



Introduction to Clinical & Communication Skills

Past years Questions (2005 – 2016)

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General history and general physical examination

1. All are parts of past history Except:

- a. previous admissions
- b. allergy
- c. blood transfusion
- d. details of chief complaint

answer: d

explanation: details of chief complaint is part of history of presenting illness, for allergy and drug history, you can consider them as parts of past history or consider each one of them as a separate entity in history.

2. Which is not a part of family history:

- a. father age
- b. mother age
- c. early deaths
- d. father occupation
- e. consanguinity

answer: d

explanation: father occupation is a part of social history. Father age, mother age, consanguinity and early deaths all of them are parts of family history especially when you take a history for a pediatric age patients.

3. Which of the following you don't ask about when taking past family history:

- a. Parents education

Answer: a

Explanation: parents education is part of social history in pediatric age patients.

4. Severest pain on the scale is:

- a. 10.

b. 5.

c. 3.

Answer: a

Explanation: severity of pain is determined by scale from 1 to 10 in which 1 is represented the least severe pain and 10 represented the most severe pain.

5. concerning drug history all are true Except:

- a. gives you an idea about specific diseases the patient has
- b. some drugs react with each other and gives side effects
- c. some drugs give specific symptoms
- d. drug abuse associated with psychogenic disorders
- e. gives you an idea about socioeconomic status

answer: e

explanation: not necessary for drug history to be associated with socioeconomic status. The socioeconomic status can be obtained from social history directly.

6. A sign of chronic iron deficiency in nails is:

- d. leukonychia
- b. koilonychia
- c. splinter hemorrhage
- d. clubbing

answer: b

explanation: iron deficiency anemia is associated with koilonychia which means spoon like finger nail, leukonychia is associated with hypoalbuminemia which occurs in liver cirrhosis, splinter hemorrhage is a one sign of infective endocarditis, and clubbing is associated with several condition but anemia is not one of them.

7. ALL make hyperpigmentation EXCEPT :

- a. hemochromatosis
- b. Addison
- c. cushing

d. alopecia

answer: d

explanation: alopecia means hair loss and is has nothing to do with hyperpigmentation, hemochromatosis causes hyperpigmentation in condition called porphyria cutanea tarda due to deposition of iron, Addison disease leads to increase production of ACTH which has a similar structure to MSH which activate melanocyte to produce more melanin, similar idea to this if we have secondary cushing syndrome where pituitary gland produces more ACTH and this condition called cushing disease or if there is ectopic production of ACTH associated with certain cancers such as small lung cell cancer.

8. Which of the following pigmentations isn't due to hemoglobin:

- a. bilirubin
- b. deoxyhemoglobin
- c. biliverdin
- d. carotene
- e. Hemosiderin

answer: d

explanation: carotene comes from vitamin A, other choices are related to Hb.

9. All of these are true regarding general examination Except:

- e. usually examine him from the right side
- f. hand and face are important to examine
- c. it begins after the formal presentation and handshaking with patient
- d. facial expression is important
- e. you should ask yourself " does this patient look well?"

answer: c

explanation: the physical examination start as soon as you see the patient

10. not a part of socioeconomic history:

- a. smoking
- b. insurance
- c. blood transfusion history
- d. pets contact

answer: c

explanation: blood transfusion is part of past history, other choices are parts of social history.

11. all the following information should be in the medicAlert bracelet except:

- a. allergy
- b. medications
- c. patient's name
- d. Emergency call

answer: c

explanation: medicAlert bracelet contains only important conditions and treatments.

12. Defect in facial expression apathy, pale and puffy skin are signs of :

- a. hyperthyroidism
- b. parkinson's disease .
- c. hypothyroidism
- d. addisson's disease
- e. hypothyrodism .

answer: c

explanation:

3.4 Abnormal facial expressions	
Features	Diagnosis
Poverty of expression	Parkinsonism
Startled expression	Hyperthyroidism
Apathy, with poverty of expression and poor eye contact	Depression
Apathy, with pale and puffy skin	Hypothyroidism
Lugubrious expression with bilateral ptosis	Myotonic dystrophy
Agitated expression	Anxiety Hyperthyroidism Hypomania

13. Hot and sweaty hands are seen in:

- a. hyperparathyroid.
- b. hypothyroid.
- c. regular water exposure.
- d. anxiety
- e. hyperthyroidism

answer: e

explanation:

3.3 Information from a handshake	
Features	Diagnosis
Cold, sweaty hands	Anxiety
Cold, dry hands	Raynaud's phenomenon
Hot, sweaty hands	Hyperthyroidism
Large, fleshy, sweaty hands	Acromegaly
Dry, coarse skin	Regular water exposure Manual occupation Hypothyroidism
Delayed relaxation of grip	Myotonic dystrophy
Deformed hands/fingers	Trauma Rheumatoid arthritis Dupuytren's contracture

14. Large sweaty fleshy hand indicate:

- a. acromegaly
- b. hypothyroidism
- c. hyperthyroidism

answer: a

explanation: see table 3.3 information from a handshake in Macleod 13e

15. Which is false about eye examination:

- a. The upper lid should follow the eyeball downwards.
- b. The upper lid covers most of the cornea.
- c. Examination for adequacy of closure.
- d. Examination of the eyelashes quantity and distribution.
- e. Examination of the width of the palpebral fissure

answer: b

explanation: upper eyelid covers only the upper one third of cornea not most of it.

16. you can see all of these by inspection to the eye Except:

- a. corneal archus
- b. exophthalmous
- c. retinal hemorrhage
- d. jaundice

answer: c

explanation: retinal hemorrhage needs ophthalmoscope to be seen. Corneal arcus is a creamy yellow discoloration at the boundary of the iris and cornea caused by cholesterol deposition considered one sign of hyperlipidemia. Corneal arcus, exophthalmous and jaundice can be seen during inspection of the head.

17. All of the following disease have hyperpigmentaion, Except?

- a. Vitiligo
- b. Addison disease
- c. cushing disease
- d. melanoma
- e. hemochromatosis

answer: a

explanation: vitiligo is autoimmune disease associated with patchy hypopigmentation area, hemochromatosis causes hyperpigmentation in condition called porphyria cutanea tarda due to deposition of iron, Addison disease leads to increase production of ACTH which has a similar structure to MSH which activate melanocyte to produce more melanin, similar idea to this if we have secondary cushing syndrome where pituitary gland produces more ACTH and this condition called cushing disease or if there is ectopic production of ACTH associated with certain cancers such as small lung cell cancer, melanoma is the cancer of that develops from melanocyte.

18. which of the following is mis-matched :

- a. vitiligo hypopigmentation
- b. cushing's syndrome central obesity
- c. diabetic ketoacidosis acetone smell breath
- d. marfan's syndrome micrognathia
- e. SLE butterfly rash

answer: d

explanation: marfan syndrome is associated with high arched palate not micrognathia, vitiligo is autoimmune disease associated with patchy hypopigmentation area, cushing syndrome is associated with central obesity, moon face and buffalo hump appearance because corticosteroid changes the distribution of fat in the body, DKA is associated with acetone smell breath due to ketone body production, butterfly rash or malar rash is one of manifestation of SLE disease.

19. All are true regarding general examination, Except :

- a. for any intimate examination should always offer chaperone to prevent misunderstanding.
- b. collect together all equipments you need before starting the examination.
- c. avoid unnecessary exposure or embracement.
- d. ask the child's parents to leave the room when examining the child.
- e. the room should be warm & well lit.

answer: d

explanation: it is preferable for child's parents to be present at time of child examination.

20. Not a part of the patient profile:-

- a. age.
- b. cause of referral.
- c. occupation.
- d. sex.

Answer: b

Explanation: only the site of referral is it from ER or from outpatient clinics is considered part of patient profile

21. Patient with anorexia, general weakness, & fever, which is the most likely system involved :

- a. CVS.
- b. ES.
- c. HLS.
- d. all systems.

Answer: d

Explanation: anorexia, general weakness, weight loss and fever all are general symptoms not related to specific system.

22. Which one is mismatched between symptom & system involved :

- a. Palpitation – heart.
- b. Albinism – skin.
- c. hunger pain – renal.
- d. cyclical pain – breast.
- e. sneezing – nose.

Answer: c

Explanation: hunger pain more likely to be associated with GI condition such as duodenal ulcers.

23. A patient presented to the clinic complaining of weight loss, you should ask him "firstly" about :

- a. if it's intentional or not.
- b. what about appetite
- c. polyuria, polydipsia
- d. nervousness and palpitation

answer: a

explanation: always remember when you analyse weight loss that first question should be asked if it is intentional weight loss or not then the second question will be about the appetite then asks about the amount of weight loss and the duration that the patient needs to loss this amount.

24. a patient presented to the clinic complaining of weight loss, you should ask him about :

- a. if its intentional or not
- b. what about appetite
- c. polyuria, polydipsia
- d. nervousness and palpitation
- e. all of the above

answer: e

explanation: always remember when you analyse weight loss that first question should be asked if it is intentional weight loss or not then the second question will be about the appetite then asks about the amount of weight loss and the duration that the patient needs to loss this amount, DM is associated with weight loss, polyuria and polydipsia, weight loss with nervousness and palpitation occur in hyperthyroidism.

25. wrong mismatch:

- a . hemoptysis : pain with coughing.
- B. hematochezia: menstrual bleeding.
- c. a and b

answer: c

explanation: hemoptysis is coughing up blood, and hematochezia is fresh blood with stool occurs in case of LGIB or severe and massive UGIB.

26. The best site to look for jaundice is :

- a. upper part of the sclera
- b. mucus membrane
- c. tongue
- d. lower part of sclera
- e. palmar creases

answer: a

explanation: because the upper part is not exposed to sun so no modification in yellowish color, sclera white in color this makes the resolution better, and bilirubin has a higher affinity towards the elastin which presents in sclera.

27. Hirsutism is seen in all Except:

- a. cushing's syndrome
- b. acromegaly
- c. polycystic ovarian syndrome
- d. hypothyroidism .

answer: d

explanation: hypothyroidism is associated with hair loss whereas hyperthyroidism causes hirsutism. Cushing syndrome, acromegaly and polycystic ovarian syndrome all are causes of hirsutism.

28. which of the followings is mismatched:

- a. lericsh syndrome buttock claudication and impotence

b. down syndrome micrognathia and epicanthal fold

c. marfan's syndrome high arched palate and lens dislocation

d. cushings disease hypopigmentation and alopecia

e. polland syndrome absence of breast and thoracic muscles

answer: d

explanation: cushing disease is associated with hyperpigmentation and hirsutism (ASTH has a similar structure to MSH). Leriche syndrome is an occlusive at the junction between aorta and common iliac artery, it is associated with absent femoral pulse, buttock claudication, and impotence. Down syndrome is associated with dysmorphic features such as micrognathia and epicanthal fold. Marfan syndrome is associated with high arched palate and lens dislocation. Polland syndrome is absence of breast and pectoralis muscles in one side of the body.

29. All are part of the patients profile except:

a. age

b. name

c. last menstrual period

d. DM

answer: d

explanation: DM can be part of history of presenting illness or past history. Last menstrual

period is part of patient profile history in gynecology.

30. All are part of the patients profile except:

a. Age

b. Name

c. Last menstrual period

d. chronic illness

answer: d

explanation: chronic illness can be part of history of presenting illness or past history. Last menstrual period is part of patient profile history in gynecology.

31. pale face by all of the following EXCEPT:

a. hypovolemia

b. carcinoid

c. fear

answer: b

explanation: in hypovolemia due to decrease in blood volume and in fear due to activation of sympathetic nervous system which will shift blood to organs need in fight and flight response, the blood flow to skin will decrease so the face will appear pale.

32. which of the following isn't part of family history :

- 1) Father age
- 2) Mother age
- 3) Consanguinity
- 4) Family education
- 5) Abortions history

Answer: 4

Explanation: family education is part of social history. Other choices are important to ask about them in family history especially in pediatric age patient.

33. Which of the following is WRONG match :

- 1) Dry sweaty hands --- hyperthyroidism
- 2) Dry coarse hands --- hypothyroidism
- 3) Cold sweaty hands --- anxiety
- 4) Cold dry hands --- Raynaud's phenomenon

Answer: 1

Explanation: hyperthyroidism is associated with hot, sweaty hands. Other choices are true. See table 3.3 information from a handshake in Macleod edition 13.

34. Melanin hyperpigmentation will occur in all of the following except :

- 1) Addison
- 2) Nelson's syndrome (secondary to Cushing)

- 3) Cushing disease
- 4) Hemochromatosis
- 5) Phenothiazine drug

Answer: 5

Explanation: hyperpigmentation in Addison disease, Nelson syndrome, Cushing disease is due to elevated ACTH which has a similar structure to MSH that induces melanocyte to produce more melanin. In hemochromatosis, there is a hyperpigmentation called porphyria cutanea tarda (due to accumulation of hemosiderin in the skin).

35. Which of the following in full chief complaint :

- 1) Vomiting and diarrhea 3 days of duration
- 2) Headache and pain 4 weeks ago
- 3) Vomiting

Answer: 1

Explanation: chief complaint should consist of main complaint with duration and in patient own words.

Internal medicine (cardiovascular system history and physical examination)

1. All of the following can cause finger clubbing, Except:
- a. Sub.Acute Bacterial Endocarditis.
 - b. Suppurative Lung Disease.
 - c. Ventricular septal Defect.
 - d. Cyanotic Congenital Heart.

Answer: c

Explanation: ventricular septal defect is one of acyanotic congenital heart diseases, clubbing occurs in cyanotic heart diseases not in acyanotic heart diseases. Other choices can cause clubbing.

2. One of the following is wrong regarding Blood Pressure measurement?

- a. in phase IV, sounds disappear.
- b. in phase I, sounds appear & indicate systole.
- c. in phase IV, sounds muffle.
- d. in phase V, sounds disappear

answer: a

explanation: in phase IV the sound becomes muffle, see this

The Korotkoff sounds

- **Phase 1** First appearance of faint clear tapping sounds which gradually increase in intensity
- **Phase 2** The softening of sounds which may become swishing
- **Phase 3** The return of louder sounds
- **Phase 4** Muffling of sounds
- **Phase 5** The complete disappearance of sounds

Phase 1 = Systolic pressure
Phase 5 = Diastolic pressure

3. All of the following causes central chest pain except?

- a. pulmonary embolism
- b. MI
- d. pneumothorax
- e. aortic dissection

answer: d

explanation: pneumothorax causes lateral chest pain either right or left according to its position, other choices cause central chest pain.

4. All of the following are causes of retrosternal pain, Except ?

- a. mycordial Infarction.
- b. Aortic dissection.
- c. Esophagitis.
- d. pericarditis.
- e. fatigue at right arm

answer: e

explanation: MI, aortic dissection, esophagitis and pericarditis all enter in DD of retrosternal pain.

5. a patient with localized chest pain that is relieved by leaning forward,you think of:

- a. MI

- b. pneumonia
- c. unstable angina
- d. pericarditis
- e. aortic dissection

answer: d

explanation: pain of pericarditis is a pleuritic centrally located chest pain relieving by leaning forward.

6. The normal hemoglobin concentration in a man is:

- a. 12.5 ± 2 g/dl
- b. 14.5 ± 2 g/dl
- c. 16.5 ± 2 g/dl

answer: b

7. What is wrong about angina:

- a. associated with GI symptoms
- b. mild in diabetic patients

answer: a

explanation: MI associated with GI symptoms such as nausea and vomiting not angina pain.

8. S1 normal heart sound is due to :

- a. closure of AV valve

- b. closure of pulmonary and aortic valve
- c. opening of AV valve
- d. opening of pulmonary and aortic valve
- e. hypertension

answer: a

explanation: S1 is produced due to blood turbulence associated with closure of AV valves.

9. aortic valve sound best heard at :

- a. 2nd left ICS
- b. 2nd right ICS
- c. 4th left ICS
- d. 4th right ICS

Answer: b

Explanation:

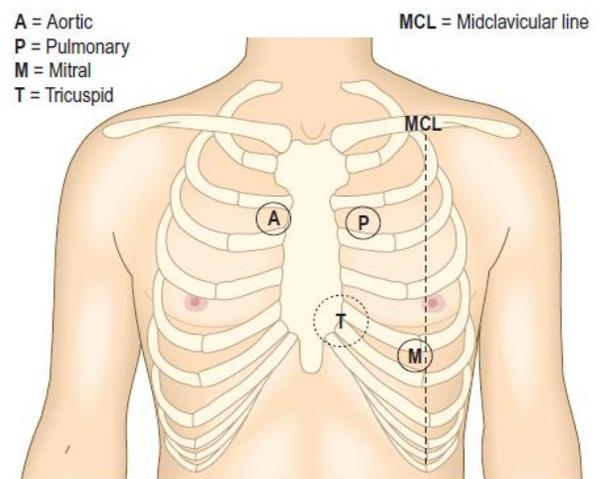


Fig. 6.21 Sites for auscultation. Sites at which murmurs from the relevant valves are usually, but not preferentially, heard.

10. The apex beat is best heard at :

- a. 5th ICS at the left midclavicular line
- b. 2nd ICS right to the sternum
- c. 2nd ICS left to the sternum
- d. 3rd ICS left to the sternum
- e. axilla

answer: a

explanation: see figure 6.21 in Macleod edition 13

11. false:

- a. S1 is increased with mitral stenosis
- b. S2 is increased with aortic stenosis
- c. pulmonary valve closure sound is increased with pulmonary valve stenosis
- d. fixed splitting with ventricular septal defect

answer: d

explanation: fixed splitting occurs with atrial septal defect, ventricular septal defect causes wide splitting in S2. When there is stenosis in any valve the sound that produces from this stenotic valve will be louder.

12. 11. Which of the following is false about the third heart sound (S3):

- a. It is pathological after the age of 40
- b. It occurs in heart failure

c. It is low pitched

d. It occurs due to forceful atrial contraction

answer: d

explanation: S3 occurs due to rapid left ventricular filling while S4 occurs due to forceful atrial contraction against stiff ventricle. S3 is a low pitched sound heard by bell, normally heard in children, young adult, and pregnant women. Pathologically heard after age of 40 years, and in case of patients with heart failure or hyperthyroidism.

13. Diastolic murmur is heard in:

- a. aortic stenosis
- b. mitral regurgitation
- c. pulmonary stenosis
- d. tricuspid regurgitation
- e. mitral stenosis

answer: e

explanation: aortic and pulmonary stenosis cause ejection systolic murmur while mitral and tricuspid regurgitation cause pan systolic murmur. Mitral stenosis is associated with mid diastolic murmur.

14. The valvular disease that cause pansystolic murmur is:

- a. mitral stenosis
- b. mitral regurgitation

- c. aortic stenosis
- d. aortic regurgitation
- e. patent ductus arteriosus

answer: b

explanation: mitral stenosis---mid diastolic murmur, mitral regurgitation---pan systolic murmur, aortic stenosis---ejection systolic murmur, aortic regurgitation---early diastolic murmur, patent ductus arteriosus---machinery murmur (continuous systolic and diastolic murmur).

15. All of the following are causes of pansystolic murmur, Except ?

- a. mitral stenosis
- b. mitral regurgitaion
- c. aortic regurgitaion
- d. patent ductus arteriosus
- e. Austin flint

answer: c

explanation: I think that this question should be one of the following cause pansystolic murmur then the answer will be mitral regurgitation.

16. All of the following produce a pansystolic murmur except?

- a. Tricuspid regurgitation
- b. Aortic regurgitation
- c. Ventricular Septal Defect

answer: b

explanation: tricuspid regurgitation and VSD cause pansystolic murmur but aortic regurgitation causes early diastolic murmur.

17. Patent ductus arteriosus causes:

- a. early diastolic murmur
- b. machinery (continuous – murmur)
- c. ejection systolic murmur
- d. pansystolic murmur

answer: b

explanation: PDA causes a murmur heard during systole and diastole and is called machinery murmur.

18. all are signs of infective endocarditis Except:

- a. roth's spot
- b. splinter hemorrhage
- c. xanthelasma
- d. clubbing
- e. osler nodules

answer: c

explanation: xanthelasma is a one sign of hyperlipidemia, other choices are signs of infective endocarditis.

