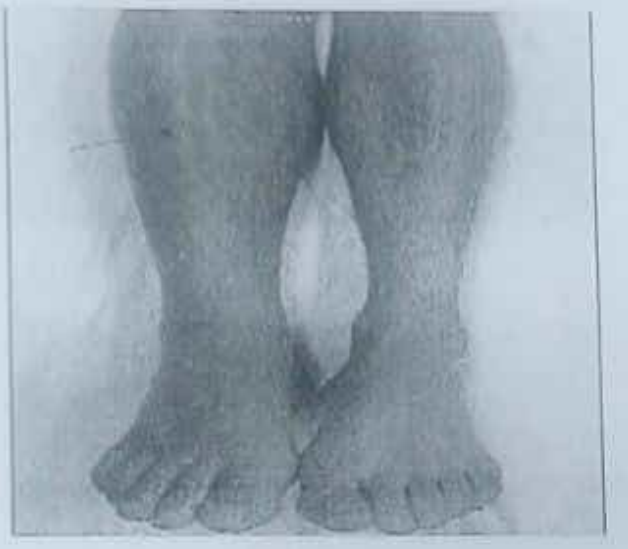
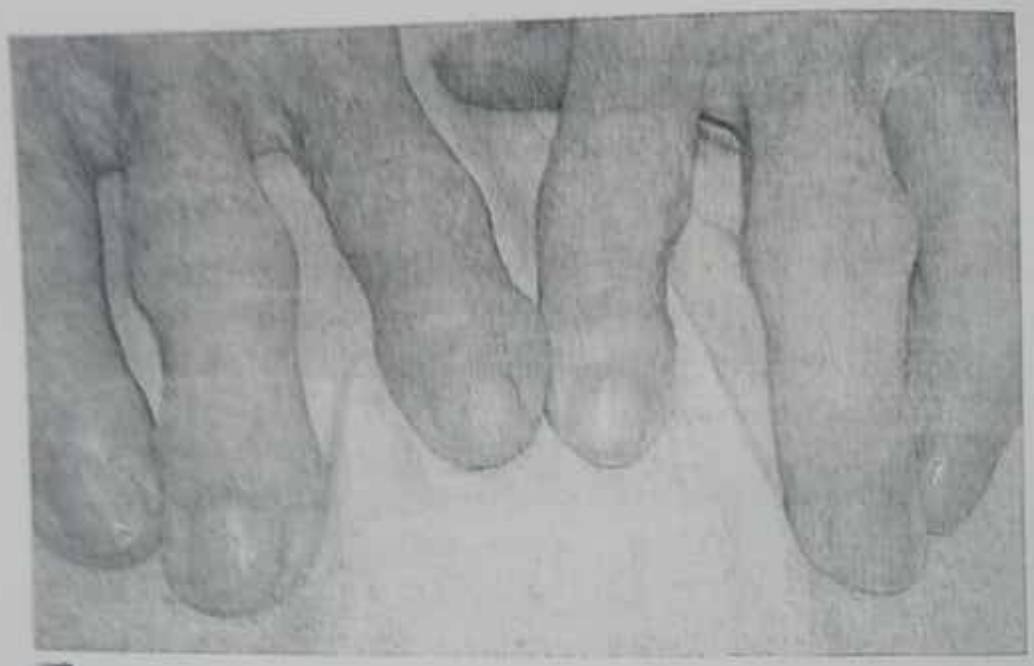
AL-AZHAR UNIVERSITY
FACULTY OF MEDICIN
Bridging exam 4TH year 2021-2022

1. This patient presented with erythema and swelling of the right leg. On examination he has pain on flexion of the calf. Please note that this patient has orthopedic surgery, and had been in bed for the last 8 weeks. What is the most likely diagnosis?



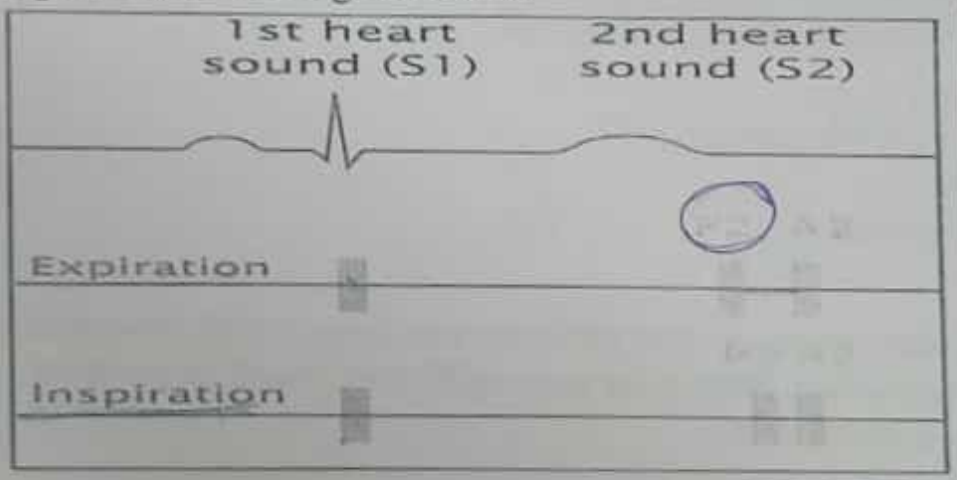
A. Varicose Veins
B. Deep Vein Thrombosis
C. Cellulitis
D. Osteomyelitis

2. This patient presented with joint pain that increase with movement, and decreased at rest. What is the name of the node found on the distal interphalangeal joint?



