INTERNAL MEDICINE

6TH- FINAL

Doctor 2020

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GI

1. Which of the following extraintestinal manifestations correlates with disease activity in Inflammatory Bowel Disease?

A. Pyoderma Gangrenosum
B. Ankylosing Spondylitis
C. Venous thromboembolism
D. Anterior Uveitis
E. Type 2 peripheral arthritis

Ans : E

2. 26 year old Patient with Painless recurrent lower Gi bleeding , T99 nuclear scan shows signal in right lower quadrant , diagnosis

A. meckel's Diverticulum
B. Diverticulosis
C. Angiodysplasia

Ans : A

3. Patient with dysphagia , endoscopy shows furrowing and rings , what is best treatment option

A. Oral steroids and fluticasone inhaler
B. IV hydrocortisone then continue oral steroids
C. Omeprazole plus topical corticosteroids

Ans : C

4. Case of limited ulcerative colitis limited to the rectum , mild symptoms , best next step

A. Azathioprine
B. Ciprofloxacin
C. Infliximab
D. Rectal mesalamine suppositories

Ans : D

5. Patient with crohn's , which of the following drugs is not used?

A. Rectal mesalamine
B. Azathioprine
C. Etanercept
D. Methotrexate

Ans: A

6. Patient with tender hepatomegaly progressed for 1 month , paracentesis shoes (total protein 2.8 , albumin 1.7) serum albumin 3.5 , CBC with polycythemia , AST and ALT , ALP high , diagnosis

A. Ischemic hepatitis
B. Budd chiari syndrome
C. Cirrhosis

Ans : B

7.A female Patient with new onset ascites , Serum albumin was 3.2 and ascitic protein was 1.6 , ascitic protein is high , CA 125 very high , ultrasound of the liver can't be done due to body habitus, best next step

A. Echocardiogram
B. Pelvic US
C. exploratory laparoscopy
D. Urinary something
E. Triphasic CT scan

Ans: Unknown

8. Not in child bugh score :

A. Bilirubin
B. Albumin
C. Ascites
D. creatinine
E. INR

Ans: D

9. Patient complains from recurrent episodes of chest pain and dysphagia , not all the time , on manometry , normal LES tone and multiple spontaneous non peristaltic contractions , diagnosis

A. Acalasia
B. Diffuse Esophageal spasm
C. Eosinophilic esophagitis
D. GERD

Ans: B

10. Case of fever , jaundice , RUQ pain , on US there is dilated CBD , elevated bilirubin and ALP , GGT , what is the best next step

A. IV antibiotics and urgent ERCP
B. oral antibiotics
C. IV antibiotics only
D. MRCP

Ans : A

11. which of the following is not part of H.pylori treatment options :

A. bismuth sulfate
B. amoxicillin
C. azithromycin
D. omeprazole
E. metronidazole

Ans : C

12. Patient with long standing celiac disease , not adherent to gluten free diet , has fatigue and muscle weakness , low Ca , low PO4 , high PTH , high ALP , what to measure ?

A. Vitamin D2
B. 25 hydroxyvitamin D
C. 1,25 hydroxyvitamin D
D. Sestamibi scan

Ans : B

13. Patient with upper Gi bleeding , has cirrhosis , what is not used in the acute management of this situation

A. Prokinetic (metoclopromide)
B. Octreotide
C. Antibiotics (ceftriaxone)
D. Beta blocker (carvidolol)
E. Iv antibiotics (ceftriaxone)

Ans : D

RS

1. Patient with dyspnea , Bilateral hilar lymphadenopathy with skin changes on shin , diagnosis
    A. Usual interstitial pneumonia
    B. Sarcoidosis
    C. Scleroderma

    Ans : B

2. case of PE , has anti phospholipid , what to give now:
    A. Apixaban
    B. Warfarin
    C. Enoxaparin
    D. Fendonparex

    Ans: C

3. Patient complains of dyspnea for 6 months , before 6 months she had PE,she has Loud P2, her V/Q scan showed multiple perfusion defects, what is the dx:
    A. Idiopathic pulmonary hypertension
    B. Interstitial lung disease.
    C. Chronic thromboembolic pulmonary hypertension
    D. Group 1 pulmonary hypertension

Ans : C

4. An obese patient who is diagnosed with OHS and also was found to have severe OSA, his PaCO2: 56, what is the best management for his condition:

    A. BiPAP
    B. Weight loss
    C. CPAP
    D. Weight reduction by injection

Ans: C

5. Which of the following is not used in the treatment of status asthmaticus:

    A. Mg.

B. Bronchodilator
C. Systemic steroids
D. Montelukast

Ans: D

6. A patient with COPD who is already on LAMA + LABA therapy continues to have exacerbations + 2 outpatient exacerbations in the last year. Blood eosinophil count is 350 cells/μL. What is the next best step in management?

