



Test Bank



Subject:

**Neuromedicine Final-
018**

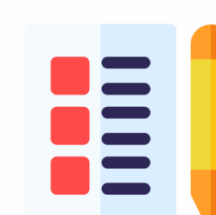
بجانب



Collected by:

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1. Urge incontinence in a patient with multiple sclerosis is due to :
Spastic bladder
2. Which of the following is affected in Huntington's Disease?
 - a. Substantia nigra
 - b. Caudate
3. For a patient with bitemporal hemianopia:
 - a. Optic chiasm
4. A patient with florid hallucinations and memory loss. (question has something about sensitivity to epileptic drugs) what do they have?
 - a. Huntington's
 - b. Lewy body dementia
 - c. Alzheimer's
5. A right sided patient presented with Broca's aphasia. Going back through the patient's history, he had experienced three episodes of transient visual loss in his left eye. The patient's condition is explained by:
 - a. Internal carotid artery stenosis
6. planter flexion question
7. A patient with headache and features of Horner's syndrome:
 - a. Cluster headache
8. A patient presented with headache. She has pain while trying to comb her hair, and an elevated ESR. What is the appropriate initial management?
 - a. Corticosteroids
9. A case of pure motor symptoms, where is the infarct?
 - a. Left internal capsule
10. Numbness in right face, left body, right sided Horner's syndrome, and dysmetria. Where is the lesion:
 - a. right AICA *why Not PICA?*
11. What is the typical duration of aura in migraines?
 - a. 0-5 minutes
 - b. 5-60 minutes
 - c. 1 hour to 24 hours
 - d. 1 day to 3 days
12. A middle-aged man describes absence episodes with automatic, repetitive movements and complains of a metallic taste. What type of seizure does he have?

- a. Pseudo-seizures
 - b. Absence seizure
 - c. Partial seizure with impaired awareness
13. Which of the following is true regarding Parkinson's?
- a. Presents with apathy and disinhibition
 - b. Patients can have geographical apraxia and language deficit
14. Which of the following is true regarding Parkinson's?
- a. Asymmetrical
15. Which of the following is true regarding Parkinson's?
- a. Starts unilateral
 - b. Occurs due to death of dopaminergic neuros in the substantia nigra pars reticulata
16. left internal carotid stenosis (not sure of the side)
17. Which of the following is seen in an UMN lesion?
- a. Brisk abdominal and cremasteric reflexes
 - b. Weakness in the upper extensors more than flexors
18. All of the following drugs can be given in the management of status epilepticus except?
- a. Carbamazepine
19. Which of the following is not associated with rigidity?
- a. Clasp-knife reaction
20. ALS
21. Patient with tremor while carrying a cup of tea
- a. essential tremor
22. A 70-year-old woman is brought to the clinic by her daughter who complains that her mother has amnesia for recent events in the past few months which is getting worse. Two weeks ago, her mother was found wandering lost in her local shops. She had also forgotten recent family events. Her neurological exam was normal apart from a mini-mental test score of 22 out of 30. Which one of the following is the most likely diagnosis?
- a. Alzheimer's disease
 - b. Normal pressure hydrocephalus
 - c. Multi-infarct dementia
 - d. Subacute combined degeneration of the cord (vitamin B12 deficiency)
 - e. Pick's disease (frontotemporal dementia)
23. A 70-year-old woman has two unprovoked seizures that resolve. She is a smoker and has a history of DM and dyslipidemia. She comes to your office and her neurological exam is normal. Which procedure is not needed?
- a. CXR
 - b. CSF Analysis

- c. EEG
 - d. Mammogram
24. Wrong about MS:
- a. Clinical manifestations typically appear in late middle age
25. A patient has their right eye deviated down and out and ptosis. What is the cause?
- a. Isolated 3rd nerve palsy
 - b. Isolated 4th nerve palsy
 - c. Isolated 6th nerve palsy
 - d. Combined 3rd and 4th nerve palsy
 - e. Internuclear ophthalmoplegia
26. Which of the following is not associated with chorea?
- a. Pregnancy and OCPs
 - b. Hypothyroidism
 - c. SLE
 - d. Rheumatic fever
 - e. Huntington's
27. Not a feature of HSV infection of the geniculate ganglion:
- a. Diplopia
28. Which of the following is not seen in MS?
- a. Fasciculations
29. All of the following are commonly associated with MS except:
- a. Homonymous hemianopia
30. Surgery can be curative for which seizure?
- a. Generalized seizures
 - b. Temporal lobe seizure
31. Which of the following is not a risk factor for Alzheimer's?
- a. Education
 - b. Male gender
 - c. Family history
32. Which of the following is targeted by antibodies in myasthenia gravis?
- a. Pre-synaptic muscarinic receptors
 - b. Post-synaptic muscarinic receptors
 - c. Pre-synaptic nicotinic receptors
 - d. Post-synaptic nicotinic receptors
 - e. Acetylcholinesterases
33. Which of the following is incorrect regarding delirium and dementia?
- a. Rivastigmine is the treatment of choice in delirium

34. bacterial meningitis
35. Which of the following is used for the abortive treatment of migraines?
a. Sumatriptan
36. You would expect to find in a patient with GBS:
a. High protein high cells
b. high protein normal cells
37. meningococcal meningitis
38. All can cause trigeminal neuralgia except:
a. MCA infarct
39. HTN (what is the most common cause of ischemic stroke?)
40. A teenage girl has a seizure during an exam. She has never had a seizure before. She stayed up all night to study, and her mom described abnormal jerking movements in her daughter's arms during breakfast that morning. What does she most likely have?
a. Pseudo-seizures
b. Juvenile myoclonic epilepsy
41. Which of the following is not used in the treatment of Parkinson's?
a. Amantadine
b. COMT and MAO-B inhibitors
c. Dopamine receptor antagonist
d. Dopamine receptor agonists
42. Which of the following is wrong about Alzheimer's?
a. Down syndrome patients have earlier symptoms
b. Atrophy of the hippocampus and neocortex occurs
c. Impaired consciousness and drowsiness are early manifestations
d. Tangles and plaques are present
43. A patient has difficulty in talking and loss of repetition. What type of aphasia? Broca's aphasia
44. All of the following can be caused by a lacunar infarct except:
a. Global aphasia
45. Which of the statements regarding headaches is incorrect?
a. Hypotension headache worsens upon lying down (in bed)
46. What is the most common cause of secondary headache?
a. Malignancy
b. Head trauma
c. SAH
d. Systemic infection

47. Which of the following is not a cause of aseptic meningitis?
- Fungal infection
 - TB
 - Syphilis
 - Malignancy
 - Listeria monocytogenes
48. Deficiency of which vitamin is associated with multiple sclerosis?
- Vitamin A
 - Vitamin E
 - Vitamin D
 - Vitamin C
49. Which of the following is false regarding the dorsal tract of the spinal cord?
- Transmits proprioception
 - Transmits vibration sensation
 - Transmits temperature sensation
50. Which of the following is the most common type of peripheral neuropathy seen in SLE?
- Neuromuscular junction disorder
 - Polyradiculopathy
 - Axonal polyneuropathy
 - Mononeuritis multiplex
 - Demyelinating polyneuropathy

1		11	B	21	A	31	B	41	C
2	B	12	C	22	A	32	D	42	C
3	A	13	B A	23	B D	33	A	43	
4	B	14	A	24	A	34		44	A
5	A	15	A	25	A	35	A	45	A
6		16		26	B	36	B	46	D
7		17	B	27	A	37		47	E
8	A	18	A	28	A	38	A	48	C
9	A	19	A	29	A	39		49	C
10	A	20		30	B	40	B	50	

اذكرونا بدعوة ✨

Final 017 -4th year

A 16-year-old girl presents to the ER after having witnessed generalized convulsions by her mother who reported that her daughter was sleep deprived for the last 2 nights. She also reported that her daughter had frequent episodes of early morning jerks. The most likely diagnosis is:

- a. Juvenile myoclonic epilepsy
- b. Frontal lobe epilepsy
- c. Pseudoseizures
- d. Occipital lobe epilepsy
- e. Temporal lobe epilepsy

Ans:A

Thrombosis of which artery will lead to lateral medullary syndrome (Wallenberg's syndrome), ipsilateral facial numbness with contralateral body numbness in addition to dysphagia:

- a. Subclavian artery
- b. Anterior inferior cerebellar artery
- c. Basilar artery
- d. Superior cerebellar artery
- e. Posterior inferior cerebellar artery

Ans:E

A 74-year-old hypertensive man developed an acute onset of severe weakness in his right side involving his lower face. On examination, he has a right hemiplegia with no sensory loss. Which one of the following is the most likely diagnosis?

- a. Left thalamic infarction
- b. Left lateral medullary syndrome
- c. Left posterior cerebral artery infarction
- d. Left internal capsule infarction
- e. Total left middle cerebral artery infarction

Ans:D

which one of the following imaging is the best initial modality to assess a patient with epilepsy?

- a. Brain computerized tomogram (CT scan)
- b. Four vessel cerebral angiogram
- c. Brain magnetic resonance imaging with thin coronal cuts (MRI)
- d. Single photon emission tomogram (SPECT)
- e. Brain magnetic resonance angiogram (MRA)

Ans:C

Which one of the following results from a lesion of the common peroneal nerve at the fibular head?

- a. Weakness of foot planter flexion
- b. Absent ankle jerk
- c. Weakness of foot inversion
- d. Weakness of knee flexion
- e. Weakness of foot dorsiflexion at the ankle (foot drop)

Ans:E

A 36-year-old previously healthy lady presents with rapidly evolving headache, fever, and behavioral changes. She has a witnessed complex partial seizure with secondary generalization while in emergency room. The most probable clinical diagnosis is:

- a. Acute viral meningitis
- b. Paraneoplastic limbic encephalitis
- c. Herpetic encephalitis
- d. Acute bacterial meningitis
- e. Tuberculous meningitis

Ans:C

One of the following is the least common clinical presentation of Conus medullaris syndrome:

- a. urinary incontinence
- b. knee jerk Hyporeflexia
- c. severe back pain
- d. erectile dysfunction
- e. perianal numbness

Ans:B

Which one of the following is NOT consistent with essential tremor?

- a. It is associated with rigidity
- b. it is familial in many cases
- c. It is better seen on outstretched hands
- d. It is responsive to beta blockers
- e. it starts in both sides of the body

Ans:^C~~A~~

A 39-year-old healthy man awakens up at 3 am with severe headache that involves his orbital and temporal area and of 8/10 severity, associated with tearing and runny nose on the same side of the headache. It lasted for almost one hour and then resolved leaving him quite exhausted and anxious being affected by brain tumor. He remembers having similar experience 2 years ago that lasted for 3 successive nights and then disappeared till it occurred this time. The most probable clinical diagnosis of this headache is:

- a. Cluster headache
- b. Temporal arteritis
- c. Classical migraine (migraine with aura)
- d. Subarachnoid hemorrhage due to recurrent berry aneurysm rupture
- e. Episodic tension type headache

Ans:A

Which one of the following drugs is used to treat the acute attack of migraine headache?

- a. Valproic acid
- b. Topiramate
- c. Verapamil
- d. Ibuprofen
- e. Propranolol

Ans:D

In a patient with a high clinical suspicion of acute bacterial meningitis which of the following is NOT contraindication for doing lumbar puncture when brain neuroimaging is not available?

- a. Daily aspirin use
- b. Papilledema

- c. Seizures occurring during the illness
- d. Right sided hemiparesis developing during the illness
- e. Decreased level of consciousness

Ans:A

Demyelinating rather than axonal polyneuropathy is caused by:

- a. Diabetes mellitus
- b. Guillain Barre syndrome
- c. Alcohol overuse
- d. Amyloidosis
- e. Vincristine toxicity

Ans:B

Concerning the work up for the diagnosis of the epileptogenic foci, all of the following investigations are helpful Except;

- a. Brain MRI.
- b. EEG.
- c. SPECT scan.
- d. Video EEG.
- e. PET scan.

Evaluation for underlying conditions	Confirmation of seizure
<ul style="list-style-type: none"> • EEG: Not an etiologic cause (e.g., cardiac arrhythmias resulting in cerebral hypoxia) in all patients with loss of consciousness during a seizure. • MRI: Modality of choice for investigating potential underlying structural abnormalities. [24] • All patients with focal slow waves • Excitatory: children with history and examination suggestive of benign seizure or characteristic epilepsy syndrome • CT: May be used if MRI is not available, but is less sensitive for identifying soft-tissue lesions [24] [25] • Angiography: Vascular cause (e.g., cerebral arteriovenous malformation) is suspected • Laboratory screening to identify metabolic disorders and infectious diseases. If suspected <ul style="list-style-type: none"> • Blood <ul style="list-style-type: none"> • CBC • Glucose • Electrolytes • Protein [2] • Toxicology screening <ul style="list-style-type: none"> • ETOH • Rapid alcohol level [2] • Cocaine level [2] • Barbiturate and benz function tests <ul style="list-style-type: none"> • Antiepileptic drug levels (e.g., phenytoin, carbamazepine, phenobarbital) [2] [21] • Urinalysis • Bacterial cultures • Cerebrospinal fluid analysis <ul style="list-style-type: none"> • Enzyme studies • Thyroid function tests • Adrenal function tests • Fluorine function tests 	<ul style="list-style-type: none"> • History <ul style="list-style-type: none"> • History of present illness: description of the event by the patient (seize subject) and/or witnesses (subject with impaired awareness) • Recurrent seizures (e.g., sleep deprivation, excessive alcohol intake) • Associated symptoms (e.g., fever) • Epileptiforms • Medication exposures • Past medical history <ul style="list-style-type: none"> • History of exposure (including current antiepileptic drugs and adherence) • History of other potential underlying conditions (e.g., head trauma, stroke, tumor, CNS infection) • Physical examination: attention should be paid to visual inspection (e.g., for lesions from falls, tongue bites, glabrous skin-specific skin manifestations) and evaluation for cardiovascular disorders • EEG <ul style="list-style-type: none"> • Performed in individuals who present with first seizure, with insufficient information for seizure classification, and/or structural neuroimaging abnormality • Characteristic EEG findings help to establish the diagnosis of epilepsy; the absence of such findings cannot, however, rule out epilepsy • During the seizure itself <ul style="list-style-type: none"> • Epileptiform discharges (e.g., spikes, sharp waves, spike waves) are usually detected. [2] • Characteristics of conditions characterized by seizures have characteristic discharge patterns (e.g., hypermyoclonic in West syndrome, 3 Hz spike and wave in typical absence seizures, burst suppression in atypical complex partial or partial status epilepticus) • If no epileptiform discharges are detected during a seizure, alternative diagnoses (e.g., psychogenic nonepileptic seizures) should be considered. • After a seizure or between seizures (postictal or interictal) <ul style="list-style-type: none"> • Other normal findings (seen after provocation via sleep deprivation, hyperventilation, or visual stimuli) • High slow epileptiform activity (bursts of abnormal discharges featuring spikes and/or sharp waves, hypermyoclonic West syndrome) • Slow EEG interictally in hospitalized patients • Continuous EEG in ambulatory systems

سین

Ans:E

A 41-year-old male presents with neck pain that was radiating to the left arm of 4 weeks duration. On examination there is weakness of triceps and wrist flexion. Which level is the pathology shown likely to be at?

- a. C4/5
- b. C6/7
- c. C5/6
- d. C7/T1
- e. T1/T2

Ans:B

Which of the following is a reversible cause of dementia?

- a. Frontotemporal dementia
- b. Creutzfeldt Jakob disease
- c. Multi infarct dementia
- d. Normal pressure hydrocephalus
- e. Parkinson's disease related dementia

Ans:D

Hemiballismus (gross jerky movement of one half of the body contralateral to the lesion) is typically related to acute hemorrhage in:

- a. Caudate nucleus
- b. Substantia nigra
- c. Thalamus
- d. Globus pallidus
- e. Subthalamic nucleus

Ans:E

Which one of the following clinical features is NOT consistent with idiopathic Parkinson's disease?

- a. Difficult turning during walking
- b. Falls occurring late in the disease
- c. Depression
- d. Onset of bilateral rigidity and tremor
- e. Good response to dopamine replacement therapy

Ans:D

A 22-year-old man presents to the casualty department with a severe headache that came on 12 hours ago and is increasingly severe. He has vomited twice. On examination: he is febrile, confused, photophobic and has a stiff neck. Kernig's sign is positive but the rest of the neurological examination is normal.

Cerebrospinal fluid analysis (CS) showed high polymorphs, low glucose, and high protein. The most likely diagnosis is:

- a. Herpetic encephalitis
- b. Tuberculous meningitis
- c. Viral meningitis
- d. Bacterial meningitis
- e. Fungal meningitis

Ans:D

Which one of the following is True about multiple sclerosis (MS)?

