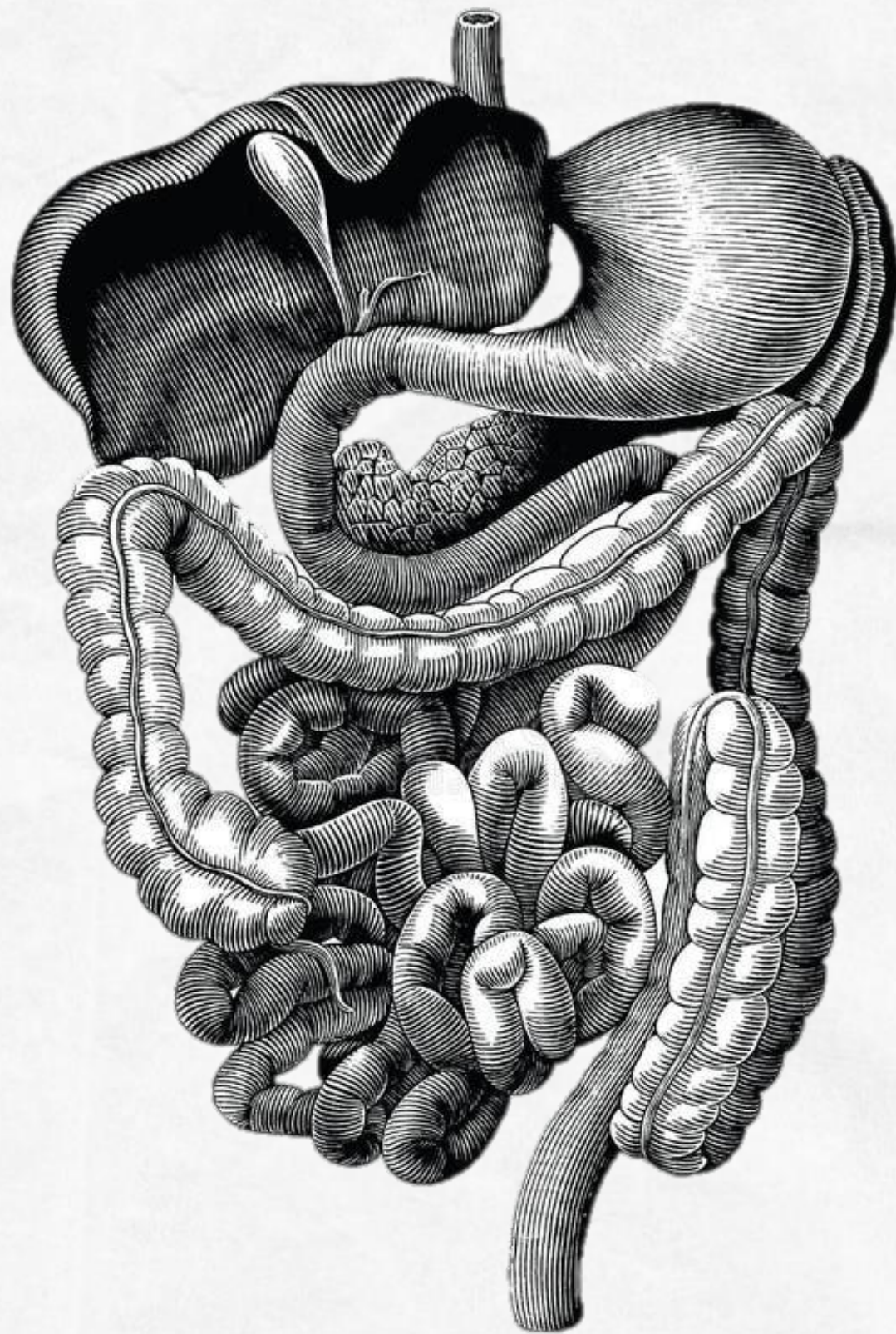


Internal Medicine



Gastrointestinal rotation - Past papers

Done by: Malek Abu Rahma

-The **colored question numbers** are mentioned more than once so focus on them

Gastrointestinal rotation

1. A 63-year-old lady with new onset ascites presented to the clinic with abdominal pain and discomfort. He has a history DM, HTN. Vitals were stable. Her abdomen is distended with large ascites. Labs include AST 22 U/L, ALT 35 U/L, total bilirubin of 0.8 mg/dL, albumin of 3.7 g/dL, sodium 142mEq/L, creatinine of 0.5 mg/dL, and a platelet count of 220,000/ μ L, Urine analysis protein +1. She had a diagnostic paracentesis, which revealed ascites polymorphonuclear count of 100/mm³, albumin 3.0 g/dL, total protein 3.9 g/dL. One of the following is the most likely possible cause of her presentation.

