



Aswan University
Faculty of Medicine
Pediatrics Department



Final exam of Pediatrics for 5th Year of M.B.B.Ch.

Date: 10th September 2019

Time allowed: 3 hours

Paper (1)

Choose the correct answer (choose only one answer for each question) (2marks for each)

1. Increase in length in the first year of life is
 - a. 12 cm
 - b. 15 cm
 - c. 25 cm
 - d. 35 cm
2. Child changes rattle from one hand to another at the age of
 - a. 3 months
 - b. 6 months
 - c. One year
 - d. Two years
3. Two carpal bones are radiologically seen in the wrist X ray of most of children by the end of
 - a. One year
 - b. Two year
 - c. Three years
 - d. Four years
4. Head control is possible in an infant by Month
 - a. 1
 - b. 2
 - c. 3
 - d. 6
5. All of the following are true regarding Down syndrome EXCEPT
 - a. It is the most common autosomal trisomy
 - b. It is the most common genetic cause of severe learning difficulties.
 - c. The incidence increases with father age.
 - d. There is three genetic types of down syndrome
6. In Autosomal recessive mode of inheritance which is true:
 - a. Males and females are unequally affected.
 - b. Both parents of affected child are diseased by the same disease
 - c. The trait appears in the parents and offspring of the patient.
 - d. Risk of these disorders varies between populations and is increased by consanguinity.

7. **As regard Passive Immunization which is true:**
 - a. It is defined as stimulation of the body to develop defenses against diseases.
 - b. Providing permanent protection through exogenously produced antibodies.
 - c. Passive immunization normally occurs through the transplacental transmission of antibodies to the fetus.
 - d. Cannot be induced for specific preventive purposes.
8. **During poliomyelitis vaccination which of the following Precaution considered false:**
 - a. Breast-feeding adversely affect the immune response of infants and is a contraindication to any vaccine including trivalent oral polio vaccine" (TOPV).
 - b. TOPV can be given to infants with vomiting or diarrhea and an extra dose is recommended after recovery.
 - c. The vaccine should not be given during severe febrile illness.
 - d. It must be stored and transported at low temperature (+ 4°C for transport and -20°C for long period storing).
9. **The majority of accidental ingestions in the pediatric population occur in which age group?**
 - a. 6 months to 1 year of age.
 - b. 18 months to 3 years of age.
 - c. 4 years to 6 years of age.
 - d. 8 years to 12 years of age.
10. **A child with a suspected ingestion presents with delirium, tachycardia, mydriasis, dry mucus membranes and warm/dry skin. This child exhibits signs and symptoms of which toxoid?**
 - a. Paracetamol
 - b. Organophosphorus
 - c. Opioid poisoning
 - d. Sedative hypnotic
11. **Syrup of ipecac would NOT be an effective method of GIT decontamination for which one of the following ingestions?**
 - a. Petroleum derivatives
 - b. Amoxicillin.
 - c. Carbamazepine.
 - d. Phenobarbital
12. **An alert, 6 month old male has a history of vomiting and diarrhea. He appears pale and has an RR of 45 br/min, HR of 180 b/min, and a systolic blood pressure of 85 mm Hg. His extremities are cool and mottled with a capillary refill time of 4 seconds. What would best describe his circulatory status?**
 - a. Normal circulatory status

- b. Early (compensated) shock caused by hypovolemia
 - c. Early (compensated) shock caused by cardiogenic shock
 - d. Late (decompensated) shock caused by hypovolemia
- 13. You perform a routine newborn examination on a baby who is 20 hours old. Which one of the following features requires further immediate assessment?**
- a. Acrocyanosis (cyanosis of the hands and feet)
 - b. A heart murmur
 - c. An undescended testis
 - d. Breast enlargement
 - e. Subconjunctival haemorrhages
- 14. Full-term male infant, with normal birth weight, is born by elective CS. He becomes tachypnoeic with indrawing between his ribs at 2 hours of age. Examination is otherwise normal.**
- a. Meconium aspiration syndrome
 - b. Pneumonia
 - c. Pneumothorax
 - d. Respiratory distress syndrome
 - e. Transient tachypnoea of the newborn
- 15. 36 hour full-term A Rh +ve of O Rh +ve women develop jaundice with TSB is 12 mg/dL. Which of the following additional laboratory findings would be characteristic of ABO hemolytic disease in this infant?**
- a. A normal reticulocyte count
 - b. A positive direct Coombs test
 - c. Crescent-shaped red blood cells in the blood smear
 - d. Elevated haemoglobin
 - e. Petechiae
- 16. Mother of 24 hours old infant develops chicken pox (varicella) 1 day after his delivery. From the following list of options what is the best advice you could give?**
- a. Breastfeeding is contraindicated
 - b. Neonatal infection is unlikely due to transplacentally acquired antibodies
 - c. Reassure and discharge home asking mother to return if the baby develops symptoms.
 - d. The infant's varicella antibody status should be checked
 - e. There is a significant risk of serious neonatal Infection
- 17. 4 years old boy has a 3 day history of fever and headache. CSF show 1200 neutrophils/mm³ decreased CSF glucose and increased CSF protein. What is the most likely diagnosis?**
- a. Bacterial meningitis
 - b. Blood-stained tap
 - c. Normal lumbar puncture result

