Umm Al-Qura University SLE Questions 2nd edition

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" اللهم صلى على سيدنا محمد صلاة
تفتحُ لنا بها أبواب الرضا والتيسير،
وتغلق بها أبوب الشر والتعسير،
أنت مولانا فنعم المولى ونعم النصير"

" اللهم لا سهلَ إلا ما جعلته سهلاً،
وأنت تجعلُ الحَزْنَ إذا شئتَ سهلاً "

" اللهم إنا نسألك
فهم النبيين،
وحفظ المرسلين
والملائكة المقربين"

(1)

Cardiology

- **1-33 by:** Bayan Alahmadi
- **33- 66 by:** Huda Alraddadi
- **67-102 by:** Samar Alofi
- **103-132 by:** Doaa Alfraidi
- **133-166 by:** Israa AlSofyani – Aisha Mousa
- **167-182 by:** Hashim Faqeeh
- **183- end by :** Hayat alharbi – Reham Alharbi – Abeer Alarbi

1-33 by: Bayan Alahmadi

1. Old patient presented with abdominal pain, back pain, pulsatile abdomen, what is the step to confirm diagnosis?
a) Abdominal US
b) **Abdominal CT**
c) Abdominal MRI
· This is a case of aortic aneurysm, initial investigation US, confirmed by CT

2. How to diagnose DVT:
a) Contrast venography
b) **Duplex US**

3. Drug that will delay need of surgery in AR:
a) Digoxin
b) Verapamil
c) **Nifedipine**
d) Enalpril
· Nifedipine is the best evidence-based treatment in this indication. ACE inhibitors are particularly useful for hypertensive patients with AR. beta-Adrenoceptor antagonists (beta-blockers) may be indicated to slow the rate of aortic dilatation and delay the need for surgery in patients with AR associated with aortic root disease. Furthermore, they may improve cardiac performance by reducing cardiac volume and LV mass in patients with impaired LV function after AVR for AR.

4. Secondary prevention is:
a) **Detection of asymptomatic diabetic patient**
· Secondary prevention generally consists of the identification and interdiction of diseases that are present in the body, but that have not progressed to the point of causing signs, symptoms, and dys-function

5. Anticoagulation prescribe for
a) one month
b) **6 months**
c) 6 weeks
d) one year
· The likely answer is B, but we should pay attention to the patient hemodynamic status and specifically the bleeding potential.

6. Patient with left bundle branch block will go for dental procedure , regarding endocarditis prophylaxis:
a) **No need**
b) Before procedure
c) After the procedure

7. When to give aspirin and clopidogrel?
a) Patient with history of previous MI
b) **Acute MI**
c) History of previous ischemic stroke
d) History of peripheral artery disease
e) after cardiac capt

· In acute coronary syndrome, Clopidogrel is given 300 mg initially then 75 mg once daily; Aspirin 75-325 mg once daily should be given concurrently.

8. In patients with hypertension and diabetes, which antihypertensive agent you want to add first?
a) β-blockers
b) **ACE inhibitor**
c) α-blocker
d) Calcium channel blocker
· Diuretics (inexpensive and particularly effective in African-Americans) and β-blockers (beneficial for patients with CAD) have been shown to reduce mortality in uncomplicated hypertension. They are first-line agents unless a co morbid condition requires another medication. (see table)
Population Treatment Diabetes with Proteinuria ACEIs.
CHF β-blockers, ACEIs, diuretics (including spironolactone). **Isolated systolic hypertension** Diuretics preferred; long-acting dihydropyridine calcium channel blockers.
MI β-blockers without intrinsic sympathomimetic activity, ACEIs. **Osteoporosis** Thiazide diuretics.
BPH α-antagonists.

9. ECG finding of acute pericarditis?
a) ST segment elevation in all leads
b) **Low-voltage, diffuse ST-segment elevation.**

10. 59 years old presented with new onset supraventicular tachycardia with palpitation, no Hx of SOB or chest pain ,chest examination normal ,oxygen saturation in room air = 98%, no peripheral edema Others normal, the best initial investigation:
a) ECG stress test
b) Pulmonary arteriography
c) CT scan
d) **TSH**

11. The mechanism of action of Aspirin:
a) **Inhibit cycloxgenase**
b) Inhibit phospholipase A2
c) Inhibit phospholipid D

12. known case of chronic atrial fibrillation on the warfarin 5 mg came for follow up you find INR 7 but no signs of bleeding you advice is:
a) Decrease dose to 2.5 mg
b) **Stop the dose & repeat INR next day**
c) Stop warfarin
d) Continue same and repeat INR
INR ACTION
>10 Stop warfarin. Contact patient for examination. MONITOR INR **7-10** Stop warfarin for 2 days; decrease weekly dosage by 25% or by 1 mg/d for next week (7 mg total)
4.5-7 Decrease weekly dosage by 15% or by 1 mg/d for 5 days of next week (5 mg total)repeat monitor INR **3-4.5** Decrease weekly dosage by 10% or by 1 mg/d for 3 days of next week (3 mg total); repeat monitor INR
2-3 No change. **1.5-2** Increase weekly dosage by 10% or by 1 mg/d for 3 days of next week (3 mg total);
<1.5 Increase weekly dose by 15% or by 1 mg/d for 5 days of next week (5 mg total);

13. Patient is a known case of CAD the best exercise:
a) Isotonic exercise
b) Isometric exercise
c) **Anaerobic exercise**
d) Yoga
· anaerobic exercise (endurance) : isotonic like running >>> rise HR more than BP to improve cardiac function
· Weight bearing exercise (isometric): isometric like weight lifting, may build muscle strength, bone density >>> cause spike rise in BP and is bad for CAD pts.
· stretching exercise : for prevent cramp , stiffness and back pain

14. A known case of treated Hodgkin lymphoma (mediastinal mass) with radiotherapy Not on regular follow up presented with gradual painless difficulty in swallowing and SOB , There is facial swelling and redness Dx
a) **SVC obstruction**
b) IVC obstruction
c) Thoracic aortic aneurysm
d) Abdominal aortic aneurism

15. Complication of Sleep apnea is :
a) **CHF**
· sleep apnea : Hypoxic pulmonary vasoconstriction PAH Cor Pulmonale CHF
· Complication of sleep apnea: sleep apnea increases health risks such as cardiovascular disease, high blood pressure, stroke, diabetes, clinical depression, weight gain and obesity. The most serious consequence of untreated obstructive sleep apnea is to the heart. In severe and prolonged cases, there are increases in pulmonary pressures that are transmitted to the right side of the heart. This can result in a severe form of congestive heart failure (cor pulmonale)

16. Which is not found in coarctation of the aorta: ????
a) upper limb hypertension
b) diastolic murmur heard all over perecordium
c) skeletal deformity on chest x-ray
· all are found in coarcitation

17. Which of the following medication if taken need to take the patient immediately to the hospital:
a) Penicillin
b) Diphenhydramine
c) OCPs
d) **Quinine or quinidine**
· Quinidine is antiarrhythmic medication
.

18. What is true about alpha blocker:
a) Causes hypertension.
b) Worsen benign prostatic hyperplasia.
c) **Cause tachycardia**
· alpha blocker: cause orthostatic hypotension and tachycardia

19. Which of the following drugs increase the survival in a patient with heart failure :
a) Beta blocker.
b) **ACE inhibitors**

c) Digoxin
d) Nitrites.
· New updated information. As ACE inhibitors inhibit aldosterone which if present in high concentrations causes modification of the cardiac myocytes in the long term.

20. Elderly patient presented by SOB, rales in auscultation, high JVP, +2 lower limb edema ,what is the main pathophysiology?
a) **Left ventricular dilatation.**
b) Right ventricular dilatation.
c) Aortic regurgitation.
d) Tricuspid regurgitation.
· Difficult question. Here we have both symptoms of Left ventricular failure (SOB, Rales) & right ventricular failure (High JVP & LL edema). So, more commonly left ventricular failure leads to right ventricular failure due to overload and not vice versa. So the most correct is Left ventricular dilatation.

21. 60 years old patient presented by recurrent venous thrombosis including superior venous thrombosis , this patient most likely has:
a) SLE
b) Nephrotic syndrome
c) Blood group O
d) **Antiphospholipid syndrome**

22. IV drug abuser was presented by fever, arthralgia and conjunctival hemorrhage, what is the diagnosis?
a) **Bacterial endocarditis**

23. Which the following is the commonest complication of patient with chronic atrial fibrillation?
a) Sudden death
b) **Cerebrovascular accidents** "due to multiple atrial thrombi"

pocket essential of clinical medicine (kumar and clark) p415

24. Which of the following is the recommended diet to prevent IHD?
a) **Decrease the intake of meat and dairy**
b) Decrease the meat and bread
c) Increase the intake of fruit and vegetables

25. Arterial injury is characterized by
a) Dark in color and steady
b) Dark in color and spurting
c) Bright red and steady
d) **Bright red and spurting**

Types of Bleeding

Arterial Spurting: Arteries transport blood under high pressure. Bleeding from an artery is bright red blood that spurts with every heartbeat.

Venous Steady flow: Veins carry blood under low pressure. Bleeding from a vein is a steady flow of darker blood.

Capillary Oozing: Capillaries also carry blood under low pressure. Bleeding from capillaries oozes.

26. Patient has fatigue while walking last night. He is on Atorvastatin for 8 months, Ciprofloxacin, Dialtizem and alphaco, the cause of this fatigue is:
a) Dialtizem and Atrovastatin
b) **Atorvastatin and Ciprofloxacin**
c) Atorvastatin and Alphaco
· Statins cause myopathy, quinolones cause tendonitis

27. Obese lady with essential hypertension, lab work showed high NA, high K, what is the reason of hypertension?
a) **Obesity**
b) High Na intake
c) High K intake
· More than 85% of essential HTN with BMI >25

28. All of the following are risk factors for heart disease except:
a) **High HDL**
b) Male
c) Obesity

29. True about systolic hypertension
a) could be caused by mitral regurg
b) More serious than diastolic hypertension
c) **Systolic > 140 and diastolic < 90**

30. Patient with continuous Murmur:
a) **PDA**
b) Coarctation of Aorta

31. Patient has high Blood Pressure on multiple visits, so he was diagnosed with hypertension, what is the Pathophysiology?
a) **Increase peripheral resistance**
b) increased salt and water retention

32. Prophylaxis of arrhythmia post MI:
a) Quinidine
b) Quinine
c) **Lidocaine**
d) procinamide
· If beta blocker present choose it

33. Best single way to reduce high blood pressure is :
a) Smoke cessation
b) Decrease lipid level
c) **Reduce weight**

34- 66 by Huda Alraddadi

34. Drug of choice for supraventricular tachycardia is :
a) **Adenosine (oxford 818)**

35. Which of the following pulse character goes with disease?
a) **Collapsing pulse** à **severe anemia**
b) Pulsus alternas à premature ventricle complex
c) Slow rising pulse à Mitral stenosis
d) Pulsus bisfernes à Mitral regurgitation
e) Pulsus paradoxus à aortic stenosis

Pulse
Definition
Causes Collapsing pulse Pulse with fast upstroke and fast downstroke Severe anemia, AR & thyrotoxicosis
Pulsus alternans
Alternans weak and strong pulse
Left ventricle dysfunction **Pulsus paradoxus** Decline systolic more than 10 during inspiration Cardiac tamponade, Asthma & COPD
Pulsus parvus et tardus
Weak and delayed pulse
Aortic stenosis **Slow rising pulse** Slow upstroke pulse Aortic stenosis
Pulsus bisferiens
characterized by two strong systolic peaks separated by a midsystolic dip
Aortic regure & aortic stenosis

36. An old patient presents with history dizziness & falling down 1 day ago accompanied by history of Epigastric discomfort. He has very high tachycardia "around 130-140" and BP 100/60. What is the diagnosis?
a) Peptic ulcer
b) GERD
c) **Leaking aortic aneurysm(oxford 656)**

37. Patient with orthostatic hypotension. What's the mechanism:
a) **Decrease intravascular volume medscape**
b) Decrease intracellular volume
c) Decrease interstitial volume

38. Which of the following anti hypertensive is contraindicated for an uncontrolled diabetic patient?
a) **Hydrochlorothiazide medscape_oxfoord 134**
b) Losartan
c) hydralszine
d) spironolactone

39. 69 years old non diabetic with mild hypertension and no history of Coronary heart disease, the best drug in treatment is:
a) **Thiazide medscape**
b) ACEI
c) ARB
d) CCB

40. Which of the following decrease mortality after MI?
a) **Metoprolol oxford 114**
b) Nitroglycerine

c) Thiazide
d) Morphine

41. Case of sudden death in athlete is: a) **Hypertrophic obstructive cardiomyopathy (HOCM)**
oxford 146
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42. Male patient with HTN on medication, well controlled, the patient is using garlic water and he is convinced that it is the reason for BP control, what you'll do as his physician:
a) **Tell him to continue using it (the most appropriate answer)**
b) To stop the medication and continue using it
c) Tell him that he is ignorant
d) To stop using garlic water

43. Patient with rheumatic fever after untreated strep infection after many years presented with Mitral regurge, the cause of massive regurg is dilatation of:
a) Right atrium
b) Right ventricle
c) Left atrium
d) **Left ventricle**

44. Regarding MI all true except:
a) Unstable angina, longer duration of pain and can occur even at rest.
b) Stable angina, shorter duration and occur with excretion
c) **There should be Q wave in MI medscape 112**
d) Even if there is very painful unstable angina the cardiac enzymes will be normal

45. Asystole in adult
a) **Adrenalin**
b) Atropine
· asystol has only 2 durgs epinephrine & vasopressine (medscape)

46. After doing CPR on child and the showing asystole:
a) Atropine
b) **Adrenaline oxford last page**
c) Lidocane

47. Classic Scenario of stroke on diabetic and hypertensive patient. What is the pathophysiology of stroke:
a) **Atherosclerosis oxford 110**
b) Aneurism

48. Middle aged patient with an a cyanotic congenital heart disease the X-ray show ventricle enlargement and pulmonary hypertension
a) **VSD oxford 150**
b) ASD
c) Trancus arteriosus
d) Pulmonary stenosis

49. Middle age a cyanotic male with CXR showing increase lung marking & enlarged pulmonary artery shadow, what is the most likely diagnosis?
a) VSD
b) Aorta coarctation
c) Pulmonary stenosis
d) **ASD oxford 150**

e) Truncus arteriosus

50. Most common cause of secondary hypertension in female adolescent is:
a) Cushing syndrome
b) Hyperthyroidism
c) **Renal disease(American family association)**
d) Essential HTN
e) Polycystic ovary disease

51. Most common cause of intra cerebral hemorrhage:
a) Ruptured aneurysm
b) **Hypertension(medscape)**
c) Trauma

52. Cause of syncope in aortic stenosis
a) **Systemic hypotension**
Syncope from aortic stenosis often occurs upon exertion when systemic vasodilatation in the presence of a fixed forward stroke volume causes the arterial systolic blood pressure to decline. It also may be caused by atrial or ventricular tachyarrhythmias.

Syncope at rest may be due to transient ventricular tachycardia, atrial fibrillation, or (if calcification of the valve extends into the conduction system) atrioventricular block. Another cause of syncope is abnormal vasodepressor reflexes due to increased LV intracavitary pressure (vasodepressor syncope). medscape

53. Medical student had RTA systolic pressure is 70 mmhg, what you will do next in management:
a) **IV fluid therapy oxford 804**
b) ECG
c) Abdominal U/S

54. 25y female with bradicardia and palpitation. ECG normal except HR130 and apical puls is 210 .past history of full ttt ovarian teratoma, so your advice is
a) **Struma ovarii should be consider ???**
b) Vagal stimulate should be done
c) Referred to cardiology

55. 55 years old complain of dyspnea, PND with past history of mitral valve disease diagnosis is
a) **Left side heart faliure**
b) Right side heart faliure
c) pnemothrax
d) PE
· The symptoms suggestive of left side HF (oxford128)

56. What is the first sign of Left Side Heart Failure?
a) Orthopnea
b) **Dyspnea on exertion**
c) Pedal edema
d) PND
e) Chest pain
· Fluid build up in the lungs is the first sign of LSHF

57. Middle aged male s involved in RTA, his RR is 30/min, heart sounds is muffled & the JVP is elevated, BP: 80/40 & a bruise over the sternum, what is the diagnosis?
a) **Pericardiac Tamponade(becks triad) 814 oxford**
b) Pneumothorax
c) pulmonary contusion

d) Hemothorax

58. Oral anticoagulants :
a) can be given to pregnant during 1st trimester
b) Can be reversed within 6 hours
c) Are enhanced by barbiturates
d) Cannot cross blood brain barrier
e) **None of the above**
· warfarin should not be given in pregnant lady specially during the 1st and 3rd trimesters, it crosses placenta as well as blood brain barrier, it is usually difficult to reverse warfarin within short time because it has long half life and it works on vit-K factors which takes time to reverse , barbiturates decrease the anticoagulant effect of warfarin

59. The following are features of rheumatic heart disease except:
a) Restless involuntary abnormal movement
b) Rashes over trunk and extremities
c) **Short P-R interval on ECG** **oxford 136**
d) Migratory arthritis
· **P-R interval cannot be included if carditis is present**
· The Jones criteria require the presence of 2 major or 1 major and 2 minor criteria for the diagnosis of rheumatic fever.
· **The major diagnostic criteria** include carditis, polyarthritis, chorea, subcutaneous nodules, and erythema marginatum.
· **The minor diagnostic criteria** include fever, arthralgia, prolonged PR interval on the ECG, elevated acute phase reactants "ESR", presence of C-reactive protein, and leukocytosis.
· **Additional evidence** of previous group A streptococcal pharyngitis is required to diagnose rheumatic fever. One of the following must be present:
Ø Positive throat culture or rapid streptococcal antigen test Elevated or rising streptococcal antibody titer
Ø History of previous rheumatic fever or rheumatic heart disease

60. Premature ventricular contracture (PVC), all are true except:-
a) **Use antiarrhythmic post MI improve prognosis "this is not totally true, as class 1 increase mortality"** **????**
b) Use of antiarrythmic type 1 increase mortality
· PVCs in young, healthy patients without underlying structural heart disease are usually not associated with any increased rate of mortality
· Antiarrythmic therapy with flecainide and ecainide has been shown to increase mortality
· After MI, antiarrhythmic - Despite suppression of ectopy- patients treated with encainide, flecainide, or moricizine had increased rates of sudden death and death from all causes.
· Amiodarone maybe an exception, as it had shown to reduce post MI arrythmias and death
.

- The routine use of lidocaine and other type I antiarrhythmic agents in the setting of acute MI is no longer recommended because of their toxic effects.
- Acute ischemia or infarction includes patients with ectopy in the period immediately after receiving thrombolytic agents, during which complex ectopy frequently is seen.
- First-line therapy for ectopy without hemodynamic significance in patients post-MI is beta-blockade.
- Only in the setting of symptomatic, complex ectopy is lidocaine likely to benefit a patient having an MI.
- Lidocaine is especially useful when symptomatic ectopy is associated with a prolonged QT interval, as it does not lengthen the QT interval as other antiarrhythmic agents do.
- Amiodarone is also a useful agent to suppress ectopy/VT if hemodynamically significant. Additional beneficial effects include coronary vasodilation and increased cardiac output via a reduction in systemic vascular resistance

61. One of the following is NOT useful in patient with atrial fibrillation and Stroke:
a) **Aspirin and AF(oxford 476)**
b) Warfarin and AF
c) Valvular heart disease can lead to CVA in young patient
d) AF in elderly is predisposing factor

62. Shoulder pain most commonly due to:?????????
a) Infraspinatus muscle injury
b) Referred pain due to cardiac ischemia
c) In acute cholecystitis
· The most common diagnosis in patients with shoulder pain is bursitis or tendonitis of the rotator cuff
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63. ECG stress test is indicated in the following except:
a) **Routine (yearly) test in asymptomatic patients**
b) In high risk jobs
c) 40 year old patient before starting exercise program
· **Indications of stress test are:-**
1) Diagnosis of CAD in patients with chest pain that is atypical for myocardial ischemia.
2) Assessment of functional capacity and prognosis of patients with known CAD.
3) Assessment of prognosis and functional capacity of patients with CAD soon after an uncomplicated myocardial infarction (before hospital discharge or early after discharge.
4) Evaluation of patients with symptoms consistent with recurrent, exercise-induced cardiac arrhythmia.
5) Assessment of functional capacity of selected patients with congenital or valvular heart disease.
6) Evaluation of patients with rate-responsive pacemakers.
7) Evaluation of asymptomatic men > 40 years with special occupations (airline pilots, bus drivers, etc)
8) Evaluation of asymptomatic individuals > 40 years with two or more risk factors for CAD.
9) Evaluation of sedentary individuals (men 45 years and women 55 years) with two or more risk factors who plan to enter a vigorous exercise program.
10) Assessment of functional capacity and response to therapy in patients with IHD or heart failure.
11) Monitoring progress and safety in conjunction with rehabilitation after a cardiac event or surgical procedure.

64. Most serious symptom of CO poisoning is:????
a) Hypotension
b) **Arrhythmia**
c) Cyanosis
d) Seizure

65. 35 years old male has SOB, orthopnea, PND, nocturia and lower limbs edema. What's the most common cause of this condition in this patient:
a) **Valvular heart diease**
b) UTI
c) Coronary artery disease
d) Chronic HTN

66. 5 days after MI, the patient developed SOB and crackles in both lungs. Most likely cause is:
a) Pulmonary embolism
b) **Acute mitral regurgitation oxford 116**

67-102 by Samar Alofi

67. 70 years old male came with history of leg pain after walking, improved after resting, he notice loss of hair in the shaft of his leg and become shiny;
a) **Chronic limb ischemia**
b) DVT
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070983/#!po=13.6364

68. Patient comes to the ER with weak rapid pulse, what is your next step?
a) Give him 2 breaths
b) Do CPR (2 breaths / 30 compressions)
c) **Waite until team of resuscitation group comes**
· I think resuscitation team is the best answer, If pulse is positive don't give CPR

69. DM with controlled blood sugar and his BP was 138/89 mmHg what will be your next step :
a) Nothing
b) **Add ACE inhibitor**
pt with HTN
DM : ACEI
heart failure: ACE I , Diuretics
prostatism : Alpah bloker
Asthma : Beta blocker
Gout : Diuretics
migraine : Beta blocker

(Danish book)

70. ECG shows ST elevation in the following leads V1, 2, 3, 4 & reciprocal changes in leads aVF & 2, what is the diagnosis?
a) Lateral MI
b) **Anterior MI**
c) Posterior MI

ll , lll , aVF inferior
Anteroseptal V1-4
anterolateral V4-6,l , aVL
posterior V1-2
(oxford)

71. Which of the following medications is considered as HMG-CoA reductase inhibitor?
a) **Simvastatin**
b) Fibrate
· Simvastsin is a hypolipidemic drug used to control elevated cholesterol 'hypercholesterolemia'

72. DVT for a lady best management?
a) **Bed rest, warfarin and heparin**
http://emedicine.medscape.com/article/1911303-medication

73. 50 years old patient, diagnosed with hypertension, he is used to drink one glass of wine every day, he is also used to get high Na and high K intake, his BMI is 30kg/m, what is the strongest risk factor for having hypertension in this patient?

a) wine
b) High Na intake
c) high K intake
d) **BMI=30**

$$\text{BMI} = \frac{\text{mass(kg)}}{(\text{height(m)})^2}$$

Category	**BMI range – kg/m²**
Very severely underweight	**less than 15**
Severely underweight	**from 15.0 to 16.0**
Underweight	**from 16.0 to 18.5**
Normal (healthy weight)	**from 18.5 to 25**
Overweight	**from 25 to 30**
Obese Class I (Moderately obese)	**from 30 to 35**
Obese Class II (Severely obese)	**from 35 to 40**
Obese Class III (Very severely obese)	**over 40**

74. Patient wants to do dental procedure, he was diagnosed to have mitral valve prolapse clinically by cardiologist, he had never done echo before, what is appropriate action?

a) **Do echo**
b) No need for prophelaxis
c) Give ampicillin
d) Give amoxicillin calvulinic

· We should do Echo to decide to give prophylaxis or not
· Mitral valve prolapse with valvar regurgitation and/or thickened leaflets à give
· Mitral valve prolapse without valvar regurgitaion à do not give
· **Endocarditis Prophylaxis Recommended in high and moderate risk patient**
· **High Risk Category Prosthetic cardiac valves, including:**
1) bioprosthetic and homograft valves
2) Previous bacterial endocarditis
3) Complex cyanotic congenital heart disease (single ventricle states, TGA, TOF)
4) Surgically constructed systemic-pulmonary shunts or conduits
· **Moderate Risk Category:**
1) Most other congenital cardiac malformations (other than above and below)
2) Acquired valvar dysfunction (e.g. rheumatic heard disease)
3) Hypertrophic cardiomyopathy
4) Mitral valve prolapse with valvar regurgitation and/or thickened leaflets
· **Endocarditis Prophylaxis Not Recommended Negligible Risk Category:**
1) Isolated secundum atrial septal defect
2) Surgical repair of ASD, VSD, or PDA (without residual beyond 6 months)
3) Previous coronary artery bypass graft surgery

4) Mitral valve prolapse without valvar regurgitaion
5) Physiologic, functional, or innocent heart murmurs
6) Previous Kawasaki disease without valvar dysfunction
7) Previous rheumatic fever without valvar dysfunction
8) Cardiac pacemaker (intravascular and epicardial) and implanted defibrillators

75. Old patient with HTN & BPH treatment is:
a) Beta-blocker
b) Phentolamine
c) **Zedosin (alpha blocker)**

http://en.wikipedia.org/wiki/Alpha-1_blocker

76. Sign of severe Hypokalemia is:
a) P-wave absence
b) Peak T-wave
c) Wide QRS complex
d) **Seizure**
· **Severe hypokalemia** is defined as a level less than 2.5 mEq/L.
· Severe hypokalemia is not linked with any **symptoms**, but may cause:
1) Myalgia or muscle pain
2) disturbed heart rhythm including ectopy (disturbance of the electrical conduction system of the heart where beats arise from the wrong part of the heart muscle)
3) serious arrhythmias (electrical faster or slower than normal)
4) greater risk of hyponatremia (an electrolyte disturbance in humans when the sodium concentration in the plasma decreases below 135 mmol/L) with confusion and seizures
· **ECG changes in hypokalemia :**
1) T-wave flattening
2) U-wave : (additional wave after the T wave)
3) ST – segment depression
· **ECG changes in hyperkalemia:**
1) Peak T wave
2) Wide QRS (in severe case)
3) PR prolong (in severe case)
4) Loss of P wave

77. Patient with AMI and multiple PVC , is your treatment for this arrhythmia :
a) **Amiadrone**
b) No treatment
http://emedicine.medscape.com/article/761148-medication#2

78. Causes of secondry hyperlipidemia all except:-
a) **Hypertension**
b) Nephrotic syndrome
c) Hypothyroidism

d) Obesity

The most common causes of acquired hyperlipidemia are:
diabetes mellitus[2]

- **Use of drugs such as diuretics,[2] beta blockers,[2] and estrogens[2]**
- **Hypothyroidism[2]**
- **renal failure[2]**
- **nephrotic syndrome[2]**
- **alcohol usage[2]**
- **Some rare endocrine disorders[2] and metabolic disorders[2]**

http://en.wikipedia.org/wiki/Hyperlipidemia

79. 70 years old lady on ……., feels dizzy on standing, resolves after 10-15 minutes on sitting, decrease on standing, most likely she is having :
a) **Orthostatic hypotension**
http://en.wikipedia.org/wiki/Orthostatic_hypotension

80. The effectiveness of ventilation during CPR measured by:-
a) **Chest rise**
b) Pulse oximetry
c) Pulse acceleration
81. Cardiac syncope:
a) Gradual onset
b) **Fast recovery**
c) Neurological sequence after

http://en.wikipedia.org/wiki/Syncope_(medicine)#Cardiac
http://heartdisease.about.com/od/syncopefainting/a/Syncope-And-Its-Causes.htm

82. Young patient with HTN came complaining of high blood pressure and red, tender, swollen big left toe, tender swollen foot and tender whole left leg. Diagnosis is:
a) **Cellulitis**
b) Vasculitis
c) Gout Arthritis
http://en.wikipedia.org/wiki/Cellulitis

83. Patient with hypertrophic subaortic stenosis referred from dentist before doing dental procedure what is true
a) 50 % risk of endocarditis up to my knowledge
b) 12 % risk of endo carditis
c) **No need for prophylaxis**
d) post procedure antibiotic is enough
http://en.wikipedia.org/wiki/Hypertrophic_cardiomyopathy
http://emedicine.medscape.com/article/1672902-overview#aw2aab6b3
http://emedicine.medscape.com/article/1672902-overview#aw2aab6b4

84. Female, narrow QRS, contraindication of Adenosine:

a) **LHF**

b) Mitral

c) Renal

Most supraventricular tachycardias have a **narrow QRS** complex **Contraindications/Cautions of adenosine :**

hypersens. to drug/class/compon.

- **2nd or 3rd degree AV block w/o pacemaker**
- **sick sinus syndrome w/o pacemaker**
- **sinus bradycardia w/o pacemaker**
- **bronchospastic disorders**
- **caution if obstructive lung dz**

https://online.epocrates.com/u/1031761/adenosine/Contraindications+Cautions

85. 31 years old autopsy show bulky vegetions on aortic and mitral valves, what is the diagnosis?

a) **Infective endocarditis**

b) Rh endocarditis

86. Patient on Digoxin drug, started to visualize bright lights and other signs of visual disturbances. What caused this?

a) **Digoxin toxicity**

symptoms : drowsiness, nausea/vomiting, loss of appetite , diarrhea, disturbed color vision (yellow or green halos around objects), confusion, dizziness, agitation, and/or depression. Cardiac effects can include changes in heart rate and a variety of cardiac dysrhythmias. Hypokalemia is a characteristic symptom of digoxin poisoning.

http://en.wikipedia.org/wiki/Digoxin_toxicity

87. How does the heart get more blood?

a) Increasing blood pressure

b) Increasing heart rate

c) **Increasing SV "stroke volume"**

Stroke volume is an important determinant of cardiac output

http://en.wikipedia.org/wiki/Stroke_volume

88. The best way of treating patient with BP= 130-139/80-85:

a) **Wight reduction and physical activity**

b) Exercise alone is not enough

Classification (JNC7)[1]	Systolic pressure		Diastolic pressure	
	mmHg	kPa	mmHg	kPa
Normal	90–119	12–15.9	60–79	8.0–10.5
High normal[53] or prehypertension	120–139	16.0–18.5	80–89	10.7–11.9
Stage 1 hypertension	140–159	18.7–21.2	90–99	12.0–13.2
Stage 2 hypertension	≥160	≥21.3	≥100	≥13.3
Isolated systolic	≥140	≥18.7	<90	<12.

hypertension

The first line of treatment for hypertension is identical to the recommended preventive lifestyle changes[59] and includes dietary changes,[60] physical exercise, and weight loss
http://en.wikipedia.org/wiki/Hypertension

89. Family history of CAD eaten fruit 4 veget 4 bread 8 meat 3 diary 4 what to do
a) **Decrease meat and dairy**

90. Premature ventricular contraction is due to:
a) Decrease O2 requirement by the heart
b) Decrease blood supply to the heart
c) **Decrease O2 delivery to the heart**
· **There are many causes of premature ventricular contractions, which include:**
1) Heart attack, High blood pressure
2) Cardiomyopathy, including congestive heart failure, Disease of heart valves such as mitral valve prolapse
3) Hypokalemia and hypomagnesaemia
4) Hypoxia for example, hypoxia occurs with lung diseases such as emphysema or COPD
5) Medications such as digoxin, aminophylline, tricyclic antidepressants & ephedrine containing, decongestant
6) Excessive intake of alcohol, excess caffeine intake
7) Stimulant drug use such as cocaine, and amphetamines
8) Myocarditis (heart muscle inflammation) and cardiac contusion (heart muscle injury)
9) Premature ventricular contractions also occur in healthy individuals without heart diseases.

91. Male patient who is a known case of hypercholesterolemia, BMI: 31, his investigations show high total cholesterol, high LDL & high TG, of these investigations what is the most important risk factor for developing coronary artery disease?
a) **Elevated LDL**
b) Elevated HDL
c) Low HDL
d) Elevated cholesterol
e) Elevated triglyceride level

92. Patient was brought by his son. He was pulseless and ECG showed ventricular tachycardia, BP 80/, what is your action?
a) **3 set shock**
b) One D/C shock (cardioversion)
c) Amiodaron
d) CPR
· Pulsless VT treated by unsynchronized shock (not cardioversion) and CPR.
· The first thing to be given is the shock, then CPR then drugs (epinephrine & amiodaron)

93. One of the following is a characteristic of syncope (vasovagal attack):
a) Rapid recover

b) Abrupt onset
c) When turn neck to side
d) **Bradycardia**
e) Neurological deficit
http://en.wikipedia.org/wiki/Vasovagal_response

94. Which of the following indicate inferior wall MI (Inferior chest leads) in ECG?
a) **II, III, AVF**
b) V1,V2,V3
c) V2, V3, V4
d) I, V6
e) I, aVL, VI

Oxford handbook of clinical medicine page 92

95. Patient who is a known case of posterior MI presented with syncope. Examination showed canon (a) wave with tachycardia, unreadable BP & wide QRS complexes on ECG. The diagnosis is:
a) **Atrioventricular reentrant nodal tachycardia**
b) Ventricular tachycardia
c) Pre-existing AV block
d) Anterograde AV block
e) Bundle branch block
http://en.wikipedia.org/wiki/AV_nodal_reentrant_tachycardia

96. Warfarin is given to all the following except:
a) Young male with Atrial fibrillation & mitral stenosis
b) Male with AF & cardiomyopathy
c) Male with AF & prosthetic heart valve
d) **Elderly male with normal heart**

COUMADIN® (warfarin sodium) is indicated for:

- Prophylaxis and treatment of venous thrombosis and its extension, pulmonary embolism (PE).
- Prophylaxis and treatment of thromboembolic complications associated with atrial fibrillation (AF) and/or cardiac valve replacement.
- Reduction in the risk of death, recurrent myocardial infarction (MI), and thromboembolic events such as stroke or systemic embolization after myocardial infarction.

http://www.rxlist.com/coumadin-drug/overdosage-contraindications.htm

97. Angina with decrease ST 1-2 cm < 5 min what is the diagnosis?
a) **Ischemia- heart block**

98. 15 years old male patient complaining of joint pain & fever for 1 week , difficulty swallowing, liver 1 cm below costal and pancystolic murmur
a) RHD
b) Infected endocarditis
After a diagnosis of rheumatic fever is made, symptoms consistent with heart failure, such as difficulty breathing, exercise intolerance, and a rapid heart rate out of proportion to fever, may be indications of

carditis and rheumatic heart disease
- The physical findings associated with heart failure include tachypnea, orthopnea, jugular venous distention, rales, hepatomegaly, a gallop rhythm, edema, and swelling of the peripheral extremities.

- Apical pansystolic murmur is a high-pitched, blowing-quality murmur of mitral regurgitation that radiates to the left axilla.
http://emedicine.medscape.com/article/891897-clinical#a0217

99. What will increase heart blood flow when increase load on heart?
a) **Dilation of coronary**
b) Constrict of aorta
c) Increase HR
d) Increase venous retain

100. Pregnant, with history of DVT 4 years back, what will you give her?
a) Aspirin
b) Clopidogrel
c) **LMW heparin**

101. Patient come with precordeal pain, ECG ST segment elevation, patient given aspirin and nitrate, but no relieve of pain what next step you will do?
a) **Give morphine IV**

102. Most common cause of chronic hypertension:
a) DM
b) Hypertension
c) **Interstitial renal disease**
· kidney disease is the most common cause of secondary HTN

103-132 by Doaa Alfraidi

103. All are true about the best position in hearing the murmurs, EXCEPT:
a) Supine: venous hum
b) Sitting: AR
c) Sitting: pericardial rub
d) **supine: innocent outflow obstruction**
e) Left lateral in: MS
*- Changing the child's position from supine to sitting, then to standing, and finally to squatting during the examination will change the flow and is useful in helping to define innocent murmurs.
http://circ.ahajournals.org/content/111/3/e20.full

104. Diastolic blowing murmur best to heard in the left sternal border increasing with squatting
a) AS

b) **AR**
c) MS
d) MR
e) MVP

1) AS Description Calcification of valve cusps restricts forward flow; forceful ejection from ventricle into systemic circulation. Caused by congenital bicuspid valves, and rheumatic heart disease.

Type & Detection

Heard over aortic area; ejection sound at second right intercostal border. **Findings on Examination** Midsystolic murmur, medium pitch, coarse, diamond-shaped, crescendo-decrescendo; radiates down left sternal border (sometimes to apex) and to carotid with palpable thrill.

Heart Sound Components

S_1 normal often followed by ejection click; S_2 soft or absent and may not to be split; S_4 palpable.

2) MS : Description Narrowed valve restricts forward flow; forceful ejection into ventricles. Often occurs with mitral regurgitation. Caused by rheumatic fever or cardiac infection.

Type & Detection

Heard with bell at apex, patient in left lateral decubitis. **Findings on Examination** Low frequency diastolic rumble, more intense in early and late diastole, does not radiate and usually quiet. Palpable thrill at apex in late diastole is common.Visible lift in right parasternal area if right ventricle hypertrophied. Arterial pulse amplitude is decreased.

Heart Sound Components

S_1 increased and often palpable at left sternal border; S_2 split often with accented P_2; Opening snap follows P_2 closely.

3) AR Description Valve incompetence allows backflow from aorta to ventricle. Caused by rheumatic heart disease, endocarditis, aortic diseases (Marfan's syndrome, medial necrosis), syphilis, ankylosing spondylitis, dissection, cardiac trauma.

Type and Detection

Heard with diaphragm, patient sitting and leaning forward; Austin-Flint murmur heard with bell; ejection click heard in 2nd intercostal space **Findings on Examination** Early diastolic, high pitch, blowing, often with diamond-shaped midsystolic murmur, sounds often not prominent; duration varies with blood pressure; low-pitched rumbling murmur at apex common (Austin-Flint); early ejection click sometimes present. In left ventricular hypertrophy, prominent prolonged apical impulse down and to left Pulse pressure wide; water-hammeror biferiens pulse common in carotid, brachial, and femoral arteries.

Heart Sound Components

S_1 soft; S_2 split may have tambour- like quality; M_1 and A_2 often intensified; S_3-S_4 gallop is common.

4) MR Description Valve incompetence allows backflow from ventricle to atrium. Caused by rheumatic fever, myocardial infarction, myxoma

Type & Detection

Heard best at apex; loudest there, transmitted into left axilla. **Findings on Examination** Holosystolic, plateau-shaped intensity, high pitch, harsh blowing quality, often quite loud; radiates from apex to base or to left axilla; thrill may be palpable at apex during systole.

Heart Sound Components

S_1 intensity diminished; S_2 more intense with P_2 often accented; S_3 often present; S_3- gallop common in late disease.

· MS,AS,AR,MR all increased by squatting „ diastolic is MS at apex & AR at left sternal

105. What is the most risk of antihypertensive drugs on elderly patient?

a) **Hypotension**
b) Hypokalemia
c) CNS side effect
*can't find out !!

106. About ventricular fibrillation:
a) Can only be treated with synchronized defibrillation
b) The waves are similar in shape, size and pattern
c) **Course VF indicates new VF and can be treated with……**
*read about ventricular fib
http://en.wikipedia.org/wiki/Ventricular_fibrillation

107. 60 years old male presented with history of 2 hours chest pain, ECG showed ST elevation on V1-V4 with multiple PVC & ventricular tachycardia. The management is:
a) Digoxin
b) Lidocane
c) Plavix & morphine
d) **Amiodarone**
Drugs such as amiodarone or procainamide may be used in addition to defibrillation to terminate VT while the underlying cause of the VT can be determined
http://en.wikipedia.org/wiki/Ventricular_tachycardia

108. Female patient with moderate AS had syncope in the gym while she was doing exercise, if the syncope was due to AS, what is the cause?
a) **systemic hypo-tension**
b) cardiac arrhythmia
· Syncope from aortic valve stenosis is usually exertional.
· In the setting of heart failure it increases the risk of death. In patients with syncope, the 3 year mortality rate is 50%, if the aortic valve is not replaced.
· It is unclear why aortic stenosis causes syncope. One popular theory is that severe AS produces a nearly fixed cardiac output. When the patient exercises, their peripheral vascular resistance will decrease as the blood vesels of the skeletal muscles dilate to allow the muscles to receive more blood to allow them to do more work. This decrease in peripheral vascular resistance is normally compensated for by an increase in the cardiac output. Since patients with severe AS cannot increase their cardiac output, the blood pressure falls and the patient will syncopize due to decreased blood perfusion to the brain.
· A second theory as to why syncope may occur in AS is that during exercise, the high pressures generated in the hypertrophied LV cause a vasodepressor response, which causes a secondary peripheral vasodilation that, in turn, causes decreased blood flow to the brain. Indeed, in aortic stenosis, because of the fixed obstruction to bloodflow out from the heart, it may be impossible for the heart to increase its output to offset peripheral vasodilation.
· A third mechanism may sometimes be operative. Due to the hypertrophy of the left ventricle in aortic stenosis, including the consequent inability of the coronary arteries to adequately supply blood to the myocardium (see "Angina" below), arrhythmias may develop. These can lead to syncope.
· Finally, in calcific aortic stenosis at least, the calcification in and around the aortic valve can progress and extend to involve the electrical conduction system of the heart. If that occurs, the result may be heart block a potentially lethal condition of which syncope may be a symptom
*It is unclear why aortic stenosis causes syncope. One popular theory is that severe AS produces a nearly fixed cardiac output. When the patient exercises, their peripheral vascular resistance will decrease as the blood vessels of the skeletal muscles dilate to allow the muscles to receive more blood to allow them to do more work. This decrease in peripheral vascular resistance is normally compensated for by an increase in the cardiac output. Since patients with severe AS cannot increase their cardiac output, the blood pressure falls and the patient will syncopize due to decreased blood perfusion to the brain.
http://en.wikipedia.org/wiki/Aortic_valve_stenosis

109. Which of the following is the least likely to cause infective endocarditis:

a) **ASD**
b) VSD
c) Tetralogy of Fallot
d) PDA
· 50% of all endocarditis occurs on normal valves
· **Predisposing cardiac lesions:**
1) Aortic / mitral valve disease
2) IV drug users in tricuspid valves
3) Coarctation
4) PDA
5) VSD (Fallot's Tetradincluded)
6) Prosthetic valves

110. Patient presented in ER with Low BP, distended Jugular veins, muffled heart sounds and bruises over sterna area, what is the diagnosis?
a) **Cardiac tamponade**
· **Cardiac tamponade** (influenced by volume and rate of accumulation)
1) Beck triad (jugular venous distention, hypotension and muffled heart sounds)
2) Hypotension and tachycardia without elevated jugular venous distension if associated hemorrhage is outside pericardial sac
3) Pulsus paradoxus
4) Cyanosis
5) Varying degrees of consciousness

111. 35 years old woman presented with exertional dyspnea. Precordial examination revealed loud S1 and rumbling mid diastolic murmur at apex. Possible complications of this condition can be all the following EXCEPT:
a) Atrial fibrillation
b) Systemic embolization
c) **Left ventricular failure**
d) Pulmonary edema
e) Pulmonary hypertension
· All these are features of mitral stenosis. Atrial fibrillation occurs secondary to left atrial enlargement, the fibrillation increases the risk of thromboembolism. There's more blood in the left atrium, so more is flowing back to the lungs causes pulmonary congestion and edema, when the lung gets congested it tries to protect its self from this excess fluid by constricting the pulmonary arteries, so more constriction is more resistance and therefore pulmonary hypertension results. The left option is left ventricular failure which doesn't occur, on the contrary the LV is very relaxed since less blood is passing through the stenosed valve to the ventricle so the requirements on the LV is less and the stress is less and ejection fraction is normal
http://emedicine.medscape.com/article/155724-followup#a2649

112. S3 occur in all of the following EXCEPT:
a) **Tricuspid regurgitations.**
b) Young athelete.
c) LV failure.
d) Mitral stenosis.
· **Physiological 3rd heart sound** is a filling sound that results from rapid diastolic filling as occurs in Healthy young adults, children, Athletes, pregnancy and fever.
· **Pathological 3rd heart sound** is a mid diastolic sound that results from reduced ventricular compliance and if it's associated with tachycardia, it is called gallop rhythm.
· LT ventricular S3 It's louder at apex and expiration.

· IT is a Sign of LV failure and may occur in AR, MR, VSD and PDA.
· RT ventricular S3 It's louder at left sternal edge and with inspiration. Occurs with RT ventricular failure or constrictive pericarditis.

S3 can also be due to tricuspid regurgitation, and could indicate hypertensive heart disease.
so I think the answer MS „
http://en.wikipedia.org/wiki/Third_heart_sound

113. Treatment of chronic atrial fibrillation all, EXCEPT:
a) **Cardioversion**
b) Digoxin
c) warfarin
· When AF is due to an acute precipitating event such as alcohol toxicity, chest infection, hyperthyroidism, the provoking cause should be treated. Strategies for acute management of AF are ventricular rate control or cardioversion (+/- anticagulation). Ventricular control rate is achieved by drugs which block the AV node, while cardioversion is achieved electrically with DC shock. Or medically with anti-arrythmic. In general, each patient deserves at least one cardioversin trial. If patient is unstable and presents in shock, severs hypotension, pulmonary edema, or ongoing myocardial ischemia, DC cardioversion is a must.
· In less unstable patients or those at high risk for emboli due to cardioversion as in mitral stenosis, rate control is adopted (digoxin, b-blocker or verapamil to reduce the ventricular rate. If it's unsuccessful then cardiovert the patient after anticoagluanting him for 4 wks. In chronic atrial fibrillation, cardioversion is contra-indicated due to risk of thrombus dislodge

114. Treatment of unstable angina include all EXCEPT:
a) Heparin
b) Nitroglycerin
c) Beta blocker
d) Aspirin
· all those answers are true
· Hospitalization, Strict bed rest, supplemental oxygen, Sedation with benzodiazepine if there is anxiety, Systolic blood pressure is maintained at 100-120 mmHg and pulse should be lowered to 60/min, Heparin, antiplatelet, nitrates and b-blocker.

115. The following are features of rheumatic fever, Except:
a) Restless, involuntary abnormal movements.
b) Subcutaneous nodules.
c) Rashes over trunk and extremities.
d) **Short PR interval on ECG.**
e) Migratory arthritis
· **Clinical features**: Sudden onset of fever, joint pain, malaise and loss of appetite. Diagnosis also relies on the presence of two or more major criteria or one major plus two or more minor criteria Revised Ducket jones criteria Major criteria are carditis, polyarthritis, chorea, erythema marginatum and subcutaneous nodules. Minor criteria are fever, arthralgia, previous rheumatic fever, raised ESR/c-reactive protein. Leukocytosis and prolonged PR interval on ECG.
Read about it http://emedicine.medscape.com/article/236582-overview

116. What is the cause of death in Ludwig angina?
a) Dysrythmia
b) **Asphyxia**
c) pneumonia
d) wall rupture

· sudden asphixyation is the most common cause of death in ludwig angina, · It is potentially life-threatening cellulitis or connective tissue infection, of the floor of the mouth, usually occurring in adults with concomitant dental infections and if left untreated, may obstruct the airways, necessitating tracheotomy.

http://en.wikipedia.org/wiki/Ludwig's_angina

117. Nitroglycerine cause all of the following, EXCEPT:

a) Increase coronary blood flow
b) Methemoglobinemia
c) **Venous pooling of blood.**
d) Efficient for 5 min. if taken sublingual.
e) Lowers arterial blood pressure.

· **Nitroglycerine**

Ø T1/2: 1-4 min.
Ø Dose: 0.3-0.6 mg SL may be repeated Q5min for 15 min for acute attack.
Ø Action: Increase coronary blood flow, produce vasodilation, decrease LVED vol. (preload), decrease myocardial O2 consumption
Ø Therapeutic effect:
1) Relief or prevention of angina attack
2) Increase CO
3) Decrease BP.
Ø A-Z drugs: one of the S/E of Nitroglycerine is: Methemoglobinemia.

118. In atrial fibrillation and stroke, all are true , EXCEPT:

a) **Aspirin can be given in AF for prevention of stroke.**
b) Warfarin can be given in AF for prevention of stroke.
c) Non valvular AF can cause stroke.

· According to CHADS2 criteria:
Ø AF with stroke (1) controversial Warfarin C = recent Congestive heart failure.
Ø H = Hypertension.
Ø A = Age>70y
Ø D = DM.
Ø S2: = stroke = TIA
· Each scores one.
· Then: If score = 0 (AF with no one of these) Aspirin If score = 1 Contraversial (anticoagulation issue) If score > 1 Warfarin

119. Sinus tachycardia and atrial flutter, how to differentiate?

a) Temporal artery message
b) **Carotid artery message**
c) Adenosine IV

* http://www.permanente.net/homepage/kaiser/pages/f63958.html

120. Young patient came to ER with dyspnea and productive tinged blood frothy sputum, he is known case of rheumatic heart disease, AF and his cheeks has dusky rash, what is the diagnosis?

a) **Mitral stenosis**
b) CHF
c) Endocarditis

121. Patient with sudden cardiac arrest the ECG showed no electrical activities with oscillation of QRS with different shapes. The underlying process is

a) Atrial dysfunction
b) **Ventricular dysfunction**
c) Toxic ingestion
d) Metabolic cause
*Monomorphic refers to all QRS waves in a single lead being similar in shape. Polymorphic means that the QRS change from complex to complex.[12] These terms are used in the description ofventricular tachycardia
http://en.wikipedia.org/wiki/QRS_complex

122. Best treatment for female with migraine and HTN
a) **Propranolol**
pt with HTN
DM : ACEI
heart failure: ACE I , Diuretics
prostatism : Alpah bloker
Asthma : Beta blocker
Gout : Diuretics
migraine : Beta blocker

(Danish book)

123. Patient 20 year old come with palpitations ECG show narrow QRS complexes and pulse is 300 bpm what is the true?
a) **Amiodarone should included in the management**

124. How coronary artery disease causes MI?
a) **Narrowing of the blood vessel**

125. Calcium channel blocker as nifedipine, verapamil and diltiazem are extremely useful in all of the following applications except:
a) Prinzmetal's angina pectoralis
b) Hypertension
c) Atrial tachycardia
d) **Ventricular tachycardia**
e) Effort angina pectoralis
* not sure about the answer http://www.medicinenet.com/calcium_channel_blockers/article.htm

126. Old man who had stable angina the following is correct except:
a) angina will last less than 10 min
b) occur on exertion
c) No enzymes will be elevated
d) **Will be associated with loss of consciousness**
*read about angina
http://emedicine.medscape.com/article/150215-overview

127. 70 years old male was brought to the ER with sudden onset of pain in his left lower limb. The pain was severe with numbness. He had acute myocardial infarction 2 weeks previously and was discharged 24 hours prior to his presentation. The left leg was cold and pale, right leg was normal. The most likely diagnosis is:
a) Acute arterial thrombosis
b) **Acute arterial embolus**
c) Deep venous thrombosis
d) Ruptures disc at L4-5 with radiating pain

e) Dissecting thoraco-abdominal

* its Clear

128. Coarctation of aorta is commonly associated with which of the following syndrome:
a) Down
b) **Turner**
c) Pataue
d) Edward
e) Holt-Orain

* Coarctation is about twice as common in boys as it is in girls. It is common in girls who have Turner syndrome.
http://en.wikipedia.org/wiki/Coarctation_of_the_aorta

129. Before an operation to a child we found him having continues murmur in his right sternal area what is the next step of management?
a) **Postpone and reevaluate the patient again**

130. Each of the following murmur will be elicited by the change of position except:
a) **Innocent murmur by sitting**

*- Changing the child's position from supine to sitting, then to standing, and finally to squatting during the examination will change the flow and is useful in helping to define innocent murmurs.
http://circ.ahajournals.org/content/111/3/e20.full

131. Patient post MI with hemiparisis and drowsy what is the first to do :
a) **Heparin**

132. Patient known case of coronary artery disease, present with a symptoms of it, to diagnose that patient has MI or not, by first ECG & cardiac enzyme
a) Exercise stress test
b) Coronary angiography
c) Exercise

133-166 by: Israa AlSofyani – Aisha Mousa

133. Patient present with carotid artery obstruction by 80%, treatment by

a) Carotid endarterectomy

b) surgical bypass

- **Explanation:**
  If more than 70 % stenosis in doppler go to carotid endarterctomy (or stenting if not fit for surgery
- **Source=** oxford medicine p 476

134. Old male come with CHF & pulmonary edema, what is the best initial therapy:

a) Digoxin

b) Furosemide

c) Debutamine

- **It's clear.**

135. Hyperkalemia is characterized by all of the following except:

a) Nausea and vomiting.

b) Peaked T-waves.

c) Widened QRS complex.

d) Positive Chvostek sign.

e) Cardiac arrest in diastole.

· Hyperkalemia is characterized by tall peaked T-waves, wide QRS complex, and cardiac arrest if untreated, chvostek sign is a sign of hypocalcemia (taping over facial nerve causes facial muscles to twitch).

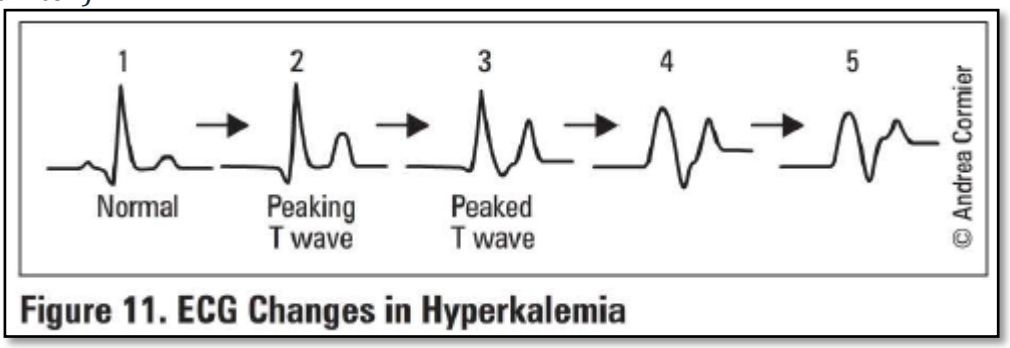


Figure 11. ECG Changes in Hyperkalemia

136. 10 years old had an episode of rheumatic fever without any defect to the heart. The patient need to take the antibiotic prophylaxis for how long:

a) 5 months

b) 6 years

c) 15 years

correct answer : C

Duration of antibiotic prophylaxis after last attack	Category
10 years or until 40 years of age (whichever is longer); sometimes lifelong prophylaxis (see text)	Rheumatic fever with carditis and residual heart disease (persistent valvular disease*)
10 years or until 21 years of age (whichever is longer)	Rheumatic fever with carditis but no residual heart disease (no valvular disease*)

5 years or until 21 years of age (whichever is longer)	Rheumatic fever without carditis

reference
:http://www.uptodate.com/contents/image?imageKey=ID%2F55223&topicKey=ALLRG%2F3175&rank=1%7E103&source=see_link&search=rheumatic+fever+prohphylaxis

137. The antibiotic prophylaxis for endocarditis is:
a) 2 g amoxicillin 1 h before procedure
b) 1 g amoxicillin after procedure
c) 2 g clindamycine 1 h before procedure
d) 1 g clindamycine after procedure
- **Source=** usmle secrets p 40

138. Patient with hypercholesterolemia, he should avoid:
a) Organ meat
b) Avocado
c) Chicken
d) white egg
- **It's clear.**

139. Difference between unstable and stable angina :
a) Necrosis of heart muscle
b) **Appears to be independent of activity** "pathophysiology of the atherosclerosis"

140. Drug contraindication hypertrophic obdstructive cardiomyopathy
a) Digoxin
b) One of b-blocker
c) Alpha blocker
- **Explanation:**
  - ✓ Atrial fibrillation, ventricular tachycardia and ventricular fibrillation are among the arrhythmias that may be caused by hypertrophic cardiomyopathy. And digoxin is C.I in VF.
  - ✓ Avoid inotropic drugs if possible; also avoid nitrates and sympathomimetic amines, except in those patients with concomitant coronary artery disease. Avoid digitalis, because glycosides are contraindicated except in patients with uncontrolled atrial fibrillation. Cautious use of diuretics should be exercised because of their potential adverse effect on the LV outflow gradient and ventricular volume.
- **Source=** emedicine

141. Fick method in determining cardiac output
a) BP
b) O2 saturation in blood
- **It's clear.**

142. Man who has had MI you will follow the next enzyme
a) CPK = (CK)
b) ALP
c) AST
d) Amylase
- **Source=** check oxford medicine p 112

143. Patient with congestive heart failure, which medication will decrease his mortality? سؤال مكرر
a) Furosemide
b) Digoxin

c) ACEIs decrease the mortality
مكرر

144. Regarding murmur of mitral stenosis
a) Holosystolic
b) Mid systolic
c) Mid-diastolic rumbling murmur
- **It's clear.**

145. What is the correct about unstable angina :
a) Same drug that use in stable angina
b) Should be treated seriously as it might lead to MI
- **Explanation:**
  - ✓ Fifty percent of people with unstable angina will have evidence of myocardial necrosis based on elevated cardiac serum markers such as Creatine kinase isoenzyme (CK)-MB and troponin T or I, and thus have a diagnosis of non-ST elevation myocardial infarction
  - ✓ There's risk of progression of unstable ang. to MI within 1 month.
- **Source=** Toronto Notes

146. Patient with history of AF + MI, what the best prevention for stroke is?
a) Warfarin
b) Surgery procedure
c) Shunt
- **Source=** oxford medicine p477

147. Which most common condition associated with endocarditis?
a) VSD
b) ASD
c) PDA
d) TOF

correct answer : D
The most common CHD lesions associated with endocarditis are TOF (20%), VSD (18 %), hypoplastic left heart (10 %), congenital aortic regurgitation (8 %), transposition of the great arteries (6 %), and PDA (5 %)

reference : http://www.uptodate.com/contents/infective-endocarditis-in-children?detectedLanguage=en&source=search_result&search=endocarditis&selectedTitle=5%7E150&provider=noProvider

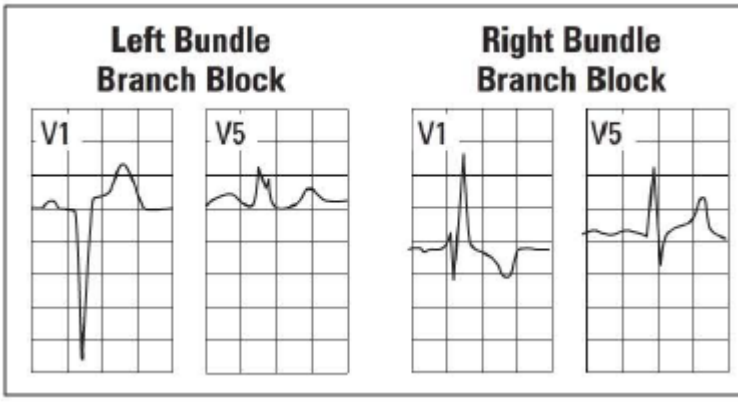
148. Patient on Lisinopril complaining of cough, what's a drug that has the same action without the side effect?
a) Losartan (ARBs).
- **It's clear.**

149. RBBB:
a) LONG S wave in lead 1and V6 & LONG R in VI
b) LONG S wave in lead V1 & LONG R in V6

correct answer : A

INTRAVENTRICULAR CONDUCTION ABNORMALITIES

Left Bundle Branch Block (LBBB)	Right Bundle Branch Block (RBBB)
Complete LBBB • QRS duration >120 msec • Broad notched or slurred R waves in leads I, aVL and usually V5 and V6 • Deep broad S waves in leads V1-2 • Secondary ST-T changes (-ve in leads with broad R waves, +ve in V1-2) are usually present • LBBB can mask ECG signs of MI	**Complete RBBB** • QRS duration >120 msec • Positive QRS in lead V1 (rSR' or occasionally broad R wave) • Broad S waves in leads I, V5-6 (>40 msec) • Usually secondary T wave inversion in leads V1-2



150. Drug used in treatment of CHF which decrease the mortality

a) B blocker
b) Verapamil
c) Nitrates
d) Digoxin

- **It's clear.**

151. Patient known case of stable angina for 2years, came c/o palpitation , Holtis monitor showed 1.2mm ST depression for 1 to 2 minutes in 5-10 minutes wt your Dx

a) Myocardial ischemia
b) Sinus erythema
c) Normal variant

- **Note:** Other, non-ischemic, causes of ST depression include:
  - Side effect of digoxin
  - Hypokalemia
  - Right or left ventricular hypertrophy
  - Intraventricular conduction abnormalities (e.g., right or left bundle branch block, WPW, etc.)
  - Hypothermia
  - Tachycardia
  - Reciprocal ST elevation
  - Mitral valve prolapse
  - CNS disease

152. Patient presented to ER with substernal chest pain, 3 month ago patient had complete physical examination, and was normal, ECG normal, only high LDL in which he started low fat diet and medication for it. What is the factor the doctor will take into considerations as a risk factor?

a) Previous normal physical examination.
b) Previous normal ECG.
c) Previous LDL level.
d) Current LDL level.
e) **Current symptom.**

153. Carpenter 72 years old lost one of his family (death due to heart attack) came to you to do some investigation. He was well and fit. He denied any history of chest pain or SOB. O/E everything was normal except mid systolic ejection murmur at left sternal area without radiation to carotid, what is your diagnosis?

a) aortic stenosis
b) aortic sclerosis
c) Flow murmur
d) Hypertrophic Subaortic Stenosis

correct answer : D
A characteristic harsh systolic ejection murmur heard best at the mid-left sternal border is suggestive of Subaortic stenosis.

Reference : http://www.uptodate.com/contents/subvalvar-aortic-stenosis-subaortic-stenosis?detectedLanguage=en&source=search_result&search=Hypertrophic+Subaortic+Stenosis&selectedTitle=1%7E150&provider=noProvider

154. Patient came with chest pain radiate to jaw increase with exercise,

a) Unstable angina
b) Stable angina
c) Prenzmetal angina
- **It's clear.**

155. Patient with sudden SOB had posterior inferior MI, what is the cause?

a) Pulmonary embolism
b) **Acute MR**
c) Acute AS
d) Arrhythmia

156. Increase survival rate in heart faliure

a) Enalpril
b) Isosordil (Isosorbide Dinitrate)
c) Furosemide
d) Spironolactone
- **It's clear.**

157. Cause of Bundle branch block

a) Aortic stenosis à (cause LBBB)
b) Pulmonary stenosis à (cause RBBB)
c) Mitral
d) Cardiomyopathy à (cause LBBB)

· **Causes of LBBB are:**
1) Aortic stenosis
2) Dilated cardiomyopathy
3) Acute myocardial infarction
4) Extensive coronary artery disease
5) Primary disease of the cardiac electrical conduction system
6) Long standing hypertension leading to aortic root dilatation and subsequent aortic regurgitation

· **Causes of RBBB are:**
1) Coronary artery disease
2) Myocarditis
3) ASD, VSD and Valvular heart disease
4) COPD & pulmonary embolus.

158. Patient with risk factor for developing infective endocarditis. He will undergo a urology surgery. And he is sensitive for penicillin. What you will give him

a) IV vancomycin plus IV gentamicin
b) oral tetracycline
c) no need to give

- **Explanation:**
  - ✓ Recent U.K. advice states that routine antibiotic prophylaxis to cover invasive or dental procedures is no longer recommended (Davidson essentials of medicine handbook p.263)+(oxford Medicine p.144).
  - ✓ AHA 2007 guidelines recommend IE prophylaxis
    • only for patients with prosthetic valve material, past history of IE, certain types of congenital heart disease or cardiact transplant recipients who develop valvulopathy
    • only for the following procedures : dental/ respiratory tract/ procedures on infected skin/skin structures/MSK structures/ **not GI!GU** procedures specifically (Toronto Notes 2012)

159. Patient had rheumatic episode in the past, He developed mitral stenosis with orifice less than(...mm) (sever stenosis) This will lead to

a) Left atrial hypertrophy and dilatation
b) Left atrial dilatation and decreased pulmonary wedge pressure
c) Right atrial hypertrophy and decreased pulmonary wedge pressure
d) Right atrial hypertrophy and chamber constriction

- **It's clear.**

160. Elderly patient presented by SOB, rales in auscultation, orthopnea, PND, exertion dyspnea، what is the main pathophysiology

a) Left ventricular dilatation
b) Right ventricular dilatation
c) Aortic regurgitation.
d) Tricuspid regurgitation

- **It's clear (Left-sided HF).**

161. Patient with BP of 180/140, you want to lower the Diastolic (which is true) :

a) 110-100 in 12 hours
b) 110-100 in 1-2 days
c) 90-80 in 12 hrs
d) 90-80 in 1-2 days

- **In Davidson essentials of medicine handbook p.246 .**
  (a controlled reduction to a level of about 150/90mmHg over a period of 24-48 hrs is ideal).

162. Unstable angina:

a) Least grade II and new onset less than 2 months ago.
b) Usually there is an evidence of myocardial ischemia.
c) Same treatment as stable angina.
d) Discharge when the chest pain subsides.

- **It's clear.**

163. Patient post-MI 5 weeks, complaining of chest pain, fever and arthralagia:

a) Dressler's syndrome
b) Meigs syndrome
c) Costochondritis

d) MI
e) PE

- **Explanation:**
  Dressler's syndrome is a secondary form of pericarditis that occurs in the setting of injury to the heart or the pericardium .

Table 7. Complications of Myocardial Infarction

Complication	Etiology	Presentation	Therapy
Arrhythmia			
1. Tachycardia	Sinus, AF, VT, VFib	First 48 h	See *Arrhythmias*, C12
2. Bradycardia	Sinus, AV block	First 48 h	
Myocardial Rupture			
1. LV free wall	Transmural infarction	1-7 d	Surgery
2. Papillary muscle (→ MR)	Inferior infarction	1-7 d	Surgery
3. Ventricular septum (→ VSD)	Septal infarction	1-7 d	Surgery
Shock/CHF	Infarction or aneurysm	Within 48 h	Inotropes, intra-aortic balloon pump
Post-Infarct Angina	Persistent coronary stenosis Multivessel disease	Anytime	Aggressive medical therapy PCI or CABG
Recurrent MI	Reocclusion	Anytime	See above
Thromboembolism	Mural/apical thrombus DVT	7-10 d, up to 6 months	Anticoagulation
Pericarditis	Inflammatory	1-7 d	ASA
Dressler's syndrome	Autoimmune	2-8 wks	

- **Source=** Toronto Notes 2012

164. Patient with chest pain x-ray revealed pleural effusion, high protein & high HDL: (I think they mean LDH "lactate dehydrogenase"):

a) TB
b) CHF
c) Hypothyroidism
d) Hypoprotienemia

- **Explanation:**
  all cause transudative PE except TB causes exudative PE.

165. Drug used in systolic dysfunction heart failure:

a) Nifidepine (CCB)
b) Deltiazm (CCB)
c) ACEI
d) B-blocker

- **Explanation:**
  BB are considered just additional to ACEI

- **Source=** oxford medicine p.130

166. Elderly patient known case of AF came with abdominal pain and bloody stool, What is the diagnosis

a) Ischemic mesentery

- **Source=** oxford medicine p.622

167-182 by: Hashim Faqeeh

My Notes and my Answers are all in Green, Red and blue are the previous answers.
I have tried to answer correctly as much as I could, and my answers are my best shot. However, they may be wrong and I suggest you imply your own judgment and not just memorize previous answers.
Good Luck (you will need it)

167. Patient having chest pain radiating to the back, decrease blood pressure in left arm and absent left femoral pulse with left sided pleural effusion on CXR, left ventricular hypertrophy on :ECG, most proper investigation is
a) **aortic angiogram**
b) amylase level
c) CBC
d) Echo
?????
---
168. 60 years old patient has only HTN best drug to start with:
a) ACEI
b) ARB
c) **Diuretics**
d) Beta blocker
e) Alpha blocker
According to the British HTN Society, Initial therapy for older patients (>55) should be Thiazide Diuretics or CCB
Davidson Pocket 248
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169. Patient after 2 months post MI cannot sleep what to give him?
a) **Zolpidem**
b) diazepam
???

170. Obese, HTN, cardiac patient with hyperlipidemia, sedentary life style and unhealthy food, What are the 3 most correctable risk factor?
a) HTN, obesity, low HDL
b) High TAG, unhealthy food, sedentary life
c) **High cholesterol, unhealthy food, sedentary life**
d) High cholesterol, HTN, obesity
· **Note:** High cholesterol, unhealthy food & sedentary life are modifiable risk factors.
? All CVS risk factors in the question are correctable

171. 15 years old with palpitation and fatigue. Investigation showed right ventricular hypertrophy, right ventricular overload and right branch block, what is the diagnosis?
a) ASD
b) **VSD**
c) Cortication of aorta
The correct answer is ASD, Rt ventricular hypertrophy, Rt bundle branch block and Rt axis deviation are characteristic of ASD

Kumar Textbook 7th P 775-776

172. Patient with HTN on diuretic he developed painful big toe what kind of
a) **Hyderocholrathiazid** "I think"
b) Furosemide
· Bothe are correct "Hyperuricemia is a relatively common finding in patients treated with a loop or thiazide diuretic and may, over a period of time, lead to gouty arthritis"
Both are correct, I think thiazide is the more correct because its widely used and more common than furosemide in the TM of HTN

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173. What best explain coronary artery disease?
a) No atherosclerosis
b) Fatty deposition with widening of artery
c) **Atherosclerosis with widening of artery**
CAD is almost always related to Atherosclerosis and/or its complications
Davidson Pocket 229

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174. Old patient, she have MI and complicated with ventricular tachycardia, then from that time receive Buspirone. She came with fatigue, normotensive & pulse was 65, what investigation must to be done?
a) Thyroid function
b) Liver and thyroid
2 UQU 2012 nd Edition
29
?????

175. Patient has atrial fibrillation (AF) risk:
a) **CVA**
b) MI
AF is associated with increased rate of thromboembolism
Kumar Pocket 415

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176. Case of pericarditis
a) **Pain in chest increase with movement**
b) Best investigation is ECG
c) Best investigation is Cardiac enzyme
· N.B. pericarditis patient present with substernal pleuritc chest pain that aggravated by lying down and relieved by leaning forward.

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177. Patient complain MI on treatment after 5 day patient have short of breath + crepitation on both lung
a) pulmonary embolism
b) pneumonia
c) **MR**
d) AR
Sudden onset of severe MR is caused by A Pulmonary Edema and shock . Other answers are not complications of MI
Davidson Pocket 239

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178. High pitch diastolic murmur
a) **MS**
b) MR

c) MVP
MS has a diastolic murmur but it is low pitched
late diastolic low-pitched murmurs include mitral stenosis and tricuspid stenosis. A high-pitched late diastolic murmur suggests coronary artery stenosis
http://www.medscape.com/viewarticle/756829_6

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179. Patient come to ER with AF, BP 80/60 what it the management?
a) **synchronized CD**
b) Digoxin
This seems to be a case of Acute AF with unstable patient, provided that the treatment starts within 48 hrs of AF onset, heparinization and CD with a synchronized DC shock or drug therapy can be attempted. However, if the patient presented after 48 hrs, rate should be controlled and cardioversion deferred until warfarin anticoagulation has been established for at least 3 weeks Davidson Pocket P217

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180. Long scenario of MI, what is the inappropriate management?
a) **IV ca++ channel blocker**
b) nitrate
c) Iv morphine
d) Beta blocker
Nitrate, opiate analgesia, B-Blocker are all appropriate. CCB is not mentioned in the TM of MI
Davidson Pocket 238

181. Patient presented with chest pain for 2 hours With anterolaterl lead shows ST elevation, providing not PCI in the hospital Management
a) **Streptokinase ,nitroglysrin, ASA & beta blocker**
b) Nitroglysren ,ASA ,heparin beta blocker
c) Nitroglysren ,ASA,beta blocker
d) Alteplase , Nitroglysren , ,heparin betablocker
As this patient has presented early (less than 12 hrs) Thrombolysis therapy can be initiated to restore coronary patency. Alteplase is superior to Streptokinase because it is not Antigenic, seldom cause hypotension, and produce better survival. Nitrate, Heparin, B Blockers are also appropriate adjuncts
Davidson Pocket P 237-238

182. Which of the following is a MINOR criteria for rheumatic fever?
a) Arthritis
b) Erytherma marginutum
c) Chorea
d) **Fever**
Davidson Pocket P255

183- end by Hayat alharbi – Reham Alharbi – Abeer Alarbi

183. Patient diagnosed to have aortic stenosis, he is a teacher, while he was in the class he fainted, what is the cause?

a) Cardiac syncope
b) **Hypotension**
c) Neurogenic syncope
- n.s: Syncope from aortic stenosis often occurs upon "exertion" when systemic vasodilatation(hypotension).

- Syncope at" rest" may be due to transient ventricular tachycardia, atrial fibrillation, or atrioventricular block **- Aortic Stenosis Clinical Presentation-medscape**

184. Patient case of CHF, loved to eat outdoor 2-3 time weekly u advice him:
a) **Eat without any salt**
b) Eat 4 gm salt
c) Low fat, high protein
Dietary sodium restriction to 2-3 g/day is recommended for those who have CHF.
Also, Fluid restriction to 2 L/day is recommended for patients with evidence of hyponatremia (Na < 130 mEq/dL) and for those whose fluid status is difficult to control despite sodium restriction and the use of high-dose diuretics

Heart Failure Treatment & Management- Medscape

· N.B. one of the precipitants of CHF in HF patient is high salt diet therefore salt restriction is most probable

185. Picture of JVP graph to diagnose. Patient had low volume pulse, low resting BP, no murmur, pedal edema.
a) **Constrictive pericraditis**
b) Tricuspid regurg
c) Tricuspid stenosis
d) Pulmonary hypertension

typical pic of constrictive Pericarditis
Elevated jugular venous pressures
Sinus tachycardia is common while the blood pressure is normal or low
distant or muffled heart sounds
The Kussmaul sign (ie, elevation of systemic venous pressures with inspiration) is a common nonspecific finding
Abnormalities of JVP graph : elevation , kussmaul sign "paradoxical rise of JVP on inspiration

Medscape + macleod's

186. 46 years old male came to ER with abdominal pain but not that sever. He is hyperlipidemia, smoking, HTN, not follow his medication very well, vitally stable, O/E tall obese patient, mid line abdomen tenderness , DX
a) Marfan's syndrome
b) aortic aneurism
· N.B. AAA characterized by pulsatile epigastric mass. Patient usually above 50
· Picture doesn't go with marfan's syndrome " tall , thin , dolichostenomelia (ie, long limbs relative to trunk length), pectus deformities (ie, pectus excavatum and pectus carinatum), and thoracolumbar scoliosis

Medscape

187. Old patient with tachycardia pulse 150 otherwise normal
a) **TSH**
b) Stress ECG

started with ECG to exclude **Supraventricular tachycardias or other** arrhythmias if it is normal move to TSH for hyperthyroidism

medscape

188. One non-pharmacological is the most appropriate in hypertension

a) **Weight loss**
b) Decrease alcohol
c) Stop smoking

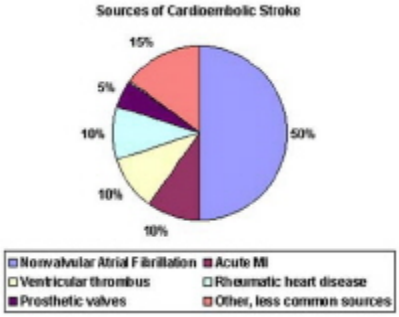
Lifestyle modifications :JNC7 recommendations to lower BP and decrease cardiovascular disease risk include the following, with greater results achieved when 2 or more lifestyle modifications are combined[4]:

- Weight loss (range of approximate systolic BP reduction [SBP], 5-20 mm Hg per 10 kg)
- Limit alcohol intake to no more than (30 mL) of ethanol per day for men or (15 mL) of ethanol per day for women and people of lighter weight (range of approximate SBP reduction, 2-4 mm Hg)
- Reduce sodium intake to no more than 100 mmol/day (2.4 g sodium or 6 g sodium chloride; range of approximate SBP reduction, 2-8 mm Hg)[7]
- Maintain adequate intake of dietary potassium (approximately 90 mmol/day)
- Maintain adequate intake of dietary calcium and magnesium for general health
- Stop smoking and reduce intake of dietary saturated fat and cholesterol for overall cardiovascular health
- Engage in aerobic exercise at least 30 minutes daily for most days (range of approximate SBP reduction, 4-9 mm Hg)

189. Female patient Known case of rheumatic heart disease, diastolic murmur, complains of aphasia and hemiplegia, what will you does to find the etiology of this stroke?

a) MR angiography
b) Non-contrast CT
c) **ECHO**
d) ECG
e) Carotid Doppler

Cardiogenic embolism accounts for approximately 20% of ischemic strokes each year. New diagnostic techniques (transesophageal echocardiography, cardiac magnetic resonance imaging) have allowed clinicians to better characterize well-established sources of embolism and to discover other potential etiologies of cardioembolic stroke



190. Normal child, he want to walking, he have brother dead after walking, what of the following must be excluded before walking?

a) PDA
b) VSD
c) **hypertrophic cardiomyopathy**

HCM has a high incidence of sudden death. In fact, HCM is the leading cause of sudden cardiac death in preadolescent and adolescent children.

191. One of the following is component of TOF?

a) ASD
b) **VSD**
c) Left ventricular hypertrophy

d) Aortic stenosis
e) Tricuspid stenosis

Tetralogy of Fallot, which is one of the most common congenital heart disorders, comprises right ventricular (RV) outflow tract obstruction (RVOTO) (infundibular stenosis), ventricular septal defect (VSD), aorta dextroposition, and RV hypertrophy.

192. Patient came with anterior MI + premature ventricular ectopy that indicate pulmonary edema, give Digoxin + diuretics + after-load reducer, what add?

a) **Amiodarone.**
b) Propranolol

- First-line therapy for ectopy without hemodynamic significance in patients post-MI is beta-blockade.
- Only in the setting of symptomatic, complex ectopy is lidocaine likely to benefit a patient having an MI.
- Amiodarone is also a useful agent to suppress ectopy/VT if hemodynamically significant. Additional beneficial effects include coronary vasodilation and increased cardiac output via a reduction in systemic vascular resistance
- Patient with pulmonary edema ⟹ don't give him beta-blocker.

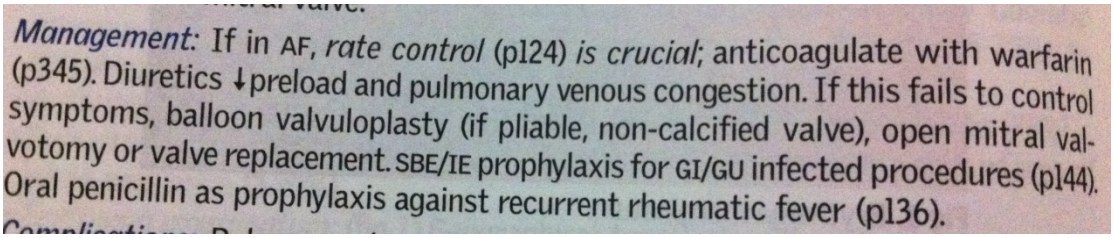
193. Patient with rheumatic vulvular disease, mitral orifice is 1cm what is the action to compensate that?

a) **Dilatation in the atrium with chamber hypertrophy**
b) Dilatation in the ventricle with chamber hypertrophy
c) Atrium dilatation with decrease pressure of contraction
d) Ventricle dilatation with decrease pressure of contraction

As a compensating mechanism, pulmonary vasoconstriction develops, causing pulmonary hypertension. At this stage, the right ventricle (RV) faces an increased afterload, leading to RV hypertrophy
Medscape

194. Very long scenario about mitral stenosis, the surface area of the valve I think was 0.7cm2, what is the treatment?

a) Medical treatment
b) **Percutaneous mitral valvuloplasty by balloon catheter**
c) Mitral valve replacement

N.B 
Management: If in AF, *rate control* (p124) *is crucial*; anticoagulate with warfarin (p345). Diuretics ↓preload and pulmonary venous congestion. If this fails to control symptoms, balloon valvuloplasty (if pliable, non-calcified valve), open mitral valvotomy or valve replacement. SBE/IE prophylaxis for GI/GU infected procedures (p144). Oral penicillin as prophylaxis against recurrent rheumatic fever (p136).

(oxford)

195. All can cause secondary hyperlipidemia except:

a) Hypothyroidism
b) Alcoholism
c) Nephrotic syndrome
d) Estrogen therapy
e) **Hypertension**

N.B secondary causes of dyslipidemia :Type 2 diabetes mellitus \Excessive alcohol consumption\Cholestatic liver diseases\Nephrotic syndrome\Chronic renal failure\Hypothyroidism\Cigarette smoking\Obesity\Drug

(Uptodate)

196. Which of the following medications associated with QT prolongation?
a) chloropromazone
b) clozapine
c) **helopridol**
d) ziprasidone

كل الادوية اللي بتأثر على QT الموقع عن طريق ميد سكيب وفيه
http://www.crediblemeds.org/everyone/composite-list-all-qtdrugs/
كل الاختيارات موجودة !!
لكن في نفس الموقع مكتوب
The most potent at doing this are, somewhat paradoxically, two subsets of the anti-arrhythmic drugs: the so-called Ia class (e.g. quinidine and procainamide) and the class IIIs (e.g. dofetilide, ibutilide, sotalol and amiodarone).
Other drugs which can prolong QT have been found in most other classes of therapeutic agents, including anti-histamines, antibiotics, gastrointestinal prokinetics, antipsychotics, etc.

197. How can group A beta streptococci cause rheumatic heart disease?
a) **When they cause tonsillitis/pharyngitis.**
b) Via blood stream.
c) Through skin infection.
d) Invasion of the myocardium.

N.B: Rheumatic fever results from humoral and cellular-mediated immune responses occurring 1-3 weeks after the onset of streptococcal pharyngitis.

(Medscape)

198. Pansystolic machinery murmur at left sternal border:
a) Aortic stenosis
b) Mitral stenosis
c) **PDA**
d) MR

N.B: continuous murmur in upper **left sternal border** described as **machinery**-like

(macleod's)

(2)
Pulmonology

- 1-50 by: Asim Alahmadi
- 51- 100 by: Ahmad Alsaadi
- 101-end by: Doaa Alfraidi

1-50 by Asim Alahmadi

1. Young patient with history of cough, chest pain, fever CXR showed right lower lobe infiltrate:
a) **Amoxicillin**
b) Ceferuxim
c) Emipenim
d) Ciprofloxacin
- **Explanation:**
  Lobar pneumonia is often due to S. pneumoniae. Amoxicillin is the drug of choice.

2. Best thing to reduce mortality rate in COPD:
a) Home O2 therapy
b) Enalipril
c) **Stop smoking**
- **Explanation**:
  Cigarette smoking is the most important risk factor for COPD, and smoking cessation is, in most cases, the most effective way of preventing the onset and progression of COPD.

3. Patient with TB, had ocular toxicity symptoms, the drug responsible is:
a) INH
b) **Ethambutol**
c) Rifampicin
d) Streptomycin
- **Explanation:**
  - ✓ **INH**: peripheral neuritis and hepatitis. so add (B6 pyridoxine) for peripheral neuritis
  - ✓ **Ethambutol** : optic neuritis
  - ✓ **Rifampicin** : orange discoloration of urine & tears
  - ✓ **Streptomycin**: causes ototoxicity & nephrotoxicity

4. Patient treated for TB started to develop numbness, the vit deficient is:
a) Thiamin
b) Niacin
c) **Pyridoxine**
d) Vitamin C
- **Explanation:**
  INH: peripheral neuritis and hepatitis. so add (B6 pyridoxine) for peripheral neuritis

5. 17 years old patient with dyspnea Po2 , PCO2 , X-ray normal PH increase so diagnosis is:
a) **Acute attack of asthma**
b) PE
c) Pneumonia
d) pnemothrax
- **Explanation ;**
  In the initial stage of asthma attack the natural response is to hyperventilate, which leads to low levels of CO2 and therefore, risking pH levels

6. The most common cause of community acquired pneumonia:
a) Haemophilus influenza
b) **Streptococcus pneumonia**
c) Mycoplasma
d) Klebsiella

7. Patient presented with sore throat, anorexia, loss of appetite, on throat exam showed enlarged tonsils with petechiae on palate and uvula, mild tenderness of spleen and liver, what is the diagnosis?

a) Group A strep
b) **EBV (INFECTIOUS MONONUCLEOSIS)**

- **Explanation:**
  Viral pharngitis due to EBV presented with enlarged tonsil with exudates and petechii on soft palate and enlargement of uvula and sometimes present with tender spleenomegaly.

8. The most common cause of croup is:

a) **Parainfluenza**
b) Influenza

9. Young patient on anti TB medication presented with vertigo which of the following drug cause this

a) **Streptomycin**
b) Ethambutol
c) Rifampicin

- **Explanation:**
  streptomycin causes ototoxicity & nephrotoxicity can also cause dizziness, vertigo, impaired coordination, rashes, fevers, yeast infections and oral thrush.

10. Well known case of SCD presented by plueritic chest pain, fever, tachypnea and respiratory rate was 30, oxygen saturation is 90 % what is the diagnosis?

a) **Acute chest syndrome.**
b) Pericarditis
c) VOC

- **Explanation:**
  Acute chest syndrome is noninfectious vaso-occlusive crisis of pulmonary vasculature presented with chest pain, fever, tachypnea and hypoxemia
    - ✓ Note: The crisis is can be associated with one or more symptoms including fever, cough,excruciating pain, sputum production, dyspnea, or hypoxia.

11. Child with atopic dermatitis at night has stridor plus barking cough on & off from time to time, diagnosis is

a) BA
b) Croup
c) **Spasmadic Croup**

- **Explanation:**
  Spasmadic croup: recurrent sudden upper airway obstruction which present as sridor and cough at night .
    - ✓ Approximately 50% of children have atopic disease.
    - ✓ Note: Medical professionals differentiate croup that is spasmodic from plain croup by causal factors, suddenness of onset, and likelihood of recurrence.

12. Patient with asthma, well controlled by albutarol, came complaining of asthma symptoms not respond to albutarol, what medication could be added?

a) **Corticosteroid inhaler**
b) Long acting B-agonist
c) Oral corticosteroid

d) Theophyline

- **Explanation:**
  Asthma stepwise therapy: in step 2 to add ICS to control asthma

13. An old patient with history of cerebrovascular disease & Ischemic heart disease, presents with a pattern of breathing described as: A period of apnea followed by slow breathing which accelerates & becomes rapid with hyperpnea& tachycardia then apnea again. What is this type of breathing?

a) Hippocrates
b) **Chyene-stokes breathing**
c) Kussmaul breathing
d) One type beginning with O letter and contains 3 letters only

- **Explanation:**
  - ✓ **Chyene-stokes respiration :** rapid deep breathing phase followed by period of apnea , present with heart failure, stroke, brain trauma, also can be with sleep or high altitude
  - ✓ **Kusmmaul's breathing:** rapid and deep breathing. present with metabolic acidosis particularly in diabetic ketoacidosis

14. Rheumatic fever patient has streptococcal pharingitis risk to develop another attack

a) Trimes more than normal
b) 100%
c) **50% ???**
  - ✓ note: The individual who has had an attack of rheumatic fever is at very high risk of developing recurrences after subsequent GAS pharyngitis and needs continuous antimicrobial prophylaxis to prevent such recurrences

15. Young male had pharyngitis then cough & fever, what is the most likely organism?

a) staph aureus
b) **Streptococcus pneumonia**

- **Explanation** :
  S. pneumoniae resides asymptomatically in the nasopharynx of healthy carriers. However, in susceptible individuals, such as elderly and immunocompromised people and children, the pathogen can spread to other locations and cause disease. S. pneumoniae is the main cause of community acquired pneumonia and meningitis in children and the elderly, and of septicemia in HIV-infected persons.

16. 17 years old male with history of mild intermittent asthma attacks occur once or twice weekly in the morning and no attacks at night. What should be the initial drug to give?

a) **Inhaled short acting B2 agonist as needed**
b) Inhaled high dose corticosteroid as needed
c) Oral steroid
d) Ipratropium bromide

17. Case scenario about bronchial carcinoma, which is true:

a) The most common cancer in females
b) Squamous cell carcinoma spreads faster
c) **Adenocarcinoma is usually in the upper part**
d) Elevation of the diaphragm on the x-ray means that the carcinoma has metastasize outside the chest
e) Bronchoscopy should be done

- ✓ Most common tumor in females is breast tumors
- ✓ Small cell carcinoma spreads faster, Not Squamous cell
- ✓ Adenocarcinoma usually located peripherally, so upper part could be correct

- ✓ Bronchoscopy is often used to sample the tumor for histopathology, so it could be correct also

18. 39 years old HIV patient with TB receive 4 drugs of treatment after one month:

a) Continue 4 drugs for 1 years
b) Cintinue isoniazide for 9 months
c) Contiue isonizide for 1 year

- **Explanation:**

I don't know if the question is complete or not but:

- ✓ According to various guideline committees, the standard duration of therapy for drug-susceptible TB, regardless of HIV status, should be six months; this includes two months of isoniazid (INH), a rifamycin (eg, rifampin or rifabutin), pyrazinamide, and ethambutol followed by isoniazid and a rifamycin for four additional months
- ✓ When to prolong therapy — The duration of TB therapy is longer in specific clinical situations, regardless of HIV status:
- ✓ For those patients with cavitary disease and positive sputum cultures after two months of treatment, the duration of isoniazid and rifampin treatment should be extended by three months for a total of nine months of treatment
- ✓ For patients with bone, joint, or CNS disease, many experts recommend 9 to 12 months of therapy.
- ✓ For all other patients with extrapulmonary disease, the recommended treatment is two months of four-drug therapy followed by four months of isoniazid and rifampicin.
- ✓ The duration of therapy is also generally longer in patients with drug-resistant TB. HIV-infected patients with MDR TB should be treated for 24 months after conversion of sputum culture to negative. After the cessation of therapy, patients should be examined every four months for an additional 24 months to monitor for evidence of relapse.

19. Child has history of URTI for few days. He developed barky cough and SOB. Your diagnosis is:

a) Foreign body inhalation
b) Pneumonia
c) **Croup**
d) Pertussis

- **Explanation:**

  crouop is a respiratory condition that is usually triggered by an acute viral infection of the upper airway. The infection leads to swelling inside the throat, which interferes with normal breathing and produces the classical symptoms of a "barking" cough, stridor, and hoarseness.

20. Asthma case what drug is prophylactic:

a) **B2 agonist**
b) thyophline
c) oral steroid

21. Male patient working in the cotton field, presented with 3 weeks history of cough. CXR showed bilateral hilar lymphadenopathy and biopsy (by bronchoscopy) showed non-caseating granuloma. What's your diagnosis?

a) Sarcoidosis
b) Amylidosis
c) Histiocustosis
d) Berylliosis
e) **Pneumoconiosis**

- ✓ **A or E**
- ✓ Non-caseating granuloma support Sarcoidosis

- ✓ Pneumoconiosis is an occupational & a restrictive lung disease caused by the inhalation of dust, depending on the dust type the disease is given its names, in cotton case it is called ' Byssinosis '
- ✓ Bilateral hilar lymphadenopathy present in both Sarcoidosis & Pneumoconiosis
- ✓ **Note:** pneumoconiosis types (byssinosis-silicosis-asbestosis-(berylliosis>> which is non-caseating granuloma))

22. Patient with untreated bronchogenic carcinoma has dilated neck veins, facial flushing, hoarsness and dysphagia (SVC syndrome). CXR showed small pleural effusion. What's your immediate action?

a) Consult cardiologist for pericardiocentesis
b) Consult thoracic surgeon for Thoracocentesis
c) **Consult oncologist**

- **Explanation:**
  Consult oncologist for radiation therapy ± chemotherapy because SVC syndrome symptoms and hoarseness suggest unrespectable lesion

23. Patient with typical finding of pleural effusion management :

a) **Chest tube**

24. Old patient with DM2, emphysema & non community pneumonia, Best to give is:

a) Pneumococcal vaccine & influenza vaccine now
b) Pneumococcal vaccine & influenza vaccine 2 weeks after discharge
c) **Pneumococcal vaccine & influenza vaccine 4 weeks after discharge ??**
d) influenza vaccine only
e) Pneumococcal vaccine only

- ✓ note; the best is to give both , but when ??

25. Radiological feature of miliary TB:

a) Pleural effusion
b) **3-4 diffuse nodules**
c) Small cavities

- **Explanation:**
  The classic radiographic findings of evenly distributed diffuse small 2–3-mm nodules, with a slight lower lobe predominance, are seen in 85% of cases of miliary TB

26. Patient ingest amount of aspirin show nausea, vomiting & hyperventilation, what is the diagnosis?

a) Metabolic Alkalosis and respiratory alkalosis
b) Metabolic acidosis and respiratory acidosis
c) **Respiratory alkalosis and Metabolic Acidosis**
d) Respiratory alkalosis and respiratory acidosis

- **Explanation:**
  Salicylate ingestion causes metabolic acidosis (from lactate, ketones) + respiratory alkalosis due to stimulation of CNS respiratory center

27. Patient presented with sudden chest pain and dysnea, tactile vocal fremitus and chest movement is decreased, by x-ray there is decreased pulmonary marking in left side, what is the diagnosis?

a) Atelectasis of left lung
b) **Spontaneous pneumothorax**
c) Pulmonary embolism

✓ **Note:** in pneumothorax Percussion of the chest may be perceived as hyperresonant, and vocal resonance and tactile fremitus can both be noticeably decreased.

28. A 20 years old male who is a known asthmatic presented to the ER with shortness of breath. PR 120, RR 30, PEFR 100/min. examination revealed very quite chest. What is the most propable management?

a) **Nubelized salbutamol**
b) IV aminophyline
c) Pleural aspiration
d) Hemlich maneuver
e) Chest drain

29. Patient is a known case of moderate intermittent bronchial asthma. He is using ventoline nebulizer. He develops 3 attacks per week. The drug to be added is:

a) Increase prednisolone dose
b) **Add long acting B agonist**
c) Add Ipratropium
d) IV aminophyllin

- **Explanation:**
  I don't know if the question right or wrong but by asthma stepwise if the patient on ventolin and the asthma not controlled (partially controlled 3 attacks per week) then to add low dose ICS
  ✓ **NOTE :** STEP 2 : SYMPTOMATIC > OR = 3 TIMES PER WEEK OR NIGHT WAKING ADD INHALED STEROID, STEP 3 ADD ON THERAPY : ADD INHALED LONG ACTING B2 AGONIST

30. One of the following is true about the home treatment of COPD:

a) **Give O2 if SO2 is less than 88%**
b) Give O2 if SO2 is 88-95%
c) Give O2 at night (nocturnal) only

- **Explanation:**
  ✓ Acute COPD è Give O2 till reach 88-92%
  ✓ Chronic COPD è Give O2 if SaO2 < 88 %

31. Elderly male patient who is a known case of debilitating disease presented with fever, productive cough, and sputum culture showed growth of Gram negative organisms on a buffered charcoal yeast agar. What is the organism?

a) Mycoplasma pneumoniae
b) Klebsiellapneumoniae
c) Ureaplasma
d) **Legionella**

- **Explanation :**
  Buffered charcoal yeast extract (BCYE) agar is a selective growth medium used to culture or grow certain bacteria, particularly the Gram-negative species Legionella pneumophila

32. 27 years old girl came to the ER, she was breathing heavily, RR 20/min. she had numbness & tingling sensation around the mouth & tips of the fingers. What will you do?

a) Let her breath into a bag
b) **Order serum electrolytes**
c) First give her 5ml of 50% glucose solution

✓ **note:** DD of this case(panic disorder - peripheral neuropathy – end stage kidney disease – poisoning)

33. Patient with lung cancer and signs of pneumonia, what is the most common organism?

a) Klebsiella

b) Chlamydia
c) **Streptococcus**
d) Suayionhigella

- **Explanation:**
  The primary respiratory infections in early phase (nonimmunocompromised phase) include those caused by pathogens common to the general public. The predominant organisms are Streptococcus pneumoniae, Haemophilisinfluenzae, and community-acquired respiratory viruses
  - ✓ **Note:** Pneumocystis carinii pneumonia usually found in patients with weakened or compromised immune systems from such conditions as cancer and HIV/AIDS and those treated with TNF (tumor necrosis factor) for rheumatoid arthritis.

34. Patient 18 years old admitted for ARDS and developed hemothorax. What is the cause?
a) **Central line insertion**
b) High negative pressure
c) High oxygen

35. COPD patient with emphysema has low oxygen prolonged chronic high CO2, the respiratory drive maintained in this patient by:
a) **Hypoxemia**
b) Hypercapnemia
c) Patient effort voluntary

- **Explanation:**

The respiratory drive is normally largely initiated by $PaCO_2$ but in chronic obstructive pulmonary disease (COPD) hypoxia can be a strong driving force and so if the hypoxia is corrected then the respiratory drive will be reduced. There will also be a loss of physiological hypoxic vasoconstriction

36. The most common cause of cough in adults is
a) Asthma
b) GERD
c) **Postnasal drip**

- **Explanation:**

The most common causes of chronic cough are postnasal drip, asthma, and acid reflux from the stomach. These three causes are responsible for up to 90 percent of all cases of chronic cough.

37. Patient has fever, night sweating, bloody sputum, weight loss, PPD test was positive. x-ray show infiltrate in apex of lung , PPD test is now reactionary , diagnosis
a) **Activation of primary TB**
b) sarcoidosis
c) Case control is
d) Backward study

- **Explanation:**

The tuberculosis skin test is a test used to determine if someone has developed an immune response to the bacterium that causes tuberculosis.

38. Best early sign to detect tension pneumothorax :
a) **Tracheal shift**
b) Distended neck veins
c) Hypotension

39. Holding breath holding, which of the following True?
a) Mostly occurs between age of 5 and 10 months
b) Increase Risk of epilepsy

c) **A known precipitant cause of generalized convulsion ??**
d) Diazepam may decrease the attack

- ✓ **Breath holding spells** are the occurrence of episodic apnea in children, possibly associated with loss of consciousness, and changes in postural tone.
- ✓ Breath holding spells occur in approximately 5% of the population with equal distribution between males and females. They are most common in children **between 6 and 18 months** and usually not present after 5 years of age. They are unusual before 6 months of age. A positive family history can be elicited in 25% of cases.
- ✓ They may be confused with a seizure disorder. They are sometimes observed in response to frustration during disciplinary conflict.

40. 58 years old male patient came with history of fever, cough with purulent foul smelling sputum and CXR showed: fluid filled cavity, what is the most likely diagnosis is?
a) **Abscess**
b) TB
c) Bronchiectasis

41. what is the meaning of difficulty breathing:
a) **Dyspnea**
b) Tachycardia

42. Obese 60 year lady in 5th day post cholecystectomy, she complains of SOB & decreased BP 60 systolic, on examination unilateral swelling of right Leg, what is the diagnosis?
a) Hypovolomic shock
b) septic shock
c) **Pulmonary embolism**
d) MI
e) Hag. Shock

43. 55 years old male with COPD complains of 1 week fever, productive cough, on CXR showed left upper pneumonia and culture of sputum shows positive haemophilus influenza, what is the treatment?
a) Penicillin
b) Doxecycline
c) **Cefuroxime**
d) Gentamycin
e) Carbenicillin

- **Explanation:**

2nd generation cephalosporin used in respiratory infections "H. influenza and M. catarrhalis"

44. Klebsiella faecalis cause the following disease:
a) **Pneumonia**

- **Explanation:**
  - ✓ There is no klebsielafaecalis!
  - ✓ Klebsiellapneumoniae
  - ✓ Klebsiellaozaenae
  - ✓ Klebsiellarhinoscleromatis
  - ✓ Klebsiellaoxytoca
  - ✓ Klebsiellaterrigena
  - ✓ Klebsiellaornithinolytica
  - ✓ **Note:** *Klebsiella* organisms can lead to a wide range of disease states, notably pneumonia, urinary tract infections, septicemia, and soft tissue infections

45. Hemoptysis, several month PPD positive, taken all vaccination, X-ray showed apical filtration, PPD test has been done again, it came negative, diagnosis:

a) Sarcoidosis
b) **Primary old TB**
c) Mycoplasma

46. For close contact with TB patients what do you need to give:

a) Immunoglobulin
b) Anti-TB
c) Rifampin
d) **INH**

- **Explanation:**

TB preventive therapy

- ✓ **INH-sensitive**: INH for 6-9 months
- ✓ **HIV +ve:** INH for 9 months
- ✓ **INH-resistant**: Rifampicin for 4 months

47. An outbreak of TB as a prophylaxis you should give :

a) Give BCG vaccine
b) **Rifampicin**
c) Tetracycline
d) H. influenza vaccine

- **Explanation:**

if there is INH it is the best answer and if they mean by outbreak INH-resistant then the answer is Rifampin

48. Patient sustained a major trauma presented to ER the first thing to do:

a) **Open the air way give 2 breath**
b) Open the airway remove foreign bodies
c) Give 2 breath followed by chest compression
d) Chest compression after feeling the pulse

49. Patient with 3 weeks history of shortness of breath with hemoptysis the appropriate investigation is:

a) CXR,AFB,ABG
b) **CXR, PPD, AFB.**
c) CT,AFB,ABG

- ✓ **CXR, PPD, AFB** "Ziehl Neelsen stain", These are the basic investigations for TB pt

50. Treatment of community acquired pneumonia:

a) **Azithromycin**
b) Ciprofloxacin
c) Gentamicin
d) Tetracycline

- ✓ **note;** Azithromycin is derived from erythromycin it is used to treat or prevent certain bacterial infections, most often those causing middle ear infections, strep throat,pneumonia, typhoid, bronchitis and sinusitis.

51- 100 by Ahmad Alsaadi

51. Patient had fever in the morning after he went through a surgery, what's your diagnosis?
a) **Atelectasis**
b) Wound infection
c) DVT
d) UTI
- **Explanation:**

Postoperative atelectasis generally occurs within 48 hours

52. The best prophylaxis of DVT in the post-op patient (safe and cost-effective):
a) **LMWH**
b) Warfarin
c) Aspirin
d) Unfractionated heparin

53. 3 years old presented with shortness of breath and cough at night which resolved by itself in 2 days. He has Hx of rash on his hands and allergic rhinitis. he most likely had
a) Croup
b) **Bronchial asthma**
c) Epiglottitis

54. Pediatric came to you in ER with wheezing, dyspnea, muscle contraction (most probably asthma), best to give initially is :
a) Theophylline
b) **Albuterol nebulizers**
c) oral steroids

55. Antibiotic for community acquired pneumonia:
a) Gentamicin+Amoxicillin
b) **Erythromycin**

The question is deficient

56. Prophylaxis of Asthma: ?
a) oral steroid
b) **Inhaler steroids**
c) **Inhaler bronchodilator B agonists**

57. Smoking withdrawal symptoms peak at:
a) 1-2 days
b) **2-4 days**
c) 7 days
d) 10-14 days
- **Explanation:**

Symptoms of nicotine withdrawal generally start within 2 - 3 hours after the last tobacco use, and will peak about 2 - 3 days later
- **source:**

http://www.uptodate.com/contents/benefits-and-risks-of-smoking-cessation

58. 6 month with cough and wheezy chest .diagnosis is (incomplete Q) ?

a) Asthma
b) **Bronchiolitis**
c) Pneumonia
d) F.B aspiration

59. Physiological cause of hypoxemia:
a) Hypoventilation
b) Improper alveolar diffusion
c) **Perfusion problem (V/Q mismatch)**
d) Elevated 2.3 DPG

60. Child with asthma use betamethazone, most common side effect is:
a) Increase intraocular pressure
b) Epilepsy
c) **Growth retardation**

61. The respiratory distress syndrome after injury is due to :
a) Pneumothorax
b) **Aspiration**
c) Pulmonary edema
d) Pulmonary embolus
e) None of the above

- **Explanation:**
  ARDS etiologies:
  - ✓ **Direct injury**: pneumonia, inhalation injury, aspiration, lung contusion and near drowning
  - ✓ **Indirect injury**: sepsis, pancreatitis, shock, trauma/multiple fractures, DIC and transfusion

62. Interstitial lung disease, All true except:
a) Insidious onset exertional dyspnea.
b) Bibasilar inspiratory crepitations in physical examination.
c) **Hemoptysis is an early sign**
d) Total lung volume is reduced

- **Explanation:**

All patients with interstitial lung diseases develop **exertional dyspnea** and **non-productive cough**. The examination revealed typical **coarse crackles** and evidence of **pulmonary hypertension**. PFTs show evidence of restrictive pattern (decrease volumes)

63. The effectiveness of ventilation during CPR is measured by:
a) **Chest rise**
b) Pulse oximetry
c) Pulse acceleration

64. Regarding moderately severe asthma, all true except:
a) **PO2 < 60mmHg**
b) PCO2 > 60 mm Hg , early in the attack
c) Pulsus Paradoxus
d) IV cortisone help in few hours

- **Explanation:**

A typical arterial gas during an acute uncomplicated asthma attack reveals normal PaO2, low PaCO2 and respiratory alkalosis. Hypoxemis in a PaO2 range of 60 to 80 mm Hg frequently is found even in moderately severe asthma.24 However; a PaO< 60 mm Hg may indicate severe disease.

- ✓ Hypoxemia is due to ventilation perfusion mismatching, whereas low PaCO2 is a result of hyperventilation.
- ✓ A progressive increase in PaCO2 is an early warning sign of severe airway obstruction in a child with respiratory muscle fatigue, so the answer (PCO2 > 61 mm Hg "early attack") is clearly WRONG as this may happen late in the attack of asthma
- ✓ The answer (PO2 < 60 mm Hg) CAN BE CONSIDERED WRONG. As usually the PO2 goes below 60 in SEVERE ASTHMA rather than a MODERATLY- SEVERE ASTHMA

65. What is the simplest method to diagnose fractured rib?
a) Posteronteriorx ray (sensitivity is low 50%)
b) Lateral x ray
c) Tomography of chest
d) **Oblique x ray**

66. Air bronchogram is characteristic feature of:
a) Pulmonary edema.
b) Hyaline membrane disease.
c) **Lobar Pneumonia.**
d) Lung Granuloma.
- **Explanation:**

The most common causes of an air bronchogram are consolidations of various origins and pulmonary edema. Similarly, widespread air bronchograms are seen in hyaline membrane disease. Air bronchograms are also seen in atelectatic lobes on chest radiographs when the airway is patent, notably when atelectasis is caused by pleural effusion, pneumothorax or bronchiectasis.

67. The most specific investigation for pulmonary embolism is:
a) Perfusion scan
b) X-ray chest
c) Ventilation scan
d) **Pulmonary angiography**
- **Explanation:**
  - ✓ V\Q(perfusion) scan: high sensitivity and low specificity
  - ✓ CXR: limited sensitivity and specificity
  - ✓ CT angiography high sensitivity and specificity.

68. A 62 years old male known to have BA. History for 1 month on bronchodilator & beclomethasone had given theophylline. Side effects of theophylline is:
a) GI upset
b) Diarrhea
c) Facial flushing
d) **Cardiac arrhythmia**
- **Explanation:**

The most common side effects are **cardiac arrhythmia, anxiety, tremors, tachycardia & seizures**
Always monitor ECG

69. History of recurrent pneumonia, foul smelling sputum with blood and clubbing, what is the diagnosis?
a) **Bronchiectasis**
b) Pneumonia
c) Lung Abscess
d) COPD
- **Explanation:**

Clinical features of Bronchiectasis are recurrent pneumonia because of the dilated bronchi so there's a reduction in the ability of the clearance of secretions and pathogens from the airways. The sputum is copious and could foul smell and the patients would have clubbing. A lung abscess also causes clubbing and foul smelling sputum but if properly treated why it would recur. COPD has frequent infective exacerbations but doesn't cause clubbing. Pneumonia is an acute process and no clubbing occurs.

70. In mycoplasma pneumonia, there will be:

a) **Positive cold agglutinin titer.**
b) Lobar consolidation.

- **Explanation:**

Both are correct! Positive cold agglutinin titer occurs in 50-70% of patients and lobar consolidation may also be present but rare.

71. Patient in ER: dyspnea, right sided chest pain, engorged neck veins and weak heart sounds, absent air entry over right lung. Plan of treatment for this patient:

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

- **Explanation:**

Symptoms and signs of tension pneumothorax may include the following:

- ✓ Chest pain (90%), Dyspnea (80%), Anxiety, Acute epigastric pain (a rare finding),Fatigue
- ✓ Respiratory distress (considered a universal finding) or respiratory arrest
- ✓ Unilaterally decreased or absent lung sounds (a common finding; but decreased air entry may be absent even in an advanced state of the disease)
- ✓ Adventitious lung sounds (crackles, wheeze; an ipsilateral finding)
- ✓ Lung sounds transmitted from the nonaffectedhemithorax are minimal with auscultation at the midaxillary line
- ✓ Tachypnea; bradypnea (as a preterminal event)
- ✓ Hyperresonance of the chest wall on percussion (a rare finding; may be absent even in an advanced state of the disease)
- ✓ Hyperexpansion of the chest wall
- ✓ Increasing resistance to providing adequate ventilation assistanc
- ✓ Cyanosis (a rare finding)
- ✓ Tachycardia (a common finding)
- ✓ Hypotension (should be considered as an inconsistently present finding; while hypotension is typically considered as a key sign of a tension pneumothorax, studies suggest that hypotension can be delayed until its appearance immediately precedes cardiovascular collapse)
- ✓ Pulsus paradoxus & Jugular venous distension

72. Which of the following radiological features is a characteristic of miliary tuberculosis:

a) Sparing of the lung apices
b) Pleural effusion
c) Septal lines
d) Absence of glandular enlargement
e) **Presence of a small cavity**

- **Explanation :**

typically would show glass ground appearance

73. A 30 years old man presents with shortness of breath after a blunt injury to his chest, RR 30 breaths/min, CXR showed complete collapse of the left lung with pneumothorax, mediastinum was shifted to the right. The treatment of choice is:

a) **Chest tube insertion**
b) Chest aspiration
c) Thorocotomy and pleurectomy
d) IV fluids & O2 by mask
e) Intubation

74. Right lung anatomy, which one true :

a) Got 7 segment
b) **2 pulmonary veins**
c) No relation with azigous vein

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

a) **Inhaled β2 agonists.**
b) Oral aminophylline.
c) Inhaled anticholinergics.
d) Oral antihistamines.
e) Oral corticosteroids.

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

a) A two-drug regimen consisting of isoniazid (INH) and rifampin (Rifadin).
b) A three-drug regimen consisting of isoniazid, rifampin, and ethumbutol (Myambutol).
c) **A four-drug regimen consisting of isoniazid, refimpin, pyarazinamide and ethumbutol**
d) No treatment for most patients until infection is confirmed by culture
e) A five-drug regimen consisting of Ionized, Rifampicin, pyrazinamide, ethumbutol and ciprofloxacin

77. 55 years old male presented to your office for assessment of chronic cough. He stated that he has been coughing for the last 10 years but the cough is becoming more bothersome lately. Cough productive of mucoid sputum, occasionally becomes purulent. Past history: 35 years history smoking 2 packs per day. On examination: 124 kg, wheezes while talking. Auscultation: wheezes all over the lungs. The most likely diagnosis is:

a) Smoker's cough
b) Bronchiectasis
c) Emphysema
d) **Chronic bronchitis**
e) Fibrosing alveolitis

- **Explanation:**

An elderly male with a long history of heavy smoking and change in character of cough is chronic bronchitis which is a clinical diagnosis (cough for most of the days of 3 months in at least 2 consecutive years). Emphysema is a pathological diagnosis (dilatation and destruction beyond the terminal bronchioles). Fibrosing alveolitis causes dry cough.

78. 25 years old man had fixation of fractured right femur. Two days later he became dyspnic, chest pain and hemoptysis. ABG:-pH: 7.5, pO2:65, pCO2: 25, initial treatment is:

a) Furosemide
b) Hydrocortisone
c) Bronchoscopy

d) **Heparin**
e) Warfarin
- **Explanation:**

After fracture, fixation (immobile), dyspnea means pulmonary embolism. You start treatment by heparin for a few days then warfarin.

79. All of the following are true about pulmonary embolism, except:
a) **Normal ABG**
b) Sinus tachycardia is the most common ECG finding.
c) Low plasma D-dimer is highly predictive for excluding PE.
d) Spiral CT is the investigation of choice for diagnosis.
e) Heparin should be given to all pts with high clinical suspicion of PE.
- **Explanation:**

in PE ABG will show decreased PaO2 and PaCO2 (due to impaired diffusion).

80. In a child with TB, all is found EXCEPT:
a) History of exposure to a TB patient.
b) Chest x-rays findings.
c) Splenomegaly.
d) Positive culture from gastric lavage.
all are correct

81. All indicate severity of bronchial asthma ,EXCEPT
a) Intercostal and supraclavicular retraction
b) Exhaustion
c) PO2 60 mmHg
d) PO2 60 mmHg + PCO2 45 mmHg
e) Pulsusparadoxis > 20mmHg
- **Explanation:**

Severe: PEFR<40%, Sa O2 <90%, PO2<60, PCO2 >45, dyspnea at rest, inspiratory & expiratory wheezes, accessory muscle use , pulsusparadoxus>25 mmHg

82. Patient came with scenario of chest infection, first day of admission he treated with cefotaxime, next day, patient state became bad with decrease perfusion and x-ray show complete right Side hydrothorax, causative organism:
a) **Streptococcus pneumonia**
b) Staph. Aureus
c) Haemophilus influenza
d) Pseudomonas
- **Explanation:**

Parapneumonic effusion/empyema especially seen with S. pneumonia

83. which of the following treatment contraindication in asthmatic patient:
a) **Non-selective B blocker**

84. Which of the following shift the O2 dissociation curve to the right?
a) Respiratory alkalosis
b) **Hypoxia**
c) Hypothermia

85. 3 years old his parents has TB as a pediatrician you did PPD test after 72 hr you find a 10mm indurations in the child this suggest:

a) Inconclusive result
b) Weak positive result
c) **Strong positive result**
- **Explanation:**

High risk because of contact

86. Best way to secure airway in responsive multi-injured patient is
a) **Nasopharyngeal tbue**

87. Old patient with sudden onset of chest pain, cough and hemoptysis, ECG result right axis deviation and right bundle branch block , what is the diagnosis
a) MI
b) **Pulmonary embolism**
- **Explanation:**

ECG in PE: sinus tachycardia, right axis deviation, P pulmonale, RBBB, S1Q3T3, and T wave inversion V1-V4

88. TB patient taking anti TB drugs developed color blindness which drug caused this side effect?
a) **Ethambutol**
- **Explanation:**

Ethambutol adverse effects: optic neuritis

89. PPD positive, CXR negative : (incomplete Q) ?
a) INH for 6 moths
b) INH amdrefampicin for 9
c) reassurance

90. Patient developed dyspnea after lying down for 2 hours, frothy sputum stained with blood, +ve hepatojugular reflux, +1 leg edema, oncotic pressure higher than capillary 25% edema is:
a) **Interstitial**
b) Venous
c) Alveolar
d) Capillary

91. The chromosome of cystic fibrosis:
a) Short arm of chromosome 7
b) **Long arm of chromosome 7**
c) Short arm of chromosome 8
d) Long arm of chromosome 8
e) Short arm of chromosome 17

92. Patient present with sever bronchial asthma which of the following drug , not recommended to give it :
a) **Sodium gluconate.**
b) Corticosteroid (injection or orally?)
c) Corticosteroid nebulizer.

93. Lady known to have recurrent DVT came with superior vena cava thrombosis, what is the diagnosis?
a) **SLE**

b) christmas disease
c) Lung cancer
d) Nephrotic disease

94. Long scenario for patient smokes for 35 years with 2 packets daily, before 3 days develop cough with yellow sptum, since 3 hours became blood tinged sputum, X ray show opacification and filtration of right hemithorax, DX:
a) **Bronchogenic CA**
b) acute bronchitis
c) lobar pneumonia

95. Patient came with cough, wheezing, his chest monophonic sound, on x ray there is patchy shadows in the upper lobe+ low volume with fibrosis, he lives in a crowded place, What is the injection should be given to the patient's contacts?
a) Hemopheilus influanza type b
b) Immunoglobuline
c) Menngioc. Conjugated
d) **Basil calament**

96. Patient is a known case of moderate persistent bronchial asthma. He is using ventoline nebulizer. He develops 3 attacks per week. The drug to be added is: (incomplete Q)
a) Increase prednisolone dose
b) **Add long acting B agonist**
c) Add ipratropium
d) IV aminophylline

TABLE 2.15-3. Medications for Chronic Treatment of Asthma

Type	Symptoms (Day/Night)	FEV_1	Medications
Mild intermittent	≤ 2 days/week ≤ 2 nights/month	≥ 80%	No daily medications. PRN short-acting bronchodilator.
Mild persistent	> 2/week but < 1/day > 2 nights/month	≥ 80%	Daily low-dose inhaled corticosteroids. PRN short-acting bronchodilator.
Moderate persistent	Daily > 1 night/week	60–80%	Low- to medium-dose inhaled corticosteroids + long-acting inhaled β_2-agonists.
Severe persistent	Continual, frequent	≤ 60%	High-dose inhaled corticosteroids + long-acting inhaled β_2-agonists. Possible PO corticosteroids. PRN short-acting bronchodilator.

97. Known case of asthma prevent:
a) **Exposure to dust mite**

98. Patient with severe asthma, silent chest what is next step?
a) IV theophylline
b) **Neb salbutamol**
first line in treatment of sever asthma is (salbutamol + ipratropium bromide) via nebulizer .. so I choose (b)

99. 82 years old female presented to ER in confusion with hypotension. BP was 70/20, P=160/min, rectal T 37.7₀C. The most likely of the following would suggest sepsis as a cause of hypotension is:

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

- **Explanation:**

Special features of septic shock:

- ✓ High fever
- ✓ Marked vasodilatation throughout the body, especially in the infected tissues.
- ✓ High cardiac output in perhaps one half of patients caused by vasodilatation in the infected tissues & by high metabolic rate & vasodilatation elsewhere in the body, resulting from bacterial toxin stimulation of cellular metabolism & from high body temperature.
- ✓ DIC.

100. Child with picture of pneumonia treated with cefotaxime but he got worse with cyanosis intercostals retraction and shifting of the trachea and hemothorax on x-ray, the organism:

a) Pneumocystis carnii
b) **Strepreptococcus pneuomonia**
c) Staph aureus
d) Pseudomonos

101-102 by Doaa Alfraidi

101. What is the most effective measure to limiting the complications in COPD?

a) Pneumococcal vaccination
b) **Smoking cessation**

- The most important aspect of management is to encourge smoking cessation .
- 324"Danish"

102. Goodpasture syndrome is associated with:

a) Osteoporosis.
b) Multiple fractures and nephrolithiasis
c) **Lung bleeding and Glomerulonephritis**

- From 60-80% of patients have clinically apparent manifestations of pulmonary and renal disease, 20-40% have renal disease alone, and less than 10% have disease that is limited to the lungs.
- http://emedicine.medscape.com/article/240556-clinical

103. End stage of COPD:

a) ERYTHROCYTOSIS
b) HIGH Ca
c) **Low K**

- Patients with COPD tend to retain sodium. In addition, serum potassium should be monitored carefully, because diuretics, beta-adrenergic agonists, and theophylline act to lower potassium levels.

- Beta-adrenergic agonists also increase renal excretion of serum calcium and magnesium, which may be important in the presence of hypokalemia.
- http://emedicine.medscape.com/article/297664-workup#aw2aab6b5b3

104. Case of old male, heavy smoker, on chest X ray there is a mass, have hyponatremia and hyperosmolar urine, what is the cause?

a) **Inappropriate secretion of ADH.**
b) Pituitary failure.

- SIAD—syndrome of immoderate antidiuresis) is characterized by excessive release of antidiuretic hormone from the posterior pituitary gland or another source. The result is often fluid overload leading to dilutional hyponatremia. It was originally described in people with small-cell carcinoma of the lung .
- http://en.wikipedia.org/wiki/Syndrome_of_inappropriate_antidiuretic_hormone_secretion

105. Patient K/C of uncontrolled asthma moderate persistent on bronchodilator came with exacerbation and he is now ok, what you will give him to control his asthma?

a) Systemic steroid
b) **Inhaler steroid**
c) Ipratropium

- 335'Danish' step 2 in mangment Asthma
- http://emedicine.medscape.com/article/296301-treatment#aw2aab6b6b2

106. Patient PPD test positive for TB before anti TB treatment:

a) Repeat PPD test
b) **Do mantoux test**

107. Old patient, smoker, COPD, having cough and shortness of breath in day time not at night how to treat him?

a) Theophylline
b) **Ipratropium**
c) Long acting

- Ipratropium oral inhalation is used to prevent wheezing, shortness of breath, coughing, and chest tightness in people with chronic obstructive pulmonary disease (COPD; Ipratropium is in a class of medications called bronchodilators.
- http://en.wikipedia.org/wiki/Ipratropium_bromide

108. patient with asthma use short acting beta agonist and systemic corticosteroid <classification of treatment:

a) Mild intermittent
b) Mild persistent
c) Moderate"
d) **Sever**

- http://emedicine.medscape.com/article/296301-treatment#aw2aab6b6b2

109. Obese patient and his suffering with life, the important thing that he is snoring while he is sleeping and the doctors record that he has about 80 apnea episode to extend that po2 reach 75% no other symptoms. Exam is normal. Your action is:

a) Prescribe for him nasal strip
b) Prescribe an oral device
c) **Refer to ENT for CPAP and monitoring refer for hospital**

110. Patient came with Pneumocystis carinii infection. What is your action?

a) Ax and discharge
b) **Check HIV for him**

- Since the start of the AIDS epidemic, PCP has been closely associated with AIDS. Because it only occurs in an immunocompromised host, it may be the first clue to a new AIDS diagnosis if the patient has no other reason to be immunocompromised (e.g. taking immunosuppressive drugs for organ transplant).
- http://en.wikipedia.org/wiki/Pneumocystis_pneumonia

111. Patient wake up with inability to speak, he went to a doctor. He still couldn't speak. But he can cough when he asked to do. He gave you a picture of his larynx by laryngoscope. Which grossly looks normal, what is your diagnosis?

a) Paralysis of vocal cords
b) Infection
c) **Functional aphonia**

- https://sites.google.com/site/drtbalusotolaryngology/Home/laryngology/functional-aphonia

112. COPD coughing greenish sputum, what's the organism?

a) Staph aureus
b) Strep pneumonia
c) Mycoplasma
d) chlamydia
e) **Haemophilus influenza**

- I can't be sure !!

113. Patient with bilateral infiltration in lower lobe (pneumonia), which organism is suspected?

a) **Legionella**
b) Klebsiella

- Pneumonia caused by Legionella may occur with abdominal pain, diarrhea, ... have bilateral patchy areas,
- http://en.wikipedia.org/wiki/Pneumonia

114. Old Patient was coughing then he suddenly developed pneumothorax best management:

a) Right pneuoectomy
b) Intubation
c) **Tube thoracotomy**
d) Lung pleurodisis

- **Explanation :**
  - ✓ No choice like needle aspiration in second intercostal space
  - ✓ guidelines of management: http://emedicine.medscape.com/article/424547-treatment#aw2aab6b6b2

115. Patient with adult respiratory distress syndrome, he got tension pneumothorax, what is the probable cause?

a) **severe lung injury**
b) Negative pressure
c) central venous line
d) Oxygen 100%

- ✓ I'm not sure about the answer !!
- ✓ http://misc.medscape.com/pi/iphone/medscapeapp/html/A432979-business.html#a0102

116. Patient has pharyngitis rather he developed high grade fever then cough then bilateral pulmonary infiltration in CXR, WBC was normal and no shift to left, what is the organism?
a) Staphylococcus aurous
b) **streptococcus pneumonia**
c) legionella
d) chlamydia

117. Asbestosis :
a) Bilateral fibrosis --- the end result
b) Pleural calcification --- the specific sign

118. Patient suffering from wheezing and cough after exercise, not on medications, what's the prophylactic medication?
a) **Inhaled b2 agonist**
b) Inhaled anticholinergic
c) Oral theophylline
- Beta2 agonists relieve reversible bronchospasm by relaxing the smooth muscles of the bronchi. These agents act as bronchodilators and are used to treat bronchospasm in acute asthmatic episodes and to prevent bronchospasm associated with exercise-induced asthma or nocturnal asthma.
- http://emedicine.medscape.com/article/296301-medication#2

119. Old patient stopped smoking since 10 years, suffering from shortness of breath after exercise but no cough and there was a table FEV1=71% FVC=61% FEV1/FVC=95% TLC=58% What's the dx?
a) Restrictive lung disease
b) Asthma
c) Bronchitis
d) Emphysema
e) **Obstructive with restrictive**
- http://www.medicine.mcgill.ca/physio/vlab/resp/lungdiseases_n.htm

120. Patient with asthma on daily steroid inhaler and short acting B2 agonist what category:
a) Mild intermittent
b) Mild persistent
c) **Moderate**
d) Sever
- http://emedicine.medscape.com/article/296301-treatment#aw2aab6b6b2

121. Young patient with mild intermittent asthma, attacks once to twice a week, what's best for him as prophylaxis?
a) **inhaled short acting B agonist**
b) inhaled steroid
- Beta2 agonists relieve reversible bronchospasm by relaxing the smooth muscles of the bronchi. These agents act as bronchodilators and are used to treat bronchospasm in acute asthmatic episodes and to prevent bronchospasm associated with exercise-induced asthma or nocturnal asthma.
- http://emedicine.medscape.com/article/296301-medication#2

122. Young lady with emphysema:
a) **Alpha 1 anti-trypsin deficiency**

- If the case descraib patient who is young and nonsmoker , you should answer alpha1 antitrypsin deficiency
- master the boards Book pag:134

123. Patient live near industries came with attack of SOB the prophylactic:

a) **B2 agonist.**
b) Oral steroid
c) inhaled corticosteroid

- Beta2 agonists relieve reversible bronchospasm by relaxing the smooth muscles of the bronchi. These agents act as bronchodilators and are used to treat bronchospasm in acute asthmatic episodes and to prevent bronchospasm associated with exercise-induced asthma or nocturnal asthma.
- http://emedicine.medscape.com/article/296301-medication#2

124. Young patient with unremarkable medical history presented with SOB, wheeze, long expiratory phase. Initial management:

a) **Short acting B agonist inhaler**
b) Ipratropium
c) Steroids
d) Diuretic

- For all patients, quick-relief medications include rapid-acting beta2 agonists as needed for symptoms.
- http://emedicine.medscape.com/article/296301-treatment#aw2aab6b6b1aa

125. If there is relation between anatomy and disease pneumonia will occur in:

a) Right upper lobe
b) **Right middle lobe**
c) **Right lower lobe**
d) Left upper lobe
e) Left lower lobe

- Generally the right middle and lower lung lobes are the most common sites of infiltrate formation due to the larger caliber and more vertical orientation of the right mainstem bronchus.

(3)
Gastroenterology

- 1-25 by: Doaa Alfraidi
- 26- 76 by: Mohammed Salah
- 77- end by: Hosam Alrohaili

1-25 by Doaa Alfraidi

1- Woman complaining of burning retrosternal pain with normal ECG what is the treatment?

a) **PPI (Proton Pump Inhibitor)**

- Retrosternal pain is usually because of regurgitation but cardiopulmonary causes must be excluded, in this case it is excluded by an ECG.
- http://en.wikipedia.org/wiki/Heartburn

2. 15 years male with history of 3 days yellow sclera, anorexia, abdominal pain, LFT: T. bilirubin = 253 Indirect = 98 ALT = 878, AST = 1005, what is the diagnosis?

a) Gilbert disease
b) **Infective hepatitis**
c) Obstructive Jaundice
d) Acute pancreatitis
e) Autoimmune hepatitis

- In Gilbert disease bilirubin is increased with normal liver enzymes, for obstructive jaundice the indirect bilirubin would be normal and the direct would increase, acute pancreatitis serum amylase and lipase are the main diagnostic test, infective hepatitis (Hep A) is of an acute onset with elevated liver enzymes to more than 10 folds.
- Rises in the levels of ALT and aspartate aminotransferase (AST) are sensitive for hepatitis A.
- http://emedicine.medscape.com/article/177484-workup#aw2aab6b5b4

3. Middle age woman presented with upper abdominal pain, increase by respiration. On examination temperature 39 oC, right hypochondrial tenderness, her investigations: Bilirubin & ALT à normal, WBC 12.9, your next step is:

a) chest X-ray
b) **abdominal ultrasound**
c) Serum amylase
d) ECG
e) endoscopy

- By sign and symptoms most commonly this is an acute cholecystitis and sonography is a sensitive and specific modality for diagnosis of acute cholecystitis.

