

## Personal information

<b>Student</b>	<b>Date Of Birth</b>	<b>Batch No</b>
Mustafa Qazi	01-Mar-01	
<b>Academic Session</b>	<b>Subject</b>	<b>Exam</b>
2022-23	4th Year Block II Examination (GIT-II)	- ( 2308-1 )

## Marks

<b>Total Marks</b>	<b>Marks Obtain</b>
120	66

## Paper Question & Answers Detail`s

<p>UNICEF has proposed certain indicators for comparison of status of people of various nations. Choose the most appropriate indicator used for assessing social development &amp; wellbeing of population by UNICEF globally:</p>	1	<input type="radio"/> A Per capita GDP <input type="radio"/> B Per capita GNP <input type="radio"/> C Life Expectancy <input type="radio"/> D Maternal Mortality Ratio <input checked="" type="radio"/> E Under-5 mortality rate [T]
<p>People of an urban slum wanted to have a specialist doctor, proper roads, restaurant, safe water supply and proper sanitation. The health department recommended provision of safe water &amp; sanitation system to be provided first. The other community demands were deferred for the time being because of lack of funds. This action of Health department is known as:</p>	1	<input type="radio"/> A Decision making <input type="radio"/> B Judicial management <input checked="" type="radio"/> C Prioritization of goals [T] <input type="radio"/> D . Management of objectives <input type="radio"/> E Systematic Management
<p>Choose the most appropriate option that represents first and second steps of Planning cycle: Establishment of objectives, goals (fixing priority)</p>	1	<input type="radio"/> A Analysis of health situation. <input checked="" type="radio"/> B Analysis of health situation. Establishment of goals [T] <input type="radio"/> C Analysis of health situation. Programming and Implementation <input type="radio"/> D Planning cycle is used for proper implementation & evaluation of any health program. <input type="radio"/> E Assessment of Resources. Evaluation
<p>On the community level among the following health determinants of the population is directly related to the structure of the medical care system?</p>	0	<input type="radio"/> A Biological and genetic determinants <input checked="" type="radio"/> B Social determinants <input type="radio"/> C Access to health services [T] <input type="radio"/> D Behavioral determinants <input type="radio"/> E Economic determinants
<p>Three levels of Health care system exist in Pakistan pertaining to Primary, Secondary and Tertiary hospitals. Which of the following choices comprise the components &amp; services Primary Health System a. b. c. d. e.</p>	1	<input type="radio"/> A Tehsil HQ, District HQ, Rural HCs <input type="radio"/> B Specialized and rehabilitative care hospitals <input type="radio"/> C Primordial and preventive care. <input checked="" type="radio"/> D Basic HU, Rural HC & LH Workers. [T] <input type="radio"/> E Immunization & MCH care services
<p>According to the WHO framework there are "six building blocks or components" essential for effective health system. The component that provides an organized method of collecting data &amp; assimilating for health management &amp; decision making mainly pertains to</p>	1	<input type="radio"/> A Feedback <input type="radio"/> B Filtration of information <input checked="" type="radio"/> C Management of Information System [T] <input type="radio"/> D Planning cycle <input type="radio"/> E System analysis
<p>Why is "budgeting" crucial in achieving organizational goals?</p>	1	<input type="radio"/> A It establishes the organizational structure <input type="radio"/> B It fills and maintains positions <input type="radio"/> C It coordinates various departments <input checked="" type="radio"/> D It estimates resources and expenses [T] <input type="radio"/> E It measures and corrects activities
<p>Which management function involves grouping activities and assigning responsibilities to managers, both horizontally and vertically?</p>	0	

<p>Who are the key decision-makers responsible for shaping a hospital's strategic direction and financial sustainability?</p>	<p>1</p>	<p><input type="radio"/> A Decision-making</p> <p><input type="radio"/> B Budgeting</p> <p><input type="radio"/> C Organizing [T]</p> <p><input type="radio"/> D Staffing</p> <p><input type="radio"/> E Controlling</p>
<p>A good hospital administrator should know how to deal with patients, their relatives, the general public, politicians, the government and its policy, drug supplies, corruption, and illegal practices. Which attribute/aspect does the above-mentioned statement cover?</p>	<p>0</p>	<p><input type="radio"/> A Frontline Managers</p> <p><input type="radio"/> B Middle-Level Managers</p> <p><input type="radio"/> C Top-Level Managers [T]</p> <p><input type="radio"/> D Clinical Directors</p> <p><input type="radio"/> E Department Heads</p>
<p>The long-term program is supposed to provide a permanent solution to the health needs of the population in such a manner that every individual has access to preventive, promotive, and curative health services affordably and acceptably. This program is made for ----- years.</p>	<p>1</p>	<p><input type="radio"/> A Organizational aspect</p> <p><input type="radio"/> B Environmental aspect [T]</p> <p><input type="radio"/> C Technological aspect</p> <p><input type="radio"/> D Communication aspect</p> <p><input type="radio"/> E Political aspect</p>
<p>A community recently experienced a foodborne illness outbreak due to contaminated food. Which statement accurately reflects the role of food hygiene in preventing such outbreaks?</p>	<p>1</p>	<p><input type="radio"/> A 10-15 years</p> <p><input type="radio"/> B 5-10 years [T]</p> <p><input type="radio"/> C 1-5 years</p> <p><input type="radio"/> D 5-15 years</p> <p><input type="radio"/> E 1-10 years</p>
<p>A restaurant manager wants to educate their staff about the importance of food hygiene. How would you explain the significance of food hygiene to the staff?</p>	<p>0</p>	<p><input type="radio"/> A Food hygiene ensures the satisfaction of customers.</p> <p><input type="radio"/> B Food hygiene preserves the nutritional value of food.</p> <p><input type="radio"/> C Food hygiene minimizes the risk of foodborne illnesses. [T]</p> <p><input type="radio"/> D Food hygiene enhances the reputation of businesses.</p> <p><input type="radio"/> E Food hygiene complies with legal and regulatory requirements.</p>
<p>High plasma C-reactive protein (CRP) level is believed to be associated with increased risk of acute coronary syndromes. A group of investigators is planning a study that would evaluate that association, taking into account a set of potential confounders. Which of the following is best statement of null hypothesis for the study?</p>	<p>0</p>	<p><input type="radio"/> A Food hygiene ensures customer satisfaction and repeat business.</p> <p><input type="radio"/> B Food hygiene enhances the visual appeal of food presentation.</p> <p><input type="radio"/> C Food hygiene promotes environmentally friendly practices.</p> <p><input type="radio"/> D Food hygiene prevents the risk of food contamination and illnesses. [T]</p> <p><input type="radio"/> E Food hygiene reduces food waste and improves resource efficiency.</p>
<p>A group of investigators conducts a study to evaluate the association between serum homocysteine level and the risk of myocardial infarction. They conclude that a high baseline plasma homocysteine level is associated with an increased risk of myocardial infarction and report a risk ratio (RR) of 1.08 and a p value of 0.01. Which of the following is most accurate statement about the results of the study?</p>	<p>0</p>	<p><input type="radio"/> A High plasma CRP level carries increased risk of acute coronary syndromes</p> <p><input type="radio"/> B High plasma CRP level is related to the occurrence of acute coronary syndromes</p> <p><input type="radio"/> C High plasma CRP level has no association with acute coronary syndrome [T]</p> <p><input type="radio"/> D Acute coronary syndrome can be predicted by high plasma CRP</p> <p><input type="radio"/> E High plasma CRP level can cause acute coronary syndromes</p>
<p>It is claimed that a new drug induces rapid and sustained weight loss by affecting triglyceride metabolism in the small intestine. The body mass index of 100 patients is calculated at baseline and compared to the value after 1 year of treatment with the drug. Which of the following tests is most likely to be employed by investigators to analyze the study results?</p>	<p>0</p>	<p><input type="radio"/> A There is an 8% chance that increased homocysteine levels cause myocardial infarction</p> <p><input type="radio"/> B There is a 1% probability that there is no association [T]</p> <p><input type="radio"/> C The 95% confidence interval for the RR includes 1.0</p> <p><input type="radio"/> D The study has insufficient power to reach a definite conclusion</p> <p><input type="radio"/> E There is a 10% probability that the association is underestimated</p>
<p>A patient has his blood glucose level measured. The population mean blood glucose level is then subtracted from the patient's blood glucose level. The result is then divided by the standard deviation. If we assume that the blood glucose level in the</p>	<p>1</p>	<p><input type="radio"/> A Paired t test [T]</p> <p><input type="radio"/> B Two-sample t test</p> <p><input type="radio"/> C Fisher's exact test</p> <p><input type="radio"/> D Pearson's chi-square test</p> <p><input type="radio"/> E Analysis of variance</p>

