

Introduction To Clinical Medicine



Past papers – 5th week

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Chapter 6

The gastrointestinal system

1. Not a cause of hepatosplenomegaly:

- A) Leukemia
- B) Amyloidosis
- C) Malaria
- D) Sarcoidosis
- E) Glycogen storage disorders

ANSWER : C

2. A patient that has multiple gallbladder stones presented with severe epigastric pain radiating to the back with recurrent vomiting and periumbilical bruising, which of the following is true:

- A) colicky pain that radiates to the back with nausea and vomiting
- B) periumbilical bruising is called cullen's sign
- C) pain relieved by food and vomiting

ANSWER : B

3. A 48-year-old female presented with and painless dysphagia. She was feeling that something is stuck in her throat. A full blood count shows microcytic hypochromic anemia, glossitis is noted. An esophageal web was found on endoscopy, what is the likely diagnosis:

- A) Benign esophageal stricture
- B) Pharyngeal carcinoma
- C) Plummer-Vinson syndrome
- D) Barrett's esophagus
- E) Esophageal carcinoma

ANSWER : C

4. Not a sign of peritoneal irritation:

- A) Rovsing sign
- B) Murphy sign
- C) Psoas sign
- D) Courvoisier sign
- E) Rebound tenderness

ANSWER : D

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5. Which of the following is wrong:

- A) Somatic pain is localized to the inflamed area and conducted by spinal nerves
- B) Pain from foregut structures is felt above the umbilicus
- C) Hypotension and tachycardia following the onset of pain suggest serious pathology
- D) Biliary pain lasts for several hours before gradually improving
- E) Abdominal pain secondary to acute myocardial infarction is associated with significant epigastric tenderness

ANSWER : E

6. Ascites with low protein content, what is the least likely diagnosis:

- A) Cirrhosis with portal hypertension
- B) Ovarian cancer with peritoneal metastases
- C) Budd-Chiari syndrome
- D) Nephrotic syndrome
- E) Protein-losing enteropathy

ANSWER : B

7. The most common cause of nephrotic syndrome is:

- A) Hyperlipidemia
- B) Hypertension
- C) Diabetes Mellitus

ANSWER : C

8. An old female patient presented with Atrial fibrillation, hypertension and bloody diarrhea. She had sudden severe abdominal pain that became generalized, with tenderness and rigidity in the abdomen, what is true about this condition:

- A. Exaggerated bowel sounds and splenomegaly
- B. periumbilical bruising
- C. Fever and vaginal discharge
- D. Absent bowel sounds due to a perforated viscus

ANSWER : D

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9. which of the following doesn't cause massive splenomegaly:

- A) Myelofibrosis
- B) Polycythemia rubra Vera
- C) Sickle cell anemia
- D) Lymphoma
- E) Malaria

ANSWER : C

10. young pt with unintentional weight loss and bulky, greasy, pale, float stool is likely to have:

- A) Celiac disease
- B) Acute pancreatitis
- C) Gastric cancer

ANSWER : A

11. Patient who drinks alcohol presents with vomiting blood after forceful retching, he's now hemodynamically stable, what is the diagnosis:

- A) Bleeding esophageal varices
- B) Mallory weiss tear

ANSWER : B

12. Which of the following is mismatched:

- A) Grey Turner sign - hemorrhagic pancreatitis
- B) Murphy sign - acute cholecystitis
- C) Rovsing sign - acute appendicitis
- D) Courvoisier sign - ruptured ectopic pregnancy

ANSWER : D

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13. Patient (with a history of gallstones) presented with chills, fever, jaundice, right upper quadrant pain, what is the diagnosis:

- A) Acute cholecystitis
- B) Acute pancreatitis
- C) ascending cholangitis

ANSWER : C

14. Patient presented with fever, nausea and vomiting, central abdominal pain that shifts to the right iliac fossa, pelvic peritonitis on rectal examination, what is the diagnosis:

- A) Acute pancreatitis
- B) Acute appendicitis

ANSWER : B

15. case of sudden abdominal pain with chronic use of NSAIDS:

- A) Ruptured AAA
- B) Mesenteric ischemia
- C) Perforated peptic ulcer

ANSWER : C

16. All of the following come with chronic liver disease, except:

- A) Koilonychia
- B) Bruises
- C) Lower limb edema
- D) Spider nevae
- E) Jaundice

ANSWER : A

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17. All of the following about esophageal spasm are correct, except:

- A) Radiates to the arms
- B) Not relieved by nitrates
- C) Mimics MI pain

ANSWER : B

18. False about renal colic:

- A) Colicky intermittent pain
- B) Severe pain
- C) Rapidly increasing
- D) None of the above

ANSWER : D

19. A 40-year-old patient came to the clinic, complaining of epigastric pain, radiating to the back, relieved by leaning forward, which of the following is most likely the diagnosis:

- A) Appendicitis
- B) Pancreatic cancer
- C) Acute pancreatitis
- D) Acute cholecystitis

ANSWER : C

20. A 30-year-old woman, came the ER, complaining of blood on vomiting for the first time, and she had forceful vomiting a couple of times, what the most probable diagnosis:

- A) Mallory-Weiss syndrome
- B) Gastritis
- C) Peptic ulcer
- D) Esophageal varicose

ANSWER : A

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21. A patient came to the clinic, complaining of bloody stool, only on toilet paper and stool pan, the blood was fresh. He has constipation and pain on defecating. what's the most probable diagnosis?

- A) Anal fissure
- B) Colorectal cancer
- C) Diverticulitis

ANSWER : A

22. Regarding the anatomy of the GIT which of the following is true :

- A) the upper border of the liver is on the 5th right intercostal space on full expiration
- B) the migrating motor complex in the intestine works every 1-2 hrs to propel food forward during meals

ANSWER : A

23. All of the following are causes of hepatosplenomegaly except :

- A) malaria
- B) amyloidosis
- C) glycogen storage disease
- D) cirrhosis with portal hypertension

ANSWER : A

24. All of the following is true about irritable bowel syndrome except :

- A) diagnosis is based on history
- B) large volume diarrhea

ANSWER : B

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25. All the following are causes of ascitis except :

- A)hepatic cirrosis
- B)peritonitis
- C)hypoproteinemia
- D)left side heart failure

ANSWER : D

26. Clinical case in which patient with mid epigastric pain radiating to the back, weight loss, DM:

- A)pancreatic cancer
- B)chronic pancreatitis

ANSWER : A

27. Most common cause of acute abdominal pain

- A)appendicitis (surgical)
- B)gastroenteritis (non surgical)

ANSWER : A

28. Does not cause tender hepatomegaly:

- A)amebic liver
- B)hepatoma
- C)viral hepatitis
- D)cystic fibrosis

ANSWER : D

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29. You diagnose someone with acute mesenteric ischemia, you will find all except

- A) delayed pulses
- B) tenderness
- C) sudden severe abdominal pain
- D) loud bowel sound

ANSWER : D

30. In GI exam you will find all of the following except

- A) spleen in right 9-11 costal spaces
- B) liver edge in right costal margin
- C) right kidney may be impalpable
- D) upper liver surface by percussion in 5th intercostal space
- E) pulsatile abdomen mass can be seen in thin people

ANSWER : A

31. Acute sudden severe pain + fever + decreased blood pressure:

- A) acute cholecystitis
- B) acute pancreatitis
- C) colorectal cancer
- D) perforated ulcer

ANSWER : D

32. Women complaining of vaginal tenderness+ prune juice discharge, her cycle hasn't come for 2 months:

- A) pelvic inflammatory disease
- B) ruptured ectopic pregnancy
- C) ruptured aortic aneurysm

ANSWER : B

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33. Which of the following is not cause of constipation

