



قائمة الاسئلة

الباطنه - المستوى الخامس - قسم طب بشري - كلية الطب والعلوم الصحية - الفترة ساعتان - درجة الامتحان (180)

د / فائزة

- 1) A 28 year old man complaining of a 3 days of abdominal pain . he developed acute pain in his right upper quadrant . the pain was non radiating & was associated with nausea & 2 episodes of non bloody emesis 2 days ago , he began to turn “yellow”. He has no significant past medical history , has had no recent illnesses and denies any alcohol or drug abuse . he is afebrile & has scleral icterus with mild jaundice of his skin . his right upper quadrant is tender with no palpable gallbladder & no Murphy’s sign . what is the best appropriate next step in diagnosis
- 1) - a.Serum hepatitis A IgG titer
  - 2)  b.Serum hepatitis A IgM titer
  - 3) - c. Serum hepatitis B surface antibody titer
  - 4) - d.Serum hepatitis C antibody
  - 5) - e.Serum hepatitis D antibody
- 2) A 17-year-old boy is presents with bloody diarrhea. Over the past 2 weeks, the boy has reported frequent urges to defecate that are accompanied by abdominal cramping. Over the past several days, the stools have become looser, and mucus was present around the feces. One hour ago, he saw fresh blood on his stool. On questioning, the boy notes that similar symptoms have occurred over the past 2 years, except for the blood in his stool. His temperature is 37.5°C, blood pressure is 120/70 mm Hg, pulse is 65/bpm, and respirations are 16/min. His abdomen is soft, without guarding, and there is localized tenderness in the right lower quadrant. Which of the following is the most likely diagnosis?
- 1) - a. Appendicitis
  - 2) - b. Colon cancer
  - 3) - c. Diverticulitis
  - 4) - d. Pseudomembranous colitis
  - 5)  e. Ulcerative colitis
- 3) )A 55-year-old white man presents to ER with severe abdominal pain that has been radiating through to his back for the past 2 days. The man appears acutely ill and is sitting in a markedly bent-over position, holding his arms over his abdomen. He has also been throwing up, even when there is nothing in his stomach. His Temperature is 38.1°C, BP is 85/60 mm Hg, pulse is 120/min and regular, and respirations are 22/min and shallow. His lungs are clear to auscultation. Pressure on the upper portion of the abdomen intensifies the pain. The liver edge can be felt and has a nodular character. A complete blood count shows an erythrocyte count of 3.5 million/mm<sup>3</sup> , white blood cell count of 18,000/mm<sup>3</sup> with predominately neutrophils and increased band forms, and a platelet count of 200,000/mm<sup>3</sup> . Which of the f following is the most appropriate next step in diagnosis?
- 1) - a. Blood urea nitrogen
  - 2) - b. Chest x-ray
  - 3) - c. Esophagogastroduodenoscopy
  - 4)  d. Serum amylase level
  - 5) - e. Serum transaminase levels
- 4) A 78-year-old man is admitted to the hospital because of the acute onset of dysuria, f requency profound malaise, and shaking chills. His temperature is 39.8°C, blood pressure is 105/65 mm Hg, pulse is 120/min, and respirations are 28/min. Examination reveals pronounced tenderness in the right costovertebral angle. Urinalysis shows: Red blood cells 10/hpf, White blood cells 100/hpf, Protein 2+, Casts None. A urine sample is sent for cultures and results are pending. Which of the following is the most appropriate next step in management?
- 1) - a. Infusion of Ringer's lactate solution
  - 2) - b. Single-dose administration of cephalexin





- 3) - c. Single-dose administration of trimethoprim sulfamethoxazole
- 4) - d. Treatment with intramuscular ceftriaxone plus oral doxycycline
- 5)  e. Treatment with IV ampicillin and gentamicin
- 5) ) A 45-year-old male presents with a long-standing history of hypertension. Investigations show a urea of 7.5 mg/dl and a Creatinine of 1.9 mg/dl. You suspect acute glomerulonephritis. Which one of the following would suggest that diagnosis?
- 1) - a. 24 hour urinary protein excretion of 0.8g
- 2) - b. Dyslipidemia
- 3)  c. RBC casts in urinary sediment
- 4) - d. Shrunken glomeruli on renal biopsy
- 5) - e. Unilaterally smaller kidney
- 6) ) A 63-year-old woman noted to be hypertensive. She has a past history of hip osteoarthritis for which she has taken regular paracetamol. On examination she is obese with a BMI of 35, has a blood pressure of 180/100 mmHg and glycosuria is noted. Her Investigations show: Fasting plasma glucose= 329 mg/dl Serum urea =60 mg/dl, Serum creatinine =1.5 mg/dl, 24 hour urine protein concentration=1.8 g/day Normal ultrasonic appearances of both kidneys. Which of the following is the most likely diagnosis?
- 1) - a. Analgesic nephropathy
- 2) - b. Chronic glomerulonephritis
- 3)  c. Diabetic nephropathy
- 4) - d. Hypertensive nephropathy
- 5) - e. Ischaemic nephropathy
- 7) ) A 30-year-old, dark-skinned man consults a physician because "his eyes turned yellow" on examination he had jaundice in the sclera, palms, and nail beds. His total bilirubin 6.8 mg%, direct bilirubin 0.8. Albumin 4.1 g/dL, Amylase 105 U/L (N : 30-110 U/L), AST 20 U/L, ALT 25 U/L and Alkaline phosphatase 77 U/L. Which of the following is the most likely diagnosis?
- 1) - a. Carcinoma of the ampulla of Vater
- 2) - b. Cholesterol gallstone disease
- 3) - c. Dubin-Johnson syndrome
- 4) - d. Hepatic cirrhosis
- 5)  e. Sickle cell disease
- 8) A 45-year-old woman presents to ER complaining of acute abdominal pain. She has a history of a peptic ulcer for several years that has been treated with an H2 blocker. She denies diarrhea, nausea, or vomiting and states that she does not use NSAID. The pain is constant and none radiating. On examination, she is tachycardic, but does not have a fever. Abdominal examination is remarkable for rigidity and rebound tenderness. Rectal examination produces dark stool that is guaiac positive. Which of the following is the most appropriate next step in management?
- 1) - a. Abdominal CT scan
- 2)  b. Erect abdominal x-ray film
- 3) - c. Exploratory laparotomy
- 4) - d. Laparoscopic exploration
- 5) - e. Upper endoscopy
- 9) A 45-year-old woman comes to ER because of the sudden onset of abdominal pain that radiates from the right hypochondrium to the shoulder. The pain is steady, with periodic exacerbations. The patient is afebrile. Ultrasound examination reveals a stone in the cystic duct. Which of the following is the most appropriate next step in management?
- 1) - a. Endoscopic sphincterotomy with stone extraction
- 2)  b. Laparoscopic cholecystectomy
- 3) - c. Lithotripsy with bile salt treatment
- 4) - c. Open cholecystectomy



