



قائمة الاسئلة

اختبار الباطنة العامة النهائي - المستوى السادس - درجة هذا الاختبار (100)

اسم مدرس المادة

- 1) What laboratory test is most specific for rheumatoid arthritis?
  - 1) - C-reactive protein (CRP)
  - 2) - Erythrocyte sedimentation rate (ESR)
  - 3) - Rheumatoid factor (RF)
  - 4)  Anti-citrullinated protein antibodies (ACPA)
  - 5) - Antinuclear antibodies (ANA)
- 2) Which of the following is a classic symptom of Systemic Lupus Erythematosus (SLE)?
  - 1) - Dry eyes
  - 2)  Butterfly rash
  - 3) - Raynaud's phenomenon
  - 4) - Tightening of the skin
  - 5) - Difficulty swallowing
- 3) A 27-year-old man complains of Low back pain for some years. He says he had an episode of severe diarrhea 3 weeks earlier, and that he has experienced waxing and waning "stomach problems" that have gone on for a couple of years. An X-ray of the Lumbosacral spine shows erosion of the lower joint margins of the vertebrae. Blood tests show a raised ESR of 47mm/hr. What is the probable diagnosis?
  - 1)  Ankylosing spondylitis
  - 2) - Gonococcal arthritis
  - 3) - Lumbar disc prolapse
  - 4) - Osteoarthritis
  - 5) - Reactive arthritis
- 4) A 60-year-old male with a confirmed diagnosis of rheumatoid arthritis has been receiving methotrexate 20 mg weekly for the past year but continues to experience moderate symptoms, including joint pain and stiffness, particularly in the mornings. He also has hypertension managed with medication. Considering the patient's current condition, which of the following treatment modifications would be most appropriate?
  - 1) - Increase the dose of methotrexate
  - 2) - Start corticosteroids for immediate relief
  - 3)  Add a biologic DMARD such as adalimumab
  - 4) - Switch to hydroxychloroquine
  - 5) - Initiate a nonsteroidal anti-inflammatory drug (NSAID)
- 5) A 55-year-old male with rheumatoid arthritis presents with vision changes and recent fatigue. On examination, he has dry eyes and a dry mouth. His rheumatoid arthritis is well-controlled on methotrexate. What condition should be considered as a potential extra-articular manifestation of his rheumatoid arthritis?
  - 1) - Scleritis
  - 2) - Uveitis
  - 3)  Sjögren's syndrome
  - 4) - Fibromyalgia
  - 5) - Gout
- 6) A 42-year-old male presents to the emergency department with sudden onset of severe pain, swelling, and redness in his right big toe. He describes the pain as excruciating, making it difficult for him to wear shoes. His medical history includes hypertension and hyperlipidemia managed by medication. What is the most likely diagnosis for this patient?
  - 1) - Osteoarthritis
  - 2)  Gout
  - 3) - Pseudogout





- 4) - Achilles tendinitis
- 5) - Septic arthritis
- 7) Which of the following medications would be the most appropriate for long-term urate-lowering therapy?
- 1) - Nonsteroidal anti-inflammatory drugs (NSAIDs)
- 2) - Colchicine
- 3)  Allopurinol
- 4) - Corticosteroids
- 5) - Probenecid
- 8) A 68-year-old woman with CKD and hyperparathyroidism. She experiences recurrent episodes of joint pain and swelling in her wrists and knees. Synovial fluid analysis reveals positively birefringent crystals. What is the most likely reason for the development of pseudogout in this patient?
- 1) - Increased uric acid levels due to medication
- 2)  Deposition of calcium pyrophosphate crystals due to predisposed conditions
- 3) - Osteoarthritis triggered by medication
- 4) - Rheumatoid arthritis
- 5) - Recurrent joint fluid aspirations affecting joint fluid dynamics
- 9) A patient with SLE is being monitored for kidney function and develops hypertension and elevated creatinine levels. A renal biopsy shows signs of diffuse proliferative glomerulonephritis. What complication is this patient experiencing?
- 1) - Pulmonary hypertension
- 2)  Lupus nephritis
- 3) - Diabetes mellitus
- 4) - Acute tubular necrosis
- 5) - Chronic kidney disease
- 10) In Sjögren's Syndrome, which of the following glands are primarily affected?
- 1) - Thyroid glands
- 2) - Sweat glands
- 3)  Salivary glands
- 4) - Adrenal gland
- 5) - Pancreas
- 11) Treatment of leprosy reaction include all of the following except one:
- 1) - Prednisolone
- 2) - Multi - drug therapy (MTD)
- 3)  Colchicine.
- 4) - Thalidomide
- 12) Which of these diseases is not associated with chronic diarrhea:
- 1) - Celiac disease
- 2) - Irritable bowel disease
- 3)  E. coli
- 4) - Microscopic colitis.
- 5) - Amebiasis
- 13) The most common complication of Hydatid cyst is:
- 1)  Cyst rupture
- 2) - Fistula formation
- 3) - Calcification and calculi
- 4) - Infection of the cyst
- 5) - Bleeding
- 14) A 20 -year-old girl presented with high fevers, profuse night sweating for 21 days. She doesn't have any relevant past medical history. She is fully vaccinated. The whole family was in the village for 2 months over





