

قائمة الاستلة 2025-05-03 06:52

الامراض الباطنة-الرابع -طب وجراحة الفم والاسنان-كلية طب وجراحة الفم والاسنان-درجة الامتحان(50)

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- 1) Reverse cholesterol transport is primarily mediated by:
- 1) + A. LDL
 - 2) - B. HDL
 - 3) - C. VLDL
 - 4) - D. IDL
- 2) 2.Hypertriglyceridemia is defined as a fasting TG level above:
- 1) - A. 100 mg/dL
 - 2) + B. 150 mg/dL
 - 3) - C. 200 mg/dL
 - 4) - D. 250 mg/dL
- 3) 3.Familial hypercholesterolemia (FH) is characterized by:
- 1) - A. Low HDL-C and high TG
 - 2) + B. LDL-C \geq 250 mg/dL and tendon xanthomas
 - 3) - C. Elevated chylomicrons
 - 4) - D. Secondary to hypothyroidism
- 4) 4.First-line pharmacotherapy for lowering LDL-C involves:
- 1) - A. Fibrates
 - 2) + B. Statins (HMG-CoA)
 - 3) - C. Ezetimibe
 - 4) - D. PCSK9 inhibitors
- 5) 5.in chronic hepatitis cases , which of the following is important tumour marker for development of liver cancer:
- 1) + 1. alpha. Fetoprotein (AFP)
 - 2) - 2. Aspartate aminotransferase
 - 3) - 3. Alkaline phosphatase
 - 4) - 4. High titer human immunoglobulin
- 6) 6.*H. pylori** survives in the stomach by:
- 1) + A. Neutralizing acid with urease activity
 - 2) - B. Evading immune cells via motility
 - 3) - C. Resisting pepsin digestion
 - 4) - D. Forming biofilms in the esophagus
- 7) 7.A high risk of NSAID-induced ulcers is seen in:
- 1) - A. Young adults with no ulcer history
 - 2) + B. Patients using antithrombotic agents
 - 3) - C. Vegetarians
 - 4) - D. Individuals with high vitamin D levels
- 8) 8.The gold standard for diagnosing peptic ulcers is:
- 1) - A. Upper gastrointestinal radiography
 - 2) + B. Esophagogastroduodenoscopy (EGD)
 - 3) - C. Serum **H. Pylori** antibody testing
 - 4) - D. Stool antigen test
- 9) 9.A patient with iron deficiency anemia might exhibit which of the following signs?
- 1) - A) Spoon nails (Koilonychia)
 - 2) - B) Pica (craving non-food substances)
 - 3) - C) Plummer-Vinson syndrome





- 4) + D) All of the above
- 10) 10. Secondary eradication therapy of H.pylori replaces clarithromycin with:
1) - A. Amoxicillin
2) + B. Metronidazole
3) - C. Vancomycin
4) - D. Doxycycline
- 11) 11. After successful *H. Pylori* eradication, patients should:
1) - A. Stop all follow-up screenings
2) + B. Continue gastric cancer screening
3) - C. Avoid dietary modifications
4) - D. Use NSAIDs prophylactically
- 12) 12. Patient with history of active peptic ulcer presenting with sudden severe upper abdominal pain and rigidity most likely has :
1) - A. Uncomplicated duodenal ulcer
2) + B. Gastric ulcer perforation
3) - C. Functional dyspepsia
4) - D. *H. Pylori* gastritis
- 13) 13. Which factor is NOT a major cause of gastroesophageal reflux (GER)?
1) - A. Hiatal hernia
2) - B. Transient LES relaxation
3) - C. Increased intra-abdominal pressure
4) + D. Excessive saliva production
- 14) 14. Which of the following is NOT a cause of macrocytic anemia?
1) - A) Vitamin B12 deficiency
2) - B) Folic acid deficiency
3) + C) Acute blood loss
4) - D) Liver disease
- 15) 15. Glucagon-like peptide-1 (GLP-1) is secreted by which cells?
1) - A) K cells in the upper small intestine
2) + B) L cells in the lower small intestine
3) - C) Pancreatic β -cells
4) - D) Pancreatic α -cells
- 16) 16. Which HbA1c value is diagnostic of “diabetic type”
1) - A) $\geq 5.0\%$
2) - B) $\geq 6.2\%$
3) + C) $\geq 6.5\%$
4) - D) $\geq 7.0\%$
- 17) 17. Diabetic ketoacidosis is most commonly associated with:
1) - A) Type 2 diabetes in elderly patients
2) - B) Hyperosmolar hyperglycemic state
3) + C) Type 1 diabetes with insulin deficiency
4) - D) Gestational diabetes
- 18) 18. What is the target HbA1c level for optimal glycemic control to prevent complications?**
1) - A) $< 6.2\%$
2) + B) $< 7.0\% *$
3) - C) $< 8.0\%$
4) - D) $< 9.0\%$
- 19) 19. Which symptom is associated with significant hyperglycemia?**
1) - A) Weight gain





