

SMLE 2019
Corrected By Glory Team

هذا الملف يحتوي على تجميعات ٢٠١٩ من بداية شهر
ابريل حتى نهاية شهر مايو.

تم تصحيحه ومراجعه بواسطة نخبة من أطباء وطبيبات
الإمتياز وفقهم الله.

N.B: **Green highlights** = Correct answers.

N.B: **Blue highlights** = Extra notes.

N.B: **Red highlights** = Not sure.

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

1. 9 Years old boy brought to clinic with his parents complaining that he is short. He appears healthy, less than 50% percentile for height on growth chart. His profile revealed progressive increase in height, his labs was normal, best indicator of his future height is?

A. His weight vs height
B. Parental height
C. parental weight
D. Can't be expected

2. 56 Years postmenopausal her pap smear hx was normal except one month ago revealed ASCUs , then given local estrogen for one month then pap smear repeated revealed intraepithelial lesion, Next step is?

A. conization
B. hysterectomy
C. Colposcopy

N.B: Any high risk lesion on pap smear should be followed by colposcopy -

3. Pap smear screening is done every?

A. 2 years
B. 3 Years
C. 5 years

N.B: Based on the age and HPV testing, but in general it is done every 3 years.

Woman's Age	How often should a woman have a Pap test?
under 21 years old	No testing needed
21-30 years old	Pap test every 3 years
30-65 years old	Pap test every 3 years or Pap and HPV every 5 years
65 years old or older	No testing needed

4. 64 Years post menopausal bleeding since 5 days HB 11 Pt ,PTTnormal,tvus revealed normal except endometrial thickness 13mm, Best management?

A. progesterone
B. Endometrial biopsy.
C. hysterectomy
D. reassure

N.B: Any endometrial thickening more than 5mm , you should do endometrial biopsy.

5. 29 Years old male did sleeve gastrectomy 6 days ago, came to the ER complaining of persistent vomiting since operation, on exam nothing significant, ABG normal (there were numbers) , US normal. Best management?

A. laparoscopy
B. Admissions
C. laparotomy
D. reassure

N.B: Dumping syndrome: postprandial symptoms like epigastric fullness, pain, vomiting. It's treatment is only small multiple low carbohydrate, low fat and high protein meals + avoiding liquids with meals.

6. child admitted in the ER, due to DKA severely dehydrated, managed with fluid and insulin , bad management complication can occur ?

- A.hyperkalemia
- B.hypoglycemia
- C. Brain edema.
- D.hyperglycemia

7. 43 year old she has 3 children the first child was by C -section the other 2 were vaginal birth, now she is pregnant (36 weeks) comes with Rupture of membrane , by us placenta previa, AFI 4 cm,CX is 2 cm 50% effaced. What is the Absolute CI for ECV ?

- A.previous CS
- B.her age
- C.US result

N.B: C/I of ECV are US results + placenta previa + previous C-S.

8. 31 year old pregnant (37 weeks) ROM in labor on exam breech presentation , CTG reactive PV CX 2 cm , 50% effaced , mid anterior Cx. Management ?

- A.CS
- oxytocin B
- C.vagprostaglandin
- D. IV abx

N.B: Breech presentation is one of the indication of C-S.

9. Baby (2 months old) was diagnosed with congenital heart disease came to the ER with bluish discoloration , the mother said he was crying what you will do?

- A.immediate heart surgery
- B.Reexamine after baby calmed
- C.go home
- D.refer to another doctor

N.B: This is a case of Tetralogy of Fallot.

10. 1 month year old baby has yellowish discoloration(body and eye) he was diagnosed with physiological jaundice. Total bilirubin 25. What is the dx?

- A. Rh incomputable
- B.ABO incompatible
- C.c.najjar
- D.Gilber syndrome.

N.B: Indirect high.

11. 15 yrs female not menstruating yet at clinic by her parents ,she is short stature , short neck , hypertensive. Most appropriate diagnosis?

- A.Turner
- B.down
- C.TFS
- D.normal variant

N.B: HTN + short stature + webbed neck + amenorrhea = Turner.

12. 3 years old baby with single palmar crease - long tongue - straight hair. What is the dx ?

- A.turner
- B.Down
- C.marfan
- D. patue

13. Child with high TSH ,low T4 what is the next step ?

A.Start thyroxine

B.AbdUs

MRI C.brain

CT D.barin

N.B: High TSH + low T3T4 = Hypothyroidism.

14. Someone with HF on lasix, BB, captopril he has chronic dry cough. What is the cause ?

A.BB

B.Captopril

C.lasix

D.drugirrelevant

N.B: ACEi side effects are dry cough and hyperkalemia.

15. 12 weeks pregnant has gallbladder stone since 5 years on medication and now she is having pain when to do cholecystectomy ?

A.now

B.2nd trimester

C.3rd trimester

D. after delivery

DISCUSSION

Biliary colic during pregnancy can most often be managed successfully with diet and analgesics. If acute cholecystitis is suspected, antibiotics can be added, and cholecystectomy can be postponed until after delivery. If these measures are not successful, cholecystectomy is indicated.⁸ **The second trimester is the safest time to perform the procedure.**⁹⁻¹² During the first trimester, fetal malformation because of ongoing organogenesis is the major concern associated with anesthesia and abdominal surgery. During the third trimester, premature labor is the most important complication of cholecystectomy,⁴⁻⁶ although cases of successful laparoscopic cholecystectomy during that trimester have been reported.¹³

Recently, Graham et al. published six case reports of laparoscopic

16. 21 year old male complains of pain around umbilicus then traveled to rt iliac quadrant tenderness ,reboundtenderness,positiverovsing sign Vomiting, constipation. What is the DX?

A.polyposis

B.Appendicitis

C.intestinal obstruction

D.intussusception

N.B: Most characteristic feature of appendicitis is beginning of the pain around umbilicus then its migration to right iliac fossa.

17. Baby elevate his head when pronated, turn his head left and right coos his age ?

A.3 months

B.4 months

Baby Essential

Table 8-1 Developmental Milestones					
AGE	GROSS MOTOR	FINE MOTOR-ADAPTIVE	PERSONAL-SOCIAL	LANGUAGE	OTHER COGNITIVE
2 wk	Moves head side to side		Regards face	Alerts to bell	
2 mo	Lifts shoulder while prone	Tracks past midline	Smiles responsively	Cooing Searches for sound with eyes	
4 mo	Lifts up on hands Rolls front to back If pulled to sit from supine, no head lag	Reaches for object Raking grasp	Looks at hand Begins to work toward toy	Laughs and squeals	
6 mo	Sits alone	Transfers object hand to hand	Feeds self Holds bottle	Babbles	
9 mo	Pulls to stand Gets into sitting position	Starting to pincer grasp Bangs two blocks together	Waves bye-bye Plays pat-a-cake	Says <i>Dada</i> and <i>Mama</i> , but nonspecific Two-syllable sounds	
12 mo	Walks Stoops and stands	Puts block in cup	Drinks from a cup Imitates others	Says <i>Mama</i> and <i>Dada</i> , specific Says one to two other words	
15 mo	Walks backward	Scribbles Stacks two blocks	Uses spoon and fork Helps in housework	Says three to six words Follows commands	
18 mo	Runs	Stacks four blocks Kicks a ball	Removes garment "Feeds" doll	Says at least six words	
2 yr	Walks up and down stairs Throws overhand	Stacks six blocks Copies line	Washes and dries hands Brushes teeth Puts on clothes	Puts two words together Points to pictures Knows body parts	Understands concept of <i>today</i>
3 yr	Walks steps alternating feet Broad jump	Stacks eight blocks Wiggles thumb	Uses spoon well, spilling little Puts on T-shirt	Names pictures Speech understandable to stranger 75% Says three-word sentences	Understands concepts of <i>tomorrow</i> and <i>yesterday</i>
4 yr	Balances well on each foot Hops on one foot	Copies O, maybe + Draws person with three parts	Brushes teeth without help Dresses without help	Names colors Understands adjectives	
5 yr	Skips Heel-to-toe walks	Copies □		Counts Understands opposites	
6 yr	Balances on each foot 6 sec	Copies Δ Draws person with six parts		Defines words	Begins to understand <i>right</i> and <i>left</i>

Developmental Milestones

Table 5. Developmental Milestones

Age*	Gross Motor	Fine Motor	Speech and Language	Adaptive and Social Skills
1 mo	Turns head side to side when supine	Hands fisted, thumb in fist	Cries, startles to loud noises	Calms when comforted
2 mo	Briefly raises head when prone, holds head erect when upright	Pulls at clothes	Variety of sounds (e.g. coos, gurgles)	Smiles responsively, recognizes and calms down to familiar voice, follows movement with eyes
4 mo	Lifts head and chest when prone, holds head steady when supported sitting, rolls prone to supine	Briefly holds object when placed in hand, reaches for midline objects	Turns head towards sounds	Laughs responsively, follows moving toy or person with eyes, responds to people with excitement (e.g. leg movement)
6 mo	Tripod sit, pivots in prone position	Ulnar or raking grasp, transfers objects from hand to hand, brings objects to mouth	Babbles	Stranger anxiety, beginning of object permanence
9 mo	Sits well without support, crawls, pulls to stand, stands with support	Early pincer grasp with straight wrist	"Mama, dada" – appropriate, imitates 1 word, responds to "no" regardless of tone	Plays games (e.g. peek-a-boo), reaches to be picked up
12 mo	Gets into sitting position without help, stands without support, walks while holding on	Neat pincer grasp, releases ball with throw	2 words, follows 1-step command, uses facial expression, sounds, actions to make needs known	Responds to own name, separation anxiety begins

*Use corrected GA until 2 yr

Table 5. Developmental Milestones (continued)

Age*	Gross Motor	Fine Motor	Speech and Language	Adaptive and Social Skills
15 mo	Walks without support, crawls up stairs/steps	Picks up and eats finger foods, scribbles, stacks 2 blocks	4-5 words, points to needs/wants	Looks to see how others react (e.g. after falling)
18 mo	Runs, walks forward pulling toys or carrying objects	Tower of 3 cubes, scribbling, eats with spoon	10 words, follows simple commands	Shows affection towards others, points to show interest in something
24 mo	Climbs up and down steps with 2 feet per step, runs, kicks ball	Tower of 6 cubes, undresses	2-3 word phrases, uses "I, me, you", 50% intelligible, understands 2-step commands	Parallel play, helps to dress
3 yr	Rides tricycle, climbs up 1 foot per step, down 2 feet per step, stands on one foot briefly	Copies a circle, turns pages one at a time, puts on shoes, dress/undress fully except buttons	Combines 3 or more words into sentence, recognizes colours, prepositions, plurals, counts to 10, 75% intelligible	Knows sex and age, shares some of the time, plays make-believe games
4 yr	Hops on 1 foot, climbs down 1 foot per step	Copies a cross, uses scissors, buttons clothes	Speech 100% intelligible, uses past tense, understands 3-part directions	Cooperative play, fully toilet-trained by day, tries to comfort someone who is upset
5 yr	Skips, rides bicycle	Copies a triangle and square, prints name, ties shoelaces	Fluent speech, future tense, alphabet, retells sequence of a story	Cooperates with adult requests most of the time, separates easily from caregiver

18. 39 weeks pregnant her BP - 150/90 , urine analysis normal , no headache , no vision changes, no epigastric pain , her previous BP was below 110/70. What is dx?

A.preeclampsia

B.eclampsia

C.Gestational hypertension

D. preeclampsia superimposed HTN

N.B: High BP after 20 weeks of gestation + proteinuria = Pre-eclampsia.

N.B: High BP after 20 weeks of gestation + no proteinuria = Gestational HTN.

45- 28 weeks pregnant (nulli), presents with generalized fatigue, BP 162/95, 3+ protein in urine. What is your next step?

1. Mgso4
2. Labetalol
1. MethylDopa

APPROVED

Answer: A

Agree MgSO4 is the most important

In order to answer this q you have to know some information about the preeclampsia:
 1-chronic hypertension: is blood pressure >140/90 before patient become pregnant. here you can treat with Labetalol or Methyl-dop or nifedipine

2-gestational hypertension: is blood pressure >140/90 start after 20 week gestation + no proteinuria + no edema. here you can treat with Labetalol or MethylDopa or nifedipine.

3-preeclampsia: see the table and the figure.(they are from master the board)

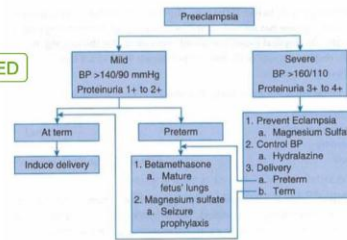


Figure 16.11: Preeclampsia Algorithm

Presentation of Types of Preeclampsia		
	Mild preeclampsia	Severe preeclampsia
Hypertension	>140/90	>160/110
Proteinuria	Dipstick 1+ to 2+; 24-hour urine >300 mg	Dipstick 3+; 24-hour urine >5 grams
Edema	Hands, feet, face	Generalized
Mental status changes	No	Yes
Vision changes	No	Yes
Impaired liver function	No	Yes

We recommend administration of antenatal corticosteroids for all pregnant women at 24 to 33 weeks

Betamethasone is given if < 34 weeks who are at increased risk of preterm delivery within the next seven days.

Reference: Master the Board

19. Pregnant women has hard lump at epigastrium , FHS is heard at umbilicus what is Fetal presentation?

A.face

B.Brow

C. Breech

D.OP

20. Someone has gallbladder stones came complaining of yellowish discoloration and epigastric pain , his labs ALT, AT , ALP , bilirubin , amylase are high. What are next step ?

A.US

B.CT

C.ERCP

21. Pregnant women not complaining of anything , her urine analysis shows nitrate, leucocytes, then culture revealed 50.000 organisms what is the dx?

A.cystitis

B.pyelonephritis

C. asymptomatic bacteriuria

N.B: She must be treated.

22. Male has fever with chills , low back pain , his urine .nitrate+ leukocytes how to manage ?

A.Oral antibiotic

B.ivabx at home

C.admission

N.B: Acute prostatitis.

Some types of **prostatitis** are caused by **bacterial infection**. These cases are often accompanied by the classic **symptoms of infection**, such as fever, **chills**, and muscle pain along with urinary problems. As a result, they are relatively easy to diagnose and treat, and they usually respond well to antibiotics. Oct 29, 2013

23. Divorced women has a baby with sickle cell anemia , she want to get married again but scared of having baby with SCA , what she can do ?

A.karyotype for the husband

B.karyotype for herself

C.HB electrophoresis for her

D. HB electrophoresis for husband

24. Pregnant women during vaginal delivery , what can make her has fourth degree perineal tear ?

A. unrestrained legs and squatting position

B.unrestrained legs and sitting on chair

C.restrained legs and use of forceps and other metallic instrument

25. Child less than 1 year he has vomiting and diarrhea, he is oriented aware , dry tongue , sunken eye , normal pulse . what is the dehydration degree ?

A.less than 1 %

B. 5-9% (moderate dehydration_.

C. more than 10 %

26. 42 weeks + 3 days pregnant women bishop score 8 CTG reactive , No CPD how to manged ?

A.expectant

B. CS

C. IOL

D. decide after one week

N.B: Bishop above 4 = Go for induction

N.B: If she was 39 or 40 weeks the answer will be CS

	Score			
	0	1	2	3
Position	Posterior	Middle	Anterior	--
Consistency	Firm	Medium	Soft	--
Effacement	0-30%	40-50%	60-70%	80%+
Dilation	Closed	1-2cm	3-4cm	5+cm
Station	-3	-2	-1/0	+1/+2

Additional factors: +1 point for each previous vaginal birth, -1 point for first time birth givers]

Add the score for each factor.

Scores lower than 5 suggest labour will not begin without induction.

Scores 9 and higher indicate labour will likely begin spontaneously.

Scores 3 and lower may indicate that an induction would not be successful

27. Child has headache and can't concentrate on Study , Lap Hb= 7.9 MCV less than normal , TIBC high , how to manage ?

A.oral iron

B.oral folate

C.oral vit B 12

D.packed RBCs transfusion

N.B: Low MCV + high TIBC = IDA.

28. diabetic pt on insulin has extremities paresthesia and forget most of the time , Hb 10 , MCV high, how to manage ?

A.oral iron

B.oral B12

C.Injectable vit B 12

D.packed RBCs transfusion

N.B: Vit B12 given IM not orally.

29. child with polyuria and polydipsia OGTT normal , Na + Cl = high. Other electrolytes are normal, what is your dx ?

A.DM

B.DI

C.siadh

D.conns

N.B: SIADH = Hyponatremia.

N.B: Conn's syndrome = High Na and Low K + metabolic alkalosis +HTN

30. CTG (3 contraction without deceleration) what is your dx ?

A.head compression

B.cord compression

C.uteroplacental insufficiency

D. none of the above

31. 34 weeks pregnant does not feel her baby movement, she goes to the doctor and did CTG was reactive, what is your management?

A.urgent CS

B.Bpp

C.refer for admission

D.Reassure

32. 9 year old child , her mother notice that he is having a mass on his abdomen , she goes to the doctor and did US which shows a mass, what is the dx?

A.wilms

33. 7 year old sick baby, not compliant to his medication your job as a doctor is to ?

A. Explain to the parents the importance of the medication compliance

B. call the police

C. involve the parents and the child in the medical plan

D.refer them to the Ethics Committee

34. مريضة جات العيادة البسة لبس شفاف واثناء الكشف قربت من الدكتور وهمست بكلام بلغة . لا تفهمها الممرضة الموجوده مع إيجاات غير لائقه ،ماذا ينبغي ع الطبيب فعله

1-يصرخ عليها

2-يغير لممرضه أخرى تتكلم نفس اللغه

3-يبلغ آمن المستشفى

35. women got pregnant after trying 10 years, now she is 10 week pregnant, she has abdomen pain and vaginal bleed, she went to the ER , the dr said the was not fetal heart sound and this is abortion (they were shocked) what the doctor should do ?

A.Sympathy

B.Admission after evacuation as post partum care

C.Search for cause of abortion

36. 75 years old has terminal lung cancer , he can't breathe , he can't make decision very well, the doctor want to do debulking of cancer to help him breathing well, and the success of this operation will improve his live , but the dr also knows that can develop the complication of the operation and the anesthesia.

What the dr should do?

A.go ahead surgery

B.informed consent pt

C.search alternative decision maker consent

37. Case Scenario for pt with Mitral Valve prolapse, the question is WOTF is true regarding the surgery ?

Answered: Don't give the Ab before surgery

432MedicineTeam Infective endocarditis

Determining risks:

I. Cardiac condition

II. Type of procedure

(I) Cardiac conditions	MODERATE risk	NEGLECTIBLE risk
High risk <ul style="list-style-type: none"> Prosthetic valves (x400 risk) Previous endocarditis. Congenital: <ul style="list-style-type: none"> Complex cyanotic disease PDA VSD Coarctation of aorta Valvular: <ul style="list-style-type: none"> AS/AR MR MS with MR Surgically constructed systemic pulmonary shunts or conduits. 	<ul style="list-style-type: none"> Valvular <ul style="list-style-type: none"> MVP + R and/or thickened leaflets Pure MS TR/TS Pulmonary Stenosis Bicuspid AV/ Aortic Sclerosis Degenerative valve disease in elderly Asymmetrical Septal Hypertrophy/HOCM Surgically repaired intra-cardiac lesions without hemodynamic abnormality, < 6 months after surgery. 	<ul style="list-style-type: none"> MVP no regurgitation Physiologic/innocent murmur Pacemaker/ICD Isolated Secundum ASD Previous CABG Surgical repair ASD/VSD/PDA, no residua > 6mons after surgery.
PROPHYLAXIS	PROPHYLAXIS	NO PROPHYLAXIS

Key: Complex cyanotic disease ((Tetralogy, Transposition, Single Ventricle), PDA (Patent ductus arteriosus), VSD (Ventral septal defect), A (Sortic), S (Stenosis), R (Regurgitation), M (Mitral). MVP (Mitral valve prolapse), T (Tricuspid).

(II) Procedures	INTERMEDIATE risk	LOW risk
High risk	Genitourinary/Pulmonary	Gastrointestinal
Oral/dental		

38. Case Scenario for child present with Cyanosis for one hour with crying , Physical Examination reveals murmur in left sternal border , X-ray shows increased pulmonary vascular marking and small hearts, what is the next step in treatment?

A- give Abs

B- Cardiac Catheterization

C.calm the baby first

39. Case Scenario for 40 years old female with history of travel/ trauma presented with swelling in one leg , non-pitting edema , skin color is blue, pulse is intact, How to manage ?

lymphpain -A

B- massage and stocking

Anticoagulant -C

40. man with HTN Lab investigation normal but CT scan shows small mass - - - lipid change???

A.adrenalectomy

adrenal B.MRI

C.observation

N.B: This is chusing by adrenal hyperplasia which cause HTN and dyslipidemia –

41. Patient with necrotizing pancreatitis drain done and patient improved what is the metabolic effect

A.insulin resistance

B.hypoglycaemia

C.inhibit gluconeogenesis

D.lipidolysis

42. Screen test for Diabetic found, 90% sensitive, 80% specific, WOTF is correct?

A. 80 % of patient was diabetic

B. 90 % was diabetic

43. 7days newborn girl born with ambiguous genitalia with hypotension on investigation: low Na, how to treat ?

glucose + Saline -A

B- Hydrocortisone with saline

-CAH-

44. Case Scenario For man present with mass in the abdomen, US show calcified lesion, your Dx ?

A- Carcinoid

lymphoma -B

45. Case Scenario for child with nephrotic syndrome treated by steroid, what is the first thing to improve?

edema -A

B- protein in urine

C- urine strip for pt

46. Case Scenario for Child with DM type 1 present in E.R with symptoms and signs of DKA, what is the next step ?

A- provide management plan

B- wait family and discuss

- C- concern child for DM type 1
- D- discuss with child only

47. Pregnant women in 38 weeks during her C.S surgeon noted bleeding came from the upper abdomen, what the source of bleeding ?

- A- liver hemangioma
- mesentericaneurysm-B
- C- aorticaneurysm
- D-perforated peptic ulcer

48. Child with peri oral and central cyanosis , Dx ?

TOF -A

49. Man with blunt trauma , what site of aorta is injured ?

- A- aorticarch
- B- distal part of aorta in subclavian site
- C- proximal part of aorta

50. Man in ER with pain in the right upper abdomen with vomiting ultrasound shows thick wall of gallbladder and fluid accumulation around management

A - lap cholecystectomy after 12 weeks

B - percutaneous drain

C - open cholecystectomy

N.B: it is acute calcular Cholecystitis.

51. Appendicitis without pus management

A- lap appendectomy after 12 weeks

B- open appendectomy after 12 weeks

C - immediate appendectomy

N.B:Acute appendicitis = immediate open appendectomy

N.B:Appendicular abscess = ABx and percutaneous drainage

N.B:Appendicular mass = conservative Oshler scheren regimen

52. Symptom confirm diagnosis of eosinophilic esophagitis

dysphagia -A

-B sticking of food in esophagus

C - chest pain centrally located not respond to antacid

D - confirmation by biopsy and endoscopy

If asking about what clinical feature is highly related to EoE so C

If about how to confirm Dx, so D-

** Q about MI types of ECG changes

** Q about 2 nodules in thyroid management

53. Most important prognostic and preventing factor post MI :

A- Decrease lipid

B - stop smoking

C- decrease weight

exercise - D

54. Patient with fever right upper abdominal pain +ve serology of echinococcus (hydatid disease) **picture management

albendazole -A

???.cyst -B

C- Laparoscopiccystectomy

D - percutaneous drainage

55. Pt with appendectomy what is the most common infection post op?

fragilisbacterial -A

B- staph

C- shigella

D- pseudomonas

The organisms most frequently isolated from the wound after appendectomy are Bacteroides (especially B. fragilis)

56. protin +2, ketonuria, glucose high, pregnant 37 wks + 8 days, management ?

A- induction of labor

B- CS

57. treatment of chlymedia

A- azithromycin

B- doxy cyclin

Azithromycin cuz it takes 1g once daily rather than doxycycline who taken twice daily

58. child frequent eye blinking, normal all

A- Tic disorder

B- eye dryness

59. 6 months baby have oral candida

A- oral anti fungal

B- systemic anti fungal

C- oral and systemic anti fungal

Oral cuz there is no cutaneous involvements

60. pregnant 2nd trimester -> high BhCG, indicate what?

A- normal pregnancy

B- complete ...?

C- Down

Triple test

• Triple test screens for following fetal disorders.

Disorders	MSAFP	uE3	Beta hCG	Inhibin A
Open NTD	increased	No change	No change	No change
Downs syndrome	decreased	decreased	increased	Increased
Trisomy 18	decreased	decreased	No change	No change

Table showing the pattern of results seen in triple and Quad test screening . (from callens 5th).

61. وحده شربت لين وبعده ._. fever, abdominal pain, low back pain
Brucella, ttt 6 weeks ??

Triads of brucellosis is fever which increase afternoon, back pain, sweating,
The recommended treatment for brucellosis is given combination of rifampin and doxycycline for 6-8 weeks

62. Hepatitis c needle stick, how much the risk to get infection?
A- 0.03 %
B- 3 %
C- 30 %

63. pt will do thyroidectomy suffer from MR give?
A- cefazoline for wound infection
B. Amoxicillin for endocarditis
C- amoxicillin & cefazoline together
D- Give nothing
N.B: Thyroid surgery is a clean procedure so no need for prophylactic ABx
N.B: Valvular disease is not indicated for endocarditis ABx prophylaxis.

64. pt with constipation for 2 days suffer from severe anal pain ex at 6 & 12 o'clock
A- not laceration
B- internal sphincter abscess
C- anal fissure
D- fistula
N.B: Most common site of anal fissure is 6 (posterior) then 12 o'clock

65. post-menopausal flushing mechanism?
A- Vasodilation
B-High FSH
C- Vasoconstriction
N.B: to confirm diagnosis of menopause (elderly with hot flashes + night sweats) = FSH
N.B: pathophysiology of flushing in menopause = low estrogen leads to vasodilation (Consultant Obe/Gyn).

66. You was talking to patient to get details on the history but the patient interrupted u and start to talk about his point of view regarding his diagnosis and the reason of his disease. How u would act:
A. Refer him to another doctor
B. Apologize to him and start close ended Q
C. Let him finish his point of view

67. hormonal replacement therapy. We should know if she have uterus or post hysterectomy.

You must know does she have uterus or already removed to assess her for endometrial cancer risk

- given in combination with estrogen for women with an intact uterus to prevent development of endometrial hyperplasia/cancer

Table 16. Examples of HRT Regimens

HRT Regimen	Estrogen Dose	Progestin Dose	Notes
Unopposed Estrogen	CEE 0.625 mg PO OD	None	If no intact uterus

68. how to diagnose recovery from preeclampsia

A- BP

B- proteinuria 3 test

C- proteinuria 5 test

69. hypertensive lady controlled in pregnancy may complicated by

A- abnormal fetal presentation

B- abnormal placenta

C- Preterm labor

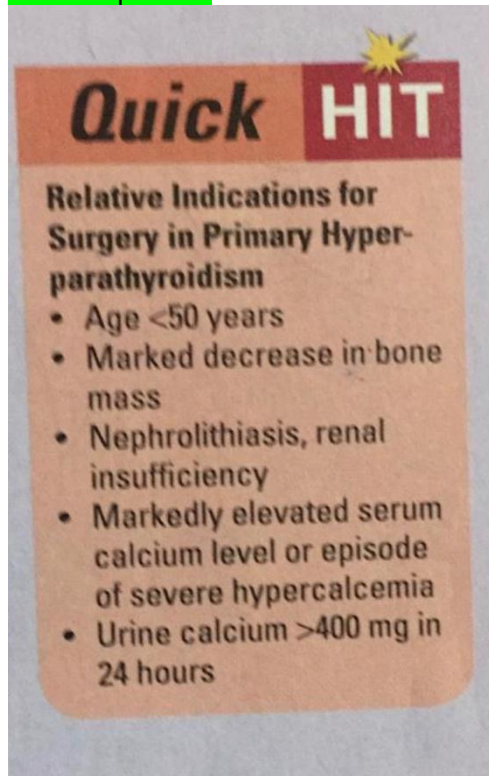
N.B: Preeclampsia is a risk factor for preterm labor, but here the scenario is only controlled HTN so I think it is B

70. 40 yr parathyroid adenoma

متى اضطر أعمل -> parathyroidectomy

A- age > 50

B- osteoporosis



71. مريض بيعمل صيغة _ .

precaution?

A-Avoid Diuretic (before)

B-NaCl (After)

Both are correct according to which is given in choices.

72. swelling med line under thyroid bone, motile

thyroglossal cyst

73. 74. Neck mass ; biopsied showing (thyroid follicular cells)

Answer : ectopic thyroid

CLINICAL FEATURES

The majority of patients with ectopic thyroid are asymptomatic, while some cases are detected incidentally. Symptoms are usually related to size and location of the ectopic gland as well as associated endocrine dysfunction. In lingual thyroid, clinical manifestations peak at a mean age of 40 years with two statistical peaks at the ages of 12.5 and 50 years.⁶³ Common symptoms include cough, pain, dysphagia, dysphonia, dyspnoea and haemorrhage.^{2,43,63} Large masses can present with airway obstruction and stridor in children, while a third of patients have evidence of hypothyroidism.⁶³ Sleep apnoea

74. thyroid mass cytology -> medullary thyroid carcinoma, rt lobe سليم

A- total

B- subtotal

C-radiotherapy

D-chemotherapy

total thyroidectomy to avoid the recurrence in other lobe

75. lesion in upper thigh (irregular margin)

A- excision biopsy

B- punch biopsy

76. هنا غالباً يقولك old pt had bilateral shoulder pain now bilateral hip pain

polymyalgia rheumatica

- it is a chronic inflammatory condition affect the elderly, pt will suffer from sever pain and stiffness in the shoulder and hip but may affect all the body

The screenshot displays a medical website page for Polymyalgia Rheumatica. The page is divided into several sections: Presentation, Treatment, and Complications. The Presentation section lists symptoms such as muscle pain and stiffness in the neck, shoulders, or pelvis for more than 2 weeks, stiffness being more prominent in the morning, difficulty rising out of a chair or lifting arms above the head, constitutional symptoms like fatigue, low-grade fevers, and weight loss, and physical exam findings like normal muscle strength, reduced active and passive range of movement, and joint swelling. The Treatment section discusses management approaches, including low-dose corticosteroids and methotrexate. The Complications section mentions blindness caused by giant cell arteritis.

Presentation

- Symptoms
 - muscle pain and stiffness in the neck, shoulders, or pelvis for > 2 weeks
 - stiffness is more prominent in the morning
 - difficulty rising out of chair or lifting arms above head
 - constitutional symptoms
 - fatigue
 - low-grade fevers
 - weight loss
 - headache may indicate giant cell arteritis
- Physical exam
 - normal muscle strength
 - reduced active and passive range of movement
 - joint swelling may be appreciated

Treatment

- Management approach
 - if patients do not rapidly respond to low-dose corticosteroids, consider an alternative diagnosis
 - nonsteroidal anti-inflammatory drugs usually do not have any effect
- Medical
 - systemic low-dose corticosteroids
 - indication
 - initial therapy for patients with polymyalgia rheumatica
 - low-dose steroid response is usually rapid
 - consider supplementing with calcium and vitamin D for prevention of osteoporosis
 - methotrexate
 - indications
 - added to treatment regimen for patients on prolonged therapy and with inadequate response to steroids
 - used in patients in whom steroids are contraindicated

Complications

- Blindness caused by giant cell arteritis

77. Celiac disease biopsy done , showing villous atrophy ,
What else could you finding?

B- subtle crypt lengthening

C- high lymphocyte

78. laparoscopic cholecystectomy come with discharge from middle
mangement ?

A.daily dressing

B- wound inspect

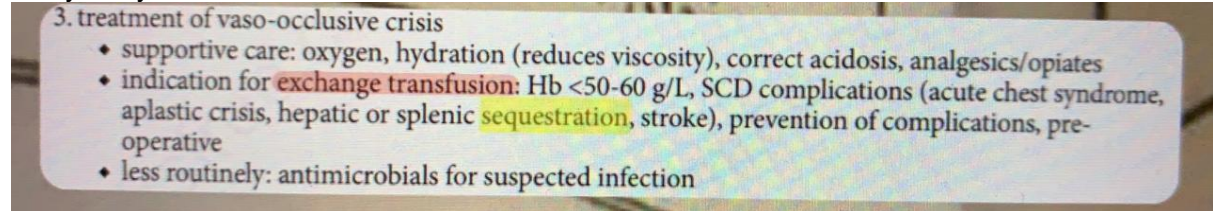
C- exploration

79. sickle cell anemia, splenomegaly, hypersplenism

CBC كحاجة قليل

A- exchange transfusion

B- hydroxyurea



80. meningitis -> LP

G+ve, b B hemolytic +ve, coagulase +ve

ttt?

A- Ampicillin

B- cefapime

81. tension pneumothorax, best ttt ?

A- thoracocnthesis

B- tube thoracotomy

82. pulmonary edema

CHF with poor prognosis

best ttt with diuretic

83. Parkinson disease Diagnosis?

A- Clinical diagnosis

B- CT

Parkinson disease is a clinical diagnosis. No laboratory biomarkers exist for the condition, and findings on routine magnetic resonance imaging (MRI) and computed tomography (CT) scan are unremarkable. Positron emission tomography (PET) and single-photon emission CT (SPECT) may show findings consistent with Parkinson disease, and olfactory testing may provide evidence pointing toward Parkinson disease, but these studies are not routinely needed. (Olfactory testing can reveal hyposmia, which may precede the motor signs of Parkinson disease by several years. Medscape

84. cystic fibrosis or celiac

اجتمعوا مع الدكتور عشان يعرفوا كيفية التعامل + prognosis

الجلسة اسمها ايش؟

A- summarisation

B- verbal communication

85. pic of open fracture -> debridement and surgery

86. pic of HSP. Ttt ? Suppurative treatment

- Immunoglobulin associated with it is IgA, Most complication is nephropathy

H (hematuria)

S (skin purpura)

P (paini abdomen ,pain in joint)

87. pic of vulva and papule ->

A- reassurance

B- More investigation

We should investigate for STDs

88. 3 yo child :

A) draws triangle

B) use stairs

AGE	GROSS MOTOR	FINE MOTOR-ADAPTIVE	PERSONAL-SOCIAL	LANGUAGE	OTHER COGNITIVE
2 wk	Moves head side to side		Regards face	Alerts to bell	
2 mo	Lifts shoulder while prone	Tracks past midline	Smiles responsively	Cooing Searches for sound with eyes	
4 mo	Lifts up on hands Rolls front to back If pulled to sit from supine, no head lag	Reaches for object Raking grasp	Looks at hand Begins to work toward toy	Laughs and squeals	
6 mo	Sits alone	Transfers object hand to hand	Feeds self Holds bottle	Babbles	
9 mo	Pulls to stand Crawl well Gets into sitting position	Starting to pincer grasp Bangs two blocks together	Waves bye-bye Plays pat-a-cake	Says Dada and Mama, but nonspecific Two-syllable sounds	
12 mo	Walks Stoops and stands	Puts block in cup	Drinks from a cup Imitates others	Says Mama and Dada, specific Says one to two other words	
15 mo	Walks backward	Scribbles Stacks two blocks	Uses spoon and fork Helps in housework	Says three to six words Follows commands	
18 mo	Runs	Stacks four blocks Kicks a ball	Removes garment "Feeds" doll	Says at least six words	
2 yr	Walks up and down stairs Throws overhand	Stacks six blocks Copies line	Washes and dries hands Brushes teeth Puts on clothes	Puts two words together Points to pictures Knows body parts	Understands concept of today
3 yr	Walks steps alternating feet Broad jump	Stacks eight blocks Wiggles thumb	Uses spoon well, spilling little Puts on T-shirt	Names pictures Speech understandable to stranger 75% Says three-word sentences	Understands concepts of tomorrow and yesterday
4 yr	Balances well on each foot Hops on one foot	Copies O, maybe + Draws person with three parts	Brushes teeth without help Dresses without help	Names colors Understands adjectives	
5 yr	Skips Heel-to-toe walks	Copies □		Counts Understands opposites	
6 yr	Balances on each foot 6 sec	Copies Δ Draws person with six parts		Defines words	Begins to understand right and left

89. smoking + pregnancy ... -> IUGR

90. pic or discription -> cauliflower -> condyloma accuminata

91. .case of hyperkalemia..ttt -> Ca gluconate

- Yes initial ttt of hyperkalemia is Ca gluconate to avoid cardiac complication then give the pt insulin

92. .Physical activity in adult

A- 1/2 hour in 5 days

B- 1/3 hour in 6 days

N.B: 150 hours per weak.

93. hematemesis -> chronic liver disease

Esophageal varices

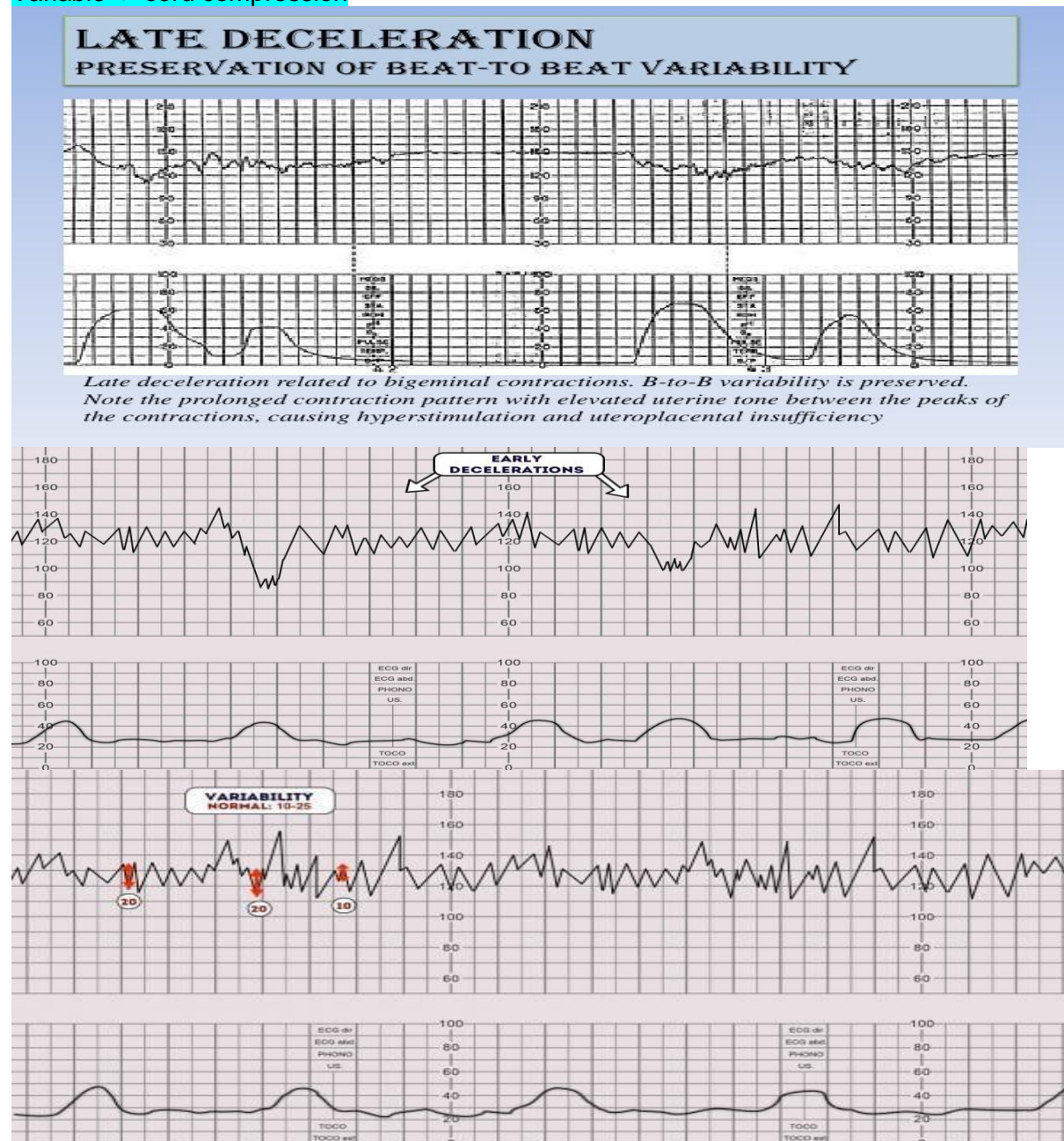
Most common cause of mild hematmesis is peptic ulcer then esophageal varices

Most common cause of severe hematmesis is esophageal varices

94. hematemesis ->endoscope ->resuscitation
Before endoscope what you'll give
A- vasopressin

95. hematemesis, no h/o peptic ulcer
A- Erosivegastritis
B- Mallory weiss syndrome
- No hx of peptic ulcer rule out the erosive gastritis

96. CTG, deceleration
Late -> placenta insufficiency
Early -> head compression
Variable -> cord compression



97. .seizure in pregnancy

A- Mg sulfate

98. .child have abdominal pain, testes tender, horizontal testis above the other one
A-US

B- scrotal exploration

C- angiography

99. .ttt of testicular torsion ?

Surgery

100. .egg allergy vaccine -> yellow fever

Egg with yellow fever

- Yellow fever vaccine is cultured in chicken embryos and contains egg protein
- Anaphylactic reactions in egg-allergic persons have been reported
- Chicken proteins other than those found in chicken egg may be present in yellow fever vaccine
- A history of allergy after the ingestion of egg, raw or cooked, should be sought before the administration of yellow fever vaccine

Middleton's Allergy, 8th Edition

1. 102. Which vaccine cause GBS ? Polio

2. 103.vaccine contraindicated in pregnancy ? MMR, Varicella

104.child with low immunity, which vaccine we shouldn't give ?

Varicella

105. عايز يننعتطعطيها تطعيمه نعملايه؟
cushinoidapp طفلها خدستيرويد منغفرة طويلة وصار عنده

وعايز يننعتطعطيها تطعيمه نعملايه؟

A- no problem to give him vaccine

B- give immunoglobulins

C- give him vaccine after 1 month

106. .case of shock (cardiogenic)

2 different quistion

One with increase capillary refill? septicshock

One with fever ? bacteremia sepsis

107. Doctor asked the resident to give antibiotic to the patient but resident think that the patient had sensitivity to it. What to do as a resident?

A-Ask doctor to sign the order.√

B-Give the patient the antibiotic.

C-Neglect the doctor order.

108. Family think vaccine harm son. What to do?

A-Counseling and Explain to family the advantages and importance of vaccines.√

109. A patient will undergo elective surgery. Pt don't want to know the surgery details but anesthesiologist insist to tell her. What to do?

A- Tell pt anesthesiologist decision.√

B- Reschedule surgery until see another anesthesiologist

N.B: U have to tell pt why u delay surgery, can't choose B without explain to pt.

110. 15 years old male come to ER and LP should be done to r/o meningitis. What is true regarding consent?

A- Take Consent from parents√

B- No consent it is an ER case

C- Consent from patient

D- Consent parents and ancentpt .