the summer holidays. They were living in a farm in rural area where they had goats, cows and chickens. They were drinking fresh milk from the cow. Based on the history, what diagnosis would you consider?

- 1) - Tuberculosis
  - 2) - Bartonella (Cat-scratch)
  - 3)  Brucellosis
  - 4) - Toxoplasmosis
  - 5) - Lyme disease
- 15) Which one of the following indicate meningeal irritation?
- 1)  Neck rigidity, hyperesthesia
  - 2) - Diminished tendon reflexes
  - 3) - Altered mental status.
  - 4) - Purpuric rash
- 16) Which type of meningitis is characterized by the following CSF findings – lymphocytic pleocytosis, normal or slightly elevated protein and normal glucose level?
- 1) - Tuberculosis
  - 2)  Viral
  - 3) - Purulent
  - 4) - Fungal
  - 5) - Bacterial
- 17) A 40-year-old man is diagnosed to have active pulmonary tuberculosis. Which of the following clinical work up is consistent with such a diagnosis?
- 1) - Positive tuberculin test
  - 2) - The patient presents with hemoptysis.
  - 3) - Positive gamma interferon gold test
  - 4) - The patient tested positive for D-Dimer
  - 5)  Sputum smears positive for mycobacteria tuberculosis in three occasions
- 18) 35-year-old pregnant women in her first trimester wants to travel to Hodeida to visit her relatives. Which of the following anti-malaria prophylaxis should be advised?
- 1) - Coartem
  - 2) - Malarone
  - 3) - Chloroquine
  - 4) - Doxycycline
  - 5)  Fansidar
- 19) A patient with latent tuberculosis infection (LTBI), which of the following is NOT a risk factor for progression to active TB?
- 1)  Hypertension.
  - 2) - Chronic renal failure.
  - 3) - Diabetes mellitus.
  - 4) - Malignancy.
  - 5) - HIV infection.
- 20) Characteristic findings in visceral leishmaniasis (kala azar) include all the following except :
- 1)  Eosinophilia
  - 2) - Pancytopenia
  - 3) - Polyclonal hypergammaglobulinemia
  - 4) - Negative leishmanin test
  - 5) - Lymphadenopathy
- 21) A 35-year-old female presented with bony aches. Her parathyroid hormone is elevated, and calcium is normal. Phosphorous and magnesium are also normal. What is the most likely diagnosis?
- 1) - Primary hyperparathyroidism