A. Continue current regimen.
B. Increase dose of ICS
C. LABA+LAMA+ ICS

Ans: C

7. Patient presented with dyspnea and has bilateral painful skin nodules on chins, what is the best next step:

A. ESR/CRP.
B. Chest x-ray.
C. Serum ACE.
D. Electrolytes.

Ans: B

8. 40 yo male presented with acute SOB and mild pleuritic chest pain, ABG showed he is mildly hypoxemic, on exam no swelling of the lower limbs, you suspect a pulmonary embolism,what is the best next step:

A. CTPA.
B. Lower limb doppler US
C. D-dimer.
D. Observation

Ans: C

9. Which of the following is correct if we compare small cell lung cancer from non small cell:

A. Small cell lung cancer is more radiosensitive.
B. Small cell lung cancer is less chemo sensitive
C. NSCLC more likely than SC to metastasize to bone marrow
D. Small cell comprises 85% of all lung cancers

Ans: A

10. A table that shows these values, FEV1 0.97, FVC 1.2 , DLCO 50 , TLC is increased, what is the dx:

A. Pulmonary hemorrhage
B. Emphysema
C. Usual interstitial pneumonia

Ans: B

11. Which of the following improves survival in patients with COPD?

A. Long-term oxygen therapy in patients with a $PaO_2 < 55$ mmHg
B. Cessation of smoking improves survival in severely symptomatic patients.
C. Pulmonary rehabilitation in patient with no prior exacerbations.
D. Lung surgery in patients with chronic bronchitis.

Ans: A

12. patient with exertional dyspnea, on HRCT it showed UIP, what to do next?:

A. Lung biopsy.
B. Steroids and immunomodulators.
C. Pirfenidone

Ans: C

13. Which of the following does not support the diagnosis of Asthma:

A. Reversibility test, increase of 12% and 200 mL.
B. 10% diurnal variation on average over 2 weeks.
C. Methacholine challenge test accepted reduction in FEV1 20%

Ans: B ?

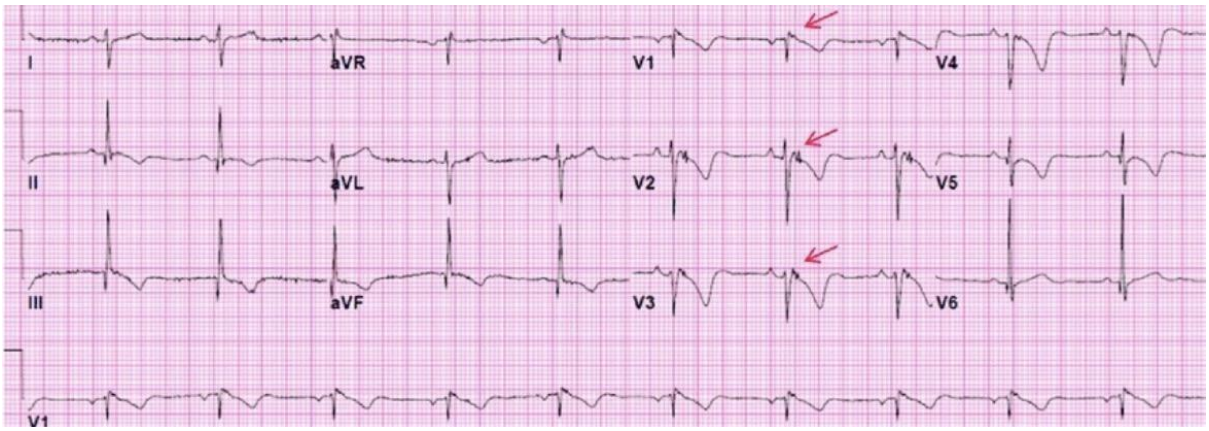
14. Right-sided pleural effusion: pleural fluid LDH is 200 IU, serum LDH 250 IU, . What is the most likely cause?