population follows a normal distribution, the value obtained is best referred to as:

- A T score
- B Z score [T]
- C F value
- D Chi-square value
- E Correlation coefficient

An investigator compares an average standardized depression score in two groups of hypertensive patients: those who take beta-blockers & those who do not. Which of the following tests is most likely to be employed by the investigator to analyze the study results?

1

- A Paired t test
- B Two-sample t test [T]
- C Fisher's exact test
- D Pearson's chi-square test
- E Analysis of variance

Two studies are conducted to assess the risk of developing asymptomatic liver mass in women taking oral contraceptive pills (OCP). Study A reports a relative risk of 1.6 (95% confidence interval 1.1-2.8) in women taking OCP compared to women not taking OCP over a five-year follow-up period. Study B reports relative risk of 1.5 (95% confidence interval 0.8-3.5) in women taking OCP compared to women not taking OCP over a five-year follow-up period. Which of the following statements about the two studies is most accurate?

0

- A Study A overestimates the risk
- B The result in study B proves no causality
- C The result in study A is not accurate
- D The sample size in study B is small [T]
- E The p value in study B is less than 0.05

A 6-month-old infant presents with diarrhea and vomiting for the past 24 hours. The infant appears lethargic, has sunken eyes, and decreased urine output. What is the most appropriate next step?

0

- A Prescribe oral rehydration solution (ORS) and advise a follow-up appointment
- B Administer intravenous fluids and refer to a pediatric specialist [T]
- C Recommend over-the-counter anti-diarrheal medication
- D Order stool culture and initiate empiric antibiotic treatment
- E Provide home care instructions and reassurance

A 45-year-old woman presents with severe diarrhea, vomiting, and abdominal pain. She recently ate at a local restaurant and suspects food poisoning. On examination, she is febrile and has signs of dehydration. Stool examination reveals leukocytes, and culture grows Salmonella. What is the most appropriate initial management for this patient?

1

- A Immediate hospital admission for intravenous antibiotics
- B Empiric antibiotic treatment with ciprofloxacin
- C Supportive care with oral rehydration solution (ORS) and electrolyte replacement [T]
- D Anti-emetic medication for symptom relief
- E Surgical consultation for possible complication

A 3 month old child is brought by his parents to a GP with complaints of loose motions and nappy rash. Mother says baby was breast fed for 40 days and then switched to cow milk. O/E the child looks alert but irritable and not dehydrated. You order stool for reducing substances which comes out positive. The diagnosis of lactose deficiency is made. What would be the probable cause of it

1

- A Congenital lactase deficiency
- B Primary lactase deficiency
- C Secondary lactase deficiency due to diarrhea induced by cow milk [T]
- D Celiac disease
- E Immunodeficiency

An otherwise well 4-week-old neonate has remained jaundiced since day 3 of life despite two exchange transfusions and continuous phototherapy. Laboratory values: Hb 14 g/dL; reticulocyte count 1.0%; bilirubin unconjugated 21 mg/dL, conjugated 0.2 mg/dL; ALT 15 IU/L, AST 40 IU/L. A Coombs test prior to the first exchange transfusion was negative. Ultrasound examination reveals a normal liver and gallbladder. What is the most probable diagnosis?

1

- A Crigler najjar syndrome [T]
- B Gilbert syndrome
- C neonatal sepsis
- D Meconium aspiration syndrome
- E G6PD deficiency

A mother brings her 8 month old baby to you. She is concerned that the baby isn't gaining weight, his stools are explosive and watery, he has a nappy rash. The baby is breastfed. She hasn't weaned him yet. His stool for reducing substances is positive. What is the most likely diagnosis?

0

- A Lactose intolerance [T]
- B Cow's milk protein allergy
- C Celiac disease
- D Pancreatic insufficiency
- E Toddler's diarrhoea

A 55-year-old man with hypertension and recurrent atrial fibrillation, presented to the ER with history of abdominal pain and bloody diarrhea, colonoscopy revealed hemorrhages and edematous mucosa with slight discoloration. What is the most likely diagnosis?

0

- A Pseudomembranous colitis
- B Ischemic colitis [T]
- C Ulcerative colitis
- D Bacterial Dysentery
- E Irritable bowel syndrome

A fifty year old man, hypertensive with a history of ischemic heart disease and recently treated for the episodic atrial fibrillation, presented to the ER with sudden onset of severe abdominal pain for the last 6 hours. The pain is generalized and