- d. Tuberculosis meningitis
 - e. Viral meningitis
- 18.A 16-day-old infant presents with fever, irritability, poor feeding, and a bulging fontanelle. Spinal fluid demonstrates gram-positive cocci. Which of the following is the most likely diagnosis?
- a. *Listeria monocytogenes*
 - b. Group A streptococci
 - c. Group B streptococci
 - d. *Streptococcus pneumonia*
 - e. *Staphylococcus aureus*
- 19.A 1-year-old presents for a well-child check-up, but the parents are concerned about giving the child his immunizations. Which of the following is a true contraindication to the administration of the fourth DTaP vaccine?
- a. Child is currently on amoxicillin for an otitis media
 - b. Positive family history of adverse reactions to DTaP vaccine
 - c. A past history of infantile spasms
 - d. Child is currently febrile to 39°C
 - e. Prolonged seizures 6 days after the last DTaP vaccine
- 20.One of the mothers is questioning whether or not she should get her baby immunized as he does not go to nursery and has no siblings so is not at risk of infection. What advice would you give?
- a. As most other children are immunized, it is not crucial for her child to be immunized as he is unlikely to be exposed to any of the infections in the immunization schedule
 - b. Immunization is important as a high proportion of children need to be immunized to remove the infections from the community
 - c. Immunization is important to provide immunity for her child from serious infections and to remove some of these infections from the community
 - d. It is her choice and you do not feel you should give an opinion
 - e. Vaccines are associated with side-effects, so you can understand her reasoning
- 21.Which of the following is the most appropriate action in managing infant for the mother a carrier of hepatitis B surface antigen (HBsAg-positive)?
- a. Screen the infant for HBsAg.
 - b. Isolate the infant with enteric precautions.
 - c. Screen the mother for hepatitis B “e” antigen (HBeAg).
 - d. Administer hepatitis B immune globulin and hepatitis B vaccine to the infant.
 - e. Do nothing because transplacentally acquired antibody will prevent infection in the infant.

22. 2½-year-old boy is very thin, his hair and skin appear normal and there is no oedema or other clinical abnormalities. His height is on the 5th centile but his weight is well below the 0.4th centile. What is the most likely diagnosis?

- a. Kwashiorkor
- b. Marasmus
- c. Normal child
- d. Rickets
- e. Severe gastro-oesophageal reflux

23. **Pregnant vegan mothers would need to supplement their diet of only plant foods by taking:**

- a. Vitamin B12.
- b. Calcium.
- c. Vitamins A.
- d. Iron.
- e. Vitamins D.

For each presented child, choose the one most appropriate vitamin or trace element—replacement therapy to treat the described condition. Each lettered option may be used once, more than once, or not at all.

24. **A 15-year-old vegetarian being treated by INH for tuberculosis develops peripheral neuropathy.**

25. **A 9-month-old infant, who has been fed cow's milk exclusively for 4 months, is tachycardic and pale.**

26. **A 3-day-old infant born at home is brought with bloody stools, hematemesis, and purpura. His circumcision is oozing blood.**

27. **A 4-year-old whose diet consists mostly of cheese puffs and cola begins to have problems walking at night, complaining that he cannot see well. In addition, his skin has become dry and scaly, and he has complained of headache for a month.**

- a. Vitamin A
- b. Vitamin B6
- c. Vitamin C
- d. Vitamin D
- e. Vitamin E
- f. Iron
- g. Vitamin K

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**Answer Aswan University
Faculty of Medicine
Pediatrics Department**



Final exam of Pediatrics for 5th Year of M.B.B.Ch.

Date: 10th September 2019

Time allowed: 3 hours

Paper (1)

Answer the following question (10 marks for each question)

- 1. Absolute and Relative Contraindications to Breastfeeding**
- 2. Causes of Rickets**
- 3. Diagnosis of Pertussis**
- 4. Diagnosis of Mumps**
- 5. Diagnosis of neonatal sepsis**
- 6. Problems of infant of diabetic mother.**
- 7. Mention Side effects and complications of DTaP vaccines?**
- 8. Mention Principles of management of poisoning in children?**
- 9. Mention Clinical features of Turner syndrome?**
- 10. Mention Red Flags in infant development?**

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Aswan University
Faculty of Medicine
Pediatrics Department



Final exam of Pediatrics for 5th Year of M.B.B.Ch.