- a. It is more common in the tropical area near to the equator
- b. it is more common in the elderly population
- c. It is related to inflammatory process that starts in the CNS myelin
- d. It is primarily a disease of the gray matter of the central nervous system (CNS)
- e. It has been associated with vitamin E deficiency

Ans:C

A 70-year-old woman is brought to the clinic by her daughter who complains that her mother has an amnesia for recent events since a few months, which is getting worse. Two weeks ago, her mother was found wandering lost in her local shops. She had also forgotten recent family events. Her neurological examination was normal apart from a mini-mental test score of 22 out of 30. Which one of the following is the most likely diagnosis?

- a. Alzheimer's disease
- b. Normal pressure hydrocephalus
- c. Multi-infarct dementia
- d. Subacute combined degeneration of the cord (vitamin B12 deficiency)
- e. Pick's disease (frontotemporal dementia)

Ans:A

Which one of the following is major sign in motor neuron disease?

- a. Fasciculations are mandatory to make the diagnosis
- b. Fatigable weakness is a core feature of the disease
- c. Sphincter dysfunction like urinary incontinence is quite common
- d. There should be no signs of sensory loss
- e. Ocular movement abnormalities occur in more than 50% of patients

Ans:D

Deficiency of which one of the following vitamins has been linked to the causation of multiple sclerosis.

- a. Vitamin E
- b. vitamin D
- c. Vitamin B12
- d. Vitamin C
- e. Vitamin B6

Ans:b

Concerning Epilepsy, all of the following statements are true Except;

- a. The most common location of epileptogenic activity in refractory seizure is the frontal lobe.
- b. Prevalence of epilepsy in general populations is 0.5-1%.
- c. Morbidity in epileptic patients is, 10 times more than the normal population.
- d. Refractory seizure in adult include: (Persistent seizures despite appropriate pharmacological treatment 3AEDS, including one of the new generation)
- e. In around 1/3 of all patient with seizures will develop refractory seizures.

Ans:A
(Temporal lobe)

All are true regarding the cerebrospinal fluid physiology (CSF), except:

- a. The total volume is replaced three times daily by the continuous process of secretion and absorption
- b. The volume of cerebrospinal fluid in an adult human being is 150 cc.
- c. The normal CSF has a salty taste.
- d. The CSF protein concentration is less than that of the plasma.
- e. The secretion of CSF is mainly the function of the arachnoid granulations.

Ans:E
(Produced by choroid plexus , reabsorbed in arachnoid granulation)

A2 yeas old male child, known case of hydrocephalus, presented to the emergency department with fever andhypoactivity. He had an operation for a ventriculoperitoneal shunt insertion one month ago.

Sampling of the cerebrospinal fluid was done from the valve, the laboratory results were: WBC was 450 / mm, protein 135 mg/dl, sugar 5mg/dl. The next step will be:

- a. Reassurance and referral to outpatient clinic.
- b. Admission to hospital for parenteral antibiotics and shunt removal.
- c. Do the COVID 19 swab for the fever.
- d. Keep under observation till you get the results of the CSF culture and sensivity.
- e. Discharge home on oral antibiotics.

Ans:B

Which one of the following cranial nerves carry parasympathetic fibers?

- a Facial nervo
- b. Vestibulocochlear nerve
- c. Hypoglossal nerve
- d. Abducens nerve
- e. Trochlear nerve

Ans:A
(+vagus +glossopharyngeal+oculomotor)

If the clinical picture is highly suggestive of subarachnoid hemorrhage and initial CT brain was normal, second step to confirm the diagnosis will be:

- a. Serum fibronigen
- b. Conventional cerebral Angiogram
- c. B2-transferrin in the serum
- d. Lumbar Puncture
- e. CT angiogram

Ans:D

Final 017 -6th year

Upper and lower limb loss of motor and sensory, face spared, babinski reflex present bilateral, loss of bladder control, what is the area affects

- a. cervical lesion
- b. Brain stem
- c. Cerebrum
- d. Lumber lesion
- e. Peripheral lesion (NMJ)

Ans:A

treatment (trigeminal neuralgia)

- a. carbamazepine
- b. Ibuprofen
- c. Corticosteroid

Ans:A

Worst headache in life, you suspect subarachnoid hemorrhage, what to order .

- a. ct without contrast
- b. Ct with contrast
- c. MRI

Ans:A

LP should be contraindicated in all of the following except

- a. Kerning
- b. Focal deficit
- c. Papilledema
- d. Known brain mass
- e. Loss of consciousness

Ans:A

Myasthenia gravis do all except .

- a. Calcium channels antibodies
- b. Anti AChR antibodies
- C. Endrophonium test

Ans:A

Loss dorsiflexion, sensation of dorsum of the foot, big toe dorsiflexion is lost, most commonly affected nerve

- a. Common peroneal
- b. Tibial nerve
- c. Femoral
- d. Siatic nerve

Ans:A

All of the following decrease thromboembolic stroke except

- a. Stopping Smoking
- b. Hypertension
- c. Clopidogrel
- d. Warfarin
- e. aspirin

^B
Ans: ~~D~~
if Thrombus
Ans: D

Used in treatment of drug induced Parkinson

- a-Levodopa
- b-fluoxetine

^B
Ans: ~~Idk.))~~

Long question with old male patient. His son reports a stepwise decline in cognitive function. Most likely cause of dementia:

- a-Alzheimer
- b-Creutzfeldt
- c-Vascular dementia

Ans:C? Bcz it's stepwise

Neurology past papers

1) Which one of the following is a neuropathological hallmark of Alzheimer disease?

- a. Spongiform changes in cortex
- b. Lewy bodies in the substantia nigra
- c. Prominent atrophy of caudate nucleus
- d. Lewy bodies in the cortical neurons
- e. Neurofibrillary tangles

2) All of the following are diseases of the neuromuscular junction EXCEPT:

- a. Tick paralysis
- b. Myasthenia gravis
- c. Lambert-Eaton syndrome
- d. Botulism
- e. Periodic paralysis

3) Which one of the following is the most likely site of the lesion in a hypertensive person with the sudden onset of numbness of his left leg, arm and face with normal motor examination

- a. Right thalamus
- b. Right occipital lobe
- c. Right precentral gyrus
- d. Right corona radiata
- e. Right internal capsule

4) All the following are complications for subarachnoid hemorrhage except:

- a. Rebleeding
- b. Vasospasm
- c. Hydrocephalus
- d. septic meningitis
- e. Electrolyte disturbances

The screenshot shows a medical reference page titled "Subarachnoid hemorrhage" with a "Complications" section. The page lists several complications with brief descriptions:

- Vasospasm**
 - Occurs in approx. 30% of patients with SAH [18]
 - Transcranial doppler ultrasound study can help identify vasospasm.
 - Pathophysiology
 - Impaired CSF reabsorption from the arachnoid villi → nonobstructive (communicating) hydrocephalus → ↑ intracranial pressure → ↓ cerebral perfusion pressure → ischemia
 - Release of clotting factors and vasoactive substances → diffuse vasospasm of cerebral vessels → ischemia
 - Can lead to ischemic stroke
 - Most common in patients with nontraumatic SAH due to a ruptured aneurysm
 - Usually occurs between **3–10 days after SAH**
 - Increases the risk of developing communicating and/or obstructive hydrocephalus
- Recurrent bleeding**
 - Occurs in 4–14% of patients with SAH in the first 24 hours [18]
 - Risk of rebleeding is highest in the first 2–12 hours after SAH
 - The cumulative risk of recurrent bleeding within the first six months is about 50%.
- Hydrocephalus**
- Other complications [18]**
 - Delayed cerebral ischemia**
 - A complication of aneurysmal subarachnoid hemorrhage (SAH) defined as a worsening neurological status that cannot be attributed to other causes (e.g., hypoxemia or seizures)
 - Typically occurs 3 days to 2 weeks after SAH
 - While it is associated with cerebral vasospasm, the exact pathophysiology is not known
 - Elevated ICP**: hypertension, bradycardia, and irregular breathing (see **Cushing triad**)
 - Seizures**
 - SIADH**
 - Cerebral salt wasting (rare)**
 - Causes hypovolemic, hyponatremic hyponatremia, although the mechanism is poorly understood.
 - Classically, its onset occurs within 10 days of an inciting event within the central nervous system (particularly subarachnoid hemorrhage) or neurosurgical procedure.
 - Severe symptoms are treated with hypertonic saline and fludrocortisone.
 - Cardiac dysfunction (e.g., arrhythmias, acute MI)
 - Terson syndrome** (20% of cases): preretinal hemorrhage due to SAH

5) Which one of the following is NOT relevant in a 25-year-old woman with acute ischemia

- a. History of sudden death of her father at age of 70 years.
- b. history of hypertension

- c. History of previous deep vein thrombosis (DVT)
- d. History of oral contraceptive use
- e. history of a cardiac murmur

6) all of the following are complications of subarachnoid hemorrhage except:

- a. ECG changes
- b. hydrocephalus
- c. electrolyte disturbances
- d. vasospasm
- e. cerebrospinal fluid fistula

7) Which of the following vitamins plays an important role regarding pathogenesis and treatment of patients with Multiple Sclerosis?

- a Vitamin A
- b. Vitamin D
- c. Vitamin C
- d. Vitamin B12
- e. Vitamin K

8) Which of the following antiepileptic drugs is mostly associated with fetal malformation and early childhood cognitive dysfunction?

- a. Levetiracetam
- b. Lamotrigine
- c. Valproic acid
- d. Gabapentin
- e. Carbamazepine

9) All of the following are appropriate investigations in a 55-year-old man who is a heavy smoker to assess the cause and type of recurrent generalized tonic clonic convulsions preceded by left upper limb shaking with a normal neurological examination, EXCEPT:

- a. Brain CT scan
- b. Chest CT
- c. EEG (Electroencephalogram)
- d. Brain MRI with and without contrast
- e. ECG (Electrocardiogram)

10) All of the following characteristics suggest a secondary cause of headache that needs to be evaluated by neuroimaging or other procedures EXCEPT:

- a. New onset seizures with the headache
- b. New headache which is sudden and severe.
- c. Fever
- d. Similar previous attacks
- e. Blurred vision

11) which one of the following is the most likely diagnosis in a 15-year old girl with a recent generalized tonic-clonic convulsions due to sleep deprivation, daytime absences and attacks of early morning jerking upon awakening from sleep?

- a. pseudoseizures (conversion reaction, hysterical reaction)
- b. Petit mal epilepsy
- c. complex partial seizure with secondary generalization
- d. grand mal epilepsy upon awakening
- e. juvenile myoclonic epilepsy

12) The myelin sheath covering of the radial nerve is formed by:

- a. Astrocytes
- b. Schwann cells
- c. Ependymocytes
- d. Oligodendrocytes
- e. Microglial cells

13) A 56 years old male who sustained a road traffic accident presented to the emergency department with neck pain and left sided body weakness. Hi physical examination reveals lost positional sensation on the left side with impaired pain and temperature sensation on the right side of his body, this clinical picture fits with:

- a. Anterior cord syndrome
- b. Brown-Sequard syndrome
- c. Complete spinal cord injury.
- d. posterior cord syndrome
- e. Central cord syndrome

14) a lumbar puncture showing a clear CSF with normal pressure, 20 WBC (mainly lymphocytes), protein 63 mg/dl, glucose 65 mg/dl (blood sugar 105 mg/dl) and a negative gram stain is in favour of which of the following?

- a. viral meningitis
- b. fungal meningitis
- c. tuberculous meningitis
- d. subarachnoid hemorrhage
- e. bacterial meningitis

15) all of the following statements concerning Parkinson's disease are false except:

- a. impairment of the vertical gaze is common manifestation of this disorder
- b. early falls are a common problem in this disorder
- c. most cases are familial with mutations in the alpha-synuclein or parkin genes
- d. it is characterized by the death of dopaminergic neurons in the subthalamic nucleus
- e. the four cardinal features of this disorder are tremor, rigidity, bradykinesia and postural instability.

16) left weber syndrome (left third nerve palsy and right hemiparesis) is caused by a lesion in:

- a. right pons
- b. right medulla
- c. left midbrain
- d. left pons
- e. left medulla

Ventral midbrain syndrome (Weber syndrome)		<ul style="list-style-type: none"> • Oculomotor nerve nucleus • Corticospinal tract (cerebral peduncle) 	<ul style="list-style-type: none"> • Ipsilateral oculomotor nerve palsy • Contralateral hemiparesis
Claude syndrome	<ul style="list-style-type: none"> • Branches of the posterior cerebral artery 	<ul style="list-style-type: none"> • Oculomotor nerve fibers • Superior cerebellar peduncles • Red nucleus 	<ul style="list-style-type: none"> • Ipsilateral oculomotor nerve palsy • Contralateral ataxia

17) Which of the following is Not consistent with the diagnosis of Guillain-Bare syndrome:

- a. High CSF protein
- b. Rapid progressive quadriparesis over one week
- c. fluctuating blood pressure readings (high and low readings)
- d. Hyper-reflexia in the lower limbs (increased deep tendon reflexes)
- e. Preceding history of diarrhea

18) Which one of the following is a characteristic side effect of carbamazepine?

- a. Nephrolithiasis

- b. Hyponatremia
- c. Thrombocytopenia
- d. Agitation
- e. Diabetes insipidus

19) Which one of the following is the most likely diagnosis in a 45-year-old woman with a complaint of episodes of vertigo increased by head movements, sometimes with nausea without other symptoms such as double vision, weakness, hearing loss, tinnitus, or difficulty swallowing:

- a. Meniere disease
- b. Viral labyrinthitis
- c. Benign positional paroxysmal vertigo
- d. Brainstem infarction
- e. Cerebellar infarction

20) Which one of the following leads to fever/confusion with neck stiffness and a lumbar puncture showing 9 WBCs with a lymphocytic predominance. protein-63 mg% and glucoso-65 mg (blood sugar=105 mg) and a negative Gram stain?

- a. Fungal meningitis
- b. Subarachnoid hemorrhage
- c. Viral meningoencephalitis
- d. Bacterial meningitis
- e. Tuberculous meningitis

21) Which of the following is a neuropathological hallmark of Alzheimer disease:

- a. Prominent atrophy of caudate nucleus
- b. Lewy bodies in the cortical neurons
- c. Amyloid plaques
- d. Lewy bodies in the substantia nigra
- e. Spongiform changes in cortex

22) Which of the following is NOT a presenting clinical feature of patients with Multiple Sclerosis?

- a. Paraparesis (bilateral lower limb weakness)
- b. Wernicke's aphasia
- c. Ataxia
- d. Monocular visual loss

e. Electric- like- feeling in the back upon flexion of the neck

23) The imaging method of choice to assess an epileptic patient is:

- a. Brain MRA (Magnetic resonance angiography)
- b. Conventional 4 vessel cerebral angiogram
- c. Brain MRI with thin cuts including coronal views
- d. Brain MRV (magnetic resonance venogram)
- e. Brain CT scan with and without contrast

24) Which one of the following is the most common type of peripheral neuropathy in systemic lupus erythematosus (SLE)?

- a. Neuromuscular junction disorder
- b. Polyradiculopathy
- c. Axonal polyneuropathy
- d. Mononeuropathy multiplex
- e. Demyelinating polyneuropathy

25) The single most important modifiable risk factor for stroke (both ischemic and hemorrhagic) is:

- a. Atrial fibrillation
- b. Systemic hypertension
- c. Dyslipidemia
- d. Diabetes mellitus
- e. Smoking

26) Which one of the following medications is effective in the treatment of an acute attack of migraine?

- a. Sumatriptan
- b. Verapamil
- c. Sodium valproate
- d. Amitriptyline
- e. Propranolol

27) Which one of the following is the most likely location of hypertensive intracerebral hemorrhage?

- a. Frontal lobe
- b. Internal capsule

- c. Midbrain
- d. Corpus callosum
- e. Basal ganglia

28) Which of the following cranial nerves leads to difficulty in chewing with, on examination, decreased strength in the muscles of mastication?

- a. Trigeminal
- b. Glossopharyngeal
- c. Oculomotor
- d. Hypoglossal
- e. Facial

29) pure radicular clinical manifestations will include all of the following except:

- a. sciatica
- b. decreased deep tendon reflexes
- c. weakness
- d. spasticity
- e. muscle atrophy

30) Which one of the following leads to difficulty in speech production with impaired repetition but intact comprehension?

- a. Broca's aphasia
- b. Transcortical motor aphasia
- c. Global aphasia
- d. Conduction aphasia
- e. Wernicke's aphasia

31) which of the following antiepileptic drugs is associated with weight loss and renal calculi:

- a. Gabapentin
- b. Levetiracetam
- c. Topiramate
- d. lamotrigine
- e. carbamazepine

32) Which one of the following is the treatment of choice for a 75-year-old man with a one-month history of progressive pain in the left temporal area, pain in his jaw while eating and an erythrocyte sedimentation ratio (ESR) of 94?

