

CNS MEDICINE

1.	Stroke	260
2.	Seizure	262
3.	Headache	263
4.	Multiple Sclerosis	263
5.	Alzelmur's Disease	263
6.	Tremors	264
7.	Parkinsonism	264
8.	Meningitis	264
9.	Gbs	265
10.	Myasthenia Gravis	265
	ANSWER KEYS	266

1. STROKE

1. A 69 year old woman has had a stroke. Her left upper and lower limbs are paralyzed and she is having difficulty in speaking. Which anatomical site is most likely affected?

- a. Hippocampus
- b. Cerebellum
- c. Internal capsule
- d. Thalamus
- e. Brain stem

2. A 54-year old man has collapsed suddenly following a headache. He has hypertension and takes warfarin for prosthetic heart valve. GCS = 4 and dilated left pupil. What is the single most likely diagnosis?

- a. Anterior circulation stroke
- b. Posterior circulation stroke
- c. Intracerebral hemorrhage
- d. Intracerebellar hemorrhage
- e. Pontine hemorrhage

3. A 54-year old man with cerebrovascular accident presents with ataxia, intention tremors and slurred speech. Which part of the brain is affected by the stroke?

- a. Inner ear
- b. Brain stem
- c. Diencephalon
- d. Cerebrum
- e. Cerebellum

4. A 58 year old man complains of sudden attack of syncope. It occurs without warning and with no sweating, dizziness or light-headedness. He believes episodes tend to occur when he turns his head too quickly or when he is shaving. Physical examination is unremarkable. He has no carotid bruits and cardiac examination is normal. Which of the following is the best way to make a definitive diagnosis in this patient?

- a. ECG
- b. Carotid massage with ECG monitoring
- c. Holter monitor
- d. Electrophysiologic study to evaluate the AV node
- e. Carotid duplex ultrasonogram

5. Which one of the following scenarios requires urgent neurological investigations?

- a. Internuclear ophthalmoplegia
- b. Sudden onset foot drop
- c. Seventh nerve palsy with onset over several days
- d. Sudden onset cerebellar syndrome
- e. Painless incomplete third nerve palsy

6. Which of the following statements concerning subarachnoid hemorrhage is incorrect?

- a. Inappropriate antidiuretic hormone secretion frequently occurs
- b. Electrocardiographic abnormalities stimulating myocardial infarction frequently occur
- c. Vasospasm is the usual cause of initial lateralizing signs
- d. CT scan of the brain frequently identifies blood in the subarachnoid space
- e. The prognosis for a ruptured aneurysm is worse than for a bleeding arteriovenous malformation

7. A 60 year old patient presents to you with right hemiplegia, right hemisensory loss and aphasia for the last 12 hours. What would be your first management step?
- Start aspirin
 - Do an MRI brain
 - Do a non-contrast CT brain
 - Give tPA
 - Refer to a neurosurgeon
8. A 60 year old patient with hypertension comes to you with recurrent ischemic strokes. He is on aspirin 75mg and statins. Which of the following is indicated?
- Clopidogril
 - Dipyridamole
 - Increase aspirin to 150mg
 - Diclopidine
 - Warfirin
9. A 60 year old hypertensive patient poorly compliant with medicines complains of sudden severe headache and fall unconscious. On examination he is deeply comatose with normal reacting pupils, bilateral upgoing planters, positive neck stiffness and BP 180/120 mmHg. What is the most likely diagnosis?
- Cerebral infarction
 - Subarachnoid hemorrhage
 - Acute meningitis
 - Hypertensive encephalopathy
 - Brain tumor
10. In a patient with cerebral infarction and atrial fibrillation, which is the most appropriate investigation
- Lipid profile
 - Brain angiography
 - EEG
 - Echocardiogram
 - Carotid Doppler
11. An elderly lady who is poorly looked after by the family, complains of backache for 1 year. For the last months, she has developed gradual weakness of both the lower limbs. She has used lots of painkillers without relief. O/E, there is tenderness at T6 level. What is this lady suffering from
- Osteoporotic vertebral collapse
 - Spinal tumor
 - Guillain barre syndrome
 - Stroke
 - Vitamin B12 deficiency
12. A 60 years old patient presents to you with hemiplegia, right hemisensory loss and asphasia for the last 12 hours. What would be your first management step?
- Start aspirin
 - Do MRI brain
 - Do a non-contrast CT brain
 - Give tPA
 - Refer to a neurosurgeon
13. A young man of 25 presented to the emergency department with severe headache, vomiting and confusion of sudden onset. On examination his BP is 180/110mmHg. Signs of meningism present. Temperature is normal. GCS score is 9/15. What is the most likely diagnosis?
- Acute pyogenic meningitis
 - Subarachnoid hemorrhage
 - Cerebrovascular accident
 - Brain tumor
 - Cerebral malaria
14. An 80 year old man presents to the physician with sudden onset weakness of right side of the body and loss of speech. He has been hypertensive for 10 years with poor drug compliance.
- Subarachnoid hemorrhage
 - Right frontal lobe infarct
 - Left parietal lobe infarct
 - Intracranial tumor
 - Left cerebellar stroke

15. A 35 year old previously healthy woman suddenly develops a severe headache while lifting weights. A minute later she has transient loss of consciousness. She awakes with vomiting and a continued headache. She describes the headache as "the worst headache of my life". She appears uncomfortable and vomits during the physical examination. Blood pressure is 140/85, pulse rate is 100/min, respirations are 18/min and temperature is 36.8 degrees. There is neck stiffness. Physical examination including careful cranial nerve and deep tendon reflex testing, is otherwise normal. Which of the following is the next best step in evaluation?
- CT scan without contrast
 - CT scan with contrast
 - Cerebral angiogram
 - Holter monitor
 - Lumbar puncture
- 7. SEIZURE**
1. A 44 year old man attends a pre-assessment clinic prior to the laproscopic repair of his umbilical hernia. He has epilepsy and has been taking sodium valporate 600mg PO twice daily for the past 5 years. Which single examination should be performed prior to surgery?
- Blood levels of sodium valporate
 - Clotting profile
 - Fasting venous blood glucose
 - Full blood count
 - Urea and electrolytes
2. 20 year old male gives history of blank episodes. His wife describes that these occur while he is talking. He stops talking and make groaning noise. He makes lip smacking noises and swallowing emotions. His right hand is clenched in a fist. His right hand often pulls at the bottom of the shirt. The most likely diagnosis is
- Grand mal epilepsy
 - Strokes adam attack
 - Temporal lobe epilepsy
 - Absence seizures
 - Pseudo seizure
3. Which metabolic state is not a cause of seizure?
- Hyponatremia
 - Hypernatremia
 - Hypoxia
 - Hypocalcemia
 - Hypokalemia
4. When would you treat a seizure for the first time as epilepsy on long term therapy?
- With tongue bite
 - An observed seizure
 - In people above the age of fifty
 - Abnormal EEG
 - Partial seizure
5. A 26 year old known epileptic woman on antiepileptic drugs for last 2 and a half years delivered a baby with a cystic lesion on the back which is transillumination positive. What is the cause of the condition?
- Maternal folic acid deficiency secondary to anti-epileptics
 - Fetal folic acid deficiency secondary to maternal deficiency caused by anti-epileptics
 - BU deficiency in fetus secondary to anti-epileptics
 - EBV infection transmitted from vulnerable mother because of anti-epileptic drugs
 - None of the above
6. A 28 year old woman lost consciousness at home an hour ago and is brought in to the emergency department. She has no previous medical history and this has never happened previously. Her mother is worried that she has had a fit which single feature from the history is most likely to confirm her mother's concerns?
- Biting the end of her tongue
 - Feeling tired and wanting to sleep
 - Incontinence of urine
 - Still being confused when the ambulance arrived
 - Twitching after she fell to the ground

7. A 72 year old man is brought to the emergency room by his wife because of confusion. He abruptly became confused eight hours ago while working with her in the garden. He has had no alteration in consciousness and when examined alert and seemingly frustrated with this problem. Physical examination shows vital signs to be normal. The patient knows his name and his wife's name, but does not know where he is, the date or the time. He is alert and attentive and has a normal neurologic examination. The most likely diagnosis is

- Hysteria
- Hepatic encephalopathy
- Transient global amnesia
- Partial complex status epilepticus
- Absence (petit mal) status epilepticus

1. IRADACIL

1. A 38 year old male presented with recurrent bouts of excruciating periorbital headache on the right side for the last 3 years. Each episode lasts for 3-4 weeks and recurs every year. It is associated with vomiting, lacrimation and studded nostril. What is the most likely diagnosis?

- Chronic sinusitis
- Cluster headache
- Classic migraine
- Tension type headache
- Atypical facial pain

2. In the treatment of persistent tension type headache, not responding to simple analgesic and relaxation techniques, which of the following medications would be most suitable?

- Diazepam
- Amitriptyline
- Carbamazepine
- Olanzapine
- Ergotamine

2. MULTIPLE SCLEROSIS

1. Which test is diagnostic for multiple sclerosis?

- Contrast enhanced brain CT scan
- MRI brain and brainstem

- Visual and auditory evoked potentials
- CSF proteins cytological disproportion
- CSF oligoclonal bands

2. A 36 years old woman was referred to you with a 3 week history of blurred vision and unsteady gait. She has experienced progressive fatigue for the past 6 months; one year ago, she abruptly lost vision in the right eye which returned to normal after 10 days. She has lost 5lbs in the past week and has developed insomnia. On examination, vital signs are normal and the patient is alert, awake and oriented with no evidence of dementia or aphasia but with an inappropriate euphoric effect. She has bilateral horizontal nystagmus with mild rapid alternating movement in the right upper extremity. Generalized hyper-reflexia is present. Vibration sense is slightly decreased in both feet. Which of the following is the most likely diagnosis?

- Multiple sclerosis
- Multiple cerebral infarcts
- Metastatic choriocarcinoma
- Amyotrophic lateral sclerosis
- Acquired immunodeficiency syndrome

3. ALZHEIMER'S DISEASE

1. 70 year old female presents with confusion, complex visual hallucinations of people and animals and dementia. On examination there is significant postural drop of BP, mini mental score of 20/30, cogwheel rigidity and bradykinesia, the most likely diagnosis is

- Idiopathic parkinson's disease
- Wilson disease
- Alzheimer disease
- Progressive supranuclear palsy
- Lewy bodies demantia

6. TREMORS

1. A 48 year old dentist consults you because of tremor which is interfering with his work. The tremor has come on gradually over the past several years and seems more prominent after the ingestion of caffeine, he notices that in the evening after work, an alcoholic beverage will decrease the tremor. Except for the tremor, his neurological examination is normal, in particular there is no focal weakness, rigidity and bradykinesia. When he holds out his arms and extends his fingers, you detect a rapid fine tremor of both hands, the tremor goes away when he rests his arms at his side. What is the best next step in the management of this patient?

- MRI scan to visualize the basal ganglia
- Electromyogram and nerve conduction studies to more fully characterize the tremor
- Therapeutic trial of propranolol
- Therapeutic trial of primidone
- Neurology referral to rule out motor neuron disease

7. PARKINSON

1. A 61 year old man presents with a six month history of progressive unilateral stiffness and bradykinesia together with a resting tremor. Which treatment option is most appropriate?

