



Nueromedicine Arsheif

done by Athkar

1- This test used to asis

- A. Otolith in posteior semicircular canal
- B. Otolith in lateral semi circular canal
- C. Otolith in anterior semi circular canal
- D. Exsiccive endo lymph



2- With unilateral optic neuritis, all true except?
homonymous hemianopia

3- 75 years old male came with acute stroke. He has right side weakness. He has spontaneous speech with occasional paraphrasic errors. He cannot understand and follow commands, and repetition is affected.

- ❖ Which of the following best explains his speech pattern?
- a. Broca aphasia
 - b. Transcortical aphasia
 - c. Conduction aphasia
 - d. Wernicke aphasia
 - e. Global aphasia

4- what is the diagnosis?

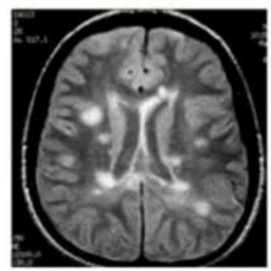


T2 Syringomyelia

5-

Pt comes with right lower limb weakness What is the next step to diagnosis?

-repeat MRI every 6-12 months



6- Correctly matched:

A- TB

A- Viral

B- fungal

A- Bacterial

	A	B
Opening pressure	elevated	elevated
WBCs	Elevated mainly lymphocytes	Elevated mainly neutrophils
RBCs	None	few
Glucose	Marginally Significantly low	low
Protein	high	high

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Patient came with weakness and numbness of lower extremities more than upper extremities and have normal reflex

What is the next step

Transverse Myelitis

A. Nerve conduction study

B. Perform spinal MRI

C. Perform lumbar MRI

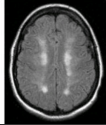
D. Perform lumbar puncture and CSF analysis

→ Myelitis

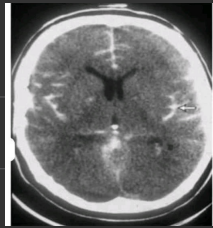
→ Hypertension of FBS

12 » This condition is caused by ?

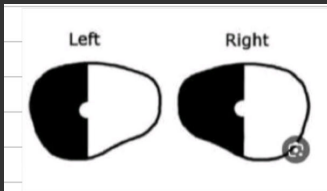
Severe hypotension



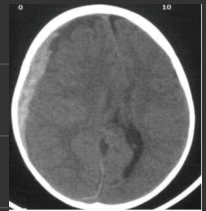
12 CT cranial scan of SAH



10- occipital lobe lesion



11- what is diagnosis? subdural hematoma



13 On examination patient can flex arm against ~~resistance~~ ~~what is the power of elbow flexors?~~ 4

13 Patient presented with fever, neck stiffness and this sign positive, which of the following is false?

-imaging is used before lumbar puncture if there is focal neurological deficit

-csf analysis can be relied on after days of antibiotics

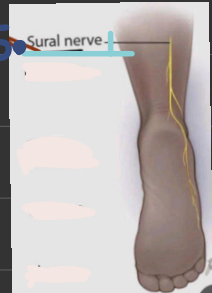
14 Pt comes with loss of sensation over this area, what is true?

Moto? of lower limb is **affected**
- sural nerve injury
- pudendal nerve injury

- affects only sensory nerve



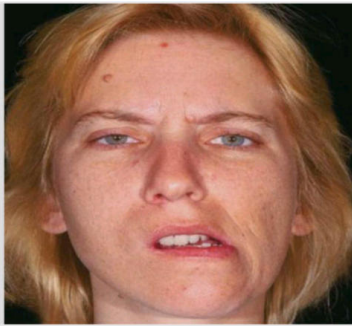
15 Sural nerve



16. Q3. Whats the muscle affected :

- A. Right pterygoid muscle
- B. Left pterygoid muscle

ANSWER : B



17. Q3-This test is used to detect the function of:

- A. Right cerebellum
- B. Left cerebellum
- C. Right cerebral
- D. Left cerebral
- E. Dorsal columns



18. a patient presented with status epilepticus, he was given 10mg of diazepam but didn't get better, he was given another 10mg but it also didn't work. What is the next step ?