- a. Prednisone
- b. Sumatriptan
- c. Surgical resection of brain tumor
- d. Verapamil
- e. Carbamazepine

Answers

1	E	17	D
2	E	18	B
3	A	19	C
4	D	20	C
5	A	21	C
6	E	22	B
7	B	23	C
8	C	24	D
9	B	25	B
10	D	26	A
11	E	27	E
12	B	28	A
13	B	29	D
14	A	30	A
15	E	31	C
16	C	32	A

24/5/2015

- 1- Which of the following drugs can be used to treat essential tremor:
carbamazepine
phenytoin
topiramate
lamotrigine
valproate

- 2- Which of the following is wrongly mismatched:
topiramate:focal epilepsy
valproate: general epilepsy
haloperidol: Parkinson

- 3- Which of the following is not seen in thrombosis of left PICA:
vertigo
left horner's syndrome
dysphagia
dysarthria
loss of right facial sensation

- 4- The most common cause of pseudodementia in elderly is:
-drug intoxication
-depression
-alzheimers

- 5- The most important risk factor for lacunar infarct is:
diabetes
chronic HTN
hypothyroidism
dyslipidemia
smoking

- 6- The nerve responsible for foot eversion is:
deep peroneal nerve
superficial peroneal nerve
tibial nerve
femoral nerve
sciatic nerve

- 7- The muscle that causes hip abduction is:
gluteus maximus
gluteus medius
quadrecips femoris
illiopsoas

- 8- All of the following can be caused by lacunar infarct except:
pure motor
pure sensory
ataxia hemiparesis
broca's aphasia
multi-infarct dementia
- 9- All of the following causes autonomic dysfunction except:
Diabetes
multiple system atrophy
gullian barre syndrome
lambert-eaton syndrome
sjogren's syndrome
- 10- A patient with bacterial meningitis, lumbar puncture is contraindicated in all of the following except:
witnessed seizures
had a head injury 1 year ago with transient loss of consciousness
right hemiparesis
decreased level of consciousness
papilledema
- 11- All of the following have proven benefit in treating Parkinson except:
L-dopa
selegiline
promipexole
vitamin E
amantadine
- 12- a patient with fever, headache, CSF showed increased lymphocytes, slightly elevated protein, normal glucose, no RBCs. MRI showed left temporal lobe abnormality, the CSF will also show which of the following:
indian ink for cryptococcal meningitis
gram stain for diplococcal strep
acid-fast stain for TB
HSV DNA by PCR
- 13- a 63 year old women with saddle nose deformity, left ear otitis media, multiple peripheral nerves are affects, ESR 108, creatinine elevated (the same case is written at the end of chapter 19), whats the most likely diagnosis:
polyarteritis nodosa
rheumatoid arthritis
Wegner's granulomatosis
Polymiositis

- 14- which of the following is true about cluster headache:
duration 6-8 hours
more common in females
pain is in the parietal area
subcutaneous sumatriptan can be used in acute attacks
- 15- which of the following neurobiochemical abnormality occur in Parkinson:
dopaminergic excess
cholinergic deficiency
cholinergic excess
serotonin deficiency
- 16- what is wrong about Wilson's disease:
increased ceruloplasmin
may present as jaundice in childhood
- 17- what is not part of the MMSE(mini-mental state examination):
orientation
neglect
registration
language
attention
- 18- a patient with recurrent tonic clonic seizures, and myoclonus in the morning, whats the treatment:
carbamazipne
valproate
phenytoin
topiromate
- 19- which of the following indicate a spinal cord injury
sensory inattention
a sensory level
- 20- a tuning fork was put on the forehead will help you:
see the bigger external ear
the ear with the highest frequency range
to detect conductive and sensory hearing loss
- 21- a patient with lower limb weakness and a T12 sensory level, had an MRI of the lower thoracic and lumbar spine and it was normal, the next step in management is:
MRI of cervical and upper thoracic

22- the antibiotic used for prophylaxis of meningococcal meningitis is:

Rifampicin

ceftriaxone

ampicillin

vancomycin

23- which of the following is a Normal CSF finding:

protein 0.1-0.4g/L

300mm H₂O pressure

15 WBC

oligoclonal bands

24- all of the following causes subarachnoid hemorrhage except:

rupture of berry aneurysm

rupture of charcot-bochard aneurysm

mycotic aneurysm

AV malformation

trauma

25- the most sensitive test for relapsing remitting MS is:

MRI

Visual evoked potentials

CSF assay

CT

26- which of the following is true about MS:

more common in tropical areas

more common in males

its characterized by an inflammatory demyelination of CNS and spinal cord

it's a disease of the gray matter

27- all of the following are features of ALS except:

fasciculations

may have dysphagia and dysarthria

affects both UMN and LMN

lhermitte sign

28- Not found in relapsing remitting MS:

progressive bladder dysfunction

recurrent tonic clonic seizures

optic neuritis

- 29- EEG waves in a relaxed man with eyes closed will have a frequency of:
0-4 Hz
5-8 Hz
8-13 Hz
14-25 Hz
26-42 Hz
- 30- All can be seen in gullian-barre syndrome except:
respiratory dysfunction
bilateral facial weakness
bilateral internuclear ophthalmoplegia
- 31- Which of the following causes irreversible Parkinson:
LSD
MPTP
barbiturates
- 32- All of the following causes reversible dementia except:
B12 deficiency
creutzfeldt-jakob disease
HIV dementia
hypothyroidism
normal pressure hydrocephalus
- 33- All are true about Alzheimer's disease except:
characterized pathologically by neurofibrillary tangles and neuritic plaques
most common cause of dementia overall
anticholinergic drugs are used to treat memory loss
- 34- All of the following can be causes of gullian-barre syndrome except:
HIV
TB
CMV
mycoplasma pneumonia
campylobacter
- 35- A patient came to the ER with stroke, the most important test to do is:
MRI
CT with contrast
CT without contrast
EEG

- 36- All of the following are causes of lower motor neuron facial palsy except:
bell's palsy
parotid tumor
sarcoidosis
midbrain infarction
herpes zoster
- 37- All of the following are true about migraine headache except:
occurs at the end of the week
duration is 2 hours
throbbing in nature
unilateral
- 38- A person with bitemporal hemianopia, where is the lesion:
optic nerve
optic radiation
optic chiasm
retina
- 39- A patient with Wernicke's aphasia, thrombosis of which artery caused it:
internal carotid artery
PICA
AICA
basilar artery
- 40- A woman with Breast cancer had left lower limb weakness with hyperreflexia and Babinski sign, loss of proprioception in left leg, loss of pain and temperature in right leg, what's the diagnosis:
gullian-barre syndrome
brown sequard syndrome
lambert-eaton
- 41- Damage to the left temporal lobe will result in:
expressive aphasia
global aphasia
receptive aphasia
dyscalculia
- 42- All of the following causes pseudobulbar palsy only except:
Motor neuron disease
myasthenia gravis
carcinomatous meningitis
syringobulbia

- 43- which of the following doesn't cause tunnel vision:
- chronic glaucoma
 - retinitis pegmintosa
 - hysteria
 - bilateral cortical hemianopia with macular sparing
 - infarction of the lateral geniculate body**
- 44- a 57 year old male, with htn and smoker, had recurrent seizures, all are part of investigations of seizures except:
- EEG
 - CT
 - MRI
 - chest xray**
 - CSF
- 45- One of the following not in vegetitive state:
- dilated and fixed pupils**
 - severe brain damage
 - cycles of eye opening-closure as in sleep cycles
 - intact brain stem

Neurology 4th year Final exam
05/06/2014

- 1. Which one of the following muscles is responsible for ankle eversion :**
 - a. Peroneus longus muscle
 - b. Tibialis posterior
 - c. Tibialis anterior
 - d.
 - e.
- 2. Which one of the following muscles is responsible for ankle dorsiflexion**
 - a. Peroneus longus
 - b. Tibialis anterior
 - c. Tibialis posterior
 - d.
 - e.
- 3. All of the following nerves are mixed(sensory and motor) except :**
 - a. Sural nerve
 - b. Femoral nerve
 - c. Sciatic nerve
 - d. Tibial nerve
 - e. Peroneal nerve
- 4. Which nerve is associated with claw hand deformity ?**
 - a. Radial nerve
 - b. Ulnar nerve
 - c. Median nerve
 - d. Anterior interosseus
 - e. Posterior interosseus
- 5. Tumor invading apex of the lung (Pancoast tumor) will affect which of the following**
 - a. C4 and C5
 - b. C5 and C6
 - c. C6 and C7
 - d. C8 and T1
 - e. T1 and T2
- 6. All of the following are associated with Horner's syndrome except :**
 - a. Syringomyelia
 - b. Internal carotid artery dissection
 - c. Posterior communicating artery aneurysm
 - d. Cluster headache
 - e. Tumor invading apex of the lung
- 7. Friedrieh's ataxia is not associated with :**
 - a. Truncal ataxia
 - b. Limb ataxia
 - c. Dementia
 - d. Loss of position
 - e.
- 8. All of the following are associated with acute cognitive deficit exopt :**
 - a. Thalamic infarct
 - b. Huntington's disease
 - c. HIV
 - d.
 - e.
- 9. All of the following are risk factors for Alzheimer's except :**
 - a. Poor education
 - b. Age
 - c. Apolipoprotein E4
 - d. Down's syndrome
 - e. Male gender
- 10. Lesion in which one of the following sites will cause PURE sensory deficit ?**
 - a. Thalamus
 - b. Basilar pontis
 - c. Internal capsule
 - d.
 - e.

11. A 16-year-old female previously healthy , went to her exam today where she had tonic-clonic convulsions , she denied any previous similar attacks when asking her mother : she said that she didn't sleep enough yesterday , and on the morning her mother noticed morning jerking upon waking up , what's the most likely diagnosis ?
- Pseudoseizures (retro-convulsions and hysteria)
 - Petit-mal epilepsy
 - Myoclonic juvenile
 - Grand-mal epilepsy on waking up
 - Complex partial seizure with secondary generalization
12. Drug that is associated with triad of hirsutism, weight gain and tremor ?
- Lamotrigine
 - Sodium valproate
 - Carbamazepine
 - Topiramate
 - Phenytoin
13. A 55-year-old female , had trigeminal neuralgia (case mentioned not the exact diagnosis) , what is the primary treatment ?
- Indomethacin
 - Sodium Valproate
 - Carbamazepine
 - Ethosuximide
 - e.
14. In patient who had contact with other patient whose infected with meningococcal meningitis , what drug to give prophylactically for the first patient ?
- Isoniazid
 - Rifampicin
 - Penicillin G
 - Ethosuximide
 - Tetracycline
15. all of the following drugs are used in PROPHYLAXIS of migraine except :
- valproate
 - ibuprofen
 - flunarizine
 - verapamil
 - amitriptyline
16. A 9-year-old female , a case of absence seizure (case mentioned not the exact diagnosis) , drug of choice is :
- Sodium valproate
 - Carbamazepine
 - Topiramate
 - Phenytoin
 - Lamotrigine
17. Which of the following is true about myasthenia gravis :
- Presynaptic block by anti-Ach Abs
 - Postsynaptic block by Anti-Ach receptor Abs
 - c.
 - d.
 - e.
18. Which of the following drugs/chemicals will cause irreversible features of Parkinson ?
- LSD (lysergic acid)
 - MPTP
 - c.
 - d.
 - e.
19. About Parkinson , what is TRUE :
- Triad of tremor, bradykinesia and spasticity
 - Most common at age of 45
 - The aid of treatment is to increase dopamine levels
 - d.
 - e.

20. Most common cause of myopathy before age of 40 is :
- Cervical spondylosis
 - Myasthenia gravis
 - Multiple sclerosis
 -
 -
21. Patient who is right handed , a lesion in the left parietotemporal area will cause :
- Expressive aphasia
 - Receptive aphasia
 - Gait apraxia
 -
 -
22. Hemiballismus is related to lesion in :
- Subthalamic nucleus
 - Caudate nucleus
 - Putamen
 - Nucleus basalis
 -
23. Regarding Alzheimer's , all are true except :
- Common in all ages , and increased in elderly
 - Characterized by intracellular neurofibrillary tangles and extracellular neuritic plaques
 - Death of neurons in hippocampus , temporal neocortex and nucleus basalis of mynert
 - Early course of disease is controlled by anticholinergic drugs
 -
24. About multiple sclerosis , one of the following is true :
- Most common course is progressive
 - Characterized pathologically by axonal degeneration
 - More common in temperate area
 -
 -
25. All of the following injuries are associated with sensory loss except :
- Axillary nerve injury
 - Anterior horn at C8
 - C8 root injury
 -
 -
26. Left hemi-dissection at thoracic level (Brown-sequard) , all of the following are true except :
- Left lower spastic paresis
 - Loss of position and vibration sensation in the left lower limb
 - Loss of pain and temprature sensation in the left lower limb
 - Loss of pain and temperature sensation in the right lower limb
 - +ve Babinski reflex in the left lower lib
27. Parient developed vomiting , photophobia , on examination only neck stiffness , nothing else , his CSF was as the following (normal pressure , elevated proteins , normal glucose levels , elevated WBC (100%lymphocytes)) what's your diagnosis
- Tuberculous meningitis
 - Herpes simplex encephalitis
 - Bacterial meningitis
 - Cryptococcal meningitis
 - Viral meningitis
28. Regarding CSF which of the following is true
- Up to 5 neutrophils/microliter
 - 160 cm CSF pressure
 - 30 mg/dl glucose (blood 110 mg/dl)
 - 80 mg/dl proteins
 - Oligoclonal bands can be found in the normal CSF content

29. Most important modifiable risk factor that can be controlled in stroke is :

- a. Hypertension
- b. Hypercholesterolemia
- c. Smoking
- d. Diabetes
- e.

30. Most common cause of seizures(epilepsy) in elderly is :

- a. Primary tumor
- b. Tumor metastasis
- c. Stroke
- d.
- e.

31. All of the following can cause multifocal neuropathy except :

- a. SLE
- b. Vasculitis
- c. Hereditary neuropathy with pressure injury tendency
- d. Isoniazid
- e. Malignant infiltration

32. Regarding stroke , all of the following are true except :

- a. Seizure is one of the common complications of stroke
- b. Dementia is one of the common complications of stroke
- c. Medical treatment is very effective in reversing the resultant disabilities of stroke
- d.
- e.

33. All of the following can be caused by Vit. B12 deficiency except :

- a. Subacute combined degeneration of the cord
- b. Polyneuropathy
- c. Dementia
- d. Optic atrophy
- e. Cerebellar degeneration

34. Regarding Guillain-Barre syndrome, all are true except :

- a. Hyperreflexia
- b. Alternating blood pressure
- c. Diarrhea helps you in your diagnosis
- d. Progressive weakness over one week
- e.

35. 24 - years - old female developed weakness on right side , previously healthy , which of the following isn't considered a risk factor for her condition

- a. History of DVT
- b. History of OCPs use
- c. Her dad died at 70 years old due to stroke
- d.
- e.

36. A 70-year-old male previously healthy , he developed a right sided hemiparesis of one week duration , on examination : no sensory disturbance , cranial nerves examination is normal . where is the site of lesion ?

- a. Right inferior cerebral artery
- b. Right lacunar infarct in the internal capsule
- c. Left internal infarct in the internal capsule
- d.
- e.

37. All of the following cause pseudotumor cerebri except :

- a. Disorders of calcium metabolism
- b. SLE
- c. Hypervitaminosis E
- d. Tetracycline
- e. Intracranial venous sinus thrombosis

- e.
- 38. All of the following are considered cerebellar signs except :**
- Hypotonia
 - Dysmetria
 - Dyarthria
 - Postural tremor
 - Decreased rapid alternating hand movements
- 39. Regarding essential tremor , all are true except**
- Positive family history
 - It's a rest tremor
 - Decreased by small amount of alcohol
 - Improved with propranolol
 - e.
- 40. Regarding essential tremor , what is true :**
- a.
 - b.
 - c.
 - d.
 - e.
- 41. Patient presented with upper and lower limb weakness , muscle atrophy (loss of muscle bulk) in upper limb , flaccidity in upper limb , and brisk reflexes in lower limb , your diagnosis is :**
- Amyotrophic lateral sclerosis
 - Subacute combined degeneration of the cord
 - Cervical spondylosis
 - d.
 - e.
- 42. Patient , previously healthy , he developed tinnitus , vertigo in the left ear , also he developed hearing loss , on examination oculucephalic test was normal , wat's your diagnosis :**
- Meniere's disease
 - Benign paroxysmal positional vertigo
 - c.
 - d.
- 43. Lateral medullary (Wallenberg) syndrome is due to occlusion of :**
- Anterior cerebral artery
 - Middle cerebral artery
 - Posterior communicating artery
 - Anterior inferior cerebellar artery
 - Posterior inferior cerebellar artery
- 44. Patient with Rt. midbrain infarction(Weber's syndrome) , all are true except :**
- Left sided weakness of the body
 - Left facial weakness
 - Left oculomotor palsy
 - d.
 - e.
- 45. all of the following are contraindication to do lumbar puncture except :**
- Patient on aspirin
 - Seizure
 - Papilledema
 - Coma
 - e.
- 46. All of the following need further investigations and neuroimaging studies for secondary causes of headache except :**
- Rapid progression of headache
 - Fever
 - previous similar attacks
 - d.
 - e.
- 47. Responsible for myelination of common peroneal nerve is :**
- Oligodendrocytes
 - Schwann cells
 - Astrocytes
 - Microglial cells
 - e.

