بيني للهُ ٱلرَّحْمَنِ ٱلرَّحْمَنِ الرَّحْمَنِ

Sixth YEAR EXAMS

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الدرجة		مدة الدراسة (٤٤ أسبوع)		
النهانية	الاختبارات	عملی	نظرى	المقرر الدراسى
٨٤.	ثلاثة اختبارات تحريرية مدة كل منها ثلاثة	٤٠	۱۹٦	الباطنة العامة وفروعها
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	من الاسئلة.	٥.	ساعة	
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INTERNAL MEDICINE

Faculty of Medicine Cairo University November Exam., 24.11.2007 Time allowed: 3 Hours.

Final Examination Internal Medicine Paper I

All questions are to be attempted (162 marks)

- 1- Enumerate causes of pleural effusion. Describe the clinical picture (symptoms, signs and investigations) of one cause. (20 marks)
- 2- An active 50 year old man, suffering from COPD, presented to the emergency room with sudden stabbing right sided chest pain following an acute episode of coughing. He was not distressed but anxious.
 - What is the probable diagnosis? (2 marks)

• Describe the expected clinical signs.

• How would you manage this case? (investigations and treatment)

(7 marks)

(4 marks)

- Mention two other more serious types of this clinical condition and describe the treatment of one of them. (7 marks)
- 3- An obese middle aged man presented to the clinic with a fasting blood sugar of 108 mg/m1 and a 2 hours post-prandial of 186 mg/ml.
 - * Define his glycemic state. (2 marks)
 - * What are the lines of management at this phase. (4 marks)
 - Five years later he developed frank diabetic symptoms, his fasting blood sugar increased to 188 mg/dl and 2 hours post prandial sugar was 294 mg/dl.
 - How would you treat him? (investigations not needed but details of drugs used needed) (5 marks)
 - Mention five investigations you would like to do. And state the clinical relevance of each of them. (5 marks)

During the next five years he was not compliant to his medications despite

having laser treatment for his left eye twice. And in the last few noticed edema of his lower limbs.	v months he		
• What is the probable cause of his edema?	(2 marks)		
• How does this event influence your management?	(4 marks)		
4. A 50 year old man, heavy smoker, presented to the emergency room with severe retrosternal chest pain of one hour duration. On examination he was sweaty, his pulse was 94/mn, his BP was 100/70. A third sound was heard over the apex. Troponin levels were high.			
* What is the most probable diagnosis?	(2 marks)		
* How would you manage this case?. (investigations and treatme	ent)		
	(8 marks)		
Sixth hours later runs of ventricular tacyycardia started to show on t	he monitor.		
• What are you going to do?	(2 marks)		
In the next few hours he was stable, and was discharged from th	e hospital.		
• In your opinion what are the medications he should receive?	(5 marks)		
Ten days later he developed recurrent episodes of angina.			
• What would be the appropriate manageent?	(3 marks)		
5- Enumerate five:	(10 marks)		
* Precipitating causes of heart failure.			
* Causes of Secondary Hypertension.			
* Pulmonary Manifestations of systemic diseases.			
* Causes of Pulmonary hypertension.			
6. A 40 year old female recently compain of pain in the finger joints and morning stiffness of the fingers of more tham 2 hours. The condition was progressive in the last 3 months.			
* What is the likely diagnosis?	(2 marks)		
* What investigations you would like to do?	(6 marks)		
* What is the first line of treatment?	(2 marks)		



One year later the condition worsen.

* How does this influence your manogement? (details of treatment side effects and precautions needed) (6 marks)

Ten years later bilateral soft pitting edema appeared.

- What is the probable cause for this edema? And how would you confirm your diagnosis? (4 marks)
- 7. Define fever of unknown origin, enumerate the causes and discuss the investigations you would do. (20 marks)
- 8. Enumerate five causes of:
 - * Stunted growth.
 - * Cushing syndrome.
 - * Secondary diabetes.
 - * Hypercalcemia
- 9. How would you treat? (details of drugs needed-n0 investigations

(20 marks)

(10 marks)

* Ascariasis.

* Terian malaria.

* Brucellosis.

