***a.*** Blood clot
    - ***b.*** Tumor
    - ***c.*** Uric acid stone
    - ***d.*** ???
        - Stones cause hyperacustic shadows.
        - All types of renal calculi are radiopaque except urate stones (5% of all stones)

(OB/GYN)

4. **A 38year old lady with gonorrhea. Whereis the most likely site for isolation of the organism?**
    - ***a.*** Pharynx
    - ***b.*** Cervix
    - ***c.*** Urethra
    - ***d.*** Vagina
    - ***e.*** Posterior fornix
        - Gonorrhea causes vaginal discharge, dysurea & intermenstrual bleeding
        - Diagnosis is by Gram stain & culture of a swab taken from the urethra in males & the endocervix in females showing the organism.

(Medicine)

5. **Which of the following is the least likely to cause infective endocarditis:**
    - ***a.*** ASD
    - ***b.*** VSD
    - ***c.*** Tetrology of Fallot
    - ***d.*** PDA
        - 50% of all endocarditis occurs on normal valves
        - Predisposing cardiac lesions:
            i. Aortic/ mitral valve disease
            ii. IV drug users in tricuspid valves
            iii. Coarctation
            iv. PDA
            v. VSD (Fallot's Tetrad included)
            vi. Prosthetic valves

(Medicine)

6. **Which of the following is believed to reduce mortality in CHF?**
    - ***a.*** Digitalis
    - ***b.*** Furosamide
    - ***c.*** Enalopril
    - ***d.*** Procaimide
    - ***e.*** Asprin
        - ACE Inhibitors, beta blockers & spironolactone decrease morbidity in CHF

(Pediatrics)

7. **A 15 year old boy came with Hx of yellowish discoloration of sclera, vomiting & abdominal pain. Investigations: bilirubin 253 indirect bilirubin 93 albumin 38 (30-50) T.protein 78 (60-80) ALT 838 AST1005. What is the most likely diagnosis?**
    - ***a.*** Infective hepatitis
    - ***b.*** Gilbert disease
    - ***c.*** Acute pancreatitis
    - ***d.*** Auto-immune hepatitis
    - ***e.*** Obstructive jaundice
        - Increased AST> ALT early in the course of the disease with jaundice (increased bilirubin)
        - Gilbert's Disease is congenital hyperbilirubinemia with normal liver enzymes & is not associated with vomiting or abdominal pain
        - Acute pancreatitis causes a slight increase in liver enzymes
        - Obstructive jaundice is most common in F>M who are obese & old age

(Medicine)

8. **Rheumatoid Arthritis:**
    - ***a.*** Destruction in articular cartilage
    - ***b.*** M=F
    - ***c.*** No nodules
    - ***d.*** Any synovial joint
    - ***e.*** HLA DR4
        - A. is true plus destruction of bones
        - B. is false the M:F is 1:3
        - C. is false Nodules are present in elbows & lungs
        - D. is false because it doesn't affect the dorsal & lumbar spines
        - E. is true but it also affects HLA DR1

(Medicine)

9. **Pre-Renal Failure:**
    - ***a.*** Casts
    - ***b.*** Urine Osm <400
    - ***c.*** Urine Na <20 mmol/L
    - ***d.*** Decreased water excretion
    - ***e.*** Haematuria

- Casts are seen in interstitial nephritis & glomerulonephritis which are intrinsic renal failure
- Urine osm <400 in intrinsic renal failure but >500 in pre-renal failure
- Urine Na <200 mmol/L is in pre-renal failure if >200 it is intrinsic renal failure
- Decreased water excretion in all types of renal failure
- Haematuria like a. in intrinsic & post renal failure

(Pediatrics)

10. **Full term baby born with a birth weight of 3.8kg, developed jaundice on 2nd day of life he is on brest feeding his Hb 180gm/L Direct Coomb's test –ve Indirect Coomb's test –ve Total bilirubin 11gm/dl Indirect bilirubin 184mmol/L The Diagnosis is:**
    - ***a.*** Breast milk jaundice
    - ***b.*** Undiagnosed neonatal sepsis
    - ***c.*** Physiological jaundice
    - ***d.*** Due to minor antigen blood group incompatibility
    - ***e.*** ABO incompatibility
        - PSL Jaundice is the most common cause of jaundice in FT Babies from 2-5 days while breast feeding
        - Breast milk jaundice & undiagnosed jaundice are persistant jaundice beyond 14days
        - Minor Ag Blood group & ABO incompatability are usually early onset jaundice (<24hrs) & have a +ve coombs test

(Orthopedics)

11. **A 32 year old female work as a file clerck she developed sudden onset of low back pain moderate in severity for 3 days duration when she was bending to pick up files. There is no evidence of nerve root compression. What is the proper action?**
    - ***a.*** Bed rest for 7 days to 10 days
    - ***b.*** Traction
    - ***c.*** Narcotics analgesia
    - ***d.*** Early activity with return to work
    - ***e.*** CT scan for lumbosacaral vertebra
        - We treat the pain first because the patient has been suffering for the past 3days

- Bed rest not advisable. Returning to normal activities as soon as possible is better than bed rest but can't be done without proper analgesia
- Traction is not indicated
- In the question they said no evidence of nerve root compression so CT is not nessesary

(Medicine - Surgery)

12. **Patient with infective cyst incision & drainage was done, dressing twice daily with gauze & saline. On the 3rd day post I&D the patient developed nausea, confusion, hypotension & exfoliate rash on hands & dark brown urine. The most appropriate diagnosis is:**
    - ***a.*** Necrotizing fasciatis
    - ***b.*** Drug reaction
    - ***c.*** Toxic shock syndrome
    - ***d.*** Clostridium difficile
        - TSS is caused by staph. Aureous wich is the most common organism in infected wounds & skin
        - TSS causes shock, confusion, fever, rash with desquamation, diarrhea, myalgia, increased CPK, decreased platelets (associated with the use of tampons)
        - Patient wasn't taking any drugs to have a drug reaction
        - Necrotizing faciatis causes severe gangrene

(Medicine)

13. **A 30 year old man with upper abdominal pain & dyspepsia. Which of the following do not support Dx of PUD?**
    - ***a.*** Hunger pain
    - ***b.*** Epigastric mass
    - ***c.*** Epigastric tenderness
    - ***d.*** Heart burn
    - ***e.*** Haematemesis
        - Signs & Symptoms of PUD are tender epigastric pain related to hunger, eating specific foods, time of day, dyspepsia, heart burn, retrosternal pain, losing weight, anorexia, anemia, melena or haematemesis

(Medicine)

14. A 80 year old lady with RA had swelling of the distal interphlangeal joints. What is the name of this lesson?

a. Hebarden's nodules
- They are swelling of DIP & indicates osteoarthritis

(OB/GYN)

15. The most frequent complication associated with caesarian hysterectomy is:

a. Pelvic cellulites
b. Pulmonary embolism
c. Bladder injury
d. Haemorrhage
e. Uretheral injury
- The most common complication is haemorrhage especially bleeding from the infundibulo-pelvic or utero-ovarian pedicle or the vaginal cuff
- The most serious complication is injury to the ureters

(Emergency Medicine)

16. A 12 year old female brought by her mother to ER after ingestion of unknown number of paracetamol tablets. Clinically she is stable. Blood paracetamol level suggest toxicity. The most appropriate treatment is:

a. N-acetylcestine
- IV infusion: 150mg/kg in 200ml 5%dex over 15mins then 50mg/kg in 500ml 5%dex over 4hrs then finally 2oomg/kg in 1L 5%dex over 16hrs

(Pediatrics)

17. A 5 year old boy brought to the ER by his mother complaining of drooling saliva, inability to drink & eat. On examination there was a congested larynx. The most appropriate diagnosis is:

a. Viral pneumonia
b. Croups
c. Acute epiglottitis
d. Bacterial pneumonia
e. Bronchiolithitis

- It occurs at any age, rapid onset, causes drooling of saliva & inability to drink or eat, no cough & you could see the congested larynx
- Croup has a slow onset, occurs at ages <4yrs with a barking cough & the ability to swallow fluids

(Surgery)

18. A 45 year old female came with nipple discharge containing blood. The most likely cause is:

a. Duct papilloma
b. Duct ectasia
c. Breast abcess
d. Fibroadinoma
e. Fat necrosis of breast

- Bloody discharge is more likely to be a sign of intraductal papilloma or a neoplasm
- Green/ yellow/ brown discharge favours duct ectasia
- Milky/ watery discharge a hormonal imbalance

(OB/GYN)

19. ? year old woman her menstrual period has stopped since 7 weeks. She was complaining of light bleedidng & discomfort. She had +ve pregnancy test at home. The best test for her now is:

a. B-HCG
b. Human prolactin
c. Progesterone
d. Esteriol
e. Prolactine

- Home testing is sensitive to values of 25iu/L of B-HCG
- At the hospital we have to quantitate B-HCG to rule out/ in ectopic pregnancy as in the question

(Medicine)

20. All are recognized symptoms of IBS except:

a. Sense of incomplete defication
b. Loss of weight
c. Sense of abdominal distension
d. Rectal bleeding
e. Passage of mucus per rectum

- Rectal bleeding occurs in IBD (UC & Chron's)

(E N T)

21. The most prominent symptom of acute otitis media is:

- ***a.*** Pain
- ***b.*** Hearing loss
- ***c.*** Tinnitus
- ***d.*** Discharge
- ***e.*** Vertigo
    - AOM presents with rapid onset of pain, fever & sometimes irritability, anorexia, or vomiting
    - In AOM drum bulging causes pain then purulent discharge if it perforates

(OB/GYN)

22. One of the following increases the amniotic fluid:

- ***a.*** Patient of diabetes insipidus
- ***b.*** Duodenal atresia
- ***c.*** Renal agenesis
- ***d.*** Old primigravida
    - I'm not sure!!!!

(OB/GYN)

23. Before doing instrumental delivery you have to exclude:

- ***a.*** Cord prolapse
- ***b.*** Cranio-pelvic disproportion
- ***c.*** Breech
- ***d.*** Abruption placentae
    - To do an instrumental delivery the head must be engaged; the membranes ruptured; the position of head is known & the presentation suitable; there must not be cephalo-pelvid disproportion

(OB/GYN)

24. Management of pre-eclampsia includes all except:

- ***a.*** Bed rest
- ***b.*** Diuretics
- ***c.*** Hospitalization
- ***d.*** Non-stress test
- ***e.*** NSAID
    - Diuretics deplete the already reduced plasma volume & are especially contraindicated

(OB/GYN)

25. Regarding menopause, one of these is a major health problem:

- ***a.*** Cardiovascular disease
- ***b.*** Depression
- ***c.*** Osteoperosis
- ***d.*** Endometrial carcinoma
    - The menopause accelerates bone loss which predisposes to fracture of femur neck, radius & vertebrae in later life

*(Medicine)**

26. In moderate to severe asthmatic patient you find all except:

- ***a.*** Decrease Po2 <60
- ***b.*** PCO2 >60
- ***c.*** HCO3 decreased
- ***d.*** IV hydrocortisone relief after few hours
- ***e.*** Dehydration
    - I'm not sure!!!!!

(Medicine)

27. A 45 year old presented with polyurea, urine analysis showed glucosurea & -ve ketone FBS 14mmol. What is the best management of this patient?

- ***a.*** Intermediate IM insulin till stable
- ***b.*** NPH or Lent insulin 30mg then diet
- ***c.*** Sulphonylurea
- ***d.*** Diabetic diet only
- ***e.*** Metformin
    - In older patients the first approach is by diet only, especially that he is not clearly into glucose toxicity
    - Tablet treatment for DM II are used in association with dietary treatment when diet alone fails starting with Metformin if no contraindications

(Clinical pharmacology)

28. All of the following are side effects of furasomide except:

- ***a.*** Hyperkalemia
- ***b.*** Hypoglycemia
- ***c.*** Bronchospasm
- ***d.*** Haemolytic anemia
- ***e.*** Pre-renal azotemia
    - Side effects of furasomide are hypotension, hypokalemia, hyperglycemia, haemolytic anemia

(Medicine)

29. The most specific investigation for pulmonary embolism is:

- ***a.*** Perfusion scan
- ***b.*** X-ray chest
- ***c.*** Ventilation scan
- ***d.*** Pulmonary angiography
    - The recommended 1st line imaging modality is CT pulmonary angiography

(Medicine)

30. All may cause increased BP except:

- ***a.*** Obesity
- ***b.*** High alcohol intake
- ***c.*** Smoking
- ***d.*** Gout
- ***e.*** NSAID use
    - I'm not sure!!!!

(Medicine)

31. Polycystic renal disease is:

- ***a.*** AD
- ***b.*** AS
- ***c.*** Sex-linked dominant
- ***d.*** Sex-linked recessive
- ***e.*** Autosomal dominant combined with…
    - There are two types the most common one is the adult type which is Autosomal Dominant
    - The child type is recessive

(Medicine)

32. A 62 year old male known to have BA. Hx for 1 month on bronchodilator + beclomethasone had given thiophilline. Side effects of thiophilline is:

- ***a.*** GI upset
- ***b.*** Diarrhea
- ***c.*** Facial flushing
- ***d.*** Cardiac arrhythmia
  - The most common side effects are cardiac arrhythmia, anxiety, tremors, tachycardia & seizures
  - Always monitor ECG

(Medicine)

33. Patient with Hx of severe hypertension, normal creatinine, 4g protein 24 hrs. right kidney 16cm & left kidney 7cm with… suggesting of left renal artery stenosis. Next investigation:

- ***a.*** Bilateral … renal angiography
- ***b.*** Right percutanious biopsy
- ***c.*** Left precutanious biopsy
- ***d.*** Right open surgical biopsy
- ***e.*** Bilateral renal vein determination
  - Renal angiography is the gold standard but done after CT/MRI as it is invasive

(Medicine)

34. A 60 year old male presented with Hx of 2hrs chest pain ECG showed ST elevation on V1-V4 with multiple PVC & ventricular tachycardia. The management is:

- ***a.*** Digoxin
- ***b.*** Lidocane
- ***c.*** Plavix & morphine
- ***d.*** Amidarone
  - Treatment of MI is "MONA"
  - M=morphine, O=oxygen, N=nitro, A=asprin/antiplatelet

(Surgery)

35. **A 30 year old male presented with Hx of chest pain & left side shortness of breath BP 80/50. On examination left sided chest hypes-resonanse. The diagnosis is:**
    - ***a.*** Pneumonia with plural effusion
    - ***b.*** MI
    - ***c.*** Spontaneous pneumothorax
        - Its an easy question….. ☺

(Surgery)

36. **All are signs & symptoms suggestive of acute appendicitis except:**
    - ***a.*** Vomiting
    - ***b.*** Anorexia
    - ***c.*** Paraumbalical pain shifting to right lower quadrent
    - ***d.*** Temp 38.1C
    - ***e.*** Sitting & leaning forward
        - Another easy question….. ☺ ☺

(Orthopedics)

37. **In lumbar disc prolapse at L4-L5 the patient will have:**
    - ***a.*** Pain at groin & front of thigh
    - ***b.*** Hypoesthesia around the knee
    - ***c.*** Weakness of dorsiflextion of foot
    - ***d.*** Absent ankle reflex
    - ***e.*** Fasciculation at calf muscle
        - Signs & symptoms of L4-L5 disk prolapse are: pain from butt to lateral leg & dorsum of foot; sensory loss of dorsum of foot & anterolat of lower leg; none of the reflexes are lost;& diminished strait leg raising

(OB/GYN)

38. **A 35 year old lady G4, P3+1 presented with 1 year Hx of irregular, heavy menstrual bleeding. Physical examination was normal. The most likely diagnosis is:**
    - ***a.*** Nervous uterus
    - ***b.*** Early menopause
    - ***c.*** Dysmenorrheal with heavy bleeding
    - ***d.*** DUB=dysfunctional uterine bleeding
    - ***e.*** Endometriosis
        - Yet another easy question….. ☺ ☺ ☺

(OB/GYN)

39. **A 20 year old married lady presented with HX of severe left lower abdominal pain amenorrhea for 6 weeks. The most appropriate investigation to rule out serious DDx is:**
    - ***a.*** CBC
    - ***b.*** ESR
    - ***c.*** Pelvic US
    - ***d.*** Abdominal x-ray
    - ***e.*** Vaginal swab for culture & sensitivity
        - To rule out ectopic pregnancy…. It is a must!!

(Medicine)

40. **Gastro-Esophageal Reflux Disease best diagnosed by:**
    - ***a.*** History
    - ***b.*** Physical examination & per-rectal examination
    - ***c.*** History & barium meal
    - ***d.*** History & upper GI endoscopy
        - Because we have to rule out other impordant DDx like oesophagitis, infection, duodenal or gastric ulcers, cancers

(Clinical pharmacology)

41. **All of them are renal complications of NSAIDs except:**
    - ***a.*** Acute renal failure
    - ***b.*** Tubular acidosis
    - ***c.*** Interstitial nephritis
    - ***d.*** Upper GI bleeding
        - I'm not sure!!!

(Medicine)

42. **A 26 year old female complaining of headache more severe in the early morning mainly bitemporal, her past medical Hx is unremarkable. She gave Hx of OCP use for 1 year. Ophthalmoscope examination showed pappilledema but there is no other neurological findings. The most probable diagnosis is:**
    - ***a.*** Optic neuritis
    - ***b.*** Benign intracranial hypertention
    - ***c.*** Encephalitis
    - ***d.*** Meningitis
    - ***e.*** Intracranial abscess

- BIH headaches are typically present on waking up or may awaken the patient. It could be accompanied by other signs of increased ICP like vomiting, papilledema, epilepsy, or mental change

(Medicine)

43. All can cause secondary hyperlipidemia except:

a. Hypothyroidism
b. Alcoholism
c. Nephrotic syndrome
d. Estrogen therapy
e. Hypertension
- It's not a cause of 2^{ndry} hyperlipedemia

(Pediatrics)

44. A 6 year old girl developed day time wetting for 2 days. She is fully toilet trained. She is afebrile & dry for 4 years. The most appropriate diagnostic measure is:

a. Bladder US
b. Examination of vaginal vault
c. Urine analysis & culture
d. Urine specific gravity
e. Voiding cysto-urethrography
- I don't know this!!!!!!! ☹ ☹ ☹

September 2004 (continue)

(GHT – 2008)

(OB/GYN)

- **44) a 40 year old female complaining of dysurea, febrile, married for 20 years no previous history of UTI ,no urgency, frequency or hematurea the diagnosis will be:**
  a) acute pylonephritis
  b) subacute pylonphritis
  c) <u>vaginitis</u>
  d) cystitis
  e) urethritis (non-gonorrhea)
- The female with dysurea no fever its not pylonephritis, vaginitis is possible especially if associated with discharge in cystitis you expect more urinary symptoms and its common in females and immediately after marriage (honeymoon cystitis){this is my personal opinion}

(OB/GYN)

- **45) A 30 year old female with history of vaginal hysterectomy with anterior and posterior repair, is complaining of urine coming from the vagina during micturation the diagnosis is:**
  a) Uretro-vaginal fistula
  b) <u>Urethro-vaginal fistula</u>
  c) Recto-vaginal fistula
- The lady with the drippling from the vagina during urination has a urethro-vaginal fistula because the bladder stores the urine and during voiding only the urine passes from the bladder to urethra to be expelled so if there a fistula in the urethra the urine will pass to the vagina during voiding only which is the only time the urethra will contain urine. If there was a fistula communicating with the bladder or ureter the patient would be continuously drippling because these sites contain urine all the time.

(Medicine)

- **46) history of recurrent pneumonia, foul smelling sputum with blood, clubbing :**
  a) <u>Bronchiactasis</u>
- Clinical features of bronchiactasis is recuurent pneumonia because of the dilated bronchi so there's a reduction in the ability of the clearance of secretions and pathogens from the airways. The sputum is copious and could be foul smelling and the patients would have clubbing. A lung abcess also causes clubbing and foul smelling sputum but if properly treated why would it recur. COPD has frequent infective exacerbations but doesn't cause clubbing. Pneumonia is an acute process and no clubbing occurs.

(OB/GYN)

- **47) Trichomanas vaginalis all true except:**
  a) Generally STD
  b) Causes cytological cervical discharge
  c) Common in DM
  d) Caused by protozoa
- Trichomoniasis is a sexually transmitted protozoal infection. Causes a yellow-green, malodorous, diffuse discharge in addition to dysurea, frequency, pitechiae on vagina and cervix, irritated and tender vulva. Saline (wet mount) will show motile flagellated organisms, WBCs and inflammatory cells. Treatment 2 gm metronidazole single dose P.O. (same for pregnancy) treat partner. Alternative is same drug 500 mg, BID for 7 days.

  Candidiasis minimum white cheesy discharge, intense pruritis, dysurea and dyspareunia. Comes in immunosuppressed(DM. AIDS), recent antibiotic, pregnancy. Saline KOH will show hyphea and spores. Treatment miconazole, clotrimazole, butoconazole, terocanazole suppositories and/or cream for 1,3 or 7 days, or single dose of fluconazole 150 mg po in single dose (during pregnancy topical treatment only).

  Bacterial vaginosis caused by gardenella vaginalis, mycobacteria hominis and anaerobes. Causes a grey, thin, diffuse discharge and fishy odor. Saline wetmount >20% clue cells (squamous epithelium dotted with coccobacilli), pucity of WBCs and lactobacilli and a positive whiff test (fishy odor upon adding KOH). No treatment for non pregnant asymptomatic unless undergoing pelvic surgery, treatment by metronidazole for 7 days oral or topical or clindamycin local. Routine treatment for partner is not recommended

(Ophthalmology)

- **48) a 45 year old male presented to the ER with sudden headache, blurriong of vision, excruciating eye pain and frequent vomiting:**
  a) Acute glaucoma
  b) Acute conjunctivitis
  c) Acute iritis
  d) Episcleritis
  e) Corneal ulceration
- These are typical features of closed angle glucoma which presents acutely with red painful eye, nausea and vomiting, halos around light, hazy cornea, mid dilated non-reactive pupil and extremely high intraocular pressure. Closed angle glucoma represents 5% of glucoma. The rest is open angle glucoma which presents insidiously with bilateral (the previous was unilateral), progressive loss of peripheral visual field. Iritis= anterior uveitis presents with photophobia and ciliary flush (redness around the iris see Toronto notes). Corneal ulcer presents with photophobia, foreign body sensation and decreased visual acuity (if central). Episceritis is asymptomatic may present with mild pain and red eye. Causes a sectroal or diffuse injection of vessels which is radially directed. Conjunctivits presents

with red itchy eye, foreign body sensation, discharge and crusting of eyelashes in the morning.

(Pediatrics)

- **49) a 5 year old boy presented to the ER with tonic clonic convulsions, his father gave gistory of frequent febrile convulsions the most appropriate anticonvulsant treatment:**
  a) Phenytoin
  b) Diazepam
  c) Clonazepam
- 1st line of management of seizures is diazepam (for purpose of abortion of the attack).

(Community Medicine)

- **50) Incidence is ….**

(Community Medicine)

- **51) Standard deviation is….**

(Medicine)

- **52) Irritable bowel syndrome all EXCEPT**
  a) Abdominal distention
  b) Mucous PR
  c) Feeling of incomplete defecation
  d) PR bleeding
- Features of IBS: rome II criteria for IBS: at least 3 mounths (consecutive) of abdominal pain with 2 out of the following 3: relief with defecation, change in form of stool or change in frequency of stool. Symptoms that support the diagnosis abnormal stool frequency, abnormal form, abnormal passage (straining, urgency, sense of incomplete defecation), passage of mucous and bloating or feeling of distention. Absence of alarming features which are weight loss, nocturnal defecation, blood or pus in stool, fever, anemia and abnormal gross findings on flexible sigmoidoscopy.

(Surgery)

- **53) Most common cause of surgical intervention in infallamtory bowel disease**
  a) Crohn's disease
  b) Bleeding
  c) Fistula
  d) Intestinal obstruction

- Most common indication of surgery in crohn's disease is intestinal obstruction

(Psychiatry)

- **54) a 20 year old lady thinks that she's fat although her height and weight are ok:**
    a) Bulimia
    b) Aneroxia nervosa
    c) Depression
- Psychiatry typical features of aneroxia nervosa where the patient senses that he or she is fat despite being thin. Bulimia is people who vomit what they eat.

(Medicine)

- **55) Rgearding H. Pylori eradication:**
    a) Clarithromycin for 1 week
    b) Bismuth, rantidine amoxil for 2 weeks
    c) PPI 2 weeks , amxil or 1 week clarithromycin
- Recommended treatment of H.pylori : eradication upon documentation of infection is controversial since most will not have peptic ulcer or cancer. 1st line PPI+ clarithromicin + amoxicillin or metronidazole (3 drugs, twice daily for one week).

(Medicine)

- **56) one type of food is protective against colon cancer:**
    a) Vit. D
    b) Fibers
- Colon cancer the presumed environmental influence is high fat consumption and low fiber consumption.

(Medicine)

- **57) A 34 year old male presented with right knee pain, swelling, redness and fever for 2 days with no history of trauma, sore throat, not other joint involvement, the most appropriate diagnosis is:**
    a) R.A.
    b) Rh fever
    c) Septic arthritis
    d) Gout
- Septic arthritis any acutely inflamed (red, hot and tender) joint must role out septic arthritis. RA is multiple joints, symmetrical painful swelling over long periods and is more in females. Gout usually affects older age groups and starts in first metatarsopharyngeal joint and its also usually red hot and tender. Abscnce of URTI, cardiac features, chorea, emotional liability

makes R. fever less likely (in which joint affection is usually involving large joints and is migratory). To rule out septic arthritis joint aspiration is required. (look at the table of joint aspiration in Toronto notes)

(Medicine)

- **58) A patients ECG showed anterior wall MI with PVCs he's on digoxin, warfarrin lasix what treatment would you like to add:**
- Patients with acute MI and PVC no treatment at all is given.

March 2006

(A A F & FSSh – 2008)

(primary care)

1- Evidence based medicine :
   a. Practice medicine as in the book
   b. Practice according to the department policy
   c. Practice according to Available scientific evidence
   d. Practice according to Facility
   e. Practice according to Latest published data

EBM is the use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic researches.

(dermatology)

2- 45 y.o man, sudden eruption all over the body with palm and foot involvement. Most likely Dx is:
   a. Syphilis
   b. Erythema multiforme "most probably"
   c. Erythema nodosum
   d. Fixed drug eruption ??
   e. Pityriasis rosea

   Syphilis Is sexually transmitted disease, & it is one of the infectious diseases,
   has dermatological manifestation : painless papule develops and soon breaks down to form a clean based ulcer(chancre with raised, indurated margins. Erythema multiforme: most cases related to drug ingestion majority of cases related to antibiotics (penicillin,sulfonamides), anticonvulsants (phenytoin,carbamazepine, Phenobarbital, lamotrigine), NSAID, allopurinol, minority of cases may be infection- related (mycoplasma pneumonia, herpis semplix) involve skin including perineum and genitals, mucous membranes (eyes, mouth, pharynx) It varies from a mild, self-limited rash (E. multiforme minor) to a severe, life-threatening form (E. multiforme major, or Stevens-Johnson syndrome) that also involves mucous membranes. The skin form of E. multiforme, far more common than the severe form, usually presents with mildly itchy, pink-red blotches, symmetrically arranged and starting on the extremities
   Erythema nodosum (EN) (red nodules) is an inflammation of the fat cells under the skin (panniculitis). It occurs 3-6 weeks after an event, either internal or external to the body, that initiates a hypersensitivity reaction in subcutaneous fat and is frequently associated with fever, malaise, and

joint pain and inflammation. It presents as tender red nodules on the shins that are smooth and shiny.

fixed drug eruption are more common on the limbs than the trunk; the hands and feet ***"not necessarily palms and soles".*** Lesions may occur around the mouth or the eyes. The genitals or inside the mouth may be involved in association with skin lesions or on their own.. can be caused by: acetaminophen, sulfonamide antibiotics, tetracycline, Phenobarbital, phenolphthalein. Pityriasis rosea most often affects teenagers or young adults. In most cases there are no other symptoms, but in some cases the rash follows a few days after a upper respiratory viral infection. Herpes viruses 6 and 7 have sometimes been associated with pityriasis rosea. It begins with one large (2-5cm),oval herald patch, smaller secondary multiple lesions appear within 1-2 weeks.

(medicine)

3- Causes of Secondary hyperlipidemia are all exept:
   a. HTN
   b. Nephritic syndrome
   c. Hypothyroidism
   d. Obesity

(pharmacology)

4- NSAIDs cause all except :
   a. Acute Renal failure
   b. Tubular necrosis
   c. Hypokalemia
   d. Interstitial nephritis

Hyperkalemia is one of the side effects of NSAID.

(medicine)

5- Obese 60 yo lady ((5th day post cholycystectomy)) , complaining of SOB , decreased BP : systolic = 60 …O/E : swelling of the Rt leg .The Dx is
   a. Hypovolemic shock
   b. Pumlonary Embolism
   c. MI
   d. Hmrgic shock
   e. ……

Diagnosis: In 2006, Scarvelis and Wells overviewed a set of clinical criteria for DVT, Wells score or criteria: (Possible score -2 to 9)

- Active cancer (treatment within last 6 months or palliative) -- 1 point

- Calf swelling >3cm compared to other calf (measured 10cm below tibial tuberosity) -- 1 point
- Collateral superficial veins (non-varicose) -- 1 point
- Pitting edema (confined to symptomatic leg) -- 1 point
- Swelling of entire leg - 1 point
- Localized pain along distribution of deep venous system -- 1 point
- Paralysis, paresis, or recent cast immobilization of lower extremities -- 1 point
- Recently bedridden > 3 days, or major surgery requiring regional or general anesthetic in past 12 weeks -- 1 point
- Previously documented DVT -- 1 point
- Alternative diagnosis at least as likely -- Subtract 2 points

Interpretation: Score of 2 or higher - deep vein thrombosis is likely. Consider imaging the leg veins. Score of less than 2 - deep vein thrombosis is unlikely. Consider blood test such as d-dimer test to further rule out deep vein thrombosis.

(medicine)

6- A 55 years old male with COPD , complaining of 1 wk fever and productive cough on CXR showed Left upper pneumonia , sputum culture +ve for H.inf, most drug effective is :

a. Pencillin
b. Doxycycline
c. Cefuroxime
d. Gentamycin
e. Carbinacillin

Initially, invasive and serious *H influenzae* type b (Hib) infections are best treated with an intravenous third-generation cephalosporin until antibiotic sensitivities become available.
Penicillin-allergic individuals may be treated with erythromycin-sulfisoxazole or cefaclor. Approximately 25-50% of nontypeable strains produce beta-lactamase and, therefore, are resistant to amoxicillin and ampicillin.
Beta-lactamase–producing oral antibiotics with activity against *H influenzae* include trimethoprim-sulfamethoxazole, cefuroxime axetil, cefixime, clarithromycin, azithromycin, and ciprofloxacin.

(pediatrics)

7- 8 years old boy , has 6 year old hight &bone scan of 5.5 years .Dx is :

a. Steroid
b. Genetic
c. Hypochondroplasia
d. Hypothyroidism

Constitutional if he is otherwise healthy or there is much delay of bone age & growth age are close to each other.

The causes of short stature can be divided into 3 broad categories:

1. chronic disease (including undernutrition, genetic disorders)
2. familial short stature,

3-constitutional delay of growth and development

Endocrine diseases are rare causes of short stature. The hallmark of endocrine disease is linear GF that occurs to a greater degree than weight loss. Short stature and constitutional growth delay are diagnoses of exclusion. The hallmarks of **familial short stature** (also referred to as **genetic** short stature) include bone age appropriate for chronologic age, normal growth velocity, and predicted adult height appropriate to the familial pattern. By contrast**, constitutional growth delay** is characterized by delayed bone age, normal growth velocity, and predicted adult height appropriate to the familial pattern and they usually catch up eventually . Patients with constitutional growth delay typically have a first-degree or second-degree relative with constitutional growth delay (eg, menarche reached when older than 15 y, adult height attained in male relatives when older than 18 y) and do not show the same sexual changes as their peers , and the back is much shorter than the legs as the back needs testosterone to grow and they have delayed puberty

(Emergency medicine)

8- The effectiveness of ventilation during CPPR is measured by :
   a. Chest rise
   b. Pulse oximeter
   c. Pulse acceleration

(medicine)

9- All are signs of IBD except :
   a. Bleeding per rectum
   b. Feeling incomplete defacation
   c. Mucuss with stool
   d. Wt loss
   e. Abdominal distention

Abdominal distension is known presentation of IBS.

(surgery)

10- All suggest acute appendicitis except:

a. Fever 38.1
b. Anorexia
c. Vomiting
d. Umbilical pain shifting to the Rt lower Quadrant
e. <u>Pain improving with sitting and leaning forward</u>

In appendicitis pain will increase with sitting & leaning forward.

(medicine)

11- A 15 yo male with 3 day hx of yellow sclera , anorexia and abdominal pain. LFT >>> Total bilirubin = 253 , indirect = 98 , ALT = 878 , AST = 1005.The Dx is :

a. Gilbert's disease
b. <u>Infective hepatitis</u>
c. Obstructive Jaundice
d. Acute pancereatitis
e. Autoimmine hepatitis

High ALT,AST → causes from liver it self. ,high GGT,ALP → causes from obstructive bile

ALT > AST (both are increased but ALT more):-

This happens in acute causes:

1- Acute viral hepatitis.
2- Ischemia.
3- Drugs induced hepatitis.
4- Extra hepatic obstruction.

AST > ALT:-

This happens in chronic causes:

1- Chronic hepatitis.
2- Liver cirrhosis.
3- Alcoholic hepatitis.
4- Infiltration: fatty liver, cancer.

↑ AST only occur in :

1- Sever muscle exertion.
2- Hemolysis.
3- MI.
4- Nephritic syndrome.
5- ↓T_3,T_4.
6- Anti-TB drugs (isoniaside).

(gynecology)

12- A 35 y.o female G4 P2 + 1 , 1 yr hx of irregular heavy bleeding , Examination within normal .Most likely Dx?

a. Early menopause
b. Narvouse uterus
c. Dymsmennorreah
d. DUB
e. Endometriosis

This question is not clear, if G is mentioned that means the lady is pregnant ….How ever we can just make small notes about bleeding during pregnancy and without pregnancy…. **During pregnancy** :Heavy vaginal bleeding or bleeding that occurs before 12 weeks may indicate a serious problem, including an ectopic pregnancy or miscarriage.
bleeding that occurs after 12 weeks also may indicate a serious problem, such as placenta previa. **Without pregnancy:** Ovulation can cause midcycle bleeding. Medications, such as OCP, sometimes cause abnormal vaginal bleeding. Minor bleeding between periods during the first few months may happen if recently started using birth control pills. Also not taking the pills at a regular time each day. An intrauterine device (IUD) also may increase chances of spotting or heavy periods.Infection of the pelvic organs may cause vaginal bleeding, especially after intercourse or douching. Sexually transmitted diseases (STDs) are often the cause of infections. Other, less common causes of abnormal vaginal bleeding that may be more serious include the following: Sexual abuse, An object in the vagina, Uterine fibroids are a common cause of heavy periods., Structural problems, such as urethral prolapse or polyps, Cancer of the cervix, uterus, ovaries, or vagina, Other diseases, such as hyperthyroidism or diabetes , age 40 or older, abnormal vaginal bleeding may mean perimenopause. In a woman who has not had a menstrual period for 12 months, vaginal bleeding is always abnormal .

- Dysfunctional uterine bleeding (DUB) is irregular uterine bleeding that occurs in the absence of pathology or medical illness reflecting a disruption in the normal cyclic pattern of ovulatory hormonal stimulation to the endometrial lining. The bleeding is unpredictable in many ways. It might be excessively heavy or light, prolonged, frequent, or random. It is usually is associated with anovulatory menstrual cycles but also can present in patients with oligo-ovulation. DUB occurs without recognizable pelvic pathology, general medical disease, or pregnancy. It is a diagnosis of exclusion. Chronic stimulation by low levels of estrogen will result in infrequent, light DUB. Chronic stimulation from higher levels of estrogen will lead to episodes of frequent, heavy bleeding.Suspect (DUB) when a patient presents with unpredictable or episodic heavy or light bleeding despite a normal pelvic examination.

(medicine)

13- A 30 years old male with hx of pain and swelling of the Rt knee, synovial fluid aspiration showed yellow color opaque appearance , variable viscosity. WBC = 150,000 , 80% neutrophils, poor mucin clot,Dx is :

a. Goutism Arthritis
b. Meniscal tear
c. RA
d. SA (septic arthritis)
e. Pseudogout arthritis

any acutely swollen joint with pain and redness is SA until proven otherwise !

Normal joint fluid is viscous and appears clear to light yellow. Cloudy joint fluid is abnormal and suggestive of inflammation or an infection. Bloody joint fluid is also abnormal and may be caused by trauma to the joint. Normal joint fluid has none or few blood cells. Large numbers of red blood cells indicate bleeding in the joint. Large numbers of white blood cells can occur with infection, inflammatory arthritis, gout, or pseudogout

Crystals are an abnormal finding. Uric acid crystals indicate gout; CPPD crystals occur with pseudogout. Bacteria is also abnormal. A culture can identify the source of infection.

Chemical Analysis: Joint fluid can also be tested for glucose, protein, and lactic dehydrogenase (LDH). Abnormal joint fluid results which may indicate inflammation or infection are:

Glucose - less than 40 mg/dl

Protein - greater than or equal to 3 g/dl

LDH - great than 333 IU/L

Septic arthritis :Acute inflammation of one or more joints caused by infection. Suppurative arthritis may follow certain bacterial infections; joints become swollen, hot, sore, and filled with pus, which erodes their cartilage, causing permanent damage if not promptly treated by giving antibiotics, draining the pus, and resting the joint

(medicine)

14- A 30 years old teacher complaining of excessive water drinking and frequency of urination, O/E = Normal. You suspect DM and request FBS = 6.8 .the Dx is :

a. DM
b. DI
c. Impaired fasting glucose
d. NL blood sugar
e. Impaired glucose tolerance

Although reading of FBS suggest an impaired fasting glucose , but this does not explain the symptoms (as patients with prediabetes are asymptomatic . so, DI is a reasonable answer.

In patients who present with symptoms of uncontrolled diabetes (eg, polyuria, polydipsia, nocturia, fatigue, weight loss) with a confirmatory random plasma glucose level of >200 mg/dL (11.1 mmol/dl), diabetes can be diagnosed. In asymptomatic patients whose random serum glucose level suggests diabetes, a fasting plasma glucose (FPG) concentration should be measured. The oral glucose tolerance test no longer is recommended for the routine diagnosis of diabetes.

a. An FPG level of >126 mg/dL (7 mmol) on 2 separate occasions is diagnostic for diabetes.
b. An FPG level of 110-125 mg/dL (6.1 – 6.94 mmol) is considered impaired IFG.

An FPG level of <110 mg/dL (6.1) is considered normal glucose tolerance, though blood glucose levels above >90 mg/dL (5 mmol) may be associated with an increased risk for the metabolic syndrome if other features are present.

(medicine)

15- Hirsutism associated with which of the following?

a. Anorexia
b. Juvenile hypothyroidism
c. Digoxin Toxicity
d. C/o citrate??

Hirsutism can be caused by abnormally high androgen levels or by hair follicles that are more sensitive than usual to normal androgen levels. The disorders may be caused by abnormalities of the ovaries or adrenal glands. Serum levels of free testosterone, the biologically active androgen that causes hair growth, are regulated by sex hormone–binding globulin (SHBG). Lower levels of SHBG increase the availability of free testosterone. SHBG levels decrease in response to the following:

- Exogenous androgens
- Certain disorders that affect androgen levels, such as PCOS
- Congenital or delayed-onset adrenal hyperplasia
- Cushing syndrome
- Obesity
- Hyperinsulinemia
- Hyperprolactinemia
- Excess growth hormone
- Hypothyroidism

Conversely, SHBG levels increase with higher estrogen levels, such as the levels that occur during oral contraceptive therapy. The resultant increased SHBG levels lower the activity of circulating testosterone. The severity of hirsutism does not correlate with the level of increased circulating androgens because of

individual differences in androgen sensitivity of the hair follicle. Hirsutism may also be caused by:

- Medications that can cause hair growth – phenytoin, minoxidil, diazoxide, cyclosporine, and hexachlorobenzene
- Anorexia nervosa
- Anabolic steroids
- Danazol – a substance used to treat endometriosis
- Hormone replacement therapy (HRT) containing androgens
- Birth control pills containing high levels of androgen hormones

Signs and Symptoms : Hair growth on the abdomen, breasts, and upper lip (male-pattern hair growth in women) ,Irregular menstrual periods ,Acne , Abnormally malodorous perspiration , Loss of feminine body shape, Signs of masculinity – deepening voice, frontal balding, enlarged clitoris, enlarged shoulder muscles , Cushing's syndrome.

(gynecology)

16-The most accurate Dx of Ectopic Pregnancy is :

a. Culdocentesis
b. Pelvic U/S ?
c. Endometrial Biobsy
d. Serial B-HCG
e. Laproscopy

US probably is the most important tool in diagnosing an extrauterine pregnancy, but does not aid in differentiating an early intrauterine pregnancy, a missed abortion, and an ectopic pregnancy if not conclusive. That is why it is combined with serial B-HCG levels to diagnoste an ectopic pregnancy. In short, serial serum bhCG levels are necessary to differentiate between normal and abnormal pregnancies and to monitor resolution of ectopic pregnancy once therapy has been initiated.
Laparoscopy - The need for laparoscopy in the diagnosis of ectopic pregnancy has declined with the increasing use of ultrasound. It is still useful, however, in certain situations when a definitive diagnosis is difficult. also used as definitive management in early ectopic gestation.

(dermatology)

17-A 12 yr old female, non pruritic annular eruption in the rt foot for 8 months, looks pale and not scaling. Had no response to 6 wks of miconazole.

a. Discoid lupus erythramatosis
b. Erythema nodosum
c. Tinea corporis
d. Granulomatous annulare
e. Choricum marginatum

Diagnosis	clinical presentation	treatment options
Subacute cutaneous lupus erythematosus	Annular or papulosquamous plaques, with or without scale, on sun-exposed areas	Topical, intralesional and systemic corticosteroids; antimalarials
Tinea corporis	Scaly, annular, erythematous plaques or papules on glabrous skin	Topical and systemic antifungals
Granuloma annulare	Indurated, nonscaly, skin-colored annular plaques and papules, usually on the extremities	Topical and intralesional corticosteroids
Erythema chronicum migrans	the cutaneous hallmark of Lyme disease. One or more large erythematous patches may appear anywhere on the skin. The lesions expand centrifugally, sometimes with central clearing, giving rise to annular patches.	

(medicine)

18- A 26 yr old female, hx of 6 month bilateral temporal headache increasing in the morning with hx of OCP for the last 1 yr. O/E BP = 120/80 , fundoscopy showed bilateral papilledema .Dx is :

a. Encephalitis
b. Meningitis
c. Optic neuritis
d. BIH = Benign intracranial Hypertention
e. Intracerebrall abscess

Pseudotumor cerebri literally means "false brain tumor." It's due to high pressure caused by the buildup or poor absorption of CSF . The disorder is most common in women between the ages of 20 and 50. Symptoms of raised intracranial pressure which include headache, nausea, vomiting, and pulsating intracranial noises, double vision, loss of visual accuracy, and even blindness, which closely mimic symptoms of brain tumors without causative lesions seen on MRI or CT.

Treatment: Treatment of the primary and secondary forms of intracranial hypertension is similar—reduce intracranial hypertension. While there are no randomised controlled trials to guide the choice of treatment most practitioners recommend ***acetazolamide*** and weight loss to treat primary idiopathic hypertension. In the secondary forms, correcting the underlying mechanism, for example, treating the venous thrombosis, or stopping the causative medication is indicated. Excess cerebrospinal fluid may be removed by repeated **spinal taps** . **Steroids** may be prescribed to reduce swelling of brain tissue If visual loss progresses despite optimal medical therapy (usually acetazolamide, methazolamide, or furosemide (frusemide) in adequate doses), consideration of optic nerve sheath fenestration or lumbar

(primary care)

19- 2ndry prevention is least useful in which disease ?

a. Breast CA
b. DM
c. Leukemia
d. Malnutrition of children
e. Toxemia in pregnancy

(!!)

20- Garlic water Question ??

(psychiatry)

21- A male presented with headache , tinnitus and nausea thinking that he has a brain tumor. He had just secured a job in a prestigious company and he thinks that he might not meet it's standards . CNS exam , CT all within normal . What is the Diagnosis :

a. Generalized Anxiety disoreder
b. Hypochondriasis
c. Conversion reaction
d. Panic attack

The core feature of hypochondriasis is not preoccupation with symptoms themselves, but rather the fear or idea of having a serious disease. The fear or idea is based on the misinterpretation of bodily signs and sensations as evidence of disease. The illness persists despite appropriate medical evaluations and reassurance.

The diagnosis should be considered strongly if the patient has a history of hypochondriasis (or other somatization disorder) or has had multiple workups and if the patient's complaints are markedly inconsistent with objective findings or the examination yields no abnormal findings. Further psychiatric history should be obtained with regard to a history of hypochondriasis (or corresponding behaviors) in family members or a sudden, unexplained loss of function that spontaneously resolved. Consideration for, and confidence in, a diagnosis of hypochondriasis is also increased if the patient changes emphasis with regard to key symptoms or describes new symptoms inconsistent with others.

Diagnostic criteria for hypochondriasis include the following:

- The patient has a preoccupying fear of having a serious disease.
- The preoccupation persists despite appropriate medical evaluation and reassurance.

- The belief is not of delusional intensity (as in delusional disorder, somatic type) and is not restricted to a concern about appearance (as in persons with BDD).
- The preoccupation causes clinically significant distress or impairment.
- The preoccupation lasts for at least 6 months.
- The preoccupation is not explained better by another mood, anxiety, or somatoform disorder.

(surgery)

22- Anal fissure , more than 10 days , which of the following is true :

a. Loose bowel motion
b. Conservative management
c. Site is at 12:00
d. ……

It is an incomplete question.
The patient reports severe pain during a bowel movement, with the pain lasting several minutes to hours afterward. The pain recurs with every bowel movement, and the patient commonly becomes afraid or unwilling to have a bowel movement, leading to a cycle of worsening constipation, harder stools, and more anal pain. Approximately 70% of patients note bright red blood on the toilet paper or stool. Occasionally, a few drops may fall in the toilet bowl, but significant bleeding does not usually occur with an anal fissure. If the fissure persists over time, it progresses to a chronic fissure that can be distinguished by its classic features. The fibers of the internal anal sphincter are visible in the base of the chronic fissure, and often, an enlarged anal skin tag is present distal to the fissure and hypertrophied anal papillae are present in the anal canal proximal to the fissure. Most anal fissures occur in the posterior midline, with the remainder occurring in the anterior midline (99% of men, 90% of women). Two percent of patients have both anterior and posterior fissures. Fissures occurring off the midline should raise the possibility of other etiologies (eg, Crohn disease), an infectious etiology (eg, sexually transmitted disease, AIDS), or cancer. Treatment: First-line medical therapy consists of therapy with stool-bulking agents, such as fiber supplementation and stool softeners. Laxatives are used as needed to maintain regular bowel movements. Sitz baths after bowel movements and as needed provide significant symptomatic relief because they relieve some of the painful internal sphincter muscle spasm. Recurrence rates range from 30-70% if the high-fiber diet is abandoned after the fissure is healed. This rate can be reduced to 15-20% if patients remain on a high-fiber diet.

Second-line medical therapy is the topical application of 0.2% nitroglycerin (NTG). NTG ointment is thought to relax the internal sphincter and to help relieve some of the pain associated with sphincter spasm; it also is thought to increase blood flow to the anal mucosa. Unfortunately, many people cannot tolerate the adverse effects of NTG, often limiting its use. The main adverse effects are headache and dizziness;

therefore, instruct patients to use NTG ointment for the first time in the presence of others or directly before bedtime. Surgical therapy: Surgical therapy is usually reserved for acute anal fissures that remain symptomatic after 3-4 weeks of medical therapy and for chronic anal fissures. Contraindications: The main contraindication to surgery for an anal fissure is impaired fecal continence because this could be worsened with surgery. This contraindication mostly applies to patients with minor incontinence (occasional seeping). however, those with irritable bowel syndrome and incontinence to liquid stool can develop fissures if they become constipated. These patients are at the most risk for surgical treatment of an anal fissure because their typical bowel pattern is loose and more difficult to control.

(surgery)

23-A 56 yo male complaining of PR bleeding O/E , external hemorrhoid.Rx?

a. Excisional
b. Send home and follow up
c. Observation for 6 months
d. Rigid sigmoidoscopy of normal excise it

External hemorrhoid are not considered for surgical exicion unless thrombosed with pain lasting <72h , other wise conservative management in contrast to internal hemorrhoid.
Acute pain and thrombosis of an external hemorrhoid within 48-72 hours of onset is an indication for excision. A thrombosed external hemorrhoid can cause severe pain for the patient; this pain is relieved, to a large extent, by excision..

(pediatrics)

24-12 mnth old baby can do all except :

a. Walk with support of one hand
b. Pencil grip
c. Open a drawer
d. Respond to calling his name
e. Can play simple ball

(surgery)

25-fracture of a rib can cause all except :

a. Pneumothorax
b. Hemothorax
c. Eosophageal ingjury
d. Liver injury

Position of the fractured rib in the thorax helps identify potential injury to specific underlying organs. Fracture of the lower ribs usually is associated with injury to abdominal organs rather than to lung parenchyma. Fracture of the left lower ribs is associated with ***splenic injuries***, and fracture of the right lower ribs is associated

with ***liver injuries***. Fracture of the floating ribs (ribs 11, 12) is often associated with renal injuries

(medicine)

26-hyperprolactinemia associated with all of the following except :

a. Pregnancy
b. Acromegaly
c. OCP
d. Hypothyroidism

The diagnosis of hyperprolactinemia should be included in the differential for female patients presenting with oligomenorrhea, amenorrhea, galactorrhea, or infertility or for male patients presenting with sexual dysfunction. Once discovered, hyperprolactinemia has a broad differential that includes many normal physiologic conditions.

- *Pregnancy* always should be excluded unless the patient is postmenopausal or has had a hysterectomy. In addition, hyperprolactinemia is a normal finding in the postpartum period.
- Other common conditions to exclude include *a nonfasting sample, excessive exercise, a history of chest wall surgery or trauma, renal failure, and cirrhosis. Postictal* patients also develop hyperprolactinemia within 1-2 hours after a seizure. These conditions usually produce a prolactin level of less than 50 ng/mL.
- *Hypothyroidism*, an easily treated disorder, also may produce a similar prolactin level.
- Detailed drug history should be obtained because many common medications cause hyperprolactinemia, usually with prolactin levels of less than 100 ng/mL. *Drugs* that may cause the condition include the following:
- Dopamine receptor antagonists (eg, phenothiazines, butyrophenones, thioxanthenes, risperidone, metoclopramide, sulpiride, pimozide)
- Dopamine-depleting agents (eg, methyldopa, reserpine)
- Others (eg, isoniazid, danazol, tricyclic antidepressants, monoamine antihypertensives, verapamil, estrogens, antiandrogens, cyproheptadine, opiates, H2-blockers [cimetidine], cocaine)
- If no obvious cause is identified or if a tumor is suspected, MRI should be performed.
  - Although no single test can help determine the etiology of hyperprolactinemia, a prolactinoma is likely if the prolactin level is greater than 250 ng/mL and less likely if the level is less than 100 ng/mL.
  - Prolactin-secreting adenomas are divided into 2 groups: (1) microadenomas (more common in premenopausal women), which are smaller than 10 mm and (2) macroadenomas (more common in men and postmenopausal women), which are 10 mm or larger.
  - If the prolactin level is greater than 100 ng/mL or less than 250 ng/mL, the evaluating physician must decide whether a radiographic study is indicated. In

many cases, with the availability of MRI scanners, imaging is performed earlier and at lower prolactin levels to rule out a non–prolactin-producing tumor.

- When the underlying cause (physiologic, medical, pharmacologic) cannot be determined and an MRI does not identify an adenoma, *idiopathic hyperprolactinemia is diagnosed.*
- Other differentials to be considered : Acromegaly Pituitary Macroadenomas or Microadenomas, Prolactinoma
- Other Problems: Alcoholic cirrhosis ,Nipple stimulation ,Chest wall tumors

(pediatrics)

27- After delivery start breast feeding :

a. As soon as possible
b. 8 hrs
c. 24 hrs
d. 36 hrs
e. 48 hrs

It is advisable to the mothers to breast feed the baby immediately after delivery or after taking some rest.

