Wateen’s archive

هذا الأرشيف مرتب حسب السيستمات، حاولنا قدر الإمكان نجمع الأسئلة، ونختار الإجابة الصحيحة، بعض اللسيستمات أجوا كامل أرشيف مثل الهيم والنفرو فضفنا كل أسئلة السنوات بإضافة إلى أسئلتنا هون برضه

وفي برضه سيستمات كانوا أسئلتهم نوعا ما لطيفة مثل الكارديو والروماتولوجي والريسبايراتوري كان الدارس بجاوب بأريحية

الله يوفقكم ويفتحها عليكم، لا تنسونا من صالح دعائكم

Hematology:

1) Cause of ITP except?

A- Heparin

B- HIV

C- Vit b 12 deficiency

Answer: almost C, but it may be A

2) True about anemia of chronic dis

-High hepcidin

3) Cause of IDA except:

A- Anemia of chronic dis

B -Hook worm infection

C– low Iron intake

D –blood loss

Answer: A

4) an old man has AFib for 3 years, what antithrombotic drug he use?

A -Nothing

B -Aspirin

C -Warfarin INR 2-3

D -Aspirin and clopidogrel

E -Warfarin INR 3-4

Answer: C

5) Not a treatment of ITP?

Azathioprine

6) CML incorrect

A- Smudge cell

B -Philadelphia chromosome

C- Tyrosine kinase inhibitors

D- Increased WBCs with shift to left

E- Massive splenomegaly

Answer: A

7) Hodgkin lymphoma emergency

- SVC obstruction

8) Incorrect in non-Hodgkin

Reed-Sternberg

9) anisocytosis is

A- red blood cells that are of different shape

B – red blood cells that are of different size

C – red blood cells that are of different function

Answer: B

Past years archive

* wrong about lymphoma :

Large tender-painful- lymph node

* Reed Sternberg cell is a characteristic finding in lymphnode biopsy in ONE of the following diseases. Select one:

A -Hodgkin's lymphoma.

B -Non-Hodgkin's lymphoma.

C - Chronic lymphocytic leukemia.

D - Acute lymphoblastic leukemia.

E - Chronic myeloid leukemia

Answer: A

* One of the following is false in Non-Hodgkin lymphoma: Select one:

 a. Disease of old age group

 b. Lymphocytes are of B and T cells.

 c. High grade type has a cure treatment.

 d. Low grade type runs a very short and aggressive course.

 e. May cause immune thrombocytopenia.

Answer: D

* All of the following “B” symptom of non-Hodgkin lymphoma except :

 A. drenching sweat

 B. Fever

 C. Weight loss

 D. itching

Answer: D

* A patient with Hodgki's lymphoma, has cervical lymphadenopathy with splenomegaly. He has no fever,weight loss or drenching sweating. His clinical staging is ONE of the following.

a. stage I

b. stage II

c. stage III

d. stage III

e. stage IV B

Answer: A

* All the following are causes of eosinophilia Except.

a- ascaris infestation

b- malaria

c- bronchial asthma

d- Hodgkin's lymphoma

e- Drug hypersensitivity

Answer: B

• Positive JAK 2 mutation characteristically occurs in only One of the following:

a. Folic acid deficiency anaemia due to celiac disease.

 b. Pernicious anemia.

 c. Hodgkin's diseases

 d. Essential thrombocytosis.

 e. Multiple Myeloma

Answer: D

Hodgkin 1a? Which is wrong;

 involves 2 nodes

 • Indications to use cytoreductive drug(thydroxyurea) in patient with essential thrombocytosis include all the following except:

 Select one:

 a. Age under 30 years

b. Patient has Hypertension

c. Patient has ischemic heart disease

d. History of thrombosis

e. Positive JAK-2 mutation

Answer: A

All the followings are true in polycythemia rubra vera Except.

a. Splenomegaly.

b. Leukocytosis.

c. Increase erythropoietin.

d. Positive JAK-2 mutation.

e. Hydroxyurea is one of the treatment methods.

Answer: C

• Positive JAK 2 mutation characteristically occurs in only One of the following:

a. Folic acid deficiency anemia due to celiac disease.

b. Pernicious anemia.

c. Hodgkin's diseases

d. Essential thrombocytosis.

e. Multiple Myeloma.

Answer: D

JAK2 mutation is found in?

a. CML

b. Polycythemia rubra vera??

c. Essential thrombocythemia

Answer: C

Which of the following statements regarding polycythemia vera is correct?

a. An elevated plasma erythropoietin level excludes the diagnosis.

b. Transformation to acute leukemia is common.

c. Thrombocytosis correlates strongly with thrombotic risk.

d. Aspirin should be prescribed to all these patients to reduce thrombotic risk.

e. Phlebotomy is used only after hydroxyurea and interferon have been tried.

Answer: A

• pruritus is a clinical manifestation to only one of the following disease ?

a- Polycythemia vera

b- Iron deficiency anemia

c- Folic acid deficiency anemia

d- AML

e- CML

Answer: A

In polycythemia rubra vera, one of the following is true?

a. Low erythropoietin and low red cell mass

b. Normal erythropoietin and normal red cell mass

c. Raised erythropoietin and low red cell mass

d. Raised erythropoietin and raised red cell mass

e. Low erythropoietin and raised red cell mass

Answer: E

polycythemia RV what is wrong:

It is myelodysplastic

Patient present with Hb of 8... Blood film shows polychromasia. Best next step in management. patient is on hydroxychloroquine therapy for SLE:

a. IV corticosteroids

b. Plasmapheresis

Ans: A (She has Evan’s syndrome

All of the following are true about myeloproliferative disorders, except:

a .In polycythemia vera, the serum erythropoietin level is high.

b .In essential thrombocytosis, the bone marrow biopsy usually show hypercellular marrow with increased megakaryocytes

c .Massive splenomegaly in CML and myelofibrosis

Answer: A

All the following may be found in polycythemia rubra vera Except.

a. elevated WBC

b. elevated platelets

c. splenomegaly

d. elevated serum uric acid

e. high erythropoietin level

Answer: E

• A patient with mild congestive heart failure is treated with high-dose furosemide and diuresis 25 pounds of fluid. A complete

blood count (CBC) taken before the diuresis shows an RBC count of 4 million/mm3; a CBC taken after diuresis shows a RBC count of 7 million/mm3. Which of the ONE of the following is the most likely explanation?

a- Cyanotic heart disease

b- Increased erythropoietin

c- Polycythemia vera

d- Relative polycythemia

e- Renal cell carcinoma

Answer: D

• Blood film shows target cells, Howell Jolly boies, and sideroblasts:

A. Hyposplenism

B. Myelofibrosis

• only one of the following is true , the most common increased IG in MM is:

a.IgG

b.IgA

c.IgD

d.IgE

e..IgM

Answer: A

• A 59-year-old man is evaluated for hypercalcemia. He was recently diagnosed with multiple myeloma. He does not have anorexia, nausea, constipation, polydipsia, polyuria, or confusion. Medical history is otherwise unremarkable, and he takes no medications. On physical examination, temperature is 36.4 °C (97.5 °F), blood pressure is 134/80 mm Hg, pulse rate is 80/min, and respiration rate is 12/min. BMI is 30. The remainder of his physical examination is normal, and no weakness is noted on neurologic examination. Serum calcium level is 10.8 mg/dl\_ (2.7 mmol/L). Which of the following is the most appropriate next laboratory test for evaluating this patient's hypercalcemia?

a. 1,25-Dihydroxyvitamin D level

b. Ionized calcium level

c. Parathyroid hormone level

d. Parathyroid hormone-related protein level

e. Anti-Parathyroid hormone antibodies

Answer:

• Causes of renal impairment in multiple myeloma include all the following except:

a. Renal Amyloidosis.

b. Urinary tract infection.

c. Precipitation of light chain protein in renal tubules.

d. Hypercalcemia.

e. Hyperkalemia.

Answer: E

• A65 year-old male with back pain, nephrotic syndrome and anemia present to the ER. Ultrasound shows normal kidney size. His creatinine is 500. Which diagnosis best fits the scenario?

a. Polycystic kidney disease

b. Chronic GN

c. Multiple myeloma

d. Diabetic nephropathy

e. Analgesic abuse

Answer: C

• Life threatening complications of multiple myeloma include all the following Except.

a- renal impairment

b-hypercalcemia

c- hyperurcemia

d- hyperviscosity due to high level of paraprotein

e- spinal cord compression.

Answer: C

• Rouleaux formation on blood film is mainly seen in ONE of the following Select one:

a. Multiple myeloma.

b. Iron deficiency anemia.

c. Acute myeloid leukemia.

d. Acute lymphoblastic leukemia.

e. Pernicious anemia.

Answer: A

• Which of the following is least likely to contribute to myeloma?

a. Hypercalcemia

b. Amyloidosis

c. Infiltration of the kidney by myeloma cells

d. Hyperuricemia

e. Intratubular light chain deposition

Answer: C

• Wrong about DIC :

A. thrombocytosis

B. Decrease fibrinogen

C. Burn can cause it

Answer: A

• All in DIC except :

increase fibrinogen level

• not cause of DIC:

essential thrombocytosis

• Which leukemia typically is associated with DIC:

a. M1

b. M2

c. M3

d. M4

e. M5

Answer: C

which of the following is wrong?

Anemia of chronic disease is macrocytic anemia

• wrong about pernicious anemia?