A. Nephrotic syndrome.
B. Heart failure.
C. Complicated Parapneumonic effusion.
D. Liver cirrhosis.
E. Lung atelectasis

Ans: C

Cardio

1. Young Female patient with hx of recurrent syncopal attacks, there is FHx of sudden cardiac death, her ECG strip is shown below, what is the best diagnostic step for her condition:



   A. Echocardiogram.
   B. Holter monitor.
   C. Cardiac MRI.
   D. Cardiac electrophysiology

Ans: C

2. Patient presented with tearing chest pain radiating to back , ECG showed ST elevation in leads 2,3, aVF, what is the best next step in management:

   A. Coronary catheterization and stenting.
   B. Thrombolysis.
   C. Transesophageal echo.
   D. IV propranolol.

Ans: C/D ?

3. Patient presented with acute MI, which one of the following carries a bad prognosis:

   A. DM.
   B. Male gender.
   C. ST elevation of 2mm.
   D. type I AV block

Ans: A

4. A patient did mechanical valve replacement want to do dental filling, what is the next

A. Amoxicillin 2 g orally 30 min before the procedure
B. Oral cephalexib 1 g
C. Clindamycin two days before the procedure
D. No need for prophylaxis

Ans: D

5. A patinet with severe mitral stenosis, LA enlargement and Afib, what is best long term anticoagulation for him:

A. LMWH.
B. Warfarin.
C. Rivaroxaban.
D. Fondaparinux

Ans: B

6. Which one of the following indicates severe aortic stenosis:

A. Early diastolic decrescendo murmur best heard at the left sternal border
B. Holosystolic blowing murmur radiating to the axilla
C. Mid-diastolic rumbling murmur with opening snap at the apex
D. late peaking murmur with absent s2

Ans: D

7. Which of the following should not be initiated in acute decompensated Heart Failure:
A. Nitrates
B. IV metoprolol
C. IV furosemide
D. IV morphine

Ans: B

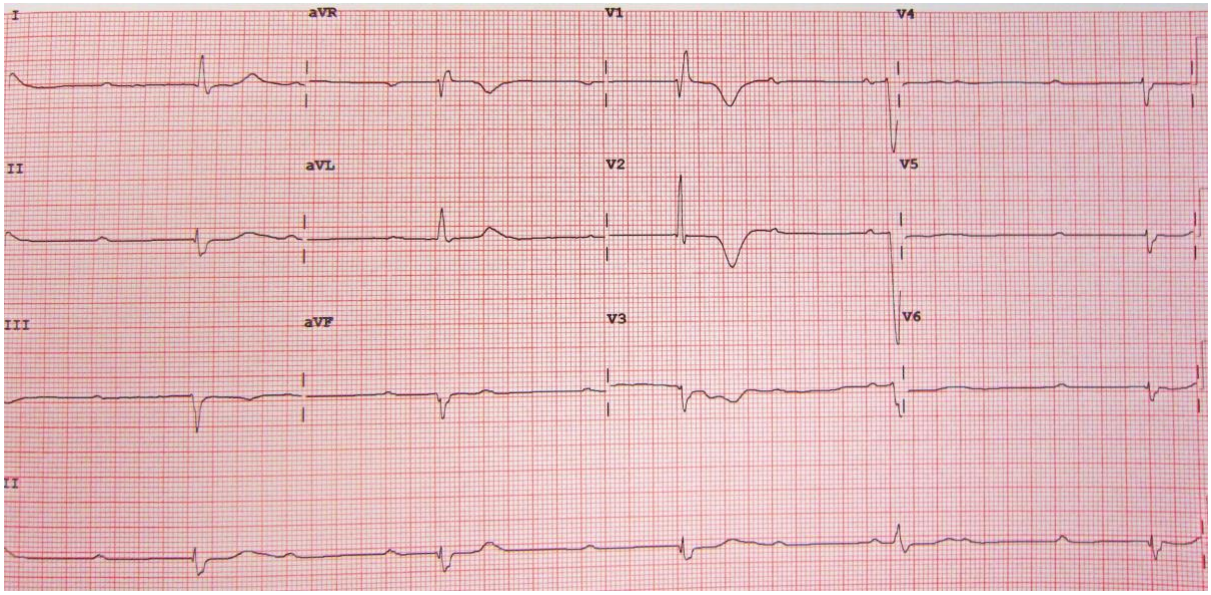
8. Patient with Severe aortic stenosis presented with exertional dyspnea , his EF is normal:
A. Symptomatic manegement.
B. Refer him to surgery
C. Observe
Ans: B

