1. A patient diagnosed with a tumor of the occipital lobe. Indicate which of the following symptoms may occur:

a. visual agnosia
b. auditory agnosia
c. gustatory agnosia
d. avtotopahnoziya
e. astereohnoziya

2. Add a benign slowly growing intracranial tumor, which differs little from the brain tissue and has petrificates that are visible on kraniohrami

a. adenoma
b. oligodendroglioma
c. ependymoma
d. meningioma
e. astrocytoma

3. Add a tumor of the meninges

a. adenoma
b. neuromas
c. ependymoma
d. meningioma
e. astrocytoma

4. Call tumor originating from the meninges:

a. astrocytoma
b. arahnoendotelioma
c. medulloblastoma
d. neuromas
e. anhioretykuloma

5. Call tumor originating from the meninges:

a. astrocytoma
b. arahnoendotelioma
c. medulloblastoma
d. neuromas
e. anhioretykuloma

6. Call tumor that originates from neuroectodermal embryonic layer:

a. anhioretykuloma
b. meninheoma
c. arahnoendotelioma
d. medulloblastoma
e. adenoma

7. Call tumor that originates from neuroectodermal embryonic layer:

a. anhioretykuloma
b. meninheoma
c. arahnoendotelioma
d. medulloblastoma
e. adenoma

8. Central paresis of leg usually develops at lesion of

a. Upper part of precentral gyrus
b. Internal capsule
c. Pons
d. Midbrain
e. Oblong brain

9. First aid of epilepsy attack on the way to hospital contains of:

a. General anesthesia, digitalis drugs
b. Anesthesia with nitrous oxide, Magnesiii sulfas 25% 10.0 in 40% glucose
c. Tracheobronchial tree drain, Natrii tiopentali 1g in 10 ml of physiological solution
d. To release breathing air ways, digitalis drugs, Sibazonum 0.01g
e. Sibazonum 30 ml in 150 ml of physiological solution, in 10 min we add the medication up to 100 – 120 mg

10. First stage of general seizures called:

a. Initial stage
b. Tonic stage
c. Clonic stage
d. Late stage
e. Recovery stage

11. General attacks includes:

a. Absance, tonic-clonic attacks, general atonic attacks
b. Absance, automatisms, temporal pseudoabsance
c. Focal attacks with secondary generalization, myoclonic attacks
d. Adversive motor attack, general atonic attacks
e. Autonomic – visceral and Emotional – affective partial attacks

12. How is a benign tumor that grows in the posterior third ventricle and is more common in children?
a. pinealoma
b. neuromas
c. ependymoma
d. meningioma
e. astrocytoma

13. How long could last clonic stage of general seizures?
a. Several seconds
b. 10-20 seconds
c. 30-40 seconds
d. 1-5 minutes
e. 5-15 minutes

14. How long could last early recovery stage of general seizures?
a. Several seconds
b. 10-20 seconds
c. 30-40 seconds
d. 1-5 minutes
e. 5-15 minutes

15. How long could last initial stage of general seizures?
a. Several seconds
b. 10-20 seconds
c. 30-40 seconds
d. 1-5 minutes
e. 5-15 minutes

16. How long could last tonic stage of general seizures?
a. Several seconds
b. 10-20 seconds
c. 30-40 seconds
d. 1-5 minutes
e. 5-15 minutes

17. Most important method in diagnostic of epilepsy is:
a. USG
b. CT
c. MRI
d. EEG
e. EchoEG

18. Myoclonic absentia is characterized by
a. Decreasing of postural tonus
b. Hanging head and sudden drops
c. Loss of consciousness, rhythmic bilateral myoclonus
d. Jerks of eyelids, periorbital muscles and decreasing of postural tonus
e. Apnoe, cyanosis, small skin hemorrhages

19. Note that the below-named with supratentorial tumors relates to:
a. cerebellum
b. brainstem
c. frontal lobe
d. bridge-cerebellar angle
e. IV ventricle

20. Prenatal risk factors of epilepsy are:
a. Dehydration, toxins
b. Infections – cytomegalovirus, rubella, toxoplasmosis, toxicosis of pregnancy
c. Metabolic disorders
d. Dehydration, toxins, diet disturbances
e. Disorders of brain function

21. Second stage of general seizures called:
a. Initial stage
b. Tonic stage
c. Clonic stage

d. Late stage
e. Recovery stage

22. Specify the tumor, which are localized in the temporal lobe, and often through the corpus callosum germination in both hemispheres

a. adenoma
b. neuromas
c. glioblastoma
d. meningioma
e. astrocytoma

23. The development of epilepsy could be explaned with:

a. High level of Ca in blood
b. Extremaly low level of K in blood
c. Disorders of K / Na pump
d. Disorders of Mg / Na pump
e. Disorders of balance between alaninum, GABA (inhibitory neurotransmitter)

24. The main differential feature of complex focal attacks from simple is:

a. Involve other group of muscles
b. Loss of consciousness
c. Presence of autonomic or psychiatric symptoms
d. Speech disorders or involuntary vocalization
e. Complex illusion or hallucinations

25. The most frequently age of beginning epilepsy is:

a. 20-40 years
b. Eldier than 40
c. Under10-30 years
d. 40-60 years
e. Under 10 years

26. The tonic stage includes:

a. Apnoe, cyanosis, trismus
b. Extension of great toe
c. Tongue biting, clonic vocalisation
d. Seizures involve all the muscles
e. Seizures dominates in the face

27. What is epileptic focus?

a. A group of neurons with pathologic activity
b. A group of neurons with unability to enforce and spread the activity
c. A group of neurons without any signs of activity
d. A group of neurons with ability to enforce and spread normal activity
e. A. group of pathologic neurons without activity.

28. What is not typical for tumor subcortical nodes?

a. rapidly developing hypertension and dislocation syndromes
b. hyperkinesis
c. amiostatychnyy syndrome with plastic hypertension
d. hemiplegia, hemianesteziya, hemianopsia
e. apraxia

29. What is the first stage of extramedullary tumors?

a. radicular
b. Brown-sekarivskoho syndrome
c. complete transverse lesion of the spinal cord
d. segmental
e. initial

30. What is the second stage of extramedullar tumor?

a. Radicular not expressed
b. Broun-Sequar syndrome
c. Complete lesion of spinal cord
d. Segmental
e. Radicular

31. What type of epileptic attack belong to simple motor?

a. Adversive
b. Automatisms
c. Dysmnestic
d. Typical absence
e. Myoclonic

32. What type of epileptic attack belong to simple motor?
a. Automatisms
b. Focal motor with march
c. Dysmnestic
d. Typical absence
e. Myoclonic
33. What type of epileptic attack belong to simple with psychiatric disorders?
a. Adversive
b. Automatisms
c. Typical absence
d. Hallucinatory
e. Myoclonic
34. Which diagnostic method is most informative for verification of stroke?
a. Echoencephaloskopy
b. Research of coagulative properties of blood
c. CT-scan
d. Contrastic angiography
e. Ultrasound doplerography
35. Which medicine you should prescribe to prevent cerebral vessel spasm to patient with haemorrhage stroke?
a. Nimotop
b. Actovegini
c. Dicinoni
d. EAFA
e. Actilaza
36. How long the first stage of ALS does last?
a. 2 – 3 years
b. 6 months – 2 years
c. 4 months – 2 years
d. 3 months – 1 year
e. 3 – 4 years
37. How long the forth stage of ALS does last?
a. 2 – 3 years
b. 6 months – 2 years
c. 4 months – 2 years
d. 3 months – 1 year
e. 3 – 4 years
38. How long the second stage of ALS does last?
a. 2 – 3 years
b. 6 months – 2 years
c. 4 months – 2 years
d. 3 months – 1 year
e. 3 – 4 years
39. If the internal carotid artery is occluded intracranial:
a. Blindness, or visual disorders on the right side and hemiparesis on the left one
b. Apraxia, astereognosia, autotopagnosia, pseudomelia
c. Hemianopsia with senso-motor aphasia, apraxia
d. Hemiplegia, hemianesthesia, homonymic hemianopsia
e. Hemiplegia, hemianesthesia, well expressed general cerebral symptoms
40. Ischemic stroke with gradual growth of focal symptoms needed to be differentiated with:
a. Hemorrhage stroke
b. Brain tumor
c. Brain abscess
d. Encephalitis
e. Dyscirculative encephalopathy
41. Most important reason that cause atherothrombotic brain infarction is:
a. Atherosclerosis of main cerebral blood vessels
b. Embolism of cardiac origin
c. Hypertonic changes of blood vessels
d. Artery-arterial embolism
e. Coagulopathies
42. Most important reason that cause cardioembolic stroke is:
a. Atherosclerosis

b. Septic endocarditis
c. Artificial valves of heart
d. Arrhythmia
e. Rheuimatizm