(medicine)

28- A 27 years old male with tonic clonic seizures in the ER , 20 mg Diazepam was given and the convulsion did not stop . what will be given ?

a. Diazepam till dose of 40 mg
b. Phenytoin
c. Phenobarbitone

First thing in management is: Initial stabilization start by ABCs,
pulse oximetry, and oxygen, suction may be needed
c-spine precautions
rapid sequence intubation if patient can not control airway, hypoxic, or head trauma.
Iv acces, rapid glucose, and if hypoglycemic give iv dextrose 1 amp
Lorazepam or diazepam for actively seizing patients.

Treatment in emergency cases
Lorazepam (ativam) 0.05-0.1 mg /kg iv , up to 4-6 mg or diazepam (valium) 0.3mg/kg iv (0.5 mg/kg rectally) up to 5-10 mg or even 20 , may repeat lorazepam or diazepam 5-10 min after initial dose.
if seizure persists, load with phynetoin 15-20 mg/kg iv/im at 3 mg /kg/min(max 150 mg/min). or phenobarb load 15-20 mg/kg iv at rate not to exceed 1 mg/kg/min,if seizure persist more than 45 min.
additional phenobarb 5mg/kg per dose q 15-30 min(max total dose at 30 mg/kg.
if more than 1 hr no improvement may need general anesthesia in ICU.

Treat the underlying cause if identifiable (hypoglycemia, infection, etc)

(pediatrics)

29- Child brought to ER with tonic clonic convulsions , Hx of recurrent febrile seizures , what will you give him to take home to use in case of a new convulsion ??

a. Phenytoin
b. Diazepam
c. Phenobarb
d. Clonazepam

(medicine)

30- 60 years old male complaining of decreased lipido , decreased ejaculation , FBS = 6.5 mmol, increased prolactin , Normal FSH and LH , your opinion is

a. Measure Testosterone level
b. He has DM
c. Do CT of head
d. He has Normal Fasting Blood sugar

In hyperprolactenimea in males you have to exclude pituitary adenoma, so ct is the most appropriate answer.

(medicine)

31- Osteoporosis with back pain

a. Vitamin D decreased
b. Rule out if the X-ray is normal

This question is not complete.

(medicine)

32- 27 yo male has symmetric oligoarthritis , involving knee and elbow , painful oral ulcer for 10 years , came with form of arthritis and abdominal pain.Dx is:

a. Behjets disease
b. SLE
c. Reactive arthritis
d. UC
e. Wipple's disease

The diagnosis of Behçet disease was clarified by an international study group (ISG) .This group developed ISG criteria, which currently are used to define the illness. At least 3 episodes of oral ulceration must occur in a 12-month period. They must be observed by a physician or the patient and may be herpetiform or aphthous in nature. At least 2 of the following must occur: (1) recurrent, painful genital ulcers

that heal with scarring; (2) ophthalmic lesions, including anterior or posterior uveitis, hypopyon, or retinal vasculitis; (3) skin lesions, including erythema nodosum, pseudofolliculitis, or papulopustular lesions (may also include atypical acne); and (4) pathergy, which is defined as a sterile erythematous papule larger than 2 mm in size appearing 48 hours after skin pricks with a sharp, sterile needle (a dull needle may be used as a control).

Neurologic manifestations: The mortality rate is up to 41% in patients with CNS disease. This tends to be an unusual late manifestation 1-7 years after disease onset: Headache - 50% , Meningoencephalitis - 28% , Seizures - 13% , Cranial nerve abnormalities - 16% , Cerebellar ataxia , Extrapyramidal signs, Pseudobulbar palsy , Hemiplegia or paralysi , Personality changes ,Incontinence ,Dementia (no more than 10% of patients, in which progression is not unusual)

Vasculopathy: Behçet disease is a cause of aneurysms of the pulmonary tree that may be fatal. DVT has been described in about 10% of patients, and superficial thrombophlebitis occurred in 24% of patients in the same study. Noninflammatory vascular lesions include arterial and venous occlusions, varices, and aneurysms.

Arthritis: Arthritis and arthralgias occur in any pattern in as many as 60% of patients. A predilection exists for the lower extremities, especially the knee. Ankles, wrist, and elbows can also be primarily involved. The arthritis usually is not deforming or chronic and may be the presenting symptom and rarely involves erosions. The arthritis is inflammatory, with warmth, redness, and swelling around the affected joint.Back pain due to sacroiliitis may occur.

Gastrointestinal manifestations : Symptoms suggestive of IBD, Diarrhea or gastrointestinal bleeding ,Ulcerative lesions (described in almost any part of the gastrointestinal tract) , Flatulence ,Abdominal pain, Vomiting and Dysphagia.

Other manifestations : Cardiac lesions include arrhythmias, pericarditis, vasculitis of the coronary arteries, endomyocardial fibrosis, and granulomas in the endocardium. ,Epididymitis ,Glomerulonephritis ,Lymphadenopathy ,Myositis, Polychondritis

(Pediatrics)

33-5 mnth old baby , in ER with sudden abd pain + V , the pain lasts 2-3 min wth intervals of 10 -15 minutes in between each attack :

a. Intussesption
b. Infantile colic
c. Appendicitis

Intussusception is an intestinal invagination , idippathic usually, it involve the ileocecal valve (age 3-36 m) 2ndry to hypertrophic peyers patches . lead points in

older children may involve polyps, mickle diverticulum , lymphoma, meconium ileus(cystic fibrosis)& hemorrhagic foci (henoch-schonlein purpura), IBD.
Symptoms: intermittent colicky abdominal pain with legs drawn up initially releaved by passage of stool (jelly stool).
Infantile colic : The most commonly accepted definition of colic, which originated in 1954,[4] describes using the "rule of three": crying for more than three hours per day, for more than three days per week, and for more than three weeks in an infant that is well-fed and otherwise healthy. The motor behaviors of infants with colic also were first described in 1954.[4] Colicky infants have attacks of screaming in the evening with associated motor behaviors such as flushed face, furrowed brow, and clenched fists. The legs are pulled up to the abdomen, and the infants emit a piercing, high-pitched scream.[5]

(pediatrics)

34-12 mnth old baby with "Hg A 58%, Hg S 38% , HgA2 2% , Hg F 5%

Dx is :

a. Thalasemia minor
b. Thaslasemia Major
c. Sickle cell anemia
d. Sickle cell thalasemia
e. Sickle cell trait

- If results of electrophoresis show only HbS with a Hb F concentration of less than 30%, the diagnosis is sickle cell anemia.
- If HbS and Hb C are present in roughly equal amounts, the diagnosis is HbSC disease.
- If results show only Hb F and S, the child has either sickle cell anemia or HbS–beta-0 thalassemia.
- If results show Hb F, S, and A, determine whether the child has received a transfusion.
- If the child has not received a transfusion and S is greater than A, HbS–beta plus thalassemia is most likely the diagnosis. **If A is greater than S, the child is presumed to have the sickle trait.** If A and S concentrations are close, conduct a study of the parents to determine if one of them has the thalassemia trait. Repeat hemoglobin electrophoresis on the child after several months.
- If the Hb A2 level is normal, consider the possibility of concomitant HbSS and iron deficiency.
- If HbS is greater than A and Hb A2 is elevated, a diagnosis of HbS–beta plus thalassemia can be inferred.
- If HbS and Hb C are present in equal amounts, the diagnosis is HbSC disease.

(medicine)

35-43 yo female presented wth 6 mnth history of malaise , N,V . Lab results : Na = 127, K= 4.9 , urea =15 , Ceriatinine = 135 , HCO3 = 13 , glucose =2.7.
Most likely Dx is :

a. Hypothyroidism
b. Pheochromocytoma
c. Hypovolemia due to vomiting
d. SIADH
e. Addison's disease

Addison's disease . Presentation of chronic Addison disease

1. Hyperpigmentation of the skin and mucous membranes often precedes all other symptoms by months to years. It is caused by the stimulant effect of excess (ACTH) on the melanocytes to produce melanin. It usually is generalized but most often prominent on the sun-exposed areas of the skin, extensor surfaces, knuckles, elbows, knees, and scars formed after the onset of disease. Scars formed before the onset of disease usually are not affected. Palmar creases, nail beds, mucous membranes of the oral cavity (especially the dentogingival margins and buccal areas), and the vaginal and perianal mucosa may be similarly affected.
2. Other skin findings include vitiligo, which most often is seen in association with hyperpigmentation in idiopathic autoimmune Addison disease. It is due to the autoimmune destruction of melanocytes.
3. Almost all patients complain of progressive weakness, fatigue, poor appetite, and weight loss.
4. Prominent gastrointestinal symptoms may include nausea, vomiting, and occasional diarrhea.
5. Dizziness with orthostasis due to hypotension occasionally may lead to syncope. This is due to the combined effects of volume depletion, loss of the mineralocorticoid effect of aldosterone, and loss of the permissive effect of cortisol in enhancing the vasopressor effect of the catecholamines.
6. Myalgias and flaccid muscle paralysis may occur due to hyperkalemia.
7. Other reported symptoms include muscle and joint pains; a heightened sense of smell, taste, and hearing; and salt craving.
8. Patients with diabetes that previously was well-controlled may suddenly develop a marked decrease in insulin requirements and hypoglycemic episodes due to an increase in insulin sensitivity.
9. Impotence and decreased libido may occur in male patients, especially in those with compromised or borderline testicular function.
10. Female patients may have a history of amenorrhea due to the combined effect of weight loss and chronic ill health or secondary to premature autoimmune ovarian failure. Comprehensive metabolic panel

- The most prominent findings are hyponatremia, hyperkalemia, and a mild non–anion-gap metabolic acidosis due to the loss of the sodium-retaining and potassium and hydrogen ion-secreting action of aldosterone.
- Urinary and sweat sodium also may be elevated.

- The most consistent finding is elevated blood urea nitrogen (BUN) and creatinine due to the hypovolemia, a decreased GFR and a decreased renal plasma flow.
- Hypercalcemia, the cause of which is not well understood, may be present in a small percentage of patients. However, hypocalcemia could occur in patients with Addison disease accompanied by idiopathic hypoparathyroidism.
- Hypoglycemia may be present in fasted patients, or it may occur spontaneously. It is caused by the increased peripheral utilization of glucose and increased insulin sensitivity. It is more prominent in children and in patients with secondary adrenocortical insufficiency.
- Liver function tests may reveal a glucocorticoid-responsive liver dysfunction.
- Autoantibody testing: Thyroid autoantibodies, and/or adrenal autoantibodies may be present.
- Modest hyperprolactinemia has been reported in cases of Addison disease and also in secondary adrenocortical insufficiency. It is responsive to glucocorticoid replacement.

(medicine)

36-23 yo female presented wth the finding of hyperbilirubinemia , O/E : WNL , Lab : Total Bilirubin =3.1 , direct = 0.4, the most likely Dx is :

a. Gilbert's disease
b. Crigler Najjar syndrome
c. Duben Johnson syndrome
d. Rotor's disease
e. Sclerosing Cholangitis

Gilbert's disease : the most common inherited cause of unconjugated hyperbilirubinemia. This AR condition is characterized by intermittent jaundice in the absence of hemolysis or underlying liver disease. The hyperbilirubinemia is mild and, by definition, less than 6 mg/dL. However, most patients exhibit levels of less than 3 mg/dl.It may be precipitated by dehydration, fasting, menstrual periods, or stress, such as an intercurrent illness or vigorous exercise. Patients may report vague abdominal discomfort and general fatigue for which no cause is found. These episodes resolve spontaneously, and no treatment is required except supportive care.

- Pathophysiology: underactivity of the conjugating enzyme system bilirubin-uridine diphosphate glucuronyl transferase (bilirubin-UGT).

- Gilbert syndrome is a benign condition with no associated morbidity or mortality.
- Age: Gilbert syndrome is usually diagnosed around puberty, possibly because of the inhibition of bilirubin glucuronidation by endogenous steroid hormones. In older persons, the diagnosis is usually made when unconjugated hyperbilirubinemia is noted on routine blood test results or unmasked by an intercurrent illness or stress.

- History: At least 30% of patients are asymptomatic, although nonspecific symptoms such as abdominal cramps, fatigue, and malaise are common. Abdominal symptoms in these patients are a poorly defined entity and may be secondary to underlying anxiety. No relationship exists between these abdominal symptoms and plasma bilirubin levels.
- Physical: Mild jaundice is present intermittently in some individuals, but no other abnormal physical examination findings are evident. Infants homozygous for Gilbert syndrome may have a greater increase in neonatal jaundice when breastfed or when other disorders of heme metabolism are coinherited.
- a diagnosis of Gilbert syndrome can be made in the presence of (1) unconjugated hyperbilirubinemia noted on several occasions; (2) normal results from CBC count, reticulocyte count, and blood smear; (3) normal liver function test results; and (4) an absence of other disease processes. Liver function tests: With the exception of unconjugated hyperbilirubinemia, standard liver function test results are normal.

(gynecology)

37-15 yo female , menarche at age of 13 , complaining of menstrual pain , not sexually active O/E and pelvic US : Normal , Rx is :

a. Laprotomy
b. Danazol
c. Cervical dilatation
d. NSAIDs

(pediatrics)

38-3 years old boy on routine exam for surgical procedure , a low pitch murmur continuous in the Rt 2nd intercostals space radiate to the Rt sterna border , increased by sitting and decreased by supination , What do u want to do after that ?

a. Send him to cardiologist
b. Reasurrance & tell him this is an innocent murmur
c. Do ECG

Send him to cardiologist as the presentation dose not support an innocent murmer & it is mostly a congenital anomaly & ECG though important would not be conclusive.

Innocent Murmur Heart murmurs that occur in the absence of anatomical or physiological abnormalities of the heart and therefore have no clinical significance.

TYPES (5):

1. Still's (Vibratory) Murmur
   - mechanism: caused by vibration of the AV valves, ventricular wall and/or the chordae tendinae (represents a LV outflow murmur); also due to the friction of RBC's against cardiac muscle
   - most common in 3-8 year olds
   - most common innocent murmur
   - quality: low-pitched musical or vibratory in nature
   - maximal: over 2nd-4th L intercostal space lateral to the LLSB midway between the sternal border and apex
   - radiat.: to the apex, aortic, and pulmonary areas
   - loudest: in supine position, with exercise and fever
2. Venous Hum
   - mechanism: blood flows down from collapsed cervical veins to dilated intrathoracic veins causing the venous walls to flutter thus producing a low-pitched murmur
   - most common in 3-8 year olds
   - R-sided in 50%, L-sided in 30%, and bilateral in 20%
   - quality: low-pitched
   - maximal: supraclavicular fossa
   - radiat.: to the aortic and pulmonary areas
   - loudest: standing with chin tilted up (disappears in supine position with the head flexed, by compressing the external jugular vein)
3. Pulmonary Ejection Murmur
   - also called 'Pulmonary Flow Murmur', 'Basal Ejection Systolic Murmur', or 'Physiologic Pulmonary Systolic Ejection Murmur'
   - mechanism: at the beginning of systole, blood above the pulmonic valve is stationary but is then sheared away from the artery walls when blood is ejected from the right ventricle
   - most common in 3-8 year olds
   - quality: high-pitched blowing
   - maximal: over pulmonic area (2nd L parasternal space)
   - radiat.: to LLSB, L axillae, left side of neck and slightly to the aortic area
4. Carotid Bruit
   - also called 'Supraclavicular Arterial Bruit'
   - mechanism: turbulance in the carotid arteries as the blood is accelerated early in systole
   - most common in 3-8 year olds
   - bilateral in 62%, R-sided in 24%, and L-sided in 14%
   - quality: high-pitched blowing with systoic thrill over the the carotid vessels
   - maximal: over the carotid vessels or supraclavicular fossa
   - radiat.: below the clavicle to the aortic or pulmonary areas

5. Peripheral Pulmonary (Artery) Stenosis
    - mechanism: when the right and left pulmonary arteries veer off from the main pulmonary artery at sharp angles, turbulance is produced during systole
    - most common during the 1st year of life then disappears
    - quality: high-pitched blowing
    - maximal: over pulmonic area (2nd L parasternal space)
    - radiat.: along the pulmonary arterial tree so can be heard over both axillae, the aortic area, and in the back.

(orthopedics)

39-17 yo male while playing foot ball , fell on his knee , ((turn over)) what do u think the injury that happened is ?

a. Medial meniscus lig
b. Lateral meniscus lig
c. Medial collateral
d. Lateral collateral
e. Ant cruciate lig

1. The medial collateral ligament (MCL) is more easily injured than the lateral collateral ligament (LCL). It is most often caused by a blow to the outer side of the knee (such as occur in contact sports) that stretches and tears the ligament on the inner side of the knee.
2. Cruciate ligaments :
    - Injuries to the cruciate ligaments of the knee are typically sprains.Cruciate ligament injuries don't always cause pain, but typically cause a loud "pop."

    Rupture of the ACL is among the most serious of the common knee injuries and results from a variety of mechanisms. ACL tears are more common than PCL tears

        - An acute knee injury heralded by a pop or snap, followed by a rapidly evolving effusion, almost always affirms a rupture of the ACL.
        - ACL tears are associated with anterior blows that hyperextend the knee, excessive noncontact hyperextension of the knee, and extreme deceleration forces to the knee. Eg : when an athlete changes direction rapidly, twists without moving the feet, slows`down abruptly, or misses a landing from a jump.
        - Disruption of the ACL may occur alone or with other knee injuries, especially a lateral meniscal injury or tear of the MCL.

    - PCL injury: Patients typically report falling on a flexed knee or sustaining a direct blow to the anterior aspect of the knee (eg, when the knee strikes the dashboard in aRTA) or from hyperextending the knee. This injury patter displaces the tibia backward and pulls apart the PCL.

Onset of edema and pain tends to occur within the first 3 hours after injury.

PCL harm signifies a major injury and rarely occurs as an isolated injury.

3. Meniscus Injuries
    - Mechanism of injury
        - Meniscus tears are sometimes related to trauma, but significant trauma is not necessary. A sudden twist or repeated squatting can tear the meniscus. The timing of the injury is important to note, although patients often cannot describe a specific event.
        - Meniscus tears typically occur as a result of twisting or change of position of the weight-bearing knee in varying degrees of flexion or extension (Rotational movements) . A partial or total tear of a meniscus sometimes occurs if an athlete quickly twists or rotates the upper leg while the foot is firmly planted, such as those that occur in field sports such as soccer, and football.
        - Given that the medial meniscus is more firmly fixated and attached to the MCL capsule, it is more vulnerable to injury.

(pediatrics)

40- A full term boy , wheiging 3.8 , developed jaundice at 2nd day of life , Coomb's test is –ve , HB = 18 , bilirubin = 18.9 & indirect = 18 .4. O/E : baby is healthy and feeding well , the most likely Dx is :

a. Physiological jaundice
b. ABO compatibility
c. Breast milk jaundine
d. Undiscovered neonatal sepsis

Jaundice that manifests before the first 24 hours of life should always be considered pathologic until proven otherwise. In this situation, a full diagnostic workup with emphasis on infection and hemolysis should be undertaken. In infants with severe jaundice or jaundice that continues beyond the first 1-2 weeks of life, the results of the newborn metabolic screen should be checked for galactosemia and congenital hypothyroidism, further family history should be explored, the infant's weight curve should be evaluated, the mother's impressions as far as adequacy of breastfeeding should be elicited, and the stool color should be assessed.

Physiological Jaundice :

- Typically, presentation is on the 2nd or 3rd day of life.
- Jaundice that is visible during the first 24 hours of life is likely to be nonphysiologic; further evaluation is suggested.
- caused by a combination of increased bilirubin production secondary to accelerated destruction of erythrocytes, decreased excretory capacity secondary to low levels of ligandin in hepatocytes, and low activity of the bilirubin-conjugating enzyme UDPGT.

Breast Milk Jaundice :

- BMJ is a diagnosis of exclusion. Detailed history and physical examination showing that the infant is thriving and that lactation is well established are key elements to diagnosis. Breastfed babies should have 3-4 transitional stools and 6-7 wet diapers and should have regained birth weight by the end of the second week of life or demonstrate a weight gain of 1 oz/day.
- True BMJ manifests after the first 4-7 days of life. A second peak in serum bilirubin level is noted by the 14th day of life.
- Decreased clearance of bilirubin may play a role in breast milk jaundice and in several metabolic and endocrine disorders.

(psychiatry)

41- A 43 yo female , presented to ER with paralysis of both LL and parasthesia in both UL for 2 hours ,She was lying on a stretcher unable to move her LL (neurologis could not relate her clinical findings 2 any medical disease .Hx showed she was beaten by her husband .The Dx is :

a. Complicated anxiety disorder
b. Somatization disorder
c. Conversion disorder
d. Psychogenic paralysis
e. Hypochondriasis

(psychiatry)

42- The best Rx for the previous case is :

a. Benzodiazipines
b. Phenothiazine
c. MAOI
d. SSRIs
e. Supportive psychotherapy

Start with supportive psychotherapy then benzodiazepine if not sufficient.

September 2006

(A A F – 2008)

OB/GYN

1 . management of choice for a breech pregnancy at 34 wks :

A - External cephalic version
B - C- section
C -ECV + Tocolytic
D -Induction of labor
E - Observe for 2 wks . !!
(not sure, mostly E) cuz the baby is not term 34 wks and there is no indication that that the mother is in labor

Management of breech presentation :

Preterm (< 37 weeks)

- ***Antenatal***

Breech presentation is a normal finding in the preterm pregnancy. No further management in the uncomplicated pregnancy is required until 37 completed weeks of pregnancy are reached.
If elective preterm delivery is indicated the mode of delivery will be dictated by clinical circumstances. Eg if the indication is for severe pre eclampsia then caesarean section would be the most appropriate mode, if however the indication was for fetal death in utero or lethal fetal anomaly, then induction of labour and vaginal delivery may be appropriate.

- ***Gestational age and frequency of breech birth***

Gestational age in weeks	% Breech
21-24	33%
25-28	28%
29-32	14%
33-36	9%
37-40	7%

- ***In Labour***

The optimal mode of delivery for preterm breech has not been fully evaluated in clinical trials and the relative risks for the preterm infant and mother remain unclear. Overall, decisions regarding mode of delivery will need to be made on an individual basis however with the evidence available to us at this time, Royal Women's Hospital recommended practice is to perform emergency caesarean section for any woman presenting in preterm labour with breech presentation except where; vaginal delivery is imminent. The likelihood is high that the trend will continue toward 100% cesarean delivery for term breeches and that vaginal breech deliveries will no longer be performed.

ECV is a safe alternative to vaginal breech delivery or cesarean delivery, reducing the cesarean delivery rate for breech by 50%. The ACOG, in its 2000 Practice Bulletin, recommends offering ECV to all women with a breech fetus near term(not done before 36-37 wks) . Consider adjuncts such as tocolysis, regional anesthesia, and acoustic stimulation to improve ECV success rates. Before performing a delivery or ECV on a mother whose fetus is in a breech presentation, assess for any underlying fetal abnormalities or uterine conditions that may result in a malpresentation.

OB/GYN

2- Not correct during management of labour:

a) Intensity of uterine contractions can be moniterd manually .
b) Maternal vital signs can vary relative to uterine contractions.
c) Food & oral fluid should be withheld during active labor
d) Advisable to administer enema upon admission
e) IVF should be administered upon admession

If a laboring mother has ruptured membranes, an intrauterine pressure catheter can be inserted past the fetus into the uterus to best determine the onset and the duration if the external tocometer does not detect contractions because of patient factors (eg, obesity). Because the external tocometer records only the timing of contractions, an intrauterine pressure catheter can be used to measure the pressures generated during uterine contractions if their strength or adequacy is a concern.

OB/GYN

3- 33 yo with multiple C sections , 6th day post op, clothes stained with copious serosangious dishcahrge :

-Vesicocutaneous fistula
-Entercutaneos fistula
-Hematoma
-Stitch abscess
- Wound dehiscence.

Fascial dehiscence: An infrequent but emergent complication of a wound breakdown in C- section is a fascial dehiscence. It occurs in approximately 5% of patients with a wound infection and is suggested when excessive discharge from the wound is present. If a fascial dehiscence is observed, the patient should be taken immediately to the operating room where the wound can be opened, debrided, and reclosed in a sterile environment.

OB/GYN

4. The average lenth of menstrual cycle is :

-22 days
-25 days
-28 days
-35 days
-38 days

OB/GYN

5. 32 yo wth malodorous discharge and itching . Strawberry spots on cervix . most appropriate Rx is :

a) Metronidazole.
b) Estrogen cream
c) Progesterone cream
d) Vinegar cream
e) Salphonamide cream

Physical findings for trichomoniasis include a copious frothy discharge (white to greenish-yellow) and a raised punctate erythema of the cervix and upper portion of the vagina (strawberry cervix).

Best treatment is metronidazole which is Highly effective in treating trichomoniasis with one dose. Topical metronidazole is not effective therapy for trichomoniasis. Treatment of bacterial vaginosis with oral metronidazole during the second and third trimester of pregnancy does not reduce the occurrence of preterm delivery.

Ortho

6- 70 yo fell on outstretched hand .on examination: intact radial and ulnar pulses , dinner fork deformity .Tender radial head. Diagnosis is :

-Colles fracture.
-Fracture of distal ulna & displacement of radial head
-Fracture of scaphoid
-fracture of shaft of radius with displacement of head of ulna.

The classic finding in a Colles fracture is the so-called dinner fork deformity, which is produced by dorsal displacement of the distal fracture fragments. A Smith fracture may show an obvious volar displacement of the wrist relative to the forearm, known as a garden spade deformity.

Colles fracture is the most common extension fracture pattern. The term is classically used to describe a fracture through the distal metaphysis approximately 4 cm proximal to the articular surface of the radius. However, now the term tends to be used loosely to describe any fracture of the distal radius, with or without involvement of the ulna, that has dorsal displacement of the fracture fragments. Colles fractures occur in all age groups, although certain patterns follow an age distribution. In elderly individuals, because of the relatively weaker cortex, the fracture is more often extra-articular. Younger individuals tend to require a relatively higher-energy force to cause the fracture and tend to have more complex intra-articular fractures. In children with open physes, an equivalent fracture is the epiphyseal slip. This is a Salter I or II fracture with the deforming forces directed through the weaker epiphyseal plate.

With scaphoid fractures, the point of maximal tenderness lies in the anatomic snuffbox, which lies between the tendons of the extensor pollicis brevis and abductor pollicis longus. Radial deviation of the wrist or axial loading of the first metacarpal may increase pain.

Pedia

7. 12 yo with malaise , fatigue , sorethroat and fever . O/E : petechial rash on palate and enlarged tonsils wth follicles, cervical lymphadenopathy and hepatosplenomegaly. All are complications , except :

a) Aplastic Anemia
b) Encephalitis
c) Transverse Myelitis
d) Splenic rupture
e) Chronic active hepatitis

Pedia

8- 6 mnth old baby presented to the clinic wth 2 day hx of gastroenteritis. O/E : decreased skin turgor ,depressed ant fontanelle , and sunken eyes . Best estimation of degree for dehydration:

a) 3%
b)5%
c)10%
d)15%
e)25%

Table 1. Clinical Findings of Dehydration

Symptom/Sign	Mild Dehydration	Moderate Dehydration	Severe Dehydration
Level of consciousness*	Alert	Lethargic	Obtunded
Capillary refill*	2 Seconds	2-4 Seconds	Greater than 4 seconds, cool limbs
Mucous membranes*	Normal	Dry	Parched, cracked
Tears*	Normal	Decreased	Absent
Heart rate	Slight increase	Increased	Very increased
Respiratory rate	Normal	Increased	Increased and hyperpnea
Blood pressure	Normal	Normal, but orthostasis	Decreased
Pulse	Normal	Thready	Faint or impalpable
Skin turgor	Normal	Slow	Tenting
Fontanel	Normal	Depressed	Sunken
Eyes	Normal	Sunken	Very sunken
Urine output	Decreased	Oliguria	Oliguria/anuria

- Best indicators of hydration status

Estimated Fluid Deficit

Severity	Infants (weight <10 kg)	Children (weight >10 kg)
Mild dehydration	5% or 50 mL/kg	3% or 30 mL/kg
Moderate dehydration	10% or 100 mL/kg	6% or 60 mL/kg
Severe dehydration	15% or 150 mL/kg	9% or 90 mL/kg

Pedia

9- Total duration of rx for group A strep is:

a) 3 days
b) 5 days
c)7 days
d)10 days
e)14 days

It is necessary to comlete the course of ABX for 10 days to prevent rheumatic fever.

Pedia

10- 8 mnth old with dehydration , fever , depressed ant fontanelle, vomiting , crying but no neck stiffness . no similar symptoms in family . what important investigation u want to do ?

a)Blood Culture
b)CBC & differential
c)CSF exam (I think to rule out meningitis , but not sure)
d) Chest X ray

Derma

11- Female pt developed lesions on the cheek & nose and diagnosed as Rosacea . Rx is:

a) Amoxacillin
b) Tetracycline

Rosacea is a common condition characterized by symptoms of facial flushing and a spectrum of clinical signs, including erythema, telangiectasia, coarseness of skin, and an inflammatory papulopustular eruption resembling acne.The diagnosis of rosacea is a clinical diagnosis. Skin biopsy may be necessary to exclude other disease eg: polycythemia vera, CTD (eg, lupus erythematous, dermatomyositis,), photosensitivity. Rosacea is defined by persistent erythema of the central portion of the face lasting for at least 3 months. Supporting criteria include flushing, papules, pustules, and telangiectasias on the convex surfaces. Secondary characteristics are burning and stinging, edema, plaques, a dry appearance, ocular manifestations, and phymatous changes.

The etiology is unknown. Before the initiation of therapy, the triggering factors that exacerbate the patient's rosacea should be identified and avoided if possible. Common triggering factors include hot or cold temperatures, wind, hot drinks, caffeine, exercise, spicy food, alcohol, emotions, topical products that irritate the skin and decrease the barrier, or medications that cause flushing.

ANTIBIOTICS : Oral antibiotics, such as tetracycline, doxycycline (Vibramycin), and metronidazole (Flagyl) effectively treat papulopustular rosacea. Topical metronidazole (cream [MetroCream] or gel [MetroGel]) administered twice daily is as effective as oral tetracycline22 and is considered the agent of choice for pustular and papular rosacea [Evidence level A, randomized controlled trials]; however, some patients experience burning and stinging with the use of topical metronidazole. Some studies23 suggest that topical metronidazole also reduces erythema and telangiectasis in some patients. Topical clindamycin (Cleocin) is an effective alternative in patients who are pregnant; the use of oral tetracycline or metronidazole is undesirable during pregnancy24 [Evidence level A, randomized controlled trial]. The antibiotic gel or cream should be applied across the entire face, rather than "spot treating" the lesions.25

Rosacea is a chronic, relapsing disorder, and long-term treatment is generally required. Control of symptoms can be successfully maintained by long-term use of metronidazole gel.

Med

12-patient presented in ER with Low BP , distended Jugular veins , muffled heart sounds , brusies over sterna area …Dx is :

a) Cardiac tamponade

- ***Cardiac tamponade (influenced by volume and rate of accumulation)***
    - ***Beck triad (jugular venous distention, hypotension, and muffled heart sounds)***
    - ***Hypotension and tachycardia without elevated jugular venous distension if associated hemorrhage is outside pericardial sac***
    - ***Pulsus paradoxus***
    - ***Cyanosis***
    - ***Varying degrees of consciousness***

OB/GYN

13 - A pregnant women with anterior lateral placenta on US , examiner finger cannot reach the placenta . the placenta is :

a) Low lying
b) Marginal placenta
c) Partial Placenta Previa
d) Lateral Placenta Previa

The 4 generally recognized subtypes are (1) complete or total, in which the placenta covers 360° of the internal cervical os; (2) incomplete or partial, in which 0°-360° of the internal cervical os is covered by placental tissue; (3) marginal, in

which the placental tissue abuts but does not cover the internal cervical os; and (4) low lying, in which the edge of the placenta lies abnormally close to but does not abut the internal cervical os.

Preferred Examination: Historically, placenta previa was diagnosed by means of digital palpation of the placental tissue through the cervical canal. The slightest amount of manipulation, however, can result in a substantial amount of hemorrhage. Physical examination should be performed only with a fetus that has achieved pulmonary maturity and only in a fully staffed operating room. Maternal bleeding may be so severe that immediate delivery is necessary. Transabdominal sonography is the test of choice to confirm placenta previa. When the internal cervical os cannot be visualized or when the results are inconclusive, transperineal or transvaginal sonography is recommended as an adjunct

OB/GYN

14. Pregnant Teacher in her 20th week reported 2 of her student developed meningitis. Prophylactic Treatment:

a) Observe for the sign of meningitis

b) Meningitis Polysaccharide vaccine

c) Ceftriaxone 500mg PO once

d) Cefuroxime 250 mg IM or IV once

e)Rifampicine 600 mg BD for 2 days

Chemoprophylaxis

- Following exposure to an index case, temporary nasopharyngeal carriage is characteristic for H influenzae, N meningitidis, and S pneumoniae. An association between carriage and the risk of disease has been described, especially for N meningitidis and H influenzae. This is the basis for the following recommendations on chemoprophylaxis. However, this prophylaxis does not treat incubating invasive disease, and closely monitor individuals at highest risk.
- H influenzae type b
    - To eliminate nasopharyngeal carriage and to decrease invasion of colonized susceptible individuals, use rifampin (20 mg/kg/d) for 4 days.
    - The index patient may need chemoprophylaxis if the administered treatment does not eliminate carriage.
- N meningitidis
    - Prophylaxis is suggested for contacts of persons with meningococcal meningitis.

- These contacts include household contacts, daycare center members who eat and sleep in the same dwelling, close contacts in military barracks or boarding schools, and medical personnel performing mouth-to-mouth resuscitation. Rifampin (600 mg PO q12h) for 2 days has been shown to rapidly eradicate the carrier stage, and the prophylaxis persists for as long as 10 weeks following treatment.
- Alternative agents include ceftriaxone (250 mg IM) as a single dose in adults. It also is the safest choice in pregnant patients. It has been shown to eradicate the carrier state for 14 days. Ciprofloxacin (500-750 mg) as a single dose also is efficacious.

Pedia

15- Mother brought her 18 month old infant to ER with Hx of URTI for the last 2 days with mild respiratory distress. This evening the infant start to have hard barking cough with respiratory distress. O/E: RR 40/min, associated with nasal flaring, suprasternal & intercostals recessions. What is the most likely Dx?

a) Viral Pneumonia
b) bacterial Pneumonia.
c) Bronchiolitis
d) Acute epiglottitis
c) Trachiobronchiolitis.

OB/GYN

16. A women came to ANC at 8th week of gestation. Diagnosed as case of cervical incompetence, which of the following is the appropriate management?

a) Insert a suture in the same week.
b) insert suture at 14-16 wks gestation
c) Confirm the Dx by inserting Hegar's Dilator.
d) Admit the patient throught the Pregnancy time in the hospital for observation.
e) Give Beta-mimetic agent (Ritodrine)

- Cervical incompetence is not generally treated except when it appears to threaten a pregnancy. Cervical incompetence can be treated using cervical circlage. The complications described in the literature have been rare: hemorrhage from damage to the veins at the time of the procedure; and fetal death due to uterine vessels occlusion.

- This is usually performed after the 12th week of pregnancy, the time after which a woman is least likely to miscarry for other reasons - but it is not done if there is rupture of the membranes or infection.
- The cerclage is usually removed just before childbirth so that the patient can give birth vaginally. In some cases, the cerclage may be left in place, and the baby is then delivered by cesarean section.

Ophtha

17- a 45 y/o male came to the ER with sudden headache, blurred vision, excruciating eye pain and frequent vomiting . The most likely Dx:

a) Acute conjunctivitis.
b) Acute iritis
c) Acute glaucoma
d) Episcleritis
e) Corneal ulceration
Acute angle guacoma

- Symp : Acute onset of severe pain; blurred vision; ,frontal headache; halos around lights;; red eye/conjunctiva , severe eye pain, discomfort, nausea, and vomiting
- Signs : increased IOP greater than 30 mm Hg (normal range: 10 to 23 mm Hg), a mid-dilated pupil (4 to 6 mm), sluggish reaction of the pupil to direct illumination, a shallow anterior chamber, a hazy cornea, and hyperemic conjunctiva
- Risk factors for acute angle-closure glaucoma include anterior placement of the lens, hyperopia, myopia, narrow angle, and shallow anterior chamber. An attack of acute angle-closure glaucoma in predisposed persons can occur as a result of dim lighting or use of certain medications (e.g., dilating drops, anticholinergics, antidepressants). Medications such as sulfa derivatives and topiramate (Topamax) can cause swelling of the ciliary body and secondary angle closure.
- Rx : Lowering IOP with acetazolamide 500 mg orally once; and one drop each of 0.5% timolol maleate (Timoptic), 1% apraclonidine (Iopidine), and 2% pilocarpine (Isopto Carpine) one minute apart and repeated three times at five-minute intervals . Immediate referral to an ophthalmologist!!If acute angle-closure glaucoma is not treated immediately, damage to the optic nerve and significant and permanent vision loss can occur within hours. Therapy is initiated to lower the intraocular pressure, reduce pain, and clear corneal edema in preparation for iridotomy. Definitive treatment for primary acute angle-closure glaucoma is laser iridotomy. Surgical iridectomy can be performed if a laser iridotomy is not successfully performed.

Med

18- Patient in ER : dyspnea, Rt sided chest pain , engourged neck viens and weak heart sounds , absent air entry over Rt lung . Plan of Treatment for this patient:

a) IVF, Pain killer, O2
b) Aspiration of Pericardium
c) Respiratory Stimulus
d) Intubation
e) Immediate needle aspiration , chest tube .

Symptoms and signs of tension pneumothorax may include the following:

- ***Chest pain (90%), Dyspnea (80%), Anxiety, Acute epigastric pain (a rare finding),Fatigue***

Physical:

- ***Respiratory distress (considered a universal finding) or respiratory arrest***
- ***Unilaterally decreased or absent lung sounds (a common finding; but decreased air entry may be absent even in an advanced state of the disease)***
- ***Adventitious lung sounds (crackles, wheeze; an ipsilateral finding)***
- ***Lung sounds transmitted from the nonaffected hemithorax are minimal with auscultation at the midaxillary line***
- ***Tachypnea; bradypnea (as a preterminal event)***
- ***Hyperresonance of the chest wall on percussion (a rare finding; may be absent even in an advanced state of the disease)***
- ***Hyperexpansion of the chest wall***
- ***Increasing resistance to providing adequate ventilation assistanc***
- ***Cyanosis (a rare finding)***
- ***Tachycardia (a common finding)***
- ***Hypotension (should be considered as an inconsistently present finding; while hypotension is typically considered as a key sign of a tension pneumothorax, studies suggest that hypotension can be delayed until its appearance immediately precedes cardiovascular collapse)***
- ***Pulsus paradoxus***
- ***Jugular venous distension***

Pedia

19- Which of the following physical findings in boys is the earliest indication that the puberty has begun?

a) Increasing Prostatic size
b)Appearance of upper lip hair
c) Increasing Penis size
d) Increasing Testicular size
e) Appearance of pubic hair.

I n boys, testicular enlargement is the first physical manifestation of puberty (and is termed gonadarche)

Pedia

20- A 48 hour old newborn infant in critical care unit with respiratory distress & Jaundice. Hb 9g/dl, retic 4%. Maternal Hx of previous normal term pregnancy without transfusion, Blood typing shows hetero specificity between mother and child. Indirect Coomb's test is +ve. The most probable Dx is:

a) Thalassemia
b) Maternal-Fetal blood group incompatibility
c) Sickle cell anemia.
d) Septicemia.
e) Hereditary Red cell enzyme defect.

Community Med

21- Perinatal mortality:

a) Includes all stillbirth after the 20th week of pregnancy
b) Includes all neonatal deaths in the 1st 8 week of life
c) Includes all stillbirths & 1st week neonatal deaths
d) Specifically…. Neonatal Deaths.
e) is usually death per 10,000 live births

Pedia

22- An 18 months old baby brought by his mother. She complains that her child says only mama & baba. Otherwise the baby is completely normal. First step to evaluate this patient is:

a) Physical Examiniation.
b) Chromosomal Analysis
c) Hearing Evaluation.
d) Developmental testing.
e) CT scan of the head.

Pedia

23- A full term infant brought by his mother weighing 3800gm developed jaundice on the 2nd day of life. The infant appears healthy & breast- fed well. Hb 18 g/dl. Direct & indirect coomb's tests are negative. T.Bili 189umol/dl. Indirect bili 184 umol/dl. The most likely Dx is:

a) Undiagnosed neonatal sepsis.
b) Breast milk Jaundice.
c) Physiological Jaundice.
d) Jaundice due to minor blood group incompatibility.
e) ABO boold group incompatibility.

Pediatrics

24. A 5 day old baby vomited dark red blood twice over the past 4 hours. He is active & feeding well by breast. The MOST likely cause is :

A) Esophagitis
B) Esophageal Varices
C) Gastritis
D) Duodenal Ulcer
E) Cracked Maternal Nipples

Answer: E , reference:URL: **www.babycentre.co.uk/baby/health/vomiting/**

Pediatrics

25.A 5 year old patient was seen in the ER with history of fever & a sore throat. Which of the following suggest a viral etiology for his complaint?

A) Presence of a thin membrane over his tonsils
B) A palpable tender cervical lymph node
C) Petechial rash at the hard & soft palate
D) Absence of cough
E) Rhinorrhea of clear colorless secretions

Answer: E , the answers A,B,C all go with a bacterial etiology and a viral etiology would CAUSE cough as a symptom hence the answer is E (viruses cause runny nose) reference :
http://www.clevelandclinic.org/health/health-nfo/docs/3500/3500.asp?index=11751

Medicine

26.An 80 year old lady presented to your office with a 6 month history of stiffness in her hand,bilaterally. This stiffness gets worse in the morning and quickly subsides as the patient begins ge daily activities. She has no other significant medical problems. On examination the patient has bilateral bony swellings at the margins of the distal interphalangeal joints on the (2^{nd}-5^{th}) digits. No other abnormalities were found on the physical examination. These swellings represent :

A) Heberden's nodes
B) Bouchar's nodes
C) Synovial thickenings
D) Subcutaneous nodules
E) Sesamoids

Answer: A , the history suggests osteoarthritis which has both heberden's nodes and bouchard's ,depending on the location the names of the nodes differ heberden's nodes are at the DIPJ while bouchard's nodes are at the PIPJ. Reference: Saunders'pocket essentials of Clinical medicine (parveen KUMAR)

Medicine

27.Which of the following radiological features is a characteristic of miliary tuberculosis:
A) Sparing of the lung apices
B) Pleural effusion
C) Septal lines
D) Absence of glandular enlargement
E) Presence of a small cavity

Answer: E (radiologist at KFSH), typically would show glass ground appearance

Medicine

28.A 70 year old woman presented with a 3 day history of perforated duodenal ulcer, she was febrile ,semi comatose and dehydrated on admission. The BEST treatment is :
A) Transfuse with blood, rehydrate the patient , perform vagotomy and drainage urgently
B) Insert a NGT (nasogastric tube) & connect to suction, hydrate the patient, give systemic antibiotics and observe.
C) Insert a NGT & connect to suction, hydrate the patient ,give systemic antibiotics and perform placation of the perforation.
D) Hydrate the patient ,give blood ,give systemic antibiotics and perform hemigastrectomy
E) Non of the above

Answer: C/D reference:
http://www.merck.com/mmhe/sec09/ch132/ch132i.html?qt=duodenal%20ulcer%20perforation%20treatment&alt=sh
The question did give a 3 day history of perforation which might not need NGT so D also could be an answer please check

Surgery

29.The following are complications of laproscopic cholecystectomy EXCEPT:
A) Bile leak
B) Persistent pneumoperitoneum
C) Shoulder tip pain
D) Ascites
E) Supraumbilical incisional hernia

Answer: B (not persistent)
http://www.surgery.usc.edu/divisions/tumor/pancreasdiseases/web%20pages/BILIARY%20SYSTEM/laparoscopic%20chole.html

Surgery

30.Fissure-in-ano MOST commonly occurs:
A) Posteriorly
B) Anteriorly
C) Laterally
D) In men
E) In cases of diarrhea

Answer : A reference:churchills book of surgery

Surgery

31.A 20 year old man involved in a RTA brought to ER by friends.On examination he was found to be conscious but drowsy .Vitals: HR 120 beats/min , BP 80/40 the MOST urgent initial management measure is :
A) CT scan of brain
B) X-RAY of cervical spine
C) Rapid infusion of crystalloid
D) ECG to exclude heamopericardium
E) U.S abdomen

Answer: C reference: churchills book of surgery under hypovolemic shock

Medicine

32.A 30 year old man presents with shortness of breath after a blunt injury to his chest,RR 30 breaths/min,CXR showed complete collapse of the left lung with pneumothorax, mediastinum was shifted to the right. The treatment of choice is:
A) Chest tube insertion
B) Chest aspiration
C) Thorocotomy and pleurectomy
D) IV fluids & O2 by mask
E) Intubation

Answer: A reference blueprints in medicine 2nd edition part one CVS 1.chest pain

Surgery

33.A cervical lymph node is found to be replaced with a well differentiated thyroid tissue. At the operation there are no palpable lesions in the thyroid gland. The operation of choice is:

a) total thyroidectomy & modified dissection

b) total thyroidectomy and radical neck dissection

c) total thyroidectomy

d) thyroid lobectomy and removal of all local lymph nodes

e) thyroid lobectomy and isthmusthectomy and removal of all local enlarged lymph nodes.

Answer: A reference:

http://coloradosurgicalservice.com/articles/Thyroid_Cancer.html

Pharamology

34.One of the following combination of drugs should be avoided:

a)cephaloridine and paracetamol

b)penicillin and probenecid

c)digoxin and levadopa

d)sulphamethoxazole and trimethoprim

e)tetracycline and aluminium hydroxide

Answer: C (please check)

Reference:

http://www.forces.gc.ca/health/hs_staff_sites/MCSP/ppt/engraph/Adverse_Drug_Interactions_in_Elderly.ppt#1

Medicine

35.a 40 year old man presented to the ER with 6 hour history of severe epigastric pain radiating to the back like a band associated with nausea.NO vomiting or diarrhea.No fever. On examination the patient was in severe pain with epigastric tenderness.ECG was normal,serum amylase was 900u/l,AST and ALT are elevated to double normal.which of the following is the LEAST likely precipitating factor to this patients condition

a)hypercalcemia

b)chronic active hepatitis

c)chronis alcohol ingestion

d)hyperlipedemia

e)cholethiasis

Answer: B reference: clinical medicine (kumar)

Pediatrics

36.Cellulitis occurring about the face in young children (6-24 months) and associated with fever and purple skin discoloration is MOST often caused by:
a)group A beta haemolytic streptococci
b)heamophilis influenza type B
c)streptococcus pneumoniae
d)streptococcus aureus
e)pseudomonas

Answer: A (not 100% sure)
Reference:
http://www.emedicine.com/emerg/topic88.htm

Community Medicine

37.Which one of the following diseases is NOT transmitted by mosquitoes?
a)rift valley fever
b)yellow fever
c)relapsing fever
d)filariasis
e)dengue fever

Answer:C relapsing fever is cause by ticks
Reference: http://www.emedicine.com/emerg/topic590.htm

Surgery

38.a non opaque renal pelvis filling defect is seen on IVP.Ultrasound reveals dense echoes and acoustic shadowing.The MOST likely diagnosis is:
a)blood clot
b)tumor
c)sloughed renal papilla
d)uric acid stone
e)crossing vessel

Answer:D (Churchill (please check answer))

Surgery

39.in a conscious multiple trauma patient your priorities are:
a)to stop bleeding,then IV fluids
b)to secure air entry,breathing then BP
c)to start an iv fluid and send blood for cross matching
d)to intubate the patient
e)to do peritoneal lavage then IV fluids

Answer:B reference:
(basic life support)

Psychiatry

40.Delusion
a)perception of sensation in absence of an external stimulus
b)misinterpretation of stimulus
c)false belief not in accordance of a persons culture
d)manifestation of…
e)unconscious inhibition of..

answer:C reference:
http://www.medterms.com/script/main/art.asp?articlekey=26290

Surgery

41.a 20 year old patient had deep laceration in his right wrist.which of the following is the result from this injury
a)wrist drop
b)claw hand
c)sensory loss only
d)inability of thumb opponins to other fingers
e)inability of flexion of the interphalangeal joint

Answer: B reference:
http://www.hs.columbia.edu/dept/ps/2006/academics/year1/anat/anat_exam3_bplesions.pdf

OB/GYNE

42.Before any instrumental delivery we should rule out:
a)cord prolapse
b)cephalopelvic disproportion
c)face presentation ??
d)placental abruption

What requirements must be fulfilled before instrumental delivery can be performed?

- Trained operator
- Legitimate indication
- Cervix fully dilated (rare exception = in multip before 10cm dilation if fetal distress)

- **No cephalo-pelvic disproportion (CPD)**
- Head engaged (rare exception to this rule = if difficulty in delivering 2nd twin in fetal distress)
- Presentation known (not breech - but can use forceps to deliver after-coming head; not occipitolateral as forceps can crush face)
- Contractions present
- Membranes ruptured
- Bladder empty

What are the contraindications for instrumental delivery?

