

Test Bank



Subject:

Intro Theoretical

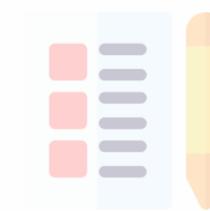
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Chapter 3

1-A 65-year-old male patient, presented to your clinic for evaluation of hyper-pigmentation in multiple areas of his skin, on evaluation you found multiple slate-grey colored hyper-pigmentation over the face and exposed arms, the drug that could cause this is:

- a. Phenothiazine
- b. Mepacrine
- c. Methotrexate
- d. Bisoprolol
- e. Naproxen

2-A 5 year old child is brought to the pediatrics clinic by his mother to get vaccinated, while you are evaluating the patient you suspected that this child has Down's syndrome, all of the following signs are supportive of your diagnosis, except:

- a. Small low set ears
- b. Up slanting palpebral fissures
- c. Brushfield spots in iris
- d. Microglossia
- e. Flat facial profile

3-All of the following are known causes of skin hyperpigmentation, EXCEPT:

- a. Chloasma
- b. Haemochromatosis
- c. Wilson disease
- d. Oral contraceptives
- e. Adrenal insufficiency

4-A 50 year old male patient presented to your clinic for evaluation of facial flushing, all the following diseases could be a cause except:

- a. Carcinoid syndrome
- b. Serotonin syndrome
- c. Androgen excess
- d. Rosacea
- e. Medullary thyroid cancer

5-Tobacco increases the risk of all of the following except:

- a. Intrauterine growth restriction
- b. Erectile dysfunction
- c. Sarcoidosis
- d. Ischemic heart disease
- e. Peptic ulceration

6-A 44 year old male patient, presented to the clinic with signs and symptoms of chronic liver disease, he takes alcohol daily since years, all of the following are features of alcohol dependence except:

- a. Continuing to drink in spite of being aware of harmful sequences
- b. Drinking alcohol in the evening
- c. Neglect of other pleasures and interests
- d. A withdrawal state when drinking is stopped or reduced
- e. Inability to control starting or stopping drinking and the amount that is drunk

7-A 22 year old male patient, presented to ER complaining of sudden onset shortness of breath of 2 hours duration, he was diagnosed with spontaneous pneumothorax, on evaluation of the patient to investigate the possible cause, you noted that the patient height is 185 cm, all of the following signs can support a diagnosis of Marfan's syndrome except:

- a. Limbs are long in relation to the length of the trunk
- b. Low arched palate
- c. Upward dislocation of eyes lenses
- d. Early diastolic murmur at Erb's area
- e. Arachnodactyly

8-A 25 year old female patient presented to your clinic due to nails changes for evaluation, on physical examination you noted fine pits on her nails, this sign could be caused by all of the following diseases except:

- a. Alopecia areata
- b. Psoriasis
- c. Lichen planus
- d. Eczema
- e. Infective endocarditis

9-All of the following are seen in iron deficiency anemia, except:

- a. Koilonychia
- b. Angular stomatitis
- c. Smooth red tongue
- d. Blue sclera
- e. Hepatosplenomegaly

Answers

1	2	3	4	5	6
a	d	c	c	c	b
7	8	9	-	-	-
b	e	e	-	-	-

Respiratory System

10-Apical lung cancers can cause all of the following, except:

- a. Weight loss
- b. Numbness in inner part of arm
- c. Ptosis
- d. Mydriasis
- e. Wasting of small muscles of hand

11-Which of the following (Drug-Side effect) is a mismatch?

- a. Beta blocker - Asthma exacerbation
- b. Beta agonist - Tachycardia
- c. Pulmonary embolism-Estrogens
- d. Angiotensin converting enzyme inhibitor - Pulmonary fibrosis
- e. NSAIDS- Asthma exacerbation

12-In case of chronic hyperinflation due to obstructive lung disease, which one of the following is FALSE:

- a. Reduced cricosternal distance
- b. Increased cardiac dullness
- c. Paradoxical inward movement of the lower ribs
- d. Increased AP diameter

e. Low, flat diaphragm

13-A 55-year-old gentleman, presented to clinic complaining of difficulty on breathing started 6 months ago, he also reports dry cough. Upon examination, his respiratory rate was around 30, bluish discoloration in his tongue and lips seen, and upon auscultation, inspiratory fine crackles were heard, the most likely cause to his symptoms is:

- a. Lung cancer
- b. Pulmonary fibrosis
- c. Chronic obstructive Pulmonary disease
- d. Tuberculosis
- e. Pleural effusion