Treated by oral vitamin B12

• true about anemia of chronic disease?

High level of hepcidin

• all are causes of iron deficiency anemia “IDA” except :

Blood loss

Low iron intake

Anemia of chronic disease ??

• A 64-year-old man is evaluated for a 6-week history of intermittent red-colored urine. He notes fatigue but otherwise feels well. Medical history includes hypertension, mechanical mitral valve replacement due to myxomatous degeneration, and calcium oxalate nephrolithiasis. He is a current smoker with a 60-pack-year history. Medications are amlodipine, warfarin, and aspirin. On physical examination, temperature is 37.6 °C (99.7 °F), blood pressure is 112/72 mm Hg, and pulse rate is 98/min. BMI is 30. Examination of the heart revet a metallic click with a grade 2/6 cardiac systolic murmur that radiates to the axilla. The lungs are clear. There i no costovertebral angle tenderness. The remainder of the examination is unremarkable. Urinalysis is dipstick positive for 3+ blood, 1+ protein, and no leukocyte esterase or nitrites; on microscopic examination, there are no cells or casts, although calcium oxalate crystals are seen. Which of the following is the most likely cause of this patient's clinical findings? Select one:

a. Bladder cancer

b. Glomerulonephritis

c. Hemoglobinuria

d. Rhabdomyolysis

e. Nephrolithiasis

Answer: C

• In folic acid deficiency anemia, all the followings are true EXCEPT Select one:

a. Jaundice

b. Increase lactate dehydrogenase

c. Low reticulocyte count.

d. Neurological signs and symptoms

e. Thrombocytopenia

Answer: D

• Splenomegaly is a common clinical physical sign in all the following diseases except. Select one:

a. Sickle cell anemia.

b. Typhoid fever.

c. Brucellosis.

d. Portal hypertension

e. B-Thalassemia major.

Answer: A

• Which one of the following doesn't cause folic acid deficiency? Select one:

a. Veganism.

b. Gluten sensitivity (Celiac disease)

c. Hemolytic anemia.

d. Pregnancy.

e. Jejunal resection.

Answer: A

• A 44- year-old woman presents with recurrent fever, pallor and shortness of breath. She has noticed a petechial rash on her skin. A blood test revealed pancytopenia. During examination you palpate a large spleen. Which one of the following investigations would differentiate between hypersplenism and aplastic anemia? Select one:

a. Reticulocytes count.

b. Direct Coomb's test.

c. RBC G6PD enzyme level.

d. Serum protein electrophoresis.

e. Osmotic fragility test.

Answer: A

• One of the following is false in iron deficiency anemia.

a. Low serum ferritin.

b. High soluble transferrin receptors.

c. Low serum iron.

d. Low Red Cell Distribution Width (RDW).

e. Increased total iron binding capacity.

Answer: D

• One of the following is not a complication of celiac disease Select one:

a, T-cell lymphoma

b. Osteoporosis

c. Aplastic anemia

d. Ulcerative jejunitis

e Increased risk of esophageal carcinoma

Answer: C

• in macrocytic megaloblastic anemia , one of the following is true

a. hypersegmented neutrophil

b .high reticulocytes count

c .increased ddirect bilirubin

d .high WBCs

e.low LDH

Answer: A

• An elevated level of hemoglobin A2 in a patient with mild microcytic anemia suggests the diagnosis of?

a. Alpha thalassemia

b. Sickle trait

c. Beta thalassemia

d. Hereditary spherocytosis

e. Hereditary persistence of fetal hemoglobin

Answer: C

• Hemolytic anemia is characterized by all of the following except?

a. Increased LDH

b. Increased reticulocytosis

c. Increased unconjugated bilirubin

d. Increased haptoglobin

e. Lead poisoning

Answer: D

• It is unlikely to see macrocytosis in a patient with anemia in which of the following?

a. Reticulocytosis

b. Vitamin B12 deficiency

c. Folate deficiency

d. Myelodysplastic syndrome

e. Sideroblastic anemia

Answer: E

• All the following are true about hereditary spherocytosis except one ?

a- Splenomegaly

b- Gall bladder stone

c- Hemolytic anemia

d- Howell Jolly bodies inside RBC

e- Positive osmotic fragility test

Answer: D

• A30 year woman complains of hands joint pain, recurrent mouth ulcer, shortness of breath, anemia. blood tests reveal raised ESR and normal CRP. What is most likely diagnosis?

a- SLE

b- Systemic sclerosis

c- Sjorgens syndrome

d- Discoid lupus

e- Bechets disease

Answer: A

• Increases reticulocytes count is found in all of the following except ?

a- Thalassemia major

b- Hereditary spherocytosis

c- G6PD deficiency

d- Aplastic anemia

e- Autoimmune hemolytic anemia

Answer: D

• Hypochromic microcytic anemia is a feature of one of the following disease:

a) Thalassemia minor

b) Hereditary spherocytosis

c) Autoimmune hemolytic anemia

d) Pernicious anemia

e) Folic acid deficiency anemia

Answer: A

• the most common presentation in patients with malabsorption is?

a. Hyperkalemia

b. Anemia

c. Incidental finding of positive anti TTG

d. Melena

e. High ESR

Answer: B

• anemia of chronic disease all false except?

A. Low serum ferritin

B. Macrocytic

C. High total iron binding capacity

D. High Fe saturation

E. has high hepcidin

Answer: E

• All true except ?

Answer: Fe deficiency has low RDW

• Patient with history of treatment of pneumonia ( he took co-triamethaxazole ) complaining of sign and symptoms of anemia with splenomegaly , CBC : Hb: 9 , MCV : 90 , reticulocytes count : 7% what is most likely diagnosis :

G6pd ( co-trimethaxazole is one of the drug which cause hemolytic crisis ) 6- PT prolongation doesn't occur at : intrinsic pathway

• B12 def anemia ? Wrong ?

Commonly caused due to Diet deficiency

• Not associated with anemia of chronic disease :

(essential HTN)

• Not a cause of macrocytic anemia ;

thalassemia b

• all true about pernicious anemia except:

response to iron treatment

• Not a cause of thrombocytosis:

a. Iron deficiency anemia

b. Myelodysplasia

c. Pernicious anemia

Answer: C

• Another marker that is used to diagnose vitamin B12 deficiency:

a. Elevated methylmalonic acid level

b. Decrease methylmalonic acid level

c. Elevated homocysteine level

d. Decrease homocysteine level

Answer: A

• A typical cause of anemia with normal RDW:

a. Thalassemia

b. Iron deficiency anemia

Answer: B

• The definitive treatment of B-thalassemia major:

a. BMT (Bone marrow transfusion)

b. Blood transfusion

c. Iron therapy

Answer:

• Alcoholic patient was found to have macrocytic anemia, the most likely cause:

1. Vitamin B12 deficiency

• Wrong about iron deficiency anemia:

A. Low TIBC

B. Low retics response

Answer: A

• Megaloblastic anemia, except:

1. Dietary deficiency is common.

• All are indications for transfusion therapy in sickle cell anemia, except:

A. Stroke

B. Pain

C. Pain with occlusive???

D.???

• All the following are true about thalassemia major Except:

a. Hb electrophoresis shows mainly increase in Hb A2

b. failure to thrive with short stature

c. severe anemia

d. hepatosplenomegaly

e. treatment is by blood transfusion with iron chelating agent ( deferoxamine

Answer: A

• All the following are subclinical presentations of celiac disease, except:

a. Mood changes

b. Iron def

c. B12 dfe

d. Unexplained elevation of liver enzymes

e. Recurrent abdominal pain

Answer: C

• 5-year-old girl came to ER because of fatigue and shortness of breath. She was taking amoxicillin for acute otitis medica. Laboratory testing showed Hb 5.5 gm/dL with normal WBC and platelet count. The smear showed numerous nucleated RBCs and spherocytes. Both direct and indirect test Coomb’s test were positive. The patient has:

1. Warm autoimmune hemolytic anemia (AIHA)

• A 17 year old pregnant lady was referred for evaluation of anemia. As a child, she was hospitalized with pneumonia and visited ER twice with abdominal pain. Two years ago, she was found anemia and iron was recommended, but intermittently taken. The examination was unremarkable except for a palpable spleen tip. The Hb was 10 with ferritin 105 and saturation 18%. The peripheral smear revealed slight hypochrmoasia and target cells, but no sickle forms. Hb electrophoresis results were HbA 26%, HbF 5%, and HbS 69%. Which of the following is the most likely diagnosis:

a. ?

b. ? thalassemia minor + sickle cell anemia

c. ?

d. ?

e. ?