4. Gastric lavage can be done to wash all of the followings except:

a) **Drain cleanser**
b) Vitamin D
c) Diazepam
d) Aspirin

- Drain cleanser is a sulphuric acid and its ingestion cause GI perforation and ARDS so no use of gastric lavage.

5. Drug addict swallowed open safety pins since 5 hours, presented to the ER, X rays showed the foreign body in the intestine. Which is the best management :

a) shift to surgery immediately
b) discharge and give appointment to follow up
c) **admit and do serial abdominal X-rays and examination**
d) give catharsis : MgSO4 250 mg

- There is a chance that safety pins pass without any significant damage to the GI tract but caution must be taken and patient is under observation by serial X-rays.

- If patient develop signs of perforation immediate surgery is crucial.
- Most smaller, sharp foreign bodies, such as straight pins, transit the GI tract without difficulty, as the peristaltic action carries the blunt end first (as in the radiograph below); however, many authorities recommend endoscopic removal for these as well.
- http://emedicine.medscape.com/article/776566-treatment#a1126

6. Patient with hepatosplenomegally and skin bruises and cervical mass what is the initial investigation;

a) **Bone marrow**

- The presenting symptoms is likely to occur in leukemic patients, bone marrow biopsy is one of the initial investigations along with CBC with differential, chest X-rays.
- http://emedicine.medscape.com/article/1201870-workup

7. which of the following is an indication of surgery in Crohn's disease:

a) **Internal fistula Or intestinal obstruction**

- Most patients with Crohn's disease ultimately require one or more operations in their lifetime. Operative indications are the same no matter where the disease manifests itself. They include:
- Failure of medical therapy
- Obstruction , fistula, abscess or Hemorrhage
- Growth Retardation (in the pediatric population)
- Perforation , Carcinoma & extraintestinal manifestations
- http://emedicine.medscape.com/article/172940-overview

8. What is the contraindicated mechanism in a child swallowed a bleach cleaner solution:

a) **Gastric lavage**

- Bleach cleaner is a strong alkali that cause GI perforation, aspiration pneumonia and ARDS. The best measure is to drink milk to normalize PH.

9. Patient with vomiting and diarrhea and moderate dehydration, how to treat:

a) **ORS only**

- Medications such as loperamide, anticholinergics, and adsorbents are not recommended in dehydration because of questionable efficacy and potential adverse effects.
- Rapid oral rehydration with the appropriate solution has been shown to be as effective as intravenous fluid therapy in restoring intravascular volume and correcting acidosis.
- http://emedicine.medscape.com/article/906999-treatment

10. Initial investigation in small bowel obstruction :

a) **Erect & supine abdominal X- ray**

- Plain film is valuable for imaging triage and it has been recommended that where the initial X-ray suggests complete or high-grade obstruction and a trial of conservative management is contemplated.
- Plain radiographs are diagnostically more accurate in cases of simple obstruction.
- http://emedicine.medscape.com/article/774140-workup#aw2aab6b5b2

11. In which group you will do lower endoscopy for patients with iron deficiency anemia in with no benign cause:

a) male all age group
b) children
c) **perimanupausal women & male more than 59 years**
d) women + OCP

- Older men and postmenopausal women with iron deficiency anemia are routinely evaluated to exclude a gastrointestinal source of suspected internal bleeding.
- I cant be sure !!

12. Elderly women present with diarrhea, high fever & chills, other physical examination is normal including back pain is normal , Diagnosis:

a) Pyelonephritis.
b) Bacterial gastroenteritis
c) **Viral gastroenteritis.**

- In general, viral infections are systemic affecting GI tract, causing fever and chills. Pyelonephritis excluded no severe back pain.
- http://digestive.niddk.nih.gov/ddiseases/pubs/viralgastroenteritis/#symptoms

13. Patient presented to the ER with diarrhea, nausea, vomiting, salivation, lacrimation and abdominal cramps. What do you suspect?

a) **Organophosphate poisoning**

- cause the inhibition of acetylcholinesterase leading to the accumulation of acetylcholine in the body which cause Salivation, Lacrimation, Urination, Defecation, Gastrointestinal motility, Emesis, miosis.
- http://en.wikipedia.org/wiki/Organophosphate_poisoning

14. Child with garlic smell:

a) Alcohol toxicity
b) **Organophosphate toxicity**
c) Caynide toxicity

- Helpful signs of poisoning include the pungent garlic- like odour of organophosphorus in breath and vomitus, miosis, bradycardia and muscle fasciculations.
- http://update.anaesthesiologists.org/wp-content/uploads/2009/09/Organophosphorus-Poisoning.pdf

15. Treatment of pseudomembranous colitis:

a) **Metronidazole**
b) Vancomycin
c) Amoxicillin
d) Clindamycin

- Mild to moderate disease is treated with IV metronidazole, oral Vancomycin for sever disease but presents the risk of the development of Vancomycin-resistant enterococcus.
- http://en.wikipedia.org/wiki/Pseudomembranous_colitis

16. Patient had HBsAB +ve, but the rest of the hepatitis profile was negative. The diagnosis is:

a) **Immunization from previous infection, past exposure or vaccination**
b) Carrier state
c) Chronic hepatitis
d) Active infection

- see the table on the right.

Test Result	Interpretation
HBsAg (—) Total anti-HBc (—) anti-HBs (—)	Susceptible
HBsAg (—) Total anti-HBc (+) anti-HBs (+)	Immune due to natural infection
HBsAg (—) Total anti-HBc (—) anti-HBs (+)	Immune due to hepatitis B vaccination
HBsAg (+) Total anti-HBc (+) IgM anti-HBc (+) anti-HBs (—)	Acutely infected
HBsAg (+) Total anti-HBc (+) IgM anti-HBc (—) anti-HBs (—)	Chronically infected
HBsAg (—) Total anti-HBc (+) anti-HBs (—)	Four interpretations possible 1. Recovering from acute HBV infection 2. Distantly immune and test not sensitive enough to detect very low level of serum anti-HBs 3. Susceptible with a false positive anti-HBc 4. Chronic HBV infection with rare circumstance where HBV does not produce detectable HBsAg

17. 24 years old man presented with 4 month history of diarrhea with streaks of blood & mucous. Ulcerative colitis was confirmed by colonoscopy. The initial therapy for this patient:

a) oral corticosteroid
b) azathioprine
c) infleximabe
d) Aminosalicylic acid
e) **Sulfasalazine**

- In Crohn's disease and ulcerative colitis, it is thought to be an anti-inflammatory drug that is essentially providing topical relief inside the intestine.
- http://emedicine.medscape.com/article/183084-treatment

18. Which of the following organisms can cause invasion of the intestinal mucosa, regional lymph node and bacteremia:

a) **Salmonella**
b) Shigella
c) E. coli
d) Vibrio cholera
e) Campylobacter jejeni

- Shigella & E. coli do not invade beyond the lamina propria into the mesenteric lymph nodes or reach the bloodstream while salmonella does.
- Inflammatory Gastroenteritis- Dysentery
- This form of intestinal infection affects the large intestine. Most of these organisms are invasive and cause the host to mount an inflammatory response.
- http://www.atsu.edu/faculty/chamberlain/website/lectures/lecture/gi4.htm

19. Patient presented with severe epigastric pain radiating to the back. He has past hx of repeated epigastric pain. Social history: drinking alcohol. What's the most likely diagnosis:

a) MI
b) **Perforated chronic peptic ulcer**

- Severe back pain with history of chronic peptic ulcer is indicative of perforation add the Hx of alcohol.
- http://emedicine.medscape.com/article/181753-clinical

20. A female patient has clubbing, jaundice and pruritus. Lab results showed elevated liver enzymes (Alkaline phosphatase), high bilirubin, hyperlipidemia and positive antimitochondrial antibodies. What's the most likely diagnosis:

a) Primary sclerosing cholangitis
b) **Primary biliary cirrhosis**

- PBC is an autoimmune disease destroys (bile canaliculi) within the liver and leads to cholestasis and elevated liver enzymes. 9:1 (female to male). Diagnosed by Presence of AMA and ANA.
- http://emedicine.medscape.com/article/171117-workup

21. Patient came recently from Pakistan after a business trip complaining of frequent bloody stool. The commonest organism causes this presentation is:

a) TB
b) Syphilis
c) AIDS
d) **Amebic dysentery**
e) E.coli

- Entamoeba histolytica is mainly found in tropical areas and presents as a bloody stool.

- http://en.wikipedia.org/wiki/Amoebic_dysentery

22. Erosive gastritis:
a) Happened within one week of injury
b) **Happened within 24 hrs of injury.**
Not sure !!

23. pt with acute abdomen you will find :
a) **Rapid shallow breath**
b) rapid prolonged breath
- Peritonitis leading to reduction of abdominal and respiratory movement.

24. about hepatitis b vaccination scheduling for adult:
a) **3 doses only**
- See the table on the right.

Hepatitis B Vaccine Schedule for Adults ≥ 20 Years*
0, 1, and 6 months
0, 1, and 4 months
0, 2, and 4 months
0, 1, 2, and 12 months†

*All schedules listed are applicable to single-antigen hepatitis B vaccines; if the combined hepatitis A and hepatitis B vaccine (*Twinrix*) is used, administer 3 doses at 0, 1, and 6 months (alternatively a 4-dose schedule on days 0, 7, and 21-30, followed by a booster dose at 12 months may be used).

†A 4-dose schedule of *Engerix*-B is licensed for all age groups

Adult patients receiving hemodialysis or or with other immunocompromising conditions should receive 1 dose of 40 µg/mL (*Recombivax* HB) administered on a 3-dose schedule or 2 doses of 20 µg/mL (*Engerix*-B) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months.

25. Patient took high dose of acetaminophen presented with nausea & vomiting, investigation shows increase alkaline phosphatase and bilirubin, which organ is affected?
a) Brain
b) Gastro
c) **Liver**
- Alkaline phosphatase and bilirubin are part of LFT

26- 76 by Mohammed Salah

26. Old patient with cramp abdominal pain, nausea, vomiting and constipation but no tenderness DX a) Diverticulitis
b) Colon cancer
c) **Obstruction**
- Diverticulitis usually present as diarrhea, crampy abdominal pain is an evidence of obstruction.
- Danish p220

27. Old male patient came with fever, abdominal pain, diarrhea, loss of weight, positive occult blood, labs shows that the patient infected with streptococcus bovis, what you will do?
a) Give antibiotic
b) ORS
c) Abdominal X-Ray
d) **Colonoscopy**
e) Metronidazole

- Because there is a strong association between infections with S. bovis and colonic neoplasms and other lesions of the gastrointestinal tract, evaluation of the gastrointestinal tract with colonoscopy is important for patients with infections due to this organism

28. Patient came with chest pain, burning in character, retrosternal, increase when lying down, increase after eating hot food, clinical examination normal, what is the diagnosis?

a) MI
b) peptic ulcer
c) **GERD**
- Danish p161

29. Benign tumors of stomach represent almost :

a) **7 %**
b) 21 %
c) 50 %
d) 90 %
- Benign tumors of stomach are not common and constitute only 5–10% of all stomach tumors.
- Benign tumors of Duodenum = 10-20%

30. 40 years old with mild epigastric pain and nausea for 6 months, endoscopy shows loss of rugal folds, biopsy shows infiltration of B lymphocytes, treated with antibiotic, what is the cause?

a) Salmonella
b) **H.pylori**

31. All of the following exaggerate the gastric ulcer except

a) **Tricyclic antidepressant**
b) Delay gastric emptying.
c) Sepsis.
d) Salicylates.
e) Gastric outlet incompetent
- medscape

32. Old patient with history of recent MI complaining of severe abdominal pain, distention, bloody diarrhea, slightly raised serum amylase diagnosis is

a) Ischemic colitis?

33. Old patient with positive occult blood in stool

a) **Colonoscopy**
- Risk of colonic malignancy increased in older age especially with positive occult blood test.

34 Adult patient with history of sickle cell anemia, he at risk of

a) **Infarction**

35.After dinner 4 of family members had vomiting & diarrhea, what is the causetive organism?

a) Salmonella
b) **Staphylococcus**
c) C. diff

- Staphylococcal food poisoning onset is generally 30 minutes to 8 hours after eating.
- In salmonella onset comes later to 8 hrs.

36. Vitamin C deficiency will affect

a) **Collagen synthesis**
b) Angiogenesis
c) Epithelization
d) Migration of microphage

37. Patient with perianal pain, Increase during night and last for few minutes

a) **Proctalgia fugax**
b) Ulcerative colitis

- Proctalgia fugax most often occurs in the middle of the night and lasts from seconds to minutes

38. Young patient came with peptic ulcer, which of the following doesn't cause it:

a) Sepsis
b) Delayed gastric emptying
c) TCA
d) Aspirin use
e) Pyloric sphincter stricture

- medscape

39. Drug abuser, showed RNA virus what is the diagnosis:

a) HBV
b) **HCV**
c) HEV
d) HDV

- HBV and HCV are transmitted parentrally, HCV is a RNA virus and HBV is a DNA virus.
- Danish p 249

40. Patient with cirrhosis, ascites, lower limb edema best to give: a) Thiazide
b) **Spironolactone**

- Danish p 275
- Thiazide cause Hypokalemia and extracellular alkalosis and this is not tolerable by cirrhotic patients. While spironolatone showed less complication with long term use. Spironolactone prevent water &salt reabsorption

41. Young male known case of sickle cell anemia presented with abdominal pain & joint pain. He is usually managed by hospitalization. Your management is:

a) In-patient management & hospitalization
b) Out-patient management by NSAID
c) **Hydration, analgesia & monitoring.**
d) Narcotic opioids

- Danish p 577

42. Patient with celiac sprue he should take:

a) Carbohydrate free diet
b) Protein free diet
c) **Gluten free diet**

- Medscape ,celiac sprue , treatment
- To prevent immune reaction causing vilious atrophy.

43. First sign of MgSO4 overdose:

a) **Loss of deep tendon reflex**
b) Flaccid paralysis
c) Respiratory failure

- Medscape , mgso4 ,poising
- Clinical consequences related to serum concentration:
  >4.0 mEq/l à hyporeflexia
  >5.0 mEq/l à Prolonged atrioventricular conduction
  >10.0 mEq/l à Complete heart block
  >13.0 mEq/l à Cardiac arrest

44. 70 years old presented with weight loss, fatigue, anemia, upper quadrant pain without any previous history, the stool sowed high fat he is a known smoker:

a) Acute pancreatitis
b) Chronic pancreatitis
c) **Pancreatic carcinoma**

- Paraneoplastic syndrome with decreased lipase and old age suggest a malignancy in the pancreas.

45. About alcohol syndrome?

a) **Leads to facial anomaly and mental retardation**
b) reduce to 1 glass of wine to decrease the risk of alcohol syndrome
c) wine will not cross the placenta

- medscape , fetal alcohol syndrome
- Fetal alcohol syndrome is a pattern of mental and physical defects that can develop in a fetus in association with high levels of alcohol consumption during pregnancy

46. What is the most common cause of chronic diarrhea

a) **Irritable bowel syndrome**

- Danish p216

47. Patient with dysphagia to solid and liquid, and regurgitation, by barium there is non peristalsis dilatation of esophagus and air-fluid level and tapering end, what is the diagnosis?

a) Esophageal spasm
b) **Achalasia**
c) Esophageal cancer

- Danish p165
- Achalasia characterized by incomplete LES relaxation, increased LES tone and lack of peristalsis of the esophagus

48. Patient with nausea, vomiting and diarrhea developed postural hypotension. Fluid deficit is:

a) Intracellular
b) **Extracellular**
c) Interstitial

49. 25 years old Saudi man presented with history of mild icterus, otherwise ok, hepatitis screen: HBsAg +ve , HBeAg +ve, anti HBc Ag +ve (this should be core anti body, because core antigen doesn't leave hepatocyte to the blood), the diagnosis :

a) **Acute hepatitis B**
b) Convalescent stage of hepatitis B
c) Recovery with seroconversion hepatitis B
d) Hepatitis B carrier
e) Chronic active hepatitis B

- HBsAg First detectable agent in acute Infection Present as early as incubation period.
- HBeAg Highly Infectious State, IgM anti-HBc +ve in acute infection
- Danish p 245

50. 23 years old female presented with finding of hyperbilirubinemia, normal examination, invstigation shows total biliurubin= 3.1 , direct biliurubin= 0.4, the most likely diagnosis:

a) **Gilbert's disease**
b) Crigler najjar syndrome 1
c) Duben Johnson syndrome
d) Rotor's disease
e) Sclerosing cholangitis

- Danish p 284
- Gilbert's disease: asymptomatic, discovered incidentally, no treatment required and slight increase bilirubin
- Crigler najjar syndrome 1: this can't survive adult life. Only type II survive
- Duben Johnson syndrome & Rotor's disease: direct bilirubin (Q about indirect)
- Sclerosing cholangitis: 75% in men, pruritus & diagnosis by ERCP (MRCP)

51. Patient diagnosed with obstructive jaundice best to diagnose common bile duct obstruction:

a) **ERCP**
b) US

- ERCP can be performed as diagnostic (standard) and therapeutic.
- Danish p 286

52. 48 years female patient with abdominal pain, nausea, vomiting tenderness in right hypochondrial area your diagnosis is :

a) **Acute cholecystitis**

53. 50 years old male with 2 years history of dysphagia, lump in the throat, excessive salivation, intermittent hoarseness & weight loss. The most likely diagnosis is:

a) Cricopharyngeal dysfunction
b) Achalasia
c) Diffuse spasm of the oesophagus.
d) Scleroderma.

e) **Cancer of cervical esophagus.**
- Danish p 166
- The presenting symptoms are suggestive of malignancy (old age, weight loss, hoarseness, lump and excessive salivation)

54. Gastresophageal Reflux Disease best diagnosed by:

a) History
b) Physical examination & per-rectal examination
c) History & barium meal
d) **History & upper GI endoscopy**
- Because we have to rule out other important deferential diagnosis like oesophagitis, infection, duodenal or gastric ulcers, cancers.
- Danish p 163

55. Irritable bowel syndrome all EXCEPT

a) Abdominal distention
b) Mucous PR
c) Feeling of incomplete defecation
d) **PR bleeding**
- Rome II criteria for IBS: At least 3 months (consecutive) of abdominal pain with 2 out of the following 3:
- Relief with defecation, change in form of stool or change in frequency of stool. Symptoms that support the diagnosis abnormal stool frequency, abnormal form, abnormal passage (straining, urgency, sense of incomplete defecation), passage of mucous and bloating or feeling of distention. Absence of alarming features which are weight loss, nocturnal defecation, blood or pus in stool, fever, anemia and abnormal gross findings on flexible sigmoidoscopy.
- Danish p 216

56. Regarding H. Pylori eradication:

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

57. One type of food is protective against colon cancer:

a) Vitamin D
b) **Fibers**
- Danish p 214
- Colon cancer the presumed environmental influence is high fat consumption and low fiber consumption.

58. 70 years old woman presented with 3 days history of perforated duodenal ulcer, she was febrile, semi comatose and dehydrated on admission. The BEST treatment is:

a) Transfuse with blood, rehydrate the patient , perform vagotomy and drainage urgently
b) Insert a NGT & connect to suction, hydrate the patient, give systemic antibiotics and observe.

c) **Insert a NGT & connect to suction, hydrate the patient, give systemic antibiotics and perform plication of the perforation.**

d) Hydrate the patient ,give blood ,give systemic antibiotics and perform hemigastrectomy e) None of the above

- Also, a NG tube is placed to suction out stomach juices so they do not flow out the perforation.
- Laparoscopic repair of duodenal perforation by Graham patch plication is an excellent alternative approach
- Medscape ,peptic ulcer

59. Patient was diagnosed to have duodenal ulcer and was given ranitidine for 2 weeks and now he is diagnosed to have H. pylori. What is your choice of management?

a) **Omeprazol, clarithromcin & amoxicillin**

b) Bismuth+ tetracycline+ metronidazol

c) Metronidazoland amoxicillin.

d) Omeprazol+ tetracycline.

- Medscape, peptic ulcer

60. 28 year old lady presented with history of increased bowel motion in the last 8 months. About 3-4 motions/day. Examination was normal. Stool analysis showed Cyst, yeast, nil Mucus, Culture: no growth, what is the most likely diagnosis?

a) **Inflammatory bowel disease**

b) Irritable bowel disease

c) diverticulitis

- After exclusion of infection, mucus secretion commonly happens in inflammatory bowel disease more than irritable bowel disease.
- Danish p 216

61. 40 year old man presented to the ER with 6 hour history of severe epigastric pain radiating to the back like a band associated with nausea. No vomiting, diarrhea or fever. On examination the patient was in severe pain with epigastric tenderness. ECG was normal, serum amylase was 900 u/l, AST and ALT are elevated to double normal. Which of the following is the least likely precipitating factor to this patient's condition? a) Hypercalcemia

b) **Chronic active hepatitis**

c) Chronis alcohol ingestion

d) Hyperlipedemia

e) Cholethiasis

- Hypercalcemia, chronic alcohol ingestion, cholethiasis and hyperlipidemia are precipitating factors leading to acute pancreatitis.
- Danish p 224

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

a) **Pain after meal 30-90 min.**

b) Pain after meal immediately.

c) Pain after nausea & vomiting.

d) Pain after fatty meal.

e) Pain radiating to the back.

- Ulcer-related pain generally occurs 2-3 hours after meals and often awakens the patient at night and this pattern is believed to be the result of increased gastric acid secretion, which occurs after meals and during the late night and early morning hours when circadian stimulation of gastric acid secretion is the highest.
- Pain is often relieved by food, a finding often cited as being specific for duodenal ulcer.
- Danish p 172

63. The single feature which best distinguishes Crohn's disease from ulcerative colitis is:

a) Presence of ileal disease.
b) Cigarette smoking history.
c) Presence of disease in the rectum.
d) **Non-caseating granulomas.**
e) Crypt abscesses.

- The best distinguishing feature is non-cassiating granuloma which is present in only 30 % of patients with CD however when it occurs this is definitively CD. The rest of the features are can occur in either.
- Danish p 200

64. 45 years old man presented with anorexia, fatigue and upper abdominal pain for one week. On examination he had tinge of jaundice and mildly enlarged tender liver. Management includes all EXCEPT:

a) Liver ultrasound
b) ERCP
c) Hepatitis markers
d) Serum alanine transferase
e) **Observation and follow up**

- The case looks like acute hepatitis with the acute history, the fatigue, mild jaundice and mild Hepatomegaly.
- Investigations include LFT, hepatitis markers and US liver. Treatment is observation and follows up. ERCP is not needed (not obstructive).
- Danish p 242

65. 30 years old man presented with upper abdominal pain and dyspepsia. Which of the following doesn't support the diagnosis of peptic ulcer:

a) Hunger pain
b) Heart burn
c) **Epigastric mass**
d) Epigastric tenderness
e) History of hematemesis

- The symptoms of peptic ulcer include pain, dyspepsia, heartburn, bleeding, gastric outlet obstruction but don't explain the presence of a mass.
- Danish p 170

66. Hepatitis most commonly transferred by blood is:

a) HBV.
b) HAV.

c) **HCV**
d) None of the above.

- HBV transmission by blood was common before effective screening tests and vaccines were available. HAV is transmitted via enteral route. HCV recently with PCR technology began to have a screening test, but transmission remains high as many infected individuals are carriers.
- Danish p 249

67. All of the following organisms causes diarrhea with invasion except:

a) Shigella
b) Yersenia
c) Salmonella
d) Cholera
e) Campylopacter

- Shigella does not invade beyond the lamina propria into the mesenteric lymph nodes or reach the bloodstream while others do.
- Danish p 709 & medscape , cholera

68. Premalignant lesions have:

a) Pedunculated polyps.
b) **Villous papilloma (adenoma).**
c) Polypoidpolyp.
d) Juvenile polyp.

69. Patient had abdominal pain and found to have gastric ulcer all are predisposing factor, except:

a) **Tricyclic antidepressant**
b) NSAIDs
c) Delayed gastric emptying
d) Pyloric sphincter incompetence
e) **Sucralfate**

- Medscape,TCA
- **Aggressive factors for peptic ulcer:**
  - ✓ Acids
  - ✓ Pepsin
  - ✓ H.pylori infection
  - ✓ Alcohl & Smoking
  - ✓ Diet (spicy food)
  - ✓ Drugs(NSAID, CORTICOSTEROID)
  - ✓ Stress
- **SUCRALFATE:** this is drug lead to formation of coat over the base of the ulcer and prevents effects of HCL and promotes healing of ulcer.

70. In the neck, esophagus is:

a) **Posterior to the trachea**
b) Anterior to the trachea
c) Posterior to vertebral column

71. Patient with hepatitis B then he said which one of the following antigens appear in the window period?

a) HBS ag
b) Hbc ag
c) Anti HBe
d) **Anti Hbc antibody "IgM against HBc"**

- Danish p 245

72. Treatment of erosive gastritis?

a) Antibiotics
b) H2 blocker
c) **Depend on the patient situation**
d) Total gastroectomy
e) sucralfate

- Danish p 168

73. Patient old with WBC 17000 and left iliac fossa tenderness and fever most likely has:

a) **Diverticulitis**
b) colon cancer
c) crohn disease

- Danish p 230

74. Which of the following features is related to crohn's disease:

a) **Fistula formation**
b) Superficial layer involvement

- Crohn's disease can lead to several mechanical complications within the intestines, including obstruction, fistulae, and abscesses.
- Danish p 200

75. 60 years old male patient complaining of dysphagia to solid food. He is a known smoker and drinking alcohol, he has weight loss, what's the most likely diagnosis?

a) **Esophageal cancer**
b) GERD
c) Achalasia

- Danish p 166

76. Which is true about gastric lavage?

a) It is safer than ipecac if the patient is semiconscious
b) It is done to the patient in right Decubitus position
c) **It is useless for TCA if the patient presented after 6 hrs**

- Gastric lavage with Activated charcoal is most useful if given within 1 to 2 hours of ingestion.
- Lavage is effective only 1 hour after ingestion of any poison. After that its ineffective
- Medscape ,gastric lavage

77- end by Hosam Alrohaili

77. Which of the following conditions is contraindicated to use Ibuprofen?
a) **Peptic ulcer disease**
- Reduction of prostaglandin secretion and protective mechanism of gastric mucosa.
- C\I : to NSAID: active PUD ,current Anticoagulants use , Hypersensitivity dis
- Davidson's Essentials p:777

78. Patient come with jaundice, three days after the color of jaundice change to greenish what is the cause?
a) **Oxidation of bilirubin to bilivedin which is greenish in color**

79. Patient with hypercholesterolemia, he should avoid:
a) **Organ meat**
b) Avocado
c) Chicken
d) white egg
- High content of saturated lipids.
- Pt should; avoid Saturated fats, alcohol and obesity, decrease cholesterol from liver and offal(organ meat)
- Kumar pocket p; 676

80. Overcrowded area, contaminated water, type of hepatitis will be epidemic:
a) **Hepatitis A**
b) hep B
c) hepC
- transmission faeco-oral
- Kumar pocket 134 .

81. Celiac disease severe form involve
a) **Proximal part of small intestine**
b) distal part of small intestine
c) proximal part of large intestine
d) distal part of large intestine
- Pathological abnormalities of celiac disease may include severe, mild or moderate small bowel mucosal architectural abnormalities that are associated with both epithelial cell and lymphoid cell changes, including intraepithelial lymphocytosis.
- Architectural changes tend to be most severe in the duodenum and proximal jejunum and less severe, or absent, in the ileum.
- http://www.ncbi.nlm.nih.gov/pubmed/18354756
- def according to Kumar textbook : inflammation of the upper small intestine p;277

82. GERD which cancer is the patient at risk of contracting?
a) **Adenocarcinoma**
- GERD__ Barrett's esophagus ___ Adeno
- Kumar pocket p;73

83. High risk for developing colon cancer in young male is:
a) Smoking, high alcohol intake, low fat diet
b) Smoking, low alcohol intake, high fat diet
c) **Red meat diet, garden's disease (Gardner syndrome)**

d) Inactivity, smoking

- Gardner syndrome is now known to be caused by mutation in the APC gene predisposing to colon cancer.
- Grander syndrome ; mutation on the APC gene which leads to polyps in the colon that transfer to malignant before the age of 40
- Oxford pocket p;714
- Red meat diet is important etiological factor . Kumar pocket p;108

84. Patient with primary biliary cirrhosis, which drug helps the histopathology of the liver?

a) Steroid
b) Interferon
c) **Ursodiol**

- slow down histological and clinical progression
- Davidson's Essentials

85. A man travelled to Indonesia and had rice and cold water and ice cream. He is now having severe watery diarrhea and severely dehydrated, what is the most likely he has:

a) **Vibrio cholera**
b) clostridium difficile
c) Clostridium perfringens
d) Dysentery
e) Shigella

- Watery diarrhea and dehydration indicates cholera infection and it's endemic in tropical and subtropical areas.
- Kumar pocket p;39

86. Patient with peptic ulcer using anti acid, presented with forceful vomiting food particle:

a) **Gastric outlet obstruction**

- Forceful vomiting of undigested food indicate a proximal obstruction
- Kumar pocket p;80

87. 75 years old female with 2 days history of MI is complaining of abdominal pain, vomiting, bloody stool, x-ray shows abdominal distension with no fluid level, serum amylase is elevated. Dx :

a) Ulcerative colitis
b) acute pancreatitis
c) **Ischemic colitis**
d) Diverticulitis

- C\P of occlusive ischemic colitis which follows MI
- http://en.wikipedia.org/wiki/Ischemic_colitis

88. Stop combined OCP if the patient has :

a) Chronic active hepatitis
b) breastfeeding
c) **Varicose veins**
d) Gastroenteritis

- Combined oral contraceptives increase the risk of venous thromboembolism.
- C\I to OCP Absolute: thrombophlebitis, Hx of thromboembolism, smoker and age more than 35, CVA, CAD, impaired liver function
- Relative; lactation, GB dis , HTN
- Obs & gyne Recall p;441

- So; A,B and C r correct according to Recall

89. All the following are differentials of acute abdomen except:

a) Pleurisy(Diaphragmatic pleurisy has sometimes been incorrectly diagnosed "acute disorder of the abdomen
b) MI
c) Herpes zoster (visceral type cause acute abdomen)
d) polyarteritis nodsa (cause acute abdomen through ischemia)
e) pancreatitis

- MI can cause referred acute abdomen , Kumar textbook p;315
- I made my search about the Herpes Zoster and the acute abdomen . I only found one case report about it
  http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3299191/
- so, I think it's C

90. 6 month old baby presented to the clinic with 2 days history of gastroenteritis. On examination: decreased skin turgor, depressed anterior fontanelle & sunken eyes. The Best estimate of degree of dehydration:

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

- It is modrate dehydration 5-10 % loss of body wight
- Pediatrics illustrated p; 215

Feature	Mild Dehydration (<5%)	Moderate Dehydration (5% to 10%)	Severe Dehydration (>10%)
Heart rate	Normal	Slightly increased	Rapid, weak
Systolic blood pressure	Normal	Normal to orthostatic, >10 mm Hg change	Hypotension
Urine output	Decreased	Moderately decreased	Markedly decreased, anuria
Mucous membranes	Slightly dry	Very dry	Parched
Anterior fontanel	Normal	Normal to sunken	Sunken
Tears	Present	Decreased, eyes sunken	Absent, eyes sunken
Skin*	Normal turgor	Decreased turgor	Tenting
Skin perfusion	Normal capillary refill (<2 seconds)	Capillary refill slowed (2--4 seconds); skin cool to touch	Capillary refill markedly delayed (>4 seconds); skin cool, mottled, gray

91. Man with history of alcohol assocation with

a) high MCV
b) **Folic acid deficiency**
c) B12 deficieny
d) hepatitis

- Alcohol abuse leads to folic acid deficiency and increase MCV. Kumar pocket 583
- Also,it leads to Hepatitis .
- Kumar pocket 163

92. In irritable bowel Syndrome the following mechanism, contraction and slow wave myoelectricity seen in:

a) **Constipation**
b) Diarrhea

93. kwashikor disease usually associated with

a) decrease protein intake, decrease carbohydrate
b) increase protein , increase carbo
c) **Decrease protein, increase carbohydrate**

- There is decrease protein and adequate amount of carbohydrate
- Def according tp paediatrics illustrated p; 198 " 1ry protein deficiency with energy intake well maintained''

94. 22 years old male patient was presented by recurrent attacks of diarrhea , constipation , and abdominal pain relieved after defecation , but no blood in the stool , no weight loss : what is the diagnosis

a) **Irritable bowel Syndrome**
- kumar pocket p;114

95. Young healthy male has abdominal pain after basketball. Examination fine except for Left paraumbilical tenderness, what to do?
a) **Abdominal US**
b) Flat plate graph
c) Send home & reassess within 48 hours
- DDX: Rectus sheath hematoma
- 1St line : u\s
- http://reference.medscape.com/article/776871-overview

96. Prophylaxis of cholera :
a) **Good hygiene, sanitation and oral vaccine, in epidemic public: mass single dose of vaccine & tetracycline.**
- The main prophylaxis method is good hygiene and sanction. Vaccination and tetracycline are acceptable in endemic area
- Kumar textbook 144

97. Chronic Diarrhea is a feature of:
a) HyperNatremia
b) HyperCalcemia
c) HypoMagnesemia
d) **Metabolic Alkalosis**
- http://emedicine.medscape.com/article/243160-clinical

98. Teacher in school presented with 3 days history of jaundice & abdominal pain, 4 of school student had the same illness in lab, what is true regarding this patient?
a) Positive for hepatitis A IgG
b) **Positive hepatitis A IgM**
c) Positive hepatitis B core
d) Positive hepatitis B c anti-body
- IgM appears earlier than IgG in HBA infection

99. Which of the following features of ulcerative colitis distinguishes it from Crohn's disease
a) Possible malignant transformation (both but more in UC)
b) Fistula formation (common in CD)
c) **Absence of granulomas**
d) Colon involvement (both)
- kumar pocket p;98

100. Inflammatory bowel disease is idiopathic but one of following is possible underlying cause:
a) **Immunological**
- Also, infection, autimmune, genetic, environment

101. Which of the following is true regarding varicella vaccine during breast feeding :
a) **It is safe.**
b) No breast feeding except after 3 days of the immunization.
- There are no data on the excretion of varicella virus vaccine in human milk.

102. Girl with amenorrhea for many months. BMI is 20 and is stable over last 5 years. diagnosis
a) **Eating disorder**
b) Pituitary adenoma

(4)
Neurology

- **1-25 by:** **Hosam Alrohaili**
- **26- end by:** **Samar Alofi**

1-25 by Hosam Alrohaili

1. Female patient with fatigue, muscle weakness, paresthesia in the lower limbs and unsteady gait, next step?
a) Folate level
b) **Vitamin B12 level**
c) Ferritin level
- Vit b12 deficiency leads to sub acute degeneration of the cord

2. In brainstem damage:
a) Absent spontaneous eye movement
b) **Increase PaCO2**
c) Unequal pupils
d) Presence of motor movement

3. What is the most reversible risk factor for stroke?
a) DM
b) **HTN**
c) obesity
d) Dyslipidemia
- kumar text book p1127 Table 21.25

4. Which of the following found to reduce the risk of post herapeutic neuralgia?
a) Corticosteroids only
b) Corticosteroids + valacyclovi
c) **Valacyclovir only**
- 1ry prevention by vaccine http://en.wikipedia.org/wiki/Postherpetic_neuralgia#Prevention
- 2ry acyclovir and it's controversial . Nothing is mentioned about Corticosteroids
- Oxford p 400

5. Cardiac syncope:
a) Gradual onset
b) **Fast recovery**
c) Neurological sequence after
- ''.... Last only 1 or 2 minutes "
- Kumar pocket p; 396

6. An 18 years old male who was involved in an RTA had fracture of the base of the skull. O/E he had loss of sensation of the anterior 2/3 of the tongue & deviation of the angle of the mouth. Which of the following nerves is affected?
a) I (Olfactory)
b) III (Occulomotor)
c) **V (Trigeminal)**
d) IV (Abducens)
e) VII (Facial)
- Because loss of sensation , in Facial loss of taste in ant 2/3
- Innervation of tongue:
  - Anterior 2/3rd of tongue: General somatic afferent: lingual nerve branch of V3 of the trigeminal nerve, taste: chorda tympani branch of facial nerve CN VII
  - Posterior 1/3rd of tongue :General somatic afferent and taste: Glossopharyngeal nerve CN IX

- Kumar pocket p;717

7. A 35 years old patient, she is on phenytoin since she was 29 due to partial epilipsy she didn't have any attack since. She want to stop taking the drug due to facial hair growth:

a) **It is reasonable to stop it now**
b) Stop it after 6 months
c) Stop after 10 years
d) **Don't stop it**

- Hirsutism is one of the side effects.
- Abrupt withdrawal should be avoided
- Davidson p;783

8. Patient 22 years old with unilateral headache attacks:

a) Cluster headache
b) **Migraine**
c) Tension headache

- Migraine is hemicrinal (splitting the head)
- Kumar text book 1137

9. Which of the following is true about migraine:

a) Aura occur after the headache
b) Each attack lasts about 4 hours
c) **It is unilateral pounding headache**

- Kumar text book 1137

10. A middle age man presented with severe headache after lifting heavy object. His BP was high. He was fully conscious. Examination was otherwise normal. The most likely diagnosis is:

a) **Subarachnoid hemorrhage**
b) Central HTN
c) Tension headache
d) Migraine
e) Intracerebral hemorrhage

- SAH: sever sudden headache . RF, high BP
- Oxford 482

11. Patient has neck stiffness, headache and petechial rash. Lumber puncture showed a high pressure , what would be the cause?

a) group B strep
b) **Neisseria meningitides**
c) m.tubecrlosis
d) staphylococcus aures

- petechial rash and meningsm---- N. meningitides
- Kumar pocket p;750

12. The most common cause of non traumatic subarachnoid hemorrhage is:

a) Middle meningeal artery hemorrhage
b) Bridging vein hemorrhage
c) **Rupture of previously present aneurysm**

- Berry auyrsm 70 % of the cases
- kumar pocket 733

13. Which is not true in emergency management of stroke?

a) Give IVF to avoid D5 50% à Hyperglycemia can increase the severity of ischemic injury whereas hypoglycemia can mimic a stroke

b) Give diazepam in convulsions

c) **Anticonvulsants not needed in if seizures**

d) Must correct electrolytes

e) Treat elevated blood pressure àTreat if SBP>220 or DBP>120 or MAP>130

- http://emedicine.medscape.com/article/1916852-medication

14. A 26 year old female complaining of headache more severe in the early morning mainly bitemporal, her past medical history is unremarkable. She gave history of OCP use for 1 year. Ophthalmoscope examination showed papilledema but there are no other neurological findings. The most probable diagnosis is:

a) Optic neuritis

b) **Benign intracranial hypertension**

c) Encephalitis

d) Meningitis

e) Intracranial abscess

- Explanation: BIH headaches are typically present on waking up or may awaken the patient. It could be accompanied by other signs of increased ICP like vomiting, papilledema, epilepsy or mental change
- BIH c\p; headache worse in the morning + increase ICP
- http://en.wikipedia.org/wiki/Idiopathic_intracranial_hypertension

15. A 27 years old male with tonic colonic seizures in the ER, 20 mg Diazepam was given and the convulsion did not stop. What will be given?

a) **Diazepam till dose of 40 mg**

b) Phenytoin

c) Phenobarbitone

- you can give diazepam 10-20 mg and repeat it once Kumar textbook 1141
- http://emedicine.medscape.com/article/1609294-overview#a11

16. Definition of status epilepticus:

a) Generalized tonic clonic seizure more than 15 minutes

b) **Seizure more than 30 minutes without regains consciousness in between**

c) Absence seizure for more than 15 minutes

- oxford 836

17. 25 years old student presented to your office complaining of sudden & severe headache for 4 hours. History revealed mild headache attacks during the last 5 hours. On examination: agitated & restless. The diagnosis is:

a) **Severe migraine attack**

b) Cluster headache

c) Subarachnoid hemorrhage

d) Hypertensive encephalopathy

e) encephalitis

- Migrine is recurrent headache which last from hours to days associated with mood change.
- Kumar pocket 760

18. all of the following precipitate seizure except:

a) **hypourecemia**

b) Hypokalemia
c) hypophosphatemia
d) hypocalcemia
e) hypoglycemia

- Uremia can cause but hypouercemia can not
- Oxford 494

19. A 25 years old patient presented with headache, avoidance of light & resist flexion of neck, next step is:

a) EEG
b) C-spine X-ray
c) Phonation
d) **Non of the above**

- Explanation: I suspect meningitis; CT, LP, blood culter and Ab
- Kumar pocket 753

20. Which of the following side effect is not associated with phenytoin?

a) Hirsutism
b) Macrocytic anemia
c) Asteomalasia
d) Ataxia
e) **Osteoporosis**

- **Explanation:** Side effects of phenytoin:
  1) **CNS:** cerebral edema, dysarthria & extrapyramidal syndrome
  2) **ENT**: diplopia, nystagmus & tinnitus.
  3) **CVS**: hypotension
  4) **GI**: gingival hyperplasia & altered taste
  5) **GU**: pink or red urine.
  6) **Dermatology**: hypertrichosis & exfoliative dermatitis
  7) **Hematology:** Agranulocytosis, aplastic anemia & macrocytic anemia
  8) **Other**: Asteomalasia, Hypocalcaemia
- **Phenytoin can lead to Osteoprosis (** http://en.wikipedia.org/wiki/Osteoporosis **)**

21. Peripheral neuropathy can occur in all EXCEPT:

a) Lead poisoning.
b) DM.
c) Gentamycin.
d) INH (anti-TB).

- I think the answer is GENTAMYCIN. It isn't in the drugs lists that are mentioned in Kumar textbook page 1174.
- But there are few articles talk about gentamycin and PNP

22. Pain near eye prescribed by tingling and paresthesia occur many times a week in the same time, also there is nasal congestion and eye lid edema, what is the diagnosis?

a) **Cluster headache**
b) Migraine with aura
c) Tension headache
d) Withdrawal headache

- Kumar pocket 763

23. Girl with band like headache increase with stress and periorbital, twice a week, what is the diagnosis?

a) **Tension headache**
b) migraine
c) cluster

- def" tight band sensation, pressure behind the eye"
- Kumar textbook 1136

24. Treatment of opioid toxicity
a) **Naloxin**

- Kumar pocket 581

25. Strongest factor for intracerebral hemorrhage
a) **HTN**

1-25 by Samar Alofi

26. Patient presented with nausea, vomiting, nystagmus, tinnitus and inability to walk unless he concentrates well on a target object. His Cerebeller function is intact, what is the diagnosis?
a) Benign positional vertigo
b) Meniere's disease
c) **Vestibular neuritis**
Source : http://emedicine.medscape.com/article/794489-clinical#a0217

27. 80 years old male patient, come with some behavioral abnormalities, annoying, (he mentioned some dysinhibitory effect symptoms), most postulated lobe to be involved:
a) **Frontal**
b) Parietal
c) Occipital
d) Temporal.
Frontal lobe disorder is an impairment of the frontal lobe that occurs due to disease and head trauma. The frontal lobe of the brain plays a key role in higher mental functions such as motivation, planning, social behaviour, and speech production.
- A frontal lobe syndrome can be caused by a range of conditions including head trauma, tumours, degenerative diseases, neurosurgery and cerebrovascular disease

Source : http://en.wikipedia.org/wiki/Frontal_lobe_disorder
N.B :For more reading about other lobes disorder..
http://brainlaw.com/brain-injuries/signs-and-symptoms/

28. The commonest initial manifestation of increased ICP in patient after head trauma is
a) **Change in level of consciousness**
b) Ipsilateral pupillary dilatation
c) Contralateral pupillary dilatation
d) Hemiparesis

Doctors classify traumatic brain injury as mild, moderate or severe, depending on whether the injury causes unconsciousness, how long unconsciousness lasts and the severity of symptoms. Read more ...

Source :
http://www.alz.org/dementia/traumatic-brain-injury-head-trauma-symptoms.asp
http://www.patient.co.uk/doctor/Rising-Intracranial-Pressure.htm

As a rule, patients with normal blood pressure retain normal alertness with ICP of 25–40 mmHg (unless tissue shifts at the same time). Only when ICP exceeds 40–50 mmHg do CPP and cerebral perfusion decrease to a level that results in loss of consciousness. Any further elevations will lead to brain infarction and brain death.

Other:
http://www.mayoclinic.com/health/traumatic-brain-injury/DS00552/DSECTION=symptoms

29. One of following true regarding systolic hypertension :
a) **In elderly it's more dangerous than diastolic hypertension**
b) Occur usually due to mitral regurge
c) Defined as systolic, above 140 and diastolic above 111 "combined systolic and diastolic"
High systolic pressure is now known to be a greater risk factor than diastolic pressure for brain, heart, kidney, and circulatory complications and for death, particularly in middle-aged and elderly adults. The wider the spread between the systolic and diastolic measurements, the greater the danger.
source :
http://health.nytimes.com/health/guides/disease/hypertension/print.html
-
http://www.google.com.sa/url?sa=t&rct=j&q=&esrc=s&source=web&cd=7&ved=0CGYQFjAG&url=http%3A%2F%2Fwww.japi.org%2Fjune2004%2FR-479.pdf&ei=jk0ZUpT1G4ya7QbPv4CIDw&usg=AFQjCNHWKyNfqYS-bM7uuJ-PoyfMrcuMTQ

30. Typical picture of oculomotor nerve palsy: stroke with loss of smell, which lobe is affected?
Oh this two Q was written , let's consider the 2nd part from it to answer from these choices below and u can read about oculomotor nerve palsy separately here ☺
a) Frontal
b) Parital
c) Occipital
d) **Temporal**
Source : http://en.wikipedia.org/wiki/Focal_neurologic_signs
N.B :
oculomotor nerve supplies the majority of the muscles controlling eye movements. Thus, damage to this nerve will result in the affected individual being unable to move his or her eye normally. In addition, the nerve also supplies the upper eyelid muscle (Levator palpebrae superioris) and the muscles responsible for pupil constriction (sphincter pupillae)

http://en.wikipedia.org/wiki/Oculomotor_nerve_palsy
http://eyewiki.aao.org/Acquired_Oculomotor_Nerve_Palsy

31. Man is brought to the ER after having seizure for more than 30 min the most initial drug you will start with:
a) **IV lorazepam**
b) IV phenobarbital
c) IV phynetoin
32. Middle aged patient with ataxia, multiple skin pigmentation and decrease hearing, one of the family members has the same condition?
a) Malignant melanoma
b) **Neurofibromatosis " most likely"**

c) hemochromatosis
d) measles
e) nevi
Source : http://emedicine.medscape.com/article/1177266-clinical
http://en.wikipedia.org/wiki/Neurofibromatosis_type_II

33. 19 years old after bike accident, he can't bring the spoon in front of himself to eat, lesion is in:
a) Temporal lobe
b) **Cerebellum**
c) Parietal lobe
d) Occipital lobe
as explained above …

34. Young girl experienced crampy abdominal pain & proximal muscular weakness but normal reflexes after receiving septra (trimethoprim sulfamethoxazole) :
a) Functional myositis
b) Polymyositis
c) Guillianbarre syndrome
d) **Neuritis**

· *Explanation*: ***Due to Septra.***
http://www.livestrong.com/article/244725-drugs-that-may-cause-muscle-weakness-or-wasting/
source :
http://www.ncbi.nlm.nih.gov/pubmed/2070426
http://www.aafp.org/afp/2005/0401/p1327.html

35. Sciatica increased incidence of :
a) Lumbar lordosis
b) **Paresthesia**
source :
http://www.sciatica-pain.org/sciatica-paresthesia.html

36. Patient is complaining of memory loss. Alzheimer disease is diagnosed what is the cause of this:
a) **Brain death cell**
source :
http://www.mayoclinic.com/health/alzheimers-disease/DS00161/DSECTION=causes
for more reading :
http://en.wikipedia.org/wiki/Alzheimer%27s_disease

37. Female patient presented with migraine headache which is pulsatile, unilateral, increase with activity. Doesn't want to take medication. Which of the following is appropriate?
a) **Bio feedback**
b) TCA
c) BB
· Biofeedback has been shown to help some people with migraines. Biofeedback is a technique that can give people better control over body function indicators such as blood pressure, heart rate, temperature, muscle tension, and brain waves. The two most common types of biofeedback for

migraines are thermal biofeedback and electromyographic biofeedback

38. Diabetic patient was presented by spastic tongue, Dysarthria and spontaneous crying what is the most likely diagnosis?
a) Parkinson.
b) Bulbar palsy.
c) **Pseudobulbar**
d) Myasthenia gravis.

· Explanation: **This is a bit tricky. Bulbar palsy is the LMNL of the last 4 CN, while pseudobulbar palsy is the UMNL of the last 4 CN. So spasticity of tongue is UMNL. But Diabetes causes LMNL of cranial nerves due to peripheral neuropathy. So maybe the cause here is CNS affection due to atherosclerosis from macroangiopathy of diabetes.**
source :
http://en.wikipedia.org/wiki/Pseudobulbar_palsy

39. Patient with ischemic stroke present after 6 hours, the best treatment is:
a) **ASA**
b) Tissue plasminogen activator "TPA"
c) Clopidogril
d) IV heparin
e) Other anticoagulant
· **Explanation:**
Ø **TPA** : administered within 3 hours of symptoms onset (if no contraindication)
Ø **ASA**: " Acetylsalicylic acid""aspirin" use with 48 hours of ischemic stroke to reduce risk of death.
Ø **Clopidogrel** : can be use in acute ischemic& alternative to ASA
Ø **Heparin & other anticoagulant** : in patient has high risk of DVT or AF

40. Old male with neck stiffness, numbness and paresthesia in the little finger and ring finger and positive raised hand test, diagnosis is:
a) **Thoracic outlet syndrome(TOS)**
b) Impingement syndrome
c) Ulnar artery thrombosis
d) Do CT scan for Cervical spine
source :
http://en.wikipedia.org/wiki/Thoracic_outlet_syndrome

41. 1st line in Trigeminal Neuralgia management:
a) **Carbamazepine**

42. Prophylaxis for meningitis treatment of contact:
a) Cemitidine
b) **Rifampicin**
43. Old male with symptoms suggesting Parkinsonism such as difficulty walking, resting tremors and rigidity in addition to hypotension. Then he asks about what is the most common presenting symptom of this disease
a) Rigidity
b) **Tremors**
c) Unsteady Gait

d) Hypotension

44. Which of the following is a side effect of bupropion , a drug used to help smoking cessation:
a) Arrhythmia
b) Xerostomia
c) Headache
d) **Seizure**
Epileptic seizures are the most important adverse effect of bupropion. A high incidence of seizures was responsible for the temporary withdrawal of the drug from the market
source : http://en.wikipedia.org/wiki/Bupropion

45. Most effective treatment of cluster headache:
a) Ergotamine nebulizer
b) S/C Sumatriptan
c) **100% O2**
d) IV Verapamil
Rapid inhalation of pure oxygen (i.e. oxygen therapy) is considered a first line treatment of choice by many. Oxygen is typically administered via non-rebreather mask at 7-10 liters per minute for 15–20 minutes.
source:
http://en.wikipedia.org/wiki/Cluster_headache_treatments
Source :
http://www.mayoclinic.com/health/cluster-headache/DS00487/DSECTION=treatments-and-drugs

46. Old patient with HTN and migraine treatment:
a) **B blockers**
b) ACE Inhibitors
c) Ca blockers
· **Explanation:** The most commonly used
page 46 in Danish :

47. Patient presented with progressive weakness on swallowing with diplopia and fatigability. The most likely underlying cause of her disease is.
a) **Antibody against acetylcholine receptors**
· **Explanation:** Diagnosisà Myasthenia Graves
source :
http://en.wikipedia.org/wiki/Myasthenia_gravis

48. Young adult Sickle cell patients are commonly affected with
a) dementia
b) **Multiple cerebral infarcts**
· **Explanation:** Due to narrowing of the vessels

49. 70 years old with progressive dementia, no personality changes and neurological examination was normal but there is visual deficit, on brain CT shower cortex atrophy and ventricular dilatations, what is the diagnosis?
a) Multi micro infract dementia
b) **Alzheimer dementia**
c) parkinsonism dementia

50. 70 years old with progressive dementia, on brain microscopy amyloid plaques and neurofibrillary tangles are clearly visible also Plaques are seen, what is the diagnosis?
a) lewy dementia

b) Parkisonism
c) **Alzheimer**

51. 87 years old who brought by his daughter, she said he is forgettable, doing mess thing in room , do not maintain attention , neurological examination and the investigation are normal, what is the diagnosis?
a) **Alzheimer disease**
b) Multi-Infarct Dementia

52. 73 year patient complain of progressive loses of memory with decrease in cognition function. C.T reveal enlarge ventricle and cortical atrophy, what is the diagnosis?
a) **Alzheimer**
b) multi infarct dementia
c) multiple sclerosis

53. Female patient developed sudden loss of vision (both eyes) while she was walking down the street, also complaining of numbness and tingling in her feet ,there is discrepancy between the complaint and the finding, on examination reflexes and ankle jerks preserved,there is decrease in the sensation and weakness in the lower muscles not going with the anatomy, what is your action? (?????)☹
a) Call ophthalmologist
b) Call neurologist
c) call psychiatrist
d) **Reassure her and ask her about the stressors!**

54. Female patient complaining of severe migraine that affecting her work, she mentioned that she was improved in her last pregnancy, to prevent that:
a) Biofeedback
b) **Propranolol**
· **Explanation:** Beta blocker used in prevention

55. 6 months boy with fever you should give antipyretic to decrease risk of:
a) **Febrile convulsion**
b) Epilepsy

56. Max dose of ibuprofen for adult is :
a) 800
b) 1600
c) 3000
d) **3200**

57. 65 year male presented with 10 days history of hemiplagia, CT shows: infarction, he has HTN. He is on lisonipril & thiazide, 2 years back he had gastric ulcer. tratment that you should add :
a) continue same meds
b) Aspirin 325
c) aspirin 81
d) warfarin
e) **Dipyridamole (Antiplatlet agent)**

58. Indication for CT brain for dementia, all true except:-
a) **Younger than 60 years old**
b) After head trauma
c) Progressive dementia over 3 years

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

59. Investigation of Multiple Sclerosis include all except:
a) Visual evoked potential
b) LP
c) MRI
d) **CT**

60. Young man come with headache he is describing that this headache is the worst headache in his life what of the following will be less helpful?
a) Asking more details about headache
b) Do MRI or CT scan
c) **Skull x ray**
d) LP

61. All of the fallowing are criteria of subarachnoid hemorrhage EXCEPT:
a) **Paraplegia**
b) confusion
c) nuchal Rigidity
d) Due to berry aneurysm rupture
e) Acute severe headache

62. The best treatment for the previous case is :
a) Benzodiazepines
b) Phenothiazine
c) monoamine oxidase inhibitor
d) selective serotonin reuptake inhibitor
e) **supportive psychotherapy**

63. After infarction, the patient become disinhibited, angrier & restless, The area responsible which is affected:
a) Premotor area
b) Temporal area
c) **Pre- frontal area**

64. 26 years old female present with 6 month history of bilateral temporal headache increased in morning & history of OCP last for 1 year, on examination BP 120/80 & papilledema, what is the diagnosis?
a) Encephalitis
b) Meningitis
c) Optic nuritis
d) **Benign intracranial hypertension**
e) Intracerbral abscesses

65. 60 years old male complain of decreased libido, decreased ejaculation , FBS= 6.5 mmol , increased prolactin , normal FSH & LH , do next step:
a) Testosterone level
b) DM
c) NL FBG
d) **CT of the head**

66. A patient comes to you with long time memory loss and you diagnosed him as dementia (Alzheimer), what to do to confirm the diagnosis:
a) **CT scan**

67. Side effects of Levodopa :
a) **Dyskinesia**
b) Speech
c) Fatal hepatic toxicity

68. Patient present with generalized seizures not known case before of any seizure , no pervious history like that, The most important thing to do now is:
a) EEG. After that
b) **Laboratory test in ER**

69. Lactating mother newly diagnosed with epilepsy, taking for it phenobarbital your advice is:
a) Discontinue breastfeeding immediately
b) Breast feed baby after 8 hours of the medication
c) **Continue breastfeeding as tolerated**

70. Sciatica:
a) Never associated with sensory loss
b) Don't cause pain with leg elevation
c) Causes increased lumbar lordosis
d) **Maybe associated with calf muscle weakness**

71. Old male with stroke, after 9 days he loss left eye vision, what are the affect structure?
a) Frontal lobe
b) Partial
c) **Occipital**
d) Temporal

72. Male old patient has signs & symptoms of facial palsy (LMNL), which of the following correct about it?
a) **Almost most of the cases start to improve in 2nd week**
b) it need treatment by antibiotic and anti viral
c) contraindicated to give corticosteroid
d) usually about 25 % of the cases has permanent affection
source :
http://www.patient.co.uk/health/bells-palsy

73. What is the prophylaxis of meningococcal meningitis?
a) **Rifampicin**
Prophylactic treatment of close contacts with antibiotics (e.g. rifampicin, ciprofloxacin or ceftriaxone) can reduce their risk of contracting the condition, but does not protect against future infections
source :
http://en.wikipedia.org/wiki/Meningitis#Antibiotics

74. Patient known of epilepsy on phenytoin, presented with history of abdominal pain, bilateral axillary lymph node enlargement, what is the most like diagnosis?
a) Hodgkin's lymphoma
b) **Reaction to drug**

c) TB

……. another rare reaction to phenytoin is disease of the lymph nodes. For more reading :

source :

http://epilepsy.med.nyu.edu/treatment/medications/phenytoin

75. Old age patient presented with neck stiffness, cervical arthritis, paresthesia on palm and medial 2/3 fingers, the proper investigation:

a) CT cervical spine
b) NSAIDs
c) PT
d) **Decompression of median nerve (carpal tunnel)**

76. Diaphoresis and hyperreflexia, what is the diagnosis?

a) **Neuroleptic malignant syndrome**
b) Imatinib toxicity
c) odansetron toxicity

77. Young suddenly develops ear pain, facial dropping, what to do?

a) **mostly will resolve spontaneously**
b) 25% will have permanent paralysis
c) No role of steroid

78. Man with high fever, Petechial rash and CSF decrease glucose, he has:

a) **Neisseria meningitis**
b) N gonorrhea
c) H influenza

79. Romberg sign lesion in :

a) **Dorsal column**
b) cerebellum
c) visual cortex

80. Patient with positive Romberg test, what is the affected part :

a) Sensory cortex
b) Motor cortex
c) Brain stem
d) Cerebellum

source:

http://www.paduiblog.com/pa-dui/what-the-heck-is-the-romberg-test-does-it-mean-that-i-have-brain-damage-or-im-impaired

81. In aseptic meningitis, in the initial 24 hours what will happen?

a) Decrease protein
b) Increase glucose
c) **Lymphocytes**
d) Eosinophils
e) Something

82. 50 years old female have DM well controlled on metformin, now c\o diplopia RT side eye lis ptosis and loss of adduction of the eyes and up word and out word gaze !! reacting pupil no loss of visual field:

a) Faisal palsy
b) **Oculomotor palsy of the right side**

c) Myasthenia gravies

83. increase IgG in CSF:
a) **Multiple sclerosis**
b) Duchene dystrophy

84. Brain cell death in Alzheimer disease (not recognized his wife and fighting with her)
a) Temporal lobe
b) Cerebellum
c) Parietal lobe
d) **Occipital lobe…**
I thought simply that brain cell of occipital lobe was died due to alzahimer diz and he got some visual problems …or may something related to recognition functions of occipital lobe …which led him to fight with her wife .
source :

http://en.wikipedia.org/wiki/Occipital_lobe

☺
1434 شوال اخر تعديل
سمر العوفي

(5)
Nephrology

- **1-50 by:** **Bushra Alharthi**
- **51- end by:** **Israa AlSofyani**

1-50 by Bushra Alharthi

1. 62 years old male with DVT and IVC obstruction due to thrombosis so most like diagnosis is

a) Nephrotic syndrome

b) SLE

c) Chirstm disease

- DVT =hypercoagulopathy

2. Patient with abdominal pain hematuria, HTN and have abnormality in chromosome 16, diagnosis is

a) Polycystic kidney

3. Long scenario about patient with polydipsia ad polyuria. Serum osmolarity high. desmoprsin induction no change urine osmolarity and plasma osmolarity so dd is

a) Nephrognic type

b) central type

- Desmopressin acetate à synthetic analog of ADH, can be used to distinguish central from nephrogenic DI.
  · Central DI: DDAVP challenges will ↓ urine output and ↑ urine osmolarity.
  · Nephrogenic DI: DDAVP challenge will not significantly ↓ urine output.
- Treatment:
  Ø Central DI: Administer DDAVP.
  Ø Nephrogenic DI: Salt restriction and water intake

4. Female presented with thirst and polyuria, all medical history is negative and she is not know to have medical issues, she gave history of being diagnosed as Bipolar and on Lithium but her Cr and BUN is normal. What is the cause of her presentation?

a) Adverse effect of lithium

b) Nephrogenic DI

c) Central DI

5. Female patient was presented by dysuria , epithelial cells were seen urine analysis , what is the explanation in this case :

a) Contamination.

b) Renal cause

6. Adenosine dose should be reduced in which of the following cases :

a) Chronic renal failure.?????

b) Patients on thiophyline.

7. Adult polycystic kidney disease is inherited as:

a) Autosomal dominant

b) Autosomal recessive

c) X linked

8. Best way to diagnose post streptococcus Glomerulonephritis (spot diagnosis):

a) Low C3????

b) RBC casts

9. Patient came with HTN, KUB shows small left kidney, arteriography shows renal artery stenosis, what is the next investigation?

a) Renal biopsy

b) Renal CT scan

c) Renal barium

d) Retrograde pyelography

10. Female patient did urine analysis shows epithelial cells in urine, it comes from:

a) Vulva

b) Cervix

c) Urethra

d) Ureter

11. Female with history of left flank pain radiating to groin, symptoms of UTI, what is diagnosis?

a) Appendicitis

b) Diverticulitis

c) Renal colic

- its acute pyolonephritis

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

a) Blood clot

b) Tumor

c) Uric acid stone

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

13. Pre-Renal Failure:

a) Casts

b) Urine Osm < 400

c) Urine Na < 20 mmol/L

d) Decreased water excretion

e) Hematuria

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

14. Patient with history of severe hypertension, normal creatinine, 4g protein 24 hrs. Right kidney 16cm & left kidney 7cm with suggesting of left renal artery stenosis. Next investigation:

a) Bilateral renal angiography
b) Right percutanious biopsy
c) Left precutanious biopsy
d) Right open surgical biopsy
e) Bilateral renal vein determination

- Renal angiography is the gold standard but done after CT/MRI as it is invasive

15. All of them are renal complications of NSAIDs except:

a) Acute renal failure
b) Tubular acidosis
c) Interstitial nephritis
d) Upper GI bleeding

- All are complications of NSAIDs but upper GI bleeding is not renal complication!

16. Acute Glomerulonephritis, all are acceptable Investigations except:

a) Complement
b) Urin analysis
c) ANA
d) Blood culture
e) Cystoscopy

17. 20 years old female present with fever, loin pain & dysuria, management include all of the following except:

a) Urinanalysis and urine culture
b) Blood culture
c) IVU (IVP)
d) Cotrimexazole

- I suspect pylonephritis. So, treatment includes admission, antibiotic & re-hydration.

18. Urine analysis will show all EXCEPT:

a) Handling phosphate.
b) Specific gravity.
c) Concentrating capacity.
d) Protein in urine.

19. In acute renal failure, all is true EXCEPT:

a) Phosphatemia.
b) Uremia.
c) Acid phosphate increases.
d) K+ increases.

20. A 6 years old female from Jizan with hematuria, all the following investigations are needed EXCEPT:

a) HbS.
b) Cystoscopy.

c) Hb electrophoresis.
d) Urine analysis.
e) U/S of the abdomen to see any changes in the glomeruli.

- Cystoscopy is not generally required in children with nonglomerular hematuria. The only indication is a suspicious bladder mass revealed on ultrasonography

21. Patient has bilateral abdominal masses with hematuria, what is the most likely diagnosis?
a) Hypernephroma
b) Polycystic kidney disease

22. Old patient, bedridden with bactermia "organism is enterococcus fecalis", what the source of infection?
a) UTI
b) GIT

23. A 56 years old his CBC showed, Hb=11, MCV= 93, Reticlocyte= 0.25% the cause is:
a) Chronic renal failure????? I didn't get it
b) Liver disease
c) Sickle cell anemia
d) G6P dehydrogenase deficiency

- MCH: 25-34
- MCV:80-100
- Reticulocyte 1-2%

24. 30 years old with repeated UTIs, which of the following is a way to prevent her condition?
a) Drink a lot of fluid????????
b) Do daily exercise

25. 65 years old presented with acute hematuria with passage of clots and left loin and scrotal pain. the Dx
a) Prostitis
b) Cystitis
c) Testicular cancer
d) Renal cancer

26. 5 years child diagnosed as UTI, what is the best investigation to exclude UTI complication?
a) Kidney US???? No source
b) CT
c) MCUG
d) IVU

27. Old patient complain of urinary incontinence. Occur at morning and at night without feeling of urgency or desire of micturation, without exposure to any stress, what is the diagnosis?
a) Urgency incontinence
b) Urge incontinence

c) Stress incontinence
d) Over Flow incontinence

28. Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:

a) Colon
b) Bladder
c) Liver

- Its said smoking increase all of the choices
- http://www.cancerresearchuk.org/cancer-help/about-cancer/cancer-questions/does-smoking-increase-cancer-risk

29. The most common cause of secondary hypertension is:

a) Renal artery stenosis
b) Adrenal hyperplasia
c) Pheochromocytoma
d) Cushing's disease

- renal couse 6% of secondary hypertension

30. The most common cause of chronic renal failure:

a) HTN
b) DM??????
c) Hypertensive renal disease
d) Parenchymal renal disease
e) Acute glomerulonephritis

31. Male patient present with prostatitis (prostatitis was not mentioned in the question), culture showed gram negative rodes. The drug of choice is:perineal pain-dysuria-urine retention-fever-tender prostate

a) Ciprofloxacin "Floqinolon"
b) Ceftriaxone
c) Erythromycin
d) Trimethoprime
e) Gentamicin

32. Patient complaining of left flank pain radiating to the groin, dysuria and no fever. The diagnosis is:

a) Pyelonephritis
b) Cystitis
c) Renal calculi

33. A 3 weeks old baby boy presented with a scrotal mass that was transparent & non-reducible. The diagnosis is:

a) Hydrocele
b) Inguinal hernia
c) Epidydimitis

34. A 29 years old man complaining of dysuria. He was diagnosed as a case of acute prostitis. Microscopic examination showed gram negative rods which grow on agar yeast. The organism is:

a) Chlamydia.
b) Legonella
c) Mycoplasma

35. Uncomplicated UTI treatment:

a) TMP-SMX for 3 days????
b) Ciprofloxacin 5 days

36. Patient with renal transplant, he developed rejection one week post transplantation, what could be the initial presentation of rejection?

a) Hypercoagulability
b) Increase urine out put
c) Fever
d) Anemia

37. Patient with hematuria and diagnosed with bladder cancer. What's the likely causative agent?

a) Schistosoma haematobium ---- SO it's the right answer

- Up to 80% of bladder cancer cases are associated with environmental exposure. Tobacco use is by far the most common cause of bladder cancer in the United States
- In many developing countries, particularly in the Middle East, Schistosoma haematobium infection causes most cases of bladder SCC

38. Diabetic patient on insulin and metformin has renal impairment. What's your next step:

a) Stop metformin and add ACE inhibitor

- metformin should avoid in renal sever renal insufficiency
- DANISH

39. Patient has saddle nose deformity, complaining of SOB, hemoptysis and hematuria. most likely diagnosis is:

a) Wagner's granulomatosis

40. Most common manifestation of renal cell carcinoma is:

a) Hematuria
b) Palpable mass
c) HTN

41. Patient came with metabolic acidosis with anion gap of 18, she took drug overdose. What could it be:

a) Salicylate

42. Patient with excessive water drinking and frequent urinate, FBS 6.8 diagnosis up to now:

a) Normal blood sugar

b) IFG

c) DM 2

d) D. insepidus

- Normal: 3.9 to 5.5 mmols/l (70 to 100 mg/dl)
- Prediabetes or Impaired Glucose Tolerance: 5.6 to 7.0 mmol/l (101 to 126 mg/dl)
- Diagnosis of diabetes: more than 7.0 mmol/l (126 mg/dl

43. Urine analysis showed epithelial cell diagnosis is:

a) Renal calculi

b) Chlamydia urethritis???? I think the q has been cut not complet

44. Patient with DKA the pH=7.2, HCO3=5, K=3.4 the treatment:

a) Insulin 10 U

b) 2 L NS

c) 2 L NS with insulin infusion 0.1 U/kg/hr

45. 6 years old presented with cola colored urine with nephritic symptoms the First test you would like to do:

a) Renal function test

b) Urine microscopic sedimentation

c) Renal ultrasound

46. Young adult presented with painless penile ulcer rolled edges, what next to do?

a) CBC

b) Darkfeild microscopy

c) culturing

- its penile syphilis

47. Diabetic female her 24h-urine protein is 150mg

a) start on ACEIs

b) refer to nephrologist

c) Do nothing , this is normal range

- normal range < 300mg

48. Patient with flank pain, fever ,vomiting, treatment is

a) Hospitalization and intravenous antibiotics and fluid

- This is most likely a case of pyelonephritis which need urgent hospitalization

49. Elderly patient complaining of urination during night and describe when he feel the bladder is full and need to wake up to urinate, he suddenly urinate on the bed this is:

a) Urgency incontinence

b) Urge incontinence

c) Stress incontinence

d) Flow incontinence

50. The best test for renal stones:

a) CT without contrast

51-end by Israa AlSofyani

51. 70 years old male patient with mild urinary dripping and hesitancy, your diagnosis is mild BPH. What is your next step in management?

a) transurethral retrograde prostatectomy
b) Start on medication
c) open prostatectomy

- **Source=** (oxford medicine p.644)

2. Patient with dysuria, frequency and urgency but no flank pain, what is the treatment?

a) Ciprofloxacin po once daily for 3-5 days
b) Norfocin po od for 7 – 14 days

- **I don't know about the other choices, so check this link:**
  http://emedicine.medscape.com/article/233101-treatment#aw2aab6b6b2

53. Man with sudden onset of scrotal pain, also had history of vomiting, on examination tender scrotom and there is tender 4 cm mass over right groin, what you will do?

a) Consult surgeon
b) Consult urologist
c) Do sonogram
d) Elective surgery

- **It's clear.**

54. UTI >14 day, most probably cause pyelonphritis

a) 0,05%
b) 0,5%
c) 5% ??
d) 50%

- **Explanation:**
  - ✓ Even without effective treatment, the likelihood that uncomplicated acute cystitis will progress to pyelonephritis is only around 2%. Without treatment, 25-42% of uncomplicated acute cystitis cases in women will resolve spontaneously.
- **Source=** http://emedicine.medscape.com/article/233101-treatment

55. Man have long history of urethral stricture present with tender right testis & WBC in urine so diagnosis is

a) Epididymo Orchitis
b) Testicular torchin
c) Varicosel

56. None opaque renal pelvis filling defect seen with IVP, US reveals dense echoes & acoustic shadowing, what is the most likely diagnosis?

a) Blood clot
b) Tumor
c) Sloughed renal papilla
d) Uric acid stone

e) Crossing vessels
- Radiopaque: calcium oxalate, cystine, calcium phosphate, magnesium-ammonium-phosphate
- Radiolucent: uric acid, blood clots, sloughed papillae

57. young age male presented after RTA with injured membranous urethra , best initial ttt is :
a) Passage of transurethral catheter
b) Suprapubic catheter
c) Perineal repair
d) Retropubic repair
e) Transabdominal repair.
- **Explanation:**
  - ✓ The **male urethra** is divided into the **anterior** and **posterior urethra**. The**posterior urethra** consists of the segment that extends from the bladder neck to the distal external urethral sphincter and can be divided into the **prostatic urethra** and the **membranous urethra**. The **anterior urethra** extends from the distal external urethral sphincter to the external urinary meatus and is divided into the **bulbar**, **penile** and **navicularis urethra**.
  - ✓ Posterior urethral inj. do : suprapubic cystostomy (avoid catheterization) ± surgical repair

- **Source=** Toronto Notes p.199

58. Epididymitis one is true :
a) The peak age between 12-18 years
b) U/S is diagnostic
c) Scrotal content within normal size
d) Typical iliac fossa pain
e) **None of the above**
مكرر

59. The most important diagnostic test for Previous Q is :
a) Microscopic RBC
b) Macroscopic RBC
c) RBC cast.
- I think there's something wrong with this Q, anyway check out this link:
  http://emedicine.medscape.com/article/436154-workup#aw2aab6b5b1aa

60. 17 year old male presented to you with history of abdominal pain and cramps in his leg he vomited twice, his past medical history was unremarkable. On examination he looks dehydrated with dry mucous membranes, His investigation: Na: 155 mmol/l, K: 5.6 mmol/l , Glucose; 23.4 mmol/l, HCO3: 13, Best tool to diagnose this condition is:
a) Plain X-ray
b) Ultrasound
c) Gastroscopy
d) Urine analysis (Dipstick analysis)
· It's the best out of these choices.

61. Patient came with abdominal pain and tender abdomen with hypernatremia and hyperkalemia and vomiting and diarrhoea, what is the next investigation:
a) Urine analysis
· Not sure about the answer.

62. BPH all true except :
a) Prostitis
b) Noctouria

c) Haematouria
d) Urine retention
e) Diminished size & strength of stream
مكرر

63. Screening program for prostatic Ca, the following is true:-
a) Tumor marker (like PSA) is not helpful
b) PR examination is the only test to do
c) Early detection does not improve overall survival

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

- **Source=** oxford medicine p.647

64. The most accurate to diagnose acute Glomerulonephritis is:
a) RBC cast in urine analysis
b) WBC cast in urine analysis
c) Creatinine level increase
d) Shrunken kidney in US
e) Low Hgb but normal indices

- **Explanation:**
  The presence of RBC casts is almost pathognomonic of glomerulonephritis (GN).

- **Source=** http://emedicine.medscape.com/article/239278-workup

65. 75 years old man came to ER complaining of acute urinary retention. What will be your initial management:
a) Send patient immediately to OR for prostatectomy
b) Empty urinary bladder by Folley's catheter and tell him to come back to the clinic
c) Give him antibiotics because retention could be from some sort of infection
d) Insert Foley's catheter and tell him to come to clinic later
e) Admission, investigations which include cystoscopy

- **Explanation:**
  I think B & D are the same or there's st wrong in the Q.

- **Source=** http://www.aafp.org/afp/2008/0301/p643.html

66. Patient present with URTI, after 1 week the patient present to have hematuria and edema, what is most probably diagnosis?
a) IgA nephropathy
b) Post streptococcus GN

- It's obvious.
- Check : http://emedicine.medscape.com/article/240337-clinical + http://emedicine.medscape.com/article/239927-clinical

67. Regarding group A strept pharyngitis what is true

a) Early treatment decrease incidence of post strept GN

- Choices are not complete but u should know that the incidence of glomerulonephritis is not decreased with antibiotic treatment. (Toronto notes p.353)

68. All the following cause hyponatremia except:

a) DKA
b) Diabetes insipidus
c) High vasopressin level (SIADA)
d) Heart failure

- **Explanation:**
  DI causes HYPERnatremia

- **Source=** check oxford medicine p.686

69. The investigation of high sensitivity and specificity of urolithiasis :

a) IVP
b) X-RAY abdomen after CT scan
c) US
d) MRI
e) Nuclear scan.

- **Explanation:**
  noncontrast abdominopelvic computed tomography (CT) scans have become the imaging modality of choice,. Alternatively, the "CT scout" (a digital reconstruction from the CT that has an appearance similar to a KUB) is almost as sensitive as a KUB and is a good substitute at the initial assessment if the stone seen on the CT scan is visible on the CT scout. If a KUB or flat plate radiograph is performed at the same time as the CT scan, some of these objections and problems disappear.

- **Source=** http://emedicine.medscape.com/article/437096-workup#aw2aab6b5b1aa

70. Female patient present with dysuria , urine analysis shows epithelial cast :

a) Contaminated sample
b) Chlamydia urethritis
c) Kidney disease
d) Cervical disease

- **Source=** http://en.wikipedia.org/wiki/Urinary_cast#Epithelial_cell_casts

71. Patient with PID there is lower abdominal tenderness, on pelvic exam there is small mass in….. Ligament, what is the treatment?

a) Colpotomy
b) Laprotomy
c) laproscopy

- **The Q is not clear! … but check this link**
  http://contraception.about.com/od/tuballigation/g/Colpotomy.htm

72. 13 years old child with typical history of nephritic syndrome (present with anurea, cola color urine, edema, HTN), what is the next step to diagnosis?

a) Renal function test
b) Urine sediments microscope
c) US

d) Renal biobsy

- I think it's obvious that any patient comes with hematuria or any other renal symptom, this is the 1st invest. u do.
- **Source=** Illustrated Textbook Pediatrics p.339

73. Young male patient with dysuria fever and leukocutosis, PR indicate soft boggy tender prostate, Dx :

a) Acute prostites
b) Chronic Prostites
c) Prostatic CA

- **Source=** http://emedicine.medscape.com/article/785418-clinical

74. Complication of the rapid correction of hypernatremia:

a) Brain edema

- **Source=** http://www.samsca.com/management-hyponatremia.aspx

75. Most common cause of ESRD:

a) HTN
b) DM

- **Explanation:**
  Causes of End-stage renal disease includes: **1)** Diabetic nephropathy - 43.2% of kidney failure is due to diabetes. **2)** Hypertension - 23% of cases. **3)** Glomerulonephritis - 12.3% of cases. **4)** Polycystic kidney disease - 2.9% of cases

- **Source=** http://www.rightdiagnosis.com/e/end_stage_renal_disease/causes.htm

76. Patient have DM and renal impairment when he had diabetic nephropathy: there is curve for albumin

a) 5 years
b) 10 years
c) 20 years
d) 25 years

- **Umm Al-Qura Explsnation:** Microalbuminuria generally precedes overt proteinuria by 5-10 years. Once proteinuria is detected, renal function gradually deteriorates over 10-15 years **!!**
- **My Explsnation:** I don't understand this Q.

77. The most likely cause of gross hematuria in a 35 years old man is :

a) Cystitis
b) Ureteral calculi
c) Renal carcinoma
d) Prostatic carcinoma
e) Bladder carcinoma

- **Explanation:**
  what are the most common causes of hematuria in adults <40? (UTI, calculi, tumor)
  what are the most common causes of hematuria in adults >40? (tumor, calculi, UTI)

- **Source=** http://www.flashcardmachine.com/hematuria-clinical.html

78. Concerning urinary calculi, which one of the following is true?

a) 50% are radiopaque
b) 75% are calcium oxalate stones
c) An etiologic factor can be defined in 80% of cases

d) A 4-mm stone will pass 50% of the time
e) Staghorrn calculi are usually symptomatic

- **Explanation:**

Urinary calculi are often idiopathic, 90% are radiopaque and 75% are calcium oxalate stones.

- **Source=** Oxford medicine p.640

79. Benign prostatic hypertrophy:

a) TRUSS is better than PSA
b) No role in PSA
c) PSA role
d) Biopsy

- **It's clear.**

80. An 80 year old male presented with dull aching loin pain & interrupted voiding of urine. BUN and creatinine were increased. US revealed a bilateral hydronephrosis. What is the most probable diagnosis?

a) Stricture of the urethra
b) Urinary bladder tumor
c) BPH
d) Pelvic CA
e) Renal stone

Table 13. Symptoms and Complications of BPH

Obstructive Symptoms	Irritative Symptoms	Late Complications
Hesitancy (difficulty starting urine flow)	Urgency	Hydronephrosis
Diminution in size and force of urinary stream	Frequency	Loss of renal concentrating ability
Stream interruption (double voiding)	Nocturia	Systemic acidosis
Urinary retention (bladder does not feel completely empty)	Urge incontinence	Renal failure
Post-void dribbling	Dysuria	
Overflow incontinence		

Toronto Notes

81. 60 years old male known to have (BPH) digital rectal examination shows soft prostate with multiple nodularity & no hard masses, the patient request for (PSA) for screening for prostatic cancer what will you do?

a) Sit with the patient to discuss the cons & pros in PSA test
b) Do trans-rectal US because it is better than PSA in detection
c) Do multiple biopsies for different sites to detect prostatic ca

- **Source=**
  http://emedicine.medscape.com/article/437359-workup#aw2aab6b5b4

82. 82 years old patient with acute urinary retention, the management is:

a) Empty the bladder by Foley's catheter and follow up in the clinic.
b) Insert a Foley's catheter then send the patient home to come back in the clinic
c) Admit and investigate by TURP.
d) Immediate prostatectomy.

مكرر

83. Epididymitis, one is true:

a) The peak age between 12 &18. (false: peak age 20-59 years. It's rare in teens).
b) U\S is diagnostic. (false : Scrotal exploration or aspiration.)

c) The scrotal contents are within normal size.(False: there's reactive hydrocele in patients with advanced epididymitis)
d) Typical iliac fossa pain.(False: typical unilateral scrotal pain).
e) None of the above.

- **Source=**
  http://emedicine.medscape.com/article/436154-overview :)

84. Common cause of male infertility:
a) Primary hypogonadism
b) secondary hypogonadism
c) ejaculation obstruction
- **Explanation:**
  Most common cause of male inf. Is ass. With sperm production of which the most common is varicoceles.

- **Source=**

http://www.uptodate.com/contents/causes-of-primary-hypogonadism-in-males
and http://infertility.about.com/od/causesofinfertility/a/male_infertility.htm

85. Benign prostatic hyperplasia , all are true EXCEPT:
a) Parotitis
b) Nocturia
c) diminished size and strength of stream
d) hematuria
e) urine retention
- Parotitis is an inflammation of the parotid most commonly caused by mumps and could be complicated by orchitis

86. Patient present with testicular pain, O/E: bag of worms, what is the diagnosis?
a) Varicocele
- CLERAR !

87. In Testicular torsion, all of the following are true, except
a) Very tender and progressive swelling.
b) More common in young males.
c) There is hematuria
d) Treatment is surgical.
e) Has to be restored within 12 hours or the testis will infarct.
- CLERAR !

88. 50 years old patient complaining of episodes of erectile dysfunction, history of stress attacks and he is now in stress what you will do?
a) Follow relaxation strategy
b) Viagra
c) Ask for investigation include testosterone
- CLERAR !

89. Premature-ejaculation, all true except:
a) Most common sexual disorder in males
b) uncommon in young men
c) Benefits from sexual therapy involving both partners
d) It benefit from anxiety Rx
- **Explanation:**

Premature ejaculation (PE) is the most common sexual dysfunction in men younger than 40 years.

- **Source=**
  Toronto Notes p.1350

90. Child with scrotal swelling, no fever, with a blue dot in the superior posterior aspect of the scrotum

a) Testicular appendix torsion

- **Explanation:**
  - ✓ Patients with torsion of the appendix testis and appendix epididymis present with acute scrotal pain, but there are usually no other physical symptoms, and the cremasteric reflex can still be elicited. The classic finding at physical examination is a small firm nodule that is palpable on the superior aspect of the testis and exhibits bluish discoloration through the overlying skin; this is called the **"blue dot" sign**.
  - ✓ Approximately 91%–95% of twisted testicular appendices involve the appendix testis and occur most often in boys 7–14 years old

91. 10 years old boy woke up at night with lower abdominal pain, important area to check:

a) kidney
b) lumbar
c) rectum
d) Testis

- **Explanation:**
  the testes must always be examined whenever a boy or young man presents with inguinal or lower abd. Pain of sudden onset**.**

- **Source=**
  Illustrated T O pediatrics p.350

92. Old age man, feel that the voiding is not complete and extreme of urine not strong and by examination there is moderate BPH and PSA = 1ng/ ml what you will do?

a) Surgery
b) Refer for surgical prostatectomy

- **(??) choices !**

93. an opaque renal pelvis filling defect seen with IVP, US revels dense echoes & acoustic shadowing , The MOST likely diagnosis:

a) Blood clot
b) Tumor
c) Sloughed renal papilla
d) Uric acid stone
e) Crossing vessels

- **Explanation:**
  - ✓ Radiopaque: calcium oxalate, cystine, calcium phosphate, magnesium-ammonium-phosphate
  - ✓ Radiolucent: uric acid, blood clots, sloughed papillae

94. Old man presented with tender and enlarged prostate and full bladder. Investigations show hydronephrosis. What is the likely diagnosis?

a) Acute Renal Failure
b) Bladder Cancer
c) BPH

- **It's clear.**

95. A patient with gross hematuria after blunt abdominal trauma has a normal-appearing cystogram after the intravesical instillation of 400 ml of contrast. You should next order:

a) A retrograde urethrogram.
b) An intravenous pyelogram.
c) A cystogram obtained after filling, until a detrusor response occurs.
d) A voiding cystourethrogram.
e) A plain film of the abdomen after the bladder is drained.

- **I'm not sure about this Q but this is what emedicine says:**
  (Gross hematuria indicates a workup that includes cystography and IVP or CT scanning of the abdomen with contrast.)

96. Patient will do cystoscope suffer from left hypocondrial pain

a) Refer to vascular surgery
b) Refer to urologist

- **I'm not sure about this and I don't know about the other choices, but here are the organs that present in the left hypochondium and can get this pain:**
  Stomach, Spleen, Left lobe of liver, Body of pancreas, Left kidney and adrenal gland, Splenic flexure of colon, Parts of transverse and descending colon.

97. Old patient complaining of hematuria, on investigation, patient has bladder calculi, most common causative organism is:

a) Schistosoma
b) CMV

- **I couldn't find a source about this, but I think it's A.**

98. Old man with urinary incontinence, palpable bladder after voiding, urgency & sense of incomplete voiding dx;

a) Stress incontinence
b) Overflow incontinence
c) Reflex incontinence
d) Urge incontinence

- **Source=**
  http://emedicine.medscape.com/article/452289-clinical

99. Child with painless hematuria what initial investigation?

a) Repeat urine analysis
b) Renal biopsy
c) Culture

- **Explanation:**
  Painless Hematuria is usually due to glomerular causes and usually in hematuria (whatever the cause) u start by urinalysis with careful microscopic review of the urine sample.

- **Source=**
  http://emedicine.medscape.com/article/981898-overview

100. Young male with 3 day of dysuria, anal pain , O/E per rectum boggy mass :

a) Acute prostatitis

- مكرر

101. Radiosensitive testicular cancer:

a) Yolk sac
b) Seminoma

c) Choriocarcinoma**.**

- **Explanation:**
  (seminomas are exquisitely radiosensitive. In stage 1 seminomas: orchidectomy+radiotherapy cures 95%)

- **Source=** oxford medicine p.652

(6)
Endocrinology

- **1-50 by:** **Mohammed Naji**
- **51- end by:** **Hashim Faqeeh**

1-50 by Mohammed Naji

1- Patient known case of DM type 2 on insulin, his blood sugar measurement as following: morning= 285 mg/dl, at 3 pm= 165 mg/dl, at dinner time= 95 mg/dl. What will be your management:

a) **Increase evening dose of long acting insulin**
b) Decrease evening dose of short acting insulin
c) Decrease evening dose of long acting insulin
d) Increase evening dose of short acting insulin

2. Patient known case of IDDM, presented with DKA, K= 6 mmol/L and blood sugar= 350 mg/dl. You will give him: a) IV fluid

b) **IV fluid and insulin**
c) Sodium bicarbonate
- (OXFORD handbook of clinical medicine, P.842)

3. Patient increase foot size 39 >> 41.5 and increase size of hand and joint which hormone

a) Thyropine
b) Prolactin
c) ACTH
d) **Somatotropic hormone " known as Growth Hormone"**
- (acromegaly, 99% from a pituitary tumor, OXFORD handbook of clinical medicine, P.230)

4. Typical symptom of diabetic ketoacidosis what is the mechanism?

a) **No insulin → fat acid utilization → keton**
- (OXFORD handbook of clinical medicine, P.842)

5. Patient came with whitish discharge from the nipple, her investigation show pituitary adenoma, which hormone responsible for this?

a) **Prolactin**
- galactorrhoea from hyperprolactinaemia which can be caused by
  - ✓ 1-prolactinoma
  - ✓ 3-disinhibition by compression on pituitary stalk
  - ✓ 3-use of dopamine agonists
- Oxford handbook of clinical medicine, p.228

6. T4 high , Free T3 high TSH low diagnosis

a) Immune thyroditis **"not the correct option"**
- (hyperthyroidism graves/toxic nodule. Autoimmune thyroiditis gives hypothyroidism,
- oxford handbook p.212)

7. Young male with unilateral gynecomastia

a) Stop soya product
b) compression bra at night
c) **It will resolve by itself**

- Gynecomastia caused by increased estrogen/androgen ratio. Causes:
  - ✓ 1-normal puberty
  - ✓ 2-liver diseases
  - ✓ 3-drugs

8. 42 years old with thyroid mass, what is the best to do?

a) **FNA**

- kapaln medicine p.21,
- The first test to do in a patient with a thyroid nodule is the TSH; if normal then proceed to FNA !!

9. Hypothyroid patient on thyroxin had anorexia, dry cough and dyspnea & left ventricular dysfunction. She had normal TSH & T4 levels, Hyperphosphatemia & hypocalcemia. The diagnosis is:

a) Primary hypoparathyroidism

b) **Secondary hypoparathyroidism**

c) Hypopituitaritism

d) Uncontrolled hyperthyroidism

- this is a case of hypoparathyriodism , 1ry caused by autoimmune, 2ry by radiation or surgery e.g. thyroidectomy
- The pt. takes thyroxin so it's 2ry most likely

10. Patient with DM-II has conservative management still complaining of weight gain and polyuria, give: a) Insulin short acting

b) **Metformin**

c) Long acting insulin

- Guidelines of DM-ii treatment start with diet and exercise and if not successful, add metformin if obese or sulphonylurea if not obese,
- kumar p.653

11. 34 years old female patient presented with terminal hair with male hair distribution and has female genital organs. The underlying process is:

a) Prolactin over secretion

b) **Androgen over secretion**

- (hirsutism can be familial, idiopathic, or increased androgen secretion from ovaries(POS) or adrenals,
- oxford handbook p.222)

12. Female patient presented with symptoms of hyperthyroidism, tender neck swelling & discomfort. She had low TSH & high T4 level. The diagnosis is:

a) **Subacute thyroiditis**

b) Thyroid nodule

c) Grave's disease

- (Subacute de Quervain's thyroiditis is transient hyperthyroidism sometimes results from acute inflammation of the gland, probably as a result of viral infection. Usually accompanied by fever, malaise, and pain in the neck. Treatment is with aspirin reserving prednisolone for severe cases).

13. Pancreatitis

a) Amylase is slowly rising but remain for days
b) Amylase is more specific but less sensitive than lipase
c) **Ranson criteria has severity (predictive) in acute pancreatitis**
d) Pain is increased by sitting and relieved by lying down
e)Contraceptive pills is associated

- The Ranson and Glasgow scoring systems are based on such parameters and havebeen shown to have 80% sensitivity for predicting a severe attack, although only after 48 hours following presentation.
- Risk mortality is 20% with 3-4 signs, 40% with 5-6 signs, 100% 7 signs.
- oxford handbook, p.639.

Ranson's criteria	Glasgow's criteria
On admission	**On admission**
Age > 55 years old WBC count > 16 x 10^9 cell/L Blood glucose level > 10 mmol/L LDH > 700 IU/L AST > 250 sigma frankel units	Age > 55 years old WBC count > 15 x 10^9 cell/L Blood glucose level > 10 mmol/L Serum urea level > 16 mmol/L PaO2 < 8kPa (60 mmHg)
Within 48 hours	**Within 48 hours**
Blood urea nitrogen (BUN) > 5mg% PaO2 < 8kPa Serum calcium < 2 mmol/L Base deficit > 4 mmol/L Fluid sequestration > 6L	Serum calcium < 2 mmol/L Serum albumin < 32 g/L LDH > 600 IU/L AST/ALT > 600 IU/L

14. Primary hyperaldosteronism associated with:

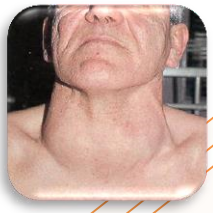
a) Hypernatremia
b) Hypomagnesemia
c) **Hypokalemia**
d) Hyperkalemia

- (adrenal adenoma 2/3 of causes "Conn's syndrome. Hypertension/hypernatremia/hypokalemia)
- Oxford p.220

15. Patient presents with this picture only, no other manifestations "organomegaly or lymphadenopathy" what is the diagnosis?

a) Mononucleosis
b) **Goiter**
c) Lymphoma

- (no reference)



16. Thyroid cancer can be from

a) Hypothyroidism
b) **Graves disease**
c) Toxic nodule

- Best answer is B " there is a higher incidence of thyroid neoplasia in patients with Graves disease

17. Patient is complaining of irritation, tachycardia, night sweating, labs done showed TSH: Normal, T4: High, diagnosis is:

a) **Grave's disease (wrong answer)**
b) Secondary Hypothyriodism
c) Hashimoto's thyroiditis

- Thyrotoxicosis results in suppression of pituitary TSH, so low TSH level can confirm the diagnosis. Normal TSH with elevated T4 usually indicates thyroid hormone resistance syndrome or very rarely a TSH secreting pituitary tumor.

18. 8 years old boy which is 6 year old height & bone scan of 5.5 years, what is the diagnosis?

a) Steroid
b) Genetic
c) Hypochondriplasia
d) **Hypothyroidism**

- Achondroplasia, a nonlethal form of chondrodysplasia, is the most common form of short-limb dwarfism. It is inherited as autosomal dominant trait with complete penetrance.
- Features include disproportionate short stature, megalencephaly, a prominent forehead (frontal bossing), midface hypoplasia, rhizomelic shortening of the arms and legs, a normal trunk length, prominent lumbar lordosis, genu varum, and a trident hand configuration.
- oxford pediatric, p.466, most common cause of short stature is familial "genetic")

19. Hirsutism associated with which of the following?

a) **Anorexia**
b) Juvinal hypothyroidism
c) Digoxin toxicity
d) c/o citrate

20. 60 years old male complain of decreased libido, decreased ejaculation, FBS= 6.5 mmol, increased prolactin, normal FSH and LH, what is the next step?

a) Testosterone level
b) DM
c) NL FBG
d) **CT of the head**

- (hyper prolactinemia from pituitary adenoma, do MRI after ruling out other causes specially if there is pressure symptoms,
- oxford p.228)

21. Single thyroid nodule showed high iodine uptake, what is the best treatment?

a) Radio Iodine 131

b) Send home
c) **Antithyriod medication**
d) Excision if presen
   - (both surgery and radioactive iodine are correct,
   - http://www.uptodate.com/contents/thyroid-nodules-beyond-the-basics)

22. Thyrotoxicosis include all of the following, Except:

a) Neuropathy
b) **Hyperglycemia**
c) Peripheral Proximal myopathy

23. The most active form is:

a) T4
b) **T3**
c) TSH
   - (kumar p.983)

24. 45 years old presented with polyurea, urine analysis showed glucosurea & negative ketone, FBS 14mmol. What is the best management of this patient?

a) Intermediate IM insulin till stable
b) NPH or Lent insulin 30mg then diet
c) Sulphonylurea
d) Diabetic diet only
e) **Metformin**
   - (first step in DM-ii is lifestyle modifications, if failed start drugs, kumar p.653)

25. A 30 years old teacher complaining of excessive water drinking and frequency of urination, on examination Normal. You suspect DM and request FBS = 6.8 .the Dx is :

a) DM
b) DI
c) **Impaired fasting glucose**
d) NL blood sugar
e) Impaired glucose tolerance
   - (FBG ">=6 & <7" IFG
   - http://www.mayoclinic.com/health/prediabetes/DS00624/DSECTION=symptoms

26. 42 years old female presented with 6 month Hx of malaise , nausea & vomiting, lab Na = 127 , K = 4.9 , Urea= 15, creatinine = 135, HCO3 = 13, glucose = 2.7 mmol, the most likely Dx:

a) hypothyroidism
b) pheochromocytoma
c) hypovolemia due to vomiting
d) SIADH
e) **Addison's disease**
   - (hypornatremia, hyperkalemia, hypoglycemia, uremia,
   - oxford p.218)

27. In DKA, use

a) **Short and intermediate acting insulin**
b) Long acting insulin.
- (current medicine, regular insulin should be administered, p.1201)

28. Metformin , which is true :

a) Cause hypoglycemia
b) Cause weight gain
c) **Suppress gloconeogenesis**
- (current medicine, p.1177)

29. Hyperprolactinemia associated with all of the following except :

a) Pregnancy
b) Acromegaly
c) OCP
d) Hypothyroidism
- **All are associated with hyperprolacinemia**
- The diagnosis of hyperprolactinemia should be included in the differential for female patients presenting with **oligomenorrhea, amenorrhea, galactorrhea, or infertility** or for male patients presenting with **sexual dysfunction**. Once discovered, hyperprolactinemia has a broad differential that includes many normal physiologic conditions.
- **Pregnancy** always should be excluded unless the patient is postmenopausal or has had a hysterectomy. In addition, hyperprolactinemia is a normal finding in the postpartum period.
- Other common conditions to exclude include a nonfasting sample, excessive exercise, a history of chest wall surgery or trauma, renal failure, and cirrhosis. Postictal patients also develop hyperprolactinemia within 1-2 hours after a seizure. These conditions usually produce a prolactin level of less than 50 ng/mL.
- **Hypothyroidism**, an easily treated disorder, also may produce a similar prolactin level.
- If no obvious cause is identified or if a tumor is suspected, MRI should be performed.

30. Patient came to you & you found his BP to be 160/100, he isn't on any medication yet. Lab investigations showed: Creatinine (normal), Na 145 (135-145), K 3.2 (3.5-5.1), HCO3 30 (22-30), what is the diagnosis?

a) essential hypertension
b) pheochromocytoma
c) addisons disease
d) **Primary hyperaldosteronism**
- (oxford, p.220)
- Patient with high sodium, low k, and high bicarbonate è Primary hyperaldostronism

31. A 46-year-old man, a known case of diabetes for the last 5 months. He is maintained on Metformin 850 mg Po TID, diet control and used to walk daily for 30 minutes. On examination: unremarkable. Some investigations show the following: FBS 7.4 mmol/L, 2 hr PP 8.6 mmol/L, HbA1c 6.6% , Total Cholesterol 5.98 mmol/L, HDLC 0.92 mmol/L, LDLC 3.88

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

a) The goal of management is to lower the triglycerides first.
b) The goal of management is to reduce the HbA1c.
c) **The drug of choice to reach the goal is Fibrates.**
d) The goal of management is LDLC ≤ 2.6 mmol/L.
e) The goal of management is total cholesterol ≤ 5.2 mmol/L.

32. Regarding the criteria of the diagnosis of diabetes mellitus, the following are true EXCEPT:

a) Symptomatic patient plus casual plasma glucose ≥ 7.6 mmol/L is diagnostic of diabetes mellitus
b) FPG ≥ 7.1 mmol/L plus 2 h-post 75 gm glucose ≥ 11.1 mmol/L is diagnostic of diabetes mellitus
c) FPG ≤ 5.5 mmol/L = normal fasting glucose.
d) **FPG ≥ 7.0 mmol/L = provisional diagnosis of diabetes mellitus and must be confirmed in another setting in asymptomatic patient**
e) 2-h post 75 gm glucose ≥ 7.6 mmol/L and < 11.1 mmol/L = impaired glucose tolerance.

- The WHO criteria for the diagnosis of DM is adopted in . (I) Fasting blood sugar (FBS) > 7.8 mmol/L or random blood sugar (RBS) > 11.1 mmol/L on one occasion for symptomatic patients and twice for asymptomatic patients establishes the diagnosis of Diabetes Mellitus.20 (ii) If the FBS is < 6 mmol/L then the diagnosis of DM is unlikely. (iii) The value of FBS 6-7.7 mmol/L is an indication that the oral glucose toler-ance test (GTT) is required

33. 36 years old female with FBS= 14 mmol & glucosuria, without ketones in urine, the treatment is:

a) IntermittentI.M.insulinNPH
b) Salphonylurea + diabetic diet
c) Diabetic diet only.
d) Metformin

- (first step in DM-ii is lifestyle modifications, if failed start drugs,
- kumar p.653)

34. A 30 years male presented with polyuria, negative keton, Random blood suger 280 mg/dl. Management:

a) Nothing done only observe
b) Insulin 30 U NPH+ diet control
c) **Diet and exercise**
d) Oral hypoglycemic

- (first step in DM-ii is lifestyle modifications, if failed start drugs, kumar p.653)
- Patient is symptomatic & RBS ≥ 11.1 DX is DM type 2. RX initially with diet and exercise and decrease Wt for 6-8 wks if further add Metformin

35. Thyroid cancer associated with:

a) **Euothyroid**
b) hyperthyroid
c) hypothyroid
d) graves

- (current medicine, p.1100)

36. Old patient take hypercalcemic drugs and developed gout, what is responsible drugs?

a) frosamide

b) **Thiazide**

- (kumar p.854)

37. Pathological result from thyroid tissue showed papillary carcinoma, the next step:

a) **Surgical removal**

b) Apply radioactive I131

c) Give antithyroid drug

d) Follow up the patient

- (total thyroidectomy,
- Oxford p.602)

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

a) Total thyroidectomy & modified dissection

b) **Total thyroidectomy and radical neck dissection**

c) Total thyroidectomy

d) Thyroid lobectomy and removal of all local lymph nodes

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

39. Which is true about DM in KSA?

a) Mostly are IDDM

b) **Most NIDDM are obese**

40. Female come with manfestations of hypothyroidism, sleeping, myxedema, cold intelorance, now she suffer from difficulty in breathing, wheezing, TSH= normal, T4 normal, Ca = decrease, phosphorus= normal ALP= normal, what is your diagnosis?

a) **Secondary hypoparathyrodisim**

41. Patient comes with diarrhea, confusion and muscle weakness he suffers from which?

a) **Hypokalemia**

b) hyperkalemia

c) hypercalcemia

42. The FIRST step in the management of acute hypercalcemia should be:

a) **Correction of deficit of Extra Cellular Fluid volume.**

b) Hemodialysis.

c) Administration of furosemide.

d) Administration of mithramycin.

e) Parathyroidectomy.
- (691, oxford)

43. Type 1 diabetic, target HA1C

a) 9
b) 8
c) **6.5**
- (oxford, 200)

44. 19 years old athlete, his weight increase 45 pound in last 4 months. In examination, he is muscular, BP 138/89, what is the cause?

a) Alcohol
b) Cocaine abuse
c) **Anabolic steroid use**
- (no refrance)

45. Adult had a history of palpitation, sweating and neck discomfort for 10 days , lab CBC normal , ESR 80 , TSH 0.01, F T4 high , what is the diagnosis?

a) **Graves disease**
b) subacute thyroiditis
c) hashimoto thyroiditis
d) toxic multinodular goiter
- (210;oxford)

46. Old diabetic patient who still have hyperglycemia despite increase insulin dose, the problem with insulin in obese patients is:

a) **Post receptor resistance**
- (http://emedicine.medscape.com/article/122501-overview)

47. Female come to the clinic with her baby of 6 month, she had tremor and other sign I forgot it, which of the following is most likely diagnosis?

a) Hashimoto
b) **Postpartum thyroiditis**
c) hypertyrodism
d) sub acute tyroditis
e) hypothriodism
- (current medicine, p.1092)

48. Diabetic patient on insulin and metformin has renal impairment. What's your next step?

a) **Stop metformin and add ACE inhibitor**
- (metformin is not suitable for renal failure and best thing to be done in diabetic nephropathy is inhibiting the renin angitensen system even if the blood pressure is normal with agents like ACE)
- oxford p.202

49. Cushing syndrome best single test to confirm

a) palsma cortisone
b) ATCH
c) **Dexamethasone Suppression test**
- (kumar, p.627)

50. The following more common with type 2 DM than type 1 DM:

a) Weight loss
b) Gradual onset
c) **Hereditary factors**
d) HLA DR3+-DR4
- (oxford handbook, p.198)

51-end by Hashim Faqeeh

51. Patient was presented by tremor, fever ,palpitation ,diagnosed as case of hyperthyroidism, what is your initial treatment:

a) Surgery.
b) Radio iodine
c) **Beta blockers**
d) **Propylthioracil**
- First B-blocker then Prophylthiouracil because we are afraid of arrhythmias
- **This question is somewhat confusing,** B-Blockers are only a symptomatic solution and used in the urgent management of Thyroid Crisis. Initial management of Hyperthyroidism depends on the underlying disease and age, Below 40 with graves the most common form a hyperthyroidism, the recommended initial treatment will be Antithyroid drugs then surgery if relapse occurs, while radioactive iodine is employed as first or second line in older patients.
- **Pocket Davidsons Essentials of Medicine 335-336-342-344**

52. Patient with truncal obesity, easy bruising, hypertension, buffalo hump, what is the diagnosis?

a) **Cushing**
- **Straight forward description of Cushing Syndrome**

53. Blood sugar in DM type 1 is best controlled by :

a) Short acting insulin
b) Long acting
c) Intermediate
d) Hypoglycemic agents
e) **Basal and bolus insulin.**
- **Very vague question.** We can exclude hypoglycemic agents. Short acting insulin is best in emergencies like DKA as it can be given IV. We can use either long acting alone daily or a mixture of short & intermediate acting insulin daily. Basal & bolus, (short acting + intermediate or long),

bolus of short-acting or very-short-acting insulin before meals to deal with the associated rise in blood-sugar levels at these times. In addition, they take an evening injection of long- or intermediate-acting insulin that helps normalise their basal (fasting) glucose levels. This offers greater flexibility and is the most commonly adopted method when intensified insulin therapy is used to provide optimal glycaemic control.

54. Well known case of DM was presented to the ER with drowsiness, in the investigations: Blood sugar = 400 mg/dl, pH = 7.05, what is your management?

a) 10 units insulin + 400 cc of dextrose
b) 0.1 unit/kg of insulin , subcutaneous
c) NaHCO.
d) **One liter of normal saline**

- **???**

55. Pregnant patient came with neck swelling and multiple nodular non-tender goiter the next evaluation is:

a) Thyroid biopsy
b) Give anti-thyroid medication
c) Radiation Iodine
d) **TSH & Free T4, or just follow up**

- Management depends if the patient is euthyroid or not, During puberty or pregnancy a goiter associated with euthyroid status rarely require intervention, When TFT is abnormal the patient should be rendered Euthyroid. Please be noted that the typical physiological pregnancy goiter is simple, diffuse, soft, symmetrical, no tenderness, no lymphadenopathy, no bruit, and a normal TFT, However the goiter may progress to multinodual goiter
- Kumar Textbook 7th ed 993, Davidson pocket 347

56. Old patient with neck swelling, nodular, disfiguring, with history of muscle weakness, cold intolerance , hoarseness, what is your management :

a) Levothyroxine
b) Carbamazole
c) **Thyroid lobectomy**
d) Radio-active iodine

- Cosmetic reasons (Disfiguring), and Pressure symptoms (Hoarseness) are indications of Surgical intervention
- Kumar Textbook 7th ed 993

57. Pregnant woman with symptoms of hyperthyroidism , TSH low :

a) **Propylthyiouracil**
b) Radio-active iodine
c) Partial thyroidectomy

- Thyrotoxicosis in pregnancy is better treated with PTU rather than Carbimazole as it is associated with childhood skin defects, PTU is also safe when breast feeding as well since it is minimally excreted in the milk. Radio-active Iodine is C/I
- Davidson Pocket 344-345

58. You received a call from a father who has a son diagnosed recently with DM-I for six months, he said that he found his son lying down unconscious in his bedroom, What you will tell him if he is seeking for advice?

a) Bring him as soon as possible to ER
b) Call the ambulance
c) Give him his usual dose of insulin
d) Give him IM Glucagone
e) **Give him Sugar in Fluid per oral**

- Hypoglycemia is the most common complication of insulin therapy, a rapidly absorbed carbohydrate e.g. sugary water should be given orally if possible. In unconscious patient, IV dextrose followed by a flush of normal saline. IM glucagon should be used if IV access is difficult, Since there was no IV dextrose option, I choose the next step which is IM Glucagon
- Kumar Pocket 4th ed 658

59. Diabetic patient on medication found unconscious his blood sugar was 60, what is the most common to cause this problem?

a) **Sufonylurease**
b) Bigunides

- The most common side effect of Sulfonylureas is Hypoglycemia. Metformin doesn't even cause it
- Kumar Pocket 4th P 654

60. 40 years old male, presented with large hands, Hepatomegaly, diagnosis :

a) **Acromegaly**
b) Gigantism

- straight forward description of Acromegaly

61. The cause of insulin resistance in obese is:

a) insulin receptors kinase activity
b) number of insulin receptor
c) circulation of anti-insulin
d) insulin production from the pancreas
e) **post-receptor action**

- This question has some confusion.
- The relative role of secretory failure vs insulin resistance in the pathogenesis of DM2 has been much debated, but even in the massively obese individuals with fully functioning beta cell mass do not necessarily develop DM, which imply that some degree of beta cell dysfunction is necessary.Insulin can bind normally to its receptors on the surface of cells in DM2. Insulin resistance is however associated with central obesity and a high proportion have NAFL
- Kumar Textbook 7th ed P 1034-1035 please read carefully

62. Patient with DM presented with limited or decreased range of movement passive and active of all directions of shoulder

a) **Frozen shoulder**
b) Impingment syndrome
c) Osteoarthritis

- The answer is not frozen shoulder (Adhesive Capsulitis) since frozen shoulder causes a complete loss of all shoulder movements, Impengiment syndrome causes pain and crepitus on abduction and rotation, I don't know if the data available sufficient to diagnose osteoarthritis, and I don't know the DM relation

- Kumar Textbook 7th ed P 507

63. Female not married with normal investigation except FBS=142. RBS196, what is the treatment?
a) give insulin subcutaneous
b) advice not become married
c) barrier contraceptive is good
d) **BMI control**
- ??

64. Younger diabetic patient came with abdominal pain, vomiting and ketones smelled from his mouth. What is frequent cause?
a) **Insulin mismanagement**
b) Diet mismanagement
- DKA is commonly the result of interrupted insulin therapy in the known diabetic
- Kumar Pocket 4th ed P 658

65. 70 years Saudi diabetic male suddenly fell down, this could be:
a) Maybe the patient is hypertensive and he developed a sudden rise in BP.
b) **He might had forgot his oral hypoglycemic drug**
c) Sudden ICH which raise his ICP.
- **Explanation:** The diagnosis is Non-ketotic hyperosmolar coma which can present with Hyper viscosity and increased risk of thrombosis Disturbed mentation Neurological signs including focal signs such as sensory or motor impairments or focal seizures or motor abnormalities, including flaccidity, depressed reflexes, tremors or fasciculations. Ultimately, if untreated, will lead to death.

66. Patient present with constipation "hypothyroidism", To confirm that the patient has hypothyroidism:
a) T4
b) **TSH**
c) Free T4
- This is straight forward, TSH is the most useful inv of thyroid functionality

67. Which of the following medications should be avoided in diabetic nephropathy?
a) Nifidipine
b) losartan
c) lisinopril
d) **Thiazide**
- For the treatment of Diabetic nephropathy, ACE inhibitors and Angiotensin receptor antagonist are the first line.Oral hypoglycemic secreted by the kidneys are avoided (glibenclamide and metformin)
- Kumar textbook 7th ed P 1054
- Then treatment is an important part of blood pressure control and consequent nephroprotection. In these circumstances, a loop diuretic such as furosemide or bumetanide is required, because low-dose thiazides are often not potent enough and higher doses can have unwanted metabolic effects on glycemia and lipidemia.[3] The early studies of Parving and others[4] of blood pressure treatment in type 1 diabetic nephropathy used furosemide as a key component of the treatment regimen. In the RENAAL (Reduction of Endpoints in NIDDM with

the Angiotensin II Antagonist Losartan) study of losartan in type 2 diabetic nephropathy,[5] around 58% of patients were on a diuretic at the outset and 84% at the end (mean follow-up, 3.4 years). These patients had a mean baseline serum creatinine of 1.9 mg/dL. In the IDNT (Irbesartan Diabetic Nephropathy Trial) of irbesartan vs amlodipine vs conventional antihypertensive therapy in type 2 nephropathy,[6] investigators have reported that split doses of loop diuretics were particularly effective (unpublished but discussed at investigator meetings). The synergistic effect of diuretics and drugs that block the renin-angiotensin system makes them an integral part of most modern antihypertensive regimens in diabetic nephropathy. It is worth mentioning, however, that dietary salt restriction will also augment the hypotensive action of this combination.

- Medscape: http://www.medscape.com/viewarticle/466076

68. Which of the following indicate benign thyroid lesion?

a) **Lymphadenitis**

- The only choice written is lymphadenitis, Thyroiditis is usually benign
- https://www.clinicalkey.com/topics/endocrinology/thyroiditis.html

69. Patient come to you for check up, he has DM his blood sugar is well controlled, but his BP is 138/86 , all other physical examination show no abnormality including neurological examination, he is following regularly in ophthalmology clinic, What you will put in your plan to manage this patient?

a) **Giving ACE inhibitor " goal for BP for DM : 130/80"**

- 130/80 is the standard goal for HTN with DM
- Kumar Pocket 4th ed P 479

70. Female patient with hypothyroidism, TSH high but she did not give the total T4 nor free, pulse normal, BP normal, she is on thyroxin, what you will do?

a) Increase thyroxin follow after 6 months
b) **Increase thyroxin follow after 3 months**
c) decrease thyroxin follow after 6 months
d) decrease thyroxin follow after 3 months

- Didn't understand the question, and I don't wanna make up an answer

71. All causes hyperprolactinemia, EXCEPT:

a) Pregnancy
b) Acromegaly
c) Methyldopa
d) **Allopurinol**
e) Hypothyroidism

- http://en.wikipedia.org/wiki/Hyperprolactinaemia

72. DM1

a) **HLA DR4**

- Seriously ???

73. Difference between primary and secondary hyperaldosteronism :

a) **Increase rennin in secondary**

- Renin is increased in 2ry, and decreased in 1ry hyperaldosteronism
- Davidson Pocket 369

74. 50 years with uncontrolled diabetes, complain of black to brown nasal discharge. So diagnosis is

a) **Mycosis**
b) Aspirglosis
c) Foreign body

- Immunocompromising conditions are the main risk factor for mucormycosis. Patients with uncontrolled diabetes mellitus, especially with ketoacidosis, are at high risk.
- Rhinocerebral disease may manifest as unilateral, retro-orbital headache, facial pain, numbness, fever, hyposmia, and nasal stuffiness, which progresses to black discharge. Initially, mucormycosis may mimic sinusitis
- http://emedicine.medscape.com/article/222551-overview

75. Which hormone affect the bile acid & lowering the cholesterol

a) **Cholecystokinin**

76. Thyroid nodules non malignant

a) **Multiple**

77. Mechanism of Cushing disease

a) **Increase ACTH from pituitary adenoma**
b) Increase ACTH from adrenal

- Pitutary dependent cortisol excess is known as Cushing Disease
- Davison Pocket P 362

The dawn phenomenon:

- ☒ Recurring early morning hyperglycaemia
- ☒ **Treatment:**
  1. Increase evening physical activity
  2. Increase amount of protein to carbohydrates in the last meal of the day
  3. Eat breakfast even though the dawn phenomenon is presented
  4. Individual diet modification only if HbA1c is lower than 7%
  5. Antidiabetic oral agent therapy only if HbA1c is lower than 7%
  6. Use an insulin pump
  7. Long-acting insulin analogues like glargine instead of NPH insulin

The Somogyi effect:

- ☒ Early morning hyperglycaemia due to treatment with excessive amount of insulin
- ☒ **Treatment:**
  1. Modify insulin dosage, Use an insulin pump
  2. Long-acting insulin analogues like glargine instead of NPH insulin
  3. More protein than carbohydrates in the last meal of the day
  4. Go to bed with higher level of plasma glucose than usual

(7)
Rheumatology

- **1-30 by:** **Hashim faqeeh**
- **31- end by:** **Abdullah Faiz**

1-30 by Hashim Faqeeh

1. An elderly lady presented with chronic knee pain bilaterally that increases with activity & decreases with rest, The most likely diagnosis is:
a) **Osteoarthritis**
b) Rheumatoid arthritis
c) Septic arthritis
- This is straight forward. OA pain is worsened by movements and decreased by rest with only brief morning stiffness <15 mins in contrast to Inflammatory Arthritis (as RA), Revise the differentiation
- Davidson Pocket 583

2. An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:
a) Osteoporosis
b) **Osteoarthritis**
c) Rh. Arthritis
- OA can present with morning stiffness, BUT it has to be brief <15 mins
- Otherwise, Straight forward description of OA
- Davidson Pocket 583

3. Old patient with bilateral knee swelling, pain, normal ESR:
a) Gout
b) **Osteoarthritis**
c) RA
- Straight forward description of OA, old age, Knees and Hips are most commonly affected. OA doesnt trigger an inflammatory response, therfore it has no effect on ESR, CRP Davidson Pocket 582-4

4. What is the initial management for a middle age patient newly diagnosed knee osteoarthritis.
a) Intra-articular corticosteroid.
b) **Reduce weight**
c) Exercise.
d) Strengthening of quadriceps muscle.
- Incomplete data in the question. Management of OA should be multidiscplinary with a stepwise approach. Obese patient should be encouraged to lose wt, but the question didnt mention the wt status. Next in line is local strengthening and aerobic excersize
- Kumar Pocket 261
- Davidson Pocket 584

5. The useful exercise for osteoarthritis in old age to maintain muscle and bone:
a) **Low resistance and high repetition weight training**
b) Conditioning and low repetion weight training
c) Walking and weight exercise
- ??

6. Male patient present with swollen erythema, tender of left knee and right wrist, patient give history of international travel before 2 month, aspiration of joint ravel, gram negative diplococci, what is most likely organism?
a) **Neisseria gonorrhea**
b) staphcoccus
c) streptococcus
- Gonococcal Arthritis, occur 2ry to genital infection (often asymptomatic) presents with mild inflammatory polyarthritis
- Kumar Pocket 279

7. Triad of heart block, uveitis and sacroiliitis, diagnosis:

a) **Ankylosing Spondylitis**
b) lumbar stenosis
c) multiple myeloma
- http://www.patient.co.uk/doctor/ankylosing-spondylitis

8. Patient have urethritis now com with left knee, urethral swap positive pus cell but negative for neisseria meningitidis and chlymedia
a) RA
b) **Reiter's disease**
c) Gonococcal
- Reiter's arthritis : characteristic triad of symptoms: an inflammatory arthritis of large joints, inflammation of the eyes in the form of conjunctivitis or uveitis, and urethritis in men or cervicitis in women
- Kumar Pocket 4th ed P 273

9. Patient with Rheumatoid Arthritis he did an X-Ray for his fingers and show permanent lesion that may lead to permanent dysfunction, what is the underlying process?
a) **Substance the secreted by synovial**

10. Which of following favor diagnosis of SLE?
a) Joint deformity
b) Lung cavitations
c) Sever raynaud phenomenon
d) Cystoid body in retina
e) **Anti RNP+**

11. Patient with Rheumatoid arthritis on hand X-Ray there is swelling what you will do for him
a) **NSAID**
b) Injection steroid
c) positive pressure ventilation
- If there is DMARD choose it
- ??

12. True about dermatomyositis:
a) associated with inflammatory bowl disease
b) **Indicate underlying malignancy**
c) present as distal muscle weakness
- Dermatomyositis affect is symmetrical involving proximal muscles of the shoulder and pelvic girdle, associated with 3 fold increase in incidence of underlying malignancy especially old age groups
- Kumar Pocket 287

13. Psuedogout:
a) Phosphate
b) Calcium
c) Florida Seriously ?
d) **Calcium pyrophosphate**
- PseudoGout has Calcium Pyrophosphate Dehydrate crystal deposition CPPD and is called pyrophosphate arthropathy
- Davidson Pocket 595

14. Patient complaints of abdominal pain and joint pains, the abdominal pain is colicky in character, and accompanied by nausea, vomiting and diarrhea. There is blood and mucus in the stools. The pain in joints involved in the ankles and knees, on examination there is purpura appear on the legs and buttocks:
a) Meningococcal Infections
b) Rocky Mountain Spotted Fever
c) Systemic Lupus Erythematous
d) **Henoch sconlein purpura**

15. Long scenario, bone mineral density ,having T score - 3.5,, so diagnosis is
a) Osteopenia
b) **Osteoporosis**
c) Normal
d) Rickets disease

- Normal bone mineral density (T score > -1)
- Osteopenia (T score between -1 and –2.5)
- Osteoporosis (less than -2.5)
- DEXA scan provides T score and Z score , T score below -2.5 is osteoporosis
- Davidson Pocket P 599

16. Patient with HTN and use medication for that, come complain of pain and swelling of big toe (MTJ) on light of recent complain which of following drug must be change?
a) **Thiazide**

- a potential side effect of Thiazide diuretic is hyperuricemia, a predesposing factor for gout

17. Elderly came with sudden loss of vision in right eye with headache, investigation show high CRP and high ESR, what is the diagnosis?
a) **Temporal arteritis**

- Giant cell arteritis or temporal arteritis. a typical description
- Kumar Pocket 4th ed P 762

18. Old female patient with osteoporosis, what is exogenous cause?
a) Age
b) **Decreased vitamin D**

- All other risk factors of osteoporosis are in table 6.12 Pocket Kumar 4th ed P 300

19. Patient with cervical spondylitis came with atrophy in Hypothenar muscle and decreased sensation in ulnar nerve distribution. Studies showed alertness in ulnar nerve function in elbow..to ur action is :
a) Physiotherapy
b) **Cubital tunel decompression**

20. Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles, EMG showed Ulnar tunnel compression of the ulnar nerve, what is your action now:
a) Steroid injection
b) CT scan of the spine
c) **Ulnar nerve decompression**

- ??