9. Infective endocarditis,which of the following statements is true:
A. A stable patient should be switched to oral antibiotics after 5 days of IV treatment
B. Cultures taken after antibiotics to increase sensitivity

C. Routine anticoagulation should be given to all patients
D. Native valves need oral antibiotics for 3 days
E. Surgical consultation for large vegetations and recurrent emboli

Ans: E

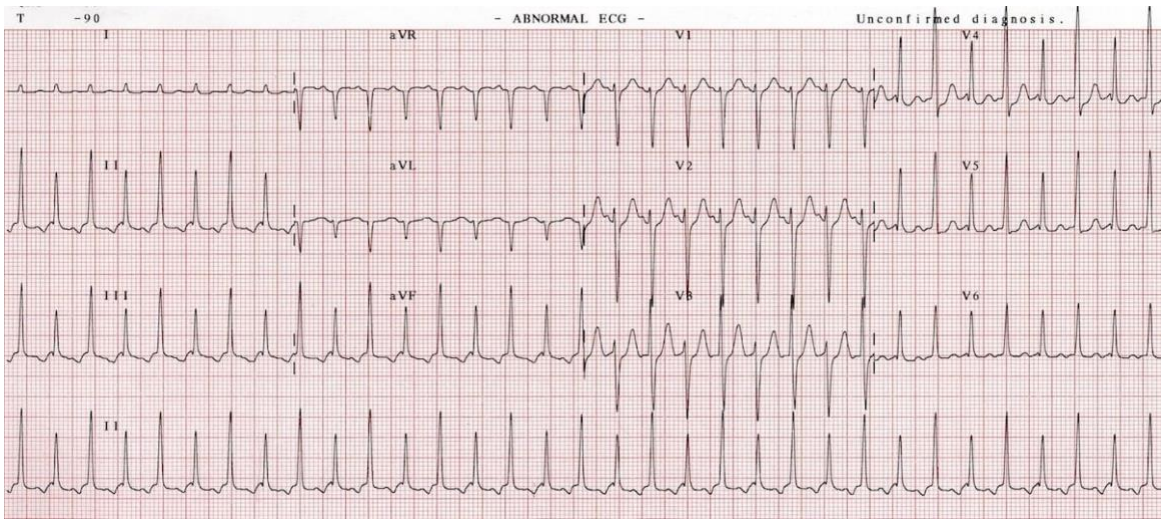
10.Case of syncope, his ecg shown below, best next step:



A. Observe
B. Permanent pacemaker
C. IV atropine

Ans: B

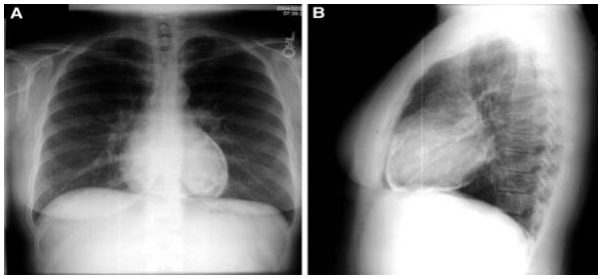
11. 60 year old patient with hypertension presneted with palpitations and BP 70/30, ecg shown,what is the next step:



A. IV amiodarone
B. IV adenosine
C. Metoprolol
D. Synchronized cardioversion
E. Defibrillation

Ans: D

12. A patient presents with dyspnea and elevated jugular venous pressure that increases on inspiration. Chest X-ray is provided. What is the most likely diagnosis?



