

CARDIOVASCULAR SYSTEM

Select the appropriate answer:

1. Early roentgen graphic change in mitral stenosis is:

| | |
|---|---------------------------------|
| A: Enlargement of the aortic knob. | D: right ventricular prominence |
| B: Straightening of the left cardiac border | E: right atrial prominence. |
| C: Forward displacement of the esophagus. | |

2. In congestive heart failure the circulating plasma volume is:

| | |
|--------------------------------|---------------|
| A: decreased. | D: increased. |
| B: Variable usually decreased. | E: not known. |
| C: unchanged. | |

3. In mitral stenosis:
 - A: hemoptysis is more frequent than in mitral stenosis.
 - B: paroxysmal pulmonary edema is common.
 - C: the first heart sound is diminished.
 - D: an apical presystolic murmur predominates.
 - E: most patients develop early cardiac failure.

4. Patients with aortic stenosis frequently develop:

| | |
|-----------------------------------|-----------------------------------|
| A: exertional dyspnea and angina. | D: atrial fibrillation. |
| B: wide pulse pressure. | E: right ventricular hypertrophy. |
| C: systemic embolization. | |

5. The treatment of acute pulmonary edema includes all of the following, except:

| | |
|--|----------------------|
| A: morphine IM. | D: salt restriction. |
| B: amionphyllin IV. | E: oxygen. |
| C: phlebotomy or tourniquets on all extremities. | |

6. The major manifestations (Jones criteria) for rheumatic fever include all of the following, except:

| | |
|---------------------------|-------------------|
| A: carditis. | D: Polyarthritis. |
| B: prolonged PR interval. | E: chorea. |
| C: subcutaneous nodules. | |

7. The most likely diagnosis with a prolapse pulse in the liver and palpable venous pulse in the neck is:

| | |
|-----------------------------|------------------------------------|
| A: mitral insufficiency. | D: aneurysm of the thoracic aorta. |
| B: tricuspid insufficiency. | E: none of these. |
| C: hepatic vein thrombosis. | |

Match the following:

- 8. Graham steel murmur
- 9. Austin flint murmur
- 10. Lutembacher murmur
- 11. Carey-Coombs murmur

- A: mid-diastolic murmur in acute rheumatic carditis.
- B: pulmonary insufficiency in mitral valve disease and pulmonary hypertension.
- C: functional mitral stenosis with aortic insufficiency.
- D: mitral stenosis with left-to-right transatrial flow.

12. In coarctation of the aorta there is usually:

- A: bounding pulsation.
- B: "pistol-shot" femoral pulses.
- C: right ventricular enlargement seen on x-ray.
- D: decreased femoral blood pressure increased brachial blood pressure.
- E: an interventricular septal defect.

13. The onset of the atrial fibrillation in mitral stenosis may result in:

- A: opening snap.
- B: myocardial infarction.
- C: thromboembolism.
- D: bacterial endocarditis.
- E: presystolic murmur.

14. In internal septal defect which of the following is most often present:

- A: cyanosis.
- B: left to right shunt.
- C: left atrium and left ventricular enlargement.
- D: normal ECG.
- E: Is always an isolated lesion.

15. The valves most commonly involved in rheumatic heart disease are:

- A: mitral & aortic.
- B: mitral & pulmonic.
- C: pulmonic & aortic.
- D: tricuspid & pulmonic.
- E: mitral & tricuspid.

16. The most common posterior mediastinal tumor is:

- A: Metastatic gastric carcinoma.
- B: bronchogenic carcinoma.
- C: myeloma.
- D: pancreatic carcinomas.
- E: neurogenic tumors.

17. The characteristic electrocardiographic alteration in hypokalemia is:

- A: elevation of the S-T segments.
- B: heart block.
- C: Q-T prolongation.
- D: a variety of ectopic rhythms.
- E: none of these.

18. Of the following, the one which is of gravest prognostic significance in hypertensive vascular disease is:

- A: cardiac hypertrophy.
- B: papilledema & renal insufficiency.
- C: diastolic blood pressure of 126 mm. of mercury.
- D: faint trace of albuminuria.
- E: EKG evidence of left ventricular hypertrophy.

19. With regard to the treatment of pulmonary embolus:
- A: hemoptysis is contraindication to heparinization.
 - B: oral anticoagulant with coumarin compounds should be instituted several days before the discontinuation of heparin therapy.
 - C: heparin therapy is required for only two days.
 - D: coumarin acts directly as a thrombin inhibitor.
 - E: the antidote for heparin is vitamin K.
20. Edema, ascites, enlarged liver & venous pressure of 180 mm. of saline suggest.
- A: Laennec's cirrhosis.
 - B: congestive failure.
 - C: inferior vena caval obstruction.
 - D: acute glomerulonephritis.
 - E: cirrhosis of liver.
21. The treatment of dissecting aortic aneurysm consist of:
- A: opiates, blood, oxygen.
 - B: anticoagulants.
 - C: antihypertensives such as guanethedine and reserpine.
 - D: A & C.
 - E: surgery during the acute phase.
22. Which of the following is associated with mitral stenosis:
- A: atrial fibrillation.
 - B: arterial embolism.
 - C: pulmonary infarction.
 - D: all of these.
 - E: none of these.
23. "Rib-notching" due to dilated intercostal arteries is noted in:
- A: patent ductus arteriosus.
 - B: interventriculare septal defect.
 - C: Coarctation of the aorta.
 - D: interatrial septal defect.
 - E: none of these.
24. Cardiovascular syphilis is usually syphilis of the:
- A: peripheral arteries.
 - B: coronary arteries.
 - C: myocardium.
 - D: aorta.
 - E: Chloromycetin.
25. The characteristic murmur of aortic insufficiency is:
- A: low-pitched & rumbling.
 - B: high-pitched & blowing.
 - C: heart best with the patient supine.
 - D: heart best at the apex.
 - E: best heard on patient's side.
26. The electrocardiogram in severe aortic regurgitation usually shows:
- A: no abnormalities.
 - B: right ventricular hypertrophy.
 - C: left ventricular hypertrophy.
 - D: non-specific ST abnormalities.
 - E: right axis deviation.
27. Pistol shot pulse in the femoral artery may be due to:
- A: I.V. septal defect.
 - B: truncus arteriosus.
 - C: Coarctation of the aorta.
 - D: patent ductus arteriosus.
 - E: only found in aortic insufficiency.