14-A 35-year-old female from the far east presented to clinic complaining of recurrent productive cough with blood streaks for the past couple of months. After encountering the patient your most likely diagnosis is Tuberculosis of the lung. All of the following support your diagnosis EXCEPT:

- a. Recurrent episodes of feeling of hotness and night sweats
- b. Late coarse crackles upon auscultating the lungs
- c. Significant unintentional weight loss and loss of appetite
- d. Rubbery lymph nodes
- e. Erythema nodosum on her lower limbs

15-Patient has been working in the field of constructions, started to recently complain of shortness of breath, chronic cough, weight loss, and hemoptysis, X ray showed multiple pleural plaques, which of the following is the most likely culprit:

- a. Pigeon excreta
- b. Berrilium
- c. Asbestos
- d. Silica
- e. Flour dust

16-A 78-year-old male presented to ER complaining of sudden shortness of breath associated with hemoptysis and chest pain. On physical exam: Temperature was 37, blood pressure was 80/54 mmHg, respiratory rate

was 38 breaths per minute, pulse was regular with a rate of 143 beats per minute, Centrally located trachea, resonance upon percussing the lungs Pleural friction rub upon auscultating the lungs and loud P2 upon auscultating the heart. What is the MOST likely possible diagnosis?

- a. Pleural effusion
- b. Lung cancer
- c. Lung Tuberculosis
- d. Tension pneumothorax
- e. Pulmonary embolism

17-A 50-year-old chronic smoker attended the OPC with complaints of chronic productive cough mainly in the morning with exertional dyspnea and wheezes, no known history of chronic diseases, no previous history of lower respiratory infections. On exam, there were audible expiratory wheezes with prolonged expiratory phase. What is the most likely diagnosis?

- a. Asthma
- b. Lung cancer
- c. COPD
- d. Interstitial lung disease
- e. Bronchiectasis

18-A 61-year-old man has suddenly become very short of breath. In the last hour. He has had a CT-guided biopsy of a mass in the right lung. His temperature is 36.5 C, heart rate 120 bpm, BP 90/60 and O2 sat is 78% on face mask 15 L/min. he looks cyanosed, his trachea deviates towards the left, and breath sounds are much louder over the left hemithorax. His right chest is more resonant than left on percussion. Which is the most likely diagnosis?

- a. Right sided pulmonary embolism
- b. Right sided pleural effusion
- c. Right sided pneumonia
- d. Right sided tension pneumothorax
- e. Right sided pleural metastasis from the primary tumor

19-Which one of the following is NOT a feature of Obstructive sleep apnea/ hypopnea syndrome.

- a. Unrefreshed sleep
- b. Bilateral wheezes
- c. Snoring
- d. Daytime somnolence
- e. Periodic cessation of breathing

Answers

10	11	12	13	14	15
d	d	b	b	d	c
16	17	18	19	-	-
e	c	d	b	-	-

CardioVascular System

20-All the following can cause a Loud first heart sound (S₁) except.

- a. Large stroke volume
- b. Mitral regurgitation
- c. Short P-R interval
- d. Mitral stenosis
- e. Increased cardiac output

21-A 65 year old gentleman, hypertensive 10 years ago, presented to the ER complaining of sudden retrosternal chest pain radiating to the interscapular area, of 30 minutes duration, it was 10 of 10, not relieved by anything it was tearing pain associated with lightheadedness and sweating, vitals was : RR 23, B/P 170/88, HR 110, O₂ SAT 92%, the first differential diagnosis in your mind is.

- a. Pericarditis
- b. Infective endocarditis
- c. Myocardial infarction
- d. Acute myocarditis
- e. Aortic dissection

22-One of the following is WRONG regarding pericardial tamponade.

- a. Usually heart sounds are muffled
- b. Patients may complain of chest pain and dyspnea
- c. Absent x descent

- d. Engorged neck veins
- e. Kusamaul's sign on JVP can be present

23-About Aortic Regurgitation (AR) choose the correct statement.

- a. AR murmur is best heard auscultating near the Apex of the heart
- b. Duration of the AR murmur is inversely proportional to the severity
- c. AR causes slow rising pulse
- d. The murmur can radiate to the carotid artery
- e. AR usually causes mid-diastolic murmur

24-A 64-year-old gentleman with a history of extensive tobacco use, hypertension, hyperlipidemia, and obesity presented to the emergency department with acute onset chest pain, he was diagnosed with Myocardial infarction and emergent coronary angiography revealed complete occlusion of the culprit vessel. Forty-eight hours after initial presentation, while in the coronary care unit, he suddenly became very dyspneic. His exam was notable for tachycardia, elevated jugular venous pressure, diffuse crackles on chest exam, and a loud, blowing pan-systolic murmur loudest at the cardiac apex. Which of the following accounts for his acute decompensation?

