Model Comprehensive Exam for PHOs

Biostatistics &Research Methodology

1. A researcher was interested to test a certain hypothesis at 95% confidence interval. After performing all the required steps, he found a P-value of 0.05. What should be his conclusion based on this information?

   A. Reject the null hypothesis

   B. Accept the alternative hypothesis

   C. The difference between the sample value and the population is merely by chance

   D. None of the above

2. Assume that the following data represent age of 10 mothers who gave birth at Hawassa Referral Hospital on a particular day: 22, 20, 21, 45, 24, 21, 25, 22, 26 and 24. Which measure of central tendencies will you recommend to summarize age of these mothers?

   A. Arithmetic mean C. Modal

   B. Median D. All of the above

3. A Biostatistics instructor in your college wanted to calculate the second quartile of the above 10 mothers, what would be it?

   A. 12.5 B. 13.5 C. 14 D. 16

4. A nurse working in Labor Ward of a particular health center assessed degree of pain that laboring mothers experience using a five scale items (tolerable, intense, very intense, horrible & unimaginable). Which scale of measurement was used by the nurse?

   A. Nominal C. Ordinal

   B. Ratio D. Interval scale

5. The HIV positive rate in a randomly selected sample of 200 people is 11.0%. Which ONE of the following is the correct 95% confidence interval for the population parameter (normal approximation method)?

   A. 8.83% to 13.17%

   B. 8.83% to 15.34%

   C. 6.66% to 13.17%

   D. 6.66% to 15.34%

6. A second year health officer student tries to investigate a public health problem using 2000 residents of Hawassa area epidemic eruption with a sample of 500 representative groups. If he uses systematic sampling method, the n^{th} selection interval will be

   A. 10 B. 11 C. 8 D. 4

7. A physical therapist wished to estimate, with 99 percent confidence, the mean maximum strength of a particular muscle in a certain group of individuals. He is willing to assume that strength scores are approximately normally distributed with a variance of 144. A ample of 15 subjects who participated in the experiment yielded a mean of 84.3. What is the most likely confidence interval? ($Z\alpha/2=2.56$)

   A. (70, 80) B. (76.3, 92.3) C. 97, 107 D. (60.6, 69)

8. Suppose that one Epidemiology instructor delivered a lecture for classes section "A" and "B". When exam time came both classes had scored the same average marks of 70%. However, the mark for section A's had a standard deviation of 25% whereas the Standard deviation for section B's was 5%. Which of the following sentence is true?

   A. For approximately equal average values, the one with a higher standard deviation is more scattered.
   B. For approximately equal standard deviation values, the one with a higher average is more scattered.
   C. For approximately equal standard deviation values, the one with a lower average is normally distributed.
   D. Though standard deviations differ much between the two sections, we can conclude that the two sections are normally distributed.

9. Assume that Pharma College Graduating Health Sciences students want to conduct a survey to assess the prevalence of malnutrition among under-five year children in Hawassa city. Which of the probabilistic sampling methods is more appropriate for the study?

   A. Systematic random sampling C. Stratified random sampling
   B. Simple random sampling D. Multi-stage sampling

10. The Confidence Interval for the mean, calculated for a series of values, has the interpretation:

A. The true mean is almost certain inside the confidence interval
B. The true variance is almost certain inside the confidence interval
C. The true median is almost certain inside the confidence interval
D. It is an interval that contains almost all the values of the series

11. An investigator wants to summarize his findings from the study by using one of the central tendency measures, median. Which of the following sentence is true about the median?

A. A value for which half of the values are higher and half of the values are lower.
B. The value located exactly midway between the minimum and maximum of the series.
C. The most commonly encountered values among the series.
D. A measure of the eccentricity of the series

12. A survey is conducted to determine the percentage of students at Pharma College who change their department at least once. In a SRS of 100 students 78% indicated that they graduated with a major different from the one with which they entered college. Determine a 95% confidence interval for the percentage of students who change their major.

A. 68.2% to 87.8%
B. 68.5% to 87.5%
C. 70.0% to 86.0%
D. 71.2% to 84.8%

13. A group of 200 patients were followed for about a year for the possibility of developing the outcome of disease was investigated. Therefore, which of the following decision making rule is true about the result of a statistical test, denoted p?

A. The null hypothesis H0 is rejected if p <0.05
B. The null hypothesis H0 is rejected if p> 0.05
C. The alternate hypothesis H1 is rejected if p> 0.05
D. The null hypothesis H0 is accepted if p <0.05

14. An investigator wants to study the magnitude of substance abuse among adult female students of Pharma College. Thus, he uses a technique of building up a list or a sample of a special population by using an initial set of members as informants. For the above scenario which sampling technique is appropriate?

A. Quota sampling
C. Convenience Sampling
B. Snow ball sampling
D. Purposive sampling

15. In a sample of 1000 students in Pharma College, 750, or 75%, are health sciences students. Based on the above information, the college annual academic report revealed that "75%" of all the college students are health sciences students. This report is an example of_____?

A. A sample
C. Statistical inference
B. Descriptive statics
D. A population

16. To survey the opinions of its customers, a supermarket grouped its customers by the days when they did most of their shopping. The supermarket randomly selected two such groups, and asked all customers in those two groups to complete a survey. This method of sampling is?

A. Stratified random sampling.
C. Random digit dialing.
B. Cluster sampling.
D. Systematic sampling.

17. A randomly selected sample of 400 students at a Pharma college with 16-week semesters was asked whether or not they think the semester should be shortened to 14 weeks. Thus, sixty six percent (66%) of sampled students responded "Yes." Which one of the following statements about the number 66% is correct?

A. It is a sample statistic.
C. It is a margin of error
B. It is a population parameter.
D. It is a standard error.

18. Both non-pharmacological and pharmacological therapies are known to lower blood pressure levels. In a double-blind study non-pharmacological therapies outperformed the pharmacological one. The 95% confidence interval estimate of the difference in mean blood pressure lowering level was (18, 41). Which one of the following propositions is most essential to the final conclusion?

A. Pharmacological therapies lowers blood pressure an average of 18 points, while non-pharmacological lowers an average of 41 points.

B. There is a 0.95 probability that non- pharmacological will outperform the pharmacological in lowering the blood pressure level of any given individual.

C. There is a 0.95 probability that non-pharmacological therapies will outperform pharmacological therapies by at least 23 points in lowering the blood pressure level of any given individual.

D. We should be 95% confident that non-pharmacological therapies will outperform the pharmacological therapies as blood pressure lowering drug.

19. A hypothesis test is done in which the alternative hypothesis is that more than 10% of a population is left-handed. The p-value for the test is calculated to be 0.25. Which statement is correct?

A. We can conclude that less than or equal to 10% of the population is left-handed.
B. We can conclude that more than 25% of the population is left-handed.
C. We can conclude that exactly 25% of the population is left-handed.
D. We can conclude that greater than or equal to 10% of the population is left-handed.

20. You have measured the systolic blood pressure of a random sample of 30 patients. A 95% confidence interval for the mean systolic blood pressure for the patients is computed to be (122, 138). Which of the following statements gives a valid interpretation of this interval?

A. 95% of the sample of employees has a systolic blood pressure between 122 and 138.
B. 95 % of the employees in the company have a systolic blood pressure between 122 and 138.
C. If the sampling procedure were repeated 100 times, then approximately 95 of the sample means would be between 122 and 138.
D. If the sampling procedure were repeated 100 times, then approximately 95 of the population means would be between 122 and 138.

Epidemiology

21. Three thousands (3000) healthy persons were followed for 2 year; 100 persons developed TB at the mid of the second year, the incidence density could be_

A. 16.7 cases per 1000 person-years
B. 33 cases per 10000 person -years
C. 166.7 cases per 1000 person –years
D. 33 cases per 1000 population

22. A cohort study is conducted to determine whether smoking is associated with an increased risk of bronchitis in adults over the age of 40. The findings are as follows:

- The frequency of bronchitis in the smokers is 27 per 1,000 person-years.
- The frequency of bronchitis in the non-smokers is 3 per 1,000 person-years. What is the rate ratio?

A. 0.111
B. 0.999
C. 9 per 1,000
D. 11 per thousand

23. A cohort study examined the association between smoking and lung cancer after following 400 smokers and 600 non-smokers for 15 years. At the conclusion of the study the investigators found a risk ratio = 17. Which of the following would be the best interpretation of this risk ratio?

A. There were 17 more cases of lung cancer in the smokers.
B. Smokers had 17% more lung cancers compared to non-smokers.
C. Smokers had 17 times more risk of lung cancer than non-smokers.
D. 17% of the lung cancers in smokers were due to smoking.

24. A case-control study was conducted to assess the association between exposure to indoor air pollution during pregnancy and occurrence of low birth weight. The data were analyzed and summarized in a two-by-two table. The frequencies observed for cells a, b, c, d were 40, 110, 25, 290 respectively. Accordingly, the odds ratio is:

B. 1.60 B. 4.22 C. 3.36 D. 0.30 E. None

25. Even if a certain health problem 'X' occurs only rarely among a particular community, it has got public health importance due to its severity related to its higher fatality rate. If an investigator is interested in studying factors that could determine an individual contracting the problem, which of the following study designs would you recommend as best appropriate for the study?

A. Cohort study C. cross-sectional study E. case series

B. Case study D. case-control study

26. Public Health Professional identified mosquito breeding sites, in an area, therefore they anticipated that this could be a condition leading to the cause of malaria. They undertake a campaign with the community to eliminate those breading sites. Which level of disease prevention had they practiced?

a. Primordial c. Primary

b. Secondary d. Tertiary

H.Nutrition

27. Mrs. Aster is 1.6 metres tall and weighs 75 kg. What is her BMI and how would you categorize her weight?

A. 28.2- Overweight

B. 46.9- Class II obesity

C. 26.5- Class II Obesity

D. 40 .2- Overweight

28. Suppose a screening program is conducted in Adoro Village to identify stunting children . What type of anthropometric measurement could be implemented?

A. weight for age

B. Height for age

C. Body mass index

D. weight for Height

29. Mrs. Meselu a 36-year female patient, she has been on INH (anti TB treatment) for the last 8weeks, on the sixth week she started to develop weakness and Poorly coordinated walk. What will be the possible cause?

A. Riboflavin deficiency

B. Niacin deficiency

C. Pyridoxine deficiency

D. Thiamine deficiency

30. Baby Tomas is a 3years old male child who was brought by his mother from Leku town with the complaint of loss of appetite and on history if his mother tells you as he was breast fed only for three months and from then onwards as she was initiated cow's milk and during physical examination if you find skin lesion with a characteristic of edema, flaky paint dermatosis, thinner and lighter hair, what will be your possible diagnosis?

A. Iodine deficiency disorder

B. Marasmus

C. Kwashiorkor

D. Iron deficiency disorder

31. Baby Tariku, a two-year male child brought by his parents to your OPD with a complaint of loss of appetite and vomiting everything, on physical examination he has bilateral pitting oedema and his weight for height was <70%. Based on the above information he is categorized as?

A. Moderate acute malnutrition

B. Sever acute malnutrition

C. Global acute malnutrition

D. Stunting

Enviromental Health and Ecology

32. A house, which is poorly sited, planned and constructed, inadequate floor space for the family poorly maintained and does not in general comply with important sanitary facilities. This is most probably what type of House is it?

A. Substandard House
C. Standard House
B. Dwelling
D. Premises

33. It is a colorless, odorless, and non-irritating poisonous gas with a high fatality rate produced by incomplete combustion of carbonaceous fuel.

A. Oxides of Nitrogen
C. Carbon monoxide
B. Carbon dioxide
D. Sulfur dioxides

34. A newly recruited Health Extension worker has been offered health education pertaining to wastewater management for her catchment community members. Accordingly, she told them to dispose the waste water arises from bathrooms, kitchens, food preparation and dishwashing. The most likely type of wastewater she teaches is?

