4Th year Medicine Exam 2013:

1- Clopidigrol Mechanism of action is :

ADP antagonist.

2- Patient with hight Bilirubin w kman m3lomat indicating eno 3ndo hemolyisis But he has negative Direct and Indirect Coombs test
   a. Autoimmune hemolysis
   b. March hemoglobinurea *
   c. Methyldopa induced hemolysis
   d. Pencillin
3- All cause microcytosis exept
   a. Iron Def
   b. Problem in heme synthesis
   c. Problem in heme structure
   d. Chronic disease
   e. Myelodysplasia*
4- All cause reticulocytosis except
   a. Pernicious anemia
5- 5- Crohn's all false except:
   a. These patients are more likely to be smokers more than UC patients
6- Heparin Mehchanism of action:
   a. Antithrombin III acceleration
7- Patient with abnormal aPTT test , the next test you will order is :
   a. I answered Factor VIII, V I IX XI
   b. Mixing 1:1 ratio of other plasma with the patient's blood sample
   c. Endoscopy of upper and lower GI tract
   d. 1972 factors
8- Apical Fibrosis is most common in:
   a. Cryptogenic pulmonary fibrosis
   b. Ankylosing spondylitis *
   c. RA
9- Death in RA is most likely due to:
   a. Cardiovascular disease
   b. infections
10- Case of young woman with hypertension and taking drug , and developed arthralgia and skin rash , most likely cause:
   a. Methlydopa
   b. ACEI
   c. Ca channel blocker
   d. Clonidine
11- Mitrol stenosis aja Aktar men so2al Study it mnee7 howe wel Aortic stensosi

a. Mitral stenosis = mid diastolic rumbling murmur

12- Mitral stenosis = Murmur not heard when the valve is severly calcified.

13- Tetralogy of fallot:

a. Patent ductus arteriosis
b. Atrial septal defect
c. Pulmonary stenosis *
d. Overriding pulmonary artery

14- Case with ST elevation in leads II III and AVF , and V1 and V2 , the most likely involved artery is :

a. Right coronary artery

15- All are false regarding first degree AV block except:

a. always pathological
b. AV is supplied by the left circumflex *
c. it occurs more with anterior MI more than inferior (was it like this ?!)
d. needs an urgent pacemaker

16- Atrial Fibrillation all false except:

a. Resolution to sinus rhythm is less likely if caused by Thyrotoxisis than IHD *

17- Digixon Toxicity is aggrevated by :

a. Hyopokalemia

18- Gynecomastia can be caused by one of these drugs:

a. Spironalactone

19- Criteria for chronic renal failure All except:

a. Hypocalcemia
b. Hypophosphatemia
c. Bilateral small kidney
d. Anemia
e. Osteodystrophy
    i. Don't know the answer since all can be present since hypophosphatemia is present but severe only when creatitine is above 3 and you can have CRF with large kidneys , so ! I think it is hypophosph by exclusion

20- QRS complex :

a. Ventricular depolarization

21- Patient , female , has seizures, thrombocytopenia , HTN, and kman 2eshi , most likely diagnosis is :

a. SLE

22- Primary biliary cirrhosis , most common presentation:

a. Itching

**Respiratory 2odroso PreTest aja menno akam so2al

23- So2al 3n Light's Criteria Fluid protein to serum protein is 0.38 , Fluid LDH = 110 (Normal serucm 100-190) , most likely diagnosis:

a. SLE

b. Congestive heart failure *

24- Pleural effusion , Exudate and Low glucose , most likely diagnosis:
   a. RA
   b. Esophageal Rupture
   c. Pancreatitis
   d. Malignancy
   e. TB
      i. Don't know the answer (I think rupture ?!)