- a. Tricuspid regurgitation
- b. Acute mitral regurgitation
- c. Ventricular septal defect
- d. Severe mitral stenosis
- e. Pericardial effusion

25-All of the following are correct physiological changes during inspiration, EXCEPT:

- a. Splitting of s2
- b. Fall in parasympathetic tone
- c. Increase in heart rate
- d. Increase in systolic blood pressure
- e. JVP wave fall

26-Which of the following causes Cannon waves on the JVP graph.

- a. Complete heart block
- b. Occlusion of the vein

- c. Tricuspid regurgitation
- d. Raised abdominal pressure
- e. Atrial fibrillation

27-A 24 year old male patient, suddenly started to have recurrent episodes of palpitation associated with chest pain and mild dizziness. Upon doing an ECG, he was proved to have supraventricular tachycardia. Which of the following is **WRONG** about his diagnosis:

- a. Massaging around carotid artery can sometimes alleviate the symptoms
- b. Trivial movement of the neck can sometimes trigger the event
- c. Can be associated with polyuria
- d. An underlying cardiac structural disease should be ruled out
- e. Most probably it is a regular rhythm

28-All of the following regarding aortic stenosis, **EXCEPT**:

- a. May have a reversed splitting in S2
- b. Usually associated with early systolic murmur
- c. S4 sound can be heard at the apex
- d. Ejection click can be heard at the Right upper sternal border
- e. Can radiate to the carotid arteries and heard with the diaphragm

29-One of the following presentations of lower limb pain is likely to be caused by chronic venous insufficiency:

- a. 70 years old male patient complaining from lower limb pain that provoked upon walking to the supermarket every day
- b. 32 years old obese female complaining from a left leg pain that's relived by leg elevation
- c. 50 years old male patient complaining of painful ulceration on the sole of the foot and tips of his toes
- d. 68 years old female patient complaining from sudden right lower limb pain associated with pallor and coldness of the limb
- e. 60 years old male patient with history of trauma to the back complaining from bilateral Lower limb pain

Answers

20	21	22	23	24	25
b	e	c	b	b	d
26	27	28	29	-	-
a	d	b	b	-	-

Gastrointestinal & Renal Systems

30-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

31-All of the following are causes of dysphagia, EXCEPT:

- a. Pharyngeal pouch
- b. Bulbar palsy
- c. Achalasia
- d. Esophageal varices
- e. Peptic stricture

32-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

33-You are palpating the abdomen of a 37-year-old thin bedridden disabled cerebral palsy male patient. Which of the following is a pathological rather than a physiological finding?

- a. Suprapubic mass mostly represents distended urinary bladder
- b. Right painless groin lymph node
- c. Left lower quadrant mass that you thought of as faecal scybala
- d. Painless globular structure at the tip of 9th rib / right midclavicular line
- e. Epigastric pulsatile mass

34-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

35-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

36-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

37-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 became 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 diffuse tenderness all over 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

38-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 is 8-12cm
- d. Myeloproliferative diseases usually cause a massive splenomegaly
- e. Malaria is the most common cause in developed countries

39-Which of the following statements is true?

- a. Presence of abdominal guarding & restlessness are indicative of peritonitis
- 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

Answers

30	31	32	33	34	35
c	d	d	d	c	d
36	37	38	39	-	-
b	d	d	b	-	-

Nervous System

40-A 15 year old female patient, previously healthy, presented to neurology clinic complaining of headache of 2 months duration, which was unilateral, gradual, episodic occurring every 10 days, and lasts for around 10 hours each time. One of the following is less likely to be related to her condition:

- a. AURA
- b. Nausea and vomiting
- c. Favors dark and quiet room
- d. Symptom free interval
- e. Conjunctival injection and Agitation

41-A 64 year old male patient, presented with complaining of decreased hearing in his right ear, after you examining him you concluded that he had CONDUCTIVE HEARING LOSS IN HIS RIGHT EAR. What is the finding on Webers and Rinne test that suggest this defect in the right ear:

- a. Webers in the middle, Rinne positive
- b. Webers lateralized to right ear, Rinne negative
- c. Webers lateralized to right ear, Rinne positive
- d. Webers lateralized to left, Rinne negative
- e. Webers in the middle, Rinne negative

42-A 33-year-old woman comes to the office with severe unilateral facial pain for the past several days. She reports sharp, shooting pain that is confined to her cheeks and jaw, lasts several seconds, and occurs 10-20 times a day. The pain is sometimes triggered by a cold breeze, brushing of her teeth, or chewing. The patient has been taking ibuprofen for the pain without much relief. She has never experienced this condition before. She has stable vital signs. Upon physical examination, a similar pain is elicited by lightly touching the patient's cheeks. Otherwise, neurologic examination demonstrates no focal deficits. Which of the following is the most likely cause of this patient's symptoms?