43. Symptoms of extracranial lesion of vertebral artery are:
a. Hemiplegia, hemianesthesia, well expressed general cerebral symptoms
b. "Drop-attacks", equilibrium disorders and paresis with sensory disturbances
c. Alternating syndromes of oblongate brain
d. Visual agnosia, hemianopsia, hyperpathia, disorientation in space and time
e. Hemianopsia with senso-motor aphasia, apraxia

44. The duration of lifetime in patients with bulbar form of ALS is
a. 4 – 6 years
b. 1 – 3 years
c. 6 – 8 years
d. 9 – 16 years
e. 20 and more years

45. The duration of lifetime in patients with cerebral form of ALS is
a. 4 – 6 years
b. 1 – 3 years
c. 6 – 8 years
d. 9 – 16 years
e. 20 and more years

46. The main clinical features of cardioembolicl ischemic stroke is:
a. Presents of precursors in anamnesis
b. Slow development
c. All symptoms of stroke are present in the beginning
d. The main reason of this type of stroke is hypertensive disease.
e. Well-expressed meningeal syndrom

47. The main clinical features of haemorheological ischemic stroke is:
a. Presents of precursors in anamnesis
b. Patient has arrhythmia.
c. Well-expressed general cerebral symptoms
d. The most frequent localization is zone of contiguous blood circulation
e. All symptoms are regressing during 1 week

48. The main clinical features of lacuna ischemic stroke is:
a. Presents of general cerebral symptoms
b. Well-expressed focal symptoms
c. Presents of meningeal syndrom
d. Absent of general cerebral syndrome and disorders of mental function
e. All symptoms are regressing during 1 week

49. The most common cause of secondary purulent meningitis
a. Sepsis
b. Cranial – cerebral trauma
c. Purulent pulpitis
d. Purulent sinusitis
e. Abscess – pneumonia

50. The most common reason of secondary purulent meningitis
a. Sepsis
b. Cranial – cerebral trauma
c. Purulent pulpitis
d. Purulent otitis
e. Abscess – pneumonia

51. The most common sign of general cerebral syndrome at secondary purulent meningitis is
a. Headache
b. Dizziness
c. General hyperesthesia
d. Nausea
e. Vomiting

52. Typical feature of post encephalitic Parkinson disease is
a. myosis
b. anizokoria
c. paresis of vertical sight
d. Vice verse Argil – Robertson symptom

e. bilateral ptosis

53. Usually in debut of secondary purulent meningitis one can observe such meningeal sign as

a. Neck stiffness
b. Behterev phenomena
c. Kernig sign
d. Upper Brudzinski sign
e. Lower Brudzinski sign

54. What additional method doesn't have diagnostic value at ALS?

a. ENMG
b. MRI
c. PET-scan
d. LP
e. EEG

55. What alternative syndromes are typical for midbrain tumors?

a. Weber, Benedict
b. Fovihl, Myar-Hubler
c. Jackson, Awellis, Schmidt
d. Schmidt, Valenberg-Zaharchenko
e. Myar-Hubler, Jackson

56. What arachnoiditis is associated with seizures?

a. Convexital
b. Basal
c. Optic-chiasmal
d. Ponto-cerebellaris
e. Posterior cranial fossa

57. What are the criteria of refusing from antibiotics treatment at purulent meningitis?

a. Cytosis less then 100 cells, 75 % of them are lymphocytes
b. Cytosis less then 200 cells, 75 % of them are neutrophils
c. Cytosis less then 150 cells, 25 % of them are lymphocytes
d. Cytosis less then 10 cells, 50 % of them are neutrophils
e. Cytosis less then 1000 cells, 15 % of them are lymphocytes

58. What are the most common residual effects after tuberculosis meningitis in children?

a. psychomotor development delay, epileptic attacks
b. Eye movement's disorders
c. Deafness
d. Hemiparesis
e. Neuroendocrine disturbances

59. What are the typical changes of CSF at meningococcal meningitis?

a. Neutrophil pleocytosis
b. Lymphocyte pleocytosis
c. Fibrin plate
d. Ksantochrome CSF
e. Protein-cellular dissociation

60. What are the typical changes of CSF at meningococcal meningitis?

a. Bloody
b. Ksantokhromic
c. Purulent
d. Opalescent
e. Transparent

61. What are the typical changes of CSF at tuberculosis meningitis?

a. Purulent
b. Ksantokhromic
c. Bloody
d. Opalescent
e. Transparent

62. What blood index supposed to be under control if direct anticoagulants are prescribed?

a. Protrombin time
b. Protrombin index
c. Coagulative time
d. Tolerant of plasma to the heparin.
e. Fibrinogen Index

63. What causes primary purulent meningits?

a. Staphilococcus

b. Meningococcus
c. Streptococcus
d. Bacillus of Koh
e. Spirochete pallidum

64. What dose of Benzilpenicillinum is prescribed as etiotropic treatment for purulent meningitis?
a. 300 000 Unites per kg
b. 500 000 Unites per kg
c. 100 000 Unites per kg
d. 1000 000 Unites per kg
e. 10 000 Unites per kg

65. What form doesn't belong to ALS?
a. Cerebral
b. Bulbar
c. Cervical-thoracic
d. Lumbar-sacral
e. Peripheral

66. What is the localization of tuberculosis meningitis?
a. Basal
b. Convex
c. General
d. Primary
e. Secondary

67. What is the most common reason of secondary purulent meningitis?
a. Sepsis
b. Cranial trauma
c. Purulent pulpitis
d. Purulent sinusitis
e. Abscess pneumonia

68. What is the most common sign of general cerebral syndrome at secondary purulent meningitis?
a. Headache
b. Dizziness
c. General hyperesthesia
d. Nausea
e. Vomiting

69. What is the most difficult complication for meningococcal meningitis?
a. Lesion of cranial nerves
b. Hydrocephalus
c. Central paresis
d. Meningococcemia
e. Infectious-toxic shock

70. What medication is being used for the treatment of tuberculoses meningitis?
a. Riphampicinum
b. Benzilpennicilinum
c. Ampicillinum
d. Gentamicinum
e. Cyprofloksacinum

71. What meningitis is associated with purulent changes of CSF?
a. Tuberculosis
b. Syphilitic
c. Meningococcal
d. Flu-associated
e. Herpetic

72. What meningitis is associated with serous changes of CSF?
a. Meningococcal
b. Staphylococcal
c. Pneumococcal
d. Tuberculosis
e. Streptococcal

73. What meningitis is characterized by decreased level of glucose and chlorides in CSF?
a. Tuberculosis
b. Syphilis
c. Meningococcal
d. Pneumococcal

e. Herpetic
74. What signs are typical for tuberculosis meningitis?
a. subacute course of the disease
b. Neutrophil pleocytosis
c. Increased sugar in CSF
d. Protein-cellular dissociation
e. Ksantokhromic CSF
75. To decrease progression of degenerative changes in between vertebral discs it is necessary to use
a. non steroid anti-inflammatory drugs
b. vitamins of group B
c. dehydration
d. chondroprotectors
e. biostimulants
76. Vascular radicular-spinal syndromes are
a. paralytic ischias
b. radiculopathy
c. scalenus-syndrome
d. shoulder-hand syndrome
e. iliotibial tract syndrome
77. What clinical form is typical for alcoholic polineuropathy?
a. sensory
b. motor
c. sensory-motor
d. autonomic
e. sensitive
78. What is medication of choice at trigeminal neuralgia?
a. Suprastini
b. Pentalgini
c. Karbamasepini
d. Baralgini
e. Dyclophenac
79. What is neurodystrophic syndrome of lumboischialgia?
a. Coccygodynia
b. Piriformis-syndrome
c. Syndrome of iliotibial tract
d. Syndrome of Stein Broker
e. Vasoparetic type
80. What is the early sign of diabetic polineuropathy?
a. lost deep reflexes
b. paresis of feet flexors
c. paresis of feet extensors
d. Lost deep sensation
e. Sensitive ataxia
81. What is the most common cause of pain syndrome on lumbar level?
a. Spondilitis
b. oseochondrosis
c. tumors
d. Myeloma disease
e. trauma
82. What is the most important complication of facial nerve neuropathy?
a. Conjunctivitis
b. Contracture
c. Pain
d. Synkinesis
e. Fasciculation
83. What is the peculiarity of botulism polineuropathy development?
a. incubation period 12-24 days
b. normal temperature
c. diplopia and photophobia
d. headache
e. mimic muscles paralysis
84. What is the sign of distal symmetric diabetic polineuropathy?
a. well expressed sensitive ataxia

b. severe trophic disorders
c. flaccid paresis in distal parts of extremities
d. Atrophy of calf muscles
e. Steppage gait