- **Face presentations**
- <36wks gestation
- Bleeding from fetal blood sampling (FBS) site (ventouse delivery only)
- Maternal infection
- Haemorrhagic fetal conditions

Answer: b/c depends what they mean from the question
Reference:
http://www.yoracle.com/index.php?option=com_content&task=view&id=166&Itemid=2

Surgery

43.a 75 year olf man came to the ER complaining of acute urine retention what will be ur initial management:
a)send patient immediately to OR for prostatectomy
b)empty urinary bladder by folley's catheter and tell him to come back to the clinic
c)give him antibiotics because retention could be from sort of intection
d)insert folly's catheter and tell him to come back to the clinic (b & d are repeated)
e)admission,investigation which include cystoscopy then…

Answer: E reference: (principles and practice of surgery-churchill) /
http://www.bmj.com/cgi/content/full/318/7188/921

Pediatrics

44.Coarctation of the aorta in commonly associated with which of the following syndromes?
a)down
b)turner
c)patau
d)edward
e)holt orain

Answer: B (2nd edition illustrated textbook of paediatrics)

Pediatrics

45.a …year old child with tonsillitis & follicle & membrane over the tonsils with fever. The fever reduced after 2 days of penicillin. For how many days are you going to keep the patient on penicillin?

a)3 days
b)5 days
c)7 days
d)10 days
e)14 days

Answer: D reference: (2nd edition illustrated textbook of paediatrics)

Medicine

46.a patient came to you & you found his BP to be 160/100,he isn't on any medication yet. Lab investigations showed:

Creatinine (normal)
Na 145 (135-145)
K 3.2 (3.5-5.1)
HCO3 30(22-30)
What is the diagnosis?

a)essential hypertension
b)pheochromocytoma
c)addisons disease
d)primary hyperaldosteronism

Answer: D (clinical medicine-kumar)

OB/GYNE

47.in a vesicular mole:

a)B-hCG is lower than normal
b)fundal height in lower than normal
c)fetal heart can be detected
d)ovarian cyst is a common association
e)hypothyroid symptoms may occur

Answer: D
Reference: http://www.meb.uni-bonn.de/dtc/primsurg/docbook/html/x12416.html

Surgery

48.which of following mostly occur in a patient with intracranial abscess
a)cough
b)vomiting
c)ear discharge
d)frontal sinusitis

Answer: B reference: http://www.health-disease.org/neurology-disorders/brain-abscess.htm

Community medicine

49.what is the best method for preventing infection from one patient to another & to health care workers?
a)wearing gloves when examining every patient
b)hand washing before & after each patient
c)wearing a mask & gown before examining an infected person
d)recapping needles & put them in a sharp container
e)isolation of all infected persons

Answer: B (by exclusion)

Community medicine

50.your asked to manage an HIV patient who was involved in a car accident.You know that this patient is a drug addict & has extramarital relations. What are you going to do?
a)complete isolation of the patient when he is in the hospital
b)you have the right to look after the patient to protect yourself
c)you will manage this emergency case with taken all the recommended precautions
d)you will report him to legal authorities….after recovery
e)tell his family that he is HIV positive

Answer: C

Microbiology

51.A family went to a dinner party after 6 hours they all had symptoms of abdominal pain,nausea, vomiting and dehydration. Some of them recovered while others needed hospitilzation. What's the most likely organism?
a)giardia
b)staph aureus
c)salmonella
d)c.perfiringis
e)c.boyulism

Answer:B

Reference:medical diagnosis and management (Danish)
http://www.nmenv.state.nm.us/fod/Food_Program/documents/safety/foodborne_illness_ref.pdf

Community medicine

52.when a person id predicted NOT to have a disease he is called (negative).then what is true negative?
a)when a person is predicted to have a disease,has it
b) when a person is predicted to have a disease,doesn't have it
c)when a person is predicted to not to have a disease,doesn't have it
d) when a person is predicted to not to have a disease,has it
e)when risk cannot be assessed

Answer: C

Microbiology

53.a 25 year old male who recently came from India presented with a 3 days history of left knee pain + swelling, 1 day history of right wrist swelling.on examination it was swollen, tender,red with limitation of movement.50 cc of fluid was aspirated from the knee.Gram stained showed gram positibe diplococci.Whats the most likely organism?
a)brucella
b)nisseria meningitides
c)strep. Pneumonia ??
d)staph aureus
e)strept. pyogens

Answer: ----- (if all else fails go with C) but strep pneumonia can cause opteomylitis and it is diplocci
http://aapredbook.aappublications.org/cgi/content/extract/2003/1/3.98

Psychiatry

54.A…year old lady presented to you and told you that she knows she has cancer in her stomach.She visited 6 doctors before you & had an ultrasound done…times & barium meal….times.No one believes what she said & told you that you're the last doctor she's going to see before seeiking herbal medicine.whats the diagnosis?
a)generalized anxiety
b)panis attack
c)conversion reaction
d)hypochondriasis
e)anxiety

Answer: D
Reference:http://www.medterms.com/script/main/art.asp?articlekey=18717

Ophthalmology

55.A patient came to you complaining of gradual loss of vision & now he can only identify light.which of the following is the LEAST cause of his problem?
a)retinal detachment
b)central retinal artery embolism
c)vitreous hemorrhage
d)retinitis pigmentosa
e)retrobulbar neuritis

Answer: B (central retinal VEIN and not artey is a cause)
Reference:
http://wrongdiagnosis.com/b/blindness/causes.htm

Surgery
56.which of the following is the most likely cause of infection after IV fluid through a canula?
a)infection of the fluid in the factory
b)infection of the fluid during passing in the canula
c)infection at the site of needle insertion
d)disseminated infection due to transient bacteremia

Answer: C

Surgery
57.Which of the following indicates that a breast lump is safe to leave after aspiration?
a)a cyst that doesn't refill
b)solid rather that cust
c)cytology showed fibrocystic disease
e)minimum blood in aspiration fluid

Answer:C
Reference: http://www.mayoclinic.com/health/breast-lumps/BR00013

Surgery
58.IV fluid in burn patients in given:
a) ½ of total fluid is given in the first 8 hours post burn
b) ¼ of total fluid is given in the first 8 hours post burn
c) the whole total fluid is given in the first 8 hours
d) ½ of total fluid is given in the first 6 hours post burn
e) ¼ of total fluid is given in the first 6 hours post burn

Answer: A
Reference: Churchill textbook
Medicine

59.a 15 year old boy came to your clinic for a check up.Hes asymptomatic.His CBC showed: Hb 118 g/L,WBC 6.8 , RBC 6.3 (high) , MCV 69 (low) ,MCH (low), Retics 1.2 %(1-3)
Whats the most likely diagnosis?
a)iron deficiency anemia
b)anemia due to chronis illness
c)B-thalasemia
d)sickle cell disease
e)folic acid deficiency

Answer:A
http://www.drkaslow.com/html/blood_cell_counts.html
http://www.mcg.edu/pediatrics/CCNotebook/chapter2/anemia.htm

CPR

60.whats the ratio of ventilation to chest compression in a one person CPR?
a) 2 ventilation & 15 compression at rate of 80-100/min
b)1 ventilation & 15 compression at rate of 80-100/min
c)2 ventilation & 7 compression at rate of 80-100/min
d)1 ventilation & 7 compression at rate of 80-100/min
e)3 ventilation & 15 compression at rate of 80-100/min

Answer: A

Reference: http://www.fotosearch.com/LIF131/cprcycle/

Medicine

61.a 28 year old lady presented with history of increased bowel motion in the last 8 months.About 3-4 motions/day .Examination was normal.Stool analysis showed:
Cyst,yeast:nil
Mucus ++
Culture:no growth
Whats the most likely diagnosis?
a)inflammatory bowel disease
b)irritable bowel disease
c)diverticulitis

Answer: A

(ENT)

62- Facial nerve when it exits the tempromandibular joint and enter parotid gland it passes:

a) Deep to retromandibular vein

b) Deep to internal carotid artery

c) Superficial to retromandibular vein and ext. carotid artery (It is the most lateral structure within parotid gland)

d) Deep to ext. carotid artery

e) Between ext. carotid artery and retromandibular vessels

(ENT)

63-a patient presented to you complaining of left submandibular pain and swelling when eating. O/E, there is enlarged submandibular gland, firm. What is the most likely Dx?

a) Mumps

b) Sjogren's syndrome

c) Hodgkin's lymphoma

d) Salivary gland calculi (this is the clinical presentation, see Kumar 5th edition p.261)

(ENT)

64- Ferq. Use of nasal vasoconstrictors can cause:

a) Rhinitis sicca (sicca means dry)

b) Allergic rhinitis

c) Septal perforation

(Epidemiology and community medicine)

65- Perinatal mortality:

a) Includes all stillbirth after 30 weeks

b) Includes all stillbirth and neonatal deaths in the 1st week per 1000 lives and stillbirths (see Illustrated Textbook of Pediatrics 2nd edition p.100)

c) Includes all neonatal deaths up to 6 weeks

d) Characteristically excludes post natal deaths

e) It is deaths per 10,000 live birth

(OB/GYN)
66- About antepartum hemorrhage:
a) Need immediate assessment by vaginal exam
b) Mother risk is more than fetal risk (bcz its one of the leading cause of maternal death)

(OB/GYN)
67- Which of the following tests is mandatory for all pregnant woman?
a) HIV
b) Hepatitis B surface antigen
c) VDRL (veneral disease research laboratory)
all of them are mandatory

(Medicine)
68- When lactic acid accumulates, body will respond by:
a) Decrease production of bicarbonate
b) Excrete CO2 from the lungs (if lactic acid accumulate → metabolic acidosis, the body compensate to some extant by hyperventilation, via medullary chemoreceptor, leading to ↑ removal of CO2 in the lung and partial compensation of the acidosis)
c) Excrete Chloride from the kidneys
d) Metabolize lactic acid in the liver

(Medicine)
69- What is the initial management of acute hypercalcemia?
a) Correction of exter-cellular fluid (by adequate rehydration)

(OB/GYN)
70- Which of the following suggests enormous ovarian cyst more than ascites?
a) Fluid wave
b) Decrease bowel motion
c) Shifting dullness
d) Tympanic central, dullness lateral
e) Dullness central, tympanic lateral

(Medicine)

71- A 25 years old student presented to you with sever headache over the last few days. O/E he was agitated and restless. What Dx must be considered this case?

a) Acute sever migraine

(OB/GYN)

72- A pregnant lady 34 weeks came to you in labor. O/E, the baby is back down, transverse lie, cervix is 3 cm dilated and bulging membrane. Her contractions are 1/ 4 minutes. U/S showed posterior fundal placenta. What is the management?

a) C. section (the leady is in labor, cervix is dilated and she is contracting → C.S bcz fetus is transverse)

b) Amniotomy

c) Oxytocin

d) Amniocentesis to assess fetal lung maturity

(Ortho)

73- Sciatica:

a) Never associated with sensory loss

b) Maybe associated with calf muscle weakness (if herniation disk occur @ S1 pt. cannot do planter flexion of the foot)

c) Do not cause pain with leg elevation

d) Causes increased lumber lordosis

(OB/GYN) *

74- U/S of pregnant lady showed posterior wall placenta. It dose not reach examining finger by vaginal exam. Which of the following is true?

a) Complete placenta previa

b) Normal site placenta

c) Low lying placenta (bcz it's in the posterior wall and dose not reach examining finger)

d) Placenta previa marginalis

e) Incomplete centralis

(OB/GYN)

75- All of the following is true about IUGR except:

a) Asymmetric IUGR is usually due to congenital anomalies (In most cases of IUGR, especially those due to primary placental insufficiency, the fetal abdomen is small, but the head and extremities are normal or near normal. This finding is known as the head-sparing effect. In cases of severe, early-onset IUGR, those due to chromosomal anomalies, the fetus tends to be more symmetrically small)

b) IUGR babies are more prone to meconium aspiration and asphyxia

c) Inaccurate dating can cause misdiagnosed IUGR

(Radiology)

76- What is the simplest method to diagnose fractured rib:

a) Posteronterior x ray (sensitivity is low 50%) ?

b) Lateral x ray

c) Tomography of chest (more sensitive than plian radiographs, can give the number of fractured ribs)

- But if simple means *the least complicated method* (easy to do, easy to read). **Answer will be A** even though it is less sensitive

(OB/GYN)

77- A healthy 28 years old lady P1+0 presented to you with 6 months amenorrhea. What is the most likely cause for her amenorrhea?

a) Pregnancy (the most common cause of 2nd amenorrhea is pregnancy)

b) Turner syndrome (cannot be, bcz they have ovarian dysgenesis → infertility)

(Medicine)

78- Definition of status epilepticus:

a) Generalized tonic clonic seizure more than 15 minutes

b) Seizure more than 30 minutes without regains consciousness in between (see Kumar 5th edition p.1177)

c) Absence seizure for more than 15 minutes

(OB/GYN)

79- Action of contraceptive pills:

a) Inhibition of estrogen and then ovulation

b) Inhibition of prolactin then ovulation

c) Inhibition of protozoa by change in cervical mucosa

d) Inhibition of midcycle gonadotropins then ovulation (OCP contain estrogen and progesterone or progesterone only, they place the body in a "pseudopregnancy" state by interfering with pulsatile release of FSH and LH from the ant. Pituitary this lead to suppresses ovulation

e) Inhibition of implantation of the embryo

(Medicine)

80- Rubella infection:

a) Incubation period 3-5 days

b) Arthritis (its one of the complications of Rubella but its rare, see Kumar 5th p.54 and Illustrated Textbook of Pediatrics 2nd p.190)

c) Oral ulcers

d) Start with high fever

e) Don't cause cardiac complications or deafness

OB/GYN

Q81) Best detector of progress of labor is:
a- dilatation.
b- descent.
c- dilatation & descent.
d- degree of pain.
e- fetal heart rate.

Confirmation of progress in labour is determined by the identification of increasing cervical dilatation and cervical effacement. Normal labour has been defined as when a baby is born within a period of 12 h, *via* the natural passages, through the efforts of the mother, and when no harm befalls either party as a result of the experience[15] . Yet, a more useful definition is the rate of progress of cervical dilatation (usually expressed in centimetres per hour)[16] . Correction of prolonged labour is therefore dependent on regular cervical assessment. However, this measure, although generally accepted, may not be precise and there are no reported trials of either inter-observer or intra-observer reproducibility
From: http://bmb.oxfordjournals.org/cgi/content/full/67/1/191
Confirmed by a consultant

OB/GYN

Q82) A35 years old primi 16 weeks gestation coming for her first check up. She is excited about he 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?
a- pre-eclampsia.
b- chronic HTN.
c- lable HTN.
d- chronic HTN with superimposed pre-eclampsia.
e- transient HTN.

http://www.aafp.org/afp/20041215/2317.pdf 2nd page
labile: Some people's blood pressure changes often and repeatedly due to various factors. These people can have high blood pressure due to emotional stress. Symptoms may include headaches and ringing in the ears. Treatment using blood pressure medication isn't always effective. Doctors sometime prescribe anti-anxiety medications instead. People going through stressful situations should monitor their blood pressure in case stress-induced high blood pressure develops.
Confirmed by a consultant

OB/GYN

Q83) 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?
a- penicillin.
b- doxycyclin.
c- cefuroxime.
d- gentamycin.
e- carbincillin.

Confirmed by a consultant

Pediatric/ pediatric surgery

Q84) 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:
a- intussusception.
b- infantile colic.
c- appendicitis.

http://www.emedicine.com/EMERG/topic385.htm

History

- The typical presentation is a previously healthy infant boy aged 6-12 months with sudden onset of colicky abdominal pain with vomiting.
- Paroxysms of pain occur 10-20 minutes apart.
- Initially, loose or watery stools are present concurrent with vomiting and, within 12-24 hours, blood or mucous is passed rectally.
- Early in the course, the patient appears completely well between the episodes of abdominal pain.
- Lethargy may dominate the initial presentation. However, lethargy usually occurs later in the process.
- The classic triad of colicky abdominal pain, vomiting, and red currant jelly stools occurs in only 21% of cases.

OB/GYN

Q85) 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?

a- laprotomy.
b- danazol.
c- cervical dilatation.
d- NSAID.

Confirmed from a consultant

Primary care

Q86) A 32 y.o. lady work in a file clerk developed sudden onset of low back pain when she was bending on files, moderately sever for 3 days duration. There is no evidence of nerve root compression. What is the proper action?

a- bed rest for 7 to 10 days.
b- traction.
c- narcotic analgesia.
d- early activity with return to work.
e- CT scan for lumbosacral vertebrae.

I don't know

Surgery

Q87) A 45 y.o. lady presented with nipple discharge that contains blood. What is the most likely diagnosis?

a- duct papilloma.

b- duct ectasia.

c- breast abscesss.

d- fibroadenoma.

e- 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

http://www.wrongdiagnosis.com/sym/nipple_discharge.htm

Medicine

Q88) In moderate to sever asthmatic patient, you will find all the following EXCEPT:

a- PO2 < 60

b- PCO2 > 60

c- low HCO3

d- IV hydrocortisone will relieve the symptoms after few hours.

e- dehydration.

Medicine

Q89) 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:
a- pneumonia with pleural effusion.
b- MI.
c- spontaneous pneumothorax.

Since there is hyper-resonant chest that mean there is excess air so nether effusion nor MI causes hyper-resonance.

OB/GYN – surgery

Q90) A 20 y.o. married lady presented with history of left lower abdominal pain & amenorrhea for 6 weeks. The most appropriate investigation to role out serious diagnosis is:
a- CBC.
b- ESR.
c- pelvic US.
d- abdominal XR
e- 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

http://www.babycenter.com/0_ectopic-pregnancy_229.bc?articleId=229&showAll=true

Medicine

Q91) Greatest risk for stroke:
a- DM.
b- family history of stroke.
c- high blood pressure.
d- hyperlipidemia.
e- cigarette smoking.

Medicine

Q92) this Q was about forced vital capacity (FVC).
For more information: http://www.spirxpert.com/indices5.htm

Pharmacology

Q93) Vertigo, inability to perceive termination of movement & difficulty in sitting or standing without visual due to some toxic reacts that likely to occur in 75% of patient with long term use of:
a- penicilline.
b- tetracycline.
c- amphotricin B.
d- streptomycin.
e- INH.

Pharmacology

Q94) 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?

a- propanolol.

b- amidarone.

c- moxillin.

d- nothing.

For arrhythmia (PVC)

Medicine

Q95) patient was diagnosed to have D U and was given ranidetin for 2 weeks and now he is diagnosed to have H.pylori. what is your choice of management?

a- Omeprazol+ clarithromcin+ amoxacylin.

b- bismuth+ tetracycline+ metronidazol.

c- metronidazol+ amoxicillin.

d- omeprazol+ tetracycline.

- *H pylori* infection: In general, patients with documented duodenal ulcer who have *H pylori* infection should receive eradication therapy (Ford, 2006). Several studies have evaluated different regimens for *H pylori* eradication.
  - **Lansoprazole** 30 mg PO bid or **omeprazole** 20 mg PO bid, plus **amoxicillin** 1000 mg PO bid and **clarithromycin** 500 mg PO bid for 14 days (Other PPIs may also be substituted.)
  - **Lansoprazole** 30 mg PO bid or **omeprazole** 20 mg PO bid, plus **metronidazole** 500 mg PO bid and **clarithromycin** 500 mg PO bid for 14 days
  - **Ranitidine bismuth citrate** 400 mg PO bid, plus **clarithromycin** 500 mg PO bid and **amoxicillin** 1000 mg PO bid or **metronidazole** 500 mg PO bid or **tetracycline** 500 mg PO bid for 14 days

- **Bismuth subsalicylate** 525 mg PO qid, plus **metronidazole** 500 mg PO tid and **tetracycline** 500 mg PO qid and a PPI (eg, lansoprazole 30 mg PO [optimal dose] or omeprazole 20 mg PO [optimal dose]) for 14 days
- **Bismuth subsalicylate** 525 mg PO qid, plus **metronidazole** 250 mg PO qid and **tetracycline** 500 mg PO qid and any H2RA for 14 days

I exclude (b) because clarithromycin should be there it is plus not or.

http://www.emedicine.com/med/topic591.htm

Medicine

Q96) Patient had abdominal pain for 3 months, what will support that pain due to duodenal ulcer?
a- pain after meal 30-90 min.
b- pain after meal immediately.
c- pain after nausea & vomiting.
d- pain after fatty meal.
e- pain radiating to the back.

- Some common symptoms in patients with duodenal ulcer are described below.
  - Epigastric pain can be sharp, dull, burning, or penetrating.
  - Many patients experience a feeling of hunger.
  - The pain may radiate into the back.
  - About 20-40% of patients describe bloating, belching, or symptoms suggestive of gastroesophageal reflux.
  - Ulcer-related pain generally occurs 2-3 hours after meals and often awakens the patient at night. This pattern is believed to be the result of increased gastric acid secretion, which occurs after meals and during the late night and early morning hours when circadian stimulation of gastric acid secretion is the highest.

- About 50-80% of patients with duodenal ulcer experience nightly pain, as opposed to only 30-40% of patients with gastric ulcer and 20-40% of patients with nonulcer dyspepsia (NUD).
- Pain is often relieved by food, a finding often cited as being specific for duodenal ulcer. However, this symptom is present in only 20-60% of patients and probably not specific for duodenal ulcer.

http://www.emedicine.com/med/topic591.htm

Ophthalmology

Q97) 30 y.o. patient complaining of 1 day history of ptosis & he noticed his eye coming outward?????,,,, on examination his pupil reflex was normal……. ???

a- carotid aneurysm.

b- 3rd N palsy.

c- 4th N palsy.

d- 6th N palsy.

e- strabismus.

Community Medicine

Q98) Using the following classification:

Risk factor	Case	Non-case	Total
Present	A	B	A+B
Absent	C	D	C+D
Total	A+C	B+D	

Relative risk of those with the risk factor to those without risk factor is:

a- A/A+B b- A/A+B c- C/C+D d- AD/BC e-A/B
C/C+D C/D

Relative risk = incidence among exposed / incidence among non exposed

March 2007

(FHM – 2008)

Pediatrics/ Hematology

1) 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?

A. Hb electrophoresis.
B. Bone marrow aspiration.
C. Sedimentation rate. (ESR)
D. Skeletal survey.
E. Liver and spleen scan.

Pediatrics /Ortho

2) 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:

A. Fracture pelvis.
B. Congenital hip dislocation.
C. Fracture femur on the left side.
D. Poliomyelitis.
E. Rickets.

Pediatrics

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

A. Excessive fluoride ingestion.
B. Milk-bottle caries.
C. Tetracycline exposure.
D. Insufficient fluoride intake.
E. Failure to brush the child's teeth properly.

Infants & children who are put to bed with bottle containing fermentable liquids (milk or sucrose containing fruit juices) are of particular risk of developing severe dental caries. Characteristically fluid collects around the upper anterior & posterior teeth.
Illustrated textbook of pediatrics.

Pediatric Surgery

4) 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:

A. Necrotizing enterocolitis.
B. Duplication of the Gut.
C. Intussusception.
D. Bowel obstruction secondary to internal hernia.
E. 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

5) A 7-moth-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:

A. Small PDA (Patent ductus arteriosus).
B. Large ASD (Atrial septal defect).
C. Aortic regurgitation.
D. Mitral regurgitation.
E. Large VSD (Ventricular septal defect).

PDA: Normal S1 & S2. loud S2 only in large shunt.
Continuous murmur below left clavicle, radiate to through the back (machinery). In large shunt, murmur is systolic only due to pulmonary hypertension, & is associated with mitral mid diastolic flow murmur at the apex.

ASD: Wide Fixed splitting of S2
ESM at pulmonary area.
Tricuspid diastolic flow murmur @ left sternal edge with large defect.

AR: Normal S1 & S2
High pitched early diastolic blowing murmur over left sternal edge

MR: Wide splitting of S2/ occasional S3.
Blowing PSM @ apex radiate to left axilla.

VSD: Normal S1+S2
Loud S2 in large VSD
PSM- loud & harsh at left sternal edge in 3rd & 4th intercostal spaces.

Al-Howassi

Pediatrics

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

A. Mumps, measles and rubella.
B. BCG.
C. Influenza vaccine.
D. Oral polio vaccine.
E. Hepatitis B vaccine.

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

Pediatrics

7) 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:

A. Bacterial endocarditis.
B. Viral myocarditis.
C. Acute rheumatic fever.
D. Pericarditis.
E. Congenital heart failure.

Pediatrics

8) 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:

A. Hodgkin's disease.
B. Acute lymphoblastic leukemia (ALL).
C. Histiocytosis X.
D. Acute bacterial lymphadenitis.
E. Metastatic neuroblastoma.

Pediatrics/ ENT

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

A. Atrophic rhinitis.
B. Adenoids.
C. Foreign body (neglected).
D. Choanal atresia.
E. Deviated nasal septum.

Pediatrics

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

A. Pneumonia.
B. Post nasal drip.
C. Tonsillitis.
D. Cystic fibrosis.
E. 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.

ID/Pharmacology

11) Which of the following antibiotics has the least activity against S. aureus?

A. Erythromycin.
B. Clindamycin.
C. Vancomycin.
D. Dicloxicillin.
E. First generation cephalosporins.

Medicine

12) 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 x 109/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:

A. Diabetic nephropathy.
B. Phaeochromocytoma.
C. Polycystic kidney disease.
D. Raised intracranial pressure.
E. Renal artery stenosis.

Psychiatry

13) 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?

A. Pharmacological agents.
B. Panic disorder.
C. Generalized anxiety disorder (GAD).
D. Major depressive disorder (MDD).
E. 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

14) 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:

A. Deliver the news all in one blow and get it over with as quickly as is humanly possible.
B. Fire a "warning shot" that some bad news is coming.
C. Find out how must the patient knows.
D. Find out how much the patient wants to know it.
E. Tell the patient not to worry.

Family and Community Medicine

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

A. The most effective method of smoking control is health education.
B. There is strong evidence that acupuncture is effective in smoking cessation.
C. Anti smoking advice improves smoking cessation.
D. Nicotine replacement therapy causes 40-50% of smokers to quit.
E. 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

16) 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
HDLC 0.92 mmol/L
LDLC 3.88 mmol/L
Triglycerides 2.84 mmol/L (0.34-2.27)
Based on evidence, the following concerning his management is TRUE:

A. The goal of management is to lower the triglycerides first.
B. The goal of management is to reduce the HbA1c.
C. The drug of choice to reach the goal is Fibrates.
D. The goal of management is LDLC ≤ 2.6 mmol/L.
E. The goal of management is total cholesterol ≤ 5.2 mmol/L.

Medicine

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

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

Medicine

18) 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?

A. Inhaled β2 agonists.
B. Oral aminophylline.
C. Inhaled anticholinergics.
D. Oral antihistamines.
E. Oral corticosteroids.

Pediatrics

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

A. Propranolol.
B. Fluoxetine.
C. Lithium.
D. Naproxyn.
E. Timed-released dihydroergotamine mesylate (DHE-45).

Medicine

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

A. A two-drug regimen consisting of isoniazid (INH) and rifampin (Rifadin).
B. A three-drug regimen consisting of isoniazid, rifampin, and ethumbutol (Myambutol).
C. A four-drug regimen consisting of isoniazid, refimpin, pyarazinamide and ethumbutol.
D. No treatment for most patients until infection is confirmed by culture.
E. A five-drug regimen consisting of Isoniazid, rifampin, pyrazinamide, ethumbutol and ciprofloxacin

Psychiatry

21) Characteristic feature of major depressive illness is:

A. Late morning awakening.
B. Hallucination and flight of ideas.
C. High self-esteem.
D. Over-eating.
E. 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

22) 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?

A. Borderline personality disorder.
B. Anorexia nervosa.
C. Bulimia nervosa.
D. Masked depression.
E. Generalized anxiety disorder.

Psychiatry *

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

A. Good premorbid adjustment.
B. Acute onset.
C. Male gender.
D. Family history of mood disorder.

Basic Psychiatry. Dr. Al-Sughier.

Good prognostic factors: late onset, acute onset, obvious precipitating factor, good premorbid personality, presence of mood symptoms, presence of positive symptoms, good support (married, stable family)

Bad prognostic factors: young age at onset, insidious onset, no precipitating factors, poor premorbid personality, low IQ, many relapses, poor compliance, negative symptoms, poor support system, FHx of schizophrenia

- *Note that **FHx of schizophrenia** is considered a bad prognostic factor, unlike **FHx of other mood disorders**, which is considered a good prognostic factor in some references*

Psychiatry

24) A 23-year-old female came to your office with a chief complaint of having "a peculiarly 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?

A. Dysthymia.
B. Major depressive disorder (MDD) with somatic concerns.
C. Somatization disorder.
D. Body dysmorphic disorder.
E. Hypochondriasis.

Body dysmorphic disorder: persistent preoccupation with an imagined bodily defect, ugliness or an exaggerated distortion of a minimal existing defect that the patient feels noticeable to others.

Hypochondriasis: intense over concern & preoccupation with physical health and/or excessive worry about having a series physical disease. The preoccupation persist inspite of medical reassurance, & causes social & occupational dysfunction.

Psychiatry

25) 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. A specific phobia.
B. A social phobia.
C. A mixed phobia.
D. Panic disorder without agoraphobia.
E. 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.

Specifier:

Generalized (used if the fears include most social situations such as initiating or maintaining conversations, participating in small groups, dating, speaking to authority figures, attending parties.)

Adapted from Diagnostic and Statistical Manual of Mental Disorders, 4th Ed, Primary Care Version (DSM-IV-PC). American Psychiatric Association, Washington, DC 1995.

Psychiatry

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

A. Repeated attempts at self injury.
B. Male sex.
C. Symptoms of depression with guilt.
D. Drug and alcohol dependence.
E. If the doctor asked the patient about suicide.

Its written clearly in Basic Psychiatry, Dr.Al-Sughier, Asking about suicidal intention is very important, it will not make suicide more likely.

Epidemiology

27) Incidence is calculated by the number of:

A. Old cases during the study period.
B. New cases during the study period.
C. New cases at a point in time.
D. Old cases at a point in time.
E. Existing cases at a study period.

OB/GYN

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

A. The cervix.
B. The urethra.
C. The rectum.
D. The pharynx.
E. Posterior vaginal fornix.

Surgery

29) 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?

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

30) A 28-yaer-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?

A. Adenocarcinoma of the rectum.
B. Squamous cell carcinoma of the rectum.
C. Internal hemorrhoids.
D. Anal fissure.
E. An external thrombosed hemorrhoid.

Surgery

31) 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?

A. Modified radical mastectomy.
B. Lumpectomy.
C. Biopsy.
D. Radical mastectomy.
E. Watchful waiting.

Surgery

32) 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 39oC 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:

A. Massive intravenous doses of penicillin G.
B. Administration of Clostridia antitoxin.
C. Wide surgical debridement.
D. Massive doses of chloramphenicol.
E. Wide surgical debridement and massive doses of penicillin G.

Surgery

33) 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 Xray were normal. Your MOST likely diagnosis is:

A. Perforated duodenal ulcer.
B. Acute cholecystitis.
C. Acute appendicitis.
D. Acute pancreatitis.
E. Diverticulitis.

Surgery

34) 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:

A. Gastroenteritis.
B. Colitis.
C. Irritable bowel syndrome.
D. Pelvic abscess.
E. Cholecystitis.

Postoperative fever

- Days 0 to 2
  - Mild fever (T<38 C) (Common)
  - Tissue damage and necrosis at operation site
  - Haematoma
  - Persistent fever (T> 38 C)
  - Atelectasis: the collapsed lung may become secondarily infected.
  - Specific infections related to the surgery: e.g. biliary infection post biliary surgery, UTI post urological surgery
  - Blood transfusion or drug reaction

- Days 3-5
  - Bronchopneumonia
  - Sepsis
  - Wound infection
  - Drip site infection/ phlebitis
  - **Abscess formation**, e.g. subphrenic or pelvic, depending on the surgery involved
    - **Symptoms of Pelvic abscess are:-**
      - **Pelvic pain**
      - **Pelvic tenderness**
      - ***Fever***
      - **Increased urination frequency**
      - ***Diarrhea***

- After 5 days
  - DVT
  - Specific complications related to surgery, e.g. bowel anastomosis breakdown, fistula formation
  - After the first week
  - Wound infection
  - Distant sites of infection, e.g. UTI
  - DVT, pulmonary embolus

- Clostridium difficile enteritis/ colitis, though considered an early post-operative complication especially in IBD patients following colectomy. It is *rare* and usually happens within a *time frame of 90 days* "mostly causing re-addmition" presenting with fever and dehydration

Reference :-
http://www.patient.co.uk/showdoc/40000174
http://www.ssat.com/cgi-bin/abstracts/06ddw/SSAT_DDW06_239.cgi

Surgery

35) 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:

A. Request thyroid function tests and follow-up in 2 months.

B. Refer the patient to Gastroenterology for the diagnosis of dysphagia.

C. Admit the patient as a possible cancer thyroid and manage accordingly.

D. Give the patient thyroxin and send her home.

E. If the patient is euthyroid, ask her to come in 6 months.

Surgery

36) A 30-year-old male patient with long history of Crohn's disease. Surgery is indicated if he has:

A. Internal fistula.

B. External fistula.

C. Intestinal obstruction.

D. Abdominal mass.

E. 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

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

A. Dry, sticky oral mucous membranes.

B. Decreased body temperature.

C. Decreased skin turgor.

D. Apathy.

E. Tachycardia.

Surgery

38) 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:

A. Do nothing and no follow-up.

B. Send the aspirated content for cytology and if abnormal do mastectomy.

C. Reassure the patient that this lump is a cyst and reassess her in 4 weeks.

D. Book the patient for mastectomy as this cyst may change to cancer.

E. Put the patient on contraceptive pills and send her home.

Emergency medicine

39) 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:

A. Acute arterial thrombosis.

B. Acute arterial embolus.

C. Deep vein thrombosis.

D. Ruptured disc at L4-5 with radiating pain

E. Dissecting thoraco-abdominal aneurysm.

Clinical Pharmacology *

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

A. Hisutism.

B. Osteoporosis.

C. Osteomalacia.

D. Macrocytosis.

E. Ataxia.

Surgery

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

A. A claw hand defect.
B. A wrist drop.
C. A sensory deficit only.
D. An inability to oppose the thumb to other fingers.
E. The inability to flex the metacarpophalangeal joints.

Median nerve branches below the wrist:

-3 thenar ms -> inability to oppose the thumb
- 1st tow lumbricles.
-palmer digital branches to lateral three & half finger.
-palmer cutaneos branches.

Surgery

42) A 70-year-old patient presented with a skin lesion in the left thigh for many years. This lesion is black, size 1x1 cm. It started to be more pigmented with bleeding. You will advice:

A. Cryotherapy.
B. Incisional biopsy.
C. Wide excision.
D. Immunotherapy.
E. Radiotherapy.

Dermatology

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

A. An underlying internal cancer.
B. An underlying non-Hodgkin's lymphoma.
C. An insulin resistant state.
D. Diabetes mellitus.
E. An underlying Hodgkin's lymphoma.

Medicine

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

A. Correction of deficit of Extra Cellular Fluid volume.
B. Hemodialysis.
C. Administration of furosemide.
D. Administration of mithramycin.
E. Parathyroidectomy.

(Medicine)

45) 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:

A. Overnight dehydration test.
B. Measurement of response to desmopressin (dOAVP).
C. MRI scan of the head.
D. Measurement of morning cortisol level.
E. Measurement of plasma and urine osmolality.

- ADH reabsorbs water from the kidneys back to the body. So when absent or not working such as in diabetes insipidus, water is not reabsorbed so a sodium concentration in the body is high (hypernatremia) while the concentration in urine is low due to the large amounts of non reabsorbed water in it. Likewise, the serum osmolality is high while urine osmolality is low. The opisite is foun in cases of syndrome of inappropriate ADH secretion (SIADH), which is a diagnosis of exclusion where you have to exclude hypothyroidism and adrenal insufficiency. Head trauma is a well known cause of both. In DI serum and plasma osmolality are essential, water deprivation test and response to desmopressin differentiate it from other differentials. MRI of the brain would show any damage or cut to pituitary stalck which causes interference with the delivery of ADH which in turn leads to DI in head trauma. Morning cortisone level is useless and not done (dr.Saboor)

(Pediatrics)

46) 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?

A. Acute otitis media.
B. Otitis media without effusion.
C. Chronic otitis media.
D. Otitis media with effusion.
E. Chronic suppurative otitis media.

- History is a cute, erythema all go with acute otitis media

(Pediatrics)

47) 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^{o}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?

A. Zithromax.
B. Penicillin V.
C. Ciprofloxacin.
D. No antibiotics, rest, fluid, acetaminophen, and saline gargles.
E. Trimothoprim.

- In URTI there's McIsaac criteria (weather or not to start antibiotics): no cough, tender anterior cervical L.N., erythmatous tonsils with exudates, fever> 38, age 3-14. if 0-1 no culture no antibiotics, 2-3 culture if positive antibiotics, 4 start antibiotics. And in this cause 4 are present.. treatment is by penicillin V if allergic erythrmomycin.

(Medicine)

48) 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:

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

- A young female, with a joint problem, high ESR, proteinurea and a positive VDRL (which is false positive in SLE). Blood culture is not needed (patient is a febrile, inflammatory features in the joint aren't so intense), A.S.O. titer is also not top in your list although post-streptglomerulonephritis is possible but not top in the list since its more common in pediatric age group. So the answer would be double stranded DNA which is one of the serology criteria in SLE.

(Medicine)

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

A. Presence of ileal disease.
B. Cigarette smoking history.
C. Presence of disease in the rectum.
D. Non-caseating granulomas.
E. Crypt abscesses.

- The best distinguishing feature is non-cassiating granuloma which is present in only 30 % of patients with CD however when it occurs this is definitively CD. The rest of the features are can occur in either.

(Community Medicine)

50) The MOST effective method of health education is:

A. Mass media.
B. Group discussion.
C. Internal talks.
D. Individual approach.
E. None of the above.

- Mass media is the most effective method of health education. Because of its easy accessibility and it reaches out to a large group of ppl unlike the other options.

(Surgery)

51) A 30-year-old man had pelvic fracture due to blunt trauma. Retrograde urethrography demonstrated disruption of the membranous urethra. The BEST initial treatment is:

A. Passage of transurethral catheter.
B. Suprapubic catheter.
C. Perineal repair.
D. Retropubic repair.
E. Transabdominal repair.

- Best initial management for the patient with damage to membranous urethra is suprapubic catheterization. Transurethral catheterization is contraindicated. And catheter insertion is needed prior to definitive repair.

(Medicine)

52) **45-year-old man presented with anorexia, fatigue and upper abdominal pain for one week. On examination he had tinge of jaundice and mildly enlarged tender liver. Management includes all EXCEPT**:

A. Liver ultrasound
B. ERCP
C. Hepatitis markers
D. Serum alanine transferase
E. Observation and follow up

- The case looks like acute hepatitis with the acute history, the fatigue, mild jaundice and mild hepatomegaly. Investigations

include LFT, hepatitis markers and US liver. Treatment is observation and follow up. ERSP is not needed (not obstructive).

(Medicine)

53) 30-year-old man presented with upper abdominal pain and dyspepsia. Which of the following doesn't support the diagnosis of peptic ulcer:

A. Hunger pain
B. Heart burn
C. Epigastric mass
D. Epigastric tenderness
E. History of hematemesis

- The symptoms of peptic ulcer include pain, dyspepsia, heartburn, bleeding, gastric outlet obstruction but doesn't explain the presence of a mass. Of coarse, any gastric ulcer has to be biopsied to rule out malignancy with multiple samples taken from the center and periphery.

(Medicine)

54) 26-year-old man presented with headache and fatigue. Investigations revealed:
Hb 8 g/dl MCV 85 fL retics 10%
All the following investigations are useful EXCEPT:

A. Coomb's test
B. Sickling test
C. Serum bilirubin
D. Serum iron
E. Hb electrophoresis

- Normocytic anemia with high retic count supports the diagnosis of hemolytic anemia. Billirubin would be high secondary to increase RBC breakdown with production of billiverdin which is converted to billirubin, Coomb's test for autoimmune hemolysis, sickling test, Hb electrophoresis for hemoglobinopathies. Iron deficiency anemia causes decrease in bone marrow production of RBC so retic count wouldn't be high (the bone marrow doesn't have the material to synthesize the RBCs) so measuring isn't justified. In many cases of hemolysis its recommended to give

folic acid because with the high turn over in the bone marrow it gets consumed.

(Surgery)

55) **80-year-old man presented with dull aching pain in the loins. Investigations showed high urea and creatinine. Ultrasound of the abdomen showed bilateral hydronephrosis. Most common cause is**:

A. Stricture of urethral meatus
B. Neoplasm of the bladder
C. Prostatic enlargement
D. Pelvic CA
E. Retroperitoneal fibrosis

- Pain in the loins (which usually increases with increase urine output), bilateral hydronephrosis in an elderly male is MOST COMMONLY (by far) due to BPH. Rest of the cases are rare(note prostate CA causes obstructive symptoms only late in its coarse unlike BPH which occurs in the periurethral region and therefore, causes urinary symptoms early in it coarse).

(Medicine)

56) **35-year-old woman presented with exertional dyspnea. Precordial examination revealed loud S_1 and rumbling mid diastolic murmer at apex. Possible complications of this condition can be all the following EXCEPT**:

A. Atrial fibrillation
B. Systemic embolization
C. Left ventricular failure
D. Pulmonary edema
E. Pulmonary hypertension

- All these are features of mitral stenosis. Atrial fibrillation occurs secondary to left atrial enlargement, the fibrillation increases the risk of thromboembolism. There's more blood in the left atrium, so more is flowing back to the lungs causes pulmonary congestion and edema, when the lung gets congested it tries to protect its self from this excess fluid by constricting the pulmonary arteries, so more constriction is more resistance and

therefore pulmonary hypertension results. The left option is left ventricular failure which doesn't occur, on the contrary the LV is very relaxed since less blood is passing through the stenosed valve to the ventricle so the requirements on the LV is less and the stress is less and ejection fraction is normal.

(Community Medicine)

57) Standard precautions are recommended to be practiced by all healthcare workers (HCW) to prevent spread of infections among patient and HCW. Most important measure:

A. Wearing gloves when examining any patient
B. Hand washing before and after examining any patient
C. Wearing masks and gowns before examining infected patients
D. Recapping contaminated needles and disposing it in sharp container
E. Isolating all infected patient in single rooms

- The most common port of transmitting infection is by hands passing pathogens from one patient to another.

(Medicine)

58) 32-year-old Saudi man from Eastern province came to you for routine pre-employment physical exam. He has always been healthy and his examination is normal.
Lab:-
HCT: 35% MCV: 63fL WBC: 6800/ul retics: 4000/ul (0.7%) Platelet: 27000/ul
his stool: -ve for occult blood
The most direct way to confirm suspected diagnosis:

A. Peripheral smear
B. Measure Hb A_2 level
C. G6PD screening
D. Measure iron, TIBC and ferritin level
E. Bone marrow stain for iron

- Microcytic hypochromic anemia maybe due to iron deficiency anemia in which we would find a low RBC count, a high RDW, low serum ferritin, low iron and low iron binding capacity. However best way to confirm is bone marrow and doing stain for iron.

(Medicine)

59) 15-year-old Saudi boy presented to ER with fever, skin rash and shock. He was resuscitated and admitted to isolation ward with strong suspicion of meningococcal meningitis. LP confirmed the diagnosis. One of the following statements is TRUE:

A. Patient should be isolated in –ve pressure room
B. Prophylaxis treatment should be given to all staff and patient were in ER when the patient was there
C. Ciprofloxacin 500 mg once is an acceptable chemotherapy
D. Meiningococci are transmitted by contact only
E. Meningococci are resistant to penicillin

- Patient with meningiococcal meningitis isolation for 24 hours after starting the antibiotics is of prime importance, since it spreads by droplet infection, it should be in a negative pressure room (similar to T.B.), to act like a vacuum and take the bacteria out. Chemoprophylaxis is given to contacts (including staff) who didn't receive the vaccine in the past 2 years. The chemoprophylaxis is cipro 500 mg po od (this is preventive not therupitic). Meningiococci are sensitive to penicillin. (Dr. Farouq)

(Medicine)

60) Most common source of bacterial infection in I.V canula is:

A. Contamination of fluids during manufacturing
B. Contamination of fluids during insertion of the canula
C. Contamination at site of entry through skin
D. Contamination during injection of medication
E. Seeding from remote site due to intermittent bacteremia

- Most common source of infection is through the skin by the flora present there which is staph. Epidermidis.

(Ethics)

61) Mr. A is 68-year-old businessman diagnosed to have hepatocellular carcinoma. One is true regarding disclosure (informing patient) :

A. Patient should be told immediately after confirming the diagnosis regardless of his whishes
B. Only patient's family should be informed
C. 50% survival rate should be calculated according to literature and discuss with the patient
D. Social worker should be responsible to tell the patient
E. Patient morale and understanding should be studied before telling him

- Patient with malignancy: telling the patient is by the most senior doctor, weather or not to tell the patient is individualized according to the wish of the patient and sometimes the family.

(Surgery)

62) 70-year-old woman has had MI. 2 days after admission she developed abdominal pain and diarrhea with passage of blood. Abdomen x-ray showed distended intestine with no fluid level. Serum amylase level slightly elevated with mild fever. The diagnosis is:

A. Ulcerative colitis
B. Acute pancereatitis
C. Ischemic colitis
D. Diverticulitis
E. Phenindione-induced colitis (*phenindione is an anticoagulant)

- This is the classic scenario of ischemic colitis occurring as a thromboemblic phenomena complicating an acute MI (a few days after) and all the points in the history are consistent with it. Acute pancreatitis would cause a sky high amylase, why would ulcerative colitis occur suddenly plus its not related to MI

(Medicine)

63) Patient presented to ER with dyspnea, right-sided chest pain, engorged neck veins and weak heart sounds. Auscultation: no air entry over the right lung. The treatment is:

A. I.V fluids, pain killer and oxygen
B. Aspiration of pericardium
C. Respiratory stimulant
D. Intubation
E. Immediate needle aspiration and chest tube

- These all are symptoms and signs of tension pnuemothorax which showed be treated immediately before any radiology is done by needle in 2nd intercostals space midclavicular line before the patient collapses after that followed by chest tube which is the definitive management.

(Medicine)

64) 55-year-old male presented to you office for assessment of chronic cough. He stated that he has been coughing for the last 10 years but the cough is becoming more bothersome lately. Cough productive of mucoid sputum, occasionally becomes purulent. Past history: 35 years history smoking 2 packs per day.
On examination: 124 kg, wheezes while talking. Auscultation: wheezes allover the lungs. The most likely diagnosis is:

A. Smoker's cough
B. Bronchiectasis
C. Emphysema
D. Chronic bronchitis
E. Fibrosing alveolitis

- An elderly male with a long history of heavy smoking and change in character of cough is chronic bronchitis which is a clinical diagnosis (cough for most of the days of 3 months in at least 2 consecutive years). Emphysema is a pathological diagnosis (dilatation and destruction beyond the terminal bronchioles). Fibrosing alveolitis causes dry cough.

(Clinical pharmacology)

65) Anticoagulant effect of heparin based on:

A. Alteration of thrombin levels
B. Potentiation of antithrombin III
C. Activation of plasmin into plasminogen
D. Inactivation of ionized calcium
E. Reduction of available factor VII

- Mechanism is by potentiation of antithrombin three.

(Medicine)

66) 25-year-old man had fixation of fractured right femur. two days later he became dyspnic, chest pain and hemoptysis. ABG:-

pH: 7.5 pO2: 65 pCO2: 25

initial treatment is:

A. Furosemide
B. Hydrocortisone
C. Bronchoscopy
D. Heparin
E. Warfarin

- After fracture, fixation (immobile), dyspnea means pulmonary emblosim. You start treatment by heparin for a few days then warfirrin.

(Medicine)

67) 25-year-old student presented to your office complaining of sudden and severe headache for 4 hours. History revealed mild headache attacks during the last 5 hours. On examination: agitated and restless. The diagnosis is:

A. Severe migraine attack
B. Cluster headache
C. Subarachnoid hemorrhage
D. Hypertensive encephalopathy
E. encephalitis

- There must be more to the question, however, cluster headache is more in a males. It causes pain in retro-orbital and on the nose. Associated with flushing, lacrimation and rhinorrhea. It occurs in bouts (for example daily for 2 weeks and then a few months with no symptoms and then a daily for another few weeks and so on). Migraine is well know to be more in females, with aura which is most commonly visual and GI, throbbing in nature (it was also found to be more common in smart people…..that's why its more common in ladies :-). Subarachnoid hemorrhage is classically described as the worse headache in you life!!!! Very severe, associated with seizures, loss of consciousness, meningeal signs. Even in a patient with a chronic headache such as migraine if they come with a headache more than they usually experience they should have a brain CT to role it out (it only takes a few seconds to do the CT and it rules out a devastating disease). Sometimes SAH is proceeded by several warning headaches' the most common cause is trauma and the most common cause of spontaneous SAH is aneurism. Dr.Noor says its migraine since migraine is by far more common than cluster headache in addition to the restlessness and the4 hour duration and again more feature have to be mentioned.

SAMPLER 1

(HMM – 2008)

(Surgery)

1. in abdominal trauma, all true except:
    a) spleen is the common damaged organ
    b) badly injured spleen need splenectomy
    c) <u>abdominal lavage (DPL) often exclude abdominal hemorrhage</u>
    d) abdominal examination often accurate to localize the site of trauma
    e) !!

    N.B. Following insertion of the catheter into the peritoneum, attempt to aspirate free intraperitoneal blood. DPL can't diagnose retroperitoneal hemorrhage. Abdominal examination might help to know the site of injury. Choice C may be the answer

(Surgery)

2. anorectal abscess, all true except:
    a) <u>first line of Rx is ABC</u>
    b) physical sign can be hidden if it is in supra levator space
    c) usually originates from intra- sphinctric space
    d) usually originates from anal gland infection
    e) !!

    N.B. 1st line of tx is incision and drainage

(Surgery)

3. intestinal obstruction, all true except:
    a) increase temp and pulse with localize rigidity and tenderness indicate strangulation
    b) serum amylase could be elevated
    c) <u>always require surgery</u>
    d) if high obstruction the distension will be absent
    e) !!

    N.B. Rx includes also non-surgical method

(Surgery)

4. acute appendicitis in children: question is not much clear
    a) leukocytosis is diagnostic
    b) rarely perforated if it is not well treated
    c) <u>can cause intestinal obstruction</u>
    d) need ABC before surgery for every child
    e) !!

N.B. If appendicitis goes untreated, the inflamed appendix can burst 24 to 72 hours after the symptoms begin. So, perforation is common. Complications include mass, abscess and perforation. Choice C may be the answer

(Surgery)

5. in breast CA, all true except:
    a) 2 cm mass with free axilla is stage I
    b) Chemotherapy is must for pre-menopausal with +ve axilla
    c) Radical mastectomy is the choice of surgery
    d) Yearly mammogram for contra-lateral breast
    e) !!

    N.B. BCS is the treatment of choice(lumpectomy with wide local excision + radiotherapy)

(Surgery)

6. inhalation injury in burns, all true except:
    a) CO is major cause of death in early stage
    b) Pt should be admitted to ICU for observation even without skin burn
    c) Singed vibrissae is respiratory sign
    d) Bronchioles and alveoli could burn from hot smoke
    e) !!

    N.B. injury to upper airway.

(Surgery)

7. ischemic leg:
    a) golden periods 4-16 hrs
    b) nerves are first structure to be damage
    c) angiogram is done in all pt
    d) parasthesia pts are more critical than those with pain
    e) !!

    N.B. and symptom is numbness- light touch is 1st sensation to lose

(Surgery)

8. acute cholangitis, all true except:
    a) E-coli is most common organism
    b) Septic shock is most likely complication
    c) Jaundice is uncommon
    d) ERCP and papillotomy is best Rx

(Surgery)

9. RT colon CA, all true except:
    a) profound anemia
    b) occult blood
    c) dyspeptic symptoms
    d) melena
    e) RLQ mass

    N.B. Lt colon Ca symptoms include (obstruction and PR bleeding)

(Surgery)

10. recent heamothorax:
    a) thoracotomy and decortication
    b) aspiration of chest
    c) insertion of chest tube
    d) volume replacement only

(Surgery)

11. thyroid CA associated with:
    a) hyperthyroidism
    b) hypothyroidism
    c) euthyroid
    d) only metastatic tissue produce hormone
    e) toxic nodule

    N.B hyperthyroidism with Grave's, toxic multinodular goiter and toxic nodule

(Orthopedics)

12. fractured humorous commonly associated with:
    a) radial N injury
    b) ulnar N injury
    c) medial N injury
    d) axillary N injury
    e) musculocutaneous N injury

    N.B. also associated with profunda brachi artery injury

(Orthopedics)

13. fractured pelvis commonly associated with:
    a) bladder injury
    b) penile urethra injury
    c) bulbomembraneus urethra injury
    d) ureter injury
    e) !!

    N.B. I tried to find the answer but I can't. The choice may be C.

(Surgery)

14. best treatment for tension pneumothorax & pt in distress:
    a) IVF
    b) O2
    c) Respiratory stimulator
    d) Aspiration of air by needle
    e) Intubation

(ENT)

15. ranula:
    a) Forked uvula
    b) Thyroglossal cyst
    c) Swelling at the floor of mouth
    d) !!

(Medicine)

16. critical count of platelets which lead to spontaneous bleeding is:
    a) 1000
    b) 50.000
    c) 75.000
    d) 100.000
    e) 200.000
    N.B. less than 20.000

(Surgery)

17. which one will give bilateral breast CA:
    a) lobular breast ca (ILC)
    b) intraductal breast ca (IDC)
    c) mucinous breast ca
    d) paget disease
    e) medullary breast ca
    f) tubular breast ca
    N.B. ILC (bilateral)- IDC (common)

(Surgery)

18. the best method for temporary control of bleeding is:
    a) arterial tourniquet
    b) venous tourniquet
    c) direct finger pressure
    d) adrenaline
    e) !!
    N.B. well known method in the story of ABCDE

(Psychiatry)

19.anorexia nervosa, all true except:

a) lethargy
b) langue hair
c) amenorrhea
d) young female
e) !!

N.B. I think e will be the wrong choice

(Psychiatry)

20.hypochondriasis, all true except:

a) more common in medical students
b) less common in male
c) more common in lower social class
d) defined as morbid preoccupation of one's body or health

(ENT)

21.all are speech disorders except:

(I am not sure whether b and d is a real choices or not)

a) Stuttering
b) Mumping
c) Cluttering
d) Palilia
e) !!

N.B. Types of speech disorders

- Cluttering
- Stuttering
- Apraxia
- Lisp
- Rhotacism
- Spasmodic dysphonia
- Aphasia
- Dysarthria
- Huntington's disease
- Laryngeal cancer
- Selective mutism
- Specific Language Impairment
- Speech sound disorder
- Voice disorders

(Psychiatry)

22.family behavior toward schizophrenic pt affect prognosis adversely:

a) double binding
b) over emotion behavior
c) schismatic parents
d) projective identification
e) !!

N.B. I didn't understand the question.

(Urology)

23.premature-ejaculation, all true except:

a) most common sexual disorder in males
b) uncommon in young men
c) Benefits from sexual therapy involving both partners
d) it benefit from anxiety Rx
e) !!

N.B. Premature ejaculation (PE) is the most common sexual dysfunction in men younger than 40 years.

(ENT)

24.the most prominent symptoms of acute otitis media is:

a) Pain
b) Hearing loss
c) Discharge
d) Tinnitus
e) Non of the above

N.B. triad (pain-deafness and tinnitus)

(Anesthesia)

25.length of trachea in adult is:

a) 11-12 cm
b) 24cm
c) 20cm
d) 4cm
e) Non of the above

N.B. it is a fact that mentioned in applied anatomy book

(Surgery)

26. indication of trachostomy, all true except:
    a) foreign body in larynx
    b) LT recurrent nerve cut
    c) CA larynx
    d) In some procedure which involve in radiation exposure
    e) Non of the above

    N.B. bilateral recurrent N injury is an indication

(ENT)

27. fetal unilateral nasal discharge is feature of:
    a) Adenoid
    b) Choanal atresia
    c) Foreign body
    d) RT atrophy !!
    e) !!

    N.B. forget everything about ENT except this question. It is quite common

(ENT)

28. best first aid to control epistaxis is:
    a) Adrenaline
    b) Cold application on forehead
    c) Good pinching or compression lower end of nose for 5-8 min
    d) Non of the above
    e) !!