- 2) - B) Reduced thirst (hypodipsia)
 3) + C) Polyuria and fatigue
 4) - D) Bradycardia
- 20) 20. Gestational diabetes is defined as:
 1) - A) Diabetes diagnosed before pregnancy
 2) + B) Glucose metabolism abnormalities first detected during pregnancy
 3) - C) A permanent form of diabetes requiring lifelong insulin
 4) - D) Diabetes caused by genetic mutations
- 21) 21. Which complication is unique to UC (not seen in Crohn's)?
 1) - a) Fistulas
 2) + b) Toxic megacolon
 3) - c) Strictures
 4) - d) Perianal abscesses
- 22) 22. Which complication is associated with long-term UC?
 1) - a) Gallstones
 2) + b) Colorectal cancer
 3) - c) Osteoporosis
 4) - d) Nephrolithiasis
- 23) 23. A 25-year-old presents with recurrent oral ulcers, genital ulcers, and blurred vision. Colonoscopy reveals ileocecal ulcers. The diagnosis mostly is
 1) - a) Crohn's Disease
 2) - b) Ulcerative Colitis
 3) + c) Behçet's Disease
 4) - d) Celiac Disease
- 24) 24. Which feature differentiates Crohn's from UC?
 1) - a) Bloody diarrhea
 2) + b) Transmural inflammation
 3) - c) Association with PSC
 4) - d) Responsiveness to 5-ASA
- 25) 25. When is hepatitis considered chronic?
 1) - A) When it lasts more than 3 months
 2) + B) When ALT levels remain abnormal for over 6 months
 3) - C) When jaundice persists for 2 weeks
 4) - D) When it causes immediate liver failure
- 26) 26. Which hepatitis virus has both acute and chronic forms and is mainly transmitted through blood and body fluids?
 1) - A) Hepatitis A
 2) + B) Hepatitis C
 3) - C) Hepatitis E
 4) - D) Hepatitis D
- 27) 27. What is fulminant hepatitis?
 1) - A) A mild form of hepatitis that resolves within days
 2) + B) A severe form of hepatitis that can lead to loss of consciousness and requires liver transplantation
 3) - C) A chronic type of hepatitis with no symptoms
 4) - D) A hepatitis type that only affects children
- 28) 28. What is the mainstay treatment for HBV infection?
 1) + A) Reverse transcriptase inhibitors
 2) - B) Interferon therapy
 3) - C) Corticosteroids





