

THEORETICAL EXAM (3)

Doctor 2020

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INCLUDED MATERIALS: GIS, RENAL & CNS

1. Not a cause of hepatosplenomegaly:

A.Leukemia B.Amyloidosis C.Malaria D.Sarcoidosis E.Glycogen storage disorders Answer:C

2. A patient that has multiple gallbladder stones presented with severe epigastric pain radiating to the back with recurrent vomiting and periumbilical bruising, which of the following is true:

A. colicky pain that radiates to the back with nausea and vomiting

B. periumbilical bruising is called cullen's sign

C.pain relieved by food and vomiting

Answer:B

3. A 48-year-old female presented with and painless dysphagia. She was feeling that something is stuck in her throat. A full blood count shows microcytic hypochromic anemia,glossitis is noted. An esophageal web was found on endoscopy,what is the likely diagnosis:

A.Benign esophageal stricture

B.Pharyngeal carcinoma

C.Plummer-Vinson syndome

D.Barrett's esophagus

E.Esophageal carcinoma

Answer:C

4. Not a sign of peritoneal irritation:

A.Rovsing sign B.Murphy sign C.Psoas sign D.Courvoisier sign E.Rebound tenderness

Answer:D

5. A female patient who is a case of chronic liver disease, which of the following is not caused by it:

A.Palmar erythema B.Finger clubbing C.Gynecomastia D.Splenomegaly E.Bruising Answer:C

6. True about fresh rectal bleeding -sth like that-:

A. Hemorrhoids presented with fresh rectal bleeding that is painful on defecation B.50 ml of blood is enough to cause melena

C.Anal fissures present with fresh rectal bleeding mixed with stool

D.Lower mallory-weiss tear presents with hematemesis and fresh rectal bleeding Answer: A or B

7. Which of the following is wrong:

- A. Somatic pain is localized to the inflamed area and conducted by spinal nerves
- B.Pain from foregut structures is felt above the umbilicus
- C.Hypotension and tachycardia following the onset of pain suggest serious pathology
- D. Biliary pain lasts for several hours before gradually improving
- E.Abdominal pain secondary to acute myocardial infarction is associated with significant epigastric tenderness

Answer: E

- 8. Ascites with low protein content, what is the least likely diagnosis:
- A. Cirrhosis with portal hypertension
- B. Ovarian cancer with peritoneal metastases
- C.Budd-Chiari syndrome
- D.Nephrotic syndrome
- E.Protein-losing enteropathy
- Answer: B

9. The most common cause of nephrotic syndrome is: A.Hyperlipidemia B.Hypertension C.Diabetes Mellitus Answer: C

10. An old female patient presented with Atrial fibrillation, hypertension and bloody diarrhea. She had sudden severe abdominal pain that became genarlized, with tenderness and rigidity in the abdomen, what is true about this condition:

- A.Exaggerated bowel sounds and splenomegaly
- _اشى متل ھيك- B. periumbilical bruising
- C.Fever and vaginal discharge
- D. Absent bowel sounds due to a perforated viscus

Answer: D

- 11. Not a sign of upper motor neuron lesion:
- A.Hyperreflexia and clonus
- B.Upgoing (positive) babinski sign
- C.Increased deep tendon reflexes
- **D**.Increased fasciculations
- E.absent abdominal reflexes
- Answer: D

12. A patient came to the clinic with an inability to open his right eye, it was pointing downward and outward, the right eye also showed redness and partial ptosis, cannot look into any other directions, what is the nerve injured:

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A.Abducens nerve(CN VI)
B.Optic nerve(CN II)
C.Trochlear nerve(CN IV)
D.Occulomotor nerve(CN III)
E.Facial nerve(CN VII)
Answer:D
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13. A patient came to the neurology clinic complaining from stooped posture and shuffling gait. What involuntary movements/tremors will be found:

A.Resting tremor B.Essential tremor C.Intention tremor D.Chorea E.Athetosis Answer:A

14. Rinne test:Bone Conduction > Air Conduction on the left ear,Air Conduction>Bone conduction on the right ear.Weber's test:Lateralized to the left.What is the diagnosis:

A.Right sensorineural hearing loss

B.Left conductive hearing loss

C.Right conductive hearing loss

- D.Left sensorineural hearing loss
- E.Bilateral sensorineural hearing loss

Answer: B

15. Loss of frontal wrinkling on the left side, loss of nasolabial fold on the left, and mouth deviates to the right side, what is the cause:

A.Upper trigeminal nerve palsy B.lower trigeminal nerve palsy C.Upper facial nerve palsy D. Lower facial nerve palsy E. Stroke Answer: D

16. A 32-year-old female who is pregnant in the third trimester, presented with feeling of burning sensation over the outer upper aspect of thigh, she increased 10 kg in weight during pregnancy and her clothes became small and tight, proximal and distal muscles are normal, deep tendon reflexes are normal, what is the most likely diagnosis:

A.L3/L4 radiculopathy

B.Femoral nerve palsy

- **C.Multiple Sclerosis**
- D.Meralgia parasthetica

Answer:D

17. A patient presented with red and watery eyes, 2 attacks of headache daily with 15 min each, tearing and ptosis, what is the likely diagnosis:

A.cluster headache B.migraine C.meningitis D.tension headache E.temporal artieritis Answer: A

18. An 43 year old female presented with dysphagia and falling to the right side of her body, loss of pain and temp sensations on the left side of the face and the right side of the body, what is the single brain region affected:

A.frontal lobe B.parietal lobe C.lateral medulla D.temporal lobe E.occiptal lobe Answer: C

19. Patient presented after an RTA able to open his eyes to speech, producing sounds, and even he is paralysed but he moves to tongue on commands, what' his GCS?

A.8/15 B.11/15 C.6/15 D.12/15 E.3/15 Answer: B

20. Nerve root for knee reflexes: A.T12 B. L4 C. S1 D. S4 Answer: B