- Levodopa treatment alone
- Levodopa and carbidopa combined
- Dopamine agonist alone
- Selegiline alone
- No treatment should be given until the patient is functionally disabled

2. Which of the following signs is not indicative of Parkinson's disease?

- Rigidity
- Bradykinesia
- Micrographia
- Action tremor
- Loss of postural reflexes

3. A 60 year old patient with Parkinson disease presented with worsening of her tremors and rigidity. She confirms that she takes levodopa/carbidopa at regular intervals. Her doctor reports that this is off/on phenomenon for this drug.

He replaced this drug with which of the following drugs?

- Amantadine
- Pramipaxole
- Rasagiline
- Entacapone
- Procyclidine

4. Your friend from swat brings his grandfather for inability to go downhill and a tendency to fall. On examination he has expressionless face, tremors and poverty of movements. What treatment options do you have for his treatment?

- Amantadine
- Physical therapy
- Levodopa
- Anticholinergic
- All of them

5. Each of the following has been implicated in producing parkinsonism except

- MPTP
- Reserpine
- Haloperidol
- Chlorpromazine
- Trihexyphenidyl

8. MENINGITIS

1. A 74 year old female presents with headache and neck stiffness to the ED. Following a LP the patient was started on ceftriaxone. CSF culture = Listeria monocytogenes. What is the appropriate treatment?

- Add IV amoxicillin
- Change to IV amoxicillin + gentamicin
- Add IV ciprofloxacin
- Add IV co-amoxiclav
- Continue IV ceftriaxone as monotherapy

2. The following CSF findings are compatible with which of the following diagnosis. Proteins 110mg/dl (upto 44mg/dl), cells 150/mm³ (upto 4/mm³) with 90% lymphocytes, glucose 20mg/dl (60-80mg/dl)

- Pyogenic meningitis
- Viral meningitis
- Tuberculosis meningitis
- Encephalitis
- Cerebral malaria

3. A 16 year old girl was brought to hospital with 4 days history of fever, headache, vomiting and impaired consciousness. O/E, temperature was 102.0 F and she had nuchal rigidity. CSF showed pressure of 25cm H₂O, WBC 220u/l with predominant lymphocytosis, proteins 88mg/l, Glucose of 70mg/dl. Her blood sugar was 120mg/dl. What is the most likely diagnosis?

- a. Acute viral meningitis
- b. Acute bacterial meningitis
- c. Tuberculous meningitis
- d. Fungal meningitis
- e. Aseptic meningitis

4. A young lady presented with fever, headache and confusion of 3 days duration, her CSF examination revealed proteins of 650mg/dl, glucose 20mg/dl, cells 3500/cmm, mostly polys. Gram's stain of the CSF shows Gram negative intracellular diplococci.

- a. Cerebral malaria
- b. Viral meningitis
- c. Tuberculous meningitis
- d. Meningococcal meningitis
- e. Fungal encephalitis

9. GBS

1. 20 year old college student presents with deteriorating gait for the last one week. He has history of upper respiratory tract infections. On examination there is lower limb weakness and reflexes are absent. There are non sensory signs. The most likely diagnosis is

- a. Guillain barre syndrome
- b. Chronic inflammatory poly neuropathy
- c. Porphyria
- d. Charcot Marie Tooth disease
- e. AIDS

2. A young man develops a weakness of both the lower limbs for 6 days. It was preceded by acute gastroenteritis 2 weeks ago. The weakness has progressed to affect upper limbs since yesterday. On

examination both the knee and ankle jerks are absent. Sensations are intact in all the limbs.

- a. Spinal cord transection
- b. Diphtheria
- c. Poliomyelitis
- d. Pott's disease
- e. Guillain barre syndrome

3. Patients with Guillain barre syndrome may develop respiratory failure especially in the acute phase. Which one of the following is used for monitoring respiratory function in these patients?

- a. Forced vital capacity
- b. CT scan chest
- c. EMG
- d. Arterial blood gases
- e. Chest

10. MYSTHANIA GRAVIS

1. The cause of characteristic decrease in response on EMG is:

- a. Eaton lambart syndrome
- b. Myasthenia gravis
- c. Multiple sclerosis
- d. Motor neuron disease
- e. Epilepsy

2. The following symptoms/signs are compatible with the diagnosis of Guillain Barre syndrome

- a. Absent vibration sense
- b. Weakness of limbs
- c. Parasthesia
- d. Absent reflexes
- e. Difficulty in breathing

3. A 60 year old female complains of diplopia and generalized weakness that is worse in evening. The most likely diagnosis is

- a. Guillain barre syndrome
- b. Myopathy
- c. Hypothyroidism
- d. Myasthenia gravis
- e. Cushing's syndrome

4. In patients with myasthenia gravis, CT thorax is done to exclude:

- a. Lymphoma
- b. Teratoma
- c. Thymoma
- d. Retrosternal goiter
- e. Midline Granuloma

ANSWER KEYS

1. STROKE

- 1.C 2.C 3.E 4.B 5.D
- 6.C 7.C 8.B 9.B 10.D
- 11.A 12.C 13.B 14.C 15.A

2. SEIZURE

- 1.B 2.C 3.E 4.D
- 5.B 6.A 7.C

3. HEADACHE

- 1.B 2.B

4. MULTIPLE SCLEROSIS

- 1.B 2.A

5. ALZHEIMER'S DISEASE

- 1.E

6. TREMORS

- 1.C

7. PARKINSONISM

- 1.B 2.D 3.B 4.E 5.E

8. MENINGITIS

- 1.B 2.C 3.A 4.D

9 GBS

- 1.A 2.E 3.A

10. MYSTHANIA GRAVIS

- 1.B 2.A 3.D 4.C

RENAL MEDICINE

1.	Kidney Injury	267
2.	Nephritic Syndrome	268
3.	Nephrotic Syndrome	269
4.	Urinary Tract Infection	270
5.	Adult Polycystic Kidney Disease	271
ANSWER KEYS		271

1. KIDNEY INJURY

1. A 47 years old male admitted for workup of mediastinal mass, developed rash, decreasing urinary output with raising area few days after extensive investigation for diagnosis and staging.

What is the most likely cause of his recent problem?

- a. Bladder out flow obstruction
- b. Radio contrast associated Nephritis
- c. Membranous Nephronopathy
- d. Pyelonephritis
- e. Metastasis to the kidney

2. A 30 years old female received from labour room after delivering a baby with post partum hemorrhage with deranged renal functions (creatinine 16, urea 300 gm/dl). Her labs are as follows: HB 12 gm/ dl, TLC 25000 (neutrophils 70%), platelets 90,000, PT / APTT prolonged. What is the likely cause of renal failure?

- a. Interstitial Nephritis
- b. Acute tubular Necrosis
- c. Obstructive nephrology
- d. Crescentic nephrology
- e. Halothane toxicity

3. A 47 year old male admitted for workup of mediastinal mass, developed rash, Decreasing Urinary Output with raising Urea and creatinine few days after CT scan Thorax. What is the most likely cause of his recent problem?

- a. Radiations
- b. Radio Contrast associated Nephritis
- c. Membranous Nephronopathy
- d. Polycystic Kidney Disease
- e. Metastasis to the kidney

4. A 40 Years old male with pre-existing glomerulonephritis having proteinuria and hematuria suddenly deteriorates and presents with oliguria and serum K+= 7.8mmol / K, urea=13mmol/L, creatinine=342 mmo l/L, GFR = 19 ml/h. The best management would be?

- a. Calcium supplement
- b. Calcium resonate enema 30g
- c. 10 units insulin with 50% dextrose
- d. Nebulized salbutamol
- e. 10 ml of 10% calcium glycolate

5. In a patient with chronic renal failure, which of the following is the most contributor of renal osteodystrophy?

- a. Impaired renal production of 1,25 dihydroxy vitamin D3
- b. Hypocalcemia
- c. Hypophosphatemia
- d. Loss of vitamin D and calcium via dialysis
- e. The use of calcitrol

6. A 45 Years old patient on hemodialysis for one week has noted that his blood pressure is more difficult to control. Her reports good compliance with his medications, which include erythropoietin, ferrous, sulfate, vancomycin, and vitamin D. His blood pressure is 180/99 mmHg. Which of the following is the most likely cause for the worsening control of his blood pressure?

- a. Erythropoietin
- b. Ferrous sulfate
- c. Vancomycin
- d. Vitamin D
- e. Uremia

7. A 65 years old woman on hemodialysis for chronic renal failure requires an urgent dental extraction for an abscessed tooth. Of the following, the most appropriate agent to administer to reduce the risk of significant bleeding would be:

- a. Aminocaproic acid
- b. Conjugated estrogen
- c. Desmopressin
- d. Drythropoietin
- e. Fresh frozen plasma

8. A 50 years old male with end stage renal disease presented with fatigue, shortness of breath on exercise and progressive pallor. His labs are as follow: HB 7 gm/ dl, TLC 7,000, serum ferritin is normal. What is the effective treatment for his anemia?

- a. Iron (intravenous)
- b. Folic acid
- c. Erythropoietin
- d. Iron (oral)
- e. Vitamin B12

9. A 43 years old patient of CRF presented with shortness of breath and nausea and vomiting having deranged renal functions. What is the most likely acid-base pattern expected in this patient?

- a. Metabolic alkalosis
- b. Respiratory acidosis
- c. Metabolic acidosis
- d. Respiratory alkalosis
- e. Compensated respiratory alkalosis

2. NEPHRITIC SYNDROME

1. Two weeks after recovery from a severe bout of pharyngitis, an 11 year old girl is seen because of the acute onset of periorbital edema, hematuria, malaise, nausea and headache. Which of the following findings is expected?

- a. Hypotension
- b. Increased antistreptolysin O titer
- c. Marked hypoalbuminemia
- d. Polyuria

e. Positive urine cultures for Beta hemolytic streptococci

2. A 26 years old male presents with hematuria. His wife states that he has had a sore throat for the past two days and that he has had hematuria a few times in the past, also concomitantly with a sore throat. She states that his urine usually returns to a normal clear yellow color after a few days. Which of the following is the most likely diagnosis?

- a. Alport syndrome
- b. Goodpasture syndrome
- c. IgA Nephropathy
- d. Membranoproliferative glomerulonephritis
- e. Poststreptococcal glomerulonephritis

3. A 12 year old boy presents with two weeks history of Pain in the knee joints associated with fever, colicky pain in the abdomen and a rash over the buttock area. Urinalysis showed proteinuria and hematuria. The most likely diagnosis is:

- a. Post_streptococcal glomerulonephritis
- b. Henoch_schonlein purpura
- c. Minimal change disease with peritonitis
- d. Urinary Tuberculosis
- e. Sub_acute bacterial endocarditis

4. All are features of Nephritic Syndrome except

- a. Hematuria
- b. Hyper triglyceridema
- c. Red cell cast
- d. Hypertension
- e. Periorbital edema

5. A 10 years old boy presents with headache periorbital puffiness and pain and swelling in left knee. On examination he is having purpuric rash on legs. His labs are as follows; Hb= 13gm, TLC= 4500, platelets= 350000, PT / APTT= Normal, creatinine=1.5 gm / dl, Urine R/E (albumin+ RBCs numerous)

- a. Post streptococcal glomerulonephritis
- b. IgA Nephropathy
- c. Henoch schonlein purpura
- d. Minimal change disease
- e. Alport syndrome

6. The following is the most pathognomonic feature of glomerulonephritis on urine microscopy.

- WBC
- RBC
- Granular cast
- Hyaline cast
- Bile Pigments

7. A 16 year old boy's is referred from department of ENT with deafness and hematuria. His father died due to ESRD.

What is the most likely diagnosis?