48. All of the following block the action at the neuromuscular junction except :

- a. Myasthenia gravis
- b. Botulinum toxin
- c. Periodic paralysis
- d. Organophosphate poisoning
- e. Lambert-Eaton myasthenic syndrome

Neurology 4th year Final exam
05/06/2014

Answers :

1. A
2. B
3. A
4. B
5. E
6. C
7. A
8. A
9. E
10. A
11. C
12. B
13. C
14. B
15. B
16. A
17. B
18. B
19. C
20. C
21. B
22. A
23. D
24. C
25. B
26. C
27. E
28. ~~B~~ A
29. A
30. C
31. D
32. C
33. E
34. A
35. C
36. C
37. C
38. D
39. B
40. ??

41. A
42. A
43. E
44. C
45. A
46. C
47. B
48. C
- 49.
- 50.

Neurology Final Exam

2013 / 4th year

*Note: not all answers are for sure..
(??) means also doubted answers*

1) All of the following are causes of reversible dementia except?

- **Pick's Disease**
- Vitamin B12 deficiency
- Chronic subdural hematoma
- Normal pressure Hydrocephalus

2) All of the following are causes of dementia except?

- Progressive multifocal leukoencephalopathy
- Thyrotoxicosis

3) A 45 year old patient presented to the clinic complaining off weakness of the lower limbs and inability to walk progressing during one week. He had a history of an uncomplicated diarrheal illness which resolved in the past month. The patient also complained of difficulty breathing. On examination he was found to have bilateral ptosis and facial weakness. The patient also had decreased vital capacity. Which of the following is the most likely diagnosis?

- Acute inflammatory demyelinating polyneuropathy (Guillain-Barré syndrome)

- Chronic inflammatory demyelinating polyneuropathy

- Poliomyelitis

- Acute poliomyelitis

4) Which of the following muscles is not supplied by the median nerve?

- **Supinator**

- Palmaris longus

- Pronator teres

- Flexor carpi radialis

- Flexor digitorum superficialis

5) A patient presented with pure right sided hemiparesis & hemianopia without sensory impairment ; a lesion at which of the following best explains the patient's presentation?

- **Lacunar infarct of the internal capsule**

- Right middle cerebral artery

- Left middle cerebral artery

6) A patient presented with left sided hemiparesis, On examination he appeared to have right eye ptosis and paralysis of down gaze with his right eye abducted. He had a dilated pupil and divergent sequent of the same eye. The patient's presentation would

be best explained by a lesion at which of the following?

-Rt. Midbrain

- Rt. Pons
- Rt. Medulla
- Right middle cerebral artery
- Left middle cerebral artery

7) Which of the following drugs is not an enzyme inducer?

- Carbamazepine
- Sodium valproate ??
- Phenytoin
- Phenobarbital
- None of the above

8) Which of the following is not caused by hypoparathyroidism?

- Tetany
- Myopathy
- Seizures
- Cerebellar syndrome ??

9) A lesion found on MRI at which of the following locations would be most specific for a diagnosis of multiple sclerosis?

- Corpus callosum ??
- Cerebellum

- Spinal cord
- Brain stem
- Internal capsule

10) All of the following are characteristics of Duchenne muscular dystrophy except?

- **Distal weakness**
- Elevated CPK
- Hypertrophy of calf muscle
- Normal deep tendon reflexes

11) All of the following are true about Wilson's disease except?

- Autosomal recessive inheritance
- **High levels of ceruloplasmin**
- Can present with isolated hepatic problems
- Nearly all patients with neurological manifestations will have a Kayser-Fleischer ring
- Involves deposition of copper in the basal ganglia

12) Meningitis due to head injury is mostly due to:

Staph.aures

13) A pt having amaurosis fugax at the left eye, which of the following TIA territory will produce this symptom

- Left anterior cerebral artery

- Left common carotid

- **Left internal carotid artery**

- Left vertebral artery

- Left basilar

14) A finding of periodic lateralized epileptiform discharges (PLEDs) on EEG would be most readily explained by which of the following?

- **Herpes simplex encephalitis**

- Creutzfeldt-Jacob

- meningococcal

15) Ampicillin added to regular meningitis antimicrobial coverage would be to cover which of the following bacteria?

- **Listeria monocytogenes**

- Neisseria meningitidis

- H. Influenzae

16) All of the following are true regarding meningitis except?

- Staphylococcus is involved in patients with head injury

- H. influenzae causes meningitis in children aged 3-9 months (Not quite sure about the wording of this choice)

- Neisseria meningitidis spreads in epidemics

- Meningitis can cause hypernatremia ??

17) A patient presented with bilateral ptosis worse at the end of the day, he had normal pupil, pt was able to look downward on right eye, and abduct left eye (signs and symptoms suggestive of fatigue-able muscle weakness), what is the most likely diagnosis?

- Myasthenia gravis

18) A patient presenting with fasciculation and limb weakness, but also hyper reflexia and up going plantar response (mixed upper motor neuron and lower motor neuron signs and symptoms), what is the most likely diagnosis?

- Amyotrophic lateral sclerosis (Motor neurone disease)

19) All of the following are present in bulbar palsy except?

- Nasal speech

- Nasal regurgitation of fluids

- Impaired swallowing

- Wasted, fasciculating tongue

- Emotional lability

20) All of the following drugs are used to treat Parkinson's disease except?

- **Dopamine receptor antagonists**

- Amantadine

- L-DOPA

21) A 65 year old patient presented with a 5 year history of a tremor that increases on movement (he had trouble holding a pencil?), he states that his brother and father both had the same problem at around the same age. Which of the following is not true about this tremor?

- increases with rest

22) All of the following are used to treat essential tremor except?

- **L-DOPA**

- Ethyl alcohol

- Propranolol

- Topiramate

- Primidone

23) Young girl, attacks of stop talking, movement as she's arranging sth, lip smacking

Indicate;

- temporal epilepsy ??

- frontal epilepsy

- TIA

24) Which is true in pt with multiple sclerosis

- more common in tropical climate

- **relapsing remitting is most common pattern**

- occur between the age of 40-50

25) All of the following are true about physiological tremor except;

- no positive family history

- rest tremor ??

- increase by anxiety

- increase by bronchodilators

- decrease with beta blockers

26) Which of the following is true about idiopathic Parkinson

- destruction of globus pallidus

- clinical triad of akinesia, tremor, spasticity

- action tremor of 8-12 Hz frequency

- **anti cholinergic are effective to treat tremor**

27) A case of brown- seqward syndrome at the level of left C6

One of the following isn't found:

- Left leg brisk deep tendon reflexes

- left leg babinski+

- **Left leg temperature sensation loss**

-Right leg pinprick sensation loss

- loss of proprioception in the left big toe

28) Which of the following is true about polymyositis;

- **it has autoimmune base**
- it indicate an underlying malignancy
- it spare the pharyngeal muscles
- it affects distal muscle groups

29) Pt Developed impaired sensation of medial side of hand and forearm, wasting of thenar and hypothenar eminense, eye ptosis on same side he is somker and had some wt loss recently:

>>> lower brachial plexus injury

30) Which of the following is the most common vascular risk factor of ischemic strokes;

- old age
- **hypertension**
- diabetes
- smoking
- hypercholesterolemia

31) Most of the intrinsic hand muscles are supplied by:
Ulnar nerve

32) All of the following are useful to investigate for myopathy except;

- muscle biopsy

- single fiber EMG
- genetic test
- **repeated muscle stimulation**
- CPK

33) A stroke of which artery result in left hemiplegia, that pt denies , with left hemianopia

- **right middle cerebral**
- right anterior cerebral
- right posterior cerebral
- right basilar

34) Which of the following vitamin is deficient in wernickes encaphelopathy

>>> thiamine

35) Pt had giant cell arteritis presentation, which of the following is done first;

- **ESR**
- temporal artery biopsy
- angiogram with contrast of carotid artery

36) All of the following CSF results indicate idiopathic intracranial hypertension except

- CSF color like water
- CSF pressure of 35 cm CSF
- glucose 80% of serum

- protein 40 % of serum

- WBCs 35/ mcl most lymphocytes ??

37) All of the following true about cluster headache except;

- steroids might be effective in treatment of acute attacks

- **Sleep can decrease pain**

- Associated with conjunctival injection and increased lacrimation

-Duration 20-120 min

38) Which of the following is true about absence seizures;

- **EEG spikes that are 3 Hz, symmetrical**

- associated mental retardation

- treatment of choice is carbamazepine

- Onset is mostly in adulthood

- there's usually a structural lesion on MRI

39) The most common cause of myelopathy in pt aged less than 40 years is

>>> multiple sclerosis

40) One of the following is not expected to be found with MS:

- Urinary urgency

- **fever**

- depression

- shooting tingling sensation in the arms with neck flexion

- fatigue

41) All of the following are associated with cerebellum dysfunction except

- **ipsilateral hypertonia**

- ipsilateral intention tremor

- ipsilateral dysmetria

- fall of the body to the affected side

- ipsilateral pendular reflexes

42) One of the following is not a feature with U.M.N.L:

-Brisk deep tendon reflexes

-**fasciculations**

-Upgoing plantar reflex

-Absent abdominal reflex

- pronator drift

43) One of the following isn't found with optic neuritis in MS:

- Pain around the eye, especially with eye movement

- loss of color vision

- Relative afferent pupillary reflex

- **enlargement of the physiological blind spot**

44) What is the MOA of carbidopa;

>>> DOPA decarboxylase Inhibitor

45) Which of the following is function of non dominant hemisphere

- language
- calculation
- reading
- writing
- **visuospatial skills**

46) One of the following findings is considered a NORMAL CSF:

- Pressure: 80-180 mmCSF
- Glucose <30% serum
- Protein 65mg/dl
- cells : 35 /mCL
- oligoclonal bands

47) All of the following result in subarachnoid hemorrhage except;

>>> Charcot- Bouchard aneurysm

48) All of the following can be used as prophylaxis for migraine except;

- **sumatriptan**

- metoprolol
- topiramate
- sodium valproate
- amitryptiline

49) Which of the following anti epileptic drug is not given in pt with renal stones, due to risk of urolethiasis;

>> topiramate

50) Which of the following CSF analysis indicate bacterial meningitis

>> glucose 30% of serum, WBC **850**, neutrophil 90%, lymphocytes 3%, protein 50 mg

** A lesion at the right parietal lobe would result in which of the following patterns of visual loss;

>>> left lower quadrantinopia

Neurology Q's - 4th year 2012

1-which of the following cells is responsible for myelination of the neurons in the spinal cord :

a. oligodendrocytes

b. Schwann cells

2-not True about migraine :

a. 2 hours duration

b. at the end of a long week end

3-abduction of shoulder: axillary nerve

4-inversion of foot: tibialis posterior

5-causes both bulbar and pseudobulbar : motor neuron diseases

6- Which of the following causes fasciculations:

a. ALS(amiotrophic lateral sclerosis)

b. Myesthenia gravis

7- which of the following sentences is true regarding giant cell arteritis:

a. amaurosis fugax is ominous symptom

b. it may be associated with fibromyalgia

c. More common on men

8-wrong about Giant cell arteritis: tx is not initiated until biopsy confirmation

9-a case about myasthenia gravis next step: assess lung function

10- about multiple sclerosis pattern which is most sensitive test :

a. MRI

b. CSF for protein, cells, and glucose(note : to detect oligoclonal bands, which requires gel electrophoresis, you need to specify that)

c. Visual evoked potentials)

11-loss of temporal visual fields: optic chiasm

12-Which of the following is not a confirmed cause of Gullian-Barre syndrome:

a. H. pylory

b. Campylobacter jejuni

c. Mycoplasma pneumoniae

d. CMV

e. HIV

13-wrong about gullian berre: hemiparesis???

(?hyporeflexia هو ببيعمل جوابه??) areflexia??)

Neurology Q's - 4th year 2012

14- true: most common cause of myelopathy in patients >50 is cervical spondylosis

15- wrong drug:disease match:

a. aspirin-tx of A.fib,stroke and htn

b. Topiramate:(I can't remember which form of epilepsy)

c. Topiramate : prophylaxis in migraine

16-doesn't cause focal epilepsy:
benzodiazepine withdrawal

17- true about MS: seperated in time and space

18- Which of the following valuc is normal range regarding CSF:
protein 30 mg/dl

19- which is the following CSF analysis results is consistent with bacterial meningitis: **the one with 85% neutrophils**

20- a case with visual hallucinations, flexed stooped posture, memory loss :

lewy dementia

21- true in alzheimer: intracellular tangles

22- not in tx of parkinson:

MAO-**a** inhibitor

23- not prophylaxis of migrane :

a.lithium ??

b. Sodium valproate

c. Topiramate

24- which of the following lesions is can cause pure motor loss:

a. internal capsule

b. caudate

25- Hx which is consistent with 3 days old stroke, what test should be done :

a. non-contrast CT

b. MRA with .. ??

c. contrast CT

26- The treatment of choice for absence seziure: na valporate

27- not tx in juvenile seziures:
carbamazepine

Neurology Q's - 4th year 2012

28- Pt with breast mass,, with spastic paralysis in left leg with up-going plantar of the left foot, normal motor and sensation the upper limbs, loss of pain and vibration in the left LL:

injury in left epidural thoracic

29- wrong about Wernecke's encephalopathy : associated with pyridoxine deficiency

30- Which of the following has no value in the Dx of brain death :

flat EEG

31- a case of meningitis(the patient has fever and has been taking antibiotics at home for the last 2 weeks):

a. blood sample ,give antibiotics and then LP.

b. Start ABO, then blood sample and LP

32-boutilinium toxin: dilated pupils

33- Which of the following sentences is wrong regarding alpha waves:

a. recorded from frontal lobe

b. 8-13 Hz

c. Increased with eye closure

d. decreased with eye opening

e. symmetrical

34-which of the following is wrong :

increase glucose(or normal, I can't remember): enterovirus

35- Which of the following not a frontal lobe function: visuospatial orientation

36- true: trigeminal is afferent in corneal reflex

37-A superior temporal lesion will result in:

a. receptive aphasia

b. expressive aphasia

c. global aphasia

38-Injury to which nerve will result in hand muscle wasting sparing the thenar muscles: ulnar nerve

39-Wrong about essential tremor :

a. Family Hx

b. Improves with alcohol

c. Treated with propranolol

Neurology Q's - 4th year 2012

d. Decrease with movement

40-which cause pseudobulbar :MS

41-another question about 3 Hz waves
EEG:absence seizure of childhood

42- not a cause for subarachnoid
hemorrhage:

- a. microaneurysms of charcot bouchard
- b. Trauma

43- signs of meningism, cyanosis, eyes roll
up: viral encephalitis

44- not caused by lt vertebral artery
infarction: rt face loss of sensation

45- Which of the following does not cause
homer syndrome:

- a- c6 neurofibroma***
- b- cervical cord syringio..
- c- lung apex tumor

46- Which of the following is not a
contraindication for LP in a patient with
acute bacterial meningiti:

a- head trauma 1 year ago

b- epilepsy during illness(in the ER)

c- decreased consciousness during
examination??