28. In acute rheumatic fever, early death is usually due to:
- A: streptococcal sepsis.
 - B: active carditis.
 - C: pulmonary emboli.
 - D: chorea.
 - E: none of these.
29. The following statements is true of pulmonary embolus:
- A: half the patients with pulmonary embolus have no signs of phlebitis, pleural pain or hemoptysis.
 - B: digitalis toxicity in association with pulmonary embolus is easily reversed.
 - C: it produces sinus bradycardia.
 - D: EKG demonstrates left heart strain.
 - E: the use of stocking & early ambulation has greatly affected the high incidence of pulmonary embolus.
30. Adenoviral disease causes all but:
- A: palpable Lymphadenopathy.
 - B: mild bilateral conjunctivitis.
 - C: bradycardia.
 - D: exudative pharyngitis.
 - E: bronchitis.
31. in ventricular flutter, the heart rate is usually:
- A: 90 beat per minute.
 - B: 120 beat per minute.
 - C: 150 beat per minute.
 - D: 200 beat per minute.
 - E: 300 beat per minute.
32. DC cardioversion should be used in which of the following circumstances:
- A: rapid sinus tachycardia.
 - B: arrhythmias caused by digitalis toxicity.
 - C: arrhythmias in the presence of thyrotoxicosis.
 - D: ventricular fibrillation.
 - E: B & D.
33. Paroxysmal atrial tachycardia can be terminated with:
- A: Valsalva maneuver.
 - B: vasopressors.
 - C: digitalis preparations.
 - D: none of these.
 - E: all of these.
34. Subacute bacterial endocarditis:
- A: rarely if ever occurs without preexisting valvular abnormality.
 - B: 90% are caused by non hemolytic streptococci.
 - C: may result in calcified valve leaflets.
 - D: may occur on a septal defect or patent ductus arteriosus.
35. Myocarditis & pericarditis of children and adults is caused by which of the following:
- A: coxsackie group A.
 - B: coxsackie group B.
 - C: echovirus.
 - D: Parainfluenza.
 - E: none of these.

36. Mycotic aneurysm of the aorta may be associated with:

- A: bacterial endocarditis.
- B: systemic moniliasis.
- C: chest trauma.
- D: none of these.
- E: all of these.

37. The serum glutamic oxalacetic transferase (SGOT) rises to a peak after acute myocardial infarction at:

- A: 1 hour.
- B: 6 hour.
- C: 12 hour.
- D: 24 hour.
- E: 48 hour.

38. In congestive heart failure of Beri Beri heart disease the cardiac output is:

- A: variable.
- B: decreased.
- C: unchanged.
- D: increased.
- E: of no significance.

39. Erythema nodosum is characterized by:

- A: subcutaneous red tender nodules.
- B: non-tender nodules over the shins.
- C: tender lymph nodes in the groin.
- D: scaling red macules over the shin.
- E: none of these.

40. The preferred drug & route of administration for prophylaxis in patients with penicillin sensitivity is:

- A: 200,000 units Pen-V-K orally bid.
- B: 1.2 million units Pen-V-K orally bid.
- C: 600,000 units benzathine penicillin IM orally.
- D: 1.2 million units' benzathine penicillin IM monthly.

41. Erysipelas is a skin infection due to:

- A: clostridium welchii.
- B: enterococcus.
- C: staphylococcus albus.
- D: group A streptococcus.
- E: mycobacterium tuberculosis.

Match the following:

Pericarditis

42. Rheumatic

43. Uremic

44. Tuberculous

45. Purulent

46. Acute non specific

- A: usually asymptomatic.
- B: underlying heart disease
- C: viral infection
- D: pulmonary lesions
- E: severe systemic infection.

47. The most frequent complication of acute myocardial infarction is:

- A: heart block.
- B: pulmonary embolism.
- C: systemic arterial embolism.
- D: rupture of the papillary.
- E: pulmonary edema and block.

48. Following acute myocardial infarction, which of the following arrhythmia might occur:

- A: paroxysmal atrial fibrillation.
- B: paroxysmal ventricular tachycardia.
- C: nodal rhythm.
- D: heart block.
- E: any of the above.

49. Post infarction syndrome (dressler's syndrome) occurs after acute myocardial infarction presenting as:

- A: ventricular aneurysm.
- B: pericardial & pleuritis.
- C: cardiac tamponade.
- D: pleural effusion & rash.
- E: any of the above.

50. Pain in which of the following is typically located over the lower sternum & is relieved by sitting position:

- A: acute myocardial infarction.
- B: viral pleuritis.
- C: idiopathic Myocarditis.
- D: idiopathic pericarditis.
- E: any of these.

Match the following:

Arrhythmia

51. Ventricular premature beats

52. Nodal premature beats

53. Atrial fibrillation

54. Ventricular flutter

55. Sinus tachycardia

- A: "P" wave may be concealed in QRS.
- B: 100-160 beats / minute.
- C: most common arrhythmia.
- D: completely irregular.
- E: 200 beats / minute.

56. An early manifestation of renal hypertension:

- A: vomiting.
- B: nocturnal frequency.
- C: urgency.
- D: dysuria.
- E: hematuria.

57. Causes of transfusion reaction include all but one of the following:

- A: allergy.
- B: contaminated blood.
- C: red blood incompatibility.
- D: sensitivity to donor leukocytes.
- E: arrhythmia in the recipient.

58. Hemoptysis occurs most frequently in:

- A: mitral regurgitation.
- B: mitral stenosis.
- C: tricuspid regurgitation.
- D: aortic regurgitation.
- E: aortic stenosis.

59. Elimination of which of the following from the diet will reduce the serum cholesterol:

- A: eggs.
- B: shellfish.
- C: whole milk.
- D: organ meat.
- E: all of these.

60. False positive serologic tests for syphilis occur with which of the following:
- A: disseminated lupus erythematosus.
 - B: leprosy.
 - C: malaria.
 - D: continued use heroin.
 - E: all of these.
61. Asthmatic wheezing in congestive heart failure:
- A: only occurs in patients with a history of bronchial asthma.
 - B: occurs only in the presence of an allergen.
 - C: does not occur in cases of congestive failure with chronic lung disease.
 - D: comes on in morning attacks.
 - E: is caused by bronchial spasm from pulmonary congestion.
62. Berry aneurysm are caused by:
- A: syphilitic vascular.
 - B: congenital vascular defect.
 - C: septic emboli.
 - D: hypertension.
 - E: none of these.
63. Hemoptysis is common in:
- A: mitral stenosis.
 - B: aortic insufficiency.
 - C: patent ductus arteriosus.
 - D: tetralogy of fallot.
 - E: ventricular tachycardia.
64. Complication of mitral stenosis are all but one:
- A: Subacute bacterial endocarditis.
 - B: mural thrombus.
 - C: paralysis of left recurrent nerve.
 - D: hemoptysis.
 - E: left ventricular hypertrophy.
65. Pulsus alterations is best detected by:
- A: obstruction of jugular pulsation.
 - B: electrocardiogram
 - C: auscultation.
 - D: sphygmomanometer.
 - E: use of stethoscope.
66. The elevation of mean blood pressure in patients with essential hypertension is due to chiefly to:
- A: increased cardiac output.
 - B: increased blood volume.
 - C: increased peripheral resistance.
 - D: decreased elasticity of the arteries
 - E: poor renal function.
67. Rheumatic fever in a susceptible population is most likely to occur following an outbreak of:
- A: influenza.
 - B: scarlet fever.
 - C: the common cold.
 - D: meningitis.
 - E: diphtheria.