- A) Budd chiari syndrome
- B) Nephrotic syndrome
- C) Heart failure
- D) Malignancy
- E) Liver Cirrhosis

ANSWER : D

2. 55-years-old male presented with rectal bleeding of few days duration, he claims that he has a long history of hemorrhoids and he is asking you to prescribe him anti-hemorrhoidal medications, what would be your advice to this patient?

- A) Stool for hemocult testing
- B) Doing colonoscopy to check for pathology
- C) Using anti-hemorrhoidals for three weeks
- D) Upper GI endoscopy to check for upper GI pathology
- E) Surgical consultation

ANSWER : B

3. A 34-year-old patient with upper gastrointestinal symptoms tests positive for helicobacter pylori following a stool antigen test. Which of the following conditions is most strongly associated with Helicobacter pylori infection?

- A) GERD
- B) Gastric adenocarcinoma
- C) Duodenal ulcer
- D) Atrophic gastritis
- E) Esophageal cancer

ANSWER : C

4. Which of the following normally inhibits gastric acid secretion?

- A) Peptide YY
- B) histamine
- C) Ach
- D) amino acids
- E) gastrin

ANSWER : A

Gastrointestinal rotation

5. A 26-year-old woman is evaluated for a six month history of loose bloody bowel movements. The diarrhoea is associated with lower abdominal pain which slightly improves with defecation. She denies fever, chills, night sweats, arthralgia, eye pain, and rash. The patient teaches in a school and has not travelled or used antibiotics prior to her presentation. She takes no medication. On physical examination vital signs are normal, the abdomen is scaphoid and soft with supra-pubic and lower left quadrant tenderness. Colonoscopy shows erythema and superficial ulceration in the rectum, sigmoid, and descending colon with no involvement of the proximal colon. Mucosal biopsies of the inflamed colon reveal distortion of the crypts architecture, cryptitis, and basal lymphoplasmacytosis. Which one of the following is the most likely diagnosis?

- A) Crohn's disease
- B) vasculitis of the colon
- C) microscopic colitis
- D) ulcerative colitis
- E) giardiasis

ANSWER : D

6. A 44-year-old man with cirrhosis due to chronic HCV infection presents to the clinic with new progressive abdominal distension and weight gain. On physical examination the abdomen is symmetrically distended, with positive shifting dullness and fluid thrill. There is no tenderness on superficial or deep palpation. You suspect that he has developed ascites, which of the following statements is true regarding ascites?

- A) Fluid restriction is a standard part of ascites management
- B) Diagnostic paracentesis is not indicated for this patient
- C) Increased renin-angiotensin secretion is part of the pathophysiology
- D) Cirrhotic ascites forms as a result of increased fenestrations in hepatic sinusoid
- E) Ascites occurs at a rate of 50% per year in cirrhotics

ANSWER : C

7. A 67-year-old man presents with fatigue and nail spooning among other signs of Iron deficiency anemia. What to do next?

- A) Colonoscopy
- B) Upper endoscopy
- C) Reassurance
- D) Blood test for antibodies

ANSWER : A

Gastrointestinal rotation

8. Which of the following is not an indication of paracentesis?

- A) Tense ascites
- B) New-onset ascites
- C) Anemia
- D) Worsening kidney function
- E) Fever

ANSWER : C

9. Regarding detection of H-Pylori infection, the least useful test is

- A) Tissue culture of gastric biopsy
- B) Urea breath test
- C) Histology of gastric biopsy
- D) Rapid urease test of gastric biopsy
- E) Stool antigen test

ANSWER : A

10. Abnormalities in Laboratory evaluation of a patient with primary sclerosing cholangitis includes all of the followings except

- A) Antimitochondrial antibodies
- B) Gamma glutamyl transferase elevation
- C) Increased level of circulating immune complexes
- D) Alkaline phosphatase elevation
- E) Perinuclear antineutrophilic cytoplasmic antibodies positivity

ANSWER : A

11. A 34-year-old man presents to the emergency department (ED) with intermittent melena of 3 days duration. He is mildly fatigued but hemodynamically stable and denies any hematemesis or coffee ground emesis. His serum hemoglobin level is 8.2 g/dL. Intravenous (IV) fluids are started. Physical examination is essentially unremarkable. What is the next best step in this patient's evaluation?