A. Sullage
B. Human waste
C. Sewage
D. runoff

35. A health practitioner at a given area teaches the community to use safe drinking water, properly and continual hand washing practice, vector control and management, proper refuse and liquid waste management, provision of food safety and healthful housing condition. Based on the above scenario what level of intervention strategy does the health worker implemented?

A. Intervention at the source
C. Intervention at the host
B. Intervention in the environment
D. Intervention at the agent

36. Which of the following component of occupational health definition does involves characterization or acknowledgment of the workplace hazards by identifying hazardous agents and groups of workers potentially exposed to these hazards.

A. Anticipation B. Evaluation C. Monitoring D. Recognition

Reproductive Health

37. W/ro Beritu a 35 year old gravid 4 Para 3 women is a known HIV patient for the last 3 years. there is a chance of transmission of the infection to the fetus. What is the most possible situation that can directly affect the risk of transmission of the infection from the other alternatives?

    A. The stage of HIV/AIDS
    B. Nutritional status of the woman
    C. The health status of her husband
    D. Economic status of the woman

38. Ato Bekele came to a VCT center for HIV test, while taking a history, you recognized him as most at risk individual for acquiring HIV infection. Which of the following alternative could best describes the situation of this client?

    A. Teacher
    B. Long Distance Driver
    C. Rich Merchant
    D. Taxi Driver

39. Ketema, a 24 year old college student who have been engaged in high risk behavior for the last 2 years and had a test for HIV test today and result came out positive. He claims that he has not been engaged in any high risk behavior for the last 4 months after his first test. What was Ketema's stage of HIV/AIDS in the last 4 months?

    A. AIDS stage
    B. Symptomatic stage
    C. Asymptomatic stage
    D. Sero conversion Stage

40. Country A, has a sub population experiencing a high risk behavior, they are contributing for the spread of HIV infection in country wide.HIV prevalence is >1% in pregnant women of the country. what is the most likely epidemic state of the country

    A. Low level Epidemic
    B. Concentrated Epidemic
    C. Moderate Epidemic
    D. Generalized Epidemic

41. W/ro Yeshiemebet a 32 year old gravid 4 Para 2 women came to a clinic with a heavy Bleeding through the vagina, on P/E Uterus is 20 week .it's her second time since the last two years, she was trying to conceive .On History she was well until the last day she was feeling lower abdominal cramp suddenly without an identifiable reason. Doctors diagnosed this as Abortion 20 to Cervical Incompetence. What could be the classification of Abortion of this Woman by Onset?

    A. Inevitable Abortion
    B. Spontaneous Abortion
    C. Missed Abortion
    D. Induced Abortion

42. W/ro Meselu came to gynecology OPD with a compliant of yellowish profuse vaginal discharge of 4 days duration and low grade fever of the same days duration. You diagnosed her case as bacterial Vaginosis. What is the category of Bacterial Vaginosis?

A. Sexually Transmitted Infection
B. Endogenous Vaginal Infection
C. Iatrogenic infection
D. Exogenous Vaginal Infectio

Health Education

43. A vaccination team arranged to hold a vaccination session each month at certain outreach village. When the day arrived, the Health Officer in charge of the Health Center insisted on taking the land rover to the zonal capital to obtain supplies. Without the transport the vaccination team could not keep the appointment. The patients waited in vain all day and then went home. This statement indicates.

A. Lack of information
B. Lack of organization
C. Lack of coordination
D. All of the above

- Health care workers are often involved in health communication. They are usually respected as good sources of information, and they are in regular contact with many parents through their day-to-day work. Assuming you are a professional health worker engaged in health education activity in outpatients setting with a mother whose child has diarrhea; your role as an educator is to Investigate on Health risks, to teach, to share knowledge, experience, skills and ideas. The outcome of the treatment depends often on how well you communicate with the mother and how well she carries out your instructions about home care.
- Instruction: Answer questions 45 and 46 based on the illustration given above.

44. The communication situation in the information given is?

A. Linear Communication
B. Mass Communication
C. Group Communication
D. Two way Communication

45. Which of the following is/are a disadvantage of using closed questions in health communication with mothers?

A. Can lead a mother to answer what she thinks the health worker wants to hear
B. A mother will have an opportunity to say anything apart from yes or no
C. The chance to find out other important information is immense
D. All of the above

46. If a given person wants to use condom in one causal sex situation and if, by chance, he get condom around and this leads him to practice safe sex, the absence of CONDOM in his case is regarded as _____ in influencing the sexual behavior of the person.

A. Predisposing
B. Enabling factor
C. Re-enforcing factor
D. None

47. W/ro Almaz, a mother of three children, was very much interested in long lasting F/P methods, but decided to use Depo-Provera (Injectable) after counseling effort by a nurse (informed decision). Her husband, Ato Kebede, was also comfortable with the methods she is using currently. Because the nurse has informed him thoroughly about the advantage of the contraceptive method. Therefore, he always encourages and reminds her to use it. Based on the case given above, the factor that affected w/ro Almaz's behavior on F/P by her husband is:

A. Predisposing factor
B. Enabling factor
C. Re-enforcing factor

Health Economics

48. Suppose you are Head of Shebedino Wereda Health Office and you have received a budget breakdown from Zonal Health Department. The amount of recurrent budget for the wereda for 1990 E.C fiscal year are 75% for salaries, 13% for drugs and 12% for operational costs. If you want to evaluate the cost effectiveness of the health programmes in the wereda, which of the ratios do you recommend for measurement?
    A. The ratio of the total health service cost of the wereda to the population of the wereda
    B. The ratio of the total number of health workers in the wereda to the population of the wereda
    C. The ratio of the total health service costs of each health programme to the number of people who were provided service by the respective programme
    D. None of the above
49. In private Health Institutions of Hawassa City, the price of medical care is increasing, what is the effect on the demand for medical care in Public Health Institutions?
    A. Increasing, b/s medical care given in private and public health institutions is complements with each other.
    B. Increasing, b/s medical care given in private and public health institutions is substitute with each other.
    C. Medical care in private health institutions is inferior good
    D. None
50. Ayele has enough money to attend Master's program or to buy a house or to get married. He chooses to get married. What is the opportunity cost of getting married?
    A. The money expensed for marriage
    B. Attending Master's program
    C. To buy a house
    D. Attending Master's program or buying a house, whichever was his second choice
51. In 2002 a family had an income of $20,000 and had an average of $50 in health care expenditures, while in the year 2010 this family had an income of $40,000 and had an average of $500 in health care expenditures. Assuming there was no inflation, this shows that on average
    A. Health care is a normal good
    B. Health care is an inferior good
    C. Both A and B are correct D. None of the above
52. The price of hops falls from $300 per ton to $100 per ton, how will this affect the supply curve for beer?
    A. Beer firms want to sell more at each price of beer
    B. Beer firms now find that beer production is more profitable than it was before
    C. The supply of beer tend to be increase D. All

Model Comprehensive Exam for PHOs

Health Service Management

53. A manager who possesses knowledge of the processes, equipment, and potential problems of an organization would possess what type of managerial skill?

    A. Technical
    B. Administrative
    C. Interpersonal
    D. Organizational

54. As the regional manager of Health Bureau, Nahom is frequently required to attend ceremonial activities like attending a social function on behalf of the organization or presiding at a farewell dinner of a departing employee. Which of the following role of manager is appropriate to the given scenario?

    A. Figurehead
    B. Liaison
    C. Monitor
    D. Leader

55. Naod and Senework have been gotten a trouble to decide who should do the ***Emergency case team's duty scheduling for the next one month***, a task that is both difficult and time consuming. As their Health Center manager, Shewareged intervenes and tells them to cooperatively prepare the next month's duty schedule. Therefore based on the above scenario, **Shewareged** is exercising the role of a _____.

    A. Disturbance Handler
    B. Resource allocator
    C. Negotiator
    D. Delegation

56. Which term best describes the process of obtaining, deploying, and utilizing a variety of essential resources to contribute to an organization’s success?

    A. Planning
    B. Organizing
    C. Staffing
    D. Management

Which management function involves setting goals and objectives and creating specific plans for completing them?

a. Planning
b. Organizing
c. Controlling
d. Leading

57. A zonal health Department head assigned a budget for different tasks for a fiscal year. Which of the decisional role did he play?

A. Negotiation C. Resource allocation role

B. Dissemination D. Monitoring role

58. A college dean who has experts in different professionals as employees left them to do their activities. What leadership style did he apply?

A. Autocratic B. Bureaucratic C. Democratic D. Laissez faire

59. There was interpersonal conflict in the same department of a certain health facility. What was the best management option that they do?

A. Leave the issue for those involved

B. Manage the conflict after a month

C. Switch one of them to another department

D. Resolve the conflict as soon as possible

Internal Medicine

61. A 57-year-old woman is admitted to the ICU after being involved in a highway motor vehicle accident. She was hypotensive at the scene and received 7 liters of fluids, which included crystalloids, blood, and fresh frozen plasma. She apparently had significant external blood loss from multiple fractures and skin loss. She undergoes surgery, after which she is transferred to the ICU and receives continuous IV fluids and vasopressors. Her laboratory studies 24 hours after the accident show the following:

    A. Hb 9.5 g/dl
    B. WBC 15,000/cm
    C. BUN 34 mg/dl
    D. Serum Creatinine 2.2 mg/dl

Which of the following is the most likely microscopic finding on urinalysis?

    A. Broad cast
    B. Muddy brown cast
    C. RBC casts
    D. WBC casts

62. 50-year old male presents with polyuria and polydipsia. He has smoked 1 pack of cigarettes daily for the past 30 years. He denies having any past medical problems. His mother and one maternal uncle are diabetic. Temperature is 37° C, pulse is 75/min, blood pressure is 150/90 mm Hg, and respirations are 15/min. Examination of all the systems is unremarkable. Chemistry panel shows:

    A. Blood glucose 210 mg/dl
    B. BUN 12 mg/dl
    C. Creatinine 0.9 mg/dL

63. The patient is diagnosed with type 2 diabetes mellitus. He is advised exercise and dietary modification. He is referred to an ophthalmologist and appropriately screened for diabetic retinopathy. What is the most sensitive test to screen for nephropathy in this patient?

    A. Creatinine clearance
    B. Dipstick testing of urine for protein
    C. Random urine for microalbumin/creatinine ratio
    D. Oral glucose tolerance test

64. A 50-year-old man comes to the physician for a routine check up. He has no present complaints. He has diabetes mellitus, type 2, stable angina, and gout. He takes glyburide and atenolol. He smokes two packs a day and, occasionally, consumes alcohol. His father had an early myocardial infarction; his brother has diabetes mellitus. His blood pressure is 140/90 mm Hg and heart rate is 65/min. Physical examination shows no abnormalities. There is concern about end organ damage in this patient due to diabetes mellitus. Which of the following is the earliest renal abnormality to be present in this patient?

    A. Nodular sclerosis
    B. Glomerular basement membrane thickening
    C. Mesangial expansion
    D. Glomerular hyperfiltration

65. A 35-year-old African American man comes to the physician complaining of 2 weeks of abdominal distension. He has been in a drug rehabilitation program for 2 years due to prior heroin abuse. Recent viral hepatitis HIV profiles were negative. His temperature is 37.1 C , blood pressure is 145/82 mm Hg, pulse is 80/min, and respirations are 14/min. The patient is obese with a body mass index of 40. Examination shows periorbital edema, ascites, and 2+ pitting edema in both legs up to the knees. Breath sounds are decreased at the right lung base. Twenty-four-hour urine shows protein excretion of 7.5 g. Which of the following is most likely Dx?