21. Polymyalgia Rheumatica case with elevated ESR , other feature :
a) Proximal muscle weakness
b) **Proximal muscle tenderness**

- N.B. in polymyalgia Rhematica pain occurs on movement with normal strengths of the muscles
- The cardinal features of polymyalgia rheumatica are pain and stiffness, symmetrically and proximally, affecting muscles of the neck, upper arms.
- Davidson Pocket 609

22. Patient came with osteoarthritis & swelling in distal interphalangeal joint, what is the name of this swelling?
a) Bouchard nodes
b) **Heberden's nodes**

- Heberdens occur at DIPJ, While Bouchards occur at PIJI
- kumar pocket 4th ed P 259

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

a) **Heberden's nodes**
b) Bouchar's nodes
c) Synovial thickenings
d) Subcutaneous nodules
e) Sesamoids

- **Explanation:** the history suggests osteoarthritis which has both heberden's nodes and bouchard's; depending on the location the names of the nodes differ heberden's nodes are at the DIPJ while bouchard's nodes are at the PIPJ. Reference: Saunders'pocket essentials of Clinical medicine (parveen KUMAR)
- Kumar Pocket 4th ed P 260

24. Regarding Boutonniere deformity which one is true

a) **Flexion of PIP & hyperextension of DIP.**
b) Flexion of PIP & flexion of DIP
c) Extension of PIP & flexion of DIP.
d) Extension of PIP & extension of DIP

- Kumar Pocket P 264

25. Patient has history of parotid and salivary gland enlargement complains of dry eye, mouth and skin, lab results HLA-B8 and DR3 ANA positive, rheumatoid factor positive, what is the course of treatment?

a) physostigmin
b) **Eye drops with saliva replacement**
c) NSAID
d) plenty of oral fluid

- This is a Typical presentation of Sjogren Syndrome, treatment is symptomatic, Artificial tears, saliva, and lubricants
- Davison Pocket P 608

26. Young patient with red, tender, swollen big left toe 1st metatarsal, tender swollen foot and tender whole left leg. His temperature 38, what is the diagnosis?

a) **Cellulitis**
b) Vasculitis
c) Gout Arthritis

- Straight forward description of Cellulitis, DVT is an important differential
- Kumar Pocket 4th ed P 21-22

27. Patient elderly with unilateral headache, chronic shoulder and limb pain, positive Rheumatoid factor and positive ANA, what is the treatment?

a) Aspirin
b) Indomethacin
c) **Corticosteroid**

28. Patient with recurrent inflammatory arthritis (migratory) and in past she had mouth ulcers now complaining of abdominal pain what is the diagnosis

- Read about causes of migratory arthritis

29. Acute Gout management :

a) Allopurinol
b) **NSAID**
c) Paracetamol
d) Gold salt

30. Treatment of acute gouty arthritis

a) Allopurinol
b) **Indomethacin**
c) Pencillamin
d) Steroid

- Acute Attacks are treated with anti-inflammatory drugs, such as NSAIDs, Colchicine, Steroids IM or intra articular in difficult cases
- Kumar Pocket 4th ed P 276

31-end by Abdullah Faiz

31. Best investigation for Giant Cell Arteritis

a) **Biopsy from temporal arteritis**

- master the boards p(192)

32. Patient with rheumatoid arthritis came to you and asking about the most effective way to decrease joint disability in the future, your advice will be:

a) Cold application over joint will reduce the morning stiffness symptoms
b) **Disease modifying antirheumatic drugs are sufficient alone**

- people treated early with DMARDs have better long-term outcomes, with greater preservation of function, less work disability, and a smaller risk of premature death.
- http://www.emedicinehealth.com/rheumatoid_arthritis/page11_em.htm

33. Osteoporosis depend on

a) **Age**
b) Stage
c) Gender

- **Unchangeable risks**
- Some risk factors for osteoporosis are out of your control, including: **Your sex Age. Race. Family history. Frame size.**

34. 30 years old male with hx of pain and swelling of the right knee, synovial fluid aspiration showed yellow color opaque appearance, variable viscosity. WBC = 150,000 , 80% neutrophil, poor mucin clot, Dx is :

a) Goutism Arthritis
b) Meniscal tear
c) RA
d) **Septic arthritis**
e) Pseudogout arthritis

- Explanation: WBC>50,000 with poly predominance>75% is suspicious for bacterial infection
- Usmle step 2 secrets p(307)

35. Rheumatoid Arthritis:

a) **Destruction in articular cartilage**
b) M=F
c) No nodules
d) Any synovial joint
e) HLA DR4

- Explanation:
  - ✓ a = is true plus destruction of bones
  - ✓ b= is false the M:F is 1:3

- ✓ c = is false Nodules are present in elbows & lungs
- ✓ d= is false because it doesn't affect the dorsal & lumbar spines
- ✓ e = is true but it also affects HLA DR1

- master the boards p (178)

36. Triad of heart block, Uveitis and sacroileitis, Dx:

b) **Ankylosing Spondylitis**

c) lumbar stenosis

d) multiple myeloma

- 1st aid p (228)

37. Pseud-gout is

a) **CACO3**

b) CACL3

- ???????
- Gout : Deposition of Monosodium Urate Monohydrate, –ve of birefringent, needle shape
- Psudogout : Deposition of Calcium Pyrophosphates Dehydrate crystal, +ve birefringent, rhomboid shape, (CACO3)

38. Juvenile Idiopathic Arthritis treatment :

a. Aspirin

b. Steroid

c. Penicillamine

d. Hydrocloroquin

e. Paracetamol

- half of cases improve on aspirin or NSAID if not steroid then TNF drug

39. Patient present with SLE, The least drug has side effect:

a. Methotrexate

b. name of other chemotherapy

- ????????
- http://lupus.webmd.com/guide/lupus-systemic-lupus-erythematosus-medications

40. Regarding Allopurinol:

a. is a uricouric agent

b. Decrease the development of uric acid stones

c. useful in acute attack of gout

- Allopurinol is used to treat Hyperuricemia along with its complications “chronic gout & kidney stones”

41. Man with pain and swelling of first metatarso-phalyngeal joint. Dx:

a. Gout “also called Podagra”

42. 14 years girl with athralgia and photosensitivity and malar flush and protinurea , so diagnosis is :

a. RA

b. Lupus Nephritis

c. UTI

- **The following are the ACR diagnostic criteria in SLE, presented in the "SOAP BRAIN MD" mnemonic:**
  - ✓ Serositis
  - ✓ Oral ulcers
  - ✓ Arthritis
  - ✓ Photosensitivity
  - ✓ Blood disorders
  - ✓ Renal involvement
  - ✓ Antinuclear antibodies
  - ✓ Immunologic phenomena (eg, dsDNA; anti-Smith [Sm] antibodies)

- ✓ Neurologic disorder
- ✓ Malar rash
- ✓ Discoid rash

43. Which of the following is a disease improving drug for RA :

a. NSAID

b. Hydroxychloroquine

- **Disease Modifying Anti-Rheumatic Drugs (DMARDs) :**
  - ✓ Chloroquine & Hydroxychloroquine
  - ✓ Cyclosporin A
  - ✓ D-penicillamine
  - ✓ Gold salts
  - ✓ Infliximab
  - ✓ Methotrexate (MTX)
  - ✓ Sulfasalazine (SSZ)

44. 27 years old male has symmetric oligoarthritis, involving knee and elbow, painful oral ulcer for 10 years, came with form of arthritis and abdominal pain. Dx is:

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

- **Explanation:** The diagnosis of Behçet disease was clarified by an international study group (ISG) .This group developed ISG criteria, which currently are used to define the illness. At least 3 episodes of oral ulceration must occur in a 12-month period. They must be observed by a physician or the patient and may be herpetiform or aphthous in nature.
- **At least 2 of the following must occur:**
  - **1)** recurrent, painful genital ulcers that heal with scarring;
  - **2)** ophthalmic lesions, including anterior or posterior uveitis, hypopyon, or retinal vasculitis;
  - **3)** skin lesions, including erythema nodosum, pseudofolliculitis, or papulopustular lesions
  - **4)** pathergy, which is defined as a sterile erythematous papule larger than 2 mm in size appearing 48 hours after skin pricks with a sharp, sterile needle (a dull needle may be used as a control).
  - **5)** Neurologic manifestations: The mortality rate is up to 41% in patients with CNS disease. This tends to be an unusual late manifestation 1-7 years after disease onset: Headache - 50% , Meningoencephalitis - 28% , Seizures - 13% , Cranial nerve abnormalities - 16% , Cerebellar ataxia , Extrapyramidal signs, Pseudobulbar palsy , Hemiplegia or paralysi , Personality changes ,Incontinence ,Dementia (no more than 10% of patients, in which progression is not unusual)
  - **6)** Vasculopathy: Behçet disease is a cause of aneurysms of the pulmonary tree that may be fatal. DVT has been described in about 10% of patients, and superficial thrombophlebitis occurred in 24% of patients in the same study. Noninflammatory vascular lesions include arterial and venous occlusions, varices, and aneurysms.
  - **7)** Arthritis: Arthritis and arthralgias occur in any pattern in as many as 60% of patients. A predilection exists for the lower extremities, especially the knee. Ankles, wrist, and elbows can also be primarily involved. The arthritis usually is not deforming or chronic and may be the presenting symptom and rarely involves erosions. The arthritis is inflammatory, with warmth, redness, and swelling around the affected joint.Back pain due to sacroiliitis may occur.
  - **8)** Gastrointestinal manifestations: Symptoms suggestive of IBD, Diarrhea or gastrointestinal bleeding, ulcerative lesions (described in almost any part of the gastrointestinal tract) , Flatulence ,Abdominal pain, Vomiting and Dysphagia.
  - **9)** Other manifestations : Cardiac lesions include arrhythmias, pericarditis, vasculitis of the coronary arteries, endomyocardial fibrosis, and granulomas in the endocardium, Epididymitis , Glomerulonephritis Lymphadenopathy , Myositis, Polychondritis

45. Child with positive Gower sign which is most diagnostic test :

a. **Muscle biopsy**

- Gowers' sign indicates weakness of the proximal muscle of the lower limb. seen in Duchenne muscular dystrophy & myotonic dystrophy "hereditary diseases"

46. Patient is 74 years female complaining of pain and stiffness in the hip and shoulder girdle muscles. She is also experiencing low grade fever and has depression. O/E: no muscle weakness detected. Investigation of choice is

a. RF
b. Muscle CK
c. ESR

- Typical presentation of Polymyalgia rheumatic ESR high

47. Female patient diagnosed as Polymyalgia Rheumatica, what you will find in clinical picture to support this diagnosis

a. osteophyte in joint radiograph
b. Tenderness of proximal muscle
c. weakness of proximal muscle
d. Very high ESR

- Polymyalgia Rheumatica is a syndrome with pain or stiffness, usually in the neck, shoulders, and hips, caused by an inflammatory condition of blood vessels. Predisposes to temporal arteritis
- Usually treated with oral Prednisone

48. Dermatomyositis came with the following symptoms:

a. Proximal muscle weakness
b. Proximal muscle tenderness

- Dermatomyositis (DM) is a connective-tissue disease that is characterized by inflammation of the muscles and the skin. While DM most frequently affects the skin and muscles, it is a systemic disorder that may also affect the joints, the esophagus, the lungs, and, less commonly, the heart

49. Most important point to predict a prognosis of SLE patient :

a. Degree of renal involvement
b. sex of the patient
c. leucocyte count

- involvement of CNS kidney heart and lung have worse prognosis

50. Patient was presented by back pain relieved by ambulation, what is the best initial treatment:

a. Steroid injection in the back.
b. Back bracing.
c. Physical therapy "initial treatment"

- master the bored p (197)

51. Diet supplement for osteoarthritis

a. Ginger

- http://www.aafp.org/afp/2008/0115/p177.html

52. Which drug causes SLE like syndrome:

a. Hydralazine
b. Propranolol
c. Amoxicillin

- **High risk:**
  1) Procainamide (antiarrhythmic)
  2) Hydralazine (antihypertensive)
- **Moderate to low risk:**
  1. Infliximab (anti-TNF-α)
  2. Isoniazid (antibiotic)
  3. Minocycline (antibiotic)
  4. Pyrazinamide (antibiotic)

5. Quinidine (antiarrhythmic)
6. D-Penicillamine (anti-inflammatory)
7. Carbamazepine (anticonvulsant)
8. Oxcarbazepine (anticonvulsant)
9. Phenytoin (anticonvulsant)
10. Propafenone (antiarrhythmic)

53. In patient with rheumatoid arthritis:
a. Cold app. over joint is good
b. Bed rest is the best
c. Exercise will decrease post inflammatory contractures

- Rheumatoid arthritis (RA) is a chronic, systemic inflammatory disorder that may affect many tissues and organs, but mainly joints. It involves an inflammation of the capsule around the joints (synovium)
- Increased stiffness early in the morning is often a prominent feature of the disease and typically lasts for more than an hour. Gentle movements may relieve symptoms in early stages of the disease

54. Gouty arthritis negative pirfringes crystal what is the mechanism :
a. Deposition of uric acid crystal in synovial fluid due to over saturation

- Gout (also known as Podagra when it involves the big toe) is a medical condition characterized by recurrent attacks of acute inflammatory arthritis — a red, tender, hot, swollen joint. The metatarsal-phalangeal joint at the base of the big toe is the most commonly affected (50% of cases). However, it may also present as tophi, kidney stones or urate nephropathy
- Mechanism : disorder of purine metabolism, and occurs when its final metabolite, uric acid, crystallizes in the form of monosodium urate, precipitating in joints, on tendons, and in the surrounding tissues

55. Old patient with history of bilateral pain and crepitations of both knee for years now come with acute RT knee swelling, on examination you find that there is edema over dorsum and tibia of RT leg, what is the best investigation for this condition?
a. **Right limb venogram**

- ?????????

56. 40 years old male come to you complaining of sudden joint swelling, no history of trauma, no history of chronic disease, what is the investigation you will ask?
a. CBC for WBCs
b. ESR
c. MRI of knee joint
d. Rheumatoid factor

57. Female with sudden blindness of right eye, no pain in the eye, there is temporal tenderness when combing hair, what is the management?
a. eye drop steroid
b. oral steroid
c. IV steroids

- **Giant-cell arteritis (temporal arteritis) :** inflammatory disease of blood vessels most commonly involving large and medium arteries of the head, predominately the branches of the external carotid artery. It is a form of vasculitis.
- **Treatment**: Corticosteroids, typically high-dose prednisone (40–60 mg), must be started as soon as the diagnosis is suspected (even before the diagnosis is confirmed by biopsy) to prevent irreversible blindness secondary to ophthalmic artery occlusion. Steroids do not prevent the diagnosis from later being confirmed by biopsy, although certain changes in the histology may be observed towards the end of the first week of treatment and are more difficult to identify after a couple of months. The dose of prednisone is lowered after 2–4 weeks, and slowly tapered over 9–12 months. Oral steroids are at least as effective as intravenous steroids, except in the treatment of acute visual loss where intravenous steroids appear to be better

58. Patient with oral ulcer, genital ulcer and arthritis, what is the diagnosis?

a. Behçet's disease
b. syphilis
c. herpes simplex

- **Behçet's disease:** rare immune-mediated systemic vasculitis, described as triple-symptom complex of recurrent oral aphthous ulcers, genital ulcers, and uveitis. As a systemic disease, it can also involve visceral organs and joints

59. Patient with history of 5 years HTN on thiazide, came to ER midnight screaming holding his left foot, O/E pt a febrile, Lt foot tender erythema, swollen big toe most tender and painful, no other joint involvement
a) cellulitis
b) **Gouty arthritis**
c) septic arthritis

- one of the Thiazide side effect is Hyperuricemia which predisposes to Gout

60. Joint aspirate, Gram stain reveal gram negative diplococci (N. gonorrhea), what is the treatment?
a. Ceftriaxone IM or cefepime PO one dose

- ceftrioxone , cefotaxim or ceftizoxime is the best empiric ttt

61. Commonest organisms in Septic arthritis:
a. Staphylococcus aureus
b. Streptococci
c. N. gonorrhea

62. Child with back pain that wake patient from sleep , So diagnosis (incomplete Q)
a. lumber kyphosis
b. Osteoarthritis
c. Juvenile Rheumatoid Arthritis
d. Scoliosis

- JRA or Juvenile Idiopathic Arthritis (JIA) is the most common form of persistent arthritis in children. JIA may be transient and self-limited or chronic. It differs significantly from arthritis seen in adults. The disease commonly occurs in children from the ages of 7 to 12

63. Patient with pain in sacroiliac joint, with morning stiffness, X-ray of sacroiliac joint, all will be found EXCEPT:
a) RF negative
b) **Subcutaneous nodules**
c) male > female

- **Explanation:** This inflammatory joint disease characterized by persistently –ve test for RF
- It develops in men before age of 40 with HLA B27.It causes synovial and extra synovial inflammation involving the capsule, periarticularperiosteum, cartilage and subchondral bone.
- Large central joints are particularly involved such as (sacroiliac, symphysis pubis & intervertebral joints)
- Resolution of inflammation leads to extensive fibrosis and joint fusion, but no subcutaneous nodules since it's not a seropositive disease

64. Allopurinol, one is true:
a) Effective in acute attack of gout.
b) **decreases the chance of uric acid stone formation in kidneys**
c) Salisylates antagonize its action

- **Explanation:** Indication of Allopurinol: Prevention of attacks of gouty arthritis uric acid nephropathy. [but not in acute attack]

65. Mechanism of destruction of joint in RA :
a. Swelling of synovial fluid
b. Anti-inflammatory cytokines attacking the joint

66. 28 years old woman came to your clinic with 2 months history of flitting arthralgia. Past medical history: Unremarkable. On examination: she is a febrile. Right knee joint: mild swelling with some tenderness, otherwise no other physical findings. CBC: HB 124 g/L = 12.4 g\dl) WBC: 9.2 x 109/L ESR: 80 mm/h Rheumatoid factor: Negative, VDRL: Positive,Urine: RBC 15-20/h PF Protein 2+, The MOST appropriate investigation at this time is:

a) Blood culture.
b) A.S.O titer.
c) C-reactive protein.
d) **Double stranded DNA.**
e) Ultrasound kidney.

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

(8)

Miscellaneous

- 1-20 by: Abdullah Faiz
- 21- 71 by: Samah Fadhl Almawla
- 72-120 by: Huda Alraddadi
- 121-170 by: Hosam Ali Althobiani
- 171-220 by: Hasan Alsharif
- 221-end by: Mohammed Abdulaal

1-20 by Abdullah Faiz

1. Which of the following is treatment for Giardiasis:
a) Prazequantil
b) Mebendazole
c) **Metronidazole**
d) Albendazole

- Giardiasis "Beaver fever" is a diarrheal infection of the small intestine by a parasite : Giardia lamblia
- Fecal-Oral transmission
- Step 2 secrets p 165

2. Patient with epilepsy came with left shoulder pain, on examination flattened contour of the shoulder, and fixed adduction with internal rotation, what is the diagnosis?
a) Inferior dislocation
b) **subacromal posterior dislocation**
c) subglenoid anterior dislocation
d) subclavicle anterior dislocation
e) subclavicle anterior dislocation

- http://radiology.rsna.org/content/69/6/815.extract

3. Drugs used for Leishmania
· There are two common therapies containing antimony (known as pentavalent antimonials): **meglumine antimoniate** (Glucantime) **and sodium stibogluconate** (Pentostam)

4. 12 years old female brought by her mother to ER after ingestion of unknown number of paracetamol tablets. Clinically she is stable. Blood paracetamol level suggests toxicity. The most appropriate treatment
a) **N-acetylcestine**
· IV infusion: 150mg/kg in 200ml D5% over 15mins then 50mg/kg in 500ml D5% over 4hrs then finally 200mg/kg in 1L D5% over 16hrs
http://emedicine.medscape.com/article/820200-overview

5. All of the following are side effects of furasomide except:
a) **Hyperkalemia**
b) Hypoglycemia
c) Bronchospasm
d) Haemolytic anemia
e) Pre-renal azotemia
· Side effects of furasomide are hypotension, Hypokalemia, hyperglycemia, hemolytic anemia
http://www.webmd.com/drugs/mono-8043-FUROSEMIDE+-+ORAL.aspx?drugid=5512&drugname=Furosemide+Oral&pagenumber=6

6. Patient with right arm tenderness with red streak line, the axillary lymph node is palpable :
a) Cellulitis
b) Carcinoma
c) **Lymphangitis**
· Lymphangitis is an inflammation of the lymphatic channels. Most common cause is S. pyogenes
http://emedicine.medscape.com/article/966003-clinical#a0256

7. Patient with central line became sepsis what organisms
a) GBS
b) Neisseria
c) Pseudmomnus
d) E. coli
· All catheters can introduce bacteria into the bloodstream, but CVCs are known for occasionally causing **Staphylococcus aureus** and **Staphylococcus epidermidis sepsis**

· Also can be caused by gram-negative rods, Candida spp., and Enterococcus spp

8. Best way to prevent Entameba histolytica is
a) **Boiling**
· Fecal-Oral transmitted parasite, most important complication is Liver abscess.
· Treatment è Metronidazole
http://emedicine.medscape.com/article/212029-treatment#aw2aab6b6b4

9. Prevention of Lyme disease, what is best advice to parents?
a) **Insect "Tick" removal**
· **Lyme disease** "Lyme borreliosis" is an emerging infectious disease caused by at least three species of bacteria belonging to the genus Borrelia
· **Transmitted** to humans by the bite of infected ticks genus called Ixodes (hard ticks)
· **Symptoms. :** fever, headache, fatigue, depression and a characteristic circular skin rash called erythema migrans
· **Complication** : symptoms may involve the joints, heart and CNS
· **Treatment**. : doxycycline (in adults), amoxicillin (in children), erythromycin (for pregnant women)

10. Prevention of Lyme disease :
a) **Treat early disease with doxycycline , Prevent with tick bite avoidance**
· **Explanation:** Light-colored clothing makes the tick more easily visible before it attaches itself. People should use special care in handling and allowing outdoor pets inside homes because they can bring ticks into the house.
· A more effective, communitywide method of preventing Lyme disease is to reduce the numbers of primary hosts on which the deer tick depends, such as rodents, other small mammals, and deer. Reduction of the deer population may over time help break the reproductive cycle of the deer ticks and their ability to flourish in suburban and rural areas.
· Backyard patios, decks, and grassy areas that are mowed regularly are unlikely to have ticks present. This may be because of the lack of cover for mice from owls and other raptors that prey on mice. The ticks also need moisture, which these areas do not provide. The areas around ornamental plantings and gardens are more hospitable for mice and ticks. The highest concentration of ticks is found in wooded areas. Individuals should try to prevent ticks from getting onto skin and crawling to preferred areas.
· Long hair should be worn under a hat. Wearing long-sleeved shirts and tucking long pants into socks is recommended

11. Parents asking about Lyme disease for there children. practitioner is mos correct to tell them (for prevention)
a) **Kill vector**
b) Clothes of natural fibers
c) Antibacterial soap

12. Drug of choice for a schistosomiasis is:
a) **Praziquantel** "Single oral dose annually"
b) Oxaminiquine
c) artemether
The drug of choice for treating all species of schistosomes is praziquantel. Cure rates of 65-90% have been described after a single treatment with praziquatel
http://emedicine.medscape.com/article/228392-treatment

13. In flame burn , the most common cause of immediate death :
a) hypovolemic shock
b) septic shock
c) anemia and hypoalbumin
d) **Smoke inhalation**
usmle 21 ck

14. Patient present with submandibular swelling with eating, relieved after eating , Dx :
a) **Submandibular gland stone**

http://en.wikipedia.org/wiki/Sialolithiasis

15. Long scenario of restless leg syndrome (he didn't mention Dx in scenario), 85 old male many times awake from his sleep because leg pain, this pain relieved by just if he move his foot, but it recur, etsetra, best management:

a) Colazpin
b) haloperidol
c) lorazepam
d) **One drug from dopamine agonist group forgot its name, it's the right answer.**

· **RLS** is a neurological disorder characterized by an irresistible urge to move one's body to stop uncomfortable or odd sensations. It most commonly affects the legs, but can affect the arms & torso
· **Symptoms:** urge to move - worsening of symptoms by relaxation - worse in the evening and early in the night
· **Treatment. :** dopamine agonists "Ropinirole, Pramipexole or gabapentin enacarbil" as first line drugs for daily restless legs syndrome; and opioids for treatment of resistant cases

16. Best drug for von willebrand disease is:

a) Fresh frozen plasma
b) Cryoprecipitate
c) Steroids
· Desmopressin is not mentioned here, some doctors consider it as 1st line of treatment

17. Which of the following is a feature of iron defeicincy anemia?

a) **Low MCH "Mean Corpuscular Hemoglobin"**

18. Patient just received organ transplantation what is the sign of acute rejection?

a) **Fever**
b) Hypotension
http://www.nlm.nih.gov/medlineplus/ency/article/000815.htm

19. Sodium amount in Normal Saline [0.9% NaCl] :

a) 75 mmol
b) 90 mmol
c) **154 mmol**
d) 200 mmol
· Half NS [0.45% NaCl] has 77 mmol , Quarter NS [0.22% NaCl] has 39 mmol

20. Treatment of refractory hiccup?

· Chlorpromazine, Carbamazepine, Nifedipine, Nimodipine, Baclofen, Metoclopramide, Haloperidol, Ketamine, Phenytoin and Lidocaine
http://emedicine.medscape.com/article/775746-treatment

21- 71 by Samah Fadhl Almawla

21- Young, drug abuser, asymptomatic. What to investigate

a) HIV, HBV, St. viredans

22- anemia of chronic diseases ?

c) Increase iron and decrease TIBC

23- Man with polycythemia vera came with bruising what causes decrease blood flow ?

a) Hypervescosity

24- Patient with polycythemia vera the cause of bleeding in this patient is

b) Low platelets.

Notes :

- **Polycythemia vera:**
- **Clonal proliferation of erythrocytes, leukocytes, and platelets**
- **Elevated erythrocyte mass is the most prominent feature**
- **Increased blood viscosity leads to symptoms such as headache, dizziness, pruritus, vertigo, or occlusive vascular lesions (eg, stroke and intermittent claudication(**
- **Platelet and erythrocyte abnormalities may cause symptoms such as gum bleeding, epistaxis, gastrointestinal bleeding, and thromboembolism**
- **Treatment is mainly by regular phlebotomy to reduce packed cell volume**
- **Early diagnosis and treatment strongly influence prognosis**

.25-What is the major thing that can tell you that patient have polycythemia vera rather than secondary polycythemia:

b) Splenomegaly

Group A Hemolytic streptococcus, causes rheumatic fever when26:

c) After tonsillitis and pharyngitis

- Acute rheumatic fever is a complication of respiratory infections
- Post-streptococcal glomerulonephritis is a complication of either strep throat or streptococcal skin infection

.Man came with bruising and increase time of bleeding with factor 8 deficiency: 27

a) Haemophilia A

- **Hemophilia A is clotting factor VIII deficiency & is the most common form, Hemophilia B is factor IX deficiency.**

It is a Recessive X-linked disorders

.An old man 65 years with Hemoglobin= 9, you will 28:

c) Arrange for endoscopy

- **Anemia is a common sign of colon cancer in elderly**

.In aspirin overdose:29

a) Liver enzyme will peak within 3-4 hr
b) first signs include peripheral neuropathy and loss of reflexes
c) 150 mg/kg of aspirin will not result in aspirin toxicity

- **The early signs and symptoms of aspirin overdose include impaired hearing and ringing in the ears. Other early signs of aspirin poisoning include lightheadedness, breathing rapidly, double vision, vomiting, fever and dehydration**
- **The acutely toxic dose of aspirin is generally considered greater than 150 mg per kg of body mass. Moderate toxicity occurs at doses up to 300 mg/kg, severe toxicity occurs between 300 - 500 mg/kg**

.30-Man who is having severe vomiting and diarrhea and now developed leg cramps after receiving 3 liters of dextrose, he is having:

a) Hypokalemia
b) hyponatremia
c) hyperkalemia
d) hypernatremia

- **K+ is secreted in stool, as he is having a diarrhea he will lose a huge amount of K+, also muscle cramp is a symptom of Hypokalemia**

.Man who received blood transfusion back in 1975 developed jaundice most likely has31:

a) Hepatitis A
b) Hepatitis C
c) Hepatitis D
d) Hepatitis E
e) Autoimmune hepatitis

.Best method to prevent plague is32:
a) Hand wash
b) Kill rodent
c) spray pesticide
d) give prophylactic AB
- **Plague is a deadly infectious disease that is caused by the enterobacteria Yersinia pestis. carried by rodents mostly rats**

.Ibuprofen is contraindicated if patient has:33
a) Peptic ulcer
b) Seizures
c) RA
Ibuprofen is a Non-Steroidal Anti-Inflammatory Drug "NSAID"

.Patient come to ER with constricted pupil and respiratory compromise you will suspect34:
a) Opiates " li ke mor ph i n e "
b) Cocaine
c) Ectasy
- **Certain drugs cause constriction of the pupils, such as alcohol and opioids**
- **Other drugs, such as atropine, mescaline, psilocybin mushrooms, cocaine and amphetamines may cause pupil dilation**

.The best to give for DVT patients initially which is cost effective:35
a) Low Mol ecul ar W ei gh t Hep ar i n " En ox ap ar in "
b) Unfractioned Heparin c) Heparin
d) Warfarin

Management of somatization 36
a) Multiple phone call
b) Multiple clinic appointments
c) Refer to pain clinic d) Antidepressant
- **Cognitive Behavioral Therapy is the best established treatment for a variety of somatoform disorders including somatization disorder**

.A lot of bacteria produce toxins which are harmful. Which one of the following is useful 37
a) Botulism
b) Tetanus
c) Diphtheria
d) Staph aureus

.Organophosphorus poisoning, what is the antidote 38
a) Atropine
b) Physostigmine
c) Neostigmine
d) Pilocarpine
e) Endrophonium

.Patient using haloperidol, developed rigidity (dystonia) treatment39:
a) Antihistamine and anticholinergic
- **Haloperidol is a dopamine antagonist used in psychosis**
- **Side effects : Extrapyramidal side effects, Dystonia, Tremors, Dry mouth, Depression**

.High risk factor in CLL 40
a) Age
b) Smoking
c) History of breast ca
d) History of radiation

· Risk factors:

Age. Most people diagnosed with chronic lymphocytic leukemia are over 60.
Sex. Men are more likely than are women to develop chronic lymphocytic leukemia.
Race. Whites are more likely to develop chronic lymphocytic leukemia than are people of other races.
Family history of blood and bone marrow cancers. A family history of chronic lymphocytic leukemia or other blood and bone marrow cancers may increase your risk.
Exposure to chemicals. Certain herbicides and insecticides

41- 60years old male was refer to you after stabilization, investigation show Hgb 8.5 g/l, hect. 64% , RBC 7.8 , WBC 15.3 & Platelet 570, Diagnosis:

a) Iron deficency Anemia
b) Hemoglobinopathy
c) CLL
d) 2ry polycythemia

42-24 years old patient. Came for check up after a promiscuous relation 1 month ago, he was clinically unremarkable, VDRL: 1/128, he was allergic to penicillin other line of management is:

a) Ampicillin
b) Amoxicillin
c) Trimethoprim
d) Doxycyclin

· Venereal Disease Research Laboratory [VDRL] test is a serological screening for syphilis that is also used to assess response to therapy, to detect CNS involvement, and as an aid in the diagnosis of congenital syphilis
· The first choice for uncomplicated syphilis is a single dose of intramuscular penicillin G or a single dose of oral azithromycin. Doxycycline and tetracycline are alternative

.Cellulitis in children most common causes43:

a) Group A streptococcus
b) Staphylococcal aureus

Ø Staphylococcus aureus is the most common bacteria that cause cellulitis.
Ø Group A Streptococcus is the next most common bacteria that cause cellulitis. A form of rather superficial cellulitis caused by strep bacteria is called erysipelas; it is characterized by spreading hot, bright red circumscribed area on the skin with a sharp raised border. The so-called "flesh-eating bacteria" are, in fact, also a strain of strep which can -- in severe cases -- destroy tissue almost as fast as surgeons can cut it out.

.44- Patient with Hodgkin's lymphoma and red strunberg cell in pathology and there is eosinophil lymphocyte in blood so pathological classification is:

a) Mixed-cellularity subtype
b) Nodular sclerosis subtype of Hodgkin's lymphoma

· Classical Hodgkin's lymphoma can be subclassified into 4 Pathologic subtypes based upon Reed-Sternberg cell morphology and the composition of the reactive cell infiltrate seen in the lymph node biopsy specimen "the cell composition around the Reed-Sternberg cells"

Nodular sclerosing CHL :

Is the most common subtype and is composed of large tumor nodules showing scattered lacunar classical RS cells set in a background of reactive lymphocytes, eosinophils and plasma cells with varying degrees of collagen fibrosis/sclerosis.

Mixed-cellularity subtype

Is a common subtype and is composed of numerous classic RS cells admixed with numerous inflammatory cells including lymphocytes, histiocytes, eosinophils, and plasma cells, without sclerosis. This type is most often

associated with EBV infection and may be confused with the early, so-called 'cellular' phase of nodular sclerosing CHL

Lymphocyte-rich or Lymphocytic predominance

Is a rare subtype, show many features which may cause diagnostic confusion with nodular lymphocyte predominant B-cell Non-Hodgkin's Lymphoma (B-NHL). This form also has the most favorable prognosis

Lymphocyte depleted :

Is a rare subtype, composed of large numbers of often pleomorphic RS cells with only few reactive lymphocytes which may easily be confused with diffuse large cell lymphoma

45- In IV cannula and fluid

a) Site of entry of cannula is a common site of infection

.Therapeutic range of INR [In presence of Anticoagulant 46[

a) 2.5-3.5

b) 2.0-3.0 "But normal range in absence if Anticoagulant is 1.8-1.2"

.47-Patient had arthritis in two large joints & pansystolic murmur "carditis" Hx of URTI, the most important next step:

a) ESR

b) ASO titre

c) Blood culture

- **The diagnosis of Rheumatic fever can be made when two of the major Modified Jones criteria, or one major criterion plus two minor criteria, are present along with evidence of streptococcal infection: elevated or rising Antistreptolysin 'ASO' titre or DNAase**

.48- Patient with gunshot and part of his bowel spillage out and you decide to give him antibiotic for Bacteroid fragilis, so what you will give?

a) Amoxicillin

b) Clindamycin 'Sur e '

c) Erythromycin

d) Doxycycline

e) Gentamicin

.49Treatment of peritonitis the organism is Bacteroid fragilis

a) Clindamycin

b) Mitronidazole

c) Carbapenem

- **B. fragilis is involved in 90% of anaerobic peritoneal infections**
- **B. fragilis is susceptible to metronidazole, carbapenems, tigecycline, beta-lactam/beta-lactamase inhibitor combinations (e.g., Unasyn, Zosyn), and certain antimicrobials of the cephamycin class, including cefoxitin**
- **Clindamycin is no longer recommended as the first-line agent for B. fragilis due to emerging high-level resistance**

.50-Patient with high output fistula, for which TPN was ordered , after 2 hours of the central venous catheterization, the patient become comatose and unresponsive , what is the most likely cause?

a) Septic shock

b) Electrolytes imbalance

c) Delayed response of blood mismatch

d) Hypoglycemia

e) Hypernatremia

- **Enterocutaneous fistula is an abnormal communication between the small or large bowel & the skin.**
- **It is a complication that is usually seen following surgery on the small or large bowel**

· **Low-output fistula(< 200 mL/day), moderate-output fistula (200-500), high-output fistula (> 500 mL/day(**

What is most sensitive indicator for factitious fever 51
a) Pulse rate
· **Factitious fever: Fever produced artificially by a patient. This is done by artificially heating the thermometer or by self-administered pyrogenic substances. An artificial fever may be suspected if the pulse rate is much less than expected for the degree of fever noted. This diagnosis should be considered in all patients in whom there is no other plausible explanation for the fever. Patients who pretend to have fevers may have serious psychiatric problems**.

.All of the following tests are necessary to be done before initiating lithium except: 52
a) Liver function tests
· **Renal function and thyroid function tests must be done before initiating Lithium**

.53 - Healthy patient with family history of DM type 2, the most factors that increase chance of DM are:
a) HTN and Obesity
b) Smoking and Obesity
c) Pregnancy and HTN
d) Pregnancy and Smoking

.In diabetic retinopathy, most related factors54:
a) HTN and obesity
b) HTN and smoking
c) Smoking and obesity
· The risk factors that increase diabetic retinopathy background are:
HTN
Poor glucose control or long case D.M
Raised level of fat (cholesterol(
Renal disease
Pregnancy (but not in diabetes caused by pregnancy(

.55- Patient with blood group A had blood transfusion group B , the best statement that describe the result is
a) type IV hypersensitivity
b) inflammatory reaction
c) Type II hypersensitivity

.Besides IV fluids, what is the most important drug to be given in anaphylaxis 56
a) Epinephrine
b) Steroids

.Management of anaphylactic shock all of the following, EXCEPT: 57
a) IVF
b) 100% O2
c) Corticosteroid

· **Management of anaphylaxis is summarized by:- Epinephrine + Diphenhydramine, then oxygen + IV fluids**

.85- Patient developed lightheadedness and SOB after bee sting. You should treat him with the following:
a) Epinephrine injection, antihistamine and IV fluid
b) Antihistamine alone

.59-A child had bee bite presented after 18 hour with left arm erythema and itching, what to do?
a) Antihistaminic

b) Oral steroid
c) Subcutaneous epinephrine

.60In a patient with anaphylactic shock, all are correct treatments EXCEPT 60:
a) Epinephrine.
b) Hydralazine
c) Adrenaline.
d) Aminophillin.

.Most common symptoms of soft tissue sarcoma61:
a) Paralysis
b) On growing mass
c) Pain

.All following are criteria of chronic fatigue syndrome EXCEPT 62
a) More than 6 month, muscle pain and joint pain
b) Persistent, idiopathic, headache
c) Not relieved by rest + poor cognition
· **All choices are true, the answer should be in the choices not written here**

.Regarding chronic fatigue syndrome, which is true63
a) Antibiotics may reduce the symptoms
b) Antidepressants may reduce the symptoms
c) Rest may reduce the symptoms

· **Chronic Fatigue Syndrome: characterizes by profound mental and physical exhaustion. In association with multiple system and neurotic symptoms that last at least 6 months. Must be new (not lifelong), must not be relieved by rest and must result in greater than 50% reduction in previous activity. Presentation with 4 or more of the following : poor memory / concentration, myalgia, arthalagia, sore throat, tender lymph node, recent onset headache, unrefreshing sleep, excessive tiredness with exercise.**
· **Treatment by cognitive and exercise therapy. Also, diet, physiotherapy, dietary supplements & antidepressants.**

Burn patient is treated with Silver Sulfadiazine, the toxicity of this drug can cause64:
a) Leucosytosis
b) Neutropenia
c) Electrolyte disbalance
d) Hypokalemia

.65- Patient complaining of hypotension & bradycardia. Electrolytes show↓Na, ↑K, ↑Cl, ↑Urea. So the cause is:
a) Hyponatremia
b) hyperkalemia
c) hyperchloremia
d) uremia
.The most common complication of mumps in Adults66:
a) Labyrinthitis (0.005% of cases(
b) Orchitis (30% of cases(
c) Meningitis (10% of cases(
d) Encephalitis (less than 1% of cases(

· **In children the most common complication is Meningitis**

.Adolescent female counseling on fast food. What you should give her67
a) Calcium and folic acid
b) Vitamin C and folic acid
c) Zinc and folic acid
d) Zinc and vitamin C

68- 17 years old boy admit to involve in recurrent illegal drug injection, what the screening test to do?
a) HIV
b) Hepatitis B
c) Hepatitis C

· All are correct but maybe Hepatitis C is most common

.69-Patient alcohol drinker complains of headache, dilated pupil, hyperactivity, agitation. he had history of alcohol withdrawal last week so treatment is:
a) Di azepam " Val i u m "
b) naxtrol
c) haloperidol

· **Diazepam is a Benzodiazepine**

.70-Patient present with high blood pressure (systolic 200), tachycardia, Mydriasis "Dilated pupils", sweating what is the toxicity?
a) Antichlenergic
b) Sympathomimetic drug
c) Tricyclic antidepressant
d) Organophosphorous compounds

· Sympathomimetic drugs mimic the action of sympathetic nervous system
· **Examples:**
Ø **Cocaine**
Ø **Ephedrine**
Ø **Amphetamine**
Ø **Epinephrine (Adrenaline(**
Ø **Dopamine**

.Patient with gonorrhea infection what else you want to check for 71
a) Clamydia trachomatis

71. Patient with gonorrhea infection what else you want to check for?
a) **Clamydia trachomatis**
· They are both Sexually Transmitted Diseases

72-120 by Huda Alraddadi

72. Patient known case of SCA, the doctor planning to give him pneumococcal vaccine, which one is true?
a) **Patient need antibiotic when there is history of contact even with vaccine** **medscape,,,oxford334-367**

73. Long scenario for patient came to ER after RTA, splenic rupture was clear, accurate sentences describe long term management:
a) we give pneumococcal vaccine for high risky people just
b) **we should give ABs prophylaxis if there is history of contact even with vaccination against pneumococcal** **oxford367**
c) pneumococcal vaccine should not be given at same time with MMR

74. Question about pnemmococcal vaccine types and indications,

· The pneumococcal conjugate vaccine is currently recommended for **all children under 5 years of age**.
· Polysaccharide pneumococcal vaccine that is **currently recommended for use in**
1) All adults who are older than 65 years of age
2) Persons who are 2 years and older and at high risk for disease (e.g., sickle cell disease, HIV infection, or other immunocompromising conditions).
3) Adults 19 through 64 years of age who smoke cigarettes or who have asthma

75. Sickling patient after acute attack, discharge on
a) **Penicillin** **oxford 335**
b) iron
c) vitamin

76. Yersinia bacteria **medscape**
· Gram negative self limited enterocolitis, fever & bloody watery mucoid diarrhea, can be confused with appendicitis, so it is called Pseudoappendicitis

77. Man present with painless ulcer in his penis with indurate base and everted edge so diagnosis is
a) **Syphilis "painless"** **oxford 431**
b) Gonorrhea
c) Choncroid "painful"
d) HSV
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78. Clonidine [α2-agonist] decrease the effect of :
a) benzotropin
b) **levo dopa** **druginteraction search.com**
c) rubstin
d) Amitriptyline
· Clonidine & Amitriptyline combination may cause Potentially life-threatening elevations in blood pressure, so I don't know if it decreases its effect or increase
· Withdrawal phenomenon may be increased by discontinuation of beta blockers.
· Epidural clonidine prolongs the effects of epidurally administered local anesthetics.
· **May decrease effectiveness of levodopa**.
· Increased risk of adverse cardiovascular reactions with verapamil.

79. Which of the hollowing drug cause hpertennsive crisis?
a) **Clonidine**(**it is antihypertension drug and it cause transient hypertension in clonidine toxicity)????????????/ medscape**

80. Which of the following NOT transmitted by mosquitoes :
a) Rift valley fever
b) Yellow fever
c) **Relapsing fever**
d) Filariasis
e) Dengue fever
· Rift valley fever, most commonly the Aedes mosquito.
· Yellow fever, viral haemorrhagic fever transmitted by infected mosquitoes.
· Relapsing fever, an infection caused by certain bacteria in the genus Borrelia. It is a vector-borne disease transmitted through the bites of lice or soft-bodied ticks.
· Filariasis, Lymphatic filariasis is transmitted by different types of mosquitoes for example by the Culex mosquito.
· Dengue fever, by bites of infective female Aedes mosquitoes.

81. Male patient gave a history of left knee swelling & pain 5 days back, two days back he had right wrist swelling & redness. He had recently traveled to India. On examination there was tenderness & limitation

of movement. 50 cc of fluid was aspirated from the knee. Gram stain showed gram negative diplococci. What is the most likely organism?
a) Brucella Militans
b) **Neisseria gonorrhea(medscape)**
c) Staph aureus
d) Strep pneumonia
e) Strep pyogenes

82. 12 years old girl with malaise, fatigue, sore throat and fever. On examination there were petechial rash on palate, large tonsils with follicles, cervical lymphadenopathy and hepatosplenomegaly. All ar e complications except: EBV infeciousmononecliosis
a) Aplastic anemia
b) Encephalitis
c) Transverse myelitis
d) Splenic rupture
e) **Chronic active hepatitis**
83. Patient has EBV, during abdomen exam, became pale with tender LUQ :???????????
a) IVF
b) **Urgent CT**
c) rush him to OR
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84. Treatment of EBV (in scenario there patent with tonsiller exudates, lymphadenopathy, splenomegaly)
a) Oral acyclovir
b) Oral antibiotic
c) IM or IV acyclovir
d) **Supportive TTT medscape**
e) Observation
· Treatment of patients with infectious mononucleosis generally is supportive, consisting primarily of rest, analgesics, and antipyretics.

85. 20 years old man involved in RTA brought to ER by his friends. On examination, found to be conscious but drowsy. HR 120/min, BP 80/40. The MOST urgent initial management measure is:
a) CT brain
b) X-ray cervical spine
c) **Rapid infusion of crystalloids**
d) ECG to exclude hemopericardium
e) U/S abdomen
· He has Hypotension so BP must be corrected after securing airway

86. Normal daily caloric intake is :
a) 0.3 kcal/kg
b) 1.3 kcal/kg
c) 2.0 kcal/kg
d) 3.5 kcal/kg
e) **35 kcal/kg**
· Normal daily caloric requirement is 20-40 kCal/kg, and 0.2 g nitrogen/kg.

87. The following can be used as prophylaxis for malaria in chlorquine resistant area Except: oxford 396
a) Mefloquine
b) Doxycycline
c) Chlorquine with Proguanil (malarone)
d) Pyrimethamin
e) **Dapsone**

· **Explanation**:
Ø **Limited chloroquine resistance**: chloroquine plus proguanil, alternative doxycyline or mefloquine
Ø **Significant chloroquine resistance**: mefloquine alternative doxycyline or malarone

88. Malaria case, beside antiobtic how to prevent? medscape
a) **Kill the vectore**

89. Patient with malaria in outbreak, what is the common way to prevent? medscape
a) **Vector eradication & avoid mosquito bites**
b) Kill the vector and spray your clothes
c) Avoid and spray Something

90. Giemsa stained blood film :
a) **Malaria**
· Blood films are usually examined to investigate hematological problems (disorders of the blood) and, occasionally to look for parasites within the blood such as malaria and filaria.
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91. Patient with history of fever, peripheral blood film +ve for malaria:
a) Banana shaped erythrocyte is seen in P. vivax
b) **Mostly duo to P. falciparium WHO**
c) Treated immediately by primaquin 10mg for 3 days
d) Response to Rx will take 72 hr to appear
· **Explanation:** The majority of malaria infection is caused by either P. falciparum or P. vivax, and most malaria-associated deaths are due to P. falciparum. RBC shapes don't change if infected with malaria. Primaquine is used for irradication of P.ovale & p.vivax.
· Chloroquine is the 1st line of treatment & is used in 2 doses.

92. Regarding protective measures of malaria, all true except:
a) **Infection occur more in day than night OXFORD 396**
b) using insect repellant is useful
c) Because no antimalarial is 100% effective, avoiding exposure to mosquitoes in endemic areas is essential
d) Female anopheles mosquito feeds primarily from dusk until dawn, travelers can reduce their risk of malaria by limiting evening outdoor activities
e) Using permethrin-treated clothing in conjunction with applying a topical DEET repellent to exposed skin gives nearly 100% protection
f) Sleep in an air-conditioned or well-screened room under mosquito nets

93. Malaria in a child
a) Crescent shape gametocyte of vivex is diagnostic in the stool
b) The immediate ttt primquine for 3 d
c) 72 hours treatment of malaria is suffeceint
d) **The most common cause is falciparum WHO**

94. The most important factor in the development of spinal headaches after spinal anesthesia is :
a) the level of the anesthesia
b) **The gauge of the needle used medscape**
c) the closing pressure after the injection of tetracaine
d) its occurrence in the elderly
e) the selection of male patients
· When epidural anesthetics are placed with a larger needle than that used for spinal anesthetics, the likelihood of headache is higher

95. Which of the following would most likely indicate a hemolytic transfusion reaction in an anesthetized patient?
a) Shaking chills and muscle spasm
b) Fever and oliguria

c) Heperpyrexia and hypotension
d) Tachycardia and cyanosis
e) **Bleeding and hypotension** **medscape**
· It commonly presents with fever and chills but patients under general anesthesia present with bleeding and hypotension

96. In a gram negative bacterial septicemia :
a) Pseudomonas is the most common organism involved.
b) **Many of the adverse changes can be accounted for by endotoxin.**
c) The cardiac index is low
d) Central venous pressure is high.
e) Endotoxin is mainly a long-chain peptide.
· Endotoxins are bacterial wall lipopolysaccharides that are responsible for many of the cellular and hemodynamic effects of septic shock.
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97. In septic shock:
a) The mortality rate is 10 to 20%
b) Gram-negative organisms are involved exclusively
c) **The majority of patients are elderly**
d) The most common source of infection is alimentary tract.
e) Two or more organisms are responsible in the majority of cases.
· The mortality rate in septic shock may reach up to 50%, though gram negative bacteria are the most common pathogens, other gram positive and some fungi may cause it. It is more common in children, elderly and immunocompromised patient. The most common primary sources of infection resulting in sepsis are the lungs, the abdomen and the urinary tract, but in one third of cases no source is found **medscape**

98. 40 years old white male is transferred to your institution in septic shock less than 24 hours after onset of symptoms of a non-specific illness. He underwent a splenectomy for trauma 5 years ago. Antibiotic coverage must be directed against:
a) Streptococcus, group A.
b) Klebsiella pneumoniae.
c) Staphylococcus aureus.
d) Escherichia coli.
e) **Streptococcus pneumoniae.**

99. Splenectomy does NOT have a role in the management of patients with hemolytic anemia due to: **medscape**
a) Spherocytosis.
b) Elliptocytosis.
c) Pyruvate kinase deficiency.
d) **Glucose-6-phosphate dehydrogenase deficiency.**
e) Sickle cell anemia.

100. 23 years old white female is diagnosed as having chronic ITP. Which of the following will best predict a favorable remission after splenectomy?
a) Presence of antiplatelet antibodies
b) Increased bone marrow megakaryocytes
c) Absence of Splenomegaly
d) **Platelet count of 170000/mm3 on corticosteroids**
e) Complement on platelet surfaces

101. HSV type 1 infection of the oral cavity, all true EXCEPT: **medscape**
a) Is the commonest viral infection in the oral cavity
b) Can give gingivostomatitis

c) **In primary infection, there is systemic involvement**
d) May present with tonsillitis without oral lesion
· Primary infection may be associated with fever & headache, all other choices are true

102. All true about cephalosporin use, except:?????????????/
a) **The most common side-effect is allergy**
b) There is a skin test for cephalosporin sensitivity
· **Common side effects** of Cephalosporin are mainly the digestive system: mild stomach cramps or upset, nausea, vomiting and diarrhea. These are usually mild and go away over time. Sometimes cause overgrowth of fungi normally present in the body, causing mild side effects such as a sore tongue, mouth, or vaginal yeast infections.
· **Allergic reactions to cephalosporin** are infrequent, but may cause life-threatening reactions such as severe difficulty breathing and shock. It is common in penicillin allergic patients
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103. Gingivitis most likely cause: a) HSV b) **Answer is not mentioned**
· **Explanation:** The most common cause of gingivitis is poor oral hygiene that encourages plaque to form
104. All of the following drugs contraindicated in G6PD deficiency, EXCEPT :-
a) **Aspirin** it is contraindicated oxford 332
b) Nitrofurantoin it is contraindicated medscape
c) Chlorquine it is contraindicated medscape
d) Sulphonamide it is contraindicated medscape
e) **Gentamycin** the right answer
· Drugs & medications that can induce hemolysis in G6PD deficiency patients include: acetanilide, doxorubicin, Methylene blue, naphthalene, nitrofurantoin, primaquine, pamaquine & sulfa drugs.

105. All the following are side effect of thiazide diuretics except:
a) Has diabetogenic effect
b) **Cause hypocalemia pharmacology lippincotts 267**
c) cause hypomagnesimia
d) Flat curve response
e) cause Hypokalemia
f) It causes Hypercalcemia

106. Which of the following combination is safe?
a) **alcohol and metronidazole it cause nausea and viomiting medscape ???**
b) Digoxin and amiodarone 193 pharmacology lippincot
c) Warfarin and propranolol medscape
d) Furosemide and gentamicin 269 pharmacology lippincot
· All have interactions "But Alcohol & Metronidazole is controversial"

107. All of the following cause photosensitivity except:
a) **Lithium**
b) Propranolol
c) Tetracycline
d) Chloropromazine
e) Chloropropamide
www.totalblock.com/photosensitivedrugs

108. Hb electrophersis done for a patient shows HbA1=58% , HbS = 35% , HbA2 = 2% , HbF = 5 % , Dx :
a) Thalasemia minor
b) Thalasemia major
c) **Sickle cell trait**
d) Sickle cell anemia
e) Sickle cell thal.
· Sickle cell anemia: In sickle cell trait, usually see HbS concentrations of 35 to 45% of total Hemoglobin because the HbS has a slower rate of synthesis than HbA

· If HbS is less than 33%, start thinking about S-alpha-thalassemia
· If HbS is greater than 50%, worry about S-Beta-thalassemia or Sickle cell disease with transfusion

HbA				
HbS				
HbA2				
HbF Hb S-α-thal	55-60	40-45	2-3	<1
Hb AS				
	0			
	90-95			
	2-3			
5-10 **Hb SS**	75	25	2-3	<1
Hb S- β thal major				
	0			
	90-95			
	Inc			
5-10 **Hb S- β thal minor**	5-30	60-90	Inc	5-10

109. All of the following are signs of allergy to local anesthesia, EXCEPT :
a) Laryngeal spasm
angioedema occure but no laryngeal apasm ??
b) Urticaria
c) Low BP
d) Bronchospasm

110. Regarding Urticaria, all true except: medscape
a) May be due to drug ingestion
b) Not always caused by immune response
c) Could be a part of anaphylactic shock
d) **Always due to deposition of immune complexes**
· **Pathophysiology of Urticaria could be :**
Ø Allergic
Ø Autoimmune
Ø Infectious
Ø Stress & Chronis
Ø Dietary

111. Where should we stop the OCP "Oral Contraceptive Pills":
a) **In varicose veins** **?????**
· **OCP side effects :**
Ø Venous thromboembolism
Ø Increase risk of breast cancer (while decrease the risk of ovarian, endometrial & colon cancers)
Ø Weight gain
Ø Acne
Ø Depression
Ø Hypertension

112. What is the osmolarity of NACL?????????
a) **155 mmol**
· Because if we multiply 155 by 2 = 310
113. 55 years old male patient presented for check up, physical examination is normal, lab investigation microcytic hypochromic anemia, Hb = 9, what is the most likely cause to exclude?
a) Lymphoma
b) **Gastroenterology malignancy**

114. Side effect of steroid all except:
a) **Pelvic muscle myopathy (pelvic girdle muscles usually are affected more severly and earlier than are pectoral girdle muscles…. Medscape)**

· **Steroids side effects :**
I. **Major**: Increased blood sugar for diabetics, Difficulty controlling emotion, Difficulty in maintaining train of thought, Weight gain, Depression, mania, psychosis or other psychiatric symptoms, Facial swelling, Unusual fatigue or weakness, Mental confusion / indecisiveness, Blurred vision, Abdominal pain, Peptic ulcer, Infections, Painful hips or shoulders, Steroid-induced osteoporosis, Stretch marks, Osteonecrosis, Long-term migraines, Insomnia, Severe joint pain, Cataracts or glaucoma, Anxiety, Black stool, Stomach pain or bloating, Severe swelling, Mouth sores or dry mouth & Avascular necrosis
II. **Minor:** Acne, Rash, Increased appetite, Frequent urination, Diarrhea, Removes intestinal flora & Leg pain/cramps

115. Patient who is a smoker, the least cancer he is predisposed to:
a) Urinary Bladder cancer (high risk in smoker)
b) **Colon cancer**
c) Lung Cancer
d) Esophageal cancer

116. Patient give history of malaise, fatigue and give history of decrease meat in her diet, HGB was 9 and hypochromic microcytic anemia what you will give her :
a) **Trail of iron therapy "she has iron deficiency anemia"**
b) iron and multivitamin

117. 25y male presented with scrotal swelling notice before 1 day, no pain, tenderness or urinary symptoms. What the management?
a) **Referral to do US and consultation the surgery**
b) referral to do biopsy

118. Human bite to the hand, greatest risk of infection in which position
a) Dependent
b) **Clenched fist injury (Infection rate is higher than other types)** **medscape**
c) Finger extended
d) Extended thump
e) Extended fingers

119. Cat bite predispose to skin infection by witch organism؟
a) Staph
b) Strept
c) **Pasteurella multocida** **medscape**

120. Human bite:
a) Cleanse and debride as usual
b) **Tetanus prophylaxis as indicated** **medscape**
c) Antibiotic prophylaxis augmentin

121-170 by Hosam Ali Althobiani

121. A boy who was bitten by his brother and received tetanus shot 6 month ago and his laceration was 1 cm 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
source : http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2776367/

122. Most common causes of hand infection
a) **Trauma**
b) immunocompromised
· **Explanation:** Most hand infections are bacterial and are the result of minor wounds that have been neglected. Human bite wounds are the second most common cause of hand infections.
Source : http://emedicine.medscape.com/article/1285602-overview
http://www.aafp.org/afp/2003/1201/p2167.html

123. Diagnosis of thalassemia minor :
a) **HbA2 and Hbf "by Electrophoresis"**
b) Microcytosis
explantion:The hemoglobin electrophoresis with beta thalassemia trait usually has reduced or absent HbA, elevated levels of HbA2, and increased HbF.
Source: http://www.aafp.org/afp/2009/0815/p339.html
· Autosomal Recessive disorder
· Inheriting defect genes from both parent è Thalassemia major, but from one parent è Thala. minor

124. One of the following combination of drugs should be avoided
a) Cephaloridine and paracetamol
b) Penicillin and probenecid
c) Digoxin and levadopa
d) Sulphamethomazole and trimethoprim
e) **Tetracycline and aluminium hydroxide**
· Administration of a tetracycline with aluminum, calcium, or magnesium salts significantly decreases tetracycline serum concentrations.
· Digoxin should be avoided from quinidine, amiodarone and verapamil.
Source : http://www.drugs.com/drug-interactions/amphojel-with-tetracycline-140-4726-2173-0.html

125. Aluminum salt will decrease absorption of :
a) **Tetracycline**
b) penicillin
Source :not found

126. Aluminum hydroxide & magnesium hydroxide inhibits the intestinal absorption of which drug?
a) **Tetracycline**
b) Folic acid
source:http://www.glowm.com/resources/glowm/cd/pages/drugs/a024.html

127. What is the ratio of ventilation to chest compression in a one person CPR?
a) **2 ventilation & 15 compression at rate of 80-100/min**
b) 1 ventilation & 15 compression at rate of 80-100/min
c) 2 ventilation & 7 compression at rate of 80-100/min
d) 1 ventilation & 7 compression at rate of 80-100/min
e) 3 ventilation & 15 compression at rate of 80-100/min
source : http://anaesthesia.org.au/emac/cardio/cardio/cardiac_arrest.html

128. When lactic acid accumulates, body will respond by:
a) Decrease production of bicarbonate

b) **Excrete CO2 from the lungs**
c) Excrete Chloride from the kidneys
d) Metabolize lactic acid in the liver
· **Explanation:** if lactic acid accumulate → metabolic acidosis, the body compensate to some extent by hyperventilation, via medullary chemoreceptor, leading to ↑ removal of CO2 in the lung
easy one

129. German Measles (Rubella)
a) Arthralgia
b) **Arthritis**
im not sure but I think the Question is not complete. Because both occur with Measles "Arthralgia as symptom" and "Arthritis as complication".
Both arthritis and arthralgia occur in German Measles source

130. Rubella infection ,one is true
a) Incubation period is 3-5 days
b) Oral ulcer
c) **Arthritis**
d) Does not cause heart complication for the fetus
· **Rubella**: Spread person to person,virus may be shed beginning 7 days before rash to 14 day after,
· **The incubation period** varies from 12 to 23 days (average, 14 days).
· **Signs and symptoms**: fever,Rash, adenopathy and arthralgia , **Arthritis is one of the rubella complication**
source : http://www.health.ny.gov/diseases/communicable/rubella/fact_sheet.htm

131. Critical count of platelets which lead to spontaneous bleeding is:
a) **20000**
b) 50.000
c) 75.000
d) 100.000
e) 200.000
source : http://labtestsonline.org/understanding/analytes/platelet/tab/test

132. 43 years old man is brought to the emergency department after a motor vehicle accident involving a head-on collision. He mentioned that he is having headache and dizziness. During his overnight admission for observation, he developed polyuria and his serum sodium level rises to 151 meq/L. All of the following tests are indicated EXCEPT:
a) Overnight dehydration test.
b) Measurement of response to desmopressin
c) MRI scan of the head
d) **Measurement of morning cortisol level**
e) Measurement of plasma and urine osmolality.
· **Explanation:** ADH reabsorbs water from the kidneys back to the body. So when absent or not working such as in diabetes insipidus, water is not reabsorbed so a sodium concentration in the body is high (hypernatremia) while the concentration in urine is low due to the large amounts of non reabsorbed water in it. Likewise, the serum osmolality is high while urine osmolality is low. The opisite is found in cases of syndrome of inappropriate ADH secretion (SIADH), which is a diagnosis of exclusion where you have to exclude hypothyroidism and adrenal insufficiency. Head trauma is a well known cause of both. In DI serum and plasma osmolality are essential, water deprivation test and response to desmopressin differentiate it from other differentials. MRI of the brain would show any damage or cut to pituitary stalck which causes interference with the delivery of ADH which in turn leads to DI in head trauma. Morning cortisone level is useless and not done
I think this is enough explanation :)

133. 26 years old man presented with headache and fatigue. Investigations revealed: Hb 8 g/dl MCV 85 fL, reticluocyte 10%,All the following investigations are useful EXCEPT:
a) Coomb's test
b) Sickling test
c) Serum bilirubin
d) **Serum iron**
e) Hb electrophoresis

· **Explanation:** This is a case of hemolytic anemia .Iron deficiency anemia causes decrease in bone marrow production of RBC so retic count wouldn't be high
10% reticluocytes means hymolytic anemia, so no need for serum iron

134. Serum ferritin reflects:
a) **Total iron stores.**
b) Serum iron.
c) Bone marrow iron.
d) None of the above.
· **Explanation:** Serum iron is reflected by TIBC which is an indirect measure of transferrin.
Source : http://medical-dictionary.thefreedictionary.com/Serum+ferritin

135. To differentiate between low iron level from iron deficiency anemia and anemia of chronic disease is:
a) **Ferritin**
b) TIBC
c) Serum Iron
d) Serum Transferrin

-source : http://www.ncbi.nlm.nih.gov/pubmed/11190796

136. 32 years old Saudi man from Eastern province came to you for routine pre-employment physical exam. He has always been healthy and his examination is normal. Lab: HCT: 35% MCV: 63fL WBC: 6800/ulretics: 4000/ul (0.7%) Platelet: 27000/ul his stool: -ve for occult blood, The most direct way to confirm suspected diagnosis:
a) **Peripheral smear**
b) Measure Hb A2 level
c) G6PD screening
d) Measure iron, TIBC and ferritin level
e) Bone marrow stain for iron
· **Explanation:** This is a case of Thalassemia.
Don't know

137. 15 years old Saudi boy presented to ER with fever, skin rash and shock. He was resuscitated and admitted to isolation ward with strong suspicion of meningococcal meningitis. LP confirmed the diagnosis. One of the following statements is TRUE:
a) **Patient should be isolated in negative pressure room**
b) Prophylaxis treatment should be given to all staff and patient were in ER when the patient was there
c) Ciprofloxacin 500 mg once is an acceptable chemotherapy
d) Meiningococci are transmitted by contact only
e) Meningococci are resistant to penicillin
· **Explanation:** Patient with meningiococcal meningitis isolation for 24 hours after starting the antibiotics is of prime importance, since it spreads by droplet infection, it should be in a negative pressure room (similar to T.B.).
· Chemoprophylaxis is given to contacts (including staff) who didn't receive the vaccine in the past 2 years.
· The chemoprophylaxis is cipro 500 mg po OD (this is preventive not therupitic).
Source : http://www.health.vic.gov.au/infectionprevention/publications/design_isolation_rooms.htm

138. Most common source of bacterial infection in I.V canula is:
a) Contamination of fluids during manufacturing
b) Contamination of fluids during insertion of the canula
c) **Contamination at site of entry through skin**
d) Contamination during injection of medication
e) Seeding from remote site due to intermittent bacteremia
· **Explanation:** Most common source of infection is through the skin by the flora present there which is staph. Epidermidis.

Source:
http://www.turrellmm.com/drug_calcs_online/d1/tutorials/NT_PIVC_resources/Article%20PIVC%20Strategies%20for%20preventing%20PIVC%20Infection.pdf

139. 68 years old businessman diagnosed to have hepatocellular carcinoma. One is true regarding disclosure (informing patient) :
a) Patient should be told immediately after confirming the diagnosis regardless of his whishes
b) Only patient's family should be informed
c) 50% survival rate should be calculated according to literature and discuss with the patient
d) Social worker should be responsible to tell the patient
e) **Patient morale and understanding should be studied before telling him**
· **Explanation:** Patient with malignancy: telling the patient is by the most senior doctor, whether or not to tell the patient is individualized according to the wish of the patient and sometimes the family.

140. In brucellosis, all of the following are true EXCEPT:
a) **brucella abortus cause more severe form than B. melitansis in children**
b) human to human is rarely document
c) human can be infected through inhalation
d) brucella species are small, non motile gram –vecoccobacilli
brucella abortus is of moderate severity
source : http://emedicine.medscape.com/article/213430-overview

141. Which of the following is appropriate method to prevent brucellosis?
a) Killing the vectors
b) Prophylactic antibiotics
c) **Pasteurization of the milk**
· **Brucellosis** "Malta fever, Maltese fever, Mediterranean fever" is a zoonosis infection caused by ingestion of unsterilized milk or meat from infected animals or close contact with their secretions "Gm-ve Coccobacillus"
· **Symptoms**: Septicemia lead to "fever + sweating + migratory arthralgia and myalgia"
· **Treatment**: Daily IM injections of streptomycin 1 g for 14 days and oral doxycycline 100 mg twice daily for 45 days (concurrently)
source : http://www.who.int/zoonoses/diseases/brucellosis/en/

142. In brucellosis, all is true EXCEPT:
a) Back pain
b) Hepatomegaly
c) Splenomegaly
d) **Lymphadenopathy**
e) Gastroenteritis
source : http://www.mdguidelines.com/brucellosis

143. Common symptoms of Hodgkin lymphoma not seen in non Hodgkin lymphoma:
a) night sweat
b) superior vena cava syndrome
c) CNS involvement
d) intussusceptions
e) **Bone pain**
Don't know

144. Boy presented with painless neck mass, history for 5 weeks of fatigue, generalize pruritis and mild cough, what is the diagnosis?
a) **Hodgkin's lymphoma**
b) Lyme
c) Infectious mono
Oxford medicine P354

145. Blood pressure, all of the following are true EXCEPT:

a) if 2/3 of cuff false high BP
b) internal cuff must cover 80% of arm
c) **Follow circadian vary late night high BP**
d) high BP3 standard deviation away from normal
e) you have to have more than one reading to Dx high BP
lowest BP will be at 3 AM
source : http://www.ncbi.nlm.nih.gov/pubmed/85815

146. Blood pH:
a) High after diarrhea
b) Low after vomiting
c) More in right atrium than Lt atrium
d) **Lower in right atrium than left ventricle**
e) Lower in renal vein than renal artery
· **Explanation:**
A à after diarrhea (which is alkali) the blood will be acidic (low pH)
B àafter vomiting (which is acidic "Hcl") the blood pH will be alkali (high pH)
C àO2low H+ and high pH, so the pH in right atrium "low O2" will be lower than the Lt atrium "high O2"
DàLeft ventricle has more oxygenated blood than right atrium
Eàblood in arteries is more oxygenated than that in veins

147. Increased bleeding time is seen in all of the following except:
a) **Hemophilia**.
b) Scurvy.
c) Von-Willebrand disease.
http://en.wikipedia.org/wiki/Bleeding_time

148. Fecal leukocytes come with all EXCEPT:
a) Shigellosis.
b) **Clindamycin induced colitis.**
c) Idiopathic ulcerative colitis.
Don't know

149. All of the following causes secondary HTN, except:
a) Pheochrmocytoma.
b) **Addison's disease.**
c) Hyperaldosteronism (conn's disease)
d) Renal disease.
e) Pregnancy.
· **Explanation:** Addison's disease causes postural hypotension.
Oxford Medicine P218

150. All can be used for the treatment of acute gout EXCEPT:
a) **Allopurinol.**
b) Penicillamine.
c) Gold salt.
d) Paracetamol.
e) Indomethacin.
Allopurinol is used for prevention not acute ttt
Oxford Medicine P550

151. Patient on chemotherapy presented with fever, all should be done EXCEPT:
a) Blood culture
b) Urine culture
c) **Aspirine is effective**
d) broad spectrum antibiotics
· **Explanation:** Because of its SE it should be discussed thoroughly.

NSAIDs sholud be avoided in people on chemo.
Source : http://www.cancer.org/treatment/treatmentsandsideeffects/physicalsideeffects/pain/paindiary/pain-control-non-steroid-anti-inflammatory-drugs

152. Complications of systemic hypertension are all EXPECT:
a) Intracerebellarhaemorrhage
b) **Renal artery stenosis.**
Is a cause of HTN not a complication, but if there are more wrong answers this one can be true because HTN is part of atherosclerosis so it can cause the artery stenosis.

153. All are true; EXCEPT:
a) **Iron supplement is not essential in all breast fed infant**
b) Normal pregnancy are not always end in normal deliveries
c) All TB regimes should have INH
d) One or more essential amino acids are deficient in most vegetables
e) Protein of low biological value present in cereals and legumes
Don't know

154. All cause recent loss of weight , except:
a) AIDS
b) Cancer
c) **Nephritic syndrome**
d) Kwashiorkor
· **Explanation:** Nephritic syndrome cause increase in weight due to fluid retention.
Source :http://emedicine.medscape.com/article/239278-clinical

155. Patient suspected of having brain abscess, what is the most important question in the history?
a) **Frontal sinusitis.**
b) Ear discharge.
c) Head injury.
d) Bronchioctasis.
Frontal sinusitis is most common in developing countries, Bronchioctasis is most common in developed once.
Source : http://emedicine.medscape.com/article/781021-overview#a0104
http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001787/

156. all of the following is extrapyramidal Symptoms except :
a) Dyskinisia
b) Akathesia
c) Bradykynesia
d) **clonic - tonic convulsion**
source : http://en.wikipedia.org/wiki/Extrapyramidal_symptoms

157. Migraine case (How to confirm the diagnosis)
a) MRI
b) **Careful history and examination**
Migraine topic at Oxford P462

158. 17 years old girl presented with unilateral worsening headache, nausea, exacerbated by movement and aggravated by light, what is the diagnosis?
a) **Migraine "Photophobia, vomiting)"**
b) Cluster
Migraine topic at Oxford P462

159. Adult with unilateral headache pulsetile increase with activity & light
a) **Migraine**
Migraine topic at Oxford P462

160. Old patient with progressive weakness of hand grip , dysphagia
a) **Mysthenia Gravis**

161. Gualine-Barrie syndrome is closely associated with which one of the following
a) descending paralysis start from upper limb
b) normal CSF
c) **Ascending paralysis start from the lower limb**
P716 Oxfoed Medicine

162. Patient with CVA came after 6h give him
a) **Aspirin**
b) t- PA
c) colpidogril
Oxford Medicine P474

163. Most common cause of CVA, Mostly embolic resource
a) **AF**
b) VSD
Oxford Medicine P474

164. An old man undergoing brain surgery and on aspirin. He needs prior to surgery:
a) vitamin K Parenterally
b) vitamin K orally
c) delay surgery for 2 days
d) **Delay surgery for 2 weeks**
Platelets life span is 5-9 days, and aspirin is irreversible antiplatelets.

165. Depressed patient has injestion big quantity of Aspirin 6 hours ago, came to ER complaining of nauesa, vomiting, increase respiration, investigatin showed highly elevated level of ASA, what is your action?
a) urine acidity something
b) charcoal
c) haemodialysis
d) **Alkalinization of the urine**
Oxford medicine P756
· **Aspirin toxicity**: in early stages, salicylate will stimulate respiratory center à increase RR à respiratory alkalosis that will be compensated by metabolic acidosis. In late stage, it will interfere with COH, fat, & protein metabolism as well as Oxidation phosphorylation leads to increase lactate, pyrovate, & keton bodies. All will lead to decrese pH.
· **Signe & symptoms** includes: nausea, vomiting, increase RR, temp and HR, sweating, cerebral or pulmonary edema, & coma. +ve anion gap.
· **Treatment**: hydration, correct K+, gastric lavage or activated charcoal, urine alkalization, hemodialysis)

166. Positive menngiocoal TB
a) **Rifampicin 7 days**
b) 3-single dose IM ceftriaxone
Need more answers
167. Patient discharge with meningococcal meningitis and now asymptomatic, what is next step?
a) Rifampicin
b) **Ceftriaxone**
c) no vaccine
source : http://emedicine.medscape.com/article/1165557-medication#2

168. Child was sick 5 days ago culture taken showed positive for meningococcal. Patient now at home and asymptomatic your action will be:
a) Rifampicin

b) **IM Ceftrixone**
· When oral rifampin (4 doses in 2 days) was compared with a single IM dose of ceftriaxone for prophylaxis, follow-up cultures **indicated that ceftriaxone was significantly more effective**
source : http://emedicine.medscape.com/article/1165557-medication#2

169. Old female with recurrent fracture, Vitamin D insufficiency and smoker. Which exogenous factor has the greatest exogenous side effect on osteoporosis?
a) Old age
b) Smoking
c) **Vitamin D insufficiency**
d) Recurrent fracture
source : http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2621390/ P 14&15

170. 58 years old female, known case of osteopenia, she's asking you about the best way to prevent compression vertebral fracture, what would you advice her?
a) avoid obesity
b) **Vit. D daily**
c) Wight bearing exercise
source : http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2621390/ P 14&15

171-220 by Hasan Alsharif

171. What is the TRUE about backache with osteoporosis?
a) Normal x ray vertebra exclude the diagnosis
b) Steroid is beneficial TTT
c) **Vitamin D defiency is the cause**

172. Old lady with recent osteoporosis ask about drug to prevent lumbar fracture
a) **Vitamin D**
b) Bisfosphonate
c) Exercise
http://emedicine.medscape.com/article/330598-treatment

173. What is the most common non-traumatic fracture caused by osteoporosis?
a) Colle's fracture
b) Femoral fracture
c) **Vertebral compression fracture**

174. Adolescent female with eating disorder & osteoporosis, what is the treatment?
a) **Weight gain**
b) Vitamin D
c) Bisphosphonates

175. 70 years old male with osteoporosis the T score of Bone Densitometry would be :
a) **-3.5 >> F**
b) less than -2.5 **>> T**
c) -1
d) -2
· Bone Mineral Density is measured by T-score "All values by minus (-)"

Ø Above -1 è normal.
Ø Between -1 & -2.5 è osteopenia
Ø Below -2.5 è osteoporosis
USMLE Step3 first aid P: 84
3rd edition

176. Old male, back pain, examination is normal, gave him steroid, come again with vesicle from back to abdomen:
a) **VZV**
· Varicella Zoster Virus remains dormant in the nervous system after 1ry infection. It may reactivate and causes 2ry infection [Herpes Zoster] along nerve roots, so in this case it extends from back to abdomen which is a thoracic nerve root [Dermatome]

177. Patient present with mid face pain, erythematous lesions and vesicles on periorbital and forehead, the pain is at nose, nose is erythematous. What is diagnosis?
a) Roseola
b) HSV
c) **Herpes zoster**
· Herpes zoster affects the dermatomes so it is painful , in this case most likely affects Trigeminal nerve

178. All the following cause hyponatremia except:
a) DKA
b) **Diabetes insipidus "causes Hypernatremia due to huge loss of water in the form of diluted urine"**
c) High vasopressin level
d) Heart failure
Master Thr Boards P:328
2nd edition

179. anti-inflammatory drug can cause all except
a) acute renal failure
b) tubular necrosis
c) **Hypokalemia**
d) interstitial nephritis >> can occur with all NSAIDs except aspirin (pharmacology Lippincott's 4th edition P:503)
· Increase in the risk of myocardial infarction, gastrointestinal (most commonly), inflammatory bowel disease, Interstitial nephritis, Nephrotic syndrome, Acute renal failure, Acute tubular necrosis, Photosensitivity, metabolic and respiratory acidosis and hyperkalaemia
180. All in hypokalemia exept:
a) Hyperosmolar coma
b) **Phenytoin toxicity**
c) Musle paralysis

181. Which of the following could be seen in patient with bulimia
a) **Hypokalmeia.**
b) Metabolic acidosis.
· Bulimia is akabing eating which means the patient eats a lot then does forced vomiting so there is loss of acids & electrolytes which leads to hypokalemia & metabolic alkalosis.
Kumar & Clark's Clinical medicine 7th edition P:1220
N.B : Clinical feature , tetany - from hypokalaemic alkalosis

182. One of the following condition does not cause hypokalemia
a) Metabolic alkalosis
b) Furosemide
c) Hyperaldosteronism
d) **Acute tubular necrosis**
e) Diarrhea
· Acute tubular necrosis cause hyponatremia, hyperkalemia, hypermagnesemia, hypocalcemia, hyperphosphatemia and metabolic acidosis

Kumar & Clark's Clinical medicine 7th edition P:622

183. Best economical NSAID IS
a) Indometacin
b) **Brufen**

184. The drug with the least side effects for the treatment of SLE is:
a) **NSAIDs**
b) Methotrexate
c) Corticosteroid
d) Hydroxychloroquin
· Methotrexate, corticosteroid and hydroxychloroquin.

185. All the following cause hyponatremia except:
a) DKA
b) **Diabetes insipidus (hypernatremia)**
c) High vasopressin level
d) Heart failure
Master Thr Boards P:328
2nd edition

186. Cherry red skin found in:
a) Polycythema
b) **CO poisoning**

187. Duration of drug in Rheumatoid fever is :
a) 6 years
b) 15 years
c) **Primary prevention lasts for 10 days and 2ry prevention lasts for 5years or 10 years depending on presence of cardiatis**

188. Not true about kypoklemia :
a) ST changes
b) Happened in hyperosmoler non ketotic
c) PR changes
d) **All true**
Master Thr Boards P:328 (2nd edition)
N.B:
-ST depression
- U wave are the most characteristic

189. Earlier sign of puberty in male is:
a) Appearance of pubic hair
b) **Increase testicular size**
c) Increase penis size
d) Increase prostate size
· The first sign of puberty in boys in testicular enlargement more than 2.5 centimeters which followed by a growth spurt 1-2 years later and beginning of spermatogenesis.
http://emedicine.medscape.com/article/924002-clinical

190. Patient with 2nd syphilis receive 2nd dose of penicillin became hypotensive
a) **Stop penicillin**
· Patient is allergic to penicillin.
Oral doxycycline if penicillin allergic
Master The Boards P:25 – 2nd edition

191. Male patient with hemarthrosis. What is the most likely diagnosis is?

a) Thrombocytopenia
b) **Factor 8 deficiency**
· Factor V and VIII deficiency of the two factors was accompanied by a life-long bleeding tendency in males

192. Female patient had carpopedal spasm after measuring her BP. This is caused by:
a) **Hypocalcemia**

193. Patient with macrocytic anemia without megaloblast. What's the most likely diagnosis?
a) Folic acid
b) Vitamin B12 deficiency
c) **Alcoholism**
Master The Boards P:204 – 2nd edition

194. Which of the following method is rapid and best for complete gastric evacuation?
a) **G lavage**
b) Manual induce Vomiting
c) Syrupe
d) Active charcoal
G Lavage useful in 1st houre of ingestion
remove 50% of pills at 1 hour
remove 15% of pills at 2 hour
Master The Boards P:534 – 2nd edition

195. Patient with sever vomiting and diarrhea in ER when he stand he feel dizziness. Supine Bp 120/80 on sitting 80/40. When asking him he answers with loss of sensorium what is most likely he has?
a) insulin something
b) **Dehydration something ?!**

196. Patient with a scenario going with liver cirrhosis with acsites, diet instructions:
a) **High carbs, low protein**
b) Sodium restriction
· In general, recommendations for patients with severe liver disease may include:
· Large amounts of carbohydrate foods.
· Moderate intake of fat
· About 1 gram of protein per kilogram of body weight..
· Vitamin supplements, especially B-complex vitamins.
· Reduce salt you intake
http://emedicine.medscape.com/article/185856-overview#aw2aab6c14

197. In active increase transaminase which of the following drugs contraindicated
a) Rinatidine
b) infidipine
c) **Vastatin**

198. 40 years old Patient known to have crohn's Disease, came with fevers, hip and back pain, blood positive brown stool. On Examination, soft abdomen, normal bowel sounds, normal range of motion of hip. What is the best radiological diagnosis?
a) Abdominal US
b) **Abdominal CT**
c) Hip CT
d) IV venogram
e) Kidney US

199. Patient with chronic heartburn, treated with antacids, no improvement waht next action:
a) another antacids
b) h2 blockers
c) **PPIs**

d) prokinetic agents

200. Symptom of reflux esophagitis
a) minor the risk of MI
b) not effected by alkali
c) increase by standing
d) **can be distinguish between it and duodenal ulcer**

201. Patient with diffuse abdominal pain, diminished bowel soundsU, x-ray showed dilated loop specially the transverse, what's the diagnosis?
a) **Acute pancreatitis**
b) Acute cholecystitis
c) Bacterial enteritis

202. Celiac disease patient, all should be avoided except :
a) wheat
b) oat
c) **Rice**
gluten-free diet improve symptoms . Gluten is found in most grains in the Western world (eg, wheat, barley, rye, some oats, additives, many prepared foods).

USMLE Step3 first aid P: 112-113
3rd edition

203. Which drug increase incidence of reflux esophagitis:
a) **Theophylline**
b) Amoxicillin
c) Metoclopramide
d) Ranitidine
e) Lansoprazole
· Some common medications also can cause a chemical burn in the esophagus. Pills that are most likely to cause esophagitis include:
Ø aspirin
Ø doxycycline
Ø iron supplements
Ø NSAIDs such as ibuprofen (Advil, Motrin) or naproxen (Aleve, Naprosyn)
Ø osteoporosis medications such as alendronate (Fosamax) or risedronate (Actonel)

204. Young patient complain of watery diarrhea, abdominal pain, with a previous history of mucus diarrhea. Symptom improve when sleep
a) Crohn's
b) UC
c) **IBS**
USMLE Step3 first aid P: 110
3rd edition

205. Young female complaining of severe diarrhea, weight loss, vomiting, abdominal pain, has been diagnosed to have Crohn's diseased, what is etiology mechanism of Crohn's disease?
a) Female more affected
b) **Non-caseating granulomas**
c) Diabetic
d) Unknown
USMLE Step3 first aid P: 107
3rd edition

206. Which of the following true about headache :
a) Increase ICP at last of day

b) **Normal CT may exclude subarachnoid hemorrhage**
c) Amaurosis fugax never come with temporal arteritis
d) Neurological sign may exclude migrant

207. Yong man predict that he is going to have a seizure , then he became rigid for 15 sec the developed generalized tonic clonic convulsion for 45 sec. you initial ER action in future attacks will be
a) **Insert airway device.**
b) Apply physical splint or protection.

208. Patient with disc prolapse will have:
a) **Loss of ankle jerk**
b) Fasciculation of posterior calf muscles.
c) Loss of Dorsiflexion compartment of the foot.
d) Loss of the sensation of the groin and anterior aspect of the thigh.

209. Patient after trauma to the knee present with knee swelling of bloody content ,the probable mechanism is :
a) platelet deficiency
b) **clotting factor deficiency**
c) platelet dysfunction
d) blood vessels dysfunction

210. Blast cell
a) **AML >> T**
b) **ALL >> F**
c) CML
d) CLL
USMLE Step3 first aid P: 145
3rd edition

211. Uric acid in body how the body removed by
a) increase metabolism of uric acid in liver
b) **increase execration of uric acid in urine**
c) execration of uric acid by lung

212. What is the more prognostic factor for Chronic graneulocytic leukemia
a) **stage**
b) bone marrow involvement
c) age at discovery

213. Elderly patient know case of IHD, you give him PRBC, but after that he suffer from fever with temperature of 38.5 what you will do?
a) decrease rate of transfusion
b) **stop transfusion and treat patient with acetaminophen only**
c) stop transfusion and treat patient with mannitol and acetaminophen

214. Patient came with pitting edema grade 1, where is fluid will accumulate?
a) arteriole
b) veniole
c) **interstitial**
d) capillary

215. What is the pathophysiology infection in DM why they develop infection?
a) decrease phagocytosis
b) **decrease immunity**
c) help in bacteria overgrowth

216. Case about patient with papules in the genital area with central umbalicasation, history of unprotected sex "Molluscum contagiosum", what is the treatment?
a) **Acyclovir**
Therapeutic options
http://emedicine.medscape.com/article/910570-treatment

217. Doctor do breath by mask, but nothing happen ،what you will do
a) continue one breath every 5seconds
b) put him on recovery position
c) **intubation**
d) do nothing till whole medical team

218. DKA
a) starvation cause increase of amino acids and fatty acids which utilize by the body
b) Ketone body which excreted in urine
c) **Decrease in insulin lead to** à **fatty acid** à **ketone bod**

219. 70 years old patient, come with investigations showed osteolytic lesion in skull, monoclonal spike, roleahex formation:
a) **Multiple myeloma >> ?!**

220. Cause hypertensive crisis :
a) Enalapril
b) Lorsartan
c) **Hydralazine >> ttt for hypertensive crisis**
http://reference.medscape.com/drug/apresoline-hydralazine-342400

221-end by Mohammed Abdulaal

221. Which one of these drugs causing hypertensive crisis when it is not stopped gradually?
a) Diltiazim
b) **Colonidine**
c) Beta blocker
http://www.ncbi.nlm.nih.gov/pubmed/3813760

· Common Causes of Hypertensive Crises
1) Antihypertensive drug withdrawal (e.g., clonidine)
2) Autonomic hyperactivity
3) Collagen-vascular diseases
4) Drugs (e.g., cocaine, amphetamines)
5) Glomerulonephritis (acute)
6) Head trauma
7) Neoplasias (e.g., pheochromocytoma)
8) Preeclampsia & eclampsia
9) Renovascular hypertension

222. Hypertensive patient with liver cirrhosis, lower limb edema and ascites, what to use ?
a) **Thiazide "better K-sparing diuretic"**
b) Hydralazine
c) Something
Couldn't find a proper scurce

223. Patient with hepatomegaly, Kayser–Fleischer rings, what is the treatment?
a) **Penicillamine** "Wilson's Disease"
http://en.wikipedia.org/wiki/Wilson's_disease#Treatment

224. Patient work in hot weather come with clammy cold skin ,hypotensive tachycardia
a) Heat stroke
b) **Heat exhusion**
http://wiki.answers.com/Q/What_is_the_difference_between_heat_stroke_and_heat_exhaustion
· **Heat exhaustion**: This condition often occurs when people are exposed to high temperatures especially when combined with strenuous physical activities and humidity. Body fluids are lost through sweating, causing dehydration and overheating of the body. The person's temperature may be elevated, but not above 104 F
· **Heat stroke**: also referred to as sun stroke, is a life-threatening medical condition. The body's cooling system, which is controlled by the brain, stops working and the internal body temperature rises to the point at which brain damage or damage to other internal organs may result (temperature may reach 105 F [40.5 C] or greater)

225. Elderly patient known case of HTN and BPH , which one of the following drug Is potentially recommended as such case:
a) Atenolol
b) **Terazosin**
c) Losartan
http://reference.medscape.com/drug/hytrin-terazosin-342348#0

226. In cachectic patient, the body utilize the proteins of the muscles:
a) **To provide amino acid and protein synthesis.**
Couldn't find a proper scurce

227. Patient walking for relatively long time on ice when she was in vacation(somewhere in cold area) her feet is pale with marked decrease in pain sensation but the pulse is palpable over dorsalis pedis what is the appropriate thing to do:
a) immediate heat with warm air
b) **Put her feet in worm water.**
c) I forget the rest but it is not appropriate
http://emedicine.medscape.com/article/926249-treatment

228. Man travelled to some country , there is endemic of onchocerciasis ,he stays there for 1 wk .his ability to get this disease is
a) High
b) Sever
c) Minimum
d) **Non existant**
Couldn't find a proper scurce

229. Patient with Sever hypothyroidism and hyponatremia (108= Na), high TSH and not respond to painfull stimuli, how would you treat him:
a) **Intubate, give 3% sodium then treat hypothyroidism status**
b) treat hypothyroidism & monitor S.NA level every 6 hours
c) Thyroid and fluid replacements only
d) Thyroid and fluid and%3 Na
e) Give 3% sodium, hydrocortisone & treat hypothyroidism status
Couldn't find a proper scurce

230. Patient with HTN presented with edema, azotemia, GFR: 44 (not sure about - 5) what is the cause of her Kidney disease?
a) **bilateral renal artery stenos**
b) diabetic nephropathy
c) Reflux..

d) Renal tubular acidosis
http://www.medicinenet.com/renal_artery_stenosis/article.htm

231. 100% O2 given for prolonged periods can cause all except:
a) Retrosternal Pain
b) **Seizures**
c) Depression
d) Ocular Toxicity
http://en.wikipedia.org/wiki/Oxygen_toxicity#Signs_and_symptoms

· **VITAMINES DEFICIENCY:**
· **Vitamin A : night blindness & dry skin**
· **Vitamin B1 (thiamine): Beriberi (polyneuritis, dilated cardiomayopathy, edema)**
· **Vitamin B2 (riboflavin): angular stomatitis, cheilosis. Corneal vascuarization.**
· **Vitamin B3 (nacine) : pellagra (Diarrhea, Dermatitis, Dementia)**
· **Vitamin B5 (pantothenate): dermatitis, enteritis, alopecia, adrenal insufficiency**
· **Vitamin B6 (pyridoxine): convulsion, hyperirritability**
· **Vitamin B12 (cobalamin): macrocytic megaloblastic anemia, neurologic symptoms**
· **FOLIC ACID: macrocytic megaloblastic anemia without neurologic symptoms.**
· **Vitamin C : scurvy (swollen gums, brusing, anemia, poor wound healing)**
· **Vitamin D : rickets in children , osteomalasia in adult**
· **Vitamin E : increase fragility of RBC**
· **Vitmin K : neonatal hemorrhage, increase PT & PTT, normal BT**

(9)
General Surgery

- **1-39 by:** **Mohammed Abdulaal**
- **40- 89 by:** **Turki Aljohani**
- **90-139 by:** **Riyadh Aljohani**
- **140-199 by:** **Mahmoud Alraddadi**
- **200-249 by:** **Umar Alabbasi**
- **250-299 by:** **Bilal Alharthi**
- **300-349 by:** **Mohammed Abuseif**
- **350-359 by:** **Bayan Alahmadi**
- **360-end by:** **Samah Osailan**

1-39 by Mohammed Abdulaal

1- 42 year old woman presented with a painful breast mass about 4 cm in the upper lateral quadrant. It increases in size with the menstrual period. Examination showed a tender nodularity of both breasts. What is the management:
a) Hormonal treatment with oral contraceptive pills
b) **Hormonal treatment with danazol**
c) Lumpectomy
d) Observation for 6 months
كتاب القصر العيني ص293
Treatment of fibrocystic disease of the breast

2. Best investigation to visualize the cystic breast masses is:
a) MRI
b) CT
c) Mammogram
d) **US**
http://www.breasthealth.co.za/ultrasound.html

3. Which of the following breast mass is bilateral?
a) Paget disease
b) **Lobular carcinoma**
c) Mucinous carcinoma
كتاب القصر العيني ص 297

4. 36 years old female with breast mass mobile and change with menstrual cycle, no skin dimple or fathering. Your advice is
a) Repeat exam after 2 cycle
b) Make biopsy
c) **Fine needle aspiration**
d) Oral contraception
كتاب القصر العيني ص 293

5. Concerning the treatment of breast cancer, which of the following statement is false?
a) Patients who are estrogen-receptor-negative are unlikely to respond to anti-estrogen therapy.
b) **The treatment of choice for stage 1 disease is modified mastectomy without radiotherapy.**
c) Patients receiving radiotherapy have a much lower incidence of distant metastases
d) Antiestrogen substances result in remission in 60% of patients who are estrogen-receptor-positive.
e) A transverse mastectomy incision simplifies reconstruction.
http://www.webmd.com/breast-cancer/stage-1-treatment-options

6. What is the most important predisposing factor to the development of an acute breast infection?
a) Trauma
b) **Breast feeding**
c) Pregnancy
d) Poor hygiene
e) Diabetes mellitus
http://en.wikipedia.org/wiki/Mastitis#Risk_factors

7. 30 years old female presented with painless breast lump. Ultrasound showed a cystic lesion. Aspiration of the whole lump content was done and was a clear fluid. Your NEXT step is:
a) Do nothing and no follow-up.
b) Send the aspirated content for cytology and if abnormal do mastectomy.
c) **Reassure the patient that this lump is a cyst and reassess her in 4 weeks.**
d) Book the patient for mastectomy as this cyst may change to cancer.
e) Put the patient on contraceptive pills and send her home.
Bailey & love's P836 : If the cysts resolve completely , and the fluid is not blood stained , no further treatment is required .
http://www.mayoclinic.com/health/breast-cysts/DS01071/DSECTION=tests-and-diagnosis

8. What's true about screening of breast cancer?
a) **Breast self exam and mammography are complementary**
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http://en.wikipedia.org/wiki/Breast_cancer_screening
They however are not supported by evidence and may, like mammography and other screening methods that produce false positive results, contribute to harm

9. In breast cancer, all true except:
a) 2 cm mass with free axilla is stage I
b) Chemotherapy is must for pre-menopausal with +ve axilla
c) Radical mastectomy is the choice of surgery
d) Yearly mammogram for contra-lateral breast
http://www.cancer.gov/cancertopics/pdq/treatment/breast/Patient/page2#Keypoint12

10. Breast cancer in female under 35 years all of the following are true EXCEPT:
a) Diagnosis and treatment are delayed due to the enlarged number of benign disease
b) The sensitivity of the mammogram alone is not enough for diagnosis
c) Family history of benign or malignant disease is predictive of diagnosis
d) **All discrete breast lumps need fine needle aspiration**
http://www.ncbi.nlm.nih.gov/pubmed/18446625

11. Which of the following can cause of giant breast?
a) Diffuse hypertrophy
b) Cystosarcoma phyllodes
c) Giant Fibroadenoma
d) **All of the above**
http://emedicine.medscape.com/article/188728-overview
http://radiographics.rsna.org/content/19/2/549.full
Giant fibroadenomas are the most common cause of massive *breast* enlargement in young females

12. Factors associated with an increased relative risk of breast cancer include all of the following EXCEPT:
a) Nulliparity.
b) **Menopause before age 40.**
c) A biopsy showing fibrocystic disease with a proliferative epithelial component.
d) First term pregnancy after age 35.
e) Early menarche.
http://www.cancerresearchuk.org/cancer-info/cancerstats/types/breast/riskfactors/breast-cancer-risk-factors
Late menopause increases the risk of breast cancer.

13. The following are appropriate methods for the treatment of inflammatory processes in the breast EXCEPT:
a) Sporadic lactational mastitis treated with antibiotics and continued nursing.
b) Recurrent periareolar abscess with fistula treated by distal mammary duct excision.
c) Breast abscess treated by incision and drainage.
d) **Breast abscess treated with antibiotics.**
e) Thrombophlebitis of the superficial veins treated by reassurance of the patient and follow up examination only.
http://www.nhs.uk/Conditions/Breast-abscess/Pages/Treatment.aspx

14. Factor which determine recurrence of breast cancer :
a) Site & size of breast mass
b) **Number of lymph nodes**
c) Positive estrogen receptor
d) Positive progesterone receptor
http://www.webmd.com/breast-cancer/guide/checking-for-recurrence
ALL OF THEM ARE TRUE

15. 23 years old female consulted her physician because of breast mass, the mass is mobile, firm and approximately 1 cm in diameter. It is located in the upper outer quadrant of the right breast. No axillary lymph nodes are present. What is the treatment of choice for this condition?
a) Modified radical mastectomy
b) **Lumpectomy**
c) Biopsy
d) Radical mastectomy
e) Watchful waiting
http://www.webmd.com/breast-cancer/stage-1-treatment-options
القصر العيني ص 377
الأجوبة ناقصة راديشن

16. Patient with bilateral breast cancer which type?
a) **Lobulated**
b) Invasive ductal carcinoma
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القصر العيني ص 297

17. The management of breast engorgement:
a) **Warm compression with continue breast feeding**
b) cold compression with stoppage of breast feeding
c) cloxacillin with continue breast feeding
http://en.wikipedia.org/wiki/Breast_engorgement#Treatment

18. 35 years old lady complaining of breast tenderness and diffuses nodularity, during the physical examination you found 3 cm tender mobile right side mass, what you will do next?
a) FNA with cytology
b) **Mammogram**
c) Biopsy
d) Follow up for next cycle
e) Observation
Couldn't find a proper source

19. Clear aspirated fluid from breast cyst will be:
a) **send to cytology**
b) Throw away
c) send to biochemical analysis
d) combined with biopsy
http://en.wikipedia.org/wiki/Breast_cyst

20. 50 years old female with breast cancer and CA125 elevate, So elevation due to
a) **Breast cancer**
b) Associate with ovarian cancer
c) due to old age
d) normal variation
· CA125àtumor marker mostly used for ovarian Ca, but it's also used with endometrial, fallopian, breast& GIT Ca
http://www.mayoclinic.com/health/ca-125-test/MY00590

21. Female 13 years old , came complaining of mass in her left breast in lower outer quadrant , it is soft tender about 2 cm in size , patient denies its aggravation and reliving by special condition her menarche is as age of 12, what is diagnosis :
a) **Fibroadenoma << not sure**
b) Fibrocystic disease
http://en.wikipedia.org/wiki/Fibrocystic_breast_changes
fibrocystic >>> tender and changes with special conditions
http://en.wikipedia.org/wiki/Fibroadenoma#Diagnosis
fibroadinoma >>> non-tender and no changes with special conditions

22. Rash on the breast, in the areola, using corticosteroid but not improved and no nipple discharge.
a) Antibiotic
b) Surgery
c) **Mammography**
http://en.wikipedia.org/wiki/Paget's_disease_of_the_breast

23. Female about 30 years with breast cancer (given CBC, chemistry and ravel low hemoglobin and hematocrit), what is the next step in management?
a) **Staging**
b) Lumpectomy
c) Mastectomy
d) Chemotherapy

24. Lactating women 10 days after delivery developed fever, malaise, chills, tender left breast with hotness and small nodule in upper outer quadrant with axillary lymph node, Leucocytes count was 14 *10/L, diagnosis?
a) Inflammatory breast cancer
b) **Breast abscess**
c) Fibrocystic disease
http://en.wikipedia.org/wiki/Mastitis

25. what is the treatment of cyclical mastalgia
a) **OCP, analgesic, NSAID, fat reduction and magnesium**
http://en.wikipedia.org/wiki/Mastodynia

26. 29 years Old female has a breast lump in the upper outer quadrant of the left breast, firm, 2 cm. in size but no L.N involvement, what is the most likely diagnosis?
a) **Fibroadenoma**
no other choices

27. What is the management for the above patient?
a) mammogram
b) excisional biopsy
c) FNA
d) breast US
e**) follow up in 6 months**
surgical recall p 417
http://en.wikipedia.org/wiki/Fibroadenoma

28. A 45 years old lady presented with nipple discharge that contains blood. What is the most likely diagnosis:
a) **Ductal papilloma**
b) duct ectasia
c) breast abscess
d) fat necrosis of breast
القصر العيني ص 295
The most common cause of bloody nipple discharge is duct papilloma

29. Female patient breast feeding present with mastitis in upper outer quadrant, treatment:
a) stop breast feeding & evacuate the milk by the breast pump
b) Give antibiotic to the mother & antibiotic to the baby.
c) **Antibiotics with continue breast feeding**
http://www.nhs.uk/Conditions/Breast-abscess/Pages/Treatment.aspx

30. The most common cause of nipple discharge in non lactating women is
a) **Prolactinoma**
b) Hypothyroidism
c) breast cancer
d) Fibrocystic disease with ductal ectasia e) Intraductal papilloma
· The most common cause of galactorrhea is a tumor in the pituitary gland.
http://www.aafp.org/afp/2004/0801/p543.html

31. Female com with lump in breast which one of the following makes you leave her without appointment?
a) Cystic lesion with serous fluid that not refill again
b) Blood on aspiration
c) Solid
d) **Fibrocystic change on histological examination**
Couldn't find a proper scurce

32. What is the best frequency for breast self-examination?
a) Daily.
b) Weakly.
c) **Monthly.**
d) Annually.
http://www.nationalbreastcancer.org/breast-self-exam

33. The following statements about adjuvant multi-agent cytotoxic chemotherapy for invasive breast cancer are correct EXCEPT:
a) **Increases the survival of node-positive pre-menopausal women.**
b) Increases the survival of node-negative pre-menopausal women.
c) Increases the survival of node-positive post-menopausal women.
d) Is usually given in cycles every 3 to 4 weeks for a total period of 6 months or less.
e) Has a greater impact in reducing breast cancer deaths in the first 5 years after treatment than in the second 5 years after treatment.
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Couldn't find a proper source

34. 46-year-old female presents with a painful mass I x2 cm in the upper outer quadrant of the left breast. There are areas of ecchymosis laterally on both breasts. There is skin retraction overlying the left breast mass. What is the most likely diagnosis?
a) **Fat necrosis**
b) Thrombophlebitis
c) Hematoma
d) Intraductal carcinoma
e) Sclerosing adenosis
http://www.breastcancercare.org.uk/breast-cancer-information/benign-breast-conditions/fat-necrosis

35. 50 years old male with rectal bleeding, on examination there is external hemorrhoid, your action:
a) Excision of the haemorrhoid
b) Rigid sigmoidoscopy then excision of the haemorrhoid
c) **Colonoscopy**
http://www.webmd.com/a-to-z-guides/hemorrhoids-topic-overview

36. Patient with diarrhea since 5 weeks, PR: occult blood, stool analysis: positive for blood, colonoscopy: involvement from rectum till mid transverse colon, biopsy & crypt abscess without epithelial ulceration dx?
a) Crohn's disease
b) **Ulcerative colitis**
http://en.wikipedia.org/wiki/Ulcerative_colitis

37. A 3 weeks old baby boy presented with a scrotal mass that was transparent & non reducible. The diagnosis is:
a) **Hydrocele**
b) Inguinal hernia
http://en.wikipedia.org/wiki/Hydrocele

38. 60 years old male patient complaining of dysphagia to solid food. He is smoker and drinking alcohol. ROS: Wt loss. What's the most likely diagnosis?
a) **Esophageal cancer**
b) GERD
c) Achalasia
http://en.wikipedia.org/wiki/Esophageal_cancer

39. Patient with scrotal pain & swelling, on examination: tender swelling & tender node in groin, increased intestinal sounds, one episode of vomiting & abdominal pain, management?
a) Ask ultrasound

b) **Refer to surgeon**
c) Refer to urologist
Couldn't find a proper source

40-89 by Turki Aljohani

40. 17 years old young male presented with abdominal pain that started periumbilical then became localized in the right iliac fossa. CBC showed high WBC count, The best next step is:
a) CT
b) US
c) Serial 3 abdominal films
d) Sigmoidoscopy
e) Diagnostic laparoscopy

(Appendicitis in children is common enough to merit special attention. Because of the health risks of exposing children to radiation, many medical societies recommend that in confirming a diagnosis with children the ultrasound is a preferred first choice with x-rays being a legitimate follow-up when warranted.[30][31][32] CT scan is more accurate than ultrasound for the diagnosis of appendicitis in adults and adolescents. CT scan has a sensitivity of 94%, specificity of 95%. Ultrasonography had an overall sensitivity of 86%, a specificity of 81%.[33]

http://en.wikipedia.org/wiki/Appendicitis)

41. 26 years old woman had a perforated gallbladder post cholecystectomy. She presented with right upper quadrant pain that was tender, with fever of 38₀C, a pulse of 120 & raised right diaphragm on CXR. The most probable diagnosis is:
a) Acute cholecystitis
b) Acute pancreatitis
c) Acute appendicitis
d) Subphrenic abscess
e) Perforated peptic ulcer

Pericholecystic Abscess

Pericholecystic abscess, the most common form of perforation, should be suspected when the signs and symptoms progress, especially when accompanied by the appearance of a palpable mass. The patient

often becomes toxic, with fever to 39 °C and a leukocyte count above 15,000/ L, but sometimes there is no correlation between the clinical signs and the development of local abscess.
Cholecystectomy and drainage of the abscess can be performed safely in many of these patients, but if the patient's condition is unstable, percutaneous cholecystostomy is preferable.(((
CurrentDiagnosis_TreatmentSurgery))

42. A 10 years old boy came to the ER with right scrotal pain and swelling, on examination: tender right testis, with decreased flow on Doppler study. Your diagnosis is:
a) Hernia
b) Hematocele
c) Testicular torsion
d) Orchitis

(Diagnosis of testicular torsion is based on the finding of decreased or absent blood flow on the ipsilateral side.)

http://www.aafp.org/afp/2006/1115/p1739.html

43. Alcoholic and heavy smoker male patient presented with hematemesis. What's the most likely cause of his presentation?

a) Esophageal varices

44. Elderly woman has epigastric pain, collapsed at home. In the ER she has mild low back pain and her BP= 90/60. What's the most likely diagnosis:
a) Mesenteric ischemia
b) Leakage/ruptured aortic aneurysm
c) Perforated duodenal ulcer
d) Gastric ulcer

(Abdominal Aortic Aneurysm:

- Pulsatile midabdominal mass.
- Severe abdominal pain radiating to the lower back, with hypotension (from CurrentDiagnosis)
-
- And
- http://www.gvg.org.uk/aaainfo.htm#rupture)

45. Patient presented with severe epigastric pain radiating to the back. He has past history of repeated epigastric pain. In Social history drinking alcohol?????. What's the most likely diagnosis?
a) MI
b) Perforated chronic peptic ulcer??

Symptoms and Signs

The perforation usually elicits a sudden, severe upper abdominal pain whose onset can be recalled precisely. The patient may or may not have had preceding chronic symptoms of peptic ulcer disease. Perforation rarely is heralded by nausea or vomiting, and it typically occurs several hours after the last meal. Shoulder pain, if present, reflects diaphragmatic irritation. Back pain is uncommon.??

46. An elderly male patient came with bleeding per rectum & abnormal bowel habit. O/E liver span was 20 cm. what is the next step?
a) Colonoscopy

(Diagnosing colon cancer

If your signs and symptoms indicate that you could have colon cancer, your doctor may recommend one or more tests and procedures, including:

- Using a scope to examine the inside of your colon. Colonoscopy uses a long, flexible and slender tube attached to a video camera and monitor to view your entire colon and rectum.

http://www.mayoclinic.com/health/colon-cancer/DS00035/DSECTION=tests-and-diagnosis)

47. The most accurate tool for diagnosis of appendicitis:
a) US
b) Diagnostic laparoscopy???
c) CT scan!!!!

(Imaging Studies

A spiral CT examination of the appendix may be of help in diagnosis. An enlarged appendix with wall thickening or enhancement or periappendiceal fat stranding are the most useful CT findings of acute appendicitis. Other findings may be present, including focal cecal thickening, appendicoliths, extraluminal air, intramural air, and pericecal phlegmon, but are less reliable. CT scans are of greatest value in patients with less than typical clinical and laboratory findings, where a positive study would be an indication for appendectomy. In the face of typical time course of disease, right lower quadrant pain and tenderness plus signs of inflammation (eg, fever, leukocytosis), a CT scan would be superfluous and, if negative, even misleading. Ultrasound imaging is much less reliable than CT. When appendicitis is accompanied by a right lower quadrant mass, an ultrasound or CT scan should be obtained to differentiate between a periappendiceal phlegmon and an abscess.)

48. A 60 year old diabetic man presented with dull abdominal pain & progressive jaundice. On examination he had a palpable gallbladder. The most probable diagnosis is:
a) Chronic cholecystitis
b) Common bile duct stone
c) Carcinoma of the head of pancreas
d) Gallbladder stone
e) Hydrocele of the gallbladder

- Significant weight loss: Characteristic feature of pancreatic cancer
- Midepigastric pain: Common symptom of pancreatic cancer, sometimes with radiation of the pain to the midback or lower-back region
- Often, unrelenting pain: Nighttime pain often a predominant complaint
- Painless obstructive jaundice: Most characteristic sign of cancer of head of the pancreas
- Palpable gallbladder (ie, Courvoisier sign)

http://emedicine.medscape.com/article/280605-overview

49. A 30 year old man presented with feeling of heaviness in the lower abdomen. On examination he had a small bulge palpable at the top of the scrotum that was reducible & increases with valsalva maneuver. The most likely diagnosis is:
a) Indirect inguinal hernia
b) Direct inguinal hernia
c) Femoral hernia

d) Hydrocele
e) Varicocele

Examination of the groin reveals a mass that may or may not be reducible. The patient should be examined both supine and standing and also with coughing and straining, since small hernias may be difficult to demonstrate. The external ring can be identified by invaginating the scrotum and palpating with the index finger just above and lateral to the pubic tubercle (Figure 32–1). If the external ring is very small, the examiner's finger may not enter the inguinal canal, and it may be difficult to be sure that a pulsation felt on coughing is truly a hernia. At the other extreme, a widely patent external ring does not by itself constitute hernia. Tissue must be felt protruding into the inguinal canal during coughing in order for a hernia to be diagnosed.

50. patient with peptic ulcer using antacid, presented with forceful vomiting that contains food particle:
a) Gastric outlet obstruction

Pyloric Obstruction Due to Peptic Ulcer

Symptoms and Signs

Most patients with obstruction have a long history of symptomatic peptic ulcer, and as many as 30% have been treated for perforation or obstruction in the past. The patient often notes gradually increasing ulcer pains over weeks or months, with the eventual development of anorexia, vomiting, and failure to gain relief from antacids. The vomitus often contains food ingested several hours previously, and absence of bile staining reflects the site of blockage. Weight loss may be marked if the patient has delayed seeking medical care.

51. 48 year old woman presented with right abdominal pain, nausea & vomiting. On examination she had tenderness in the right hypochondrial area. Investigations showed high WBC count, high alkaline phosphatase & high bilirubin level. The most likely diagnosis is:
a) Acute cholecystitis
b) Acute appendicitis
c) Perforated peptic ulcer
d) Acute pancreatitis

The leukocyte count is usually elevated to 12,000–15,000/ L. Normal counts are common, but if the count goes much above 15,000, one should suspect complications. A mild elevation of the serum bilirubin (in the range of 2–4 mg/dL) is common, presumably owing to secondary inflammation of the common duct by the contiguous gallbladder. Bilirubin values above this range would most likely indicate the associated presence of common duct stones. A mild increase in alkaline phosphatase may accompany the attack

52. Which of the following indicate large uncomplicated pneumothorax:
a) Symmetrical chest movement.
b) Increase breath sound c) Dull percussion note.
d) Tracheal deviation
e) Cracking sound with each heart beat

Findings on lung auscultation vary depending on the extent of the pneumothorax. Respiratory findings may include the following:

- Respiratory distress (considered a universal finding) or respiratory arrest

- Tachypnea (or bradypnea as a preterminal event)
- Asymmetric lung expansion: Mediastinal and tracheal shift to contralateral side (large tension pneumothorax)
- Distant or absent breath sounds: Unilaterally decreased/absent lung sounds common, but decreased air entry may be absent even in advanced state of pneumothorax
- Minimal lung sounds transmitted from unaffected hemithorax with auscultation at midaxillary line
- Hyperresonance on percussion: Rare finding; may be absent even in an advanced state
- Decreased tactile fremitus
- Adventitious lung sounds: Ipsilateral crackles, wheezes
-
- http://emedicine.medscape.com/article/424547-overview#showall
-

53. 8 month old baby presented with history of recurrent crying with on & off jelly stool. The diagnosis is:

a) Intussusceptions

b) Intestinal obstruction

c) Mickle's diverticulum

d) Strangulated hernia

The typical patient is a healthy child who suddenly begins crying and doubles up because of abdominal pain. The pain occurs in episodes that last for about 1 minute, alternating with intervals of apparent well-being. Reflex vomiting is an early sign, but vomiting due to bowel obstruction occurs late. Blood from venous infarction and mucus produce a "currant jelly" stool. In small infants and in postoperative patients, the colicky pain may not be apparent; these babies become withdrawn, and the most prominent symptom is vomiting. Pallor and sweating are common signs during colic

54. Male singer with colon cancer stage B2: which of the following correct?

a) No lymph node metastases

b) One lymph node metastasis

c) Two lymph node metastasis

d) Lymph node metastasis + distant metastasis

Stage 0

Tis N0 M0

Tis: Tumor confined to mucosa; cancer-*in-situ*

Stage I

T1 N0 M0

T1: Tumor invades submucosa

Stage I

T2 N0 M0

T2: Tumor invades muscularis propria

Stage II-A

T3 N0 M0

T3: Tumor invades subserosa or beyond (without other organs involved)

Stage II-B

T4 N0 M0

T4: Tumor invades adjacent organs or perforates the visceral peritoneum

Stage III-A

T1-2 N1 M0

N1: Metastasis to 1 to 3 regional lymph nodes. T1 or T2.

Stage III-B
T3-4 N1 M0
N1: Metastasis to 1 to 3 regional lymph nodes. T3 or T4.
Stage III-C
any T, N2 M0
N2: Metastasis to 4 or more regional lymph nodes. Any T.
Stage IV
any T, any N, M1
M1: Distant metastases present. Any T, any N.

55. Colon cancer with stage 3 give the chemotherapy:
a) As soon as possible???
b) After psychological prepare
c) After 1 week

56. colon cancer stage 1 prognosis
a) More than 90%
b) 70%
c) 40%

Stage I Colorectal Cancer

Stage I tumors have spread beyond the inner lining of the colon to the second and third layers and involves the inside wall of the colon. The cancer has not spread to the outer wall of the colon or outside the colon.

Standard treatment involves surgery to remove the cancer and a small amount of tissue around the tumor. Additional treatments are not usually needed.

Aggressive surgery to remove all of the cancer offers a great potential for cure. The five-year survival rate for stage I colorectal cancer is 93% according to the American Cancer Society.

http://www.webmd.com/colorectal-cancer/guide/treatment-stage

57. Surgery in C3 colon cancer :
a) Curative ?????
b) Palliative!!!
c) Diagnostic
http://www.webmd.com/colorectal-cancer/guide/treatment-stage

58. Patient had colectomy, colonoscopy follow up should be done at
a) 3 months
b) 6 months
c) 9 months
d) 12 months
thank you Dr.Doaa

59. Patient do colectomy for colon cancer routine follow up every
a) 6 months
b) 3 months
c) 9 months
d) 1 years
thank you Dr.Doaa

60. Patient with strong genetic factor for colon cancer, what is the medication that could decrease the risk of colon cancer?
a) Zinc
b) Vitamin E

c) Vitamin C
d) Folic acid

61. Which vitamin has a protective effect against colon cancer
a) vitamin K
b) vitamin D
c) Folic acid
d) Vitamin C
http://www.hopkinscoloncancercenter.org/CMS/CMS_Page.aspx?CurrentUDV=59&CMS_Page_ID=AB041E4B-5568-46B9-8D12-BA3959A6F3F5

62. Elderly male patient underwent colectomy for colon cancer in which micrometastais was detected in the lymph nodes, what is the best explanation?
a) Good prognosis.
b) Liver metastasis.
c) It is sensitive to chemotherapy. (Dukes class C cancer best for chemotherapy)
d) It is locally advanced.

63. High risk for developing colon cancer in young male is:
a) Smoking, high alcohol intake, low fat diet
b) Smoking, low alcohol intake, high fat diet
c) Red meat diet, garden's disease (Gardner syndrome)
d) Inactivity, smoking
The positive association with meat consumption is stronger for colon cancer than rectal cancer.[32] Potential underlying mechanisms for a positive association of red meat consumption with colorectal cancer include the presence of heme iron in red meat
Neoplastic polyps of the colorectum, namely tubular and villous adenomas, are precursor lesions of colorectal cancer.[8] The lifetime risk of developing a colorectal adenoma is nearly 19% in the U.S. population.[15] Nearly 95% of sporadic colorectal cancers develop from these adenomas
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2796096/

64. Right colon cancer, all true except:
a) profound anemia
b) occult blood
c) dyspeptic symptoms
d) Melena
e) RLQ mass

Ascending Colon Symptoms

Cancers in this part of the colon tend to go unnoticed for a long time. They may grow to quite large sizes before causes any symptoms. People with these malignancies may feel a mass in the right abdomen, have abdominal pain, fever, profuse sweating--especially at night--and anemia. The symptoms of anemia include weakness, easy fatigability, shortness of breath and palpitations. These symptoms are explained by the anatomy of ascending colon. The ascending colon is wider than its descending counterpart, which allows for more growth of tumor before the tumor causes symptoms. Also the tumors that develop in the ascending colon tend to grow along the wall of the colon instead of directly outward into the lumen. Symptoms on the left side of the colon are usually caused by growth outward into the lumen, obstructing the flow of feces.

http://www.livestrong.com/article/132774-colon-cancer-right-left-symptoms/

65. Male worker fall from 3rd floor to ground , the 1st step :
a) Maintains airway
b) give O2

66. 27 years old patient complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the X-Ray best effective treatment?
a) Physiotherapy
b) NSAID
c) Surgery

67. Thyroid cancer associated with:
a) Euthyroid
b) hyperthyroidism
c) hypothyroidism
d) Graves disease
Investigations

- TFTs should be performed for any patient with a thyroid nodule. However, TFTs (most patients will be euthyroid) and thyroglobulin (Tg) measurement are of little help in the diagnosis of thyroid cancer.

http://www.patient.co.uk/doctor/Thyroid-Carcinoma.htm

68. young male patient present to ER due to RTA with poly-trauma, the beast way to maintains airway in responsive poly trauma patient is ;
a) Oropharyngeal airway
b) Nasopharyngeal airway
c) Tracheostomy
d) Endotracheal intubation

- An oropharyngeal airway is for use only in unconscious patients. It is easy to insert to ensure airway patency while using a bag-valve mask ("bagging" the patient) or while preparing for endotracheal intubation.
- A nasopharyngeal airway is useful in partially conscious, intoxicated, or seizing patients to ensure a patent airway. It is contraindicated in patients with facial trauma or coagulopathy.
- A laryngeal mask airway is an airway device inserted through the mouth, with a mask that covers the larynx. It comes in different sizes, so check the package to choose the appropriate size for the weight of the patient. After inflating the cuff, the airway is secured. A laryngeal mask airway is very effective as a rescue airway, but it does not protect the patient from aspiration and should be considered only a temporary measure until definitive airway management is possible.

http://emedicine.medscape.com/article/1270888-overview#aw2aab6b3

69. Facial nerve when it exits the tempromandibular joint and enter parotid gland it passes:
a) Deep to retromandibular vein
b) Deep to internal carotid artery
c) Superficial to retromandibular vein and external carotid artery
d) Deep to ext. carotid artery
e) Between ext. carotid artery and retromandibular vessels
· It is the most lateral structure within parotid gland
The retromandibular vein (temporomaxillary vein, posterior facial vein), formed by the union of the superficial temporal and maxillary veins, descends in the substance of the parotid gland, superficial to the external carotid artery but beneath the facial nerve, between the ramus of the mandible and the sternocleidomastoideus muscle.

http://en.wikipedia.org/wiki/Retromandibular_vein

70. Old patient with positive occult blood in stool what you will do next :
a) flexible sigmoidoscopy
b) Colonoscopy
Screening for occult blood detects has been shown to have a survival benefit in a US prospective trial of occult blood testing followed by colonoscopy in those with positive tests

71. Constipation, he had previous abdominal surgery in the past. This is his AXR:
a) surgery for obstruction
b) Rectal decompression
c) Treatment of ileus ??
he did not mention the time(is it after long time ?) also the finding in xray ??

72. 70 years old patient presented with wight loss , fatigue , anemia , upper quadrant pain :
a) Acute pancreatitis
b) Chronic pancreatitis
c) Pancreatic carcinoma

Pancreatic Cancer Symptoms: Location Matters

Initially, pancreatic cancer tends to be silent and painless as it grows. By the time it's large enough to cause symptoms, pancreatic cancer has generally grown outside the pancreas. At this point, symptoms depend on the cancer's location within the pancreas:

- Pancreatic cancer in the head of the pancreas tends to cause symptoms such as weight loss, jaundice (yellow skin), dark urine, light stool color, itching, nausea, vomiting, abdominal pain, back pain, enlarged lymph nodes in the neck.
- Pancreatic cancer in the body or tail of the pancreas usually causes belly and/or back pain and weight loss.

http://www.webmd.com/cancer/pancreatic-cancer/pancreatic-cancer-symptoms

73. Old male patient, smoker??, alcoholic, fatigue, debilitated, back abdominal pain (scenario didn't mention to jaundice or lab findings), diagnosis?
a) Acute pancreatitis
b) Chronic pancreatitis
c) pancreatic Carcinoma
d) insulinoma

Patients with chronic pancreatitis usually present with persistent abdominal pain or steatorrhea resulting from malabsorption of the fats in food. Diabetes is a common complication due to the chronic pancreatic damage and may require treatment with insulin. Some patients with chronic pancreatitis look very sick, while others don't appear to be unhealthy at all.

Considerable weight loss, due to malabsorption, is evident in a high percentage of patients, and can continue to be a health problem as the condition progresses. The patient may also complain about pain related to their food intake, especially those meals containing a high percentage of fats and protein. Some chronic pancreatitis patients do not experience pain while others suffer from constant, debilitating pain. Weight loss can also be attributed to a reduction in food intake in patients with severe abdominal pain.

74. Patient with episodes of pain started in the mid left abdomen radiate to the back no nausea vomiting?? or diarrhoea not releaved by antacid not related to mael?? on Ex: non remarkable….dx:

a) Chronic pancreatitis???
b) duodenal ulcer
c) gastric ulcer
d) mesentric thrombosis

Symptoms of Chronic Pancreatitis

Upper abdominal pain and back pain with nausea and vomiting are the main symptoms of chronic pancreatitis. As the disease becomes more chronic, patients may develop malnutrition, weight loss and insulin-dependent diabetes.

The pain is usually a constant, dull pain that gets worse with eating food or drinking alcohol and lessens when sitting up and leaning forward. As the disease progresses, attacks last longer and happen more often. Attacks can last only few hours or as long as several weeks.

If a large area of the pancreas is damaged, its enzymes are not produced and can't reach the intestines. As a result, food and nutrients are poorly absorbed. Bowel movements become frequent and foul smelling because of problems with fat absorption

75. Patient with upper abdominal pain, nausea, vomiting ,with back pain, he is smoker? for long time daily, fecal fat was +ve
a) acute pancreatitis
b) Chronic pancreatitis???
c) pancreatic CA
???????
smoking is more risk for cancer
symptoms and sign more likely to be chronic pancreatitis

76. Patient having epigastric pain radiate to the back increase with lying and decrease when standind, fever tachycardia. It is typical with acute pancreatitis, what is the next diagnostic step?
a) abdominal CT
b) abdominal Xray
c) ERCP
d) serum amylase and lipase

Diagnosis
The clinical manifestations of acute pancreatitis are so varied that the condition must be considered in the differential diagnosis of all instances of upper abdominal pain until the serum amylase concentration (see below) has been demonstrated to be within the normal range. Hyperamylasaemia, however, cannot be relied upon alone and must be evaluated in conjunction with the history and physical signs.
Serum amylase concentration
Elevation of the serum amylase level occurs in a number of acute abdominal emergencies such as acute cholecystitis, bowel ischaemia and perforated peptic ulcer, but a concentration in excess of 1000 IU/L (or > 4 times the upper limit of normal) is highly suggestive of acute pancreatitis
Kumar surgery

77. What is the most common complication of acute pancreatitis?
a) Abscess
b) Pseudocyst
c) Bowel obstruction

http://www.nhs.uk/Conditions/Pancreatitis/Pages/complications.aspx

and

Locoregional complications include pancreatic pseudocyst (Most common, occurring in up to 25% of all cases

http://en.wikipedia.org/wiki/Acute_pancreatitis#Most_common_causes

78. In acute pancreatitis, the most serious sequel of this:
a) Pseudocyst
b) Phlegmon
c) Malignant neuroleptic syndrome
d) Seratonin Syndrome

79. 40 years old male drug addicted and alcoholic of 25 years duration admitted with a 12-Ib weight loss and upper abdominal pain of three weeks duration. Examination reveals a mass in the epigastrium. His temperature is 99F and white cell count is 14,000.The most likely diagnosis is :
a) Pancreatic pseudocyst
b) Sub-hepatic abscess
c) Biliary pancreatitis
d) Hepatic abscess
e) Splenic vein thrombosis

Pancreatic Pseudocyst

Essentials of Diagnosis

- Epigastric mass and pain.
- Mild fever and leukocytosis.
- Persistent serum amylase elevation.
- Pancreatic cyst demonstrated by ultrasound or CT scan

80. Pancreatitis:
a) Increase by lying down
81. In acute pancreatitis the chief adverse factor is:
a) Hypercalcaemia (> 12 mg/dl)
b) Age above 40 years
c) Hypoxia.
d) Hyperamylasemia (> 600 units)
e) Gallstones

Biliary tract disease
One of the most common causes of acute pancreatitis in most developed countries (accounting for approximately 40% of cases) is gallstones passing into the bile duct and temporarily lodging at the sphincter of Oddi. The risk of a stone causing pancreatitis is inversely proportional to its size.

http://emedicine.medscape.com/article/181364-overview#aw2aab6b2b4

82. 60 years old male diagnose to have acute pancreatitis, what is the appropriate nutrition?
a) TPN
b) Regular diet with low sugar
c) High protein ,high ca , low sugar
d) Naso-jujenal tube

Early nutritional support plays an important role in preventing serious complications and ensuring optimal recovery in patients with acute pancreatitis and malnutrition.[3] Patients who cannot tolerate oral feeding are given either enteral or parenteral nutrition. In enteral nutrition, nutritional formula is administered into a feeding tube placed into the stomach or small intestine. In parenteral nutrition, nutritional formula is delivered directly into the blood through a catheter in a vein. The key difference between these 2 types of nutrition is the degree of invasiveness, which is greater for parenteral nutrition.[4]

Traditionally, patients with acute pancreatitis were either treated with strict bowel rest or given parenteral nutrition to allow the pancreas to "rest" until the serum enzyme levels returned to normal.[5,6] Unfortunately, some disadvantages are associated with the use of parenteral nutrition; one of the most serious is catheter-related sepsis.[5,7,8] Currently, enteral nutrition is preferred for patients with acute and severe pancreatitis because it is more cost-effective than parenteral nutrition and results in fewer complications.[5,9]

http://ccn.aacnjournals.org/content/28/4/19.full

and

Recently, there has been a shift in the management paradigm from TPN (total parenteral nutrition) to early, post-pyloric enteral feeding (in which a feeding tube is endoscopically or radiographically introduced to the third portion of the duodenum). The advantage of enteral feeding is that it is more physiological, prevents gut mucosal atrophy,

http://en.wikipedia.org/wiki/Acute_pancreatitis#Most_common_causes

83. Patient with right upper quadrant pain, nausea and vomiting, pain radiating to back. on examination Grey-Turner's sign and Cullen's sign Dx :
a) Acute pancreatitis
b) Acut chlocystitis

The acute attack frequently begins following a large meal and consists of severe epigastric pain that radiates through to the back. The pain is unrelenting and usually associated with vomiting and retching. In severe cases, the patient may collapse from shock.

Depending on the severity of the disease, there may be profound dehydration, tachycardia, and postural hypotension. Myocardial function is depressed in severe pancreatitis, presumably because of circulating factors that affect cardiac performance. Examination of the abdomen reveals decreased or absent bowel sounds and tenderness that may be generalized but more often is localized to the epigastrium. Temperature is usually normal or slightly elevated in uncomplicated pancreatitis. Clinical evidence of pleural effusion may be present, especially on the left. If an abdominal mass is found, it probably represents a swollen pancreas (phlegmon) or, later in the illness, a pseudocyst or abscess. In 1–2% of patients, bluish discoloration is present in the flank (Grey Turner sign) or periumbilical area (Cullen sign), indicating hemorrhagic pancreatitis with dissection of blood retroperitoneally into these areas

84. 43 year old sustained traumas to the chest present with severe short of breath with cyanosis, his right lung is silent with hyper-resonance. The FIRST step to treat this patient:
a) O2 mask
b) endotracheal tube
c) pneomonectomy
d) chest tube for drainage "tube thoracostomy"
e) series x-ray

85. 22 years old with sudden SOB and trachea deviates , the next step is :

a) Needle decompression in the 2nd intercostal space mid-clavicular line
b) Needle decompression in the 2nd intercostal space anterior-axillary line
c) Needle decompression in the 5th intercostal space mid-axillary line
d) Needle decompression in the 5th intercostal space anterior-axillary line

86. Lactation mastitis treatment is :
a) Doxycyclin
b) Ciprofloxacin
c) Ceftriaxone
d) Gentamicin
e) Cephalexin or dicloxacillin

87. Patient with mastitis the most suitable antibiotic :
a) Doxycycline
b) Dicloxacillin
c) cloxacillin
d) Flucloxacillin
e) anti staph
When antibiotics are needed, those effective against *Staphylococcus aureus* (e.g., dicloxacillin, cephalexin) are preferred.
http://www.aafp.org/afp/2008/0915/p727.html

88. Lactating women with mastitis:
a) Continue lactation
b) Clean with alcohol
c) Surgical drainage
You can safely continue breast-feeding your baby or pumping breast milk to feed your baby during illness and treatment. Your baby is the most efficient pump you have for emptying your breasts. Your breast milk is safe for your baby to drink, because any bacteria in your milk will be destroyed by the baby's digestive juices
http://www.webmd.com/parenting/baby/tc/mastitis-while-breast-feeding-treatment-overview

89. Female patient presented with tender red swelling in the axilla with history of repeated black head and large pore skin in same area: treatment is
a) Immediate surgery
b) Topical antibiotic
c) Cold compressor
d) Oral antibiotic ?????

90. 57 years old, smoker for 28 years presented with bleeding per rectum & positive guaiac test, also he has IDA:
a) **Colon CA**
b) IDA
Explanation : most likely ture , presence of risk factor old age , smoking , + gauiaic test & presentation
Guaiac test : use to detect prescnce of fecal occult blood .
Mont Reid P. 618

91. Patient with testicular mass non tender and growing on daily basis. On examination epididymis was normal, what you will do?
a) Refer pt to do open biopsy or percutaneous biopsy
b) **Refer him to do US and surgical opening**

explanation : most likely is true
because there is susceptibility of cancer , biopsy should not performed , as it raise risk of spreading cancer cell to scortm
http://en.wikipedia.org/wiki/Testicular_cancer

92. Mass in the upper back with punctum and releasing white frothy material
a) It's likely to be infected and antibiotic must be given before anything
b) Steroid will decrease its size
c) It can be treated with cryotherapy
d) **It must be removed as a whole to keep the dermis intact**
Not found .

93. Female patient with RTA, she has bilateral femur fracture "like this scenario", systolic blood pressure 70 what will you do?
a) **IV fluid**
b) blood transfusion
In hypovolemic shock , Crystalloid is the first fluid of choice for resuscitation. Immediately administer 2 L of isotonic sodium chloride solution or lactated Ringer's solution in response to shock from blood loss.

http://emedicine.medscape.com/article/432650-treatment

94. 15 years old boy with dark urine, dark brown stool, positive occult test, what to do?
a) **Isotope scan ,,**
b) Abdomen ultrasound
c) X-Ray
d) barium
needs more details ,

95. Child swallowing battery in the esophagus management:
a) bronchoscope
b) Insert Foley catheter
c) Observation 12hrs
d) **Remove by endoscope**
http://emedicine.medscape.com/article/801821-treatment#a1126

96. Best diagnostic tool in acute diverticulitis :
a) **CT**
b) Barium enema
c) colonoscopy
d) sigmoidoscopy

http://emedicine.medscape.com/article/173388-workup#a0720

97. 50 years old male complained of right iliac fossa dull aching pain. Exam showed that he had right iliac fossa mass with positive cough impulse. The examining doctor found a bluish tinge on the mass surface & the percussion tab was positive. The most likely diagnosis is :
a) **Right inguinal hernia**
b) Right femoral hernia
c) Right vaginal Hydrocele
d) Cyst of morgagni
e) Saphenavarix
explanation : from the hx the answer is most likely is true .

