

Control tests for English speaking students

1. Heartburn is most often a manifestation of:
 - A. Reflux esophagitis
 - B. Peptic ulcer
 - C. Myocardial infarction
 - D. Gastric ulcer
 - E. Carcinoma of stomach
2. Pentagastrin test is helpful because of each of the following, except:
 - A. An increased volume of fasting juice is often an indication of obstruction of the gastric outlet.
 - B. A very high basal acid output may indicate that the patient has the Zollinger-Ellison Syndrome.
 - C. Presence of achlorhydria can be demonstrated.
 - D. A low volume of fasting juice is often an indication of pancreatic insufficiency.
3. Pentagastrin is administered:
 - A. Intramuscularly in a dose of 2 mc g/kg
 - B. Subcutaneously in a dose of 6 mc g/kg
 - C. Intravenously in a dose of 2 mc g/kg
 - D. Orally in a dose of 10 mc g/kg
4. For production of black tarry stool, loss of blood from a site proximal to the ascending colon should be at least:
 - A. 10 ml
 - B. 25 ml
 - C. 60 ml
 - D. 100 ml
5. Manifestations of diffuse spasm of esophagus include each of the following, except:
 - A. Pain precipitated by eating or by emotional factors.
 - B. Dysphagia is always present.
 - C. Pain is generally retrosternal.
 - D. Pain may be referred to back, neck or arms.
6. True observations about etiology of peptic ulcer include each of the following, except:
 - A. The situation is somewhat like: Acid plus pepsin versus mucosal resistance.
 - B. Heredity plays a role.
 - C. Female sex hormones in some way protect against the disease.
 - D. Gastritis, in fact, precedes the development of the ulcer
 - E. "Gastric mucosal barrier" is mostly breached by steroids and occasionally by aspirin.
7. Clinical manifestations of peptic ulcer may include each of the following, except:
 - A. Commonest presentation is an acute episode of pain, bleeding or perforation.
 - B. Pain is characterized by being referred to the epigastrium, its relationship to food, and its periodicity.
 - C. Pain is sometimes absent or as slight as to be dismissed by the patient.
 - D. "Pointing sign" when accompanied by localized tenderness is practically diagnostic.

8. True observations concerning investigations in case of peptic ulcer include each of the following, except:
- A. A patient trouble dyspepsia, in whom barium meal examination is negative, may reveal an ulcer at endoscopy.
 - B. Barium swallow detects 90% of ulcer cases.
 - C. All patients who develop dyspepsia for the first time in middle age should be examined endoscopically.
 - D. All patients with gastric ulcer should be examined endoscopically and biopsies taken to exclude a carcinoma.
9. Common complications of peptic ulcer include each of the following, except:
- A. Hemorrhage.
 - B. Pernicious anemia
 - C. Perforation
 - D. Obstruction
 - E. Ulcer-cancer
10. Elective surgery in peptic ulcer should be considered in each of the following circumstances, except:
- A. When an ulcer has failed to heal, especially in an adolescent or a young adult, and is upsetting individual's enjoyment of life and capacity of work.
 - B. When there is an ulcer which has produced gastric outlet obstruction, or an hour-glass stomach because of fibrosis.
 - C. When there is gastric ulcer the nature of which is uncertain or which has failed to heal in one month.
 - D. In a recurrent ulcer following previous gastric surgery.
11. Spot the wrong observation in respect of peptic ulcer:
- A. Famotidine, a histamine H₂-receptor antagonist, promotes the healing of duodenal ulcer and probably gastric ulcer also.
 - B. Dose of famotidine is 20 mg once daily with meals and 20 mg at bedtime for at least 4 to 6 weeks.
 - C. Diarrhea caused by magnesium salts and constipation by aluminium hydroxide can be prevented by suitable mixture of the two groups of antacids.
 - D. Of the anticholinergic drugs, propantheline and methylsulfate are perhaps the best.
 - E. Tranquillizers such as diazepam are of no value.
12. Which of the following is irrelevant in the treatment of gastroduodenal hemorrhage?
- A. Bed rest
 - B. Intravenous drop and/or blood transfusion
 - C. Frequent aspiration of stomach content
 - D. Tranquillizers or sedatives
 - E. Emergency surgery if patient is young and had a severe bleeding.
13. Bad prognosis in gastroduodenal hemorrhage is a feature of each of the following situations, except:
- A. Age over 60 years
 - B. Chronic ulcers
 - C. Large bouts of bleeding
 - D. Female

14. True observations concerning acute pancreatitis include each of the following, except:
- A. A serious disorder
 - B. There occurs digestion of pancreas by its own enzymes
 - C. Commonest in second decade of life
 - D. Very high serum amylase values are of profound diagnostic value in early stage of the disease.
 - E. Hypoglycemia is common in the first two days
15. Clinical manifestations of chronic pancreatitis may include each of the following, except:
- A. Pain in epigastrium, or in right or left subcostal areas.
 - B. Pain is radiated to the back and is relieved by crouching on the bed or by leaning forward over a chair
 - C. Diabetes
 - D. Chronic diarrhea
 - E. Syncope
 - F. Jaundice
 - G. Duodenal obstruction
16. True observations concerning carcinoma of pancreas include each of the following, except:
- A. Occurs most frequently in young adults.
 - B. Epigastric pain is one of the earliest and most significant symptoms.
 - C. Symptoms of diabetes mellitus may occasionally be the presenting feature
 - D. Radical surgery is rarely possible.
17. Which of the following is not correct about Crohn's disease?
- A. Characterized by generalized nonspecific inflammation of the bowel.
 - B. Also called regional ileitis
 - C. Most susceptible age group is 20 to 40 years
 - D. Debilitating disease
18. Spot the wrong observation concerning clinical features of Crohn's disease:
- A. Pain
 - B. Palpable lump
 - C. Malabsorption
 - D. Clubbing
 - E. Wasting
 - F. Constipation.
19. Spot the wrong observation about medical treatment of ulcerative colitis:
- A. Local application of steroids should never be resorted to
 - B. Systemic steroids are more effective than sulfonamides
 - C. Treatment with immunosuppressive agents, such as azathioprine, seems logical
20. True observations concerning irritable bowel syndrome include each of the following, except:
- A. Also known as spastic colon or idiopathic diarrhea
 - B. Bowel habit is disturbed by diarrhea or constipation occurring alone or alternating
 - C. Anxiety is a common accompaniment
 - D. A disease of tense women, generally above 40 years
21. Each of the following agents may cause malabsorption, except:

- A. Neomycine
 - B. Erythromycin
 - C. Calcium carbonate
 - D. Cholestyramine
22. Spot the wrong observation about bilirubin:
- A. Produced from the ferroporphyrin heme after removal of iron
 - B. Unconjugated bilirubin passes in the urine
 - C. Most of the bilirubin derived from hemoglobin is broken down by RES
 - D. Only water-soluble bilirubin, diglucuronide, enters the bile
23. True observations concerning hepatitis B surface antigen (HBsAg) include each of the following, except:
- A. Also called Australia, serum hepatitis associated antigen
 - B. In patient suspected of having viral hepatitis, it should be sought as early as possible
 - C. Three to 15% of healthy tropical population may be normal carriers of hepatitis B virus
 - D. It is not a reliable marker of hepatitis B virus
24. Which of the following is not correct in respect of persistent hepatitis?
- A. Changes in hepatocytes are prominent
 - B. Essential feature is an infiltration by chronic inflammatory cells confined to the portal tracts
 - C. Lobular architecture is normal
 - D. Cirrhosis occurs only very rarely
25. True observations concerning cirrhosis of liver include each of the following, except:
- A. Whole liver is involved though not necessarily every lobule
 - B. None of the three types of cirrhosis i.e., micronodular, macronodular and mixed, is static
 - C. In macronodular cirrhosis, the connective tissue septa vary in thickness
 - D. Micronodular cirrhosis never develops into a macronodular cirrhosis.
26. Spot the wrong statement in respect of chronic active hepatitis:
- A. Occurs predominantly in females and in second and third decades of life
 - B. Liver functional tests are only slightly abnormal
 - C. LE cell phenomenon is present in 10 to 28%
 - D. Corticosteroids often prove life-saving
27. Major causes of bleeding diathesis in cirrhosis of liver is:
- A. Underproduction of coagulation factors
 - B. Excessive destruction of coagulation factors
 - C. Consumptive coagulopathy
 - D. Vascular factor
28. Which of the following statements about hepatic (portosystemic) encephalopathy is not true?
- A. Neurologic symptoms occur in a chronic and intermittent fashion
 - B. Irreversible mental changes such as paraplegia, parkinsonism, epilepsy and dementia are frequent
 - C. Factors precipitating it include sedative and hypnotic drugs, a high protein diet, infection, trauma, gastrointestinal bleeding, hypokalemia and constipation
29. Spot the wrong statement in respect of proliferative glomerulonephritis:

- A. Streptococcal infection anywhere may well be the cause
 - B. Goodpasture's syndrome refers to association of hemoptysis with proliferative glomerulonephritis
 - C. Edema is caused by generalized capillary damage
 - D. Facial edema is more remarkable
30. Which of the following is not an essential feature of nephrotic syndrome?
- A. Hypoproteinemic edema
 - B. Massive proteinuria
 - C. High blood cholesterol
 - D. Hypertension
31. True observations about drug-induced renal disease include each of the following, except:
- A. Sulfonamides may cause polyarthritis-like lesions.
 - B. Aminoglycosides may induce proximal tubular damage with proteinuria
 - C. Tetracyclines and amphotericin B (expired) can cause renal tubular acidosis
 - D. Among analgetics, paracetamol is the worst culprit in causing severe renal damage
32. Distribution of ventilation is impaired significantly by each of the following, except:
- A. High altitude
 - B. Bronchial or bronchiolar obstruction
 - C. Destruction of elastic tissue
 - D. Chest wall deformities
33. True observations about sputum include each of the following, except:
- A. Muroid sputum is due to over secretion of bronchial mucus
 - B. In early cases of pulmonary tuberculosis, sputum is usually purulent
 - C. In bronchiectasis and lung abscess, sputum may at times be fetid
34. True observations about hemoptysis include each of the following, except:
- A. Slight streaking of sputum with blood is a common symptom in acute and chronic bronchitis
 - B. In 20% of cases, frank hemoptysis may be of no significance
 - C. Common causes of massive hemoptysis include bronchial carcinoma, pulmonary infarction, bronchiectasis, pulmonary tuberculosis and mitral stenosis
35. True observations about chest pain include each of the following, except:
- A. Pain in retrosternal region of chest is usually caused by tracheitis
 - B. Pain in the front and top of the shoulder is characteristic of diaphragmatic pleurisy
 - C. Pleural pain may also be referred to anterior abdominal wall
 - D. Onset of pleural effusion in case of pleurisy causes accentuation of the pleural rub
36. True observations about "wheeze" include each of the following, except:
- A. A musical sound that is best heard during inspiration and is associated with numerous rhonchi on auscultation
 - B. A feature of nearly all types of obstructive airway disease
 - C. Constitutes the hallmark of bronchial asthma
37. Spot the wrong observation:
- A. Hypoxemia due to congenital heart disease is never entirely reversed by oxygen
 - B. The commonest pulmonary cause of ventilatory failure is chronic bronchitis

- C. Pleural pain is never referred to anterior abdominal wall
38. Causes of clubbing include each of the following, except:
- A. Pulmonary suppuration
 - B. Advanced cases of pulmonary tuberculosis
 - C. Rheumatic fever with or without carditis
 - D. Cyanotic congenital heart disease
 - E. Malabsorption syndrome
 - F. Crohn's disease
 - G. As a familial trait
39. Spot the wrong entry in respect of the findings in consolidation:
- A. Chest movements reduced on affected side
 - B. Slight mediastinal displacement to the same side
 - C. Percussion not dull
 - D. High pitched bronchial breathing
 - E. Fine crepitations early, coarse crepitation later
 - F. Vocal resonance increased with egophony
40. Spot the wrong entry in respect to the findings in large cavity that is linked with bronchus:
- A. Chest movements slightly reduced on affected side
 - B. Percussion note impaired
 - C. Amphoric bronchial breathing
 - D. Whispering pectoriloquy
 - E. Fine crepitation and rhonchi
41. Spot the wrong entry in respect to the findings in bronchial asthma:
- A. Chest movements symmetrically reduced
 - B. Vocal resonance normal
 - C. Inspiratory and high pitched rhonchi
42. Spot the wrong entry in respect to the findings in pleural effusion:
- A. Chest movements reduced or absent
 - B. Mediastinum shifted to opposite side
 - C. Percussion note stony dull
 - D. Generally high pitched bronchial breathing
 - E. Pleural rub above the effusion in some cases
43. Spot the wrong entry in respect of the findings in collapse due to obstruction of a major bronchus:
- A. Chest movements reduced on affected side
 - B. Mediastinum shifted to the affected side
 - C. Percussion not dull
 - D. Breath sounds diminished or absent
 - E. Vocal resonance not affected
 - F. No accompaniment
44. True statements concerning oxygen therapy include each of the following, except:
- A. In patients ventilated with high concentration of oxygen for several days, "white lung"-pulmonary edema and consolidation- may occur

B. In anemia or heart failure, oxygen therapy helps by increasing the amount of dissolved oxygen in the blood

C. Hypoxemia, least susceptible to oxygen therapy, is seen in left-to-right shunt

45. Which of the following does not hold good in case of pneumococcal pneumonia?

A. Usually affects only one lobe or segment.

B. Resolution is usually incomplete

C. A marked neutrophil leukocytosis is characteristic

D. Signs of consolidation generally take about 2 days to appear

Question 46-47 (Test II)

A 28 year-old patient has a 5 year history of asthma with episodes of bronchospasm that have resulted in hospitalizations. He has been using a B2-selective adrenoreceptor agonist drug via inhalation during the day and long-acting theophylline at night. He comes to the emergency department with severe respiratory distress, cyanosis, and tachycardia. The examination is consistent with severe bronchoconstriction and shows no other complicating factors.