- A) Check serum Helicobacter pylori antibody levels
- B) Perform a colonoscopy
- C) Perform an esophagogastroduodenoscopy (EGD)
- D) Start a histamine₂ receptor antagonist (H₂ blocker)
- E) Transfuse 2 U of packed red blood cells

ANSWER : C

Gastrointestinal rotation

12. Regarding Clostridium difficile (CD) associated disease, all of the following are true Except

- A) Most antibiotic -associated diarrheas are not due to (CD)
- B) Most pseudomembranous colitis is due to (CD) infection
- C) C. difficile can be detected in healthy adults
- D) C. difficile associated disease is immune complex mediated
- E) Oral metronidazole is good treatment option in this condition

ANSWER : D

13. Which one of the followings is NOT correct regarding viral hepatitis A infection?

- A) It does not lead to chronic liver disease.
- B) Spread of infection is by feco-oral route.
- C) The virus is excreted in faeces at the time of onset of symptoms.
- D) The spleen may be enlarged.
- E) Infection can be prevented by vaccination.

ANSWER : C

14. Regarding Spontaneous bacterial peritonitis. Which one of the followings is FALSE?

- A) E coli is the most frequent organism.
- B) Patients may not have fever.
- C) Recurrence rate is rare.
- D) Elevated neutrophils > 250 in the Ascitic fluid is sufficient for the diagnosis.
- E) Albumin infusion may prevent the development of renal failure during the course of the disease.

ANSWER : C

15. Which of the following features best favors Crohn's disease over Ulcerative colitis?

- A) Oral ulcers
- B) Crypt abscess
- C) Non-caseating granuloma
- D) Continuous colonic involvement on endoscopy
- E) Fever

ANSWER : C

Gastrointestinal rotation

16. The most useful test in a patient with recurrent duodenal ulcers with Diarrhea:

- A) Colonoscopy.
- B) Gastroscopy.
- C) ERCP.
- D) Serum gastrin and CT of the abdomen.
- E) Gastric pH manometry.

ANSWER : D

17. Which of the followings is NOT risk factors for NSAID-induced gastrointestinal ulcers:

- A) Age over 60 years
- B) Past history of peptic ulcer or adverse event with NSAIDs
- C) Concomitant corticosteroid use
- D) Female gender
- E) Multiple NSAIDs use

ANSWER : D

18. Which one of the following drugs may cause hepatic fibrosis:

- A) Nifedipine
- B) Paracetamol
- C) Methotrexate
- D) Oral contraceptives
- E) Azathioprine

ANSWER : C

19. A 26-year-old female known to have ulcerative colitis presented to your office after visiting her General practitioner who noticed that she is taking inappropriate medications for her disease to maintain remission. Which one of the following is the most likely medication?

- A) Imatinib
- B) Adalimumab
- C) Methotrexate
- D) Mesalamine
- E) Azathioprine

ANSWER : C

Gastrointestinal rotation

20. Which of the following is a specific antibody in primary biliary cirrhosis?

- A) ASMA
- B) AMA
- C) p-ANCA
- D) ANA

ANSWER : B

21. A 21 -year-old woman with schizophrenia was witnessed swallowing a foreign body while playing with her hearing aid. She denies swallowing anything and is unwilling to provide any additional history. Denies dysphagia, odynophagia, or chest pain. On lateral X Ray there is a round metal object in the distal esophagus. What is the next step?

- A) Immediate upper endoscopy
 - a. Do nothing, its small may allow it to pass
 - b. Surgical referral
 - c. IV glucagon
 - d. Serial x-ray for passage into stomach

ANSWER : A

22. A 34- year old male patient was admitted to the hospital with new onset ascites. Ascetic fluid tap showed a wbc of 230 with 30% neutrophils, RBC 20, Protein of 4 mg/dL, and Albumin of 1 mg /dL, His serum Albumin was 2.5 Which is correct based on ascetic fluid analysis?

- A) SAAG is not consistent with portal hypertension
- B) There is evidence of spontaneous bacterial peritonitis
- C) This can be seen in patients with carcinomatosis
- D) This can be seen in patients with constrictive pericarditis
- E) SBP prophylaxis is indicated.

ANSWER : D

23. A 29-year-old man presents with anaemia, diarrhoea and abdominal pain. Examination reveals a palpable mass in the right lower quadrant and anal skin tags. What is the most likely underlying condition?

- A) Chronic pancreatitis
- B) Coeliac disease
- C) Crohn's disease
- D) Intestinal lymphoma
- E) Ulcerative colitis

ANSWER : C

Gastrointestinal rotation

24. A 45-year-old female patient with past medical h/o symptomatic gallstones s/p uneventful laparoscopic cholecystectomy 18 months ago. She was admitted via ER with upper abdominal pain associated with nausea and vomiting with yellow discoloration of the skin, sclera and darkening of the urine color over the past 3 days. She also had an episode of chills and undocumented fever. In the ER her V/S were BP 120/55, HR 102, T 38.9 C. Lab values were remarkable for a wbc of 13,000 k, Hb 12.3 g/dL, Alk Phos of 300 (60-118) AST 400 (< 40) and ALT of 450 (< 40). A liver ultrasound was remarkable for a CBD diameter of 11 mm (normal <6mm), without intrahepatic ductal dilation. The patient was admitted to the hospital, started on IV Ringer lactate and IV antibiotics, the most appropriate Next step is