- 2)  Secondary hyperparathyroidism
- 3)  Tertiary hyperparathyroidism
- 4)  Ostitis fibrosa cystica
- 5)  Osteoarthritis
- 22) A 45-year-old female presented with new onset hirsutism increasing blood pressure and elevated blood sugar her testosterone level is high. What is the best next step?
- 1)  Check fasting blood sugar.
- 2)  Check ACTH level.
- 3)  Do a dexamethasone suppression test.
- 4)  CT scan abdomen pelvis and brain
- 5)  Check prolactin level.
- 23) A 45-year-old female complaining of fatigue and goiter. Was found to have a TSH level of 20. What would be the best treatment for the patient?
- 1)  Start L-thyroxine 25 mcg daily
- 2)  Start carbimazole 5 mg tid
- 3)  Start L thyroxine 100 mcg daily
- 4)  Give Radioactive iodine
- 24) A 45-year-old male presented with recurrent kidney stones. Calcium was low, PTH was high and Vitamin D was low. The most likely cause of the increased PTH is:
- 1)  Primary hyperparathyroidism
- 2)  Vitamin D deficiency
- 3)  Renal failure
- 4)  Sarcoidosis
- 25) The following parameters are used for the assessment of short stature except one:
- 1)  Percentile height
- 2)  Mid parental height
- 3)  Brain MRI
- 4)  Growth velocity
- 5)  Bone age
- 26) Endocrine causes of hypertension including all of the following except one:
- 1)  Adrenal insufficiency
- 2)  Pheochromocytoma
- 3)  Primary hyperadrenalism
- 4)  Cushing syndrome
- 5)  Hyperthyroidism
- 27) The first line of oral therapy of DM type II with lifestyle modification of random blood sugar 230mg/dl is:
- 1)  Incretin group
- 2)  GLP group
- 3)  Sodium glucose co transporter inhibitor
- 4)  Metformin
- 28) Diagnostic criteria of GH deficiency in adult includes all the following except one:
- 1)  Growth retardation
- 2)  Increased adipose tissue specially central obesity
- 3)  Decreased lean body mass ( muscle )
- 4)  Decrease in bone density
- 5)  Decreased in the exercise capacity
- 29) All the following tests are used for diagnosis of Cushing syndrome except one:
- 1)  24hours urine collection for cortisol
- 2)  Serum cortisol





- 3) - overnight dexamethasone suppression test  
4)  Serum insulin  
5) - Serum ACTH
- 30) Endocrine causes of hyperglycemia includes all the following except one:  
1) - DM  
2) - Hyperthyroidism  
3)  Adrenal insufficiency  
4) - Pheochromocytoma  
5) - Cushing syndrome
- 31) A 20-year-old female is complaining of chronic watery diarrhea, weight loss, and abdominal distension. On exam: She is anemic and her abdomen is distended. Hb.9gm/dl. Abdominal U/S severe abdominal distension. No organomegaly, the differential diagnosis includes all the following except one:  
1) - Celiac disease.  
2) - Crohn's disease  
3) - Chronic Giardiasis  
4)  IBS  
5) - H.I.V.
- 32) A 48-year-old man is recovering on the gastroenterology ward after suffering from a large variceal hemorrhage. He is found to have grade II esophageal varices on endoscopy, which are banded. Which of the following is recommended with respect to long term prophylaxis against further bleeding?  
1) - Bendroflumethiazide  
2) - Omeprazole  
3)  Propranolol  
4) - Spironolactone  
5) - Terlipressin
- 33) A 40-year-old male patient complaining of bloody diarrhea with for weeks. O/E. he is feverish, tender abdomen and hypotension . For proper diagnosis he will need:  
1) - Stool analysis.  
2) - Blood investigation and biochemistry.  
3) - CT scan of abdomen.  
4)  Colonoscopy and biopsies histopathology.  
5) - liver function test.
- 34) Ulcerative colitis is manifested by one of the following?  
1) - Mucous discharge & watery diarrhea  
2)  Mucosal inflammatory condition of the GIT confined to colon & rectum  
3) - Abdominal distension & constipation  
4) - Increase flatus  
5) - Weight loss & anal fistula
- 35) Extra intestinal manifestation of inflammatory bowel disease include all of the following except:  
1) - Osteoporosis  
2) - Ureteral obstruction  
3) - Ankylosing spondylitis  
4)  Endocarditis  
5) - Erythema nodosum
- 36) 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 an Hb of 10 g/dL, low ferritin , low folate . What is the next best investigation?  
1) - Abdominal X-ray  
2)  Coeliac serology with serum immunoglobulin A(IgA)