46. Which of following statements about the treatment of patient is accurate?

(A) The use of ipratropium via inhalation is likely to exacerbate his symptoms

(B) Parenteral glucocorticoids should not be given until the bronchospasm is relieved

(C) The present problem is due to excessive use of the inhaler

(D) Cromolyn via inhalation should be given until the bronchospasm is relieved

(E) Prophylactic corticosteroid therapy after recovery from this episodes should be considered

47. Which of following statements about the drugs that could be used to treat this patient's asthma is most accurate?

(A) The B2-selective drugs in asthma have no cardiac action

(B) Cromolyn blocks the airway smooth muscle contraction that occurs in response to vagal stimulation

(C) Chronic use of suprastin leads to decrease in bronchial reactivity

(D) No side effects occur with the use of inhalation forms of the glucocorticoids

(E) The bronchodilating action of methylxantines is subject to rapid tolerance

48. Case history: *A 34-year-old female presents to the outpatient clinic with swelling in the lower anterior aspect of her neck. She does not complain of insomnia, weight loss, or increased appetite. She does not express decreased tolerance to cold. Clinical examination reveals a solitary nodule in the right lobe of the thyroid gland. The nodule is nontender and firm in consistency. No additional signs (e.g., lid lag, proptosis, tremulousness of the hands) are present. Which of the following would be the most likely indication that this nodule is malignant?*

(A) Evidence of cold nodule on an iodine 131 scan

(B) Cystic on fine-needle aspiration

(C) History of previous irradiation of the neck

(D) History of hyperthyroidism

(E) History of Hashimoto's thyroiditis

49. Case history: *A 55 year-old man presents to the emergency department with massive hematemesis. Physical examination reveals abdominal distention, shifting dullness on percussion of the abdomen, and spider angiomas over the face and upper chest. An emergency endoscopic*

examination reveals blood rapidly filling the distal esophagus. The hematemesis is most likely due to which of the following?

- (A) Pyloric obstruction
- (B) Ruptured esophageal varices
- (C) A gastric ulcer
- (D) Esophageal carcinoma
- (E) A duodenal ulcer

Case history: for Question 50-52

A 43 year-old obese woman, who does not smoke, presents with diastolic hypertension and menstrual irregularities. Pertinent findings on physical examination show a full, plethoric-appearing face, increased facial hair, predominantly truncal obesity with purple stria around the abdomen, and scattered ecchymoses over the entire body. Laboratory studies indicate a hemoglobin (Hgb) of 18 g/dl (normal is 12-16 g/dl), a white blood cell (WBC) count of 18,000 cell/ μ l (normal is 4500-11,000 cel/ μ l), and a normal platelet count. The leukocytosis differential shows an absolute lymphopenia and eosinopenia. The chest x-ray is normal.

50. Which of the following is the most likely diagnosis?
- (A) Obesity with cushingoid features
 - (B) Pheochromocytoma
 - (C) Fibromuscular hyperplasia of the renal artery
 - (D) Polycythemia rubra vera
 - (E) Cushing's syndrome
51. Which of the following screening tests is most useful in the initial work-up of this patient?
- (A) Captopril enhanced renal radionuclide tests
 - (B) Plasma cortisol at 8 a.m. and 4 p.m.
 - (C) Clonidine suppression test
 - (D) Bone marrow aspiration and biopsy
 - (E) Low-dose dexametasone suppression test
52. Which of the following laboratory test results is expected in this patient?
- (A) Normal red blood cell (RBC) mass
 - (B) Normal 24-hour urine for 17 ketosteroids
 - (C) Hypoglycemia
 - (D) Increased 24-hour urine for cortisol
 - (E) Increased 24-hour urine for 17-hydroxycorticosteroids
53. Case history: *A 35 year-old man has diastolic hypertension and hematuria. There is a positive family history of hypertension in his father, who is on renal dialysis, and in his paternal grandmother, who died of a stroke. He complains of discomfort in the abdomen. His serum creatinine level is normal. An ultrasound of the kidney reveals numerous black spaces in both kidneys. Which of the following is the most likely diagnosis?*
- (A) Immunoglobulin A (IgA) nephropathy
 - (B) Goodpasture's syndrome
 - (C) Staghorn calculus
 - (D) Alport's syndrome
 - (E) Polycystic kidney disease

54. Case history: *A 62-year-old man with a myocardial infarction (MI) is taking one quarter of an aspirin tablet daily and a maintenance dose of warfarin, which is adjusted to give a*

protrombin time (PT) of 11-15 second. While on vacation, he starts using over-the-counter cimetidine for acid indigestion. A day or two before returning home, he develops a urinary tract infection for which trimethoprim sulfamethoxazole is prescribed by a local physician. When he returns home, his PT is 27 seconds. Which of the following statements about this situation is most accurate?

- (A) The dose of warfarin should be increased to assure adequate anticoagulation
- (B) The antibiotics have increased the activity of liver enzymes that metabolize warfarin
- (C) The antiplatelet action of aspirin has blocked the effects of warfarin
- (D) Cimetidine has inhibited the hepatic metabolism of warfarin
- (E) Warfarin should not have been prescribed because it is not prophylactic after an MI

55. Case history: An afebrile 53-year-old woman develops hypotension, sinus tachycardia, and oliguria 24 hours after abdominal surgery for cholecystitis. Her skin is cold and clammy. Which of the following is most likely responsible for her symptoms?

- (A) Gram-negative sepsis
- (B) Hemoperitoneum
- (C) An acute myocardial infarction
- (D) A pulmonary embolus
- (E) A pneumothorax

56. Case history: A 65-year-old man with a long history of constipation presents with steady left lower quadrant pain. Physical examination reveals a low-grade fever, midabdominal distension, and left lower quadrant rebound tenderness. The stool guaiac test is negative. An absolute neutrophilic leucocytosis and shift to the left are noted on a complete blood count (CBC). Which of the following is most likely diagnosis?

- (A) Colon-cancer
- (B) Irritable bowel syndrome
- (C) Acute diverticulitis
- (D) Ulcerative colitis
- (E) Ischemic colitis

57. Case history: A 35 year-old man presents to the office with a history of abrupt onset of fever, chills, a productive cough, and chest pain on inspiration. Physical examination shows dullness to percussion; increased tactile fremitus; bronchophony, egophony; and fine, crepitant rales anteriorly over the right lung. A neutrophilic leucocytosis with greater than 20% band neutrophils present. A chest x-ray reveals a lobar consolidation obliterating the outline of the right-heart silhouette. Which of the following is the most likely diagnosis?

- (A) Pneumococcal pneumonia involving the right upper lobe
- (B) Klebsiella pneumonia of the right middle lobe
- (C) Viral pneumonia of right middle lobe
- (D) Streptococcus pneumonia involving the right middle lobe
- (E) Primary tuberculosis involving the right upper lobe

58. Case history: A 55 year-old African-American man with a 5-year history of essential hypertension has a retinal examination revealing an irregular caliber of the arterioles, "copper wiring", and focal areas of arteriovenous nicking. No flame hemorrhages or exudates are present. Which of the following is the most likely diagnosis?

- (A) A normal retina
- (B) Grade I hypertensive retinopathy
- (C) Grade II hypertensive retinopathy
- (D) Grade III hypertensive retinopathy

(E) Grade IV hypertensive retinopathy

59. Case history: A 32 year-old Mexican-American woman who lives in Phoenix, Arizona, presents with fever, nonproductive cough, flu-like symptoms, chest pain, and painful red nodules on both lower extremities. Her hobby is collecting Indian artifacts found in the desert and in caves. A chest x-ray shows a left lower lobe cavitation and a small pleural effusion. A mild eosinophilia is noted in the peripheral blood. Which of the following is the most likely diagnosis?

- (A) Histoplasmosis
- (B) Klebsiella pneumoniae
- (C) Tuberculosis
- (D) Mycoplasma pneumoniae
- (E) Coccidioidomycosis

60. Case history: A 60 year-old man with intermittent, cramping abdominal pain and obstipation has a barium enema that reveals a massive dilated sigmoid colon with a column of barium resembling a "bird's beak." Which of the following is the most likely diagnosis?

- (A) An intussusception
- (B) Volvulus of sigmoid colon
- (C) Toxic megacolon
- (D) Impacted stool

61. Which of the following groups of predisposing factors is most likely to be associated with carcinoma of the colon?

- (A) Ulcerative colitis; Crohn's disease; high-fiber diet; diet low in vitamins A,C,E and selenium
- (B) Crohn's disease; high fiber diet; high-fat diet; diet low in vitamins A,E,C, and selenium
- (C) High-fat diet; ulcerative colitis; high-fiber diet; diet low in vitamins A,E,C, and selenium
- (D) High-fat diet; ulcerative colitis; diet low in vitamins A,E,C and selenium; Crohn's disease

62. Which of the following is the most important initial step in lowering cholesterol?

- (A) Drug therapy
- (B) Decreasing intake of carbohydrates
- (C) A low total-fat and saturated-fat diet
- (D) Increasing exercise

63. Case history: A 60 year-old man who had been treated for leukemia is admitted to the hospital with malaise, chills, and high fever. His chest is clear to percussion and auscultation, with no heart murmurs. His abdomen is free of masses and tenderness. Extensive erythematous lesions are present on his trunk and extremities, some of which have progressed to the hemorrhagic stage with necrosis. Skin scrapings and blood samples are obtained for Gram's stain and microbiological culture. Which of the following actions is most appropriate?

