**Clinical Medicine Practice Exam Pulmonary**

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| ***Q.1)*** | **The same patient comes back a year later and admits noncompliance to treatment for his alpha-1-antitrypsin deficiency. This time his chest X-ray shows scattered irregular opacities and honeycombing.  You then order a helical CT, which shows an area with a signet ring appearance.  Which would probably not be a detail of the treatment?** | |
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|  | **A.** | daily inhaled corticosteroids for maintenance |
|  | **B.** | antibiotics for acute exacerbations |
|  | **C.** | use of a flutter-valve device |
|  | **D.** | beta blockers **(Correct Answer)** |

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| ***Q.2)*** | **A patient presents with anorexia, weight loss, fatigue, bone pain, hoarseness and anemia.  Upon examination, you also find ptosis and a constricted pupil in her left eye and diaphoresis only on the right side of her face.  What is suspect?** | |
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|  | **A.** | superior vena cava syndrome |
|  | **B.** | small cell carcinoma |
|  | **C.** | pancoast tumor **(Correct Answer)** |
|  | **D.** | atelectasis |

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| ***Q.3)*** | **In which cancer stage of non-small cell lung cancer is there involvement of lung tissue and lymph nodes in the lung?** | |
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|  | **A.** | I |
|  | **B.** | II **(Correct Answer)** |
|  | **C.** | III |
|  | **D.** | IV |

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| ***Q.4)*** | **What does the Karnofski scale measure?** | |
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|  | **A.** | risk for development of paraneoplastic syndrome |
|  | **B.** | quality of life **(Correct Answer)** |
|  | **C.** | risk for development of cor pulmonale |
|  | **D.** | apneic index |

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| ***Q.5)*** | **Where in the lungs is surfactant produced?** | |
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|  | **A.** | type I cells |
|  | **B.** | cuboidal cells |
|  | **C.** | type II cells |
|  | **D.** | both B and C **(Correct Answer)** |

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| ***Q.6)*** | **Equalization between the pressure of the pleura and the lungs would cause which of the following?** | |
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|  | **A.** | pleural effusion |
|  | **B.** | pulmonary edema |
|  | **C.** | pneumothorax **(Correct Answer)** |
|  | **D.** | atelectasis |

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| ***Q.7)*** | **Which of the following could cause pulmonary hypertension by increasing pulmonary venous pressure?** | |
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|  | **A.** | acidosis |
|  | **B.** | congenital left to right intracardia shunts |
|  | **C.** | polycythemia |
|  | **D.** | mitral stenosis **(Correct Answer)** |

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| ***Q.8)*** | **Which of the following is not a cause of an exudative pleural effusion?** | |
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|  | **A.** | congestive heart failure **(Correct Answer)** |
|  | **B.** | epyema |
|  | **C.** | SLE |
|  | **D.** | TB |

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| ***Q.9)*** | **An otherwise healthy 32 year old woman has a positive routine Matoux, and her chest X-ray shows a caseous granuloma.  She freaks out.  You reassure her by telling her:** | |
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|  | **A.** | the infection is self-limiting and has little chance of reactivation |
|  | **B.** | prophylaxis in patients her age will decrease the risk of cirrhosis and lower her chance of reactivation to less than 5% **(Correct Answer)** |
|  | **C.** | the treatment for primary tuberculosis is an easy-to-follow regimen with few side effects |
|  | **D.** | most solitary lung nodules in patients her age and health status are benign |

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| ***Q.10)*** | **Which is false of tuberculosis treatment?** | |
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|  | **A.** | it lasts 6-9 months |
|  | **B.** | it includes ethambutol and pyrazinamide for the entire course of treatment **(Correct Answer)** |
|  | **C.** | ethambutol has a side affect of optic neuritis |
|  | **D.** | DOT should be used in HIV+ patients due to possible interactions with their existing treatment regimen |