0

<p>continuous and associated with vomiting on and off . On examination the patient is conscious , bp 100/ 70 mm hg, pulse of 150 bpm, irregularly irregular, abdomen is non distended and slight tender.what is the most likely diagnosis?</p>		<ul style="list-style-type: none"> <li><input type="radio"/> A Perforation of small bowel</li> <li><input type="radio"/> B Acute gut ischemia [T]</li> <li><input type="radio"/> C Irritable bowel disease</li> <li><input type="radio"/> D rectus sheath abscess</li> <li><input checked="" type="radio"/> E Paralytic ileus</li> </ul>
<p>A forty-year-old male patient who has a chronic history of altered bowel habit, multiple perianal fistula was sent for colonoscopy, which revealed patchy involvement by deep ulcers of gut visible through out. The patient responded to mesalazine which was continued. What the most likely diagnosis?</p>	0	<ul style="list-style-type: none"> <li><input type="radio"/> A Crohns disease [T]</li> <li><input checked="" type="radio"/> B Diverticular disease</li> <li><input type="radio"/> C Clostridium colitis</li> <li><input type="radio"/> D irritable bowel syndrome</li> <li><input type="radio"/> E Ischemic colitis</li> </ul>
<p>A 28-year-old female complains of sudden onset of severe right-sided abdominal pain which he is unable to localise. He is in agony, writhing around and cannot find a comfortable position in which to get any relief from his pain. He has some dysuria, urgency and frequency of micturition. On examination he is tender over the right flank with some rigidity but no rebound. Which differential must be excluded of this patient before labelling her acute appendicitis?</p>	0	<ul style="list-style-type: none"> <li><input type="radio"/> A Ureteric colic [T]</li> <li><input checked="" type="radio"/> B Ovarian torsion</li> <li><input type="radio"/> C Enteric perforation</li> <li><input type="radio"/> D Acute bowel ischemia</li> <li><input type="radio"/> E Dysentery</li> </ul>
<p>A thirty-year-old unmarried, presented to the ED with pain peri-umbilical region shifting to RIF, continuous pain and no radiation. Her dates are late by one week. Its associated with nausea, vomiting and anorexia. On examination the patient is pale tachycardia, with a bp of 90/60mm of hg. On abdominal examination there is slight distended abdomen with tenderness all-over abdomen, there is marked guarding and rigidity on the RIF and pelvis region. What is the most important test to perform?</p>	0	<ul style="list-style-type: none"> <li><input type="radio"/> A Urine pregnancy test [T]</li> <li><input type="radio"/> B Virology</li> <li><input type="radio"/> C Serum electrolytes</li> <li><input type="radio"/> D Urinalysis</li> <li><input checked="" type="radio"/> E C-reactive protein level</li> </ul>
<p>4. A fifty-year-old man, hypertensive with a history of ischemic heart disease and recently treated for the episodic atrial fibrillation, presented to the ER with sudden onset of severe abdominal pain for the last 6 hours. The pain is generalized and continuous and associated with vomiting on and off. On examination the patient is conscious, bp 100/ 70 mm hg, pulse of 150 bpm, irregularly irregular, abdomen is non-distended and severely tender. what is the most likely diagnosis?</p>	0	<ul style="list-style-type: none"> <li><input type="radio"/> A Peptic ulcer disease</li> <li><input type="radio"/> B Irritable bowel disease</li> <li><input type="radio"/> C Paralytic ileus</li> <li><input type="radio"/> D Acute gut ischemia [T]</li> <li><input checked="" type="radio"/> E Perforation of small bowel</li> </ul>
<p>2. A fifty-five-year-old lady who has a history of acute exacerbation of diverticular disease of colon, was treated conservatively about a month ago. Now the acute phase has settled down. Now came for follow up for his disease. What should be the management plan for this patient?</p>	0	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> A Re-assurance and continue the medical treatment</li> <li><input type="radio"/> B Advise tumor markers for colonic cancer</li> <li><input type="radio"/> C Operate and perform colectomy</li> <li><input type="radio"/> D Prepare for colonoscopy [T]</li> <li><input type="radio"/> E Avoid coloscopy</li> </ul>
<p>A fifty-year-old male, presented to the emergency department with a chronic history of altered bowel habits and left sided abdominal pain for the last once week, he has passed stools stained with blood on and off. On examination the patient is febrile, tachycardic and there is left iliac fossa swelling which is tender and hot. He is thoroughly resuscitated now how to proceed further?</p>	1	<ul style="list-style-type: none"> <li><input type="radio"/> A Immediate laparotomy</li> <li><input type="radio"/> B Colonoscopy</li> <li><input checked="" type="radio"/> C Ct abdomen [T]</li> <li><input type="radio"/> D Flexible sigmoidoscopy</li> <li><input type="radio"/> E Barium enema</li> </ul>
<p>1. A fifty year old man presented to the out patient department, with history of altered bowel habits and a few episodes of malena. After routine investigations he was referred for coloscopy which showed mucosal ulcers, confluent starting from the rectum to left colon. What is the most likely diagnosis?</p>	0	<ul style="list-style-type: none"> <li><input type="radio"/> A Irritable bowel syndrome</li> <li><input type="radio"/> B Crohns disease</li> <li><input type="radio"/> C Ulcerative colitis [T]</li> <li><input checked="" type="radio"/> D Infiltrating carcinoma of rectum</li> <li><input type="radio"/> E Diverticular disease of colon</li> </ul>
<p>3. A 28-year-old female complains of sudden onset of severe right-sided abdominal pain which he is unable to localise. He is in agony, writhing around and cannot find a comfortable position in which to get any relief from his pain. He has some dysuria, urgency and frequency of micturition. On examination he is tender over the right flank with some rigidity but no rebound. Which differential must be excluded of this patient before labelling her acute appendicitis?</p>	0	<ul style="list-style-type: none"> <li><input type="radio"/> A Dysentery</li> <li><input type="radio"/> B Acute bowel ischemia</li> <li><input type="radio"/> C Ureteric colic [T]</li> <li><input type="radio"/> D Ovarian torsion</li> <li><input checked="" type="radio"/> E Enteric perforation</li> </ul>
<p>An 18-year-old female complains of generalized colicky abdominal pain for about 6 h. She feels unwell, has vomited a couple of times and is anorexic. The pain has shifted to the right iliac fossa. On examination she has pyrexia of 38°C, is tender over the right iliac fossa with rigidity and has rebound tenderness. Ultrasound abdomen is significant only for probe</p>	1	

tenderness in the right iliac fossa. What management is needed at this stage?		<input type="radio"/> A Start conservative with iv antibiotics <input checked="" type="radio"/> B Proceed with appendectomy [T] <input type="radio"/> C Start Ochsner-Sherren regime <input type="radio"/> D Refer her for endoscopy <input type="radio"/> E Admit for observation
A 26 year old boy presents with bloody diarrhoea, abdominal pain and weight loss. Barium follow through reveals 'cobble stoning' and multiple strictures in small bowel. Keeping these findings what is likely diagnosis?	1	<input checked="" type="radio"/> A Crohn's disease [T] <input type="radio"/> B Diverticulosis <input type="radio"/> C Intussusception <input type="radio"/> D Sigmoid Volvulus <input type="radio"/> E Ulcerative colitis
A 56 Years old man presents with a 2 week history of diarrhea which has not settled following an episode of food poisoning. Which of the following would be the most appropriate investigation ? a	1	<input type="radio"/> A Full blood count <input type="radio"/> B Urea and electrolyte <input checked="" type="radio"/> C Stool sample for microscopy, culture and sensitivity [T] <input type="radio"/> D Abdominal X ray <input type="radio"/> E Liver functions tests
A 47-year-old woman presents to your clinic with a three-month history of dysphagia. There is no history of drastic weight loss and the patient experiences symptoms when swallowing solids but not liquids. Which of the following is not an obstructive cause of dysphagia?	1	<input type="radio"/> A . Pharyngeal carcinoma <input type="radio"/> B Esophageal web <input type="radio"/> C Retrosternal goiter <input type="radio"/> D Peptic stricture <input checked="" type="radio"/> E myasthenia Grave"s [T]
All of the following are alarm symptoms in gastroesophageal reflux disease (GERD) except:	0	<input checked="" type="radio"/> A odynophagia <input type="radio"/> B : halitosis [T] <input type="radio"/> C recurrent vomiting <input type="radio"/> D occult or gross gastrointestinal bleeding <input type="radio"/> E anemia
Which of the following disorders is a non-continuous inflammatory disease that can affect any point from the mouth to the anus ?	1	<input type="radio"/> A Cirrhosis <input type="radio"/> B Diverticulitis disease <input type="radio"/> C Appendicitis <input type="radio"/> D Cholecystitis <input checked="" type="radio"/> E Cohn's disease [T]
A young girl, presents to the ER with complain of dysphagia to food from last 1 month progressively worsening with time. She has no known co-morbidites, had her childhood vaccination's done in due time, no previous history of operations or trauma. Considering Dysphagia is an early symptom of	0	<input type="radio"/> A acute rheumatic fever <input type="radio"/> B acute cholecystitis <input type="radio"/> C Scleroderma [T] <input checked="" type="radio"/> D Leiomyoma of the eosophagus <input type="radio"/> E GERD
40-year-old female presented with chronic diarrhea from last 5 months. There is associated per rectal bleed and mild abdominal pain. The Patient gives history of frequent tenesmus. Colonoscopy performed which showed continuous inflammation of rectal mucosa with ulcer formation but no skip lesions. What is the probable Diagnosis?	1	<input checked="" type="radio"/> A Ulcerative colitis [T] <input type="radio"/> B Crohn's disease <input type="radio"/> C Amoebic dysentery <input type="radio"/> D Ca colon <input type="radio"/> E Pseudo-membranous colitis
Which of the following is the most common cause of duodenal ulcers?	0	<input checked="" type="radio"/> A NSAIDs <input type="radio"/> B Helicobacter pylori [T] <input type="radio"/> C Alcohol abuse <input type="radio"/> D Chronic corticosteroid therapy <input type="radio"/> E Zollinger-Ellison syndrome
Your read a report in a patient's medical notes who you suspect has inflammatory bowel disease. The reports reads 'there is cobble stoning of the terminal ileum with the appearance of rose thorn ulcers. These finding are suggestive of Crohns disease'. Select the most likely investigation that this report was derived from:	0	<input type="radio"/> A Sigmoidoscopy <input type="radio"/> B Barrium Follow Through <input checked="" type="radio"/> C Abdominal CT <input type="radio"/> D Abdominal US <input type="radio"/> E colonoscopy [T]
During your on call, you are bleeped to see an 80 year old women on the ward who has not opened her bowels for the last 4 days. She is not known to have a history of constipation. On examination her observations are within normal range, the abdomen is soft and there is mild discomfort at the left iliac	0	