- (A) Withhold antibiotics until all microbiological results are available
- (B) Start treatment with intravenous (IV) ampicillin
- (C) Treat patient with azithromycin per orally
- (D) Start treatment with cilastatin-imipenem
- (E) Treat patient with IV ciprofloxacin

64. Increased arterial pulsation in the neck may be suggestive of each of the following, except:

- A. Aortic regurgitation
- B. Coarctation of aorta

- C. Hypertensive elderly women
 - D. Patent ductus arteriosus
65. Features of atrial tachycardia include each of the following, except:
- A. Rate between 140 to 220/min
 - B. Coffee, alcohol, and tobacco are precipitating factors.
 - C. Propranolol, digoxin, defibrillation cardiac shock, sedation or massage of the carotid sinus has beneficial effect
 - D. Propranolol has aggravating effect
66. Features of atrial flutter include each of the following, except:
- A. Atrial rate is usually 200/min
 - B. May cause cardiac failure or aggravate it in case of chronic rheumatic heart disease
 - C. Leads to II, III, and aVF show a saw-tooth appearance due to F (flutter) waves
 - D. Digoxin provides a useful prophylactic against recurrence
67. Features of atrial fibrillation include each of the following, except:
- A. Rheumatic mitral disease is the commonest cause in young and middle-aged patients
 - B. There is an increased danger of embolism
 - C. Treatment with digoxin is of no value
 - D. Heparin followed by warfarin should be instituted if the condition develops in a chronic rheumatic heart patient
68. Which of the following is not a feature of bundle-branch block?
- A. Incomplete: QRS complex less than 0.12 sec
 - B. Complete: QRS complex longer than 0.12 sec
 - C. Clinically it is not detectable
 - D. Right bundle branch block may be a beginning congenital condition
69. Side effects of digoxin include each of the following, except:
- A. Anorexia
 - B. Nausea and vomiting
 - C. Ectopic beats
 - D. Ventricular tachycardia
 - E. Heart block
 - F. Severe chest pain
70. True statements about rheumatic fever include each of the following, except:
- A. There is much evidence that it is related to infection with beta-hemolytic streptococci group A
 - B. Aschoff nodule is the hallmark of the disease
 - C. Almost any joint may be involved
 - D. Prednisolone should be given to every patient with rheumatic heart disease
71. True statements about mitral stenosis include each of the following, except:
- A. The size of mitral valve is reduced
 - B. Left ventricle becomes grossly hypertrophied
 - C. Systemic embolism may cause hemiplegia and is commoner in patient with atrial fibrillation
 - D. If the valve is calcified there is usually no "opening snap"

72. True statements about mitral incompetence include each of the following, except:
- A. Always results from rheumatic fever
 - B. In old age the valve often undergoes myxomatous degeneration which may be accompanied by mitral regurgitation
 - C. First heart sound is often quiet
 - D. X-ray chest and ECG often give evidence of left atrial or left ventricular hypertrophy
73. True statements about aortic regurgitation include each of the following, except:
- A. Most often rheumatic in origin
 - B. Often paroxysmal nocturnal dyspnea is the first symptom
 - C. A thrill is usual
 - D. Apex beat is usually thrusting
74. True statements about tricuspid stenosis include each of the following, except:
- A. Almost always accompanied by aortic valve disease
 - B. "a" valve in the jugular venous pulse is conspicuous
 - C. In ECG there is usually atrial fibrillation
 - D. Occasionally tricuspid valve replacement is needed
75. True statements about infective endocarditis include each of the following, except:
- A. May result from infection by bacteria, rickettsia or fungi
 - B. Occurs most often before the age of 20 years
 - C. Microscopic hematuria is common
 - D. Delay in diagnosis and management may cause embolic stroke, progressive valve damage, heart failure and death.
76. True statements about coronary heart disease include each of the following, except:
- A. Commonest cause of angina pectoris myocardial infarction, cardiac failure and sudden death
 - B. May cause myocardial infarction, cardiac failure and sudden death
 - C. Incidence is highest in natives of Africa
 - D. The attack rate is held to be higher when the calcium content of drinking water is low
77. True statements about angina pectoris include each of the following, except:
- A. Physical examination is usually negative
 - B. Commonest presentation is "a sense of oppression" or "tightness" in the middle of chest
 - C. In ECG, ST depression of 2 mm or more is very much in favor of ischemic heart disease
 - D. Fresh glyceryl trinitrate, when allowed to dissolve under the tongue, or crushed for more rapid effect, relieves the pain in 2 or 3 minutes
 - E. Spontaneous recovery occurs in about 75% of cases
78. Complications of myocardial infarction include each of the following, except:
- A. Arrhythmias
 - B. Cardiogenic shock
 - C. Pulmonary edema
 - D. Intestinal obstruction
 - E. Cardiac failure
79. Components of the postmyocardial infarction syndrome include each of the following, except:
- A. Marked hepatomegaly
 - B. Persistent fever

- C. Pericarditis
 - D. Pleurisy
- 80 Which of the following observations do not hold good in case of myocardial infarction?
- A. Elevation of the ST segment occurs during the first few hours of the attack
 - B. Serial estimation of the lactic dehydrogenase (LDH) enzyme are helpful the diagnosis
 - C. Atrial tachycardia of fibrillation occurs in about 50% of case
81. Spot the incorrect observation in the treatment of myocardial infarction:
- A. Morphine or dimorfin is the most effective remedy for pain
 - B. Atrial fibrillation, flutter or tachycardia is best treated with propranolol
 - C. Anticoagulants are indicated in the treatment of venous thrombosis and pulmonary embolism
 - D. Oxygen is indicated in pulmonary edema or shock
- 82 Initial dose of warfarin is :
- A. 5 mg
 - B. 7.5mg
 - C. 10 mg
 - D. 20 mg
83. Main cause of secondary hypertension includes each of the following, except:
- A. Glomerulonephritis
 - B. Pheochromocytoma
 - C. Hypothyriosis
 - D. Pregnancy
 - E. Cushing's syndrome
 - F. Coarctation of aorta
84. Cardiac complication of hypertension includes each of the following, except:
- A. Pericarditis
 - B. Paroxysmal nocturnal dyspnea
 - C. Atrial fibrillation
 - D. Coronary artery disease
85. Spot the wrong statement:
- A. Of the sympatholytic drugs, the beta adrenergic receptor blocking agents are currently most popular for treatment of hypertension
 - B. A low salt diet, i.e. a diet containing less than 1.0 g/day salt, reduces blood pressure
 - C. Most cases of malignant hypertension before the age of 30 years are caused by renal disease
 - D. Propranolol has antirenin activity
86. Spot the incorrect observation about coarctation of aorta:
- A. Blood pressure is raised in the lower limbs, but is normal or rather low in the arms
 - B. ECG shows left ventricular hypertrophy
 - C. A systolic murmur, usually loudest over the coarctation site posteriorly is often heard
 - D. Evidence of collateral circulation is often present
87. Reversible risk factors for atherosclerosis include each of the following, except:
- A. Cigarette smoking
 - B. Hypertension

- C. Obesity
- D. Alcoholism

88. Which of the following observations about iron is not true?
- A. Iron content of body gradually increase from 1,5 g at birth to 5,0 g in the average adult
 - B. About 40% of body iron is stored as "reserve" in two forms i.e. ferritin and hemosiderin
 - C. Reducing substances such as vitamin C and some aminoacids facilitates its absorption in an acid medium
 - D. Adsorbed from the upper small intestine in ferrous form
89. Acute post-hemorrhagic anemia has the following features, except:
- A. Acute circulatory failure may occur with sudden loss of a litre or more of blood
 - B. Immediately following a hemorrhage in a previously normal individual, blood count will show very low riding
 - C. During convalescence, the general symptoms and signs of anemia may be present
 - D. During recovery, a temporary reticulocytosis of 5 to 10% occurs
90. True observations about sideroblastic anemia include each of the following, except:
- A. Rare but refractory anemia
 - B. Defect in abnormal utilization of iron with failure of hem synthesis by the marrow
 - C. Serum iron level is low but the bone marrow contains
 - D. Isoniasid toxicity has been blamed in some instances for this anemia
 - E. Some cases respond to treatment with pyridoxine
91. True observations about chronic myeloid leukemia include each of the following, except:
- A. Onset is insidious
 - B. Lymph nodes are often considerably enlarged
 - C. Appearance of an increasing number of myeloblasts indicates the approach of a terminal acute phase
 - D. Drug of choice is hydrea
 - E. Lien is often considerably enlarged
92. True observations about chronic lymphatic leukemia include each of the following, except:
- A. Rare in childhood
 - B. White blood count is enormously increased
 - C. Lymphoblasts are seen in large number in the early stage
 - D. Presenting feature is usually the finding of firm, rubbery, discrete, and painless lymphnodes in cervical axillary and inguinal region
93. Leucopenia may be uncouncted in each of the following situations, except:
- A. Enteric fever
 - B. Pertussis
 - C. Tuberculosis
 - D. Brucellosis
 - E. During cytotoxic chemotherapy
 - F. Hypo- or aplastic anemia
94. Features of acromegaly include each of the following, except:
- A. Increase in size of bones and soft tissue of certain body parts
 - B. Enlargement of viscera
 - C. Marked reduction in sweating

- D. Hypertension is a common complication
 - E. Carbohydrate tolerance is reduced in 30% of cases
95. Spot the wrong observation about anatomy and physiology of thyroid gland
- A. Posteriorly it is closely related to the recurrent laryngeal nerve
 - B. Superior and inferior thyroid arteries provide a rich blood supply
 - C. Thyroxin (T4) and triiodothyronine (T3) are normally stored in the colloid vesicles as thyroglobulin
 - D. T4 acts more rapidly than T3
 - E. Calcitonin is secreted by the parafollicular C (calcitonin) cells of the gland
96. Spot the wrong observation about hyperthyroidism:
- A. IgG autoantibody, human specific thyroid stimulator, can be detected in the serum of many patients
 - B. Toxic nodular goiter tends to occur in younger patients and diffuse goiter in older subjects
 - C. In majority of the cases, thyroid gland is hyperactive (Graves' disease) or the gland consist of multiple active nodules interspersed with inactive areas.
97. Spot the wrong observation about clinical picture of hyperthyroidism:
- A. Men suffer eight times more frequently than women
 - B. Usually occurs in third to sixth decades
 - C. There may or may not be clinically detectable enlargement of the gland
 - D. Bruit, thrill and pulsatile gland may be encountered in some cases
98. Consequences of the effect of excess thyroid hormones on the sympathetic nervous system include each of the following, except:
- A. Tachycardia and even arrhythmias
 - B. Increased frequency of bowel movements
 - C. Fine tremor
 - D. Intolerance to cold
 - E. Hot and sweaty hands
99. Features of thyrotoxic crisis include each of the following, except:
- A. Severe mental and physical exhaustion
 - B. Dehydration
 - C. Marked hypoglycemia
 - D. Cardiac failure
 - E. Ketosis
 - F. Hypertermia
100. Spot the wrong observation in respect to antithyroid treatment:
- A. Full suppressive dose of mercasolilum
 - B. Potassium perchlorate induces blood dyscrasias far less frequently than other antithyroid drugs
 - C. Contraindications to propranolol include bronchial asthma
 - D. A thyrotoxin patient under 40 with a large goitre should be treated by surgery
101. Continuous low dose of intravenous infusion of insulin has the following advantages, except:
- A. Simple and effective
 - B. Less liable to cause hypokalemia

C. Never causes hypoglycemia

ВАРИАНТ №2

1. Case history: A 60-year-old woman has acute onset of right arm and leg weakness, with normal sensation and speech. Her initial computed tomography (CT) scan is normal. Which of the following is likely to be best long-term treatment?
 - (A) Warfarin
 - (B) Aspirin
 - (C) Left carotid endarterectomy
 - (D) Treatment of underlying heart disease
 - (E) Control of hypertension and diabetes
2. A 50-year-old woman presents with fever; jaundice; and colicky, right upper quadrant pain. Which of the following is the most likely diagnosis?
 - (A) Amebic liver abscess
 - (B) Acute hepatitis
 - (C) Acute pancreatitis
 - (D) Ascending cholangitis
 - (E) Sclerosis pericholangitis
3. Case history: A 35-year-old man complains of rapid onset of midepigastric pain with radiation into the back after eating a large meal. He has nausea and vomiting. Physical examination reveals low grade fever, epigastric tenderness, and decreased bowel sounds. An abdominal film shows a localized dilation of the upper duodenum and a small collection of fluid in the pleural cavity. Which of the following test would be the most useful and cost-effective in the initial work-up of this patient?
 - (A) Upper gastrointestinal barium study
 - (B) Endoscopy
 - (C) Serum amylase or lipase
 - (D) Oral cholecystogram
 - (E) Radionuclide scan
4. Case history: During a routine examination, a 65-year-old woman complains to her doctor that she has not been sleeping well for the past 5 or 6 months because of sensation of pressure and burning in the middle of her chest. Further questioning reveals that she also feels the pressure and burning intermittently during the day; however, it is not induced by exercise and is relieved by antacids. The patient's blood pressure is 135/82 mm Hg, her pulse is 96/min and regular, and her temperature is 37.0°C (98.6°F). Her heart sounds are normal and her lungs are clear. Palpation of her abdomen reveals no abnormalities. Which of the following is the most appropriate first step in the management of this patient?
 - (A) Refer her to a psychologist
 - (B) Prescribe valerian
 - (C) Prescribe ranitidine or cimetidine
 - (D) Order an electrocardiogram
 - (E) Prescribe antibiotics to control gastric *Helicobacter pylori*.
5. Which of the following groups represents the greatest risk for carcinoma of the lung?
 - (A) Age, exposure to uranium, male gender, chronic obstructive pulmonary disease (COPD)
 - (B) Exposure to uranium, COPD, male gender
 - (C) Male gender, exposure to uranium, COPD, smoking
 - (D) Smoking, age, exposure to uranium, male gender
6. Case history: A 40-year-old man complains of increased hat size and headaches when he wakes up in the morning. Physical examination reveals a mild diastolic hypertension, a

prominent jaw with spaces between the teeth, large hands and feet, and generalized muscle weakness. Which of the following would be expected in this patient?