- Minimal change disease
- Polycystic Kidney Disease
- Post streptococcal glomerulonephritis
- IgA Nephropathy
- Alport's syndrome

8. A 20 years old student presented with blood in urine. Recently he had sore throat. Which of the following is most likely to suggest a non-glomerular source for his blood in urine?

- Hematuria
- Low serum albumin
- > 3gm proteinuria/ 24hour
- High serum cholesterol
- Fat-bodies In urine

9. A 33 years old deaf man has presented with a family history of renal failure. Which of the following mediate with his diagnosis?

- Good pasture syndrome
- Alports syndrome
- IgA Nephropathy
- Churgh Strauss syndrome
- Nephritic Syndrome

10. A 5 years old boy diagnosed with post streptococcal glomerulonephritis was admitted to the hospital several weeks ago. Over the last few weeks, this clinical state has not improved. Severe Oliguria has developed, his serum creatinine has continued to rise and his glomerular filtration rate has decreased by 50%, since his admission to the hospital. Which of the following is the most likely diagnosis?

- Alport syndrome

- Membranoproliferative glomerulonephritis
- Membranous glomerulonephritis
- Rapidly progressive glomerulonephritis
- Renal papillary Necrosis

11. A 22 year old woman presents with fever, malaise, generalized arthralgias and a skin rash over the nose and malar eminences. Which one of the following possible findings has the greatest significance in the overall prognosis for the patient?

- Atypical verrucous vegetations of the mitral valve
- Glomerular subendothelial Immune complex deposition
- Immune Complexes at the dermal epidermal junction In skin
- Perivascular fibrosis In the spleen
- Pleuritis

12. A 5 years old boy diagnosed with poststreptococcal glomerulonephritis was admitted to the hospital several weeks ago. Over the last few weeks, his clinical state has not improved. Severe oliguria has developed serum creatinine has continued to rise; and his glomerular filtrate rate has decreased by 50% since his admission to the hospital. Which of the following is the most likely diagnosis?

- Alport syndrome
- Membranoproliferative glomerulonephritis
- Membranous glomerulonephritis
- Rapidly progressive glomerulonephritis
- Renal papillary Necrosis

3. NEPHROTIC SYNDROME

1. A 13 years old boy presented with generalized body swelling. His labs are as follows HB 12 gm/ dl, TLC 5400, Urine R/E(albumin +++), U / S abdomen normal, triglyceride 700, serum albumin 2.1 gm. What is the most probable diagnosis?

- IgA Nephropathy
- Minimal change disease
- Diabetic neuropathy
- Post streptococcal glomerulo nephritis
- Membranous Nephronpathy

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2. The following is not a feature of Nephrotic Syndrome.

- Proteinuria > 3.5gm
- Hypercholesterolemia
- Reduced serum Albumin
- Bleeding Diathesis
- Hyper coagulopathy

3. A 15 years old student presented with generalized body swelling. Which of the following is at least consistent with Nephrotic Syndrome?

- Hematuria
- Low serum albumin
- > 3gm proteinuria/ 24hour
- High serum cholesterol
- Fat-bodies in urine

4. A 10 year female presented with periorbital puffiness especially after getting up from sleep. She has ascites and pedal edema. Urine R / E shows 4+ proteinuria with no RBC cast. What is the likely diagnosis out of the following?

- SAIDH
- Nephritic Syndrome
- Nephrotic Syndrome
- Acute Renal Failure
- Congestive Cardiac Failure

5. A 10 years old boy presents with severe proteinuria, hypoalbuminemia, generalized edema and hyperlipidemia. The patient improves on an empiric trial of corticosteroids with complete resolution of proteinuria. Which of the following is the most likely diagnosis?

- Diabetic Nephropathy
- Focal segmental Glomerulosclerosis
- Lupus Nephronpathy
- Membranous glomerulosclerosis
- Minimal change disease

4. URINARY TRACT INFECTIONS

1. An 18 year old woman presents with suprapubic pain, urinary frequency, dysuria and hematuria for the past hour. Urine tests show the presence of

pyuria but no white cell casts. Physical examination is remarkable only for suprapubic tenderness on palpation. Which of the following is the most likely diagnosis?

- Acute pyelonephritis
- Chronic Pyelonephritis
- Cystitis
- Fanconi Syndrome
- Nephrocalcinosis

2. A 28 year old woman presents with fever, dysuria, Urinary frequency and flank tenderness. The urine contained neutrophils and many white cell casts. Urine protein was moderately increased. Urine culture revealed bacteria. The most likely causative organism is

- Escherichia coli
- Haemophilus Influenzae
- Neisseria gonorrhoea
- Proteus vulgaris
- Pseudomonas aeruginosa

3. A 78 year old man with long-standing prostatic nodular hyperplasia dies of a stroke. At autopsy, both kidneys demonstrate coarse asymmetric renal corticomedullary scarring, deformity of the renal pelvis and calyces, Interstitial fibrosis and atrophic tubules containing eosinophilic casts. These findings are most likely suggestive of

- Berger disease
- Chronic analgesic Nephritis
- Chronic Pyelonephritis
- Membranoproliferative glomerulonephritis
- Renal papillary necrosis

4. An 18 year old woman presents with suprapubic pain, urinary frequency, dysuria and hematuria from past hour. Urine tests show the presence of pyuria but no white cell casts. Physical examination is remarkable only for suprapubic tenderness on palpation. Which of the following is the most likely diagnosis?

- Acute pyelonephritis

- b. Chronic Pyelonephritis
- c. Cystitis
- d. Fanconi Syndrome
- e. Nephrocalcinosis

5. ADULT POLYCYSTIC KIDNEY DISEASE

1. A 23 year old girl presented with left loin pain and haematuria. Her mother was hypertensive and died of a stroke at aged 54. On examination she had palpable kidneys. Blood Pressure was 170/100. Serum creatinine was 2.3 mg/ dl. The most likely diagnosis is;

- a. Adult Polycystic Kidney Disease
- b. Left uretic stone
- c. Acute nephritis
- d. IgA Nephropathy
- e. Alport's syndrome

2. Which of the following is the best investigation of choice for screening the relatives of patient with adult Polycystic Kidney Disease.

- a. Serum creatinine
- b. Urea
- c. Ultra sound abdomen
- d. CT abdomen
- e. X ray KUB

3. ACE inhibitors would be expected to slow the progression of renal insufficiency in of the following conditions?

- a. Amphotericin induced Nephronopathy
- b. Analgesic Nephropathy
- c. Autosomal dominant polycystic kidney disease
- d. Chronic dye _associated Nephropathy

4. A 30 year old patient presented with right side weakness. CT brain revealed S.A.H. systemic examination revealed masses in flanks. B.P= 190/120, Hb= 17mg/dl, TLC=5600, Creatinine=3.2, ECG=LVH, LFTs=Normal, Urinary VMA=normal. What is the most probable diagnosis?

- a. Pheochromocytoma
- b. Adrenal hyperplasia
- c. Adult Polycystic disease
- d. Renal artery stenosis
- e. Aortic stenosis

5. A 60 years old man is on dialysis due to polycystic kidney disease, was referred for medical checkup. Which of the following is least associated with his disease?

- a. Miral regurgitation
- b. Sub arachnoid hemorrhage
- c. Mitral stenosis
- d. Aortic regurgitation
- e. Circle of villus aneurysm

ANSWER KEYS

1. KIDNEY INJURY

- 1.B 2.B 3.B 4. 5.A
- 6.A 7.C 8.C 9.C

2. NEPHITIC SYNDROME

- 1.B 2.C 3.B 4.B 5.C 6.B
- 7.E 8.A 9.B 10.D 11.B 12.D

3. NEPHOTIC SYNDROME

- 1.B 2.D 3.A 4.C 5.E

4. URINARY TRACT INFECTION

- 1.C 2.A 3.C 4.C

5. ADULT POLYCYSTIC KIDNEY DISEASE

- 1.A 2.C 3.C 4.C 5.C

ENDOCRINE MEDICINE

1.	Adrenal Disorder	272
2.	Diabetes Metallitus	274
3.	Posterior Pituitary Syndrome	277
4.	Prolactinoma	277
5.	Growth Hormone Adonoma	278
6.	Spontaneous Hypoglycemia	278
7.	Hypopituatism	279
	ANSWER KEYS	279

1. ADRENAL DISORDER

1. Which of the following is a recognized feature of primary hyperaldosteronism (Conn's syndrom

- a. Muscle weekness
- b. Hypotension
- c. High blood renin level
- d. Acidosis
- e. Hypokalaemia

2. Which of the following is not the classical feature of addisonian crisis?

- a. A low blood sugar level
- b. A low plasma sodium
- c. A raised blood urea
- d. Fever
- e. Precipitation during pregnancy in a patient with chronic adrenal Insufficiency

3. A 35 years old woman is seen 6 months after giving birth to a normal infant. She suffered severe cervical lacerations during delivery, resulting in hemorrhagic shock. Following blood transfusion and surgical repair, " postpartum recovery has so far been uneventful. She now complains of continued amenorrhea and loss of weight and muscle strength. Further investigation might be expected to demonstrate which of the following findings?

- a. Decreased serum cortisol
- b. Hyperestrinism
- c. Hyperglycemia
- d. Increased hair growth in a male distribution pattern
- e. Increased serum free thyroxine

4. A 14 years old boy is seen because of increasing weakness, easy fatigability and weight loss over the past 3 months. In addition, he has recently developed nausea, vomiting and abdominal pain. His blood pressure is markedly decreased and he has increased pigmentation of his skin creases. These findings are suggestive of

- a. Cushing syndrome
- b. Secondary hyperaldosteronism
- c. Osteitis fibrosa cystica
- d. Addison disease
- e. 1a-hydroxylase deficiency

5. A 34 years old man is referred for evaluation of hypertension and persistent hypokalemia in spite of taking oral potassium supplements, Blood pressure is 180/110 mm Hg, Serum sodium is 149 mEq/L (normal 140- 148 mEq/L), potassium = 3.3 mEq/L (normal 3.6-5.2 mEq/L), bicarbonate = 29 mEq/L (normal 22-29 mEq/L), chloride 103 mEq/L (normal 98-107 mEq/L) and urea nitrogen = 23 mg/dl (normal 7-18 mg/dl). Computed tomography demonstrates a 3 cm mass in the right adrenal gland. The most likely diagnosis is

- a. Addison disease
- b. Cushing syndrome
- c. Sipple syndrome
- d. DiGeorge syndrome
- e. Conn's syndrome

ENDOCRINE MEDICINE

6. A tentatively female newborn has ambiguous genitalia. What appears to be a vagina is associated significantly enlarged clitoris resembling a penis.

Other findings include hyponatremia, hyperkalemia and hypotension. Deficiency of which of the following is suggested by these findings?

- a. 11-Hydroxylase
- b. 17-Hydroxylase
- c. 21-Hydroxylase
- d. Amylin
- e. 1 α -Hydroxylase

7. An acutely ill 18 year old female college student is brought to the emergency department by her roommate. The patient is febrile and markedly hypotensive and her mental status is obtunded. Numerous petechial and purpuric hemorrhages are scattered over the trunk and aspiration of a lesion reveals neutrophils engulfing gram-negative diplococci. Serum sodium is markedly decreased and serum potassium is increased. Coagulation testing reveals increased prothrombin time, activated partial thromboplastin time, and fibrin- fibrinogen split products. Which of the following is most likely diagnosis?

