



جامعة أسيوط



كلية الطب

قسم الأمراض الجلدية والتناسلية وطب الذكورة

**Final Exam of Dermatology, Venereology and Andrology for
5th year, August, 2018**

Give a short account on each of the followings: (5 marks each)

- 1- Treatment of Psoriasis.
- 2- Differential Diagnosis of Patchy Hair Loss.
- 3- Oral Candidiasis.
- 4- Reactions in Leprosy.
- 5- Management of Secondary Syphilis.
- 6- Causes and Investigations of Erectile Dysfunction.

Good Luck

Ass. Prof. Moustafa El Taieb



Department of Clinical
Pathology
5th year examination

Date: 27/08/2018
Time: 1 hours
Total Marks: 30
N. Of pages:6

Choose the correct answer:

1- Apolipoproteins are:

- a. Free fatty acids
- b. Lipids carried by proteins
- c. The active lipid form
- d. Enzymes for breakdown of lipids

2- All proteins are synthesized in liver except:

- a. Albumin
- b. Globulins
- c. Fibrinogen
- d. Coagulation factors

3- Gluconeogenesis is:

- a. Formation of glucose from lipids
- b. Formation of glycogen from glucose
- c. Formation of glycogen from lipids
- d. Breakdown of glycogen

4- Electrophoresis is a:

- a. Current application for sample separation
- b. Molecular weight dependent method
- c. Needs special media for application
- d. All of the above

5- Cob web clot is a characteristic feature of

- a. Renal osteodystrophy
- b. TB meningitis
- c. Septicaemia
- d. Liver cell failure

- 6- Haemoglobin-A1c is a test of:
- a. Blood glucose level
 - b. Blood glucose control
 - c. Differentiate type I from Type II diabetes
 - d. Early detector of diabetic complications.
- 7- Hormones controlling electrolytes in blood
- a. Corticosteroids
 - b. Aldosterone
 - c. Parathyroid hormone
 - d. All of above
- 8- Type III hyperlipidemia is characterized by
- a. Increased cholesterol
 - b. Increased Triglyceride
 - c. Increased IDL
 - d. a and b
 - e. All of the above
- 9- Placenta secretes these hormones except:
- a. Human chorionic gonadotropein
 - b. Oestrogen
 - c. Progesterone
 - d. Placental ALP
- 10- Hypoalbuminaemia is a characteristic feature in all except:
- a. Nephrotic syndrome
 - b. Protein losing enteropathy
 - c. Dehydration
 - d. Chronic liver disease
- 11- A decreased osmotic fragility test would be associated with which of the following conditions?
- a. Sickle cell anemia
 - b. Hereditary spherocytosis

- c. Hemolytic disease of the newborn
- d. Acquired hemolytic anemia

- 12- A patient's peripheral smear reveals numerous nucleated RBCs, marked variation of red cell morphology, and pronounced polychromasia. In addition to a decreased Hgb and decreased Hct values, what other CBC parameters may be anticipated?
- a. Reduced platelets
 - b. Increased MCHC
 - c. Increased MCV
 - d. Decreased red-cell distribution width (RDW)
- 13- Which is the first stage of erythrocytic maturation in which the cytoplasm is pink due to the formation of hemoglobin?
- a. Reticulocyte
 - b. Pronormoblast
 - c. Basophilic normoblast
 - d. Polychromatic normoblast
- 14- Spherocytes differ from normal red cells in all of the following except:
- a. Decreased surface to volume
 - b. No central pallor
 - c. Decreased resistance to hypotonic saline
 - d. Increased deformability
- 15- Which of the following test results is normal in a patient with classic von Willebrand's disease?
- a. Bleeding time
 - b. Activated partial thromboplastin time
 - c. Platelet count
 - d. Factor VIII:C and von Willebrand's factor (VWF) levels