Cairo University Faculty of Medicine Final Sixth Year Examination November 2007

Psychiatry

Answer THREE ONLY of the following questions:

1. Describe the clinical features of Social Phobia (Social Anxiety Disorder)

(6 marks)

2. Give an account on the diagnosis of Drug Addiction	(6 marks)
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3. Compare the clinical features of delirium and dementia (6 marks)

4. List the neurological adverse effects of antipsychotic medications (6 marks)(Write your answers in a separate answer booklet)

Cairo University Facutly of Medicine November Exam., 27.11.2007 Time allowed: 21/4 Hours.

Final M.BB.Ch. Examination Internal Medicine Paper II

All questions are to be attempted (102 Marks)

1- A 77 year old male presented with weakness of both right upper and lower limbs that developed over few hours. On examination right hemihypothesia and upper moto neuron facial nerve palsy were found. His BP was 170/120, he was diabetic on oral drugs. He was drowsy. Vision was intact with early diabetic retinal changes.

• What is the diagnosis? Where is the site of the lesion? (3 marks)

• Mention the investigations you would order and their relevance.

(10 marks)

- How would you treat him on admission. (5 marks)
- After his discharge from the hospital what would be your strategy for his treatment and prevention of recurrence of another stroke? (4 marks)
- 2- A 36 year old female presented with pallor, puffiness of the eye lids and edema of the lower limbs. Her BP was 180/100. Investigations revealed a 24 hours protein of 8 gm/dl, 2-3 RBCs in urine, serum creatinine of 1mg/dl, her complement levels were normal. ANA and antiDNA were negative.
 - What is the likely diagnosis? (3 marks)
 - What other investigations would you do? (laboratory and procedure)

(7 marks)

- How would you treat her. (details needed). (6 marks)
- Enumerate secondary causes that can result in such a condition. (4 marks)
- 3- Enumerate four: (10 marks)
- Causes of hyperkalemia.



- Indications to dialyse in acute renal failure.
- Causes of metabolic acidosis.
- Acute deterioration of renal function in a chronic renal failure patient.
- Causes of edema of the lower limbs.
- 4- A young adult presented with severe pallor. On examination he was ill, feverish and had a palpable spleen with cervical small lymph nodes. His blood film showed a total leucocytic count of 30000 cell/cmm. Myelobasts were abundant.
 - What is the likely diagnosis? (2 marks)
 - What other investigations would you do? (8 marks)
 - What are the lines of treatment (inshort). (5 marks)
- 5. A 50 year old man, presented with loss of weight over the last year. He gave a history of hematemesis 6 months ago. On examination the liver was shrunken with a sharp border, the spleen was slightly enlarged. There was a tinge of jaundice and palmar Erythema was obvious. His serum albumin was 2.5 mg/dl, globulins were 4.5 mg.dl. HCV antibodies were present.
 - What is the probable diagnosis? (1 marks)
 - What other investigations would you do and their relevance? (7 marks)
 - Few months later he presented with acute clear deterioration of his general condition, jaundice was deeper, ascites was presente but he was conscious.
 - Mention possible causes for this deterioration.
- 6. Enumerate five causes of:
 - Constipation.
 - Diarrhea.
 - Liver cirrhosis.
 - Acute pancreatitis.
- 7- a- Enumerate causes of peripheral neuritis, and describe the clinical picture of one of them. (6 marks)
 - b- Mention the blood transfusion adverse effects. (4 marks)

8

(7 marks)

(10 marks)

Faculty of Medicine Cairo University

Final 6th year Exam. Internal Medicine May 2008 Cairo University

Paper I (162 Marks)

All questions are to be attempted

- 1. A male 50 year old presented to the outpatient clinic with a BP of 160/ 108 mmhg. On examination he was slightly obese and there was left ventricular hypertrophy. Investigations revealed a random blood sugar of 266mg%, serum creatinine 0.9 mg% and urine was normal.
- a) What other investigations you would like to do and why? (7 Marks)
- b) What are the life style modifications you would ask him to do? (5 Marks)
- c) Mention in detail the proper antihypertensives drugs you are going to prescribe and the reasons for each of your choice. (8 Marks)
- d) How are you going to manage his Diabetes. (5 Marks)
- 2- A female patient 70 years olf presented to the outpatient clinic with hypersomnia. She complained of dyspnea and orthopnea few days ago. On examination she was puffy, her skin was dry, her pulse was 54/mn, congested neck veins were noticed. The apex could not be seen.

a) What is your diagnosis?	(5 Marks)
b) What are the investigations you would like to do?	(8 Marks)
c) What is the cause of her dyspnea?	(2 Marks)
d) How would you treat her?	(10 Marks)
3- Enumerate four causes of:	(15 Marks)
a) Atrial fibrillation	
b) Pulmonary hypertension	
c) Polyarthritis	
d) Stunted growth	

e) Secondary Diabetes Mellitus

4- A male patient aged 40 years complains of pain, redness and swelling of the metatarsophalyngeal joint of the big toe of few hours duration.

a) What is your diagnosis?