68. Aneurysm of the abdominal aorta is usually caused by:
 A: syphilis. D: trauma.
 B: erdheim's medial necrosis. E: pulmonary edema.
 C: arteriosclerosis.
69. All but one are signs of aortic aneurysm:
 A: hoarseness. D: Dysphagia.
 B: erosion of bone via X-ray. E: weak femoral pulses.
 C: elevated temperature.
70. Recurrence of active rheumatic fever are best prevented by:
 A: tonsillectomy. D: acetylsalicylic acid.
 B: penicillin. E: streptomycin.
 C: cortisone.
71. Concerning idiopathic hypertrophic subaortic stenosis one of the following statements is untrue:
 A: occurs primarily in males.
 B: hypertrophied muscle constricted the left ventricular outflow tract.
 C: common symptoms are dyspnea, angina & dizziness.
 D: the disease progress rapidly & sudden death occurs frequently.
 E: nitroglycerine intensifies the obstruction.
72. Which of the following causes predisposes to aortic insufficiency:
 A: marfan's syndrome. D: ventricular septal defect.
 B: rheumatoid spondylitis. E: all of these.
 C: syphilis.
73. The "pistol shot" sound heard over the femoral arteries in patients with aortic insufficiency is called:
 A: Corrigan's water hammer pulse. D: korotkoff sound.
 B: duroziez's sign. E: none of these.
 C: quincke's pulse.
74. Chronic cor pulmonale may be related to:
 A: sarcoidosis. D: systemic arteriosclerosis.
 B: diaphragmatic adhesions. E: hypertension.
 C: chronic tuberculosis at the apex.
75. The cause of wide pulse pressure is:
 A: aortic insufficiency. D: pheochromocytoma.
 B: mitral stenosis. E: pyelonephritis.
 C: Coarctation of the aorta.
76. Propranolol is effective in angina pectoris by:
 A: reducing heart rate & decreasing myocardial contractility.
 B: stimulating of sympathetic nerves to the heart.
 C: increasing cardiac rate & augmenting contractility.
 D: increasing the strength & velocity of cardiac contraction.
 E: increasing coronary artery flow.

77. Ebstein's anomaly:

- A: enlarged pulmonary artery with pulmonary hypertension.
- B: cyanotic heart disease without elevation of right ventricular pressure.
- C: small right atrium.
- D: left to right shunt.
- E: over-riding of the aorta.

78. Heparin therapy is best controlled with:

- A: prothrombin times.
- B: platelets times.
- C: bleeding times.
- D: clotting times.
- E: no control is needed.

79. Precipitating factors in angina pectoris include all but one of the following:

- A: physical activity.
- B: heavy meal.
- C: cold weather.
- D: emotion.
- E: gallbladder disease.

80. One of the following is not a complication of acute myocardial infarction:

- A: cardiogenic shock.
- B: embolism.
- C: cardiac rupture.
- D: Hypovolemia.
- E: papillary muscle dysfunction.

81. In the tetralogy of fallot all but one of the following conditions are present:

- A: rough systolic murmur.
- B: squatting.
- C: ECG right axis deviation.
- D: pulmonary stenosis.
- E: aortic stenosis.

82. Cyanosis is an early finding in:

- A: pulmonary stenosis.
- B: I.V septal defect.
- C: IA septal defect.
- D: truncus arteriosus.
- E: Lutembacher's syndrome.

83. Subjectively, uncomplicated syphilitic aortitis is characterized by:

- A: retrosternal pain of anginal type.
- B: paroxysmal dyspnea.
- C: no symptoms.
- D: aortalgia.
- E: edema.

84. Compression of an artery supplying an arterio-venus fistula causes:

- A: a decreasing heart rate.
- B: an increased heart rate.
- C: no change in heart rate.

85. A "paradoxical pulse" is characterized by:
- A: a faster rate during inspiration than during expiration.
 - B: a faster rate during expiration than during inspiration.
 - C: diminished force or absence during inspiration.
 - D: inequality of rates at the cardiac apex and radial artery.
 - E: all of these.
86. Clubbing of the fingers may be associated with all but:
- A: bronchiectasis.
 - B: congenital heart disease.
 - C: brain tumor.
 - D: carcinoma of the lung.
 - E: sarcoidosis.
87. Which of the following occur in orthostatic hypotension:
- A: a diminished response to levarterenol.
 - B: impotence, anhidrosis & Parkinson-like illness.
 - C: normal response to the valsalva maneuver.
 - D: signs of peripheral neuropathy.
 - E: all of the above.
88. In chronic constrictive pericarditis the end diastolic filling pressure in the right ventricle, composed to normal, is:
- A: decreased.
 - B: the same.
 - C: increased.
 - D: variable.
 - E: markedly decreased.
89. Right bundle branch block is invariably a sign of:
- A: congenital heart disease.
 - B: abnormal conduction through the right branch of the bundle of his.
 - C: interatrial septal defect.
 - D: right ventricular hypertrophy.
 - E: none of the above.
90. In mitral stenosis with atrial fibrillation:
- A: P waves are tall & broad.
 - B: presystolic harsh murmur is present.
 - C: digitalis is indicted if the heart rate is fast.
 - D: onset of fibrillation requires emergency therapy.
 - E: none of the above.
91. The most frequent cause of calcification of the ascending aorta is:
- A: arteriosclerosis.
 - B: lues.
 - C: hypertension.
 - D: rheumatic heart disease.
 - E: lupus erythematosus.
92. Systolic hypertension is commonly seen in association with:
- A: Coarctation of the aorta.
 - B: acute glomerulonephritis.
 - C: sclerosis of the aorta.
 - D: pheochromocytoma.
 - E: all of these.

- 93. The initial EKG change in anterior wall infarction is usually:**
- A: peaked P waves in precordial leads. D: ST elevation in precordial leads.
 B: T wave elevation in precordial leads. E: ST depression in precordial leads.
 C: q waves in precordial leads.
- 94. A "paradoxical pulse" is usually caused by:**
- A: cardiac tamponade. D: auricular fibrillation.
 B: myocardial infarction. E: none of these.
 C: cardiac decompression.
- 95. Diagnostic signs of pericardial tamponade include:**
- A: an increase of venous pressure with inspiration.
 B: atrial fibrillation is invariably present.
 C: Pulsus paradoxus.
 D: A & D.
 E: all the above.
- 96. All but one of the following are true of Myxoma:**
- A: occur primarily in the left atrium.
 B: arterial embolism may be the presenting symptom.
 C: death may be caused by an obstruction.
 D: oncologically the tumor is malignant.
 E: abnormal serum proteins confuse the picture with collagen disease.
- 97. The drugs of choice in treatment of ventricular tachycardia is:**
- A: pronestyl. D: methalcholine (mecholyl).
 B: digitoxin. E: epinephrine.
 C: digoxin.
- 98. Pericarditis may be caused by all but one:**
- A: rheumatic fever. D: lupus erythematosus.
 B: bacterial infection. E: wolff-parkinson-white syndrome
 C: myocardial infarction.
- 99. In view of present day medical & surgical advances, all symptomatic patients with the murmur of mitral stenosis should have:**
- A: regular medical examinations.
 B: digitalis.
 C: limited physical activity.
 D: the operation of mitral commissurotomy as a preventive measure.
 E: all of these.
- 100. The serum glutamic oxalacetic transferase is elevated in:**
- A: pericarditis (tuberculosis). D: all of these.
 B: myocardial infarction. E: none of these.
 C: coronary insufficiency.