- 5) - e. Ursodeoxycholic acid treatment
- 10) A 55-year-old man is brought to ER by the police after being found wandering and incoherent to himself. The man is unable to give a coherent history. The initial impression is of an emaciated, jaundiced, and confused man who appears older than his stated age. Vital signs are stable and within normal limits. The breath has a musty, sweet odor. Abdominal examination shows ascites and marked nodularity of the liver edge. A "caput medusa" is seen near the umbilicus. Neurologic examination is notable for asterixis. A toxicology screen is negative. Aspartate aminotransferase (AST), alanine . aminotransferase (ALT), and blood ammonia are all moderately increased. The man is admitted to the hospital and given an extremely low protein diet with oral carbohydrate supplementation. The bowels are cleared with an enema. Which of the following is the most appropriate pharmacotherapy?
- 1) - a. Ampicillin, oral
  - 2) - b. Benzathine penicillin, intramuscular
  - 3) - c. Ceftriaxone, oral
  - 4)  d. Neomycin, oral .
  - 5) - e. Penicillin G IV
- 11) A 45-year-old man has several months of heartburn and indigestion. He denies dysphagia or weight loss. Furthermore, the patient denies chronic diarrhea, fever, chills, or shakes. The patient has no other medical issues. He has been placed on anti reflux medications including omeprazole, 20 mg daily. This regimen has not cured the patient's symptoms, however. As a result, the patient undergoes an upper endoscopy. Endoscopy reveals nonspecific gastritis. Random biopsies done during the procedure reveal mucosa-associated lymphoid tissue (MALT) lymphoma. Which of the following is the appropriate management?
- 1) - a. Chemotherapy
  - 2)  b. Eradication of Helicobacter pylori
  - 3) - c. Observation
  - 4) - d. Radiation therapy
  - 5) - e. Radiation therapy and chemotherapy
- 12) Which of the following is not a symptom of cholera
- 1) - a. Fast heart rate
  - 2) - b. Dehydration
  - 3) - c. Sever diarrhea
  - 4)  d. High fever
- 13) ) Intestinal perforation is ultimate symptom of extreme stage of which disorder
- 1) - a.Malaria
  - 2)  b.Typhoid
  - 3) - c.Pneumonia
  - 4) - d.Filariasis
- 14) Chronic Brucellosis means
- 1)  a. Persistent symptoms for more than 1 year
  - 2) - b. Symptoms for 2 months
  - 3) - c. Asymptomatic disease with positive serology test
  - 4) - d. Persistent symptoms for 3 months
- 15) Which of the following is NOT a common cause of prerenal acute renal failure
- 1) - A .Hypovolemia
  - 2) - b. Heart failure
  - 3) - c. Sepsis
  - 4)  d. Glomerulonephritis
- 16) ) Which of the following findings is most specific for acute tubular necrosis (ATN)
- 1) - a.Red blood cell casts
  - 2) - b.White blood cell casts