- a. 20mg of phenytoin + saline for 2 minutes
- b. 20mg of phenytoin + glucose infusion
- c. 20mg of phenytoin + saline infusion
- d. 20mg of phenytoin + glucose for 2 minutes
- e. Propofol

19. • Vagus nerve and glossopharyngeal nerve are responsible for the followings except :

- Gag reflex
- Taste sensation of posterior 1/3 of tongue
- Swallowing
- Deviation of tongue

20. • All of the followings are true regarding to vestibulocochlear nerve except :

- Fukuda test.
- Nystagmus testing
- Weber + Rinne test.
- Whisper test from behind
- Gag reflex

21. • All of these test are for cerebellum except :

- Finger to nose test
- Heel to shin test
- Rapid alternating movement
- Rebound test
- Romberg test

22. patient has sensory loss in the highlighted area , most likely clinical sign found :

- A. Weakness of tibialis anterior
- B. Weak eversion
- C. Plantar flexion upward

ANSWER : A



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Acquired myopathies

Characteristic presentation of idiopathic inflammatory myopathies (IIM) (2019)	Muscle weakness	Cutaneous features	Systemic features
Dermatomyositis (DM) (1)	<ul style="list-style-type: none"> Proximal limb weakness (1) axonal Mixed (predominantly axonal myopathy) 	<ul style="list-style-type: none"> Toothbrush sign (1) 	<ul style="list-style-type: none"> Common Toxicity (1) Increased risk of malignancy (1) Interstitial lung disease (may be severe) (1)
Polymyositis (PM) (1)		<ul style="list-style-type: none"> Absent 	

- ❖ **Treatment:** (Both Dermatomyositis and Polymyositis)
 - **First-line:** **glucocorticoids** and (usually) a steroid-sparing immunosuppressive agent (e.g., Methotrexate, Azathioprine)



کالی سٹال
دقتی علیہا
دیکر جیٹھونا
لکڑیاں
steroid

24

All of the following are correctly matched , except :

- A. Resting tremor is characteristic for Parkinson's disease
- B. Intention tremor increase while getting closer to the target
- C. Myoclonus is sudden and regular
- D. Tic is semivoluntary

25

- One of the following is main feature of trigeminal nerve injury:
 - a) loss of taste sensation of the anterior 2/3 of the tongue
 - b) loss of taste sensation of posterior 1/3 of the tongue
 - c) jaw hyperreflexia *****
 - d) **apillary reflex**

26

- 50 years old female pt came to ER with progressive sever headache , your initial investigation to do :
 - a) esr and crp *****
 - b) sinal cord mri
 - c) csf analysis
 - d) brain CT scan
 - e) brain mri

27

one of the following is the main common manifestations of menere's disease : جواب

- a) **excessive endolymph *******
- b) [blurred]
- c) [blurred]
- d) [blurred]

28

- Eye open to verbal ³ command, incomprehensible sound, and localizes ² pain, ⁵
- **Gcs=10**

29

- Which of the following is wrong about pseudobulbar palsy ?
 - a. **Absent jaw jerk**
 - b. Spastic tongue
 - c. Difficulty in pronunciation

Pseudo bulbar palsy (UMN LESION)	Bulbar palsy (LMN LESION)
Spastic tongue	Flaccid tongue
Difficulty in pronunciation	Nasal speech (weak soft palate)
Brisk jaw jerk	Jaw jerk may be absent

30. لہجہ میں کامل ایکس علی لغیس
4 و ہوع

Q22. Which Guillain-Barre variant is associated with ophthalmoplegia, ataxia and areflexia -

- A. Acute inflammatory demyelinating polyneuropathy
- B. Chronic inflammatory demyelinating polyneuropathy
- C. Multifocal motor neuropathy
- D. Miller-fisher syndrome
- E. Acute motor axonal neuropathy

ANSWER : D

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False about this condition?

-Mostly inher **False matching:**

-bilateral hon Cataplexy: narcolepsy

Akathesia: antipsychotics

- ankle reflex **Lower motor neuron signs: motor neuron disease**

Dystonia: continuous muscle contraction

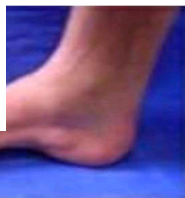
False matching:

Cataplexy: narcolepsy

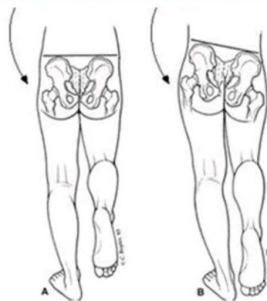
Akathesia: antipsychotics

Lower motor neuron signs: motor neuron disease

Dystonia: continuous muscle contraction



32.



Positive in superior gluteal nerve lesion

33.

False matching:

Cataplexy: narcolepsy

Akathisia: antipsychotics

Lower motor neuron signs: motor neuron disease

Dystonia: continuous muscle contraction

مبارك عيهم اننا حطوب بنفسه

34.

patient with Optic neuritis, all of the following finding are present in this patient except:

1. Visual acuity defect
2. Visual field defect
3. Ptosis ✓
4. Color vision defect
5. Fundoscopy maybe normal

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- which of the following ass with facial nerve injury:
- a) hyperacoustic stapedius paralysis*****
- b) pterygoid paralysis
- c) intact facial expressions
- d) loss of jaw reflex