Date: 18th September 2019

Time allowed: 2 hours

Paper (2)

Choose the correct answer (choose only one answer for each question) (2marks for each)

1. Of the following defects, which is not associated with Tetralogy of Fallot?
 - a) Pulmonary stenosis
 - ☒ b) Atrial septal defect
 - c) Ventricular septal defect
 - d) Right ventricular hypertrophy
2. The drug of choice for rheumatic fever prophylaxis in a penicillin allergic patient is:
 - ☒ a) Erythromycin
 - b) Clindamycin
 - ☒ c) Vancomycin
 - d) Gentamycin
3. Normal heart rate at birth is
 - ☒ a) 120-160 beats/min
 - b) 100-120 beats /min
 - c) 160-180
 - d) Less than 100 beats / min
4. Characters favoring glomerular origin of hematuria include:
 - a) Red urine with blood clots
 - b) Proteinuria < 100 mg/dl
 - ☒ c) Tubular epithelial casts
 - ☒ d) RBC casts
5. A 7-year-old girl develops secondary nocturnal enuresis. What is the next best study?
 - a) Renal ultrasound
 - b) Voiding cystourethrogram
 - ☒ c) Urine analysis
 - d) Creatinine clearance

⇒ omit :-
⇒ method :-
⇒ Harbore
B.R

6. 3-year-old boy came with recurrent wheezing associated with upper respiratory tract infections. Which of the following features most supports the diagnosis of asthma?
- a) Daytime cough
 - b) Finger clubbing
 - c) Peak-flow variability diary
 - d) Persistent moist cough
 - ☒ e) The presence of symptoms between coughs
7. 18-month-old girl, presents with coryza, cough and a mild fever for 3 days. She feeds poorly. Her respiratory rate is normal and there is no chest recession. What is the most likely diagnosis?
- a) Bronchiolitis
 - b) Bronchial asthma
 - c) Pneumonia (lower respiratory tract infection)
 - d) Tonsillitis
 - ☒ e) Upper respiratory tract infection
8. 6-year-old boy who present with vomiting and diarrhoea for 3 days. His stool is watery and foul smelling but has no blood in it. Examination reveals mild dehydration. What is the most likely organism?
- a) Campylobacter
 - ☒ b) Escherichia coli
 - c) Giardia lamblia
 - ☒ d) Rotavirus
 - e) Shigella
9. 10-year-old boy presents with lethargy and dark urine. He ate meal of chicken, fish, broad beans and rice for lunch. He has not had a recent upper respiratory tract infection. What is the most likely underlying cause of his new symptoms?
- a) Acute lymphatic leukaemia
 - b) β -Thalassaemia trait
 - ☒ c) G6PD (Glucose-6-phosphate dehydrogenase) deficiency
 - d) Pyelonephritis
 - e) Sickle cell disease
- 10.5-year-old boy presents with bruising easily. Two weeks ago he had an upper respiratory tract infection. On examination he has widespread bruises with some scattered petechiae. Investigations

reveal: anemia with thrombocytopenia. What is the most likely diagnosis?

- a) Acute lymphoblastic leukaemia
- b) Haemophilia A
- ☒ c) Immune thrombocytopenic purpura
- d) Non-accidental injury
- e) Vitamin D deficiency

11. The term DKA (diabetic keto acidosis) means all of the following except:

- a) Serum glucose is more than 300 mg/dL
- b) Ketonemia
- c) pH less than 7.30
- d) Bicarbonate less than 15 mEq/L
- ☒ e) Absence of ketone in the urine

12. A 3-year-old boy brought with history of first episode of generalized tonic-clonic convulsion associated with fever. The boy had fever (39°C) for the last 48 hours. The seizure lasted for 9 minutes. The boy had history of URI symptoms for the last 2 days. Physical examination reveals postictal state, absence of otitis media, and mildly injected throat. Most likely diagnosis:

- ☒ a) Febrile seizure
- ☐ b) Seizure disorder
- c) Meningitis
- d) Pharyngitis
- e) URI

13. The drug of choice for infantile spasms:

- a) Sodium valproate
- b) Phenytoin
- c) Phenobarbital
- d) Carbamazepine
- ☒ e) ACTH (adrenocorticotrophic hormone)

14. A 2-month-old girl presented with constipation since birth, sleepy, wide anterior fontanelle, bradycardia and macroglossia. You suspect hypothyroidism. Which combination of thyroid function test results would confirm the diagnosis?

- a) High TSH and high T4 levels
- ☒ b) High TSH and low T4 levels
- c) Low TSH and high T4 levels

- d) Low TSH and low T4 levels
- e) Normal TSH and high T4 levels

15.A 7-year-old female presents with jaundice, abdominal pain, nausea, vomiting, and fever. Her examination is remarkable for jaundice, pain of the right upper quadrant with guarding, and a clear chest. Which of the following tests is most likely to reveal the cause of this pain?