A. Heberden Node
B. Bouchard Node
C. Rheumatoid Nodule
D. Osler nodes

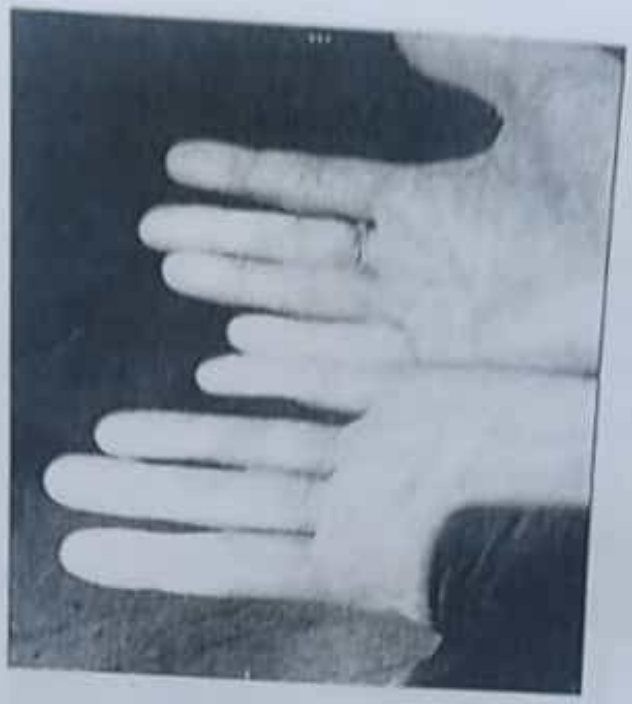
3. The sign found in the image indicates?



Paradox

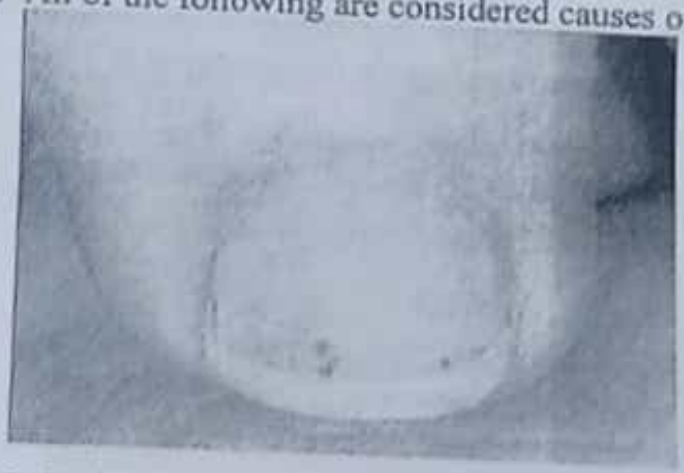
A. Left Bundle Branch Block
B. Right Bundle Branch Block
C. Pulmonary Stenosis
D. Mitral Stenosis

4. What is the name of this presentation?



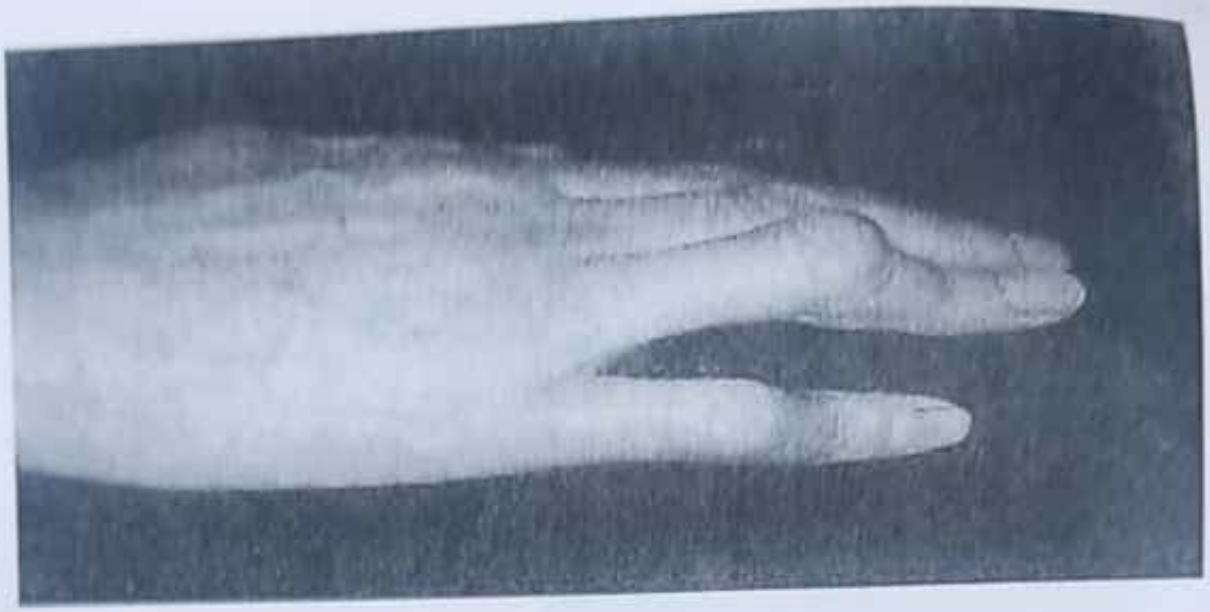
A. Reynaud's Phenomenon
B. De Musset Sign
C. Cyanosis
D. Clubbing