85. Which disease we should think about if the patient complains on severe back pain after lifting heavy thing? There are positive Laseg and Neri signs on the right.
a. radiculopathy
b. Lumbalgia
c. urine stone disease
d. Bile stone disease
e. femoral nerve neuritis

86. Which of medication is a myorelaxant?
a. Spasmalgon
b. Platyphilini
c. Baralgini
d. Midocalm
e. Euphilini

87. Combination of which factors has the most important meaning in the development of MS?
a. Genetic susceptibility, slow neuro infections, geographic factor
b. Genetic susceptibility, chronic intoxication, head trauma
c. Genetic susceptibility, high protein and fat diet, geographic factor
d. Genetic susceptibility, chronic intoxication by organic substances, geographic factor
e. Genetic susceptibility, geographic factor, distress

88. What is another name for a stroke?
a. Heart attack
b. Brain attack
c. Myocardial infarction
d. None of the above

89. Which of these lifestyle factors plays the biggest role in increasing the risk for stroke in younger adults?
a. Overweight
b. Little or no exercise
c. High blood pressure
d. Smoking

90. If a person has an ischemic stroke, how quickly should the person be treated to minimize long-term problem?

a. Within 30 minutes
b. Within 1 hour
c. Within 2 hours
d. Within 3 hours

90. The most accurate diagnostic method of MS is:
a. CSF
b. EEG
c. CT
d. MRI
e. Angiography

91. The most frequent typical clinical features of MS is:
a. Cerebellar ataxia
b. Motor disorders
c. Visual and eye movement disorders
d. Sensory disorders
e. Vestibular ataxia

92. The most frequently appearing first symptoms of MS are:

A. Transient visual disturbances, parasthesia, disorders of urination, decreased vibration sense

B. Transient visual disturbances, legs paresis, micturition, decreased vibration sense

C. Transient visual disturbances, lower paraparesis, absence of abdominal reflexes, parasthesia

D. Transient parasthesia, decreased vibration sense, muscle hypotonia, absence of abdominal reflexes

E. Hesitating at walking, absence of abdominal reflexes, urination disturbances, decreased visual acuity

93. What are the clinical criteria of MS diagnosis?
a. Multiple lesion of CNS, chronic course
b. Acute infectious disease with lesion of all parts of NS
c. Chronic disease with monosymptomatic lesion of pyramid pathways
d. Acute stroke – like onset with gradual increasing of symptoms during the week
e. Peripheral NS lesion, including optic nerves
94. What cytosis and which quantity can be diagnosed in CSF of patiene with acute syphilitic meningitis?
a. Lymphocytic (100 – 500 in 1 mcl)
b. Lymphocytic (1000 – 2000 in 1 mcl)
c. Neutrophil (1000 – 2000 in 1 mcl)
d. Mononuclear (100 – 300 in 1 mcl)
e. Neutrophil (100 – 500 in 1 mcl)
95. What is a conservative treatment for syringomyelia?
a. X-rey therapy
b. Proserinum
c. Analgetics
d. Prednison
e. Rebif
96. What is maximal dose of Dexametasone at MS pulse – therapy?
a. 8 mg per day
b. 16 mg per day
c. 4 mg per day
d. 1 mg per day
e. 10 mg per day
97. What is maximal dose of methylprednisoloni at MS pulse – therapy?
a. 500 mg per day
b. 600 mg per day
c. 750 mg per day
d. 800 mg per day
e. 1000 mg per day
98. What is the best additional method for MS diagnostics?
a. CT
b. Echoencephalography
c. EEG
d. Angiography
e. MRI
99. What is the most common death reason at ALS?
a. Breathing and heart activity disorders at bulbar syndrome
b. breathing disorders at plugging of breathing pathways
c. Heart – vascular insufficiency at myocardial infarction
d. Brain edema and its intrusion into large occipital opening
e. Acute suprarenal insufficiency
100. What is the most frequent type of MS clinical course?
a. Remittent
b. Stationary
c. Slow progressive
d. Rapid progressive
e. Regressive
101. What is the most frequent type of MS clinical course?
a. Rapid progressive
b. Stationary
c. Slow progressive
d. Remittent
e. Regressive
102. What medicine is more effective in treatment of tremor at MS:
a. Baclfoen
b. Carbamasepinum
c. Clonasepam

d. Proserinum
e. Sirdalude

103. What medicine should be used in case of exacerbation of MS?

a. Methylprednison
b. Sirdalude
c. Clonasepam
d. Halantaminum

104. The type of inheritance of Huntington's chorea:

a. autosomal dominant;
b. autosomal recessive;
c. . coupled with x-linked recessively
d. coupled with x-linked dominantly;

105. What is the most significant in making the diagnosis Wilson disease?

a. the extrapyramidal system lesion;
b. copper metabolic distortion;
c. liver damage;
d. dementia

106**. Which diagnostic method is most informative for verification of stroke?**

a. Research of coagulative properties of blood
b. CT-scan
c. Contrastic angiography
d. Ultrasound doplerography

112.**Which spinal nerve roots form the brachial plexus**.

a. C3-C8;
b. C5-Th2;
c. C7-TH2;
d. C7-Th4;

113. **Specify the most characteristic clinical signs of myopathy**:

a. tonic seizures in the limbs;
b. atrophy of the shoulder and pelvic muscles, as well as the muscles of back;
c. conducting type of sensory disorders;
d. hemi paretic gait.

114. **which investigation is used to diagnose the myasthenia:**

a. muscle biopsy;
b. ECG;
c. prozerin test;
d. the brain CT;

115. **Which neurons are damaged by lateral amyotrophic sclerosis?**

a. sensory;
b. motor;
c. autonomic;
d. sympathetic;

116. **Which neurons are damaged by myasthenia?**

a. a .cells of anterior horns;
b. b .neuromuscular synapses;
c. sensory ganglia;
d. the edge of sympathetic trunk;

117 **Which one of them is concerned with demyelinating polyneuropathy:**

a. Guillain–Barré;
b. diabetic;
c. alcohol;
d. porphyria.

118. **which investigation is used to diagnose the myasthenia:**

a. muscle biopsy;
b. ECG;
c. prozerin test;
d. the brain CT;

119. **Mark the most characteristic sign of acute neuropathy:**

a. acute shooting pain;
b. lagophthalmos, paralysis of mimicking muscles;
c. amaurosis;
d. decrease in hearing;

120. **To promote the meningeal symptom of Kernig you perform**:

a. Bend the head forward;
b. press the area of pubis articulation;
c. straighten the flexed leg on right angle of knee and hip joints;
d. Press the quadriceps muscle of thigh.

121. **In the liquor of purulent meningitis the following is detected:**

a. cellular-protein dissociation (lymphocytic pleocytosis)
b. cellular-protein dissociation (neutrophylic pleocytosis)
c. protein-cell dissociation;
d. existence of fibrin layer;

122. Liquor is produced by:

a. pahionic granulation;
b. chorioidal plexus of the cerebral ventricles;
c. cerebral layers;
d. diploic veins;

123. **To check the meningeal Brudzinski's sign you perform:**

a. Bend the head forward;
b. press the area of pubis articulation;
c. Flex the patient's head gently until his chin touches his chest and straighten the flexed leg on right angle of knee and hip joints of the patient, looking to another leg;
d. Press the quadriceps muscle of thigh.