- A) someone uses opiates
- B) someone with hypothyroidism and takes supplements
- C) someone with hypercalcemia
- D) old man with Parkinson and he is immobile for long time
- E) vomiting resulted from coffee ground drinking

ANSWER : E

34. which of the following is the least likely to present with constipation:

- A) patient with hypothyroid and does not take medication
- B) patient with hematemesis with coffee ground appearance
- C) patient with opioid dependency
- D) patient with hypercalcemia
- E) patient with Parkinson

ANSWER : B

35. Wrong match about abdomen signs

- A) murphy with acute cholecystitis
- B) gery turner with hemorrhagic pancreatitis
- C) iliopsoas with retroileal appendicitis
- D) Cullen with ruptured ectopic pregnancy
- E) Rovsing with aortic rupture

ANSWER : E

36. All are true about splenomegaly except:

- A) unable to be felt deep to the mass
- B) if the mass crosses the mid line, this rules out kidney

ANSWER : A

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37. Patient presented with yellowish discoloration of skin & sclera , has pale stool & Urine test is positive for urobilinogen and bilirubin & has abdominal pain ... , the most likely diagnosis is :

- A) cholangiocarcinoma
- B) cancer of the pancreas
- C) common bile duct obstruction
- D) autoimmune hepatitis
- E) hemolytic anemia

ANSWER : C

38. Man came with smelly alcoholic odor, you expect to find all except

- A) finger clubbing
- B) testicular atrophy
- C) breast atrophy
- D) caput medusa
- E) parotid swelling

ANSWER : C

39. A lady who presented with iliac fossa pain , periumbulical bruising , pune juice like vaginal discharge , the most likely diagnosis is :

- A) ruptured ectopic pregnancy
- B) pelvic inflammatory disease
- C) acute appendicitis

ANSWER : A

40. A 50 year-old lady, previously healthy, presented to out-patient department with 3 months history of progressively increasing abdominal girth, upon exam you found that she has ascites, her serum albumin was 4.0gm/dl , and ascitic albumin was 2.0 gm/dl. The most likely cause of her ascites is :

- A) Nephrotic syndrome .
- B) Ovarian tumor .
- C) Liver cirrhosis .
- D) Celiac disease .
- E) Tuberculosis peritonitis

ANSWER : C

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41. A 70 years old male patient, has long term history of diabetes, hypertension Presented to the ER complaining of epigastric pain that radiated to the back. The patient has Jaundice , Dark urine, pale stool, and steatorrhea. The physical exam show no tenderness over the Right Upper Quadrant area .What is the most likely diagnosis ?

- A) Gallbladder stones .
- B) Pancreatitis .
- C) Pancreatic Cancer .
- D) Gastric Ulcer .
- E) Biliary Colic .

ANSWER : C

42. You're taking history in the ER department from a patient who presented with chest pain, which of the following characteristics would make you think of acute pericarditis as the likeliest cause ?

- A) Sudden tearing chest pain radiating to the back in a drowsy patient .
- B) Retrosternal chest pain radiated to the jaw of 35 min in duration .
- C) Left sided chest pain of 3 days in duration that's increased by inspiration and was preceded 1 week ago with sore throat and cough .
- D) Episodic retrosternal chest pain of a 5 min per episode that's brought on by climbing 2 flights of stairs .
- E) Sudden retrosternal chest pain associated with heartburn

ANSWER : C

43. A 70 years old lady, with controlled hypertension and diabetes ,who underwent total abdominal hysterectomy 5 years ago, came to the ER complaining of colicky abdominal pain of 1 day duration, associated with constipation of 1 week duration (her baseline was once a day) and no flatus since yesterday , her appetite decreased a lot due to constipation and vomiting, her abdomen is distended on examination with increase bowel sound most appropriate diagnosis is :

- A) Acute pancreatitis .
- B) Perforated peptic ulcer .
- C) Acute mesenteric ischemia .
- D) Pelvic inflammatory disease .
- E) Intestinal obstruction .