    A. Focal segmental glomerulosclerosis
    B. Diabetic Nephropathy
    C. Membranous nephropathy
    D. Minimal change disease

66. A 27-year-old man comes to the physician because of a 2-day history of periorbital swelling. He was treated with oral Cloxacillin for a skin infection 3-weeks ago. His urine has turned darker. His temperature is 37.4° C, blood pressure is 150/90 mm Hg, pulse is 80/min, and respirations are 15/min. Examination shows periorbital swelling. Urinalysis shows 8 RBCs/HPF with RBC casts and a mild proteinuria. Laboratory studies show low serum C3 levels; BUN is 40 mg/dL and serum creatinine is 2 mg/dl. Which of the following is the most likely diagnosis?

    A. Drug-induced acute interstitial nephritis

B. Acute pyelonephritis

C. Post streptococcal glomerulonephritis

D. Membranoproliferative glomerulonephritis

67. A 16-year-old girl comes to the clinic with 2 days of a burning sensation with voiding. She had sexual intercourse last week and her partner used a condom. The patient says, "I always pee right after sex." She has no vaginal discharge and her vital signs are normal. Examination shows suprapubic tenderness. Urinalysis shows positive nitrites, positive leukocyte esterase, 50 white blood cells/high-power field, and many bacteria. Urine P-hCG is negative. Which of the following is the most likely cause of this patient's infection?

A. Ascending infection

B. Hematogenous spread of infection

C. Sexually transmitted infection

D. Poor genital hygiene

68. A 31-year-old woman comes to the office with a 6-week history of periorbital edema and abdominal distention. Her temperature is 37.1 C , blood pressure is 125/75 mm Hg, pulse is 80/min, and respirations are 14/min. Examination shows moderate ascites and lower extremity edema. Urinalysis shows proteinuria and 24-hour urinary protein excretion is 4 g/day, total serum protein is 5 g/dl, and serum albumin is 2.5 g/dl. Renal ultrasound is unremarkable.. The patient is started on diuretics and salt and protein intake is restricted. The edema begins to improve. However, the patient suddenly develops severe right-sided abdominal pain, fever, and gross hematuria. Which of the following is the most likely diagnosis?

A. Focal segmental glomerulosclerosis

B. lgA nephropathy

C. Membranous glomerulopathy

D. Minimal change disease

69. A 28-year-old man comes to the emergency department complaining of fever, stiff neck, and photophobia. Which of the following is the best empiric treatment for this patient?

A. Vancomycin, ceftriaxone, ampicillin and dexamethasone

B. Vancomycin, ceftriaxone, and ampicillin

C. Vancomycin and ceftriaxone

D. Vancomycin, Ceftriaxone, and dexamethasone

70. A 56-year-old man with type 2 diabetes mellitus of 15 years duration is being treated with metformin, glimepiride, and sitagliptin. The patient also has hypertension, hyperlipidemia, and coronary artery disease. His current hemoglobin A1c level is 7.5%. Switching to insulin therapy to attain better glycemic control is discussed with the patient. Intensive glycemic control with a goal hemoglobin A1c of <6.5% is most likely to reduce the risk of which of the following complications?

A. Stroke
B. Hypoglycemia
C. Myocardial infarction
D. Retinopathy

71. A 55-year-old Caucasian male presents to the office for a routine check-up. He has no present complaints. His past medical history is significant for a long history of hypertension. He does not smoke or consume alcohol. His current medications are enalapril and hydrochlorothiazide. His blood pressure is 140/90 mm Hg and heart rate is 80/min. Physical examination reveals a moderately overweight man (BMI = 27 kg/m2) with a waist circumference of 102 cm. The laboratory Fasting blood glucose study shows 112 mg/dL
Which of the following is the most important pathogenic factor for this patient's condition?

A. Impaired secretion of insulin
B. Low absolute values of insulin
C. Insulin resistance
D. Sympathetic hyperactivity

72. A 50-year-old man comes to the physician for a routine follow-up visit. He has hypertension, diabetes mellitus, secondary hyperparathyroidism, and end-stage renal disease. He has been on hemodialysis for the past three years. He was admitted three months ago for line sepsis, which was treated with antibiotics. He had a right below-the-knee amputation two years ago following a non-healing foot ulcer. Physical examination shows a right carotid bruit. If this patient dies within the next five years, what would be the most likely cause of his death?

A. Cardiovascular disease
B. Stroke
C. Infection

D. Cancer

73. A 30years old female patient presented with sudden onset of very severe headache with nausea and vomiting. She had slight neck pain and stiffness and had mild mental status changes. There is no weakness of the extremities. At the emergency room, CT scan was done and was reported to be normal. What will be your next step?

A. Lumbar puncture
B. MRI
C. Angiography
D. ECG

74. A 30years old female patient presented with sudden onset of very severe headache with nausea and vomiting. She had slight neck pain and stiffness and had mild mental status changes. There is no weakness of the extremities. What is the likely clinical Diagnosis?

A. Pyogenic Meningitis
B. Ischemic Stroke
C. Subarachnoid Hemorrhage
D. Brain Tumor

75. A 33 year-old male patient presented with a referral paper having an assessment of NYHA class - III Congestive heart failure secondary to dilated cardiomyopathy. BP 100/ 70mmHg. He has congested chest and swollen extremities. He has no arrhythmia on ECG. Echocardiography showed enlarged chambers with global hypokinesis. What is the best treatment to be started first?

A. ACE-inhibitor
B. Diuretic
C. Digoxin
D. β-blocker

76. A 32-year-old woman with complex partial seizures who was taking antiepileptic drugs, has been seizure-free for one year, but she wants to discontinue the drugs. She has normal intelligence and a normal neurologic examination. Her EEG is normal. What aspect of her profile does not guarantee successful withdrawal from medication?

A. Normal neurologic examination
B. Single type of partial or generalized seizure
C. Seizure-free for 1 year on AEDs
D. EEG normalized with treatment

77. A 50 year- old male, who was a heavy smoker, has productive cough and shortness of breath for the last 3 years. On physical examination, there was hyper resonance on percussion, decrease breath sounds, wheezes and crackles at lung base. What medication is NOT used in long term management of this case?

A. Oral corticosteroids
B. Oxygen therapy
C. Inhaled corticosteroids
D. Beta agonists

78. A 55 year old male, diabetic and hypertensive for the last 10 years was on regular follow up. Recently he developed a sudden left anterior chest pain on exertion. ECG Shows ST segment elevation in anterolateral precordial leads. Cardiac biomarkers are elevated. What is the most likely diagnosis of the patient?

A. Pericarditis
B. Stable angina
C. Unstable angina
D. Myocardial infarction

79. A 65 year-old male smoker patient presented with productive cough with thick and tenacious sputum, and non-foul smelling, of 3 weeks duration. Physical examination shows crackles and wheezing on lung auscultation, and clubbing of the digits. Chest CT was commented and it says "tram tracks" on left lower lobe. What is the most likely diagnosis of this patient?

A. Lung abscess
B. Tuberculosis
C. Bronchiectasis

D. Chronic bronchitis

80. A sixty year old male presented with fever and cough of 3 weeks duration. In addition, he developed vomiting, speech impairment and seizure in the last one week. On physical examination, he has nuchal rigidity, positive Kerning & Brudzinski signs, hypertonia and disorientation. CSF analysis showed WBC of 280 cells/mm3, L-82% & N-18%, glucose 40 mg/dl and protein is 95mg/dl. What is the most likely diagnosis?

A. Complicated bacterial meningitis
B. Tuberculous meningitis
C. Cryptococcal meningitis
D. Viral meningoencephalitis

81. A 17 year old male patient presented to EMOPD with high grade fever associated with headache, photophobia &neck stiffness. LP was done CSF gram stain shows gram –ve intracellular diplococcic. For how long are you going to give antibiotic for this patient?

A. 5-7 days
B. 7-10 days
C. 10-14 days
D. 21 days

82. A 38-year-old man with a history of asthma comes to the emergency department with increasing shortness of breath, cough,and sputum production. On physical examination his respiratory rate is 35 per minute. He has diffuse expiratory wheezing .Which of the following would you use as the best indication of the severity of his asthma?

A. Respiratory rate.
B. Use of accessory muscles.
C. Pulse oximetry.
D. Pulmonary function testing

83. A 35-year-old previously healthy woman complains of a severe, excruciating headache and then has a transient loss of consciousness.There are no focal neurologic findings. The next step in evaluation is

A. CT scan without contrast
B. CT scan with contrast
C. Carotid angiogram

D. MRI

84. A 50-year-old female BMI is 27 . There is a family history of diabetes mellitus. Fasting blood glucose is 150 mg/dL on two occasions. She is asymptomatic, and physical exam shows no abnormalities.

A. The treatment of choice is

B. Medical nutrition therapy

C. Insulin

D. Oral hypoglycemic agent

85. A 40-year-old alcoholic develops cough and fever. Chest x-ray shows an air-fluid level in the superior segment of the right lower lobe. The most likely etiologic agent is

A. Streptococcus pneumonia

B. Haemophilus influenza

C. Legionella

D. Anaerobes

86. A 72-year-old male presents to the ER with the chief complaint of shortness of breath that awakens him at night and also night cough. Further questioning confirms recent dyspnea on exertion. As you pursue the diagnosis of congestive heart failure using the Framingham criteria, you note the physical exam findings below. Which of the findings is considered among the less specific minor criteria?

A. Neck vein distention

B. Rales

C. S3 gallop

D. Extremity edema

87. 60-year-old man presents to your office with an 80-pack-per-year history of cigarette smoking. He complains of some dyspnea on exertion. He has an asthenic body habitus and pursed-lip breathing. He has an increased anteroposterior thickness of the thorax. Lung examination reveals decreased fremitus, hyperresonance on percussion, and diminished breath sounds. Which of the following is the most likely diagnosis?

A. Bronchiectasis

B. Asthma

C. Emphysema

D. Pleural effusion

88. A 20-year-old college student presents with a three-month history of left-sided pleuritic chest pain, shortness of breath with exertion, and night sweats. He admits to a unquantified weight loss over the last several months. He is a nonsmoker and does not use illicit drugs. He is heterosexual. On physical examination, his temperature is 38.3 degree centigrade and his respiratory rate is 24 breaths per minute. Lung examination reveals decreased fremitus, dullness to percussion, and diminished breath sounds over the left posterior lung. A pleural friction rub is audible at the left lung base. Which of the following is the most likely diagnosis?

A. Pneumonia
B. Pneumothorax
C. Pleural effusion
D. Lung abscess

89. A man is diagnosed to have new onset diabetes & he has the following values. FBS= 350 mg/dl, HbA_1C 12%'. What is the best initial drug treatment?

A. Metformin
B. Glibenclamide
C. Pioglitazone
D. Insulin

90. An 18-year-old woman presents with arthritis that is asymmetrical and involves more than three joints. The arthritis is migratory, affecting one joint for several days and improving, then affecting another joint. On physical examination, the patient has several subcutaneous nodules and her cardiac exam reveals an S3 gallop. Which of the following is the most likely diagnosis?

A. Endocarditis
B. Rheumatoid arthritis
C. Gout
D. Rheumatic fever

91. In chronic hepatitis B virus (HBV) infection, presence of hepatitis B e antigen (HBeAg) signifies which of the following?

A. Development of liver fibrosis leading to cirrhosis

B. Dominant viral population is less virulent and less transmissible

C. Increased likelihood of an acute flare in the next 1–2 weeks

D. Ongoing viral replication

92. A 35 year old hotel worker presented with dizziness and tarry stool of three days. Which of the following will be most appropriate for the patient?