25- Patient came with dyspnea , reduced heart sound over the left side , reduced chest movement , flatness to percussion on left side and trachea shifter to the right , the most likely diagnosis is :
   a. Pleural effusion
   b. Left lung collapse
   c. Pneumothorax
   d. Left Atelectasia

26- Know the values of Joint fluid Cells (Inflammatory VS Non Inflammatory) : So2al 3n joint pain , aspiration reveiled a fluid yellow and transparent , with 1000 cellls 25% of which is neutrophils the most likely diagnosis is :
   a. Osteoarthritis
   b. RA
   c. Septic arthritis

27- Patient with MI came after 2 weeks with a stroke , the initial work up for this patient is :
   a. Brain MRI
   b. Echocardiogram
   c. Dopler to the caroid
   d. Cardiac enzymes

28- Cushing disease can case one of the following:
   a. Vertebral collapse*
   b. Osteomalasia

29- Cushing DISEASE , all true except
   a. Increase in the CRT
   b. Adrenal gland hyperplasia

30- You would give thrombolytic treatement to :
   a. ST elevation

31- Heart Failure
   a. Can't be diagnosed clinically and need to get the ejection fraction

32- Cause of the High output Heart failure is all except:
   a. AV fistula
   b. Thiamin deficiency
   c. Paget's disease
   d. Fibrous dysplasia
   e. Iron overload *

33- Patient woman, taking low dose steroid for RA , for prophrlactic of osteoporosis you would give
    a. Bisphosphonate (no , it's low dose steroid)
    b. Calcium and Vit D supplements *

34- Vitamen D supplements would be of benefit to a patient with :
    a. Nasi el options bs jawabet Hypoparathyrodism bs el jawab 3'alat because you need PTH to convert Vitamen D to the active form.
    b. Hyperparathyroid
    c. Scurvy

35- COPD :
    a. Long term O2 will prolong life*
    b. Long term O2 will enhance the quality of life
    c. O2 supplements are effective only at the time of sleep
    d.

36- Acromegally , can present with all of the following except:
    a. Thick Dry skin (because they have greasy skin)

37- Acromegaly :
    a. Most patient have abnormal glucose tolerance test.

38- Patient with chest pain , ejection systolic murmur :
    a. Aortic stenosis

39- GERD Diagnosis :
    a. 24 hour ph monitoring (in the exam it was written 1h ph monitoring so the answer I think is with "symptoms"
    b. Symptoms*
    c. Monometry
    d. Barium enema

40- Gerd All true except:
    a. Hypertensive Lower esophageal sphincter

41- Thioglitaziones (Aja bi 2asma2hom e7fazohom) mechanism of action is:
    a. I answered Increase insulin peripheral sensitivity*
    b. decrease hepatic gloconeogenesis
    c. increase insulin production from Beta cells

42- To diagnose DM you need:
    a. Fasting blood glucse of 124
    b. Random glucose test > 180
    c. HB1Ac 7.6 *
    d. Glucoseurea

43- SIADH all true except
    a. Euvolimic
    b. Drug induced
    c. Hyponatremia
    d. Normal or elevated urine osmolarity

e. Normal serum osmolarity *

44- Ta3reef el lid lag

45- Gravis Disease all true except
   a. TSI
   b. Incrased the excretion fraction of T3
   c. Thyroid cells become smaller *

46- Traveller's diarrhea , most common cause:
   a. E.Coli

47- Female patient with IBS symptoms, one of the following will imply mandatory invitigation:
   a. Change in stool frequency
   b. Change in stool consistency
   c. Mucus in stool
   d. Bloody stool *

48- HBV acute infection is diagnosed by:
   a. HBsAG
   b. HBc IgmAB *

49- Regarding viral hepatitis :
   a. HBeAg is related to infectivity

50- Massive lower GI bleeding is caused by all except :
   a. Hemmoroids * (according to kumar only minimal)
   b. Duednal ulcer
   c. Diverticulosis
   d. Gastric varices
   e. Angiodysplasia

51- Bad prognostic factor in liver cirrhosis:
   a. Spleenomegaly*
   b. Astrixis

52- All cause ESR > 100 except:
   a. Ostemylitis
   b. Waldenstrom's
   c. Malignancy
   d. Aplastic anemia
   e. Polycythemia Rubra vera *

53- 2 Cases of typical IgA nephropathy : Upper respiratory infection followed by hematuria

54- Patient came with +4 proteinurea , Edema, but normal serum albumin , most likely diagnsosis is :
   a. DM
   b. Membranous nephropathy (I guess)

55- Patient present with epistaxis , and incrased KCO (DLCO) , most likely diagnossi is :
   a. Good Pasture syndrome
   b. Wegner granulomatosis (I answerd this because of URT involvment)