Match the following:

- | | |
|-------------------------------------|-----------------------------|
| 101. Pulmonic stenosis | A: patent ductus arteriosus |
| 102. Left to right shunt | B: Coarctation of aorta. |
| 103. Diminished femoral pulses | C: tetralogy of fallot. |
| 104. Wolff-Parkinson-white syndrome | D: tricuspid insufficiency. |
| 105. Pulsating liver | E: Ebstein's anomaly. |

106. Case history: A 28 year-old female presents with the complications of dyspnea of a sighing type and palpitation. She is known to become very anxious during emotional stress. Physical examination reveals: a left parasternal lift, an apical systolic murmur, a wide pulse pressure and rapidly rising pulse. The ECG shows minor depression of the S - T junction.

Which of the following is most compatible with the above?

- | | |
|--------------------------|-----------------------------|
| A: hyperpyrexia. | D: anxiety cardiac syndrome |
| B: aortic insufficiency. | E: none of these. |
107. Which of the following are associated with systemic hypertension:
- | | |
|--|----------------------|
| A: accentuated aortic closure sound. | E: summation gallop. |
| B: faint murmur of aortic insufficiency. | F: all of these. |
| C: atrial gallop sounds. | |
| D: ventricular gallop sound | |

108. The opening snap of the mitral valve occurs when the left ventricular pressure falls below the left atrial pressure (True OR False).

109. The pericardial knock is associated with:

- | |
|--|
| A: chronic constrictive pericarditis. |
| B: termination of the rapid filling phase. |
| C: heard earlier than the protodiastolic gallop. |
| D: heard usually 0.06 to 0.12 sec. after aortic valve closure. |
| E: acute pericardial effusion. |

Match the following:

- | | |
|---------------------------|------------------------------|
| 110. Late systolic murmur | A: Austin-flint murmur |
| 111. Filling murmur | B: ventricular septal defect |
| 112. Presystolic murmur | C: coronary disease. |
| 113. Continuous murmur | D: cervical venous hum |

114. In patients with tricuspid regurgitation, one of the earliest change in the jugular pulse wave may be loss of the "X" descent (True OR False).

Match the following:

115. Thiazide diuretics

A: ascending limb of Henle's loop

116. Mercurial diuretics

B: active in adrenalectomized animals

117. Aldosterone antagonists

C: resembles aldosterone.

118. Triamterene

D: stomatitis & colitis in patients with renal insufficiency.

119. Ethacrynic acid

E: hyperuricemia.

120. A 21 year-old female presents with tachycardia. The ECG reveals the atrial rate to be 160/min. and the ventricular rate to be 160/min. sedation and carotid sinus massage do not convert the arrhythmia.

Which of the following drugs may be used for the treatment of this patient?

A: lanatoside C.

D: tensilon.

B: phenylephrine.

E: all of these.

121. The following statement characterized which arrhythmia? A patient on digitalis in whom ECG reveals an atrial rate of 160/min. and a ventricular rate of 80/min. and an isoelectric line between P waves of unusual configuration:

A: ventricular tachycardia.

D: paroxysmal atrial tachycardia.

B: A-V junctional tachycardia.

E: paroxysmal atrial tachycardia with block.

122. The proper treatment for the arrhythmia in the above question is:

A: propranolol.

D: cardioversion.

B: quinidine.

E: cessation of digitalis & administration of potassium.

Match the following:

123. Atrial flutter

A: P-R interval fixed periodic dropped beats.

124. Atrial fibrillation

B: wenkebach's pause.

125. Nodal tachycardia

C: jugular cannon wave.

126. Ventricular tachycardia

D: ventricular rate between 120 & 140, usually due to digitalis toxicity

127. Mobitz type I

E: thromboembolism.

128. Mobitz type II

F: quinidine sometimes converts atrial fibrillation to this arrhythmia.

Match the following:

- | | |
|------------------------|--|
| 129. Digitalis | A: methemoglobin |
| 130. Quinidine | B: blockade of catecholamine induced synthesis of cyclic AMP. |
| 131. Procainamide | C: sodium content in the heart muscle reduced, potassium increased |
| 132. Lidocaine | D: ineffective orally. |
| 133. Diphenylhydantoin | E: frequently a cause of drug fever. |
| 134. Propranolol | F: prolongation of Q-T interval, widening of QRS complex. |
| 135. Vasodilators | G: increases intracytoplasmic calcium concentration. |

136. Compared to the use of quinidine, cardioversion is a (**more / less**) efficient and safer method in converting atrial fibrillation.

137. Which of the following are not manifestations of right-to-left shunts:

- | | |
|---|---------------------|
| A: cyanosis & Polycythemia. | F: impaired growth. |
| B: clubbing. | G: methemoglobin |
| C: squatting. | |
| D: anoxic spells. | |
| E: paradoxical embolus & brain abscess. | |

138. Case history: a 15 year-old male presents with exertional dyspnea & chest pain. On examination a forceful left ventricular impulse is felt along with a prominent systolic thrill at the lower left sternal border. Auscultation reveals a third heart sound & diastolic rumbling murmur at the apex. A holosystolic murmur is heard at the third left interspace. Supravulvar aortography revealed aortic insufficiency:

Which of the following are correct?

- | | |
|--|--|
| A: the defect is in the muscular septum. | D: operation is contraindicated. |
| B: there is prolapse of an aortic valve leaflet. | E: prevention of endocarditis is part of the medical management. |

The following list represents the Jones' criteria used for guidance in the diagnosis of rheumatic fever. Place a capital (**M**) next to the word or phrase if it is a major manifestation and a small (**m**) if it is a minor manifestation.

139. Carditis.
140. Polyarthrititis.
141. Chorea.
142. Erythema nodosum.
143. History of previous rheumatic fever.
144. Arthralgia.
145. Fever.
146. Abnormal ESR.
147. Electrocardiographic changes.

The following statements are related to aortic stenosis: answer (**True OR False**):

- 148.** A large "a" wave in the left atrial pressure pulse is usually present in severe aortic stenosis.
- 149.** Idiopathic calcific aortic stenosis occurs most often in the elderly and is associated with fusion of the valve cusps.
- 150.** The presence of atrial fibrillation should call to mind the possibility of associated mitral valve disease.
- 151.** When angina pectoris, syncope, or left ventricular decompensation develop, replacement of the aortic valve can significantly improve the outlook.
- 152.** Paradoxical splitting of the second heart sound is not a feature of aortic stenosis.

The following statements are related to aortic insufficiency: answer(**True OR False**):

- 153.** The left ventricular ejection period is prolonged in aortic insufficiency.
- 154.** Prolapse of an aortic cusp resulting in progressive aortic regurgitation occurs in approximately 15 percent of patients with ventricular septal defect.
- 155.** Anginal pain may develop at rest as well as during exertion in patients with aortic regurgitation.
- 156.** In patients with severe aortic regurgitation, the aortic valve closure is usually diminished or absent.
- 157.** Surgical treatment should be considered in patients who have free aortic regurgitation and who are symptomatic when engaged in ordinary activity in spite of maximal medical therapy.