98. Old man with generalized abdominal pain T:38.2, absent bowel sound , X-ray: dilated small bowel and part of the transverse colon , no fluid level
a) **Pancreatitis**
b) perforated peptic ulcer
c) Bacterial colitis
d) intestinal obstruction
need more details ,
pancreatitis is most likely is true due to presence of sentinel loop
in perforated ulcer there will be air under diaghram
in intestinal obstruction , we will have other symptoms , vomiting , abdominal diste , etc ,,
bacterial colitis .. **http://emedicine.medscape.com/article/927845-clinical**

99. 24 year old patient with asymptomatic congenital inguinal hernia:
a) Immediate surgery
b) Surgery indicated when he is >35 y
c) **Elective surgery if it is reducible**
Not found

100. Gun shot in the hand in the triceps, wound sutured, later on there was swelling and pain, wound opened to find discharge, gram stain showed gram positive in chains
a) Streptococcus pneumonia gangrene
b) Staph gangrene
c) **Group A beta hemolytic streptococcus gangrene**
d) Clostridia gangrene
e) Synergetic gangrene
staph under microscope appear appear round (cocci) , and form in grape-like clusters.
Streptococcus under microscope appear like a chain (twisted chain).
Streptococcus http://en.wikipedia.org/wiki/Streptococci
Staphylococcus http://en.wikipedia.org/wiki/Staphylococcus

101. 17 years old adolescent, athletic ,with history of Right foot pain
a) **Planter fasciitis**
Planter fasciitis (heel spur syndrome)
http://emedicine.medscape.com/article/86143-clinical

102. case scenario (patient present planter fasciitis) Treatment:
a) **Corticosteroid injection**
b) Silicon

http://emedicine.medscape.com/article/86143-clinical

silicon has no role.,

103. Old male with abdominal pain, nausea, WBC 7. What is true about appendicitis in elderly?
a) CT not useful for diagnosis
b) WBC is often normal
c) **Rupture is common**
d) If there is no fever the diagnosis of appendicitis is unlikely
e) Anemia is common
http://www.appendicitisreview.com/elderly-%E2%80%93-appendicitis/

104. Appendicitis most diagnostic:
a) Fever
b) Diarrhea
c) Urinary symptoms
d) Leukocytosis
e) **Tender right lower quadrant with rebound**
Finding localized tenderness over McBurney's point is the cornerstone of diagnosis.
http://www.appendicitisreview.com/appendicitis-symptoms-and-signs/

revise Alvarado score
http://en.wikipedia.org/wiki/Appendicitis

105. The following is true in suspected acute appendicitis in a 70 years old person:
a) Perforation is less likely than usual **(perforation is more common in elderly)**
b) Rigidity is more marked than usual
c) Abdominal X-ray is not useful
d) Outlook is relatively good **(the prognosis is very bad in elderly)**
e) **Intestinal obstruction may be mimicked**
http://www.appendicitisreview.com/elderly-%E2%80%93-appendicitis/

106. all of the following suggest acute appendicitis except:-
a) fever 38.1
b) anorexia
c) vomiting
d) umbilical pain shifting to right LQ
e) **Pain improved with sitting & learning foreword**

107. Useful finding in acute appendicitis:
a) Age
b) **WBC more than 14.000**
need more answers

Studies consistently show that 80-85% of adults with appendicitis have a white blood cell (WBC) count greater than 10,500 cells/µL. Neutrophilia greater than 75% occurs in 78% of patients. Less than 4% of patients with appendicitis have a WBC count less than 10,500 cells/µL and neutrophilia less than 75%.

http://emedicine.medscape.com/article/773895-workup#aw2aab6b5b2

108. 17 years old boy presents with pain over the umbilicus 10 hours prior to admission. During transport to the hospital the pain was mainly in the hypogastrium and right iliac fossa. He has tenderness on deep palpation in the right iliac fossa. The most likely diagnosis is:
a) Mesenteric adenitis.

b) **Acute appendicitis**
c) Torsion of the testis
d) Cystitis
e) Ureteric colic.

Most likely is true from the hx

109. The most sensitive test for defining the presence of an inflammatory focus in appendicitis is:
a) The white blood count.
b) The patient's temperature.
c) **The white blood cell differential.**
d) The sedimentation rate.
e) The eosinophil count.

110. In the appendicitis the histology is:
a) **leukocyte in muscle**
b) layer lymphoid
c) tumor
d) plasma cell
· **Gross images shows**: exudate and hyperemia; opened with fecalith.
· **Micro**: mucosal ulceration; minimal (if early) to dense neutrophils in muscularispropria with necrosis, congestion, perivascular neutrophilic infiltrate. Late - absent mucosa, necrotic wall, prominent fibrosis, granulation tissue, marked chronic inflammatory infiltrate in wall, thrombosed vessels.

111. Which of the following medication can be used as prophylaxis in appendectomy?
a) Cephalexin "1st generation cephalosporin"
b) **Ceftriaxone** "3rd generation cephalosporin"
c) Metronidazole
d) Vancomycin
e) Ampicillin

Cefotetan and cefoxitin seem to be the best choices of antibiotics.
http://emedicine.medscape.com/article/773895-treatment
In nonperforated appendicitis, a single preoperative dose of cefoxitin suffices. In cases of perforation, an extended course of at least 5 days of antibiotics is advocated.
http://www.appendicitisreview.com/preoperative-preparation-of-appendicitis/

112. The peak incidence of acute appendicitis is between:
a) One and two years.
b) Two and five years.
c) Six and 11 years.
d) **12 and 18 years.**
e) 19 and 25 years.
I do not know , there are different answers , but D is most likely true .
In Mont Reid , written " peak incidence between 10-30 years of age with male predominance "
Page.207
In this site , written between 10-20 (Appendicitis is most common between the ages of 10 and 20 years but can occur at any age)
http://www.patient.co.uk/doctor/Acute-Appendicitis.htm

113. Acute appendicitis:

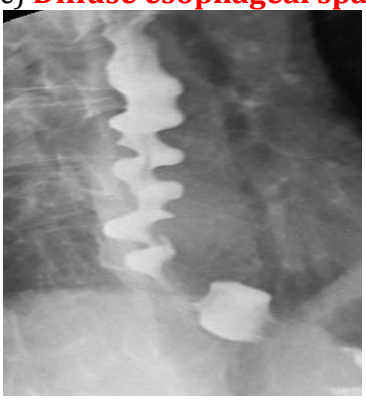
a) Occurs equally among men and women.
b) With perforation will show fecoliths in 10% of cases
c) Without perforation will show fecoliths in fewer than 2% of cases
d) **Has decreased in frequency during the past 20 years.**
e) Presents with vomiting in 25% of cases.
http://emedicine.medscape.com/article/773895-overview#a0156

114. The mortality rate from acute appendicitis in the general population is:
a) 4 per 100
b) 4 per 1000
c) **4 per 10000**
d) 4 per 100000
e) 4 per 1000000
it is not scientific pages , but that what I found ,
http://www.aafp.org/afp/1999/1101/p2027.html
also revise Mont Reid page . 207

115. acute appendicitis in children all false except:
a) leukocytosis is diagnostic (Laboratory findings may increase suspicion of appendicitis but are not diagnostic.)
b) rarely perforated if it is not well treated
c) can cause intestinal obstruction
d) need ABC before surgery for every child

116. Complication of appendicitis
a) Small bowel obstruction
b) **Ileus paralytic**
need more answers

117. Patient with retro-sternal chest pain , barium swallow show corkscrew appearance
a) Achalasia
b) GERD
c) **Diffuse esophageal spasm**



corkscrew appearance is Characteristic radiological sign of diffuse oseophageal spasm .
http://en.wikipedia.org/wiki/Diffuse_esophageal_spasm
· **Prophylaxis in appendectomy:**
1) Cefoxitin "2nd generation cephalosporin"
2) Cefotetan "2nd generation cephalosporin"
3) Unasyn "ampicillin & sulbactam"
4) Ciprofloxacin & metronidazole

118. Right upper quadrant pain and tenderness , fever, high WBC , jaundice, normal hepatic marker
a) **Acute cholecystitis**
b) Pancreatitis
c) Acute hepatitis
Explanation : most likely is Charcot's triad (Acute Cholangitis) : fever – Jaundice – right upper quadrant pain

119. Case of acute cholecystitis, what will do next?
a) **Ultrasound**
Mont Ried page . 518

120. Which drug is contraindicated in Acute cholecystitis :
a) Naproxen
b) Acetaminophen
c) **Morphine**
most likely is true , one of the affects of morphine is spasm of sphincter of Oddi

121. Patients presenting with acute cholecystitis are best treated by cholecystectomy at which time interval after admission?
a) 4 hours
b) **48 hours**
c) 8 days
d) 10 days
e) 14 days
most likely is ture , Mont Ried p. 519 „ cholecystectomy within 72 hours of symptom onset is optimal .

122. Which one of the following is true of Acalculous cholecystitis?
a) It is usually associated with stones in the common bile duct.
b) It occurs in less than 1% of cases of cholecystitis
c) It has a more favorable prognosis than calculous cholecystitis.
d) **It occurs after trauma or operation**
e) HIDA scan shows filling gallbladder
most likely is true because other answers , false
more info
http://emedicine.medscape.com/article/187645-clinical#a0218
Mont Reid P . 522

123. Young adult presented with painless penile ulcer rolled edges, what next to do :
a) CBC
b) **Dark field microscopy**
c) culturing
most likelu ulcer on genital area is chancre (syphilis) , and best investigation to do is (Dark field microscopy)
1- **http://en.wikipedia.org/wiki/Syphilis**

2- **http://en.wikipedia.org/wiki/Chancre**

124. Female presented with diarrhea for 6 months, she lost some weight, she reported that mostly was bloody , when you preformed sigmoidoscopy you found fragile mucosa with bleeding ,Dx
a) colon cancer
b) Chron's

c) **Ulcerative colitis**
d) Gastroenteritis
from hx is clear that is U.C , more info
Mont Ried P 290-292

125. Patient has long history of constipation. He presented with pain during and after defecation relieved after 30 minutes. It's also associated with bleeding after defecation. O/E: he has painful PR. Most likely diagnosis:
a) External thrombosed piles
b) **Anal fissure**
c) Fistula in ano
most likely is true , from the Hx (pain during defecation .)

126. About hemorrhoid:
a) Internal hemorrhoid is painless unless associated with prolapse
b) **More in people more than 50 years & pregnant ladies**
need more answers

127. Hemorrhoid usually occurs in:
a) **Pregnancy and portal HTN**

128. About patient with internal hemorrhoid never get prolapsed never felt pain and never get thrombosed what is your management?
a) **Increase fiber diet**
b) Give laxative
c) Do hemorroidectomy
Mont Reid P. 309

129. hemorrhoid what true
a) **pregnancy, palpable meanly internal**

130. 56 years old complaining of PR bleeding O/E external hemorrhoid " management:
a) Excision
b) Send the patient to home & follow up
c) Observation for 6 months
d) **Rigid sigmoidoscopy if normal excise it**
Not sure
there is criteria in p.309 Mont Reid

131. 42 years old male come to you complaining of discomfort in anal area, constriction of anal sphincter, spots of fresh bright red blood after defecation , blood staining on toilet paper after using it you will suspect :
a) **Hemorrhoids**
b) anal fissure
Explanation : fresh bright red blood after defecation & blood staining on toilet paper is characteristic of of hemorrhoids .

132. Fourth degree hemorrhoids, Management is:
a) **Hemoridectomy (IV)**
b) band ligation (III)
c) sclerotherapy (II)
d) Fiber diet (I)

TTT of hemorrhoids
1, 2 degree dietery modification + sitz bath
2,3 degree we can do Rubber band ligation .
Symptomtic grade 3 , 4 degree surgical hemoridectomy

http://emedicine.medscape.com/article/775407-treatment

133. Old female with hemorrhoids for 10 years, no complication, your action?
a) observe
b) surgery
c) **increase fiber diet**

134. Painful pile
a) **Excision drainage**
b) Sitz bath and steroid supp
c) antibiotic
d) Fiber food and analgesics
Mont Reid P. 310

135. The most common cause on chronic interrupted rectal bleeding is:
a) Diverticulosis
b) **Hemorrhoids**
the most common cause of massive lower GI bleeding is diverticlosis
In Q, he said chronic which means not massive but in small amount , so the answer most likely is true
Surgical recall P.321

136. 55 years old presented with bleeding. On examination found to have external hemorrhoids. One is true:
a) Advice for removal of these hemorrhoids.
b) **Do rigid sigmoidoscopy**
c) Ask him to go home & visit after 6 months.
d) Do barium enema.
Most likely is true , Mont Reid p.309

137. Which of the following is true concerning hemorrhoids? They are:
a) Usually due to cirrhosis.
b) Attributed to branches of superior hemorrhoidal artery
c) Due to high bulk diet.
d) **A source of pain and purities.**
e) Usually associated with anemia.
The most common presentation of hemorrhoids is rectal bleeding, pain, pruritus, or prolapse.
http://emedicine.medscape.com/article/775407-clinical

138. Patient with acute perianal pain since 2 days with black mass 2*3 pain increase with defecation Rx:
a) **Evacuation under local anesthesia**
Mont Reid p.310-312

139. Patient with perianal pain, examination showed tender , erythematous, fluctuant area ,treatment is
a) **Incision and drainage**
b) Antibiotic + sitz bath

we need more details , could be prineal abscess (most likely) , and could be anal fissure , Mont Reid p.310-312

140-199 by Mahmoud Alraddadi

140. 1 liter fluid deficit equals
a) 1 kg

Source: http://quizlet.com/24817188/fluidselectrolytesacid-base-management-flash-cards/
Explanation: None.
---
141. 17 years with SCA and stone in CBD, ERCP done and US shows 9 stones in GB largest one 2 cm :
a) Cholecystectomy

Source : Surgical Recall Pg. 372.

Explaination :
SCA is one of the indication to Do lap Choly. b/c of chronic hemolysis even if asymptomatic Biliary Colic.
---
142. Patient presented with pulsated abdominal mass the first do?
a) US
b) MRI

source :
http://www.cdemcurriculum.org/ssm/cardiovascular/cv_aaa.php

explaination:
Hemodynamically unstable patients with suspected AAA should be considered, Radiology studies should be kept to a minimum but Ultrasonography is the ideal study for detection of AAA. It is an extremely sensitive test and can be done at the patient's bedside.
---
143. picture of neck swelling, moving with deglutition
a) Colloid goiter
b) Thyroglossal cyst.

Explanation : No pictures in the file were seen.
· However both move with deglutition but in picture its more likely goiter
---
144. Facial suture, when should it be removed:
a) U should use absorbable suture
b) 3 to 5 Days
c) 2 weeks

Source : http://www.med.uottawa.ca/procedures/wc/e_treatment.htm
Exp. :
Optimal time for suture removal

Location	No. days
Face	3–5
Scalp	7
Chest and extremities	8–10
High tension (joints, hands)	10-14
Back	10–14

---

145. Diffuse abdominal pain "in wave like" and vomiting. The diagnosis is:
a) Pancreatitis
b) Appendicitis
c) Bowel obstruction
d) Cholelithiasis
Source : S. Recall pg. 287. - No Explanation

---

146. Patient has acute respiratory distress sydnrome presented with tension pneumothorax the most likely cause
a) Central line catheter
b) Lung damage
c) Much O2

source :
Medical Oxford \ pg. 178 .
exp. :
lung damage & release of inflammatory mediators cause Increased cap. Permeability and non – cardiogenic pulm. Edema often accompanied with organ failure – in such a case pt. will need Ventilation.

---

147. Young male healthy, come for routine examination he is normal except enlarge thyroid gland without any symptoms, what is the next step?
a) CT
b) MRI
c) US
d) Iodine study
source :
S. recall 441
exp. :
US to see solid or cystic . next Ix is FNA.

---

148. Cost effective to decrease incidence of getting DVT post op;
a) LM heparin
b) Unfractionated heparin
c) Warfarin
d) ASA
source :
Medical oxford pg. 344 & 580 .

exp. :
LM Heparin is Longer half-life and no need to monitor by aPPT (also , given once daily) it's the preferred option in Preventing & Treating Vneous Thromboembolism.

Warfarin has a narrow T index given Once daily ,Indicated for : PE, DVT , AF & Prosthetic Metalic Heart Valve.
CI : old , pregnant, severe HTN , Peptic Ulcer.

---

149. Child came with liver failure; he is not complaining of anything except of yellow discoloration of skin and now become greenish, This due to:
a) Bilirubin oxidation
Source : None
Exp. : None ☹☹☹ (I tried)

---

150. old patient complaining of fever, abdominal pain and no bowel movement for 3-5 days, now he came with gush of stool and PR reveals stool mixed with blood….next thing u will do
a) Colonoscopy

Source : S. Recall Pg. 336 (Algorithimic Pic.)
Exp. : 1st thing Rule out Upper GI Bleeding by NGT
2nd Colonoscopy if Stable
3rd Exp. Lap if unstable.

---

151. anal fissure more than 10 days, which is true
a) Loss bowel motion
b) Conservative management
c) Site of it at 12 o'clock
Source :
S. Recall pg. 331
Exp. :
Most common site posterior midline (6 o'clock) + Major cause is Constipation (1st choice says : loss of Bowel Motion ???).

Initial Rx IS conservative (Indication to Surgery : Chronic refractory to conservative).

---

152. 45 year old female come to the ER complaining of right hypochondrial pain which increases with respiration , on Ex there is tenderness over the right hypochondrium, Next investigation is
a) X-ray
b) US of upper abdomen
c) CT
Source :
S. Recall pg. 368 – 373.
Exp. :
Dx test of choice and Initial Ix in case of Ac. Choly or Cholestasis is U/S.

---

153. Paraplegia patient with ulcer in lower back 2+2 cm and lose of dermis and epidermis these ulcer in stage
a) I
b) II
c) III
d) IV
Source: First AID of USMLE pg. 98.

· Explanation:Iscemic Ulcers are graded by degree of damage
Ø Stage I: non-blanchable redness that NOT subside after relive of the pressure Ø Stage II: damage to epidermis & dermis but NOT deeper
Ø Stage III: subcutaneous tissue involvement
Ø Stage IV: deeper than subcutaneous tissue as muscles & bones

---

154. Patient with long history of UC on endoscopes see polyp and cancer lesion on left colon so ttt
a) treatment of anemia
b) Left hemicolectomy (Previous Answer)
c) total colectomy (Correct Answer)
d) remove polyp

Source :
S. Recall pg. 342 + http://colorectal.surgery.ucsf.edu/conditions--procedures/ulcerative-colitis.aspx.

Exp.:
Rx of UC with Dyspalsia in colon is either by : Total proctolectomy with ileoanal pull through or By total proctelectomy with brook ileostomy.

---

155. Patient diagnosed with obstructive jaundice best to diagnose common bile duct obstruction:
a) ERCP
b) US
Source :
S. Recall Pg. 370 + pg. 372
EXp. :
Initial Ix and Dx. Test is By U/S (Pg. 370 in Recall)
But the Best is ERCP (it's considered Diagnostic and Threaputic .. pg. 372).

---

156. a man with oblong swelling on top of scrotum increase in size with valsalva maneuver most likely Dx:
a) direct inguinal hernia
b) Indirect inguinal hernia
c) varicocele
d) femoral hernia

Source & Exp. : this one Easy ☺

---

157. patient old male with RLQ fullness with weight loss not constant bowel habit anemic pale Ix:
a) Colonoscopy

I think he meant to look for rt. Colonic cancer after doing Lab tests :P

---

158. Female patient is complaining of abdominal distension, fever and nausea abdominal x-ray showed "Ladder sign" management is:
a) Colostomy
b) Ileus treatment

c) Rectal de-obstruction
d) exploratory laparoscopy

Source :
http://www.learningradiology.com/archives06/COW%20216-SBO/sbocorrect.htm

Exp. :
Ladder sign is an x-ray sign comes with (SBO) either Dynamic or adynamic (Ileus) cause.
---
159. Patient came with neck swelling; moves when patient protrude his tongue. Diagnosis is:

a) Goiter
b) Thyroglossal Cyst
c) Cystic Hygroma

this Qs repeated it self (Qs. 143) with a different answer.
---
160. Patient complain of right iliac fossa mass so diagnosis:
a) Diverticulitis
b) Appendicitis
c) Chron's disease
Source :
First AID USMLE pg. 172
Exp. :
None
---
161. patient with heart disease complain of lower limb ischemia your advice
a) Referred to cardiology
b) Vascular surgery
c) Start heparin

This Qs. Is confusing .

Source : **First AID USMLE pg. 71 +**
http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/cardiology/peripheral-arterial-disease/

exp. : **Rx is Step By Step**

1- **Control underlying conditions(D.M – HD ..etc.) + Excersice.**
2- **ASA + Treat claudication with cilostazol**
3- **Angioplasty and stenting (Check the Site for Indication)**
4- **Surgery (arterial bypass) or amputation.**

---

162. Old patient with of IHD complain for 2 month of redness in lower leg and plus diminished in dorsalis pedis these redness increase in dependant position and limp is cold and no swelling ,diagnosis is
a) Arterial insufficiency
b) Thrombophlebitis

c) cellulites
Source:
First AID of USMLE pg. 70

---

163. Patient has history of adult respiratory distress syndrome develop pneumothorax what is the cause?
a) Positive ventilation pressure
b) O2

Source : Medical Oxford : AS Qs. 146 …

164. Surgical wound secrete a lot of discharge and u can see the internal organ through the wound
a) Wound dehiscence
b) Colistridium infection

Source: S. Recall pg.92
Explanation : None

---

165. 17 year complaining of right iliac fossa pain rebound tenderness +ve guarding what is the Ix that u will do?
a) Laparoscopy
b) ultrasound ??
c) CT scan
Source :
First AID of USMLE pg. 507
Exp. :
CT scan sensitivity 95 – 98 % more than U/S.
But in Medical Oxford (pg. 610) CT scan only if the dx is unclear ☹.

---

166. Patient has car accident which of the following trauma will happen to him?
a) Tamponade of the heart
b) flail chest
c) pneumothorax
d) all of the above

Source : None.

---

167. Patient came with trauma of the chest; on inspection you found one segment withdrawn inside in inspiration and go outside during expiration, what you suspect?
a) Flail chest
Source :
S. Recall pg. 230 + http://emedicine.medscape.com/article/433779-overview#a0103

Treatment: O2, narcotic analgesia. Respiratory support, including intubation and mechanical ventilation

---

168. Patient with right upper quadrant pain, fever, sweating, on examination tender Hepatomegaly, the investigation shows positive amoeba: what is your diagnosis?

a) Pyogenic liver abscess
b) Amebic liver abscess
Source & Exp. : None

169. Young patient feel lump in throat
a) esophageal cancer IF SEEN
b) Esophageal diverticulum
Source :
Fisrt AID of USMLE Pg. 155
Exp. :
Esophageal Diverticula
- **The second most common esophageal motility disorder (after achalasia).**
- **Cervical outpouching through the cricopharyngeal muscle is called Zenker's diverticulum. Diverticula can also occur in the middle and distal third of the esophagus.**

---

170. a photo for an ulcer above the medial malleolus asking for which one of this can help in management
a) ships biopsy
b) Compression and elevate the leg (venous ulcer)
c) Topical steroids
Source :
http://www.nhs.uk/Conditions/Leg-ulcer-venous/Pages/Treatment.aspx
Expl. :
1. **keep active by walking regularly + leg elevated.**
2. **wear only comfortable well-fitting footwear.**
3. **Ulcer dressings.**
4. **skin graft may be advised for a large ulcer**
5. **Surgery for varicose veins if existed.**

---

171. Multiple ulcers on the medial aspect of the leg with redness and tenderness around it are most likely:
a) Venous ulcers.
b) Ischemic ulcers.
c) Carcinoma.

Source:
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1363917/
Exp. :
Typical venous leg ulcer over the medial malleolus (left) and venous leg ulcer over malleolus with a fibrinous base (right).

---

172. Barrett's esophagus best management to do
a) Serial endoscopies with biopsies

Source :
First AID of USMLE pg. 155
Exp. :
Look next Qs. ☺

---

173. Patient with 10 years history of GERD that didn't relieved with antacid, EGD done & showed Barrett's esophagus & biopsy showed low grade dysplasia, management:
a) Repeated EGD & biopsy
b) Esophageal resection.
c) fundoplication.
Source :
First AID of USMLE pg. 155
Exp. :
Surgery is offered for high-grade Barrett's dysplasia.
---
174. Patient was taking anti acid medications becomes more worsening pain especially when he getting lying down, what is your diagnosis?
a) GERD
Source :
First AID of USMLE pg. 155
Exp. :
Symptomatic refl ux of gastric contents into the esophagus, most commonly as a result of transient LES relaxation. Can be due to an incompetent LES, gastroparesis, or hiatal hernia.
---
175. Diabetic, smoker comes with cold foot
a) Leg Ischemia

Source : medical oxford pg. 204. .... No explanation ☺
---
176. about Crohn's disease are true : بالنص من كتاب USMLE
a) Inflammation Involve superficial layer of intestine
b) Involve sigmoid and rectum if ("skip lesions") .
c) Decrease incidence of colon cancer
d) The rectum is often spared.???
e) Transmural inflammation is seen ???
اعتقد السؤال مكتوب خطأ
Source:
First aid OF USMLE PG. 172 (مهم جدا الاطلاع عليه)
ExP. :
Crohns => CATS : Cobblestone + anal + transmural + Skip Lesion
UC => URP : UC + Rectum + Partial wall
---
177. Crohn's disease , one of the following true:
a) It is affect superficial layer only
b) Affect rectosigmoid colon
c) Cause fistula
d) less cancer chance

Same Source as Qs. 176 : First aid OF USMLE PG. 172
---
178. 30 years old man with long history of Crohn's disease. Indication of surgery is:
a) internal fistula

b) external fistula
c) Intestinal obstruction
d) Megacolon syndrome.

Source : S. Recall pg. 344
Exp. : Most common indication of surgery in crohns is SBO .
---
179. Most common cause of surgical intervention in inflammatory bowel disease
a) Crohn's disease
b) Bleeding
c) Fistula
d) Intestinal obstruction

Source : S. Recall pg. 344
Exp. : None
---
180. How to manage mechanical intestinal obstruction?
a) Enema
b) IV stimulant
c) laxative
d) Emergency surgery
e) NGT decompression

Source : http://www.nlm.nih.gov/medlineplus/ency/article/000260.htm

Exp.:
Treatment involves placing a tube through the nose (NGT) into the stomach or intestine to help relieve abdominal swelling (distention) and vomiting.
Volvulus of the large bowel may be treated by passing a tube into the rectum.

---
181. Case scenario, patient present with intestinal obstruction, Investigation to be done:
a) X-ray supine & erect position.
b) c-scan
Source :
First AID of USMLE pg. 163
Exp. :
Abdominal X-Ray S/E often demonstrate a stepladder pattern of dilated small bowel loops, air-fluid levels .
---
182. Patient was presented by constipation, vomiting, abdominal distension, with old scar in the lower abdomen, X ray showed dilated loops with air in the rectum, what is the best initial management?
a) NGT decompression and IV line.
b) Rectal decompression and antibiotics.
c) Suppositories.

Source :
First AID of USMLE pg. 167 (جدول مهم في كتاب USMLE)
Exp. :

LB Obstruction can be relieved with a
Gastrografin enema, colonoscopy, or a rectal tube.

---

183. intestinal obstruction, all true except:
a) Increase tempreture and pulse with localize rigidity and tenderness

Source: None

Exp. : None

---

184. patient presented with abdominal pain & constipation, history of intestinal surgery for volvulus, investigation of choice:
a) Enema.
b) Barium meal.
c) Intestinal follow-through. => X

Source :

http://www.imagingpathways.health.wa.gov.au/index.php/imaging-pathways/gastrointestinal/gastrointestinal/suspected-bowel-obstruction#pathway

Exp.:

Retrograde Enema (Barium or water soluible)

---

185. when the wound clean
a) Scar formation

Source & Exp. : Last phase of wound healing is remodeling (Scar formation)

---

186. The wound will heal when:
a) become sterile
b) Formation of epithelium.
Source:
http://emedicine.medscape.com/article/1298129-overview
Exp. :
Wound Healing phases :
inflammatory phase, proliferative phase (Fibroblast), and remodeling (Scar tissue) phase.

---

187. After inflammatory phase of wound, there will be wound healing by:
a) If the wound is clean
b) Angiogenesis
c) Epithelial tissue
d) Scar formation
Source:
http://emedicine.medscape.com/article/1298129-overview

---

188. A wound stays in its primary inflammation until
a) Escher formation
b) Epitheliazation
c) after 24 hours
d) Wound cleaning
Source:
http://emedicine.medscape.com/article/1298129-overview
Exp. :

Initial phase – Hemostasis: The initial injury results in an outflow of blood and lymphatic fluid cleaning the wound and initiating a hemostatic releasing of mediators (Vasoconstrictors and coagulators)

---

189. Regarding drainage of the abscess one of the following is true:

a) carbuncle and furuncle need drainage X
b) usually give ceftriaxone and penicillin post drainage ???

Source:
http://emedicine.medscape.com/article/2014975-overview
Explanation:

· Furncle is a staphylococcal infection of a hair follicle or sebaceous gland with perifolliculitis, which usually proceeds to suppuration and central necrosis, treatment à subsides without suppuration
· Furunulosis: Multiple recurrent boils may occur in hairy areas, treatment à antibiotic
· Carbuncle is an infective gangrene of the subcutaneous tissues caused by Staphylococcus aureus. It is especially common with diabetes, nephritis and malnutrition
· Antibiotics should be considered in immunocompromised patients (including diabetes) or in patients with systemic signs of infection (eg, fever or leukocytosis)

· Empiric antimicrobial therapy for more serious infections should cover methicillin-resistant *Staphylococcus aureus* (MRSA).

---

190. patient sustained abdominal trauma and was suspect intra-peritoneal bleeding, the most important diagnostic test :
a) CT scan "if the patient stable"
b) Diagnostic peritoneal lavage DPL.

source :
Mont Reid (5th Edition) pg. 173 & 172 Or Recall pg. 238
Explanation:
CT scan for Stable Pt. (Both Intrabdominal or Retroperitoneal) preferably w/o Oral Contrast.
DPL for Unstable Pt. (Poor Evaluation of Retroperitoneal Injuries)

---

191. Peritoneal lavage in trauma patient :
a) 100000 RBCs.
b) 2 ml gross blood.
c) 2 ml in pregnant lady.
d) DPL is useful for patients who are in shock and when FAST capability is not available. ????

Source:
Mont Reid (5th Ed.) Pg. 173. Or Recall pg. 238
Explanation:

DPL : in OR

1- **Considered Grossly +ve if >10 ml of blood is present on Initial Aspiration.**

2- After Instilation of Na. Saline look for 100,000 RBCS in Blunt Trauma .
3- In Pregnant or Pelvic Fractures Injures DPL is performed Above Umbilicus.
4- Must Place NGT & Foley before Procedure.

FAST in ER
is Useful in Pt. with Blunt trauma who are Hemodynamically Unstable + Quick and Noninvasive.

---

192. Patient came to ER with closed head injury and loss of consciousness , first step to do :
a) Asses his GCS
b) Asses airway
Source:
Mont Reid (5th Ed.) Pg. 169 + 170.

Explanation :
ABCDE + F

---

193. In abdominal trauma, all true except:
a) Spleen is the common damaged organ
b) Badly injured spleen need splenectomy
c) Abdominal lavage (DPL) often exclude abdominal hemorrhage
d) Abdominal examination often accurate to localize the site of trauma
Source:
Mont Reid (5th Ed.) Pg. 173. Or Recall pg. 238
Exp. :
Poor Evaluation of Retroperitoneal Injuries

---

194. What is necessary condition to do abdominal lavage in RTA?
a) comatose patient with hypotension
b) conscious patient with severe abdominal pain
c) patient with pelvic fracture
Source:
Mont Reid (5th Ed.) Pg. 173. Or Recall pg. 238
Explanation :
Unstable (Hypotension + Unconscious) need Emergent OR – By DPL

---

195. Most commonly affected organ in blunt abdominal trauma is:
a) Liver (In Recall)
b) Spleen (Previous Answer ???)
c) Kidney
d) Intestine
Source : S. Recall Pg. 243

---

196. Central venous line for TPN, dr. order to give 2 units of packed RBCs and the nurse give it through CVL, after 2 hrs patient become unconscious and comatose. What is the most common cause:
a) Late complication of blood transfusion.
b) Electrolytes imbalance.
c) Hyponatremia.
d) Septic shock
e) Wrong cross mach
Source :

S. Recall Pg. 163
Explanation:
TPN components :
Protien + Carbs + Lipid + H2O + Electrolytes + Vitamins +/- Insulin
No Blood ☺

---

197. 2 month infant with vomiting after each meal, he is in 50 centile ,He passed meconium early and stool , diagnosis is:
a) Midgut volvulus
b) Meconium ileus
c) Hirschsprung disease
Source :
S. Recall Pg. 540 – 547.
Explanation :
Meconium Ileus : Failure to pass meconium and Bilious Vomiting
Meconium Plug & Hirshprung : Failure to pass Meconium in the 1st 24 H.
Malrotation or Mid gut Volovulus : 2 weeks Medically free (Passed Meconium) then Sudden onset of bilious Vomiting.(Rx by Ladd's Procedure)

---

198. Newborn baby with umbilical hernia what you will say to his family?
a) Reassurance that commonly will resolved in year of life
b) Surgical management is needed urgently
c) Surgical management is needed before school age
d) Give appointment after 1 month
Source :
S. Recall Pg. 537.
Explanation :
Indication of Umblical H. Surgical Repair :

1. **> 1.5 cm defect**
2. **Bowel Incarceration**
3. **Persisted > 4 Years of age**

---

199. Indirect inguinal hernia in relation to spermatic cord (lateral to inferior epigasrtic vein)
a) Antero lateral (superior lateral).
b) Posterior superior
c) Lateral superior
d) Lateral inferio

Source :
S. Recall Pg. 536.
Explanation :
Hernial Sac lies Anteromedial to other Structures.

Within the Spermatic Cord , Vas Lies medial To testicular Vessels.

200-249 by Umar Alabbasi

200. Thyroid nodule , best investigation :

a) **Fine needle biopsy**
b) Ultrasound
c) Uptake

*FNAB has emerged as the most important step in the diagnostic evaluation of thyroid nodules.[11] Data from numerous studies have established FNAB as highly accurate, with mean sensitivity higher than 80% and mean specificity higher than 90%
* http://emedicine.medscape.com/article/127491-overview#aw2aab6b4

201. Pathological result from thyroid tissue showed papillary carcinoma, the next step:
a) **Surgical removal**
b) Apply radioactive I131
c) Give antithyroid drug
d) Follow up the patient
* In papillary tumors of the thyroid, total thyroidectomy is the surgical treatment of choice for a number of reasons. Papillary foci involving both lobes are found in some 60-85% of patients. About 5-10% of recurrences in patients who have only had a lobectomy develop in the remaining lobe. Also, at 20 years after initial surgery, patients who had undergone total thyroidectomy had a recurrence rate of 8%, whereas those who had received only a lobectomy had a recurrence rate of 22%. Survival rates were, however, comparable.
* http://emedicine.medscape.com/article/282276-treatment#a1128

202. Which of the following suggest that thyroid nodule is benign rather that malignant?
a) History of childhood head and neck radiation
b) Hard consistency
c) Lymphadenopathy
d) **Presence of multiple nodules**
(MONT REID surgery)
***Findings suggest malignancy:**
-Firm non-tender nodule
-Fixed nodules does not move with swallowing
-Cervicle lymphadenopathy
-Hx of external head & neck radiation
-age below 20 or above 70
-Recent onset of hoarsness of voice
-Family Hx of thyroid cancer or MEN ||

203. Old patient with cramp abdominal pain, nausea, vomiting and constipation but no tenderness Dx
a) Diverticulitis
b) Colon cancer
c) **Obstruction**

Typical signs & symptoms of
obstruction. Read (MONT REID surgery)
-both A-B can give large bowel obstruction and can present without obstruction.

In Small:
1- commenest cause adhesions if there's Hx of previous operations, if not consider hernias.
2- bilious vomiting (early) + minimal destention
In large:
1- commenest cause is colon cancer 60% according to (MONT RIED surgery) then diverticulitis.
2- destention+ conctipation then feculent emesis (late)

Diverticulitis: Pt has fever + tender left iliac fossa

204. A 48 years old man complaining of right lower quadrant pain, bleeding per rectum, nausea & vomiting. What is the best pre-operative investigation?
a) Air contrast enema

b) Fecal occult blood
c) CBC
d) **Colonoscopy**
signs and symptoms suggest colon cancer which needs **colonoscopy**
*Read the Q carefully in the exam and make sure there's no hent toward **Diverticulitis where colonoscopy is Contraindicated C/I ... Diverticulitis typically present with left iliac pain but it can present with Right iliac fossa pain & rectal bleeding and it's usually associated with fever.**
http://www.mayoclinic.com/health/colon-cancer/DS00035/DSECTION=tests-and-diagnosis
http://www.webmd.com/digestive-disorders/tc/diverticulitis-symptoms

205. Hypernatrmia
a) **slowly correction to prevent cerebral edema**
saline should be started at a rate of 100mL/h or less initially to avoid rapid correction
https://www.clinicalkey.com/topics/nephrology/hypernatremia.html
Acute symptomatic hypernatremia, defined as hypernatremia occurring in a documented period of less than 24 hours, should be corrected **rapidly**.
- Chronic hypernatremia (>48 h), however, should be corrected more **slowly due to the risks of brain edema during treatment**
http://emedicine.medscape.com/article/241094-treatment

206. 6 months baby with undescending testis which is true:
a) **Tell the mother that he need surgery**
b) in most of the cases spontaneous descent after 1 year
c) surgery indicated when he is 4 years
d) unlikely to become malignant
he's 6 months ... He needs surgery
surgery (**Orchiopexy)** by 6–12 months of age (most testes will spontaneously descend by 3 months).
▪ If discovered later, treat with orchiectomy to avoid the risk of testicular
Cancer.
First Aid of the USMLE step 2 page

207. Undescended testes
a) surgery 6-18m
in previous Q you can find explanation

208. Initial management for Frost bite patient:
a) Debridement
b) beta blocker
c) corticosteroid
d) **Immersion in 40 C.**
http://www.emedicinehealth.com/frostbite/page8_em.htm

209. The causative organism of psudomembranous colitis is:
a) **Clostridium difficile**
Pseudomembranous colitis is inflammation of the colon that occurs in some people who have taken antibiotics. Pseudomembranous colitis is sometimes called antibiotic-associated colitis or C. difficile colitis
http://www.mayoclinic.com/health/pseudomembranous-colitis/DS00797
210. What is the diagnosis?
a) **Viral Warts**
???

I think it was a pic !!

211. Common site of anal fissure is :

a) Anterior

b) **Posterior**

c) Lateral

The most **common location** for an **anal fissure** in both men and women (90% of all fissures) is the midline posteriorly in the anal canal
http://www.medicinenet.com/anal_fissure/article.htm

212. Patient is complaining of 10 days anal fissure:

a) **Conservative management**

b) So deep reaching the sphincter- Right answer (extend from dentate line to anal verge)

c) At site of 12:00- Right answer (usually in the posterior midline)

d) Associated with loose bowel motion- (associated with spasm of anal sphincter)

MONT REID surgery

Non-operative management is usually the 1st step in treatment of anal fissure

213. 40 years female with BMI >28, what is your management?

a) Reduce calorie intake to 800 /day

b) **In general reduce calorie intake**

The key to weight loss is reducing how many calories you take in. You and your health care providers can review your typical eating and drinking habits to see how many calories you normally consume and where you can cut back. You and your doctor can decide how many calories you need to take in each day to lose weight, but a typical amount is 1,000 to 1,600 calories.
http://www.mayoclinic.com/health/obesity/DS00314/DSECTION=treatments-and-drugs

214. 50 years old patient come with history of weight loss, palpitation, cold preference and firm neck swelling, the diagnosis is:

a) Simple goiter.

b) Diffuse toxic goiter (gravis disease).

c) **Toxic nodular goiter.**

d) Parathyroid adenoma.

e) Thyroiditis.

Toxic nodular goiter (TNG) (or Plummer syndrome) is a condition that can occur when a hyper-functioning nodule develops within a longstanding goiter. This results in hyperthyroidism, without the ophthalmologic effects of increased levels of thyroid hormone as in Grave's disease. These toxic multi or uni-nodular goiters are most common in women over the age of 60.

1-**Pt here above 50**

2-no eye signs .. Excludes graves disease

215. true about gastric lavage:

a) Safer than induce vomiting in semi-conscious pt

b) Patient should be in lateral position when you want to do it

c) **Useless if ASA was ingested >8 hrs**

d) indicated with paraffin oil

the Q has more than 1 answer !!

Medical Oxford page 852 (Acute poisoning)

-Lavage if performed after 30-60 minutes will make matter worse (should performed within the 1st hour

- you should position the patient in left lateral position

- if Pt unconscious never induce vomiting

216. 58 years old very heavy alcoholic and smoker. You find 3 cm firm mass at Right Mid cervical lymph node, Most appropriate next step is :

a) CT of brain.

b) CT of trachea.
c) Fine needle aspiration biopsy.
d) **Excisional biopsy.**
e) Indirect laryngoscopy.

Pic suggests lymphoma

***Lymph node biopsy**: pathological diagnosis should be made from a sufficiently large specimen or excisional lymph node biopsy to provide samples for fresh frozen and formalin-fixed samples.[2] **Excisional node biopsy is better than fine needle or core needle biopsy,** as it allows the diagnosis of lymphomas based on the morphology of the lymph node, which is not offered by needle biopsy
http://www.patient.co.uk/doctor/Hodgkin's-Lymphoma.htm
* for both N.H.L(non-hodgkin's lymphomas) & H.L (hodgkin's lymphomas) Fine needle aspiration samples should not normally be used as the sole tissue for diagnosis
*CT scans of the thorax and abdomen are required for staging Hodgkin's lymphoma

217. A patient with penetrating abdominal stab wound. Vitals are: HR 98, BP 140/80 and RR 18. A part of omentum was protruding through the wound. What is the most appropriate next step?
a) FAST Ultrasound
b) DPL (Diagnostic peritoneal lavage)
c) Explore the wound
d) Arrange for a CT Scan
e) **Exploratory laparotomy**
the patient is hemodynamically stable which might confuse you with C.T scan, but in the Q (omentum was protruding.. Open (MONT RIED surgery)
page 687 and read (penetrating trauma indication for laparotomy)

218. 20 years old male presented with stabbed wound in the abdomen. The most appropriate statement:
a) **Should be explored**
b) Observation as long as vital signs are stable
c) Exploration depends on peritoneal lavage findings.
d) Exploration depends on ultrasound findings.
e) Exploration depends on whether there is peritoneal penetration or not.

In patients with penetrating abdominal trauma (i.e., gunshot, stab wound), the type of injury and the initial findings determine the course of action. With any gunshot wound that may have violated the peritoneal cavity, proceed directly to laparotomy. With a wound from a sharp instrument, management is more controversial. Either proceed directly to laparotomy (your best choice if the patient is unstable) or perform CT scan if the patient is stable.
USMLE step 2 secrete

219. Patient has HTN come with pulsatile abdomen swelling:
a) **Aortic aneurysm**
b) renal cause

220. Regarding hepatocellular carcinoma (Hepatoma) Which is true:
a) More common in females
b) The most common cancer in Africa and Asia
c) **Risk increased in chronic liver disease**

MONT RIED surgery :
the commenst caustive factor of HCC is chirrosis.

Hepatocellular injuries related to alchole, hepatitis C-B, fatty liver disease are the leading causes in U.S

221. A case scenario about a patient who had appendectomy, after that he has abdominal pain and constipation and absent bowel sound, the most likely cause is:

a) **Ilius paraticus**

222. Gastrectomy post-op 1 day. He has temperature 38.8 & pulse 112. What is the most common cause?

a) Wound infection (5-7 DAYS after operation)

b) Inflammatory mediator in the circulation

c) UTI

d) normal

Postoperative fever[2][3]

- Days 0-2:
  - Mild fever (temperature <38°C) (common):
    - Tissue damage and necrosis at the operation site.
    - Haematoma.
  - Persistent fever (temperature >38°C):
    - Atelectasis: the collapsed lung may become secondarily infected.
    - Specific infections related to the surgery - eg, biliary infection following biliary surgery, UTI following urological surgery.
    - Blood transfusion or drug reaction.
- Days 3-5:
  - Bronchopneumonia.
  - Sepsis.
  - Wound infection.
  - Drip site infection or phlebitis.
  - Abscess formation - eg, subphrenic or pelvic, depending on the surgery involved.
  - DVT.
- After 5 days:
  - Specific complications related to surgery - eg, bowel anastomosis breakdown, fistula formation.
  - After the first week:
    - Wound infection.
    - Distant sites of infection - eg, UTI.
    - DVT, pulmonary embolus

223. Old female with pubic itching with bloody discharge, then she developed pea shaped swelling in her labia, most likely:

a) Bartholin cyst

b) Bartholin gland carcinoma

c) Bartholin abscess

I couldn't find the exact answer from the given scenario, it could be cyst or abscess.. but for me it's **cyst** because it's not painful & there's no sign & symptoms of inflammation.

http://www.patient.co.uk/health/bartholins-cyst-and-

224. Healthy femal came to your office complain of lesion in her vagina that stared since just 24 h . O/E there is cystic mass lesion non tener measure 3 cm on her labia , what is the the most likely Dx :

a) **Bartholin cyst**

b) Vaginal adenosis

c) schic cyst

d) hygroma

· **Bartholin's duct cyst**: The most common large cyst of vulva – Caused by inflammatory reaction with scaring and occlusion or by trauma – Asymptomatic, abscess – Marsupialization, excision
· **Sebaceous cyst**: The most common small cyst of vulva – Resulting from inflammatory blockage of sebaceous duct – Excision, heat, incision and drainage

225. Woman complains of non fluctuated tender cyst for the vulva. Came pain in coitus & walking, diagnosed Bartholin cyst what is the treatment?
a) **Incision & drainage**
b) Refer to the surgery to excision
c) reassurance the pt
d) give AB
http://www.mayoclinic.com/health/bartholin-cyst/DS00667/DSECTION=treatments-and-drugs

226. all of the following are signs & symptom of IBD except:-
a) bleeding per rectum
b) **feeling of incomplete defecation**
c) Mucus comes with stool
d) Weight Loss
e) Abdominal distention
http://www.mayoclinic.com/health/inflammatory-bowel-disease/DS01195/DSECTION=symptoms
http://emedicine.medscape.com/article/179037-clinical

227. 27 years old female C/O abdominal pain initially periumbilical then moved to Rt. Lower quadrant … she was C/O anorexia, nausea and vomiting as well, on examination: temp.38c, cough, tenderness in right lower quadrant but no rebound tenderness. Investigations: slight elevation of WBC's otherwise insignificant… The best way of management is:
a) go to home and come after 24 hours
b) **admission and observation**
c) further lab investigations
d) start wide spectrum antibiotic
e) paracetamol
Pic. Of appendicitis , should be admitted
Alvardo score: A score below 5 is strongly against a diagnosis of appendicitis,[34] while a score of 7 or more is strongly predictive of acute appendicitis. In patients with an equivocal score of 5 or 6, a CT scan is used to further reduce the rate of negative appendicectomy

Alvarado score Migratory right iliac fossa pain	1 point
Anorexia	1 point
Nausea and vomiting	1 point
Right iliac fossa tenderness	2 points
Rebound tenderness	1 point
Fever	1 point
Leukocytosis	2 points
Shift to left (segmented neutrophils)	1 point
Total score	**10 points**

228. Patient known case of DM presented to u with diabetic foot (infection) the antibiotic combination is:

a) **ciprofloxacin & metronedazole**
- Read Diabetic foot infections - Med-scape
- cipro is a fluoroqunilone used mainly against gram -ve & pseudomonas infections but it also cover +ve, it can be used in the ttt of diabetic foot infection but the right drugs choose n according to the C/S results... I need to see other choices that include gram +ve coverage

229. 2 weeks post- anterior posterior repair, a female complain of urine passing PV with micturation. What is the Diagnosis?
a) **Urethrovaginal fistula**
b) uretrovaginal fistula
c) vesicovaginal fistula
d) sphincter atony
e) Cystitis.

230. Case scenario patient present with 3 days history of bleeding per rectum , present of pain after defecation , by examination (mass at 3 o'clock) : Treatment:
a) **Put a sitz bath 5 times a day.**
b) NSAID ointment locally.
c) Ligate the mass then remove it.
Pic of anal fissure
http://www.mayoclinic.com/health/anal-fissure/DS00762/DSECTION=treatments-and-drugs

231. 25 years old man has a right inguinal herniorrhaphy and on the second day post-operative he develops excruciating pain over the wound and a thin, foul-smelling discharge. His temperature is 39◦ C and his pulse rate is 130/min. A gram stain of the exudate shows numerous gram positive rods with terminal spores. The most important step in management of this patient is:
a) Massive intravenous doses of penicillin G
b) Administration of clostridia antitoxin
c) Wide surgical debridement
d) Massive doses of chloramphenicol
e) **Wide surgical debridement and massive doses of penicillin G**

232. Complication of laparoscopic cholecystectomy all except:
a) Bile leak
b) Persistent pneumoperitonium
c) Shoulder tip pain
d) **Ascites**
e) Supraumbilical Incisional hernia
http://emedicine.medscape.com/article/1582292-overview#a17

233. A 55 yr old man presenting with history of streaks of blood in stool and dull pain on defecation that persists for half an hour after defecation, on examination there was a 3x2 cm thrombosed mass at 3 o'clock. What is the management?
A) Sitz bath 5 times/ day.
B) **Application of local anesthetic and incision.**
c) Application of antibiotic
d) Band ligation and wait for it to fall
e) Application of local anesthetic ointment
MONT RIED surgery page 301
Thrombosed external hemorrhoid should be excised if seen within 48 hours, beyond this time conservative

therapy with analgesics & sits path is appropriate

234. Case scenario patient present with acute symptoms of bloody diarrhea, Diagnosis, acute ulcerative colitis, the initial treatment for this patient :

a) corticosteroid therapy
b) methotrexate
c) Aminosalicylic acid "Not 5-ASA"
d) **sulfasalzine** "5-ASA"

MONT RIED surgery

Aminosalicylates 5-ASA (sulphsalazine-mesalamine-osalazine-balsalazide) 1st line agent for mild to moderate U.C

235. The most common sign for the aortic aneurysm is the

a) Erythema nodosum

· Before rupture, an AAA may present as a large, pulsatile mass above the umbilicus. A bruit may be heard from the turbulent flow in a severe atherosclerotic aneurysm or if thrombosis occurs. Unfortunately, however, rupture is usually the first hint of AAA.
· Once an aneurysm has ruptured, it presents with a classic pain, hypotension and mass triad.

236. 15 years old with pilonidal sinus so treatment

a) **Incision surgery**
b) local antibiotic
c) daily clean

1st aid USMLE step 2

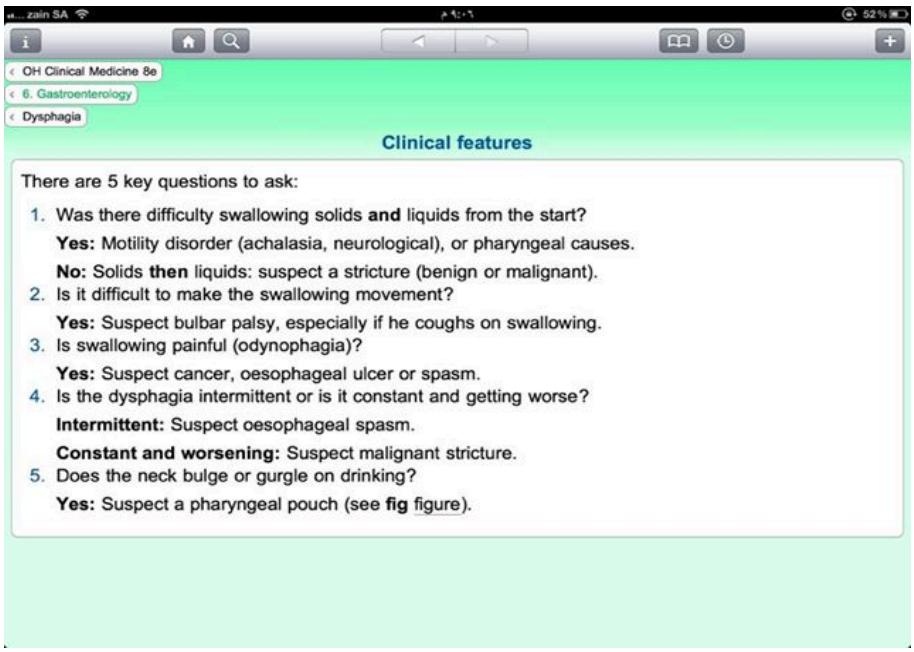
Treatment

- Treatment consists of incision and drainage of the abscess under local anesthesia followed by sterile packing of the wound. Abscesses should be allowed to heal by 2° intention.
- Antibiotics are not needed unless cellulitis is present; if they are prescribed, both aerobic and anaerobic coverage is required.
- Good local hygiene and shaving of the sacrococcygeal skin can help prevent recurrence. Patients should follow up with a surgeon.

237. Causes of Dysphagia of food more than liquid are :

a) **Carcinoma**
b) stricture
c) Plummer vision syndrome = web (iron deficiency anemia + golssitis)

Read Dysphagia in Medical Oxford to differentiate types of dysphagia



238. RTA with hip dislocation and shock so causes of shock is

a) **Blood lose**

b) Neurogenic

shock is related to RTA but not to dislocation itself, read complications of hip dislocation

239. About head and neck injury

a) Hoarseness of voice and Stridor can occur with mid facial injury - it can occur with **laryngeal** injury

b) tracheostomies contraindicated - not C/I

c) **Facial injury may cause upper air way injures**

Facial Fractures and Upper Airway Injuries:

- in pts with major frxs of the mandible and maxilla (Lefort III) in whom massive edema has yet to occur, oral intubation is preferred, and if required is usually easily accomplished;
- blind nasal intubation following major facial injury is discouraged because of the hazard of potential false passages into nasal sinuses and cranial vault;
- injuries of the Larynx may cause rapid respiratory obstruction and require immediate tracheostomy;
- in less urgen situation, a history of trauma to the head and neck, stridor, hoarseness, and crepitus in the neck are all suggestive or laryngeal injury;

http://www.wheelessonline.com/ortho/cranio_maxillary_facial_injuries

240. What is the percentage of The Benign tumors of the Stomach?

a) **7%**

b) 20%

c) 77%

d) 90%

Benign tumors of the stomach are uncommon, with an incidence of 0.4% in autopsy series and 3-5% in upper endoscopic series, most of them performed for unrelated reasons. Polyps account for 3.1% of all gastric tumors, and their frequency increases to almost 90% of benign gastric tumors

http://emedicine.medscape.com/article/189303-overview#a0199

http://www.ncbi.nlm.nih.gov/books/NBK6948/

241. The most common cause of non-traumatic subarachnoid hemorrhage:

a) **Rupture aneurysm**

b) Vessels abnormality
c) Hypertension
Of nontraumatic subarachnoid hemorrhages, approximately 80% are due to a ruptured berry aneurysm
http://emedicine.medscape.com/article/1164341-overview#aw2aab6b2b3aa

242. 21 years old is involved in a head-on collision as the driver of a motor vehicle. He is noted to be severely tachypneic and hypotensive. His trachea is deviated to the left, with palpable subcutaneous emphysema and poor air entry in the right hemithorax. The most appropriate first treatment procedure should be:
a) Arterial puncture to measure blood gases.
b) Stat chest x-ray.
c) Intubation and ventilation.
d) **Needle thoracocentesis or tube thoracotomy prior to any investigations.**
e) Immediate tracheostomy.
Tension pneumothorax
Http://emedicine.medscape.com/article/424547-treatment#aw2aab6b6b4

243. Patient presented with leg swelling, what is the best method to diagnose DVT?
a) venography
b) **Duplex US**
Ultrasonography is the current first-line imaging examination for DVT because of its relative ease of use, absence of irradiation or contrast material, and high sensitivity and specificity in institutions with experienced sonographers
http://emedicine.medscape.com/article/1911303-workup#aw2aab6b5b4

244. origin of pancreatic carcinoma:
a) **Ductal epithelium**
MONT REID surgery page 611
ductal adenocarcinoma 90% of cases

245. the most lethal injury to the chest is
a) pneumothorax
b) **Rupture aorta**
c) flail chest
d) cardiac contusion
Blunt injuries of the thoracic aorta and major thoracic arteries High-speed MVAs (motor vehicles accidents) are the most common cause of blunt thoracic aortic injuries and blunt injuries of the major thoracic arteries. Falls from heights and MVAs involving a pedestrian are other recognized causes. The mechanisms of injury are rapid deceleration, production of shearing forces, and direct luminal compression against points of fixation (especially at the ligamentum arteriosum). **Many of these patients die from vessel rupture and rapid exsanguination at the scene of the injury or before reaching definitive care**. Blunt aortic injuries follow closely behind head injury as a cause of death after blunt trauma.
http://emedicine.medscape.com/article/428723-overview#a30

246. lethal injury to the chest after motor accident:
a) puncture lung
b) spontaneous pneumothorax
c) rupture aorta
d) flail chest
e) **All of the above**

247. in acute abdomen the type of respiration is:

a) **Rapid and shallow**
b) rapid and deep
c) slow and shallow
d) Slow and deep
Examination of Acute abdomen (peritonitis)
http://www.patient.co.uk/doctor/Acute-Abdomen.htm

248. 2 tests are most specific in screening of hepatocellular cancer
a) ct and liver function test
b) **Ultrasound and alpha Fetoprotein**
c) liver biopsy and Alfa Fetoprotein
d) U/S and liver biopsy
Surveillance should be performed using ultrasonography at 6- to 12-monthly intervals, associated or not with alpha-fetoprotein (AFP) determination, in order to detect early HCC amenable to curative surgical treatment.
Read screening
http://www.patient.co.uk/doctor/hepatocellular-carcinoma

249. The most common site for visceral hemangioma is
a) **Liver**
The liver is the most common location for visceral lesions.[14,16] Hepatic hemangiomas occur 16% of the time followed by the brain (13%), intestines (13%), lungs (13%) and tongue (11%).[16] Hepatic hemangiomas are more closely associated with high output congestive heart failure, thrombocytopenia and hemorrhage, ultimate causes of morbidity in these patients.[14] Accordingly, liver involvement has been associated with a poorer prognosis.
http://dermsurgery.uams.edu/hemangiomas/classification.htm

250-299 by Bilal Alharthi

250. 25 year old woman with weight loss, heat intolerance, irritable ....
a) Hyperthyroidism
I THINK IT'S CLEAR.

251. In which group you will do lower endoscopy for patients with iron deficiency aneamia in with no benign cause:
a) male all age group
b) children
c) Premenopausal women
d) women + OCP
I believe that the purpose of this Q is to concentrate on the role of endoscopy in OLD AGE GROUPS, MEN AND WOMEN.
Here is one study published in Pubmed : http://www.ncbi.nlm.nih.gov/pubmed/16544728
and you can find more studies there.

252. Fracture of rib can cause all except:
. a) pneumothorax
. b) Hemothorax
. c) Esophageal injury
. d) Liver injury

http://www.mayoclinic.com/health/broken-ribs/DS00939/DSECTION=complications

You can see the complications in the link above.

253. Free fluid accumulate in abdominal cavity cause:
. a) Hypovolemic shock
. b) Cardiogenic shock
. c) Sepsis
. d) Emesis

It makes sense since SPONTANOUS BACTERIAL PERITONITIS is a common complication in a patient with ascites. Plus I couldn't find another answer.

254. Mallory Weiss syndrome :
. a) Mostly need surgery
. b) Mostly the bleeding stops spontaneously
. c) Associated with high mortality

http://emedicine.medscape.com/article/931141-treatment
the 4th point in the link above.

255. What is true about Mallory Weiss tear?
. a) It needs medical intervention
. b) needs endoscopy
. c) Resolved spontaneously

Same Q.

256. Old male bedridden with ulcer in his buttock 2 *3 cm ; involve muscle Which is stage : pressure ulcer
. a) 1
. b) 2
. c) 3
. d) 4

http://www.mayoclinic.com/health/bedsores/DS00570/DSECTION=symptoms

257. long case patient with RTA with Blount trauma to abdomen .patient undergo remove of distal small intestine and proximal colon, patient come after 6 month with chronic diarrhea , SOB , sign of anemia , CBC show megaloblastic anemia, What the cause of anemia :
a) folic acid deficiency.
b) Vitamin B12 deficiency.
C) Alcohol
http://www.mayoclinic.com/health/vitamin-deficiency-anemia/DS00325/DSECTION=causes

258.Conscious poly trauma patient, what is the action?
a) ABC

259. Victim of RTA came with multiple injuries to abdomen, chest and limbs. BP is 80/ 50. upper limb has upper third near amputation that bleeds profusely , what is your first thing to do :

. a) call orthopedic
. b) tourniquet the limb to stop the bleeding
. c) check the airway and breathing
. d) give IV fluid

ABC ABC ABC ABC ABC…

260. Patient hit on his chest, after 2 hours come with BP 100 /70, pulse 120, RR 40, chest x-ray show white lung field in the LT hemithorax, what is your action?

a) Thoracoectomy.

It is difficult to know the answer with only one choice given. So here is a link for the indications of thoracotomy: http://emedicine.medscape.com/article/82584-overview#a03

261. Post laparoscopic cholecystectomy patient presented with progressive Jaundice. The most appropriate investigation is:

a) ERCP

b) IV cholangiogram

ERCP can be used both diagnostically and therapeutically in a patient with CBD injury or stricture after laparoscopic cholecystectomy.

http://emedicine.medscape.com/article/1582292-overview#a17

262. Patient with infective cyst incision & drainage was done, dressing twice daily with gauze & saline. On the 3rd day post I & D the patient developed nausea, confusion, hypotension & exfoliate rash on hands & dark brown urine. The most appropriate diagnosis is:

. a) Necrotizing fasciitis
. b) Drug reaction
. c) Toxic shock syndrome
. d) Clostridium difficile

Toxic shock syndrome is common in two conditions:

1-women using tampons or diaphragms.

2-previous skin infection with staph. or strept.

http://www.mayoclinic.com/health/toxic-shock-syndrome/DS00221/DSECTION=symptoms

263. Which of following mostly occur in a patient with intracranial abscess?

. a) Cough
. b) Vomiting
. c) Ear discharge
. d) Frontal sinusitis

http://reference.medscape.com/article/212946-clinical

264. 25 years old female has had a sore left great toe for the past 4 weeks. On examination, the lateral aspect of the left toe is erythematous and puffy, with pus oozing from the corner between the nail and the skin tissue surrounding the nail. This is the first occurrence of this condition in this patient. At this time, what should you do?

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

This condition is called : Onychocryptosis or Ingrowing toenail.
I don't think C is the answer. Here is a link that explains the stages of ingrowing nail.
http://www.mayoclinic.com/health/ingrown-toenails/DS00111/DSECTION=treatments%2Dand%2Ddrugs
http://emedicine.medscape.com/article/909807-treatment

265. 28 yaers old male comes to your office with rectal bleeding and local burning and searing pain in the rectal area. The patient describes a small amount of bright red blood on the toilet paper. The pain is maximal at defecation and following defecation. The burning and searing pain that occurs at defecation is replaced by a spasmodic pain after defecation that lasts approximately 30 minutes. What is the MOST likely diagnosis in this patient?

. a) Adenocarcinoma of the rectum.
. b) Squamous cell carcinoma of the rectum.
. c) Internal hemorrhoids.
. d) Anal fissure.
. e) An external thrombosed hemorrhoid.

http://www.mayoclinic.com/health/anal-fissure/DS00762/DSECTION=symptoms

266. 40 years old female presented to the clinic with central neck swelling which is moving with swallowing. The mass is hard and the patient gave history of dysphagia. You should:

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

I'm not sure about the answer. The mass is hard with pressure symptoms. On the other hand the patient is not that old and the swelling is moving with swallowing. So the answer is either A or C.

267. anorectal abscess, all true except:

. a) first line of Rx is ABC
. b) physical sign can be hidden if it is in supra levator space
. c) usually originates from intra-sphinctric space
. d) usually originates from anal gland infection

According to Medscape: An anorectal abscess originates from an infection arising in the cryptoglandular epithelium lining the anal canal. http://emedicine.medscape.com/article/191975-overview#a0103
YOU SHOULD READ IT. IT IS A LITTLE BIT TRICKY.

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

a) Pelvic abscess

Swinging fever is a feature of intra abdominal abscess…
http://emedicine.medscape.com/article/1979032-clinical

269. Indicate strangulation
serum amylase could be elevated
always require surgery
if high obstruction the distension will be absent
NOT CLEAR.

270. Ischemic leg:
a) Golden periods 4-16 hrs
b) Nerves are first structure to be damage
c) Angiogram is done in all patient
d) Parasthesia patient are more critical than those with pain
Couldn't find a clear answer but in Bailey & Love P.900, the order of symptoms is:
Intermittent claudication
Rest Pain
Coldness
Numbness
Paresthesia
Color changes
Ulceration and gangrene

271. Acute cholangitis, all true except:
a) E-coli is most common organism
b) Septic shock is most likely complication
c) Jaundice is uncommon
d) ERCP and papillotomy is best Rx
Charcot's triad:
Fever
Right upper quadrant pain
Jaundice

272.The best method for temporary control of bleeding is:
a) arterial tourniquet
b) venous tourniquet
c) Direct finger pressure
d) adrenaline
Could not find a direct answer but most of the references go with the direct finger pressure for a start to control any bleeding.

273. Indication of tracheotomy, all true except:
a) foreign body in larynx
b) Left recurrent nerve cut
c) CA larynx
d) In some procedure which involve in radiation exposure
e) None of the above
Injury to one vocal cord results in hoarseness of voice.

274. the most effective monitoring method in pt with acute bleeding is:
a) HB
b) HCT
c) Vital sign
d) Amount of blood loss
Monitoring for patients in shock:
ECG-Pulse oximetry-Blood pressure-urine output.
"Bailey & Love Page.17"

275. Smoker coming with painless mass of lateral side of tongue, what is the diagnosis?
a) leukoplakia
b) Squamous cell carcinoma
If it says (WHITE PATCHES) then it is leukoplakia which is not always precancerous.
http://www.mayoclinic.com/health/leukoplakia/DS00458

276. 35 years old smoker, on examination sown white patch on the tongue, management:
a) Antibiotics
b) No treatment
c) Close observation
d) Excisional biopsy
http://www.mayoclinic.com/health/leukoplakia/DS00458/DSECTION=tests%2Dand%2Ddiagnosis

277. Smoking directly related to which cancer:
a) Colon
b) Liver
c) Lung cancer
Lung cancer is the most common single cancer and smoking is undoubtedly the major risk factor.
"Bailey & Love Page.884"

278. 2 years old boy has rectal pain, bleeding with perianal itching and constipation for 3 days, physical examination revealed a perianal erythematous rash which extend 2 cm around the anal ring, most likely Dx:
. a) Anal fissure
. b) Rectal polyp
. c) Ulcerative colitis
. d) Streptococcal infection
e) Malacoplakia
A case of streptococcal dermatitis.
http://www.aafp.org/afp/2000/0115/p391.html

279. Percentage of re-infarction for patient undergoing non-cardiac surgery:
. a) 5%, 3 months after the infarct
. b) 15%, 3 months after the infarct
. c) 35%, 3 months after the infarct
. d) 5%, 3-6 months after the infarct
. e) 35%, 3-6 months after the infarct
Myocardial Infarction
. Elective surgery should be deferred for 6 months after a myocardial infarct

. Risk factors for postoperative myocardial re-infarction:
  - Short time since previous infarct
  - Residual major coronary vessel disease
  - Prolonged or major surgery
  - Impaired myocardial function
. Risk or postoperative re-infarction after a previous MI is:
  - 0-3 months is 35%
  - 3-6 months is 15%
  - More than 6 months is 4%
. 60% of post operative myocardial infarcts are silent
. The mortality of re-infarction is approximately 40%

http://www.surgical-tutor.org.uk/default-home.htm?core/preop1/medical.htm~right

280. The inguinal canal is :
. a) shorter in infants than adults
. b) just above the medial 2/3 of skin crease
. c) roofed by inguinal ligament

I think it is clear.

281. Below the inguinal ligament, where is the femoral artery?
. a) Medial
. b) Lateral
. c) Anterior
. d) Posterior

The area below the inguinal ligament is called the femoral triangle and the sequence of the structures from LATERAL to MEDIAL:
-Femoral nerve
-Femoral artery
-Femoral vein
-Femoral canal which contains lymph vessels

BUT, the FEMORAL SHEATH surrounds all the femoral artery, vein, and the canal.
I don't know if the Q meant femoral sheath or triangle.

282. In the inguinal region, the integrity of the abdominal wall requires which of the following structures to be intact:
. a) Transversals fascia
. b) Lacunar ligament.
. c) Inguinal ligament.
. d) Iliopectineal ligament.
. e) Femoral sheath.

Couldn't find an answer.

283. Complications of colostomy are all the following EXCEPT:
. a) Malabsorption of water
. b) Prolapse.
. c) Retraction.
. d) Obstruction.
. e) Excoriation of skin.

http://www.nhs.uk/Conditions/Colostomy/Pages/Complications.aspx

284. Gastric aspiration :
Cuffed NGT may prevent aspiration
Very short and non-informative Q.

285. In peritonitis:
a) The patient rolls over with agony (pain)
b) The patient lies still.
c) Pulse rate is decreased.
I think the answer is B… http://emedicine.medscape.com/article/789105-clinical#a0256

286. Peritonitis
a) Can be caused by chemical erosions
b) Rigidity caused by paralytic illus
c) Complicated appendectomy by anaerobe organism
Couldn't find an answer.

287. Stress ulcers can be found in all EXCEPT:
a) Burns.
b) Aspirin.
c) CNS lesions.
d) Penicillin
I think it is clear.

288. Child with imperforated anus the most useful diagnostic procedure is:
A) Plain abdomen X-ray of with child inverted position
b) Plain X-ray abdomen
It is called invertography… http://emedicine.medscape.com/article/929904-workup#a0720

289. in affected index finger, all can be used , EXCEPT:
a) rubber tourniquet
c) xylocaine
d) adrenalin
f) ring block
I don't get it!!

290. Patient came with redness of finger, you give augmentin for one week but no improvement, so what you will do now?
. a) Incision and drainage under general anesthesia
. b) Incision and drainage under local anesthesia
. c) Give augmentin for another week
. d) Change antibiotic
Couldn't find an answer with only one symptom in the given.

291. Among the causes of Portal HTN, which of these will cause the leaset hepatocellular damage?
a) Schistosomiasis
b) Alcoholic cirrhosis
c) Post necrotic scaring
d) Cirrhosis duo to chronic active hepatitis
According to Medscape: Although hepatocellular function is spared, periportal fibrosis can lead to portal hypertension with the usual potential sequelae, including splenomegaly, ascites, esophageal variceal bleeding, and development of portosystemic collaterals.
http://emedicine.medscape.com/article/228392-overview#a0104

292. Varicose veins will affect all the following EXCEPT:
a) Short saphenous vein.
b) Long saphenous veins.
c) Popliteal vein
d) Perforaters.
Because popliteal vein is a deep vein.

293. The following are true regarding laparoscopic cholecystectomy, EXCEPT:
a) Commonest complication is wound infection.
b) Patient re-admission is frequent
c) Pt can be discharged after 1-2 days.
I think we need the rest of the choices because there is a complication of laparoscopic cholecystectomy called "Post cholecystectomy syndrome" which refers to a set of abdominal symptoms that may need admission. You can read about it here: http://emedicine.medscape.com/article/1582292-overview#a17

294. all are complication of laparoscopic cholecystectomy EXCEPT:
. a) Wound infection is the common complication
. b) Restlessness rate increases
. c) Admission duration usually less than 2 days
. d) Early mobilization
. e) Post-op pain
http://emedicine.medscape.com/article/1582292-overview#a17

295. The key pathology in the pathophysiology of venous ulceration is:
. a) The presence of varicose veins.
. b) Incompetent valves causing high venous pressure.
. c) Transudation of serum proteins.
. d) Hemosiderin deposition.
. e) Subcutaneous fibrosis.
http://emedicine.medscape.com/article/1085412-overview

296. child has tracheoesophageal fistula, all can be used in management, except
. a) Insertion of chest tube
. b) Insertion of NGT
. c) Pulmonary toilet
. d) Gastrostomy

I couldn't find a reference but I think the Q is clear.

297. Old lady, with 3 days history of perforated peptic ulcer, presented semicomatosed, dehydrated, febrile. The appropriate management:

. a) NGT with suction , systemic antibiotics and observe
. b) NGT with suction, blood transfusion ,rehydration, systemic antibiotics and closure of perforation
. c) Vigotomy and drainage procedure ,NGT with suction
. d) Hemi-gastrectomy
. e) None of the above

http://emedicine.medscape.com/article/1950689-overview#aw2aab6b6

298. All can complicate excision of abdominal aortic aneurysm, EXCEPT:

. a) Paraplegia
. b) Renal failure
. c) Hepatic failure
. d) Leg ischemia

The complications of the repair are written here:
http://www.hopkinsmedicine.org/healthlibrary/test_procedures/cardiovascular/abdominal_aortic_aneurysm_repair_92,P08291/

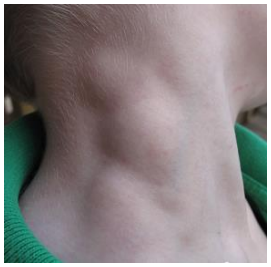
299. Indirect inguinal hernia, all are true EXCEPT:

a) You can get above it.

You can get above the HYDROCELE.
http://www.patient.co.uk/doctor/inguinal-hernias

300-349 by Mohammed Abuseif

300.Patient came with this picture, no other manifestations "organomegaly or Lymphadenopathy, what is the diagnosis?



Mononucleosis
Lymphoma
Browse's 4th edition, P.278
Can be both or even other diseases, the history is not complete.

301.Oral swelling in the mouth base:

Ranula
http://emedicine.medscape.com/article/1076717-clinical

302.Patient with vomiting & constipation, X-ray abdomen showed 3 lines, air in rectum:

Treat ileus (This include gastrointestinal decompression)

Rectal enema, decompression.
The question is not complete.
Probable Dx is ileus.
Pain is not a feature of ileus. Also the gaseous distention includes the whole small and large intestines.
The treatment is conservative.
Baily & Love's, P.1201
Air in the rectum is seen with intestinal obstruction in case of paralytic ileus.
http://www.meddean.luc.edu/lumen/MedEd/Radio/curriculum/Surgery/bowel_obstruction.htm

303.Best management of acute cholangitis is
Drain and antibiotic
Antibiotic and gastric lavage
Drain
Management of cholangitis is required full supportive measures include (rehydration, correction of clotting abnormalities and appropriate broad spectrum antibiotics). Once the patient has been resuscitated, relief of the obstruction is essential +/- cholecystectomy.
Baily & Love's, P.1126
Surgical recall P.377

304.Patient with submandibular swelling associated with pain during eating, what is your first investigation?
a) X-ray b) MRI c) CT d) US
Baily & Love's, P.755

305.Patient presented to you complaining of left submandibular pain and swelling when eating. O/E, there is enlarged submandibular gland, firm. What is the most likely diagnosis?
Mumps
Sjogren's syndrome
Hodgkin's lymphoma
Salivary calculi
Baily & Love's, P.755

306.What is the sign seen in x-ray that represents duodenal obstruction?
Double bubble sign (seen in duodenal obstruction) Surgical recall P.545
triple bubble sign (seen in jejunul obstruction) http://www.ncbi.nlm.nih.gov/pubmed/15030076
bird peak sign (bird beak appearance is seen in Achalasia) Baily & Love's, P.1036

307.Patient with lump at the back long time ago with white malodor discharge, What to do?
FNA and culture
Antibiotic
Excisional biopsy
Refer to dermatologist
Could be a chronic abscess.

308. Old patient, right iliac fossa pain, fever for 2 days, diarrhea, on CT thickness of intestinal wall, what to do?
Urgent surgical referral
Antibiotic
Barium enema.
Colonoscopy.
Maybe acute presentation of Crohn's disease with abscess formation.

Baily & Love's, P.1170/1172

309.Drug can use alone in preoperative

3rd generation cephalosporin

310.What symptom came with hiatus hernia?

Morning vomiting

anemia

increase during pregnancy

Hiatal hernias are relatively common and, in themselves, do not cause symptoms. For this reason, most people with hiatal hernias are asymptomatic. Hiatal hernias may predispose to reflux or worsen existing reflux in a minority of individuals.

The physical examination usually is unhelpful. Certain conditions predispose to the development of hiatus hernia. These include obesity, pregnancy, and ascites.

Hiatal hernias are more common in women. This may relate to the intra-abdominal forces exerted in pregnancy.

http://emedicine.medscape.com/article/178393-clinical

311. Elderly patient with RLQ fullness, weight loss, changed bowel habit, anemic and pale. What is the investigation of choice?

a) Colonoscopy

Baily & Love's, P.1181

312. 50 years old male patient, presented with just mild hoarseness, on examination: there was a mid cervical mass, the BEST investigation is:

a) Indirect laryngoscope
b) CT brain
c) CT neck
d) Throat swab

http://www.aafp.org/afp/2002/0901/p831.html, See Figure 4

313. water in the body:

a) 40% b) Difference depend on age and sex

Male: 60%

Female: 55%

Newborn: 75%

KASR EL-AINI, 7THEdition,Volume1, P.17

314. Patient underwent abdominal surgery due to intestinal perforation many years back, presented by abdominal pain, distension, constipation, what is the best investigation in this case:

a) Barium enema.

b) Ultrasound.

c) Small bowel barium study

Dx is small intestinal obstruction due to adhesion, which is the most common cause of mechanical intestinal obstruction.

Baily & Love's, P.1188

1st choice investigation in case of intestinal obstruction is supine plain abdominal x-ray.

Baily & Love's, P.1195

The most used investigation in intestinal obstruction is CT scan.

Toronto Notes 2012, GS25

Other choices needed, if CT is an answer I will choose it but if not I will choose the same answer mentioned here.

Surgical Recall P.286

315. Which of the following is true regarding Crohn's disease:
a) Partial thickness involvement.
b) Fistula formation.
c) Continuous area of inflammation.
d) Mainly involve the recto sigmoid area.
Toronto Notes 2012, G20/gs30

316. 37 years old post cholecystectomy came with unilateral face swelling and tenderness. Past history of measles when he was young. On examination moist mouth, slightly cloudy saliva with neutrophil and band cells. Culture of saliva wasn't diagnostic. What is the diagnosis?
a) Sjogren Syndrome
b) Parotid cancer
c) Bacterial Sialadenitis
d) Sarcoidosis
e) Salivary gland tumor
f) Salivary gland stone

Baily & Love's, P.755

317. Regarding screening for cancer, which of the following is true?
a) Screening for cervical cancer had decreased in recent years
b) Screening for breast cancer had decreased in recent years
c) Screening for Colorectal cancer is inadequate for the high-risk groups
d) Screening for lung cancer has reduced the mortality rate of lung cancer
e) Screening for tobacco use is now adequately done by health professionals

318. A case scenario about a patient who has on and off episodes of abdominal pain and was found to have multiple gallstones, the largest is 1 cm and they are not blocking the duct, what will you do?
a) Give pain killers medication
b) Remove gallbladder by surgery

Baily & Love's, P.1121

319. Lady presented with perforated peptic ulcer and INR=5, needs preoperatively:
a) Protamine sulfate
b) Frozen blood
c) Fresh frozen plasma
d) fresh frozen blood

320. All of these diseases are predisposing to gastric cancer except:
a) pernicious anemia
b) H. pylori
c) Linitis plastica
d) Peptic ulcer
e) All of the above
http://emedicine.medscape.com/article/278744-clinical#a0218

321. All statements are correct for papillary thyroid carcinoma except:

a) Mainly spread by lymphatic
b) Mainly spread by blood
c) Recurs very late
d) Has very favorite diagnosis
e) may present first with lymph node swelling

http://emedicine.medscape.com/article/282276-overview

322.Papillary carcinoma of the thyroid is characterized by all of the following EXCEPT:

Commonly metastasizes to the paratracheal nodes adjacent to the recurrent nerves.
Older patients have a worse prognosis than younger patients.
It is associated to childhood exposure to x-ray irradiation.
Older patients are more likely to have nodal metastases.
The tall-cell variant has a worse prognosis.

323. Relative to the complications that may be associated with thyroidectomy, which of the following statements is correct?

a) Tracheostomy should be performed routinely after surgical evacuation of a postoperative hematoma.
b) The clinical manifestations of postoperative hypoparathyroidism are usually evident within 24 hours.
c) A non-recurrent left anterior laryngeal nerve is present in every 100 to 200 patients.
d) When papillary carcinoma metastatizes to the lateral neck nodes, the internal jugular vein is routinely removed during the dissection.
e) Inadequately treated permanent hypoparathyroidism can lead to mental deterioration.

324. Femoral hernia is usually:

a) commonest hernia in females
b) Lateral to public tubercle
c) medial to pubic tubercle
d) never mistaken with lymphadenitis when strangulated

KASR EL-AINI, 7TH Edition,Volume2, P.682

325. Regarding strangulated inguinal hernia these statements are correct except:

a) more common in males than female
b) always present with tenderness
c) always present with absent impulse with cough
d) always present with obstructed gut
e) always present with tense swelling

Richter's hernia
Surgical recall P.211

326. Number 20 French catheter is:

a) 20cm long
b) 20 mm in circumference
c) 20 dolquais in diameter
d) 20 mm in diameter
e) 20 mm in radius

327. The greatest risk of developing chronic hepatitis and cirrhosis occurs after:

a) Hepatitis A infection.
b) Hepatitis B infection.
c) Hepatitis C infection.

Kumar Pocket, 4th Edition, P.140/P.143

328. 48 years old man with pyloric stenosis with severe vomiting comes into the hospital, there is marked dehydration, and the urine output 20 ml/hour. HCT 48, BUN 64mg, HCO3 – 33mEq/l, Cl 70 mEq/l, and K 2.5 mEq/l. The predominant abnormality is :

a) Aspiration pneumonia
b) Hypochloremic alkalosis
c) Salt-losing enteropathy
d) intrinsic renal disease
e) metabolic acidosis

Normal values:

All Labs abnormalities are due to severe vomiting, showing hypovolemia and hypokalemic hypochloremic metabolic alkalosis.

Surgical recall P.109

329. The incidence of surgical infection is reduced with:

a) The use of preoperative non-absorbable oral antibiotics in colon surgery.
b) Blunt multiple traumas.
c) The use of braided sutures.
d) Postoperative systemic antibiotics.
e) Advanced age.

330. Postoperative adhesions are the most common cause of small bowel obstruction. Choose the true statement about postoperative adhesions:

a) Previous appendectomy and hysterectomy are uncommon causes of late postoperative small bowel obstruction.
b) The mechanism of adhesion formation is well understood and has been eliminated by the removal of talc from gloves and by careful suturing of the peritoneum.
c) Although the cause of adhesion formation is not well understood, careful operative technique may minimize its occurrence.
d) Internal stinting is useful because it prevents postoperative adhesions.
e) In patients with postoperative small bowel obstruction, the obstruction is rarely due to adhesions.

331. Carcinoma of the colon is:

a) Predominantly found in the rectum and the left side of the colon.
b) More common in men than in women.
c) Most likely to present as an acute intestinal obstruction.
d) Associated with a second carcinoma in 20% of patients.
e) Found to have a corrected 5-year survival rate of 50% in patients with nodal involvement following a curative resection.

332. Which of the following diseases is NOT frequently associated with pyogenic liver abscesses:

a) Cholangitis secondary to biliary obstruction
b) Diverticulitis
c) Urinary tract infection
d) Hepatic artery thrombosis post liver transplant

e) Omphalitis.

333. Inflammatory bowel disease is idiopathic but one of following is possible underlying cause

a) Immunological

334. Which of the following liver tumors is often associated with oral contraceptive agents?

a) Hepatocellular carcinomas
b) Liver cell adenomas
c) Focal nodular hyperplasia
d) Angiosarcoms
e) Klatskin's tumor.

Hepatocellular adenomas occur mostly in women of childbearing age and are strongly associated with the use of oral contraceptive pills (OCPs) and other estrogens.
http://emedicine.medscape.com/article/170205-overview

335. 48 years old male patient is admitted to the hospital with acute pancreatitis. Serum amylase concentration is 5400 IU/L. He is complaining of severe generalized abdominal pain and shortness of breath. He is haemodynamically stable after appropriate intravenous fluid infusions over the first 6 hours. Which one of the following is the least significant indicator of disease severity in acute pancreatitis during the first 48 hours:

a) Raised WBC count (18000/mm2)
b) Low arterial blood oxygen tension (60 mm Hg).
c) Elevated serum amylase (5400 IU/L).
d) Thrombocytopenia (10000/mm3).
e) Elevated blood urea nitrogen (30 mg/dl).

All scoring systems to predict the severity of acute pancreatitis do not consider AST as one of the predictors. Actually, a normal level of Amylase does not exclude pancreatitis, particularly if the patient presented a few days later.
Baily & Love's, P.1140

336.Lymphedema is diagnosed most effectively by:

Complete history and physical exam
Duplex ultrasonography.
Lymphoscintigraphy.
Lymphangiography.
Magnetic resonance imaging.
http://emedicine.medscape.com/article/1087313-workup

337.Patient with vomiting, constipation, pain and distension past history 7 month appendectomy diagnosis?

Mechanical intestinal obstruction
Ileus
The most common cause of intestinal obstruction in non-virgin abdomen is adhesion.

338. determining whether the patient is euthyroid, hypothyroid or hyperthyroid is:The single blood test performed by a good laboratory that would be expected to be the most sensitive for

a) T3 uptake.
b) Total T3.

c) Total 4.
d) TSH (thyroid stimulating hormone)
e) Free T4.

339. Treatment of a patient with the clinical picture of thyroid storm should include all of the following EXCEPT:

a) Propranolol
b) Propylthiouracil.
c) Salicylates
d) Sodium iodide.
e) Acetaminophen.

http://emedicine.medscape.com/article/925147-medication

340. In a patient with elevated serum level of calcium without hypocalciuria, which of the following tests is almost always diagnostic of primary hyperparathyroidism:

a) Elevated serum level of ionized calcium.
b) Elevated serum level of chloride and decreased serum phosphorus.
c) Elevated serum level of intact parathyroid hormone (PTH).
d) Elevated 24-hour urine calcium clearance.
e) Elevated urinary level of cyclic AMP.

341. Patient develops hypoparathyroidism after thyroid or parathyroid operations. What is the treatment for Hypoparathyroidism:

a) Oral 1, 25-vitamin D and calcium.
b) Transplantation of fetal parathyroid tissue.
c) Intramuscular PTH injection.
d) Reoperation to remove the thymus.
e) Oral phosphate binders.

http://emedicine.medscape.com/article/122207-treatment

342. The most common cause of hypercalcaemia in a hospitalized patient is:

a) Dietary, such as milk-alkali syndrome
b) Drug related, such as the use off thiazide diuretics.
c) Granulomatous disease.
d) Cancer
e) Dehydration.

Malignancy is one of the most common causes and must be excluded.
Hyperparathyroidism is the most common cause of hypercalcemia in the population at large and usually is mild, asymptomatic, and sustained for years.

http://emedicine.medscape.com/article/240681-workup

343. The most common cause of dysphagia in adults is:

a) Achalasia.
b) Paraesophageal hernia.
c) Sliding hiatus hernia.
d) Carcinoma
e) Esophageal diverticulum.

344. The most common cause of esophageal perforation is:

a) Penetrating trauma.

b) Postemetic rupture.
c) Carcinoma of the esophagus.
d) Caustic ingestion.
e) Instrumentation.

Surgical recall P.36

345. Which of the following is the most potent known stimulator of gastric acid secretion?

a) Pepsinogen
b) Gastrin
c) Acetylcholine B
d) Enterogastrone
e) Cholecystokinin

346. 64 years old man has had intermittent abdominal pain caused by a duodenal ulcer (confirmed on GI series) during the past six years. Symptoms recurred six weeks prior to admission. If perforation occurs, treatment is:

a) Cimetedine with observation.
b) Laparotomy with lavage.
c) Laparotomy, lavage, over sew the ulcer.
d) As in C plus vagotomy and pyloroplasty.
e) As in C plus Billroth II gastrectomy.

Baily & Love's, P.1063

347. The most common complication of Meckel's diverticulum among adults is:

a) Bleeding
b) Perforation
c) Intestinal obstruction
d) Ulceration
e) Carcinoma

The answer is bleeding.

Baily & Love's, P.1159

348. Complications following pancreatitis may include all of the following EXCEPT:

a) Pulmonary Atelectasis
b) Altered mental status
c) Shock
d) Afferent loop syndrome
e) Sepsis

Baily & Love's, P.1143

349. regarding infection in the finger bulb, all true except:

a) Can progress to collar abscess
b) Has loose fibrous attachment
c) Causes throbbing pain

Finger pulp infection=Felon

350-359 by Bayan Alahmadi

350. Young patient admitted because of URTI and BP 120/90, 7 days after she develop acute abdomen, tenderness on examination , patient become pale ,sweaty, BP 90/60 what will you do ????:
a) Anterior abdomen CT
b) **IV fluid and observation**
c) Gastroscope
d) double-contrast barium

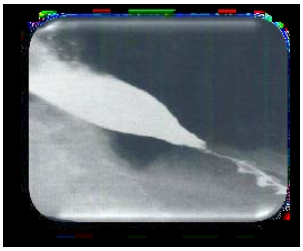
351. Female with neck swelling firm, large, and lobulated, positive antibodies against thyroid peroxidase, what is the diagnosis?
a) **Hashimoto's thyroiditis**
b) graves

352. Female patient has Ulcerative Colitis, developed red tender nodules on anterior surface of leg shin , what is the name of these nodules :
a) **Erythema nodosum**

353. Patient with mid cervical mass. Next step:
a) CT brain
b) CT neck
c) laryngoscope
d) **US**

354. Solitary thyroid nodule, what is the most valuable test?
a) US
b) **FNA**

355. What is this show?
a) **achalasia**



356. IV fluid in burn patients in given:
a) **1\2 of total fluid is given in the first 8 hours post burn**
b) 1\4 of total fluid is given in the first 8 hours post burn
c) the whole total fluid is given in the first 8 hours
d) 1\2 of total fluid is given in the first 6 hours post burn
e) 1\4 of total fluid is given in the first 6 hours post burn
Parkland formula most commonly used
IV fluid - Lactated Ringer's Solution
Fluid calculation
4 x weight in kg x %TBSA burn
Give 1/2 of that volume in the first 8 hours
Give other 1/2 in next 16 hours
Warning: Despite the formula suggesting cutting the fluid rate in half at 8 hours, the fluid rate should be gradually reduced throughout the resuscitation to maintain the targeted urine output, i.e., do not follow the second part of the formula that says to reduce the rate at 8 hours, adjust the rate based on the urine output.
Example of fluid calculation
100-kg man with 80% TBSA burn
Parkland formula:
4 x 100 x 80 = 32,000 ml
Give 1/2 in first 8 hours = 16,000 ml in first 8 hours

Starting rate = 2,000 ml/hour

357. A patient with mixed 1st& 2nd degree burns in head & neck region, what is the most appropriate management?
a) **Apply silver sulfadiazine and cream to all burned areas, cover them, IVF & admit to hospital**
b) Apply cream to 2nd degree burns and cover them, give IV fluids
c) Debridement of 2nd degree burns and ….
d) Apply silver sulfadiazine then Vaseline ointment to all areas then discharge the patient

358. 70 kg male with a 40% total body surface area burn and inhalation injury presents to your service. The fluid resuscitation that should be initiated is:
a) Lactated Ringer's solution at 350 ml/hr.
b) **D5 lactated Ringer's solution at 700 ml/hr.**
c) Lactated Ringer's solution at 100 ml/hr.
d) Normal saline at 400 ml/hr.
e) Lactated Ringer's solution at 250 ml/hr

359. Inhalation injury in burns, all true except:
a) CO is major cause of death in early stage
b) Pt should be admitted to ICU for observation even without skin burn
c) Singed vibrissae is respiratory sign

360-370 by Samah Osailan

360. Which of the following is true concerning inhalation injury?
a) Carboxyhaemoglobin level of 0.8% excludes the diagnosis.
b) Normal bronchoscopic exam upon admission excludes the diagnosis.
c) History of injury in open space excludes the diagnosis.
d) 50% of patients with positive bronchoscopy require ventilatory support.
e) **Fluid administration rate should not be decreased because of the lung injury.**
Inhalation injury has 3 components: upper airway swelling, acute respiratory failure, and carbon monoxide intoxication. Burns injury affecting the upper airway will lead to edema that narrows the airway 12-24 hours after injury
It caused by the frequent and widespread use of household cleaning agents and industrial gases or from bioterrorism-related events. victims can experience symptoms ranging from minor respiratory discomfort to acute airway and lung injury and even death.
-Patient with inhalation injury should not be feed by mouth until significant respiratory or hemodynamic compromise clearly does not require tracheal intubation. Most patients can tolerate enteral feedings at the end of the first 24 hours. Begin enteral feedings as soon as possible. As enteral intake increases, decrease intravenous fluids accordingly.

http://emedicine.medscape.com/article/1002413-overview

361. What is the first step in mild burn
a) **Wash by water with room temperature**
b) Place an ice
c) Put a butter

362. Which role used to calculate burn surface area in case of burn:
a) **Nine**
b) Seven

c) six

363. Cause of death in flame burn:
a) **Airway affection**
b) Hypovolemic shock

364. Female presented to ER with HCL burn on her face there was partial thickness burn management:
a) **Irrigation with water**
b) Irrigation with soda bi carb
c) Immediate debridement
Toronto notes 2012 /PL18

365. Middle age male came to you gunshot to his femur, when you explore you found a 5 cm destroy of the superficial femoral artery what you will do?
a) Ligation and Observation
b) **Debridement and saphenous graft**
c) Debridement and venous graft
d) Debridement and arterial graft
e) Debridement and prosthetic graft
The superficial femoral artery is the most frequently injured vessel in lower limb traumas. The traumatic agents responsible may be gunshot, blunt instrument and stab wounds. Preoperative angiography is often used to choose the most appropriate surgical approach for limb salvage. traumatic gunshot lesion of the superficial femoral artery will be surgically treated with a great saphenous vein bypass
-The great saphenous vein is the conduit of choice for vascular surgeons, for doing peripheral arterial bypass operations because it has superior long-term patency compared to synthetic grafts

366. Case of burn à **swelling, redness and hotness:**
a) prodermal
b) **1st degree of burn**
c) 2nd degree
d) 3rd degree

367. partial thickness burn:
a) **Sensitive**
b) Insensitive.
c) Will change to slough within 2-3 weeks.
d) Needs a split graft.
e) Needs a free flap.
Partial thickness burns (second degree burns)
-Superficial partial thickness burns (into superficial dermis, There is no damage in the deeper layers or in the sweat glands or oil glands):
Painful , sensation intact
-Deep partial thickness burns (into deep (reticular) dermis, and in the sweat glands and oil glands):
Insensate

368. Which of the following concerning the epidemiology of burn injury is true:
a) Most pediatric burn deaths are secondary to scald injuries.
b) Most pediatric burns occur in males.
c) The highest incidence of burns is in 18-24 year old males.
d) **One half (1/2) of pediatric burns are scalds.**

Minor burns in children younger than 4 years are caused primarily by contact with hot surfaces and by liquid scalds. After this age, a large number of heat sources (e.g., hot surface, liquid scald, grease scald, radiation, chemical) cause burn injury.
-Serious burn injuries occur most commonly in males (67%). The highest incidence of serious burn injury occurs in young adults (20-29 y) followed by children younger than 9 years. Individuals older than 50 years sustain the fewest number of serious burn injuries (2.3%)
Thermal burns / medscape
Toronto notes 2012/ PL16

369. For 15-24 year old males, the most common etiology for thermal injury involves
a) **automobiles**
the most common burn in children : scald burns
and the most common burn in adult : flame burns
Toronto notes 2012 / PL16

370. Burn involved 3 layers of the skin called:
a) Partial thickness
b) **Full thickness**
c) Superficial
d) Deep

full thickness burns: involved the epidermis and dermis with injury in the underlying tissue structures (e.g. muscle , bone, nerve)

Toronto notes 2012 / PL17

(10)

ENT

- **1-5 by:** **Samar Alofi**
- **6- 30 by:** **Shua'a Alamri**
- **31- 80 by:** **Sarah Alsani**
- **81-end by:** **Doa'a Alfraidi & Shahad Abuhussein**

1-5 by Samar Alofi

1. 56 years old present with vasomotor rhinitis
a) **Local anti histamine**
b) Local decongestion
c) Local steroid
d) Systemic antibiotic.
http://emedicine.medscape.com/article/134825-medication

2. 9 years old patient come with ear pain, red tense tympanic membrane, and negative Rhine's test with positive Weber test with lateralization (conductive loss) for TOW days only?
a) **Otitis media**
b) Otosclerosis
c) cholesteatoma
http://en.wikipedia.org/wiki/Otitis_media
http://emedicine.medscape.com/article/994656-clinical

3. The same case above BUT he said conductive hearing loss directly without those tests
a) **Otitis media**

4. A child was treated for otitis media with 3 different antibiotics for 6 weeks but without improvement. Which antibiotic is the best treatment?
a) Amoxicillin
b) Penicillin
c) Cepahlosporin (ceprofloxacin)
d) **Amoxicillin and Clavulonic acid**
e) Erythromycin and sulfamethoxazol
Amoxicillin and Clavulonic acid Excellent choice for second-line therapy in AOM or initial therapy in OME
http://emedicine.medscape.com/article/994656-medication#2

5. best treatment of otits media
a) **Amoxcillin**
http://emedicine.medscape.com/article/994656-medication#2
http://emedicine.medscape.com/article/994656-treatment

اخر تعديل سمر العوفي
1/11/1434

6- 30 by Shua'a Alamri

6. Patient was presented by ear pain , red tympanic membrane , apparent vessels , with limited mobility of the tympanic membrane , what the most likely diagnosis
a) **Acute otitis media.**
b) Tympanic cellulites.
c) Mastoditis.
· **Otitis media:** Caused by infection with Strep. Pneumonia, H. influenza. It follows URTI, this leads to swelling of the Eustachian tube, thus compromising the pressure equalization.

· Types: AOM: Viral & self-limiting. Bacterial leading to puss Bacterial infection must be treated with ABx (augmentin) if not it can lead to: Perforation of the drum, Mastoiditis, Meningitis, OM with effusion (secretory OM or Glue ear): Collection of fluid in the middle ear, leading to –ve pressure in the Eustachian tube. Can lead to conductive hearing impairment. Treatment: Myringotomy (ventilation tube or Grommet tube). CSOM: Perforation in the ear drums with active bacterial infection. Otorrhae is +ve.
Link:
http://emedicine.medscape.com/article/859316-clinical#a0256

7. Most common cause of otorrhea:
a) **acute otitis media**
b) cholesteatoma
c) leakage of cerumen
d) estichian tube dysfunction
Explanation:
The answer should be AOM with perforation, because AOM is not associated with otorrhea as a presenting sign. It is a complication of tympanic membrane perforation

8. Patient with difficulty getting air. Nasal exam showed unilateral swelling inside the nose. What is the initial treatment for this pt:
a) Decongestant
b) Sympathomimitics
c) **Corticosteroid**
Explanation:
Oral and topical nasal steroid administration is the primary medical therapy for nasal polyposis.
Link:
http://emedicine.medscape.com/article/994274-treatment

9. Nasal decongestant (Vasoconstrictive) can cause:
a) Rhinitis sicca
b) **Rebound phenomena**
c) Nasal septal perforation
· Rhinitis medicamentosa is a condition of rebound nasal congestion.
Explanation:
Rhinitis medicamentosa (RM), also known as rebound rhinitis or chemical rhinitis, is a condition characterized by nasal congestion without rhinorrhea or sneezing that is triggered by the use of topical vasoconstrictive medications for more than 4-6 days.
Link:
http://emedicine.medscape.com/article/995056-overview

10. Patient with ear pain and discharge, on examination he feels pain with moving ear pinna, normal tympanic membrane erythematous auditory canal. diagnosis
a) otitis media
b) **otitis externa**
Explanation:
The key physical finding of OE is pain upon palpation of the tragus (anterior to ear canal) or application of traction to the pinna (the hallmark of OE).
Link:
http://emedicine.medscape.com/article/994550-clinical#a0216

11. Patient with recurrent congested nose and congectivitis what would u give him.
a) **Antihistamine and oral decongestant**
Explanation:
Most cases of allergic rhinitis respond to pharmacotherapy. Patients with intermittent symptoms are often treated adequately with oral antihistamines, decongestants, or both as needed.

12. Epistaxis treatment:
a) **site upright forward w mouth open and firm press on nasal alar for 5 min**
Explanation:

Manual Hemostasis

Initial treatment begins with direct pressure. The nostrils are squeezed together for 5-30 minutes straight, without frequent peeking to see if the bleeding is controlled. Usually, 5-10 minutes is sufficient.

Link:
http://emedicine.medscape.com/article/863220-treatment#aw2aab6b6b2aa

13. One of the steps in managing epistaxis:
a) Packing the nose
b) **Press the fleshy parts of nostrils**
c) Put patient of lateral lying position

14. Patient febrile 38.5, ear ache, discharge, parasthesia and hemiparesis on the same side
a) **HZV**
b) epidural abscess
c) subdural hematoma
link:
http://emedicine.medscape.com/article/1952189-overview

15. Young patient with congested nose, sinus pressure, tenderness and green nasal discharge, has been treated three times with broad spectrum antibiotics previously, what is your action:
a) Give antibiotic
b) **Nasal corticosteroid**
c) Give anti histamine
d) Decongestant
Explanation:
Topical steroids along with systemic antibiotics are now the key components of the medical armamentarium in the management of chronic sinusitis.
Link:
http://emedicine.medscape.com/article/232791-medication#8

16. Old man with cognitive deficit what we will screen?
a) IQ test
b) Involuntary movement test
c) **MEMORY score test**
d) Hearing test

17. Young man came with nasal bleeding from posterior septum Not known to have any medical disease or bleeding disorder MANGEMENT
a) Tampon in posterior septum
b) Screen for blood and coagulation
c) Inject septum by vasoconstrictor
d) **spray anaesthetic or vasoconstrictor**
link:
http://emedicine.medscape.com/article/80545-overview#a15

18. What is the best diagnostic test for maxillary sinusitis:
a) **CT scan**
b) X ray
c) Torch examination

d) MRI
e) US
link:
Coronal CT imaging is the preferred initial procedure.
http://emedicine.medscape.com/article/384649-overview

19. Which of the following is an indication for tonsillectomy?
a) **Sleep apnea**
b) Asymptomatic large tonsils
c) Peripharygeal abscess
d) Retropharyngeal abscess
Link:
http://reference.medscape.com/article/872119-overview#a03

20. A 45 years old lady was complaining of dizziness, sensory neural hearing loss on her left ear (8th nerve palsy), tingling sensation & numbness on her face, loss of corneal reflex. MRI showed a dilated internal ear canal (other Q C.T scan shows intracranial mass). The diagnosis is:
a) **Acoustic neuroma**
b) Glue ear
c) Drug toxicity
d) Herpes zoster
e) Cholesteatoma
Link:
http://emedicine.medscape.com/article/882876-overview#a0112

21. A child presented with earache. On examination there was a piece of glass deep in the ear canal. The mother gave a history of a broken glass in the kitchen but she thought she cleaned that completely. The best management is:
a) Refer to ENT
b) Remove by irrigation of a steam of solution into the ear
c) **Remove by forceps (don't irrigate)**
d) Remove by suction catheter
e) Instill acetone into the external auditory canal
· **N.B:** Consult an ENT specialist if the object cannot be removed or if tympanic membrane perforation is suspected.
Link:
http://emedicine.medscape.com/article/763712-overview#a11

22. A 15 years old boy present with 5 days history of pain behind his left ear and 3 days history of swelling over the mastoid. He had history of acute otitis media treated by amoxicillin but wasn't a complete course (or in other Qs he didn't took the medication). On examination he has tenderness over the mastoid bone with swelling, tympanic membrane shows absent cone reflex and mild congestion. what is the diagnosis:
a) acute otitis media
b) serious otitis media
c) **Acute mastoiditis**
d) glue ear
Link:
http://emedicine.medscape.com/article/2056657-clinical

23. Most common cause of hearing loss in children:
a) **Chronic serous otitis media**

b) Estuchian tube dysfunction
c) Ototoxic drugs
· **N.B:** presbycusis the most sensorineural hearing loss in adult and otosclerosis commonest cause of conductive hearing loss

24. 23 years old lady with one month history of nasal discharge & nasal obstruction, she complained of pain on the face, throbbing in nature, referred to the supraorbital area, worsen by head movement, walking,& stopping. On examination , tender antrum with failure of transillumination (not clear), the most likely the diagnosis is:
a) frontal sinusitis
b) **maxillary sinusitis (not sure)**
c) dental abscess
d) chronic atrophic rhinitis
e) chronic sinusitis

25. Treatment of cholesteatoma is
a) Antibiotic
b) Steroid
c) **surgery**
d) Grommet tube

26. Child with ear pain with positive pump test for tympanic membrane, treatment is:
a) **Maryngiotomy**
b) Amoxicillin/Potassium

27. child with unilateral nasal obstruct with bad odor (Fetid i.e: offensive odor)
a) unilateral adenoid hypertrophy
b) **FB**

28. Child came with inflammation and infection of the ear the most complication is:
a) Labrynthitis
b) Meningitis
c) Encephalitis
d) **Mastoiditis**
· **N.B:** If they are implying an Otitis media, then Mastoiditis is more likely to occur than Meningitis.

29. most common site of malignancy in paranasal sinuses :
a) **90% Maxillary and ethmoid sinus**
Explanation:
Approximately 60-70% of sinonasal malignancies (SNM) occur in the maxillary sinus and 20-30% occur in the nasal cavity itself. An estimated 10-15% occur in the ethmoid air cells (sinuses), with the remaining minority of neoplasms found in the frontal and sphenoid sinuses.
Link:
http://emedicine.medscape.com/article/847189-overview#a0199

30. 2 years old child with ear pain & bulging tympanic membrane, what is the diagnosis?
a) **Otitis media**
b) Otitis externa
c) Otomycosis
d) Bullous myringitis

31- 80 by Sarah Alsani

I've tried to correct my part of these question –ENT from question 39 – 80- and tried as much as I can to include my sources in words , links and pictures .

The yellow marked sentences are the right answers.

The green colored sentences are the explanation why these are the right answers

31. First step in management of epistaxis:

a) **Pinching the fleshy part of the nose**

b) Adrenaline

c) Nasal packs

d) Not interfering

1. First-aid of epistaxis:

• ABC's

• patient leans forward to minimize swallowing blood

• constant firm pressure applied for 20 min on soft part of nose (not bony pyramid)-source Toronto notes -

32. Case of temporal arteritis, what's the ttt:

a) **Corticosteroids**

Regardless of extent of neurologic involvement, oral corticosteroids remain the mainstay of treatment. – source medscape-

33. The most common cause of cough in adults is

a) Asthma

b) Gerd

c) **Postnasal drip**

CAUSES OF CHRONIC COUGH

The most common causes of chronic cough are postnasal drip, asthma, and acid reflux from the stomach. These three causes are responsible for up to 90 percent of all cases of chronic cough. Less common causes include infections, medications, and lung diseases.

Postnasal drip — Postnasal drip occurs when secretions from the nose drip or flow into the back of the throat from the nose. These secretions can irritate the throat and trigger a cough. Postnasal drip can develop in people with allergies, colds, rhinitis, and sinusitis.

Signs of postnasal drip include a stuffy or runny nose, a sensation of liquid in the back of the throat, and a feeling you need to clear your throat frequently. However, some people have so-called "silent" postnasal drip, which causes no symptoms other than a cough.

Asthma — Asthma is the second most frequent cause of chronic cough in adults, and is the leading cause in children. In addition to coughing, you may also wheeze or feel short of breath. However, some people have a condition known as cough variant asthma, in which cough is the only symptom of asthma. (See "Patient information: Asthma treatment in adolescents and adults (Beyond the Basics(."(

Asthma-related cough may be seasonal, may follow an upper respiratory infection, or may get worse with exposure to cold, dry air, or certain fumes or fragrances.

Acid reflux — Gastroesophageal reflux, also known as acid reflux, occurs when acid from the stomach flows back (refluxes) into the esophagus, the tube connecting the stomach and the throat. Gastroesophageal reflux disease (GERD) refers to symptoms caused by acid reflux. Many people with cough due to acid reflux have heartburn or a sour taste in the mouth. However, some patients with GERD have cough as their only symptom. (See "Patient information: Acid reflux (gastroesophageal reflux disease) in adults (Beyond the Basics)".)

- source uptodate - http://www.uptodate.com/contents/chronic-cough-in-adults-beyond-the-basics

34. A 5 year old child came with earache on examination there is fluid in middle ear and adenoid hypertrophy. Beside adenoidectomy on management, which also you should do?

a) **Myringotomy**
b) Grommet tube insertion
c) Mastidectomy
d) Tonsillectomy

· **N.B:**

Ø Myringotomy (is used for bulging acute otitis media) Myringotomy may be indicated in cases of AOM, recurrent AOM with effusion (RAOME), and chronic otitis media with effusion (COME) –medscae-

35. Boy 3 day after flu symptom develop conjunctivitis with occipital and nick L.N enlarged so diagnosis is

a) **adenoviruses**
b) streptococcus
c) HSV

Patients with adenoviral conjunctivitis may give a history of recent exposure to an individual with red eye at home, school, or work, or they may have a history of recent symptoms of an upper respiratory tract infection. The eye infection may be unilateral or bilateral

Typical signs of adenoviral conjunctivitis include preauricular adenopathy, epiphora, hyperemia, chemosis, subconjunctival hemorrhage, follicular conjunctival reaction, and occasionally a pseudomembranous or cicatricial conjunctival reaction. The cornea often demonstrates a punctate epitheliopathy. The eyelids often are edematous and ecchymotic. In severe cases, there can be a corneal epithelial defect. It typically begins in one eye and progresses to the fellow eye over a few days.-source medscape-

36. 50 years with uncontrolled diabetes, complain of black to brown nasal discharge. So diagnoses is

a) **mycomyosis**
b) aspirglosis
c) foreign body

· **N.B:** mycomyosis (fungal infection caused by Mycorales, affect nasal sinus & lungs, characterized by black nasal discharge, diagnosis by biopsy).

Mucormycosis Clinical Presentation :Rhinocerebral disease may manifest as unilateral, retro-orbital headache, facial pain, numbness, fever, hyposmia, and nasal stuffiness, which progresses to black discharge. Initially, mucormycosis may mimic sinusitis –source medscape-

37. Glue ear (secretory otitis media, otitis media w effusion, or **serious otitis media)**

a) **Managed by grommet tube**
b) Lead to sensorineural hearing loss
c) Pus in middle ear
d) Invariably due to adenoid

http://www.uptodate.com/contents/management-of-otitis-media-with-effusion-serous-otitis-media-in-children

38. MOST Prominent symptom of Acute otitis media

a) **Pain**
b) Hearing loss
c) Discharge

triad of otalgia, fever (especially in younger children), and conductive hearing loss – Toronto notes -

d) tinnitus

39. All are true about hoarseness in adult , EXCEPT :
a) due to incomplete opposition of the vocal cord
b) if > 3 weeks : need laryngoscopy
c) if due to overuse, advise to whisper a few weeks
d) commonly seen in bronchus Ca
e) **Feature of myxedema**

If hoarsness is present for > 2 woks in a
smoker, laryngoscopy must be done to
rule out malignancy.
Acute <2 weeks, chronic >2 weeks. –source Toronto notes -

For d (http://almostadoctor.co.uk/content/systems/-respiratory-system/lung-cancer)

Although some sources say that hypothyroidism myxedema can cause hoarsness of voice but mostly deep voice -

---

40. Regarding tinnitus all true except:
a) **A symptom that is not experienced by children.**
b) Present in anemia (iron deficiency anemia, B12 def)
c) As salicylate complication that improves with drug withdrawal
d) If associated with deafness it improves if hearing loss improves.

- . Both adults and children report experiencing tinnitus. Development of tinnitus increases in incidence with age, although the rate of tinnitus in children has been reported as high as 13%- source medscape-

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41. What is the commonest cause of otorrhea?
a) **Otitis externa**
b) CSF otorrhea
c) Liquefied eczema
d) Eustachian tube dysfunction

the most common type of otorrhea was purulent one . the most common cause of purulent otorrhea was otistis externa .. – source Pubmed-

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42. Regarding aphthous ulceration in the mounth all are true except:
a) **There is no treatment for acute ulcer**
b) Tetracyclin suspension helps in healing
c) There is immunological role in its role in its development
d) Mostly idiopathic in orgin

RSA=Recurrent aphthous ulcer can be treated topically:
Vit B12 , topical corticosteroid,topical tetracycline, anti-inflammatory agents . – source medscape -

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_____

43. Patient had horsenss of voice for 3 weeks, what is the next to do?
a) Throat swab
b) **Laryngoscopy**

If hoarsness is present for > 2 woks in a
smoker, laryngoscopy must be done to
rule out malignancy.
Acute <2 weeks, chronic >2 weeks. –source Toronto notes -

_____

44. A lady with epistaxis after quttary of the nose, all true except:-
a) Don't snuff for 1-2 days
b) Use of nasal packing if bleeds again
c) **Use of aspirin for pain**

Common causes of epistaxis: Chronic sinusitis, nose picking, Foreign bodies, Intranasal neoplasm or polyps, Irritants (e.g cigarette smoke), Medications (e.g topical corticosteroids, aspirin, anticoagulants, NSAID), Rhinitis, Septal deviation, Septal perforation, Trauma, Vascular malformation or telangiectasia, Hemophilia, Hypertension, Leukemia, Liver disease, Platelet dysfunction and Thrombocytopenia
Initial management includes compression of the nostrils (application of direct pressure to the septal area) and plugging of the affected nostril with gauze or cotton that has been soaked in a topical decongestant. Direct pressure should be applied continuously for at least five minutes and for up to 20 minutes. Tilting the head forward prevents blood from pooling in the posterior pharynx -already found in the questions -
Also Aspirin is know to have and inhibition action on platelet aggregation so it will cause more bleeding !

_____

45. Patient is complaining of right side pharynx tenderness on examination patient had inflamed right tonsil and redness around tonsil with normal left tonsil. The diagnosis is:
a) Parenchymal tonsillitis
b) Quinse parapharyngeal abscess
c) **Peritonsillar abscess "hot potato voice"**

can develop from acute tonsillitis with infection spreading into plane of tonsillar bed
• unilateral
• most common in 15 to 30 year old age group - Toronto notes -

_____

46. Child patient after swimming in pool came complaining of right ear tenderness on examination patient has external auditory canal redness, tender, and discharge the management is:
a) Antibiotics drops gentamicin or cipro avoid aminoglyco
b) Systemic antibiotics--only if cervical lymphadenopathy or cellulitis
c) Steroid drops--only if chronic
d) **Antibiotics and steroid drops "The best if both drops"**

Etiology of otitis externa :
• bacteria (-90% of OE): *Pseudomonas aeruginosa, Pseudomonas vulgaris, E. coli, S. aureus*
• fungus: *Candida albicans, Aspergillus niger*
Risk Factors
• associated with swimming ("swimmer's ear")

• mechanical cleaning (Q-tips•), skin dermatitides, aggressive scratching
• devices that occlude the ear canal: hearing aids, headphones, etc.

Treatment

• clean ear under magnification with irrigation, suction, dry swabbing, and C&S
• bacterial etiology
• antipseudomonal otic drops (e.g. gentamicin, dprotloxadn) or a combination of antibiotic and steroid (e.g. Garasone• or Cipro He-)
• do not use aminoglycoside if the tympanic membrane (TM) is perforated because of the risk of ototoxicity
• introduction of fine gauze wick (pope wick) if external canal edematous
• ± 3% acetic add solution to acidify ear canal (low pH is bacteriostatic)
• systemic antibiotics if either cervical lymphadenopathy or cellulitis
• fungal etiology
• repeated debridement and topical antifungals (gentian violet, Mycostatin• powder, boric add, Locacorten•, Viofonn• drops)
• ± analgesics
• chronic otitis extema (pruritus without obvious infection) -+ corticosteroid alone e.g. diprosalic Acid - according to Torronto notes and right answer is A not E – but I think the question is all true except and in this case the answer would be c -

---

47. Child came with inflammation and infection of the ear the most complication is:

a) Labrynthitis can be but not the most common
b) **Meningitis most common intracranial complication but for extracranial is posturicular abscess**
c) Encephalitis

if they mean by ear infection "otitis media " so B is the right answer.
Complications of AOM
- otologic:
• TM perforation
• chronic suppurative OM
• ossicular necrosis
• cholesteatoma
• persistent effusion (often leading to hearing loss)
- CNS:
• meningitis
• brain abscess
• facial nerve paralysis
- other:
• mastoiditis = its postauricular
•labyrinthitis
• sigmoid sinus thrombophlebitis -source Toronto notes -

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48. Anosmia (unable to smell)

a) Frontal
b) Occipital
c) **Temporal**
d) Parietal

Frontal Lobe

- source http://www.bami.us/Neuro/BrainAnatomy.html -

---

49. Patient suffer sensorineural loss ,vertigo, dizziness 3 years ago and now developed numeness and weakness of facial muscles dx:
a) **Menier disease**
b) Acoustic neuroma
c) Acute labrinthitis

Clinical Features Vestibular Schwannoma (Acoustic Neuroma) :
• usually presents with unilateral SNHL or tinnitus
• dizziness and unsteadiness may be present, but true vertigo is rare as tumour growth occurs slowly
• facial nerve palsy and trigeminal (V 1) sensory deficit (corneal reflex) are late complications
Hitzelberg sign: hyposthesia of
external auditory canal due to CN VII
compression by an acoustic neuroma. –source Toronto notes -

---

50. Patient with seasonal nasal discharge , watery , what is the first mangment:
a) Decongestant
b) **Antihistamine**
c) steroid

diagnosis is **Allergic Rhinitis (Hay Fever):**
Treatment
• education: identification and avoidance of allergen
• nasal irrigation with saline
• antihistamines e.g. diphenhydramine, fexofenadine
• oral decongestants e.g. pseudoephedrine, phenylpropanolamine
• topical decongestant may lead to rhinitis medicamentosa
• other topicals: steroids (fluticasone), disodium cromoglycate, antihistamines, ipratropium bromide
• oral steroids if severe
• desensitization by allergen immunotherapy –source Toronto notes -

---

51. Patient presented with nausea and vomiting and nystagmus with tinnitus and inability to walk unless he concentrates well on a target object. His Cerebellar function is intact:
a) **Benign positional vertigo**
b) meniere's disease (vertigo, tinnitus, hear loss, aural fullness)
c) vestibular neuritis(nausea ,vomiting, inability to stand, vertigo)

vestibular neuritis: Spontaneous, unidirectional, horizontal nystagmus is the most important physical finding. Fast phase oscillations beat toward the healthy ear. Nystagmus may be positional and apparent only when gazing toward the healthy ear, or during Hallpike maneuvers. Patients may suppress their nystagmus by visual fixation.

Classic BPPV (benighn paroxysma positional vertigo) is usually triggered by the sudden action of moving from the erect position to the supine position while angling the head 45° toward the side of the affected ear -source medscape-

---

52. 5 years old adopted child their recently parents brought him to you with white nasal discharge. He is known case of SCA. What you will do to him:
a) **Give prophylactic penicillin**
True

Penicillin prophylaxis in these patients significantly reduces the risk of septicemia; however, continuation of prophylaxis beyond 5 years of age is controversial, since the risk of developing septicemia is reduced after this age and prolonged prophylaxis may lead to emergence of penicillin resistance –source medscape -

---

53. Submandublar swelling & pain during eating what best investing
a) X-ray
b) US
c) **CT**
d) MRI
Diagnosis is usually made by characteristic history and physical examination. Diagnosis can be confirmed by x-ray (80% of salivary gland calculi are visible on x-ray), or by sialogram or ultrasound.
CT scans are 10 times more sensitive than x-ray
Computed tomography scanning is an excellent modality in differentiating intrinsic versus extrinsic glandular disease. It is also extremely valuable in defining abscess formation versus phlegmon. It is limited in evaluating the ductal system unless combined with simultaneous sialography. – source medscape -

---

54. Right ear pain with plugging of tympanic membrane
a) **Secretary otits media**
N.B: AOM presents with rapid onset of pain, fever & sometimes irritability, anorexia, or vomiting
In AOM drum bulging causes pain then purulent discharge if it perforates

AOM Clinical Features
• triad of otalgia, fever (especially in younger children), and conductive hearing loss
• rarely tinnitus, vertigo, and/or facial nerve paralysis
• otorrhea if tympanic membrane perforated
• pain over mastoid process
• infants/toddlers
• ear-tugging
• hearing loss, balance disturbances (mild)
• irritable, poor sleeping
• vomiting and diarrhea
• anorexia
otoscopy of tympanic membrane (TM)
• hyperemia
• bulging, pus may be seen behind TM
• loss oflandmarks: handle and long process of malleus not visible.

---

55. Ranula:
a) Forked uvula
b) Thyroglossal cyst
c) **Swelling at the floor of mouth**

Ranulas are mucoceles that occur in the floor of the mouth and usually involve the major salivary glands.

---

56. all are speech disorders except:
a) Stuttering
b) Mumbling
c) Cluttering
d)
Types of speech disorders: Cluttering , Stuttering, Apraxia, Lisp, Rhotacism, Spasmodic dysphonia, Aphasia , Dysarthria, Huntington's disease, Laryngeal cancer, Selective mutism, Specific Language Impairment, Speech sound disorder and Voice disorders
- couldn't find an eligible source to answer this question -

---

57. Fetal unilateral nasal discharge is feature of:
a) Adenoid
b) Choanal atresia
c) **Foreign body**
d) RT atrophy

Causes of unilateral foul smelling discharge:
1. Foreign bodies in the nose (commonest cause in children).
2. Oro-antral fistula.
3. Maxillary sinusitis of dental origin.
4. Fungal infections (may be also bilateral).
5. Malignant tumors with ulcerations.-Toronto notes-

---

58. the most common cause of epistaxis in children is:
a) polyps
b) **Trauma (ie, nose picking)**
c) dry air
d) thrombocytopenia
• Epistaxis is more prevalent in dry climates and during cold weather.

Table 14. Etiology of Epistaxis

Type	Causes	
Local	Trauma (most common) • Fractures: facial, nasal • Self-induced: digital, foreign body	Tumours • Benign: polyps, inverting papilloma, angiofibroma • Malignant: squamous cell carcinoma, esthesioneuroblastoma
	Iatrogenic: nasal, sinus, orbit surgery	Inflammation • Rhinitis: allergic, non-allergic • Infections: bacterial, viral, fungal
	Barometric changes	Idiopathic
	Nasal dryness: dry air, ± septal deformities	
	Septal perforation	
	Chemical: cocaine, nasal sprays, ammonia, etc.	
Systemic	Coagulopathies • Meds: anticoagulants, NSAIDs • Hemophilias, von Willebrand's • Hematological malignancies • Liver failure, uremia	
	Vascular: hypertension, atherosclerosis, Osler-Weber-Rendu (HHT)	
	Others: Wegener's, SLE	

____-source Toronto Notes-

---

59. Swallowed foreign body will be found in all of the following except:

a) Stomach
b) **Tonsil**
c) Pharyngeal pouch
d) Piriform fossa

The palatine tonsils are dense compact bodies of lymphoid tissue that are located in the lateral wall of the oropharynx, bounded by the palatoglossus muscle anteriorly and the palatopharyngeus and superior constrictor muscles posteriorly and laterally (so the tonsils are not cavities that foreign bodies can be lodged in because they are embedded by muscles) – source medscape-

---

60. Adenoids:
a) Can be a chronic source of infection.
b) Causes snoring.
c) Located at the back of the nasopharynx 1 inch above the uvula.
d) Involved in the immune system reaction.
e) **All of the above.**

nasal obstruction:
• adenoid facies (open mouth, flat midface, dark circles under eyes)
• *history* of hypernasal voice and snoring
• long term mouth breather: minimal air escape through nose
• choanal obstruction:
• chronic sinusitis/rhinitis
• obstructive sleep apnea
• chronic lnfl.ammatlon:
• nasal discharge, post-nasal drip, and cough
• cervicallymphadenopathy
Complications
• eustachian tube obstruction leading to serous otitis media
• interference with breathing, (mouth-breathing)
• sleep apnea/respiratory disturbance
• orofadal developmental abnormalities
- so more than two are right , so the answer all the above –source Toronto notes -

---

61. All are normal in association with teething EXCEPT:
a) Rhinorrhea
b) **Diarrhea**
c) Fever > 39 C
d) Irritability
I've asked a pediatrician to make sure , but its obviously that fever more than 39 is the answer , because this high grade fever can't be unless with bacterial infection -

---

62. All features of tonsillar abscess except :
a) **Deviation of uvula to affected side**
Clinical Features
• fever and dehydration
• sore throat, dysphagia and odynophagia
• extensive peritonsillar swelling but tonsil may appear normal
• edema of soft palate
• uvular deviation
• involvement of motor branch of CN V can lead to increased salivation and trismus
• dysphonia with "hot potato voice (edema -+ failure to elevate palate) due to CN X involvement
• unilateral referred otalgia

• cervical lymphadenitis
- the abscess will push the uvula to the other side – Source Toronto notes-

---

63. Case scenario ,child present with rhinorrhea & sore throat for 5 days present with middle ear perfusion, examination of the ear : no redness in the ear the cause of perfusion :
a) otitis media because no pain
b) **Upper respiratory infection.**
Otitis media with effusion does not necessarily follow acute otitis media. Theories to explain the development of middle ear effusion in this case include the secretion of fluid from inflamed middle ear mucosa. This theory proposes that the middle ear mucosa is sensitized by previous exposure to bacteria, and continued antigenic challenge from occasional reflux induces the production of the effusion. Again, multiple studies have revealed that the same flora of bacteria is present in otitis media with effusion as in acute otitis media; these findings indicate that this effusion is not sterile, as was once believed.

---

64. Patient smoker and alcoholic come with difficulty in swallowing and neck mass, Investigation?
a) **I ndirect laryngoscope**
b) Neck CT
c) Head CT
d) Biopsy
e) Aspiration

If hoarsness and dysphagia are present for > 2 weeks in a smoker, laryngoscopy must be done to rule out malignancy. –source Toronto note-

---

65. child fall from stairs came with mild injury to the nose, no bleeding and edema in the nasal sputum ,ttt :
a) Nasal packing
b) Reassure
c) Analgesia
d) **Refer to ENT (he will give analgesia)**
-stupid question actually -_- "

---

66. 16 years old female become deaf suddenly. Her mother become deaf when she was 30.. Dx:
a) **Otosclerosis**
b) acostic neuroma
c) tympanic perforation

It is an autosomal dominant, conductive HL, stapesi footplate.
Otosclerosis is the 2nd most common cause of conductive hearing loss in 15-50 year olds (eftar cerumen impaction).