    N.B. whenever you see bleeding, pressing is the usual intervention

(Psychiatry)

29. known risk factor of suicide include all of the following except:
    a) depression
    b) previous self attempt
    c) females less than males
    d) drug and alcohol dependence
    e) if doctor ask the pt any suicidal attempt

    N.B. it is well demonstrated in psychiatry book (dr.alsagir)

(Surgery)

30. gastric lavage:
    a) ineffective after 12 hrs Paracemamol intake
    b) indicated with paraffin oil
    c) used more in semiconscious pt than induced vomiting
    d) pt should be in RT side
    e) !!

    N.B. actually ineffective after 1 hr.

(Surgery)

31. A 50 yr old man presented with central abdominal pain radiated to back. Abdominal and back x ray is normal. Dx is:
    a) cholecystitis
    b) appendicitis
    c) pancreatitis
    d) diverticulitis

(Medicine)

32. acute GN, all is acceptable Ix except:
    a) complement
    b) urinanalysis
    c) ANA
    d) Blood culture
    e) Cystoscopy

(Medicine)

33. all of the following precipitate seizure except:
    a) hypourecemia
    b) hypokalemia
    c) hypophosphatemia
    d) hypocalcemia
    e) hypoglycemia

(Medicine)

34. A 25 yr old pt presented with headache , avoidance of light & resist flexion of neck, next step is:
    a) EEG
    b) C-spine X-ray
    c) Phonation
    d) Non of the above
    e) !!

    N.B. I suspect meningitis, the Rx is Abx + LP

(Medicine)

35. A 20 yr old female present with fever, loin pain & dysuria, management include all of the following except:
    a) urinanalysis and urine culture
    b) blood culture
    c) IVU (IVP)
    d) Cotrimexazole
    e) !!

    N.B. I suspect PN. So, Rx includes admission, Abx & re-hydration.

(Surgery)

36. surgery- the most effective monitoring method in pt with acute bleeding is:
    a) HB
    b) HCT
    c) Vital sign
    d) Amount of blood loss
    e) !!

    N.B. Blood loss could be internal one

37- (ENT)

The most common cause of epistaxis in children is:
a) polyps
b) trauma
c) dry air
d) thrombocytopenia
e) !!

- Most cases of epistaxis do not have an easily identifiable cause.
- Local trauma (ie, nose picking) is the most common cause, followed by facial trauma, foreign bodies, nasal or sinus infections, and prolonged inhalation of dry air. A disturbance of normal nasal airflow, as occurs in a deviated nasal septum, may also be a cause of epistaxis.
- Epistaxis is more prevalent in dry climates and during cold weather.

38- (pedia)

The amount of Na+ in ORS "oral rehydration solution" in (WHO) is:
a) 150 meq
b) 120
c)90
d)60
e) 30

Composition of standard and reduced osmolarity ORS solutions

	Standard ORS solution	**Reduced Osmolarity ORS solutions**		
	(mEq or mmol/l)	(mEq or mmol/l) (21)	(mEq or mmol/l) (6, 14, 22-27)	(mEq or mmol/l) (13, 15-18, 28-29)
Glucose	111	111	75-90	75
Sodium	**90**	50	60-70	75
Chloride	80	40	60-70	65
Potassium	20	20	20	20
Citrate	10	30	10	10
Osmolarity	311	251	210-260	245

39- (pedia)

Child with epiglotitis will present with all of the following EXCEPT:
a) fever
b) dysphagia
c) like to lie in supine position
d) stridor
e) !!

Epiglottitis usually presents abruptly and rapidly with fever, sore throat, dysphagia, respiratory distress, drooling, and anxiety.

Physical: Patients tend to appear seriously ill and apprehensive. Characteristically, patients have a "hot potato" muffled voice and may have stridor. Usually children will assume the "sniffing position" with their nose pointed superiorly to maintain an adequate airway.

40- (medicine, heam)

The likelihood of a daughter for father having severe hemophilia B is:
a) 0 %
b) 25 %
c) 50 %
d) 75 %
e) 100 %

involves a lack of the clotting facyor IX . (sex linked, X linked recssive)
Men and women each have 23 pairs of chromosomes. Women have two X chromosomes; men have one X and one Y chromosome. Hemophilia is an X-linked genetic disorder, which means that it's passed from mother to son on the X chromosome. If the mother carries the gene for hemophilia on one of her X chromosomes, each of her sons will have a 50% chance of having hemophilia.

41- (pedia)

All of the following are true about pyloric stenosis, EXCEPT:
a) incidence male more than female
b) onset is generally late in the first month of life
c) vomitus is bile stained
d) appetite is good
e) jaundice occur in association

nonbilious vomiting that increase in volume and frequency is seen>> alkalosis >> low K+, low cl-, and metabolic alkalosis. Unconjugated hyperbilirubinemia is also present.

42- (pedia)

Risk factor of sudden death syndrome include all of the following, EXCEPT:
a) cigarette smoking during pregnancy
b) old primigravida
c) crowded living room
d) prematurity
e) small gestational age

potential risk factors include:

- smoking, drinking, or drug use during pregnancy
- poor prenatal care
- prematurity or low birth-weight
- **mothers younger than 20**
- smoke exposure following birth
- overheating from excessive sleepwear and bedding
- stomach sleeping

Stomach sleeping. Foremost among these risk factors

43- (pedia vs. surgery)

A 2yr boy has rectal pain, bleeding with perinatal itching and constipation for 3 days, physical examination revealed a perianal erythematous rash which extend 2 cm around the anal ring, most likely Dx:

a) anal fissure
b) rectal polyp
c) ulcerative colitis
d) streptococcal infection
e) malacoplakia

I'm not sure

44- (med, ID)

in brucellosis, all of the following are true EXCEPT:

a) brucella abortus cause more severe form than B. melitansis in children
b) human to human is rarely document
c) human can be infected through inhalation
d) brucella species are small, non motile gram –ve coccobacilli
e) pt with high titer can show false –ve

brucella abourtus is less likely to cause more severe disease in cattles & human than b. melitansis. Rarely transmitted by breast feeding & intercourse (human to human). Human can be infected through eating, drinking, inhalation, skin wound. It is a gram –ve rod.

45- (pedia)

Children are expected to walk without support at age of:

a) 6 months
b) 9 monthes
c) 15 monthes
d) 18 monthes
e) 20 monthes

… (abo warda) text book

46- (pedia)

Which of the following vaccines NOT given to a household contact with immunodeficient child:
a) hepatitis
b) DPT
c) oral polio
d) BCG
Who should not get the oral polio vaccine**?** OPV should not be given when there is a higher risk of bad effects caused by the vaccine, including the following:

- Being moderately or severely (badly) ill with or without fever.
- Having someone in the house with a weak immune system.
- History of a severe allergic reaction to a dose of OPV.
- Long-term treatment with steroid medicine.
- Weak immune system. The immune system is the part of the body that normally fights off sickness and disease. A weak immune system may be caused by cancer, HIV or AIDS, inborn immune deficiency, or taking medicines, such as chemotherapy.

47- (pedia)

Symptoms of cystic fibrosis in neonate:
a) meconium ileus
b) pneumothorax
c) steatorrhea
d) rectal prolapse
e) !!

meconium ileus is associated with CF (defect in chromosome 7, autosomal recessive)

48- (pedia)

DKA in children, all of the following are true EXCEPT:
a) don't give K+ till lab results come
b) ECG monitoring is essential
c) if pH < 7.0 → give HCO3-
d)NGT for semiconscious pt
e) furosemide for pt with oligouria

give fluid (volume resuscitation) is the goal. Polyuria is one of DKA symptoms, not oligouria.

49- (med, onco)

Common symptoms of Hodgkin lymphoma not seen in non Hodgkin lymphoma:
a) night sweat
b) superior vena cava syndrome
c) CNS involvement
d) intussusception
e) bone pain

I don't know

50- (pedia)

To prevent tetanus in neonate:
a) give anti-tetanus serum to neonate
b)give immunoglobulin to mother
c) give tetanus toxoid
d) give antibiotics to mother
e) give penicillin to child to kill tetanus bacilli

DTP= diphtheria, tetanus & pertusses
D&T are toxoids, P is inactivated bacteria
Route: IM

51- (pedia)

MMR given at age of:
a) 3 months
b) 8 months
c) 12 months
d) 24 months
e) !!!

52- (pedia)

Hypothyroid in young baby usually due to:
a) endocrine irresponse
b) enzyme def.
c) drug by mother
d) agenesis
c) !!!

maldescent of the thyroid and athyrosis are the commonest cause of sporadic congenital hypothyroidism … (abo warda)… but not realy sure

53- (med)

Blood pressure, all of the following are true EXCEPT:
a) if 2/3 of cuff → false high BP
b) internal cuff must cover 80% of arm
c) follow circadian vary→ late night high BP
d) high BP→ 3 standard deviation away from normal
e) you have to have more than one reading to Dx high BP

a. ?, b. ?, c. no circadian variation in BP, d. ?, e. more than one reading will Dx H BP.

54- (med)

All of the following drugs advised to be given to elderly pt, EXCEPT:
a) cimitidine
b) thyroxin
c) digoxin
d) chloropromide
e) !!

is a sulphonylurea, best avoided in elderly ppl and in those with renal failure.

55- (surgery)

Percentage (%) of reinfarction for pt undergoing non-cardiac surgery:
a) 5%, 3 months after the infarct
b) 15% , 3 months after the infarct
c) 35%, 3 months after the infarct
d) 5%, 3-6 months after the infarct
e) 35%, 3-6 months after the infarct

Reinfarct risk upon undergoing a non-cardiac surgery:-
<3 months after MI ➔ 37% of patients will reinfarct
3-6 months after MI ➔ 15%
>6 months after MI ➔ risk remains constant at 5%

- *reinfarct carries a 50% mortality rate*

56- (med)

Furosemide increase excretion of :
a) Na+
b) K+
c) phosph.
d) non of the above
e) !!

furosemide causes high blood Na+, urea, glucose, cholesterol. And low blood K+, Ca+.

57- (med)

Heparin anticoagulant action depend on :
a) potentiation of antithrombin three
b) change plasmin to plasminogen
c) affect prothrombin
d) affect ionized Ca++
e) !!!

heparin → potentiates antithrombotic affect in antithrombin three
warfrin → inhibits vitamin K-dependent gamma carboxylation of factors 2, 7, 9, 10.

58- (clinical pharmacology)

Digoxin toxicity :
a) tinnitus
b) plural effusion
c) nausea
d) all of the above
e) non of the above

- Extracardiac symptoms: Central nervous system: Drowsiness, lethargy, fatigue, neuralgia, headache, dizziness, and confusion may occur. Ophthalmic: Visual aberration often is an early indication of digitalis toxicity. Yellow-green distortion is most common, but red, brown, blue, and white also occur. Drug intoxication also may cause snowy vision, photophobia, photopsia, and decreased visual acuity. GI: In acute and chronic toxicity, anorexia, nausea, vomiting, abdominal pain, and diarrhea may occur. Mesenteric ischemia is a rare complication of rapid intravenous infusion. Many extracardiac toxic manifestations of cardiac glycosides are mediated neurally by chemoreceptors in the area postrema of the medulla.
- Cardiac symptoms: Palpitations, Shortness of breath, Syncope, Swelling of lower extremities, Bradycardia, Hypotension

59- (community med)

Communicable diseases controlled by:
a) control the source of infection
b) block the causal of transmition
c) protect the susciptable pt
d) all of the above
e) non of the above

60- (OB/Gyn)

Anti D ig not given to a pregnant if :
a) 25- 28 wk
b) anti D Ab titer of 1:8
c) after amniocentesis
d) after antepartum hemorrhage
e) after chorion villi biopsy

- Anti-D is routinely given to un-sensitized mothers at 28 and 34 wks of gestation
- Fetomaternal haemorrhage sensitizes susceptible mothers to develop anti-D antibodies (e.g. Birth, Miscarriage, abortion, amniocentesis, vaginal bleeding, external cephalic version ..etc) ➔ Indications for Anti-D
- The initial response to D antigen is slow sometimes taking as long as 6 months to develop (rising titers)

61- (med)

Blood pH :
a) high after diarrhea
b) low after vomiting
c) more in Rt atrium than Lt atrium
d) lower in Rt atrium than Lt ventricle
e) lower in renal vein than renal artery

a. after diarrhea (which is alkali) the blood will be acidic (low pH)
b. after vomiting (which is acidic ”Hcl”) the blood pH will be alkali (high pH)
c. O2 ➔ low H+ and high pH… so, the pH in Rt atrium “ low O2” will be lower than the Lt atrium “high O2”
d. Lt ventricle has more oxygenated blood than Rt atrium
e. blood in arteries is more oxygenated than that in veins

62- (OB/Gyne)

Premenstrual tension :
a) more in the first half of menses
b) 60% associated with edema
c) associated with eating salty food
d) menorrhagia
e) !!

- Premenstrual syndrome (PMS) is a recurrent luteal phase condition (2nd half of menses) characterized by physical, psychological, and behavioral changes of sufficient severity to result in deterioration of interpersonal relationships and normal activity
- The most common signs and symptoms associated with premenstrual syndrome include:
    - **Emotional and behavioral symptoms**
        - Tension or anxiety
        - Depressed mood
        - Crying spells
        - Mood swings and irritability or anger
        - Appetite changes and food cravings
        - Trouble falling asleep (insomnia)
        - Social withdrawal
        - Poor concentration
    - **Physical signs and symptoms**
        - Joint or muscle pain
        - Headache
        - Fatigue
        - Weight gain from fluid retention
        - Abdominal bloating
        - Breast tenderness
        - Acne flare-ups
        - Constipation or diarrhea
- One study has shown that women with PMS typically consume more dairy products, refined sugar, and **high-sodium foods** than women without PMS. Therefore, avoidance of salt, caffeine, alcohol, chocolate, and/or simple carbohydrates may improve symptoms.

63- (OB/Gyne)

Blockage of first stage labor pain by :
a) block of the lumbosacral plexus afferent
b) block of the lumbosacral plexus efferent
c) block of the pudendal nerve
d) block of sacral plexus
e) !!

I don't know

64- (OB/Gyne)

If a pregnant eating well balanced diet, one of the following should be supplied :
a) Ca++
b) phosph.
c) vit. C
d) none of the above
e) !!

I don't know

65- (OB/Gyne)

Most important cause of immediate post partum hemorrhage :
a) laceration of cervix
b) laceration of vagin
c) uterine atony
d) placental fragment trtention

all of these choices are true but the commenest cause of PPH is uterine atony.

66- (OB/Gyne)

Dysparunea caused by all of the following EXCEPT :
a) cervicitis
b) endometriosis
c) lack of lubricant
d) vaginitis
e) uterine prolapse

Sx of uterine prolapse are: feeling of haviness of fullness in the pelvis, backache, perulent discharge, decubitus ulceration, bleeding.

67- (OB/Gyne)
All of the following are normal flora and should not treated, EXCEPT:
a) trichomonus
b) candida
c) E.coli
d) fragmented bacteria
e) !!

trichomonus vaginalis is a STD, caused by a flagellated bacteria, Rxed by metronidazole, causes green yellowish discharge, male partner should be Rxed as well.

68- (OB/Gyne)
Rx of bacterial vaginitis
a) ampicillin
b) tetracycline
c) metronidazol
d) erythromycin
e) !!

69- (ER)
management of anaphylactic shock all of the following, EXCEPT :
a) I.V.F
b) 100% O2
c) corticosteroid
d) !!
e) !!!

Management of anaphylaxis is summarized by:-
Epinephrine + Diphenhydramine, then oxygen + IV fluids

70- (surgery)
All of the following are signs of allergy to local anesthesia, EXCEPT :
a) laryngeal spasm
b) urticaria
c) low BP
d) bronchospasm

I don't know

71- (Surgery)

gastric aspiration :

a) cuffed NGT may prevent aspiration

b) !!

c) !!!

72- (Surgery)

Below the inguinal ligament, where is the femoral artery :

a) medial

b) lateral

c) anterior

d) posterior

e) !!

from medial to lateral → vein, artery, nerve

(Medicine)
73- Hepatitis most commonly transferred by blood is:
a) HBV.
b) HAV.
c) HCV (previously known as non a non b).
d) None of the above.

Answer: c. HBV transmission by blood was common before effective screening tests and vaccine were available. HAV is transmitted via enteral route. HCV recently with PCR technology began to have a screening test, but transmission remains high ass many infected individuals are carriers.

(Medicine)
74- Primary TB:
a) Usually involves upper lobe of lung.
b) Normal X-ray.
c) +ve PPD test.
d) None of the above.
e) All of the above.

Answer: c. Primary TB has some x-ray findings, although non-specific. X-ray is normal only in 15% of pts with primary TB. Has a +ve PPD test and is characterized by lower lobe disease.

(Medicine)
75- Increased bleeding time is seen in all of the following except:
a) Hemophilia.
b) Scurvy.
c) VwD (Von-Willebrand disease).

Answer: a.

(Medicine)
76- Serum ferritin reflects:
a) Total iron stores.
b) Serum iron.
c) Bone marrow iron.
d) None of the above.

Answer: a. Serum iron is reflected by TIBC which is an indirect measure of transferrin.

(Medicine)
77- Which one shifts oxyheamoglobin dissociation curve to the LEFT:
a) Hypoxia.
b) Acidosis.
c) High altitude.
d) None of the above.

Answer: a. Hypoxia leads to releasing myoglobin from muscles leading to left curve. Acidosis and high altitude both cause right shift. NOTE: Alkalosis also shifts the curve to the left.

(Community Medicine)
78- Treatment of contacts is applied in all of the following except:
a) Bilharisiasis.
b) Malaria.
c) Hook worm.
d) Filariasis.

Answer: a. Bilharisiasis (schistosomiasis) is transmitted by exposure to fresh water inhabitited by cercariae stage of the species that are expelled by snails infected by it. So, prevention is by avoiding these areas. However for malaria and filariasis, the vector lives in close contact with humans (mosquitoes). And hook worm larvae live in the soil contaminated by feaces of infected humans.

(Community Medicine)
79- The best way for health education:
a) Mass media.
b) Interview.
c) ??

Answer: I don't know

(Clinical Pharmacology)
80- Which one of these drugs is administered orally:
a) Amikacin.
b) Neomycin.
c) Gentamycin.
d) Streptomycin.
e) Tobramycin.

Answer: b. All aminoglycosides have very poor oral uptake. Neomycin is too toxic for enteral use. So it is given orally (also Kanamycin) mainly to act on bowel flora in preparation for bowel surgery.

(Clinical Pharmacology)
81- Chronic use of steroids will give:
a) Osteomalacia.
b) Myopathies of pelvic girdle.
c) Increased risk of breast Ca.
d) Hypoglycemia.

Answer: b. Steroids will cause osteoporosis by inhibiting Vit. D, not osteomalacia. There has been no association with breast Ca. It causes hyperglycemia and steroid-induced diabetes. Steroids will cause proximal myopathy.

(ENT)
82- Swallowed foreign body will be found in all of the following except:
a) Stomach.
b) Tonsil.
c) Pharyngeal pouch.
d) Piriform fossa

Answer: b.

(Medicine)
83- All of the following are true about pulmonary embolism, except:
a) Normal ABG.
b) Sinus tachycardia is the most common ECG finding.
c) Low plasma D-dimer is highly predictive for excluding PE.
d) Spiral CT is the investigation of choice for diagnosis.
e) Heparin should be given to all pts with high clinical suspicion of PE.

Answer: a. In PE, ABG will show decreased PaO2 and PaCO2.

(Clinical Pharmacology)
84- All of the following cause gastric irritation, except:
a) Erythromycin.
b) NSAIDS.
c) Sucralfate.
d) Diclofenac.
e) Penicillins.

Answer: c. Penicillins cause gastric irritation if given orally at high doses.

(Clinical Pharmacology)
85- All of the following are anti-arrhythmic drugs, except:
a) Xylocaine.
b) Digoxin.
c) Quinidine.
d) Amiodarone.
e) Procainamide.

Answer: a. Lidocaine (not xylocaine) is the local anesthetic that is also an anti-arrhythmic.

(Pediatrics)
86- Apgar score:
a) Heart rate is an important criterion.
b) Is out of 12 points.
c) Gives idea about favoribilty of vaginal delivery.
d) Taken at delivery time and repeated after 5 minutes.
e) Respiratory rate is an important criterion.

Answer: a. Apgar score reflects condition and well-being of infant at birth. It is out of 10 points, and is taken 1 minute after delivery then repeated at 5minutes after delivery. Heart rate and respiratory effort (not rate) are the most important criteria. Other criteria are color, reflex irritability and muscle tone.

(Urology)
87- Old male came with urine retention, dilated ureter and hydronephrosis, Dx is:
a) Benign prostatic hyperplasia.
b) Ureteric stone impaction.
c) Cladder tumor.

Answer: a.

(Medicine)
88- In DKA, use:

a) Short and intermediate acting insulin.
b) Long acting insulin.

Answer: a. Short acting insulin is most preffered to avoid causing hypoglycemia. Also important measures in treatment of DKA are fluid and potassium replacement along for searching for a source of infection and treating it.

(Urology)
89- In Testicular torsion, all of the following are true, except:

a) Very tender and progressive swelling.
b) More common in young males.
c) There is hematuria.
d) Treatment is surgical.
e) Has to be restored within 12 hours or the testis will infarct.

Answer: c.

(Ophthalmology)
90- Question about congenital squint

(Medicine)
91- All of the following causes secondary HTN, except:

a) Pheochrmocytoma.
b) Addison's disease.
c) Hyperaldosteronism (conn's disease)
d) Renal disease.
e) Pregnancy.
f) Primary hypothyroidism.

Answer: b. Addison's disease causes postural hypotension. Pregnancy induced HTN occurs in pre-eclampsia. And yes, Primary hypothyroidism as well as thyrotoxicosis cause secondary HTN.

(Clinical Pharmacology)

92- All of the following are true about paracetamol poisoning, except:

a) Metabolic acidosis.
b) Hypoglycemia.
c) Bronchospasm.
d) Liver Failure.
e) Acute renal tubular necrosis.

Answer: c.

(ENT)

93- Adenoids:

a) Can be a chronic source of infection.
b) Causes snoring.
c) Located at the back of the nasopharynx 1 inch above the uvula.
d) Involved in the immune system reaction.
e) All of the above.

Answer: e.

(Pediatrics)

94- Cellulitis in children (6 – 24 months) is most commonly caused by:

a) H. influanzae.
b) Group A Streptococcus.
c) Staphylococcus.

Answer: b. Although gram –ve organisms (such as H. influanzae) occur at a higher rate in immunocomprimised and in children than in normal adults, Group A strept. remains the most common causative organism of cellulitis.

SAMPLER 2

(BAM – 2008)

(OB/Gyne)

01 All the following drugs should be avoided in pregnancy EXCEPT:

a) Na^+ Valproate.
b) Glibenclamide.
c) Keflex.
d) Septrin.
e) Warfarin.

Answer = b) Glibenclamide.

(Community Medicine)

02 Secondary prevention is best effective in:

a) DM.
b) Leukemia.
c) Pre-eclampsia.
d) Malabsorption.

Answer = d) Malabsorption.

(Surgery)

03 Complications of colostomy are all the following EXCEPT:

a) Malabsorption of water.
b) Prolapse.
c) Retraction.
d) Obstruction.
e) Excoriation of skin.

Answer = e) Excoriation of skin.

(Medicine)

04 Regarding rubella infection, one is TRUE:

a) Incubation period is 3-5 days.
b) Causes oral ulcers.
c) Causes arthritis.
d) Does not cause any heart problem to the fetus.

Answer = c) Causes arthritis.

(Orthopedics)

05 Avascular necrosis of the head of femur is usually detected clinically by:

a) 3 months.
b) 6 months.
c) 11 months.
d) 15 months.

Answer = a) 3 months. X-rays are diagnostic in the first few weeks. No source I reviewed talked about when it can be 'clinically' detected.

(Ophthalmology)

06 All the following may cause sudden unilateral blindness EXCEPT:

a) Retinitis pigmentosa.
b) Retrobulbar neuritis.
c) Retinal detachment.
d) Vitreous hemorrhage.
e) Central retinal artery embolism.

Answer = a) Retinitis pigmentosa. It causes gradual night blindness.

(Medicine)

07 Fecal leukocytes come with all EXCEPT:

a) Shigellosis.
b) Clindamycin induced colitis.
c) Idiopathic ulcerative colitis.

Answer = b) Clindamycin induced colitis.

(Medicine)

08 In a child with TB, all is found EXCEPT:

a) A history of exposure to a TB patient.
b) Chest x-rays findings.
c) Splenomegaly.
d) A (+ve) culture from gastric lavage.

Answer = All is correct!

(Medicine)

09 In brucellosis, all is true EXCEPT:

a) Back pain.
b) Hepatomegaly.
c) Splenomegaly.
d) Lymphadenopathy.
e) Gastroenteritis.

Answer = e) Gastroenteritis.

(Medicine)

10 All can be used for the treatment of acute gout EXCEPT:

a) Allopurinol.
b) Penicillamine.
c) Gold salt.
d) Paracetamol.
e) Indomethacin.

Answer = b) Penicillamine.

(Pediatrics)

11 In a 6 months old patient with sepsis, the most likely organism will be:

a) Listeria.
b) Ì-Hemolytic Streptococci.
c) H. Influenza type B.
d) Staph. Epidermis.

Answer = c) H. Influenza type B.

(Medicine)

12 In mycoplasma pneumonia, there will be:

a) A (+ve) cold agglutinin titer.
b) Lobar consolidation.

Answer = Both are correct!.. A positive cold agglutinin titer occurs in 50-70% of patients, and lobar consolidation may also be present but rare.

(Medicine)

13 The treatment of community acquired pneumonia is:

a) First generation cephalosporin.
b) Penicillin G + second generation cephalosporin.
c) Erythromycin.
d) Erythromycin + Gentamycin.

Answer = c) Erythromycin.

(Pediatrics)

14 All are vaccines given in Saudi Arabia to normal children EXCEPT:

a) TB.
b) Pertussis.
c) H. Influenza type B (HiB).
d) Mumps.
e) Diphtheria.

Answer = All are given nowadays, HiB was the correct answer a few years ago but not anymore.

(Pediatrics)

15 UTI in children is:

a) Diagnosed by isolation of 10^5 of the same organism by a clean catch.

Answer = No other choice!

(Medicine)

16 Hypokalemia occurs with all EXCEPT:

a) Metabolic alkalosis.
b) Acute tubular acidosis.
c) Chronic diarrhea.
d) Hyperaldosteronism.
e) Furosemide.

Answer = b) Acute tubular acidosis.

(Medicine)

17 Urine analysis will show all EXCEPT:

a) Handling phosphate.
b) Specific gravity.
c) Concentrating capacity.
d) Protein in urine.

Answer = a) Handling phosphate.

(Medicine)

18 In acute renal failure, all is true EXCEPT:

a) Phosphatemia.
b) Uremia.
c) Acid phosphate increases.
d) K^+ increases.

Answer = c) Acid phosphate increases.

(Surgery)

19 In a patient with anaphylactic shock, all are correct treatments EXCEPT:

a) Epinephrine.
b) Hydralazine.
c) Adrenaline.
d) Aminophillin.

Answer = b) Hydralazine. It causes anaphylactic reactions.

(Surgery)

20 A partial thickness burn:

a) Is sensitive.
b) Is insensitive.
c) Will change to slough within 2-3 weeks.
d) Needs a split graft.
e) Needs a free flap.

Answer = Could be sensitive if superficial, insensitive if deep, will start to heal within 2-3 weeks, and may need a split graft if deep. So, all is true EXCEPT (e).

(Urology)

21 In an 82 years old patient with acute urinary retention, the management is:

a) To empty the bladder by Foley's catheter and follow up in the clinic.
b) To insert a Foley's catheter then send the patient home to come back in the clinic.
c) To admit and investigate by TURP.
d) Immediate prostatectomy.

Answer = b) To insert a Foley's catheter then send the patient home to come back in the clinic.

(Medicine)

22 A 6 years old female from Jizan with haematuria, all the following investigations are needed EXCEPT:

a) Hb S.
b) Cystoscopy.
c) Hb electrophoresis.
d) Urine analysis.
e) U/S of the abdomen to see any changes in the glomeruli.

Answer = c) Hb electrophoresis.

(Medicine)
23 In a patient with Hb = 8, MCV = 82, retic = 10%, all is needed EXCEPT:

a) Hb electrophoresis.
b) Coombs test.
c) Serum iron level.
d) Serum bilirubin level.

Answer = c) Serum iron level.

(Medicine)
24 A boy with a cola urine colour, 3 weeks back a throat swab showed group A â-hemolytic streptococci, all is in favor of diagnosing post streptococcal glomerulonephritis EXCEPT:

a) Red cell casts in urinalysis.
b) Increased creatinine.
c) Streptozyme test.
d) Decreased complements.
e) Shrunken kidney by U/S.

Answer = e) Shrunken kidney by U/S. Its either normal or slightly enlarged.

(Medicine)
25 In a patient with weight loss, all can be a cause EXCEPT:

a) Thyrotoxicosis.
b) Nephrotic syndrome.
c) TB.
d) AIDS.

Answer = b) Nephrotic syndrome will cause edema = more weight

(Medicine)
26 A 36 years old female with FBS = 14 mmol & glucosuria, without ketones in urine, the treatment is:

a) Intermittent I.M. insulin NPH.
b) Salphonylurea + diabetic diet.
c) Diabetic diet only.
d) Metformin.

Answer = c) Diabetic diet only.

(Surgery)
27 50 years old female with rectal bleeding, on examination an external hemorrhoid was found, the treatment:

a) Advice excision of hemorrhoid.
b) Do nothing and follow up in 6 months.
c) Send home on iron tablets.
d) Bowel enema + colonoscopy.
e) Rigid sigmoidoscopy.

Answer = d) Bowel enema + colonoscopy.

(Surgery)
28 In peritonitis:

a) The patient rolls over with agony (pain).
b) The patient lies still.
c) Pulse rate is decreased.

Answer = a) The patient rolls over with agony (pain).

(OB/Gyne)
29 A cord prolapse occurs in all EXCEPT:

a) Premature rupture of membranes.
b) Preterm delivery with rupture of membranes.
c) Oligohydramnios.
d) Head high in pelvis.

Answer = c) Oligohydramnios.

(OB/Gyne)

30 In diabetes in pregnancy:

a) Oligohydramnios occurs.
b) Hypoglycemia occurs in the baby after delivery.
c) Hypercalcemia occurs in the baby.

Answer = b) Hypoglycemia occurs in the baby after delivery.

(Surgery)

31 Stress ulcers can be found in all EXCEPT:

a) Burns.
b) Aspirin.
c) CNS lesions.
d) Penicillin.

Answer = d) Penicillin.

(Medicine)

32 Peripheral neuropathy can occur in all EXCEPT:

a) Lead poisoning.
b) DM.
c) Gentamycin.
d) INH (anti-TB).

Answer = All can cause peripheral neuropathy!

(Medicine)

33 In a patient with upper abdominal pain, all is in favor of peptic ulcer EXCEPT:

a) Hunger pain.
b) Heart burn.
c) Epigastric mass.
d) Epigastric tenderness.
e) Hematemesis.

Answer = c) Epigastric mass.

(Medicine)

34 Premalignant lesions have:

a) Pedunculated polyps.
b) Villous papilloma (adenoma).
c) Polypoid polyp.
d) Juvenile polyp.

Answer = b) Villous papilloma.

(Surgery)

35 Multiple ulcers on the medial aspect of the leg with redness and tenderness around it are most likely:

a) Venous ulcers.
b) Ischemic ulcers.
c) Carcinoma.

Answer = a) Venous ulcer.

(Surgery)

36 A 35 years old female with bloody discharge from the nipple, on examination there is cystic swelling near areola, the most likely diagnosis is:

a) Duct ectasia.
b) Intra-ductal papilloma.
c) Fibroadenoma.

Answer = b) Intra-ductal papilloma.

(Surgery)
37- Appendicitis most diagnostic:
a) fever
b) diarrhea
c) urinary symptoms
d) leukocytosis
e) tender Rt lower quadrant with rebound

(Surgery)
38- Pt known to have gall stones presented with central abd. Pain and bruising in the flanks, Dx

a) acute cholecystitis
b) acute pancreatitis
c) !!
d) !!
e) !!

(Orthopedics)
39- congenital hip dislocation (CDH)

a)Dx after 3 yrs
b)abduction + flexion (ortolani test) produce click
abduction not limited
lengthening of the leg
rx by open reduction

(Orthopedics)
40- Supra-condylar fracture pt presented with swelling and cyanosis of finger after plaster. Management:

a) Removal of splint near finger
b) Entire removal of all splint
c) !!
d) !!!

(Orthopedics)
41- Adduction hip & internal rotation in fixed position will be :

a) Ant. Dislocation of hip
b) Post. Dislocation of hip
c) !!
d)!!!
e)!!!!

(Pediatrics)
42- Neonatal just delivered , term pregnancy. Developed resp.distress CXR showed multicystic lesion in Lt side shifted mediastinum to the Rt , decreased bilatral breath sound & flat abdomen:

a) Diaphragmatic hernia
b) RDS
c) Emphysema
d) !!
e) !!!

(Pediatrics)
43- A 2 month – boy with projectile vomiting. On examination olive mass in Rt upper quaderant of abdomen. 1st step of investigation is:

a) x-ray abd.
b) U&E
c) Barium study
d) !!
e) !!!

(Surgery)
44- 2 day-old neonate presented with peri-rectal bleeding, Dx

a) Mickles diverticulum
b) Intussception
c) Fissure –in-ano
d) !!
e) !!!

intussception : blood PR (jam like)

(Surgery)
45- Child with imperforated anus the most useful diagnostic procedure is:

a) Plain X-ray of abd. with child inverted position
b) Plain X-ray abdomen
c) !!
d) !!!
e) !!!!

(Pediatrics)
46- 18 month-old pt ,the mother complain that pt is saying only mama baba , no other words .pt otherwise completely normal. 1st step to evaluate :

a) Physical examination
b) Hearing test
c) Developmental test
d) Test speech
e) !!

(Pediatrics)
47- perinatal asphyxia could cause by all EXCEPT :

a) Abruptio placenta
b) Hyper emisis gravidium
c) Pre-eclampsia
d) !!
e) !!!

(OB/Gyne)
48- Sign and symptoms of normal pregnancy,EXCEPT:

a) Hyperemesis
b) Hegar sign
c) Chadwick's sign
d) Amenorrhea

Hegar sign: softening of the lower uterine segment
Chadwick's sign : bluish discoloration to the cervix and vaginal walls

(OB/Gyne)
49- In twins all true, EXCEPT :

a) Dizygote more common than monozygote
b) In dizygote more twin-to twin transfusion
c) Physical changes double time than single form
d) U/S can show twins
e) !!

(OB/Gyne)
50- Ectopic pregnancy, EXCEPT :

a) Occur ovarian in 20%
b) Empty uterus by u/s with high beta-HCG before 12 wks
c) Beta –HCG double of normal
d) !!
e) !!!!

(OB/Gyne)
51- Breech presentation all true , EXCEPT:

a) Breech after 36 wks about 22%
b) Known to cause intra-cranial hemorrhage
c) Known with prematurity
d) !!
e) !!!

(OB/Gyne)
52- In lactation all true, EXCEPT:

a) Sucking stimulate prolactin
b) Sucking cause release of oxytocin
c) Milk release deacreased by over hydration
d) !!
e) !!!

(OB/Gyne)
53- secondary amenorrhea

a) always pathalogical
b) is part of sheehan syndrome
c) turner syndrome
d) !!
e) !!!

(OB/Gyne)
54- Pt with post partum hemorhage & infertility, all can be found EXCEPT:

A) Balloning of sella turcica
b) Decrease Na
c) Hypoglycemia
d) Decreased T4
e) Decreased iodine uptake

no idea

(OB/Gyne)
55- Placenta previa, all true EXCEPT:

a) Shock out of proportion of bleeding
b) Malpresentation
c) Head not engaged
d) Painless bleeding
e) !!

(OB/Gyne)
56- PID(pelvic inflammatory dis), all true EXCEPT:

a) Infertility
b) Endometriosis
d) Dysparunia
c) Can be treated surgically
e) !!!

(Surgery)
57- Laprascopy could be used in all, EXCEPT:

a) Infertility
b) Intestinal obstruction
c) 1ry amenorrhea
d) !!
e) !!!

(OB/Gyne)
58- Recurrent abortion:

a) Genetic abnormality
b) Uterine abnormality
c) Thyroid dysfunction
d) DM
e) Increased prolactin

(OB/Gyne)
59- DIC occur in all ,EXCEPT:

a) Abruptio placenta
b) Fetal death
c) DM
d) Pre-eclampsia
e) !!

(OB/Gyne)
60- Pregnancy induced HTN, all true EXCEPT:

a) Ankle edema
b) Polyuria
c) Exaggerated reflex
d) RUQ pain
e) !!

(OB/Gyne)
61- Pyelonephritis in pregnancy , all true EXCEPT:

a) Gentamycin is drug of choice
b) Abruptio placenta should ruled out
c) E .coli common organism
d) Should be treated even for asymptomatic
e) !!

(Medicine)
62- All indicate severity of bronchial asthma ,EXCEPT:

a) Intercostal and supraclavicular retraction
b) Exhaustion
c) PO2 60 mmHg
d) PO2 60 mmHg +PCO2 45 mmHg
e) Pulsus paradoxis > 20mmHg

Severe: PEFR<50% Sa O2 <91%,PCO2 >42, dyspnea at rest, inspiratory & expiratory wheezes, accessory muscle use , pulsus paradoxus >25 mmHg

(ENT)
63- All are normal in association with teething EXCEPT:

a) Rhinorrhea
b) Diarrhea
c) Fever > 39 C
d) Irritability
E) !!

(Medicine)
64- Pt come within 3 hrs H/O Lt side weakness , examination revealed Lt side hemiparesis, pulse 120/min irregular with diastolic murmer at mitral area. 1st step of nanagement :

a) heparin
b) digoxim
c) EEG
d) carotid angiography
e) echo

(Medicine)
65- pt with fever , pallor petechei, echemosis, CBC as WBC 2,800 /mm3 ,Hb 6 &
plt 2900 . next step of investigation :

a)bone marrow aspiration
b) !!
c) !!!
d) !!!

(Medicine)
66- pt on chemotherapy presented with fever , all should be done , EXCEPT:

a) blood culture
b) urine culture
c) aspirine is effective
d) broad spectrum antibiotics
e) !!

(Surgery)
67- crohn's disease indication of surgery is:

a) internal fistula
b) external fistula
c) intestinal obstruction
d) abd.mass ????
e) !!

surgery reserved for complication as fistulae,obstructon,abscess,perfortion&bleeding)

(Surgery)
68- in affected index finger, all can be used , EXCEPT:

a) rubber tourniguet
b) xylocaine
c) adrenalin
d) ring block
e) !!

no idea

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

a)bacterial endocarditis
b) viral myocarditis
c) acute rheumatic fever
d) pericarditis
e) !!

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

(Medicine)
70- sign of congestive heart failure in children all .EXCEPT:

a)gallop rhythm
b) periorbital edema
c) basal crept.
d) hepatomegaly
e) bounding pulse

(Medicine)
71- 7 month-old infant with 4 months H/O interruption of feeding, normal S1 loud S2 pansystolic murmer grade III/IV at 3rd Lt intercostal parasternally,
with hyperactive pericardium. Dx:

a) large VSD
b) large ASD
c) PDA
e) AR
e) MR

VSD(delayed growth,holosystolic murmer at LLSB
PDA(poor feeding ,bounding pulse,hyperactive pericordium,continuous murmer
best heard infravlavicular and sometimes systolic at leftsternal edge

(Medicine)

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

a) viral infection
b) bacterial lymphadenitis
c) Hodgkin L.
d) ALL
e) !!

(SURGERY)

73- 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:

a) Simple goiter
b) Diffuse toxic goiter (gravis disease)
c) Toxic nodular goiter
d) Carotid body tumor
e) 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)

74- Patient presented with fluctuant redness of finger bulb. Treatment:

a) Incision
b) Penicillin
c) !!
d) !!
e) !!

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)

75- Infertility, all true, EXCEPT:

a) Male factor present 24%
b) Normal semen analysis is >20,000,000
c) Idiopathic infertility is 27%
d) High prolactin could be a cause
e) !!

(MEDICINE)

76- Patient with H/O fever, peripheral blood film +ve for malaria:

a) Banana shaped erythrocyte is seen in P. vivax
b) Mostly duo to P. falciparium
c) Treated immediately by primaquin 10mg for 3 days
d) Response to Rx will take 72 hr to appear
e) !!

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 irradication od P.ovale & p.vivax. Chloroquine is the 1st line of treatment & is used in 2 doses.

(GYN/OBST)

77- Primary amenorrhea duo to:

a) Failure of canalization of mullarian duct
b) Kallmann syndrome
c) Agenesis
d) All of the above
e) Non of the above

Primary amenorrhea:
-No menses by age of 14 and absence of 2ry sexual CCx.
-No menses by age of 16 with presence of 2ry sexual CCx
Causes: Gonadal dysgenesis 30%, Hypothalamic-pituitary failure e.g Kallmann syndrome(defecient GnRH), congenital absence of uterus (20%) "agenesis of Mullerian system", Androgen insensitivity (10%),

(SURGERY)

78- Patient oliguria one contraindicated: "??"

a) I.V. ringer lactate
b) I.V.P
c) !!
d) !!
e) !!

Q is not clear for me :s

(SURGERY)

79- Patient with multiple trauma, conscious.Rx:

a) ABC
b) I.V.F
c) Cross match
d) !!

(SURGERY)

80- Among the causes of Prtal HTN, which of these will cause the lease hepatocellular damage

a) Schistosomiasis
b) Alcoholic cirrhosis
c) Post necrotic scaring
d) Cirrhosis duo to chronic active hepatitis
e) !!

(GYN/OBST)

81- Obstructed labor: "??"

a) Primigravida
b) Easy to be Dx early before starting labor
c) !!
d) !!
e) !!

Q is not clear for me :s

(SURGERY)

82- RTA with urethral bleeding. Step of management:

a) Insert foley's cath
b) Stabilize the pelvis
c) Insert suprapubic cath
d) !!
e) !!

The life is too short but... you can do something going on & everyone can remember you in good things that you did

SAMPLER 3

(LAT – 2008)

(Medicine)

1.complications of systemic hypertension are all EXPECT:

a) Intracerebellar haemorrhage

b)Renal artery stenosis.(this causes HTN)

c)!!

d)!!!

The adverse effects of hypertension principally involve the CNS(stroke from cerebral haemorrhage, hypertensive encephalopathy, subaracnoid 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)

2.S3 occur in all of the following EXCEPT:

a)Tricuspid regurgitations.

b)young athelete.

c)LV failure.

d)mitral stenosis.

Physiological 3rd heart sound, is a filling sound that results from rapid diastolic filling as occurs in Healthy young adults, children, Athelets, 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.

(Danish).

(Medicine)

3.Treatment of chronic atrial fibrillation all, EXCEPT:

a)cardioversion

b)digoxin

c)warfarin

d)!!

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 (+/- anticagulation).

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

In general, each patient deserves at least one cardioversin trial.

If patient is unstable and presents in shock , severs 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, b-blocker or verapamil to reduce the ventricular rate.

If it's unsuccessful then cardiovert the patient after anticoagluanting him for 4 wks.

In chronic atrial fibrillation, cardioversion is contra-indicated due to risk of thrombus dislodge

(kumar &clark,Danish)

(Medicine)

4.Treatment of unstable angina include all EXCEPT:

a)heparin

b)nitroglycerin

c)b-blocker

d)aspirin

e)!!!

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.

Heparin, antiplatelet, nitrates and b-blocker.

(Danish)

(Medicine)

5.Patient with RT femur fracture developed chest pain, hemoptysis, ABG Po2 below 65 pCO2 increased, first line of management:

a)Heparin.
b)aminophyllin.
c)!!!
d)!!

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)

6.patient with pain in sacroiliac joint, with morning stiffness. X-ray of sacroiliac joint... all will be found EXCEPT:

a) RF –ve
b)subcutaneous nodules.
c)male> female
d)!!

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.
(Danish).

(ENT)

7.Glue ear, one is true:

a)can be treated by grummet tube insertion.
b)!!
c)!

serous otitis media= secretory otitis media= mucoid otitis media= glue ear.
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)

8.The first symptom of left heart failure is:
a)orthopnea
b)edema
c)dyspnea on exertion
d)!!

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.
(Danish)

(ENT)

9.Tinnitus, one is true:
a) Not expert by children.
b)!!
c)!!!
tinnitus is a ringing sound with it's 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, heared by stethoscope such as in glomus tumor & carotid artery aneurysm.
This type is less frequent.

Tinnitus synchronus with respiration can be due to abnormal patent Eustacian 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 dhingra)

(Pediatrics)

10.Treatmentof tetrology of fallot ,all true EXCEPT:
a)Thoracotomy
b)use of systemic antibiotics.
c)chest tube insertion.
d)!!

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.
(Danish)

(OB/Gyne)

11.The following are risk factors of puerperal infection EXCEPT:
a) endometriosis
b)cervical laceration
c)haemorrhage
d)anemia
e)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& anerobic
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.
(hacker and moore).

(Urology)

12.Epididymitis, one is true:

a)The peak age between 12 &18.
b)u/s is diagnostic.
c)The scrotal contents are within normal size.
d) typical iliac fossa pain.
e) non 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 and negative urinanalysis.
Urine culture and gram staining demonstrates offending organism.
(Danish , browse).

(Medicine)

13.The following are features of rheumatic fever, Except:

a)restless, involuntary abnormal movements.
b)subcutaneous nodules.
c)rashes over trunk and extremities.
d)short PR interval on ECG.
e)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 Ducket 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)

14.All are differential diagnosis of croup except:

a)pneumonia

b)foreign body inhalation.

c)cystic fibrosis.(NOT SURE)

d)tonsillitis.

e)!!

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

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

Causes are:

Viral laryngotracheitis, spasmodic croup, bacterial trachieitis

Less common causes are epiglottis, inhalation of smokes trauma to throat, retropharyngeal abcess, laryngeal foreign body, angioedema, infectious mononucleosis, measles and diphtheria.

(Pediatrics)

15.!! child presented with HX of restless sleep during night, somnolence "sleepiness" during day time, headache....etc the most likely diagnosis is

a)sinopulmonary syndrome

b) sleep apnea

c)laryngeomalacia

d)adenoidectomy.

Tonsillitis and enlarged adenoids may occlude the nasopharengeal 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.

Laryngeomalacia: 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 3yrs,but meanwhile the baby may have real respiratory difficulties.

Diagnosis is confirmed by laryngoscopy.

(lectures notes on diseases of the ear nose and throat).

(Surgery)

16.All are complications of laporoscopic cholecystectomy except:

a)incisional hernia above umbilicus
b)persistent pneumoperitonitis
c)bile leakage.
d)ascites
e)!!

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)

17. patient presented after post-laporoscopic cholystectomy with progressive jaundice, the most appropriate investigation is:

a)ERCP
b)i.v.cholangiogram
c)!!
d)!!!

FROM MY OPINION I think that the most possible cause of jaundice is a stone obstructing the CBD
There is a controversy as to weather cholangiography should be performed routinely or selectively at the time of laporoscopic cholycystectomy . if stones are found in the common bile duct on chlengiography , they may be removed laproscopically or with ERCP and sphinctrectomy postoperatively.
This procedure can also be converted to an open one to extract the stone.

(Medicine)

18.All of the following organisms causes diarrhea with invasion except:

a)shigilla
b)yersenia
c)salmonella
d)cholera
e)campylopacter

NOT SURE WHICH ONE IS TRUE
invasive pathogens penetrates 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 hypochlorydia facilitaes 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.
(clinical medicine, kumar)

(Ophthalmology)

19.All are true about congenital squint except:
a)there is no difference of the angle of deviation of squint eye between far & near vision.
b)!!
c)!!!
d)!!!!
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 of the globe.
(lecture notes on ophthalmology).

(Psychiatry)

20.good prognostic factor for patient with schizophrenia is
a) +ve family history
b)no obvious cause
c)gradual onset
d)prominent affective symptoms.
e)flat mood

good prognostic factors are:
late onset, acute onset ,obvious precipitating factors, good premorbid personality, presence of mood symptoms especially depression , presence of +ve symptoms and good family support.
(basic psychiatry).

(Pediatrics)

21.a child attended the clinic 3 times with history of cough for 5 days, he didn't respond to symptomatic treatment, one is true in management:

a)CXR is mandatory
b)trial of bronchodilator
c)trial of antibiotics

cough is the most common symptom of respiratory disease and indicates irritation of nerve receptors in pharynx, larynx, trachea ,or large bronchi. while recurrent cough may simply indicate that the child is having respiratory infection, in addition to other causes that need to be considered.
(illustrated textbook of paediatrics).

(Medicine)

22.benign prostatic hyperplasia , all are true EXCEPT:

a)prostitis
b)nocturia
c)diminished size and strength of stream
d)haematuria
e)urine retention

this condition mostly affect men above 60 yrs ,the aetiology is unknown. Microscopically, hyperplasia affects the glandular elements of prostate and causes enlargement of the gland that distorts the urethra, obstructing the bladder outflow.
Symptoms initially starts with nocturia, difficulty or delay in initiating urination ,decrease forcefulness of urinary stream, post void dribbling, suprapubic pain occurs if bladder bacteruria is present, bladder stones develop from stagnation of urine, flank pain from dilatation of ureters.
Occasionally, severe haematuria due to rupture of prostatic veins , bacteruria or stone disease.
(clinical medicine, kumar)

(Orthopedics)

23.which of the following is not true regarding osteomylitis:

a)puomyositis
b)epiphyseal plate destruction
c)septic arthritis(it can develop due to septic arthritis)
d)septicemia
e) after bone growth

osteomylitis is a serious bone infection, causative organisms are :
staphylococcus 9o%
streptococci, H.influenza and (salmonella in sickle cell disease with episode of bone crisis).
It spreads either haematogenously , local infection or by skin breakdown in the setting of vascular insufficiency.
In acute form onset is sudden with fever and severe pain at site of bone infection.
On X-ray it may be falsely –ve in early phase, soft tissue swelling, periarticular demineralizarion and erosion of bone.
Treatment is with debridment of necrotic bone.
Prolonged administration of a combination of (ciprofloxacine + rifampicin) (Danish)

(Surgery)

24.Varicose veins will affect all the following EXCEPT:
a)short saphenous vein.
b)long saphenous veins.
c)popliteal vein
d)perforaters.

Varicose veins are a disorder of the superficial (long and short saphenous veins) and communicating veins which are the saphenofemoral, perforating.
(Text book of surgery)

(Ophthalmology)

25.retinal detachment, all true except:
a)more common in hypermtropic patient than myopic
b)!!

this is a condition in which there is separation of the two retinal layers, the retina proper and the pigmentary epithelium by the subretinal fluid.
Causes are:
Vitreous haemorrhage, toxemia of pregnancy that results in accumulation of exudates in the subretinal space, weakness of the retina such as lattice degeneration that increases the probability of a tear forming, *highly myopic people*, those who had undergone cataract surgery, detached retina in the fellow eye and recent severe eye trauma.
(lecture notes on ophthalmology).

(Orthopedics)

26.All of the following muscles are rotator cuff except:

a) supra-spinatous
b)teres minor
c)infraspinatous
d)deltoid

the rotator cuff muscles are 4
infraspinatous, supraspinatous, teres minor and subscapularis.

لا تنسوني من دعائكم
(LAT – 2008/1429)

SAMPLER 4

(TGK, YEB, HBB – 2008)

(OB/Gyne)

1) The most common cause of post partum hemorrhage is:
   a) Uterine atony
   b) Multiple pregnancy
   c) Pre-eclampsia

   Answer is A

   PPH:

   Loss of more than 500 cc after vaginal delivery or more than 1 L after CS.

   It could be Early: within 24 hours PP. or

   Late: after 24 hours, but within 6/52.

   Causes:

   Uterine atony: most common due to:

   a)labour: -prolonged or induced.

   b)uterus: -infection or over distention.

   c)placenta: -previa or abruption.

   2) Tissue : retained placenta , retained blood ,GTN.

   3) Trauma.

   4) Thrombin.