ANSWER : E

44. A 33-year-old lady presents to the ER with right upper quadrant pain for the past 7 days. The pain is constant and gradually worsening over the past few days. The pain radiates to the back and is exacerbated by eating, she has nausea and vomited twice today. There was no jaundice on examination, but upon palpating her right costal margin at midclavicular line her breathing was interrupted due to pain. Her abdominal pain is most likely due to ?

- A) Acute cholecystitis .
- B) Gastritis .
- C) Acute pancreatitis .
- D) Acute hepatitis .
- E) Pancreatic cancer

ANSWER : A

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45. A 55-Year-Old male, patient, heavy smoker, presented to ER shouting of severe diffuse vague abdominal pain of 1-day duration. associated with vomiting twice, and diarrhea twice too. On physical examination you find that his abdomen is soft with moderate diffuse tenderness not proportional to his shouting. According to this scenario, which of the followings is on top of your differential diagnoses :

- A) IVC Obstruction .
- B) Intestinal Obstruction .
- C) Obstructive Renal Stones .
- D) Mesenteric Ischemia .
- E) Malingering

ANSWER : D

46. A 37 year old married lady, she is smoker, presented to the ED complaining of right iliac fossa pain of 1 day duration associated with vaginal spotting. Her abdomen was tender to palpation in the suprapubic region & there was cervical excitation, patient was hemodynamically unstable. The most likely diagnosis is :

- A) Ruptured ectopic pregnancy .
- B) Inflammatory pelvic disease .
- C) Perforated appendicitis .
- D) Right ovarian torsion .
- E) Cecal diverticulitis

ANSWER : A

47. A 67 year old smoker gentleman presented to the ED complaining of severe central abdominal pain of 30 minutes duration that was not relieved by analgesia or changes in position. Pain was reported to be radiating to his flanks & back bilaterally. Patient had had intermittent mild back pain over the last 5 weeks, he denied nausea, vomiting or change in bowel habits. His medical history is remarkable for coronary artery disease & hypertension. Upon physical exam patient was alert but in obvious discomfort, inspection of his abdomen revealed a tender pulsatile mass. His vital signs were as follow: BP 90/55, HR 110, RR 16, Temp 36.6. Patient was resuscitated & taken immediately to the OR. The most likely diagnosis is :

- A) Ruptured abdominal aortic aneurysm .
- B) Ulcerative colitis flare up .
- C) Perforated duodenal ulcer .
- D) Massive pulmonary embolism .
- E) Acute mesenteric ischemia .

ANSWER : A

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48. Which of the following signs and related definitions is correctly matched :

- A) Iliopsoas sign: bruising in the loins .
- B) Chilaiditi's sign: Pain and arrest of inspiration upon palpation of gallbladder as the patient takes a deep breath .
- C) Murphy's sign: Jaundice and Palpable GB are likely to be due Extrahepatic Obstruction .
- D) Rovsing's sign: Palpation in the left iliac fossa produces pain in the right iliac fossa .
- E) Rebound tenderness sign: When rapidly removing your hand after deep palpation, the pain will decrease

ANSWER : D

49. a lady who presented with iliac fossa pain , periumbulical bruising , pune juice like vaginal discharge , the most likely diagnosis is :

- A) ruptured ectopic pregnancy
- B) pelvic inflammatory disease
- C) acute appendicitis

ANSWER : A

50. An 18-year-old male patient, known to have ulcerative colitis, presented with intermittent yellowish discoloration of the skin. He also complains of pruritis, dark urine and pale stool. Most likely cause of jaundice in this patient that is also associated with IBD would be :

- A) Indirect hyperbilirubinemia due to Gilbert syndrome
- B) Mixed hyperbilirubinemia due to liver cirrhosis
- C) Direct hyperbilirubinemia due to cholestasis
- D) Mixed hyperbilirubinemia due to autoimmune hepatitis
- E) Indirect hyperbilirubinemia due to autoimmune hemolytic anemia