- 4) - D) Antibiotics
- 29) 29.What is a major complication of chronic viral hepatitis?
1) - A) Peptic ulcer
2) + B) Liver cirrhosis and hepatocellular carcinoma
3) - C) Hypertension
4) - D) Pancreatitis
- 30) 30.What does the presence of HBe antigen indicate?
1) - A) The patient is in the late stage of infection
2) + B) High viral load and infectivity
3) - C) The virus has been eliminated
4) - D) The patient has received a vaccine
- 31) 31.What are the main enzymes used to evaluate liver damage in hepatitis?
1) - A) Creatine kinase and lactate dehydrogenase
2) + B) AST (aspartate aminotransferase) and ALT (alanine aminotransferase)
3) - C) Amylase and lipase
4) - D) Urea and creatinine
- 32) 32.What does the presence of HBs antibody indicate?
1) - A) Active HBV infection
2) + B) Previous HBV infection or successful vaccination
3) - C) High viral load and infectivity
4) - D) Liver failure
- 33) 33.Hepatic encephalopathy occurs due to:
1) - A) Excessive protein intake
2) + B) Accumulation of ammonia in the blood
3) - C) Overproduction of bilirubin
4) - D) Viral load increase
- 34) 34.Which pathogen was conventionally responsible for 80–90% of post-infectious acute glomerulonephritis cases?
1) - a) Staphylococcus aureus
2) + b) Group A beta-hemolytic streptococcus
3) - c) Parvoviruses
4) - d) Escherichia coli
- 35) 35.What is a common finding in more than half of rapidly progressive glomerulonephritis cases?
1) + a) Presence of antineutrophil cytoplasmic antibodies (ANCA)
2) - b) Increased urinary calcium levels
3) - c) Decreased serum creatinine
4) - d) Enlarged kidneys with multiple cysts
- 36) 36.What is a characteristic finding on renal biopsy in rapidly progressive glomerulonephritis?
1) + a) Crescentic glomerulonephritis
2) - b) Calcium deposits in the renal cortex
3) - c) Complete absence of immune complexes
4) - d) Hyperplasia of renal tubules
- 37) 37.The KDIGO criteria for diagnosing AKI include all of the following EXCEPT:
1) - A. Δ serum creatinine (sCr) ≥ 0.3 mg/dL within 48 hours
2) - B. sCr elevation to 1.5 times baseline within 7 days
3) - C. Urine output < 0.5 mL/kg/h for ≥ 6 hours
4) + D. Hyperkalemia > 5.5 mmol/L
- 38) 38.A patient with AKI has a fractional excretion of sodium (FENa) $< 1\%$. This is MOST consistent with:
1) - A. Postrenal obstruction





- 2) - B. Acute tubular necrosis (ATN)
3) + C. Prerenal AKI
4) - D. Glomerulonephritis
- 39) 39. Which finding distinguishes acute tubular necrosis (ATN) from prerenal AKI?**
1) - A. Low FENa (<1%)
2) + B. Elevated urine sodium
3) - C. Rapid response to fluids
4) - D. Normal urine sediment
- 40) 40. What is the most common cause of microcytic hypochromic anemia?
1) - A) Vitamin B12 deficiency
2) + B) Iron deficiency anemia
3) - C) Aplastic anemia
4) - D) Hemolytic anemia
- 41) 41. Which of the following laboratory findings is most characteristic of sideroblastic anemia?
1) - A) Decreased serum iron
2) + B) Increased serum iron and ferritin
3) - C) Increased unsaturated iron-binding capacity
4) - D) Normal iron levels
- 42) 42. Which of the following laboratory findings is most characteristic of sideroblastic anemia?
1) - A) Decreased serum iron
2) + B) Increased serum iron and ferritin
3) - C) Increased unsaturated iron-binding capacity
4) - D) Normal iron levels
- 43) 43. Which type of macrocytic anemia is associated with autoimmune destruction of gastric parietal cells?
1) - a) Folic acid deficiency anemia
2) + b) Pernicious anemia
3) - c) Sideroblastic anemia
4) - d) Aplastic anemia
- 44) 44. Neurological symptoms such as numbness and ataxia are seen in:
1) - a) Iron-deficiency anemia
2) - b) Folic acid deficiency anemia
3) + c) Vitamin B12 deficiency anemia
4) - d) Sickle cell anemia
- 45) 45. Which of the following conditions is not associated with normocytic normochromic anemia?
1) - a) Acute hemorrhage
2) - b) Hemolytic anemia
3) + c) Sideroblastic anemia
4) - d) Leukemia
- 46) 46. Glucocorticoids cause osteoporosis by:
1) - a) Enhancing calcium absorption
2) + b) Suppressing bone formation and increasing resorption
3) - c) Stimulating osteoblast activity
4) - d) Increasing collagen cross-linking
- 47) 47. Which marker indicates bone formation?
1) - a) Urinary NTX
2) + b) Serum BALP
3) - c) Urinary DPD
4) - d) Blood CTX
- 48) 48. The gold standard for measuring bone density is:





- 1) - a) MRI
2) - b) CT scan
3) + c) DXA (DEXA)
4) - d) Ultrasound
- 49) 49. The most frequent site of hypertensive intracerebral hemorrhage is the:
1) - a) Thalamus
2) + b) Putamen
3) - c) Cerebellum
4) - d) Pons
- 50) 50. In putaminal hemorrhage, conjugate deviation of the eyes is typically directed:
1) - a) Away from the lesion
2) + b) Toward the lesion
3) - c) Upward
4) - d) Downward