- 3) - Colonoscopy  
4) - Stool calprotectin  
5) - Stool culture
- 37) 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)  Check hepatitis B e antigen (HBeAg) and HBV DNA  
2) - Liver biopsy .  
3) - Repeat blood tests in '6 months.  
4) - Tenofovir  
5) - Vaccinate for hepatitis B.
- 38) You review a 24-year-old woman who is noted to be markedly underweight. You suspect that she may have a protein malabsorption syndrome and contemplate trying her on an elemental diet. When thinking about dietary protein, which of the following best describes the site of amino acid absorption?
- 1) - The caecum  
2) - The proximal stomach  
3)  The jejunum  
4) - The distal stomach  
5) - The duodenum
- 39) 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) - Everyone in her primary school should be vaccinated.  
2)  Good hygiene practice is the cornerstone of prevention  
3) - HAV is not highly infectious  
4) - Infected individuals will always have symptoms  
5) - There is a risk of becoming a chronic carrier
- 40) A 55-year-old man has been known for many years to have liver cirrhosis secondary to hepatitis C, developed worsening jaundice, and 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) - 5 hydroxy -indoleacetic acid (5HIAA)  
2)  Alpha-fetoprotein (AFP)  
3) - Carcino-embryogenic agent (CEA)  
4) - Hepatitis C titres  
5) - Portal vein angiogram
- 41) Motor Aphasia, mainly is associated, with which one of the following?
- 1)  Left frontal lesion.  
2) - Right frontal lesion  
3) - Left parietal lesion.  
4) - Midbrain lesion  
5) - Right parietal lesion.
- 42) A 72-year-old male patient presented with sudden onset of speech arrest and right hemiparesis. The most likely diagnosis is:
- 1) - Right internal carotid dissection  
2) - Left vertebral artery dissection





- 3)  Brain infarct in territory of left middle cerebral artery
- 4)  Brain infarct in territory of posterior inferior cerebellar artery
- 43) An 18 – Years – old with polycystic kidney disease presents with severe headache, vomiting and photophobia. Which diagnosis need to be ruled out?
- 1)  Cluster headache
- 2)  Migraine
- 3)  Pituitary apoplexy
- 4)  Subarachnoid hemorrhage
- 5)  Brain atrophy
- 44) The rapidly developing paralysis of lower limbs and urine retention with sensory level below the level of umbilicus and extensor plantar response on examination is most suggestive of:
- 1)  Cervical spondylomyelopathy
- 2)  Syringomyelia
- 3)  Transverse myelitis
- 4)  Amyotrophic lateral sclerosis
- 45) Characteristics of headache of increase intracranial pressure are the following, except one:
- 1)  Generalized and severe headache
- 2)  More at early morning
- 3)  Waken patient from sleep
- 4)  Increased after vomiting
- 46) Cerebellar lesion cause all the following, except:
- 1)  Sensory ataxia
- 2)  Ataxic gait
- 3)  Staccato speech
- 4)  Intention tremor
- 47) A 50-year-old man presents with hand weakness. On examination, he has atrophy and fasciculation in his hands, brisk reflexes in all four extremities, extensor plantar response and a normal sensory examination. Which of the following is the most likely diagnosis?
- 1)  Meningitis
- 2)  Motor neuron disease
- 3)  Muscular Dystrophy
- 4)  Multiple Sclerosis
- 5)  Guillain Barre Syndrome
- 48) Autonomic epilepsy include the following except:
- 1)  Abdominal colic
- 2)  Diarrhea
- 3)  Myoclonic jerk
- 4)  Dyspnea
- 49) Patient with lower motor neuron lesion of 7th cranial nerve has paralysis of:
- 1)  Upper half of the face only
- 2)  Lower half of the face only
- 3)  Both upper and lower half of the face
- 4)  Anterior third of the tongue
- 50) Regarding subarachnoid hemorrhage, all are true except one:
- 1)  The most severe headache occurs at the onset
- 2)  Often initially accompanied by nausea, vomiting and impairment of consciousness
- 3)  Neck stiffness
- 4)  Brain MRI is superior to CT- scan for acute evaluation
- 51) A 45-year-old woman presents for a Check-Up visit. She has no complaints but has a history of diabetes and a





family history of hypertension. On physical exam, the patient's blood pressure is 150/100 mm Hg. Laboratory results were normal. Which of the following agents would be most appropriate for the management of her hypertension?