5. All of the following are considered causes of this presentation except?



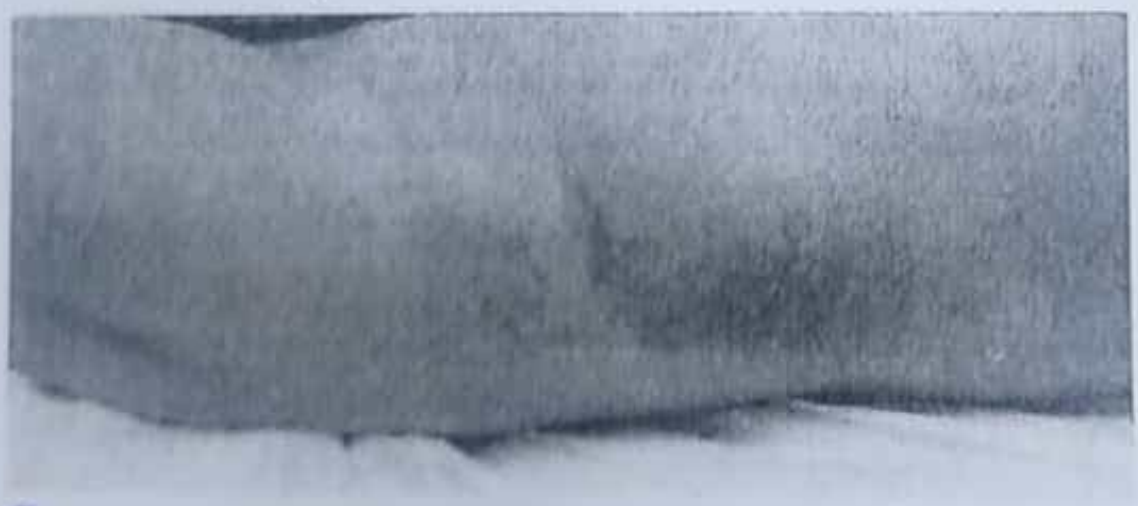
A. Infective Endocarditis
B. Trauma
C. Heart Failure
D. Nail Psoriasis

6. What is the name of this deformity?



A. Swan Neck Deformity
B. Bouteniere Deformity
C. Z deformity
D. Mallet Finger

7. 43 year old male presented with Upper abdominal pain radiates to your back, fever, nausea and vomiting , Labs shows high triglyceride levels in the blood and High calcium levels, on examination bruises, what is this ?

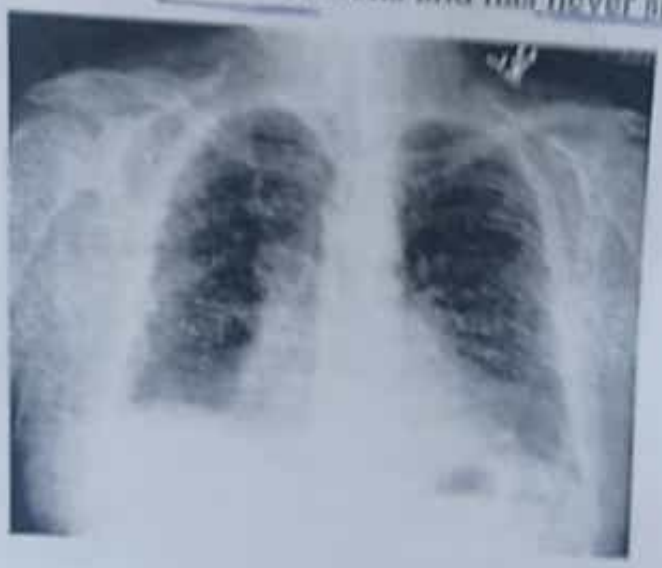


A. Grey turner's sign
B. Fox sign
C. Cullen's sign

D. Briant sign

8. A 55-year-old man comes for evaluation of exercise intolerance over the past 6 months. He has no significant past medical history. He informs you that over the past week he cannot walk across the room without getting "short of breath".

He takes no medications and has never smoked.

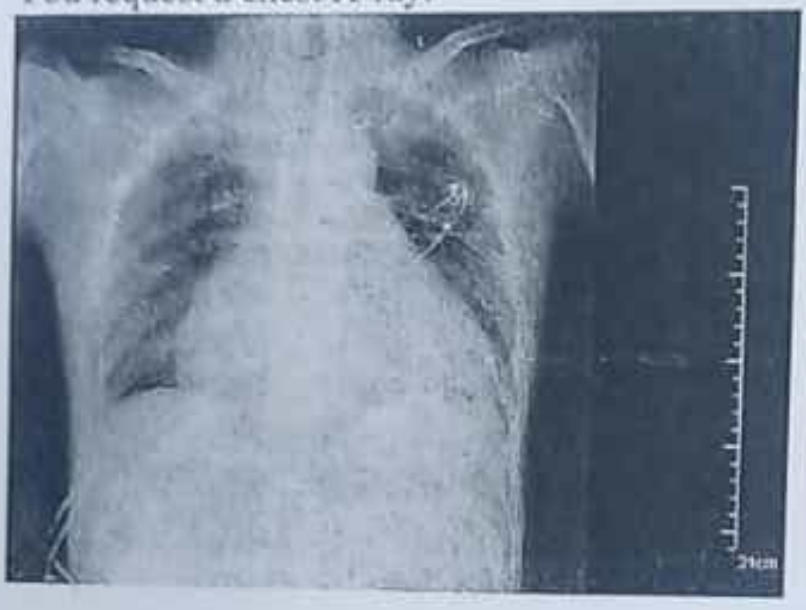


Which of the following is the least likely diagnosis? select one

A. Idiopathic pulmonary fibrosis
B. Sarcoidosis
C. Pneumoconiosis
D. Wegener granulomatosis
E. Heart failure

9. A 50-year-old female presents to the hospital with increasing breathlessness on exertion and chest pain. Examination reveals slightly muffled heart sounds, a raised jugular venous pulse, and a clear chest.