124.**Parkinson's disease may have the following syndromes:**

a. chorea- athetosis;
b. akinetic-rigid;
c. vestibular-cerebellar;
d. pyramid;

125. **What symptom is common for bulbar and pseudobulbar syndromes?**

a. Dysphagia
b. Atrophy of tongue muscles
c. Decreased gag reflex
d. Reflexes of oral automatism

126. **The disturbance of purposive movement in absence of paresis & dyscoordination suggests the presence of the following:**
a. dyslexia
b. dysgnosia
c. dyspraxia
d. dysphasia
127. **Which of the following symptom suggest Meningeal syndrome :**
a. muscles hypotonia
b. diplopia
c. photophobia
d. Babynsky response
128. **Trigeminal nerve impairment produces the following symptoms:**
a. plegia in half of the face
b. ache paroxysm in half of the face
c. disturbance of swallowing
d. ache in half of the head
129. **The presence of Parkinsonism suggests damage to the following:**
a. caudate nucleus
b. black substance
c. cerebellar
d. frontal lobe
130. **In initial stage of Parkinson disease the most typical involuntary movement is the following:**
a. chorea
b. atetosis
c. tremor
d. dystonia
131. **With which anticonvulsant medication are drug levels the most useful?**

a. carbamazepine

b.lamotrigine

c. phenytoin

d.valproate

132. **Meningeal sign is the following:**
a. Babinsky
b. Kernig
c. Lasseg
d. Romberg
133. **Parkinsonism includes combination of the following:**
a. tremor, bradykinesia & muscles rigidity
b. paresis, anesthesia & muscles spasticity
c. chorea & muscles hypotonia
d. tremor, ataxia & muscles hypotonia

134. **What are the criteria of refusing from antibiotics treatment at purulent meningitis?**

a. Cytosis less then 100 cells, 75 % of them are lymphocytes
b. Cytosis less then 200 cells, 75 % of them are neutrophils
c. Cytosis less then 150 cells, 25 % of them are lymphocytes
d. Cytosis less then 10 cells, 50 % of them are neutrophils
e. Cytosis less then 1000 cells, 15 % of them are lymphocytes

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b. Meningococcus
c. Streptococcus
d. Bacillus of Koh
e. Spirochete pallidum
140. What dose of Benzilpenicillinum is prescribed as etiotropic treatment for purulent meningitis?
a. 300 000 Unites per kg
b. 500 000 Unites per kg
c. 100 000 Unites per kg
d. 1000 000 Unites per kg
e. 10 000 Unites per kg
141. What is the localization of tuberculosis meningitis?
a. Basal
b. Convex
c. General
d. Primary
e. Secondary
142. What is the most common reason of secondary purulent meningitis?
a. Sepsis
b. Cranial trauma
c. Purulent pulpitis
d. Purulent sinusitis
e. Abscess pneumonia
143. What is the most common sign of general cerebral syndrome at secondary purulent meningitis?
a. Headache
b. Dizziness
c. General hyperesthesia
d. Nausea
e. Vomiting
144. What is the most difficult complication for meningococcal meningitis?
a. Lesion of cranial nerves
b. Hydrocephalus
c. Central paresis
d. Meningococcemia
e. Infectious-toxic shock
145. What medication is being used for the treatment of tuberculoses meningitis?
a. Riphampicinum
b. Benzilpennicilinum

c. Ampicillinum
d. Gentamicinum
e. Cyprofloksacinum

146. What meningitis is associated with purulent changes of CSF?

a. Tuberculosis
b. Syphilitic
c. Meningococcal
d. Flu-associated
e. Herpetic

147. What meningitis is associated with serous changes of CSF?

a. Meningococcal
b. Staphylococcal
c. Pneumococcal
d. Tuberculosis
e. Streptococcal

148. What meningitis is characterized by decreased level of glucose and chlorides in CSF?

a. Tuberculosis
b. Syphilis
c. Meningococcal
d. Pneumococcal
e. Herpetic

149.25 years old woman suddenly felt severe headache, nausea, neck pain, low back pain. She was hospitalized to the clinics. Objectively there is hemorrhagic rash. Temperature is 39,0C. Meningeal signs are well expressed. There is light, tactile, pain hyperesthesia. In blood – leucocytes are 25*109/l, SR-29 mm per hour. CSF is cloudy. There is neutrophil pleocytosis, meningococus in CSF. What is your diagnosis?

a. Staphylococcal meningitis
b. meningococcal meningitis
c. Tuberculosis meningitis
d. Viral meningitis
e. Pneumococcal meningitis.

150.45 years old patient with open cranial trauma is in traumatology department. His state is severe. Meningeal signs are well expressed. There is neck stiffness. CSF is cloudy, pressure is 600 mm, protein is 0,9 gram per l, cytosis is 1200 (neutrophils -85 %, lymphocytes-15 %). What complication developed in patient?

a. Meningoencephalitis
b. Viral meningitis
c. Bacterial meningitis
d. Brain abscess
e. Intracranial hematoma

151.16 y.o. patient complains on short lasting attacks of loosing consciousness (up to 15 sec) that are associated with rolling up of eyes (the information received from witnesses). It is

a. complicated typical absence
b. simple typical absence
c. simple atypical absence
d. absence
e. pseudoabsence

152.18 y.o. patient suddenly lost consciousness. There are tonic-clonic seizures. BP – 140/90. Pulse rate – 98 per min. Before the attack she noticed unpleasant taste. Where is the lesion?

a. left occipital lobe
b. parietal lobe
c. right occipital lobe
d. temporal lobe
e. frontal lobe

153. **18 y.o. patient suddenly lost consciousness. There are tonic-clonic seizures. Before the attack she noticed visual hallucinations. Where is the lesion?**

a. left parietal lobe
b. temporal lobe
c. right parietal lobe
d. * occipital lobe
e. frontal lobe

154. **19 y.o. patient complains on headache during the last 2 months. Several days ago he suddenly noticed tonic seizures in right foot fingers that spread to the calf, hip, right hand and transformed into clonic. He doesn't loose his consciousness. The duration of attack was 3 min. Objectively – there are paresis of right foot after attack, positive Babinski sign on the right. What kind of seizure are those?**

a. Jackson epilepsy
b. Kozhevnikov epilepsy
c. myoclonic absence
d. huge epileptic attack
e. hysterical attack

155. **23 y.o. patient suddenly lost consciousness. There are tonic-clonic seizures. Before the attack she noticed numbness of right half of body. Where is the lesion?**

a. left parietal lobe
b. temporal lobe
c. right parietal lobe
d. occipital lobe
e. frontal lobe

156. **23 y.o. patient suddenly lost consciousness. There are tonic-clonic seizures. Before the attack she noticed jerking movements in right extremities. Where is the lesion?**

a. left parietal lobe
b. temporal lobe
c. right parietal lobe
d. occipital lobe
e. frontal lobe

157. 24 y.o. patient suddenly lost consciousness. There are tonic-clonic seizures. BP – 130/80. Pulse rate – 104 per min. Before the attack he felt dizziness, noise in ears. The patient forgot the attack. Where is the lesion?

a. left occipital lobe
b. frontal lobe
c. right occipital lobe
d. parietal lobe
e. temporal lobe

158. 25 y.o. patient has periodical seizures with loss of consciousness, interrupting breathing, frequent pulse rate, enlarged pupils, tongue biting, urine incontinence. The duration of attack is 1-5 min with afterwards sleeping and complete amnesia of attack. What medications should be used in this case?

a. anti-seizures
b. diuretics
c. hypotensive
d. tranquilizators
e. neuroleptics

159. 32 years old patient has attacks of seizures. Involuntary movements of eyes and head to the left are observed before them. What type of seizures is observed?

a. Adversive
b. Absans
c. Procursive
d. Jackson
e. postural

160. 35 y.o. patient suffers from short lasting without seizures attacks (stiffness),that are finished with involuntary laughing, elementary motor automatism and involuntary urination. What medication should be used for prevention of attacks?