(2 Marks)

- b) What are the investigations you like to do? (5 Marks)
- c) Mention the various disease states that may result in such a condition. (5 Marks)
- d) What are the short and the long term lines of therapy? (details of drugs needed).

(8 Marks)

(6 Marks)

(15 marks)

5- Mention the clinical picture, investigations, complications and treatment of typhoid fever. (20 Marks)

- 6- A male patient aged 65 years, complains of hemoptysis. He had productive cough for years and was a heavy smoker. Smoking was stopped one year ago following an episode of severe pneumonia. On examination he looked toxic and rather cachectic. Finger clubbing grade II was detected. His chest was emphysematous, and a localized wheeze was audible at the lower right back of the chest.
 - a) What is the probable diagnosis? (2 Marks)
 - b) What are the investigations you would ask for? (7 Marks)
 - c) Mention five extrapulmonay manifestations for this disease. (5 Marks)
 - d) Mention in short the plan of therapy.

7- Enumerate five causes for:

- a) pleural effusion
- b) Hemoptysis
- c) Clubbing of the fingers due to chest disease.
- d) Sinus bradycardia
- e) Central cyanosis.

8- a) Mention the different types of insulins, pharmacodynamic effect (onse and duration of action). (10 Marks)

b) enumerate the causes of hypoglycemia and mention the clinical picture and treatment of hypoglycemic coma. (12 Marks) Final Sixth Year Examination May 2008

Psychiatry

Answer THREE ONLY of the following questions:

1. What are the types of anxiety disorders? Write a brief definition of each type.

(6 Marks)

2. A 26 year old university graduate travelled to the US to prepare his doctorate degree. After arriving in the US, he developed a firm and wrong belief that the FBI (Intelligence services) is trying to make him give information about Egypt and is following him and may arrest him for things he has done while working in Egypt. He returned to Egypt and continued to believe that he is being follwed and that the TV is sending him messages. List two differential diagnoses for this condition.

(6 Marks)

3. Describe the pharmacological treatment of a depressive disorder? (medication doses are not required)? (6 Marks)

4. What are the common psychiatric conditions presenting to the emergency room?

(6 Marks)

Final 6th year exam. Internal Medicine May 2008 Cairo University

Paper II (102 Marks)

All questions are to be attempted

 A female patient aged 60 years presented to the outpatient clinic ing of chronic diarrhoea in the last 6 months. The stools were greasy, there was no tenesmus. She was clearly under weight a signs of malnutrition. 	bulky and				
a) What are the possible causes for her diarrhoea?	(6 Marks)				
b) What further investigations are needed to identify the cause?	(6 Marks)				
c) What are the general lines of treatment?	(3 Marks)				
2- a) Mention the causes of acute nephritic syndrome.	(6 Marks)				
b) Mention the causes of metabolic alkalosis.	(5 Marks)				
c) Mention the causes of nephrotic syndrome.	(6 Marks)				
3- A male patient aged 18 years presented with bilateral cerv	· /				
nodes. One right inguinal node was palpable. Biopsy of this no	• •				
	de revealed				
Reed Sternberg cells.	() Martra)				
a) What is the diagnosis?	(2 Marks)				
b) What further investigation you would order?	(6 Marks)				
c) What are the lines of treatment of this condition?	(2 Marks)				
4- A male patient presented with right sided cerebellar ataxia. In the last 6					
months he complained of severe headache and occasional proje	ctile vomit-				
ing. Fundus examination revealed papilloedema.					
a) Enumerate causes of cerebellar ataxia.	(8 Marks)				
b) What is the probable diagnosis?	(2 Marks)				
c) What are the investigations you would ask for?	(3 Marks)				
d) How would you treat him?	(2 Marks)				
	Iarks each)				
e) peripheral neuritis					
f) Generalized convulsions					
g) Exaggerated knee with lost ankle reflexes.					
h) Iron deficiency anemia					
i) Leucocytosis					
6- a) What are the causes of acute hepatic failure?	(8 Marks)				
b) How would you manage a case of bleeding oesophageal varic	es?				
	(10 Marks)				
c) What are the renal manifestations of Lupus nephritis?	(3 Marks)				
And how would you manage a case of diffuse proliferative lupus	s nephritis?				
-	(4 Marks)				

