

Neuromedicine Archive (Group C+D)

Q1: when inspecting the hand: (except)

1. Scars ,
2. Wasting of muscles ,
3. Involuntary movements ,
4. **fibrillation**
5. Tremor.

Q2: one of the following is not seen in multiple sclerosis:

Hypotonia

brisk reflexes كان في خيار ثاني

Q3: all the following are optic nerve examinations except:

corneal reflex

Q4: A question about (myasthenic crisis and cholinergic crisis), a sign that is in myasthenic crisis but not in cholinergic crisis:

Myasthenic crisis vs. cholinergic crisis		
	Myasthenic crisis	Cholinergic crisis
Shared symptoms	<ul style="list-style-type: none">• <u>Muscle weakness</u>• <u>Dyspnea</u>• <u>Sweating</u>• <u>Agitation</u>• <u>Disorientation</u>• <u>Drowsiness</u>• <u>Urinary and fecal urgency</u>	
Pupil	<ul style="list-style-type: none">• Normal	<ul style="list-style-type: none">• Miosis
Fasciculations	<ul style="list-style-type: none">• None	<ul style="list-style-type: none">• Present
Heart rate	<ul style="list-style-type: none">• <u>Tachycardia</u>	<ul style="list-style-type: none">• <u>Bradycardia</u>
Skin	<ul style="list-style-type: none">• Cold and faint	<ul style="list-style-type: none">• Warm and flushed
Bronchial secretion	<ul style="list-style-type: none">• Normal	<ul style="list-style-type: none">• Increased

Q5: Encephalitis most common causative organism:
HSV-1

Q6: One of the following is wrong about Paroxysmal hemicrania:

1. Severe stabbing or sometimes throbbing headache
2. Periorbital or temporal area
3. Each attack lasts from 2 to 60 seconds. (it's mins not secs)
4. May have upto 12 or 15 episodes per day
5. Strictly unilateral and always occurring on the same side

Q7: One of the following is not used as a treatment for cluster headache:

كان في بالخيارات lithium / steroids بس ناسيين باقي الخيارات.

Q8: All the following are risk factors of Headache of intracranial hypertension except:

Male sex

Q9: A patient's symptom worsened after a hot bath this is called:
Uhthoff phenomenon.

Q10: Most common site of encephalitis

Q11: Mechanism of action of Carbidopa

Q12: One of the following is a sign of drug-induced Parkinsonism but not Parkinson's disease

Q13: One of the following is not a Miller fisher syndrome symptom

**Very important
MCQ & MiniOsce**



Table 20.3 Miller Fisher syndrome.

Ophthalmoplegia	1	
Ataxia	2	Triad
Areflexia	3	
Little or no weakness		
Association with a specific antiganglioside antibody		

Q14: Best diagnostic test for extradural hematoma

Q15: Best diagnostic test for ischemic stroke

Q16: Best diagnostic test for seizure

Q17: Indications for surgery for intracerebral hematoma

Q18: All of the following are acute management of ischemic stroke except

Q19: First Line drug for tonic-clonic seizure seizure

Q20: Myasthenia gravis complications



Q21: Management of Viral meningitis

Q22: All of the following are examples of generalized seizures except:
Automatisms

Q23: The diagnosis of epilepsy depends on: (not sure of the answer)

-EEG

-History & Examination

Q24: One of the following is not a management of GBS

- **Management:**

- plasma exchange, or
- high-dose intravenous immunoglobulins (usually five daily infusions).
- These treatments have been shown to speed the rate of recovery and hence reduce the risk of complications.

- Corticosteroids are ineffective.

Q25: One of the following is not associated with GBS

Associated conditions

- Thymoma (the most common primary tumor in the anterior mediastinum) in 10–15% of patients
- Thymic hyperplasia in 85% of patients

Association with other autoimmune diseases, including: ° Hashimoto thyroiditis ° Rheumatoid arthritis ° Sarcoidosis ° Systemic lupus erythematosus

Q25: A CSF yellowish and viscous indicates

Cause	Appearance
Pyogenic bacterial meningitis	Yellowish, turbid
Viral meningitis	Clear fluid
Tuberculous meningitis	Yellowish and viscous
Fungal meningitis	Yellowish and viscous

Q26: Paroxysmal hemicrania treatment:
Endomethacin



Paroxysmal hemicrania

- Associated with autonomic symptoms
- Can be triggered by pressure on the cervical nerve roots

Treatment: endomethacin



Neuromedicine

Group 2

1 case: shooting pain to arms and legs when flexing the neck, the type of abnormality?

ANS: demyelination

2 triptan is?

serotonin agonist

serotonin antagonist

dopamine agonist

dopamine antagonist

ANS: serotonin agonist

3 not used in acute stroke management ?

Statin

Heparin

Thrombolytic

Aspirin

ANS: heparin or statin

4 wrong about migraine?

Squeezing headache

5 embolic stroke causes except?

AFib

Paradoxical emboli

ICA

Infective endocarditis

DM

ANS: DM

6 not a risk factors for stroke?

Hormonal replacement therapy

physical exercise

HTN

Obesity

ANS: physical exercise

7 MS PT was given pyridostigmine and didn't work what should we give her?

ANS: prednisone

8 true about MS?

ANS: F: M 3:1

9 confrontation test for?

optic nerve

trochlear nerve

abducent nerve

trigeminal nerve

ANS: optic nerve

10 vasospasms in SAH?

ANS: nimodipine

11 not a red flag symptom?

Fever

Headache

Wight loss

Age

ANS: ??

12 wrong about encephalitis?

ANS: HSV2 in immunocompetent pts

13 wrong about generalized tonic clonic?

ANS: automatisms

14 correct about Parkinson tremor?

15 management of viral meningitis?

ANS: no specific treatment

16 causes of polyneuropathy except

DM

nutrition

compression

infection

ANS: compression

17 not related to GBS

progressive

muscle wasting

ascending symmetrical limb weakness

ANS: muscle wasting

18 treatment for GBS except –

ANS: corticosteroid

19 cluster treatment least useful

propranolol

Lithium

Valproate

Melatonin

ANS: propranolol??

20 differential causes for thunderclap headache except?

21 hypodense lesion cross suture line?

chronic subdural

Acute subdural

Intracranial hemorrhage

ANS: chronic subdural

22 hemorrhage in sylvian fissure –

ANS: subarachnoid

23 suspected subarachnoid hemorrhage but normal CT, what is next step –

ANS: CSF analysis?

24 bacterial CSF except

ANS: high glucose

25 acute complication of meningitis except –

Abscess formation

Hydrocephalus

Septic shock

mental retardation

immune complex mediated

ANS: mental retardation

26 MS presentation except

27 MS patient lower limb stiffness which drug important –

ANS: baclofen

28 hyperdense lesion in T9-T12 –

ANS: transverse myelitis

29 Parkinson gait –

ANS: shuffling

30 UMNL –

ANS: hyperreflexia below lesion

31 LMNL –

ANS: absent jaw reflex

32 Achilles reflex origin?

ANS: S1-S2? (There is no answer with S1 alone)

33 most common nonmotor clinical feature of Parkinson –

ANS: depression

34 not a cause of acute symptomatic seizure –

transverse myelitis?

Stroke

Acute CNS infection

Subarachnoid hemorrhage?

Subdural hemorrhage

35 diagnosis of seizure –

ANS: history & PE

36 diagnosis of ischemic stroke –

ANS: CT?