- 16- TTP differs from DIC in that:
- a. APTT is normal in TTP but prolonged in DIC
 - b. Schistocytes are not present in TTP but are present in DIC
 - c. Platelet count is decreased in TTP but normal in DIC
 - d. PT is prolonged in TTP but decreased in DIC
- 17- Which of the following is associated with post-transfusion purpura (PTP)?
- a. Non immune thrombocytopenia/alloantibodies
 - b. Immune-mediated thrombocytopenia/alloantibodies
 - c. Immune-mediated thrombocytopenia/autoantibodies
 - d. Non immune-mediated thrombocytopenia/autoantibodies
- 18- A differential WBCs count shows reactive lymphocytes, and the physician suspects a viral infection is the cause. What is the expected laboratory finding in a patient with a cytomegalovirus (CMV) infection?
- a. Heterophile antibody: positive
 - b. Epstein-Barr virus (EBV)-immunoglobulin (IgM): positive
 - c. Direct antiglobulin test (DAT): positive
 - d. CMV-IgM: positive
- 19- In addition to morphology, cytochemistry, and immunophenotyping, the WHO classification of myelo- and lymphoproliferative disorders is based upon which characteristic?
- a. Proteomics
 - b. Cytogenetic abnormalities
 - c. Carbohydrate-associated tumor antigen production

d. Cell signaling and adhesion markers

20- Cryoprecipitate may be used to treat all of the following, except:

- a. von Willebrand's disease
- b. Hypofibrinogenemia
- c. Idiopathic thrombocytopenic purpura (ITP)
- d. Factor XIII deficiency

21- Recognition of self molecules by immune system is important for

- a. Activation of natural killers involved in innate immunity
- b. Binding and identification of consequences of the future cooperation
- c. Induction of TCR and BCR expression on the self molecules.
- d. Activation of processes leading to kill the cell presenting self molecules

22- NK – natural killer identify the abnormalities on cells by detecting the amount of

- a. MHC I molecules
- b. Non self molecules
- c. PAMP – pathogen-associated molecular patterns
- d. PRR – pattern recognition receptors

23- PRR – pattern recognition receptors – can bind

- a. B and T lymphocytes.
- b. Host-cell molecules
- c. MHC I molecules.
- d. NK cells.
- e. PAMP

24- Newborns get their antibodies from mother's milk. This is an example of

- a. Naturally acquired active immunity

- b. Artificially acquired active immunity
- c. Naturally acquired passive immunity
- d. Artificially acquired passive immunity

25- Activation of B cell receptor by the binding of an epitope result in the formation of

- a. plasma cells and T cytotoxic cells
- b. memory cells and T cytotoxic cells
- c. Plasma cells for antibody production and memory cells for primary response
- d. Plasma cells for antibody production and memory cells for secondary response

Good luck



Aswan university - faculty of medicine
Internal medicine department
5th Year Final M. B. B. Ch. Exam
Time allowed: (3hours) total marks: (150)



All questions to be answered:

All questions in one page:

1. **Give definition for the followings:** **(3 degree each)**
 - a. Orthopnea?
 - b. Petechiae?
 - c. Anemia?
 - d. Syncope?
 - e. Shock?
2. **Mention three for each of the followings:** **(6 degree each)**
 - a. Causes of thrombocytopenia?
 - b. Causes of hematemesis?
 - c. Complications of insulin therapy?
 - d. Complications of nephrotic syndrome?
 - e. Complications of hypertension?
3. **Discuss the followings:** **(10 degree each)**
 - a. Complications & management of diabetes mellitus?
 - b. Hemolytic anemia?
 - c. Causes & investigations of chronic non-infective diarrhea?
 - d. Causes & management of chronic renal failure?
 - e. Management of chronic active hepatitis?
 - f. Hypercalcemia?
 - g. Adrenal hypoplasia?
 - h. Diagnostic criteria of SLE and lines of treatment of lupus nephritis?
 - i. Pheochromocytoma?
4. **Enumerate causes of Short stature & discuss one of them?** **(15 degree)**

GOOD LUCK



Aswan University - Faculty of Medicine

Internal Medicine Department

5th Year Final M. B. B. Ch. Exam



Time allowed: (3hours)

Paper 3 (Total marks: 150)

Choose only one answer:-

(Two Marks for Each)

1. Regarding systemic lupus erythematosus (SLE):

- a) It is commoner in men.
- b) (h) Photosensitivity may occur.
- c) Complement (C3 and C4) levels are increased.
- d) Renal involvement is a good prognostic feature.
- e) The antinuclear factor is usually negative.