Consent for children

Parents have the overall right to decide for children below the age of majority, which is 18 years in Saudi Arabia. If both parents refuse, the physician can go ahead and give emergency life-saving treatment with no consent in the interests of saving life. If the two parents disagree, the physician can go ahead and give life-saving treatment based on the consent of one parent. Refusal by one or both parents of non-urgent treatment that the physician considers necessary for saving life can be resolved by reference to the law courts. Children below the age of discrimination, *sinn al tamiiz* (سن التمييز), which is seven years, have no say at all in decisions regarding treatment; everything is in the hands of the parents. Children above the age of seven, but below puberty, have increasing intellectual capacity to understand and participate in decision making. It is prudent to listen to them and consider their views in the full knowledge that it is the parents who will consent; the children can only assent. Children above puberty are virtually adults and unless there is evidence for their incompetence, they should be allowed to make decisions about their treatment. However, since the age of majority is 18 years, parents should assent to these decisions before they are carried out.

Consent for the mentally impaired

111. Pt female insisted to take HRT and you told her it is not fit for her. What to do?

A-Refuse to give her HRT.√

112. Couples ask for surrogacy :

A-Tell them it might be illegal in KSA.√

113. Increase domestic violence in ?

A- pregnancy√

N.B: Pregnant women are at high risk of domestic violence in all cultural groups.

114. When to start education about breast feeding ?

A-2nd trimester

B-3rd trimester

C-after delivery

D-before pregnancy✓

115. Asthmatic patient not controlled on SABA. What to do next ?

A- Add ICS.✓

N.B: BA management started by SABA, then add ICS, then LABA if not controlled.

116. WOTF is a sign of acute severe asthma?

A-RR >25.✓

B-HR > 100.

C-O2 saturation < 95%.

D-Peakexpiratoryflow < 300.

Moderate asthma	Increasing symptoms PEF >50–75% best or predicted No features of acute severe asthma	
Acute severe asthma	Any one of: <ul style="list-style-type: none">- PEF 33–50% best or predicted- respiratory rate \geq25/min- heart rate \geq110/min- inability to complete sentences in one breath	
Life-threatening asthma	Any one of the following in a patient with severe asthma:	
	Clinical signs	Measurements
	Altered conscious level	PEF <33% best or predicted
	Exhaustion	SpO ₂ < 92%
	Arrhythmia	PaO ₂ < 8 kPa
	Hypotension	'normal' PaCO ₂ (4.6–6.0 kPa)
	Cyanosis	
	Silent chest	
Poor respiratory effort		
Near-fatal asthma	Raised PaCO ₂ and/or requiring mechanical ventilation with raised inflation pressures ⁵⁰⁴⁻⁵⁰⁷	

PaO₂: partial arterial pressure of oxygen

kPa: kiloPascals

PaCO₂: partial arterial pressure of carbon dioxide

117. Pt known COPD , come to ER drowsy , o2 sat 84 % , ABGS shows I think respiratory acidosis. TTT?

A-o2 by mask

B-mechanical ventilation(Not sure)

C-Nubelizer

118. Type of ABG abnormality in excessive vomiting ?

A-Metabolic alkalosis with hypokalemia ✓

119. Pt known case of PUD diagnosed 8 years ago come with vomiting 2 weeks ago. On exam dehydrated and abdominal Splash test +ve. What expected on ABG?

A-metabolicacidosis

B-Metabolic alkalosis. ✓

C-compensated

N.B: This is about Gastric outlet syndrome due to pyloric hypertrophy obstruction complicated a long standing PUD. Suction Splash test is positive in gastric outlet obstruction.

120. Umbilical hernia in a 10 months old baby. Management?

A- observation ✓

N.B: Most of UH don't need any ttt. Usually the hole heals on its own by time your child is 4 or 5 years old. If not so do the surgery before the child enter the school.

121. 2 days old baby with seizure. LP done and reported normal. Dx?

A-neonatalsepsis

B-asphyxia ✓

N.B: Hypoxic ischemic encephalopathy "birth asphyxia" is the most common cause of neonatal seizures, with LP r/o meningitis so most likely it is birth asphyxia.

122. Child with pneumonia (in Right middle lobe) with x ray, vital signs stable. Management?

A-admission for iv abx

B- prescribe amoxicillin for 7 days and discharge

123. Pt had retained placenta and has bleeding what type of PPH ?

A-primary ✓

B- secondary

124. Pt in labor, dilatation 5cm since 2 hour , effacement 100 , station 0. Management?

A-observe ✓

B-give oxytocin

125. Pt in labor, dilatation 5cm since 2 hour , effacement 100, station 0. Management?

A-observe ✓

B-give oxytocin

126. Case of PPH. What to give?

A-oxytocin.(First drug to be given). ✓

B-ergot

C-carboprost

Postpartum Hemorrhage

Definition

1. traditionally defined as ≥ 500 ml of blood following vaginal delivery
2. New ACOG definition: cumulative blood loss ≥ 1000 ml or blood loss with signs/symptoms of hypovolemia within 24 hours of the birth process

Causes

- Uterine Atony – leading cause of PPH
- Retained products of conception
- adherent placenta (accreta, increta, percreta)
- Trauma including lacerations
- Coagulopathy (especially thrombocytopenia due to HELLP or preeclampsia with severe features)

4Ts of PPH

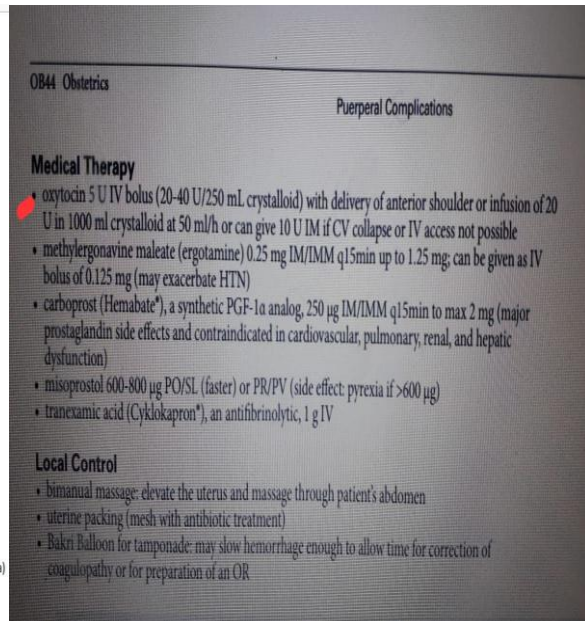
Tone
Trauma
Tissue
Thrombin

Risk Factors

- Large for gestational age
- Multiple gestational
- Polyhydramnios
- macrosomia
- Chorioamnionitis
- Prolonged use of oxytocin
- Instrumentation delivery
- Bleeding diathesis

Treatment

1. Maneuvers:
 - uterine massage +/- bimanual compression
2. Medications:
 - Oxytocin (10-40 U in 1000 ml as continuous infusion)
 - TXA – (1g over 10 minutes)
 - Cytotec (600-1000 mg rectally, oral, or sublingual)
 - Carboprost (IM .25 mg, contraindicated in asthma)
 - Methylergonovine (IM .2 mg, contraindicated in CAD, HTN, preeclampsia)
3. Surgical/Invasive including Bakri Balloon, vascular ligation, TAH



127. Pt want to stop smoking, he has HTN and epilepsy. what is contraindicated?

A-bupropion ✓

N.B: U might be asked about S/E of bupropion? Headache.

128. Pt female has history of recurrent PPH. What to do ?

A-active management of 3rd stage of labor. ✓

129. Pt had a previous C-S. Now pregnant at 36 weeks with abdominal pain. Vitals: hypotensive, tachycardia. Dx?

A-uterine rupture

B-abruptio placenta. ✓

N.B: Hypotension + tachycardia are signs of abruption of the placenta.

130. Yellowish greenish vaginal discharge increase with intercourse Dx?

A-trichomonasvaginitis. ✓

B-bacterial vaginosis.

131. Pt had menopause at age of 40. She is at increased risk of?

A- increase risk for osteoporosis. ✓

132. Anal itching and pain after defecation ?

A- anal fistula

B- anal fissure. ✓

N.B: features of anal fissure are: visible tear around anus, skin tag or lump near tear, sharp anal pain related to defecation, streaks of blood on stools, burning or itching in anal area.

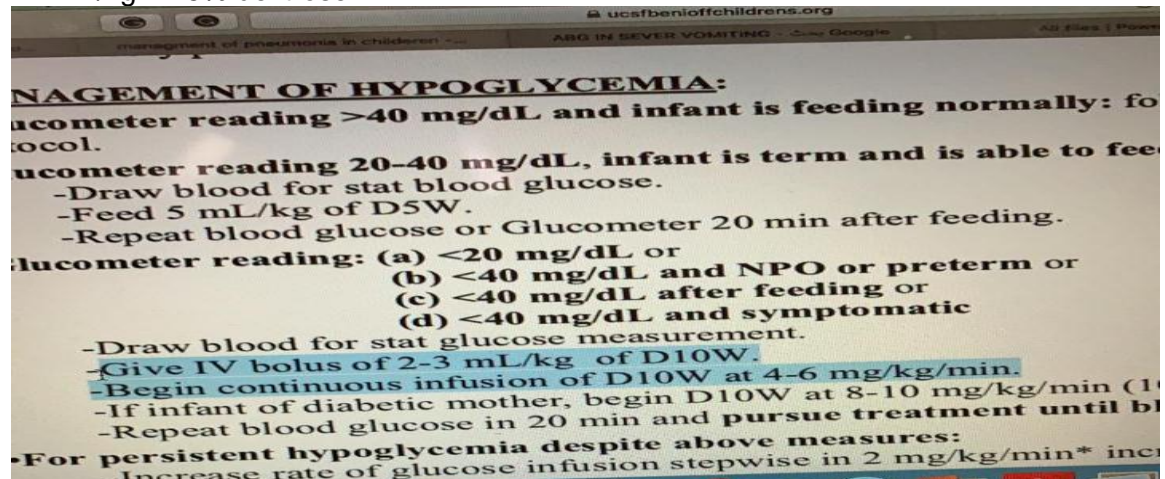
133. Newborn with hypoglycemia. What to give?

A-2ml/kg of 10% dextrose.

B-2ml/kg of 12.5% dextrose

C-4ml/kg of 10% dextrose

D-4 ml/kg 12.5% dextrose



134. Newborn of diabetic mother. From where take sample?

A- central venousline.

B- peripheral

C- nasogastric

D- orogastric

135. 20 years old male with meningitis and seizure. TTT?

A- Vancomycin and Ceftriaxone.

B- vancomycin + ceftriaxone + steroid.

- In regions with known or suspected penicillin-resistant strains of Pneumococcus, **high dose vancomycin** should be used in combination with a **third-generation cephalosporin** [IVC].
- Patients with risk factors for Listerial meningitis (old age, immunosuppressed) should receive **IV Amoxicillin** in addition to a third-generation cephalosporin as the empirical treatment of ABM initially [IVC].
- Dexamethasone in high doses may be appropriate as an adjunctive therapy and should be given shortly before or with the first dose of antibiotics.
- All ABM patients should be managed as medical emergencies and when available, treated in neurological intensive care units.

Predominant WBC: Neutrophils (10-500/ μ L), Lymphocytes

Treatment

- bacterial meningitis is a medical emergency: **do not delay antibiotics for CT or LP**
- empiric antibiotic therapy
 - age <6 wk: ampicillin + cefotaxime IV OR ampicillin \pm an aminoglycoside IV; add vancomycin if suspect *S. pneumoniae*
 - 6 wks-3 mo: ampicillin + cefotaxime + vancomycin
 - age >3 mo: **vancomycin + cefotaxime OR ceftriaxone IV**
 - ♦ add ampicillin IV if risk factors for infection with *L. monocytogenes* present: age >50, alcoholism, immunocompromised
- **steroids in acute bacterial meningitis: dexamethasone IV within 20 min prior to or with first dose of antibiotics**
 - continue in those patients with proven pneumococcal meningitis
 - not recommended for patients with suspected bacterial meningitis in some resource-limited countries
 - not recommended for neonatal meningitis

136. 50 years old male with meningitis, most common pathogen?

A-Streptococcus pneumoniae.

B-listeria.

N.B: Listeria in 60 and above.

NEWBORN (0-6 MONTHS)	CHILDREN (6 MONTHS-6 YEARS)	6-60 YEARS	60 YEARS +
GBS	<i>S pneumoniae</i>	<i>N meningitidis</i> (#1 in teens)	<i>S pneumoniae</i>
<i>E coli</i> /GNRs	<i>Neisseria meningitidis</i>	<i>S pneumoniae</i>	GNRs
<i>Listeria</i> (see Figure 2.8-9).	<i>H influenzae</i> serotype b	Enteroviruses	<i>Listeria</i>
	Enteroviruses	HSV	<i>N meningitidis</i>

137. 22 weeksgestation , os dilated 1.5 cm. Dx?

A-cervical incompetence

138. 1st trimester ,Os closed , mild spotting. Type of abortion?

Threatened abortion.

139. 1st trimester, Os closed and speculum revealed heavy bleeding. Type of abortion?

Threatened abortion.

	THREATENED ABORTION	INEVITABLE ABORTION	INCOMPLETE ABORTION	COMPLETE ABORTION	MISSED ABORTION	SEPTIC ABORTION
P/A	Uterus corresponding to the POA	Uterus corresponding to the POA	Less than the period of amenorrhea	Uterine size less than the POG or not palpable	Uterus doesn't enlarge anymore, may become smaller	Diffuse tenderness +
P/S	Cervix os closed, slight bleeding	Os dilated, bleeding	Products are seen protruding through the OS	Os closed, minimal bleeding	Minimal bleeding	Foul smelling discharge
P/V	Cervix soft, Uterus corresponding to the POA	Os dilated and products of conception may be felt	Os dilated and products of conception may be felt			

140. Ectopic pregnancy treated with salpingostomy, what next ?

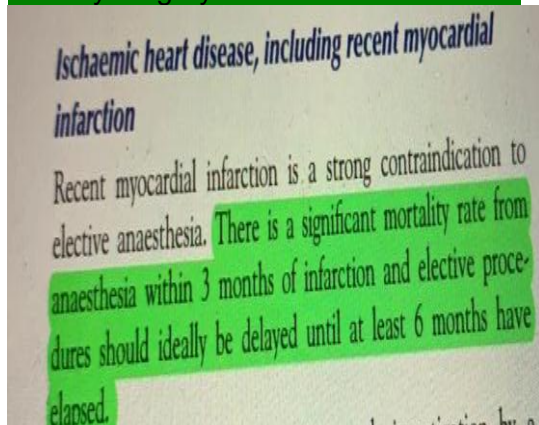
A-no follow up needed

B-follow up Bhcg after a week and till zero.

141. Pt has MI 6 weeks ago come for elective laparoscopic cholecystectomy. What to do?

A-do it now

B-delay surgery until 6 months from MI



142. Child with jaundice and anemia ,blood film , coombs direct and indirect are positive, reticulocytes high. Dx?

A-autoimmune hemolytic anemia.

B-spherocytosis

143. Inguinal hernia reducible, TTT?

A-simple repair

B- Elective open hernioplasty with mesh repair.

C-lapraspic

D-observe

N.B: Best for hernia is open surgery except: female for cosmetic reason + bilateral + obese so here it is better for lap surgery.

144. what's hemosiderin disposition in macrophages in the lung is indicative of?

A-CMV

B-chronic lung infection

C. Heart failure.

D-pneumocystis jiroveci

145. which group of drugs is contraindicated in diabetic patients with heart failure?

A-biguanides

B- dipeptidyl peptides IV inhibitors

C- GLP-1 analogous

D- SGLT-2 inhibitors

E- Thiazolidinediones.

146. Management of late deceleration?

A-change position.

147. Hemorrhoidectomy is a treatment for?

A-internal piles.

B-external lateral hemorrhoids.

C-fissure.

148-Child with viral diarrhea ?

A-supportive rx

149-Child with abd pain postprandial, distention , diarrhea , ?

A-carb intolerance

celiac-B

IBD-C

D-CYSTIC FIB

150-Child with abdpain , distention , diarrhea , failure to thrive , buttock muscle wasting ?

A-celeic

Ibd-B

151-Pt has abdpain , father has hx of h pylori , her urea breath test +ve , dx ?

A-h pyloriinfection

152-Asthmatic child mother said cannot be sure of proper technique, what the cause of uncontrolled asthma?Bneed step up ?

A-improper technique

153-Dermatology in celiac disease ?

A- dermatitis herpetiformis

154-Female with hypotention ,hypok+ , hyponNa , dark line in hand scar what next :

A-dexasuppression test

B-cortisollevel

C-syntchan test

155-Turner syndrome ass with ?

DM-A

B-hypothyroidism

‡ hyperprolactinemia-C

156-Pt 660 years ask for cardiac assessment : ASCVD RISK 6.5 % WHAT ELSE ?

A-highly sensitive CRP

B-stessecho

157-Pt has multiple multiple liver lacertion what to do ?

A-prehepatic packing

rthepatectomy-B

Isligationvesse-C

158- Pt had rt appeindecealabcess what pathophysiology ?

-Avasoconstriction

B-redistribution of blood vessels

159-Pt had chest trauma nad 3/4 rib fracture , paradoxical chest movement ?

A-chest tube

B-needle aspiration

160-Post partum has dvt started on enoxaparine then developed PE :?

same-A

B-give thrombolytic

****PE treated by anticoagulant Thrombolysis in PE has indications in unstable patient with hypotension**

161- meningitisprophylaxis ?

A-oralrifampicin .

depends on age (child oral rifampicin ,If adult Ciprofloxacin)

162- vaccine can pregnant take ?

A-influenza

- ١٦٣pt had low immunity vaccine not to give ?

A-varicella

- ١٦٤about x linked agammaglobulinemia

Difiency in Cd19 and CD 20

X-LINKED AGAMMAGLOBULINEMIA or BRUTON AGAMMAGLOBULINEMIA

X-linked agammaglobulinemia	
Clinical manifestations	<ul style="list-style-type: none"> • Recurrent sinopulmonary & gastrointestinal infections after age 6 months • Absence of lymphoid tissue on examination (eg, tonsils, lymph nodes)
Diagnosis	<ul style="list-style-type: none"> • ↓ Immunoglobulins & B cells • Normal T cell concentration • No response to vaccinations
Treatment	<ul style="list-style-type: none"> • Immunoglobulin replacement therapy • Prophylactic antibiotics if severe

After maternally acquired IgG begin to ↓

However, these tissues are not prominent until after 2 years in healthy children

Monthly IVIG

Defect in tyrosine kinase that prevent the development of mature B cells from pre B cells in bone marrow (B lymphocytes= total lymphocytes- T lymphocytes) Predisposed to recurrent infections with encapsulated organisms like H. influenza, S. pneumoniae due to impaired humoral immunity

165-Pap smear ?

A-3 years continue

<21 yo	• No Pap Smear Testing
21-29 yo	• Pap Smear Every 3 years
30-65 yo	• Pap Smear <u>without</u> HPV Every 3 Years • Pap Smear <u>with</u> HPV Every 5 Years
>65 yo	• No Pap Smear <u>if</u> Previous Pap Was Adequate & Negative

166-Pt 40 years old what to tell about pap smear ?

A-5 years

B-3 consecutive neg results no need for further

167-Question about hemorrhagic shock

168-Question cardiogenic shock

☑ Best vassopressors :

Septic shock : nor epinephrine

Anaphylactic shock : epinephrine

Neurogenic shock : dopamine

Cardiogenic shock : dopamine

epinephrine : shock Hypovolumic

1. scenario pt with resting tremors mask like faces ?

A-Parkinson's disease

B-tardivedyskinesia

C-hypothyroidism

169- a scenario of pt describing rash on palms and soles and syphilis features causative organism ?

A-treponema pallium

170- charcoastriad ?

A-acute cholangitis

B-acute cholecystitis

C-acute appendicitis

? duodenal perforation treatment - 171

A-simple closure with omental patch "Graham omental patch"

172- anal fissure treatment 2 mcqs related to this ?

A- Lateral internal sphincterectomy

B-externalsphincterectomy

173- aggressive treatment of SLE ?

A-prednisolone and mycophenolatemofetil

prednisoneandhydroxychloroquine-B

C-prednisone and cyclophosphamide

174- Another scenario of SLE on hydroxychloroquine developed some additional symptoms what to do ?

addprednisone-A

B-increase the dose of hydroxychloroquine

175- a pt with history of OCP use what is associated with it?

anemia A

B history of fatigue

C history of DVT

176- third and fourth degree perineal tears due to ?

A unrestrained legs and squatting position

B unrestrained legs and sitting on chair

C restrained legs and use of forceps and other metallic instruments

177- ECV contraindicated in ?

A-AFI less than 22

B-Cord length greater than 36 or 38mm

C-Placenta Previa

178- a scenario of pt with 11 months history of fatigue developed jaundice 1 to 2 wks ago with raised lfts ?

HCC A

B AUTOIMMUNE HEPATITIS

179- a pic of ultrasound showing chocolate cyst (endometrioma) ?

A associated with increased risk of infertility

180- a pic of child with crusting on chin ?

A impetigo

B cellulitis

erysipelas C

181- multiple draining sinuses ?

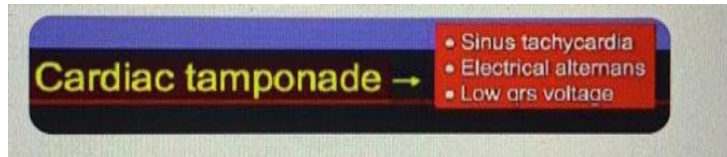
carbuncle A

182- a scenario of cardiac tamponade muffled heart sound distended neck veins on ecg specific finding

A- diffuse st elevation

B- prdepression

- **The answer is low voltage or sinus alternans**



- 183- ecg showing heart block
 A- first degree
 B- 2nd
 rd^r -C
 D- 4th

ECG Basics - Heart Blocks

First Degree AV Block



Rhythm: Regular
PR interval: Prolonged >0.20 sec
P Wave: Normal
QRS: <0.11 sec

Second Degree AV Block - Type 1 (aka Mobitz I, Wenckebach):



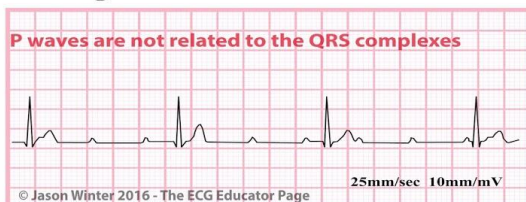
Rhythm: Increasingly Prolonged
PR interval: Irregular
P Wave: Normal
QRS: <0.11

Second Degree AV Block - Mobitz Type 2



Rhythm: Irregular
PR interval: Normal (more P waves than QRS)
P Wave: Normal
QRS: Usually wide >0.10

3rd Degree AV Block



Rhythm: Regular
PR interval: None
P Wave: Normal does not relate to QRS
QRS: Normal or wide

184- a pt rescued from a burning buildinghe is conscious with singed nasal hairs

A- intubation

B- respiratory support

Inhalation Injury Upper Airway Injury

- Treatment:
 - In a patient with a small burn (<15% TBSA), a short course of systemic or inhaled steroids may facilitate earlier resolution of airway edema, steroids are contraindicated in patients with large burns due to the risk of infection and failure to heal.
 - The patient can be extubated based on pulmonary weaning parameters and the presence of an air leak around the endotracheal tube.
 - Once it is safe to extubate, removing the endotracheal tube should be expedited because of the potential nosocomial complication of ventilator-associated pneumonia..

Anas Bahnassi PhD CDM CDE

22

186- a pic of urine dipstick (coloured) showing +3 proteinuria ???

The answer should be (300-1000 mg/dl)

Dipstick Urinalysis Interpretation

negative	0 mg/dL
trace	15-30 mg/dL
1+	30-100 mg/dL
2+	100-300 mg/dL
3+	300-1000 mg/dL
4+	>1000 mg/dL

Protein: Usually proteins are too large to pass through glomerulus (Proteinuria usually represents an abnormality in the glomerular filtration barrier.)

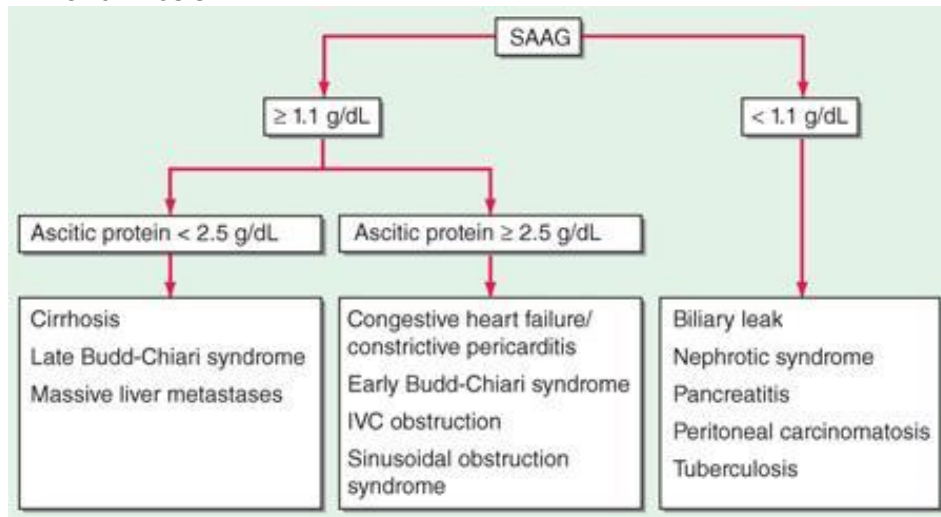
Normal=negative

- Trace amounts normal in pregnancy or after eating a lot of protein
- **Albuminuria:** Albumin in urine

188- saag less than 1.1g/dL Cause

A peritonealtb-A

B liver cirrhosis



189- contraindication of liver transplant

A acute hepatitis

B chronic

C liver cirrhosis

D end stage liver disease

190- milestone of 5 months old child

A sits without support

B coos

C reaches for object

D pincergrasp

191- baby with absent red eye reflex otherwise healthy

A reassurance of pt that it normal s'

B consult ophthalmologist

- Uni :retinoblastoma

Bi: congenital

192- baby after feeding spills the milk examination and labs normal

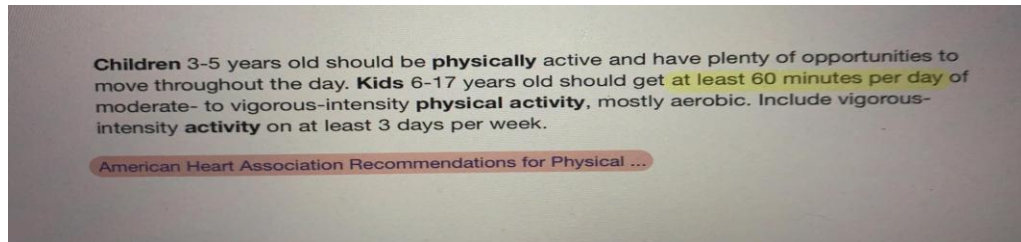
A reassurance of mother and position during feeding

193- playtime for the kids

min 20 A

min 10 B

mins 120 C



194- exercise for Diabetic obese pts (I guess)

A 150 min per week

min/ek 180 B

195- a 10 kg child with severe dehydration calculate maintenance & deficit

L46 A

04 B

76 C

90 D

- If the question only asked about Maintenance >> the answer is 1000 ml/day or 41.6 ml/h
- If the question only asked about Deficit >> the answer *could be the same as above *coz severe dehydration means weight loss more than 10% >> the equation is percentage of body weight loss multiply by the total weight multiply by 10 >> $10 \times 10 \times 10 = 1000 \text{ ml/day or } 41.6 \text{ ml/h}$
- If the question asked about maintenance and Deficit >>the answer is $1000 + 1000 = 2000 \text{ ml/day or } 83.3 \text{ ml/h}$. Or more

196- a pt with biliary duct stone all values normal except alk phosphatase quite raised

A ERCP

B MRCP

C CT abdomen

- if the Question contain stones either in gall bladder or CBD , so the next step you do is ERCP , cuzpt are diagnosed with stone So no need for the MRCP

- if The Question not contain stones but with abnormal Lab result only such as Increase ALk, next step is MRCP to confirm the Diagnosis

198- a child with about 3 yrs hx of steatorrhea abdominal bloating and diarrhea amylase was normal what to do?

A stool for fat

B ultrasound

C anti endomysial antibodies

199- predisposes to cancer

A barretesophagus (Precancerous lesion)

201- causative organism for acute bronchiolitis

RSV A

202- a case of **GB syndrome** with features showing ascending paralysis and hx of URTI

203- treatment of GB syndrome

A plasmapheresis

immunoglobulins IV B

204- a pt with all cell lines depressed

aplastic anemia A

hemolytic B

C Sca

IDA D

205- a male pt with normal T cell count but B cells almost diminished

bruton agammaglobulinemia A

206- a baby with abdominal distension and palpable bladder

A prune belly syndrome

Prune Belly Syndrome

Synonyms of Prune Belly Syndrome

- Abdominal Muscle Deficiency Syndrome
- Congenital Absence of the Abdominal Muscles
- Deficiency of abdominal musculature
- Eagle-Barrett Syndrome
- Obrinsky Syndrome
- Triad syndrome

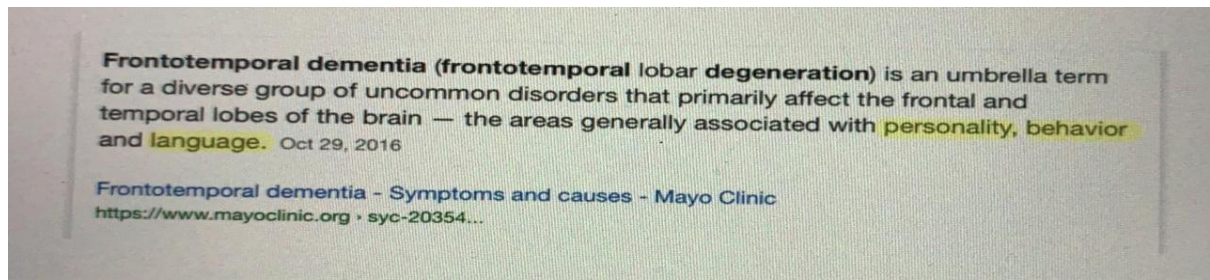
207- a 60 yr old pt fights and argues with every 1 sth related to his cousin was also mentioned which I hv forgotten

A Alzheimer's dementia

B vascular dementia

Huntington's disease

D frontotemporal dementia



208- a scenario showing features of celiac disease

A celiac disease

209- in psoriasis

A clinical hx and examination is adequate to reach the diagnosis

B skin biopsy is confirmatory

210- fixed splitting of S2 bicuspid ventricular hypertrophy

A AVSD

ASD B

C VSd

211- treatment of RHF in which pulmonary edema was developing

furosemide IV A

212- /a pt after carpal tunnel release presented with pain what to give for pain relief

triptans A

opioids B

NSAIDs C

213- H pylori pt treated with clarithro amoxicillin and omeprazole for 10 days not improved what to do?

A same regimen for 14 days again

B switch to doxycycline metronidazole and PPI.

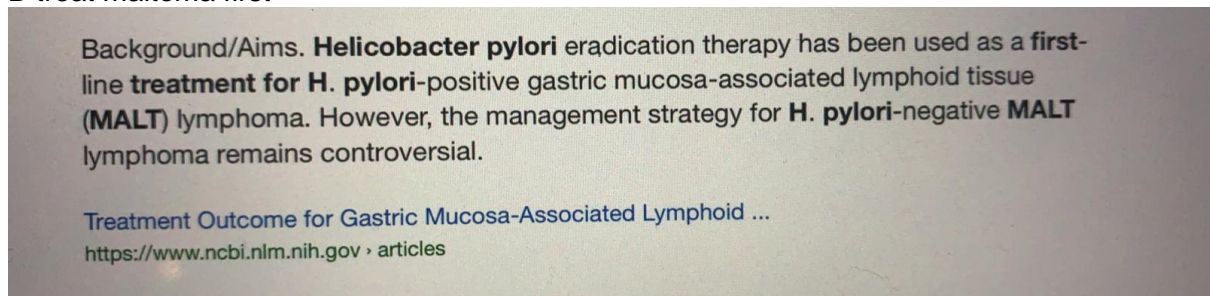
- Look for other options

10. days ok need to switch but not doxy. Switch to levofloxacin amoxicillin omeprazole regime

214- a pt with hx of H. Pylori infection along with maltoma(2 queries related to this)

A eradicate H.pylori first

B treat maltoma first



215- baby having unformed stools

ORS A

B lactose free diet

C formula feeding

216- a 60 yr old lady with features of osteoarthritis and varus force was mentioned in the scenario but there were no options of medial or lateral meniscal tears

217- beta hcg positive but on ultrasound no gestational sac seen

A extrauterine pregnancy.

218- gestationaldiabetesis

A normal pregnancy associated with diabetogenic condition due to

A progesterone

B same as above due to estrogen

C due to FSH

What causes gestational diabetes mellitus?

Although the cause of GDM is not known, there are some theories as to why the condition occurs.

The placenta supplies a growing fetus with nutrients and water, and also produces a variety of hormones to maintain the pregnancy. Some of these hormones (estrogen, cortisol, and human placental lactogen) can have a blocking effect on insulin. This is called contra-insulin effect, which usually begins about 20 to 24 weeks into the pregnancy.

As the placenta grows, more of these hormones are produced, and the risk of insulin resistance becomes greater. Normally, the pancreas is able

219- a pt with short neck short stature both parents short

turner A

familial B

220- treatment of hyperkalemia(2 queries related to this)

cagluconate A

insulin B

221- a young boy with newly diagnosed diabetes controls his sugar on diet with raised bsl during day (sth like that was in the scenario)

A brittle diabetes

B honeymoon period

C dawn phenomenon

insulin B somogyiphenomenon D

222- a mother knows that her child has diabetes and was giving him insulin then she suddenly stops giving him insulin by saying his pancreas r working and he has no disease anymore

anxiety A

B neglect

C denial

223- a couple refuses for vaccination of their child as they think vaccination is bad for their child

A explain the benefits of vaccination to him

don't Bt vaccinate the child

C if couple doesn't agree forcefully vaccinate the child

225- SVD with 800ml blood loss visible to eye

PPH prim A

PPH SEC B

226- best presentation for NVD in case of twins

A breechcephalic

B cephalicbreech

cephaliccephalic C

D breechbreech

- **The best is : cephalic cephalic , also its the most common in twins pregnancy**

227- a female pt. wearing see thru dress talks to a male doc in seductive way wat shud the doc do?

A behave rudely and say get out of my room

B refer to other doc

C call the security

D call the nurse use the same language

228- a pt developed fever after 17 days of chemo

A send CBC blood culture urine culture and give antipyretics

B send CBC blood culture urine culture and start broad spectrum antibiotics

Empiric, broad-spectrum antibiotic therapy should be administered promptly to all patients with febrile neutropenia.¹ Patient risk should be quickly assessed to determine the number and spectrum of the antibiotic regimen (monotherapy or combination therapy), route of administration (parenteral or oral), and location of treatment (hospital v outpatient).^{28,29}

229- pt working in some factory develops symptoms of asthma wat to do ist?

CXR A

PFTS B

ABGS C

CBC D

230- a young child newly diagnosed asthmatic mother also asthmatic father is a chain smoker

A stop smoking in the house

B give short acting beta agonist to the child

231- pfts in COPD or Asthma?

A increased TLC decreased Fvc and decreased fev1/fvc

B decreased TLC INCREASED FVC AND DECREASED FEV1 to Fvc

C increased tlc normal Fvc and decreased fev1/Fvc

232- ca breast tumor marker
A. BRCA- this is gene not tumor marker-
١٢٠ CA B
Cea C
٥٣p D

233- scenario of complete molar pregnancy

a pt treating for inferior wall MI in the hospital developed SOB due to pulmonary thrombosis
what to do?
A- give thrombolytics.
B- give LMWH
C- Go for PCI

234- a pt started taking enoxaprin bd for pulmonary embolism worsening of symptoms in the evening
A- switch to heparin
B- increase the dose of enoxaprin
C- continue the same treatment

235- a patient is diagnosed with HIV
A- tell the pt
B- tell his wife
C- tell both of them

236- a couple visits a doc for surrogacy and hospital has no facility for this and doc doesn't know whether it's legal in Saudi or not
A- refer to another colleague
B- warn the couple that it's illegal in Saudi
C- tell the couple that hospital lacks this facility.

-٢٣٧ a pt with IUFD
A- tell the pt
B- tell her husband
C- tell her relatives

238- consent in case of IUFD to be taken from
A- husband
wife -B
C- relatives

239- a pt with IUFD
A- console the couple and ask them for follow up visit after few days
B- let the mother spend some time with her dead child
- **MISSING OPTIONS**

240- 2 *3 cm lesion on forearm since childhood
A- follow
biopsy -B
excision -C

-٢٤١ a pt. Wants u to do his surgery forcefully and threatens you
A- do his surgery
B- refuse for surgery

C- call the admin

242-a doc on round prescribed some medicine for pt. That is not good according to the pharmacist but doctor insisted to prescribe that and tells the intern to write down orders

A- gently refuse

B- write it down and get it signed from the consultant

C- inform the senior consultant about it

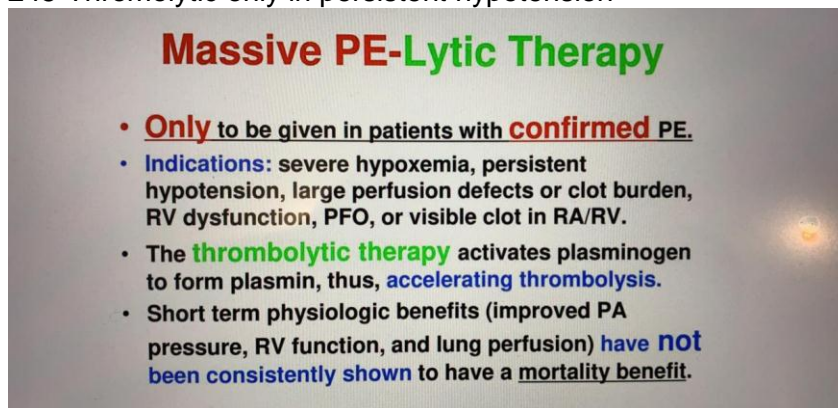
243-a doc preparing to operate rtykidney but intern has some doubts that left kidney needs to b operated

A- inform about his concern to the consultant

244-a surgeon mistakenly left sth inside the abdomen of the pt during operation

A- explain the pt ,apologize and remove that thing

245-Thromolytic only in persistent hypotension



Massive PE-Lytic Therapy

- **Only** to be given in patients with **confirmed PE**.
- **Indications:** severe hypoxemia, persistent hypotension, large perfusion defects or clot burden, RV dysfunction, PFO, or visible clot in RA/RV.
- The **thrombolytic therapy** activates plasminogen to form plasmin, thus, **accelerating thrombolysis**.
- Short term physiologic benefits (improved PA pressure, RV function, and lung perfusion) **have not been consistently shown to have a mortality benefit**.

- PE with hypotension give thrompolytic

246-Patient admitted after surgery then developed inferior MI what management ?

A- thromolytic

B- angioplasty

heparin -C

- Thrombolytic is contraindicated post surgery

247-Trauma to knee can't fix tibia to femur with severe pain and swelling which ligament affected tibial lig

A-ACL

B- PCL

Although it is larger and stronger than the **ACL**, the **PCL** can be torn. **PCL tears** make up less than 20% of injuries to knee ligaments. Injuries that **tear** the **PCL** often damage some of the other ligaments or cartilage in the knee, as

248-HTN in pregnancy
what you suspect ? IUGR

249- Aspirin toxicity level in the blood ?

Starts from 50 mg/dl

A- alkalinization of urine

B- dialysis

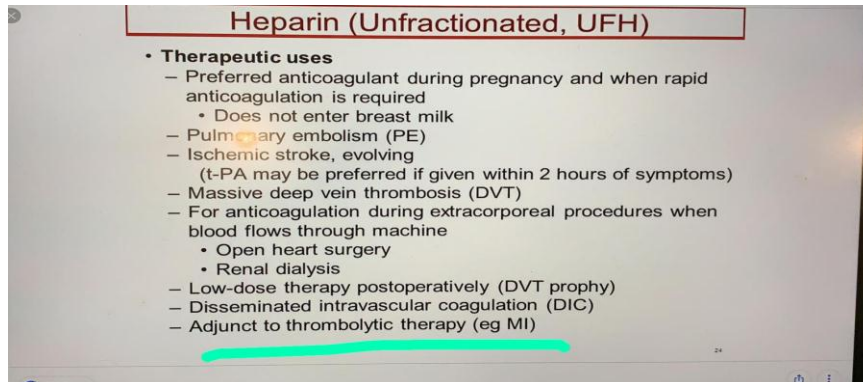
250- anterior lateral MI has ,heart failure

A- thrombolytic, NG,

B- heparin, NG, thrombolytic

NG ،heparin -C

ما فيش اختيار نعمل ptc



251- in the lab show low Tsh and 3x4 $\times 2$ $\times 4$ $\times 2$ with diffuse goiter in us have 2 nodular once high T3 what the best management:

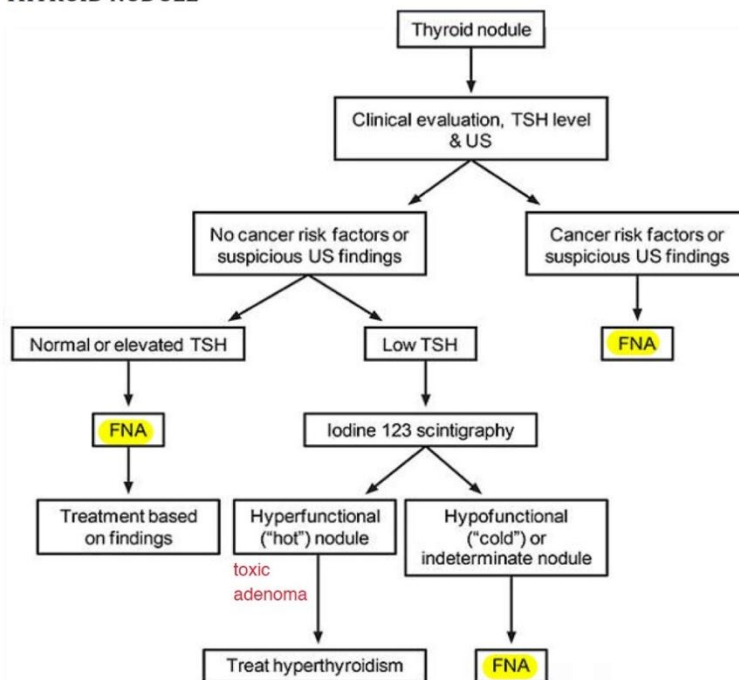
A- Total thyroectomy

B- Thyroid scan

C- Fna in both nodul

Fna in largest nodul -D

THYROID NODULE



252- the most important prognostic preventing factor after in post MI

- A- Lower lipid
- B- Stop smoking**
- C- Loss weight
- D- Exercise

253-pt with fever and upper right pain with positive echinococcus

- A. Albendazol -A**
- B- Cystderoofing
- C- Laprascopiccystectomy
- D- Percutunouse drain

254- man inthe ER with pain in right lower quadrant of abdomen, nausea and vomiting. U/S show thick wall gall bladder with fluid surrounding. Management?

- A. Lap cholecystectomy after 12 weeks**
- B. Percutaneous drain
- C. Open cholecystectomy

255-- Man with appendicular mass without pus, what is the management?

