

DEDICATED TO OUR FELLOW DOCTORS IN SUDAN

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MOH SULTANATE OF OMAN EXAMS

NOV.2002

Recognized complication of Chicken Pox include **L**(varecella zoster virus)

Pneumonia\*

Proliferative GN\*

Acute Pancreatitis\*

Encephalitis\*

Myocarditis\*(meningitis-DIC-Guillian-Henoch-myositis-orchitis-transverse myelitis-purpura)

Recognized features of Brucellosis include:

incubation period of 3 months\*

fever with night sweats\*(PUO-malaise-anorexia-vomiting-wt.loss-constipation-diarrhea-myalgia-bachache-arthritis-rash-bursitis-depression)

hepatosplenomegally\*

epididymo-orchitis\*

Spondylitis\*(complications: osteomyelitis-SBE/IE (-veculture)-abscess (liver-spleen-lung)-meningoenc.)

Tetracycline Therapy:

Bactericidal (-static)

Contraindicated in pregnancy\*

Doxycyclin can be used safely in renal failure\*

Should be taken after meal\*

Active against Mycoplasma & Brucella \*(Chlamydia-Lyme-Rickettsia-chronic bronchitis)

Complications of Falciparum Malaria include:

Coma & delirium\* (lactic acidosis-kussmaul-anemia-hypoglycemia-pulm.edema-ARDS-shock-algid(bacterial septicemia)

Black water fever\*

Acute renal failure\*

Acute liver failure\*

Acute cardiac failure\*

Pain of Angina

induced by exercise\*(emotion-cold-heavy meals)

radiation to neck & arms but not to jaw

relieved with rest\*

immediate relief with Nitroglycerides\*

exercise does not worsen the pain

Clinical features of Lower Limb DVT:

cold & blue limb

warm oedematous limb\*  
calf tenderness\*(mild fever-edema-homan's sign-distended vv)  
altered sensorium  
treated with Aspirin (heparin)

Symptoms & signs of increased ICP

Headache\*  
Tachycardia (brady)  
Papilloedema\*  
Bradycardia\*  
Vomiting\*

A 1 yr. Old child is expected to:

sit without support\*  
control his bowel & bladder  
stand with support\*  
crawls  
ride a tricycle

The following are the major criteria of acute Rheumatic Fever:

fever  
migratory polyarthritis\*  
erythema marginatum\*(subc.nodules-carditis)  
chorea\*  
arthralgia

The features of Nephrotic Syndrome include:

massive proteinuria\*  
hyperlipidemia\* (hypercholesterolemia)  
polyuria (oliguria)  
edema\*  
gross hematuria

The Physiological jaundice in newborns

is usually caused by hemolysis\*  
is often associated with anemia  
usually occurs within first 24 hrs of life (after)  
often requires Phototherapy\*  
often persists for > 2 weeks in the term infant

The following are true about Acute Broncheolitis in children:

it occurs most commonly in 5- 12 yrs. Age group(<1)  
most commonly caused by Bacteria (virus: RSV, influniza ,parainflunza,adeno)  
cyanosis may occurs\*  
chest retraction is common\*  
nebulized Salbutamol may be helpful in some cases \*

A simple febrile seizure  
is usually associated with fever < 38.5 C  
Most commonly occurs in children between 9 mo & 5 yrs.(6-5years)  
Usually lasts for > 15 mins.  
Is often associated with meningitis(extracraial)  
Frequently results in epilepsy later in childhood(1%)

Whooping Cough  
occurs more commonly in preschool than in school children\*  
is caused by Respiratory Syncytial Virus (Bordetella pertussis)  
is a brightly infectious disease (highly contagious)  
is contracted by droplets\*  
starts with the paroxysmal cough in all children

The following statements are true about acute Gastroenteritis in infants  
Rotavirus is the most common causative organism\*  
Fever is a common feature  
Is usually caused by protozoa infection  
Breast feeding can protect against Rotavirus infection\*  
Antimotility drugs are very effective in controlling diarrhea

The following statements are true about Down's Syndrome  
mental retardation is a characteristic feature\*  
hypotonia is common in early infancy\*  
congenital heart disease occurs in 40 – 60 % of cases\*  
it is an autosomal recessive disorder (trisomy)  
antenatal diagnosis can be made by amniocentesis \*

Nephrotic syndrome is characterized by  
massive proteinuria\*  
smoky urine  
hypoalbuminemia\*  
hypercholesterolemia\*  
polyuria

Live Measles vaccine should not be given to children with:  
Leukemia\*  
History of convulsion  
Eczema  
Immunosuppressant\*  
On large doses of Corticosteroids\*

Which of the following is/ are true about acute otitis media  
fever may be the only presenting feature\*  
light reflex is altered\*

decongestive agents may be useful  
drug of choice for treatment is penicillin\*  
most infections are bacterial in origin

The following statements are true about innocent cardiac murmur  
the intensity of murmur may change with change of posture\*  
the intensity is usually less than grade II \*  
it is often associated with a gallop rhythm  
Echocardiogram should be done in all cases to differentiate it from a true cardiac defect?  
Can be vibratory or musical in character\*

The clinical features of Hemophilia include  
Petechia  
Hemarthrosis\*  
Muscle hematoma\*  
Prolonged bleeding after trauma or surgery\*  
Prolonged bleeding time

Intussusceptions in childhood  
may undergo spontaneous cure\*  
has, as the earliest sign, the passage of red currant jelly stools (late)=sausage shape  
requires operative reduction in majority of cases (air enema)  
may be initiated by a Meckl's diverticulum\*  
has a peak incidence in the first 2 mo of life (5month-1 year)

The following statements about peptic ulcer management are correct  
bland diet improves ulcer healing\*  
late evening snack should be avoided\*  
cessation of smoking should be encourage\*  
alcohol induces recurrence of peptic ulcer\*  
Aspirin should be avoided\*

Recognized features of Irritable Bowel Disease include  
Loss of wt.\*  
nocturnal diarrhea\*  
alternating diarrhea & constipation\*  
associated psychiatric symptoms\*  
lactose intolerance \*

Causes of folic acid deficiency include:  
chronic blood loss\*?  
Alcoholism\*  
hemolytic anemia  
pregnancy\*  
anticonvulsant therapy\*

Gonorrhea:

presents as purulent urethritis in men\*

caused by diplococci\*(Gonococcus)

specimen should be plated immediately\*

causes salpingitis\*

can cause endocarditis in disseminated infections\*

causes of Nephritic syndrome include:

Coronary artery disease

Diabetes mellitus\*

SLE\*

Amyloidosis\*

Multiple Myeloma\*

Complications of Diabetic Ketoacidosis include:

Hyperosmolar coma

Lactic acidosis

Stroke\*

Cerebral edema\*

Myocardial infarction\*

The following drugs can produce hemolysis in G6PD deficiency

Aspirin

Nitrofurantoin\*

Primaquine\*

Sulfonamide\*

Vit. K \*(synthetic vit K)

Causes of bone loss include:

Primary hyperparathyroidism\*

Heparin therapy

Cigarette smoking\*

Excess alcohol intake\*

Vit. C deficiency

Recognized causes of hemoptysis include

Mitral stenosis\*

Tuberculosis\*

Pulmonary A-V malformation\*

Mesothelioma\*

Goodpasture syndrome\*

B- blockers are useful in the management of :

Myocardial infarction\*

Thyrotoxicosis\*

Pheochromocytoma\*  
Supraventricular arrhythmia\*  
Neurocardiogenic syncope

## EXAM 2

A pt. presents at the 3rd trimester with bleeding per vagina:  
U/S is useful in diagnosis\*  
Tococardiography is a must\*  
P.V exam is a must to diagnose the cause  
Syntocinon has no rule in the management  
Assessment coagulation profile is not needed

Joint swelling with pain occurs in:  
Sarcoidosis\*  
Acute post streptococcal GN\*  
Hemophilia\*  
Thrombocytopenic purpura  
Gonorrhea

Respiratory Acidosis can occur  
Aspirin poisoning\*  
Severe attack of asthma\*  
Hysterical over breathing\*  
A moderately advanced cystic fibrosis  
Opiate overdose

The following occur more with multiple pregnancy  
Congenital malformation \*  
Abruptio placentae\*  
PET\*  
Postmaturity  
PP hemorrhage\*

Pyloric stenosis  
causes failure to thrive\*  
require barium meal for diagnosis\*  
may presents at 3 mo with vomiting(3<sup>rd</sup> week)  
causes metabolic acidosis(alkalosis)  
preponderance for males\*(affect first boy baby)

The following are true  
Heparin crosses the placenta\*  
Corticosteroids are used safely in pregnancy  
Immunosuppressant can be continued during pregnancy\*  
Warfarin can be used till term\*

Antithyroid can cause fetal death\*

A 70 yrs old man underwent laparotomy for Ca stomach developed pyrexia of 37.5 C on the 2nd postoperative day:

Should be given Antibiotics in ordinary dose with Ampicillin & Gentamycin\*

Should be given high doses of antibiotics e.g. ampicillin & gentamycin

Inspection of the wound is mandatory to exclude infection\*

Early manipulation & physiotherapy should be started\*

Inspection of the legs for swelling is important \*

Osteomyelitis

Is caused often by directly penetrating injuries

Is caused commonly by Streptococcus & Staph aureus \*

Ill health with tenderness in metaphysis is often diagnostic\*

X ray is diagnostic in early days

Sympathetic affection in the near by joint exclude the diagnosis

Presence of joint effusion exclude the diagnosis

In the treatment of malaria

Chloroquine is the drug of choice\*

Pyrimethamine & dapsone is the best

You can give chloroquine a month before traveling to endemic area

Continue the drug one week after return from endemic area\*

Daily proguanil is protective worldwide

Typhoid Fever

Painful genital ulcer

Pansystolic murmur

Acute Pancreatitis:

Shock may be the presenting symptom\*

Lipase increases\*

Amylase is high\*

Treatment by antibiotics

Pseudocyst & abscess need surgery\*

In arterial Hypertension the following investigations are requested:

Urine general\*

Blood for urea & electrolytes\*

Urine for culture

X ray Chest\*

ECG\*

The following are true in Fallot Tetralogy

Increased JVP  
Finger clubbing\*  
Cyanosis\*  
Squatting\*  
Split second heart sound

Hypothyroidism  
bradycardia\*  
Growth retardation\*  
Increased appetite  
Intolerance to heat  
Exophthalmous

Prophylaxis of malaria can be by  
pyrimethamine  
chloroquine\*  
malaprim( dapsone+pyrimethmine)  
fansidar\*  
quinine

Crepitations will be found in  
Pleural effusion\*  
Bronchiectasis\*  
Bronchitis\*  
Segmental collapse  
Emphysema  
Sarcoidosis\*

APH  
Always painful  
Placenta brevia causes severe pain  
Injury causes abruption placentae\*  
Accidental hemorrhage are always painful  
Treatment depends on amount of blood loss\*

Multiple Pregnancy  
Normally common in primigravida\*  
Polyhydramnious is a complication\*  
Premature labor may happen\*  
Inadequate uterine contraction during labor\*  
PPH is a complication\*

A patient came to you with severe per vaginal bleeding at 3 wks gestational age .what will be the + ve causes?