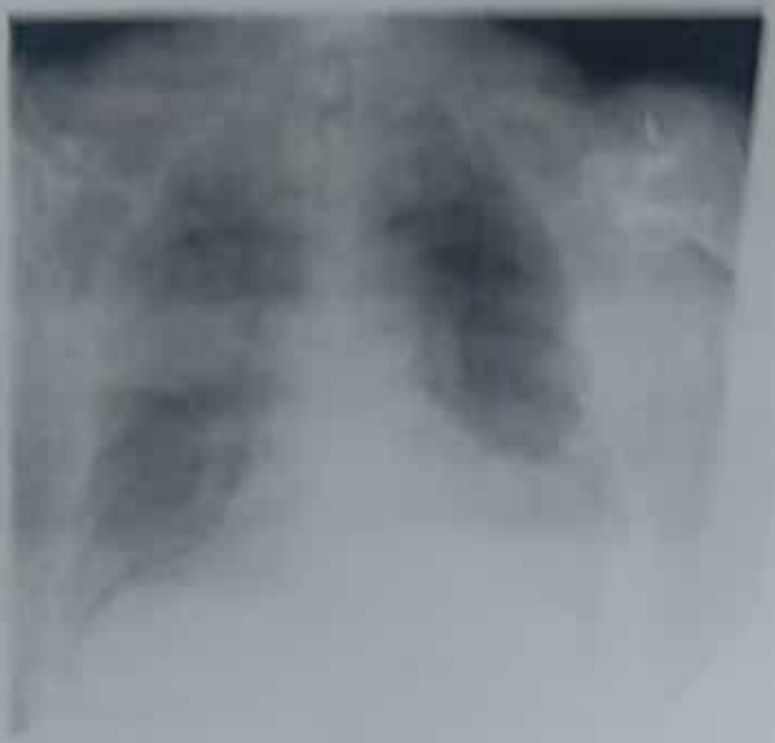
You request a chest X-ray.



The most likely diagnosis, select one

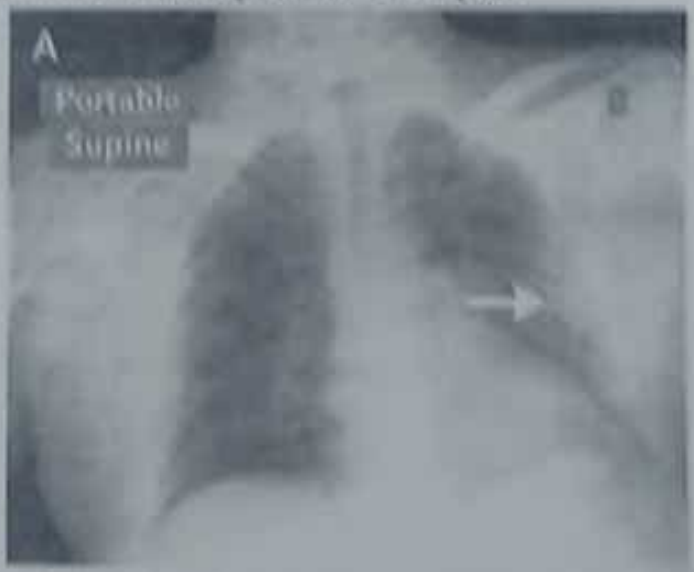
A. Heart failure exacerbation
B. Cardiac tamponade
C. Restrictive cardiomyopathy
D. Pericardial effusion
E. Cardiogenic shock

10. An 80-year-old male patient is admitted with confusion and fever. The examination is difficult but you think there are some right-sided crackles. A chest X-ray is requested for further assessment of these findings.



This chest X-ray shows, select one
A- right upper lobe consolidation
B-right middle lobe consolidation
C- right upper pleural effusion
D- right middle pleural effusion
E- right upper and middle consolidation

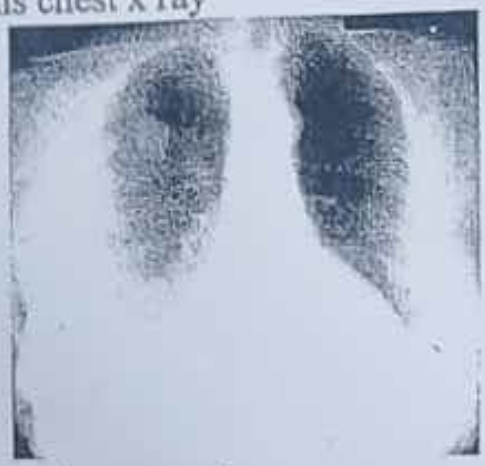
11. A 45-year-old male patient presented with sudden-onset dyspnea and hemoptysis, and left-sided pleuritic chest pain



The most likely finding in this chest X ray is

A. Left upper lobe ground-glass opacity
B. Knuckle sign
C. Westermark sign
D. Hampton hump
E. Palla sign

12. This chest x ray



A. Round pneumonia
B. Small cell lung cancer
C. Longer doubling time
D. Most common organism is klebsiella and staphylococcus aureus
E. Common in non-smoker patients

13. What is the most common cause of nontraumatic hematuria?
A. Carcinoma of the kidney or bladder
B. Cystitis
C. Kidney stones
D. Prostatic hyperplasia
E. Transfusion reaction

14. The most likely cause of superior vena cava syndrome is
A. bronchogenic carcinoma
B. mesothelioma
C. thymoma
D. teratoma
E. apical pulmonary bullae

15. An elevated mean corpuscular hemoglobin concentration (MCHC) is expected in which of the following conditions?

MCHC

A. Anemia of chronic disease
B. Iron-deficiency anemia
C. Sideroblastic anemia
D. Spherocytosis
E. Vitamin B12 deficiency

16. Platelet counts below what level may be associated with severe spontaneous hemorrhage?
A. 100,000 mm3
B. 50,000 mm3
C. 20,000 mm3
D. 10,000 mm3
E. 5000 mm3

17. What is the most common cause of normal anion gap metabolic acidosis?
A. Acetazolamide use
B. Diarrhea
C. Hypoaldosteronism
D. Magnesium sulfate
E. Renal tubular acidosis

18. To rule out middle lobe pneumonia, you must make sure to auscaltate;
A. Beneath the right breast
B. Beneath the left breast
C. Under the right axilla
D. Under the left axilla

19. A 57-year-old male is admitted with acute dyspnea and chest pain. A pulmonary embolism (PE) is confirmed. Which of the following is a recognized feature of a significant pulmonary embolism?