- a) Serum chemistries
- b) Complete blood count (CBC) with platelets and differential
- c) Ultrasound of the right upper quadrant
- d) Upper GI series
- e) Hepatitis panel

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Aswan University - Faculty of Medicine

Internal Medicine Department

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



Time allowed: (3 hours)

Paper 2 (Total marks: 150)

Answer all the following questions (15 marks for each)

1. Approach of nephrotic syndrome?
2. Management of Cushing syndrome?
3. Approach of anemia?
4. Diagnostic criteria and complications of systemic lupus?
5. Causes and management of acute renal failure?
6. Enumerate causes of pyrexia of unknown origin?
7. Management of hepatic encephalopathy?
8. Causes and management of Dysphagia?
9. Enumerate medical causes of acute abdomen & discuss one of them?
10. Diabetic emergencies enumerate & discuss one of them?

Good Luck



Aswan University - Faculty of Medicine

Internal Medicine Department

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

Paper 3 (Total marks: 90)



Choose only one answer:-

(Two Marks for Each)

1. Which is not a member of familial non-hemolytic hyperbilirubinemia:

- a) Rotor syndrome
- b) Reye's syndrome
- c) Dubin-johnson syndrome
- d) Gilbert's syndrome
- e) Crigler-Najjar syndrome type II

2. Regarding melena which statement is FALSE:

- a) At least 60 ml of blood is required
- b) Blood should remain at least 4 hours within the gut
- c) Black tarry semisolid stool
- d) Offensive in odour
- e) It may occur due to colonic lesions

3. Manometric study of lower esophagus is important in all EXCEPT:

- a) Mallory-Weiss syndrome
- b) Polymyositis
- c) Diffuse esophageal spasm
- d) Achalasia cardia
- e) Crohn's disease

4. Commonest cause of portal hypertension is:

- a) Acute viral hepatitis
- b) Chronic active hepatitis
- c) Cirrhosis of liver
- d) Carcinoma of liver
- e) Steatohepatitis

5. 'Microalbuminuria' is urinary albumin excretion ratio between:

- a) 10-100 $\mu\text{g}/\text{min}$
- b) 20-200 $\mu\text{g}/\text{min}$
- c) 30-300 $\mu\text{g}/\text{min}$
- d) 40-400 $\mu\text{g}/\text{min}$
- e) 50-500 $\mu\text{g}/\text{min}$

6. Which is not a feature of autonomic neuropathy in diabetes:

- a) Retrograde ejaculation
- b) Gustatory sweating
- c) Mononeuritis multiplex
- d) Hypoglycemic unresponsiveness
- e) Postural hypertension

7. All of the following are noted in Cushing's syndrome EXCEPT:

- a) Psychosis
- b) Systemic hypertension
- c) Sexual precocity
- d) Osteoporosis
- e) Hirsutism

8. Secondary hyperaldosteronism is associated with all EXCEPT:

- a) Congestive cardiac failure
- b) Nephrotic syndrome
- c) SIADH
- d) Cirrhosis of liver
- e) Renal artery stenosis

9. 'Complete' anuria is found in:

- a) Diffuse cortical necrosis
- b) Acute gastroenteritis
- c) Acute renal failure
- d) Chronic glomerulonephritis

e) Acute interstitial nephritis

10. Which of the following does not produce red urine:

- a) Hemoglobinuria
- b) Myoglobinuria
- c) Microscopic hematuria
- d) Acute intermittent porphyria

11. Absolute indication for dialysis:

- a) Serum K⁺ level > 6mEq/L
- b) Serum urea level > 200 mg/dL
- c) Serum creatinine level > 4 mg/dL
- d) Clinical evidence of pericarditis
- e) HCO₃ level < 10 mEq/dL

12. Blood level of all rises in ARF EXCEPT:

- a) Uric acid
- b) K⁺
- c) Na⁺
- d) Creatinine
- e) Phosphate

13. Commonest cause of jaundice in thalassemia is:

- a) Viral hepatitis C
- b) Iron deposition in liver
- c) Viral hepatitis B
- d) Hemolysis
- e) Gall stones

14. Splenectomy is virtually curative in:

- a) G6PD deficiency
- b) Iron deficiency
- c) Thalassemia

- d) Hereditary spherocytosis
- e) Sickle cell anaemia

15. Plummer-Vinson syndrome is not associated with:

- a) Angular stomatitis
- b) Splenomegaly
- c) Clubbing
- d) Post-cricoid web
- e) Pica

16. Plasmapheresis may be done in all EXCEPT:

- a) Cryoglobulinemia
- b) Goodpasture's disease
- c) Hypoplastic anaemia
- d) Myasthenia gravis
- e) Guillain-Barre syndrome

17. Hypertrophic osteoarthropathy is most commonly due to:

- a) Mesothelioma of pleura
- b) COPD
- c) Bronchogenic carcinoma
- d) Fibrosing alveolitis
- e) Tuberculosis