- 1) - Atenolol
  - 2)  Candesartan
  - 3) - Furosemide
  - 4) - Hydrochlorothiazide
  - 5) - Isordil
- 52) A 54-year-old man presents to the ER complaining of epigastric discomfort, which began while he was exercising after dinner about one and half hour earlier. He has not received medical care for several years. On examination, he is moderately obese and in obvious discomfort and seems restless. His BP is 160/100 mmHg, and his examination is otherwise unremarkable. His ECG showed elevated S -T segment in leads II, III and A VF. Which of the following is the most likely diagnosis?
- 1) - Anterolateral myocardial infarction
  - 2) - Costochondritis
  - 3) - Gastro esophageal reflux
  - 4)  Inferior wall myocardial infarction
  - 5) - Pericarditis
- 53) A 23-year-old woman comes for a Check-Up visit. She is Asymptomatic . Her height is 172 cm and weight are 66 kg. Her blood pressure is 120/80 mm Hg, pulse is 74/mm, and RR is 12/mm, Physical exam is unremarkable except for heart auscultation, which reveals an isolated midsystolic click. Which of the following is the most common cause of this auscultatory finding?
- 1) - Bicuspid aortic valve
  - 2) - Congenital pulmonary stenosis
  - 3)  Mitral valve prolapse
  - 4) - Ruptured papillary muscle
  - 5) - Tricuspid regurgitation
- 54) A 28-year-old man presents to the ER with fever, chills, and malaise for the past 3 days. He also complains of nausea, headaches, and anorexia. The patient admits occasional IV drug use. Examination of his palms and soles reveals painless macules. On auscultation, a loud holosystolic murmur is noted. Which of the following is the most appropriate next step in diagnosis?
- 1) - Cardiac catheterization
  - 2) - Chest CT scan with contrast
  - 3) - ECG
  - 4)  Echocardiogram
  - 5) - Test for syphilis
- 55) A 45-year-old male on treatment for chest infection presented with palpitations. ECG revealed prolongation of the QT interval and was told that there is increased risk of life-threatening arrhythmia. Which of the following anti-microbial is responsible for his findings?
- 1) - Amoxiclav
  - 2) - Cefuroxime
  - 3)  Erythromycin
  - 4) - Gentamicin
  - 5) - Isoniazid
- 56) A 65 Y old female patient come to the ED with crushing chest pain in the last hour .ECG Shows ST segment elevation in V2 – V5 . What is the most appropriate next step in management :
- 1) - Troponins test
  - 2) - Oxygen
  - 3) - Nitroglycerin Sub-lingual







- 4)  Aspirin
- 57) Kussmaul's sign is found in which one of the following?
- 1)  Tricuspid stenosis
  - 2)  CHF
  - 3)  Constrictive pericarditis
  - 4)  Mitral regurgitation
  - 5)  Aortic regurgitation
- 58) Which one of the following conditions produces combined systolic and diastolic heart failure?
- 1)  Dilated cardiomyopathy.
  - 2)  Hypertrophic cardiomyopathy
  - 3)  Post-partum cardiomyopathy
  - 4)  Coronary atherosclerosis
- 59) A 73-year-old male awakens suddenly at 2:00am complaining of dyspnea. You find him in the sitting position. Crackles are audible around the scapulae. He has a history of hypertension. You suspect his symptoms are related to:
- 1)  Fluid overload
  - 2)  Increased Cardiac Output
  - 3)  Left heart failure.
  - 4)  Reactive airway disease
- 60) Definition of Cardiac Output is:
- 1)  Normal Heart rate
  - 2)  Stroke Volume
  - 3)  Amount of blood pumped into the aorta each minute by the heart.
  - 4)  Amount of blood ejected from a ventricle with each heartbeat.
- 61) A 20-year-old man is brought to ER, complaining of central chest pain and feeling lightheaded. These symptoms came on acutely whilst he was playing football. Observations show heart rate of 180 beats/min, respiratory rate of 18 breaths/min, BP 75/40 mmHg, SpO<sub>2</sub> 94% on 15 L oxygen, temperature 36.9°C, blood glucose 4.6 mmol/L (82.8 mg/dl), GCS score 15. ECG reveals a regular narrow complex tachycardia. Which one of these treatments would be most appropriate as initial management?
- 1)  Adenosine 6 mg intravenous (IV) bolus
  - 2)  Amiodarone 300 mg IV bolus
  - 3)  Digoxin 500 11g orally
  - 4)  Electrolyte replacement
  - 5)  Synchronized DC cardioversion.
- 62) Pregnancy-associated with hypertension should be treated, with which one of the following?
- 1)  Labetalol
  - 2)   $\alpha$ -methyl dopa
  - 3)  Valsartan
  - 4)  Hydralazine
  - 5)  Diuretics
- 63) 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)  24-hour urinary protein excretion of 0.8g
  - 2)  Dyslipidemia
  - 3)  RBC casts in urinary sediment
  - 4)  Shrunken glomeruli on renal biopsy.
  - 5)  Unilaterally smaller kidney
- 64) 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 managing this patient?
- 1)  Non -contrast CT scan of the abdomen & pelvis
  - 2)  Oral antibiotics and discharge
  - 3)  Ultrasound of the kidneys & bladder
  - 4)  Serum uric acid and calcium level testing
  - 5)  Immediate surgical consultation for possible intervention
- 65) A 30-year-old, dark-skinned man consults a physician because "his eyes turned yellow'. On exam 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)  Carcinoma of the ampulla of Vater
  - 2)  Cholesterol gallstone disease
  - 3)  Dubin-Johnson syndrome
  - 4)  Hepatic cirrhosis
  - 5)  Sickle cell disease
- 66) A 30-year- old female patient complains of menorrhagia, fever and pallor. Her Hb 7.0 g/dl, WBC 2.0 x10<sup>9</sup>/L and platelets 30 x10<sup>9</sup>/L. The differential diagnosis include the following except
- 1)  Megaloblastic anemia
  - 2)  Myelodysplastic syndrome
  - 3)  Idiopathic thrombocytopenic purpura
  - 4)  Systemic lupus erythematosus
  - 5)  Visceral leishmaniasis
- 67) Which of the following is the most common neurologic complication of inflammatory bowel disease?
- 1)  Peripheral neuropathy
  - 2)  Stroke
  - 3)  Seizure
  - 4)  Encephalopathy
- 68) Regarding Guillain-Barre Syndrome, all the following are true, except one:
- 1)  Rapid ascending flaccid paralysis
  - 2)  Early loss of ankle reflex
  - 3)  Intact ankle reflex
  - 4)  Bilateral facial lower motor neuron palsy
  - 5)  Intravenous immunoglobulin is the golden treatment
- 69) 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)  Abdominal CT scan
  - 2)  Erect abdominal x-ray film
  - 3)  Exploratory laparotomy
  - 4)  Laparoscopic exploration
  - 5)  Upper endoscopy
- 70) Pulmonary manifestation of systemic sclerosis include all the following except one:
- 1)  Diffuse fibrosis of alveolar wall on autopsy
  - 2)  Honeycomb lung on chest X-ray
  - 3)  Poor gas transfer