47- not a risk factor for pneumococcus
meningitis:

a.bronchiectasis

b. old age

48- not associated with MS:

- a- double vision
- b- complex partial seizure
- c-electrical like sensation on flexion the neck
- d- urine incontinence
- e.unilateral leg parasthesia

49- pt 2 weeks ago epilepsy, All of the
following test are related to diagnosis
except:

- a.CSF
- b. Chest X-ray
- c. EEG

50.all are present in TIA of vertebrobasilar
territory except: amaurosis fugas

Neurology 2011

1. All of the following drugs can be given in the management of status epilepticus except:
carbamazepine
2. All of the following can be caused by a lacunar infarct except:
Global aphasia
3. A lady came with a history of multiple unprovoked seizures two weeks ago, physical exam is normal, all of the following is appropriate diagnostic workup except:
Serum sodium
4. All can cause trigeminal neuralgia except:
Middle cerebral artery stroke
5. Wernicke's encephalopathy, parenteral treatment:
Thiamine
6. Anti-epileptic that causes renal stones :
topiramate
7. A right sided patient presented with Broca's aphasia. Going back through patient's history, he had experienced three episodes of transient visual loss in his left eye. The patient's condition is explained by:
Internal carotid artery stenosis
8. most common site of ulnar nerve injury :
elbow
9. not a prophylactic drug for migraine:
 - a. topiramate
 - b. (...)triptan**
 - c. Propranolol
 - d. Valproate
10. increase the risk for MS :
Vitamin D
11. b12 deficiency is associated with all the following except :
spinocerebellar disease
12. most common cause of myopathy in age more than 50 :
cervical spondylosis
13. associated with MS except :
homonymous hemianopia
14. the duration of the aura of migrain is :
5-60 mins
15. which statement is wrong about the posterior column :
it is **responsible for transmitting temperature**
16. a nerve injury that spares the thenar muscles:
ulnar radiculopathy
17. recurrent vertigo with hear loss, tinnitus:
Ménière's disease
18. which doesnt cause aseptic meningitis :
pneumococcal meningitis
19. which distinguishes L5 injury from common peroneal injury:
foot inversion
20. which one of the following is associated with skin rash
meningococcal meningitis
21. surgical treatment is successful in 60-80%:
temporal epilepsy with...
22. stimulation of which nerve may benefit epileptic patients:
vagus nerve

23. used in the treatment of Parkinson except :
dopamine receptor antagonists
24. right upper homonymous quadrantanopia, the lesion is in :
left temporal
25. patient with fluctuating cognition with nocturnal confusion and visual hallucinations :
 a. Lewy bodies dementia
 b. Pseudodementia
 c. Huntington's
26. a young female with a witnessed seizure and a history of throwing out her breakfast :
juvenile myoclonic epilepsy
27. a child who suddenly stares blankly into space or there was an EEG abnormalities of 3Hz waves.. the treatment of choice is :
sodium valproate
28. wrong about sodium valproate:
 is **the drug of choice in pregnant women**
29. which of the following doesn't cause 3rd nerve palsy :
Anterior communicating artery aneurysm
30. How to differentiate parkinsons:
asymmetrical
31. not a function of the frontal lobe :
calculation
32. all are associated with flaccid paralysis except :
Brown-Sequard syndrome
33. not associated with bilateral papilledema
 1. hypervitaminosis A
 2. protein C deficiency
 3. tetracycline
 4. hypo/hyperparathyroidism
5. Hypocapnia**
34. case of cluster headache
35. Risk factors for hemorrhage except:
 a. **hypercholesterolemia ****
 b. alcohol
36. not a risk factor of Alzheimer
 a. age
 b. poor education**
 c. **male gender****
37. case of broca's
38. numbness in right face, left body, with Rt. side horner ,dysmetria and dysarthria
right anterior inferior cerebellar artery
39. not a cause of coma:
 a. **pseudotumor cerebri** (aka= benign intracranial hypertension)
40. polymyositis, one of the following is associated with it:
 a. knuckle rash
 b. **dysphagia****
41. a case pf spastic paraparesis .. which one doesn't match with the diagnosis of M5:
fasciculation
42. increasing weakness during day, strong in the morning , ptosis in one eye and occasional diplopia
Myasthenia gravis

43. temporal arthritis, wrong:
female at child bearing age
44. Myasthenia Gravis, most specific test:
 - a. Tensilon
 - b. acetylcholine receptor antibody test**
45. wrong about essential tremor:
 - a. present at rest**
 - b. could be relieved by alcohol
46. focal dystonia:
 - a. botulinum toxin
47. wrong about Alzheimer:
 - a. acetylcholine antagonist to improve memory
48. Delirium Vs Dementia: we give rivastigmine to treat memory loss
49. wrong about MS: between 40-50
50. treatment of acute cluster headache: 100% oxygen

Collected together by the students of 4th year 2010-2011

Re-organized by: Hamza Jassar (sorry for the mess anyway =D)

NEUROMEDICEN

2003\2004

- 1) Romberg's sign is +ve in all except:
a) ALS b) cerebellar disease c) lesion in the brainstem d) sensory ataxia
- 2) A young man with sudden onset of severe headache, photophobia, and stiff neck after exercise. no obvious neurological deficits. the most likely dx is:
a) thromboembolic stroke b) ruptured berry aneurysm
c) psychogenic headache d) temporal arteritis e) migraine
- 3) 58 y old female is brought to u for neurological evaluation. she speaks in only short poorly articulated phrases although she understands all the examiner's verbal instructions. her handwriting is messy and she can't repeat any spoken words. she also has a mild Rt hemiparesis. the most likely dx is:
a) wernick's aphasia b) Broca's area c) transcortical sensory aphasia
d) transcortical motor aphasia e) Global aphasia
- 4) 6 y old child, with frequent epileptic spells consisting of a blank stare and eyelid fluttering. an EEG shows frequent 3Hz spike-wave discharges activated by hyperventilation. the 1st drug of choice for ttt of her epilepsy is:
a) carbamazepine b) phenytoin c) primidone d) Phenobarbital e) valproic acid
- 5) Temporal arteritis is characterized by all the following except :
a) polymyalgia rheumatica b) visual disturbance c) granulomatous inflammation
d) response to corticosteroids e) high incidence of obese women of childbearing age
- 6) Emergency ttt of wernicke's encephalopathy should consist of administration of:
a) thiamine b) niacin c) pyridoxine d) vit B12 e) phenytoin
- 7) 20 y old female is brought to ER in coma with finding of slow shallow breathing, pinpoint pupil, bradycardia, and hypothermia. the most appropriate emergency ttt would be administration of:
a) thiamine b) clonidine c) diazepam d) naloxone e) 100% O₂
- 8) the infectious agent of Creutzfeldt-Jakob disease is a:
a) virus b) bacteria c) fungus d) prion e) protozoa
- 9) the Brown-Sequard syndrome is characterized by:
a) ipsilateral spasticity and proprioceptive loss and contralateral loss of pain and temperature sensation
b) greater weakness in arms than in legs, patchy sensory loss, and urinary retention.
c) bilateral spasticity and loss of pain and temperature sensation with preservation of proprioception.

6th year medicine exam

5/5/2009

PSYCHIATRY

1. What do we use selective 5HT blockers for... **major depression**
2. Which one is an SSRI... **fluoxetine**
3. Major depression patients >> most common presentation is ... **somatic symptoms.**
4. Characteristic of schizophrenia... **auditory hallucinations**

NEUROLOGY

1. Patient has absent adduction and nystagmus on abducting eye bilaterally... **bilateral MLF damage**
2. Prostate cancer and bone mets, presents with bilateral leg weakness, brisk reflexes, upper plantar, where is the lesion... **thoracic compression (NOT cauda equina syndrome)**
3. UL and LL weakness and fasciculations and brisk reflexes with upper plantar (mixed UMNL & LMNL pure motor complaints)... **Amyotrophic lateral sclerosis**
4. Right hemiparesis and difficulty in speech, investigation of choice... **non contrast CT**
5. 69 y/o with 2 weeks headache not relieved by analgesics, do all the following except... **EEG (we do CT, MRI, ESR, intraocular pressure)**
6. Acute back pain and absent plantar flexion and loss of sensation on sole and lateral border of foot, with intact dorsiflexion >> **root affected is ... S1**
7. Classic meningitis presentation (headache, neck rigidity, fever), 1st step to be done ... **IV dexamethasone + IV vancomycin + IV ceftriaxone (NOT lumbar puncture)**
8. the most effective secondary prevention for stroke
 - endarterectomy in an 80% stenosed carotid
 - ASA in a patient with thrombotic stroke
 - Plavix ===== Clopidogrel
 - **Warfarin in a pt with AFib**

Most propably

هذه أسئلة قديمه معظمها خارج المنهج. المخطط هو الذي داخل

1995

1) angle of jaw sensation is mediated via :

- a)maxillary branch of trigeminal n. b)mandibular c)ophthalmic d)C2

2)medial aspect of leg sensation :

- a)sural b)posterior tibial c)femoral d)common peroneal e)superficial peroneal

3)area corresponding to recent memory :

- a)hippocampus b)amygdaloid nucleus c)mamillary body

4)area responding to chorea is :

- a)caudate b)substantia nigra c)red nucleus

5)the tract of anti gravity muscle in human :

- a)rubrospinal b)vestibulospinal c)corticospinal d)reticulospinal

6)area corresponding to constructional apraxia is :

- a) dominant parietal b)dominant temporal c)non-dominant parietal
d)non-dominant temporal

7)a tract not connected with cerebellum:

- a)basal ganglia b)vestibular c)corticospinal d)deep position sense
e)spinothalamic

8)one is mismatch:

- a)supinator C5\C6 b)knee L1\L2 c)biceps C5\C6 d)triceps C7 e)ankle S1\S2

9)one is not found in Alzheimer disease:

- a)cortical atrophy b)neuro fibrillary tangle c)lewy bodies

10)a patient has difficulty in walking, dementia, urine incontinence. dx is:

- a)normal pressure hydrocephalus

11) fasciculation in the tongue is seen in:

- a)Gullian Berre b)motor neuron disease c)subdural hematoma

12)one is wrong in multiple sclerosis:

- a)babinski +ve b)absent jaw reflex c)ophthalmoplegia d)optic neuritis

13)one doesn't cause chorea :

- a)SLE b)phenothiazine c)dopa d)rheumatic fever

14)in U.M.N.L one is false:

- a)weakness of abduction and external rotation of upper limb

d) bilateral flaccid paralysis, anesthesia, areflexia, and bladder and sphincter dysfunction.

e) bilateral loss of proprioception.

10) a 55 y old moderately obese woman complains of burning paresthesias and loss of sensation on her lateral thigh . the most likely dx is:

- a) Meralgia paresthetica b) Trigeminal neuralgia c) Wallenberg syndrome
d) Bell's palsy e) Lambert-Eaton syndrome

11) Foot drop would be expected with :

- a) femoral n palsy b) peroneal n palsy c) Erb-Duchenne palsy d) Klumpke palsy
e) Meralgia paresthetica

12) the disorder associated with dystrophin deficiency is :

- a) Myotonic dystrophy b) Polymyositis c) Myasthenia gravis d) Duchenne dystrophy
e) type 2 muscle fiber atrophy

13) a 30 y old man complaining of recurrent sudden attack of vertigo associated with tinnitus . audiometry indicates progressive high tone hearing loss. The most likely dx is:

- a) Meniere's disease b) Benign positional vertigo c) vestibular neuronitis
d) motion sickness e) basilar artery migraine

14) a 38 y old woman has recently noted galactorrhea and amenorrhea . neurologic exam is normal except for bitemporal hemianopsia. The most likely dx is:

- a) colloid cyst of 3rd ventricle b) pituitary adenoma c) pineal dysgerminoma
d) pituitary apoplexy e) trilateral retinoblastoma

15) the tremor characteristically associated with parkinson's syndrome is :

- a) Myoclonus b) resting tremor d) intention tremor d) action tremor
e) benign essential tremor

16) an organism acquired in the birth canal that frequently causes meningitis in neonates is:

- a) Neisseria meningitidis b) Listeria monocytogenes c) staphylococcus aureus
d) Haemophilus influenzae e) Staphylococcus epidermidis

~~1) a~~

~~2) b~~

~~3) b~~

~~4) c~~

~~5) e~~

~~6) a~~

~~7) d~~

~~8) d~~

~~9) a~~

~~10) a~~

~~11) b~~

~~12) d~~

~~13) a~~

~~14) b~~

~~15) b~~

~~16) b~~

معظم الاسئلة خارج المنهج
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- b)absent abdominal reflex c)excitatory muscle on EMG
d)hypotonia due to loss of inhibition of corticovestibulospinal
- 15)one is not a feature of carotid territory infarction :
a)hemianopia b)hemisensory loss c)hemiparesis d)amnesia fugax
e)curtain like loss of vision
- 16) a patient came with a history of weakness that disappeared after two days he has :
a)TIA b)stroke c)reversible ischemic neurological deficit
- 17)one doesn't happen in transcortical aphasia :
a)speech is spared b)neologism c)echolalia d)bradylalia e)affect comprehension
- 18)patient with history of fever, arthralgia, proximal muscle weakness, and macular rash, he has:
a)thyrotoxicosis b)dystrophy c)polymyositis
- 19)soldier of 20 y old presented with history of fever, headache, convulsions, and +ve kerning's, he has:
a)meningococcal meningitis b)staph aureus meningitis c)viral meningitis
d)TB meningitis
- 20)one is wrong about meningitis (bacterial):
a)CSF WBC>3000 b) papilledema may occur c)kerning's and brodneski +ve after few hours
d)petechial rash mostly due to pneumococcus
- 21)Rt amnesia fugax due to:
a)Rt internal carotid b)Lt internal carotid c)Lt basilar
- 22) ttt of choice for primary generalized seizure :
a)phenytoin b)primidone c)carbamazepine d)valproate
- 23) ttt to arrest ongoing seizures :
a)IV diazepam b)IV phenytoin c)primidone
- Note: if the pt comes in acute phase of seizures, in start giving IV diazepam, if seizure don't stop then give IV phenytoin**
- 24) one is false about myasthenia garvis :
a)thymic abnormality in 20-30% b)difficulty in respiration due to cardiac involvement
c)extra ocular palsy d)fatigability is most important feature
e)presence of Ach receptor antibody 90% of the cases in which it's the only case to be found in

25) a pt with U.M.N.L affecting his face with ipsilateral equal upper and lower limb involvement, lesion in:

- a) cortex b) medulla c) midbrain d) capsular e) pons

26) one is not found in parkinsonism:

- a) difficulty in initiate motion b) increase sweating and shiny skin
c) tremor decrease by movement and increase by rest
d) mild global weakness on affected side

27) diplopia on going down stairs due to palsy of :

- a) optic n. b) oculomotor c) trochlear d) abducens

28) one is false about argyl roberston pupil :

- a) may be caused by syphilis b) no accommodation

29) one is not part of Horner's :

- a) ptosis b) decrease sweating c) enophthalmus d) miosis
e) no convergence

30) one doesn't cause seizure :

- a) hyponatremia b) hypernatremia c) hypermagnesemia
d) hypomagnesemia

- 1)d 2)b 3)a 4)a 5)b 6)c 7)e 8)c 9)c 10)a
11)b 12)b 13)c 14)c 15)e 16)c 17)b 18)c 19)a 20)d
21)a 22)d 23)a 24)b 25)e 26)d 27)c 28)b 29)e 30)d

1993

1) all will cause central scotoma except: suprasellar tumors

2) a statement about epilepsy is correct: valproic acid is effective against juvenile Myoclonic seizures

3) all about epilepsy are correct except:

most of generalized convulsions are preceded by an aura

4) all about partial complex seizures are correct except :

on EEG it's characterized by 3 waves

5) a pt has a sudden onset of Lt hemiparesis, with eyes deviated to the Rt side but with no aphasia . the most common probable site of the lesion is :

the Rt middle cerebral artery

6) the most common infarction is associated with :

long standing chronic HTN

7) the most common secondary tumor to brain comes from:

اسئلة قديمه كتيير

the lung.

8) a 65 y old female pt comes with a history of sudden onset of headache on her Rt side of the face, associated with local tenderness on the Rt temporal area. the first investigation to be done is : **ESR**

9) polymyalgia rheumatica is associated with

temporal arteritis

10) a 25 y old male pt, has a sudden onset of paraplegia, loss of pain and temperature. However, position sense and vibratio are preserved. lesion is :

occlusion of the anterior spinal artery

11) a 25 y old female pt with a clinical picture of MS. the investigation that you don't need is :

Acetyl-choline receptor antibody assay

12) +ve romberg's test is expected in all except :

motor neuron disease ✓

13) a 58 y old male pt, has a recent history of progressive tetraplegia, dysphagia, hyperreflexia, fasciculation. dx is:

motor neuron disease ✓

14) all about parkinsonism is correct except :

upgoing planter reflex

15) all are risk factors for pneumococcal meningitis except:

crowding

16) each disease has its correct mode of inheritance except:

Leber's hereditary optic neuropathy (autosomal dominant)

AD

17) a 14 y old female has a history of sore throat followed by a clumsy, involuntary movements of the limbs. Most probable dx is:

Sydenham's chorea

18) all will cause muscle atrophy of the hand except :

MS

19) the most common cause of primary brain atrophy is

Alzheimer disease (1°)

20) one of the following is present in classical migraine but not in common migraine:

fortification spectra

21) all are correct about Broca's aphasia except:

fluent speech

22) a symptom that occurs in wernicke's encephalopathy is:

ophthalmoplegia

+ confusion + ataxia + Hypothermia

23) all will cause drop foot except :

a lesion of superficial peroneal nerve ✓

24) all are correct about median n entrapment except:

affection of adductor polices ✓ (ulnar n.)