A. Colonoscopy

B. Esophagogastroduodenoscopy

C. Stool occult blood test

D. Barium meal study

93. A 64-year-old man is admitted to the ICU with a large GI bleed. EGD reveals esophageal varices. He is confused and unable to provide any history. His physical examination is notable for Spidar angioma and palmar erythema. Ultrasound demonstrates a small liver consistent with cirrhosis. Which of the followingis the most likely cause of his cirrhosis?

A. Alcoholism

B. Autoimmune hepatitis

C. Chronic hepatitis C infection

D. Hemochromatosis

94. A 55-year-old woman is referred by a GP for upper gastrointestinal (GI) endoscopy following a four month history of epigastric pain despite treatment with antacids and proton pump inhibitors. The results demonstrate a duodenal ulcer coupled with a positive campylobacter-like organism test. The patient has no past medical history and known drug allergies. What is the most appropriate therapy for this patient?

A. a.Amoxicillin, antacid and clarithromycin

B. b.Omeprazole, amoxicillin and clarithromycin

C. c.Omeprazole, antacid and amoxicillin

D. d.Omeprazole, cimetidine and clarithromycin

95. A 65 year old male patient had intermittent history of abdominal pain with bloody stool. He had no remarkable physical finding. What should be the first investigative modality for the above complaint?

a. Fecal occult blood test

b. Colonoscopy

c. Flexible Sigmoidoscopy

d. Abdominal CT

96. A 30 year-old male RVI patient on TDF + 3TC + EFV for the last 5 years, presented with pain on swallowing, significant weight loss, fever and watery diarrhea of 2 months duration. Viral load was done and it is consistently 10,000 copies/ ml. What is the best treatment regimen for this patient?

a. TDF + D4T + ATV/r

b. AZT + NVP + ATV/r

c. TDF + 3TC + ATV/r

d. AZT + 3TC + ATV/r

97. A 62 years old male patient presented with dyspeptic symptoms for the past 2 months. He has mild epigastric tenderness on abdominal examination. The rest of physical examination is normal. What is the next appropriate step?

A. Antacids and see the response in two weeks
B. Proton pump inhibitors for four weeks
C. Test for H. pylori and triple therapy if the test result is positive
D. Endoscopy examination

98. A 20-year-old girl is taking ant tuberculosis treatment. She presented to you with visual impairment. What is the most likely drugs responsible for this side effect?

a. Rifampicin
b. Isoniazide
c. Ethambutol
d. Pyrazinamide

99. A 40-year-old woman gives history of fever for the last three weeks accompanied by dry cough, night sweats and weight loss. Chest examination is normal. Abdominal examination

reveals hepatosplenomegally. Chest X-ray shows symmetrically distributed fine nodules. The most likely diagnosis is?

A. Chronic Liver Disease
B. Miliary Tuberculosis
C. Pneumonia
D. HIV/AIDS

100. A 30-year-old man presented to you with the compliant of low grade fever and cough of three months duration. Respiratory examination is normal. A diagnosis of Tuberculosis is made. Which of the following feature on Chest X-ray is suggestive of this diagnosis?

A. Consolidation
B. Cavitation
C. Rib erosion
D. Bilateral infiltrates

101. A 40-year-old lady presented with severe, constant upper abdominal pain which is associated with vomiting. On physical examination, there is a marked tenderness on the epigastric area. What is the most useful investigation for this case?

A. Colonoscopy
B. Liver Function test
C. Ultrasound
D. Endoscopy

102. In a patient with history of hematemesis, the clinical feature which suggests that peptic ulcer is the underlying cause is?

A. Asites
B. Jaundice
C. Splenomegally
D. Tender epigastrium

103. A 30-year-old man is found to be HBsAg positive on a routine biochemical test. He is asymptomatic except mild hepatomegaly on abdominal examination.Alanine aminotransferase(ALT) is 200 and HBV-DNA is positive. The oral antiviral agent of choice for this patient is?

A. Tenofovir

B. Zidovudine

C. Efaverenz

D. Aciclovir

104. In a patient with history of jaundice, pruritis and clay -colored stool, which of the following enzyme is expected to be markedly elevated?

A. Alanine aminotransferase(ALT)

B. Aspartate aminotransferase(AST)

C. Alanine phosphatase(ALP)

D. Lactatedehydrogenase(LDH)

105. A 40 year old male presents to the emergency department with history of vomiting of coffee ground matter of 3 days duration. He is diagnosed to have CLD with ascites. He has stable vital signs.

Which of the following has no place for the acute management of the patient?

a. Propranolol

b. Octreotide

c. Omeprazole iv

d. Ceftriaxone

106. A 40 year-old patient who was diagnosed to have Cirrhosis from Chronic hepatitis C two years back, recently developed increased abdominal swelling. He has no peripheral edema. Abdominal U/S showed moderate ascites. Ascetic fluid analysis showed serum ascites albumin gradient 1.1g/dl. What is the most appropriate immediate management for this patient?

a. Large volume paracentesis

b. Spironolactone

c. Frusemide

d. Norfloxacin

107. A 37 year-old female HIV patient with a CD4 count of 95 cell/mm3 presents with a persistent painful ulcer involving the genital area and the inter-gluteal cleft of two years duration. She recalls that the initial lesions were vesicles which easily ruptured. What is the most likely diagnosis?

a. Pressure ulcer
b. Herpes simplex
c. Herpes zoster
d. Aphthous ulcer

Dermatology

108. A 55-year-old woman has a well-demarcated reddish brown macular rash on her arm. The lesion recurs periodically and resolves slowly, with some persisting hyperpigmentation. She is otherwise healthy and takes no medications except an occasional laxative. Which of the following is the most likely diagnosis for this patient?

a. Atopic dermatitis
b. Lichen planus
c. Contact dermatitis
d. Fixed drug eruption

109. A 1 year-old infant presents with dry skin and few recurrent erythematous papules over his cheeks, scalp and extensor part of his extremities of 6 month duration. He has been applying emollients but still has developed new lesions. His mother has a history of asthma and his father has a history of sinusitis. What is the preferred treatment this case?

a. Terbinafin cream
b. Permethrine lotion
c. Mometasonefurate cream
d. Fusidic acid cream

110. A 14-year-old girl presents to her primary physician with an intensely pruritic rash on both hands and on her right cheek. The rash consists of vesicles on erythematous plaques arranged linearly with slight crusting. She denies fever or sore throat and otherwise feels well. She does not have a history of eczema or sick contacts. Which of the following is the most likely diagnosis?

a. Atopic dermatitis
b. Contact dermatitis
c. Seborrheic dermatitis
d. Impetigo

111. A 47-year-old man with a history of recent subclinical hepatitis C infection presents complaining of rash and mouth pain for the past week. The rash is pruritic. Examination reveals lesions on his wrists, ankles, and scalp; the lesions are shiny, violaceous, sharply demarcated, confluent papules containing fine white lines in a lacy pattern on their surfaces. Examination of his oropharynx reveals an erosion on the left buccal mucosa with the same fine white reticulation. Which of the following is the most likely diagnosis?

A. Erythema multiforme
B. Hypersensitivity vasculitis
C. Lichen planus
D. Secondary syphilis

112. A 55-year-old woman presents to her gynecologist complaining of vaginal discomfort. It first started approximately 6 months ago and has fluctuated in intensity, most recently causing itching and some slight pain when she has intercourse with her husband. She otherwise has been well. She has been postmenopausal for 3 years. Her older sister recommended an estrogen cream, which she has used consistently for >3 months without any change in symptoms. On examination the introital mucosa and labia minora are whitish-pink, with abnormal wrinkling and a small fissure on the right labia minora. Which of the following is the most likely diagnosis?

A. Candidiasis
B. Estrogen deficiency
C. Lichen planus
D. Lichen sclerosus

113. A 15-year-old boy presents to his physician complaining of a rash. He first noticed a dry, red patch on his back. Then smaller patches started to appear on his shoulders, and over the past week, the rash has spread to his trunk. The rash itches, but he otherwise feels well. He had a slightly sore throat 2 weeks ago but denies fever, cough, or other symptoms of upper respiratory infection. He denies travel or exposure to tick bites. On examination there are erythematous scaly papules and plaques. There are no other significant findings on examination. Which of the following is the most likely diagnosis?

A. Guttate psoriasis
B. Erythema marginatum
C. Pityriasis rosea
D. Tinea corporis

114. A 65-year-old man comes to the office and complains of pain and a rash with blisters over the left side of his chest. He has experienced pain over the area for the past 2 days. This morning, he noticed blisters while changing his shirt. He also complains of malaise and headache. His pulse is 82/min, blood pressure is 140/90 mmHg, respirations are 14/min and temperature is 36.8° C. Physical examination reveals grouped, tense vesicles arranged in a band along the left side of his chest. Which of the following is the most likely etiology of his condition?

A. Herpes simplex virus
B. Varicella zoster virus
C. Poxvirus
D. Human papilloma virus

115. A 6-month-old boy is brought to the office for evaluation of a progressive facial rash that started 3 weeks ago near his eyebrows and spread to areas of the face and scalp. The rash does not appear to be painful or pruritic. The mother recently started using a mild, unscented shampoo that slightly improved

the scalp rash. Physical examination of the scalp, eyebrows, nasolabial folds, and behind the ears revealed erythematous, scaly plaques. Which of the following is the most likely diagnosis?

A. Atopic dermatitis
B. Contact dermatitis
C. Psoriasis
D. Seborrheic dermatitis

116. A 6-month-old girl is brought to the physician with a rash on her face, arms, and chest. She is constantly scratching and rubbing her arms, and her parents are having a hard time keeping her hands away from the affected areas. The girl drinks breast milk and formula and has not started solid foods. She lives in a carpeted apartment with no pets and bathes every 2 days.The patient has not been exposed to new clothing, detergents, lotions, or other substances. Physical examination shows erythematous, scaly lesions on her cheeks, chest, and arms. There are similar lesions on her trunk and forehead. There is no rash in the diaper area, palms, or soles. Which of the following is the most likely diagnosis?

A. Allergic contact dermatitis
B. Atopic dermatitis
C. Seborrheic dermatitis
D. Scabies

Psychiatry

118. A 20 year-old man is brought to the emergency department after exhibiting bizarre behavior. For at least one year, he experienced delusions and auditory hallucinations. The hallucinations consist of several voices commenting on the patient's behavior and giving him commands. He became socially isolated and dysfunctional as a result of these symptoms. He denies current drug use or medical problems.

What is the most likely diagnosis?

A. Brief psychotic disorder
B. schizoaffective disorder
C. Schizophrenia
D. psychosis secondary to substance abuse

119. A 33 year-old man is brought in by his family after refusing to drink fluids for 24 hours. His wife reports a two weeks history of increased energy, eating little, talking a great deal, and interrupting others frequently, decrease need for the sleep and singing loudly during the night.

What is the most likely diagnosis for the above case scenario?

A. Hypomania

B. Mania

C. Erotomania

D. Keleptomania

120. A 35-year-old woman initially presented for treatment at the medical emergency room. She reported that while sitting at her desk at work, she had suddenly experienced difficulty breathing, dizziness, tachycardia, shakiness, and a feeling of terror that she was going to die of a heart attack. A full medical evaluation revealed no sign of cardiovascular, pulmonary, or other illness. She had experienced two additional episodes over the last month.

What is the most likely diagnosis?

A. Panic attack

B. Generalized anxiety disorder

C. Social Anxiety disorder

D. Panic disorder

121. A 42-year-old man, who has been diagnosed with major depression had two prior episodes which were successfully treated with Amitriptyline (TCA) but the patient decided to discontinue because of the intolerable side effect.

What alternative medications do you prescribe when tricyclics (TCA) are not an option?

A. Atypical Antipsychotics

B. Benzodiazepines

C. Selective serotonin reuptake inhibitors

D. Mood stabilizers

122. A 31 -year old local politician has a sudden onset of extreme anxiety,tremulousness,and diaphoretic immediately before he first scheduled appearance on national television, and he is unable to go on the air. For the next week he is paralyzed by fear each time he faces an audience, and he cancels all of his scheduled public appearances.