37 enlarged thymus in CT next step –

Thymectomy

US for ovarian

CT for thymus again

MRI for chest

ANS: thymectomy

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Nuromedicine archive **Third Group** 9/10 / 2024

Done by : Eiman Alrfou

Q1 A patient presented with status epilepticus , he was given 10 mg of diazepam but didn't get better he was given another 10 mg , but it also didn't work . What is the next step

- A. 20mg of phenytoin + saline for 2minutes
 - B. 20mg of phenytoin + glucose infusion
 - C. 20 mg of phenytoin + saline infusion
 - D. 20 mg of phenytoin + glucose infusion for 2 minutes
 - E. Propofol
-

Q2 All of the following used to asses the vestibulocochelar function except :

- A. Rapid alternating hand movement
 - B. Dix hallpike maneuver
 - C. Finger nose test
 - D. Heel -shine test
 - E. Pupillary light reflex
-

Q3 Choose the false combination :

- A. Athetosis : sudden jerky movement
- B. Dystonia : sustained involuntry muscle contraction

C. Hemiballismus : contralateral subthalamic nucleus lesion

D. Tic disorder sudden semi voluntary movement

Q4. Patient opens his eyes to pain, localize to pain side and produce incomprehensible sound, what is the GCS

A. 10

B. 9

C. 12

D. 11

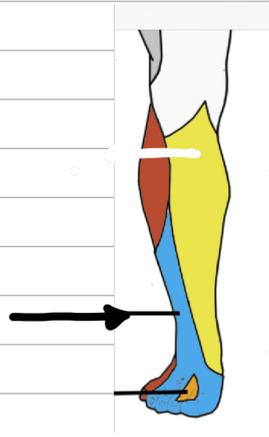
Q5. Which the nerve supply the blue area

A. Superficial peroneal nerve

B. Deep peroneal nerve

C. Saphenous nerve

D. sural nerve



Q6. The most common type from Guillain barre syndrome

A. Miller fisher syndrome

B. Acute inflammatory demyelinating disorder

C. Chronic inflammatory demyelinating disorder

D. multifocal motor neuron

Q7. Patient with unilateral optic neuritis all of the following about it true except

A. Decrease visual acuity

B. Affect visual field

C. affect color vision

D. Fundoscope maybe normal

E. Homonymous hemianopia

Q8 Patient came with weakness and numbness of lower extremities more than upper extremities and have normal reflex

What is the next step

A. Nerve conduction study

B. Perform spinal MRI

C. Perform lumbar MRI

D. Perform lumbar puncture and CSF analysis

Q9 All of the following about this condition is true except

A. Inherited

B. Cause symmetrical homogenous lesion

C. Cause hyperflexia

D. Cause sensory loss



Q10 What is the diagnosis

A. Curschmann steinert disease

B. Proximal myotonic myopathy



C. Dermatomyositis

D. Polymyositis

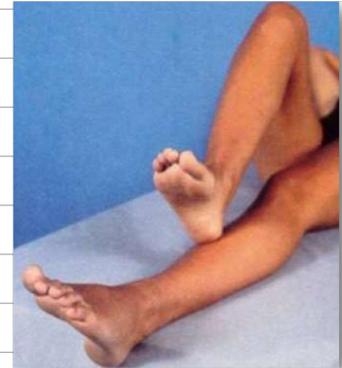
Q11 Which cerebellum is the test in the photo examining

A. Left cerebellum

B. Right cerebellum

C. Left cerebral

D. Right cerebral



Q12 Choose the correct answer about this lesion

A. Nimopidine treatment for one week

B. Mostly caused by rupture of aneurysm

C. Mostly caused by hypertension



Q13 Vagus and glossopharyngeal nerves are responsible for all of the following except

A. tongue deviation

B. Taste sensation

C. Gag reflex

D. Swallowing

Q14 About antiepileptic drugs choose the false combination

A. Topiramate : kidney stone

B. Carbamazepine : hepatotoxicity

C. Phenytoin : gum hyperplasia

D. lamotrigine: steven jones syndrome

E. Levetiracetam: mood stabilizer

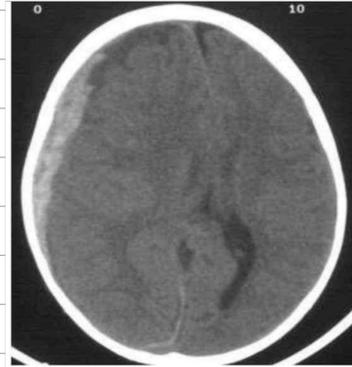
Q15 What is the name of this abnormality

A. Epidural hematoma

B. Intracerebral hematoma

C. Subdural hematoma

D. Subarachnoid hemorrhage



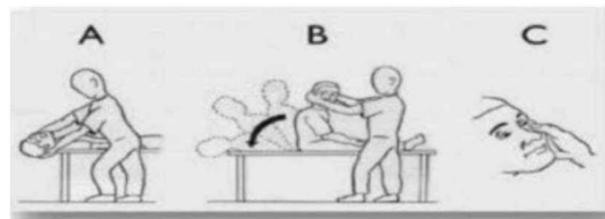
Q16 This test used to asis

A. Otolith in posterior semicircular canal

B. Otolith in lateral semi circular canal

C. Otolith in anterior semi circular canal

D. Exsiccive endo lymph



Q17 Which of the following assoiated with facial nerve palsy

A. Loss of jaw reflex

B. Hyperacoustic stapedius paralysis

C. Intact fasial expresion

D. Ptyregoid paralysis

Q18 Choose the correct answer

A. (A fungal)

B. (A viral)

C. (B viral)

D. (A TB)

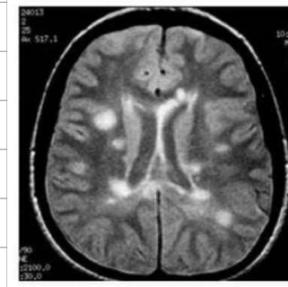
	A	B
Opening pressure	elevated	elevated
WBCs	Elevated mainly lymphocytes	Elevated mainly neutrophils
RBCs	none	few
Glucose	Marginally significantly low	low
Protein	high	high
Appearance	turbid	turbid

Q19 Patient with right lower limb weakness and this image presentation what is the next step

A. Repeat MRI after 6-12 months

B. Considered clinically isolated syndrome

C. Considered radiologically isolated syndrome



Q20 30 years old patient male come to the ER complain from sever headch and CT reveal no finding , what is the next step

A. Esr and Crp

B. Brain MRI

C. Lumbar puncture

D. Fundoscopy

Q21 Which of the following false about mini mental status examination

A. Subtraction of 7 from 100 is a test for registration

B. MMSE is 30;points screening tool

C. Used to diagnose dementia

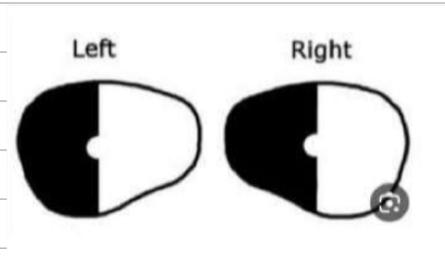
D. Affect by patient level of education

Q22 This lesion called

A. Optic lesion

B. Occipital lobe lesion

C. Frontal lobe lesion

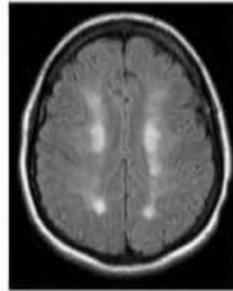


Q23 Patient complain from hypertension and ischemic heart disease, what is the cause of this lesion

A. Radiologically isolated syndrome

B. Sever hypertension

C. Thrombus in large blood vessel



Q24 The score or degree of patient who can flex arm against gravity but not against resistance is

A. 1

B. 4

C. 2

D. 3

Q25 All of the following cause peripheral vertigo except

A. Gentamycine

B. Benign positional paroxysmal vertigo

C. Labyrinthitis

D. Vestibular neuritis

E. TIAs

Q26 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 followo commands and repetition is affected

