years old male patient hypertensive on ACE inhibition admitted to cardiology department 1-45 with palpitation started 2 weeks ago , his ECG showed AF with fast HR , his BP was 130/80 , the : best management for this patient is

.a) DC-Shock synchronized 200J
.B) DC-Shock as synchronized 150J
.c) Rate control and Rhythm control by amiodarone infusion
.d)Rate control, warfarin for 3 weeks, then trans esophageal echo
.e) Rate control and aspirin for life

years old male patient , admitted to emergency room , with Wide complex irregular 2-45 :tachycardia ,his deferential diagnosis include all of the following except

.a) AF , with LBBB

.b) AF , with RBBB

.c) AF with aberrant conduction
.
. d) ventricular tachycardia

e) AF . with WPW syndrome

the most common cause of MS is :3 -

.a) degenerative

.b) Rheumatic

c) congenital

.d) collagen D

e) Inflammatory

years old male patient , known to have , IHD , ischemic cariomyopathy, presented with 75 -4 palpitation , dizziness , dyspnea , profuse sweating , his 12 leads ECG –wide complex regular tachycardia , HR 220 bpm , BP 70/30 , the best management is

.a)Verapamil IV

.b)DC shock 50J assynchronized

.c)DC shock200 J synchronized

.d)Amiodarone IV

.e)Lidocaine IV

5-A 65 years old male patient presents to the emergency room with epigastric pain associated with nausea and vomiting , found to be hypotensive . what is the first investigation to be done :

a. Random blood sugar.
b. Serum amylase.
c. ECG.
d. Abdominal ultrasound.

6-angina and syncope are commonly associated with:

a. mitral stenosis.
b. Atrial fibrillation
c. Aortic stenosis
d. Pulmonary stenosis.
e. Aortic regurgitation.

7-IN a patient with long standing history of mitral stenosis , who developed recently atrial fibrillation , all of the following auscultatory finding can present , except :

a. Irregular heart sounds.
b. Accentuated 1st heart sound .
c. Middiastolic murmur.
d. Presystolic accentuation of the murmur.
e. Opining snap.

8-All of the following are features of severe aortic regurge except:

a. DE MUSE sign.
b. Corrigan carotid pulsations.
c. Capillary pulsation.
d. Pistol shoot.
e. Narrow pulse pressure.

9-76 years old male patient , admitted to emergency room , with retrosternal burning chest pain , sweating , vomiting , his 12 leads ECG reviled ST segment elevation in leads V1-V4, which of the following is the most accurate diagnosis, and which coronary artery ,is occluded.:

a. Acute non ST elevation anteroseptal MI , LAD IS occluded.
b. Acute inferior MI , right coronary artery.
c. Acute inferior ST elevation MI , LAD.
d. Acute anteroseptal ST elevation MI , LAD.
e. Acute pulmonary embolism.

10-70 years old female patient , admitted to ICCU , with acute anteroseptal MI of one hour duration, which of the following conditions is considered as absolute contraindication for streptokinase administration.:

a. High BP .
b. Active peptic ulcer disease.S
c. Prolonged CPR.
d. Surgery one year ago.

e. Brain hemorrhage 6 months ago.

11-Which of the following is not a life threatening cause of chest pain.

a. Acute MI.
b. Dissecting aortic aneurysm.
c. Pulmonary embolism.
d. Dry Pericarditis.
e. Tension pneumothorax.

12-YEARS OLD FEMALE PATIENT , ADMITTED TO ICCU WITH, PROLONGED ANGINAL PAIN , SWEATING, HIS 12 LEADS ECG, SHOWED ST SEGMENT DEPRESSION IN ANTEROSEPTAL LEADS, CARDIAC ENZYMES, INCLUDING TROPONIN WAS HIGH, THIS PATIENT DIAGNOSIS AND TREATMENT IS :

A. ACUTE ST ELEVATION MI, GIVE STREPTOKINASE.
B. NON ST ELEVATION MI, ASPIRIN 300 MG, CLOPIDOGREL 300MG, CLEXANE 2MG /KG/ DAY, B BLOCKERS,STATINS.
C. UNSTABLE ANGINA, ASPIRIN 300 MG , CLOPEDOGREL 300MG , CLEXANE AND STATINS.
D. NON ST ELEVATION MI, STREPTOKINASE.
E. DISSECTING AORTIC ANEURYSM, URGENT SURGERY.

Which one of the following disorders is MOST likely to be associated -13 ?with H .pylori infection

A) Non ulcerdyspepsia.
.B) Reflux oesophagitis
C) Coeliacdisease.
D) Gastric lymphoma.
E) Achalasia of the cardia.

14- The worst prognosis of aortic stenosis is associated with which of thefollowing signs or symptoms.