- a. Trigeminal neuralgia
- b. Temporal arteritis
- c. Herpes zoster infection
- d. Migraine
- e. Fibromyalgia

43-A 17-year-old male patient, presented to the ER as case of Road Traffic Accident with major head trauma, the patient is unconscious, On exam the patient has absent gag reflex, unable to breath by his own so he is on assisted ventilation device, and bilateral lower limb weakness. Where is the most likely location of the lesion?

- a. Mid brain
- b. Medulla oblongata
- c. Red nucleus
- d. Pons
- e. Cerebellum

44-A 25 year old female patient, previously healthy, had bad social history that significant for stress life, presented to ER with abnormal movement characterized by side to side pelvic thrusts movements and asynchronous limbs contraction. One of the following is less likely to be related to her condition:

- a. Her condition might be occurred multiple times per day
- b. This is might be Functional dissociative attacks
- c. Her abnormal movements suspected to last longer than 5 minutes
- d. She is mostly will not have confusion phase
- e. She might have AURA

45-A 33-year-old man with a history of multiple sclerosis is brought to the emergency department due to new-onset leg weakness, numbness, and urinary incontinence. In the past, he has had several acute exacerbations of multiple sclerosis, causing vertigo, vision impairment, and upper extremity weakness, all of which improved after glucocorticoid treatments. A year ago he stopped taking disease-modifying therapy due to severe adverse effects. His vital signs are within normal limits. Mental status and cranial nerve examination are normal. Muscle strength in the upper extremities is 5/5 and in the lower extremities is 3/5. Pinprick sensation is decreased below the nipple. Proprioception is decreased over both lower extremities. Babinski reflex is present bilaterally. MRI of this patient is most likely to reveal new plaques in which of the following locations?

- a. Brainstem
- b. Thoracic spinal cord
- c. Cerebellar vermis
- d. Lumbosacral spinal cord
- e. Cerebellar hemispheres

46-A 40 years old female patient, medically free, has been diagnosed with hyperprolactinemia due to a pituitary gland adenoma. The patient has headache and blurry vision. On exam what is the most likely visual field defect you will find?

- a. Right temporal hemianopia
- b. Bi-temporal hemianopia
- c. Left temporal hemianopia

d. Bi-temporal lower quadrantanopia

e. Bi-nasal hemianopia

47-A 19-year-old man is brought to the emergency department after being stabbed in the back. Vital signs are normal. He is alert and oriented, with a Glasgow Coma Score of 15. Neurologic examination demonstrates the absence of motor activity in all muscle groups of the right lower extremity, as well as decreased muscle tone. Left leg motor function is normal. Right patellar reflex, Achilles reflex, and Babinski sign are absent. There is loss of light touch and proprioception below the right costal margin. Pinprick sensation is absent on the left side at the level of the umbilicus and below. Which of the following is the most likely location of this patient's injury?

a. Right spinal hemisection at T10

b. Complete spinal transection at T8

c. Anterior spinal artery injury at T10

d. Right spinal hemisection at T8

e. Anterior spinal artery injury at T8

48-One of the following favors Lower Motor Neuron lesion over the Upper Motor Neuron lesion.

a. Spasticity in long standing disease

b. Flexor plantar response

c. Increased deep tendon reflexes

d. Clonus

e. Extensors weakness in arms

49-A 50-year-old male patient, has history of long term type 2 diabetes and hypertension, presented to the ER complaining of headache and right lower limb weakness. The patient underwent brain CT scan and diagnosed with hemorrhagic stroke affecting the midbrain. On Exam of the Cranial nerves, what most likely finding you will notice?

a. Exaggerated Gag reflex

b. Absent accommodation reflex bilaterally

c. Absent light reflex in the Right eye and intact in the left eye

d. Absent light reflex in the left eye and intact in the Right Eye

e. Absent light reflex bilaterally

Answers

40	41	42	43	44	45
e	b	a	b	e	b
46	47	48	49	-	-
b	d	b	d	-	-

Musculoskeletal System & Thyroid

50-A 20-year-old male student, presented to clinic complaining of low back pain of 6 weeks duration. Pain is worse in the morning, associated with stiffness and inability to get out of the bed, which get better through out the day. On physical exam, Shober's test was positive. Which of the following is the most likely diagnosis?