A. Right ventricular failure
B. Pulmonary HTN
C. Constrictive Pericarditis

Ans: C

13. Hfpef patient on ACE, his JVP is 12 cm above sternal angle, which drug to add to improve survival:
A. Spironolactone
B. SGLT2
C. B-blocker
D. ARB

Ans: B

14. 68-year-old man presents with worsening dyspnea, orthopnea, and bilateral lower limb swelling. On examination, he has elevated JVP, bilateral basal crackles, and 3+ pitting edema in both legs. He was admitted with acute decompensated heart failure and started on IV furosemide. His serum creatinine increased from 1.3 mg/dL to 1.8 mg/dL. On exam he has LLE 3+ and raised JVP, What is the best next step in management?

A. Withhold diuretics for 24 hours
B. Continue IV diuretics
C. Withhold diuretics and start ultrafiltration
D. Give dobutamine and continue iv diuretics

Ans: B

15. Patient came with progressive decline in renal function, tender and dusky toes,cbc shows esinophillia, he did a cardiac catheterization 6 days ago,serum C3 was low, which of the the following is the most likely the cause?

A. Contrast induced AKI.
B. Cholesterol emboli
C. Acute Allergic interstitial nephritis

Ans: B

16. CKD patient on regular dialysis twice a week came with pleuritic chest pain exacerbated with breathing and relieved when sitting, he missed his last dialysis appointment, Cr=6. Echocardiogram shows mild pericardial effusion without tamponade, what is the next step?
A- NSAIDs
B- Colchicine
C- Urgent dialysis

Ans: C

17. 20 yo Patient with HOCM presented with exertional dyspnea, his septal thickness is 2.8 cm and pressure gradient is 60 mmhg and becomes 100 mmgh with valsalv, what is the best next step:

A. Alcohol septal ablation.
B. B-Blockers.
C. Nifedipine
D. Surgical septal myomectomy

Ans: B

18. Patient with high BMI felt muscle strain during moving furniture, his leg had erythema without bullae, and he was unable to bear weight no crepitus on exam,skin is intact,temperature 38.8,heart rate 100, Na 131,WBC 17000,lactate 3.8
Which of the following is the next step:

A. IV cefazolin for cellulitis.
B. Surgical exploration with IV antibiotics.
C. IV vancomycin.
D. MRI of the leg

Ans: A

19. 50 year patient presents to your clinic with newly diagnosed primary stage 2 hypertension, he does not have DM or other medical conditions, what the most appropriate management?

A. Oral spironalactone
B. Thiazide and acei
C. Beta blocker

Ans: B

20. 55 year old man has high blood pressure, takes valsartan thiazide ccb, which of the following can be added to his regimen?

A. Spironalactone.
B. Lisinopril.
C. Alpha-blocker

Ans: A

Nephro

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1. Patient on 3 antihypertensives and his blood pressure 149/82 , K normal what to do next
    A. No screening
    B. Renal artery US
    C. Thyroid function test
    D. Test for primary hyperaldostrinesm

Ans : B

2. 18 year female patient, 42 kg anorexic, came to the clinic due to fatigue, BP 90/60, non anion gap metabolic acidosis, low potassium levels and negative anion gap in the urine. Which of the following is the diagnosis?

A. Self induced vomiting
B. Type 4 RTA
C. Type 1 RTA
D. Diuretic use
E. Chronic laxative abuse

Ans: E

3. A case of a patient on multiple immunosuppressive agents including tacrolimus, which of the following is a side effect of tacrolimus?

A. Nephrotoxicity + new onset DM.
B. B. Bone marrow suppression and severe cytopenia
C. Acute pancreatitis and elevated triglycerides
D. Hyperkalemia and metabolic acidosis

Ans: A

4. Case of a patient with COPD exacerbation and aki, : PH 7.25 , Na 140 , Cl:101 ,HCO3:23 , PaCO2 56, which of the following is responsible for his abnormal ABGs:

A. Acute respiratory acidosis
B. Acute respiratory alkalosis
C. Respiratory acidosis + HAGMA
D. Respiratory acidosis + HAGMA and Respiratory alkalosis

Ans: C

5. Patient with htn and hyperlipidemia on three antihypertensive drugs including diuretic BP 165/100, on pex he has abdominal bruit renal us showed left kidney 8.5cm, right kidney 11.5cm. What is the cause of his presentation

A. Fibromuscular dysplasia
B. Renal artery atherosclerosis

Ans: B

Hemato

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1. Which one of the following is not seen in TLS:

A. Hypercalcemia.
B. Hyperphosphatemia.
C. Hyperkalemia.
D. Hyperuricemia.

Ans: A

2. Which one of the following is not part of CLL workup ?

A. Direct coombs.
B. Skeletal survey.
C. IgG level
D. CBC.

Ans: B

3. A patient came in with weight loss, fatigue, night sweats, he noticed an axillary lymphadenopathy. Biopsy confirmed the diagnosis of DLBCL?What is the best next step?