Cairo University Faculty of Medicine Monday, 26th May 2008 Time allowed : 10 minutes

M.B., B.Ch. EXAMINATION INTERNAL MEDICINE PAPER II DERMATOLOGY (18 marks)

All questions are to be attempted

A) Choose the correct answer :

(2 marks each)

One Answer only is correct

1. Severe generalized psoriasis and hepatic cirrhosis is best treated by :

- a. Narrow band UVB.
- b. Methotrexate.

c. Systemic steroids.

d. Systemic photochemotherapy (PUVA)

c. Acitretin

2. Vitiligo as an autoimmune disease may be associated with :

- a. impetigo
- b. herpes zoster
- c. alopecia
- d. pityriasis rosea

3. Pruritus is not a symptom of :

- a. Scabies
- b. Tinea circinata
- c. Actinic lichen
- d. Eczema
- e. Urticaria

4. Benzoyl peroxide is used in the treatment of :

- a. Scabies
- b. Scabies
- b. Acne vulgaris
- c. Phthirus pubis
- d. Impetigo
- e. Pediculosis

5. Dry or greasy laminated masses of keratin are :

- a. Scales
- b. Comedones
- c. Crusts
- d. Papules
- e. Plaque

6. Best prognosis in leptrotic cases is in:

- a. Borderline leprosy.
- b. Borderline lepromatous leprosy
- c. Lepromatous leprosy.
- d. Borderline tuberculoid leprosy.
- e. Tuberculoid leprosy.

7. The following may be sexually transmitted:

- a. Psoriasis
- b. Lichen planus
- c. warts
- d. Eczema
- e. Vitiligo

8. As regards atopic dermatitis:

- a. Family history is usually negative
- b. It is a type of exogenous eczema
- c. Onset is always in childhood
- d. Prurius is one of major cirteria
- e. It is an acute disease
- B. A 7 years old shoolchild presented with a circumscribed area ofhair loss in the scalp. On examination the area showed some scales with short stumps of hair.

What is the most probable diagnosis?	(1 mark)
What is the treatment of choice? State the name	(0.5 a mark)
and the duration of treatment	(0.5 a mark)

Final 6th year exam. Cairo University -November 2008 All questions are to be attempted (164 Marks)

Paper I Time 2, 45 hours

1- A 75 year old male presented to the outpatient clinic with dyspnea on mild exertion. On examination he had a BP of 95/70 mmHg, his pulse was 100/mn, regular and of low volume. Cardio-thoracic examination revealed cardiomegaly and bilateral basal fine crepitations. An audible S3 was heard over the apex.

Neck veins were congested and mild pitting oedema was detected.

A) What is the diagnosis?	(2 marks)
B) What other signs would you like to check?	(4 marks)
C) At this phase what are the investigations would you like to do	o? (4 marks)
His blood chemistry showed a random blood sugar of 230 m	g/dl and his
serum cholesterol was 275 mg/dl.	
D) What further investigations would you like to order?	(3 marks)
E) How would you treat him?	(7 marks)

(20 marks)

(20 marks)

E) How would you treat him?

2- Enumerate four different causes of:

- A) Atrial fibrillation.
- B) Sinus bradycardia.
- C) Congested neck veins.
- D) Syncope.
- E) Secondary hypertension.
- 3- A 50 year old female presented with dyspnea, dry cough and facial congestion with a bluish tinge. On examination she had a fever of 37.8 degree, neck veins were congested and non pulsating. There was two lymph nodes (3 cm in size) felt in the left supraclavicular area and the upper sternum was dull. Bilateral axillary nodes were detected and firm spleen was felt.
 - A) What is the diagnosis of her chest condition? (2 marks)
 - B) Mention the various causes for this chest conditon. (6 marks)
 - C) What are further investigations you would order to diagnose her chest condition and to reach the full diagnosis? (7 marks)

4- Enumerate the various types of:

- A) Cough.
- B) Pneumothorax.
- C) Crepitations (Rales).

