1.A 60 years old man came complaining of polyuria… radiology showed an irregular prostatic mass, what should be done next:

 A.prostate biopsy

 B.Repeat PSA

 C.observe for any changes in the mass.

2. A 40-year-old man came complaining of very severe burning pain in the big toe, which was associated with redness, and swelling, what should be given next:

 A. Colchicine.

 B. Indomethacin.

 C. Allopurinol.

 D. Steroids

Note: NSAIDs are the preferred drugs to be used in controlling the acute gouty attack because of the rapid onset of action (within 4 hours), steroids are given in refractory cases or in patients with a contraindication to NSAIDs, allopurinol os not given in acute attacks as they worsen it, however are given to prevent recurrence.

 3.A long scenario of a smoker patient that was complaining of urine retention, suprapubic pain Etc they reached a diagnosis of bladder carcinoma biopsy transitional cell Ca, what do you suspect to see in her pelvic x-ray:

 A.Bilateral hydronephrosis.

 B.Dilated bladder.

 C.Shrunken kidneys.

 4.How to differentiate between iron deficiency anemia and anemia of chronic disease --- measurement of serum ferritin

 5.A patient with heart failure and grade 3 SOB, which of the following drugs will improve the mortality rate:

1. Digoxin.
2. Spironolactone.
3. Nitrates.

6.ECG tracing of LBBB. ECG was showing LBBB. (look at V1 there will be a deep S wave and V5, V6 will show a notched wave)

 7.A Sickle cell anemia patient came complaining of severe hip pain which of the following is the most likely diagnosis:

 A. Osteoarthritis

 B. Avascular necrosis of the femur

 C. Avascular necrosis of the knee

 8.A patient came complaing of chest pain radiating to the jaw with sweating nausea and vomiting His ECG is shown below (ST elevation in leads V2,V3, V4) whats the most likely diagnosis:

A.Acute inferior MI.

B.Right ventricular and posterior wall MI.

C. Acute anterior MI.

D.Pericarditis.

Patient with loud S1 and opening snap , mid diastolic murmur --- MS

 9. A 23 years old girl came complaining of dysphagia that becomes worse at the end of the meal what’s the most likely diagnosis:

 A. Scleroderma.

 B. Myasthenia gravis. (Muscles are fatigued at the end of the meal)

 C. Achalasia.

 10.A 60-year-old morbidly obese man becomes difficult to arouse 12 hours after undergoing elective right knee replacement. He has a history of osteoarthritis, hypertension, and sleep apnea. Outpatient medications are acetaminophen and hydrochlorothiazide. He also uses nocturnal bilevel positive airway pressure ventilation. His surgery was uncomplicated, and he has received regularly scheduled doses of intravenous morphine sulfate for pain.

On physical examination, temperature is 36.6 °C (97.8 °F), heart rate is 80/min, respiration rate is 10/min and shallow, and blood pressure is 130/85 mm Hg. Cardiac examination is normal and unchanged from his examination on admission.

Which of the following will best determine the cause of this patient’s unconsciousness?

 A. Arterial blood gas.

 B. CT of the head.

 C. glucocheck.

 D. Lumber puncture.

 11. A teenage boy with a history of sweating and palpitations when exercising, he came to the ER complaining of very fast heart beats that he never experienced before; his blood pressure was 70/? His ECG is shown below (was showing ventricular tachycardia), what is the most appropriate action:

 A. Beta blockers.

 B. Direct cardioversion.

 C. procainamide.

 12.Patient 60 years old came with headache , photophobia , neck stiffness ( signs and symptoms of meningitis )

Ampicilin , Vancomycin , Ceftriaxone ( exact same question from MKSAP)

 13. A son brought his mom; he noticed progressive slow changes in her memory… ETC whats the most likely diagnosis:

 A. Alzheimer’s dementia.

 B. Stroke.

 C. Delirium

 14. A female came complaining of severe headache that she never had a similar headache like it before

Non-contrast CT.

 15.Atrial fibrillation treatment:

Anticoagulant + beta-blockers.

 16. An old patient with diabetes and chronic renal failure came to the ER complaining of weakness his ECG is shown below (peaked T wave): the most likely cause:

 A. Hyperkalemia.

 B.hypokalemia.

 17.Patient with small cell carcinoma who went into coma:

 A. Restrict fluid intake.

 B. 3 % hypertonic solution. Although you don’t give it in hyponatremia however whenever the patient is in a coma you have to start it.

 C. istonoic saline

 18.Gouty arthritis --- synovial fluid analysis shows 2000 WBC and under polarized light negative birefringence crystals

1. Patient with renal impairment, HbA1C 7.1, on diet therapy but hasn’t reached targeted glucose levels what will you give her next:
2. metformin.
3. Sulfonylurea.
4. Insulin. (Not sulfonylurea coz HbA1C is normal so risk of hypoglycemia , and not metformin coz of renal impairment.

 20. Acidosis

1. Hypertensive patient came with elevated JVP and lower limb edema echo showed normal ejection fraction, diagnosis:

A.Diastolic HF. Because of normal ejection fraction.

B.systolic HF.

C. Congestive HF

1. Trauma came with decreased breath sounds and hyper resonant percussion note with hemodynamic instability) diagnosis:

A. Tension pneumothorax.

B. Pleural effusion.

1. Most specific antibodies for Systemic Lupus Erythematosis:
2. Anti dsDNA antibodies
3. Antihistone antibodies
4. Anti-Smith antibodies

23.Patient found to have pleural effusion on x-ray:

 A. Thoracocentesis. Needle aspiration

 B. Antibiotics.

1. Classic case of TB you give 4 anti TB drug therapies. ( was different options with different drug combinations).
2. Scenario of a patient with repetitive chest infection and is known to have broncheactasis, most suspected organism is: pseudomonas (check MKSAP)
3. A 50-year-old man is evaluated in the office for the recent onset of pruritus while showering. He has previously been in excellent health, eats a normal diet, is an occasional smoker, and does not take any medications.