Which of the following is the possible diagnosis?

A.Acute stress disorder

B.Panic disorder

C.Social phobia

D.Specific phobia

Surgery

123. A 60-year female patient presented with a sudden on set of right upper quadrant pain accompanied by rigor, fever and vomiting. On examination the patient was in agony with blood pressure of 100/60 mm Hg, pulse rate of 96 beats per minute. She had mild icterus of the sclera and right upper quadrant tenderness. The most likely *diagnosis* of this case would be :- charcot tried, reyanuds pentad(ultered mental status, shock)

A. Acute Cholecystitis
B. Acute Pancreatitis
C. Ascending cholangitis
D. Perforated peptic ulcer disease
E. Intestinal obstruction

124. A 40 year-old-woman had a subtotal thyroidectomy. Four hours later, she started to complain of difficulty of breathing. On examination, she had stridor and markedly swollen, tense neck wound. The first step in management of this patient should be

A. intra-nasal oxygen application

B. perform a tracheostomy

C. insert nasogastric tube

D. open the wound to evacuate the haematoma

E .aspirate the haematoma with a needle

125. A victim of road traffic accident is brought to the emergency room unconscious and with a blood pressure of 80/60mmHg. The first step in management is

A. IV Ringer's lactate
B. skull X-ray
C. establish adequate airway
D. neurologic evaluation
E. abdominal tap

126. You are called to a patient who bleeds heavily from a transected radial artery, your first move should be

A. A press the radial artery just proximal to the transection
B. B take careful history from the patient
C. C compress the brachial artery and elevate the arm
D. D put haemostatic clamp to the bleeding point
E. E ransport the patient to nearest hospital quickly

127. A 50-year old patient weighing 68 KGs is brought to the emergency room immediately after suffering full thickness burns over the entire surface of both upper extremities and the anterior chest and abdomen. Initial fluid resuscitation has been started with Ringer's lactate solution. The initial fluid administration rate should be approximately

A. A 300ml/hr
B. B 600ml/hr
C. C 900ml/hr
D. D 1200ml/hr
E. E 1500ml/hr

128. A 2-year old child presented with crampy abdominal pain and vomiting. The mother gave history that he passed blood streaked stool. Examination revealed feeble pulse, tachycardia and tender abdomen. The first step in the management should be

A. inserting nasogastric tube and observation
B. barium enema
C. anti helminthic drugs trial
D. fluid and electrolyte resuscitation
E. immediate laparatomy

Model Comprehensive Exam for PHOs

129. A 14 year old male patient presented with peri-umblical pain which later shifted to right lower quadrant of five days duration. Since two days back, the pain become dull aching and claims to have high grade fever. On physical examination, blood pressure-110/70, pulse rate is 100, temperature-37.60C and he has a right lower quadrant mass which was tense. What will the next step in the management of the patient?

A. Start parenteral antibiotics

B. Watchful waiting

C. Do abdominal ultrasound

D. Do abscess drainage

130. A 55 year-old man from Bale presents with long standing right upper quadrant dragging abdominal pain and fatigue. The physical examination is notable for marked non tender hepatomegally. The `liver function tests` are normal and abdominal ultrasound shows an anechoic, smooth, round cysts with multiple daughter cysts. What is the next best step in the management of this patient?

a. Albendazole

b. Metronidazole

c. Metronidazole and Ceftriaxone

d. Surgery

131. A 20 year old male patient sustained bullet injury to his chest of one hour duration. On examination airway was intact but he was in respiratory distress with use of accessory muscles. He had sucking wound with a decreased air entry of the left side. What is the first option of management?

A. Insert wide bore needle

B. Apply 3 way dressing

C. Intubate the patient

D. Insert chest tube

132.A 25 year old man, who has been apparently quite well, complains of sudden onset of sharp and stabbing pain localized to the left side of the chest followed by dyspnea, cyanosis and fainting. There is no pyrexia. The most likely diagnosis is?

A. Empyema
B. Lobar pneumonia
C. Spontaneous pneumothorax
D. Pleural effusion

133.A 46-year-old man is brought to the emergency department after being involved In a motor vehicle collision. He is unresponsive and his injuries include a basilar skull fracture, brain contusion, fractures of ribs 7-10, hemopneumothorax on the right and a pelvic fracture. After multiple blood product transfusions, placement of a chest tube, and pelvis fixation, his condition stabilizes. On the 5th day of his hospital stay, he is minimally responsive and has spontaneous respirations. Examination shows diminished bowel sounds and facial grimacing with palpation of the right upper quadrant of the abdomen. Rectal examination shows no abnormalities. Nasogastric tube aspiration shows retention of gastric contents. An abdominal CT scan reveals gaseous distension of the small and large bowels without air-fluid levels. The gallbladder is distended with no gallstones; there is small amount of perlcholecystlc fluid. Which of the following is the most likely cause of this patient's condition?

A. Cholecystitis
B. Duodenal perforation
C. Small-bowel obstruction
D. Pancreatitis

134. A 24-year-old man comes to the emergency department with a week of abdominal pain. It is localized in the right lower quadrant and exacerbated somewhat by motion. Over the past 2 days, the pain has radiated to the back. The patient initially had 2 episodes of vomiting and now has decreased appetite. He has no increased urinary frequency. His mother was diagnosed with colon cancer at age 49. His temperature is 38.2 C. blood pressure is 122 /77 mm Hg, and pulse is 109. Physical examination shows moderate tenderness in the right lower quadrant, without rebound. Passive extension of the right hip with the patient in the left lateral decubitus position elicits

significant abdominal pain. Laboratory result White blood cells of 16,000 with Neutrophil predominance. Which of the following is the most likely diagnosis?

A. Appendiceal abscess
B. Colonic malignancy
C. Peritonitis
D. lnflammatory bowel disease

135. A 45-year-old woman comes to the emergency department due to severe abdominal pain, nausea, and 2 episodes of bilious vomiting over the past 4 hours. For the last several weeks, she has had episodic epigastric and right upper quadrant abdominal pain associated with nausea. Temperature is 38.3 C, blood pressure is 140/95 mm Hg, and pulse is 102/min. Physical examination shows tenderness, guarding and rigidity over the upper abdomen. There is rebound tenderness and bowel sounds are reduced. Stool guaiac test is positive. Which of the following is the best next step in management of this patient?

A. Gallbladder ultrasonography
B. Upright x-ray of the chest and abdomen
C. Proton pump inhibitors
D. Upper and lower gastrointestinal endoscopy

136.A 65 year old man presented with mild cough with occasional scant sputum production for the previous 4 months, along with a 4-kg weight loss. Past history is unremarkable with no smoking and only social alcohol intake. Her vital signs and pulmonary examination are normal. Her chest x-ray shows a 2.5-cm irregular nodule in the peripheral right upper lung field with no hilar or mediastinal lymph node enlargement. What is the most probable diagnosis in this patient?

A. Adenocarcinoma of the lung
B. Pulmonary embolus
C. Small cell carcinoma
D. Squamous cell carcinoma of the lung

137. A 60-year female patient presented with a sudden on set of right upper quadrant pain accompanied by rigor, fever and vomiting. On examination the patient was in agony with blood pressure of 100/60 mm Hg, pulse rate of 96 beats per minute. She had mild icterus of the sclera and right upper quadrant tenderness. The most likely diagnosis would be:

A. Acute Cholecystitis
B. Acute Pancreatitis
C. Perforated peptic ulcer disease
D. Intestinal obstruction

138. A man is stabbed and arrives at the emergency room within 30 minutes. You notice that the trachea is deviated away from the side of the chest with the puncture. The most likely lung finding on physical examination of the traumatized side is which of the following?

A. Increased fremitus
B. Increased breath sounds
C. Dullness to percussion
D. Hyperresonant percussion

139.16-year-old high school student presents with the sudden onset of sharp right-sided chest pain associated with shortness of breath. He denies any history of trauma. On physical examination, the patient is afebrile with a respiratory rate of 28 breaths per minute. His blood pressure is 100/70 mmHg and his heart rate is 120 beats per minute. Neck examination reveals no tracheal deviation. On lung auscultation, the patient has decreased fremitus, hyperresonance, and diminished breath sounds over the right posterior hemithorax. Which of the following is the most likely diagnosis?

A. Tension pneumothorax
B. Secondary pneumothorax
C. Pulmonary embolus
D. Spontaneous pneumothorax

140. A 45-year-old male comes to-the Health officer because of persistent nausea and vomiting of partially digested food. He has had these symptoms for the past 1 month. He has also lost 2.3 kg during this period of time. His appetite is good, but he mentions early satiety. He has a history of peptic ulcer disease and often takes antacids for heartburn. Mucous membranes are dry.

Abdominal examination shows succussion splash on the epigastrium. Which of the following is the most likely diagnosis?

A. Achalasia
B. Chronic pancreatitis
C. Pyloric stricture causing Gastric outlet obstruction/GOO/
D. Esophageal stricture

141. A 65-year-old man with a history of COPD is brought to the emergency department with progressive dyspnea, productive cough, and fever over the past 2 days. Initial evaluation shows that the patient is in respiratory distress. Temperature is 38.8 C, blood pressure is 122/74 mm Hg, pulse is 11 0/min, and respirations are 32/min; pulse oximetry is 93% on 4 L oxygen by nasal cannula. A presumptive diagnosis of COPD exacerbation is made. His trachea is intubated and he is placed on mechanical ventilation. A central venous catheter is placed in the right subclavian vein. Intravenous antibiotics, glucocorticoids, and inhaled bronchodilators are administered. Despite these measures, the patient continues to desaturate over the next 20 minutes with a pulse oximetry reading of 83% despite breathing 100% inspired oxygen. His inspiratory pressures are elevated. Repeat vital signs show blood pressure of 80/50 mm Hg and pulse of 120/min. The trachea is deviated to the left. Breath sounds are absent on the right side and wheezes are heard on the left side. Neck veins are distended. Which of the following is the best next step in management of this patient?

A. Pericardiocentesis
B. Endotracheal tube repositioning
C. Needle thoracostomy
D. Chest x-ray

142. A 22-year-old man comes to the emergency department due to sudden-onset dyspnea 2 hours ago while watching television. The patient's dyspnea is gradually improving but he still has sharp right-sided chest pain that is worse with deep inspiration or cough. His medical history is unremarkable. The patient smokes 4-5 cigarettes daily and occasionally drinks alcohol. Temperature is 36.7 C , blood pressure is 140/80 mm Hg, pulse is 86/min, and respirations are 18/min. Pulse oximetry shows 98% on room air. Physical examination is unremarkable. Chest x-ray reveals a small right apical pneumothorax. Which of the following is the most appropriate management of this patient?

A. Chest tube placement
B. CT scan of the chest
C. Needle thoracostomy
D. Supplemental oxygen

Model Comprehensive Exam for PHOs

143. A 25-year-old man is brought to the emergency department following a motor vehicle collision. The patient was the restrained driver when a truck hit the driver side of his car at high speed. There was significant damage to the vehicle and he had to be extricated by the emergency responders. His cervical spine was immobilized, and en route to the hospital the patient received supplemental oxygen and intravenous fluids. In the emergency department, he is awake and alert. Blood pressure is 110/66 mm Hg, pulse is 120/min, and respirations are 34/min. Pulse oximetry shows 88% with a nonrebreather mask. There are several chest wall and abdominal bruises. His right chest moves inward during inspiration. Breath sounds are decreased in the bilateral lung bases. He has a deformity of the left thigh. Which of the following is the most likely cause of this patient's hypoxia?