Blighted ovum\*  
Rubella infection



Trauma\*  
Vesicular mole\*  
Cervical incompetence \*

Abortion causes  
Infertility\*  
Maternal mortality\*  
Painful bleeding\*  
After treatment review should be done\*  
Social problems\*  
Cachaxia- pyrexia \*  
Should be treated according to symptoms\*

Tumors of placenta causes:  
Painful bleeding  
Abortion\*  
After treatment review should be done\*  
Passage of mole is diagnostic\*  
Hysterectomy is the treatment of choice

A couple came to you for advise; they are 3 mo married, they want a child, what will be your procedure?  
Do all investigations for female  
Do all investigations for male  
Assay hormonal status for both\*  
Tell them to be patient\*  
Tell them to conduct coitus in a specific time\*

In Ca Cx.:  
It causes low back pain\*  
Contact bleeding\*  
Cervicitis is a cause\*  
Surgery is the treatment(cone biopsy)\*  
Radiotherapy should be given after surgery\*

In dysfunctional uterine bleeding:  
Biopsy is a process for investigation\*  
Curettage is the treatment\*  
Pregnancy always cure it\*  
Estrogen & progesterone is a treatment\*  
In metropathica hemorrhagica the uterus is hyperplastic\*

In # of children the following statements are true:  
Always heal rapidly\*  
Supracondylar # is the most serious\*  
Growing age can carry some malunion\*

# clavicle needs no treatment\*  
# clavicle analgesia should be given\*

Paget's disease of the nipple differ from eczema of the nipple by:

It is bilateral  
It presents with a lump  
It responds to treatment  
It is a cancer of the breast\*  
Surgery & radiotherapy is the treatment\*

Hypertrophic pyloric stenosis in infants presents with  
very early days (3-6 wks)  
barium meal should be done\*  
pt is always dehydrated\*  
growth retardation\*  
surgery can cure it\*

Circumcision is indicated in  
Urethral stricture due to gonococcal infection  
Tight frenulum\*  
Religious view\*  
Before application of radiotherapy in Ca penis\*  
Phymosis & paraphymosis\*

In diagnosis of pregnancy  
It is always difficult  
Hegar's sign between 8 & 12 wks\*  
U/S is useful \*  
hCG is useful\*

Secondary amenorrhea is found in  
Mullerian agenesis  
Pelvic TB\*  
Hyperprolactenemia\*  
Ashermann's syndrome\*  
Obesity\*

Polyhydramnios  
Monovalent twin\*  
Anencephaly\*  
Congenital defect in GIT\*  
Erythroblastosis fetalis\*  
Intrauterine growth retardation?

Breech presentation is common in  
Anencephaly\*

IU Growth retardation\*  
Primigravida  
Placenta brevia\*  
Hydramnious\*

Ca cx is common in  
Multisexual partners\*  
Early sexual intercourse?  
Obesity\*  
Pills  
Early menarche & late menopause\*

Contraception  
IUCD is complicated by infection\*  
IUCD is CI in bicornate uterus\*  
Pills inhibit ovulation\*  
Pills inhibit lactation  
Natural methods are efficient

Which of the following is are the commonest causes of abortion  
folate deficiency \*(indirect)  
congenital malformation\*  
blighted ovum\*  
chromosomal abnormalities\*  
progesterone deficiency

UTI with pregnancy:  
Common in primigravida  
Typically associated with loin pain. Lt sided (50% Rt. 16% Lt)  
Isolation of urine 100000 bacteria /ml is diagnostic\*  
It can cause abortion\*  
Mainly by Proteus spp

Retroverted uterus  
Can be congenital\*  
Can be asymptomatic\*  
Is associated with low back pain\*  
Common in Negroid\*

Uterine fibroid  
surrounded by pseudo membranous cyst\*  
increases in size with pregnancy\*  
it can cause obstructive labor\*  
can be asymptomatic\*

### Hyper emesis gravidarum

Nausea & vomiting occur in 70 % of all pregnancies

May cause electrolyte imbalance\*

Occurs in molar pregnancy\*

Antiemetic treatment is effective in early pregnancy\*

Occurs in multiple pregnancy\*

### Molar pregnancy

Both chromosomes are derived from father\*

Surgical evacuation is curative in 90%

Combined oxytocin & suction curettage is the best treatment\*

Mother advised not to get pregnancy\*

### CIN ( cervical intraepithelial neoplasia)

70% of CIN G III goes to invasive Ca (3rd )

invasive Ca occurs within 10 yrs in CIN\*

cone biopsy is the best diagnostic & therapeutic\*

recurrence after biopsy is an indication for total hysterectomy\*

### Recurrent abortion

Defined as having 2 successful abortions

Empirical hormonal treatment is indicated

Fetal karyotype abnormality is a predisposing factor\*

?

### PET

Is pregnancy induced hypertension\*

Proteinuria precedes hypertension

Occurs after 20 wks gestation\*

Occurs before 20 wks gestation in molar pregnancy\*

Anticonvulsant & hypotensive drugs are indicated in severe PET\*

### PPH

Occurs in 10% of all pregnancies (5%)

May follow APH\*

Past history of PPH is important\*

May occur in large baby delivery\*

Bleeding >500 ml in 1st 24 hrs in primary PPH of delivery\*

### Complications of prematurity

Hypothermia\*

RDS\*

Hypoglycemia\*

susceptibility to infection\*

failure to thrive\*

Neonatal meningitis  
E coli is the most common organism\*  
There is neck rigidity  
Reluctant to food\*  
There is vomiting\*  
LP should be done\*

In malaria  
before 10 days of life may occur (congenital after 12 days)  
mortality rate is high in infants\*  
Chloroquine is the drug of choice \*  
May cause severe anemia\*  
Mefloquine is given in CRM\*

In Rh Fever  
Always caused by Streptococcus\*  
John's criteria is the mode of diagnosis\*  
Palpitation is common  
There is prophylactic treatment\*  
Should be suspected if there is chest pain in a child

The following are causes of hemolytic anemia  
Malaria\*  
G6PD deficiency \*  
Familial\*  
Congenital spherocytosis\*  
Sulphonamides\*

Tetanus infection may give rise to  
Hypotension\*(wide fluctuation of BP)  
Laryngeal spasm\*(+respiratory arrest + dysphagia)  
Bradycardia\*(arrhythmia)  
Excessive sweating\*  
Septicemia\*

EXAM3  
Fibromyoma  
Is a cause of infertility\*  
Pregnancy causes hyaline degeneration  
Sarcomatous changes is < 0.5% \*  
Rarely recurs

The following are causes of polyuria  
Aspirin poisoning  
Chronic renal failure\*

DM\*

Psychogenic water drinking\*

DI\*

Common sites for spread of Ca endometrium

Rectum

F. tubes\*

U. bladder\*

Ovaries\*

Utero sacral ligament\*

Mobile retroversion of uterus

Occurs in 20% of all women\*

Requires operative treatment

causes miscarriage\*

stuck to pelvis in endometriosis\*

dysparunia is associated\*

DM in pregnancy

GTT is a screening test\*

Screening should be done after 10 wks of pregnancy

Gestational diabetics have glucose tolerance in non pregnancy

Gestational diabetes is present when RBS is  $< 5-8$  mmol/L after 2 hrs fasting

Insulin dependant pts requires insulin when non pregnant\*

Menopause

Mode of age of onset is 51 yrs\*

Premature menopause is defined as occurring before 44 yrs\*

Osteoporosis is a long term complication\*

Occurs 1 – 2 yrs earlier in smoking women\*

FSH  $> 20$  U is diagnostic\*

A pregnancy in term + 10 days

Induction of labor decreases risk of perinatal death\*

Increase risk of congenital malformation

is due to postmaturity\*

increases risk of intrapartum asphyxia\*

?

Cystic fibrosis

Gene frequency is 1:2000 (1:50 – 70%)

Incidence is 1:500 (1:2000)

Carrier can be identified by? Prenatal?

Is diagnosed in prenatal period by serum immunoreactive trypsin\*

Involves impaired humeral secretion of salt\*

Enterocoele

Always accompanies procedural delivery

Is best demonstrated by?

Abdominal surgery is treatment?(vaginal)

Is best treated by culposcopy

Is always posterior to the vaginal wall

During menopause

the pH of endometrium is high\*

LH is high\*

FSH decreases

Estrogen comes from adrenal glands\*

The endometrium becomes resistant to the action of estrogen

The days after ovulation

The Temp decreases

Progesterone is high\*

Cervical mucus became viscid\*

LH is high\*

There is low estrogen\*

STD

The pt is susceptible to carry more than 1 STD\*

He is prone to HIV\*

Genital wart is the commonest viral STD\*

ANC of syphilis is cost effective\*

Chlamydia mostly carry an acute course

Severe preeclampsia can result in

Blindness\*

Microangiopathic hemolysis\*

Low cardiac output

Thrombocytopenia\*

Liver failure\*

At menopause

25% of women suffer no vasomotor symptoms\*

norethisterone has been shown to relief hot flush\*

5 yrs of estrogen therapy reduce the risk of fractures\*

HRT may be associated with wt gain\*

HRT is contraindicated by a history of DVT\*

ANC should include:

Serial vaginal examination

Anti-D immunoglobulin at 28 wks for D-ve women

Consultation with obstetrician\*  
Mother carrying their own notes\*  
Screening all women for hepatitis B

OCP protect against  
Breast cancer\*  
Ovarian cancer\*  
Endometriosis  
PID  
CIN(cervical intraepithelial carcinoma)

Breast feeding  
Is contraindicated with maternal warfarin therapy  
Prevent ovulation for 3 months\*  
Should be stopped if mastitis occurred  
Is enhanced by antenatal nipple care\*  
Requires high fluid intake\*

Bleeding at 4 wks post delivery  
requires a cervical smear\*  
may be normal\*  
requires curettage\*  
there is a risk of choriocarcinoma of 1%\*  
can be treated by OCPs\*

Toxoplasmosis  
Is more acquired by the fetus if the mother is infected in the 1st trimester  
Leads to serious fetal effects in 50% of transmission  
Is a cause of hydrocephalus  
Is a cause of microcephaly\*  
Reduction is better achieved by better health education\*

Physiological changes during pregnancy  
Decrease venous return  
Increase peripheral resistance(decreased)  
Increase in BP  
Progressive increase in heart rate\*  
Fall in plasma volume(increased)

In abortion  
50% is caused by chromosomal abnormalities  
pregnancy occurs after 3 successful abortion has poor prognosis\*  
in recurrent abortion infection is not a cause  
parent autosomal abnormalities is a cause in 6% of abortion\*  
?