- A. lap appendectomy after 12 wks**
- B. open appendectomy after 12 wks
- C. immediatly appendectomy
- **Ttx observation and Ochsner-Sherren regimen first**

256- Man with HTN, labs show normal adrenal gland, but CT shows mass with lipid change. Management?

- A- adrenalectomy**
- B- MRI adrenal
- C- observation

256- Man in ER with necrotizing pancreatitis, after drainage he is feeling better, what is the metabolic response?

- A- low insulin resistance
- B- hypoglycemia
- C- inhibit gluconeogenesis
- D- lipolysis**

2°7- Screen test for Diabetic found, 90% sensitive, 80% specific. WOTF is correct?

- A. 80 % of patient was diabetic**
- B. 90 % was diabetic

258- Newborn 7 days with ambitiguous organ with hypotension, glucose low, sodium low. Management?

- A. Saline with glucose
- B. Hydrocortisone with salin**
- C. Saline, glucose, hydrocortisone

259- Child with nephrotic syndrome treated by steroid, what is the first indicator for improvement?

- A. Edema
- B. Urine strip for protein
- C. Protein in urine**

300- Child in ER with DKA?

- A. Provide management plane**
- B. Wait family to discussion

- C. Convince the child with DM 1
- D. Discussion with child

301- Male with infertility, low testosterone, low FSH, low LH, and high prolactin?

Prolactinoma is the diagnosis, treated by Bromocriptine (paroled)

302- Pt result came back HIV positive, who came prior for infertility assessment ?

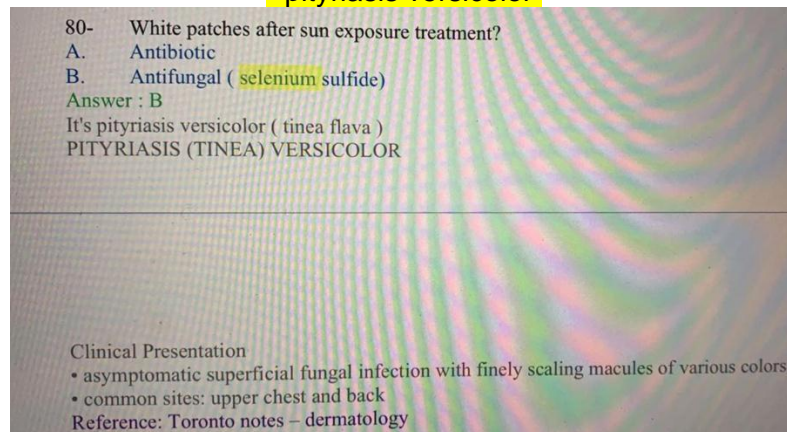
- A- tell him
- B- tell his wife
- C- tell both

- **If in options the hospital so its first then the patient-**

302- 17 yrs old football player present with *area macular hyperpigmentation on the trunk and arms, the area seem even lighter with sun exposure, what is the most appropriate treatment regimen for this patient?

- A. Topical steroid cream
- B. Selenium sulphate**
- C. Oral antibiotic
- D. Topical antibiotic

- pityriasis versicolor-



80- White patches after sun exposure treatment?
A. Antibiotic
B. Antifungal (selenium sulfide)
Answer : B
It's pityriasis versicolor (tinea flava)
PITYRIASIS (TINEA) VERSICOLOR

Clinical Presentation
• asymptomatic superficial fungal infection with finely scaling macules of various colors.
• common sites: upper chest and back
Reference: Toronto notes – dermatology

303- ECG pericarditis. what does the segment show?

- A. diffuse st segment elevation**
- B. pr depression

304- Pericardial tamponade, PT hypotension, management?

-Fluids to avoid Cardiac collapse+ pericardiocentesis-

305- Cardiac tamponade, diagnosis?

-Echo is best-

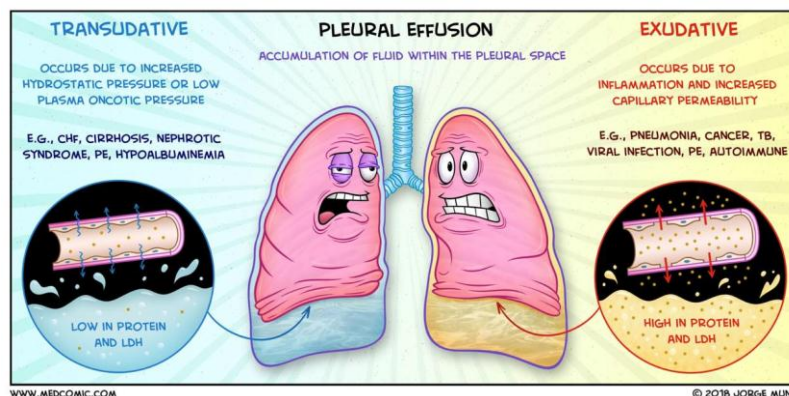
306- OSPE, anterior myocardial infarction?

-St elevation in V1, V2 , V3 , V4 is anterior MI -

Type of Myocardial Infarction	Coronary Artery Involved	Leads	Common Dysrhythmias
Anterior	Left coronary artery and left anterior descending (LAD)	V ₁ , V ₂ , V ₃ , V ₄	Atrial fibrillation Atrial flutter Tachydysrhythmias PVCs Second-degree AV blocks
Lateral	Circumflex	I, aVL, V ₅ , V ₆	PVCs
Septal	Left anterior descending (LAD)	V ₁ , V ₂	Second-degree and Third-degree AV blocks
Inferior	Right coronary artery (RCA)	II, III, aVF	Sinus bradycardia Sinus arrest First-degree and Second-degree AV Blocks PVCs
Right ventricular infarct	Marginal branch of right coronary artery	V _{4R} , V _{5R} , V _{6R}	Atrial flutter Atrial fibrillation AV blocks PACs
Posterior	Right coronary artery and circumflex	V ₇ , V ₈ , V ₉	SA and AV node blocks

307- effusion analysis, what diagnosis?

Types	Exudates	Transudates
Common	Malignancy	Left ventricular failure
	Parapneumonic effusions	Liver cirrhosis
	Tuberculosis	-
Less common	Pulmonary embolism	Hypoalbuminemia
	Rheumatoid arthritis and other autoimmune pleuritis	Peritoneal dialysis
	Benign asbestos effusion	Hypothyroidism
	Pancreatitis	Nephrotic syndrome
	Post-myocardial infarction	Mitral stenosis
	Post-coronary artery bypass surgery	-
Rare	Yellow nail syndrome	Constrictive pericarditis
	Other lymphatic disorders (lymphangioleiomyomatosis)	Urinothorax
	Drugs	Meigs' syndrome



308- Pre renal, post renal and renal causes of renal failure. How to diagnose each one?

Prerenal : hyaline casts

pre renal .. usually manifested by hypotension either due to dehydration or hemorrhage + renal artery stenosis

Renal : brown muddy like casts

❖ Light's criteria:


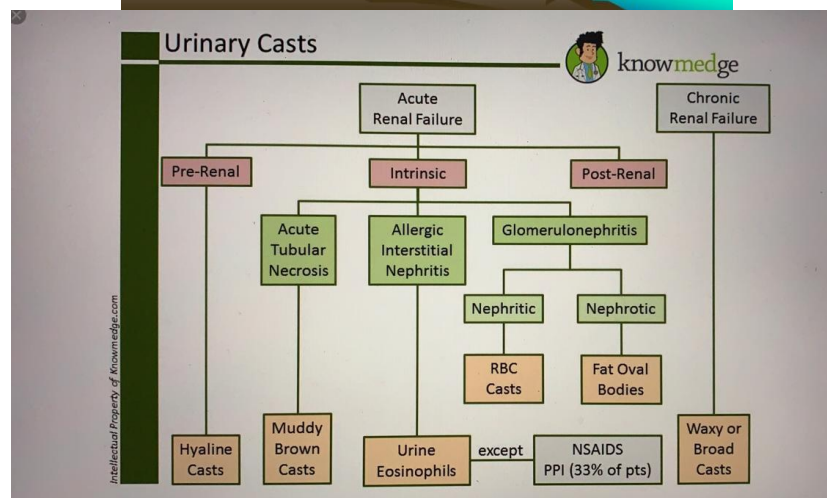
To differentiate between transudate and exudate, if one criterion is positive it means exudative effusion:

1. Pleural protein > 0.5 serum protein
2. Pleural LDH > 0.6 serum LDH
3. Pleural LDH > 2/3 upper normal limit of serum LDH

Biochemical Analysis

► If the following criteria are detected, the fluid is exudative:

- 1-PH < 7.2
- 2-Glucose Level < 45 gm
- 3-Albumin > 3.5 mg

310- Perforated ulcer management?

Graham omental patch

311- Pt complaining of black stool before 3 days and came with bright fresh rectal bleeding, doctor do upper and lower endoscopy and reveal sigmoidoscopy, was negative and unable to reach diagnosis, what the next management?

A. Abdomen CT

B. Capsule endoscope

C. NGT

312- Boy came with his mother complaining of sever eczema treated by corticosteroid, the mother refuse to take it because the side effect, what you do?

A. Refer to another doctor

B. Explain the benefit and the side effect

313- 15years old female c/o amonerrehahtn short neck the parents below the level what the digonsis?

A.tuner syndrome

B. hypothyroidism

C. familial

314- Alcoholic man, sever epigastric pain, radiated to back, abdomen is tenderness, amylase is very high, BP 90/60, tachycardia, next? *

A. IV fluid

B. Analgesia

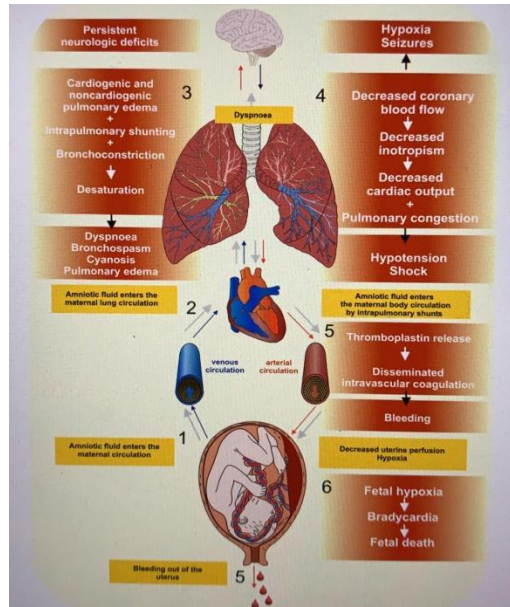
C. Antibiotic

D. Surgical operation

315- 40 weeks of gestation primigravida presents with hypoxia, drowsiness and agitation for 6 hours, Lledema (Long scenario with blood tests). What does she have?

A. Amniotic Embol

B. PE



316- complaining of fever, rigor, nausea and vomiting, splenomegaly, blood film negative, next step?

A. Thick blood film after 72 hours

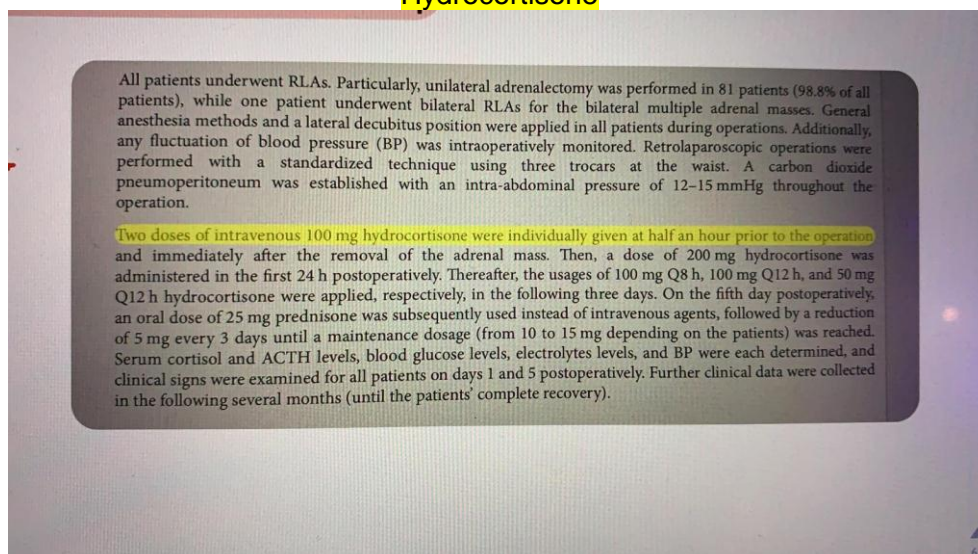
B. Thin blood film after 48 hours

C. Serology test

**-Typical its thick film in 24 to 48 hr
If not in options chose B-**

317- Before adrenal gland operation, what should you give the patient?

Hydrocortisone



318- case of long bone fracture ttt

Analgesia and fluids

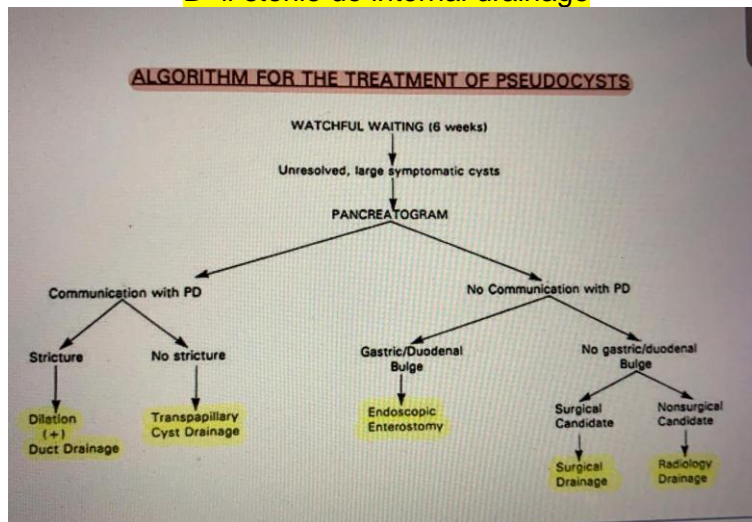
Tetanus if open
Xray
Reduction
Cast or fixation

319- ttt of pseudocysts 4/6cm

Pancreatic pseudocyst ttt :

- less than 6 cm and 6 week > observation
- more than 6 cm and 6 week > drainage:

A- if there is sign of infection as fever and leukocytosis do external drainage
B- if sterile do internal drainage



320- vsd
321- Asd

322- carpal tunnalsyndromttt after operation

- A. opiate
- B. amytriptilian
- C. NSAID

323- HOCM. Diagnosis?

By echo

Hx of sudden death + murmur increase with Valsalva

324- causes of acute tubular necrosis.


Hypotension and nephrotoxic drugs

II- Renal cause

3- Tubular: (Acute tubular necrosis) which is either:

- o **Ischemic:** In all pre-renal causes if prolonged > 6 hrs
- o **Toxic:**
 - I- **Exogenous:** Radicontrast.
 - o Aminoglycosides
 - o Amphotrecin-B
 - II- **Endogenos:** Hemolytic crisis., Rhabdomyolysis, crush syndrome (myoglobin toxic to tubule)

Multiple myeloma(tumor of plasma cells)



325- Two medicines, methylphenidate and amphetamines, are the most commonly used stimulants for the treatment of ADHD. Methylphenidate – Methylphenidate (sample brand

names: Concerta, Focalin, Metadate, Methylin, Ritalin) is available as a tablet, capsule, and liquid.

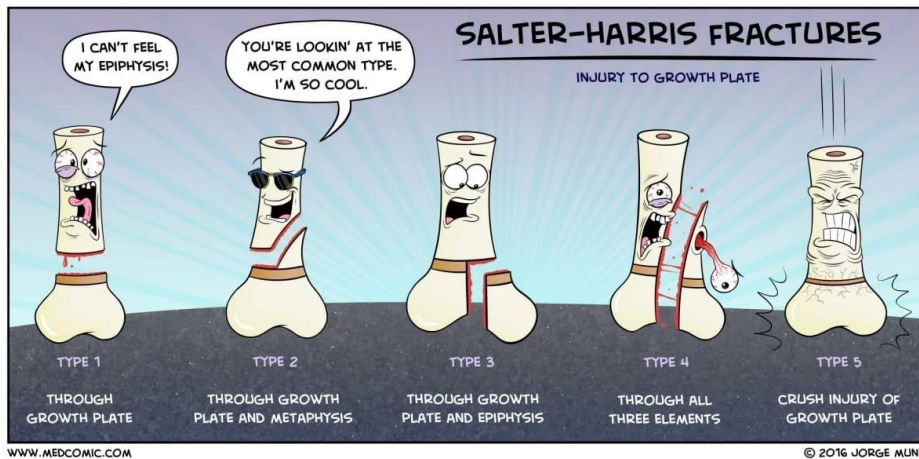
Case About ADHD , and which treatment is best ?

Less than 6years > behavioral

More than 6years > CNS stimulants

Bmethylphenidate is the best

26- Salter harris fracture.



27- child with meningitis , eyes showed papilledema Important complication to inform the parent?

A. Visual loss

B. Hearing loss

C. Renal failure

D. Retinal hemorrhage

28- Increase intracranial pressure.

29- calculate the BMI.

30- 45 male came with persistent neck pain with diaphoresis troponin normal. ECG unremarkable. What will you do ?

A. Repeat troponin after 6 hr

B. Give ibuprofen

of ischemia and myocardial damage. Most current guidelines recommend rechecking troponins 6-12 hours after the initial assessment and up to 24 hours after symptom onset. [3, 9] In patients in whom subendocardial non-ST-segment elevation myocardial infarction (NSTEMI) is highly suspected, the troponin levels may be re-evaluated earlier, at 3-4 hours, as the markers may be detectable sooner. [10, 11, 12]

331- 3 months infant with vomiting and recurrent chest infection on ex low weight and failure to thrive other unremarkable. What Dx?

A. Upper esophageal sphincter hypertrophy

B. Lower esophageal sphincter hypertrophy

C. Pyloric hypertrophy

D. Trachea esophageal fistula

It might be TEF ?

332- Newborn his older brother died from immunodeficiency infections what you do in vaccinations?

A. Give vaccinations as normal

B. Order vaccinations and ask immunology consultation

Don't give him BCG or Do test and wait for result

333- 1 year boy came for vaccinations his older brother died of immunodeficiency disease what you will do ?

A. Defer vaccine

B. Change IPV to OPV

334- Adolescent fight with her mother yesterday and take two packs of acetaminophen each contain 20 tablets, came today with right lower abdominal pain, in which phase of toxicity she is ?

A. Phase 1

B. Phase 2

C. Phase 3

D. Phase 4

STAGE		DAYS
1	<ul style="list-style-type: none">Nausea & vomiting, abdominal pain, sweating, general discomfort, pale colorLiver function tests may be normal	0-1
2	<ul style="list-style-type: none">Liver injury developsUpper right quadrant painRise in liver function tests (ALT, AST, bilirubin, INR)	1-3
3	<ul style="list-style-type: none">Hepatotoxicity peaksRapid & severe hepatic failureEncephalopathy & hypoglycemia <ul style="list-style-type: none">Glucose, lactate, & phosphate abnormalitiesComa & death	3-5
4	<ul style="list-style-type: none">Recovery stage for those who survive stage 3	5-8

335- Aortic stenosis case .

Ejection systolic murmur radiated to neck + syncope + dyspnea

336- Egg allergy what's the vaccine CI ;

yellow fever

337- 24 week preterm delivered , mother she is a doctor and she asked not to Resuscitate her baby , what you will do ?

Ignore the mother and Resuscitate

339- What's increase prognosis of COPD ?

A. Supplement O2

B. Smoking cessation

340- Case of management of DM

341- PTs with Post delivery bleeding and she have asthma , what's CI in her case to stop bleeding?

A. Oxytocin

B. Misoprostol(prostaglandins)

C. carboprost

Hemabate(carboprost) is PGF2 Alpha which can cause or aggravate bronchospasm

Note:Ergometrine is absolute contraindicated in HTN

Note: Ergometrine is relative contraindicated in asthma
Note: Carboprost (hemabate) is contraindicated in asthma

342- Cases about post surgical infection , fever and complications?

343- Lead pipe picture << ulcerative colitis

344- Baby came with absent Moro reflex he is born SVD to DM mother with weight 4.8 what's the nerve affected?

Brachial plexus C5-C6

345- 15 years old male come to ER, LP should be done to r/o meningitis. What to do?

- A. Consent from parents
- B. No consent it is an ER
- C. Consent from pt
- D. **assess the child and take consent from parents**

346- Elective surgery to pt ,pt don't want to know details but anesthesiologist insist to tell her. What to do?

- A. **Tell pt anesthesiologist decision**
- B. Reschedule surgery until see another anesthesiologist

347- thyroid-Single nodule on one lobe of the thyroid. What is the surgical treatment?

- A. total thyroidectomy
- B. subtotal
- C. left lobe thyroidectomy

Depends

If toxic nodule , do Thyroid scan then : total if cold, hemi if hot

If non toxic nodule, do FNA then, if malignant(medullary) so total

348- Multiple nodular in iodine uptake scan: almost same choices as above

349-female patient with fibroid wants to keep fertility what is the ttt?

- A. laproscopichstrectomy
- B. **laproscopicmyeomectomy**
- C. laprotomyeomectomy
- D. laprotomyhestrectomy

350- Multiple questions of female with right lower quadrant pain some came with +vepreganacy and some with -ve what is the diagnosis?

Choices were the same as I could remember.

- A. Acute appendicitis
- B. ovarian torsion
- C. **ectopic pregnancy**

351- epigastric pain, tenderness, pain radiated to back, x ray show air under diaphragm, what the most likely diagnosis?

- A. **Perforated duodenal ulcer**
- B. Pancreatitis
- C. Gastric ulcer

352-Question clearly states ectopic pregnancy 6 weeks aminohrea what is ttt?

- A- methotrexate
- B- laparoscopic surgery

Depends on BHCG:

If less than 5000 metho , If more than 5000 lab

Less than 3,5 give metho

-Laparoscopic is the best diagnostic and therapeutic-

353-Pregnant during labour CTG showing contractions and deceleration of heart rate of fetua she was given analgesia and oxytocin what is causing the deceleration?

A- oxytocin

B- Anesthesia

Bc it causes tense uterine contraction and reduces blood transported to fetus

354-Almost same question but different CTG showing no change in heart rate of fetus during contraction, what's the cause?

A- oxytocin

B- Anesthesia

C. analgesia

These 2 depend on CTG picture to determine type of deceleration

I had 3 ctgs

One early ...head compression

One late ... anesthesia induced maternal hypotension lead to placental hypoperfusion and fetal distress

One was normal ctg no deceleration normal variability

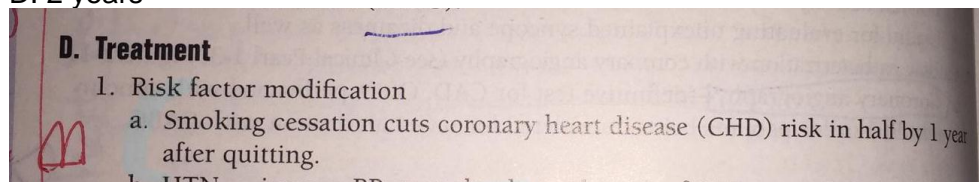
355-How many years of quitting smoking required to decrease the risk of ischemic heart disease?

A. 1 year

B. 4 years

C. 3 years

D. 2 years



356-Patient fell from 50 feet exam decreased breath sounds on left side CXR picture of pleural effusion on left side what is the treatment?

A- chest tube -hemothorax-

B- thoracotomy

& I dont remember.

357-Pediatric patient with rash I think it's varicella his brother is immunocompromised, How to protect the brother?

you should give the immunocompromised child Varicella IG

Note: with other similar q asking about pregnant womenot immunized the answer will be Avoid exposure.

358-Multiple question on Vaginal discharge ttt and diagnosis (trachoma, viginosis, and chlymedia?)

Clinical syndrom	Etiology	Treatment
Bacterial vaginosis Malodorous vaginal discharge, pH >4.5	Etiology unclear: associated with <i>Gardenella vaginalis</i> mobiluncus, <i>Prevotella</i> sp.,	Metronidazole Tinidazole
Trichomoniasis Copious foamy discharge, pH >4.5 Treat sexual partners	<i>Trichomonas vaginalis</i>	Metronidazole Tinidazole
Candidiasis Pruritus, thick cheesy discharge, pH <4.5	<i>Candida albicans</i> 80-90%. <i>C. Glabrata</i> , <i>C. tropicalis</i>	Oral azole: Fluconazole Itraconazole

359- Infant at 6 weeks his/her mother is complaining of him spitting all the milk his birth weight 3.5now its 5.5

A.Reassure

360-Hyperthyroidism what is the treatment?

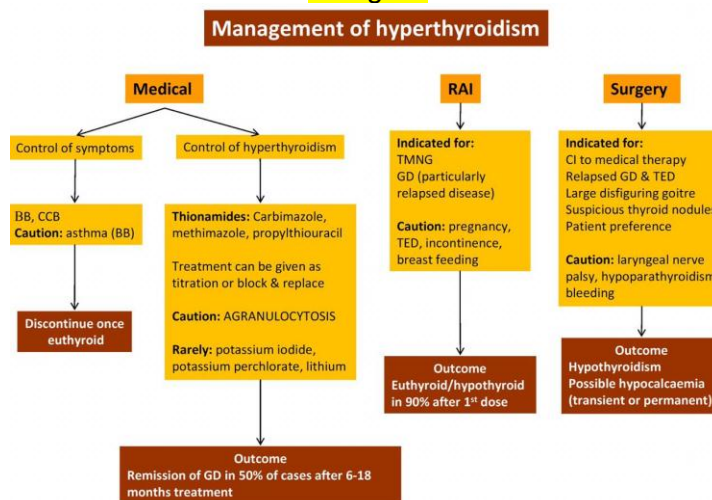
Propylthiouracil - Methimazole..etc

^ medical treatment

Note: Best drug for hyperthyroidism in pregnancy Propylthiouracil

Radioactive Iodine

^Surgical



361-Clinical feature of hypo/Hyperthyroidism with labs asking for diagnosis

362-3 mother bring her child female with vaginal bleeding and red congested edematous painful vulva , during the last week she passed stool without control but she already toilet trained , what is the cause ?

a- child sexual abuse

b- other irrelevant choices i forgot them

363-Questions about hyperemesis and high BHCG (80 thousand) what is your diagnosis?

A.partialmolar pregnancy

364- Dizygotic twins

A-Monochrionic monoamniotic

B-Monochrionic diamniotic

C-Dichrionicmonoamniotic

D-Dichrionic diamniotic regardless of gender

365--Pt with pyloric stenosis have :

A-hypochromic met acidosis

B-hyperchromic Met acidosis

C-hypo Met alkalosis

D-hyperch met alkalosis

**Persistant vomiting cause :
Hypokalemic met alkalosis
AndHypochloremic met alkalosis**

Infantile hypertrophic pyloric stenosis	
Risk factors	<ul style="list-style-type: none">• First-born boy• Erythromycin• Formula feeding
Clinical presentation	<ul style="list-style-type: none">• Projectile nonbilious emesis• Poor weight gain• Dehydration• "Olive-shaped" abdominal mass
Laboratory findings	<ul style="list-style-type: none">• Hypochloremic metabolic alkalosis
Diagnostic studies	<ul style="list-style-type: none">• Abdominal ultrasound
Treatment	<ul style="list-style-type: none">• Intravenous rehydration• Pyloromyotomy

LABORATORY DERANGEMENTS IN PYLORIC S
Laboratory derangements in pyloric stenosis

366-pt with distal and proximal hand joint swelling and morning stiffness is and RF -ve no other symptoms :

A-Reactive arthritis

B-Seronegative arthritis

C-Hand OA

<https://www.ama-assn.org/residents-students/usmle/usmle-step-2-which-diagnosis-hand-pain-stiffness>

367-neurohormonal stress release

A-androgen

B-corticotropin

368-pt smoker DM and HTN has bilateral leg pain and loss of hair what dx:

A-peripheral Venous insufficiency

B- **chronic limb ischemia**

C- DVT

Chronic Arterial Insufficiency (Advanced)	Chronic Venous Insufficiency (Advanced)
 <p>Rubor</p> <p>Ischemic ulcer</p>	
<p>Pain Intermittent claudication, progressing to pain at rest</p> <p>Mechanism Tissue ischemia</p> <p>Pulses Decreased or absent</p> <p>Color Pale, especially on elevation; dusky red on dependency</p> <p>Temperature Cool</p> <p>Edema Absent or mild; may develop as the patient tries to relieve rest pain by lowering the leg</p> <p>Skin Changes Trophic changes: thin, shiny, atrophic skin; loss of hair over the foot and toes; nails thickened and ridged</p> <p>Ulceration If present, involves toes or points of trauma on feet</p> <p>Gangrene May develop</p>	<p>Often painful</p> <p>Venous hypertension</p> <p>Normal, though may be difficult to feel through edema</p> <p>Normal, or cyanotic on dependency Petechiae and then brown pigmentation appear with chronicity.</p> <p>Normal</p> <p>Present, often marked</p> <p>Often brown pigmentation around the ankle, stasis dermatitis, and possible thickening of the skin and narrowing of the leg as scarring develops</p> <p>If present, develops at sides of ankle, especially medially</p> <p>Does not develop</p>
<p><small>Sources of photos: <i>Arterial Insufficiency</i>—Kappert A, Winsor T. Diagnosis of Peripheral Vascular Disease. Philadelphia, FA Davis, 1972; <i>Venous Insufficiency</i>—Marks R. Skin Disease in Old Age. Philadelphia, JB Lippincott, 1987.</small></p>	

369- old pt with CHD on Lisinopril and frusemide and statin what you will add:

A-losrtan

B-bisoprolo

We don't use ACEi and ARBS together

Add BB for long term ttt

370-pt with RA on prednisolon and hydroxyurea and methotexate and still have symptoms what you will add:

A-azithrion

B-infliximab

C-cyclosporin

-If DAMARD not effective we should use next line treatment anti TNF-

Note: In another question (SLE), the answer was cyclo

But we said if infliximab was there , go for it !

371- what is the age recommended for screening by pap smear for married women:

A-20-24

B-26-30

C-30-35

D-36-40

Drawing

Cancer screening for Women:

Screen	When to Begin/ When to End	Interval	Tools/Special Concerns	Strength of Recommendation
Cervical cancer	Beginning at age 21, irrespective of sexual activity. May discontinue at age 65 if three consecutive negatives	At least every 3 years (USPSTF, AAFP, ACPM, CTF)	No need for routine Pap after hysterectomy for benign reasons	A
Breast cancer	Age 50–74 years 40? Medication?	Every 2 years	mammography	B

372-pt did laparoscopic cholecystectomy and you found a large mass in the stomach, what you will do :

A-cholecystectomy

B-stop the procedure

C-resection of mass

D- cholysytoctomy and resection of mass

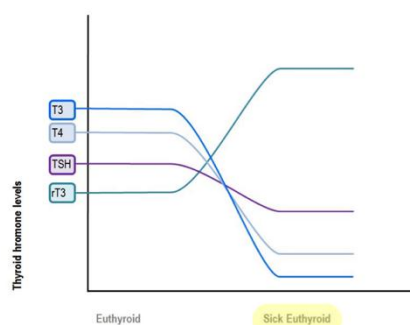
373- sick euthyroids syndrome :

A-high T3 ,T4 ,reverse T3

B-high T3, T4 and low reverse T3

C-high T3, T4 and normal reverse T3

D-low T3,T4 and high reverse T3



374-child with nephritic syndrome develop vomiting ,diarrhea and generalizesabd pain with rebound tenderness is

A-peritonitis

B-appendicitis

C-pancreatitis

375- pt with meningitis High protien Low glucose 70% polymorphus

A-cryptococcus

B-TB

C-viral

D-bacterial

376- pt with meningitis High protien Normal glucose Prominat lymphocyte

A-cryptococcus

B-TB

C-viral

D-bacterial

377- main stay of treatment of kawasaki disease:

A-aspirin

B-immunoglobulin

C-Abx

Frequently asked questions regarding treatment of Kawasaki disease - NCBI - NIH
<https://www.ncbi.nlm.nih.gov/articles>

by JC Burns · 2017 · Related articles

The mainstay of therapy for acute Kawasaki disease (KD) is intravenous immunoglobulin (IVIg), which was first described in a case series from Japan and later proven through a nationwide clinical trial in the U.S. published in 1986^{1,2}.

378- pt LMP since 8 week with rt abdpain :Ectopic pregnancy

379- pt with irregular menses LMP since 6week first test: Pregnancy test

380- pt with galctohrea and orregular menses firsttest :

A-prolactine

B-LH

C-Progesterone

381- pt a symptomatic with 5 cm serous fibroid ttt:

A-myomectomy

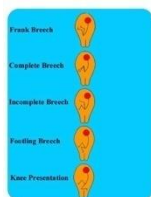
B-hysterectomy

C-follow up

382- fetus with head up flexed knee and hip and flexed hand

A-frank breech

B-complete breech



383- After cholecystectomy pt developed pain at angle of mandible,temp 38 wha to do

A-Paracetamol. B-Abs

C-Xray. D-CT

Explanation: case of anesthesia mumps , benign , just needs pain relief .

384- 6 year girl with vulvuar itching and bleeding what you think :

A-foreign body

B-sexual abuse

Common symptoms of a vaginal foreign body include the following:

- Vaginal discharge, generally foul-smelling and yellow, pink, or brown.
- Vaginal bleeding, especially light bleeding.
- Vaginal itching or foul odor.
- Discomfort with urination.
- Discomfort due to vaginal discharge producing skin irritation.

More items... · Nov 8, 2017

<https://www.webmd.com/women/guide>

Foreign Body, Vagina - WebMD

385- pt with vaginal itching and bad smell the microscopic is flatellaprazite

A-trichomoniasis

B-BV

386- pt pregnant come with severe bleeding and component in cervix what next management:

A-iv fluid and D and C

B-expectant management

Explanation: this is a case of incomplete miscarriage.

387- pregnant with precalmpsia what ttt:

A-methyldopa

B-hydrilazine

C-nitrubrosside

Explanation mild go with A , if it's sever go with B

389- pt with irregular menses and acne and hair in face her wt 60kg :

A-Pcos

B-hypothyroidism

390- adolescent with band like throbbing headache and he have stress at school :

A-tension headache

B-migraine headache

391- child with coca cola urine color since 1 week and when examine him he has congested throat with ant LN what he have :

A-acute glomeuronephritis

B-igA nephropathy

392- child with cogested throat and white patch his temp 39 c what complication most likely he develpe?

A-pharyngitis

B-glomerunephritis

393- newborn with acute respiratory distress and he have shifted trachea what is the management ?

A-intubation

B-bronchoscope

C-thoractomy

D-thoracstomy

394- Postmenopausal came to take hormonal replacement therapy the Dr said no evidence to take HRT but she is insisted for HRT What is your action

A-Refertoanothergynecologist

B-Refuse

C-consult another gynecologist

D-consult hospital committee394-

394- component of tetralogy of fallot:

A-aortic stenosis

B-pulomnary stenosis

C-left ventricular hyperatrophy

D-inter septal defect

395- most place injured of blunt thoracic

A-aortic arch(distal to subclavian)

396- pt with one leg pain progress over month what you will ask in hx:

A-hx of trauma

B-family hx of same complain

397- pt smoker with cavity in rt lobe

A-scc

B-small cell carcinoma

C-

398- consultant at OR and ask to prepare right kidney for surgery but the intern read in notes it is left kidney what is the most appropriate action by intern?

A- inform the consultant

B-leave the OR

C-go out to re read the note

399- couple ask about serogacy :

A-inform themnit is illegal in saudiaarabia

400- pt newly dx with HTN and doctor tell him about disease and complication and medicationt what doctor did?

A-give informational case

B-build bonding with pt

401-internal medicine resident did diabetic foot examination but she forget to close curtains when she expose pt abdomen what the ethical principles she is broke?

A-privacy

B-dignity C-autonomy

D-confideneality

402-parent come with child not vaccinated because they think it is bad for him what you will do?

A-consult child support

B-explains to parents about wrong myth and it is good for child

403-women has sexual harassment at work usually from who?

A-employee B-co-worker C- supervisor

404- 4years with asymptotic hernia what you will do?

A-observation

B- surgical repair

Surgery is done before entering school age

405- 3 years child fall down and vomitt 2 times and have headach but no loss of consciousness his neurological exam is normal what you will do?

A-ct scan

B-close follow up

C-consult neurosurgery

406- mother came to ER with her child drinks paracetamol syrup she remembered it was a small amount in bottleand his clothes have some syroup vitally stable and he has normal appearance he spent 4 hrs in ER what it the next?

A-observe for another 4 hrs

B-discharge with instruction

407- baby vomit large amount after feed esophaguses PH is low but his growth chart is normal what the next?

A-observation

B-do esophageal manometry

C- abd us

408- pt with chronic peptic ulcer and recently dx with malignant gastric cancer and he want to make complain for his primary health care doctor what you will advice him?

A-he have the rights

B-don't blame doctor and blame himself

409- pt with wt loss and loss of appetite , what the next:

A-upeer GI endoscopy

B-abd US C -CT

Question not clear , lacks informations

410- pt with pruritus and jundice and abd pain he k/c of Ulcerative colitis what is the dx?

A-primary biliary cholangitis

B-primary sclerosing cholangitis

C-

411- child with cystic fibrosis and his family is normal what you will do?

A-sibling sweat chloride test

B-father sweat chloride test

412- newborn crying and refused feeding and the smell of his urine like burned sugar what is dx?

A-pheoketonyrea

Answer : Maple syrup disease

413- pt with diarrhea and tensmus what dx ?

A-amebia

414- (55 years old) female her last mammogram was normal when she will do the next after?

A-1 year

B-2year

C-3-year

D-4 year

415- 27 years old female she did Pap smears before 3 years it was normal what is your advice for her ? A-reassurance

B-no pap test

C-pap test with cytology

416- 23 y female with symptoms of IBS and she had concer because his uncle had colon cancer at 60 y what dx?

A-IBS

417- female with the result of cervical biopsy by microscopic is ASCUS what next ?

A-coloscopy

B-PV examination

C-

418- old pt with DM and Ischemic heart disease and gas severe abd pain what dx?

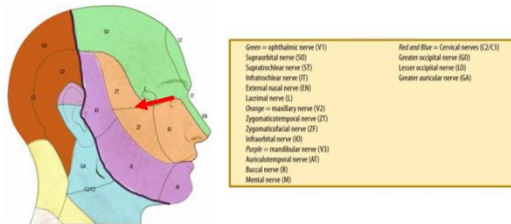
A-mesenteric ischemia

B-appendicitis

419- pt has numbness in lower part of periorbital aspect and upper lip what is the nerve injured?

A-mandible

B-infraorbital



420- female his son died before 5 days and she is crying and can not sleep since 2 days what you will give in short course??

A-lorazepam

B- fluxtein

421- what is the antipsychotic most likely side effect is wt gain?

A-olanzepin B-rospiredon

422- child with meningitis what is the ttt?

A-vancomycine and ceftriaxone and steroids

423- female at 38 week with UTI what is ttt?

A-nitrofurtonin

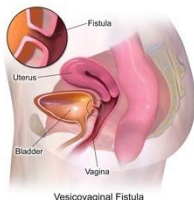
B-cephalxin

424- female after uterus prolapse surgery have the urine from vagina what is dx?

A- uretrovaginal fistula

B- -urethrovaginal fistula

C- vesicovaginal fistula



425-pt with rt knee pain he has epigastric burning what you will give ?

A-ibuprofen

B-paracetamol

Explanation : NSAIDs are contraindicated in cases of PUD.

426- 93 year oldpt take paracetamol with codien and he has symptoms after take what is the cause? **A-codien**

B-paracetamol

Immediate Side Effects of Codeine

- Drowsiness.
- Itching or rash.
- Constipation and stomach cramps.
- Nausea.
- Dry mouth.
- Blurred vision.
- Low blood pressure.
- Dizziness.

427- pt with hemoptysis and hematuria?

A-goodpasture disease

B-glomeronephritis

428- pt came to the ER can't pass stool since 2 days and has severe pain in exam you can't do PR bc of pain ,pt did hemorrhoidectomy 12 months ago what is the cause ??

A-anal stenosis

B-anal fissure

Explanation: Anal stenosis is a rare but serious complication of anorectal surgery, most commonly seen after hemorrhoidectomy

429- Father bring his child because his brother died due to immunodeficiency or like that what vaccine should be not given for this child?

A-Influenza (nasal)

B-Injectable polio

C-pneumococcal

430- indication for parathyroidectomy ?

A-osteoporosis

B-age more than 50 y

431- absolute contraindications of Dtap ?

A-seizure. B-child with severe crying for 3 hrs

C-encephalopathy after 7 day of previous vaccination

432- 2 month baby born at 35 week his wt is 1.7 kg about his vaccinations?

A-delay for 2 month

B-give usual vaccines with usual dose

C- give usual vaccines with half dose

433- absolute contraindications of Dtap ?

A-seizure

B-child with severe crying for 3 hrs

C-encephalopathy after 7 day of previous vaccination

434- 2 month baby born at 35 week his wt is 1.7 kg about his vaccinations?

A-delay for 2 month

B-give usual vaccines with usual dose

C- give usual vaccines with half dose

435- pt has surgery but he did not want any details about surgery but anesthesiologists want to give all detail what you will do?

A-tell the pt about anesthesiologist decision

B-rescheduled with another anesthesiologist

C-consult ethical committees

436- young lady with SOB, ..etc (PE) , Unstable (CT shows huge emboli)

A- enaxparine
B- unfractionated heparin+ warfarin
D-altepase

437- Hepatitis B vaccines
A- toxoid
B- recombinant
C- attenuated
D- inactivated

438- pregnant lady in labour with active regular contractions every 3 mins and cervix dilated 5 cm
After 4 hrs still the same
And CTG shows grade 1 heart activity
What will u do
A- oxytocin
B- instrumental delivery
C- CS

439- pt presented with inability to extend wrist, fingers, thumb extension, thenar wasting and numbness over the snuff box, radial nerve injury at which level
A- Olecranon
B- Spiral groove
C- Carpal tunnel

440- pt on parental nutrition Lab was mentioned Only thing was elevated INR
What should you add?
A- vit K

441- pt post op or was with significant pneumonia what should add
Also has elevated INR
A-Vit K was one of the options

442- pt after inferior MI of some medications sorry I cant remember them
What to add
A-BB
B-CCB

443- pt with CVS disease and impaired lipid profile what should you give him
A-Statin
B-Fibrate

444- dr ask you to prepare the RT kidney for op but u are sure it was the LT one what should u do
NO choices
- tell him

445- dr prescribe medication to the pt but the pharmacist thinks that the pt is allergic to it what should u do
NO choices
- Print order, ask him to sign it

446- gyn explain to the pt that HRT will not help her menopausal symptom at this stage but the pt insist to have it what should he do
NO choices

- Refuse to give her

447- pt were in inappropriate clothes and speeks inappropriately to the dr what should he do
NO choices

- Call the nurse

448- CTG shows late deceleration what is the cause

A-Head compression

B-Cord compression

- Placental insufficiency

449- which ABX exacerbates SLE symptoms

NO choices

Common triggers for lupus

While a person's genes may increase the chance that he or she will develop lupus, it takes some kind of environmental trigger to set off the illness or to bring on a flare.