Which of the following best explains his speech pattern

A. Brocas aphasia

B. Conduction aphasia

C. Wernickes aphasia

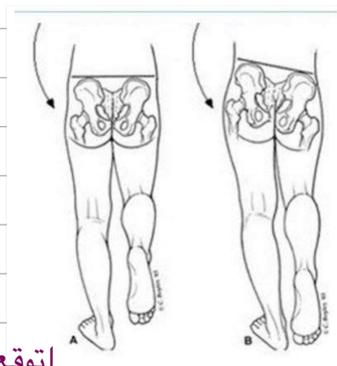
D. Global aphasia

Q27 This paient have

A. Femoral nerve lesion

B. Distal muscel weakness

C. Myopathy



اتوقع الجواب **myopathy** مش متأكدة

Q28 Choose the correct answare about trigeminal nerve

A. Loss of sensation in medial angel of jaw

B. Cause jaw diviation to the abnormal side

C. Loss of corneal reflex in left eye

Q29 About sensory examination on of the following is false

A. power reflex is affected

Q30 Chosse the correct answare about oculomotor examination

A. Ptosis always caused by complete oculomotor paralysis

B. Corneal refelx is affected by its paralysis

C. Pupillary refelx is always affected in oculomotr nerve palsy

Q31 All of the following about this condition is true except

A. Cause urine retention

B. Babnski sighn

C. Cause upper and lower muscel wasting ??

D. Cause muscel atrophy

Q32 All of the follwoing test is true about headche types eexcept

A. Hemicania continua respond to indomethacine treatment

B. Paroxysmal hemicrania may have up to 100 episodes

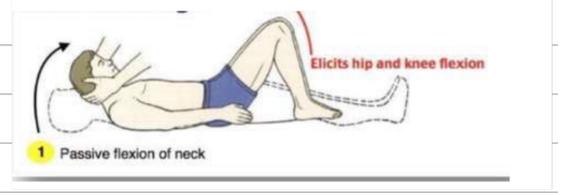
Q33 60 old years parkinson paient suffer from audiatry hallucination the first drg advice him to stop

Anticholenrgic drugs

Q34 Patient come to ER with fever , headache , neck stiffness on physical examination produce this sign

Which of the following is false about his condition

A. EEG is abnormal in 50% of patient



B. Csf analysis after two hours from given it antibiotic مش متأكدة من الاجابة

Neuromedicine 4

Done by :

Shahed Hayel

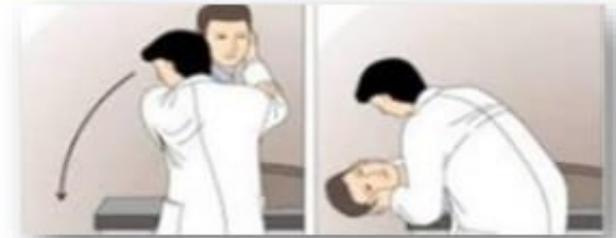
➤ 75 years old male came with acute stroke. He has right side weakness. He has spontaneous speech with occasional paraphrasic errors. He cannot understand and follow commands, and repetition is affected.

❖ Which of the following best explains his speech pattern?

- a. Broca aphasia
- b. Transcortical aphasia
- c. Conduction aphasia
- d. **Wernicke aphasia**
- e. Global aphasia

❖ If this test is positive, what does it mean ?

- a. Excessive endolymph
- b. Space-occupying lesion in the acoustic meatus
- c. Otoliths in posterior semicircular canal
- d. Otoliths in middle semicircular canal
- e. Otoliths in Anterior semicircular canal



❖ Choose the FALSE combination:

- a. Athetosis is slow writhing movement
- b. Tics are semivoluntary movement
- c. Hemiballismus due to contralateral lesion in subthalamic nucleus
- d. Intention tremors frequency is the same through out the movement**
- e. Myoclonus sudden, brief, uncontrolled muscle contraction

❖ Which of the following is wrong about mini mental exam ?

- A. MMSE is 30 points screening tool
- B. used to diagnose dementia
- C. 100-7 is to test recall
- D. score of 23 risk for mild dementia

- ❖ Eye open to verbal command, Incomprehensible sound, and Withdraws from pain.
 - GCS = 9

Q3-This test is used for detect the function of:

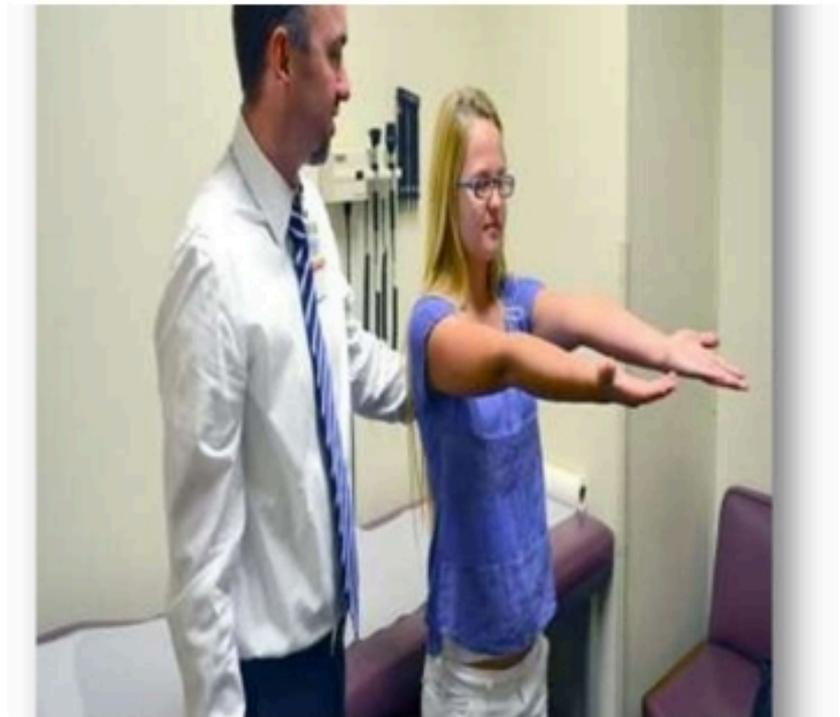
- A. Right cerebellum
- B. Left cerebellum
- C. Right cerebral
- D. Left cerebral
- E. Dorsal columns



Q11. All of the following cause positive rombergs test except :

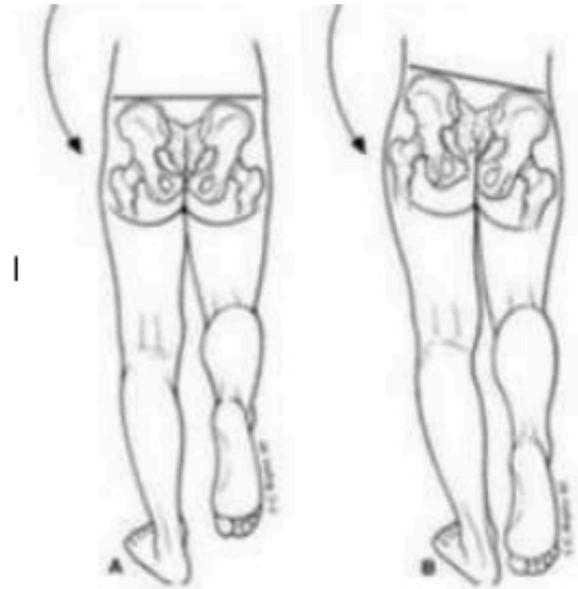
- A. Dorsal column lesion
- B. Diabetic polyneuropathy
- C. Large fibers polyneuropathy
- D. Impaired proprioception
- E. Small fiber polyneuropathy

ANSWER : E



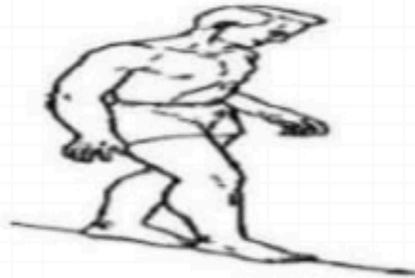
Which of the following is true?