In menorrhagia

80% are non ovular cycle

Endometrial investigation (smear ) must be done first before giving treatment\*

ACTH analogue used in treatment must be limited to anti estrogen effects

> 80 ml of blood is lost\*

fibroid could be a cause\*

Hydatiform mole

Diagnosed in the first 8-24 wks of pregnancy\*

90% resolve spontaneously \*

choriocarcinoma occurs in < 30% of cases

Leads to fundal level > date\*

hCG is very high\*

In twin pregnancy

Triple pregnancy is a parental cause\*

The incidence of monozygotic twin is equal in all countries

Clinical examination gives a good estimation\*

Causes 10% of perinatal mortality

In triple or more C/S is indicated\*

Diabetes with pregnancy

onset occurs in the 1st trimester

HPL & cortisol are insulin antagonist\*

Fasting blood glucose is low in the 1st days of pregnancy

Glycosuria is common with pregnancy\*

Control could be with oral hypoglycemics

Thyrotoxicosis with pregnancy

Iodine therapy is a treatment of choice(C.I)

Carbimazole does not cross the placenta

Generally T4 T3 levels are not changed

Treatment with carbimazole & thyroxin is contraindicated\*

Progesterone only pills

Amenorrhea occurs in the 1st 3 months

If one pill is missed there is no need to proceed with another type of contraceptive pills

Is a cause of cystic ovary in 30% of cases

Leads to heavy irregular cycle

EX 4

Brain abscess

LP should be done

Mortality is 100% if not treated\*

Commonly contains anaerobic bacteria\*

Can cause increase in ICP\*  
Can be caused by congenital heart disease \*

Gas gangrene  
is always due to Clostridium \*  
Hyperbaric O<sub>2</sub> is helpful in the management\*(+clindamycin, penicillin, flagyl)  
Should be treated by wide excision\*  
The gas is due to break down of bacteria  
The break down of muscles produce the gas

During pregnancy  
GFR increases\*  
The excretion of folate increases  
The excretion of uric acid decreases  
There is hypernatremia

Acute arterial occlusion  
The pain decreased by elevation of leg  
The common site is the superficial femoral artery\*  
If affects the ilioaortic artery buttock claudication is characteristic  
Causes peripheral neuropathy\*  
Causes firstly heel necrosis

In Hemophilia A  
Due to factor VIII deficiency\*  
Increase skin bleeding time  
Increase PTT\*  
Causes petechia  
There is hemoarthrosis\*

Congenital Adrenal Hyperplasia  
there is ambiguous genitalia  
High cortisol level  
High ACTH  
Infertility in male  
There is hyponatremia

Causes of clubbing  
Tetralogy of Fallot\*  
Tricuspid atresia  
VSD  
Coarctation of aorta  
Asthma

Aortic stenosis

Without other valvular lesion is due to Rh.F  
If not surgically treated it can be fatal\*  
Reversed split of S2 on expiration\*  
It can cause anginal pain\*

Hemolytic anemia  
increase Haptoglobin level(decreased)  
high conjugated bilirubin level\*  
Urobilinogen is found in urine\*  
there is reticulocytosis\*  
there is hypochromic erythrocytes

In Nephrotic syndrome  
Minimal change GN occurs in children\*  
Steroids are contraindicated in children  
Rarely progress to renal failure  
There is usually single attack  
There is hypoproteinemia\*

Physiological reaction to hemorrhage  
Reduction impulse from carotid body baroreceptors  
Increase ADH secretion  
increase Natriuretic peptide  
increased sympathetic flow due to activation of vasomotor center

The following are premalignant  
Juvenile polyp  
Familial colonic polyposis\*  
Hirsh sprung disease  
UC\*  
Gardner syndrome\*

The following can cause hyperprolactinemia  
Danazole  
Herpes zoster  
Hypothyroidism\*  
Spiro lactone(phenothiazide,metoclopramide,halopredol,methyl dopa,ostrogene)  
Stress\*

False negative tuberculin test is caused by  
Milliary TB\*  
Sarcoidosis\*  
Tuberculous meningitis  
Hodgkin lymphoma\*  
Steroids\*  
Pneumocystic carinii

Bronchial asthma can be treated by the following within few minutes

ACT

H

Hydrocortisone\*

Aminophylline\*

Na-Chromoglycate

Salbutamole\*

The following are true about constrictive pericarditis

always caused by TB\*

calcification can occur\*

there is high JVP\*

breathlessness can occur\*

treated by surgery\*

Atrial fibrillation can be treated by

Lignocaine

Propranolol\*

Digoxin\*(amiodarone,flucanamide)

Dysopropamide

Manitol

Increased ICP could be due to

Meningitis\*

Tuberculous meningitis\*

Tumor\*

Exaggerated by sneezing

Intracranial hemorrhage\*

The following congenital anomalies are corrected surgically usually

Congenital inguinal hernia\*

Umbilical hernia

Capillary angioma\*

Cystic fibrosis

?

The following diseases can give 5 yrs survival in >50% if treated

Hodgkin disease\*

Papillary carcinoma of thyroid\*

Seminoma\*

Basal cell carcinoma

?

Acute PU is aggravated by

Bed rest

Regurgitation of meal  
NSAD\*  
Sucralfate  
Smoking\*

Type I DM  
occurs in 90% in twins(>30% in identical twins)  
there is HLA B8(hla DR3 DR4)  
treated by sulphonylurea drugs(Insulin dependant)  
post meal increase of insulin

JVP a wave occurs in  
Pulmonary hypertension\*  
Tricuspid stenosis(tricuspid regurgitation v wave)  
Constrictive pericarditis (x y decent)  
Aortic stenosis  
Pulmonary stenosis\*

Ca Bronchus  
There is hypercalcemia\*  
Can be symptomless\*  
Can cause peripheral neuropathy\*  
There is hypernatremia (low Na)  
There is SIADH\*(low Na high ADH)

Hyponatremia is caused by: (diuretics.water excess,pseudo hypo Na)  
DI(hyper Na)  
Hyperaldosteronism(hyper)  
Chlorpropamide  
Liver cirrhosis  
Nephritic syndrome  
Prerenal failure

In bleeding disorders  
High PTT can diagnose Hemophilia\*  
PT??  
??  
??

The following are skin malignancies  
Melanoma\*  
Pemphigus  
Skin warts\*  
Vitiligo  
?

Drugs to be avoided during lactation

ACE-I

Diazepoxides

Nifedipine

Carbimazole\*

Oral hypoglycemics

Sideroplastic anemia

There is megaloplastic bone marrow (sideroblast bone marrow)

There is high Fe<sup>+</sup> level\*

A normochromic anemia (hypochromic)

A B12 deficiency

?

Periorbital edema is associated with

Myosin like material

Clubbing

LAST

?

Phenytoin can lead to: L (gum hyperplasia, rash, rickets, decreased folic acid, nystagmus, ataxia, lymphadenopathy)

Hirsutism

Bulbar palsy

used during pregnancy

urine retention

Steven Johnson syndrome

In Biliary cirrhosis

It is autoimmune\*

Prednisolone is indicated (colystramine, codeine ph for diarrhea, vit A, K, D, ursodeoxycholic acid)

There high copper level (high ALK, AST, ALT, YGT, IGM, TSH, CHOLESTROL)

Anti mitochondrial antibody level is high\* (98%)

Sicca syndrome is associated\* (keratoconjunctivitis)

In the 1st trimester there is

low BP\*

GFR is unchanged (HIGH)

Decreased Fe<sup>+</sup> need\*

Low Hcg (high)

High estradiol level\*

During pregnancy the following could happen

Depression\*

Epileptic fits

Rh. A

Migraine

Amniocentesis

high risky with anterior placenta\*

10% gives false results

high risk of fetal loss

high risk of bleeding in early pregnancy

U/S of fetus during pregnancy can diagnose

Duodenal atresia

Hypertrophic cardiomegally

Spina bifida\*

??

SLE with pregnancy

photosensitivity c

an occur\*

IUGR can occur\*

Risk of pregnancy loss\*

Oligohydramnious can result\*

The following drugs are contraindicated during pregnancy

Cyclophosphamide\*

Phenytoin\*

Metronidazole

Oral hypoglycemic\*

Carbimazole\*

the following anti TB drugs are used during pregnancy

Rifinah

INH\*

Streptomycin

Ethambutole

Pyrazenamamide

The following drugs are used in hypertension with pregnancy

ACE i

Nifedipine\*

Methyldopa\*

B blockers

Nitroprusside\*

PAEDIATRICS MCQs – For GPs  
Nov 2001

The following are acceptable definitions

Neonatal period is the first 28 days of life of a newborn of any gestation\*

Small for gestation newborns have a birth wt of < 10th centile for that gestation(2.5 kg or less)

Infancy referred to the 1st two yrs of life(1 year)

Neonatal death is the number of deaths in the 1st 28 days per1000 live birth\*

The fetal period is from the 12th wk gestation to delivery

In the 1st 24 hrs of life it is normal to

lose 5% of body wt\*(less than 10%)

become jaundiced(3-4)

have a blood sugar of 1.7 mmol/L

have pink urine stain in nappy(anurea)

have yellow/green vomiting(mucus blood streak)

A 2 wks old baby is brought to your clinic with visible jaundice. Investigations revealed conjugated hyperbilirubinemia. Causes include

Breast milk jaundice\*

Hypothyroidism

ABO incompatibility

Congenital CMV

crigler-Najjar syndrome\*

The following would be typical for a febrile convulsion

Duration of more than 15 mins(less than 15min)