D) Sputum.

E) Pleural effusion.

5- Choose two only of the following:

(7 marks each)

(8 marks)

(3 marks)

(20 marks)

- A) Causes and differential diagnosis of hematuria.
- B) Causes and clinical picture of hyperkalemia.
- C) Causes of acute renal failure.
- 6- A 50 year old male presented with oedema of the lower limbs. He is diabetic on oral hypoglycemic agents for 8 years. On examination his BP was 170/110 mmHg and there was peripheral neuritis reaching the mid-leg. Fundus examination showed microaneurysms and soft exudates, His fasting blood sugar was 244 mg/dl, his creatinine was 3 mg/dl and abdominal sonography revealed normal sized kidneys with grade one echogenicity.

	-	-	-	
A) Wha	t is the likely	y diagnosis	s?	(2 marks)

- B) What other investigations you would like to order? (6 marks)
- C) How would you treat him?
- 7- A 70 year old male presented with jaundice and anorexia of one month duration. He lost 8 kilograms in the last few weeks. On examination he was deeply jaundiced and cachectic. The liver was felt 3 fingers below the costal margin in the mid-clavicular line and was smooth and soft. The spleen was not felt and there was no ascites. Abdominal sonography revealed a distended gall bladder and dilated intra hepatic and cystic duct but no stones were present.
 - A) What is the likely diagnosis? State why? (4 marks)
 - B) What further investigations would you like to order? (8 marks)
 - C) How would you manage him?
 - 8- Enumerate four causes of:
 - A) Hemolytic jaundice.
 - B) Acute non surgical abdominal pain.
 - C) Vomiting.
 - D) Soft hepatomegaly.
 - E) Acute pancreatitis.
- 9- A) Mention the clinical picture, investigations and treatment of typhoid fever. (12 marks)
 - B) Mention the clinical picture, investigations and treatment of infectious mononucleosis. (12 marks)

Faculty of Medicine Cairo University

Final Sixth Year Examination November 2008

Psychiatry

Answer THREE ONLY of the following questions:

1- List 6 symptoms of depression

2- A 22 year old male Muslim university student starts to have doubts that he has completed his prayers properly, and feels compelled to repeat it. He is constantly worried that he has passed wind immediately before or during prayer. He subsequently develops shameful doubting thoughts about his religion. What could be the diagnosis and treatment of this condition? (6 marks)

- 3- A 64 year old grandmother living on her own becomes gradually more and more forgetful. She cannot find her keys, and forgets whether she had her meals. She lost interest in her family and neglects her appearance. On more than one occasion, she left food to burn and almost caused a fire in her home.
 - a) What could be the diagnosis in this case? (3 marks)
 - b) List 3 other symptoms that can be found in such cases? (3 marks)
- 4- Enumerate 6 risk factors associated with the occurrence of suicide? (6 marks) (Medication doses are not required)

(Write your answers in a separate answer booklet)

(6 marks)

Final 6th year exam. Cairo University-Novemb	er 2008			
All questions are to be attempted (104 Marks + 60 MCQ)				
Paper II Time 2, 45 hours including the MCQ				
1- A 72 year old diabetic male presented to the emergency	-			
with gradual onset of hemiplegia and drowsiness. On	examination			
his BP was 210/120 mmhg his pulse was 80/mn and regular. Neuro-				
logical examination revealed a Glascow coma scale of 8	and he had			
a complete right hemiplegia.				
A) What is the likely diagnosis?	(2 marks)			
B) Mention the investigations you would like to order for him.	(8 marks)			
C) At this phase how would you manage him?	(4 marks)			
Two days later he regained consciousness but he was aphasic.				
D) What was the site of the lesion?	(2 marks)			
E) What is your long term plan of therapy?	(4 marks)			
2- Enumerate four different causes of:	(10 marks)			
A) Generalized Convulsions.				
B) Atrophy of the small muscles of the hand.				
C) Nystagmus.				
D) Peripheral neuritis.				
E) Headache.				
3- Mention the management of type II diabetes. (drug details needed). (20 marks)			
4- Enumerate four different causes of:	(10 marks)			
A) Hypoglycemia.				
B) Stunted growth.				
C) Hypercalcemia.				
D) Tetany.				
E) Hypoadrenalism.				
5- A 26 year old Multiparous female presented with palle				
fatiguability. Her Hb was 7gm/dl, serum iron was 3	0 gu/dl and			
serum ferritin was 40 ng/ml. Red blood cells were micro	cytic.			
A) What is the likely diagnosis? And why?	(2 marks)			
B) Mention two possible causes for her anemia.	(2 marks)			
C) How would you treat her?	(4 marks)			
D) Mention two other causes of microcytic anemia.	(2 marks)			
6- Mention the clinical picture, investigations and treatmen	t of chronic			
lymphatic leukemia.	(10 marks)			