19. Which of the following denotes a positive family history for ischemic heart disease:

- a. Family history in a male first degree relative less than 55 years of age and/or a female first degree relative less than 65 years of age

answer: a

20. Increase the risk of heart diseases:

- a. sister 60 years old diagnosed with MI.
- b. father 60 years old diagnosed with MI.
- c. 2 brothers above 67 diagnosed with MI.

answer: a

explanation: positive family history for heart diseases only if we have a male first degree relative less than 55 years of age and/or a female first degree relative less than 65 years of age.

21. Which of the following is not a modifiable factor for IHD :

- a. diabetes
- b. age
- c. smoking
- d. physical activity
- e. hypertension

answer: b

explanation: non modifiable risk factors for IHD are age, gender, race, and positive family history. Modifiable risk factors for IHD are DM, HTN, hyperlipidemia, obesity, sedentary lifestyle and smoking.

22. jugular venous pressure represents the pressure in:

- a. right atrium
- b. right ventricle
- c. left atrium
- d. left ventricle
- e. carotid artery

answer: right atrium

explanation: any changes in pressure inside right atrium will be directly reflected on JVP.

23. which of the following isn't assessed by pulse measuring:

- a. rate
- b. rhythm
- c. amplitude
- d. duration
- e. character

answer: d

explanation: we do physical examination for pulse we should determine the pulse rate, rhythm, amplitude (volume) and character.

24. one of the following symptoms not specific for CVS:

- a. angina
- b. orthopnea
- c. palpitation
- d. PND
- e. ankle swelling

answer: e

explanation: ankle swelling if it is unilateral it has DD and if it is bilateral it has other DD, and between there DD are causes from different systems not only from CVS.

25. shortness of breath when lying supine is :

- a. orthopnea
- b. PND
- c. grunting
- d. flaring
- e. retraction

answer: a

explanation: definition of orthopnea is SOB when lying flat due to increase venous return toward weak heart which will lead to accumulation of this

blood in lung and cause SOB. PND the same idea to orthopnea but in case with less severity heart failure. Nasal flaring, skin retraction of chest wall and grunting (forceful expiration against partial closed epiglottis) are signs of respiratory distress more apparent in pediatric age group.

26. One of the following is not related to heart failure ?

- a. orthopnea
- b. PND
- c. leg swelling.
- d. liver failure.
- e. lung collapse.

Answer: e

Explanation: orthopnea, PND and leg swelling are signs of heart failure, heart failure cause liver congestion which with time can lead to cardiogenic liver cirrhosis, heart failure causes pulmonary edema but not pulmonary collapse.

27. in measuring the blood pressure all are true, Except:

- a. a small cuff increases the measured Bp.
- b. there is a difference in measured pressure between the two arms.
- c. Kortkoff's sound 1 is considered the systolic blood pressure.
- d. Absence of sound is found in phase IV.

Answer: d

Explanation: in phase 4 we have muffle sound not absence of sound which occur in phase 5. The ideal cuff size should have a bladder length that is 80% of the arm circumference, a width is at least 40% of the arm circumference, and a length to width ratio of 2:1. * The bladder is the inflatable part of the cuff.

28. Regarding neck inspection, ALL are true EXCEPT :

- a. Carotid pulse is observed near .
- b. face the patient in a well illuminated room .
- c. ask the patient to extend his neck .

answer: a

explanation: carotid artery pulse is a rapid outward movement while jugular vein pulse is a rapid inward movement.

29. Friction rub heard in all except :

- a. pulmonary embolism
- b. pneumonia
- c. pleurisy or pleuritis
- d. aortic aneurysm

answer: d

explanation: friction rub is heard in condition associated with inflammation to pleura such as pleuritis, pneumonia that extends to pleura, pulmonary embolism which causes pulmonary

infarction and then inflammation around this infarction.

30. All are causes of S3 except

- a. Left ventricular heart failure
- b. Mitral stenosis
- c. In children
- d. Mitral regurgitation

answer: b

explanation: S3 occurs due to rapid left ventricular filling. S3 is a low pitched sound heard by bell, normally heard in children, young adult, and pregnant women. Pathologically heard after age of 40 years, and in case of patients with heart failure or hyperthyroidism. In mitral regurgitation the atria will be overloaded so during diastole there will be a rapid left ventricular filling and then S3.

31. Which is false :

- a. Collapsing pulse could be associated with hypertension
- b. Slow rising pulse with aortic stenosis
- c. Paradoxical pulse is a drop in the blood pressure more than 20 mm Hg with inspiration

answer: a (a is the doctor's answer despite that a is not incorrect answer while c should be the correct answer)

explanation: collapsing pulse could be associated with systolic hypertension where there is a wide

pulse pressure (systole pressure – diastole pressure) and then collapsing pulse. Pulsus paradoxus is a drop in blood pressure more than 10 mmHg with inspiration. Slow rising pulse is associated with severe aortic stenosis.

32. which of these is not a cause of palpitation:

- a. Sinus arrhythmia
- b. Atrial fibrillation
- c. Atrial extrasystoles
- d. Heart Failure
- e. Cardiac tamponade

answer: d

explanation: sinus arrhythmia, atrial fibrillation, and atrial extrasystoles are types of arrhythmia that cause increasing in heart rate and then palpitation. In cardiac tamponade as a compensatory mechanism due to decrease stroke volume the heart rate will increase and then palpitation. In heart failure, the heart rate should be low to decrease the workload on weak heart that is one reason why using beta blockers in heart failure.

33. Which of the following is associated with atrial fibrillation:

- a. Pulse deficit
- b. Pulsus alternans

answer: a

explanation: pulse deficit is associated with atrial fibrillation while pulsus alternans is associated with heart failure. Pulse deficit means there is a difference in count between heart beat and peripheral pulse.

34. Least likely to be found in someone with HF :

- a. Decreased urinary output
- b. PND
- c. Palpitation
- d. Heart burn

answer: d

explanation: decreased urinary output may be due to decrease blood flow to kidney. PND is due to increase venous return in lying position. Palpitation may be due to one arrhythmia associated with heart failure. Heart burn is a GI symptoms.

35. systolic murmur in all of the following EXCEPT:

- a. mitral stenosis
- b. mitral regurgitation
- c. tricuspid regurgitation
- d. aortic stenosis

answer: a

explanation: mitral stenosis---- mid diastolic murmur, mitral regurgitation ---- pansystolic murmur, tricuspid regurgitation ---- pansystolic

murmur, aortic stenosis ---- ejection systolic murmur.

36. S3 all true except:

- a. caused by rapid ventricular filling
- b. normal in athletes and youngs
- c. occur in early diastole

answer: c

explanation: S3 occurs due to rapid left ventricular filling. S3 is a low pitched sound heard by bell, normally heard in children, young adult, and pregnant women. S3 occurs in mid diastole while S4 occurs in pre-systole.

37. which of the following is WRONG about TIMI score :

- 1) age > 65
- 2) at least 2 episodes of angina in last 24 hour
- 3) known coronary artery disease with 50% stenosis
- 4) at least 3 risk factors of CAD
- 5) tachycardia

answer: 5

explanation:

Age >65	1
Three or more CAD risk factors: (FHx, HTN, Hyperchol, DM, active smoker)	1
Known CAD*	1
Aspirin use in past 7 days	1
Recent (<24 hrs) severe angina**	1
Increased cardiac marker	1
ST deviation >0.5 mm	1
Risk Score = Total Points	7

* Stenosis >50 %: Previous MI, CABG, PPCI

** Two or more anginal events in preceding 24 hours

High TIMI risk score = 4-7

38. Which of the following is associated with atrial fibrillation :

- 1-Pulse deficit
- 2- regular pulse
- 3- irregular pulse
- 4- irregular pulse normalize with exercise

Answer: 1

Explanation: pulse deficit is associated with atrial fibrillation. Pulse deficit means there is a difference in count between heart beat and peripheral pulse. Also, atrial fibrillation is associated with irregularly irregular pulse.

39. Patient with family history of CAD , with right hand BP 170/110 and left hand BP 140/110 , pain radiating to the back , your daignosis :

- 1) ST elevation MI
- 2) Normal ECG MI
- 3) Aortic dissection
- 4) Acute coronary syndrome

Answer: 3

Explanation: severe retrosternal pain radiate to the back with asymmetrical BP of hands is a typical presentation to aortic dissection.

40. A patient with family history of CAD , he came to the ER suffering from continuous chest pain in the last 15 min. your diagnosis :

- 1) Acute coronary syndrome
- 2) ST elevation MI
- 3) Normal ECG MI

Answer:1

Explanation: you can not tell if this patient has unstable angina, NSTEMI or STEMI unless you do ECG and cardiac enzyme. So the information of question is only enough to know that this patient has acute coronary syndrome.

41. Which of the following is WRONG about JVP :

- 1) 'a' wave is due to right atrium contraction
- 2) It reflect the right atrium pressure
- 3) Normally is visible because there is no valve between internal jugular and right atrium

Answer: 3

Explanation: the visibility of internal jugular pulse is not due to absence of valves, it is not seen unless the pressure inside it elevated. The pressure of external jugular pulse is more superficial, predominant and easier to be seen.

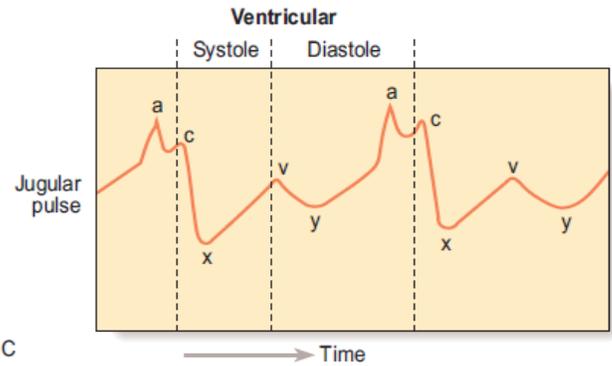


Fig. 6.19 Jugular venous pressure. (A) Inspecting the jugular venous pressure from the side (the internal jugular vein lies deep to the sternocleidomastoid muscle). **(B)** Measuring the height of the jugular venous pressure. **(C)** Form of the venous pulse wave tracing from the internal jugular vein: a, atrial systole; c, closure of the tricuspid valve; v, peak pressure in right atrium immediately prior to opening of tricuspid valve; a-x, descent, due to downward displacement of the tricuspid ring during systole; v-y, descent at commencement of ventricular filling.

42. all of the following is true about pulse except:

- 1- collapsing pulse is present in patient with aortic insufficiency
- 2- pulse deficit can be seen in patients with atrial fibrillation
- 3- weak pulse is seen in hypovolemic shock
- 4- radiofemoral delay indicates aortic coarctation
- 5- atrial fibrillation is associated with irregular pulse

Answer: 5

Explanation: atrial fibrillation is associated with irregularly irregular pulse.

Internal medicine (respiratory system history and physical examination)

1. Which of the following doesn't cause clubbing:

- a. severe asthma
- b. lung abscess
- c. bronchogenic carcinoma
- d. bronchiectasis

answer: a

explanation: asthma, COPD and sarcoidosis are respiratory diseases which don't cause clubbing.

2. Which is least to cause hemoptysis:

- a. tuberculosis
- b. lung abscess
- c. hypertension
- d. mitral valve disease

answer: c

explanation: tuberculosis, lung abscess and mitral valve disease such as mitral stenosis are causes of hemoptysis, HTN is not a cause of hemoptysis in contrast to pulmonary HTN which is a cause of hemoptysis. May be HTN complication especially cardiac ones cause hemoptysis but these need a lot time to develop so HTN is the least cause of hemoptysis.

3. A large sided pleural effusion can cause all of the following except:

- a. dullness on percussion
- b. Increase in vesicular breathing sounds
- c. decrease in tactile vocal fremitus

answer: b

explanation: large sided pleural effusion may be associated with tracheal deviation, decrease in TVF, decrease and asymmetrical chest expansion, dullness during percussion and decrease in breathing sound.

4. in a patient with a cough of 2 months duration which one of the following is the

least important symptom to ask about:

- a. palpitation

answer: a

explanation: palpitation more likely to be associated with CVS diseases than RS diseases.

5. which of the following conditions causes hyper-resonance on percussion:

- a. pleural effusion
- b. pneumonia
- c. pneumothorax
- d. lung collapse

answer: c

explanation: in pneumothorax there is more air so more resonance during percussion.

6. which is wrong about bronchial breathing :

- a. high pitched sound
- b. inspiratory phase is longer than expiratory
- c. there is pause between expiration and inspiration
- d. its caused by pneumonia
- e. heard normal over the trachea

answer: b

explanation: bronchial breathing; is a high pitched sound, with gap between inspiration and expiration, and the expiratory phase is longer than inspiratory phase, heard normally over trachea, and abnormally in pneumonia. Vesicular breathing; is a low pitched sound, continuous between inspiration and expiration, and the inspiratory phase is longer than expiratory phase, heard normally over most of the lung (periphery).

7. Which symptom differentiates respiratory disease from cardiovascular one?

- a. Cough .

b. Pleuritic chest pain .

c. Shortness of breath .

answer: b

explanation: cough can be due to respiratory or cardiac causes for example heart failure causes pink frothy cough, same thing to SOB which can be associated with heart failure or arrythemia.

Pleuritic chest pain which means chest pain during inspiration, cough and sneezing more related to respiratory condition than cardiac causes such as pneumothorax, pneumonia and pulmonary embolism.

8. Friction rub heard in all except :

a. pulmonary embolism

b. pneumonia

c. pleurisy or pleuritis

d. aortic aneurysm

answer: d

explanation: friction rub is a sound that produces due to friction between two pleural layer, it indicates inflamed pleura which can be directly due to pleuritis or pneumonia involving pleura or pulmonary infarction due to pulmonary embolism.

9. grunting is:

a. edema in the lungs

b. congested nose

c. hoarseness of voice

d. expiration against partially closed epiglottis

e. nasal flaring

answer: d

explanation: definition of grunting.

10. A patient with SOB, what is true :

A. SOB + wheeze usually indicate respiratory condition

B. SOB + cough usually indicate cardiac condition

d. orthopnea means SOB on standing and relives by lying supine

answer: a

explanation: SOB + wheeze more likely to be due to respiratory causes such as asthma and pneumonia, on the other hand SOB + cough can be due to cardiac causes such as heart failure or respiratory causes such as asthma, pneumonia and pulmonary embolism, orthopnea is SOB when lying down.

11. greenish sputum is a sign of :

a. lung cancer

b. asthma

c. pneumococcal pneumonia

d. pseudomonal infection

e. acute pulmonary edema

answer: d

explanation: in general, lung cancer has frothy pink sputum, asthma with yellowish sputum, pneumococcal infection with rusty red sputum, acute pulmonary edema with clear watery sputum and pseudomonas infection with greenish sputum.

12. Consolidation in the lower lobe of the lung, all are true excepts:-

- a. decreased TVF.
- b. no crackles.
- c. bronchial sounds.

Answer: a and b I think true

Explanation: consolidation is associated with increasing in TVF, dullness on percussion, bronchial breathing, diminished breathing sound, egophony and localized crackles.

13. Which is true about bronchial sound:

- a. continuous in inspiration & expiration.
- b. equal in inspiration and expiration.
- c. heard in most of lung periphery.
- d. heard over large airways.

Answer: d

Explanation: bronchial breathing; is a high pitched sound, with gap between inspiration and expiration, and the expiratory phase is longer than

inspiratory phase, heard normally over trachea, and abnormally in pneumonia.

14. 56. Which of the following is wrong about the lung:

- a. both lungs have 3 lobes

answer: a

explanation: left lung consists of two lobes and right lung consists of three lobes.

15. Which of the following is true about the borders of the lung:

- a. it extends superiorly to the level of the clavicle
- b. It extends anteriorly to the level of the 6th costal cartilage
- c. laterally to the level of the 10th rib.

Answer: b

Explanation: Ant : above clavicle to the 6 th rib.
Lat: from axilla to the 8 th rib. Post: to lvl of 10 th rib

16. kassmaul breathing:

- a. deep and rapid
- b. normal rate but deep breathing
- c. episodes of tachypnea then apnea.

Answer: a

Explanation: Kussmaul breathing is a deep and rapid breathing that occurs in case of metabolic acidosis due to diabetic ketoacidosis or acute renal failure or lactic acidosis. Cheyne-Stokes respiration is an episode of tachypnea then apnea in relation to altered sensitivity of respiratory center to CO₂ which occurs in patient with COPD.

17. crackles are not heard in :

- a. pneumonia
- b. pulmonary edema
- c. bronchiectasis
- d. Pneumothorax

answer: d

explanation: crackles occur in case of water in alveoli which occurs in pulmonary edema, pus in alveoli which occurs in pneumonia and bronchiectasis, scarring which occurs in case of pulmonary fibrosis.

18. All of the following examined by inspection in RS :

- a. symmetry of chest.
- b. shape of chest.
- c. vascular anomalies.
- d. chest expansion.
- e. scars & skin pigmentation.

Answer: d

Explanation: during inspection for RS we should comment on movement of chest with respiration, symmetry of the chest, chest shape, any dilated vein or scars or skin pigmentation. Chest expansion is part of RS palpation.

19. All of the following are important in the drug History in a patient with respiratory symptoms Except:

- a. use of broad-spectrum antibiotics.
- b. use of ACE inhibitors.
- c. use of bronchodilators.
- d. use of diuretics.
- e. use of NSAID.

Answer: a

Explanation: one of ACE inhibitors side effect is chronic dry cough, use of bronchodilators can indicate history of asthma, use of diuretics may be associated with pulmonary edema, use of NSAID can aggravate asthma symptoms because NSAID are bronchoconstrictors.

20. The least one to cause hemoptysis is:

- a. tuberculosis.
- b. lung abscess.
- c. pulmonary hypertension.
- d. mitral valve disease.
- e. pulmonary embolism.

Answer: c

Explanation: the most common causes of hemoptysis are bronchitis, pneumonia, tuberculosis, bronchiectasis and bronchogenic cancer. Uncommon causes of hemoptysis are lung abscess and pulmonary embolism. Rare causes of hemoptysis are mitral valve diseases and pulmonary hypertension (the least one).

21. A 26 year female patient his respiratory rate is 8/min.This condition is called :

- a. tachypnea.
- b. bradypnea.
- c. dyspnea.
- d. apnea.

Answer: b

Explanation: normal respiratory rate in adult 12-20 breath/min, less than 12 means bradypnea, more than 20 means tachypnea. Dyspnea same to SOB which means difficulty during breathing. Apnea means cessation of breathing more than 10 seconds.

22. not a cause of chronic cough :

- a. smoking
- b. COPD
- c. ACE inhibitors
- d. diabetes milletus
- e. bronchial asthma.

Answer: d

Explanation: smoking and COPD are related to chronic bronchitis which manifests as chronic purulent cough, one side effect of ACE inhibitors is chronic dry cough. Cough is one of cardinal symptoms in bronchial asthma.

23. Which is wrong about pleural effusion :

- a. vesicular sounds are heard.
- b. decreased movement of chest on affected side.
- c. stony dullness to percussion over the fluid.
- d. decreased vocal resonance.
- e. diminished vesicular sounds.

Answer: a

Explanation: presence of fluid in pleural cavity will make hearing breathing sound very difficult. Other choices occur in pleural effusion. Be aware TVF is done in palpation and vocal resonance is done in auscultation, both done by asking patient to say ninety nine.

24. 74. About chest landmarks, one is true :

- a. second intercostals spaces are immediately below the sternal angle

answer: a

explanation: we start counting ribs from sternal angle knowing that second intercostal space is immediately below the sternal angle.

25. A 25-year old woman, deep sigh-like breathing 19 times per minute:

- a. normal breathing
- b. kassmaul breathing

answer: b

explanation: deep and rapid breathing is called kassmaul breathing.

26. Which is false:

- a. foreign bodies enters right bronchus more than the left one.
- b. both lungs consist of three lobes: upper, middle and lower.
- c. right pleural effusion may cause shifting of trachea to the left.
- d. stridor and cough are symptoms of both upper and lower respiratory tracts.
- e. normal breathing pattern is vesicular breathing.

Answer: b

Explanation: foreign bodies more likely to enter right bronchus than left bronchus because right bronchus is wider and more oblique than left one. Right lung consists of three lobes while left lung consists of two lobes. Pleural effusion shifts trachea to opposite side where it presents. stridor and cough are symptoms of both upper and lower respiratory tracts. normal breathing pattern is vesicular breathing.

27. Not a respiratory symptom :

- a. wheeze

- b. dyspnea
- c. cough
- d. palpitation
- e. cyanosis

answer: d

explanation: wheeze and cough are respiratory symptoms, dyspnea and cyanosis are both cardiac and respiratory symptoms, while palpitation is cardiac symptom.