Occurrence in a female less than 5 mo old(6 to 5years high in boy)

Postictal Todd's paralysis\*(a typical)

2 episode in 24 hrs(do not recur in 24hours)

due to meningitis in 5% of cases(extra cranial)

Regarding infants feeding & growth

Fluid intake should be a minimum of 200 ml/kg/24 hrs

Average wt gain is about 200 g/wk in the first 3 months of life

Head circumference doubles in the 1st yr of life

Birth wt tends to double by 6 mo of age

Average energy intake for normal growth is 100 kcal/kg/24 hrs

The following signs suggest abnormal development in a 6 mo old infant

Presence of Moro reflex\*

Inability to sit independently\*

absence of polysyllabic babbles

preferential use of the right hand

head lag when pulled to a sitting position\*



A 5 yrs old boy is brought to your clinic; he has a general maculopapular rash. A week ago his pediatrician started him Carbimazepine (Tegretol) for a seizure disorder. he looks otherwise well

The dose of Carbimazepine should be reduced

Carbimazepine should be stopped\*

Should be referred to his pediatrician\*

He has erythema multiform major

All the above are true

In infantile pyloric stenosis

The obstruction is due to hypertrophy of the pyloric smooth muscles \*

Symptoms typically appear between 4 & 6 mo(3-8wk)

The diagnosis may be established by clinical examination\*

The infant refuses to feed in the early stage(not refused feeding)

Vomiting gastric acid leads to metabolic Alkalosis\*

Regarding respiratory tract infections

A normal pre school child may have up to 10 URTI in a single yr

50% of respiratory infections involves the lower tract

simple nasal obstruction may cause feeding difficulties in infants\*

streptococcal pharyngitis can be diagnosed on clinical background\*

the commonest infective agent causing common cold are influenza virus\*

A 4 yrs old boy is brought to your clinic with a short history of fever 39°C. He looks anxious, sitting upright & drooling. He has a soft inspiratory stridor , HR 170/min. RR 30/min

The most likely diagnosis is croup\*

IM Ceftriaxone should be administered & should be referred to hospital immediately(viral)

The throat should be inspected in order to look for a diphtheritic membrane(no examination may precipitate laryngospasm)

Oxygen should be administered on the way to hospital after ensuring that he is made to lie down\*

None of the above

MEDICINE

1- The following are causes of cyanosis

a- Truncus arteriosus

Persistent ductus arteriosus\*

Pulmonary atresia

Coarctation of aorta

Transposition of great vessels with patent foramen ovale\*

2- In status asthmaticus the following features suggest that ventilation will be required

a- An O<sub>2</sub> requirement of 40% to maintain O<sub>2</sub> saturation above 94%\*

- b- Agitation\*
- c- Drowsiness\*
- d- Arterial Pa CO<sub>2</sub> 35 mm Hg & pH 7.43\*(po<8kpa 60mmhg)
- e- Widespread wheezes on auscultation(silent chest)

3- The causes of recurrent epistaxis in 3 yrs old boy include

- a- Hemophilia A\*
- b- Regular use of paracetamol(asprin)
- c- IDA
- d- von Will brand disease\*
- e- Local trauma

4- A 12 mo old boy became unwell with fever & purpuric rash.  
Meningococemia is suspected

- a- Rapid onset suggest poor prognosis\*
- b- His GP should administer IM dose of antibiotic before sending him to hospital\*
- c- The same clinical picture could be caused by Hemophilus influenza\*
- d- Death is likely to result from complication of meningitis\*
- e- Close family contact should be treated with antibiotic\*

5- The benefits of breast milk compared to modified cow's milk are

- a- increased caloric value(same)
- b- Increased protection against HIV infection in HIV +ve mother
- c- Increased calcium contents\*
- d- Decreased risk of GE in developed countries\*
- e- Decreased risk of hemorrhagic disease of newborn(vit k cow milk?)

6- Measles vaccination

Is effective when administered to infant aged 3-6 mo(13-15 month for good response 9month if outbreak)

In Sultanate of Oman is given at 12& 18 mo of age

Is C/I if there is history of anaphylactic reaction to egg

Has reduced the number of deaths from measles in children suffering from leukemia

Can prevent all cases of SSPE (sub acute sclerosing pan encephalitis)

7- The following vaccines contain live attenuated organisms

Diphtheria\*(dpt)

Mumps

BCG\*

Pertussis\*

Rubella

8- Clinical features of Ricketts include

Frontal bossing of skull\*  
Harrison sulcus\*  
Short stature\*  
Obesity  
Expansion of the ends of long bones

9- Mycoplasma pneumonia infection is associated with  
Bilateral patchy opacities on CXR\*  
Stephen Johnson syndrome\*  
Small basal pleural effusion  
Acute encephalopathy\*(meningoencephalitis)  
Pertussis like vomiting

A 3 yrs old child presented with generalized convulsion lasting 3 minutes. When seen in casualty his Temp was 38.5' C. He is playing happy with his mother & there are no abnormal physical signs  
LP should be done immediately  
An outpatient EEG should be performed  
WBCC 20000 with 80% neutrophils would indicate the need for IV antibiotics while awaiting the result of an infection screen\*  
A blood glucose of 12 mmol/l would suggest the development of DM\*  
He should be started on Sodium Valproate if there is family history of fits

Hematoma  
Is a clotted blood\*  
Is a tumor of blood  
A swelling in the thigh  
Is a congenital ....?

Sliding hernia  
20% of gastric hernia  
is a diaphragmatic hernia  
found in male more than female\*  
can cause hematemesis\*  
?

Blood discharge from the nipple can be caused by  
Fibroadenoma  
Papilloma\*  
Duct ectasia\*  
Duct papilloma\*  
Fat necrosis

Hepatic abscess  
Can be caused by OCP  
Suppurative cholangitis\*

Hemangioma  
Hydatid cyst\*  
Cholangioadenoma

Pseudo membranous colitis  
Usually spares the rectum\*  
Can be caused by Metronidazole(penicillin)  
Is caused by toxins of Clostridium difficile\*  
Is treated by IV Vancomycin\*(metronidazole)  
Rarely recurs after treatment\*

GIT infection in HIV infected patient  
Cryptococcus Nigregans  
CMV\*  
Herpes simplex  
Pneumocystic carinii  
Atypical mycoplasma

Erythromycin is effective against  
Chlamydia pneumonia\*(tetracycline)  
Mycoplasma\*  
Ligionella \*(clarithromycine,rifampacine)  
Campylobacter  
Corynbacterium

In SPH (BPH )  
can present with renal failure\*  
can present with urine retention\*  
acid phosphatase level is usually high\*  
common presenting age 30-50 yrs  
can be diagnosed by PR\*

Painful penile ulcer can be found in  
Syphilis\*  
Chancroid  
Lymphogranuloma venerium  
Lymphogranuloma inguinal  
Herpes zoster

A 35 yrs male presented with hematemesis ,he was pale with pulse 120/min & BP 90/60 ,  
Hb 13 gm/dL . which of the following could be done  
Conservative treatment & follow up 4-6 mo  
Sangestachian tube can be inserted\*  
Vasopressin can be given\*  
Sclerotherapy is indicated

Blood transfusion

Osteoporosis is associated with(vertebral)

Colle's fracture\*

# neck of femur\*

Skull #

Pelvic #

Spine #\*

Gall stone

Can present with acute abdomen\*

U/S is efficient in diagnosis\*

Treated with Deoxycholic acid(no)

Pigmented stone is the commonest

Can cause pancreatitis\*

Air under the diaphragm found in

Perforated DU\*

Perforated small intestine\*

Ruptured Hydatid cyst

Crohn's disease

Iatrogenic

In undescended testis

Associated with congenital inguinal hernia

Best age for surgery is between 6 & 8 yrs

May be associated with torsion\*

Can give rise to Ca testis\*

Foreign body in the palm

Paralytic ileus

In children the following statements are true about fractures

Always heal rapidly\*

Supracondylar # is the commonest\*

Analgesia is used\*

Clavicle # needs no treatment\*

Malunion can occur with growing age\*

Baggett's disease of the nipple R

Hypertrophic pyloric stenosis R

The following are premalignant R

The following can cause hyperprolactenemia R

Poliomyelitis

Is Usually caused by Pseudomonas aurigenosa(poilo virus)

Commonly needs bone drilling

More common in children\*

Affect metaphysic more

Occurs more commonly in pagett's disease\*

Indications for surgery in head injury

Fits\*

Compound depressed # of skull\*

# of the petrous bone

Anosmia\*

brain edema

Aortic stenosis R

Erythromycin is effective against R

Carcinoma of the stomach

pyloric antrum is the most common site\*

Lump presenting in epigastrium is the most dangerous\*

Surgery in early stage is curative\*

Is always due to chronic gastric ulcer\*

Gall stone can present with R

Flatulent dyspepsia\*

Acute pancreatitis\*

Acute abdomen\*

Perforation\*

The following can be diagnosed during PR examination

Hemorrhoids\*

Tuberculous enteritis

Intussusceptions

Ca rectum\*

Anal fissure\*

In hemorrhoids

digital examination can diagnose piles\*

Band treatment is always painful

Bleeding is the main presentation

Secondary piles can be treated by injection sclerotherapy\*

Can cause hepatic abscess

Causes of hematuria  
Renal malignancy\*  
Urethral stricture  
Ureteric stricture  
Vesical stone\*  
Bilharzias\*

Carcinoma of the prostate  
Acid phosphatase level is always increased\*  
Metastasize to the brain(bone)  
PR will reveal intact rectal mucosa(hard irregular prostate)  
Can cause fixation of the prostate  
Radiotherapy can be a treatment\*

Circumcision is indicated in R

Newborn complication in a diabetic mother include  
Hypoglycemia\*  
Polycythemia\*  
Congenital malformation\*  
Hyaline membrane disease\*  
Hyperbilirubinemia\*

Swelling in the anterior triangle  
Look for tonsils\*  
High WBCC\*  
Excision biopsy can be done\*  
Incisional biopsy can be done  
CXR can be done\*

Live measles vaccine is contraindicated in  
Leukemia\*  
A child in high doses of corticosteroids\*  
Below 3 mon\*  
Eczema  
History of convulsion

Hemophilia A R

Inhaled foreign body can cause  
Hyperinflation\*  
Wheezes\*  
Mediastinal shift  
Recurrent infection\*