18. Regarding drug-induced SLE which is false:

- a) Nephritis is rare
- b) Hydralazine and procainamide are most common causes
- c) Anti-Histone antibodies are present
- d) Central nervous system involvement is common
- e) Serositis

19. In rheumatoid arthritis, 'rheumatoid factor' is formed against:

- a) IgG

- b) IgA
- c) IgM
- d) IgD
- e) IgE

20. Penicillamine and colchicine both are used in treatment of:

- a) Rheumatoid arthritis
- b) Systemic lupus erythematosus
- c) Progressive systemic sclerosis
- d) Wilson's disease
- e) Gout

21. which of the following drugs not used in Acute pain:

- a) Morphine
- b) Phentanyl
- c) Naloxone
- d) Dexamethasone

22. Atenolol is:

- a) alpha blocker
- b) nonselective beta blocker
- c) selective beta 1 blocker
- d) beta agonist.

23. Heparin is:

- a) Anti-platelet
- b) Anticoagulant
- c) Fibrinolytic
- d) Analgesic

24. Nephrotoxicity is the side effect of:

- a) Paracetamol
- b) Metronidazole

- c) Vancomycin
- d) Gentamycin

25. Hepatotoxicity is the side effect of:

- a) Paracetamol
- b) Metronidazole
- c) Vancomycin
- d) Gentamycin

26. Treatment of Hypertension in pregnant woman:

- a) Captopril
- b) Verapamil
- c) Methyl dopa
- d) All above

27. Side effect of oral Hypoglycemia:

- a) Hyperglycemia
- b) Hypoglycemia
- c) Hyponatremia
- d) Hypertension

28. Diltiazim is:

- a) beta blocker
- b) Ca channel blocker
- c) Na channel blocker
- d) Alph blocker

29. Aspirin used as:

- a) Analgesic
- b) Antipyretic
- c) Anti-inflammatory
- d) All above

30. Which of the following is contraindicated in Asthmatic patient:

- a) Ranitidine
- b) Aspirin
- c) Atrovent

1- Salbutamol

Case 1 : (10 marks)

History

A 22-year-old man presented with malaise and anorexia for 1 week. He vomited on one occasion, with no blood. He has felt feverish but has not taken his temperature. For 2 weeks he has had aching pains in the knees, elbows and wrists without any obvious swelling of the joints. He has not noticed any change in his urine or bowels.

Five years ago he had glandular fever confirmed serologically. He smokes 25 cigarettes per day and drinks 20–40 units of alcohol per week. He has taken marijuana and ecstasy occasionally over the past 2 years and various tablets and mixtures at clubs without being sure

of the constituents. He denies any intravenous drug use. He has had irregular homosexual contacts but says that he has always used protection. He claims to have had an HIV test that was negative 6 months earlier. He has not travelled abroad in the last 2 years.

He is unemployed and lives in a flat with three other people. There is no relevant family history.

Examination

He has a temperature of 38.6°C and looks unwell. He looks as if he may be a little jaundiced.

He is a little tender in the right upper quadrant of the abdomen. There are no abnormalities to find on examination of the joints or in any other system.

INVESTIGATION

		<i>Normal</i>
Haemoglobin	14.1 g/dL	13.3–17.7 g/dL
Mean corpuscular volume (MCV)	85 fL	80–99 fL
White cell count	$11.5 \times 10^9/\text{L}$	$3.9\text{--}10.6 \times 10^9/\text{L}$
Platelets	$286 \times 10^9/\text{L}$	$150\text{--}440 \times 10^9/\text{L}$
Prothrombin time	17 s	10–14 s
Sodium	135 mmol/L	135–145 mmol/L
Potassium	3.5 mmol/L	3.5–5.0 mmol/L
Urea	3.2 mmol/L	2.5–6.7 mmol/L
Creatinine	64 $\mu\text{mol/L}$	70–120 $\mu\text{mol/L}$
Bilirubin	50 mmol/L	3–17 mmol/L
Alkaline phosphatase	376 IU/L	30–300 IU/L
Alanine aminotransferase	570 IU/L	5–35 IU/L
Fasting glucose	4.1 mmol/L	4.0–6.0 mmol/L

Questions

- What is your interpretation of the findings?
- What is the likely diagnosis?

2- Case 2 : (10 marks)

History

A 27-year-old woman is admitted to the emergency department complaining of pain across her back. She became unwell 2 days previously when she started to develop a fever and an ache in her back. The pain has become progressively more severe. She has vomited twice in the past 6 h. She has had no previous significant medical history apart from an uncomplicated episode of cystitis 3 months ago.

Examination

She looks unwell and is flushed. Her temperature is 39.5°C. Her pulse is 120 beats/min, and blood pressure is 104/68 mmHg. Examination of the

cardiovascular and respiratory systems is unremarkable. Her abdomen is generally tender, but most markedly in both loins. Bowel sounds are normal.