- A) ERCP
- B) MRCP
- C) EUS
- D) Hepatitis profile
- E) Autoimmune liver serology

ANSWER : A

25. A 40-year-old single man returned from holiday in Europe with mild bloody diarrhoea which had lasted for two weeks. He had lost 2.5 kg in weight, had occasional lower abdominal cramping discomfort and a painful swelling of his left knee. What is the most likely diagnosis?

- A) Amoebiasis
- B) Campylobacter infection
- C) Crohn's disease
- D) Gonococcal septicaemia
- E) Ulcerative colitis

ANSWER : B

26. A 28-year-old lady develops abdominal pain, jaundice and ascites worsening over a week. She drinks ten units of alcohol each week and takes the oral contraceptive pill. Which of the following findings would make a diagnosis of progressed hepatic vein thrombosis (Budd-Chiari syndrome) most likely?

- A) Acute liver failure
- B) Alanine aminotransferase (ALT) of 345 U/L (5 - 35)
- C) Ankle oedema
- D) Ascites fluid protein of 38 g/L
- E) Tender enlarged liver

ANSWER : E

Gastrointestinal rotation

27. A 54-year-old woman presented with an 18-month history of chest pain and dysphagia for both solids and liquids with no weight loss. She is a non-smoker and drinks 16 units of alcohol per week. The clinical examination was normal. What is the most likely diagnosis?

- A) Achalasia
- B) Bronchial neoplasm
- C) Oesophageal neoplasm
- D) Oesophageal web
- E) Pharyngeal pouch

ANSWER : A

28. Which of the following is wrong about duodenal ulcers?

- A) They are premalignant
- B) They are the most common type of peptic ulcer
- C) They are mostly associated with a well-known bacterial infection
- D) All of the above

ANSWER : A

29. The least important Hepatitis B serum level is:

- A) HBcAb
- B) HBeAg
- C) HBcAg
- D) HBsAg

ANSWER : C

30. A 42-year-old man being investigated for diabetes and impotence is noted to have the following results: Alanine aminotransferase 30 U/L (5-35) Aspartate aminotransferase 22 U/L (1-31) Fasting plasma glucose 7.4 mmol/L (3.0-6.0) Ferritin 1000 µg/L (15-300) Which one of the following would be the direct next appropriate investigation?

- A) Bone marrow smear and iron stain
- a. Liver biopsy
- b. Blood film
- c. Serum transferrin receptors
- d. Transferrin saturation

ANSWER : E

Gastrointestinal rotation

31. Bile acids and B12 are mainly absorbed in:

- A) Duodenum
- B) Jejunum
- C) Distal ileum
- D) Colon

ANSWER : C

32. A 50 year old patient who is known to have left side ulcerative colitis presented to you with flare up of his disease with diarrhea and rectal bleeding, you admitted him to the medical floor. Which one of the following drugs should not be initiated at this acute stage?

- A) IV steroids
- B) Mesalamine
- C) Azathioprine
- D) LMWH sc
- E) Rectal enema (Mesalamine 1 gr)

ANSWER : C

33. A 60-year-old female, presented with high liver enzymes, normal GGT and Alk phosphatase, all are important for diagnosis except:

- A) ANA
- B) ferritin
- C) serum ceruloplasmin
- D) AMA
- E) hepatitis C serology

ANSWER : D

34. One of the following statements is FALSE regarding idiopathic achalasia:

- A) Manometry shows impaired lower esophageal sphincter relaxation
- B) It is uncommon in individuals younger than 18 years of age
- C) It usually presents with dysphagia to solids with significant weight loss
- D) There is aperistalsis of distal esophagus
- E) Pneumatic dilation of the lower esophageal sphincter is one of the treatment modalities

ANSWER : C

Gastrointestinal rotation

35. All the followings are true about *Clostridium difficile* disease except

- A) It is diagnosed by detection of serum antibodies to toxin A and B.
- B) It is caused by Gram-positive bacilli.
- C) Recurrence rate can reach 20%.
- D) It is the most common cause of hospital-acquired diarrhea.
- E) It is treated by metronidazole

ANSWER : A

36. A 60-year-old male presents with a complaint of heartburn and trouble swallowing. The best next step for the management of this patient is

- A) refer the patient for its official mid mortality study
- B) refer the patient for upper endoscopy
- C) defer patient for 24 hours oesophageal pH monitoring
- D) start the patient on an 8-week course of proton pump inhibitor and monitor response
- E) recommend lifestyle modifications for gastroesophageal reflux