- 3) - c. Eosinophils in urine  
4) + d. Muddy brown granular casts
- 17) A 45 year old man presents to ER with sudden onset , severe right sided flank pain radiating to the groin . he reports nausea but no fever . his urinalysis reveals microscopic hematuria . which of the following is the most appropriate initial step in the management of this patient
- 1) + a. Non -contrast CT scan of the abdomen & pelvis  
2) - b. Oral antibiotics and discharge  
3) - c. Ultrasound of the kidneys & bladder  
4) - d. Serum uric acid and calcium level testing  
5) - e. Immediate surgical consultation for possible intervention
- 18) A 60 year old male construction worker presents with a progressive cough & wheezing , along with occasional hemoptysis & significant weight loss . his work history reveals over 20 years of exposure to asbestos . what is the most likely diagnosis
- 1) + a. Lung cancer  
2) - b. Hypersensitivity pneumonitis  
3) - c. Silicosis  
4) - d. Bronchiectasis
- 19) A 50 year old woman with a 2 decade history of smoking presents with shortness of breath & chronic cough. Pulmonary function tests reveal an FEV1/FVC ratio of 0.65 and a post bronchodilator FEV1 improvement of only 5 % what is the most likely diagnosis
- 1) - a. Asthma  
2) - b. Chronic severe asthma  
3) + c. Emphysema  
4) - d. Bronchiectasis  
5) - e. Restrictive lung disease
- 20) A 47 year old male with bronchiectasis requires a lung function test to assess the degree of obstruction . which parameter is most indicative of the severity of bronchiectasis
- 1) - a. Total lung capacity (TLC)  
2) + b. FEV1/FVC ratio  
3) - c. Peak expiratory flow rate (PEFR)  
4) - d. Residual volume (RV)  
5) - e. Forced expiratory volume in 6 seconds (FEV6 )
- 21) All of the following are signs of life threatening asthma EXCEPT
- 1) - a. Normal PaCO<sub>2</sub>  
2) - b. Silent chest  
3) - c. Confusion  
4) + d. Heart rate more than 110 /min  
5) - e. PO<sub>2</sub> less than 60 mmHg
- 22) ) Which of the following is TRUE regarding TB treatment
- 1) - a. Duration of treatment for pericardial TB is 9 months  
2) + b. Tapered dose of steroids should be added in cases of meningeal TB  
3) - c. Levofloxacin is a new first line treatment in drug sensitive TB  
4) - d. Mantoux test should be done to evaluate patient response to treatment
- 23) A patient on first line anti TB medications developed peripheral neuropathy . which of the drug is mostly responsible for that complication
- 1) - a. Rifampicin  
2) - b. Streptomycin  
3) - c. Pyrazinamide  
4) + d. Isoniazid





- 24) Which of the following is NOT a cause of a transudative pleural effusion
- 1) - a. Ovarian cancer
  - 2) - b. Nephrotic syndrome
  - 3) - c. Ischemic cardiomyopathy
  - 4) + d. Crohn's disease
- 25) Ulcerative colitis is manifested by
- 1) - a. Mucous discharge & watery diarrhea
  - 2) + b. Mucosal inflammatory condition of the GIT confined to colon & rectum
  - 3) - c. Abdominal distension & constipation
  - 4) - d. Increase flatus
  - 5) - e. Weight loss & anal fistula
- 26) Extra intestinal manifestation of IBD are all of the following EXCEPT
- 1) - a. Osteoporosis
  - 2) - b. Ureteral obstruction
  - 3) - c. Ankylosing spondylitis
  - 4) + d. Endocarditis
  - 5) - e. Erythema nodosum
- 27) ) All of the following are manifestations of portal hypertension EXCEPT
- 1) - a. Oesophageal varices
  - 2) - b. rectal varices
  - 3) + c. Gastric lymphoma
  - 4) - d. Splenomegaly
  - 5) - e. Ascites
- 28) The clinical features of adult polycystic kidney disease include all of the following EXCEPT
- 1) + a. An autosomal recessive mode of inheritance
  - 2) - b. Cystic disease of the liver & pancreas
  - 3) - c. Renal angle pain & hematuria
  - 4) - d. Mitral valve prolapse
  - 5) - e. Hyperuricemia & urinary stone formation
- 29) 13 year old boy presented with sever generalized edema . his S albumin =2 gm/dl, 24 hour urinary protein =5 gm , Renal biopsy was normal on light microscopy & immunofluorescence . what is the most likely diagnosis
- 1) - a. Focal segmental GN
  - 2) - b. Membranous neuropathy
  - 3) + c. Minimal change disease
  - 4) - d. Myeloma
  - 5) - e. Renal vein thrombosis
- 30) The typical features of acute post streptococcal glomerulonephritis are all EXCEPT
- 1) - a. Oliguria
  - 2) - b. Hematuria with RBC & casts
  - 3) - c. Hypertension
  - 4) + d. Impaired renal tubular function
  - 5) - e. Low C3 complement
- 31) ) A 23-year-old male patient presented with history of fatigue, fever and bleeding symptoms. CBC showed pancytopenia. Aplastic anemia is suspected. The best site for obtaining an adequate bone marrow sample for confirmation of the diagnosis
- 1) - a. Body of the Sternum
  - 2) - b. Manubrium of the sternum
  - 3) - c. Proximal end of femur
  - 4) + d. Posterior iliac crest