(OB/Gyne)

2) The following drug can be used safely during pregnancy:
   a) Septrin
   b) Cephalexin
   c) Tetracycline
   d) Aminoglycoside
   e) Cotrimoxazol

   Answer is D

Drugs & pregnancy:
Septrin = cotrimoxazole: can be used.
Cephalexin = 1st gen. cephalsporins: can be used.
Tetracycline: safe, but causes dental staining.
Aminoglycosides: as gentamycin: causes congenital defness

(OB/Gyne)

3) A16 year old pregnant,which of the following is the least likely to be a complication of her pregnancy:
    a) Anemia
    b) Pelvic complication
    c) Toxemia
    d) Low birth wt infant
    e) Infant mortality

سؤال محير سالنا كتير من الاستشاريين فكانت الاجابة هزا سؤال غبي

(Psychiatry) *

4) In schizophrenia, the following is good prognosis:
    a) Family Hx of schizophrenia
    b) Gradual onset symptoms
    c) Predominant o f affective symptoms
    d) Absence of precipitating factors

Answer is C

Good prognosis of schizophrenia:
Acute onset
Precipitating factors
Good cognitive functioning
Good premorbid functioning
No family history
Presence of affective symptoms
Absence of structural brain abnormalities
Good response to drugs
Good support system

(Community Medicine) *

5) Secondary prevention is least likely of benefit in :
   a) Breast cancer
   b) Leukemia
   c) DM
   d) Toxemia of pregnancy

   Answer is B

(Community Medicine)

6) An example of secondary prevention is:
   a) Detection of asymptomatic diabetic pt
   b) Coronary bypass graft
   c) Measles vacc
   d) Rubella vacc

   Answer is B

   primary prevention:
   Action to protect against disease as immunization.
   Action to promote health as healthy lifestyle.
   Secondary prevention:
   Identifying & detecting a disease in the earliest stage before symptoms appears, when it is most likely to be treated successfully (screening).
   Tertiary prevention:
   Improves the quality of life of people with various diseases by limiting the complications.

(Community Medicine)

7) Control of infection disease
   a) Control source of infection
   b) Block channel of transmissioin
   c) Protect the receiver of infection
   d) All of the above

   Answer is D

(OB/Gyne)

8) Primary mechanism of contraceptive pills:
   a) Cause changes in cervical mucosa
   b) Cause changes in endometrium preventing implantatioin
   c) Inhibit relase of estrogen from follicle
   d) Inhibit gonadtropin surge (no ovulation)

Answer is D

Oral contraceptive pills:

MOA: prevent ovulation by suppressing gonadotropin release thus it inhabit follicular development. It may alter cervical mucosa, thus inhabit sperm penetration.

(OB/Gyne)

9) Indication of hepatitis during pregnancy is high level of :
   a) WBC
   b) Alk phospht
   c) SGOT
   d) BUN

Answer is B

LFT during normal pregnancy:

Decrease total protein and albumin.

Increase in liver dependant clotting factors.

Increase in transport proteins ceruloplasmin, transferrin, globulin.

ALP increase by 2-4 folds.

AST/ALT should remain normal.

Bilirubin should remain normal.

(Ophthalmology)

10) Cause sudden loss of vision all of the following,EXCEPT:
   a) Retinal detachment
   b) Central retinal artery embolism
   c) Vitreous hemorrhage
   d) Retinitis pigmentosa
   e) Retrobullbar neuritis

Answer is D

Sudden vision loss:
Central retinal artery embolism: sudden painless loss of vision.
Vitreous hemorrhage: sudden loss of vision
Causes: Proliferative diabetic retinopathy.
Retinal detachment.
Retinal vein occlusion.
Retinitis pigmentosa: inherited disease causes gradual loss of vision.
Retrobullbar neuritis: optic neuritis without swelling of the optic disc: causes loss of vision.

(Ophthalmology) *

11) All can predispose to retinal detachment, EXCEPT:
a) Cataract surgery
b) More in hypermetropic eye than myopic eye
c) ?????????
d) ????????????
Answer is B

Retinal detachment:
Causes:
- Trauma.
- DM.
- Inflammation.
- Aging.

Risk factors:
- Past Hx.
- FHx.
- Myopia.
- Surgry: cataract removal.

Symptoms:
-Sudden onset of blurred vision, flash of lights.

(Community Medicine)

12) In ischemic heart disease
    a) Prevalence is the number of case discovered yearly
    b) Incidence is new cases yearly
    c) There is association between HTN & ischemic heart disease
    d) Smoking is an absolute cause if IHD

Answer is B

Incidence is a measure of the **risk** of developing some new condition within a specified period of time.
the **prevalence** of a disease is defined as the total number of cases of the disease in the population at a given time, or the total number of cases in the population, divided by the number of individuals in the population.

(ENT) *

13) Glue ear
    a) Invariably caused by adenoid enlargement
    b) Can be treated by inserting grommet-tube
    c) Can lead to sensory neural deafness

Answer is B

Otitis media:

Caused by infection with Strep. Pneumonia, H. influenza.
It follows URTI, this leads to swelling of the Eustachian tube, thus compromising the pressure equalization.
Types:
AOM: Viral & self-limiting.
Bacterial leading to puss
Bacterial infection must be treated with ABx (augmentin) if not it can lead to:
Perforation of the drum.
Mastoiditis.
Meningitis.

OM with effusion (secretory OM or Glue ear):
Collection of fluid in the middle ear, leading to –ve pressure in the Eustachian tube.
Can lead to conductive hearing impairment.
Treatment: Myringotomy (ventilation tube or Grommet tube).
CSOM:
Perforation in the ear drums with active bacterial infection.
Otorrhae is +ve.

(Medicine)

14) Rubella

a) Incubation period 3-5 days
b) Start with high fever
c) Cause arthritis

Answer is C

Rubella:

Incubation period 12 – 23 days, become infectious for 1/52 from symptoms start.
Transmitted by respiratory droplets.
C/F: mild subclinical
Malaise, fever, lymphadenopathy (post auricular, cervical, suboccipital), coryza, conjunctivitis, arthritis in women.
Dx: increase levels of IgG, IgM Abs.
Prevented by MMR vaccine.

(Pediatrics) *

15) If the child has croup after waking up of sleep, what are DDx

a) Pneumonia
b) Foreign body aspiration
c) Tonsillitis
d) Cystic fibrosis

No idea

(Medicine)

16- A pt had abd pain and found to have gastric ulcer all are predisposing factor, except:

a) Tricyclic antidepressant
b) NSAIDs
c) Delayed gastric empyting
d) Pyloric sphinter incompetence
e) Sucralfate

Answer is E

Aggressive factors for peptic ulcer:

Acids-pepsin-H.pylori infection-alcohl-smoking-diet (spicy food) – drugs(NSAID, CORTICOSTEROID)- stress

SUCRALFATE: this is drug lead to formation of coat over the base of the ulcer and prevents effects of HCL and promotes healing of ulcer:

Inhibits pepsin and bile salts activity

Stimulates mucus and bicarbonate secretions

(Pediatrics)

17-a 2 weeks old infant with jaundice,cirrhosis and ascites,the cause is:

a) Gillberts disease
b) Criggler-najjar syndrome
c) Congenital biliary atresia
d) Dubin jhonson syndrome

Answer is C

Gilbert's disease is common, affecting up to 10% of some Caucasian populations. The most significant symptom of this condition is jaundice. Affected individuals ordinarily have no jaundice. However, jaundice appears under conditions of exertion, stress, fasting, and infections

Dubin-Johnson syndrome :Mild jaundice, which may not appear until puberty or adulthood, is the only symptom of Dubin-Johnson syndrome.

Physical findings do not identify all cases of biliary atresia. No findings are pathognomonic for the disorder.

- Infants with biliary atresia are typically full term and may manifest normal growth and weight gain during the first few weeks of life.
- Hepatomegaly may be present early, and the liver is often firm or hard to palpation. Splenomegaly is common, and an enlarging spleen suggests progressive cirrhosis with portal hypertension.
- Direct hyperbilirubinemia is always an abnormal finding and may be present from birth in the fetal/embryonic form. Consider biliary atresia in all neonates with direct hyperbilirubinemia.
- In the more common postnatal form, physiologic jaundice frequently merges into conjugated hyperbilirubinemia. The clinician must be aware that physiologic unconjugated hyperbilirubinemia rarely persists beyond 2 weeks. Infants with prolonged physiologic jaundice must be evaluated for other causes.
- In patients with the fetal/neonatal form (polysplenia/asplenia syndrome), a midline liver may be palpated in the hypogastrium.
- The presence of cardiac murmurs suggests the presence of associated cardiac anomalies.
- A high index of suspicion is key to making a diagnosis because surgical treatment by age 2 months has clearly been shown to improve the likelihood of establishing bile flow and to prevent the development of irreversible biliary cirrhosis.

Criggler-najjar syndrome

- A family history of Crigler-Najjar syndrome
- Yellow skin (jaundice) and yellow color of the whites of the eyes (icterus), which begin on the 2nd or 3rd day of life and progressively worsens
- Jaundice that persists beyond 2 weeks without an obvious cause
- Confusion and changes in thinking (resulting from brain toxicity of bilirubin)

Signs and tests:

Tests used to evaluate the liver function include:

- Unconjugated (unbound) bilirubin in blood (would be highly elevated)
- Total bilirubin level (would be high)
- Conjugated (bound) bilirubin (would be low to absent)
- Liver biopsy , enzyme assay for low or absent Glucuronyl transferase activity
- A family history of Crigler-Najjar syndrome

(OB/Gyne)

18-post pill amenorrhea, all true except:

a) Need full investigation if persist >6 months
b) Pregnancy should be considered
c) Prolonged use of contraceptive pill will increase risk of post pill amenorrhea
d) More common in women who had irregular periods
e) ????????

Answer is D

"postpill amenorrhea," the result of a disruption of the normal hypothalamic-pituitary-ovarian feeding mechanism, which may be reversible with appropriate treatment. In evaluating patients with postpill amenorrhea, it is important to rule out premature ovarian failure, polycystic ovary syndrome, weight loss, and

hyperprolactinemia before arriving at a diagnosis of idiopathic postpill amenorrhea. Prior to 6 months, detailed laboratory evaluation is not indicated, but after 6 months of amenorrhea, the history and physical status should again be carefully evaluated. Any history of weight change, galactorrhea, hirsutism, headaches, or "hot flashes" should be noted. On examination, evidence of hirsutism, virilization, expressible galactorrhea, or ovarian enlargement should be sought. The presence of any of these findings warrants laboratory testing. Pregnancy should always be excluded before further testing. If the patient shows no clinical evidence of premature ovarian failure, polycystic ovaries, anorexia nervosa, or hyperprolactinemia, or if laboratory evaluation fails to confirm clinical suspicions, it is appropriate to wait another 6 months before further evaluation. These disorders may be differentiated from idiopathic postpill amenorrhea by measuring serum levels of gonadotropins, estradiol, testosterone, and prolactin and by sella polytomography. It is important to define whether the treatment objective is resumption of a normal menstrual pattern or restoration of fertility, or both, for therapy will differ depending upon the objective. Ovulation can be induced with clomiphene or bromocriptine in 50-75% of women. Rarely, human menopausal gonadotropin and human chorionic gonadotropin may be needed. If fertility is not an issue, cyclic estrogen and progesterone may be useful to maintain adequate estrogen effects but will obviously continue to suppress the hypothalamic-pituitary-ovarian axis.

- *Some women may encounter post-pill amenorrhea or oligomenorrhea, especially when such a condition was pre-existent.*

(OB/Gyne)

19-indication of progress of labor:

a) Dilation
b) Descent
c) Dilation and descent

Answer is C

The progress of labor may be measured in terms of cervical effacement, cervical dilatation ,and descent of the fetal head

(Surgery)

20-pt sustained abdominal truma,and was suspect intra-peritoneal bleeding,the most important diagnostic test is:

a) CT scan
   → *"if vitally stable"*
b) Direct peritoneal lavage DPL

Answer is A

Studies evaluate of intra-abdominal injury: 1-FAST 2–CT 3 –DPL

- DPL and FAST usually used when patient is unstable
- CT scan is the most specific test but needs the patient to be stable for it to be done

(Surgery)

21-Peritonitis

a) May be caused by chemical irritation

Generalized peritonitis resulting from irritation of the peritoneum owing to infection (e.g. perforated appendix) or from chemical irritation due to leakage of intestinal content (e.g .perforated ulcer)

Localized peritonitis `with all acute inflammatory conditions of GIT (e.g. acute appendicitis ,acute cholecystitis)

(Surgery - Pediatric)

22-child has tracheoesophageal fistula, all can be used in management, except

a) Insertion of chest tube
b) Insertion of NGT
c) Pulmonary toilet
d) Gastrostomy

Answer is A

Esophageal atresia with tracheoesophageal fistula occurs in more than 90% of case of esophageal atresia

There are many types

Type A : Esophageal atresia without TE fistula (8%)

Type B: proximal Esophageal atresia with proximal TE fistula(1%)

Type C : proximal Esophageal atresia with distal TE fistula (85%)

Type D: proximal Esophageal atresia with proximal and distal TE fistula (2%)

Type E :H-type TE fistula without Esophageal atresia (4%)

Diagnosis: failure to pass an NG tube ,plain film demonstrates tube coiled in the upper esophaguse

Initial treatment:

1-suction blind pouch (NPO-TPN)

2-upright position of child

3-prophylactic antibiotics

(Surgery)

23-old pt with jaundice,gall bladder is palpable,the most likely cause:

a) Ca of head pancreas
COURVOISIERS LAW :

An enlarged nontender gallbladder seen with obstruction of the common bile duct

(Surgery)

24-old lady ,with 3 days Hx of perforated peptic ulcer, presented semicomatosed, dehydrated, febrile. The appropriate management:

a) NGT with suction , systemic antibiotics and observe
b) NGT with suction , blood transfusion ,rehydration ,systemic aantibiotics , and closure of perforation
c) Vigotomy and drainage procedure ,NGT with suction
d) Hemigastrectomy
e) Non of the above

Answer is B

1- NGT(decrease contamination of peritoneal cavity)

2- IVF,foley catheter

3- Antibiotics

4- Surgery

A)gastric ulcer:Antrectomy,Graham patch incorporating perforated ulcer

B)duodenal ulcer:Graham patch, Truncal vagotomy and pyloroplasty incorporating ulcer ,Graham patch and highly selective vagotomy

(Orthopedics)

25-Congenital dislocation of hip; all are true EXCEPT:

a) More in girls
b) Best examined after 12-36 hours from birth
c) There will be limitation in abduction of thigh
d) Barlow test will give click indicating CDH
e) Can be treated by splint
answer is D

CDH

more in female

first born child

breech

10% bilaterally

Barlows maneuver: detects unstable hip patient is placed in supine position and attempt is made to push femurs posteriorly with knees at 90 hip flexed and hip will dislocate

Ortolanis sign: the clunk produced by relocation of a dislocated femoral head when the examiner abducts the flexed hip and lifts the greater trochanter anteriorly.

RX: by pavlike harness---- maintains hip reduction with hip flexed at 100 to 110 degree

(Medicine)

26-the most important factor predisposing to stroke is:

a) DM
b) HTN
C) Hyperlipidemia
d) Cholesterol
e) ???????
answer is C

Risk factors for strok:

HTN,IHD,DM,atrial fibrillation,perphral vascular disease,smoking,previousTIA,hyperlipidemia,raised haematocriy OCP,cardiomyopathy

(Unspecific)

27-All are true; EXCEPT:

a) Iron supplement is not essential in all breast fed infant
b) Normal pregnancy are not always end in normal deliveries
c) All TB regimes should have INH
d) One or more essential amino acids are deficient in most vegetables
e) Protein of low biological value present in cereals and legumes
answer is A

(Orthopedics)

28-acute gait disturbance in children; all are true EXCEPT:

a) Commonly self limited
b) The usual presenting symptom is limping
c) Radiological investigation can be reveal the DX
d) Most often no cause can be found
e) ???????

Answer: unknown

An acute limp implies an underlying pathology that causes disruption of the standard gait pattern; the challenge for the physician is to identify this pathology. The cause of a limp can range from something as serious as a life-threatening bone tumor to something as minor as a pebble in a shoe. The clinician must consider the spine, pelvis and lower extremities for a possible etiology. A useful approach is to consider the causes of limping from head to foot to avoid overlooking common underlying conditions such as diskitis, psoas abscess or septic hip, which are less obvious than conditions involving the lower extremities

(Surgery)

29-Varicose vein can be in all veins, EXCEPT:

a) Long saphenous vein
b) Short saphenous vein
c) Poploteal vein
d) Perforators
e) ??????
answer is D

Varicose veins are twisted, enlarged veins that can occur anywhere a vein is close to skin, but occur most often in the legs. Faulty valves in veins and weakened and stretched vein walls cause varicose veins to develop

(Surgery)

30- All can complicate excision of abdominal aortic aneurysm, EXCEPT:

a) Paraplegia
b) Renal failure
c) Hepatic failure
d) Leg ischemia
answer is C

Abdominal aortic aneurysm (AAA):

It is an abnormal dilation of the abdominal aorta () forming a true aneurysm.
It is more common on male M:F 6:1
The most common etiology is atherosclerotic 95% inflammatory 5%
The most common site is infrarenal 95%
The risk factor:1-atherosclerosis 2-HTN 3-smoking 4-male gender 5-advanced age 6-connective tissue disease
Symptoms including:
Common is asymptomatic
Symptom range from vague epigastric discomfort to back and abdominal pain
Risk factor to rupture:

1-increase aneurysm diameter 2-COBD 3-HTN 4-recent rapid expansion 5-symptomatic
Signs of rupture: triad of 1-abdominal pain 2- pulsatile abdominal mass 3-Hypotensin
Differential diagnosis :
1-acute pancreatitis 2-aortic dissection 3-MI 4-perforated ulcer 5-renal colic
Diagnostic test: use U/S to follow AAA clinically , other test involve contrast CT and A-gram
Indication for surgical repair more than 5 cm
Possible operation complication : MI, atheroembolism, delcamping, hypotension, acute renal failure , urethral injury, hemorrhage.

(OB/Gyne) *

31-All of following can increase risk of puerperal infection, EXCEPT:

a) Hemorrhage
b) RPOC ?? (maybe EPOC evac. Product of concepts)
c) Endometriosis
d) Anemia
e) ??????

Answer: unknown

Factors predisposing to development of puerperal infection:
Poor nutrition and hygiene
Anemia
PROM
Prolonged rupture of the membranes
Prolonged labor
Frequency vaginal examination
Cesarean delivery
Forceps or vacuum delivery
Cervical –vaginal laceration
Retained placental fragments or fetal membrane

(Medicine)

32-The following drugs can be used in prophylaxis of malaria in chlorquine-resistant area, EXCEPT:

a) Mefloquin
b) Doxycyclin
c) Proguanil
d) Chlorquine+dapsone+pyrimethamin
e) ??????
answer is D

Limited chloroquine resistance: chloroquine plus proguanil, alternative doxycyline or mefloquine

Significant chloroquine resistance: mefloquine alternative doxycyline or malarone

(Clinical Pharmacology)

33-Which of the following side effect is not associated with phenytoin:

a) Hirsutism
b) Macrocytic anemia
c) Asteomalasia
d) Ataxia
e) Osteoporosis
answer is E

Side effects of phenytoin:

1-CNS: cerebral edema ; dysarthria; extrapyramidal syndrome

2-EENT: diplopia ; nystagmus; tinnitus.

3-CVS: hypotension

4-GI: gingival hyperplasia ; altered taste

5-GU: pink or red urine.

6- DERMA: hypertrichosis; exfoliative dermatitis

7- Hypocalcaemia

8- Agranulocytosis; aplastic anemia, macrocytic anemia

9-Asteomalasia.

(OB/Gyne)

34. Which of the following does not cause IUGR:
a) Toxoplasmosis.
b) CMV.
c) Rubella.
d) Syphilis. ??
e) HSV II. ??
The answer: controversial (d) or(e)

BRS (Sakala):
- All of these can cause IUGR. 1ry HSV can cause IUGR but 2ry herpes infection does not increase obstetric hazards including IUGR.
Essentials of Ob/Gyn (Hacker & Moore):
- IUGR causes are TORCH: Toxoplasmosis, others, Rubella, CMV & HSV.
- In the obstetric infections, syphilis impact on pregnancy didn't include IUGR.

(Pediatrics)

35. One of the following is NOT a feature of Henoch-Schoenlein purpura (HSP):
a) arthritis.
b) rash over the face.
c) abdominal pain.
d) normal platelet count.
e) !!
The answer: (b)

Emed:
- HSP skin rash distribution: lower extremities(dorsal surface of the legs), buttocks, ulnar side of arms & elbows.
- workup: CBC: can show leukocytosis with eosinophilia & a left shift, thrombocytosis in 67% of cases. Decreased platelets suggests thrombocytopenic purpura rather than HSP.

(OB/Gyne)

36. One drug of the following CAN NOT cross the placenta:
a) Heparin.
b) Warfarin.
c) Aspirin.
d) !!
e) !!
The answer: (a).

Dr.Drug:
Heparin: doesn't cross the placenta & doesn't enter the breast milk.
Warfarin: crosses the placenta but doesn't the enter the breast milk.
Aspirin: all salysilates cross the placenta and enter he breast milk.

(Pediatrics)

37. All can cause short stature, EXCEPT:
a) Hypothyroidism.
b) Turner syndrome.
c) Down syndrome.
d) Klinefilelter syndrome.
e) !!
The answer: (d)

Emed:
-Klinefelter (47,xxy) -in male only- is the most common chromosomal disorder associated with male hypogonadism and infertility. Infants and children affected by this syndrome have normal height, weight and HC. Height velocity is increased by the age of 5 years. Adult height is taller than average with disproportionally long arms and legs.

(Pediatrics)

38. In neonates, the following need Rx:
a) Erupted teeth. ??
b) Hydrocephalus.
c) Absent femoral pulse.
d) !!
The answer: I don't know (may be (a))

WUS ped:
Erupted teeth are supposed to be removed to avoid aspiration.
Emed:
As a general rule, shunting is avoided, if possible, in children younger than 6 months b/c they have high risk of infection.

(OB/Gyne)

39. Vaginal trichomoniasis, all are true, EXCEPT:
a) More in diabetic.
b) Protozoal infection.
c) Dx by microscopic examination of diluted vaginal smear.
d) Rx by Metronidazole.
e) !!
The answer: (a).

BRS (Sakala):
. T. vaginalitis: - Humans are the only host. – STD. – Protozoal parasite. – Resides asymptomatically in male semen.
-Most common cause of vaginitis worldwide.
. Dx: 1) clinical: vulvular erythema & edema. – A profuse, malodorous, frothy, yellow-green discharge. – T. cervicitis with red, punctuate lesions (strawberry patches). – Vaginal pH more than 4.5.
2) Wet-mount salinepreparation. (low cost office procedure).
3) Culture: most sensitive.
. Rx: Metronidazole either; 500 mg PO BID/7D or single 200 mg dose. – the partner should be treated.

(Pediatrics)

40. APGAR score:
a) of 12 points.
b) color is not important.
c) Heart rate is important.
d) !!
e) !!
The answer: (c).

WUS ped:

. APGAR score is a tool that can be used to define the state of an infant at given times , usually at 1 and 5 min. of life.

	0	1	2
HR	absent	<100	>100
Respiratory Effort	Absent (irregular)	Slow/weak cry	Good/ strong cry
Muscle tone	Limp	Some flexion	Active motion
Reflex (irritability)nasal suction	No response	grimace	Cough or sneezing
color	Blue, pale	Acrocyanosis (peripheral)	Completely pink

(Surgery)

41. Appendicitis in elderly:

a) less risk of perforation.

b) more rigidity.

c) can mimic intestinal obstruction.

d) !!

e) !!

The answer: (c).

Mont Reid surgical handbook: Appendicitis in elderly:

. Accounts for >50% of the deaths from appendicitis..

. ^ mortality is due to delay of definitive Rx, uncontrolled infection and ^incidence of co-existing disease.

. Constellation of Sx is usually much more subtle.

. perforation rates ~=75%.

(Medicine)

42. Nitroglycerine cause all of the following, EXCEPT:

a) increase coronary blood flow.

b) Methemoglobinemia.

c) Venous pooling of blood.

d) Efficient for 5 min. if taken sublingual.

e) Lowers arterial blood pressure.

The answer: most likely (c).

Dr.Drug: Nitroglycerine;
. -t1/2: 1-4 min. –Dose: 0.3-0.6 mg SL may be repeated Q5min for 15 min for acute attack.
. Action: - ^^coronary blood flow. – produce vasodilation.- decrease LVED vol. (preload).- decrease myocardial O2 consumption
. Therapeutic effect: - relief or prevention of angina attack. - ^^C.O. – decrease BP.
A-Z drugs: one of the S/E of Nitroglycerine is: Methemoglobinemia.

(Pediatrics)

43. Meningitis in childhood, all are true, EXCEPT:
a) Group B streptococci and E.coli are the most common cause in neonates.
b) H.influenza meningitis can be treated by ampicillin or chloramphenicol. ?
c) Present with specific signs in neonates.
d) If pneumococcal meningitis, Rifampicin is given to contact. ?
e) !!
The answer: may be(b) or (d)

May be (b)if we consider that H.influenza is becoming resistant to penicillin, but if we consider that it is an old question ,then, it is true information and the answer will be (d).

MedRecall: The most common pathogens in neonates are: E.coli, group B streptococci and L.monocytogenous.
Emed:- Meningitis chemoprophylaxis was mentioned for N.meningitides and H.influenza.
. In neonates, meningitis S&Sx are non-specific.

(Surgery)

44. The following are true regarding laparoscopic cholecystectomy, EXCEPT:
a) Commonest complication is wound infection.
b) Pt readmission is frequent.
c) Pt can be discharged after 1-2 days.
d) !!
The answer: (b).

Mont Reid: Laparoscopic cholecystectomy:
Advantages: -decreases postop. Complications. –smaller incision. –improved cosmesis. – quicker return to work. – quicker return of bowel fx. –shorter hospital stay.
Complications: a. pneumoperitonium. b. trocar insertion (bleeding, injury to bowel). c. cholecystectomy (bile duct injury, wound infection).

(Medicine)

45. In atrial fibrillation and stroke, all are true , EXCEPT:
a) Aspirin can be given in AF for prevention of stroke.
b) Warfarin can be given in AF for prevention of stroke.
c) Non valvular AF can cause stroke.
d) !!
e) !!
The answer: I'm not sure (a).

According to CHADS2 criteria:
AF with stroke → (1) → contraversial → Warfarin
C = recent Congestive heart failure.
H = Hypertension.
A = Age>70y
D = DM.
S2: = stroke
= TIA

Each scores one.Then:
If score = 0----------(AF with no one of these)----------→ Aspirin
If score = 1 ----------→ Contraversial (anticoagulation issue)
If score > 1 ----------→ Warfarin

(Surgery) *

46. Pt underwent laparoscopic cholecystectomy, and now came with jaundice, the most important Inx is:
a) ERCP.
b) !!
c) !!
d) !!
The answer: (a).
Mont Reid:
One of the complications of laparoscopic cholecystectomy is bile duct injury (leak or stricture).
My comment: The stricture will present with obstructive jaundice -→ the Inx of choice is ERCP (Dx & Rx).

(Surgery) *

47. All can be complication of laparoscopic cholecystectomy, EXCEPT:
a) Bile Leak.
b) Ascites.
c) Supra-umbilical hernia. [site of trocar insertion]
d) Persistent pneumoperitonium.
e) Shoulder pain. [irritation of diaphragm]
The answer: (b)

Mont Reid: Laparoscopic cholecystectomy
Complications: a. pneumoperitonium. b. trocar insertion (bleeding, injury to bowel). c. cholecystectomy (bile duct injury, wound infection).

(OB/Gyne)

48. Regarding HSV II, all are true, EXCEPT:
a) Use of fetal scalp electrode increase the risk of infection.
b) !!
c) !!
The answer: is **NOT (a).**
BRS (Sakala):

Risks of internal direct fetal heart rate (FHR) monitoring, using fetal scalp electrode include:
. fetal scalp abscess
. inoculation of maternal genital tract infections (e.g. herpes, HIV).

(OB/Gyne)

49. Neonate with APGAR score 3 after 1 min, the most important action is:
a) Chest expansion.
b) Warm.
c) Ventilation.
d) Bicarb. Inj..
e) !!
The answer: (c).

WUS ped: - APGAR score shouldn't be used to determine the need of resuscitation, which should begin as soon as there is an evidence that the infant can't ventilate efficiently to maintain an adequate HR.
-the 1st step in neonatal resuscitation (ABC): A: Airway ----------→ Ventilation.
-normal APGAR score is 7 or more in 1 min & 9 or 10 in 5 min.

(Medicine)

50. Allopurinol, one is true:
a) !!
b) Effective in acute attack of gout.
c) decreases the chance of uric acid stone formation in kidneys
d) Salisylates antagonize its action.
e) !!
The answer: (c).
Dr.Drug: Indication of Allopurinol:
. Prevention of attacks of gouty arthritis uric acid nephropathy. [but not in acute attack]
. Rx of 2ry hyperuricemia, which may occur during Rx of tumors or leukemia.
. Salisylates may decrease the beneficial effects of uricosuric medication (Sulfinpyrazone & Probenecide)but no interaction with Allopurinol. [Dr.Drug & A-Z Drugs].

(Medicine)

51. Premature ventricular contraction (PVC),all are true EXCEPT:
a) If anti-arrhythmic given after MI for protection of PVC --> decrease chance of sudden death.
b) Use of anti-arrhythmic type I increase mortality.
c) PVC in normal population doesn't increase risk of sudden death.
d) !!
e) !!
The answer:(c) from the available.

Emed:
. Synonyms: premature ventricular contractions (PVCs) or complexes or beat or depolarization, ventricular premature complexes (VPCs), ventricular extrasystole, ventricular ectopic beats OR benign ventricular arrhythmia.
. VPCs are ectopic impulses originating from an area distal to the His-Purkinji system.
. VPCs are the most common ventricular arrhythmia.
. Assesment and Rx of VPCs is challenging and complex.
. The significance of VPCs is interpretted in the context of the underlying cardiac condition.
. Ventricular ectopy leading to VT, which, in turn, can degenerate into V.Fib. is one of the common mechanisms for sudden cardiac death.
. Isolated PVC are reasonably common.They occur in as many as 40% of patients with apparently normal hearts.
. The Rx paradigm in the 1970s & 1980s was to eliminate VPCs post MI. Recent arrhythmia-suppression studies have demonstrated that eliminating VPCs with available anti-arrhythmic drugs INCREASE the risk of death to pts without providing any measurable benefit.
. Drugs of choice in pts with VPCs post MI: Class III are safe but they DO NOT DECREASE the risk of death.
. Clinical trials have suggested that type I anti-arrhythmic agents and racemic Sotalol INCREASE mortality in pts post MI.
. Risk in asymptomatic pts: it depends on the frequency (> or= 2 consecutive VPCs or >10% of all ventricular depolarization on any of the ECG recordings). If recorded during exercise → associated with 205 folds increase risk of cardiovascular death. Less frequent VPCs didn't increase the risk.

(Pediatrics)

52. Development in children, all are true EXCEPT:
a) At 1 yr, can feed himself by spoon.
b) !!
c) !!

The answer: no available other answers to judge wether (a) is the correct choice or not.
I advice you to review your preferable pediatric textbook to have a look on the developmental milestones before the exam.
According to CDI (Child Development Institute) spoon feed mean age is 15/12 (12-18 monthes)
but according to AAP (American Academy of Pediatrics) : by the end of 12/12 the child is capable of finger feed.
AAP- by the end of the 1st yaer:
i) Social & emotional:
. anxious with strangers.
. cries when parent leaves.
. enjoys imitating people in his play.
. finger-feed himself.
. extend arm or leg to help when being dressed.
ii) Movement:
. reaches sitting position without assisstance.
. assume hand-and-knee position.
. pulls self up to stand.
. crawls forward on belly.
. creeps on hands and knees.
. walks holding into furniture.
. stands momentarily without support.
. may walk 2 or 3 steps without support.
iii) Language:
. responds to simple verbal requests.
. responds to "no".
. uses simple gestures e.g. shaking hand for "no".
. says "dada" & "mama".
. tries to imitate words.

iv) Cognitive:
. begins to use objects correctly (drinking from a cup, brushing hair)
. looks at the correct picture when the image is named.

(Pediatrics)

53. Whooping cough in children, all are true EXCEPT:
a) Absolute lymphocytosis.
b) Can cause bronchiectasis.
c) Pt is infective for 5 weeks after onset of symptoms.
d) !!
e) !!
The answer: most likely (c) [the other choices are not available b/c they usually ask about the MOST correct answer].

Emed: Pertusis (Whooping cough):
. leukocytosis (15,000-50,000) with absolut lymphocytosis occurs during late catarrhal & paroxysmal phases and is non-specific finding but correlates with the severity of the disease.
. major complications: -pneumonia (20%) - encephalopathy, seizures(1%) - failure to thrive and death(0.3%). -bronchiectasis.
. Pertusis is most infectious when pts are in the catarrhal phase, but Pertusis may continue to be communicable for 3 or MORE weeks after the onset of cough.
My comment: [infectious period: 21 days]

(OB/Gyne)

54. Toxemia in pregnancy, all are true EXCEPT:
a) More in primigravida than multigravida.
b) More in multiple pregnancy.
c) can progress rapidly to toxemia.
d) !!
e) !!
The answer: I don't know but it is **not (a) or (b).** The choice **(c) is not clear**.
BRS (Sakala):
Risk factors of Pre-eclampsia:
. Nulliprity (8X).
. Age extremes (<20y, >34y).
. D.M.
. Non-immune fetal hydrops.

. Multiple gestations. . chronic HTN.
. Hydatidiform mole. . Pre-existing ranal disease.
. small vessel disease (e.g. SLE, long standing type I D.M.).

(Dermatology)

55. All are true in black hairy tongue, EXCEPT:
a) Hydrocortisone can be used.
b) Advice pt not brush his tongue.
c) !!
d) !!
e) !!
The answer: (b)
Emed: Black hairy tongue:
. Defective desquamation of the filiform papillae that results from a variety of precipitating factors (poor oral hygiene, use of medications e.g. broad-spectrum Abx & therapeutic radiation of the head & neck). All cases are characterized by hypertrophy and elongation of filiform papillae with a lack of desquamation.
. Seen more in those: tobacoo use, heavy coffee or tea drinkers, HIV +ve.
. Rarely symptomatic.
. Rx: . In many cases, simply BRUSHING THE TONGUE with a toothbrush or tongue scraper is sufficient.
. Medication: if due to candidiasis: Antifungal (Nystatin), Keratolytic agents (but irritant).

(Pediatrics)

56. About Kernicterus, all are true EXCEPT:
a) Can occur even if neonate is 10 days old.
b) It causes neurologicl abnormalities, it can be reversed.
c) Can cause deafness.
d) All types of jaundice cause it.
e) !!
The answer: mostly (b)
I'm in doubt about (d) b/c Jaundice is a clinical entity not a disease. And it is wrong If they mean All types of bilirubin cause Kernicterus b/c conjugated bilirubin is water-soluble and can't penetrate BBB)

UptoDate: Kernicterus:
. Severe hyperbilirubinemia TSB>25-30 mg/dl (428-513 micromol/l) is associated with increased risk of Bilirubin-Induced Neurological Dysfunction (BIND) which occurs when bilirubin crosses BBB & bind to brain tissue.
. The term acute bilirubin encephalopathy (ABE) is used to describe acute manifestation of BIND.
. The term " KERNICTERUS" is used to describe the chronic & permanent sequelea of BIND.
So, rgarding the choice (b) is not a rule b/c early detection can prevent permanent neurological deficit & reverse the acute (ABE) but the "KERNICTERUS" is a term used to describe the chronic sequelea.

Emed: Kernicterus:
. Age: Acute bilirubin toxicity appears to occur in the 1st few days of life of the term infant. Preterm infants may be at risk of toxicity for slightly longer than a few days. If injury has occured, the 1st phase of acute bilirubin enchephalopathy appears within the 1st week of life.
. Complications of kernicterus: Extrapyramidal system abnormalities, auditory dysfunction, gaze dysfunction, dental dysplasia.

(OB/Gyne)

57. Amenorrhea is a feature of all, EXCEPT:
a) Hypothyroidism.
b) Stein-Leventhal syndrome. (= PCOS= Poly Cystic Ovarian Syndrme)
c) !!
d) !!
e) !!
The answer: **not (a) or (b).**

BRS(Sakala):
. Causes of amenorrhea (classified by anatomic site):

- Hypothalamus: tumors, anorexia nervosa, severe weight loss, stress, exercise.
- Pituitary: panhypopituitarism, Sheehan's syndrome.
- Ovarian follicle: gonadal dysgenesis, ovarian failure, vanishing testes, steroidogenic enzyme defect.

- Corpus leutium: PCOS, hyperprlactinemia [tumors, drugs, chest wall stimulation, hypothyroidism.
- Uterus (endometrium): PREGNANCY, androgen insensitivity, Mullrian agenesis, Asherman syndrome.
- Outflow tract: Imperforate hymen, vaginal agenesis, cervical stenosis.

(Pediatrics)

58. Regarding child with moderately severe asthma, all are true EXCEPT:
a) PO2<60
b) PO2>60
c) low Bicarb. Level.
d) I.V. cortisone can help.
e) !!
The answer: (a).

Emed: Moderately-severe asthma:
The R.R. is increased. Typically, accessory muscles of respiration are used, and suprasternal retractions are present. The H.R. is 100-120 b/min. Loud expiratory wheezing can be heard. Pulsus paradoxus may be present (10-20 mm Hg). Oxyhemoglobin saturation with room air is 91-95%.

250 cases in clinical medicine:
. Indicators of VERY SEVERE, LIFE-THREATENING attack (NOT moderately – severe attack):

- Normal (5-6 kPa, 36-45 mmHg) or increased CO2 tension.
- Severe hypoxia of LESS than 8 kPa (60 mmHg).
- Low pH.

My comment:
. In very severe, life threatening attack:
Normal or increased PCO2 ----------→ Low pH (resp. acidosis) --→ High Bicarb, level.
. In moderately severe attack:
Hyperventilation → low PCO2 -→ High pH (resp. alkalosis) --→ Low Bicarb. Level.

(Surgery)

59. Indirect inguinal hernia, all are true EXCEPT:
a) You can get above it.
b) !!
c) !!
d) !!
e) !!
The answer: (a) if the stem of the question is about scrotal swelling.
Mont Reid: Indirect inguinal hernia:
. Sac lies anteriomedial to cord, exiting through the internal ring; lateral to the inferior epigastric artery.
. Caused by a congenital patency of the processus vaginalis, indirect inguinal hernia refers to herniation through internal ring facilitated by a weak inguinal floor.

(Medicine)

60. The first symptom in pt with Lt heart failure:
a) orthopnea.
b) PND.
c) Pedal edema.
d) Exertional dyspnea. ??
e) !!
The answer: I'm not sure, but it may be (d).

I reviewed Kumar pocket, Oxford, Washington manual and Medrecall, I didn't find a clear answer.
But in Emed, it is written in this order (I'm not sure wether it is according the timing or not):

1. Exertional dyspnea.
2. Orthopnea.
3. PND.
4. Dyspnea at rest.
5. Acute pulmonary edema.

(OB/Gyne)

61. The safest Rx of Chlamydia trachomonalis (I think it is trachomatis) during pregnancy is:
a) Nitrofurantoin.
b) Azithromycin.
c) Erythromycin base. ??
d) Tetracycline.
e) Erythromycin sulfate. ??
The answer: I am not sure (b/c the site of infection is not specified but it could be urethritis). However, it could be (c) or (e).

Emed:
. Tetracycline is C/I in pregnancy.
. DOC: erythromycin or azithromycin
. Pregnancy category:
* nitrofurantoin: B
* azithromycin: B
* erythromycin base: B
* Tetracyclin: C
* Erythromycin sulfate: B

(Urology)
62. Benign prostatic hypertrophy can present with all, EXCEPT:
a) Nocturia.
b) Hematuria.
c) urinary retention.
d) poor stream.
e) prostatitis.
The answer: (e).

SurgRecall:
. Obstructive urinary Sx (LUTS) include: hesitancy, intermittency, nocturia, weak stream, UTI (hematuria) and urinary retention.

(Ophthalmology)

63. Acute glaucoma, all are true EXCEPT:
a) refer to ophthalmologist.
b) give miotic before referral.
c) can present with headache.
d) can present with abdominal pain.
e) pupil size in acute glaucoma is larger than normal.
The answer: (b)

Textbook of Clinical Ophthalmology (by Kanski):
- Acute (closure angle) glaucoma:
. Initial Rx is aimed primarily at lowering IOP through systemic medication. This is b/c, when the IOP is more than 50, the iris sphincter is usually ischemic & paralysed, so that, intensive miotic therapy is seldom effective in pulling the peripheral iris away from the angle.
. It can present with eye pain, headache, nausea & vomiting.
.In acute glaucoma, the pupil is mid-dilated.

(Ophthalmology)

64. Congenital squint, all are true EXCEPT:
a) if you cover the non-squint eye, the squint eye will move to the opposite side.
b) angle of deviation is fixed for near & far vision.
c) !!
d) !!
The answer: I think (b)

Textbook of Clinical Ophthalmology (by Kanski):
. The cover-uncover test:
is a mono-ocular test designed to test for the presence of heterotropia. It should be performed both NEAR AND FAR DISTANCE. If the left eye shows a displacement of the corneal light reflex, the examiner should cover the opposite right eye (non-squint eye) and search for any movement of the left eye.

(Surgery) *

65. All of the following muscles are part of rotator cuff, EXCEPT:
a) supra-spinatus.
b) Infra-spinatus.
c) Deltoid.
d) Subscapularis.
e) Teres minor.
The answer: (c)

(Community Medicine)

66. Prospective Vs Retrospective studies all are true EXCEPT:
a) retrospective studies have more bias than prospective studies.
b) in prospective studies, those who enter the group depend whether they the disease or not.
c) prospective studies are expensive.
d) !!
The answer: (b)

In prospective studies, those who enter the group depend whether they have the risk factor to be studied or not.

- Thank you for everyone who contributed in this project
- Please notice that this is a human effort which is prone to have errors. So, please if there are any mistakes forgive me and kindly correct it. If you think it is helpful, please pray for me and my parents and for everyone contributed in this project.

(AAM – 2008/1429)

SAMPLER 5

(MAM, ASZ – 2008)

(Medicine)

1- Most important complication of systemic hypertension:

- Pontine infarction
- Renal artery stenosis
- Subdural hemorrhage
- **Intracerebral hemorrhage**

Complication of HTN : CVA , MI , cardiomyopathy , nephropathy, retinopathy

Renal artery stenosis is a cause of secondary HTN not complication.

(Medicine)

2- S3 can be auscultated in all, except :

- **Mitral stenosis**
- Mitral regurgitation
- Lt sided heart failure
- Thyrotoxicosis

Pathological S3 occurs due to decrease ventricular compliance causes:lt ventricule -LVF & dilatation

AS, MR ,VSD , PDA, pregnancy, thyrotoxicosis

Rt ventricle :RVF, constrictive pericarditis

(Medicine)

3- A 30 y male came to ER with polyuria but –ve keton. Random blood suger 280 mg/dl . management:

- Nothing done only observe
- Insulin 30 U NPH+ diet control
- **Diet and exercise**
- Oral hypoglycemic

Pt is symptomatic & RBS ≥11.1 DX is DM type 2. RX initially with diet and exercise and decrease Wt for 6-8 wks if further add metformin

(Medicine)

4- Pt with chromic atrial fibrillation more than 6 months , all can be given except :

- **Cardioversion**
- Heparin
- Digoxin

Cardioversion has no role in the treatment of chronic AF.

AF treatment: rate, rhythm control and anticoagulation

(Medicine)

5- All symptoms and signs of brucellosis , except :

- Backache
- Lymphadenopathy
- Splenomegaly
- Hepatomegaly
- **Gastroenteritis**

(Medicine) *

6- All cause recent loss of weight , except:

- AIDS
- Cancer
- **Nephritic syndrome**
- Kwashiorkor

Nephritic syndrome cause increase in weight due to fluid retention.

(Surgery)

7- Most important cause of hand infection

- **Trauma**
- Immune deficiency
- Hematogenous route

Most common and most important cause of hand infection is hand trauma

(Surgery)

8- Pt conscious with multiple trauma, first step in management :

- **Assess airway**
- Iv line
- Endotracheal intubation
- Blood transfusion

First step in trauma patient is assessing and securing the airway.

(Medicine)

9- A blood transfusion given to child who then developed a bleed, what is the cause:

- ↓prothrombin
- ↑fibrinolytic activity
- ↓ca++
- ↓**fibrinogen**
- ↓platelets

Bleeding due to depletion of platelets and clotting factors in stored blood

Fibrinogen deplete faster than platelets →answer is ↓fibrinogen

Treatment first is FFP if not corrected then platelet transfusion

(Pediatrics)

10- A child came to ER due to hematouria after history post strept GN, so the diagnosis test:

- **Low C3**
- Increase BUN creatinine
- Streptozyme

Diagnosis depends on : +ve pharyngeal or skin cultur-rising antibody titer -↓complement.

(ASO titer indicate post infection but not useful in acute pharingitis infection)

(OB/Gyne)

11- Infertility due to endometriosis ,Rx:

- Progesterone
- Danazle
- Radiotherapy

No medical treatment ↑fertility and rates with endometriosis. laparoscopy is perfect "surgical Rx"

(OB/Gyne)

12- Cord prollapse caused by all of the following except :

- Premature labor
- Malpresentation
- PROM
- Twin pregnancy
- **Oligohydramnious**
  Oligohydramnious is associated with cord compression not prolapsed except if the cause of oligohydramnious is PROM

(OB/Gyne)

13- α fetoprotein increase in all except:

- Myelomeningocele
- Spina bifida
- Encephalitis
- **Breach presentation**

↑in: preg Dating error-multiple fetuses – placental bleeding – open neural tube defect- ventral wall defect (omphalocele - gastrosdisis) – renal anomalies (polycystic or absent kidneys –congenital nephrosis)- fetal demise – sacrococcygeal ……..

(OB/Gyne)

14- The most dangerous symptom during pregnancy is:

- **PV bleedin**
- Ankle swelling
- Hyperemesis
- Cramps

Ante Partum Haemorrhage is an obstetric Emergency

SAMPLER 6

(ANM – 2008)

(pedia)
01 childnood asthma, all of the following EXCEPT:
a) brochospasms are induced by exercise
b) Inhalation of beclomethasone is used safely
c) Inhalation via aerochamber in younger children
d) Hypercapnia is the first physiological changes
e) Cough is the only symptom (abu wardra p 223)

(ob/gyn)
02 pregnant pt with hepatitis, Dx. By:
a) GOPT
b) BUN "body urea nitrogen"
c) WBC
d) !!
e) !!
HUCKER P 238: screen: hep surface antigene. After screening do liver function tests and hapatitic panel(to be honest i couldnt know what is GOPT, although in the paper its chosen as the correct answer)`

(ob/gyn)
03 most common cause of postpartum hemorrhage:
a) Uterin atony
b) Retained placental fragment
c) Cervical laceration
d) Non of the above
Hucker p 151: 80% of postpartum hemorrhage is (a)

(pharma_ob/gyn)
04 action of oral contraceptive pills:
a) Inhibition of estrogen then ovulation
b) Inhibition of prolactin then ovulation
c) Inhibition of protozoa by changing the cervical mucosa
d) Inhibition of midcycle gonadotrophins then ovulation
e) Inhibition of implantation of the embryo

(surgery)
05 most important complication and cause of death in organ transplant in recipients is:
a) Rejection
b) Immunosupression
c) Steroid overdose
d) Infection
e) !!
(these are all complications of transplant(steroid side effects as immunosuppression) but i recall that infection is the most dangrous of them)

(medicine)
06 rubella infection:
a) Incutubation (or they ment incubation?) period 3-5 days (correct:14-21 days)
b) Arthritis (davidson p 35: immune-mediated artheritis/artheralgia affects 30% of women)
c) Oral uncers (not mentioned)
d) Start with high fever
e) Don't cause cardia complications or deafness (not right)

(anatomy)
07 rotator cuff muscles, all of the following EXCEPT:
a) Supra-spinatus
b) Teres minor
c) Deltoid
d) Infra-spinatus
e) Subscapularis
(The mnemonic "SITS" is often used to remember the four muscles of the rotator cuff.)

(mixed)
08 all of the follwoint are true, EXCEPT:
a) Iron is not essential for all breast fed children(mothers' milk is poor of iron)
b) Every anti TB regimen contains INH
c) One or more essential mino acids are found in vegetables
d) !!
e) !!
(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)
09 management of trachea-esophageal fistula all of the following EXCEPT:
a) Chest tube
b) Gastrrostomy
c) Pulmonary toilet
d) !!
e) I.V antibiotics
(eMedicine: 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 spectrem antibiotics if develop lower respiratory tract inferction)

Its obvious that a chest tube wouldn¢t be needed in the management of this case.

(E.R_ surgey)
10 most commonly affected organ in abdominal blunt trauma:
a) Liver
b) Spleen (emergency medicine recall p 419)
c) Kidney
d) Intestine
e) !!

(pedia)
11ristk factor for HSV II accusation in infants all of the following EXCEPT:
a) Cervical transmission is commoner than labial
b) Maternal first episonde is of greater risk than recurrence
c) Maternal antibodies against HSV I protect from HSV II
d) Head electrodes increase risk of infection
e) !!

(ob/gyn)
12 best detector for progress of labor is:
a) Dilatation
b) Descent (hucker p 115)
c) Dilatation and descesnt (but from what i recall from ob/gyn course this is the answer, plus a net source indicated dilatation as the the detector)
d) Degree of pain
e) Fetal heart rate

(ob/gyn)

13 PET: (Pre-eclampsia)

a) Commoner in mutipara than primigravida
b) Mostly in diabetic
c) Hedache and blurred vision (ob/gyn secrets p 212
d) Progress very fast to eclampsia
e) !!

(secrets p 213: risk factors include nulliparity and diabetes)

(ob/gyn)

14 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:

a) Staph. Pneumonia
b) Strep. Pharyngitis
c) Pneumococcal pneumonia
d) 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.)
e) pseudomonas pneumonia

(pedia)

15 henoch-schonelein ppurpura, all of the following are true EXCEPT:

a) Arthritis (true: abu warda book p 360 table 24.18)
b) Rash on the face (wasn¢t included in the rash described in the book p 264-6)
c) Platelets normal
d) Abdominal pain (colicky..may present with melena and hematemesis due to GI petechiae)
e) focal glomerulonephritit)

(pharma_ ob/gyn)

16 post pill amenorrhea, all of the following are true EXCEPT:

a) more in pt with history of menstrual irregularity (true: katzug p 695)
b) the more usage the higher the risk
c) more the (or than?) 6 months need investigations (if it goes more than 3 months, but it happened that some wemen had amenorea for as long as 4 month then resume normal periods..according to Dr.Gerard M. DiLeo, Obstetrics and gynecology)
d) non of the above(this answer was selected as correct)

(pedia)

17 breath holding attacks:

a) mostly in children between 5-10 years

b) usually prevented by diazepam

c) may presdipose to generalized convulsion (abu warda p327: wich is called reflex anoxic seizure, described in fig 25.8)

d) increase the risl of epilepsy (the child might be prone to fainting later in childhood)

e) characteristically come with no prededing emotional upset (the blue type does)

(community)

18 prospective and retrospective studies, all are true EXCEPT:

a) retrospective are typically more biased than prospective

b) retrospective are typically more quickly than prospective

c) prospective allocation of person into group is based on presence or absence of disease

d) prospective in more in cost than retrospective

e) effect is more identifiable in prospective (also retrospective studies have less ethical issues)

(pedia)

19 a 3 year old child awaken from sleep with croup, DDx:

a) pneumonia

b) tonsillitis

c) post nasal drip

d) cystic fibrosis

e) foreign body inhalation (from abu warda p 218 fig 14.4, croup is an acute upper airway obstruction situation, and hence F.B inhalation would mostly be the answer because it's the acute situation amongst given choices).

(ophtha)

20 retinal detachment all of the following are true EXCEPT:

a) can lead to sudden loss of vision

b) more in far sighted than near sighted (more in nearsighted peaple, source: about.com, article by Troy Bedinghaus, O.D)

c) follow cataract surgery

d) if you suspect it sent for ophthalmologist

e) !!

(ophtha)

21 glaugoma, all of the following are true EXCEPT:

a) Commonly present with headache(true)

b) Associated with abdominal pain (i found vague hints on the net, as in eMedicine, that it might present with abdominal pain, but its true that it might present with nausea and vomiting)

c) Preceded by hallow and light flashes (it presents with hallos specially round lights,from www.merck.com:angle -closure glaucoma) but i dont know if its preceded by)

d) Miotic (from same source as above, headache due to glausoma decrease wth sleep. wich imght be due to sleep induced miosis. so this might be the answer.....in the paper no anwer was selected)

e) !!