ANSWER : C

51. A 72 year old gentleman, who is known to have DM, was brought to the family medicine clinic by his worried son with a chief complaint of appetite and weight loss. Upon further questioning, you find that the patient also complains of diarrhea and change in stool color, which at first was pale but is now almost silvery in color. Upon examination, the patient was found to be cachectic, jaundiced and has conjunctival pallor. Abdominal exam revealed a palpable painless RUQ mass. This patient most likely has :

- A) Biliary tree stones (Choledocholithiasis)
- B) Gallbladder stones (Cholelithiasis)
- C) Gastric cancer
- D) Pancreatic cancer
- E) Hepatic cirrhosis

ANSWER : D

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52. A 44 year old lady, not known to have any medical illnesses, non smoker, presented to ER complaining from Right upper quadrant pain of 1 day duration, gradual in onset, dull and constant, radiated to right scapular tip, associated with nausea, vomiting twice (gastric content), fever (38.1 C), chills, Anorexia, no change in bowel habit, no change in stool or urine color, pain is induced by eating fatty food, not relieved by simple analgesia, patient reported that she had similar attacks of pain with milder severity and less duration in the previous 1 year. On examination patient was looking signs were HR 110, BP 110/66, TEMP 38.5 C, vital RR 20, abdomen is soft and lax, with RUQ Tenderness, positive Murphy sign. The most likely diagnosis is :

- A) Biliary colic
- B) Autoimmune hepatitis
- C) Acute cholecystitis
- D) Gallstone pancreatitis
- E) Ascending cholangitis

ANSWER : C

53. A 50 year old female, who is smoker, she complaining from ankle sprain 2 weeks ago and was managed by cast and analgesia (paracetamol and ibuprofen), she presented to ER complaining from sudden onset severe abdominal pain which was epigastric then become diffused, constant, associated with vomiting multiple times (gastric content), anorexia , fatigue, on examination patient looks ill , vital signs : HR 120 , temp 37.4, RR 17, BP 100/60, upon palpation of the abdomen there was significant diffuse tenderness with board like rigidity , abdominal X- ray showed air under the diaphragm. The patient had recurrent episodes of epigastric pain that was relieved by antacids in the last 2 years. The most likely diagnosis is :

- A) Acute cholecystitis
- B) Acute mesenteric ischemia
- C) Intestinal obstruction
- D) Perforated peptic ulcer
- E) Acute pancreatitis

ANSWER : D

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54. Which of the followings is consistent with a patient having irritable bowel syndrome ?

- A) Fever
- B) Relief of abdominal pain with passing bowel movement
- C) Diarrhea occurring at night
- D) Bloody diarrhea
- E) Weight loss

ANSWER : B

55. A 60 year old male patient, smoker, HTN and DM, presented to ER complaining from constipation of 2 days duration, patient denies any passage of stool or gas since 1 day, patient also complaining from diffuse abdominal pain and distention since 2 days, the pain is colicky, not radiated, was relieved partially with passage of gas but since one day prior to admission it become progressive, pain is associated with vomiting 4 times, patient has a history of open cholecystectomy 10 years ago, no previous history of same complaint. On examination vital signs were HR 98, RR 20, Temp 37.2 C, BP 160/90. On abdominal examination: abdomen looks distended, soft and lax with diffuses tenderness all over all the abdomen, increased bowel sounds, per rectum examination showed empty rectum. The most likely diagnosis is :

- A) Colon cancer
- B) Mesenteric ischemia
- C) None of the above
- D) Intestinal obstruction
- E) Perforated viscus

ANSWER : D

56. Regarding splenomegaly, which of the following statements is true :

- A) TB usually causes huge splenomegaly
- B) We can percuss it against midclavicular line at 7th - 10th ribs
- C) Its normal span if 8-12cm
- D) Myeloproliferative diseases usually cause a massive splenomegaly
- E) Malaria is the most common cause in developed countries

ANSWER : D

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57. Which of the following statements is true ?