The following are common environmental triggers:

- Ultraviolet rays from the sun or from fluorescent light bulbs
- Sulfa drugs, which make a person more sensitive to the sun, such as: Bactrim® and Septra® (trimethoprim-sulfamethoxazole); sulfisoxazole (Gantrisin®); tolbutamide (Orinase®); sulfasalazine (Azulfidine®); diuretics
- Sun-sensitizing tetracycline drugs such as minocycline (Minocin®)
- Penicillin or other antibiotic drugs such as: amoxicillin (Amoxil®); ampicillin (Ampicillin Sodium ADD-Vantage®); cloxacillin (Cloxapen®)
- An infection, a cold or a viral illness
- An injury, particularly traumatic injury
- Emotional stress, such as a divorce, illness, death in the family, or other life complications
- Anything that causes stress to the body, such as surgery, physical harm, pregnancy, or giving birth
- Exhaustion

450- 9 yr old with acute severe abdominal pain what is the most common cause at this age

A- Appendicitis

B- Cholecystic

451- Symptom confirm diagnosis of eosinophilic esophagitis

A- dysphagia

B- sticking of food in esophagus

C - chest pain centrally located not responded to anti acid

D - confirmation by biopsy and endoscopy

452- pt with bleeding US should fibroid and pt wish to maintain her infertility how to manage

NO choices

- Lap myomectomy

453- pt with several weeks of amenorrhea came with PV bl and BHCG was positive os close
What is the Dx

A-Threatened bortion

454- pt with incomplete abortion and some tissue presented at os

What is the Mx

NO choices

- IVF and D&C

455- pt at 22 wks has abdominal pain then feel decrease of fetal movement and feel SOB,
...etc what is the dx

A- Amniotic fluid embolism

B-Septic shock

456- pregnant lady with elevated BP and significant edema no thing was mentioned about proteinuria

How to manage

A- Diuretics

457- 50+ pt with intermittent claudication heavy smoker and DM

How to manage

A- Supervised smoking cessation

C- Strict glycemc control

458- pt vet presented with 2 mths HX of severe lower back pain and fatigue and now agitated

Sacal joint tendrness

I think physical examination should splenomegaly

Some labs were mentioned

What is the Dx

a- Brucellosis

b- Toxoplasma

459- how to confirm the dx in the previous case

NO choice

- it depends

Acute less than 1 year serology

Chronic more than 1 year blood culture

460- pt with meningitis LP should lymphocytosis , normal sugar

How to manage it

A-Acyclovir

461- child with meningitis

A-Vancomycin+ Ceftriaxone

TABLE 17-6. Common causes of pediatric bacterial meningitis.

Age	Bacteria	Treatment
Neonates (< 1 month)	Group B streptococcus Gram-negative enteric bacilli <i>Listeria monocytogenes</i> <i>Escherichia coli</i>	■ Ampicillin and a third-generation cephalosporin
Infants (1–24 months)	<i>Streptococcus pneumoniae</i> <i>Neisseria meningitidis</i> <i>Haemophilus influenzae</i> type B	■ Third-generation cephalosporin ■ Vancomycin should be added until susceptibility is known
Children (> 24 months)	<i>S. pneumoniae</i> <i>N. meningitidis</i> <i>H. influenzae</i> type B	■ Third-generation cephalosporin ■ Vancomycin should be added until susceptibility is known

Any role for steroid ?

462- which type of HCV is common in Saudi

NO choices

- 4

463- 8 yrs old ingested high dose of paracetamol presented with N,V, URQ pain
Which stage of toxicity

NO choices

- **Stage 2**

464- pt had nephrotic syndrome

Presented with proteinuria which medication protect the kidney

A-ACE I

B-Prednisolone

Medication Summary

Angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs) reduce intraglomerular pressure by inhibiting angiotensin II-mediated efferent arteriolar vasoconstriction. [34] These drugs also have a proteinuria-reducing effect that is independent of their antihypertensive effect.

In addition, ACE inhibitors have renoprotective properties, which may be partially due to the other hemodynamic and nonhemodynamic effects of these drugs. ACE inhibitors reduce the breakdown of bradykinin (an efferent arteriolar vasodilator); restore the size and charge selectivity to the glomerular cell wall; and reduce the production of cytokines, such as transforming growth factor-beta (TGF-beta), that promote glomerulosclerosis and fibrosis

eMedicine

465- pt k/c of crohon presented with anal sinus

Which medication protect from that

NO choices

- **Infliximab**

466- pt presented with hematuria and was sick and hypertensive and his parents mentioned that he has petechia before

A-HSP

B-Post streptococcus glommuronephritis

467- absolute indication for parathyroidectomy

No choices

- **Osteoporosis**

468- child presented with BA exacerbation , father heavy smoker and u warn him many times before but he is careless what should u do

A- Not interferaymere

B- Called child protection agency

469- lady k/c of BA on short acting b agonist and steroid inhaler in the previous yr used SABA only once

a- Stop both medications

b- Half the dose of steroid and review in 6 mths

c- Double the dose

470- 6 mths old infant his parent brought him for one complaints and through PEx u notice some signs of child abuse, Mother with appeared with some mental retardation, Parents want to take home back home

A-Called child protection

471- couples with infertility ask about surrogate pregnancy u are not sure wither allowed in Saudi or not

a- Refer them to infertility clinic

b- Warn them might not allowed

c- Give appt after few wks and review bout the topic

472- pt doesn't want to know the details, u r the surgeon appreciated that , but the anesthsidr insist to give him the details what to do

A-Reschedule with another dr

B-Consult hospital committee

C-Tell the pt the decision of thdr

473- Pt result came back HIV +ve who came prior for infertility assessment. What to do?

A- Tell him first.

B- Tell his wife.

C- Tell both.

D- Tell hospital authorities.

Explanation :

(U tell the patient first and tell him to tell his wife if refuse tell authority)

474- Case of septic arthritis. First step of management?

A. Fluid aspiration

B. Broad spectrum antibiotic

C. Blood culture

D. Drainage and debridement

Explanation :

Clinically patient will be presented with fever, joint pain and swelling. On joint aspiration there will be high WBCs with neutrophils predominant without crystals,

Most accurate test: Joint aspiration

Empirically treat with ceftriaxone and vancomycin initially until culture test results; then modify therapy for specific organisms. Septic joints are treated with joint drainage or surgical debridement.

475- Case of gout. What is the type of crystal you will find?

Explanation: (Joint aspiration and synovial fluid analysis is the only way to make a definitive diagnosis of gout; needle-shaped and negatively birefringent monosodium urate crystals appear in

TABLE 2.9-6. Gout vs Pseudogout

DISORDER	HISTORY	PHYSICAL FINDINGS	CRYSTAL SHAPE	CRYSTAL BIREFRINGENCE
Gout (uric acid)	Male gender, binge drinking, recent surgery	First big toe is affected	Needle shaped	⊖
Pseudogout: CPPD	Hemochromatosis or hyperparathyroidism	Wrists and knees are affected	Rhomboid	⊕

synovial fluid)

476- Case of gout. Which medication shouldn't be given in acute exacerbation?

A. Allopurinol.

Explanation :

Treatment of acute gout usually started with NSAID, if no improvement then go to either Colchicine or intraarticular Steroid if patient has renal failure, never use Allopurinol in acute attack because it worsens the condition

^ Toronto

477- Symptoms of depression. What is the diagnosis?

Explanation:

SIG E CAPS

Sleep (hypersomnia or insomnia)

Interest (loss of interest or pleasure in activities)

Guilt (feelings of worthlessness or inappropriate guilt)

Energy (↓) or fatigue

Concentration (↓)

Appetite (↑ or ↓) or weight (↑ or ↓)

Psychomotor agitation or retardation

Suicidal ideation

478- Pt with generalized anxiety disorder. Which medication to give?

A- Lorazepam.

B- Bupropion.

C- Buspirone.

E- Escitalopram.

Explanation

TREATMENT

- **Best initial treatment:** Selective serotonin reuptake inhibitors (SSRIs; eg, fluoxetine, sertraline, escitalopram). See Table 2.14-5.

TABLE 2.14-5. Anxiolytic Medications

DRUG CLASS	INDICATIONS	SIDE EFFECTS
SSRIs (eg, fluoxetine, sertraline, paroxetine, citalopram, escitalopram)	First-line treatment for GAD, OCD, panic disorder	Nausea, GI upset, somnolence, sexual dysfunction, agitation
5-HT partial agonist (eg, buspirone)	Not first-line treatment for GAD, social phobia	Headaches, dizziness, nausea. No tolerance, dependence, or withdrawal
β-blocker (propranolol)	Performance only social anxiety disorder	Bradycardia, hypotension
Benzodiazepines (eg, clonazepam, alprazolam)	Anxiety (short-term), insomnia, alcohol withdrawal, muscle spasm, night terrors, sleepwalking	↓ Sleep duration; risk for abuse, tolerance, and dependence; disinhibition in young or old patients; confusion Abruptly stopping a short-acting benzodiazepine (eg, alprazolam) can result in seizures

479- Pt with with otitis external after swimming in pool which Abx to give?

Explanation

The most common cause of acute otitis external is pseudomonas bacteria infection, fungal candidiasis by candida albicans is usually resulted from over treatment with topical antibiotic, TTT of bacterial otitis external is by antipseudomonal like Ciprofloxacin or Ceftazidime otic drops while TTT of fungal otitis external is by repeated debridement and topical anti-fungal agents like Gentian violet or Mycostatin powder)

^ Toronto

480- Pt with hx of trauma to abdomen came after several days with purulent discharge what to do?

A- Ctabdomen.

B- Lapratomy

If stable >> CT

Unstable >>lapratomy

481- Pt with chest trauma asymptomatic CXR showed 2 cm pneumothorax what will u do?

A. Aspiration needle then follow up chest X-ray

482- Pt with gun shout to chest, underwent chest tube which drained 2L of blood. What is the next step?

A- Pleural tab.

B- Embolization.

C- Emergency Department Thoracotomy!!

483- Dr after explain to pt what is next management and explore there emotion went through the main points again. What did he do?

A- summarization.

B- And other choices.

484- Pt with complete abortion while waiting for admission were tearfulness and husband was emotionally distress what to do?

A- Explore and reflect to their emotions.

B- Explore and tell them the management plan.

485- DNR pt in respiratory distress surgeon thinks depulking surgery might be helpful but might be fatal. What to do?

A- Let him sign high risk consent.

486- U were late and pt start to shout and angry. What to do?

A- Explain to him why u r late

B- B- Acknowledge his feelings.

Explanation:

Doctors always say "Never say Sorry or Give Excuses. Only acknowledge their feelings

487- Two Cases of about irritable bowel syndrome.

The New Rome IV Diagnostic Criteria for IBS

Recurrent abdominal pain on average at least 1 day/week in the last 3 months, associated with two or more of the following:

1. Related to defecation
 2. Associated with a change in frequency of stool
 3. Associated with a change in form (consistency) of stool
- *Symptoms must have started at least 6 months ago.

Key changes in Rome IV IBS compared to Rome III:

- Now only pain in the criteria - not "discomfort or pain".
- Higher minimum frequency threshold of pain (1 x week vs. 3 days a month).
- Stool consistency change no longer tied to start of pain, now only associated with pain.
- Pain relief after defecation is no longer a criterion, but replaced by pain related to defecation.
- IBS subtyping no longer depends on minimum proportion of hard/lumpy or soft/watery stools but rather patients are asked about their usual consistency of abnormal stools according to Bristol Stool Scale (types 1-2, 6-7 or both).

488- Female pt wants female to examine her. What to do?

- A- **Respect.**
- B- Refer to another dr.
- C- Ignore.

489- Pt don't believe this is the correct dx and wants another dr. What to do?

- A- **Give her report as this is her right.**

490- Newborn delivered with C-S because of deceleration. He is in respiratory distress, and CXR showed fluid in horizontal fissure. What is the diagnosis?

- A- RDS.
- B- **Meconium aspiration.**

CXR findings in neonatal lung diseases; in RDS there will be ground glass appearance (homogeneous infiltration) + air bronchogram and decreased lung volumes, in Meconium aspiration syndrome there will be coarse irregular patchy infiltrates + flattening of the diaphragm + lung hyper expansion (hyperinflation) and 10-20 % may have pneumothorax

^ Toronto

491- Pt with non functional abdominal pain. How to reinforce him to go to school?

- A- **Mention positive things.**

492- Clinical scenario of (painless genital ulcer + skin rash). What is the dx?

- A- **Secondary syphilis.**

Syphilis made easy.
By Dr. Amer Zaherallialy.

Syphilis is a STD caused by the spirochete organism called **Tryponema Pallidum.

It has 4 stages or classes: **primary, secondary, latent, tertiary.

Primary syphilis is characterized by only **painless genital ulcer called Chancre (with or without painless inguinal lymphadenopathy).

Secondary syphilis is characterized by **chancre of primary syphilis + **skin rash**, with or without painless lymphadenopathy.

Latent syphilis is characterized by healing and resolution of all the signs and symptoms, patient stay **asymptomatic for a long period up to 20 years, **but always the test is positive**.

Tertiary syphilis is characterized by **chancre + rash with or without lymphadenopathy + **complications** such as: **neurosyphilis**, cardiovascular syphilis in form of **aortitis**, generalized paresis of the **insane** with changes in emotions and personality, ocular syphilis in form of **Argyll Robertson pupil** in which small irregular pupils constrict in response to focusing the eyes but not to light, **tabes dorsalis** in which spinal cord is affected resulting in shuffling gait, neuropathic joint disease in which joint surfaces degenerate due to **loss of proprioception and vibration** sensation due affection of dorsal column.

Testing used to diagnose syphilis is divided into **3 types of tests: dark field microscope, non tryponemal, tryponemal test.

Non tryponemal test includes: **VDRL and rapid plasma reagent **RPR**.

Tryponemal test is called Florescence Tryponemal Antibodies **FTA. It is the most **specific** confirmatory test for syphilis.

In diagnosis of **primary syphilis, we use only **dark field microscope**, it will be positive.

*In diagnosis of **secondary syphilis**, we can use **both tryponemal and non tryponemal tests**, both of them will be positive.

In diagnosis of **latent syphilis, we can use **both tryponemal and non tryponemal tests**, both of them will be positive.

*In diagnosis of **tertiary syphilis**, we use only **tryponemal test**, and it will be positive.

TTT of any stage of syphilis is always by **Penicillin G, it is the best even in pregnant and children.

All cell wall inhibitors "B-lactames" are safe in pregnancy and children **except Ceftriaxone is contraindicated in neonatal period because it is associated with **kernicterus**.

493- Positive H.pylori what is the treatment?

Metronidazole + PPI + clarithromycin

494- Pt with dyspepsia not responding to the H2 blocker what to do?

A- **PPIs.**

Step 1 - Consider differential Diagnosis
Step 2 - Upper Endoscopy for high risk patients
Step 3 - Consider empiric antisecretory therapy Timing Initial trial for 2-4 weeks
Antisecretory Agents H2 Blocker (e.g. Ranitidine)
Switch to Proton Pump Inhibitor (e.g. Omeprazole) if not effective
Step 4 - Consider Helicobacter Pylori testing
Step 5 - Upper Endoscopy Indications (if not already done above)
Step 6 - Alternative Therapies (e.g. SSRI)

495- Dx pt with painful progressing swelling with discharge at his neck what is the dx?

A- Cellulitis.

B- **Abscess.**

496- Young lady with presentation looks like DVT and amenorrhea for several wks , PT -ve What is the important q to ask?

A- **History OCP.**

497- Pt with sudden acute pain us showed mass in ovary what is the dx?

A- Ruptured of ovarian cyst.

B- **Ovarian torsion.**

498- Ectopic pregnancy 6 wks less than 3.5 cm pt stable with mild pl mx?

A- Serial BHCG.

B- **Methotrexate.**

C- Laparoscopic.

D- Expectant mx.

499- Pt with ectopic bhcg 200+ treated with methotrexate came in few week with sever pain and bhcg 6000 what to do?

Explanation :

Is stable = laparoscopy , unstable = laparotomy

500- 12 Old months baby with gastroenteritis on oral rehydration after recovery and recommence on normal diet start to have diarrhea. Active with mild dehydration. TTT?

A- **Milk cow free formula.**

B- B- After recover use oral rehydration for 24 hrs.

C- C- For 48 hrs.

501- Severe dehydration in pedia fluid deficit replacement over?

A- **48 hrs.**

B- 24 hrs.

C- 12hrs.

D- 6 hrs.

502- Pancreatic pseudocyst treatment?

- A- Internal drainage.
- B- B- Percutaneous drainage.

Explanation:

Pancreatic pseudocyst is one of the complications acute pancreatitis, it is an encapsulated fluid collection that occur 1-3 weeks following acute pancreatitis

Management

1. if size < 5-6 cm or less than 6 weeks = observation
2. if > 5-6 cm or more than 6 weeks = drainage is either internal drainage "if no fever or high WBCs", or external percutaneous under radiological guidance "if fever or high WBCs"

^ Toronto + Step up to medicine

503- Alcoholic patient with sever epigastric pain radiated to back, nausea and vomiting, elevated lipase and amylase. And obstructive pattern of LFT. Dx?

- A. **Pancreatitis**

504- 9 Years old boy short, both parents below average. Dx?

- A- Constitutional.
- B- **Familial.**

505- Another q of 9 years old boy short, bone age is 6 years, both parents below average. Dx?

- A. **Constitutional.**
- B. Familial.

Familial Vs Constitutional*		
Feature	Familial Short Stature	Constitutional Short Stature
1) Sex	Both equally affected	More common in boys
2) Family History	Of short stature	Of delayed puberty
3) Height Velocity	Normal	Normal
4) Puberty	Normal	Delayed
5) Bone Age	Normal	Less than chronological age
6) Final Height	Short, but normal for target height	Normal

*IAP spatiality series Endocrinology 2nd edition

506- Delayed puberty 15 yrsshort , some problem with hair line, elevated blood pressure, short and I think constipation. Dx?

- A. **Turner syndrome**
- B. Hypothyroidism.

507- Infertility and cysts in ovary what is the problem?

- A- **Ovulation.**
- B- B- Endometrial.
- C- C- Cervix.

508- Male with infertility, Low Testosterone . Low FSH, LH And high prolactin. What is the treatment?

Bromocriptin

509- Case of Pregnancy ,did D&C , after 1 years got amenorrhea , what the diagnosis ?

Asherman syndrome

510- Case of benign prostatic hyperplasia what is the management?

Alpha blocker , prazosin

511- Vegetarian parent , pale child mx?

A- Course of oral ferrous sulfate.

B- B12

Explanation :

Vitamins that will be deficient in vegetarian are (B12 , B6 , iron , zinc)

512- Pt with upper breast cancer next step?

A- PET scan.

Explanation :for staging , breast cancer Mets (Bone , lung ,liver, brain)

513- Case of painless freely mobile breast lump not related to menstruated changes. What is the diagnosis?

A- Fibroadenosis.

B- Fibroadenoma.

C- Fat necrosis.

D- Breast cancer.

514- Parasitic liver lesions how to manage?

A- Derroofing.

C- Aspiration.

D- Abx.

World Health Organization classification of cystic echinococcosis and treatment stratified by cyst stage

WHO stage	Description	Stage	Size	Preferred treatment	Alternate treatment
CE1	Unilocular anechoic cystic lesion with double line sign	Active	<5 cm	Albendazole alone	PAIR
			>5 cm	Albendazole + PAIR	PAIR
CE2	Multiseptated, "rosette-like" "honeycomb" cyst	Active	Any	Albendazole + either modified catheterization or surgery	Modified catheterization
CE3a	Cyst with detached membranes (water-lily sign)	Transitional	<5 cm	Albendazole alone	PAIR
			>5 cm	Albendazole + PAIR	PAIR
CE3b	Cyst with daughter cysts in solid matrix	Transitional	Any	Albendazole + either modified catheterization or surgery	Modified catheterization
CE4	Cyst with heterogenous hypoechoic/hyperechoic contents; no daughter cysts	Inactive	Any	Observation	-
CE5	Solid plus calcified wall	Inactive	Any	Observation	-

Albendazole is dosed 10 to 15 mg/kg per day in two divided doses; the usual dose for adults is 400 mg twice daily. Duration of therapy is discussed in the text.

515- Pregnant with mild systolic ejection murmur along the left lower sternal border radiate to carotid?

A- Physiological of pregnancy. (no radiated)

B- Tricuspid regurgitation.

C- Aortic stenosis

Explanation :

CARDIOVASCULAR SYSTEM

- Changes in cardiac function begin in the first 8 weeks of pregnancy.
- Cardiac output is ↑ as early as the fifth week of pregnancy due to:
 - ↓ systemic vascular resistance.
 - ↑ heart rate.
- As the diaphragm rises, the heart is displaced to the left and upward and rotates slightly.
- Systolic ejection murmurs along left sternal border occur in 96% of pregnant women due to ↑ flow across aortic and pulmonic valves.
- Diastolic murmurs are never normal and should be evaluated by a cardiologist.
- Blood pressure ↓ in midpregnancy and rises during the last trimester. Diastolic pressure ↓ more than systolic.

Murmurs

Aortic stenosis	Ejection systolic murmur , radiated to carotid
Mitral regurgitation	Pan systolic murmur , radiated to axilla
Aortic regurgitation	Early diastolic murmur
Mitral stenosis	Mid diastolic murmur

Abeer Asiri

516- after diarrhea what to expect?

Metabolic acidosis

Metabolic alkalosis

517- child in DKA mum stop insulin she does not believe that he has DM which stage she had?

Denial stage

518- scrotal swelling non transillumination What to do

Herniorrhaphy

Herniotomy

519- pt with hernia came with acute swelling , redness , tender , not reducible

Which complication of hernia is this

Irreducible

Incarcerated

Strangulated

520- heavy smoker Cxray pleural effusion , trachea shifted

- Obstructing lung tumor

- Ruptured esophagus

521- pregnant with mild bleed Us placenta previa mx

CS

522- fetus with breech presentation flexing hip and knees

- Frank breech

- Complete breech

- Incomplete breech

523- what does nicotine in cigarette do

- Addiction effect

524- smoker with fetal demise cries that her smoking killed her fetus

A-Tell her...

B-Say the cause not yet clear

FETAL DEMISE

A 28-year-old multigravida at 33 weeks' gestation comes to the office stating she has not felt her baby move for 24 hours. A previous 18-week sonogram showed a single fetus with grossly normal anatomy. You are unable to find fetal heart tones by auscultation with a Doppler stethoscope.

Definition. From a medical viewpoint, the term applies to any death after the embryo period (≥ 10 menstrual weeks). From a perinatal statistics viewpoint, the term applies to in utero death of a fetus after 20 weeks' gestation before birth. **Antenatal demise** occurs before labor. **Intrapartum demise** is the term if death occurs after the onset of labor.

Significance

- Disseminated intravascular coagulation (DIC) is the most serious consequence with prolonged fetal demise (>2 weeks) resulting from release of tissue thromboplastin from deteriorating fetal organs.
- Grief resolution may be prolonged if psychosocial issues are not appropriately addressed.

Risk Factors. Fetal demise is most commonly idiopathic. When a cause is identified, risk factors include antiphospholipid syndrome, overt maternal diabetes, maternal trauma, severe maternal isoimmunization, fetal aneuploidy, and fetal infection.

425- 10 wks pregnant with cholecystitis when to do surgery

A- Now

B- 1st tri

C- 2nd

D- After delivery

526- pt refuse surgery and u explain cx

Respect her decision

527- pt came to sign consent for hysterectomy

Give her details about surgery

Make documentation clear

528- which Abx for TB exacerbate gout

Adverse effects of ATT drugs

Drug	Adverse effects
Isoniazid	Hepatotoxicity, peripheral neuritis, hypersensitive reactions may precipitate epilepsy, drug induced lupus, psychotic changes
Rifampicin	Hepatotoxicity, gastrointestinal, autoimmune reactions (more with intermittent administration), which include flu syndrome, thrombocytopenias, purpura, respiratory shock syndrome, acute hemolytic anemia, ARF)
Pyrazinamide	Hepatotoxicity, arthralgia, hyperuricemia, gastrointestinal, allergic reactions
Ethambutol	Optic neuritis, colour blindness, gastrointestinal, allergic reactions, hyperuricemia
Streptomycin	Vestibular dysfunction, deafness, nephrotoxicity, neuromuscular blockade, peripheral neuritis

529- not immunized child

Explain the benefit to the family

530- Traveler's bloody diarrhea culture campylobacter

- Ciprofloxacin?

-Azithromycin \ erythro

531- in poor area

- Heptits A

532- heamolitic jaundice

- Increase indirect bilirubin

533- 55 yr old male with Afib what to give him prevent complications

- Warfarin

FOR STROKE PREVENTION IN PATIENTS WITH ATRIAL FIBRILLATION BASED ON THE CHADS₂ CRITERIA AND STROKE RISK

	Risk criteria	Score
C	Congestive heart failure	1
H	Hypertension (blood pressure consistently above 140/90 mm Hg)	1
A	Age ≥75	1
D	Diabetes mellitus	1
S ₂	Prior stroke or TIA	2

Anticoagulation in atrial fibrillation		
CHADS ₂ score	Stroke risk	Antithrombotic therapy
0	Low	No anticoagulation (preferred) or Aspirin
1	Intermediate	Anticoagulation (preferred) or Aspirin
2-6	High	Anticoagulation

- Should be done with warfarin—start 2 wks after cardioembolic stroke to prevent recurrence

534- traveller advise

- Peel fruit

535- pt with chronic disease came with microcytic hypochromic anemia ,fretin double the normal dx

- Anemi of chromic disease

- Sidroplasticnemia

- IDA

536- adult with epigastria pain us showed several narrowing of biliary duct

LFT obstructive pattern what is the dx

Primary sclerosing cholangitis

537- pt presented with appendicitis ssx , us should obesity in the pelvis what to do next

ct abdomen

538- mid age man with appendoceleal after conservative ttt recovered and discharge what to do next

- - no thing

- Laproscopic appendectomy in 12 wks

- Open appendectomy in 12 wks

539- pt after appendectomy stble with mild pain, should minmal collection

- Conservative mx

- - re open

- - aspirate

540- after thyroidectomy swelling and un able to breath

- Open wound in word

- Trachiotomy

541- adlucence with groin pain aggravating by excersis, examination everything was normal

- Re evaluate in 3 mths?????????/?

- Us ??????????

542- after mesh repair of hernia pt with radiculopathy radiate to leg

- Open mesh stable

- Nerve block

543- pt with fever ,cercical lymphadenopathy swollen tonsils aithwt patch

Possible complication

- Pharyngitis

- Scarlet fever

544-case of EBV

545- pt with Kawasaki will start him on IVIG what is the indication of poor response to the medication?

- **CRP , direct bilirubin , ALT , AST, albumin and platelet** not responding to IVIG and aspirin, the risk of coronary artery complications is very high. For these problems, many studies have been conducted for the early identification of patients who do not respond to IVIG. Many reports have been made particularly in Japan, and they reported involved factors such as pediatric patients' age, duration between the onset of fever and the administration of IVIG, sodium level, proportion of neutrophil, C-reactive protein (CRP), platelet count⁶), albumin⁷), total bilirubin, aspartate aminotransferase (AST)⁸), and alanine aminotransferase (ALT)⁹), and developed risk-scoring systems using several factors. Nevertheless, there are no agreed factors for predicting patients not responding to IVIG.

546- two cases of pleural tab analysis and Dx

547- case of bowel obstruction imaging showed y shape shadow and enlarge colon what is thenext step ?

A- Enema

B - CT abdomen

- **CT is the best to confirm the diagnosis**

548- microscopic finding of minimal change diseas

- **effacement of the epithelial cell (podocyte) foot processes and loss of the normal charge barrier**

549- child with meningitis , eyes showed papilledema

Important complication to inform the parent:

A- Visual loss

B- Hearing loss

C- Renal failure

D-Retinal hemorrhage

550-prophylactic of cluster headache ? Verapamil and lithium

Step up is drug of choice is verapamil

Common Presenting Problems

nued)

Tension-Type	Cluster	Caffeine With
Stressful events, NOT aggravated by physical activity	Often alcohol	Discontinuing
Rest and relaxation NSAIDs or acetaminophen	Sumatriptan Dihydroergotamine High-flow O ₂ Intranasal lidocaine	Caffeine Acetaminophen ASA ± caffeine
Rest and relaxation, physical activity, biofeedback	Lithium carbonate, prednisone, methysergide	Cut down on c

551- migraine what is the symptoms and signs for dx

552- tension headache what is the dx ,ttt

Table 23. Primary Headaches

	Migraine	Tension-Type	Cluster	Caffeine Withdrawal
Epidemiology	12% of adults F>M 20% with aura 80% without aura	38% of adults, can be episodic or chronic	<0.1% of adults, M>>F	~50% of people drinking >2.5 cups/d
Duration	5-72 h	May occur as isolated incident or daily, duration is variable	<3 h at same time of day	Begins 12-24 h after last caffeine intake, can last ~1 wk
Pain	Classically unilateral and pulsatile, but 40% are bilateral, moderate-severe intensity, N/V, photo-/phonophobia	Mild to moderate pain, bilateral, fronto-occipital or generalized pain, band-like pain, ± contracted neck/ scalp muscles, associated with little disability	Sudden, unilateral, severe, usually centered around eye, frequently awakens patient Associated conjunctival injection and tearing "Suicide" headache	Severe, throbbing, associated with drowsiness, anxiety, muscle stiffness, nausea, waves of hot or cold sensations

FM34 Family Medicine

Common Presenting Problems

Table 23. Primary Headaches (continued)

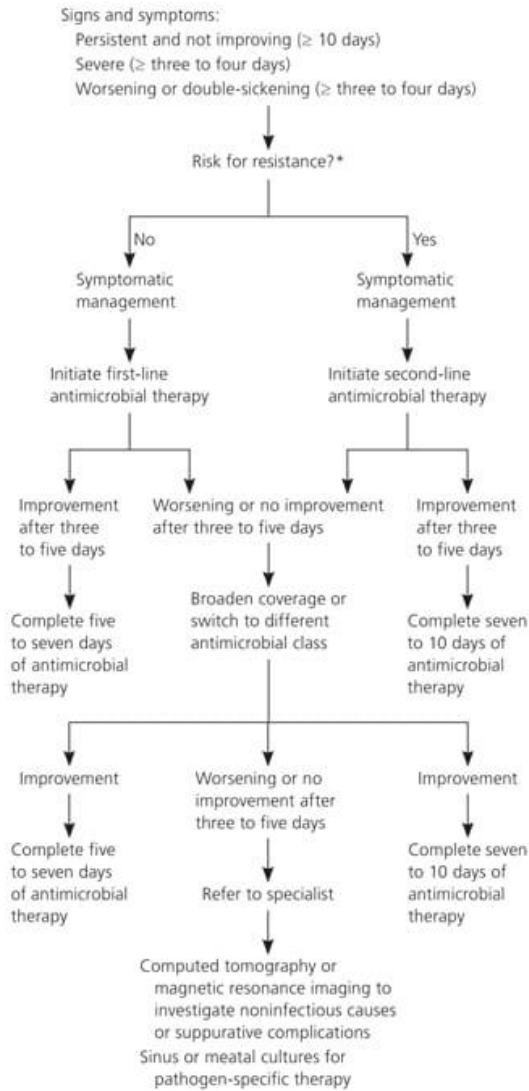
	Migraine	Tension-Type	Cluster	Caffeine Withdrawal
Triggers	Numerous (e.g. food, sleep disturbance, stress, hormonal, fatigue, weather, high altitude) Aggravated by physical activity	Stressful events, NOT aggravated by physical activity	Often alcohol	Discontinuing caffeine
Treatment of Acute Headache	1st line: acetaminophen, NSAIDs, ASA ± caffeine 2nd line: NSAIDs 3rd line: 5-HT agonists ± antiemetic	Rest and relaxation NSAIDs or acetaminophen	Sumatriptan Dihydroergotamine High-flow O ₂ Intranasal lidocaine	Caffeine Acetaminophen or ASA ± caffeine
Prophylactic Therapy	1st line: β-blockers 2nd line: TCAs 3rd line: anticonvulsants	Rest and relaxation, physical activity, biofeedback	Lithium carbonate, prednisone, methysergide	Cut down on caffeine

553- complication of polymyalgia rheumatica ?

- With giant cell arteritis , Blindness & stiffness
- Complications related to GCA and PMR and to therapy for these conditions include osteoporosis, corticosteroid myopathy, bruising, emotional symptoms (e.g., insomnia, restlessness, hypomania, depression), hypertension, diabetes, elevated cholesterol, and fluid retention. Source: AAFP

554- frontal sinusitis not responding to simple analgesia / decongestant what is next?

- Antibiotic
- First-line therapy is amoxicillin with or without clavulanate



555- mx of gastroenteritis in peds got it from child care

- Supportive

556- 3 yrs old fell on his head two times vomiting and c/o headache

A- Close observation

B- Head CT

[View Outline](#)

[Tools](#)

Patient education: Head injury in children and adolescents (Beyond the Basics)

- Prolonged loss of consciousness
- Persistent or severe memory loss, confusion
- Persistent vomiting
- Seizure
- Severe, persistent, or worsening headache
- Suspicion of intentional injury (abuse)
- Behavioral changes (eg, lethargy, decreased alertness, extreme irritability)
- Signs of a skull fracture or bulging fontanel (soft spot on an infant's head)
- Abnormal neurologic examination
- Significant scalp bruise or swelling in a very young infant
- Bloody or clear fluid oozing from the ears or nose
- Incident with a higher risk of brain injury (see '[Head injury causes](#)' above)

uptodate..

557- treatment of febrile seizure

A- Paracetamol

- Controls the fever is most important mx

558- 5 yrs seizure for 5 min IV access present

A- IV lorazepam

B- rectal

C- IM

D- Some options about diazepam and others about lorazepam

559- after delivery and complete placenta delivery

A-Uterus massage

B-20 unit oxytocin

- first uterine massage , if no response give oxytocin
- Oxytocin given after delivery of anterior shoulder

560- 2nd degree laceration and another in the vaginal wall u cant suture due to the perfuse bleeding from above

A- 10 ut oxytocin

B- Prostaglandin

c- Explore the uterus and examine it

561- pt with stab wound to chest , SOB, I think low o2 saturation and ssx of pneumothorax next step ?

- If dullness on percussion so hemo so chest tube
- If hyperresonant so tension pneumothorax so needle then tube

562- child coo smile turn face follow obj when in pron position raise head which age ?

- 4 months

563- pincer grip , pull to stand, cru, say dada ?

- 10 months

564- 5 months old how to assess he is normal?

- reach objects

565- after seizure flat shoulder arm adduct and internally rotated

A- Posterior dislocation

B- Anterior dislocation

566- 8 yrs w for ht 95% , high BMI how to manage ?

- Lifestyle modifications

567-3 mths with noisy breathing win supine, goes away when prone ??

A- Will get wors

B- Will grow out of it when reach one

C- Need surgical repair

568- wants to get pregnant DM HbA1c elevated on ACEI

Advise

A- Control DM first to avoid cx

B- Change ACEI to ARAB

569- pt with DM annual check up

A- Creatinine/ albumin ratio

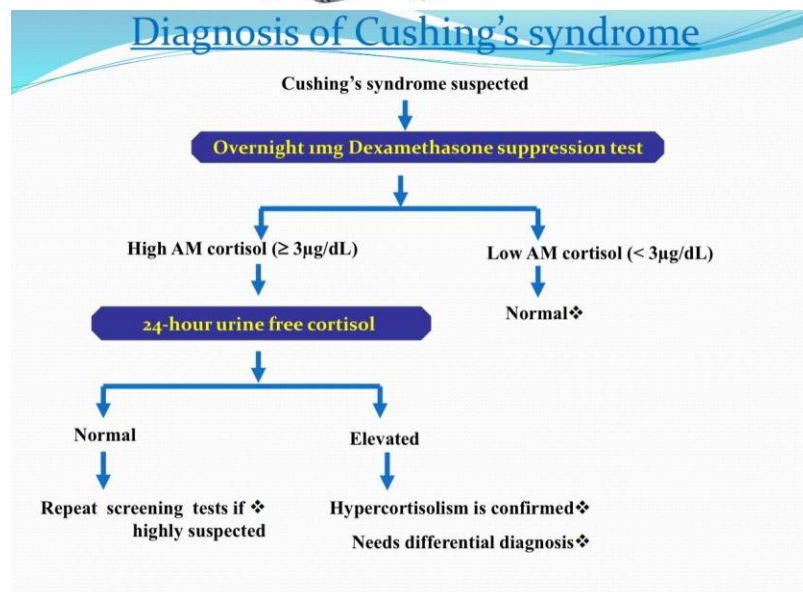
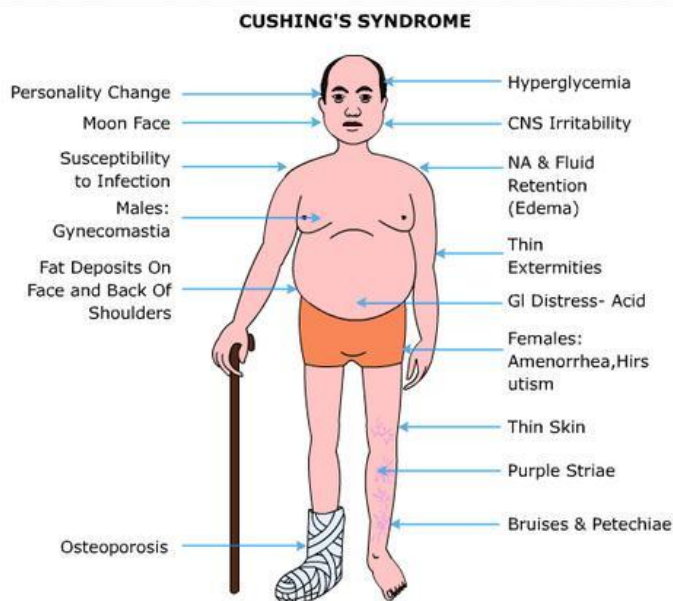
B - Urine microalbuminuria

570-post brain operation Diabetes insipidus management ?

- **DDAVP (Desmopresin)**

571- pituitary adenoma management ? **Trans sphenoidal adenectomy**

572- case of Cushing syndrome diagnosis ?



573- young with coma after exercise

A- Long qt syndrome

B - HOCM

574-pt with low O2 first step of mx ? O2

575- what is the most common GIT malignant associated with peutz-jegherssyndrome ?

- A- stomach
- B- pancreas
- C- colon
- D- liver

575-Wantstoknowtheassociationbetweenexercisandhealthbenefitbestevidencestudy Cohort?

-Observational

Explanation:

Cohortandcasestudybothareobservational

576- Pregnantwantstoquitesmokingbestway

- 1- CBT
- 2- Nicotinereplacement
- 3- Buprine

577- PtoncestartvancomycinstarttogetrashWhattodo?

- 1- Stopandlabel
- 2- Continueonsmallerdose
- 3- Replacewithcephalosporins

Explanation:

RapidinfusionofVancomycinmayalsocauseflushingoftheupperbody ("redmansyndrome" or redneck"" called)

578- friendly with strangers, can't sit without support, play peekaboo, what's the developmental age of this child?

- 1- 6-7 months
- 2- 7-8 months
- 3- 8-9 months
- 4- 9-10 months

579- normaldiabeticpt a levelgoalin LDL

- 1- <70 mg/dl
- 2- <100 mg/dl
- 3- <70 mcg/dl

gets. Instead, overall LDL reduction is recommended.

GROUP	GOAL LDL REDUCTION	RECOMMENDED STATIN THERAPY
Anyone with an LDL level at or above 190 mg/dL	Reduce LDL by >50%	High-intensity statin
Anyone with diabetes between 40 and 75 yr old and LDL above 70 mg/dL	Reduce LDL by 30%–50%	Moderate-intensity statin

Continued on following page

580- x-ray of a pneumothorax, pt after trauma developed difficulty in breathing, asking best initial management?

- a. needle aspiration
- b. chest tube insertion
- c. intubation
- d. emergent surgery referral

581- patient comes with neck swelling, moving with deglutition located hyoid area, what's?

- a. Thyroglossal cyst
- b. Thyroid cancer
- c. Cystic hygroma

582- an elderly man with a history of asthma, congestive heart failure, and peptic ulcer disease is admitted with bronchospasm and rapid atrial fibrillation. He receives frequent nebuliser salbutamol and IV digoxin loading, his regular medications are continued. 24 hours after admission his serum potassium is noted to be 2.8 mmol/l.

Which of his medications is most likely caused his abnormality?

- a. Digoxin
- b. inhibitor ACE
- c. Salbutamol
- d. Ranitidine

583- 21 years old woman presents to the gynaecology Clinic with a mass in the left breast, she discovered this mass while showering, her last menstrual period was 10 days ago, there's no family history of breast cancer.

On physical examination, you palpate a 3 cm, firm, non tender mass in the upper lateral quadrant of the left breast, the mass is smooth, well circumscribed and mobile there's no skin changes or nipple discharge or axillary lymphadenopathy.

Which of the following is the most likely diagnosis in this woman?

- a. Fibroadenoma
- b. change fibrocystic
- c. Intraductal papilloma
- d. Lobular carcinoma in situ

584- lady with a mass in left upper quadrant of the breast, aspiration was yellow fluid without masses, this mass completely disappears with aspiration, what's the diagnosis?

- a. Phyllodes
- b. breast cancer
- c. fibroadenoma
- d. fibrocystic disease

585- Patient has pleuritic chest pain on the left side, physical examination reveals a pleuritic friction rub, what's the next step

- a. Thorax CT
- b. Chest xray
- c. Echocardiogram

Explanation:

R to ECH Usually we do out the pericardial effusion

586- a 40 year old male has been diagnosed with lung cancer, he and his family have never smoked, has no family history of lung cancer, he works on electricity generation.

What's the cause?

- a. Asbestos
- b. Inhaled coal dust
- c. Passive smoking
- d. Radon gas

Notes:

farmer lung >> asbestosis :

Cotton >> byssinosis

Shipyard >> asbestosis

Bergmann's >> hyperthyroidism

587- case of appendicular mass

- a. 3 months after surgery
- b. 3 months after laparoscopic surgery
- c. No need for surgery

Treatment of

➤ Appendiceal Mass

Nonoperative management

Becomes walled off by omentum and adjacent viscera.

Initially treated with intravenous broad-spectrum antibiotic

➤ Appendiceal Abscess → USG or CT scan

- Percutaneous aspiration

- Drain placement

Intravenous antibiotics are continued until the patient

- afebrile for 24 hours

- return of normal gastrointestinal function

- normal WBC count with a normal differential.

At this time, patients are switched to oral antibiotics for a total antibiotic course of 10-14 days.

Traditionally, interval appendectomy is performed 6-8 weeks later.

588- The diagnosis of DVT is?

US duplex.

589- Dizygotic twins

- a. Monochorionic monoamniotic
- b. Monochorionic diamniotic
- c. Dichorionic monoamniotic
- d. Dichorionic diamniotic regardless of gender

590-Pt with pyloric stenosis have

- a. hypochlorhydria
- b. hyperchlorhydria
- c. hypochloremic alkalosis
- d. hyperchloremic alkalosis

591- pt with distal and proximal hand joint swelling and morning stiffness is and RF -ve no other symptoms?