2. The following drugs may produce an SLE syndrome:

- a) Hydralazine.
- b) (h) Aspirin.
- c) Procainamide.
- d) Phenytoin.
- e) Ranitidine.

3. The following are clinical features of SLE:

- a) Depression.
- b) Alopecia.
- c) Pleural effusions.
- d) Extra-articular nodules.
- e) Uveitis.

4. The following may produce hyperuricaemia:

- a) Pregnancy.
- b) Renal failure.
- c) Wilson's disease.
- d) Polycythaemia rubra vera.
- e) Obesity.

5. The following drugs are used in acute gout:

- a) Indomethacin.
- b) Allopurinol.
- c) Colchicine.
- d) Probenecid.
- e) Aspirin.

6. Heparin:

- a) May be given orally.
- b) Inhibits clotting.
- c) May have its effects reversed by protamine.
- d) Has a half-life of 24 h
- e) May cause alopecia.

7. Regarding iron absorption:

- a) It is increased in pregnancy.
- b) It occurs predominantly in the terminal ileum.
- c) It is enhanced by acidic conditions.
- d) It is enhanced by desferrioxamine.
- e) After absorption it exists as free iron in the ferrous form in peripheral blood.

8. The following are recognized clinical features of iron deficiency anaemia:

- a) Finger clubbing.
- b) Glossitis.
- c) Jaundice.
- d) Dysphagia.
- e) Conjunctivitis.

9. Iron deficiency anaemia:

- a) May be caused by menorrhagia.
- b) Results in a reticulocytosis.
- c) Is associated with spherical red cells.



- d) May be the presenting feature of a caecal carcinoma.
- e) Is associated with a leucopenia.

10. Regarding sideroblastic anaemia:

- a) The ring sideroblast is seen in the peripheral blood.
- b) Bone marrow iron stores are depleted.
- c) It may respond to pyridoxine.
- d) It may be caused by isoniazid.
- e) The red cells are normochromic.

11. Recognized causes of hirsutism are:

- a) Ovarian tumours.
- b) Cushing's syndrome.
- c) Thyrotoxicosis.
- d) Polycystic ovary syndrome.
- e) Congenital adrenal hyperplasia.

12. Recognized features of thyrotoxicosis include:

- a) Proximal myopathy.
- b) Sinus tachycardia.
- c) Carpal tunnel syndrome.
- d) Delayed relaxation of the ankle jerk.
- e) Palmar erythema.

13. In Graves' disease:

- a) Men and women are equally affected.
- b) Thyroid gland is typically nodular.
- c) Exophthalmos is found.
- d) Weight loss is inevitable.
- e) Pre-tibial myxoedema may occur.

14. In the treatment of thyrotoxicosis:

- a) Carbamazepine is often used.

- b) Total thyroidectomy is the usual operative intervention.
- c) Hypothyroidism may result.
- d) Atrial fibrillation usually responds well to small doses of digoxin.
- e) Orbital decompression may be needed.

15. Hypothyroidism may give rise to:

- a) Periorbital puffiness.
- b) Carpal tunnel syndrome.
- c) Cold intolerance.
- d) Increased sweating.
- e) Polycythaemia.

16. Pre-renal failure is a recognized complication of:

- a) Myocardial infarction.
- b) Septicaemic shock.
- c) Bums.
- d) Retroperitoneal fibrosis.
- e) Polyarteritis nodosa.

17. In the investigation of a patient with acute renal failure, the following would suggest a diagnosis of pre-renal uraemia rather than acute tubular necrosis:

- a) Low plasma haematocrit.
- b) Urine: plasma osmolality ratio <1.1
- c) Urine urea >330 mmol/l.
- d) Urine: plasma urea ratio >10.0
- e) Urine sodium >40 mmol/l.