158. All the following are considered in differential diagnosis of mitral stenosis, except:

- | | |
|---|--------------------------------------|
| A: primary pulmonary hypertension. | D: left atrial Myxoma. |
| B: atrial septal defect. | E: ventricular septal defect. |
| C: cor triatriatum. | |

The following statements are related to mitral stenosis: answer (**True OR False**):

- 159.** The opening snap is best heard in inspiration.
- 160.** The opening snap follows aortic valve closure by 0.06 to 0.12 seconds.
- 161.** A Graham Steell murmur occurs with associated pulmonary hypertension.
- 162.** Dilatation of the upper lobe pulmonary veins are seen on x-ray.

163. If atrial fibrillation is of recent origin in patient whose mitral stenosis is not severe enough to warrant surgical therapy, reversion to sinus rhythm by electrical countershock or quinidine is indicated.

The following statements are refer to mitral regurgitation: answer (**True OR False**):

164. The arterial pulse can show a sharp upstroke.

165. The first heart sound at the apex is generally.

166. A late systolic murmur preceded by a midsystolic click may be found in patients with papillary muscle dysfunction.

167. The systolic murmur of ruptured chordae tendinae may be referred to the base of the heart and may be confused with the murmur of aortic stenosis.

168. Marked calcification of the mitral leaflets is uncommon in patients with pure regurgitation.

169. Which is the following may be associated with tricuspid insufficiency:

A: Ebstein's malformation.

D: trauma.

B: carcinoid heart disease.

E: all of these.

C: endomyocardial fibrosis

Match the following:

170. Angina pectoris

A: angina at rest.

171. Angina decubitus

B: " square wave"

172. Atypical angina

C: pain in throat & shoulder

173. Positive electrocardiographic test.

D: chest pain related to exertion.

174. Nitroglycerin ointment applied to the chest can be utilized as a slow-release preparation which is especially useful in the treatment of angina decubitus. (**True OR False**).

Write "**yes**" if any of the following are associated with an elevated SGOT, write "**no**" if not associated with elevated SGOT:

175. Right ventricular failure with liver damage.

176. Salycilates.

177. Opiates.

178. Coumadin.

179. Muscular dystrophy.

180. Acute pancreatitis.

181. Cardiac surgery.

182. Hemolytic crisis.

Case history: (question 183 – 184) a 58 year-old man presents with chest pain lasting for about 45 min. which is not relieved by rest or by nitroglycerin. The ECG reveals significant S-T segment depression and serum enzyme levels are normal:

183. Proper management may include all of the following, except:

- | | |
|---------------------------------------|---------------|
| A: rest. | D: digitalis. |
| B: anticoagulant. | E: antacids. |
| C: long-acting coronary vasodilators. | |

184. The most likely diagnosis is:

- | | |
|------------------------|--|
| A: hiatus hernia. | D: classical angina pectoris. |
| B: pulmonary embolism. | E: coronary insufficiency (intermediate syndrome) |

The following statements concerning pericarditis: answer (True OR False):

185. Pain is usually absent in tuberculous or neoplastic pericarditis and in the pericarditis of myocardial infarction.
186. Pain is usually present in the acute infectious types of pericarditis.
187. The pain of acute pericarditis is aggravated by inspiration.
188. The ECG in acute pericarditis usually displays S-T segment elevations in several leads with reciprocal depression in others.
189. In acute pericarditis after several days the S-T segment return to normal and the T waves become inverted.

Match the following more than one choice may be needed:

- | | |
|--|---|
| 190. Tamponade | A: upper lobe ob chest x-ray, positive skin test. |
| 191. Paradoxical pulse | B: right pressure pulse: M-shaped in contour and presence of prominent "y" descent. |
| 192. Postcardiac injury syndrome | C: coxsackie B, type 8 ECHO |
| 193. Acute benign pericarditis | D: antigen-antibody reaction |
| 194. Chronic constrictive pericarditis | E: accompanied by absence of the normal inspiratory fall in venous pressure. |
| 195. Chronic tuberculosis. | F: 250 to 1000 ml fluid, kussmaul's sign, and protodiastolic gallop. |

196. An interventricular gradient can be provided by:

- | | |
|-----------------------|----------------|
| A: Valsalva maneuver. | C: propranolol |
| B: isuprel. | |

The following statements refer to hypertension: answer (True OR False):

197. Segmental constriction of the arterioles in the fundus of the eye is a permanent lesion and characteristic of significant diastolic hypertension..
198. True arterio-venus nicking requires the presence of an open space between artery and vein on both sides of artery.
199. To be significant, arterio-venus nicking must occur at least one disk diameter from the edge of the optic disk.
200. An increased light reflex signifies thickening of the vessel wall.
201. Epistaxis and microscopic hematuria are not seen with hypertension.

Match the following:

- | | |
|-----------------------------|--|
| 202. Reno vascular disease. | A: radiohippuran renogram selective renal arteriography, renal vein rennin (split function) study. |
| 203. Pheochromocytoma | B: assay of urinary catechol regitine test, histamine or tyramine test. |
| 204. Primary aldosteronism | C: high salt diet, plasma rennin concentration, aldosterone secretory rate. |

205. All the following can occur with dissecting aneurysm of the aorta, except:

- | | |
|--|--------------------------|
| A: discrepancy in pulses and blood pressure reading in the arms. | D: pericardial effusion. |
| B: unconsciousness. | E: mitral insufficiency. |
| C: aortic regurgitation. | |

206. All of the following may be associated with syphilitic aortitis, except:

- A: tambouric aortic second sound.
- B: intimal shell-like calcification of ascending aorta.
- C: aortic dissection.
- D: occlusive changes in coronary arteries.
- E: erosion of sternum.

207. Raynaud's phenomenon is associated with all of the following, except:

- | | |
|---------------------|------------------------------|
| A: scleroderma. | E: crutch paralysis |
| B: thrombangitis. | F: pneumonic hammer disease. |
| C: cervical rib. | G: lymphoma. |
| D: arteriosclerosis | |

208. In acute arterial insufficiency resulting from thrombosis emergency surgery is not done unless the loss of a limb is imminent (True OR False).

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Select the one appropriate answer:

- 209.** Hydrochloric acid secretion is stimulated by all of the following, except:
- A: acetylcholine acting on the parietal cells. D: secretin.
 B: gastrin secretion. E: distension of the antrum of food.
 C: histamine.
- 210.** Pancreatitis is most frequently associated with:
- A: duodenal ulcer. D: diabetes mellitus.
 B: alcoholism. E: pyrogenic infection.
 C: obstruction of the common.
- 211.** The best treatment for pain in acute pancreatitis is with:
- A: codeine. D: aspirin.
 B: morphine. E: Darvon.
 C: Demerol.
- 212.** Chronic relapsing pancreatitis may result in:
- A: pseudocyst formation. D: azotorrhea.
 B: steatorrhea. E: all of these.
 C: diabetes mellitus.
- 213.** Chronic pancreatitis is characterized by:
- A: pancreatic calcification seen on flat film. D: azotorrhea.
 B: steatorrhea. E: all of these.
 C: diabetes mellitus.
- 214.** Tetany in acute pancreatitis may be caused by:
- A: hypochromic alkalosis. D: alkalosis.
 B: acidosis. E: low calcium.
 C: low magnesium.
- 215.** The most common cause of chronic anemia in patients with liver disease is:
- A: bleeding from esophageal varices. D: reduced formation of red cells.
 B: hemolysis. E: all of these.
 C: folic acid deficiency.
- 216.** Marked hypersecretion, gastric hyperacidity & persistent ulcers are seen in:
- A: hypercalcemia. D: Peutz-Jegher syndrome.
 B: hyperthyroidism. E: Mallory-Weiss syndrome.
 C: Zollinger-Ellison syndrome.