- a. Reactive arthritis
- b. Seronegative arthritis
- c. OA Hand

Explanation:

We need to know if it is unilateral or bilateral

We need to know the age

The duration of stiffness

592- neurohormonal stress release

- a. androgen
- b. corticotropin

593- Ptdx has bilateral leg pain and loss of hair what HTN and DM smoker

- a. peripheral vascular insufficiency
- b. chronic limb ischemia
- c. DVT

594- on lisinopril and furosemide and statin what you will add CHD old pt with

- a. losartan
- b. bisoprolol

595- RA pt with

on prednisone and hydroxyurea and methotrexate and still has symptoms what you will add

- a. azathioprine
- b. infliximab
- c. cyclosporin

596- what is the age recommended for screening by pap smear for married women

- a. 20-24
- b. 26-30
- c. 30-35
- d. 36-40

Explanation:

Pap smear screening start at age 21 and after 3 years of marriage

597- pt did laparoscopic cholecystectomy and you find large mass in stomach what you will do

- a. cholecystectomy
- b. stop the procedure
- c. resection of mass
- d. cholecystectomy and resection of mass

598-Sick euthyroid syndrome

- a. high T3, T4, reverse T3
- b. high T3, T4 and low reverse T3
- c. high T3, T4 and normal reverse T3
- d. low T3, T4 and high reverse T3

599- child with nephritic syndrome develops vomiting
diarrhea and generalized abdominal pain with rebound tenderness

- a. peritonitis
- b. appendicitis
- c. pancreatitis

600- pt with meningitis

High protein

Low glucose

polymorphous %70

- a. cryptococcus
- b. TB
- c. viral
- d. bacterial

601- pt with meningitis

High protein

Normal glucose

Prominent lymphocyte

- a. cryptococcus
- b. TB
- c. viral
- d. bacterial

602 mainstay of treatment of Kawasaki disease

- a. aspirin
- b. immunoglobulin
- c. Abx

603- week with right abdominal pain 8 since LMP pt

Ectopic pregnancy

604- pt with galactorrhea and/or irregular menses first test

- a. prolactin
- b. LH
- c. Progesterone

605- serous fibroid 5 cm 5 symptomatic with a pt

- a. myomectomy
- b. hysterectomy
- c. followup

606-which of the following investigation should be done for early detection of bilateral breast cancer?

- A. FNA
- B. biopsy
- C. mammogram
- D. tumor marker

607- A 37-year old women presented to the doctor with intermittent bloody nipple discharge from the left breast. On examination there is no palpable mass. Which of the following is the most likely diagnosis?

- A. Fibroadenoma
- B. Fibrocystic changes
- C. Intraductal papilloma
- D. Mastitis

608-A 32- year- old female presented to her physician with feel small lump in her right breast , On Examination and investigation normal, what is the best advise can tell her to do self-breast exam every?

- A. 1 week
- B. 2 month
- C. 3 month
- D. month

609- 36-year-old woman complains of a 3-month history of bloody discharge from the nipple. At examination, a small nodule is found, deep to the areola. Careful palpation of the nipple-areolar complex results in blood arrears at the 3 O'clock position. Mammogram findings are normal. What is the likeliest diagnosis?

- A. Breast cyst
- B. Carcinoma in situ
- C. Intraductal carcinoma
- D. Intraductal papilloma

610- patient lady noticed lump for three months the mass freely mobile no discharge not related to menstrual, what is the diagnosis?

- A. cystic
- B. duct ectesia
- C. ductal papilloma
- D. Fibroadenoma

611- Which of the following is the best treatment for a lung abscess?

- a. Ciprooxacin
- b. Clindamycin**
- c. Macrolides
- d. Piperacillin

612- Female work as an actress, present with mass that increases before menses, after taking FNA the result is yellow stain with no refilling again what is the diagnosis?

- A. Fibrocystic breast disease**
- B. follicular cancer
- C. intraductal papilloma
- D. phyllodes tumor

613- Patient with bloody stained nipple discharge, you're suspecting intraductal papilloma. What's the next step?

- A. Excision**
- B. FNA
- C. Mammogram
- D. discharge culture

Explanation:

To confirm the Dx in histopathology

614- A 40-year-old lady presented with bloody nipple discharge. Breast examination showed normal skin and no areolar fullness. There were no palpable axillary lymph nodes. Which of the following is the most likely diagnosis?

- A. Breast abscess
- B. Fibroadenoma
- C. Fibrocystic disease
- D. Galactocele
- E. Intraductal papilloma**

615- patient presents to the hospital with bloody nipple discharge, what is the most likely cause?

- A. Intraductal papilloma**
- B. ductal
- C. lobular carcinoma in situ
- D. papillary

616- After intraductal papilloma, unilateral bloody nipple discharge from one duct orifice is most commonly caused by which of the following pathologic conditions ?

- A. Inflammatory carcinoma
- B. Intraductal carcinoma**
- C. Paget's disease of the nipple
- D. Subareolar mastitis

617- patient noticed lump for three the mass freely mobile, no discharge

not related to menstrual , what is the diagnosis ?

- A. cystic
- B. duct ectesia
- C. ductal papilloma
- D. Fibroadenoma

618- A 69-year-old man is treated for chest infection. He has been on a stable dose of warfarin for the last six months as a treatment for atrial fibrillation, with INR recordings between 2-2.5. However, his most recent INR was 5.

Which one of the following drugs that has recently been started is likely to be responsible for the increased INR.

- 1- Clarithromycin
- 2- Co-dydramol
- 3- Digoxin
- 4- Rifampicin
- 5- Temazepam

619- A 30-year-old man presented with a history of transient loss of consciousness and palpitation. His ECG showed ventricular tachycardia.

Which one of the following treatments should be avoided?

- 1- Adenosine
- 2- Amiodarone
- 3- DC cardioversion
- 4- Flecainide
- 5- Verapamil

620- 28-year-old man who is known to have Hypertrophic Cardiomyopathy has an out of hospital cardiac arrest and is successfully resuscitated.

What is the most appropriate mode of treatment?

- 1- Alcohol Septal Ablation
- 2- Amiodarone
- 3- Beta Blocker
- 4- Implantable Defibrillator
- 5- Myomectomy

621- 1-2wks Neonate has non bilious vomiting on US there is olive what you find?

A-Hypercholaremic metabolic acidosis

B-Hyopchl Met alkalosis

C-Hypochl resp alkalosis

622- Infantcrawl ,transfere object from hand to hand,had palmer grasp no pincelgrisp,age by month

A-5

B-7

C-9

623- Child nephrotic synd developed abd pain whyouexpect

A-Uti

B-Peritonitis

624- Women diabetic controlled developed dysuria and frequency urine analysis nitrate, creatinine high

Which drug is contraindicated

A-Amoxicillin

B-Septrin

C-Ciprofloxacin

D-Pipracilintazopactam

625- the thoracentesis site of needle

A-4th

B-5th

C-6and7

D-7and8

Explanation:

Needle :2

Chest tube : 5

Liver biopsy :7

Thoracosentesis : 8-10

626- 30yrs old e painless jaundice no other symptoms physical exam normal, bilirubin 15 mainly indirect liver enzyme normal wh is the d.d

A-Hypothyroidism

B-Cholidecal cyst

C-Gilbert synd

627- 6-7yrs old had clumsy gait and unable to walk or stand, had chicken box before 3wks, muscle taken no abnormalities also had resistance to neck flexion wh is the d.d

A-GBS

B-Meningoencephalities

628- Women e vaginal discharge offensive fishy odour revealed clue test d.d

A-Bacterial vaginosis

B-Trichomonas vaginosis

629- 8-11yrs old had night bed e out to go to toilet exam normal he feel shamed and asked help

A-Avoid punishment

B-Alarm bed Reinforcement

C-Desmopressin intranasal

630- After cholecystectomy pt developed pain at angle of mandible, temp 38 wh to do

A-Paracetamol

B-Abs

C-Xray

D-CT

631- Pt developed appendicular abscess drainage was done wh is the pathophysiology

A-Redistribution of bld supply

B-Cardiac index

C-Bradycardia

D-Peripheral vaso constriction

632- Elderly pt had pneumonia she became restless and agitated for the nurse what will do

A-Tell the family to staye her

B-Give oxy and elevate the head bed

D-Call the Dr duty and to give lorazepam 5mg

633- Pt diagnosed ALL invest wbc22 Hb8 K5.7 phosphate low uric acid high which of the electrolyte cause this condition

A-HypoCa

B-HyperCa

C-HypoNa

D-HyperNs

634- Female presented e scanty vaginal bleeding she noticed that postcoital what is your action

A-Pelvicus

B-CBC

C-assess the vagina and cervix

635- Female mass at lt upper breast,painless,movable not related to menstrual cycles wh is the d.d

A-Fibrocystic

B-Fibroadenoma

C-Ductalpapilloma

6- Tamoxifen for breast cancer patient, she has metrorrhagia, US showed thick endometrium, what is side effect of this drug ?

A. decrease risk of DVT

B. decrease risk of pituitary adenoma

C. increase risk Endometrial cancer

D. increase risk of uterus tumor

- The answer is C

Tamoxifen side effects:

Increases risk of thrombosis and endometrial cancer

637- Patient with breast cancer, she is having bleeding from breast with redness ,on routine check 2x3 cm then became 3x6cm.What do you suspect? A. bad prognosis

B. inflammatory process

C. malignant cancerous change

D. metastasis process

638- In patient post mastectomy, they do for her reconstruction from the rectus muscle. what is the vessels maybe injured or effected?

A. Inferior epigastric artery

B. Superior epigastric artery

C. intercostal artery

D. internal thoracic artery

Reference: The deep superior epigastric vessels are not used as the pedicle for the free flap because it is of smaller caliber than the inferior vessels and a greater amount of skin can be harvested with the inferior system. The superior pedicle provides the blood supply for a pedicled flap used for breast reconstruction.

<http://emedicine.medscape.com/article/880615-overview#a11>

639- The nearest big-city hospital is a 6-hour drive. Given your attention to your first priority, you would now:

A. call the ambulance for immediate transport to another hospital that “knows how to look after this thing”

B. admit the patient to the coronary care unit for observation

C. administer streptokinase or alteplase IV immediately

D. administer heparin IV immediately

E. none of the above

- note:Absolute contraindications to thrombolytic therapy include:

- Any prior intracranial hemorrhage
- Known structural cerebral vascular lesion (e.g., arteriovenous malformation)
- Known malignant intracranial neoplasm (primary or metastatic)
- Ischemic stroke within 3 months EXCEPT acute ischemic stroke within 4.5 hours
- Suspected aortic dissection
- Active bleeding or bleeding diathesis (excluding menses)
- Significant closed-head or facial trauma within 3 months
- Intracranial or intraspinal surgery within 2 months
- Severe uncontrolled hypertension (unresponsive to emergency therapy)
- For streptokinase, prior treatment within the previous 6 months

640- The most correct statement regarding thrombolytic therapy in acute myocardial infarction (AMI) is:

A. patients younger than 65 years benefit more than elderly victims of MI

B. no benefits have been realized when therapy has been instituted after 6 hours of onset of chest pain

C. thrombolytic therapy has improved the prognosis of patients with prior coronary artery bypass grafting (CABG)

D. patients with non-Q-wave MI have benefited as well as patients who sustain Q-wave MIs with thrombolytic therapy

E. a 50% reduction in mortality has been realized when therapy is administered within 3 hours of onset of chest pain

641- Which of the following statements regarding the use of heparin in patients with AMI is (are) true?

- a. heparin therapy is used almost routinely with thrombolytic therapy during the acute phase of MI treatment, provided certain criteria are met
- b. heparin is recommended whenever there is echocardiographic evidence of left ventricular thrombi
- c. heparin should be administered (unless contraindicated) to all patients with acute anterior wall MI
- d. heparin is contraindicated in patients with uncontrolled hypertension
- e. all of the above**

Provided **they** are stable, patients who have had acute **myocardial infarction can** undergo a submaximal **exercise test** before discharge or a symptom-limited **exercise stress test** any time **after** two to three weeks have elapsed. Nov 15, 2006

642- Which of the following is (are) a significant feature(s) of the pathophysiologic process of MI?

- a. endothelial cell wall damage
- b. coronary atherosclerosis
- c. thromboxane A2 production
- d. all of the above**
- e. a and b

643- Which of the following is (are) true concerning aspirin in the treatment of AMI?

- a. aspirin may serve as a substitute for streptokinase or t-PA
- b. aspirin may serve as a substitute for heparin
- c. aspirin may serve as a substitute for beta blockade
- d. all of the above
- e. none of the above**

644- Which of the following statements regarding thrombolytic therapy is (are) false?

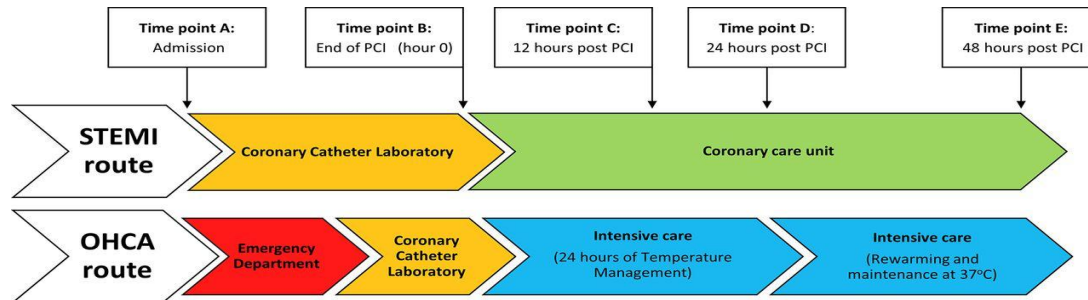
- a. thrombolytic therapy limits myocardial necrosis
- b. thrombolytic therapy preserves left ventricular function
- c. thrombolytic therapy reduces mortality
- d. all of the above
- e. none of the above**

645- Which of the following is true regarding primary angioplasty in the treatment of acute ST-segment elevated MI?

- A. primary angioplasty is not a substitute for thrombolytic therapy
- B. its universal adoption is likely to be limited by geography**
- C. it can be performed in hospitals that do not perform cabg surgery
- D. stent placement worsens outcomes
- E. operator variables are insignificant

646- Coronary reperfusion with thrombolytic agents has been shown to be of benefit when it is commenced within which of the following maximum number of hours from the onset of pain?

- a. 4
- b. 6
- c. 12**
- d. 24
- e. 48



647- In this clinical case, there is a key finding on physical examination of the patient's abdomen that should be further assessed by:

- a. abdominal ultrasonography
- b. intravenous pyelography
- c. digital subtraction angiography
- d. computed tomography (CT)
- e. magnetic resonance imaging (MRI)

- missing information

648- Which of the following is the most common cause of community acquired pneumonia?

- A. Haemophilus influenza
- B. Pneumocystis pneumonia
- C. Streptococcus pneumoniae**
- D. Streptococcus pyogenes

649- A 80 year old who has been in the ICU for 4 days has developed pneumonia. What is the most likely organism?

- A. Mycoplasma pneumoniae
- B. Neisseria meningitidis
- C. Pseudomonas aerogenas**
- D. Strep pneumoniae

650- A 70 year old patient is complaining of face flushing and head heaviness in the morning that's relieved during the day. He has been smoking for 30 years. CXR shows bilateral hilar masses. What is the diagnosis?

- A. COPD
- B. Hodgkin's lymphoma
- C. Lung cancer**
- D. TB

651- In what week of gestation do alveoli form?

- A. 12 weeks
- B. 16 weeks
- C. 24 weeks
- D. 28 weeks**

652- A 30 year old female is admitted for pulmonary embolism. She has a history of 3 miscarriages. Her lupus anticoagulant test is positive. What is the diagnosis?

- A. Antiphospholipid syndrome**
- B. Factor V Leiden
- C. Hemophilia A

653- A 36-year-old woman is diagnosed with tuberculosis three months ago, now she complains of numbness, tingling of extremities and ataxia. Her symptoms started after the anti-tubercular therapy.

What is the most appropriate next step in management?

- A. Folic acid supplement
- B. Iron supplement
- C. Niacin supplement
- D. Pyridoxine supplement**

654- Patient has a pleuritic chest pain on the left side. Physical examination reveals a pleuritic friction rub. What is the next step?

- A. 12 lead ECG
- B. CT Thorax
- C. Chest x-ray
- D. Echo refer to cardio**

- Initially, A

But the best is D

655- A 55 yo man with history of chronic cough associated with production of daily mucopurulent sputum production came with hemoptysis, foul smelling sputum, and fever. Examination revealed crackles and rhonchi. What is the most likely diagnosis?

- A. Asthma
- B. Bronchiectasis**
- C. Lung cancer
- D. Tuberculosis

656- Which clinical sign is associated with pulmonary hypertension?

- A. Central cyanosis
- B. Lower limb edema and ascites**
- C. Pulmonary edema
- D. Stroke

- Pulmonary Hypertension associated with Right side heart failure

657- A male patient who is a smoker, developed haemoptysis and shortness of breath on exertion. Investigations show a high serum calcium and a solitary central lung nodule. What is the most likely diagnosis?

- A. Adenocarcinoma
- B. Hamartoma

C. Small cell cancer

D. Squamous Cell Carcinoma

658-Which of the following is associated with oral candidiasis?

A. Aspirin

B. Decongestants

C. Epinephrine

D. Inhaled corticosteroids

659-What will be high in the lumbar puncture of a patient with mycoplasma pneumonia?

A. Glucose

B. Protein

C. RBC

D. WBC

660-A 40 year old male has been diagnosed with lung cancer. He and his family have never smoked, and has no family history of lung cancer. He works in electricity generation. What is the cause?

A. **Asbestos**

B. Inhaled coal dust

C. Passive smoking

D. Radon gas

661-What type of cancer is most commonly found in the distal esophagus?

A. Adenocarcinoma

B. Metastatic cancer

C. Small cell carcinoma

D. Squamous cell carcinoma

662-Which of the following organisms a common cause of ventilator associated pneumonia?

A. Legionella

B. Mycoplasma pneumoniae

C. Pseudomonas aeruginosa

D. Strep pneumoniae

663-What skin manifestation is associated with cystic fibrosis?

A. Acrodermatitis enteropathica

664- A 45-year-old woman presents to the emergency room with pleuritic chest pain, hemoptysis and shortness of breath for the last three hours. Her temperature is 37.9 C, blood pressure is 120/70 mmHg, pulse is 137/min and respirations are 28/min. Her oxygen saturation is 86% on room air. Which of the following is the most likely diagnosis?

A. Asthma

B. Myocardial infarction

C. Pulmonary edema

D. Pulmonary embolism

665- A middle-aged man present to the doctor with blurred vision and eye pain. He was recently diagnosed with tuberculosis. What is the cause of his symptoms?

A. Ethambutol

B. Isoniazid

- C. Pyrazinamide
- D. Rifampin

666- A middle-aged man present to the doctor with red urine. He was recently diagnosed with tuberculosis. What is the cause of his symptoms?

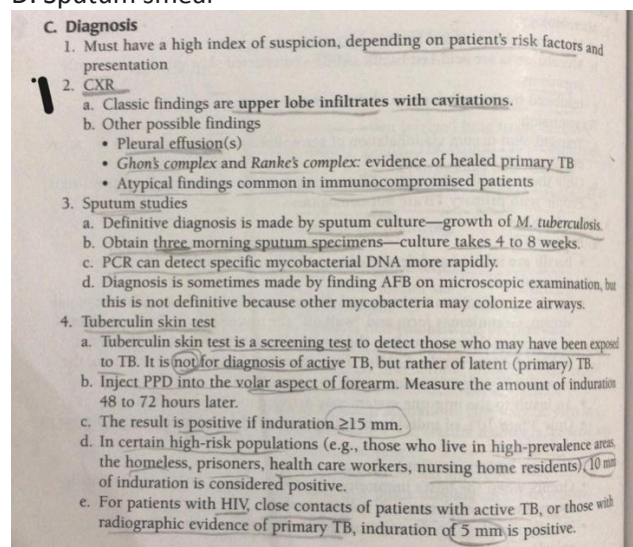
- A. Ethambutol
- B. Isoniazid
- C. Pyrazinamide
- D. Rifampin

667- A middle-aged man present to the doctor with signs of gout . He was recently diagnosed with tuberculosis. What is the cause of his symptoms?

- A. Ethambutol
- B. Isoniazid
- C. Pyrazinamide
- D. Rifampin

668-20 year old man presenting for a tuberculosis screen had a positive PPD. What should the next step be?

- A. Chest CT
- B. Chest XR
- C. Repeat PPD
- D. Sputum smear



669-A 44 year old male has a chest x-ray done for insurance purposes. His health has always been ne and he does not take any medications, he does not have any allergies, nor does he smoke. He last saw a doctor several years ago, but has never had a chest x-ray before. The radiologist has marked an arrow at what appears to be a “tear shaped” body of the upper lobe parenchyma. The work up for a malignancy has proven negative, all the labs are normal and the physical exam is unremarkable. Based on your anatomical knowledge and history, this most likely represents:

- A. Apical pneumothorax
- B. Azygos lobe
- C. Consolidated pneumonia
- D. Pancoast tumor
- E. Tuberculosis

670- What is Cheyne Stokes breathing?

- A. Cyclic waxing and waning ventilation with apnoea, gradually giving way to hyperpneic breathing.
- B. Increased rate and depth of breathing over a prolonged period of time
- C. Only being able to breathe comfortably while upright
- D. Persistent hyperventilation

671-What breathing pattern is observed after a stroke?

- A. Cheyne–Stokes respiration
- B. Hyperventilation
- C. Kussmaul respiration
- D. OSA

672-Which of the following is the most specific test for tuberculosis?

- A. AFB culture
- B. CT scan
- C. Chest radiograph
- D. PPD

673-A 19-year-old female presents to the physician with malar rash, arthritis, proteinuria, thrombocytopenia, positive ANA, and anti-dsDNA. Which of the following is the most likely diagnosis?

- A. Behcet's disease
- B. Reactive arthritis
- C. Sjogren syndrome
- D. Systemic lupus erythematosus

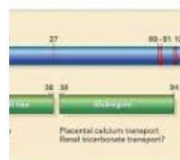
674-A 50-year-old male presents with chronic retrosternal pain, cough and a metallic taste in the mouth. What is the most likely diagnosis?

- A. Acrodermatitis
- B. Angina
- C. GERD
- D. Gastritis

675- A patient with lung cancer has a low serum PTH and high Calcium. What is this caused by?

- A. Hyperparathyroidism
- B. Hypoparathyroidism
- C. PTH-related peptide
- D. SIADH

Parathyroid hormone-related protein



Parathyroid hormone-related protein (or PTHrP) is a protein member of the **parathyroid hormone** family. It is occasionally secreted by cancer cells (breast cancer, certain types of lung cancer including squamous cell lung carcinoma). However, it also has normal functions.

676- What cells give rise to lung adenocarcinoma?

- A. Bronchial epithelium
- B. Neuroendocrine cells
- C. Squamous cells
- D. WBCs

- Adenocarcinoma of the lung usually evolves from the mucosal glands and represents

Adenocarcinoma is the most prevalent type of non-small cell lung cancer in the United States. In patients, adenocarcinomas often stain positively with antibodies to markers of the alveolar type II cells (AT2 cells), the surfactant-producing epithelial cells in the alveolar space, or the bronchiolar epithelial club (Clara) cells, the secretory cells lining the airways. These findings originally led to hypotheses that AT2 cells and club cells could be cells of origin in this tumor type. To explore the problem

677- A 40 year old female has asthma, on inhaled low-dose corticosteroids. Despite medication compliance, she is still symptomatic with dyspnea on exercising and night-time cough. What should the next step be?

- A. Add high-dose inhaled corticosteroids
- B. Add long-acting beta agonist
- C. Add omalizumab
- D. Add oral corticosteroids

- Saba > ICS > LABA

678- On a routine CXR, you note a suspicious single hilar mass. The patient has a 100 pack year history, but is asymptomatic. What is the likely diagnosis?

- A. Adenocarcinoma
- B. Lymph node
- C. Small cell lung cancer
- D. Squamous cell cancer

679-What is the treatment of bronchiolitis?

- A. Antibiotics
- B. Bronchodilators
- C. Intranasal glucocorticoids
- D. Supportive care and monitoring

680-Anelderlypt presented to ER due to decreased level of consciousness and lethargy.

PCO2 is 50 mmhg pH is 7.2 and HCO3 is 40. What does she have?

- A. Metabolic acidosis without compensation
- B. Metabolic acidosis with compensation
- C. Respiratory acidosis with compensation
- D. Respiratory acidosis without compensation



COMPENSATORY RESPONSE

Disorder	pH	Primary Disturbance	Compensatory Response
Metabolic Acidosis	↓	Dec HCO ₃ (loss of HCO ₃ or gain in H ⁺)	Dec pCO ₂ (hyperventilation)
Respiratory Acidosis		Inc pCO ₂ (hypoventilation)	Inc HCO ₃ (HCO ₃ generation)
Metabolic Alkalosis	↑	Inc HCO ₃ (gain in HCO ₃ or loss of H ⁺)	Inc pCO ₂ (hypoventilation)
Respiratory Alkalosis		Dec pCO ₂ (hyperventilation)	Dec HCO ₃ (HCO ₃ consumption)

Abnormality		pH	CO ₂	HCO ₃	Examples
Respiratory acidosis	Uncompensated	↓	↑	→	Severe Asthma
	Partially compensated	↓	↑	↑	Pneumonia
	Fully Compensated	→	↑	↑	Hypoventilation
Respiratory alkalosis	Uncompensated	↑	↓	→	Hyperventilation
	Partially compensated	↑	↓	↓	Panic attack
	Fully Compensated	→	↓	↓	Aspirin Poisoning
Metabolic acidosis	Uncompensated	↓	→	↓	Diabetic ketoacidosis
	Partially compensated	↓	↓	↓	Lactic acidosis
	Fully Compensated	→	↓	↓	Alcohol, salicylate
Metabolic alkalosis	Uncompensated	↑	→	↑	Loss of acid: severe vomiting
	Partially compensated	↑	↑	↑	
	Fully Compensated	→	↑	↑	Loss of potassium

681-25-year-old man presents to his primary care physician complaining of wheezing and breathlessness during exercise.

Which of the following is the most appropriate next step in management?

A. Beta-adrenergic agonists before exercise

B. Montelukast

C. Oxygen

D. Theophylline

682-45 year old female and non-smoker is found to have a lung nodule on CT. It appears to be composed of calcium and fat.

A. Adenocarcinoma

B. Hamartoma

C. Myxoma

D. Squamous cell carcinoma

-Hamartoma may be confidently diagnosed when a sharply marginated, smooth lesion containing calcification and fat is identified on a CT scan.-

Calcified nodule > hamartoma

683-45-year-old woman presents to the emergency room with pleuritic chest pain, hemoptysis and shortness of breath for the last three hours.

Her temperature is 37.9 C, blood pressure is 120/70 mmHg, pulse is 137/min and respirations are 28/min. Her oxygen saturation is 86% on room air.

Which of the following is the most likely diagnosis?

A. Asthma

B. Myocardial infarction

C. Pulmonary edema

B. Pulmonary embolism

684-What is most common manifestation of pulmonary disease in HIV infected patients ?

A. Asthma

B. Bronchiectasis

C. Carcinoma

D. Pneumonia

685-What is the most common type of cancer in the middle of the oesophagus?

SCC

Upper 2/3 > SCC

Lower 1/3 > adenocarcinoma

686- Which of the following drugs can reduce the production of mucous in COPD?

A. Albuterol

B. Formeterol

C. Ipratropium Br

D. Montelukast

C is anticholinergic

687-40 year old factory worker inhales 3 nanogram of cotton in a factory. Where will the cotton eventually end up?

A. Engulfed by alveolar macrophages

B. Pass without any damage

C. Trapped in mucocilliary system without reaching alveoli

D. Trapped in distal airway leading to fibrosis

-Byssinosis" brown lung disease" leading to IPF

688-What is the most common cause of acute bronchiolitis?

A. Adenovirus

B. Influenza

C. Parainfluenza

D. RSV

689-A 62-year-old man presents to the physician with cough for the last 7 months. He also complained of hemoptysis, weight loss and constipation. He is a chronic smoker with a 40-year history. Laboratory tests reveal hypercalcemia. Chest x-ray shows hilar mass in the right lung. Which of the following is the most likely diagnosis?

A. Adenocarcinoma

B. Small cell carcinoma

C. Squamous cell carcinoma

D. Tuberculosis

Hypercalcemia and hilar location is squamous cell ca

690-A 50 year old adult man has a positive PPD skin test. He is asymptomatic. What should the next step be?

A. Chest XR

B. Isoniazid for 9 months

C. Isoniazid and rifampin for 3 months

D. Lung biopsy

691-20 year old presents with asthma exacerbation. Which of the following drugs acts more by decreasing the mucous secretion than bronchodilation?

- A. Beta agonist
- B. Ipratropium Br
- C. Leukotriene antagonist
- D. Oral corticosteroids

In COPD >>ibra
In asthma >> steroid

692-A 40 year old patient presents with cough during exercise. What medication could you give her before exercise?

- A. Formeterol
- B. Inhaled oxygen
- C. Inhaled salbutamol

693-Which of the following is the most common cause of pulmonary embolism?

- A. Antiphospholipid syndrome
- B. Deep vein thrombosis
- C. Nephrotic syndrome
- D. Obesity

694-3 year old boy presents for TB screening. His father has pulmonary TB. His PPD is 10mm. What does this indicate?

- A. Strong positive
- B. Strong negative
- C. Weak positive
- D. Weaknegative

695-A 30 year old female has recently given birth. She presents with a sudden onset of shortness of breath. What would you expect to see in the xray

- A. Cardiomegaly
- B. Increase in mediastinal width
- C. Lobar infiltrate
- D. Pleural effusion

696-According to the new classification of lung cancer, which of the following is considered a carcinoma in-situ?

- A. Adenocarcinoma less than 10mm
- B. Adenocarcinoma less than 2 cm
- C. Atypical hyperplasia
- D. Hamartoma

697-68 year old male with adenocarcinoma of the lung presents with blurring of the vision. On examination, you note ptosis and miosis. What is the diagnosis?

- A. Gustave's syndrome
- B. Horner's syndrome
- C. Hyponatraemia
- D. Invasion of CNIII

-Ptosis , miosis , anhidrosis apical lung caPancost tumor-

698-30 years old female dancer with breast mass that disappeared by aspiration, What is your suspect?

- A. cystic –fibroadenosis-
- B. duct ectesia
- C. Fibroadenoma
- D. phylloid

699-which of the following investigation should be done for early detection of bilateral breast cancer?

- A. FNA
- B. biopsy
- C. mammogram
- D. tumor marker

700-A 37-year old women presented to the doctor with intermittent bloody nipple discharge from the left breast. On examination there is no palpable mass. Which of the following is the most likely diagnosis?

- A. Fibroadenoma
- B. Fibrocystic changes
- C. Intraductal papilloma
- D. Mastitis

701-A 32- year- old female presented to her physician with feel small lump in her right breast , On Examination and investigation normal, what is the best asdvise can tell her to do self-breast exam every?

- A. 1 week
- B. 2 month
- C. 3 month
- D. month

702-36-year-old woman complains of a 3-month history of bloody discharge from the nipple. At examination, a small nodule is found, deep to the areola. Careful palpation of the nipple-areolar complex results in blood arrears at the 3 O'clock position. Mammogram findings are normal. What is the likeliest diagnosis?

- A. Breast cyst
- B. Carcinoma in situ
- C. Intraductal carcinoma
- D. Intraductal papilloma

703-patient lady noticed lump for three months the mass freely mobile no discharge not related to menstrual, what is the diagnosis?

- A. cystic
- B. duct ectesia
- C. ductal papilloma
- D. Fibroadenoma

704-Which of the following is the best treatment for a lung abscess?

- A. Ciprooxacin
- B. Clindamycin
- C. Macrolides
- D. Piperacillin

For 6 weeks

705-Female work as an actress, present with mass that increases before

menses, after taking FNA the result is yellow stain with no refilling again what is the diagnosis?

- A. Fibrocystic breast disease
- B. follicular cancer
- C. intraductal papilloma
- D. phyllodes tumor

706-Patient with bloody stained nipple discharge, you're suspecting intraductal papilloma. What's the next step?

- A. Excision
- B. FNA
- C. Mammogram
- D. discharge culture

Confirmation by histo pathology
excisional biopsy of affected duct
must rule out intraductal papillary carcinoma

707-A 40-year-old lady presented with bloody nipple discharge. Breast examination showed normal skin and no areolar fullness. There were no palpable axillary lymph nodes. Which of the following is the most likely diagnosis?

- A. Breast abscess
- B. Fibroadenoma
- C. Fibrocystic disease
- D. Galactocele
- E. Intraductal papilloma

708-After intraductal papilloma, unilateral bloody nipple discharge from one duct orifice is most commonly caused by which of the following pathologic conditions ?

- A. Infammatory carcinoma
- B. Intraductal carcinoma
- C. Paget's disease of the nipple
- D. Subareolar mastitis

709- A 69-year-old man is treated for chest infection. He has been on a stable dose of warfarin for the last six months as a treatment for atrial fibrillation, with INR recordings between 2-2.5. However, his most recent INR was 5.

Which one of the following drugs that has recently been started is likely to be responsible for the increased INR.

- 1- Clarithromycin
- 2- Co-dydramol
- 3- Digoxin
- 4- Rifampicin
- 5- Temazepam

Clarithromycin CLEARS the clotting factors

-cephalosporins may increase INR by inhibiting production of vitamin K-dependent clotting factors.

-Macrolides and metronidazole may increase INR by inhibiting warfarin's metabolism

710-A 30-year-old man presented with a history of transient loss of consciousness and palpitation. His ECG showed ventricular tachycardia.

Which one of the following treatments should be avoided?

- 1- Adenosine
- 2- Amiodarone

- 3- DC cardioversion
- 4- Flecainide
- 5- Verapamil

711-28-year-old man who is known to have Hypertrophic Cardiomyopathy has an out of hospital cardiac arrest and is successfully resuscitated.

What is the most appropriate mode of treatment?

- 1- Alcohol Septal Ablation
- 2- Amiodarone
- 3- Beta Blocker
- 4- Implantable Defibrillator
- 5- Myomectomy

712-1-2wks Neonate has non bilious vomiting on US there is olive what you find?

A-Hyperchloremic metabolic acidosis

B-Hypochl Met alkalosis

C-Hypochl resp alkalosis

713-Infant crawl ,transfere object from hand to hand,had palmer grasp no pincergrasp,age by

month

A-5

B-7

C-9

714-Child nephrotic synd developed abd pain whyouexpect

A-Uti

B-Peritonitis

715-Women diabetic controlled developed dysuria and frequency urine analysis

nitrate,creatinine

high

Whichdrugiscontraindicated

A-Amoxicillin

B-Septin

C-Ciprofloxacin

D-Pipracilintazopactam

716-40- t e thoracentesis site of needle

A-4th

B-5th

C-6and7

D-7and8

Needle :2

Chest tube : 5

Liver biopsy :7

Thoracosentesis : 8-10

717-30yrs old e painless jaundice no other symptoms physical exam normal,bilirubin15mainly

indirect liver enzyme normal wh is the d.d

A-Hypothyrodism

B-Cholidecal cyst

C-Gilbert synd

718-6-7yrs old had clumsy gait and unable to walk or stand,hadchecken box before 3wks,muscle taken no abnormalities also had resistance to neck flexion wh is the d.d
A-GBS

B-Meningoencephalities

719-Women e vaginal discharge offensive fishy odour revealed clue test d.d

A-Bacterial vaginosis

B-Trichomonas vaginosis

720-11yrs old had night bed e out to go to toilet exam normal he feel shamed and asked help

A-Avoid punishment

B-Alarm bed Reinforcement

C-Desmopressin intranasal

721- After cholecystectomy pt developed pain at angle of mandible,temp38 wh to do

A-Paracetamo

B-Abs

C-Xray

D-CT

Anesthesia mumps

722-Pt developed appendicular abscess drainage was done wh is the pathophysiology

A-Redistribution of bld supply

B-Cardiac index

C-Bradycardia

D-Peripheral vaso constriction

723-Elderly pt had pneumonia she became restless and agitated for the nurse what will do

A-Tell the family to stayer her

B-Give oxy and elevate the head bed

D-Call the Dr duty and to give lorazepam 5mg

724-Pt diagnosed ALL invest wbc22 Hb8 K5.7 phosphate low uric acid high which of the electrolyte cause this condition

A-HypoCa

B-HyperCa

C-HypoNa

D-HyperNs

725-Female presented e scanty vaginal bleeding she noticed that postcoital what is your action

A-Pelvicus

B-CBC

C-assess the vagina and cervix

726- rheumatoid arthritis pt with swelling in hands..(not mentioned about pain) what to advice..

A. NSAIDS

b. methotrexate will help after 3rd stage

c. intra articular corticosteroid injections

d. symptomatic tx

727- pt diabetes type 2, with no pedal pulses in left leg, cold, raised red color swollen area over the medial side of calf...(no pic given)

- a. cellulitis
- b. peripheral arterial insufficiency
- c. polymyositis
- d. pretibial myxedema

728- Long scenario of a man with twitching of facial muscle upon tapping of the face, there is elevation in creatinine level diagnosis:


- a) Pseudo hypoparathyroidism
- b) di george s/d
- c) chronic renal failure
- d) hypoaldosteronism

Hypocalcemia

Trousseau's Sign
Induction of carpopedal spasm by inflation of a sphygmomanometer above SBP for 3 minutes


Response: Carpopedal spasm characterized by

- Adduction of the thumb
- Flexion of the metacarpophalangeal joints
- Extension of the interphalangeal joints
- Flexion of the wrist



Chvostek's sign
Contraction of the ipsilateral facial muscles elicited by tapping the facial nerve just anterior to the ear

Response: Twitching of the lip to spasm of all facial muscles



729- long scenario given about pt having hepatomegaly lab values given alt 40 ast 200 bil 160 asked about diagnosis

- a. liver cirrhosis
- b. hepatic angiopathy
- c. portal hypertension
- d. biliary cirrhosis.

Most patients with alcohol-induced **cirrhosis** have **hepatomegaly** and/or splenomegaly. Clinical presentation is similar to other forms of end-stage liver disease but may be accompanied by concurrent alcoholic hepatitis.

<https://www.hopkinsmedicine.org> > _pdfs

Alcoholic Liver Disease: Introduction - Johns Hopkins Medicine

730- daily requirement of vit D:

400 IU/ml

- 400 > less than 1 y
- 600 > from 1-70

- 800 > more than 70 y

731- case of a female came after 3 months of delivery, saying she used to suffer with low mood, irritability during the first 2 weeks of delivery but symptoms resolved now completely....what condition did she suffer from...?

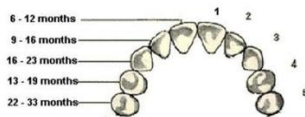
- a. postpartum psychosis
- b. pp blues
- c. pp depression
- d. pp hallucinations

732- All deciduous teeth fully erupt at age??

- a. 2-3 yrs
- b. 3-4 yrs
- c. 4-5 yrs
- d. 5-6 yrs

Dentition – Deciduous teeth

- There are 20 primary teeth (10 at every jaw):
 - 8 incisors, 4 canines and 8 primary molars.
- **By 4 months in utero:** Teeth begin to form in bone
- **By Age 2:** All deciduous or 'baby' teeth have erupted

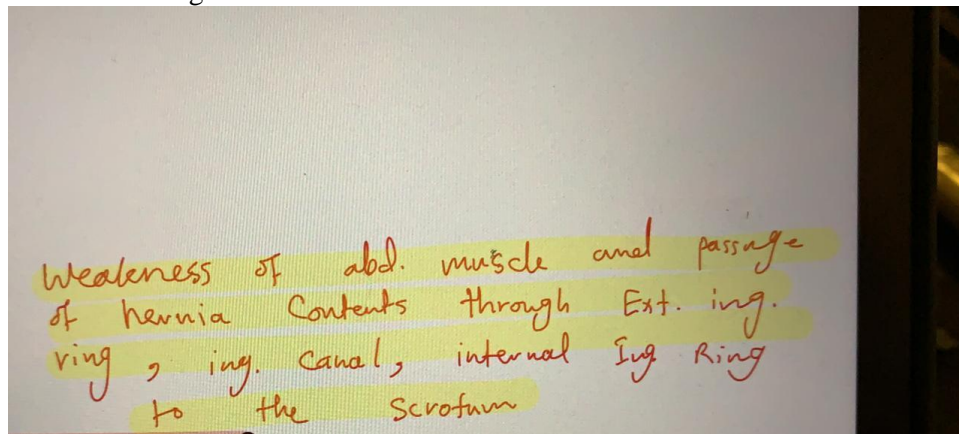


733- Unmarried young lady, 20 yr old, with bilateral abdominal pain, she is a waitress at a resort, very vague sexual history, no bleeding, no significant and examination....no fever, missed last month periods....diagnosis.

- a. ovarian torsion
- b. salpingitis
- c. ruptured ectopic pregnancy
- d. endometritis and adnexal masses

- Bilateral = generalized = rupture ectopic causes peritonitis

734- indirect inguinal hernia mechanism ??



735- pt with pruritic folliculitis in extremities treatment?

- A. benzyl peroxide with hydrocortisone
- B. topical antibiotics

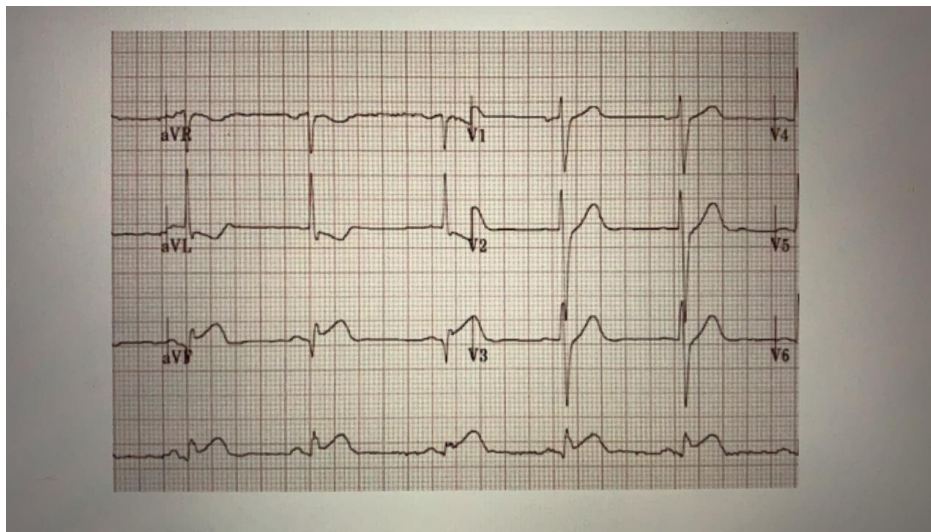
- C. oral antibiotics
- D. systemic antibiotics.

736- overall deaths percentage due to post part haemorrhage.

- a. 15%
- b. 25%
- c. 20%
- d. 10%

737- 58 yr old woman, h/o epigastric pain, for 2 months, no rebound tenderness, no abdominal mass, no bruit heard over abdominal area, history of mild discomfort over chest since 6 months ECG of ST elevation in 2, 3, AvF given....

- a. MI > inferior
- b. peptic ulcer disease
- c. abdominal aortic aneurysm
- d. coarctation of aorta.



738- normal bereavement case?

Sadness, 2-3 months .. not exceeding 6 months

739- pt with thyroid function test... TSH 400 T3 normal T4 normal, diagnosis...