- 5) - e. Vertebra
- 32) ) A 65-year-old male patient presented to the outpatient medical clinic for evaluation of his anemia. His laboratory values showed White blood cell count  $4.0 \times 10^9/L$  with normal differential count, Hemoglobin 6.0 g/dL, Mean corpuscular volume (MCV) 70 fL, MCH 25 pg, Platelet count  $200 \times 10^9/L$ , Reticulocyte count 1.0% of erythrocytes, iron was  $7 \mu\text{mol/l}$  (11–28), Ferritin 110 ng/mL (35–150), Total iron binding capacity (TIBC)  $20 \mu\text{mol/l}$  (45–75), transferrin saturation 35%, LDH (Lactate dehydrogenase: 180 U/L (NL up to 250 U/L). The most likely cause of his anemia
- 1) - a. IDA
  - 2)  b. Anemia of chronic disease
  - 3) - c. Thalassemia minor
  - 4) - d. Hemolytic anemia
  - 5) - e. Sideroblastic anemia
- 33) ) A 55-year-old woman presented to the outpatient clinic with history of back pain for few months. Evaluation showed that she has also anemia and renal impairment. Further laboratory evaluation showed that she has hyperuricemia and hypercalcemia. Protein electrophoresis showed monoclonal gammopathy and bone marrow examination showed 40% plasma cell infiltration. Treatment planned for her included dexamethasone, cyclophosphamide in addition to a targeted therapy. Which of the following is the appropriate targeted therapy recommended for this patient?
- 1) - a. Rituximab.
  - 2) - b. Imatinib.
  - 3) - c. Ruxolitinib
  - 4) - d. Ibrutinib.
  - 5)  e. Lenalidomide
- 34) ) A 30-year-old female patient complains of menorrhagia, fever and pallor. Her Hb 7.0 g/dl, WBC  $2.0 \times 10^9/L$  and platelets  $30 \times 10^9/L$ . The differential diagnosis include the following except
- 1) - a. Megaloblastic anemia
  - 2) - b. MDS
  - 3)  c. ITP
  - 4) - d. SLE
  - 5) - e. Visceral leishmaniasis
- 35) A 19-year-old male patient presented with fever, fatigue and ecchymoses. O/E: pallor and mild splenomegaly. His CBC shows WBC  $9.2 \times 10^9/L$ , lymphocytes 28%, neutrophils 19%, promyelocytes 42%, monocytes 7%, eosinophils 4%, Hb 8.9 g/dl, MCV 95 fl, platelet count  $41 \times 10^9/L$ . Bone marrow aspiration findings showed hypercellularity with 11% neutrophils, 8% meta-myelocytes, 10% myelocytes, 65% promyelocytes and 6% blasts with decreased erythropoiesis and megakaryopoiesis. The expected cytogenetic abnormality is:
- 1)  a. Translocation between chromosome 15 and 17 [t(15;17)]
  - 2) - b. Translocation between chromosome 9 and 22
  - 3) - c. Translocation between chromosome 8 and 21
  - 4) - d. Translocation between chromosome 11 and 14
  - 5) - e. Trisomy 8
- 36) A 70-year-old female patient has chronic anemia for 2 years requiring recurrent blood transfusion and not responding to hematinics. She has no splenomegaly and no lymphadenopathy. Her recent CBC shows WBC  $3.0 \times 10^9/L$ , neutrophils 30%, lymphocytes 62%, monocytes 6%, eosinophils 2%, Hb 7.0 g/dl and platelet count  $90 \times 10^9/L$ . MCV 105 fl, MCH 33 pg, Reticulocyte count 0.8% of erythrocytes, Ferritin 1500 ng/mL (35–150) and LDH Lactate dehydrogenase: 220 U/L (NL up to 250 U/L). Her bone marrow examination showed hypercellularity and dyserythropoiesis and dysmegakaryopoiesis and blasts 7%. Cytogenetic abnormality showed deletion of the long arm of chromosomes 7 and 5 (5q-,7q-).The diagnosis is
- 1) - a. Aplastic anemia
  - 2) - b. Acute myeloid leukemia





- 3)  c. Myelodysplastic syndrome  
4) - d. Myelofibrosis  
5) - e. megaloblastic anemia
- 37) A 46-year-old man presents to hospital with abdominal discomfort and is found to have severe splenomegaly and Leukocytosis with shift to the left. CML was suspected. Which of the following statements is correct regarding CML?
- 1) - a. Allogeneic stem cell transplantation remains the first-choice therapy in chronic phase  
2) - b. At presentation the majority of white cells are blast cells  
3) - c. The disease arises from a mutated stem cell containing the t(15;17) translocation  
4)  d. The Philadelphia (Ph) chromosome which is a small chromosome 22 resulting from the translocation t(9;22) confirms the diagnosis of CML  
5) - e. The platelet count is usually reduced
- 38) A 73-year-old man is found to have some abnormalities in a full blood count taken to investigate a symptom of fatigue. The CBC showed absolute lymphocytosis suggestive of CLL. In patients with chronic lymphocytic leukaemia (CLL), which one of the following features is true?
- 1) - a. Most patients are symptomatic and require treatment at presentation  
2) - b. Patients with mutated immunoglobulin genes have a poorer prognosis than those with unmutated immunoglobulin genes  
3) - c. Features of Rai stage 3: As stage 0 + thrombocytopenia (platelets  $<100 \times 10^9/L$ )  $\pm$  adenopathy  $\pm$  organomegaly  
4)  d. The peripheral blood lymphocyte count is persistently above  $5 \times 10^9/L$  and Characteristically, the cells are surface CD 19+, CD5+ and CD23+  
5) - e. The presence of [De117p/loss of Tp53] mutation predicts for a good response to chemotherapy
- 39) ) A 60-year- old male patient is referred after being found unexpectedly to have anemia. Which of the following statements is in keeping with a diagnosis of acute myeloid leukemia?
- 1) - a. The blasts in the bone marrow 10%  
2) - b. Splenomegaly is frequently massive  
3) - c. The leukemic blasts proliferate excessively but differentiate normally  
4) - d. The platelet count is most likely to be increased  
5)  e. The presence of a low platelet count and a high white cell count but very low neutrophil count
- 40) A 29-year-old woman was found to have a Hb of 7.8 gm/dL with reticulocyte count of 0.8% of erythrocytes. Peripheral blood smear showed microcytic hypochromic anemia. Hb electrophoresis showed HbA was 97%, Hb A2 was 2.5%, and Hb F levels was 0.5%. Serum iron was 9  $\mu\text{mol/l}$  (11–28) and TIBC was 150  $\mu\text{mol/l}$  (45–75). The likely diagnosis is:
- 1)  a. IDA (iron deficiency anemia)  
2) - b.  $\beta$  thalassemia minor  
3) - c. Sideroblastic anemia  
4) - d. Anemia of chronic inflammation  
5) - e. Lead Poisoning
- 41) Which of the following drug is used in the treatment of HIV/AIDS
- 1) - a.Svaldi  
2)  b.Symtuza  
3) - c.Harvoni  
4) - d.Tenofovir  
5) - e.Entecavir
- 42) The following are warning sings in Dengue fever except
- 1) - a.Clinical fluid accumulation  
2) - b.Mucosal bleeding  
3) - c.Liver enlargement  $>2$  cm