A) Angina pectoris
B) Congestive heart failure
C) Palpitation
D) Exertionaldyspnea
E) Syncope

15- All of the following valvular heart disease cause systolic murmur Except

A) Aortic valve stenosis
B) Pulmonary valve stenosis
C) Aortic valve regurgitation
D) Mitral valve regurgitation
E)Tricuspid valve regurgitation

16-A 58-years old man has a routine chest x-ray. He is asymptomatic. The chest x-ray shows a solitary round lung nodule which on biopsy is metastatic carcinoma. The most common primary tumor is;

A) Carcinoma of the thyroid.
B) Renal cell carcinoma.
C) Carcinoma of the liver
D) Carcinoma of the bladder
E) Carcinoma of the adrenal gland

17- All of the following are characteristic of innocent murmur ,Except.

A. Grade I to II murmur in left sterna border.
B. Diastolic murmur
C. No other abnormal sounds or murmurs
D. Normal precordium , apex & first heart sound
E. No evidence of left ventricular hypertrophy

18- In a patient with ascites, which of the following physical examination findings suggests a *superior vena cava obstructioninstead of intrinsic hepatic cirrhosis*?

A) Bulging flanks
B) Collateral venous flow downward toward the umbilicus
C) Everted umbilicus
D) Pulsatile liver

19-Hepatitis C infection is characterized by which one of the following:

A) Absence of carrier status
B) Highest incidence of chronic hepatitis among other viral hepatitis
C) No increase risk for hepatocellular carcinoma
D) It can be transmitted by eating contaminated food
E) It is DNA hepatitis virus

20-Answer: Anti-Sm antibody

21-Answer: Chronic idiopathic myelofibrosis

22-26 - A 23 year-old male is referred to you after developing "reddish brown" urine 1 day after playing football. He also notes that for the past two days he has had a sore throat and cough. He has no Past Medical Hx, takes no medications and has a family history of nephrolithiasis. Chemistries reveal a BUN of 16 mg/dL and creatinine of 1.0 mg/dL. ANA is negative and C3 is normal. A 24 hour urine

protein excretion is 200 mg and creatinine clearance is 120 cc/m. Microscopic analysis reveals many RBC with some dysmorphic cells. Renal U/S is normal. The most likely diagnosis is:

A) Post-streptococcal glomerulonephritis
B) Minimal change disease
C) IgA nephropathy
D) Nephrolithiasis
E) Rhabdomyolysis

23-Ausculltatory findings in mitral stenosis include all of the following except:

A) Mid diastolic murmur.
B) Presystolic accentuation.
C) Opining snap.
D) The murmur has rumbling character.
E) Muffled first heart sound.

24-33 - A 33 – year – old intravenous drug abuser is positive for HIV .She has experienced pain on swallowing .Upper endoscopy reveals a few raised , creamy – white plaques and several sharply demarcated small areas of shallow ulceration in the mid – to lower oesophagus .Which one of the following is the most likely cause of this problem ?

A- Herpes simplex oesophagitis
B- Cytomegalovirus infection of the oesophagus
C- Barrettsoesophagus
D- Oesophageal candidiasis
E- Oesophageal web

Which of the following findings is not compatible with diabetic-25 سؤال شبيه فيه بس فيه خيارHTN?nephropathy

A) Nephrotic range proteinuria
B) Microalbuminuria
C) Hypertension
D) Red blood cell (RBC) casts in urine
E) Renal tubular acidosis (RTA) type IV

26)The most common cause of hypertention?
Answer :primary hypertention

27-46 - A 63-year-old man presents with weakness and hemoptysis, but no fever, cough, or sputum. He has a 60-pack-per-year history of smoking. The chest x-ray (CXR) reveals a lung mass withmediastinal widening. On examination, there is a blue purple discoloration of the upper eyelids and erythema on his knuckles. He has proximal muscle weakness rated 4+/5, normal reflexes, and sensation. Which of the following is the most likely diagnosis for his muscle weakness?

A) SLE
B) Scleroderma
C) Dermatomyositis (DM)
D) Polyarteritis

E) Weber-Christian disease

28-52 - All of the following are signs of acute severe asthma <u>EXCEPT</u>:

A) Silent chest.

B) High Pco_2.

C) Altered mental status.

D) Diffuse wheezing.

E) Respiratory rate more than 25 breath / min.

29-54 - In the evaluation of a patient with raised urea and creatinine, pre-renal failure is unlikely if there is:

A) Decreased pulmonary wedge pressure.

B) Postural hypotension.

C) Urine osmolality > 500 mosm/1.

D) Urine sodium > 20 mmol/l

E) Urine to plasma urea ration of > 8.