A. Start Immunochemotherapy
B. Do autologous HSCT
C. Do another excisional biopsy

Ans: A

4. A patient with Sickle cell disease was admitted for bone pain, his Hb was 9, after 4 days hospitalisation he deveolped acute chest syndrome and his hb dropped to 7,what is the best next step:

A. 2 units of PRBC
B. Increase morphine dose
C. Bronchodilators and prednisone immediately.

Ans: A

5.A case of bleeding, he is on warafarin, given fresh frozen plasma after 4 hours he develops TRALI, which of the following regarding his condition is wrong?

A. Incidence can be decreased by avoiding blood products from relatives.
B. This condition occurs in the first 6 hours
C. This condition is due to neutrophil activation and tissue damage
D. PCC can be given instead in such condition
E. Treatment is supportive with oxygen and inotropes

Ans: A

6. An old patient who is a heavy smoker complains from fatigue that is worse at the end of the day, on physical exam he has hyporeflexia, EMG showed that repetitive high-frequency

stimulation leads to a dramatic increment in the response. Which of the following is the diagnosis?

A. Myasthenia gravis
B. Lambort eaton syndrome
C. Gullian Barrè syndrome

Ans: B

Endo

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1. A 14 year old female complains of irregular menstrual periods since menarche at 12 and of coarse dark hirsutism, her BMI is 31, her DHEAS, testosterone, 17 hydroxyprogesterone, thyroid function tests all normal, what is the diagnosis?

A. PCOS
B. Cushing syndrome
C. late onset CAH

Ans: A

2. A patient who had a non functioning pituitary adenoma undergone transsphenoidal surgery and started on levothyoxine, the most appropriate next step to assess thyroid function after surgery is:

A. Free T4
B. FreeT3
C. Pituitary MRI
D. TSH

Ans: A

3. 14 yo child with with short stature , IGF-1 done and it was low normal, his bone age is 12, what is the best next step?

A. insulin tolerance test
B. Repeat IGF-1 after 6 months
C. Start GH
D. Reassurance

Ans:A

4. A patient was found to have adrenal incidentaloma and his blood pressure was 120/80, his total metanephrines and normal late night salivary cortisol were normal. On CT scan his rifht adrenal gland showed indeterminate features and size of 2.3 cm What is the next step?

A. Measure plasma aldosterone and renin
B. CT guided biopsy
C. Follow up with CT in 3 months
D. Right adrenalectomy

Ans: C ?

5. Patient presented with very high blood sugar (with a picture of DKA) what is the most relevant to be checked before starting insulin therapy:

A. potassium
B. Sodium
C. Blood PH

Ans:A

6.Patient presented with decreased level of consciousness, glucose 29 mg/dl

A. Oral juice.
B. 5% dextrose 100 ml
C. 10% dextrose 100 ml
D. Draw labs for c-peptide and insulin then 50% dextrose 100 ml, before

Ans: D

7. A patient presents with typical features of Cushing Syndrome (striae, hirsutism, etc.). Investigations show elevated 24-hour urinary cortisol and no suppression with low-dose dexamethasone suppression test. What is the best next step?

A. Measure ACTH level
B. High dose Dexamethasone test
C. Pituitary MRI

Ans: A

8. A case of small cell lung cancer with hopnatremia and low plasma osmolarity and high urine sodium and osmolarity the most likely cause:

A. Hypovolemic ADH secretion.
B. Non-osmotic non-hypovolemic ADH secretion.

Ans: B

9. Prolactin level was elevated (32) what is the least likely cause of his hyper prolactinoma?

A. 2 cm functioning prolactinoma
B. Primary hyperthyroidism
C. Antipsychotics
D. Exercise
E. Non functioning pituitary adenoma