fossa. Bowel sounds are present and on PR examination the rectum is empty. You consult your registrar who asks you to prescribe osmotic laxative. What is the most appropriate treatment.

- A Ispaghula Husk
- B Docusate sodium
- C Lactulose [T]
- D Senna
- E Methylcellulose

A 65-year-old woman with diabetes, hypertension, coronary artery disease, gastroesophageal reflux disease, and ongoing use of alcohol and tobacco, presents with several months of increasing midsternal chest discomfort predominantly when swallowing solid food. Recently, even liquids are becoming problematic. She has not noted blood in her stool or melena, weight loss, or change in her energy level. Laboratory studies are normal. What is the most likely cause of her dysphagia?

0

- A Esophageal cancer
- B Peptic esophageal stricture [T]
- C Achalasia
- D Zenker diverticulum
- E Polymyositis

The metallic poison which causes menstrual disorder, abortion and sterility is:

0

- A Arsenic
- B Copper
- C Copper sulphate
- D Lead [T]
- E Mercury

The salt of lead which is used in paints is:

0

- A Lead carbonate [T]
- B Lead chromate
- C Lead sulphate
- D Lead tetroxide
- E Metallic lead

“Plumbism” is the other name of:

1

- A Chronic arsenic poisoning
- B Chronic copper poisoning
- C Chronic lead poisoning [T]
- D Chronic mercury poisoning
- E Chronic thallium poisoning

“Hatter’s shake” is observed in:

0

- A Chronic arsenic poisoning
- B Chronic copper poisoning
- C Chronic lead poisoning
- D Chronic mercury poisoning [T]
- E Chronic thallium poisoning

“Erethism” is observed in:

0

- A Chronic arsenic poisoning
- B Chronic copper poisoning
- C Chronic lead poisoning
- D Chronic mercury poisoning [T]
- E Chronic thallium poisoning

Metallic poison which is re excreted in the large intestine is:

0

- A Arsenic
- B Copper
- C Lead
- D Mercury [T]
- E Thallium

Freshly precipitated ferric oxide is antidote used for acute poisoning due to:

0

- A Arsenic [T]
- B Copper
- C Lead
- D Mercury
- E Thallium

Baldness involving lateral two third of eyebrows is observed:

0

- A Chronic arsenic poisoning
- B Chronic copper poisoning
- C Chronic lead poisoning
- D Chronic mercury poisoning
- E Chronic thallium poisoning [T]

Mee’s lines on nails are seen in :

1

<p><b>“Rain drop pigmentation” is seen in chronic poisoning due to:</b></p>	<p><b>1</b></p>	<p><input type="radio"/> A Chronic arsenic poisoning [T]</p> <p><input type="radio"/> B Chronic copper poisoning</p> <p><input checked="" type="radio"/> C Chronic lead poisoning</p> <p><input type="radio"/> D Chronic mercury poisoning</p> <p><input type="radio"/> E Chronic thallium poisoning</p>
<p><b>Red velvety appearance of gastric mucosa is observed in:</b></p>	<p><b>1</b></p>	<p><input checked="" type="radio"/> A Arsenic [T]</p> <p><input type="radio"/> B Copper</p> <p><input type="radio"/> C Lead</p> <p><input type="radio"/> D Mercury</p> <p><input type="radio"/> E Thallium</p>
<p><b>Maximum hematological disorders are observed in:</b></p>	<p><b>1</b></p>	<p><input checked="" type="radio"/> A Acute arsenic poisoning [T]</p> <p><input type="radio"/> B Acute copper poisoning</p> <p><input type="radio"/> C Acute lead poisoning</p> <p><input type="radio"/> D Acute mercury poisoning</p> <p><input type="radio"/> E Acute thallium poisoning</p>
<p><b>Punctuate Basophilia is a feature seen in poisoning due to:</b></p>	<p><b>0</b></p>	<p><input type="radio"/> A Arsenic poisoning</p> <p><input type="radio"/> B Copper poisoning</p> <p><input checked="" type="radio"/> C Lead poisoning [T]</p> <p><input type="radio"/> D Mercury poisoning</p> <p><input type="radio"/> E Thallium poisoning</p>
<p><b>“Rati poison” refers to:</b></p>	<p><b>1</b></p>	<p><input checked="" type="radio"/> A Arsenic</p> <p><input type="radio"/> B Copper</p> <p><input type="radio"/> C Lead [T]</p> <p><input type="radio"/> D Mercury</p> <p><input type="radio"/> E Thallium</p>
<p><b>Vegetable poison which on ingestion causes yellow vomiting and yellow stool is:</b></p>	<p><b>1</b></p>	<p><input checked="" type="radio"/> A Abrus precatorious [T]</p> <p><input type="radio"/> B Calatropis</p> <p><input type="radio"/> C Colosynth</p> <p><input type="radio"/> D Croton tiglium</p> <p><input type="radio"/> E Marking nut</p>
<p><b>The vegetable poison which can cause permanent blindness is:</b></p>	<p><b>0</b></p>	<p><input type="radio"/> A Abrus precatorious</p> <p><input type="radio"/> B Calatropis</p> <p><input checked="" type="radio"/> C Colosynth [T]</p> <p><input type="radio"/> D Croton tiglium</p> <p><input type="radio"/> E Marking nut</p>
<p><b>The life cycle of a parasite begins with filariform larvae entering the feet of human beings and then migrating to lungs. Which parasite is this?</b></p>	<p><b>1</b></p>	<p><input checked="" type="radio"/> A Abrus precatorious</p> <p><input type="radio"/> B Calatropis [T]</p> <p><input type="radio"/> C Colosynth</p> <p><input type="radio"/> D Croton tiglium</p> <p><input type="radio"/> E Marking nut</p>
<p><b>A lab technician is explaining Nematodes to his lab fellows, He is saying that a certain nematode is found both in soil and human beings. Which nematode is this?</b></p>	<p><b>0</b></p>	<p><input type="radio"/> A Ameba</p> <p><input type="radio"/> B Protozoa</p> <p><input type="radio"/> C Sarcodina</p> <p><input type="radio"/> D Sporozoa</p> <p><input checked="" type="radio"/> E Strongyloides [T]</p>
<p><b>An internee in parasitology rotation is giving a lecture on vectors that they are organisms which transfer infectious agent from infectious animal to human beings. The vectors are usually</b></p>	<p><b>1</b></p>	<p><input checked="" type="radio"/> A Ascaris</p> <p><input type="radio"/> B Entrobilus</p> <p><input type="radio"/> C Necator</p> <p><input type="radio"/> D Strongyloides [T]</p> <p><input type="radio"/> E Trichuris</p>