Answer: B? B-Thalassemia minor + Sickle cell trait

• All the following may be found in Iron deficiency anemia Except.

a- Red cell distribution width (RDW) is less than 13.

b- microcytic RBC

c- low serum ferritin

d- low serum iron

e- increased TIBC

Answer: A

• Causes of indirect (unconjugated) hyperbilirubinemia include all the following Except.

a- autoimmune hemolytic anemia

b- thalassemia major

c- G6PD deficiency anemia

d- Dubin-Johnson syndrome

e- Gilbert's syndrome

Answer: D

• A peripheral blood film shows hypersegmented neutrophils. What is the most likely ONE cause for this?

a. Iron deficiency anemia

b. myelofibrosis

c. thalassemia major

d. thalassemia minor

e. megaloblastic anemia

Answer: E

• -23- year old woman presents with lethargy; the following blood results are obtained. Hb 10.4 g/dl, platelet 268x 10 9/L,

WBC 6.3X 10 9/L, MCV 65 fl, Hb A2 9% (NORMAL < 3.5%),

Which ONE of the following is the most likely diagnosis?

a. B-Thalassemia minor

b. B-thalassemia major

c. sickle cell anemia

d. hereditary spherocytosis

e. G6PD deficiency

Answer: A

• .Coomb's test is positive in ONE of the following.

a. warm autoimmune hemolytic anemia

b. hereditary spherocytosis

c. G6PD deficiency

d. paroxysmal nocturnal hemoglobinuria

e. malaria

Answer: A

• All the following are true about thalassemia major, Except :

a. Hb electrophoresis shows mainly increase in Hb A2

b. failure to thrive with short stature

c. severe anemia

d. hepatosplenomegaly

e. treatment is by blood transfusion with iron chelating agent ( desferrioxamine)

Answer: A

• teratology of fallot not present??

anemia-bleeding tendency- cyanosis-clubbing ymkin anemia l2no 3ndhom polycythemia

• 40.All the following are causes of WORM autoimmune hemolytic anemia Except.

a- SLE

b- chronic lymphocytic leukemia

c- methyldopa

d- infectious mononucleosis

e- non-Hodgkin lymphoma

Answer: D

• Splenectomy may be an option in treatment of all the following Except.

a- hereditary spherocytosis

b- idiopathic thrombocytopenic purpura

c- worm autoimmune hemolytic anemia

d- hypersplenism

e- G6PD defecicency

Answer:

• All the following are long term complications of sickle cell anemia Except.

a- pulmonary hypertension

b- leg ulcer

c- neurological complications

d- aplastic crisis

e- splenomegaly.

Answer: E

• A 52-year-old man presents to his physician after a community health screening test reveals a fasting glucose of 170 mg/dL. Physical examination is remarkable for bronze skin pigmentation, hepatomegaly, splenomegaly, and limitation of motion in the second and third metacarpophalangeal joints of both hands. The man has no known history of hemolytic anemia, and takes daily multivitamins without minerals.Which ONE of the following pigments is most likely present in the man's liver?

a- Bilirubin

b- Carotene

c- Ferritin

d- Lipofuscin

e- Melanin

Answer: C

• All the following are true about thalassemia major Except:

a. Hb electrophoresis shows mainly increase in Hb A2

b. failure to thrive with short stature

c. severe anemia

d. hepatosplenomegaly

e. treatment is by blood transfusion with iron chelating agent (deferoxamine)

Answer: A

• All the followings are true about pernicious anemia except Select one:

a. It is a disease of old age.

b. Can be associated with other autoimmune diseases.

c. Intrinsic factor antibodies are specific but not sensitive.

d. Treated with oral vitamin B12.

Answer: D

• Peripheral neuropathy ..

vit b12

• electrophoresis...

Thalassemia

• X-linked.

G6PD

• B12 def anemia? Wrong?

Commonly caused due to Diet deficiency

• Triad of portal vein thrombosis + pancytopenia + hemolysis?

PNH

• After undergoing surgical resection for carcinoma of stomach, a 60-year-old male develop numbness in the lower limb. Blood film shows macrocytosis and MCV = 120 fl. The abnormality is most likely due to ONE of the following:

a- folic acid

b- Vit. B12

C-thiamin

d-Vit. K

e-Riboflavin

Answer: B

• Schistocytes on blood film examination are unlikely to be seen in which of the following?

a. Thrombotic thrombocytopenia purpura (TTP)

b. Thalassemia

c. Vasculitis

d. Glomerulonephritis

e. Hemolytic uremic syndrome

Answer: B

• Splenomegaly may be found in all the following Except.

a. polycythemia rubra vera

b. essential thrombocythemia

c. portal hypertension

d. thalassemia minor.

e. myelofibrosis.

Answer: D

• True regarding Sickle cell disease:

Hand-foot syndrome is associated with swelling and pain at fingers and toes for children and cause disability ???!!!!

• All of the following can inhibit the absorption of ingested non-heme iron except?

a. Alcohol

b. Achlorhydria

c. Phosphate (as found in milk)

d. Phytates (as found in cereals)

e. Antacids

Answer: A

• 35-year-old male complaining from fatigue. He denied hx of melena, trauma ... cbc shows decrease in Hb, MCV, ... normal RDW; next step:

A. Occult stool test

B. Iron measurement

C. Hb electrophoresis

D. Lead level

Answer: C

• Deferoxamine

- iron overdose

• A 30-year-old pregnant woman complains to her physician of feeling very tired during her pregnancy. A complete blood count with differential reveals a Hg 10 g/dl, with hypersegmented neutrophils and large red cells. Deficiency of which

ONE of the following would be most likely to produce these findings?

a- Ascorbic acid

b- Calcium

c- Copper

d- Folate

e- Iron

Answer: D

• all of the following may be found in IDA except:

High serum ferritin

• A 65-year-old woman who is currently receiving chemotherapy for acute myeloid leukaemia is found on blood testing to have urea of 10.1 mmol/L ( n 2.5-7.1 ), creatinine of 190 micro mol/L ( n 70-133); potassium of 6.1 mmol/L (n 3.5-5), phosphate of 8.5 mg/dl\_ ( n 3.4-4.5) and corrected calcium of 2.00 mmol/L(n 2.15-2.55). The patient is asymptomatic. Her electrolyte levels were normal prior to the start of treatment. What is the most likely SINGLE (ONE) cause of this electrolyte disturbance? Select one:

a. Tumour lysis syndrome

b. Hypovolaemia

c. Haemolytic uraemic syndrome

d. Neutropenic sepsis

e. Disease progression

Answer: A

• Huge splenomegaly is a characteristic physical sign in only One of the following. Select one:

a. Iron deficiency anemia.

b.Pernicious anemia.

c. Idiopathic (immune) thrombocytopenia.

d. Multiple Myeloma.

e. chronic myeloid leukemia

Answer: E

• Philadelphia chromosome is a charactrestic finding in one of the following. Select one:

a. Acute myeloblastic leukemia.

b. Chronic myeloid leukemia.

c Chronic lymphocytic leukemia.

d. Hodgkins lymphoma

e Non Hodgkins lymphomas.

Answer: B

• All cause erythema nodosa except :

TB - OCP - beta hemolytic strep – leukemia , RA

• One of the following does not metastasize to the CNS:

A. ALL

Answer: AML is the leukemia that metastasizes to the CNS.

• All of the following are true about chronic myeloid leukemia (CML), except:

a. It is a disease of middle aged which could present with constitutional symptoms

b. The laboratory finding usually show leukocytosis, with left shift and high leucocyte alkaline phosphatase.

c. It is characterized by specific transloation between chromsomes 9, 22 (Philadelphia chromosome)

d. Possible treatment for CML include; imtinib ??? and allogenic BMT

e. CML could transfer to AML or ALL

Answer: B

Answer: B (low Leucocyte alkaline phosphatase).

• A 65-year-old man with progressive pancytopenia is referred for evaluation. On examination, there is splenomegaly. Bone marrow aspirate demonstrated no dysplasia but decreased cellularity. Which diagnosis is most likely:

a. Aplastic anemia

b. Megaloblastic anemia

c. Myelodysplasia

d. Hairy cell leukemia

Answer: D

• Bilateral hilar lymph nodes enlargement occurs commonly in all the following Except.

1. pulmonary Tuberculosis
2. b- chronic myeloid leukemia
3. c- non-Hodgkins lymphoma
4. d- Hodgkin lymphoma e- sarcoidosis

Answer: B

• A 71-year-old woman with no significant past medical history is investigatedfor generalized tiredness. She has recently lost 7 Kg in weight.

The following blood results are obtained.Hb: 9.8 g/ dl, platelates: 104 x 10 9/ L, WBC: 70 X 10 9/L

Blood film: small mature lymphoctosis, smudge cell seen, no abnormal (blast) cells.ONE of the following is most likely diagnosis.

a- chronic myeloid leukemia

b- chronic lymphocytic leukemia

c- acute myeloid leukemia

d- acute lymphoblastic leukemia

e -aplastic anemia

Answer: B

• Philadelphia chromosome is seen in 90-95 % of patients in ONE of the following.

a- chronic lymphocytic leukemia

b- chronic myloid leukemia

c- polycythemia rubra vera

d- essential thrombocythemia

1. myelodysplastic syndrome

Answer: B

• A 54-year-old male with acute lymphocytic leukemia develops a blast crisis. He is treated with intensive systemic chemotherapy. Following treatment, the patient will beat increased risk for the development of ONE of the following.

a- bile pigment gallstones

b- cholesterol gallstones

c- cystine kidney stones

d- struvite kidney stones

1. uric acid kidney stones

Answer: F

• Cml incorrct :

1. Smudge cells
2. Philadelpia chromosome
3. Tyrisine kinase inhibitors
4. Incresed wbc with shift to the left
5. Massive splenomegaly

Answer: A

• Which finding is not frequently found in Chronic Myelogenous Leukemia (CML)?

a. Elevated WBCs

b. Elevated vitamin B12 level

c. Elevated LDH

d. Translocation between chromosomes 9 and 14

e. Increased uric acid level

Answer: D

• CASE : low platelet count , WBC count 30000 , 50% blast ?