18. 'Renal' causes of acute renal failure include:

- a) Haemolytic uraemic syndrome.
- b) Prostatic hypertrophy.
- c) Malignant hypertension.
- d) Malaria.

- e) Contrast media.

19. Characteristic features of acute tubular necrosis include:

- a) History of severe diarrhoea and vomiting.
- b) Polyuric phase shortly after onset.
- c) Peripheral neuropathy.
- d) Casts in the urine.
- e) Small kidneys in most cases on abdominal X-ray.

20. In the management of the oliguric phase of acute tubular necrosis:

- a) Fluid replacement is calculated from measured losses and approximately 500 ml for insensible loss.
- b) Central venous pressure catheter helps in monitoring fluid replacement.
- c) High carbohydrate diet may be given.
- d) Fluid replacement given should normally be in the form of 0.9% saline.
- e) Haemodialysis may be needed.

21. The following are common causes of lower gastrointestinal bleeding:

- a) Diverticulitis.
- b) Angiodysplasia.
- c) Carcinoma of stomach.
- d) Peutz-Jeghers syndrome.
- e) Carcinoma of rectum.

22. Regarding omeprazole:

- a) It is an H₂-receptor antagonist.
- b) It is used in the treatment of coeliac disease.
- c) It is effective in the treatment of erosive oesophagitis.
- d) It is given four times daily with food.
- e) Gynaecomastia is a side-effect.

23. The following drugs are stimulant laxatives:

- a) Senna.

- b) Ispaghula husk.
- c) Lactulose.
- d) Loperamide.
- e) Liquid paraffin.

24. A chronic gastric ulcer:

- a) Most commonly occurs on the greater curve of the stomach.
- b) Is less common in professionals.
- c) Causes abdominal pain.
- d) Is treated by a Billroth I gastrectomy in the first instance.
- e) May be malignant.

25. The following are complications of a chronic duodenal ulcer:

- a) Malignant change.
- b) Hour-glass stomach.
- c) Pyloric stenosis.
- d) Haemorrhage.
- e) Erythema nodosum.

26. Used in treatment of Ascaris:

- a) Clindamycin
- b) Praziquantil
- c) Metronidazol
- d) Mebendazole

27. Vaccines Storage:

- a) Away from light
- b) at Room temp.
- c) at refrigerator
- d) All above

28. The way that you deliver 100% of the drug to the blood (highest Bioavailability) and rapid action:

- a) IM
- b) IV
- c) Rectally
- d) Inhalation

29. Maximum dose of Paracetamol:

- a) 4 gm / day
- b) 40 mg / day
- c) 2400 mg / day
- d) 3 tab / day

30. Salivation Enzyme converts food into:

- a) Glucose
- b) Maltose
- c) Fructose
- d) Sucrose

1- Case 1 : (10 marks)

A- Twenty years old male suffered from fatigue, anorexia, nausea of one week duration. Five days later, he had vomiting, dull aching right hypochondrial pain, and dark coloured urine. He denied a history of drug intake. On examination; he was jaundiced, temperature was 37° C. Abdominal examination showed tender mild hepatomegaly.

- 1- What is/are the possible diagnosis (es)?
- 2- Mention the required laboratory investigations needed to confirm the diagnosis.

2- Case 2 : (10 marks)

History

A 72-year-old man goes to his general practitioner (GP) complaining of painless swelling of both legs, which he first noted approximately 2 months ago. The swelling started at the ankles, but now his legs, thighs and genitals are swollen. His face is puffy in the mornings on getting up. His weight is up by about 10 kg over the previous 3 months. He has noticed that his urine appears to be frothy in the toilet. He has noted gradual increasing shortness of breath but denies any chest pain. He has also developed spontaneous bruising over the past 6 months. He is a retired heavy goods vehicle driver. He had hypertension diagnosed 13 years ago and a myocardial infarction 4 years previously. He lives with his wife and has no children. He continues to smoke 30 cigarettes a day and drinks about 30 units of alcohol a week. His medication consists of atenolol 50 mg once a day.