Due to superior gluteal n.
Palsy

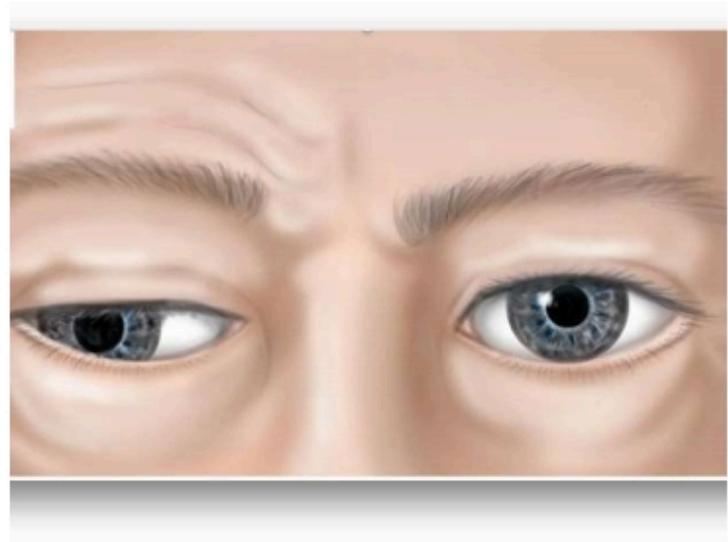


The name of test:

- A. Tandem test
- B. Romberg's test
- C. Trendelenburg's test
- D. Heel-knee-shin test
- E. Babinski's sign



What is the abnormality?
Rt oculomotor n. Palsy

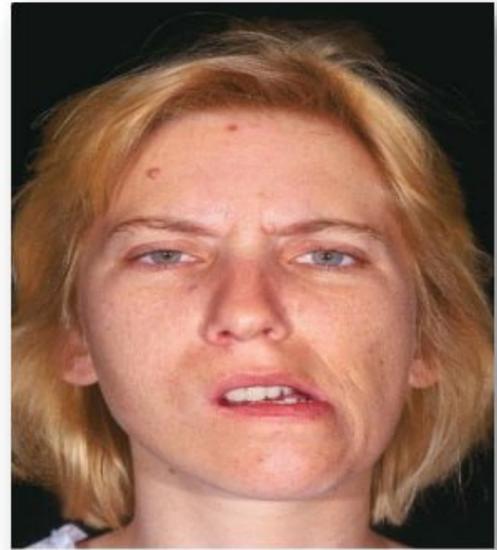


Which nerve is affected?

Abducent nerve



Which of the following is true?
Left pterygoid muscle is
affected

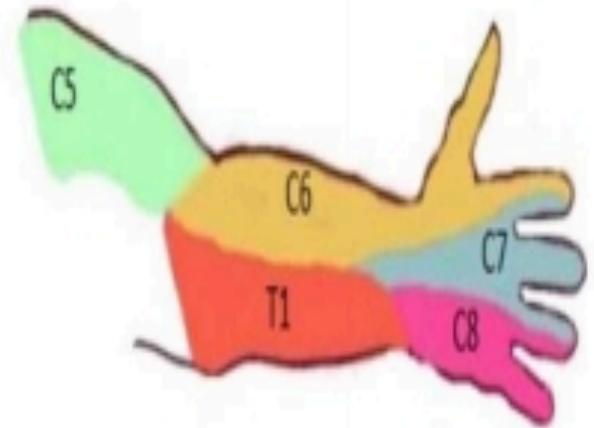


Which of the following
the patient may have?
Bells palsy



Sensation loss over the area of blue color, where is the lesion?

C7 radiculopathy



What is the affected nerve

?

Ulnar nerve



The name of this condition?
Meralgia paresthetica



Q1. 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



pt presented with symmetrical loss of position, touch, vibration and sensation of both feet up to the ankle joint, he is most likely suffer from?

- A. polyneuropathy
- B. L5-S1 disc prolapse
- C. mononeuropathy
- D. spinal cord lesion

One of the following is false?

It is always associated with anhidrosis



❖ **Cluster headache is different from Trigeminal neuralgia in that:**

- a. It is unilateral
- b. It is periorbital
- c. It is associated with photophobia
- d. It is associated with nausea
- e. **Longer duration**

Which of the following is wrong?

Absence epilepsy can be treated by carbamazepine and valproic acid

21- a patient presented with status epilepticus, he was given 10mg of diazepam but didn't get better, he was given another 10mgs 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

All of the following are causes of peripheral vertigo
except ?

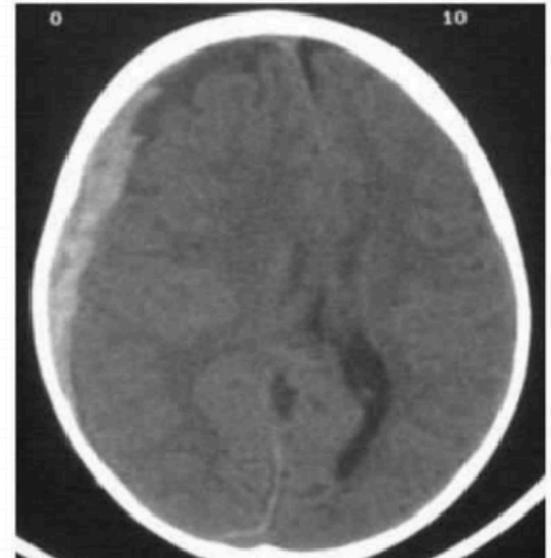
Brainstem infarction

Patient come with tonic clonic seizure attack, it was associated with head and eye gaze, what is true?

Frontal field is affected

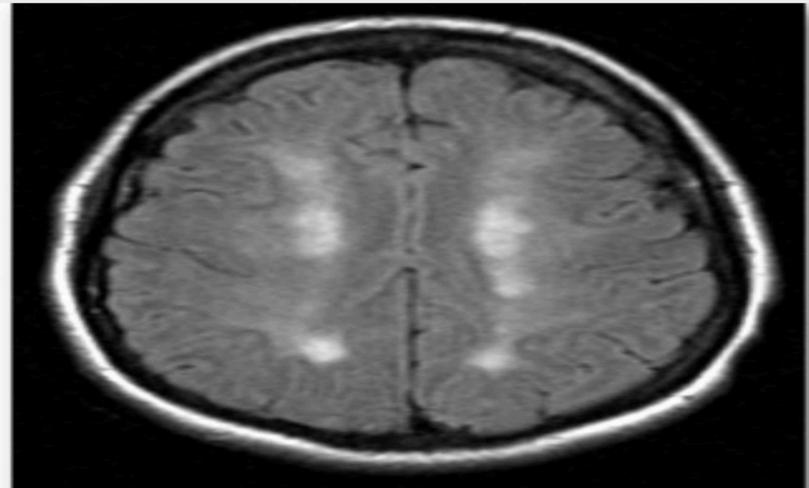
What is true?

- 1.SAH
- 2.Intracranial hypertension
- 3.Intracranial hmg✓

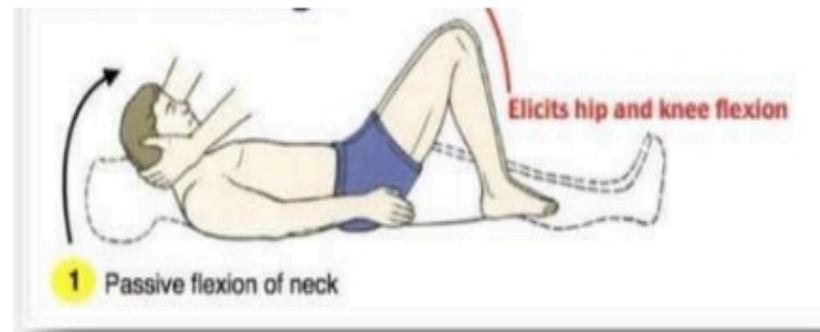


48 years old pt, with hypertension and cardiac disease, what is the cause?