Adenocarcinoma of the kidney  
More common in male than female\*  
The 1st line of treatment is radiotherapy  
Metastases is by renal veins\*  
Rarely presents as PUO  
Can present as a loin mass\*

Tuberculous adenitis  
Frequently needs surgical drainage\*  
Is nearly almost associated with pulmonary TB  
Causes acutely inflamed lymphadenitis\*  
Commonly affect the posterior triangle\*  
Caused usually by TB bovis

Pyloric stenosis  
Can occur as a complication of PU near the pylorus\*  
Occur in a male with a history of DU\*  
In children\*  
hyponatremia can occur\*  
there is metabolic Alkalosis\*

Human milk versus cows milk  
High Protein (Caw high protein)  
High lactose\*  
High phosphate(same)  
High Vitamin K(AD E)  
High Na+

In Down's syndrome there is  
Palpebral fissure\*  
Epicanthic fade\*  
Congenital glaucoma  
Bitot spots  
Brush field spots\*

The following are causes of chronic diarrhea  
Crohn's disease\*  
Meckle's diverticulum\*  
Cystic fibrosis  
Lactose intolerance\*  
Blind loop syndrome

A +ve Mantoux test indicates  
susceptibility to infection  
immune to TB  
the need of BCG\*



sensitivity to the test  
active TB\*

Causes of sterile pyuria  
TB\*  
Urolithiasis\*  
Bladder tumor\*  
Prostatitis\*  
Polycystic kidney\*

After head injury the incidence of the following conditions increases  
Schizophrenia  
Personality disorders\*  
Suicides  
Depression\*  
Dementia\*

In spinal cord lesion  
The flexion of the hip is more affected than extension  
Urinary incontinence indicates internal lesion\*  
If there is wasting of the small muscles of the hand the lesion is probably above C7  
If the extension of the shoulder is impaired the lesion is in the lower cervical cord  
Lhermitte's sign indicates thoracic lesion

The following conditions are benign  
Papilloma  
Meningioma\*  
Leiomyoma\*  
Rhabdomyoma\*  
Seminoma

#### MCQs

Ca breast is common in  
Early menarche & late menopause\*  
Ladies on estrogen-progesterone pills  
Had the 1st child at 35 yrs of age\*  
Who avoid breast feeding\*  
Non of the above

Malaria prophylaxis  
Chloroquine is the best\*  
Proguanil is save all over the world  
Pyrimethamine/sulpha is efficient  
Start 1 wk before travel & continue 4 wks after return  
?

The following drugs are efficient in meningitis prophylaxis

Rifampicine  
Sulfadiazine  
Penicillin\*  
Ceftriaxone\*  
Sulfonamide

Protein Energy Malnutrition is common in

Lust disease?  
Malabsorption\*  
Anorexia nervosa\*  
Chronic liver disease\*  
Malignancy\*

Sickle cell trait is associated with

Low incidence of malaria\*  
Splenectomy is life saving\*  
Dactylitis  
T.L bodies?  
?

In Vitamin A deficiency

There is dryness of conjunctiva\*  
Keratomalacia\*  
Bitot spots\*  
Night blindness\*  
?

Pan systolic murmur is a feature of

LVF  
AI  
Combined MS +MI\*  
TI \*  
PDA\*(continuous machinery murmur)

In Typhoid fever

complicated with cholecystitis\*  
Cloxacillin .....(ampicillin, amoxicillin, ceftriaxone(rocephin) chloroamphenicol)  
associated with cerebral abscess\*  
?

In Emphysema

There is air trapping in lungs  
FEV1 is decreased  
FEV1/FVC is < 70

?  
?

Bronchial asthma can be treated with the following IV drugs in few minutes R

The following are true about constrictive pericarditis R

Atrial Fibrillation can be treated with R

Increased ICP may be due to the following R

Common investigations in the diagnosis of thyrotoxicosis

Total T4\*

freeT3\*

calcitonin

TSH\*

Cortisol

An adult male with a single attack of seizure

Must not be allowed to drive a car at least 3 yrs\*

Long antiepileptic therapy is indicated for him

Cerebral tumor is the most probable cause\*

Normal EEG exclude epilepsy

Causes of Osteoporosis include

High estrogen level

Racial

Multipara

Smoking\*

Alcohol intake\*

Alcohol dependency occurs in

Doctors\*

Relatives of alcoholics\*

Jewish\*

Countries with restrictive low\*

?

Fibroma R

The following are causes of polyuria

Aspirin poisoning

Chronic renal failure\*

DM\*

Psychogenic polydypsia\*

DI\*

Treatment of a varicose ulcer

Curettage of the wound

The use of elastic spiral crib bandage for the varicose vein

Teach the pt how to walk with heel down

Massage the surrounding edge of the wound /

In facial palsy

Caused by injury of the facial nerve will affect the lower half of the face

If associated with parotid swelling it indicates malignancy

It is not always bell's palsy\*

If it leads to complete paralysis it indicates poor prognosis\*

It can occur with ear infection\*

In portal hypertension

Bleeding rarely occur if portal vein pressure is  $< 14$  mmHg(8-12)\*

Prognosis will not depend on the extend of liver disease

Treatment of bleeding with emergent hepato splenic shunt

Can be controlled by non selective B blockers\*

In the treatment of Osteomyelitis

The fractured bone is called sequestrum

Antibiotic will sterile the sequestrum

The new bone formation is called involucrum

Involucrum must be removed for treatment

Sinus which opens through the involucrum is called cloacae

Causes of ARF

Prolonged use of paracetamol

Psoriasis

Thiazide\*

Renal artery stenosis\*

..... poisoning\*

Causes of systolic hypertension

Coarctation of aorta\*

Neuroblastoma?\*

TOF

PDA

Tremor of outstretched hand occurs in

Parkinsonism(tremor at rest)

Benign conditions\*

Increased by anxiety(+thyrotoxicosis,alcohol,drugs,hepatic encephalopathy,co2 retention,brain damage like willson disease,syphilis,benign essential tremor,familial)  
Treated by propranolol\*  
Treated by Pyrimidone

Causes of hemoptysis R

False -ve Tuberculin test R

Bronchial asthma can be treated with the following IV drugs within few minutes R

The following statements are true about constrictive pericarditis R

Atrial fibrillation can be treated with R

Increased ICP can be due to the following R

The following are true about Fallot Tetra logy R

In Hypothyroidism there is R

Prophylaxis of malaria include R

Crepitations are found in R

In Pulmonary hypertension there is

Hemoptysis

Finger clubbing

RHF

?

Ventricular tachycardia is treated withL

IV Digoxin\*(best amiodarone)

IV Atenolol

IV verapamil

IV Lignocaine\*(50mg over 2min)

DC Shock\*

Hepatic encephalopathy is precipitated by

Diuretics\*

Major trauma

There is constitutional apraxia\*

Protein should be withdrawn\*

Morphine can be given for pain(no sedation)

The following are bad prognostic in MIL(female, old ,DM, HF )

Hypertension\*  
Young age  
First attack  
RBBB\*  
Inferior infarction

In Wilson disease:autosomal ressesive:-  
There is Kaiser Fleischer ring\*  
Plasma Ceruloplasmin level is low\*  
Increased serum copper(decreased)  
There is neuropathy\*  
Urine copper excretion high\*

MAOI interferes with  
Pethidine  
Phenolamines  
TCAD  
Metoclopramide  
?

Treatment of Rheumatoid Arthritis include **L**(methotrexate,cyclophosphamide)  
Gold salts  
Penicillines  
Sulfasalazine\*  
Chloroquine\*(hydroxylchloride)  
Allopurinol

In Fetus the following are true  
Foramen ovale is between heart ventricles  
Ductus arteriosus is proximal to aortic arch\*(may be)  
Rt atrium contains oxygenated blood  
?  
?

Diuretics  
Frusemide is contraindicated gouty arthritis\*  
Amiloride is K<sup>+</sup> sparing drug on the DCT  
Thiazides are contraindicated in gout\*  
?

Antihypertensive drugs  
Adalat is used SL to lower BP rapidly  
Methyldopa is contraindicated with lactation  
ACEi block the conversion of angiotensin I to angiotensin II\*  
Captopril reduces the GFR

?

Match list 1 with list 2

- |                                  |                    |
|----------------------------------|--------------------|
| a- Chloramphenicol               | GynecomastiaD      |
| b- Ca cervix                     | gray baby syndrome |
| c- Yellow discoloration of teeth | TetracyclineB      |
| d- Spironalactone                | methotrexate       |
| e- Trimethoprim                  | sulfonamide        |

Phenytoin side effects R

Regarding analgesics NSAID

Paracetamol dose is 3x a day

Two NSAIDs given at the same time is irrational

Should be prescribed with H2 blocker if given for a short course

Paracetamol is as good as NSAID for killing pain\*

Paracetamol & aspirin is effective in migraine\*

Drugs which affect the baby on breast feeding are

Glibenclamide\*

Carbimazole\*

Pyridoxine

Amoxil

?

treatment of constipation include

Sinna\*

Darbanex(Celevac,sterculia)

Lactulose\*

Isbagella ...\*

?

In Diphtheria

The membrane is attached to the tonsils\*(covering tonsil)

Cervical lymphadenopathy is characteristic\*

Temp rises to 40 C(moderate rise fever)

There is tachycardia\*

Dyspnea can occur\*

Staphylococci R

Is a G+ bacteria\*

Is anaerobes

Coagulase +ve

Found in chains

Produce exotoxin

Ankylosing spondilitis  
Can be considered as part of RA\*  
Occurs usually at sacroiliac jnt\*  
Spondyloarthritis occurs\*  
?more in male\*  
?

The following are Autosomal recessive  
Vitamin D resistant rickets  
Cystic fibrosis\*  
Hemophilia  
Thalasemia \*  
Sickle cell anemia\*

57. In Bleeding disorder R

58. Investigations in venous disorder include  
a- Ventriculography  
b- Doppler U/S\*  
c- Venography\*

59. The following cause hemolysis in G6PD deficiency: sulfa  
a- Primaquine\*  
Glandular fever\*  
Aspirin(aminosalacylik acid)  
Vitamin K\*  
Phenytoin  
Penicillin

60- Hemorrhagic disease of the newborn  
Anti D should be given at least 48 hrs from delivery\*(72)  
Testing the blood group twice is mandatory during pregnancy  
If a pregnant mother is evacuated at 10 wks she should need anti D\*  
?  
?