ANSWER : C

37. One of the following is not associated with precipitation of hepatic encephalopathy:

- A) hypokalemia
- B) hyperuricemia
- C) Constipation
- D) GI bleeding
- E) Spontaneous bacterial peritonitis

ANSWER : B

38. One of the following parameters is not part of the child-pugh classification to assess the severity of cirrhosis

- A) gastric varices
- B) hepatic encephalopathy
- C) ascites
- D) serum albumin
- E) prothrombin time

ANSWER : A

Gastrointestinal rotation

39. Which of the following is associated with hypergastrinemia and elevated pH?

- A) MEN I
- B) Postgastrectomy status
- C) H. pylori pangastritis
- D) Hypothyroidism

ANSWER : C

40. A case of mild elevation of ALT, AST and highly elevated ALP and GGT, which of the following is not included in the differential diagnoses?

- A) Autoimmune hepatitis
- B) Fatty liver disease
- C) Hemochromatosis
- D) Wilson's

ANSWER : D

41. One of the following is the least likely feature of Hemochromatosis:

- A) Acute fulminant hepatitis
- B) Pseudogout
- C) Diabetes
- D) Bronze skin
- E) Hepatocellular carcinoma

ANSWER : A

42. Regarding Coeliac disease, all of the following are correct except:

- A) The patient may be obese
- B) The patient may be asymptomatic
- C) Small bowel biopsy may be normal in a patient on gluten-free diet
- D) Ulcerative jejunitis is a well-known complication
- E) Serum IgG anti gliadin is a specific test for this condition

ANSWER : E

Gastrointestinal rotation

43. All of the followings are features of Osmotic diarrhea Except:

- A) Osmotic gap > 125
- B) Stops at night
- C) Malabsorption and laxative abuse are recognized causes
- D) Anemia is not common
- E) Dehydration is the rule of treatment

ANSWER : E

44. A 13-year-old patient presented to your clinic with 3 months history of abdominal swelling, generalized weakness, and nose bleeding. His older sister died 2 years ago of liver disease. Physical examination revealed; Jaundice, spider angioma, ascites, pedal edema, and temporal wasting. Initial investigation revealed pancytopenia, PT 34 seconds, INR 4.2, AST 177 IU/L, ALT 191 IU/L, and total bilirubin is 8 mg/dl. HBsAg and HCV Ab, ANA, ASMA were all negative. Ceruloplasmin level was 0.15 (normal: 0.155-0.590). The best diagnostic test at this time is:

- A) Ultrasound for the liver
- B) Liver biopsy
- C) 24 hrs urine collection for copper
- D) Serum protein electrophoresis
- E) Serum anti LKM antibodies

ANSWER : C

45. All of the following can occur in diabetics except

- A) Non-alcoholic steatohepatitis
- B) Decreased incidence of gall bladder stones
- C) Alternating symptoms of constipation and diarrhea
- D) Maldigestion and delayed stomach emptying
- E) Intestinal bacterial overgrowth

ANSWER : B

Gastrointestinal rotation

46. The most common cause of lower GI bleeding in the elderly is:

- A) Colonic cancer
- B) Infective colitis
- C) Rectal varices
- D) Diverticulosis
- E) Ischemia

ANSWER : D

47. In a patient with untreated Wilson's disease, which one of the followings is FALSE?

- A) Low urinary copper.
- B) Serum copper and ceruloplasmin are reduced or normal.
- C) Increased amount of copper in the liver tissue.
- D) Haemolytic Anaemia.
- E) Kaiser-Fleischer ring on eye examination.

ANSWER : A

48. A 60 year old man presents to the hospital with fever, watery diarrhea and crampy abdominal pain for the past one week. He has just completed the treatment for osteomyelitis in the right ankle. Proctosigmoidoscopy reveals erythematous ulcerations and yellowish white plaques. The most likely diagnosis is

- A) Crohn's disease
- B) pseudomembranous colitis
- C) Viral gastroenteritis
- D) Clostridium perfringens enterocolitis
- E) Irritable bowel syndrome.

ANSWER : B

49. Which one of the following disorders is likely associated with Helicobacter Pylori infection:

- A) GERD
- B) Celiac disease
- C) Gastric lymphoma
- D) Achalasia of the cardia
- E) Esophagitis

ANSWER : C

Gastrointestinal rotation

50. Regarding 'nutcracker' oesophagus, which statement is TRUE:

- A) Can be diagnosed easily with manometry in between the attacks
- B) There is extremely forceful peristaltic activity leading to episodes of chest pain and dysphagia
- C) There is no medical treatment available
- D) Type of esophageal malignancy
- E) None of the above

ANSWER : B

51. A 71-year-old man presents with a 2 year history of intermittent problems with swallowing. His wife has also noticed that he has halitosis and coughs at night. His medical history is significant for type 2 diabetes Mellitus. He has good appetite and his weight has been stable. Clinical examination is unremarkable. What is the most likely etiology for his swallowing problems?