<p>A pathologist under ultrasound guidance captures eggs of <i>Schistosoma hematobium</i> in the wall of urinary bladder of the patient who has hematuria as the presenting complaint. Which carcinoma is related to infestation with <i>Schistosoma hematobium</i>?</p>	1	<input type="radio"/> A Arthropods [T] <input type="radio"/> B invertebrates <input type="radio"/> C parrots <input type="radio"/> D snails <input type="radio"/> E vertebrates
<p>A pathologist is lecturing house officers about parasitic infestations. He tells them that definitive host of trematodes is human beings, which animal living in fresh water is the intermediate host?</p>	0	<input type="radio"/> A gall bladder <input type="radio"/> B liver <input type="radio"/> C renal <input type="radio"/> D spleen <input checked="" type="radio"/> E urinary bladder [T]
<p>A microbiologist researcher is working on parasitology. He is telling some fellow workers about blood flukes, especially <i>Schistosoma</i>. Which group of parasites does <i>Schistosoma</i> belongs?</p>	1	<input type="radio"/> A Ants <input type="radio"/> B Flies <input checked="" type="radio"/> C Fish <input type="radio"/> D Snails [T] <input type="radio"/> E Ticks
<p>A parasitologist is teaching 4 year MBBS students about Cestodes that they are hermaphrodites and have a gravid uterus segment at the far end. What does the gravid uterine segment contains?</p>	1	<input type="radio"/> A Amoeba <input type="radio"/> B Protozoa <input type="radio"/> C Sporozoa <input type="radio"/> D Sarcodina <input checked="" type="radio"/> E Trematoda [T]
<p>A 10 year old patient comes to the physician. The doctor suspects worm infestation and orders a stool examination. The eggs in the stool are oval and have a lid like opening or operculum at one end. Which cestode has this egg?</p>	0	<input checked="" type="radio"/> A eggs [T] <input type="radio"/> B merozoites <input type="radio"/> C sperms <input type="radio"/> D trophozoites <input type="radio"/> E zoits
<p>A 10 year old patient comes to the physician. The doctor suspects worm infestation and orders a stool examination. The eggs in the stool are oval and have a lid like opening or operculum at one end. Which cestode has this egg?</p>	0	<input type="radio"/> A <i>Ascaris lumbricoides</i> <input type="radio"/> B <i>Diphyllobothrium latum</i> [T] <input type="radio"/> C <i>Entamoeba histolytica</i> <input type="radio"/> D <i>Hymenolepis nana</i> <input checked="" type="radio"/> E <i>Strongyloides stercoralis</i>
<p>A doctor is specializing in parasitology, he is giving a lecture, and is saying that unicellular microorganisms are called protozoa. What are multicellular parasites are called ?</p>	0	<input type="radio"/> A Amoeba <input type="radio"/> B Metazoa [T] <input type="radio"/> C Sporozoa <input type="radio"/> D <i>Scistosoma</i> <input checked="" type="radio"/> E Sarcodina
<p>A medical researcher working on parasitology is giving a lecture on sexual and asexual cycles of parasites. The asexual cycle of the parasite occurs in which host?</p>	1	<input type="radio"/> A Accidental host <input type="radio"/> B definitive host <input checked="" type="radio"/> C intermediate host [T] <input type="radio"/> D optional host <input type="radio"/> E rare host
<p>A microbiologist is teaching medical students about sexual and asexual cycles of parasites. The individual in which the sexual cycle of the parasite occurs is called as?</p>	1	<input type="radio"/> A Accidental Host <input checked="" type="radio"/> B Definitive Host [T] <input type="radio"/> C Intermediate Host <input type="radio"/> D Occasional Host <input type="radio"/> E Temporary Host
<p>A doctor asked the laboratory to do stool examination, the pathologist reported tapeworm infestation in the sample. Which tapeworm is the most common in the world?</p>	0	<input type="radio"/> A <i>Diphyllobothrium latum</i> <input checked="" type="radio"/> B <i>Entamoeba histolytica</i> <input type="radio"/> C <i>Hymenolepis nana</i> [T] <input type="radio"/> D <i>Schistosoma hematobium</i> <input type="radio"/> E <i>Strongyloides stercoralis</i>
<p>A physician orders a stool examination for worm infestation, pathologist is looking for trophozoites and cysts. Cysts are passed intermittently, how many stool specimens should be collected?</p>	1	



A patient has *Entamoeba histolytica* infestation, he undergoes an abdomino pelvic ultrasound, which shape ulcers in the muscularis layer of intestine will be there?

1

A doctor is aspirating a liver abscess under ultrasound guidance, the pus is brown yellow in color like anchovy paste. Considering the color of abscess pus, which microorganism is involved?

0

A 55-year-old man has developed abdominal pain and jaundice over 5 weeks. On physical examination, there is right upper quadrant pain. Abdominal CT scan shows a markedly thickened gallbladder wall. A cholecystectomy is performed, and sectioning shows an enlarged gallbladder containing a fungating, 4 × 7 cm firm, lobulated, tan mass. Which of the following risk factors is most likely associated with this mass?

0

A 41-year-old woman who works as a tattoo artist has had increasing malaise and nausea for the past 2 weeks. On physical examination, she has icterus and mild right upper quadrant tenderness. Laboratory studies show serum AST of 79 U/L, ALT of 85 U/L, total bilirubin of 3.3 mg/dL, and direct bilirubin of 2.5 mg/dL. She continues to have malaise for the next year. A liver biopsy is done, and microscopic examination shows minimal hepatocyte necrosis, mild steatosis, and minimal portal bridging fibrosis. An infection with which of the following viruses is most likely to produce these findings?

1

After experiencing malaise and increasing icterus for 6 weeks, a 42-year-old male comes to you for care. You find that he has the following serum serologic test results: negative HAV IgM, positive HBsAg, positive hepatitis core IgM antibody, negative HCV antibody. You are most confident to advise him that?