28. unilateral wheeze can be due to:

- a. pneumonia
- b. foreign body aspiration
- c. pneumothorax
- d. pleural effusion

answer: b

explanation: pneumonia causes crackles, pneumothorax and pleural effusion are not associated with added breathing sounds. Foreign body aspiration can cause wheeze because it leads to narrowing in airway.

29. which of the following is incorrect about central cyanosis:

- a. It is associated with a decrease in oxygen saturation <90
- b. Central cyanosis is located in the lips and mouth but not in the legs or arms

c. Patients with polycythemia can be cyanotic at normal oxygen saturation

d. It is very difficult for patients with severe anemia/hypovolemia to get cyanosed

answer: b

explanation: when we have central cyanosis then it is associated with cardiac or respiratory problems so peripheral cyanosis can also present. Cyanosis occurs when oxygen saturation less than 90%. Cyanosis is related to ratio of deoxygenated Hb to oxygenated Hb so polycythemic patient can be cyanosed at normal oxygen saturation and anemic patients are very difficult to be cyanosed.

30. central cyanosis is best seen in:

a. tongue

b. arms

c. tip of fingers

d. conjunctiva

answer: a

explanation: central cyanosis is seen at lips and tongue. Peripheral cyanosis is seen in hand, foot and ear. Pallor is seen at conjunctiva.

31. to differentiate between peripheral and central cyanosis from the hands:

a. temperature

b. color

c. creases

d. nails

answer: a

explanation: in central and peripheral cyanosis there is bluish discoloration of hands, but in central cyanosis we have warm hands while cold hands are presented in peripheral cyanosis.

32. 71. The normal respiratory rate in adult is :

a. 40 - 60.

b. 50 - 70.

c. 12 - 20.

d. 25 - 35.

Answer: c

Explanation: memorize it for adult

33. which is wrong regarding pneumonia that causes consolidation:

a. decrease tactile vocal fremitus.

Answer: a

Explanation: in pneumonia, TVF increases.

34. all of these cause clubbing Except:

a. bronchiectasis

b. bronchial asthma

c. cyanotic congenital heart disease

d. infective endocarditis

e. crohn's disease

answer: b

explanation: bronchial asthma and COPD are respiratory diseases that do not cause clubbing.

35. Which one can be seen more in respiratory disease than cardiac disease?

a. Wheezing.

b. Dyspnea.

c. Chest Pain.

d. Paroxysmal Nocturnal Dyspnea (PND) .

answer: a

explanation: dyspnea and chest pain can be caused by respiratory or cardiac condition, PND can be due to heart failure or asthma for example. Wheeze is more likely to be due to respiratory causes.

36. all of these are causes of pleuritic chest pain Except :

a. reflux esophagitis

b. rib fracture

c. pneumonia

d. mediastinal tumor

e. pericarditis

answer: a

explanation: pleuritic chest pain is the chest pain that aggravating by inspiration, coughing or sneezing. Reflux esophagitis pain is not related to inspiration so it is not a pleuritic chest pain.

37. All of the following causes central chest pain except?

a. pulmonary embolism

b. MI

d. pneumothorax

e. aortic dissection

answer: d

explanation: MI and aortic dissection pain is central retrosternal pain. Pulmonary embolism can cause central or lateral chest pain according to the site of pulmonary embolism impaction. Pneumothorax is associated with lateral pleuritic chest pain.

38. What would you least ask in the history for a patient with chronic cough?

a. hypertension

b. nasal discharge

c. wheeze

d. jaundice

e. heartburn

answer: d

explanation: the hypertensive patient can take ACE inhibitors which one of its side effect is chronic cough. Nasal discharge can be associated with URTI or it can be allergic rhinitis which associated with atopic asthma. Wheeze also can indicate asthma. Heartburn can be associated with GERD which can be a cause of aspiration pneumonia and chronic cough. Jaundice is more likely to be associated with GI conditions not respiratory or cardiac ones.

39. In a patient with a cough of 2 months duration which one of the following is the least important symptom to ask about:

- a. palpitation

answer: a

explanation: cough is more likely to be associated with respiratory diseases while palpitation is more likely to be associated with CVS diseases.

40. Which of the following causes an increase in tactile vocal fremitus:

- a. Egophony
- b. Pneumothorax
- c. Collapsed lung
- d. Pleural effusion
- e. Scarred, thickened pleura

answer: a

explanation: egophony (which means hearing e with stethoscope instead of a what is said by

patient) occurs in case in consolidation and in consolidation, TVF increases.

41. All of the following cause clubbing except:

- a. COPD
- b. Bronchiectasis
- c. Lung abscess
- d. Atrial Myxoma
- e. DIC

answer: e

explanation: also, unlikely for COPD to cause clubbing.

3.10 Causes of clubbing	
Congenital or familial (5–10%)	
Acquired	
Thoracic (~70%)	
Lung cancer	
Chronic suppurative conditions	
Bronchiectasis	
Lung abscess	
Empyema	
Cystic fibrosis	
Mesothelioma	
Fibroma	
Pulmonary fibrosis	
Cardiovascular	
Cyanotic congenital heart disease	
Infective endocarditis	
Arteriovenous shunts and aneurysms	
Gastrointestinal	
Cirrhosis	
Inflammatory bowel disease	
Coeliac disease	
Others	
Thyrotoxicosis (thyroid acropachy)	

42. 40 yr old male presented with acute bronchial asthma , the least likely to ask about :

- a. Hx. Of recurrent respiratory infections in childhood
- b. Hx. Of gastroenteritis 12 months ago
- c. Hx of typhoid fever in childhood
- d. Hx of newly diagnosed DM

answer: d

explanation: history of recurrent respiratory infection in childhood is a risk factor to develop asthma in the future. There is a type of gastroenteritis called eosinophilic gastroenteritis, those patient with this condition is more likely to be asthmatic. Typhoid fever is a chronic infection that can be activated and causes asthma exacerbation. DM is not associated with asthma.

43. indrawing chest wall with diaphragmatic lug:

- a. harrison's sulcus
- b. Pectus excavatum
- c. Pectus carinatum

answer: a

explanation: Harrison's sulcus is a horizontal groove along the lower border of the thorax corresponding to the costal insertion of the diaphragm, it is usually caused by chronic asthma or obstructive respiratory disease. Pectus carinatum is a localized prominence of the sternum and adjacent costal cartilage. Pectus excavatum is a developmental deformity with a localized depression of the lower end of the sternum.

44. high pitched sound on expiration:

- a. wheeze

answer: a

explanation: definition of wheeze

45. Which of the following is CORRECT about lung examination:

- a. The upper lobe of the lung best examined anteriorly

answer: a

46. A patient suffering from SOB and wheezing which is least likely to find in him :

- a. Leukonychia

Answer: a

Explanation: leukonychia is associated with hypoalbuminemia due to liver cirrhosis for example.

47. Patient with right pneumothorax , all of the following CORRECT except :

- 1) Limited chest expansion
- 2) Deviation of the trachea to the left side
- 3) Decrease in the vocal resonance
- 4) Stony dullness in percussion

Answer: 4

Explanation: stony dullness occurs in pleural effusion whereas increased in resonance occurs in pneumothorax.

48. Which of the following will not cause dyspnea:

- 1) DVT
- 2) Pulmonary Edema
- 3) Pneumothorax
- 4) Pneumonia

Answer: 1

Explanation: DVT only causes dyspnea if it is complicated to pulmonary embolism.

49. all of the following is a cause of dyspnea except:

- a. Metabolic alkalosis

answer: a

Explanation: metabolic acidosis causes dyspnea not metabolic alkalosis

1. all of the following related to peritonitis,

Except:

- a. pain relieved by food ingestion.
- b. the whole abdomen is tense.
- c. Absence of the bowel sounds.
- d. Rebound tenderness or tenderness in palpation.

Answer: a

Explanation: pain in peritonitis is severe and generalize and the patient tend not to do any movement to aggravate it, while pain relieved by food ingestion is one of characteristic of duodenal ulcer. Also. In peritonitis, there is rigidity and absence of bowel sounds due to paralytic ileus with tenderness (pain when touch with your hand) and rebound tenderness (pain after removing your hand).

2. All of the following are located at the transpyloric plane, Except:

- a. celiac trunk.
- b. fundus of the gallbladder.
- c. the neck of the pancreas.
- d. the origin of superior mesenteric artery.
- e. the upper pole of the kidney on the right.

Answer: a

Explanation: transpyloric plane locates at level of L1 and there are six important structure locates at

this plane; pylorus of the stomach, superior mesenteric artery, helium of left kidney, superior pole of right kidney, fundus of gallbladder, and neck of pancreas. Celiac truck is at level of T12.

3. The least likely to have in duodenal ulcer is:

- a. Pain worse during fasting
- b. Pain associated with NSAIDs
- c. Pain localized to epigastric region
- d. Pain is aggravated by inspiration
- e. Pain is decreased after eating .

answer: d

explanation: pain of duodenal ulcer is described as decreasing with eating, aggravating by fasting, localized to epigastric region. And in general NSAID is a risk factor to develop peptic ulcer.

4. All of the following causing Extended gallbladder, Except :

- a. Chronic cholecystitis.
- b. Mucocele.
- c. Empyema.
- d. Mirrizzi's Syndrome.

Answer: a

Explanation: in chronic cholecystitis, the wall of gallbladder will be fibrotic and rigid so it does not extend. Mucocele which means accumulation of mucous in gallbladder and empyema which means accumulation of pus in gallbladder, in both these conditions the gallbladder will be extended and palpable. In Mirrizi syndrome where gallstone becomes impacted in cystic duct or neck of gallbladder but at the same time it will compress the common bile duct and cause obstruction and jaundice due to inflammation and edema around the cystic duct, in this syndrome the gallbladder will be extended and palpable.

5. Which one is mismatched ?

- a. mid-uretric stone □ periumbilical pain .
- b. Appendicitis □ periumbilical pain
- c. Cholecystitis □ RUQ pain
- d. pancreatitis □ back pain
- e. peritonitis □ generalized pain

answer: a

explanation: mid uretric stone is associated with flank, lumbar and groin pain. Appendicitis is associated with periumbilical pain firstly then becomes RLQ pain. Cholecystitis is associated with RUQ pain. Pancreatitis is associated with pain radiated to the back. Pain of peritonitis is a generalized pain.

6. All are causes of decreased liver span , Except:

- a. Liver cirrhosis.

- b. Pneumothorax.
- c. Emphysema.
- d. Perforated viscus.
- e. Viral hepatitis.

Answer: e

Explanation: in viral hepatitis due to inflammation the liver will be tender and enlarged. Liver cirrhosis will cause shrinkage to the liver. Pneumothorax and emphysema will push the liver downwards so the span or dullness will decrease. Perforated viscus leads to elaborate air and this air will accumulate on the liver and decrease the dullness so the span even though the size of liver is normal.

7. The organ which doesn't examine by bimanual palpation is :

- a. kidneys
- b. spleen
- c. uterus
- d. ovaries
- e. submandibular gland.

Answer: b

Explanation: the only organs that examine by bimanual palpation are submandibular glands, kidneys, urinary bladder, uterus and ovaries.

8. All of following are true, Except:

- a. spigelian hernia is a hernia which occurs at the linea semilunaris.
- b. direct inguinal hernia descend to scrotum.
- c. femoral hernia bulges at a point which is below & lateral to pubic tubercle
- d. femoral hernia is more common in females than in males
- e. umbilical hernia more common in children

answer: b

explanation: indirect inguinal hernia descend to scrotum because it passes through inguinal canal which reaches eventually to scrotum. Femoral hernia bulges below and lateral to pubic tubercle while inguinal hernia bulges above and medial to pubic tubercle. Femoral hernia is more common in female due to wide pelvis. Other two choices are true.

9. Which one is mismatched between symptom & system involved :

- a. Palpitation – heart.
- b. Albinism – skin.
- c. hunger pain – renal.
- d. cyclical pain – breast.
- e. sneezing – nose.

Answer: c

Explanation: hunger pain is more likely to be associated with GI (duodenal ulcer).

10. All are signs of acute appendicitis, Except :

- a. psoas sign
- b. rebound tenderness
- c. kernig's sign.
- d. rovsing sign
- e. obturator sign

answer: c

explanation: kernig sign is one of meningitis signs. Other choices are signs of appendicitis. See in utube how each one is done.

11. All the followings are true, Except :

- a. The edge of the liver maybe palpable in a normal person.
- b. The direction of the spleen's enlargement is mainly toward the right iliac fossa.
- c. The aorta may be palpable in a thin person.
- d. Shifting dullness is a more sensitive test than transmission thrill.
- e. the left kidney is palpable in thin men.

Answer: e

Explanation: the right kidney is palpable in thin men because it descends with the liver.

12. In gastric outlet obstruction, all the followings are true Except :

- a. Visible gastric peristalsis may be seen.
- b. It could result from chronic duodenal ulcer or distal gastric cancer
- c. Succession splash can be detected.
- d. Venous hum is characteristic.
- e. The vomiting is projectile.

Answer: d

Explanation: Venous Hum is vibrating sound in the veins and not associated with gastric outlet obstruction (heard above the liver in arteriovenous malformation , hepatocellular carcinoma and Alcoholic hepatitis). Gastric outlet obstruction can be due to congenital pyloric muscle hypertrophy or due to fibrosis from chronic duodenal ulcer or due to distal gastric cancer. It is associated with visible pulsation going from left to right obliquely, the vomiting is projectile because this is an organic obstruction, and succession splash is a one clinical sign of gastric outlet obstruction (which is a sound heard by stethoscope after moving abdomen back and forth.

13. Which one is mismatched :

- a. Hematochezia mild GI bleeding.
- b. occult blood mild GI bleeding.
- c. Hemoptysis RS bleeding.
- d. Hematuria US bleeding.
- e. Hematemesis UGI bleeding.

Answer: a

Explanation: hematochezia is a fresh blood through the anus, because it is fresh then this indicates that the bleeding is very severe to degree that gastric acid and intestinal digestive enzymes are not enough to degrade all the blood that exists.

14. Courvoisier's law is applicable in:

- a. Acute Cholecystitis.
- b. viral hepatitis.
- c. palpable pain gallblader with jaundice
- d. palpable painless gallblader with jaundice.
- e. palpable painless gallblader without jaundice.

Answer: d

Explanation: Courvoisier law; if there is a jaundice with palpable nontender gallbladder then it is unlikely to be due to gallstone.

15. All of the following are true according abdomen, Except :

- a. Murphy's sign: Acute Cholecystitis.
- b. ascites: bulging of epigastrium
- c. Shifting Dullness indicates ascites.
- d. Rovsing's sign indicates acute appendicitis.

Answer: b

Explanation: in ascites, there is a generalized swelling of the abdomen not only epigastric region. Other choices are true.

16. not a cause of exudative ascites :

- a. TB.
- b. infection.
- c. nephrotic syndrome.
- d. CA.
- e. liver failure.

Answer: e

Explanation: *EXUDATE : TB / Infections / Nephrotic syndrome / And most common is CA

* TRANSUDATE : Cirrhosis / Heart failure / kwashiorkor.

17. Caput medusa seen in :

- a. Tuberculosis
- b. lung abscess
- c. pulmonary hypertension
- d. mitral valve disease
- e. portal vein thrombosis

answer: e

explanation: caput medusa is dilated veins around the umbilicus which occurs due to portal hypertension. Portal vein thrombosis is a one cause of prehepatic portal hypertension. Other choices does not cause portal hypertension.

18. All of the followings cause umbilical discharge, Except :

- a. caput medusa.
- b. intestinal fistula.
- c. patent urachus.
- d. umbilical adenoma.
- e. umbilical granuloma.

Answer: a

Explanation: caput medusa is dilated veins around umbilicus. Intestinal fistula is associated with fecal discharge. Patent urachus is associated with urine discharge. Umbilical adenoma causes mucous discharge while umbilical granuloma causes bloody discharge.

19. All of these are true about appendicitis, Except :

- a. jaundice is not a classical symptom
- b. vomiting and nausea might occur
- c. start as paraumbilical pain then shifted to right iliac fossa
- d. murphy's sign is positive
- e. mostly affects teenagers and young adults .

answer: d

explanation: murphy sign is positive in acute cholecystitis. Other choices are true in acute appendicitis.

20. Pain that is paraumbilical is mostly from :

- a. appendix
- b. deudinum
- c. stomach
- d. small intestine
- e. sigmoid colon

answer: d

explanation: organs that embryologically developed from foregut cause epigastric pain while organs that embryologically developed from midgut cause periumbilical pain and organs that embryologically developed from hindgut cause suprapubic pain.

21. absent bowel sounds is found in :

- a. gastroenteritis
- b. recent intestinal obstruction
- c. paralytic ileus
- d. renal artery stenosis

answer: c

explanation: paralytic ileus is a functional intestinal obstruction that occurs due to loss of intestinal peristalsis movement and then absent of bowel sounds. Gastroenteritis and recent intestinal obstruction are more likely to be associated with exaggerated bowel sounds while in renal artery stenosis, there is a normal bowel sound.

22. the hernia that occurs at the linea semilunaris is :

- a. epigastric hernia
- b. lumbar hernia
- c. spegelian hernia
- d. femoral hernia
- e. richter's hernia

answer: c

explanation: spegelian hernia is the hernia that occurs at the linea semilunaris. Epigastric hernia is located at the midline in the area between xiphoid process and umbilicus. Lumbar hernia occurs through lumbar triangle which bounded by latissimus dorsi medially, external oblique laterally, and iliac crest inferiorly. Femoral hernia is herniation through femoral ring which bounded by inguinal ligament anteriorly, superior ramus of pubic bone posteriorly, lacunar ligament medially, and femoral vein laterally. Richter hernia its herniation only of antimesenteric wall of the intestine.

23. which scar is mismatched with the true operation :

- a. gridiron incision acute appendicitis
- b. midsternotomy scar coronary artery bypass graft
- c. mercedes benz scar liver surgery
- d. infraclavicular scar mitral valvotomy
- e. pfennisteel scar ceserian section

answer: d

explanation: left sub mammary scar is for mitral valvotomy while infra clavicular scar is for pacemaker implantation.

24. he least likely to have in duodenal ulcer is:

- a. pain worse during fasting
- b. pain associated with NSAIDs
- c. pain localized to epigastric region
- d. pain is constant in nature

answer: d

explanation: duodenal ulcer pain is aggravated by fasting and relieved by eating so it is not constant.

25. which is false:

- a. direct hernia commonly descent to the scrotum
- b. femoral hernia bulges at a point which is below lateral to pubic tubercle
- c. femoral hernia is more common in females than in males
- d. umbilical hernia more common in children
- e. epigastric hernia is at the linea alba .

answer: a

explanation: indirect hernia is descend to scrotum because it passes through inguinal canal which eventually ends at scrotum. Other choices are true.

26. tensmus mainly due to pathology in:

- a. transverse colon
- b. rectum
- c. urethra
- d. prostate
- e. small intestine

answer: b

explanation: tenesmus is increasing in frequency of defecation for small amount of stool. It is one of symptoms that indicates pathology in rectum such as colorectal cancer.

27. Select the incorrect pain:

- a. gallbladder referred to the shoulder
- b. aortic dissection radiated to the bach
- c. ureteric stone radiated to the genitalia
- d. appendicitis shifted to left iliac fossa

answer: d

explanation: pain of appendicitis starts periumbilically then shifted to right iliac fossa as inflammation reaches parietal peritonium which has somatic innervation. Other choices are true.

28. pencil like stool indicates:

- a. irritable bowel disease
- b. rectal cancer

- c. ulcerative colitis
- d. piles
- e. carcinoid tumor

answer: b

explanation: pencil like stool indicates mass in distal part of alimentary canal in this case is rectal cancer. Irritable bowel syndrome is associated with constipation or diarrhea. Ulcerative colitis is associated with diarrhea and sometimes bloody diarrhea. Piles can be associated with constipation if it causes spasm to anal sphincters. Carcinoid tumors occur in small intestine and they have different presentation.

29. all are causes of dysphagia Except:

- a. achalasia
- b. GERD
- c. stricture
- d. diffuse esophageal spasm

answer: b

explanation: GERD may be associated with regurgitation or heartburn but not dysphagia. Achalasia is a muscular problem that is associated with narrowing the distal part of esophagus due to failure of smooth muscle to relax. Stricture due to fibrosis in esophagus at all it will be associated with dysphagia and the same in case of diffuse esophageal spasm.