- A) Presence of abdominal guarding & restlessness are indicative of peritoneum
- B) Pain from foregut structures is generally felt in the epigastrium
- C) Somatic pain is poorly localized
- D) Visceral pain is a sharp pain usually felt in the midline
- E) Rebound tenderness in the RLQ is pathognomonic for acute appendicitis

ANSWER : B

58. patient who is smoker , has dilated veins around umbilicus in which blood drain toward the umbilicus, which of the following is most likely to be associated:

- A) clubbing
- B) pulsatile JVP
- C) ascites
- D) palmar erythema
- E) koilonychia

ANSWER : C

59. Weeks after delivery, jaundice and ascites was developed to a women, the cause is:

- A) portal vein thrombosis
- B) Budd-Chiari syndrome
- C) hepatocellular carcinoma

ANSWER : B

60. All of the following are found in obstructive jaundice except:

- A) urinary unconjugated bilirubin increased
- B) fecal stercobilinogen decreased
- C) primary biliary cholangitis is an example
- D) urinary urobilinogen decreased
- E) serum urobilinogen decreased

ANSWER : A

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61. An obese 40-year-old woman with tea colored urine, and clay colored stool, which of the following is true regarding her case:

- A) Gilbert syndrome
- B) Gallstone blocking the bile duct

ANSWER : B

62. An 18-year-old male, came with jaundice, dark urine, with normal stool, he took trimethoprim- sulfamethoxazole. He has a family history of jaundice.

- A) Mixed hyperbilirubinemia with hepatocellular damage
- B) Indirect hyperbilirubinemia secondary to hemolysis
- C) Hemolytic damage

ANSWER : B

63. Patient with HTN presented with colicky central abdominal pain and constipation, which of the following is not present in this case:

- A) Palpable mass
- B) Visible peristalsis
- C) Dilated superficial vessels
- D) Tympanic abdomen

ANSWER : C

64. Patient presented with recurrent episodes of acid regurgitation especially at night, which of the following may be present:

- A) Epigastric tenderness
- B) Pain radiating to the back -not sure
- C) Halitosis

ANSWER : C

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65. A female patient who is a case of chronic liver disease, which of the following is not caused by it:

- A) Palmar erythema
- B) Finger clubbing
- C) Gynecomastia
- D) Splenomegaly
- E) Bruising

ANSWER : C

66. An obese 40-year-old woman with tea colored urine, and clay colored stool, which of the following is true regarding her case:

- A) Gilbert syndrome
- B) Gallstone blocking the bile duct

ANSWER : B

67. A man with sacroiliac joint pain and abdominal pain with bloody diarrhea, what is the most likely diagnosis:

ANSWER : crohn's disease (IBD cause joint pain and is associated with ankylosing spondylitis)

68. A patient presented with diarrhoea, dr asked him to fast, the diarrhoea has disappeared, which of the following is less likely to be affecting the patient:

ANSWER : ulcerative colitis

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69. All of the following are true except:

ANSWER : smoking... increase risk of ulcerative colitis

70. Clinical case in which obstructive jaundice, what is the true:

ANSWER : The stool is pale

71. Clinical case in which dysphagia is the presenting symptom that is eased with liquids

ANSWER : Achalasia

72. Least likely cause of vomiting:

ANSWER : Hypocalcemia

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73. True statement:

ANSWER : By fasting, osmotic diarrhea stops

74. Clinical case in which ascites is the diagnosis, albumin of serum=4mg/dl and albumin of ascetic fluid =2mg/dl, most likely diagnosis:

ANSWER : Liver cirrhosis

75. Wrong about signs of liver failure signs

ANSWER : Feter hepaticus is of the volatile amine, dimethyl chloride, on breath

76. Least likely to find in aortic aneurysm rupture:

ANSWER : Absent bowel sounds

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77. All are common causes of hepatosplenomegaly except:

ANSWER : felty syndrome

78. Clinical case in which patient with hepatic encephalopathy, with flapping tremor, lethargy, disorientation, apathy and aggression:

ANSWER : Grade II

79. Clinical case in which acute cholecystitis is the diagnosis, what is the appropriate sign:

ANSWER : Murphy's sign

80. Clinical case with increased bowel sounds:

ANSWER : Intestinal obstruction

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81. Wrong about surface anatomy:

ANSWER : The right kidney just lies 2-3 cm higher than the left

82. The patient has polycythemia/patient's liver was smooth/ absent abdomenjugular reflex/ lower limb edema:

ANSWER : • Budd-Chiari syndrome

83. Lymphoma and dilated neck veins

ANSWER : Superior vena cava obstruction

84. Upper right quadrant pain, jaundice, fever

ANSWER : Cholangitis

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85. Upper right quadrant pain ,fever and no jaundice

ANSWER : Acute cholecystitis

86. Upper right quadrant pain radiating to right shoulder lasting less than 6 hours and no fever

ANSWER : Biliary colic

87. Nausea, vomiting, constipation, abdominal pain and distention

ANSWER : Intestinal obstruction

88. Central severe abdominal pain, occult blood in feces:

ANSWER : mesenteric ischemia

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89. Wrong statement:

ANSWER : MI with epigastric pain also is accompanied with sever epigastric tenderness

90. Fresh blood per rectum, 4 month history of intermittent abdominal pain, lower limb stent:

ANSWER : ischemic colitis

91. Alcoholic, fresh blood in urine, signs of liver disease:

ANSWER : esophageal varices

92. Alcoholic, recurrent vomiting with fresh blood, no chronic illnesses:

ANSWER : Mallory-Weiss tear

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93. Increases gastric reflux:

ANSWER : theophylline

94. Not related with dysphagia of solids mainly:

ANSWER : odynophagia can indicate cancer

95. Doesn't need further investigation to confirms IBS:

ANSWER : 6-month recurrent abdominal pain, relieved with bowel movements, usually loose

96. Case...vascular RF, sever central abdominal pain, anorexia,...

ANSWER : acute mesenteric ischemia

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97. Case...male, heavy alcoholic, manifestation of alcoholic liver disease, all of the following are present in him except

ANSWER : breast atrophy

98. Which of the following define colicky pain:

ANSWER : pain free interval

99. a patient presented with diarrhoea , dr asked him to fast , the diarrhoea has disappeared , which of the following is less likely to be affecting the patient :

ANSWER : ulcerative colitis

100. patient having bloody diarrhoea , atrila fibrillation , abscent bowel sounds :

ANSWER : acute mesenteric ischemia

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101. patient with HTN, presented with abdominal pain, physical revealed pulsatile mass above umbilicus:

ANSWER : Ruptured AAA

102. pt came with rt iliac fossa pain , upon physical examination , palpation of the left iliac fossa produced pain in the right iliac fossa , this sign is called :

ANSWER : rovsing's sign

103. Patient with polycythemia vera, ascites and absent hepatojugular reflex:

ANSWER : Budd Chiari Syndrome

104. Ascites with very low protein content, least likely:

ANSWER : varian tumor with peritoneal seeding

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105. 17 years old patient, DM type 1 came to the emergency room with severe central abdominal pain, with ketone smell-like breath, what is the most likely to be the diagnosis?