Hypotension



Name of test?
Brudzinkski test



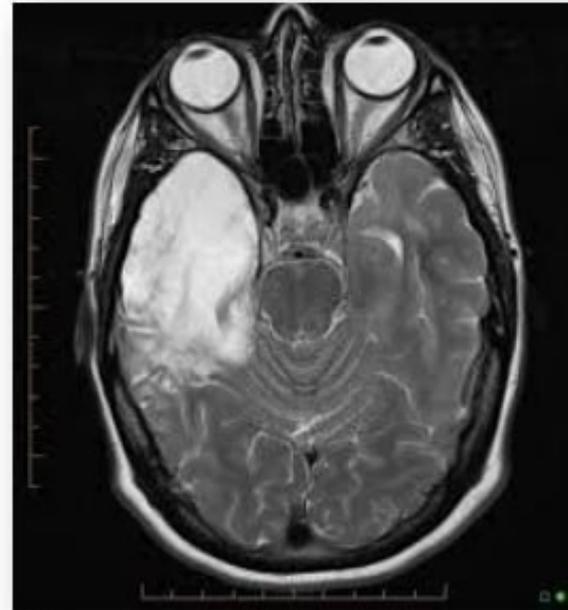
What is the correct match?

A > viral

B > 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

The most common organism is?
Herpes simplex virus



All of the following are true except ?

Patent foramen ovale always should be corrected

The disease that get worse during pregnancy
is?

Myasthenia gravis ✓

MS

Epilepsy

migraine

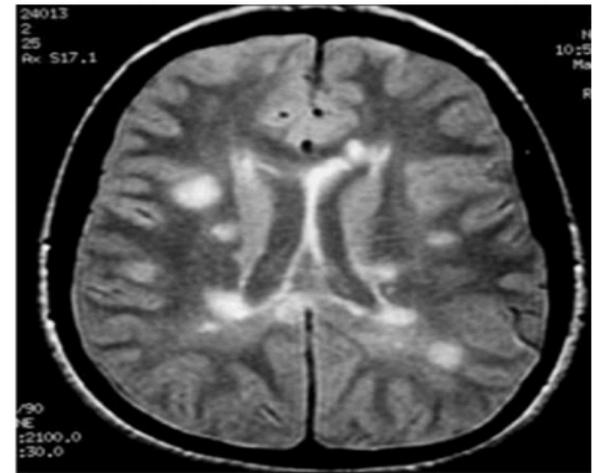
❖ **Features of syringomyelia include all of the following except:**

- a. It causes bilateral but not symmetrical pain and temperature loss.
- b. Proprioception and vibration sense are not affected early in the disease.
- c. It usually causes gloves and stocking sensory loss distribution.
- d. Cranial nerves may be affected with syringobulbia
- e. Syringobulbia can cause Horner's syndrome



patient had head trauma and MRI was performed as seen in picture. what is the patient diagnosis ?

- a. Relapsing remitting multiple sclerosis
- b. Clinically isolated syndrome
- c. Radiologically isolated syndrome ✓
- d. Possible multiple sclerosis
- e. Probable multiple sclerosis



□ Which Guillain-Barre variant is associated with ophthalmoplegia, ataxia and areflexia and tends to be associated with GQ16 antibodies?

- a. Sensory GBS
- b. Acute inflammatory demyelinating polyneuropathy
- c. Acute motor sensory axonal polyneuropathy
- d. Miller-Fisher syndrome ✓
- e. Acute motor axonal polyneuropathy

Q10. what's the most likely diagnosis :

Dermatomyositis



All true in parkinson except?

- 1.Lewy body formation
- 2.Dyskinisia in early progressive ✓
- 3.Mutation in the alpha-synuclein gene

Patient come with sudden onset headache and wilk do ct
normal finding what the next step

Csf ✓

Mri

Biopsy

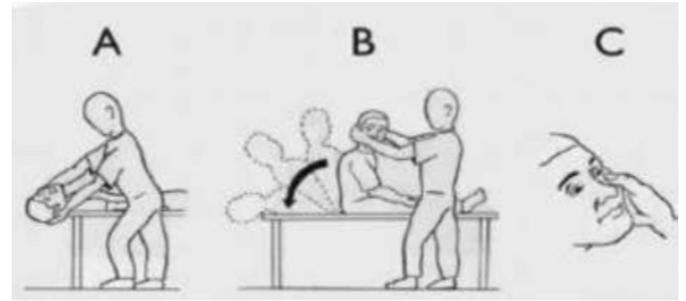
Charcot–Marie–Tooth disease

- ❖ In NCS (nerve conduction study) the patient showed **demyelination** so what's the diagnosis ?
 - Charcot–Marie–Tooth disease



1- what the test is used for?

Dix hallpike manouver for endoliths in Posterior semicircular canals.



2- 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
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- c. Conduction aphasia
- d. Wernicke aphasia
- e. Global aphasia

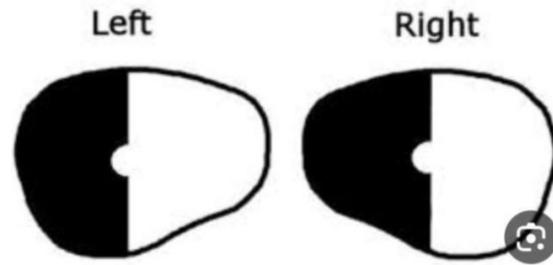
3- what is the correct answer?

A is viral

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

4- where is the lesion?

Occipital lobe lesion



5- patient has loss of sensation in this area

What other findings will she have?

Tibialis anterior weakness

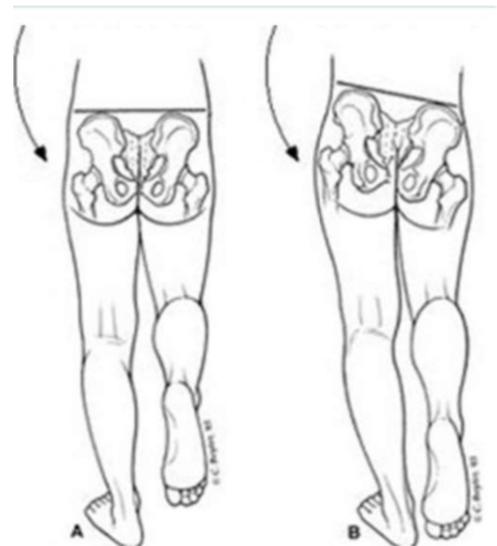


6- Eyes open to painfull stimulus, withdrawal from pain by flexion and confused

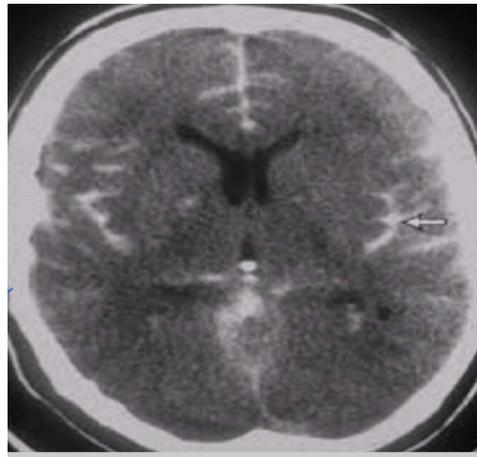
GCS= 10

7- which nerve is affected?