INVESTIGATION

		<i>Normal</i>
Haemoglobin	15.3 g/dL	11.7–15.7 g/dL
White cell count	$25.2 \times 10^9/L$	$3.5\text{--}11.0 \times 10^9/L$
Platelets	$406 \times 10^9/L$	$150\text{--}440 \times 10^9/L$
Sodium	134 mmol/L	135–145 mmol/L
Potassium	4.1 mmol/L	3.5–5.0 mmol/L
Urea	14.2 mmol/L	2.5–6.7 mmol/L
Creatinine	106 $\mu\text{mol/L}$	70–120 $\mu\text{mol/L}$
Albumin	44 g/L	35–50 g/L
C-reactive protein (CRP)	316 mg/L	<5 mg/L

Urinalysis: ++ protein; +++ blood; ++ nitrites
 Urine microscopy: >50 red cells; >50 white cells
 Abdominal X-ray: normal

Questions

- What is the likely diagnosis?
- How would you investigate and manage this patient?

3- Case 3 : (10 marks)

History

A 64-year-old man goes to his general practitioner (GP) because he has become increasingly overweight. He has gained 8 kg in weight over the past 6 months. He has noticed that he is constantly hungry. He has found that he is bruising easily. He finds it difficult to get up from his armchair or to climb stairs. He feels depressed and finds himself waking early in the mornings. He has had no previous physical or psychiatric illnesses. He is a retired miner and lives with his wife in a terraced house. He smokes 30 cigarettes per day and drinks 15 units of alcohol per week.

Examination

He is overweight, particularly in the abdominal region. There are purple stretch marks on his abdomen and thighs. His skin is thin, and there are spontaneous bruises. His pulse is 76/min, regular, and blood pressure is 168/104 mmHg. There is peripheral oedema. Otherwise, examination of his heart, respiratory and abdominal systems is normal. His neurological examination is otherwise normal, apart from some weakness in shoulder abduction and hip flexion.

INVESTIGATION

		<i>Normal</i>
Haemoglobin	13.2 g/dL	13.3–17.7 g/dL
Mean corpuscular volume (MCV)	87 fL	80–99 fL
White cell count	$5.2 \times 10^9/\text{L}$	$3.9\text{--}10.6 \times 10^9/\text{L}$
Platelets	$237 \times 10^9/\text{L}$	$150\text{--}440 \times 10^9/\text{L}$
Sodium	138 mmol/L	135–145 mmol/L
Potassium	3.3 mmol/L	3.5–5.0 mmol/L
Urea	6.2 mmol/L	2.5–6.7 mmol/L
Creatinine	113 $\mu\text{mol/L}$	70–120 $\mu\text{mol/L}$
Albumin	38 g/L	35–50 g/L
Glucose	8.3 mmol/L	4.0–6.0 mmol/L
Bilirubin	16 mmol/L	3–17 mmol/L
Alanine transaminase	24 IU/L	5–35 IU/L
Alkaline phosphatase	92 IU/L	30–300 IU/L
Gamma-glutamyl transpeptidase	43 IU/L	11–51 IU/L

Urinalysis: – protein; – blood; ++ glucose
Chest X-ray: normal

Questions

- What is the likely diagnosis?
- How would you investigate and manage this patient?

Good Luck

Aswan University
Faculty of Medicine
Tropical Medicine and Gastroenterology Department
Final 5th year exam

All questions must be answered

Part (I), short essay questions (24 marks, each question 2 marks)

- 1- Enumerate 4 causes of chronic hepatitis
- 2- Enumerate 4 common causes of ascites
- 3- Enumerate 4 heat disorders
- 4- Enumerate 4 causes of febrile jaundice
- 5- Enumerate 4 drugs used in treatment of brucella.
- 6- Enumerate 4 investigations of hepatosplenic schistosomiasis
- 7- enumerate 4 drugs used in h. Pylori eradication
- 8- Enumerate 4 investigations of typhoid fever.
- 9- Enumerate 4 causes of fresh bleeding per rectum.
- 10- Enumerate 4 causes of PUO.
- 11- Enumerate 4 causes of melena.
- 12- Enumerate 4 GIT manifestations of HIV.

Part (II), MCQ (10 marks, each question 1 mark)

1. As regard TB ascites all are correct except:

- a. Laparoscopy is the accurate tool to diagnose.
- b. Ascitic fluid contains excess lymphocytes.
- c. Ascitic fluid deaminase is raised.
- d. SAAG ratio more than 1.1gm/dL

2. All the following are transmitted by feco- oral rout except:

- a. HAV
- b. HCV
- c. HEV
- d. H. Pylori

3. All the following drugs are not used for treatment of schistosomiasis except:

- a. Ceftriaxone
- b. Ciprofloxacin
- c. Praziquantel
- d. Tetracycline

4. All the following are causes of chronic hepatitis except:

- a. HAV
- b. HBV
- c. HCV
- d. Wilson disease

5. All the following drugs are used in typhoid fever treatment except:

- a. Amoxicillin
- b. Cefotaxime
- c. Ciprofloxacin
- d. Doxycycline

6. As regard obstructive jaundice all are not correct except:

- a. Urobilinogen is increased in urine
- b. Increased serum unconjugated bilirubin
- c. Increased reticulocytes in blood.
- d. Dark colored urine and pale clay stool are the main presentation.