a. Phenobarbital
b. Karbamazepin
c. papaverinum
d. Difeninum
e. Hexamidinum

161. 35 y.o. patient suffers from short lasting without seizures attacks (stiffness),that are finished with involuntary laughing, elementary motor automatism and involuntary urination. What kind of attack is that?

a. absence
b. Kozhevnikov epilepsy
c. myoclonus
d. generalized tonic-clonic attack
e. Jackson epilepsy

162. On the background of electrical shock the patient received generalized epileptic attack. There are no pathological findings in neurological status. There are no focal signs on MRI. What did develop in this patient?

a. epileptic reaction
b. epileptic disease
c. epileptic syndrome
d. alcohol abuse
e. hysteric reaction

163. What combination of motor disturbances is typical for ALS?

a. Increased muscle tone and pathological reflexes on lower extremities
b. Muscle atrophy and fasciculation
c. Mixed paresis
d. Central paresis
e. Increased reflexes and muscle fasciculation

164. What criteria don't have diagnostic value at ALS?

a. signs of peripheral motoneuron lesion
b. signs of central motoneuron lesion
c. progressive course not less then 6 months
d. not effective treatment
e. signs of cerebellum lesion

165. What is the most common death reason at ALS?

a. Breathing and heart activity disorders at bulbar syndrome
b. breathing disorders at plugging of breathing pathways
c. Heart – vascular insufficiency at myocardial infarction
d. Brain edema and its intrusion into large occipital opening
e. Acute suprarenal insufficiency

166. Combination of which factors has the most important meaning in the development of MS?

a. Genetic susceptibility, slow neuro infections, geographic factor
b. Genetic susceptibility, chronic intoxication, head trauma
c. Genetic susceptibility, high protein and fat diet, geographic factor
d. Genetic susceptibility, chronic intoxication by organic substances, geographic factor
e. Genetic susceptibility, geographic factor, distress

167. The most frequently appearing first symptoms of MS are:

a. A. Transient visual disturbances, parasthesia, disorders of urination, decreased vibration sense
b. B. Transient visual disturbances, legs paresis, micturition, decreased vibration sense
c. C. Transient visual disturbances, lower paraparesis, absence of abdominal reflexes, parasthesia
d. D. Transient parasthesia, decreased vibration sense, muscle hypotonia, absence of abdominal reflexes
e. E. Hesitating at walking, absence of abdominal reflexes, urination disturbances, decreased visual acuity

168. What are the clinical criteria of MS diagnosis?

a. Multiple lesion of CNS, chronic course
b. Acute infectious disease with lesion of all parts of NS
c. Chronic disease with monosymptomatic lesion of pyramid pathways
d. Acute stroke – like onset with gradual increasing of symptoms during the week
e. Peripheral NS lesion, including optic nerves

169. What is maximal dose of Dexametasone at MS pulse – therapy?

a. 8 mg per day
b. 16 mg per day
c. 4 mg per day

d. 1 mg per day
e. 10 mg per day

170. **What is maximal dose of methylprednisoloni at MS pulse – therapy?**
a. 500 mg per day
b. 600 mg per day
c. 750 mg per day
d. 800 mg per day
e. 1000 mg per day

171. What is the most frequent type of MS clinical course?
a. Remittent
b. Stationary
c. Slow progressive
d. Rapid progressive
e. Regressive

172. What is the most frequent type of MS clinical course?
a. Rapid progressive
b. Stationary
c. Slow progressive
d. Remittent
e. Regressive

173. What therapy should be given preference at treatment of MS?
a. Immune modulating
b. Immune suppressive
c. Vitamin therapy
d. Physiotherapy
e. Symptomatic

174. When do the signs of MS appear for the first time?
a. In 20 – 40 years
b. In 5 – 10 years
c. In 50 – 60 years
d. In 70 – 80 years
e. After 80 years

175. To decrease progression of degenerative changes in between vertebral discs it is necessary to use

a. non steroid anti-inflammatory drugs
b. vitamins of group B
c. dehydration
d. chondroprotectors
e. biostimulants

176. Vascular radicular-spinal syndromes are

a. paralytic ischias
b. radiculopathy
c. scalenus-syndrome
d. shoulder-hand syndrome
e. iliotibial tract syndrome

177. Vascular radicular-spinal syndromes are

a. Coccygodynia
b. radiculopathy
c. scalenus-syndrome
d. myelogenic claudication
e. musclus pectoralis minor syndrome

178. Which of the following is not a localization-related epilepsy?
a)Benign childhood epilepsy with centrotemporal spikes
b) Juvenile myoclonic epilepsy
c)Childhood epilepsy with occipital paroxysmal
d)Primary reading epilepsy

179. About 70% of people with epilepsy the cause is ------
a) Head trauma
b) brain tumors
c)*Unknown
d) stroke
180. MS affects the central nervous system (CNS). Which part of the CNS is affected?

a. Nerve cells (neurons)
b. Myelin
c. Plaques
d. Vertebrae

181Who is more susceptible to developing a subdural hematoma?
a) A 6 month old infant living with the mother and her boyfriend
b) A 16 year old skate boarder
c) A 40 year old race driver
d) A 72 year old patient with Alzheimer disease

182.**Vascular radicular-spinal syndromes are**

a. paralytic ischias
b. radiculopathy
c. Piriformis syndrome
d. Stein Broker syndrome
e. Caudogenous claudication

178. What clinical form is typical for alcoholic polineuropathy?
a. sensory
b. motor
c. sensory-motor
d. autonomic
e. sensitive
179. What from the list is forbidden to the patient with acute lumbar-sacral radiculopathy?
a. paraphin application
b. Dehydration
c. Spasmolitic
d. Vitamins B
e. Intravenous injection of Baralgini
180. What is medication of choice at trigeminal neuralgia?
a. Suprastini
b. Pentalgini
c. Karbamasepini
d. Baralgini
e. Dyclophenac
181. What is neurodystrophic syndrome of cervicobrachialgia?
a. coccygodynia
b. epicondilosis
c. Musculus pectoralis minor syndrome
d. Scalenus syndrome
e. Piriformis syndrome
182. What is neurodystrophic syndrome of lumboischialgia?
a. Coccygodynia
b. Piriformis-syndrome
c. Syndrome of iliotibial tract
d. Syndrome of Stein Broker
e. Vasoparetic type
183. What is the early sign of diabetic polineuropathy?
a. lost deep reflexes
b. paresis of feet flexors
c. paresis of feet extensors
d. Lost deep sensation

e. Sensitive ataxia

184. What is the most common cause of pain syndrome on lumbar level?

a. Spondilitis
b. oseochondrosis
c. tumors
d. Myeloma disease
e. trauma

185. What is the most common cause of radicular pain on lumbar –sacral level?

a. hernia of intervertebral disc
b. Spondilolisthesis
c. Primary tumors
d. Metastatic tumors
e. Spinal arachnoiditis

186. **What is the most common cause of radicular pain on lumbar – sacral region**?

a. Intervertebral disc hernia development
b. Spondilolisthesis
c. primary tumors
d. Metastasis

191.**What is the peculiarity of botulism polineuropathy development?**

A. incubation period 12-24 days
B. normal temperature
C. diplopia and photophobia
D. headache
E. mimic muscles paralysis

187. What is the sign of distal symmetric diabetic polineuropathy?

a. well expressed sensitive ataxia
b. severe trophic disorders
c. flaccid paresis in distal parts of extremities
d. Atrophy of calf muscles
e. Steppage gait

188. Which disease we should think about if the patient complains on severe back pain after lifting heavy thing? There are positive Laseg and Neri signs on the right.

a. radiculopathy
b. Lumbalgia
c. urine stone disease
d. Bile stone disease
e. femoral nerve neuritis

189. Which of the following is hereditary disease of nervous system?

a. multiple sclerosis;
b. progressive muscular dystrophy;
c. myasthenia;
d. chorea gravis;

194. Which type of medicine is given to help prevent a stroke?

a .Medicine to prevent clots from forming
b Blood-thinner medicine
c Clot-busting medicine
d A and B

195. The peak age of onset for Parkinson's Disease is in the following decade

a. Third

b. Fourth

c. Fifth

d. Sixth

196. Micrographia of Parkinson's disease is

a. Hurried walking

b. Slowness of movement

c. Small handwriting

d. Soft speech

197. **The part of the brain most affected in Parkinson' Disease is**

a. Corpus striatum

b. Putamen

c. Substantia nigra

d. Thalamus

198. **The characteristic tremor of Parkinson's disease usually involves**

a. Arm

b. Eyelids

c. Hand

d. Jaw

e. Tongue

199. **Which of the following tests aid to determine the levels of dopamine in the brain cells of a patient with Parkinson's Disease ?**

a. MRI

b. Olfactory testing

c. PET scan

d. Sonography

200. **Effective drug for treatment of parkinson's disease is**

a. l-dopa

b. m-dopa

c. t-dopa

d. k-dopa

201.A 24-year-old man is noted to have dance like movements of his arms and head. The best test to confirm the diagnosis of Huntington disease is:

a. Cerebral positron emission tomography (PET) scanning

b. Genetic testing

c. MRI scan

d. Rectal biopsy

202. A 32-year-old woman is seen in the emergency department. She has no medical problems nor allergies to medications. She receives a medica- tion intravenously and has an acute dystonic reaction with muscle spasm of the neck. Which of the following drugs is most likely respon- sible for this reaction?