Definition
• fusion of stapes footplate to oval window so that it cannot vibrate
Etiology
• autosomal dominant, variable penetrance approximately 40%
• female> male, progresses during pregnancy (hormone responsive)
Clinical Features
• progressive conductive hearing loss first noticed in teens and 20's (may progress to sensorineural hearing loss if cochlea involved)
• ± pulsatile tinnitus
• tympanic membrane normal ± pink blush (Schwartz's sign) associated with the

neovascularization of otosclerotic bone
• characteristic dip at 2,000 Hz (Carhart's notch) on audiogram (see Figure 15)
Treatment
• monitor with serial audio grams if coping with loss
• hearing aid (air conduction, bone conduction, BAHA)
• stapedectomy or stapedotomy (with laser or drill) with prosthesis is definitive treatment – source Toronto notes
-

---

67. Regarding barret easophgitis which correct?
a) **Risk of adenocarcenoma**
b) risk of Squamous cell CA (if said in Qs w\o history of GERD it'll the correct answer)

Risk Factors
• squamous cell carcinoma (SCC):
• 4 S's: Smoking, Spirits (alcohol), Seeds (Betel nut), Scalding (hot liquids)
• underlying esophageal disease such as strictures, diverticula, achalasia
• adenocarcinoma:
• Barrett's esophagus (most important), smoking, obesity (increased reflux), GERD

---

68. 35 year old smoker, on examination shown white patch on the tongue, what is the management?
a) Antibiotics
b) No treatment
c) Close observation
d) **Excision biopsy**

biopsy if it pre-cancer then do excision biopsy

Table 17. Quick Look-Up Summary of Head and Neck Malignancies – Diagnosis and Treatment

Clinical Features	Investigations	Treatment	Prognosis
Oral Cavity			
Asymptomatic neck mass (30%) Non-healing ulcer ± bleeding Dysphagia, sialorrhea, dysphonia Oral fetor, otalgia leukoplakia or erythroplakia (pre-malignant changes or CIS)	Biopsy CT	1° surgery local resection ±neck dissection ±reconstruction 2° radiation	5 year: - T1/T2: 75% - T3/T4: 30 to 35% Poor prognostic indicators: Depth of invasion, close surgical margins location (tongue worse than floor of mouth) Cervical nodes, extra capsular spread

-source Toronto notes -

---

69. Patient was presented by ear pain , red tympanic membrane , apparent vessels , with limited mobility of the tympanic membrane , what the most likely diagnosis :
a) **Acute otitis media**
b) Tympanic cellulitis.
c) Mastoditis.

Clinical Features AOM:
• triad of otalgia, fever (especially in younger children), and conductive hearing loss
• rarely tinnitus, vertigo, and/or facial nerve paralysis
• otorrhea if tympanic membrane perforated
• pain over mastoid process
• infants/toddlers
• ear-tugging
• hearing loss, balance disturbances (mild)
• irritable, poor sleeping
• vomiting and diarrhea

• anorexia
otoscopy of tympanic membrane (TM)
• hyperemia
• bulging, pus may be seen behind TM
• loss oflandmarks: handle and long process of malleus not visible
-Source Toronto notes - I have searched about TM cellulitis and never found it !-

---

70. Waking up from sleep. Can't talk, no fever, can cough, normal vocal cord, what is the diagnosis?
a) **Functional aphonia**
"loss of speech without attributable cause" • Psychogenic aphonia (hysterical aphonia) –source Toronto notes-

---

71. Patient after swimming pool(clear Dx of otaitis externa) Rx:
a) nothing
b) amphotericin B
c) steroid
d) **ciprofloxacin drops**

Treatment
• clean ear under magnification with irrigation, suction, dry swabbing, and C&S
• bacterial etiology
• antipseudomonal otic drops (e.g. gentamicin, dprotloxadn) or a combination of antibiotic and steroid (e.g. Garasone• or Cipro He-)
• do not use aminoglycoside if the tympanic membrane (TM) is perforated because of the risk of ototoxicity
• introduction of fine gauze wick (pope wick) if external canal edematous
• ± 3% acetic add solution to acidify ear canal (low pH is bacteriostatic)
• systemic antibiotics if either cervical lymphadenopathy or cellulitis
• fungal etiology
• repeated debridement and topical antifungals (gentian violet, Mycostatin• powder, boric add, Locacorten•, Viofonn• drops)
• ± analgesics
• chronic otitis extema (pruritus without obvious infection) -+ corticosteroid alone e.g. diprosalic Acid

---

72. Post partum female with recurrent attack of hearing loss , which diagnosed as conductive hearing loss , on CT the is adhesion in the of semi circular canal diagnosis >>>>
a) **Otosclerosis**
b) miner's
c) Tuberous sclerosis

Clinical Features osteosclerosis:
• progressive conductive hearing loss first noticed in teens and 20's (may progress to sensorineural hearing loss if cochlea involved)
• ± pulsatile tinnitus
• tympanic membrane normal ± pink blush (Schwartz's sign) associated with the neovascularization of otosclerotic bone
• characteristic dip at 2,000 Hz (Carhart's notch) on audiogram

Clinical Features meniers's dieseas:
• syndrome characterized by vertigo, fluctuating low frequency sensorineural hearing loss (SNHL), tinnitus, and aural fullness
• ± drop attacks (Thmarkin crisis), ±nausea and vomiting
• vertigo disappears with time (minutes to hours), but hearing loss remains
• early in the disease: fluctuating sensorineural hearing loss (SNHL)

• later stages: persistent tinnitus and low-frequency hearing loss
• attacks come in clusters and can be debilitating to the patient
• may be triggered by stress
-so otosclerosis causes conductive hearing loss but menier's disease causes SNHL , I have searched about TS and but didn't find any relation between it and conductive hearing loss –source medscpae-

---

73. Purulent discharge from middle ear how to treat him
a) **systemic AB**
b) local AB
c) steroid
most probably this case is **Labyrinthitis** which is treated by

• treat with IV antibiotics, drainage of middle ear ± mastoidectomy

---

74. Child with URTI then complained from ear pain on examination there is hyperemia of TM &+ve insufflations test he tri 2 drug no benefit what is the best treatment?
a) **Augmantine**
b) azythromycin
c) ciprofloxacin/steroid

this is a case of AOM so Treatment
• antibiotic treatment hastens resolution - 10 day course
• 1st line:
• amoxicillin 80-90 *mglkg!* day divided into two doses - safe, effective, and inexpensive
• if penicillin allergic: macrolide (clarithromycin, azithromycin), trimethoprimsulphamethoxazole (Bactrim•)
• 2nd line (for amoxicillin failures):
• double dose of amoxicillin (80 mg/kglday), amoxicillin-clavulinic (Augmentin) acid (Ctavu!in•)
• cephalosporins: cefuroxime axetil (Ceftin•), ceftriaxone IM(Rocephin•), cefaclor (Cedar•), cefixime (Suptax-)
• AOM deemed unresponsive if clinical signs/symptoms and otoscopic findings persist beyond 48 hours of antibiotic treatment

---

75. Patient presented with sore throat, anorexia, loss of appetite, on throat exam showed enlarged tonsils with petechiae on palate and uvula, mild tenderness of spleen and liver, what is the diagnosis?
a) **infectious mononucleosis**
b) Early signs include fever, lymphadenopathy, pharyngitis, rash, and/or periorbital edema. Relative bradycardia has been described in some patients with EBV mononucleosis, but it is not a constant finding .
Later physical findings include hepatomegaly, palatal petechiae, jaundice, uvular edema, splenomegaly, and, rarely (1-2%), findings associated with splenic rupture. –source medscape -

---

76. URTI with meningiococcus type A,, ttt
a) Rifampicin
b) **Penicillin, ampicillin, chloramphenicol, ceftriaxone**

A range of antibiotics can treat the infection, including penicillin, ampicillin, chloramphenicol and ceftriaxone. Under epidemic conditions in Africa in areas with limited health infrastructure and resources, oily chloramphenicol or ceftriaxone are the drugs of choice because a single dose has been shown to be effective on

meningococcal meningitis. – source http://www.who.int/mediacentre/factsheets/fs141/en/ -

---

77. 28 years old AOM he was treated with Amoxicillin, came after 3 wks for F/U there was fluid collection behind tympanic membrane ,no blood wt to do nxt:

a) **Watchful waiting**

b) myringotomy

this is most probably a case of OME = otits media with effusion.

Treatment

- expectant – 90% resolve by 3 months
- document hearing loss
- no statistical proof that antihistamines, decongestants antibiotics clear disease faster
- surgery: myringotomy ± ventilation tubes± adenoidectomy (if enlarged)
- ventilation tubes to equalize pressure and drain ear –source Toronto notes-

---

78. URTI with streptococcus type A,, ttt

a) **Penicilline for 10 days**

N.B: Treatment with penicillin should be started. Erythromycin or another macrolide can be used in patients who are allergic to penicillin. Treatment with ampicillin/sulbactam is appropriate if deep oropharyngeal abscesses are present. In cases of streptococcal toxic shock syndrome, treatment consists of penicillin and clindamycin, given with intravenous immunoglobulin

- treatment of • Streptococcal: high-dose penicillin and clindamycin, IVIg – source Toronto notes -
Group A beta-hemolytic streptococci and Group G streptococci:
- 1st line penicillin or amoxicillin (erythromycin if penicillin allergy) x 10 days - source Toronto notes -

---

79. The most common cause of cough in adults is

a) Asthma

b) Gerd

c) **Postnasal drip**

CAUSES OF CHRONIC COUGH

The most common causes of chronic cough are postnasal drip, asthma, and acid reflux from the stomach. These three causes are responsible for up to 90 percent of all cases of chronic cough. Less common causes include infections, medications, and lung diseases.

Postnasal drip — Postnasal drip occurs when secretions from the nose drip or flow into the back of the throat from the nose. These secretions can irritate the throat and trigger a cough. Postnasal drip can develop in people with allergies, colds, rhinitis, and sinusitis.

Signs of postnasal drip include a stuffy or runny nose, a sensation of liquid in the back of the throat, and a feeling you need to clear your throat frequently. However, some people have so-called "silent" postnasal drip, which causes no symptoms other than a cough.

Asthma — Asthma is the second most frequent cause of chronic cough in adults, and is the leading cause in children. In addition to coughing, you may also wheeze or feel short of breath. However, some people have a condition known as cough variant asthma, in which cough is the only symptom of asthma. (See "Patient information: Asthma treatment in adolescents and adults (Beyond the Basics(."(

Asthma-related cough may be seasonal, may follow an upper respiratory infection, or may get worse with exposure to cold, dry air, or certain fumes or fragrances.

Acid reflux — Gastroesophageal reflux, also known as acid reflux, occurs when acid from the stomach flows back (refluxes) into the esophagus, the tube connecting the stomach and the throat. Gastroesophageal reflux disease (GERD) refers to symptoms caused by acid reflux. Many people with cough due to acid reflux have heartburn or a sour taste in the mouth. However, some patients with GERD have cough as their only symptom. (See "Patient information: Acid reflux (gastroesophageal reflux disease) in adults (Beyond the Basics)".)
- source uptodate http://www.uptodate.com/contents/chronic-cough-in-adults-beyond-the-basics -

---

80. 5 years old seen in ER presented with fever & sore throat , which of the fallowing suggest viral etiology :
a) Presence of thin membrane over the tonsils
b) Palpable tender cervical LN
c) Petechial rash over hard or soft palate
d) absence of cough
e) **Rhinorrhea of colourless secretion**

---

81. 4 years old presented with 2 day history of shortness of breath a seal like cough with no sputum and mild fever. on examination he did not look ill or in distress
a) acute Epiglottitis
b) **croup**
c) angioedema

usually epiglottis the patient has toxic look , and angiodema are severly distressed -
Signs of Croup- th• 3 S's
Stridor
Subglottic awelling
Seel balk cough - source Toronto notes –

81-end by Doa'a Alfraidi & Shahad Abuhussein

81. 4 years old presented with 2 day history of shortness of breath a seal like cough with no sputum and mild fever. on examination he did not look ill or in distress
a) acute Epiglottitis
b) **croup**
c) angioedema
http://www.gpnotebook.co.uk/simplepage.cfm?ID=422903813

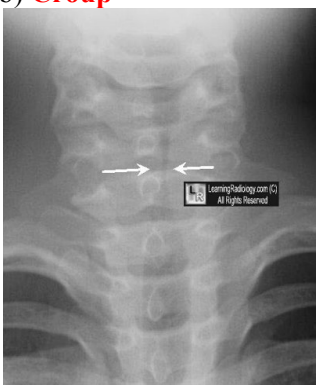
82. Child right ear pain and tenderness on pulling ear , no fever , O/E inflamed edematous rt ear canal with yellow discharge , dx
a) Otitis media
b) **Otitis externa**
c) Cholesteatoma
Along with otitis media, external otitis is one of the two human conditions commonly called "earache". It also occurs in many other species. Inflammation of the skin of the ear canal is the essence of this disorder. The inflammation can be secondary to dermatitis (eczema) only, with no microbial infection, or it can be caused by active bacterial or fungal infection. In either case, but more often with infection, the ear canal skin swells and may become painful or tender to touch.
http://en.wikipedia.org/wiki/Otitis_externa

83. Child with decrease hearing, her grandmother has deafness,Renie& Weber revealed bone conduction more than air conduction, mx "osteosclerosis"
a) reassure
b) refer her to hearing aid
c) Prescribe hearing instrument.
d) **Refer her to otolaryngologist**

84. acute otitis media criteria
a) **Not should be with effusion**
b) rapid sign and symptom

I'm not sure !!

85. Child came to you with barking cough, Stridor and by examination you see " Steeple Sign " what is your diagnosis ?
a) Epiglottis
b) **Croup**



86. 50 years old male , smock 40 packs / year develop painless ulcer on the lateral border of the tongue which is rolled in with indurated base and easily bleed what is you diagnosis ?
a) **Squamous cell carcinoma**
b) Aphthous ulcer
c) Syphilis

Squamous cell carcinoma:
http://www.merckmanuals.com/professional/ear_nose_and_throat_disorders/tumors_of_the_head_and_neck/oral_squamous_cell_carcinoma.html

87. Patient develop nasal discharge with frontal headache
a) **Acute sinusitis**
b) Migraine
c) Temporal arteritis
d) Temporal

Acute sinusitis:
http://emedicine.medscape.com/article/232670-clinical

88. 55 years old male pt, presented with just mild hoarseness, on exam, there was a mid cervical mass, best investigation is
a) **Indirect laryngoscope**
b) CT brain
c) CT neck

http://entinstruments.blogspot.com/2011/05/indirect-laryngoscopy-mirror.html

89. Old patient presented with Ear pain, headache, hemiparesis. The most likely cause:

a) Epidural abscess
b) Spinal abscess
c) Subdural hematoma

http://www.drtbalu.co.in/compli_om.html

90. Patient has snoring in sleeping and and on exam there is largtonsile,what u will do for him :

a) **Weight reduction**
b) Adenoidectomy

http://en.wikipedia.org/wiki/Snoring#Causes

91. Which of the following doesn't cause ear pain?
a) Pharingitis
b) Otitis
c) Dental caries
d) **Vestibular neuritis**
· Main symptom is **vertigo** lasts for several days or weeks, suddenly, with nausea and vomiting not lead to loss of hearing

http://emedicine.medscape.com/article/794489-clinical

92. Bad breath smell with seek like structure, no dental caries & Ix are normal, what's the likely cause:
a) cryptic tonsillitis
b) Sojreen's synd.
Cryptic tonsillitis is a medical condition in which calcareous deposits, made of calcium carbonate, form and harden in the crevasses, or crypts, of the palatine tonsils located at theback of the throat. These deposits, called tonsilloliths, tonsil stones, or zots, can cause discomfort, sore throat, and halitosis, or bad breath. If small, however, they are often asymptomatic.

http://www.wisegeek.com/what-is-cryptic-tonsillitis.htm#

93. Old man came complain of progressive hearing loss, it is mostly propounded when he listening to the radio, he does not has any symptoms like that before Weber and rinne tests result in bilateral sensorineuralhearing loss.. Diagnosis:
a) Meniere's disease
b) Otosclerosis
c) Noise induced deffnese
d) Hereditary hearing loss

94. patient with a large nodule in the nose which is painful and telangiectasia on the face you will give:
a) **Deoxycycline (not sure)**
b) clindamycin
c) retinoid

95. Patient find perforated tympanic membrane with foul withish discharge dX?
a) Otoseclerosis
b) Otitis externa
c) **Cholesteatoma**

http://emedicine.medscape.com/article/860080-overview#a0112

96. Young male had pharyngitis, then cough and fever, what is the most likely organism?
a) Staph aureus
b) **Streptococcus pneumonia**

97. 7 years old child coming with SOB and wheezing he was sitting in bed, leaning forward, with drooling & strider, what is diagnosis?
a) **Epiglottits**
b) Bronchial asthma

http://emedicine.medscape.com/article/763612-clinical

98. Child presented with dysphagia, sore throat, postnasal drip, drooling of saliva, rhonchi & fever of 38.50c. The treatment is:
a) Hydrocortisone injection immediately
b) **Call otorhinolaryngology for intubation**
c) Admit to ICU
d) Give antibiotics & send him home
· **N.B:** acute epiglottitis If the pt was stable : ICU
· If Pt is unstable ; Airway must be secured Use of steroid is controversial

99. Child with epiglotitis will present with all of the following EXCEPT:
a) Fever
b) Dysphagia
c) **like to lie in supine position**
d) Stridor
· Epiglottitis usually presents abruptly and rapidly with fever, sore throat, dysphagia, respiratory distress, drooling, and anxiety.
· Physical: Patients tend to appear seriously ill and apprehensive. Characteristically, patients have a "hot potato" muffled voice and may have stridor. Usually children will assume the "sniffing position" with their nose pointed superiorly to maintain an adequate airway.

100. Most common site of malignancy in paranasalsinuses :
a) **Maxillary sinus**

101. Child is having a croup early morning, the most common cause is:
a) **Post nasal drip**
http://emedicine.medscape.com/article/962972-overview#showall

102. Patient is post rhinoplasty, presented with brown discharge with foully odor from the wound, what could be the management?
a) **Debridement and antibiotic**

103. All the following are present in otitis media except:
a) Signs & symptoms of inflammation
b) **Signs & symptoms of effusion**
c) High grade fever
d) Pain
· Tympanostomy tube (also called a "grommet") into the eardrum IN OME

104. Indication to give prophylactic antibiotic to recurrent sapurative otitis media in children:
a) **???**

105. 4 years old ptatient comes with cystic swelling behind lower lib varying in size has bluish discoloration:
a) **ranula " ruptured salivary gland duct usually caused by local trauma"**

N.B: Individuals with an oral ranula may complain of swelling of the floor of the mouth that is usually painless. The mass may interfere with speech, mastication, respiration, and swallowing because of the upward and medial displacement of the tongue. When oral ranulas are large, the tongue may place pressure on the lesion, which may interfere with submandibular salivary flow. As a result, obstructive salivary gland signs and symptoms may develop, such as pain or discomfort when eating, a feeling of fullness at that site, and increased swelling of the submandibular gland.

http://emedicine.medscape.com/article/1076717-clinical

106. Generalized skin rash associated with lymph node enlargement:
a) **EBV**
Children usually have nonspecific symptoms or are asymptomatic. Rarely, young children may have rashes, pneumonia, or low white blood counts. Teenagers and young adults many develop symptoms of mononucleosis. Interestingly, mononucleosis is more common in whites than in African-American populations. Acute mononucleosis causes sore throat, fever, and swollen lymph nodes. The sore throat is very painful and is the usual reason for infected people to seek medical attention. Tonsils may become very swollen. Loss of appetite, fatigue, chills, headache, bloating, and sweats are common.
http://www.emedicinehealth.com/epstein-barr_virus_infection/page3_em.htm#epstein-barr_virus_infection_symptoms_and_signs

107. Offensive white ear discharge with white rigid tympanic membrane asking for diagnosis:
a) **one of the chioses are spicteccusis**

108. enlarger unilateral tonsils:
a) **peripharangial abcses**

109. One of them causes conductive hearing loss :
a) **Acute ottis media**
b) Syphillis
c) Meneria disease
*Fluid accumulation is the most common cause of conductive hearing loss in the middle ear, especially in children.Major causes are ear infections or conditions that block the eustachian tube, such as allergies or tumors.Blocking of the eustachian tube leads to increased pressure in the middle ear relative to the external ear, and this causes decreased motion of both the ossicles and the tympanic membrane.

*Acute otitis media

*Serous otitis media

http://en.wikipedia.org/wiki/Conductive_hearing_loss

110. 5 years old child with history of fever and swelling of the face ant to the both ears (parotid gland enlargement) what is the most common complication Orchitis.
a) encephalitis
b) mastoiditis
c) **Meningitis**.
· **N.B**: **mump complication** orchitis in adult males, oophoritis in adult females and meningitis in children
· **Complication of measles** children, the most common one is otitis media; for adult, it is Pneumonia (not interstitial pneumonia, it is the super infection by Strep.
· **Complication of infectious mononucleosis** Common Splenomegaly, spleen rupture, Hepatomegaly, hepatitis and jaundice. Less common :Anemia ,Thrombocytopenia ,inflammation of the heart, meningitis, encephalitis, Guillain-Barre syndrome, Swollen tonsils, leading to obstructed breathing

111. All features of tonsillar abscess except :
a) **Deviation of uvula to affected side:**
· **N.B:** complication of tonsillitis and consists of a collection of pus beside the tonsil. Severe unilateral pain in the throat, F (39ºC) Unilateral Earache Odynophagia and difficulty to swallow saliva. Trismus is common, muffled voice, "hot potato" voice. Intense salivation and dribbling, Thickened speech, Foetor oris, Halitosis Pain in the neck causative. Commonly involved species include streptococci, staphylococci and hemophilus. surgical incision and drainage of the pus and treat with penicilline or clindamycin

· Complications :Retropharyngeal abscess, airway compromise(Ludwig's angina), Septicaemia, necrosis of surrounding deep tissues , rare mediastinitis

Physical examination

The presentation may vary from acute tonsillitis with unilateral pharyngeal asymmetry to dehydration and sepsis. Most patients have severe pain. Examination of the oral cavity reveals marked erythema, asymmetry of the soft palate, tonsillar exudation, and contralateral displacement of the uvula.

http://emedicine.medscape.com/article/194863-overview#a0112

112. Patient taking treatment for TB came with imbalance, hearing loss which drug?
a) INH- peripheral neuritis
b) **Strept (8th nerve damage"ototoxicity" , nephrotoxicity)**
c) Rifampin - causes thrombocytopenia and pink orange color of urine and ocp are inafective if used with it
d) Ethambutol - causes reversible optic neuritis
e) Pyrazinamide - causes gout
· **N.B:** all causes hepatitis except streptomycin
· for memories the side effect …
· (R) ifampin: (R)ed secretions + (R)ash + CYP 450 inducer.. (E) thambutol: (E)ye .. optic or retrobulbar neuritis (P)yrazinamide: g is the mirror image of p so: hepatotoxic + (g)out "hyperurecemia" INH: CYP 450 INHibitor + Periphral neuropathy (so give Pyridoxine)
· Streptomycin belongs to aminoglycosides which are known for their ototoxic and nephrotoxic effects
http://reference.medscape.com/drug/streptomycin-342682#4

113. patient with URTIs , she said , I saw flash when I sneeze why :
a) **Mechanical irritation**
b) Chemical irritation

114. Old patient with abnormal ear sensation and fullness, history of vertigo and progressive hearing loss , invx low frequency sensorial hearing loss Dx
a) Acoustic neuroma
b) Neuritis
c) **Meniere's disease**
· **Meniere's disease:** a cause of recurrent vertigo with auditory symptoms more common among females. Hx/PE: Presents with recurrent episodes of severe vertigo, hearing loss, tinnitus, or ear fullness, often lasting hours to days. Nausea and vomiting are typical. Patients progressively lose low-frequency hearing over years and may become deaf on the affected side.
http://emedicine.medscape.com/article/1159069-overview

115. Patient came with peeling, redness, waxy appearance in the scalp margins, behind the ear and nasal fold best treatment is:
a) **Topical antifungal**
b) Antibiotic
c) Steroid
· Seborrhoeic dermatitis affecting the scalp, face, and torso. Typically, seborrheic dermatitis presents with scaly, flaky, itchy and red skin
· **Treatment**: combines a dandruff shampoo, antifungal agent and topical steroid

116. Adult pt came with acute otitis media received amoxicillin for 1 week , follow up after 3 weeks u found fluid behind tympanic membrane :
a) Give AB for 10 days
b) Antihistamine
c) **Follow up after 1 m can resolve spontaneously (Assurance)**
d) Give another AB
I can't be sure!

117. What true about management of epistaxis?

a) compress carotid artery
b) **Compress flesh part of nose together**
c) place nasal tampon
d) put the pt on side position
e) do nothing

http://emedicine.medscape.com/article/764719-overview#a11

(11)
Ophthalmology

- **1-15 by:** **Doa'a Alfraidi – Shahad Abuhussein**
- **16- 67 by:** **Bayan alahmadi**
- **68-end by:** **Mahmoud Alraddadi**

1-15 by Doa'a Alfraidi – Shahad Abuhussein

1. Male patient developed corneal ulcer in his right eye after trauma, what is the management?
a) **Topical antibiotic & analgesia**
b) topical steroid
Choice of medications should be left to the treating ophthalmologist but generally include broad-spectrum topical antibiotics and cycloplegic drops.

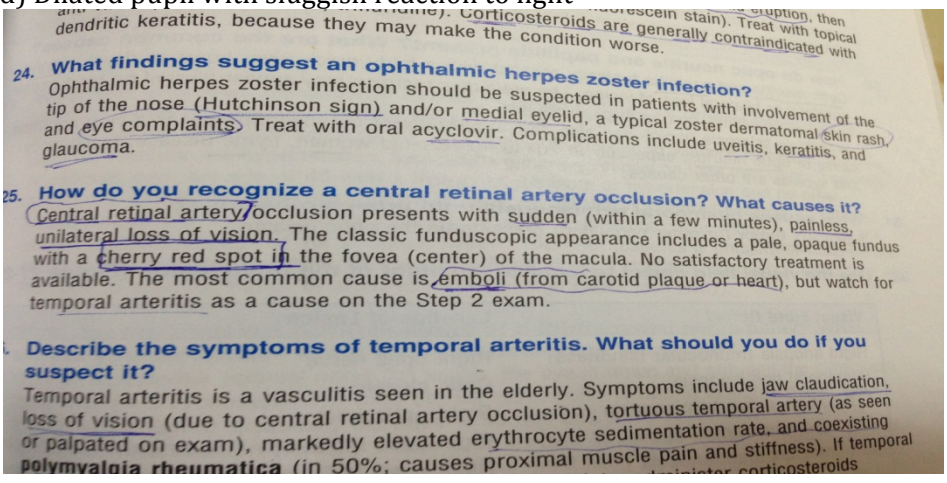
Topical corticosteroid use is controversial because its use in viral infections is relatively contraindicated, but it may prevent corneal scarring and perforation.

http://emedicine.medscape.com/article/798100-medication

2. Old diabetic patient with mild early cataract and retinal pigmentation with Drusen formation, you prescribed anti oxidant, what to do next?
a) urgent ophthalmology appointment
b) **Routine ophthalmology referral**
c) cataract surgery
d) see him after One month to detect improvement

3. A picture of Snelling chart the q was how far should the patient stand :
a) 3m
b) **6m**
c) 9m
In the most familiar acuity test, a Snellen chart is placed at a standard distance: 20 ft in the US, or 6 metres in the rest of the world.

4. Which of the following is not a sign or symptom of central retinal artery occlusion?
a) **Painful loss of vision**
b) Painless loss of vision
c) Previous transient loss of vision
d) Dilated pupil with sluggish reaction to light



dendritic keratitis, because they may make the condition worse. Corticosteroids are generally contraindicated with

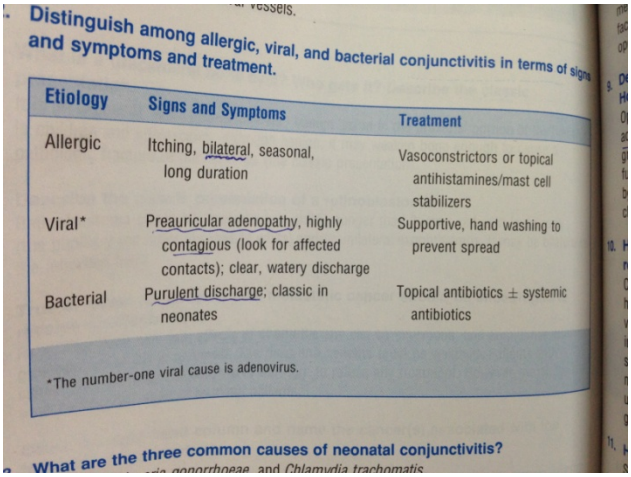
24. **What findings suggest an ophthalmic herpes zoster infection?**
Ophthalmic herpes zoster infection should be suspected in patients with involvement of the tip of the nose (Hutchinson sign) and/or medial eyelid, a typical zoster dermatomal skin rash, and eye complaints. Treat with oral acyclovir. Complications include uveitis, keratitis, and glaucoma.

25. **How do you recognize a central retinal artery occlusion? What causes it?**
Central retinal artery occlusion presents with sudden (within a few minutes), painless, unilateral loss of vision. The classic funduscopic appearance includes a pale, opaque fundus with a cherry red spot in the fovea (center) of the macula. No satisfactory treatment is available. The most common cause is emboli (from carotid plaque or heart), but watch for temporal arteritis as a cause on the Step 2 exam.

Describe the symptoms of temporal arteritis. What should you do if you suspect it?
Temporal arteritis is a vasculitis seen in the elderly. Symptoms include jaw claudication, loss of vision (due to central retinal artery occlusion), tortuous temporal artery (as seen or palpated on exam), markedly elevated erythrocyte sedimentation rate, and coexisting polymyalgia rheumatica (in 50%; causes proximal muscle pain and stiffness). If temporal

USMLE step2 secrets

5. female pt with right eye pain and redness with watery discharge, no history of trauma, itching, on examination there is diffuse congestion in the conjunctiva and watery discharge what you'll do:
a) give Ab
b) give antihistamineby exclusion
c) topical steroid
d) refer her to the ophthalmologist
e) **No need for further management**



Distinguish among allergic, viral, and bacterial conjunctivitis in terms of signs and symptoms and treatment.

Etiology	Signs and Symptoms	Treatment
Allergic	Itching, bilateral, seasonal, long duration	Vasoconstrictors or topical antihistamines/mast cell stabilizers
Viral*	Preauricular adenopathy, highly contagious (look for affected contacts); clear, watery discharge	Supportive, hand washing to prevent spread
Bacterial	Purulent discharge; classic in neonates	Topical antibiotics ± systemic antibiotics

*The number-one viral cause is adenovirus.

What are the three common causes of neonatal conjunctivitis?

seems to be viral conjunctivitis , ttt is supportive .
USMLE2 secrets

6. Patient complaining of pain when moving the eye, fundoscopyà normal, what is the diagnosis?
a) **Optic neuritis**
b) Papillodema
one of symptoms of optic nuritis is Retro-orbital or ocular pain: In association with the vision changes and usually exacerbated by eye movement; the pain may precede vision loss „

http://emedicine.medscape.com/article/1217083-overview

7. Child with large periorbital hemangioma , if this hemangioma cause obstruction to vision , when will be permanent decrease in visual acuity After obstruction by one day
a) **By 1 week**
b) By 3 months
c) By 6 months

8. Infant born with hemangioma on the right eyelid what is appropriate time to operate to prevent amylopia:
a) 1 day b) **1 week** c) 3 months d) 9 months

for those 2 Q I can't Be sure , we asked pediatrics doctors but they can't be sure also !!

9. 50 year old Man presented to ER with sudden headache, blurred of vision and eye pain. The diagnosis is:
a) **Acute glaucoma**
b) Acute conjunctivitis
c) Corneal ulcer

Classically, patients are elderly, suffer from hyperopia, and have no history of glaucoma. Most commonly, they present with periorbital pain and visual deficits. The pain is boring in nature and associated with an ipsilateral headache. Patients note blurry vision and describe the phenomenon of "seeing halos around objects."

10. Open globe injury, treatment is:
a) Continuous antibiotic drops
b) Continuous water and NS drops
c) Continuous steroids drops
d) **Sterile cover and the refered**

11. 2 years old boy with coryza, cough and red eyes with watery discharge (a case of measles). Most likely diagnosis of the red eyes is:
a) **Conjunctivitis**
b) Blepharitis

The classical signs and symptoms of measles include four-day fevers [the 4 D's] and the three Cs — cough, coryza (head cold), and conjunctivitis (red eyes) — along with fever, anorexia, and rashes.

http://en.wikipedia.org/wiki/Measles

12. SCA patient , the macula is cherry red , and absence of afferent papillary light reflex
a) **Retinal artery occlusion**

the picture above !!

13. Patient has decrease visual acuity bilateral, but more in right side, visual field is not affected, in fundus there is irregular pigmentations and early cataract formation. what you will do
a) Refer to ophthalmologist for laser therapy
b) Refer to ophthalmologist for cataract surgery
c) **See the patient next month**

14. A patient have tender, redness nodule on lacrimal duct site. Before referred him to ophthalmologist what you will do:
a) Topical steroid
b) Topical antibiotics
c) **Oral antibiotics**
d) Nothing

15. male came to you complaining of sudden progressive decreasing in vision of left eye over last two/three days, also pain on the same eye, on fundoscopy optic disk swelling was sees , Dx :
a) central retinal artery occlusion
b) central retical vein occlusion
c) **Optic neuritis**
d) macular degeneration

optic neuritis and papilitis present with a fairly quick , painful , unilatral or bilatral loss of vision . the optic disc marginals my appear blurred on funduscopic exam with papillitis just in papilledema .
usmle secrat 254 ..

16. Gardener has recurrent conjunctivitis. He can't avoid exposure to environment. In order to decrease the symptoms in the evening, GP should advise him to:
a) Cold compression
b) Eye irrigation with Vinegar Solution
c) Contact lenses
d) **Antihistamines**

from the Q is Allergic conjunctivitis , the schedule above „

17- 67 by Bayan alahmadi

17. Patient, medically free came with eye watery discharge, cloudy ant. Chamber with red conjunctiva , Dx:
a) Keratitis
b) **Uveitis (red eye, injected conjunctiva, pain and decreased vision. Signs include dilated ciliary vessels, presence of cells in the anterior chamber)**
c) Retinitis (Night-blindness-Peripheral vision loss-Tunnel vision-Progressive vision loss)
d) Corneal laceration
Anterior uveitis
Acute - Pain, redness, photophobia, excessive tearing, and decreased vision; pain generally develops over a few hours or days except in cases of trauma
Chronic - Primarily blurred vision, mild redness; little pain or photophobia except when having an acute episode

Posterior uveitis
Blurred vision, floaters
Symptoms of anterior uveitis (pain, redness, and photophobia) absent
Symptoms of posterior uveitis and pain suggest anterior chamber involvement, bacterial endophthalmitis, or posterior scleritis

18. 30 years old patient presented with eye stocking on the morning what the cause?
a) Viral
b) **Bacterial** **Mucupurulent "pus" discharge**
c) Fungal

19. initial treatment of acute angle glaucoma:
a) **IV acetazolamide, topical pilocarpin and B blocker**

http://emedicine.medscape.com/article/798811-treatment#a1126

20. Patient with lateral and vertical diplobia, he can't abduct both eyes, the affected nerve is:
a) II
b) III
c) **VI**
d) V

21. Photophobia, blurred vision, keratic behind cornea and cells in anterior chamber, the best treatment is :
a) Topical antifungal
b) Topical Acyclovir
c) **Antibiotic ???**

22. Patient with trachoma in eye. for prevention you should
a) **Water sanitation**
b) water sanitation & eradication of organism
c) mass treatment

23. Patient come with history of flue like symptoms for many days & complain of periorbital edema , DX
a) **Viral conjunctivitis**
b) Bacterial conjunctivitis
c) Keratitis

24. Pterygium in ophthalmology TTT :
a) **Surgery**

25. Patient with ptosis, which nerve is affected?
a) **3rd cranial nerve "oculomotor nerve"**

26. Patient comes with sudden painless loss of vision before going to lose the vision see flashes and high lights asking for diagnosis:
a) **Retinal detachment**
http://emedicine.medscape.com/article/1224737-clinical

27. Patient with URTI when he couphs or sneez see lashs asking the possible causes:
a) **Mechanical stimuli to retina, erritation of optic disc ???**

28. Hazy vision with subcortical of keratenizing deposition asking for management
a) **Systemic steroid**

29. Patient with pain in ophthalmic division of trigeminal nerve & vesicle, which of the following is used to decrease post herpetic neuralgia:
a) Local steroid.
b) **systemic acyclovir & steroid**
c) acyclovir

30. Male patient developed corneal ulcer in his right eye after trauma what is the Mx:
a) Topical antibiotic & analgesia
b) Topical steroid
c) **Antibiotic, cycloplgia and refer to ophthalmology**

31. Blow out fracture eyelid swelling , redness other symptoms
a) Present air fluid level
b) **Enophthalmos 'posterior displacement of the eye"**

32. Attack rate for school children whom developed pink eye , first day 10 out of 50 , second day 30 out of 50 ????
a) 20
b) 40
c) 60
d) **80**

33. Patient came with trauma to left eye by tennis ball examination shows anterior chamber hemorrhage you must exclude?
a) Conjunctivitis
b) Blepharitis
c) **Foreign body (most likely)**
d) Keratitis

34. Acute angle glaucoma, you can use all of the following drug except?
a) B blocker
b) Acetazolamide
c) Pilocarpine
d) **Dipivefrin**

35. Patient with foreign body sensation in the eye, after the removal of the foreign body it was insect, treatment:
a) **Local antibiotic**
b) Local steroid

c) Systemic antibiotic
d) Systemic steroid

36. Mucopurulent discharge :
a) **Bacterial conjunctivitis**
· The mainstay of medical treatment of bacterial conjunctivitis is topical antibiotic therapy: Sodium sulfacetamide, gentamicin, tobramycin, neomycin, trimethoprim and polymyxin B combination, ciprofloxacin, ofloxacin, gatifloxacin, and erythromycin
· Systemic antibiotics are indicated for N gonorrhea infant (penicillin G), mother and high risk contacts (ceftriaxone) and chlamydial infections: infant (erythromycin) mother and at-risk contacts (doxycycline).

37. Patient with hypertensive retinopathy grade 2 AV nicking, normal BP, no decrease in vision, with cupping of optic disc, what will do to the patient:
a) Reassurance , the problem is benign
b) **Convert him to ophthalmologist**
c) Laser Operation

38. A 30 years old male present to E.R. complaining of visual deterioration for 3 days of Rt. Eye followed by light perception, the least cause is:
a) Retinal detachment.
b) **Central retinal arterial embolism.**
c) Vitreous hemorrhage.
d) Retro-orbitalneuritis.
e) Retinitis pigmentation.

39. Anterior uveitis is a character of the following except:
a) **RA >> Rheumatoid arthritis**
b) Sarcoidosis
c) Behcet disease.
d) Riter'ssyndrome.
e) Ankylosingspondolitis.
· **Causes of Iritis (anterior uveitis):** "idiopathic, seronegative spondyioarthropathies (e.g. Riter's syndrome, Ankylosing spondolitis), IBD, diabetes mellitus, granulomatous disease(e.g. Sarcoidosis), infection(e.g.gonococal, syphilis, toxoplasmosis, brucellosis, T.B.), Behcet disease. Eye involvement of R.A. episcleritis, scleritis, keratoconjunctivitis"

40. Patient with open angle glaucoma and known case of COPD and DM, what is the treatment?
a) Timelol
b) betaxolol
c) **Acetazolamid**

41. Patient with bilateral eye discharge, watery, red eyes, corneal ulceration what is the most common cause?
a) **Dust & pollen allergy**
b) Hypertension
c) Ultra-violet light & stress

42. 70y/o female says that she play puzzle but for a short period she can't play because as she develop headache when playing what you will exam for?
a) **Astigmatism**
b) Glaucoma

43. 54 years old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day , your recommendation :
a) advise him to exercise
b) **stop smoking**
c) wear sunscreen

44. patient is wearing contact lenses for vision correction since ten years , now coming complaining of excessive tearing when exposed to bright light , what will be your advice to him :
a) wear hat
b) wear sunglasses
c) **remove the lenses at night**
d) Saline eye drops 4 times / day

45. Patient complains of dry eyes, a moisturizing eye drops were prescribed to him 4 times daily. What is the most appropriate method of application of these eye drops????
a) **1 drop in the lower fornix**
b) 2 drops in the lower fornix
c) 1 drop in the upper fornix

46. 17 years old school boy was playing foot ball and he was kicked in his Right eye... Few hours later he started to complain of double vision & ecchymoses around the eye, what is the most likely diagnosis?
a) cellulitis
b) **Orbital bone fracture**
c) global eye ball rupture
d) subconjunctival hemorrhage

47. Diabetic patient have neovascularization and vitreous hemorrhage , next step :
a) **Refer to ophthalmologist**

48. 35 years old female patient complaining of acute inflammation and pain in her Left eye since 2 days, she gave history of visual blurring and use of contact lens as well, On examination: fluorescence stain shows dentritic ulcer at the center of the cornea, what is the most likely diagnosis?
a) Corneal abrasion
b) **Herpetic central ulcer**
c) central lens stress ulcer
d) acute Episcleritis
e) acute angle closure glaucoma

49. Patient present with corneal abrasion Treatment:
a) Cover the eye with a dressing
b) **Antibiotic ointment put it in the home without covering the eye**

50. Patient with subconjunctival hemorrhage. What you will do for him?
a) Reassurance
b) **Send him to the ophthalmologist**

51. patient with recent history of URTI ,develop sever conjuctivitis Injection with redness, tearing ,photophobia ,
So, what is treatment?
a) Topical antibiotic
b) Topical acyclovir
c) Oral acyclovir
d) **Topical steroid**

52. Patient presented with constricted pupil, ciliary flushing and cloudy antierior Chamber .there is no abnormality
In eye lid, vision and lacrimal duct:
a) **Uveitis**
b) Central vein thrombosis
c) Central artery embolism
d) Acute angle closure glaucoma

53. Newborn with eye infection :
a) **Oral antibiotic**
b) Oral steroid
c) Topical antibiotic

54. Man who bought a cat and now developed watery discharge from his eyes he is having:
a) **Allergic conjunctivitis**
b) Atopic dermatitis
c) cat scratch disease

55. How to differentiate between Uveitis and Keratitis in red eye
a) Redness of the eye
b) Blurred vision
c) photophobia
d) **Dark, floating spots along the visual field in Uveitis, Ciliary vessel dilatation**
e) Eye pain

56. By covering test done to child the other eye turn laterally, diagnosis is
a) **Exotropia strabismus**

57. Hypertensive came to ophthalmology doctor by exam show increase cup when asking the patient he did not complain of anything. What is the diagnosis?
a) Hypertensive retinopathy
b) Diabetic neuropathy
c) **Acute open angle glaucoma**
d) Acute closed angle glaucoma
e) Retinal detachment

58. Long use of topical corticosteroid lead to:
a) Rise intra ocular pressure
b) **Cataract**
c) Ptosis
d) Keratoconus

59. Female patient wear glass since 10 years , she diagnosed recently type 2 DM , she should screen or examine her eyes every:
a) 6m
b) **12m**
c) 2y
d) 5y

60. Picture (fundus of eye) " glaucoma"
a) **Increase Cup to disc ratio more than ½**

61. Diabetic patient want your advice to decrease the risk of developing Diabetic retinopathy?
a) **Decrease HTN and Obesity**
b) Decrease HTN and smocking
c) Decrease Smocking and Obesity

62. Patient came to you after Trauma complaining of loss of the abduction of his (left or right) eye. So which cranial nerve affected?
a) III
b) IV
c) V
d) **VI**

63. boy 3 day after flue symptom develop conjunctivitis with occipital and nick L.N enlarged so diagnosis is
a) **Adenoviruses**
b) streptococcus
c) HSV

64. Child came to ophthalmology clinic did cover test, during eye cover , his left eye move spontaneously to left, the most complication is:
a) **Strabismus**
b) Glaucoma
c) Myobloma

65. 45 year old male presented to the ER with sudden headache, blurriong of vision, excruciating eye pain and frequent vomiting:
a) **Acute glaucoma**
b) Acute conjunctivitis
c) Acuteiritis
d) Episcleritis
e) Corneal ulceration
· These are typical features of closed angle glaucoma which presents acutely with red painful eye, nausea and vomiting, halos around light, hazy cornea, mid dilated non-reactive pupil and extremely high intraocular pressure. Closed angle glaucoma represents 5% of glaucoma. The rest is open angle glaucoma which presents insidiously with bilateral (the previous was unilateral), progressive loss of peripheral visual field. Iritis= anterior uveitis presents with photophobia and ciliary flush (redness around the iris see Toronto notes). Corneal ulcer presents with photophobia, foreign body sensation and decreased visual acuity (if central). Episceritis is asymptomatic may present with mild pain and red eye. Causes a sectroal or diffuse injection of vessels which is radially directed. Conjunctivitis presents with red itchy eye, foreign body sensation, discharge and crusting of eyelashes in the morning.

66. Patient came to you complaining of gradual loss of vision & now he can only identify light.which of the following is the LEAST cause of his problem:
a) Retinal detachment
b) **Central retinal artery**
c) Retinitis pigmentosa
d) Retrobulbar neuritis

67. What is the management of Uveitis?
a) **Topical or oral steroid**

68-end by Mahmoud Alraddadi

68. All the following may cause sudden unilateral blindness EXCEPT:
a) **Retinitis pigmentosa.**
b) Retrobulbar neuritis.
c) Retinal detachment.
d) Vitreous hemorrhage.
e) Central retinal artery embolism.
Source : http://www.gpnotebook.co.uk/simplepage.cfm?ID=2073690114&linkID=34600&cook=yes
http://www.nlm.nih.gov/medlineplus/ency/article/003039.htm
Explanation :
DDx:

- Sudden Unilateral :
- retinal artery embolism
- retinal vein thrombosis
- vitreous haemorrhage
- temporal arteritis
- retinal detachment
- optic neuritis
- migraine
- acute glaucoma

Gradual Night Blindness DDx. :
Retinitis pigmentosa – Cataract – Vit. A Def.

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69. Patient has painful red left eye associated with photophobia , what is the DX
a) Glaucoma
b) **Uveitis**
c) other

Source : http://emedicine.medscape.com/article/798323-clinical
Explanation:
Uveitis is a condition that involves inflammation of the uveal tract (ie, iris, ciliary body, choroid) or adjacent ocular structures (eg, retina, optic nerve, vitreous, sclera).
Symptoms of **anterior uveitis** (pain, redness, and photophobia).
Posterior uveitis (Blurred vision, floaters).

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70. retinal detachment, all true except:
a) **More common in hypermtropic patient than myopic**

Source : http://emedicine.medscape.com/article/798501-overview
Explanation:

This is a condition in which there is separation of the two retinal layers, the retina proper and the pigmentary epithelium by the subretinal fluid.

Retinal detachments may be associated with :
congenital malformations, **metabolic** disorders, **trauma** (including previous **ocular surgery**), **vascular disease**, **choroidal tumors**, **high myopia** or **vitreous disease**, or **degeneration**, **toxemia of pregnancy**.

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71. Acute glaucoma, all are true EXCEPT:
a) Refer to ophthalmologist.
b) **Give miotic before referral**
c) Can present with headache.
d) Can present with abdominal pain.
e) Pupil size in acute glaucoma is larger than normal.
Source :
http://emedicine.medscape.com/article/1206147-clinical#showall
http://ocularphysiology.blogspot.com/2010/01/marcus-gunn-pupil-which-is-also-known.html
First Aid Of USMLE pg. 315

Explanation:
Acute open angle glaucoma:
If Pressure : >21 mmhg = Asymptomatic
>35 mmhg = Symptomatic (Here You start Medical Rx.)

Initial Rx is aimed **primarily at lowering IOP through systemic medication**.
This is b/c, when the IOP is more than 50, the iris sphincter is usually ischemic & paralysed, so that, **intensive miotic therapy (Pilocarpine)** is seldom effective in pulling the peripheral iris away from the angle.

It can present with **eye pain, headache, nausea & vomiting**.

In acute glaucoma may cause :

Marcus Gunn pupil which is also known as Afferent Pupillary Defect(APD) a condition of the eye where the pupil does not dilate appropriately to the level of light reaching it, **resulting in one pupil appearing larger than the other.**

Medical Rx. :

Beta-adrenergic blockers (Timolol) - Adrenergic agonists - Less-selective sympathomimetics (Epinephrine) - Carbonic anhydrase inhibitors - Prostaglandin analogs (Latanaprost)- Miotic agents (parasympathomimetics = Pilocarpine) - Hyperosmotic agents.

Surgical Rx. : laser trabeculoplasty

---

72. All are true about congenital squint except:
a) **There is no difference of the angle of deviation of squint eye between far & near vision.**
b) Asymmetry of corneal light reflex

Source : http://emedicine.medscape.com/article/1198876-overview
Expalantion:
Cong. Squint = Infantile Eso/Exotropia = Strabismus.
Strabismus is a condition one eye deviates away from the fixation point .under normal condition both the eyes are in **proper alignment**.
The presence of epicanthus and high errors of refraction stimulate squint and this is called apparent squint but in fact there is **no squint**.
· In a **non paralytic** squint the movements of both eyes are full but only one eye is directed towards the fixated target, the angle of deviation is constant and unrelated to direction of gaze .
Paralytic squint there is underaction of one or more of the eye muscles due to nerve palsy, extraocular muscles that tether of the globe.

Prescnece of infantile esotropes manifest with a constellation of ocular motor signs, as follows:[4]

- **Esotropia, with or without strabismic amblyopia**
- **Pursuit asymmetry**
- **Latent fixation nystagmus.**

---

73. TB patient suffer from painful red eye photobi
a) Glucoma
b) **Uvitis**
c) Bact.conjctivitis
d) Viral conjuctivites

Same **Source** as Qs. 69 + http://emedicine.medscape.com/article/1209505-overview#a0104

Explanation:
Uveitis, Anterior, Granulomatous causes :
syphilis, Lyme disease, tuberculosis (TB), or local reactivation of herpetic viral infection.

---

74. Regarding Stye infection of the lower eyelid, all true except:-
a) Is infection of gland in the lower eye lid
b) Can be treated by topical antibiotics
c) Can be treated by systemic antibiotics
d) **Needs ophthalmology referral "** *though sometimes referral is needed, but it is never the first option"*
Source : None
Explanation:
· **A hordeolum (ie, stye)** is a localized infection or inflammation of the eyelid margin involving hair follicles of the eyelashes (ie, external hordeolum) or meibomian glands (ie, internal hordeolum).
· **A chalazion** is a **painless** granuloma of the meibomian glands.
· Management:
Ø **Warm soaks** (qid for 15 min)
Ø **Drainage of a hordeolum**
Ø **Antibiotics** are indicated only when inflammation has spread beyond the immediate area of the hordeolum.
Topical antibiotics may be used for recurrent lesions and for those that are actively draining. Topical antibiotics do not improve the healing of surgically drained lesions.
Systemic antibiotics are indicated if signs of bacteremia are present or if the patient has tender preauricular lymph nodes
Ø **Surgical** If the lesion points at a lash follicle, remove that one eyelash
Ø **Consultations:** If the patient does not respond to conservative therapy (ie, warm compresses, antibiotics) within **2-3 days**, consult with an ophthalmologist Consultation is **recommended prior to drainage** of large lesions

---

75. Which of the following is true regarding red eye:
a) **More redness occur in corioscleral "suggest iritis"**
b) if associated with fixed mid –fixed dilated pupil suggest anterior uveitis
c) in case of glaucoma treatment is mydratics **X** (Meiotics)

Source :
http://www.patient.co.uk/doctor/Pupillary-Abnormalities.htm
http://lifeinthefastlane.com/resources/differential-diagnosis/fixed-dilated-pupil-ddx/
Explanation :

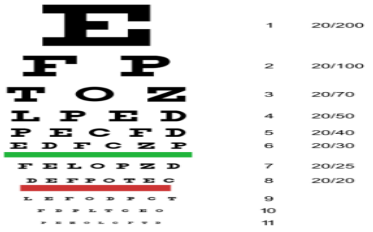
A fixed oval pupil in association with severe pain, a red eye, a cloudy cornea and systemic malaise suggests acute angle closure glaucoma which warrants immediate referral.
(Marcus Gunn Pupil)
Other Causes : Pharmacologic blockade

- anticholinergic drugs: e.g. atropine, cyclopentolate and tropicamide.
- alpha1-agonists: phenylephrine.

Oculomotor nerve palsy , Holmes-Adie pupil or post-traumatic iridocyclitis.

---

76. Picture of Snellin chart, 70 years old patient can only read to the 3rd line, what is his visual acuity?
a) 20\100
b) **20\70**
c) 20\50
d) 20\40



· Note that the numbers on the side was erased from the chart

77. This patient see letters at 20 feet , where normal person see it:
a) **At 70 feet.**

Qs. 76 + 77 depend on your knowledge about Snellen Chart.

http://www.precision-vision.com/index.cfm/feature/24/snellen-eye-chart---a-description-and-explanation.cfm

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78. 24 years old female newly diagnosed type 2 DM, she is wearing glasses for 10 years, how frequent she should follow with ophthalmologist?
a) Every 5 years
b) **Annually**

· **For type 1 diabetic**: retina screening annually beginning 5 years after onset of diabetes, general not before onset of puberty.
· **for type 2 diabetic** : screening at the time of diagnosis then annual.

79. Contraindicated in acute glaucoma management:
a) Pilocarpine
b) Timolol
Both Can Rx. Acute Glaucoma
See Explanation of Qs. 71

80. Flu like symptoms since two days and now has red eye, what is the diagnosis:
a) **Viral conjunctivitis**
b) bacterial conjunctivitis
c) c.uvitis
d) glaucoma
Source : http://emedicine.medscape.com/article/1192122-overview
Explanation:
Conjunctivitis may be allergic, viral, or bacterial.
Allergic conjunctivitis often presents with **pruritus** in individuals with a history of allergic disease. **Viral** conjunctivitis tends to be associated with **enlarged, tender preauricular nodes, watery discharge, and upper respiratory tract infection**. Viral conjunctivitis is highly contagious; proper hygiene and hand washing habits should be emphasized to all patients. **Bacterial** conjunctivitis tends to be associated with a more **mucopurulent or purulent** discharge.

---

81. The most dangerous red eye that need urgent referral to ophthalmologist
a) associated with itching
b) presence of mucopurulant discharge
c) bilateral
d) **Associated with photophobia**
Source: http://emedicine.medscape.com/article/1192122-treatment
Explanation:
Uncomplicated cases of blepharitis, conjunctivitis, foreign bodies, and subconjunctival hemorrhage may be managed by the primary care physician.

However, other **possible causes of red eye require ophthalmologic consultation** within an appropriate time period. **Corneal ulcers, iritis (Photophobia), endophthalmitis, penetrating foreign bodies,** and other conditions must be seen promptly.
---

82. Patient with pterygium in one eye, the other eye is normal, what's correct to tell:
a) It's due to vitaminosis A.
b) **It may affect vision**
c) It's a part of a systemic disease.
d) I forgot the rest answers

Source:http://emedicine.medscape.com/article/1192527-overview

Explanation:

A pterygium is an elevated, superficial, external ocular mass that usually forms over the perilimbal conjunctiva and extends onto the corneal surface. Pterygia can vary from small, atrophic quiescent lesions to large, aggressive, rapidly growing fibrovascular lesions that can distort the corneal topography, and, in advanced cases, **they can obscure the optical center of the cornea.**

pathophysiology of pterygia is characterized by ***elastotic degeneration of collagen*** and fibrovascular proliferation**.**

Pterygia can be removed for **cosmetic reasons**, as well as **for functional abnormalities of vision or discomfort**

(12)
Dermatology

- **1-37 by:** **Mahmoud Alraddadi**
- **38- 88 by:** **Abdullah Faiz**
- **89-105 by:** **Riyadh Aljohani**
- **106-115 by:** **Mohammed Naji**
- **116 by:** **Aisha Mousa**

1-37 by Mahmoud Alraddadi

1. Patient come with history of tinea capitis treatment :
a) Tar shampoo
b) **Fluconazole**
Source:
http://emedicine.medscape.com/article/1091351-treatment
Explanation:

oral antifungal is considered to be the treatment of choice for tinea capitis , shampoo is being considered as an **adjunct to oral treatment** .
As Written In Medscape:

- **Topical treatment alone** usually is **ineffective** and is not recommended for the management of tinea capitis.
- Newer antifungal medications, such as **ketoconazole, itraconazole, terbinafine, and fluconazole**, have been reported as effective alternative therapeutic agents for tinea capitis.[14, 15] Of these agents, itraconazole and terbinafine are used most commonly.
- **Selenium sulfide shampoo** may reduce the risk of spreading the infection early in the course of therapy by reducing the number of viable spores that are shed.

---

2. Cold induced Urticaria treatment
a) **Antihistamine** "if other options not including protection"
Source:
http://www.mayoclinic.com/health/cold-urticaria/ds01160/method=print
Explanation:
First Line Of **Treatment includes avoiding cold temperatures and exposure to sudden changes in temperature**.

Medications used to treat cold urticaria include:

- **Antihistamines**. These medications block the symptom-producing release of histamine. Some of these medications are available over-the-counter, whereas others require a prescription. Examples include **loratadine** (Claritin), fexofenadine (Allegra), cetirizine (Zyrtec), levocetirizine (Xyzal) and desloratadine (Clarinex).
- **Cyproheptadine.** This medication is an **antihistamine** that also affects nerve impulses that lead to symptoms.
- **Doxepin (Silenor).** Normally used to **treat anxiety and depression**, this medication can also reduce cold urticaria symptoms.

These medications **won't cure cold urticaria** — they'll only ease symptoms.

---

3. Man went on vacation. He noticed a white patch in his chest which became clearer after getting a sun tan which was spread on his chest.what is the diagnosis? a) **Pytriasis versicolor**
b) Vitilligo
c) Pytriasisroscea

Source:
http://emedicine.medscape.com/article/1091575-overview

Explanation:

Tineaversicolor, also called **pityriasis**.

Tinea versicolor is a common, benign, **superficial cutaneous fungal infection** usually characterized by **hypopigmented or hyperpigmented macules and patches** on the **chest** and the back. In patients with a predisposition, tinea versicolor may chronically recur.

Tinea versicolor patients often report that the involved skin lesions fail to tan in the summer.

Info. : Pityriasis rosea (PR)

acute, self-limiting, papulosquamous eruption with a duration of 6-8 weeks.

Aeti. :

Infection (Viral) , Drugs (ASA – Barbiturates – Anti TNF) or contact to Skin erupted pt.

---

4. Male with itching in groin erythematous lesions and some have clear centers, what is diagnosis?

a) Psoriasis
b) **Tineacuris**
c) Erythrasma

Source : None

Explanation:

Jock itch (tineacruris) is a fungal infection that affects the skin of genitals, inner thighs and buttocks. Jock itch causes an itchy, red, often ring-shaped rash in these warm, moist areas of body.

---

5. Patient present with mid face pain, erythematous lesions and vesicles on periorbital and forehead, the pain is at nose, nose is erythematous. What is diagnosis?

a) Rosella
b) HSV
c) **Herpes zoster**

Source: http://emedicine.medscape.com/article/1132465-overview

Explanation:

Symptoms typically include prodromal sensory phenomena (Pre-eruptive Neuralgia) along 1 or more skin dermatomes lasting 1-10 days (averaging 48 h), which usually are noted as pain.
Patchy erythema, occasionally accompanied by induration, appears in the dermatomal area of involvement.

---

6. Treatment of non inflammatory acne:

a) **Retinoic acid**

Source: http://emedicine.medscape.com/article/1069804-treatment

Explanation:

Treatment of comedones: **Topical retinoid**

most commonly prescribed topical retinoids (adapalene, tazarotene, and tretinoin.)

Treatment of papules or pustules:

T. Retinoid With **Combination** of
Topical benzoyl peroxide and topical antibiotics, mainly **clindamycin or (Less commonly Erythromycin)**

In severe cases (Acne Vulgaris)
intralesional steroid injection or oral antibiotics, such as **tetracycline or Doxycycline** may be added.
Some hormonal therapies may be effective (**Oral contraceptives increase sex hormone–binding globulin**)
Isotretinoin is a systemic retinoid **(teratogen, and pregnancy must be avoided)** that is highly effective in the treatment of severe, recalcitrant acne vulgaris.

---

7. Treatment of comedones:
a) **Topical retinoid**
Source: As Previous.
Explanation:
Retinoid medications are derivatives of **Vitamin A** and the treatment of choice for comedonal acne, or whiteheads and blackheads. They work by increasing skin cell turnover promoting the extrusion of the plugged material in the follicle. They also prevent the formation of new comedones. All of the retinoids must be prescribed by a health care provider.

---

8. Treatment of papules or pustules:
a) **Topical benzoyl peroxide plus topical antibiotics, mainly clindamycin or erythromycin.**

Same As Qs. 6 & 7 .
---

9. Treatment of acne In severe cases:
a) **Steroid injection or oral antibiotics, such as tetracycline or erythromycin may be added.**
Source: http://emedicine.medscape.com/article/1069804-treatment
Explanation:
Some common treatments for nodulocystic acne include
Oral antibiotics - isotretinoin - Oral contraceptives - for women - Surgical excision and drainage - A doctor makes a small incision in the skin and extracts the infected material.
Intralesional corticosteroid injections - Medication is injected directly into the lesion to reduce inflammation and shrink the blemish.

---

10. Baby with white papules in his face what is your action:
a) **Reassure the mother and it will resolve spontaneously**
b) give her antibiotic.
Source: http://emedicine.medscape.com/article/910405-overview
Explanation:
Milia is **self-limited lesions** manifest as **tiny white bumps** or small cysts on the skin that are almost **always seen in newborn babies**. In children**, no treatment is needed**. Skin changes on the face or cysts in the mouth usually disappear after the first few weeks of life without treatment, and without any lasting effects.

Application of creams or ointments is not recommended.
---

11. Patient around his nose there are pustules, papules and telangiectasia lesions. The diagnosis is:
a) **Rosacea**
Source: http://emedicine.medscape.com/article/1071429-overview
Explanation:

Rosacea
common condition characterized by symptoms of facial flushing and a spectrum of clinical signs, including erythema, telangiectasia, coarseness of skin, and an inflammatory papulopustular eruption resembling acne.

---

12. 15 years boy appear patch in right lower leg these patch is clear center red in peripheral, no fever no other complain so diagnosis:
a) contact dermatitis
b) **Tineacorporis**
c) lyme disease

Source: None.
Explanation:
Tinea corporis Symptoms may include itching. The rash begins as a small area of red, raised spots and pimples. The rash slowly becomes ring-shaped, with a red-colored, raised border and a clearer center. The border may look scaly. The rash may occur on the arms, legs, face, or other exposed body areas.
---

13. other brought her baby & was complaining of diaper rash. She used cornstarch, talc powder, zinc ointment & 3 different types of corticosteroids prescribed by different physicians but with no benefit. The rash was well demarcated & scaly with satellite lesions. The most likely diagnosis:
a) **Candidal rash**
b) Seborrhic dermatitis
c) Allergic contact dermatitis
Source: http://emedicine.medscape.com/article/801222-clinical#a0216
Explanation:

Diaper Rash Causes…

· **Irritant contact dermatitis, miliaria (heat rash), and intertrigo**

- Usually follows a **bout of diarrhea**
- **Exacerbated by scrubbing and the use of commercial wipes or strong detergents**
- **Lasts less than 3 days** after more diligent diaper changing practices are initiated
- Asymptomatic (except for miliaria)

· **Candidal diaper dermatitis**

- Lasts even after more diligent diaper changing practices are started
- Should be suspected in **all rashes lasting more than 3 d** (*Candida* is isolated in 45-75% of such cases)
- **Painful** - Parents often report severe crying during diaper changes or with urination and defecation.
- May follow **recent antibiotic use**.

· **Seborrheic dermatitis**

- Usually occurs in **infants aged 2 weeks to 3 months**
- Consists of an **eruption of an oily, scaly, crusted dermatitis** of the scalp (cradle cap), face, retroauricular regions, axilla, and presternal areas
- Asymptomatic
- Any child with widespread seborrheic dermatitis, diarrhea, and failure to thrive should be evaluated for **Leiner disease**, a functional defect of the C5 component of complement.

---

14. A female patient presented with wheals over the skin with history of swollen lips. The diagnosis is:
a) **Chronic urticaria with angioedema**
b) Solar dermatitis
c) Contact dermatitis
d) Cholinergic dermatitis
Source:
None

Explanation:
Urticarial lesions are polymorphic, round or irregularly shaped pruritic wheals that range in size from a few millimeters to several centimeters
Angioedema, which can occur **alone or with urticaria**, is characterized by non pitting, non-pruritic, well-defined, edematous swelling that involves subcutaneous tissues (e.g., face, hands, buttocks, genitals), abdominal organs, or the upper airway (i.e., larynx).

Chronic urticaria : if more than **6 months** .
Solar urticaria : due to **sunlight**
Cholinergic urticariae: due to brief increase in body temperature.
Cold urtiaria : due to exposure to cold

---

15. A child presented with honey comb crust lesion. Culture showed staph aureus. The diagnosis is:
a) **Impetigo**
Source: http://emedicine.medscape.com/article/965254-overview#aw2aab6b2b3aa
Explanation:
Impetigo is an acute, highly contagious **gram-positive bacterial infection** of the superficial layers of the epidermis. Impetigo occurs most commonly in **children**, especially those who live in hot, humid climates.

Both **GABHS and *S aureus*** cause **nonbullous impetigo**, whereas **bullous impetigo** is caused almost **exclusively by *S aureus***.
---

16. Patient presented with a 6 week history of itching & redness all over the body with wheals. Which type of urticaria this pt has:
a) **Chronic urticaria** à **6 weeks**
b) Solar urticarial
c) Allergic urticaria à resolved after 24h or 72h

Same As Qs. 14
Explanation:
Chronic hives, also known as **urticaria**, are batches of raised, red or white itchy welts (wheals) of various sizes that appear and disappear. While most cases of hives go away within a few weeks or less, for some people they are a long-term problem. **Chronic hives are defined as hives that last more than six weeks or hives that go away, but recur frequently.**
---

17. angioedema due to use of :
a) B blocker
b) **ACEI**
Source: http://www.ncbi.nlm.nih.gov/pubmed/11480492 (4th Line)

Explanation:
Angioedema is well documented in patients taking ACE inhibitors.
---

18. Which of the following reduces the risk of post-therapeutic neuralgia:
a) Corticosteroid only
b) Valacyclovir only
c) **Corticosteroid &Valacyclovir**
Source:
http://emedicine.medscape.com/article/1132465-treatment#aw2aab6b6b5

Explanation:
Herpes zoster is usually treated with orally administered acyclovir. Other antiviral medications include famciclovir and valacyclovir.
The antiviral medications are most effective when started within 72 hours after the onset of the rash.
The addition of an orally **administered corticosteroid** can provide modest benefits in reducing the pain of herpes zoster and the incidence of postherpetic neuralgia.
But Once the PHN developed it has no effect.

---

19. On examination of newborn the skin show papules or (pustules) over erythema base:
a) Transient neonatal pustularmelanosis
b) **Erythema toxicumneonatorum**
Source: None
Explanation:
The **main symptom of erythema toxicumneonatorum** is a **rash of small, yellow-to-white colored papules surrounded by red skin**. There may be a few or several papules. They usually appear on the face and middle of the body, but may also be seen on the upper arms and thighs.
The **rash can change rapidly, appearing and disappearing** in different areas over hours to days.

---

20. Patient present with, erythematous lesions and vesicles on periorbital and forehead, the pain is at nose, nose is erythematous. what is diagnosis
a) Roseola
b) HSV
c) **Herpes zoster**
Same as Qs. 5
---

21. Patient with colored pustules around his mouth, organism show herpes simplex type 1, what is the treatment:
a) **Oral antiviral**
b) IV antiviral
c) Supportive
SOURCE:
http://emedicine.medscape.com/article/218580-treatment
Explanation:
Treatment, Symptoms may go away on their own without treatment in 1 to 2 weeks.health care provider can prescribe medicines to fight the virus. This is called **antiviral medicine.** It can help reduce pain and make symptoms go away sooner. Medicines used to treat mouth sores include: **Acyclovir, Famciclovir & Valacyclovir .**

Important. :

life-threatening HSV infections in immunocompromised patients and HSV encephalitis require high-dose intravenous acyclovir.

---

22. Treatment of herpes zoster in ophthalmic division:
a) Oral acyclovir alone
b) **Acyclovir & Prednisolone**
c) Prednisolone
d) IV Acyclovir
Source: http://emedicine.medscape.com/article/1132465-overview
Explanation:
Oral acyclovir (5 times/d) has been shown to shorten the duration of signs and symptoms, as well as to reduce the incidence and severity of HZO complications. The use of oral corticosteroids has been shown to reduce the duration of pain during the acute phase of the disease and to increase the rate of cutaneous healing; **Corticosteroids are recommended for HZO only for use in combination with antiviral agents.**

---

23. Treatment of scabies:
a) **Permethrin**
Source:
http://emedicine.medscape.com/article/1109204-treatment#aw2aab6b6b2
Explanation:
A scabicidal agent, such as **permethrin, lindane, or ivermectin**
Permethrin cream and Malathion lotion are the two most widely used treatments for scabies.
Permethrin cream is usually recommended as the first treatment.
Malathion lotion is used if the permethrin cream proves **ineffective.**
Itching give Oral antihistamine.

---

24. Male came with vesicle in forehead To prevent post herpetic N
a) Oral acyclovir
b) Steroid
c) **Oral aciclvir and steroid**
d) Varicella vaccine

Same As Qs. 18

Explanation: Agents for pain control

- **Narcotic and nonnarcotic analgesics (both systemic and topical)**
- **Neuroactive agents (eg, tricyclic antidepressants [TCAs])**
- **Anticonvulsant agents**

---

25. Patient has 2 cm dome shaped mass in the dorsum of his hand. It's covered by keratin. What's the most likely diagnosis:
a) Basal cell carcinoma
b) Malignant melanoma
c) **keratoacanthoma**

Source:
http://emedicine.medscape.com/article/1100471-clinical#a0217
Explanation:
keratoacanthoma (KA) are limited to the **skin**. Lesions typically are **solitary** and begin as firm, roundish, skin-colored or reddish ***papules that rapidly progress to dome-shaped nodules*** with a smooth shiny surface and a central crateriform ulceration or **keratin plug** that may project like a **horn**. Most keratoacanthomas occur on **sun-exposed areas**. The face, neck, and **dorsum of the upper extremities** are common sites.

More Likely misdiagnosed with SCC.

---

26. Patient has hemorrhagic lesion in the mouth and papules in the face and back. He had SOB, fever, cough and mediastinal mass, what's the diagnosis?

a) **Kaposi sarcoma**

http://emedicine.medscape.com/article/279734-overview
Explanation:
Lesions in Kaposi sarcoma may involve the **skin**, **oral mucosa, lymph nodes, and visceral organs.**
The tumors most often appear as **bluish-red or purple bumps on the skin**.
They are reddish-purple because they are rich in blood vessels.

Pulmonary lesions may be an asymptomatic radiographic finding, but signs and symptoms can include the following:

- Cough
- Dyspnea
- Hemoptysis

Classic Kaposi sarcoma

---

27. Male patient has hair loss started as fronto-temporal and moving toward the vertex (top of the head) the diagnosis is:
a) **Androgenic alopecia**
b) TineaCaptus
Source:
http://emedicine.medscape.com/article/1070167-overview
Explanation:

Signs of androgenetic alopecia include the following:

- **Gradual onset**
- **Increased hair shedding**
- **Transition in the involved areas from large, thick, pigmented terminal hairs to thinner, shorter, indeterminate hairs and finally to short, wispy, nonpigmented vellus hairs**
- **End result can be an area of total denudation; this area varies from patient to patient and is** usually **most marked at the vertex**

---

28. Rash all over the body except the face after week of unprotected sexual intercourse:
a) Charcoid
b) **2ry syphilis**
Source:

http://emedicine.medscape.com/article/229461-overview#a0104

Explanation:

Primary syphilis is characterized by the development of a **painless chancre** at the site of transmission after an incubation period of **3-6 weeks.**

Secondary syphilis develops about **4-10 weeks** after the appearance of the primary lesion.
Systemic manifestations include malaise, fever, myalgias, arthralgias, lymphadenopathy, and rash.
Widespread **mucocutaneous lesions** are observed over the **entire body** and may involve the **palms, soles, and oral mucosae.**
Other skin findings of secondary syphilis are **condylomata lata and patchy alopecia.**

---

29. Patient complaonong of of hypopigmentful skin , nerve thinking diagnosis:

a) **leprosy**

Source:

http://emedicine.medscape.com/article/1104977-overview

Explanation:

Leprosy is a chronic granulomatous disease principally affecting the skin and peripheral nervous system.
Temperature is the first sensation that is lost.
Diagnosis was based on 1 or more of the 3 following signs:

- **Hypopigmented or reddish patches with definite loss of sensation**
- **Thickened peripheral nerves**
- **Acid-fast bacilli** on skin smears or biopsy material

---

30. Child have fever & malaise then develop rash with is papule become vesicular and crusted?

a) **Varicella zoster**

Source:

http://emedicine.medscape.com/article/231927-clinical#a0217

Explanation:

Varicella-zoster virus (VZV) is the cause of **chickenpox** and **herpes zoster .**
During the acute illness, 90% of patients experience pain, 20% describe helplessness and depression, and 12% experience flulike symptoms.
Until the characteristic vesicular rash erupts:
erythematous macules and papules develop and progress to vesicles within 24 hours. The vesicles eventually crust and resolve.

---

31. Patient with cystic nodule (acne) and scars, what is the best treatment?

a) **Retinoin.**
b) Erythromycin.
c) Doxycyclin

Same As Qs. 6

Explanation:

While topical creams work well for mild-to-moderate forms of acne, nodular acne usually requires more aggressive therapy.
Oral antibiotics may be prescribed to fend off bacteria and reduce inflammation. But even antibiotics may not be enough. **A treatment regime called isotretinoin** (**Cystic = Acne Vulgaris**) which goes by the brand name of Accutane, is often prescribed for patients with deep nodular acne.

---

32. Acanthosis Nigricans associated with :

a) **Polycystic ovary syndrome**
Source:
http://emedicine.medscape.com/article/1102488-clinical#a0218

Explanation:

Acanthosis nigricans can be seen with:
Obesity – PCOS - Uncontrolled D.M -
Autoimmune Dis. (systemic lupus erythematosus, scleroderma, Sjögren syndrome, or Hashimoto thyroiditis.).
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33. Patient has diarrhea , dermatitis and dementia diagnosis :
a) **Pellagra**
Source:
http://emedicine.medscape.com/article/1095845-overview
Explanation:
4 *D*'s: photosensitive dermatitis, diarrhea, dementia, and death.

Pellagra is a Deficiency of **Niacin** in the body and affects the normal function of the nerves, digestive system, and skin.
In Adult, can present as complication of **isoniazid therapy.**
Secondary pellagra:
Prolonged diarrhea
Long-term alcoholism
Cirrhosis of the liver
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34. Dermatomyositis what is true:
a) distal muscle weakness
b) **Underlying malignancy can be**
c) Generalized Skin rash
Source:
http://emedicine.medscape.com/article/332783-clinical
Explanation:
Dermatomyositis is an **idiopathic inflammatory myopathy (IIM) with characteristic cutaneous findings. It is a systemic disorder that most frequently affects the skin and muscles.**
Etiology:

1- **Genetic Implication**
2- **Viral infection(**coxsackievirus, parvovirus)
3- **Drug induced (Hydroxyurea)**
4- **Immunologic abnormalities (Abnormal T-Cell).**

Muscle involvement manifests as proximal muscle weakness.
Malignancy is possible in any patient with dermatomyositis

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35. 27 years old man have asymmetric oligoarthritis involve Knee & elbow, painful oral ulcer for 10 years. he came with form of arthritis , mild abdominal pain ,, dx is: a) **Behcets diseased**
b) SLE
c) Regional enteritis
d) Ulcerative colitis
e) Wipples disease
Source: http://emedicine.medscape.com/article/329099-clinical#a0217

Explanation:
Behçet disease is characterized by a **triple-symptom** complex of recurrent **oral aphthous ulcers**, **genital ulcers, and uveitis**.
Age of 25-35 years at onset.
Skin lesions: including erythema nodosum–like lesions - papulopustular or acneiform lesions.
Vasculopathy: Vasculitis of the small and large vessels can cause a panoply of symptoms depending on location of the lesions.

Arthritis: nondeforming and asymmetric in nature and can assume a monoarticular, oligoarticular, or polyarticular pattern.

Gastrointestinal: Symptoms include abdominal pain, bloating, and GI bleeding.

Renal: G.Nephrits – Neurogenic Bladder.

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36. Dermatomyositis came with the following symptoms:
a) **Proximal muscle weakness**

b) Proximal muscle tenderness

Same As Qs. 34

Symptoms including: Difficulty swallowing - Muscle weakness - stiffness or soreness Purple or violet colored upper eyelids - Purple-red skin rash - Shortness of breath.

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37. Old male , back pain , ex is normal : gave him steroid , come again with vesicle from back to abdomen :

a) **VZV**

Same As Qs. 30

Explanation:

A painful, blistering rash tends to occur on one side of the body, usually on the trunk or face. There may be pain, numbness or tingling of the area 2 to 4 days before the rash appears. Pain or numbness usually resolves within weeks, but it can sometimes persist for much longer.

38- 88 by Abdullah Faiz

38. Hair loss is a side effect of the following medications:
a) Phenytoin
b) Carbamezabin

c) **Valporic Acid**
d) Diazepam
· **Explanation :**most COMMON side effects persist or become bothersome when using: Ø **Valproic Acid:** Constipation, diarrhea, dizziness, drowsiness, headache, increased or decreased appetite, mild hair loss; nausea; sore throat; stomach pain or upset; trouble sleeping; vomiting; weakness; weight gain. Ø **phenytoin :** gingival hyperplasia, hirsuteism, ataxia Ø **carbamazepine :**agranulocytosis, hepatotoxicity, aplastic anemia Ø **Na Valproate:** transient hair loss.

39. Patient with symptoms of blephritis and acne rosacea the best Rx is:
a) **Doxacyclin**
b) Erythromycin
c) Cephtriaxone
kumar p 1247
· **Explanation:** often, an antibiotic or combination antibiotic-steroid ointment is prescribed for varying periods of time, depending on response. For example, tetracyclines tend to work well for rosacea, not only because of the antibiotic effect, but because tetracyclines tend to decrease the viscosity of naturally secreted oils, thereby reducing the oil gland "plugging" that occurs with this disease.Most eye doctors will prescribe long-acting tetracyclines such as doxycycline, which can be taken once or twice a day. Furthermore, doxycycline, unlike traditional tetracycline, can be taken with food and milk products without preventing absorption in the body.

40. Child with fever and runny nose, conjunctivitis and cough then he developed Maculopapular rash started in his face and descend to involve the rest of the body:
a) EBV
b) Cocxaci virus
c) **Rubella virus**
d) Vaccini virus
· **Explanation:** Rubella symptoms: Mild fever of 102 F (38.9 C) or lower,Headache,Stuffy or runny nose,Inflamed, red eyes enlarged, tender lymph nodes at the base of the skull, the back of the neck and behind the ears .A fine, pink rash that begins on the face and quickly spreads to the trunk and then the arms and legs, before disappearing in the same sequence .Aching joints, especially in young women
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41. Folliculitis treatment is:

a) Topical steroid
b) PO steroid
c) PO antibiotic
d) **Topical AB**
?????????????
· **Explanation:** Treatment; Hot, moist compresses may promote drainage of the affected follicles. Treatment may include antibiotics applied to the skin (mupirocin) or taken by mouth (dicloxacillin), or antifungal medications to control the infection.
42. Most common association with acanthosis negricans (one):
a) Hodgkin lymphoma.
b) Non-hodgkinlymphoma.
c) DM.
d) **Insulin resistance.**
e) Internal malignancy**.**
· **Explanation:** This occurs due to insulin spillover (from excessive production due to obesity or insulin resistance) into the skin which results in abnormal growth being observed. · The most common cause

would be insulin resistance, usually from type 2 diabetes mellitus. Other causes are familial, obesity, drug-induced, malignancy (gastric cancer), idiopathic and polycystic ovary syndrome.

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

a) Wide excision.
b) **Incisional biopsy**
c) Cryotherapy.
d) Radiotherapy.
e) Immunotherapy.

· **Explanation:** The patient is having a malignant melanoma and the treatment is by excision.
http://emedicine.medscape.com/article/280245-treatment

44. Patient has symptoms of infection, desquamation of hands and feet, BP 170\110 dx:

a) Syphilis
b) **Toxic shock syndrome**
c) Scarlet fever
http://emedicine.medscape.com/article/169177-clinical#a0217

· **Explanation:** Toxic shock Syndrome: Caused by Staph aureus, often with 5 days of onset of menstrual period in women who have used tampons. Feature: abrupt fever (39 c or more), vomiting, diffuse macular erythematous rash, desquamation especially in palms and soles, non purulent conjunctivitis. Diagnosis: blood culture are –ve .so, diagnosis by clinical. Treatment : 1st step rehydration and antibiotic

45. Patient with early rheumatoid arthritis , what is your management to decrease the limitation of movement

a) Do not use analgesics or steroids
b) **Use DMARDs like methotrexate or antiTNF, hydroxychloroquine** · **Explanation:** RA usually requires lifelong treatment, including medications, physical therapy, exercise, education, and possibly surgery. Early, aggressive treatment for RA can delay joint destruction. · **MEDICATIONS:** Disease modifying antirheumatic drugs (DMARDs): These drugs are the first drugs usually tried in patients with RA. They are prescribed in addition to rest, strengthening exercises, and anti-inflammatory drugs.

46. Patient was presented by Bullous in his foot , biopsy showed sub dermal lysis , fluorescent stain showed IgG , what is the most likely diagnosis :

a) Bolus epidermolysis.
b) Pemphigoid vulgaris.
c) Herpetic multiform.
d) **Bullous pemphigoid.**

· **Explanation: Bullous Pemphigoid:** An acquired blistering disease that leads to separation at the epidermal basement membrane. It is most commonly seen in patients 60–80 years of age. Its pathogenesis involves antibodies that are developed against the bullous pemphigoid antigen, which lies superficially in the basement membrane zone (BMZ). Antigen-antibody complexes activate complement and eosinophil degranulation that provoke an inflammatory reaction and lead to separation at the BMZ. The blisters are stable because their roof consists of nearly normal epidermis. · **HISTORY/PE:** Presents with firm, stable blisters that arise on erythematous skin, often preceded by urticarial lesions. Mucous membranes are less commonly involved than is the case in pemphigus. · **DIAGNOSIS:** Diagnosed according to the clinical picture. Skin biopsy shows a subepidermal blister, often with an eosinophil-rich infiltrate. Immunofluorescence demonstrates linear IgG and C3 immunoglobulin and complement at the dermal-epidermal junction. · **TREATMENT:** Systemic corticosteroids. Topical corticosteroids can help prevent blister formation when applied to early lesions.

47. 2 months old with scaling lesion on scalp and forehead, Dx:
a) **Seberrhoic Dermatitis**
b) Erythema multiform
· **Explanation:** Seborrheic dermatitis can occur on many different body areas. Usuallky it forms where the skin is oily or greasy. Commonly affected areas include the scalp, eyebrows, eyelids, creases of the nose, lips, behind the ears, in the outer ear, and middle of the chest.

48. Henosch-Scholenpurpura affect:
a) Capillary
b) Capillary and venule
c) **Arteriole, capillary and venule**
d) Artery to vein
· **Explanation:** Henoch-Schönleinpurpura is a small-vessel vasculitis in which complexes of immunoglobulin A (IgA) and complement component 3 (C3) are deposited on arterioles, capillaries, and venules. As with IgA nephropathy, serum levels of IgA are high in HSP and there are identical findings on renal biopsy; however, IgA nephropathy has a predilection for young adults while HSP is more predominant among children. Further, IgA nephropathy typically only affects the kidneys while HSP is a systemic disease. HSP involves the skin and connective tissues, scrotum, joints, gastrointestinal tract and kidneys.
http://emedicine.medscape.com/article/780452-overview#a0104

49. Child with multiple painful swellings on the dorsum of hands , feet , fingers and toes ,his CBC showed Hb =7 ,RBC's on peripheral smear are crescent shaped , what is your long-term care?
a) corticosteroids
b) **Penicillin V**
c) antihistaminic
· **Explanation:** this patient have sickle cell anemia

50. Patient he was living in a cold climate for long time he notices a brown scaly lesion on his chest, when he moved to hot area the lesion became hypopigmented although the rest of his body was tanned, Dx:
a) Psoriasis
b) Vitiligo
c) **Ptryasis versicolor**
kumar p 1234

51. Urticaria, all true EXCEPT:
a) Can be part of anaphylactic reaction
b) Is not always due to immune reaction
c) **Always due to deposition of immune complex in the skin (due to increase permeability of capillaries)**
d) Due to ingestion of drug e) Due to ingestion of strawberry
· **Explanation:** it is not always due to deposition of immune complex in the skin (right :due to increase permeability of capillaries)

52. Neonate baby present with rash over the face & trunk& bluster formation , Diagnosis:
a) **Erythema Toxicum**
· **Explanation:** Erythema toxicum may appear in 50 percent or more of all normal newborn infants. It usually appears in term infants between the ages of 3 days and 2 weeks. Its causes are unknown. The condition may be present in the first few hours of life, generally appears after the first day, and may last for several days. Although the condition is harmless, it can be of great concern to the new parent.Symptoms:The main symptom is a rash of small, yellow-to-white colored papules surrounded by

red skin. There may be a few or several papules. They usually appear on the face and middle of the body, but may also be seen on the upper arms and thighs.The rash can change rapidly, appearing and disappearing in different areas over hours to days.

53. Picture in computer appear vesicle, bulla and erythema in chest skin so what is the treatment?
a) **acyclovir cream**
b) betamethzone cream
c) floclvir
d) erythromycin
????????????

54. The following drugs can be used for acne treatment except:

a) **Ethinyl estradiol**
b) Retin A
c) Vitamin A
d) Erythromycin ointment
e) azelenic acid

55. patient with scale in hair margin and nasal fold and behind ear with papule and irregular erythema so ttt is
a) **Nizoral cream?**
b) atovit
c) acyclovir
d) antibiotic tetracycline or topical flagyl
????????

56. Patient present with, erythematous lesions and vesicles on periorbital and forehead, the pain is at nose, nose is erythematous. what is diagnosis
a) Roseola
b) HSV
c) **Herpes zoster**

57. Seborrheic Dermatitis caused by :
a) **Pityrosporum Ovale**
· **Explanation:** treatment à selenium sulfi de or zinc pyrithione shampoos for the scalp, and topical antifungals and/or topical corticosteroids for other areas.
· **Seborrhic dermatitis** à is an inflammatory skin disorder affecting the scalp, face, and trunk. Presents with scaly, flaky, itchy, red skin. It particularly affects the sebum-gland rich areas of skin.

58. Patient complaining of back pain and hypersensitive skin of the back, on examination, patient had rashes in the back, tender, red base distributed in belt-like pattern on the back, belt-like diagnosis is:
a) **Herpes Zoster**
b) CMV
· **Explanation:** Herpes zoster
Ø **Etiology**: Varicella-zoster virus (dormant in dorsal root ganglion after childhood chickenpox).
Ø **Clinical features:**
ü Pain in the affected dermatome.
ü After 1- 3 days, there are clustered, red papules which become vesicular then pustular.
ü There may be fever, malaise and lymphadenopathy. Pain may persist for months.
ü Involvement of ophthalmic division of trigeminal nerve may cause Keratitis/blindness
Ø **Treatment:**

ü Use topical antiseptics, idoxuridine, or acyclovir for cold sores
ü Oral acyclovir for severe/generalized herpes.
ü For post-herpetic neuralgia, use analgesics,
ü carbamazepine
ü tricyclic antidepressants
ü NB à oral antiviral (decrease risk of post herpetic neuralgia)

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

60. Scabies infestation, all true except:
a) Rarely involve head and neck
b) 5% lindane is effective
c) Benzobenzoates is equally effective to 5% lindane
d) **Itching occurs 1 week after infestation**
· **Explanation:** Scabies is caused by the mite S scabieivarhominis, an arthropod.
· Humans can be affected by animal scabies. Transient pruritic papular or vesicular erythemic lesion may occur after 24 hours of an exposure to an infested animal. The immediate itching protective mechanism can prevent the mite from burrowing.
· Treatment options include either topical o total medications. Topical options include permetherin cream, lindane, benzyl benzoate, crotamiton lotion and cream, sulfur, Tea tree oil. Oral options include ivermectin.

61. Dysplastic nevus syndrome all of the following are true except:
a) Autosomal dominant
b) **answer not written**
· **Explanation:** Dysplastic nevi, also known as **atypical moles**, are unusual benign moles that may resemble melanoma. People who have them are at an increased risk of melanoma. In general, the lifetime risk of developing a cutaneous melanoma is approximately 0.6%, or 1 in 150 individuals.
· People with larger number of atypical moles, have greater risk. As having 10 or more of them = 12 times the risk of developing melanoma as members of the general public even with no family history. This condition can be Heredity (two or more 1st degree relatives) or sporadic.
· The classic atypical mole syndrome has the following characteristics: 100 or more moles, One or more moles greater than 8mm (1/3 inch) or larger in diameter and one or more moles that look atypical
· In some studies of patients with FAMM (syndrome of familial atypical moles and melanomas), the overall lifetime risk of melanoma has been estimated to be 100%.
· **The criteria for FAMM syndrome are as follows:**
a) The occurrence of malignant melanoma in 1 or more first- or second-degree relatives

b) The presence of numerous (often >50) melanocytic nevi, some of which are clinically atypical > Many of the associated nevi showing certain histologic features

62. Psoralin ultraviolet ray A (PUVA) all of the following are true except:
a) useful in vitiligo
b) contraindicated in SLE
c) **Used to treat some childhood intractable dermatosis**
d) Increase the risk of basal and Squamous cell cancer
· **Explanation: Psoralens and ultraviolet A light (PUVA) is medically necessary for the following conditions after conventional therapies have failed:**
1) infection
2) Vitiligo
3) Severe refractory pruritis of polycythemia vera
4) Morphea and localized skin lesions associated with scleroderma
· **PUVA** should be used in the lowest doses possible as higher doses and more exposure increase the risk of skin cancer
· **Psoralens should not be used by:**
1) Children under age 12, because the UV light therapy may cause cataracts
2) People who have diseases that make their skin more sensitive to sunlight (such as lupus)
3) Fertile men and women who do not use birth control. There is a small risk of birth defects.
4) Pregnant women, because of possible effects on developing fetuses
· **Side effects (short-term)**
1) Skin redness & itching
2) headache
3) nausea
4) Burns.
5) The spread of psoriasis to skin that was not affected before (Koebner's response).
· **Side effects (long-term)**
1) Squamous cell carcinoma
2) Melanoma

63. Patient with eruptive purpuric rash, hepatosplenomegaly
a) **Epstein-Barr virus infection**
kumar p 107

64. a lady with 9 weeks history of elevated erythematous wheals overall her body , she also has lip swelling ,no Hx of recent travel ,food allergy or drug ingestion, Dx:
a) **chronic angioedema &urticaria**
b) contact dermatitis
c) solar dermatitis
d) cholinergic dermatitis
· **Explanation:**
Ø **Chronic urticaria** : if more than 6 months
Ø **Solar urticaria** : due to sunlight
Ø **Cholinergic urticaria:** due to brief increase in body temperature.
Ø **Cold urticaria :** due to exposure to cold

65. Patient with Acne take retinoids for management of acne, side effect is
a) **No choices written**
· **Explanation:** The side effects of retinoid are:
1) Dry skin, eye, lips, hair & genetalia.
2) Sun sensitivity.

3) body ache & joint pain
4) decreased night vision
5) increased triglyceride levels
6) liver and kidney toxicity
7) Pseudo tumor cerebri

66. 70 years old man c/o fever , vesicular rash over forehead management:
a) IV AB
b) IV antiviral
c) **Acyclovir**
· **Explanation:** Acyclovir is indicated in :
1) Genital herpes simplex
2) Herpes simplex labialis
3) Herpes zoster
4) Acute chickenpox in immunocompromisedpatients
5) Herpes simplex encephalitis
6) Acute mucocutaneous HSV infections in immunocompromised patients
7) Herpes simplex keratitis
8) Herpes simplex blepharitis
9) Prophylaxis in immunocompromised patients

67. Patient has this painful lesion. The Dx:
a) Herpes zoster
b) **Folliculitis**
c) Cellulitis

68. Athlete who jogs on daily basis presented with groin rash with erythema, the Rx:
a) Topical antibiotic
b) **Topical antifungal**
c) Topical steroid
kumar p 1233

69. 42 years old man presented with sudden eruption all over the body with palm & foot ,, most likely Dx.:-
a) syphilis
b) erythema nodosam
c) erythema multiform
d) **Fixed drug eruption**
e) pytriasisroscia
???????
· **Syphilis** Is sexually transmitted disease, & it is one of the infectious diseases, has dermatological manifestation: painless papule develops and soon breaks down to form a clean based ulcer (chancre with raised, indurated margins.
· **Erythema multiforme**: most cases related to drug ingestion majority of cases related to antibiotics (penicillin, sulfonamides), anticonvulsants (phenytoin, carbamazepine, Phenobarbital, lamotrigine), NSAID, allopurinol, minority of cases may be infection- related (mycoplasma pneumonia, herpissemplix) involve skin including perineum and genitals, mucous membranes (eyes, mouth, pharynx) It varies from a mild, self-limited rash (E. multiforme minor) to a severe, life-threatening form (E. multiforme major, or Stevens-Johnson syndrome) that also involves mucous membranes. The skin form of E. multiforme, far more common than the severe form, usually presents with mildly itchy, pink-red blotches, symmetrically arranged and starting on the extremities

· **Erythema nodosum** (red nodules) is an inflammation of the fat cells under the skin (panniculitis). It occurs 3-6 weeks after an event, either internal or external to the body that initiates a hypersensitivity reaction in subcutaneous fat and is frequently associated with fever, malaise, and joint pain and inflammation. It presents as tender red nodules on the shins that are smooth and shiny.
· **Fixed drug eruptions** are more common on the limbs than the trunk; the hands and feet "not necessarily palms and soles". Lesions may occur around the mouth or the eyes. The genitals or inside the mouth may be involved in association with skin lesions or on their own, Can be caused by: acetaminophen, sulfonamide antibiotics, tetracycline, Phenobarbital, phenolphthalein.
· **Pityriasis rosea** most often affects teenagers or young adults. In most cases there are no other symptoms, but in some cases the rash follows a few days after a upper respiratory viral infection. Herpes viruses 6 and 7 have sometimes been associated with pityriasisrosea. It begins with one large (2-5cm),oval herald patch, smaller secondary multiple lesions appear within 1-2 weeks.

70. 10 years old boy presented with a 5 days history of skin lesion which was scaly and yellowish. The diagnosis is
a) **Tenia corporum**

71. photo show erythema at lower abdomen, groin and thighs
a) Erythema
b) Sebboric dermatitis
c) **Tinea Cruris**

72. Children with eruption within 5 days on all skin ……
a) **Varicella**
b) erythema nodosum
c) erythema multiform
d) fixed drug eruption

73. sun burn hypertensive patient on hydralazine beside using sun protective
a) Discontinue anti HPN
b) Daily paths
c) Use mink oil
d) **Avoid sun exposure**
e) Frequent paths

74. Pituitary adenoma secrete:
a) Acth
b) FSH
c) **Prolactin**

75. 32 years old patient come to you worries about one of his moles , giving history that his father had moles excisional biopsy done to him but now he has metastasis in lungs , bones and liver , what will come to your mind about malignant change of mole :
a) **irregular border**
b) presence in the thigh
c) homogenous colour
· **Explanation:** The ABCDEs of melanoma:Asymmetric ,Irregular Border , Irregular Color , Diameter > 6 mm, Evolution: changing or new lesion

76. nasal pain & rash :
a) **Rosea**

77. Picture of wart in hand and asking for diagnosis.
a) **HPV**

78. Sun burn not responding to antisun creams how you could manage this patient because he spent many times near the sea (take some cold shower after return back , give him prednizon orally):
a) **antifungal tinea versicolor**
????????

79. Erythema nodosum :
a) **painful red nodules**

80. child with eczema flare up he is on steroid and having itching disturb his sleeping:
a) give antihistamine
b) topical(cream) steroid'
kumar p1238

81. Lichen planus most common site?
a) Scalp
b) Neck
c) **Knee**
d) Buttocks
· Lesions usually develop on flexural surfaces of the limbs, such as the wrists (see the image below). After a week or more, a generalized eruption develops with maximal spreading within 2-16 weeks

82. Child with loss hair in the temporal area with microscopic finding Dx
a) Alopecia
b) **Kerion**

83. Acne topical antibiotic:
a) **clindamycin if Non inflammatory**
b) **Benzoyl or topical retinoic acid if inflammatory**
?????

84. Female with problem in school -manual removal of her hair (baldness) :
a) **Trichotillomani**
http://emedicine.medscape.com/article/1071854-overview

85. Best treatment in acne rosea:
a) Amoxicillin
b) Clindamycin
c) Erythromycin
d) Doxycylcin
e) **Metronisazole then tetracycline**
kumar p1247

86. Picture of skin with purple flat topped polygonal papules, dx:
a) **Lichen planus**

87. Male patient with scaly fine papular rash on front of scalp, nose and retroauricular, what is the treatment:
a) **Ketoconazole cream**

b) Oral augmentin
· **Explanation: tinea capitis:** single or multiple patches of hair loss, sometimes with a 'black dot' pattern (often with broken-off hairs), that may be accompanied by inflammation, scaling, pustules, and itching.
· **Treatment** : oral antifungal agent; griseofulvin is the most commonly used drug, but other newer antimycotic drugs, such as terbinafine, itraconazole, and fluconazole have started to gain acceptance.
· **Diagnosis**: Wood's lamp examination

88. Xanthoma:
a) On lateral aspect of the upper eyelid.
b) Hard plaque.
c) Around arterioles.
d) Is not related to hyperlipidemia.
e) **Deposited in dermis.**
· **Explanation:** They are usually soft plaques that are located in the dermis at the inner aspect of the upper eyelid

89-105 by Riyadh Aljohani

089. 23 years old history of URTI then he developed ecchymosis best treated
a) local AB
b) local antiviral
c) **steroid**

need more details ,

One of causes of ecchmyosis is steroid use ,
Causes of ecchomyosis ,, http://www.rightdiagnosis.com/symptoms/ecchymosis/causes.htm

90. Child with atopic dermatitis, what you will give other than cortisone
· **TREATMENT**
1) Prophylactic measures include use of nondrying soaps, application of moisturizers, and avoidance of known triggers.
2) Treat with topical corticosteroids (avoid systemic steroids in light of their side effect profile), PUVA, and topical immunomodulators (e.g., tacrolimus, pimecrolimus).
3) Topical corticosteroids should not be used for longer than 2–3 weeks.

91. 2 months infant with white plaque on tongue and greasy, past history of Chlamydia conjunctivitis after birth treated by clindamycin what is treatment:
a) **Oral nystatin**
b) Topical steroids
c) Topical acyclovair
d) Oral tetracycline

Explanation : most likely is true , diagnosis is Oral Thrush
http://pediatrics.about.com/od/childhoodinfections/a/thrush.htm

92. Newborn came with red-lump on left shoulder, it is:
a) **Hemangioma**

http://orthoinfo.aaos.org/topic.cfm?topic=A00630

93. Patient was presented by blepharitis, acne roseca, but no keratitis,
a) Topical chlorophenicol.
b) Topical gentamicin.
c) **Oral doxycyclin.**
Explanation : blepharitis is treated with antibiotics such as Sulfacetamide eye ointment applied on a cotton applicator once daily to the lid margins. Ophthalmologists may prescribe low-dose oral antibiotics such as Doxycycline and occasionally weak topical steroids .
http://en.wikipedia.org/wiki/Blepharitis

94. case scenario: oral and genital ulcer with arthritis
a) **behcet disease**
b) syphilis
c) herpes simplex

Explanation : Behçet disease is characterized by a triple-symptom complex of recurrent oral aphthous ulcers, genital ulcers, and uveitis.

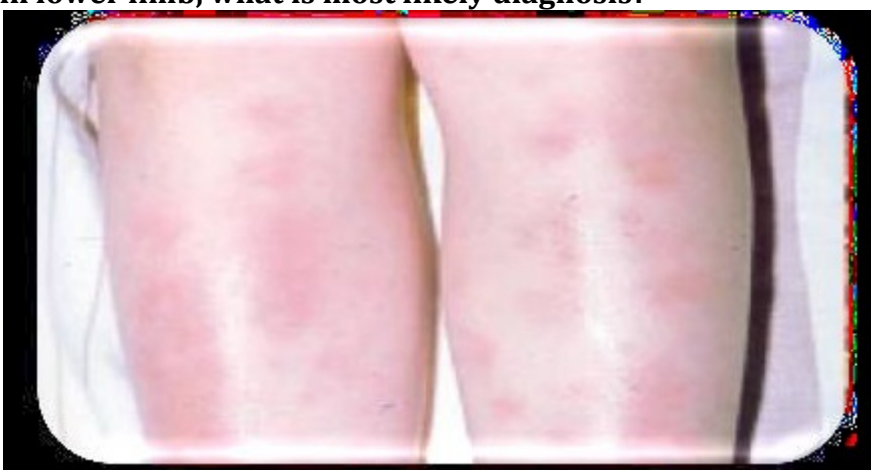
http://emedicine.medscape.com/article/329099-overview

95. What is the most effective treatment for rocasea
a) **Clindamycine**
b) Erythromycin
c) Topical steroids
· **Explanation:** if mention tetracycline choose it .
· **Treatment of Rosacea :**
Ø Oral tetracyclines& topical metronidazole or topical erthyromycin or topical clinamycine .
Ø for severe case : isotretinoin
Ø surgical treatment for rhinophyma

http://en.wikipedia.org/wiki/Rosacea
http://emedicine.medscape.com/article/1071429-medication#3

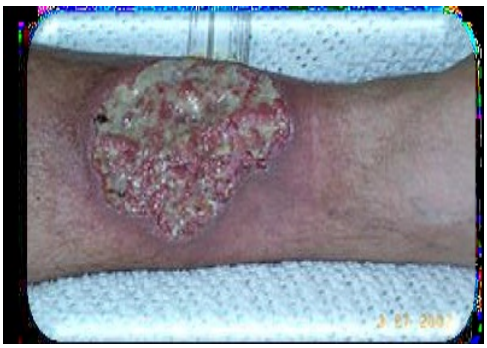
96. Patient known case of ulcerative colitis with erythematous rash

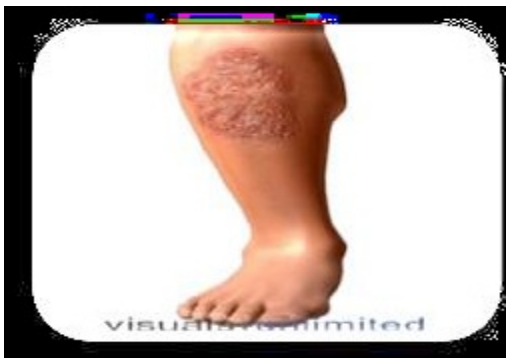
in lower limb, what is most likely diagnosis?



a) **Erythema nodusum**

97. Patient known to have ulcerative colitis coming with skin lesion around Tibia which is with irregular margins, what is most likely diagnosis?





a) **Pyoderma gangirenosum**

98. 35 year old smoker , on examination sown white patch on the tongue, management:
a) Antibiotics
b) **Excisinal biopsy**
c) Close observation
Explanation : most likely is Leuckoplakia , A biopsy should be done, and the lesion surgically excised if pre-cancerous changes or cancer is detected.

http://en.wikipedia.org/wiki/Leukoplakia

· **99. Child with piece of glass, beans , battery deep in ear canal what to do:**
a) **No irrigation**
b) best pick with forceps
http://emedicine.medscape.com/article/80507-overview#a05
http://emedicine.medscape.com/article/763712-overview#a11

100. All are true in black hairy tongue, EXCEPT:
a) Hydrocortisone can be used.

b) **Advice patient not brush his tongue.**
http://emedicine.medscape.com/article/1075886-overview

· **Explanation:** Black hairy tongue: Defective desquamation of the filiform papillae that results from a variety of precipitating factors (poor oral hygiene, use of medications e.g. broad- spectrum Abx& therapeutic radiation of the head & neck). All cases are characterized by hypertrophy and elongation of filiform papillae with a lack of desquamation. Seen more in those: tobacoo use, heavy coffee or tea drinkers, HIV +ve. Rarely symptomatic. Rx: In many cases, simply BRUSHING THE TONGUE with a toothbrush or tongue scraper is sufficient. . Medication: if due to candidiasis: Antifungal (Nystatin), Keratolytic agents (but irritant).

101. Picture, hyperkeratotic, scaly lesion over the extensor surface of knee and elbow, what to do to avoid exacerbation?
a) **Steroid**
b) Avoid sun exposure
c) Avoid trauma

explanation : diagnosis most likely is psoriasis .
http://emedicine.medscape.com/article/1943419-overview

102. Baby with red macule & dilated capillary on the right side of the face:
a) **Sturge-Weber Syndrome or Nevus Flammeus "Don't choose milia or cavernous haemangioma"**

103. 10 year old present with erythematous scaly areas pruritic in face scalp and flexor area as shown in picture dx is:
a) **Atopic dermatitis**
http://emedicine.medscape.com/article/1049085-overview

104. Type of acne pustule with discharge :
a) **Inflammatory**
explanation :

- Inflammatory Acne: Includes acne with papules, pustules, nodules and cysts.
- Non-inflammatory acne: Includes comedonal acne.

https://suite101.com/a/what-are-the-different-types-of-acne-a145042

105. Second degree burn in face and neck
a) **Hospitalization**

indication of admission of burn patients .
http://www.medstudentlc.com/page.php?id=86

websites for dermatological disease - pictures
http://www.healthline.com/health/skin-disorders
http://www.medicinenet.com/skin_conditions_picture_quiz/quiz.htm

106-115 by Mohammed Naji

105. Second degree burn in face and neck

a) **Hospitalization**

106. photo for face showing red area at angle of nose and he suffer from erythema and scaly at this area , chest and scalp :

a) scabies
b) atrophic dermatitis
c) **seborrheic dermatitis**

(seborrheic dermatitis is characterized by a red scaly rash and classically affects the scalp'dandruff', central face, nasolabial fold, eyebrows, and central chest) Davidson,p.1257

107. picture of child with red rash on flexor surfaces :

a) **Atopic dermatitis**

(childhood distribution of atopic dermatitis flexors, wrists, ankles) Davidson, p.1257

108. child with round palpable red rash on his right leg no pain or itching for long time :

a) **granuloma annular**
b) tenia corpora
c) erythema nodosum
d) migratory

(nodosum is painful, tenia central clearing and expanding usually) Davidson, p.1247,1285

109. the goal of early management of inflammatory acne:

a) **to prevent physical scar**

110. Laser therapy in derma (PUVA)

a) **used in treatment of Eczema and psoriasis**

PUVA is a psoralen + UVA treatment for eczema, psoriasis, graft-versus-host disease, vitiligo, mycosis fungoides, large-plaque parapsoriasis and cutaneous T-cell lymphoma.[1]:686[2][3] The psoralen is applied or taken orally to sensitize the skin, then the skin is exposed to UVA. wikipedia

111. An old age patient develop papule rash over the buttocks and by examination there is a sinus discharge at the anal cleft, what is your diagnosis?

a) Furunculosis
b) **Hidradenitis Suppurativa**

Also known as acne inversa, these deep-seated lumps typically develop where skin rubs together — such as the armpits, groin, between the buttocks and under the breasts.

The lumps associated with hidradenitis suppurativa are usually painful and may break open and drain foul-smelling pus. In many cases, tunnels connecting the lumps will form under the skin. Mayoclonic

112. Pyoderma gangrenosum treated by :

a) **Treatment by corticosteroids and cyclosporine.**
Davidson, p.1285

113. Coffee-de latte confirms diagnosis of Neurofibromatosis:

a) Arch-leaf nodule
b) **Axillaries and inguinal freckling**

Axillary freckling (as well as freckling on the perineum), known as the Crowe sign, is a helpful diagnostic feature in neurofibromatosis. Axillary freckling and inguinal freckling often develop during puberty. The development of freckles often follows the development of café au lait macules, but it precedes the development of neurofibromas. Eighty percent of type 1 neurofibromatosis patients have freckling of the axillae. Areas of freckling and regions of hypertrichosis occasionally overlay plexiform neurofibromas.
Medscape**.**

114) Female with Acne not responding to Steroid and antibiotics you decided to give her Ricotan but before that what you will tell her about this medication?

a) **Cause birth defect**
b) Increase in Acne before decrease it

Davidson, p.1268

115. Asthma + skin lesion:

a) **Atopic dermatitis**
Davidson, p.1257

116 by Aisha Mousa

16. Male patient complain of excruciating headache, awaken him from sleep every night with burning sensation behind left eye, lacrimation and nasal congestion. What is effective in treating him:

a) Ergonavine
b) Sumatriptan SC
c) Methylprednisolone
d) NSAID
e) O2

Correct answer : E

Current guidelines recommend treatment with 100 percent oxygen and/or subcutaneous injection of sumatriptan as effective first-line options for the treatment of acute cluster headache attacks . Oxygen should be tried first if available (eg, in a hospital or emergency clinic setting) since it is without side effects. Otherwise, subcutaneous sumatriptan 6 mg can be used as initial therapy for patients with acute cluster headache and no contraindications.

Ergotamine & methylprednisolone are used as a prophylaxis in cluster headache

Reference : http://www.uptodate.com/contents/cluster-headache-acute-and-preventive-treatment?detectedLanguage=en&source=search_result&search=cluster+headache+treatment&selectedTitle=1%7E52&provider=noProvide

(13)
Family & Community Medicine

- **1-18 by:** **Ala'a Jadidi**
- **19-71 by:** **Asma'a Alanzi**
- **72- end by:** **Hasan Alsharif**

1-18 by Ala'a Jadidi

my edition in pink.
i didnt change the previous answer if its different than mine
what i dont know is underlined. almost 4 questions

1. Positive predicative value :
a) **Patient who has high Risk factor & positive test**
(Dr.Khaled Qasim comment:
- **Positive Predictive value: is the probability that the patient has the disease when the test is positive.**
- **High risk factor (in the answer) maybe contributed to the disease and this makes chice (a) is the right one.**
- **Anyway, check other choices)**

2. Female come to family physician ask about diet that decrease CVD, (She has family history)?
a) Increase fruit and vegetable (national institute of health and myoclinic)
b) Decrease the intake of meat and dairy
c) Decrease the meat and bread.
The best is to decrese lipid by decreasing meat of animal products ,fast food ,cakes followed by decrease sodium and increase fruits and vegitables

3. Most difficult method to prevented in transmission:
a) Person to person
b) Vector
c) Droplet
d) **Air flow**

4. Null hypothesis :
e) The effect is not attributed to chance
f) There is significant difference between the tested populations
g) **There is no significant difference between the tested populations**

5. The specificity is:
a) When the person does have the disease with +ve test
b) When the person does have the disease with -ve test
c) When the person does not have the disease with +ve test
d) **When the person does not have the disease with -ve test**

6. What is the best way of health education:
a) **Mass media**
b) Internal talk
c) Individual approach

7. The best way to prevent house mite:
a) Cover the pillows with impermeable cover
b) **Wash the clothes in hot water**
c) Remove the old carpets (Dr. Khaled Qasim)

8. Child newly diagnosed with asthma and allergy to mist dust what u will advise his parent?
a) Advice to remove all the carpet and rugs

b) Cover his bed and bellow with impermeable cover
c) **Wash the clothes and linen in hot water (myoclinic)**
d) Humid house with 80 % humidity
e) Cooling clothes

9. What is the definition of standard deviation
a) **Measurement of variety**

10. Attributable risk ??
a) **Measurement of have the disease and not exposed with those exposed and have the disease**
attributable risk the amount or proportion of incidence of disease or death (or risk of disease or death) in individuals exposed to a specific risk factor that can be attributed to exposure to that factor; the difference in the risk for unexposed versus exposed individuals. (medical dictionary \ epidemiology scetion)

11. One of these not live vaccine:
a) **HBV**
b) OPV
c) MMR

12. best prevention of dust mites
a) Cooling clothes
b) Humid house with 80 % humidity
c) **Boiling cloths and linen**
· **Eradication of dust mite**
1) Reduce humidity levels to less than 50 percent inside your home, especially in the bedroom
2) Airing out the house with open windows allows entry of pollen, which is another allergen as well as food for dust mites.
3) Wash all bedding weekly. Research has shown laundering with any detergent in warm water (77 degrees F) removes nearly all dust mite and cat allergen from bedding
4) Avoid overstuffed furniture because it collects dust
5) avoid wool fabrics/rugs because wool sheds particles and is eaten by other insects
6) Use washable curtains and rugs instead of wall-to-wall carpeting
7) Cleaning and washing items that harbour them, exposing them to temperatures over 60 °C (140 °F) for a period of one hour

13. Likelihood ratio of a disease incidence is 0.3 mean
a) Large increase
b) Small increase
c) No change
d) **Small decrease**
e) Large decrease (Dr.Kaled Qasim Choice)

14. Town of 15000 opulation, in 2009 numbers of deliveries was 105. 5 of them are stillbirth, 4 die in first month, 2 die before their 1st birth day. If 700 move out and 250 move in what is the perinatal mortality rate?
a) 9
b) 8
c) 4
d) **6**
(Dr.Khaled Qasim comment: 5/105 = 10/21 = 4.7 %)

15. At a day care center 10 out of 50 had red eye in first week , another 30 develop same condition in the next 2 week , what is the attack rate
a) 40%
b) 60%
c) **80%**
d) 20%
· **Attack rate** is the cumulative incidence of infection in a group of people observed over a period of time during an epidemic, usually in relation to food borne illness.

16. before giving influenza vaccine , you should know if the patient allergy to which substance
a) shellfish
b) **Egg (contains some egg proteins, myoclinic)**

17. You have an appointment with your patient at 10 am who is newly diagnosed DM, you came late at 11 am because you have another complicated patient, what are you going to say to control his anger?
a) **Told him that there is another patient who really need your help**

18. What is the most common medical problem faced in primary health care is?
a) **Coryza**
b) UTI
c) Hypertension
d) Diabetes

19-71 by Asma'a Alanzi

الاسئله المظلله عليها ماتوصلت ل اجابه لها

19. The greatest method to prevent the diseases :
a) Immunization
b) Genetic counseling
c) Environment modification
d) **Try to change behavior of people toward health**
e) Screening
Health-related behavior is one of the most important elements in people's health and well-being. Its importance has grown as sanitation has improved and medicine has advanced. Diseases that were once incurable or fatal can now be prevented or successfully treated, and health-related behavior has become an important component of public health. The improvement of health-related behaviors is, therefore, central to public health activities.

20. In a study they are selecting the 10th family in each group, what is the type of study?
a) systemic study
b) non randomized study (Dr. Khaled Choice)
c) **Stratified study**
In public health, "stratification" is defined as the process of partitioning data into distinct or non overlapping groups. These distinct groups can represent, among other things, treatment regimens, geographical regions, or study centers. Although this definition is seemingly straightforward, stratification is a term that can be used to characterize either the design of a study (e.g., stratified sampling), or alternatively, an analytic approach (stratified analysis) that can be applied to data that has already been collected. In both cases, stratification is used because the study population consists of subpopulations or subdomains that are of particular interest to the researcher.

21. You were working in a clinic with a consultant who prescribed a drug that was contraindicated to the patient (the patient was allergic to that drug) but you didn't interfere & assumed that he knows better than you do. Which of the following you have violated:
a) Professional competence
b) **Quality of caring patient**
c) Honesty.
d) Patient relationship
e) Maintaining trust (Dr. Khaled Choice)

22. Physician's carelessness is known as:
a) Malpractice
b) **Criminal neglect**
c) Malfeasance
d) Nonfeasance
the true answer is : a
explanation : **Medical malpractice** (also known as medical negligence is professional negligence by act or omission by a health care provider in which the treatment provided falls below the accepted standard of practice in the medical community and causes injury or death to the patient, with most cases involving medical error. Standards and regulations for medical malpractice vary by country and jurisdiction within countries.

23. 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?
a) 10% b) 40% c) 30% d) **70%** e) 90%

24. What is the most important factor in attempt of successful cessation of smoking is?
a) **The smoker's desire to stop smoking**
b) The pharmacological agents used in the smoking cessation program.
c) Frequent office visits.
d) Physician's advice to stop smoking
e) Evidence of hazards of smoking

25. What is the most powerful epidemiologic study?
a) retrospective case control study
b) cohort study (Dr. Khaled Choice)
c) cross-sectional study
d) historic time data
e) **Secondary data analysis**

26. Evidence base medicine:
a) Practice medicine as in the book
b) practice according to the department policy
c) **Practice according to available scientific evidence**
d) practice according to facility
e) practice according to latest publish data
Explanation : Evidence-based medicine (EBM) is the process of systematically reviewing, appraising and using clinical research findings to aid the delivery of optimum clinical care to patients.

27. Patient with cancer. You want to break bad news, which of the following is true?
a) Inform his family
b) **Inform him according to his moral background and religion**
c) Let social service inform him

d) Don't tell him
explanation : you can find the six steps to break the bad news in this website
http://theoncologist.alphamedpress.org/content/5/4/302.full

28. For health education programs to be successful all are true except :
a) human behavior must be well understood
b) Information should be from cultural background
c) **Doctors are only the health educators**
d) Methods include pictures and videos (mass media)
e) Involve society members at early stage

29. Battered women:
a) **Multiple visit multiple complaint**
this problem related to family violemce or post traumatic stress syndrome

30. Relative risk :
· Relative risk is a ratio of the probability of the event occurring in the exposed group versus a non-exposed group · example where the probability of developing lung cancer among smokers was 20% and among non-smokers 1%

31. Patient with family history of coronary artery disease his BMI= 28 came to you asking for the advice:
a) Start 800 calorie intake daily
b) Decrease carbohydrate daytime
c) Increase fat and decrease protein
d) **Start with decrease ……. K calorie per kg per week**

32. Patient has family history of DM, he is overweight the proper management for him is:
a) General reduction in carbohydrates
b) Decrease 500 kcal for every kg
c) Stop carbohydrates and start fat diet

33. 1st step in epidemic study is :
a) **verifying diagnosis**
· The first step in an epidemiological study is to strictly define exactly what requirements must be met in order to classify someone as a "case." This seems relatively easy, and often is in instances where the outcome is either there or not there (a person is dead or alive). In other instances it can be very difficult, particularly if the experts disagree about the classification of the disease. This happens often with the diagnosis of particular types of cancer. In addition, it is necessary to verify that reported cases actually are cases, particularly when the survey relies on personal reports and recollections about the disease made by a variety of individuals.)
http://www.healthknowledge.org.uk/public-health-textbook/disease-causation-diagnostic/2g-communicable-disease/outbreak-investigation

34. Randomized control trials become stronger if :
a) you follow more than 50% of those in the study
b) **Systematic assignment predictability by participants**

35. Mother worry about radiation from microwave if exposed to her child. What you tell her:
a) **Not all radiation are dangerous and microwave one of them**
b) Microwave is dangerous on children
c) Microwave is dangerous on adult

36. What is the most important in counseling
a) Exclude physical illness

b) **Establishing rapport**
c) Family
d) Scheduled appointment

37. In breaking bad news
a) **Find out how much the patient know**
b) Find out how much the patient wants to know
Explanation: this Q is present in swanson's family medicine book .
The first step in breaking bad news is to?
a. deliver the news all in one blow and get it over with as quickly as is humanly possible
b. fire a "warning shot" that some bad news is coming
c. find out how much the patient knows
d. find out how much the patient wants to know
e. tell the patient not to worry
and the answer according to the book is B ("warning shot" prepares the patient psychologically to hear something negative.)

38. A study done to assess the risk of long taking Ca in two groups the diseased group with long Ca plus control according to geographical location, site, and population. It adds (??) this type of study:
a) **Cohort**
b) Case Control (retrospective)
c) Correlation study
explanation : cohort study : The "What will happen to me?" while case control study is (why me)

39. Define epidemiology
a) **The study of the distribution and determinants of health related events (including diseases) and application of this study to the control of diseases and the others health problems "**

40. A lady came to your clinic said that she doesn't want to do mammogram and preferred to do breast self- examination, what is your response?
a) Mammogram will detect deep tumor
b) **Self-examination and mammogram are complementary.**
c) Self-examination is best to detect early tumor

41. Case Control description
a) **Start with the outcome then follow the risk factors**

42. A vaccination for pregnant lady with DT
a) Give vaccine and delivery within 24 hrs
b) Contraindicated in pregnancy
c) **Not contraindicated in pregnancy**
explanation : http://www.cdc.gov/vaccines/pubs/preg-guide.htm

43. BMI 30:
a) **Obese**

Category	BMI range – kg/m²	BMI Prime

Very severely underweight	less than 15	less than 0.60
Severely underweight	from 15.0 to 16.0	from 0.60 to 0.64
Underweight	from 16.0 to 18.5	from 0.64 to 0.74
Normal (healthy weight)	from 18.5 to 25	from 0.74 to 1.0
Overweight	from 25 to 30	from 1.0 to 1.2
Obese Class I (Moderately obese)	from 30 to 35	from 1.2 to 1.4
Obese Class II (Severely obese)	from 35 to 40	from 1.4 to 1.5
Obese Class III (Very severely obese)	over 40	over 1.5

44. If you see patient and you face difficulty to get accurate information from him, what is the best to do?

a) **Ask direct question**
b) Ask open question
c) Control way of discussion

45. Patient came with major depression disorders so during communication with patient you will find :

a) Hypomania(euphoric)
b) Late morning awake
c) **Loss of eye contact**

46. Patient want to quit smoking you told him that symptoms of nicotine withdrawal peaked after

a) 1-2 days
b) **2-4 days**
c) 5-7 days
d) 8- 10 days

explanation : Withdrawal symptoms begin as soon as four hours after the last cigarette, generally peak in intensity at three to five days, and disappear after two weeks. They include both physical and mental symptoms.

47. What is the shape of a distribution graph seen in a normal distribution curve?

a) **Bell shaped**

48. Patient taking bupropion to quit smoking what is SE

a) Arrythmia

b) Seizure
c) xerostomia
d) **Headache "25-30%"**

Explanation :

This Q was answered by alQasiam university (seizure)

But I think the true answer is headache because the Weight loss, nausea, and headaches are a few common side effects of bupropion. Some uncommon side effects (occurring in less than 1 percent of people) include hair loss, bladder infections, and acne. Among the bupropion side effects that you should report to your healthcare provider are suicidal thoughts or behavior, seizures, and any signs of an allergic reaction.

49. Adult to give varicella vaccine
a) 2 doses 2 weeks apart
b) **2 doses 4 weeks apart**
c) 2 doses 6 months apart
d) 3 doses 4 weeks apart
explanation : All adults who have never had chickenpox or received the vaccination should be vaccinated against it. Two doses of the vaccine should be given at least four weeks apart.

50. While you are in the clinic you find that many patients presents with red follicular conjunctivitis (Chlamydia) your management is:
b) **Improve water supply and sanitation**
c) Improve sanitation and destroying of the vector
d) Eradication of the reservoir and destroying the vector
e) Destroy the vector and improve the sanitation

51. Which is true about DM in KSA:
a) Mostly are IDDM
b) **Most NIDDM are obese**

52. about annual influenza vaccination :
a) **Drift**
· Influenza viruses are dynamic and are continuously evolving.
· Influenza viruses can change in two different ways: antigenic drift and antigenic shift.

53. The best advice to patient travelling is:
a) **Boiled water**
b) Ice
c) Water
d) Salad and under cooked sea shells

54. Epidemic curve :
a) **Graph in which the number of new cases of a disease is plotted against an interval of time to describe a specific epidemic or outbreak.**

55. Endemic means:
· **Endemic**: is the constant presence of a disease or infectious agent in a certain geographic area or population group. (usually rate of disease)
· **Epidemic**: is the rapid spread of a disease in a specific area or among a certain population group. (excessive rate of disease)
· **Pandemic**: is a worldwide epidemic; an epidemic occurring over a wide geographic area and affecting a large number of people.

56. Best sentence to describe specificity of screening test ,is the population of people who :

a) **Are negative of disease, and test is negative**
b) Are positive of disease, and test is negative
c) Are positive comparing to total other people
d) Negative disease , positive test
e) Positive disease , negative test

· **Sensitivity:** The probability that a diseased patient will have a positive test result.
· **Specificity:** The probability that a non diseased person will have a negative test result.
Disease Present
No Disease Positive test A B
Negative test
C
d
· **Sensitivity = a / (a + c) Specificity = d / (b + d)**
· **Sensitive test** is good for ruling out a disease.
· **High sensitivity** = good screening test (¯ false negatives).
· **High specificity** = good for ruling in a disease (good confirmatory test).
Positive predictive value (PPV) is defined as the probability of disease in a patient with a positive (abnormal) test result
PPV = $a/(a + b)$
Negative predictive value (NPV) is defined as the probability of not having the disease when the test result is negative.:
NPV = $d/(c + d)$ = 80/90 = 89%

57. The way to determine the accuracy of occult blood test for 11,000 old patients is by measuring:
a) **Sensitivity**
b) Specificity
c) Positive predictive value
d) Negative predictive value

58. True negative test is best described as following :
a) **Not suspected to have the disease that actually does not have.**

59. In developing country to prevent dental caries, it add to water
a) **Florid**
b) Zink
c) Copper
d) Iodide

60. Gardener has recurrent conjunctivitis. He can't avoid exposure to environment. In order to decrease the symptoms in the evening, GP should advise him to:
a) Cold compression
b) Eye irrigation with Vinegar Solution
c) Contact lenses
d) **Antihistamines**
explanation : Treatment can include avoidance of allergens, immunotherapy, oral antihistamine, topical antihistamine, topical nonsteroidal anti-inflammatory drugs (NSAIDs), topical mast cell stabilizer, and topical corticosteroids (use with caution).

61. Most effective measure to prevent spread of infection among health care workers & patients in a nursery:
a) **Wash hand before and after examining each patient**
b) wear gown and gloves before entering the nursery

c) wear shoe cover

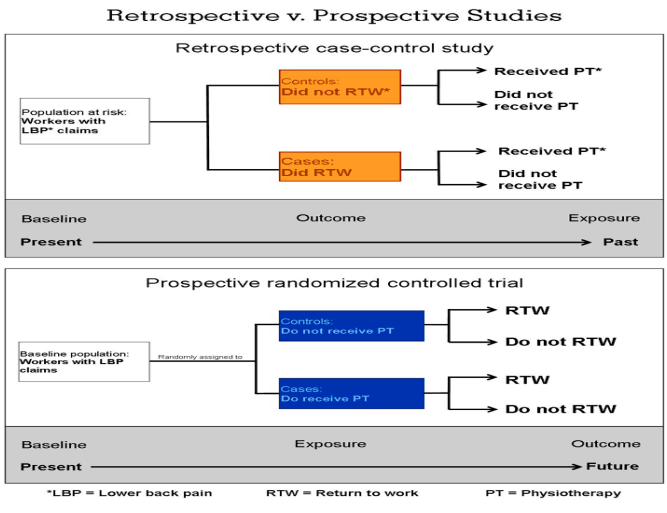
62. 10 years old child brought by his parents because they where concern about his weight, he eats a lot of fast food and French fries, your main concern to manage this patient is :
a) His parents concerning about his weight
b) **His BMI > 33**
c) Family history of heart disease
d) Eating habit (fast food , French fries)

63. 12 years old boy brought by his parent for routine evaluation, his is obese but otherwise healthy, his parents want to measure his cholesterol level, what is the best indicator of measuring this child cholesterol?
a) His parent desire
b) Family history of early CVA
c) **High BMI**

64. Which of the following increases the quality of the randomized controlled study & make it stronger:
a) **Systemic Assignment predictability by participants**
b) Open Allocation
c) Including only the participants who received the full intervention
d) Following at least 50 % of the participants
e) Giving similar intervention to similar groups

65. Using the following classification, relative risk of those with risk factor to those without risk factor is:
a) **A/A+B , C/C+D**
b) A/A+B
c) C/C+D
explanation : The ratio of the risk of disease (or death) among people who are exposed to the risk factor, to the risk among people who are unexposed.

66. Comparing the prospective and retrospective studies, all are true except:
a) Retrospective are typically more biased than prospective
b) Retrospective studies are typically quicker than prospective
c) **Prospective allocation of person into group depends on whether he has the disease or not.**
d) Prospective costs more than retrospective. E-Effect is more identifiable in prospective.