- (A) Normal chest x-ray
 - (B) Normal sella turcica
 - (C) Lack of suppression of glucose with an oral glucose challenge
 - (D) Reduced concentration of somatomedins
 - (E) Hypophosphatemia
7. A 32-year-old woman complains of weight loss (despite a good appetite) and an overawareness of her heart beating at night. Physical examination reveals exophthalmos and lid retraction. Which of the following additional findings would you expect?
- (A) Low resin triiodothyronine (T3) uptake
 - (B) Low serum T3
 - (C) Low iodine 131 (¹³¹I) uptake
 - (D) A low serum thyroid-stimulating hormone (TSH) level
 - (E) A low free thyroxine (T4) index
8. Which of the following pulmonary studies is similar in both restrictive from obstructive lung disease.
- (A) Total lung capacity (TLC)
 - (B) Vital capacity (VC)
 - (C) Residual volume (RV)
 - (D) Forced expiratory volume in one second (FEV1)/forced vital capacity (FVC) ratio
 - (E) Partial pressure of carbone dioxide in arterial blood (PaCO₂)

Case history: The following are examples of glucose abnormalities encountered in type I diabetics on a splitdose, mixed-insulin regimen of neutral protamine Hagedorn (NPH) insulin and regular insulin, given 30 minutes before breakfast and dinner.

- (A) 10 p.m. glucose 90 mg/dl (5 mmol/l), 3 a.m. glucose 40 mg/dl (2,2 mmol/l), and 7 a.m. glucose 200 mg/dl (11,1 mmol/l)
- (B) 10 p.m. glucose 110 mg/dl (6,1 mmol/l), 3 a.m. glucose 110 mg/dl (6,1 mmol/l), and 7 a.m. glucose 150 mg/dl (8.3 mmol/l)
- (C) 10 p.m. glucose 110 mg/dl (6,1 mmol/l), 3 a.m. glucose 160 mg/dl (8,9 mmol/l), and 7 a.m. glucose 220 mg/dl (12.2 mmol/l)
- (D) 12 p.m. glucose 200 mg/dl (11,1 mmol/l)
- (E) 5 p.m. glucose 220 mg/dl (12,2 mmol/l)
- (F) 9 p.m. glucose 200 mg/dl (11,1 mmol/l)

For each treatment option, select the glucose abnormality that would benefit most from the change.

9. Increase of the morning dose of regular insulin (Select 1 abnormality)
10. Decrease the NPH dose at dinner, give a portion of it at bedtime, or give more food at bedtime (Select 1 abnormality).
11. Increase the NPH dose at dinner or give the dose at bedtime (Select 1 abnormality).
12. Case history: A 65-year-old man presents with a sudden onset of abdominal pain and distention associated with bloody diarrhea. There is no rebound tenderness present. Bowel sounds are absent. Laboratory data reveal an absolute neutrophilic leucocytosis and left shift plus elevation of the serum amylase. Which of the following is the most likely diagnosis?
- (A) Acute ulcerative colitis
 - (B) Hemorrhagic pancreatitis

- (C) Aortoenteric fistula
- (D) Small bowel infarction
- (E) Toxic megacolon

- 13. Case history:** A young woman in her fourth month of pregnancy has a hemoglobin of 10g/dl. She is referred for evaluation of anemia. Although she has no prior history of anemia, her grandfather had pernicious anemia. Which of the following statements is most accurate?
- (A) This patient should be given folic acid to reverse the neurologic abnormalities associated with pernicious anemia
 - (B) Vitamin B12 should be given to this patient because megaloblastic anemia does not usually respond to it
 - (C) If this patient has mild microcytic anemia, she should receive oral iron supplements
 - (D) This patient should be given vitamin B12 supplements to reduce the risk of neural tube defects
- 14. Case history:** A 60-year-old man who is alcoholic complains of difficulty swallowing solids. In addition, he has progressive weight loss and weakness. Which of the following is the most likely diagnosis?
- (A) Diffuse esophageal spasm
 - (B) Zenker's diverticulum
 - (C) Achalasia
 - (D) Esophageal carcinoma
- 15. Case history:** A 16 year-old male distance runner presents with complaints of worsening athletic performance and increasing cough and sputum production after running. He is very concerned because the state track meet is only 2 weeks away. The physical examination is normal. Which of the following is the most appropriate next step in the management of this patient?
- A. Prescribe a B2 agonist inhaler to be used 15 minutes before activity
 - B. Prescribe theophylline to be taken orally
 - C. Prescribe a cromolyn sodium inhaler to be used 15 minutes before activity
 - D. Prescribe erythromycin to be taken for 10 days
 - E. Explain that he has been overtraining and will not be able to participate in the state track meet
- 16. Case history:** A 47 year-old homeless male alcoholic presents with a fever and expectoration of foul-smelling sputum/ His dental hygiene is poor. A chest x- ray reveals a cavitory lesion with a fluid layer in the superior segment of the right lower lobe. A Gram's stain of sputum would be expected to show which of the following?
- A. Predominantly gram-positive diplococci
 - B. Predominantly gram-positive rods
 - C. Gram-positive cocci and variable gram-positive and gram-negative rods with tapered end
 - D. Gram-positive filamentous and branching bacteria
 - E. Gram-negative fat rods with capsule
- 17. Case history:** A referral presents with intermittent neurologic abnormalities associated with hypoglycemia. The patient experiences an attack in the office, and the physician draws blood for serum insulin, C peptide, and glucose. One week later, the following laboratory results return: serum glucose, low; serum insulin, high; serum C peptide, low. Which of the following conditions best explains the clinical and laboratory findings?
- A. Insulinoma
 - B. Glucagonoma

- C. High dose exogenous insulin
- D. Somatostatinoma

- 18.** Case history: A 30-year man reports to his physician's office concerned about his well-being because his close friend recently had an acute myocardial infarction. The patient denies a history of chest pain, palpitations, shortness of breath, or swelling of the feet. He does not smoke or consume (потребление) alcohol, and there is no family history of cardiac disease. His father died of carcinoma of the colon 5 years previously, at the age of 76, and his 74-year-old mother has diabetes, which is controlled with medication. Physical examination reveals a 173-cm (68-in) tall white male weighing 81 kg (180 lb), who is not in acute distress. His vital signs are as follows: pulse, 80/min (regular); respirations, 18/min; blood pressure, 120/80 mm Hg. Examination of the cardiovascular system is normal, as is the rest of his physical examination. The patient requests tests to exclude the possibility of coronary artery disease (CAD). Which of the following would be most appropriate next step in the management of this patient?
- A. Order an immediate resting electrocardiogram (ECG) and, if result is positive, perform an exercise ECG
 - B. Immediately order both a resting ECG and an exercise ECG
 - C. Schedule the patient for routine ECG screening
 - D. Explain to the patients that ECG screening is unnecessary in an asymptomatic patients
- 19. In making the diagnosis of infective endocarditis, which of the following is most important?**
- A. Complete blood count (CBC)
 - B. Microscopic urinalysis
 - C. Electrocardiogram (ECG)
 - D. Blood cultures
 - E. Erythrocytes sedimentation rate
- 20.** Case history: A patients complain of excess drooling, tremors, and multiple joint pains. Physical and laboratory tests reveal that the patient has hepatitis. Which of the following is the most likely diagnosis?
- A. Rheumatic fever
 - B. Wilson's disease
 - C. Whipple's disease
 - D. Gout
 - E. Juvenile rheumatoid arthritis (JRA)
- 21.** Case history: *A 47-year-old man is described by coworkers as being intensely competitive , driven, hostile, distrustful, excitable, and anxious. The man complains of being tense, easily bored, and unhappy. Mental status examination reveals increased psychomotor activity with many quick shifts of posture, pressured speech, and irritability. According to psychosomatic theory, which of the following disorders is most likely to occur in such a person?*
- A. Cancer
 - B. Coronary artery disease (CAD)
 - C. Emphysema
 - D. Migraine
 - E. Peptic ulcer disease
- 22.** Case history: *A 45-year-old male is admitted to the hospital with complaints of shortness of breath, swelling of the feet, and tiredness. He suffered a myocardial infarction 1 year ago.*

His vital signs are as follows: pulse, 88/min (regular); respirations, 22/min (regular); blood pressure, 110/90 mm Hg; temperature, 37.5°C (99.3°F). The patient is orthopneic and has mild cyanosis, raised jugular venous pressure, and rales in the bases of lungs. Pedal edema is also noted. A diagnosis of acute left ventricular failure is made, and a bolus dose of furosemide is administered intravenously. A complication that could arise from this intervention would affect which of the following?

- A. Acuity of vision
 - B. Visual fields
 - C. Hearing
 - D. Sense of smell
 - E. Pupillary response to direct and consensual light
- 23.** *Case history: A 20-year-old Hispanic female student comes to the clinic for a routine physical examination. This is her first visit. She leads an active life, does not smoke, consumes wine on social occasions only, and does not use recreational drugs. She has no known allergies and is not on any long-term medications. She had rheumatic fever a few years ago while growing up in South America. She had a brief episode of dyspnea at night once, but has not experienced any other problems. She has no history of cough, cyanosis, or pedal edema. She is of medium build. Her vital signs are as follows: pulse, 76/min (regular); respirations, 16/min (regular); blood pressure, 110/76 mm Hg; temperature, 37°C (98.6°F). No rales are noted in the lung, and auscultation of the heart reveals no murmur. The physician is concerned that she may have a mitral diastolic murmur. To reveal this murmur, the physician should ask the patient to do which of the following?*
- A. Stand test
 - B. Hold her breath
 - C. Make a fist
 - D. Squat
 - E. Sit up at an angle of 45°
- 24.** *Case history: A 60-year-old woman with a history of coronary artery disease (CAD) presents to her physician for a regular examination. She was hospitalized 2 years previously for an inferior myocardial infarction. Six months later, she was diagnosed with atrial fibrillation and was prescribed 325 mg of aspirin per day. A coronary angiogram revealed 70% obstruction in her right coronary artery. She is now very concerned because her neighbor, who has chronic atrial fibrillation, suddenly developed an embolic stroke that left him hemiplegic. Additional medication is started to improve ventricular response despite the presence of atrial fibrillation, as well as to prevent complications that could result from the latter. Prescription of which of the following drugs would generate the most criticism from the physician's colleagues?*
- A. Digoxin
 - B. Metoprolol
 - C. Quinidine
 - D. Verapamil
 - E. Diltiazem
- 25.** *Case history: A 75-year-old obese woman with 30-pack-year history of smoking presents with a 2-week history of fatigue and shortness of breath, particularly when she exerts herself or climbs stairs. She complains of nighttime episodes of difficulty breathing that require standing up and opening a window for air. Physical examination shows rales at both lung*

bases and a third heart sound. There is no evidence of peripheral pitting edema or neck vein distention. Which of the following therapies would be most useful in reducing the preload and afterload in this patient's heart.

- A. Dietary salt restriction
- B. Hydralazine
- C. Nitrates
- D. Diuretics
- E. Captopril

26. Case history: A 26-year-old flight attendant presents with a history of palpitations and difficulty breathing. She denies a history of allergies, long-term medication, or previous medical problems. She does not smoke, but is a social drinker. Physical examination reveals a tall, medium-build female who appears anxious. Her vital signs are as follows: pulse, 88/min (regular); blood pressure, 130/90 mm Hg; temperature, 37°C (98.6°F). Cyanosis, clubbing of the fingers, and pedal edema are absent. Which of the following is the most likely diagnosis?

- A. Aortic stenosis
- B. Mitral stenosis
- C. Aortic regurgitation
- D. Mitral regurgitation
- E. Congestive cardiac failure

27. Which of the following conditions shows a reduced cardiac output?

- A. Early endotoxic shock
- B. Severe anemia
- C. Aortic regurgitation
- D. Hypertrophic cardiomyopathy
- E. Thyrotoxicosis

28. Case history: A 45-year-old man presents with fever, weight loss, sweating, epistaxis, generalized lymphadenopathy, and massive hepatosplenomegaly. A complete blood count (CBC) exhibits a slightly macrocytic anemia, thrombocytosis, and a total white blood cell (WBC) count of 125,000 cell/ μ L with 1% myeloblasts, 8% basophils, and hypogranular cells representing all stages of the neutrophilic series (myelocytes being the most abundant cell). Occasional hypersegmented neutrophils are present. A biochemical profile reveals hyperuricemia and marked elevation of lactate dehydrogenase. A bone marrow aspirate exhibits cells that are similar in distribution to those present in the peripheral blood.