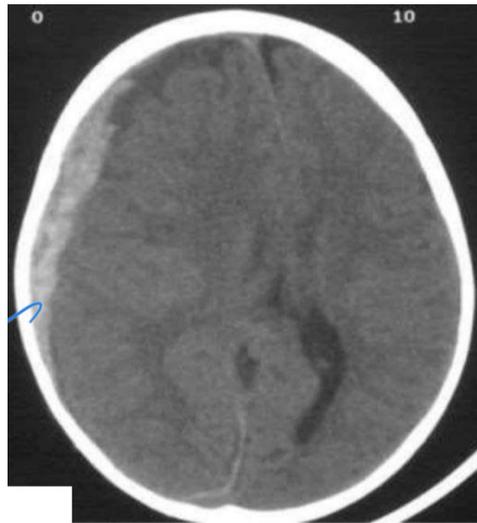
Superior gluteal nerve



8-what is the diagnosis?
Subarachnoid hemorrhage



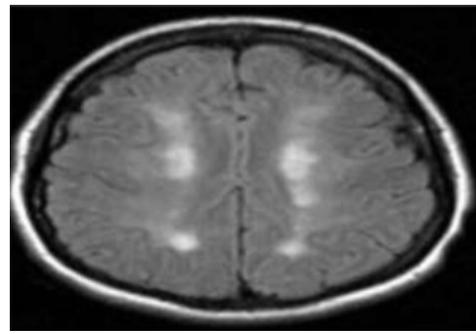
9-what is the diagnosis?
Subdural hemorrhage



10-what is the diagnosis?
T2 Syringomyelia



11-What is



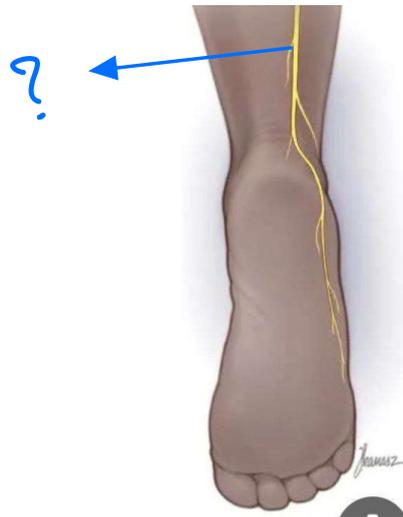
12-Which of the following is true?

- 1- loss of sensation in face
- 2- she had a stroke
- 3- taste sensation is preserved
- 4- MRI is not necessary



13-what is this nerve?

Sural nerve



14-which nerve is affected?

6th cranial nerve



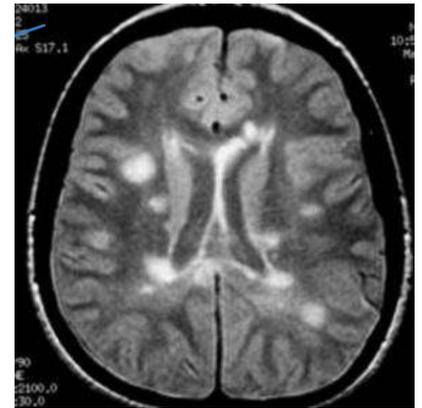
15- Pt comes with loss of sensation over this area, what is true?

- 1- Power of lower limb is not affected
- 2- sural nerve injury
- 3- pudendal nerve injury



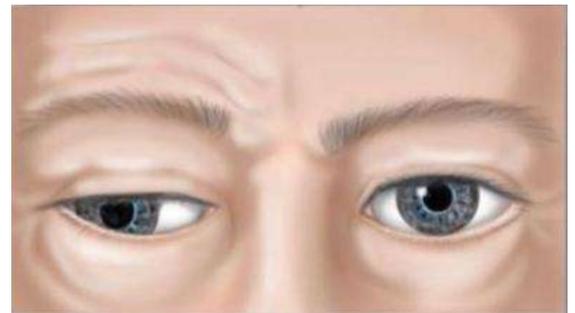
16- Pt comes with right lower limb weakness What is the next step to diagnosis?

repeat MRI every 6-12 months



17- all of the following can cause this sign except?

Brain stem infarction



18- most common variant of Guillain-Barre syndrome?

Acute inflammatory demyelinating polyneuropathy

19- 50 years old female pt came to ER with progressive sever headache, your initial investigation to do:

- 1- ESR and CRP
- 2- spinal cord MRI
- 3- CSF analysis
- 4- brain CT scan

20-All are true about mini mental status examination except?

- 1-MMSE is 30 points screening tool
- 2-used to diagnose dementia
- 3-100-7 -> recall
- 4-score of 23 risk for mild dementia
- 5-It's affected by the patient education

21-This lesion occurs in?

Neurofibromatosis



22- patient came with fever and headache, if this sign was positive One of the following is wrong?

Give iv steroid



23-one of the matching is wrong?

Upper and lower motor sign , motor neuron disease

24- With unilateral optic neuritis, all true except?

homonymous hemianopia

25-which of the following ass with facial nerve injury:

hyperacoustic stapedius paralysis

26-According to the sensory examination. One of the following is False?

small nerve neuropathy lead to balance problem

27-On examination patient can flex arm against gravity but not against resistance what is the power of elbow flexors?

3

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

20mg of phenytoin + saline for 2 minutes 20mg of phenytoin +glucose infusion

20mg of phenytoin + saline infusion

20mg of phenytoin +glucose for 2minutes

Propofol

29-One of the following is main feature of trigeminal nerve injury:

1- loss of taste sensation of the anterior 2/3 of the tongue

2- loss of taste sensation of posterior 1/3 of the tongue

3- jaw hyperreflexia

30-patient complained of one seizure, which statement is true?

EEG could be normal

31-what should you examine for this patient?

Sensation of lip and tongue



32-patient came with weakness and numbness of lower extremities more than upper extremities, with hyperreflexia

The most important next step in diagnosis will be:

1- Nerve conduction study

2- Perform spinal MRI

^^The answer should be lumber MRI but it wasn't one of the choices^^

33- False matching:

akathesia = cerebral lesion ??not sure

34-Vagus nerve and glossopharyngeal nerve are responsible for the followings except :

1- Gag reflex

2- Taste sensation of posterior 1/3 of tongue

3- Swallowing

4- Deviation of tongue

35-All of the following tests are used in examination of cerebellar function except :

A. Reboundtest

B. Tandemtest

C. Rapidalternatingmovement

D. Trendelenburg'stest

E. Nystagmus

واضح فقط ان الشغف



اجى مثله بس خيارات غير مو متذكريهم ومو متأكدين من الجواب

36-To assess Vestibulocochlear nerve:

1-Whisper test from behind.

2-Weber +Rinne test

3-Fukuda test.

4-Nystagmus testing.

5-extraocular ms movement

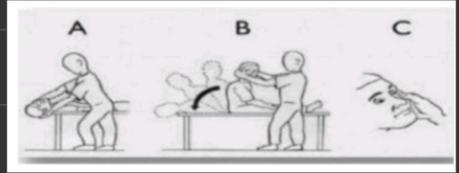


Nueromedicine Arsheif

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?

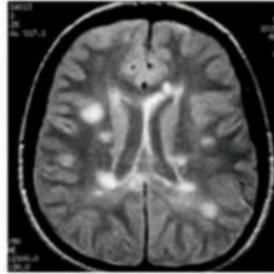


T2 Syringomyelia

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

7

Patient came with weakness and numbness of lower extremities more than ^① upper extremities and have normal reflex ^②

What is the next step

Transverse Myelitis

A. Nerve conduction study

B. Perform spinal MRI

C. Perform lumbar MRI

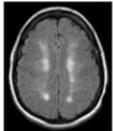
D. Perform lumbar puncture and CSF analysis

→ Myelitis

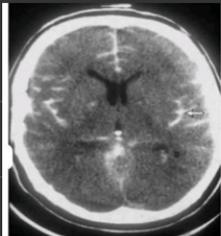
→ Myelitis

12 This condition is caused by ?

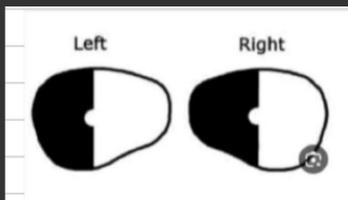
Severe hypotension



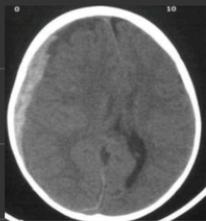
13 CT cranial scan of SAH



10- occipital lobe lesion



11- what is diagnosis? subdural hematoma



12 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 lumber 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



23

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"> Typically present 	<ul style="list-style-type: none"> Common Severe 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
 دیگر جھونکا
 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

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

excessive endolymph *****

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 لہجس
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

31

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

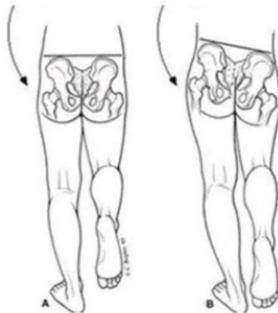
Akathesia: antipsychotics

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

35.