Examination

On examination there is pitting oedema of the legs, which is present to the level of the sacrum. There is also massive oedema of the penis and scrotum. There is bruising on the forearms and around the eyes. There are no signs of chronic liver disease. His pulse rate is 72/min and regular. Blood pressure is 166/78 mmHg. His jugular venous pressure is raised at 5 cm. His apex beat is not displaced, and auscultation reveals normal heart sounds and no murmurs.

There is dullness to percussion and reduced air entry at both lung bases. The liver, spleen and kidneys are not palpable, but ascites is demonstrated by shifting dullness and fluid thrill. Neurological examination is unremarkable.

INVESTIGATION

		Normal
Haemoglobin	10.7 g/dL	13.3–17.7 g/dL
Mean corpuscular volume (MCV)	95 fL	80–99 fL
White cell count	$4.7 \times 10^9/L$	$3.9\text{--}10.6 \times 10^9/L$
Platelets	$176 \times 10^9/L$	$150\text{--}440 \times 10^9/L$
Sodium	138 mmol/L	135–145 mmol/L
Potassium	4.9 mmol/L	3.5–5.0 mmol/L
Urea	7.4 mmol/L	2.5–6.7 mmol
Creatinine	112 $\mu\text{mol/L}$	70–120 $\mu\text{mol/L}$
Glucose	4.7 mmol/L	4.0–6.0 mmol/L
Albumin	16 g/L	35–50 g/L
Cholesterol	15.2 mmol/L	3.9–6.0 mmol/L
Triglycerides	2.7 mmol/L	0.55–1.90 mmol/L
Clotting screen: normal		
Urinalysis: +++ protein; no blood		

Questions

- What is the cause of this patient's oedema?
- What is the likely underlying diagnosis?
- How would you further examine, investigate and manage this patient?

3- Case 3 : (10 marks)

History

A 38-year-old woman presents to her general practitioner (GP) complaining of pains in her joints. She has noticed these pains worsening over several months. Her joints are most stiff on waking in the mornings. The joints that are most painful are the small joints of the hands and feet. The pain is relieved by diclofenac tablets. She feels tired and has lost 4 kg in weight over 3 months. She has had no previous serious illnesses. She is married with two children and

works as a legal secretary. She is a non-smoker and drinks alcohol only occasionally. Her Only medication is diclofenac.

Examination

On examination she looks pale and is clinically anaemic. Her proximal interphalangeal joints and metacarpophalangeal joints are swollen and painful, with effusions present. Her metatarsophalangeal joints are also tender. Physical examination is otherwise normal.

INVESTIGATION			
			Normal
Haemoglobin	8.9 g/dL		11.7–15.7 g/dL
Mean corpuscular volume (MCV)	87 fL		80–99 fL
White cell count	$7.2 \times 10^9/L$		$3.5\text{--}11.0 \times 10^9/L$
Platelets	$438 \times 10^9/L$		$150\text{--}440 \times 10^9/L$
Erythrocyte sedimentation rate (ESR)	78 mm/h		<10 mm/h
Sodium	141 mmol/L		135–145 mmol/L
Potassium	3.9 mmol/L		3.5–5.0 mmol/L

Questions

- What is the diagnosis, and what are the major differential diagnoses?
- How would you investigate and manage this patient?

Good Luck



Aswan University
Faculty of Medicine
Neuropsychiatry Department



Psychology (2nd grade)

Final written exam (27/5/2017)

50 marks

90 minutes

Give short account on all of the following

(5 marks each)

1. Models of the Doctor – patient relationship?
2. Factors affecting perception?
3. Disturbances of emotions?
4. Classification of motives?
5. Define intelligence and mention uses of intelligence tests?
6. Mention different methods of learning and discuss one of them?
7. Disorders of thinking?