- a. Conn syndrome
- b. Hyperprolactinoma
- c. Neuroblastoma
- d. Waterhouse-Friderichsen syndrome
- e. Sipple syndrome

8. A 28 years old married lady presented to the medical OPD with the complaints of weight gain and depression. Examination revealed that she is overweight, BP is 190/100 mmHg. Her skin is thin and there are bruises on the arm and legs. Recently she was examined by ophthalmologist who found that she had bitemporal hemianopia. The random blood sugar is 250 mg%. you are suspecting cushing syndrome, which of the following test is screening test of choice?

- a. Low dose DM suppression
- b. High dose DM suppression
- c. 24 hours urinary cortisol

- d. Serum cortisol levels
- e. Serum ACTH levels

9. In a patient with miliary tuberculosis presenting with increased pigmentation fasting hypoglycemia and hypotension. The most likely diagnosis is

- a. Pituitary involvement
- b. Intestinal TB
- c. Tuberculous meningitis
- d. Adrenal involvement
- e. Tuberculous pericarditis

10. The best screening test for cushing disease is

- a. 24 Hr urinary cortisol
- b. Adrenal CT
- c. Random cortisol
- d. ACTH level

11. A 28 year old man has noticed that the tissue around his breasts has become increasingly swollen, are non-tender. He has recently started chemotherapy for testicular cancer. Which is the single most likely biochemical cause for this change?

- a. Decreased androgein
- b. Decreased dopamine
- c. Increased growth hormone
- d. Increased estrogen: androgen ratio
- e. Increased prolactin

12. A 35 years old woman is seen 6 months after giving birth to a normal infant. She suffered cervical lacerations during delivery, resulting in hemorrhagic shock. Following blood transfusion and surgical repair, postpart muscle strength. Further investigation might be expected to demonstrate which of the following findings? recovery has so far been uneventful. She now complains of continued amenorrhea and loss of weight and

- a. Decreased serum cortisol
- b. Hyperestrinism
- c. Hyperglycemia
- d. Increased hair growth in a male distribution pattern
- e. Increased serum free thyroxine

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13. A 28 years old lady who was treated for TB one year ago presented with fatigue, anorexia, low mood and weight loss. On examination she was tanned, BP 90/60mmHg, Pulse 76/min, GIT, Chest, CVS & CNS examination was unremarkable. Hb 12.8g/dl, TLC 7.3x10⁹/L, ESR 12, Na+ 124 mmol/L, K+ 5.7mmol/L, urea 42mg%, RBS 88mg/dl. Choose the most likely diagnosis.

- a. Chronic fatigue syndrome
- b. Reactivation of tuberculosis
- c. Psychological
- d. Diuretic use
- e. Addison's disease

14. A fifty year old lady with centripetal obesity, acne and hirsutism. The most likely diagnosis is

- a. Cushing's syndrome
- b. Diabetes mellitus
- c. Hypogonadism
- d. Hypothyroidism
- e. Simple obesity

15. Which of the following is not the classical feature of Addisonian crisis?

- a. A low blood sugar level
- b. A low plasma sodium
- c. A raised blood urea
- d. Fever
- e. Precipitation during pregnancy in a patient with chronic adrenal insufficiency

2. DIABETES MELLITUS

1. A 17-year-old man has lost 6kg over the past 2 months. He has also been excessively thirsty and not his usual self. A venous blood sample is taken. Random venous blood glucose = 16mmol/L(300mg %). Which is the single most appropriate next step in management?

- a. 24th capillary glucose diary
- b. Fasting venous blood glucose
- c. Oral glucose tolerance test (OGTT)
- e. Repeat random venous blood glucose
- f. Start treatment for diabetes

2. A 68-year-old man undergoes retinal screening. He has type 2 diabetes and uses insulin twice daily. He is told that there is evidence of new vessel formation and asks his doctor for the significance of this finding. Which is the single most appropriate response?

- a. Areas of the eye that had previously been damaged have regenerated
- b. He is likely to lose his sight in this eye within 3 months
- c. His diabetic control is good and his vision is improving
- d. His disease is progressing and getting harder to control
- e. This is a normal finding in someone with type 2 diabetes

3. A 55 year old man is seen in the clinic for follow up of type 2 diabetes mellitus. He feels well' has been exercising regularly' and has had good control of his blood glucose on oral metformin' with HbA1c of 6.4% He has a history of mild hypertension and hyperlipidemia. Which of the following statements is correct regarding routine testing for diabetic patients?

- a. Dilated eye examination twice yearly
- b. 24-hour urine protein annually
- c. Home fasting blood glucose measurement at least once per week
- d. Urine microalbumin annually
- e. Referral to neurologist for peripheral neuropathy evaluation

4. A 15 years old boy is brought to medical OPD by his mother in drowsy state. He is a known case of 1 diabetes Mellitus. Three days ago he developed productive cough and fever and he stopped insulin. On examination he is dehydrated, pulse is 130/min, BP 100/70 mmHg, temperature 104.0 F. His breathing is deep and rapid. Crepitations on the right side of the chest. Blood sugar is 500 mg/dl, TLC 16000 with 90 %

neuro blood urea 60 mg/dl and serum creatinine

1.4 mg/dl. What is your most likely diagnosis?

- Hyperosmolar non ketotic coma
- Hypoglycemic brain injury
- Diabetic ketoacidosis
- Acute renal failure
- Diabetes ketoacidosis with pneumonia

5. A 14 years old boy presented with one month history of polyuria, polydipsia and polyphagia. On examination, he is thin lean and vitally stable. Systemic examination is normal. Investigations revealed fasting blood sugar of 400 mg/dl and HBA1c of 9.4%. The best treatment strategy for this patient is

- Diet control
- Oral sulphonylureas
- Oral metformin
- Start insulin
- Met plus metformin

6. In a 64 year old person a blood sugar level of more than 600 mg/dl, pH of 7.4, serum sodium of 156 mmoles and urea of 120 mg/dl is compatible with a diagnosis of

- Crushing's syndrome
- Diabetic ketoacidosis
- Lactic acidosis
- Urinic acidosis
- Hyper Osmolar Non Ketotic State

7. In a diabetic patient metformin is contraindicated in the presence of

- Neuropathy
- Retinopathy
- Renal failure
- Vasculopathy
- IHD

8. The following drugs can be used in diabetic painful neuropathy

- Carbamazepine
- Tricyclic
- Pre-Gabalin
- Sodium Valproate
- All of them

9. An obese lady BMI more than 35 presents with blood sugar of 300 mg/dl. The best treatment option is

- Metformin
- Short Acting Insulin
- Long Acting Insulin
- Mix Insulin
- Glibenclamide

10. The anti diabetic agent of choice for a fifty year old obese lady with mild hyperglycemia is

- Chlorpropamide
- Glibenclamide
- Insulin, Metformin
- Repaglinide

11. A 46 years old lady was presented with recurrent vaginal discharge and was treated for pruritis vulvae. She had no history of polyuria & polydipsia. Her BMI is 30. Investigations showed FBS 144mg/dl, 246mg/dl and HbA1c of 7.4%. Which drug will be the most suitable option for initiating treatment for this lady?

- Glimeperide
- Insulin
- Metformin
- GLP-1 analogue
- Pioglitazone

12. The anti diabetic agent of choice for a fifty year old obese lady with mild hyperglycemia is

- Chlorpropamide
- Glibenclamide
- Insulin
- Metformin
- Repaglinide

13. Metformin if used in a patient with significant renal impairment (eGFR of 30 ml/min) can lead of the following complication?

- Further worsening of renal function
- Hypoglycemia
- Hypertension
- Proteinuria
- Lactic acidosis

14. A 70 year old male with long standing diabetes presents with severe pain in his left thigh. On examination there is marked wasting of his quadriceps likely cause of his current complaint?

- Diabetic amyotrophy
- Myonecrosis of quadriceps
- Pyomyositis
- Polymyositis
- Diabetic mononeuropathy

15. A 24-year-old, insulin-dependent diabetic man is treated with 45 units NPH insulin every morning and evening. Although laboratory data show a hemoglobin A1 level of 7.6% (normal = 4-8%), he reports that his home measurement of plasma glucose levels—measured three times daily, at 7:00 AM, 11:00 AM, and 5:00 PM—are consistently greater than 180 mg/dl. The most likely explanation for these findings is

- Renal glycosuria
- Hyporeninemic hypoaldosteronism
- Nocturnal hypoglycemia
- Diabetic gastroparesis
- Insulin resistance

16. You are called in consultation to see a 17-year-old boy with persistent 2% glycosuria; plasma glucose values are consistently less than 120 mg/dl. Which of the following is the most likely explanation of this patient's condition?

- Werner's syndrome
- Insulin resistance
- Renal glycosuria
- Maturity-onset diabetes of the young
- None of the above

17. A 36-year-old man with an 18-year history of insulin-dependent diabetes has been admitted to the hospital for severe hypoglycemia four times in the past six months. In the hospital, insulin-induced hypoglycemia shows failure to recover (nadir plasma glucose is 32 mg/dl; 20 minutes later, plasma glucose

is 34 mg/dl). The most likely explanation for the failure to raise blood glucose levels in response to hypoglycemia is

- Glucocorticoid deficiency alone
- Epinephrine deficiency alone
- Glucagon deficiency and glucocorticoid deficiency
- Epinephrine deficiency and glucocorticoid deficiency
- Epinephrine deficiency and glucagon deficiency

18. A 58-year-old woman with non-insulin-dependent diabetes is currently being treated with insulin, 240 units daily. She is 61 inches tall and weighs 260 pounds. Her hemoglobin A1 levels are 15% and fasting glucose levels are 280-325 mg/dl. Which of the following is the most likely cause of the insulin resistance?

- Insulin antibodies
- Cushing's syndrome
- High caloric intake
- Destruction of insulin at the injection site
- Antibodies to the insulin receptor

19. A 55-year-old man is seen in the clinic for follow-up of type 2 diabetes mellitus. He feels well, has been exercising regularly, and has had good control of his blood glucose on oral metformin, with HbA1c of 6.4%. He has a history of mild hypertension and hyperlipidemia. Which of the following statements is correct regarding routine testing for diabetic patients?

- Dilated eye examination twice yearly
- 24-hour urine protein annually
- Home fasting blood glucose measurement at least once per week
- Urine microalbumin annually
- Referral to neurologist for peripheral neuropathy evaluation

3. POSTERIOR PITUITARY SYNDROME

1. A 55 year old woman with a history of severe depression and radical mastectomy for carcinoma breast 1 year previously develops polyuria, nocturia, and excessive thirst. Laboratory values are as follow Serum electrolytes: $\text{Na}^+ = 149 \text{ mEq/L}$; $\text{K}^+ = 3.6 \text{ mEq/L}$ Serum calcium: 9.5 mg/dl , Blood glucose: 110 mg/dl , Blood urea nitrogen: 30 mg/dl , Urine osmolality: 150 mOsm/L

Which of the following is the most likely diagnosis?

- Psychogenic polydipsia
- Renal glycosuria
- Hypercalciuria
- Diabetes insipidus
- Inappropriate antidiuretic hormone syndrome

2. A 36 years old man is brought to the emergency department by his wife because of lethargy, weakness and confusion. Serum sodium and serum osmolality are markedly decreased. Urine osmolality is increased. These findings are most likely related to

- Adenoma of the anterior pituitary
- Adenoma of the posterior pituitary
- Bronchogenic carcinoma
- Diabetes insipidus
- Sheehan syndrome

3. A 55 year old woman with a history of severe depression and radical mastectomy for carcinoma of the breast 1 year previously develops polyuria, nocturia, excessive thirst. Laboratory values are as follows:

Serum electrolytes: $\text{Na}^+ = 149 \text{ mEq/L}$; $\text{K}^+ = 3.6 \text{ mEq/L}$, Serum calcium: 9.5 mg/dl , Blood glucose: 110 mg/dl , Blood urea nitrogen: 30 mg/dl , Urine osmolality: 150 mOsm/L . Which of the following is the most likely diagnosis?