- a. sub clinical thyroiditis
- b. primary hyperthyroidism
- c. primary hypothyroidism
- d. goitrogenic cancer

740- 14 yr old child diagnosed with DM type 1, when to refer for ophthalmic examination...

- a. now and repeat after every 5 years
- b. after every 3 years
- c. each year after the age of 40.
- d. yearly, after 5 years from now

- DM1 > 5 y from dx then annually
- DM2 > at time of dx then annually

741- pt with URTI, since 2 weeks, red congested throat pic was given... (streptococcal pharyngitis) treatment...

- a. ceftriaxone
- b. vancomycin
- c. doxycycline

d. cephalosporin

- Cephalosporins has good eradication more than penicillin

SECTIONS

ribosome. An option in those with severe allergic reactions to beta-lactam antibiotics. Sporadic resistance has been reported.

Cephalexin (Keflex)

- [View full drug information](#)

First-generation cephalosporin that arrests bacterial growth by inhibiting bacterial cell wall synthesis. Bactericidal activity against rapidly growing organisms. Oral cephalosporins are highly effective for streptococcal pharyngitis, and several studies have found them to have slightly higher eradication rates than those of penicillin. Second-line agents in the treatment of patients with GABHS pharyngitis.

742- pt with meningitis, his sibling allergic to the primary treatment given for prophylaxis....what to give him as prophylaxis now??

- a. erythromycin
- b. vancomycin
- c. ceftriaxone
- d. cefuroxime

743- LDL level goal in a normal diabetic pt.

- a. <70mg/dl
- b. <100mg/dl
- c. <110mg/dl
- d. <70mcg/dl

Guidelines for Glycemic, BP, & Lipid Control

	American Diabetes Assoc. Goals
HbA1C	< 7.0% (<i>individualization</i>)
Preprandial glucose	70-130 mg/dL (3.9-7.2 mmol/l)
Postprandial glucose	< 180 mg/dL
Blood pressure	< 130/80 mmHg
Lipids	LDL: < 100 mg/dL (2.59 mmol/l) < 70 mg/dL (1.81 mmol/l) (<i>with overt CVD</i>) HDL: > 40 mg/dL (1.04 mmol/l) ♂ > 50 mg/dL (1.30 mmol/l) ♀ TG: < 150 mg/dL (1.69 mmol/l)

HDL = high-density lipoprotein; LDL = low-density lipoprotein; PG = plasma glucose; TG = triglycerides.

ADA. *Diabetes Care*. 2012;35:S11-63

744- why doctor ask about site of pain in backache..

a. location and duration help to know about biological origin

b. location and duration help to know about biological outcome

745- common cause of clinic visit in pt with chronic kidney disease?

a. Annually routine blood test

b. oliguria

746- pre auricular tenderness with fever and headache..

a. chlamydia inf.

b. gonorrheal inf.

c. influenza inf.

d. coxsackie virus inf.

747- pt after colectomy due to colorectal ca follow up?

A. 3month

B. 6month

C. annually

D. 2yrs

748-40 yr old man diagnosed with htn....advise

a. restrict salt intake to 4g

b. do heavy exercises

c. avoid fruits and vegetables

d. avoid organ meat..

749- Glipizide mechanism

a. Increase secretion of insulin from pancreas

b. Increase sensitivity of cells to insulin

c. Others choices

750- pt with diabetic nephropathy , u have to assess the severity of disease...

a. 24 hour urine protein

b. albumin creatine ratio

c. urine albumin

d. ketones in blood

751- corneal scarring....what to advise...

a. topical antibiotic

b. systemic antibiotic

c. topical steroid

d. systemic steroid

752- pt exposed to mosquitoes, have high grade fever, rash appears over the body , splenomegaly , platelet count 40,000. causative organism spread by

a. aedes egyptii

b. female anopheles

c. sand fly

d. tick

753- a child presented with fatigueability,....., IX showed low HB (picture of peripheral blood film showing target cells), the phycisian ordered blood transfusion, what else he should get:

a- methotrexate.

b- desferroxamine

c. penicillin

d. pneumococcal vaccine.

754- 8 yr old girl with pain abdomen. she is weak since birth, h/o hepatomegaly, with jaundice... AST 1024 ALT 600 bilirubin 370

- a. biliary stricture
- b. liver cirrhosis
- c. hepatic cholangiopathy
- d. congenital liver failure**

755- pt developed neurological symptoms after taking TB medication.. what to give for decreasing these symptoms..

- a. tobramycin
- b. tenefovir
- c. gabapentin
- d. pyridoxine**

756- pt with scaling skin lesion in the extensor surface of the forearm (with picture), your advice:

- a- avoid trauma.**
- b- avoid sunlight
- c. apply sunscreen
- d. green tinged make up

756- scenario about pt with previous infective endocarditis, going for urological surgery, it stated in the question high risk for IE and penicillin allergic:

- a. iv vancomycin and gentamycin
- b. oral vancomycin and tetracycline
- c. oral ampicillin and ceftriaxone
- d. im gentamycin and oral erythromycin

^ All answers are wrong

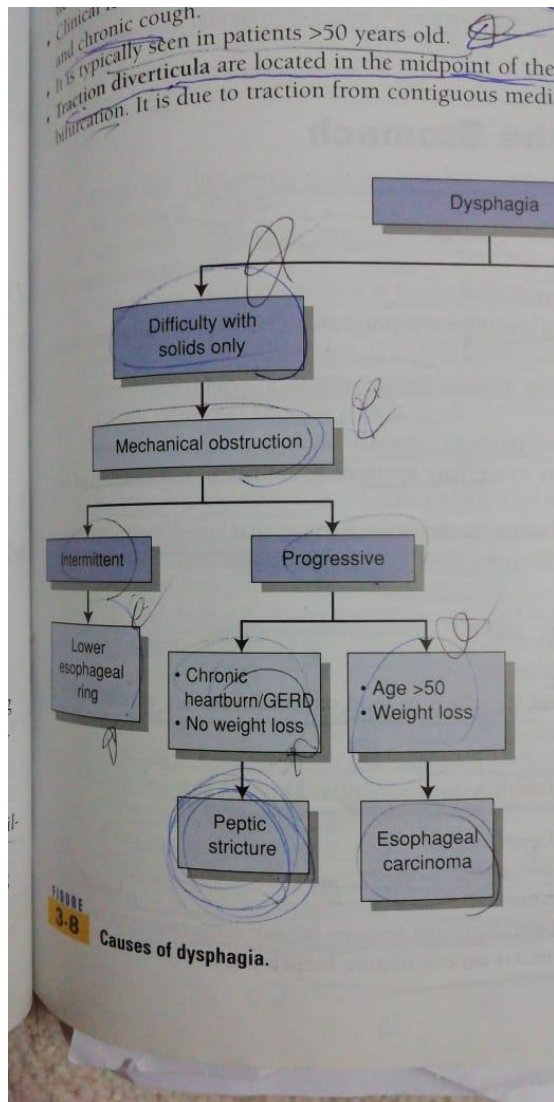
- https://www.sahealth.sa.gov.au/wps/wcm/connect/a39de780436f24c2b95cbff2cad00ab/Surg-Ab-Prophylaxis-guideline-Appendix4%2BEndocarditis_v2.0-ics-cdcb-20171120.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-a39de780436f24c2b95cbff2cad00ab-mHF1GNc

^Surgical prophylaxis for infective endocarditis

Practice Points		
Clindamycin administration		
> IV infusion – should be commenced 30-60 minutes prior to the procedure. Administer doses of 600mg over at least 20 minutes (maximum rate is 30mg/min)		
Vancomycin administration		
> Give vancomycin 1g (1.5g for patients >80kg actual body weight) by IV infusion started 30-120 minutes before the procedure at a recommended rate of 1g per hour (1.5g over 90 minutes).		
Recommended Prophylaxis		
	Recommended Prophylaxis	*High risk penicillin/cephalosporin allergy
Dental procedures	amoxicillin 2g PO 1 hour prior to procedure	clindamycin 600mg PO 1 hour prior to procedure
All other procedures	amoxicillin 2g IV prior to procedure	clindamycin 600mg by IV infusion OR vancomycin 1g IV infusion (1.5g > actual body weight 80kg)

757- 55year old patient with dysphagia for solids with a previous history of reflux

- A. Carcinoma oesophagus
- B. Stricture**
- C. Scleroderma
- D. Achalasia



758- x ray of pneumothorax, pt after trauma developed difficulty in breathing, asking best initial management

- a. needle aspiration
- b. chest tube insertion
- c. intubation
- d. emergent surgery referral

759- iv fluid management a 22kg child, hourly fluid to be given...

- a. 25ml/hr
- b. 65ml/hr
- c. 110ml/hr
- d. 600ml/hr

760- Patient came for assessment after colle's fracture by falling on outstretched arm with minimal trauma, what is the appropriate test to check for bone density?

- A- VIT D
- B- Calcium level
- C- X RAY hip and pelvis
- D- Dual energy x ray absorptiometry

761- Lady with migraine,during pregnancy it improved.trying to reduce work stress. whice is best accomplishment of preventing migraine attack.

- a. biofeedback
- b. beta blocker.**
- c. sumatriptan
- d. 100% oxygen.

ص ١:٣٢ 2016 mobility

blocking calcium and sodium channels, blocking of gap junctions, and inhibiting matrix metalloproteinases.[6][7]

• **Beta Blockers**

Propranolol is the most common and one of the most effective first-line medications used for migraine prophylaxis. Starting dose is 40 mg to 160 mg and can go up to 320 mg daily. It may take up to 12 weeks at an adequate dose for therapeutic benefits to become apparent.

Other beta blockers that can be used are timolol, atenolol, and metoprolol. They should be considered in patients with the underlying cardiovascular disease.

Common side effects of this group of

762- A female patient came to the clinic complaining of a mass on a vagina she has a history of repeated unprotected intercourse with multiple partners, upon examination. she has a wart in the vagina , the causative agent is :

- a. Herpes simples**
- b. Neisseria Gonorrhoea
- c. Treponemna pallidum
- d. Molluscum contagiosum

763- female pt with small papule on genital area with central pitting, h/o unprotected sexual intercourse with multiple partners,

- a. Herpes simples
- b. Neisseria Gonorrhoea
- c. Treponemna pallidum
- d. Molluscum contagiosum**

764- old pt with macule and papule around nose and cheeks, one small pustule over nasolabial fold, skin red, flushy and telangectasias..

- a. actinic keratosis
- b. rosacea**
- c. tinea versicolor
- d. seborrhea dermatitis.

765- which of the statement is true about exercise

A. Increase basal metabolic rate

B. Does not effect the waist fat

C. Not recommended for cardiac patient

766- Younger diabetic patient came with abdominal pain, vomiting and ketones smelled from his mouth. What is frequent cause:

a) Insulin mismanagement

b) Diet mismanagement

767- x ray.....child with no cough, toxic looking, initial treatment...

a. antibiotics


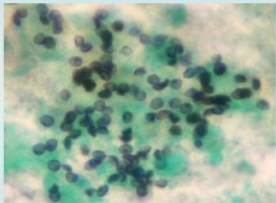
b. refer to orthopedic dept.

c. intubation

d. reassure

Background

- AIDS-defining illness and often fatal pulmonary disease caused by a yeast-like fungus
- Most common opportunistic infection in people with HIV
- Pneumocystis infection develops in the lungs, where inflammation occurs and fluid builds up. The fluid build up causes pneumonia
- **Clinical signs:** difficulty breathing, dry non-productive cough and fever
- **Lab diagnosis:** isolated from induced sputum, broncho-alveolar lavage or open lung biopsy



Houston Department of
Health and Human Services

768- Patient with Celiac disease doesn't follow diet. Came to the physician regarding this condition. If he doesn't follow diet which part of intestine much more influence?

a) Proximal small bowel

b) distal small bowel

c) proximal large bowel

d) distal large bowel

769- Patient complain of light-headedness, tachycardia, diarrhea, relieve by lying down, history of gastrointestinal surgery before 2 month, what is your provisional diagnosis

a) IDS

b) Dumping syndrome

c) Villous adenoma

d) Crohn's disease

770- about hernia advise in asymptomatic.....**surgery is required**

- True except if the pt younger than 5 y/o

771- Patient comes with neck swelling, moving with deglutition located hyoid area. What is diagnosis?

a) multi nodular goiter

b) Thyroglossal cyst

c) Thyroid cancer

d) Cystic Hygroma

772- Child ate overdose of iron several hours ago, Iron level 700, best immediate management:

a) Gastric lavage

- b) Induce vomiting manually
- c) Emetic drugs
- d) IV Deferoxamine

773- sickle cell patient...mechanism behind pain and lethargy...long scenario...

- a. fatigability
- b. vaso-occlusive crisis
- c. decreased erythropoietin
- d. hemorrhage

774- A boy who was bitten by his brother and received tetanus shot 6 month ago and his laceration was 1cm and you cleaned his wound next you will:

- a) Give Augmentin
- b) Suture the wound.
- c) Give tetanus shot
- d) Send home with close observation and return in 48 hours.

775- Long scenario Child with Duchenne muscular Dystrophy only given symptoms of diseases, his mother pregnant and probably fetus is a boy. How is chance this baby to born with this diseases?

- a) 12,5%
- b) 25%
- c) 50%
- d) no any chance

- X-linked recessive inheritance: Because of the difference in sex chromosomes, the probability of passing on an X-linked recessive disorder also differs between men and women. The sons of a man with an X-linked recessive disorder will not be affected, and his daughters will carry one copy of the mutated gene. With each pregnancy, a woman who carries an X-linked recessive disorder has a 50 percent chance of having sons who are affected and a 50 percent chance of having daughters who carry one copy of the mutated gene.

776- bmi chart was given of a 14 yr old boy...asking for conclusion...bmi 32.5

- a. normal wt
- b. over weight
- c. obese
- d. morbid obese

777- Drug used for bipolar, schizophrenia and schizoaffective disorder

- a- olanzapine

- b- clozapine
 - c- quitapine
 - d- risperidone
-

Indication

Risperidone belongs to the class of medications known as second generation atypical antipsychotics^{2,3,12}. It is widely used in the treatment of schizophrenia and mood disorders, including bipolar disorder and depression with psychosis^{3,4,11,12}.

778- pt sees diplopia while viewing right or left side.....where is the lesion.....

- A. CN 2
- B. CN 3
- C. CN 4
- D. CN 6

779- tension headache...band like...

780- An old man using 6 hour computer/day presented with red eye itching foreign body sensation reason in his eyes, came to u, ur reason for this condition....

- a- reduce tear film
- b- viral keratitis
- c- cataract d uveitis

781- case of bronchiectasis....lung fibrosed and the patient very well knows that some part of his lung is permanently damaged...what modality of treatment r u going to offer him...

- a. lung resection
- b. cpap
- c. steroids
- d. tracheostomy

782- pt with enlarged parotid gland with secretions increased over time.... best initial investigation...

- A. USG
- B. CT
- C. X-ray
- D. MRI

- Best initial is US
- Confirm is MRI

MAY 2019 question

1-Baby delivered at home presented 65 days later with rt thigh bruises other exam unremarkable (PT high , PTT high , other normal) what is the dx?

A. hemorrhagic diseases of newborn

B. factor x deficiency

2-Baby delivered at home with umbilical 1-bleeding what the cause of this bleeding?

A-factor VIII

B- factor X

C- factor XIII

Note : if baby born in home and comes with bleeding its due to (vit.K) deficiency

Note: Vit k depended factors (2,7,9,10)

Note : bleeding from umbilical after clamping after birth due to (factor XIII) deficiency

Note : bleeding after circumcision due to (factor VIII) deficiency : Hemophilia A

3-Surgeon diagnosed a pt with appendicitis then he decided to do surgical appendectomy. Intraoperatively he found appendix normal. Then doctor removed the appendix. What is the most appropriate action with regards to this decision?

A- Tell the patient that Dr found appendix normal and removed it according to guidelines

B- Don't tell patient

C- Call another Surgeon to tell him

D- Inform the ethical communication in Hospital

4- Surgeon diagnosed a patient as a case of appendicitis, he decided to do appendectomy, when he opened the patient, he didn't find the appendix. How to identify appendix?

A- Follow tenia coli

B- Follow right colonic artery

-The appendix is located at the proximal root of the outer tinea coli of the cecum. Because the anterior tinea coli of the cecum is generally quite prominent, it serves as a guide to locate the appendix.-

5-A Surgeon decided to do resection anastomosis surgery for colon cancer. During the operation the Surgeon noticed the surgical field became red (bleeding) and BP dropped. Surgeon called the vascular Surgeon to interfere. What is the injured artery in such case?

- Depend on the location of the cancer –

6- A Surgeon decided to do resection anastomosis surgery for colon cancer. He called the vascular Surgeon to attend cuz he was expect to have a bleeding during operation. During the operation the Surgeon noticed the surgical field became red (bleeding) and BP dropped. Surgeon and vascular Surgeon tried to control the bleeding and they did packing. Then after finishing the anastomosis, BP dropped again. What is the next step in management?

A- Remove Packing and suture injured vessel

B- Clamp aorta proximally

C- Clamp aorta distally

D- Stabilize patient on table

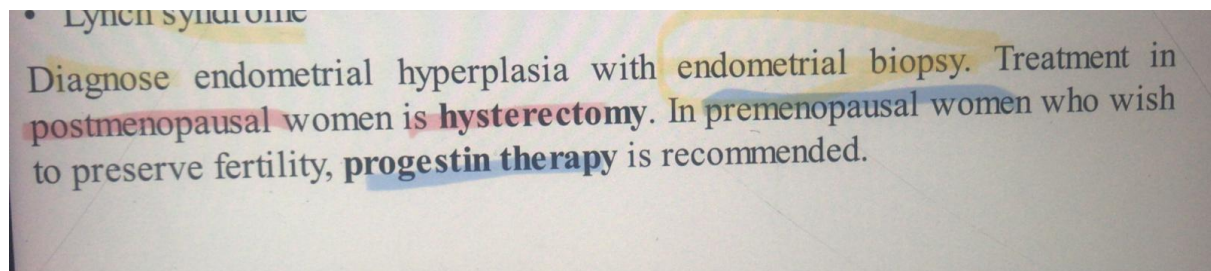
7- Case scenario of female patient gets menopausal (cycles stopped). Then she developed dysfunctional uterine bleeding for the last 3 months. TVU found endometriosis (Jnadi think this is endometrial thickness not endometriosis) with thickness about mm 11. What to offer for this woman?

A- Ablation of endometriosis

Totalabdominalhysterectomy -B- best management -

C- Laparoscopic hysterectomy

-If ask next step, do Endometrial biopsy-



8-Case scenario of female patient menopausal now 58 years old. She developed dysfunctional uterine bleeding for the last 2 months. TVU found multiple endometriosis. What to offer for this women?

A- Ablation of endometriosis

Totalabdominalhysterectomy -B- if old pt-

C- Laparoscopic hysterectomy

9-Female patient diagnosed as a case of ovarian cancer. What is the most important tumor marker for follow up?

A- C125

AFP -B

10-Question directly related to Saudi vaccination guidelines, child aged 1 years, asked about what vaccine in this age?

MMR- , PCV, MCV4,OPV-

11- Many Qs about Ulcerative colitis.

12- Many Qs about Crohn disease.

13- Many Qs about biliary diseases.

-\ Pt was self dependent in eating, drinking and wearing clothes. Then

he developed dementia and some abnormal behaviors and agitations.
How to manage?

A. Haloperidol

-Frontotemporal dementia-

-10Q about erythema nodosum and pyoderma gangrenosum of CD and UC, with their pictures.



-11 Child aged 3 years old brought by his mother with episodes of crying, fever, productive cough and drooling of saliva. 1-2 weeks ago mother reported that her child was complaining of bilateral conjunctivitis. Which of the following is the most causative organism?

Mycoplasma pneumoniae -A

Adenovirus -B

Chlamydia trachomatis pneumoniae -C

-Viral infection from age 3 months to 5 years is the most common organism-

-12 36 week pregnant with history of smoking came complaining of vaginal bleeding with uterine tenderness. Diagnosis?

A- Abruptio placentae

Placenta previa -B

Vasa previa -C

D- Placenta accrete

-VB + tenderness + smoking history-

18- the daughter of an old pt complains of progressively decreasing memory and change in personality of her father, ttt?

A. refer to the geriatric clinic

19- Contraindications of ECV?

Placenta previa

-20 Young married female came to hospital complaining that her husband bites her. What do you think the cause of this problem?

A- Husband culture

B- Husband socioeconomic state

C- Husband education

- **Eikenellacorrodens**, gram negative anaerobe – human bite

-۲۱

- Measure cortisol level!!!
- CT brain!!!
- Low dose dexamethasone!!!
- 24h!!!

If Q about cushing?

Diagnostic Tests

1. Establish the Presence of Hypercortisolism

The **best initial test** for the presence of hypercortisolism is the **24- hour urine cortisol**. If this is not in the choices, then the answer is the 1 mg overnight dexamethasone suppression test. The 1 mg overnight dexamethasone suppression test should normally suppress the morning cortisol level. If this suppression occurs, hypercortisolism can be excluded.

Midnight salivary cortisol: Normal excludes hypercortisolism.

There are **false positive tests on the 1 mg overnight dexamethasone suppression test**.

The **24-hour urine cortisol** is a **more specific** test of hypercortisolism. If the 24-hour urine cortisol is elevated, the presence of hypercortisolism is confirmed.

Causes of false positive 1 mg overnight suppression testing:

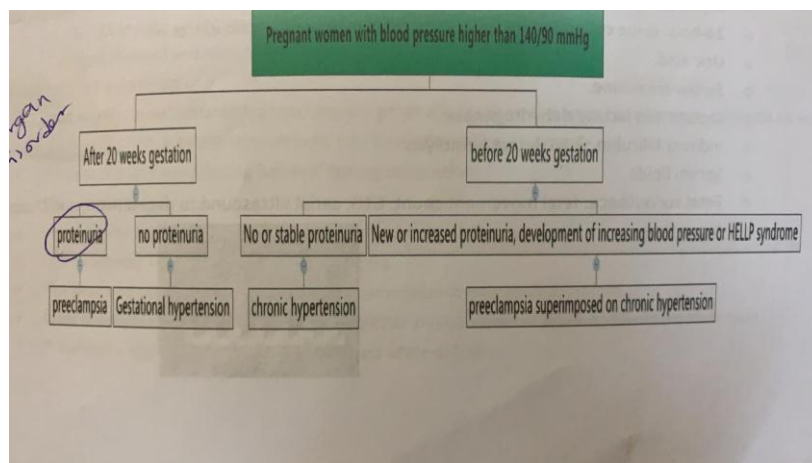
22- Pregnant women at 15 weeks presented with nausea and headache. On exam the BP was high "168/100", otherwise healthy. Dx?

A- Preeclampsia

B- Gestational HTN

C- Pregnancy induced HTN

D-chronic HTN



23- Pregnant women at 22 weeks presented with nausea and headache. On exam the BP was high "168/100", otherwise healthy without protein in urine. Dx?

A- Preeclampsia

B-Gestational HTN

C-Pregnancy induced HTN

24- pregnant women at 22 weeks presented with nausea and headache. On exam the BP was high "168/100", otherwise healthy without protein in urine. TTT?

Hydralazine-۱

2-Methyl dopa

Nigedipine-۲

4-Nitrates

25- Most common site of colon cancer metastasis?

Liver -A

B- Lung

Prostate -C

D- Stomach

-۲۶ Surgeon did laparoscopy procedure in the liver for a certain reason. Then 10 days following procedure the patient presented with GERD like sensation, air or gases coming out of the mouth ,What could be the injured structure due laparoscopy

A- Trachea

B- Esophagus

C-Stomach

Duodenum-D

27- Pt has thigh swelling, diagnosed as sarcoma. How to know metastasis?

MRI -A

B- CT

C- CT angiogram

D- Bone scan

28-Child can sit in tripod position, can move from back to abdomen and from abdomen to back, can hold things in hand but can't control thing in his hand between 2 fingers "no pincer grip". Developmental milestones age?

A- 4 months

B- 6 months

C- 9 months

D- 12 months

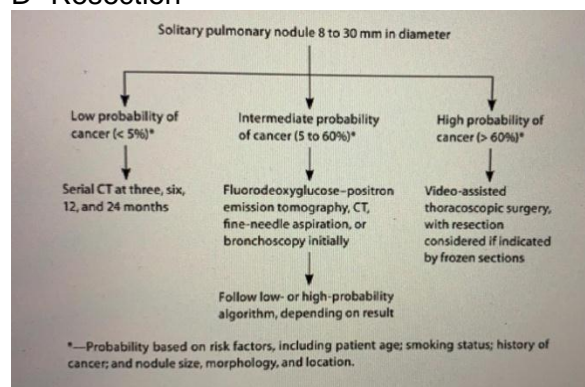
-۲۹ Healthy 35 years old male doing routine investigations then accidentally solitary nodule found on CXR. What to do?

A-Follow up after 6 months!!!

CT-B

Takebiopsy -C

D- Resection



-۳۰ The most important precaution in patient with Pulmonary TB is?

A-Airborne infection

B-Droplets infection

31- Neoborn delivered at hospital, healthy, but mother reported that the previous baby died due to immunodeficiency. What is the best action regarding Saudi immunization program?

A-Don't give BCG

B- Give BCG with close observation

Refer baby -C

-we cannot give baby BCG vaccine if there is history of immunodeficiency-

-٣٢ A child has immunodeficiency. Which vaccine is contraindicated?

A- Varicella

B- Pneumococcus

C- Influenza

-Injectable polio -DIPV is inactive-

-٣٣ Pregnant women, her child is in school, she is afraid of flaring, what next?

Take influenza

34-Mother came to hospital with her healthy normal weight 6 weeks old child, she said that with each feeding the child passing informed stool. What to do?

A- Change Milk formula

B- Give rehydration solution

-٣٤ Child 1 years old on normal formula but passing bloodless diarrhea, vomiting and abdominal pain since. What to do?

Change formula to cow free milk

-٣٦ Child 2 months, cry 1-2 days per week, not sleep well for 1 month. Normal weight. Otherwise healthy. Dx?

Infantile colic

37-Male patient with left leg pain and swelling, edematous, non pitting edema, intact pulse. Most benefit test to confirm diagnosis.

A- CT angio

venography MRI -B

C-Duplex US

-٣٨ Elderly male came to ER with SOB and difficulty sleeping at night. He mentioned Hx of heart surgery few years ago. You did investigations and ECHO. What is the most important thing you will be afraid of that might kill patient?

A- Pulmonary HTN

B- Stroke

PE-C

D- Cardiogenic manifestations

-٣٩ Elderly male came with weight loss, headache, RUQ tenderness, LFT all high. Dx?

HCC

-٤٠ A case of acute pancreatitis in which after 10 days from acute pancreatitis the pt came with epigastric vague pain and fullness. Dx?

Pancreatic pseudocyst

-٤١ Pulsating epigastric mass. Dx?

AAA

42- AAA. Best to confirm?

A- CT – with contrast -

– US -B screening -

MRI -C

ray-X -D

-ε Bilateral reducible uncomplicated inguinal hernias. Pt not complaining of any complications. What to do?

A- Lap mesh repair

B- Open mesh repair

- Pantaloon hernia-

44- Pt with Normal sodium, low potassium, and has HTN. Dx?

Pheochromocytoma-A

Hyperaldosteronism -B

45- Pt known case of DM and HTN. He has uncontrolled HTN on multiple medications. What is the cause of uncontrollable HTN?

A-Taking food salts

Hyponatremia -B

46- Child diagnosed as a case of nephrotic syndrome. Anyway, now the only complaint is generalized edema. Management?

Furosemide

-εVA Case scenario of K/C DM pt came complained of fatigue, lab shows low bicarbonate, normal Na and low k. What to give?

Give bicarb infusion-A

B- Give IV insulin with dextrose

Give normal fluid -C

-εA case scenario of patient K/C of non hodgkin lymphoma came with features of tumor lysis syndrome. What electrolyte abnormalities will you find?

A-HypoCa!!!

B- HyperCa!!!

Element	Value
Uric acid	↑ ≥476 micromol/L (8 mg/dL)
Potassium	↑ ≥6.0 mmol/L (or 6 mEq/L)
Phosphorous	↑ ≥2.1 mmol/L (6.5 mg/dL) for children or ≥1.45 mmol/L (4.5 mg/dL) for adults
Calcium	↓ ≤1.75 mmol/L (7 mg/dL)

49- A 12 years old girl who is a known case of DM 1 diagnosed 2 years ago. Now came to do routine checkup. She has no features of puberty. What test to do annually?

!!!Ophthalmology -A

B- GH assay!!!

RECOMMENDED EYE EXAMINATION SCHEDULE

Diabetes type	Recommended time of first examination	Recommended follow-up*
Type 1	3-5 years after diagnosis	Yearly
Type 2	At time of diagnosis	Yearly
Prior to pregnancy (type 1 or type 2)	Prior to conception and early in the first trimester	No retinopathy to mild-moderate NPDR - every 3-12 months Severe NPDR or worse - every 1-3 months

*Abnormal findings may dictate more frequent follow-up examinations

50- A young female complaining of abdominal pain that increased with cycles, stay for 5 days, first 2 days of cycle she missed school due severe pain (dysmenorrhea). First next step in TTT?

NSAID is the best for primary dysmenorrhea

51- Women with PCOS, not planning to get pregnant soon. TTT?

••Metformin!!!

••COCP!!!

••Progesterone only pills!!!

52-years old female morbidly obese want to do surgical weight loss operation. What investigation you should do before surgery?

••Abdominal US!!!

••CT!!!

••MRI!!!

••C-ray!!!

53- pt with all the viral hepatitis markers negative except positive HB surfaceantibodies. Dx?

A-Previous immunization

B- Acute resolved infection

54-year old child not given any vaccine before because mother refused due fear of harm to her child. What to do?

Counseling-

-Talk with parents about benefits and side effects of vaccines-

55-What is the most common organism to cause Post prosthetic valve (following valve replacement) endocarditis?

A-Staphepidermedis!!!

B-Staphaureus!!!

!!!Streptviridans-C

56-Case scenario of patient complaining of SOB, with Severe MR + mild LVH TTT?

A-Mitralvalverplacement!!!

B- Give medication!!!

57-Case scenario of patient with syncope and SOB. Dx?

••Aorticstenosis!!!

58-When to do surgery for child with congenital atrial septal defect?

••depends on the size!!!

••depend on the site!!!

-o⁹12-mother brought her child to hospital. Surgeon discovered hernia and decided to do surgery immediately. Mother refused. What to do?

A-Do surgery whatever mother decision!!!

B-Infomhospitalpolice!!!

C- Don't do surgery!!!

D- explain to the mother

-If she refused let her sign Discharge Against Medical Advice (DAMA)-

60-Rheumatoid arthritis patient with multiple joints pain, given NSAID but not responding, best drug?

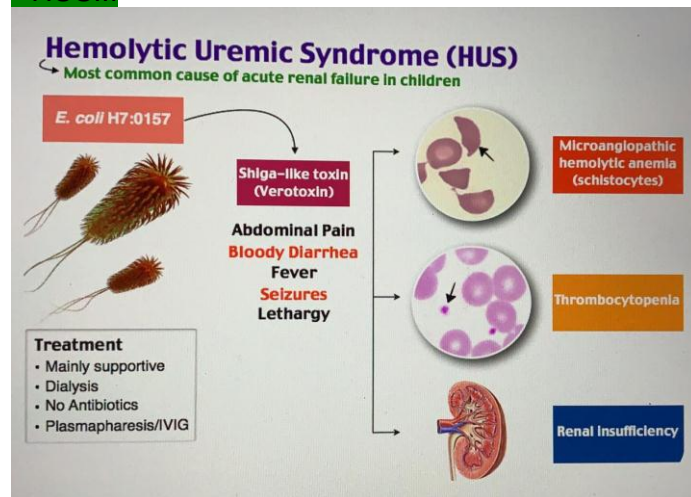
••Methotrexate!!!

61-Case of child with skin rash in lower limbs, ankle and knee joints pain, fever. Dx?

••HSP vasculitis!! Supportive ttx

62-Case of abdominal pain, bloody diarrhea, Hb low. Dx?

••HUS!!!



63-Low Hb, MCV low, RDW high. Dx?

A-IDA!!!

B-Aplasticanemia!!!

C-Thalassemia!!!

Iron Deficiency Anemia

Anemia in which iron loss exceeds intake. May occur as a result of ↑ demand (growth phase, pregnancy, erythropoietin [EPO] therapy) or ↓ iron (chronic menorrhagia, GI bleeding, malnutrition/absorption disorders like celiac). Toddlers, adolescent girls, and women of childbearing age are most commonly affected.

History/PE

- Symptoms: Fatigue, dyspnea, tachycardia, angina, syncope, and pica.
- If the anemia develops slowly, patients are generally asymptomatic.
- Physical findings: Glossitis, conjunctival pallor, cheilosis, and koilonychia ("spoon nails," see Figure 2.7-5).

DIAGNOSIS

- Best initial test: CBC (↓ MCV, ↓ MCH, ↓ MCHC) with iron studies (see Table 2.7-3). No single value is diagnostic, but the constellation of the following points to the correct diagnosis:
 - ↓ Ferritin (↓ iron stores).
 - ↑ RBC distribution width (RDW), reflecting high RBC size variation caused by poor erythropoiesis.

KEY FACT

Microcytic anemias, or microcytosis, have a low MCV (< 80 fL) and generally have a low reticulocyte count.

Q

An 8-year-old girl presents to the ED with 2 days of fever, vomiting, bloody diarrhea, and irritability. She began feeling unwell after attending a classmate's birthday party. Her labs reveal thrombocytopenia, an ↑ creatinine level, and schistocytes. What is the next best step?

TABLE 9-1 Iron Studies in Microcytic Anemias

	Serum Ferritin	Serum Iron	TIBC	RDW
Iron Deficiency Anemia	Low	Low	High	High
Anemia of Chronic Disease	Normal/high	Low	Normal/low	Normal
Thalassemia	Normal/high	Normal/high	Normal	Normal/high

-If Hx of methotrexate > folate
If pt on phenytoin > folate

64-Pt with recurrent chest infections and low platelets. Family history of similar condition. Dx?

•Wesnot Aldrich Syndrome "X linked thrombocytopenia"
-X linked recessive-

-10 You are in OR with consultant and he ask you to prepare Lt. kidney for surgery but you are sure it is the Rt. Kidney. What to do?

A-Inform chief intern!!!


B-Run outside the OR and check the CT image!!!

C-Inform the consultant about your concern!!!


66-Case of male patient with joint and abdominal pain, splenomegaly, not responding to NSAID. Dx?

Felty syndrome

-triad of RA , splenomegaly neutropenia-

Felty's Syndrome Components 

Mnemonic: "SANTA"



S	Splenomegaly
A	Anemia
N	Neutropenia
T	Thrombocytopenia
A	Arthritis (Rheumatoid)

Felty syndrome is a rare condition that involves rheumatoid arthritis, decreased white blood cell count, and a swollen spleen.

67-What is the contraindication of liver transplantation?

•End stage liver disease with ascites!!!

•End stage liver disease with encephalopathy!!!

!! sititapehreviletuCA••

•Alcoholic liver cirrhosis!!!

-1^ Contraindicated vaccine in pregnancy?

•HPV!!!

•Zoster!!!

•Pneumococcal!!!

•Influenza!!!

69-Female around 22 years has pain on mid plantar line increased with walking. Dx?

A. Plantar fasciitis

B. Tarsal tunnel syndrome

Explanation:

pain increase with walking = tarsal tunnel syndrome

Pain decrease with walking and increase with sitting = plantar fasciitis

70-Female patient 25 years with muscle weakness increased throughout the day. What to do?

A. **Ach esterase antibodies**

Explanation :myasthenia graves , patient present with proximal muscle weakness , diplopia , ptosis , we give him Ach esterase antibody like pyridostigmine

71-Case of diarrhea + dehydration + loss of deep tendon reflexes + flat T wave on ECG + muscle weakness. Cause of these muscle and ECG findings?

- .A HypoMg
- .B HypoNa
- .C HypoCa
- .D **HypoK**

72-Case of loin pain, IVU showed non opaque patches on renal pelvis, US showed hyperdense echoic patches. Dx?

- A. **Renal stone**
- .B Tumor
- C. Rena papillaeatrophy

Explanation :filling defect , non opaque is Uric acid renal stone

73- Case of bacterial vaginosis ?

74- Case of trichomonas vaginitis ?

Explanation for Q5&6:

Types of Vaginitis				
Disease	Pathogen	Symptom	Diagnostic Test	Treatment
Bacterial vaginosis	<i>Gardnerella</i>	Vaginal discharge with fishy odor; gray white	Saline wet mount shows clue cells .	Metronidazole or clindamycin
Candidiasis	<i>Candida albicans</i>	White, cheesy vaginal discharge	KOH shows pseudohyphae .	Miconazole or clotrimazole, econazole, or nystatin
Trichomonas (the most common nonviral STD)	<i>Trichomonas vaginalis</i>	Profuse, green, frothy vaginal discharge	Saline wet mount shows motile flagellates .	Treat both patient and partner with metronidazole.

75- Case of elderly with HCV Hx. US shows hyper-vascular mass on right lobe of liver. Dx?

- .A **HCC**
- B. Cholangiocarcinoma
- .C Hamartoma

76- Case of elderly with weight loss and obstructive jaundice (high total and direct bilirubin) with mild liver enzymes elevation. Dx?

- A. **Periampullary carcinoma**

77- Fistula in anus opening the posterior wall. TTT?

- .A **Fistulotomy**

.B Fistulogram

78- Pt underwent herniorrhapy .Post operative he developed pus discharge from surgical opening and mesh came out of it. Management?

- A. **Wound drainage and mesh removal**
- .B SystemicABx
- C. Open the wound

79- Pt with PE, given IV Heparin for 5 days, INT 1.2, Symptoms controlled. What to do?

- A. Stop Heparin
- B. Change to Enoxaparin

Explanation : shift to warfarin with target 2-3 INR for 3 to 6 months

80-Inferior MI. What is the post emergency management (post MONA and ECG and liver enzymes)?

- A. TPA thrombolysis
- B. PCI with stent
- .C Heparin

Explanation :

1- initial management: (aspirin 162-325 mg + oxygen and maintaining O2 >90%,nitroglycerin,morphine)

2- then reperfusion therapy :

PCI	CABG	Thrombolysis
<ul style="list-style-type: none">• STEMI if symptoms <12 hrs and PCI can done within 30-90 min• If there is contraindication for thrombolysis• Recommended to any time if STEMI , HF, cardiogenic shock• PCI after fibrinolysis associated with reduce reinfarction rate	Indicate if coronary anatomy not amenable to PCI	Thrombolysis recommended if unable to have PCI and absence of contraindication if within 12 hrs

3-antiplatelet : addition to aspirin (clopidogrel 600mg if having PCI & 300 mg if <75yrs and treat with fibrinolytic) , alternative if having PCI (prasugrel,ticagrelor) .

4- anticoagulant : if having PCI (IV unfractionated heparin or IV bivalirudin) , if treated with fibrinolytic (IV unfractionated heparin , enoxaparin , fondaparinux)

. avoidNSAIDsexceptaspirin -o

6- additional therapy : BB, ACE (reduce mortality , recommended for AMI , HF,LVEF<40%) , ARB (if ACE contraindication , statin

81- Postmenopausal women come to take HRT. You said she didn't need it. She insisted to take it. What to do?

- A. Prescribe HRT to her
- B. **Don't give it**
- C. Consult Hospital authority
- D. Refer to another Gynecologist

82- 55 years old female with no past or family history of BC. Mammogram done and was negative. You will do mammogram every?

- A. 1 year

- B. 2 year
- C. 3 year

83- 55 years old male complained of sudden severe headache while lifting something. What to do?

- A. MRI brain and cervical spine
- B. CT brain and cervical spine

Explanation : High BP can lead to subarachnoid hemorrhage, heavy lifting and straining can cause pressure rise in brain lead to aneurysm rupture .

84- Elderly female discovered to have cancer. Her sons said to you don't tell her she has cancer. What to do?

- A. Tell pt
- B. Don't tell pt
- C. Consult health authority

85- Pregnant 36 weeks with HTN and plasma protein is high. Dx?

- A. Preeclampsia
- B. Eclampsia
- C. Gestational HTN

Hypertension

Preexisting HTN (chronic)	<ul style="list-style-type: none"> • Before 20 wks • More than 12 month after delivery • No proteinuria 	Drugs
Gestational HTN	<ul style="list-style-type: none"> • After 20 wks • No proteinuria 	Drugs
Preeclampsia	<ul style="list-style-type: none"> • After 20 wks • Proteinuria 	Delivery + magnesium sulfate
Superimposed preeclampsia HELLP syndromes	<ul style="list-style-type: none"> • Hemolysis • Elevate liver enzyme • Low platelet 	Delivery

Preeclampsia

Mild	Sever
SBP >140	SBP >160
DBP > 90	DBP > 110
Twice more than 6 h apart	Twice more than 6 h apart
Proteinuria +1	Frontal headache / seizure / proteinuria / oligouria / epigastric orRUQ pain /pulmonary edema / cyanosis / hemolysis /elevate Liver enzyme/ thrombocytopenia / Visual disturbances / IUGR / oligohydramnios

86- 48 years old female came with abnormal uterine bleeding. TVU shows subserous fibroid and endometrial thickness is 14 mm. Dx?

- .A Fibrosarcoma
- .B Myosarcoma
- .C Fibromyoma

87- Female patient diagnosed with retro peritoneal sarcoma. What is true regarding sarcoma?

- A. Transmitted to nearby lymphatics
- B. Metastasis

88- Newborn of diabetic mother needs to take glucose infusion. Where to give glucose through?

- A. Central venous line
- B. Peripheralvenous line
- C. Nasogastric tube

.D Orogastrectube

89- Newly married young female came to police to complain that she has bitten by her husband. What is the cause of bite do you think?

- A. Husband culture
- B. Socioeconomic state
- C. Man roles over women

90- 74 years old male known case of IHD cane with Abdominal pain. X-ray shows thumb print sign. Dx?

- A. Ulcerative colitis
- B. Crohn disease
- C. Ischemiccolitis

91-Female complaining of vomiting when she goes in airplane. Most appropriate antiemetic?

- A- Ondesterone
- B- Scopolamine

92- 31 years old female did pap smear annually in last 5 years and was negative. Recommend pap smear in future?

- A-Annually
- B-Every 2 years
- C-Every 3 years

93- When you were doing cholecystectomy you found a mass. What to do?

- A-Cholecystectomy only
- B-Stop procedure
- C-Cholecystectomy and remove mass

94- 16 years old male was complaining of dysuria, after 3 days the parents said that his urine became foul smelling. Gram negative bacilli was found in urine. What is the causative?

- A-Klebsiella
- B-Proteus marbilaris

95- Duringventose instrumental delivery there was an injured to stylomastoid foreamin. What will happen to baby?

- Incomplete eye closure!!!
- Bell's palsy

96- Croup case. Management?

- A-O2!!!
- B-Antibiotics
- C- Mild :steriod
- Sever : inhaled epinephrine

97- Newborn of diabetic mother from where take sample

- A-central venosuline

B-peripheral
C-nasogastric
D-oro gastric

98-Intussusception case. Management?

A-IVF
B- NGT
C-enema
D-surgery

99- Most common affect symptom in premenstrual dysmorphic syndrom ?

Irritability

IF...

Premenstrual syndrom most common

Mood liability

100- Which of the following is true about ASD in a 6 years old boy?