Choose the best single answer to each of the following questions

(1.5 marks for each)

1. A woman has a verbal altercation with her boss at work. She meekly accepts his harsh words. That night, she picks a fight with her husband. Which of the following defence mechanisms is being used by this woman?
 - a- Acting out
 - b- Projection
 - c- Displacement
 - d- Reaction formation
2. Which of the following is wrong about sensory deprivation?
 - a- It is the result of increased sensory input
 - b- Caused by sensory monotony
 - c- There is absolute absence of external sensory stimuli
 - d- There is increased level of nor-epinephrine
3. Which of the following personality is characterized by sense of self-importance and uniqueness, with day dreams and fantasies of unlimited success or beauty, requires constant attention and praise with marked feeling of rage in a response to criticism?
 - a- Antisocial
 - b- Narcissistic
 - c- Histrionic
 - d- Paranoid
4. Which of the following schedules of reinforcement is most resistant to extinction?
 - a- Continuous
 - b- Fixed ratio
 - c- Discontinued
 - d- Variable ratio



5. According to Jean Piaget cognitive development theory, the concrete operational stage is characterised by:
 - a- Symbolic thinking
 - b- Grasping concept of conversation and serial ordering
 - c- Forming hypothesis and systematically testing them
 - d- Occurring in ages from 2 to 7 years old
6. Who of the following psychologists overemphasized the role of sex in human motivations and ignored social influence?
 - a- Carl Rogers
 - b- Sigmund Freud
 - c- Erik Erikson
 - d- Abraham Maslow
7. Social psychologists usually define an attitude as which of the following?
 - a- A positive, neutral, or negative evaluation of person, issue, or object
 - b- A believe that is held by most members of the individual reference's group
 - c- An opinion well grounded in behavioral science
 - d- An uniformed opinion regarding a controversial issue
8.is the storage and record of our life events and experiences, as autobiology
 - a- Episodic memory
 - b- Procedural memory
 - c- Semantic memory
 - d- Meta memory
9. Which of the following used in control of aggression?
 - a- Catharsis
 - b- Social skill training
 - c- Mood stabilizer
 - d- Amygdalectomy
 - e- All of the above
10. Regarding **Circadian Rhythm** all are true except:
 - a- It is any biological process that displays an endogenous, entrain able oscillation of about 24 hours
 - b- There are two distinct phases, a diurnal phase and a nocturnal phase
 - c- Nocturnal phase is one of withdrawal from the environment with high body temperature, and decline or cessation of the secretion of several hormones
 - d- Diurnal phase is one of active engagement of the environment

(No oral exam)
GOOD LUCK

Total marks: 34 degrees for neurology and 14 degrees for psychiatry

The Exam is composed of 5 answer sheets:

A: Neurology (3 pages)

B: Psychiatry (2 pages)

Please check the pages before starting answer

A) Neurology: (Total Marks: 34)

I- Clinical cases

i- Case 1:

(5 marks)

Sixty seven yrs old Rt handed ♂ brought to the doctor by his daughter who noticed that he had difficulty getting out of a chair and took a long time to begin to walk. She noticed some changes in his face. (Consumption of a meal takes an inordinately long time)¹. The patient frequently loses his balance, and (in walking forward or backward must "chase the body's center of gravity" with a series of short steps in order to avoid falling)². Also the patient complains of tremors. He had very little spontaneous movements, his arms, limbs and trunk were stiff. During examination, (on passive movement of the limb, there is resistance which appears from the start and continues evenly through the movement, in both flexor and extensor groups being interrupted by tremors)³. His posture was stooped and flexed.