25) all may cause bilateral facial weakness except :

hemangioblastoma ✓

26) the most important tract for antigravity muscle is :

vestibulospinal ✓

27) the ttt of choice for herpetic encephalitis is:

acyclovir ✓

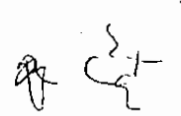
28) dressing apraxia is caused by a lesion to:

✓ non-dominant parietal lobe

29) the risk of rapid injection of phenytoin is
respiratory arrest

✓ 30) claw hand occurs with:

✓ ulnar n injury

31) what is a known complication of hypoparathyroidism? 

✓ Benign intracranial HTN

32) all cause mononeuritis multiplex except:

✓ a) RA **b) alcohol** c) DM d) Wegner granulomatosis e) sarcoidosis

33) the most common myelopathy in pt <40y is due to:
MS ✓

34) the most common myelopathy in pt >40y is due to:
cervical spondylosis ✓

35) the ttt of choice for juvenile myoclonic seizures is:
valproic acid ✓

36) the ttt of choice for temporal lobe epilepsy is:
cervical spondylosis

37) in carotid artery disease, which of the following symptoms is expected:

a) ataxia b) vertigo c) dysphagia **d) amaurosis fugax**

Q67: What lesion causes pure motor stroke?
a- Caudate b- Putamine c- Int. capsule d- Amygdala e- Hippocampus

Q68: Which doesn't cause thenar eminence wasting?
a- RA b- Thoracic outlet synd c- Ant. Interosseous n. injury d- Carpal tunnel synd

Q69: Which is wrong about Lambert Eaton synd?
 a- Associated with thymoma
b- Relieved by exercise.
c- There's block in Ach secretion
d- There's defect in Ca+2 influx in presynaptic terminal
e- There's minimal ocular muscle affection

Q70: What is true about amyotrophic lat. sclerosis?
a- Often there's dysphagia and dysarthria
b- EMG shows ↓ action potential

Q71: Which isn't a common feature of MS?
 a- Pain b- Parasthesia c- Visual disturbances d- Tremors and ataxia e- Seizures

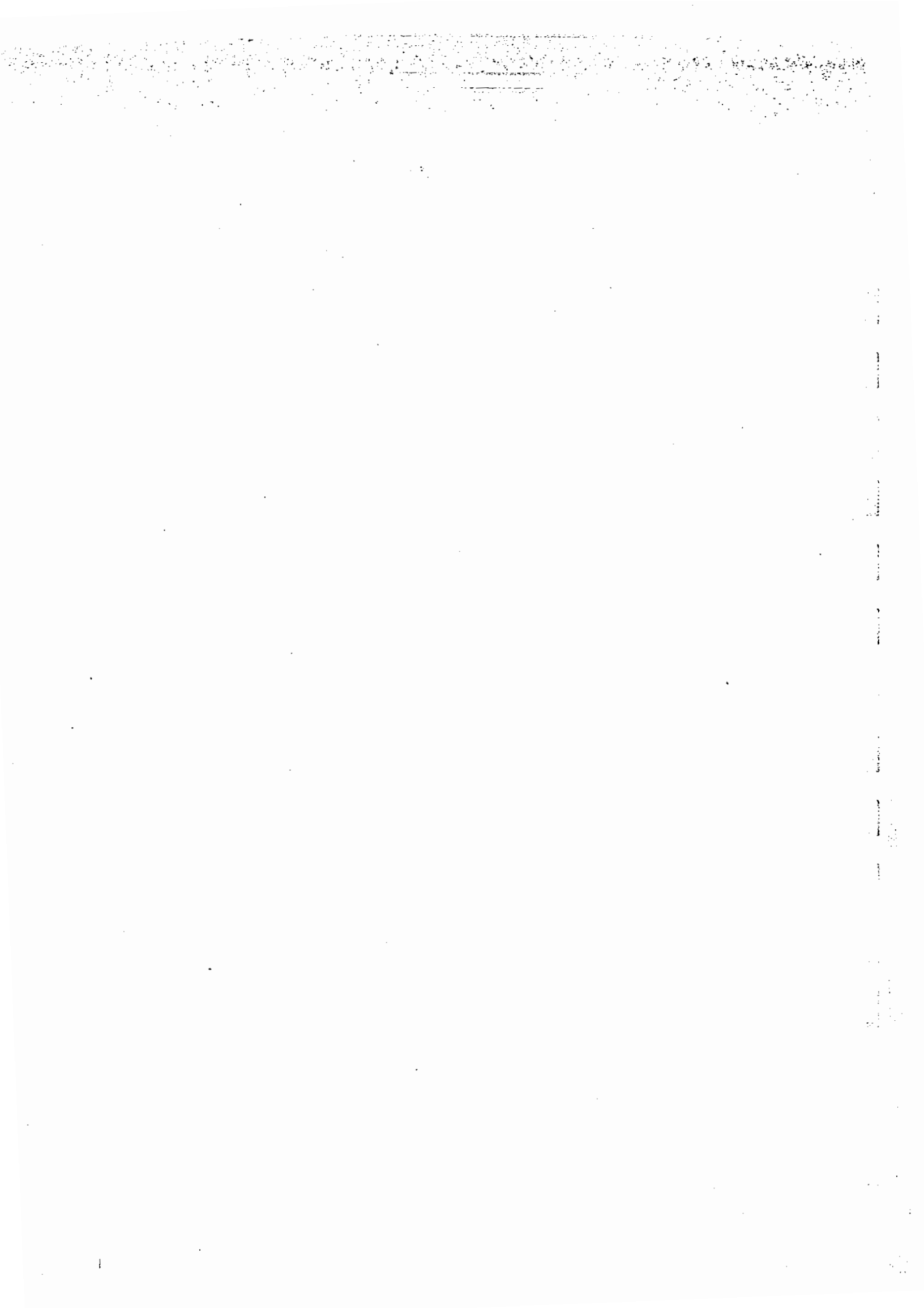
Q72: Which isn't a typical feature of Guillian-Barre synd?
a- Asymmetrical sx b- Steroids have proven benefit in tit c- CSF WBC <10

Q73: All can cause death from status epilepticus except:
 a- Dehydration b- Renal failure c- Cardiac arrhythmia d- Pneumonia and sepsis

Q74: All can cause lacunar stroke except:
a- Basilar art thrombosis (I don't remember the rest of choices)

Q75: All are true about acathisia except:
a- Pt is restless b- May lead to suicide c- Relieved by sleep d- Dose dependent

Q76: All can cause seizures except:
a- Cryptococcal meningitis
b- MS
 c- Subfrontal meningioma
d- Pneumococcal meningitis
e- Subarachnoid hemorrhage



ASSESSMENT EXAMINATION

- visual hallucinations. The most likely type of epilepsy is:
- Lennox-Gastaut syndrome
 - Petit mal epilepsy
 - Benign centrotemporal epilepsy
 - Temporal lobe epilepsy
 - Focal motor seizures
19. The second grade teacher of a 8 year old girl has sent notes home to the parents indicating that the child seems to be daydreaming a lot. The teacher has noted that the child has momentary lapses in which she is unresponsive and occasionally has some eyelid fluttering. The child's physician has indicated that the problem is a form of epilepsy. The most likely diagnosis is:
- Myoclonic seizure
 - Astatic seizure
 - Absence seizure
 - Interictal seizure
 - Simple partial seizure
20. A 6 year old child has frequent epileptic spells consisting of a blank stare and eyelid fluttering. An EEG shows frequent 3 Hz spike-wave discharges accompanied by hyperventilation. The first drug of choice for treatment of this child's epilepsy would be:
- Carbamazepine (Tegretol)
 - Phenytoin (Dilantin)
 - Phenobarbital
 - Primidone (Mysoline)
 - Ethosuximide (Zarontin)
21. Childhood colic, motion sickness, or episodic abdominal pain often precede which later disorder:
- Migraine
 - Menière's disease
 - Temporal arteritis
 - Trigeminal neuralgia
 - Pseudotumor cerebri
22. A 45 year old man has headaches that are usually associated with a partial Horner's syndrome. The most likely diagnosis:
- Tension headache
 - Cluster headache
 - Trigeminal neuralgia
 - Post-lumbar puncture headache
 - Pseudotumor cerebri
23. A 55 year old man complains of frequent episodic brief paroxysmal lancinating face pain. The pain be triggered by simply touching the skin adjacent his right nostril. The most likely diagnosis is:
- Meralgia paresthetica
 - Trigeminal neuralgia
 - Wallenberg syndrome
 - Bell's palsy
 - Lambert-Eaton syndrome
24. Which disorder is most often associated with papilledema:
- Tension headache
 - Cluster headache
 - Trigeminal neuralgia
 - Post-lumbar puncture headache
 - Pseudotumor cerebri
25. Temporal arteritis is characterized by all the following EXCEPT:
- Polymyalgia rheumatica
 - Visual disturbances
 - Granulomatous inflammation
 - Response to corticosteroids
 - High incidence in obese women of childbearing age
26. A 35 year old man presents to his physician with complaints of increasing headache and lethargy. Examination reveals erythematous, hyperkeratotic hands and feet along with white bands in his fingernails. The likely diagnosis is:
- Mercury poisoning
 - Ethylene glycol poisoning
 - Thiamine deficiency
 - Uremia
 - Arsenic poisoning
- white finger nails
27. A college student presents to the hospital with relatively acute onset of fever, severe abdominal pain, confusion, and evidence of a rapidly progressive peripheral and cranial neuropathy, several hours after a wild party at a local bar celebrating his twenty-first birthday. Cerebrospinal

SELF-ASSESSMENT EXAMINATION

fluid glucose and protein levels are normal. The most likely diagnosis is:

- A. Porphyria
- B. Wernicke-Korsakoff psychosis
- C. Alcohol withdrawal syndrome
- D. Guillain-Barré syndrome
- E. Methanol poisoning

28. A 4 year old child living in a poor neighborhood presents to the hospital with irritability, lethargy, and ataxia. Mother states that for the past several months, the child has been chronically constipated and complained of abdominal pain. Laboratory studies reveal anemia and basophilic stippling of red blood cells. The most likely diagnosis is:

- A. Methanol poisoning
- B. Cocaine poisoning
- C. Lead poisoning
- D. Mercury poisoning
- E. Vitamin A overdose

29. An infant born at home without medical care has ABO (blood group) incompatibility and develops severe hyperbilirubinemia during the neonatal period. Expected neurologic sequelae would be:

- A. Kernicterus
- B. Hepatic encephalopathy
- C. Porphyria
- D. Wilson's disease
- E. Wernicke's encephalopathy

30. A 48 year old chronic alcoholic man is admitted to the hospital for treatment of a severe scalp laceration. On the first hospital day the nurses noted his tremulousness, and on the second hospital day he has 3 brief generalized convulsions. The most likely diagnosis is:

- A. Petit mal epilepsy
- B. Temporal lobe epilepsy
- C. Alcohol withdrawal seizures
- D. Alcohol-induced hypoglycemic seizures
- E. Seizures resulting from cortical contusion

31. After 72 hours of alcohol abstinence, confusion, agitation, tremor, autonomic nervous system hyperactivity, and hallucinations become apparent in a 45 year old known chronic alcoholic man. The most likely diagnosis is:

- A. Wernicke's encephalopathy
- B. Korsakoff's psychosis
- C. Chronic auditory hallucinosis
- D. Delirium tremens
- E. Chronic subdural hematoma

32. A 53 year old woman with a long history of binge alcohol abuse presents to the emergency department with confusion, ataxia, and external ophthalmoplegia consistent with Wernicke's encephalopathy. Emergency treatment should consist of administration of parenteral:

- A. Thiamine
- B. Niacin
- C. Pyridoxine
- D. Vitamin B₁₂
- E. Phenytoin

33. A lethargic 35 year old skid row alcoholic man is brought to the emergency room by ambulance in coma following several seizures. Laboratory studies indicate severe acidosis, elevated blood urea nitrogen (BUN) level, and cerebrospinal fluid pleocytosis (100 lymphocytes/ per cubic millimeter). Urinalysis shows numerous oxalate crystals. The most likely diagnosis is:

- A. Diabetic ketoacidosis
- B. Subdural hematoma
- C. Ethylene glycol poisoning
- D. Pneumococcal meningitis
- E. Wood alcohol poisoning

34. A 20 year old woman is brought to the emergency room in coma with findings of slow shallow breathing, pinpoint pupils, bradycardia, and hypothermia. The most appropriate emergency treatment would be administration of:

- A. Thiamine
- B. Clonidine (Catapres)
- C. Diazepam (Valium)
- D. Naloxone (Narcan)
- E. 100% oxygen

35. A difficult 9 year old girl with cystic fibrosis does not follow prescribed medical treatment. The mother is aware of frequent diarrhea. Over the past 18 months, the child has developed a progressive peripheral neuropathy and ataxia that mimics

SELF-ASSESSMENT EXAMINATION

middle of the optic chiasm. The visual field being affected with such a lesion would be:

- Hemianopsia
- Bitemporal hemianopsia
- Homonymous quadrantanopsia
- Unilateral blindness
- Binasal hemianopsia

60 year old man has a past history of a transient ischemic attack. Such a transient ischemic attack could have been characterized by:

- Rapidly developing neurologic deficit
- Persistence for more than 24 hours
- Pale (bland or white) infarction
- Lipohyalinosis of small penetrating arteries
- Severe headache, photophobia, and stiff neck

55 year old man with known atherosclerotic cardiovascular disease has a stroke that produces the locked-in syndrome. What of the following is the most likely etiology:

- A. Middle cerebral artery stroke syndrome
- B. Anterior cerebral artery stroke syndrome
- C. Posterior cerebral artery stroke syndrome
- D. Wallenberg syndrome
- E. Basilar artery occlusion

A 42 year old physician has sudden onset of severe headache, photophobia, and stiff neck after just scoring a double bogey on the 15th hole of a charity golf tournament. His golfing partner, a psychiatrist, notes no obvious neurologic deficit. The most likely diagnosis is:

- A. Thromboembolic stroke
- B. Ruptured berry aneurysm
- C. Temporal arteritis
- D. Psychogenic headache
- E. Migraine headache

A 48 year old man collapses from a cardiac arrest while walking through the local shopping mall. After about 12 minutes the emergency medical team is able to obtain a stable pulse and blood pressure. Three weeks later, in the hospital, he remains comatose, but breathes without assistance and has occasional reflex limb movements when stimulated. The most likely explanation for his neurologic condition is:

lamellar cortical necrosis

Ruptured aneurysm →

- A. Middle cerebral artery stroke syndrome
- B. Lamellar cortical necrosis *lamellar - C*
- C. Wallenberg syndrome
- D. Lacunar stroke
- E. Global aphasia

15. Two years following her left hemisphere stroke, a 58 year old woman is brought to the clinic by her son for neurologic evaluation. During the examination, the woman speaks in only short poorly-articulated phrases although she understands all the examiner's verbal instructions. Her handwriting is messy and she cannot repeat any spoken words. She also has a mild right hemiparesis. The most likely diagnosis is:

- A. Schizophrenia
- B. Broca's aphasia *speech writing*
- C. Malingering
- D. Wernicke's aphasia *→ understanding*
- E. Wernicke-Korsakoff psychosis

16. A 25 year old man has had temporal lobe epilepsy for the past 9 years. He also has evidence of behavioral problems associated with depression. Which of the following anticonvulsants would be most likely to control both his behavioral problems and the epilepsy:

- A. Carbamazepine (Tegretol)
- B. Phenytoin (Dilantin)
- C. Lamotrigine (Lamictal)
- D. Phenobarbital
- E. Ethosuximide (Zarontin)

17. A 6 month old infant has seizures with an EEG pattern of hypsarrhythmia. The most likely epilepsy syndrome to explain this problem would be:

- A. West syndrome (infantile spasms)
- B. Petit mal epilepsy
- C. Benign centrotemporal epilepsy
- D. Benign (simple) febrile seizures
- E. Temporal lobe epilepsy

18. A 30 year old woman has a history of epilepsy for about the past 12 years. She only rarely has a generalized convulsion. More often she has periods in which she becomes confused. She also has frequent complaint of auras consisting of déjà vu, epigastric sensations, and occasional unpleasant

SELF-ASSESSMENT EXAMINATION

Normal retinal variations visible with the ophthalmoscope include which of the following:

- A. Flame hemorrhages
- B. Cotton wool spots
- C. Optic nerve drusen
- D. Papillitis
- E. Papilledema

During the examination of a 44 year old woman with a facial asymmetry, touching the cornea of either eye results in blink in only the right eye, although the patient indicates feeling the touch in both eyes. The most likely lesion is:

- A. Left abducens nerve palsy
- B. Right trochlear nerve palsy
- C. Left trigeminal nerve palsy
- D. Left facial nerve palsy
- E. Right oculomotor nerve palsy

The Babinski reflex is:

- A. Dorsiflexion of the big toe and fanning of the other toes following plantar stimulation
- B. Puckering of the lips in response to gentle tapping of the upper lip
- C. Brief visible muscle twitches following needle insertion
- D. Sudden flexion of the hyperextended wrist (flapping motion)
- E. Falling from a standing position following eye closure

