

Neuromedicine Final _NABED 2024

1-17 yr old boy , recurrent infectious meningitis 8 times in previous 3 year, recurrent meningitis occurs in which of these conditions:

Otitis media

Ms

Csf leak

2- Female with MS spastic bladder ... on flexion of neck she will have ?

Electric shock like radiations down her spine and legs

3- Occlusion in what artery causes wallenberg syndrome?

Anterior inferior cerebellar artery

Vertebral

Basilar

4-Pt wants to get pregnant she has epilepsy and on carbamazepine, and she is afraid of AED risks in pregnancy , what is your management?

Continue carbamazepine

Reduce then stop

Switch to phenytoin

Stop & recontinue in second trimester

5-Pt had bells palsy.. treated with acyclovir and steroids ... now came with fine twitch of angle of mouth probable etiology is

Abberant reinnervation of facial nerve

6- Patellar reflex

L4 L5

7-Pt with right stroke after travelling to usa before 2 days ... what is the most common risk factor in this case?

Patent foramen ovale

8- Wrong about oculomotor injury ?

Accommodation is normal

9-Pt with fever, convulsion csf analysis shoes lymphocytes 100, elevated protein and xanthochromia . appropriate treatment?

Acyclovir

10- Pt disseminated in space but not in time whats next step .

Repeat after 6 to 12 mths

11- Elevated lymphocytes elevated proteins all these are differentials except .

N. Meningitidis

12- Woman cannot grip her bike, nerve damaged .

Ulnar nerve

Anterior interosseous

Median nerve

13- Woman has weakness and fatigability especially at night , occasional nasal regurg.. what physical finding support your diagnosis?

Ptosis

14- Periumbulical area is innervated by.

T10

15- What drug is a hepatic enzyme inhibitor ?

Valproic acid

16- Alcoholic man with ataxia , nystagmus ,giving first ?

Thiamine

17- One of the following is true

Paroxysmal Hemicrania and cluster headache are both associated with autonomic feature on affected side

18- Pt with fine fasciculation below tongue, atrophy of one side of tongue

Pseudobulbar

Denervation of cn12

19- One of the following isnt in bulbar ?

Jaw jerk hyperreflexia

20- Woman 12 migranes in a month, what is proper management (prophylaxis)

Amitryptiline hydrochloride

21- Pt given 10 mg iv diazepam ... then repeated , whats next step ?

Phenytoin... with normal saline infusion

22- All of these are associated with optic neuritis except .

Homonymous hemianopia

23- All of these in examination of cn8 except .

Pupillary reflex

24- Woman was sitting on couch then when she stood, sudden severe unilateral headache , ct was normal what is next step

Lumber puncture

Cerebral angiogram

25- Pt with weakness in lower extremities than upper , hyporeflexia , next step

Csf analysis

26-Pt with parkinson .. on long term treatment ... he develops sudden onset of symptoms and they also remit spontaneously whats the etiology

On off phenomenon

28- Parkinson diagnosis .. worsening in his speech will manifest as ?

Word salad

Non audible speech

Neologism

Non fluent speech

28- All of these in pt with parkinson except :

Reduced blinking rate

Vertical gaze restriction

29- Pt with temporal arteritis ... true about it :

Normal temporal artery biopsy doesnt rule out it

Brain MRI isnot necessary

30- Pt had loss of conciousness, urine incontinence, true statement :

leg may be normal

31-Pt can move arm against gravity but not resistance, power is :

3

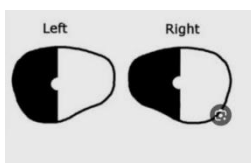
32- Pt after stroke abnormal speech , cannot understand, repetition is affected , what is affected

Broca and wernicke

33- Wrong about epilepsy :

Olfactory hallucinations in neocortical temporal lobe epilepsy

34- picture lesion in



Occipital lobe

35- Most common variant of Guillain-Barré syndrome:

Acute inflammatory demyelinating polyneuropathy

36- Rash of dermatomyositis

Heliotrope rash

37-Mismatch

Myclonus--- sudden jerky regular contraction

38-Pt has problem in proprioception and vibration, he has lesion affecting tract that decussates at which level:

Medulla

39-Pt with normal pressure hydroceph, she underwent drainage and now she walks well , what do you expect to see in csf analysis?

No abnormalities

40-Wrong regarding meningitis

CSF analysis can be reliable after days of antibiotics