61- Prolonged PT indicates  
Deficiency of prothrombine  
Due to warfarin therapy  
Dysfibrinoginemia\*  
Liver disease\*  
DIC\*

62- Tetra logy of Fallot R



63- In Addison disease

- a- there is hypotension\*
- b- Hyperglycemia(hypoglycemia,low Na ,high K)
- c- Pigmented mucosa\*
- d- Muscle weakness\*
- e- Hair loss\*

NEW EXAM

Complications of Whooping cough

Bronchiectasis\*

Atelectasis\*

Bronchitis\*(Empyema,bronchopneumonia)\*

Conjunctival hemorrhage\*

Pulmonary edema

The following are true about Fallot tetralogy R

The following are true about hypothyroidism R

Crepitations are found in R

False -ve tuberculin test occurs in R

The following drugs are used in malaria prophylaxis R

In DM

Metformin is the treatment of choice in maturity onset type\*

Insulin is not used in maturity onset type

Increased dose of insulin is needed in hyperosmolar NKC\*

Chlorpropylurea can cause jaundice\*

Diet has no role in treatment(why)

Ventricular tachycardia is treated with R

Hepatic encephalopathy R

Vesical stone

diuretics are helpful

usually present with acute urine retention

IVU is not indicated because the stone is translucent

Common in children\*

Often associated with renal stone\*

Painful swollen joint occur in

Tuberculous arthritis\*

Hemophilia\*  
Thrombocytopenic purpura  
Gonorrhoea  
Osteomyelitis\*

Hypo chromic microcytic anemia occurs in  
Thalassemia\*  
Pernicious anemia  
IDA\*  
Sideroplastic anemia\*  
?

Metabolic acidosis occurs in  
Reserpine overdose  
Hypoxia\*  
Bronchial asthma\*  
Aspirin ingestion  
Pyloric stenosis

First line investigation in hypertension include R

In Fallot tetralogy R

Coarctation of aorta  
May cause neonatal heart failure\*  
Treatment in neonate is usually medical(excision+anastomosis)  
Occurs in turner syndrome  
Asymptomatic in adolescents  
Causes systemic hypertension\*(BP high in lower limb )

Tetany occurs in  
Hypercalcemia  
Hypocalcemia\*(hyper phosphatemia)  
Hypomagnesaemia\*  
Hypoglycemia  
Alkalosis\*

Febrile convulsion R

Rheumatic fever  
Carditis can occur in the first attack\*  
Penicillin can be used as prophylaxis\*  
Salicylate prevents carditis  
Glucocorticoids are indicated in carditis  
High ASO titer help in diagnosis\*

Nephrotic syndrome  
Causes persistent microscopic hematuria  
Steroids are used in minimal change GN\*  
Prognosis is bad in adults  
Hyponatremia may occur\*  
There is proteinuria, hypoalbuminemia\*

In Otitis Media (strpto p-ae, h.influanza)  
Ear discharge\*  
Pussy ear  
Neck stiffness  
Red ear drum(bulging)  
Earache\*  
Battered baby syndrome  
Mean age is 18-24 mo(3-6 years)  
Causes subhyloid hemorrhage  
There is subdural hematoma  
Depressed rib #  
Multiple rib #

Digoxin toxicity causes  
Complete heart block(prolong pr qrs)  
Tachycardia with AV block(bradycardia +AVblock)  
Junctional tachycardia  
VF(ventricular ectopic, VT, hyperK.hypotention)  
Severe bradycardia\*

In Cholera ( the answers are missed)  
should not be treated with antibiotics\*  
affects only man  
there is decrease susceptibility after gastrectomy  
?  
Increased ICP R

Fever with splenomegally is caused by  
Malaria  
ALL\*  
Drugs  
Sarcoidosis  
V Lishmaniasis\*

IE can cause  
Immune complex GN  
Sub angular hemorrhage\*

Finger clubbing\*  
Meningioencephalitis\*  
Brain abscess\*

Complications of prematurity  
Hypothermia\*  
RDS\*  
Hypoglycemia\*  
Susceptibility to infection\*  
Failure to thrive\*

Neonatal meningitis R

Malaria  
Is common before 10 days of life  
Mortality rate is high in neonates\*  
Chloroquine is the drug of choice\*  
May cause severe anemia\*

The following are causes of hemolysis

Anemia\*  
Malaria\*  
G6PD deficiency\*  
Familial\*  
Congenital spherocytosis\*

The following are major criteria of Rheumatoid fever R

Mobile retroversion of uterus R

DM in pregnancy R

In Menopause R

A comatosed 3 yrs old boy with fever the following are possible diagnoses

URTI  
DM\*  
Meningitis\*  
Lead poisoning\*  
Cerebral palsy per se

Recognized causes of stridor

Pneumonia  
Vascular aortic ring

Bronchial asthma  
Foreign body in the left main bronchus\*  
Diphtheria\*  
Hemophilus influenza\*

Causes of bronchiectasis  
Cystic fibrosis\*  
Primary atelectasis  
Measles\*  
Kartagener syndrome\*  
Diphtheria\*(indirect)

The following are Autosomal recessive  
Thalasemia\*  
Phenylketonuria\*  
Cystic fibrosis\*  
Pyloric stenosis  
Hirschprung disease

Pyloric stenosis  
More common in male\*  
Causes metabolic acidosis  
Needs Barium meal for diagnosis  
Give symptoms at 3 months typically(3wk)  
Can cause growth retardation\*

Congenital malformation of the kidney  
there is horse shoe appearance\*  
Solitary cyst is not always solitary\*  
Polycystic kidney\*  
Aberrant renal blood vessels\*  
Gross dystonia – unilateral fusion

Renal stones  
Oxalates are radiopaque\*  
Staghorn contains Ca phosphate  
Cystines are semiopaque  
Urates are radiolucent

Supraclavicular LN  
Fixed easily for biopsy  
Can indicate tonsillitis  
Indicates secondary metastasize from stomach\*  
Can indicate Ca lung\*

Congenital dislocation of the hip

Usually bilateral  
More common in males  
There is generalized joint laxity  
Associated with polyhydramnious  
Needs surgical fixation

Spinal cord lesion  
there is urine retention\*  
loss of sensation\*  
loss of reflexes  
?

Chronic subdural hematoma  
there is almost no recent history of trauma\*  
can cause stroke\*  
CT scan is indicated\*  
There is deterioration of level of consciousness\*  
Papilledema is expected\*

Ig G  
Crosses the placenta\*  
Found in body secretions  
Most abundant Ig  
Produced by macrophage  
?

Mitral stenosis with dyspnea occurs in  
IE\*  
MI  
AF\*  
PE \*

A pregnancy of term plus 10 days  
Requires ANC surveillance by biopsy  
Induction of labour reduces the risk of perinatal death\*  
Increased risk of congenital abnormalities  
Is due to post maturity\*  
Increased risk of intrapartum asphyxia\*

In Cystic fibrosis R

Enterocoele  
Always accompanies proctodentia  
Is best demonstrated by dynamic ... study  
Anterior abdominal surgery is the treatment(vaginal)

Is always posterior to the vaginal wall

The days after ovulation

The following are recognized causes of pruritis vulva

Pediculosis pubis

DM\*

Hyperbilirubinemia

Ascaris Lumbercoids

Candida\*

Pudental nerve

Arises from L1,2,3

Gives rise to posterior rectal nerve

Passes through foramen sciatica magna

Gives branch to dorsum of the penis

Flail chest , the first aid treatments

wiring of the fractured rib immediately

Tubal drainage if there is hemopneumothorax\*

Pneumography

Thoracotomy to exclude lung damage\*

Intubations & ventilation\*

In Renal failure

Nitrofurantoin is not contraindicated\*(50mg/6h)

Hyperuricemia should be treated with Allopurinol\*

Frusamide increases the GFR\*

Folic acid is indicated\*

Erythropoietin lack causes IDA\*

A cloudy urine occurs when the urine contains

protein \*

albumin

casts\*

bacteria\*

blood

Absence reflexes with up going toe due to combination of U & LMN lesions

Tapes dorsalis

Frederick ataxia

Carcinomatosis of the spinal cord

Recovery from spinal shock

MND \*

Tumors which may be found on a sagittal section through mediastinum

carotid body tumor  
thymoma\*  
achalasia  
Ca bronchus\*  
Atrial myxoma\*

Vomiting in early days of life is caused by  
esophageal atresia\*  
Duodenal atresia\*(late)  
Pyloric stenosis\*  
Hirschsprung  
Meconium ileus

Absence of uterus is found in  
Turner's syndrome  
Sheehan's syndrome  
Testicular feminization syndrome\*  
Hermaphrodite  
Klüppel syndrome\*

Polyhydramnios occurs in  
Anencephaly  
GIT disorders\*  
Growth retardation  
Uniovular twins\*  
30% idiopathic\*

In growing toe nail  
Treated by repeated course of antibiotics  
Can occur in finger nail\*  
Caused by streptococcus  
?worm water>??

Intussusceptions R

Tumors of the kidney  
Always benign  
Wilm's tumor is the commonest in adult(child)  
Always radio resistant  
Can present as abdominal mass\*

Cole's #  
usually pathological\* (fall from outstretch arm)but in elderly due to osteoporosis  
Radius # at 4 inches proximal to styloid process(2.5cm wrist)  
Ulnar # is 1 inch proximal to styloid process  
Responds well to operative treatment



There is gross swelling at the thinner eminence  
MCQ- OBS

Regarding contraception

IUCD is complicated by infection\*

IUCD is contraindicated in bicornate uterus\*

COC pills inhibit ovulation\*

COC pills inhibit lactation

natural methods are effective

Common causes of abortion R

UTI with pregnancy R

Fibroids R

Retroverted uterus

can be congenital\*

can be asymptomatic\*

associated low back pain\*

common in Negroid\*

can cause abortion\*

Hyper emesis Gravidarum R

Exaggerated in molar pregnancy\*

Described as vomiting in 1st trimester\*

???

??