- 217.** Acute amebic dysentery is most readily diagnosed by:
- A: Proctoscopy.
 - B: stool culture.
 - C: direct smear of stool.
 - D: complement fixation test.
 - E: blood count.
- 218.** Carcinoma of the stomach is prevalent in:
- A: duodenal ulcer.
 - B: achlorhydria.
 - C: sprue.
 - D: diaphragmatic hernia.
 - E: hyperacidity.
- 219.** The syndrome of hepatomegaly, splenomegaly, leukopenia, anemia, periosteal changes, sparse & coarse hair & increased serum lipids occurs in chronic:
- A: vit. A deficiency.
 - B: vit. A intoxication.
 - C: vit. D deficiency.
 - D: vit. D intoxication.
 - E: scurvy.
- 220.** Which of the following is not found in cirrhosis:
- A: liver enlargement.
 - B: pitting edema.
 - C: ascites.
 - D: spiders.
 - E: Polycythemia.
- 221.** Carcinoid is most often found in the:
- A: colon.
 - B: appendix and terminal ileum.
 - C: bronchus.
 - D: stomach.
 - E: duodenum.
- 222.** Symptoms of primary biliary cirrhosis include:
- A: chiefly occurs in men.
 - B: hemolytic anemia.
 - C: decreased cholesterol levels.
 - D: constipation.
 - E: none of these.
- 223.** The cause of pain in peptic ulcer has been definitely established as due to:
- A: hyperacidity.
 - B: increased volume of acid.
 - C: a combination of several factors, motility, sensitivity of local tissue, temperament of patient and perhaps to hyperacidity.
 - D: hypothyroidism.
 - E: pseudohypothyroidism.
- 224.** A 44 years old man complains of acute onset of fever, recurrent lower abdominal cramps & left lower quadrant tenderness. The most likely diagnosis is:
- A: cholecystitis.
 - B: gastritis.
 - C: perforated ulcers.
 - D: diverticulosis.
 - E: diverticulitis.

- 225.** The most valuable laboratory test in the diagnosis of acute pancreatitis:
- A: bilirubin. D: duodenal drainage.
 B: alkaline phosphatase. E: secretion level.
 C: amylase & lipase.
- 226.** Dietary management of chronic pancreatitis includes:
- A: low fat, low calorie. D: salt free.
 B: high fat, high vitamin, low carbohydrate. E: low fat, low salt, low protein.
 C: low protein, high fat, high carbohydrate.
- 227.** Hookworm disease produces:
- A: peripheral eosinophilia. D: anemia in endemic area.
 B: epigastric pain. E: all of these.
 C: vomiting & diarrhea.
- 228.** Administration of broad spectrum antibiotics may result in all but one:
- A: diarrhea. D: pulmonary cancer.
 B: volvulus E: pulmonary stenosis.
 C: rectal bleeding.
- 229.** In a gastrointestinal X-ray, an enlargement of the duodenal sweep with displacement downward and the right is often significant of:
- A: anomalous position of the stomach.
 B: tumor of head of pancreas.
 C: partial obstruction.
 D: enlargement of the left lobe of the liver.
 E: gastritis.
- 230.** A disorder of copper metabolism has been found in:
- A: Wilson's disease. D: kimmelstiel-wilson's disease.
 B: von gierke's disease. E: none of these.
 C: milkman's syndrome.
- 231.** Complication of ulcerative colitis include:
- A: fistulas. D: urinary frequency.
 B: defects in Vit B₁₂ & fat absorption. E: all of these.
 C: carcinoma.
- 232.** Biopsy of rectal mucosa is of greatest value in the diagnosis of:
- A: amoebiasis. D: schistosomiasis mansoni.
 B: pinworm infections.
 C: schistosomiasis haematobium.
- 233.** In Wilson's disease:
- A: the ceruloplasmin level is increased. D: the magnesium level is increased.
 B: the ceruloplasmin level is decreased. E: the potassium level is decreased.
 C: the magnesium level is increased.

234. The best treatment at present for gastric carcinoma is:

- A: deep x-ray therapy.
- B: nitrogen mustard.
- C: antibiotics.
- D: surgery.
- E: expectant medical management.

235. The following is true of ascorbic acid:

- A: it is fat soluble vitamin.
- B: it does not behave in an acidic manner.
- C: it is used in the cure of pellagra.
- D: it is necessary for the formation of connective tissue.
- E: all of the above.

236. Achalasia of the esophagus is characterized by which of the following symptoms:

- A: substernal pain after eating.
- B: Dysphagia.
- C: weight loss.
- D: aspiration pneumonia.
- E: all of these.

237. Carcinoma of the right colon is often associated with:

- A: spiking fevers.
- B: anemia.
- C: perirectal abscess.
- D: rectal fistula.
- E: steatorrhea.

238. Fatty liver may result from:

- A: increased hepatic synthesis of triglycerides.
- B: increased mobilization of fatty acids.
- C: increased hepatic storage of triglycerides.
- D: impaired oxidation of fatty acids in the liver.
- E: all of the above.

239. Complete vagotomy is sometimes included in the surgical treatment of duodenal ulcer, it acts by:

- A: increasing the production of gastrin.
- B: reducing excessive gastric secretion.
- C: increasing the threshold of parietal cells.
- D: producing atonia.
- E: all of the above.

240. Wilson's disease is best treated with:

- A: high protein, low copper diet.
- B: potassium sulfide.
- C: penicillamine.
- D: pyridoxine.
- E: all of these.

241. Needle biopsy of the liver is contraindicated in:

- A: uncooperative patients.
- B: bleeding disorders.
- C: prolonged extrahepatic jaundice.
- D: severe recurrent cough.
- E: all of these.