30. all are causes of acute abdomen Except:

- a. acute appendicitis
- b. diabetic keto acidosis
- c. intestinal obstruction
- d. irritable bowel disease
- e. perforated viscus .

answer: d

explanation: acute abdomen is a condition in which the patient develops sudden very severe abdominal pain that not proportionate with physical finding. The causes of acute abdomen usually is life threatening and needs surgical intervention. Irritable bowel syndrome is not acute abdomen because it is a chronic disease and this disease is functional not anatomical one so it does not associated with severe complication as perforated viscus.

31. All of these are causes of huge splenomealy Except:

- a. chronic myeloid leukemia
- b. myelofibrosis
- c. sickle cell anemia
- d. malaria
- e. thalassemia

answer: c

explanation: sickle cell anemia causes autosplenectomy. in CML and myelofibrosis, there

is a very huge spleen which is one clinical signs for these diseases. Also, spleen is the cause of RBC hemolysis in thalassemia that is why it will be large and in thalassemic patient we remove the spleen to decrease the destruction. In malaria, the spleen will be enlarged due to forming WBC to fight the infection.

32. odynophagia is:

- a. difficult swallowing
- b. indigestion
- c. painful swallowing
- d. vomiting blood
- e. overeating

answer: c

explanation: difficult swallowing is dysphagia. Dyspepsia is indigestion. Odynophagia is painful swallowing. Hematemesis is vomiting blood.

33. which is false in abdominal examination:

- a. you should begin away from the tender area
- b. you should stand at the right of the patient
- c. the typical exposure is from the nipple to midhigh
- d. when you examine for splenomegaly, u start palpation from the left iliac fossa
- e. genitalia examination is an important part of abdominal exam

answer: d

explanation: when we examine for splenomegaly, we start palpation from right iliac fossa because this is the direction of spleen enlargement. Other choices are true.

34. the femoral hernia is :

- a. lateral to femoral vein
- b. medial to femoral artery
- c. medial to femoral vein
- d. lateral to femoral nerve
- e. lateral to femoral artery

answer: c

explanation: Femoral hernia is herniation through femoral ring which bounded by inguinal ligament anteriorly, superior ramus of pubic bone posteriorly, lacunar ligament medially, and femoral vein laterally.

35. in abdominal examination, the least likely to see in a patient with gastric outlet obstruction is:

- a. increased peristalsis
- b. projectile vomiting
- c. venous hump
- d. succession splash
- e. can be caused by chronic duodenal ulcer

answer: c

explanation: : Venous Hum is vibrating sound in the veins and not associated with gastric outlet obstruction (heard above the liver in aeteriovenous malformation , hepatocelluer carcinoma and Alcoholic hepatitis). Gastric outlet obstruction can be due to fibrosis from chronic duodenal ulcer. It is associated with visible pulsation going from left to right obliquely, the vomiting is projectile because this is an organic obstruction, and succession splash is a one clinical sign of gastric outlet obstruction (which is a sound heard by stethoscope after moving abdomen back and forth).

36. if a patient presented with vomiting , u should ask about all of these Except:

- a. vomitous amount
- b. vomitous taste
- c. vomitous color
- d. vomitous contents

answer: b

explanation: vomiting analysis involves is it associated with nausea or not, projectile or not, frequency, amount, content, and color.

37. 65 year old patient presented with abdominal pain, in past history we don't concern to him about :

- a. history of ischemic heart disease
- b. history of recent accident

c. history of diabetes

d. history of upper respiratory tract infection 2 years ago

answer: d

explanation: history of IHD is important because inferior MI can be presented as epigastric pain. History of recent accident is important because may be the cause of abdominal pain due to blood accumulated inside abdominal cavity. History of DM is important because diabetic ketoacidosis can be presented as acute abdomen.

38. Which is mismatched:

- a. duputerene contracture chronic liver disease
- b. melena fresh rectal blood
- c. fine tremor thyrotoxicosis
- d. tenesmus feeling of incomplete evacuation
- e. heartburn gastroesophageal reflux disease

answer: b

explanation: hematochezia is a fresh rectal bleeding while melena is a black tarry shiny stool. Other choices are true.

39. which of the following isn't a sign of chronic liver disease:

- a. clubbing
- b. rest tremor
- c. palmar erythema

- d. spider nevi
- e. gynecomastia

answer: b

explanation: chronic liver disease causes flapping tremor. Other choices occur due to excess estrogen which is associated with chronic liver disease.

40. the commonest type of hernia in males , females and children respectively is:

- a. indirect inguinal, femoral, umbilical
- b. indirect inguinal , femoral, direct inguinal
- c. direct inguinal , femoral , umbilical
- d. indirect inguinal, indirect inguinal, indirect inguinal
- e. direct inguinal, indirect inguinal , umbilical

answer: d

explanation: indirect inguinal hernia is the commonest type of hernia in all ages and in both ages.

41. About the transpyloric plane which is true :

- a. It's at the level of the hilum of the kidney .
- b. It's located below the subcostal line .

answer: a

explanation: transpyloric plane locates at level of L1 and there are six important structure locates at this plane; pylorus of the stomach, superior mesenteric artery, helium of left kidney, superior pole of right kidney, fundus of gallbladder, and neck of pancreas. The subcostal line is at level of L3.

42. About stones in the common bile duct, all are true EXCEPT :

- a. episodic pain with 2-3 min for each episode.
- b. constant pain.

Answer: b

Explanation: the pain that is associated with gallstone is colic nature means it comes and goes according to contraction of gallbladder to overcome the obstruction.

43. ALL are TRUE regarding femoral hernia EXCEPT :

- a. Hernial sac is lateral to femoral vein .
- b. more common in females .
- c. has a narrow neck .

answer: a

explanation: hernial sac is medial to femoral vein which forms the lateral border of femoral ring. Femoral hernia is more common in female due to wide pelvis. It has narrow neck because the boundary of femoral ring all are rigid.

44. Sitophobia means:

- a. Fear of eating because it will cause pain
- b. Fear of eating because it will cause weight gain

answer: a

explanation: sitophobia is fear of eating because it will cause pain. Anorexia nervosa is fear of eating because it will cause weight gain.

45. All the following about gallbladder stone pain true except...

- a. Poorly localized
- b. Usually nauseating
- c. Relieved by diclofenac
- d. Exacerbated by food

answer: a

explanation: pain of gallstone is found in the right upper quadrant, has a colic nature, associated with nausea and vomiting, aggravating by eating, and can be relieved by analgesic such as diclofenac.

46. which of the following we don't ask about it in past history of patient has an abdominal pain:

- a. gastritis in the past 2 year
- b. using of NSAID for the last 3 months
- c. appendectomy 15 years ago
- d. trauma or accident

answer: (I think) a

explanation: using of NSAID can indicate peptic ulcer which enters in DD of abdominal pain. Appendectomy can be associated with adhesion as a complication of surgery which can cause intestinal obstruction. Trauma or accident can be associated with intraabdominal hemorrhage which causes abdominal pain. Treated gastritis is usually not associated with complication.

47. One of the following located in the L1/L2 transpyloric line:

- a. hilum of the left kidney
- b. neck of the pancreas
- c. portal vein
- d. the upper part of the pylorus

answer: a ???

explanation: all these structures pass through transpyloric plane. May be neck of the pancreas, portal vein, and the upper part of the pylorus are located at level of L1 while hilum of left kidney locates slightly lower at level of L1/L2 (may be).

48. One of the following is not part of the presentation for a patient has gastritis:

- a. pain localized in the epigastric area
- b. relieved by vomiting
- c. associated with nausea
- d. aggravating with fasting

answer: a

explanation: gastritis does not cause epigastric pain unless it is associated with ulcers. Other choices are true.

49. Superficial palpation used to feel except :

- a. masses
- b. tenderness
- c. ascitis
- d. tone
- e. guarding

answer: c

explanation: by superficial palpation, we comment on superficial tenderness, masses and muscle tone. Ascites is determined during percussion by two methods; shifting dullness and transmission thrill.

50. When you palpate the abdomen, what is true:

- a. to look at the patient's face for a grimace when there is tenderness.

Answer: a

Explanation: this is a one rule when do abdominal examination.

51. all of the following cause lower abdominal pain except :

- a. diarrhea
- b. burning during micturition
- c. amenorrhea
- d. constipation
- e. heat intolerance

answer: e

explanation: heat intolerance indicates hyperthyroidism which can cause diarrhea due to increase in intestinal motility not due to GI pathology so this diarrhea is not associated with abdominal pain.

52. The wrong sign for acute appendicitis:

- a. rovsings sign
- b. obturator sign
- c. Iliopsoas sign
- d. guarding sign
- e. Cullen's sign

answer: e

explanation: Cullen's sign is a sign of acute pancreatitis. Other choices are signs for acute appendicitis. Guarding sign is due to pain from acute appendicitis.

53. During the auscultation of the abdomen, all of the followings are true except:

- a. A bruit may be heard in renal artery stenosis.

- b. Venous hum may be heard in portal hypertension.
- c. In hepatoma, a bruit may be detected.
- d. Friction sounds may be heard in perisplenitis.
- e. Increase in the intensity and the frequency of the bowels' sounds is associated with paralytic ileus.

Answer: e

Explanation: paralytic ileus is associated with absence of bowel sound. Friction rub is any sound produces from friction between parietal and visceral layer and perisplenitis will produce this sound because it is a part of peritoneum. Hepatoma and renal artery stenosis can cause bruit. Portal hypertension enters in DD of venous hum.

54. Grey-Turner sign is caused by:

- a. Acute pancreatitis

answer: a

55. Which of the following is correct

- a. Campbell de Morgan spot are normal in elderly
- b spider angiomas are associated with chronic liver disease
- c. Petechiae result from fat embolism

answer: a (a is the doctor's answer but also b and c are correct)

explanation: campbell de Morgan spot is also called senile angioma, appears spontaneously with age, and they do not need any treatment. Spider angiomas is also called spider nevi, can be sign of chronic liver disease if it is multiple, but also can occur in other pathology and can be normal. Petechial rash is one of major criteria to diagnose fat embolism.

56. A patient presented with abdominal pain, after esophagogastroduodenoscopy he was diagnosed as having an acute duodenal ulcer, which of the following couldn't be in the patient history:

- a. Pain is relieved by fasting
- b. Pain is localized to the epigastric region
- c. Pain increase with cough and inspiration

answer: a (a is the doctor's answer but c is also correct)

explanation: duodenal ulcer is associated with pain is localized to the epigastric region, aggravating by fasting and relieving by food. Also, this pain is not pleuritic so it does not increase with cough or inspiration.

57. A patient presented with abdominal pain, after esophagogastroduodenoscopy he was diagnosed as having an acute duodenal ulcer, which of the following couldn't be in the patient history:

a. The pain is localized to the epigastric region

b. Pain exacerbates by eating

answer: b

explanation: duodenal ulcer pain is aggravated by fasting and relieved by eating while gastric ulcer pain is aggravated by eating and relieved by fasting.

58. Small volume diarrhea indicates a problem in

a. Small intestine

b stomach

c. Duodenum

d. Colon

e. Rectum

answer: d

explanation: small volume diarrhea indicates problem is large intestine (maybe because irritable bowel syndrome is a problem in large intestine and cause small volume diarrhea) while large volume diarrhea indicates problem in small intestine (maybe because malabsorption diseases are mainly a problem in small intestine and these diseases cause a large volume diarrhea)

59. A pain in periumbilical region least likely due to a disease in :

a. Small bowel

b. Right colon

c. Pancreas

d. Ureter

e. Psoas muscle

answer: e

explanation: it is not typical for pancreas and ureter to cause periumbilical pain (means ureter causes flank pain while pancreas causes epigastric pain) but still this pain less likely to be due to psoas muscle.

60. Which of the following is wrong:

a. Umbilical hernias are exclusively found in children

b. Wide defect hernias are associated with more complications

c. Diastasis recti is not a true hernia

d. Anterior abdominal hernias may contain solid organs

e. Epigastric hernia are usually above the umbilicus

answer: d (d is the doctor's answer but b is also correct)

explanation: anterior abdominal hernias can not contain solid organ as liver or pancreas only hollow organs as bowel. Wide defect hernias are associated with less complication as obstruction, strangulation and ischemia.

61. Which of the following is the least important to be included in the history of a patient with gastroenteritis:

3- pain is relieved by defecation.

- a. Hx of Aspirin intake for 2 weeks 7 years ago
- b. Hx of antibiotics intake 2 years ago
- c. Hx of NSAIDs intake 2 years ago
- d. Hx of allergy to penicillin

answer: b (doctor's answer)

explanation: I don't know the explanation. But maybe we can see the gastroenteritis as gastritis and enteritis, in patient with gastritis, it is important to ask about the history of NSAID (aspirin one of them) because NSAID is one of the most important causes of gastritis. There is a condition is called eosinophilic gastroenteritis can be associated with other allergic condition and allergy to penicillin is one of them!!!

62. all cause pleuritic chest pain EXCEPT:

- a. reflux esophagitis

answer: a

explanation: reflux esophagitis is associated with epigastric pain. Pleuritic chest pain is usually due to respiratory causes.

63. A patient presented with abdominal pain , after esophagogastroduodenoscopy he was diagnosed as having gastric ulcer , which one of the following is wrong :

- 1- Pain is localized in epigastric region
- 2- pain is relieved by antacid

Answer: 3

Explanation: peptic ulcer pain has three characteristic: localization to epigastium, relationship to food and recurrence occurrence.

64. A patient presented with abdominal pain , after esophagogastroduodenoscopy he was diagnosed as having gastric ulcer , which one of the following is WRONG :

- 1) Pain increases with fasting
- 2) pain increases with food

Answer: 1

Explanation: pain of gastric ulcer increases with food and decreases with fasting. On the other hand, pain of duodenal ulcer increases with fasting and decreases with food.

65. We don't do bimanual test for :

- 1) Cervix
- 2) Uterine contraction
- 3) Uterine cyst
- 4) Fallopian tube

Answer: 4

Explanation: the only organs that examine by bimanual palpation are submandibular glands,

kidneys, urinary bladder, uterus and ovaries.
Fallopian tube is very far to be examined.

66. Globus hystericus mainly due to :

a. GERD

answer: a

explanation: globus hystericus means sensation of difficulty in swallowing, while not eating. It is caused by inflammation of one or more part of the throat due to GERD.

67. Which of the following is WRONG about gastric outlet obstruction :

- 1) The peristalsis is likely to appear
- 2) Can caused by duodenal ulcer and gastric cancer
- 3) Projectile vomiting
- 4) Palpable thrills

Answer: 4

Explanation: thrill is a palpable heart murmur (grade 4). GOO is associated with a visible peristalsis going oblique from left to the right in upper part of the abdomen. Chronic duodenal ulcer associated with fibrosis or gastric cancer at the outlet of the stomach can cause GOO. Also, the vomiting will be projectile because we deal with organic obstruction.

68. you are taking history from a patient suspected to have peritonitis , this patient can have all of the following except:

a.Patient rolling on the bed

answer: a

Explanation: patients with peritonitis lying down try not to do any movement.

69. one of the following is a mismatch:

a. Ascites- bulging of epigastrium

answer: a

Explanation: ascites associated with diffuse bulging of the abdomen

Pediatric history, physical examination and normal development

1. which is not done in assessing the tone:

- a. ventral suspension
- b. vertical suspension
- c. head lag
- d. posture
- e. deep tendon reflexes

answer: e

explanation: c shape in ventral suspension, slipping in vertical suspension, head lag and posture such as frog like posture all indicate hypotonic baby and are used to assess the tone. Deep tendon reflexes is only done in infant with neurological or muscular abnormalities.

2. all are true about erb's palsy Except :

- a. happens only after CS
- b. is due to damage to C8, T1 nerve roots
- c. the patient cant extend the wrist
- d. sustained medial forearm rotation

answer: I think this question should be all are false except one in this case the answer will be c

explanation: Erbs palsy occurs due to excessive lateral neck flexion away from the shoulder during vaginal delivery not cesarian suction. The lesion involves upper part of brachial plexus specifically C5 and C6. It manifests as sustain medial rotation

of arm, extension and pronation of forearm, and flexion at wrist joint.

3. The Head Circumference of a normal child at 1 year of age is:

- a. 50 cm.
- b. 47cm.
- c. 35 cm.
- d. 52 cm.

answer: b

explanation: the average head circumference is 35 cm, the infant gains 12 cm during his first year.

4. A normal child become 1 m in length at :

- a. 5 years.
- b. 3 years.
- c. 4 years.
- d. 2 years.

Answer: c

Explanation:

	cm	Height velocity
Birth	50	
1 year	25	50% of birth
2 year	12.5	50% of 1 year
3 year	10	2.5 cm less than 2 nd year
4 year	7.5	2.5 cm less than 3 rd year
5 year	5	2.5 cm less than 4 th year

5. The Heart rate of newborn is :

- a. 60 -100.
- b. 90 -140
- c. 110 - 150.
- d. 120 -160.

Answer: d

Explanation:

 15.10 Normal ranges or values for heart and respiratory rate in the newborn		
Sign	Preterm neonate	Term neonate
Heart rate (bpm)	120–160	100–140
Respiratory rate (breaths/min)	40–60	30–50

6. Length at birth is:

- a. 34 cm.
- b. 50 cm.
- c. 35 cm.
- d. 43 cm.

answer: b

explanation: see the table above

7. All are considered as symptoms & signs of hydrocephalus, Except:

- a. irritability.
- b. seizures.
- c. Vomiting.

d. separated sutures.

e. loss of vision.

Answer: e

Explanation: hydrocephalus causes sunset eye not loss of vision. Other choices are related to hydrocephalus.

8. Regarding the vaginal hydrocele, all of the followings are true Except:

- a. The swelling is confined to the scrotum.
- b. The testis and the epididymis are not definable.
- c. The swelling is opaque.
- d. Usually it is not tender.
- e. Feels like a bag of worms.

Answer: (I thick) e

Explanation: hydrocele is the accumulation of fluid within tunica vaginalis. It is associated with heaviness sensation but not pain in scrotal region. The swelling can be opaque if it is calcified. Varicocele is felt like a bag of worms not hydrocele.

9. Neonatal period is:

- a. First 2 weeks.
- b. First 4 weeks.
- c. First 3 months.
- d. First 1 year.

Answer: b

Explanation: first 4 weeks is neonatal period and first year is infancy period.

10. In examination of child, which one is true :

- a. we examine them systemically.
- b. the heart rate and the respiratory rate differ according to the age of the child.
- c. its begin by palpation.
- d. the dr. must stand at the foot of patient.

Answer: b

Explanation: examination of the child does not have systematic approach, it is according to appropriate depending on child condition for example we start with auscultation if the baby claim or we examine the baby while he is in his mother arms.

11. Which one is not examined in the APGAR score :

- a. Heart rate.
- b. Reflex irritability.
- c. Respiratory Rate.
- d. skin color .
- e. muscle Tone.

Answer: c

Explanation: in apgar score we examine the respiratory effort not respiratory rate.

15.4 Apgar score			
Clinical score	0	1	2
Heart rate	Absent	<100 bpm	>100 bpm
Respiratory effort	Absent	Slow and irregular	Good: strong
Muscle tone	Flaccid	Some flexion of arms and legs	Active movement
Reflex irritability	No responses	Grimace	Crying vigorously, sneeze or cough
Colour	Blue, pale	Pink body, blue extremities	Pink all over

12. Which is abnormal in 1 year old boy :

- a. 15 cm liver span.
- b. length is 80 – 90 cm.
- c. Weight is 9 -12 kg.
- d. Head circumference is 47 cm.

answer: a

explanation: at one years average liver span is 6-7, average length is 75 cm, average weight 9-12 kg, average head circumference is 47 cm.

Age	Acceptable span (cm)
Pre term infants	4-5
Healthy term infants	5-6.5
1-5 years	6-7
5-10 years	7-9
10-16 years	8-10

13. Social smile begins at :

- a. 2 months
- b. 5 months
- c. 7 months
- d. 1 year
- e. 9 month

answer: a

explanation: in normal development, the social smile will be at 2 months

14. Mouthing starts at :

- a. 2 months
- b. 5 months
- c. 7 months
- d. at birth

answer: b

explanation: in normal development, the mouthing will be at 5 months.