• 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

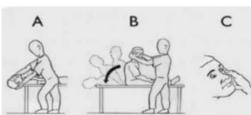
Neuromedicine Archive

2nd semester

By batool frehat

1-4

1- what the test is used for?
Dix hallpike manouever for endoliths in Posterior semicircular canals.



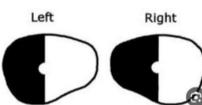
2- 75 years old male came with acute stroke. He has right side weakness. He has ~~speech~~ **Non fluent** speech with occasional paraphrastic errors. He cannot understand and follow commands, and repetition is affected. Which of the following best explains his speech pattern?

a. Broca aphasia
b. **Transcortical aphasia**
c. Conduction aphasia
d. Wernicke aphasia
e. Global aphasia

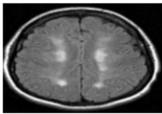
3- what is the correct answer?
A is viral

	A	B
Opening pressure	elevated	elevated
WBCs	Elevated mainly lymphocytes	Elevated mainly neutrophils
RBCs	none	few
Glucose	Magnally high low	low
Protein	high	high

4- where is the lesion?
Occipital lobe lesion



11-What is **cause** severe hypotension



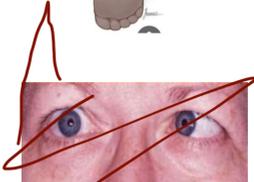
12-Which of the following is true?
1- loss of sensation in face
2- she had a stroke
3- taste sensation is **affected**
4- MRI is **not** necessary



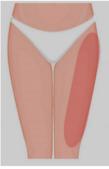
13-what is this nerve?
Sural nerve



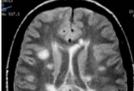
14- Which nerve is affected?
6th cranial nerve



15- Pt comes with loss of sensation over this area, what is true?
1- Power of lower limb is not affected
2- sural nerve injury
3- pudendal nerve injury



16- Pt comes with right lower limb weakness What is the next step to diagnosis?
repeat MRI every 6-12 months



18- most common variant of Guillain-Barre syndrome?
Acute inflammatory demyelinating polyneuropathy

16- 50 years old female pt came to ER with progressive sever headache initial investigation to do:
1- ESR and CRP **not to do !!**
2- sinal cord MRI
3- CSF analysis Admit patient until attack of vision loss occur
4- brain CT scan Delay steroid treatment till confirm diagnosis

18- All are true about mini mental status examination except?
1- MMSE is 30 points screening tool
2- used to diagnose dementia
3- 100-7 -> **registration**
4- score of 23 risk for mild dementia

19- patient came with fever and headache, if this sign was positive One of the following is wrong?
~~Give IV steroid~~

Csf is not reliable after 2 days of antibiotic treatment



20- To assess Vestibulocochlear nerve:
1- Whisper test from behind.
2- Weber + Rinne test
3- Fukuda test.
4- Nystagmus testing.
5- extraocular ms movement

21- Vagus nerve and glossopharyngeal nerve are responsible for the followings except:
1- Gag reflex
2- Taste sensation of posterior 1/3 of tongue
3- Swallowing
4- Deviation of tongue

22- True about headache ??
80% migraine with aura
Topiramate prophylaxis in migraine and cluster

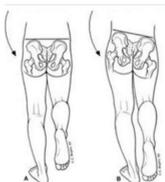
23- Not found in oculomotor ???
Accommodation is normal

5- patient has loss of sensation in this area What other findings will she have?
Tibialis anterior weakness
-> **foot drop**

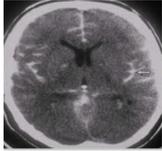


6- Eyes open to painful stimulus, with ~~withdraw~~ **Localize** from pain by flexion and confused
GCS= ~~10~~ **11**

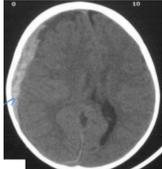
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Superior gluteal nerve



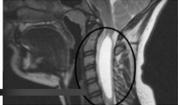
8- what is the diagnosis?
Subarachnoid hemorrhage



9- what is the diagnosis?
Subdural hemorrhage



10- what is the diagnosis?
T2 Syringomyelia



24- With unilateral optic neuritis, all true except?
~~Conjunctival hemianopia~~
Corneal reflex

25- which of the following ass with facial nerve injury:
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26- According to the sensory examination. One of the following is False?
small nerve neuropathy lead to balance problem

27- On examination patient can flex arm against gravity **scart** but ~~not~~ **resistance** what is the power of elbow flexors?
2

28- a patient presented with status epilepticus, eh was given 10mg of diazepam but didn't get better, he was given another 10mgs but ti also didn't work. What is the next step?
20mg of phenytoin + saline for 2 minutes
20mg of phenytoin + glucose infusion
20mg of phenytoin + saline infusion
20mg of phenytoin + glucose for 2minutes
Propofol

29- One of the following is main feature of trigeminal nerve injury:
1- loss of taste sensation of the anterior 2/3 of the tongue
2- loss of taste sensation of posterior 1/3 of the tongue
3- jaw hyperreflexia

30- patient complained of one seizure, which statement is true?
~~EEG could be normal~~

One type of epilepsy is a good prognostic factor

31- what should you **exam** for this patient?
~~Sensation of lip and tongue~~
Left mandibular nerve lesion



32- patient came with weakness and numbness of lower extremities more than upper extremities, with ~~hyporeflexia~~ **normal reflex**
The most important next step in diagnosis will be:
1- Nerve conduction study
2- Perform spinal MRI
^^The answer should be lumbar MRI but it wasn't one of the choices^^

33- False matching:
akathesia = cerebral lesion ??not sure

27- 34
جواب

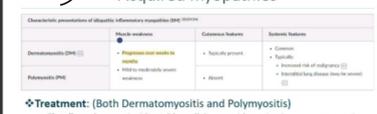
• one of the following is the main commen manifestations of menere's disease:
excessive endolymph ****

29- 35
Brist

• Which of the following is wrong about ~~bulbar~~ bulbar palsy ?
a. ~~Spastic~~ jaw jerk ✓
b. ~~Spastic~~ tongue **Hoard**
c. Difficulty in pronunciation

21- 36
• All of these test are for ~~cerebellum~~ **Coordination** except:
- Finger to nose tes
- Heel to shin test
- Rapid alternating movement
- Rebound test
- Romberg test

28- 37
Acquired myopathies



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



كان في سؤال
دوخة عليها
بردي من يمين
الجباب
steroid

Associated with muscle weakness

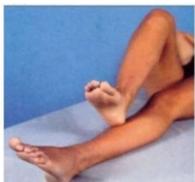
False matching: 26

- ✓ Cataplexy: narcolepsy
- ✓ Akathesia: antipsychotics
- Lower motor neuron signs: motor neuron disease
- ✓ Dystonia: continuous muscle contraction

Q3- This test is used for detect the function of:

29- 39

A. Right cerebellum
B. Left cerebellum
C. Right cerebral
D. Left cerebral
E. Dorsal lumns



False about this condition?
- Mostly inherited
- bilateral homogenous symmetrical
- ankle reflex preserved

40



16/4/2025

ارشیف باطني اعصاب قروب 3 /B A

1- One of the following is main feature of trigeminal nerve injury:

- 1- loss of taste sensation of the anterior 2/3 of the tongue
- 2- loss of taste sensation of posterior 1/3 of the tongue
- 3- jaw hyperreflexia

2- patient complained of one seizure, which statement is ~~true~~ ^{False}?