(pedia)

22 child with APGAR score 3 in 1 min, the most important step is:

a) Ventilation: an APGAR score below 7 in min 1 is low

There are 4 main steps in the basic resuscitation of a newborn infant. ABCD:

A: OPEN THE AIRWAY by placing the infant¢s head in the neutral position with the neck slight extended. Do not flex or over extend the neck. GENTLY CLEAR THE THROAT.

B: ventilate.

b) Chest expansion

c) Volume expansion

d) Drying

e) Warming (drying and warming witha warm towel must be done to all infants after birth)

[Postgraduate Training Course in Reproductive Health/Chronic Disease 2004,Neonatal resuscitation,**Dave Woods,**Neonatal Medicine,School of Child and,Adolescent Health,University of Cape Town,www.gfmer.ch]

(surgery)

23 all are complication of laparoscopic cholecystectomy EXCEPT:

a) Wound infectin is the common complication

b) Restlessness rate increases *(what do they mean by that?!?!?)*

c) Admission duration usually less than 2 days

d) Early mobilization

e) Post-op pain

.....this is a very vague question, as C and D are not complications!! and B is not clear (its was chosen as the answer in papers)

(med.)

24 gastric ulcer, pathogenic factors, EXCEPT:

a) Tricyclic antidepressant (in katzung peptic/gastric ulcer not mentioned in side effects of tricyclics. in toxicity it causes bowel and bladder paralysis..p 509)

b) Pyloric sphincter incompetence (wich would decrease contact time between gastric contents and acids with gastric mucosa)

c) Sepsis (true. source:cleveland clinic:Sepsis by Steven P.LaRosa, MD)

d) Salicylate ingestion

e) Delayed gastric emptying (would increase contact time between gastric contects with gastric mucosa. so it's a risk factor..although it was chosen in the papers as the answer)

(surgery)

25 breast cancer in female under 35 yr. all of the following are true EXCEPT:

a) Diagnosis and treatment are delayer due to the enlarged number of benign disease

b) The sensitivity of the mammogram alone is not enough for Dx

c) Family history of benign or malignant disease is predictive of Dx(fewer than 3% of breast ca are caused by "breast ca gene":lawrance general surgery p 377)

d) All discrete breast lumps need fine needle aspiration

e) !!

(senstivity in younge wemen is 90-95%. but in p.375 lawrance:" often FNA is performed to establish a presumptive cytologic Dx" but if <3 cm.....not needed.....so i would choose D as the answer

(med)

26 intestitial lung disease all of the following are true EXCEPT:

a) Insidious onset exertional dyspnea

b) Bibasilar inspiratory crepitation in physical examination

c) Hemoptysis is an early symptom (no included in the symptoms and dyspnea might be the only early symptom)

d) Total lung capacity volume is reduces

e) !!

(ob/gyn.)

27 gonococcal infection:

a) Less common in females with IUCD

b) Causes permanent tubal blocking (what i recall, and i also role out C)

c) No need for laparoscopy for further diagnostic evaluation

d) !!

e) !!

(ENT)

28 tinnitus all of the following are true EXCEPT:

a) Symptom not experienced by children

b) Present in anemia (net source: anemia may present with tennitus: vascular tennitus)

c) As salicylate copmlication that improves with drug withdrawal

d) If associated with deafness, it improves as hearing loss improves

e) !!

(pedia)

29 a 2 months old baby found to be jaundiced + enlared and cirrhotic liver, Dx is:

a) Crigler-nijjar syndrome(juandice at 24hr-2weeks)

b) Dubin-johnson syndrome(causes a dark liver:eMedicine)

c) Sickle cell disease (i dont think it would cause liver cirrhosis, because:"Ten of the evaluable patients (19%) died of a chronic terminal visceral involvement related to sickle cell disease which was mainly liver cirrhosis." and they are talking about adults. from:Patterns of mortality in sickle cell disease in adults in France and England. Hematol J. 2002;3(1):56-60.)

d) Congenital biliary obstruction(liver biopsy show extrahepatic fibrosis, prolifration of biliary duct. abu warda p 279)

e) Gilbert's syndrome

(the answer chosen in papers is D)

(pharma_ob/gyn)

30 which drug does not cross the placenta:

a) Heparin

b) Aspirin

c) Warfarin

d) Tetracycline

e) Diazepam

(surgery vs. med)

31 epididymitits:

a) Common at age of 12-18 years

b) Iliac fossa pain(false)

c) Scrotal contenet doesn¢t increase in size (false)

d) U/S will confirm the Dx (u/s done to role out testicular torsion, so false)

e) All of the above

surgical recall p 741)

(pedia)

32 an 18 months old baby can typically:

a) Feed himself by a spoon (abu warda p 26)
b) Say a vocabulary of approximately 10 words
c) Build tower of 10 bricks
d) Drinks by a cup (by 12 months)
e) !!

(micro_medicine)

33 all are entero-invasive microorganisms, EXCEPT:

a) Shegella sonnei
b) Salmonella typhi
c) Yersinea enteritis
d) Vibrio cholera (the organism is non-invasive, lippincott's micro. p 185)
e) Campylobacter intritis

(ortho)

34 "AVN" avascular necrosis of femoral head becomes evident clinically in:

a) 3 months
b) 6 months
c) 9 months
d) 12 months
e) 17 months

(ob/gyn)

35 IUGR occurs with all of the following, ESCEPT:

a) Rubella
b) CMV
c) HSV II (transmission is during delivery)
d) Toxoplasmosis
e) Syphilis

(pharma_ob/gyn)

36 drug avoided in pregnancy, EXCEPT:

a) Cotrimox
b) Cephalexin(FDA pregnancy category B. This medication is not expected to be harmful to an unborn baby. Tell your doctor if you are pregnant or plan to become pregnant during treatment. Cephalexin can pass into breast milk and may harm a nursing baby. Do not use this medication without telling your doctor if you are breast-feeding a baby.).
c) Glibenclamide
d) Na+ valporate
e) Doxicyclin

(surgery)

37 the following is true in suspected acute appendicitis in a 70 yr old person:

a) Perforation is less likely than usual (perforation is more common in elderly)
b) Rigidity is more marked than usual
c) Abdominal X-ray is not usrful
d) Out look is relatively good (the prognosis is very bad in elderly)
e) Intestinal obstructin may be mimicked

(lawrance)

(ophtha)

38 recognized fearure of congenital squint include all the following EXCEPT:

a) Asymmetry of corneal light reflex
b) Covering non squinting eye causes movement of affected eye oopposite to squint
c) Manifestation of latent during fatigue
d) Non variation in the angle of deviation of squinting eye with near or distant fixation
e) !!

(med)

39 regarding atrial fibrillation "AF", all of the following are true, EXCEPT:

a) Non valvular AF will lead to stroke. (the only given answer and was marked as, the right answer)
b) Through (e) are !!!!

(med)

40 a 70 yr old male, suddenly felt down & he is diabetic, it could

a) May be the ptnn is hypertensive and he developed sudden rising BP
b) He might forgot his oral hypoglycemic agent dose
c) Sudden ICH which rise his ICP
d) !!
e) !!

Vague question and answers!!!

(med)

41 most of the causes of infection:

a) Anemia which is most probably the cause during pregnancy
b) Retained placenta
c) Hemorrhage during pregnancy
d) Endometriosis
e) !!

Vague question and answers!!!

(psych)

42 pt with schizophrenia, the best prognostic sign is:

a) Gradual onset
b) Family history of schizophrenia
c) Age of the patient
d) Coincidence of other psychological problems (as i recall)
e) !!

SAMPLER 7

(A M K – 2008)

(Pediatrics)

1- Acute gait disturbance in children, all of the following are true EXCEPT:-
a- Commonly self limiting
b- Usually the presenting complaint is limping
c- Radiological investigation can reveal the Dx
d- most often there is no cause can be found
e- !!

(Medicine)

2- the following can be used in prophylaxis in malaria in chlorquine resistant area Except:
a-mefloquine
b-doxycycline
c-chlorquine with proguani
e-dapsone
dapson is antileprosy agent, also there is new drug called malorone can be used in prophylaxis

(Ophthalmology)

3- anterior uvetitis occur in all of the following except:
a-RH reheumatid arthritis
b-sarcoidosis
c-ankylosing spondylatis
d-Reiter"s syndrome
e-Behcet' disease
causes include JRA ,IBS,Herpes ,lupus, lyme disease

(Ophthalmology)

4- Which the of the following is true is true regarding red eye:
a-more redness occure in corioscleral "suggest iritis"
b-if associated with fixed mid –fixed dilated pupil suggest anterior uvitis
c-in case of glaucoma treatment is mydratics

(Immunology)
5- all of the following are true about measles vaccine except:
a-1 out of 10 develop measles as result of vaccine
b-it is not effective if given within 48hrs of expose to measles
c-40 year old man usually gives positive immunity to measle
d-presence of IgM antibodies incicate recent infection

(Clinical Pharmacology)
6-which of the following combination is safe:
a-alcohol and metronidazol
b-digxin and amidrone
c-warafrin and propanolol
d-furosemide and gentamycin

(??Medicine)
7-regarding aphthous ulceration in the mounth all are true except:
a-there is no treatment for acut ulcer
b-tetracyclin suspension helps in healing
c-there is immunological role in its role in its development
d-mostly idiopathic in orgin

(Clinical Pharmacology)
8-which of the following is NOT associated with phentoin toxicity:
a-hirustism
b-osteomalcia
c-ataxia
d-osteoprosis

(OB/Gyne)
9-which of the following is not cause oF IUGR:
A-toxoplasmosis
B-RUBELLA
C-CMV
D-SYPHILIS
E-HSV

(Pediatrics)

10-One of the following is not a feature of Henoch-Schonlein Purpera:-
A-arthitis
b-rash on the face
c-normal platelet count
d-abdominal pain
e-hematuria

(Dermatology)

11-the following drugs can be used for acne treatment except:
a-ethinyl estradiol
b-retin A
c-vit A
d-erythromycin ointment
e-azelenic acid

(Medicine)

12-the following murmer can be accentuated by postioning of the patient:
a-aortic regurgitation by sitting
b- venous hum by lying down
c-pericardial rub by sitting
d-outflow innocent murmer by sitting

(OB/Gyne)

13- One of the following drugs is safe in pregnancy
a- Metronidazole is unsafe in first trimester
b- Chloramphenicol in last trimester
c- Erythromycin estolate is safe in all trimesters
d- Nitrofurantoin
e- !!

(Clinical Pharmacology)

14- One of the following drugs can NOT cross the placenta:
a- Heparin
b- Warfarin
c- !!

(Medicine)
15-one of the following is the single most important cause of stroke:
a-D.M.
b-HTN
c-family history
d-hyperlidemia
e-hypercholesteremia

(Psychiatry)
16- Regarding antidepressant side effects, all of the following are true EXCEPT:
a- Anticholinergic side effect tend to improve with time
b- Sedation can be tolerated by prolonged use
c- Small doses should be started in elderly
d- Fluxetine is safe drug to use in elderly

(Psychiatry)
17- One of the following is secondary presenting complaint in patient with panic attack disorder:
a- Dizziness
b- Epigastric pain
c- Tachycardia
d- Chest pain
e- Phobia

(Medicine)
18- All the following are differentials of acute abdomen except:
a-pleurisy
b-MI
c-herpes zoster
d-polyarteritis nodsa
e-pancreatitis

(Medicine)
19- All the following can cause small stature in children except:
a-hyopthyrodism
b-tunner syndrome
c-klinefenter syndrome
d-down syndrome

(Pediatrics)
20- in new born ,the following needs immediate treatment:
a-asymptomatic hydrocele
b-erupted tooth
c-absent femoral pulse

(OB/Gyne)
21- about vaginal trichomonosis all the following are true except;
a-common in diabetics
b-is protozoal infection
c-diagnosed by wet smear
d-treated by metronadazol

(Pediatrics)
22- A 6 weeks old infant presented with yellowish eye discharge and persistant tearing of one eye since birth, all of the following are true Except:
a- Rx include sulphacetamide ointment daily
b- Advice the mother to do warm massage
c- Can be Rx by systemic antibiotics
d- Do probing to bypass the obstruction
e- !!

(OB/Gyne)
23- APGAR score
a- out of 12 points
b- color is not important
c-heart rate is important

(Surgery)
24 -about appendicitis in elderly:
a-perforation is not common
b-gives more rigitiy than usual
c-can mimic obstruction

(Medicine)
25- HSV type 1 infection of the oral cavity, all true EXCEPT:
a- Is the commonest viral infection in the oral cavity
b- Can give gingivostomatitis
c- In primary infection, there is systemic involvement
d- May present with tonsillitis without oral lesion
e- !!

(Clinical Pharmacology)
26- all the following are side effect of thiazide diuretics except:
a-has diabetogenic effect
b-cause hypocalemia
c-cause hypomagnesimia
d-flat curve response
e-cause hypokalemia

(Clinical Pharmacology)
27- Nitroglycerine cause all the following EXCEPT:
a- Lowers arterial blood pressure
b- Increase coronary blood flow
c- Effect for 5 min if taken sublingually
d- Causes venous pooling of blood
e- Can produce meth-hemoglobinemia

(Medicine)
28- Meningitis in children, all of the following are true EXCEPT:-
a- Commonest is streptococcal and E.Coli in neonates
b- H.influenzae meningitis Rx is ampicillin or chloramphinicol
c- Produce non-specific sign in neonates
d- If due to pneumococcal, Refampicin is given as prophylaxis
e- !!

(Surgery)
29- all the following are true except regarding laproscopic cholycytectomy:
a-comonest complication is wound infection
b-patient readmission is frequent
c-it reduce hospital stay
d-patient can be discharged after 1-2 days

(Medicine)
30- One of the following is NOT useful in patient with atrial fibrillation "AF" and Stroke:
a- Aspirin and AF
b- Warfarin and AF
c- Valvular heart disease can lead to CVA in young patient
d- AF in elderly is predisposing factor
e- !!

(Orthopedics)
31- Concerning green stick fracture in children, all are true EXCEPT:
a- Exremely painful
b- Most commonly involve the forearm
c- Function of the limb is preserved
d- Is incomplete fracture

(Medicine)
32-all the following regarding NSAID ALL TRUE EXCEPT:
A-acute renal failure
b-acute tubular necrosis
c-interstisial nephritis
d- hyperkalemia

(Clinical Pharmacology)
33- regarding H2 blocker all are true except :
a-morning dose effective more than evening dose.
b-long term maintance therapy should be avoided

(Medicine)
Q37. Regarding Allopurinol:-

- is a uricouric agent
- decrease the development of uric acid stones
- useful in acute attack of gout

• Allopurinol is used to treat gout, high levels of uric acid in the body caused by certain cancer medications and kidney stones.
• It female anopheles mosquito) feeds primarily from dusk until dawn, travelers can reduce their risk of malaria by limiting evening outdoor activitiesmay cause gout attacks or kidney stones.
Allopurinol is used to prevent gout attacks, not to treat them once they occur.

(Medicine – Community medicine)
Q38. regarding protective measures of malaria, all true except:-

- infestation occur more in day than night
- using insect repellant 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)
Q39. 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)

Q40. 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)
Q41. Premature ventricular contracture (PVC), all are true except:-

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

- PVCs in young, healthy patients without underlying structural heart disease are usually not associated with any increased rate of mortality.
- Antiarrythmic 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 arrythmias and death.

(Pediatrics)
Q42. About the development of the child, all true except:-

- 1 year child can feed himself by spoon
- Grasp smoothly by 8 months
- Roll over by 6 months
- Say at least 5 more words other than mama and baba by 1 year and 5 months

- a child can feed himself by a spoon starting from the age of 18 months

---

(Pediatrics)
Q43. Whooping cough in children, all true except:-

- blood picture with absolute lymphocytosis
- can cause bonchiectasis
- 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 lymphosytosis (>15,000 cells/mm^3)
- Complication (uncommon) include:- pneumonia, convulsions and bronshiectasis

---

(ENT)
Q44. 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 forien body entering the ear canal.
- Other potential causes are CSF leak, mastoiditis, cholesteatoma or tumors of the surrounding areas.

(ENT)
Q45. 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)
Q46. A lady with epistaxis after quttary 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)
Q47. 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 aver 65 presenting with progressive dementia for several years

---

(OB/GYN)
Q48. Pregnancy induced hypertension, all true except:-

- Use of birth control pills increases the risk
- Common in primigravida
- Changing the partner increases the risk

• PIH "Pregnancy induced hypertension" is more common in nulliparous, multiparous with multiple gestations, fetal hydrops, coexisting vascular or renal disease such as DM, or when paternity of current pregnancy is different from that of previous pregnancies

---

(OB/GYN)
Q49. Vomiting in pregnancy, all true except:-

- Hospital admission causes it
- More in molar pregnancy
- More in pregnancy induced hypertension

• Medical complications of hyperthyroid disorders, psychiatric illness, previous molar disease, gastrointestinal disorders, pregestational diabetes, and asthma were significantly independent risks factors for hyper emesis gravidarum (HEG), whereas maternal smoking and age older than 30 years decrease the risk. Previous pregnancies with HEG, greater body weight, multiple gestations, trophoblastic disease, nulliparity are also considered.
• Pre-eclampsic toxemia also cause vomiting during pregnancy.

(Surgery)
Q50. 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)
Q51. 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 o total medications. Topical options include permetherin cream, lindane, benzyl benzoate, crotamiton lotion and cream, sulfur, Tea tree oil. Oral options include ivermectin.

(Medicine – Derma)
Q52. All of the following cause photosensitivity except:-

- Lithium ???
- Propranolol
- Tetracycline
- Chloropromazine
- Chloropropamide

• See attached table for the list of medications known to cause photosensitivity reaction:-

Antidepressants
clomipramine (Anafranil)
isocarboxazid (Marplan)
maprotiline (Ludiomil)
sertraline (Zoloft)
venlafaxine (Effexor)
TRICYCLIC AGENTS, e.g. Elavil, Asendin, Norpramin, Sinequan, Tofranil, Aventyl, Vivactil, Surmontil

Antihistamines
astemizole (Hismanal)
cyprohepatadine (Periactin)
diphenhydramine (Benadryl)
loratadine (Claritin)
terfenadine (Seldene)

Antimicrobials
azithromycin (Zithromax)
griseofulvin (Fulvicin, Grisactin)
QUINOLONES, e.g. Cipro, Penetrex, *Maxaquin, Noroxin, Floxin
sulfasalazine (Azulfidine)
*SULFONAMIDES, e.g. Gantrisin, Bactrim, Septra, etc.
TETRACYCLINES, e.g. *Declomycin, Vibramycin, Minocin, Terramycin

Antiparasitics
*bithionol (Bitin)
chloroquine (Aralen)
mefloquine (Lariam)
pyrvinium pamoate (Povan, Vanquin)
quinine

Antipsychotics
chlorprothixene (Taractan, Tarasan)
haloperidol (Haldol)
*PHENOTHIAZINES, e.g. Compazine, Mellaril, Stelazine, Phenergan, Thorazine, *chlorpromazine* etc.
risperidone (Risperdal)
thiothixene (Navane)

Cancer Chemotherapy
*dacarbazine (DTIC)
fluorouracil (5-FU)
methotrexate (Mexate)
procarbazine (Matulane, Natulan)
vinblastine (Velban, Velbe)

Cardiovasculars (see also Diuretics)
ACE INHIBITORS, e.g. Capoten, Vasotec, Monopril, Accupril, Altace
*amiodarone (Cordarone)
diltiazem (Cardizem)
disopyramide (Norpace)
lovastatin (Mevacor)
nifedipine (Procardia)
pravastain (Pravachol)
quinidine (Quinaglute, etc.)
simvastatin (Pzocor)
sotalol (Betapace)

Diuretics
acetazolamide (Diamox)
amiloride (Midamor)
furosemide (Lasix)
metolazone (Diulo, Zaroxolyn)
*THIAZIDES, e.g. HydroDiuril, Naturetin, etc.

*Hypoglycemic Sulfonylureas
acetohexamide (Dymelor)
chlorpropamide (Diabinese)
glipizide (Glucotrol)
glyburide (Diabeta, Micronase)
tolazamide (Tolinase)
tolbutamide (Orinase)

Nonsteriodal Anti-inflammatory Drugs (NSAIDs)
All nonsteroidal anti-inflammatory drugs e.g. ibuprofen (Motrin), naproxen (Anaprox, Naprosyn), Orudis, Feldene, Voltaren, etc.
The new agents include: etodolac (Lodine), nabumetone (Ralafen), oxaprozine (Daypro)

Sunscreens
benzophenones (Aramis, Clinique, etc.)
cinnamates (Aramis, Estee Lauder, etc.)
dioxybenzone (Solbar Plus, etc.)
oxybenzone (Eclipse, PreSun, Shade, etc.)
PABA (PreSun, etc.)
PABA esters (Block Out, Sea & Ski, Eclipse, etc.)

Miscellaneous
benzocaine
carbamazepine (Tegretol)
coal tar, e.g. Tegrin, Zetar, etc.
CONTRACEPTIVES, oral
estazolam (ProSom)
*etretinate (Tegison)
felbamate (Felbatol)
gabapentin (Neurontin)
gold salts (Myochrysine, Ridaura, Solganol)
hexachlorophene (pHisoHex, etc.)
*isotretinoin (Accutane)
PERFUME OILS, e.g. sandalwood, cedar, musk, etc.
quinidine sulfate & gluconate
selegiline (Deprenyl, Eldepryl)
*tretinoin (Retin-A, Vitamin A Acid)
zolpidem (Ambien)

(ENT)

Q53. 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:
  - Changes in the normal bacteria or yeast content of the mouth following antibiotic treatment
  - Poor oral hygiene
  - Medications containing bismuth, such as Pepto-Bismol
  - Regular use of mouthwashes containing oxidizing agents, such as peroxide, or astringent agents, such as witch hazel or menthol
  - Tobacco use
  - Drinking excessive amounts of coffee or tea
- Some tips for removing the discoloration include:
  - Gently brush your tongue with a toothbrush twice a day.
  - 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.
  - If this doesn't resolve the problem antibiotics may be prescribed.

(Medicine)

Q54. Blistering skin rash is a feature of the following dermatoses except:-

- Erythema herpiticum
- 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 herpiticum:- 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)
Q55. 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)
Q56. Diarrhea can occur in all the following, EXCEPT:-

- 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.
- Symptoms can include:
  - Muscle weakness
  - Trembling hands
  - Rapid heartbeat
  - Fatigue

- Weight loss
- Diarrhea or frequent bowel movements
- Irritability and anxiety
- Vision problems (irritated eyes or difficulty seeing)
- Menstrual irregularities
- Intolerance to heat and increased sweating
- Infertility

(Clinical pharmacology)
Q57. All true about cephalosporin use, except:-

- 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)
Q58. All of the following drugs contraindicated in G6PD deficiency, except:-

- Aspirin
- Nitrofurantoin
- Chlorquine
- Sulphonamide
- Gentamycin

Drugs causing haemolysis in G6PD patients:-

Analgesics:-
- Aspirin
- Phenacetin
- Acetailide

Antimalarials:-
- Primaquine
- Pyrimethamine
- Quinine

- Chloroquinine
- Pamaquine

Antibacterials:-
- Most sulpphonamides
- Dapsone
- Nitrofurantoin
- Nitrofurazone
- Furazolidone
- Chloramphenicol
- Ciprofloxacin

Miscellaneous:-
- Vitamin K
- Probenecid
- Nalidixic acid
- Quinidine
- Dimercaprol
- Phenylhydrazine

(Dermatology - Plastic)
Q59.Dysplastic nevus syndrome all 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 Heredity (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%.

- The criteria for FAMM syndrome are as follows:

- The occurrence of malignant melanoma in 1 or more first- or second-degree relatives
- The presence of numerous (often >50) melanocytic nevi, some of which are clinically atypical
- Many of the associated nevi showing certain histologic features

---

(Ophthalmology)
Q60.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

P.S:- though sometimes referral is needed, but it is never the first option

Background: A hordeolum (ie, stye) is a localized infection or inflammation of the eyelid margin involving hair follicles of the eyelashes (ie, external hordeolum) or meibomian glands (ie, internal hordeolum). A chalazion is a painless granuloma of the meibomian glands.

- ***Management***
  - **Warm soaks** (qid for 15 min) are the mainstays of treatment
  - **Drainage of a hordeolum**
    - Hordeola usually are self-limited even without drainage
    - Most hordeola eventually point and drain by themselves
    - Drainage of pointed lesions speeds the healing process
  - **Antibiotics** are indicated only when inflammation has spread beyond the immediate area of the hordeolum.
    - Topical antibiotics may be used for recurrent lesions and for those that are actively draining. Topical antibiotics do not improve the healing of surgically drained lesions.
    - Systemic antibiotics are indicated if signs of bacteremia are present or if the patient has tender preauricular lymph nodes
  - **Surgical**
    - If the lesion points at a lash follicle, remove that one eyelash
  - **Consultations:**
    - If the patient does not respond to conservative therapy (ie, warm compresses, antibiotics) within 2-3 days, consult with an ophthalmologist
    - Consultation is recommended prior to drainage of large lesions

---

(Dermatology)

Q61. 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
    - *Intractable = unstoppable*
    - *Dermatosis = any skin disease not characterized by inflammation*
- Increase the risk of basal and squamous cell cancer

Psoralens and ultraviolet A light (PUVA) is medically necessary for the following conditions after conventional therapies have failed:

- Severely disabling psoriasis (i.e., psoriasis involving 30% or more of the body);
- Cutaneous T-cell lymphoma (mycosis fungoides);
- Severe refractory atopic dermatitis/eczema;
- Severe urticaria pigmentosa (cutaneous mastocytosis);
- Severe lichen planus;
- Severe parapsoriasis;
- Pityriasis lichenoides;
- Granuloma annulare;
- Alopecia areata;
- Photodermatoses;
- Eosinophilic folliculitis and other pruritic eruptions of HIV infection;
- Vitiligo;
- Severe refractory pruritis of polycythemia vera;
- Morphea and localized skin lesions associated with scleroderma

PUVA (phototherapy) should be used in the lowest doses possible as higher doses and more exposure increase the risk of skin cancer

- Psoralens should not be used by:
    - *Children under age 12*, because the UV light therapy may cause cataracts
    - People who have diseases that make their skin more sensitive to sunlight *(such as lupus)*
    - Fertile men and women who do not use birth control. There is a small risk of birth defects.
    - Pregnant women, because of possible effects on developing fetuses

Side effects (short-term)

- Skin redness, headache, nausea, itching.
- Burns.
- The spread of psoriasis to skin that was not affected before (Koebner's response).
- Nausea from the medication.

Side effects (long-term)

- *Squamous cell carcinoma,*
- *Melanoma*
- *To lesser extent – not dose dependent - for basal cell carcinoma*
- Premature skin damage associated with sun exposure.
- Discolored spots on the skin.
- Overgrowth of the scaly layer of skin caused by exposure to sunlight (actinic keratosis).

(Medicine)

Q62. Regarding moderately severe asthma, all true except:-

- PO2 < 60 mm Hg
- PCO2 > 60 mm Hg ,early in the attack
- Pulsus Paradoixcus
- 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. Hypoxemis 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

- **So the answer (PCO2 > 60 mm Hg "early attack") is clearly WRONG as this may happen late in the attack of asthma**
- **The answer (PO2 < 60 mm Hg) CAN BE CONSIDERED WRONG. As usually the PO2 goes below 60 in *SEVERE ASTHMA* rather than a *MODERATLY-SEVERE ASTHMA***

(Surgery)

Q63. In indirect inguinal hernia all of the following are true, EXCEPT:-

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

"New – mixed Q's"

SAMPLER 8

(JOM – 2008)

(pediatrics)
Q-1: Childhood asthma…..all are true except:

A-90% bronchospasm are induced by exercise.
B-Inhalation of beclamethasone is safe.
C-Inhalation by aerospace champer in younger child.
D-Hypercapnia is the first physiological change.
E-Cough is the only symptom.

Answer:E
Explanation: Regarding A: Upper respiratory tract infection is the most common cause of asthma exacerbations!!! not broncohospasm only which is not a complicated problem!
-so A, B, C and D are correct

E-Cough (nocturnal usually) can be the only symptom but cyanosis, SOB, wheezing….etc. can occur.

(Ob/Gyne)
Q-2: Pregnant patient with hepatitis:

A-SGPT; ALT
B-SGOT; AST
C-BUN
D-WBC

Answer: A
Explanation: ALT is the correct answer as it is the more specific enzyme to liver injury, plus AST normally rises in pregnancy!

(Ob/Gyne)
Q-3: Most common cause of post-partum bleeding:

A-Uterine atony
B-Laceration
C-Retained placental tissue
D-Uterine inversion

Answer:A
Explanation: All the above are causes of post-partum bleeding but uterine atony caused by over distention of the uterus due to risk factors (multiple gestation, polyhydramnios, multiple gestations) is responsible for around 80% of cases.

(Ob/Gyne)
Q-4: Actions of oral contraceptive pills:

A-Inhibition of prolactin then ovulation
B- Inhibition of estrogen then ovulation
C- Inhibition of progesterone then ovulation
D- Inhibition of mid-cycle gonadotrophine then ovulation
E-Inhibition of implantation of embryo.

Answer:D
Explanation: The correct answer is D as this is method of action!

(Surgery)
Q-5: Most common cause of death in organ transplant recipients is:

A-Rejection
B-Infection
C-Steroid overdose
D-Immunosupression

(pediatrics)
Q-6: Rubella infection:

A-Incubation period 3-5 days
B-Starts with high fever
C-Oral ulcers
D-Arthritis
E-Does not cause cardiac complications or deafness.

Answer: D
Explanation: Rubella's incubation period is 14-21 days, Rubella does not cause oral ulcers but it causes only low-grade fever and arthritis.Arthrits is a very common manifestation of the infection in adults.

(Orthopaedics)
Q-7: Rotator cuff muscles are all of the following except:

A-Supraspinatus
B-Infraspinatus
C-Teres minor
D-Subscapularis
E-Deltoid

Answer: E
Explanation: The above mentioned muscles are the rotator cuff muscles which is an anatomical term given to the group of muscles and their tendons that act to stabilize the shoulder. Along with the teres major and the deltoid the four muscles of the rotator cuff make up the six scapulohumeral (those that connect to the humerus and scapula) muscles of the human body.

(Medicine)
Q-8: Which of the following is false?

A-Iron is not essential for all breastfed infants.
B-Every anti-TB regimen contains INH.
C-One or more essential amino acid is found in vegetables.

Answer:A

Explanation: 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.

(Pediatric surgery)
Q-9: Management of Tracheoesophageal fistula:

A-Chest tube
B-Gastrostomy
C-IV antibiotics
D-Pulmonary toilet
E-IVG sump catheter

Answer and Explanation: A,B & C are correct
But if the question comes in this exact form in the exam I will choose B because it is for all the types and circumstances unlike A and C.
My source was http://www.emedicine.com/med/topic3416.htm

(Surgery)
Q-10: Most commonly affected organ in blunt abdominal trauma is:

A-Liver
B-Spleen
C-Kidney
D-Intestine

Answer: A
Explanation: 1-Liver 2- Spleen 3-Greater omentum

(Ob/Gyne)
Q-11: Risk factors for HSV2 in infants include all the following except:

A-Cervical transmission is commoner than labial transmission
B-Maternal first episode is of greater risk for infants
C-Maternal antibodies for HSV 1 protects against HSV2.
D-Head electrodes increased the risk of infection.

Answer: C

(Ob/Gyne)
Q-12: Best detector for progress of labor is:

A-Dilatation
B-Descent
C-Dilatation and descent
D-Degree of pain
E-Fetal heart rate

Answer: C

(Ob/Gyne)
Q-13: Preeclampsia, PET:

A-Commoner in multipara
B-More in diabetics
C-Headache and blurred vision
D-Rapidly progresses to eclampsia

Answer: C and B are correct!!!!!!
Explanation: Symptoms can range from none to shoulder pain and hyper-reflexia but the most important symptoms are sweeling, headache and blurred vision.

Pre-eclamsia is also more common in women who have preexisting hypertension, diabetes, autoimmune diseases like lupus, various inherited thrombophilias like Factor V Leiden, or renal disease, in women with a family history of pre-eclampsia, obese women, and in women with a multiple gestation (twins, triplets, and more). The single

most significant risk for developing pre-eclampsia is having had pre-eclampsia in a previous pregnancy.

(Ob/Gyne)

Q-14: A 25 year old pregnant lady presented during the flu season with fever and sore throat after that she developed non-productive cough and dyspnea, she was extremely hypoxic. The most probable diagnosis is:

A-Staphylococcus pneumonia
B-Streptococcal pharyngitis
C-Pneomococcal pneumonia
D-Viral pneumonia
E-Psuedomonas pneumonia

Answer: D

Explanation: 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.

(Pediatrics)

Q-15: Henoch Schonlein purpura (HSP).....all the following except:

A-Arthritis
B-Rash in the face
C-Normal platelets
D-Focal glomerlunephritis
E-Abdominal pain

Answer: B or C.

Explanation: Arthritis, focal glomerlunephritis, and abdominal pain all occur.

Rash typically occurs in the thighs and buttocks but does occur in the face, the platelets CAN be raised (which helps in differentiating the disease from ITP and TTP).Personally I will choose B.

(Ob/Gyne)
Q-16: Post-pill amenorrhea….all except:

A-More in patients with history of menstrual irregularity.
B-The more you use the higher the risk.
C-More than 6 months needs investigation.
D-Investigate the patient for pregnancy.
E-None of above

Answer: B

(Pediatrics)
Q-17: Breath holds attacks:

A-Mostly in children between 5-10 years.
B-Usually prevented by diazepam.
C-May predisposes a generalized convulsion.
D-Increases the risk of epilepsy later on.
E-Characteristically comes with no preceding emotional upset.

Answer: C
Explanation: Description: the child is often having a tantrum or crying and after giving a long cry, which empties their lungs they fail to breathe in again. Over the next 15 seconds or so the child goes blue in the face, passes out and may even have a brief seizure or fit.

(Community medicine)
Q-18: Comparing the prospective and retrospective studies, all are true except:

A-Retrospective are typically more biased than prospective
B-Retrospective studies are typically quicker than prospective
C-Prospective allocation of person into group depends on whether he has the disease or not.
D-Prospective costs more than retrospective.
E-Effect is more identifiable in prospective.

(Pediatrics)
Q-19: A 3 year old child woke up from sleep with croup…..diagnosis:

A-Tonsillitis
B-Pneumonia
C-Post nasal drip
D-Cystic fibrosis
E-Foreign body inhalation

Answer: E

(Medicine)
Q-20: Gastric ulcer ….pathogenic factors:

A-Salicylate ingestion
B-Sepsis
C-Pyloric sphincter incompetence
D-Delayed gastric emptying
E-Tricyclic antidepressants

Answer: A
Very important note: the question in the paper was:
Which of the following does not cause gastric ulcer, but I have found this as the only reason to cause gastric ulcer.

(Surgery)
Q-21: Breast cancer in a female that is less than 35 year of age…all true except:

A-Diagnosis and treatment are delayed due to the enlarged percentage of benign.
B-The sensitivity of the mammogram alone is not enough for the diagnosis.
C- Family history of benign or malignant disease is predictive of the diagnosis.
D-All discrete breast lumps need fine needle aspiration.

Answer: D

(Medicine)
Q-22: Interstitial lung disease …..All true except:

A-Insidious onset exertional dyspnea.
B-Bibasilar inspiratory crepitations in physical examination.
C-Haemoptysis is an early sign.
D-Total lung volume is reduced.

Answer:C

(Ob/Gyne)
Q-23: Gonoccocal infection…..which is true:

A-Less common in females with IUCD.
B-Causes permanent tubal blocking.
C-No need for laparoscopic for further evaluation.

Answer:B

(ENT)
Q-24: Regarding tinnitus……all true except:

A- A symptom that is not experienced by children.
B- Present in anemia
C- As salicylate complication that improves with drug withdrawal
D- If associated with deafness it improves if hearing loss improves.

Answer: A
Explanation: Tinnitus can present in children, and it is a symptom of iron deficiency anemia.

(Pediatrics)
Q-25: A 2 month old baby found to have jaundice with an enlarged cirrhotic liver…Dx:

A-Crigler-Najjar syndrome
B-Dubin-Johnson syndrome
C-Sickle cell anemia
D-Congenital biliary obstruction
E-Gilberts syndrome

Note: This disease (biliary atresia) is known to occur more in females and Asians, it has three subtypes some of them are surgically correctable. Hepatocellular carcinoma risk is increased in this disease.

(Ob/Gyne)
Q-26: Which of the following drugs does not cross the placenta?

A-Heparin
B-Chloramphenicol
C-Tetracycline
D-Warfarin
E-Diazepam
F-Aspirin

Answer:A
Explanation: Chloramphenicol causes Gray baby syndrome while tetracycline causes teeth defects in the child, warfarin causes birth defects, and diazepam causes exaggerated reflexes in the newborn. Aspirin causes intracranial bleeding.

(Pediatrics)
Q-27: Epidydimitis:

A-Common at the age 12-18
B-Iliac fossa pain
C-Scrotal content does not increase in size.
D-Ultrasound will confirm the diagnosis.
E-All of above

Answer: D

Explnation:The diagnosis is made physical exam and tests like ultrasound can differentiate this case from diseases like: testicular cancer, enlarged scrotal veins (varicocele) and a cyst within the epididymis.

(Pediatrics)

Q-28: 18 months baby can typicallydo the following except:

A-Have a vocabulary of 10 words
B-Build a ten brick tower.
C-Drink from a cup.
D-Feed himself with a spoon.

Answer: B

Explanation: Can build a tower of 2 - 3 blocks, can use a spoon and cup and can say 10 words.

(Medicine)

Q-29: All of the following are entero-invasive microorganisms except:

A-Shigella
B-Salmonella
C-Vibrio cholera
D-Yetrnia enteritis
E-Campylobacter enteritis

Answer: C

Explanation: The principal pathogens in this group are Salmonella, Shigella, Campylobacter, invasive E coli, and Yersinia

(Orthopaedics)

Q30- Avascular necrosis of the head of the femur becomes clinically evident after:

A-3 months
B-6 months
C-9 months
D-12 months

Answer:C

(Ob/Gyne)
Q-31: IUGR can be caused by all of the following except:

A-Syphilis
B-CMV
C-Toxoplasmosis
D-Herpes simplex II
E-Rubella

Answer:D
Explanation: HSV II is usually contracted during normal delivery.

(Ob/Gyne)
Q-32: Drugs that should be avoided during pregnancy include all of the following except:

A-Cotrimox
B-Cephaeline
C-Na valproate
D-Doxicyclin
E-Glibenclamide

Answer:B
Cephaeline is the major component of Ipecac, a potent emetic.

(Suregery)
Q-33: The following is true about suspected acute appendicitis in a 70 year old man:

A-Perforation is less likely than usual.
B-Rigidity is more marked than usual.
C-Abdominal x-ray is not useful.
D-Outlook is relatively good.
E-Intestinal obstruction maybe mimicked.

Answer:E
Explanation: Elderly patients have the highest mortality rates. The usual signs and symptoms of appendicitis may be diminished, atypical or absent in the elderly, which leads to a higher rate of perforation.

(Ophthalmology)
Q-34: Regarding congenital squint…..all of the following are true except:

A- Asymmetry of corneal light reflex.
B- Covering the non squinting eye leads to movement of affected eye opposite to squint.
C- Manifestation of latent squint during fatigue
D- No variation in the angle of deviation of squinting eye with near or distant fixation.

Answer: B.

(Medicine)
Q-35: Regarding atrial fibrillation…:

A- Non valvular atrial fibrillation will lead to stroke.

Answer is A

(Medicine)
Q-36: A 70 year Saudi diabetic male suddenly fell down, this could be:

A-Maybe the patient is hypertensive and he developed a sudden rise in BP.
B-*He might had forgot his oral hypoglycemic drug.*
C-Sudden ICH which raise his ICP.

Answer:B

- Explanation:The diagnosis is Nonketotic hyperosmolar coma which can present with Hyper viscosity and increased risk of thrombosis Disturbed mentation Neurological signs including focal signs such as sensory or motor impairments or focal seizures or motor abnormalities, including flaccidity, depressed reflexes, tremors or fasciculations. Ultimately, if untreated, will lead to death.

Obs&Gyn

37- All of the following drugs should be avoided during pregnancy except :

1. Na valproiate.
2. Warfarin
3. Glibinclamide
4. Septrin
5. **Ceflex**

These drugs should be avoided

Alcohol - Antianxity agents (fluoxetine is now the drug of choice for anxity and depretion during pregnancy)-Antineoplastic agents - Anticoagulants (coumarin derivative like warfarin) but heparin can be used because it does not cross the placenta-Anticonvulsants-Carbamazepine and valproic acid are associated with increased risk for spina bifida – Diuretics – Retinoids - others

Community medicine *

38- Secondary prevention is least effective in:

1. DM
2. Pre-eclampsia
3. Leukemia
4. Malabsorption in children

I don't know

Surgery

39- Complication of colostomy , all true except:

1. **Malabsorption of water**
2. Excoriation of skin
3. Retraction
4. Obstruction

Complications of colostomy:
Colostomy necrosis, irritation to the skin, retraction, obstruction, parastomal hernia and prolapse

Pediatrics

40- Rubella infection ,one is true

1. Incubation period is 3-5 days
2. Oral ulcer
3. **Arthritis**
4. Does not cause heart complication for the fetus

Rubella:
Spread person to person,virus may be shed beginning 7 days before rash to 14 day after, The incubation period varies from 12 to 23 days (average, 14 days).
Signs and symptoms: fever,Rash, adenopathy , arthritis and arthralgia

Orthopedics

41- Avascular necrosis of head of femur usually detected clinically by the age of:

1. 3 months
2. 6 months
3. 11 months
4. 15 months

I don't know

Ophthalmology

42- All the following may cause sudden uni-lateral blindness, except:

1. **Retinitis pigmentosa**
2. Retinal detachment
3. Retrobulbar neuritis
4. Vetrous hemorrhage

ENT

43- Glue ear, one is true:

1. **Can be treated by grommet tube insertion.**

Surgery

44- All are complications of laproscopic cholecystectomy except:

1) Incisional hernia above the umbilicus
2) Persistant pnemupreitonitis
3) Bile leakage
4) **Ascitis**

What are the risks of laparoscopic gallbladder surgery?

- Complications of a laparoscopic cholecystectomy are infrequent and the vast majority of laparoscopic gallbladder patients recover and quickly return to normal activities. Some of the complications that can occur include bleeding, infection, leakage of bile in the abdomen, pneumonia, blood clots, or heart problems.
- Surgical injury to an adjacent structures such as the common bile duct, duodenum or the small intestine may occur rarely and may require another surgical procedure to repair it. If the gallbladder is accidentally or deliberately opened during the procedure stones may fall out of the gallbladder and in to the abdomen that may give rise to later scarring.

Surgery

45- Pt post laproscopic cholecystectomy present with progressive jaundice the most appropriate investigation is :

1) **ERCP ??**
2) IV cholangiogram

Medicine

46- All of the following organisms cause diarrhea with invasion except:

1) Shiglla
2) Yersenia
3) **Cholera**
4) Compylopactor

Cholera cause clinical disease by producing an enterotoxin that promotes the secretion of fluid and electrolytes into the lumen of the small intestine.

Ophthalmology

47- All are true about congenital squint except:

1) There is difference of the angle of deviation of squint eye between far and near sightness

   I don't know

Psychiatry

48- Good prognostic factor for pt with schizophrenia is

1) +ve family history
2) No previous cause
3) **Prominent affective symptoms**
4) Gradual onset
5) Flat mood

Good prognosis

- _ acute onset
- _ early treatment
- _ good response to treatment
- _ female sex
- _ good occupational and social adjustment previously

Poor prognosis

- _ early age at onset
- _ insidious onset
- _ poor previous adjustment
- _ negative symptoms
- _ street drug use

Pediatrics

49- Child attend the clinic 3times with H/O cough for 5 days not responding to symptomatic Rx one is true in manigment:

1) Chest X-ray is mandatory
2) **Trial of bronchodilator**
3) Trial of antibiotics

Urology

50- BPH all true except :

1) **Prostits**
2) Noctouria
3) Haematouria
4) Urine retention
5) Diminished size &strength of stream

BPH Symptoms

- Waking at night to urinate
- Sudden and strong urge to urinate
- A frequent need to go, sometimes every 2 hours or less
- Pushing or straining to begin
- A weak stream

- Dribbling after finishing
- Feeling the bladder has not completely emptied after finishing
- Pain or burning while urinating

Orthopedics

51- Which one of the following regarding osteomylitis

1) Pyomyositus
2) Epiphyseal plate destruction
3) Septicemia
4) Septic arthritis

I don't know

Medicine

52- The first symptoms of LHF is

1) Orthopnea
2) **Dyspnea on exertion**
3) Oedema

ENT

53- Tinnitus, one is true

1) Not expert by children

Do children get tinnitus?

Tinnitus does not discriminate: people of all ages experience tinnitus. However, tinnitus is not a common complaint from children. Children with tinnitus are less likely than adults to report their experience, in part because children with tinnitus are statistically more likely to have been born with hearing loss. They may not notice or be bothered by their tinnitus because they have experienced it their entire lives.

Surgery

54- Treatment of TOF all true except:

1) Thoracotomy
2) Use of systemic antibiotics
3) Chest tube insertion ??

Infants may require surgery to improve blood flow to the lungs and decrease cyanosis. Once the child is past infancy, corrective open heart surgery is performed

The repair is performed via right thoracotomy in the left lateral decubitus position.

Antibiotic treatment to prevent infection need not be required for more than a few months after the operation, and the patient should be able to lead a full and active life.

Chest tube maybe used as a drainage tube to keep the chest free of blood post operatively, but is not use as a way to manage Tracheoesohegeal fistula (TOF)

Obs&gyn

55- The following are risk factor for puerperal infection , except:

1) **Endometriosis**
2) Cervical laceration
3) Anemia
4) Retained placenta
5) Hemorrhage

predisposing factors, such as prolonged and premature rupture of the membranes, prolonged (more than 24 hours) or traumatic labor, cesarean section, frequent or unsanitary vaginal examinations or unsanitary delivery, retained products of conception, hemorrhage, and maternal couditions, such as anemia or dehilitation from malnutrition.

Urology

56- Epididymitis one is true :

1) The peak age between 12-18 y
2) U/S is diagnostic
3) Scrotal content within normal size
4) Typical iliac fossa pain
5) Non of the above

- disease of adults, most commonly affecting males aged 19-40 year
- Doppler -ultrasound to rule out testicular torsion -- hypoechoic region may be visible on the affected side as well as increased blood flow or scrotal abscess
- Erythematous edematous scrotum
- It is mostly “5” non of the above

Medicine

57- The following are features of rheumatic heart disease except:

1) Restless involuntary abnormal movement
2) Rashes over trunk and extremities
3) **Short P-R interval on ECG**
4) Migratory arthritis

The Jones criteria require the presence of 2 major or 1 major and 2 minor criteria for the diagnosis of rheumatic fever.

> The major diagnostic criteria include carditis, polyarthritis, chorea, subcutaneous nodules, and erythema marginatum.
> The minor diagnostic criteria include fever, arthralgia, prolonged PR interval on the electrocardiogram, elevated acute phase reactants (increased erythrocyte sedimentation rate [ESR]), presence of C-reactive protein, and leukocytosis.

Additional evidence of previous group A streptococcal pharyngitis is required to diagnose rheumatic fever. One of the following must be present:

> Positive throat culture or rapid streptococcal antigen test
> Elevated or rising streptococcal antibody titer
>
> History of previous rheumatic fever or rheumatic heart disease

Pediatrics

58- All are DDx of croup except:

1) **Pneumonia**
2) Forien body inhalation
3) Tonsillitis
4) Cystic fibrosis???

DDX:
Airway Foreign Body
Bacterial Tracheitis
Diphtheria
Epiglottitis
Inhalation Injury
Laryngomalacia
Neoplasm (compressing trachea)
Peritonsillar Abscess
Retropharyngeal Abscess
Subglottic Stenosis
Vascular Ring, Right Aortic Arch

Pediatrics

59- Child present with Hx of resless sleep during night ,somnolence during day time , headch …….. the most likely diagnosis :

1) Sinopulmonary syndrome
2) **Sleep apnea**
3) Adenoidectomy
4) Laryngomalacia

SAMPLER 9

(WAD – 2008)

Choose the best answer:

(Surgery)

1. The incidence of surgical infection is reduced with:

    a. *The use of preoperative non-absorbable oral antibiotics in colon surgery.*
    b. Blunt multiple trauma.
    c. The use of braided sutures.
    d. Postoperative systemic antibiotics.
    e. Advanced age.

Trauma, advanced age and the use of braided sutures increase the incidence of surgical infection. Postoperative antibiotics are not proven to decrease the incidence of surgical infection.

(Surgery)

2. A 70 kg male with a 40% total body surface area burn and inhalation injury presents to your service. The fluid resuscitation that should be initiated is:

    a. Lactated Ringer's solution at 350 ml/hr.
    b. D5 lactated Ringer's solution at 700 ml/hr.
    c. Lactated Ringer's solution at 100 ml/hr.
    d. Normal saline at 400 ml/hr.
    e. Lactated Ringer's solution at 250 ml/hr

Ringer's lactate is the resuscitation fluid of choice in all trauma cases, including inhalation injury. The rate is calculated according to the parkland formula (4 x weight x % burn) = 4 x 70 x 40 = 11200 ml to be given in the first 24 hours, half of this should be given in the first 8 hours, and the rest in the remaining 16 hours, so 11200 / 2 = 5600 ml / 8 = 700 ml/hr.

(Surgery)

3. Which of the following is true concerning inhalation injury:

    a. A carboxyhaemoglobin level of 0.8% excludes the diagnosis.
    b. A normal bronchoscopic exam upon admission excludes the diagnosis.
    c. A history of injury in open space excludes the diagnosis.
    d. 50% of patients with positive bronchoscopy require ventilatory support.
    e. Fluid administration rate should not be decreased because of the lung injury.

A normal carboxyhaemoglobin level might exclude CO poisoning but will not exclude other types of inhalation injury. A normal bronchoscopic exam does not exclude the diagnosis because vasoconstriction may be present in the acute stage masking any injury. A history of injury in open space does not exclude the diagnosis, because some types of inhalation injury occur more frequently in open spaces. The percent of patients that will require ventlatory support with positive bronchoscopy is close to 100%.

(Surgery)

4. Which of the following concerning the epidemiology of burn injury is true:

    a. Most pediatric burn deaths are secondary to scald injuries.
    b. Most pediatric burns occur in males.
    c. The highest incidence of burns is in 18-24 year old males.
    d. One half (1/2) of pediatric burns are scalds.
    e. For 15-24 year old males, the most common etiology for thermal injury involves automobiles.

Sorry, I could not find the answer to this question. The original answer was D.

(Surgery)

5. A 21 year old is involved in a head-on collision as the driver of a motor vehicle. He is noted to be severely tachypneic and hypotensive. His trachea is deviated to the left, with palpable subcutaneous emphysema and poor air entry in the right hemithorax. The most appropriate first treatment procedure should be:

    a. Arterial puncture to measure blood gases.
    b. Stat chest x-ray.
    c. Intubation and ventilation.
    d. Needle thoracocentesis or tube thoracotomy prior to any investigations.
    e. Immediate tracheostomy.

This is a clear case of right sided tension pneumothorax. The treatment for this condition is immediate needle thoracocentesis then insertion of thoracotomy tube.

(Surgery)

6. Postoperative adhesions are the most common cause of small bowel obstruction. Choose the true statement about postoperative adhesions:

    a. Previous appendectomy and hysterectomy are uncommon causes of late postoperative small bowel obstruction.
    b. The mechanism of adhesion formation is well understood and has been eliminated by the removal of talc from gloves and by careful suturing of the peritoneum.
    c. Although the cause of adhesion formation is not well understood, careful operative technique may minimize its occurrence.
    d. Internal stenting is useful because it prevents postoperative adhesions.
    e. In patients with postoperative small bowel obstruction, the obstruction is rarely due to adhesions.

Previous operations are a known cause of adhesions which lead to obstruction. The mechanism of adhesion formation is still not well understood, and stenting has no role in its prevention. One of the most common causes of postop obstruction is adhesion formation.

(Surgery)

7. The most sensitive test for defining the presence of an inflammatory focus in appendicitis is:

    a. The white blood count.
    b. The patient's temperature.
    c. <u>The white blood cell differential.</u>
    d. The sedimentation rate.
    e. The eosinophil count.

Neutrophilia occurs in 95% of patients. 80-85% of adults with appendicitis have a WBC count greater than 10,000 cells/mm^3. Whereas temperature, ESR and eosinophil count are not sensitive for appendicitis.

(Surgery)

8. Carcinoma of the colon is:

    a. <u>Predominantly found in the rectum and the left side of the colon.</u>
    b. More common in men than in women.
    c. Most likely to present as an acute intestinal obstruction.
    d. Associated with a second carcinoma in 20% of patients.
    e. Found to have a corrected 5-year survival rate of 50% in patients with nodal involvement following a curative resection.