AML , M3 type

• Auer rods are found in which one of the following?

a- AML

b- ALL

c- CLL

d- CML

1. Sickle cell anemia

Answer: A

• Doesn't cause lymphadenopathy ;

CML , brucellosis ( e5taf el 3olama2 )

• Wrong about CLL :

Disease of children

• wrong regarding CLL :

It is disease of adults

• smudge cells seen in :

CLL

• Patient with pancytopenia, splenic vein thrombosis, and ???.

Diagnosis is: A. Promyelocytic???

• tumor lysis syndrome causes all but which of the following :

Hypercalcemia

• Wrong about diagnosis of ALL:

1. Lumbar puncture

• Worst prognosis in a patient diagnosed with ALL is with the following at the presentation:

A. Neurological involvement

B. Philadelphia chromosome

C. Male

D. Age

Answer: Increasing age\ Philadelphia chromosome\ WBC >30,000

• Inheritance bleeding ??

Vwf

• Most common bleeding disorder...

vWF

• A blood test shows a prolonged bleeding time and activated partial thromboplastin time, while platelet count and

prothrombin times are all normal, the most likely diagnosis is ?

a. Von Willebrand disease

b. Liver disease

c. Disseminated intravascular coagulation

d. Antiphospholipid syndrome

e. Hemolytic uremic syndrome

Answer: A

• Elevated Bleeding time and PTT

von disease

• Increased bleeding time and PTT is found in ONE of the following.

a- hemophelia A

b- hemophelia B (Xmas disease)

c- Von Willebrand disease

d- treatment with warfarin

e- idiopathic thrombocytopenic purpura

Answer: C

• A patient is given aspirin 300 mg after developing an acute coronary syndrome, what is the mechanism of action of aspirin to achieve an antiplatelet effect?

a. Inhibit the production of thromboxane A2ia

b. Inhibit ADP binding to its platelet receptor ia

c. Inhibit the production of prostaglandin H2ia

d. Glycoprotein IIb/IIIa receptor antagonist ia

e. Inhibit the production of prostacyclin (PGI2)ia

Answer: A

• Disease with decrease clotting factor :

christmas disease (hemophilia b)

• one is coagulation disease :

Hemophilia B

• All are aquired causes of platelet disorders exept?

A. Bernard soulier syndrome (Autosomal ressisive )

B. ITP

C. TTP

D. Trombocytosis

E. Uremic thrombocytopenia

Answer: A

• wrong about ITP?

Prolonged pt,ptt

• not a treatment for ITP?

Azathioprine

• Not a Treatment of of ITP :

IVIG

Splenoctomy

• All the following are causes for immune thrombocytopenia (ITP) except. Select one:

a. B-cell lymphocytes malignancies.

b. HIV

c. Heparin.

d. Systemic lupus erythematosus.

e. Folic acid deficiency anemia.

Answer: E

• First line drug in treatment of ITP include one of the following:

a.splenectomy

b.predinsolon

c.thrombopotein

d.azathioprine

e.rituximab

Answer: B

• ITP not affect

A. Pt /Ptt

B. Platelets count

C. Bleeding time

Ans:A

• 1st choice treatment for ITP ?

Answer: IVIG ? , or prednisone

• patechia with no other complain

ITP

• 26 year old female presented to ER with petechiae, everything else is normal:

A. ITP

B. Septic meningitis

Ans: A?

• ITP, one is correct:

a. often follow a viral infection

b. typically has chronic course

c. is characteristically associated with moderate splenomegaly

d. requires splenectomy in more than 20 % of cases

e. associated with decrease megakaryocytes on bone marrow exam

Answer: A??

• Low dose aspirin is used in all of the following except one:

a) Polycythemia rubra vera

b) Essential thrombocytosis

c) Angina pectoris

d) Antiphospholipid syndrome

e) Thrombotic thrombocytopenic purpura

Answer: E

• wrong about side effects of these drugs:

thiazide/thrombocytosis

• All the following are true following splenectomy Except.

a- thrombocytopenia

b- pneumococcal vaccine should be given

c- annual influenza vaccine should be given

d- long term oral penicillin V 500 mg 12 hourly should be given

e- Howell-Jolly bodies are characteristically seen on blood film.

Ans:A

• All the following may be used in treatment of idiopathic thrombocytopenic purpura Except.

a. oral predinsolone.

b. Fresh frozen plasma

c. splenectomy

d.I.V. immunioglobulin

e.immunosuppresentdrug( cyclophosphamide)

Answer: B

• Splenectomy may be an option in treatment of all the following Except.

a- hereditary spherocytosis

b- idiopathic thrombocytopenic purpura

c- worm autoimmune hemolytic anemia

d- hypersplenism

e- G6PD deficiency

Answer: E??

• A20-year-old woman presents with fever, abdominal pain, purpura and focal neurological signs.ONE of the following is most likely diagnosis.

 a- idiopathic thrombocytopenic purpura

b- thrombotic thrombocytopenic purpura

c- DIC

d- Henoch-Schonlein purpura e- Von Willebrand's disease.

Answer: B

• Patient presents with confusion high creatinine and urea ,fever

(HUS" TTP)

• mechanism of action of aspirin?

Inhibits thromboxane

• A 72-year-old woman is evaluated in the emergency department for progressive chest pain that began 2 hours ago. She has not had recent surgery or stroke. She takes amlodipine for hypertension. On physical examination, blood pressure is

154/88 mm Hg, and pulse rate is 88/min. Cardiac and pulmonary examinations are normal. Initial electrocardiogram shows 2-mm ST- segment elevation in leads V1 through V5 with reciprocal ST- segment depression in leads II, III, and aVF. Chest radiograph shows no cardiomegaly and no evidence of pulmonary edema. The patient is given aspirin, Clopidogrel, unfractionated heparin, and a ß-blocker. Because the nearest hospital with primary percutaneous coronary intervention capabilities is more than 120 minutes away, she is also given a bolus dose of tenecteplase. Thirty minutes later, the patient's blood pressure has dropped to 85/58 mm Hg. Her chest pain persists, and she rates the pain as 8 out of 10. Pulmonary crackles are auscultated to the scapulae. Electrocardiogram shows 3-mm ST-segment elevation in leads V1 through V5 with reciprocal ST- segment depression in leads II, III, and aVF. Which of the following is the most appropriate management?

a. Continued medical therapy

b. Glycoprotein llb/llla inhibitor

c. Repeat tenecteplase

d. Transfer for emergency percutaneous coronary intervention

e. Urgent CABG

Answer: D

• Warfarin is an oral?

a. Anticoagulant which inhibits the reduction of vitamin K to its active form

b. Anticoagulant which acts as a direct antithrombin III inhibitor

c. Anticoagulant which inhibits the activated factor X

d. Antiplatelet which acts as an ADP receptor inhibitor

e. Antiplatelet which inhibit GPIIbIIIa

Answer: A

• A 70 year old women has a history of dyspnea and palpitations for six months, an ECG at that time showed atrial fibrillation, she was given digoxin, diuretics and aspirin. She now presents with two short lived episodes of altered sensation in the left face, arm and leg, there is poor coordination of left hand, ECHO was normal as was a CT head scan. What is the most appropriate next step in management?

a. Anticoagulant

b. Carotid endarterectomy

c. Clopidogrel

d. Corticosteroid

e. No action

Answer: A

• For a patient with suspected pulmonary embolism.What is the least appropriate strategy?

a. Thrombolytic therapy if cardiogenic shock is present

b. Initiation of anticoagulation treatment while diagnostic workup is ongoing

c. CT angiography if cardiogenic shock is present .

d. D dimer level measurement if shock is present

e. Bed side transthoracic echocardiography if the patient is in cardiogenic shock and CT angiography is not immediately available

Answer: D

• History: A female with history of long travel, then develops unilateral lower limb swelling with redness and hotness. She was diagnosed with DVT. She was started on Unfractionated heparin. 10 days later, she was found to have a platelet count of 60,000. Next step in management:

a. Stop unfractionated heparin and no longer anticoagulation

b. Stop unfractionated heparin and start low-molecular heparin.

c. Stop unfractionated heparin and start her on leperudine

Answer: C

• The treatment of choice for thrombotic events in the antiphospholipid antibody syndrome is?

a. Intravenous steroids b. High-dose oral steroids with a rapid taper c. Penicillamine d. Aspirin

e. Warfarin

Answer: E

• A 57-year-old man develops acute shortness of breath shortly after a 20-hour automobile ride. He has normal physical examination except for tachycardia, ECG: shows sinus tachycardia, but is otherwise normal. Which ONE of the following is correct?

a- the patient should admitted to hospital and if there is no contraindication to anticoagulant, Heparin should be started while waiting for tests.

b- Normal finding on examination of the lower limbs are extremely unusual

c- A definitive diagnosis can be made by history alone

d- Early treatment has little effect on overall mortality

e- The disease can be diagnosed definitely by Chest X-Ray

Answer: A

• A 50 year old man with no past medical history is found to be in atrialfibrillation during routine medical examination. He

reports no history of palpitation or dyspnea. Normal physical examination. He refused DC cardioversion. If the patient remains in chronic Atrial fibrillation.

Which ONE of the following is most suitable treatment to offer?

a- Asprine.

b- warfarin,target INR 2-3.

c- no anticoagulation.

d- warfarin, target INR3-4.

e- warfarin, target INR2-3, for 6 months then Asprin.