7. As regard infectious causes of jaundice all are correct except:

- a. Malaria
- b. Fasciola
- c. Autoimmune hepatitis
- d. Viral hepatitis

8. Causes of acute infectious diarrhea include the following except:

- a. E. Coli
- b. Ulcerative colitis
- c. Shigellosis
- d. Cholera

9. Causes of upper GIT bleeding include the following except,

- a. Bleeding peptic ulcer
- b. Cancer rectum
- c. Bleeding esophageal varices
- d. Mallory Weiss syndrome

10. Parasitic liver diseases include the following except,

- a. Amoebic liver abscess
- b. Hydatid disease
- c. HIV
- d. Schistosomiasis

Prof. Ehab Fawzy Abdou



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Aswan University
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Date 22/07/2019

Neurology and psychiatry Department
5th year final Exam

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

(1)- Neurology (34 Marks)

I- Case scenario

child aged 10 years complaining from high grade of fever 1 week ago associated with RT ear pain. He sought medical advice and received antipyretic and analgesic, few days later patient complaining of severe bitemporal headache, vomiting and neck pain. Patient is admitted to neurology department, on examination he had photophobia, confusion with flexion attitude of lower limbs in bed with discharging ear and during examination child developed involuntary movement of upper and lower limbs with loss of consciousness.

***Answer the following Questions:** (10 marks , 2 marks for each)

- 1- What is the clinical diagnosis?
A -Status epilepticus
B – Brain tumor
C- Meningitis.
D- Vasculitis.
- 2- What is the most important investigation for this condition should be done?
A- CSF Tapping
B- Blood picture
C- CT angiography
D- Blood culture
- 3- What is the meaning of flexion attitude in bed?
A – Hypotonia.
B – Rigidity
C- Pyramidal signs.
D- Meningeal signs irritation.
- 4- What is the precipitating factor of this case?
A – Tonsillitis
B – Tooth extraction
C-- Otitis media.
D- Rheumatic arthritis.

- 5- All are complication of this condition except
A – Obstructive hydrocephalous
B – Epilepsy
C-- Mental retardation.
D-- Migraine.

II- Choose the correct answer:

(10 marks 2 marks for each)

- 1- Myasthenia gravis is diagnosed by the following except
A – Clinical manifestation of muscle weakness in descending manner.
B – Decrement test
C- Elevated creatine kinase serum level.
D- Easy fatigability and diurnal variation.
- 2- All of the following are presented in Frederich's ataxia except
A – Age of onset <20yrs old.
B – Epilepsy
C- Limb ataxia.
D- Extensor planter response.
- 3- Classic migraine is characterized by the following except
A – The headache is preceded by aura.
B – The prodroma always precedes the headache by several days
C- The headache is gradually increased in intensity and distribution allover the head.
D- Nausea is usually present.
- 4- Raised increased intracranial pressure manifestations is manifested in the following except
A – Brain tumor.
B – Transient ischemic attack
C- Epilepsy.
D- Multiple sclerosis.
- 5- Hesitancy is found in
A – Parkinson's disease
B – Diabetic atonic bladder
C- Transverse myelitis in shock stage.
D- Chorea.

III- Correct the following sentences:

(6 marks, 2 marks for each)

- 1- Clinical picture of anterior cerebral artery occlusion is characterized by contralateral complete hemiplegia with more affection of upper limb than lower limb.
- 2- Clinical picture of lateral medullary syndrome is characterized by contralateral complete hemihypothesia.
- 3- Cauda equina lesion is characterized by symmetrical weakness of both lower limbs, is associated with normal knee and ankle reflex, due to affecting root from L1-L5

IV- MCQ

(8 marks 2 marks for each)

1. Hemiplegia, hemianesthesia & hemianopia develop together with disease in the:
 1. Spinal cord
 2. Internal capsule
 3. Thalamus
 4. Brainstem

2. The polyneuropathic pattern of sensory loss suggests presence of the following syndrome:
 1. Numbness & pain in distal parts of extremities
 2. Numbness & analgesia in half of the body
 3. Pain & sensory ataxia in half of the body
 4. Analgesia & sensory ataxia in proximal parts of extremities

3. A 73 year-old woman has a stroke resulting in mild left hemiparesis and left neglect. Where is the lesion most likely to be located? (One answer only)
 1. Left frontal lobe
 2. Right thalamus.
 3. Left internal capsule
 4. Right parietal lobe

4. A brain disorder marked by gradual deterioration of mental capacity, memory impairment, and confusion is known as?
 1. Alzheimer disease
 2. Cerebral palsy
 3. Tourette syndrome
 4. Myasthenia gravis

The end of Neurology questions

(II)- Psychiatry (14 marks)

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

(3 Marks)

A 25-year-old college student is admitted to a psychiatric ward with a six-month history of "personality change, strange behavior, and weird ideas." Approximately six weeks before the admission, the patient became convinced that he was not able to remember his lessons because his thoughts were being "stolen" by other students. A male voice has been advising him to be suspicious of everyone. The patient's parents report that for several weeks their son has been talking in a disorganized and obscure way. Also, he has been very depressed, he lost weight, can't sleep, and has been barely able to take care of his basic needs.