Left sided colon cancer, including the rectum, account for more than 78% of all cases of colon cancer. The frequency of colon cancer is essentially the same among men and women. Only 15% of cases present as obstruction because colon cancer only causes obstruction at a very late stage. It is associated with a second carcinoma in only 3% of patients. The 5-year survival rate for colon cancer depends on the stage of the disease and can not be determined by nodal involvement alone (Duke's C and Duke's D both have nodal involvement, but the 5YSR for Duke's C is 30%, whereas the 5YSR for Duke's D is less than 10%).

(Surgery)

9. Which of the following diseases is NOT frequently associated with pyogenic liver abcesses:

    a. Cholangitis secondary to biliary obstruction.
    b. Diverticulitis.
    c. Urinary tract infection.
    d. Hepatic artery thrombosis post liver transplant.
    e. Omphalitis.

Extrahepatic biliary obstruction leading to ascending cholangitis and abscess formation is the most common cause of pyogenic liver abcesses. In diverticulitis the infectious process originates within the abdomen and reaches the liver by embolization or seeding of the portal vein. Omphalitis (an infection of the umbilical stump) causes pyogenic liver abscesses by spread of the infection along the umbilical vessels to the portal vein then to the liver. Pyogenic liver abscess can be the first sign of hepatic artery thrombosis post liver transplant. In UTI the infectious process results from seeding of bacteria into the liver via the hepatic artery in cases of systemic bacteremia from urinary sepsis, but UTI is not **FREQUENTLY** associated with pyogenic liver abscess.

(Surgery)

10. The greatest risk of developing chronic hepatitis and cirrhosis occurs after:

    a. Hepatitis A infection.
    b. Hepatitis B infection.
    c. Hepatitis C infection.
    d. Hepatitis D infection.
    e. Hepatitis E infection.

Worldwide, hepatitis B is the most common cause of cirrhosis, but in the United States hepatitis C is a more common cause.

(Surgery)

11. Which of the following liver tumors is often associated with oral contraceptive agents:

    a. Hepatocellular carcinomas.
    b. Liver cell adenomas.
    c. Focal nodular hyperplasia.
    d. Angiosarcoms.
    e. Klatskin's tumor.

Oral contraceptive pills are a known cause of hepatocellular adenomas. There has been a dramatic increase in the incidence of liver adenomas since the 1960s when OCPs were first invented. There is a very weak association between OCPs and HCC. OCPs are also commonly associated with liver hemangiomas. A Klatskin tumor is a cholangiocarcinoma occurring at the confluence of the right and left hepatic bile ducts, it has no association with OCPs.

(Surgery)

12. A 48 year old male patient is admitted to the hospital with acute pancreatitis. Serum amylase concentration is 5400 IU/L. He is complaining of severe generalized abdominal pain and shortness of breath. He is haemodynamically stable after appropriate intravenous fluid infusions over the first 6 hours. Which one of the following is the least significant indicator of disease severity in acute pancreatitis during the first 48 hours:

    a. Raised WBC count (18000/mm^2).
    b. Low arterial blood oxygen tension (60 mm Hg).
    c. Elevated serum amylase (5400 IU/L).
    d. Thrombocytopenia (10000/mm^3).
    e. Elevated blood urea nitrogen (30 mg/dl).

The severity of acute pancreatitis can be predicted using several systems including the APACHE II system, the Multiple Organ System Failure system (MOSF), the Glasgow scoring system or the Ranson system. Amylase level is not included in any of these systems, whereas all the other parameters are included in at least on of these systems.

(Surgery)

13. In the inguinal region, the integrity of the abdominal wall requires which of the following structures to be intact:

    a. *Transversalis fascia.*
    b. Lacunar ligament.
    c. Inguinal ligament.
    d. Iliopectineal ligament.
    e. Femoral sheath.

The integrity of the abdominal wall in the inguinal region depends on the integrity of the internal (deep) inguinal ring, which is formed in the transversalis fiscia.

(Surgery)

14. A patient with gross hematuria after blunt abdominal trauma has a normal-appearing cystogram after the intravesical instillation of 400 ml of contrast. You should next order:

    a. A retrograde urethrogram.
    b. An intravenous pyelogram.
    c. A cystogram obtained after filling, until a detrusor response occurs.
    d. A voiding cystourethrogram.
    e. *A plain film of the abdomen after the bladder is drained.*

A retrograde urethrogram is required before doing a cystogram in cases of trauma, so it must have been done already. An IVP should only be done after excluding bladder injury on the postevacuation film, no cystogram is complete without taking a postevacuation film. A voiding cystourethrogram will not show you anything more than what a urethrogram and cystogram would. And obtaining a cystogram after filling until a detrusor response occurs is controversial and even if it is done, it should only be after a postvoiding film.

(Surgery)

15. Varicose veins:

    a. Are merely a cosmetic problem.
    b. Require ultrasonography for diagnosis.
    c. May be effectively treated with elastic stockings.
    d. Lead to ulceration of the skin.
    e. Are cured for the life of the patient by surgical excision.

Varicose veins are not merely a cosmetic problem because they can cause discomfort, pain and ulceration. Although Duplex ultrasonography is the standard imaging modality used for the diagnosis of varicose insufficiency syndromes, varicose veins can be diagnosed without the use of ultrasonography, using MRI or venogram. Elastic stockings do not treat the condition; they only relieve the symptoms until a definitive treatment is done. Varicose veins may recur after surgical excision by accessory veins, collateral veins, and tributary veins that can dilate rapidly under the influence of high pressure and can appear in the same distribution as the vein that has been removed.

(Surgery)

16. The key pathology in the pathophysiology of venous ulceration is:

    a. The presence of varicose veins.
    b. Incomplete valves causing high venous pressure.
    c. Transudation of serum proteins.
    d. Hemosiderin deposition.
    e. Subcutaneous fibrosis.

The changes that occur in the skin and subcutaneous tissues that lead to venous ulceration are the consequence of venous hypertension, which causes interstitial edema and hypoxia to the skin cells, which makes the skin liable to break down from minor trauma. Transudation of proteins, hemosiderin deposition and fibrosis are all due to the high venous pressure, so **high venous pressure is the key pathology.**

(Surgery)

17. Lymphedema is diagnosed most effectively by:

    a. *A complete history and physical exam.*
    b. Duplex ultrasonography.
    c. Lymphoscintigraphy.
    d. Lymphangiography.
    e. Magnetic resonance imaging.

Lymphedema is most effectively diagnosed by H&P, and there is rarely a need for further investigation. However detection of a cause may need further investigation.

(Surgery)

18. Splenectomy does NOT have a role in the management of patients with hemolytic anaemia due to:

    a. Spherocytosis.
    b. Elliptocytosis.
    c. Pyruvate kinase deficiency.
    d. *Glucose-6-phosphate dehydrogenase deficiency*.
    e. Sickle cell anaemia.

(Surgery)

19. A 23 year old white female is diagnosed as having chronic ITP. Which of the following will best predict a favorable remission after splenectomy:

    a. Presence of antiplatelet antibodies.
    b. Increased bone marrow megakaryocytes.
    c. Absence of splenomegaly.
    d. Platelet count of 170000/mm^3 on corticosteroids.
    e. Complement on platelet surfaces.

Sorry, I could not find the answer. The original answer was D.

(Surgery)

20. A 40 year old white male is transferred to your institution in septic shock less than 24 hours after onset of symptoms of a non-specific illness. He underwent a splenectomy for trauma 5 years ago. Antibiotic coverage must be directed against:

    a. Streptococcus, group A.
    b. Klebsiella pneumoniae.
    c. Staphylococcus aureus.
    d. Escherichia coli.
    e. Streptococcus pneumoniae.

Strep. Pneumonia is the most common pathogen affecting patients post splenectomy, that is why all patients undergoing splenectomy should receive the pneumococcus vaccine before splenectomy and a booster dose 4-5 years after splenectomy.

(Surgery)

21. The following are appropriate methods for the treatment of inflammatory processes in the breast EXCEPT:

    a. Sporadic lactational mastitis treated with antibiotics and continued nursing.
    b. Recurrent periareolar abscess with fistula treated by distal mammary duct excision.
    c. Breast abscess treated by incision and drainage.
    d. Breast abscess treated with antibiotics.
    e. Thrombophlebitis of the superficial veins (Mondor's disease) treated by reassurance of the patient and follow up examination only.

Any abscess should be drained.

(Surgery)

22. Factors associated with an increased relative risk of breast cancer include all of the following EXCEPT:

    a. Nulliparity.
    b. Menopause before age 40.
    c. A biopsy showing fibrocystic disease with a proliferative epithelial component.
    d. First term pregnancy after age 35.
    e. Early menarche.

Late menopause is a relative risk factor for breast cancer.

(Surgery)

23. The following statements about adjuvant multi-agent cytotoxic chemotherapy for invasive breast cancer are correct EXCEPT:

    a. Increases the survival of node-positive pre-menopausal women.
    b. Increases the survival of node-negative pre-menopausal women.
    c. Increases the survival of node-positive post-menopausal women.
    d. Is usually given in cycles every 3 to 4 weeks for a total period of 6 months or less.
    e. Has a greater impact in reducing breast cancer deaths in the first 5 years after treatment than in the second 5 years after treatment.

The median duration of response to a chemotherapy regimen in advanced breast cancer usually ranges from 6 to 12 months. Chemotherapy is beneficial for both pre- and post-menopausal women regardless of nodal involvement, although node-positive pre-menopausal women benefit the most.

(Surgery)

24. The single blood test performed by a good laboratory that would be expected to be the most sensitive for determining whether the patient is euthyroid, hypothyroid or hyperthyroid is:

    a. T3 uptake.
    b. Total T3.
    c. Total 4.
    d. TSH (thyroid stimulating hormone).
    e. Free T4.

(Surgery)

25. Treatment of a patient with the clinical picture of thyroid storm should include all of the following EXCEPT:

    a. Propranolol.
    b. Propylthiouracil.
    c. Salicylates.
    d. Sodium iodide.
    e. Acetaminophen.

Propranolol is given to to minimize sympathomimetic symptoms. Propylthiouracil is given as an antithyroid medication to block further synthesis of thyroid hormones (THs). Sodium iodide is given to block the release of THs (at least 1 h after starting antithyroid drug therapy). Acetaminophen is given to control hyperthermia.

(Surgery)

26. Papillary carcinoma of the thyroid is characterized by all of the following EXCEPT:

    a. Commonly metastasizes to the paratracheal nodes adjacent to the recurrent nerves.
    b. Older patients have a worse prognosis than younger patients.
    c. It is associated to childhood exposure to x-ray irradiation.
    d. Older patients are more likely to have nodal metastases.
    e. The tall-cell variant has a worse prognosis.

(Surgery)

27. Relative to the complications that may be associated with thyroidectomy, which of the following statements is correct:

    a. A tracheostomy should be performed routinely after surgical evacuation of a postoperative hematoma.
    b. The clinical manifestations of postoperative hypoparathyroidism are usually evident within 24 hours.
    c. A non-recurrent left anterior laryngeal nerve is present in every 100 to 200 patients.
    d. When papillary carcinoma metastatizes to the lateral neck nodes, the internal jugular vein is routinely removed during the dissection.
    e. Inadequately treated permanent hypoparathyroidism can lead to mental deterioration.

Sorry, I could not find the answer. The original answer was E.

(Surgery)

28. In a patient with elevated serum level of calcium without hypocalciuria, which of the following tests is almost always diagnostic of primary hyperparathyroidism:

    a. Elevated serum level of ionized calcium.
    b. Elevated serum level of chloride and decreased serum phosphorus.
    c. Elevated serum level of intact parathyroid hormone (PTH).
    d. Elevated 24-hour urine calcium clearance.
    e. Elevated urinary level of cyclic AMP.

(Surgery)

29. The most common cause of hypercalcaemia in a hospitalized patient is:

    a. Dietary, such as milk-alkali syndrome.
    b. Drug related, such as the use off thiazide diuretics.
    c. Granulomatous disease.
    d. Cancer.
    e. Dehydration.

(Surgery)

30. Some patients develop hypoparathyroidism after thyroid or parathyroid operations. What is the treatment for hypoparathyroidism:

    a. *Oral 1,25-vitamin D and calcium.*
    b. Transplantation of fetal parathyroid tissue.
    c. Intramuscular PTH injection.
    d. Reoperation to remove the thymus.
    e. Oral phosphate binders.

(Surgery)

31. The most common cause of dysphagia in adults is:

    a. Achalasia.
    b. Paraesophageal hernia.
    c. Sliding hiatus hernia.
    d. *Carcinoma.*
    e. Esophageal diverticulum.

(Surgery)

32. The most common cause of esophageal perforation is:

    a. Penetrating trauma.
    b. Postemetic rupture.
    c. Carcinoma of the esophagus.
    d. Caustic ingestion.
    e. *Instrumentation.*

The most common cause of an esophageal perforation is injury during placement of a naso-gastric tube or other procedures such as esophagoscopy.

(Surgery)

33. Which of the following is the most potent known stimulator of gastric acid secretion:

a. Pepsinogen.
b. Gastrin.
c. Acetylcholine B.
d. Enterogastrone.
e. Cholecystokinin.

(Surgery)

34. A 64 year old man has had intermittent abdominal pain caused by a duodenal ulcer (confirmed on GI series) during the past six years. Symptoms recurred six weeks prior to admission. If perforation occurs, treatment is:

a. Cimetedine with observation.
b. Laparotomy with lavage.
c. Laparotomy, lavage, oversew the ulcer.
d. As in C plus vagotomy and pyloroplasty.
e. As in C plus Billroth II gastrectomy.

(Surgery)

35. The peak incidence of acute appendicitis is between:

a. One and two years.
b. Two and five years.
c. Six and 11 years.
d. 12 and 18 years.
e. 19 and 25 years.

(Surgery)

36. Acute appendicitis:

a. Occurs equally among men and women.
b. With perforation will show fecoliths in 10% of cases.
c. Without perforation will show fecoliths in fewer than 2% of cases.
d. Has decreased in frequency during the past 20 years.
e. Presents with vomiting in 25% of cases.

Appendicitis occurs more in males than females with a ratio of (1.4:1). Vomiting is present in more than 50% of cases. Fecoliths are present in up to 25% of cases without perforation and even more in cases with perforation.

(Surgery)

37. The mortality rate from acute appendicitis in the general population is:

    a. 4 per 100.
    b. 4 per 1000.
    c. 4 per 10000.
    d. 4 per 100000.
    e. 4 per 1000000.

(Surgery)

38. The most common complication of Meckel's diverticulum among adults is:

    a. Bleeding.
    b. Perforation.
    c. Intestinal obstruction.
    d. Ulceration.
    e. Carcinoma.

The most common complication of Meckel's diverticulum in children is bleeding. However in adults it is obstruction.

(Surgery)

39. Which of the following is true concerning hemorrhoids? They are:

    a. Usually due to cirrhosis.
    b. Attributed to branches of superior hemorrhoidal artery.
    c. Due to high bulk diet.
    d. A source of pain and pruritis.
    e. Usually associated with anemia.

Most patients with hemorrhoids do not have an obvious predisposing cause, although family history, pregnancy and chronic constipation

may play a role. Hemorrhoids are dilatations of the inferior or superior rectal **VEINS**, not arteries. A high bulk diet is used as prophylaxis for hemorrhoids. Anemia is very rare with hemorrhoids, because if they bleed, the bleeding is minimal and will not cause anemia.

(Surgery)

40. A 17 year old boy presents with pain over the umbilicus 10 hours prior to admission. During transport to the hospital the pain was mainly in the hypogastrium and right iliac fossa. He has tenderness on deep palpation in the right iliac fossa. The most likely diagnosis is:

    a. Mesenteric adenitis.
    b. Acute appendicitis.
    c. Torsion of the testis.
    d. Cystitis.
    e. Ureteric colic.

(Surgery)

41. In acute pancreatitis the chief adverse factor is:

    a. Hypercalcaemia (> 12 mg/dl).
    b. Age above 40 years.
    c. Hypoxia.
    d. Hyperamylasemia (> 600 units).
    e. Gallstones.

(Surgery)

42. Complications following pancreatitis may include all of the following EXCEPT:

    a. Pulmonary atelectasis.
    b. Altered mental status.
    c. Shock.
    d. Afferent loop syndrome.
    e. Sepsis.

Afferent loop syndrome (ALS) is a purely mechanical complication that infrequently occurs following construction of a gastrojejunostomy.

(GS)
43. Patients presenting with acute cholecystitis are best treated by cholecystectomy at which time interval after admission ?

a) 4 hours
b) <u>48 hours</u>
c) 8 days
d) 10 days
e) 14 days

Answer from Toronto notes GS42 : once diagnosis is made treatment of acute cholecystitis start with : hydration , NPO, analgesics, antibiotics and early cholecystectomy (within 72 h) or late (after 6 weeks) both have equal morbidity and mortality but early cholecystectomy is preferred because of shorter hospitalization and recovery time.

(GS)
44. Which one of the following is true of acalculous cholecystitis ?

a) it is usually associated with stones in the common bile duct.
b) It occurs in less than 1% of cases of cholecystitis
c) It has a more favorable prognosis than calculous cholecystitis.
d) <u>It occurs after trauma or operation</u>
e) HIDA scan shows filling gallbladder

Answer from churchill's page 330 and Toronto GS42: acalculous cholecystitis occurs in about 5-10 % of cases of cholecystitis , and it may be due to infections e.g. typhoid, or may occur following sepsis, burns, TPN, trauma, and post surgery. HIDA scan usually shows no filling of the gallbladder.

(GS)
45. A 40-year-old male drug addict and alcoholic of 25 years duration is admitted with a 12-Ib weight loss and upper abdominal pain of three weeks duration. Examination reveals a mass in the epigastrium.
His temperature is 99F and his white cell count is 14,000.
The most likely diagnostis is :

a) Pancreatic pseudocyst
b) Subhepatic abscess
c) Biliary pancreatitis
d) <u>Hepatic abscess</u>
e) Splenic vein thrombosis

This answer comes from my thinking : drug addict means he is an IV user so the history is suggestive of abscess formation with fever though mild and leukocytosis and history of 3 weeks with weight loss. Pancreatic pseudocyst needs more than 4 weeks to develop.

(UROLOGY)
46. The most likely cause of gross hematuria in a 35-year-old man is :

a) cystitis
b) <u>ureteral calculi</u>
c) renal carcinoma
d) prostatic carcinoma
e) bladder carcinoma

cystitis (UTI) is more common in women , however in middle age men stones is more likely cause . when it comes to older males BPH becomes more common .

(GS)
47. A no.20 French catheter is :

a) 20cm long
b) <u>20 mm in circumference</u>
c) 20 dolquais (French measurement) in diameter
d) 20 mm in diameter
e) 20 mm in radius

The french catheter scale is commonly used to measure the outer (not the inner) diameter of cylindrical medical instruments including catheters.

(UROLOGY)

48. Concerning urinary calculi, which one of the follwing is true ?

a) 50% are radiopaque
b) <u>75% are calcium oxalate stones</u>
c) An etiologic factor can be defined in 80% of cases
d) A 4-mm stone will pass 50% of the time
e) Staghorrn calculi are usually symptomatic

Answer from churchil page 382 : urinary calculi are often idiopathic, 90% are radiopaque, 75% are calcium oxalate stones.

(MEDICINE)

49. In a gram-negative bacterial septicemia :

a) pseudomonas is the most common organism involved.
b) <u>Many of the advese changes can be accounted for by endotoxin.</u>
c) The cardiac index is low
d) Central venous pressure is high.
e) Endotoxin is mainly a long-chain peptide.

Endotoxins are bacterial wall lipopolysaccharides that are responsible of many of the cellular and hemodynamic effects of septic shock.

(MEDICINE)

50. In septic shock:

a) The mortality rate is 10 to 20%.
b) Gram-negative organisms are involved exclusively
c) <u>The majority of patients are elderly</u>
d) The most common source of infection is alimentary tract.
e) Two or more organisms are responsible in the majority of cases.

The mortality rate in septic shock may reach up to 50%, though gram negative bacteria are the most common pathogens , other gram positive and some fungi may cause it . its usually common in older people and immunodefecincy states .

(MEDICINE)

51. Hyperkalemia is characterized by all of the following except:

a) nausea and vomiting.
b) Peaked T-waves.
c) Widened QRS complex.
d) <u>Positive Chvostek sign.</u>
e) Cardiac arrest in diastole.

Hyperkalemia is characterized by tall peaked T-waves, wide QRS comlex, and cardiac arrest if untreated, chvostek sign is a sign of hypocalcemia (taping over facial nerve causes facial muscles to twitch).

(MEDICINE)

52. Normal daily caloric intake is :

a) 0.3 kcal/kg
b) 1.3kcal/kg
c) 2.0kcal/kg
d) 3.5kcal/kg
e) <u>35kcal/kg</u>

Normal daily caloric requirement is 20-40kCal/kg, and 0.2 g nitrogen/kg.

(ANESTHESIA)

53. Which of the following would most likely indicate a hemolytic transfusion reaction in an anesthetized patent?

a) shaking chills and muscle spasm
b) fever and oliguria
c) heperpyrexia and hypotention
d) tachycardia and cynosis
e) <u>bleeding and hypotention</u>

acute hemolytic transfusion reaction (AHTR) is generally due to ABO incompatibility and most common cause is incorrect patient identification, it commonly presents with fever and chills but patients under general anesthesia present with bleeding and hypotention.

(ANATOMY)

54. Which of the following organs is likely to receive a proportionately greater increase in blood flow ?

a) kidneys
b) liver
c) heart
d) skin
e) none of the above

am sorry ☹ I couldn't find the answer . but the original answer was : c

(GS)

55. A 48-year-old man with pyloric stenosis with severe vomiting comes into the hospital, there is marked dehydration, and the urine output 20 ml/hour. HCT 48, BUN 64mg, HCO3 – 33mEq/l, Cl 70 mEq/l, and K 2.5 mEq/l.
The predominant abnormality is :

a) aspiration pneumonia
b) <u>hypochloremic alkalosis</u>
c) salt-losing enteropathy
d) intrinsic renal disease
e) metabolic acidosis

Clear history of severe vomiting with losing of the acid into the vomitus, and hypochloremia , hypokalemia and alkalosis.

(GS)
56. Concerning the treatment of breast cancer, which of the following statement is false?

a) patients who are estrogen-receptor-negative are unlikely to respond to anti-estrogen therapy.
b) The treatment of choice for stage 1 disease is modified mastectomy without radiotherapy.
c) Patients receiving radiotherapy have a much lower incidence of distant metastases
d) Antiestrogen substances result in remission in 60% of patients who are estrogen-receptor-positive.
e) <u>A transverse mastectomy incision simplifies reconstruction.</u>

When breast cancer reconstruction is attempted , the transverse scar gives considerable problems.

(GS)
57. What is the most important predisposing factor to the development of an acute breast infection?

a) trauma
b) <u>breast feeding</u>
c) pregnancy
d) poor hygiene
e) diabetes mellitus

(GS)
58. A 46-year-old female wrestler !! ☺ presents with a painful mass 1×2 cm in the upper outer quadrant of the left breast. There are areas of ecchymosis laterally on both breasts. There is skin retraction overlying the left breast mass. What is the most likely diagnosis?

a) <u>fat necrosis</u>
b) thrombophlebitis
c) hematoma
d) intraductal carcinoma
e) sclerosing adenosis

(ANESTHESIA)

59. The most important factor in the development of spinal headaches after spinal anesthesia is :

a) the level of the anesthesia
b) <u>the gauge of the needle used</u>
c) the closing pressure after the injection of tetracaine
d) its occurrence in the elderly
e) the selection of male patients

when epidural anesthetics are placed with a larger needle than that used for spinal anesthetics, the likelihood of headache is higher .

(MEDICINE)

60. The respiratory distress syndrome after injury is due to :

a) pneumothorax
b) aspiration
c) <u>pulmonary edema</u>
d) pulmonary embolus
e) none of the above

ARDS is considered a non-cardiogenic pulmonary edema that has many causes like , trauma , sepsis, drugs and acute pancreatitis.

(GS)

61. Clear aspirated fluid from breast cyst will be :

a) sent to cytology
b) <u>thrown away</u>
c) sent to biochemical analysis
d) combined with biopsy

If the aspirate is nonbloody and watery and the mass completely resolved the fluid can be discarded and the patien reassured.

(GS)
62. A lady presented with perforated peptic ulcer and INR = 5 needs preoperatively:

a) protamine sulphate
b) frozen blood
c) <u>fresh frozen plasma</u>
d) fresh frozen blood

(GS)
63. An old man undergoing brain surgery and on asprin. He needs prior to surgery:

a) vitamin K parenterally
b) vitamin K orally
c) delay surgery for 2 days
d) <u>delay surgery for 2 weeks</u>
e) none of the above

Aspirin should be stopped at least 1 week before surgery.

(GS)
64. All of these diseases are predisposings to cancer stomach except:

a) pernicious anaemia
b) H. pylori
c) <u>Linitis plastica</u>
d) Peptic ulcer
e) All of the above

Risk factors of gastric cancer include : H.pylori , hereditary nonpolyposis colorectal cancer (HNPCC), smoking, alcohol, smoked food, nitrosamnes, pernicious anemia, gastric adenomatous polyps, previous partial gastrectomy, gastric peptic ulcer, type A blood group. Linitis plastica is a cancer which indicates generalized invasion of the whole wall of the stomach, like if it is lining the whole stomach.

(GS)
65. All statements are correct for papillary thyroid carcinoma except:

a) mainly spread by lymphatic
b) <u>mainly spread by blood</u>
c) recurs very late
d) has very favorite dignosis
e) may present first with lymph node swelling

The most common thyroid cancer is papillary carcinoma 70-75%, the route of spread is by lymphatics where as follicular carcinoma the second most coomon type spreads by hematogenous route, both have good prognosis.

(GS)
66. Right sided cancer colon may present with one of these signs except:

a) anemia
b) mass
c) pain
d) obstruction
e) bleeding

right sided colon ca presents with anemia, palpable mass, and change in bowel habit, it rarely presents with obstruction. Often it is asymptomatic . (all of the above answers are true , so am sorry I couldn't find the answer but I would go with pain because it is not a sign ! but its up to you ☺)

(GS)
67. The inguinal canal is :

a) <u>shorter in infants than adults</u>
b) just above the medial 2/3 of skin crease
c) roofed by inguinal ligament
d) all of the above
e) none of the above

the inguinal canal lies parallel to and immediately above the inguinal ligament. In the new born child , the deep ring lies almost directly posterior to the superficial ring so that the canal is considerably shorter at this age. Its roof is consists of the lowest fibers of the internal oblique and transverses abdominis muscle the floor is formed by the inguinal ligament . posterior wall is formed by facia transversalis . and its anterior wall is formed by the external oblique aponeurosis.

(GS)

68. Regarding strangulated inguinal hernia these statements are correct exept:

a) more common in males than female
b) always present with tenderness
c) always present with absent impulse with cough
d) <u>always present with obstructed gut</u>
e) always present with tense swelling

strangulated hernia presents with obstructed gut only if it contains a loop of gut in it .

(GS)

69. Femoral hernia is usually :

a) commenest hernia in females
b) <u>lateral to public tubercle</u>
c) medial to pubic tubercle
d) never mistaken with lymphadenitis when strangulated
e) none of the above

femoral hernia is more common in female but its not the most common, the most common hernia remains inguinal hernia. Femoral hernia presents below and lateral to pubic tubercle.

(MEDICINE)
70. Oral anticoagulants :

a) can be given to pregnants during 1st trimester
b) can be reversed within 6 hours
c) are enhanced by barbiturates
d) can not cross blood brain barrier
e) <u>none of the above</u>

warfarin should not be given in pregnant lady specially during the 1st and 3rd trimesters, it crosses placenta as well as blood brain barrier, it is usually difficult to reverse warfarin within short time because it has long half life and it works on vit-K factors which takes time to reverse , barbiturates decrease the anticoagulant effect of warfarin

(MEDICINE)
71. Risk of DVT can be decreased by these measures except:

a) <u>discontinue oral contraceptives 7-10 days before surgery</u>
b) daily intake of 1 mg warfarin for 10 days
c) early ambulation after major surgery
d) intermittent pneumatic device intraoperative
e) administration of Dextran 70

oral contraceptives should be stopped at least 3-4 weeks before surgery

(GS)
72. Cause of giant breast includes these statements except:

a) diffuse hypertrophy
b) cystosarcoma phylloids
c) giant fibroadenoma
d) <u>all of the above</u>
e) none of the above

SAMPLER 10

(A A W – 2008)

(OB/GYN)
1) Vulvovaginal candidiasi

a. Cause muco purulent cervicitis
b. Frequently associated with systemic symptoms
c. May be diagnosed microscopically by mixing discharge with KOH
d. Is treated with doxycycline
e. Is one of sexually transmitted infections

Vulvovaginal Candidiasis

- It is vulvar pruritis or vulvar burring with abnormal vaginal discharge (thick curd-like)
- Common in pregnant women.
- Local infection (No systemic infection)
- Dx by * microscopic Exam with KOH
  * Culture
  * Pap smear
  * Vaginal PH $<$ 4.5.
- Rx by 1st line antifungal oral fluconazole
  2nd line * antifungl oral nystatin
  * Boric acid (locally).
  (a zole drug contraindicate in pregnancy)
- It not sexually transmitted infection it associated with it.

(OB/GYN)
2) Bacterial vaginosis

a. Is a rare vaginal infection
b. Is always symptomatic
c. Is usually associated with profound inflammatory reaction
d. Causes fishy discharge which results from bacterial amine production
e. Is treated with clotrimazole

Bacterial vaginosis

- ❖ It a shift from a healthy lactobacilli based endoginous flora to anarobically based endoginous flora (rectum is the source of infection).
- ❖ Common infection in sexual transmitted patient and in patient with vaginitis.
- ❖ Fishy odor vaginal discharge ← odor
  (this gray white discharge) ← color.

- ❖ Dx by * Vaginal PH > 4.5
  * A ffirm VP microbial identification.
  * Cytology.
  * Absence of lactobacilli in gram stain.

R x by * metronidazole
* Clindamycin

(OB/GYN)
3) Trichomoniasis

a. Associated with cytological abnormalities on PAP smear
b. Associated with pregnancy and diabetes mellitus
c. Is a sexually transmitted parasite which causes pruritic discharge
d. May cause overt warts
e. Is diagnosed on a wet smear which reveals clue cells

Trichomoniasis

- ❖ Infection by trichomonas vaginalis
- ❖ Parasite infection at Reproductive, renal and urology systems.
- ❖ Affect male and female.
- ❖ It is sexual transmitted disease
- ❖ 40% are asymptomatic in female.
- ❖ 80% are asymptomatic in male.
- ❖ Vulvolar irritation, vaginal discharge,(copious, frothy, water dysuria)
- ❖ Dx by * culture * wet prep *Pap smear * Direct antibody Alurescent test.
- ❖ R+ by – mitronidazole for both partner

(OB/GYN)
4) Chlamydia trachomatis infections:

a. Are commonly manifest as vaginal discharge
b. PAP smear usually suggest inflammatory charges
c. Infection in the male partner present as urethritis
d. May ascend into the upper genital tract resulting in tubal occlusion
e. <u>All of the above</u>

Chlamydia.

- ❖ Infection by chlmydia trachomatis.
- ❖ It is STDs (the commonest)
- ❖ A symptomatic (70%).
- ❖ Symptoms: * mucopurlet vaginal discharge.
  * urthral symptoms
  * Pelvic pain — dysuria, pyuria, Frequency
  * Posticoital bleeding
  * Conjunctivitis in infant
- ❖ Dx by * culture
  * (PCR)
  * Direct immature antibody test.
- ❖ Rx by doxycyclin / tetracycline / azothromycin.

STDs:- (1) chlymedia (2) gonorrhea (3) gental warts (4) syphilis
(5) Herpes simplix of vulva (condylomata accunomata)

(OB/GYN)
5) The most important mechanism of action of combined oral contraceptive is:

a. Inhibition of implantation
b. Inhibition of fertilization
c. Alteration of tubal motility
d. Alxteration of cervical mucous
e. <u>Ovulation suppression</u>

Combined OCP.

- ❖ Law dosage of estrogen + progstron.
- ❖ Mechanism of action:-
  (1) – ovuatory suppression ↓ FSH
  ↓ LH
  (2) – Cervical thicking ↓ sperm penetration

❖ Advantage of combined OCP.

1- ↓risk of ovarian and endmetria cancer
2- ↓ risk of Brest disease and ovarian cyst
3- Highly effective / reversiable
4- Regulate cycles / ↓ dysmenorrhen
↓ menorrhagia
5- improve acne
6- protection of ostioprosis

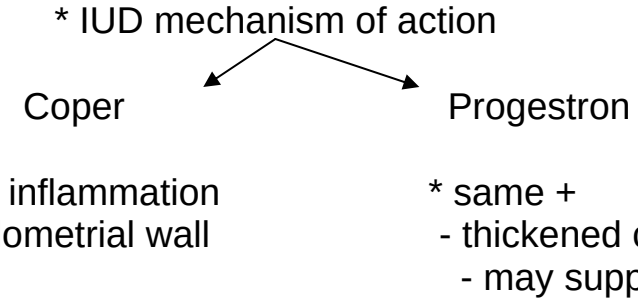
Absolute contraindication of combined OCP

1. Pregnancy.
2. Undiagnosed vaginal bleedsing
3. thrmbo embolic events.
4. Cerbrovasular or covanery artry disease
5. Estrogen dependent tumer (brest/utran).
6. Impaired line function.
7. congintal hypertrigly ceridema.
8. Uncontrolled HTN.

(OB/GYN)

6) Possible mechanisms of action of intrauterine contraceptive devices:
   a. Inhibition of implantation
   b. Alteration of endometrium
   c. Suppression of ovulation
   d. (2) and (b)
   e. <u>(2) and (c)</u>

IUD



❖ absolute contra indication

(1) Pregnancy (2) undiagnosed vaginal bleeding (3) acute or chronic pelvic inflammatory disease (PID) (4) risk of STDs (5) immunosuppressant (6) willsons disease and allergy to coper for coper one.

❖ Relative contra indication

1- valvular hart disease (2) PHx of PID (3) PHx of ectopic pregnancy (4) presense of prosthesis (5) abnormality of uterus cavity (6) Sever dysmenorrhea or menorrhea (7) cervical stenosis.

Side effect: (1) intermenstral bleeding (2) utrian perforation (3) PID in 1st days (4) ↑ ectopic pregnancy (5) Expulsion (6) dysmenorrhea and menorrhea for copper one.

(OB/GYN)

7) Non-contraceptive use of combined oral contraception include
   a. Menvorrhagia
   b. Primary dysmenorrheal
   c. Functional small ovarian cyst
   d. <u>All of the above</u>
   e. None of the above

(OB/GYN)

8) Intrauterine contraceptive devices are associated with
   a. Decreases menstrual loss
   b. Septic abortion
   c. Cervical dyplasia
   d. Decrease risk of pelvic infection
   e. Unchanged rate of ectopic pregnancy

Look at Question 5

(OB/GYN)

9) Absolute contraindication to the insertion IUCD is
   a. History of genital herpes
   b. History of molar pregnancy
   c. Positive pregnancy test
   d. History of ectopic pregnancy
   e. None of the above

Look at Question 5

(OB/GYN)

10) Progestin only contraceptive pills:
   a. Suppress ovulation
   b. Increase cervical mucous
   c. Associated with increased incidence of breakthrough bleeding
   d. May cause Menorhagia

The question may be wrong if it is except answer will be (d)

- progestron OCP use in (higher failure rate than combined)
  1- Post partum (Brest feeding)
  2- Women with myocardial disease ⎫ Combined is
  3- Women with thremboembolic disease ⎭ Contraindicated

  4- Women can of tolerate combined OCP (estrogen sid affect)

(OB/GYN)

11) An Rh- ABO incompatible mother delivers an Rh+ infant at term and does not receive Rh immune globulin. The probability of detection of anti-D antibody during her next pregnancy is about.\

a. 2%
b. 5%
c. 10%
d. 16%
e. 25%

Isoimmunization

* Happen when – Rh women pregnancy with +Rh baby

- Sensitization rants
  - incompatible blood transfusion
  - fetal placental hemorrhage (ectopic pregnancy)
  - any type of abortion
  - Labor and delivery.

- Isoimmunization really happen for 1st child
- Risk for next pregnancy is 16% which reduce by Exogenous Rh 1gG given to mother to less than 2%
- Anti Rh 1gG cross the placenta and can cause fetal RBC hemolysis which cause (anemia – CHF – edema – ascitis) and in sever case cause, fetal hydrops or erythroblastosis fetalis

(OB/GYN)

12) The class of antibody responsible for hemolytic disease of the newborn is:

a. IgA
b. IgG
c. IgM
d. IgE
e. IgD

Anti body from mother is IgM (short period) then IgG

(OB/GYN)

13) All of the following are seen in utero with alloimmune hypdors EXCEPT:
   a. Anemia
   b. Hyperbilirubinemia
   c. Kemicterus
   d. Extramedullary hematopoiesis
   e. Hypoxia

(OB/GYN)

14) An Rh - woman married to an Rh+ man should receive Rh immune globulin under which of the following conditions?
   a. Ectopic pregnancy
   b. External cephalic version
   c. Both
   d. Neither

Look at Question 11

(OB/GYN)

15) The most common cause of polyhydramnios is
   a. Immune hydrops
   b. Nonimmune hydrops
   c. Diabetes
   d. Factors which o=impair fetal swallowing
   e. Idiopathic

Polyhydramnios

- amniotic volume >2000cc at any stage

*** Causes**

1- Idiopathic (most common.)
2- Type 1 DM
3- Multiple gestation – fetal hydrops.
4- Fetal
Chromosomal anomaly – malformed lung – duodenal atresia

*** Complication.**

1- Cord prolapse (2) Placental abruption (3) Malpresention
4- Preterm labor 5- Post partum hemorrhage.

* Dx by aminocentasis if it sever / mild to moderate → no treatment

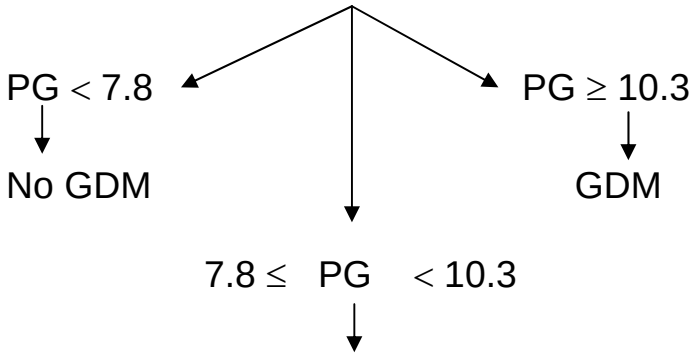
(OB/GYN)

16) Generally accepted cutoff values for plasma glucose on the 1000 gm, 3- hour glucose tolerance test in pregnancy (according to the National Diabetes Group) include all of the following EXCEPT:
   a. fasting glucose > 90 mg/dl
   b. <u>fasting glucose ≥ 105 mg/dl</u>
   c. 1 hour value ≥ 190 mg/dl
   d. 2 hour value ≥ 165 mg/dl
   e. 3 hour value ≥ 145 mg/dl

According to National Diabetes Data Group (NDDG)

- 50g glucose given for screening at 24 – 28 weeks

If plasma glucose



100g Oral glucose chalange test

- 1 hr	≥ 10.6 mmoL	≥ 190mg / dL
- 2 hr	≥ 9.2 mmoL	≥ 165mg / dL
- 3 hr	≥ 8.1 mmoL	≥ 145mg / dL
- fasting	≥ 5.8 mmoL	≥ 105mg / dL
	GDM	GDM

17) The prevalence of gestational diabetes in the general population is about:

   a. 2%
   b. <u>4%</u>
   c. 8%
   d. 15%
   e. 20%

   Some studies mention 2%

Prevalence between 2 – 4 but more common is 4%

(OB/GYN)

18) Normal pregnancy in the 2nd trimester is characterized by all of the following EXCEXPT:

a. Elevated fasting plasma glucose
b. Decreased fasting plasma glucose
c. Elevated postprandial plasma insulin
d. Elevated postprandial plasma glucose
e. Elevated plasma triglycerides

FPG in 1st trimester ↓
FPG in 2nd 3ed trimester ↑

(OB/GYN)

19) Gestational diabetes is associated with

a. Increased risk of spontaneous abortion
b. Increased risk of fetal cardiac malformation
c. Increased risk of fetal CHS malformation
d. Intrauterine growth restriction
e. Decreased head circumference abdominal circumference ratio

Look at the table

They usually ask about gestational DM compilations

These table contain DM type 1, type 11, and gestational DM Complication

(OB/GYN)

20) Infants of mothers with gestational diabetes have an increased risk of all of the following EXCEPT:

a. Hypoglycemia
b. Hyperglycemia
c. Hypocalcemia
d. Hyperbilirubinemia
e. Polyeythemia

Look at the table

(OB/GYN)

21) Gestational diabetes is associated with an increased risk of all of the following EXCECPT:

a. Cesarean section
b. Shoulder dystocia
c. Fetal macrosomia
d. Intrauterine fetal death
e. Intrauterine growth restriction

Look at the table

(OB/GYN)

22) Infants of mothers with gestational diabetes are at increased risk of be coming

a. Obese adults
b. Type II diabetics
c. Neither
d. Both

Look at the table

(OB/GYN)

23) Control of gestational diabetes is accomplished with all of the following EXCEPT:

a. Insulin
b. Diet
c. Oral hypoglycemic agents
d. Exercise

Oral hypoglycemic agents are contraindication in pregnancy

(OB/GYN)

24) Compare with Type II diabetes, Type I diabetes is associated with all of the following EXCEPT:

a. Greater incidence of preeclampsia
b. Greater incidence of preterm delivery
c. Greater risk of maternal hypoglycemia
d. Greater risk of maternal diabetic ketoacidosis
e. Reduced risk of intrauterine growth restriction

Look the table

(OB/GYN)

25) Gestational diabetes substantially increases the mother's risk for the ultimate development of

a. Type I diabetes
b. Type II diabetes
c. Neither
d. Both

Look at the table

Tables 6. Complications of DM in pregnancy

Maternal	Fetal

Obstetric		Growth Abnormalities
Hypertension/pre-eclampsia especially if pre-existing nephropathy/proteinuria) polyhydramnios Diabetic Emergencies Hypoglycemia Ketoacidosis Diabetic coma End-organ involvement or deterioration (not GDM) Retinopathy Naphropathy Other Pyelonephritis/UTI Increased incidence of spontaneous abortion (not GDM)		Macrosomia: maternal hyperglycemia leads to fetal hyperinsulinism resulting in accelerated anabolism Intrauterine growth retardation (UGR) (DM type 1 only) Delayed Organ Maturiy Fetal lung immaturity: hyperglycemia interferes with surfactants synthesis (respiratory distress syndrome) Congenital Anomalies (not GDM) 2-7x increased risk of cardiac (VSD), NTD, GU (cystic kidneys) GI (anal atresia), MSK (sacral agenesis) Labour and Delivery Preterm labour/prematurity Increased incidence of stillbirth Birth trauma Neonatal Hypoglycemia, hyperbilirubinemia and jaundice, hypocalcemia, polycythemia

Note: Pregnancies complicated by GDM do not manifest an increased risk of congenital anomalies because GDM develops after the critical period of organogenesis (in T1).

Long Term Maternal Complications

- Type 1 and Type 2 DM: risk of progressive retinopathy and nephropathy.
- GDM: 50% risk of developing Type 2 DM in next 20 years.

Long Term infants Complications

- Childhood obesity.
- Type 2 DM.

SAMPLER 10 *(continue)*

(LAT – 2008)

(OB/Gyne)

A 16 yrs old female presents to your office with a chief complaint of never having had a menstrual period. She had never had a pelvic exam.
Physical exam reveals the following
BP 110/70 P 72 b/m wt 60 kg Ht 172

The patient appears her stated age. Axillary and pubic hair are scant . Breasts are tanner stage IV . External genitalia are normal female . A mass is palpable within the inguinal canal.
Pelvic exam reveals an absent cervix with the vagina ending in a blind pouch. the uterus and overaies are difficult to delineate.

26. The most likely diagnosis is:
a)hypothalamic amenorrhea.
b)prolactin secreting adenoma
c)polycystic overian syndrome
d)turner syndrome
e)androgen insensitivity syndrome

27. confirmation of your diagnosis would be most readily obtained by ordering the following test:
a)diagnostic laproscopy
b)pelvic ultrasound.
c)pelvic CT.
d)karyotype
e)MRI of pituitary

28.Karyotype is performed on the patient's peripheral blood lymphocytes .The karyotype is most likely
a)46 xx
b) 45 x
c)46 xy
d)46 xx, 45 x
e)47 xxy

29. the hormone profile in this patient would include all of the following EXCEPT:
a)elevated LH
b)elevated estradiol for a male
c)normal to elevated FSH
d)normal to slightly elevated testosterone for a male.
e)normal testosterone for a female.

30.The inguinal mass most likely represents
a) a uterus
b)an ovary with arteric follicles
c)a testis with hyperplastic leyding cells and no evidence of spermatogenesis
d)a herniated sac containing a peritoneal contents.

31.the most long term treatment would be:
a)total abdominal hysterectomy
b)estrogen replacement therapy
c)androgen replacement therapy
d)ooporectomy

32.without surgery, this patient is at risk to develop:
a) gonadoblastoma.
b)dysgerminoma
c)neither
d)both

(obstetric & gynecology recall)

33.All of the following are true about this patient except:
a)H-Y antigen is present
b) these patients are always sterile
c)antimullerian hormone is present
d)normal levels of dihydrotestosterone
e) clitromegaly may develop later in life.

- 30% of women with a Y chromosome do not have virilization (obstetrics & gynecology recall)
Androgen insensitivity(10%), which is also known as MALE pseudohermaphroditism: the genitalia are opposite of the gonads.
- Breast are present but a uterus is absent. Such individual have 46,XY karyotype with a body (incomplete forms) that lacks androgen receptors.
- Mullerian inhibitory factor, produced by the testis result in involution of 5the mullerian duct and it's derivatives.
- So there will be an external genitalia development, axillary and pubic hair growth is dependent on androgen stimulation. Because no androgen is recognized by the body, there will be no pubic & axillary hair development.
- Female breast develops in response to the estrogen normally produced by male testes.
- O/E: normal female phynotype, but no pubic or axillary hair growth .
- Short blind vaginal pouch, no uterus,cervix or proximal vagina. undescended testea are palpable in the inguinal canal.
- Diagnosis is confirmed by normal male testosterone levels and a normal male 46,xy karyotype.
- MANAGEMENT: is by neovagina, gonads should be removed and estrogen replacement therapy should be then administered.
(skala)

لا تنسوني من دعائكم
(L A T – 2008/1429)

SAMPLER 10 *(continue)*

(Sh M M – 2008)

(OB/GYN)

34) atrophic vaginitis is best treated with:

a- Oral metronidazole.
b- Topical miconazole.
c- Prolonged application of topical estrogen.
d- Oral estrogen & progestin therapy.
e- Topical sulfa cream.

Because the lack of circulating, natural estrogens is the primary cause of atrophic vaginitis, hormone replacement therapy is the most logical choice of treatment and has proved to be effective in the restoration of anatomy and the resolution of symptoms.
Systemic administration of estrogen has been shown to have a therapeutic effect on symptoms of atrophic vaginitis. Additional advantages of systemic administration include a decrease in postmenopausal bone loss and alleviation of vasomotor dysfunction (hot flashes).Adding progestin to decrease the risk of endometrial carcinoma.

(OB/GYN)

35) hormone replacement therapy is contraindicated in which of the following conditions:

a- Chronic hypertension.
b- Type 1 DM.
c- Previous MI.
d- Hypercholesterolemia.
e- Recurrent deep vein thrombophlebitis.

Absolute contraindications:

- Undiagnosed vaginal bleeding
- Severe liver disease
- Pregnancy
- Coronary artery disease (CAD)

- Venous thrombosis
- Well-differentiated and early endometrial cancer (once treatment for the malignancy is complete, is no longer an absolute contraindication.) Progestins alone may relieve symptoms if the patient is unable to tolerate estrogens.

Relative contraindications:

- Migraine headaches
- Personal history of breast cancer
- History of fibroids
- Atypical ductal hyperplasia of the breast
- Active gall bladder disease (Cholangitis, Cholecystitis)

(OB/GYN)

36) Surveillance of pt on hormone replacement therapy includes all of the following except:

a- Blood pressure.
b- Breast examination.
c- Glucose tolerance test.
d- Pelvic examination.
e- Endometrial sampling in the presence of abnormal bleeding.

I'm not sure.

(OB/GYN)

37) Age of menopause is predominantly determined by:

a- Age of menarche.
b- Number of ovulation.
c- Body mass index.
d- Socioeconomic status.
e- Genetics.

The variation in natural menopause is a trait predominantly determined by interaction of multiple genes, whose identity and causative genetic variation remains to be determined.

(OB/GYN)

38) All of the following result from combined estrogen-progestin replacement therapy except:

a- Decrease the risk of osteoporosis.
b- Relief of vasomotor symptoms.
c- Relief of dyspareunia.
d- Increase the risk of coronary artery disease.
d- Decrease the risk of coronary artery disease.

Recent controlled, randomized study found HRT may actually prevent the development of heart disease and reduce the incidence of heart attack in women between 50 and 59, but not for older women

(OB/GYN)

39) All of the following r known to increase the risk of osteoporosis in the postmenopausal women except:

a- Early menopause.
b- Cigarette smoking.
c- Low calcium intake.
d- Sedentary life style.
e- Black race.

Are You at Risk for Osteoporosis?

- During menopause the level of estrogen produced by the ovaries greatly decreases causing the risk of bone loss to increase significantly.
- Surgical menopause with the removal of the ovaries accelerates the process of bone loss to a rapid level unless estrogen replacement therapy is begun.
- An inadequate intake of calcium throughout life increases the chance of bone loss since calcium is one of the main components in bone.
- **White women and Asian women face the greatest risk of osteoporosis.**
- An inactive lifestyle puts women at a higher risk for developing osteoporosis.
- Women with a slender build experience more bone loss than other women.

- A history of eating disorders increases the risk of osteoporosis.
- Women whose family history includes osteoporosis have a higher risk of developing this condition.
- Some medications such as diuretics, steroids, and anticonvulsants increase the risk.
- Women who smoke or drink alcohol experience a higher incidence of osteoporosis

(OB/GYN)

40) all of the following are characteristic changes seen in menopause except:

a- Decrease body fat.

b- Decrease skin thickness.
c- Increase facial hair.
d- Decrease collagen content in the endopelvic fascia.

Changes of menopause include:

- Changes in your menstrual cycle (longer or shorter periods, heavier or lighter periods, or missed periods)
- Hot flashes (sudden rush of heat from your chest to your head). In some months they may occur and in other months they may not.
- Night sweats (hot flashes that happen while you sleep)
- Vaginal dryness
- Sleep problems
- Mood changes (mood swings, depression, irritability)
- Pain during sex
- More urinary infections
- Urinary incontinence
- Less interest in sex
- **Increase in body fat around your waist**
- Problems with concentration and memory

(OB/GYN)

41) diagnosis of hydatidiform mole can be made accurately on the basis of:

a- Elevated B-hCG.
b- Pelvic U/S.
c- Pelvic exam.
d- Chest radiograph.
e- Absence of fetal heart tones in a 16 weeks size uterus.

Diagnosis is based on a typical sonographic “snowstorm” pattern. The following findings also support a diagnosis of hydatidiform mole:

- Absence of a gestational sac, by ultrasound assessment, or absence of fetal heart tones, by Doppler, after 12 weeks.
- Pregnancy test showing elevated human chorionic gonadotropin (hCG) serum levels greater than 100,000 IU.
- Development of preeclampsia prior to 20 weeks.
- Uterine size greater than estimated gestational size.
- Vaginal bleeding.

(OB/GYN)

42) definitive therapy for hydatidiform mole is most commonly:

a- Evacuation.
b- Abdominal hysterectomy.
c- Evacuation followed by methotrexate therapy.
d- Evacuation followed by hysterectomy.
e- Radiation.

Hydatidiform mole necessitates uterine evacuation via suction curettage. Oxytocin I.V. may be used to promote uterine contractions.

Postoperative treatment varies, depending on the amount of blood lost and complications. If no complications develop, hospitalization is usually brief, and normal activities can be resumed quickly, as tolerated.

(OB/GYN)

43) evacuation of hydatidiform mole may be complicated by:

a- Hemorrhage necessitating transfusion.
b- Acute respiratory distress.
c- Both.
d- Neither.