7- Enumerate four different causes of:	(10 marks)
E) Folate deficiency.	
F) Auto immune hemolytic anemia.	
G) Eosinophilia.	
H) Polymorphonuclear leucocytosis.	
I) Thrombocytopenia.	
8- Choose two items only of the following:	(7 marks each)
A) Clinical picture and investigations of Rheumatoid arth	ritis.
B) Differential diagnosis of polyarthritis.	

C) Causes and management of osteoporosis.

Faculty of Medicine Cairo University

25/11/2008 Dermatology examination Time allowed: 10 minutes

Answer all the following questions:(total mark = 18)A- Choose the right answer: one answer only is correct: (1 mark each)

(Total = 10 marks)

1- Interdigital moniliasis of the hand is common between the following fingers:

- a) the fourth & the fifth
- b) the second & the third
- c) the first & the second
- d) the third & the fourth
- e) none of the above
- 2- An oval skin lesion showing outer reythema, intermediate secaling and inner healing centre is called:

a) tinea circinata

- b) Erysipelas
- c) herald patch of pityriasis rosea
- d) erthrasma
- e) scaly ringworm
- 3- Given that the dose of griseofulvin in adults is 12.5 mg/kg body weight/ day, & that each tablet is 125 mg, an 80 kg man with extensive tinea cruris will take:
 - a) 5 tablets/day
 - b) 9 tablets/day
 - c) 7 tablets/day
 - d) 8 tablets/day
 - e) 6 tablets/day

4- In lichen planus tropicus the lesions:

- a) respond to antimalarials
- b) may be precancerous
- c) respond to PUVA therapy
- d) are ulcerative
- e) are severely itchy

5- In erysipelas:

- a) lymphedema might be a predisposing factor
- b) lymphedema might be a complication

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- c) marked edema with blistering may be observed
- d) All of the above
- e) None of the above
- 6- Collection of fluid in the skin with a defined histological wall is a:

a) bulla b) cyst c) vesicle

d) pustule e) blister

7- Bilateral erythema, vesiculation, and oozing of the cheeks of a 2 months old baby is:

- a) seborrheic dermatitis
- b) exogenous type of eczema
- c) atopic dermatitis
- d) contact dermatitis
- e) impetigo contagiosum

8- The primary lesion of vitiligo is a milky white:

- a) plaque
- b) scaly patch
- c) wheal
- d) papule
- e) macule

9- Alopecia totalis is:

- a) localized loss of hair
- b) loss of scalp and body hair
- c) loss of frontal scalp hair
- d) loss of all scalp hair
- e) none of the above

10- Skin appendages include:

- a) Nails, Hair follicles, sebaceous glands & blood vessels.
- b) Hair follicles, Nails, Sweat glands & lymphatics.
- c) Sebaceous glands, Sweat glands & nerve corpuscles.
- d) Sweat glands, Nails, nerve corpuscles & Hair follicles.
- e) Sweat glands, Nails, Hair follicles & Sebaceous glands.

B- Answer the following:

(Total = 8 marks)

- 1- A male patient, 25 years old, presented with itchy skin lesions. The lesions were erythematous, edematous, and scattered all over his trunk. Lip edema and tongue swelling were noted. He started to have difficulty in breathing.
 - a) What is your diagnosis?