A. An arterial pH less than 7.2
B. An increase in serum troponin levels
C. Blood gases show increased pCO2 in air
D. Normal D-dimer levels
E. Reduced plasma lactate levels

20. A 57-year-old female school cleaner is undergoing investigation for breathlessness. Which of the following is NOT in keeping with a diagnosis of constrictive pericarditis? (Please select 1 option)

A. Ascites
B. Low JVP with no x and y descent
C. Orthopnoea
D. Peripheral oedema
E. Previous cardiac surgery

21. A 35-year-old woman presents with a three-month history of arthralgia, increasing fatigue and occasional nose bleeds. More recently she has become short of breath and has had two episodes of hemoptysis. On investigation she is found to have acute kidney injury, with a creatinine of 656 µmol/L and urine dipstick is positive for blood and protein. A chest x-ray is performed which shows several nodules throughout both long needs. The treating physician suspects Wegener's granulomatosis. Which of the below autoantibodies are most associated with this condition? (Please select 1 option)

A. Anti-dsDNA
B. Anti-GBM
C. MPO-ANCA
D. p-ANCA
E. PR3-ANCA

22. Which of the following statements regarding idiopathic pulmonary fibrosis is correct? (Please select 1 option)

A. 80% of patients respond well to immunosuppress
B. Active inflammation may be suggested by a CT scan
C. Lung volumes show a raised residual volume/total lung capacity ratio
D. Peak flow rate is a good guide to severity
E. Peak incidence seen in the fourth decade

23. A 42-year-old female with ulcerative colitis is found to have anti-smooth muscle antibodies.

Which is the most appropriate next test for this patient? (Please select 1 option)

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A. Abdominal ultrasound
B. Colonoscopy
C. Full blood count
D. Liver biopsy
E. Liver function tests

24. What is the most common finding in Cheyne-Stokes breathing?

(Please select 1 option)

A. heart failure
B. Liver failure
C. Pilocytic astrocytoma
D. Renal failure
E. Stroke

25. An asymptomatic 56-year-old man with a family history of type 2 diabetes is found to have a fasting venous glucose of 6.5 mmol/L (normal range 3.0-6.0 mmol/l). Which statement is correct?

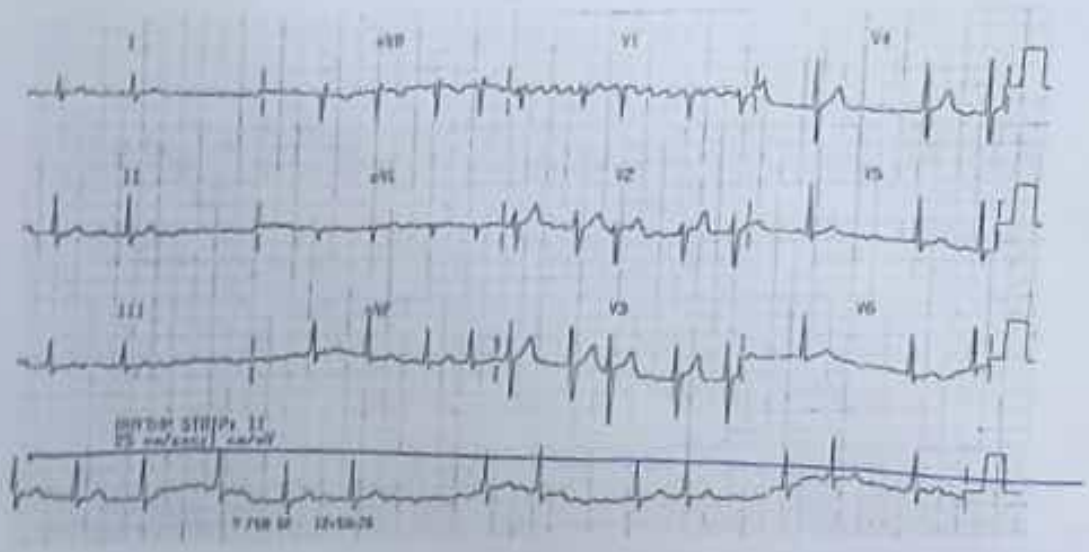
(Please select 1 option)

A. He has impaired glucose tolerance
B. He should be investigated further by another fasting venous sampling
C. He should be treated with oral hypoglycaemics in the first instance
D. He should undergo a 75 gm oral glucose tolerance test
E. This does not need further investigation

26. A 70-year-old man presents with palpitations. He takes a thiazide diuretic for hypertension and 2 days ago he was prescribed a macrolide for bronchitis. Which of the following arrhythmias is most likely to be provoked by the administration of a macrolide in this patient?

A. Atrial flutter
B. AVNRT
C. Multifocal atrial tachycardia
D. Torsade's de pointes
E. Ventricular tachycardia

27. A 61-year-old male with no known previous medical history is listed for an elective inguinal hernia repair. His pre-admission electrocardiogram (ECG) is shown below. On the day of surgery you, note an irregular pulse rate of 105 beats per minute and blood pressure of 165/95 mmHg. Appropriate statements regarding immediate management include:



A. Check serum electrolytes; if they are normal, then proceed with induction of general anesthesia.
B. Repeat the ECG; if the heart rate is 60 to 90 beats min-1, then proceed with induction of general anesthesia.
C. Cancel the operation; then refer to a cardiologist for investigation and pre-optimization.
D. Sedate the patient and electively cardiovert with a direct current.
E. Control the rate with metoprolol and then proceed to induction of general anesthesia

28. A 26-year-old soldier is admitted to a remote field hospital with limited diagnostic capabilities. He has collapsed during exercise and is diagnosed with hypovolemia and rhabdomyolysis secondary to extreme exercise. Basic biochemistry tests including renal profile (potassium 5.3 mmol/liter, urea 16.2 mmol litre1, creatinine 92 mmol/liter), and, creatine kinase (12,500 u/liter) are available but serum and urine myoglobin are unavailable. Appropriate statements regarding myoglobin and the diagnosis of rhabdomyolysis include:

A. Urinary dipstick for blood is likely to detect myoglobin in the absence of trauma to the urinary tract.
B. Creatine kinase alone cannot be used to diagnose rhabdomyolysis.
C. The absence of myoglobinuria is likely to exclude rhabdomyolysis.
D. Myoglobin levels peak after the increase in creatine kinase.
E. Serum or urine myoglobin levels are essential when diagnosing rhabdomyolysis.