Answer the following questions

- 1) Diagnosis of this case is (1/2 mark)
- 2) What is the site of lesion (1/2 mark).
- 3) Tremors of this patient is characterized by..... (1/2 mark)
- 4) What are the changes in the face of this patient... (1/2 mark)
- 5) Speech of this patient is..... (1/2 mark)
- 6) Mention two drugs for this patient of treatment..... (one mark)
- 7) The sign between brackets (1) is..... (1/2.mark)
- 8) The sign between brackets (2) is(1/2 mark).
- 9) The sign between brackets (3) is (1/2 mark)

ii- Case (2)**(5 marks, one mark for each)**

A 35 yrs old ♀ had diminution of visual acuity over 2 days several years before. The patient recovered one month later. Since few months, she noticed troubles with vision and difficulty of gait, she attributed it to the job stress. To relax, she decided to take a drive in her car. "While driving, she saw every thing on her right side as two. Uncertain, which was the actual image, she attempted to put her foot on the brake pedal, but her foot came before or after the brake pedal, and her car coiled with the tree".

Answer the following questions:

- 1) Provisional diagnosis is
- 2) Course of the disease in this patient is
- 3) Mention 2 good prognostic items,
- 4) Mention 2 investigations for this patient.....,
- 5) Mention 2 lines of treatment,

B- Write an account about the following:**(16 marks)**

- 1) Clinical presentation of acute transvers myelitis . (2 marks)
- 2) Main lines of treatment of multiple sclerosis. (3 marks)
- 3) Manifestations suggesting increased intracranial tension. (2 marks)
- 4) Clinical picture of meningitis and its diagnosis. (3 marks)
- 5) Mention the general lines for treatment of status epilepticus. (3 marks)
- 6) Definition of Dementia and its etiology . (3 marks)

C-MCQs:**I- Sign the sentence true (✓) or false(x):****(8 marks : ½ mark for each point)**

1- In right hemitransection of the cord at D2 segment is presented with:

- a) Loss of sensation on left upper and lower limbs. ()
- b) Extensor Babinski on the left side ()
- c) Lost abdominal reflexes on the right side. ()
- d) Loss of touch sensation on the left lower limbs and trunk. ()

2- All of them are criteria of motor neuron disease except:

- a) Wasting of small muscles of the hand. ()
- b) Wasting and fasciculation of the tongue ()
- c) Lose sense of pain and temperature. ()
- d) Spasticity of four limb. ()

3- The clinical features of complete paralysis of the 3rd cranial nerve include:

- a) Pupil constriction ()
- b) Ptosis ()
- c) The eye looks laterally and downward ()
- d) Loss of indirect light reflex (light is shone in the affected eye) ()

4- Infarction in the right side of brain causes:

- a) Left hemiplegia ()
- b) Dripping of fluids from right angle of the mouth ()
- c) Right hemihyposthesia not including the face ()
- d) The jaw is deviated to the right when the patient opens the jaw ()

B) Psychiatry

(Total Marks: 14)

I- Read the following case Scenario and answer the questions:

A 44- year old, single male brought to the emergency room by his older brother because of his strike his elderly neighbor woman. His brother stated that he has been ill since the age of 25 years when his engagement was broken. The patient stated that this woman continuously tries to poison him and make noises to torture him. He also stated that his coworkers refer to him and try to make something wrong in his work; he became more and more suspicious and withdrawn. He reported that he hear voices commenting on his behavior. The patient maintains that there are secret cameras in his apartment that carefully monitor all his activity. When he is watching TV many of his thoughts and actions are broadcasted through TV. Sometimes he believes that his thoughts are not belong to him and other creatures put them in his mind. During examination his affect is blunted. His brother stated that his symptoms fluctuate with sometimes exacerbates and other time diminished.

1) Specify onset and course of this case:

(One Mark)

2) What are the clinical symptoms mentioned her?

(2 Marks)

3) What is the possible diagnosis and what is the management plan for this patient?

(3 Marks)

II- Mention 4 symptoms of somatization disorders:

(2 Marks)

- a) -----
- b) -----
- c) -----
- d) -----

III- Criteria of drug dependence include:

(2 Mark)

- a)
- b)
- c)

IV- Post natal possible etiological factors for mental retardation:

(2 Mark)

- a)
- b)
- c)

V- Depressed patient is highly at risk for suicide if he had:

(2 Mark)

- a)
- b)
- c)

The end of Exam

Good Luck

Professor Dr. Eman M.H. khedr

Professor Dr. Khalid A. Albeeh