7-Staphylococci R

a- Are G +ve \*

arrange in chains

coagulase +ve

produce exotoxin

are anaerobes

Diphtheria R

At 8 months aged child

can sit with his back straight\*

hold fine with his fingers\*

can feed himself with spoon

can say 5 words

turn on his back from prone position\*

Osteogenesis imperfecta

there is blue sclera  
low Alkaline phosphatase level in blood  
there is pathological #  
associated osteosclerosis

In child development  
Smile at 3 mo\*(40 days)  
Walk at 15 mo\*  
Moro reflex disappears at 9 mo(3month)  
Grasp reflex disappears at 3 mo(from birth -6month)

In Down's syndrome  
There is PDA\*  
Due to chromosome transfer Trisomy\*  
High risk if there is family history\*  
Amniocentesis can lead to its diagnosis\*  
Mild syndrome with Mosaic\*

The following can cause hemolysis in G6PD deficiency  
Tetracycline  
EBV\*  
Penicillin  
Nitrofurantoin\*+vitK,sulfanamide.para-aminosalicylic acid,naphthaline)  
Primaquine\*

Congenital adrenal hyperplasia R

Child of a diabetic mother can develop R

A baby with convulsion in the first week of life the following are possible causes  
Hypoglycemia\*  
Hypercalcemia  
Hypothermia\*  
Hyponatremia\*  
Postmaturity

A 7 mo old infant would be expected to  
Transfer an object from one hand to another\*  
Be toilet trained  
Walk without support  
Sit without support\*  
Have a good head control\*

Which of the following are likely to be found in a 1 yr old child with vitamin D deficient rickets\*  
Costochondral prominence\*

Spongy & bleeding gums  
Widening of wrist joint\*  
Bowed legs\*  
Wide fontanel\*

Which of the following conditions are inherited as X-Linked recessive manner

Cystic fibrosis  
Hemophilia\*  
Thalassemia major  
G6PD D\*  
Down's syndrome

Which of the following clinical features is /are characteristic of severe Bronchiolitis in infants

Cyanosis\*  
Restlessness\*  
Respiratory acidosis  
Chest retraction\*  
Loss of liver dullness to percussion\*

Antibioma is

Powerful antibiotic  
Malignant tumor  
An excess mass of fibrous tissue around an abscess persistently treated with antibiotics\*  
Has signs of fluctuation\*  
An antibiotic contaminant

Which of the following is/are true

Ulcer is a discontinuity of the epithelial surface\*  
Sinus is the blind tract leading from an epithelial surface into the surroundings\*  
Fistula is a communication between two lumens\*  
Cyst is a swelling consisting of collection of fluid in a sac which is lined by epithelium or endothelium\*  
MRSA is Methicilline Resistant Staph Aureus

Transfusion of blood & blood products

Packed red cells should not be given to a pt with chronic anemia & elderly  
Fresh frozen plasma is a good source of coagulation factors\*  
Incompatibility is indicated by loin pain, constriction in chest, rigors & pain along IV line\*  
During acute blood loss ,it should be replaced by plasma expander immediately \*  
It is not necessarily to check pt name, hospital number, blood group before transfusing the pt.

SULTAN QABOOS HOSPITAL – SALALAH  
MCQs – SURGERY

In acute pancreatitis; which of the following statements is/are true  
Alcoholism & biliary tract disease are important etiological factors\*  
Serum amylase is high even after 48 to 72 hrs after pancreatitis\*  
Ranson classification used as a marker of prognosis for chronic pancreatitis\*  
Hypocalcemia is a feature of acute pancreatitis\*  
Can be associated with pleural effusion

#### CVP

is a measure of the filling of the right heart\*  
is reduced in Rt ventricular failure  
is elevated in pt with cardiac tamponade  
is measured using a catheter whose tip is in the pulmonary artery  
in a previously healthy male aged 25 yrs is considerably reduced following the loss of 500 ml of blood

For acute appendicitis which of the following is/are true  
Mc Burney point indicates the base of the appendix\*  
Rebound tenderness & rigidity indicate peritoneal irritation\*  
Diagnosed mainly by clinical examination\*  
Rectal tenderness is a feature of pelvic appendicitis\*  
Strangury may be associated with pelvic appendicitis\*

#### Regarding bleeding per rectum

Tarry stool is seen in lower GI bleeding(upper)  
Ca rectum may present with bleeding per rectum\*  
Splash of blood is usually seen in hemorrhoids\*  
Massive bleeding per rectum may be seen in diverticulosis\*  
Bleeding is not an important feature of fissures\*

For intestinal obstruction which of the following statements is/are true  
vomiting is an early symptom of high small intestinal obstruction\*  
fluids level is seen in supine abdominal films(in erect x-ray)  
paralytic ileus is characterized by progressive abdominal distension & effortless vomiting\*  
drip & suck is important in the management \*  
central abdominal distension is not seen in small bowel obstruction

#### A fistula in ano

Complicates cryptoglandular infection  
Always takes a direct course into the anal canal  
Is associated with Crohn's disease\*  
Is treated definitely with antibiotics  
Traversing the sphincter muscles requires a defunctioning colostomy

For breast; which of the following is/are true  
Fibro adenoma presents as painless lump in young women\*

Bleeding from the nipple indicates duct papilloma\*  
Ca breast more common in upper & inner quadrant\*  
Mondor's disease is sclerosing periangitis of lateral thoracic wall  
Retraction of nipple is seen in chronic abscess

In cancer of the upper esophagus  
death of the pt is frequently caused by malnutrition & overspill inhalation \*  
histology is mainly squamous carcinoma\*  
lymphatic spread can reach subdiaphragmatic nodes\*  
exfoliative cytology is of no value  
cervical lymphadenopathy & recurrent laryngeal nerve palsy are not contraindication to surgery\*

For inguinal hernia; which of the following statements is/are true  
Direct hernia is more common in young males  
Strangulation is characterized by irreducibility & tense tender swelling\*  
Strangulation is usually due to presence of narrow neck\*  
Femoral hernia is the commonest type in female \*  
Positive ring occlusion test indicates indirect hernia\*

Mr. X ; a 55 yrs male ,wt 90 kg ,who smokes 20 cigarettes per day & drinks 30 units of alcohol per wk ,referred to you with a 6 wks history of retrosternal pain ,the feeling of food occasionally sticking in his gullet & occasionally liquids coming back into his mouth when going to sleep  
Physical examination should include PR  
He should reduce wt\*  
A trial of medical therapy should be given prior to further investigations  
An upper GI contrast film would be the investigation of choice\*  
This main difficulty in swallowing could be due to reflex esophagitis

Epigastric hernia  
Is a form of umbilical hernia  
Is spigelian hernia  
Is a fatty hernia\*  
Is a hiatus hernia  
?

IVU  
Shows residual urine in bladder  
Depends on GFR  
Can be used as nephrogram in early stages  
Contraindicated if GFR is reduced  
?

Pelvic abscess

May cause no symptoms\*  
On PR appears like a hard apple  
May perforate through the anal canal  
Should be drained through a lower laparotomy\*  
?

Blind loop syndrome  
Oral antibiotics are of no help  
Occurs due to bacterial overgrowth  
Can cause hemorrhoids  
?  
?

Bleeding per rectum R

Cellulitis is  
Inflammation of subcutaneous tissues\*  
Inflammation of bone marrow  
The part affected is swollen, tense & tender\*  
Does not proceed to abscess formation  
?(treat by penicillin, cloxacillin, co-amoxiclav)

September 2003

The following drugs can cause hemolysis in G6PD Deficiency R  
Penicillin  
Aspirin\*  
primaquine \*  
nitrofurantoin\*  
warfarin

In B12 absorption  
Occur in jejunum (ileum)  
B12 deficiency occurs after few wks of dietary deficiency\*  
Intrinsic factor is high in blood stream after absorption of vitamin B12  
In blind loop syndrome deficiency is corrected by oral B12\*  
?

Osteomalacia  
can be treated by 1 Alfa cholecalciferol\*  
occurs in secondary hyperparathyroidism  
serum Ca<sup>+</sup> & PO<sub>4</sub><sup>-</sup> are low\*  
there is high Alkaline phosphatase level\*

Osteoporosis occurs in  
Vitamin D deficiency\*  
Vitamin A deficiency

Chronic renal failure\*  
Prolonged bed rest\*  
Trabecular bone are affected more than long bones

Recognized side effects of Phenytoin(decreased intellect.depression.polyneuropathy.acne.gum hypertrophy.blood discareases)  
Hirsutism  
Bulbar palsy  
Urine retention  
Menstrual disturbance  
Megaloplastic anemia\*(decreased folic acid absorption )

Vitamin D resistant rickets  
Is autosomal recessive(mutation in receptors)  
Due to excretion of PO<sub>4</sub> through renal tubules  
Is completely resistant to vitamin D treatment(type 2;;(tret by large doseof VIT D)  
Is associated with short stature\*  
Can be treated with potent 1 Alfa cholecalciferol\*

Staph aureus R  
In Thalasemia major  
Common presenting age is 5 yrs(6-12month)  
There is low Fe<sup>+</sup> level with low MCH(serum iron high, low mch,mcv,mchc)  
Low Hb due to defective production\*  
Rarely spleen can reach a large size(not rare)

Hepatitis B virus  
Is a DNA virus\*  
HBsAg +ve means infection\*(1\_6 month after exposure)if more=high infectious  
Superinfection with Delta can occur after clearance of hepatitis BsAg from blood  
Chronic active hepatitis has +ve antismooth muscle antibodies usually  
HBV immunization is effective in most pt\*(HbeAg mean high infectious)  
Anti-HBs indicate vaccination//PCR response to therapy

Fallot tetralogy  
Lung field is plethoric(boot shape in x ray)  
There is splitting of 2nd HS  
Brain abscess is due to R to L shunt\*  
There is pulmonary hypertension(pulmonary blood flow decreased)  
?