30-56 - A63-year-old man with a long history of alcoholabuse presents with ascites. He is experiencingmild abdominal discomfort and nausea.Examination reveals tense ascites and generalized tenderness but no rigidity. A diagnostic paracentesis of the fluid is performed. Which of the following ascitic fluid results is most likely to suggest an uncomplicated ascites due to portal hypertension from cirrhosis?

A) Hemorrhage

B) Protein >25 g/L

C) Bilirubin level twice that of serum

D) Serum to ascites albumin gradient>1.1 g/dL

E) More than 1000 white cells/mm3

31-The followings are recognized causes of Microcytic Hypochromic anemia EXCEPT :

- Folic acid deficiency.
- Thalasemia.
- Chronic diseases.
- Lead poisoning.
- Iron deficiency.

32-Spirometry measure which of the following directly:

A)residual volume

B) inspiratory capacity

C) FEV

D)

33-Sarchoidosis in x-ray:.....

A)hilar lymph node involvement

B)hilar lymph node involvement and interstitial…….

C)

D)

34- A 32-year-old woman develops symptoms secondary to a dry mouth and dry eyes. Shehas enlarged salivary glands. Studies for autoantibodies to Ro (SS-A) are positive. Asalivary gland biopsy reveals lymphocytic infiltration. Which of the following is the most likely diagnosis?

A) Sarcoidosis
B) Primary Sjögren's syndrome
C) Human immunodeficiency virus (HIV) infection
D) Lymphoma
E) Amyloidosis

35- A 19-year-old man presents with malaise,nausea, and decreased urine output. He was previously well, and his physical examinationis normal except for an elevated jugular venous pressure (JVP) and a pericardial rub. His electrolytesreveal acute renal failure (ARF). Whichof the following findings on the urinalysis ismost likely in keeping with acute glomerulonephritis (GN)?

A) Proteinuria
B) White blood cell casts
C) Granular casts
D) Erythrocyte casts
E) Hyaline casts

36- Which one of the following medications should be initial therapy for a symptomatic patient with COPD resulting from tobacco abuse:

A) Theophylline.
B) Ipratropium by inhalation.
C) Prednisone.
D) Salmeterol by inhalation.
E) spironolactone.

37-Congenital adrenal hyperplasia

A)Is due to ACTH deficiency.
B) Is due to pituitary adenoma.
C) Usually caused by 21-hydroxylase deficiency.
D) Estrogen is produced in excess.

38- The commonest cause of hemoptysis is:

(a) lung cancer.
(b) pulmonary tuberculosis.
(c) bronchiectasis.
(d) acute bronchitis.
(e) bronchial carcinoid tumor.

39-paracetamol action measure by:

answer: prothrompin time

40-A 24 year old man presents with a four – day history of a worsening skin eruption preceded by symptoms of headache , fever and arthralgia . On examination , there is evidence of a widespread purpuric rash affecting the extensor aspects of her forearms , legs and buttocks . Investigations demonstrates a raised white cell count with a neutrophilia , and a raised serum IgA level. Urinalysis reveals microscopic hematuria

and proteinuria . What is the most likely diagnosis ?
- Rheumatic fever.
- Erythema multiforme
- Linear IgA disease.
- Henoch – Schonleinpurpura

41-Hyperprolactenemia lead to:
Answer: amenorrha and galactorrhea syndrome.

42) popcorn in: Hamartoma
43)Legionela pneumonia is treated by: Erythromycin
44)Drug not helpful in acute attacks of gout: Allopurinl
45)Earliest metastasis to the bone is:
A)adenocarcinoma
B)small cell ca??
C)large cell ca
D)alveolar ca

46)The most chronic virus is HCV.
47)A 55 –year – old man presents with a six – month history of arthralgia and vasculitic skin rash affecting the lower limbs .Further investigation reveals monoclonal and polyclonal cryoglobulins. This condition is often associated with which one of the following infections ?
- Hepatitis C virus (HCV)
- Hepatitis B virus (HBV)
- Cytomegalovirus (CMV)
- Parvovirus
- Epstein – Barr virus (EBV)
48)Which of the of the following is characteristic for pleural effusion in RA: Low glucose…..

49)Nail pitting : psoriasis
50)In rheumatology: physical examination and history are important.
51)Upper GI bleeding :is above ligament of Terits.
52)All of the following are causes of clubbing Except:
Chronic bronchial asthma.
53)Gluten enteropathy:endomysialAb
ملاحظة\اسئلة كانت مش مفهومة لكن اجاباتها كالتالي.....communication
54)accountability
55)take history on suspicion
56)verbal and non-verbal
57)pernicious anemia سؤالين عن
سؤال عن alarming symptom of NSAID(58
59)In respiratory failure:……
60)Difference between spleen and left kidney enlargement in examination: band of resonance over the kidney.
61)AST>>ALT in: alcoholic hepatitis.
62)In iron deficiency anemia there is:increase platelet count.