Answer: A or B

• What is an indication for IVC (Inferior vena cava) or venous filter:

a- +Inability to anticoagulate in a patient with upper extremity DVT due to a vein catheterization

b- Reccurent PE in a patient already on Warfarin with INR 1.5

c- Bleeding diathesis in a patient with femur fracture

d- A thrombus in the right ventricle

Answer: A

• A 57-year-old man develops acute shortness of breath shortly after a 20-hour automobile ride. He has normal physical examination except for tachycardia, ECG: shows sinus tachycardia, but is otherwise normal. Which ONE of the following is correct?

a- the patient should admitted to hospital and if there is no contraindication to anticoagulant, Heparin should be started while waiting for tests.

b- Normal finding on examination of the lower limbs are extremely unusual

c- A definitive diagnosis can be made by history alone

d- Early treatment has little effect on overall mortality

e- The disease can be diagnosed definitely by Chest X-Ray

Answer: A

• A 25 year old Pregnant female in the second trimester.she recently complains of dyspnea.pleuritic chest pain and left calf swelling and redness. Examination reveals a sinus tachycardia and her blood pressure is 130/80 mmHg,02 saturation is95% on room air. What is the best line of treatment?

a. Intravenous cefotaxime and oral azithromycin

b. Intravenous heparin and warfarin

c. Low molecular weight heparin

d. Thrombolysis with tenecteplase

e. Intravenous cefotaxime alone.

Answer: C

• A27 year women suffer from mitral stenosis develop atrial fibrillation. She placed on warfarin treatment what is the most appropriate target INR range?

a- Less than 1.0

b- 1.0 -2.0

c- 2.0-3.0

d- 3.0-4.0

e- More than 5.0

Answer: C

• 67 Y/O woman suffered a fracture to her hip during a fall and undergoes a successful hip replacement. After 2 weeks, the pt complains of pain in her leg, particularly on movement. On examination, the leg is swollen below the knee, erythematous and tender on palpation. The most appropriate one management is :

a) Aspirin

b) Low molecular weigh heparin

c) Warfarin

d) Early ambulation

e) Thrombolytic therapy

Answer: B

• Pateint taking antiTB and warfarin started feeling (arrythmia?) ?

Answer:

Increase warfarin doseExplanation: The Rifampin is hepatic microsomal enzymes inducer so increase the dose

• Warfarin..

INR

• heparin antidote ..

Protamine sulfate

• Mechanism of action for warfarin>>

Vit K ..etc.

• Wrong about a patient with liver cirrhosis:

A. Lactulose

B. Warfarin

C. Restrict proteins

D. Restrict diet

E. Restrict salt

Answer: B

• A70 hypertensive woman patient with mild left hemiparesis and finding of persistent atrial fibrillation. Optimal treatment with

anti-hypertensive drugs would be ONE of the following

a- close observation

b- permenant pace maker

c- asprin

d- warfarin

e- I.V heparin

Answer: D

• best drug for DVT?

Low molecular weight heparin

• one of the following drugs may be safely continued at the same dose in renal failure?

A. Tetracycline

B. Diclofenac

C. Warfarin

D. Nitrofurantoin

E. Lithium

Answer: C

• All the followings are true about Unfractionated heparin EXCEPT.

a. Safe in lactating women.

b. Antidote for over dose is vit. K.

c. Can cause heparin induced thrombocytopenia (HIT)

d. Prolong use can cause osteoporosis.

e. Safe in pregnancy.

Answer: B

• A 60 year old asthmatic lady is admitted with sudden onset left sided pleuritic chest pain and shortness of breath. Arterial blood gases are as follows: pH of 7.30, pO2 77 mmHg, and pCO2 28 mmHg. Chest X-ray is normal. She is commenced on

oxygen. What is the most appropriate immediate action?

a. Chest CT scan

b. Request D-dimer

c. Start low molecular weight heparin and request CT pulmonary angiography

d. Start low molecular weight heparin and request echocardiography

e. Broad spectrum antibiotics

Answer: C

• A 57-year-old man comes to the emergency department with severe, central, crushing chest pain. By the time he arrives on the medical admissions unit he is pain-free.He had a myocardial infarction (Ml) two years ago; additionally he has type 2 diabetes mellitus, hypertension and hypercholesterolaemia. His brother died of a Ml at a similar age. His repeat prescriptions include aspirin, metformin, ramipril, amlodipine and atorvastatin.On examination he looks pale and sweaty.

On auscultation he has vesicular breathing and normal heart sounds. He is overweight.His oxygen saturations are 98% on air; respiratory rate 14 breaths per minute; blood pressure 150/88 mmHg, heart rate 90 beats per minute.His blood sugar (BM) is 22.5.There are no ischemic changes on his ECG; however a 12 hour troponin is elevated. The admitting doctor has already given aspirin, clopidogrel and heparin.What is the next step in the management of this patient?

a. IV GTN infusion

b. 15L oxygen via non-rebreather mask

c. Primary PCI within 4 hours

d. Additional dose metformin

e. Angiography within 96 hours

Answer: E

• Drugs that affect platelets include all except?

a. Low molecular weight heparin

b. Aspirin

c. Isoniazid

d. penicillamine

e. Bendrofluazide

Answer:

• Wrong about heparin:

A. Half life 90 minutes

B. Skin necrosis

C. Thromobcytopenia

D. Only administered SC and IV

Answer: B

• All about heparin true except??

cause skin necrosis

• Venous thromboembolism prophylaxis with subcutaneous heparin should be given to all of the following patients, EXCEPT :

1. A 60-year old woman undergoing total hip arthroplasty
2. A 45-year old man undergoing hemi-colectomy for colon cancer A 35-year old man mechanically ventilated for severe pneumonia A 70-year old man admitted with thrombotic stroke in the ICU
3. A 21-year woman who had normal vaginal delivery
4. Answer: C

• patient with stable angina on asprine, nitrate and B-Blocker, developed 3 episodes of sever and long –lasting chest pain each day over the past 3 days.His ECG and cardiac enzymes are normal.One of the following is the best treatment

a- admit the patient and start I.V digoxine

b- admit the patient and start I.V heparine

c- admit the patient and start I.V prophylactic streptokinase

d- admit the patient and for observation without changing hismedications

e- Discharge the patient with increasing the dose of B-blocker and nitrate

Ans: B

• All the following are mechanism – drug induced Hyperkalemia except :

a) Trimethoprim inhibits Na channels

b) yclosporin and Cl shunting

c) Heparin decreases Aldosterone level

d) Digoxin inhibits K-ATP ase

Ans:C

• 67 year old man with a 4 year history of NIDDM is admitted to the hospital with DVT in his calf . He is placed at bed rest & given a diet for diabetic patients & started on heparin therapy . He is treated with his chronic antihypertensive regimen of Captopril , 25 mg, twice dailyLabs :Na 138 meq/L, K 4.6 meq/L , HCO3 25 meq/L , Cr 2 mg/dl stable for 2 years , 5 days later Blood pressureremained stable 135/85 mmHg , but labs became :glucose 225mg/dl, Na 135 meq/L , k 7 meq/L , HCO3 21 meq/L , Cr 2.4 mg/dl , TTKG 4 .What is the most likely cause of hyperkalemia ?

A ) Acute adrenal hemorrhage

B ) Acute Renal failure

C) Hyperglycemia

D ) Pulmonary embolus

E ) Hypoaldosteronism

 Answer: E

Nephrology

1) Indication of hemodialysis except?

A- Hyperkalemia

B -Hypomagnesemia

Answer B

2) Most appropriate screening test for pkd his father and brother has pkd

A- US

B -CT, MRI, genetic study

Answer: B??

3) correct in CKD

Diagnosed by GFR not serum creatinine

4) all nephrotic except

 - acute interstitial nephritis

5) One of the following is correct about CKD

5 stages according GFR

6) all nephrotic except

Past years archive

• All are causes of chronic interstitial nephritis, except:

a. Sickle cell

b. Wilson’s disease

c. NSAIDs

• Acute interstitial nephritis might present with any of the following, except:

a. Fever

b. Rash

c. Renal impairment

d. Hypertension

e. Low grade proteinuria

Answer: D

• Which of the following patients is most likely to develop destruction of renal papillae with concomitant tubule interstitial damage?

a. A middle aged man who has consumed alcohol

b. An older man with early stage prostate adenocarcinoma

c. A young adult women with thalassemia

d. An older women who uses analgesics for chronic headaches

e. A middle aged women with her first episode of UTI which is associated with pyuria

Answer: D

• Pregnant with lower UTI:

Ampicillin

• Dysuria, frequency , urine analysis shows WBCs , leukocyte esterase on stain (not culture) no organism was found , diagnosis:

A . TB

B - lower UTI

Answer: TB

Can TB cause urinary tract infection? Genitourinary tuberculosis (GUTB) usually involves the urinary tract or genital organs due to the hematogenous spread of

chronic latent pulmonary tuberculosis. The diagnosis of GUTB is often delayed due to symptoms and signs often being masked by another disease, usually a urinary tract infection (UTI)

• True regarding catheter induced UTI :

Patient with more than 2 weeks on catheter without changing reveals bacteriuria

• Most UTI bacteria

- e. Coli

• UTI with knee joint inflammationA,B,D ??