(2 marks)

b) How to save his life knowing that he has no history or signs suggestive of heart disease? Mention the drug of choice. (2 marks) 2- A baby came with his mother suffering from skin lesions which made him very irritable to the extent that he could not sleep. On examination the baby had vesicles on the palms and soles, few erhthematous papules and pustules on the trunk and axillae. examination of the mother revealed scratch marks especially on the arms, breasts and abdomen.

a) What is the possible diagnosis?	(2 marks)
b) What is the drug of choice for?	
- the mother	(1 marks)
- the baby	(1 marks)

Final sixth Year Ex. Internal Medicine Cairo University-May 2009 - Paper 1 162 marks - All questions are to be attempted

1- A 55 year old male came to the emergency department presenting with severe retrosternal chest pain. He was a heavy smoker and was on irregular treatment for hypertension. His BP on admission was 110/75 and his pulse rate was 90/mn with 4 extrasystoles per minute. ECG revealed a raised S-T segment in leads V 1-5.

a) What is the probable diagnosis?	(2 marks)
b) What are the investigations you would order to prove the diagnosis?	(4 marks)
c) What are other investigations you would order?	(6 marks)
d) Mention the lines of therapy at this phase.	(6marks)
Few hours later his BP was 80/50 mmHg his pulse was 120 bea	ats/mn and
despite all measures he died after few minutes.	
e) Enumerate 2 causes for his death.	(2 marks)
Enumerate four: (2	20 marks)
a) Side effects of lanoxin.	

b) Side effects of cordarone.

2-

- c) Causes of Hypolkalemia in h hypertensive patient.
- d) Causes of diuretic resistance.
- e) Target organ damage in a hypertensive patient.
- 3- A 45 year heavy smoker man presented to the outpatient clinic with an acute respiratory infection of few days duration. On examination his chest was over inflated and bilateral basal medium sized consonating crepitations were detected.

a) What is the probable diagnosis?	(2marks)
b) What are the investigations you would ask for?	(4marks)
c) How would you treat him?	(4 marks)
d) How would you make him stop smoking.	(5 marks)
4- Enumerate four:	(20 marks)
a) Causes of hypoxia.	
b) Causes of dry cough.	

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c) Complications of emphysema.		
d) Extrapulmonary manifestation of bronchogenic carcinoma.		
e) Causes of a solitary pulmonary nodule.		
5- A) mintion the causes and differential diagnosis of proteinuria.	(8 marks)	
B) mention the tratment of hypertension in Chronic Kidney disea	ase. (7 marks)	
6) A 20 year old female presented with joints pain, alopecia and oedema		
of the lower limbs of few weeks duration. She was pale an	nd hyperten-	
sive. Her serum creatinine was 1.9 mg/dl.		
a) What is the likely diagnosis?	(2 marks)	
b) What are the investigations you would ask for?	(7 marks)	
c) Describe the lines of therapy.	(6 marks)	
7- Mention the value of stool examination in different diseases.	(15 marks)	
7- Mention the value of stool examination in different diseases.8- A 50 year old male presented with epigastric pain radiating	. ,	
	g to the back	
8- A 50 year old male presented with epigastric pain radiating	g to the back y sitting. On	
8- A 50 year old male presented with epigastric pain radiating associated with vomiting. The pain was partially relieved b	g to the back y sitting. On	
8- A 50 year old male presented with epigastric pain radiating associated with vomiting. The pain was partially relieved by examination he was distressed, mildly hypotensive and tachy	g to the back y sitting. On cardic.	
8- A 50 year old male presented with epigastric pain radiating associated with vomiting. The pain was partially relieved by examination he was distressed, mildly hypotensive and tachy a) What is the most likely diagnosis?	g to the back y sitting. On cardic. (2 marks)	
 8- A 50 year old male presented with epigastric pain radiating associated with vomiting. The pain was partially relieved by examination he was distressed, mildly hypotensive and tachy a) What is the most likely diagnosis? b) What investigations you would order. 	g to the back y sitting. On cardic. (2 marks) (7 marks)	
 8- A 50 year old male presented with epigastric pain radiating associated with vomiting. The pain was partially relieved by examination he was distressed, mildly hypotensive and tachy a) What is the most likely diagnosis? b) What investigations you would order. c) Mention conditions that can precipitate such event. d) How would you manage him? 	g to the back y sitting. On cardic. (2 marks) (7 marks) (7 marks) (4 marks)	
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 8- A 50 year old male presented with epigastric pain radiating associated with vomiting. The pain was partially relieved by examination he was distressed, mildly hypotensive and tachy a) What is the most likely diagnosis? b) What investigations you would order. c) Mention conditions that can precipitate such event. d) How would you manage him? 9- A) Mintion the clinical picture, investigations and treatment 	g to the back y sitting. On cardic. (2 marks) (7 marks) (7 marks) (4 marks) of infectious (12 marks)	