- 4)  d. Decrease haematocrit (HCT) value
- 5)  e. Decrease in platelet count
- 43) Complications of chronic *Wuchereria bancrofti* include all of the following except
- 1)  a. Elephantiasis
- 2)  b. Funiculitis
- 3)  c. Lymph-scrotum
- 4)  d. Subcutaneous nodule
- 5)  e. Chyluria
- 44) One of the following drug is useful for all soil transmitted disease
- 1)  a. Albendazole
- 2)  b. Ivermectin
- 3)  c. Doxycycline
- 4)  d. Praziquantel
- 5)  e. Artesunate
- 45) A male patient presented with high fever and right Hypochondrial pain. On examination patient is pale liver is enlarged and tender, WBC 16,000/mm<sup>3</sup> with high neutrophil blood sugar fasting 200mg/dl no other signs could be detected. Which of the following is most possible diagnosis ?
- 1)  a. Subacute bacterial endocarditis
- 2)  b. Acute viral hepatitis
- 3)  c. Amoebic liver abscess
- 4)  d. Schistosomal liver fibrosis
- 5)  e. Impacted Ascariasis in the common bile duct
- 46) Which of The following features is typical of *P. falciparum* infection
- 1)  a. Relapse is common
- 2)  b. Numerous schizonts are visible in blood smears during an acute attack
- 3)  c. Trophozoites precede merozoites
- 4)  d. Parasitized red blood cells are mostly sequestered in deep tissues
- 5)  e. *P. falciparum* has a lower replication potential than *P. vivax*
- 47) Which of the following is true regarding Chemoprophylaxis for malaria
- 1)  a. Appropriate chemoprophylaxis is 100% effective way of avoiding malaria
- 2)  b. Tetracycline can be used one tablet every week as Chemoprophylaxis agent *falciparum* malaria
- 3)  c. Mefloquine can be used one tablet every day as Chemoprophylaxis agent *falciparum* malaria
- 4)  d. Artesunate is the best malarial prophylaxis in first trimester of pregnancy
- 5)  e. Malarone can be used both for prophylaxis and treatment of *F. malaria*
- 48) Katayama fever presented with the following manifestations except
- 1)  a. Nocturnal fever
- 2)  b. Non productive cough
- 3)  c. Eosinophilia
- 4)  d. Liver fibrosis
- 5)  e. Abdominal pain
- 49) The most Common bacterial cause of meningitis in adults is one of the following
- 1)  a. *Pseudomonas aeruginosa*
- 2)  b. *Staphylococcus epidermis*
- 3)  c. *Haemophilus influenza*
- 4)  d. *Neisseria Meningitidis*
- 5)  e. *Escherichia Coli*
- 50) A 57 year old man who is a heavy smoker presents to his family physician with epigastric pain, occasional vomiting, tiredness and easy fatigability. Clinical examination reveals signs of anaemia and epigastric tenderness but no masses or organomegaly. Routine blood tests confirm mild iron deficiency anaemia but no





- other abnormalities. Which action by the family physician is the most appropriate?
- 1) - a. She should arrange for him to have an urgent barium meal
  - 2) - b. She should check his H. pylori serology and start him on eradication therapy if positive.
  - 3) - c. She should start him immediately on H. pylori eradication therapy
  - 4) - d. She should start him on a course of Proton pump inhibitor (PPI) and review him in 2 months for repeat blood tests
  - 5)  e. She should start him on PPI and refer him for an urgent upper GI endoscopy
- 51) A 23 year old woman presents with 8-month history of bloating, loose stool and bowel-opening frequency of 3 times per day. There is no weight loss. Blood tests reveal a Hb of 10 g/dL, low ferritin, low folate. What is the next best investigation?
- 1) - a. Abdominal X-ray
  - 2)  b. Coeliac serology with serum immunoglobulin A(IgA)
  - 3) - c. Colonoscopy
  - 4) - d. Stool calprotectin
  - 5) - e. Stool culture
- 52) A 40 year old male with a diagnosis of chronic pancreatitis complains of foul-smelling pale stools, which are difficult to flush. A deficiency in which of the following hormones/ enzymes is responsible?
- 1) - a. Chymotrypsin
  - 2) - b. Glucagon
  - 3)  c. Lipase
  - 4) - d. Maltase
  - 5) - e. Somatostatin
- 53) A 53 year old man with known oesophageal varices presents with a large gastrointestinal (GI) bleed. You are the first attending clinician. What is the first step you should take?
- 1) - a. Alert interventional radiology in case transjugular intrahepatic portosystemic stent shunt (TIPSS) is required
  - 2) - b. Arrange urgent cross-match
  - 3) - c. Arrange urgent endoscopy and banding
  - 4)  d. Insert large-bore cannula and give fluid
  - 5) - e. Organise bedside ultrasound to assess for portal vein thrombosis
- 54) An 18 year old medical student has his hepatitis B and C status checked as part of his occupational health screening for entrance to medical school. His results are as follows: LFTs: Bilirubin 12 mmol/L (0.70 mg/dl) ALT 19 U/L HCV antibody not detected Hepatitis B surface antigen (HBsAg) positive Antibody to HBsAg (anti-HBs) negative Antibody to hepatitis B core antigen (anti-HBc) IgM negative Anti-HBc IgG positive What is the next step in his management?
- 1)  a. Check hepatitis B e antigen (HBeAg) and HBV DNA
  - 2) - b. Liver biopsy.
  - 3) - c. Repeat blood tests in 6 months
  - 4) - d. Tenofovir
  - 5) - e. Vaccinate for hepatitis B
- 55) There has been an outbreak of hepatitis A virus (HAV) at a local nursery. The head teacher of a primary school in the same area would like some advice on prevention of secondary cases of hepatitis A infection. Of note, no one at the primary school (child or adult member of staff) has been identified as unwell or an index case. What advice do you give to her?
- 1) - a. Everyone in her primary school should be vaccinated
  - 2)  b. Good hygiene practice is the cornerstone of prevention
  - 3) - c. HAV is not highly infectious
  - 4) - d. Infected individuals will always have symptoms
  - 5) - e. There is a risk of becoming a chronic carrier