- A) Achalasia
- B) Zenker's diverticulum
- C) esophageal Candidiasis
- D) esophageal peptic stricture
- E) esophageal adenocarcinoma

ANSWER : B

52. Which of the following improves with phlebotomy in hemochromatosis?

- A) Arthropathy
- B) Hypogonadism
- C) Pigmentation
- D) Cirrhosis

ANSWER : C

53. A 25-year-old student has complained of recurrent bloody diarrhoea and symptoms of iritis. He has a painful nodular erythematous eruption on the shin and examination of the anus reveals anal tags. What investigation would you like to perform to confirm the diagnosis?

- A) Barium enema
- B) Colonoscopy
- C) HLA B-27
- D) Rheumatoid factor
- E) Serum ACE

ANSWER : B

Gastrointestinal rotation

54. A 34-year-old man presented to your clinic with epigastric pain and heartburn of two weeks duration. He also reported some episodes of increased bowel movements in the last month. He denies any significant weight loss or blood per rectum. Upper endoscopy reveals erosive esophagitis and a 1-cm clean-based ulcer in the duodenal bulb. Gastric biopsies show no *H.pylori* on H&E stain. He denies any NSAID or aspirin use. What is the most appropriate next step?

- A) Sucralfate slurry four times daily
- B) Transfuse one unit of packed red blood cells
- C) Obtain magnetic resonance enterography
- D) Obtain fasting gastrin level
- E) Repeat upper endoscopy in 4 weeks

ANSWER : D

55. A 52-year old woman is referred for evaluation of abnormal liver function tests that were found as part of a comprehensive physical examination. Her body mass index is 33 and has non- insulin requiring type 2 diabetes. Physical exam is unremarkable. She may have one or two glasses of wine on the weekends but denies other alcohol use. Lab results are as follows: Bilirubin 1.1 mg/dl (0.2 - 1.2) ALT 83 U/L (7-40) AST 77 U/L (7-40) Alk Phos 127 U/L (30-115), Hepatitis A IgG (+); Hepatitis A IgM (-) Hepatitis BsAg, BsAb, BcAb all (-), Hepatitis C Antibody (+); Hepatitis C PCR (-), ANA 1:20 (Normal \leq 1:20) Anti-Smooth muscle Antibody (-), ceruloplasmin, Iron studies, alpha-1-antitrypsin are all normal The most likely diagnosis is:

- A) Hepatitis C
- B) Non-alcohol fatty liver disease(NAFLD)
- C) Autoimmune hepatitis
- D) Hepatitis A
- E) Primary biliary cirrhosis

ANSWER : B

56. A 55-year-old man with Crohn's disease underwent an ileocecal resection. The surgical procedure was technically straightforward. Three months later, he was reviewed in the clinic. His appetite remained good and the abdominal pain had settled, but he was troubled by diarrhea with a daytime stool frequency of six per day. He also experienced fecal urgency 20-40 minutes after eating. The stool was watery but there was no blood or pus. Lab results showed Hb 13 g/dL, CRP 1 mg/L (normal < 5), normal B12 level. Stool for lactoferrin was negative, and stool for fat was negative as well. The most likely cause of patient's related diarrhea is

- A) Bacterial overgrowth
- B) Bile acid diarrhea due to maldigestion
- C) Enterocolic fistula
- D) Lactase deficiency
- E) Recurrent Crohn's disease

ANSWER : B

Gastrointestinal rotation

57. A 56-year-old female is noted to have hepatomegaly. Six years ago she was diagnosed with diabetes mellitus and takes metformin 500 mg tds and Gliclazide 80 mg bd. She drinks approximately 15 units of alcohol weekly and stopped smoking 10 years ago. On examination she has a BMI of 36.2 kg/m², no stigmata of liver disease are evident but she has 6 cm hepatomegaly. Investigations reveal: Total bilirubin 11 µmol/L (1-22) Alkaline phosphatase 145 U/L (45-105) AST 100 U/L (1-31) ALT 150 U/L (5-35) Albumin 40 g/L (37-49) Ferritin 434 µg/L (15-300). Ultrasound of the abdomen reveals an echobright appearance of the liver and gallstones in the gallbladder. What is the most likely cause of her liver disease?