In the treatment after evacuation & curettage of the uterus, I.V oxytocin is given simultaneously to help stimulate uterine contractions & reduce blood loss which will decrease the incidence of uterine perforation & trophoblastic embolization (this can lead to acute respiratory distress).

(OB/GYN)

44) Following evacuation of a molar pregnancy, B-hCG titers will fall to undetectable levels in about 90% of pt within:

a- 2 wk.
b- 4 wk.
c- 8 wk.
d- 10 wk.
e- 12-16 wk.

Following evacuation, the B-HCG titers should steadily decline to undetectable levels, usually within 12-16 weeks.

(OB/GYN)

45) After the B-hCG titer become undetectable, the pt treated for hydatidiform mole should be followed with monthly titers for a period of:

a- 3 months.
b- 6 months.
c- 1 yr.
d- 2 yr.
e- 5 yr.

Because of the possibility of choriocarcinoma development following hydatidiform mole, scrupulous follow-up care is essential**. HCG levels initially are checked on a weekly basis, until they're repeatedly**

negative; then on a monthly basis for one year. A baseline chest X-ray is used to rule out pulmonary involvement, and a head computed tomography scan may be performed to rule out cranial metastases. Another pregnancy should be postponed until at least 1 year after hCG levels return to normal.

(OB/GYN)

46) A 25 year old G3P1 present to the emergency room complaining of lower abdominal crampy pain 6 wk from her last normal period .She has had significant vaginal bleeding but no passage of tissue.

1-the pt's most likely diagnosis is:

a- Incomplete abortion.
b- Complete abortion.
c- Missed abortion.
d- Threatened abortion.
e- Ectopic pregnancy.

2-the most important step in this pt's evaluation should be:
a- Sonography.
b- Physical exam.
c- CBC.
d- Quantitative B-hCG.
e- Detailed menstrual history.

3- Transvaginal ultrasonography would most likely reveal:
a- Fetal heart motion.
b- An intact gestational sac.
c- A discrete yolk sac.
d- A thickened endometrium with no gestational sac.
e- Fetal heart motion in the adnexae.

CLINICAL MANIFESTATIONS — Clinical manifestations of ectopic pregnancy typically appear six to eight weeks after the last normal menstrual period, but can occur later, especially if the pregnancy is not in the fallopian tube. **History** — the classic symptoms of ectopic pregnancy are:

- Abdominal pain
- Amenorrhea
- Vaginal bleeding

Ectopic pregnancy should be suspected in any women of reproductive age with these symptoms, however, these symptoms are not diagnostic of ectopic pregnancy; they are the same as those associated with threatened abortion, which is far more common but without abdominal pain or just mild dull pain not lead to that emergency. Transvaginal ultrasound examination (TVS) is the most useful test for determining the location of a pregnancy. If the imaging study is non diagnostic, then one or more serum human chorionic gonadotropin (hCG) concentrations are needed to make this assessment. **Transvaginal ultrasound** — Ultrasound is used to detect the presence (or absence) of a gestational sac within or outside of the uterus and thereby establish a diagnosis. Sonographic measurement of endometrial thickness has also been studied as a diagnostic test for ectopic pregnancy, but most investigators have not found it to be clinically useful.

(OB/GYN)

47) Ectopic pregnancy can be ruled out with a high degree of certainty if:

a- The pt has no adnexal tenderness.
b- B-hCG level is <6,000.
c- The uterus measures 6 wk size on bimanual exam.
d- An intrauterine gestational sac is observed.
e- Tissue is observed in cervical os.

A woman rarely has both an intrauterine and concomitant extra-uterine gestation (i.e., heterotopic pregnancy, which occurs in 1/30,000 spontaneous conceptions). As a result, **the identification of an intrauterine pregnancy effectively excludes the possibility of an ectopic pregnancy in almost all cases.**

(OB/GYN)

48) Physical exam reveals the uterus to be about 6 wk size. Vaginal bleeding is scant with no discernible tissue in the cervical os. There are no palpable adnexal masses. The uterus is mildly tender. Ultrasonographic exam does not reveal a gestational sac.

Which of the following should be recommended?

a- Dilatation & curettage.
b- Culdocentesis.
c- Observation followed by serial B-HCG determinations.
d- Diagnostic laparoscopy.
e- Laparotomy.

I don't know.

(OB/GYN)

49) If the above pt presented at 8 wk gestation & pelvic exam revealed unilateral adnexal tenderness w/o discernible mass, consideration should be given:

a- Observation.
b- Culdocentesis.
c- Laparoscopy.
d- Dilatation & curettage.
e- Laparotomy.

I don't know.

(OB/GYN)

50) the most common antecedent cause of ectopic pregnancy is:

a- Salpingitis.
b- Congenitally anomalous tube.
c- Endometriosis.
d- Tubal surgery.
e- Previous sterilization.

The major cause of ectopic pregnancy is disruption of normal tubal anatomy from factors such **as infection,** surgery, congenital anomalies, or tumors**. Pelvic infection (e.g., nonspecific**

salpingitis, chlamydia, gonorrhea), especially recurrent infection, is a major cause of tubal pathology and, therefore, the increasing incidence of ectopic pregnancy Tubal pathology, particularly chronic salpingitis, is observed in up to 90 percent of ectopic pregnancies. Chronic salpingitis is six times more common in tubes containing an ectopic pregnancy than in normal tubes**.**

(OB/GYN)

51) The majority of ectopic pregnancies occur in the:

a- Ampullary tube.
b- Ovary.
c- Isthmic tube.
d- Cervix.
e- Fimbriated (distal) tube.

At least 75 percent of tubal pregnancies occur in **the ampullary portion** of the fallopian tube, with the remainder about equally divided between the fimbrial and isthmus ends.

(OB/GYN)

52) The most common presenting symptom of ectopic pregnancy is:

a- Profuse vaginal bleeding.
b- Abdominal pain.
c- Syncope.
d- Dyspareunia.
e- Decrease pregnancy associated symptoms.

The classic symptoms of ectopic pregnancy are:

- Abdominal pain
- Amenorrhea
- Vaginal bleeding

These symptoms can occur in both ruptured and unruptured cases. In one representative series of 147 patients with ectopic pregnancy (78 percent were ruptured), abdominal pain was a presenting symptom in

99 percent, amenorrhea in 74 percent, and vaginal bleeding in 56 percent

(OB/GYN)

53) Acceptable management of possible ruptured ectopic pregnancy would include all of the following except:

a- Exploratory laparotomy.
b- Diagnostic laparoscopy followed by observation.
c- Partial salpingectomy.
d- Total salpingectomy.
e- Observation followed by methotrexate.

Surgery (salpingectomy) is the standard treatment of heterotopic pregnancy with a tubal component, since the intrauterine pregnancy is a contraindication to medical therapy. If the ectopic pregnancy has not ruptured, then local injection of 5 mEq potassium chloride into the sac is another option. Injection of potassium chloride can be guided sonographically, thus avoiding a surgical procedure. Methotrexate is absolutely contraindicated.

(OB/GYN)

54) If the above described pt has had a previous term pregnancy prior to her current ectopic pregnancy, her chances of subsequent intrauterine pregnancy would be about:

a- 80%.
b- 60%.
c- 40%.
d- 20%.
e- <10%.

Those with previous normal pregnancy have about 80% after their ectopic pregnancy to achieve intrauterine pregnancy. a study of surgical and medical therapy of ectopic pregnancy reported the rates of recurrent ectopic pregnancy after single dose methotrexate, salpingectomy, and linear salpingostomy were 8, 9.8, and 15.4 percent, respectively Women who have had conservative treatment for ectopic pregnancy are at high risk (15 percent overall) for recurrence.

(OB/GYN)

55) A serum progesterone value <5 ng/ml can exclude the diagnosis of a viable pregnancy with a certainty of:

a- 20%.
b- 40%.
c- 60%.
d- 80%.
e- 100%.

(From up to date): A meta-analysis of 26 studies on the performance of a single serum progesterone measurement in the diagnosis of ectopic pregnancy found that a level less than 5 ng/mL (15.9 nmol/L) was highly unlikely to be associated with a viable pregnancy: **only 5 of 1615 patients (0.3 percent) with a viable intrauterine pregnancy had a serum progesterone below this value**

(OB/GYN)

56) In normal pregnancy, the value of B-hCG doubles every
a- 2 days.
b- 4 days.
c- 8 days.
d- 10 days.
e- 14 days.

Studies in viable intrauterine pregnancies have reported the following changes in serum hCG:

- **The mean doubling time for the hormone ranges from 1.4 to 2.1 days in early pregnancy.**
- In 85 percent of viable intrauterine pregnancies, the hCG concentration rises by at least 66 percent every 48 hours during the first 40 days of pregnancy; only 15 percent of viable pregnancies have a rate of rise less than this threshold.

(OB/GYN)

57) A syndrome seen in preeclamptic women called HELLP syndrome is characterized by all of the following except:

a- Elevation of liver enzymes.
b- Hemolysis.
c- Low platelet count.
d- Prolongation of the prothrombin time.

- Thrombocytopenia (<100,000) due to hemolysis, elevated liver enzyme levels, and low platelet count (<150)(HELLP) syndrome.

(OB/GYN)

58) The most common presenting prodromal sign or symptom in pt with eclampsia is:

a- RUQ abdominal pain.
b- Edema.
c- Headache.
d- Visual disturbance.
e- Severe hypertension.

Prodromal: an early non-specific symptom (or set of symptoms) indicating the start of a disease before specific symptoms occur.

(OB/GYN)

59) The most consistent finding in pt with eclampsia is:

a- Hyper reflexia.
b- 4+ proteinuria.
c- Generalized edema.
d- DBP >110mmHg.
e- Convulsions.

Features of eclampsia include:

- Seizure or postictal status100%.
- Headache 80%.
- Generalized edema 50%.
- Vision disturbance 40 %.
- Abdominal pain with nausea 20%.
- Amnesia & other mental status changes.

(OB/GYN)

60) Appropriate responses to an initial eclamptic seizure include all of the following except:

a- Attempt to abolish the seizure by administering I.M diazepam.
b- Maintain adequate oxygenation.
c- Administer MgSO4 by either I.M or I.V route.
d- Prevent maternal injury.
e- Monitor the fetal heart rate.

- The goal of management is to limit maternal and fetal morbidity until delivery of the neonate, the only definitive treatment for eclampsia.

- Supportive care for eclampsia consists of close monitoring, invasive if clinically indicated; airway support; adequate oxygenation; anticonvulsant therapy; and BP control.

- Magnesium sulfate is the initial drug administered to terminate seizures. Compared with the traditional drugs used to terminate seizures (e.g., diazepam, phenytoin [Dilantin]), magnesium sulfate has a lower risk of recurrent seizures with nonsignificant lowering of perinatal morbidity and mortality.

(OB/GYN)

61) Eclampsia occurring prior to 20 wk gestation is most commonly seen in women with:

a- Hx of chronic hypertension.
b- Multiple gestation.
c- Gestational trophoblastic disease (molar pregnancy).
d- Hx of seizure disorder.
e- Hx of chronic renal disease.

Eclampsia prior to 20 wk gestation is rare & should raise the possibility of underlying molar pregnancy or antiphospholipid syndrome.

(OB/GYN)

62) Of the following, the most common complication of eclampsia is:

a- Magnesium intoxication.
b- Recurrent seizures following administration of magnesium sulfate??.
c- Intracranial hemorrhage.
d- Maternal death.
e- Pulmonary edema.

(From up to date): most significant maternal complication of eclampsia is related to permanent CNS damage secondary to recurrent seizure or intracranial bleeding. *But in B: they said recurrent seizure following MgSO4 so, the answer could be C.*

(OB/GYN)

63) If a woman with preeclampsia is not treated prophylactically to prevent eclampsia; her risk of seizure is approximately:

a- 1/10
b- 1/25
c- 1/75
d- 1/200
e- 1/500

(OB/GYN)

64) Likely contributory mechanisms of the anticonvulsant action of MgSO4 include all of the following except:

a- Neuronal calcium-channel blockade.
b- Peripheral neuromuscular blockade.
c- Reversal of cerebral arterial vasoconstrictions.
d- Inhibition of platelet aggregation.
e- Release of endothelial prostacyclin.

I'm not sure.

(OB/GYN)

65) All of the following antihypertensive medications are considered safe for short term use in pregnancy except:

a- Captopril.
b- Methyldopa.
c- Hydralazine.
d- Nifedipine.
e- Labetalol.

Complications seen with fetuses exposed to captopril:

- Low blood pressure (hypotension)
- Developmental problems with the nervous system
- Developmental problems with the cardiovascular system (this includes the heart and/or blood vessels)
- Developmental problems with the lungs
- Kidney failure
- Deformities of the head and face
- Loss of life.

(OB/GYN)

66) The reason to treat severe chronic hypertension in pregnancy is to decrease the:

a- Incidence of IUGR.
b- Incidence of placental abruption.
c- Incidence of preeclampsia.
d- Risk of maternal complication such as stroke.

Risks of severe chronic hypertension in pregnancy affect the mother more. It may include, but are not limited to, the following:

- blood pressure increasing
- congestive heart failure
- bleeding in the brain
- kidney failure
- placental abruption (early detachment of the placenta from the uterus)
- blood clotting disorder

Risks to the fetus and newborn depend on the severity of the disease and may include, but are not limited to, the following:

- Intrauterine growth restriction (IUGR) - decreased fetal growth due to poor placental blood flow.
- pre-term birth (before 37 weeks of pregnancy)
- stillbirth

GOOD LUCK……

د. نايف الرماح

SLE EXAM
SEPTEMBER 2005

الاجابه الصحيحه تكون على الجهه اليسار

- For health education programes to be successful all are true except :

a- human behavior must be well understood ✓
b- Information should be from cultural background ✓
c- doctors are only the health educators ✗
d- methods include pictures and videos (mass media) ✓
e- involve society members at early stage ✓

(c)

- a 29 yrs. Old female has a breast lump in the upper outer quadrant of the left breast , firm , 2 cm. in size but no L.N involvement ... what is the most likely diagnosis ?

a- fibroadenoma
→ usually in female < 30 y old, hormone depen
→ Solid - mobile
→ Rx → if small can be observed or if by excisional biopsy

- what is the management for the above patient?

a- mammogram
b- excisional biopsy → if > 5 Cm
c- FNA
d- breast US
e- follow up in 6 months

(e)

- a 27 yrs. old female C/O abdominal pain initially periumbilical then moved to Rt. Lower quadrant .. she was C/O anorexia, nausea and vomiting as well ..
O/E : temp.38c , cough , tenderness in Rt lower quadrant but no rebound tenderness.
Investigations : slight elevation of WBC's otherwhise insignificant ..
The best way of management is:

a- go to home and come after 24 hours ×
✓ (b) admission and observation → if it is Rt lobar pneumonia or acute appendicitis
c- further lab investigations ×
d- start wide spectrum antibiotic
e- paracetamol

© To rule out torsion of fallopian tube we have to do U/S

- what is the most likely diagnosis for the above patient ?

a- mesenteric lymph adenitits --> pediatric age
✓ (b) acute appendicitis
c- peptic ulcer

(B)

- a 24 yrs old pt. came for check up after a promiscus relation 1 month ago .. he was clinically unremarkable, VDRL : 1/128 .. he was allergic 2 penicillin other line of management is :

VDRL become reactive at 1/32

a- ampicillin
b- amoxicillin
c- trimethoprim
✓ (d) doxycyclin 200 mg or Erythromycin 500 mg or Tetracyclin

- a 24 years old female pt. C/O : gray - greenish discharge , itching .. microscopic examination of discharge showed : flagellated organism ... most likely diagnosis is : STD

→ R.x by Metronidazol and R.x the partner

✓ • a- trichomoniasis (trichomonas vaganalis) → You find WBC on microscopic exam.

(a) protozoa

- a 43 yrs. old female pt. presented to ER with H/O : paralysis of both lower limbs and parasthesia in both upper limbs since 2 hours ago .. she was seen lying on stretcher & unable to move her lowe limbs (neurologist was called but he couldn't realte her clinical findings 2 any medical disease !!!) when history was taken , she was beaten by her husband ... the most likely diagnosis is :

a- complicated anxiety disorder
✓ b- somatization disorder → Multiple Compliant in multiple organs
✓ • c- conversion disorder → involve only motor or Systems
(c) d- psychogenic paralysis sensory system, paralysis, seizure, hysteria
e- hypochondriasis

- the best treatment for the previous case is : → is behavioral modification and antidepressant

a- benzodiazepines
(e) b- phenothiazine
c- monoamine oxidase inhibitor
✓ • d- selective serotonin reuptake inhibitor
✓ • e- supportive psychotherapy 1st line

- a 58 yrs. old male pt. came with HX of fever, cough with purulent foul smelling sputum and CXR showed : fluid filled cavity ... the most likely diagnosis is :

✓ • a- abscess
b- TB
• c- bronchieactesis → usually no fever

- a 28 yrs. old lady , C/O: chest pain, breathlessness and feeling that she'll die soon .. O/E : just slight tachycardia .. otherwhise unremarkable .. the most likely diagnosis is:

✓. (a) panic disorder

- a patient (known case of DM) presented to u with diabetic foot (infection) the antibiotic combination is :

ACC to ~~cut~~ classification
- mild : superficial (no bone/joint involv
- moderate : deep invading bone/joint
- severe : moderate + systemic toxicity

5. (a) ciprofloxacin & metronedazole
mild : cephalexin or clindamycin
mod : amox – clav or cipro + clinda
sever: same as mod or imipenem or pip – tazo

- a young pregnant lady (primigravida) , 32 weeks of gestation came to you C/O : lower limbs swelling for two weeks duration .. she went to another hospital and she was prescribed (thiazide & loop diuretic) .. O/E : BP : 120/70 , mild edema , urine dipstick : -ve and otherwhise normal.... The best action is :

a- continue thiazide & stop loop diuretic
b- cont. loop diuretic & stop thiazide
(c) (c) stop both
d- continue both and add potassium sparing diuretic
e- cont. both & add potassium supplement

- a 17 yrs. old football player gave HX of Lt. knee giving off .. the most likely diagnosis is :

a- Lat. Menisceal injury
b- medial menisceal injury
c- lateral collateral ligament
(e) d- medial collateral ligament
e ant. Curciate ligament

- a 10 yrs. old boy presented to clinic with 3 weeks HX of limping that worsen in the morning .. this suggests which of the following :

a- septic arthritis
b-leg calve parthes disease (?)
c- RA
d- a tumor
e- slipped capital femoral epiphysis (?)

- a full term baby boy brought by his mother weighing 3.8 kg. developed jaundice at 2nd day of life .. coomb's test -ve ,Hb : 18 ,billrubin : 18.9 & indirect : 18.4 .
O/E : baby was healthy and feeding well .. the most likely diagnosis is :

↓ bilirubin & high but < 17 then physiological
↑ jaundice in the 1st 24 hours is always pathological

a- physiological jaundice
b- ABO incompatibility
c- breast milk jaundice
d- undiscovered neonatal sepsis

- a 62 yrs. old female pt. a known case of osteoporosis & on 1 alpha + Ca supplement .. her lab wroks shows normal level of PO4, Ca & ALP ... her X-ray shows osteopenia with SD = -3.5 .... The best action is to :

bone mineral density
SD 1.0 - 2.5 below mean (standard deviation) → osteopenia
SD > 2.5 below mean → osteoporosis

a- continue on same medications
b- start estrogen
c- start estrogen & progesterone
d-add alevdonate (bisthmus phosphate) → considered 1st line Tx w established osteoporosis

- the Q is not complete ??

- a 38 yrs old female ... came to you at your office and her pap smear report was unsatisfactory for evaluation .. the best action is :

a- consider it normal & D/C the pt.
b- Repeat it immediately
c- Repeat it as soon as possible
(d) Repeat it after 6 months if considered low risk
e- Repeat it after 1 year if no risk

- a 17 yrs. old school boy was playing foot ball and he was kicked in his Rt. eye .. few hours later he started to complain of : double vision & echomoses around the eye .. the most likely Dx. Is :

a- cellulites
(b) b- orbital bone fracture → causes subconjuctival hrrg + diplopia bruising and periorbital edem
c- global eye ball rupture
(e) e- subconguctival hemorrhage

- a 35 yrs old female pt. C/O : acute inflammation and pain in her Lt. eye since 2 days .. she gave Hx of visua; blurring and use of contact lens as well ... O/E : fluroscene stain shows dentritic ulcer at the center fo the cornea .. the most likely diagnosis is :

a- corneal abrasion
(b) b- herpetic central ulcer → 90% of population are carriers
- Tx is - Topical antiviral.
. dendritic debrid
- No steroids initially
(b) c- central lens stress ulcer
d- acute episcleritis
e- acute angle closure glaucoma

- 23 years old lady with one month history of nasal discharge & nasal obstruction, she complained of pain on the face, throbbing in nature , referred to the supraorbital area, worsen by head movement, walking,& stopping. On - -- ---------- examination , tender antrum with failure of transillumination (not clear), the most likely the diagnosis is:

acute < 4 weeks
sub 4 weeks - 3 months
chronic > 3 months

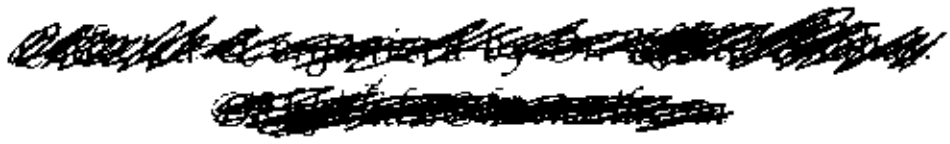
a- frontal sinusitis
b- maxillary sinusitis
c- dental abcess
d- chronic atrophic rhinitis
e- chronic sinusitis

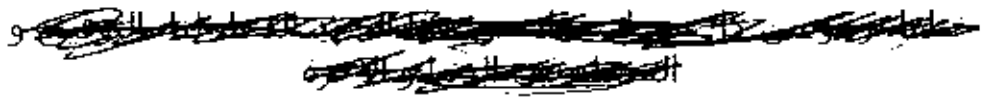
b

Tenderness:
maxillary : over cheek & upper teeth
ethmoids : medial nose, retro-orbital pain
frontal : supraorbital ridge, roof of orbit
sphenoid: vertex, occipital or mastoid bone

Tx: - Abx → amoxicillin 1st line cuz most common organisms are ...strep ...H. influ
- decongestant
- Saline irrigation
- if medical Tx fail surgery:
FESS

☺ Special thanks to Dr.Dua'a





اقسم بالله على كل من **** انصر جهدي حيثما انصره
ان يدعو الرحمن لي مخلصا **** بالعفو و التوفيق و المغفره

- a 65 yrs old lady came to your clinic with Hx of 5 days insomnia and crying (since her husband died) the best Tx. For her is : normal grief

a- lorazipam
b- floxitein
c- chloropromazine
d- haloperidol

- a 25 yrs old Saudi man presented with Hx of mild icterus , otherwhise ok .. hepatitis screen : HBsAg +ve , HBeAg +ve , anti HBc Ag +ve , the diagnosis :

a- acute hepatitis B HBs Ag +ve HBe Ag +ve IgM
b- convalsecnt stage of hep. B
c- recovery with seroconversion Hep . B Anti HBs + Anti-HBe IgG
d- Hep B carrier
e- chronic active Hep. B

- 25 yrs. old man presented to ur clinic with one month HX ofaching pain in the elbow , radiates down to the lateral forearm ..the pt. frequently plays squash ... O/E:
Pain increases with dorsiflexion of the wrist performed under resistance specially with elbow extended ... the most likely diagnosis :

a- olecranon stress fracture
b- olecranon bursitis
c- lateral tennis elbow
e- radial tunnel syndrome
e- ligament sprain

☺ Special thanks to Dr.Fahad Abdul Jabbar & his colleague in King Abdul Aziz University

d- pityasis racae
e- drug induced

☺ Special thanks to Dr.Mai

- A mother calls you about her 8 years old son , known case of DM-1 fell comatosed . she is not sure if he took the night 7 morning dose of insulin. You will advice her to :

a- bring the child immediately to the ER
b- call an ambulance
c- give him IV glucagons
d- give him IV insulin
e- give him drink contains sugar

☺ Special thanks to Dr. Reem

- years old lady on ..... feels dizzy on standing, resolves after 10-15 minutes on sitting, decrease on standing, most likely she is having :

a- orthostatic hypotension
b-

☺ Special thanks to Dr.Fatima

- what is the most appropriate treatment for the above patient :

a- antiemetic
b- antihistamine
c- change the antidepressant to SSRI
d- thiazide diuretics
e- audiometry

☺ Special thanks to Dr.Nada

- **35 years prime 16 wk gestation PMH coming for her 1st cheek up she is excited about her pregnancy no hx of any previous disease.**
  Her B/P after since rest 160/100 after one wk her B/P is 154/96
  Most likely diagnosis :

a- Pre eclempsia > 20 wks.
b- Chronic HTN
c- Lable HTN
d- Chronic HPT with superimposed pre eclampsia
e- Transit HPT

(B)

☺ Special thanks to Dr. Hamza Qtrangy

- **women complain of non fluctuated tender cyst for the vulva . came pain in coitus & walking , diagnosed Bortholin cyst . what is the ttt:**

a- insion & drainage
b- refer to the surgery to excision
c- reassurance the pt
d- give AB

(a)

☺ Special thanks to Dr. Naif Al-Qahtani

- **42years old male presented with history of sudden appearance of rash - maculopapular rash - including the sole,& the palm, the most likely diagnosis is :**

a- syphilis
b- erethyma nodosum
c- erythema marginatum

erythema multiformis

- **17 year old male while play football felt on his knee "tern over " what do think the injury happened**

a- medial meniscus lig,
b- Lateral meniscus lig.
c- Medial collateral lig.
d- Lat. collateral lig.
e) Antr. Crussate lig.

(a)

☺ Special thanks to Dr. Rizg Al-amri KFU

- **For health education programme to be effective all true except :**

a- Human behaviour should be well understood.
b- Procedures used include illustration & picture.
c) Doctors should be the only educator.
d- Community member should be involved in early stage.
e- .....

(c)

☺ Special thanks to Dr. Abdulmonem Al-hussain

- **Placenta previa excludes :**

a- Pain less vaginal bleeding ✓
b- Tone increased of uterus ✗ Abruptio placenta.
c- Lower segmental abnormality ✓
d- Early 3rd trimester ✓

(b)

- **Pregnancy test +ve after :**

a- one day post coital
b- 10 day after loss menstrual cycle
c) One wk after loss menstrual cycl

(c)

☺ Special thanks to Dr. Soud Al-Shalowi KFU

- 45 year old female complaining of itching in genitalia for certain period, a febrile, -ve PMH, living happily with here husband since 20 year ago on examination no abdominal tenderness , erythema on lower vagina , mild Gray discharge no hx of UTI . pyleonephritis
  Most probable diagnosis:

(A)
a- Vaginitis
b- Cystitis
c- CA of vagina
d- Urithritis (non gonococal)

☺ Special thanks to Dr. Faisl Battwil KFU

- 20 year lady come to ER with Hx of Rt sever lower abdominal pain with Hx of amenorrnea for about 6 wk the most serious diagnosis of your deff. Diagnosis could reach by:

a- CBC
b- ESR
(C)
c- U/S of the pelvis
d- Plain X-ray
e- Vaginal swab for C/S

☺ Special thanks to Dr. Ali Al-Khathami

- Pt had arthritis in ~~tow~~ two large joint & pansystolic murmer (carditis) MR
  Hx of URTI the most important next step:

(b)
a- ESR
b- ASO titer
c- Blood culture

- **8 wk primigraveda came to you with nausea & vomiting choose the statement that guide you to hyperemmesis gravidarm :**
  a- ketonia
  b- ECG evidence of hypokalemia
  c- Metabolic acidosis
  d- Elevated liver enzyme
  e- Jaundice

all true

☺ Special thanks to Dr. Khalid Al-Qurashi KFU

- **Injury of the hand leads to mediar nerve injury:**
  a- clow hand ✗ ulnar
  b- wrist drop ✗ radial INJURY
  c- sensory defect only

- **60 year old male was refer to you after stabilization investigation show**
  Hgb 8,5 g/l , hect. 64% , RBC 7.8 , WBC 15.3 & Plt. 570 Diagnosis :
  a- iron def. Anemia ✗ Hgb↓, HCT↓, RBC↓, WbC (N), PLT (N)
  b- Hgb pathy ✗ ↓or(N) Hgb, RBC(↓), wbc (N), PLT (N)
  c- CLL wbc ↑, Hgb ↓, ↓PLT
  d- 2ry polycythemia ✗
  e- Polycythemia rubra vara ✗ } Hgb ↑, RBC ↑, HCT ↑, WbC N, PLT ↑

micro < cytic chrom
normocytic, normochrom

- **Pregnant women G4P3+1 on GA 10 wk came to you with IUCD inserted & the string is out from O.S what is the most important measure :**
  a- leave the IUCD & give A.B
  b- leave the IUCD & send to Ob/ Gynecolgest to remove
  c- leave the IUCD
  d- do laproscopy to see if there is ectopic preg.
  e- Reassurance the pt

b

☺ done by Dr. Khalid Shahat KFU

SLE October 2007

www.medicalacademy.net
The First Step...
الأكاديمية الطبية ,,, الخطوة الاولى

1- middle aged male s involved in RTA , his RR is 30/min , heart sounds is muffeled & the JVP is elevated , BP/ 80/40 & a bruise over the sternum. Dx
   - **a- pericardiac Tamponade**
   - b- pneumothorax
   - c- pulmonary contusion
   - d- hemothorax

2- obese 54 year lady " cholecystectomy " 5th day post-op she complain of SOB & decreased BP 60 systolic ,, on exam unilateral swelling of Rt. Leg the Dx is:-
   - a- hypovolomic shock
   - b- septic shock
   - **c- pulmonary embolism**
   - d- MI
   - e- Hg. Shock

3- 20 yr old man involved in Road Traffic Accident (RTA) brought to ER by his friends. On examination, found to be conscious but drowsy. HR 120/min, BP 80/40. The MOST urgent initial management measure is:
   - a- CT brain
   - b- X-ray cervical spine
   - c- Rapid infusion of crystalloids
   - d- ECG to exclude hemopericardium
   - e- U/S abdomen

4- baby apgar score 3 at one min (cyanotic,limp,weak cry), best treatment:
   - a- warm & dry
   - b- ventilate
   - c- chest expansion
   - d- volume expansion

www.medicalacademy.net
The First Step...
الأكاديمية الطبية ,,, الخطوة الاولى

5- Patient fall on outstretched hand. On examination, both radial & ulnar pulses intact. Wrist had dinner fork deformity. Tender radial head. Dx:
   a- Colle's Fracture
   b- Fracture of distal ulna & displacement of radial head
   c- Fracture of shaft radius with displacement head of ulna

6- humerus Fracture most common nerve injury is:
   a- radial
   b- ulnar
   c- axillary
   d- median
   e- musculocuatneous

http://orthopedics.about.com/od/brokenbones/a/humerus.htm

7- isolated closed Fracture femur treatment is:
   a- internal fixation with plate
   b- Internal fixation with intramedullary locked nail
   c- External fixation with intramedullary locked nail
   d- traction & balance
   e- cast around hip

8- 27 yr old lady primi 35 wks pregnant, presented with mild Pre-eclampsia , BP 140/? Edema in her hands & feet, best treatment is:
   a- Immediate delivery
   b- Diuretics
   c- Send home?
   d- Hospitalize & materno-fetal monitoring

9- Not use in the prevention of preeclampsia with + protein urea & LL edema :
   a- Admission & bed rest
   b- Diuretics
   c- Non-stress test
   d- Regular sonogram of baby

10- Breath holding attacks:
   a- Common between 5-10 yrs of age
   b- Perciptate generalized seizure
   c- If it happens in childhood it is a Sign to develop epilepsy as adult
   d- By definition is not related to emotional stress

11- 10 yr old boy woke up at night with lower abdominal pain, important area to check:
   a- kidney
   b- lumbar
   c- rectum
   d- testis

12- 40 yr old male with 4 days history of sudden eruption over the entire body including palms & feet :
   a- erythema nodosum
   b- erythema multiforme
   c- pit. rosea

13- urticaria, all true EXCEPT:
   a- can be part of anaphylactic reaction
   b- is not always due to immune reaction
   c- always due to deposition of immune complex in the skin

14- All are true about hoarsness in adult , EXCEPT :
   a- due to incomplete opposition of the vocal cord
   b- if > 3 weeks : need laryngoscopy
   c- if due to overuse, advise to whisper a few weeks
   d- commonly seen in bronchus Ca
   e- feature of myxedema

15- 8 years old boy for evaluation of short stature. His height is of 6 year old & bone scan of 5.5 years ,, Dx is:
   a- steroid therapy
   b- genetic
   c- constitutional
   d- hypochondroplasia
   e- hypothyroidism

16- 80 yr old female who was put in nursing home 3 months back is complaining of 3.6 Kg weight loss in the last month , excessive crying , when her situation is worse she sometimes forgets (has poor short memory). Her husband died 2 yrs ago. Dx
   a- Depression
   b- Alzheimer's

17- Cystic fibrosis gene located on:
   a- Short arm of chromosome 7
   b- Long arm of chromosome 7
   c- Short arm of chromosome 8
   d- Long arm of chromosome 8
   e- Short arm of chromosome 17

18- Diagnosis of Alzheimer confirmed by:
   a- CT brain
   b- EEG
   c- Neurological examination
   d-
   e- None of the above

19- Best method to diagnose Acute GlomeruloNephritis:
   a- Red RBC cast in urine
   b- u/s show shrink kidney
   c- high creatinine
   d- pus cells in urine
   e- xray

20- 12 yr old girl with malaise, fatigue, sore throat & fever. On examination: petechial rash on palate, large tonsils with follicles, cervical lymphadenopathy & hepatosplenomegaly. All are complications EXCEPT:
   a- Aplastic anemia
   b- Encephalitis
   c- Transverse myelitis
   d- Splenic rupture
   e- Chronic active hepatitis

21- repeated twice , not complication of EBV EXCEPT (long story) :
   a- Aplastic anemia
   b- Encephalitis
   c- Transverse myelitis
   d- Splenic rupture
   e- Chronic active hepatitis

22- 1 month old with massive hepatosplenomegaly, bluish skin nodules, & lateral neck swelling, the next step is:

a- CBC
b- lumber puncture
c- Do EBV serology
d- BM scan
e- Liver biopsy

23- 8 month old baby came with dehydration, fever 40 C, poor feeding & convulsions. depressed ant. Fontanelle, vomiting, & crying with red ears. No neck stiffness. Her 3 yr old brother is asymptomatic. What is the most important investigation to do:

a- Blood culture
b- CBC & differential
c- CSF examination
d- Chest xray
e- Urine analysis

24- 25 yr old male patient had he give a Hx of Lt knee swelling & pain 5 days back , two days back he had Rt wrist swelling & redness. He had recently traveled to India. On examination there was tenderness & limitation of movement. 50 cc of fluid was aspirated from the knee. Gram stain showed gram negative diplococci. What is the most likely organism?

a- Brucella Militans
b- N. gonorrhea
c- Staph aureus
d- Strep pneumonia
e- Strep pyogenes

25- 17 year old boy presented to the ER complaining of sudden onset of abdominal pain & leg cramps, he had history of vomiting 2 days ago, he was dehydrated .

Na = 150 , K = 5.4 ,, glucose = 23mmol

The best initial investigation is

a- CBC
b- Blood culture
c- ABG
d- Urinanalysis (dipstick)
e- U/S

26- young age male presented after RTA with injured membranous urethra , best initial ttt is :

a- Passage of transurethral catheter
b- Suprapubic catheter
c- Perineal repair
d- Retropubic repair
e- Transabdominal repair

27- young male presented to ER with a stab wound in his abdomen , u should:

a- should Explore the abdomen
b- observe patient & not explore if vitals remain stable
c- Exploration depend on U/s
d- Exploration depend on DPL
e- Exploration peritoneum penetrated

28- Cntraindication of gastric lavage if the ingested material is:

a- Aspirin
b- diazepam
c- Dry clean (clorex)
d- Castor beans
e- Vit D

29- 65 year male presented with 10 days Hx of hemiplagia , CT shows : infarction , he has HTN. He is on lisonipril & thiazide , 2 yr back he had gastric ulcer . ttt that U should add :

a- continue same meds
b- Aspirin 325
c- aspirin 81
d- warfarin
e- dipyrmidol

30- All of the fallowing are criteria of subarachnoid hemorrhage EXCEPT:

a- Paraplegia
b- confusion
c- nuchal Rigidity
d- Due to berry aneurysm rupture
e- Acute severe headache

31- After infarction , the patient become disinhibeted , angree & restless . The area responsible which is affected:
   a- premotor area
   b- temporal area
   c- pre- frontal area

32- middle age acyanotic male with CXR showing increase lung marking & enlarged pulmonary artery shadow, most likely Dx:
   a- VSD
   b- Aorta coarctation
   c- Pulmonary stenosis
   d- ASD
   e- Truncus arteriosus

33- coarctation of aorta associated with which of the following syndromes:
   a- down
   b- turner
   c- Edward
   d- Patau
   e- Holt-Oram

34- 5 day old infant not feeding, lethargy, has burned sugar smell urine. Dx:
   a- Maple urine synd
   b- phenylketonurea
   c- Gaucher's

35- All are true about the best position in hearing the murmurs, EXCEPT:
   a- supine : venous hum
   b- sitting : AR
   c- sitting : pericardial rub
   d- supine : innocent outflow obstruction
   e- Lt lateral in : MS

36- 3 year old child needs oral surgery & comes to your clinic for checkup. On examination 2/6 continuous murmur , in upper Rt sternal borders that disappear with sitting , next step:
   a- Give AB prophylaxis
   b- Ask cardiology consult
   c- Clear for surgery
   d- Do ECG

37- A daycare center supervisor pregnant in her 20 wk. she recently discovered that 2 of her students developed meningitis. Prophylactic treatment:
   a- Observe for development of meningitis
   b- Meningitis polysaccharide vaccine
   c- Rifampicin 600 po bid for 2 days
   d- Ciprofloxacin 500 po once
   e- Ceftraixone 250 IM or Iv once

38- 10 yr old child has +ve TB test , mantoux test was –ve in the last week , ttt :
   a- INH
   b- INH+ rifampicin
   c- INH+rifampicin+stereptomycin
   d- No need for treatment
   e- None of the above

39- 16 year old male presented with 5 days pain behind the Lt ear , 3 wks ago patient had previous otitis media ttt with amoxicillin for 1 week but he was incompliant. Ex : tenderness over the mastoid with slight swelling , ear : loss of cone of light with slight congestion. Dx:
   a- acute otitis media
   b- serous otitis media
   c- chronic mastoiditis
   d- acute mastoiditis
   e- parotiditis

40- Glue ear
   a- Managed by grommet tube
   b- Lead to sensorineural hearing loss
   c- Pus in middle ear
   d- Invariably due to adenoid

41- MOST Prominent symptom of Acute otitis media
   a- Pain
   b- Hearing loss
   c- Discharge
   d- tinnitus

42- Mother brought her 11 month old infant to ER with night attack of barking cough & wheezing which stopped now. He had similar episode in the last 6 months. He is a known case of atopic eczema. Dx:

a- B. asthma
b- Tracheobronchiolitis
c- Spasmodic croup
d- Acute epiglotitis
e- Angioedema

43- 12 months baby can do all except:

a- Walk with support one hand
b- Can catch with pincer grasp
c- Can open drawers
d- Response to calling his name
e- Can play simple ball

44- Definition of Status epilepticus is:

a- generlized convulsion > 15 min
b- generalized convulsion > 30 min with regain of consciousness in between
c- focal seizure > 30 min
d- tonic clonic for > 30 min
e- recurrent attacks of absence seizures

45- 27 years old male with tonic colonic in ER for 35 min, 20 mg diazepam was given & convulsion did not stop, You will give:

a- Diazepam till total dose of 40 mg
b- Phenytoin
c- Phenobarbitone

46- max dose of ibuprofen for adult is :

a- 800
b- 1600
c- 3000
d- 3200

http://www.drugs.com/ibuprofen.html
http://www.medicinenet.com/ibuprofen/article.htm

47- True negative:

a- When a person is predicted to have the disease, they have it
b- When a person is predicted to have the disease, they don't have it
c- When a person is predicted NOT to have the disease, they have it
d- When a person is predicted NOT to have the disease, they don't have it
e- When risk cannot be assessed

48- Regarding SEM (standard error of the mean):

a- SEM is observation around the mean
b- Standard deviation is measure of reliability of SEM
c- Is bigger than SD
d- Is square root of variance
e- Standard deviation advantage can be math manipulated

49-

Risk Factor	Case	Non-Case	Total
Present	A	B	A+B
Absent	C	D	C+D
Total	A+C	B+D	

Relative risk of those with the risk factor to those without the risk factor:

a- A/A+B
   C/C+D
b- A/A+B
c- C/C+D
d- AD/BC
e- A/B
   C/D

50- 6 month old baby presented to the clinic with 2-day history of gastroenteritis. On examination: decreased skin turgor,depressed anterior fontanelle & sunken eyes. The Best estimate of degree of dehydration:

a- 3%
b- 5%
c- 10%
d- 15%
e- 25%

51- elderly male , who had anterior wall MI, while transfer from the CCU nurse noticed he is having now recurrent attacks of PVC, ECG showed more than 20 ventricular PVC. He has pulmonary edema, BP? , he is in digoxine & furosamide. What do you want to add to his medication

a- amidrone
b- propnalol
c- flecanide
d- Mexiletine
e- Do nothing

52- a 29 year old teacher has recurrent attacks of intense fear before the beginning of her classes in the 2ry school , She said : Its only a matter of time before I do mistakes , Dx :

a- specific phobia
b- social phobia
c- mixed phobia
d- panic attacks with agoraphobia
e- panic without agoraphobia

53- the best ttt for the previous patient :

a- alprazolam
b- propanolol
c- chlorpromazine
d- clomiprimine

54- Stop combined OCP if the patient has :

a- Chronic active hepatitis
b- breastfeeding
c- Varicose veins
d- Gastroenteritis

55- drug adduct swallow 2 open safety pins , X-ray show the present of them in the small intestine , What is the ur plan :

a- admit and do OR immediately
b- admit & do serial x-ray of the abdomen observe for passage of pins
c- send patient home

56- Indications of surgery in crohn's disease
   a- internal fistula
   b- external fistula
   c- intestinal obstruction
   d- Stagnant bowel syndrome

57- total vaginal hysterectomy with anterior & posterior repair the patient complains that urine is come out through vagina , Dx:
   a- ureterovaginal fistula
   b- vesico vaginal fistula
   c- urethrovaginal fistula
   d- cystitis

58- 45 yr old lady presents with nipple discharge that contains blood. What is the MOST likely Dx:
   a- ductal papilloma
   b- ducta ectasia
   c- fibroadenoma
   d- duct CA

59- after aspiration of cystic mass in the breast the result was clear fluid, next step
   a- Send the aspirated content for cytology and if abnormal do mastectomy
   b- Reassure the patient that this lump is a cyst and reassess her in 4 weeks
   c- Book the patient for mastectomy as this cyst may change to cancer.
   d- Put the patient on contraceptive pills and send her home

60- after 2 wks ant. wall MI , old age female developed sudden leg pain , it is pale & pulsless. Dx :
   a- acute arterial thrombus
   b- acute arterial embolus
   c- DVT
   d- Ruptured disc at L4-5 with radiating pain
   e- Dissecting thoraco-abdominal aneurysm

61- a 34 yr old divorced lady complains of 15 months amnorrhea , FSH very high , Dx :
   a- Pregnancy
   b- ovulation
   c- Premature ovarian failure
   d- Hypothalamic lesion
   e- Pituatary microadenoma

62- a 25 year old male had Rt inguinal hernioraphy , on the 2nd day after the operation , he developed severe pain over the wound site , with foul smelling discharge , his temp is 39 & HR is 130/min . Gram stain showed G+ve rodes with terminal spores , ttt
   a- Massive IV pencillin V
   b- clostridium antitoxin
   c- wide surgical debridement
   d- chlormphinicol
   e- wide surgical debridment & Massive pencillin V

63- causes of Polyhydraminos:
   a- Renal agenesis
   b- Duodenla atresia
   c- Mother with diabetes insipidus
   d- Post mortem pregnancy

64- the most accurate diagnostic inv. For ectopic pregnancy:
   a- culdocentesis
   b- pelvic U/S
   c- endometrial biopsy
   d- serial B-HCG
   e- laparoscopy

65- ectopic pregnancy, all true EXCEPT:
   a- 20% ovarian
   b- doubling HCG useful clinical tool
   c- empty uterus + HCG before 12 wks is Dx
   d- laparascopy can dx it

66- a 28 yr lady with 7 week history of amnorrhea has lower abdominal pain , home pregnancy test was +ve , comes with light bleeding, next step:
   a- Check progesterone
   b- HCG
   c- Placenta lactogen
   d- Estrogen
   e- Prolactin

67- All causes hyperprolactenemia, EXCEPT:
   a- pregnancy
   b- acromegaly
   c- methyldopa
   d- allopurinol
   e- Hypothyroidism

68- complication of long term use of steroid:
   a- asthma
   b- Breast CA
   c- Other Ca
   d- myopathy in pelvic girdle
   e- osteomalacia

69- All are complications of long term use of phenytoin, EXCEPT:
   a- Ataxia
   b- osteoporosis
   c- Osteomalacia
   d- Macrocytosis

70- physiological cause of hypoxemia
   a- hypoventilation
   b- improper alveolar diffusion
   c- perfusion problem
   d- elevated 2.3 DPG

71- The strongest type of epidemiological studies is:
   a- Prospective cohort studies
   b- Retrospective control case studies
   c- Cross sectional
   d- Time line

72- A 15 yr old boy came to your clinic for check up. He is asymptomatic. His CBC showed: Hb 118 g/l WBC 6.8 RBC 6.3 *(high)* MCV 69 *(low)* MCH *(low)* Retic 1.2 (1-3)% what is the most likely diagnosis?
   a- Iron deficiency anemia
   b- Anemia due to chronic illness
   c- β-thalssemia trait
   d- Sickle cell disease
   e- Folic acid deficiency

73- Hb electrophersis done for a patient shows HbA1=58% , HbS = 35% , HbA2 = 2% , HbF = 5 % , Dx :

a- Thalasemia minor
b- Thalasemia major
c- Sickle cell trait
d- Sickle cell anemia
e- Sickle cell thal.

74- 80 yr old male came to the ER complaining of acute urine retention. What is the INITIAL management:

a- Send patient immediately to OR for prostatectomy
b- Empty urinary bladder by foley's catheter & tell him to come back to clinic
c- Give him antibiotics because retention could be from some sort of infection
d- Admission, investigation which include cystoscopy & then maybe TURP
e- Insert foley catheter & tell him to come back later to clinic

75- first sign of LSHF

a- orthopnea
b- dyspnea on exertion
c- pedal edema
d- PND
e- chest pain

76- all can cause congenital infection IUGR, EXCEPT:

a- Rubella
b- CMV
c- Syphilis
d- HSV II
e- Toxoplasmosis

77- 75 yr old female with 2 days hx of MI is complaining of abdominal pain , vomiting , bloody stool . X-ray shows abd distension with no fluid level , serum amylase is elevated. Dx :

a- Ulcerative colitis
b- acute pancreatitis
c- Ischemic colitis
d- Diverticulitis

78- CCB drugs like verapmil , dilitazem, nifedipine are effective EXCEPT:
   a- Prinzmetal angina
   b- Hypertension
   c- Atrial tachycardia
   d- Ventricular tachycardia
   e- Effort angina

79- a 5 day old child vomited blood twice over the last 4 hr , he is healthy , active & feeding well by breast , Dx :
   a- esophigitis
   b- esophageal varices
   c- gastritis
   d- duodenal ulcer
   e- cracked maternal nipple

80- 5 yr old seen in ER presented with fever & sore throat , which of the fallowing suggest viral etiology :
   a- Presence of thin membrane over the tonsils
   b- Palpable tender cervical LN
   c- Petechial rash over hard or soft palate
   d- absence of cough
   e- Rhinorrhea of colourless secretion

81- 80 yr old female presented with hx of 6 months bilateral hand stiffness that's worse in the morning but subsides as she begins her daily activities. PMH: unremarkable. on Ex : she has bony swelling at the margin of distal interphalengeal joint of 2^{nd} to 5^{th} digits. These swellings represent:
   a- Heberdens nodules
   b- Bouchards nodules
   c- Sesamoid
   d- subcutenous nodule
   e- synovial thickening

82- The following are complications of laproscopic cholecystectomy EXCEPT:
   a- Bile leak
   b- Persistent pneumoperitonium
   c- shoulder tip pain
   d- ascites
   e- Supraumbilical incisional hernia

83- one of the fallowing drug combination should be avoided :

a- Cephaloridine & paracetamol
b- Penicillin & probenicid
c- Digoxin & levadopa
d- sulphamethaxazole & trimethoprim
e- tetracycline & aluminum hydroxide

84- 40 yr old male presented to ER with 6 hr hx of severe epigastric pain, radiating to the back like a band , associated with nausea . No vomiting , diarrhea. No fever . On examination he was in severe pain & epigastric tenderness. ECG was normal, serum amylase was 900 u/l, AST & ALT elevated double the normal. Which of the following is the LEAST likely precipitating factor for this patient:

a- Hypercalcemia
b- chronic active hepatitis
c- chronic alcohol ingestion
d- hyperlipidemia
e- cholelithesis

85- Which of the following not transmitted by mosquitoes

a- Rift valley fever
b- Yellow fever
c- Relapsing fever
d- Filariasis
e- Dengue fever

86- A on-opaque renal pelvis filling defect seen with IVP , US revels dense echoes & acoustic shadowing , The MOST likely Dx:

a- blood clot
b- tumor
c- sloughed renal papilla
d- uric acid stone
e- crossing vessels

87- 46 yr old female presented for the third BP reading, high blood pressure 160/100 . she is not on any medication. Lab investigation showed

Urea: normal
Creatinine: normal
Na=145 (135-145)
K= 3.2 (3.5 – 5.1)
HCO3= 30 (22-28)

What is the Dx?

a- Essential hypertension
b- Pheochromocytoma
c- Addison's Disease
d- Primary Hyperaldosteronism

88- 32 yr old lady works as a file clerk developed sudden onset of lower back pain when she was bending to pick up files, moderately severe for 3 days duration. There is no evidence of nerve root compression. What is the proper acrion:

a- Bed rest 7-10 days
b- Narcotic analgesia
c- Early activity with return to work immediately
d- CT for lumbosacral vertebra

89- fracture of rib can cause all except:

a- pneumothorax
b- hemothorax
c- esophageal injury
d- liver injury

90- 10 months old child presented with mild dehydration after he has frequent vomiting & diarrhoea , ttt :

a- ORS
b- ORS+ antimeitc
c- ORS+AB
d- ORS+AB+antiemetic
e- IVF?

91- How much mmol sodium in normal saline(0.9 NS)
   a- 30
   b- 75
   c- 90
   d- 155

92- the commonest cause of postpartum haemorrhage:
   a- uterine atony
   b- hemophilia

93- Perinatal mortality :
   a- includes all still birth till 1 month
   b- includes all still birth & 1st week neonatal death
   c- all neonatal death till 6 months
   d- Is usually death per 10.000 live birth

94- anal fissure more than 10 days, which is true:
   a- Loss bowel motion
   b- Conservative management
   c- Site of it at 12:00

95- after delivery start breast feeding :-
   a- as soon as possible
   b- 8 hrs
   c- 24 hrs
   d- 36 hrs
   e- 48 hrs

96- 1ry dysmenorrheal
   a- Periods Painful since birth
   b- Pain start a few days before flow
   c- NSAID help
   d- It means Failure to ovulate

97- All are true for the prescripsion of antidepresents ttt for patient with depression & somatisation disorders, EXCEPT:
   a- Smaller doses may needed in elderly
   b- potential side effect should not explain 2 the patient , b/c he will develop it
   c- fluoxetine safe for elderly

98- the most specific investigation to detect pulmonary embolism is :
   a- perfusion scan
   b- pul angiogram
   c- ventilation scan
   d- CXR

99- obstructed labor, which is true:
   a- common in primi
   b- excessive caput & molding are common signs
   c- most common occipto- ant
   d- can not be expected before labor

100- 45 year old female come to the ER complaining of Rt hypochondrial pain which increases with respiration , on Ex there is tenderness over the Rt hypochondrium, Next investigation is
   a- X-ray
   b- US of upper abdomen
   c- CT

تم بحمد الله

كتابة الاسئلة :
رشا مكحل & آلاء باعارمه

تدقيق ومراجعة :
منى الشهراني

مع الشكر لكل من :

د. الغزاوي

** أسماء من سيساهمون في حل الاسئلة ستذكر بعد الانتهاء من الحل بإذن الله **

لا تنسونا من صالح دعائكم