- 56) A 60 year old man is found to have hepatitis C and undergoes a liver biopsy that confirms stage 4 fibrosis (cirrhosis). He is asymptomatic and subsequently receives antiviral therapy and successfully clears the virus (a sustained viral response). What further test will he need?
- 1) - a. Cardiac angiogram
  - 2) - b. Chest X-ray
  - 3) - c. Electrocardiogram (ECG)
  - 4) - d. HCV RNA annually to check for recurrence
  - 5)  e. Ultrasound every 6 months as part of routine HCC surveillance
- 57) A 45 year old man presents with a 6-week history of bilateral ankle swelling. On examination his pulse was 72 beats/min, blood pressure (BP) 126/68 mmHg, jugular venous pressure (JVP) was not elevated and auscultation of heart and lungs was unremarkable. He had no stigmata of chronic liver disease. Which of the following is the most appropriate initial investigation?
- 1) - a. Abdominal ultrasound scan
  - 2) - b. D-dimer
  - 3) - c. Echocardiogram
  - 4)  d. Urinalysis
  - 5) - e. Urinary sodium
- 58) A 25 year old man presents with visible haematuria. He reports that he had a very sore throat 2 weeks previously, but is otherwise well. His BP and renal function are both normal. Protein: creatinine ratio was elevated (100 mg/mmol). What is the most likely diagnosis?
- 1) - a. Bladder cancer
  - 2)  b. IgA nephropathy
  - 3) - c. Polycystic kidney disease (PKD)
  - 4) - d. Post-infectious glomerulonephritis
  - 5) - e. Renal calculus
- 59) 29 year old male who was being treated for pneumonia with oral antibiotics at home, presents with fever and left sided chest pain, CXR show lt sided pleural effusion, thoracentesis show straw colored fluid with the following lab investigations pH:6.99, LDH:2000 IU/L, glucose 32mg/dl, total protien 55 g/l. gram positive diplococci were seen.what is the best next step in managing this patient
- 1) - a.Send multiple samples for culture and sensitivity
  - 2) - b.Send for cytology
  - 3) - c.Drain 1 liter of the fluid and folow up cxr in one week
  - 4) - d.Swithch the patient to IV antibiotics and follow up cxr in one week
  - 5)  e.Intercostal chest tube drainage
- 60) ) Atypical pneumonia is commonly caused by one of following organisms except :
- 1) - a. Mycoplasma pneumoniae
  - 2) - b. Chlamydomphila pneumoniae
  - 3) - c. Coxiella burnetii
  - 4)  d .Pseudomonas aeruginosa
- 61) ) A 74 year old woman presents with breathlessness. She is found to have an elevated jugular venous pressure (JVP). Which of the following conditions is most likely to explain this physical finding?
- 1) - a. Aortic stenosis
  - 2) - b.Dehydration
  - 3) - c. Exacerbation of asthma
  - 4) - d. Increased left atrial pressure
  - 5)  e. Recurrent pulmonary embolism
- 62) A 35-year-old patient complains of chronic cough and expectoration of excessive purulent sputum averaging 320 ml/d. The condition partly improves with antibiotics to recur again. Expectoration increases on awakening in the morning and on leaning forward. The patient also has 3rd degree clubbing. What is the most





- probable diagnosis?
- 1) - a. Pleural effusion
  - 2) - b. COPD
  - 3) - c. Pneumonia
  - 4) + d. Bronchiectasis
- 63) In which of the following situations would you consider treating an asymptomatic patient identified to have  $> 10^5$  E. coli/ml urine?
- 1) - a. Healthy 14 year old girl
  - 2) - b. 24 year old woman, normal ultrasound and flexible cystoscopy in the past
  - 3) + c. 32 year old pregnant woman
  - 4) - d. 67 year old man with a urethral catheter in situ
  - 5) - e. 78 year old woman with a ureteric stent in place for retroperitoneal fibrosis
- 64) A 45-years-old women is admitted to hospital with a 3-days history of cough, breathlessness & right pleuritic pain. She has smoked 20 cigarettes/day for 25 years. On examination chest expansion is diminished on the right. There is dullness over the right lung base with bronchial breathing and crackles. These feature suggest:
- 1) + a. Pneumonic consolidation
  - 2) - b. Pneumothorax
  - 3) - c. Emphysema
  - 4) - d. A pleural effusion
- 65) In a patient presenting with renal impairment, which of the following is most helpful in discriminating between acute kidney injury and a late presentation of CKD? )
- 1) - a. Anaemia
  - 2) - b. Hyperphosphataemia
  - 3) - c. Hyponatraemia
  - 4) - d. Renal biopsy showing interstitial fibrosis and tubular
  - 5) + e. Small echogenic kidneys on ultrasound
- 66) Which of the following is not a criteria for diagnosis of nephrotic syndrome?
- 1) + a. Hypertension
  - 2) - b. Massive proteinuria
  - 3) - c. Hyperlipidaemia
  - 4) - d. Anasarca
- 67) Regarding sickle cell anemia , the following are true except
- 1) - a. Autosomal recessive disease
  - 2) + b. Splenomegaly is a common feature
  - 3) - c. Hydroxyurea is used in treatment
  - 4) - d. Usually do not need regular blood transfusion
  - 5) - e. Ischemic stroke is recognized complication
- 68) Adult male patient known case of G6PD present to Emergency room with jaundice and haematuria he had history of taking medication one day before illness, his Hb=7.8g/dl, MCV=95 fL, WBC=4.5 x10/L, Reticulocyte count =4% , Platelet count =450x10 /L, Total bilirubin=3.5 mg/dL (N: 0.1-1) , indirect bilirubin =3 mg/dL . Acute drug induced haemolysis in G6PD is caused by all of the following drugs except:
- 1) - a. Sulphonamides
  - 2) + b. Paracetamol
  - 3) - c. Dapsone
  - 4) - d. Primaquine
  - 5) -
- 69) All of the following are features of Hereditary Spherocytosis except:
- 1) - a. Defect in Ankyrin
  - 2) - b. Defect in spectrin