A. Haloperidol
B. Trihexyphenidyl (Artane)
C. Phenytoin
D. Levodopa

203. Which of the following signs is most suggestive of Parkinson disease rather than the other neurodegenerative diseases?

A. Unilateral resting tremor
B. Supranuclear downed gaze palsy
C. Orthostatic hypotension early in the course of the disease
D. Early falls
E. Abnormal cerebral MRI

204. Which of the following medications is most likely to be able to help both relieve cardinal features of Parkinson disease as well as reduce drug-induced dyskinesias?

A. Levodopa
B. Dopamine agonists
C. Amantadine
D. Anticholinergics
E. Haloperidol

205. Which of the following medications would be most likely to cause drug-induced parkinsonism?

A. Trihexyphenidyl
B. Metoclopramide
C. Diazepam
D. Carbidopa
E. Levodopa

205. Blunt trauma to the skull followed by brief loss of consciousness, then a period of relative normalcy, then a cranial to caudal pattern of deteri- oration without stiff neck is most characteristic of which clinical entity?

A. Acute epidural hematoma
B. Chronic subarachnoid hemorrhage
C. Bacterial meningitis
D. Cerebral contusion

206. Homogeneous high density throughout the ventricular system on an unenhanced CT scan is most characteristic of which clinical entity?

A. Acute epidural hematoma
B. Subarachnoid hemorrhage because of a burst proximal middle cerebral artery aneurysm
C. Basal ganglia hematoma
D. Ruptured cavernous angioma

207. An 81-year-old patient arrives in the emergency department with acute left hemiparesis and neglect. What finding is most important in deter- mining noneligibility for thrombolytic treatment?

A. Time of symptom onset of 2 hours
B. History of any previous myocardial infarction
C. Patient taking any antihypertensive medication

D. Recent gastrointestinal (GI) bleeding

208. An 81-year-old patient arrives in the emergency department with acute left hemiparesis and neglect. what study is most useful to rule out an intracerebral hemorrhage?

A. Electrocardiogram
B. Brain CT
C. Complete blood count
D. Cerebral arteriogram

209. After receiving stroke therapy, the patient is being discharged home on physical therapy. The usual treatment would include long-term antiplatelet treatment; however, it is not used in this patient's case. Which of the following is most likely to be present such that antiplatelet therapy is not prescribed?

A. The patient has diabetes
B. The patient has ischemic heart disease
C. The patient has carotid stenosis
D. The patient has atrial fibrillation

210. A 24-year-old female is diagnosed with a complex partial seizure dis- order. Which of the following would be typical automatisms that can occur in complex partial seizures?

A. Lip smacking, chewing, gesturing
B. Singing and coughing
C. Choreiform dance-like movements
D. Rigid arm motions directed laterally

211. **A 9-year-old boy is diagnosed with absence seizures. Which of the fol- lowing would most likely best describes his seizure episodes?**

A. Tremulousness of the right arm in the absence of other movement disorder
B. Momentary lapses in awareness, accompanied by motionless star- ing and cessation of any ongoing activity
C. Alternate flexion and extension and rigidity of the arms and legs
D. Sudden loss of posture and falling unconscious to the floor

212. A 35-year-old man is diagnosed with a seizure disorder. There is no history of trauma or medical condition. What is the most common type of seizure in adults with epilepsy?

A. Absence seizures
B. Complex partial seizures
C. Grand mal seizures
D. Todd paralysis

213. A 56-year-old man who is complaining of confusion and motor deficits is noted to have multiple lesions to the brain. A metastatic tumor is suspected. Which of the following is the most common tumor causing brain metastasis?

A. Breast
B. Melanoma
C. Renal
D. Lung
E. Thyroid

214. A 50-year-old man is noted to have some symptoms suggestive of a brain tumor. Which of the following is the most commonly found symptom for brain tumors?

A. Seizures
B. Headaches
C. Papilledema
D. Personality changes
E. Ataxia

215. A 45-year-old painter is found to have ataxia. An MRI scan shows a tumor of the cerebellopontine angle. What is the most likely tumor in the location?

A. Epidermoid tumor
B. Paraganglioma
C. Meningioma
D. **Acoustic neuroma**

216. What is the best test to evaluate unilateral sensorineural hearing loss?

A. Otoacoustic emissions
B. Auditory brainstem response
C. **MRI of the internal auditory canals with gadolinium**
D. Electronystagmography
E. Detailed physical examination

217. Select the combination of signs and symptoms that best help to distin- guish ADEM from a first attack MS.

A. Oligoclonal bands in CSF, recurrent symptoms, positive vaccination history
B. **Positive vaccination history, lesions of the thalami, mental confusion**
C. Pleocytosis in CSF, recurrent symptoms, positive vaccination history
D. Recent viral exposure, mental confusion, late ataxia

218. A 43-year-old woman is diagnosed with acute lower extremity weak- ness caused by acute disseminated encephalomyelitis. Which of the following is the best therapy for this condition?

A. Interferon 1b
B. **Corticosteroid therapy**
C. Amantadine
D. Immunoglobulin therapy

219. A 42-year-old woman presents to the emergency room with fever, neck stiffness, and severe headache. Her examination reveals a widespread macular papular rash. Which of the following is the most appropriate next step in management?

A. Obtain a stat CT scan of the head followed by a lumbar puncture.
B. Perform a stat lumbar puncture without obtaining a CT scan of the head.
C. ***Obtain a CBC with differential, blood cultures, chemistry 20 and INR and begin IV penicillin G or ampicillin.**
D. Obtain a CBC with D-P, blood cultures, chemistry 20, and INR, and begin IV ceftriaxone plus vancomycin

220. A 34-year-old woman is noted to have a stiff neck, fever, and photo- phobia. Which of the following is the best method to differentiate viral versus bacterial meningitis?

A. Sensorium
B. Nuchal rigidity
C. **Lumbar puncture**
D. CT scan

221. What is the most common cause of unilateral facial weakness in an adult?

A. Lyme disease
B. Varicella zoster reactivation
C. Acoustic neuroma
D. **Herpes simplex virus reactivation**

222. A 69-year-old man complains of right facial weakness. A close exam- ination of his facial movements indicates loss of the nasolabial fold and inability to raise the upper lip on that side. His blink, forehead, and lower lip movement are normal. What is the most likely cause of his facial paralysis?

A. Bell palsy
B. Herpes zoster oticus
C. **Malignant parotid gland tumor**
D. Acoustic neuroma
E. Lyme disease

223. A 60-year-old man in the ICU is noted to have a brain pathology and ptosis. Which of the following conditions is the most likely cause for ptosis?