On physical examination, he has a ruddy face and a palpable spleen tip. Results of fecal occult blood testing are negative. The arterial oxygen saturation is 99% on room air: (same question as MKSAP)

1. Myelodysplastic syndrome.
2. Polycythemia vera.
3. Relative erythrocytosis
4. Patient with low Hb and macrocytosis and no neurological deficits ask for:

A. vit B12 and folate levels ( not folate replacement )

1. Patient with HF on beta blockers and ACEI develops dry cough:
2. Replace ACEI with ARB.
3. Discontinue ACEI.
4. Replace it with CCB
5. A patient with low WBC low RBC low platelets low Hb what do you do next:
6. Steroid therapy.
7. BM transplant.
8. BM biopsy.

 30.Patient feels difficulty in swallowing at the end of having a large meal:

 A. Achlasia.

 B. Cancer.

 C.Myasthenia gravis

 31.Patient with long term GERD, on biopsy changes in the mucosa:

 A. gastritis.

 B. Barret’s esophagus

 C.esophagitis

1. A patient was found to have varices incidentally by endoscopy, what do you do to prevent bleeding:

A. Propanolol.

B. TIPS.

 33.PUD (the most common cause of upper GI bleeding

 34. A pregnant lady came with chest pain and hemoptysis what do you do:

 A. V/Q scan.

 B. you do Doppler

 C. Helical spiral CT and start heparin. (gold standard for diagnosis of PE- even if pregnant you do the spiral after 20 weeks because mother mortality is more important and helical CT has little radiation and is localized and you have to always start the patient on heparin.

 D. helical spiral CT and start warfrin

1. Girl known to have bronchial asthma is going to start several courses of prednisone, had a PPD with 7 mm induration what will you do next?
	1. Isoniazid and rifampin for 6 months
	2. Isoniazid and streptomycin for 6 months
	3. chest X-ray. (to rule out active disease)
2. Patient known to have IBD came complaining of upper right quadrant pain and yellow skin --- ERCP ( coz u suspect primary sclerosing cholangitis)
3. Most sensitive and specific test for DM
4. FBG
5. OGTT.
6. HBA1-C

 38.Patient with diffuse nodular goiter enlargement , eye symptoms, increase radioactive uptake:

 A.Grave’s disease.

 B. toxic multinodular Goiter.

 39. Case they give the labs there was high calcium levels, what do you do next:

 A. Measure PTH level

1. A shocked patient with low CO , high vascular resistance , high central venous pressure –A. cardiogenic shock B. Anaphylactic shock.

C.hypovelemic shock.

1. Targeted levels of BP for a diabetic --- 130 / 85
2. Which is true about patient with BP 150/90 and he is smoker--
3. Stop smoking.
4. Thiazides and ACEI.
5. Calcium channel blockers.
6. 19 year old male with high BP and several visits:
7. start antihypertensive immediately.
8. He probably has essential hypertension.
9. Further investigations renal studies , endocrine test, LFT

 44.Nodule in the lung (A 63-year-old man is found to have a 1.5-cm spiculated, noncalcified nodule in the right upper lobe of the lung on chest radiograph performed before elective resection of the sigmoid colon for recurrent diverticulitis. There is no lymphadenopathy or evidence of calcified lymph nodes. A chest radiograph obtained 15 years ago does not show the nodule. The patient is a life-long nonsmoker and has no occupational risks for lung disease. Other than recurrent diverticulitis, he is healthy and takes no medication- same Q in MKSAP):

 A. biopsy the nodule.

 B. spiral CT.

 45.Myexodema coma and is unstable ---

 A. Re-warm the patient (the choice was active rewarming of the patient, dr anwar said that was the answer even though active coz patient is unstable).

 B.steroids are contraindicated before levothyroxine.

1. 75 % probability ( exact same question from MKSAP general medicine section )
2. A long history of patient suspected to have HIV
3. repeat HIV serology after 3 months.
4. Repeat after 6 months.

 48.60 year old gets attacks of syncope not preceded by anything ,other wise is normal:

 A. hypertrophic cardiomyopathy

 B.sick sinus syndrome

 49.The physical sign of loss of lung compliance in emphysema:

 A. Barrel chest

 B.prolonged expiration

1. Joint pain was diagnosed with septic arthritis --- synovial fluid turbid with WBC greater than 70000

51.Pregnant women with tachycardia , tacchypnea , SOB , PH is alkalotic ---- heparin and spiral CT

52.Acute attack of asthma which of the following improves mortality --- oral prednisone

53.After resection of the ileum which absorption will be affected ----bile acid

54.Patient with DM and dyslipidemia , drank alcohol last week , came to the ER complaining of severe back pain and vomiting most common cause of pancreatitis --- ethanol

55.47 year old female with 15 year history of abdominal pain and distention for 15 years , no GI bleeding one bowel movement a day no nausea , no vomiting , father has family history of colon cancer --- question was cancelled

56.Patient suspected to have Cushing’s disease 🡪 1 mg dexamethasone

57.Patient with 3 months history of weight gain and fatigue with normal levels of T4 and elevated TSH what is the next step 🡪 check autoantibodies and reevaluate TSH in 4-6 weeks

58.Patient with sudden severe headache , weakness on one side , family history of polycystic kidney disease, cause of hemorrhagic stroke --- ruptured AV malformation

1. In DKA when there is loss of consciousness with rough IV fluid resuscitation 🡪 cerebral edema