ANSWER : Diabetic ketoacidosis

106. The most likely etiology for this patient's presentation is :

- A) Acute hepatitis
- B) Acute appendicitis
- C) Acute diverticulitis
- D) Ischemic colitis
- E) Acute pancreatitis



ANSWER : E

107. The demonstrated clinical sign is called :

- A) Courvoisier's sign
- B) Cullen sign
- C) Rovsing sign
- D) Chilaiditi sign
- E) Grey Turner sign



ANSWER : E

108. A 55-year-old man presents with two-day history of epigastric pain of 2 days duration. On physical examination, the finding shown in the figure is seen. The name of this finding is :

- A) Chilaiditi sign
- B) Rovsing sign
- C) Cullen sign
- D) Gray Turner sign
- E) Courvoisier's sign



ANSWER : C

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109. The attached sign is most likely related to :

- A) Folate deficiency
- B) Vitamin B1 deficiency
- C) Vitamin B 12 deficiency
- D) Iron deficiency anemia
- E) Vitamin C deficiency



ANSWER : D

Chapter 12

The renal system

110. choose the correct intrarenal cause for acute kidney injury:

- A) Renal artery stenosis
- B) Hepatorenal syndrome
- C) Neurogenic bladder
- D) Rhabdomyolysis
- E) Diuretics

ANSWER : D

111. A patient with renal stone, that caused renal injury, what's the type of this acute kidney injury?

- A) prerenal
- B) intrarenal
- C) Postrenal

ANSWER : C

112. All are causes of haematuria except :

- A) UTI
- B) APKD
- C) renal cancer
- D) hemolysis

ANSWER : D

113. All causes red urine except :

- A) TB
- B) Schistosomiasis
- C) hemolytic anemia

ANSWER : C

Chapter 12

The renal system

114. Regarding the anatomy of the renal system, all are true except :

- A) external sphincter surrounds prostatic urethra in males
- B) T10-12 / L1 innervates the renal capsule
- C) external sphincter is innervated by pudendal nerves

ANSWER : A

115. Someone doesn't hear well with vision problem, his mother has the same

116. A question about bladder outlet obstruction ... associated with all of the following except

- A) poor flow
- B) hesitancy
- C) frequency
- D) Polyuria
- E) Dribbling

ANSWER : D

117. A 14 year old patient presented with hematuria, frothy urine, and have deafness her brother also have the same symptoms, which of the following is the most likely diagnosis :

- A) Alport's syndrome
- B) cystinosis
- C) medullary spongy kidney
- D) prune -belly syndrome

ANSWER : A

Chapter 12

The renal system

118. A 46-year-old lady has recent blood results showing chronic renal failure. Her father died at age 52 from a cerebral aneurysm. She has been seen previously for hypertension and loin pain. What is the most likely diagnosis among the following ?

- A) Autosomal recessive polycystic kidney disease .
- B) Dehydration .
- C) Autosomal dominant polycystic kidney disease .
- D) Alport's syndrome .
- E) Renal cell carcinoma

ANSWER : C

119. A male patient presented with dysuria, frequency, perineal pain, what's the cause:

ANSWER : prostatitis

120. not a predisposing factor for renal stones

ANSWER : .Hypocalcemia

121. a 14-year old boy , with rash , abdominal pain , arthritis and hematuria:

ANSWER : Henoch-Schönlein purpura

Chapter 12

The renal system

122. Patient with renal failure, you expect to see all of the following except:

ANSWER : Polycythemia

123. Innervation of renal capsule and ureter is:

ANSWER : T10-L1

124. The conscious desire to urinate when the bladder hold:

ANSWER : 250-350ml

125. Area between urethra and ureters in the bladder

ANSWER : Trigon

Chapter 12

The renal system

126. A 5 year old presented to the clinic with smth renal, with History of ear problems and wears glasses and has optic problems :

ANSWER : Alport Syndrome

127. CKD without lower limb edema, mostly due to:

ANSWER : ACEI

128. Case... loin pain radiating to groin:

ANSWER : obstructive urethral stone

اللهم سلم غزاة وأهلها من كل سوء وشر، اللهم انصرهم وثبت أقدامهم وكن لهم ناصرًا ومعينًا

لا تحسب المجدَ تمرًا أنتَ آكله
لن تبلغَ المجدَ حتى تلعقَ الصِّبرَ

لا تنسوني من صالح دعائكم

Malek Abu Rahma

The End
Good Luck シ