- A. Acute myelogenous leukemia
- B. Acute lymphoblastic leukemia
- C. Chronic lymphocytic leukemia
- D. Acute monocytic leukemia
- E. Adult T cell leukemia
- F. Chronic myelogenous leukemia

29. Spot the wrong statement:

- A. Elevation of body temperature raises metabolic activity by 7% of each degree Fahrenheit rise
- B. Heat stroke (sun stroke) is an example of high fever due to interference with the controlling mechanism
- C. Patients with thyrotoxicosis often have an elevation of 3°F in temperature.
- D. Patients with congestive cardiac failure often have an elevation of 0.5 to 1.5°F

- 30.** Which of the following conditions may be accompanied by as low body temperature as 80 to 85°F? (30-35°C)
- A. Cushing's syndrome
 - B. Myxedema
 - C. Gigantism
 - D. Acromegaly
- 31.** Which of the following statements is incorrect?
- A. Pain in the left arm together with chest pain is almost a certain evidence of ischemic heart disease
 - B. Massive pulmonary embolism causes substernal pain
 - C. Commonest sites of anterior chest pain are the costochondral and chondrosternal articulations
- 32.** True observations concerning pain in the chest include each of the following, except:
- A. Emotional factors may too cause chest pain
 - B. At times abdominal disorders may mimic anginal pain
 - C. Disappearance after sublingual administration of nitroglycerin is diagnostic of angina
 - D. Location in the chest has little diagnostic importance
- 33.** Each of the following observations about alimentary tract is correct, except:
- A. Defense mechanisms include a rapid turnover of epithelial cell, production of mucus and a specialized immunological system
 - B. Control and coordination of motility and secretion is by the autonomic system and hormones
 - C. Secretion of enzymes and detergents provides the correct pH for each stage of digestion
 - D. Absorptive system consists of specialized cell, together with a portal venous system and lymphatics
- 34.** Which of the following observations about saliva is correct?
- A. Its enzyme, ptyalin, is concerned in the digestion of disaccharides
 - B. By its solvent action of the foodstuffs it enables "tasting" to take place
 - C. It facilitates the process of swallowing
 - D. It is secreted in response to the sight, taste and smell of food, and also the act of chewing
- 35.** Spot the wrong observation concerning sliding form of hiatus hernia:
- A. Most frequent in middle-aged and elderly women
 - B. An increase in intra-abdominal pressure, as a result of pregnancy or obesity, promotes its development
 - C. Here a knuckle of stomach herniates alongside the esophagus through the hiatus
 - D. Reflux esophagitis is a common accompaniment
- 36.** Recommendations concerning treatment of reflux esophagitis include each of the following, except:
- A. Reduction of weight if the patients is obese
 - B. Head end of bed should be elevated on blocks
 - C. The patient should sleep in semi-upright position
 - D. Women are advised to wear tight garments

E. Surgery is indicated in persistent esophagitis and stricture formation

37. Clinical features of carcinoma of esophagus include each of the following, except:

- A. Progressive dysphagia
- B. Weight loss
- C. Pain at the site of obstruction
- D. Difficulty in swallowing solids precedes that of liquids
- E. Severe hematemesis early in course of disease

38. Spot the wrong observation in respect of peptic ulcer:

- A. Cimetidine, a histamine H₂-receptor antagonist, promotes the healing of duodenal ulcer and probably gastric ulcer also
- B. Dose of cimetidine is 200 mg thrice daily with meals and 400 mg at bedtime for at least 4 to 6 weeks
- C. Diarrhea caused by magnesium salts and constipation by aluminium hydroxide can be prevented by suitable mixture of the two groups of antacids
- D. Of the anticholinergic drugs, propantheline and methylsulfate are perhaps the best
- E. Tranquilizers such as diazepam are of no value

39. Clinical manifestations of gastroduodenal hemorrhage include each of the following, except:

- A. Hematemesis
- B. Melena
- C. Faintness or even syncope
- D. Bradicardia

40. Which of the following is irrelevant in the treatment of gastroduodenal hemorrhage?

- A. Bed rest
- B. Intravenous drop and/or blood transfusion
- C. Frequent aspiration of stomach content
- D. Tranquillizers or sedatives
- E. Emergency surgery if patient is young and had a severe bleeding

41. Which of the following observations concerning acute perforation of peptic ulcer is incorrect?

- A. About one-quarter of all perforations occur in acute ulcer
- B. The most striking symptom is sudden, severe pain, the onset of which may be so incisive that the patient can time it to a minute
- C. Mortality is around 50%
- D. The larger the delay in operation, the greater the risk of death from peritonitis

42. Which fasting volume of stomach aspirate is suggestive of gastric outlet obstruction?

- A. Over 25 ml
- B. Over 50 ml
- C. Over 75 ml
- D. Over 100 ml

43. Which postprandial volume of stomach aspirate is suggestive of gastric outlet obstruction?

- A. Over 200 ml
- B. Over 150 ml
- C. Over 124 ml
- D. Over 100 ml

44. Radiologic signs of gastric outlet obstruction are as follows, except:

- A. An increase in fasting residue of stomach
- B. Dilatation of stomach with or without excessive peristalsis
- C. A lesion at or near the pylorus
- D. Early gastric emptying

45. Which of the following is not a feature of Dumping syndrome?

- A. Drowsiness
- B. Muscular weakness
- C. Palpitations
- D. Flushing
- E. Marked abdominal distention

46. Chronic gastritis is found in association with each of the following, except:

- A. Gastric ulcer
- B. Gastric carcinoma
- C. Pernicious anemia
- D. Thyroiditis
- E. Addison disease
- F. Tapeworm infestation

47. Manifestations of carcinoma of stomach include each of the following, except:

- A. Anorexia
- B. Dyspepsia
- C. Weight loss
- D. A palpable lump
- E. Nausea and vomiting
- F. Frank blood in stools

48. Clinical manifestations of chronic pancreatitis may include each of the following, except:

- A. Pain in epigastrium, or in right or left subcostal areas
- B. Pain is radiated to the back and is relieved by crouching on the bed or by leaning forward over a chair
- C. Diabetes
- D. Chronic diarrhea
- E. Syncope
- F. Jaundice
- G. Duodenal obstruction

49. Which of the following is not a feature of cystic fibrosis of pancreas?

- A. Autosomal recessive disease
- B. Generalized dysfunction of all exocrine glands
- C. Gross steatorrhea
- D. Anorexia
- E. Sweat chloride is considerably raised

- 50.** Features of pancreatic pseudocyst include each of the following, except:
- A. May follow trauma or acute pancreatitis
 - B. Usually it occupies in the lateral
 - C. Stomach is never displaced
 - D. It is felt as a smooth tender mass in upper abdomen
 - E. Persistent leucocytosis
- 51.** Features of intrapancreatic or retention cysts include each of the following, except:
- A. Usually small
 - B. Usually two or three
 - C. Abdominal pain
 - D. Diagnosis is difficult to make, except by retrograde pancreatography
 - E. Symptomatic cysts are treated surgically
- 52.** Which is not correct in respect of islet-cell tumors?
- A. A benign adenoma may cause spontaneously diabetes mellitus
 - B. Malignant tumors are quite rare
 - C. Commonest syndrome produced by malignant tumors is Zollinger-Ellison syndrome
 - D. Treatment is surgical removal where possible
- 53.** True observations concerning etiology of Crohn's disease:
- A. A consequence of abdominal immune response to an unidentified antigen
 - B. A consequence of ulcerative colitis
 - C. Related to tuberculosis
 - D. Related to sarcoidosis
- 54.** True observations concerning acute peritonitis include each of the following, except:
- A. The patient lies immobile, respiration is short and grunting and the abdomen is retracted and motionless
 - B. Causes include perforations and inflammation of a viscus, such as appendicitis
 - C. Treatment is the removal of the contaminating source
 - D. Resolution in an overwhelming majority of the cases is complete
- 55.** Clinical features of ulcerative colitis may include each of the following, except:
- A. Common age group 20-40 years
 - B. Diarrhea
 - C. Obesity
 - D. Tenderness over left iliac fossa
 - E. Anemia
- 56.** Each of the following diseases is clearly associated with carcinoma of colon and gut, except:
- A. Ulcerative colitis
 - B. Familial multiple polyposis
 - C. Diverticular disease
- 57.** True observations concerning psychogenic vomiting include each of the following, except:
- A. Usually occurs on waking or immediately after breakfast
 - B. In the young, it can occur as school phobia
 - C. There is considerable weight loss
 - D. It is essential to assess and, if possible, alleviate the underlying psychologic disturbance

- 58.** True observations concerning irritable bowel syndrome include each of the following, except:
- Also known as spastic colon or idiopathic diarrhea
 - Bowel habit is disturbed by diarrhea or constipation-occurring alone or alternating
 - Anxiety is a common accompaniment
 - A disease of tense women, generally above 40 years
- 59.** Clinical features of irritable colon syndrome include each of the following, except:
- A commonest symptom is abdominal pain occurring in attacks and referred to the left or right iliac fossa to the hypogastrium
 - Abdominal pain is almost always severe
 - Diarrhea, at times interrupted by periods of constipation
 - Audible borborygmi
 - About one-third of patients show the scar of an appendicectomy or have had a gynecologic operation
- 60.** Which of the following statements about investigations in irritable colon syndrome is wrong?
- Rectum is usually full of feces
 - Sigmoidoscopy is essential to exclude an organic disease of distal colon
 - There are no diagnostic radiologic features
 - In patients whose main problem is painless diarrhea, the possibility of lactose intolerance or mild hyperthyroidism should not be overlooked
- 61.** Which of the following statements about treatment of irritable colon syndrome is wrong?
- Reassurance is of vital importance
 - Use of laxatives should be encouraged for normal bowel habit
 - Diphenoxylate hydrochloride is a useful drug to control diarrhea quickly
 - To control constipation and abdominal pain, "roughage" in diet should be elevated
- 62.** Each of the following observations concerning cimetidine is correct, except:
- A H₂-receptor antagonist
 - Structurally resembles histamine
 - Dose 200 mg 3 times daily with meals and 400 mg at bedtime in duodenal ulcer
 - Treatment in active duodenal ulcer is continued for at least 4 to 6 weeks
 - Tender gynecomastia as a complication of such a therapy is encountered in half of the cases
- 63.** Which of the following drugs may cause absorptive defect of ferrous iron?
- Tetracycline
 - Neomycine
 - Antacids
 - Anticonvulsant
- 64.** Spot the wrong statement:
- Gastric carcinomas are almost always adenocarcinomas
 - Sliding hernia (hiatal) is as common as the rolling and mixed types combined
 - Acid-pepsin appears to be important in the pathogenesis of gastric ulcer
 - Steatorrhea may occur in patients with chronic congestive failure
- 65.** Each of the following observations concerning regional enteritis (Crohn's disease) is correct, except:
- Abnormalities of cell-mediated immunity have been demonstrated

- B. Typically, it has onset in young adults with a history of fatigue, variable weight loss, right lower quadrant discomfort or pain, and diarrhea
 - C. Intestinal obstruction is an infrequent complication
 - D. Corticosteroid therapy is generally effective early in the course of the illness
- 66.** True observations about pseudomembranous colitis include each of the following, except:
- A. Presenting and radiologic features simulate those of acute ulcerative colitis
 - B. Ampicillin is the only known antibiotic that can cause it
 - C. Proliferation of clostridium difficile is the fundamental problem in all
 - D. Rectum and colon show a membrane of fibrin and polymorphs that is adherent to eroded mucosa
 - E. Treatment of choice is oral vancomycine or bacitracin
- 67.** Total blood flow in liver is about:
- A. 1500 ml/min
 - B. 2000 ml/min
 - C. 700ml/min
- 68.** Globulins, made in the liver , often exclusively, include coagulation factors, except:
- A. Factor I
 - B. Factor II
 - C. Factor V
 - D. Factor VII
 - E. Factor VIII
 - F. Factor IX
 - G. Factor X
- 69.** Vitamins which are stored in the liver include each of the following, except:
- A. A
 - B. B6
 - C. D
 - D. B12
 - E. K
- 70.** Spot the wrong statement:
- A. Liver metabolizes about 50% of ingested alcohol (ethanol)
 - B. About 20% of hepatic cell mass is due to RES , including Kupffer cell
 - C. Kupffer cells are very efficient at removing immune complexes from the blood
- 71.** True statements in respect to liver enzymes include each of the following, except:
- A. Increased serum transferase (SCOT & SGPT) activity is very sensitive index of hepatic damage
 - B. Both, SCOT & SGPT, are specific to the liver
 - C. 5' nucleotidase rises especially in biliary obstruction
 - D. Alkaline phosphatase is always below 250 IU/L in hepatocellular damage
- 72.** True statements in respect of plasma proteins and liver include each of the following, except:
- A. Albumin is partially made in liver
 - B. Even in severe acute hepatitis, serum albumin remains normal unless illness continues for many weeks