• 11-month-old girl presents to your office with fever (39.c) for the last 2 days. 3 hrs ago she started to to have vomiting and decrease oral intake, she looked tired and ill. Her exam reveals no focus and moderate to severe dehydration. you suspect UTI

19. Her urine culture is positive at 24 hrs, the most likely organism , is:

a. klebsiella

b. E. coli

c. staph. Aureus

d. proteus

e. enterococcus

Answer: B

• All the following are causes of sterile pyuria Except:

Kidney stones

Tubulointerstitial disease

Papillary necrosis

Tuberculosis

Acute pyelonephritis

Answer: E

• Patient come with loin pain & fever and costovertebral angle tenderness what’s your diagnosis :

A. Pyelonephritis

B. kidney stones

C. Nephrotic syndrome

D. Nephriticsyndrome

Answer: A

• In acute pyelonephritis, which of the following is most commonly associated with bacteremic spread from a distant focus?

a. Escherichia coli

b. Proteus sp.

c. Staphylococcus aureus

d. Serratia sp.

e. Enterococcus sp.

Answer: C

• All of the following are indications for hemodialysis except one :

a. Oliguria with GER 60

b Metabolic acidosis

d. Pulmonary edema

e.Symptomatic uremi

Answer: A

• All of the following are indications to start hemodialysis, except:

a. Pericarditis

b. Encephalopathy

c. Creatinein – 8 mg/dL

d. Hypercalcemia

e. Hyperkalemia

Answer: C

• 35 year old female is evaluated because of an elevated Bp 160/105 for the past 2-3 months . Her mother has hypertension and kidney disease , and a maternal aunt is now on hemodialysis Labs : Cr 0.8 mg/dl , Na 140 meq/ L , K 5.0 meq /L , Cl 102 meq / L , HCO3 25 MEQ / l , Urine Analysis is negative .Which of the following is most likely to provide information regarding cause of her hypertension ?

a. Captopril Renal Scan

b. 24 hour urine for Vanillyl Mandellic Acid

c. Renal U/S

d. Plasma Renin activity & aldosterone level Plasma PTH

Answer: C

• Treatment of hyperkalemia except

-Nahco3

- B agonist

- Aldactone Diuretics

- Insulin

Answer: C

Incorrect ?

• Indication for dialysis except :

-hyperkalemia

-acidosis

-hypertension

-chest pain

Answer:

• all in management of hyperkalemia except:

-dialysis

-insulin

• 55\_All of the following drugs can cause hyperkalemia EXCEPT:

a. Spironolactone

b. Amiloride

c. Enalapril

d. Salbutamol

e. Valsartan

Answer: D

• Spironolactone and Amiloride : potassium-sparing diuretic, which can increase potassium levels in the blood and lead to hyperkalemia.

• Enalapril: An ACE inhibitor

• Valsartan: An angiotensin II receptor blocker (ARB)

• Salbutamol: A beta-2 agonist used to treat asthma and other respiratory conditions. It is known to cause hypokalemia

• The following statements about potassium balance is true except?

a- 85% of the daily potassium intake is excreted in urine

b- Intracellular potassium ion concentrations are about 150 mmol/l

c- Cellular uptake of potassium is enhanced by adrenaline and insulin

d- Alkalosis predispose to hyperkalemia

e- The normal dietary potassium is about 100 mmol/day

Answer: D

• Drugs that Cause hyperkalemia except :

A. Salbutamol

B. Insulin

C. ACEI

D. ARBs

E. SPIRONOLACTONE

Answer: A

• Hyperkalemia chages on ecg :

PR prolongation and QRS widening which one

• Wrong about ECG of hyperkalemia >>

peaked p wave

• Not used for treatment of hyperkalemia :

Magnesium sulphate

• All cause hyperkalemia, except:

A. ACEI

B. Furosemide

C. RTA type 4

Answer: B

• All predispose to hepatic encephalopathy, except:

A. Hyperkalemia

B. Furosemide

• Wrong about ECG findings in hyperkalemia:

1. Pronounced P wav

• ECG signs of hyperkalemia may include all of the following except : a) Peaked T wave

b) QRS widening

c) Delta wave

d) Prolonged P-R interval

e) Sine wave

Answer: C

• which of the following types of renal tubular acidosis is associated with hyperkalaemia?

A. Type 1 renal tubular acidosis

B. Type 2 renal tubular acidosis

C. Type 3 renal tubular acidosis

D. Type 4 renal tubular acidosis

E. Type 5 renal tubular acidosis

Answer: D

• wrong about AKI

A. Associated with oliguria

B. Uncompensated cases has poor prognosis and high mortality

C. May lead to life threatening electrolyte disturbance

Answer: B

• Pt with ventricular tachycardia and after few days serum creatinine increased what type of kidney injury:

a. pre-renal

b. renal

c. post renal

Answer: A

• All of the following are true about pre-renal acute renal failure, except:

a. FeNa<1%

b. BUN/CR ratio is elevated

c. Mostly irreversilbe

d. Most common cause of ARF

e. Urine output imporoves with IV fluid coverage

Answer: C

 Pre-renal AKI is usually reversible when the underlying cause is addressed and treated.

• Which of the following factors would suggest that a patient has established acute tubular necrosis rather than prerenal uraemia?

A. Urine sodium = 10 mmol/L

B. Fractional urea excretion = 20%

C. Increase in urine output following fluid challenge

D. Specific gravity = 1025

E. Fractional sodium excretion = 1.5%

Answer: E

• Drug cause prerenal uremia:

A. ACE inhibitors

B. Beta blocker

C. Calcium channel blocker

D. Potassium sparing diuretics

Answer: A

• most common cause of acute tubular necrosis is:

a. Aminoglycoside antibiotics

b. Rhabdomyolysis

c. Renal artery stenosis

d. Ischemia

e. Renal artery thrombosis

Answer: D

• ONE of the following is the most frequent cause of death in acute renal failure.

e) Uremia

f) Pulmonary edema

g) Hyperkalemia

h) Infection

e) Hyponatremia

Ans: H

• A 72-year-old male develops acute renal failure after cardiac catheterization. Physical examination is notable for diminished peripheral pulses, livedo reticularis, epigastric tenderness, and confusion. Laboratory studies include (mg/dL) BUN 131, creatinine 5.2, and phosphate 9.5. Urinalysis shows 10 to 15 white blood cells (WBC), 5 to 10 red blood cells (RBC), and one hyaline cast per high-power field (HPF). The most likely diagnosis is Select one:

a. acute interstitial nephritis caused by drugs

b. rhabdomyolysis with acute tubular necrosis

c. acute tubular necrosis secondary to radiocontrast exposure

d. cholesterol embolization

e. renal arterial dissection with prerenal azotemia

Answer: D

• A 28-year-old woman with HIV on antiretroviral therapy complains of abdominal pain in the emergency department. Laboratory data show a creatinine of 3.2 mg/dL; her baseline creatinine is 1.0 mg/dL. Urinalysis shows large numbers of white blood cells and red blood cells without epithelial cells, leukocyte esterase, or nitrites. Which test is indicated to diagnose the cause of her acute renal failure?

Select one:

a. Acid-fast stain of the urine

b. Anti-GBM (glomerular base membrane) antibodies

c. Renal angiogram

d. Renal ultrasound

e. Urine electrolyte

Answer: D

• Which of the following are indications for dialysis in acute renal injury?

a. Severe alkalosis unresponsive to medical therapy

b. Severe acidosis unresponsive to medical therapy

c. Severe hypokalemia unresponsive to medical therapy

d. Severe hypercalcemia unresponsive to medical therapy

e. Severe hypomagvfgnesemia unresponsive to treatment

Answer: B

What has likely caused the sudden deterioration in renal function?

A. Exacerbation of SLE

B. Renal vein thrombosis

C. Bilateral hydronephrosis

D. Acute interstitial nephritis

E. Analgesic nephropathy

Answer: B

في ظل 3 أسئلة موجودين بملف اللجنة لمحاضرة الAcute kidney injury

• Autosomal dominant polycystic kidney disease type 1 is associated with a genedefect in:

A. Chromosome 4

B. Chromosome 8

C. Chromosome 12

D. Chromosome 16

E. Chromosome 20

Answer: D

ADPKD type 1 = chromosome 16 = 85% of cases

• A 26-year-old man with loin pain and haematuria is found to have autosomal dominant polycystic kidney disease. A defect in which one of the following genesis likely to be responsible?

A. Fibrillin-2 gene

B. Polycystin gene

C. Fibrillin-1 gene

D. Von Hippel-Lindau gene

E. PKD1 gene

Answer: E

• 24- year-old man who has a sister with polycystic kidney diseases asks his GP if he could be screened for the disease.What is the most appropriate screening test?

A. PKD1 gene testing

B. CT abdomen

C. Urine microscopy

D. Ultrasound abdomen

E. Anti-polycystin 1 antibodies levels

Answer: D

Ultrasound is the screening test for adult polycystic kidney disease

• Autosomal dominant polycystic kidney disease type 2 is associated with a genedefect in:

A.Chromosome 4

B. Chromosome 8

C. Chromosome 12

D. Chromosome 16

E. Chromosome 20

Answer: A

ADPKD type 2 = chromosome 4 = 15% of cases

• Causes of nephrotic syndrome include all the following Except.

a) SLE

b) DM

c) Amyloidosis

d) Membranous glomerulionephritis

e) Autosomal-dominant polycystic kidney disease

Answer: E

• what is the most common site for extra-renal cysts in a patient with autosomal dominant polycystic kidney disease (ADPKD)?