15. the suture that is between the anterior and posterior fontanel is called:

- a. saggital
- b. coronal
- c. lambdoid
- d. squamous

e. frontal

answer: a

16. all of the following are parts of developmental history Except:

- a. gross motor
- b. fine motor
- c. school performance
- d. social
- e. gestational age

answer: e

explanation: developmental history consists of four parts; gross motor, fine motor, language, and social. Or you can consider language and school performance under cognitive domain.

17. which is abnormal in a 10 year old child:

- a. 110 bpm heart rate
- b. 65 / min respiratory rate
- c. 37.4 C temperature
- d. 120 mm Hg systolic pressure
- e. Hemoglobin = 14 g/dl .

answer: b

explanation: the values of 10 years old child will be similar to adult values so the respiratory rate should be between 12-20 breath/min.

18. the first sign of puberty in female is:

- a. menarche
- b. axillary hair
- c. pubic hair
- d. breast budding

answer: d

explanation: the first sign of puberty in female is breast budding while in male is testicular enlargement.

19. which of the following vaccines isn't given at 91 days :

- a. Hib
- b. HBV
- c. Measles
- d. OPV
- e. IPV

answer: c

explanation: measles is given at 10 months according to JNP. At 3 months the baby is given DTP, HBV, HIB, OPV, IPV, rotavirus vaccine.

20. about shingle , all are true Except:

- a. doesn't cross the midline
- b. caused by herpes zoster
- c. usually starts with with rash for 3 days then severe pain
- d. can affect the ophthalmic division of trigeminal nerve

answer: c

explanation: shingle causes by reactivation of herpes zoster virus, the pain from shingle usually starts before the rash, its rash follow the dermatome so it can not cross the midline, can affect any peripheral nerve.

21. which is not a part of general examination of children :

- a. signs of dehydration
- b. vital signs
- c. signs of respiratory distress
- d. ortolani test
- e. dysmorphic features

answer: d

explanation: ortolani test is a specific test for developmental dysplasia of the hip DDH.

22. transillumination is used in:

- a. hydrocele

- b. direct hernia
- c. indirect hernia
- d. saphina varix
- e. psoas abscess

answer: a

explanation: the scrotum will be transilluminate in hydrocele due to presence of fluid.

23. about examination of children all of these are true Except:

- a. best examined in his mothers arms
- b. percussion is best used to examine the chest
- c. auscultation done before palpation
- d. the cooperation of the child cant be guaranteed
- e. the clinical signs of disease may differ from those of adults

answer: b

explanation: examination of the child does not have systematic approach, it is according to appropriate depending on child condition for example we start with auscultation if the baby claim or we examine the baby while he is in his mother arms. Also, clinical signs may differ from those of adult for example vital signs; respiratory rate normal in certain age may be considered tachypnea in adult. Percussion is disturbing so try to avoid in very young children especially for the chest.

24. a newborn of 12 hours age has jaundice , your next step:

- a. reassurance that its physiological
- b. expose him to light
- c. investigate him quickly
- d. ask about previous deliveries with NICU admissions

answer: c

explanation: remember that jaundice in first day is always considered pathological, so investigate to know the cause quickly, one important causes of jaundice during first day is hemolysis due to ABO or Rh incompatibility.

25. all are normal findings in newborns Except:

- a. capillary refill > 2 seconds
- b. slight anterior fontanel depression
- c. patent posterior fontanel
- d. head lag
- e. moro reflex

answer: a

explanation: normal capillary refill < 2s if it increases this can indicate hypoperfusion may be due to sepsis, normally anterior fontanel is slightly depressed, posterior fontanel is already closed at birth or it can be closed after 6 months, head lag disappears after 3 months, and moro reflex disappears after 4-6 months.

26. all are signs of hydrocephalus Except:

- a. dilated scalp veins
- b. bulging fontanel
- c. sunken eyes
- d. opisthotonus

answer: c

explanation: hydrocephalus is associated with sunset eyes, sunken eyes is a sign of dehydration, other choices are related to hydrocephalus.

27. all are signs of dehydration Except:

- a. delayed capillary refill
- b. dry mucus membranes
- c. sunset eyes
- d. loss of skin turgor
- e. depressed fontanel

answer: c

explanation: dehydration causes sunken eyes while hydrocephalus causes sunset eyes. Other choices represent true signs seen in dehydration.

28. microcephaly is when :

- a. HC/age > 97th centile
- b. HC/age < 3rd centile
- c. HC/age < 50th centile
- d. HC/age < 33rd centile

e. HC < 40 cm

answer: b

explanation: microcephaly when HC/age < 3rd percentile (other sources < 5th percentile) and macrocephaly when HC/age > 97th percentile (other sources > 95th percentile).

29. ortolani and Barlow test are used to screen for:

- a. rickets disease
- b. poliomyelitis
- c. development dysplasia of the hip (DDH).
- d. upper motor neuron lesion

answer: c

explanation: ortolani and Barlow test are done during physical examination to screen for DDH.

30. hydrocele is:

- a. fluid accumulation in tunic albugenia
- b. fluid accumulation in tunica vaginalis
- c. inguinoscrotal bulging of the bowel into the processus vaginalis
- d. usually associated with direct inguinal hernia
- e. always acquired .

answer: b

explanation: hydrocele is fluid accumulation in tunica vaginalis. It can be acquired or congenital, and the congenital one is the main and commonest cause of hydrocele in children. Hydrocele may be associated with indirect inguinal hernia.

31. at 1 year which of the following is false about the normal average of growth and mental development:

- a. length should be about 75 cm
- b. weight should be about 3 times of the birth weight
- c. the baby should speak 2-3 other words than mama and baba
- d. they should have hand predominance (if he is right or left handed) .

answer: d

explanation: hand predominance at infancy indicates neurological abnormality that leads to weakness on the other hand, hand predominance will not appear until age 4 to 5 years. Other choices are normal development in a 1 year baby.

32. which of the following is false about caput succidinum in newborn:

- a. is a localized edema , not hemorrhage
- b. doesn't cross the suture line
- c. disappears within few days
- d. doesn't cause jaundice
- e. no need for admission

answer: b

explanation: It is a serosanguinous, subcutaneous, extra periosteal fluid collection with poorly defined margins, it is caused by the pressure of the presenting part against the dilating cervix. Does not usually cause complications and usually resolves over the first few days. Jaundice may follow cephalhematoma. Management consists of observation only.

33. the most common presentation of the baby is :

- a. cephalic
- b. breach
- c. shoulder
- d. footling

answer: a

explanation: the most common presentation of the baby is the cephalic presentation which represents the normal presentation.

34. the baby start to crawl in :

- a. 5th month
- b. 8th month
- c. 10th month
- d. 3rd month
- e. 1st year

answer: b

explanation: normal development

35. grunting is:

- a. edema in the lungs
- b. congested nose
- c. hoarseness of voice
- d. expiration against partially closed epiglottis
- e. nasal flaring

answer: d

explanation: definition of grunting.

36. All of these are normal in newborn Except :

- a. erythema toxicum
- b. mongolian spot
- c. benign pustular melanosis
- d. impetigo neonatorum
- e. palpable liver

answer: d

explanation: impetigo neonatorum is staph/strep infection which needs treatment and doesn't disappear spontaneously. Other choices are normal findings in newborn.

37. Congenital anomaly of the abdominal wall that closes spontaneously at the age of 4 years :

- a. patent urachus.
- b. patent omphalomesenteric duct.
- c. gastroschisis.
- d. umbilical hernia.

Answer: d

Explanation: usually umbilical hernia in young ages closes spontaneously during first year of life, usually if it does not close during first year, it needs intervention but also some hernias can close even after 1 year. Other choices are congenital anomalies that need surgical intervention.

38. At the age of 6 months which is true?

- a. loss of head lag .
- b. walking .
- c. mature pincer's grasp .
- d. talks more than 2 words .
- e. sits without support .

answer: e

explanation: loss of head lag is at 3 months, walking and mature pincer grasp and talk more than 2 words occur at 1 year.

39. In the neonatal period , which is false :

- a. history of asphyxia at birth is not important

Answer: a

Explanation: asphyxia is clinically defined as low apgar score + metabolic acidosis + end organ damage. It is very important to ask about it in neonatal history because its associated with lot of complication.

40. the definition of still birth is:

- a. Death after the age of viability
- b. death of the fetus or embryo before the age of viability

answer: a

explanation: Miscarriage; The expulsion of the fetus before it reaches viability may be spontaneous or induced (termination of pregnancy). Stillbirth; a baby delivered after 24 weeks that does not breathe or show any other sign of life.

41. How to take the head circumference:

- a. the widest antero-posterior diameter of the head

answer: a

explanation: this is the true method to take HC

42. MMR vaccine is given in the:

- a. 12th and 18th months
- b. 91st and 121st day

- c. 1st month
- d. 10th month
- e. 18th month

answer: a

explanation: MMR vaccine is given two times one at age 1 year and the second at age 1.5 year.

43. a mother brought her newborn to the clinic said that her 1.5 day old baby has milk nipple discharge , you should:

- a. do prolactin hormone level
- b. admit to NICU
- c. reassure the mother that is normal (twitch's milk) .
- d. tell the mother to stop breast feeding

answer: c

explanation: this is normal finding in newborn occurs due to exposure of newborn to his mother estrogen while he is inside the uterus.

44. mother came to you complaining that her baby is very loose, one of the following is indicator of hypotonia:

- a. Excessive head lag

answer: a

explanation: excessive head lag, c shape in ventral suspension, slipping in vertical suspension and certain posture such as frog line posture all indicate hypotonic baby.

45. Inspection of children includes all except :

- a. skin turgor
- b. Nutrition status
- c. Dehydration signs
- d. Dysmorphism

answer: a

explanation: skin turgor is part of dehydration signs and is done by make a skin fold in the sternal area (so not by inspection needs palpation).

46. Which of the following is not part of the head examination of a child:

- a. Head shape
- b. Hair line
- c. Red reflex
- d. Swellings in the scalp
- e. Sutures

answer: c

explanation: red reflex is a part of eye examination. Other choices are true parts of head examination. Head shape whether microcephaly or macrocephaly can indicate certain pathology. Hair line if it is low for example can indicate Turner

syndrome. Swelling of the scalp can indicate caput succidenium or cephalhematoma. Suture can indicate bone and cartilage pathology.

47. When examining a child :

- a. You should be systematic
- b. You should be firm so that the baby obeys your orders
- c. The baby should be in a supine position with flexed knees
- d. Planter reflex is usually assessed in children
- e. The widest anteroposterior diameter is called Head Circumference

answer: e

explanation: HC is measured from the widest anteroposterior diameter of the head. Planter reflex is usually assessed in age less than 1.5 years otherwise we perform it if the history suggests neurological problems. Other choices are false obviously.

48. Which of the following is peculiar to pediatrics:

- a. History of early death in the family
- b. History of DM & hypertension in the family
- c. History of secondary Smoking
- d. History of pets around the house

answer: a

explanation: history of early death in the family which can indicate hereditary disorders so it is very important to ask about them to diagnose them earlier and start treatment earlier so the outcomes become better such as cystic fibrosis.

49. Which of the following is not part of the developmental assessment of children:

- a. Cognitive function
- b. Gross motor
- c. Fine motor
- d. Social skills
- e. Primitive reflexes

answer: e

50. all are normal in pediatrics except :

- a. Apex beat at 4th ICS just to the left of mid-clavicular line
- b. Liver size varies with age
- c. Palpable spleen
- d. Splitting of second heart sound
- e. Radio femoral delay is an abnormal finding
- f. all are true

answer: f

explanation: The Apex beat in the newborn infant is in the 4th intercostals space in, or slightly lateral to, the mid-clavicular line or nipple line; after the

age of 2 years i.e. from the 3rd year it is usually in the 5th intercostals space in or just medial to mid-clavicular line. A palpable spleen is not unusual in normal children.

51. Full-term pregnancy:

- a. 37-42 weeks

answer: a

explanation: full-term pregnancy is 37-42 weeks. Before 37 weeks is preterm. After 42 weeks is post-term.

52. All are NORMAL in 1 year old child except :

- 1) Liver span 10 cm
- 2) Ant. Fontanel is flat and 0.5 cm
- 3) Height increases in 50% folds according to age and sex
- 4) Heart apex at the 4th intercostal space
- 5) Both testicles will be felt in the scrotum

Answer: 1

Explanation:

Age	Acceptable span (cm)
Pre term infants	4-5
Healthy term infants	5-6.5
1-5 years	6-7
5-10 years	7-9
10-16 years	8-10

53. Which of the following isn't RED FLAG :

- 1) One dominant hand on the edge of 1 y/o child
- 2) Appearance of parachute reflex at 10 months

Answer: 2

Explanation: hand predominance at infancy indicates neurological abnormality that leads to weakness on the other hand, hand predominance will not appear until age 4 to 5 years.

54. Which one of the following is WRONG :

- a. Undress the baby completely at the beginning of the physical examination

answer: a

55. Which of the following is CORRECT about ant. Fontanel :

- a. It is diamond in shape and is formed between the coronal and sagittal sutures

Answer: a

56. Which of the following we won't ask in vaccination history :

- 1) Vaccine complications
- 2) Vaccine program

3) Vaccine route of admission

4) Any additional vaccines

Answer: 3

Explanation: in general, vaccines have a specific fixed route of admission.

57. Which of the following is WRONG :

- a. Postural reflexes appears at age of 2 months

answer: a

58. Which one of the following isn't primitive reflex :

- 1) Parachute
- 2) Sucking
- 3) Moro
- 4) Rooting
- 5) Asymmetrical neck tonic reflex

Answer: 1

Explanation: parachute reflex is one of righting and postural reflexes

Surgery (peripheral vascular disease history and physical examination)

1. Which one is WRONG about peripheral pulses :

- a. The pulse of the posterior tibial artery is examined between the lateral malleolus and the heel.
- b. dorsalis pedis pulse examined in the middle of the dorsum of the foot lateral to extensor hallucis longus muscle.
- c. popliteal pulse examined in the popliteal fossa.
- d. posterior tibial artery examined between the medial malleolus & the heel.

Answer: a

Explanation: the pulse of posterior tibial artery is examined between medial malleolus and heel.

2. One of these is less suggestive of DVT:

- e. distended superficial veins.
- b. Pain.
- c. Calf tenderness.
- d. increased temperature.
- e. Shiny skin.

Answer: e

Explanation: shiny skin is a sign of peripheral arterial diseases (ischemia), for other choices chronic venous insufficiency which causes DVT can lead to distended superficial veins due to abnormality in deep venous system drainage, pain

and calf tenderness due to edema, increased temperature due to stasis of blood.

3. Which of the following is false regarding the symptoms of acute limb ischemia:

- a. Perishing cold
- b. Pale (with empty veins)
- c. Parasthesia (that later develops into tenderness)
- d. Paralysis
- e. Pulselessness

answer: c

explanation: paresthesia means abnormal sensation and its not related to tenderness, the signs of acute lower limb ischemia (6 P) are perishing cold, pain, pale, paresthesia, pulselessness, and paralysis.

4. Not a sign of lower limb ischemia:-

- a. glistening.
- b. cold.
- c. hair loss.
- d. excessive sweating.

Answer: d

Explanation: lower limb ischemia is associated with coldness, these are signs of chronic lower limb ischemia be aware to be able to differentiate them

from signs of acute lower limb ischemia (6 P), glistening means shiny skin.

5. all of these are signs of lower limb ischemia Except :

- a. pulselessness
- b. paralysis
- c. coldness
- d. pallor
- e. pyrexia

answer: e

explanation: the signs of acute lower limb ischemia (6 P) are perishing cold, pain, pale, paresthesia, pulselessness, and paralysis. Pyrexia means fever and not related to lower limb ischemia.

6. All are risk factors for varicose veins in the lower limbs except:

- a. pregnancy .
- b. thrombophlebitis .
- c. ascites .
- d. abdominal lymphadenopathy .

answer: b

explanation: thrombophlebitis is one of varicose vein complication not risk factor for varicose vein, other choices prevent the return of blood from lower limb toward heart so this will lead to stasis and dilatation of veins.

7. According to the Fontaine classification of chronic arterial ischemia, developing intermittent claudication after walking 100m would be in which stage:

- a. Stage I
- b. Stage IIa
- c. Stage IIb
- d. Stage III
- e. Stage IV

answer: c

explanation: *Fontaine classification of lower limb ischemia : stage I : asymptomatic

stage II : intermittent claudication stage III : night/rest pain stage IV : tissue loss (ulceration/gangrene) * stage II is further subdivided into two classes:

IIa : If the claudication distance is more than 200 meters IIb : if it's less than 200 meters

8. Regarding pulses of the lower limbs all are true except :

- a. higher pressure than brachial artery.
- b. there is only one method for the popliteal artery.
- c. there are variations between people in the posterior tibial artery.
- d. femoral pulse is located below the mid inguinal point.

Answer: b

Explanation: there are three methods to palpate popliteal artery (flex the patient knee to 135 degree or straight leg or prone position), pressure in lower limb higher than the pressure of upper limb due to gravity effect, the variation between people in posterior tibial artery is relatively common, femoral pulse is located below mid inguinal point which represents the halfway between anterior superior iliac spine and pubis symphysis (be aware to differentiate it from mid inguinal ligament which represents the halfway between anterior superior iliac spine and pubic tubercle where deep inguinal ring is present)

9. Which of the following is the best sign for chronic ischemia:

- a. intermittent claudication

answer: a

explanation: asymptomatic, intermittent claudication, pain at rest and ulcers and gangrene all are signs of chronic lower limb ischemia.

10. what is wrong about true aneurysm :

- a. involves all layers
- b. occurs mostly in veins
- c. most common complication is rupture
- d. hypertension is an important risk factor

answer: b

explanation: aneurysm more common in arteries than in veins, other choices are true.

11. all of these pulses are palpated in lower limbs Except:

- a. femoral
- b. popliteal
- c. peroneal
- d. dorsalis pedis
- e. posterior tibial

answer: c

explanation: in the lower limb we can palpate (from proximal to distal); femoral artery, popliteal artery, posterior tibial artery and dorsalis pedis.

12. all of these are causes of varicose vein Except:

- a. deep vein thrombosis
- b. pregnancy
- c. retroperitoneal fibrosis
- d. ascites
- e. ovarian cyst
- f. none of the above .

answer: f

explanation: all these are risk factors for varicose vein not causes, causes of varicose vein is divided in to primary (idiopathic or familial) and secondary causes (venous outflow obstruction or reflex).

13. all of these are in the ddx list of unilateral leg swelling Except:

- a. nephrotic syndrome
- b. deep venous thrombosis
- c. ruptured backer's cyst
- d. cellulitis
- e. trauma

answer: a

explanation: heart failure, liver cirrhosis, nephrotic syndrome and hypothyroidism enter in DD of bilateral leg swelling while other choices enter in DD of unilateral leg swelling.

14. all are characterstics of venous ulcer Except:

- a. warm
- b. lipodermatosclerosis
- c. base with granulation tissue
- d. bilateral
- e. women predominance

answer: d

explanation:



6.41 Clinical features of venous and arterial ulceration

Clinical feature	Venous ulceration	Arterial ulceration
Age	Develops at age 40–45 but may not present for years; multiple recurrences common	First presents in over-60s
Sex	More common in women	More common in men
Past medical history	Deep vein thrombosis (DVT) or suggestive of occult DVT, i.e. leg swelling after childbirth, hip/knee replacement or long bone fracture	Peripheral arterial disease, cardio- and cerebrovascular disease
Risk factors	Thrombophilia, family history, previous DVT	Smoking, diabetes, hypercholesterolaemia and hypertension
Pain	One-third have pain (not usually severe) that improves with elevating the leg	Severe pain, except in diabetics with neuropathy; improves on dependency
Site	Gaiter areas; usually medial to long saphenous vein; 20% are lateral to short saphenous vein	Pressure areas (malleoli, heel, fifth metatarsal base, metatarsal heads and toes)
Margin	Irregular, often with neoeppithelium (appears whiter than mature skin)	Regular, indolent, 'punched out'
Base	Often pink and granulating under green slough	Sloughy (green) or necrotic (black), with no granulation
Surrounding skin	Lipodermatosclerosis always present	No venous skin changes
Veins	Full and usually varicose	Empty with 'guttering' on elevation
Swelling (oedema)	Usually present	Absent
Temperature	Warm	Cold
Pulses	Present, but may be difficult to feel	Absent

15. All are true about intermittent claudication Except :

- a. occlusive vascular disease
- b. initiated by exercise
- c. reproducible
- d. relieved by supine position
- e. cramp like

answer: d

explanation: intermittent claudication is a cramping pain occurs in lower limb mainly calf muscle aggreivatting by movement relieving by rest

and reproducible. Supine position can increase it due to poor perfusion.

