Which one of the following disorders is MOST likely to be associated -1 ?with H .pylori infection

A) Non ulcer dyspepsia.

.B) Reflux oesophagitis

C) Coeliac disease.

D) Gastric lymphoma.

E) Achalasia of the cardia.

- The worst prognosis of aortic stenosis is associated with which of the following signs or symptoms.

A) Angina pectoris

B) Congestive heart failure

C) Palpitation

D) Exertional dyspnea

E) Syncope

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

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

A) Bulging flanks

B) Collateral venous flow downward toward the umbilicus

C) Everted umbilicus

D) Pulsatile liver

E) Venous hum at the umbilicus

- 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

70 years old male patient , presented to the emergency department, with palpitations, dyspnea, dizziness, BP 60/30 MMHG, his ECG , showed fast atrial fibrillation, the treatment of choice is:
A) Amiodarone IV.
B) Verapamil.
C) DC SHOCK A SYNCHRONIZED.
D) DC SHOCK, SYNCHRONIZED.
E) Digoxin IV.
- 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- Barretts oesophagus
D- Oesophageal candidiasis
E- Oesophageal web

A 63-year-old woman presents for routine evaluation. She has had diabetes for the past 12 years with complications of neuropathy and retinopathy. You decide to screen her for renal complications of diabetes. Which of the following findings is not compatible with diabetic nephropathy?
A) Nephrotic range proteinuria
B) Microalbuminuria
C) Hypertension
D) Red blood cell (RBC) casts in urine
E) Renal tubular acidosis (RTA) type IV

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

- 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.

- 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.

A63-year-old man with a long history of alcohol abuse presents with ascites. He is experiencing mild 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

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

A 67 year –old male 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) Abdominal X ray.
C) Electrocardiogram(ECG)
D) Serum amylase.

E) Abdominal Ultrasound.

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

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.

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.

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.

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.

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.

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.
c. Prolonged CPR.
d. Surgery one year ago.
e. Brain hemorrhage 6 months ago.

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.

Optimal medical therapy in the treatment of congestive :heart failure, include all of the following except

a) Frusemide.
B) Aldactone.
c) ACE inhibitors..
d) b. blockers.
e) Aspirin.

- **45 years old male patient hypertensive on ACE inhibition**

admitted to cardiology department 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

68 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.

- The most common cause of HTN is : primary HTN.
- In percussion , how to differentiate kidney from spleen enlargement : band of resonant cover the kidney.
- Pt. diagnosed as SLE , which antibody if –ve will virtually exclude SLE : ANA.
- All are not true in taking history except : verbal and non verbal .
- In rheumatology diagnosis : history and

physical examination make the diagnosis.

- In paracetamol toxicity : prolonged PT.
- In pt. with AST:ALT > 2:1 : alcoholic hepatitis.
- Spirometry measures : inspiratory capacity.
- Which type of lung cancer cause early brain metastasis? Small cell carcinoma ???
- Pleural effusion ccc in RA is?
- All are causes of finger clubbing except: chronic asthma.
- Popcorn pattern in lung: hamartoma.
- In gluten enteropathy ??
- Pt. with thyroid enlargement , choking sensation when laying down , TSH normal , the most likely Dx is : retrosternal goiter.
- 15 years old boy with skin rash and arthralgia , the Dx is : HSP.
- Innocent murmur all is true except: diastolic murmur.
- Upper and lower GI bleeding : ligament of Trietz.
- Tx of choice in legionella pneumonia : erythromycin.
- Pt with cushing syndrome: HTN.
- Regarding antihyperglycemic drugs , which is wrong : insulin can not prevent postprandial hyperglycemia.
- Hyperprolactinemia cause : amenorrhea and galactorrhea syndrome.
- In iron deficiency anemia : increase plt. Count.
- All are microcytic hypochromic anemia except : B12 deficiency.
- Symmetrical athralgia + nail pitting are ccc of :

psoriatic arthritis.

- All of these drugs are used in acute gouty attack except: alluprinol.
- Pt. with Dysphagia for solids then liquids , anorexia and wt. loss: esophageal cancer.
- In pernicious anemia what is wrong: Tx is folic acid then b12.
- In HBV screen , IgG +ve , IgM –ve , : vaccination.
-