- Psychogenic polydipsia
- Renal glycosuria
- Hypercalciuria
- Diabetes insipidus

4. A 30 years old student presents with confusion, sweating, hunger and fatigue. Blood sugar is 40 mg/dl . The patient has no history of diabetes mellitus, although her sister is an insulin-dependent diabetic. The patient has had several similar episodes over the past year, all occurring just prior to reporting for work in the early morning. At the time of hypoglycemia, the patient is found to have a high insulin level and a low C peptide level

Which of the following is the most likely diagnosis?

- Reactive hypoglycemia
- Pheochromocytoma
- Factitious hypoglycemia
- Insulinoma
- Sulfonylurea use

4. PROLACTINOMA

1. A 32 year old woman presents with amenorrhea, galactorrhea and visual field defects, all of several months duration. Magnetic resonance imaging reveals a hypophyseal mass impinging on the optic chiasm. The most likely diagnosis is

- Prolactinoma
- Somatotropic adenoma
- Corticotrophic adenoma
- Craniopharyngioma
- Acidophilic adenoma

2. A 55-year-old man presents to the office with erectile dysfunction. He has mild diabetes and is on an ACE inhibitor for hypertension. He and his wife enjoy a good relationship, and there is little external stress. He has, however, noted a lessening of sexual desire; they have not had intercourse in the past 6 months. The general physical examination is normal. In particular, his peripheral sensation to monofilament is intact, and vasculature examination of the lower extremities is normal. Testicular size is mildly decreased bilaterally. Which of the following is the most appropriate first step in evaluation?

- Serum-free testosterone and gonadotrophin levels
- Hemoglobin A1C and ankle-brachial index
- Psychological evaluation
- Therapeutic trial of sildenafil
- Morning total testosterone and prolactin level

3. In a patient with Achromegaly presenting with a large macro adenoma with optic chiasm compression, the ideal treatment is

- Steroids
- Bromocriptine
- Radiation
- Surgery
- Chemotherapy

5. GROWTH HORMONE ADENOMA

1. A 42 years old female presented with 6 months history of worsening headache with deteriorating vision in both eyes and polyuria. She is taking treatment for carpal tunnel syndrome. She has consulted her physician for menstrual irregularities and galactorrhea. She admitted rapid increase in the size of shoes and tight finger rings. Her BP was $190/110$ the following is best treatment option for Achromegaly?

- Trans-sphenoidal surgery
- GH receptor antagonists
- Somatostatin analogues
- Dopamine antagonists
- Dopamine agonists

2. A 18 year old man presented with headache increased height and increased shoe size diagnosis is

- Dwarfism
- Cretinism
- Gigantism
- Acromegaly
- Constitutional growth

3. In a 24-year-old man, both symptoms and physical examination are suggestive of acromegaly; the patient is referred to you for evaluation. A random growth hormone level is 16 ng/ml (normal = 0-10). Which of the following is the next step?

- Referral to a neurosurgeon
- Referral for radiation therapy
- Glucose suppression test
- Treatment with bromocriptine
- Treatment with somatostatin infusion

6. SPONTANEOUS HYPOGLYCEMIA

1. An Insulinoma

- Is not associated with peptic ulceration
- May not be malignant

c. Leads to hypoglycaemia after prolonged fast (48 h) in most cases

- Is usually associated with a raised insulin: proinsulin ratio
- Often releases insulin after glycine administration

2. A 45 years old male patient was admitted for a massive myocardial infarct in a coronary care unit. His fasting plasma biochemistry was: Na^+ : 133 mmol/L , K^+ : 4.4 mmol/L , Cl^- : 105 mmol/L , HCO_3^- : 23 mmol/L , creatinin $110 \text{ } \mu\text{mol/L}$ (60-120), Glucose (fasting): 8.9 mmol/L (3.5-6.4). What is the most likely diagnosis?

- Diabetes mellitus
- Diabetes insipidus
- Stress hyperglycemia
- Cushing's syndrome
- None of the above

3. A 30 years old student presents with confusion, sweating, hunger and fatigue. Blood sugar is 40 mg/dl the patient has no history of diabetes mellitus, although her sister is an insulin-dependent diabetic. The patient has had several similar episodes over the past year, all occurring just prior to reporting for work in the early morning. At the time of hypoglycemia, the patient is found to have a high insulin level and a low C peptide level. Which of the following is the most likely diagnosis?

- Reactive hypoglycemia
- Pheochromocytoma
- Hypercalciuria
- Diabetes insipidus

4. A fifty year old lady with centripetal obesity, acne and hirsutism. The most likely diagnosis is

- Cushing's syndrome
- Diabetes mellitus
- Hypogonadism
- Hypothyroidism
- Simple obesity

7. HYPOPITUATISM

1. A 30 year old lady presents with increasing lethargy, weakness and episodes of fainting. She had delivered a baby a year ago complicated by severe Post Partum Hemorrhage. Since then she has not been able to lactate. She is hypotensive with slow relaxation of ankle reflexes. The most likely diagnosis is

- a. Hypothyroidism
- b. Adrenal failure
- c. Ovarian failure
- d. Hypopituitarism
- e. Pituitary Tumor

2. A 45-year-old, obese woman is given a routine skull roentgenogram following a car accident; an enlarged sella turcica is noted. Endocrine testing shows no abnormalities and computed tomography (CT scan) reveals an empty sella. Which of the following is appropriate management of this patient?

- a. Transsphenoidal surgery
- b. Radiation therapy
- c. Bromocriptine therapy
- d. Hormone replacement
- e. Reassurance

ANSWER KEYS

1. ADRENAL DISORDER

- 1.E 2.E 3.A 4.D 5.E
- 6.C 7.D 8.C 9.D 10.A
- 11.D 12.A 13.E 14.A 15.E

2. DIABETES METALLITUS

- 1.E 2.D 3.D 4.E 5.D
- 6.E 7.C 8.E 9.A 10.D
- 11.C 12.D 13.E 14.A 15.C
- 16.C 17.E 18.C 19.D

3. POSTERIOR PITUITARY SYNDROME

- 1.D 2.C 3.D 4.D

4. PROLACTINOMA

- 1.A 2.E 3.D

5. GROWTH HORMONE ADONOMA

- 1.A 2.C 3.C

6. SPONTANEOUS HYPOGLYCEMIA

- 1.C 2.C 3.C 4.A

7. HYPOPITUATISM

- 1.D 2.E

GIT MEDICINE

1.	Oral Cavity	280
2.	Esophagus	280
3.	Stomach	281
4.	Small and Large Intestine	283
5.	Liver and Pancrease	286
	ANSWER KEYS	293

1. ORAL CAVITY

1. A 45 years old woman with long-standing rheumatoid arthritis complains of dry eyes and dry m. Bilateral enlargement of the parotids is noted on physical examination. The syndrome described here is described as
- a. Autoimmune
 - b. Infectious
 - c. Metabolic
 - d. Metastatic
 - e. Primary neoplastic

2. ESOPHAGUS

1. A 74 years old man has had a retrosternal pain and bloating for 8 weeks. He has had no loss of appetite or weight loss. He has recently been started on some new medication and feels that this may be the cause of his symptoms. Which is the single most likely cause of his system.
- a. Alendronate
 - b. Bisoprolol
 - c. Codeine phosphate
 - d. Digoxin
 - e. Quinine sulphate
2. A 50 years old woman presented with history of Worsening dysphagia over many years. Recently, three had been episodes of ill-defined central chest discomfort and Nocturnal cough. What is the most likely diagnosis?

- a. Achalasia
- b. Barretts esophagus
- c. Motor neuron disease
- d. Oesophageal Carcinoma
- e. Pharyngeal pouch

3. 70 years old, presented with the dysphagia. How to peripheral smear demonstrates Iron deficiency anemia. Upper GI endoscopy shows bounding in esophagus. What is most probable diagnosis?

- a. Plummer Vinson syndrome
- b. Cirrhosis
- c. Achalasia
- d. Systematic sclerosis
- e. Esophageal candidiasis

4. My 60 years old man presented with dysphagia and progressive pallor and weight loss. Which of the following is the investigation of choice of diagnosis?

- a. CD Scan chest
- b. Barium swallow
- c. Peripheral smear
- d. Upper GI endoscopy and biopsy
- e. Ultrasound

5. A 25 years old beggar having Iron deficiency anemia presented with dysphagia barium study reveals rings in upper pharynx. Which is the most likely diagnosis?

- a. Achalasia
- b. Anderson syndrome
- c. Barret esophagus
- d. Plummer Vinson syndrome
- e. Ascaris lumbricoides

6. A 42 years old woman has had difficulty in swallowing for the last 18 months. From the beginning, she has been struggling to tolerate both solids and fluids. So often regurgitates Her oral Intake and has lost over 5 KG. She is a known smoker and has no other medical problems. Which single investigation is most likely to support that diagnosis?

- Abdominal X-ray
- Barium swallow
- Chest X-ray
- CT test
- CT Abdomens

7. A 42 years old woman has had dysphagia of all liquids and solids for three months. She has regular central chest pain and regular Undigested food on most occasions, but does not suffer from acid reflux. She has lost her weight over six months. Which is the following Most likely diagnosis?

- Asia
- Benign esophageal structure
- Diffuse esophageal spasms
- Bulbar palsy
- Pharyngeal pouch

8. A 40 years old woman develops nausea and vomiting without abdominal pain. After several bouts All for retching. She vomits bright red blood. Physical examination is normal without spider angiomata. What is diagnosis?

- Gastric Ulcer
- Aortenteric fistula
- Mallory weiss tear
- Esophageal varices
- Hereditary hemorrhagic telangiectasia

9. A 60 years old man is experiencing pain on swallowing. Over the last 3 months, it has been worsening mech, that he can no longer tolerate food unless it is purced. He has had chronic reflux symptoms but no other medical problems. He has

smoked 20 cigarettes a day for 40 years. Which single further feature is most likely to support the diagnosis?

- Coughs on swallowing
- Neck bulges on drinking
- Pain is intermittent
- Regurgitates oral Intake
- Voice is hoarse

3. STOMACH

1. What are the most common type of antibodies seen in Pernicious anemia?

- Vitamin B12 receptor antibodies
- Gastric parietal cell Antibodies
- Jejunal mucosa Antibodies
- Intrinsic factor antibodies
- Vitamin B12 antibodies

2. A 57 years old man has severe heartburn and Nocturnal cough. Simple measures for the treatment of gastroesophageal Reflex disease (liquid antacids, elevation of the head of the bed, nothing by mouth prior to bedtime. Fail to alter the patient symptoms. Which of the following is not among acceptable measures for the further treatment of the patient?

- H receptor blocking agents
- Parasympathomimetic Agents
- Anticholinergic agents
- Alginic acid antacid agents
- Anti reflux surgery

3. 37 years old woman presents with complaints of severe heartburn with or without meals. She has a history of hypertension which has been treated with Captopril. She also has a history of Raynaud's disease Multiple facial telangiectasias and very taut skin on the dorsum of both hands. She has failed to obtain relief for her heartburn with large doses of antacids, ranitidine, or omeprazole. Esophageal manometry is ordered. So the following would be the most likely results of this test?