242. The presence of localized infection with foul pus or signs of systemic infection after manipulation of gastrointestinal or female pelvic organs should suggest the possibility of:
- A: fusospirochetes.
 - B: anaerobic organisms.
 - C: lactobacilli.
 - D: salmonella.
 - E: pseudomonas.
243. Cholangiolitic hepatitis is characterized by all but one:
- A: jaundice.
 - B: bilirubinemia.
 - C: pale stools.
 - D: elevated serum alkaline phosphatase.
 - E: markedly elevated serum transaminases.
244. A major complication of hepatic schistosomiasis is:
- A: bleeding from esophageal varices.
 - B: ascites.
 - C: malabsorption syndrome
 - D: acute yellow atrophy.
 - E: acute renal failure.
245. The three principle symptoms of gall bladder disease are:
- A: indigestion, pain, jaundice.
 - B: indigestion, fever, vomiting.
 - C: nausea, jaundice, pain.
 - D: nausea, jaundice, fever.
 - E: pain, jaundice, fever.
246. Bronze pigmentation of body tissues is characteristic of:
- A: hemochromatosis.
 - B: hemosiderosis.
 - C: diabetes mellitus.
 - D: Addison's disease.
 - E: all of these.
247. Amino acids derived from digested dietary protein are absorbed in the:
- A: stomach.
 - B: duodenum.
 - C: colon.
 - D: upper intestine.
 - E: ileum.
248. Hematuria, dysuria and frequency are signs of:
- A: *S. japonicum*.
 - B: *S. mansoni*.
 - C: *S. haematobium*.
 - D: *S. haematobium*.
 - E: all of these.
249. Following skin penetration, migration to the lungs is common in:
- A: schistosomiasis.
 - B: strongyloids.
 - C: hookworm.
 - D: A&C.
 - E: all of these.
250. Anemia is most characteristic of carcinoma of the:
- A: stomach.
 - B: transverse colon.
 - C: descending colon.
 - D: rectum.
 - E: cecum.

- 251.** The therapy of choice in scurvy is:
A: Vit. D. **D:** folic acid.
B: Vit. B₂. **E:** choline.
C: Vit. C.
- 252.** The finding of a Kayser-Fleischer ring is suggestive of:
A: Parkinsonism. **D:** Charcot Marie tooth.
B: osteogenesis imperfecta. **E:** muscular dystrophy.
C: hepatolenticular degeneration.
- 253.** Achalasia:
A: familial.
B: no affected by small doses of subcutaneous methalcholine.
C: leading symptoms are loss of weight and pain.
D: relief occurs with drinking liquids after meals because it adds to the hydrotic pressure.
E: involve the entire esophagus.
- 254.** Bilirubin stones are said to be found in which of these:
A: gildert's disease. **D:** hereditary spherocytosis.
B: thrombocytopenic Purpura. **E:** leukemia.
C: Hodgkin's disease.
- 255.** Which of the following concerning hiatus hernia is true:
A: positive Bernstein test.
B: head of the bed should be elevated on blocks about 10 inches.
C: anticholinergic drugs should not be used.
D: frequently involved in the diagnosis of myocardial infarction.
E: all of the above.
- 256.** Peptic ulceration may be induced by which of the following drugs:
A: butazolidine. **D:** A&C.
B: reserpine. **E:** all of these.
C: tolbutamide.
- 257.** The most common source of bleeding from the upper gastrointestinal tract is:
A: erosive gastritis. **D:** bleeding dyscarisias
B: peptic ulcer. **E:** gastric ulcer.
C: esophageal varices.
- 258.** All but one of the following are common laboratory findings in malabsorption:
A: greater than five grams of fecal fat per 24 hours.
B: depressed serum carotene levels.
C: less than 4.5 grams d-xylose per 5 hours excreted in the urine.
D: less than 4% I¹³¹ triolein in the stool.
E: Flat glucose tolerance curve.

- 259.** The most important laboratory aid in the diagnosis of gastric malignancy is:
A: gastrointestinal series. **D:** exfoliative cytology.
B: barium enema. **E:** stool examination.
C: gastroscopy.
- 260.** Malabsorption syndrome may occur in:
A: amoebic dysentery. **D:** cholera.
B: shigellosis. **E:** lymphoma.
C: multiple polyposis.
- 261.** A patient develops nausea, vomiting and diarrhea a few hours after having eaten a "contaminated" meal, the most probable etiology is:
A: acute trichiniasis.
B: acute bacillary dysentery.
C: acute botulism.
D: acute staphylococcal toxin poisoning.
E: acute typhoid fever.
- 262.** Of the following disturbances the one most rarely associated with hepatic insufficiency is:
A: salt and water retention. **D:** hypo cholesteremia.
B: hyperuricemia. **E:** spider nevi.
C: Hypoalbuminemia.
- 263.** Bilirubinate stones occur most frequently in:
A: obese middle-aged women. **D:** familial hyperbilirubinemia.
B: typhoid convalescents. **E:** hypertensive patients.
C: spherocytic anemia.
- 264.** Kayser-Fleischer rings are usually associated with:
A: Erythema circinatum. **D:** gaucher's disease.
B: quartan malaria. **E:** none of these.
C: hepatolenticular degeneration.
- 265.** The most frequent complication due to carcinoma of the head of the pancreas is:
A: hepato-biliary dysfunction. **D:** cerebral metastasis.
B: pulmonary metastasis. **E:** uremia.
C: pulmonary embolus.
- 266.** Peptic ulcers are seen:
A: before teenage. **D:** past age 40.
B: in the twenties. **E:** at all ages.
C: in early childhood and early adult life.
- 267.** Peptic ulcers are usually located:
A: in the cardia of the stomach. **D:** in hiatus hernias.
B: along the greater curvature. **E:** in the 2nd portion of the duodenum
C: along the lesser curvature or in the 1st 3 or 4 cm of the duodenum.

268. Gastric ulcers are said to be:

- A: always benign.
- B: always symptomatic.
- C: never malignant.
- D: possibly malignant.
- E: always a surgical indication.

269. Chronic oesophagitis is mostly due to:

- A: acute oesophagitis.
- B: peptic ulcer.
- C: radiation effect.
- D: reflux of gastric content.
- E: lye ingestion.

270. The cause of gastric cancer is:

- A: absence of mucin.
- B: achlorhydria.
- C: ulcers.
- D: unknown.
- E: alcohol.

271. The treatment of choice for achalasia is:

- A: thickened feedings.
- B: manual dilatation.
- C: esophagectomy.
- D: atropine derivatives.
- E: nitroglycerine sublingually.

272. A patient from Puerto Rico has an enlarged liver and gives a history of chronic colitis, the most likely diagnosis is:

- A: ulcerative colitis.
- B: hepatitis.
- C: amoebiasis.
- D: hookworm.
- E: schistosomiasis.

273. Cystic fibrosis of the pancreas or mucoviscidosis is:

- A: a hereditary disease.
- B: caused by pancreatitis.
- C: found in congenital lues.
- D: caused by in-utero infection.
- E: due to obstruction of the pancreatic ducts

274. In a patient with evidence of obstructive jaundice, a palpable enlargement of the gall bladder suggests:

- A: an obstruction of the common duct due to extrinsic pressure.
- B: carcinoma of the gall bladder.
- C: calculus in the common bile duct.
- D: suppurative cholangitis.
- E: hepatitis.

275. Which of the following is least likely to exhibit gross rectal bleeding:

- A: ulcerative colitis.
- B: functional colitis.
- C: rectal carcinoma.
- D: polyps.
- E: intussusception.

276. The most frequent location for spider angiomas in cirrhosis is:

- A: abdomen.
- B: dorsum of the back.
- C: lower extremities.
- D: face and neck.
- E: hands.

