



# Test Bank



**Subject:**

**Medicine.2-Final 018**



**Collected by:**

**Tuqa Awaishah**

**Rawan Almujaibel**



**Question 1:** Which of the following statements is correct?

- a. Infantile acne has no ass with adult acne
- b. A woman can safely become pregnant after 1 month of stopping oral isotretinoin
- c. Topical steroids are used for severe acne
- d. Staph epidermidis is strongly involved in pathogenesis of acne formation

**Question 2:** 35 yrs old man with hx of asthma on simbicort, eczema, and HTN which he takes verapamil. Pt visited the clinic for trouble in swallowing especially with solids than liquids, he no ass pain. On endoscopy, esophagus found to be edematous, has rings and furrows. What is the management in this case?

- a. Change HTN drug
- b. Give pt inhaler without steroids
- c. Give oral steroids
- d. Screen pt at 6 months interval to rule out SCC

**Question 3:** A 27 yrs old female, pregnant with GA: 8 weeks, came complaining of increased sweating and palpitations, on physical she has sweaty palms and an enlarged tender thyroid gland. Labs: TSH: 0.02, T4: 15.03. What is the next step of management?

- a. Symptomatic bc its HCG related & schedule follow up
- b. Start carbimazole
- c. Do Abd ultrasound to rule out molar pregnancy
- d. Do ESR& CRP

**Question 4:** Which of the following cases, screening of hyperaldosteronism is not required?

- a. A 54-year-old man with high salt intake and  $K^+ = 5.2$
- b. Uncontrolled HTN on 3 agents
- c. Controlled HTN on 4 agents
- d. HTN with diuretic induced hypokalemia

**Question 5:** 32 yrs old male admitted with severe depression & suicidal thoughts. He was taking phenelzine for depression but stopped 1 month ago due to SE. In hospital, pt was given sertraline, however he was still agitated so was given olanzapine for 3 days, which helped him calm down but was unable to move out of bed. On examination, he is confused & diaphoretic, temp 40.1, bp 167/97. Pulse 112/min. When staff tried to move him, his arms and legs are stiff. What happened?

- A. Catatonia
- B. Serotonin syndrome
- C. Malignant hyperthermia
- D. Neuroleptic syndrome

1: A

2: C

3: A/D (Not sure)

4: A

5: D

**Question 6:** What is the most common cause of mortality in pt with ADPKD?

- a. Infections
- b. Ruptured cerebral aneurysm
- c. Transformation to malignancy
- d. Renal failure

**Question 7:** What is the most common pathogen of acute infective endocarditis?

- a. Strep viridians
- b. Enterococcus
- c. Staph aureus
- d. Neisseria gonorrhea

**Question 8:** Which is not associated with malabsorption?

- a. Intestinal telangiectasia
- b. Crohn's disease
- c. Celiac
- d. Intestinal diverticulosis
- e. Intestinal Lymphangiectasia

**Question 9:** 56 yrs old woman brought to ER due to altered mental status as reported by her husband, she had headaches and vision changes of 1 week. PMH: free. Temp: 36.6, BP 220/115 (was prev 100/60), pulse 90/min. physical: flexion of neck doesn't elicit pain, the skin on her hands l shiny & thickened with multiple telangiectasia. Lungs are clear, 1+ edema on shins. CT of head unremarkable. Labs leukocytes 8000, HCO3 18, K+ 4.8, BUN 20, Cr 3.4, urine analysis 1+ proteinuria, no WBCs or RBCs or casts. What is the best step in management?

- A. Enalapril
- B. Propranolol
- C. Hemodialysis
- D. Corticosteroids

**Question 10:** 40-year-old woman with RA on methotrexate & glucocorticoids for relapses. Came with SOB & fever. Serum protein 7.0

Upon fluid aspiration: Glucose 30, Leukocytes 1000 Neutrophils:70%, LDH 1200, protein 6.

What is the cause of these symptoms?

- A. Parapneumonic effusion
- B. MTX SE
- C. RA induced
- D. Malignancy



6: B

7: C

8: D

9: C

10: A

**Question 11:** 60 yrs old male has dyslipidemia on statins, HTN, smoker. Pt had a recent UTI & was given antibiotics and symptoms improved. However, he now complains of GI distress, fatigue and inability to do RT foot plantar flexion. What is the cause of these new symptoms?

- A. Drug- Drug interaction
- B. Statin SE
- C. Antibiotics SE
- D. UTI induced

**Question 12:** 15 yrs old boy came to ER due to 18hrs of lethargy& headache after camping. He also complained of fever, vomiting, & pt family reported that they had trouble waking him up. PMH free, temp 39.6, BP 90/60, pulse 120/min. upon physical : pt is solument, and petechiae was noted on lower limbs.

CSF: Glucose 20, protein 475, leukocytes 2000 Neutrophils 80%.

What is the cause of these symptoms?

- A. Acute Lyme disease
- B. Meningococcal infection
- C. Pneumococcal meningitis
- D. Toxic shock syndrome

**Question 13:** 50-year-old alcohol addict man came to ER with episode of vomiting blood. Which is red and fresh. Vitals: stable. Physical exam showed increased abdominal girth and scattered telangiectasias on face and trunk. What is the preferred agent to give this pt?

- A. Rifaximin
- B. Metronidazole
- C. Ceftriaxone
- D. Cefazoline

**Question 14:** PBC pruritus what can we give?

- A. Vitamin E
- B. Ursodeoxycholic acid
- C. Obeticholic acid
- D. Antihistamines

**Question 15:** What is the long-term management for this pt?

- A. Aspirin+ Labetalol
- B. Metoprolol+ rivaroxaban
- C. Fondaparinux+ flecainide
- D. Warfarin only



11: C

12: B

13: C

14: B

15: B

**Question 16:** A patient treated with amoxicillin for pharyngitis, 2 weeks later he developed rash. Urine analysis: RBC 1-2, WBC 15, no bacteriuria. Diagnosis?