0

A 50-year-old female has experienced gradually increasing malaise, Jaundice, and loss of appetite for the last 5 months. She has a total bilirubin concentration of 6.8 rag/ dL, AST of 189 U/L, ALT of 200 U/L, and alkaline phosphatase of 36 U/L. A liver biopsy shows piecemeal necrosis of hepatocytes at the limiting plate with portal fibrosis and a mononuclear infiltrate in the portal tracts. These findings are most typical for ?

0

A 50-year-old male with a long history of chronic alcoholism has a firm nodular liver on physical examination. Laboratory findings include a serum albumin level of 2.5 g/dL and a prothrombin time of 28 seconds (control,13 seconds). He was hospitalized last year with upper gastrointestinal hemorrhage. Which of the following additional physical examination findings is he most likely to have?

1

A 59-year-old female experiences increasing ascites, and a liver biopsy demonstrates diffuse portal tract bridging fibrosis and nodular regeneration of liver cells. There is no hepatocyte necrosis and no cholestasis. Within the areas of fibrosis, bile duct proliferation and mononuclear cell inflammatory infiltrates can be seen. These findings are most characteristic for ?

0

A 40 -year-old male comes to the casualty department with marked hematemesis. On physical examination, he has a temperature of 35.9°C, pulse of 112/min, respiration rate of 26/min, and blood pressure of 100/50 mm Hg. He has a distended abdomen with a fluid thrill, and the spleen tip is palpable. Which of the following liver diseases is most likely to be present?

0

Three weeks after a meal at the restaurant , a 30 year-old male

- A one
- B two
- C three [T]
- D four
- E five

- A Funnel
- B Flask [T]
- C rectangular
- D square
- E triangular

- A *Entameba histolytica* [T]
- B *Entrobilus vermicularis*
- C *Hymenolepis nana*
- D *Schistosoma hematobium*
- E *Strongyloides stercoralis*

- A Alcohol abuse
- B Cholelithiasis [T]
- C *Clonorchis sinensis* infection
- D Primary sclerosing cholangitis
- E Ulcerative colitis

- A HAV
- B HBV
- C HCV [T]
- D HDV
- E HEV

- A All serologic test results will become negative in a year.
- B Complete recovery without sequelae is most probable [T]
- C Donating blood a month before is the source of his infection.
- D There is a significant risk for development of fulminant hepatitis.
- E There is significant risk for development of hepatocellular carcinoma.

- A Congestive heart failure
- B Choledocholithiasis
- C HAV infection
- D Hemochromatosis
- E HCV infection [T]

- A Caput medusae [T]
- B Diminished deep tendon reflexes
- C Distended jugular veins
- D Papilledema
- E Splinter hemorrhages

- A Alcoholic hepatitis
- B Acute viral hepatitis
- C Acetaminophen toxicity
- D Cirrhosis [T]
- E Chronic passive congestion

- A Cirrhosis [T]
- B Cholangiocarcinoma
- C Fatty change
- D HAV infection
- E Massive hepatic necrosis

<p>develops malaise. He has a mild scleral jaundice, fatigue, and loss of appetite. His symptoms abate over the next 3 weeks. On returning to the cafe, he finds that it has been closed by the health department. Which of the following laboratory test findings is he most likely to have?</p>	1	<input type="radio"/> A Hepatitis B surface antibody <input type="radio"/> B Hepatitis D IgM antibody <input type="radio"/> C Hepatitis C antibody <input checked="" type="radio"/> D Hepatitis A IgM antibody [T] <input type="radio"/> E Hepatitis B core antibody
<p>A 48-year-old man has increasing abdominal girth and icterus. Serum laboratory findings include a total bilirubin concentration of 5.2 mg/dL, direct bilirubin of 4.2 mg/dL, alkaline phosphatase of 95 U/L, aspartate aminotransferase (AST) of 300 U/L, alanine aminotransferase (ALT) of 158 U/L, total protein concentration of 6.4 g/dL, and albumin concentration of 2.2 g/dL. The prothrombin time is 18 seconds (control, 12 seconds). The blood ammonia level is 105 micromol/L. The most likely cause for these findings is?</p>	0	<input type="radio"/> A Acute hepatitis A infection <input type="radio"/> B Alcoholic liver disease [T] <input type="radio"/> C Choledocholithiasis <input type="radio"/> D Metastatic adenocarcinoma <input checked="" type="radio"/> E Primary biliary cirrhosis
<p>from the last 6 days, a previously healthy 38-year-old woman has become increasingly obtunded. She has scleral yellow discoloration. She is afebrile and has a blood pressure of 110/55 mm Hg. Laboratory investigations reveal a prothrombin time of 38 seconds (with a control of 13), an ALT level of 1854 U/L, AST level of 1621 U/L, and serum albumin concentration of 1.8 g/dL. Which of the following additional serum laboratory test findings would you most likely expect to be present?</p>	0	<input type="radio"/> A Hepatitis C virus antibody <input checked="" type="radio"/> B Increased alkaline phosphatase level <input type="radio"/> C Increased amylase level <input type="radio"/> D Increased ammonia level [T] <input type="radio"/> E Positive antinuclear antibody
<p>A 53 year old woman has had nausea, vomiting and mid epigastric pain for 5 months. An abdominal CT scan shows gastric outlet obstruction. Upper GI endoscopy shows an ulcerated 2 x 4 cm bulky mass in gastric antrum at the pylorus. A urease test is positive. Which of the following is most likely to be seen in a biopsy specimen of this mass?</p>	0	<input type="radio"/> A Adenocarcinoma [T] <input checked="" type="radio"/> B Leiomyosarcoma <input type="radio"/> C Neuroendocrine carcinoma <input type="radio"/> D Non-Hodgkin lymphoma <input type="radio"/> E Squamous cell carcinoma
<p>A 7 year old boy comes to A&amp; E complaining of itching around the anus at night. He also complains of weight loss and diarrhea. He is pale on examination. Which bug is involved in this disease?</p>	1	<input type="radio"/> A Acinetobacter baumannii <input type="radio"/> B Bacillus anthracis <input checked="" type="radio"/> C Enterobius vermicularis [T] <input type="radio"/> D Staphylococcus aureus <input type="radio"/> E Yersinia pestis
<p>In a primary school a lot of children are complaining of diarrhea. The doctor of the school thinks this is due to contaminated water and poor personal hygiene. She fears that children have worms in their intestines. What is the first investigation she orders in these school children?</p>	1	<input type="radio"/> A Chest X ray <input type="radio"/> B ELISA <input type="radio"/> C FBC <input type="radio"/> D PCR <input checked="" type="radio"/> E Stool R/E [T]
<p>A 30 year old male comes to the doctor complaining of anorexia, weight loss and pain in upper right quadrant. The doctor suggests an abdominal ultrasound which shows an abscess in the liver. Which microorganism might be the culprit in this case?</p>	1	<input type="radio"/> A Acinetobacter baumannii <input type="radio"/> B Bacillus anthracis <input checked="" type="radio"/> C Entamoeba histolytica [T] <input type="radio"/> D Francisella tularensis <input type="radio"/> E Yersinia pestis
<p>A 40 year old female patient comes to A&amp;E. She is malnourished. She is complaining of loss of appetite, anorexia and on and off diarrhea. The physician does stool R/E and confirmed worm infestation. He also orders a full blood count to be done, what is going to be low in full blood count?</p>	1	<input type="radio"/> A Basophils <input checked="" type="radio"/> B Hemoglobin [T] <input type="radio"/> C Lymphocytes <input type="radio"/> D CRP <input type="radio"/> E AFP
<p>A 13 year old school girl comes to pediatrician complaining of bloating, weight loss, pain abdomen and diarrhea. She also looks pale and has lack of interest in concentrating in academic activities. The doctor is sure she has parasitic infestation. He deworms her and prescribes a supplement. Which supplement he must prescribe?</p>	0	<input type="radio"/> A Folic acid <input type="radio"/> B Iron [T] <input type="radio"/> C Neurobion <input checked="" type="radio"/> D Probiotics <input type="radio"/> E Vit C
<p>A 48-year-old male presents with colicky right upper quadrant pain. He has had nausea for the past 2 days. His temperature is now 38.8°C. His white blood cell (WBC) count is 11,200/xL, with a differential count of 71 segmented neutrophils, 9 band cells, 13 lymphocytes, and 7 monocytes per 1130 WBCs. These findings are most typical for</p>	0	<input type="radio"/> A Acute hepatitis A <input type="radio"/> B Acute cholecystitis [T] <input type="radio"/> C Adenocarcinoma of the gallbladder <input type="radio"/> D Extrahepatic biliary atresia <input checked="" type="radio"/> E Primary sclerosing cholangitis
<p>A 49-year-old male experiences increasing ascites, and a liver</p>		