A-It will close by 5 years

B-Surgery should be done at 2 years

101- Case of PCOS, normal FSH, high LH, testosterone high. What investigation to do next?

A -Glucose and lipid

B-Thyroid function

102- Case about 21 years old primigravida with 2 years history of infertility now came with spotting of blood (threatened abortion case). Nex step?

A-Confirm pregnancy by BhcG

B-Pelvic US

C-Ask about cause of infertility

Depend on real sentence in exam if not mention that she confirm pregnancy before chose A

If mention that did urine test and was positive go for B

103- Elderly female came with dysuria and frequency. What investigation you will do?

A-Urine analysis

B-CT abdomen

C-Something invasive

104- 3 weeks old infant with blood drops in diapers noticed 2 times by mother when she change diapers. Dx?

A -Juvenile polyps

B-Mickels diverticulum

105- 36 weeks pregnant lady has features of abrupto placenta, severe bleeding, hypotensive, tachycardic and anemia. What to do to safe live?

A••ICU admission and multiteam work

B••Insert 2 large bore peripheral cannulas and blood transfusion

C••Delivery room

106- Child brought by his parents With meningitis. You need to do emergency LP. What to do?

A••Do Lp without consent

B••Take consent from parents

C••Take consent from parents and child

D••Abstent from child, consent from parents

E••Abstent from parents, consent from child

107- Asthmatic patient on short acting bronchodilator and low dose steroid inhalation. Still complaining of daily symptoms about 5 days per weak and night symptoms about 2 days per weak. What to add? (No LABA in choices)

A••Leukotriene!!!

B••Theophylline!!!

C••Nothing to add!!!

So either to add LABA

Or increse dose of ICS

108- While you are doing a surgery, you made a surgical mistake then you corrected it. What to do?

A••Tell patient

B••Don't tell patient

C••Write report on the case

109- Best prophylaxis against peripheral atrial disease?

A••Programmed aerobic exercise

B••Aerobic exercise

C••Something exercise

If (smoking sessation) in the choices , choose it

110- Child is treated for eczema with topical steroid, comes to clinic with itching and pastular lesions on top of his eczema, arranged in grape like pattern. What is the most likley organism that causes his superimposed infection?

A••Herpes simplex

B••Staphylococcus aureus

C••Group A streptococcus

111- Child come with fever and headache, there is menengealirrtation sings on examination, LP done with results. Glucose 2.9 (Normal 2.4-4.1), Protein 560 (Normal range 150-450). What ttt is best? ••Ampicillin + vancomycin!!!

A••Vancomycin + rifampin

B••Ampicill + somthing

C••Vancomycin + ceftriaxon

CSF findings in different forms of meningitis			
Type of meningitis	Glucose	Protein	Cells
Acute bacterial	low	high	PMNs often > 300/mm ³
Acute viral	normal	normal or high	mononuclear < 300/mm ³
Tuberculous	low	high	mononuclear and PMNs, < 300/mm ³
Fungal	low	high	< 300/mm ³
Malignant	low	high	usually mononuclear

If bacterial, treatment according to age:

TABLE 10-3 Empiric Treatment for Acute Bacterial Meningitis		
Age or Risk Factor	Likely Etiology	Empiric Treatment
Infants (<3 mo)	Group B streptococci, <i>E. coli</i> , <i>Klebsiella</i> spp., <i>L. monocytogenes</i>	Cefotaxime + ampicillin + vancomycin (aminoglycoside if <4 weeks)
3 mo to 50 yrs	<i>N. meningitidis</i> , <i>S. pneumoniae</i> , <i>H. influenzae</i>	Ceftriaxone or cefotaxime + vancomycin
>50 yrs	<i>S. pneumoniae</i> , <i>N. meningitidis</i> , <i>L. monocytogenes</i>	Ceftriaxone or cefotaxime + vancomycin + ampicillin
Impaired cellular immunity (e.g., HIV)	<i>S. pneumoniae</i> , <i>N. meningitidis</i> , <i>L. monocytogenes</i> , aerobic gram-negative bacilli (including <i>P. aeruginosa</i>)	Ceftazidime + ampicillin + vancomycin

If viral : acyclovir

If TB: RIPS+ steroids 9months

112-Woman come to clinic with history of multiple abortions, now she is 11 week pregnant, what is the best predictor of complication in pregnancy?

A••Abdominal pain

B••Vaginal bleeding

C••Other options

113- New test was introduced to 800 of patients who was proven th have liver cirrhosis

And other 800 who didn't have liver disease

200 of first group tested positive and 100 from 2nd group tested positive. What is the sensitivity of this test?

A••25%

B••33%

C••57%

*Start at age 45 years in African Americans and at age 40 years for patients with a first-degree relative diagnosed at an early age.

47. Biostatistics calculations using a 2 × 2 table

Test or exposure	DISEASE		TEST NAME	FORMULA
	(+)	(-)		
(+)	A	B	Sensitivity	$A/(A + C)$
(-)	C	D	Specificity	$D/(B + D)$
			PPV	$A/(A + B)$
			NPV	$D/(C + D)$
			Odds ratio	$(A \times D)/(B \times C)$
			Relative risk	$[A/(A + B)]/[C/(C + D)]$
			Attributable risk	$[A/(A + B)] - [C/(C + D)]$

48. The **P-value** reflects the likelihood of making a type I error, or claiming an effect or difference where none existed (i.e., results were obtained by chance). When we reject the null hypothesis (i.e., the hypothesis of no difference) in a trial testing a new treatment, we are saying that the new treatment works. We use the **P-value** to express our confidence in the data.

114- Woman admitted with DVT diagnosis and was started on enoxaparin. The same night she develops SOB, CT confirms lower pulmonary artery thrombus, what is the appropriate action?

A••Change enoxaparin to sodium heparin

B••Start thrombolytic therapy

If massive PE with hypotension: thrombolytics

If not massive increase the dose of enoxaparin or continue same treatment.

115- 78 years old male admitted to ICU for MI that was complicated by pneumonia in hospital, he received Tazocin for 12 days, now complains of right upper quadrant pain with tenderness, US was done with report of thick gallbladder wall with fluid collection and no stones. What is the management?

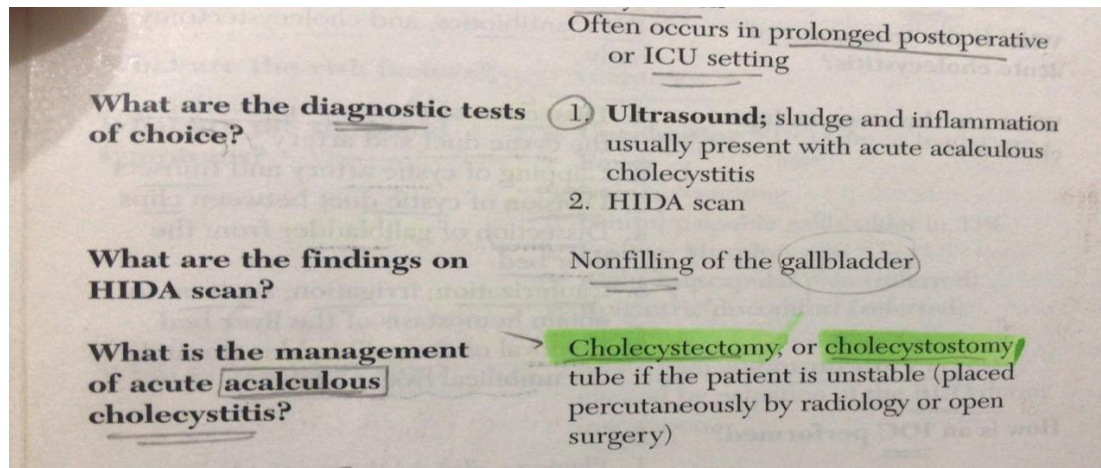
A••Emergency cholecystectomy

B••ERCP drainage

C••US guided drainage

D••Continue same medication

This is a case of acalculuscholecystitis and pt is post MI so, unfit for surgery. Pt for percutaneous drainage. But if pt is fit the best is cholecystectomy.



116- DM, HTN with chronic heart failure, comes to clinic for medication counseling, he takes insulin I, furosemide, enalapril, digoxin. Some tests values where provided. K = 5.9, Glucose high, BP normal. What drug should he stop?

- A•• insulin
- B•• furosemide
- C•• enalapril (ACEI causes hyperkalemia)
- D•• digoxin

117- Infant abandoned by his mother after delivery, pediatric surgen reviewed the case and it was hernia, he recommended to do surgery now, what should you do?

- A•• Refuse to do surgery without consent
- B•• Consult ethics committee in hospital
- C•• Do surgery without consent
- D•• 4th option can not remember it

118- The most common presentation in compartment syndrome is severe pain, what mechanism is responsible for this?

- A•• Skin hypoxia
- B•• Nerve hypoxia
- C•• Bone hypoxia
- D•• Muscles engorgement

119- Women pregnant 34+2 weeks had cesarean section past pregnancy due to non-reassuring fetal monitoring, present now for external cephalic version, US amniotic fluid index 14, responsive CTG. What would be absolute contraindication for ecv?

- A•• Previous cs
- B•• CTG results
- C•• US findings

Contraindications of ECV

Absolute :

- multiple gestations with a breech presenting fetus,
- contraindications to vaginal delivery (eg, HSV, placenta previa),
- nonreassuring FHR

Relative

- polyhydramnios or oligohydramnios,
- IUGR,
- uterine malformation,
- fetal anomaly.

120-Child come to clinic with cough, fever (38.6) for 3 days with rash started on face then spread to trunk and white pustule on erythematous base on the buccal mucosa (opposite the lower 1st & 2nd molars) Dx?

A••Measles (Koplik's spot)

B••Rubella

C••Scarlet fever

121-Pt come to clinic with leg painless swelling , no hx of trauma, on examination leg is pale, cold and bluish discoloration is noted, peripheral pulses are intact. What is the appropriate method to confirm diagnosis?

A••CT angio

B••MRI

C••Arterial duplex

D••Venous duplex

122-Child come with cola urine, pt has hx of tonsilitis, PSGN is suspected, what test would help you confirm your diagnosis?

A••Blood culture

B••anti-streptolysin titer

C••Complement 3 low

123-10 year old boy come with hx of diarrhea more than one month, there is abdominal pain with blood sometimes and mucous sometimes, the child hasn't been losing weight, the child is reporting that he feels incomplete evacuation even when there is nothing left in his bowel. What would be appropriate to try first ?

••Metronidazole Cuz Amoeba infection

A••Gluten free diet

B••CT

C••Some other option

124-Surgeon was doing lab cholecystectomy and faced difficult anatomy there was an injury and did X-ray that showed air in abdominal cavity and thorax. What organ was damaged?

A••Esophagus

B••Stomach

C••Pancreas

125-Surgeon was doing lab cholecystectomy and faced difficult anatomy there was an injury to a structure. Then bleeding occurred and Surgeon repaired the problem. After surgery what would you do?

A••Tell the patient what happened

B••Tell the patient lawyer to prepare for lawsuit

C••Tell hospital administrators to take action against you

D••Don't tell anybody

126-Case about hip joint avascular necrosis, what is management?

•• surgical repair

127-Case about septic arthritis and asking about diagnosis?

•• fluid aspiration

128-Case about some labs with high calcium and normal PTH (1.1), phosphate was not given, renal functions were elevated slightly and asking about what is the diagnosis?

A••Renal failure

B••2ry hyperparathyroidism

C••Primary hyperparathyroidism

D••Tertiary hyperparathyroidism

TABLE 3

Lab Comparison

Hyperparathyroidism	Calcium	PTH	Vitamin D	Phosphate
Primary	↑	↑ →	↑	↓
Secondary	↓ →	↑	↓	↑ or ↓
Tertiary	↑	↑↑	↓	↑

Key: ↑ Elevated, ↓ decreased, → normal.

Source: Brashers. *Pathophysiology*. 2015.⁶

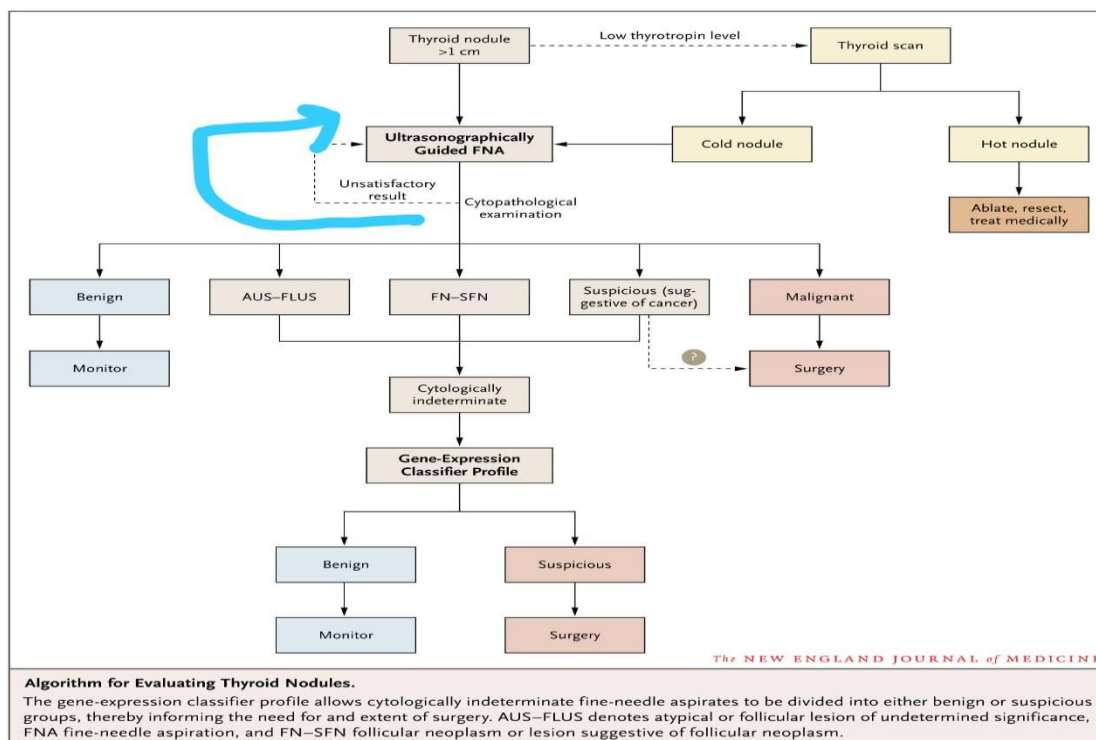
129-Case about teenager had argument with her mother and swallowed 20 pills of acetaminophen come to emergency the second day having abd.pain and nausea, vomiting, asking about stage?

- A••Stage 1
- B••Stage 2
- C••Stage 3
- D••Stage 4

STAGE	SYMPTOMS	DAYS
1	<ul style="list-style-type: none"> • Nausea & vomiting, abdominal pain, sweating, general discomfort, pale color • Liver function tests may be normal 	0-1
2	<ul style="list-style-type: none"> • Liver injury develops • Upper right quadrant pain • Rise in liver function tests (ALT, AST, bilirubin, INR) 	1-3
3	<ul style="list-style-type: none"> • Hepatotoxicity peaks • Rapid & severe hepatic failure • Encephalopathy & hypoglycemia • Glucose, lactate, & phosphate abnormalities • Coma & death 	3-5
4	<ul style="list-style-type: none"> • Recovery stage for those who survive stage 3 	5-8

130-Case about thyroid nodule, FNA was done and result were inadequate, asking what to do?

- A••Thyroid iodine scan
- B••Repeat FNA
- C••Thyroidectomy



131-30 y old women comes with painless vaginal mass under urethral orifice that bleeds when touched, picture was provided. What is the diagnosis?

- A••Bartholin abscess (wrong option)
- B••Other option can't remember

132-Case about child with lower limb movement loss after URTI, child describes his problem started from down and ascending upward, there was something about his sensation in lower limb but as I remember it wasn't lost completely, asking about diagnosis?

A••GBS

B••Transverse myelitis

133-Man recently diagnosed with parkinson and he wants to begin treatment, what is the best drug to give?

••Levedopa

134-Woman lactating come to clinic complaining of right breast mass, firm with erythema and tenderness, no discharge asking about diagnosis?

A••Abscess (lactational mastitis)

B••Fibroadenoma

C••Duct ectasia

135-Child 5 years old diagnosed with tonsilitis, and asking about his brother (2 years). Prophylaxis?

A••I chose penicillin

B••Other cant remember

136-Case of pregnant women with UTI, culture was done and result was E.coli sensitive for TMP/SMX and ciprofloxacin and nitrofurantoin, and asking what is the best drug to give?

A••Cipro

B••TMP/SMX

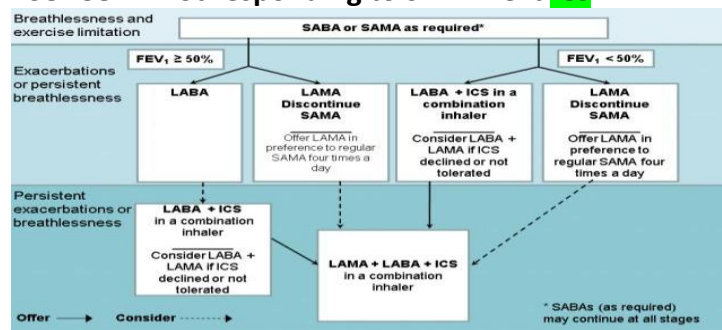
C••Nitrofurantoin

137- smoker with restructive pattern

- Pulmoarry fibrosis

- COPD

138- COPD not responding to SABA next ICS



139- case about coarctation of aorta Aortofemoralpuls delay

140- PET pt I think was 32 wks– mltiskills tear
ICU unclear Q

141-celiac – **gluten free diet**

142- FTT,,vomiting, aspiration pnemounia ; **GERD**

143- VIT D defficiency **Cause Osteoporosis**

144 -pain relief after drinking milk elevated Ca anf PTH

- **Primary parathyrodism**

TABLE 3

Lab Comparison

Hyperparathyroidism	Calcium	PTH	Vitamin D	Phosphate
Primary	↑	↑ →	↑	↓
Secondary	↓ →	↑	↓	↑ or ↓
Tertiary	↑	↑ ↑	↓	↑

Key: ↑Elevated, ↓decreased, → normal.

Source: Brashers. *Pathophysiology*. 2015.⁶

145-pt with generalised edema – **diuretic**

146-pt crescendo decresnod diastolic murmur **AS**

147-reflux, bitter tasts

- Gastritis

- **Esophaits**

- Bohovr syndrome

if early the answer is A

If late stage the answer is B

148- anaphylactic shock mx **Epinephrine IM**

149- croup dx

150 croup mx


<h2>Croup</h2>	
A	• Usually caused by viral infection → Parainfluenza, RSV, rarely measles.
S+S	<ul style="list-style-type: none"> • Starts with Coryzal symptoms • Gets a hoarse voice • Barking cough • Harsh Stridor, often described as rasping, may reduce as infection progresses. <div style="float: right;"> Signs of severe infection = <ul style="list-style-type: none"> • ↑ Respiratory rate • ↑ Restlessness • Fatigue • O₂ Sats <95% • Soft Stridor </div>
P	• Mucosal inflammation and oedema which extends to larynx, with significant inflammation around the subglottic area. • Increased secretions
I	• Do not look in the throat, as this may precipitate total airway obstruction! • Monitor their O ₂ sats.
T	<ul style="list-style-type: none"> • Most cases can be managed at home, with parents advised about the warning signs of severe infection • Some people use warm, moist air, but its clinical effects unproven. • Prednisolone 1-2mg/kg PO Stat dose or Dexamethasone 0.15mg/kg Po Stat dose • May need nebulised adrenaline for severe infection. • If not improving then will need to be transferred to ICU and may need expert intubation.
<h2>Epiglottitis</h2>	
A	• Usually as a result of Haemophilus Influenzae Type B (HIB)
S+S	<ul style="list-style-type: none"> • Sudden Onset • ↑ temperature • Ill looking child, sitting up straight, mouth open, drooling • Soft Stridor and ↑ respiratory effort, getting worse over minutes • Child wont speak or swallow fluids • Rising Sun Sign → Often present but don't look for it → Angry red epiglottis visible above tongue.
P	• Infection → Inflammation and oedema of the epiglottis. → Septicaemia may also be present
I	• Initially treatment is far more important than investigations, as minutes count.
T	<ul style="list-style-type: none"> • Medical Emergency, minutes do count. • Don't lie the child down or examine the throat. • Call for help → Senior Paediatricians, ENT surgeons and Anaesthetists. • Transfer to ICU or specialist anaesthetic room. • GA, and intubate carefully, can be extubated in 24h. • If intubation not possible, tracheostomy is needed. • Then take bloods for culture. • IV antibiotics (Cefotaxime 2mg/kg/6h). • Rifampicin prophylaxis to household contacts.

151-case about pertussis cough


Whooping cough >> pertussis

Barking cough >> croup

Whooping Cough



Also known as Pertussis.
An upper respiratory tract infection caused by *Bordetella Pertussis*



Pregnant women should get vaccinated during each pregnancy to protect their newborns

Symptoms:
1 week after exposure - Low fever, runny nose, mild cough, vomiting, diarrhea, apnea (in infants)

After 10 to 12 days severe coughing episodes ending with "whooping"

Complications:

- Pneumonia
- Encephalopathy
- Seizures
- Cerebral hypoxia
- Fractured ribs
- Ear infection

30-40% of infant infections come from their mother

Spread by coughing, sneezing and other close contacts

300,000 annual number of death

92% of deaths occur in infants under 4 months of age

30-50 million cases annually (worldwide)

Vaccination - The best defence

#roypath histopathology-india.net

Pertussis (*Bordetella pertussis* and *Bordetella parapertussis*)

Pertussis meaning **intense cough**. Also known as whooping cough.

Etiology: by *Bordetella* organisms:

- Gram-negative coccobacilli.
- Colonize only ciliated epithelium.

Treatment

- **Infants <3 months** of age with suspected pertussis are always **admitted** to hospital.
- **Antibiotics** are always given when pertussis is suspected or confirmed.
- **Macrolides** are the preferred agents (**erythromycin, Azithromycin**)
- **Isolation of patients** and prophylaxis antibiotics to all contacts regardless of age or immunization.

152- case about glaucoma

PRIMARY ANGLE-CLOSURE GLAUCOMA


CLINICAL MANIFESTATIONS:

FIVE DIFFERENT CLINICAL ENTITIES

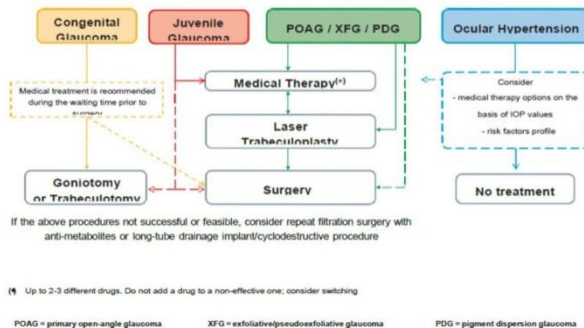
POSTCONGESTIVE ANGLE-CLOSURE GLAUCOMA

• **VOGT'S TRIAD** → seen with any type of post-congestive glaucoma & in treated acute congestive glaucoma:

- GLAUCOMFLECKEN** → an anterior sub-capsular lenticular opacity
- PATCHES OF IRIS ATROPHY**
- SLIGHTLY DILATED NON-REACTING PUPIL** → due to sphincter atrophy



FC VI - Treatment Options



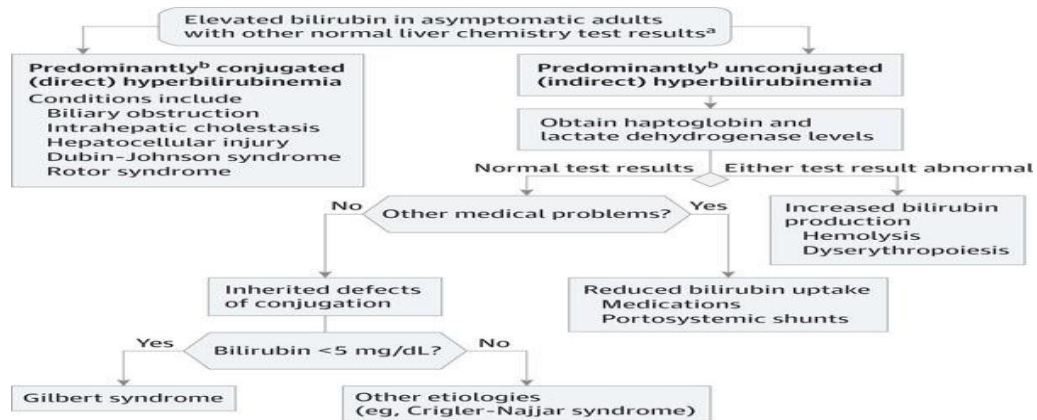
153- acute urinary urge incontinence- **UTI Medical treatment with anticholinergic + physiotherapy**

154- chronic stress and urge- **pelvic ms weakness**

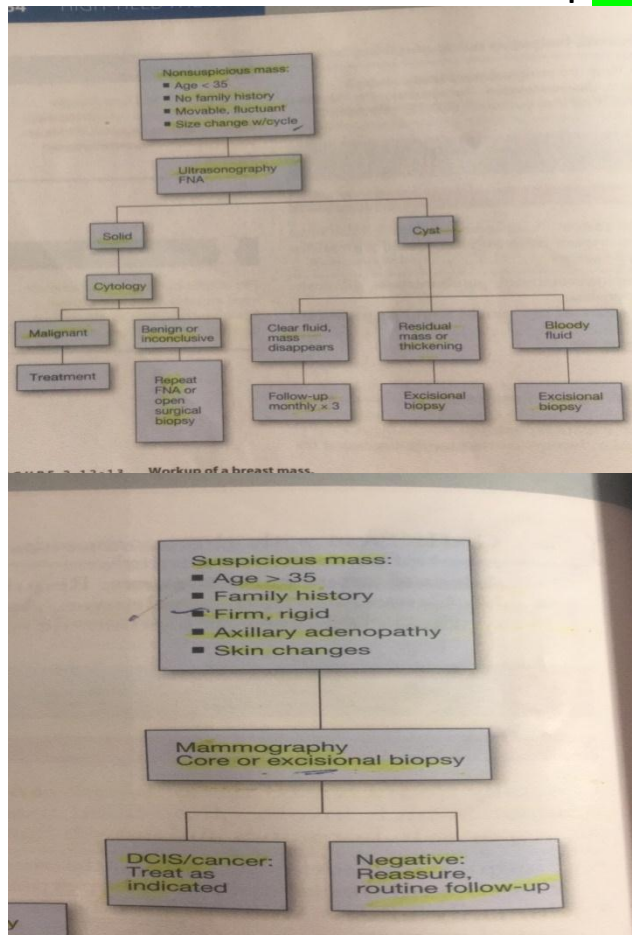
155- pld after menorrhoea – **confirm pregnancy**

156- child bearing age with acute abdomen- **r/o pregnancy**

157- Elevated bilirubin and normal liver function test



158- breast mass looks like tumor next step US+ core biopsy



159- recommended age for screening of colorectal cancer when there is no RFs ???45

160-main risk factor for breast cancer- age

161- Assess kidney in DM pt annually through

- 1- urine microalbuminuria
- 2- creatinine/ albumin ratio

162-To avoid airbag injuries in children below 12

- restrain in back seats

163- Q about basal cell carcinoma Common in face, Edge roll out, Rodent ulcer

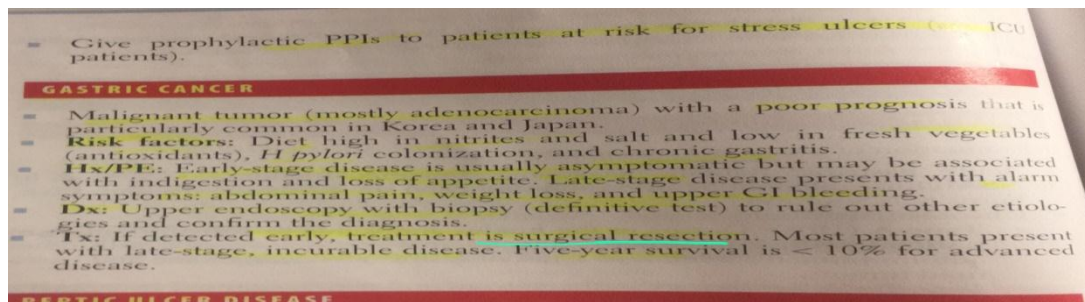
164 -Q about non metastatic gastric tumor mx

Excision with clear margin

Gastrectomy

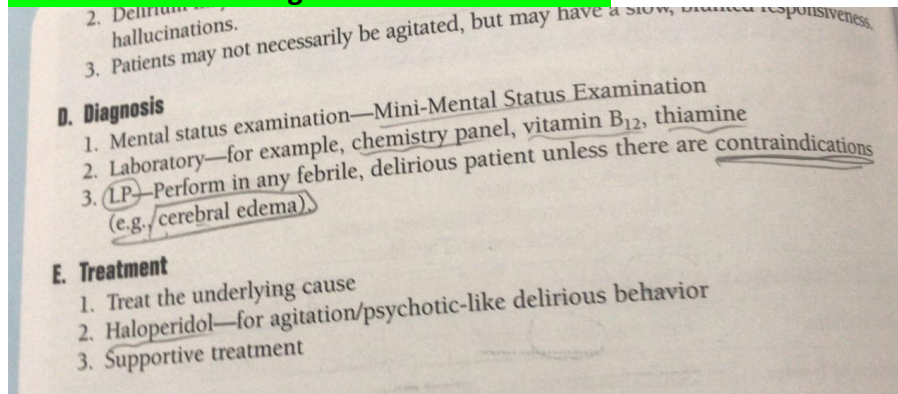
Chemo

Radio



165Pt with delirium mx

1. environmental setting and elevate bed rease



166-Case of delirium what is the dx

Delirium In elderly usually post surgery or infection like UTI
Most common cause in elderly is multiple medications

167-Talktive pt redirect him let him to complete his talk

168-Croup what is the PEx finding inspiration Stridor

And barking cough

169-Case of pneumonia what is the dx History:

Fever and cough short period

Ex:

Dull on percussion Initial X-ray
Best sputum culture

170-Case of endometrial cancer what is the mx TAH + BSO

171-Child with abdominal pain which one reflect seriousness
Pain in day time
Pain in sleep time

172-Child has flu brought by his mother for vaccinations and mother wants to postpone because he is sick, on ex mild flow, child is active what to do
Reschedule in 2 wks best answer is explain to the mother then give him
Ignore

173-Metformin role in PCOS Decrease insulin sensitivity

174-Child with hypotension first step in mx IV fluid

175-Epiglottis mx
Oral ABx
IV Abx
Admission

176-How to confirm TB Sputum culture

3 samples of sputum for AFB
smear + Chest X-ray

Or
Mycobacterium TB PCR * the
best *

177- TB precaution :

Contact
Droplet
Airborne

178-How to confirm pneumonia
Sputum serology

179-Pregant wants to quote smoking best way

CBT ?
Nicotine replacement
Buprine

180-Pt once start vancomycin start to get rash What to do

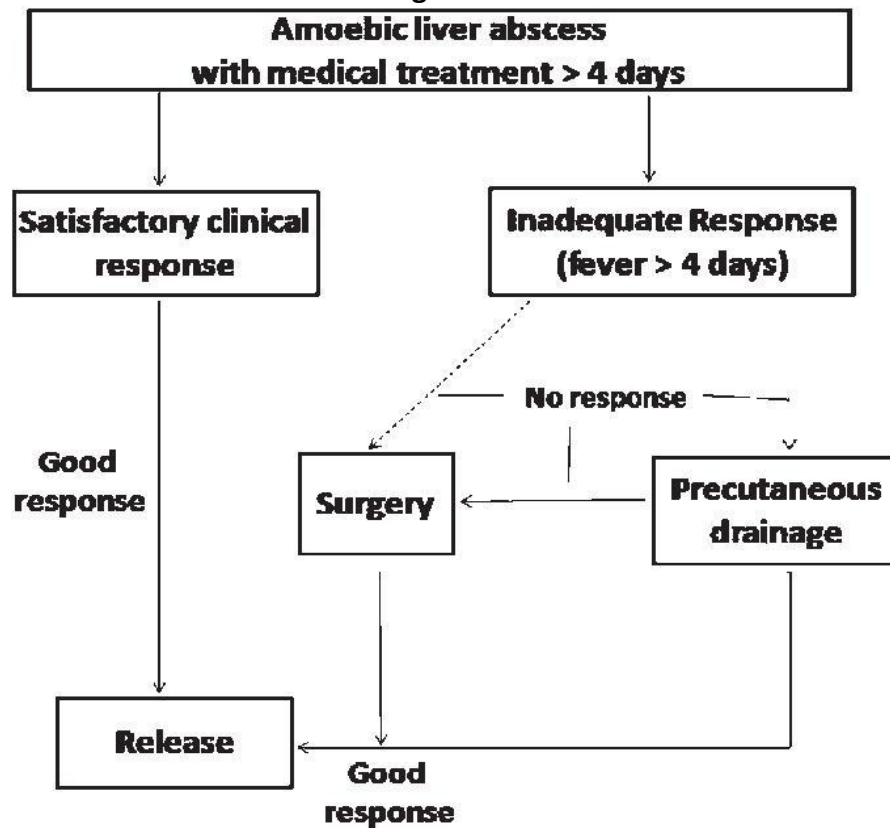
Stop and label [?]

Continue on smaller dose Replace with cephalospor

181-Which of the following is the most common cause of hereditary breast and ovarian cancers?

- A. Alpha-fetoprotein
- B. BRCA mutation [?]
- C. CDH1
- D. p53 mutation

182-Amoebic liver abscess management: -



183-Eccinococcus liver abscess management:

World Health Organization classification of cystic echinococcosis and treatment stratified by cyst stage

WHO stage	Description	Stage	Size	Preferred treatment	Alternate treatment
CE1	Unilocular anechoic cystic lesion with double line sign	Active	<5 cm	Albendazole alone	PAIR
			>5 cm	Albendazole + PAIR	PAIR
CE2	Multiseptated, "rosette-like" "honeycomb" cyst	Active	Any	Albendazole + either modified catheterization or surgery	Modified catheterization
CE3a	Cyst with detached membranes (water-lily sign)	Transitional	<5 cm	Albendazole alone	PAIR
			>5 cm	Albendazole + PAIR	PAIR
CE3b	Cyst with daughter cysts in solid matrix	Transitional	Any	Albendazole + either modified catheterization or surgery	Modified catheterization
CE4	Cyst with heterogenous hypoechoic/hyperechoic contents; no daughter cysts	Inactive	Any	Observation	-
CE5	Solid plus calcified wall	Inactive	Any	Observation	-

Albendazole is dosed 10 to 15 mg/kg per day in two divided doses; the usual dose for adults is 400 mg twice daily. Duration of therapy is discussed in the text.

184-Pyloric stenosis management:

Treatment

Replace lost volume with IV fluids; replace lost electrolytes, specifically potassium, as the closure of the anion gap is crucial. NGT must be used to decompress the bowel. Surgical myotomy must follow.

185-Crescendo-acrescendo murmur cause
AS

186-Meningitis treatment in elderly:
Vancomycin + ceftriaxone + ampicillin

187-Pregnant has abruptio placentae what is the acid base balance of fetus Asphyxia
-Res acidosis..
- Metabolic acidosis

note :

Pethidine cause mixed acidosis

Placenta abruption metabolic acidosis

Pre eclampsia res acidosis

188-Picture about variable deceleration in CTG what is the cause.. Abruptio or cord prolapse
note:

Late de.= Placenta insufficient

Early de.= head

Variable= cord

189-A 21-year-old woman presents to the gynecology clinic with a mass in the left breast. She discovered this mass while showering. Her last menstrual period was 10 days ago. There is no family history of breast cancer. On physical exam, you palpate a 3 cm, firm, non-tender mass in the upper lateral quadrant of the left breast. The mass is smooth, well-circumscribed, and mobile. There are no skin changes, nipple discharge, or axillary lymphadenopathy. Which of the following is the most likely diagnosis in this woman?

A. Fibroadenoma

B. Fibrocystic change

C. Intraductal papilloma

D. Lobular carcinoma in situ

190-A woman with a history of breast cancer. Which of the following is medically contraindicated for this woman?

A. Condoms

B. Copper-containing intrauterine device

C. Laparoscopic tubal ligation

D. Progestin-only contraceptive pills

191-which of the following investigation should be done for early detection of bilateral breast cancer?

- A. FNA**
- B. biopsy**
- C. mammogram**
- D. tumor marker**

192-A 47-year-old female comes to the hospital to follow up for breast cancer diagnosed before 4 days, What is the most common site of breast cancer?

- A. lower inner quadrant**
- B. lower outer quadrant**
- C. upper inner quadrant**
- D. upper outer quadrant**

193-24 year beautiful girl , She presents to his doctor with concer about breast cancer , she has history of family member die from breast cancer , She ask about risk factor , which of the following true about The incidence of breast cancer :

- A. Has declined since the 1940s**
- B. Increases with increasing age**
- C. Is related to coffee intake**
- D. Is related to dietary fat intake**
- E. Is related to vitamin C intake**

194-Lady with a mass in left upper quadrant of the breast, aspiration was yellow fluid without masses, this mass completely disappears with aspiration, what is the diagnosis?

- A. Phyllod**
- B. breast cancer**
- C. Fibroadena**
- D. Fibrocystic disease**

195-Which of the following association with Trousseau,s sign?

- A. Pancreatic cancer**
- B. SCC**
- C. breast cancer**
- D. gastric cancer**

196-patient 38-year-old lady diagnose as papillary breast cancer after the resulting biopsy, what is the most likely characteristic of this cancer?

- A. breast like orange**
- B. retraction of the nipple**
- C. well-defined margin with many small projections**
- D. yellow bloody nipple**

197-Patient with past history of hodgikon lymphoma . But cured completely .Presented with back pain . Examination and evaluation show paraspinus Edema and uid collection, - veburecella titer and tuberclintest ,what the cause ?

- A. breast cancer
- B. burecellosis
- C. recurrent hodgikon lymphoma ☒
- D. typhiod fever

198-which of the following associated with Bilateral breast cancer:

- A. Ductal carcinoma
- B. Lobular carcinoma
- C. Mucinus carcinoma
- D. Paget disease

199-Breast feeding HIV and TB mother direct and expressed milk which is safest:
Avoid breastfeeding in HIV and active TB

200-What is the safe for baby?

- 1- mother HIV and direct breast feeding
- 2 .mother HIV with expressed breast milk
- 3 .mother TB direct breast feed.
- 4 .mother TB with expressed breast milk

201- Pt with painless ulcer + skin rash. Dx?

- Secondary syphilis!!!

202- Pt with painless ulcer + skin rash. Causative?

- Trypanemalidum!!!

203- If patient is HIV ve+, tell him only and tell him to tell his wife but doctor should tell the authorities. But If pt say plz don't tell my wife, then what you will do?

- a) ••You shouldn't tell her!!!
- b) ••Tell health authority's only!!!

204- Pt with high SVR but all other parameters (right side, PCWP, BP, CVP). Dx?

- Hypovolemic shock!!!

Shock Hemodynamics				
	CO	SVR	PAOP	CVP
Hypovolemic	↓	↑	↓	↓
Cardiogenic	↓	↑	↑	↑
Distributive				
pre-resusc	↓	↓	↓	↓
post-resusc	↑	↓	↑	↓ or normal
Extra-cardiac obstructive Shock (pulmonary embolism)	↑	↓	↓	↑

205- Pt with ejection systolic murmur. Dx?

- Aortic stenosis!!!

Crescendo-decrescendo systolic ejection murmur and soft S2 (ejection click maybe present). LV >> aortic pressure during systole. Loudest at heart base;

206- Child with VSD less than 8 milli (i think it is 2 milli). Management?

- a) ••Watchful waiting for spontaneous closure!!!
- b) ••Surgical intervention!!!

207- What access for dialysis would you prefer?

••AV fistula!!!

208- Best site for AV fistula in dialysis?

••Brachiocephalic!!!

9- Pt with both kidney and lung affection. Dx?

- A. Burger disease!!
- B. Goodpasture

210- Case of hemolysis + impaired kidney function + thrombocytopenia. Dx?

••HUS!!!

211- Case of hemolysis + impaired kidney function + thrombocytopenia + fever and confusion. Dx?

••TTP!!!

TTP	HUS
• Adults—20-50	• Children <5 years old
Pentad	Tetrad
• Hemolytic anemia with RBC fragmentation	• Hemolytic anemia with RBC fragmentation
• Renal dysfunction	• Acute renal failure
• Thrombocytopenia (35,000)	• Thrombocytopenia (95,000)
• Severe CNS symptoms	• Mild CNS symptoms
• Fever	

212- Pt with chronic HCV came with UGIB. You did resuscitation then what to give medication?

- Octreotide!!!
- Vasopressin!!!

213- Pt with weight loss and epigastric pain (features suggests gastrin cancer i think). What investigation you will order?

••Endoscopy!!!

214- Case about UC.

215- Case about CD.

Medscape®		www.medscape.com
	Ulcerative colitis	Crohn's disease
Site of disease	Colon only	Any part of GI tract
Distribution	Diffuse	Focal (segmental)-skip areas
	Mucosa and submucosa	Transmural
Complications		
Fistulae & abscesses	Rare	Common
Strictures	Uncommon	Common
Cancer risk	More common	Less
Colonoscopic appearance	Diffuse friability or ulceration	Focal aphthous ulcers Lineal ulcers Cobblestones
Anal lesion	Rare	Approximately 75%

CD, Crohn's disease; GI, gastrointestinal; UC, ulcerative colitis.

Source: J Gastroenterol Hepatol © 2006 Blackwell Publishing

216- Case about intussusception.

Clinical presentation	<ul style="list-style-type: none"> • Episodic, crampy abdominal pain • "Currant jelly" stools • Sausage-shaped abdominal mass
Diagnosis	<ul style="list-style-type: none"> • "Target sign" on ultrasound
Treatment	<ul style="list-style-type: none"> • Enema (air or water-soluble contrast) • Surgical removal of lead point (if present)

217- Case about meningitis. Prevention?

- Rifampicin!!!
- Ceftriaxone!!!

• Prophylaxis for close contact: Rifampin 600 mg (for children > 1 mo, 10 mg/kg; for children < 1 mo, 5 mg/kg) po q 12 h for 4 doses Ceftriaxone 250 mg (for children < 15 yr, 125 mg) im for 1 dose
In adults, a fluoroquinolone (ciprofloxacin or levofloxacin 500 mg or ofloxacin 400 mg) po for 1 dose

218- Vaccine contraindicated in egg allergy patients?

- Yellow fever!!!

219- Vaccines contraindicated in pregnancy?

- Varicella!!!

220- Vaccines given in pregnancy?

- Influenza!!!

221- Child can't collect 3 words in a sentence, can go upstairs. Age?

2 years

22- Case about anal fissure^Anal pain. Dx?

- Anal fissure!!!

23- Anal fissure ttt?

- Internal lateral sphinctrotomy!!!

24- Swelling below inguinal ligament lateral to pubic tubercle. Dx? ••Femoral hernia!!!

A. •Femoral hernia!!!

B. ••Inguinal hernia!!!

25- Pt underwent appendectomy then wound gets secretion and pus comes out of it. What to do?