A. Pancreas

B. Brain

C. Liver

D. Spleen

E. Thyroid

Answer: C

Most common location of extra-renal cysts in ADPKD is liver

Liver cysts are present in 70% of patients with ADPKD. Around 8% of patients have berry aneurysms

• one of the following statements is true regarding autosomal recessive polycystic kidney disease?

A. Onset is typically in the third decade

B. Liver involvement is rare

C. Is due to a defect on chromosome 16

D. More common than autosomal dominant polycystic kidney disease

E. May be diagnosed on prenatal ultrasound

Answer: E

• glomerular filtration rate at third stage renal failure:

eGFR at CKD 3b : 30-44

• One of the following is considered a stage 4 chronic kidney disease in a patient who has a serum creatinine of 3.2 mg/dL Select one:

a. GFR 15

b.GFR 25

c. GFR 40

d. GFR 60

e.GFR90

Answer: B

• In which of the following clinical situations would an increase in serum Cr concentration be explained only by reduction in GFR ?

a ) Use of Trimethoprim in a patient with a urinary tract infection

b ) Increased levels of ketoacids in a patient with DKA

c ) Severe extracellular volume cotraction in a patient with diarrhea xxxx

d ) Use of Cimetidine in a patient with a peptic ulcer

e ) Carnitine ingestion for body building

Answer: C

Severe extracellular volume contraction in a patient with diarrhea: This could lead to a reduction in GFR due to decreased renal perfusion, causing an increase in serum creatinine levels.

• All the following are functions of kidney Except :

(a). Excretion of waste products.

(b). production of erythropoietin.

(c). Metabolism of vitamin D

(d). destruction of rennin.

(e). production of prostaglandins.

Answer: D

• What is the most significant factor leading to the development of anaemia in patients with chronic kidney disease?

A. Reduced absorption of iron

B. Increased erythropoietin resistance

C. Reduced erythropoietin levels

D. Reduced erythropoiesis due to toxic effects of uraemia on bone marrow

E. Blood loss due to capillary fragility and poor platelet function

Answer: C

• All the following are true about renal osteodystrophy Except :

a. reduced conversion of 25 (OH)2 D3 to 1-25-(OH) 2 D3

b. increased parathyroid hormone

c.increased intestinal calcium absorption

d. decreased osteoclastic activity

e. increased reabsorption of calcium from bone.

Answer: D

• Each one of the following is seen in renal osteodystrophy, except:

A. Osteitis fibrosa cystica

B. Primary hyperparathyroidism

C. High phosphate

D. Low calcium

E. Low vitamin D

Answer: B

secondary hyperparathyroidism: due to low calcium, high phosphate andlow vitamin D

• ؟؟؟؟ : cause of osteodystrophy at chronic renal failure

• A 59-year-old man is evaluated during a follow-up visit for a 6-year history of end-stage kidney disease and a 20-year history of hypertension. He had a kidney transplant 3 months ago with an unremarkable postoperative course. Current medications are tacrolimus, mycophenolate mofetil, nifedipine, losartan, valgancidovir, and prednisone, 5 mg/d. On physical examination, temperature is 37.0 °C (98.6 °F), blood pressure is 165/95 mm Hg, pulse rate is 86/min, and

respiration rate is 14/min. BMI is 28. There are no oral lesions. There is no jugular venous distention. Heart sounds are normal. The lungs are clear. The abdomen is nontender with no bruits. There is a well-healed scar in the right lower abdomen over the kidney allograft. There is 1+ peripheral edema. Laboratory studies are notable for a serum creatinine level of 1.0 mg/dL (88.4 pmol/L). Monitoring for which of the following complications is indicated in this patient? Select one:

a. Hyperphosphatemia

b. Hyperthyroidism

c. Hypoparathyroidism

d. New-onset diabetes mellitus and dyslipidemia

e. Hyperparathyroidism

Answer:

• True regarding management of chronic renal failure :

we use calcitriol for treatment of hypocalcemia

• Correct about calcium hemostasis :

a. Vitamin D deficiency causes Hypocalcemia + Hypophosphatemia

b. Vitamin D deficiency causes Hypocalcemia + Hyperphosphatemia

c. Hyperparathyroidism causes metabolic acidosis

d. In primary hyperparathyroidism in primary PTH decreases 24 hour urine calcium

e. None of the above

Answer: B

Vitamin D deficiency does cause hypocalcemia (low calcium levels) due to decreased calcium absorption from the gut, and it typically leads to hyperphosphatemia (high phosphate levels) because of increased PTH secretion, which increases phosphate excretion.

• Hypocalcemia with increased serum phosphate is found in ONE of the following :

a- hypoparathyrodism

b- osteomalacia

c- acute pancreatitis

d- chronic renal failure

e- malabsorption

Answer: D

• All the following are found in chronic renal failure Except.

a- hyperkalemia

b- hyperurecemia

c- hypophosphatemia

d- hypocalcemia

e- Low serum erythropitein

Answer: C

• Which one of the following would have been most likely to prevent the deterioration in renal function?

A. Low dose dopamine

B. Urinary acidification

C. Intravenous fluids

D. Frusemide

E. Mannitol

Answer: C

Collapse + ARF --> rhabdomyolysis - treat with IV fluids Intravenous fluids are the most important management step in the prevent of rhabdomyolysis in such patients

• what is the best way to differentiate between acute and chronic renal failure?

A. 24 hr creatinine

B. Urinary albumin

C. Serum creatinine

D. Renal ultrasound

E. Serum urea

Answer: D

Small kidneys is (usually) a sign of chronic renal failure Acute vs. chronic renal failure Best way to differentiate is renal ultrasound - most patients with CRF have bilateral small kidneys Exceptions

• autosomal dominant polycystic kidney disease

• diabetic nephropathy

• amyloidosis

Other features suggesting CRF rather than ARF

• hypocalcaemia (due to lack of vitamin D)

• The following statements about potassium balance is true except?

a- 85% of the daily potassium intake is excreted in urine

b- Intracellular potassium ion concentrations are about 150 mmol/l

c- Cellular uptake of potassium is enhanced by adrenaline and insulin

d- Alkalosis predispose to hyperkalemia

e- The normal dietary potassium is about 100 mmol/day

Answer: D

• Which of the following would be most effective in reducing his urinary Calcium excretion ?

A ) Dietary Ca restriction

B ) Cranberry juice

C ) Hydrochlorothiazide

D ) Furosemide

E ) High fluid intake

Answer: C

• Treatment of hyperkalemia except

-Nahco3

- B agonist

- Aldactone Diuretics

- Insulin Incorrec

Answer: C

• What is the leading cause of death in patients with chronic kidney disease?

a) Cardiovascular disease

b) Hyperkalemia

c) Infection

d) Malignancy

e) Uremia

Answer: A

• which one of the following drugs may be safely continued at the same dose in renal failure?

A. Tetracycline

B. Diclofenac

C. Warfarin

D. Nitrofurantoin

E. Lithium

Answer: C

Drugs in renal failure

Questions regarding which drugs to avoid in renal failure are common in the MRCP Drugs to avoid in renal failure

• antibiotics: tetracycline, nitrofurantoin

• NSAIDs

• lithium

Drugs likely to accumulate in renal failure - need dose adjustment

• most antibiotics including penicillins, cephalosporins, vancomycin, streptomycin

• digoxin, atenolol

• methotrexate

• sulphonylureas

• frusemide

Drugs relatively safe - use in normal dose

• antibiotics: erythromycin, rifampicin

• diazepam

• warfarin

• according to chronic renal failure classification,creatinine clearance rate at 3A is?

45-60

• Pt on dialysis o sar 3ndu nausea o blurred vision..

Et Disequilibrium syndrome

• ONE of the following is the most frequent cause of death in acute renal failure.

e) Uremia

f) Pulmonary edema

g) Hyperkalemia

h) Infection

e) Hyponatremia

Answer: H

• patient with type 1 diabetes mellitus is reviewed in the nephrology outpatient clinic. He is known to have stage 2 diabetic nephropathy. Which of the following best describes his degree of renal involvement?

A. Microalbuminuria

B. End-stage renal failure

C. Latent phase

D. Hyperfiltration

E. Overt nephropathy

Answer: C

• 45-year-old male with a diagnosis of ESRD secondary to diabetes mellitus is being treated with peritoneal dialysis. This is being carried out as a continuous ambulatory peritoneal dialysis (CAPD). He undergoes four 2-L exchanges per day and has been doing so for approximately 4 years. Complications of peritoneal dialysis include which of the following? Select one:

a. Hypotension after drainage of dialysate

b. Hypoalbuminemia

c. Hypercholesterolemia

d. Hypoglycemia

e. Left pleural effusion

Answer:

• 55 year old male has progressive CRI dueto type II Diabetic Nephropathy & hypertension . His Cr clearance is 23 ml/min , his serum Cr is 3.1 mg/dl . He has just returned from an introductory educational session regarding dialysis & transplant options . He asks your opinion about the best optionsWhich of the following offers the best prognosis for this patient :

A ) NIPD

B ) Hemodialysis

C )Renal transplant

D ) Combined renal & pancreas transplant

E ) CCPD

Answer: C

• Absolute contraindication in chronic kidney disease?

Metformin

• Wrong about the use of US to diagnose kidney problems:

a. Cheap, available quickly.

b. Diasadvantage is that it is highly operator dependent

c. Use of Doppler velocimetry can significantly enhance the information that we can get from it like

restitivy index.

d. In cKD, the kidneys appear small with loss of corticomedullary differentiation

e. ???