biopsy demonstrates diffuse portal tract bridging fibrosis and nodular regeneration of liver cells. There is no hepatocyte necrosis and no cholestasis. Within the areas of fibrosis, bile duct proliferation and mononuclear cell inflammatory infiltrates can be seen. These findings are most characteristic for

0

Intestines of humans and other mammals are the natural habitats of enteric organisms, a large family of bacteria is present as normal flora. Which of the following is most likely to be found as the normal flora of the intestine?

1

Salmonella typhi and S.paratyphii are the two major pathogens that cause enteric fever. Which of the following is the specimen of choice for the routine diagnosis of Enteric fever?

1

The larvae of certain nematodes migrate through the lung and cause pneumonitis characterized by cough or wheezing. Infection by which one of the following nematodes is most likely to cause this clinical picture?

0

Pin worm is an intestinal infection caused by tiny parasitic worms. Where are pin worms primarily found in the body?

1

A 45-year-old, mildly obese woman presents with a 1-week history of upper abdominal pain, fever, shaking chills, and occasional vomiting. Physical examination shows severe right upper quadrant tenderness. Laboratory studies include serum bilirubin of 1.0 mg/dL, AST of 25 U/L, ALT of 35 U/L, alkaline phosphatase of 220 U/L (high), WBC of 14,000/ $\mu$ L, and amylase of 95 U/L (normal). An ultrasound examination of the abdomen reveals a normal-appearing liver and bile duct and thickening of the wall of the gallbladder. Which of the following is the most likely diagnosis?

1

A 40-year-old woman presents with a long history of vague upper abdominal pain and frequent indigestion. Examination reveals an obese woman with jaundice and abdominal tenderness. Serum bilirubin is elevated (4.2 mg/dL). There is a mild increase in serum AST and ALT (62 and 57 U/L, respectively) and a moderate increase in alkaline phosphatase (325 U/L). Markers for viral hepatitis are negative. Abdominal ultrasound examination shows echogenic stone-like material within the gallbladder and thickening of the gallbladder wall. An intrahepatic mass is also visualized adjacent to the gallbladder. Cholecystectomy is performed. Histologic examination shows dense fibrosis and glandular structures in the wall of the gallbladder. What is the most likely diagnosis?

1

A 19 year old patient comes to A&E complaining of a lesion on his foot while walking bare foot in the soil. He complains of anorexia, flatulence and watery diarrhea. Which parasite is involved?

0

A well-known school in the tropical area is trying to eradicate worm infestation from their school. They are promoting safe drinking water and proper sanitation. What else would you add as a doctor?

1

A patient presents with severe abdominal pain and a "burning" sensation in the upper abdomen. Endoscopy reveals several benign ulcers in the antral mucosa of the stomach. Which of the

1

- A Alcoholic hepatitis
- B Acute viral hepatitis
- C Acetaminophen toxicity
- D Cirrhosis [T]
- E Chronic passive congestion

- A Escherichia species [T]
- B Staphylococcus species
- C Shigella species
- D Streptococcal species
- E Salmonella species

- A Blood culture [T]
- B CSF culture
- C Perineal swab culture
- D Sputumr culture
- E Throat swab culture

- A Ascaris lumbricoides [T]
- B Anisakis simplex
- C Enterobius vermicularis
- D Trichinella spiralis
- E Trichuris trichiura

- A Colon/rectum [T]
- B Liver
- C Lungs
- D Kidneys
- E Under the skin

- A Acute cholecystitis [T]
- B gall bladder Carcinoma
- C Pancreatic Carcinoma
- D Acute pancreatitis
- E Primary biliary cirrhosis

- A Hemangiosarcoma
- B Gallbladder Carcinoma [T]
- C Metastatic gastric Carcinoma
- D Hepatocellular carcinoma
- E Hepatocellular carcinoma

- A S.aureus
- B S.mutans
- C S.pneumoniae
- D Strongyloides stercoralis [T]
- E Schistosoma hematobium