- 3) - c. Autosomal dominant  
4)  d. X-linked
- 70) One of the following is correct about diagnostic evaluation of haemophilia :
- 1) - a. Prolonged bleeding time  
2) - b. Low platelets level  
3) - c. Normal clotting time  
4)  d. APPT is prolongation
- 71) A 19-year-old woman is evaluated following a recent diagnosis of hereditary spherocytosis. She is asymptomatic. She takes no medications. On physical examination, vital signs are normal. The spleen tip is palpable. Laboratory studies show a hemoglobin level of 11.7 g/dl (117 g/L), mean corpuscular hemoglobin concentration of 40 g/dL (400 g/L), and reticulocyte count of 6% of erythrocytes. Peripheral blood smear shows frequent spherocytes and polychromasia of the erythrocytes and reticulocytosis. Which of the following is the most appropriate treatment?
- 1)  a. Folate  
2) - b. Prednisone  
3) - c. Rituximab  
4) - d. Splenectomy
- 72) Which one of the following clotting factors does not require vitamin K for its activation?
- 1) - a. Factor II  
2)  b. Factor V  
3) - c. Factor VII  
4) - d. Factor IX  
5) - e. Factor X
- 73) 25 years old male patient came complaining of jaundice and fatigue investigation showed ,Hb=6 g/dL, Hematocrit=24% , MCV=88fL, WBC=4.5x10<sup>9</sup> , Platelet count =450x 10<sup>9</sup> , total bilirubin =4 mg/dl (N:0.1-1) , indirect bilirubin =3.5 mg/dl . Which of the following findings would be most suggestive of intravascular haemolysis?
- 1) - a. Raised reticulocyte count  
2)  b. Haemosiderinuria  
3) - c. Raised lactate dehydrogenase (LDH)  
4) - d. Splenomegaly  
5) - e. Positive direct Coombs test
- 74) 21years old male patient admitted in medical ward with history of haemarthrosis . all of the following statements regarding haemophilia A are correct except one. Which is the exception?
- 1) - a. The condition shows X-linked recessive inheritance  
2) - b. There is deficiency of factor VIII  
3) - c. Muscle haematomas are a characteristic manifestation  
4)  d. Desmopressin aggravates the tendency to bleeding  
5) - e. It may be complicated by secondary osteoarthritis
- 75) 60 years old male patient admitted in ICU with history of hypotension and shock with loss of consciousness ,he had history of Urinary tract infection Which one of the following statements regarding disseminated intravascular coagulation (DIC) is false?
- 1) - a. The condition may be precipitated by Gram-negative septicaemia  
2) - b. Thrombocytopenia is a characteristic finding  
3)  c. Fibrinogen levels are elevated  
4) - d. D-dimer levels are elevated  
5) - e. There is a significant risk of haemorrhage
- 76) 30years old female patient presenting with history of recurrent bleeding disorder, which of the following clinical features would be most suggestive of a coagulation defect as opposed to a platelet disorder?