A. Pituitary necrosis
B. **Uncal herniation**

C. Central herniation
D. Arterio-venous (AV) malformation

224. Which of the following diagnostic studies is critical to diagnosing ALS?

A. Cerebrospinal fluid (CSF) analysis
B. Electroencephalograph (EEG)
C. EMG/NCV
D. Genetic testing

225. What percentage of ALS cases are familial?

A. 10%
B . 25%
C. 50%
D. 100%

226. Which of the following clinical features is associated with ALS?
A. Sensory loss on face
B. Resting tremor of the hands
C. Slurred speech
D. Loss of position sense of the toes

227. **A 42 year old man presents with a radiating pain down his right shoul- der to his elbow with numbness and tingling in the lateral ventral aspect of his right forearm and palm. Examination reveals decreased sensation of lateral should, anterior arm and forearm as well as an absent biceps reflex on the right.**

A. C 5 radiculopathy
B. Brachial plexopathy
C. Focal myositis
D. Median mononeuropathy
E. Motor neuron disease

228 .Parkinsonism includes combination of the following:
a) tremor, bradykinesia & muscles rigidity
b) paresis, anesthesia & muscles spasticity
c) chorea & muscles hypotonia
d) tremor, ataxia & muscles hypotonia

229. The polyneuropathic pattern of sensory loss suggests presence of the following syndrome:
a) numbness & pain in distal parts of extremities
b) numbness & analgesia in half of the body
c) pain & sensory ataxia in half of the body
d) analgesia & sensory ataxia in proximal parts of extremities

230. The presence of Parkinsonism suggests damage to the following:
a) caudate nucleus
b) black substance
c) cerebellar
d) frontal lobe

231. In initial stage of Parkinson disease the most typical involuntary movement is the following:
a) chorea
b) atetosis
c) tremor
d) Dystonia

232. A 72-year old man with normal renal functions presents with new onset focal seizures. Which of the following is the best drug to manage thepatient?
a. Sodiumvalproate
b. Oxcarbazepine
c. Levetriacetam
d. Pregabalin

233. **More than half of migraine sufferers have something in common. What is it?**
a) Allergies that affect their breathing
b) Excess weight
c) High blood pressure
d) Family members who have migraines

234. 7year old girl is easilydistractedinclassandexhibits poorscholastic performance.Seizuresare precipitat¬

ed byhyperventilation. Diagnosis is?
a. Myoclonic seizures
b. Absence seizures
c. Atonic seizures
d. Myotonia

235. In spinal cord, myelin sheath is formed by :
a. Schwann cells
b. Oligodendrocytes
c. astrocytes
d. glial cells

236. Sally has a brain injury; she knows what she wants to say but can't vocalize the words. The part of her brain that deals with the ability to speak is the:

a) central sulcus
b) Broca's area
c) primary motor area
d) longitudinal fissure
e) gyrus

237. Which of the following conditions would likely preclude the consideration of epilepsy surgery in a patient?
a) dominant hemisphere focus
b) low-grade tumor
c) mental retardation
d) primary generalized epilepsy
e) prior vagus nerve stimulator use

238. .Which is the most important differential diagnosis of 'first seizure'?
a) Migraine without aura
b) Abdominal migraine
c) Syncope
d) Migraine with aura

239. Which of the following is not an idiopathic generalized epilepsy?
a) Juvenile absence epilepsy
b) Epilepsy with grand mal seizures on awakening
c) Childhood absence epilepsy
d) Lennox-Gastaut syndrome

240.Pathophysiologically, which is the most important reason for the precipitation of seizure?
a) Increased Glutamate, increased GABA
b) Increased AMPA, increased GABA
c) Increased Glutamate, decreased GABA
d) Decreased Glutamate, increased GABA

241. Which of the following abnormality is associated with 'Temporal lobe epilepsy'?
a) Sodium channel mutations
b) Calcium channel mutations
c) Potassium channel mutations
d) Chloride channel mutations

242. . Which age group is MS most likely to strike?
A. Children under 12
B. Teens
C. Adults ages 20 to 40
D. Adults ages 65 and older

243.MS affects the central nervous system (CNS). Which part of the CNS is affected?
a. Nerve cells (neurons)
b. Myelin
c. Plaques

d. Vertebrae

244. The common symptoms in ms include

a. exercise induced weakness
b. bilateral optic neuritis
c. paresthesia
d. sensory loss

245. A patient who is diagnosed with Parkinson disease (PD) states, "I can't tie my shoelaces anymore." The healthcare provider recognizes that this patient's problem is due to a deficiency in which of these neurotransmitters ?

1. Seratonin
2. Glutamate
3. Norepinephrine
4. **Dopamine**

246. The antiviral agent with mild antiparkinsonian activity is

1. **Amantadine**
2. Anticholinergic
3. Dopamine
4. Levodopa

247. One of the following categories of drugs used in the treatment of Parkinson's Disease has constipation as a common side effect

1. Dopamine agonist
2. MAO Inhibitor
3. **Anticholinergic**
4. COMT inhibitors

248. The symptom of Parkinson's Disease which is less likely to respond to Levodopa is

1. Tremor
2. Rigidity
3. Akinesia
4. **Postural instability**

249. Levodopa is used along with Carbidopa in the treatment of Parkinson'Disease because Carbidopa

1. Aids Levodopa to cross blood brain barrier
2. **Blocks the early conversion of Levodopa into dopamine**
3. Enhances the absorption of levodopa
4. Dopamine is less tolerated

250. Why is dopamine not the drug of choice for symptomatic treatment of Parkinson 's Disease when the symptoms of Parkinson's disease are caused by loss of dopamine

1. **Dopamine cannot cross the blood brain barrier**
2. Dopamine has serious side effects
3. Dopamine is less tolerated
4. Aids Levodopa to cross blood brain barrier

251. Which of the following tests aid to determine the levels of dopamine in the brain cells of a patient with Parkinson's Disease ?

1. MRI
2. Olfactory testing
3. **PET scan**

4. Sonography

252. The part of the brain most affected in Parkinson' Disease is

1. Corpus striatum
2. Putamen
3. **Substantia nigra**
4. Thalamus

253. Bradykinesia of Parkinson's disease is

1. Hurried walking
2. **Slowness of movement**
3. Small handwriting
4. Soft speech

254. The characteristic tremor of Parkinson's disease usually involves

1. Arm
2. Eyelids
3. **Hand**
4. Jaw
5. Tongue

255. Micrographia of Parkinson's disease is

1. Hurried walking
2. Slowness of movement
3. **Small handwriting**
4. Soft speech

256. The peak age of onset for Parkinson's Disease is in the following decade

a) Third
b) Fourth
c) Fifth
d) Sixth

257. The most common traumatic brain injury is:

A) pidural hematoma
B) Subdural hematoma
C) Subarachnoid hemorrhage
D) Intracerebral hemorrhage

258. Metastatic spinal cord compression occurs most frequently in:

a) prostate cancer, osteosarcoma and myeloma
b) lung, breast and prostate cancers
c) primary cancer of unknown origin
d) both a and c above

259. Diagnosis of metastatic spinal cord compression is best made by:

a) isotope bone scan
b) plain film X-ray
c) magnetic resonance imaging
d) computerised tomography

260. A pain is initially clear but later presents with headache, vomiting and seizures, later he has hypertension and bradycardia. He received a blow to the side of his head. What kind of vessel was involved?

A. Bridging veins
B. B Middle meningeal artery
C. Anterior communicating artery
D. Posterior communicating artery
E. Middle cerebral artery

261. A patient comes in with a sudden excruciating headache, or the worst headache of his life. His sndrome worsens while doing activities that increase intracranial pressure like straining while passing stool . The most common etiology of his condition is

A. a Aneurysm
B. Hypertension
C. Necrosis
D. Pnemonia
E. Transtentorial herniation

262. A patient was recently placed on a therapy that overcorrected his hyponatremia. Which of the followings diseases has a pathology most similar to his condition?