67. Diagram, interpret it
a) **Females are more susceptible to osteoporosis**

68. Female underwent abdominal operation she went to physician for check ultrasound reveal metal thing inside abdomen (missed during operation), what will you do?
a) Call the surgeon and ask him what to do
b) **Call attorney and ask about legal action**
c) Tell her what you found
d) Tell her that is one of possible complications of operation
e) Don't tell her what you found

69. When a person is predicated not to have a disease he is called (Negative). Then what is (true negative):
a) When a person is predicted to have a disease, he has it.
b) When a person is predicted to have a disease, he does not have it.
c) When a person is predicted not to have a disease, he has it.
d) **When a person is predicted not to have a disease, he does not have it.**
e) When risk cannot be assessed.
Risk factor
Case
Non case
total Present **A B A+b**
Absent
C
D
C+d Total **A+C B+D**

70. Regarding standard error of the mean, which is true?
a) SEM is observation around the mean
b) Standard deviation is measure of reliability of SEM
c) Is bigger than SD
d) **SEM is calculated as square root of variance**
e) Standard deviation advantage can be math manipulated
explanation : The standard error of the mean is the standard deviation of the sample mean estimate of a population mean. It is usually calculated by the sample estimate of the population standard deviation (sample standard deviation) divided by the square root of the sample size (assuming statistical independence of the values in the sample):

71. The strongest type of epidemiological studies is:
a) **Prospective cohort studies**
b) Retrospective control case studies
c) Cross sectional
d) Time line

72-end by Hasan AlSharif

72. Mother brought her 10 years old obese boy to the family practice clinic ,what is your advice:
a) Same dietary habits only exercise
b) Fat free diet
c) **Multifactorial interventions**

73. Female patient developed sudden loss of vision "both eyes" while she was walking down the street, also complaining of numbness and tingling in her feet, there is discrepancy between the complaint and the finding, on examination reflexes and ankle jerks preserved, there is decrease in the sensation and weakness in the lower muscles not going with the anatomy, what is your action?
a) Call ophthalmologist
b) Call neurologist
c) Call psychiatrist
d) **Reassure her and ask her about the stressors**

74. Same scenario of the previous question, what is the diagnosis?
a) **Conversion disorder**
b) Somatoform disorder

75. Forcing the child to go to the toilet before bedtime and in the morning, you'll control the problem of;
a) **Enuresis**

76. Patient with heart disease complain of lower limb ischemia your advice
a) Refer to cardiology
b) Refer to vascular surgery
c) **Start heparin**

77. Patient with severe headache and decrease in visual acuity, pupil is dilated, so treatment?
a) **Pilocarpin drop and ophthalmology referred**
b) Ergotamine
c) NSID

78. Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:
a) Colon
b) **Bladder**
c) Liver

79. Major aim of PHC in Saudi Arabia :
a) To provide comprehensive maternal & child health

80. A patient have tender, redness nodule on lacrimal duct site. Before referred him to ophthalmologist what you will do
a) Topical steroid
b) Topical antibiotics
c) **Oral antibiotics**
d) Nothing

81. 17ears old, she missed her second dose of varicella vaccine, the first one about 1 y ago what you'll do:

a) Give her double dose vaccine
b) **Give her the second dose only**
c) Revaccinate from start
d) See if she has antibody and act accordingly

82. There is outbreak of diphtheria and tetanus in community, regarding to pregnant woman:
a) contraindication to give DT vaccine
b) if exposed , terminate pregnancy immediately
c) if exposed , terminate after 72 hour
d) **Give DT vaccine anyway**

83. Mother who is breast feeding and she want to take MMR vaccine what is your advice:
a) **Can be given safely during lactation**
b) Contain live bacteria that will be transmitted to the baby
c) stop breast feeding for 72 hrs after taking the vaccine

84. Child with positive skin test of TB and previously it was –ve, what is the treatment of this child?
a) INH alone
b) INH + Rifampicin
c) INH + Rifampicin+ streptomycin
d) no treatment (Dr. Khaled Choice)
e) **Full regimen for TB**

85. Male patient known case of DM II come with Hb A1C: 8%, he is taking metformin & glibenclamid, to regulate the blood sugar need:
a) Insulin
b) Metformin & acarbose

still it is early to start insulin
ما هي الخيارات الاخرى اهمها التاكد من الجرعات

86. Epidemiological study for smoker said there is 10,000 person in the area , at start of the study there is 2000 smoker, at the end of the study there is 1000 smoker, the incidence of this study is :
a) **10%**
b) 12.5%
c) 20 %
d) 30 %
(Dr.Khaled Qasim comment: 1000/8000)

87. Patient present to you, when you see his case, you discover that patient has terminal stage of chronic illness, how to manage this patient:
a) Make him go to the home
?????

88. Female patient known to you since 3 years ago has IBS, she didn't agree with you about that, you do all the investigation nothing suggestive other than that, she wants you to refer her. at this case ,what you will do
a) **You will response to her & refer her to the doctor that she is want**
b) You will response to her & refer her to the doctor that you are want.

89. Patient with diabetes and hypertension, which one of anti hypertensive medication you want to add first?
a) **ACE**
b) Beta blocker
c) Calcium channel blocker
d) Alpha blocker

90. Then if patient still hypertensive what the next choice?
a) **Beta blocker**
b) Thiazide
c) ARB
d) calcium channel blocker

91. Young man with pleurisy best management:
a) NSAIDs
b) **Acetaminophen**
c) Cortisone

92. Patient had pain in the back, neck, abdomen and upper limb. You gave the patient a follow up in the clinic, but still the patient is complaining and concerning of the pain. What is your diagnosis?
a) Chronic pain syndrome
b) **Somatization dissoreder**

93. Young man come with headache he is describing that this headache is the worst headache in his life what of the following will be less helpful :
a) Asking more details about headache
b) Do MRI or CT scan
c) **Skull x ray**
d) LP

94. how to prevent asthma in child via advice mother to do :
a) Wash cloths with hot water
b) **Prevent dust**
c) Change blanket

95. Best method to prevent plague is :
a) Hand wash
b) **Kill rodent**
c) Avoid contact with people

96. 73 years old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day, your recommending :
a) advise him to exercise
b) **Stop smoking**

c) wear sunscreen

97. Outbreak and one patient come to doing tuberculin test and its negative, what to do?
a) BCG
b) **Isonized**

98. Secondary prevention in breast cancer?
a) No answer was written

99. Secondary prevention is best effective in:
a) **DM**
b) Leukemia
c) Pre-eclampsia
d) Malabsorption

100. Secondary prevention is least likely of benefit in :
a) Breast cancer
b) **Leukemia**
c) DM
d) Toxemia of pregnancy

101. An example of secondary prevention is:
a) **Detection of asymptomatic diabetic patient**
b) Coronary bypass graft
c) Measles vaccination
d) Rubella vaccination
· **Primary prevention:** Action to protect against disease as immunization. , Action to promote health as healthy lifestyle.
· **Secondary prevention:** Identifying & detecting a disease in the earliest stage before symptoms appears, when it is most likely to be treated successfully (screening)
· **Tertiary prevention:** Improves the quality of life of people with various diseases by limiting the complications.

102. All are primary prevention of anemia except:
a) health education about food rich in iron
b) iron fortified food in childhood
c) limitation of cow milk before 12 month of age
d) **Genetic screening for hereditary anemia**
e) Iron, folic acid supplement In pregnancy and postnatal

103. What is the definition of epidemical curve
a) **Graphic registration of disease through a period of time**

104. What is the name of questionnaire that differentiates between primary and sleep apnea?
a) **Polysomnography**

105. Perinatal mortality:
a) Includes all stillbirth after the 20th week of pregnancy
b) Includes all neonatal deaths in the 1st 8 week of life
c) **Includes all stillbirths & 1st week neonatal deaths**

d) Specifically neonatal Deaths.
e) Is usually death per 10,000 live births

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

107. Strongest method to prevent the disease
a) Immunization
b) **Change health behavior of PPls**

108. 32 years old lady work in a file clerk developed sudden onset of low back pain when she was bending on files, moderately sever for 3 days duration. There is no evidence of nerve root compression. What is the proper action?
a) Bed rest for 7 to 10 days.
b) Traction
c) Narcotic analgesia
d) **Early activity with return to work**
e) CT scan for lumbosacral vertebrae

109. You have received the CT scan report on a 34 years old mother of three who had a malignant melanoma removed 3 years ago. Originally, it was a Clerk's level I and the prognosis was excellent. The patient came to your office 1 week ago complaining of chest pain and abdominal pain. A CT scan of the chest and abdomen revealed metastatic lesions throughout the lungs and the abdomen. She is in your office, and you have to deliver the bad news of the significant spread of the cancer. The FIRST step in breaking news is to:
a) Deliver the news all in one blow and get it over with as quickly as is humanly possible.
b) **Fire a "warning shot" that some bad news is coming.**
c) Find out how must the patient knows. "if how much à choose it"
d) Find out how much the patient wants to know it.
e) Tell the patient not to worry.

110. Regarding smoking cessation, the following are true EXCEPT:
a) The most effective method of smoking control is health education.
b) **There is strong evidence that acupuncture is effective in smoking cessation.**
c) Anti smoking advice improves smoking cessation
d) Nicotine replacement therapy causes 40-50% of smokers to quit.
e) The relapse rate is high within the first week of abstinence.

111. Incidence is calculated by the number of:
a) Old cases during the study period.
b) **New cases during the study period**
c) New cases at a point in time
d) Old cases at a point in time.
e) Existing cases at a study period.

112. Communicable diseases controlled by:
a) control the source of infection
b) block the causal of transmission
c) protect the susceptible patient
d) **all of the above**
e) None of the above

113. Treatment of contacts is applied in all of the following except:
a) Bilharziasis
b) **Malaria**
c) Hook worm
d) Filariasis.

114. In ischemic heart disease
a) Prevalence is the number of case discovered yearly
b) Incidence is new cases yearly
c) **There is association between HTN & ischemic heart disease**
d) Smoking is an absolute cause if IHD

115. Prospective Vs Retrospective studies all are true EXCEPT:
a) Retrospective studies have more bias than prospective studies.
b) **In prospective studies, those who enter the group depend whether they the disease or not.**
c) Prospective studies are expensive.
· In prospective studies, those who enter the group depend whether they have the risk factor to be studied or not.

116. Male patient complain of excruciating headache, awaken him from sleep every night with burning sensation behind left eye, lacrimation and nasal congestion. What is effective in treating him:
a) Ergonavine
b) Sumatriptan SC
c) Methylprednisolone
d) NSAID
e) O2

(14)
Basic Medicine

- **1-6 by:** **Israa AlSofyani**
- **7- end by:** **Hashim Faqeeh**

1-6 by Israa AlSofyani

1. In cachectic patient, the body utilizes the proteins of the muscles:

a) To provide Amino acid and protein synthesis.?????

- **Explanation:**
  In cachexia the body uses mostly protein/muscle stores to produce energy (rate of protein synthesis is decreased)

- **Source:**
  http://jnci.oxfordjournals.org/content/89/23/1763.full

2. Which of the following describes the end of the early inflammatory phase :

a) Formation of scar.
b) Formation of ground base of collagen.
c) The end of angiogenesis ????? Wrong

- **Explanation:**
  While the inflammatory phase commences during the hemostasis phase, the early component of the inflammatory phase is predominated by the influx of the polymorphonuclear leukocytes (PMNs) and the later component predominated by monocytes/macrophages.

- **Source:**
  http://emedicine.medscape.com/article/1298129-overview#aw2aab6b6

3. Anatomy of facial artery after leave mastoid:

a) Superficial to mandular vein and external carotid
b) Deep to external carotid

I think there's something wrong with the Q, check the course of the facial A in this link:
http://www.slideshare.net/bbgosai/facial-artery-dr-gosai

4. The separation of chromatid occur in:

a) Anaphase
b) Metaphase
c) Telophase

- **Explanation:**
  · Sister chromatid separation occurs in the Anaphase stage.
  · During Metaphase the chromosomes line up in the center of the cell, their centromeres become attachment to the spindle fibers.
  · In Telophase nuclear membrane is begin to reform at both ends of the cell and spindle fibers disappear.

- **Source:**
  http://www.ncbi.nlm.nih.gov/pubmed/7575493

5. Adult Polycystic kidney mode of inheritance :

a) Autosomal dominant.

- **Explanation:**

• Adult polycystic kidney disease (polycystic kidney disease type I) has an autosomal dominant mode of inheritance. Most common potentially lethal disorder of the kidney caused by mutations in a single gene. The vast majority of cases are due to a cases (85%) result from mutations in the PKD1 gene. End-stage renal failure with hypertension and uremia develops in half the patients and eventually renal dialysis or renal transplantation becomes necessary.

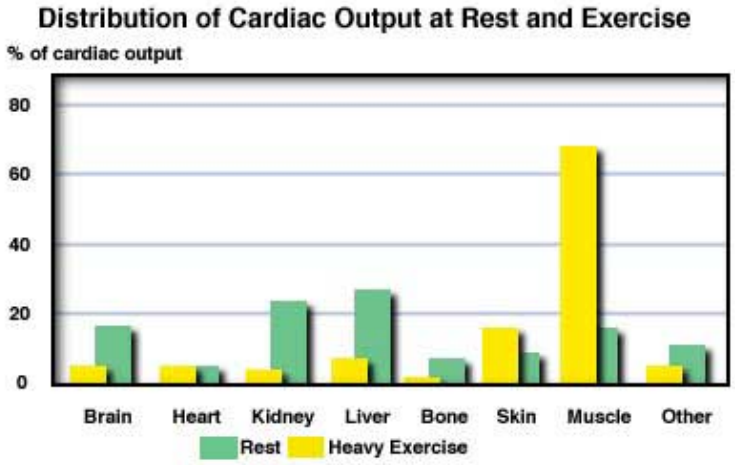
- **Source:**
  http://emedicine.medscape.com/article/244907-overview

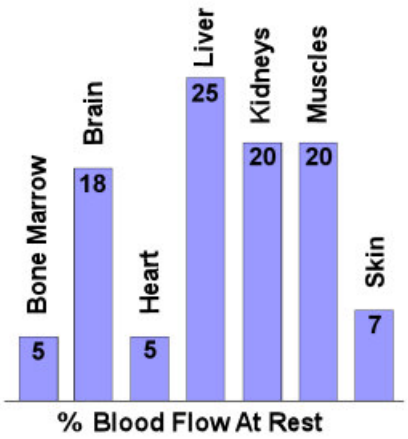
6. Which of the following organs is likely to receive a proportionately greater increase in blood flow?

a) kidneys
b) liver
c) Heart
d) skin
e) none of the above

- **Explanation:**

Percentage of cardiac output	Organ
27.8 %	Liver
23.3 %	Kidneys
13.9 %	Brain
8.6 %	Skin
15.6 %	Skeletal muscle
4.7 %	Heart muscle
6.2 %	Rest of body





- **Source:**
  http://www.vhlab.umn.edu/atlas/physiology-tutorial/cardiovascular-function.shtml
  http://www.teachpe.com/anatomy/blood_flow.php

7- end by Hashim Faqeeh

My Notes and my Answers are all in Green, Red and blue are the previous answers.
I have tried to answer correctly as much as I could, and my answers are my best shot. However, they may be wrong and I suggest you imply your own judgment and not just memorize previous answers.
Good Luck (you will need it)

BASIC 7-54

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7. Scenario of trauma , on face examination there is shifted mouth angle, loss of sensation of anterior third of tongue, which CN is affected:
a) Facial nerve
b) **Trigeminal nerve**

sensations over the anterior 2/3 of the tongue, Shifted mouth angle are features for a lesion in the facial nerve, not trigeminal
Greys Anatomy for Student P 807

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8. Link the suitable treatment with organism:
a) Shegellaà 3rd generation of cephalosporin or trimethoprim-sulfamethoxazole
b) Salmonella àciprofloxacin , " 3rd generation àCefotaxim "
c) Campylobacteràerythromycin
d) Giardia àThe most common treatment for giardiasis is metronidazole (Flagyl)
· notes for all these organisms :
Ø The most appropriate treatment is fluid and electrolyte replacement
Ø The use of antibiotics to treat *these organisms* is controversial "usually self-limiting "
Standard treatment for giardiasis consists of antibiotic therapy. Metronidazole is the most commonly prescribed antibiotic for this condition
http://emedicine.medscape.com/article/176718-treatment

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9. Cheese tyramine:
a) **MAOI**
Tyramine which is contained in several foods causes severe and unpredictable side effects due to drug food interactions, limiting the use of MAOIs
Lippincotts Pharmacology 4th ed P 148

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10. The most unwanted side effect of anti-cholinergic drugs is :
a) **Constipation& dry mouth.**
· More than 50% of patients taking anticholinergic have side effects: dry mouth, blurry vision, constipation and urinary retention. A lot of side effects can result from anticholinergic drug but the commonest is constipation.
Lippincotts Pharmacology 4th ed P 57

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11. The best way to prevent infection in Medical practice :
a) Wear gloves
b) **Wash hands**
c) Wear mask
d) Wear gown
??????????????????

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12. A patient on IV line developed fever due to infection. The most common source of bacterial contamination of IV cannula:
a) Contamination of fluid during manufacturing process
b) Contamination of fluid during cannula insertion
c) **Contamination at site of skin entry**
d) Contamination during injection of medication
e) Seeding from remote site during intermittent bacteremia
??????????????????
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13. Blood culture show gram negative rod shape that grow only on charcoal free fungal organism is:
a) Staph. Aureus
b) Chlamydia
c) **Klebsiella**
d) Mycoplasma
· **If there is legionella** choose it à grame negative rod growth on charcoal agar.
· Buffered charcoal yeast extract (BCYE) agar at pH 6.9 in 4-5 days, is a selective growth medium used to culture or grow certain bacteria, particularly the Gram-negative species francisella tularensis, Legionella pneumophila and Haemophilus influenza.
· Other Important and common agar & medium;
Ø **Thayer-Martin agar** (TM) àNeisseria gonorrhoeae.
Ø **Hektoen enteric agar** (HEA)àSalmonella and Shigella.
Ø **The Lowenstein-Jensen medium**àMycobacterium tuberculosis
?????????
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14. Most common side effect of atropine is :
a) urinary incontinence
b) **Dryness**
c) Bradycardia.
· General side effects have included hyperpyrexia, chest pain, excessive thirst, weakness, syncope, tongue chewing, dehydration, dry mucus membrane (78% of patients) and feeling hot, other general side effects include "atropine toxicity" which often present as fever, agitation, and dry skin/mucous membranes.
Lippincotts Pharmacology 4th ed P 57
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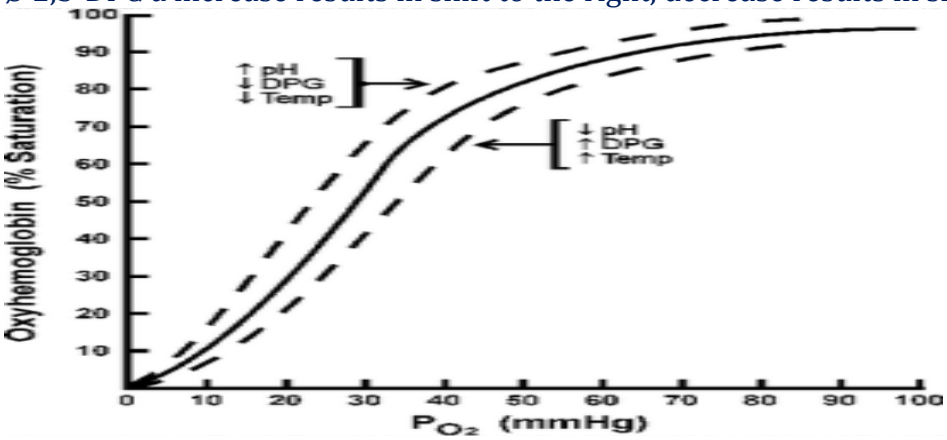
15. Which of the following shift the O2 dissociation curve to the right:
a) Respiratory alkalosis
b) **Hypoxia**
c) Hypothermia
· **Explanation:**
· **A left shift will increase oxygen's affinity for hemoglobin.**
Ø In a left shift condition (alkalosis, hypothermia, etc.) oxygen will have a higher affinity for hemoglobin.
Ø SaO2 will increase at a given PaO2, but more of it will stay on the hemoglobin and ride back through the lungs without being used. This can result in tissue hypoxia even when there is sufficient oxygen in the blood.
· **A right shift decreases oxygen's affinity for hemoglobin.**
Ø In a right shift (acidosis, fever, etc.) oxygen has a lower affinity for hemoglobin. Blood will release oxygen more readily.
Ø This means more O2 will be released to the cells, but it also means less oxygen will be carried from the lungs in the first place.

· **In Summary :**
Ø PH à increase results in shift to the left, decrease results in shift to the right.
Ø Temperature à increase results in shift to the right, decrease results in shift to the left.
Ø PCO2 à increase results in shift to the right, decrease results in shift to the left.
Ø 2,3-DPG à increase results in shift to the right, decrease results in shift to the left.



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16. In the neck, esophagus is:
a) **Posterior to the trachea**
b) Anterior to the trachea
c) Posterior to vertebral column
Grays Atlas of Anatomy P 490

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17. Which of the following is a treatment for giardiasis:
a) Prazequantil
b) Mebendazole
c) **Metronidazole**
d) Albendazole
Standard treatment for giardiasis consists of antibiotic therapy. Metronidazole is the most commonly prescribed antibiotic for this condition. Appropriate fluid and electrolyte management is critical, particularly in patients with large-volume diarrheal losses.
http://emedicine.medscape.com/article/176718-treatment

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18. A lot of bacteria produce toxins which are harmful. Which one of the following is used in amiddirs:
a) **Botulism**
b) Tetanus
c) Diphtheria
d) Staph aureus
· The botulinum toxin (botulism) is the main virulence factor. It is extremely potent neurotoxin that prevents acetylcholine release from nerve endings resulting in flaccid paralysis.
??????????????

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19. Tyramine cause hypertension crises with :
a) TCA
b) **MAOI**
c) SSRI
· Tyramine acts as a catecholamine releasing agent, tyramine is physiologically metabolized by MAOA. In humans, if monoamine metabolism is compromised by the use of monoamine oxidase inhibitors (MAOIs) and foods high in tyramine are ingested, a hypertensive crisis can result.
Lippincotts Pharmacology 4th ed P 148

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20. Methergine contraindicated :
a) Asthma
b) **HTN and pregnancy**
c) Gastric disease
· Methergine is semi-synthetic ergot alkaloid used for the prevention and control of postpartum hemorrhage. Contraindicated in Hypertension; toxemia; pregnancy; and hypersensitivity.

Contraindications are Hypertension; toxemia; pregnancy; and hypersensitivity.

http://www.drugs.com/pro/methergine.html

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21. In IDA , which of the following iron studies is most specific:
a) Iron level
b) TIBC
c) **Ferritin level**
· Ferritin is a high molecular weight protein that consists of approximately 20% iron. It is found in all cells, but especially in hepatocytes and reticuloendothelial cells, where it serves as an iron reserve.While a low serum ferritin is widely viewed as the best single laboratory indicator of iron depletion.
· As ferritin is an acute phase reactant, and is increased when an acute or chronic inflammatory process is present.

Iron def is confirmed by low ferritin levels, however, it may be raised by liver diseases and in acute phase response. Transferrin saturation and soluble transferrin receptors may be helpful in these cases

Davidson Pocket P 538

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22. Treatment of chlamydia:
a) **Doxycycline**
· A single dose of azithromycin or a week of doxycycline (twice daily) is the most commonly used treatments.
The two most commonly prescribed antibiotics to treat chlamydia are:

- azithromycin (single dose)
- doxycycline (a longer course, usually two capsules a day for a week)

http://www.nhs.uk/Conditions/Chlamydia/Pages/Treatment.aspx

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23. Family went to a dinner party after 6 hours they all had symptoms of abdominal pain, nausea, vomiting and dehydration. Some of them recovered while others needed hospitalization. What's the most likely organism?
a) Guardia
b) **Staph aureus**
c) Salmonella
d) c.perfiringis
e) c.boyulism
Most cases of food poisoning are from common bacteria such as Staphylococcus or *E. coli.*
Out of the options in the question, S Aureus is the most likely as it is the most common
http://www.nlm.nih.gov/medlineplus/ency/article/001652.htm
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24. 25 year old male who recently came from India presented with a 3 days history of left knee pain & swelling, 1 day history of right wrist swelling. On examination it was swollen, tender; red with limitation of movement, 50 cc of fluid was aspirated from the knee. Gram stained showed gram positive diplococci. What's the most likely organism?

a) Brucella
b) Neisseria meningitides
c) Streptococcus Pneumonia
d) **Staph aureus**
e) Strept. Pyogens

Staph aureus is the most common cause of septic arthritis
Kumar Pocket P 277

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25. Vertigo, inability to perceive termination of movement & difficulty in sitting or standing without visual due to some toxic reacts that likely to occur in 75% of patient with long term use of:

a) Penicilline
b) Tetracycline
c) Amphotricin B
d) **Streptomycin**.
e) INH

· Streptomycin and other aminoglycosides can elicit toxic reactions involving both the vestibular and auditory branches of the eighth cranial nerve. Patients receiving an aminoglycoside should be monitored frequently for any hearing impairment owing to the irreversible deafness that may result from its prolonged use. None of the other agents listed in the question adversely affect the function of the eighth cranial nerve

Ototoxicity, Vertigo, loss of balance are an adverse effects of Streptomycin
Lippincotts Pharmacology 4th P 379

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

a) Erythromycin.
b) Clindamycin.
c) Vancomycin
d) **Dicloxacillin.**
e) First generation cephalosporins.

Dicloxacillin by exclusion, as all other options are effective against Staph Aureus
Lippincotts Pharmacology 4th

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27. Furosemide increase excretion of :

a) Na+
b) **K+**
c) phosphorus

· Furosemide causes high blood Na+, urea, glucose, cholesterol and low blood K+, Ca+.
Lippincotts Pharmacology 4th P 269

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

a) Dry, sticky oral mucous membranes.
b) Decreased body temperature.
c) **Decreased skin turgor.**
d) Apathy.
e) Tachycardia.

??

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29. Anticoagulant effect of heparin based on:
a) Alteration of thrombin levels
b) **Potentiation of anti-thrombin III**
c) Activation of plasmin into plasminogen
d) Inactivation of ionized calcium
e) Reduction of available factor VII
· Heparin binds to the enzyme inhibitor Antithrombin III causing a conformational change that result in its activation through an increase in the flexibility of its reactive site loop.
Lippincotts Pharmacology 4th P 236

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30. the length of trachea in adult is:
a) **11-12 cm**
b) 24cm
c) 20cm
d) 4cm
· The trachea is nearly but not quite cylindrical, being flattened posteriorly; it measures about 11 cm. in length; its diameter, from side to side, is from 2 to 2.5 cm. being always greater in the male than in the female. In the child the trachea is smaller, more deeply placed, and more movable than in the adult.
The trachea measures about 11 cm in length
http://emedicine.medscape.com/article/1949391-overview#aw2aab6b4

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31. All of the following drugs advised to be given to elderly patient, EXCEPT:
a) cemitidine
b) thyroxin
c) Digoxin
d) **chloropromide**
· It's a sulphonylurea, best to be avoided in elderly people and in those with renal failure.
???

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32. Heparin anticoagulant action depend on :
a) **potentiating of antithrombin three**
b) change plasmin to plasminogen
c) affect prothrombin
d) affect ionized Ca++
· Heparin potentiates antithrombotic affect in antithrombin three.
· Warfarin inhibits vitamin K-dependent gamma carboxylation of factors 2, 7, 9, 10.
Lippincotts Pharmacology 4th P 236

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33. Entamoeba histolytica cysts are destroyed best by:
a) **Boiling**
b) Iodine added to water
c) Chlorine added to water
d) Freezing
Amebic cysts are not killed by soap or low concentrations of chlorine or iodine; therefore, water in endemic areas should be boiled for more than 1 minute and vegetables should be washed with a detergent soap and soaked in acetic acid or vinegar for 10-15 minutes before consumption.
http://emedicine.medscape.com/article/212029-treatment#aw2aab6b6b4

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34. All of the following cause gastric irritation, except:
a) Erythromycin
b) NSAIDS

c) **Sucralfate**
d) Diclofenac
e) Penicillin.
· Sucralfate is an anti-ulcer medication. It works mainly in the lining of the stomach by adhering to ulcer sites and protecting them from acids, enzymes, and bile salts
Sucralfate is an anti ulcer medication
http://www.webmd.com/drugs/mono-535-SUCRALFATE+SUSPENSION+-+ORAL.aspx?drugid=5254&drugname=Sucralfate+Oral
---

35. What is the most risk of antihypertensive drugs on elderly patient:
a) **Hypotension**
b) Hypokalemia
c) CNS side effect
Blood pressure measurement in older persons should include an evaluation for orthostatic hypotension, and risk of falls
http://www.aafp.org/afp/2005/0201/p469.html
---

36. Digoxin toxicity :
a) tinnitus
b) plural effusion
c) **Nausea**
d) all of the above
· **Extracardiac symptoms:**
Ø **Central nervous system**: Drowsiness, lethargy, fatigue, neuralgia, headache, dizziness, and confusion may occur.
Ø **Ophthalmic**: Visual aberration often is an early indication of digitalis toxicity. Yellow-green distortion is most common, but red, brown, blue, and white also occur. Drug intoxication also may cause snowy vision, photophobia, photopsia, and decreased visual acuity.
Ø **GI**: In acute and chronic toxicity, anorexia, nausea, vomiting, abdominal pain, and diarrhea may occur.
Ø Mesenteric ischemia is a rare complication of rapid intravenous infusion.
Ø Many extracardiac toxic manifestations of cardiac glycosides are mediated neurally by chemoreceptors in the area postrema of the medulla.
· **Cardiac symptoms**: Palpitations, Shortness of breath, Syncope, Swelling of lower extremities, Bradycardia, Hypotension

anorexia, nausea, vomiting are commonly encountered
Lippincotts Pharmacology 4th P 193
---

37. Which one of these drugs is administered orally:
a) Amikacin
b) **Neomycin**
c) Gentamycin
d) Streptomycin
e) Tobramycin
All aminoglycosides must be given parenterally, except neOmycin which can be given Orally
Lippincotts Pharma 4th P 378
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38. Chronic use of steroids will give:
a) Osteomalacia.
b) **Myopathies of pelvic girdle.**
c) Increased risk of breast Ca.
d) Hypoglycemia.

· Steroids will cause osteoporosis by inhibiting Vitamin D, not osteomalacia. There has been no association with breast Ca. It causes hyperglycemia & steroid-induced diabetes. Steroids will cause proximal myopathy

Lippincotts Pharma 4th P 316

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39. All of the following are anti-arrhythmic drugs, except:

a) **Xylocain**
b) Digoxin
c) Quinidine
d) Amiodarone
e) Procainamide

· Lidocaine (not xylocaine) is the local anesthetic that is also an anti-arrhythmic.

Lippincotts Pharma 4th P197

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40. All of the following are true about paracetamol poisoning, except:

a) Metabolic acidosis
b) Hypoglycemia
c) **Bronchospasm**
d) Liver Failure
e) Acute renal tubular necrosis.

· Commonly, patients are asymptomatic for the first 24 hours or have non-specific abdominal symptoms (such as nausea and vomiting), Hepatic necrosis begins to develop after 24 hours (elevated transaminases, RUQ pain and jaundice) and can progress to acute liver failure. Patients may also develop: Encephalopathy, Oliguria, Hypoglycemia, Renal failure (usually occurs around day 3), Lactic acidosis.

Lippincotts Pharma 4th P510

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41. Diagnosis of hemochromatosis:

a) serum ferritin
b) **Transferrin saturation**

· Hemochromatosis is suggested by persistently elevated transferrin saturation in the absence of other causes of iron overload. It is the initial test of choice.

· Ferritin concentration can be high in other conditions, such as infections, inflammations, and liver disease.

· Ferritin levels are less sensitive than transferrin saturation in screening tests for hemochromatosis.

???-

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42. Beriberi caused by deficiency of

a) **Vitamin B1**
b) Vitamin B2
c) Vitamin B3

Vitamin B1 (Thiamine)

1) beriberi à wet (cardiac) or dry (neurologic)
2) Wernicke-Korsakoff syndrome (lesions of mamillary bodies) **Vitamin B3 (Niacin)** pellagra à 3Ds = dermatitis, dementia, diarrhea (and death)

Vitamin B12 (Cobalamin)

1) megaloblastic (macrocytic) anemia
2) hypersegmented neutrophils (> 5 lobes)
3) subacute combined degeneration of the spinal cord

Thiamine deficiency, or beriberi, refers to the lack of thiamine pyrophosphate, the active form of the vitamin known as thiamine (also spelled thiamin), or vitamin B-1.

http://emedicine.medscape.com/article/116930-overview

---

43. 14 years old female with BMI 32.6 (associated big chart):

a) Overweight
b) **Obese**
c) Normal weight

· BMI < 16 : severe under weight, BMI 16 – 20 : under weight, BMI 20 – 25 : normal, BMI 25 – 30 : over wt., BMI 30 – 35 : obese classic 1, BMI 35 – 40 : obese classic 2 & BMI > 40 : obese classic 3

---

44. Recent study revealed that anti-psychotic medications cause the following complication:

a) **Wight gain**
b) Alopecia
c) Cirrhosis

Certain antipsychotic drugs cause rapid weight gain and high cholesterol levels, and they may increase the risk of diabetes. People considering an antipsychotic for bipolar disorder should first be screened for their risk of heart disease, stroke, and diabetes, according to a study published in *Diabetes Care*.
http://www.webmd.com/bipolar-disorder/antipsychotic-medication

---

45. which one of the anti TB medications cause tinnitus, imbalance

a) **Streptomycin**
b) isoniazide
c) pyrizinamide

· Streptomycin and other aminoglycosides can elicit toxic reactions involving both the vestibular and auditory branches of the eighth cranial nerve. Patients receiving an aminoglycoside should be monitored frequently for any hearing impairment owing to the irreversible deafness that may result from its prolonged use. None of the other agents listed in the question adversely affect the function of the eighth cranial nerve.

Ototoxicity, Vertigo, loss of balance are an adverse effects of Streptomycin
Lippincotts Pharmacology 4th P 379

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46. At what level lumbar puncture (LP) done at :

a) L2-L3 ??
b) **L3-L4**
c) L5-S1

· Local anesthetic should be infiltrated and then the area should be prepared carefully and draped. The spinal needle then is positioned between the 2 vertebral spines at the L4-L5 level and introduced into the skin with the bevel of the needle facing up.

Palpate that interspace (L3-L4), the interspace above (L2-L3), and the interspace below (L4-L5) to find the widest space
http://emedicine.medscape.com/article/80773-technique

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47. Patient present with high blood pressure (systolic 200) , tachycardia, mydriasis , sweating, what is the toxicity

a) Anti-cholinergic
b) **Sympathomimetic**
c) Tricyclic antidepressant
d) Organophosphorous compounds

---

48. All are complications of long term use of phenytoin, EXCEPT:

a) Ataxia
b) **Osteoporosis**
c) Osteomalacia
d) Macrocytosis ?
· Phenytoin toxic effect might be, Gingival hyperplasia, diplopia, nystagmus, megaloblastic anemia secondary to interference with folate metabolism, hirsutism, diminished deep tendon reflexes in the extremities, CNS depression, endocrine disturbances (diabetes insipidus, hyperglycemia, glycosuria, osteomalacia).

Wrong Answer, long term use of phenytoin may lead to osteoporosis
Lippincotts Pharma P 178

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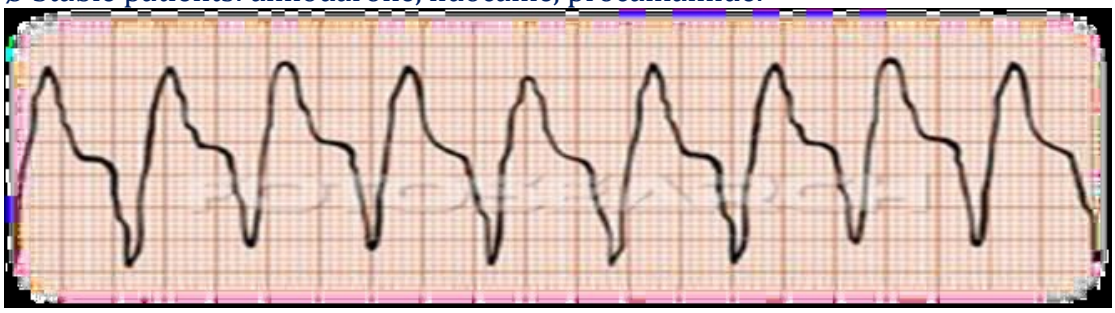
49. Physiological cause of hypoxemia :
a) **hypoventilation**
b) improper alveolar diffusion
c) Perfusion problem
d) elevated 2.3 DPG
· Four causes of hypoxemia; abnormally low oxygen in the blood is caused by one or more of the following:
Ø Hypoventilation
Ø diffusion impairment
Ø right to left shunt (usually in the lungs, but can be in the heart)
Ø Abnormal ventilation/perfusion ratios.

---

50. Calcium Chanel Blocker drugs like verapmil , dilitazem, nifedipine are effective in all, EXCEPT:
a) Prinzmetal angina
b) Hypertension
c) Atrial tachycardia
d) **Ventricular tachycardia**
e) Effort angina
· Treatment of ventricular tachycardia depends on patient stability;
Ø Unstable patients: electrical cardioversion
Ø Stable patients: amiodarone, lidocaine, procainamide.



51. Epidemic disease in poor sanitation areas affecting children and young adults:
a) **Hepatitis A**
b) Hepatitis B
c) Hepatitis C
d) Hepatitis D
Davidson Pocket P 500

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52. One of the Anti-psychotics causes ECG changes , Leukopenia, drooling :
a) Respiredone
b) **Clozapine**

c) Amisulpride
· Clozapine may cause a severe reduction in white blood cell count, a condition known as agranulocytosis , dementia-related psychosis in elderly, seizure, dizziness, headache, tremor, low blood pressure, and fever
Clozapine may cause a severe reduction in white blood cell count, a condition known as agranulocytosis,

http://www.medicinenet.com/clozapine/article.htm
---

53. Man use sildenafil, to prevent hypotension you should not use :
a) **Nitrate**
b) B blocker
c) ACIE
d) CCB
· Nitrate should not be used in conjugation with drugs used to treat erectile dysfunction, such as Slidenafil (Viagra). The combination can cause extreme hypotension.
Sildenafil increases the effects of the blood pressure lowering medications. It also increases the blood pressure lowering effects of nitrates, Patients taking nitrates should not receive sildenafil.
http://www.medicinenet.com/sildenafil/article.htm
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54. Deep laceration in the anterior aspect of the wrist, causing injury to the median nerve the result is:
a) claw hand
b) drop hand
c) **Inability to oppose the thumb to other fingers.**
· Injury to the **Median nerve** at the wrist result in the following:
Ø The muscles of the thenar eminence are paralyzed and wasted.
Ø The thumb is laterally rotated and adducted.
Ø The hand looks flattened and apelike.
Ø Opposition movement of the thumb is impossible.
Ø The first two lumbricals are paralyzed.
Ø Loose of the sensation over the lateral fingers.

(15)

Obs. & Gyn.

-1-4 by: Hashim Faqeeh

-5-56 by: Hosam Alrohaili

-57-108 by: Mohammed Naji

-109-160 by: Mohammed Salah

-161-212 by: Hatoon Alkuriam

-213-264 by: Israa AlSofyani – Mohammed Naji

-265-316 by: Huda Alraddadi

-317-end by: Samah Ahmed

1-4 by Hashim Faqeeh

My Notes and my Answers are all in Green, Red and blue are the previous answers.
I have tried to answer correctly as much as I could, and my answers are my best shot. However, they may be wrong and I suggest you imply your own judgment and not just memorize previous answers.
Good Luck (you will need it)

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1. Female patient with DM well controlled and she wants to get pregnant, and she asked you about the risk of congenital abnormality, to avoid this diabetes control should start in:
a) **Before pregnancy**
b) 1st trimester
c) 2nd trimester
d) 3rd trimester

2. Pregnant lady, she wants to do a screening tests, she insist that she doesn't want any invasive procedure, what you well do?
a) **U/S**
b) amniosenteses

3. What is the risk of GDM on her life later:
a) DM type 1
b) **DM type 2**
c) Impaired fasting glucose
more than 50% of GDM patients develop glucose intolerance and/or DM 2 later in life
USMLE2 FIRST AID 8th ed P299

4. Clomiphene citrate:
a) **Induce ovulation**
Stimulate ovulation in a woman who does not ovulate or who ovulates irregularly
http://www.webmd.com/infertility-and-reproduction/clomiphene-citrate-for-infertility

5-56 by Hosam Alrohaili

إضافاتي وتعديلي باللون الاخضر

5. Pregnant lady with cardiac disease presented in labor, you'll do all except:
a) Epidural anesthesia
b) **C/S**
c) Diuretic

d) Digitalis
e) O2
"cardiac pt should be delivered vaginally unless obstetric indication for C\S present"
Essentials of OBS\GYN p; 197

6. Asymptomatic woman with trichomoniasis:
a) Treat if symptomatic
b) Treat if she is pregnant
c) **Treat her anyway**
50% asymptomatic
May leads to vulvovaginitise , increase risk for adverse pregnancy outcome and increase transmission of HIV
Essentials of OBS\GYN p 268

7. A pregnant woman, multigravida, 38 weeks gestational presented with glucosuria. Gestational diabetes was confirmed by glucose tolerance test. What is the next step?
a) Repeat Glucose tolerance test
b) Cesarean section
c) **Diet adjustment**
d) Start sliding scale insulin
e) Start oral hypoglycemic medication
1St thin to do after Dx of GDM is to start diet therapy.
Essentials of OBS\GYN 192

8. Pregnant lady in her 30 weeks gestation diagnosed as having swine flu. She has high grade fever and cough for 4 days and her RR= 25/min. What will you do for her?
a) **Give her Tamiflu 75 mg BID for 5 days**
b) Refer her to ER for admission
c) Give her antibiotics
d) Refer her to OBGY doctor
Oseltamivir (Tamiflu) 75mg for 5 days
http://www.cdc.gov/h1n1flu/pregnancy/antiviral_messages.htm

9. A 27 year old pregnant lady, 19 weeks gestation, smoker, presented with PV bleeding followed by painless delivery. She was told nothing was wrong with her or her baby. The diagnosis is:
a) **Cervical incompetence**
b) Fetal chromosomal anomaly
c) Molar pregnancy
Cervical incompetence:
Most common in the 2nd trimester\leads to pregnancy loss\ painless daltion of the cervix Essentials of OBS\GYN 247

10. The commonest symptom in the presentation of abruptio placenta is:
a) **Vaginal Bleeding 80%**
b) Abdominal pain70%
c) Abdominal mass
d) Irregular uterine contractions 35%

e) Hypogastric tenderness
http://emedicine.medscape.com/article/252810-clinical

11. Pregnant lady, 8 weeks gestation, came with History of bleeding for the last 12 hours with lower abdominal pain & she passed tissue. On examination the internal Os was 1cm dilated. The diagnosis is:
a) Complete abortion
b) **Incomplete abortion**
c) Missed abortion
d) Molar pregnancy
e) Threatened abortion
Def; vaginal bleeding, cramp like pain, cervical dilation and the passage of product of conception
Complete abortion; passage of all products of conception
Essentials of OBS\GYN 75

12. Young primigravida, 35 weeks gestation, had BP of 140/90, headache, Proteinuria & lower limb edema. What is the best management?
a) Oral labetolol
b) Diuretics
c) Low sodium diet
d) Immediate C-section
e) **Admission & observation of feto-maternal condition**
Mild preeclampsia + less than 37 weeks----- Hospitalization for observation and seizure prophylaxis
Recall OBS\GYN 195

13. A 30 year old lady in the third trimester of her pregnancy developed a sudden massive swelling of the left lower extremity extending from the inguinal ligament to the ankle. The most appropriate sequence of work up & treatment:
a) Venogram, bed rest, heparin
b) **Impedance plethysmography, bed rest, heparin**
c) Impedance plethysmography, bed rest, vena caval filter
d) Impedance plethysmography, bed rest, heparin, warfarin
e) Clinical evaluation, bed rest, warfarin
Imbesance pelethysmography; In some countries, impedance plethysmography (IPG) has been the initial noninvasive diagnostic test of choice and has been shown to be sensitive and specific for proximal vein thrombosis. However, IPG also has several other limitations; among them are insensitivity for calf vein thrombosis, nonoccluding proximal vein thrombus, and iliofemoral vein thrombosis above the inguinal ligament
***U\S is the 1st choice
http://emedicine.medscape.com/article/1911303-workup#aw2aab6b5b4
bed rest; In Europe, early ambulation and compression has been the mainstay of adjunctive treatment for DVT. In North America, the unsubstantiated fear of dislodging clots by ambulation led clinicians to recommend bed rest and leg elevation to their patients
http://emedicine.medscape.com/article/1911303-treatment#a1156
Heprine is the main therapeutic agent used during pregnancy
Recall OB\GYN 233
I think it is B

14. A 55 years old lady on HRT is complaining of spotting on day 21 of the cycle. What will you do?
a) Pap smear
b) **Endometrial sampling**
c) Stop HRT
d) Add progesterone
"Postmenopausal always abnormal and must be investigated "
Investigation by transvaginal U\S then Endometrial biopsy
Essentials OBS\GYN 429

15. A young female patient who is an office worker presented with itching in the vagina associated with the greenish-yellowish vaginal discharge. Examination revealed red spots on the cervix. The diagnosis is:
a) **Trichomoniasis**
b) Candidiasis
c) Gonorrhea
d) Gardnerella vaginalis
Red spots+ greenish-yellow discharge --- Trichomns infection
Recall OBS\GYNE 383

16. A female patient presented with oligomenorrhea, she had 3 periods in the last year. She also had acne & hirsutism. Her body weight was 60 kg. PV examination was normal. The diagnosis is:
a) **Polycystic ovary disease**
b) Hyperprolactinemia
c) Adrenal tumor
d) Hypothyroidism
e) Premature ovarian failure
Oligomenorrhea+ sign of hyperandrogism, DDX : -Congenital Adrenal hyperplasia, Cushing, adrenal adenoma
- polycystic ovary
- ovarian neoplasms
The pt C\O oligomenorrhea and hyperandrogism no other symptoms or sign the most likely diagnoses is Polycystic ovary
Essentials OBS\GYN 368

17. Uterovaginal prolapse:
a) **Increase heaviness in erect position**
b) More in blacks
c) A common cause of infertility
Essentials OBS\GYN 278

18. A couple is trying to have baby for the last 6 month of unprotected intercourse. They wanted to know the possible cause of their infertility. What will you do?
a) **Wait & see** à **If less than 35 y**
b) Send to fertility clinic à if more than 35 y
c) Semen analysis
d) Pelvic exam
e) Body temperature chart
we need to Know their ages first
less than 36 – wait and see

more than 35—start the basic evaluation
Essentials OBS\GYN 371

19. A 34 years old lady presented with pelvic pain and menorrhagia. There is history of infertility, on examinations the uterus was of normal size & retroverted, she had multiple small tender nodules palpable in the uterosacral ligament. The most likely diagnosis is:

a) Fibroid
b) **Endometriosis**
c) Adenomyosis
d) PID

Infertility + pelvic pain+ tender nodule in the utrosacral ligament = Endometriosis
Recal OBS\GYN 429

20. 50 years old woman (post-menopausal woman) who is taking estrogen OCP every month & stops at the 21st day of the cycle. She presented with vaginal bleeding in the form of spotting 2-3 days after stopping the estrogen OCP (a case of postmenopausal bleeding). The best management is:

a) Pap smear
b) **Endometrial sampling (biopsy)**
c) Stop estrogen
d) Continue estrogen
e) Add progesterone

Postmenopausal always abnormal and must be investigated "
Investigation by transvaginal U\S then Endometrial biopsy
Essentials OBS\GYN 429

21. OCP:

a) **Changes the cervical mucus**
b) increase premenstrual tension
c) Have a failure rate of 3 %

Recall OBS\GYN 440

22. The best indicator of labor progression is:

a) Dilatation
b) Degree of pain
c) Fetal heart rate
d) Decent
e) **Dilatation and decent**

1st stage: Effacement, Dilatation and Decent
2nd stage: Decent
Essentials OBS\GYN 99

23. OCP:

a) **Decrease the risk of ovarian cancer**
b) Increase the risk of breast cancer

· COC decrease the risk of ovarian cancer, endometrial cancer
Recall OB\GYN 441

24. Average length of the menstrual cycle:

a) 22 days
b) 25 days
c) **28 days**
d) 35 days
Recall OB\GYN 470

25. About Antepartum hemorrhage:
a) Rarely due to hypofibrinogenemia
b) **Maternal mortality more than fetal mortality**
c) PV exam is always indicated

In case of placenta previa :
Maternal mortality 2-5%
Fetal mortality 1.2%
http://emedicine.medscape.com/article/262063-overview#a0199

26. Old patient known case of hypothyroidism on thyroxin, presented with many symptoms, labs all normal (TSH, T3, T4) except low calcium, high phosphate, what is the diagnosis?
a) Primary hyperparathyroidism
b) Secondary hyperparathyroidism
c) **Secondary hypoparathyroidism**
d) Uncontrolled hypothyroidism

27. Pregnant lady came to antenatal clinic for routine checkup, her Glucose tolerance test was high glucose , diagnosed as gestational DM , management:
a) **Nutritional advice**
b) Insulin
c) OHA
d) Repeat GGT
1st Dietary modification then insulin in case of falling
http://emedicine.medscape.com/article/127547-overview#a30

28. Pregnant lady with negative antibodies for rubella and measles, what you will give her?
a) MMR
b) Antibodies
c) Terminate pregnancy
d) **Do nothing**

MMR is contraindicated in pregnancy
http://www.cdc.gov/vaccines/pubs/preg-guide.htm

29. 20 years old lady, pregnant, exposed to rubella virus since 3 days, never was vaccinated against rubella mumps or measles, what's the best thing to do?
a) Give IG
b) Vaccine
c) **Do nothing**
d) Terminate the pregnancy
no ttt and globulin is not recommended

essentials OB\GYN 209

30. Pregnant lady 7cm dilated cervix, had induction of labor with oxytocin and artificial rupture of membrane, Hypertensive and the baby is Brady, what you will do?

a) **Magnesium sulfate**

b) Give dose of oxytocin

31. Treatment of Chlamydia with pregnancy:

a) Azithromycin

b) Erythromycin base

According to CDC the recommended is Azthromycin

And the alternative is Erthromycin

http://www.cdc.gov/std/treatment/2010/chlamydial-infections.htm

32. The most common cause of postpartum hemorrhage is:

a) **Uterine atony**

b) Coagulation

c) Retained placenta

Uterine atony 75-85 %

Essentials OB\GYN 137

33. Girl with amenorrhea for many months. BMI is 20 and is stable over last 5 years, diagnosis:

a) Eating disorder

b) Pituitary adenoma

The only thing that she has is BMI that is steady and below the average and amenorrhea

http://www.mayoclinic.com/health/amenorrhea/DS00581/DSECTION=causes

34. Regarding GDM:

a) **Screening for GDM at 24 to 28 weeks**

b) Diet control is always successful treatment

c) Screening at 8 weeks

screening by GCT performed between 24-28 wks

The 1st thing to do for management is to adjust the diet but the stander for treatment is the insulin

Essentials OB\GYN 192-192

35. 48 years old with irregular menses presented with fatigue and no menstruation for 3 months with increased pigmentation around the vaginal area without other symptoms. your next step would be

a) reassure the patient

b) **Do a pregnancy test**

c) do ultrasound

The commonest cause of amenorrhea is pregnancy

Recall OB\GYN 510

36. marker of ovarian cancer :

a) **CA125**

Essentials OB\GYN 413

37. Total vaginal hysterectomy with anterior & posterior repair the patient complains that urine is come out through vagina, what is the diagnosis?

a) **Ureterovaginal fistula**

b) vesico vaginal fistula (continuous urinary incontinence)

c) urethrovaginal fistula
d) cystitis
Total hysterectomy is the commonest cause of urterovaginal fistula (Basic gynaecology , Farouk Hasseb p;93)
Obstetric trauma is the commonest cause of vesicovaginal fistula (Basic gynaecology , Farouk Hasseb p;85)

38. Irregular menses 2 months and sometime nothing last 7-10 days and use 10-15 pads in heavy days :
a) Polymenorrhea (cycles with intervals of 21 days or fewer)
b) Menorrhagia (excessive and prolonged >80ml or >7days)
c) Metrorrhagia(irregular bleeding)
d) **Menometrorrhagia** (heavy and irregular)
e) Oligomenorrhea
Essentials OB\GYN 368

39. couple came for reversible contraception , the wife previous DVT , your advice :
a) Tubal ligation
b) **IUD**
Hx of DVT which is abslout C\I for OCP , Recall OB\GYN 440
They want reversible method IUD is the perfect choice
Tubal ligation is permanent ,
40. Lactating lady who didn't take the MMR?
a) Take the vaccine and stop feeding for 72 hour
b) It is harmful for the baby
c) **She can take the vaccine**
http://www.cdc.gov/vaccines/vpd-vac/measles/faqs-dis-vac-risks.htm

41. Signs of androgen excess and ovarian mass , most likely tumor :
a) **Sertoli-lydge cell tumor**
Recall OB\GYN 595
42. Female on antibiotic has white cottage cheesy vaginal discharge
a) **Candida**
RF; antibiotic use . cottage cheesy discharge characteristic for vaginal candidiasis
Essentials OB\GYN 268
43. Girl with hirsutism , deep voice , receding hair line :
a) **Androgen excess**
C\P of hyperandrogism
Essentials of OB\GYN 364
44. Pregnant in the third trimester came with painless vaginal bleeding :
a) **Placenta previa**
"painless vaginal bleeding usually in the 3rd trimester"
Essentials of OB\GYN 129
45. Trichomanis vaginitis associated with "STD"
a) DM
b) pregnancy

c) **Greenish frothy discharge**
Recall OB|GYN 383
Type of infection
Type of Discharge
Other Symptoms
treatment Gonorrhea Cloudy or yellow Bleeding between periods, urinary incontinence Ceftriaxone or cefitixime
Bacterial vaginosis
White, gray or yellow with fishy odor
Itching or burning, redness and swelling of the vagina or vulva
Metronidazol oral or topical **Trichomoniasis** Frothy, yellow or greenish with a bad smell Pain and itching while urinating Oral metronidazol
Yeast infection
Thick, white, cheesy
Swelling and pain around the vulva, itching, painful sexual intercourse
Antifungal **Chlamydia** Purulent, malodors Itching or burning Azithromycin & doxycycline

46. pregnant lady 16 weeks, ultrasound shows snowstorm appearance:
a) **Complete hydatiform mole**
Definitive Dx of HM by U\S –" snow storm appearance "
Essentials OB\GYN 438

47. Patient came with whitish discharge from the nipple. Her inx show pituitary adenoma, which hormone responsible for this :
a) **Prolactin**
Galactorhae is the frequently observed abnormality with hyperprolactnoma , Essentials OB\GYN 360

48. Young girl came with history of full term uterine demise and now she is in 34 weeks. what u will do:
a) CS in 38 week
b) Wait for spontaneous delivery
c) **Induce labor at 36 , not more than 4 weeks from diagnosis**

49. Lady pregnant in her 3rd trimester came with bright red gush of blood, no abdominal pain or uterine tenderness
a) **Placenta previa**
Essentials OB\GYN 128

50. Patient complain of tension headache, was on acetaminophen but no improvement, she notice that the headache improved when she was pregnant:
a) **Triptan trial medication (for cluster and migraine inhibit dilation of cranial vessels)**
b) Let her quite her job
c) Drug induced amenorrhea
Type of headch that usually improve with prgancy is Migrane headache, Oxford Medicine oxford 462
The 1st line therpy of Migraine after NSAIDs have failed is Triptant , 1st aid USMLE step 2 p;253

51. Cause of Polyhydramnios:
a) Renal agenesis
b) **Duodenal atresia**
c) Mother with diabetes insipidus

d) Post mortem pregnancy
http://reference.medscape.com/article/975821-overview#a0199

52. The most accurate diagnostic investigation For ectopic pregnancy:
a) Culdocentesis
b) Pelvic U/S
c) Endometrial biopsy
d) Serial B-HCG
e) **Laparoscopy**
http://emedicine.medscape.com/article/2041923-workup#aw2aab6b5b8

53. A 14 years female, with 6 month history of lower mid abdominal pain , the pain is colicky radiate to the back and upper thigh, begin with onset of manse and last for 2-4 days, she missed several days of school during the last 2 months, physical examination of abdomen and pelvis normal, normal secondary sex development, what is the most likely diagnosis?
a) **Primary dysmenorrhea**
b) Secondary dysmenorrhea.
Def; painful menstruation without pelvic abnormity
Recall OB\GYN 476

54. Nulligravida at 8 weak gestational age, follow up for genetic screening, she refused the invasive procedure but she agree for once screening , what is the appropriate action now:
a) do ultrasound
b) **1st screening** "US + maternal blood"
c) 2nd screening
d) 3rd screening
e) Amniocentesis
http://americanpregnancy.org/prenataltesting/firstscreen.html

55. Which type of contraceptive is contraindicative in lactation:
a) **OCPs**
b) Mini pills
c) IUD
d) Condom
e) Depo-Provera
Recall OB\GYN 440

56. Best medication to be given for GDM (gestational) is:
a) **Insulin**
b) Metformin

Essentails OB\GYN 1

57-108 by Mohammed Naji

57. A vaccination for pregnant lady with DT

a) Give vaccine and delivery within 24 hours
b) Contraindicated in pregnancy
c) **Not contraindicated in pregnancy**

(Vaccines that can't be taken during pregnancy are MMR, Varicella, and human papilloma virus.
) http://www.cdc.gov/vaccines/adults/rec-vac/pregnant.html

58. Contraceptive pill that contain estrogen increase risk of:

a) **Breast Cancer**
b) Ovary Cancer
c) Cervical Cancer

(http://emedicine.medscape.com/article/258507-overview#aw2aab6b6)

59. The best stimulus for breast milk secretion is:

a) Estrogen
b) **Breast feeding**

60. Pregnant diagnosed with UTI. The safest antibiotic is:

a) Ciprofloxacin
b) **Ampicillin**
c) Tetracycline

(Ampicillin or cephalosporin or nitrofurantoin, essentials of obs/gyn p.212)

61. Full term wide pelvis lady, on delivery station +2, vertex, CTG showed late deceleration, what is the most appropriate management?

a) **C/S**
b) Suction
c) Forceps Delivery
d) Spontaneous Delivery

62. Endometriosis best diagnosed by

a) US
b) **Laparoscopy**
c) Laparotomy

(Kaplan obs/gyn, p.215)

63. 41 weeks pregnant lady last biophysical profile showed oligohydroamnios. She has no complaints except mild HTN. What is the appropriate management?

a) Wait
b) Induce labor post 42 wks

c) **Induce labor**
d) Do biophysical profile twice weekly

64. Young female with whitish grey vaginal discharge KOH test? Smell fish like, what is the diagnosis?
a) Gonorrhea
b) **Bacterial Vaginosis**
c) Traichomanous Vaginalis
(Kaplan obs/gyn, p.169)

65. Female complain of painless odorless and colorless vaginal discharge that appear after intercourse so ttt:
a) give her antibiotic
b) **Douche after intercourse**
c) Cervical cancer should be consider
d) May be due to chronic salpingitis

66. Obstructed labor, which is true?
a) common in primi
b) excessive caput & molding are common signs
c) most common occipto- ant
d) **can not be expected before labor**

67. 1ry dysmenorrhea:
a) Periods Painful since birth
b) Pain start a few days before flow
c) **NSAID help**
(Essentials of obs/gyn, p.256)

68. After delivery start breast feeding :
a) **As soon as possible (according to WHO : within half an hour)**
b) 8 hours
c) 24 hours
d) 36 hours
e) 48 hours
(http://www.womenshealth.gov/breastfeeding/learning-to-breastfeed/#c)

69. A 28 year lady with 7 week history of amenorrhea has lower abdominal pain , home pregnancy test was +ve , comes with light bleeding, next step:
a) Check progesterone
b) **HCG**
c) Placenta lactogen

d) Estrogen
e) Prolactin

(first step in evaluating patient with secondary amenorrhea is BHCG to diagnose pregnancy which is the most common cause of 2ry amenorrhea. Kaplan p.240)

70. Pregnant on 36th week came with 7 cm cervical width at 0 station. During birth, CTG shows late deceleration, management is:

a) Give Oxytocin
b) **O2 and change mother position**
c) Give Mg sulfate

Type of deceleration	Etiology	Management
Early	Head compression from uterine contraction (normal)	No treatment
Late	Uteroplacenta insufficiency and fetal hypoxima	• Place patient on side · Discontinue oxytocin. · Correct any hypotension · IV hydration. • If decelerations are associated with tachysystole consider terbutaline 0.25 mg SC Administer O2 If late decelerations persist for more than 30 minutes despite the above maneuvers, fetal scalp pH is indicated. • Scalp pH > 7.25 is reassuring; pH 7.2-7.25 may be repeated in 30 minutes. • Deliver for pH < 7.2 or minimal baseline variability with late or prolonged decelerations and inability to obtain fetal scalp pH
Variable	Umbilical cord compression	Change position to where FHR pattern is most improved. Trendelenburg may be helpful. Discontinue oxytocin. Check for cord prolapse or imminent delivery by vaginal exam. · Consider amnioinfusion · Administer 100% O2

(essentials of obs/gyn, p.124)

71. Patient has history of cervical incompetence, pregnant at 8 weeks what the management? **Do cervical cerclage at 14-16w**
(Kaplan obs/gyn, p.33)

72. Patient has history of amenorrhea for 6 weeks presented with abdominal pain on examination there is fluid on Douglas pouch & clot blood?
a) **Rupture ectopic pregnancy**

73. Patient has a white vaginal discharge and itching, what is the patient have?
a) **DM**
(bacterial vaginosis –white non itching-/ trichomonus –frothy green-/ candidiasis –white and itchy- common with diabetes mellitus)

74. Pregnant lady the thyroid function test show (high TBG & T4) and upper normal T3 this due to?
a) **Pregnancy**
(essentials of obs/gyn, p.62)

75. Female patient come with generalized abdominal pain by examination you found Suprapupic tenderness , by PV examination there is Tenderness in moving cervix and tender adnexia diagnosis is : a) **Pelvic inflammatory disease**
(Pelvic inflammatory diseases and ruptured ectopic pregnancy both cause tender cervix with motion; Mucopurulent discharge goes with PID/ bleeding after period of amenorrhea goes with ectopic)
Essentials obs/gyn, p.272

76. Treatment of patient with yellowish vaginal discharge and itchy by swab and culture it is Trichomonas vaginalis. which of the following is correct :
a) **Start treatment with metronidazol**
b) Start treatment with clindamycin
c) No need to treat husband
d) Vaginal swab culture after 2 weeks
(essentials of obs/gyn, p.268)

77. 50 years old giving history of (postmenopausal symptoms), hot flushes. best drug to reduce these symptom is: a) Estrogen only
b) Progesterone only
c) Combined pills (estrogen and progesterone)
Venlafaxine or clonidine or HRT if not combined pills.
Treatment options include:

- **hormone replacement therapy (HRT)**
- **tibolone (similar to HRT)**
- **clonidine**
- **vaginal lubricants**
- **antidepressants**

d)

78. Pregnant lady giving history of increased body Wight about 3KG from the last visit and lower limb edema to confirm that she had pre-Eclampsia, what to do?

a) **Measure her BP** **(wrong answer, criteria is: 1-HTN /2-proteinurea. Kaplan obs/gyn, p.80)**

79. Female patient came with sever vaginal bleeding; what is the appropriate initial management?

a) **O2 , IV FLUID , ABC ,IF NOT STOP progesterone & estrogen last one is blood transfusion**

(DUB dysfunctional uterine bleeding treatment; observation and supportive, if not enough add estrogen/progestin, if still bleeding D&C, if fail hysterectomy. Blood transfusion could be used when needed in any step. Essentials obs/gyn p.370)

80. Pregnant lady G1P0 at 13 week she looks anxious ,but she is happy about her pregnancy her blood pressure is 142/96 she do exercise 4-5 times / week she denies that she has any previous medical problem, what is diagnosis?

a) pre eclampsia
b) pregnancy induced hypertension
c) **Chronic hypertension**

- **Chronic hypertension:** pregnancy <20 weeks.
- **Gestational hypertension**: pregnancy >20weeks without proteinuria
- **Preeclampsia:** pregnancy >20 weeks + protienuria
- **Eclampsia:** seizure >20 weeks pregnancy

(Kaplan obs/gyn, p.79)

nnbb

81. Pregnant at 28 week, she sit with child, this child develop chickenpox, she come to you asking for advice, you found that she is seronegative for (varicella) antibody, what will be your management?

a) **Give her(VZIG) varicella zoster immunoglobulin**
b) give her acyclovir
c) give her varicella vaccine
d) wait until symptom appear in her

(Vaccines that can't be taken during pregnancy are MMR, Varicella, and human papilloma virus.
) http://www.cdc.gov/vaccines/adults/rec-vac/pregnant.html

82. during rape rupture of hymen at

a) **6 o'clock**
(Usually found at 5-7 O'clock, http://www.scribd.com/doc/54543022/34/Attenuation-of-the-Hymen)

83. Pregnant with 32 Weeks no any abnormality, asking what the outcome should be to this pt

a) **Induction at 36 weeks.**

84. Comes with lower abdominal tenderness with no signs of infection and HCG normal

a) **Ovarian cyst torsion**

85. Pregnant, 34 weeks with abdominal pain radiating to back, O/E: transverse lie, back down & PV revealed open cervix 3 cm & plugging of bag, management?

a) **Caesarian section.** **(wrong answer)**
b) tocolytics

(correct answer is tocolytics,
This is a case of preterm labor, pregnancy 20-36 wks & >=2cm Cx & >= 3 contractions in 30min.
You can use tocolytics if not contraindicated.
Contraindications for tocolytics :

1- obstetric: severe abruption placenta, ruptured membranes, chorioamninitis.
2- Fetal: lethal anomaly, fetal demise.
3- Maternal: severe preeclampsia, advanced cx dilatation.) Kaplan obs/gyn p.72

86. Couples asking for emergency contraception

a) **Levonorgestrel 1.5 mg**
(essentials, p.311)

87. Pregnant, 36 weeks, present with agitation, BP: 88/60, fetal distress, what is the diagnosis?

a) Pulmonary embolism.
b) **Amniotic fluid embolism.** **(wrong answer)**

patient is not in labor !!

Currently no definitive diagnostic test exists. The United States and United Kingdom AFE registries recommend the following 4 criteria, all of which must be present to make the diagnosis of AFE.[7, 1, 9]

1. Acute hypotension or cardiac arrest
2. Acute hypoxia
3. Coagulopathy or severe hemorrhage in the absence of other explanations
4. All of these occurring during labor, cesarean delivery, dilation and evacuation, or within 30 minutes postpartum with no other explanation of findings

Medscape, amniotic fluid embolism.

88. Patient with salpingitis and there is swelling in pelvis in posterior fornix and it is fluctuant, management?

a) **Colpotomy**
b) Laparoscopic
c) continues oral thereby

- **Note:** Culdocentesis refers to the extraction of fluid from the rectouterine pouch posterior to the vagina through a needle > The Rectouterine Pouch is often reached through the posterior fornix of the vagina.
- The process of creating the hole is called "colpotomy" if a scalpel incision is made to drain the fluid rather than using a needle.
- Drainage of a tubo-ovarian/pelvic abscess is appropriate if the mass persists after antibiotic treatment; the abscess is > 4–6 cm; or the mass is in the cul-de-sac in the midline and drainable through the vagina.
- If the abscess is dissecting the rectovaginal septum and is fixed to the vaginal membrane, colpotomy drainage is appropriate.
- If the patient's condition deteriorates, perform exploratory laparotomy.

89. Salpingitis and PID on penicillin but not improve, what is the most likely organism?

a) Chlamydia
b) **Neisseria gonorrhea**
c) Syphilis
d) HSV

· Outpatient antibiotic regimens :

- Regimen A: Ofloxacin or levofloxacin × 14 days +/– metronidazole × 14 days.
- Regimen B: Ceftriaxone IM × 1 dose or cefoxitin plus probenecid plus doxycycline × 14 days +/– metronidazole × 14 days.

· Inpatient antibiotic regimens:

- Cefoxitin or cefotetan plus doxycycline × 14 days.
- Clindamycin plus gentamicin × 14 days.

90. Chronic uses of estrogen association:

a) **Increase risk of breast and cervical cancer & reduced uterus and ovary**

91. Reogarding injectable progesterone

a) Can cause skin problems
b) **Associated with irregular bleeding and weight gain.**

c) Decrease in bone mineral density (reversible).
d) Delayed fertility after discontinuation (one shot can last 10 months).

92. Lady 28 years old G3+3 complaining of infertility:
a) **Uterine fibroid**

93. 29 years old lady B-HCG 160 complaining of vomiting & abdominal pain, which is more accurate to diagnosis? a) BHCG serial
b) **Pelvic US**
c) Laparoscopy

94. Breach presentation at 34 weeks:
a) Do ECV now.
b) **Do ECV at 36 wks.** **(essentials obs/gyn, p.166)**
c) C/S

95. Female lady after delivery started to develop pelvic pain, fever, vaginal discharge & negative leich..'r test.
What is your diagnosis: ((I don't know what is that test))
a) Vaginal yeast.
b) **PID.**
c) Bacterial vaginosis.

96. 34 week with antepartum hemorrhage, she was conscious but fighting, what is the most likely cause?

a) **Post-coital bleeding.**

97. Pox virus vaccine In lactating lady
a) **Give the vaccine**
(Not clear, pox??, which one?

However, smallpox vaccine is contraindicated in lactating lady.
Chicken pox or 'varicella' is not contraindicated)

http://www.cdc.gov/breastfeeding/recommendations/vaccinations.htm

98. Increase frequency of menses called
a) Menmetror
b) **Polymenor**
c) Hypermeno
(essentials obs/gyn, p.368)

99. Classical case of Candida infection " itching , white discharge from vagina" , what is the treatment: a) **Miconazole**
b) Amoxicillin
(fluconazole, Kaplan obs/gyn p.171)

100. Postpartum lady developed blues , beside psychotherapy:
a) **Encourage family to support patient**

101. Pregnant lady with cystitis, one of the following drugs contraindicated in her case:
a) Amoxicillin
b) Ceftriaxone
c) **Flouroquiolone**

102. All of the following drugs contraindicated in breast feeding except :
a) Tetracycline
b) Chlorophenicol
c) **Erythromycin**

WHO reccomendations

TABLE 10
Breastfeeding and mother's medication

Breastfeeding contraindicated	Anticancer drugs (antimetabolites); Radioactive substances (stop breastfeeding temporarily)
Continue breastfeeding	
Side-effects possible *Monitor baby for drowsiness*	Selected psychiatric drugs and anticonvulsants (see individual drug)
Use alternative drug if possible	Chloramphenicol, tetracyclines, metronidazole, quinolone antibiotics (e.g. ciprofloxacin)
Monitor baby for jaundice	Sulfonamides, dapsone, sulfamethoxazole+trimethoprim (cotrimoxazole), sulfadoxine+pyrimethamine (fansidar)
Use alternative drug (may inhibit lactation)	Estrogens, including estrogen-containing contraceptives, thiazide diuretics, ergometrine
Safe in usual dosage *Monitor baby*	Most commonly used drugs Analgesics and antipyretics: short courses of paracetamol, acetylsalicylic acid, ibuprofen; occasional doses of morphine and pethidine Antibiotics: ampicillin, amoxicillin, cloxacillin and other penicillins, erythromycin Antituberculosis drugs, anti-leprosy drugs (see dapsone above) Antimalarials (except mefloquine, fansidar) Anthelminthics, antifungals Bronchodilators (e.g. salbutamol), corticosteroids, antihistamines, antacids, drugs for diabetes, most antihypertensives, digoxin Nutritional supplements of iodine, iron, vitamins

103. In initial evaluation couples for infertility:

a) Temperature chart
b) **Semen analysis**
c) Refer to reproductive clinic

(kaplan obs/gyne, p.254)

104. Common cause of male infertility:

a) **Primary hypogonadism**
b) Secondary hypogonadism
c) Ejaculation obstruction

105. Condition not associated with increase alphafeto protein:

a) **Breech presentation**
b) Down syndrome
c) Gastroschisis

(in the event that the fetal dorsal or ventral wall is open, e.g. neural tube defect or gastrochisis and omphalocele, amniotic level of AFP will be elevated) essentials obs/gyn p.221

Decreased maternal serum AFP noted with Down syndrome !

106. Pregnant never did checkup before, her baby born with hepatosplenomegaly and jaundice:

a) Rubella
b) **CMV**
c) HSV
d) Toxoplasmosis

(congenital CMV syndrome is the most common congenital viral syndrome in USA Kaplan obs/gyn p.60)

107. Female patient around 35 years old, history of thromboembolic disease, what type of reversible contraceptive she can use?

a) OCP
b) Mini pills
c) **IUCD**

(essentials obs/gyn, p.309)

108. Female with vaginal infection (Chlamydia) not pregnant best treatment :

a) **Doxycycline**
b) Azithromycin
c) metronidazole

- both answers are correct ! Kaplan obs/gyn p.220
- **azithromycin is safe and effective during pregnancy.**

109-160 by Mohammed Salah

109.Patient G3 P3 all her deliveries were normal except after the second one she did D&C , Labs all normal except: high FSH, high LH, low estrogen, what s the diagnosis?

a) **Ovarian failure**
b) Asherman syndrome

medscape >ovarian insufficiency

****110.Pregnant 6 days in CS staining in her throbs from abdomen:**
a)**Fascial dehiscence**

- Wound infection and is suggested when excessive discharge from the wound is present.
- If a fascial dehiscence is observed, the patient should be taken immediately to the operating room where the wound can be opened, debrided, and reclosed in a sterile environment

****111.Female with vaginal bleeding, abdominal pain, what is the first investigation?**
a)**US**
b)Vaginal Examination

****112. 16 weeks pregnant complaining of polydipsia& polyuria less than 126 mg fasting 6.8 :**
a)**Impaired DM**

- **IFG:** (6.1-7.0 mmol)
- **IGT** : (7.8-11.1 mmol/l, 2h after 75g)
- **First step**: One-hour 50-g glucose challenge test; venous plasma glucose is measured one hour later (at 24–28 weeks). Values ≥ 141 mg/dL are considered abnormal.
- **Next step**: Confirm with an oral three-hour (100-g) glucose tolerance test showing any two of the following:

fasting> 95 mg/dL; one hour > 180 mg/ dL; two hours > 155 mg/dL; three hours > 140 mg/dL.

113.Breech presentation, 34 weeks treatment option:

a) External cephalic
b) Internal cephalic
c) **Wait**
d) Induction

Medscape>breech presentation

114.post partum hemorrhage happens more commonly with:

a) **Multiple pregnancies.**
b) Anemia.
c) Preterm delivery.
d) Antithrombin III deficiency

Pph>wekepedia >epidmology

115.What is the most complication after hysterectomy?

a) Ureteral injury
b) Pulmonary embolism
c) **Hemorrhage**

·**Note:**

- **Hemorrhage**: Average intraoperative blood loss is 400 mL. Excessive bleeding complicates 1 to 3 percent of hysterectomy
- **Infection**: Approximately one-third of women undergoing abdominal hysterectomy without antibiotic prophylaxis develop postoperative fever; there is no obvious source in 50 percent
- **Thromboembolic disease**: The risk of thromboembolism after abdominal hysterectomy in low and high risk patients is 0.2 and 2.4 percent
- **Ureteral injuries**: In one retrospective study including over 62,000 hysterectomies, the total incidence of ureteral injury after all hysterectomies was 1.0 of 1000 procedures: 13.9 of 1000 after laparoscopic, 0.4 of 1000 after total abdominal

Wekepdia > hystroectomy

116.34 years female with HIV, pap smear negative, about cervical cancer screening :

a) After 3m if negative repeat after 6m
b) **After 6 months if negative repeat annually**
c) After 1y if negative repeat annually

- **Note:** PAP screening should begin within three years of the onset of sexual activity or at the age of 21 in a patient with an uncertain history of sexual activity.
- HIV+ patients should be screened every six months during their first year of diagnosis and then yearly if the initial tests are negative.
  - Medscape >cervical cancer > workup > screnning

****117.Post D&C the most common site of perforation is the:**

a) **Fundus.**
b) Anterior wall of the corpus.
c) posterior wall of the corpus
d) lat. Wall of the corpus
e) Cervix

****118. 16 weeks of gestation presented with (++) glycosuria, FBS 4.4, 1 hours PB= 8, 2 hours PB= 7.2**

a)**Renal glycosuria.**
b) GDM.
c) KM syndrome

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

GDM happen in ist trimester

119.Primi at 35 weeks of gestation with pre-eclampsia, BP is high with ankle edema, the best to be done is: a)Diuretic.

c) Labetolol.
d) Immediate delivery.
e) **Maternal-fetal monitoring with continuous hospitalization.**

- **Note**: Children of mothers with hypertension in pregnancy plus diuretic treatment in the third trimester were at significantly increased risk of developing schizophrenia. ·**Labetolol** is contraindicated in pregnancy.
- Aim for delivery when the pregnancy is at term.

Medscape > preeclampsia > treatment

120.Most common site of gonococcus infection in females in: a)Cervix
b) Posterior fornix.
c) **Urethra.**

Medscape > **gonococcus infection** > overview

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

121.Most common site for ectopic pregnancy :
a)**Fallopian tubes**

medscape> ectopic pregnancy > overview

****122.A 34 weeks GA lady presented with vaginal bleeding of an amount more of that of her normal cycle.on examination utrine contracts every 4 min, bulged membrane, the cervix is 3 cm dilated, fetus is in a high transverse lie and the placenta is on the posterior fundus. US showed translucency behind the placenta and the CTG showed FHR of 170, the best line of management is:**
a) **C/S immediately.**
b) Give oxytocin.
c) Do rupture of the membrane.
d) Amniocentesis.

****123.It is contraindication to stop preterm delivery in the following condition:**
a)aminochoronitis.
b) placenta abruption
c) Preeclampsia.
d) **a&b.**

124. ****Before you start instrumental delivery it is important to check if there is:
a)Face presentation.
b) CPD
c) Breech presentation.
d) **Cord prolapse**

Prerequisites for forceps delivery include the following:

- The head must be engaged.
- The cervix must be fully dilated and retracted.
- The position of the head must be known.

125. In occipito-posterior malpositioning of the fetal head, all of the following are true except:

a)10% of all vertex deliveries.

b)It causes significant delay of labor duration compared to the anterior presentation.

c)Android pelvis is predisposing factor.

d)**Flexion of the head helps the rotation to the anterior position.**

Mechanism of right occipitoposterior position (long rotation) (Figs 31.7–31.10)

• The lie is longitudinal

• The attitude of the head is deflexed

• The presentation is vertex

• The position is right occipitoposterior

• The denominator is the occiput

• The presenting part is the middle or anterior area of the left parietal bone

• The occipitofrontal diameter, 11.5cm, lies in the right oblique diameter of the pelvic brim. The occiput points to the right sacroiliac joint and the sinciput to the left iliopectineal eminence.

http://www.khotanbooks.org/UploadedFiles/PFiles/63fa20a2b64d4e6.pdf

126.25 years old female patient who is with 2ry amenorrhea, her prolactin level is 400 ng/ml. the probability to have pituitary prolactin secreting adenoma is:

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

]

Type of adenoma	Secretion	Staining	Pathology	Percentage of hormone production cases
lactotrophic adenomas(*prolactinomas*)	secrete prolactin	acidophilic	, hypogonadism, amenorrhea,infertility, galactorrhea and impotence	30%[10]

http://en.wikipedia.org/wiki/Pituitary_adenoma

- Prolactin levels in excess of 200 ng/mL are not observed except in the case of prolactin-secreting pituitary adenoma (prolactinoma).

- In 50 % of those having high prolactin levels there is radiological changes in the sellaturcica

**127.which of the following not compatible with head engagement:

a) vertex at zero station
b) crowning of the head
c) **3/5 head felt in the abdomen**
d) BPD at ischial spines

·When the fetal head is engaged, 2/5 or less of the head is palpable above the pelvic

128.Female with recently inserted IUCD coming with watery brownish vaginal discharge & abdominal pain what is the most likely diagnosis?

a) Uterine rupture
b) Ovarian torsion
c) **Bacterial vaginosis**
d) Ectopic pregnancy

Medscape>vaginitis

129.What is an absolute contraindication of OCP :

a) **History of previous DVT**
b) Ovarian ca
c) Breast ca

·Both history of DVT and breast cancer are absolute contraindication, but in history DVT is more accurate.

http://www.usmle-forums.com/usmle-step-2-ck-bits-pieces/2337-absolute-contraindications-use-ocp.html

**130.OCP is proven to :

a) **Decrease ovarian ca**
b) Decrease endometrial ca
c) Increase breast ca
d) Increase risk of ectopic pregnancy

http://womenshealth.about.com/cs/thepill/a/otherbenorcontr.htm

**131. Regarding weight gain in pregnancy what is true :

a) **Pregnant woman should consume an average calorie 300-500 per day**
b) Regardless her BMI or body weight she should gain from 1.5 – 3 lb which represent the baby's growth

·Note: Weight gain during pregnancy :

- 100 – 300 Kcal / day , 500 Kcal / day in breastfeeding
- Weight gain: 1 – 1.5 kg / month, 11 – 16 kg gain during pregnancy.

http://www.baby2see.com/pregnancy_weight_calculator.html

**132.First sign of magnesium sulfate toxicity is :

a)**Loss of deep tendon reflex**

In rare cases, symptoms of magnesium toxicity (nausea, muscle weakness, loss of reflexes) occur during magnesium sulfate treatment. The medicine calcium gluconate is given to treat the problem.

http://www.webmd.com/baby/magnesium-sulfate-for-preterm-labor

**133.Regarding postpartum Psychosis:

a) **Recurrences are common in subsequent pregnancies**
b) It often progresses to frank schizophrenia
c) It has good prognosis
d) It has insidious onset
e) It usually develops around the 3rd week postpartum

more common in first time mothers

Manic and acute polymorphic forms almost always start within the first 14 days, but depressive psychosis may develop somewhat later.

http://en.wikipedia.org/wiki/Postpartum_psychosis

134. **A case of a patient with thin cervix and little amount of cervical mucus, how would you treat her

a)**Estrogen injections**

http://www.rxlist.com/delestrogen-drug/indications-dosage.htm

INDICATIONS

DELESTROGEN (estradiol valerate injection, USP) is indicated in the:

1. Treatment of moderate to severe vasomotor symptoms associated with the menopause.
2. Treatment of moderate to severe symptoms of vulvar and vaginal atrophy associated with the menopause. When prescribing solely for the treatment of symptoms of vulvar and vaginal atrophy, topical vaginal products should be considered.
3. Treatment of hypoestrogenism due to hypogonadism, castration or primary ovarian failure.
4. Treatment of advanced androgen-dependent carcinoma of the prostate (for palliation only).

135. A pregnant female develops lesions on the vulva and vagina and she was diagnosed as genital herpes, what should be included in her future health care?

a)Cesarean section should be done if the lesions did not disappear before 2 weeks of delivery date

b)**Oral acyclovir to treat herpes**

c) Termination of pregnancy because of the risk of fetal malformations
d) Avoidance of sexual intercourse for 1 month after the healing of the lesions

- HSV in pregnant treated by: oral acyclovir 400 mg TID for 5-7 days.
- if HSV was present at time of labor: c\section

http://emedicine.medscape.com/article/274874-overview#showall

136.Female patient on the 3rd week postpartum. She says to the physician that the frequently visualizes snakes crawling to her baby's bed. She knows that it is impossible but she cannot remove the idea from her head. She says she wakes up around 50 times at night to check her baby. This problem prevents her from getting good sleep and it started to affect her marriage. What is this problem she is experiencing?

a)**An obsession**
b) A hallucination
c) A postpartum psychosis
d) A Delusion

137.Regarding postpartum depression, what is the most appropriate intervention to reduce the symptoms?

a) **Include family in the therapy**
b) Isolation therapy
c) Add very low doses of impiramine
d) Encourage breast feeding

http://en.wikipedia.org/wiki/Postpartum_depression

138.Pregnant lady delivered Anencephaly still birth occurrence of neural tube defect in next pregnancy

8% a)
b) **2%**
c) 10%
d) 20%

http://www.chg.duke.edu/diseases/ntd.html

****139. Young pregnant lady (Primigravida), 32 weeks of gestation came to you C/O: lower limbs swelling for two weeks duration, She went to another hospital and she was prescribed (thiazide & loop diuretic)... O/E: BP: 120/70, mild edema, urine dipstick: -ve and otherwise normal, The best action is :**

a) continue thiazide & stop loop diuretic
b) cont. loop diuretic & stop thiazide
c) **Stop both**
d) continue both and add potassium sparing diuretic
e) cont. both & add potassium supplement

140. 38 years old female came to you at your office and her pap smear report was unsatisfactory for evaluation, the best action is :

a) Consider it normal & D/C the pt.
b) Repeat it immediately
c) Repeat it as soon as possible
d) Repeat it after 6 months if considered low risk
e) **Repeat it after 1 year if no risk**

Medscape.>cervical cancer>aproch

141.Placenta previa all true except :

a) Pain less vaginal bleeding
b) **Tone increased of uterus**
c) Lower segmental abnormality
d) Early 3rd trimester

http://www.webmd.com/baby/tc/placenta-previa-topic-overview

142.8 weeks Primigravida came to you with nausea & vomiting, choose the statement that guide you to hyperemmesisgravidarm:

a) **ketonia**
b) ECG evidence of hypokalemia

c) Metabolic acidosis
d) Elevated liver enzyme
e) Jaundice

·**Note:** Laboratory findings include ketonuria, increased urine specific gravity, elevated hematocrit and BUN level ,Hyponatremia ,Hypokalemia , Hypochloremia ,Metabolic alkalosis

Medscape >hyperemsis gravidarum>ovweview>practice

143.Pregnant women G4P3+1, 10 weeks of gestational age came to you with IUCD inserted & the string is out from O.S what is the most important measure :

a) leave the IUCD & give A.B
b) **leave the IUCD & send to Ob/ Gynaecologist to remove**
c) leave the IUCD
d) Do laparoscopy to see if there is ectopic pregnancy.
e) Reassurance the patient

144.Pregnancy test positive after :

a) one day post coital
b) 10 day after loss menstrual cycle
c) One week after loss menstrual cycle
d) **Positive 1 week before the expected menstruation**

145.20 year lady come to ER with history of right sever lower abdominal pain with history of amenorrhea for about 6 weeks the most serious diagnosis of your deferential diagnosis could reach by:

a)CBC
b) ESR
c) **U/S of the pelvis**
d) Plain X-ray
e) Vaginal swab for C/S

146. 45 year old female complaining of itching in genitalia for certain period, a febrile, -ve PMH, living happily with her husband since 20 year ago on examination no abdominal tenderness , erythema on lower vagina , mild Gray discharge, no history of UTI or pyleonephritis , Most probable diagnosis:

a)**Vaginitis**
b) Cystitis
c) CA of vagina
d) Urethritis

·**Types of vaginitis :**

- Bacterial VaginosisèGardnerellahttp://en.wikipedia.org/wiki/Gardnerella
- Vaginal candidiasis è Candida
- TrichomoniasisèTrichomonasvaginalishttp://en.wikipedia.org/wiki/Trichomonas_vaginalis

Medscape>vaginitis

147.Treatment of bacterial vaginitis :

a) Amoxicillin

b) tetracycline
c) **Metronidazole**
d) erythromycin

Medscape>vaginitis>treatment

****148.35 years G4P2+1, 1year history of irregular heavy bleeding O/E WNL, the most Dx is:** a)Early menopause
b) Nervous uterus
c) Dysmenorrhea
d) **DUB**
e) Endometriosis

149.All are true about ectopic pregnancy except:
a) **ovarian site at 20%**
b) cause of death in 1st trimester
c) doubling time of B-hCG
d) can be diagnosed by laparoscopy
e) empty uterus + HCG before 12 wks is diagnostic

medscape>ectopic pregnancy >overview

****150.Concern obstructed labor one is true:**
a) **Common in primigravida**
b) Common in occipito-anterior position
c) Caput succedaneum and excessive molding are usual signs
d) Easily to be diagnosed before onset of Labour
e) Oxytocin is used to induced Labour

151.Hyperprolactinemia associated with all of the following except:
a)Pregnancy
b) Acromegaly
c) **OCP**
d) Hypothyroidism

- Pregnancy, breastfeeding, mental stress, sleep, hypothyroidism, Use of prescription drugs is the **most common cause of hyperprolactinaemia.**
- In men, the most common symptoms of hyperprolactinaemia are decreased libido, erectile dysfunction, infertility and Gynecomastia

Medscape>hyperprolactinemia>clinical feature

****152. Pregnant teacher in her 20 weeks of pregnancy reported 2 of her students developed meningitis. Prophylactic treatment:**
a) Observe for signs of meningitis
b) Meningitis polysaccharide vaccine
c) Ciprofloxacin (500)mg OP once (contraindicated)

d) Ceftriaxone 250)mg IM (or IV) once
e) **Rifampicin (600) mg BID for 2 days**

****153.All of the following are causes of intrauterine growth restriction (IUGR) except:**
a)Toxoplasmosis
b) CMV
c) Rubella
d) **HSV II**
e) Syphilis

****154.what is most common cause of death in the first trimester:**
a)**Ectopic pregnancy**
http://pregnancy.about.com/b/2004/10/19/leading-cause-of-1st-trimester-deaths.htm

****155.In obstructed labor which is the answer;**
a)**Moulding and ….. isprominanat**

156.Pregnant lady 28 weeks with Chlamydia infection :
a) Azithromycin
b) **Erythromycin in pregnant best – treat partners if amox (best)**
c) c)Doxcyline
http://www.aafp.org/afp/2006/0415/p1411.html

****157.Patient before menstruation by 2-3 days present with depressed mood that disappear by 2-3 day after the beginning of menstruation, Diagnosis?**
a)**Premenstrual dysphoric disorder if sever symptoms or premenstrual syndrome**

158.Female patient present with itching in the vagina associated with the vaginal discharge, PH:5 , no trichomoniasis infection , pseudohyphae by culture diagnosis :
a) physiological discharge
b) **Candida infection**

·Yeast can form pseudohyphae
Medscape >vaginitis

159.Primigravida with whitish discharge the microscopic finding showed pseudohyphae the treatment is:
a)**Meconazole cream applied locally**
b) Tetracycline
c) Metronidazole
d) Cephtriaxone
Medscape >vaginitis

160.Female with monilial vaginal discharge the treatment is:
a) **Meconazole cream for 7 days**

b) Fluconazole orally for one day
c) Metronisazole orally for 7 days

Medscape >vaginitis

161-212 by Hatoon Alkuriam

161. Female patient present with thick vaginal discharge color, no itching, vaginal examination by speculum normal, PH: 4, what is the diagnosis?
a) **Physiological discharge**

162. Pregnant women present with a mass in her mouth bleeding when brush her teeth by examination mass 3x2 cm, what is the diagnosis?
a) Aphthous ulcer.
b) cancer
c) **Granuloma**
· **Pyogenic granuloma** during pregnancy, the form considered as a pregnancy tumor because of its emergence in the mouth area
· Pyogenic granuloma (also known as Eruptive hemangioma, Granulation tissue-type hemangioma, Granuloma gravidarum, Lobular capillary hemangioma, Pregnancy tumor, Tumor of pregnancy ,
· **NO treatments**

163. Young lady with pelvic pain and menorrhagia examination showed uterine mass, what is the diagnosis?
a) **Uterine fibroid** (Most patients with leiomyomas are symptom free. The most commonly experienced symptoms (pain, pressure, and menorrhagia), are related to the size and location of the leiomyoma or to compromise of blood supply with degeneration.)
b) adenomyosis
c) Endometriosis(some women with endometriosis are asymptomatic, the most common symptoms are pelvic pain, dysmenorrhea, dyspareunia, and
infertility.)

164. Post partum hemorrhage management :
a) **Oxytocin infusion**
b) Mesoprostol
(The aim is to stop the patient bleeding.
(a) Give an oxytocic intravenously (as above).
(b) Rub up a contraction of the uterus to control bleeding and if the placenta is undelivered attempt removal by cord traction.
(c) Rapid assessment of the mother's condition; set up an I.V. line and send blood for cross match.
(d) Treat the cause
(i) If the placenta has been delivered check for completeness. If in doubt exploration of the uterus must be carried out.
(ii) If the uterus appears well-contracted and bleeding continues, damage to the cervix or vagina should be suspected. Proper assessment of this will require exploration under anaesthesia.
(iii) If both these causes have been excluded uterine atony is diagnosed.)

165. 38 weeks pregnant lady with placenta previa marginal with mild bleeding ,cervix 2cm , How to manage :
a) CS
b) **Spontaneous delivery**
c) Forceps delivery

d) do amniotomy

(Management of PP is then based on gestational age, severity of the bleeding, and fetal condition and presentation.
The location of the placenta also plays an important role in management and route of delivery.
1. Term gestation, maternal and fetal hemodynamic stability. At this point, management depends on placental location.
a. Complete previa. Patients with complete previa at term require cesarean section.
b. Partial, marginal previa. These patients may deliver vaginally; however, a double setup in the operating room is recommended. The patient should
be prepared and draped for cesarean section. An anesthesiologist and the operating room team should be present. If at any point maternal or fetal
stability is compromised, urgent cesarean section is indicated.
2. Term gestation, maternal and fetal hemodynamic instability. The first priority is to stabilize the mother with fluid resuscitation and administration of
blood products if necessary. Delivery should then occur via cesarean section.
3. Preterm gestation, maternal and fetal hemodynamic stability.
a. Labor absent. Patients at 24–36 weeks' gestation with PP who are hemodynamically stable can be managed expectantly until fetal lung maturity has
occurred. The patient should be on strict bed rest with an active type and screen at all times. Maternal hematocrit should be maintained above 30%.
Rho(D) immunoglobulin should be administered to Rh-negative mothers within 72 hours of a bleeding episode. After initial hospital management, care
as an outpatient may be considered if the following criteria are met: the patient is compliant, has a responsible adult present at all times who can
assist in an emergency situation, and has ready transportation to the hospital. In general, once a patient has been hospitalized for three separate
episodes of bleeding, she should remain in the hospital until delivery.
b. Labor present. Twenty percent of patients with PP show evidence of uterine contractions; however, it is difficult to document preterm labor, as
cervical examinations are contraindicated. Tocolysis with magnesium sulfate is the recommended choice. The b-mimetics should be avoided as they
cause tachycardia and mimic hypovolemia. If tocolysis is successful, amniocentesis can be performed at 36 weeks. If fetal lung maturity is established,
the patient can be delivered.
4. Preterm gestation, maternal and fetal hemodynamic instability. Again, maternal stabilization with resuscitative measures is the priority. Once stable,
the patient should be delivered by urgent cesarean section.)

166. Female patient with hiatal hernia, which of the following correct?

a) **It became more severe in pregnancy**

167. Which heart condition is tolerable during pregnancy :

a) Eisenmenger syndrome(This serious condition carries a maternal mortality rate of 50% during pregnancy and a fetal mortality rate of more than 50% if cyanosis is present. In addition, 30% of fetuses exhibit intrauterine growth retardation. Because of increased maternal mortality, termination of the pregnancy is advised.)

b) Aortic stenosis(During pregnancy, mortality for patients with aortic stenosis may be as high as 17%.)

c) Severe mitral regurgitation(mitral valve prolapse. Typically a decrescendo murmur is detected. This murmur, however, is often diminished during pregnancy. In most cases, mitral
regurgitation is tolerated well during pregnancy.
1. In severe cases, the onset of symptoms usually occurs later than in cases of mitral stenosis. Atrial enlargement and fibrillation, as well as ventricular enlargement and dysfunction, may develop. Administration of inotropic agents may be necessary if left ventricular dilatation and dysfunction are present.
2. During labor, patients with advanced disease may require central monitoring. The pain of labor may lead to an increase in BP and afterload, which cause pulmonary vascular congestion. Therefore, epidural anesthesia is recommended.)

d) Dilated cardiomyopathy with EF 20%

e) **Mitral stenosis and the mitral area is 1cm (or mm).**

168. Cervicitis + strawberry cervix + mucopurelnt yellow discharge Cervix eroded + friable, what is the diagnosis?

a) **Trachimonus vaginits**(The classic discharge is frothy, thin, malodorous, and copious. It may be gray, white, or yellow-green. There may be erythema or edema of the vulva and vagina. The cervix may also appear erythematous and

b. Diagnosis
1. A wet smear preparation reveals the unicellular fusiform protozoon, which is slightly larger than a WBC. It is flagellated, and motion can be observed in the specimen. Many inflammatory cells are usually present.
2. The vaginal discharge should have a pH of 5.0–7.0.
3. In asymptomatic patients, the infection may first be recognized with detection of Trichomonas on a Pap smear specimen.
c. Treatment consists of metronidazole 2 g by mouth (PO) (one dose) or metronidazole 500 mg PO twice daily (bid) for 7 days. The patient's sexual
partners should be treated as well. This treatment should be avoided during the first trimester)
b) Chlamydia
c) Neisseria gonorrhea(they may present with vaginal discharge, dysuria, or abnormal uterine bleeding. The most common infected site is the endocervix.)

169. Female young with few tear vesicles on rose red base and painful on valve :
a) Syphilis (a hard, painless chancre that is usually solitary and that may appear on the vulva, vagina, or cervix.)
b) **HSV**
c) Chancroid

170. Women 52 years old complaint of loss of libido, dry vagina, loss of concentration, weight gain since 10 months or days, affect marital state, you will give her :
a) **Estrogen**
b) progesterone
c) fluxatine

171. Female takes OCPs come with skin changes on the face :
a) lupus lipura
b) **Melasma**

172. The most dangerous condition in menopause is:
a) Ovarian cancer
b) Endometrial cancer
c) **Osteoporosis**

173. Pregnant lady underwent U/S which showed anteriolateral placenta. Vaginal exam the examiner's finger can't reach the placenta:
a) Low lying placenta
b) Placenta previa totalis
c) Placenta previa marginalis
d) Placenta previa partialis
e) **Normal placenta**

174. 20 years old age sexual active suffer from pain during intercourse and when do urine analysis was gram negative diplococci intracellular diagnosis is :
a) **Gonococcal sexual transmitted disease**

175. Most lethal infection for a pregnant woman:
a) **Toxoplasmosis**
b) HIV
c) Rubella
d) Measles

176. 32 years old have 2 children, done a pap smear that showed atypical Squamous , what it is the next step?
a) Cone biopsy
b) Direct biopsy
c) **Colopscopy**

177. Patient complain of Dysmenorrhea + Amenorrhea , diagnosis :
a) **Endometriosis**
b) Endometritis
c) Polyp
(Endometriosis can present in a variety of ways, including dysmenorrhea (the most common symptom reported in those with CPP), dyspareunia, and chronic noncyclic pain.)

178. Which of the following oral contraceptive drugs cause hyperkalemia:
a) Normethadone
b) **Ethinyl estradiol**
c) Seradiole

179. Early pregnant come to your clinic, which of the following is most beneficial to do :
a) CBC
b) urine pregnancy test
c) **US**
d) MRI
e) blood grouping and Rh

180. 42 years old pregnant lady came to you to in second trimester asking to do screening to detect down syndrome, what is the best method:
a) Triple screening
b) **amniocentesis**
c) cord blood sample
d) chorionic villous sample

181. Question about spontaneous abortion :
a) 30-40% of pregnancies end with miscarriage
b) Most of them happen in the second trimester
c) **Cervical assessment must be done**

182. About fetal alcohol syndrome:
a) Placenta inhibit the passage of alcohol
b) **Will cause fetal retardation and facial features and other Symptoms**
c) It's safe to drink wine and hard something once a week

183. Secondary amenorrhea :
a) Due to gonadal agenesis
b) **Sheehan's syndrome**
c) It is always pathological

184. Patient with herpes in vagina, what is true:
a) Pap smear every 3 year
b) **CS delivery if infection 2 weeks before delivery**

185. Female with atypical Squamous cells of undetermined significance (ASCUS) on pap smear, started 30 day ttt with estrogen & told her 2come back after 1 weak, & still +ve again on pap smear, what's next
a) vaginal biopsy
b) **Endometrial biopsy**
c) syphilis serology

186. The most common antecedent cause of ectopic pregnancy is:
a) **Salpingitis.**
b) Congenitally anomalous tube.
c) Endometriosis.
d) Tubal surgery.
e) Previous sterilization.
The increase in incidence of EP has been correlated with an increase in the incidence of pelvic inflammatory disease

187. Pregnant women has fibroid with of the following is True:
a) Presented with severe anemia
b) **Likely to regress after Pregnancy**
c) Surgery immediately
d) Presented with Antepartum hemorrhage

188. pregnant with uterine fibroid , has no symptoms only abdominal Pain , US showed live fetus What is the appropriate action to do:
a) Myomectomy
b) Hysteroectomy
c) **Pain management**
d) Pregnancy termination
189. Female with dysuria, urgency and small amount of urine passed .she received several courses of AB over the last months but no improvement, all investigations done urine analysis and culture with CBC are normal , you should consider:
a) interstitial cystitis
b) **DM**
c) Cervical erosion
d) Candida albicans(pruritus,burning,dysuria.due to Excessive AB

190. Normal Puerperium:
a) It lasts for up to 4 weeks(6weeks)
b) The uterus can't be felt after the 1st week
c) Lochia stays red for 4 weeks(day1-3 rubra,3-4 serosa,10alba)
d) **Epidural analgesia cause urinary retention**

191. The drug which is used in seizures of eclamptic origin (pre eclampsia)
a) **Magnesium sulphate**
b) Diazepam
c) Phenytoin
d) Phenobarbital

192. Female pregnant previously she have DVT you will now give her:
a) warfarin (congenital fetal syndrome)
b) **Heparin**
c) aspirin
d) enoxaparin

193. Pregnant with HIV , the most accurate statement regarding risk of transmission of HIV to the baby :
a) likely transmit through placenta
b) through blood cord
c) hand contamination of mother
d) **by breast feeding**

194. Pregnant on iron supplementation throughout her pregnancy for her anemia, now she comes complaining of weakness and easy fatigability Her Hemoglobin 7, MCV 60, what is the diagnosis?
a) **Iron deficiency Anemia**
b) Hypothyroidism
c) Vitamin B12 deficiency
d) Beta thalassemia

195. Pregnant developed sudden left leg swelling, best management is:
a) Duplex
b) Rest
c) **Heparin**
196. Female complain of hypotension after she had CS operation what is the management
a) **IV heparin and do CT scan for PE**
b) Broad spectrum antibiotic and

197. 14 year old Female complain of irregular bleeding, examination is normal sexual character , normal vagina what to tell her
a) **If pregnancy test and blood is normal this is not a physical illness**
b) Take FSH ,LH test

198. lady came with severe bleeding she is Nulligravida HB is 10 by exam there is blood on vagina management will be :
a) **High dose of oral combined oral contraceptive pills**
b) High dose of NSAID
c) Blood transfusion
· Estrogens usually control severe acute bleeding quickly. However, when estrogens fail to control it, dilation and curettage, or a D & C, is sometimes necessary

199. Chronic uses of estrogen association
a) **Pulmonary embolism**

200. Scenario about premenstrual depression syndrome :
· **Note:**
Ø **Premenstrual syndrome** : define as a symptoms complex of physiological emotional symptoms sever enough to interfere with everyday life and occur cyclical during luteal phase of menses
Ø **Premenstrual dysphoric disorder**: is a severe form of premenstrual syndrome characterized by severe recurrent depressive and anxiety symptoms with premenstrual (luteal phase) onset that remit a few days after the start of menses.

201. Female presented with vaginal discharge, itching, and on microscope showed mycoleous cells and spores. This medical condition is most likely to be associated with:
a) TB
b) **Diabetes**

c) Rheumatoid Arthritis

· **Note:** Vaginal thrush is a common infection caused by yeast called Candida albicans. Vulvovaginal candidiasis is usually secondary to overgrowth of normal flora Candida species in the vagina. Conditions that interrupt the balance of normal vaginal flora include: antibiotic use, oral contraceptives, contraceptive devices, high estrogen levels, and immunocompromised states such as diabetes mellitus and HIV. Women are prone to vaginal thrush between puberty and the menopause because, under the influence of the hormone estrogen, the cells lining the vagina produce a sugar and yeasts which Candida albicans are attracted to. That is why thrush is rare before puberty.

202. Trichomoniasis is classically have:

a) Clue cells

b) **Greenish frothy discharge**

203. Trichomoniasis :

a) Associated with cytological abnormalities on PAP smear

b) Associated with pregnancy and diabetes mellitus

c) **Is a sexually transmitted parasite which causes pruritic discharge**

d) May cause overt warts

e) Is diagnosed on a wet smear which reveals clue cells

· **Note:**

Ø **Trichomoniasis** is a sexually transmitted protozoal infection.

Ø It's the most common curable sexually transmitted disease

Ø Causes a yellow-green, malodorous, diffuse discharge in addition to dysurea, frequency, pitechiae on vagina and cervix, irritated and tender vulva.

Ø Saline (wet mount) will show motile flagellated organisms, WBCs and inflammatory cells.

Ø Treatment **2 gm metronidazole single dose P.O.** (same for pregnancy) treat partner.

204. Pregnant women has allergy against Sulfa, penicillin and another drug , which drug safe for her

a) **Nitrofurantoin**

b) cemitidine

c) ciprofloxacin

d) trimethoxazole

205. female with negative pap smear you should advice to repeat pap smear every:

a) 6m

b) **12m**

c) 18m

d) no repeat

· **Note: Screening Pap smears:**

Ø Starting at age 21 years or no more than 3 years after becoming sexually active.

Ø Women > 30 years who have three consecutive normal tests screening (1 / 3 years).

Ø Screening should be discontinuing for women > 60-70 years who have had 3 or more normal Pap smear

206. Old female with itching of vulva ,by examination there is pale and thin vagina , no discharge .what is management :

a) **Estrogen cream**

b) Corticosteroid cream

c) Fluconazole
· **The most common menopause prescriptions include:**
Ø **Hormone replacement therapy** or **anti-depressants** to minimize hot flashes.
Ø **Fosamax or Actonel** (non-hormonal medications) to reduce bone loss and reduce the risk of fractures.
Ø **Selective estrogen receptor modulators** (SERMs), which mimic estrogen's beneficial effects on bone density.
Ø **Vaginal estrogen**, administered locally, to relieve vaginal dryness and discomfort during intercourse

207. Lady, multipara, with 1 y history of stress incontinence your treatment?
a) **Bulking of floor**
b) Koplet Exercise

208. Which of following increase during pregnancy?
a) **Tidal Volume (up to 40%)**
b) Functional residual volume
c) Total lung Capacity(dec 4200 to 4000ml
d) Residual volume(decrease 1000 to 800ml
e) Dead Lung Space

209. Post-delivery of a preterm baby 25 weeks with poor Apgar score. Good vital sigh, PH and Po2 Pco2 what is the first good step?
a) Send for photo therapy
b) prenatal feeding
c) **Give full oxygen**

210. Preterm baby, 28 weeks, resuscitate in delivery room, vitally stable, PH 7.35, Pco2 42,Po2 63, then shifted to NICU what you will do?
a) IV Vancomycin
b) Phototherapy
c) IV bicarbonate infusion
d) Start entral feeding
e) **Start glucose infusion**

211. Old age women she did a Pap smear which was negative then after 7 years she did another Pap smear which show Squamous metaplasia undifferentiated, So what your next step ?
a) Repeat a Pap smear after 1 year
b) HPV testing
c) **Colposcopy**

212. Female patient complaint of cyclic pelvic pain, which increase by defecation for the last six months, examination was normal with retroverted uterus what is your diagnosis?
a) Adenomyosis
b) **Endometriosis**
c) Poly Cystic Ovary
d) Fibroid

213-264 by Israa AlSofyani - Mohammed Naji

213. In pregnancy

a) Cardiac output will decrease

b) Cardiac output will increase more than non pregnant (true)

- **Explanation:**

Table 7-2. Cardiovascular changes in pregnancy

Parameter	Amount of Change	Timing
Arterial blood pressures		
Systolic	↓4-6 mmHg	All bottom at 20-24 wk, then rise gradually to prepregnancy values at term
Diastolic	↓8-15 mmHg	
Mean	↓6-10 mmHg	
Heart rate	↑ 12-18 beats/min	Early 2nd trimester, then stable
Stroke volume	↑ 10%-30%	Early 2nd trimester, then stable
Cardiac output	↑33%-45%	Peaks in early 2nd trimester, then stable until term

- **Source=**
  Essentials of Obs & Gyn 4th ed. p.67

214. Patient female giving history of menorrhagia since last 3 month, her HB 8 What is the first action to do:

a) endometrial biopsy

b) **Hospitalization for blood transfusion**

(initially ABC and resuscitative measures, Hb 8 need blood transfusion specially if loss during short period of time)

215. Old lady giving history of (postmenopausal symptoms), hot flushes best drug to reduce these symptom is :

a) Estrogen only

b) Progesterone only

c) **Combined pills**

(estrogen is the most effective and FDA approved method for relief of menopausal vasomotor symptoms 'hot flashes' which is the only indication for hormonal therapy, all women with uterus should also be given progestin to prevent endometrial hyperplasia) Kaplan obs/gyn p.258

216. 62 years old female complaining of pruritis of pupic area, with bloody discharge she use many treatment but no improvement, then she developed pea shape mass in her labia, she went to you to show you this mass what will come to your mind as diagnosis

a) Bartholin's cyst

b) Bartholin gland carcinoma

c) Bartholin gland basses

· Note: Bartholin's cyst is formed when a Bartholin's gland is blocked, causing a fluid-filled cyst to develop. A Bartholin's cyst, it can be caused by an infection, inflammation, or physical blockage to the Bartholin's ducts Ifinfection sets in, the result is a Bartholin's abscess. If the infection is severe or repeated a surgical procedure known as marsupialization

217. Patient has a cyst on labia?(??)

a) Bartholin's cyst

218. The most common causes of precocious puberty

a) Idiopathic

b) Functional ovary cysts

c) Ovary tumor
d) Brain tumor
e) Adenoma

- **Explanation:**
  In 75% of cases of precocious puberty in girls, the cause is idiopathic.

- **Source=**
  Essentials of Obs & Gyn 4th ed. P.390

219. Lactating women 10 days after delivery developed fever, malaise, chills tender left breast with hotness and small nodule in upper outer quadrant with axillary LN. Leucocytic count was 14 *10/L dx:
a) Inflammatory breast cancer
b) Breast abscess
c) Fibrocystic disease

- **It's clear.**

220. Not used in the prevention of preeclampsia with + protein urea & LL edema :
a) Admission & bed rest (T)
b) Diuretics
c) Non-stress test (T)
d) Regular sonogram of baby (T)

- **Explanation:**
  Aspirin, Diuretics and Salt Restriction, Magnesium, Vitamins C and E, Zinc, Fish Oil Supplementation. These have all been shown to have minimal to no effect on the rate of pre-eclampsia. Reports are conflicting and therefore they are not recommended. In very high-risk populations, calcium supplementation has been shown to reduce the rate of pre-eclampsia.

- **Source=**
  The Johns Hopkins manual of Obs. & Gyne p.182

221. Women complain of non fluctuated tender cyst for the vulva. came pain in coitus & walking , diagnosed Bartholin cyst, what is the treatment?
e) **incision & drainage**
f) refer to the surgery to excision (after you reassure her)
g) reassurance the pt give AB
(237 essentials obs/gyn)

222. Pregnant patient want to take varicella vaccine, what you will tell her?
a) **That is a live vaccine**
b) It is ok to take it

223. Gestation in NICU 900 gram weight... Otherwise normal... What to do?
a) give hem milk orally
b) **Glucose infusion** broad spectrem antibiotic
(it is written in oxford/pediatrics, iv glucose given if hypoglycemic or can't fed orally!)

224. Pregnant lady has history of 2M (??) pregnancy gestation, in investigations increase β-HCG, no fetal parts in U/S, what is diagnosis?
a) Trophoblastic disease

225. Pregnant lady in 3rd trimester DM on insulin, patient compliance to medication but has hyperglycemic attacks, the common complication on fetus is:

a) hyperglycemia
b) **hypoglycemia**
c) hypocalcaemia
d) hyponatremia

(Kaplan obs/gyn p.92, caused by persistent hyperinsulinemia from excessive prenatal placental glucose)

226. Pregnant lady 16 w GA on U/S fetus small for age, P/E uterus size 12w, what is the diagnosis:

a) Chorionic carcinoma
b) Hydatiform mole
c) Tumor at placenta

- **All are fulse**

227. Methylergometrine (Methergin) is in:

a) Maternal HTN

- **The Q is not clear, but methergin is C.I in HTN.**

228. Not correct during management of labor:

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

- **Explanation:**
  Scientific research evidence does not support the routine use of enemas during the first stage of labour.
  .
- **Source=**
  http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0010611/

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

a) Trained operator
b) Legitimate indication
c) Cervix fully dilated

- **Explanation:**
  Prerequisites for forceps delivery include the following:

  ✓ The head must be engaged.
  ✓ The cervix must be fully dilated and retracted.(Rare exception = in multiple before 10cm dilation if fetal distress)
  ✓ The position of the head must be known.
  ✓ Clinical assessment of pelvic capacity should be performed. No disproportion should be suspected between the size of the head and the size of the pelvic inlet and mid pelvis.
  ✓ The membranes must be ruptured.
  ✓ The patient must have adequate analgesia.
  ✓ Adequate facilities and supportive elements should be available.
  ✓ The operator should be competent in the use of the instruments and the recognition and management of potential complications. The operator should also know when to stop so as not to force the issue.

  .
- **Source=**
  Emedicine

230. In a vesicular mole:
a) B-hCG is lower than normal
b) fundal height in lower than normal
c) fetal heart can be detected
d) Ovarian cyst is a common association
e) hypothyroid symptoms may occur

- **Explanation:**
  Ovarian enlargement caused by theca lutein cysts occurs in 25% to 35% of cases.
  CLINICAL DATA

  - Bleeding in the first half of pregnancy
  - Lower abdominal pain
  - Toxemia before 24 wk gestation
  - Hyperemesis gravidarum
  - Uterus "large for dates" (only 50% of cases)
  - Absent fetal heart tones and fetal parts
  - Expulsion of vesicles

  DIAGNOSTIC STUDIES

  - Ultrasonography
  - Chest film
  - Serum β-hCG higher than normal pregnancy values

- **Source=**
  The Johns Hopkins manual of Obs. & Gyne p.527 + Essentials of Obs & Gyn 4th ed. P.489

231. Which of the following tests is mandatory for all pregnant women?
a) HIV
b) Hepatitis B surface antigen
c) VDRL (veneral disease research laboratory)
d) all of them are mandatory

- **It's clear.**

232. Which of the following suggests enormous ovarian cyst more than ascites?
a) Fluid wave
b) Decrease bowel motion
c) Shifting dullness
d) Tympanic central, dullness lateral
e) Dullness central, tympanic lateral

- **Explanation:**
  Ascites (dull to percussion in flanks, rather than in the centre of the abdomen)

- **Source=**
  http://www.meb.uni-bonn.de/dtc/primsurg/docbook/html/x6857.html

233. All of the following is true about IUGR except:
a) Asymmetric IUGR is usually due to congenital anomalies
b) IUGR babies are more prone to meconium aspiration and asphyxia
c) Inaccurate dating can cause misdiagnosed IUGR

- **Explanation:**

- Symmetric IUGR occurs during early development and fetuses usually experience chromosomal abnormalities (Bad Prognosis).
- Asymmetric IUGR occurs during late development mainly due to impaired placental function (Good Prognosis).

123. Perinatal asphyxia could caused by all EXCEPT :

a) Abruptio placenta
b) Hyper emisis gravidium
c) Pre-eclampsia

- **Explanation:**

Preconceptual	Antepartum	Intrapartum
IDDM	Severe preeclampsia	Breech/Malpresentation
Thyroid disease	Placental abruption	Cord prolapse
Fertility treatments	Multiples	Instrumentation
Nulliparity	Antepartum hemorrhage	Stat C-section
Advanced maternal age	IUGR	Induction
		Maternal pyrexia

IDDM, insulin-dependent diabetes mellitus; IUGR, intrauterine growth restriction

- **Source=**
  Emedicine

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

a) Pregnancy (the most common cause of 2nd amenorrhea is pregnancy)
b) Turner syndrome (cannot be, bcz they have ovarian dysgenesis → infertility)

- **Explanation:**
  Most likely it is (A) but depends on the duration since last preg, Anyway, choices are incomplete but here are the causes of 2ry amenorrhea:

AMENORRHEA/OLIGOMENORRHEA WITH BREAST DEVELOPMENT AND NORMAL MÜLLERIAN STRUCTURES

- Pregnancy
- Uterine defects (e.g., Asherman's syndrome)
- Hypoestrogenism hypothalamic-pituitary dysfunction (e.g., anorexia nervosa)
  - Premature ovarian failure
- Hyperprolactinemia
- Mild hypothalamic dysfunction (normoestrogenic)
- Hyperandrogenism

- **Source=**
  Essentials of Obs & Gyn 4th ed. P.399

235. Action of contraceptive pills:

a) Inhibition of estrogen and then ovulation
b) Inhibition of prolactin then ovulation
c) Inhibition of protozoa by change in cervical mucosa
d) Inhibition of midcycle gonadotropins then ovulation
e) Inhibition of implantation of the embryo

- **Explanation:**
  Combination hormonal methods utilize two main mechanisms of contraceptive action: suppression of the LH surge (to prevent ovulation) in midcycle and thickening of the cervical mucus (to prevent sperm entering the upper genital tract). Other mechanisms that have been suggested to contribute to efficacy include slowing of tubal transport and atrophy of the endometrium.

- **Source=**
  Essentials of Obs & Gyn 4th ed. P.343

236. 20 years old married lady presented with history of left lower abdominal pain & amenorrhea for 6 weeks. The most appropriate investigation to role out serious diagnosis is:
a) CBC
b) ESR
c) Pelvic US
d) abdominal XR
e) Vaginal swab for culture & sensitivity.
- **Most likely it is US.**

237. Anti D Immunoglobulin, not given to a pregnant if :
a) 25- 28 wk
b) **anti D Ab titer of 1:8**
c) after amniocentesis
d) after antepartum hemorrhage
e) after chorion villi biopsy

- **Note:** Anti-D is routinely given to un-sensitized mothers at 28 and 34 wks of gestation
- Fetomaternal haemorrhage sensitizes susceptible mothers to develop anti-D antibodies (e.g. Birth, Miscarriage, abortion, amniocentesis, vaginal bleeding, external cephalic version ..etc)
- An antibodies titer >=1:8 means that the mother is already sensitized
- Kaplan obs/gyn, p.72

238. Blockage of first stage labor pain by :
a) **block of the lumbosacral plexus afferent**
b) block of the lumbosacral plexus efferent
c) block of the pudendal nerve
d) block of sacral plexus
(Pain during 1st stage - sympathetic fibers "entering" the spinal cord between T10-L2
Pain during 2nd stage -somatic through the Pudenda nerve.)
Essentials obs/gyn, p.112

239. Premenstrual tension :
a) More in the first half of menses
b) 60% associated with edema
c) Associated with eating salty food
d) Menorrhagia
Premenstrual syndrome (PMS) is a recurrent luteal phase condition (2nd half of menses) characterized by physical, psychological, and behavioral changes of sufficient severity to result in deterioration of interpersonal relationships and normal activity
· **The most common signs and symptoms** associated with premenstrual syndrome include:
1. Emotional and behavioral symptoms
Ø Tension or anxiety Depressed mood Crying spells Mood swings and irritability or anger Appetite changes and food cravings Trouble falling asleep (insomnia)
Ø Social withdrawal
Ø Poor concentration

2. Physical signs and symptoms

Ø Joint or muscle pain Headache Fatigue Weight gain from fluid retention
Ø Abdominal bloating
Ø Breast tenderness
Ø Acne flare-ups
Ø Constipation or diarrhea
Ø One study has shown that women with PMS typically consume more dairy products, refined sugar, and **high-sodium foods** than women without PMS. Therefore, avoidance of salt, caffeine, alcohol, chocolate, and/or simple carbohydrates may improve symptoms.

240. If a pregnant eating well balanced diet, one of the following should be supplied :

a) Ca++
b) phosphate
c) vitamin C
d) none of the above

- **It's clear (all of them can be supplied in diet).**

241. Dyspareunia caused by all of the following EXCEPT :

a) Cervicitis
b) Endometriosis
c) Lack of lubricant
d) Vaginitis
e) Uterine prolapsed

- **It's clear.**

242. All of the following are normal flora and should not treated, EXCEPT:

a) **Trichomonus (I think because all of them are normal flora except trichomonus)**
b) candida
c) E.coli
d) fragmented bacteria

243. All the following drugs should be avoided in pregnancy EXCEPT:

a) Na+ Valproate.
b) Glibenclamide.
c) Keflex (Cephalexin).
d) Septrin.
e) Warfarin.

- **مكرر تابع سؤال 257**

244. Cord prolapse occurs in all EXCEPT:

a) Premature rupture of membranes.
b) Preterm delivery with rupture of membranes.
c) Oligohydramnios
d) Head high in pelvis.

- **Explanation:**
  Risk factors include ruptured membranes, fetus not being engaged in the pelvis, malpresentation (breech, transverse, oblique), prematurity, multiple gestation , multiparity, and polyhydramnios.

- **Source=**
  The Johns Hopkins manual of Obs. & Gyne p.90

245. Sign and symptoms of normal pregnancy, EXCEPT:

a) Hyperemesis
b) Hegar sign
c) Chadwick's sign
d) Amenorrhea
· **Hegar sign:** softening of the lower uterine segment
· **Chadwick's sign** : bluish discoloration to the cervix and vaginal walls

246. In twins all true, EXCEPT :
a) Dizygote more common than monozygote
b) In dizygote more twin-to twin transfusion
c) Physical changes double time than single form
d) U/S can show twins
- **It's clear (more in monozygote)**

247. Breech presentation all true , EXCEPT:
a) Breech after 36 weeks about 22%
b) Known to cause intra-cranial hemorrhage
c) Known with prematurity
- **Explanation:**
  Breech presentation occurs in 25% of pregnancies at less than 28 weeks' gestation, 7% of pregnancies at 32 weeks' gestation, and 3% to **4%** of term pregnancies in labor.

- **Source=**
  The Johns Hopkins manual of Obs. & Gyne p.90

248. In lactation all true, EXCEPT:
a) Sucking stimulate prolactin
b) Sucking cause release of oxytocin
c) Milk release decreased by over hydration
- **Explanation:**
  Both under and excessive over hydration can decrease milk supply. They picked (C) but I think all of these choices are true.

- **Source=**
  http://webcache.googleusercontent.com/search?q=cache:8SAxoyNnwfwJ:www.uhhospitals.org/macdonald/health-and-wellness/birthing-center/lactation-services/~/media/uh/documents/health-and-wellness/breastfeeding-patient-information-sheets/breast-feeding-tips-to-increase-your-milk-supply.ashx+&cd=2&hl=ar&ct=clnk&gl=sa

249. Patient with postpartum hemorrhage & infertility, all can be found EXCEPT:
a) Ballooning of sella turcica
b) Decrease Na
c) Hypoglycemia
d) Decreased T4
e) Decreased iodine uptake
- **Explanation:**
  Sheehan syndrome have a small, rigid sella from the outset. hyperplastic pituitary in this sella may be more likely to compress its blood supply, predisposing the gland to infarction if hypotension occurs.

- **Source=**

Emedicine.

250. Placenta previa, all true EXCEPT:
a) Shock out of proportion of bleeding
b) Malpresentation
c) Head not engaged
d) Painless bleeding
- **It's clear.**

251. Pelvic inflammatory disease all true EXCEPT:
a) Infertility
b) Endometriosis
c) Dyspareunia
d) Can be treated surgically

- **Explanation:**
  tubal factor infertility (by adhesions) + dyspareunia as a manifisation + surgery is used in its complications. But there's no link bet. Endometriosis and PID.

- **Source=**
  Essentials of Obs & Gyn 4th ed. + Emedicine.

52. Recurrent abortion:
a) Genetic abnormality "most common"
b) Uterine abnormality
c) Thyroid dysfunction
d) DM
e) Increased prolactin "except"
- **It's clear.**

253. DIC occur in all ,EXCEPT:
a) Abruptio placenta
b) Fetal death
c) **DM**
d) Pre-eclampsia
- **It's clear.**

254. Pregnancy induced HTN, all true EXCEPT:
a) Ankle edema
b) Polyuria
c) Exaggerated reflex
d) RUQ pain
- **Explanation:**
  Ankle edema, hyperreflexia, and RUQ/epigastric pain could happen. Moreover, there's oliguria NOT polyuria.

- **Source=**
  The Johns Hopkins manual of Obs. & Gyne. + Essentials of Obs & Gyn 4th ed.

255. Pyelonephritis in pregnancy , all true except:
a) **Gentamycin is drug of choice**

c) E .coli common organism
d) Should be treated even for asymptomatic

(essentials obs/gyn, p.288/ nothing mentioned about gentamycin)

256. Infertility, all true, except:
a) Male factor present 24%
b) Normal semen analysis is >20,000,000 (T)
c) Idiopathic infertility is 27%
d) High prolactin could be a cause

- **Explanation:**
  - ✓ unknown factors (10-15%)
  - ✓ Normal Sperm Count > 20 million/cc
  - ✓ Male factor 30%

- **Source=** The Johns Hopkins manual of Obs. & Gyne. p.283

257. The following drug can be used safely during pregnancy:
a) Septrin
b) Cephalexin
c) Tetracycline
d) Aminoglycoside
e) Cotrimoxazol

- **Source=**

http://antibiotics.emedtv.com/cephalexin/cephalexin-and-pregnancy.html

258. Primary amenorrhea duo to:
a) Failure of canalization of mullarian duct
b) Kallmann syndrome
c) Agenesis
d) All of the above
e) None of the above

- **Explanation:**

Primary amenorrhea:
Ø No menses by age of 14 and absence of 2ry sexual characteristic
Ø No menses by age of 16 with presence of 2ry sexual characteristic

- **Causes:** Gonadal dysgenesis 30%, Hypothalamic-pituitary failure e.g Kallmann syndrome (deficient GnRH), congenital absence of uterus (21%) "Agenesis of Mullerian system", Androgen insensitivity (11%),

259. The following are risk factors of puerperal infection EXCEPT:
a) Endometriosis
b) cervical laceration
c) haemorrhage
d) anemia
e) retained placenta

- **Explanation:**
  - ✓ predisposing factors, such as prolonged and premature rupture of the membranes, prolonged (more than 24 hours) or traumatic labor, cesarean section, frequent or unsanitary vaginal examinations or unsanitary delivery, retained products of conception, hemorrhage, and maternal conditions, such as anemia or dehilitation from malnutrition, cervical lacerations.

- **Source=** Essentials of Obs & Gyn 4th ed. p.156

260. 16 years old pregnant, which of the following is the least likely to be a complication of her pregnancy?

a) Anemia
b) Pelvic complication
c) Toxemia
d) Low birth weight infant
e) **Infant mortality**

261. Indication of hepatitis during pregnancy is high level of :

a) WBC
b) **Alkaline phosphatase**
c) SGOT
d) BUN

· **LFT during normal pregnancy:** Decrease total protein and albumin. Increase in liver dependant clotting factors.Increase in transport proteins ceruloplasmin, transferrin and globulin. ALP increase by 2-4 folds. AST/ALT should remain normal. Bilirubin should remain normal.
he hallmark is the elevation in ALT, which can range from 2- to 100-fold.
http://emedicine.medscape.com/article/1562368-overview#aw2aab6b4

262. Post pill amenorrhea, all true except:

a) Need full investigation if persist >6 months
b) Pregnancy should be considered
c) Prolonged use of contraceptive pill will increase risk of post pill amenorrhea
d) More common in women who had irregular periods

- **Source=**

I couldn't find a source but only this phrase
(Women who continue to have amenorrhea after a discontinuation period of 6 months require a full evaluation.)