Ans: A

10. 40 year old patient has incidental hypercalcemia Ca 11.2 (normal 10.2),sestamibi scan showed right parathyroid adenoma and imaging showed osteoporosis,what is the next step

A. Refer him for parathyroidectomy
B. Teriparatide
C. Repeat scan

Ans: A

11. A patient with a history of nonfunctional pituitary tumor , came with sudden onset severe headache, lightheadedness, his Na level was 130, after giving him a bolus of hydrocortisone What is the best next step to do:

A. Pituitary MRI
B. ACTH level
C. Urine sodium level and osmolarity

Ans: A

12. Femur fracture after a fall , DEXA lumber -2 , femur -1.9 next step in management :

A. Oral bisphosphonate, Vit d and calcium
B. Vit D + calcium
C. Denosumab + Vit d + calcium

Ans: A

Rheumato

1. female patient with typical presentation of RA. negative RF and positive anti-CPP antibody. Which of the following carries a poor prognosis?

A. Non- smoking status.
B. HLA-B51.
C. Anti-CCP.

Ans: C

2. A Female patient with SLE on hydroxychloroquin, who had a dvt in the past and took warfarin and stopped it 5 months ago, she had 2 previous miscarriages, positive anticardiolipin antibody and high anti-beta-2 glycoprotein antibody, she is not planning for pregnancy. What is the best thing to do?

A. Apixaban
B. Restart Warfarin with a target INR (2-3)
C. LMWH
D. Hydroxychloroquin alone

Ans: B

3. A man presents with a painful, swollen, red, hot, and tender left big toe. He has hypertension and on thiazide. Joint aspirate shows needle-shaped negatively birefringent crystals. What treatment would you give?

A. Allopurinol
B. Low dose Colchicine
C. Steroids
D. Febuxostat

Ans: B

4. Patient presented with arthralgias, weight loss, non specific abdominal pain, his AST 560, ALP 300 with history of previous unprotected sexual intercourse in Thailand 4 months ago, physical exam shows lower limb punched out ulcers, ANA(-), ANCA (-), dx:

A. Polyarteritis nodosa
B. Cryoglobulinemia
C. Chronic hepatitis C

D. Takayasu's arteritis

Answer: A/B,mostly A
(the characteristic of the rash is more likely with PAN)

5. Patient diagnosed with SLE 2 years ago on low dose hydroxychloroquine, no flares. urinalysis shows mild proteinuria and RBC 5-10 hpf. The best next step?

A. Continue hydroxychloroquine and low dose steroids and follow up after 3 months.
B. Add mycophenolate
C. Renal biopsy

Ans: C

6. A female patient came to the clinic concerned if she has Sögren because she read about it. Which of the following is least likely to be associated with primary Sögren syndrome:

A. ANA
B. Ant-Ro/La
C. Low ocular staining score
D. Salivary gland biopsy shows lymphocytic sialadenitis
E. Schirmer test shows low amount of tears

Ans: A

7. Which of the following correlates with lupus nephritis activity?

A. Anti-Ro
B. Anti-dsDNA
C. ANA

Ans: B

8. 23 year old female presents with bluish discoloration of the hand and skin rash on the face and knuckles, positive ana, what is the most likely diagnosis?

A. Polymyositis
B. Dermatomyositis
C. SLE

Ans: B

ID

1. Patient in the ICU for pancreatitis, internal jugular central vein is placed for fluid. The area around the central line shows erythema and yellow discharge, what is the best next step?

A. Remove the central line + IV antibiotics
B. IV antibiotics
C. Remove the central line alone
D. Keep the central line + IV antibiotics

Ans: A

2. TB requires which precaution:

A. Airborne
B. Droplet
C. Needs contact and droplet isolation
D. Contact

Ans: A

3. After kidney transplant, which vaccine is contraindicated:

A. HepA
B. Tetanus
C. MMR
D. Conjugated pneumococcal

Ans: C

4. What zoonotic infection pair is wrong:

A. Brucella Canis and dogs
B. Chlamydia Psittaci and parrots
C. Pasturella multocida and cats
D. Trichophyton and cats
E. Bartonella henselae and dogs