- a. Systemic lupus erythematosus
- b. Felty's syndrome
- c. Systemic sclerosis
- d. Rheumatoid arthritis
- e. Ankylosing spondylitis

51-All of the following are red-flag features for acute low back pain except.

- a. Steroid use
- b. Sexual dysfunction
- c. Age more than 20 years and less than 55 years
- d. Fecal incontinence
- e. Fever

52-An 18 year old female patient presented with acute right knee pain, that started suddenly 1 day ago, associated with moderate knee swelling, hotness, and redness, no history of recent trauma, her vital signs are as follows: temperature is 38.3, pulse: 110, blood pressure: 125/75, respiratory rate: 18, what is the most likely diagnosis?

- a. Reactive arthritis
- b. Rheumatoid arthritis
- c. Osteomyelitis

d. Septic arthritis

e. Gout

53-Which of the following clinical test and its interpretation is mismatched?

a. Lachman test : Anterior cruciate ligament injury

b. Valgus stress test : Lateral collateral ligament injury

c. Patella apprehension test : patella dislocation

d. Bulge test : knee effusion

e. McMurray test : Meniscal tear

54-A 43-year-old female, complaining of dysphagia of 2 months duration. When doing physical exam, you noticed ulcers on the tip of the fingers and tight tethered skin around the mouth. What would be reasonable to screen for in this patient.

a. Systemic lupus erythematosus

b. Felty's syndrome

c. Ankylosing spondylitis

d. Systemic sclerosis

e. Rheumatoid arthritis

55-A 22 year old football professional athlete sustained a right knee trauma during the match 2 days ago, presented to your clinic with right knee pain and swelling, upon clinical examination of his knee, you want to examine the medial meniscus, how would you examine it?

a. Knee in passive flexion, plus varus and internal rotation

b. Knee in passive flexion, plus valgus and external rotation

c. Knee in passive flexion up to 90 degrees, plus posterior translation of the tibia

d. Knee in passive flexion up to 30 degrees, fixing the distal femur plus anterior translation of the tibia

e. Knee in passive flexion up to 90 degrees, plus anterior translation of the tibia

56-An 11 years old male child, medically free, presented to the ER complaining of left elbow pain due to trauma. On physical exam: the child is unable to do OK sign by his left hand. X-ray done show elbow fracture .What is the most likely nerve has been injured?

- a. Posterior Interosseous nerve
- b. Anterior Interosseous nerve
- c. Radial Nerve
- d. Median Nerve
- e. Ulnar Nerve

57-A 30 year old male patient work in a lumberjack, sustaining a deep cut wound in his forearm, while examining his peripheral nerves, to examine the ulnar nerve motor function:

- a. Ask the patient to supinate his arm
- b. Ask the patient to extend his index and middle fingers
- c. Ask the patient to flex the distal phalanx of his thumb
- d. Ask the patient to flex his wrist
- e. Ask the patient to abduct his index and middle fingers

58-A 55-year-old lady, complains of hand swelling and pain of 2 weeks duration, associated with morning stiffness that lasts for about an hour. Pain is relieved by movement. On exam, there were swelling of MCPS and PIPS of in multiple fingers, tenderness, and sponginess. All the following may also be found in such patient except:

- a. Pleural effusion
- b. Heberden nodule
- c. Lung nodules
- d. Swan neck deformity
- e. Ulnar deviation

59-A 25 year old female patient presented with right knee pain since 2 years, associated with recurrent swelling, no history of trauma, she had a positive family of rheumatoid arthritis, which of the following features is not suggestive of rheumatoid arthritis?

- a. Bouchard's nodes
- b. Wrist ulnar deviation
- c. Palmar erythema
- d. Episcleritis
- e. Splenomegaly

60-A 35-year-old man presents with progressive breathlessness and non-productive cough. He has history of polyarthralgia and bilateral painful dusky red lesions over the shins of both tibias. What is the most likely diagnosis?

- a. Pneumonia
- b. Asthma
- c. Bronchiectasis
- d. Sarcoidosis
- e. Cystic fibrosis

Answers

50	51	52	53	54	55
e	c	d	b	d	b
56	57	58	59	60	-
b	e	b	a	d	-

اذكرونا بدعوة. ✨