- Decreased esophageal Peristalsis and decreased LES pressure

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- Decreased esophageal Peristalsis and increased LES pressure
- Increased esophageal peristalsis and decreased LES pressure
- Increased esophageal peristalsis and increased LES pressure
- Normal esophageal peristalsis and normal LES pressure

4. A four year old lady presented with history of severe, constant upper abdominal pain that doesn't And it's associated with vomiting. Only examination temperature is normal and there is marked tenderness in Epigastrium. What is the most useful investigation for this patient?

- Cardiac enzymes
- Electrocardiography
- Gastroscopy
- Liver function tests
- Serum amylase

5. Of 40 years old, male with long standing history of peptic ulcer disease. Presented with persistent projectile vomiting. Which of the following is the most likely cause for his presentation?

- Acute cholecystitis
- Acute gastroenteritis
- Reflex esophagitis
- Gastric outlet obstruction
- Malloy Weiss syndrome

6. A 60 year old man with osteoarthritis On treatment from the rheumatologist Developed Abdominal discomfort and Black tarry stools. Which of the following is the most likely cause for his presentation?

- Carcinoma rectum
- Cholecystitis
- Esophagitis
- Appendicitis
- Peptic ulcer disease

7. At 35 years old, man with chronic dyspepsia found to have gastritis and positive Helicobacter pylori. Which of the following is the best regimen Two eradicate Helicobacter in this patient?

- Omeprazole clarithromycin, neomycin
- Rifampin, omeprazole, metronidazole

- Clarithromycin, omeprazole, amoxicillin
- Sucralfate, omeprazole, doxycycline
- Omeprazole, metronidazole, itopride

8. Which of the following is NOT a feature of the Zollinger-Ellison syndrome?

- Secretory diarrhea
- Fat malabsorption
- Vitamin B12 malabsorption
- Antral G-cell hyperplasia
- Large gastric folds

9. A 45 years old man complains of "heartburn" and burning epigastric pain, relieved by antacids and triggered by eating spicy or acidic foods or by assuming a recumbent position. The patient smokes two packs of cigarettes a day and consumes several alcoholic drinks each evening. Which of the following is the usual cause of this patient's condition?

- Columnar intestinal metaplasia of esophageal squamous epithelium
- Excessive acid production in the stomach
- Excessive nonsteroidal anti-inflammatory drug use
- Helicobacter pylori infection
- Hiatal hernia and incompetent lower esophageal sphincter

10. A 72 years old man has vomited more than five times over the past 24 hours. He has also begun p very frequent loose stools. He feels weak, dizzy and slightly confused. He is on a disease-modifying agent rheumatoid arthritis and has type 2 diabetes. He does not smoke, drinks 20-30 units of alcohol a week and not travelled abroad recently.

T= 37.10C, Heart Rate = 100 bpm, BP = 95/50mmHg. His abdomen is soft with tenderness at the epigastrium. A digital rectal examination reveals an empty r Which is the single most appropriate course of action?

- Colonoscopy
- CT scan of the abdomen
- Insertion of nasogastric tube
- IV fluids
- Loperamide PO

11. A 53 years old man has been troubled by recurrent bouts of epigastric pain associated with nausea and sweating. He has recently moved house and feels the pain has been worse as he has needed to carry lots of heavy boxes up and down stairs. He has tried omeprazole 20mg PO once daily with no improvement over the last 3 weeks. His BMI is 33kg/m².

HR = 82bpm, BP=155/85mmHg

Which is the single most appropriate initial management?

- Barium meal
- Chest X-ray
- CT scan of the abdomen
- Exercise ECG
- Oesophagogastrroduodenoscopy (OGD).

12. A 62 years old man has had worsening acid reflux over the last 4 months. He has been eating large amounts of rich fatty foods over this period and attributed his symptoms to this. He uses a salbutamol inhaler for asthma when required but otherwise has no medical problems. Which single additional factor in his history would warrant urgent referral for endoscopy?

- Family history of oesophageal cancer
- Progressively worsening shortness of breath
- Smoker of 20 cigarettes per day
- The recent onset of reflux-like symptoms
- Weight gain

13. A 37 years old man has had upper abdominal pain and belching for the last 2 weeks. Over the last month, he has been taking regular diclofenac since dislocating his shoulder playing rugby. His bowels are mallow and his stools are normal in colour. He smokes ten cigarettes per day and drinks 25 units of alcohol per week. Which is the single most appropriate next step?

- Advise to reduce alcohol intake and stop smoking
- Advise to stop taking diclofenac tablets
- Empirical Helicobacter pylori treatment

d. Stool antigen test for Helicobacter pylori

e. Urgent referral for oesophagogastrroduodenoscopy (OGD) within 2 weeks

4. SMALL AND LARGE INTESTINE

1. A 27 years old woman presents with abdominal pain, diarrhea and a 4.5 pounds (2kg) weight loss for the two months. She describes the abdominal pain as intermittent, moderate to severe and located in the right quadrants over the past 48 hours the pain has intensified. Her temperature is 99.6 F, BP is 120/70 mmHg, HR 100/min and respiration are 14/min. Several shallow ulcers are present in her mouth. Abdominal examination shows tenderness in the right lower quadrant without rebound.

Examination shows mucus. Rectosigmoidoscopy is unremarkable. An x-ray film of the abdomen shows gas in the small and large loops shows

- HB; 102.g/dl • WBC 16500/cm
 - Platelet count 530000/cm
 - ESR 48/hr
- Which of the following is the most likely diagnosis.
- Diverticulitis
 - Celiac disease
 - Irritable bowel syndrome
 - Crohn's disease
 - Ulcerative colitis

2. A 12 years old girl comes to the physician for chronic weight loss and fatigue. She has a history of belly floating, foul smelling stools, flatulence and meteorism. She also has pain and easy bruising. Studies shows with serum iron 25mg/dl and serum total iron binding capacity 60 mg/dl (normal 300-360 mg/dl). PT is 16 sec. Physical examination show loss of subcutaneous fat, pallor hyperkeratosis and abdominal distention, bowel sounds are increased. Which of the following is most associated with this condition?

- Anti endomysial antibodies
- Anti scl 70 antibodies
- Antinuclear antibodies
- Anticentromere antibodies
- Antimitochondrial antibodies

3. A 49 Years old woman present with a two week history of lower abdominal pain and severe diarrhea are watery without blood or mucus. The abdominal pain is mild and unrelated to her stools. She has a three years ago. Her temperature is 97.8F, blood pressure is 106/68 mmHg, pulse is 103/min and respiration 20/min. oxygen saturation is 99% on room air, physical examination shows facial flushing a prominent venous pulse and exploratory wheezes. Which of the following is the most likely diagnosis?

- Diverticulitis
- Infectious gastroenteritis
- Inflammatory bowel disease
- Carcinoid syndrome
- Irritable bowel syndrome

4. A 83 years old woman presents with one year history of progressively severe crampy abdominal pain after eating. She has started avoiding food because of the pain. The pain is often associated with bloating nausea and occasional diarrhea. She had a 15kg loss over the past one year. Her other medical problem include hypertension diabetes mellitus type 2, hypercholesterolemia, peripheral vascular, coronary artery disease and myocardial infection. Social history is not significant. Abdomen is soft, nontender and non distended. Abdominal x-ray and CT scan are unremarkable. which of the following is the most likely diagnosis?

- Chronic pancreatitis
- Mesenteric ischemia
- Chon's disease
- Irritable bowel syndrome
- Celiac disease

5. A 49 year old woman presents with a two week history of lower abdominal pain and severe diarrhea. The stools are watery without blood or mucus. The dominant pain is mild and unrelated to her stools. She has no history of fever or travel. She does not smoke or drink alcohol. Her past surgical history includes A fracture repair of her leg three

years ago. Her temperature is 97.8 F, B is 106 by 68mm HG, Pulse is 103/min and respiration are 20 min, Oxygen saturation is 99% on room air. Physical examination wheezes. Which of the following is the most likely diagnosis?

- Diverticulitis
- Infectious Gastroenteritis
- Inflammatory bowel disease
- Carcinoid syndrome
- Irritable bowel syndrome

6. A 15 year old girl presents with chronic diarrhea. Which of the following features suggests that she irritable bowel syndrome?

- Anaemia
- Abdominal pain relieved by defecation
- Blood in stools
- Nocturnal symptoms
- Weight loss

7. A 30 year old female pty referred from Infertility clinic with history of chronic diarrhea. On examination, she is pale with stomatitis, Oral ulcers. jejunal biopsy revealed canvas atrophy. What is the probable diagnosis?

- Crohn disease
- Ulcerative disease
- Whipple disease
- Intestinal tuberculosis
- Celiac disease

8. At 35 years old, man presented with the lowest motion with blood for last three months associated with backache. She is having necrotic on right shin and hepatomegaly. What is the most likely diagnosis?

- Giardiasis
- Celiac disease
- Ulcerative disease
- Crohn disease
- Pseudomembranous colitis

9. A 15 year old boy has been diagnosed with ascariis lumbricoides infestation. All are true lumbricoides except,

- Can cause anemia
- Can cause obstructive jaundice
- Can cause intestinal obstruction
- Abdominal pain
- Can cause ureteric obstruction

10. At 20 years old, student presented to A and E in afternoon with severe vomiting and loose motions. He has breakfast in local restaurant. Which of the following is the most likely causative Organism?

- E. coli
- Staphylococcus aureus
- Enterobius wormicularis
- Pseudomonas

11. An anxious 31 years old woman complains of a history of chronic diarrhea alternating with Constipation. She often feels bloated. Investigations are normal. What is the most likely diagnosis?

- Inflammatory bowel disease
- Lactose intolerance
- Celiac Disease
- irritable bowel syndrome
- Laxative abuse

12. A 35 year old man presents with diarrhea, weight loss and right lower quadrant pain. On examination tender mass is noted in the right lower quadrant. The stool is guaiac positive. Colonoscopy shows segmental areas of inflammation. What is the likely diagnosis?

- Ulcerative colitis
- Crohn's disease
- Ischemic colitis
- Diverticulitis
- Amoebic colitis

13. In alcohol-induced acute pancreatitis, which of the following conditions does NOT indicate severe disease?

- Blood glucose level greater than 200 mg/dl
- Fluid sequestration greater than 6 liters

c. Hematocrit drop of more than 10 percentage points

- Serum calcium level greater than 11.5 mg/dl
- Arterial PO₂ less than 60 mm Hg

14. A 26-year-old homosexual male has loose stools, abdominal cramps, flatulence, and malaise of several weeks duration. Twenty-four hours ago, the patient developed bloody diarrhea, tenesmus, and low-grade fever (101°F.). Physical examination is normal except for trace guaiac-positive stool on digital rectal examination. Examination of next a fresh stool specimen reveals motile trophozoites with ingested red blood cells. What is the most appropriate step in the management of this patient?

- Immediate indirect hemagglutination testing to establish the diagnosis of in-asive amebiasis
- Immediate flexible sigmoidoscopy and biopsy to establish the diagnosis of invasive amebiasis
- Air-contrast barium enema to rule out a mass lesion (ameboma), as this may prompt early surgical intervention
- Immediate treatment with metronidazole, 750 mg three times daily for 5-10 days, plus diloxanide furoate, 500 mg 3 times daily for 10 days
- treatment of this patient's asymptomatic sexual partner with diloxanide furoate, 500 mg three daily for 10 days

15. The pain typically awakens him at night 2-3 hours after going to bed. On endoscopic examination he is found 85. A 25-year-old male graduate student complains of severe epigastric abdominal pain that is relieved by food have a 1-cm duodenal ulcer. Which of the following diets would you recommend?