Ans: E

5. Which of the following is the drug of choice for Echinococcus granulosus?

A. Albendazole
B. Mebendazole
C. Praziquantil
D. Metronidazole

Ans: A

6. A patient with HIV who is not on antiretroviral therapy and has a CD4 count of 160 requires prophylaxis with:

A. Azithromycin.
B. Trimethoprim/Sulfamethoxazole
C. Acyclovir

Ans: B

7. Regarding enterobus vermicularis , which is false:

A. School aged children are the most commonly affected.
B. It belongs to pinworms.
C. Eosinophilia is often absent.
D. Transmission from human to human is very common.
E. Enterobius is 5 cm tall

Ans: E

8. 21 year old patient presents with headache and 39° fever, on pex has positive kernig's and brudzinki's signs. Lp was done and showed glucose 34, 1000 wbc 84% neutrophils What is the most appropriate treatment?

A. Ampicillin and gentamicin
B. ceft + vanc
C. Penicillin and gentamicin

Ans: B

9. Patient had TIA and residual right sided weakness, was found to have 90% stenosis in his Lt carotid artery, best next step in management?

A. Add Aspirin
B. clopidogrel
C. Carotid endarterectomy
D. Warfarin

Ans: C

Derma

1. 68 female patient presents with tense itchy bullae without oral involvement. What is the diagnosis?

A. Bullous pemphigoid
B. Epidermolysis bullosa
C. Dermatitis herpetiformis

Ans : A

2. A patient presented with a non healing ulcer with indurated border on his lower lip what is the diagnosis:
A. Squamous cell carcinoma
B. Basal cell carcinoma
C. Actinic keratosis

Ans: A

3. Diabetic patient came with moist rash on his groin area,erythematous itchy satellite pustules. Which of the following is the best treatment?
A. Topical nystatin
B. Topical steroids
C. Oral antibiotics

Ans: A

Psych

1- Patient has a long history of excessive Hand washing, she recognizes this is wrong but does it to reduce anxiety, which of the following is the most likely diagnosis?

A. OCPD
B. OCD
C. Generalized anxiety disorder

Ans: B

2- female with new onset pressured speech, shopping sprees for 2 weeks, no depression
A- Bipolar 1
B- Bipolar 2
C- Cyclothymic disorder
D- Schizoaffective

Ans: A

3- patient with schizophrenia was started on haloperidol last week, he presents today with involuntary spasm of his left arm and eyes deviated upwards what is the most likely diagnosis?

A. Catatonia
B. Neuroleptic malignant syndrome
C. Parkinsonism
D. Tardive dyskinesia
E. dystonia due to haloperidol

Ans: E

Neuro

1- patient came to neurology clinic with action tremor that exacerbates during consultation, his father had tremor too,his gait is normal. which of the following is the best next step in his management?

A. dopamine agonist.
B. levodopa and carbidopa
C. propranolol
D. observation

Ans: C

2- which of the following indicates true seizure instead of psych- seizure :

A. lateral tongue biting
B. crying postictal
C. pelvic thrust
D. Side to side head movement
E. Tightly closed eyes

Ans: A

3- A young female patient present with lethargy, confusion and fever, her symptoms started suddenly, 39C , 110/70, 110. No neck rigidity or photophobia, her respiratory and cardiac examination are unremarkable. During evaluation she had a focal onset seizure generalizing after that to the whole body for 1 minute , her CT scan did not show any abnormalities. Which of the following is the best next step?

A. IV acyclovir
B. Brain MRI
C. Give IV steroids

Ans: A/B mostly A

4. female patients has recurrent attacks, lasting a few minutes each, followed by confusion and movements of chewing and lip-smacking. Which one of the following is the most likely diagnosis?

A. temporal lobe epilepsy

Ans: A

5. patient with bilateral weakness, power 3-4 / 5 and hyporeflexia, catheterization results in post void urine of 600 ml, which of the following is the best next step?

A. lumbosacral MRI
B. EMG
C. Brain MRI

Ans:A

6. which of the following is incorrect?

A. Roving eyes in a comatose patient indicates an intact brain stem
B. Skew deviation indicates brain stem injury
C. Deviation of eyes to one side indicates a lesion on the contralateral side of the lesion

Ans: C

7. patient came with a severe headache, blurry vision,and temporal tenderness. Which of the following is the best next step?

A. high dose prednisone
B. non-steroidal anti-inflammatory drugs
C. azathioprine

Ans:A