A. Air embolism
B. Myocardial contusion
C. Rib fractures
D. Tension pneumothorax

144.A 55-year-old woman comes to the emergency department after she slipped and fell down half a flight of stairs. She reports upper back and right-sided chest pain.. Blood pressure is 138/88 mm Hg, pulse is 88/min, and respirations are 24/min. Physical examination shows rapid, shallow breaths, and right chest wall tenderness. Heart sounds are normal. She has no abdominal pain, vertebral tenderness, or deformity. Chest x-ray shows a right sixth rib fracture with no pneumothorax and right basilar atelectasis. Which of the following is most essential in management of this patient?

A. Adequate analgesia
B. Surgical fixation of the fracture
C. Positive airway pressure
D. Prophylactic antibiotics

145.22-year-old man is brought to the emergency department after a motor vehicle collision. Emergency medical responders immobilize his cervical spine, obtain intravenous access, and start normal saline infusion. In the emergency department, the patient appears to be in respiratory distress with respirations of 40/min. Pulse is 120/min and blood pressure is 100/60 mm Hg after receiving 2 L of normal saline over 20 minutes. He develops progressive respiratory failure and

receives bilateral chest tubes. Endotracheal intubation is performed and mechanical ventilation is initiated. Pulmonary examination reveals bilateral coarse breath sounds. Which of the following is the most likely diagnosis in this patient?

A. Tension pneumothorax
B. Pulmonary contusion
C. Flail chest
D. Myocardial dysfunction

146.A 35-year-old man comes to the office due to a 1-week history of excruciating pain during defecation. The pain is so severe that he avoids defecating. The caliber of the patient's stool has not changed, but he has had visible bright red blood on the surface of the stool. His medical history is significant for chronic constipation. Rectal examination shows a posterior mucosal tear of the anus and a skin tag. In addition to stool softeners and sitz baths, which of the following is the most appropriate next step in management?

A. Topical lidocaine and vasodilator
B. Excision and closure of the fissure
C. Gradual dilation of the sphincter
D. Lateral sphincterotomy

147. A healthy 35-year-old man comes to the emergency department with severe abdominal pain for the last 4 hours. The pain started in the periumbilical area but has now shifted to the right lower quadrant. He also complains of nausea and 2 episodes of vomiting. He has no history of other medical problems and takes no medications. The patient's temperature Is 38.9 C, blood pressure is 125/80 mm Hg, pulse is 100, and respirations are 20/min. Abdominal examination shows tenderness in the right lower quadrant Palpation of the left lower quadrant produces pain In the right lower quadrant. Laboratory result reveals White blood cells of 16,000 with Neutrophil predominance. Which of the following is the most appropriate next step in management of this patient?

A. Bowel rest with intravenous antibiotics
B. Observation
C. Ultrasound of the abdomen
D. Laparoscopic appendectomy

148. A 29-year-old man comes to the emergency department with persistent vomiting and abdominal pain for the last 24 hours. The pain is crampy, diffuse, and getting worse. He had a normal bowel movement 3 days ago and has no diarrhea. The emesis appears green without blood or coffee grounds. The patient has not eaten since the onset of the pain due to nausea. His temperature Is 36.8 C, pulse is 91/min, and blood pressure is 116/75 mm Hg while sitting and 94/65 mm Hg while standing. His abdomen is distended with hyperactive bowel sounds. Percussion reveals tympany, and the patient is diffusely tender to palpation. Which of the following historical findings would most likely be seen in this patient?

A. Appendectomy 6 months ago
B. Fatty food Intolerance
C. High alcohol consumption
D. Occasional black or tarry stool

149.An 82-year-old nursing home resident is brought to the emergency department due to 3 days of progressively worsening abdominal pain. He has had several episodes of vomiting during the past 24 hours. The patient usually has a bowel movement every 2-3 days, but his last bowel movement was 4 days ago. Temperature Is 37.2 C, blood pressure is 140/88 mm Hg, and pulse is 96/min. Physical examination shows a distended and tympanitic abdomen with tenderness to palpation. Peritoneal signs are absent. Bowel sounds are high pitched and increased. The patient has discomfort during rectal examination and no stool is present. Abdominal radiography reveals a markedly distended bowel loop, without any haustra extending from the pelvis to the right upper quadrant In an Inverted U shape. There are several dilated small-bowel loops with air-fluid levels. No air is present in the rectum. Which of the following is the most likely cause of this patient's abdominal pain?

A. Adhesive small-bowel obstruction
B. Gallstone Impaction In the Ileum
C. Obstructing rectal carcinoma
D. Torsion of the sigmoid colon

150.A 59-year-old woman arrives at the emergency department due to right upper quadrant abdominal pain, nausea, vomiting, and fever since yesterday. The patient's medical history is significant for hypertension, stable coronary artery disease. and type 2 diabetes mellitus. Her

temperature is 38.9 C, blood pressure is 112/76 mm Hg, pulse is 101/min, and respirations are 14/min. Examination shows marked tenderness to palpation In the right upper quadrant of the abdomen. Laboratory results are within the normal ranges. Abdominal imaging demonstrates a distended gallbladder with gas in the gallbladder wall and lumen. There is no gas in the biliary tree. What is the most likely diagnosis in this patient?

A. Acute cholangitis
B. Emphysematous cholecystitis
C. Pancreatitis
D. Peptic ulcer perforation

151. A 42-year-old man comes to the emergency department due to worsening anal pain for the past 2 days. The patient initially had pain only during defecation, but now the pain is constant and severe. He also has anal pruritus but has not had any drainage. The patient reports a history of constipation with hard stools every 3-4 days requiring the frequent use of laxatives. He has had bisexual relationships and has had anoreceptive intercourse in the past. Temperature Is 38 C, blood pressure is 120/80 mm Hg, and pulse is 851mln. Physical examination shows an erythematous and tender 1-cm mass near the anal orifice with induration of the overlaying skin. Which of the following is the most likely cause of this patient's current condition?

A. Thrombosis of an external hemorrhoid
B. Infection of an occluded anal crypt gland
C. Overstretching and tearing of the anal mucosa
D. Prolapse of an Internal hemorrhoid

152.A 58-year-old woman comes to the emergency department due to 2 days of nausea, vomiting, bloating, and mid-abdominal crampy pain. The vomitus initially contained ingested food particles but now is mostly yellow liquid. Her last bowel movement 24 hours ago was normal, and she has been passing flatus. The patient has not consumed anything out of the ordinary and has had no fever. Physical examination shows a soft, distended, tympanitic abdomen with no succussion splash. There is mild, diffuse tenderness to palpation without guarding and rebound tenderness. Bowel sounds are increased and high-pitched. Rectal examination reveals an empty rectal vault and no masses. Laboratory results are within the

normal ranges. Abdominal x-ray reveals distended loops of small bowel with air-fluid levels. There is air in the rectum. Which of the following is the most likely diagnosis for this patient?

A. Acute cholecystitis
B. Perforated peptic ulcer
C. Gastric outlet obstruction
D. Small-bowel obstruction

153.A 60-year-old female comes to the physician because of progressive shortness of breath for the past month. She has had a 13.6 kg weight loss during this period. Her temperature is 36.7° C, blood pressure is 130/70 mmHg, pulse is 80/min, and respirations are 20/min. On examination, decreased breath sounds and dullness to percussion are noted on the right, middle and lower lobes of the lung. Which of the following is the most appropriate next step in the management?

A. Chest X-ray
B. Open pleural biopsy
C. Thoracentesis
D. Thoracoscopy

154.A 64-year-old man comes to the office due to dry cough, weight loss, and pain in his right arm over the last 2 months. He was treated for community-acquired pneumonia a year ago. His other medical problems include type 2 diabetes mellitus and hypertension. The patient used to have a job that required occasional international travel. He has a 30-pack-year smoking history and quit 5 years ago. He drinks alcohol occasionally. Vital signs are normal. Physical examination is unremarkable. Which of the following is most likely responsible for this patient's symptoms?

A. Tuberculosis
B. Mesothelioma
C. Lung Cancer
D. Lung abscess

Pediatrics

155. While assessing the age of a child, he is developmentally normal, is able to sit without support, can transfer objects from one hand to the other, and speaks in a monosyllabic babble. What is the probable age of this child?

A. 6 month
B. 9 month
C. 4 month
D. 12 month

Model Comprehensive Exam for PHOs

156. In a well-baby clinic, the child you are examining turns her head when her name is called. She is able to say “Mama”. Her mother told you she can also say “Dada.” She could say ‘bye -bye’ to you when she left the room. What is the least consistent age of this child?

    E. 11 months.

    F. 15 months

    G. 9 months

    H. 7 months

157. A 6 year old male child has brown urine and healing impetigo lesions. He presents with hypertension, dyspnea, periorbital edema, and hepatomegaly. What is the most likely cause of his problem?

    A. Pyelonephritis

    B. Post-streptococcal glomerulonephritis

    C. IgA nephropathy

    D. Nephrotic syndrome

158. A 14-year old boy who had history of watery diarrhea for 4 days now presents with a complaint of recurrent episodes of blood in the urine. Urine analysis revealed proteinuria and hematuria. You suspect that this could be a renal complication following the acute gastroenteritis state. What is the likely etiology of diarrhea for this boy?

    A. E. coli O157:H7

    B. Shigella species

    C. Campylobacter spp.

    D. Entamoeba histolytica

159. Eight months old HIV exposed infant is on follow up at ART clinic. His DNA PCR done at 6 weeks of age was negative. The nurse advised the mother to continue breast feeding and

co-trimoxazole prophylaxis. What should be your response if the mother asks you when to stop the co-trimoxazole?

A. Continue until the age of 5 years

B. Continue until HAART is started

C. Continue until HIV infection is excluded

D. Continue until the age of 18 months

160. A mother has breast fed her newborn for 4 days. The newborn's birth weight was 2100 g but he now weighs only 1900g. When she squeezes her nipple before feeding her baby, her milk appears very watery. What will be your advice to this mother?

A. Continue breast feeding exclusively for the next 6 months

B. Start him on formula milk in addition to her breast milk

C. Start him on full strength cow's milk in addition to her breast milk

D. Start on exclusive formula feeding for the next 6 months

161. A 3-day-old infant born at 32 weeks' gestation and weighing 1700 g has three episodes of apnea, each lasting 20 to 25 s and occurring after a feeding. During these episodes, the heart rate drops from 140 to 100 beats per min, and the child remains motionless; between episodes, however, the child displays normal activity. Blood sugar is 50 mg/dL and serum calcium is normal. The child's apneic periods most likely are

A. Due to an immature respiratory center

B. A part of periodic breathing

C. Manifestations of seizures

D. Hypoglycemia

162. A 16-day-old infant presents with fever, irritability, poor feeding, and a bulging fontanelle. Spinal fluid demonstrates gram-positive cocci. The most likely diagnosis is

A. Listeria monocytogenes

B. group A streptococcus

C. group B streptococcus

D. Streptococcus pneumonia

163. A 21-year-old woman is seronegative for rubella. You caution her against exposure to rubella early in pregnancy because it can result in an infant with

A. Thrombocytosis

B. Wide-set eyes

C. Glaucoma

D. Tetralogy of Fallot

164. While bathing her 2-year-old son, a mother feels a mass in his abdomen. A thorough medical evaluation of the child reveals aniridia, hypospadias, horseshoe kidney, and hemihypertrophy. The most likely diagnosis for this child is

A. Neuroblastoma

B. Wilms tumor

C. Hepatoblastoma

D. Rhabdomyosarcoma

165. A neonate is born at 37 weeks. Pregnancy was complicated by intrauterine growth restriction. When examined you note that the infant has microcephaly, cataracts, hepatomegaly, and petechiae. Diagnosis may include:

A. Cytomegalovirus (CMV)

B. Rubella

C. Toxoplasmosis

D. Syphilis

E. All of the above

166. A 5 year old male presents to your office with a chronic cough, which is productive, increased at night, recurrent,Worse with exercise and with upper respiratory infections. Chest x-ray findings are normal except for mild hyperinflation.Which is the MOST likely diagnosis?