16. radiofemoral delay is characteristic for:

- a. aortic aneurysm
- b. MI
- c. coarctation of aorta
- d. popliteal artery aneurysm
- e. marfans disease

answer: c

explanation: pulse reaches to radial artery before it reaches to femoral artery due to narrowing in aorta at the level of ductus arteriosus insertion (coarctation of aorta).

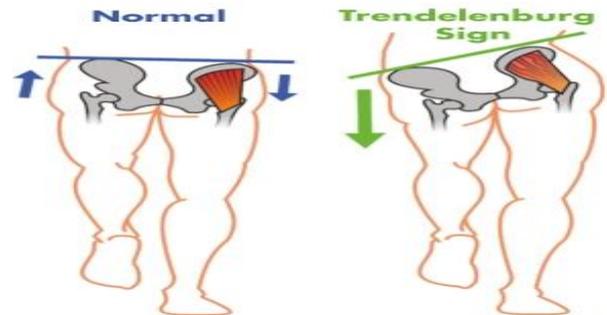
17. trendelenberg's sign is due to injury to:

- a. abductor muscles of the thigh (gluteus medius and gluteus minimus).
- b. adductor muscles of the thigh
- c. hamstring muscles
- d. quadriceps femoris

answer: a

explanation: trendelenberg sign is said to be positive if when standing on one leg the pelvis drops on the side opposite to the stance leg (be aware not to confuse with trendelenberg test which is a test of the valves of the leg veins; the leg is raised above the level of the heart until the veins

are empty and is then rapidly lowered; in varicosity and incompetence of the valves the veins will at once become distended, but placement of a tourniquet around the leg will prevent distention of veins below the incompetent perforators or valves below the tourniquet.).



18. Positive trendelenberg's sign is due to injury of :

- a. Gluteus medius muscles of the thigh at weight bearing side.
- b. Gluteus medius muscles of the thigh at not weight bearing side.
- c. Gluteus maximus at weight bearing side
- d. Gluteus maximus at not.weight bearing side.

Answer: a

Explanation: above

19. DVT in LL results in except:

- a. shiny skin
- b. skin atrophy

answer: (I think) a

explanation: shiny shin and skin atrophy both are associated with peripheral arterial diseases. May be there is no skin atrophy in DVT because after DVT fibrosis occurs and blood supply to skin still preserved so there is no cause for skin atrophy to occur.

20. Which is true :

a. ruptured aortic aneurysm causes pain in back btw scapulae

answer: a

explanation: aortic aneurysm causes abdominal pain but also causes a back pain due to erosion of lumbar vertebrae. I think if it is ruptured the bleeding will cause irritation to phrenic nerves and then causes a pain in the back between the scapulae.

21. Chronic venous insufficiency causes all of the following except :

- a. Hyperpigmentation of surrounding skin
- b. Ulcer on medial aspect of ankle
- c. Gangrene
- d. Pitting edema

answer: c

explanation: hyperpigmentation of surrounding skin due to accumulation of hemosiderin. Ulcer on medial aspect of ankle also is called gaiter area which is the area contains less amount of muscle and then fluid is accumulated. Pitting edema

because the lymphatic drainage and to some extend venous system work efficiently. Gangrene is associated with peripheral arterial diseases.

22. all risk factor of DVT EXCEPT:

- a. obesity
- b. malignancy
- c. past history of DVT
- d. stroke
- e. DM

answer: e

explanation: the risk factors of DVT are classified under one of three categories (Virchow's triangle); stasis (obesity), vascular injury (past history of DVT) , hypercoagulable state (malignancy, , stroke).

23. Expansile pulsation is seen with :

- a. Aortic aneurysm

answer: a

24. Which of the following is WRONG :

- a. Expansile pulsation will be seen normally in thin people

answer: a

Explanation: expansile pulsation indicated aneurysm. what is normal in thin people is to be able to feel pulsation of aorta which is normal pulse.

25. The most common site for aortic aneurysm

- 1) Aortic arch
- 2) Descending aorta
- 3) Ascending aorta
- 4) Suprarenal aorta
- 5) Infrarenal aorta

Answer: 5

26. the most common site for arterial embolism :

- 1) Iatrogenic
- 2) Atherosclerosis
- 3) Embolus from neighboring veins
- 4) Cardiac thrombus

Answer: 4

Explanation: be aware that there is a difference between arterial and venous embolism. For venous embolism, the most common site is thrombus from deep venous system of the lower limb while in arterial embolism, the most common site is cardiac thrombosis.

27. Which of the following is WRONG about chronic veins insufficiency :

- 1- Pain will relieve by extending the leg
- 2- ulceration in heel and toe

Answer: 2

Explanation: venous ulcers mainly occur in gaiter area of leg.

28. Which of the following isn't correct :

- 1) Chronic lymphedema is pitting
- 2) Day – to –day lose in weight is effective treatment
- 3) Subcutaneous edema will appear after losing 15% of body weight

Answer: 1

Explanation: chronic lymphedema is non pitting

Surgery (genitourinary system history and physical examination)

1. In acute urinary retention, All are true, Except:

- a. Enlargement is asymmetrical.
- b. there is subrapubic pain.
- c. inability to pass urine .
- d. gentle pressure on it exacerbate the patient desire to micturate.
- e. the bladder is always dull.

Answer: a

Explanation: in acute urinary retention, the enlargement will be symmetrical because all the bladder is filled with urine. Also, this will cause the bladder dull during percussion. And there is a very severe pain certainly in subrapubic region.

2. DRE palpate all of the following, Except ?

- a. urethra.
- b. prostatic base.
- c. the cervix in the female .
- d. sacrum and the coccyx.
- e. hemarroids and seminal vesicle .

answer: e

Explanation: hemorrhoids is confirmed by visual Proctoscopy. Seminal vesicle can not be palpable by DRE.

3. Which one of the following isn't a painful swelling in the scrotum :

- a. epididymal cyst
- b. testicular torsion
- c. epididymo-orchitis
- d. varicocele

answer: a

Explanation: in scrotal condition, epididymal cyst and hydrocele are painless condition. Testicular torsion pain is continuous and very severe. Epididymo-orchitis is inflammation so there is a pain. Varicocele is associated with dragging-like or aching pain.

4. the commonest cause of hematuria in males is :

- a. transitional cell carcinoma (TCC) .
- b. BPH
- c. UTI
- d. bleeding tendency

answer: b

Explanation: BPH is very common in males and it can be associated with microscopic hematuria. I think the commonest cause of hematuria in males is BPH but in both sexes is UTI.

5. which of the following isn't classical in cystitis :

- a. burning sensation
- b. fever and vomiting
- c. suprapubic pain
- d. hematuria
- e. frequency

answer: b

explanation: cystitis is unlikely to be associated with fever and vomiting, pyelonephritis is associated with these symptoms. Other choices are classical symptoms for cystitis.

6. the best imaging test for ureteric stone is :

- a. MRI
- b. ultrasound
- c. MRCP
- d. non-enhanced CT-scan
- e. enhanced CT-scan

answer: d

explanation: the gold standard investigation to diagnose ureteric stones is non enhanced CT scan.

7. which is mismatched:

- a. transitional cell carcinoma painless hematuria

b. urethral stricture terminal hematuria

c. ureteric stone total hematuria

d. nephrotic syndrome proteinuria

answer: b

explanation: initial hematuria is due to problem in urethra. Terminal hematuria is due to area of the bladder neck or prostatic urethra. While total hematuria occurs in problem in bladder or upper urinary tract.

8. About ureteric stones which is false :

- a. commonly cause peritoneal symptoms.
- b. pain radiates to the genitalia.
- c. cause irritative urinary symptoms.

Answer: a

Explanation: peritoneal symptoms such as somatic pain, guarding, rigidity and absent of bowel sound, these symptoms does not occur in case of ureteric pain because the ureter is a retroperitoneal structure. Pain can radiate to genitalia. And ureteric pain can cause irritative urinary symptoms such as frequency, urgency, and nocturia if the stone impacts in intramural part of ureter.

9. All are contents of the spermatic cord except:-

- a. ilio-inguinal nerve.
- b. testicular artery.

- c. cremasteric muscle.
- d. testicular vein.
- e. vas deferens.

Answer: c

Explanation: spermatic cord is covered by three layers; external spermatic cord, cremasteric muscle, internal spermatic cord. Contents of spermatic cord are: 3 arteries; testicular artery, cremasteric artery, artery to vas deferens. 3 nerves; genital branch of genitofemoral nerve, sympathetic and visceral afferent fibers, ilioinguinal nerve. 3 other structures; pampiniform plexus, vas deferens, testicular lymphatics.

10. All are causes of inguinoscrotal swelling except:

- a. indirect hernia .
- b. hydrocele .
- c. varicocele .
- d. TB in vas deferens .
- e. none of the above .

answer: e

explanation: all these conditions enter in DD of inguinoscrotal swelling.

11. Everything is true in lower urinary tract symptoms EXCEPT :

- a. Hesitancy: difficulty in initial void .

- b. Chronic retention: accumulation of residual urine .
- c. Stress incontinence: escaping urine during valsalva .
- d. intermittency : weak stream .

answer: d

explanation: intermittency means discontinuous urine stream. Other definitions are true.

12. Which of the following terms is mismatched with its definition:

- a. Urgency: feeling of impending incontinence
- b. Frequency: periods between urination less than 2 hours
- c. Intermittency: partial fluctuation in urine stream
- d. Nocturia: waking from sleep to urinate
- e. Straining: the use of abdominal muscles to conclude urination

answer: e

explanation: straining is not necessary to conclude urination, it also occurs at beginning and during urination.

13. All of the followings are causes of acute painful scrotal swelling except:

- a. torsion of the testis
- b. Testicular tumor

- c. epididymal cyst
- d. varicose veins
- e. 180 degree torsion of the hydatids of Morgagni

answer: b

explanation: epididymal cyst can cause acute intractable age in young ages otherwise it is painless. Testicular tumors can cause pain if hemorrhage occurs. Varicose veins are associated with drugging pain. Torsion is very painful condition because it is associated with ischemia.

14. All the following are true about ureteric pain except:

- a. patient cannot find comfortable position
- b. sever initially
- C. mid-ureter pain radiating to periumbilical area
- d. intermittent
- e. area of radiation can reflect level of the pain

answer: c

explanation: in ureteric pain, the patient is rolling over the bed try to find position to decrease severe pain. Ureteric pain is a colicky pain so start sever then decrease until disappear. If the stone impacts in upper ureter then the pain in flank area. But if the stone impacts in mid ureter then the pain will be in flank and radiate to lumber and groin area. If the stone pass the true pelvis then the pain will be in genetalia area.

15. All of the following are true except:

- a. It is normal to find the left kidney higher than the right kidney
- b. Bimanual examination of the kidney can be used to detect small masses

answer: (I think) a and b are correct

16. In acute urinary retention all true except :

- a. If it continued for weeks it will become chronic
- b. Rare in females
- c. Pain is due to the stretch of the peritoneum
- d. By DRE , size of prostate is not related to degree of obstruction
- e. Urinary out flow obstruction is a more general term

answer: a

explanation: acute urinary retention can not continue for weeks, it is an emergency. Other choices are true.

17. Which of the following is wrong:

- a. Hypoplasia of the scrotal skin might be associated with undescended testes.
- b. The scrotum is firm to hard
- c. Positive Prehn's sign indicates testicular torsion

answer: c

explanation: Prehn's sign is used to differentiate if the testicular pain due to testicular torsion or epididymitis. Positive Prehn's sign means the pain is decreasing with lifting testis and this indicates epididymitis (lifting testis will enhance venous return so the edema decreases and the pain decreases). Negative Prehn's sign means the pain is still the same with lifting testis and this indicates testicular torsion.

18. Which of the following is false:

- a. Uroflowmetry is more accurate than IPSS score
- b. Ultrasound assessment of the kidney is considered an extension of physical exam
- c. In children the bladder is an abdominal organ.
- d. Percussion is more accurate than palpation in assessing a full bladder
- e. Percussion of the bladder is from the umbilicus downe.

Answer: a

Explanation: depending in symptoms that patient complains from them by IPSS is more accurate than numbers that are obtained from uroflowmetry to assess the degree and severity of the obstruction. Also, IPSS sees the problem during duration of time for example month and assess the quality of life for the patient due to these symptoms which can not be obtained by simple uroflowmetry.

19. All of the following will be found in patients with pericarditis except :

a.He will keep moving on the bed

answer: a

Explanation: patient with pericarditis will be leaning forward to relieve the pain. Moving on the bed is one characteristic of renal colic due to ureteric stones.

20. Which of the following is CORRECT :

a. Patient with chronic urinary retention is best examined by percussion

answer: a

explanation: percussion is more accurate than palpation in the examination of the urinary bladder.

21. All of the following is true about testis examination except:

a. Dilated pampiniform plexus is expected in puberty.

Answer: a

Explanation: dilation of pampiniform plexus is a pathology called varicocele.

Surgery (head and neck history and physical examination)

1. All of these are eye signs of grave's disease

Except:

- a. ptosis
- b. chemosis
- c. exophthalmus
- d. lid lag
- e. lid retraction

answer: a

explanation: grave's disease is associated with retro orbital fat which leads to proptosis (exophthalmos). This exophthalmos causes chemosis, lid lag and lid retraction. Ptosis occurs in case of third nerve palsy, muscle weakness as in myasthenia gravis and failure of levator muscle tendon to insert in eyelid.

2. which of the following is mismatched :

- a. dermoid cyst midline
- b. thyroglossal cyst protrusion of the tongue
- c. cystic hygroma congenital and midline swelling
- d. branchial cyst lateral swelling
- e. grave's disease diffuse goiter

answer: c

explanation: DD for central neck mass are dermoid cyst, thyroglossal cyst and goiter whereas DD for lateral neck mass are dermoid cyst, cystic hygroma and branchial cyst. The mass that is due to thyroglossal cyst moves with protrusion of the tongue. Dermoid cyst occurs at any point in the mid-line of the trunk, but are particularly common in the neck and face, along the lines of fusion of the ophthalmic and maxillary facial processes, and at the inner and outer ends of the upper eyebrow.

3. A 5 cm mass in a 15 years old child, in the anterior aspect of the neck, covered slightly by the

Sternocleidomastoid muscle, and doesn't move with swallowing is:

- a. thyroid swelling
- b. thyroglossal cyst
- c. Dermoid or sebaceous cyst.
- d. plunging ranula
- e. enlarged lymph node

answer: c

explanation: thyroid swelling moves with swallowing. Ranula is found at the base of the tongue not in the neck. Thyroglossal cyst does not cover by sternocleidomastoid muscle because it is found in the midline. Unlikely to be due to lymph nodes enlargement because the history does not suggest infection or neoplasm. Dermoid cyst occurs in several area of the body and neck is one of the most common area for dermoid cyst appearance

4. 15 years old boy, with a mass in the anterior triangle covered by the upper third of the sternocleidomastoid , doesn't move with swallowing:

- a. Thyroid swelling
- b. cystic hygroma
- c. enlarged lymph node
- d. Branchial cyst .
- e. plunging ranula

answer: d

explanation: thyroid swelling moves with swallowing. Cystic hygroma is found in base of posterior triangle of the neck. History does not suggest enlarged lymph nodes. Ranula is found in the base of the tongue. Branchial cyst is found in the upper lateral part of the neck covered by the upper third of the sternocleidomastoid.

5. The mass that moves when protruding the tongue is :

- a. dermoid cyst
- b. thyroglossal cyst.
- c. cystic hygroma .
- d. branchial cyst.

Answer: b

Explanation: be aware that if the neck mass moves with tongue protrusion then its thyroglossal cyst while if the neck mass moves with swallowing then its thyroid mass.

6. Thyroid gland moves with swallowing due to :

- a. it is continuous posterolaterally with carotid sheath.
- b. it is covered anteriorly with with infrahyoid muscle.
- c. it is continuous anteriorly with peritrachialias fascia cervicalis.
- d. it's covered by the pretracheal fascia.

Answer: d

Explanation: because pretracheal fascia attaches to laryngeal cartilages and laryngeal cartilages move upwards during swallowing to close the airway. So laryngeal cartilages move so pretracheal fascia moves so thyroid glands moves since pretracheal fascia covers thyroid gland.

7. Not seen in thyrotoxicosis :

- a. Heat.
- b. Sweating.
- c. weight gain.
- d. weight loss.
- e. increased appetite.

Answer: c

Explanation: thyrotoxicosis is associated with weight loss while hypothyroidism is associated with weight gain.

8. A 55 year old female presented with a large mass elevating the ear lobe, mostly its related to:

- a. submandibular gland enlargement
- b. thyroid gland enlargement
- c. parotid gland enlargement
- d. supraclavicular lymph node enlargement

answer: c

explanation: elevating the ear lobe is one clinical sign of parotid gland enlargement since parotid gland is structure near to ear lobe.

9. which is false regarding neck examination:

- a. the neck should be extended
- b. in graves disease, thyroid seems to be irregular
- c. tachycardia in thyrotoxicosis
- d. thyrois moves on swallowing
- e. lymph nodes are important to be examined in neck exam .

answer: b

explanation: in gravis disease, thyroid gland is enlarged diffusely so it will be regular

10. All of the following are causes of a “solitary thyroid nodule”, EXCEPT:

- a. A prominent nodule in a multinodular goiter
- b. Hemorrhage in a thyroid nodule
- c. Hashimoto’s thyroiditis
- d. Anaplastic thyroid cancer

ANSWER: both c and d are correct

Explanation: DD of solitary thyroid nodule are; prominent nodule in a multinodular goiter, thyroid cyst may be contained blood, benign adenoma, cancer as follicular or papillary or medullary one. DD of multiple thyroid nodule are; multinodular

goiter, Hashimoto's thyroiditis, anaplastic thyroid cancer.

11. All of the following indicate malignancy in a thyroid swelling, except:

- a. Hard consistency
- b. Adjacent palpable lymph nodes
- c. Fixity to underlying structures
- d. Retrosternal extension
- e. Hoarseness of the voice

answer: d

explanation: hard consistency and fixity to underlying structures indicate hard growing mass. Adjacent palpable lymph nodes indicates metastasis from adjacent cancer. Hoarseness of voice indicates invasion of recurrent laryngeal nerve. So all these features indicate malignancy except retrosternal extension.

12. All of the following are true regarding multinodular goiter, EXCEPT:

- a. The enlargement is asymmetrical
- b. Sporadic cases occur in the age group 14-25
- c. It contains both hyperplastic and hypoplastic areas.
- d. In patients with myxoedema, thyroid hormones will be deficient.
- e. In long standing goiter, patients are often hypothyroid

answer: b

explanation: multinodular goiter usually has asymmetrical enlargement, which contains both hyperplastic and hypoplastic areas. It can be endemic or sporadic, which its endemic it appears at young age (15-30) while if its sporadic it appears at later age (25-40). Myxoedema: as the follicular hyperplasia and its stimulation subside, the patient is left with a devastated gland that has little normal tissue. Ultimately, its endocrine secretions are inadequate and the patient has a considerable chance of becoming myxoedematous by the time they reach 60 or 70 years of age.

13. In simple hyperplastic goiter, which is false:

- a. Some vegetables are goitrogens
- b. Endemic goiter is common in areas where water comes from rivers.
- c. It is usually associated with symptoms of hyperthyroidism

answer: c

explanation: simple hyperplastic goiter occurs in response to over stimulation of thyroid gland with excessive TSH due to deficiency in thyroid hormones so hyperplastic goiter is associated with hypothyroidism. Some vegetable such as cabbage, sprouts and kale are goitrogens. Endemic goiter is common in areas where water comes from rivers because this water is deficit with iodine.

14. A 15 years old boy presented with a mass in the posterior triangle of the neck, which had appeared 2 years ago, the mass doesn't move with swallowing, the mass is most likely a:

- a. Cystic Hygroma
- b. Branchial Cyst
- c. Sebaceous Cyst
- d. subclavian artery aneurysm

answer: a

explanation: cystic hygroma is presented as a neck mass in base of posterior triangle of neck. . Branchial cyst is found in the upper lateral part of the neck covered by the upper third of the sternocleidomastoid. Sebaceous cyst usually does not appear at young ages because it is slowly growing and the commonest sites for cyst are; scalp, ears, back, face, and upper arm. Subclavian artery aneurysm it should be pulsatile and is found in the posterior triangle of the neck.