- 1) - a. Epistaxis  
2) + b. Haemarthrosis  
3) - c. Menorrhagia  
4) - d. Prolonged bleeding from superficial cuts
- 77) A 39 year old shepherd complains of chronic abdominal pain . examination is notable for a palpable liver mass was found .US shows a 15 cm cyst bearing multiple daughter cysts in the liver . which of the following is most likely diagnosis
- 1) - a. Ascariasis  
2) + b. Echinococcosis  
3) - c. Fascioliasis  
4) - d. Schistosomiasis  
5) - e. Toxocariasis
- 78) A 55 old man has been known for many years to have liver cirrhosis secondary to hepatitis C, developed worsening jaundice m, mild encephalopathy physical examination shows a nodular liver , CT scan demonstrates the presence of a solid tumor mass near the dome of the right lobe . which of the following is an additional useful diagnostic test in this patient
- 1) - a. 5 hydroxy –indoleacetic acid (5HIAA)  
2) + b. Alpha-fetoprotein (AFP)  
3) - c. Carcino-embryogenic agent (CEA)  
4) - d. Hepatitis C titers  
5) - e. Portal vein angiogram
- 79) A 31 year old man is admitted to the hospital because of melena . he has no significant past medical history but takes daily NSAID for knee pain . he observed copious bright red blood per rectum . on examination he is tachycardic & his peripheral pulses are faint but present . his mental status appears normal . his extremities are cool to touch . an IV line is placed . which of the following is the most appropriate next step in management
- 1) - a. Begin parenteral administration of large volumes of colloid solution  
2) + b. Begin parenteral administration of large volumes of normal saline solution  
3) - c. Order an urgent hematocrit level  
4) - d. Order an urgent type & cross match for blood  
5) - e. Place 2 additional large bore peripheral IV catheters
- 80) A 55-year-old man who has a 25 year pack history of smoking presents with productive cough with mucoid sputum of 2 years duration. On examination he has scattered rhonchi and wheezing. What is the most likely diagnosis?
- 1) - a. Bronchial Asthma B  
2) - b. Bronchiectasis  
3) + c. Chronic Bronchitis  
4) - d. Fibrosing Alveolitis  
5) - e. Pneumonitis
- 81) A 35-year-old woman with liver cirrhosis is admitted with deteriorating encephalopathy and abdominal discomfort. An ascitic tap revealed a polymorphonuclear cell count of 350 cells per mm<sup>3</sup> . Which of the following most appropriate therapy?
- 1) - a. Intravenous amoxicillin  
2) + b. Intravenous cefotaxime  
3) - c. Intravenous metronidazole  
4) - d. Oral neomycin  
5) - e. Oral norfloxacin
- 82) A 19-year-old student presents with a fifteen week history of diarrhoea. He has lost 2kg in weight. A smear of a duodenal biopsy reveals many trophozoites. What is the best treatment option?



- 1) - a. Ciprofloxacin  
2) - b. Gluten free diet  
3) + c. Metronidazole  
4) - d. Prednisolone  
5) - e. Quinine
- 83) 51-year-old man presents with hematemesis. Which of the following features would categorize him into a high risk group?
- 1) - a. A blood pressure of 135/85 mmHg  
2) + b. A history of ischaemic heart disease.  
3) - c. A plasma glucose of 130 mg/dl  
4) - d. A pulse of 90 beats per minute  
5) - e. His age
- 84) ) A 70-year-old man is admitted to hospital complaining of a twelve-day history of loin pain, fevers and occasional rigors. On examination, his temperature is 37.9°C. The renal function is normal. Urine analysis of a mid stream urine shows: White Cell Count > 100/mm<sup>3</sup> , Red Cell Count >50/mm<sup>3</sup> , and no organisms seen, with no growth. Which would be your first investigation of choice?
- 1) - a. CT abdomen and pelvis  
2) - b. Intra Venous Urogram (IVU)  
3) - c. Prostatic Specific Antigen (PSA) measurement  
4) - d. Transthoracic echocardiogram  
5) + e. Ultrasound scan renal tract
- 85) A 72-year-old man suffers severe pleuritic chest pain on the seventh postoperative day after surgical pinning of an intertrochanteric hip fracture. He was not on anticoagulants at the time. He is hemodynamically stable, but is short of breath and has distended neck veins. Spiral CT scan shows the presence of a pulmonary infarct on the left side, and echocardiogram does not show signs of right ventricular strain. Which of the following is the most appropriate management at this time?
- 1) + a. Anticoagulation with heparin  
2) - b. Infusion of thrombolytic agents into the left pulmonary artery  
3) - c. Insertion of vena cava filter  
4) - d. Surgical embolectomy  
5) - e. Systemic infusion of thrombolytic agents
- 86) A 45-year-old man presented with hemoptysis, weight loss, night fever, and night sweats. He has been diagnosed with pulmonary tuberculosis. Which of the following investigations is essential prior to starting therapy?
- 1) - a. Full blood count  
2) + b. Liver function test  
3) - c. Plasma glucose  
4) - d. Urine for acid-fast bacilli  
5) - e. Vitamin B6
- 87) You are asked to examine a patient who attends ER with shortness of breath. The chest X-ray shows right lower lobe consolidation. Which of the following features should prompt admission to hospital?
- 1) - a. A PaO<sub>2</sub> of 9.8 kPa (11-13)  
2) + b. A respiratory rate of 32/min  
3) - c. A SaO<sub>2</sub> of 95%  
4) - d. A White cell count of 16.8x10<sup>9</sup> /l  
5) - e. Audible Bronchial breathing
- 88) A 43-year-old woman complains of slowly increasing breathlessness. She has no smoking history. Investigations reveal she has bilateral enlarged hilar lymph nodes, elevated serum calcium, interstitial lung disease, and enlarged liver and spleen. What is the most likely diagnosis?





- 1) - a. Coccidioidomycosis
  - 2) - b. Hyperparathyroidism
  - 3) - c. Hypervitaminosis D
  - 4)  d. Sarcoidosis
  - 5) - e. Tuberculosis
- 89) A 38-year-old male presents with episodic wheeze and non-productive cough which occurs particularly at night. He has been employed in the plastics industry. He is worried about relation of these symptoms to his work. Which of the following confirms his worries?
- 1) - a. Absent family history of asthma.
  - 2) - b. Commencement of symptoms on his first day of work
  - 3) - c. Elevated serum IgE concentration
  - 4)  d. Improved symptomatology when being on holiday
  - 5) - e. Increased bronchial reactivity
- 90) A 65-year-old obese man presents with night time sweats, nocturia, poor concentration and day time somnolence. To which of the following conditions does, the patient is predisposed.
- 1) - a. Hypoglycemia
  - 2) - b. Hypotension
  - 3) - c. Insulin sensitivity
  - 4) - d. Osteoporosis
  - 5)  e. Sudden death