Answer: D

In chronic kidney disease (CKD), kidneys may appear small and shrunken on ultrasound due to fibrosis and loss of nephrons. However, not all cases of CKD present with small kidneys; some patients with diabetes or polycystic kidney disease may have normal-sized or enlarged kidneys. Also, loss of corticomedullary differentiation can occur in some advanced stages of CKD.

• which of the following is wrong?

Anemia of chronic disease is macrocytic anemia

• Complications of chronic renal failure include all of the following except?

a. Normocytic or microcytic anemia

b. Peripheral neuropathy

c. Bone pain

d. Uremic pericarditis

e. Metabolic alkalosis and hypokalemia

Answer: E

• known Patient of renal failure complaining of monoarthritis (swelling , pain , signsof inflammation ) with no previous history , after aspiration microscopic picture reveals intracellular neddle shape crystals , Treatment of choice :

intra-articular corticosteroid ( Voltaren is contraindicated in renal impairment )

• True regarding management of chronic renal failure :

we use calcitriol for treatment of hypocalcemia

• All of the following are causes of high turnover bone disease in chronic renal failure, except:

a. Aluminum toxicity

b. Decreased vitamin D hydroxylation

c. Metabolic acidosis

d. Hyperpohsphatemia

e. Increased parathyroid hormones

Answer: A

• All to detect renal disease except:

-biopsy

-CT triphasic

-autoimmune serology

-HbA1c

Answer: D

• 72-year-old male develops acute renal failure after cardiac catheterization. Physical examination is notable for diminished peripheral pulses, livedo reticularis, epigastric tenderness, and confusion. Laboratory studies include (mg/dL) BUN 131, creatinine 5.2, and phosphate 9.5. Urinalysis shows 10 to 15 white blood cells (WBC), 5 to 10 red blood cells (RBC), and one hyaline cast per high-power field (HPF). The most likely diagnosis is

Select one:

a. acute interstitial nephritis caused by drugs

b. rhabdomyolysis with acute tubular necrosis

c. acute tubular necrosis secondary to radiocontrast exposure

d. cholesterol embolization

e. renal arterial dissection with prerenal azotemia

Answer: D

• Anti-TB drugs and side effect, correct answer is:

a. streptomycin and renal failure

b. Pyrazinamide and hepatitis

c. Optic neuritis and...

d. Vesitbular neuritis and ethambutol

Answer: A

Respiratory

1) Best for COPD to prolong survival?

A- Oxygen therapy

B- Smoking cessation

Answer: almost A, but I’m not sure

) Cause R alkalosis except2

PE

3) CURB-65 =2, treatment?

Cephalosporin + macrolides

4) pt had pancreatitis then complained of sob and on CXR( bilateral diffuse opacities) what is the diagnosis

A- Atypical pneumonia

B- ARDS

C -sarcoidosis

Answer: B

5) patient with right opacification, increasedTVF , bronchial breathing :

Pneumonia

6) pifenidone given in

IPF

7) ABG Q?

Ph: 7.2

CO2 23

HCO3 12

Na 142

Cl 100

A -High anion gab metabolic acidosis

B -Non anion gab metabolic acidosis

Answer: A

8) You give patient with PE anticoagulant for

1-2 weeks

3 months

6 months

9) One of the following found in benign asthma

A .Hypercapnia

B .Silent chest

C .Confusion

D .Pulsus paradoxus 5 mmhg

Answer: D

10) Alveolar hypoventilation??

High Paco2 low pao2

11) The best test to be sure or to confirm that eradication is successful

A) biopsy and culture

B) urea breath test

C) stool ag test

D) hydrogen breath test

E) Biopsy urease test

Answer: B or E??

12) plural effusion (Plural LDL:serum LDL<0.6)(plural protein:serum protein <0.5) which of the following is the cause Congestive heart failure

13) Which is more often associated with hospital acquired pneumonia than community acquired pneumonia?

a. Gram negative -

b. Hemophilus influenza

c. Legionella

d. Chlamydia pneumoniae

Ans: A

14) bronchiectasis

High resolution CT scan

Cardiology

1) which involve resemble mitral valve closure in ECG?

1. P interval
2. QRS

Answer: B

2) Early diastolic murmur?

A – Aortic stenosis

B – mitral stenosis

C – Aortic regurgitation

Answer: C

3) Patient with Stable angina, treatment for better prognosis?

Aspirin?

4) Most common cause of death in MI?

Ventricular arrhythmias

5) increase s2 sound

A – mitral stenosis

B – aortic regurgitation

Answer: B

6) 50 years old male has aortic stenosis, what is the most likely cause of this murmur

a. Bicuspid aortic valve

b. early diastolic murmur

c. Aortic regurgitation

d. celiac disease

answer: A

7) Not used in correction of K+ for the following case K level is 6.3 and normal ECG:

A. sodium bicarbonate

B. Hemodialysis

C. Insulin and Dextrose

D. Salbutamol

E. Beta blocker

Answer: E

8) New born of heart block (OTHER DETAILS ),Mother's antibody ?

 Anti SSA/ Anti RO

9) according to S3 sound one of the following is true:

Atrial septal defect

10) st elevation lead1,avl

Lateral

11) sudden chest pain with normal ECG, how to manage?

cardiac enzymes

12) IE not a risk factor

a. Earlier onset IE

b. Hx of rheumatic fever

c. Insertion of central venous line

d. Congenital heart disease

Answer: A???

GI

1) Follow up for treatment of HBV the best is?

A -HbsAg

B -HBV genome

C -Viral load

Answer: C

2) Young male takes diclofenac for his arthralgia, developing an epigastric pain, his arthralgia has resolved, what is the best next step?

A - Stop diclofenac and initiate ibuprofen with PPI

B -Stop diclofenac and give PPI then follow up after one week

C -Urgent endoscopy

Answer: B

3) Surgical of ulcerative colitis ?

A- Granuloma

B- Loss of goblet cell

C- Cobble stone

D- skipped

Answer: B

4) Cause of false negative serology test in celiac disease

IgA deficiency

5) Most common side effect of colchicine??

Gi symptoms

6) Which of following is not a feature of crohn's disease

crypt abscess

7) A drunk man was iv drug user since 2006 and he is asking for hcv test?

Anti hcv antibody??

8) Patient suffer from ascites, and cirhosis has neutrophil higher than 450 ??, what thr best manegment of it?

a. Ascetic drain

b. IV ceftriaxone

Answer: B??

9) What are narti drugs of HIV ?

 Zidovudine

10) A nurse get needle injury from hiv positive?

Use p24 test then treat

11) When to treat pstient with hiv?

If below than 350

12) Percentage of HCV to convert to chronic:

80-85%

13) Sulfasalazine side effects except!!

Male infertility

Agranulocytosis

Endocrine

 1) Specific for graves of the following?

A - Lid lag

B - Afib

C -Pretibial myxedema

Answer : C

2) Patient with sever pneumonia, his thyroid function test mostly shows:

A -Low to normal TSH, low T3, low T4

B – high TSH low T3,T4

C- high TSH, high T4, t3

D – low TSH, high T3 , T4

Answer : A (Its euthyroid sick syndrome came with critical illness)

3)One of the following is long term side effect of steroid?

A- Osteiomalecia

B- Avascular necrosis

C- constipation

D- rash

Answer: B

4) Responsible for ketone production during DKA ?

A -Exchange with hydrogen

B -Lipolysis

Answer: B

5) management of thyroid storm

Beta blocker , propylthiouracil--- corticosteroid

6) HSS

No ketone bodies in urine dipstick

7) GLP1 one is wrong

high levels in DM type 2 pt

8) HLA DQ2

-not found in pseudohypoparathyroidism

9) Patient with DM he talk and then he had GI symptoms (flatulence) what the drug tha may do this symptoms

- Metformin

10) Not found in Addison disease??

Metabolic alkalosis

11) All true about pseudohypoparathyroidism except??

Normal Ca normal phosphate

12) patient with type 2 diabetes had hyperglicemic hyperosmolar syndrome, which is least associated with HHS readings:

A) PH 7.38

B) Ketons +1

Answer: B

13)strong family hx of DM

-MODY

14) patient with DM, when can I retest HBA1C is

a. 6 months

b. 3 weeks

c. 4 months

Ans: C

Rheumatology

1) Patient have a history of back pain with morning stiffness more than 1 hour+ HLA B27

2) The most associated complication is:

A - anterior uveitis

3) Specific for SLE

Anti DNA/ anti sm / ana

4) P.t with dysuria pyuria and other signs of reactive arthritis What is the most common organism to cause it?

A. Salmonella,

B. Yersinia,

C. Campylobacter,

D. Shigella

E. Chlamydia

Ans: E

6) cytokines of RA ?

IL6,TNF a

9) Synovial fluid analysis for patient with gout

-ve birefringent needle shaped crystals

10) Most common organ involved in granulomatosis with polyangitis

Lung

Infectious Disease

1) P.t with hx of travel to south Africa, prsenst with fever every 3 day for 30 days ?

Malaria

2) Lady with 3 time hx of N.gonnerha ,

What is the complication would N gonnerha cause ?

Arthropathy

(Disseminated gonnocacal arthtis its a septic arthritis )

3) recurrent infection with Niesseria gonorrhoea cause??

Infertility

4) What is the most common organism cause osteomyelitis?

S.aureus