- 4)  Granulomas
- 5)  Aspiration pneumonia
- 71) 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 includes the following except one:
- 1)  Megaloblastic anemia
- 2)  Myelodysplastic syndrome
- 3)  Idiopathic thrombocytopenic purpura
- 4)  Systemic lupus erythematosus
- 5)  Visceral leishmaniasis
- 72) 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. Cytogenetic analysis showed translocation between chromosome 15 and 17 [t(15;17)]. The diagnosis is:
- 1)  AML-M1
- 2)  AML-M6
- 3)  AML-M3
- 4)  ALL
- 5)  CML
- 73) A 70-year-old female patient has chronic anemia for 2 years requiring recurrent blood transfusion and not responding to hematinic. Which of the following features is usually not consistent with myelodysplastic syndrome?
- 1)  Pancytopenia
- 2)  Hypercellular bone marrow with dysplastic features
- 3)  Leukocytosis
- 4)  Cytogenetic abnormalities.
- 5)  No splenomegaly and no lymphadenopathy.
- 74) Which one of the following is not a feature of polycythemia rubra vera?
- 1)  Pruritus
- 2)  Splenomegaly
- 3)  Hemorrhage
- 4)  Thrombosis
- 5)  Hypoxia
- 75) Father has sickle cell anemia and mother has hemoglobin electrophoresis shown HbA 98%, HbA2 =2%, and Hb F 1%. What is the odds ratio of their children being sickle cell anemia?
- 1)  100%
- 2)  75%
- 3)  50%
- 4)  25%
- 5)  0%
- 76) A 65-year-old male patient with history of rheumatoid arthritis presented to the OPD for evaluation of his anemia. His laboratory values showed WBC count  $4.0 \times 10^9/L$  with normal differential count, Hemoglobin 9.0 g/dL, 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 180 U/L (NL up to 250 U/L). The most likely cause of his anemia is:
- 1)  Iron deficiency anemia
- 2)  Anemia of chronic disease
- 3)  Thalassemia minor





