



Neurology

Final exam 021



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021 NUEROLOGY FINAL EXAM 

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1- not a typical first presentation of MS

- A) mid visual field defect
- B) limb weakness
- C) seizure
- D) abnormal sensations

Answer : c

2- which of the following is a normal CSF finding

- A) opening pressure of 150 mmhg
- B) glucose less than 30% of blood
- C) protein 0.6
- D) WBC > 20
- E) oligoclonal bands

Answer :A

3- A 30 years old man comes to your clinic asking you about the risk of developing MS, all serum and neurological tests are normal, his monozygotic has the disease, what would you tell him?

- A) 5%
- B) 10%
- C) 30%
- D) 50%
- E) 70%

Answer :C

4- which of the following is wrong about cluster headache

- A) it goes away with sleep
- B) duration usually 30-180 minutes
- C) can be treated with high dose steroids
- D) O2 administration is a treatment

Answer : A

5- all of the following is suggestive of secondary cause of headache, and the patient must be emergently evaluated, EXCEPT

- A) sudden severe headache
- B) visual impairment
- D) pain similar to previous attacks

E) fever

Answer : D

6- which of the following is against the diagnosis of migraine

A) unilateral

B) more than 24 hours

C) subsides with prompt administration of oxygen

Answer : c

7- a patient with ptosis that is increased at the end of the day and when she is tired

A) Myasthenia gravis

B) transmyelitis

Answer : A

8- a middle aged woman with 4 episodes of headache a week, it's unilateral and throbbing in nature during the attack she suffers from photophobia, noise intolerance, her neuroexam is normal, her bmi is 32, pain wakes her up from sleep sometimes, what drug would you give her to prevent these episodes in future

A) sumatriptan

B) acetazolamide

C) something triptan

D) propranolol

E) topiramate

Answer : D

9- all of the following is true regarding upper motor neuron lesions, EXCEPT

A) absent superficial reflexes sometimes

B) brisk tendon reflexes

C) a positive Babinski is flexor planter response to scratching of sole

D) rigidity is present

Answer : C

10- 40 years old woman with nuchal rigidity, Glasgow 14/15, confusion, headache, fever 38.5, most likely diagnosis

A) acute viral meningitis

B) Acute bacterial meningitis

C) encephalitis

Answer : B

11- true about hand innervation

- A) ulnar nerve supplies most of the hand's intrinsic muscles
- B) median nerve supplies hypothenar muscle
- C) radial nerve supplies most of the interossei

Answer : A

12- which of the following is not used in treatment of parkinsons

- A) MOA B inhibitors
- B) dopamine antagonist
- C) anticholinergics
- D) NMDA antagonists
- E) amantadine

Answer : B

13- true about dystonia

- A) it's part of Huntingtons
- B) geste antagoniste is a unique feature
- C) something about tics

Answer : B

14- side effect of topiramate

- A) word finding difficulty
- B) aplastic anemia
- C) weight gain

Answer : A

15- a young patient was admitted for seizure activity, she seized multiple times a day in the floor, the nurse suspects that her seizures are not epileptic and asks you to observe, which of the following features would suggest that

- A) lateral tongue bite
- B) postictal cry
- C) back arching
- D) incontinence
- E) back rolling of eyes

Answer : C

16- true about absence seizures

- A) it's sudden loss of tone

- B) myoclonic jerking
- C) 3hz waves are seen on EEG

Answer : C

17- which of the following is defect in Wrinkles encephalopathy

- A) B12
- B) thiamine
- C) coplamine

Answer : B

18- which of the following nerve's injury leads to wrist drop

- A) ulnar
- B) radial
- C) median
- D) axillary

Answer : B

19- a man shows at your clinic with his father who was diagnosed with parkinsons disease 6 months ago, he developed confusion and became more forgetful , his mini mental exam results suggest moderate dementia, he has resting right hand tremor, difficulty stop walking and rigidity, what's the most likely diagnosis

- A) Alzhaimers disease
- B) Barkinsons disease
- C) Lewy body dementia

Answer : C

20- a patient with headache, unilateral weakness, CT showed subarachnoid hemorrhage due to posterior artery aneurysm, it was successfully clipped, his pb is 140 / 110 what would you give him

- A) varapamil
- B) nemonidipine
- C) propranolol
- D) aspirin
- E) thrombolytics

Answer : B

21- rapid progressive irreversible cause of dementia

- A) CJB
- B) vasculitis

Answer : A

22- L'hermitte sign is

- A) pseudo-relapses due to fever, infection, hot weather, emotional stress
- B) electric sensation down the spine when flexing neck

Answer : B

23- new onset parkinsons what drug would you give her to

- A) levedopa carbidopa
- B) Amnatidine
- C) MOA-B inhibitors
- D) Answer : A

24- which of the following structures passes through cavernous sinus

- A) oculumotor nerve
- B) trigeminal nerve
- C) posterior cerebral artery
- D) abducens
- E) external carotid artery

Answer : A

25- which of the following is not a feature of autonomic dysfunction

- A) gastroparesis
- B) stress incontinance
- C) anhydrosis
- D) urge incontinance
- E) postural hypotension

Answer : B

26- which of the following viruses is linked to increased incidence of MS when exposed to in adolescence

- A)parovirus
- B) HPV
- C) EBV
- D) vercilla zoster
- E) rota virus

Answer : C

27- a female patient underwent right radical mastectomy, she is now suffering from weaknesses and difficulty raising her right arm and winging of right scapula, which nerve is damaged