- Other choices are true except D

263. One drug of the following can not cross the placenta:

a) Heparin.
b) Warfarin.
c) Aspirin.

- **Source=**
  http://medicina.iztacala.unam.mx/medicina/farmacos%20embarazo%20lactancia.pdf

264. Vaginal trichomoniasis, all are true, EXCEPT:

a) More in diabetic
b) Protozoal infection
c) Diagnosed by microscopic examination of diluted vaginal smear
d) Treated by Metronidazole.

- **Explanation:**
  - ✓ Candida vaginitis is more common in diabetics.
- **Source=** Essentials of Obs & Gyn 4th ed. p.299

265-316 by Huda Alraddadi

265. Toxemia in pregnancy, all are true EXCEPT:??????
a) More in Primigravida than multigravida.
b) More in multiple pregnancy
c) Can progress rapidly to toxemia.
· **Toxemia of pregnancy** is a severe condition that sometimes occurs in the latter weeks of pregnancy.
· It is characterized by high blood pressure; swelling of the hands, feet, and face; and an excessive amount of protein in the urine. If the condition is allowed to worsen, the mother may experience convulsions and coma, and the baby may be stillborn.
· **Risk factors:**
1) Primigravida
2) Previous experience of gestational hypertension or preeclampsia
3) Family history of preeclampsia
4) Multiple gestation
5) women younger than 20 years and older than age 40
6) Women who had high blood pressure or kidney disease prior to pregnancy
7) Obese or have a BMI of 30 or greater

266. Pre-eclampsia :
a) Commoner in mutipara than primigravida
b) Mostly in diabetic
c) **Headache and blurred vision only in sever preeclampsia Essentials of obstetrics and gynecology**
d) Progress very fast to eclampsia

267. Infertility due to endometriosis ,Rx:??????????
a) Progesterone
b) **Danazle**
c) Radiotherapy
· laparoscopy à the best "surgical treatment"

268. Patient with history of prolonged heavy bleeding 2 hours postpartum, you will give:
a) Ringers lactate
b) NS
c) **NS+ packed erythrocytes (PRBC) Essentials of obstetrics and gynecology page 133**

269. α fetoprotein increase in all except:
a) Myelomeningocele
b) Spina bifida
c) Encephalitis
d) **Breach presentation**
AFP elevated in open tube defects ventral wall defect(gastroschisis-omphalocele) and we must rule out multiple gestation ,fetal demise, in accurate gestational age Essentials of obstetrics and gynecology page81
· **Increase in:**
1) pregnancy Dating error
2) multiple fetuses
3) placental bleeding
4) open neural tube defect
5) ventral wall defect (omphalocele - gastrosdisis)
6) renal anomalies (polycystic or absent kidneys –congenital nephrosis), fetal demise & sacrococcygeal

270. Pregnant patient with hepatitis, diagnosed by:

· Screening: hepatitis surface antigen.
· After screening do liver function tests and hepatitis panel **Essentials of obstetrics and gynecology** page 210

271. 25 year old pregnant presented with fever and sore throat (in flu season) then she developed nonproductive cough and dyspnea, she was extremely hypoxic, what is the most likely diagnosis?????????
a) Pseudomonas pneumonia
b) **Staph pneumonia**
c) Strept pharyngitis
d) Viral pneumonia

272. 14 years old girl complaining of painless vaginal bleeding for 2-4 days every 3Weeks to 2 months ranging from spotting to 2 packs per day, she had secondary sexual characteristic 1 year ago and had her menstruation since 6 months on clinical examination she is normal sexual characteristic, normal pelvic exam appropriate action
a) **OCP can be used medscape**
b) You should ask for FSH and prolactin level

Short-acting synthetic progestin. Progestin therapy in adolescents produces regular cyclic withdrawal bleeding until maturity of positive feedback system is achieved. Progestins stop endometrial cell proliferation, allowing organized sloughing of cells after withdrawal. Typically does not stop acute bleeding episode but produces a normal bleeding episode following withdrawal **medscape**

273. Pregnant with vaginal bleeding 2-3 hrs at 36 weeks gestational age has 3 NVD. Important to ask:????
a) Smoking cause abruptio placenta
b) intercourse Cervical or vaginal trauma
USMLE step2 secret

274. Patient presented with PV bleeding, how can you differentiate between abruptio placenta and spontaneous abortion?
a) oss discharge
b) pain
c) **Gush of blood**
in spontaneous abortion there is bleeding, abdominal pain,and passage of product of conception,,,and it is occure before 20 weeks
in abruption placenta there is pain and bleeding,,,, and it is occure in the third trimester
Essentials of obstetrics and gynecology
so I think oss discharge is the right answer
but I am not sure

275. What is true regarding transdermal estrogen and OCP :
a) **Transdermal needs less compliance in comparison to OCP**
b) Transdermal causes more DVT
c) Transdermal is less effective in contraception in comparison to OCP

276. It should be 5% is the recurrence rate and 20% in monozygotic twin :?????????????
a) **8%**
b) 2%
c) 10%
d) 20%

277. Women with history of multiple intercourse had ulcer in cervix 1st line investigation :
a) **Pap smear**
b) Cervical biopsy
c) Vaginal douch and follow up after 4 weeks

278. Surveillance of patient on hormone replacement therapy includes all of the following except:
a) Blood pressure.
b) Breast examination.
c) **Glucose tolerance test.**
d) Pelvic examination.
e) Endometrial sampling in the presence of abnormal bleeding
http://emedicine.medscape.com/article/276104-overview#showall
??? all answers are right
2 UQU 2012 nd Edition
313
279. Age of menopause is predominantly determined by:
a) Age of menarche.
b) Number of ovulation.
c) Body mass index.
d) Socioeconomic status.
e) **Genetics**
http://www.webmd.com/menopause/features/menopause-age-prediction
280. Pregnant lady with no fetal movement; platelets 75000, what is the diagnosis??????
a) **Autoimmune pregnancy**
· **Low platelet levels**à marker for pre-eclampsia, autoimmune diseases such as systemic lupus erythematosus (SLE) and Idiopathic Thrombocytopenia Purpura (ITP)
· **Elevated platelet levels**à may indicate thrombocythemia
281. Lady with post coital spotting, dysuria
a) **Chlamydia** **Essentials of obstetrics and gynecology** **page270**
282. 16 years old female presents to your office with a chief complaint of never having had a menstrual period. She had never had a pelvic exam. Physical exam reveals the following: (BP110/70, Pulse 72, weight 60kg & Ht172). The patient appears her stated age. Axillary and pubic hair is scant. Breasts are tanner stage IV. External genitalia are normal female. A mass is palpable within the inguinal canal. Pelvic exam reveals an absent cervix with the vagina ending in a blind pouch. The uterus and ovaries are difficult to delineate. What is the most likely diagnosis?
a) Hypothalamic amenorrhea.
b) Prolactin secreting adenoma
c) Polycystic ovarian syndrome
d) Turner syndrome
e) **Androgen insensitivity syndrome** **Essentials of obstetrics and gynecology**
283. Confirmation of your diagnosis would be most readily obtained by ordering the following test:
a) Diagnostic laparoscopy
b) Pelvic ultrasound.
c) Pelvic CT.
d) **Karyotype** **Essentials of obstetrics and gynecology**
e) MRI of pituitary
284. Karyotype is performed on the patient's peripheral blood lymphocytes. The karyotype is most likely is:
a) 46 XX
b) 45 X
c) **46 XY** **Essentials of obstetrics and gynecology**
d) 46 XX
e) 47 XXY
285. The hormone profile in this patient would include all of the following EXCEPT:

a) Elevated LH
b) Elevated estradiol for a male
c) Normal to elevated FSH
d) Normal to slightly elevated testosterone for a male
e) **Normal testosterone for a female** Essentials of obstetrics and gynecology
2 UQU 2012 nd Edition
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286. The inguinal mass most likely represents
a) uterus
b) Ovary with arteric follicles
c) **Testis with hyperplastic leyding cells and no evidence of spermatogenesis** Essentials of obstetrics and gynecology
d) Herniated sac containing a peritoneal contents

287. The most long term treatment would be:
a) Total abdominal hysterectomy
b) **Estrogen replacement therapy** USMLE
c) Androgen replacement therapy
d) Oophorectomy

288. Without surgery, this patient is at risk to develop:
a) Gonadoblastoma
b) **Dysgerminoma**
c) neither

289. All of the following are true about this patient except:
a) H-Y antigen is present
b) These patients are always sterile http://www.ijpeonline.com/content/2009/1/567430
c) Antimullerian hormone is present
d) normal levels of dihydrotestosterone
e) clitromegaly may develop later in life
· 30%of women with a Y chromosome do not have virilization
· Androgen insensitivity (10%), which is also known as MALE pseudohermaphroditism: the genitalia are opposite of the gonads.
· Breasts are present but a uterus is absent. Such individual have 46,XY karyotype with a body (incomplete forms) that lacks androgen receptors
· Mullerian inhibitory factor, produced by the testis result in involution of 5th mullerian duct and its derivatives. So there will be an external genitalia development, axillary and pubic hair growth is dependent on androgen stimulation. Because no androgen is recognized by the body, there will be no pubic &axillary hair development.
· Female breast develops in response to the estrogen normally produced by male testes.
· **Examination**: normal female phenotype, but no pubic or axillary hair growth, Short blind vaginal pouch, no uterus, cervix or proximal vagina. Undescended testes are palpable in the inguinal canal.
· **Diagnosis** is confirmed by normal male testosterone levels and a normal male 46,xy karyotype.
· **Management:** is by neovagina, gonads should be removed and estrogen replacement therapy should be then administered.

290. All of the following result from combined estrogen-progestin replacement therapy except:
a) Decrease the risk of osteoporosis.
b) Relief of vasomotor symptoms.
c) Relief of dyspareunia.
d) **Increase the risk of coronary artery disease.**
e) Decrease the risk of coronary artery disease.
· Recent controlled, randomized study found HRT may actually prevent the development of heart disease and reduce the incidence of heart attack in women between 50 and 59, but not for older women
http://emedicine.medscape.com/article/276104-overview#showall

291. All of the following are known to increase the risk of osteoporosis in the postmenopausal women except:
a) Early menopause.
b) Cigarette smoking.
c) Low calcium intake.
d) Sedentary life style.
e) **Black race**
http://www.mayoclinic.com/health/osteoporosis/DS00128/DSECTION=risk-factors
292. Definitive therapy for hydatidiform mole is most commonly:
a) **Evacuation.** **Essentials of obstetrics and gynecology page438**
b) Abdominal hysterectomy.
c) Evacuation followed by methotrexate therapy.
d) Evacuation followed by hysterectomy.
e) Radiation
293. Evacuation of hydatidiform mole may be complicated by:
a) Hemorrhage necessitating transfusion.
b) Acute respiratory distress.
c) **Both.** **Essentials of obstetrics and gynecology page439**
d) Neither
294. All of the following are characteristic changes seen in menopause except:
a) **Decrease body fat**
b) Decrease skin thickness.
c) Increase facial hair.
d) Decrease collagen content in the endopelvic fascia.
http://dermalinstitute.com/us/library/12_article_How_Does_Menopause_Affect_the_Skin_.html
http://emedicine.medscape.com/article/264088-overview

· **Changes of menopause include**:
· Changes in your menstrual cycle (longer or shorter periods, heavier or lighter periods, or missed periods)
· Hot flashes (sudden rush of heat from your chest to your head). In some months they may occur and in other months they may not.
· Night sweats (hot flashes that happen while you sleep)
· Vaginal dryness
· Sleep problems
· Mood changes (mood swings, depression, irritability)
· Pain during sex
· More urinary infections
· Urinary incontinence
· Less interest in sex
· Increase in body fat around the waist
· Problems with concentration and memory
295. Following evacuation of a molar pregnancy, B-hCG titers will fall to undetectable levels in about 90% of patient within:
a) 2 weeks
b) 4 weeks
c) 8 weeks
d) 10 weeks
e) **12-16 weeks** **Essentials of obstetrics and gynecology page 439**

296. Diagnosis of hydatidiform mole can be made accurately on the basis of:

a) Elevated B-hCG.
b) **Pelvic U/S..** Essentials of obstetrics and gynecology

c) Pelvic exam.
d) Chest radiograph.
e) Absence of fetal heart tones in a 16 weeks size uterus.
· Diagnosis is based on a typical sonographic "snowstorm" pattern.
· The following findings also support a diagnosis of hydatidiform mole:
Ø Absence of a gestational sac, by ultrasound assessment, or absence of fetal heart tones, by Doppler, after 12 weeks.
Ø Pregnancy test showing elevated human chorionic gonadotropin (hCG) serum levels greater than 100,000 IU.
Ø Development of preeclampsia prior to 20 weeks.
Ø Uterine size greater than estimated gestational size.
Ø Vaginal bleeding.

297. After the B-hCG titer become undetectable, the patient treated for hydatidiform mole should be followed with monthly titers for a period of:
a) 3 months
b) 6 months
c) **1 year** Essentials of obstetrics and gynecology page 442
d) 2 years

298. 25 year old G3P1 present to the emergency room complaining of lower abdominal crampy pain 6 weeks from her last normal period .She has had significant vaginal bleeding but no passage of tissue, what is the most likely diagnosis?
a) Incomplete abortion.
b) Complete abortion.
c) Missed abortion.
d) Threatened abortion.
e) **Ectopic pregnancy.**

299. The most important step in this pt's evaluation should be:
a) **Sonography**
http://emedicine.medscape.com/article/2041923-workup#aw2aab6b5b5
b) Physical exam.
c) CBC.
d) Quantitative B-hCG.
e) Detailed menstrual history.

300. Transvaginal ultrasonography would most likely reveal:
a) Fetal heart motion.
b) An intact gestational sac.
c) A discrete yolk sac
d) **A thickened endometrium with no gestational sac**
e) Fetal heart motion in the adnexae.

Empty Uterus
If ultrasound reveals an empty uterus then the endometrium should be evaluated. An abnormally thick or irregularly echogenic endometrium may represent intrauterine blood or retained products of conception, while a thin endometrium suggests a complete abortion.
A thickened regular endometrium suggests a decidualized endometrium, which is seen in any pregnancy regardless of its location. The absence of an intrauterine sac with a decidualized endometrium is consistent with a either a normal or abnormal early intrauterine pregnancy, or an ectopic pregnancy. The thickness of the endometrium does not help distinguish between these diagnoses. In these cases the quantative hCG level may be helpful.

http://www.jaypeejournals.com/eJournals/ShowText.aspx?ID=580&Type=FREE&TYP=TOP&IN=_eJournals/images/JPLOGO.gif&IID=56&isPDF=NO

301. Ectopic pregnancy can be ruled out with a high degree of certainty if:

a) The pt has no adnexal tenderness.
b) B-hCG level is <6,000.
c) The uterus measures 6 wk size on bimanual exam.
d) **An intrauterine gestational sac is observed.**
http://emedicine.medscape.com/article/2041923-workup#aw2aab6b5b5
e) Tissue is observed in cervical os.
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302. Physical exam reveals the uterus to be about 6 weeks size. Vaginal bleeding is scant with no discernible tissue in the cervical os. There are no palpable adnexal masses. The uterus is mildly tender. Ultrasonographic exam does not reveal a gestational sac. Which of the following should be recommended?
a) Dilatation & curettage.
b) Culdocentesis.
c) **Observation followed by serial B-HCG determinations.** **Essentials of obstetrics and gynecology page 296**
d) Diagnostic laparoscopy.
e) Laparotomy
303. The most common presenting symptom of ectopic pregnancy is:
a) Profuse vaginal bleeding.
b) **Abdominal pain**
c) Syncope.
d) Dyspareunia.
e) Decrease pregnancy associated symptoms.
· **The classic symptoms of ectopic pregnancy are:**
1) Abdominal pain
2) Amenorrhea
3) Vaginal bleeding
· These symptoms can occur in both ruptured and unruptured cases. In one representative series of 147 patients with ectopic pregnancy (78 % were ruptured), abdominal pain was a presenting symptom in 99 %, amenorrhea in 74% , and vaginal bleeding in 56%
304. If the above patient presented at 8 weeks gestation & pelvic exam revealed unilateral adnexal tenderness w/o discernible mass, consideration should be given:
a) Observation.
b) Culdocentesis.
c) **Laparoscopy.**
d) Dilatation & curettage.
e) Laparotomy.
305. The majority of ectopic pregnancies occur in the:
a) **Ampullary tube.** **Essentials of obstetrics and gynecology**
b) Ovary.
c) Isthmic tube.
d) Cervix.
e) Fimbriated (distal) tube.
306. If the above described patient has had a previous term pregnancy prior to her current ectopic pregnancy, her chances of subsequent intrauterine pregnancy would be about:
a) **80%..** **Essentials of obstetrics and gynecology**
b) 60%.
c) 40%.
d) 20%.
e) <10%.

· Those with previous normal pregnancy have about 80% after their ectopic pregnancy to achieve intrauterine pregnancy. a study of surgical and medical therapy of ectopic pregnancy reported the rates of recurrent ectopic pregnancy after single dose methotrexate, salpingectomy, and linear salpingostomy were 8, 9.8, and 15.4 percent, respectively Women who have had conservative treatment for ectopic pregnancy are at high risk (15 % overall) for recurrence.
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307. A serum progesterone value <5 ng/ml can exclude the diagnosis of a viable pregnancy with a certainty of:
a) 20%.
b) 40%.
c) 60%.
d) 80%.
e) **100%**

http://emedicine.medscape.com/article/2041923-workup#aw2aab6b5b3

· A meta-analysis of 26 studies on the performance of a single serum progesterone measurement in the diagnosis of ectopic pregnancy found that a level less than 5 ng/mL (15.9 nmol/L) was highly unlikely to be associated with a viable pregnancy: **only 5 of 1615 patients (0.3 percent) with a viable intrauterine pregnancy had a serum progesterone below this value**
308. In normal pregnancy, the value of B-HCG doubles every :
a) **2 days. .** **Essentials of obstetrics and gynecology**
b) 4 days.
c) 8 days.
d) 10 days.
e) 14 days.
· **Note:** Studies in viable intrauterine pregnancies have reported the following changes in serum hCG: **The mean doubling time for the hormone ranges from 1.4 to 2.1 days in early pregnancy.**
· In 85 percent of viable intrauterine pregnancies, the hCG concentration rises by at least 66 percent every 48 hours during the first 40 days of pregnancy; only 15 percent of viable pregnancies have a rate of rise less than this threshold.
309. Management of possible ruptured ectopic pregnancy would include all of the following except:
a) Exploratory laparotomy.
b) Diagnostic laparoscopy followed by observation.
c) Partial salpingectomy.
d) Total salpingectomy.
e) **Observation followed by methotrexate** **Essentials of obstetrics and gynecology**

310. Syndrome seen in preeclamptic women called HELLP syndrome is characterized by all of the following except:
a) Elevation of liver enzymes.
b) Hemolysis.
c) Low platelet count.
d) **Prolongation of the prothrombin time.** **Essentials of obstetrics and gynecology** **page177**

· **Note:** Thrombocytopenia (<100,000) due to hemolysis, elevated liver enzyme levels, and low platelet count (<150)(HELLP) syndrome
311. The most common presenting prodromal sign or symptom in patient with eclampsia is:
a) RUQ abdominal pain

b) Edema.
c) **Headache.**
d) Visual disturbance.
e) Severe hypertension.
In pt with preeclampsia , sever headache and sustained clonus can be the prodromal symptoms or signs of eclampsia Essentials of obstetrics and gynecology **page 179**

312. If a woman with preeclampsia is not treated prophylactically to prevent eclampsia; her risk of seizure is approximately:?????/
a) 1/10
b) 1/25
c) 1/75
d) **1/200**
e) 1/500
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313. The most consistent finding in patient with eclampsia is:
a) Hyper reflexia.
b) 4+ proteinuria.
c) Generalized edema.
d) DBP >110mmHg.
e) **Convulsions. medscape**
· **Features of eclampsia include:**
1) Seizure or postictal status 100%.
2) Headache 80%.
3) Generalized edema 50%.
4) Vision disturbance 40 %.
5) Abdominal pain with nausea 20%.
6) Amnesia & other mental status changes.
314. Appropriate responses to an initial eclamptic seizure include all of the following except:
a) **Attempt to abolish the seizure by administering I.M diazepam.**
b) Maintain adequate oxygenation.
c) Administer MgSO4 by either I.M or I.V route.
d) Prevent maternal injury.
e) Monitor the fetal heart rate.
http://emedicine.medscape.com/article/253960-overview#a30

· The goal of management is to limit maternal and fetal morbidity until delivery of the neonate, the only definitive treatment for eclampsia.
· Supportive care for eclampsia consists of close monitoring, invasive if clinically indicated; airway support; adequate oxygenation; anticonvulsant therapy; and BP control.
· Magnesium sulfate is the initial drug administered to terminate seizures. Compared with the traditional drugs used to terminate seizures (e.g., diazepam, phenytoin [Dilantin]), magnesium sulfate has a lower risk of recurrent seizures with non significant lowering of perinatal morbidity and mortality.
315. Eclampsia occurring prior to 20 weeks gestation is most commonly seen in women with:
a) History of chronic hypertension.
b) Multiple gestations.
c) **Gestational trophoblastic disease (molar pregnancy)** Essentials of obstetrics and gynecology **page 173**

d) History of seizure disorder.
e) History of chronic renal disease.
· Eclampsia prior to 20 weeks gestation is rare & should raise the possibility of underlying molar pregnancy or antiphospholipid syndrome.

316. Likely contributory mechanisms of the anticonvulsant action of MgSO4 include all of the following except:
a) Neuronal calcium-channel blockade.
b) Peripheral neuromuscular blockade.
c) Reversal of cerebral arterial vasoconstrictions.
d) **Inhibition of platelet aggregation.**
e) Release of endothelial prostacyclin.

317-end by Samah Ahmed

317. Drugs that should be avoided during pregnancy include all of the following except: ??
a) Cotrimox
b) **Cephaeline**
c) Na valproate
d) Doxicyclin
e) Glibenclamide
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318. All of the following antihypertensive medications are considered safe for short term use in pregnancy except:
a) **Captopril**
b) Methyldopa.
c) Hydralazine.
d) Nifedipine.
e) Labetalol

· **Complications seen with fetuses exposed to captopril:**
1) Low blood pressure (hypotension)
2) Developmental problems with the nervous system
3) Developmental problems with the cardiovascular system (this includes the heart and/or blood vessels)
4) Developmental problems with the lungs
5) Kidney failure
6) Deformities of the head and face
7) Loss of life.

· **These drugs should be avoided during pregnancy:**
1) Alcohol
2) Antianxity agents (fluoxetine is now the drug of choice for anxiety and depression during pregnancy)
3) Antineoplastic agents
4) Anticoagulants (coumarin derivative like warfarin) but heparin can be used because it does not cross
5) Anticonvulsants "Carbamazepine and valproic acid are associated with increased risk for spina bifida"
6) Diuretics
7) Retinoid

319. Which is true about gonoccocal infection? Not sure

a) Less common in females with IUCD.
b) **Causes permanent tubal blocking.**
c) No need for laparoscopic for further evaluation.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3150204/

320. The reason to treat severe chronic hypertension in pregnancy is to decrease the:
a) Incidence of IUGR.
b) Incidence of placental abruption.
c) Incidence of preeclampsia.
d) **Risk of maternal complication such as stroke.**
· **Risks of severe chronic hypertension in pregnancy affect the mother more. It may include, but are not limited to, the following:**
1) blood pressure increasing
2) congestive heart failure
3) bleeding in the brain
4) kidney failure
5) placental abruption (early detachment of the placenta from the uterus)
6) blood clotting disorder
· **Risks to the fetus and newborn depend on the severity of the disease and may include, but are not limited to, the following:**
1) Intrauterine growth restriction (IUGR) - decreased fetal growth due to poor placental blood flow.
2) pre-term birth (before 37 weeks of pregnancy)
3) stillbirth
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321. Which of the following drugs does not cross the placenta
a) **Heparin**
b) Chloramphenicol
c) Tetracycline
d) Warfarin
e) Diazepam
f) Aspirin
· Chloramphenicol causes Gray baby syndrome while tetracycline causes teeth defects in the child, warfarin causes birth defects, and diazepam causes exaggerated reflexes in the newborn. Aspirin causes intracranial bleeding.

322. Risk factors for HSV2 in infants include all the following except:
a) Cervical transmission is commoner than labial transmission
b) Maternal first episode is of greater risk for infants
c) **Maternal antibodies for HSV 1 protects against HSV2.**
d) Head electrodes increased the risk of infection
. http://jama.jamanetwork.com/article.aspx?articleid=190859

323. Pregnancy induced hypertension, all true except:
a) **Use of birth control pills increases the risk**
b) Common in primigravida
http://www.sciencedirect.com/science/article/pii/S0010782403002361

324. Vomiting in pregnancy, all true except
a) **Hospital admission causes it**
b) More in molar pregnancy
c) More in pregnancy induced hypertension

hospitalization for hyperemesis occurs in less than 1% of pregnant women, this translates to a large number of hospital admissions. The factors associated with hyperemesis are primarily medical and fetal factors that are not easily modifiable, but identification of these factors may be useful in determining those women at high risk for developing hyperemesis.

325. Most of the causes of infection
a) Anemia which is most probably the cause during pregnancy
b) **Retained placenta**
c) Hemorrhage during pregnancy
d) Endometriosis
326. One of the following drugs is safe in pregnancy:
a) Metronidazole is unsafe in first trimester
b) Chloramphenicol in last trimester
c) **Erythromycin estolate is safe in all trimesters**
d) Nitrofurantoin
erythromycin is known to cross the placenta and is a recommended treatment for chlamydia and other infections in pregnancy**.**

Vulvovaginal candidiasis
a) Cause muco purulent cervicitis
b) Frequently associated with systemic symptoms
c) **May be diagnosed microscopically by mixing discharge with KOH**
d) Is treated with doxycycline
e) Is one of sexually transmitted infections
· **Vulvovaginal Candidiasis** : is vulvar pruritis or vulvar burring with abnormal vaginal discharge "thick curd-like"
· Common in pregnant women.
· Local infection (No systemic infection)
· **Diagnosis**: by microscopic Exam with KOH, Culture, Pap smear Vaginal PH < 4.5.
· **Treatment**: by 1st line antifungal oral fluconazole 2nd line * antifungl oral nystatin * Boric acid (locally). (a zole drug contraindicate in pregnancy)
· It not sexually transmitted infection it associated with it.
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328. Bacterial vaginosis
a) Is a rare vaginal infection
b) Is always symptomatic
c) Is usually associated with profound inflammatory reaction
d) Causes fishy discharge which results from bacterial amine production
e) **Is treated with clotrimazole**
· **Bacterial vaginosis:** shift from a healthy lactobacilli based endoginous flora to anarobically based endoginous flora (rectum is the source of infection).
· Infection in sexual transmitted patient and in patient with vaginitis.
· **Gray white fishy odor vaginal discharge**
· **Diagnosis** by Vaginal PH > 4.5, ffirm VP microbial identification, Cytology, Absence of lactobacilli in gram stain
· **Treatment** by metronidazole & Clindamycin
329. Chlamydia trachomatis infections:
a) Are commonly manifest as vaginal discharge
b) PAP smear usually suggest inflammatory changes
c) Infection in the male partner present as urethritis

e) **All of the above**
· **Chlamydia:** Infection by chlmydia trachomatis
· It is STDs (the commonest)
· A symptomatic (70%)
· Symptoms: mucopurlet vaginal discharge, urthral symptoms "dysuria, Pelvic pain pyuria, frequency, Posticoital bleeding and Conjunctivitis in infant
· **Diagnosis**: culture, PCR, Direct immature antibody test.
· **Treatment** by doxycyclin / tetracycline / azothromycin.
· **STDs:**
1) chlymedia
2) gonorrhea
3) gental warts
4) syphilis
5) Herpes simplix of vulva (condylomata accunomata)

330. Progestin only contraceptive pills:
a) Suppress ovulation
b) Increase cervical mucous
c) **Associated with increased incidence of breakthrough bleeding**
d) May cause Menorhagia
· **Progesterone OCPuse in** (higher failure rate than combined)
1) Postpartum (Brest feeding)
2) Women with myocardial disease
3) Women with thremboembolic disease
4) Women can of tolerate combined OCP (estrogen side effect)

331. Non-contraceptive use of combined oral contraception include :
a) Menorrhagia
b) Primary dysmenorrheal
c) Functional small ovarian cyst
d) **All of the above**
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332. Possible mechanisms of action of intrauterine contraceptive devices:
a) Inhibition of implantation
b) Alteration of endometrium
c) Suppression of ovulation
d) **all of the above**
· **IUD:** Sterile inflammation of endometrial wall
· **Mechanism of action**
1) Copper Ø Produce alterations of the uterine environment in terms of a pronounced foreign body reaction. Ø Disrupting sperm mobility and damaging sperm
2) Progesterone Ø Reduce menstrual bleeding or prevent menstruation
Ø thickened cervical mucus
Ø may suppress ovulation
· **Absolute contraindication:**
1) Pregnancy
2) undiagnosed vaginal bleeding
3) acute or chronic pelvic inflammatory disease
4) risk of STDs
5) Immunosuppressant
6) willsons disease and allergy to copper
· **Relative contra indication:**
1) Valvular heart disease

2) Past medical history of ectopic pregnancy or PID
3) Presence of prosthesis
4) Abnormality of uterus cavity
5) Sever dysmenorrhea or menorrhea
6) Cervical stenosis.
· **Side effect:** intermenstral bleeding, utrian perforation, PID in 1st days, ↑ ectopic pregnancy, Expulsion, dysmenorrhea and menorrhea for copper one

333. An Rh- ABO incompatible mother delivers an Rh+ infant at term and does not receive Rh immune globulin. The probability of detection of anti-D antibody during her next pregnancy is about.
a) 2%
b) 5%
c) 10%
d) **16%**
e) 25%
· **Isoimmunization occur when:**
1) Rh negative women pregnancy with +Rh baby
2) Sensitization rants
3) incompatible blood transfusion
4) fetal placental hemorrhage (ectopic pregnancy)
5) any type of abortion
6) Labor and delivery
· Isoimmunization really occur for 1st child
· Risk for next pregnancy is 16% which reduce by Exogenous Rh 1gG given to mother to less than 2%
· Anti Rh 1gG cross the placenta and can cause fetal RBC hemolysis which cause (anemia – CHF – edema – ascitis) and in sever case cause, fetal hydrops or erythroblastosis fetalis
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334. The class of antibody responsible for hemolytic disease of the newborn is:
a) IgA
b) **IgG**
c) IgM
d) IgE
e) IgD

Pregnancies at risk of HND are those in which an Rh D-negative mother becomes pregnant with an RhD-positive child (the child having inherited the D antigen from the father). The mother's immune response to the fetal D antigen is to form antibodies against it (anti-D). These antibodies are usually of the IgG type, the type that is transported across the placenta and hence delivered to the fetal circulation.

335. All of the following are seen in utero with alloimmune hypdors EXCEPT: ??
a) Anemia
b) Hyperbilirubinemia
c) Kenicterus
d) **Extramedullary hematopoiesis**
e) Hypoxia

336. An Rh - woman married to an Rh+ man should receive Rh immune globulin under which of the following conditions?
a) Ectopic pregnancy
b) External cephalic version
c) **Both**

d) Neither

337. The most common cause of polyhydramnios is:

a) Immune hydrops
b) Nonimmune hydrops
c) Diabetes
d) Factors which o=impair fetal swallowing
e) **Idiopathic**

· **Polyhydramnios** amniotic volume >2000cc at any stage
· **Causes**
1) Idiopathic (most common.
2) Type 1 DM
3) Multiple gestation
4) Fetal hydrops.
5) Chromosomal anomaly
6) malformed lung
7) duodenal atresia
· **Complication.**
1) Cord prolapse
2) Placental abruption
3) Malpresention
4) Preterm labor
5) Postpartum hemorrhage.
· **Diagnosis** by aminocentasis
· **Treatment** if it severà amniocentesis but mild to moderate → no treatment
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338. Generally accepted cutoff values for plasma glucose on the 1000 gm, 3- hour glucose tolerance test in pregnancy (according to the National Diabetes Group) include all of the following EXCEPT:

a) **Fasting glucose > 90 mg/dl**
b) Fasting glucose ≥ 115 mg/dl
c) 1 hour value ≥ 191 mg/dl
d) 2 hour value ≥ 165 mg/dl
e) 3 hour value ≥ 145 mg/dl

· **According to National Diabetes Data Group (NDDG)**
· 50g glucose given for screening at 24 – 28 weeks If plasma glucose · Gestational diabetes mellitus is diagnosed if two or more of the values (venous serum or plasma glucose levels) are met or exceeded.
Blood sample
Fasting 105 mg per dL (5.8 mmol per L) 1-hour 190 mg per dL (10.5 mmol per L) 2-hour 165 mg per dL (9.2 mmol per L) 3-hour 145 mg per dL (8.0 mmol per L)

339. The prevalence of gestational diabetes in the general population is about:

a) 2%
b) **4%**
c) 8%
d) 15%
e) 20%

· **Note:** Some studies mention 2%Prevalence between 2 – 4 but more common is 4%

340. Normal pregnancy in the 2nd trimester is characterized by all of the following EXCEXPT:

a) Elevated fasting plasma glucose
b) **Decreased fasting plasma glucose**
c) Elevated postprandial plasma insulin
d) Elevated postprandial plasma glucose

e) Elevated plasma triglycerides
· **Note:** FPG in 1st trimester ↓ FPG in 2nd 3ed trimester ↑

341. Gestational diabetes is associated with
a) Increased risk of spontaneous abortion
b) Increased risk of fetal cardiac malformation
c) Increased risk of fetal CHS malformation
d) Intrauterine growth restriction
e) **Decreased head circumference abdominal circumference ratio**
http://care.diabetesjournals.org/content/30/Supplement_2/S200.full

342. Infants of mothers with gestational diabetes have an increased risk of all of the following EXCEPT:
a) Hypoglycemia
b) **Hyperglycemia**
c) Hypocalcemia
d) Hyperbilirubinemia
e) Polycythemia

These infants may have periods of low blood sugar (hypoglycemia) shortly after birth because of increased insulin levels in their blood. Insulin is a substance that moves sugar (glucose) from the blood into body tissues. The infant's blood sugar levels will need to be closely monitored in the first 12 to 24 hours of life.

Possible Complications :

- Congenital heart defects
- Heart failure
- High bilirubin level (hyperbilirubinemia) -- may cause permanent brain damage if it is not treated
- Immature lungs
- Neonatal polycythemia (more red blood cells than normal) -- this may cause a blockage in the blood vessels or hyperbilirubinemia
- Severe low blood sugar - may cause permanent brain damage
- Small left colon syndrome - causes symptoms of intestinal blockage
- Stillbirth

http://www.nlm.nih.gov/medlineplus/ency/article/001597.htm

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343. Gestational diabetes is associated with an increased risk of all of the following EXCECPT:
a) Cesarean section
b) Shoulder dystocia
c) Fetal macrosomia
d) Intrauterine fetal death
e) **Intrauterine growth restriction**
http://www.nlm.nih.gov/medlineplus/ency/article/001597.htm

344. Infants of mothers with gestational diabetes are at increased risk of becoming:
a) Obese adults
b) Type II diabetics
c) Neither
d) Both
http://www.mayoclinic.com/health/gestational-diabetes/DS00316/DSECTION=complications

345. Control of gestational diabetes is accomplished with all of the following EXCEPT:
a) Insulin
b) Diet

c) **Oral hypoglycemic agents**
d) Exercise
· **Oral hypoglycemic agents are contraindication in pregnancy**.

346. Compare with Type II diabetes, Type I diabetes is associated with all of the following EXCEPT:
a) Greater incidence of preeclampsia
b) Greater incidence of preterm delivery
c) Greater risk of maternal hypoglycemia
d) Greater risk of maternal diabetic ketoacidosis
e) **Reduced risk of intrauterine growth restriction ???**

347. classical characteristic for genital herpes :
a) **Painful ulcers & vesicles**
http://www.herpesite.org/herpes-signs-and-symptoms-incubation-prodrome/

348. Which of the following is true regarding infertility :
a) It is Failure to conceive within 6 months.
b) Male factor > female factors .
c) **It could be due to high prolactin levels**
d) Rare to be due anovulotion
e) Only diagnosed by HSG
http://www.ivf1.com/prolactin-infertility/
http://www.medicinenet.com/infertility/article.htm#what_is_infertility

349. 32 years old female patient presented by irregular menses , menses occurs every two months , on examination everything is normal , which of the following is the LEAST important test to ask about first :
a) CBC
b) Pelvic US
c) **Coagulation profile ????**
d) DHES
http://www.patient.co.uk/doctor/abnormal-menstruation

350. Old female came with scales around the areola, she took steroid but no benefit on examination normal and no masses what is your next step?
a) Antibiotics
b) anti-fungal
c) **Mammography ???**
http://www.herosepharma.com/patient-info/a-34-year-old-woman-with-reddish-papules-covered-silvery-scales-on-right-breast-and-areola-area.html

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351. In Pregnant women :
a) Sulphonide not cause neonatal jaundice
b) Methyldopa contraindicate
c) **Reflux esepgogitis cause iron anemia**
causes include:

- a diet low in iron. Vegetarians, and dieters in particular, should make sure their diet provides them with enough iron
- lack of folic acid in the diet, or more rarely, a lack of vitamin B12
- loss of blood due to bleeding from haemorrhoids (piles) or stomach ulcers

- anaemia is more common in women who have pregnancies close together and also in women carrying twins or triplets.

http://www.netdoctor.co.uk/diseases/facts/anaemiapregnancy.htm

352. 19 years old female with depression anxiety mood swinging affect her life, She experience like this symptom every month before menstruation , What is the most approval treatment :
a) **SSRIs ???**
b) Perogestron pach
c) OCP
d) Progestron tampon

353. Pregnant lady develop HTN, drug of choice of HTN in pregnancy is?
a) **a-methyl dopa**
b) Hydralazine
c) thiazide
d) b-blocker
http://www.medscape.com/viewarticle/406535_6

354. 35 years prime 16 week gestation PMH coming for her 1st cheek up she is excited about her pregnancy no hx of any previous disease. Her B/P after since rest 160/100 after one wk her B/P is 154/96, Most likely diagnosis :
a) Pre eclempsia
b) Chronic HTN
c) Lable HTN
d) Chronic HTN with superimposed pre eclampsia
e) **Transit HTN**
http://emedicine.medscape.com/article/261435-overview#a1

355. Contraindication of breastfeeding
a) **HIV**
http://nj.gov/health/fhs/wic/breastfeedingcont.shtml

356. side effect of percutaneous contraception
http://www.layyous.com/root%20folder/contraception_eng.htm

357. haemophilus ducreyi asking for give treatment for
a) **all sexual partners**
b) symptomatic sexual partner
c) family contact
http://health.nytimes.com/health/guides/disease/chancroid

358. Pregnant with scabies. What is the treatment?
· Treatment of scabies in pregnancy:
1) Permethrin
2) Derbac
3) sulfur
4) Crotamiton

(16)
Pediatrics

- **1-10 by:** **Samah Ahmed**
- **11- 62 by:** **Samar Aloufi**
- **63-114 by:** **Ahmad Alahmadi**
- **115-166 by:** **Basim Elahi – Sarah Alsani- Turki Aljohani**
- **167-218 by:** **Shua'a Alamri**
- **219-270 by:** **Turki Aljohani**
- **271-end by:** **Husam Ali Althobiani**

1-10 by Samah Ahmed

1. Baby with tonic colonic convulsions, what drug you'll give the mother to take home if there is another seizure?
a) **Diazepam**
b) phenytoin
c) phenobarb

2. 1 week old infant presented with repeated forceful vomiting. What's the diagnosis?
a) **Pyloric stenosis**
b) Duodenal atresia
c) Volvolus
d) Hirschprung
http://emedicine.medscape.com/article/803489-clinical

3. 4 weeks old male child with acute onset forceful non-billious vomiting after feeding. He is the first child in the family. He is gaining normal weight and looks hungry. What's your diagnosis:
a) **Pyloric stenosis**
http://emedicine.medscape.com/article/803489-clinical

4. The most common causes of precocious puberty:
a) **Idiopathic**
b) Functional ovary cysts
c) Ovary tumor
d) Brain tumor
e) Adenoma
http://www.childrenshospital.org/az/Site1474/mainpageS1474P1.html

5. Child present with stiffing neck, fever, headache. You suspect pwhat is your initial treatment? ???
a) Tobramycin
b) Levoflaxicine
c) **Penicillin**
d) Doxycycline

6. Breast feeding in the full term neonate:
a) Increase URTI rate
b) No need for vitamin supplementation
c) Food introduce at 3 months
d) Increase GE rate
e) **It's recommended to give Vitamin K shortly at birth & Vitamin D at 2 months**
. http://www.childrenshospital.org/az/Site1474/mainpageS1474P1.html

7. 9 days old neonate is brought by his mother for check up. He was delivered by spontaneous normal vaginal delivery without complications. Birth weight was 3.4 and his birth weight now 3.9. He is sucking well and looks normal except for jaundice. What's your diagnosis?
a) Physiological jaundice
b) **Breast milk jaundice**
c) Crijlar najar syndrome

d) ABO incompatibility
http://emedicine.medscape.com/article/973629-overview
http://emedicine.medscape.com/article/974786-clinical

8. A full term baby boy brought by his mother weight 3.8 kg. Developed jaundice at 2nd day of life. Coomb's test –ve, Hb: 18, billrubin: 18.9 & indirect: 18.4, O/E: baby was healthy and feeding well, the most likely diagnosis is
a) **Physiological jaundice**
b) ABO incompatibility
c) Breast milk jaundice
d) Undiscovered neonatal sepsis
· **Breast milk jaundice** is a different which tends to develops after the first 4-7 days of life, continues up to the sixth week of life. It occurs early caused by insufficient breast milk intake. (Low calories).
· **Physiologic jaundice**: manifests after the first 24 hours of life
http://emedicine.medscape.com/article/974786-clinical#a0218

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9. The cardiac arrest in children is uncommon but if occur it will be due to primary
a) **Respiratory arrest**
b) hypovolemic shock
c) neurogenic shock

http://www.bctg.bcas.ca/Condition/Principles/31
http://www.resus.org.uk/pages/pals.pdf

10. After doing CPR on child and the showing asystole:
a) Atropine
b) **Adrénaline**
c) Lidocane
http://www.resus.org.uk/pages/pals.pdf

11- 62 by Samar Aloufi

بسم الله الرحمن الرحيم
الحل القديم باللون الكحلي
التعديل تم بالالوان التاليه
☺ ☺ ☺ ☺ ☺
☺ اللي ماعرفتله بالاورنجي الفاتح

11. A baby came complaining of croup, coryza, air trapping, tachypnea & retraction. The best management is:
a) Erythromycin
b) Penicillin
c) Ampicillin

· Since croup is usually a viral disease, antibiotics are not used unless secondary bacterial infection is suspected.
· In cases of possible secondary bacterial infection, the antibiotics vancomycin and cefotaxime are recommended.
· In severe cases associated with influenza A or B, the antiviral neuraminidase inhibitors may be administered.

Source :
http://emedicine.medscape.com/article/962972-treatment

12. 5 years old boy brought to the ER by his mother complaining of drooling saliva, inability to drink & eat. On examination there was a congested larynx. The most appropriate diagnosis is:
a) Viral pneumonia
b) Croups
c) **Acute epiglottitis**
d) Bacterial pneumonia
e) Bronchiolithitis

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

Source :
http://en.wikipedia.org/wiki/Epiglottitis

13. 15 years old boy had history of URTI 2 weeks ago. Now he is complaining of fever, bilateral knee pain with swelling & tenderness. The diagnosis is:
a) Sickle cell anemia
b) Post-streptococcal Glomerulonephritis
c) Rheumatoid arthritis (JRA)
d) **Rheumatic fever**
e) Septic arthritis
Source :
http://en.m.wikipedia.org/wiki/Rheumatic_fever

14. 10 years old boy presented with a 5 days history of skin lesion which was scaly & yellowish. The diagnosis is:
b. Tinea corporis
http://en.m.wikipedia.org/wiki/Tinea_corporis

15. Apgar score
a) **Heart rate is an important criterion.**
b) Is out of 12 points.
c) Gives idea about favorability of vaginal delivery.
d) Taken at delivery time and repeated after 5 minutes.
e) Respiratory rate is an important criterion
pulse,resp. effort,tone, color and reflex irritability the 5 items that are scored. this is a way to measure the baby's ability to adapt to the extrauterine enviornmet. anything over 7 is good and the 5 min # is most impt. Pulse and respiratory effort are the most impt part of the score

Source :
https://www.healthtap.com/user_questions/191401-what-is-the-most-important-thing-on-apgar-score-to-be-concerned-about
More information about Apgar see :
(**A**ppearance, **P**ulse, **G**rimace, **A**ctivity, **R**espiration).
http://en.m.wikipedia.org/wiki/Apgar_score

16. 10 years old child with rheumatic fever treated early, no cardiac complication. Best to advice the family to continue prophylaxis for:
a) 1 month
b) 3 years
c) 4 years
d) **6 years**
· Duration of Secondary Prophylaxis for Rheumatic Fever
Type
Duration after last attack Rheumatic fever with carditis and residual heart disease (persistent valvular disease) 10 years or until age 40 years (whichever is longer); lifetime prophylaxis may be needed
Rheumatic fever with carditis but no residual heart disease (no valvular disease)
10 years or until age 21 years (whichever is longer) **Rheumatic fever without carditis** 5 years or until age 21 years (whichever is longer

Type	Duration after last attack	Evidence rating*
Rheumatic fever with carditis and residual heart disease (persistent valvular disease†)	**10 years or until age 40 years (whichever is longer); lifetime prophylaxis may be needed**	1C
Rheumatic fever with carditis but no residual heart disease (no valvular disease†)	**10 years or until age 21 years (whichever is longer)**	1C
Rheumatic fever without carditis	**5 years or until age 21 years (whichever is longer)**	1C

Source :
http://www.aafp.org/afp/2010/0201/p346.html

17. Mother has baby with cleft palate and asks you what is the chance of having a second baby with cleft palate or cleft lip:
a) 25%
b) 50%
c) 1 %
d) **4%**
source : http://en.wikibooks.org/wiki/Handbook_of_Genetic_Counseling/Cleft_Lip_and_Palate

18. Hematological disease occurs in children, treated with heparin and fresh frozen plasma what is the disease?
a) Hemophilia A
b) Hemophilia B
c) Von-wille brand disease

d) **DIC thrombosis**
source :
http://en.m.wikipedia.org/wiki/Disseminated_intravascular_coagulation

19. Dehydration 25 kg kid, maintenance
d) 1200
e) 1300
f) 1400
g) **1500 (1600)**

Formulas Used:

For 0 - 10 kg: = weight (kg) x 100 mL/kg/day
For 10-20 kg: = 1000 mL + [weight (kg) x 50 ml/kg/day]
For > 20 kg: = 1500 mL + [weight (kg) x 20 ml/kg/day]
Source :
http://www.pharmacologyweekly.com/app/medical-calculators/maintenance-fluid-calculator

20. 11 months old baby, 10 kgs, maintenance daily fluid :
a) **1000 ml**
b) 500 ml
c) 2000 ml
d) 2500 ml

21. Child is complaining of severe headache which is unilateral, throbbing and aggravated by light, diagnosis is:
a) **Migraine**
b) Cluster Headache
c) Stress Headache

22. 8 months old infant with on & off recurrent crying episodes & history of currant jelly stools:
a) **Intussception**
b) Intestinal obstruction
c) Mickel's diverticulitis
d) Strangulated hernia
Source : http://en.wikipedia.org/wiki/Intussusception_%28medical_disorder%29

23. Baby with crying episodes and currant jelly stool, looks slightly pale, signs of obstruction what is your Mx?
b) **Barium enema**
c) immediate surgery
d) IV fluid & wait for resolution

24. Most common chromosomal abnormality:
a) **Down's syn (trisomy 21)**
b) Turner's syndrome
c) Klienfilter's syndrome
source :

http://en.wikipedia.org/wiki/Down_syndrome

25. Infant with features of Down syndrome, the most likely this infant has
e) **Trisomy 21.**

26. Baby with Asthma, wheezing, can not take good breathing, initial management:
a) Oxygen

b) Bronchodilator
c) theophylline
Source:
http://en.wikipedia.org/wiki/Asthma

27. Baby having HIV (transmitted from his mother), which vaccination shouldn't be given to him?
a) **Oral polio**
b) MMR
Polio: The live, attenuated oral polio vaccine should be avoided because of an increased risk of paralytic polio in immunocompromised vaccine recipients.
source :
http://hivinsite.ucsf.edu/InSite?page=kb-03-01-08

28. Who should not get the oral polio vaccine?
· OPV should not be given when there is a higher risk of bad effects caused by the vaccine, including the following:
1) Being moderately or severely (badly) ill with or without fever.
2) Having someone in the house with a weak immune system.
3) History of a severe allergic reaction to a dose of OPV
4) Long-term treatment with steroid medicine.
5) Weak immune system. The immune system is the part of the body that normally fights off sickness and disease. A weak immune system may be caused by cancer, HIV or AIDS, inborn immune deficiency, or taking medicines, such as chemotherapy.

29. Mother brought her 18 month old infant to ER with history of URTI for the last 2 days with mild respiratory distress. This evening the infant start to have hard barking cough with respiratory distress. O/E: RR 40/min, associated with nasal flaring, suprasternal & intercostals recessions. What is the most likely Dx?
a) Viral Pneumonia
b) Bacterial Pneumonia
c) Bronchiolitis
d) Acute epiglottitis
e) **Trachiobronchiolitis.Viral croup ???**

30. A child swallowed his relative's medication. What is the best way of gastric decontamination?
a) Gastric lavage
b) Total bowel irrigation (whole bowel wash)
c) Syrup ipecac
d) **Activated charcoal**

31. Infant swallow corosive material came within half an hour to ER drooling, crying what is the initial thing to do
a) activated charcoal
b) endoscopy
c) **secure airway**
d) 2 cups of milk

32. Child ate overdose of iron , best immediate management
a) Gastric lavage
b) Induce vomiting manually
c) Emetic drugs
d) Ipecac
e) **IV Deferoxamine**

33. Child has pallor, eats little meat, by investigation microcytic hypochromic anemia, what will you do?
a) **Trial of iron therapy**
b) Multivitamin with iron daily

34. Child came with fatigue 'pic of anemia'and stunted growth, his blood works shows microcytic hypochromic anemia, diagnosis is:
a) Thalassemia
b) Sideroplastic
c) lead poisoning
d) **Iron deficiency anemia** à **micr**
e) SCA à normo

35. Female her height is 10th percentile of population, what u will tell her about when spinal length completed, after menarche?
a) 6m
b) 12 m
c) **24 m**
d) 36 m
ماتأكدت منه ماعرفت اش يبي

36. Intellectual ability of child measured by
a) **CNS examination**

37. 6 years old with HBsAg his mother has HBV he did not receive any vaccination except BCG he should take:
a) **DT, Hib,MMR,OPV** ناظرو جدول التطعيمات من وزراة الصحه تحت ☺
b) DTB,Hib,MMR,HBV,OPV
c) DTB,Hib,MMR, OPV
d) Td, Hib,MMR,OPV,HBV
e) TDap, MMR, IPV, HBV

38. 3 days old baby, his mother HBV positive, what is your action?
a) **one dose immunoglobulin and vaccination**
b) immunoglobulin
c) three doses HBV vaccine

· Note : Infant of mother HBV-positive must receive immunoglobulin within first 12 hour and vaccination as 0,1 and 6 months For this child it is too late for immunoglobulin
يعني ع توضيحهم الجواب هو سي

39. 2 month infant with vomiting after each meal , he is in 50 centile , He passed meconium early and stool , diagnosis is :
a) **Midgut volvulus**
b) Meconium ileus
c) Hischsprung disease "
- volvulus :sudden bilious vomiting in child below 1year is volvulus unless proven otherwise, ttt= ladd's procedure : 1-treat the volvulus (clock wise) 2- widening mesentery 3- cut the band 4- appendectomy
- Meconium ileus "abdominal distention and bilious vomting and don't pass the meconium in 1st 24-48 h after birth , 15% with cyctic fibrosis (+) fHx , Hx o polyhydramnion in mother , ttt = gastrografien enema..
- Hischsprung disease " newborn not pass meconuim in 1st 24h after birth + with bilious vomiting and abdominal distention , FHx (+) 5% , M:F= 4:1 , ttt= pull through operation .
د. المرامحي
القصرالعيني جراحة اطفال

40. Child was sick 5 days ago culture taken showed positive for meningococcal. Patient now at home and asymptomatic your action will be:
a) Rifampicin
b) **IM ceftriaxone**
Danish's book page 619 "

41. Infant with bright blood, black stool and foul smelling stool. Best way to know the diagnosis:
a) US
b) **Radio Isotope scan**
c) Angiogram

42. What is the injection that is routinely given to newborn to inhibit hemorrhage:
a) **Vitamine K**
b) Vitamine C
c) Vitamine D
d) Vitamin E

43. Child with URTI is complaining of bleeding from nose, gum and bruising the diagnosis is:
a) Hemophilia A
b) **ITP**

44. Child came with his father and has high BMI and look older than other children with same age, on exam child has >95th percentile of weight and tall, management is:
a) Observe and appoint
b) Life style change
c) **Give program to decrease the weight**

45. Newborn came with red-lump on left shoulder, it is:
a) **Hemangioma**

46. 3 months infant with red swelling that increase in size rapidly:
a) **Cavernous hemangioma**
b) Pot-wine spot

47. Newborn came with congenital hepatomegaly, high LFT, jaundice the most organism cause this symptoms is:
a) Congenital TB
b) Rubella
c) HIV
d) **CMV**

48. after bite, pediatric patient presented with abdominal pain and vomiting , stool occult blood, rash over buttock and lower limbs, edema of hands and soles, urine function was normal but microscopic hematurea was seen:
a) Lyme
e) **Henoch-Schonlein Purpura**

49. For the above disorder, which one is considered pathological?
a) Gross hematuria
b) Microscopic hematuria
c) **Rashes**

50. One of the following is NOT a feature of Henoch-Schoenlein purpura (HSP):
a) Arthritis.
b) **Rash over the face.**
c) Abdominal pain.
d) Normal platelet count
Source :
http://emedicine.medscape.com/article/780452-workup

51. Child with URTI what is the most helpfully sign that it is viral
a) **Colorless nose discharge**

52. Child develop purpuric rash over his extremities, this rash was preceded by upper respiratory tract infection 1 week ago. What is your diagnosis?
a) ITP
b) **Henoch shaolin purpura**
· HSP skin rash distribution: lower extremities (dorsal surface of the legs), buttocks, ulnar side of arms & elbows.
· Workup: CBC: can show leukocytosis with eosinophilia & a left shift, thrombocytosis in 67% of cases.
· Decreased platelets suggest thrombocytopenic purpura rather than HSP.

53. Henosch-Scholen purpura affect:
a) Capillary
b) Capillary and venule
c) **Arteriole, capillary and venule**
d) Artery to vein
Henoch-Schönlein purpura (HSP) is a small-vessel vasculitis characterized by immunoglobulin A (IgA), C3, and immune complex deposition in arterioles, capillaries, and venules. ☺
source :

http://emedicine.medscape.com/article/780452-overview#a0104

54. Gross motor assessment at age of 6 months to be asked is:
a) **Sitting without support**
b) Standing
c) Role from prone to supine position
d) Role from supine to prone position
page 35 illustrated paediatrics ... **جدول به صور**
milestones..

55. The immediate urgent referral of child that take?
b) 10 pills contraceptive
c) **10 pills antibiotics**
d) 75 mg paracetamol

56. Child woke up with croup, what should you put in your DD?
a) Pneumonia
b) Tonsillitis
c) **Forign body**

57. Child with picture of SCA he should be maintained on:
a) **Penicillin and folic acid**

58. Baby with congugated hyperbilirubinemia:
a) **Biliary atresia**
b) ABO comp
c) G6PD
hyperbilirubinemia is conjugated and therefore does not lead to kernicterus.
Source :
http://en.wikipedia.org/wiki/Biliary_atresia

59. 7 years old child had history of chest infection which was treated with antibiotics. The patient presented 6 weeks after cessation of antibiotics with abdominal pain, fever and profuse watery diarrhea for the past month. Which of the following organisms is responsible for the patient's condition?
a) Giardia Lamblia
b) **Clostridium Difficile**
c) Escherichia coli
d) Clostridium Perfringens
· Causes severe diarrhea when competing bacteria in the gut flora have been wiped out by antibiotics.
Source :
http://en.wikipedia.org/wiki/Clostridium_difficile

60. child came with wheezing and cough and diagnosed with asthma and his dr. prescribe to him beclomethasone space inhaler or nebulizer am not sure twice daily... what most worried side effect of using it:
a) **Growth retardation**
b) Extaoriculer problem
Source :
http://allergies.about.com/od/medicationinformation/a/inhaledsteroids.htm
http://asthma.about.com/od/treatmentoptions/a/ics_se.htm

61. Child with DM came with picture of DKA, which HLA is responsible?
a) DR4
b) DR5
c) DR6
d) DR7
e) **DR3 and DR4**
so , child and picture o DKA .... IDDM type 1

juvenile (type 1) DR3 DR4 DR17 DR18

fatty liver (type 2) DR8

http://en.wikipedia.org/wiki/HLA-DR

62. Twins (boy and girl) the father came asking why his daughter start puberty before his son :
a) Girls enter puberty 6-12 months before boys
b) **Girls enter puberty 2-3 years before boys**
c) Girls enter puberty 1-2 years after boys
d) Girls enter puberty as the same age of boys

63-114 by Ahmad Alahmadi

63. Boy came with Hx of wheel on erythematous base after 10 day you find in the examination preorbital swelling, supraclavicular L.N., hepatomegaly and splenomegaly what is the diagnosis?
a) Angioedema
b) Urticarial
c) **Lymphoma**

64. Forcing the child to go to the toilet before bedtime and in the morning, you'll control the problem of;
a) **Enuresis**

65. A boy with nocturnal enuresis, psychotherapy failed to show result you will start with:
a) **Imipramine and vasssopressine**
b) clonodine and vassopressine
c) clonodine and guanfacine
d) Imipramine and guafacine

66. Male patient with a cyanotic heart disease, all except:
a) ASD
b) VSD
c) PDA
d) **Truncus arteriosus** السؤال الخيارات اثنين ساينوتك واثنين نون

67. Cellulitis in children most common causes:
a) Group A streptococcus ((اغلب المواقع تقول ان هذي الاجابة الصح
b) **Staphylococcal aureus**
Ø Staphylococcus aureus is the most common bacteria that cause cellulitis. Ø Group A Streptococcus is the next most common bacteria that cause cellulitis. A form of rather superficial cellulitis caused by strep bacteria is called erysipelas; it is characterized by spreading hot, bright red circumscribed area on the skin with a sharp raised border. The so-called "flesh-eating bacteria" are, in fact, also a strain of strep which can -- in severe cases -- destroy tissue almost as fast as surgeons can cut it out.

68. 6 mths baby with undescending testis which is true:
a) Till the mother that he need syrgery
b) **In most of the cases spontaneous descent after 1 year ((((هذي الصح على كلام د. حمدي**
c) surgery indicated when he is 4 years
d) Unlikely to become malignant
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69. Cellulitis occurring about the face in young children (6-24 months) and associated with fever and purple skin discoloration is MOST often caused by
a) group A beta haemolytic streptococci
b) **heamophilis influenza type B**
c) streptococcus pneumoniae
d) staphylococcus aureus
e) pseudomonas
· **Facial cellulitis** includes both When associated with trauma or contiguous infection (eg, stye), **Staphylococcus aureus or Streptococcus pyogenes** are likely causes
· **In the absence of trauma or contiguous infection**, historically **Haemophilus influenzae type b** was the most common cause followed by Streptococcus pneumonia

70. Cellulitis in neonate mostly caused by
a) **strptococcus B hemolytic (**
(http://www.rch.org.au/clinicalguide/guideline_index/Cellulitis_and_Skin_Infections

71. Patient with atopic dermatitis and he is 2 yr old…came with cough and wheezing :
a) bronchiolitis
b) **Bronchial asthma**

72. mild diarrhea mx :
a) **ORS**

73. 6 month baby with mild viral diarrhea, ttt by ORS as:
a) **100 ml/kg for 4 hour then 50 ml/kg /day after**
b) 50 ml/kg for 4 hour then 50 ml/kg /day after
c) 100 ml/kg for 4 hour then 100 ml/kg /day after
d) 50 ml/kg for 4 hour then 100 ml/kg /day after
· Mild = 50cc/kg in 4 hrs
· moderate = 100cc/kg in 4 hr
· severe IV fluid
· calculate the weight= 2 (age+4)= 9kg so maintainace = 100cc/kg for day

74. Child known case of sickle cell disease with recurrent UTI which is treated, Now he is stable (cbc,chem. within normal) you can discharge him with:
a) **Prophylactic Penicillin**
b) Iron

75. 2 years old known case of sickle cell disease child with hand and foot swelling, crying, You will discharge him with:
a) **penicillin and vaccination**

76. In devolping countery to prevent dental carise , it add to water
a) **Florid ((ويكيبيديا .. ودعايات التلفزيون كلها تقول الشي هذا**
b) Zink
c) Copper
d) iodide

77. Baby compliaing fever , chills , rigors and head rigidity +ve kurnings sign rash on his lower limb diagnosis:-
a) **meningoccal meninigits)) جميع المعطيات تودينا للاجابة هذي**
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78. Diagnosis of thalasimia minor:
a) **HB a2 and HB f**
b) Microcytosis
· **Beta Thalassemia Minor:**
· The thalassemia seen most commonly is caucasians (primarily Mediterranean descent)
· Beta thalassemia minor is loss of one of two genes for Beta globin on chromosome 11
· Patients generally asymptomatic
· May have mild microcytic anemia (MCV: 60-70; Hgb: 10-13) with a normal or slightly increased RBC count
· The peripheral smear will show target cells and basophilic stippling
· See increased HbA_2 in the range of 5-9% with normal HbF
· Diagnosis may be obscured in concomitant iron deficiency present because Beta-thalassemia causes an increase in HbA_2 while iron deficiency causes a decrease in HbA_2. Both create a microcytosis.
· **Beta Thalassemia Major:**
· Homozygous double gene deletion with no Beta globin production
· Presents with lethal anemia, jaundice, splenomegaly, growth retardation, bone malformations, death
· Severe hypochromic, microcytic anemia with very bizarre cells
· HbA_2 is not increased
· HgF is at nearly 100%

79. Most common malignancy in children
a) **Leukemia ((تاكدت من موقع http://www.cancer.gov/cancertopics/factsheet/Sites-Types/childhood**
b) wilms tumor
· Wilms tumor: The most common feature at presentation is an abdominal mass. Abdominal pain occurs in 30%-40% of cases. Other signs and symptoms of Wilms tumor include hypertension, fever caused by tumor necrosis, hematuria, and anemia.
· **A renal tumor** of embryonal origin that is most commonly seen in children 2–5 years of age. Associated with Beckwith-Wiedemann syndrome (hemihy-pertrophy, macroglossia, and

visceromegaly), neurofi bromatosis, and WAGR syndrome (Wilms', Aniridia, Genitourinary abnormalities, mental Retardation).
· Presents as an asymptomatic, nontender, smooth abdominal mass, abdominal pain, fever, hypertension, and microscopic or gross hematuria.
· Treatment : Local resection and nephrectomy with postsurgical

80. Most common intra- abdominal tumor in children:
a) **Wilm's tumor http://masterofmedicine.com/quick-revision/most-common/**
b) Lymphoma

81. Celiac disease which not cause it:
a) **Rice & corn** ويكيبيديا
b) Oat
c) wheel
d) Gluten

82. Celiac disease involves :
a) **Proximal part of small intestine** **https://www.clinicalkey.com/topics/pediatrics/celiac-disease.html**
b) Distal part of small intestine
c) Proximal part of large intesin
d) Distal part of large intensin

83. Baby apgar score 3 at one min (cyanotic,limp,weak cry), best treatment
a) Warm & dry
b) **Ventilate**
http://www.babycenter.com/0_the-apgar-score_3074.bc
c) Chest expansion
d) Volume expansion

84. 4 years old baby comatose and cyanotic in the kitchen , there was peanuts in his hand:
a) Aspiration

85. 15 years old boy with unilateral gyncomastia your advice is
a) **May resolve spontinsly**
http://www.patient.co.uk/doctor/Gynaecomastia.htm
b) There is variation from person to person
c) Decrease use of soda oil or fish oil
· Uni- or bilateral gynecomastia occur normally in newborn & at puberty

86. 6 months old boy with fever you should give antipyretic to decrease risk of
a) **Febrile convulsion**
b) Epilepsy
c) Disseminate bacteria

87. 6 months old with cough and wheezy chest .diagnosis is:
a) asthma (after 2 years old)
b) **Broncholitis (before 2 years old)** هي الاكثر عند المواليد وقبل سنتين والبعض يقول عند سنه .. من كتاب الاطفال البيدياتريك
c) pneumonia (associated with crypitation)

d) F.B aspiration (sudden wheezing)

88. Child presented with anemia he have family history of thalassemia what the most diagnostic test
a) **measuring of HB A2**
b) Bone marrow
c) Serum feriten
· The most diagnostic test is hemoglubin electrophoresis

89. Child presented to ER with SOB on x-ray there is filtration on mid & lower zone on right side after 24h of antibiotic patient become cyanosis the x-ray total lung collapse with medastinal shift what cause
a) H-influenza
b) Pneummocystic carnia
c) **Streptoccouse pneumona**
http://health.nytimes.com/health/guides/disease/pneumonia/prognosis.html

90. 8 month boy presented with fever, SOB, poor feeding and confusion. On exam ear was red and ESR high, what is the next best step in diagnosis?
a) Blood culture
b) **CSF**
c) Chest X-ray
d) Urine analysis
e) CBC and differential

91. Infant with coryzea, wheezing and URTI sympromes came to ER with SOB, what is the first mangment?
a) **Bronchodialtor**
b) Corticosteroid
c) Theyophilin

92. Boy12 years old come to you complaining of that he worries about himself because he see that his frinds has axillary hair andhe is not like them , about sexual maturity of boys what is first feature :
a) **Testicular enlargement, in females breast buds ويكبيديا**
b) penile elongation
c) hair in axilla
d) hair in the pupic area

93. child brought by mother due to bleeding per nose , by examination you found many bruises in his body ,over his back ,abdomen and thigh , what is your diagnosis :
a) **Child abuse**

94. child with spontaneous epistaxis DX :
a) **Coagulation deficiency**

95. Three years child presents with diarreha with blood & mucus for 10 days on investigation no cyst in stool examination, what is the most common cause?
a) **Ulcerative colitis ويكبيديا**
b) giardiasis
c) rota virus

· Bloody diarrhea is a common problem in children. · Bacterial infections and parasitic infestations are responsible for most of the cases. · Milk allergy is a frequent cause in young infants. · Chronic inflammatory bowel disease occurs in older children.

96. Child 9 months with of congenital heart disease, central and peripheral cyanosis Dx?
a) **Tetralogy of fallot**
b) Coarctation of aorta
c) Truncus arteriosus
d) ASD
e) PDA

97. History of patient presented with cyanosis, SOB, chest clear
a) humulecke maneuver

98. 6 years old with cyanosis, at 6 months similar attack, what is best investigation?
a) **Pulmonary function test**

99. Child with dry cough & wheeze, CXR showed hyperinflated lung with some infiltrate:
a) **Bronchial asthma**
b) Bronchiolitis.

100. Child anemic, abdominal pain, blood in feces (I forget color of stool & rest of case but I think it is about volvulus?) next investigation:
a) Abdominal ultrasound.
· Diagnosis of Malrotation with Volvulus :
· AXR may reveal the absence of intestinal gas but may also be normal.
· If the patient is stable, an upper GI is the study of choice and shows an abnormal location of the ligament of Treitz. Ultrasound may be used, but sensitivity is determined by the experience of the ultrasonographer.

101. Patient with Kwashiorkor:
a) High protein & high carbohydrate.
b) High protein & low carbohydrate
c) **Low protein & high carbohydrate** ويكبيديا
d) Low protein & low carbohydrate.

102. Nutritional marasmus on definition:
· **Kwashiorkor** caused by insufficient protein consumption but with sufficient calorie intake, distinguishing it from marasmus
· **Marasmus** is a form of severe protein-energy malnutrition characterized by energy deficiency caused by inadequate intake of proteins and calories. A child with marasmus looks emaciated. Body weight may be reduced to less than 80% of the average weight that corresponds to the height. Marasmus occurrence increases prior to age 1, whereas kwashiorkor occurrence increases after 18 months. It can be distinguished from kwashiorkor in that kwashiorkor is protein wasting with the presence of edema. The prognosis is better than it is for kwashiorkor.

103. Most cause of URTI
Rhinovirus حسب كلام ويكبيديا وكتاب الاطفال
a) **RSV**

· Viruses cause most URIs, with rhinovirus, parainfluenza virus, coronavirus, adenovirus, respiratory syncytial virus,

104. Infant in respiratory distress, hypercapnia, acidosis & have rhinitis and persistent cough, positive agglutenation test & the doctor treat him by ribavirin, what is the diagnosis? a) Pertusus
b) **RSV**

105. Kawasaki disease associated with: a) **Strawberry tongue** · **Explanation:** Kawasaki disease: Multisystem acute vasculitis that primary affected young children. Fever plus four or more of the following criteria for diagnosis: 1) fever > 40 C for at least five days 2) bilateral, non exudative, painless conjunctivitis 3) polymorphous rash (primarily truncal) 4) cervical lymphadenopathy (often painful and unilateral) 5) diffuse mucous membrane erythema (strawberry tongue) , dry red 6) erythema of palm and sole 7) other manifestation : gallbladder hydrops, hepatitis, arthritis Ø **Untreated Kawasaki disease** can lead to coronary aneurysms and even MI Ø **Treatment :** 1) high dos ASA (for fever and inflammation) & IVIG (to prevent aneurrysmal) 2) Referral to pediatric cardiologist.

106. Child with skin rash, pericarditis, arthritis dx:
a) **Kawasaki**

107. Child presented with erythematous pharynx, with cervical lymph nodes and rapid strplysin test negative and low grade fever with positive EBV. it next step
a) Give antibiotics and anti pyretic
b) **Give anti pyretic and fluids**
c) Do culture and sensitivity

108. 2 months old child complaining of spitting of food, abdominal examination soft lax, occult blood – ve, what you will do?
a) **Reassure the parents**
b) Abdominal CT

109. Cow milk differ from mature human milk that cow milk contain more:
a) **More protein**
b) More Iron content
c) More calories
d) More fat
http://www.vegetarian.org.uk/campaigns/whitelies/wlreport05.shtml
human milk cow Calories
62
59 **Carbohydrate**
7
4.8 **Protein**
1.4
3.3 **Fat**
4.45
3.8
· All minerals are much more in cow milk than human milk except iron & copper **.**
· Breast milk contain more Vitamin C & D

110. Baby with streptococcus pharyngitis start his ttt after two days he improved, Full course of streptococcus pharyngitis treatment with amoxicillin is
a) **10 days (9-11 days)**

b) 7days
c) 14 days
· If group A streptococcus is suspected, begin empiric antibiotic therapy with penicillin × 10 days.
· Cephalosporins, amoxicillin, and azithromycin are alternative options.
· Symptom relief can be attained with fluids, rest, antipyretics and salt-water gargles

111. Patient known case endocarditis will do dental procedure prophylaxis?
a) **2 g amoxicillin before procedure 1 h**
b) 1 g amoxicillin after procedure
c) 2 g clindamycine before procedure 1 h

d) 1 g clindamycine after procedure
Usual Adult Dose for Bacterial Endocarditis Prophylaxis

2 g orally given one hour prior to the procedure
http://www.drugs.com/dosage/amoxicillin.html

112. Child with fever first after 2 days he got sore throat white yellow mouth lips lesion on erythmatous base with gingivitis Dx?
a) **HSV من موقع أي ميدسن**
b) EBV
c) CMV
d) Adenovirius

113. child with congested throught & tonsil with white plaque on erythematus base on tongue & lips , also there is gingivitis (Dx.)
a) **PHARYNGITIS**

114. Child in ER , with dyspnea , tachypnea , subepiglottic narrowing in x-ray :
· If thumb sign : epiglottitis
· If steeple sign : croup

115-166 by Basim Elahi – Sarah Alsani- Turki Aljohani

115. Child on cemotharpy, he developed septicemia after introduce IV canula, what is causative organisms?
a) Hib
b) **Psudeomonas**
c) E.coli
d) strept
e) Klebsiella
Although P aeruginosa is a common human saprophyte, it rarely causes disease in healthy persons. Most infections with this organism occur in compromised hosts. Examples of compromising conditions include disrupted physical barriers to bacterial invasion (eg, burn injuries, intravenous [IV] lines, urinary catheters, dialysis catheters, endotracheal tubes) and dysfunctional immune mechanisms, such as those that occur in neonates and in individuals with cystic fibrosis (CF),[1] acquired

immunodeficiency syndrome (AIDS), neutropenia, complement deficiency, hypogammaglobulinemia, and iatrogenic immunosuppression – source medscape -

116. Newborn with pulse 300 bpm, with normal BP, normal RR, what do you will do for newborn?
a) Cardiac Cardiversion
b) Verpamil
c) **Digoxin**
d) Diltzam IV
· **Treatment of supraventricular tachycardia in asymptomatic patients** 1) Ice to face and vagal maneuvers 2) Adenosine 3) Propranolol 4) Digoxin 5) Procainamide
http://www.uptodate.com/contents/management-of-supraventricular-tachycardia-in-children

117. Attention Deficit Hyperactivity Disorder child what is the manegment? a) Ecitalpram b) **Atomoxetine** c) Olnazepin d) Clonazepam
Treatment: combination of medications and behavioral therapy is far superior to just medication treatment
· A class of drugs called psychostimulants is a highly effective treatment for childhood ADHD. These medicines, including Adderall, Concerta, Daytrana and Ritalin, help children to focus their thoughts and ignore distractions.
· Another treatment is nonstimulant medication. These medications include Intuniv, Kapvay and Strattera "atomoxetine"

118. 9 months infant, develop anemia, he start cow milk before 2 months, what is your manegment? a) **Stop milk** b) Give antihistamine
Children on cow milk are at risk to develop milk protein intolerance-gastrointestinal bleeding, anemia, wheezing, eczema.
Nelson Essentials pf Pediatrics 6th edition page: 104;121

119. Child with moderate persistant BA On bronch.dilat inhaler. Presented with acute exacerbation what will you add in ttt: a) Corticosteroid inhaler b) **Ipratropum bromide inhaler.**
NOT sure
!!!!!!!!!!
http://emedicine.medscape.com/article/296301-treatment#aw2aab6b6b7
the link said ipratropium bromide added only in sever exacerbation

120. What is the best source of iron in a 3 month old infant a) **Beast milk** b) Low fat cow milk. c) Yellow vegetables. d) Fruit. e) Iron fortified cereals.

Breast-feed or use iron-fortified formula. Breast-feeding until your child is age 1 is recommended. Iron from breast milk is more easily absorbed than is the iron found in formula. If breast-feeding isn't possible, use iron-fortified infant formula. Cow's milk isn't a goodsource of iron for babies and isn't recommended for children younger than age 1.

http://www.mayoclinic.com/health/iron-deficiency/MY01654/NSECTIONGROUP=2

121. Child starts to smile:
a) At birth
b) **2 months (6 weeks)**
c) 1month

Nelson Essentials pf Pediatrics 6th edition page: 20

122. The child can walk without support in:
a) 6months
b) 9months
c) **15 months**
d) 18month
· 12 months walk with one hand held, 15 months independently and takes a step up at 18 months.
Nelson Essentials pf Pediatrics 6th edition page: 20

123. Child recognize 4 colors, 5 words, hops on one foot, consistent with which age:
a) 12 months
b) 24 months
c) **36 months**
d) 18 months
Nelson Essentials pf Pediatrics 6th edition page: 20
Says at least 6 words = 18 ms
Hops on one foot = 4 yrs = 48 ms

124. Cardiac congenital heart disease in children, all true except:
a) 4-5%
b) VSD is the commonest
c) **ASD patient should not play a competition.**
· Congenital heart defects can be related to an abnormality of an infant's chromosomes (5 to 6 percent), single gene defects (3 to 5 percent), or environmental factors (2 percent). In 85 to 90 percent of cases, there is no identifiable cause for the heart defect, and they are generally considered to be caused by multifactorial inheritance.

125. Baby born & discharge with his mother, 3weeks later he started to develop difficulty in breathing & become cyanotic, what is most likely diagnosis?
a) VSD
b) **Hypoplastic left ventricle**
c) Coarctaion of aorta
d) Subaortic hypertrophy
!!!!!!!!!!?????
the most common cyanotic heart disease is Tetralogy of Fallot Dx beyond infancy
the most common cyanotic heart disease lead to death in infancy is hypoplastic left ventricle
Coarctaion of aorta & subaortic hypertrophy & VSD is not cyanotic congenital heart disease
reference: Nelson Essentials of Pediatrics 6th edition page: cyanotic & acyanotic CHD 537-546

126. 4 years old brought by his parents with weight > 95th percentile, height < 5th percentile & bowing of both legs what is the appropriate management?
a) Liver & thyroid function tests
b) **Lower limb X-ray**
c) Pelvis X-ray
??????????????!!!!!!!!!!!!!
The Dx of this case could be Obesity with orthopedics abnormality. NOT rickets
If it is rickets: the characteristic radiographic changes is changes in distal ulna & radius including widening, concave cupping, and frayed, poorly demarcayed ends
reference: Nelson Essentials of Pediatrics 6th edition page: 119

if it is obesity: assessment of obesity: reference: Nelson Essentials of Pediatrics 6th edition page: 110

127. What a 4 years child can do : (Draw square)
a) **Draw square 4 years & triangle 5 years**
b) Say complete sentence
c) Tie his shoes 5 years
Nelson Essentials of Pediatrics 6th edition page: 20

128. You received a call from a father who has a son diagnosed recently with DM-I for six months, he said that he found his son lying down unconscious in his bedroom, What you will tell him if he is seeking for advise:
a) Bring him as soon as possible to ER
b) Call the ambulance
c) Give him his usual dose of insulin
d) Give him IM Glucagone
e) Give him Sugar in Fluid per oral
mild episodes of hypoglycemia treated with rapidly absorbed oral glucose (glucose gel or tablets, fruits juices, non-diet or non artificially sweetened sodas). More sever episodes that results in seizure or loss of consciousness at home should be treated with glucagon injection. IV glucose should be given in hospital setting
reference: Nelson Essentials of Pediatrics 6th edition page: 634

129. What condition is an absolute contraindication of lactation:
a) Mother with open pulmonary TB for 3 month
b) Herpes zoster in T10 drematome
c) **Asymptomatic HIV**

Torronto Notes edition 2012 chapater pediatrics page P6, C/I of breast feeding

130. Newborn with fracture mid clavicle what is true
a) Most cases cause serious complication
b) Arm sling or figure 8 sling used
c) **Most patient heal without complications**
· Most clavicles fracture in newborn no need to treatment apart from careful handling.
· If the fracture is displaced and baby in pain, simple sling is require.
Toronro Notes edition 2012 chapter orthopedics page OR13

131. A child is about to be given FLU vaccine, what allergy should be excluded before giving the vaccine?
a) Chicken
b) **Egg**
c) Fish
Toronto Notes edition 2012 chapter pediatrics page P4

132. 12 months old baby can do all except:
a) Walk with support one hand
b) Can catch with pincer grasp
c) **Can open drawers**
d) Response to calling his name
e) Can play simple ball
A 12-month-old child is expected to:

Stands by his or herself
Walk alone or when holding one hand
Sit down without help
Bang two blocks together
Turn through the pages of a book by flipping many pages at a time
Picks up a small object using the tip of the thumb and index finger
Sleep 8 - 10 hours a night and take one to two naps
Begins pretend play (such as pretending to drink from a cup)
Follows a fast moving object
Responds to his or her name
Can say momma, papa, and at least one or two other words
Understands simple commands
Tries to imitate animal sounds
Connects names with objects
Understands that objects continue to exist, even when they are not seen (object constancy)
Participated in getting dressed (raises arms)
Plays simple back and forth games (ball game)
Points to objects with index finger
Waves bye
May develop attachment to a toy or object
Experiences separation anxiety and may cling to parents
May make brief journeys away from parents to explore in familiar settings – source medscape-

133. A 5 months old baby presented to ER with sudden abdominal pain and vomiting. The pain lasts for 2-3 minutes with interval of 10-15 minutes in between. The most likely diagnosis:
a) **Intussusceptions**
b) Infantile colic
c) Appendicitis
intermittent chlicky pain is the typical presentation of intusseption; read:
reference: Nelson Essentials of Pediatrics 6th edition page: 634

134. 3 years old boy in routine exam for surgical procedure in auscultation discovered low pitch murmur continues in the right 2nd intercostals space radiate to the right sternal border increased by sitting & decreased by supine, what you want to do after that?
a) **Send him cardiologist**
b) Reassurance & till him this is innocent murmur
c) Do ECG
· Send patient to cardiologist as the presentation dose not support an innocent murmer & it is mostly a congenital anomaly & ECG though important would not be conclusive.
· Innocent Murmur Heart murmurs that occur in the absence of anatomical or physiological abnormalities of the heart and therefore have no clinical significance.
This case is case of aortic regurge need echo = need cardiologist

135. 1 year old baby complaining of acute hepatosplenomegaly, skin bluish nodules and lateral neck mass. What is the best investigation?
a) liver biopsy
b) **Bone marrow aspiration**
c) MRI of the chest
d) EBV serology

e) CBC
http://www.webmd.com/cancer/tc/leukemia-topic-overview?page=2

136. 5 days old baby vomited dark red blood twice over the past 4 hours. He is active and feeding well by breast. The most likely cause is:
a) Esophagitis
b) Esophageal varices
c) Gastritis
d) Dudenal ulcer
e) **Cracked maternal nipples**

137. 8 years old girl presented with fever, numerous bruises over the entire body and pain in both legs. Physical examination reveals pallor and ecchymoses and petechiae on the face, trunk and extremities. Findings on complete blood count includes a hemoglobin of 6.3 g/dl, white cell count of 2800/mm3 and platelet count of 29,000/mm3. Which of the following would be the MOST appropriate diagnostic test?
a) Hb electrophoresis
b) **Bone marrow aspiration.**
c) Erythrocyte sedimentation rate.
d) Skeletal survey.
e) Liver and spleen scan.

http://www.medicinenet.com/leukemia/page5.htm#diagnosis
This case showed decreased all cell lines ➔ could be a case of aplastic anemia or fanconi anemia or leukemia please read them
in all of them bone marrow aspiration and biopsy is crucial.

138. A 6 years old girl presented with low grade fever and arthralgia for 5 days. She had difficulty in swallowing associated with fever 3 weeks prior to presentation. Physical examination revealed a heart rate of 150/min and pansystolic murmur at the apex. There was no gallop and liver was 1 cm below costal margin. The MOST likely diagnosis is:
a) Bacterial endocarditis.
b) Viral myocarditis.
c) **Acute rheumatic fever.**
d) Pericarditis.
e) Congenital heart failure.
This case is a case of rheumatic fever in pt of VSD, which is a risk factor of RF

139. A 3 years old child woke from sleep with croup, the differential diagnosis should include all except:
a) **Pneumonia**
b) Tonsillitis
c) Cystic fibrosis
d) Inhaled foreign body
see DDx of stridor Nelson Essentials of Pediatrics 6th edition page: 394

140. Coarctation of aorta is commonly associated with which of the following:
e) Down syndrome
f) **Turner syndrome**
g) Pataue syndrome
h) Edward syndrome
i) Holt-Orain

in 45%, CoA is the most common anomaly, followed by bicuspid aortic valve….)
reference: Nelson Essentials of Pediatrics 6th edition page: 181

141. Child with positive skin test of TB and previously it was –ve, Treatment of this child?
a) INH alone
b) INH + Rifampicin
c) INH + rifampicin+ streptomycin
d) no treatment
e) **Full regimen for TB**

142. 6 days old Neonate not feeding well, lethargic, with urine smell like burned sugar. The diagnosis is:
a) **Maple syrup urine syndrome**
b) phenylketonuria
http://emedicine.medscape.com/article/946234-overview

143. 15 years old boy came to your clinic for check up. He is asymptomatic. His CBC showed: Hb 11.8 g/l, WBC 6.8 RBC 6.3 (high), MCV 69 (low), MCH (low), and Retic 1.2 (1-3)%, what is the most likely diagnosis?
a) **Iron deficiency anemia**
b) Anemia due to chronic illness
c) β-thalssemia trait
d) Sickle cell disease
e) Folic acid deficiency

144. short boy with decreased bon age, most diagnosis is
a) **Constitutional delay**
constitutional (bone age delayed) - most common (>90%) – source Toronto notes-

145. Mother bring her baby to you when she complain of diaper rash, she went to different drug before she come to you, she used 3 different corticosteroid drug prescribed by different physician, the rash is well demarcated & scaly, what is the diagnosis?
a) seborrheic dermatitis
b) **contact dermatitis include labiwheras candida not**

Table 10. Common Paediatric Rashes

Type of Rash	Differential	Appearance
Diaper Dermatitis	Irritant contact dermatitis	Shiny, red macules/patches, no flexural involvement
	Seborrheic dermatitis	Yellow, greasy macules/plaques on erythema, scales
	Candidal dermatits	Erythematous macerated papules/plaques, satellite lesions

146. The treatment:
a) **Avoid allergen and steroid for contact dermatitis**
Avoid higher strength topical steroids including combination including clotrimazole/betamethasone and nystatin/triamcinolone.

Zinc oxide is an inexpensive treatment with the following properties:
Antiseptic and astringent
Significant role in wound healing

Low risk for allergic or contact dermatitis –source medscape-

147. 18 months old child brought to you for delayed speech, he can only say "baba, mama", what's your first step in evaluating him?
a) Physical examination
b) **Delevelopmental assessment.**
c) Head CT
d) Hearing test.
Approach to delayed speech :
• **detailed history**
• intrauterine exposures, perinatal events
• family history, consanguinity
• detailed developmental milestones - rate of acquisition, regression of skills
• associated problems (feeding, seizures, behaviour, sleep)
• social history
• **physical examination**
• dysmorphology, hepatosplenomegaly, neurocutaneous markers, growth parameters, detailed neurological examination
• **ancillary testing**
• neurodevelopmental assessment, hearing test, psychosocial evaluation, occupational therapy and/or physiotherapy assessments, genetics consultation
• **laboratory testing**
• target testing based on history and physical exam
• chromosomes, FISH, neuroimaging, metabolic testing, neuroelectophysiologic testing –source Toronto notes-

148. Baby <2 years age present with a history of URTI, nasal discharge after that complicated to wheezing & there is rales in the end inspiratory & early expiratory phase ,prolonged expiratory phase , sever respiratory distress ,using the accessory muscle in respiration, what is the diagnosis:
a) Viral pneumonia.
b) **Bronchilitis**
c) Bacterial pneumonia
http://emedicine.medscape.com/article/961963-clinical#a0256

149. Mother bring her baby to you when he present with hematoma in his nail, How to manage this patient?
a) No need things & ask him to go to the home.
b) **Bring a sharp metal & press in the middle to evacuate the Hematoma.**
c) Remove the nail
Subungual hematoma drainage is not necessary if the hematoma is not painful – medscape-

150. Mother came to you after her son had hematoma under the nail due to injury:
a) Send home with a pad on the head
b) Send home with acetaminophen
c) Do wedge resection
d) **Evacuate the hematoma**
Subungual hematoma drainage is not necessary if the hematoma is not painful .Pain is relieved immediately for most patients with simple nail trephination. **–medscape-**

151. Management of obesity in 10 years boy:
a) **Multifactorial**
management of childhood obesity :
• encouragement and reassurance; engagement of entire family
• diet: qualitative changes; do not encourage weight loss but allow for linear growth to catch up with weight; special diets used by adults are not encouraged
• evidence against very low calorie diets for preadolescents
• behaviour modification: increase activity, change eating habits/meal patterns
• education: multidisciplinary approach, dietitian, counselling
• surgery and pharmacotherapy are not used in children

152. Child with morbid obesity, what the best advice for him?
a) **Decrease calories intake**
b) Dec fat intake
c) Increase fiber
d) Increase water
An energy-restricted balanced diet, in association with patient and parent education, behavioral modification, and exercise can limit weight gain in many pediatric patients who have mild or moderate obesity – medscape-

153. A patient presented with fatigue, loss petite & bloody urine. She gave History of sore throat 3 weeks back. The most likely diagnosis is:
a) hemorragic pyelonephritis
b) **Post streptococcal GN**
c) Heamorragic cystitis
d) membranous GN
e) IgA nephropathy

Typically, an acute nephritic syndrome develops 1-2 weeks after an antecedent streptococcal pharyngitis, whereas a lapse of 3-6 weeks is common before a nephritic syndrome develops following streptococcal pyoderma
presentation:
Edema and/or hematuria, Proteinuria, Hypertension, Hypertensive encephalopathy, Circulatory congestion –source Toronto notes and medscape-

Table 42. Major Causes of Acute Glomerulonephritis

	Decreased C3	Normal C3
Renal	Post-infectious GMN Membranoproliferative • Type I (50-80%) • Type II (>80%)	IgA Nephropathy Idiopathic rapidly progressive GMN Anti-GBM disease
Systemic	SLE SBE Shunt nephritis Cryoglobulinemia	Polyarteritis nodosa Wegener's granulomatosis Goodpasture's syndrome Henoch-Schönlein purpura (HSP)

154. A young girl patient had UTI 1 week ago & received septra (trimethoprime + sulphamethoxazole). She came with crampy abdominal pain & proximal muscle weakness. The diagnosis is:

a) Polymyositis
b) Gullianparre syndrome
c) **Intermittent porphyria**
d) Periodic hypokalemic paralysis
im confused between B and C because what goes with B is the proximal muscle weakness , but with intermittent porhyria The sequence of events in attacks usually is (1) abdominal pain, (2) psychiatric symptoms, such as hysteria, and (3) peripheral neuropathies, mainly motor neuropathie
شفت السؤال ذا بمكان اخر وكان كالاتي "نحن من اللي ندرس علقنا "بس

34. Young girl experienced crampy abdominal pain & proximal muscular weakness but normal reflexes after receiving septra (trimethoprim sulfamethoxazole) :
a) Functional myositis
b) Polymyositis
c) Guillianbarre syndrome
d) Neuritis
· Explanation: Due to Septra.

http://www.livestrong.com/article/244725-drugs-that-may-cause-muscle-weakness-or-wasting/
source :
http://www.ncbi.nlm.nih.gov/pubmed/2070426

155. Two absolute contraindications to DTP and DTaP:
a) **An immediate anaphylactic reaction & encephalopathy within 7 days.**
b) Seizure within 3 days of immunization
c) crying within 3 days for 3 or more hours within 48 hours
d) Collapse or shock-like state within 48 hours
e) Temperature ≥ 41.5°C (114°F) within 48 hours
· Contraindications: DTP or DTaP administration
Ø Absolute:
1) Severe reaction following prior DTP or DTaP
2) Immediate Anaphylaxis
3) Encephalopathy within 7 days of Vaccine
Ø Relative:
1) Moderate Reaction following prior DTP or DTaP
2) Fever > 40.5 C within 48 hours of vaccine
3) Seizure within 72 hours of vaccine
4) Hypotension or Unresponsive Episode within 48 hours
5) Inconsolable Crying >3 hours within 48 hours
6) Guillain-Barre Syndrome within 6 weeks of vaccine
· Conditions not contraindicating vaccine
a. Family History of adverse vaccine event
b. Family History of SIDS
c. Family of Seizure disorder
d. Fever following prior vaccine <40.5 C (105 F)
· If Vaccine Contraindicated, then
1) Allergy Testing for anaphylactic reaction
2) Administer DT to all other groups

156. 2 years old boy with coryza, cough and red eyes with watery discharge (a case of measles). Most likely diagnosis of the red eyes is:

a) **Conjunctivitis**
b) Blepharitis
· Cough, coryza, conjunctivitis (red eyes), 40 °C, Koplik's spots seen inside the mouth are pathognomonic (diagnostic) for measles.

157. 2 years baby with gray to green patch in lower back, no redness or hotness, diagnosis is
a) child abuse
b) **No treatment need**
c) bleeding tendency
· Mongolian spot: visible in 6 month and normally disappear to 3-5 years.
· No need treatment.

http://www.webmd.com/skin-problems-and-treatments/picture-of-mongolian-spots

158. Child normal the doctor discovered by exam that mid sterna murmur at late systolic crescendo-decrescendo like with wide splitting diagnosis is?
a) **Causes include mitral valve prolapse**
b) tricuspid valve prolapse
c) papillary muscle dysfunction

Aortic stenosis on Auscultation reveals : crescendo-decrescendo SEM radiating to R clavicle and carotid, musical quality at apex (Gallavardin phenomenon), S4, soft S2 w/paradoxical splitting, S3 (late)
(but its not in the answers.)
and mitral valve prolapse on Auscultation: holosystolic murmur at apex, radiating to axilla ± mid-diastolic rumble, loud
S2 (if pulmonary HTN), S3 – source Toronto notes –

159. Baby can sit without support, walk by holding furniture. Pincer grasp, pull to stand how old is he
a) 8 months
b) **10 months**
c) 12 month
d) 18 month
explanation :
sit without support 6-8 month .walk by holding furniture ,pincer grasp 10 month but pull to stand 9 month
illustrated pedia p.27-30 and p.44

160. Boy 3 day after flue symptom develop conjunctivitis with occipital and neck L.N enlarged so diagnosis is
a) **Adenoviral Conjunctivitis**
b) Streptococcus
c) HSV
Patients with adenoviral conjunctivitis may give a history of recent exposure to an individual with red eye at home, school, or work, or they may have a history of recent symptoms of an upper respiratory tract infection. The eye infection may be unilateral or bilateral
Typical signs of adenoviral conjunctivitis include preauricular adenopathy, epiphora, hyperemia, chemosis, subconjunctival hemorrhage, follicular conjunctival reaction, and occasionally a pseudomembranous or cicatricial conjunctival reaction. The cornea often demonstrates a punctate epitheliopathy. The eyelids often are edematous and ecchymotic. In severe cases, there can be a corneal

epithelial defect. It typically begins in one eye and progresses to the fellow eye over a few days.-source medscape-

161. The most common cause of failure to thrive in pediatric is
a) **Malnutrition**

162. When the baby not smile be abnormal :
a) **2 month (must smile at 6 weeks)**
b) 4 months
c) 6 monts
adaptive and social skills for 6 weeks is social smiling (Toronto notes)

163. Baby complaining increasing haemangioma in the back 2cm:
a) **Observation**
b) Oral steroid
c) Injection steroid
d) Excision
treatment of heamangioma:
• usually none unless tumour bleeds or is symptomatic, then excision by lobectomy or enucleation

164. Child with dental caries and history of bottle feeding So dd
a) **Nurse milk caries**

165. Baby can copy triangle and square what age:
a) 2 years
b) 3 years
c) **5 years**

Developmental Milestones

Table 2. Developmental Milestones

Age	Gross Motor	Fine Motor	Speech and Language	Adaptive and Social Skills
6 weeks	Prone: lifts chin intermittently	—	—	Social smile
2 months	Prone: arms extended forward	Pulls at clothes	Coos	Recognizes parents
4 months	Prone: raises head + chest, rolls over, no head lag	Reach and grasp, objects to mouth	Responds to voice, laughs	
6 months	Prone: weight on hands, tripod sit	Ulnar grasp, transfers objects from hand to hand	Begins to babble, responds to name	Stranger anxiety beginning of object permanence
9 months	Pulls to stand, crawls	Finger-thumb grasp	"Mama, dada" – appropriate, imitates 1 word	Plays games, plays peek-a-boo, separation/ stranger anxiety
12 months	Walks with support	Pincer grasp, throws	2 words, follows 1-step command	Drinks with cup, waves bye-bye
15 months	Walks without support	Draws a line	Jargon	Points to needs
18 months	Climbs up steps with help	Tower of 3 cubes, scribbling	10 words, follows simple commands	Uses spoon, points to body parts

24 months	Climbs up 2 feet/step, runs, kicks ball, walks up and down steps	Tower of 6 cubes, undresses	2-3 word phrases, uses " I, me, you", 50% intelligible	Parallel play, helps to dress
3 years	Tricycle, climbs up 1 foot/ step, down 2 feet/step, stands on one foot, jumps	Copies a circle and a cross, puts on shoes	Prepositions, plurals, counts to 10, 75% intelligible	Dress/undress fully except buttons, knows sex, age
4 years	Hops on 1 foot, down 1 foot/step	Copies a square, uses scissors	Tells story, knows 4 colours, speech intelligible, uses past tense	Cooperative play, toilet trained, buttons clothes, knows names of body parts
5 years	Skips, rides bicycle	Copies a triangle, prints name, ties shoelaces	Fluent speech, future tense, alphabet	

166. Lactating women infected with rubella, management is
a) **MMR**
b) Stop lactation
· Rubella not protected by postexposure administration of live vaccine

167-218 by Shua'a Alamri

167. 2 months infant with white plaque on tongue and greasy, past history of clamydia conjunctivitis after birth treated by clindamycin, what is the treatment oral thrush?
a) **Oral nystatin**
b) Topical steroids
c) Topical acyclovair
d) Oral tetracycline
Explanation:
Prompt initiation of systemic antifungal therapy and central vascular catheter removal (in cases of sepsis) at the time of diagnosis are needed to optimize successful eradication, prevent dissemination, and improve outcomes.

Link:
http://emedicine.medscape.com/article/980487-overview#aw2aab6b8

168. Asystole is one of the non shockable waves what you gonna do is CEAP?
a) **CPR**
b) Epinephrin
c) Atropin
d) Pecing
Explanation:
If the rhythm indicates pulseless activity or asystole, then it is a nonshockable rhythm.
- Continue CPR for an additional 2 minutes.
- Establish IV/IO access.
- Give epinephrine 0.01 mg/kg IV or IO.

- Consider endotracheal intubation or other advanced airway placement.

Link:
http://emedicine.medscape.com/article/1948389-technique#aw2aab6b3b6

169. Group of diseases include, cystic fibrosis, liver failure, the cause is

a) **Alpha one antitrpsin deficiency**

· **α1-antitrypsin deficiency has been associated with a number of diseases:** 1) Cirrhosis 2) COPD, pneumothorax, asthma, emphysema, Bronchiectasis and cystic fibrosis 3) Wegener's granulomatosis 4) Pancreatitis, Gallstones, Primary sclerosing cholangitis & Autoimmune hepatitis 5) Pelvic organ prolapse 6) Secondary Membranoproliferative Glomerulonephritis 7) Gallbladder cancer, Hepatocellular carcinoma, bladder carcinoma, Lymphoma &Lung cancer

170. Febrile infant with no obvious cause, Do all except:

a) **CT scan**

Explanation:

Clinicians must maintain a high index of suspicion for serious bacterial and/or viral infections in febrile infants and toddlers. The diagnostic approach consists of a targeted medical history, a complete physical examination, and the judicious use of the laboratory tests

Link:
http://emedicine.medscape.com/article/1834870-differential

171. Child known case of BA moderat intermittent on inhaled salbutamol ,,, about managmet

a) **Add inhaled steroid**

Explanation:

Step 3 - Moderate persistent asthma

The preferred controller medication is either a low-dose inhaled corticosteroid plus a long-acting beta-agonist (LABA) (combination medication preferred choice to improve compliance)[73] or an inhaled medium-dose corticosteroid. Alternatives include inhaled a low-dose ICS plus either a leukotriene receptor agonist, theophylline, or zileuton (Zyflo).

Link:
http://emedicine.medscape.com/article/296301-treatment#aw2aab6b6b2

172. Child with febrile seizur

a) **Give her paracetamol when she had a fever**

b) Give her phenobarbiton when she had a fever (anticonvulsant)

Explanation:

On the basis of risk/benefit analysis, neither long-term nor intermittent anticonvulsant therapy is indicated for children who have experienced 1 or more simple febrile seizures.

Although it does not prevent simple febrile seizures, antipyretic therapy is desirable for other reasons.

Link:
http://emedicine.medscape.com/article/1176205-treatment

173. 2 month old baby on breast feedind Mother asked you about her baby feeding

a) **Solid fluid after 4-6 month**

174. Child after falling down fom bed sustained multiple area of erosion

a) **Haemophilia**

Explanation:

Hemophilia is suggested by a history of hemorrhage disproportionate to trauma or of spontaneous hemorrhage, or a family history of bleeding problems.

Link:
http://emedicine.medscape.com/article/779434-clinical

175. Boy presented to the ER complaining of sudden onset of abdominal pain & leg cramps, he had history of vomiting 2 days ago, he was dehydrated. Na = 150 , K = 5.4 ,, glucose = 23mmol ,The best initial investigation is
a) CBC
b) Blood culture
c) **ABG (tha Dx is DKA)**
d) Urinanalysis (dipstick)
e) U/S
Link:
http://emedicine.medscape.com/article/907111-workup

176. 3 year old child needs oral surgery & comes to your clinic for checkup. On examination 2/6 continuous murmur , in upper right sternal borders that disappear with sitting , next step:
a) Give AB prophylaxis Routine antibiotic prophylaxis for the prevention of endocarditis is no longer recommended for either suspected or proven cardiac defects and the recently issued NICE guidelines should be followed
b) **Ask cardiology consult**
c) Clear for surgery
d) Do ECG
the correct answer is d
Explanation:
In an asymptomatic child over 1 yr with an innocent murmur (i.e. venous hum or soft, early systolic with no thrill) and a normal ECG, there is general consensus that it is safe to proceed with surgery and to refer for investigation after operation.
http://www.medscape.com/viewarticle/754772_2

177. 17 years old girl missed her second dose of varecila vaccine,the first one about 1 y ago what you'll do
a) Give her double dose vaccine
b) **Give her the second dose only**
c) See if she has antibody and act accordingly

178. In a baby with polyhydrominus what could be the cause:
a) **Duodenal atresia**
Link:
http://reference.medscape.com/article/975821-clinical

179. Child present with URTI, lymphadenopathy, splenomegaly ttt :
a) Amoxicillin
b) **Supportive treatment only**
c) Clindamycine

180. Child with mild trauma develop hemoarthrosis, in past history of similar episode DX ?
a) Platelets dysfunction
b) **Clotting factor deficiency**
· superficial bleeding à platelets dysfunction
· Deep bleeding à clotting problems

181. Infant newly giving cow milk in 9 months old, closed posterior fontanel, open anterior fontanel with recurrent wheezing and cough, sputum examination reveal hemoptesis, x-ray show lung infiltration, what is your action?
a) Diet free milk

b) Corticosteroid
c) **Antibiotics**

182. Patient with signs and symptoms of autism what medication to give · **Treatment**: A variety of therapies are available, including **1) Applied behavior analysis (ABA) 2) Medications:** Currently, only **risperidone** is approved to treat children ages 5 - 16 for the irritability and aggression that can occur with autism. Other medicines that may also be used include **SSRIs**, **divalproex sodium** and other **mood stabilizers**, and possibly stimulants such as **methylphenidate**. There is no medicine that treats the underlying problem of autism. **3) Occupational therapy 4) Physical therapy 5) Speech-language therapy**

183. Child with posing head, bowing tibia "rickets", what is the deficiency?
a) **Vitamin D deficiency.**

184. 5 years child have congested throat 2 day, complain of painless, clear, vginal discharge DX>>>>>
a) Foreign body
b) Candida
c) N.gonhorea
d) **Streptococcus (SURE 100%)**
e) tracomanas

185. After delivery start breast feeding :
a) **As soon as possible**
b) 8hrs
c) 24 hrs
d) 36 hrs
e) 48 hrs

186. A 14 years old boy with type 1 D.M. presented in coma. His blood glucose level is 33 mmol/l. Na is 142 mmol/l, K is 5.5 mmol/l, bicarb is 10 mmol/l. the following are true except : ??
a) The initial Rx. Should be IV normal saline 3l/hourfor1-2hours
b) IV insulin loading dose 1u/kg is necessary.
c) IV Na bicarbonate could be given if pH is 7 or less.
d) **Hyprephosphatemia can occur during trement.**
e) Hyperchloremia can occur during treatment
· Hyperchloremic metabolic acidosis with a normal anion gap often persists after the resolution of ketonemia.
· This acidosis has no adverse clinical effects and is gradually corrected over the subsequent 24-48 hours by enhanced renal acid excretion.
· Hyperchloremia can be aggravated by excessive chloride administration during the rehydration phase.

187. Term baby born to a mother who developed chickenpox 7 days before delivery. The baby is a symptomatic, which is true?
a) Give acyclovir 15 mg /kg I.V Q 8 hr. for 7 days immediately
b) **Give acyclovir & varicella zoster immune globulin when the baby develops symptoms.**
c) Serologic evidence is needed before initiation of therapy
d) The mother & baby should be nursed together at their own room
e) None of the above.

· 15% of pregnant women are susceptible to varicella (chickenpox). Usually, the fetus is not affected, but is at high risk if the mother develops chickenpox:
· In the 1st half of pregnancy (< 20 weeks), when there is a < 2 % risk of the fetus developing sever scarring of the skin & possibly ocular & neurological damage · Within 5 days before or 2 days after delivery, when the fetus is unprotected by maternal antibodies & the viral dose is high. About 25 % develop a vesicular rash. Exposed susceptible women can be protected with varicella zoster immune globulin & treated with acyclovir. Infants born in the high-risk period should also receive zoster immune globulin & are often also given acyclovir prophylactically.

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

189. A 48 hours old newborn infant in critical care unit with respiratory distress & Jaundice. Hb 9g/dl, retic 4%. Maternal Hx of previous normal term pregnancy without transfusion, Blood typing shows hetero specificity between mother and child. Indirect Coomb's test is +ve. The most probable Dx is:
a) Thalassemia
b) **Maternal-Fetal blood group incompatibility**
c) Sickle cell anemia
d) Septicemia
e) Hereditary Red cell enzyme defect.
Link:
http://emedicine.medscape.com/article/974349-workup

190. A 6 year old girl developed day time wetting for 2 days. She is fully toilet trained. She is afebrile & dry for 4 years. The most appropriate diagnostic measure is:
a) Bladder US
b) Examination of vaginal vault
c) **Urine analysis & culture**
d) Urine specific gravity
e) Voiding cysto-urethrography
· Lab Investigations:
· **Urinalysis and the specific gravity** of urine should be obtained after an overnight fast and evaluated to exclude polyuria secondary to diabetes as a cause of frequency and incontinence and to determine if there is normal concentrating ability.
· **Urine culture** will determine the presence or absence of a urinary tract infection, which, when treated could improve continence.
· If daytime wetting is occurring, a **renal and bladder ultrasound** may help **rule out possible outlet obstruction**
· **Spine imaging or MRI** may determine if there is a neurological cause.

The link:
http://www.medscape.com/viewarticle/546017_5

1. The medical history
2. Physical examination
3. Urinalysis
4. Specific gravity of a first morning urine sample
5. urine glucose
6. additional imaging and functional studies is determined by findings from the patient's history and physical examination.

191. Nonbilious vomiting that increase in volume and frequency is seen
a) **Alkalosis >> low K+, low chloride and metabolic alkalosis.**
· Unconjugated hyperbilirubinemia is also present.

192. 7 moths old boy presented with history of interrupted feeds associated with difficulty in breathing and sweating for the last 4 months. Physical examination revealed normal peripheral pulses, hyperactive precordium, normal S1, loud S2 and Pansystolic murmur grade 3/6 with maximum intensity at the 3rd left intercostal space parasternally. The MOST likely diagnosis is:
a) Small PDA (Patent ductus arteriosus).
b) Large ASD (Atrial septal defect).
c) Aortic regurgitation
d) Mitral regurgitation.
e) **Large VSD (Ventricular septal defect).**
Link:
http://emedicine.medscape.com/article/892980-clinical

193. 10 years old girl presented with a 2 days history of fever and a 4 cm, warm, tender and fluctuant left anterior cervical lymph node. The MOST likely diagnosis is
a) Hodgkin's disease.
b) Acute lymphoblastic leukemia (ALL).
c) Histiocytosis X.
d) **Acute bacterial lymphadenitis**.
e) Metastatic neuroblastoma.
Link:
http://www.medscape.com/viewarticle/467025

194. A 7 months old child is brought to your office by his mother. He has an upper respiratory tract infection for the past 3 days. On examination, there is erythema of the left tympanic membrane with opacification. There are no other signs or symptoms. What is the MOST likely diagnosis in this patient?
a) **Acute otitis media.**
b) Otitis media without effusion.
c) Chronic otitis media.
d) Otitis media with effusion.
e) Chronic suppurative otitis media.
Link:
http://emedicine.medscape.com/article/994656-clinical

195. Which of the following medications has been shown to be safe and effective for migraine prophylaxis in children?
a) **Propranolol**
b) Fluoxetine.

c) Lithium.
d) Naproxyn.
e) Timed-released dihydroergotamine mesylate (DHE-45).
Link:
Beta blockers and cyproheptadine appear to be effective and well tolerated.
http://emedicine.medscape.com/article/1179268-overview#aw2aab6c15

196. A 6 years old girl is brought to the family health center by her mother. The child today had sudden onset of a painful sore throat, difficulty swallowing, headache and abdominal pain. The child has had no recent cough or coryza and was exposed to someone at school that recently was diagnosed with a "strep throat". On examination the child has a temperature of 40oC. She has tender anterior cervical nodes and exudative tonsils. The lungs, heart, and abdominal examination are benign. What treatment would you offer for this child?
a) Zithromax
b) **Penicillin V**
c) Ciprofloxacin
d) No antibiotics, rest, fluid, acetaminophen, and saline gargles.
e) Trimothoprim.
· In URTI there's a McIsaac criterion (weather or not to start antibiotics): no cough, tender anterior cervical L.N., erythmatous tonsils with exudates, fever> 38, age 3-14. if 0-1 no culture no antibiotics, 2-3 culture if positive antibiotics, 4 start antibiotics. And in this cause 4 are present..
· Treatment is by penicillin V if allergic erythrmomycin.

197. Composition of standard and reduced osmolarity ORS solutions, The amount of Na+ in ORS "oral rehydration solution" in (WHO) is:
a) 150 meq
b) 120
c) **90**
d) 60
e) 30
link:
http://emedicine.medscape.com/article/906999-treatment

198. All of the following are true about pyloric stenosis, EXCEPT:
a) Incidence male more than female
b) Onset is generally late in the first month of life
c) **Vomitus is bile stained**
d) Appetite is good
e) Jaundice occur in association
link:
http://emedicine.medscape.com/article/803489-clinical
Classically, the infant with pyloric stenosis has nonbilious vomiting or regurgitation, which may become projectile (in as many as 70% of cases), after which the infant is still hungry.

199. Risk factor of sudden death syndrome includes all of the following, EXCEPT:
a) Cigarette smoking during pregnancy
b) **Old primigravida**
c) Crowded living room
d) Prematurity
e) Small gestational age
· **Potential risk factors include**

1) smoking, drinking, or drug use during pregnancy
2) poor prenatal care
3) prematurity or low birth-weight
4) Mothers younger than 20
5) Smoke exposure following birth
6) Overheating from excessive sleepwear and bedding
7) Stomach sleeping
Link:
http://emedicine.medscape.com/article/804412-overview#aw2aab6b2b3

200. Symptoms of cystic fibrosis in neonate:
a) **Meconium ileus**
b) Pneumothorax
c) Steatorrhea
d) Rectal prolapse
· Meconium ileus is associated with CF (defect in chromosome 7, autosomal recessive)

201. MMR given at age of:
a) 3 months
b) 8 months
c) **12 months**
d) 24 months
link:
http://reference.medscape.com/drug/mmrii-measles-mumps-and-rubella-vaccine-live-343159

202. DKA in children, all of the following are true EXCEPT:
a) Don't give K+ till lab results come
b) ECG monitoring is essential
c) If pH < 7.0 give HCO3-
d) NGT for semiconscious pt
e) **Furosemide for patient with oligouria**
· Give fluid (volume resuscitation) is the goal. Polyuria is one of DKA symptoms, not oligouria.

203. To prevent tetanus in neonate:
a) Give anti-tetanus serum to neonate
b) Give immunoglobulin to mother
c) **Give tetanus toxoid**
d) Give antibiotics to mother
e) Give penicillin to child to kill tetanus bacilli
· DTP= diphtheria, tetanus & pertusses D&T are toxoids, P is inactivated bacteria Route: I

204. Hypothyroid in young baby usually due to:
a) Endocrine irresponse
b) Enzyme deficiency
c) Drug by mother
d) **Agenesis**
· Missing or misplaced thyroid gland
· Most babies with CH are missing their thyroid gland or have a thyroid that did not develop properly. In some cases, the thyroid gland may be smaller than usual or may not be located in the correct place.
· In healthy people, the thyroid gland is located in the center of the front of the neck, near the top of the windpipe. In some children with CH, the thyroid gland may instead be under the tongue or on the side

of the neck. If the thyroid gland is in the wrong place, or if it is underdeveloped, it often does not work well and makes less thyroid hormone than needed by the body.
· If the thyroid gland is missing, the baby cannot make any of its own thyroid hormone. A missing, underdeveloped or misplaced thyroid gland is a birth defect that happens for unknown reasons and is usually not inherited.
Link:
http://emedicine.medscape.com/article/919758-clinical#a0218

205. 6 months old patient with sepsis, the most likely organism will be:
a) Listeria.
b) Hemolytic Streptococci.
c) **H. Influenza type B.**
d) Staph. Epidermis.
Link:
In most infants worldwide, the most frequent causes of bacterial sepsis are *H influenzae* type b (Hib), *Streptococcus pneumoniae, Neisseria meningitidis,* and*Salmonella* species.
http://emedicine.medscape.com/article/972559-overview#aw2aab6b2b3

206. Hospitalized child (on chemotherapy) and when start IV access develop sepsis organism:
a) E. coli
b) **Pseudomonas**
c) strep

207. All are vaccines given in Saudi Arabia to normal children EXCEPT:
a) TB.
b) Pertussis.
c) **H. Influenza type B (HiB).**
d) Mumps.
e) Diphtheria

208. Neonatal just delivered, term pregnancy. Developed respiratory distress CXR showed multicystic lesion in Lt side shifted mediastinum to the Rt , decreased bilatral breath sound & flat abdomen:
a) **Diaphragmatic hernia**
b) RDS
c) Emphysema
link:
http://emedicine.medscape.com/article/978118-clinical#a0216

209. 2 months boy with projectile vomiting. On examination olive mass in right upper quaderant of abdomen. 1st step of investigation is:
a) X-ray abd.
b) U&E
c) Barium study
d) **US**
link:
Ultrasonography is the imaging modality of choice when evaluating a child for infantile hypertrophic pyloric stenosis (IHPS).[6] It is both highly sensitive (90-99%) and specific (97-100%) in the hands of a qualified sonographer.
http://emedicine.medscape.com/article/803489-workup#a0720

210. Sign of congestive heart failure in children all .EXCEPT

a) Gallop rhythm
b) Periorbital edema
c) Basal crept.
d) Hepatomegaly
e) **Bounding pulse**
link:
Clinical findings may include hypotension, cool extremities with poor peripheral perfusion, a thready pulse, and decreased urine output.
http://emedicine.medscape.com/article/2069746-clinical#a0256

211. Treatmentof tetrology of fallot ,all true EXCEPT
a) Thoracotomy
b) Use of systemic antibiotics.
c) **Chest tube insertion.**
· Definitive management is total correction of pulmonary stenosis and VSD this can be performed even in infancy
· Blalock shunt if pulmonary arteries are excessively small, to increase pulmonary blood flow and decrease hypoxia
· This consists by creation of shunt from a systemic to pulmonary Artery by anastomosis between subclavian to pulmonary artery(pulse is not palpable on ipsilateral side after procedure)
· Antibiotic prophylaxis for endocarditis
· Fallot's spells need propranolol
· Vasodilators should be avoided.

212. Child presented with history of restless sleep during night, somnolence "sleepiness" during day time, headache....etc the most likely diagnosis is
a) Sinopulmonary syndrome
b) **Sleep apnea**
c) Laryngeomalacia
d) Adenoidectomy.
· **Tonsillitis and enlarged adenoids** may occlude the nasopharengeal airway especially during sleep, this results in obstructive sleep apnea, the child will present with loud snoring punctuated by periods of silence followed by a large gasp and as a complication of interrupted sleep ,child will have somnolence and sleep during the day
· **Laryngeomalacia**: the stridor starts at or shortly after birth and is due to inward collapse of soft laryngeal tissue on inspiration. It usually resolves by the age of 2 or 3yrs, but mean while the baby may have real respiratory difficulties, diagnosis is confirmed by laryngoscopy.
Link:
http://emedicine.medscape.com/article/1004104-clinical

213. Child attended the clinic 3 times with history of cough for 5 days, he didn't respond to symptomatic treatment, which of the following is true in management?
a) **CXR is mandatory**
b) Trial of bronchodilator
c) Trial of antibiotics
· Cough is the most common symptom of respiratory disease and indicates irritation of nerve receptors in pharynx, larynx, trachea or large bronchi. While recurrent cough may simply indicate that the child is having respiratory infection, in addition to other causes that need to be considered

214. Meningitis in childhood, all are true, EXCEPT:
a) Group B streptococci and E.coli are the most common cause in neonates.

b) H.influenza meningitis can be treated by ampicillin or chloramphenicol.
c) **Present with specific signs in neonates**
d) If pneumococcal meningitis, Rifampicin is given to contact.
· May be (b)if we consider that H.influenza is becoming resistant to penicillin, but if we consider that it is an old question ,then, it is true information and the answer will be (d).
· The most common pathogens in neonates are: E.coli, group B streptococci and L.monocytogenous.
· Chemoprophylaxis of contacts is not necessary to prevent the spread of pneumococcal meningitis. However, chemoprophylaxis is an important aspect of prevention of invasive pneumococcal infections in children with functional or anatomic asplenia (e.g. SCD). Besides, the prophylaxis will be with penicillin not with rifampin

215. Development in children, all are true EXCEPT:
a) **At 1 year can feed him self by spoon.**

216. 2 weeks old infant with jaundice,cirrhosis and ascites,the cause is:
a) Gillberts disease
b) Criggler-najjar syndrome
c) **Congenital biliary atresia**
d) Dubin
link:
http://emedicine.medscape.com/article/927029-clinical

217. Whooping cough in children, all are true EXCEPT:
a) Absolute lymphocytosis.
b) Can cause bronchiectasis.
c) **Patient is infective for 5 weeks after onset of symptoms.?**
· The incubation period is typically seven to ten days in infants or young children, after which there are usually mild respiratory symptoms, mild coughing, sneezing, or runny nose. This is known as the catarrhal stage. After one to two weeks, the coughing classically develops into uncontrollable fits, each with five to ten forceful coughs, followed by a high-pitched "whoop" sound in younger children, or a gasping sound in older children, as the patient struggles to breathe in afterwards (paroxysmal stage).
· Persons with pertussis are infectious from the beginning of the catarrhal stage (runny nose, sneezing, low-grade fever, symptoms of the common cold) **through the third week after the onset of paroxysms** (multiple, rapid coughs) or until 5 days after the start of effective antimicrobial treatment.
· Common complications of the disease include pneumonia, encephalopathy, earache, or seizures · Most healthy older children and adults will have a full recovery from pertussis, however those with comorbid conditions can have a higher risk of morbidity and mortality. · Infection in newborns is particularly severe. Pertussis is fatal in an estimated 1.6% of hospitalized infants who are under one year of age. Infants under one are also more likely to develop complications (e.g., pneumonia (20%), encephalopathy, seizures (1%), failure to thrive, and death (0.2%). Pertussis can cause severe paroxysm-induced cerebral hypoxia and apnea. Reported fatalities from pertussis in infants have increased substantially over the past 20 years
link:
The correct answer is b,
Pertussis is most infectious when patients are in the catarrhal phase, but pertussis may remain communicable for 3 or more weeks after the onset of cough.
http://emedicine.medscape.com/article/967268-clinical

218. About Kernicterus, all are true EXCEPT:
a) Can occur even if neonate is 10 days old.
b) It causes neurologicl abnormalities, it can be reversed.

c) Can cause deafness.
d) **All types of jaundice cause it.**
· UptoDate: Kernicterus: Severe hyperbilirubinemia TSB>25-30 mg/dl (428-513 micromol/l) is associated with increased risk of Bilirubin-Induced Neurological Dysfunction (BIND) which occurs when bilirubin crosses BBB & bind to brain tissue.
· The term acute bilirubin encephalopathy (ABE) is used to describe acute manifestation of BIND, the term '' KERNICTERUS'' is used to describe the chronic & permanent sequelea of BIND. So, rgarding the choice (b) is not a rule b/c early detection can prevent permanent neurological deficit & reverse the acute (ABE) but the ''KERNICTERUS'' is a term used to describe the chronic sequelea.
· Emed: Kernicterus: . Age: Acute bilirubin toxicity appears to occur in the 1st few days of life of the term infant. Preterm infants may be at risk of toxicity for slightly longer than a few days. If injury has occured, the 1st phase of acute bilirubin enchephalopathy appears within the 1st week of life. .
· Complications of kernicterus: Extrapyramidal system abnormalities, auditory dysfunction, gaze dysfunction, dental dysplasia.

Link: http://emedicine.medscape.com/article/975276-workup

219-270 by Turki Aljohani

219. Infant brought by the mother that noticed that the baby has decreasing feeding, activity and lethargic On examination febrile (39), tachycardic, his bp 75/30, with skin rash. DX:
a) **Septic shock**
source : **http://www.nlm.nih.gov/medlineplus/ency/article/000668.htm**

220. 4 years old child what can he do :
a) Copy square and triangle
b) **Speak in sentences**
squre 41/2 y and triangle <5
speak in sentence 2 1/2 -3 years
source **:illustrated p.28-29**

221. Regarding child with moderately severe asthma, all are true EXCEPT:
a) **PO2<60**
b) PO2>60
c) Low Bicarb. Level
d) IV cortisone can help.
· Moderately-severe asthma: The R.R. is increased. Typically, accessory muscles of respiration are used, and suprasternal retractions are present. The H.R. is 100-120 b/min. Loud expiratory wheezing can be heard.
· Pulsus paradoxus may be present (10-20 mm Hg). Oxyhemoglobin saturation with room air is 91-95%. 250 cases in clinical medicine: . Indicators of VERY SEVERE, LIFE-THREATENING attack (NOT moderately – severe attack):

· Normal (5-6 kPa, 36-45 mmHg) or increased CO2 tension.
· Severe hypoxia of LESS than 8 kPa (60 mmHg).
· Low pH.
· In very severe, life threatening attack: Normal or increased PCO2 -----Low pH (resp. acidosis) --High Bicarb, level
· In moderately severe attack: Hyperventilationlow PCO2 -High pH (resp. alkalosis) --Low Bicarb. Level.