A. Multiple sclerosis
B. Leukodystrophies
C. Pneumonia
D. Astrocytoma
A. E. Meningioma

263. **What is an Aneurysm ?**

A. Middle layer of membranes covering the brain and spinal cord

B.Relating to both arteries and veins

C. An abnormal, balloon-like bulging of the wall of an artery

D. A blood clot from one part of the body that is carried by the bloodstream to the brain, where it blocks an artery

264. Restoring circulation to the ischemic penumbra can limit brain damage in an ischemic infarct. The window of opportunity for rescuing the penumbra is:

A. 1 to 2 hours
B. 3 to 4 hours
C. 5 to 6 hours
D. 12 hours

265. Fusiform aneurysms of the basilar artery cause:

A. Thrombosis with ischemic infarction of the pons
B. Rupture with subarachnoid hemorrhage
C. Both
D. Neither

266. The persistent vegetative state may result from extensive damage of:

A. The hippocampus and amygdala
B. The cerebral cortex and thalamus
C. The nucleus basalis
D. The reticular activating substance of the brainstem

267. A 72 year old woman with a one year history of declining memory developed sudden headache and decreased consciousness and collapsed while washing dishes. Neuropathological examination revealed the lesion illustrated below. The most likely cause is: Lobar hemorrhage

A. Hypertension
B. Cerebral amyloid angiopathy
C. Ruptured AVM
D. Trauma (the lesion developed when she fell)

268. A 15 year old male with SLE had decreased consciousness, bilateral lower extremity weakness, and the MRI changes illustrated below. Symptoms improved somewhat but a follow-up MRI showed residual encephalomalacia. The lesions are most likely caused by: venous infarct Venous infarct

A. Lupus vasculitis
B. Embolism from non-bacterial endocarditis
C. Bilateral border zone ischemia
D. Superior sagittal sinus thrombosis due to antiphospholipid syndrome

269. A client with a subdural hematoma becomes restless and confused, with dilation of the ipsilateral pupil. The physician orders mannitol for which of the following reasons?

A) To reduce intraocular pressure

B) To prevent acute tubular necrosis

C) To promote osmotic diuresis to decrease ICP

D) To draw water into the vascular system to increase blood pressure

270. A patient presents with fever, headache, and vomitting. Lumbar puncture shows protein at 30 mg/dL and glucose at 70 mg/dL with very few cells. Which of the following is most likely?
a) Bacterial meningitis
b) Viral meningitis
c) Fungal meningitis
d) Aseptic meningitis
e) Normal CSF

271. A patient presents with fever, photosensitivity, and nuchal rigidity. A spinal tap returns with clear fluid and neutrophil infiltration. In lab, the CSF does not culture. Which of the following is likely?
a) Bacterial meningitis
b) Viral meningitis
c) Fungal meningitis
d) Toxic meningitis

272. Which of the following is the most likely cause of viral encephalitis in an adult, often causing temporal lobe encephalitis?
a) HSV-1
b) HSV-2
c) Enterovirus
d) Arbovirus
e) Mumps

273. Which of the following is NOT a common cause of bacterial meningitis in neonates?
a) Streptococcus agalactiae
b) Echerichia coli
c) Neisseria meningitidis
d) Listeria monocytogenes

274. A 70 year old retired Military person with good pre¬ viousmedical record complains ofbi-temporal head¬ ache which is decreased in lying down position. He states that he gets relief by giving pressure over bi¬ lateral temples. The patient also complains of loss of appetite with feeling feverish. The most probable di¬ agnosis is:

a. Chronictension headache
b. Temporal arteritis
c. Migraine
d. Fibromyalgia

275. What is drug of choice for acute attack of migraine
a. Methysergide
b. Caffeine
c. Amitryptiline
d. Sumatriptan

275. A 25-year-old male hadsevere headache followed by unconsciousness. CSF tap revealed red blood cells. Mostlikelydiagnosisis:

a. Subduralhematoma
b. Embolism
c. Tumour
d. Ruptured aneurysm

276. Most common site of sub ependymal astrocytoma(giant ce,1):

a. Trigone of lateral ventricle
b. Foramen of Munro
c. Temporal horn of lateral ventricle
d. 4th ventricle

277. Brain tumour with worst prognosis in children:

a. Cerebellar astrocytoma
b. Brainstem glioma
c. Craniophyrangioma
d. Pineal body tumour

278. Most common intracranial tumour is

a. Meningioma
b. Glioma
c. Craniopharyngioma
d. Metastasis

279. Which of the following is the most common type of Glialtumors?

a. Astrocytomas
b. Medulloblastomas
c. Neurofibromas

d. Ependymomas

280. Neurofibromatosis I is most commonly associated with:

a. Brainstemgliomas
b. Opticnerveglioma
c. Sub ependymalpilocytic astrocytoma
d. Glioblastomamultiforme

281. Not seen in Alzheimer's Disease?

a. Cerebral atrophy
b. Ventricular shrinkage
c. Sun downing
d. Apraxia

282. Which of the following is predominantly involved in Alzheimer's dementia:

a. Frontal cortex
b. Temporo-Parietal cortex
c. Fronto-Parietal cortex
d. Fronto-Temporal cortex

283. Which of the following is not seen in early onset Al¬ zheimer's Disease:

a. Aphasia
b. Apraxia
c. Acalculia
d. Agnosia

284. Transcranial Magnetic Stimulation of which part of the brain has been shown to reduce frequency of symptoms in Parkinsonism:

a. Striatus
b. Globus pallidus externus
c. Subthalamic nucleus
d. Putamen

285. A 50 year old lady presents with slowness of movev ment for 2 years, rigidity and vertical square wave jerks.What is the most probable diagnosis?

a. Parkinson'sdisease
b. Lewy body dementia
c. Progressivesupranuclear paralysis
d. Multiplesystem atrophy

286. Which is not correct about Bell's Palsy?

a. Steroid is mandatory
b. Unilateralfacial weakness
c. Urgentsurgical decompression
d. HSV 2 is notthecause

287. A person whose CSF grows Streptococcus pneumoniae on culture is most likely to show?

a. **Pleocytosis,high protein,reduced sugar**
b. Pleocytosis, high protein,high sugar
c. Lymphocytosis,high protein, normalsugar
d. Lymphocytosis,low protein, normalsugar

288. A patient presents with sudden ataxia,headache, vomiting and drowsiness. What is the diagnosis?

a. Acute cerebellar hemorrhage
b. Acute subarachnoid hemorrhage
c. Transient ischemic attack
d. Herpes simplex encephalitis

289. A 67 year- old male patient presents with sudden onset diplopia, right sided facial nerve palsy involving both upper and lower part of the face and left sided hemiparesis. Most probable site of the lesion:

a. Below midbrain
b. Right pons
c. Right mid brain
d. Leftlateral medulla Hi
e. Left frontal

290. Gait apraxia is seen in:

a. ACA
b. MCA
c. PCA
d. Posterior choroidalartery

291. A middle aged hypertensive male develops sudden onset unconsciousness, with nuchal rigidity. Rest of the neurological examination is within normallimits. Diagnosis is?

a. SAH
b. Intra-parenchymal bleed
c. Extra-dural hemorrhage
d. Subdural haemorrhage.

292 . Most common site of cerebral infarction is in the territory of:

a. Anterior cerebralartery
b. Middle cerebral artery
c. Posterior cerebral artery
d. Posterior inferior cerebellar artery

293. Hemiplegia is most often caused by thrombosis of:

a. Anteriorcerebral artery
b. Middle cerebral artery
c. Posteriorcerebralartery
d. Basiliarartery

294. Cranial nerve most commonly compressed by intra¬ cranialaneurysm:

a. Oculomotor b. Facial c. Optic **d. Trigeminal**

295. 80 year diabetic presents with right sided face, arm and leg weakness.Sensation, speech and comprehensionare intact. Blood vessel involved is:

a. Anteriorcerebralartery

b. Lenticulostriate artery

c. Internal carotid artery

d. Basiliarartery

296. Thymoma is associated with:

a. Myastheniagravis

b. Scleroderma

c. Oesophageal atrasia

d. Hyper-gammaglobulinemia

297. Most common extra-dural tumour of the spine is:

a) Neurofibroma
b) Glioma
c) Meningioma
d) Metastasis

298. Which of the following drugs is not recommended for the treatment of Multiple Sclerosis:

a. Interferon p-la
b. Interferon p-lb
c. Glatirameracetate
d. Mycophenolate

299. Which of the following is used in the treatment of Multiple Sclerosis:

a. Interferon Alpha
b. Interferon Beta
c. Infliximab
d. Interferongamma

300. A 45-year-old man presents with history of frequent falls. He has difficulty in looking down also. What is the most probable diagnosis:
a. Normalpressurehydrocephalus
b. Parkinson's disease
c. Alzheimer's disease
d. Progressive supranuclear palsy