~~EEG could be normal~~

normal EEG exclude diagnosis.

3- which of the following ass with facial nerve injury:

- a) hyperacusis stapedius paralysis*****
- b) pterygoid paralysis
- c) intact facial expressions
- d) loss of jaw reflex

False matching:

Cataplexy: narcolepsy

Akathisia: antipsychotics

Lower motor neuron signs: motor neuron disease

Dystonia: continuous muscle contraction

5- Which of the following is wrong about ~~pseudo~~ bulbar palsy ?

- a. ~~absent~~ jaw jerk ^{hyperreflexia}
- 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

6. 50 years old female pt came to ER with progressive severe headache, your initial investigation to do :

- a) esr and crp ***** with normal ET.
- b) spinal cord mri
- c) csf analysis
- d) brain CT scan
- e) brain mri

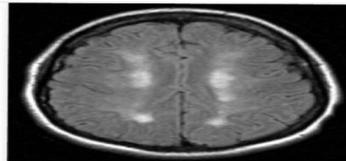
7.

All of these test are for cerebellum except :

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

8. 48 years old pt, with hypertension and cardiac disease, what is the cause?

sexer → Hypotension



One of the following is false?
It is always associated with anhidrosis

9-

Horner syndrome



10-

Q1. 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



11- What is the affected nerve?
Ulnar nerve



12-

The name of this condition?

~~Meralgia paresthetica~~

Lesion in sensory nerve



13- Which of the following
the patient may have? *flu*
Bells palsy

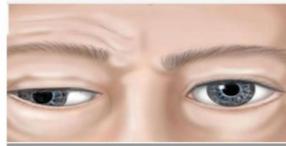
Swelling is preserved



14- Which of the following is true?
Left pterygoid muscle is
affected

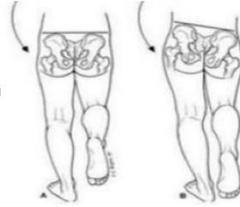


15- What is the abnormality?
Rt oculomotor n. Palsy



16. Which of the following is true?

Due to superior gluteal n.
Palsy



17. ~~Q1~~ The score or degree of patient who can flex arm against gravity but not against resistance is

A. 1

B. 4

C. 2

D. 3

18. ~~Q1~~ Which of the following false about mini mental status examination

A. Subtraction of 7 from 100 is a test for registration

B. MMSE is 30; points screening tool

C. Used to diagnose dementia

D. Affect by patient level of education

19. ~~Q2~~ This lesion called

A. Optic lesion

B. Occipital lobe lesion

C. Frontal lobe lesion



20- Choose the correct answer

A. (A fungal)

B. (A viral) ✓

C. (B viral)

D. (A TB) ✗

	A	B
Opening pressure	elevated	elevated
WBCs	Elevated mainly lymphocytes	Elevated mainly neutrophils
RBCs	none	few
Glucose	Marginally low	low
Protein	high	high
Appearance	turbid	turbid

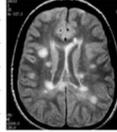
21- Patient with right lower limb weakness and this image presentation what is the next step

A. Repeat MRI after 6-12 months ??

B. Considered clinically isolated syndrome

C. Considered radiologically isolated syndrome

D- CSF for oligoclonal bands ??



22- Which of the following associated with facial nerve palsy

A. Loss of jaw reflex

B. Hyperacusis stapedius paralysis

C. Intact facial expression

D. Pyregoid paralysis

23- This test used to asis

A. Otolith in posterior semicircular canal

B. Otolith in lateral semi circular canal

C. Otolith in anterior semi circular canal

D. Exsiccive endo lymph



24- otolith in the posterior semicircular canal for : BPPV .

25- Vagus and glossopharyngeal nerves are responsible for all of the following except

A. tongue diviation

B. Taste sensation

C. Gag reflex

D. Swallowing

26-

Not risk factor
Vitamin K



27-

Q1 Which cerebellum is the test in the photo examining

- A. Left cerebellum
- B. Right cerebellum
- C. Left cerebral
- D. Right cerebral



28-

Q2 Patient came with weakness and numbness of lower extremities more than upper extremities and have normal reflex *hyperreflexia*

What is the next step

- A. Nerve conduction study
- B. Perform spinal MRI
- C. Perform lumbar MRI
- D. Perform lumbar puncture and CSF analysis

29-

Q3 The most common type from Gullian barre syndrome

- A. Miller fisher syndrome
- B. Acute inflammatory demyelinating disorder
- C. Chronic inflammatory demyelinating disorder
- D. multifocal motor neuron

30 ~~Q~~ Patient with unilateral optic neuritis all of the following about it true except

- A. Decrease visual acuity
- B. Affect visual field
- C. affect color vision
- D. Fundoscope maybe normal
- E. Homonymous hemianopia

F - Diplopia

31 ~~Q~~ All of the following used to assess the vestibulocochlear function except :

- A. Rapid alternating hand movement
- B. Dix hallpike maneuver
- C. Finger nose test
- D. Heel - shine test
- E. Pupillary light reflex

32 ~~Q~~ A patient presented with status epilepticus , he was given 10 mg of diazepam but didn't get better

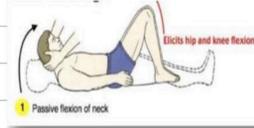
he was given another 10 mg , but it also didn't work . What is the next step

- A. 20mg of phenytoin + saline for 2minutes
- B. 20mg of phenytoin + glucose infusion
- C. 20 mg of phenytoin + saline infusion
- D. 20 mg of phenytoin + glucose infusion for 2 minutes
- E. Propofol

33 ~~Q34~~ Patient come to ER with fever, headache, neck stiffness on physical examination produce this sign

Which of the following is false about his condition

A. EEG is abnormal in 50% of patient



B. Csf analysis after two hours from given it antibiotic *مش متأكدة من الاجابة*

34- avoid treatment
tPA



35- Not a risk factor for stroke
Progesterone

36- Eyes open to painful stimulus, *localized* withdrawal from pain by flexion and confused

GCS= 10
11

37- *Broca's aphasia* Repetition affected, grammar problem, good comprehension and obeys command

38- Choose the false combination :

- A. Athetosis : writining movement
- B. Dystonia : sustained involuntry muscle contraction
- C. Hemiballismus : ipsilateral subthalmic nucleus lesion
- D. Tic disorder sudden semi voluntry movement

answear: C

contralateral 

39- Which of the following false about sensory examination :

Start proximal before distal vibration examination

Q3. Whats the muscle affected :

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

ANSWER : B



Q21. The patient may have one of the following :

- A. Tongue deviation
- B. Left ear hearing loss



Q12. A 20 years old patient came with weakness and numbness of lower extremities more than upper extremities, urine retention, & normal reflexes. The most important next step in diagnosis will be:

- A. Nerve conduction study
- B. Perform spinal MRI
- C. Perform lumbar puncture and CSF analysis
- D. Examine for dermatomal sensory loss
- E. Examine for glove and stocking sensory loss

ANSWER : B

اجا ارشيف كثير مزبوط بس في اسئله كانت جديدة من ضمنها هاض اللي متذكره

All the following represent bulbar palsy except ?

-dysarthria

-facial weakness

-inability to swallow

-dysphagia

ناسي خياراته بالزبط كيف كانن

* Most common cause of subarachnoid hemorrhage

Ruptured aneurysm

* في سؤال عن oculomotor nerve lesion