- Six small meals per day
- Three regular meals per day plus a bedtime snack
- Three regular meals per day without a bedtime snack
- Low roughage, bland diet
- Low roughage, bland diet supplemented with milk and cream

16. A 20 years old man presents with severe right lower quadrant abdominal pain, nausea and anorexia. He states that the abdominal pain started around his umbilicus and has now migrated to the right lower quadrant of his abdomen. Physical examination reveals exquisite tenderness at McBurney's point. This patient is diagnosed with acute appendicitis. Which of the following is the treatment for this condition?

- Antibiotics only, because the appendix is crucial for survival
- Symptomatic treatment only, because the appendix is crucial for survival
- Surgical resection of the appendix, because appendicitis can lead to appendiceal cancer
- Surgical resection of the appendix, because appendicitis can lead to perforation or abscess
- "Watch-and-wait" approach over days to see if inflammation subsides

5. LIVER AND PANCREASE

1. A 33 years old woman has a medical assessment prior to a new job. She has been well apart from some mild coryzal symptoms the previous week. Bilirubin 42urnol/L, AST 28 IU/L, GGT 30 IU/L. Urine disputable no bilirubin detected. Which is single most likely explanation for these results.

- Crigler-Najar syndrome
- Epstein Barr virus
- Gilberts syndrome
- Hepatitis B virus infection
- Rotor syndrome

2. A 20 year old woman presents to her primary care physician with fever, malaise, and yellow eyes. In addition to scleral icterus, physical examination reveals a mildly enlarged liver with tenderness to palpation. Laboratory studies demonstrate a markedly increase aspartate aminotransferase and alanine aminotransferase and increased IgM and anti-hepatitis A titers. Which of the following is the most likely result of this infection?

- Cirrhosis

- Complete resolution
- Establishment of a chronic carrier state
- Fulminant hepatitis
- Hepatocellular carcinoma

3. A 32 years old woman seeking to become pregnant visits her physician for a pre-pregnancy examination routine prenatal laboratory testing demonstrate the following profile; HBsAG (-), anti-HBsAG (+), anti-HBsAG (-), and HBV DNA (-). Which of the following likely represents the status of the patient?

- Hepatitis B carrier
- Immunized against hepatitis B
- Infected and within the window period
- Infected with hepatitis B and Highly transmissible
- Recently infected with hepatitis B

4. Patient develops mild. Jaundice while being treated for a urinary tract infection negative. Urine bilirubin is negative. Serum Bilirubin is 3mg/dl, Mostly unconjugated. Hemoglobin is 7g/dl. Which of the following most likely diagnosis?

- Hemolysis secondary to G6PD deficiency
- Acute viral Hepatitis
- Giggler Nager Syndrome
- Nonalcoholic fatty liver disease
- Gilbert Syndrome

5. A 55 years old obese man with a history of Hypertension, Diabetes and hypertriglyceridemia Reports intermittent mild right upper quadrant discomfort. He has elevated AST and ALT Tests to two to three times Normal His abdominal ultrasound shows a normal gallbladder without stones and generalized hyperechogenic Of the liver. Which of the following is the most likely diagnosis?

- Pancreatic Carcinoma
- Acute viral hepatitis
- Regular natural syndrome
- Nonalcoholic fatty liver disease
- Gilbert Syndrome

6. A 39 year old man is admitted to hospital with Decompensated liver disease of unknown etiology. As parent livers agree in the following results are obtained.

ANTI-HBS positive
ANTI-HBC Negative
HBS antigen negative

What is the Mans habitus be status?

- Chronic hepatitis B, Highly infectious
- Previous immunization to hepatitis B
- Probable hepatitis D infection
- Acute hepatitis B infection
- Chronic hepatitis B Not infectious

7. Off 52 years old woman is diagnosed with nonalcoholic Steatohepatitis following a liver biopsy. What is the most important step to help prevent the progression of heart disease?

- Stop smoking
- Start statin therapy
- Eat more omega-3 fatty acids
- Start Sulfonylurea Therapy
- Weight loss

8. Which of the following is not a contraindication To perform a Percutaneous Liver b Biopsy?

- INR 2.6
- Viral hepatitis
- Hydrated cyst
- Hemangioma
- None the above

9. A 34 year old woman with end stage renal failure on regular hemodialysis has developed Jaundice. She's received multiple transfusions during the past six months. Investigation showed; Hemoglobin 11.2hm/dl, bilirubin 8mg/dl, ALT 2250 lu/1 and Alkaline phosphatase 83 lu/1. Ultrasound shows gallstones and small Echogenic kidneys. the most likely diagnosis is:

- Acute hepatitis B
- Haemolytic Jaundice
- Autoimmune hepatitis
- Drug Induced jaundice
- Obstructive jaundice

10. A previously paid 43 years old lady presented with one week history of fever and rigors. Her Investigations showed, Hemoglobin 13.4mg/dl, Wbc 23000 And 92% Neutrophils, bilirubin 4.2mg/dl, ALT 73lu/1 and alkaline phosphate 520lu/1. Ultrasound showed multiple gall stone and dilated common bile duct.

The likely cause is :

- Cholangitis from CBD Stone
- Falci-parum malaria
- Carcinoma head of pancreas
- Primary biliary cirrhosis
- Viral hepatitis

11. A 39 year old man is admitted to hospital with decompensated liver disease of unknown a etiology as part riverside green the following results are obtained.

ANTI HBS POSITIVE
ANTI HBC NEGATIVE

HBS Antigen NEGATIVE

What is the mans hepatitis B status?

- Chronic Hepatitis B highly infectious
- Previous immunization to hepatitis B
- Probable hepatitis D infection
- Acute hepatitis B infection
- Chronic hepatitis B Not infectious

12. A 52 years old woman is diagnosed with non alcoholic Steatohypohthesis Following a liver biopsy. What is the most likely important step to help prevent the progression of heart disease?

- Stop smoking
- Start statin therapy
- Eat more omega 3 fatty acids
- Start Sulfonylurea therapy
- Weight loss

13. A 63 years old man has history of weight loss and become increasingly jaundiced over the last four weeks. He has no abdominal discomfort but his urine has become very dark and his stools pale in colour. He drinks 15 units of alcohol per week. An ultrasound scan of the liver shows a dilated common bile duct. Which single label function test results would confirm the most likely diagnosis?

- Bilirubin 30micro mol/ L, ALP 240IU/L, AST 30IU/1, GGT 55IU/1
- Bilirubin 35micro mol/ L, ALP 30IU/L, AST 28IU/1, GGT 35IU/1
- Bilirubin 55micro mol/ L, ALP 601IU/L, AST 60IU/1, GGT 415IU/1
- Bilirubin 58micro mol/ L, ALP 210IU/L, AST 205IU/1, GGT 145IU/1
- Bilirubin 120micro mol/ L, ALP 130IU/L, AST 1020U/1, GGT 630U/1

14. Upper 56 years old woman is referred To you for evaluation of possible cancer of the pancreas suspected on the basis of epigastric pain radiating to the back associated with an 8 pound weight loss. Physical examination and routine blood tests, including serum amylase are normal The next appropriate diagnosis does to detect pancreatic cancer is.

- Urine amylase
- Upper gastrointestinal series
- Ultrasonography or computerized tomography of the pancreas
- Radio Isotropic pancreatic scan.
- Visceral angiography

15. A medical student has just completed hepatitis B vaccination. He has no prior exposure to hepatitis B. On reviewing his about trip that's you would expect his to be.

- HBS Ag positive
- Anti HBS positive
- Anti HBScore positive
- Both anti SBS and anti HBcore positive
- Anti HBe positive

16. At 12 years old, boy presented with behavioral problem at school and home. Examination reveals splenomegaly, Course tremors of hands and slurring of speech. Investigation shows comes negative hemolytic Anemia. What is the most likely diagnosis?

- Multiple system atrophy
- Huntington Chorea
- Hyperthyroidism
- Wilson disease
- MC ardle disease

17. What is the important physical sign of portal hypertension in a patient of cirrhosis Of liver?

- Gynecomastia
- Hepatomegaly
- Palmer erythema
- Spider angioma
- Spleno megaly

18. Patient with history of hematemesis, he clinical features which suggest to the Peptic ulcer Is the underlying cause is

- Ascites
- Drowsiness
- History of jaundice
- Tender Epigastrium
- Splenomegaly

19. In a patient with a high grade fever, rigors and tender hepatomegaly. Which is the most likely diagnosis?

- Carcinoma of liver
- Liver abscess
- Malaria
- Right heart failure
- Typhoid fever

20. Of 50 years diagnosed PT of cirrhosis present with hematemesis. What is the most effective drug to control bleeding?

- a. I.v Vitamin K
- b. Terlipressin
- c. Tranxaemic acid
- d. I.V haemacil
- e. I.V dopamine

21. Six years man presented with the Hepatic encephalopathy. All are possible. Precipitating that was for him except?

- a. Constipation
- b. Treatment with Neomycin
- c. Over diuresis
- d. Hematemesis
- e. High protein diet

22. A 30 years old man alcoholic, presented with sudden onset epigastric pain and vomiting. His SGPT is 120/IU and serum lipase is very high. Ultrasound demonstrate hepatomegaly. What is probable diagnosis?

- a. Acute hepatitis
- b. Peptic ulcer disease
- c. Acute pancreatitis
- d. Myocardial infarction
- e. Garoo-esophageal reflex disease

23. A 30 years old man with paroxysmal Hemoglobinuria. Presented with the sudden onset, abdominal and distension. Address and demonstrates size and enlarged prostate lobe of liver. Which is most probable diagnosis?

- a. Cirrhosis
- b. Budd chiary syndrome
- c. Spontaneous bacterial peritonitis
- d. Cholecystitis
- e. Acute Hepatitis

24. At 25 years old, man presented with sign and symptoms of decompensated liver disease and upper GI bleed. His management includes all except?

- a. Lactulose
- b. Vitamin K
- c. Blood transfusion
- d. Loperamide
- e. Tans Jugular Intrahepatic Porto systematic shunt.

25. A 36 years man has been diagnosed with chronic hepatitis C. All the possible treatment options for him except.

- a. Interferon alpha plus ribavirin
- b. Pegylated interferon plus ribavirin
- c. Sofobuvir plus interferon and ribavirin
- d. lamuvidine

26. A 17 year old girl presented with nausea, vomiting and jaundice. Heart Lefts demonstrates bilirubin 100 MG SGPT 1000IU And alkaline phosphate 150, with the normal abdominal. Ultrasound. What is most probable diagnosis?