- A) Alcoholic liver disease
- B) Drug induced hepatitis
- C) Gallstone disease
- D) Haemochromatosis
- E) Non-alcoholic steatohepatitis (NASH)

ANSWER : E

58. A 43-year-old female presents with abdominal pain and watery diarrhoea. She has been previously investigated for infertility. She was given a proton pump inhibitor by her GP for six weeks with no relief of her symptoms. Investigations: Haemoglobin 122 g/L (115-165) Calcium 3 mmol/L (2.2-2.6) Albumin 42 g/L (37-49) Phosphate 0.8 mmol/L (0.8-1.4) CRP 10 mg/L, Endoscopy: Multiple small duodenal ulcers, H. pylori Negative What is the likely diagnosis?

- A) Crohn's disease
- B) Cushing's syndrome
- C) Multiple endocrine neoplasia
- D) NSAID induced PUD
- E) Small bowel lymphoma

ANSWER : C

59. 23 -year- old male patient who was admitted to the hospital with fever of unknown origin, his examination was remarkable for a systolic murmur which was explored further with an echocardiogram that showed evidence of mitral valve vegetations. A diagnosis of infective endocarditis was made and he was started on empirical IV antibiotics when blood cultures 7 days later grew Clostridium Septicum. Patient received appropriate therapy and he showed significant clinical improvement. Your next appropriate step is

- A) Upper endoscopy
- B) Colonoscopy
- C) CT abdomen and pelvis
- D) MRCP
- E) Chest X Ray

ANSWER : B

Gastrointestinal rotation

60. A 67 year old male patient presented with history of diarrhoea for 1 year duration with significant weight loss, he has history of heavy alcohol use with recurrent abdominal pain in the past and resection of his terminal ileum due to perforated appendix, he has upper and lower endoscopy which were normal, your next step in investigating this patient:

- A) Gastrosocopy and aspiration for bacterial culture
- B) Biliary excretion scan(HIDA) scan to look for biliary dysfunction
- C) Faecal elastase for pancreatic insufficiency
- D) MRI small bowel
- E) Capsule endoscopy

ANSWER : C

61. Which of the following is an indication for severe acute hepatic failure in viral hepatitis?

- A) High Alk phos
- B) High AST
- C) Increased PT
- D) Hyperbilirubinemia

ANSWER : C

62. Which of the following is not found in celiac disease duodenal biopsy?

- A) lymphocytes infiltrate
- B) eosinophilic infiltrate
- C) villous atrophy
- D) crypt hyperplasia

ANSWER : B

63. Which of the following is not a mode of transmission for hepatitis B infection?

- A) Blood
- B) Feco-orally
- C) Needlestick injury
- D) Sexual contact

ANSWER : B

Gastrointestinal rotation

64. Beading of the bile ducts on MRCP in an adult male suggests which diagnosis?

- A) Ascending cholangitis
- B) Caroli disease
- C) PBC
- D) PSC

ANSWER : D

65. Not present in celiac disease?

- A) Migratory myalgia
- B) Diarrhea
- C) Osteoporosis
- D) IDA
- E) Dermatitis herpetiformis

ANSWER : A

66. A Patient presented with upper GI bleeding. He is found to have duodenal ulcer on EGD and positive H pylori test. You started eradication treatment, what to do next?

- A) retest by EGD 8 weeks later
- B) retest by fecal antigen test 8 weeks later
- C) retest by serology 8 weeks later
- D) no need to repeat tests
- E) keep him on omeprazole lifelong

ANSWER : B

67. Which of the following is not a part of Child-pugh score?

- A) Albumin
- B) Esophageal varices
- C) Ascites
- D) Encephalopathy
- E) Prothrombin time

ANSWER : B

Gastrointestinal rotation

68. Patient presented with lower abdominal pain and intermittent loose stools, she reported slight improvement of pain after defecation, she denied arthralgia, eye pain, (and other extraintestinal sx, can't remember), colonoscopy revealed erythema and ulcerations in the ascending colon, descending colon, sigmoid colon, sparing the transverse colon and rectum, and with cobblestone appearance, what is the diagnosis:

- A) ulcerative colitis
- B) Crohn's disease

ANSWER : B

69. A 71-year-old man presents with a 2 year history of intermittent problems with swallowing. His wife has also noticed that he has halitosis and coughs at night. His medical history is significant for type 2 diabetes Mellitus. He has good appetite and his weight has been stable. Clinical examination is unremarkable. What is the most likely etiology for his swallowing problems?