- C. Hyperglobulinemia together with hypoalbuminemia is a characteristic feature of chronic liver disease
- D. Commonest electrophoretic change in cirrhosis is decreased albumin and increased gammaglobulin
- 73.** One stage prothrombin time depends on each of the following coagulation factors, except
- Factor II
 - Factor VII
 - Factor VIII
 - Factor X
- 74.** True observations concerning investigative procedures in liver disease include each of the following, except:
- Main contraindications to peritoneoscopy are coagulation abnormalities, marked ascites and previous surgery which may have caused adhesions
 - Ultrasound scanning is valuable in differentiating tumor deposits from abscesses or cysts
 - Hepatic venography is of no value in identifying hepatic venous obstruction
 - In cirrhosis, ascitic fluid is usually clear
- 75.** Jaundice is detectable when serum bilirubin concentration exceeds:
- 0.8 mg%
 - 1.0 mg%
 - 1.5mg %
 - 2.0 mg %
 - 3.0 mg %
- 76.** Which of the following observations concerning hemolytic jaundice is correct?
- Jaundice due to hemolysis is usually slight
 - Bilirubin can be detected in urine
 - Splenomegaly is usually present
 - Urine rapidly becomes deep yellow
- 77.** True observations concerning acute type B hepatitis include each of the following, except:
- The causative virus has not yet been grown
 - A negative test for HBs antigen in the blood excludes type B hepatitis
 - Transient rashes and arthralgia are more in favour of this type rather than type A hepatitis
 - Standard gammaglobulin is of no value
- 78.** True observations concerning fulminant hepatic failure include each of the following, except:
- Also called acute massive liver necrosis
 - Commonest cause is viral hepatitis, either type A or type B
 - Extensive parenchymal necrosis is the most obvious lesion
 - Hepatomegaly is the most cardinal manifestation
 - With progression of the disease, serum transferase activity falls
 - No specific treatment is available
- 79.** In respect of acute parenchymal disease of the liver, which of the following statements is correct?
- According to current evidence, corticosteroids do not hasten recovery and should not be used

- B. Oral contraceptives may be resumed after clinical and biochemical recovery has occurred
 - C. Prophylactic antibiotics should be used
 - D. Various special treatments tried include exchange transfusion, plasmaphoresis, hemodialysis and extracorporeal circulation of patient's blood through various animal liver
- 80.** Various factors incriminated in the etiology of chronic parenchymal disease include each of the following, except:
- A. Alcohol
 - B. Infection
 - C. Metabolic disorders
 - D. Drugs
 - E. Gross protein-energy malnutrition (PEM)
 - F. Immunologic factors
 - G. Congestion
 - H. Cholestasis
- 81.** Which of the following is not correct in respect to chronic aggressive hepatitis?
- A. Both portal tracts and parenchyma are involved
 - B. Lobular architecture is involved
 - C. Development of cirrhosis is unusual
 - D. Histologic changes do not occur diffusely
- 82.** Spot the wrong statement in respect to clinical features of cirrhosis of liver
- A. Florid spider telangiectasia, gynecomastia and parotid enlargement are common in alcohol-associated cirrhosis
 - B. Splenomegaly, mainly caused by portal hypertension, is a cardinal feature
 - C. Megaloblastic anemia is usually due to vitamin B12 deficiency
 - D. Low-grade fever, not due to infection, occurs in 33% of cases
- 83.** Investigations in cirrhosis of liver usually show each of the following, except:
- A. Excessive urobilinogenuria
 - B. Low serum albumin
 - C. Prolonged prothrombin time
 - D. Raised serum transferase activity
 - E. Low serum alkaline phosphatase
 - F. Raised bilirubin retention
- 84.** True observations concerning prognosis in proliferative glomerulonephritis include each of the following, except:
- A. About 90% show complete recovery
 - B. Prognosis is worst in childhood
 - C. Proteinuria may persist for several weeks or months
 - D. Hematuria usually stops in 10 to 14 days
 - E. Death in progressive glomerulonephritis is usually from cardiac failure, uremia or pulmonary edema
- 85.** The best diuretic drug in patients with nephrotic syndrome who show significant hypokalemia or other features of secondary aldosteronism is:
- A. Frusemide
 - B. Spironolactone
 - C. Plain water

- 86.** True observations about chronic pyelonephritis include each of the following, except:
- A. Ultimately urine is of a fixed specific gravity i.e.1010
 - B. Hypokaliemia is one of the causes of death by its effect on heart
 - C. It is not desirable to raise hemoglobin beyond 8.5 g %
 - D. Tetracycline should not be used
- 87.** During oliguric phase of acute renal failure, the main dangers to life are each of the following, except:
- A. Pulmonary edema
 - B. Potassium intoxication
 - C. Metabolic alkalosis
 - D. Uremia
 - E. Fulminant systemic infections
- 88.** Obligatory daily losses through skin and lungs are estimated to be:
- A. 100 ml
 - B. 120 ml
 - C. 400 ml
 - D. 600 ml
- 89.** Drugs that may cause membranous nephropathy include each of the following, except:
- A. Furosemide
 - B. Gold
 - C. Mercury
 - D. Penicillamine
 - E. Captopril
- 90.** True observations about dyspnea include each of the following, except:
- A. In hyperpnea, volume of ventilation is increased
 - B. In tachypnea, respiratory rate becomes excessive
 - C. In mild heart or lung disease, dyspnea is noticeable on rest
 - D. May occur early in the course of disease such as pulmonary thromboembolism or interstitial lung disease
- 91.** Complications of pneumococcal pneumonia include each of the following, except:
- A. Delayed resolution
 - B. Pleural effusion or empyema
 - C. Meningism and even meningitis
 - D. Circulatory failure
 - E. Pericarditis
 - F. Myocarditis
- 92.** True observations about staphylococcal pneumonia include each of the following, except:
- A. May occur as a primary or blood-borne infection from a staphylococcal lesion elsewhere
 - B. Chest X-ray may show multiple pneumatoceles
 - C. Relatively benign condition with excellent prognosis without antibiotics
 - D. Culture of sputum shows a growth of coagulase positive staphylococci
- 93.** Sport the correct dose of Rifampicine:
- A. 100 mg OD

- B. 100 mg BD
- C. 100 mg TDS
- D. 600 mg BD

94. Which of the following is not correct in respect to the radial pulse?

- A. In pulsus alternans the pulse is regular but the amplitude is large
- B. Anacrotic pulse is suggestive of aortic stenosis
- C. Pulsus bisferiens is suggestive of aortic stenosis

95. A persistent elevation of jugular venous pressure is a feature of each of the following, except:

- A. Cardiac failure
- B. Acute pulmonary embolism
- C. Pericardial effusion
- D. Dextrocardia

96. True observations about echocardiography include each of the following, except:

- A. Calcification of mitral valve results in multiple echoes from valve leaflets
- B. Mitral regurgitation can be suspected by abnormal movements of the valve leaflets
- C. It cannot detect abnormalities of congenital heart disease

97. Which of the following is not correct about sinus bradycardia?

- A. Sinus rate is less 70/min
- B. A normal finding in athletes
- C. Syncope may result in sick sinus syndrome with gross bradycardia
- D. Digoxin may cause it

98. Spot the incorrect statement:

- A. Ventricular asystole in Adams-Stokes syndrome is self-limited
- B. Ventricular fibrillation is the rarest immediate cause of death
- C. Ventricular tachycardia generally responds to cardiac shock
- D. Ventricular extrasystoles have an abnormally widened QRS complex

99. True observations about echocardiography include each of the following, except:

- A. Refers to sudden loss of consciousness and absence of a pulse in a large artery
- B. Forceful rhythmic compressions for resuscitation should be at the rate of 100/min
- C. Brain suffers irreversible damage if some circulation of oxygenated blood is not achieved within 2 or 3 minutes

100. Spot the wrong statement in respect to drug therapy of arrhythmia and bradycardia:

- A. Propranolol and practolol are beta adrenergic receptor blocking agents that are of considerable value in these conditions
- B. Mexiletine is of value in the management of increased ventricular excitability associated with myocardial infarction
- C. Procainamide hydrochloride is liable to produce SLE-like syndrome
- D. Isoprenaline is of very little value in the treatment of chronic heart block

101. Spot the wrong observation about hypoglycemia:

- A. Early symptoms are sweating, headache, inability to concentrate, and irritability
- B. May occur in even neurogenic disturbances such as anxiety states
- C. Severe or recurrent attacks may cause permanent brain damage
- D. Diazoxide may be effective in non-islet-cell tumors

ВАРИАНТ №3

1. True statements about rheumatic fever include each of the following, except:
 - A. There is much evidence that it is related to infection with Group A beta-hemolytic streptococci
 - B. Aschoff nodule is the hallmark of the disease
 - C. Almost any joint may be involved
 - D. Prednisolone should be given to every patient with rheumatic heart disease
2. True statements about aortic stenosis include each of the following, except:
 - A. Sudden death is common with severe aortic stenosis
 - B. Left atrial hypertrophy may cause a fourth heart sound
 - C. ECG shows atrial and left ventricular hypertrophy
 - D. As long as symptoms are slight, surgical replacement of the valve should not be done
3. True statements about tricuspid regurgitation include each of the following, except:

- A. Characteristically there is a large “cv” wave in the jugular venous pulse which may move the ear lobes with the patient reclining at 45 degrees
 - B. Systolic hepatic pulsation may be present
 - C. No effective medical treatment is available
 - D. It is common in the presence of right ventricular dilatation
4. Cerebral complications of hypertension include each of the following, except:
- A. Cerebral ischemia
 - B. Cerebral hemorrhage
 - C. Pseudotumor cerebri
 - D. Hypertensive encephalopathy
5. True statements concerning pulmonary embolism include each of the following, except:
- A. Commonest source is the thrombosis in the deep vein of the legs
 - B. Recovery is usual if the patient survives first few hours
 - C. Pulmonary angiography is the most reliable diagnostic tool
 - D. High axis deviation and inversion of «T» waves in right ventricular leads are quite suggestive of the diagnosis
 - E. Hypertension is usually an important component of the clinical picture
6. True statements concerning acute myocarditis include each of the following, except:
- A. Often the only evidence is a sinus tachycardia that is out of proportion to the severity of infection
 - B. Cardiac failure, if not controlled in time, may well prove fatal
 - C. Mortality despite treatment is around 80%
7. Etiologic factors for acute myocarditis include each of the following, except:
- A. Viral infections
 - B. Diphtheria
 - C. Typhoid fever
 - D. Rheumatic fever
 - E. Pneumonia
 - F. Chagas’ disease
 - G. Strongoloidosis
8. Which of the following is the characteristic and diagnostic sign of pericarditis?
- A. Precordial pain
 - B. Pericardial friction rub
 - C. Muffling of heart sounds
9. True observations concerning heart disease in pregnancy include each of the following, except:
- A. Symptoms usually become maximal from 24th week onwards
 - B. Main manifestation is edema
 - C. Commonest major form of heart disease in pregnancy is mitral stenosis
 - D. If a patient with advanced mitral stenosis does become pregnant, either valvotomy or termination should be carried out before the 16th week
10. Features of Takayasu’s syndrome include each of the following, except:
- A. Predominantly young females are affected
 - B. Pulses are diminished or absent in the lower limbs