15. A 15 years old boy presented with a mass in the anterior triangle of the neck, which had appeared 2 years ago, the mass doesn't move with swallowing, the mass is most likely a:

- a. Cystic Hygroma
- b. Branchial Cyst
- c. Sebaceous Cyst
- d. Subclavian artery aneurysm

answer: (I think) b and c are correct

explanation: Sebaceous cyst usually does not appear at young ages because it is slowly growing and the commonest sites for cyst are; scalp, ears, back, face, and upper arm. Branchial cyst is found in the anterior triangle of the neck, is covered by upper third of sternocleidomastoid, does not move with swallowing. Cystic hygroma is found in the base of posterior triangle. Subclavian artery aneurysm should be pulsatile and is found in the base of posterior triangle of the neck.

16. All occur in thyrotoxicosis except :

- a. palpitation
- b. nervousness
- c. diarrhea
- d. hair loss
- e. hypomenorrhea

answer: d

explanation: thyrotoxicosis is associated with palpitation, nervousness, diarrhea, and scant menstrual period (hypomenorrhea). Hair loss occurs in hypothyroidism.

17. A 15 yrs old boy with a mass in posterior triangle covered partially with the lower third of sternocleidomastoid muscle , not moving on swallowing :

- a. Branchial cyst
- b. Dermoid cyst

c. Thyroid mass

d. Zenker diverticulum (pharyngeal pouch)

e. Thyroglossal cyst

answer: b

explanation: brachial cyst, thyroid mass, and thyroglossal cyst are found in anterior triangle of the neck. Pharyngeal pouch occurs in old ages and is covered by sternocleidomastoid. Dermoid cyst can be found in the posterior triangle of the neck and does not move with swallowing.

18. All of the following is true about neck examination except:

- a. Sternocleidomastoid can be felt when neck extended against resistance

answer: a

Explanation: sternocleidomastoid is felt if the patient try to overcome resistance on the other side of face.

Surgery (breast history and physical examination)

1. the commonest cause of bloody nipple discharge is :

- a. breast cancer
- b. ductal papilloma
- c. ductectasia
- d. fat necrosis

answer: b

explanation: fat necrosis does not cause nipple discharge. Ductectasia which is a pathological dilatation of lactation ducts is associated with greenish discharge. Ductal papilloma is a small benign tumor behind the nipple represents the most common cause of bloody nipple discharge. Breast cancer causes bloody discharge but it is less common than ductal papilloma.

2. all of these are characteristics of fibroadenoma Except:

- a. benign
- b. not painful
- c. related to menses
- d. not tender
- e. mobile

answer: c

explanation: what is related to menses is fibrocystic diseases of breast. Other choices are true characteristic for fibroadenoma.

3. Which is false:

- a. in breast exam we should examine the regional LNs
- b. patient should sit 45 degree
- c. galactorrhea is a sudden release of milk
- d. peau d'orange breast is swollen
- e. gynecomastia is seen in females

answer: e

explanation: gynecomastia means increasing in size of male breast tissue. Other choices are true.

4. all are important to ask in assessing risk factors for breast cancer Except:

- a. family history of breast cancer
- b. smoking and alcohol
- c. oral contraceptive pills
- d. age of menarche
- e. age of the mother at the first childbirth

answer: c

explanation: the use of oral contraceptives, pills or hormones to control menstrual cycle is not very important regarding the risk for breast cancer.

5. the most common cause of a breast mass in a 17 year old female is:

- a. fibrocystic disease
- b. breast cancer
- c. ductectasia
- d. fat necrosis
- e. fibroadenoma

answer: e

explanation: fibroadenoma is benign condition that is most commonly occurs in young ages.

6. About fibroadenoma which is true:

- a. changes with the menstrual cycle.
- b. not movable.
- c. treated with radiation.
- d. tender.
- e. occurs at the age of (13-24) years.

Answer: e

Explanation: fibroadenoma is a benign tumor, occurs in female with young age, very mobile, untender, not related to menstrual cycle and treated by surgical excision.

7. Which of the following is not asked about when taking a history of a breast lump:

- a. Duration
- b. Disappearance
- c. Tenderness

- d. Site
- e. Side

answer: c

explanation: tenderness is a sign not a symptom. An analysis of breast lump, you should ask about associated symptoms and one of associated symptoms is pain.

8. what is false risk factor for breast cancer?

- a. young age of mother in first child.

Answer: a

Explanation: age at the first childbirth, as it is earlier the risk to develop breast cancer will decrease.

9. About breast examination all true except :

- a. Middle axillary LN are most commonly examined
- b. Breast CA. Can extend to supraclavicular LN
- c. Posterior LN also drain the arm
- d. Muscles should be contracted during examination

answer: d

explanation: muscles should be relaxed during examination. Other choices are true.

10. One of the following is a true characteristic of breast mouse:

- a. highly mobile.

Answer: a

11. all are congenital disorder of breast EXCEPT:

- a. extra nipple
- b. hypotrophy
- c. Paget disease of the nipple
- d. polymazia (Abnormal duplication of breasts)
- e. both nipple retraction in 13 y/o girl

answer c

explanation: paget disease of the nipple is melting of the nipple due to breast cancer that migrate to the nipples. Other choices are true congenital anomalies in breast.

12. cyclical pain :

- a. fibrocystic disease of breast

answer: a

explanation: cyclical pain is a one important characteristic of fibrocystic diseases of the breast.

13. Breast abscess mainly appears when woman is :

- a. Lactating

answer: a

explanation: lactation is a risk factor for breast abscess and it is called lactational breast abscess.

14. the commonest site of metastasis from breast cancer is:

- a. Axillary lymph nodes

answer: a

Surgery (wounds and ulcers history and physical examination)

1. All are true about keloids Except :

- a. it will not stop enlarging in size
- b. its more in black skin
- c. mostly in sternum area, deltoid area and post. Auricular area
- d. it doesn't invade the normal skin
- e. 1st injury can be itching, insect bite or burn

answer: d

explanation: all choices are characteristic of keloid. Keloid can invade the normal skin.

2. which of the following ulcers is mismatched with its usual edge shape:

- a. basal cell carcinoma everted
- b. ischemic ulcer punched out
- c. TB ulcer undermined
- d. venous ulcer sloping edge
- e. squamous cell carcinoma everted

answer: a

explanation: basal cell carcinoma is associated with rolling edge and ulcer called rodent ulcer while squamous cell carcinoma is associated with everted edge and ulcer called marjolin ulcer. Other choices are true.

3. the type of collagen predominate in cartilage is:

- a. type 1
- b. type 2
- c. type 3
- d. type 4
- e. type 5

answer: b

explanation: type 1 collagen is found in the skin. Type 2 collagen is found in cartilage. Type 3 collagen is found alongside with type 1 collagen. Type 4 collagen is found in basement membrane. Type 5 collagen is found in cell surfaces, hair and placenta.

4. All of the following delay healing of a sinus except:

- a. Epithelization
- b. Vitamin B12 deficieny
- c. Presence of foreign body
- d. Large output
- e. radiation

answer: b

explanation: vitamin C is associated with delay healing of sinus because vitamin C causes cross linking between collagen fibers which is a very important process for healing.

5. Sinus :

- a. between two cavities..
- b. pathological connection between 2 surfaces
- c. a tract lined by granulation tissue connects between the skin and an abscess

answer: c

explanation: definition of sinus which is a one complication of abscess.

6. All cause delayed healing of a fistula except :

- a. High output from the fistula
- b. Neoplasia
- c. Vitamin C deficiency
- d. Presence of foreign body
- e. Distal obstruction

answer: c

explanation: Vitamin C deficiency has nothing to do with the healing of fistula. this mnemonic: FRIENDS of a fistula doesn't let it heal

F:foreign body R:radiation I:infection
E:epithelialization N:neoplasm D:distal
obstruction S: Short tract (< 2 cm)

7. What is wrong about keloid scar?

- a. develops one year after injury
- b. is no evidence of a genetic predisposition

- c. common in black individuals
- d. Keloid scars are often very painful

answer: b

explanation: The tendency to produce keloid scars is a congenital trait, common in black individuals. often tender to the touch, and it may itch. May develop one year after injury.

8. Fistula can occur between all of the following except :

- 1) Skin-skin
- 2) Skin-canal
- 3) Abscess – skin

Answer: 3

Explanation: abscess-skin this is sinus not fistula

Gynecology history and physical examination

1. all of these can be examined by speculum

Except:

- a. vagina
- b. cervix
- c. cystocle
- d. fallopian tubes
- e. Urethrocele

answer: d

explanation: speculum is a medical tool for investigating body orifices. In genital tract can go through vagina then cervix until uterus but can not reach fallopian tract. And in urinary tract can go through urethra and reaches urinary bladder.

2. the expected date of delivery in the female whose LMP is on 16.6.2011 ,and her cycle was regular, no history of contraception or lactation , is:

- a. 25-1-2012
- b. 23-3-2012
- c. 1-1-2012
- d. 9.3.2012

answer: b

explanation: we calculate the expected date of delivery (EDD) by adding 7 days and 9 months to date of last menstrual period (LMP).

3. the best way to measure the length of the fetus prenatally is:

- a. fundal grip
- b. lateral grip
- c. symphysis fundal height
- d. 1st pelvic grip
- e. 2nd pelvic grip

answer: c

explanation: fundal grip is a way to determine the position of fetus inside the women's uterus and it can use to estimate term fetal weight. Lateral grip is to assess fetal lie. First pelvic maneuver is to determine what fetal part is lying above the inlet or lower abdomen. Second pelvic maneuver is to locate the fetus brow (forehead). So the only maneuver to measure the length of the fetus prenatally is symphysis fundal height.

4. engagement is :

- a. cannot be assessed abdominally
- b. when the widest transverse diameter of the presenting part has passed through the pelvic brim
- c. normally at 36 week in multigravida
- d. normally at 38 week in primigravida

answer: b

explanation: this is engagement definition.

5. A woman had 2 children by 2 Cesarean sections, and one ectopic pregnancy, she is (assuming that she is pregnant right now):

- a. G3P1
- b. G4P3
- c. G4P2
- d. G4P2+1
- e. G1P3

answer: d

explanation: gravidity is the number of times that the woman becomes pregnant (expressed G then the number). Parity is the number of previous pregnancies (expressed in P x+Y) where x represents the number of birth after 24 gestation age and y represents the number of miscarriage, termination, and ectopic pregnancies.

6. the definition of still birth is:

- a. Death after the age of viability
- b. death of the fetus or embryo before the age of viability

answer: a

explanation: stillbirth is the death after age of viability or after 24 gestational age. If the death occurs before 24 gestational age then it is called miscarriage.

7. Menarche means:

- a. budding of the breast
- b. The first menstrual bleeding

c. the last menstrual bleeding

answer: b

explanation: definition of menarche

8. A 60 year-old female presented with anemia, the least likely to ask about:

- a. Age of menarche
- b. Age of menopause
- c. nutrition

answer: a

explanation: age of menopause and nutrition are more likely to be associated with diseases in this age. May be age of menarche is important to ask about it in this age if we deal with cancer.

9. A pregnant woman who had two previous pregnancies and one ectopic pregnancy:

- a. G4P2+1

answer: a

explanation: gravidity is the number of times that the woman becomes pregnant (expressed G then the number). Parity is the number of previous pregnancies (expressed in P x+Y) where x represents the number of birth after 24 gestation age and y represents the number of miscarriage, termination, and ectopic pregnancies.

10. Pregnant lady her LMP 1st September 2015...

EDD?

a. 8th June 2016

answer: a

explanation: we calculate the expected date of delivery (EDD) by adding 7 days and 9 months to date of last menstrual period (LMP).

11. The longitudinal axis of the baby mother called

a. The lie

answer: a

Explanation: the lie describes the longitudinal axis of the fetus related to the longitudinal axis of the mother's uterus.

1. Extreme concavity of lumbar spine is called :

- a. Lordosis.
- b. kyphosis.
- c. scoliosis.
- d. kyphoscoliosis

answer: a

explanation: scoliosis is curvature of the spine in coronal plane (lateral curvature), kyphosis is curvature of the spine in sagittal plane with apex posteriorly (convex from posterior view), lordosis is curvature of the spine in sagittal plane with apex anteriorly (concave from posterior view).

2. turned outward away from the midline:

- a. varus
- b. valgus

answer: b

explanation: valgus means part of the body distal to joint directed away from the body, varus means part of the body distal to joint directed towards the midline (body).

3. Which of the following stabilize the cuff muscle during medial rotation :

- a. supraspinatous
- b. teres minor

c. teres major

d. Infraspinatous

answer: c

explanation: rotator cuff muscles= supraspinatus + infraspinatus + subscapularis + teres minor. Teres major is not part of rotator cuff muscle and one of its function is to stabilize cuff muscle during medial rotation.

4. Which muscle we examined in restricted internal rotation :

- a. Supraspinatus
- b. Infraspinatus
- c. Subscapularis
- d. Teres Minor
- e. Teres major .

answer: e

explanation: teres major is the muscle responsible to stabilize cuff muscle during medial rotation.

5. apley's test is used to examine for :

- a. lateral ligament injury
- b. meniscus injury
- c. medial ligament injury
- d. cruciate ligament injury

answer: b

explanation: apley's test is the name of test to examine meniscus injury.

6. which of the following isn't a rotator cuff muscle :

- a. teres major
- b. teres minor
- c. supraspinatus
- d. infraspinatus
- e. subscapularis

answer: a

explanation: rotator cuff muscles= supraspinatus + infraspinatus + subscapularis + teres minor.

7. hallux valgus means:

- a. deviation of the big toe medially
- b. outward bowing of the leg with relation to the thigh
- c. deviation of the big toe laterally
- d. knees angles touch one another when the legs are straightened
- e. persistent dorsiflexion of the big toe

answer: c

explanation: hallux means big toe. valgus means part of the body distal to joint directed away from

the body, varus means part of the body distal to joint directed towards the midline (body).

8. the most sensitive test to examine cruciate ligament in the knee is:

- a. apley's test
- b. lachman test
- c. apprehension test
- d. drawer test
- e. patellar tap

answer: b

explanation: apley's test for meniscus injury. Both Lachman test and drawer test are for cruciate ligament but Lachman test is more sensitive and superior to drawer test. Apprehension test is a test for anterior instability problem in shoulder joint. Patellar tap is a test for knee effusion.

9. knee rotated medially means:

- a. internal rotation.
- b. external rotation.
- c. circumduction.
- d. abduction.

Answer: a

Explanation: internal rotation means medially rotation or rotation towards midline.

10. Tilting the sole of the foot outward and medial side downward:

- a. inversion
- b. eversion
- c. dorsiflexion
- e. plantar flexion

Explanation:



answer: b

explanation: definition of eversion movement of foot

11. All of the following are knee exams except :

- 1) Ant. Drawer
- 2) Post. Drawer
- 3) MucMurry test
- 4) Lachman test
- 5) Thomas test

Answer: 5

Explanation: anterior and posterior Drawer test, Lachman test, and MucMurry test all of them is part of knee examination. Thomas test for hip joint not knee joint.

12. Swan – neck sing :

- a. Flexion of distal interphalangeal and hyper-extension of proximal interphalangeal

answer: a

Dermatology history and physical examination

1. Least common site for hyper-pigmentation is:

- a. the face
- b. skin on the upper back.
- c. Inner thigh
- d. gingival mucosa
- e. the flexures

answer: b

2. All of the following are considered as cells of epidermis, Except :

- a. Melanocytes.
- b. Keratinocytes.
- c. Fibroblast.
- d. Langerhans cells.

Answer: c

Explanation: melanocyte, keratinocyte, and Langerhans cells are found in epidermis while fibroblast is found in dermis.

3. telangectasia is:

- a. dilated dermal blood vessels resulting in a visible lesion
- b. a superficial break in the epidermis
- c. a localized area of color or textural change in the skin

- d. a red purple hemorrhage of > 2 cm
- e. a localized collection of pus

answer: a

explanation: telangiectasia is a dilated small blood vessels. Erosion is a superficial break in the epidermis. Macule is a localized area of color or textural changes in the skin. Ecchymosis is a red purple hemorrhage pf > 2 cm. pustule is a localized collection of pus.

4. wood's light is a bed side test used in diagnosis of all of these Except :

- a. tinea capitis
- b. pseudomonas infection
- c. vitiligo
- d. hypopigmentation
- e. pityriasis versicolor

answer: d

explanation: wood's light does not use in hypopigmentation while we use it in other choices.

5. immunobullous diseases are caused by acantholysis which is damage to:

- a. keratinocytes
- b. langerhans cells
- c. melanocytes

- d. desmosomes
- e. dermoepidermal junction

answer: d

explanation: Acantholysis is the loss of intercellular connections, such as desmosomes, resulting in loss of cohesion between keratinocytes.

6. which is mismatched:

- a. wood's light vasculitis
- b. patch test eczema
- c. Tzank smear herpes virus
- d. KOH fungal infection
- e. immunofluorescent test immunobullous disease

answer: a

explanation: wood's light does not use in vasculitis.

7. Skin lesion, elevated , 2.3 cm:

- a. papule.
- b. macule.
- c. patch.
- d. plaque.

Answer: d

Explanation: macule is change in color skin lesion less than 5 mm, if it is more than 5 mm then it is called patch. Papule is elevated skin lesion less than 5 mm, if it is more than 5 mm then it is called plaque.

8. one of these is not a papulo-squamous lesion :

- a. eczema .
- b. psoriasis .
- c. Erythema multiforme .

answer: c

explanation: erythema multiformis is skin rash described as target lesions, typically composed of a central dusky zone followed by pallor, all surrounded by an erythematous rim. So erythema multiformis is only change in color lesion not elevated lesion (papule).

9. Which of the following is false regarding skin conditions:

- a. Erythema nodosum can be seen in tuberculosis
- b. Rash in the flexural surfaces is found in atopic dermatitis
- c. Psoriasis occurs in the scalp and sacrum
- d. Examination of the mucus membranes is part of skin examination
- e. Systemic diseases cause asymmetric rash that spreads quickly

answer: e

explanation: in general systematic diseases are associated with symmetric rash rather than asymmetric rash.

10. Which of the following isn't true about the dermis of the skin?

- a. it makes up 40% of the body's weight

answer: a

explanation: all skin (not only dermis) contributes in 12 to 15 % of body weight.

11. Which of the following is incorrect about skin lesion:

- a. A papule is an elevated lesion >2 cm in diameter

answer: a

explanation: papule is an elevated lesion less than 5 mm while plaque is an elevated lesion more than 5 mm.

12. Which if the following is false:

- a. Burrows are the primary lesions for scabies

answer: a

explanation: burrows are the secondary lesions for scabies.

13. Tinea corpora arrangement:

- a. Linear
- b. Annular
- c. Dermatomal
- d. Coin shaped

answer: b

explanation: tinea corpora is a fungal infection causes annular arrangement of the rash.

14. A skin lesion, elevated , 2.3 cm , no depth:

- a. Papule.
- b. Macule.
- c. Patch.
- d. Plaque.
- e. Nodule

answer: d

explanation: plaque is an elevated skin lesion more than 5mm and without depth. If it is less than 5 mm then it is called papule. And if it is with depth then it is called nodule. Macule and patch are not elevated lesion only color or texture changes, if less than 5 mm then macule, more than 5 mm then patch.

15. Which of the following cells are the transducers for fine touch:

- a. Keratinocytes
- b. Merkel cells
- c. Langerhans' cells
- d. Melanocytes

Explanation: Langerhans cells are found in all layers of epidermis and are most prominent in the stratum spinosum. Also it is found in papillary dermis. Other choices are true.

answer: b

explanation: Merkel cells located in basal cell layer, receives fine touch sensation.

16. Tzanck test is done to diagnose:

- a. Herpes zoster

answer: a

explanation: Tzanck test is also called chickenpox skin test is done by scraping of an ulcer base to look for Tzanck cells (multinucleated giant cells) which are found in herpes zoster.