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277. An important factor in the differentiation of infectious hepatitis from serum hepatitis is the:
- A: difference in incubation period.
 - B: degree of jaundice.
 - C: presence or absence of gastrointestinal symptoms.
 - D: characteristic abnormalities in hepatic function tests.
 - E: none of the above.
278. Elevation of urine amylase is frequently found in:
- A: carcinoma of the breast.
 - B: carcinoma of the body of the pancreas.
 - C: acute pancreatitis.
 - D: chronic cystic fibrosis of the pancreas.
 - E: carcinoma of the stomach.
279. In regard to liver function tests, which of the following is true:
- A: the alkaline phosphatase is the best test of liver function.
 - B: the cephalin cholesterol test is best.
 - C: the bromsulphalein test is most sensitive test.
 - D: the electrophoresis analysis of serum proteins is best.
 - E: A thymol turbidity is the most sensitive.
280. A common blood finding in acute infectious hepatitis is:
- A: anemia due to hemolysis.
 - B: thrombocytopenia.
 - C: Downey cells.
 - D: leucopenia.
 - E: leukocytosis with a shift to left.
281. The hormone, secretin is formed in what part of the body:
- A: duodenum.
 - B: hypothalamus.
 - C: liver.
 - D: pancreas.
 - E: ileum and jejunum.
282. The function of normal liver tissue includes metabolism of all of the following, except:
- A: glycogen.
 - B: vitamins.
 - C: hormones.
 - D: proteins.
 - E: fat.
283. Spider angiomata appearing in patients with cirrhosis of the liver are generally believed to be caused by:
- A: photosensitivity due to a disturbance of porphyrin metabolism.
 - B: failure of the liver to catabolize estrogens.
 - C: deficiency of B-complex vitamins.
 - D: elevated venous pressure.
 - E: none of the above.

- 284.** Splenomegaly, ascites and caput medusae are seen in:
- A: viral hepatitis.
B: Gilbert's disease.
C: constrictive pericarditis.
D: Dublin-Johnson's syndrome.
E: portal hypertension.
- 285.** Flapping tremor is seen in:
- A: hepatic coma.
B: acute alcoholic intoxication.
C: Parkinsonism.
D: multiple sclerosis.
E: thyrotoxicosis.
- 286.** Of the following disease, the one in which perforation of the bowel is most likely to occur is:
- A: amoebiasis.
B: bacillary dysentery.
C: typhoid fever.
D: typhus fever.
E: sprue.
- 287.** Palmar Erythema is seen in:
- A: cirrhosis.
B: brain tumors.
C: peptic ulcer.
D: suppurative pyelophlebitis.
E: osteoarthritis.
- 288.** Complications of diuretics therapy with spironolactone for ascites of liver disease include all of the following, except:
- A: hyperchloremia.
B: hyperkalemia.
C: azotemia.
D: hepatic encephalopathy.
E: hyponatremia.
- 289.** Retroperitoneal fibrosis:
- A: obstructive uropathy is the most common symptom.
B: easily diagnosed by intravenous pyelography.
C: possible etiologic factors include methylsergide and amphetamines.
D: inferior vena cava obstruction is common.
E: the fibrosing process is invasive.
- 290.** Which one of the following is not considered to be associated with gastric cancer:
- A: polyps.
B: hyperchlorhydria.
C: achlorhydria.
D: atrophic gastritis.
E: pernicious anemia.

Match the following:

291. most often confused with acute appendicitis
292. ulcerative colitis
293. Meckel's diverticulum
294. diverticulitis
295. subphrenic abscess
296. Regional enteritis.
- A: corticosteroid therapy.
B: immobile diaphragm with fluid above.
C: mesenteric adenitis.
D: left low quadrant pain
E: vestige of omphalomesenteric duct
F: intestinal obstruction predominant feature.

The following statements refer to dysphagia: answer (True OR False):

297. Benign tumors of the esophagus are a common cause of dysphagia.
298. Esophageal peristalsis is absent in the majority of patients with scleroderma.
299. Hiccups, together with difficulty in swallowing suggest a lesion at the terminal portion of the esophagus.
300. Coughing with each swallow of food or drink rules out a fistulous communication between the esophagus and trachea.
301. The most important diagnostic technique in the evaluation of dysphagia is a barium swallow.
-
302. Periumbilical pain is generally associated with:
- | | |
|---------------|-----------------|
| A: esophagus. | C: small bowel. |
| B: stomach. | D: colon. |
303. The splenic flexure syndrome is characterized by:
- | | |
|--------------------------|--------------|
| A: dysphagia. | C: diarrhea. |
| B: abdominal distension. | |
304. All of the following are associated with anorexia nervosa except:
- A: profound weight loss.
 - B: psychiatric disorders.
 - C: intestinal malabsorption.
 - D: no abnormalities of hair distribution
305. Severe nausea and vomiting may present in acute myocardial infarction especially of posterior wall of the heart (True OR False).

The following statements refer to vomiting: answer (True OR False):

306. Alcoholic gastritis is commonly accompanied by early morning emesis.
307. Vomiting occurring shortly after eating may suggest pylorospasm or gastritis.
308. Vomiting of large quantities of undigested food 4 to 6 hours after eating may be seen in diabetic gastric atony.
309. Bile is commonly present in gastric contents whenever vomiting is prolonged.

Match the following:

- | | |
|-----------------------|--|
| 310. Acute diarrhea | A: coffee grounds. |
| 311. Chronic diarrhea | B: used at least 50 to 100 ml of blood to produce a black stool. |
| 312. Constipation | C: hyperparathyroidism. |
| 313. Hematemesis | D: malabsorption. |
| 314. Melena | E: viral gastroenteritis. |

315. Predominantly unconjugated hyperbilirubinemia may be seen with all of the following except:

- | | |
|--------------------------------|---------------------------|
| A: hemolysis. | D: choramphenicol. |
| B: ineffective erythropoiesis. | E: Dubin-Jonson syndrome. |
| C: Gilbert's syndrome. | |

316. The presence of bilirubin in the urine is evidence of conjugated hyperbilirubinemia (True OR False).

317. Dug induced cholestasis is associated with predominantly conjugated hyperbilirubinemia (True OR False).

318. All the following are causes of hepatomegaly except:

- | | |
|-------------------|-------------------------------|
| A: heart failure. | E: hemosiderosis. |
| B: leukemia. | F: hepatitis. |
| C: alcohol. | H: sub diaphragmatic abscess. |
| D: amyloid. | |

Match the following:

- | | |
|-----------------------------|--------------------------------|
| 319. Cirrhosis | A: straw colored bile stained. |
| 320. Pyrogenic peritonitis. | B: purulent appearance. |
| 321. Pancreatitis. | C: increased amylase. |

Match the following:

- | | |
|----------------------------------|---|
| 322. Exfoliative cytology | A: picks up 70% of varices. |
| 323. Achlorhydria. | B: ph greater than 6. |
| 324. Zollinger-Ellison syndrome. | C: basal acid secretion greater than 10 m Eq /hr. |
| 325. Esophgscopy | D: diagnostic accuracy of 85 to 95 percent. |

The following questions relate to cardiospasm (achalasia) answer (True OR False):

326. Trypanosoma cruze is the etiologic agent responsible for cardiospasm found in the United States.
327. the parasympathetic ganglions of the esophagus are damaged or absent in achalasia