222. A blood transfusion given to child who then developed a bleed, what is the cause:
a) ↓prothrombin
b) ↑fibrinolytic activity
c) ↓ca++
d) ↓**Fibrinogen**
e) ↓platelets Bleeding due to depletion of platelets and clotting factors in stored blood
· Fibrinogen deplete faster than platelets →answer is ↓fibrinogen Treatment first is FFP if not corrected then platelet transfusion

223. A child came to ER due to hematouria after history post strept GN, so the diagnosis test:
a) **LowC3**
b) Increase BUN creatinine
c) Streptozyme
· **Diagnosis depends on:**
Ø +ve pharyngeal or skin culture
Ø rising antibody titer
Ø ↓complement.
source :http://emedicine.medscape.com/article/982811-workup

224. Risk factor for HSV II accusation in infants all of the following EXCEPT:
a) Cervical transmission is commoner than labial
b) Maternal first episonde is of greater risk than recurrence
c) **Maternal antibodies against HSV I protect from HSV II**
d) Head electrodes increase risk of infection
· Neonatal herpes simplex encephalitis à the predominant pathogen is HSV-2 (75% of cases), which is usually acquired by maternal shedding (frequently asymptomatic) during delivery. A preexisting but recurrent maternal genital herpes infection results in 8% risk of symptomatic infection, usually transmitted at the second stage of labor via direct contact. Should the mother acquire genital herpes during pregnancy, the risk increases to 40%.
· The absence of a maternal history of prior genital herpes does not exclude risk; in 80% of cases of neonatal HSE, no maternal history of prior HSV infection is present. Prolonged rupture of the membranes (>6 h) and intrauterine monitoring (eg, attachment of scalp electrodes) are risk factors.
· In about 10% of cases, HSV (often type 1) is acquired post partum by contact with an individual who is shedding HSV from a fever blister, finger infection, or other cutaneous lesion

225. 5 years old child with abdominal pain after 2 wks of URTI, HB 8, retics 12% WBC NL peripheral blood smear showed target cells, RBC inclusions dx:
a) **SCA (the only hemolytic anemia in the answers)**
· This child has a vaso occlusic crysis of SCA that caused by URTI, Hiehg retic>> hemolytic, Target>> SCA Iinclusion>> fuctional aspleensim (which is occure in SCA)

source :http://emedicine.medscape.com/article/205926-workup#aw2aab6b5b2

226. Child brought by his father looks pale doesn't like to meat. Hypochromic microcytic anemia
a) Bone Marrow biopsy
b) Transferi
c) **Daily iron and vitamin**
source **: illustrated p. 366**

227. Meningitis, CSF : Glucose normal, protein high, high leukocytes mainly lymphocytes 70:
a) **Viral meningitis**
source **:Illustrated p.240**
228. Treatment of meningitis:
a) Amoxycilin
b) Deoxycillin
c) **Ampicillin??**
source :**http://emedicine.medscape.com/article/232915-medication**

229. Child, ingested acoustic material, looks ill and drooling what is your immediate action:
a) Antibiotics
b) Endoscopy
c) Chelating agent
d) **Airway assessment**

230. Most common cause of failure to thrive?
a) Asthma
b) **Intolerance to failure to proteins and carbohydrates**
c) Cystic fibrosis
d) Low socioeconomic status
e) GERD

231. 3 years old his parents has TB as a pediatrician you did PPD test after 72 hr you find a 10mm enduration in the child this suggest
a) Inconclusive result
b) Weak positive result
c) **Strong positive result**
source :**http://www.healthcentral.com/skin-cancer/tests-13340-1.html?ic=2601**

232. Child with BMI 24.4
a) **Normal BMI ??**
source
http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html#How%20is%20BMI%20used%20with%20children%20and%20teens

233. 8 month child with coryza, fever, cough, T 38 c. best management is:
a) **Paracetamol + culture sensitivity**
b) Admission and start parenteral Antibiotic

234. child developed fever,headach after rupture of maculi lesion on his face
a) **Varicella**
b) HSV1
c) HSV2
d) CMV

e) rubella
source :http://emedicine.medscape.com/article/969773-clinical#a0216

235. 12 years old boy with jaundice &increase indirect bili dx :
a) Autoimmune hepatitis
b) **Glibert**
source **http://en.wikipedia.org/wiki/Gilbert's_syndrome#Signs_and_Symptoms_2**

236. DPT vaccine shouldn't given if the child has:
a) Coryza
b) Diarrhea
c) **Unusual cry**
d) Fever = 38
source :http://www.cdc.gov/vaccines/vpd-vac/should-not-vacc.htm

237. Vasoconstrictive nasal drops complication :
a) **Rebound phenomenon**
source **http://en.wikipedia.org/wiki/Oxymetazoline#Side-effects_and_special_considerations**

238. Epidydimitis:
a) Common at the age 12-18
b) Iliac fossa pain
c) Scrotal content does not increase in size.
d) Ultrasound will confirm the diagnosis.
e) **Non of the above??**
Epididymitis is the fifth most common urologic diagnosis in men ages 18-50 years.
The sensitivity of color Doppler ultrasonography for epididymitis is 92-100%.[8, 9] This test is the most widely available; however, it is examiner-dependent. The effectiveness of the examination can be limited by pain and patient size
source **http://emedicine.medscape.com/article/436154-workup#a0756**

239. Childhood asthma all are true except:
a) 90% bronchospasm are induced by exercise.???
b) Inhalation of beclamethasone is safe.
c) Inhalation by aerospace champer in younger child.
d) Hypercapnia is the first physiological change.
e) Cough is the only symptom.
· Regarding A: Upper respiratory tract infection is the most common cause of asthma exacerbations!!! not broncohospasm only which is not a complicated problem!
· B, C and D are correct
· Cough (nocturnal usually) can be the only symptom but cyanosis, SOB, wheezing....etc. can occur.
Cough may be the only symptom of asthma, especially in cases of exercise-induced or nocturnal asthma.
source :http://emedicine.medscape.com/article/296301-overview#aw2aab6b2b5aa

240. Diarrhea can occur in all the following, EXCEPT:-
a) **Hypothyroidism**
b) Hyperthyroidism
source :http://emedicine.medscape.com/article/122393-overview

241. 18 months baby can typically do the following except:

a) Have a vocabulary of 10 words
b) **Build a ten brick tower.**
c) Drink from a cup.
d) Feeds himself with a spoon.
· Explanation: Can build a tower of 2 - 3 blocks, can use a spoon & cup and can say 10 words. Source: Illustratwd p.32

242. 18 months old baby can typically:
a) Feed himself by a spoon ((18 month))??
b) Say a vocabulary of approximately 10 words ((18 month also)????
c) Build tower of 10 bricks
d) Drinks by a cup (by 12 months)
source :Illustratwd p.32

243. Acute gait disturbance in children, all of the following are true EXCEPT:
a) Commonly self limiting
b) Usually the presenting complaint is limping
c) Radiological investigation can reveal the Dx
d) **most often there is no cause can be found**

244. All the following can cause small stature in children except:
a) Hyopthyrodism
b) tunner syndrome
c) **klinefenter syndrome**
d) Down syndrome
source :http://emedicine.medscape.com/article/945649-clinical#a0217

245. In new born ,the following needs immediate treatment:
a) asymptomatic Hydrocele
a) Erupted tooth
b) **Absent femoral pulse**

246. A 6 weeks old infant presented with yellowish eye discharge and persistant tearing of one eye since birth, all of the following are true Except
a) Treatment include sulphacetamide ointment daily
b) Advice the mother to do warm massage
c) Can be treated by systemic antibiotics
d) **Do probing to bypass the obstruction**

247. Mother came with her child who had botulism, what you will advice her
a) Never eat canned food again
b) Store canned food at home
c) Boil canned food for 40-50 min
d) **Check expiry date of canned food**

248. Child fell on her elbow and had abrasion, now swelling is more, tenderness, redness, swelling is demarcated (they gave dimensions) child has fever. Dx:
a) Gonoccal arthritis
b) Synovitis
c) **Cellulitis of elbow**

249. You are supposed to keep a child NPO he's 25 kgs, how much you will give:
a) 1300
b) 1400
c) 1500
d) **1600**
10*100+50*100+20*5= 1600

250. 6 yes old patient cyanosis past history of similar attack 6 month ago u will do for him
a) CXR
b) **PFT**
c) secure airway
d) CBC

251. Parents brought their baby to you who is on bottle feeding. On exam whitish lesion on either side of teeth seen with blackish lesion on maxillary incisors and second molar teeth. There is history of leaving the baby with bottle in his mouth during sleeping. The Dx:
a) **Nursery dental caries**
b) Gingvostomatis
http://www.webmd.com/oral-health/guide/dental-health-cavities

252. Case about diagnosis of acute lymphocytic leukemia ALL
· The total number of white blood cells may be decreased, normal, or increased, but the number of red blood cells and platelets is almost always decreased. In addition, very immature white blood cells (blasts) are present in blood samples examined under a microscope.
· A bone marrow biopsyis almost always done to confirm the diagnosis and to distinguish ALL from other types of leukemia

253. Most common tumor in children
a) **ALL**
b) rabdomyosarcoma
c) wilm's tumor
· ALL : most common childhood tumor
· Rabdomyosarcoma : most common soft tissue tumor
· Wilm's tumor: most common intra- abdominal childhood tumor

254. Baby with vesicles on the face and honey comb crust which of the following organism cause it:
a) **Staph aureus**
source **http://www.naturalskinrepair.com/impetigo.html**

255. Child came to ER with fever, stridor, x-ray showed swollen epiglottis, in addition to oxygen, what u will do?
a) Throat examination.
b) An emergency tracheostomy.
c) **Endotracheal intubation**
d) Nasopharyngeal intubation.
Source http://www.mayoclinic.com/health/epiglottitis/DS00529/DSECTION=treatments-and-drugs

256. Child with aspirin intake overdose ...what kind of acid base balance:
a) Metabolic alkalosis wt respiratory

b) Metabolic acidosis wt respiratory alkalosis
c) **Respiratory alkalosis with metabolic acidosid**
d) Respiratory acidosis with metabolic alkalosis
Arterial blood gas assessments will typically find respiratory alkalosis early in the course of the overdose due to hyperstimulation of the respiratory center, and may be the only finding in a mild overdose. An anion-gap metabolic acidosis occurs later in the course of the overdose especially if it is a moderate to severe overdose, due to the increase in protons (acidic contents) in the blood
Source:http://en.wikipedia.org/wiki/Aspirin_poisoning

257. Which of the following is describe the normal developmental stage for 6 months old child :
a) Sits without support (6 -8 month)
b) **Rolls front to back**
c) No head lag. (3 months)
d) Stand alone. (1 year)
source: illustrated p.27

258. Eight years old child with late systolic murmur?? best heard over the sterna border, high pitch, crescendo, decrescendo, diagnosis is
a) Physiological murmur
b) Innocent murmur
c) **Ejection systolic murmur ??**
d) Systolic regurgitation murmur

259. Child was presented by congested throat , coryza , high grade fever , which of the following is true regarding this condition :
a) Viral > bacterial
b) **Bacterial > viral**
c) Antibiotics should be given any way
d) It is most likely due to EBV

high grade fever more with bacterial

260. Baby with red macule & dilated capillary on the right side of the face
a) **Sturge-Weber Syndrome or Nevus Flammeus**
b) Milia or cavernous haemangioma
Sturge-Weber syndrome (SWS), also called encephalotrigeminal angiomatosis, is a neurocutaneous disorder with angiomas that involve the leptomeninges (leptomeningeal angiomas [LAs]) and the skin of the face, typically in the ophthalmic (V1) and maxillary (V2) distributions of the trigeminal nerve. The hallmark of SWS is a facial cutaneous venous dilation, also referred to as a nevus flammeus or port-wine stain (PWS
Source :
http://emedicine.medscape.com/article/1177523-overview

261. 4 years old girl, decrse head growth, decrse social intraction, decrase in language ...etc:
a) **Rett's syndrome**

- Stage II - Rapid deterioration or regression (typically in children aged 1-4 y)
  - Deterioration may be rapid.
  - Sometimes, parents can report specific dates after which their child was no longer healthy.
  - In other cases, deterioration may be slow in onset.

- This stage can last weeks to months and may be characterized by reports of autisticlike behavior, such as a loss of social interaction and communicative skills, loss of oral language, and loss of purposeful finger and hand use.

source**http://emedicine.medscape.com/article/916377-clinical**

262. 3 years old with symptoms of acute urinary tract infection which of the following you would like to do in this acute state:
a) **Renal U/S**
b) Folly catheter
c) VSUG
may be to rule out any anomaly

263. Child with fever and runny nose, conjunctivitis and cough then he developed Maculopapular rash started in his face and descend to involve the rest of the body:
a) EBV
b) Cocxaci virus
c) **Rubella virus**
d) Vaccini virus
source :http://emedicine.medscape.com/article/968523-clinical#aw2aab6b3b3

264. Child with moderate asthma and he on b2agnosit what you will add to decrease the recurence of asthma attacks
a) **corticosteroids inhaler**
source :Illustrated p.276

265. 6 years old boy, eat the paper and soil, best initial ttt is:
a) Fluxitin.
b) **Behavioral therapy.**

266. 4 years old child, was diagnosed as SCD, so many times came to hospitals with, dyspnia, dactylites, (he put sign of acute crises), the best strategy for prolonged therapy is:
a) IV hydration fluids with analgesia.
b) Follow in Out pt clinic
c) **Refer to tertiary haem center.**

267. Neonate with mucopurulant eye discharge lid swelling and culture positive for gm –ve diplococcic , treatment
a) **intravenous cephalosporin**

268. Children while he was playing a football , the ball hit his hand from lateral fingers, after a while the children complaing pain and swelling on those fingers and painful middle finger with hyperextension of interphalengial joint, swelling was more in the DIP and IP Joints , also , there was pain on his palm, what is the most likely cause:
a) **Rupture of profound muscles in hand**
b) Rupture of superfacial ms

269. Child in well-baby clinic can name 4 color say 5 word, hop on one leg . what is the age ?
a) **48 months**

270. child transfer to another city and attend a new school he lose his attention and doesn't react with colleagues the most appropriate description:
a) Adjustment syndrome
http://www.webmd.com/mental-health/mental-health-adjustment-disorder source:

271-end by Husam Ali Althobiani

271. Child has 39 fever, red tonsils with no exudate , slightly enlarged LN but not tender
a) Could be viral or bacterial
b) It is unclear so start antibiotic
c) It is more likely viral
d) **It is more likely bacterial**
e) It is EBV
source: http://www.medicinenet.com/script/main/art.asp?articlekey=41609

272. Neonate with bilious vomiting, don't pass feces next investigation:
a) Barium enema
b) PR examination
both are wrong answer must be from missing chooses

Physical examination should be followed by plain abdominal films.

Source :http://www.aafp.org/afp/2000/0501/p2791.html

273. Child was playing and felt in the toy, his leg rapped and twisted he don't want to walk since yesterday:?
a) **ankle tissue swelling**
b) spiral tibial fracture
c) chip tibial fracture
d) femur neck of the tibia freacture
I can't get the question but maybe he means the trick is in "he don't want to" if it is fracture he will say "he can't walk" !!

274. 4 years old child loss his skill and became isolated
a) **Autism**
b) Aspirgl
Oxford pediatrics P580

275. To prevent infection in new born
a) **Hand wash between examine every child**
b) Wear Gloves
c) Overshoes
d) Culter from equipment

Hand hygiene is the most important infection-control

practice, whether in the hospital, the clinic, or at home.

Source : https://mhprofessional.com/downloads/products/007148924X/shah-05-chapter-05.pdf

276. most common parotid gland tumor in children is

a) **Mixed tumor (pleomorphic adenoma)**

it is the 2nd most common .. from medscape "Salivary gland neoplasms are rare in children. **Most tumors (65%) are benign, with hemangiomas being the most common,** followed by pleomorphic adenomas. In children, 35% of salivary gland neoplasms are malignant. Mucoepidermoid carcinoma is the most common salivary gland malignancy in children."

source : http://emedicine.medscape.com/article/852373-overview

http://www.ncbi.nlm.nih.gov/pubmed/21766313

277. what is the most common malignant parotid tumor in children:

a) **Mucoepiptheloild carcinoma**

b) Adenocarcinoma

c) Undifferentiated CA

d) Undifferentiated sarcoma

I cant find source for that, but most likely it is spelling error and the answer is **Mucoepiptheloild carcinoma** as explained in question above.

278. Child 3 years old fell from the bed vomited twice and has mild headache and no loss of consiousness.. you will:

a) call for neurologist

b) send home with close observation

c) **CT scan**

d) MRI

CT is not a right answer headache and once vomiting is not indecation for CT, children with headache and vomiting need 4-6 observation,children who have sustained minor head trauma may be observed at home.

^ this is a summery taken from : http://www.uptodate.com/contents/minor-head-trauma-in-infants-and-children

279. 2 years old child with hair loss in the temporal area and boggy swelling " I think was 3 cm !! , multiple pustules ... ?

a) Trichotillomania

b) Aplasia cutis congenital

c) **Kerion**

d) favus

Kerion = Tinea Capitis

source : http://emedicine.medscape.com/article/1091351-clinical

280. One of the following is component of TOF?

a) ASD

b) **VSD**

c) Lt ventricular

source :Oxford pediatrics P248

281. Child on nutritional supplementation came to ER with 2 hours, hx of vomiting, nausea, abd. Pain DX

a) Hypervitaminosis

b) **Iron overdose**

sourse : http://emedicine.medscape.com/article/1011689-clinical#a0217

282. Patient talking to doctor and the pt look to his right side most of the time, when the doctor asked him why is that? He said that his mother is there but in fact no one is there, after asking the pt family they said that the mother died when he is child Dx?

a) **Visual hallucination**

b) Auditory hallucination

c) Psychosis

easy one

283. Child after his father died start to talk to himself , walk in the street naked when the family asked him he said that his father asked him to do that , he suffer from those things 3 days after that he is now completely normal and he do not remember much about what he did Dx ???

a) Schizophrenia

b) Schizoaffective

c) Schizophreniform

d) Psychosis

e) **There was a fifth choice I do not remember it, I think they make from his father death a cause.**

I don't know

· **Chromosome abnormalities associated with congenital heart defects. Some of these include the following:** Down syndrome, trisomy 18 and trisomy 13m Turner's syndrom**e**, Cri du chat syndrome, Wolf-Hirshhorn syndrome, DiGeorge syndrome, genetic syndromes associated with a higher incidence of heart defects include, but are not limited to, the following: Marfan syndrome, Smith-Lemli-Opitz syndrome, Ellis-van Creveld, Holt-Oram syndrome, Noonan syndrome & Mucopolysaccharidoses

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

AGE	Causative organism	Treatment
< 1 MONTH	GBS, E coli	Ampicillin + cefotaxime or gentamicin
1-3 MONTHS	S.pneumonia, H.infulenza Meningocci	Vancomycin + cefotaxime or cefriaxone
3 MONTHS – ADULT	Pneumoccoci, meningococci	Vancomycin + cefotaxime or ceftiaxone
>60 YEAR\acoholism	Pneumococi, meningococci Gram –ve bacilli	Ampicillin + vancomycin + ceotaxime or ceftiaxone

(17)
Orthopedics

- **1-39 by:** **Husam Ali Althobiani**
- **40- 91 by:** **Basil Saker**
- **92- end by:** **Abdullah Faiz**

1-39 by Husam Ali Althobiani

1. Boy after running for hours, has pain in knee and mass on upper surface of tibia
a) **Osgood schlatter disease**
b) iliotibial band
· **Osgood–Schlatter disease** or syndrome (tibial tubercle apophyseal traction injury and epiphysitis of the tibular tubercle) is an irritation of the patellar ligament at the tibial tuberosity.
· It is **characterized** by painful lumps just below the knee and is most often seen in young adolescents.
· **Risk factors** include excess weight and overzealous conditioning (running and jumping).
· **Diagnosis** is made clinically
· **treatment** is conservative with RICE (**R**est, **I**ce, **C**ompression, and **E**levation), and if required acetaminophen
^^ enough :)

2. Patient with metatarsal fracture, X- ray not show exact fracture, next investigation:
a) US
b) CT
c) **MRI**
I can't say what right but this is some sources if you can figure out : MRI if radiographically occult fracture is suspected. CT if fracture is seen on x-ray and position or alignment is to be addressed. CT for avulsion or small cortical fracture.

Source : http://www.raocala.com/index.php/referring-clinicians/indications-mri-vs.-ct/

http://emedicine.medscape.com/article/399372-overview#a01

3. 20 years old man sustained a deep laceration on the anterior surface of the wrist. Median nerve injury would result in:
a) Claw hand defect.
b) wrist drop
c) Sensory deficit only.
d) **Inability to oppose the thumb to other fingers**
e) The inability to flex the metacarpophalangeal joints.
Source : http://en.wikipedia.org/wiki/Median_nerve#Injury

4. All of the following muscles are part of rotator cuff, except:
a) Supra-spinatus.
b) Infra-spinatus.
c) **Deltoid**
d) Subscapularis.
e) Teres minor.
Source : http://en.wikipedia.org/wiki/Rotator_cuff#Muscles_comprising_rotator_cuff

5. Patient with scoliosis, you need to refer him to the orthopedic when the degree is:
a) 5
b) 10
c) 15
d) **20**

source : http://www.ncbi.nlm.nih.gov/pubmed/6902956

6. Patient complaining of pain at night when he elevated his arm, tingling on lateral arm side and lateral three fingers, what is the diagnosis?

a) Brachial plexus neuropathy

b) Shoulder impingement syndrome

c) Brachial artery thrombophebitis

d) **Thoracic outlet problem**

I don't know , Thoracic outlet problem affect the medial side not the lateral, and the other diseases don't have the same presentation as in question

· Brachial plexus neuropathy is characterized by acute onset of intense pain in the shoulder or arm followed shortly by focal muscle weakness.

7. Mid clavicle fracture :

a) Surgery is always indicated if fracture is displaced

b) Figure-8-dressing has better outcomes than simple sling

c) Figure-8-dressing is strongly indicated in patient with un-union risk

d) **Both figure-8 and simple sling has similar outcomes**

source : http://www.ncbi.nlm.nih.gov/pubmed/3554886

· Simple sling has been to give the same result as a figure-8 (more comfort and fewer skin problem).

8. Young adult presented with pain on lateral elbow, tingling of lateral arm, he plays Squash:

a) Carbel tunnel

b) **Tennis elbow**

· Lateral epicondylitis (inflammation of common extensor tendon) also known as (tennis elbow, shooter's elbow and archer's elbow) is a condition where the outer part of the elbow becomes sore and tender. It is commonly associated with playing tennis and racquet sports

· Medial epicondylitis (inflammation of common flexor elbow) also know (golfer elbow)

^^ enough :)

9. patient complaining of pain along median nerve distribution and positive tinel sign treatment include casting of both hand in what position

a) **Dorsiflexion**

b) plantar flexion

c) extension

d) Adduction

e) Abduction

I don' know

10. young female with pain in her elbow (lateral epichondylitis) best treatment is Treatment of lateral epichondylitis:

1) 1st line : NSAID + rest + ice

2) 2nd line : corticosteroid injection

3) 3rd line : surgery è percutaneous release of common tendon

no answers

11. Old man with bilateral knee pain and tenderness that increase with walking and relieved by rest

a) RA

b) **OA**

· OA: pain with activity and weight bearing and improve with rest .

· RA: morning stiffness > 1 hour. Painful and warm swelling of multiple symmetric joint.

clear

12. The useful exercise for osteoarthritis in old age to maintain muscle and bone Low resistance and high repetition weight training:

a) Conditioning and low repetition weight training

b) **Walking and weight exercise**

source : http://emedicine.medscape.com/article/330487-treatment#aw2aab6b6b3

13. Diet supplement for osteoarthritis

a) **Ginger**

source : http://www.ncbi.nlm.nih.gov/pubmed/11710709

14. Old patient c/o bilateral knee pain with mild joint enlargement ESR and CRP normal dx:

a) **Osteoarthritis**

b) Rheumatoid arthritis

c) Gout

source : http://www.ncbi.nlm.nih.gov/pubmed/19032813

15. Old lady came to clinic as routine visit , she mention decrease intake of Ca food , doctor suspect osteoporosis , next initial investigation :

a) **DEXA**

b) Ca in serum

c) thyroid function test

d) vit.D

not sure first initial investigation is serum Ca but if you want to consider pt history of saying she didn't eat Ca then DEXA is the answer !!

source : www.acadmed.org.my/view_file.cfm?fileid=208

16. Old male c/o knee pain on walking with crepitus x-ray show narrow joint space and subchondoral sclerosis:

a) Rheumatoid arthritis

b) **Osteoarthritis**

c) Gout

source : http://osteoarthritis.about.com/od/osteoarthritisdiagnosis/a/x-ray.htm

17. Child with back pain that wake pt from sleep , So diagnosis

a) **lumber kyphosis**

b) osteoarthritis

c) RA

d) Scoliosis

OA and RA don't fit the age and the "back pain", Scoliosis usually not painful.

20. 5 years old complining of limping in CT there is a vascular necrosis, treatment is:
a) surgery total hip replacement
b) **splint**
c) physiotherapy
source : http://www.ncbi.nlm.nih.gov/pubmed/3047257

21. Adult with osteoporosis, what is the treatment?
a) **Ca & folic acid**
medications for osteoporosis : http://emedicine.medscape.com/article/330598-treatment

22. Patient with congenital hip dislocation:
a) **Abducting at flexed hip can causes click or tali**
source : http://en.wikipedia.org/wiki/Ortolani_test

23. Boutonnière deformity of finger is:
a) **Flexion of proximal interphalangeal joint & hyper extension of distal interphalangeal joint**
b) Flexion of proximal interphalangeal joint & extension of distal interphalangeal joint.
Source : http://emedicine.medscape.com/article/1238095-overview

24. Old age with painful hip, increased with walking & associated with morning stiffness, dx:
a) Osteoporosis.
b) **Osteoarthritis**
c) RA
source : http://osteoarthritis.about.com/od/hiposteoarthritis/a/hip_OA.htm

25. Old age with…., & spine x-ray showed ankylosing spondylopathy, what is the management?
a) Injection of subdural steroid.
b) Back splint.
c) **Physiotherapy**

26. Fracture of hummers associated with
a) **Radial N injury**
source : http://orthopedics.about.com/od/brokenbones/a/humerus.htm

27. Pseud-gout is :
a) **CACO3**
b) CACL3

28. Old male complaining of right hip pain on walking the pain increased at the end of day when he wake up in morning he complaining of joint pain and stiffness
a) **Osteoarthritis**
b) Ostiomylitis
c) Osteoprosis
source : http://www.bupa.co.uk/individuals/health-information/directory/o/osteoarthritis

29. The most common fracture in osteoporosis :
a) Colles fracture (if prior 75 y)
b) Fracture neck of femur

c) shaft of femur

d) **hip fracture (if over 75y)**

hip fracture is the most common fracture site (34%), followed by the humerus (20.1%)

source : http://www.ncbi.nlm.nih.gov/pubmed/20375916

30. 50 years old male with numbness in the little finger and he has degenerative cervicitis with restriction in the neck movement, also there is numbness in the ring finger and atrophy of the thenar muscle + compression in the elbow, what you'll do?

a) **surgical decompression**

b) CAT scan for survical spine

I don't know

31. Which of the following is a disease improving drug for RA:

a) NSAID

b) **Hydroxychloroquine**

source: http://www.rheumatology.org/Practice/Clinical/Patients/Medications/Hydroxychloroquine_(Plaquenil)/

32. Treatment of open tibial fracture:

a) cephazolin

b) cephazolin+gentamicin

c) gentamicin

d) **cephazolin, gentamicin and metronidazole**

not complete Q I think, antibiotics coverage for open fracture is different according to the type of open fracture, and the type is not says in the question !! however this is the prophylaxis for each type : http://emedicine.medscape.com/article/1269242-overview#aw2aab6b8

33. A football player presented with knee pain after a hit on the lateral side of his knee on exam. Increased laxity on valgus stress negative lachman & mcmurry's test, what is the most likely diagnosis?

a) Lateral collateral lig tear

b) **Medial collateral ligament tear**

c) ACL tear

d) PCL

clear and logic :)

34. Most common site of non traumatic fracture in osteoporotic pt. is:

a) Head of femur

b) Neck of femur

c) **Vertebra**

d) Tibia

source : http://www.mayoclinic.com/health/osteoporosis/DS00128/DSECTION=complications

35. 2 years old child fell down over his toy, as a result of that his leg was under the toy, in the next day he refused to walk what is your diagnosis?

a) Spiral Fracture of the right Femur

b) **Spiral Fracture of the right tibia**

c) cheeps Fracture of the right proximal tibia

d) Swelling of the soft tissue of the right leg
e) Ankle
same Q in pedia section

36. 50 years old male work as a constructor, 1 week ago when he started using a hummer he develop pain on the lateral side of the elbow what is your diagnosis?
a) Osteoarthritis
b) Rheumatoid arthritis
c) Ulnar nerve compression
d) **Lateral epicondylitis**
source : http://orthoinfo.aaos.org/topic.cfm?topic=a00068

37. Middle age male fell down on his elbow and develop pain which is the early manifestation (I can not remember) but: The fat pad sign is a sign that is sometimes seen on lateral radiographs of the elbow following trauma. Elevation of the anterior and posterior fat pads of the elbow joint suggests the presence of an occult fracture.
a) Anterior Pad sign
b) **Posterior Pad sign**
source : http://en.wikipedia.org/wiki/Fat_pad_sign

38. Child came with or Toeing-In , set in W shape , when walk both feet and knee inward with 20 degree , both femur inward rotation 70 degree , what the diagnosis? :
a) metatarsusadductus
b) **Femoral anteversion (femoral torsion)**
source : http://www.hopkinsortho.org/femoral_anteversion.html

39. Olcranon Bursitis of the elbow joint caused by:
a) **Repeated elbow trauma**
b) Autoimmune disease
c) Staph. Aureus
d) rupture of bursa
the superficial location of the olecranon bursa makes it susceptible to inflammation from acute or repetitive trauma.

Source : http://emedicine.medscape.com/article/327951-overview#aw2aab6b2b2

40- 91 by Basil Saker

40. Mother complains of sharp pain on radial styloid when carrying her baby. The pain increase with extension of the thumb against resistance, Finkelstein test was positive, Dx :
a) Osteoarthritis of radial styloid
b) **De Quervain Tenosynovitis**
· Finkelstein's test is used to diagnose De Quervain's tenosynovitis, tenosynovitis over Radial styloid.

Finkelstein test is +ve if ulnar wrist deviation combined with thumb adduction produce sever tenderness.
Treatment is: 1-Rest 2-Injection of corticosteroid and and anesthetic into tendon sheath provides relief 60% of cases.
If conservative measures fail, surgical release of the sheath may be necessary to decrease pressure over the tendon.
· Phalen's maneuver is more sensitive than Tinel's sign and Durkin test for carpal tunnel syndrome.

41. 4 years old baby felt down his mother pulled him by his arm & since then he kept his arm in pronation position what is your management:
a) Splint ……..
b) **Do x-ray for the arm before any intervention**
c) Orthopedic surgery
Diagnosis is Radial head subluxation (Pulled Elbow).

42. Polymyalgia Rheumatica. What is the thing that suggest it rather than - ESR & C-reactive protein
a) proximal muscle weakness
b) **proximal muscle tenderness**
Muscle pain (tenderness) because it is a muscle disease not related to any neurological factor that may cause weakness.

43. 17 years old football player gave history of left knee giving off, the most likely diagnosis is :
a) Lateral Meniscal injury
b) Medial meniscal injury
c) Lateral collateral ligament
d) Medial collateral ligament
e) **Anterior Cruciate ligament**

44. 10 years old boy presented to clinic with 3 weeks history of limping that worsen in the morning, this suggests which of the following :
a) septic arthritis
b) Legg–Calvé–Perthes disease
c) RA
d) tumor
e) slipped capital femoral epiphysis
Both can be a caused of Limping at this age BUT:
- 3 Weeks duration suspect for Legg–Calvé–Perthes disease
- Worsen at morning suspect for Rheumatic Arthritis

45. 17 year old male while play football felt on his knee "turn over " what do think the injury happened
a) **medial meniscus injury**
b) Lateral meniscus injury
c) Medial collateral ligament
d) Lat. collateral ligament
e) Anterior Cruciate ligament
Cooper's sign is a test for meniscal damage in the knee: patient complaining of joint line pain in the affected knee when turning over in bed at night changing position of their legs.

46. 30 years old male with history of pain & swilling of the right Knee , synovial fluid aspiration showed yellow color, opaque appearance, variable viscosity, WBC 150,000 and 80% poor mucin clot ,, Diagnosis is:
a) Gouty Arthritis
b) Meniscal tear
c) RA
d) **Septic Arthritis**
e) Pseudogout arthritis
Gouty Arthritis → there is Purine Crystals base in the aspiration.
Septic Arthritis → WBC always more than 100,000

47. 25 year old male presented with single fracture in the shaft of the femurs. Treatment is:
a) Open retrograde intramedullary nail
b) **Closed antegrade intramedullary nail**
c) internal fixation
d) apply cast
e) skeletal traction
This injury need no open over the site of the fracture, as it is a single fracture and can be corrected simply under image and insert the intramedullary nail

48. 70 year-old man fell on outstretched hand. On examination intact both radial and ulnar pulses, dinner fork deformity. Tender radial head. The diagnosis is:
a) Fracture of distal ulna & displacement of radial head
b) Fracture of shaft of radius with displacement of head of ulna
c) **Colles' fracture**
d) Fracture of scaphoid
Colles' Fracture: is fracture of metaphysis distal radius (extra-articular) with displacement dorsally (dinner fork deformity).
Smith Fracture: reverse Colles Fracture.
Barton Fracture: as Colles with displaced anterior part of articular surface.

49. The commonest nerve injury associated with humerus fracture is:
a) **Radial nerve**
b) Ulnar
c) Musculocutaneous
d) Axillary
e) Median
- Radial nerve injury with → Fracture midshaft Humerus
- Ulnar nerve injury with → Fracture of the lateral Epicondyle
- Musculocutaneous nerve injury with → with Brachial Plexus injury during Dislocation Shoulder
- Axillary nerve injury with → Fracture Surgical neck of the Humerus
- Median nerve injury with → Fracture Supracondylar

50. Baby present with unilateral deformity in the foot appear when it becomes the weight bearing foot but when it is not the weight bearing the deformity disappear ,the patient has defect in dorsiflexion of that foot treatment :
a) Orthopedic correction
b) **Shoe** ....
c) Surgery ....
(ALL THIS QUESTION AND THE ASWER WAS WRONG AND I CORRECT IT)

This case can NEVER be Club foot as club foot is a fixed deformity and not changing with or without weight bearing.
This deformity is (Flexible Flat Foot) in which the flatness of the foot appear only with walking and weight bearing and disappear otherwise (Flexible), and it is commonly associated with dorsiflexion due to deformity in Tendo Achilles
The treatment of this case is Medical Shoes.

51. Case scenario patient present with carpal tunnel syndrome, Treatment:
a) **corticosteroid injection**
· Splint the wrist in a neutral position at night and during the day if possible.
· Administer NSAIDs.
· Conservative treatment can include corticosteroid injection of the carpal canal.
· They didn't mention a surgery in the MCQ: The last option of treatment is Surgical → Complete Longitudinal Division of Transverse Carpal Ligament.

52. Shoulder pain most commonly due to
a) Infraspinatus muscle injury
b) Referred pain due to cardiac ischemia
c) In acute cholecystitis
d) **Rotator cuff**
· The Most Common Cause of shoulder joint pain is rotator cuff tendonitis because of overuse of the shoulder.
Rotator Cuff muscles are: Supraspinatus, Infraspinatus, Teres Minor, Subscapularis.

53. A pt had hairline metatarsal fracture. The x-ray was normal. What is the 2nd line
a) CT scan
b) **MRI**
c) US
MRI is most sensitive and specific method for hairline Fracture (Stress Fracture) specially in Feet.

54. mother come to you complaining of that her child not use his right arm to take things from her and he keeps his arm in pronation position and fisted , How you will solve this orthopedic problem :
a) orthopedic referral for possible surgical correction
b) **rapid supination of forearm**
Case of Pulled Elbow.

55. Patient come to you with pain in posterior of neck and occipital area , no affection of vision , by cervical x ray there were decrease of joint space : what is your diagnosis :
a) **cervical spondylosis**
· Cervical spondylosis is a common degenerative condition of the cervical spine. It is most likely caused by age-related changes in the intervertebral disks.
· If compression of a nerve roots emerging from the spinal cord may result in radiculopathy (sensory or motor disturbances, such as severe pain in the neck, shoulder, arm, fingers, accompanied by muscle weakness or tingling sensation).
· Treatment: usually conservative in nature : NSAIDs, Muscle Relaxant, Physiotherapy and lifestyle modifications

56. Lady, computer programmer developed bilateral tingling sensation of hands, +ve Tinel test, ttt include splintage of both hands in which position
a) Plantoflexion.
b) **Dorsiflexion**

c) extension
d) Abduction.
Typically in Neutral position with slight Dorsiflexion.

57. patient with congenital hip dislocation
a) **abducting at flexed hip can causes click or tali**
This is the Ortolani's Maneuver
· **Ortolani's maneuver**: The thighs are gently abducted from the midline with anterior pressure on the greater trochanter. A soft click signify is reduction of the femoral head into the acetabulum.
· **Barlow's maneuver**: Pressure is placed on the inner aspect of the abducted thigh, and the hip is then adducted, leading to an audible "clunk" as the femoral head dislocates posteriorly.
· **Galeazzi's sign**: The knees are at unequal heights when the hips and knees are flexed (the dislocated side is lower).
· Asymmetric skin folds and limited abduction of the affected hip are also

58. Radiological finding in lateral view for elbow dislocation :
a) **Posterior fat pad sign**

59. 33 years old Saudi male complaining from lower back pain and considerable morning stiffness. X-ray showed sclerosis joint. Other criteria of this disease include all the following except:
a) Common in male.
b) Negative RF
c) No subcutaneous nodules.
d) **Aortic complications.**

60. Graph showing risk of osteoporotic patient with aging
a) **The elderly people get higher risk than young(something like that I don't remember)**
b) 10 % of 70 year old people will develop osteop.

61. About Clavicular fracture in newborn what is true?
a) Most cases develop brachial plexus injury
b) Figure-8-dressing is needed
c) Internal fixation is needed
d) **Most will healed spontaneously**

62. 18 years old boy with back pain investigation to do except :
a) CBC
b) ESR
c) X –ray
d) **bone scan**

63. Old patient complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the X-Ray best effective ttt
a) **Physiotherapy**
b) NSAID
c) Surgery
Muscular back pain treated initially by physiotherapy

64. Female, right hand lateral two radial styloid processes pain, since month increase progressively, CS, positive Finkelstein test, what is the initial treatment?
a) Nerve decompression
b) cast upper joint
c) **Cast with thumb raised**
· Initial treatment for De Quervain's syndrome is nonoperative: first rest of the joint (Thumb-Spica splint can be applied), NSAIDS may also be of value, corticosteroid injection into the first dorsal compartment provide sustained relief.

65. 70 years old male with osteoporosis the T score of bone densometry would be :
a) **-3.5**
b) -2.5
c) 1
d) 2
e) 3.5
· Above -1: **normal**
· Between -1 and -2.5 : **osteopenia**
· Below -2.5: **osteoporosis**

66. In knee examination : +ve Lechman test indicate injury :
a) **Anterior cruciate ligament**
Other important test is anterior Drawer test for ACL injury

67. Colles' fracture:
a) **Distal end of the radius.**
b) scaphoid fracture
c) Around the elbow.
d) Head of the radius.

68. A child fell on an out-stretched hand and flexed elbow, exam showed swelling around the elbow with no radial pulse, best management:
a) closed reduction
b) Closed reduction then check for radial pulse.
c) Open reduction.
d) Cuff and collar for 3weeks.
· First do Close reduction → many cases will show regain of the radial pulse because the cause of radial artery pulse disappearance mainly due to compression or kinking, so this will be regained after close reduction, If no improvement you must go for Open reduction and may be Vascular Repair.

69. Flexion, adduction, and internal rotation is:
a) Anterior hip dislocation.
b) **Posterior hip dislocation.**
· Represents 90% of dislocation. Anterior hip dislocation classically extended, externally rotated hip.

70. Old lady with osteoporosis asked for treatment for prevention:
a) **Vit. D**
b) Vit. E
c) Retinoic Acid

71. Young male with morning stiffness at back relieved with activity and uveitis:
a) **Ankylosing Spondylitis**
About one third to 40% of people with spondylitis will experience inflammation of the eye at least once.

72. Young female with pain in her elbow (lateral epichondylitis) best treatment is :
a) **Rest + physical therapy + NSAID**
This is a case of Tennis Elbow
Treatment is: Local corticosteroids injection, Rest (Tennis Elbow support), NSAIDs.

73. Female presented with complain of neck pain and occipital headache , no other symptoms , on X-ray has cervical spine osteophytes and narrow disks :
a) **cervical spondylosis**

74. Bursitis of the elbow joint caused by:
a) **Elbow trauma**
b) Autoimmune disease
c) Staph. Aureus
d) rupture of bursa

75. 48 year-old male complaining of lower back pain with morning stiffness for 30 minutes only. On exam he was having spasm centrally on the lower back. What is the appropriate management :
a) Epidural steroids injection
b) Back brace
c) Facet lysis
d) **Physiotherapy**
Muscular Low Back Pain

76. Old patient had history of gout and drinking alcohol heavily came with bone pain, on examination generalize bone tenderness and proximal muscle weakness, x ray of long bone shows ....i can't remember...ix shows high ca and ph..ur dx
a) Osteomalacia
b) **Metastasis from prostatic cancer**
c) Osteoarthritis
d) Paget dis
- Osteomalacia (CA low, ph low, Alkp high)
- Osteoarthritis (no relation of Ca nor Ph)
- Paget disease (Ca normal, Ph normal, Alkp variable)

77. RTA with hip dislocation and shock so causes of shock is
a) **blood lose**
b) urtheral injery
c) nrurogenic

78. Patient with DM presented with limited or decreased range of movement passive and active of all directions of shoulder
a) **frozen shoulder**
b) impingment syndrome
c) osteoarthritis

79. Pseudogout is Ca:
a) **Pyrophosphate**
b) Sulfate
c) Urate

In Gout (Na Urate)

80. An elderly female presented with history of bilateral hand stiffness that is worse in the morning. On examination she had bony swellings in the distal interphalangeal joints. These swellings are:
a) **Heberden nodes**
b) Buchard's nodule
c) Synovial thickening
d) Synovial cysts
Heberden's nodes are hard bony swellings in the distal interphalangeal joints (DIP). They are a sign of osteoarthritis.

81. Snuff box.
a) **in scaphoid bone**

82. Female patient has morning stiffness and pain involving the metacarpophalengeal and proximal interphalengeal joints. What's the likely diagnosis?
a) **Rheumatoid arthritis**

83. 74 years old female complaining of pain and stiffness in the hip and shoulder girdle muscles. She is also experiencing low grade fever and has depression. On examination no muscle weakness detected (Polymyalgia rheumatic). Investigation of choice:
a) RF
b) Muscle CK
c) **ESR**

84. Supra-condylar fracture patient presented with swelling and cyanosis of finger after plaster. Management:
a) Removal of splint near finger
b) **Entire removal of all splint**

85. The most common site for Osteomyelitis is:
a) Epiphysis
b) Diaphysis
c) **Metaphysis**
d) Blood flow

86. What is the initial management for a patient newly diagnosed knee osteoarthritis.
a) Intra-articular corticosteroid
b) **Reduce weight.**
c) Exercise
d) Strengthening of quadriceps muscle.

87. Which of the following is true regarding Perthes disease :
a) Commonly seen between 11-16 years of age.
b) Always unilateral.
c) May present by painless limp.
d) Characteristically affect the external rotation of hip.
e) More in female.

88. A patient is asked to face the wall, bend his waist, and let his hands hang down without support. This test is used as a screening tool for which of the following?
a) Lower limb asymmetry
b) Rectal prolapsed
c) **Scoliosis**
· This test is called for (**Adam's Forward Bend Test**)

89.12 years girl , the doctor asked her to flex her waist with free hands , this screening for
a) **Scoliosis**
b) Nerve compression
c) Disc prolapsed
d) Sciatica

90. A patient presents with long time history of knee pain suggestive of osteoarthritis. Now he complains of unilateral lower limb swelling and on examination there is +ve pedal & tibial pitting edema. What is the next appropriate investigation?
a) CXR
b) ECG
c) Echocardiography
d) **Duplex ultrasound of lower limb**

91. In lumbar disc prolapse at L4-L5 the patient will have:
a) Pain at groin & front of thigh
b) Hypoesthesia around the knee
c) **Weakness of dorsiflextion of foot**
d) Absent ankle reflex
e) Fasciculation at calf muscle

L4 pulls the foot up.

L5 wiggles the toes

92- end by Abdullah Faiz

92. 2 years old baby was brought to the clinic because of inability to walk straight. On examination, there was asymmetry of skin creases in the groin. The Trendelenburg's sign was positive on the left side. Your diagnosis :
a) Fracture pelvis.
b) **Congenital hip dislocation**
c) Fracture femur on the left side.
d) Poliomyelitis.
e) Rickets
apleys 206

93. Fractured pelvis commonly associated with:
a) bladder injury
b) penile urethra injury

c) **Bulbomembraneus urethra injury**
d) ureter injury
mont red p 720
2 UQU 2012 nd Edition
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94. Sickle cell anemia patient presented with unilateral hip pain, most likely diagnosis is:
a) Septic arthritis
b) **Avascular Necrosis**

95. Avascular necrosis of the head of femur is usually detected clinically by:
a) **3 months**
b) 6 months
c) 11months
d) 15 months.

96. Which of the following is not true regarding Osteomyelitis:
a) puomyositis ???
b) Epiphyseal plate destruction
c) **Septic arthritis (it can develop due to osteomylitis) "true"**
d) Septicemia
e) after bone growth
???????

97. Congenital dislocation of hip; all are true EXCEPT:
a) More in girls
b) Best examined after 12-36 hours from birth
c) There will be limitation in abduction of thigh
d) **Barlow test will give click indicating CDH**
e) Can be treated by splint

98. Acute gait disturbance in children; all are true EXCEPT:
a) Commonly self limited
b) The usual presenting symptom is limping
c) **Radiological investigation can be reveal the DX**
d) Most often no cause can be found

99. Concerning green stick fracture in children, all are true EXCEPT
a) **Extremely painful**
b) Most commonly involve the forearm
c) Function of the limb is preserved
d) Is incomplete fracture

100. Which of the following increase bone density and muscle strength
a) **Endurance and weigh exercise**
b) high repetition
c) low repetition

101. Hypertensive patient on Thiazide presented at night with severe left foot pain involving the first toe with redniss extending to the mid leg. The Dx:
a) Cellulitis
b) Septic arthritis

c) **Gouty arthritis**

102. Man with back pain x ray show fracture at T8, L1 & L2, Bone density T - 1,9
a) **Osteopenia**
b) Osteoporosis

103. Child fall and had spiral type radial fracture, what is the management?
a) **Splinting**
b) Refer to orthopedics
c) Refer to pediatric
d) Open reduction with internal fixation

104. Man who is having a severe pain on his big toe with knee pain and examination revealed negative perferingent crystals:
a) **Uric acid deposit secondary to synovial fluid over saturation**
b) Ca pyrophosphate secondary to synovial fluid over saturation

105. Patient with epilepsy came with Left shoulder pain, on examination flattened contour of the shoulder, fixed adduction with internal rotation, what is the diagnosis?
a) Inferior dislocation
b) **Subacromal post Dislocation**
c) Subglenoid ant dislocation
d) Subclavicle ant dislocation

106. Child with radial head dislocation, what is the next in management:
a) **Reduction and subluxation**
b) x ray
c) MRI
?????

107. Fracture in the hummers affecting radial nerve lead to
a) **Wrist drop**
· Ulnar nerve à claw hand
· Median à inability to oppose the thumb to other fingers
· Radial nerve à wrist drop
· Peroneal nerve à foot drop
· Club foot à congenital

(18)
Psychiatry

- **1-36 by:** **Al-Hanouf Aloufi**
- **37-88 by:** **Samah Osailan**
- **89-140 by:** **Mohammed Abusaif**
- **141-161 by:** **Nojood Almohammadi**
- **162-end by:** **Alaa Jadidi**

1-36 by Al-Hanouf Aloufi

1. In battered women which is true:
a. Mostly they come from poor socioeconomic area(f)
b. Usually they marry a second violent man(f)
c. **Mostly they come to the E/R complaining from other symptoms**
d. Mostly they think that the husband respond like this because they still have strong feeling for them
Battered Women's Syndrome is considered to be a form of Post-Traumatic Stress. Battered Women's Syndrome is a recognized psychological condition that is used to describe someone who has been the victim of consistent and/or severe domestic violence. To be classified as a battered woman, a woman has to have been through two cycles of abuse.
http://www.mamashealth.com/abuse/bwomensyndrome.asp

SSRI GROUP:

Citalopram (Celexa)

Escitalopram (Lexapro)

Fluoxetine (Prozac)

Paroxetine (Paxil, Pexeva)

Sertraline (Zoloft)

2. Obsessive neurosis patients will have:
a) **Major depression**
b) Lake of insight
c) Schizophrenia

effects of neurosis can involve:
...anxiety, sadness or depression, anger, irritability, mental confusion, low sense of self-worth, etc., behavioral symptoms such as phobic avoidance,
vigilance, impulsive and compulsive acts, lethargy, etc., cognitive problems such as unpleasant or disturbing thoughts, repetition of thoughts and obsession, habitual fantasizing, negativity and cynicism, etc. Interpersonally, neurosis involves dependency, aggressiveness,perfectionism, schizoid isolation, socio-culturally inappropriate behaviors
http://en.wikipedia.org/wiki/Neurosis

3. Before giving bipolar patient lithium you will do all of the following except:
a) TFT
b) **LFT**
c) RFT
d) Pregnancy test
Tests on thyroid and kidneys need to be run before a person starts taking lithium, and serum levels need to be monitored, as lithium toxicity can be very dangerous.
http://bipolar.about.com/od/lithium/a/0103_lithium2.htm

4. Antidepressants associated with hypertensive crisis treatment
a) SSRI
b) **MOAIs**
c) TCAs

- The most serious side effect is severe hypertension (high blood pressure), which can be brought on by eating certain foods having high tyramine content. Such foods include aged cheeses, most red wines, sauerkraut, vermouth, chicken livers, dried meats and fish, canned figs, fava beans, and concentrated yeast products.
- MAOIs can cause birth defects and should not be taken by pregnant women.
    - http://bipolar.about.com/od/lithium/a/0103_lithium2.htm

5. Partner lost his wife by AMI 6 months ago , presented by loss of appetite , low mood , sense of guilt , what is the diagnosis:
a) **Bereavement**
b) Major depression episode.
Bereavement is the period of grief and mourning after a death. When you grieve, it's part of the normal process of reacting to a loss. You may experience grief as a mental, physical, social or emotional reaction. Mental reactions can include anger, guilt,

anxiety, sadness and despair. Physical reactions can include sleeping problems, changes in appetite, physical problems or illness.
How long bereavement lasts can depend on how close you were to the person who died, if the person's death was expected and other factors. Friends, family and faith may be sources of support. Grief counseling or grief therapy is also helpful to some people.
http://www.nlm.nih.gov/medlineplus/bereavement.html

· Major depression is a psychiatric condition that occurs regardless of events that happen in life, while normally most people would have bereavement after death of a close person.

6. 22 years old complaining of insomnia & sleep disturbance, what is the treatment?
a) **SSRI(if it is associated with depression)**

7. the initial management of insomnia:
a) **Good sleep hygiene.**
Behavior therapies are generally recommended as the first line of treatment for people with insomnia. **Treatment options for insomnia**

Treatment options include behavior and lifestyle changes, medicines, and complementary medicines.

Behavior and lifestyle changes

Getting ready for bed means more than turning down the sheets. Sleep experts know that there are many things that affect how well you sleep. Behavior and lifestyle changes improve overall sleep quality and the time it takes to fall asleep-without the side effects of sleep medicines. Perhaps most important, these improvements last over time.

To improve your sleep, here are some things you can try:

- **Relaxation exercises,**such as progressive muscle relaxation, may help you if you lie in bed with your mind racing.
- http://www.webmd.com/sleep-disorders/tc/insomnia-treatment-overview

8. Chronic psychotic disorder managed by
a) **haloperidol**
During long-term treatment of chronic psychiatric disorders, the daily dose should be reduced to the lowest level needed for maintenance of remission. Sometimes, it may be indicated to terminate haloperidol treatment gradually.

- Acute psychosis, such as drug-induced psychosis caused by LSD, psilocybin, amphetamines, ketamine,[2] and phencyclidine,[3] and psychosis associated with high fever or metabolic disease
- Acute manic phases until the concomitantly given first-line drugs such as lithium or valproateare effective[*citation needed*]
- Hyperactivity, aggression
- Acute delirium
- Otherwise uncontrollable, severe behavioral disorders in children and adolescents
- Agitation and confusion associated with cerebral sclerosis
- Adjunctive treatment of alcohol and opioid withdrawal
- Treatment of severe nausea and emesis in postoperative and palliative care, especially for palliating adverse effects of radiation therapy andchemotherapy in oncology
- Treatment of neurological disorders, such as tic disorders, Tourette syndrome, and chorea
- Adjunctive treatment of severe chronic pain, always with analgesics[*citation needed*]
- Therapeutic trial in personality disorders, such as borderline personality disorder
- Treatment of intractable hiccups
- Also used in aquaculture to block dopamine receptors to enable GnrHA function for ovulation use in spawning fish
- Alcohol-induced psychosis

9. Side affect of diazepam
· Sedation, depedence, respiratory suppression, anterograde amnesia, confusion (especially pronounced in higher doses)

Diazepam has a range of side effects common to most benzodiazepines, including:

- Suppression of REM sleep
- Impaired motor function
  - Impaired coordination
  - Impaired balance
  - Dizziness and nausea
- Depression[42]
- Reflex tachycardia[43]

http://en.wikipedia.org/wiki/Diazepam#Adverse_effects

10. Generalize anxiety disorder best treatment:

a) **SSRI**
b) TCA
c) MAOI

SSRIs are recommended by the National Institute for Health and Clinical Excellence (NICE) for the treatment of generalized anxiety disorder (GAD) that has failed to respond to conservative measures such as education and self-help activities. GA
http://en.wikipedia.org/wiki/Selective_serotonin_reuptake_inhibitor#Generalized_anxiety_disorder

11. About antidepressant:

a) **start single type even patient have sever depression**
b) start any one of them they all have the same efficacy
c) Stop the medication after 2 weeks if no improvement

12. Major depression management:

a) **Initial MONOTHERABY even sever depression**
b) Treatment should be change if no response during 2wk (AT LEAST 6 WEEKS)
c) psychotherapy, medication, and electroconvulsive therapy
http://www.jclinpsychiatry.com/pcc/pccpdf/v05s01/v64s0102.pdf

· **Major depression management:**

1) Pharmacotherapy: effective in 50 – 70% .allow for 6 weeks to take effect, treat more than 6 months (SSRI, TCAs, MAOIs).
2) Psycotherapy: psychotherapy combined with antidepressant is more effect than either treatment alone
3) Electroconvulsion (ECCT)
4) Phototherapy: effective for pt. who has a seasonal pattern

13. Major depression disorder treatment

a) **Citalopram(SSRI)**

Selective serotonin reuptake inhibitors (SSRIs) are the primary medications prescribed owing to their relatively mild side-effects, and because they are less toxic in overdose than other antidepressants.[190] Patients who do not respond to one SSRI can be switched to another antidepressant, and this results in improvement in almost 50% of cases
http://en.wikipedia.org/wiki/Major_depressive_disorder#Antidepressants

14. Patient having major depression and taking medicine for it „ after taking medicine she is complaining of insomnia and irretable ,which med she is taking

a) **SSRI**
b) TCA
c) MAO
d) ECT

- Nausea and gastrointestinal (GI) symptoms usually wear off over time.
- Agitation, insomnia, mild tremor, and impulsivity occur in 10 - 20% of people who take SSRIs. These symptoms may be particularly problematic in patients who also suffer from anxiety, sleeplessness, or both.

- Drowsiness affects about 20% of SSRI-treated patients. Newer SSRIs, such as escitalopram (Lexapro), may have fewer of these adverse effects.
- Dry mouth is a common side effect.
- Patients may lack motivation, feel tired, be confused, and experience mental dullness, but this side effect is fairly rare.
- Headache and flu-like symptoms may occur.
- Heart palpitations and chest pain may occur.
- Weight gain varies depending on the SSRI. Patients should be encouraged to maintain a low-calorie diet and to exercise. They should be aware that some of the weight-loss medications, notably sibutramine (Meridia), can have serious interactions with SSRIs.
- Sexual side effects include delayed or loss of orgasm and low sexual drive. They are a well-known side effect of SSRIs. Taking a supervised drug "holiday" on the weekend may improve sexual function during that time. Some of the newer SSRIs or other antidepressants may cause less severe impairment of sexual function.
- Paroxetine (Paxil) may cause birth defects if taken during the first 3 months of pregnancy.
    - http://www.nlm.nih.gov/medlineplus/bereavement.html

15. Why SSRI are the 1st line treatment of major depression?

Aa\) less expensive

b) **Most tolerable and effective**

Selective serotonin reuptake inhibitors (SSRIs), such as sertraline (Zoloft, Lustral), escitalopram (Lexapro, Cipralex), fluoxetine (Prozac), paroxetine (Seroxat), and citalopram (Cipralex), are the primary medications considered, due to their relatively mild side effects and broad effect on the symptoms of depression and anxiety, as well as reduced risk in overdose, compared to their older tricyclic alternatives

http://en.wikipedia.org/wiki/Management_of_depression#Medication

16. Psychiatric pt with un compliance of drugs ttt:

a) **Deprohalopredol injection**

b) Oral colonazepam

Haloperidol is an older antipsychotic used in the treatment of schizophrenia and acute psychoticstates and delirium. A long-acting decanoate ester is used as an injection given every four weeks to people with schizophrenia or related illnesses who have poor adherence to medication regimens and suffer frequent relapses of illness,

17. Patient with depression started on amitryptaline(TCA) , he had headache or dizziness , vomiting "I am not sure what exactly was the symptoms"

a) **Change to SSRI**

18. Unfavorable prognosis for schizophrenia:

a) **Family history**

b) Failed marriage

c) Adolescence age

d) Presence of psychosis

· **Good Prognosis:**

1) Acute onset with obvious precipitating factors àsudden onsetàless damage.
2) Good premorbid personality à it is a general role in all psychiatric disorders.
3) Mood symptom "depression" à indicates high insight & vise versa.
4) Paranoid subtype à Less severe= better insight , more severe= low insight

· **Poor Prognosis:**

1) Insidious onset with no precipitating factors àgradual onset àmore damage
2) Earlier age of onset
3) Family history of schizophrenia
4) Hebephrenic & simple schizophrenia

19. Which of the following indicates good prognosis in schizophrenia :

a) Family history of schizophrenia

b) Gradual onset

c) Flat mood
d) **Prominent affective symptoms**
e) No precipitating factors

20. SSRI was prescribed to a patient with depression , the effect is suspected to be within :
a) One day
b) Two weeks
c) **Three to four weeks.**
SSRIs take, on average, 2 - 4 weeks to be effective in most adults. They may take even longer, up to 12 weeks, in the elderly and in those with dysthymia.
http://health.nytimes.com/health/guides/disease/major-depression/medications.html
· Allow 2 – 6 weeks to take effect and treat for > 6 months

21. Which of the following personality is characterized by inflexibility, perfectionism?
a) Narcissistic personality disorder
b) Borderline personality disorder
c) **Obsessive compulsive personality disorder**
d) Histrionic personality disorder
· Obsessive compulsive personality characterized mainly by perfectionism
personality disorder characterized by a pervasive pattern of preoccupation with orderliness, perfectionism, mental and interpersonal control at the expense of flexibility, openness, and efficiency. In contrast to people with obsessive-compulsive disorder (OCD), behaviors are rational and desirable to people with OCPD.
http://en.wikipedia.org/wiki/Obsessive%E2%80%93compulsive_personality_disorder

22. Best drug to treat depression in children and adolescent is:
a) **Fluxetine (Prozac)**
At this time, fluoxetine and escitalopram are the only antidepressants approved for treatment of major depressive disorder in adolescents (ages 12 - 17). Fluoxetine is also approved for children age 8 and older
http://health.nytimes.com/health/guides/disease/major-depression/medications.html

23. Alternative therapy for severe depression and resistance to anti-depressant medications are:
a) SSRI
b) TCA
c) **ECT(elctroconvulsivetherapy)**
http://www.jclinpsychiatry.com/pcc/pccpdf/v05s01/v64s0102.pdf

24. Patient had history of pancreatic cancer on chemotherapy then improved completely came to doctor concerning about recurrence of cancer and a history of many hospital visits. This patient has:
a) Malingering
b) **Hypochondriasis**
c) Factitious
d) Conversion
Hypochondriasis or **hypochondria** (sometimes referred to as **health phobia** or **health anxiety**) refers to excessive preoccupancy or worry about having a serious illness. This debilitating condition is the result of an inaccurate perception of the body's condition despite the absence of an actual medical condition.[1] An individual suffering from hypochondriasis is known as a **hypochondriac**. Hypochondriacs become unduly alarmed about any physical symptoms they detect, no matter how minor the symptom may be. They are convinced that they have or are about to be diagnosed with a serious illness.[2] Even sounds produced by organs in the body, such as those made by the intestines, seem like symptoms of a very serious illness to patients dealing with hypochondriasis.
http://en.wikipedia.org/wiki/Hypochondriasis

25. Patient came with symptoms of anxiety including palpitation, agitation, and worry. The first best line for treatment is:
a) **SSRI**
b) TCA
c) B-blocker
d) MAOI
generalize anexity disorder best treatment is SSRI

26. Patient came with hallucination and illusion the medication that should be given is:
a) Carbamezapin
b) **Haloperidol**

27. Recent study revealed that anti psychotic medication cause the following complication:
a) **Weight gain**
b) alopecia
c) cirrhosis

28. Female pt developed extreme fear from zoo, park, sporting events, the fear prevented her from going out:
a) **Agoraphobia**
b) social phobia
c) schizophrenia
· **Agoraphobia**: fear going out from the home
Agoraphobia (from Greek αγορά, "gathering place"; and φόβος/φοβία, -phobia) is an anxiety disordercharacterized by anxiety in situations where the sufferer perceives certain environments as dangerous or uncomfortable, often due to the environment's vast openness or crowdedness.

29. Which psychiatric disease is treated with electroconvulsive therapy :
a) Paranoia
b) **Major depression**
The American Psychiatric Association (APA) 2001 guidelines give the primary indications for ECT among patients with depression as a lack of response to, or intolerance of, antidepressant medications; a good response to previous ECT; and the need for a rapid and definitive response (e.g. because ofpsychosis or a risk of suicide).
http://en.wikipedia.org/wiki/Electroconvulsive_therapy#Selection_of_patients_for_ECT

30. Patient turns to be erratic, for 4 month he said that's people in TV knows what people are thinking about , in last 2 month he claim that he has special power that no one has what is the most likely DX :
a) Uni-polar ….. depression
b) Bipolar …. Mania
c) **Schizophrenia**
is a mental disorder characterized by a breakdown ofthought processes and by a deficit of typical emotional responses.[1] Common symptoms include auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking, and it is accompanied by significant social or occupational dysfunction. The onset of symptoms typically occurs in young adulthood, with a global lifetime prevalence of about 0.3–0.7%.[2] Diagnosis is based on observed behavior and the patient's reported experiences.

31. In dementia, best drug to use :
a) haloperidol
b) **Galantamine**
· Treatment of dementia is cholinesterase inhibitor (galantamine, donepezil, rivastigmine and tracing)

32. Patient with mushroom toxicity will present with

a) Constipation
b) **Hallucination**
c) Anhidrosis

33. 12 years old boy is mocked at school because he is obese , ate a lot of pill to sleep and never wake up again , best management is :
a) **Refer to mental professional**
b) Tell him that most kid grow out before they grow up
c) Advice healthy food

34. Man walking in street and saying bad words to stranger , he is not aware of his conditiond , what is the description :
a) flight of idea(**light of ideas** is one of the symptoms of bipolar mania as well as schizophrenia and ADHD. Some web definitions include:
- a nearly continuous flow of rapid speech that jumps from topic to topic, usually based on discernible associations, distractions, or plays on words, but in severe cases so rapid as to be disorganized and incoherent. It is most commonly seen in manic episodes but may also occur in other mental disorders such as in manic phases of schizophrenia.)
b) insertion of idea(**hought insertion** is the idea that another thinks through the mind of the person. The person may sometimes be unable to distinguish between their own thoughts and those inserted into their minds. A person with this delusional belief is found to be convinced of their beliefs and unwilling to accept such diagnosis.[1] It is a symptom of psychosis which occurs in many mental disorders and other medical conditions. Thought insertion along with thought broadcasting, thought withdrawal, thought blocking as well as other first rank symptoms are primary symptoms and should not be confused with the delusional explanation given by the respondent.)
c) **Loosening of association**(The traffic is rumbling along the main road. They are going to the north. Why do girls always play pantomime heroes.")

35. A 60 years old patient with history of heart attack 6 weeks ago, complaining of not getting enough sleep. Psychiatric evaluation is unremarkable for depression or anxiety, what should be given to this patient?
a) Amytriptiline
b) Buspirone
c) Buprionfe
d) **Zolbidem**
· Insomnia in patients with heart transplantation and cardiac disease is a common problem. Organic factors, immunodepressant medication (e.g. ciclosporine and steroids) and psychological factors may account for this symptom. For short-time treatment, medication with benzodiazepine hypnotics may be useful such astemazepam, flunitrazepam, triazolam, flurazepam, midazolam, nitrazepam, and quazepam · If the problems of **drug dependence and rebound insomnia** are taken into consideration, treatment with non-benzodiazepine hypnotics "such as zolpidem, zaleplon zopiclone and eszopiclone" offers more safety and comfort · If insomnia is part of a depressive syndrome, pharmacotherapeutical intervention with antidepressive sedative medication is required.

36. Young female with BMI 18, fine hair all over body, feeling of she is fat, doesn't eat well with excessive exercise...
a) **Anorexia nervosa**
b) Body dysmorphic disorder
c) Bulimia nervosa
Anorexia nervosa is an eating disorder characterized by immoderate food restriction and irrational fear of gaining weight, as well as a distorted body self-perception. It typically involves excessive weight loss and is usually found more in females than in males.[1] Because of the fear of gaining weight, people with this disorder restrict the amount of food they consume. This restriction of food intake causes metabolic and hormonal disorders.[2] Outside of medical literature, the terms anorexia

nervosa and anorexia are often used interchangeably; however, anorexia is simply a medical term for lack of appetite, and people with anorexia nervosa do not in fact, lose their appetites.[3] Patients suffering from anorexia nervosa may experience dizziness, headaches, drowsiness and a lack of energy.
http://en.wikipedia.org/wiki/Anorexia_nervosa

37-88 by Samah Osailan

37. Vertigo and tinnitus are caused by which of the following drug
a) Amphotericin b
b) Penicillin reaction
c) INH
Amphotericin b is an anti-fungal antibiotic has the following adverse reactions:
General: fever , chills , malaise , weight loss.
Less common: flushing
Cardiopulmonary: hypotension, tachypnea.
Less common: cardiac arrest; shock; cardiac failure; pulmonary edema; hypersensitivity pneumonitis; arrhythmias, dyspnea; hypertension
Gastrointestinal: anorexia; nausea; vomiting; diarrhea; dyspepsia; cramping epigastric pain
Less common: acute liver failure; hepatitis; jaundice; hemorrhagic gastroenteritis; melena.
Hematologic: normochromic, normocytic anemia
Less common: agranulocytosis; coagulation defects; thrombocytopenia; leukopenia; eosinophilia; leukocytosis.
Local: pain at the injection site with or without phlebitis or thrombophlebitis.
Musculoskeletal: generalized pain, including muscle and joint pains.
Neurologic: headache.
Less common: convulsions; hearing loss; **tinnitus; transient vertigo**; visual impairment; diplopia; peripheral neuropathy; encephalopathy
Renal: decreased renal function and renal function abnormalities including: azotemia, hypokalemia, hyposthenuria, renal tubular acidosis; and nephrocalcinosis.
Less common: acute renal failure; anuria; oliguria. Nephrogenic diabetes insipidus
Allergic: anaphylactoid and other allergic reactions; bronchospasm; wheezing.
Dermatologic: rash (maculopapular); pruritus. Skin exfoliation, toxic epidermal necrolysis
http://www.drugs.com/pro/amphotericin-b.html

38. A 25 year old secondary school teacher that every time enters the class starts sweating and having palpitation,
she is a fired to give wrong information and be unparsed. What is the diagnosis?
a) Specific Phobia
b) Social Phobia
Social anxiety disorder (social phobia) : is an anxiety disorder in which a person has an excessive and unreasonable fear of social situations. Anxiety (intense nervousness) and self-consciousness arise from a fear of being closely watched, judged, and criticized by others.
A person with social anxiety disorder is afraid that he or she will make mistakes, look bad, and be embarrassed or humiliated in front of others
http://www.webmd.com/anxiety-panic/guide/mental-health-social-anxiety-disorder

39. A patient is having a 2 years history of low interest in live, he doesn't sleep well and can't find joy in life, What
is the most likely diagnosis:
a) Dysthymia
b) Major depressive disorder

c) Bipolar disorder

Dysthymia: sometimes referred to as mild, chronic depression, is less severe than major depression with the same symptoms as those of major depression but less intense and can linger for a long period of time, often two years or longer. Those who suffer from dysthymia can also experience periods of major depression
http://www.webmd.com/depression/guide/chronic-depression-dysthymia

40. What is the mechanism of OCD drugs?

a) Increase availability of Serotonin

b) Decrease production of Serotonin

c) Increase production of Serotonin

Obsessive-compulsive disorder (**OCD**) is an anxiety disorder characterized by intrusive thoughts that produce uneasiness, apprehension, fear, or worry; by repetitive behaviors aimed at reducing the associated anxiety or by a combination of such obsessions and compulsions its management depend on behavioral therapy (BT), cognitive behavioral therapy (CBT), and medications
The medications include selective serotonin reuptake inhibitors (SSRIs) which prevent excess serotonin from being pumped back into the original neuron that released it.
http://en.wikipedia.org/wiki/Obsessive%E2%80%93compulsive_disorder#Management

41. Young female become flushing face and tremors when she talks to anyone what is the treatment?

a) Beta blocker (there is no SSRI in choices)

medications or behavior therapy or both yb detaetr rea phobias
the Medication include :

· **Beta blockers.** These medications work by blocking the stimulating effects of adrenaline on your body, such as increased heart rate, elevated blood pressure, pounding heart, and shaking voice and limbs.

· **Antidepressants.** Antidepressants called selective serotonin reuptake inhibitors (SSRIs) are commonly used in the treatment of phobias. These medications act on the chemical serotonin, a neurotransmitter in your brain that's believed to influence mood. If SSRIs aren't effective or cause intolerable side effects, another type of antidepressant, such as a monoamine oxidase inhibitor (MAOI) can be used .

· **Sedatives.** Like benzodiazepines help to relax the patiant by reducing the amount of anxiety
www.mayoclinic.com

42- Which of the following antidepressant is not given in erectile dysfunction?

a) Sertraline

b) Amytriptaline

c) Butriptyline

amytriptaline and butriptyline are tricyclic antidepressant
sertraline is one of the selective serotonin reuptake inhibitor (SSRI) antidepressant
and it's Like other SSRIs, it is associated with sexual side effects, including sexual arousal disorder and difficulty achieving orgasm

43. Patient complaint of loss of association and cirumstantionciality the defect in

a) Form

Thought disorders

Definition: Any disturbance of thinking that affects language, communication or thought content r. It is hallmark feature of schizophrenia. Manifestation ranges from simple blocking and mild circumstantiality to profound loosening of association, incoherence and delusion, characterised by a failure to follow semantic and syntactic rules that is inconsistent with the person's education, intelligence or cultural background.
two aspects of abnormality of thought are considered:
1. Content of thought – Abnormality of content of thought, e.g. delusion.
2. Abnormality of **form of thought** – Form means "the arrangement of parts". Disturbance in the form of thought are disorder in the logical connections between ideas
e.g derailment, poverty of speech, *Circumstantiality* , tangentiality, illogicality, perseveration, neologism, and thought blocking
Derailment – Ideas slip off the topic's track on to another which is obliquely related or unrelated
Circumstantiality – An inability to answer a question without giving excessive, unnecessary detail.But however the speaker returns to the intended point
Tangentiality – Wandering from the topic and never returning to it or providing the information requested.

Alogia **(*poverty of speech*)** – A poverty of speech, either in amount or content; it is a general lack of additional, unprompted content seen in normal speech
Neologisms – New word formations
http://dysphrenia.hpage.co.in/disorder_of_thought_71402323.html
http://en.wikipedia.org/wiki/Thought_disorder#Possible_signs_and_symptoms_of_thought_disorder

44. 44 years old a mother of 3 presented with bouts of shortness of breath fatigue dizziniss chest discomfort. She
thinks about her job and children a lot. she is doing well at her job:
a) Depression
b) Panic attack
c) Generalized anxiety disorder
d) Social phobia

45. Which of the following antipsychotic associated with weight gain:
a) Respiridone
b) Quitapine
c) Olanzipine
d) Ziprasidone
all are atypical antipsychotics (Second-Generation Antipsychotics for Treating Schizophrenia) but the increase in the appetite , weight gain and the insulin resistance are the most common side effect of olanzipine
www.webmed.com

46. Best treatment of bulimia nervosa
a) Cognitive behavior therapy
Treatment for bulimia involves psychological counseling and sometimes medicines such as antidepressants
www.webmed.com

47. 60 year old male come with depressed mood , loss of interest , sleep disturbance after dying of his son 3
months back after long period of suffering of disease >>>what is your diagnosis
a) Breavment
(the period of mourning and grief following the death of a beloved person)

48. Adult male complain of inability to sleep as usual. every night he should check that the light is off , oven is off
and his child sleep this occur also at morning and every day .he cannot sleep if he didn't do this , he know this
is abnormal behavior and feeling bad of his state , diagnosis :
a) Generalized anxiety disorder
b) Depression
c) Obsessive compulsive disorder

49. Young male with depression on citalopram present unconscious with toxicity of unknown substance.
Investigation result : metabolic acidosis and anion gap of 18 , what is the cause
a) Citalopram
b) Aspirin
c) Paracetamol
citalopram is one of the SSRI
and the Selective serotonin reuptake inhibitors(SSRI) can interact with aspirin and affect how platelets work to stop bleeding so they increase the risk of bleeding
www.webmed.com

50. Patient came with expressive talking and unable to concentrate in one topic. dx
a) Flight of Ideas
b) insertion of ideas
flight of idea is a continuous stream of talk in which the patient switches rapidly from one topic to another and each subject is incoherent and unrelated to the preceding one or is stimulated by some environmental circumstance. The condition is frequently a symptom of acute manic states and schizophrenia

51. Patient came to you complaining of hearing voices, later he started to complain of thought get into his mind
and can be taken out
a) SCZ (schizophrenia)
b) Mood
c) Mania
d) Agoraphobia

52. Female had history of severe depression, many episodes, she got her remission for three months with
Paroxitine (SSRIs), now she is pregnant, your advise
a) Stop SSRi's because it cause fetal malformation
b) Stop SSRi's because it cause premature labor
c) Continue and monitor her depression
d) Stop SSRIs
Paroxetine has been assigned to pregnancy category D(There is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks)
for pregnant women and women planning to become pregnant:
"treatment with all SSRIs or selective nor epinephrine reuptake inhibitors or both during pregnancy should be individualized and paroxetine use among pregnant women or women planning to become pregnant should be avoided, if possible. Because infants born to women who had first trimester paroxetine exposure had an increased risk of cardiovascular malformations, primarily ventricular and atrial septal defects (VSDs and ASDs)
If a patient becomes pregnant while taking paroxetine:
she should be advised of the potential harm to the fetus. Unless the benefits of paroxetine to the mother justify continuing treatment, consideration should be given to either discontinuing paroxetine therapy or switching to another antidepressant. For women who intend to become pregnant or are in their first trimester of pregnancy: paroxetine should only be initiated after consideration of the other available treatment options."
Abrupt discontinuation of psychotropic drugs during pregnancy can also lead to serious adverse effects.
www.drug.com

53. One of the Anti-psychotics causes ECG changes , Leukopenia, drooling :
a) Respiredone
b) Colzapine
c) Amisulpride
colzapine is atypical antipsychotics (Second-Generation Antipsychotics for Treating Schizophrenia) , its side effects include:
the more common include extreme constipation, bed-wetting, night-time drooling, muscle stiffness, sedation, tremors, orthostatic hypotension, hyperglycemia, and weight gain. The risks of extrapyramidal symptoms such as tardive dyskinesia are much less with clozapine when compared to the typical antipsychotics;
also it carries five black box warnings, including warnings for agranulocytosis, CNS depression, leukopenia, neutropenia,seizure disorder, bone marrow suppression, dementia, hypotension, myocarditis, orthostatic hypotension (with or without syncope) and seizures.
Also Many male patients have experienced cessation of ejaculation during orgasm
www.webmed.com
http://en.wikipedia.org/wiki/Clozapine

54. Patient with 2 month insomnia , memory is intact , with symptoms of psychosis mx :
a) lithium

b) carbazepine
c) Venlafaxine
Venlafaxine is an antidepressant of the serotonin-nor epinephrine reuptake inhibitor (SNRI) used for the treatment of depression, general anxiety disorder, social phobia, panic disorder, and vasomotor symptoms
www.webmd.com

55. What comes with bulimia?
a) Elevated liver enzymes
Bulimia nervosa lab values:
starvation: decreased RBC , decreased WBC, decreased LH, decreased FSH, decreased estrogen, decreased testosterone, decreased GH, increased cholesterol,
Dehydration: increased BUN
Vomiting: decreased K, decreased Na, decreased Cl, decreased H+, increased amylase, hypokalemia with metabolic alkalosis
Laxatives: decreased Na, decreased K, decreased Cl, increased H+, metabolic acidosis
http://emedicine.medscape.com/article/286485-workup
Toronto notes/ Psychiatry PS30

56. one of these antipsychotic is the least to cause tradive dyskinesia :
a) colzapin
b) haloperidol
c) resperidone

57. What is the best treatment of somatization?
a) Multiple appointment
b) multiple telephone calling
c) antidepressant
d) Send him to chronic pain clinic
Somatoform disorders are mental illnesses that cause bodily symptoms, including pain. The symptoms can't be traced back to any physical cause. And they are not the result of substance abuse or another mental illness.
People with somatoform disorders are not faking their symptoms. The pain and other problems they experience are real. The symptoms can significantly affect daily functioning.
cognitive behavioral therapy (CBT) is the best established treatment for a variety of somatoform disorders including somatization disorder
www.webmd.com
http://en.wikipedia.org/wiki/Somatization_disorder

58. Adult complain of tight headache m priorbital , and has stress n the work:
a) Tension headache
b) Migraine

59. Side effect of prolonged use 100% O2 therapy:
a) Depression
b) Dizziness
c) Ocular toxicity
d) Seizures
(all the answers are correct)
oxygen toxicity manifests as symptoms such as
Central nervous system
oxygen toxicity manifests as symptoms such as visual changes (tunnel vision), tinnitus, nausea, twitching (especially of the face), irritability (personality changes, anxiety, confusion, etc.), and dizziness. This may be followed by a tonic–clonic seizure
Pulmonary
Pulmonary toxicity symptoms result from an inflammation that starts in the airways leading to the lungs and then spreads into the lungs. The symptoms appear in the upper chest region (substernal and carinal regions)This begins as a mild tickle on inhalation and progresses to frequent coughing

If breathing elevated partial pressures of oxygen is not discontinued, patients experience a mild burning on inhalation along with uncontrollable coughing and occasional dyspnoea Physical findings related to pulmonary toxicity have included bubbling sounds heard through a stethoscope ,fever, and increased blood flow to the lining of the nose (hyperaemia of the nasal mucosa). The radiological finding from the lungs shows inflammation and swelling (pulmonary edema). Pulmonary function measurements are reduced, as noted by a reduction in the amount of air that the lungs can hold (vital capacity) and changes in expiratory function and lung elasticity.

Ocular

In premature babies, signs of retinopathy of prematurity are observed via an ophthalmoscope
http://www.news-medical.net/health/Oxygen-Therapy-Side-Effects.aspx
http://en.wikipedia.org/wiki/Oxygen_toxicity#Signs_and_symptoms

60. A 40 year old man who become sweaty with palpitation before giving a speech in public otherwise he does very good at his job, he is having:

a) generalizes anxiety disorder
b) Performance anxiety
c) agoraphobia
d) depression

61. A women who lost her husband 2 weeks ago she is unable to sleep at all you will give her:

a) Fluoxetine
b) Diazepam
c) haloperidol
d) amytriptaline

Diazepam (**Valium)** is commonly used to treat anxiety, panic attacks, insomnia, seizures (including *status epilepticus*), muscle spasms .. It may also be used before certain medical procedures (such as endoscopies) to reduce tension and anxiety, and in some surgical procedures to induce amnesia.
Haloperidol is Typical antipsychotics
Amitriptyline is a tricyclic antidepressant and **Fluoxetine** is an antidepressant of the selective serotonin reuptake inhibitor (SSRI)
http://en.wikipedia.org/wiki/Diazepam
www.drug.com

62. Which of the following with antipsychotic medication have rapid onset of action?

a) sublingual
b) oral
c) IM
d) IV

http://www.ncbi.nlm.nih.gov/m/pubmed/16432443/

63. Patient with severe depression and now he shows some improvement with therapy , the risk of suicide now is:

a) No risk
b) become greater
c) Become lower
d) No change

About 2/3 of people who have complete suicide are depressed at the time of their deaths.
About 7 out of every hundred men and 1 out of every hundred women who have been diagnosed with depression in their lifetime will go on to complete suicide .
The risk of suicide in people with major depression is about 20 times that of the general population
Individuals who have had multiple episodes of depression are at greater risk for suicide than the one who had one episode
American association of suicidology /2010

64. A 70 year old female brought to your clinic by her daughter. The daughter said her mother's memory deteriorated in the last 2 years. She can cook for herself but sometimes leave the oven on. She can dress herself but with difficulties. The daughter mentioned that her mother's personality changed into a more aggressive person (patient has Alzheimer's disease). According to this history what is your appropriate management?

a) Prescribe diazepam for the daughter and haloperidol for the mother
b) Refer the mother into chronic illness institute
c) Refer the mother to geriatric clinic
d) Immediate hospitalization

65. A man was intent as if he is listening to somebody, suddenly started nodding & muttering. He is having:

a) Hallucination
b) Delusion
c) Illusion
d) Ideas of reference
e) Depersonalization

Hallucinations involve sensing things while awake that appear to be real, but instead have been created by the mind
Delusional disorder, is a type of "psychosis" in which a person cannot tell what is real from what is imagined. The main feature is the presence of delusions, which are unshakable beliefs in something untrue. People with delusional disorder experience non-bizarre delusions, which involve situations that could occur in real life, such as being followed, poisoned, deceived, conspired against, or loved from a distance. These delusions usually involve the misinterpretation of perceptions or experiences. In reality, however, the situations are either not true at all or highly exaggerated
illusion is a distortion of the senses, revealing how the brain normally organizes and interprets sensory stimulation. Though illusions distort reality, they are generally shared by most people Illusions may occur with any of the human senses, but visual illusions (optical illusions), are the most well- known and understood
www.webmd.com
www.medlinepluse.com

66. A female patient present to you complaining of restlessness, irritability and tachycardia. Also she has excessive worries when her children go outside home. What's your diagnosis?

a) Panic disorder
b) Generalized anxiety disorder

67. Male patient, who is otherwise healthy, has depression for 4 months. He retired 6 months ago. Examination was unremarkable except for jaundice. What's your diagnosis?

a) Major depressive disorder
b) Mood disorder due to medical illness
c) Adjustment disorder, depressed type

Adjustment disorder is a short-term condition that occurs when a person is unable to cope with, or adjust to, a particular source of stress, such as a major life change, loss, or event.
Adjustment disorder can be acute (lasting less than six months) or chronic (lasting longer than six months)., there are six subtypes of adjustment disorder that are classified by the predominant symptoms that the patient experience . The six subtypes are:

- adjustment disorder with depressed mood
- adjustment disorder with anxiety
- adjustment disorder with mixed anxiety and depressed mood
- adjustment disorder with disturbance of conduct
- adjustment disorder with mixed disturbance of emotions and conduct

· unspecified adjustment disorder (problematic thinking and behavior that is not classifiable by the other adjustment disorder subtype

68. 43 years old female patient presented to ER with history of paralysis of both lower limbs and parasthesia in
both upper limbs since 2 hours ago, she was seen lying on stretcher & unable to move her lower limbs
(neurologist was called but he couldn't relate her clinical findings 2 any medical disease !!!) when history was
taken , she was beaten by her husband … the most likely diagnosis is :
a) complicated anxiety disorder
b) somatization disorder
c) conversion disorder
d) psychogenic paralysis
e) hypochondriasis
Conversion disorder, involves symptoms or deficits affecting voluntary motor or sensory function that suggest a neurologic or other general medical condition. Yet, following a thorough evaluation, which includes a detailed neurologic examination and appropriate laboratory and radiographic diagnostic tests, no neurologic explanation exists for the symptoms, or the examination findings are inconsistent with the complaint. In other words, symptoms of an organic medical disorder or disturbance in normal neurologic functioning exist that are not referable to an organic medical or neurologic cause
Common examples of conversion symptoms include blindness, diplopia, paralysis, dystonia, psychogenic nonepileptic seizures (PNES), anesthesia, aphonia, amnesia, dementia, unresponsiveness, swallowing difficulties, motor tics, hallucinations, pseudocyesis and difficulty walking
http://emedicine.medscape.com/article/287464-overview

69. The best treatment for the previous case is :
a) Benzodiazepines
b) Phenothiazine
c) Monoamine oxidase inhibitor
d) Selective serotonin reuptake inhibitor
e) Supportive psychotherapy

70. 28 years old lady, complaining of chest pain, breathlessness and feeling that she'll die soon. On examination
just slight tachycardia otherwise unremarkable, what is the most likely diagnosis?
a) Panic disorder

71. 65 years old lady came to your clinic with Hx of 5 days insomnia and crying (since her husband died) the best
treatment for her is:
a) Lorazipam (sedative)
b) Floxitein
c) Chlorpromazine
d) Haloperidol

72. Lady on Imipramine feels dizzy on standing, resolves after 10-15 minutes on sitting, decrease on standing, most
likely she is having :
a) Orthostatic hypotension

73. what is the most appropriate treatment for the above patient:
a) antiemetic
b) Antihistamine

c) Change the antidepressant to SSRI
d) Thiazide diuretics
e) eudiometry

Imipramine is an a tricyclic antidepressant (TCA), has the following side effect

- Central Nervous System: *Dizziness*, *drowsiness*, confusion, **seizures**, headache, anxiety, tremors, stimulation, weakness, insomnia, nightmares, extrapyramidal symptoms in geriatric patients, increased psychiatric symptoms, paresthesia
- Cardiovascular: *Orthostatic hypotension*, *ECG changes*, *tachycardia*, hypertension, palpitations, **dysrhythmias**
- Eyes, Ears, Nose and Throat: Blurred vision, tinnitus, mydriasis
- Gastrointestinal: *Dry mouth*, nausea, vomiting, **paralytic ileus**, increased appetite, cramps, epigastric distress, jaundice, **hepatitis**, stomatitis, constipation, taste change
- Genitourinary: *Urinary retention*,
- Hematological: **Agranulocytosis**, **thrombocytopenia**, **eosinophilia**, **leukopenia**
- Skin: Rash, urticaria, diaphoresis, pruritus, photosensitivity

http://en.wikipedia.org/

74. Generalize anxiety disorder best treatment:
a) SSRI
b) TCA

75. Unilateral headache, throbbing, decrease in dark:
a) Migraine

76. Tyramine increases the side effects of:
a) MAO inhibitors

Tyramine :is a naturally occurring monoamine compound and trace amine derived from the amino acid tyrosine. it acts as a catecholamine releasing agent. Notably, however, it is unable to cross the blood-brain barrier, resulting in only no psychoactive peripheral sympathomimetic effects. A hypertensive crisis can result from ingestion of tyramine-rich foods in conjunction with monoamine oxidase inhibitors (MAOIs)

77. Generalized anxiety Tx is
a) buspirone or SSRI

The two main treatments for generalized anxiety disorder are medications and psychotherapy. And the benefit is more from a combination of the two. It may take some trial and error to discover exactly what the best treatment for the patient

Medications:
Several different types of medications are used to treat generalized anxiety disorder:

- **Antidepressants.** These medications influence the activity of brain chemicals (neurotransmitters) thought to play a role in anxiety disorders. Examples of antidepressants used to treat generalized anxiety disorder include SSRI and SNRI
- **Buspirone.** This anti-anxiety medication may be used on an ongoing basis. As with most antidepressants, it typically takes up to several weeks to become fully effective. It is not chemically or pharmacologically related to the benzodiazepines, barbiturates, or other sedative/anxiolytic drug .common side effects of buspirone is a feeling of lightheadedness shortly after taking it.
- **Benzodiazepines.** In limited circumstances one of these sedatives can be prescribed for short-term relief of anxiety symptoms. Examples include lorazepam and diazepam (Valium) Benzodiazepines are generally only used for relieving acute anxiety on a short-term basis. They can be habit forming and can cause a number of side effects, including drowsiness, reduced muscle coordination, and problems with balance and memory

http://www.mayoclinic.com/health/generalized-anxiety-disorder/DS00502/DSECTION=treatments-and-drugs
http://www.rxlist.com

78. A mother came with her son who is 7 years old very active never sitting in class and with poor concentration.
Your management would be.
a) olanzipine
b) amitiptyline
c)naloxane

The primary ADHD medications include stimulants, nonstimulants, and antidepressants.

Stimulants are the most common treatment for ADHD in children and adolescents. They include methylphenidateand amphetamines,.
nonstimulants which work on levels of the brain chemical nor epinephrine and is quite effective at treating and controlling ADHD symptoms. They can affect certain receptors in the brain and improve concentration and impulse control. And have much lower risk of abuse or dependence than stimulants.
The antidepressant has been shown to be beneficial in treating ADHD. They can be an alternate treatment when tolerance or abuse of a stimulant is a problem.
Antidepressants have a positive effect on all three of the major components of ADHD: inattention, impulsivity, and hyperactivity. They are another option for children whose response to stimulant medication has been inadequate. They also are used as an alternative for children who experience unacceptable side effects, such as tics or insomnia, from stimulant medication.
Amitriptyline is a tricyclic antidepressant
Olanzapine is atypical antipsychotic and mood stabilizer
Naloxone is an special narcotic drug that reverses the effects of other narcotic medicines that have been used during surgery or to treat pain. Or to treat narcotic drug overdose or to diagnose narcotic drug addiction
http://www.webmd.com/add-adhd/childhood-adhd/adhd-treatment-overview

79. 80 years old living in nursing home for the last 3 months. His wife died 6 months ago and he had a coronary
artery disease in the last month. He is now forgetful especially of short term memory and decrease eye contact
with and loss of interest. dx
a) Alzheimer
b) Depression
c) Hypothyroidism

80. Hallucinations and Paranoia:
a) SCZ
b) Mood
c) Mania
d) Phobia
Common symptoms of schizophrenia include auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking(thought disorder)
Paranoid : delusions of persecution with or without grandeur

81. Obsessive neurosis:
a) Treatment is east
b) Clomipramine doesn't not work
(tricyclic antidepressant used to treat Obsessive compulsive disorder (OCD))
c) Mostly associated with severe depression
d) Can be cured spontaneously
Obsessive neurosis :Any of various mental or emotional disorders, such as hypochondria or neurasthenia, arising from no apparent organic lesion or change and involving symptoms such as insecurity, anxiety, depression, and irrational fears, but without psychotic symptoms such as delusions or hallucinations
http://en.wikipedia.org/wiki/Neurosis

82. Patient developed sudden loss of vision bilaterally while she was walking in the street, followed by numbness,
the subjective symptoms are different from objective, and does not match anatomical, what is the diagnosis?
a) Conversion syndrome

83. Treatment of mania that does not cause hepatotoxicity
a) Lithium

84. The best initial TTT for depression is:

a) SSRIs
b) Tricyclic depressant
c) MAO inhibitors
d) Beta blocker

85. 25 year teacher have fear attack and worry before enter the class, what is the initial treatment?
a) Selective serotonin reuptake inhibitor
b) Tricyclic depressant
c) Beta blocker

86. female with hair on different site of body and refuse intake of food and BMI<18 and feel as body is fat so
diagnosis
a) anorexia nervosa
b) bulimia nervosa
c) body dimorphic syndrome
d) anxiety
http://emedicine.medscape.com/article/805152-clinical#a0256

87. Psycatric patient on antipsychotic drug most drug that lead to impotence with antipsychotic is
a) Propranolol
b) NSAI
c) ACEI
http://www.ncbi.nlm.nih.gov/m/pubmed/2872991/
http://www.minddisorders.com/Ob-Ps/Propranolol.html#ixzz2dY6FDPd2

88. Effect of Fluoxetine start after
a) 1-2 weeks
b) 3-4 weeks
Fluoxetine is a selective serotonin reuptake inhibitors (SSRI) antidepressant show some improvement start in 1 to 2 weeks after using the medication and It may take 4 to 5 weeks before showing the full benefit
http://www.medicinenet.com/fluoxetine-oral/page2.htm#HowToUse
Toronto notes 2012 / psychiatry PS45

89-140 by Mohammed Abusaif

89. What is the effective half life of Fluoxetine "Prozac":
a) 2 hours b) 18 hours c) 2 days d) 6 days e) 8 days
The relatively slow elimination of fluoxetine (elimination half-life of 1 to 3 days after acute administration and 4 to 6 days after chronic administration) and its active metabolite, norfluoxetine (elimination half-life of 4 to 16 days after acute and chronic administration), leads to significant accumulation of these active species in chronic use and delayed attainment of steady state, even when a fixed dose is used.
http://www.rxlist.com/prozac-drug/clinical-pharmacology.htm

90. What is the effective half life of stertaline :
a) 2 hours
b) 18 hours
c) 2 days
d) 8 days
The average terminal elimination half-life of plasma sertraline is about 26 hours.
http://www.rxlist.com/zoloft-drug/clinical-pharmacology.htm

91. 29 years old teacher has recurrent attacks of intense fear before the beginning of her classes in the 2ry school, She said: Its only a matter of time before I do mistakes , Dx :
a) Specific phobia
b) Social phobia
c) Mixed phobia
d) Panic attacks with agoraphobia
e) Panic without agoraphobia

SOCIAL PHOBIA
The essential problem here is a marked persistent inappropriate fear and anxiety (with physical and psychological features) when a person is exposed to unfamiliar people or to a possible scrutiny by others in social or performance situations in which embarrassment may occur. The person has anticipatory anxiety.

The most common feared situations

- Gatherings (e.g. meetings, parties).
- Speaking to authority figures or in public (e.g. leading prayers, lecturing).
- Performing under scrutiny (e.g. serving coffee or tea to guests).

Basic Psychiatry book,P.164

92. The best treatment for the previous patient:
Alprazolam
Aropranolol
Chlorpromazine
Clomiprimine

Cognitive-Behaviour Therapy: It is the treatment of choice for social phobia.
Basic Psychiatry book,P.164

A combination of pharmacotherapy and psychotherapy is usually indicated for persons with social phobia.
SSRIs are quickly becoming the standard first-line medication for social phobia.
SSRIs; citalopram [Celexa], escitalopram [Lexapro], fluvoxamine [Luvox], paroxetine [Paxil], fluoxetine [Prozac], sertraline [Zoloft]) and venlafaxine (Effexor).
Benzodiazepines may be effective for social phobia but are generally undesirable in the absence of contraindications to SSRI use. Alprazolam and clonazepam have been used successfully for this indication, but all agents in this class, although very helpful in comorbid panic, should not be used for longer than 6 weeks because of the risk of increased depression and physical dependence.
http://emedicine.medscape.com/article/290854-treatment

93. Patient with schizophrenia, the best prognostic sign is:
a) Gradual onset
b) Family history of schizophrenia

c) Age of the patient
d) Coincidence of other psychological problems
The question is not well written! It may be an Except question.
Good prognostic factors:

- Acute onset, precipitating factors
- Good cognitive functioning
- Good premorbid functioning
- No family history
- Presence of affective symptoms
- Absence of structural brain abnormalities
- Good response to drugs
- Good support system

Toronto Notes 2012, Psychiatry P.6

Prognostic Factors:

Good Prognostic Factors	Bad Prognostic Factors
Late onset Acute onset Obvious precipitating factors Good premorbid personality Presence of mood symptoms (especially depressio Presence of positive symptoms Good support (married, stable family)	Young age at onset Insidious onset No precipitating factors Poor premorbid Personality Low IQ Many relapses Poor compliance Negative symptoms Poor support system Family history of schizophrenia High EE family

Basic Psychiatry book,P.164

94. Regarding antidepressant side effects, all of the following are true EXCEPT:
a) Anticholinergic side effect tend to improve with time
b) Sedation can be tolerated by prolonged use
c) Small doses should be started in elderly
d) Fluxetine is safe drug to use in elderly

95. One of the following is secondary presenting complaint in patient with panic attack disorder:
a) Dizziness
b) Epigastric pain
c) Tachycardia
d) Chest pain
e) Phobia

96. Treatment of GAD it should be SSRI
a) TCA
b) Bezaodazipines
c) busrilone

97. Patient came with symptoms of anxiety including palpitation, agitation, and worry. The first best line for treatment is:
a) SSRI
b) TCA
c) B-blocker
d) MAOI

98. Electroconvulsive therapy indications are :
a) Rapid
b) Highly effective
c) Lifesaving
Indications and contraindications:Toronto Notes 2012, Psychiatry P.49

99. Patient came with symptoms of anxiety including palpitation, agitation, and worry. The first best line for treatment is:
a) SSRI
b) TCA
c) B-blocker
d) MAOI
Same as Q.97

100. in case of failure of anti phsicotic drugs use
a) person-centered psychotherapy
b) Pect
c) Behavirol therapy

101. Psychiatry patient whom swallowed a small pin 5 hours ago, came to the hospital and showed an X-ray which showed pins in the small intestine and no free air what will be the action?
a) Admit and do a CT scan or MRI
b) Investigations only to CT and MRI
c) Give laxatives
d) Admit and do surgery to remove the pins

102. You prescribed paroxitne to depressed man , u should inform him that
a) Drug starts to work after 3-4 weeks
Toronto Notes 2012, Psychiatry P.44

103. 70 years old with progressive demntia , no personality changes , neurological examination was normal but there is visuodeficit , on brain CT shower cortex atrophy and ventricular dilatations :
a) Multi micro infract dementia
b) Alzehimer dementia
c) Parkinsonism dementia
http://emedicine.medscape.com/article/336281-overview#aw2aab6b3

104. 70 years old with progressive dementia , on brain microscopy amyloid plaques and neurofibrillary tangles are clearly visible also Plaques are seen : Dx

Lewy dementia
Parkisonism
Alzehimer
http://emedicine.medscape.com/article/1134817-overview#aw2aab6b2b4aa

105.Patient complain from diplopia nausea, vomiting, back pain:
Somatization disorder
I don't think so.
http://emedicine.medscape.com/article/918628-overview#aw2aab6b3

106.Young girl recently failed in math exam came with paresthesia
Hyperventilation syndrome
Generalized anxiety disorder
Conversion disorder
Toronto Notes 2012, Psychiatry P.25

107.20 years old lady thinks that she's fat although her height and weight are ok:
Bulimia
Aneroxia nervosa
Depression
http://emedicine.medscape.com/article/912187-overview

108.Delusion
Perception of sensation in absence of an external stimulus=Hallucination
Misinterpretation of stimulus=Ilusion
False belief not in accordance of a persons culture=Delusion

109.He has gastric cancer he went to 6 gastroenterologist did 1 CT 1 barium enema and series of investigation all are normal ,what is the diagnosis?
a) Hypochondriasis
b) Conversion
c) Somatization
Toronto Notes 2012, Psychiatry P.26

110.27 years male with tonic colonic in ER, 20 mg diazepam was giving & convulsion did not stopped will given :-
a) Diazepam till total dose of 40 mg
b) Phenytoin
c) Phenobarbitone
http://adc.bmj.com/content/79/1/78.full

111.Characteristic feature of major depressive illness is:
Late morning awakening
Hallucination and flight of ideas
High self-esteem
Over-eating
Decreased eye contact during conversation.
The question is not clear.

112. Severe postpartum depression mostly associated with:
Decrease socioeconomic class

Emotional separation between the patient & his mother
Past history of depression
1st birth delivery
Poor wt gain during pregnancy.

Furthermore, women with a previous history of postpartum depression or psychosis have a risk of recurrence of up to 90%.
http://reference.medscape.com/article/271662-overview#aw2aab6b3
Toronto Notes 2012, Psychiatry P.10

113)Anorexia nervosa, all true except:
lethargy
langue hair (lanugo hair)
amenorrhea
Young female
All are true.
http://emedicine.medscape.com/article/805152-clinical#showall
Toronto Notes 2012, Psychiatry P.28/29

114. A male presented with headache, tinnitus and nausea thinking that he has a brain tumor. He had just secured a job in a prestigious company and he thinks that he might not meet its standards. CNS exam, CT all within normal. What is the Diagnosis :
a) Generalized Anxiety disoreder
b) Hypochondriasis
c) Conversion reaction
d) Panic attack
Toronto Notes 2012, Psychiatry P.26

115.65 years old male with hypertension, congestive heart failure and peptic ulcer disease came to your office for his regular blood pressure check. Although his blood pressure is now under control, he complains of an inability to maintain an erection. He currently is taking propranolol, verapamil, hydrochlorothiazide, and ranitidine. On examination his blood pressure is 125/76 mmHg. His pulse is 56 and regular. The rest of the cardiovascular examination and the rest of the physical examination are normal. Which of the following generally considered the MOST common cause of sexual dysfunction?
Pharmacological agents.
Panic disorder
Generalized anxiety disorder
Major depressive disorder
Dysthymic disorder
http://www.health.harvard.edu/newsletters/Harvard_Womens_Health_Watch/2009/August/Medications-for-treating-hypertension

116. 26 years old patient came to your office with recurrent episodes of binge eating (approximately four times a week) after which she vomits to prevent weight gain. She says that “she has no control” over these episodes and becomes depressed because of her inability to control herself. These episodes have been occurring for the past 2 years. She also admits using self- induced vomiting, laxatives, and diuretics to lose weight. On examination, the patient’s blood pressure is 110/70 mmHg and her pulse is 72 and regular. She is not in apparent distress. Her physical examination is entirely normal.What is the MOST likely diagnosis in this patient?
Borderline personality disorder

Anorexia nervosa
Bulimia nervosa
Masked depression.
Generalized anxiety disorder
Toronto Notes 2012, Psychiatry P.29

117.Hopelessness most predictor:
a) Suicide
b) Impulse control problem

118.23 years old female came to your office with a chief complaining of having "a peculiarly jaw". She tells you that she has seen a number of plastic surgeons about this problem, but "every one has refused to do anything". On examination, there is no protrusion that you can see, and it appears to you that she has a completely normal jaw and face. Although the physical examination is completely normal, she appears depressed.
What is the MOST likely diagnosis in this patient?
Dysthymia
Major depressive disorder with somatic concerns
Somatization disorder
Body dysmorphic disorder
Hypochondriasis
Toronto Notes 2012, Psychiatry P.26

119.Known risk factors for suicide include all the following EXCEPT:
Repeated attempts at self injury.
Male sex.
Symptoms of depression with guilt.
Drug and alcohol dependence.
If the doctor asked the patient about suicide.
Toronto Notes 2012, Psychiatry P.24

120.Hypochondriasis, all true except:
More common in medical students
Less common in male
More common in lower social class
Defined as morbid preoccupation of one's body or health
It is thought to be more common in men, and those closely associated with the disease (e.g. relatives of a patient with cancer).

Basic Psychiatry book,P.195

121. Family behavior toward schizophrenic patient affect prognosis adversely:
Double binding
Over emotion behavior
Schismatic parents
Projective identification ?
First three are present. But I don't know the right answer.

B. Family Psychodynamic (obsolete theories).

- Precipitation of schizophrenia can be due to :

1. Schizophrenogenic mother.
2. Marital skew (submissive father and dominant mother)
3. Marital schism (contradicting parental messages).

4. Double – bind communication (a parent conveys two conflicting incompatible messages at the time, one is overt and the other is covert).

C. High Expressed Emotions (EE) of the family which include critical comments and emotional over-involvement.

Patients whose families have high expressed emotions have higher relapse rate than those whose families have low expressed emotions.

Basic Psychiatry book,P.117/118

122.The investigation to confirm Alzheimer's:
CT of the brain
EEG
Neurological examination
Lab investigations
The others are to rule out the disease.
Toronto Notes 2012, Neurology P.22

123. Antidepressant in patient with somatization disorder and depression:
Elderly need lower dose
Potential side effect shouldn't be discussed
Fluoxetine safe in elderly
Effectiveness assessed after few weeks
Need monitoring of antidepressant level

124. How to treat social phobia?
a) Propranlol
Review question 92.

125. Female patient manger since short time, become depressed, she said she can't manage the conflicts that happen in the work between the employees. Diagnosis:
Depression
b) Generalized anxiety disorder
c) Adjustment Disorders
Toronto Notes 2012, Psychiatry P.16

126. Patient before menstruation by 2-3 days present with depressed mood that disappear by 2-3 day after the beginning of menstruation.Diagnosis:
a) Premenstrual dysphoricdisorder if sever symptoms (or premenstrual syndrome).
Toronto Notes 2012, Gynecology P.5

127. female patient complaining of thirsty & drink a lot of water & frequent urination , she has a history of diagnosed as bipolar since (2 week) ,start with a medication of lithium,
a) psychogenic polydipsia
b) central diabetes insipidus
c) Nephrogenic diabetes insipidus
Renal toxicity is common with chronic lithium therapy, with nephrogenic diabetes insipidus being the most severe manifestation.
http://emedicine.medscape.com/article/815523-clinical

128. man change his job , he must in new job to talk in front of 50 persons , he feels that he cannot do this and he send his frind to do that in stead of him who can you help him

a) propranolol
b) Biofeedback

129. Patient talking to doctor and the pt look to his right side most of the time, when the doctor asked him why is that ?he said that his mother is there but in fact no one is there, after asking the pt family they said that the mother died when was child, what is the diagnosis?
a) Visual hallucination
b) Auditory hallucination
c) Psychosis
Visual hallucination is a symptom not a diagnosis.
Visual Hallucinations: Differential Diagnosis and Treatment:
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2660156/

130. 50 years old patient complaining of episodes of erectile dysfunction, hx of stree attacks and he is now in stress what you will do?
a) Follow relaxation strategy
b) Viagra
c) Ask for invx include testosterone

131. Patienthasfear,SOB,sweatingwhenheisinautomobile
a) specific phobia
b) panic disorder
c) generalize anxiety disorder
d) post traumatic stress disorder

SPECIFIC PHOBIA
Also called: **Simple Phobia.**
The central problem is irrational and persistent fear of a specific object or situation (other than those of agoraphobia and social phobia) accompanied by strong desire to avoid the object or the situation, with absence of other psychiatric problems.

Common feared objects and Situations
Animals (including spiders).
Storms and thunder.
Heights (acrophobia), flying.
Closed spaces (claustrophobia).
Injury, blood, hospitals.
Illness, death.

Basic Psychiatry book,P.167

132.Treatment of hallucination and delusion
a) antipsychotic
List of Antipsychotics (Major Tranquilizers – Neuroleptics):
http://emedicine.medscape.com/article/815881-overview

133. The best way to treat pinged induce nervosa
a) interpersonal psychotherapy
b) cognitive behavior therapy
c) pharmacotherapy

134.The drug used in maintance phase of biopolaris :
Lithium
Na volabrate
Lithium is considered a first-line agent for long-term prophylaxis in bipolar illness, especially for classic bipolar disorder with euphoric mania. It also can be used to treat acute mania, though it cannot be titrated up to an effective level as quickly as valproate can.
http://emedicine.medscape.com/article/286342-medication#3

135.The antidepressant used for secondary depression that cause sexual dysfunction
Sertatlie
Amypramine Levofluxine
http://reference.medscape.com/drug/zoloft-sertraline-342962#4

136.Previously healthy female patient presented to ER with dysnea , anexiety , tremor , and she breath heavily, the symptoms began 20 minutes before she came to ER , in the hospital she developed numbness periorbital and in her fingers , what you will do
Ask her to breath into a bag
Take blood sample to look for alcohol toxicit

137.Old male post-operative complain of hallucination, loss of attention, diagnosis is
Delirium
http://emedicine.medscape.com/article/288890-overview#aw2aab6b2b4aa

DELIRIUM

Definition: acute reversible global cognitive impairment with fluctuating disturbed consciousness.

Features: The clinical presentation differs considerably from patient to patient; however, there are several characteristic features that help make the diagnosis:

1. Disturbed consciousness.
2. Attention deficit.
3. Memory impairment (typically a recent memory deficit).
4. Disorientation to time, place and lastly person.
5. Perpetual disturbances: illusions & hallucinations (mainly visual).
6. Disturbed thoughts and speech.
7. Affective changes: mood liability, perplexity, irritability…etc.
8. Behaviour disturbances: shouting, hostility, agitation, restlessness. (Some patients may be excessively somnolent, and some may fluctuate from one state to the other, usually restless at night and sleepy during the day.)

. The patient may be dangerous to himself of others.
. It is one of the serious medical emergencies.

Epidemiology:
. Among hospitalized patients about 10 %
. Postburn patients 20%
. Intensive care unit 30%
- More common among very young and elderly patients.

Basic Psychiatry book,P.73

138.Antidepressant drug safe for adolescent and children
SSRI
SRIs are greatly preferred over the other classes of antidepressants for the treatment of children and adolescents, and they are also the first-line medications for late-onset depression.
http://emedicine.medscape.com/article/286759-treatment#aw2aab6b6b2

139.Patient has alzahimar disease and halusination and delusion ttt:
Halopridole
Antipsychotic drugs are modestly useful in reducing aggression and psychosis in Alzheimer's patients with behavioural problems

140. Patient take antidepressant drug on second day he complain of dizziness in the morning
I donot remember the drug but it was 30 mg at night
Change the dose to 10 mg divided 3 times a day

141-161 by Nojood Almohammadi

141. Drug cause lupus like effect
a) Hidralazin.
May induce SLE-type syndrome (usu at >200 mg/d); instruct patients to report joint/chest pain or fever; consider discontinuation if occurs.
http://reference.medscape.com/drug/apresoline-hydralazine-342400#5

142. Brain imaging showing evidence of old infarction or extensive deep white matter changes secondary to chronic ischemia. Obsessive neurosis:
a) Treatment is east
b) Clomipramine doesn't not work
c) Mostly associated with severe depression
d) Can be cured spontaneously.
Individuals with OCD frequently have other psychiatric comorbid disorders, prominently including major depressive disorder, alcohol and/or substance use disorders, other anxiety disorders, impulse control disorders.
http://emedicine.medscape.com/article/1934139-clinical
First-line pharmacologic treatments consist of 5-HT reuptake inhibitors, such as the SSRIs (fluoxetine, fluvoxamine, sertraline, paroxetine, citalopram, escitalopram), and clomipramine (Anafranil), a tricyclic antidepressant [TCA] with 5-HT and NE reuptake inhibition.
http://emedicine.medscape.com/article/1934139-treatment#aw2aab6b6b2

143. This is a case of social phobia and the initial treatment is
a) SSRIs
Antidepressants including selective serotonin reuptake inhibitors (SSRIs; citalopram [Celexa], escitalopram [Lexapro], fluvoxamine [Luvox], paroxetine [Paxil], fluoxetine [Prozac], sertraline [Zoloft]) and venlafaxine (Effexor) are commonly prescribed to treat the symptoms of social phobia and generally result in remission of symptoms after 4 weeks of treatment.
http://emedicine.medscape.com/article/290854-treatment

144. Patient has Alzheimer disease and hallucination and delusion, treatment is:
a) Halopridole (Antipsychotic)
· Psychotic symptoms (e.g. hallucinations and delusions), agitation and aggressive behavior are common in patients with Alzheimer's disease. A study suggests that haloperidol at a dose of 2-3 mgs/day is effective and well tolerated by most patients.
The general recommendation is to use such agents as infrequently as possible and at the lowest doses possible to minimize adverse effects, particularly in frail, elderly patients.

http://emedicine.medscape.com/article/1134817-treatment#aw2aab6b6b4

145. Anxiety treatment is:
a) lorazepa
b) alprazolam
Benzodiazepines often are used with antidepressants as adjunct treatment. They are especially useful in the management of acute situational anxiety disorder and adjustment disorder where the duration of pharmacotherapy is anticipated to be 6 weeks or less and for the rapid control of panic attacks. They include lorazepam (Ativan) and clonazepam (Klonopin)
http://emedicine.medscape.com/article/286227-medication#2

The SSRIs include paroxetine (Paxil), escitalopram (Lexapro), sertraline (Zoloft), fluoxetine (Prozac), fluvoxamine (Luvox), and citalopram (Celexa). SSRIs are first-line agents for long-term management of anxiety disorders, with control gradually achieved over a 2- to 4-wk course, depending on required dosage increases.
SSRIs are helpful for generalized anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), and social phobia. All SSRIs may be equal in the treatment of anxiety disorders; however, higher doses may be necessary in the treatment of OCD.

http://emedicine.medscape.com/article/286227-medication#5
· Alprazolam is recommended for the short-term treatment (2–4 weeks) of severe acute anxiety · Treatment Options: The standard current approach to most anxiety disorders is a combination of cognitive- behavioral therapy (CBT) with medications, typically a selective serotonin reuptake inhibitor (SSRI) or, less commonly, a tricyclic antidepressant. · Lifestyle Measures: A healthy lifestyle that includes exercise, adequate rest, and good nutrition can help to reduce the impact of anxiety attacks. Rhythmic aerobic and yoga exercise programs lasting for more than 15 weeks have been found to help reduce anxiety. Strength, or resistance, training does not seem to help anxiety .

Treatment Options for Specific anxiety Disorders		
Anxiety Disorder	Medication	Cognitive-Behavioral (CBT) and other Non- Drug Therapies
Generalized Anxity Disorder	Benzodiazepines; buspirone; SSRIs and some tricyclic antidepressants, particularly extended release venlafaxine (Effexor). Antipsychotics in severe cases. Investigative drugs include pregabalin and other anticonvulsants.	Cognitive-behavioral (individual or group), interpersonal therapy, stress management, biofeedback.
Panic Attacks	SSRIs are treatment of choice. If patients do not respond to SSRIs, other drugs include beta-blockers, buspirone, benzodiazepines, tricyclics, or anticonvulsants (such as valproate). In 2005, the designer antidepressant venlafaine (Effexor) was approved for panic disorder in adults. Benzodiazepines used only when necessary and for the shortest time possible.	Cognitive-behavioral therapy. Studies suggest that CBT offers the best chance for a persistent response. CBT is also effective in preventing the development of panic disorder in high-risk people and for helping patients withdraw from SSRIs.
Phobias	SSRIs, beta-blockers, benzodiazepines. SSRIs are first- line treatments for social anxiety Other drugs include anticonvulsants, newer	Cognitive-behavioral therapy, hypnosis. CBT may also prevent progression of

	antidepressants, and MAOIs.	phobias to full-blown anxiety in high-risk people.
Obsessive-Compulsive Disorder	SSRIs are the first choice. Clomipramine (a tricyclic) is alternative. Combinations of these drugs are likely. MAO inhibitors or atypical antipsychotics for those who do not respond to other drugs. Antipsychotics used for tics.	Cognitive-behavioral therapy (exposure and response prevention).
Post-traumatic Stress Disorder	Antidepressants, particularly SSRIs (sertraline and paroxetine approved at this time). Clonidine. Sleep medications in certain patients who suffer from sleep disorders.	Cognitive-behavioral therapy (group therapy). Children should particularly start with CBT. Behavioral measures for improving sleep. Single debriefing sessions after major disasters without follow-up appear to provide no benefit to trauma victims and may pose a risk for worse outcome than no intervention at all.
Note: For anxiety disorders in adults, the most effective treatments are usually combinations of drugs and behavioral techniques.		

146. 87 years old who brought by his daughter, she said he is forgettable, doing mess thing in room , do not maintain attention , neurological examination and the investigation are normal

a) Alzheimer disease

b) Multi-Infarct Dementia

c) parkinsonism dementia

· Alzheimer dementia: most common cause of dementia. Age and family history are risk factors for AD. Etiology unknown but toxic b-amyloid deposit in brain. Present with amnesia for newly acquired information is usually the first presentation, followed by language deficit, acaluia, depression, agitation and finally apraxia (inability to perform skilled movement). Diagnosis by exclusion that can be definitive diagnosis only on autopsy: suggested by clinical feature and by progressive cognitive course without substantial motor impairment. MRI & CT may show atrophy, venticule enlargement and can rule out other causes. On brain microscopy amyloid plaques and neurofibrially tangle. Death usually occurring secondary to aspiration pneumonia. treatment by supportive therapy for Pt. and family , and cholinesterase inhibitor .

· Multi micro infarct dementia (vasculardemensia) dementia associated with history of strok. Criteria for vascular dementia include presence of dementia and 2 or more of the following:focal neurological signssymptoms onset that was abrupt , stepwise, or related to stroke.

147. Female patient developed sudden loss of vision (both eyes) while she was walking down the street, also c/o numbness and tingling in her feet , there is discrepancy b/w the complaint and the finding, O/E reflexes and ankle jerks preserved, there is decrease in the sensation and weakness in the lower muscles not going with the anatomy, what is your action:

a) Call ophthalmologist

b) Call neurologist

c) Call psychiatrist

d) Reassure her and ask her about the stressors.

· This is a case of conversion disorder
· Somatization disorder: female before age 30 years. symptoms include two GIT , four sites of pain , one sexual dysfunction, one pseudoneuron
· Conversion disorder: symptoms include voluntary or sensory
· Hypochondriasis: fear from life threatening disease
· Body dysmorphic disorder: aware from his imaging · Somatoform pain disorder: intensity pain is main symptom.

148. About general fatigue syndrome is true:
a) Antibiotics may be beneficial.
b) Anti-depressant may be beneficial. BUT MEDSCAPE SAYS A DIFFERENT ANSWERES !!!!!!!!!!
Trials of antiviral agents have been ineffective in relieving the symptoms of chronic fatigue syndrome (CFS). Various medications have been shown to be ineffective, including steroids, liver extract, chelating agents, intravenous (IV) vitamins, vitamin B-12, and IV or oral vitamin or mineral supplements.
Antidepressants have no major role to play in the treatment of CFS.
http://emedicine.medscape.com/article/235980-medication#1
Antibiotics are used in patients with elevated immunoglobulin M (IgM) *Chlamydia pneumoniae* titers.
http://emedicine.medscape.com/article/235980-medication#1

149. Which drug cause hypertensive crises when used with tyramine:
a) SSRI
b) Tricyclic antidepressant
c) MAOI
Tyramine is physiologically metabolized by MAO_A. In humans, if monoamine metabolism is compromised by the use of monoamine oxidase inhibitors (MAOIs) and foods high in tyramine are ingested, a hypertensive crisis can result, as tyramine can cause the release of stored monoamines, such as dopamine, norepinephrine and epinephrine.

150. Patient said that aliens talk to him otherwise he is not complaining of anything...what's the Rx:
a) Antidepressants
b) Antipsychotic
c) behavioral therapy
d) chloropromazide

151. Old lady came to your office with her daughter who said that her mother has behavioral changes "agitation, aggression &poor self care", you can't do approprite physical & neurological examinationwhat's your next step?
a) Antidepressant
b) immediate referral to a geriatric physician
Elderly persons may present with confusion or a general decline in functioning; they also experience more somatic complaints, cognitive symptoms, and fewer complaints of sad or dysphoric mood.
http://emedicine.medscape.com/article/286759-clinical

152. Clonazapine used in children for ttt of
a) Schizophrenia
treatment with this drug has caused agranulocytosis, defined as an absolute neutrophil count (ANC) less than 500/mm^3. Safety and efficacy not established.
http://www.rxlist.com/clozaril-drug.htm
http://reference.medscape.com/drug/clozaril-fazaclo-odt-clozapine-342972#0

153. Obsessive neurosis:
a) Treatment is east
b) Clomipramine doesn't not work
c) Mostly associated with severe depression
d) Can be cured spontaneously
Individuals with OCD frequently have other psychiatric comorbid disorders, prominently including major depressive disorder, alcohol and/or substance use disorders, other anxiety disorders, impulse control disorders.
http://emedicine.medscape.com/article/1934139-clinical
First-line pharmacologic treatments consist of 5-HT reuptake inhibitors, such as the SSRIs (fluoxetine, fluvoxamine, sertraline, paroxetine, citalopram, escitalopram), and clomipramine (Anafranil), a tricyclic antidepressant [TCA] with 5-HT and NE reuptake inhibition.
http://emedicine.medscape.com/article/1934139-treatment#aw2aab6b6b2

154. Patient on Amitriptyline 30 mg before bed time wakes up with severe headache and confusion, what's the appropriate action?
a) Shift him to SSRI's
b) Change the dose to 10 mg 3 times daily.
c) continue on the same.
Headache and confusion are one of the advers effect of using amitriptyline (TCAs).
http://reference.medscape.com/drug/levate-amitriptyline-342936#4

155. Hallucinations and Paranoia:
a) SCZ
b) Mood
c) Mania
d) Phobia
Frequent symptoms of schizophrenia are lack of insight 97%, auditory hallucinations74%, ideas of reference70%, paranoia 66%, flat affect66%, persecutory delusions62%.
Oxford hand book of clinical specialties, page358.

156. Patient is afraid of germs
a) Spesfic phobia

Specific phobia
Specific phobia is more common than social anxiety disorder (social phobia). The *DSM-IV-TR* describes the following types of specific phobia[1]:

- Animal type – Fear of dogs (cynophobia), cats (ailurophobia), bees (apiphobia), spiders (arachnophobia), snakes (ophidiophobia), or other animals
- Natural environment type – Fear of heights (acrophobia), water (hydrophobia), or thunderstorms (astraphobia)
- Blood injection/injury type – Algophobia (pain), rhabdophobia (the fear of being beaten)
- Situational type – Fear of flying (pteromerhanophobia), elevators, or enclosed spaces
- Others

http://emedicine.medscape.com/article/288016-overview

157. Treatment of severe depression with his resistant to treatment is by:
a) TCA
b) Electroencephalographic therapy
c) Electroconvulsive therapy

Electroconvulsive therapy (ECT) is a highly effective treatment for depression. Onset of action may be more rapid than that of drug treatments, with benefit often seen within 1 week of commencing treatment. A course of ECT (usually up to 12 sessions) is the treatment of choice for patients who do not respond to drug therapy, are psychotic, or are suicidal or dangerous to themselves.
http://emedicine.medscape.com/article/286759-treatment#aw2aab6b6b4

158. 40 years female complaining of thinking a lot in his children future, she is alert, anxious, cant sleep properly, poor appetite, she always make sure that doors in her home are closed, in spite of doors already closed, provisionalDx:
a) OCD
b) GAD
c) schizo
Signs and symptoms Common obsessions include the following:

- Contamination
- Safety
- Doubting one's memory or perception
- Scrupulosity (need to do the right thing, fear of committing a transgression, often religious)
- Need for order or symmetry
- Unwanted, intrusive sexual/aggressive thought

Common compulsions include the following:

- Cleaning/washing
- Checking (eg, locks, stove, iron, safety of children)
- Counting/repeating actions a certain number of times or until it "feels right"
- Arranging objects
- Touching/tapping objects
- Hoarding
- Confessing/seeking reassurance
- List making
- http://emedicine.medscape.com/article/1934139-overview

159. Contraindication to use in Migraine:
a) Buprobion
b) Lithium
c) Valium
Adverse effects include Migraine (1-4%) and headache (25-30%).
http://reference.medscape.com/drug/wellbutrin-zyban-bupropion-342954#4

160. 33 years old patient, she have MI and complicated with ventricular tachycardia , then from that time receive Buspirone, she came with fatigue , normotensive , pulse was 65 . What investigation must to be done?
a) thyroid function
b) liver and thyroid
http://reference.medscape.com/drug/buspar-buspirone-342913#4

161. Patient taking a medication , came to the ER suspecting she has overdose of her medication, her symptoms (convulsion, dilated pupil, hyperreflexia and strabismus) the medication is
a) TCA ?????
b) SSRI ????
c) Hypervitaminosis

http://emedicine.medscape.com/article/819204-clinical
http://emedicine.medscape.com/article/819204-clinical#a0217
http://emedicine.medscape.com/article/821737-clinical
http://emedicine.medscape.com/article/821737-clinical#a0256

162-end by Alaa Jadidi

my edition in pink.
i didnt change the previous answer if its different than mine
what i dont know is underlined. almost 4 questions

162. 28 yrs. old lady, C/O: chest pain, breathlessness and feeling that she'll die soon.. O/E : just slight tachycardia .. Otherwise unremarkable. the most likely diagnosis is:
a) **panic disorder** (straight forward)

163. antidepressant in elderly :
a) **Will take time to see effect** (wrong answer)
Elderly. Doses of antidepressants should initially be halved in the elderly and in people with renal or hepatic failure – Kumar.

When using antidepressant medication to treat the elderly, it is important to be aware that older adults have response rates similar to those of younger adults.[14] Also, antidepressants have similar efficacy when used to treat elderly patients with and without multiple medical comorbidities.
Source: 14. Gerson S, Belin TR, Kaufman A, et al. Pharmacological and psychological treatments for depressed older patients: A meta-analysis and overview of recent findings. Harv Rev Psychiatry 1999;7:1-28.
15. Gill D, Hatcher S. Antidepressants for depression in people with physical illness. Cochrane Database Syst Rev 2000;(2):CD001312.

164. Man was intent as if he is listening to somebody, suddenly started nodding & muttering. He is having:
a) **Hallucination** (Perception in the absence of astimulus, perceived in objective space with the qualities of normal perceptions)
b) Delusion (A false belief held with absolute conviction, and out of keeping with the patient's cultural, social and religious beliefs)
c) Illusion (Misperceptions of external stimuli, most likely when the general level of sensory stimulation is reduced)
d) Ideas of reference
e) Depersonalization (A change in self-awareness such that the patient feels unreal or detached from their body. The patient is aware, however, of the subjective nature of this alteration)

165. Male patient, who is otherwise healthy, has depression for 4 months. He retired 6 months ago. O/E: unremarkable except for jaundice. What's your diagnosis:
a) Major depressive disorder
b) Mood disorder due to medical illness
c) Adjustment disorder, depressed type (KUMAR)

166. Patients with c/p of depression more than 6m on examination she found jaundice diagnosis?

a) Systemic illness lead to mode disorder (KUMAR)

b) Major depression

167. Hopelessness most predictor for

a) **Suicide** (straight forward)

b) Impulse control problem

168. 78 old pt … start to have memory loss …gradually since 2 yrs back ..but he is capable of doing his daily activity… dressing himself but lately he start to forget the burner on.. and his personality changed from kind and caring father to agg. And irritable…what u will do

a) Do cost effective Ix

b) Refer to geriatric

c) TCA trial à wrong

d) **Give him Risperidoneà(antipsycotic)** most accurate - kumar

e) Arrange to transfer him to caring facility à true for severe case

169. Obsessive neurosis: (formerly called OCD)

a) Treatment is east

b) Clomipramine doesn't not work (Clomipramine (a tricyclic) and the SSRIs are the mainstay of drug treatment.)

c) **Mostly associated with severe depression** (kumar)

d) Can be cured spontaneously

170. Patient told you the refregator told him that all food inside poisoning:

a) audiatoryhalluscination

b) delusion

c) **illeusion** (straight forward)

· **Note:** hallucination: False perception for which no external stimuli exist illusion: It is a false perception with an external stimulus

171. young girl who become very stressed during exams and she pull her hair till a patches of alopecia appear how to ttt:

a) Olanzepin

b) Fluoxetine

Clomipramine (a tricyclic) and the SSRIs are the mainstay of drug treatment. = diazepam

172. What's true about antipsychotics?

a) **Predominantely metabloized in the liver** (and affect cytochrome p450- kumar)

b) Carbamazepin as a single dose os better than divided doses

173. Acute onset of disorientation, change level of conscious, decrease of concentration, tremor, he mention that he saw monkey! He was well before What's the diagnosis:

a) Parkinson dementia

b) Schizo
c) **Delirium** Delirium is a state of mental confusion that develops quickly and usually fluctuates in intensity
d) Delusion disorder

174. most common cause of sleeping in daytime is
a) **narcolepsy** A disorder characterized by sudden and uncontrollable, though often brief, attacks of deep sleep, sometimes accompanied by paralysis and hallucinations
b) mood disturbance
c) general anxiety disorder

175. Patient exaggrat his symptom when people around :
a) Somatization
b) **Malingering straight forward**
c) depression

176. Main defference b/w dementia and delirium
a) Memory impairment
b) **Level of consciousness – delirium is consciously impaired**
c) aphasia

177. pt of depression taken drug witch cause neutropenia, ecgs change etc
a) SSRI
b) **clozapine** (it is expensive and produces severe agranulocytosis in 1–2% of patients) kumar

178. Patient taking antidepressant drugs works in an office ,, next day when he came ,he told you that he have planned a suicide plan ,, your action is
a) **admit to hospital (straight forward)**
b) counceling
c) call to police
d) take it as a joke

179. old man feels that he's inforced to count the things and he doesn't want to do so:
a) obsession (a persistent unwanted idea or impulse that cannot be eliminated by reasoning) \ only idea
b) **Compulsion** an overwhelming urge to perform an irrational act or ritual. \ act

180. Long cenario about women with anexity dissorder (asking about the diagnosis)
Young female ,complaining of severe headaches over long period, now she starting to avoid alcohol, not to smoking, doing healthy habits, and she notes that she had improved over her last prgnancy,, what you think about her condition?
a) biofeedback Biofeedback, or applied psychophysiological feedback, is a patient-guided treatment that teaches an individual to control muscle tension, pain, body temperature, brain waves, and other bodily functions and processes through relaxation, visualization, and other cognitive control techniques. The name biofeedback refers to the biological signals that are fed back, or returned, to the patient in order for the patient to develop techniques of manipulating them
b) she was on b-blocker
c) alcohol caseation

181. Which one of the following below is at risk to commit suicide?
a) 20 year college boy who had big conflict with his girlfriend
b) 60 years women who is taking antidepressant and newly diagnosed to have osteoporosis.
c) Old male I don't remember, he was sick but not that to commet suicide.
الصح بي اجابة الموجوده الاختيارات ن.
افضل اختيار فيه يكون ممكن بس.

182. 6 months postpartum having hallucination ,dellusion ,disorganized thinking and speech , having social and emotional difficulty , having history of child death 3 months ,,, all of the following should be the possibility except
a) Schizophrenia
b) Schizophrenia form disorder
c) **Brief psychotic disorder** Brief psychotic disorder is currently classified with schizophrenia spectrum and other psychotic disorders. It is differentiated from other related disorders by its sudden onset, its relatively short duration (< 1 month), and the full return of functioning. - medscape
Which means if the question didn't mention the duration, u cant choose this answer.
d) Schizoeffective disorder

183. Patient having elevated mood state characterized by inappropriate elation, increased irritability, severe insomnia, increased speed and volume of speech, disconnected and racing thoughts, increased sexual desire, markedly increased energy and activity level, poor judgment, and inappropriate social behavior,,, associated with above pt should have one more symptom to fit on a diagnosis
a) Hallucination
b) Dellusion
c) **Grandiosity**
An exaggerated belief or claim of one's importance or identity, manifest by delusions of wealth, power, or fame \ and he will be diagnosed manic.
d) Dellirium

184. Old man psych patient, has hallucination, aggressive behavior, loss of memory, Living without care, urinate on himself, what is next step to do for him?
a) Give antipsychotic
b) **Admit him at care center for elderly (straight forward)**

185. What is the mechanism of OCD drugs:
a) **Increase availability of Serotonin (we first use SSRI - kumar)**
b) Decrease production of Serotonin
c) Increase production of Serotonin

186. Which one of these drugs is not available as emergency tranquilizer in psychiatric clinics:
a) Haloperidol
b) **Phenobarbital**
c) Lorazepam

187. The best drug used in treating schizophrenia, mania and schizophreniform disorders is:
a) **Risperidone Kumar**
b) Amitriptyline
c) Olanzapine
d) Paroxetine