- A) Axillary nerve
- B) long thoracic nerve
- C) phrenic nerve
- D) scapular
- E) dorsal thoracic

Answer : B

28- A man with thunderclap headache, smoker of 10 pack years, the pain is periorbital stays for almost 2 hours, he stated that he suffered from ptosis, lacrimation, nasal symptoms on the affected side during the attack, what is the diagnosis

- A) SUNCT
- b) migraine
- C) cluster headache
- D) tension
- E) SUNA

Answer : C

29- a patient with addisons disease was admitted for hyponatremia, her sodium was corrected from 115 to 140 in 12 hours and was fine, glucose was administered and she recovered 2hours (maybe days) later he developed quadriplegia, what happened

- A)Central pontine myelinolysis
- B) brain edema
- C) korskoff psychosis

Answer : A

30- Which is not a possible cause of coma

- A) reversible something myelitis
- B) bilateral thalamic infarcts
- C) basilar artery occlusion
- D) calcium level 15mg/dl
- E) sodium level 120

Answer : E

31- pain at the thigh going down to the legs, slight weakness in hip extension, impaired eversion, great toe extension, where is the lesion

- A) sciatic nerve
- B) peroneal nerve
- C) L5 radiculopathy
- D) L4 radiculopathy
- E) S1 radiculopathy

Answer : C

32- not true about headache

- A) tension headache is usually severe
- B) Migraines could be bilateral in 1/3 of patients

Answer : A

33- not a secondary cause of parkinsonism

- A) CO poisoning
- B) progressive supranclear palsy
- C) hypothyroidism
- D) Valporic acid

Answer : B

34- pure muscle disease without sensory loss

- A) myopathy

Answer : A

35- which of the following antiepileptic drugs is not a Na channel blocker

- A) carbamazepine
- B) phynotin
- C) levetiracetam
- D) lamotrigine

Answer : C

36- CSF analysis in guillian barre syndrome shows

- A) high cells - high protein
- B) low cells - low protein
- C) high cells - normal protein
- D) normal cells - high protein
- E) normal cells - low protein

Answer : D

37- a case of level sensory and motor loss with preserved vibration and position since

- A) Brown sequard syndrome
- B) anterior spinal
- C) transverse myelitis

Answer : B

38- a patient with headache, hypertension, pain worse with lying down and straining, she has papilledema, normal CT, next best step ?

- A) MRI
- B) lumbar puncture

Answer : B

39- a patient with right side palsy and facial numbness and pain, left side limbs weakness and sensory loss, brain imaging appears to be normal, what's the cause of the ischemic stroke

- A) right carotid dissection
- B) left carotid dissection
- C) cerebral vasculitis

Answer : A

40- True about brown sequard syndrome

- A- ipsilateral loss of pain and temperature sensation
- B- ipsilateral loss of proprioception and vibration

Answer : B

41- right temporal lobe lesion

- A) upper left quadratopia
- B) Upper right quadratopia
- C) Lower left quadroantopia
- D) Lower right quadroantopia
- E) Left homonyms hemianopia

Answer : A

42- A 50 years old male patient presents with sudden onset of severe headache, right eye ptosis and dilated pupil, the eye was positioned down and out, CT confirmed subarachnoid hemorrhage, which of the following is the most likely source of the aneurysm?

- A) posterior communicating artery
- B) Anterior communicating artery

Answer : A

43- Right facial pain and temperature loss, contralateral limb pain and temperature loss, nystagmus, ataxia

- A) left PICA
- B) Right PICA
- C) Anterior cerebral artery

Answer : B

44- Wrong about brain lesions

- A- skewing of eyes with brain stem lesions
- B- left lesion left eye deviation
- C- midbrain injury = pinpoint responsive pupils

Answer : C

45 - case of temporal arteritis, temporal tenderness + transient vision loss

- A- carbamazepine
- B- steroids

Answer : B

46- loss of lateral aspect of middle finger and ring finger sensation, where is the lesion

- A) radial
- B) ulnar
- C) medial
- D) axillary

Answer : B

47- which is not a sign of upper motor neuron lesion

- A) Fasiculations
- B) brisk deep tendon reflexes
- C) rigidity
- E) pronator drift

Answer : A

48- true about Parkinsons

- A) postural tremor
- B) Globus pallidus degeneration
- C) Spasticity

Answer : A

49- which is not a function of the lefthemisphere in a right handed person

- A- visuospatial
- B- Reading
- C- Language
- D- Calculation
- E- Writing

Answer : A

50-hemorrhagic stroke, controlled, right sided 1/5 muscle power pb 160/110 what next

- A- lower pb to 140/90
- B- Send to nursing home for extensive rehabilitation
- C- Give aspirin
- D- Give thrombolysis

Answer : A

51- True about MS

- A- Onset usually 40-50
- B- It affects dark matter of brain
- C- It can cause partial myelitis
- D- Answer : C

52- Right intranuclear (INO), lesion in which structure

- A) Right medial longitudinal fasciculus
- B) Lateral longitudinal fasciculus
- C) Red nucleus

D) Left something

Answer : A

53- 70 years old male comes to the ER complaining of sudden right side sudden weakness and slurred speech of 2 hours duration, a CT scan was normal, his blood pressure 168/110 next best step ?

- A) IV labetalol
- B) IV thrombolytics
- C) Aspirin
- D) Warfarin
- E) Answer : B

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