- C. Headache, syncope, visual disturbance and muscular wasting may occur
D. Prognosis is poor
11. Features of the syphilitic aortitis include each of the following, except:
A. Follows, often, 15 to 20 years after primary infection
B. Never coexists with neurosyphilis
C. Occurs most frequently between the age of 40 and 55 years
D. Diastolic murmur radiates more commonly to the right of the sternum
E. Diagnosis confirmed by serologic tests
12. True observations concerning cor pulmonale include each of the following, except:
A. Denotes enlargement of the right ventricle secondary to malfunctioning lungs
B. Pulmonary hypertension is not a prerequisite for its development
C. Final outcome depends on the ability to cope with the underlying pulmonary disorder rather than with the changes in the heart and circulation
13. Irreversible risk factors for atherosclerosis include each of the following, except:
A. Aging
B. Female sex
C. Genetic traits-positive family history of premature atherosclerosis
14. Match the following in respect to antihypertensive drugs and the dose (Q 14 to 17)
Propranolol A. 0.5 to 8 mcg/kg/min (IV)
15. Olicard B. 10 to 120 mg (IV)
16. Monochinque C. 40 mg (IV)
17. Nitroprusside D. 40 to 80 mg/day (IV)
18. Which of the following observations about erythrocytes is correct?
A. Earliest red cell precursor in the marrow is the proerythroblast
B. Mature erythrocyte stains as an eosinophilic, circular biconcave disc with a diameter of 4.0 microns
C. Presence of normoblasts in peripheral blood indicates excessive or abnormal blood formation or irritation of bone marrow
D. Erythropoietin is a hormone-like substance that is produced in the kidney and acts as a natural controlling stimulus of erythropoiesis
19. Which of the following factors is not necessary for continuation of normal erythropoiesis?
A. Vitamin B12
B. Folate
C. Iron
D. Protein
E. Vitamin C
F. Pyridoxine
G. Thyroxine
20. Which of the following observations about hemoglobin is not true?
A. A conjugate of protein (globin) with a red pigment (hem)
B. In normal adult hemoglobin, the molecule of globin consists of two paired polypeptide chains

- C. Hemoglobin F is present in fetus and disappears during a few month after birth
21. True observations about white blood cells include each of the following, except:
- Mature polymorphus account for about 70% of the total leukocytes
 - Thymus plays an important role in the production of long –lived lymphocytes which are concerned in the phenomenon of immunocompetence
 - Monocytes are formed mainly from the stem cell in the bone marrow
22. True observations about platelets include each of the following, except:
- Size 2 to 4 microns
 - Hyaline nucleated bodies with blue or purple granules
 - Derived in the bone marrow from megakaryocytes
23. Spot the wrong statement:
- In healthy elderly individuals, speed sedimentation erythrocytes may be as high as 30 mm in first hour (Western method)
 - Life span of platelets is 9 to 11 days
 - Poikilocytosis refers to the marked irregularity in the shape of the erythrocytes
 - Nucleated red cells are usually blast cells
 - Eosinophilia means number of eosinophils exceeding $2.0 \times 10^9/L$
24. Which of the following observations about anemia due to deficiency of iron is correct?
- Most common type of anemia throughout the world
 - Symptoms are of gradual onset
 - Objective signs of CNS (central nervous sytem) disease are occasionally seen
 - In a small proportion of cases, spleen may be palpable
25. Common causes of chronic post-hemorrhagic anemia include each of the following, except:
- Menorrhagia
 - Hemorrhoids
 - Ancylostomiasis
 - Malignancy
 - Chronic amebiasis
 - Peptic ulcer
 - Aspirin abuse
26. True observations about megaloblastic anemia include each of the following, except:
- A deficiency of vitamin B12 or folate
 - In tropical countries, most megaloblastic anemia is mostly due to folate deficiency associated with malnutrition, pregnancy and concomitant infection.
 - Megaloblastic marrow is characterized by the presence of pathologic nucleated red cells which differ from normoblasts.
 - Giardia lamblia ranks prominently among the intestinal parasitic infections which cause this anemia
27. Which of the following observations do not hold good in case of Addisonian pernicious anemia?
- Generally affects females between 43 to 62 years of age
 - Onset is insidious
 - Gastrical analysis invariably shows achlorhydria
 - Spleen is usually palpable

- E. In untreated cases, degenerative changes in the posterior and lateral tracts of the spinal cord may be found
28. Drugs causing secondary pancytopenia include each of the following, except:
- Chloramphenicol
 - Cloxacillin
 - Phenylbutazone
 - Indomethacin
 - Antimetabolites
 - Cytotoxic agents
29. Diagnostic features of pancytopenia include each of the following, except:
- Normochromic anemia with little anisocytosis and poikilocytosis
 - Absence of reticulocytes or other signs of blood regeneration
 - Granulopenia
 - Thrombocytosis
 - Poor response to hematics
30. Agents which are known to cause hemolytic anemia include each of the following, except:
- Sulfonamide
 - Erythromycin
 - Nitrofurantoin
 - Arsenic
 - Methyl-dopa
31. Spot the wrong statement:
- G6-PD deficiency is most common in negroes
 - Hemolytic streptococci, staphylococci and *Cl. Welchii* are the most important micro-organisms that can cause hemolytic anemia in man
 - Thalassemia major is very rare in North India
 - Oxymethalone, a synthetic derivative of testosterone, gives good results in pancytopenia
32. True observations concerning autoimmune hemolytic anemia include each of the following, except:
- Here erythrocytes appear to be injured by agglutinins and autohemolysins
 - Coombs test is positive
 - Crises are less severe
 - If steroid therapy fails, splenectomy should be done
33. Which of the following observations about leukemia is not true?
- Possibility of viral etiology appears strong
 - In leukemic or subleukemic leukemia, total white cell count in the peripheral blood is increased though the differential count may not show the presence of immature leukocytes
 - In acute leukemia, the course is rapidly progressive with excessive production of "blast" cells.
 - In general, course of leukemia may vary from a few weeks to several years
34. Spot the wrong statement about hypersplenism:
- Leukocyte and platelet counts are depressed
 - Splenomegaly is prominent feature
 - Splenectomy should be carried out in such patients as soon as possible

35. Features of hypothyroidism in adults include each of the following, except:
- A. Slow pulse rate
 - B. Slow, monotonous and husky speech
 - C. Swollen face with puffy eyelids, thick lips and an enlarged tongue
 - D. Excessive sweating
36. Features of Hashimoto's thyroiditis include each of the following, except:
- A. Aching discomfort in the neck
 - B. Mild pressure symptoms
 - C. Low ESR
 - D. Life-long treatment with thyroxine
37. Features of subacute (de Quervain's) thyroiditis include each of the following, except:
- A. Thought to be autoimmune disease
 - B. A painful condition, generally associated with some thyroid enlargement
 - C. High ESR
 - D. Tends to regress spontaneously
38. Which amount of calcium in urine (persistently so) should be regarded as normal?
- A. Beyond 5 mmol
 - B. Beyond 8 mmol
 - C. Beyond 12.5 mmol
39. Spot the incorrect observation concerning adrenal glands:
- A. About 40 or more steroid compounds have been extracted from the adrenal cortex
 - B. Negative feed-back mechanism thought to operate via the hypothalamus rather than directly on the pituitary
 - C. Glucocorticoids have effects which are antagonistic to insulin
 - D. Weight for weight, aldosterone has almost same mineralocorticoid effect as glucocorticoids
40. A 65-year-old woman comes to the office with a 2-day history of fever, chills, and a cough productive of purulent sputum. She has a history of smoking two pack of cigarettes a day for the last 45 years. A chest x-ray shows a right lower lobe consolidation. Which of the following organisms is the most likely cause of her infection?
- A. *Mycoplasma pneumoniae*
 - B. *Haemophilus influenzae*
 - C. *Streptococcus pneumoniae*
 - D. *Legionella pneumophila*
 - E. *Coccidioides immitis*
41. Tobacco is greatest risk factor for death due to which of the following?
- A. Pancreatic cancer
 - B. Coronary artery disease (CAD)
 - C. Pneumonia
 - D. Stroke
 - E. Sudden infant death syndrome (SIDS)

42. This drug is a vasodilator and, in patients with congestive heart disease, can improve left ventricular function by blocking excessive adrenergic stimulation.
- Carvedilol
 - Valsartan
 - Pravastatin
 - Meropenem
 - Cefepime
 - Propranolol
43. Which of the following statements about the drugs that could be used to treat this patient's asthma is most accurate?
- The B₂-selective drugs used in asthma have no cardiac actions
 - Cromolin blocks the airway smooth muscle contraction that occurs in response to vagal stimulation
 - Chronic use of zileuton decreases in bronchial reactivity
 - No side effects occur with the use of inhalational forms of the glucocorticoids
 - The bronchodilating action of methylxanthines is subject to rapid tolerance
44. A 36-year-old woman complains of severe episodes of headache, tremulousness, palpitations, and anxiety. The patient has noted a change in her voice, and she has difficulty swallowing solids. On physical examination there is a palpable, nontender swelling in front of her neck that moves with deglutition. No cervical lymphadenopathy is noted. Laboratory studies show hyperkalemia. An x-ray of cervical region reveals irregular calcification in the mass, while magnetic resonance imaging (MRI) of the abdomen confirms the presence of bilateral adrenal lesions. Which of the following would be the best screening test for the thyroid mass in this patient?
- An iodine 131 (¹³¹I) scan
 - Measurement of the serum thyroid-stimulating hormone (TSH) level
 - Measurement of the serum thyroxine (T₄) level
 - Measurement of the serum calcitonin level
 - Measurement of the serum parathormone level
45. Causes of secondary aldosteronism include each of the following, except:
- Cirrhosis of liver with ascites
 - Nephrotic syndrome
 - Severe cardiac failure
 - Angina pectoris
46. Which of the following is not seen in Cushing's syndrome?
- Hypotension
 - Obesity
 - Moon facies
 - Excessive hairiness
47. Secondary hyperlipidemia may occur in association with all of the following, except:
- Diabetes insipidus
 - Diabetes mellitus
 - Hypothyroidism
 - Nephrotic syndrome
 - Biliary obstruction

F. Pancreatitis

48. True observations concerning diabetes mellitus include each of the following, except:

- A. Principally a disease of middle-aged and elderly
- B. Insulin dependant diabetes may well be an autoimmune disease
- C. Familial tendencies exist in both types of diabetes
- D. Majority of obese people develop the disease sooner or later

49. Features of relatively stable type of primary diabetes mellitus include each of the following except

- A. Onset in adult life
- B. Usually overweight
- C. Relatively insensitive to insulin
- D. Quite prone to develop ketosis

50. Which of the following is the rarest cause of clinical diabetes mellitus?

- A. Hyperadrenalism
- B. Thyrotoxicosis
- C. Hyperpituitarism
- D. Destruction of islet tissue

51. Which of the following is not a common manifestation of diabetes mellitus?

- A. Polyuria
- B. Intense thirst
- C. Anorexia
- D. Weight loss
- E. Pruritus vulvae
- F. Leg cramps

52. Which of the following is not a feature of metabolic decompensation in diabetes mellitus?

- A. Significant acidosis (bicarbonate 15 mEq/L or 15 mol/L)
- B. Hyperglycemia with blood sugar 33,3 mmol or more
- C. Postural hypotension

53. True observations about cough include each of the following, except:

- A. Usually an early symptom in bronchial carcinoma, but may be a relatively late development in pulmonary tuberculosis
- B. Bovine cough refers to the explosive character of cough that is seen in laryngeal paralysis
- C. Presence of an accompanying stridor indicates whooping or laryngeal or tracheal obstruction
- D. In bronchiectasis it is usually loose and readily productive of sputum

54. Spot the wrong statement concerning aspiration pneumonia:

- A. Also called "nonspecific pneumonia"
- B. Acute lobular pneumonia is of more insidious onset and tends to run a more protracted course
- C. Hypostatic pneumonia occurs in children and young adults, apparently healthy

55. Which of the following does not hold good in case of suppurative pneumonia

- A. Destruction of lung parenchyma by the inflammatory process is the cardinal pathologic finding
- B. Cough with purulent sputum-usually large in amount and sometimes fetid and occasionally blood-stained is present in the late stage