Wound exploration

26- Nocturnal enuresis occurs at which age?5 and above

227- Smoking increase risk of ischemia by?

••Two times!!!

••Three times!!!

••Four times!!!

••Five times!!!

228- Pt has diarrhea and he is smoker. His brother has crohn disease. He is concerned about having crohn disease also. What things that might decrease occurrence of crohn disease in this patient?

••Smoking!!!

••Diet!!!

229- Case about Rheumatoid arthritis management.Methotrexate

230- Case about SLE flare management.Steroids

231- Pt can't look to medial above and below. What cranial nerve affected?

••3rd!!!

32- Pt can look normally to right side. When asked to look to left side, right eye looks normally while left eye stops at middle. Dx?••Left 6th CN palsy!!!

33- Picture of child with open fracture. C-ray postponed I think. What to do?

••ORIF!!!Debridment and open reduction

34- Child with features of Nisseria meningitis (similar to HSP). Asking about what to do with his child brother?

••Ciprofloxacin!!!

••Ceftriaxone!!!

••Rifampicin!!!

••Vaccination!!!

35- Case about abruptio placentae.

36- Case about type of abortion.

Placenta previa Vs Placental abruption

R.Kuruparan

	<i>Placenta previa</i>	<i>Abruptio placentae</i>
♦ Clinical features: <ul style="list-style-type: none"> • Nature of bleeding • Character of blood • General condition and anemia • Features of preeclampsia 	(a) Painless, apparently causeless and recurrent (b) Bleeding is always revealed Bright red Proportionate to visible blood loss Not relevant	(a) Painful, often attributed to preeclampsia or trauma and continuous (b) Revealed, concealed or usually mixed Dark colored Out of proportion to the visible blood loss in concealed or mixed variety Present in one-third cases
♦ Abdominal examination: <ul style="list-style-type: none"> • Height of uterus • Feel of uterus • Malpresentation • FHS 	Proportionate height to gestational age Soft and relaxed Malpresentation is common. The head is high floating Usually present	May be disproportionately enlarged in concealed type May be tense, tender and rigid Unrelated, the head may be engaged Usually absent especially in concealed type
♦ Placentography (USG)	Placenta in lower segment	Placenta in upper segment
♦ Vaginal examination	Placenta is felt on the lower segment	Placenta is not felt on lower segment. Blood clots should not be confused with placenta

مكرر. Case of Endometrial hyperplasia -37

Biopsy

38- Case of PMB and US shows endometrial thickness of 14 mm مكرر. I

مكرر. Case of Endometrial hyperplasia -37

38- Case of PMB and US shows endometrial thickness of 14 mm مكرر. I think asking what is the management?

••Hysterectomy!!!

39- Case of hyperprolactiemia.

40- Case of pituitary tumor, hemorrhage occurred there lead to visual field affection.

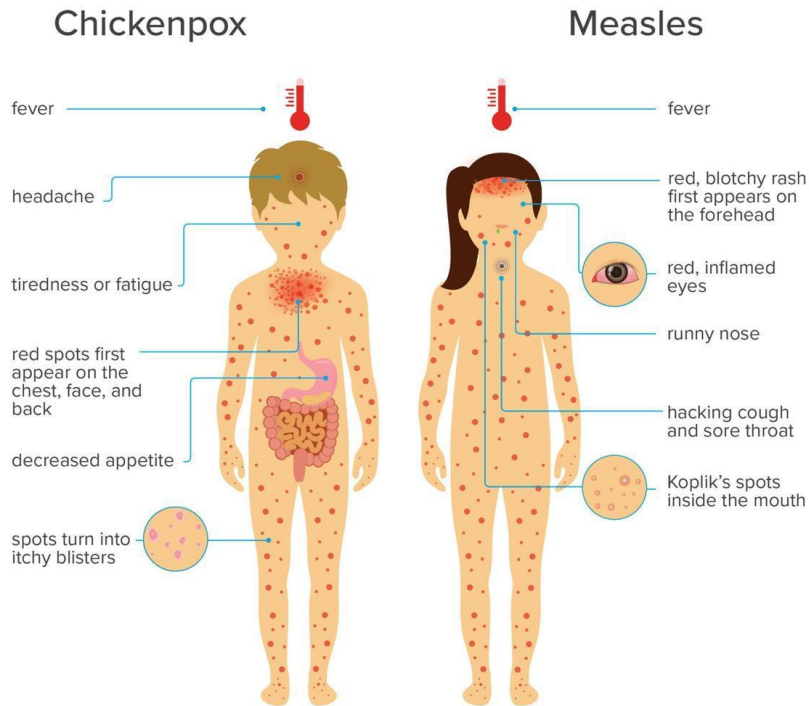
Management?

••Trans-sphenoidal interfere to relieve pressure on optic chiasm!!!

41- Case about measles. Dx?

••Measles!!!

Chickenpox vs. Measles



42- Three cases about pyloric stenosis!!!

Infantile hypertrophic pyloric stenosis	
Risk factors	<ul style="list-style-type: none"> • First-born boy • Erythromycin • Formula feeding
Clinical presentation	<ul style="list-style-type: none"> • Projectile nonbilious emesis • Poor weight gain • Dehydration • "Olive-shaped" abdominal mass
Laboratory findings	<ul style="list-style-type: none"> • Hypochloremic metabolic alkalosis
Diagnostic studies	<ul style="list-style-type: none"> • Abdominal ultrasound
Treatment	<ul style="list-style-type: none"> • Intravenous rehydration • Pyloromyotomy

43- Pt with features of ischemia for long time, started now to have ischemia at rest and episodes increased. Dx?

- Unstable angina!!!

Stable angina

- Typical, classic, Common angina
- **Most** common angina
- Occurs during emotional stress, heavy exercise,
- Easily predictable
- Treating more rest, nitroglycerin
- Also due to **atherosclerosis**

Variant angina

- Prinzmetal angina
- Occurs in rest also
- Due to Spasm of coronary artery

Unstable angina

- Uncommon or atypical type
- Occurs in exercise and also during rest
- Prolonged angina may lead to **Myocardial infarction**
- Unpredictable

44- What is the thing that increased the level of BNP falsely?

What can falsely elevate BNP?

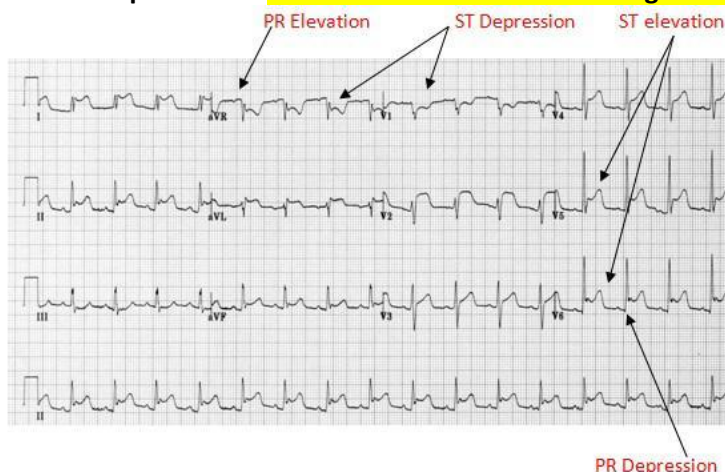
Conditions associated with **elevated BNP** other than CHF are as follows: Acute renal failure and chronic renal failure, Hypertension (HTN) Pulmonary diseases such as pulmonary hypertension, severe chronic obstructive pulmonary disease (COPD), pneumonia, pulmonary embolism, adult respiratory distress syndrome (ARDS) May 22, 2014

45- Bacteria that causes pseudomembranous colitis is? ••Clostridium difficile!!!

46- What (increase or decrease I don't remember) the activity of Clostridium difficile?

- Vitamins!!!
- Ca carbonate
- Ferrous sulphate!!!

47- ECG of pericarditis. Diffuse ST elevation And PR segment depression



48- Adenosine is not given with what medication?

- Dipyridamone!!!
- Theophylline!!!

49- Clinical and ECG case of Inferior MI. Pt hypotensive. Next step?

- Right chest leads!!!
- ECHO!!!

50- Case of Croup. diagnosis?

- Viral Croup!!!

51- Case of Croup. Organism?

- Parainfluenza!!!

52- Case of child with BA. Mother worried about the disease in his child in the future. What to tell her?

- Bronchial asthma will continue in future!!!
- BA will improve in future!!!
- BA in children is not related to BA in adult!!!

53- What parameter will tell you BA severity?

- FEV1/FVC ratio!!!

54- COPD case, best to tell you about prognosis and oxygen need in مكرر من مونا. the patient

- PaO2 measurement once or twice and less than how much!!!

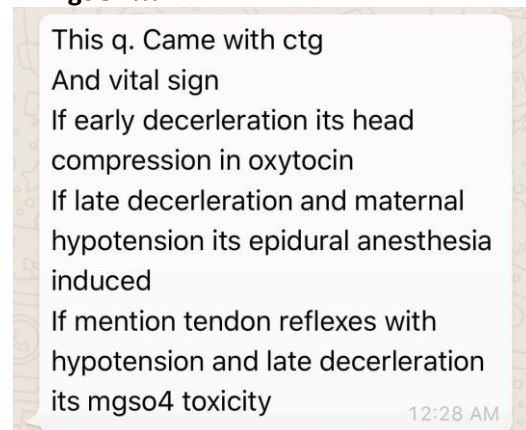
55- TTT of trichomonas vaginalis (greenish vaginal discharge, flagellated organism).

Metronidazole

56- Case of **bacterial vaginosis**.

57- Pt with multiple repeated contractions and sluggish fetal heart rate response on CTG. Mother was given epidural analgesia, given oxytocin to induce labor, given MgSO4 due preeclampsia. What is the cause of this CTG?

- Oxytocin!!!
- Analgesia!!!
- MgSO4!!!



58- Many repeated questions about trauma, always remember if pt vitally unstable (low BP, high HR) **so next is resuscitation and fluid.**

59- Case about pregnant in 13 weeks with vaginal bleeding. US picture given of a uterus and a sac contains something. Closed internal os. What is the type of abortion?

- Unembryonic sac!!!
- Missed!!!

••Threatened!!!

60- Case about cognitive impairment. Dx?

••Alzheimer!!!

••Vascular dementia!!!

61- Case of eczema, thrombocytopenia and recurrent infections. Dx?

••Weschoth Aldrich syndrome!!!

62- Case of X linked agammaglobulinemia.

63- Picture of Impetigo.

64- Picture of genital plaques chondylomata.

65- Picture of CXR.

66- Picture of ECG.

67- Picture of CTG.

68- Case of resistant eczema (atopic dermatitis, not responded to steroid). TTT?

••Calcineurin inhibitors (Tacrolimus)!!!

69- Most common infection associated with IUCD is? ••Actinomyces!!!

1-Pt known congestive heart failure on Lasix spironolactone and digoxin also Asthmatic salbutamol invest showed K2.2 what is the cause ?

A-Digoxin

B-Salbutamol

C-Spironolactone

2-Female came to clinic her sister which was known adult polycystic kidney disease,she asking for screening what u will request ?

AbdUS-A

.disease kidney polycystic for Antibody-B

Ultrasonography is the procedure of choice in the workup of **patients** with autosomal dominant **polycystic kidney disease (ADPKD)**. It is also ideal for **screening patients'** family members. Computed tomography (CT), magnetic resonance imaging (MRI), and magnetic resonance angiography (MRA) are useful in selected cases.

Medscape (eMedicine) > article > 244907-workup

3-Infant crying abd pain,he pass jelly and bloodystool what is the most appropriate invest to reach the diagnosis

A-Barium enema

B-AbdXray

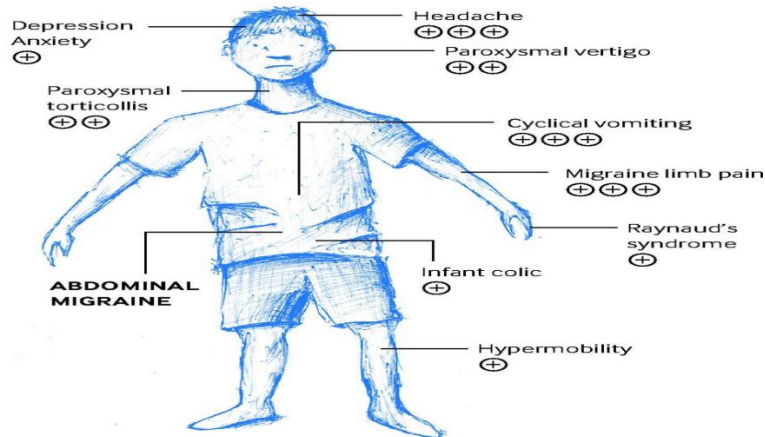
C-AbdUS

D-AbdCT

4-Childe abd pain asse headache physical exam normal

A-Abd migraine

B-Other choice I didn't remember



Strength of evidence for associations: + uncertain, ++ moderate, +++ strong association'

5-Pt came fever and sore throat on exam hyperemic tonsil wh complication can occur

A-Glomerulonephrites

B-Pneumonia

6- One yr old presented with high grade fever,has drooling of saliva,he looks ill,toxic,febrile what is the intervention

A-Urgent refer to ENT for tonsilectomy

B-Admit to ICU and prepare if need intubation

C-Give him Oral abs for 7 days

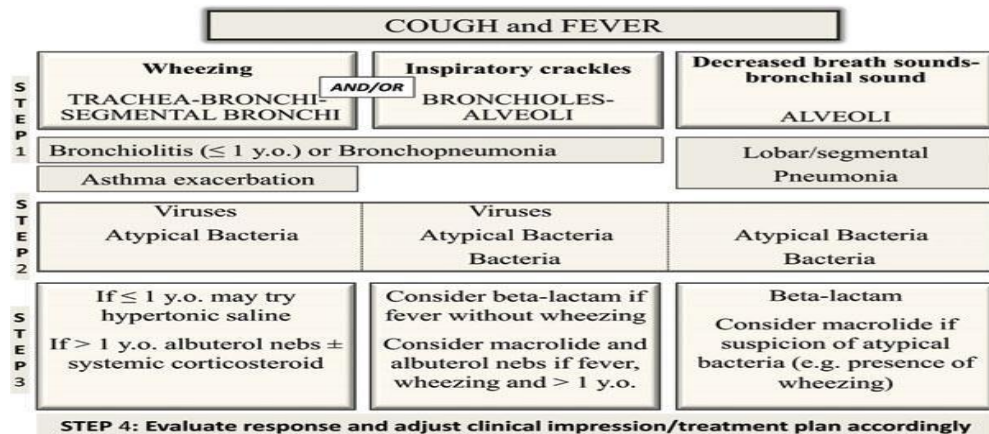
7--2yrs old presented with fever and cough and resp distress on exam there is bilateral crackles Xray showed both lung-infiltrate and something I forget what is the dx?

A-Bronchopneumonia

B-Bronchoectasis

C-Cysticfibrosis

Fever + productive cough >> pneumonia



8-Pregnant 37wks came to the clinic for follow up BP140/90 no headache,invest on protinuria what is the dx?

A-Pre-eclampsia

B-ChronicHTN

C-GestationalHTN

9- When you will do screening for GDM in weeks?

A-14.

B-24.

C-34.

10- Pt 34 years developed PPH S.V.D they give Oxytocin and do massage but not stopped what you will do?

A-Hysterectomy.

B-Ligation of uterine artery.

Treatment of PPH

Uterine massage

Nipple massage

-oxytocin (increase contraction) *para ventricular* and also vasopressin!!

IM 10 after 2-5 min

IV 20

IV. 40

-methergine 0.2 IM "every 2-4 hrs - contraindicated in HTN "

Carboprost! Prostaglandin f2 alpha 0.25 IM every 15 mins maximum is 8!!

" Contraindicated in asthma "

Side effects = diarrhea

Mesoprostole = prostaglandin E1 per rectal = illegal abortion !! (but different rout sublingual)

Side effect = postparypyxia

403 D

-Surgical

B lynch stitch

Ligation (uterine artery from anterior internal iliac artery)

Immobilization

Last hysterectomy

11- Post menopausal came to take HRT but doctor said no need according to the condition but she is insisted for HRT. What is your action?

A- Refer to another gynecologist.

B- Refuse.

C- Respect and give her HRT.

12- Pregnant 10 weeks presented with vaginal bleeding. On exam cervix is closed what is the diagnosis?

A-Incomplete abortion.

B-Missed.

C-Threatened.

Bleeding threatened

Brown discharge missed

13- Pt HTN on Lisinopril 20 mg, Amlodipine 5 mg and Warfarin 2 mg, he developed cough, AF bacilli +ve, anti TB started. Next step?

A- Decrease lisinopril.

B- Increase amlodipine.

C- Increase warfarin.

D- Stop rifampicin.

ACEI caused dry cough □

Rifampicin

يقفل عمل warfr

14- Pt developed neck pain radiated to shoulders and numbness what is the diagnosis?

A- Rotator cuff.

B- Cervical disk prolapse.

C- Polymyalgia Rheumatica.

15- Pt developed vesicle in mouth with cervical lymph node. On exam spleen 2cm. Dx?

A- EBV.

B- HSV.

C- HPV.

D- HZV.

16- Child had fever for 5 days, erythematous red lip and peeling of the palm with conjunctivitis. Dx?

A- HSV.

B- Infectious mononucleosis.

C- Kawasaki disease.

17- Women with RUQ pain, vomiting, jaundice. On exam RUQ tenderness. Investigations showed GB stone and dilated CBD. Next step?

A- CT.

B- MRCP.

C- ERCP.

D- US.

18- Women with skin rash and malar rash and severe joint pain. CBC and RFT normal. What to add?

A- Cyclophosphamide.

B- Mesotrexate.

C- Azathioprine.?????

A for kidney involvement

B for severe joint pain

19- Pt presented with recurrent upper and lower RTI and eczema. Hb 12, WBC 10, Platelets 50. Dx?

A- Severe combined immunodeficiency.

B- Wiskott Aldrich syndrome.

C- Agamaglobulinemia.

20- Man with severe abdominal pain, central, he had a history of cardiomyopathy. Dx?

A- AAA.

B- MVO.

Mesenteric vascular occlusion

Any elderly cardiac patient presented with abdominal pain so it is MVO until proven otherwise

Hx of cardiac disease as AF , valvular disorders with abdominal pain

21- Pt came with cervical lymph node enlargement. The patient ask to take biopsy. WOTF if present is an indication for biopsy?

A- If LN > 1 cm.

B- If there is fever.

C- Supraclavicular LN.

22- Old man presented with rectal bleeding by exam they found 3rd degree hemorrhoid. Next?

A- Colonoscopy.

B- Hemorrhoidectomy.

Hemorrhoid surgery > external lateral

Anal fissure surgery > internal lateral

23- Pt with rectal bleeding and pain during defecation diagnosed as anal fissure with skin tag what is the ttt?

A- Analdilation.

B- Lat Internal sphincterotomy.

C- Lat External sphincterotomy.

24- Pt after RTA became alert and agitated. There is left sided chest contusion and unable to elevate his elbow and his lower limb. BP is low. Cause of hypotension?

A- Internal hemorrhage.

B- Cardiac tamponade.

C- Spinal cord injury.

D- Tension pneumothorax.

25- Women developed palpitation, HR 174, vitally stable. What to give?

A- Amiodarone.

B- Adenosine.

C- DC shock.

D- BB.

26- Child had fever and dark urine. On exam there is mild tenderness in abdomen, UA showed RBCs and +2 protein. TTT?

A- Frusimide.

B- Prednisolone. ???

C- Ceftriaxone.

27- Glomerulonephritis and hemoptysis?

A- good posture syndrome.

28- Pt K/C of ALL on chemotherapy developed fever, investigation showed pancytopenia. What to do?

A- Take blood, urine culture and oral ABx.

B- Take blood,urine culture and inj ABs.

29- 15 years old female had short stature and short neck. She didn't get her cycle yet. Dx?

A- Turner.

30- Father brings his child due his brother died of immunodeficiency. What vaccine should not be given in this child?

A- Influenza.

B- Inj polio.

C- Varicella.

31- Pt underwent a surgical procedure for lung cancer developed polyuria and polydipsia, the investigation showed hypernatremia. What next?

A- Increase fluid intake.

B- Desmopressin.

32- Specific test for nystagmus?

A- Red reflex.

B-Cover test.

C-Corneal light reflex.

33- 1st puberty sign in female?

A- Adrenarache.

B- Thelarche.

C- Pubarache.

D- Menarche.

34- Malignancy associated with Hashimoto thyroiditis?

A- Papillary.

B-Nodular.

C-Medulary.

D- Lymphoma.

Hasimoto's 70 times more risk to get thyroid lymphoma

D then A

35- In which position 4th degree perineal tear occur?

Squatting

36- 4 cases of bronchial asthma.

37- Case of IHD.

38- Case of bacterial endocarditis.

39- SLE case.

40- IBD case.

41- DKA case.

42- Endometriosis case.

43- Man with HTN developed dysuria and interrupted urine stream. PSA is 1. Next?

A- BB.

B- Alphablocker. Prazosin

C- Transurethral prostatectomy.

Below 9 life sty

9-19 so Alfa

Above 19 sugary

44-An 8 yr old girl with weakness since birth, complaints of upper right abdominal pain, hepatomegaly, jaundice, and ascites...diagnosis..pic of both usg and histopathological slide

givena

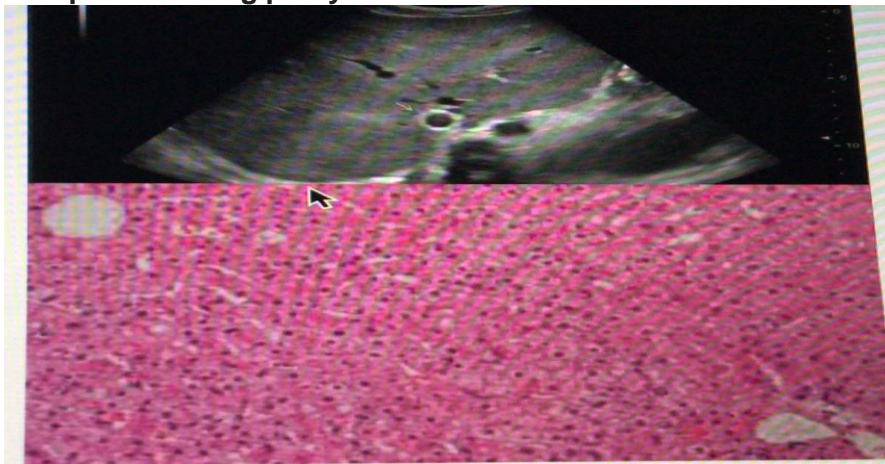
cirrrosis

b. fulminant liver failure

c. budd chiarrri syndrome

d. hepatic cholangipathy

a. liver



45. chlamydial infection...what measures taken along with intervention to public health education.

a. water and sanitation

b. sanitation and kill reservoirs

c. kill reservoirs and improve sanitation

d. eradicate reservoirs and improve sanitation

46. 35 year old smoker , on examination shown white patch on the tongue, management:

a)abx

b)no ttt

c)Close observation

d) biopsy and excision

47. A television actress is suffering from rosacea. Since she states that the appearance will affect her career, what is your choice of treatment?

a. Oral antibiotics

b. Antihistamines

c. Topical antibiotics

d. laser

48. initial treatment for major depression:

ssri

49.A case of schistosomia hematobium infection(liver fluke),what hygiene measure needs to be taken :

A. Build latrines

50. developmental age of a child... can sit without support, friendly with strangers but cannot play peek a boo....

- a. 6-7 month
- b. 7-8 months
- c. 8-9 months
- d. 9-10 months

51. 40yr.old woman asking about ca cx screening, pap smear when to do and asking for ur advice...

- a. no need now
- b. can be done 1 year starting from now.
- c. can be done every 5 year from now
- d. if 3 negative , no need to further test for screening.

52. mechanical irritation in eye for a worker doing job in an industry..what to apply..

- a. terbinafine drops
- b. ciprofloxacin drops
- c. olopatadine drops
- d. penicilline drops

53. patient with severe headache and vertigo and pain during lifting head, cannot maintain a steady gait while walking.

- a. bppv
- b. vestibular neuritis
- c. optic neuritis
- d. snhl

54. known patient of alzheimer's family asking for treatment?

New methods of daily activity

55. Health worker exposed to hep b . took all vaccines earlier. what to give now.

- a. hbig + vaccine
- b. hbig + lamivudine for 2 weeks
- c. only lamivudine for 2 weeks
- d. no risk as already immunized

56. scarlet fever treatment

- A. ivig
- B. erythromycin**
- C. intubation
- D. paracetamol high dose

Newborn with eye hemangioma that occludes the eye completely and your concern to not develop amblyopia when to do resection (surgery):

- .A. one day
- B. one week**
- C. one month
- D. six month

are reported. (Functional vision was preserved only in those patients who had early subtotal excision of the eyelid hemangioma.) Two children with complete occlusion developed amblyopia in the involved eye. One had optic nerve atrophy. One of the four children with partial occlusion of vision had a permanent decrease in visual acuity. Of the remaining three children with normal vision, two had been operatively treated early, and one had unusually rapid involution of the hemangioma. We recommend that when a child has complete or partial visual occlusion due to hemangioma, subtotal or total excision of the hemangioma should be carried out within 1 week of the onset of visual occlusion to prevent amblyopia.

PMID: 6706624 [Indexed for MEDLINE]

Similar articles

[Periocular hemangiomas in childhood--functional and esthetic results.](#)
Sterker I, et al. Strabismus. 2004.

[Orbit and eyelid hemangiomas: is there a relationship between location and ocular problems?](#)
Dubois J, et al. J Am Acad Dermatol. 2006.

[Surgical excision of selected amblyogenic periorbital capillary hemangiomas.](#)
Aldave AJ, et al. Ophthalmic Surg Lasers. 1999.

[Periorbital hemangiomas.](#)
Review article
Goldberg NS, et al. Dermatol Clin. 1992.

[Periocular hemangiomas: what every physician should know.](#)

72 years old man diagnosed with gastroenteritis and has been vomiting for the past 72 hours. What's released in the body?

A. CRP

B. cytokines

C. apoprotien

patient presented with Hypotension, his phosphatase in normal level, after one day his phosphate level decrease, what organ damage?

A- Liver

B- kidney

C- lung

If phosphate increase = kidney

New recommendation for sudden infantile death syndrome

A. Pacifier

B. Lying in prone position

C. Position support devices

57. What is the drug of choice for eclamptic seizure?

A..Phenytoin

b.. Diazepam.

C..Magnesium Sulfate.

SSRI that mostly causes overdose:

- A. Sertraline
- B. Paroxetine
- C. Citalopram

M [https://emedicine.medscape.com · article](https://emedicine.medscape.com/article)

Selective Serotonin Reuptake Inhibitor
Toxicity: Background, Etiology ...

Sha. 8, 1439 AH · Toxicity of descending pathways to the brainstem and medulla results in hyperreflexia, myoclonus, and tremor. Seizures are rare in SSRI overdose, with the exception of citalopram, which has an increased risk of inducing seizures in both adults and children.

Pt suspected H pylori

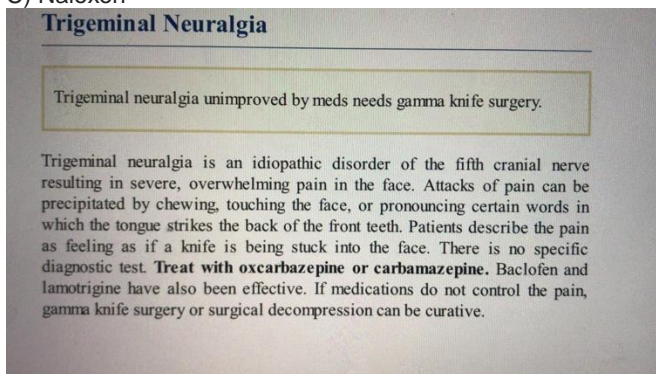
- A blood
- B stool
- C urea breath

Which muscle would be completely paralyzed by obturator nerve injury?

- A. Gluteus Maximus.
- B. Adductor magnus
- C. Adductor longus

Best treatment of trigeminal neuralgia?

- A) Carbamazepine
- B) Prednisolone
- C) Naloxon



: Metformin act on the muscle by:

- A) Increase glucose release
- B) Stimulate fat oxidation
- C) Stimulate gluconeogenesis
- D) Increase glucose uptake

 <https://www.ncbi.nlm.nih.gov/pubmed>

Metformin increases glucose uptake and acts renoprotectively by reducing ... - NCBI

by Z Polianskyte-Prause · 2019 · Cited by 1 · [Related articles](#)

Metformin, the first-line drug to treat type 2 diabetes (T2D), inhibits mitochondrial glycerolphosphate dehydrogenase in the liver to suppress gluconeogenesis. However, the direct target and the underlying mechanisms by which metformin increases glucose uptake in peripheral tissues remain uncharacterized.

TTT of H.pylori infection:

- a. Omeprazol 2 weeks, clarithromycin and amoxicillin 1 week
- b. Ranitidine , erythromycin, metronidazole for 2week

40yr old male pt with h/o syncope when he exercises and on rest amd chest pain.on exsmntn:there s ejection systolic murmur grade 2 -4/6on the left lower sternal border not radiating and increases when lying dwn..there is left atrial emlrgmnt.

- 1.Aortic stenosis
- 2.Pulmonic stenosis
- 3.HCM
- 4.constructive cardiomyopathy

Question maybe wrong

Man travels to sudan 2 weeks ago , now he is presnted with fever , maleas unspecific symbtom (from 3 days). How you will confem diagnosis??

- A) blood culture
- B) Serology

B) **Blood film ...**

Malaria

short stature child. No family hx

Consisionl

genetic

hermonal...

question may not complete

Familial Vs Constitutional*		
Feature	Familial Short Stature	Constitutional Short Stature
1) Sex	Both equally affected	More common in boys
2) Family History	Of short stature	Of delayed puberty
3) Height Velocity	Normal	Normal
4) Puberty	Normal	Delayed
5) Bone Age	Normal	Less than chronological age
6) Final Height	Short, but normal for target height	Normal

*AP 10th edition series Endocrinology 2nd edition

Child presented with petechiae and his platelets is 15 , otherwise healthy. What will you do for him?

a. Splenectomy

b. IVIG

c. Observations....

d. steroid

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prednisone is more important than checking for increased megakaryocytes or the presence of antiplatelet antibodies, which is characteristic of ITP. Bone marrow is rarely needed.

Diagnostic Tests

Idiopathic thrombocytopenic purpura (ITP) is a diagnosis of exclusion. Occasional diagnostic tests are:

- Antiplatelet antibodies lack specificity, limited benefit.
- Ultrasound or CT scan to exclude hypersplenism
- **Megakaryocytes are elevated** in number.
- Bone marrow not routine; indicated only before splenectomy
- Increase in mean platelet volume

517

Treatment	
Presentation	Management
No bleeding, count >30,000	No treatment
Mild bleeding, count <30,000	Glucocorticoids
Severe bleeding (GI/CNS), count <10,000	IVIG, Anti-Rho (anti-D)
Recurrent episodes, steroid dependent	Splenectomy
Splenectomy or steroids not effective	Romiplostim or eltrombopag, rituximab, azathioprine, cyclosporine, mycophenolate

Platelets are large in ITP.

Before splenectomy, give vaccination to:

- *Neisseria meningitidis*
- *Haemophilus influenzae*
- Pneumococcus

Pt present after traumatic event, he has vomitus over the face and his clothes, on exam there is depressed skull fracture, what are you going to do?

A. 100 % O2 supplement

B. Orotracheal intubation...

C. IVF

D. C spine collar

Patient came to ER, complaining of hypotension, tachycardia and hypercapnia, ECG showed arrhythmia, what is your immediate action?

A. Needle decompression .

B. Pericardiocentesis= if muffled heart sound

C. FAST ultrasound

D. Thoracotomy

22-year-old male drug addict, visits the hospital several times with multiple complaints that are exaggerated. When he is not focused he seems asymptomatic?

A. Somatization

B. Malingering...

Most common labor complication in new born?

A. clavicle fracture...

B. shoulder dislocation

C. femur fracture

In brief: Randomized control studies between 2 populations with coronary artery disease. What's the first question you should ask?

A. Was the age standardized?...

B. Are the medical facilities in both cities equal?

C. If the price of cigarettes cheaper in any of the cities?

Pregnant, 16 weeks, discovered to be RH –ve, what to do next?

A. ultrasound

B. amniocentesis

C. IV RH antibodies...

Patient in 3rd trimester have high blood glucose despite close observation
What is the suspect cause?

A. neonate hyperglycemia

B. neonate hypoglycemia

C. mother hyper...

D. mother hypoglycemia

Neonatal Problems	
Hypoglycemia	Hyperinsulinemia From high prenatal glucose
Hypocalcemia	Immature parathyroid
Polycythemia	↑ Erythropoietin from IU hypoxia
Hyperbilirubin	Immature liver Excessive RBC breakdown
RDS	Immature surfactant

Q/ patient presented to the ER with cough hemoptysis
night sweats and malaise. what is most appropriate
initial step in the management?

A.isolation in negative pressure room...

B.start anti TB

C.give OPD appointment after 2 weeks

Q/ other question was there was a patient age 60 he has
hyperthyroidism he wants to know what long term
complications he'll
have....?

A) Brain CT

B) Liver CT

C) Bone scan...

Q/ Old male present with mid clavicle mass
(smoker for 20y and I think he drinks)
What is your initial management

-Core biopsy

-Fine needle biopsy..

-bronchoscopy..

Q/ Inhalation of cotton leads to :

A.....sarcoidosis

B.....berilliosis ..

C....histoplasmosis

Byssinosis. Byssinosis, also called "brown lung disease" or "Monday fever", is an occupational lung disease caused by exposure to cotton dust in inadequately ventilated working environments. Byssinosis commonly occurs in workers who are employed in yarn and fabric manufacture industries.

Q/ deep transverse arrest occurs in

A.....gynecoid pelvis

B....Android pelvis

C.....Anthropoid

Q/ MVA victim in the ICU developed multiorgan failure lab show high phosphate what is the organ responsible:

A) Heart

B) Liver

C) Kidney.. ..

D) Lung.

Q/ 2 weeks neonate passed unformed stool. What will you do?

A. Prescribe formula milk.

B. Give oral rehydration solution.

C. Prescribe Lactose-free milk...

Q/ Giardia diagnostic test

A- 3stool parasite

B-3 stool culture

C-concentration test

D-immunoassay...

Q/ Long scenario .. Pt brought to ER with multiple injuries in head . Chest,abdomen , proximal upper limb is amputated ,blood profuse, hypotensive , on o2 face mask 6L , what todo?

A. Tournique

B. Clamp vessels

C. OR

D. mantain airway

Q/ Which drug should be stoped before IVP!?

Thiazides ...

ACEI

CCB..

Q/ dull aching headache increase with straining and coughing in DM patient

A. Viral meningitis

B. Tb meningitis

C. Brain abscess

D. Sinusit...

Q/ Baby thirsty , tachycardia , sunken eye , dehydration :

%9-4...

%0

< %2

%9>

	Mild	Moderate	Severe
Weight loss	Up to 5%	6-10%	More than 10%
Appearance	Active, alert	Irritable, alert, thirsty	Lethargic, looks sick
Capillary filling (compared to your own)	Normal	Slightly delayed	Delayed
Pulse	Normal	Fast, low volume	Very fast, thready
Respiration	Normal	Fast	Fast and deep
Blood pressure	Normal	Normal or low Orthostatic hypotension	Very low
Mucous memb.	Moist	Dry	Parched
Tears	Present	Less than expected	Absent
Eyes	Normal	Normal	Sunken
Pinched skin	Springs back	Tents briefly	Prolonged tenting
Fontanel (infant sitting)	Normal	Sunken slightly	Sunken significantly
Urine flow	Normal	Reduced	Severely reduced

Q/ child fell on outstretched hand pain in distal forearm what diagnosis...

A.bartons

B.something

C.smith...

Distal radius fracture. A Colles fracture.

FOOSH: Fall on an outstretched hand
<ul style="list-style-type: none">• Scaphoid fracture• Wrist sprain• Distal radius (Colles') fracture• Ulnar styloid fracture• Acute carpal tunnel syndrome• Radial head fracture• Olecranon fracture• Supracondylar humerus fracture• Acromioclavicular separation• Posterior glenohumeral dislocation

Q/ parenteral Rx of falciprum malaria with 10%

parasitemia..

artemether

quinine....

primaquine

Q/ . What makes the blood air barrier of the lung.

A. Pneumocyte 1....

B. Pneumocyte 2

C. Reticular Interstiti

Q/ case of streptococcal pharyngitis ,treatment?

A. Aspirin

B. Penicillin...

Q/ what move molecule in and out the cell nucleous?

A. cytosolic ATP

B. nuclear ATP

C. cytosolic GTP

D. nuclear GTP.....

Q/ Mumps complication in child ,?

Meningitis...

Enephalitis

Orchitis

Q/ Best prognosis in lung cancer?

A SCC

B adenosquamous carcinoma

C adenocarcinoma in situ...

21.Behcet disease is more common in?

. young man

Q/ 22years child was born to HBS positive mother is HBS positive , he was only vaccinated by BCG after birth , what you will give him now :

polip+ mmr+ dtp+ hib

Q/ 4 years old child developed resistance or not respond to Chloramphenicol in Salmonella

infection, what you will give:

. IM Ceftriaxone> children

Q/ Cause of death in marfan -

□-rupture aortic root aneurysm

Q/ -Depression ..**seratonin defeincy**

Q/ Posterior vagan nerve supply: **esophagus**

صبيغه ثانيه Post vagus nerve damage effect on (**esophagus**, jujenum ,bladder , descending colon)

Q/ Source of infection in venipuncture ?

Site of insertiohn

Q/ different type of acne ,pustule .. what type of acne ? :**Inflammatory**

Q/ how to prevent MERSA? **by hand washing***

Q/ In a study they are selecting every 10th family in the city, what isthe type of study **Systematic study**

Q/ about steven jonson syndrome is most likely occur in whichgroup?

. **Patient with something take anti epileptic**

Q/ 21 yo female with chorioretinal degeneration, myopic with -8.0D what type of myopia?

- **pathological myopia**

Q/ MVA anterior injury of the pancreas and anterior leakage ofpancreatic fluid will collect:

Omentum bursa = Truma to pancreas Protein last destination> Endoplasmic reticulum

Q/ Pediatric case scenario indicate respiratory distress syndrome , ask about the deficiency:

dipalmitoyl

phosphotidylcholine*

Q/ Patient trauma to obturator nerve , which muscle will be fully paralyzed :

Adductor longus??

اطول مرحلة في السل سايكل /Q **interphase**

Q/ case of characteristic rash (side effect of sulfa drug)????????? **Blister**

Q/ case of cough , SOB, only in work place **hypersensitivity pneumatis**

وقلو كوما يش حتعطيلو دوا؟ COPD واحد عنده **Oral Acetazolamide .C**

Q/ Clinical dementia **vit b12 def**

Q/ Meckls diverticulitis most common in ?

Terminal ileum

Q/ Which anesthetic agent is 100 times stronger t han Morphine?

Fentanyl

Q/ An elderly, known case of Alzheimer's disease, developed

hallucinations, bizarre behaviors and became aggressive, what drug

to add? : **resperidone**

Q/ A pt drank an ethylene glycol containing product, what renal damage is suspected?

ATN

Q/ a pregnant lady was provided a pudendal

nerve block as an analgesia, Which structure would be fully sensitive and not blocked

by the analgesia, **Rectum**

Q/ - Patient has HbF(5%) and HbA2 (5%)are present. What is the diagnosis?

BETA THALASSEMIA MINOR

Q/ Dm , osteoarthritis on NSAID came for regular check up .. Bp found to be 160/some- thing, Invest:Inccr +_ urea IncbicrbDec k nlna What is the cause of htn :

NSAID induced

Q/ man with erectile dysfunction with normal morning erections. Where to refer.

Pshyiaiatry

Q/ pt after a surgery in the posterior triangle of neck, developed loss of sensation on the skin of lower mandible and Lower part of the ear, nerve injured is

Great Auricular nerve

Q/ A pt with depression on medications found comatose with empty pill bottle beside her On invx; ABG showed Metabolic acidosis, anion gab =18 , what drug overdosed?

Aspirin

Q/ pt with fever, altered LOC for 5 days, his condition deteriorated and developed body rash, and became jaundiced, lab tests showed low Hb, low PLT?

TTP

Q/ There is a study to the effect on intensive insulin regimen in the reduction of

neuropathy in the patient, the results are as following:

Event in the regular insulin regimen:0.092 Event in the intensive insulin regimen:0.022 Which of the following is correct

Odd ratios 4.2

Q/ Patient was presented by back pain relieved by ambulation , what is the best initial treatment : **physical therapy**

Q/ Which of the following made in nucleolus ??

rRNA in nucleolus

Q/ Case of RLQ pain and mass, what is the treatment:

Antibiotics.

conservative

Not sure

Q/ Old pt, diabetic dehydrated, lab high Na low k, high bicarbonate, ketones in urine, Dx?

A. metabolic syndrome

B. diabetic ketoacidosis

C. lactic acidosis

Q/.Pain anterior to the heel Worse in the morning and better along with the day? Diagnosis? **Plantar fasciitis**

Q loss sensation in thumb + index + ring finger What nerve injured

median

Q/ Milestone baby can hold his head and when he looks at his flying hand he laughs and coos?

Answer: 4m

Q/ Antiviral taking by inhalation?

Oseltamivir (Tamiflu) 75 mg PO q12h for 5 days or

Zanamivir .

Q/ Elderly with vasomotor rhinitis :

. Decongested

Q/ Close fracture to humerus type of nerve damage in the radius.n!?

Neuroprexia

Inferior MI which one of the following arteries blocked?

: **Right coronary artery**

Q/ 7 y/o every thing is normal Except she has pubic hair growth , GH

is normal , height & weight normal for the age , P/E normal clit normal

size for the age no breast enlargement or other 2ndary sex

characters, , what to tell the mother / dx? **Early puberty**

Q/ Teenage Pt. Got a bad grade in an exam and feels guilty, he try to

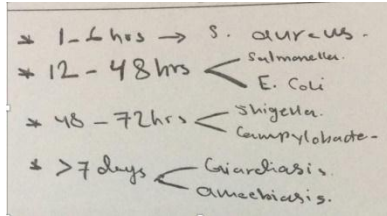
explain to everyone he meets/ talk with that the exam was poorly

written & it's not his fault that he got a bad grade? **intellectualization**

حد راحوا تغدوا في مطعم ،، المهم جالهم تسمم كلهم .. وبعدين ١٥ /Q

منهم تعافوا تلقائيا .. و ١٠

Staph



Q/ Patient with end stage liver disease, on central venous line, septic,

blood showed ood c/s budding yeast, what antifungal is appropriate

at this stage? **Caspofungin (my answer\$ fluconazole**

Q/ You are reading a population study that states that 90% of lung cancer patient are smokers while 30% of lung cancer patient are non-smokers. What is the specificity of using smoking as a predictor of lung cancer? **70**

Q/ - Child has 25 esotropia (squint) what is the first line treatment:

-Medial rectus recession

-Orthoptic treatment

-Exercising prism

There was no glasses in the choices

-Q TX of otitis media **1st line amoxicillin**

If recur augmentin

If it re-recur (3x/6 months of 4x in 12 months) ear tube

-Q organism in honeymoon cystitis : **ECOLI**