- a. Chronic hepatitis
- b. Acute hepatitis
- c. Hemolytic anemia
- d. Pancreatitis
- e. Cholecystitis

27. Which one of the following statements regarding clinical manifestation in Wilson disease is false?

- a. KF ring is present in 10%.
- b. Patients with the neurological manifestation will almost invariably have KF ring
- c. KFC ring is difficult to diagnose without a slit lamp
- d. Sunflower cataracts are copper deposition in the lens
- e. Upward dislocation of lens is a hallmark of diagnosis

28. Which one of the following statements regarding non alcoholic fatty liver disease is false?

- a. Weight loss improves his mainstay of treatment
- b. Liver biopsy should be considered in patients with diabetes or age 45 years
- c. Predispose to insulin resistance
- d. Cirrhosis is present in all patients
- e. Metformin is used for treatment

TMM SUPER 6 FOR KMU 4TH YEAR MBBS

29. I think 7 years old man was admitted with anasarca, hematuria and gross proteinuria. Later, he grabbed his severe dull ache in right flank. One deviation He has tenderness in the abdomen Especially right Hypochondrium. What is the most likely cause of this recent Presentation?

- a. Acute hepatitis
- b. Acute cholecystitis
- c. Peritonitis
- d. Hepatic vein thrombosis
- e. Peptic ulcer disease

30. A 40 year old former presented with the right upper quadrant discomfort in abdomen. Ultrasound revealed liver cyst. Hemagglutinations test is positive. Which of the following is the treatment of choice?

- a. Diclofenac acid
- b. Albendazole
- c. Omeprazole
- d. Ceftriaxone
- e. Metronidazole

31. A cirrhotic patient has been successfully treated for spontaneous bacterial peritonitis. Which of the following is the treatment of choice for prevention of next episode?

- a. Ciprofloxacin
- b. Ceftriaxone
- c. Doxycycline
- d. Omeprazole
- e. Fluconazole

32. A 40 years old lady with gallstones developed severe abdominal pain, radiating to back and relieving on bending forward. Which is the most likely diagnosis?

- a. Chronic cholecystitis
- b. Acute pancreatitis
- c. Budd chiary syndrome
- d. Acute appendicitis
- e. Acute esophagitis

33. HCV positive chaotic patient presented with variceal upper gastrointestinal bleed. Which of the following is the treatment of choice for prevention of future variceal bleeds?

- a. Propranolol
- b. Interferon

- c. Frusemide
- d. Omeprazole
- e. Terlipressin

34. A pregnant lady with acute hepatitis E is particularly liable. To which of the following?

- a. Cirrhosis
- b. Gall stones
- c. Chronic hepatitis
- d. Fulminant hepatic failure
- e. Peptic ulcer disease

35. A 40 years old multiparous obese lady presented with jaundice and itching, having obstructive pattern liver enzymes with negative. ANA and Viral serology. Which of the following is most likely caused in this lady?

- a. Alcohol
- b. Periampullary carcinoma
- c. Hookworm infestation
- d. Gall stones
- e. Cholangiocarcinoma

36. At 25 Years old Air Hostess using contraceptive pills presented with severe abdominal pain and distension. Ultrasound revealed enlarged caudate lobe of liver and moderate ascites. Which is the most likely diagnosis?

- a. Acute hepatitis
- b. Duodenal perforation
- c. Cirrhosis liver
- d. Acute cholecystitis
- e. Budd Chiari syndrome

37. At 25 years old, Lady presented with jaundice itching vitilligo and secondary amenorrhea. Her viral serology is normal? What is the most likely diagnosis?

- a. Autoimmune hepatitis
- b. Wilson disease
- c. Hemochromatosis
- d. Gilbert Syndrome
- e. Alpha-1 Antitrypsin deficiency

38. A 35 years old patient of chronic hepatitis C on treatment presented with pancytopenia. Which of the following is the most likely responsible medication for his pancytopenia?

- Vitamin- E
- Pegylated interferon
- Sofosbuvir
- Entecavir
- Daclatasvir

39. A 35 years old non alcoholic diabetic was referred for evaluation of diseased liver functions tests. He's having normal viral profile with serum ferritin of 45,000. What is the most likely diagnosis?

- Wilson disease
- Autoimmune hepatitis
- Hemochromatosis
- Primary biliary cirrhosis
- Sclerosing cholangitis

40. At 35 years old, teacher presented to OP D with deranged lefts. He has recently received medications for sore throat. Which of the following medications is most likely cause for his deranged LEFTs?

- Co-amoxiclav
- Paracetamol
- Gentamicin
- Anti- HBSAg
- Anti-HBc

41. At 30 years old, Man is Anxious and requests for hepatitis B screening in OPD. Which of the following is most suitable test?

- HBV DNA quantitative PCR
- HBV DNA qualitative PCR
- HBs AG
- Anti- HBs AG
- Anti-HBc

42. At 20 years old, student referred from school for evaluation of. Recurrent jaundice since childhood. He's apparently healthy. His bilirubin is equal to 2.9. SGPT is equal to 30. His viral and A and a profile is negative and has normal serum ceruloplasmin. What is the most likely diagnosis?

- Acute hepatitis

- Gilbert Syndrome
- Crigler Najjar syndrome
- Wilson disease
- Sclerosing cholangitis

43. Beach Disease best explained the following LEFTs patterns. Bilirubin is equal to 30. SGPT 90. AST 350 with raised gamma GT. What is the most likely diagnosis?

- Hemolytic anemia
- Acute viral hepatitis
- Alcoholic hepatitis
- Autoimmune hepatitis

44. A middle-aged lady who is a diagnosed case of Coli Lithiasis. Develops severe Deep seated epigastric pain with no relief on PPI. Liver function tests are slightly deranged. Other tests are normal. What is the diagnosis?

- Acute hepatitis
- Baptistic ulcer disease
- Acute pancreatitis
- Pneumonia
- Intestinal colic

45. At 12 years old, girl develops nausea, vomiting and severe epigastric pain. Workup shows deranged liver functions test with yellow sclera, ALT1500 u/l. What is your diagnosis?

- Liver Abscess
- Acute hepatitis
- Gastritis
- Ischemic heart disease
- Acute appendicitis

46. A middle-aged lady having a deranged liver function test of more than six months with negative B&C serology and raised serum globulins and positive ANA. What is diagnosis?

- Chronic hepatitis C
- Wilson's disease
- Hemochromatosis
- Autoimmune hepatitis
- None of the above

47. A chronic alcoholic with anemia, deranged liver functions, Test pain right hypochondrium and nausea, Vomiting for weeks with AST: ALT 2. Which is the diagnosis?

- Food poisoning
- Alcoholic hepatitis
- Gastritis
- Duodenal ulcer
- Dyspepsia

48. A 56-year-old woman is referred to you for evaluation of possible cancer of the pancreas, suspected on the basis of epigastric pain radiating to the back associated with an 8-pound weight loss. Physical examination and routine blood tests, including serum amylase, are normal. The next appropriate diagnostic test to detect pancreatic cancer is

- Urine amylase
- Upper gastrointestinal series
- Ultrasonography or computerized tomography of the pancreas
- Radioisotopic pancreatic scan with 75Se-selenomethionine
- Visceral angiography

49. Which of the following statements regarding the hepatitis delta virus is INCORRECT?

- It is a defective RNA virus
- It has been implicated as a common cause of fulminant hepatitis
- Anti-delta IgG present in the serum confers immunity to the virus
- Delta viral hepatitis occurs only in association with acute or chronic B viral hepatitis
- In North America, intravenous drug addicts are the group at highest risk for delta infection

50. A 40-year-old woman with known alcoholic cirrhosis of the liver is admitted to the hospital because of increasing abdominal girth, fever, and diffuse, vague abdominal discomfort. Physical

examination reveals a febrile (101.5F) woman with scleral icterus. Abdominal examination shows an enlarged, tender liver (14 e active bowel sounds, distention, and a positive fluid wave, but there is no rebound tenderness or guarding. Paracentesis shows white blood cell count of 535 mm³ (76% neutrophils with a negative Gram's stain. Serum creatinine is 1.9 mg/dl; total bilirubin is 2.4 mg/dl. Other laboratory results are within normal limits. Which of the following is true about this patient's condition?

- Despite empiric treatment with a third-generation cephalosporin, the risk of mortality in this patient exceeds 50%
- If nontoxic blood levels of aminoglycoside are maintained, the risk of this patient's developing renal failure is low (less than 10%).
- As aminoglycosides diffuse well into the peritoneum, therapeutic levels are easily achieved; serum levels need not be followed
- Most organisms cultured with spontaneous bacterial peritonitis are sensitive to chloramphenicol and it is an acceptable initial therapeutic agent
- This patient should not be treated with empiric antibiotics

51. A 44-year-old man who has drunk 6 ounces of whiskey daily for many years is evaluated for intermittent episodes of epigastric pain relieved by antacids. During an attack, moderate epigastric tenderness is present. Laboratory tests show:

Hematocrit	46%
White blood cell count	10,000/mm ³
Serum creatinine	1.2 mg/dl
Serum amylase	500 IU/L (normal <110)
Urinary creatinine	120 mg/dl
Urinary amylase	50 IU/L

Examination of the stool for occult blood is positive (2+). Upper gastrointestinal series shows duodenal deformity. The most likely diagnosis is

- Acute pancreatitis with secondary spasm of duodenal bulb

- b. Coexistent acute pancreatitis and peptic ulcer disease
- c. Peptic ulcer disease and macroamylasemia
- d. Peptic ulcer disease with posterior penetration into the pancreas
- e. Alcoholic hepatitis

52. A 63-year-old chronic alcoholic presents with weight loss, anorexia, and abdominal pain radiating to the back. Physical examination indicates a palpably enlarged gallbladder, and laboratory studies demonstrate conjugated hyperbilirubinemia. Computed tomography demonstrates a mass in the head of the pancreas. Which of the following is associated with the diagnosis of pancreatic adenocarcinoma?

- a. Asterixis
- b. Gallstone ileus
- c. Murphy sign
- d. Trousseau sign
- e. Whipple triad

53. A 43 years old multigravida presents with nausea, vomiting, fever and right upper quadrant pain. On examination, she displays arrested inspiration on palpation of the right upper quadrant (Murphy sign). Her laboratory results reveal neutrophilia with a "left shift." Which of the following is the most likely diagnosis?

- a. Acute cholecystitis
- b. Carcinoma of the ampulla of Vater
- c. Cholangiocarcinoma
- d. Cholesterosis
- e. Sclerosing cholangitis

54. A young woman complains of 1 week of fatigue, change in skin colour, and dark brown urine. She has right upper quadrant tenderness and ALT of 1035 U/L (normal <40). Which of the following is the most likely diagnosis?

- a. Hemolysis secondary to G6PD deficiency
- b. Pancreatic carcinoma
- c. Acute viral hepatitis
- d. Crigler-Najjar syndrome
- e. Gilbert syndrome

ANSWER KEYS

1. ORAL CAVITY

1. A

2. ESOPHAGUS

1.A 2.A 3.E 4.E 5.D
6.B 7.D 8.B 9.E

3. STOMACH

1.B 2.C 3.C 4.C 5.B
6.A 7.D 8.D 9.E 10.D
11.D 12.C 13.B

4. SMALL AND LARGE INTESTINE

1.D 2.A 3.D 4.B 5.D
6.B 7.A 8.C 9.E 10.D
11.A 12.B 13.D 14.D 15.C
16.C

5. LIVER AND PANCREAS

1.C 2.B 3.B 4.A 5.D 6.B
7.E 8.B 9.A 10.A 11.B 12.E
13.C 14.C 15.B 16.D 17.E 18.D
19.B 20.B 21.B 22.E 23.C 24.B
25.A 26.D 27.B 28.E 29.A 30.D
31.D 32.C 33.B 34.B 35.A 36.B
37.D 38.E 39.A 40.B 41.C 42.A
43.C 44.B 45.C 46.C 47.B 48.C
49.C 50.A 51.C 52.D 53.A 54.C