17. all of the following true EXCEPT:

- a. dermis represent 20% of human body weight.
- b. Merkel cells in basal layer of epidermis, for fine sensation.
- c. Langerhans cells antigen presenting cells, dendritic, in basal cell layer
- d. melanocyte has dendrites, in basal layer
- E. most of epidermis keratinocyte

Answer: c

Neurology history and physical examination

1. all of these are signs of lower motor neuron lesion Except:

- a. positive babniski sign
- b. fasciculation
- c. weakness
- d. muscle wasting
- e. hypotonia

answer: a

explanation: UMNL is associated with muscle weakness, spasticity, hyperreflexia, positive Babiniski sign, and depressed abdominal responses while LMNL is associated with muscle weakness, flaccidity, hyporeflexia, fasciculation, and muscle wasting.

2. Most common neurologic symptom is :

- a. seizures
- b. headache

answer: b

3. Which is not a part of examination for cerebellar function :

- a. rapid alternating movement.
- b. heel-shin test.
- c. speaking.

- d. rebound phenomena.
- e. finger-nose test.

Answer: c

Explanation: speaking is part of cerebral examination (wrinke and Broca areas), rapid alternative movement, finger to nose test, heel to shin test, and Holms rebound phenomena all are parts of cerebellar examination. Holmes rebound phenomena it is a reflex that occurs when one attempts to move a limb against resistance that is suddenly removed, normally present and its absence indicates cerebellar diseases.

4. Inability to do rapid alternating movements in hands is called:

- a. chorea
- b. dysdiadokinesia
- c. dyskinesia
- d. athetosis

answer: c

explanation: dysdiadochokinesia means abnormality in performing rapid alternative movement test. Chorea is repetitive, brief, irregular, rapid, involuntary movement, start in one part of the body and move abruptly and unpredictably to another part. Dyskinesia is a category of movement disorders that are characterized by involuntary muscle movement.

5. voluntary spasm to relieve the pain is:

- a. rigidity
- b. dysmetria
- c. guarding
- d. clonus

answer: c

explanation: rigidity is increase in muscle tone involuntarily, guarding is voluntary spasm to relieve the pain, both concepts commonly used in abdominal examination. Clonus is a series of involuntary, rhythmic, muscular contraction and relaxation. Dysmetria is to lack coordination of movement.

6. strong involuntary jerk in the proximal part of the arm :

- a. ballismus
- b. myoclonus
- c. athetosis
- d. astereogenesis
- e. dysmetria

answer: a

explanation: jerk is a sudden rapid involuntary movement. Athetosis is slow, involuntary, convoluted, writhing movement. Tremor is an involuntary rhythmic oscillation of a body part. Chorea is defined as involuntary, abrupt, and irregular movements that flow as if randomly from one body part to another. Ballism is defined as

large-amplitude and poorly patterned flinging or flailing movements of a limb that are frequently unilateral (hemiballismus). Dystonia is sustained muscle contraction leading to repetitive twisting movements or abnormal postures. Myoclonus is a sudden lightning-like movement produced by abrupt and brief muscle contraction (positive myoclonus) or inhibition (negative myoclonus or asterixis). Tics are abrupt, stereotyped, coordinated movements or vocalizations. Dysmetria is to lack coordination of movement. Astereogenesis is inability to identify an object by active touch of the hands without other sensory input.

7. which is not a part of examination for cerebellar function:

- a. rapid alternating movement
- b. heel-shin test
- c. observing power of muscle
- d. rebound phenomena
- e. finger-nose test

answer: c

explanation: rapid alternating movement, heel-shin test, finger-nose test, rebound phenomena, stand and gait all are parts of cerebellar examination. Power of muscle is part of motor examination.

8. cogwheel movement is seen in:

- a. cerebellar lesion
- b. pyramidal tract lesion
- c. extrapyramidal lesion

d. neuropathy

answer: c

explanation: cogwheel movement occurs in Parkinson disease, and the abnormality of Parkinson disease is present in substantia nigra, and substantia nigra is part of extrapyramidal system, so cogwheel movement is an extrapyramidal lesion.

9. Inability of patient to define the objects he hold in his arms, called:

- a. asterogenesis
- b. dyskinesia
- c. myoclonus
- d. dysmetria
- e. agraphesthesia

answer: a

explanation: Astereogenesis is inability to identify an object by active touch of the hands without other sensory input. Agraphesthesia is a difficulty in recognizing a written number or letter traced on the skin. Dyskinesia is a category of movement disorders that are characterized by involuntary muscle movement. Myoclonus is a sudden lightning-like movement produced by abrupt and brief muscle contraction (positive myoclonus) or inhibition (negative myoclonus or asterixis). Dysmetria is to lack coordination of movement.

10. strong involuntary jerk in the proximal part of the arm :

- a. ballismus
- b. myoclonus
- c. athetosis
- d. asterogenesis

answer: a

explanation: . Ballism is defined as large-amplitude and poorly patterned flinging or flailing movements of a limb that are frequently unilateral (hemiballismus). Myoclonus is a sudden lightning-like movement produced by abrupt and brief muscle contraction (positive myoclonus) or inhibition (negative myoclonus or asterixis). Athetosis is slow, involuntary, convoluted, writhing movement. Astereogenesis is inability to identify an object by active touch of the hands without other sensory input.

11. Which one of the following we don't do in motor examination?

- a. the bulk
- b. the tone
- c. the power
- d. planter response
- e. vibration

answer: e

explanation: bulk, tone, power, tendon reflexes (planter response is one of superficial reflex) all are

part of motor examination. Vibration is part of sensory examination.

12. In neurology, after history taking and examination:

- a. narrow the differential diagnosis.
- b. management.
- c. identify the cause of the lesion.
- d. order investigations.

Answer: (I think) a

Explanation: always after taking history and doing physical examination we narrow the DD to order investigation according to this narrow list, these investigations will give us the definite diagnosis to start management. Identify the cause of the lesion should be in history part.

13. inability to do lateral eye movement the affected cranial nerve nerve is :

- a. oculomotor
- b. trochlear
- c. abducent

answer: c

explanation: oculomotor supplies superior rectus, medial rectus, inferior rectus, inferior oblique and levator palpebrae superioris. While trochlear supplies superior oblique. Abducent supplies lateral rectus which responsible for lateral movement of the eye.

14. the nerve root for knee reflex is:

- a. C6
- b. T12
- c. L4
- d. S1
- e. S4

answer: c

explanation:

11.24 Monosynaptic (deep tendon) reflexes and root innervation	
Reflex (muscle)	Nerve root
Biceps	C5
Supinator (brachioradialis)	C6
Triceps	C7
Knee (quadriceps)	L3, 4
Ankle (gastrocnemius, soleus)	S1

15. when you examine motor , the score of movement against gravity but not resistance is:

- a. 1
- b. 2
- c. 3
- d. 4

answer: c

explanation:

11.18 Medical Research Council scale for muscle power	
0	No muscle contraction visible
1	Flicker of contraction but no movement
2	Joint movement when effect of gravity eliminated
3	Movement against gravity but not against examiner's resistance
4	Movement against resistance but weaker than normal
5	Normal power

16. a patient with hyper-reflexia and no clonus, the tone grade is :

- a. 0.
- b. +1.
- c. +2.
- d. +3.

Answer: d

Explanation: 0 = absent 1 = trace 2 = normal 3 = brisk 4 = clonus (non-sustained) 5 = sustained clonus

17. all of these are parts of mini mental status exam Except:

- a. calculation
- b. orientation to place
- c. recall
- d. language
- e. coordination

answer: e

explanation: mini mental status exam consists of five part; orientation, registration, attention and calculation, recall, and language.

18. red flag in headache is:

- a. band like
- b. associated with abdominal pain
- c. acute and severe

d. increase at the end of the day .

answer: c

explanation: acute and severe headache can indicate temporal arteritis which if it is not treated immediately it will lead to visual loss. Band like and increasing at end of day are characteristics of tension type headache.

19. Sudden jerky movement of the joint is:-

- a. myoclonus.
- b. tremor.
- c. hemiballismus.
- d. chorea.

Answer: a

Explanation: Tremor is an involuntary rhythmic oscillation of a body part. Chorea is defined as involuntary, abrupt, and irregular movements that flow as if randomly from one body part to another. Ballism is defined as large-amplitude and poorly patterned flinging or flailing movements of a limb that are frequently unilateral (hemiballismus). Myoclonus is a sudden lightning-like movement produced by abrupt and brief muscle contraction (positive myoclonus) or inhibition (negative myoclonus or asterixis). Chorea is repetitive, brief, irregular, rapid, involuntary movement, start in one part of the body and move abruptly and unpredictably to another part.

20. A patient can move his joint when the force of gravity is eliminated, what's the grade of his muscle power?

- a. 2 .
- b. 1 .
- c. 4 .

answer: a

explanation: table 11.18 macleod 13 edition

21. All of the following are true about nystagmus, except:

- a. The direction of jerky nystagmus is determined by the slow phase of motion
- b. It could be rotatory

answer: a

explanation: nystagmus is an involuntary rhythmical oscillation of the eyes. It may be vertical, horizontal, rotatory, or multidirectional. The commonest form is horizontal, jerk nystagmus with slow (pathological) drift of both eyes in one direction, then a fast correction in the opposite direction. The direction of the fast jerk is used to define the direction of the nystagmus.

22. Which of the following is not a feature of lower motor neuron lesions:

- a. Muscle weakness
- b. Depressed Deep Tendon Reflexes

- c. Wasting
- d. Depressed abdominal responses
- e. Fasciculation

answer: d

explanation: depressed abdominal response is associated with UMNL. Other choices are associated with LMNL.

23. Which of the following is not tested in the eye examination of an adult:

- a. Visual field
- b. Red reflex
- c. Nystagmus
- d. Visual Acuity

answer: c

explanation: nystagmus is a part of ear examination. Other choices are part of eye examination.

24. What nerve is the afferent limb of pupillary light reflex:

- a. Optic nerve

answer: a

explanation: optic nerve is the afferent limb of pupillary light reflex while oculomotor nerve is the efferent limb of pupillary light reflex.

25. Which of the following is false about Glasgow coma scale:

- a. Score 3: Decerebrate position
- b. 15 is the highest score
- c. 3 is the lowest score
- d. Score 2: open eyes with pain

answer: a

explanation:

TABLE 38-2 Glasgow Coma Scale		
BEHAVIOR	RESPONSE	SCORE
Eye opening response	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
Best verbal response	Oriented to time, place, and person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
	No response	1
Best motor response	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion (decorticate)	3
	Abnormal extension (decerebrate)	2
	No response	1
Total score:	<i>Best response</i>	15
	<i>Comatose client</i>	8 or less
	<i>Totally unresponsive</i>	3

26. pt can't close his left eye, drooping in the corner of left lip and louder hearing in left ear... which cranial nerve is affected?

- a. vestibulocochlear
- b. facial nerve

answer: b

explanation: orbicularis oculi and zygomaticus muscle are muscles of facial expression which are supplied by facial nerve.

27. Which of the following is NOT a feature of LMN lesion:

- 1) Muscle weakness
- 2) Wasting
- 3) Depressed deep tendon reflexes
- 4) Fasciculation
- 5) Extensor planter response

Answer: 5

Explanation: extensor planter response occurs in UMNL

28. Which of the following is NOT a feature of UMN lesion:

- 1) Muscle wasting
- 2) Muscle weakness
- 3) Increased deep tendon reflexes
- 4) Depressed abdominal response

Answer: 1

Explanation: muscle wasting is one characteristic of LMN lesion. Muscle weakness occurs in both UMNL and LMNL.

29. Which of the following is FACIAL nerve examination :

- 1) Sensation forehead
- 2) Jaw exam

3) Post. 1/3 of the tongue

4) Muscle of mastication

5) Crease up forehead

Answer: 5

Explanation: sensation of the forehead, jaw exam, and muscle mastication are related to trigeminal nerve. Sensation of posterior third of abdomen is related to glossopharyngeal nerve. Crease up forehead is one of facial expression and is related to facial nerve.

Miscellaneous (investigation, infection control, professionalism, communication, art of presentation)

1. Lab investigations are used for all these purposes except:

- a. Evaluate the whole systems for every complaint
- b. Confirm a diagnosis
- c. Exclude incidental disease
- d. Satisfy medico-legal requirements
- e. Evaluate the extent and severity of the disease

answer: a

2. what is correct about the reasons for hand washing?

- a. primarily for the safety of the healthcare professionals
- b. done only by the head of the group
- c. to wash your hand before and after the contact with each patient

answer: a

explanation: handwashing is for safety of the healthcare professionals and to prevent cross infection between the patients.

3. One of the following is Transmitted through small air droplets:

- a. TB.

- b. HBV.
- c. Measles.
- d. tetanus.
- e. rubella virus.

Answer: both a and c are correct

Explanation: TB, measles, SARS and varicella all are transmitted by small air droplet (less than 5 micrometer), HBV is transmitted by blood, rubella by direct contact with infected person, and the tetanus through break down in the skin such as cut, wound or burn.

4. One of these tests is not a functional test :

- a. Esophageal manometry
- b. Defecating proctoscopy
- c. Pentagastrin test
- d. Anorectal manometry
- e. Cholecysto-Angiography

answer: e

explanation: cholecysto-angiography is an anatomical test while others are functional test.

5. Which of the following is not an effective screening test:

- a. Mammography ≥ 40 yr
- b. Cervical smears for all sexually active women
- c. PSA for prostate cancer
- d. Colonoscopy for relatives of patients with colorectal cancer
- e. Low-dose CT of the chest

answer: a

explanation: according to last researches, no need for mammography screening in age between 40-49, so the screening for breast cancer by mammography starts after 50 years old.

6. One of the following is airborne:

- a. HBV.
- b. Measles.
- c. Tetanus.
- d. Rubella virus.
- e. Bacterial Meningitis

answer: b

explanation: TB, measles, SARS and varicella all are transmitted by small air droplet (less than 5 micrometer), HBV is transmitted by blood, rubella by direct contact with infected person, and the tetanus through break down in the skin such as cut, wound or burn. Bacterial meningitis is transmitted through large droplet (more than 5 micrometer). The infection that is transported by small droplet is called airborne.

7. all of the following in infection control program EXCEPT:

- a. Education about the prevention of infection
- b. Out-break investigations
- c. Hospital employee health, specifically upon exposure to blood
- d. Review antibiotic utilization and its relationship to antibiotic resistance pattern
- e. Prevent pneumonia by vaccines

answer: (I think) e

8. alcohol effective in all of the following EXCEPT:

- a. clostridium difficile

answer: a

explanation: may be because C.difficile has spores that are resistance to alcohol.

9. Which is false in airborne :

- a. pt in positive pressure rooms with opened doors

answer: a

explanation: the doors should be closed in positive pressure rooms.

10. One of the following is not a functional test of GI system :

a. Barium studies

answer: a

Explanation: barium studies is a radiological anatomical study.

11. One of the following is WRONG when you choose one investigation :

- 1) It can be discriminate pathology according to the history and physical exam
- 2) Reliable
- 3) Safe
- 4) Cost effective
- 5) Evaluate any pathology in the whole body

Answer: 5

12. One of the following is an example of nuclear medicine studies :

- a. Positron Emission Tomography

answer: a

13. What is CORRECT about the reason of standard primitive cautions :

- 1) To protect infection to health care employee
- 2) To prevent infection between patients

- 3) To prevent infection between patients and visitors

Answer: 1

14. 4th year medical student is advisable to take vaccine against :

- a. Hepatitis B

answer: a

15. Which of the following is cost effective in reducing infections in hospitals:

- a. Hand hygiene

answer: a

16. all of the following is anatomical investigation for gastrointestinal tract except:

- a. Anorectal manometry

answer: a

explanation: anorectal manometry is a functional investigation.

17. Which is a least important characteristic of professionalism:

- a. integrity
- b. initiative

c. intelligence

d. appearance

answer: c

explanation: the professionalism is evaluated by integrity (النزاهة), tolerance (التحمل), interpersonal relationship (العلاقات), dependability (الجدارة), initiative (المبادرة), attitude (السلوك), function under the stress (العمل تحت الضغط), and appearance (المظهر).

18. which is an important characteristic of professionalism :

a. integrity

b. initiative

c. function under stress

d. appearance

e. tolerance

f. all of the above

answer: f

explanation: : the professionalism is evaluated by integrity (النزاهة), tolerance (التحمل), interpersonal relationship (العلاقات), dependability (الجدارة), initiative (المبادرة), attitude (السلوك), function under the stress (العمل تحت الضغط), and appearance (المظهر).

19. Integrity:

a. honesty in all situations and interactions.

b. Demonstrates the ability to accept people and situations.

c. Interacts effectively with "difficult individuals".

d. Demonstrates respect for and complements the roles of other professionals

answer: a

explanation: a ---- integrity, b ---- tolerance, c ---- interpersonal relationship, d ---- interpersonal relationship.

20. Improving quality of care by working collaboratively to do all except:

a. reduce the cost.

Answer: a

Explanation: reducing the cost is not a goal of working collaboratively to improve the quality of care.

21. Which of the following is one of the interpersonal relationships :

a. completes tasks promptly and well.

b. Provides support and is empathetic in interactions with peers, patients, and their families.

c. Interacts effectively with "difficult individuals".

d. Demonstrates respect for and complements the roles of other professionals.

e. Is cooperative and earns respect.

Answer: a

Explanation: a is part of dependability. Other choices are relate to interpersonal relationship.

22. Initiative:

- a. Independently identifies tasks to be performed and makes sure that tasks are completed satisfactorily.
- b. Performs duties promptly and efficiently.
- c. Is willing to spend additional time and to assume new responsibilities.
- d. Recognizes when help is required and when to ask for guidance.
- e. all of the above.

Answer: e

Explanation: all choices enter under the concept of initiative (روح المبادرة).

23. Tolerance means:

- a. a medical student should be able to deal with different situations in a suitable manner

answer: a

explanation: this enters in concept of tolerance.

24. Which of the following isn't an advantage of effective communication?

- a. It reduces the chances of post-operative complications
- b. Involving the patient in the decision-making
- c. Ensures good working relationship
- d. Improves patients compliance with treatment
- e. Ensures an interaction rather than a direct transmission process

answer: a

explanation: in general, the complications of any procedure are related to doctor not to patient.

25. We need communication skills training for student for all the following except:

- a. To acquire knowledge of the basic features of verbal and non-verbal communication.
- b. To learn how to take a medical history from patients and relatives
- c. To know about illness behavior, physician and patient roles, and relevant cultural beliefs.
- d. To learn how to draw up a plan for an interview, open and close interviews, explain the purpose and summary
- e. To increase chance of employment

answer: e

26. All are required for communication except:

- a. Verbal communication

- b. Non verbal communication
- c. Fluency in foreign languages
- d. Listening skills
- e. Language skills

answer: c

27. We use communication for all of the following except:

- a. Explaining diagnosis, investigation and treatment
- b. Involving the patient in the decision-making
- c. Communication with relatives
- d. Breaking bad news
- e. Improving access to care

answer: e

28. All of the following are barriers for effective communication except:

- a. Personal attitudes
- b. Ignorance
- c. Language
- d. Poor socioeconomic status
- e. Time management

answer: d

29. All of the following are commitments to professionalism except:

- a. commitment to professional competence
- b. commitment to honesty
- c. commitment to patient confidentiality
- d. commitment to Unjust Distribution of Resources

answer: d

30. Tolerance:

- a. Demonstrate the ability to accept people and situations
- b. Displays honesty in all situations and interactions
- c. Is able to identify information that is confidential and maintain its confidentiality
- d. Completes tasks promptly and well
- e. Displays appropriate professional appearance and is appropriately groomed

answer: a

31. Which of the following is not an aim of medical professionalism:

- a. Break the cycle of public distrust and disrespect for physicians and medicine
- b. Unified clinical approach
- c. Improving the process and outcome of patient care

answer: b

32. Integrity :

- 1) Honesty in all situations and interactions
- 2) Demonstrate the ability to accept people and situation
- 3) Interacts effectively with difficult individuals
- 4) Demonstrate respect for complements the roles of other professionals

Answer: 1

33. Which of the following is useful in effective presentation :

- 1) gain the audience knowledge
- 2) Wear as casual as possible
- 3) Use simple language

Answer: 1

34. All of the following are part in good presentation except :

- 1) Skip some ideas
- 2) conclusion and sum up .

answer: 1

35. in good presentation you should do all of the following except:

- 1) Prepare detailed slides

Answer: 1

Explanation: the slides should be simplified

تذكروا أن أعظم عمل يمكن أن يقوم به
الانسان في حياته هو انقاذ حياة انسان
وتذكروا دائما قول الله سبحانه وتعالى:
(ومن أحيائها فكأنما أحيى الناس جميعاً)

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