29. You are discussing a patient with your registrar who has become acutely short of breath on the ward. After performing an arterial blood gas, you have high clinical suspicion that the patient has a pulmonary embolism. Which of the following is the investigation of choice for detecting pulmonary embolism?

A. Magnetic resonance imaging (MRI) of the chest
B. High-resolution CT chest (HRCT)
C. Chest x-ray
D. Ventilation/perfusion scan (V/Q scan)
E. CT pulmonary angiogram (CT-Pa)

30. You see a 48-year-old lorry driver, who presents to you with a three-month history of heartburn after meals which has not been settling with antacids and PPIs. You suspect that the patient has a hiatus hernia. The most appropriate investigation for diagnosing a hiatus hernia is:

A. Computer tomography (CT) scan
B. Chest x-ray
C. Upper GI endoscopy
D. Barium meal
E. Ultrasound

31. A 64-year-old woman attends your clinic with a 2-week history of jaundice. Over the last three months the patient has lost 10 kg. Associated symptoms include decreased appetite, dark urine and pale stools. On examination, the patient is jaundiced, her abdomen is soft and you can palpate a painless mass in the right upper quadrant. From the list of answers below, select the initial most appropriate investigation that you would request for this patient:

A. Abdominal x-ray
B. Abdominal CT
C. MRI of the abdomen
D. Abdominal ultrasound
E. ERCP

32. A neurologist is examining a patient. She takes the patient's middle finger and flicks the distal phalanx, her thumb contracts in response. What sign has been elicited?

A. Chvostek's
B. Glabellar
C. Hoffman's
D. Tinel's
E. Babinksi'

33. year-old woman presented to the acute medical unit with a oneweek history of worsening lower limb oedema. She was generally fit and well and her only medication was ibuprofen as required for intermittent back pain.

Investigations:

serum sodium 140 mmol/L (137–144)
serum potassium 4.3 mmol/L (3.5–4.9)
serum bicarbonate 22 mmol/L (20–28)
serum urea 7.8 mmol/L (2.5–7.0)
serum creatinine 95 µmol/L (60–110)
serum bilirubin 12 µmol/L (1–22)
serum alkaline phosphatase 90 U/L (45–105)
serum alanine aminotranferase 34 U/L (5–35)
serum albumin 14 g/L (37–49)
urinalysis: protein + + + +

ECG: normal sinus rhythm
CXR: normal lung fields and heart size

Which test is most likely to provide a diagnosis?

A. HbA1C and fasting glucose
B. Anti-PLA2R antibody assay
C. Renal biopsy
D. Renal ultrasound
E. Serum-free light chains, serum and urine electrophoresis

34. A 51-year-old man attended the ambulatory care clinic for review of the results of his CT calcium scoring. He had been investigated for numerous episodes of recurrent ischaemic-sounding chest pain on exerting himself. His ECG was unremarkable. His CT calcium score was 520.

What would be the next investigation?

A. Coronary angiography
B. Exercise tolerance test
C. Myocardial perfusion imaging
D. Reassurance, no further investigation warranted
E. Sixty-four slice CT coronary angiogram

35. A 39 year old heavy smoker presents with calf pain on walking and is referred to a vascular surgeon for assessment. Which clinical feature would be most reassuring?

A. Capillary refill <2 seconds
B. Cold temperature
C. Hair loss
D. Pallor
E. Pulselessness

36. A 25 year old man wishes to be a blood donor. Which of the following will his blood not be screened for evidence of exposure to?

A. Hepatitis A
B. Hepatitis B
C. Hepatitis e
D. Human T-lymphotrophic virus (HTLV)
E. Syphilis

A B C D C

37. A young man has a history of chronic low back pain and stiffness, which disturbs his sleep and takes time to wear off in the morning after waking. In making a diagnosis, which is the most appropriate combination of tests to do after clinical assessment?

A. HLA-827 and ESR
B. MRI lumbar spine and sacroiliac joints and bone scintigraphy
C. MRI SIJs and ESR
D. Pelvis radiograph and HLA-827
E. Pelvis radiograph, whole-spine and SIJs MRI, and HLA-827

38. Which of these factors is most likely to lead to an increased incidence of errors in clinical decision-making?

A. Age
B. Fatigue
C. Gender
D. Use of checklists
E. Working alone

39. A 35-year-old man is admitted to the intensive care unit with respiratory failure secondary to a fungal chest infection. His past medical history reveals acute myelogenous leukaemia, splenomegaly and a recent bone marrow transplant. His blood results reveal neutropenia and anaemia. Which of the following should be avoided unless absolutely necessary?

A. Respiratory system examination
B. Abdominal and rectal examination
C. Regular suction of nasopharyngeal secretions
D. Daily bloods taken via a central venous catheter
E. Regular turning to avoid pressure sores

40. A 70-year-old gentleman who is known to be taking warfarin is admitted to hospital with left-sided weakness. He has a history of coronary artery disease for which he is taking the warfarin but examination reveals no other findings of note.

Which of the following investigations is the most important to obtain?