- A) Achalasia
- B) Zenker's diverticulum
- C) esophageal Candidiasis
- D) esophageal peptic stricture
- E) esophageal adenocarcinoma

ANSWER : B

70. which of the following is associated with increasing severity of IBD:

- A) PSC
- B) Uveitis
- C) Erythema nodosum
- D) pyoderma gangrenosum
- E) sacroiliitis

ANSWER : C

71. Not associated with a fat malabsorption:

- A) Chronic pancreatitis
- B) Cystic fibrosis
- C) Plummer Vinson syndrome
- D) Pancreatic cancer
- E) Zollinger- Ellison

ANSWER : C

Gastrointestinal rotation

72. Which of the following is not a contributing factor to GERD:

- A) Decreased salivation
- B) Increased resting tone of lower esophageal sphincter
- C) Transient LES relaxations
- D) Impaired esophageal peristalsis
- E) Delayed gastric emptying

ANSWER : B

73. Case: patient with sudden onset abdominal pain for 12 hours (110 bpm, 110/65 mmHg, 22 breath/min) he was cool and pale and he passed maroon-like (dark) stool 3 times in the last 24 hours, pH of blood was 7.15, what is the diagnosis:

- A) Volvulus
- B) Mesenteric ischemia

ANSWER : B

74. Young female patient with IDA and diarrhea (labs: normal IgG levels, normal IgA levels), what is the best initial step:

- A) Anti tissue transglutaminase IgA
- B) Anti tissue transglutaminase IgG
- C) Anti Gliadin IgA
- D) Anti Gliadin IgG

ANSWER : A

75. a 44-year-old man with cirrhosis due to chronic HCV infection presents to the clinic with new progressive abdominal distension and weight gain. On physical examination the abdomen is symmetrically distended, with positive shifting dullness and fluid thrill. There is no tenderness on superficial or deep palpation. You suspect that he has developed ascites, which of the following statements is true regarding ascites?

- A) Fluid restriction is a standard part of ascites management
- B) Diagnostic paracentesis is not indicated for this patient
- C) Increased angiotensin II secretion is part of the pathophysiology
- D) Cirrhotic ascites forms as a result of increased fenestrations in hepatic sinusoid
- E) Ascites occurs at a rate of 50% per year in cirrhotics

ANSWER : C

Gastrointestinal rotation

76. A 64 year old woman with CAD,hyperlipidemia and diabetes presented with abdominal distention and ascites.Blood showed protein 7 mg/dl and serum albumin 3.4mg/dl. Paracentesis was done and showed fluid protein 2.2mg/dl,fluid albumin 1.6mg/dl.What is the cause of her ascites?

- A)Cirrhosis
- B)Peritoneal carcinomatosis
- C)Nephrotic syndrome
- D)Congestive heart failure

ANSWER : A

77. One of the following is not associated with precipitation of hepatic encephalopathy:

- A)Hyperkalemia
- B)SBP
- C)diuretic abuse
- D)GI bleeding
- E)Constipation

ANSWER : A

78. Pt complained of diarrhea, stool analysis found to have numerous RBCs and WBCs, what is type of diarrhea?

- A)Secretory
- B)Osmotic
- C)Inflammatory
- D)Fatty

ANSWER : C

79. Patient presented with abdominal distention and ascites,AST 710 ALT 520 ALP 190 bilirubin 3 Hb 18.5,diagnosis?

ANSWER : Budd-chiari syndrome

Gastrointestinal rotation

80. which of the following is not associated with severe Ulcerative Colitis flare?

ANSWER : Arthritis

81. One of the following is an indication to repeat endoscopy:

ANSWER : Esophageal Varices

82. Patient with intermittent Dysphagia and Eiosinophils on Biopsy, best treatment is:

ANSWER : Inhaled corticosteroids sprayed in the mouth and swallowed

83. A patient with chronic liver cirrhosis suffers from enchaphelopathy. All of the following can be done except:

ANSWER : TIPS

Gastrointestinal rotation

84. Not an alarming sign in GERD that requires urgent endoscopy?

ANSWER : Chest pain

85. Which of the following is blocked by hepcidin?

ANSWER : ferroportin

86. A patient with Ulcerative colitis developed obstructive jaundice. The best next step is:

ANSWER : MRCP

87. Which of the following is not used for confirmation of H pylori eradication?

ANSWER : Serology

Gastrointestinal rotation

88. Which of the following is not connected to the disease activity in IBD?

ANSWER : Uveitis

89. A patient present with ascites of acute onset, hepatomegaly, abdominal pain, elevated LFT and Hb 18. What is the most likely cause?

ANSWER : Budd Chiari syndrome

90. A case of hepatitis with the following serological results (HbsAg -, HbsAb +, HbcAb +, Hep C Ab -, and Hep C + in PCR). What is the diagnosis?

ANSWER : Acute Hep C

91. The most common cause of upper GI bleeding is:

ANSWER : Peptic ulcer disease

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

لا تنسوني من صالح دعائكم

Malek Abu Rahma

The End
Good Luck シ