A. Sinusitis

B. Asthma

C. Pneumonia

D. Tuberculosis

167. You are awakened in the night by your 2-year-old son, who has developed noisy breathing on inspiration, marked retractions of the chest wall, flaring of the nostrils, and a barking cough. He has had a mild upper respiratory infection (URI) for 2 days. The most likely diagnosis is

A. Asthma

B. Epiglottitis

C. Bronchiolitis

D. Viral croup

168. A 2-year-old patient has microscopic and occasionally gross hematuria. His father has hearing loss and end-stage renal disease. The most likely cause of this child's hematuria is

A. Alport syndrome

B. Berger's nephropathy (IgA nephropathy)

C. Membranous glomerulopathy

D. Goodpasture syndrome

169. A 1-day-old healthy infant with a superficial swelling over the right parietotemporal region that does not cross the suture lines.

A. Intraventricular hemorrhage

B. Caput succedaneum

C. Subarachnoid hemorrhage

D. Cephalohematoma

170. An infant has the following findings at 5 min of life: pulse, 130 beats/min; cyanotic hands and feet; good muscle tone; and a strong cry and grimace. This infant's Apgar score is:

A. 7

B. 8

C. 9

D. 10

171. A 30 wk old average-for-gestational-age male infant is born after 24 hr of ruptured membranes and another 10 hr of labor. After birth, he develops grunting, flaring, and restrictions, as well as cyanosis. He requires intubation, ventilation, and surfactant therapy. Despite these measures he is still hypoxic and hypotensive. You should now:

a. .Do a blood culture and await results
b. Do a Gram stain of the tracheal fluid
c. Do a blood culture and begin intravenous antibiotics
d. Begin intravenous antibiotics

172. A previously healthy 3-year-old male presents to your primary care clinic with acute onset of generalized petechiae. He is otherwise well and review of symptoms is negative for weight loss, fatigue, recurrent fevers, and change in activity. On physical examination, the patient is a well-appearing toddler in no apparent distress with generalized petechiae. The remainder of his examination is normal. There is no history of a preceding viral illness. He does not take any medications. Family history of bleeding disorders is noncontributory. CBC is significant for severe thrombocytopenia with platelets of 12,000. WBC and hemoglobin are normal. Which of the following is the most likely diagnosis in this patient?

A. Leukemia
B. Idiapathic (immune) thrombocytopenic purpura (ITP)
C. Wiskott-Aldrich syndrome
D. Glanzmann thrombasthenia

173. A 10 year old girl presents with restlessness, irritability, and chorea of the face, hands, and arms bilaterally. MRI revealed enlargement of the basal ganglia. Symptoms improved with valproic acid, and resolved in approximately 6 months. The disorder was most likely related to autoantibodies that cross react between antigens in basal ganglia and antigens in the membrane of:

A. Group A streptococcus
B. Group B streptococcus
C. Group D streptococcus
D. Staphylococcus aureus

174. A 5 year old male presents to your office with a chronic cough, which is productive, increased at night, recurrent, worse with exercise and with upper respiratory infections.

Chest x-ray findings are normal except for mild hyperinflation. Which is the most likely diagnosis?

A. Sinusitis
B. Asthma
C. Gastro-esophageal reflux disease
D. Tuberculosis

175. Parents of a 3 years old child family has been using a neighbor to care for their child while the parents work. The neighbor is diagnosed with pulmonary tuberculosis. PPD test of the 3 years old is negative. Which of the following is indicated for the 3 years old?

A. Ethambutol chemoprophylaxis
B. Isoniazid chemoprophylaxis
C. Rifampin chemoprophylaxis
D. Streptomycin chemoprophylaxis

176. A 1 year old child presents with failure to thrive, frequently large voids of dilute urine, excessive thirst, and three episodes of dehydration not associated with vomiting or diarrhea. Over the years, other family members reportedly have had similar histories. The likely diagnosis is

A. Water intoxication
B. Diabetes mellitus
C. Dabetes insipidus
D. Child abuse
E. Nephrotic syndrome

177. A 2 years old patient has microscopic and occasionally gross hematuria. His father has hearing loss and end-stage renal disease. The most likely cause of this child's hematuria is

A. Alport syndrome
B. Berger's nephropathy (IgA nephropathy)
C. Idiopathic hypercalciuria
D. Membranous glomerulopathy
E. Goodpasture syndrome

178. A mother brings her 6 year old child to OPD because over the last week,he developed reddish discoloration of the urine and puffiness of the face. He has history of fever and sore

throat 3 weeks back.On physical examination ,the blood pressure is 120/85,as peri-orbital puffiness.Which of the following is the most likely diagnosis?

A. Acute Post streptococcal glomerulonephritis
B. Congestive heart failure
C. Hemolytic Uremic syndrome
D. Chronic glomerulonephritis

179. Baby Samuel is 1 year old and 12 kg has had diarrhea for 5 days. There was no blood in the stool, he is lethargic but not unconscious with sunken eye ball, drinks poorly and the skin pinch goes back very slowly. Samuel's classification for diarrhea and dehydration, respectively?

A. Acute diahrea and some dehydration
B. Diahrea with no dehydration
C. C) Acute diarrhea and sever dehydration
D. Persistent diahrea and some dehydration

180. Child Lamirot who is 16 month old weigh 11 Kg and has axillary temperature of 380c, her mother said that she had discharge coming from her ear for the last 5-6 days. Lamirot does not have any danger signs, has no cough or difficult breathing, has no diahrea, fever, and ear pain, but you saw pus draining from the ear. She did not feel any tender swelling behind either ear. What is Lamirot's classification of ear problem?

A. Mastodidtis
B. Chronic ear infection
C. Acute ear infection
D. No ear infection

181. A child presents with fever,vomiting,nuchal rigidity, and maculopapular rash.which of the following tests for meningitis involves flexion of the neck withr efelexive bending of the knees to alleviate pain and tension on the spinalcord?

A. Kienbock sign
B. Kerning sign
C. Babiniski sign
D. Brudzinski sign

182. You see a long distance truck driver in the clinic who compains of serious allergic rihinitis. Which of the following would be the best antihistamine to prescribe?

A. Diphenhydramine
B. Chlotpheniramine
C. Loratadine
D. Promethazine

183. A 53- year- old female with non-insulin dependent diabetes mellitus (NIDDM) is started on sulphonylurea. Which of the following is one mechanism of action of sulfonylureas?

A. Increase insulin synthesis
B. Stimulates release of insulin from beta islet cells
C. Directly promote glucose uptake by muscle, liver, and adipose tissue
D. Decrease insulin resistance

184. A 28 year old man comes to your office with a 2 day history of fever and abdominal pain. he complains of pain in joint area and diarrhea. He has no other significant medical history. On examination, his temperature is 39.50c(103.10F),his respiratory rate is 24 breaths per minute;pulse,75beats per minute; and blood pressure,120/75mmHg.The blood culture results confirm the diagnosis of typhoid fever caused by salmonella typhi. What is a drug of choice to treat this patient?

A. Ciprofoloxacin 500 mg tab BID for 7 days
B. Amoxicillin 500 mg caps TID for 7 days
C. Tetracycline 250mg caps QID for 7 days
D. Erythromycin 500 mg tab QID for 7 days

185. A previously healthy 8 years old boy has a 3 week history of low grade fever of unknown source, fatigue, weight loss, myalgia, and headaches. On repeated examinations during this time, he is found to have developed a heart murmur, petechiae, and mild splenomegaly. The most likely diagnosis is:

A. Rheumatic fever
B. Scarlet fever
C. Endocarditis
D. Tuberculosis

Gynecology

186. A28 years old nullgravida lady complains that her menses comes sometimes on 21st day and other time 34th day. The bleeding is usually heavy and lasts more than 6 days. Up on investigation her hematocrit is 27%. What is your diagnosis?

A. Menorrhagia
C. Polymenorrhea
B. Menometrorrhagia
D. Oligomennorrhea

187. How can you make diagnosis of postpartum hemorrhage (PPH)?

E. Bleeding of >500ml following vaginal delivery
F. Hematocrit drop of > 10%
G. Postpartum bleeding with vital sign derangement
H. All of the above

188. A 35 Years old who gave her first child by C/S 2 years ago came to your delivery ward with failure to deliver placenta immediately after delivery of her second child at home. The cord is tied with thread and no active vaginal bleeding. What is your management plan for this patient?

A. Immediate referral for operative management.
B. Trying controlled cord traction after giving Oxytocine
C. Trying Manual removal of the placenta after securing IV line.
D. Observing for spontaneous delivery of the placenta

189. PMTCT (prevention of mother to child transmission of HIV) includes which of the following?

A. Provision of ART for mother
C. Forceps delivery
B. C/S for all
D. Aminiotomy

190. What is the option of management for a patient having severe abruption placentae with IUFD if she has profuse active vaginal bleeding at cervical dilatation of 2 cm?

A. Following the progress of labor for vaginal delivery
B. Immediate Referral for Emergency Cesarean Delivery
C. Augmenting the labor to fasten the delivery
D. Inducing the labor for vaginal delivery

191. A 26 years old married white whose LMP was 2 ½ months ago developed bleeding, uterine cramps, and passed some tissue per vagina. Two hours later she began to bleed heavily. The most likely diagnosis is:

A. Twin pregnancy
B. Threatened abortion
C. Inevitable abortion
D. Incomplete abortion

192. A 24 years old patient (G2 P1). At 34 weeks of gestation presented to emergency with vaginal bleeding. Which one of the following is Not True?

A. Admit the patient
B. Resuscitate the patient
C. Do digital examination immediately
D. Cross-match blood

193. A Healthy 25-year-old primigravida at 30 weeks G/A comes to your office to see you for a routine OBYGYN visit. She complains that she has experienced shortness of breath, dizziness, light headedness, and feeling as if she is going to pass out when she lies down on her back to take a nap. What is the appropriate plan of management for this patient?

A. Do an ECG
B. Give her potent anti-pain which subsides the compliant
C. Do an arterial blood gas analysis
D. Refer her immediately to a neurologist
E. Reassure her that nothing is wrong with her and encourages her not to lie flat on her back

194. A 24-year-old primigravida presents for routine ultra sound at 20 weeks gestation. Based on the ultrasound findings, the patient is diagnosed with twin boys. Which of the following is true statement regarding the memebranes and placentas of this patient's twins if they are dizygotic?

A. They are dichorionic and monoaminotic because the fetuses are of the same sex
B. They must be monochorionic and monoaminotic because they are of the same sex.
C. They cannot be monochorionic and monoaminotic

D. They cannot be dichorionic and diaminotic

195. During a routine ANC visit, an 18-year-old G1P0 patient at 23 weeks gestational age undergoes a urinalysis. The dipstick done by the nurse indicates the presence of trace glucosuria. All other parameters of the urine test are normal. Which of the following is most likely etiology of the increased sugar detected in the urine?

A. She has diabetes

B. She has urine infection

C. Her urinalysis is consistent with normal pregnancy

D. The urinalysis shows preeclampsia

196. One of your patients, a 25-year-old G0, comes to your office for preconception counseling. She is a long-distance runner and wants to continue to train during her pregnancy. This patient wants to know if there are any potential adverse effects to her fetus if she pursues a program of regular exercise throughout gestation. You advise her of which of the following true statements regarding exercise and pregnancy?