A 4 year old woman presents after awakening in morning with slight headache, a generalized sense of fatigue, and visual loss. Examination reveals only a minimal light perception. Funduscopy is normal. The most likely diagnosis is:

- A. Papillitis
- B. Papilledema
- C. Retrobulbar neuritis
- D. Adhoff phenomenon
- E. Hermitte's symptom

*Repetitive tingling sensation
Shooting down the arm
leg or neck then*

5. Normal cerebrospinal fluid values are:

- A. Opening pressure > 200 mm of water
- B. Glucose level less than 40 mg/dL
- C. Up to five lymphocytes per cubic millimeter
- D. Protein level greater than 65 mg/dL
- E. Oligoclonal bands

6. The triad of miosis, ptosis, and anhidrosis characterizes:

- A. Partial oculomotor nerve palsy
- B. Trochlear nerve palsy
- C. Internuclear ophthalmoplegia
- D. Argyll Robertson pupil
- E. Horner's syndrome

7. The Romberg test is useful in evaluation of:

- A. Auditory acuity
- B. Pupillary reflexes
- C. Loss of proprioception
- D. Choreaathetosis
- E. Muscle strength

8. Signs of right hypoglossal nerve palsy include:

- A. Paralysis of head turning to right side
- B. Tongue deviation to right side
- C. Nystagmus with slow component to left side
- D. Right side anhidrosis, miosis, and ptosis
- E. Jaw deviation to left side

9. Optic atrophy is characterized by:

- A. Normal visual acuity
- B. Pale sharply margined optic disk
- C. Blurring of optic disk margins
- D. Small refractive bodies elevating optic nerve
- E. Venous enlargement

10. A 45 year old man presents with a history of galactorrhea and loss of libido. At another clinic he had an MRI study of the brain that showed a large pituitary adenoma which had extended upward through the diaphragma sellae and was impinging on

Horner's

Optic

ASSESSMENT EXAMINATION

spinocerebellar degeneration. There is no family history of neurologic disease. The most likely explanation is:

- A. Hypervitaminosis A
- B. Vitamin E deficiency**
- C. Thiamine deficiency
- D. Vitamin K deficiency
- E. Hypervitaminosis D

36. An elderly man has had recent onset of symptoms consisting of unsteady gait, dementia, and urinary incontinence. Following a lumbar puncture, these symptoms improve. The most likely diagnosis is:

- A. Depressive pseudodementia
- B. Alzheimer's disease
- C. Normal pressure hydrocephalus**
- D. Lacunar state
- E. Binswanger's disease

37. A 40 year old woman with Down syndrome has recently lost many of her usual abilities of self-care and language. Histopathologic examination of her brain would most likely show characteristics of:

- A. Alzheimer's disease**
- B. Pick's disease
- C. Creutzfeldt-Jakob disease
- D. Wilson's disease
- E. Parkinson's disease

38. An 18 year old boy has developed progressive ataxia, areflexia, spasticity, pes cavus foot deformity, and cardiomyopathy during the previous four years. This most likely diagnosis is:

- A. Friedreich's ataxia**
- B. Progressive multifocal leukoencephalopathy
- C. Creutzfeldt-Jakob disease
- D. Ataxia-telangiectasia
- E. Wilson's disease

39. The infectious agent of Creutzfeldt-Jakob disease is identified as a

- A. Pick body
- B. Lewy body
- C. Negri body
- D. Neuritic plaque
- E. Prion**

40. A 48 year old woman presents with progressive dementia, ataxia, and myoclonus. Most likely diagnosis is:

- A. Alzheimer's disease
- B. Pick's disease
- C. Creutzfeldt-Jakob disease**
- D. Wilson's disease
- E. Parkinson's disease

41. The 55 year old rotund head chef at a four restaurant has a history of heart disease that recent coronary artery bypass surgery. One day while work, he suddenly collapses. When the emergency medical team arrives, exam reveals 4 mm diam symmetric unreactive pupils (midposition reactive pupils). The most likely site for the lesion producing this clinical picture is:

- A. Right frontal lobe
- B. Bilateral occipital poles
- C. Medulla
- D. Pons
- E. Midbrain**

42. A 52 year old man with a history of chronic hypertension presents to the emergency department with sudden onset of vomiting, dizziness, ataxia, leg weakness. His blood pressure is 240/110 and pulse is 55 beats per minute. In the few minutes following his initial presentation to the emergency department, he becomes comatose, develops apnea, and then dies. His clinical symptomatology is most readily explainable as result of:

- A. Transtentorial uncus herniation
- B. Central rostral-caudal herniation
- C. Subfalcial herniation
- D. Cerebellar tonsillar herniation**

43. Following resuscitation for a cardiac arrest, a year old man displays no responsiveness to stimuli, occasional spontaneous eye opening, and an EEG pattern consistent with a nearly normal sleep-wake cycle. This patient would be considered to have:

- A. Coma
- B. Locked-in syndrome
- C. Persistent vegetative state**
- D. Delirium
- E. Normal state of consciousness

SELF-ASSESSMENT EXAMINATION

A 50 year old pedestrian struck by an automobile has progressive signs consisting of initial pupillary dilation followed by loss of extraocular movements, contralateral hemiparesis, coma, and medullary dysfunction. The most likely explanation is:

- A. Transtentorial uncal herniation
- B. Central to tentorial-caudal herniation
- C. Subfalcine herniation
- D. Cerebellar tonsillar herniation

45. Brain death requires all the following criteria to be met EXCEPT:

- A. Established coma-causing cerebral lesion
- B. Apnea
- C. Absent spinal reflexes
- D. Absent brain stem reflexes
- E. Absence of toxins or metabolic abnormalities

46. A 24 year old woman was involved in an automobile accident, in which her car ran off a deserted mountain road and struck a tree. When she was discovered by a passerby some time later, the woman was alert but complaining of headache and had bruises on her forehead and face. By the time she arrives at a hospital emergency room (about an hour away), the personnel note she is lethargic but arousable, and has no obvious neurologic deficits on examination. Over the next hour she becomes progressively less arousable, her left pupil appears larger than her right pupil, and her right arm and leg seem weak. What is the most likely diagnosis?

- A. Chronic subdural hematoma
- B. Carotid-cavernous fistula
- C. Epidural hematoma
- D. Cerebral concussion
- E. Diffuse axonal injury

47. A 12 year old boy is brought to the emergency room by his mother after a fall from his bicycle in which he struck his head. He apparently was momentarily unconscious, but subsequently he seemed perfectly fine except for complaints of a slight headache. Examination reveals only a small bruise on his forehead and neurologic exam is normal. The most likely diagnosis is:

- A. Chronic subdural hematoma
- B. Carotid-cavernous fistula
- C. Epidural hematoma

- D. Cerebral concussion
- E. Diffuse axonal injury

Ipsilateral spastic

48. The Brown-Séquard syndrome is characterized by:

- A. Ipsilateral spasticity and proprioceptive loss and contralateral loss of pain and temperature sensation
- B. Greater weakness in arms than in legs, patchy sensory loss, and urinary retention
- C. Bilateral spasticity and loss of pain and temperature sensation with preservation of proprioception
- D. Bilateral flaccid paralysis, anesthesia, areflexia, and bladder and sphincter dysfunction
- E. Bilateral loss of proprioception

49. A 73 year old woman is brought to the hospital by her son because of recent onset of confusion. The son indicates that his mother had been complaining of headaches for several weeks, ever since she was "roughed up" by hooligans trying to steal her purse. On examination, she appears drowsy, is unable to identify her surroundings, does not know the date or her son's name, and is weak on her left side. What is the most likely diagnosis?

- A. Chronic subdural hematoma
- B. Carotid cavernous fistula
- C. Epidural hematoma
- D. Cerebral concussion
- E. Diffuse axonal injury

Chronic subd Hemata

50. The most important factor in post-traumatic epilepsy is:

- A. Lacunar infarcts
- B. Orbital frontal plaque jaune
- C. Duret hemorrhages
- D. Arachnoidal fibrosis
- E. Ventricular dilation

51. A family presents to the neuromuscular clinic with a three generation history of distal muscle atrophy, pes cavus foot deformity, and sensory loss. The most likely diagnosis is:

- A. Amyotrophic lateral sclerosis
- B. Charcot-Marie-Tooth disease
- C. Guillain-Barré syndrome
- D. Tardy ulnar palsy
- E. Meralgia paresthetica

ASSESSMENT EXAMINATION

KLUMPKE-DEJERINE
D

52. Following a brief flu-like illness, a 24 year old man presents with subacute onset over 5 days of symmetric motor weakness, greater in the arms than in the legs. Lumbar puncture reveals moderately elevated CSF protein with few cells (albuminocytologic dissociation). The most likely diagnosis is:
- A. Guillain-Barré syndrome
 - B. Porphyria
 - C. Vitamin B₁₂ deficiency
 - D. Alcoholic polyneuropathy
 - E. Diabetic amyotrophy
53. A 24 year old woman complains of increasing weakness throughout the day, despite feeling strong upon awakening in the morning. In the evenings, she also notes drooping of one eyelid and occasional double vision. The most likely diagnosis is:
- A. Polymyositis
 - B. Duchenne dystrophy
 - C. Myotonic dystrophy
 - D. Malignant hyperthermia
 - E. Myasthenia gravis
54. A 55 year old moderately obese woman complains of burning paresthesias and loss of sensation on her lateral thigh. The most likely diagnosis is:
- A. Meralgia paresthetica
 - B. Trigeminal neuralgia
 - C. Wallenberg syndrome
 - D. Bell's palsy
 - E. Lambert-Eaton syndrome
55. A 14 year old previously health boy experiences a mild gastroenteritis followed by the rapid onset of flaccid weakness in the right arm and left leg. The most likely diagnosis is:
- A. Toxoplasmosis
 - B. Tabes dorsalis
 - C. Mucormycosis
 - D. Cysticercosis
 - E. Poliomyelitis
56. Horner's syndrome often accompanies which of the following conditions:
- A. Charcot-Marie-Tooth disease
 - B. Meralgia paresthetica
 - C. Erb-Duchenne palsy

- D. Klumpke-Dejerine palsy
- E. Bell's palsy
57. A frail 60 year old widow who lives alone and has no friends in the community presents to her physician with a complaint of feeling chronically tired. On exam, she is noted to have loss of posterior column sensation, a positive Romberg test, spasticity, and bilateral Babinski reflexes. The most likely diagnosis is:
- A. Guillain-Barré syndrome
 - B. Porphyria
 - C. Vitamin B₁₂ deficiency
 - D. Alcoholic polyneuropathy
 - E. Diabetic amyotrophy
58. Foot drop would be expected with:
- A. Femoral nerve palsy
 - B. Peroneal nerve palsy
 - C. Erb-Duchenne palsy
 - D. Klumpke-Dejerine palsy
 - E. Meralgia paresthetica
59. A 55 year old woman with 70 pack-year history of smoking presents with complaints of generalized weakness. One month previously she had been diagnosed with small cell (oat cell) lung cancer. Repetitive nerve stimulation studies performed by the clinical neurophysiology laboratory reveal an incrementing response of the muscle action potentials. The most likely diagnosis is:
- A. Lambert-Eaton syndrome
 - B. Botulism
 - C. Malignant hyperthermia
 - D. Myotonic dystrophy
 - E. Myasthenia gravis
60. The disorder associated with dystrophin deficiency is:
- A. Myotonic dystrophy
 - B. Polymyositis
 - C. Myasthenia gravis
 - D. Duchenne dystrophy
 - E. Type 2 muscle fiber atrophy
61. A 59 year old hypertensive man presents to the emergency department with the acute onset of severe vertigo, nausea, vomiting, nystagmus, and difficulty

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swallowing. Exam shows a moderately severe gait ataxia, right arm dysmetria, loss of the corneal reflex on the right with reduced sensibility on the right side of the face, a right Horner's syndrome, and diminished sensation to pinprick on the left arm, trunk, and leg. He has no demonstrable limb weakness. The most likely diagnosis is:

- A. Ménière's disease
- B. Wallenberg syndrome
- C. Acoustic neuroma
- D. Basilar artery migraine
- E. Vestibular neuronitis

62. The illusion that stationary objects are moving back and forth is:

- A. Oscillopsia
- B. Dysequilibrium
- C. Dizziness
- D. Nystagmus
- E. Vertigo

63. A 30 year old man complains of recurrent sudden attacks of vertigo associated with tinnitus. Audiometry indicates progressive high tone hearing loss. The most likely diagnosis is:

- A. Ménière's disease
- B. Benign positional vertigo
- C. Vestibular neuronitis
- D. Motion sickness
- E. Basilar artery migraine

64. Acute onset of vertigo and nystagmus associated with viral nasopharyngitis is characteristic of:

- A. Ménière's disease
- B. Benign positional vertigo
- C. Vestibular neuronitis
- D. Motion sickness
- E. Basilar artery migraine

65. The illusion of rotational movement of self or the environment is termed:

- A. Oscillopsia
- B. Dysequilibrium
- C. Dizziness
- D. Nystagmus
- E. Vertigo

66. A 30 year old man presents with recent onset of ataxia, dizziness, and headache. Complete blood count indicates polycythemia. Magnetic resonance imaging (MRI) of the brain reveals a cystic cerebellar tumor near the foramen magnum. Computed tomographic (CT) scans of the abdomen identify cysts of the kidney and pancreas. The most likely diagnosis for the brain tumor is:

- A. Astrocytoma
- B. Meningioma
- C. Neurilemoma
- D. Colloid cyst of third ventricle
- E. Hemangioblastoma

67. A 32 year old man with a fifteen year history of temporal lobe epilepsy has recently had an increasing number of seizures despite the addition of several new medications to his anticonvulsant regimen. CT scan and MRI indicate a partially calcified mass in the anterior temporal lobe. The most likely histologic finding on biopsy of this mass would be:

- A. Glioblastoma multiforme
- B. Craniopharyngioma
- C. Neurilemoma
- D. Oligodendroglioma
- E. Medulloblastoma

68. Acoustic neuroma (neurilemoma or schwannoma) may be a part of what syndrome:

- A. Neurofibromatosis
- B. Cushing's disease
- C. Von Hippel-Lindau syndrome
- D. Acquired immunodeficiency syndrome (AIDS)
- E. Ataxia-telangiectasia

69. Which of the following tumors is associated with homozygous deletion of a region on chromosome 13 (region 13q14):

- A. Pinal choriocarcinoma
- B. Pituitary adenoma
- C. Retinoblastoma
- D. Meningioma
- E. Ependymoma

70. A 38 year old woman has recently noted galactorrhea and amenorrhea. Neurologic exam is

swallowing. Exam shows a moderately severe gait ataxia, right arm dysmetria, loss of the corneal reflex on the right with reduced sensibility on the right side of the face, a right Horner's syndrome, and diminished sensation to pinprick on the left arm, trunk, and leg. He has no demonstrable limb weakness. The most likely diagnosis is:

- A. Ménière's disease
- B. Wallenberg syndrome
- C. Acoustic neuroma
- D. Basilar artery migraine
- E. Vestibular neuronitis

62. The illusion that stationary objects are moving back and forth is:

- A. Oscillopsia
- B. Dysequilibrium
- C. Dizziness
- D. Nystagmus
- E. Vertigo

63. A 30 year old man complains of recurrent sudden attacks of vertigo associated with tinnitus. Audiometry indicates progressive high tone hearing loss. The most likely diagnosis is:

- A. Ménière's disease *minors d 2*
- B. Benign positional vertigo
- C. Vestibular neuronitis
- D. Motion sickness
- E. Basilar artery migraine

64. Acute onset of vertigo and nystagmus associated with viral nasopharyngitis is characteristic of:

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- C. Neuroilemoma
- D. Colloid cyst of third ventricle
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67. A 32 year old man with a fifteen year history of temporal lobe epilepsy has recently had an increasing number of seizures despite the addition of several new medications to his anticonvulsant regimen. CT scan and MRI indicate a partially calcified mass in the anterior temporal lobe. The most likely histologic finding on biopsy of this mass would be:

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- D. Oligodendroglioma
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68. Acoustic neuroma (neuroilemoma or schwannoma) may be a part of what syndrome:

- A. Neurofibromatosis
- B. Cushing's disease
- C. Von Hippel-Lindau syndrome
- D. Acquired immunodeficiency syndrome (AIDS)
- E. Ataxia-telangiectasia

69. Which of the following tumors is associated with homozygous deletion of a region on chromosome 13 (region 13q14):

- A. Pinal choriocarcinoma
- B. Pituitary adenoma
- C. Retinoblastoma
- D. Meningioma
- E. Ependymoma

70. A 38 year old woman has recently noted galactorrhea and amenorrhea. Neurologic exam is

ASSESSMENT EXAMINATION

Klumpke-Dejerine palsy

52. Following a brief flu-like illness, a 24 year old man presents with subacute onset over 5 days of asymmetric motor weakness, greater in the arms than in the legs. Lumbar puncture reveals moderately elevated CSF protein with few cells (albuminocytologic dissociation). The most likely diagnosis is:

- A. Guillain-Barré syndrome
- B. Porphyria
- C. Vitamin B₁₂ deficiency
- D. Alcoholic polyneuropathy
- E. Diabetic amyotrophy

53. A 24 year old woman complains of increasing weakness throughout the day, despite feeling strong upon awakening in the morning. In the evenings, she also notes drooping of one eyelid and occasional double vision. The most likely diagnosis is:

- A. Polymyositis
- B. Duchenne dystrophy
- C. Myotonic dystrophy
- D. Malignant hyperthermia
- E. Myasthenia gravis

54. A 55 year old moderately obese woman complains of burning paresthesias and loss of sensation on her lateral thigh. The most likely diagnosis is:

- A. Meralgia paresthetica
- B. Trigeminal neuralgia
- C. Wallenberg syndrome
- D. Bell's palsy
- E. Lambert-Eaton syndrome

55. A 14 year old previously healthy boy experiences a mild gastroenteritis followed by the rapid onset of flaccid weakness in the right arm and left leg. The most likely diagnosis is:

- A. Toxoplasmosis
- B. Tabes dorsalis
- C. Mucormycosis
- D. Cysticercosis
- E. Poliomyelitis

56. Horner's syndrome often accompanies which of the following conditions:

- A. Charcot-Marie-Tooth disease
- B. Meralgia paresthetica
- C. Erb-Duchenne palsy

- D. Klumpke-Dejerine palsy
- E. Bell's palsy

57. A frail 60 year old widow who lives alone and has no friends in the community presents to her physician with a complaint of feeling chronically tired. On exam, she is noted to have loss of posterior column sensation, a positive Romberg test, spasticity, and bilateral Babinski reflexes. The most likely diagnosis is:

- A. Guillain-Barré syndrome
- B. Porphyria
- C. Vitamin B₁₂ deficiency
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- E. Diabetic amyotrophy

58. Foot drop would be expected with:

- A. Femoral nerve palsy
- B. Peroneal nerve palsy
- C. Erb-Duchenne palsy
- D. Klumpke-Dejerine palsy
- E. Meralgia paresthetica

59. A 55 year old woman with 70 pack-year history of smoking presents with complaints of generalized weakness. One month previously she had been diagnosed with small cell (oat cell) lung cancer. Repetitive nerve stimulation studies performed by the clinical neurophysiology laboratory reveal an incrementing response of the muscle action potentials. The most likely diagnosis is:

- A. Lambert-Eaton syndrome
- B. Botulism
- C. Malignant hyperthermia
- D. Myotonic dystrophy
- E. Myasthenia gravis

60. The disorder associated with dystrophin deficiency is:

- A. Myotonic dystrophy
- B. Polymyositis
- C. Myasthenia gravis
- D. Duchenne dystrophy
- E. Type 2 muscle fiber atrophy

61. A 59 year old hypertensive man presents to the emergency department with the acute onset of severe vertigo, nausea, vomiting, nystagmus, and difficulty

ASSESSMENT EXAMINATION

Klumpke
Dejerine

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ASSESSMENT EXAMINATION

normal except for bitemporal hemianopsia. The most likely diagnosis is:

- A. Colloid cyst of third ventricle
- B. Pituitary adenoma
- C. Pinal dysgerminoma
- D. Pituitary apoplexy
- E. Trilateral retinoblastoma

71. A 38 year old woman with a history of chronic schizophrenia has been hospitalized for treatment in the state mental facility for the past 22 years. Over these years she has been continuously treated with dopamine-blocking neuroleptic drugs. The attendants have observed that in the recent year she has more repetitive purposeless movements, particularly of the face and mouth. The most likely diagnosis is:

- A. Myoclonus
- B. Asterixis
- C. Parkinsonism
- D. Ballismus
- E. Tardive dyskinesia

72. A 14 year old girl presents with ataxia and choreoathetosis. The ophthalmologist has identified Kayser-Fleischer rings during an eye examination. The most likely diagnosis is:

- A. Huntington's chorea
- B. Wilson's disease
- C. Gilles de la Tourette syndrome
- D. Progressive supranuclear palsy
- E. Tardive dyskinesia

73. A young single mother calls for an appointment for her 9 year old son who is now in the third grade. The teacher is complaining that the child disrupts the class because of his frequent facial grimaces, grunting and snorting sounds, and frequently shouted obscenities. The mother says that the child takes no medications and she denies any illicit drug use in the house. A likely explanation for this problem would be:

- A. Huntington's chorea
- B. Wilson's disease
- C. Gilles de la Tourette syndrome
- D. Progressive supranuclear palsy
- E. Tardive dyskinesia

74. The tremor characteristically associated with Parkinson's syndrome is:

- A. Myoclonus
- B. Resting tremor
- C. Intention tremor
- D. Action tremor
- E. Benign essential tremor

75. A 39 year old woman is brought to the emergency department for treatment of an attempted suicide which she took a sublethal dose of the tranquilizer diazepam (Valium). Her husband relates that she has been acting strangely for the past four years, increased forgetfulness, poor judgment, and irregular jerky limb movements. Apparently her mother had a similar clinical picture and successfully committed suicide at age 37 years. She also has an estranged older brother residing in a state mental hospital the past 5 years with dementia and a mood disorder. The most likely diagnosis is:

- A. Huntington's disease
- B. Gilles de la Tourette syndrome
- C. Neurofibromatosis type I
- D. Myasthenia gravis
- E. Progressive multifocal leukoencephalopathy

76. An organism acquired in the birth canal frequently causes meningitis in neonates is:

- A. *Neisseria meningitidis*
- B. *Listeria monocytogenes*
- C. *Staphylococcus aureus*
- D. *Haemophilus influenzae*
- E. *Staphylococcus epidermidis*

77. Examination of a 55 year old retired maritime sailor who spent many years working on cargo ships in the Orient reveals marked loss involving mainly proprioception, a positive Romberg test, and severely deformed knees (Charcot joints). Pinprick exam. He complains of brief sharp lancinating pains in the feet which can be brought on during the examination pinprick. The most likely diagnosis is:

- A. Toxoplasmosis
- B. Tabes dorsalis
- C. Mucormycosis
- D. Cysticercosis
- E. Poliomyelitis

78. The disorder of multiple brain cysts produced by the larval form of the pork tapeworm is:

- A. Neurosyphilis
- B. Lyme disease
- C. Toxoplasmosis
- D. Cysticercosis
- E. Scrub typhus

79. An elderly gentleman presents to the office with the complaint of sharp pains unilaterally in the upper abdomen and back in a band like distribution. Examination reveals reduced sensibility in the same area as the pain along with a vesicular rash. The most likely diagnosis is:

- A. Poliomyelitis
- B. Shingles
- C. Progressive multifocal leukoencephalopathy
- D. Subacute sclerosing panencephalitis
- E. Herpes simplex encephalitis

80. Two unrelated children in the same fifth grade classroom develop meningitis and a petechial skin rash. Both children die within several hours of the onset of the illness and at autopsy the medical examiner notes hemorrhagic infarction of the adrenal glands (Waterhouse-Friderichsen syndrome) in both children. The most likely causative agent is:

- A. *Neisseria meningitidis*
- B. *Listeria monocytogenes*
- C. *Staphylococcus aureus*
- D. *Haemophilus influenzae*
- E. *Staphylococcus epidermidis*

81. A 50 year old man is receiving various drugs for treatment for lymphoma. Over the past several weeks, he has developed a rapidly progressive dementia, associated with signs of ataxia, visual field defects, and spasticity. The most likely explanation is:

- A. Friedreich's ataxia
- B. Progressive multifocal leukoencephalopathy
- C. Creutzfeldt-Jakob disease
- D. Ataxia-telangiectasia
- E. Wilson's disease

82. The vaso-invasive organisms that spread from paranasal sinuses and retro-orbital tissues to produce

fatal brain infection in poorly-controlled diabetes mellitus are most likely to be:

- A. *Mycobacterium tuberculosis*
- B. *Cryptococcus neoformans*
- C. Mucormycosis
- D. *Borrelia burgdorferi*
- E. *Toxoplasma gondii*

83. While reviewing the medical record of a 55 year old recent immigrant from a Southeast Asia refugee camp, it is discovered that he has a positive syphilis serology in both his blood and cerebrospinal fluid. The ocular finding that would be useful in making the diagnosis of neurosyphilis in this man is:

- A. Partial oculomotor nerve palsy
- B. Trochlear nerve palsy
- C. Internuclear ophthalmoplegia
- D. Argyll Robertson pupil
- E. Horner's syndrome

84. A 40 year old outdoorsman presents for evaluation of a facial palsy, chronic headache, and leg pain, sensory disturbance, and some weakness in a radicular distribution. Further history indicates that he frequently camps outdoors for weeks at a time throughout the New England area. He admits to having been bitten by ticks, but does not remember when. A likely diagnosis would be:

- A. Neurosyphilis
- B. Lyme disease
- C. Toxoplasmosis
- D. Cysticercosis
- E. Scrub typhus

85. A 26 year old previously healthy woman experiences the subacute onset of behavioral changes, fever, and headache. Following a generalized seizure, she is brought to the emergency department where radiologic imaging studies show hemorrhagic necrosis of inferomedial temporal lobes. The most likely diagnosis is:

- A. Poliomyelitis
- B. Cysticercosis
- C. Progressive multifocal leukoencephalopathy
- D. Subacute sclerosing panencephalitis
- E. Herpes simplex encephalitis

ASSESSMENT EXAMINATION

86. The disorder characterized by a fracture of the L5 vertebral neural arch occurring at or before birth is called:
- A. Klippel-Feil anomaly
 - B. Spondylolysis
 - C. Pott's disease
 - D. Ankylosing spondylitis
 - E. Syringomyelia
87. A 32 year old woman presents to the hospital because of a severe second-degree burn involving most of the palm of her left hand that occurred when she accidentally laid her hand on the burner of a stove and did not notice that the burner was hot. Exam reveals marked wasting and weakness of all intrinsic hand muscles bilaterally. She has loss of pain and temperature sense over both arms, shoulders, upper trunk and neck. Proprioception is preserved in her arms and hands. She also has bilateral extensor plantar responses (Babinski reflexes). The most likely diagnosis is:
- A. Klippel-Feil anomaly
 - B. Spondylolysis
 - C. Pott's disease
 - D. Ankylosing spondylitis
 - E. Syringomyelia
88. The anterior cord syndrome is characterized by:
- A. Ipsilateral spasticity and proprioceptive loss and contralateral loss of pain and temperature sensibility
 - B. Greater weakness in arms than in legs, patchy sensory loss, and urinary retention
 - C. Bilateral spasticity and loss of pain and temperature sensibility with preservation of proprioception
 - D. Bilateral flaccid paralysis, anesthesia, areflexia, and bladder and sphincter dysfunction
 - E. Bilateral loss of proprioception
89. Following surgery for an atherosclerotic abdominal aortic aneurysm, a 65 year old man with a 75 pack/year smoking history awakens with paraplegia and loss of pain and temperature sensation extending up to the T10 spinal cord level. Proprioception in his legs is preserved. The operative note from the surgeon indicates a difficult surgical repair of a large aneurysm that involved the origins of the renal arteries (which had to be reimplanted above dacron-bypass graft used in the repair). The most likely diagnosis is:
- A. Syringomyelia
 - B. Pott's disease
 - C. Anterior spinal artery syndrome
 - D. Ankylosing spondylitis
 - E. Intramedullary metastasis of lung cancer
90. A 29 year old man complains of stiff back and neck particularly upon awakening in the morning. Exam shows limited neck motion and limited ability to bend forward at the waist. Spine radiographs show destruction of the sacroiliac joints and early bridging between vertebral bodies in the thoracic and lumbar spine. The most likely diagnosis is:
- A. Klippel-Feil anomaly
 - B. Spondylolysis
 - C. Pott's disease
 - D. Ankylosing spondylitis
 - E. Syringomyelia
91. Obstructive sleep apnea occurs during which sleep stage:
- A. Stage I sleep
 - B. Stage II sleep
 - C. Stage III sleep
 - D. Stage IV sleep
 - E. REM sleep
92. The symptom of narcolepsy in which there is sudden loss of muscle tone often precipitated by strong emotion (such as laughter) is:
- A. Sleep paralysis
 - B. Cataplexy
 - C. Hypnagogic hallucinations
 - D. Pickwickian syndrome
 - E. Pavor nocturnus
93. A 35 year old seemingly-healthy woman undergoing a dexamethasone suppression test shows no evidence of the normal circadian cortisol rhythm. The most likely explanation is:
- A. Somnambulism
 - B. Simultaneous bromocriptine administration
 - C. Depressive disorder
 - D. Lambert-Eaton syndrome
 - E. Binswanger's disease

94. Overly aggressive correction of hyponatremia can produce:

- A. Acute disseminated encephalomyelitis
- B. Experimental allergic encephalomyelitis
- C. Central pontine myelinolysis
- D. Acute transverse myelitis
- E. Retrobulbar neuritis

95. A 29 year old woman with multiple sclerosis has the following neurologic findings: with attempts to gaze to the left, the right (adducting) eye does not move past the midline, while the left (abducting) eye moves out but develops nystagmus; she can converge normally. The lesion producing these signs affects:

- A. Medial longitudinal fasciculus
- B. Right optic nerve
- C. Medial lemniscus
- D. Left Edinger-Westphal nucleus
- E. Right oculomotor nerve

96. A retarded teenage boy with large ears, prominent jaw, and macroorchidism would most likely have which disorder:

- A. Phenylketonuria
- B. Down syndrome
- C. Fragile-X syndrome
- D. Cretinism
- E. Adrenoleukodystrophy

97. At 3 months of age, the mother of a previously healthy infant first noted that the child had an exaggerated startle to slight noises in the bedroom. Developmental milestones have been delayed such that now at age 10 months the child still has poor sitting ability. Exam reveals generalized hypotonia. The child does not seem to respond to visual cues. The optic fundus shows a macular cherry red spot. The most likely diagnosis is:

- A. Tay-Sachs disease
- B. Adrenoleukodystrophy
- C. Pompe's disease
- D. Autism
- E. Cretinism

98. In a newborn with a large tongue, abdominal distention, constipation, floppy, and prolonged neonatal jaundice the most likely diagnosis is:

- A. Phenylketonuria
- B. Down syndrome
- C. Fragile-X syndrome
- D. Cretinism
- E. Adrenoleukodystrophy

99. Elevated α -fetoprotein levels in amniotic fluid are characteristic of which disorder:

- A. Tay-Sachs disease
- B. Adrenoleukodystrophy
- C. Pompe's disease
- D. Phenylketonuria
- E. Anencephaly

100. The disorder associated with abnormal peroxisomal β -oxidation of very long chain fatty acids is:

- A. Phenylketonuria
- B. Down syndrome
- C. Fragile-X syndrome
- D. Cretinism
- E. Adrenoleukodystrophy

Answers to Self-Assessment Examination

Chapter 1

- 1. C
- 2. D
- 3. A ✓
- 4. C ✓
- 5. C
- 6. E
- 7. C
- 8. B
- 9. B
- 10. B

Chapter 2

- 11. A
- 12. E
- 13. B
- 14. B
- 15. B

Chapter 3

- 16. A
- 17. A
- 18. D
- 19. C
- 20. E

Chapter 4

- 21. A
- 22. B
- 23. D
- 24. E
- 25. E

Chapter 5

- 26. E
- 27. A
- 28. C
- 29. A
- 30. C
- 31. D
- 32. A
- 33. C
- 34. D
- 35. B

Chapter 6

- 36. C
- 37. A
- 38. A
- 39. E
- 40. C

Chapter 7

- 41. B
- 42. D
- 43. C
- 44. A
- 45. C

Chapter 8

- 46. C
- 47. D
- 48. A
- 49. A
- 50. B

Chapter 9

- 51. B
- 52. A
- 53. E
- 54. A
- 55. E
- 56. D
- 57. C
- 58. B
- 59. A
- 60. D

Chapter 10

- 61. B
- 62. A
- 63. A
- 64. C
- 65. E

Chapter 11

- 66. E
- 67. D
- 68. A
- 69. C
- 70. B

Chapter 12

- 71. E
- 72. B
- 73. C
- 74. B
- 75. A

Chapter 13

- 76. B
- 77. B
- 78. D
- 79. B
- 80. A
- 81. B
- 82. C
- 83. E
- 84. B
- 85. E

Chapter 14

- 86. B
- 87. E
- 88. C
- 89. C
- 90. D

Chapter 15

- 91. E
- 92. B
- 93. C

Chapter 16

- 94. C
- 95. A

Chapter 17

- 96. C
- 97. A
- 98. D
- 99. E
- 100. E