O<sub>2</sub> Dissociation curve shifts to L in:  
High Temp.  
Metabolic acidosis  
Anemia  
Erythropoiesis

## High GTP

### Infective Endocarditis

Diagnosis should be considered in all pt with fever & murmur\*

In elderly can present with comma without fever\*

Occurs in drug addicts\*

Is due to *Strept viridans* in post surgical cases\*(pyogenic bacteria)

If no response to treatment in 48 hrs surgical treatment should be considered

### In Tetanus infection

*Clostridium tetani* is sensitive to Penicillin\*

The organism produce Endotoxin(exotoxin)

Sardonicus is a characteristic facial appearance\*

Trismus means a locked jaw\*

The following cause Hypo K+

Severe vomiting\*

Laxative abuse\*

Conn's syndrome\*

Carbinoxalone(fistula,villous adenoma.cushing)

Diuretic use\*

### Hyaline membrane disease RDS

there is indrawing of chest\*

decreased lung compliance\*(diminish surfactant)

decreased surfactant\*

repeated chest infection in older children\*

there is high Temp(indirect if infection)

### Ophthalmia Neonatorum

The common organism is *Chlamydia*

Is conjunctivitis in 1st month of life

Best way of protection is by diagnosis & treatment of mother

10% of those who have gonorrhoea have ophthalmia N

infection with *Staph* is less serious & does not affect cornea

Hemoptysis can be a feature of R

Tricuspid stenosis\*

Aspergilloma

TB\*

Allergic bronchopulmonary Aspergillosis

Asbestosis\*

Metastatic calcification occurs in

sarcoidosis

TB



Hyperparathyroidism  
Atheroma  
Fat necrosis

The following can predispose to lung cancer

Asbestosis\*  
Alanine dye\*  
Radon\*  
SO<sub>4</sub>  
Smoking\*

IDA in pregnancy

Fall in Hb is due to relative increase in plasma volume  
Ferrous gluconate causes less abdominal symptoms than Fe sulfate  
Routine Fe supplement during pregnancy is useful\*  
There is no benefit of parenteral Fe over oral Fe  
Women with high Hb have lower risk of PPH

Ca stomach

Can occur after surgery  
Incidence is declining in UK  
Rarely metastasize to LN  
Commonly presents with a palpable mass\*  
Is associated with hyperacidity\*

The following statements are correct

Hypertrophy is the increase in tissue size due to increase in cell numbers  
Hyperplasia is the increase in tissue size due to increase in cell size\*  
Metaplasia is the change of abnormal tissue to another abnormal one\*  
Atrophy is the increase in tissue size due to diseases  
?

Lieomyomas

Common benign tumor of the uterus\*  
Is benign tumors of uterine muscles\*  
Commonest type is submucosal  
Can be treated medically  
Sarcomatous changes is 37 %

Type II DM can be treated with insulin in

DKA\*  
HONK coma\*  
Uncontrolled hypoglycemia  
Pregnancy\*  
Surgery\*

The following drugs are contraindicated in breast feeding mother

Amoxicillin

Ciprofloxacin\*

Azithromycin

Aspirin\*

Neomercazole\*(not absolute)

The following drugs interact with OCP

Warfarin

Rifampicin\*

Amoxicillin\*

Aspirin

?(phenytoin,phenobarbetone,cabamezapine,antibiotics)

Tremors of outstretched hand R

B blockers

Is type II antiarrhythmic\*

Atenolol is cardioselective\*

Propranolol is a lipid soluble

?

?

The following drugs act by decreasing mortality or recurrence of MI

Aspirin\*

B blockers\*

ACEi

Nitrates\*

Ca<sup>+</sup> channel blockers\*

Regarding antibiotics

Ear infection is best treated by systemic antibiotics\*

Eye infection does not require systemic AB\*

Vancomycin can be given orally\*

Cefradine is used 8 hourly(12h)

All drugs should be excreted through kidneys or GIT

Lipid lowering drugs

Statin acts by lowering bile salts

Fibrates act by lowering TG

Cholesteramine decrease cholesterol secretion

?

Polycystic ovary syndrome

LH is high

Is more prone to increased stimulation when using Gonadotrophins  
Gonadotrophins lead to persistent painful cysts  
?

In autosomal recessive inheritance  
With two parents carriers ,babies affected are 50%  
There is tendency to escape generation  
If parents are diseased ,25% of generation are normal  
There is consanguinity

DM with pregnancy  
Glycosuria is common\*  
Glycosuria & proteinuria are normally found in pregnancy  
Confirmation of diagnosis of proteinuria done only by 24 hrs collection of protein \*  
?

PID  
The commonest organism is Chlamydia\*  
30% of asymptomatic female become infected during pregnancy\*  
commonly blood born from other focus in the body  
best preventive way is early diagnosis & treatment before delivery\*  
there is high risk of ectopic pregnancy\*  
if not treated it may lead to pyosalpax\*

Ectopic pregnancy  
Presents at 8-12 wks gestation  
If the pt is shocked ,urgent laparotomy is a must\*  
Pregnancy test is difficult to be +ve  
HCG is not elevated  
?

Hydatiform mole  
Evacuation leads to cure in 90% of cases  
<3% transform to choriocarcinoma  
diagnosed by finding mole on PV\*  
diagnosis made ideally at 4-6 mo of pregnancy  
fundal level is larger than date\*

The following drugs are associated with the following side effects  
Tetracycline  
Diazepam  
INH  
Chloramphenicol

discoloration of teeth  
gray baby syndrome

drowsiness of neonate  
deafness

#### Neural Tube Defect

Commonly due to Folic acid deficiency\*

90% of them are opened defects

diagnosis can be made by amniocentesis\*

Alfa fetoprotein is higher in opened neural tube\*

?

2 November 2003

PRIVATE GP – Some Qs & As are missed

PAEDIATRICS 10 Qs

#### Causes of stridor R

Foreign body in the Lt main bronchus\*

Hemophilus influenza\*

Aortic vascular ring

Hypercalcemia

Diphtheria\*

#### Recognized features of RA

Erythema multiform

Erythema nodosum

Pericardial tamponade

Sarcoidosis

Hepatosplenomegally\*

An Infant at 8 mo is expected to R

Sit with straight back\*

Hold fine with his fingers\*

Roll on to his back from prone position\*

Can say 5 words

Uses spoon for feeding

#### In ITP

In adults it is initiated by acute febrile illness\*

Is due to bone marrow megakaryocytosis(normal megakaryocyte)

Splenectomy is a treatment of choice\*(in chronic)

Low C3 complement is found in  
Bacterial IE\*  
Poststreptococcal GN\*  
Immunosuppressive GN?\*Mesangial GN\*  
Transitional cell GN\*

Whooping cough R  
Is caused by RCV  
Immunocomplex test is diagnostic  
Can cause bronchiectasis\*  
Can lead to subconjunctival hemorrhage\*  
Erythromycin is the drug of choice\*

A child in a pediatrics ward infected with measles ,the following are true  
Close the ward for at least 2 wks(7days)  
Prevent the parent to visit him till the rashes disappear  
Give all the patient in the ward immunization\*  
Give G Globulin vaccine to those patient who have never been infected or immunized

In investigation of bleeding tendency (missed answers)

Osteogenesis imperfecta R

Prolonged use of topical Steroids  
Betamethasone 0.25% is considered as mild steroid\*  
Can cause skin malignancy\*  
Can cause skin pigmentation\*  
?  
?

MEDICINE – 10 Qs

Sumatryptan  
Is an analgesic\*  
Is 5 HT agonist \*  
Is serotonin antagonist  
Acts within 5 min if given SC\*  
Active against migraine\*

Hemiplegic migraine  
can lead to cerebral hemiplegia  
?  
?  
?  
?

Control of finger movements  
by cerebral cortex(cerebellar)  
by anterior temporal hemisphere  
by the anterior motor cortex  
by the premotor cortex  
by the post motor cortex

Renal tubular acidosis  
Serum Na<sup>+</sup> is high  
Is a prerenal failure\*  
Renal stones can lead to prerenal failure\*  
GFR is low  
?

In the action of insulin  
can lead to entrance of K<sup>+</sup> to cells\*  
mixtard 30/70 can be given IV  
is  
?

Photosensitivity  
a-????

Respiratory failure type I  
??

Nitric oxide  
Produced by Lymphocytes  
Mimics nitrates in their action in coronary arteries  
?

Hemoglobin  
??

SURGERY-10 Qs

Use of Laxatives  
Lactulose is a glucose polymer\*  
Isbagula is a potent laxative\*  
Can lead to hypoK<sup>+</sup>\*  
?  
?

Alfa fetoprotein (missed)

Duct ectasia differs from Pagett disease of the nipple in R

Renal failure

Intussusceptions R

IDA

Hepatitis B

Colorectal carcinoma

Carotid artery disease

Muscle relaxants

OBS & GYNE-10 Qs

Abdominal pain with pregnancy

In appendicitis the area of maximum tenderness differs in the last trimester from that in 1st trimester\*

Intestinal obstruction has a colicky nature\*

?

Downs syndrome R

Is a trisomy

?

Infant from a diabetic mother R

Physiological changes during pregnancy R

Cervical smear

Is best taken in the 6 weeks post delivery

?

The days following ovulation R

STD R

Endometriosis R

Abortion R

DM with pregnancy R

## THERAPEUTICS – 10 Qs

Concerning blood electrolytes & drugs  
Hyper K<sup>+</sup> exaggerate Digoxin toxicity\*  
Hypo Ca<sup>+</sup> is treated with vitamin D\*  
?

Analgesics  
Aspirin & panadol are effective against migraine\*  
Antacid must be given with a short course of Diclofenac Na  
?  
?

Irrational use of drugs  
a good medical doctor can prescribe any drug for any pt\*  
the policy of sultanate Oman MOH is to reduce cost effectiveness  
Studies done by MOH .....?  
the doctor who prescribe the drug is the only person who explain its use to the pt  
?

Oral hypoglycemic drug

Antihypertensive drugs

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

**GREAT THANKS TO USTAZ MOHAMED ELTAYEB, THE LAWYER WHO GATHERED THIS COLLECTION TO OUR FELLOW DOCTORS. HE IS DOING A GREAT EFFORT TO PRESENT IT TO YOU AT ANY TIME**

### INTRODUCTION:

The Exam of MOH, Sultanate Oman is held on the first Sunday of every month. It consists of two sections: 50 MCQs (10 Pediatrics+10 Medicine+10 Surgery+10 Obs & Gyne+10 Therapeutic) for Medical Officers (GP) both Private & government Sections & Oral section, usually held after 1 to 2 weeks.

There are No Penalty scores for false answers in MCQs for GP, but for specialists only & probably in Medicine MCQs for GP- Government paper.

There is no remarkable difference between the papers for Private & Government sections. About 50% of MCQs are repeated every month.

References:

Oxford HM (Medicine-Surgery)



Oxford HCS (Pediatrics-Obs-Derma-ENT)

Any Book in Therapeutic Medicine

NOTE:

Some of Qs & As are missed, so it's better to review the stem in the Book.

Questions which marked by R: are repeated.

Answers marked by \* : are the probable True.

You have to write T for true & F for false answers (preferred by a black pen-not a pencil) in the Exam Papers.

Do not rely 100% on these MCQs, you have to review all the stems in references.

Good Luck

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EMBED SoundRec

Typed by

Dr. Khalid Eltayeb -Cadaver - November 9, 2003

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Typed by

Dr. Khalid Eltayeb -Cadaver - November 9, 2003

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MCQs – GP- ASSESS  
dr.khali

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