- A. Interstitial nephritis
- B. PSGN
- C. Amoxicillin allergy
- D. Fungal UTI

**Question 17:** What is the first sign of RA?

- A. Joint space narrowing
- B. Juxta-Articular osteopenia
- C. Soft tissue swelling
- D. Bone erosions

**Question 18:** Which of the following is not a cause of vitamin B12 deficiency?

- A. Crohn's
- B. Methotrexate use
- C. Tropical sprue
- D. Menorrhagia

**Question 19:** 20-year-old man came to ER due to SOB, dry cough, wheezing & congestion. Symptoms have been worsening for the last 3 days. He has previous hx of asthma, but use of rescue inhaler was not effective. Temp 37, Bp 137/78, pulse 120/min, RR 30/min, O2 sat 93%.

Which of the following is not indicated in management of this pt?

- A. Montelukast
- B. Glucocorticoids
- C. Albuterol nebulizer
- D. Magnesium
- E. Oxygen

**Question 20:** 25-year-old male came with rt knee pain & swelling of 5 days. He had similar episodes before and without hx of trauma. The knee is swollen, tender and has limited ROM.

Labs: Hg: 13.2, platelets 150000, leukocytes 8500, pt 14 sec, aPTT 112 sec

When mixing pt plasma with normal plasma, aPTT did not improve. What is the diagnosis?

- A. Hemophilia A
- B. Acquired von Willebrand disease
- C. Fibrinogen dysfunction
- D. Acquired hemophilia with inhibitor development
- E. Platelet dysfunction

16: C

17: B

18: D

19: A

20: D

**Question 21: True about PFT?**

- A. FEV1\ FVC is not related to age
- B. Body weight is not one of the factors correlated in the test
- C. Total lung capacity decreases with age
- D. PFT can correlate O2 saturation

**Question 22:** 60-year-old female came to ER with massive vomiting of 3 days. On exam, she is hypotensive & tachycardic. Skin turgor is decreased.

ABGs: PH: 7.24 , pCO2 24mmHg. Labs: Na 140, K 3.2, Cl 79, HCO3- 10

What is the acid-base disorder?

- A. High anion gap metabolic acidosis
- B. Metabolic alkalosis
- C. HAGMA& metabolic alkalosis
- D. HAGMA with respiratory compensation
- E. NAGMA with respiratory alkalosis

**Question 23: What is true about essential tremor?**

- A. Jaw tremor is common
- B. Treated with GABA
- C. Inheritance is autosomal resistant
- D. Beta agonist help decrease tremor

**Question 24:** 45 year old man, PMH: free, came to ER complaining of severe left side headache that started 30 min ago. He also has nausea. Temp 37.3, bp 150/90, pulse 98, rr 18. On physical: pt is somnolent with closed eyes. When instructed to open them there is obvious rt side ptosis and rt pupil is bigger than left. Which of the following is the most likely diagnosis?

- A. Carotid artery dissection
- B. Cavernous sinus thrombosis
- C. Cluster headache
- D. P. communicating artery aneurysm

**Question 25: A patient with increased abdominal girth**

Serum: Albumin 5, Protein 6.2, Na 134, K 3.8

Abd fluid: Albumin 3.2, Protein 4

What is the cause?

- A. Pancreatitis
- B. Cirrhosis
- C. Congestive heart failure
- D. Nephrotic syndrome

21: A

22: C

23: A

24: D

25: C

**Question 26:** Which is not found in Sjogren syndrome?

- A. Anti-Ro & Anti- La
- B. Anti-Smith
- C. Rheumatoid factor
- D. ANA

**Question 27:** MOA of gabapentin?

- A. Norepinephrine
- B. Serotonin
- C. Prevent breakdown of neurotransmitters
- D. Gamma-aminobutyric acid inhibition

**Question 28:** Which of the following is considered precancerous?

- A. Actinic keratosis
- B. Syringoma
- C. Skin tags
- D. Seborrheic keratosis

**Question 29:** A 32 year old woman presents with easy bruising, petechia and prolonged bleeding for 2 weeks. Examination shows petechia without hepatosplenomegaly. Platelet count was 12000, hb 13, WBC 9000, PT 12 seconds, aPTT 25. Peripheral smear shows large platelets. Which of the following is the best first line treatment:

- A. Plasmapheresis
- B. Steroids
- C. Platelet transfusion
- D. Rituximab

**Question 30:** which of the following is not an AIDs defining illness:

- A. Toxoplasmosis of brain
- B. Kaposi sarcoma
- C. Mononucleosis syndrome
- D. Invasive candidiasis

**Question 31:** which of the following is not seen in multiple myeloma:

- A. Anemia
- B. Osteoblastic lesions
- C. Renal failure
- D. Amyloidosis

26: C

27: D

28: A

29: B

30: C

31: B

**Question 32:** 25-year-old pregnant lady in her 12<sup>th</sup> week of gestation has bp 140/95, what type of HTN does she have?

- A. Chronic HTN
- B. Gestational HTN
- C. Preeclampsia
- D. Eclampsia

**Question 33:** which is true about BNP:

- A. BNP levels decrease with aging
- B. Levels don't affect clinical prognosis
- C. It has higher specificity than sensitivity
- D. BNP levels are falsely low in obese patients

32: a	33: D
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