- A Eating
- B Hand washing [T]
- C Immunity
- D Swimming
- E Vaccination

<p>following drugs is most likely to provide the fastest albeit probably the briefest relief of the discomfort with just a single dose?</p>		<ul style="list-style-type: none"> <li><input type="radio"/> A Antacids [T]</li> <li><input type="radio"/> B Belladonna alkaloids</li> <li><input type="radio"/> C H2 blockers</li> <li><input type="radio"/> D Misoprostol</li> <li><input type="radio"/> E Propantheline</li> </ul>
<p>We have two patients. One requires suppression of emesis caused by an anticancer drug that causes a high incidence and severity of vomiting (a highly emetogenic drug). Another patient has severe diabetic gastroparesis and gastroesophageal reflux, which requires relief. Which drug would be most suitable for both indications (assuming no specific contraindications)?</p>	1	<ul style="list-style-type: none"> <li><input type="radio"/> A Diphenoxylate</li> <li><input type="radio"/> B Dronabinol</li> <li><input type="radio"/> C Loperamide</li> <li><input checked="" type="radio"/> D Metoclopramide [T]</li> <li><input type="radio"/> E Ondansetron</li> </ul>
<p>A patient has severe gastroesophageal reflux disease (GERD). In addition to providing some immediate symptom relief, for which we will prescribe usually effective doses of an OTC combination antacid product, we want to suppress gastric acid as fully as possible. Which of the following drug is most likely to meet that criterion?</p>	1	<ul style="list-style-type: none"> <li><input type="radio"/> A Atropine</li> <li><input type="radio"/> B Calcium carbonate</li> <li><input type="radio"/> C Cimetidine</li> <li><input checked="" type="radio"/> D Esomeprazole [T]</li> <li><input type="radio"/> E Misoprostol</li> </ul>
<p>A 24-year-old woman in her second trimester of pregnancy complained of constipation at a routine prenatal visit. The physician instructed the woman to maintain bowel function by drinking plenty of water, increasing bulk in the diet with vegetables, and taking a laxative daily. Which of the following laxatives would be most appropriate for this patient?</p>	1	<ul style="list-style-type: none"> <li><input type="radio"/> A Bisacodyl</li> <li><input type="radio"/> B Castor oil</li> <li><input checked="" type="radio"/> C Docusate [T]</li> <li><input type="radio"/> D Magnesium hydroxide</li> <li><input type="radio"/> E Senna</li> </ul>
<p>A 46-year-old man recently diagnosed with a duodenal ulcer started a treatment that included daily Sucralfate. Which of the following mechanisms most likely mediates the therapeutic efficacy of the drug in the patient's disease?</p>	1	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> A Acting as a barrier to acid by binding to necrotic ulcer tissue [T]</li> <li><input type="radio"/> B Exerting a bactericidal effect against Helicobacter pylori</li> <li><input type="radio"/> C Inhibiting hydrochloric acid secretion</li> <li><input type="radio"/> D Reacting with gastric hydrochloric acid to form salt and water</li> <li><input type="radio"/> E Stimulating bicarbonate secretion by antral parietal cells</li> </ul>
<p>A 59-year-old woman suffering from chronic constipation routinely self-administered milk of magnesia (magnesium hydroxide) daily. Which of the following actions most likely mediated the laxative effect of the drug?</p>	1	<ul style="list-style-type: none"> <li><input type="radio"/> A Formation of a bulky emollient gel</li> <li><input type="radio"/> B Inhibition of cholecystokinin release</li> <li><input type="radio"/> C Lubrication of fecal material</li> <li><input type="radio"/> D Retention of water in the vessels by osmosis</li> <li><input checked="" type="radio"/> E Stretching of the intestinal wall [T]</li> </ul>
<p>A 57-year-old man complained to his physician of epigastric pain that was stronger at night and was temporarily relieved by food. Upper gastrointestinal endoscopy showed two small gastric ulcers, and a urease breath test was positive for Helicobacter pylori infection. The physician prescribed a triple therapy with omeprazole, clarithromycin, and metronidazole for 14 days, followed by omeprazole daily for 6 weeks. Which of the following statements best explains why this drug regimen is the first-line therapy for H. pylori-associated ulcers?</p>	1	<ul style="list-style-type: none"> <li><input type="radio"/> A Clarithromycin greatly enhances the bactericidal activity of omeprazole</li> <li><input type="radio"/> B Metronidazole greatly enhances the bactericidal activity of omeprazole.</li> <li><input type="radio"/> C Omeprazole is rapidly bactericidal against H. pylori.</li> <li><input checked="" type="radio"/> D The regimen almost completely eliminates the risk of ulcer recurrence. [T]</li> <li><input type="radio"/> E The regimen can cure the ulcer in up to 70%of cases.</li> </ul>
<p>A 36-year-old man complained to his physician of dizziness and drowsiness. The man, recently diagnosed with gastro-esophageal reflux disease, had started an appropriate treatment 2 weeks earlier. Laboratory findings showed an increase of the patient's prolactin levels. Which of the following drugs could have caused the signs and symptoms of this patient?</p>	1	<ul style="list-style-type: none"> <li><input type="radio"/> A Aluminum hydroxide</li> <li><input type="radio"/> B Calcium carbonate</li> <li><input checked="" type="radio"/> C Metoclopramide [T]</li> <li><input type="radio"/> D Omeprazole</li> <li><input type="radio"/> E Ranitidine</li> </ul>
<p>A 61-year-old woman with newly diagnosed ovarian cancer was scheduled to receive her first course of chemotherapy. A prophylactic antiemetic medication was planned. A drug from which of the following classes would be most appropriate to include in the antiemetic therapy of this patient?</p>	1	<ul style="list-style-type: none"> <li><input type="radio"/> A Adrenergic agonists</li> <li><input type="radio"/> B Dopaminergic agonist</li> <li><input type="radio"/> C GABAergic agonists</li> <li><input type="radio"/> D Muscarinic antagonists</li> <li><input checked="" type="radio"/> E Serotonergic antagonists [T]</li> </ul>
<p>A 50-year-old woman complained to her physician of regurgitation of foul-tasting fluid into her mouth and occasional nausea and vomiting. The physician prescribed a drug that can both prevent nausea and vomiting and promote upper gastrointestinal motility. Blockade of which of the following receptors most likely contributed to the therapeutic effect of the drug in the patient's disease?</p>	1	<ul style="list-style-type: none"> <li><input type="radio"/> A Beta-2 adrenergic</li> <li><input checked="" type="radio"/> B D2 dopaminergic [T]</li> <li><input type="radio"/> C H2 histaminergic</li> <li><input type="radio"/> D M3 cholinergic</li> <li><input type="radio"/> E Nn cholinergic</li> </ul>
<p>A 43-year-old man suffering from heartburn had been using antacid preparations as needed. Which of the following best</p>	1	

describes the mechanism of action of antacids?

- A Binding to necrotic ulcer tissue
- B Inhibition of pepsin and hydrochloric acid secretion
- C Reaction with hydrochloric acid in the stomach lumen [T]
- D Reaction with pepsin in the stomach lumen
- E Stimulation of bicarbonate secretion by epithelial cells

An 18-year-old man traveling on vacation noted some mild abdominal cramps and three or four unformed stools over the past 24 hours. No blood was seen in the stool. Which of the following drugs would be appropriate to treat the patient's diarrhea?

1

- A Bismuth subsalicylate [T]
- B Magnesium sulfate
- C Metoclopramide
- D Sucralfate
- E Vancomycin

A 45-year-old woman presented to her physician because of a 2-week history of painless diarrhea usually occurred during meals. After physical examination, lab tests, and colonoscopy, a diagnosis of irritable bowel syndrome was made, and the woman was prescribed an appropriate therapy that included loperamide. Direct activation of which of the following receptors most likely mediated the therapeutic effect of the drug in this patient?

1

- A 5-HT<sub>3</sub> serotonergic
- B Alpha-2 adrenergic
- C M<sub>3</sub> cholinergic
- D Mu opioid [T]
- E Nn cholinergic

A 58-year-old alcoholic man suffering from hepatic cirrhosis was admitted to the hospital because of drowsiness and disorientation in time and place. Further exams led to the diagnosis of portal-systemic encephalopathy. Which of the following drugs would be appropriate to eliminate toxic enteric products in this patient?

1

- A Lactulose [T]
- B Loperamide
- C Omeprazole
- D Ranitidine
- E Sucralfate

A 70-year-old woman complained to her physician of obstinate constipation. The physician prescribed a laxative that acts in the colon by absorbing water into the fecal contents, thus promoting peristalsis about 1 or 2 days after administration. Which of the following drugs was most likely prescribed?

1

- A Castor oil
- B Docusate
- C Magnesium sulfate
- D Methylcellulose [T]
- E Sodium phosphate

A 61-year-old man with newly diagnosed lung cancer was scheduled to receive his first course of chemotherapy. A prophylactic antiemetic treatment was planned that included ondansetron. Which of the following brain regions represent a site of the antiemetic action of the drug?

1

- A Locus ceruleus
- B Medial forebrain bundle
- C Nucleus accumbens
- D Nucleus tractus solitarius [T]
- E Putamen