A. Carotid duplex scan.
B. Echocardiogram.
C. CT scan of the brain.
D. INR.
E. ECG.

41. In abdominal examination all are true except
A. The Linea alba is not more than 1.25 cm wide above umbilicus
B. The Linea semilunaris cuts the ninth costal cartilage.
C. The fundus of GB lies in the transpyloric plane.
D. Visible peristalsis is commonly seen over the abdomen
E. Demeanor of patient can differentiate colic syndrome from peritonitis

42. In abdominal examination all are true except
A. Renal artery pulsation is found two cm above two cm lateral to umbilicus
B. Spider nevi is found in 10% of healthy people more than 3 is abnormal and denotes liver pathology, found only in distribution of SVC.
C. Striae due to marked rapid distension of skin smooth shiny and rupture of elastic fibers.
D. Cullen's sign appears after 24-48 hour of pancreatitis and is an indicative of severe pancreatitis
E. The direction of flow of blood in abdominal skin veins is up wards above umbilicus and downwards below it

43. Regarding abdominal examination all are true except
A. (Courvoisier's law) states that in obstructive jaundice palpable GB is usually a bad sign.
B. In relation to abdominal muscles mass deep to the anterior abdominal muscles becomes less obvious with contraction of these muscles.
C. Traube's area surface markings are respectively the left sixth rib superiorly, the left mid axillary line laterally, and the left costal margin inferiorly.
D. Blumberg and Rovsing's signs are signs used to diagnose appendicitis.
E. Ballottement is a way to assess a floating mass and the one hand ballottement is used to differentiate enlarged spleen from enlarged left kidney

44. Regarding acute abdomen all are true except

A. All abdominal conditions that present with short duration less than one week, pain is the usual symptom.
B. Hind gut visceral pain is referred to suprapubic region.
C. All acute abdomen require surgery within 24 hours.

D. Causes of Extra-abdominal pain includes rectus muscle hematoma, testicular torsion, MI pulmonary embolism, Pneumonia, and Herpes zoster.

E. Visceral pain is usually in the central region of abdomen due to bilateral presentation

45. The most important presenting feature of acute pancreatitis:

A. Nausea and vomiting.

B. Abdominal pain.

C. Abdominal guarding

D. Tachycardia, low grade fever.

E. Loss of bowel sounds and jaundice

46. Regarding trigeminal nerve and nerve injury all are true except

A. Corneal reflex the sensory root is by ophthalmic division of the trigeminal nerve

B. All Muscles of mastication will be paralyzed if maxillary division of trigeminal nerve is cut

C. The chin sensation is by mandibular branch of trigeminal nerve

D. Mouth opening will be weak if the main trigeminal nerve is cut.

E. During submandibular gland excision branch from trigeminal nerve may be injured

47. Regarding Colorectal cancer all are true except

A. Most of colon cancer is due to adenoma-carcinoma sequence.

B. Mucinous colon cancer has over all worse prognosis than non-mucinous type.

C. Dukes B tumor has no lymph node metastasis.

D. Neoplasm of left side of colon are less common in HNPCRC (lynch syndrome).

E. Diverticular disease, can cause colon cancer

48. Regarding Colorectal polyps all are true except

A. The most important risk factor in polyp becoming cancer colon is the type of polyp.

B. Villous polyps in the lower third rectum possibility of invasion is low.

C. Adenomatous polyps usually have stalk and are usually multiple.

D. Hamartomatus polyps occur in a Juvenile polyposis.

E. Pseudo polyps occur in inflammatory bowel disease

49. Commonest complication of PUD is:
A. Bleeding.
B. Perforation.
C. Pyloric obstruction.
D. Penetration

50. Regarding gastric and duodenal ulcers symptoms
A. Gastric ulcer patient is afraid to eat vomits and lose weight.
B. All types of gastric ulcer have hypo secretion of HCL.
C. Duodenal ulcer DU patient pain occurs roughly 30 minutes after food.
D. Hunger night pain is common in gastric ulcer.
E. DU has 5% malignant transformation

51. Regarding achalasia of cardia one answer is false:
A. Classical triad of dysphagia, post-prandial regurgitation and weight loss are common.
B. Esophageal Manometry is Gold Standard test to diagnose achalasia.
C. Presence of heart burn exclude achalasia as a cause.
D. Gastroscopy to exclude pseudo-achalasia arising from a tumor at the gastroesophageal junction is done.
E. Achalasia is considered a primary motility disorder of esophagus

52. Varicocele in Pediatric patients
A. Are common in 3rd decade of life
B. Primary Varicocele is less common than secondary Varicocele.
C. Affect left testis in 80-90 of cases.
D. Grade III means presence of impulse on cough
E. The Right angle of fusion of the left testicular vein to IVC is an important etiological cause

53. Regarding Inguinoscrotal swellings in all are true except
A. Complications is more common in indirect inguinal hernias than direct ones.
B. Sliding hernia is when part of hernia sac is formed by viscus.
C. Direct inguinal hernias are more common than indirect ones.
D. Tense hydrocele the testis is felt normally and usually normal.
E. In orchitis elevation of testis usually eases the pain

54 Dance sign is present in
A. Congenital diaphragmatic hernia

B. Duodenal atresia
C. Hirschsprung's disease
D. Intestinal malrotation
E. Intussusception

55. In appendicitis in teens
A. WBC count is often very high within the first 24 hours of symptoms.
B. The best treatment for perforated appendicitis is good antibiotic cover, follow up and interval appendectomy.
C. Shift to the right with normal total WCC is common.
D. CT scan has no rule in diagnosis of appendicitis.
E. Appendicitis cannot be treated with antibiotics alon

56. The commonest cause of pancreatitis in 2nd decade is
A. Trauma
B. Annular pancreas
C. GBS
D. Drugs
E. Viral infection

57. An 18-y old female presents as the restrained passenger after a head on collision on the 2nd survey a seat belt sign is noted at abdomen what is associated injury
A. Chance fracture
B. Duodenal hematoma
C. Colonic perforation
D. Splenic hematoma
E. Hepatic injury

58. In Gastroesophageal Reflux Disease GERD all are true except:
A. Typical reflux symptoms include pain burning chest pain, regurgitation, and globus sensation.
B. Atypical reflux symptoms include Cough, Wheezing, Hoarseness, Sore throat.
C. Silent reflux is when there is typical symptoms only without atypical reflux symptoms.
D. Gastroscopy is the mostly performed study in GERD patients.
E. 24 PH monitoring is usually done when there is no endoscopic evidence of reflux.