- 4) - Hemolytic anemia  
5) - Sideroblastic anemia
- 77) A patient presents with pancytopenia (anemia, Leukopenia, thrombocytopenia). No material could be obtained from a bone marrow aspiration. What should be done next?
- 1) - Which is the next investigation employed to obtain a diagnosis?  
2) - Level of LDH in serum  
3) - Chromosome analysis  
4)  Bone marrow biopsy and histological examination  
5) - Level of alkaline phosphatase in serum
- 78) Regarding CML all of the following is false except
- 1) - Allogeneic stem cell transplantation remains the first-choice therapy in chronic phase.  
2) - At presentation the majority of white cells are blast cells.  
3) - The disease arises from a mutated stem cell containing the t(15;17) translocation.  
4)  The Philadelphia (Ph) chromosome, t(9;22) confirms the diagnosis of CML.  
5) - The platelet count is usually reduced early in the disease course
- 79) 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)  IDA (iron deficiency anemia)  
2) -  $\beta$  thalassemia minor  
3) - Sideroblastic anemia  
4) - Anemia of chronic inflammation  
5) - Lead Poisoning
- 80) Hydroxyurea is used in the management of the following conditions except:
- 1) - Chronic myeloid leukemia  
2)  Chronic lymphoid leukemia  
3) - Polycythemia vera  
4) - Essential thrombocythemia  
5) - Sickle cell anemia
- 81) Which of the following statements best describes Reactive Airways Dysfunction Syndrome (RADS)?
- 1) - A chronic condition that develops from prolonged exposure to high levels of dust.  
2)  A condition resulting from acute exposure to irritants, leading to asthma-like symptoms.  
3) - A disease caused by long-term exposure to asbestos fibers.  
4) - A lung condition primarily affecting smokers.  
5) - A rare complication of tuberculosis.
- 82) A 50-year-old male textile worker reports difficulty breathing and chest tightness that worsens every Monday when he returns to work after the weekend, He has a history of asthma. What is the most likely cause of his symptoms?
- 1)  Exacerbation of asthma due to occupational triggers  
2) - Byssinosis due to cotton dust exposure  
3) - Chronic bronchitis resulting from smoking  
4) - Occupational exposure to metal dust  
5) - Allergic reaction to fabric softeners
- 83) A 70-year-old male presents to the emergency department with progressive shortness of breath and a dry cough over the past month. He has a history of lung cancer. A chest X-ray reveals a large left pleural effusion. Which of the following is the most likely characteristic of the pleural fluid in this patient?
- 1) - Clear and straw-colored  
2) - Serosanguinous





- 3) - Cloudy with a low white blood cell count  
4)  Bloody with high protein concentration  
5) - Dark, thick, and purulent
- 84) A 60-year-old woman with pneumonia presents with pleuritic chest pain and worsening dyspnea. Thoracentesis is performed, and the pleural fluid analysis shows a protein level of 4.5 g/dL, LDH of 350 IU/L, and a glucose level of 60 mg/dL. What is the most likely etiology of the pleural effusion in this case?
- 1) - Congestive heart failure  
2) - Tuberculous pleuritis  
3)  Parapneumonic effusion  
4) - Malignant effusion  
5) - Hemothorax
- 85) A 28-year-old female presents to the clinic with a persistent productive cough, recurrent respiratory infections, and hemoptysis. She reports a history of severe pneumonia at age 8, after which she experienced a chronic cough. A CT scan of her chest reveals dilated bronchi and thickened airway walls. What is the most likely cause of bronchiectasis in this patient?
- 1) - Cystic fibrosis  
2) - Autoimmune disease  
3)  Post-infectious scarring  
4) - Allergic bronchopulmonary aspergillosis  
5) - Chronic obstructive pulmonary disease (COPD)
- 86) An 80-year-old female nursing home resident presents with a long-standing cough, worsening over the past few months. She is noted to have dysphagia and has been diagnosed with poor swallowing reflexes. A chest CT scan reveals bronchiectasis localized in the right lower lobe. What is the most likely cause of bronchiectasis in this patient?
- 1)  Aspiration pneumonia  
2) - Cystic fibrosis  
3) - Chronic inhalation of irritants  
4) - Genetic mutation  
5) - Post-infectious damage
- 87) Byssinosis, is primarily caused by exposure to which of the following substances?
- 1) - Asbestos  
2) - Silica  
3)  Cotton dust  
4) - Coal dust  
5) - Wood dust
- 88) What type of work is most commonly associated with the development of silicosis?
- 1) - Metal fabrication  
2)  Construction and mining  
3) - Agriculture  
4) - Textile manufacturing  
5) - Office work
- 89) A 15-year-old patient with a confirmed diagnosis of cystic fibrosis is being evaluated for genetic counseling. Testing reveals that she is a carrier of the mutation in the CFTR gene. What implication does this finding have for her family?
- 1) - She has a 50% chance of passing the condition to her children.  
2) - Her siblings are unaffected.  
3)  Her parents and siblings should also be tested for mutations.  
4) - There is no risk of cystic fibrosis in her offspring.  
5) - Genetic testing is not necessary for her family.