56- Hemovanilic acid is increased in
    a. Adrenal Medulla tumor *
    b. Adrenal Cortex tumor
57- Patient p-Anca positive , and sings of renal involment ,treat with:
    a. Cycolophosphamide and steroid
58- Case of Giant cell arteritis:
    a. Start him on steroid then do the diagnosis
59- Least likely with PMR
    a. Elevation in creatinine Kinase*
    b. Proximal muscle stiffness and pain
    c. Anorexia
    d. Elevated ESR
60- Erythema nodosum , arthlagia , and bilateral hilar lymphadenopathy
    a. Observation
    b. High dose prednislone
    c. NSAID plus low dose prednisolone
61- All thalassemia minor except:
    a. Anisocytosis (akeeed ?!)
    b. Targeting
    c. Within the low normal Hg
    d. Decreased num of RBCs
62- For screening for diabetes you would do:
    a. Mircoalbuminurea *
63- Crest Vs diffuse cutatneas ,all of the following favor crest except:
    a. Anti SCL70 is positive in 60-70%*
    b. Inflovment of the hands and face
    c. Pulmonary hepertension more in CREST
64- Case of follate deficinciy , iron Deficiceny , B12 , sub normal , the diagnostic test is:
    a. Anti Endomysial *
65- 12 year old boy with DM I give :
    a. Regular Insulin (I suppose this ?!)
    b. UltraLente
66- Case of pancytopenia , bilirubin 2 mg/dl , BUN:Creatinine ration is very high kanat
    a. HUS
    b. PNH
    c. DIC
    d. Autuimmune hemolytic anemia
67- Most common type of thrombophilia
    a. Protein C Def
    b. Protein S def
    c. Anti thrombin
    d. Factor 5 laiden

e. Antiphospholipid syn

68- Pt reje3mn italy , diagnosed and pneumonia , labs showed hyponatremia , most likely organism :

a. Legionella

69- 60 year old male patient , 20 years ago he had severe pneumonia , since then he complained of every year chest infection for which he took antibiotic , you would cover for what organism:

a. Pseumonas*
b. TB

70- Most common cause of COPD exacerbation

a. Infection *
b. Vigorous exercise
c. Cold weather
d. Hot weather

71- Diagnsosis of COPD is done through

a. Spirometry*
b. Symptoms
c. Peak Flow test

72- Dignosis of Astham requires:

a. Demonastration of airway reversibility

73- Tumor lysis syndrome , occurs as a result of :

a. Treatment of acute leukemia

74- Patient treated with HCTZ, Ca :12.1 , most likely cause for his hypercalcemia is:

a. Hyperparathyrodism *
b. Thiazide

75- RA would cause :

a. Marginal Erosions *
b. Subcondras osteosclerosis
c. Central erosions

76- Patient with congestive heart failure , taking ACEI, Spironolactone , B Blockers, Aspirine, and he was found sodium urate crystals, you would give:

a. NSAID
b. Colchasine *

77- SLE

a. Doesn't cause erosive arthritis

78- Gum hypertrophy is seen in which type of leukemia

a. Monocytic AML

79- Cause of pulmonary Hyerptension is most likely due

a. Recurrent mircoembolsim * (most likely)
b. Massive embolism
c. Air embolism
d. Fat embolism

80- Patient temperature 39 , BP 100/60 with sepsis

a. Pyogenic liver absess
b. Shock liver
c. Cholestasis caused by sepsis
d. W 5ayarat tanyi nasehom , bs el case kan 3'areeb

81- which is true regarding RF : normally found in 10-20% of elderly >65

82- osteoarthritis is initially starts with : defect in extracellular matrix components

83- all are true regarding nocturnal paroxysmal hemog except:

a. extravascualr hemolysis*
b. thrombolphilia
c. leukemic transformation

84- patient had watery diarrhea 2 weeks ago and now presenting with hemolytic anemia : HUS

85- hemolytic anemia after pneumonia, we should search for: mycoplasma serology (I think)

86- considered bad prognosis for ALL : WBCs over 50* 10^9

87- all maneuvers are likely to help identifying the mitral prolapsed except:

a. valsalva b. squinting c. hand grip d. carotid massage (momken !)

88- most aggressive lung Ca : small cell Ca

89- women presents with right lower quadrant mass and bloody diarrhea with skin tags : crohns

90- patient with low cerum Cu and kaser-ficher ring : wilsons disease

91- (the long case of insulin glargine and night hypoglycemia if you remember it, soo long to remember the details which are important in the ques)

92- indications for dialysis all except : digoxin induced toxicity