1- What is the diagnosis of this patient?

2- Mention 2 other differential diagnoses?

3- What is the scientific term of the underlined statement?

II. Choose only one answer for each question:

(3 Marks)

- a. Mood disorder secondary to a general medical condition
- b. Brief psychotic disorder
- c. Acute stress disorder
- d. Cyclothymic disorder
- e. Bipolar disorder, depressive episode

1- A 27-year-old woman has been feeling blue for the past 2 weeks. She has little energy and has trouble concentrating. She states that 6 weeks ago she had been feeling very good, with lots of energy and no need for sleep. She says that this pattern has been occurring for at least the past 3 years, though the episodes have never been so severe that she couldn't work.

2- A young mother is involved in a car accident that claims the life of her two sons. When she is told that her two children have died from the injuries they suffered in the crash, she becomes agitated and combative. Her speech is disorganized and incoherent, but the observers understand that she hears the voices of her children screaming to her to help them and that she believes that the hospital nurses are prison guards. These symptoms remit spontaneously in one week.

3- A 42-year-old woman sees her physician because she has been depressed for the past 4 months: She also notes that she has gained 20 lb without trying to. She notes that she does not take pleasure in the activities that she once enjoyed and seems fatigued most of the time. These symptoms have caused the patient to withdraw from many of the social functions that she once enjoyed. The physician diagnoses the patient with hypothyroidism and starts her on thyroid supplementation. Six weeks later, the patient's thyroid hormone levels have normalized, but she still reports feeling depressed.

III. Select the correct answer for each of the following questions:

(2 Marks)

1- A 45-year-old housewife has been drinking in secret for several years. She started with one or two small glasses of Irish-cream per night to help her sleep, but, over time, her nightly intake has increased to four or five shots of hard liquor. Now she needs a few glasses of wine in the early afternoon to prevent shakiness and anxiety. During the past year, she could not take part in several important family events, including her son's high school graduation, because she was too ill or she did not want to risk missing her nightly drinking. She is ashamed of her secret and has tried to limit her alcohol intake but without success. Which of the following is the most likely diagnosis?

- a. Alcohol abuse
- b. Addictive personality disorder
- c. Alcohol dependence
- d. Alcohol-induced mood disorder

2 - A 25-year-old woman is hospitalized for evaluation of episodes in which she appears to lose consciousness, rocks her head from side to side, and involuntarily moves her arms and legs in a non synchronous, bicycling pattern. The episodes occur a few times per day and last for 2-5 minutes. Electroencephalography during the episodes does not reveal any ictal activity. Immediately after a fit, her sensorium appears clear. What is the most likely diagnosis?

- a. Epilepsy
- b. Malingering
- c. Conversion disorder
- d. Factitious disorder

IV. Sign the sentence true (✓) or false (X):

(2 Marks)

- 1-The antidepressant effect of ECT is through down regulation and desensitization of B-adrenergic receptors ()
- 2- Agoraphobia is a fear of closed spaces ()

V. Mention two common intelligence tests ?

(One Mark)

- 1-----
- 2-----

VI. Define akathisia and mention one drug used in its treatment? (One Mark)

1. -----
2. -----

VII. Mention two signs of impending violence? (One Mark)

1. -----
2. -----

VIII. Give short account on transference? (One Mark)

End of the Questions

GOOD LUCK!!!!!!!!!!



Time allowed:
45 minutes

امتحان الفرقة الخامسة

Cardiology

I. Female patient 45 years old, obese, diabetic presented to ER (Emergency Room) complaining from left sided chest pain associated with vomiting and diaphoresis. On examination the patient was sweaty, her blood pressure was 90/60, his ECG showed sinus tachycardia and left bundle branch block.

In short answer the following questions: (14 marks)

- 1- What is the differential diagnosis of the case?
- 2- Laboratory work up and other investigations to confirm the diagnosis.
- 3- Best treatment options for this case.

II. Give short note on:

- 1- Causes and precipitating factors of pulmonary embolism.
(5 marks)
- 2- Causes of secondary hypertension. (5 marks)
- 3- Primary and secondary prevention of Rheumatic fever.
(5 marks)
- 4- Non pharmacological treatment of ischemic Heart disease.
(5 marks)