- 90) Which of the following features is consistent with COPD rather than asthma?
- 1) - Family history of allergy
  - 2) - Early age onset
  - 3) - Reversible obstruction in spirometry
  - 4) + Decreased diffusion capacity of lung for carbon monoxide (DLCO)
  - 5) - Symptomatically free in between attacks
- 91) Adult polycystic kidney disease may be associated with all the following except :
- 1) - Hepatic cyts
  - 2) - Colonic diverticulosis
  - 3) - Intracranial aneurysm
  - 4) + Pancreatitis
  - 5) - Gout arthritis
- 92) A 24-year-old woman is diagnosed with nephrotic syndrome after further investigations, a diagnosis of minimal change glomerulonephritis is made. What is the most appropriate treatment to reduce proteinuria?
- 1) - Protein restriction in diet
  - 2) - No treatment shown to effective.
  - 3) - Angiotensin-converting-enzyme inhibitor
  - 4) - Diuretic
  - 5) + Prednisolone
- 93) Serum C3 complement is usually low in:
- 1) + Membrano-proliferative glomerulonephritis
  - 2) - IgA nephropathy
  - 3) - Membranous nephropathy
  - 4) - Focal segmental glomerulonephritis
  - 5) - Minimal change nephropathy
- 94) A 19-year-old man patient with the features of renal failure, sensory neural hearing loss, and ocular disorders. He is most likely suffering from:
- 1) - AIDS
  - 2) - Goodpasture's syndrome
  - 3) - Wegner's granulomatosis
  - 4) + Alport syndrome
  - 5) - None of the above
- 95) The clinical features of Adult Polycystic Kidney disease include all of the following except :
- 1) + An Autosomal recessive mode of inheritance
  - 2) - Cystic disease of the liver and pancreas
  - 3) - Renal angle pain and hematuria
  - 4) - Mitral valves prolapse.
  - 5) - Hyperuricemia and urinary stone formation
- 96) What is the most common type of glomerulonephritis that is associated with malignancy in adults ?
- 1) - Minimal change glomerulonephritis
  - 2) - Focal segmental glomerulonephritis
  - 3) - IgA nephropathy
  - 4) + Membranous glomerulonephritis
- 97) Nephrotic syndrome is best characterized by.....
- 1) - Hypertension and Hematuria
  - 2) - Hypertension and proteinuria
  - 3) - Proteinuria and Localized edema
  - 4) + Hyper Lipidemia and Hypoalbuminemia
  - 5) - Proteinuria and Hematuria





- 98) A 13-year-old boy presented with severe generalized oedema. investigations: Serum albumin: 2 gm/dl, 24-hour urinary excretion: 5 gm. Renal Biopsy: Normal on light microscopy and Immuno-Fluorescence What is the most likely diagnosis?
- 1) - Focal segmental GN
  - 2) - Membranous nephropathy
  - 3) + Minimal change disease
  - 4) - Myeloma
  - 5) - Renal vein thrombosis
- 99) A 12-year-old boy investigated for purpuric rash on the extremities of his lower limbs. He has also history of abdominal pain and hematuria. Urine dipstick +++ blood. The most likely diagnosis is:
- 1) - Good pasture syndrome
  - 2) - Alport syndrome
  - 3) + Henoch-Schoenlein purpura
  - 4) - IgA nephropathy
  - 5) - Wegener's granulomatosis
- 100) The leading cause of chronic kidney disease (CKD) globally is:
- 1) + Diabetic nephropathy
  - 2) - Glomerulonephritis
  - 3) - Hypertension-associated CKD
  - 4) - Polycystic kidney disease
  - 5) - Shistosoma hematobium