59. In cancer stomach

A. Intestinal type has worse prognosis than diffuse type.
B. H. pylori is not a risk factor in Gastric adenocarcinoma but risk factor for gastric lymphomas.
C. Most gastric cancer is asymptomatic in early course of the disease.
D. Early gastric cancer is T1-T2 cancer regardless of lymph node status.
E. Sister Mary Josef's nodule and Irish nodule are early signs of gastric cancers

60. Regarding ulcerative colitis all are true except

A. Usually peak incidence in the 15-25y with equal sex predominance.
B. Unknown etiology, confined to large bowel with genetic, environmental, seasonal components.
C. Abdominal examination is usually diagnostic.
D. The number of patients requiring surgery is declining with advancement in medical treatment.
E. Rectum is the most common area affected area and anus is usually spared

61. Regarding inflammatory bowel disease all are true except

A. Cancer risk is less in crohn's disease than ulcerative colitis.
B. Usually if there is no blood in stool the diagnosis is not ulcerative colitis.
C. Rectal sparing is common in crohn's disease.
D. Severe dysplasia is indication of surgery in ulcerative colitis.
E. In old age the severity of newly diagnosed ulcerative colitis is more

62. Vasodilation and resulting hypotension and increased capillary permeability is characteristic of:

A. Anaphylactic shock
B. Cardiogenic Shock
C. Hypovolemic shock
D. Septic Shock
E. Neurogenic shock

63. Regarding femoral hernia, all are true except:

A. is a visceral protrusion through the femoral ring, which is bounded medially by the femoral vein.
B. The femoral canal represents an extension of the femoral ring for approximately 2 cm inferiorly into the thigh.
C. Is not as common as inguinal hernia in females
D. A femoral hernia may present clinically as either discomfort in the groin together with a lump, or as intestinal obstruction with or without strangulation.
E. The neck of the sac is always located below the line of the inguinal ligament, even though the fundus may appear be above the ligament

64. True statement regarding direct inguinal hernia:
A. Most common inguinal hernia in women is direct inguinal hernia
B. A direct hernia is medial to an inferior epigastric artery
C. Repair of the transversalis fascia and internal ring
D. Descends downwards and inwards towards the scrotum
E. None of the above is true

65. Regarding examination of a lump:
A. Transillumination confirms air or clear fluid within lump.
B. If a swelling is fluctuant, it suggests the presence of fluid within the swelling.
C. Aneurysm gives expansile pulsations.
D. Border irregularity and firmness increase risk of neoplastic lump
E. all are true

66. Regarding wound Healing by first intention
A. Wound edges are not opposed
B. Heals slowly
C. Leaves minimal scar
D. Less susceptible for infection
E. All the above

67. Clinically a saphena varix is most likely to be confused with:
A. Baker's cyst
B. Femoral hernia
C. Spermatocele
D. Lymph node enlargement
E. Varicocele

68. A 50 y old female patient taking oral hypoglycemic for her newly discovered Diabetes millets is scheduled for excision of breast lump next morning , your instructions will be
A. Omit her morning dose of medication
B. late surgery
C. Start heparin treatment when she starts eating
D. Start 5%v dex/trose solution with 10 units heparin
E. All the above

69. The following are high risk groups for DVT except
A. Recent DVT or pulmonary embolism
B. Major abdominal or pelvic operations
C. Hip prosthesis operations
D. Obesity in patient > 40y
E. Multiple trauma patients

70. Regarding obstructive jaundice
A. Caused by hemolytic anaemia
B. Urobilinogen is absent in the urine
C. Carcinoma of the head of pancreas is the commonest cause
D. dark color stool and urine
E. b and c only

71. Prophylactic antibiotics
A. Should be given one day before the operation
B. Should be bacteriostatic
C. Usually, narrow spectrum
D. Usually stopped 24hours after the operation
E. None of the above

72. A 30y old male patient on long term steroid treatment for dermatological disease is going for abdominal operation
A. The steroid should be stopped at the morning of operation
B. The steroid should be stopped the night before the operation
C. A booster dose should be given during the operation
D. The drug should be discontinued one week after the operation
E. Only c and d are true

73. A 20-year-old man is brought to the emergency room after rupturing his spleen in a motorcycle accident. His blood pressure on admission is 80/60

mm Hg. Analysis of arterial blood gasses demonstrates metabolic acidosis. This patient is most likely suffering from which of the following conditions?

A. Acute pancreatitis
B. Cardiogenic shock
C. Hypovolemic shock
D. Septic shock

74. On examination of the patient for a hernia it is useful to realize that
A. An impulse is often is much better seen than felt
B. The internal abdominal ring lies 1.25 cm above the midpoint of Poupard's ligament
C. the external abdominal rign lies 1.25 cm above and medial to ASIS
D. none of the above

75. Intermittent claudications
A. Is a muscle pain in the leg
B. Increased by rest
C. Present at the start of exercise
D. Occur after walking 300 meters
E. Is a cramp in group of muscles supplied by certain artery

76. Rest pain
A. Usually situated proximally
B. Decrease at night
C. Affects men more than women
D. Relieved by exercise
E. Non of the above

77. Basal cell carcinoma all are true except
A. Commonest skin cancer
B. More common in women with dark skin
C. No distant metastases except in rare cases
D. High-risk lesions are large > 2 cm, or located near the eye and nose
E. 90% of lesions found on the face above a line from the lobe of the ear to the corner of the mouth

78. Which of the following is not a common site for keloid formation ?
A. Adominal wall

B. The back
C. Shoulders
D. The ear lobes
E. Central chest

79. Hypertrophic scar all the following are true except
A. Common after injuries & burn
B. Has a rapid growth phase for up to 12months
C. Usually occurs within 4 to 8 weeks
D. Due to increase intensity & duration of proliferative phase
E. Does not extend beyond the boundary of the original incision

80 . Which of the following is not a pigmented skin lesions
A. Basal cell carcinoma
B. Kerato acanthoma
C. Seborrhea keratosis
D. Hutchinson freckle
E. Solar keratosis

Good luck