- C. Response to antibiotic therapy is good in most cases
56. Spot the wrong observation in the pathology of tuberculosis
- Initial primary tuberculous always occurs in the lung
 - Primary focus is almost always accompanied by a caseous lesion in the regional lymph node
 - Hematogenous lesion may develop months or even years after the primary infection
 - The characteristic feature of post primary pulmonary tuberculosis is tuberculous cavity
57. True statements about bronchial asthma include each of the following, except:
- "Early onset" asthma is slightly commoner in males and "late onset" -in females
 - Status asthmaticus refers to a stage of intense asthma that persists for many hours or days
 - In uncomplicated cases, chest X-ray is usually normal
 - Subjects with episodes of asthma are worse in winter whereas those with chronic asthma usually worse in summer
58. Which of the following observation concerning treatment of bronchial asthma is incorrect?
- During an attack a beta-adrenergic receptor stimulant, like salbutamol or terbutaline, should be given by inhalation
 - Morphine is by far the best drug to cut down patient's anxiety, and restlessness
 - In the long-term management, breathing and postural exercises are of value to prevent chest deformity and defective posture
59. True observations about chronic bronchitis include each of the following , except:
- Most important causative factor is tobacco
 - Infection is mainly an aggravating factor
 - Auscultation shows variable number of inspiratory and expiratory rhonchus
 - Bronchography shows nothing significant
60. True observations about bronchiectasis include each of the following , except:
- Physical signs in the chest may be unilateral or bilateral but are usually apical
 - A definite diagnosis can be made by only bronchographic examination
 - Sheet-anchors of treatment are postural drainage, chemotherapy and surgical resection
 - A sizeable number of cases develop the illness following whooping cough, measles or tuberculous infection in childhood
61. Spot the wrong observation concerning pulmonary fibrosis:
- Focal fibrosis is a common manifestation of pneumoconiosis
 - Interstitial fibrosis is the end-result of interstitial lung disease
 - Replacement fibrosis is a common feature of pulmonary tuberculosis and of all types of suppurative lung disease
 - Exertional dyspnea and hypoxia are more often encountered in replacement fibrosis rather than in interstitial fibrosis
62. True statements about dry (fibrinous) pleurisy include each of the following, except:
- Usually due to bacterial infection in the underlying lung
 - An infrequent feature of pulmonary infarction
 - A negative radiography does not necessarily rule out a pulmonary cause
63. True observations concerning pleural effusion include each of the following, except:
- Onset in many cases may be insidious with little or no chest pain
 - At least 50 ml of fluid should be aspirated by a diagnostic pleural tap

- C. In large majority of cases in tropical countries, it is tuberculous in origin
 - D. Corticosteroids should be given in all cases of pleural effusion
64. True observations of empyema thoracis include each of the following, except:
- A. Almost always bilateral
 - B. Almost secondary to infection in a neighbouring structure, usually the lung
 - C. When an empyema ruptures into a bronchus, a bronchopulmonary fistula is produced
 - D. While managing, an intercostal tube should be inserted into the most dependent part of the pleural space and connected to a water and drainage system
65. Systemic features of empyema thoracis include each of the following, except:
- A. Pyrexia
 - B. Rigors and sweating
 - C. Marked toxemia
 - D. Anorexia
 - E. Weight loss
 - F. Neutrophil leukocytosis in blood
66. Local features of empyema thoracis include each of the following, except:
- A. Dyspnea
 - B. Pleural pain
 - C. Cough and purulent sputum
 - D. Prominent pulsations over the affected area.
67. Which of the following observations concerning spontaneous pneumothorax is not correct?
- A. In closed type, air is gradually absorbed and the lung re-expands
 - B. Vascular type results in complete collapse of the underlying lung
 - C. In open type, communication is with a bronchus (bronchopulmonary fistula) which seals off as the lung collapses
 - D. In case of tension pneumothorax, a medical emergency, an intercostal catheter should be inserted at once.

Case History: A 25 year-old young lady has been suffering from chronic cough with bouts of dyspnea since the age of 6 years. Her nutritional status is not as good as one expects in an educated and well-to-do family to which she belongs (Q. 68 & 69).

68. What is the most probable diagnosis?
- A. Bronchial asthma
 - B. Cystic fibrosis of pancreas
 - C. Chronic bronchitis
 - D. Tuberculosis.
69. Spot the wrong statement:
- A. She should in no case get pregnant
 - B. Steroid inhalation should be preferred to systemic steroid therapy
 - C. Regular administration of sodium cromoglycate will be an effective prophylaxis.
70. Characteristics of pleural transudate include each of the following, except:
- A. Protein less than 3g/100ml

- B. RBC (red blood complex) less than 10,000/cmm
- C. WBC (white blood complex) less than 1000/cmm, usually more than 50% lymphocytes or mononuclear cells
- D. PH less than 7.3.

71. Causes of sinus bradycardia include each of the following, except:

- A. Myxedema
- B. Jaundice
- C. Raised intracranial pressure
- D. Following myocardial infarction
- E. Beta adrenergic receptor blocking drugs
- F. Digoxin
- G. Dilantin sodium

72. Which of the following is not a cause of sinus tachycardia?

- A. Fever
- B. Hyperthyroidism
- C. Cushing's syndrome
- D. Acute circulatory failure
- E. Chronic circulatory failure

73. Which of the following is not a feature of Adams-Stokes syndrome?

- A. Tachycardia
- B. Syncope
- C. Convulsions
- D. Cyanosis

74. Features of ectopic beats (atrial extrasystoles) include each of the following, except:

- A. QRS complex is abnormal
- B. P is often atypical
- C. Patient may become conscious of the irregularity
- D. No treatment required

75. True observations about syncope of cardiac origin include each of the following, except:

- A. Also known as Stokes-Adams syndrome
- B. Heart rate is usually less than 40/min
- C. Occurs as a rule once in a day
- D. Heart shows a transient or permanent atrioventricular block in the ECG

76. Which of the following diseases predisposes to fainting attacks?

- A. Aortic stenosis
- B. Aortic incompetence
- C. Mitral stenosis
- D. Mitral incompetence
- E. Tricuspidal incompetence
- F. Combined mitral stenosis

77. Slow breathing in a comatose patient points to each of the following, except:

- A. Hypoglycemia
- B. Morphine or barbiturate intoxication
- C. Myxedema

78. Deep, rapid breathing in a comatose patient points to each of the following, except:
- A. Bronchopneumonia
 - B. Diabetes
 - C. Uremia
 - D. None of these
79. Hypotension in a comatose patient points to each of the following, except
- A. Gram negative septicemia
 - B. Addison's disease
 - C. Sun stroke
 - D. Diabetes
 - E. Alcohol or barbiturate intoxication
 - F. Myocardial infarction
 - G. Internal hemorrhage
80. Edema in association with hematuria, proteinuria and hypertension points to:
- A. Nephrotic syndrome
 - B. Acute glomerulonephritis
 - C. Chronic circulation failure (CCF)
 - D. Cirrhosis
81. Causes of facial edema include each of the following, except:
- A. Acute glomerulonephritis
 - B. Nephrotic syndrome
 - C. VSD with CCF (early)
 - D. Allergic reactions
 - E. Myxedema
82. Causes of palpitations include each of the following, except:
- A. Thyrotoxicosis
 - B. Anemia
 - C. Fever
 - D. Aerophagia
 - E. Pheochromocytoma
 - F. Atrial flutter
83. Spot the incorrect statement:
- A. Treatment of shock should be directed towards the rapid restoration of cardiac output and tissue perfusion
 - B. Appearance of external jugular veins is of no value in differentiating between shock with high or low venous pressure
 - C. Most of the individuals with low systolic pressure (90 to 110 mm Hg) are normal and may actually have a greater life expectancy than those with higher pressure
84. Endocrinal causes of hypertension include each of the following, except:
- A. Acromegaly
 - B. Cushing's syndrome
 - C. Primary hyperaldosteronism
 - D. Hypothyroidism

85. Hypertension is part of the clinical profile of each of the following conditions, except:
- A. Mitral incompetence
 - B. Aortic coarctation
 - C. Polyarteritis nodosa
 - D. Thyrotoxicosis
86. Spot the wrong statement:
- A. It is estimated that about 100 ml secretion is produced daily by the tracheobronchial mucosa
 - B. Unlike sneezing, cough is not a reflex phenomenon
 - C. Pulmonary infarction is one of the common causes of hemoptysis
87. Pulmonary infarction needs to be suspected as the cause of hemoptysis in each of the following situations, except:
- A. CCF (Chronic circulation failure)
 - B. Postoperative and post-traumatic states
 - C. Bed-ridden patient
 - D. Phlebotrombosis
 - E. Pleural pain without clear evidence of pneumonia
 - F. Pulmonary tuberculosis
- A 26-year-old, having recurrent bronchitis for over 3 years, was found to have clubbing of fingers. Auscultation revealed sharp metallic crackles with bronchial breathing over a well-circumscribed area in the right infrascapular region. The mediastinum was somewhat shifted to the right.
88. What was the clinical diagnosis?
- A. Bronchiectasis
 - B. Chronic bronchitis
 - C. Consolidation
 - D. Collapse
 - E. Cavity
89. In order to define the extent of disease, which of the following would you choose?
- A. Plain X-ray chest
 - B. Bronchography
 - C. Bronchoscopy
 - D. Pulmonary function test
90. Besides this condition, components of Zivert-Katagener's syndrome (dextroposition splanchnic, bronchiectasis, chronic pansinusitis) include each of the following, except:
- A. Sinusitis
 - B. Dextracardia
 - C. Nasal polyps
91. Complications of the principal diagnosis in the above-said patient include each of the following, except:
- A. Amyloidosis
 - B. Chronic pulmonary osteoarthropathy
 - C. Cerebral abscess
 - D. Emphysema and cor pulmonale

A 38-year-old alcoholic and obese male presented with prolonged pyrexia, anorexia, dyspepsia and loss of libido over the preceding 6 months. Physical examination showed presence of moderate pallor, mild jaundice, pedal edema, slight ascites and hepatomegaly, the liver being firm and palpable by 5 cm. Spleen was not palpable.

92. What was the most likely diagnosis

- A. Alcoholic cirrhosis
- B. Chronic circulatory failure (CCF)
- C. Postnecrotic cirrhosis
- D. Posthepatitis cirrhosis
- E. Portal hypertension

93. Which of the following observations is not acceptable for the disorder?

- A. More frequent in males
- B. Liver is usually enlarged
- C. Esophageal varices are a common finding
- D. Posthepatitis cirrhosis
- E. Obesity is common

94. Digestive manifestations of the disorder may include each of the following, except:

- A. Hematemesis
- B. Peptic ulcer
- C. Pancreatitis
- D. Intestinal obstruction

95. What amount of sodium intake will you allow to such a patient?

- A. Up to 2 g
- B. Up to 0,5 g
- C. Up to 1,5 g
- D. Et Lib

A 49-year-old man, a recently diagnosed case of pulmonary tuberculosis, yet to be started on antituberculous therapy, suddenly begins to have severe chest pain, dyspnea, and chills. Auscultation reveals a scratching sound over the left sternal edge. This sound disappears within few hours of starting symptomatic treatment and while the patient is being investigated.

96. What is the most likely diagnosis?

- A. Acute myocardial infarction
- B. Pleurisy
- C. Pericarditis
- D. Myocarditis

97. What is the most characteristic ECG finding in this condition?

- A. Normal
- B. Elevated ST segment with an upward concavity
- C. Prolonged PR interval

Case History: A 36-year-old undernourished man (a known alcoholic) landed up with coma. His BP was 110/65 mm Hg (lying) and 90/40 (standing) with coma. There was pigmentation over sun-exposed areas, pressure point and mucosa of buccal cavity. A few patches of vitiligo were seen. Blood sugar level was 75 mg %. Chest X-ray was normal.

98. What could be the most likely diagnosis?

- A. Addison's disease
- B. Cirrhosis of liver
- C. Insulinoma
- D. Cushing's syndrome

99. What could be the most likely cause of the disease?

- A. Tuberculosis
- B. Autoimmune adrenalitis
- C. Chromophobe adenoma of anterior pituitary
- D. Metastases from a malignancy
- E. Bilateral adrenal hemorrhage
- F. Amyloidosis

100. Which of the following is the most sensitive test for confirming the diagnosis?

- A. ACTH stimulation test
- B. Plasma ACTH
- C. Plasma electrolytes
- D. Blood glucose
- E. Blood pressure
- F. Plasma renin activity and aldosterone
- G. Plasma immunoglobulin level

101. Spot the most frequent organism(s) in subjects suffering from neutropenia:

- A. H. influenzae
- B. Pneumococcal
- C. Staphylococcal
- D. Streptococcal
- E. Anaerobic
- F. Gram-negative bacilli

102. Important manifestation of insulin has the following advantages, except:

- A. Severe hemoconcentration
- B. Hyperglycemia
- C. Glycosuria
- D. Heavy ketosis