A. During pregnancy, women should stop exercising because such activity is commonly associated with intrauterine growth retardation in the fetus

B. Exercise is best performed in the supine position to maximize venous return and cardiac output

C. It is acceptable to continue to exercise throughout pregnancy as long as the maternal pulse does not exceed 160

D. Non-weight-bearing exercises are optimal because they minimize the risks of maternal and fetal injuries

197. A 36-year-old G0 who has been epileptic for many years is contemplating pregnancy and wants to go off her anticonvulsant medications because she is concerned regarding the adverse effects that these medications may have on her unborn fetus. All of the following statements are true regarding epilepsy and pregnancy except

A. There is no safer anticonvulsant medication in pregnancy

B. Epileptic women should have their neurologist attempt to wean them off their anticonvulsant medications prior to conceiving

C. There is no association between epilepsy and pregnancy adverse effect

D. Folic acid supplementation reduces the risk of congenital anomalies in fetuses of epileptic women taking anticonvulsants

198. A healthy 25-year-old G1P0 at 40 weeks gestational age comes to your office to see you for a routine OB visit. The patient complains to you that on several occasions she has experienced dizziness, light-headedness, and feeling as if she is going to pass out when she lies down on her back to take a nap. What is the appropriate plan of management for this patient?

A. Do an ECG
B. Do an arterial blood gas analysis
C. Refer her immediately to a neurologist
D. Reassure her that nothing is wrong with her and encourage her not to lie flat on her back

199. A 42-year-old primigravida presents to your office for a routine OB visit at 34 weeks gestational age. She voices concern because she has noticed an increasing number of spidery veins appearing on her abdomen. She is upset with the unsightly appearance of these veins and wants to know what you recommend to get rid of them. How do you advise this patient?

A. Tell her that this is not a serious condition and give her a referral to a vascular surgeon to have the veins removed
B. Tell her that you are concerned that she may have serious liver disease and order liver function tests
C. Refer her to a dermatologist for further workup and evaluation
D. Tell her that the appearance of these blood vessels is a normal occurrence with pregnancy and will resolve spontaneously after delivery

200. A pregnant patient of yours goes to the emergency room at 20 weeks gestational age with complaints of hematuria and back pain. The emergency room physician orders an intravenous pyelogram (IVP) as part of a workup for a possible kidney stone. The radiologist indicates the absence of nephrolithiasis but reports the presence of bilateral hydronephrosis and hydroureter which is greater on the right side compared to the left. Which of the following statements is true regarding this IVP finding?

A. The bilateral hydronephrosis is of concern, and renal function tests including BUN and creatinine should be run and closely monitored

B. These findings are consistent with normal pregnancy and are not of concern
C. The bilateral hydronephrosis is of concern, and a renal sonogram should be ordered emergently
D. The findings indicate that a urology consult is needed to obtain recommendations for further workup and evaluation

201. A healthy 20-year-old G1P0 presents for her first OB visit at 10 weeks gestational age. She denies any significant medical history both personally and in her family. All of the following tests should be ordered as part of the initial prenatal care visit except

A. CBC
B. HIV
C. Hepatitis B surface antigen
D. One-hourglucose

202. A 27-year-old has just had an ectopic pregnancy. Which of the following events would be most likely to predispose to ectopic pregnancy?

A. Myoma
B. Pelvic inflammatory disease (PID)
C. Use of oral contraceptives
D. Induction of ovulation

203. A maternal fetal medicine specialist is consulted and performs an indepth sonogram. The sonogram indicates that the fetuses are both male, and the placenta appears to be diamniotic and monochorionic. Twin B is noted to have oligohydramnios and to be much smaller than twin A. In this clinical picture, all of the following are concerns for twin A except

A. Congestive heart failure
B. Anemia
C. Hypervolemia
D. Polycythemia

204. A 30-year-old class D diabetic is concerned about pregnancy. She can be assured that which of the following risks is the same for her as for the general population?

A. Preeclampsia and eclampsia
B. Infection
C. Fetal cystic fibrosis
D. Puerperal sepsis

205. A 28-year-old G1P0 presents to your office at 18 weeks gestational age for an unscheduled visit secondary to right-sided groin pain. She describes the pain as sharp and occuring with movement and exercise. She denies any change in urinary or bowel habits. She also denies any fever or chills. The application of a heating pad helps alleviate the discomfort. As her obstetrician, what do you tell this patient is the most likely etiology of this pain?

A. Round ligament pain
B. Appendicitis
C. Preterm labor
D. Kidney stone

206. A 32-year-old G3P2002 presents to the obstetrician's office for a routine OB visit at 30 weeks. She has had no complications during the pregnancy and has had regular prenatal care. Her gestational age is confirmed with a first-trimester sonogram. During the routine OB visit, the fundal height measures 35 cm. All of the following can explain the size-date discrepancy except

A. The 5-cm difference is within the error for fundal height measurements
B. Leiomyomas
C. Polyhydramnios
D. Fetal macrosomia

207. A pregnant women who is 7 weeks from her LMP comes in to the office for her first prenatal visit. Her previous pregnancy ended in a missed abortion in the first trimester. The patient therefore is very anxious about the well-being of this pregnancy. Which of the following modalities will allow you to best document fetal heart action?

A. Regular stethoscope
B. Fetoscope
C. Special fetal Doppler equipment
D. Transvaginal sonogram

208. A patient at 17 weeks gestation is diagnosed as having an intrauterine fetal demise. She returns to your office 5 weeks later and has not had a miscarriage, although she has had some occasional spotting. This patient is at increased risk for

A. Septic abortion
B. Recurrent abortion
C. Consumptive coagulopathy with hypofibrinogenemia
D. Future infertility

209. A 24-year-old presents at 30 weeks with a fundal height of 50 cm. Which of the following statements concerning polyhydramnios is true?

A. Acute polyhydramnios always leads to labor prior to 28 weeks
B. The incidence of associated malformations is approximately 3%

C. Maternal edema, especially of the lower extremities and vulva, is rare

D. Complications include placental abruption, uterine dysfunction, and postpartum hemorrhage

210. A 19-year-old woman comes to the emergency room and reports that she fainted at work earlier in the day. She has mild vaginal bleeding. Her abdomen is diffusely tender and distended. In addition, she complains of shoulder and abdominal pain. Her temperature is 97.6°F, pulse rate is 120/min, and blood pressure is 96/50 mmHg. To confirm the diagnosis suggested by the available clinical data, the best diagnostic procedure is

A. Pregnancy test

B. Posterior colpotomy

C. Dilation and curettage

D. Laparoscopy

211. The patient is delivered by cesarean section under general anesthesia. The baby and placenta are easily delivered, but the uterus is noted to be boggy and atonic despite intravenous infusion of Pitocin. All of the following are appropriate agents to use next except

A. Methylergonovine (Methergine) administered intramuscularly

B. Prostaglandin F2α (Hemabate) suppositories

C. Misoprostil (Cytotec) suppositories

D. Terbutaline administered intravenously

212. A 22-year-old has just been diagnosed with toxoplasmosis. You try to determine what her risk factors were. The highest risk association is

A. Eating raw meat

B. Eating raw fish

C. Having a dog

213. You are called in to evaluate the heart of a 19-year-old primigravida at term. Listening carefully to the heart, you determine that there is a split S1, normal S2, S3 easily audible with a 2/6 systolic ejection murmur greater during inspiration, and a soft diastolic murmur. You immediately recognize that

A. The presence of the S3 is abnormal

B. The systolic ejection murmur is unusual in a pregnant woman at term

C. Diastolic murmurs are rare in pregnant women

D. All findings recorded are normal changes in pregnancy

D. Being English

214. The patient is delivered by cesarean section under general anesthesia. The baby and placenta are easily delivered, but the uterus is noted to be boggy and atonic despite intravenous infusion of Pitocin. All of the following are appropriate agents to use next except

A. Methylergonovine (Methergine) administered intramuscularly
B. Prostaglandin F2α (Hemabate) suppositories
C. Misoprostil (Cytotec) suppositories
D. Terbutaline administered intravenously

ENT &Dentistry

215. A 71-year-old woman presents to your office complaining of unilateral hearing loss. She denies vertigo and tinnitus. A Weber test lateralizes to the deaf ear, and a Rinne test is negative. The tympanic membranes are bilaterally normal. Which of the following best explains her hearing loss?

A. Conductive hearing loss
B. Sensorineural hearing loss
C. Electrical hearing loss
D. Hysterical hearing loss

216. A 61-year-old man comes to your office complaining of a popping sensation in his left ear for nearly two weeks. He also complains of impaired hearing. Recently, another physician treated him for an acute otitis media with antibiotics. Physical examination reveals a normal right ear canal and tympanic membrane. The left tympanic membrane is gray, retracted, and immobile. Which of the following is the most likely diagnosis?

A. Otitis media with effusion
B. Acute otitis media
C. Mastoiditis
D. Otitis externa
E. Malignant otitis externa

217. A 52-year-old man comes to your office complaining of an itchy feeling in his right ear. He has been trying to scratch the itchiness using a cotton swab applicator. He denies tinnitus or hearing loss. On physical examination, the patient is afebrile and complains of pain when the pinna is pulled for the examination. The ear canal is red and swollen with some areas of

white debris. Because of the debris, you cannot visualize the tympanic membrane. There is no adenopathy. Which of the following is the

Most likely diagnosis?

A. Otitis media
B. Serous otitis
C. Otitis externa
D. Cerumen blockage
E. Malignant otitis

218. A 43-year-old woman who is positive for HIV presents with painful vesicles of the right ear canal and eardrum. Physical examination reveals right facial paralysis, hyperacusia, and unilateral loss of taste. Which of the following is the most likely diagnosis?

A. Sweet syndrome
B. Bullous myringitis
C. Sturge-Weber disease
D. Ramsay Hunt's syndrome

219. A 30-year-old man presents complaining of facial pain and nasal congestion with a yellow nasal discharge after an upper respiratory tract infection 10 days ago. Physical examination reveals a temperature of 38.2c. The patient has maxillary sinus tenderness with palpation, and the nasal mucosa are pale with some yellowish drainage. Clouding of the maxillary sinus is seen with transillumination. Which of the following is the most likely diagnosis?

A. Acute sinusitis
B. Chronic sinusitis
C. Subacute sinusitis
D. Ludwig's angina
E. Orbital cellulitis

220. Dentin forming Cells are called

A. Cementoblast
B. Osteoblast
C. Fibroblast
D.Odonteoblast

221. A disk battery is seen as a foreign body in the nose of a 2 year old child otherwise the child is in stable condition. Which of the following is the most important consideration in the management?

A. Elective schedule for ENT evaluation

B. Immediate removal is indicated

C. Nasal drops to facilitate expulsion.

D. Expectant management as spontaneous expulsion is expected

222. A three year old boy get high fever then associated with difficult swallowing and strider, the child was sitting , cannot sleep and drooling saliva, the lateral cervical X-ray looks as a cherry-shaped epiglottic swelling ("thumb sign"), the most likely diagnosis is:

A. Tonsilitis.
B. Croup.
C. Laryngo-tracheo-bronchitis.
D. Acute epiglottitis.

223. A 47-year-old man complains of hearing loss and otorrhea. On physical examination, there is a perforation of the tympanic membrane.What will be the most likely diagnosis?

A. Mycoplasma infection
B. Nasopharyngeal carcinoma
C. Acoustic neuroma
D. Cholesteatoma
E. Ramsay Hunt's syndrome

224. A 21-year-old man presents with a sore throat. He also complains of dysphagia, odynophagia, and otalgia. His temperature is 39.2□C (102.5□F). The patient speaks with a hot potato voice and is drooling. Examination of the throat reveals a hypertrophied right tonsil that appears to be displaced inferiorly and medially. There is contralateral deflection of the uvula. The patient has trismus and cervical lymphadenopathy. Which of the following is the most likely diagnosis?

A. Retropharyngeal abscess
B. Peritonsillar abscess
C. Exudative pharyngitis
D. Cancer of the right tonsil

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