Cairo University Faculty of Medicine Final Sixth Year Examination 16th May 2009

Psychiatry

Answer THREE ONLY of the following questions:

- 1. List 6 side effects of conventional antipsychotic medications (6 marks)
- 2. A 26 year old female secretary presented to the emergency room with sudden onset of restlessness, palpitation, dizziness, sense of suffocation and tremors. Her ECG was normal. She also expressed the fear that she is dying now.

a) What investigations may be helpful to reach a diagnosis? (3 marks)

- b) What could be the psychiatric diagnosis? (3 marks)
- 3. Name the criteria of substance addiction stressing the differences from substance abouse (6 marks)
- 4. A 19 year old male student repeating "Thanawya Aama" for the second year is brought to the clinic by his family. They describe how withdrawn he has become, and neglecting his cleanliness. Lately, he has been saying the neighbours are spying on him, and saying that he is homosexual. He has been hearing abusive comments coming from the TV while off.
 - a) List the scientific terms for the symptoms described above (4 marks)
 - b) What could be the probable diagnosis (2 marks)

(Medication doses are not required)

(Write your answers in a separate ansser booklet)

Final sixth Year Ex. Internal Medicine Cairo University - May 2009-Paper 11 102 marks + 60 MCQ All questions are to be attempted (time 2.45 hours including the MCO) 1- A 30 year old female presented with recurrent attacks of hemiplegia. On examination she had left complete hemiplegia and right cerebellar ataxia. Her fundus showed blurring of the left optic disc. a) What is the likely diagnosis? (2 marks) b) What are the investigations needed to prove the diagnosis? (4 marks) c) How would you treat her? (4 marks) 2- Enumerate four: (20 marks) a) Types of epilepsy. b) Clinical features of Wallenburg syndrome. c) Causes of chorea. d) Viruses that may cause encephalitis. e) Types of aphasia. 3- Mention the clinical picture, investigations and treatment of primary hyperpa athyroidism. (10 marks) **4- Enumerate four:** (20 marks) a) Causes of secondary diabetes. b) Side effects of Metformin. c) Causes of acute adrenocortical insufficiency. d) Laboratory tests for hyperthyroidism. e) Endocrinal causes of hypertension.

- 5- A male patient aged 60 year presented with cervical lymphadenopathy. On examination he had a firm spleen and the liver was palpable 3 fingers below the costal margin in the mid clavicular line. Lymph nodes were detected in the groins and axillaes. Blood picture showed normocytic anemia and a White cell count of 120000 composed mainly of lymphocytes.
- a) What is the likely diagnosis? (2 marks) b) What are the investigations you would order? (3 marks) c) How would you treat such condition, (5 marks) (10 marks) a) Causes of normocytic anemia. b) Causes of thrombophilia. c) Hereditary blood diseases. d) Causes of bone marrow aplasia. e) Causes of iron deficiency. 7- Mention the causes, clinical picture, investigations and treatment of oesteoarthritis. (10 marks)
- 8- A) Mention the clinical picture and investigations of idiopathic thrombocyto-(6 marks) penic purpura.
 - B) Mention the investigations to be done in a case of rheumatoid arthritis.

(6 marks)

6- Enumerate four:

Final Sixth Year Examination 11/6/2011 Time allowed: 3 hours (162 marks)

Question No 1: (33 marks)

A 58-year-old man presents to you complaining of several weeks of worsening exertional dyspnea. He previously had chest pain on walking and on performance of exercise. He gave history of orthopnea, paroxysmal nocturnal dyspnea and edema of the lower limbs. He has a history of dslipidemia and smokes 20 cigarettes per day. On physical examination, temperature was 37 OC, heart rate: 110/minute, blood pressure 140/100 mmhg and respiratory rate 20/minute. Body mass index 31. Examination of the head and neck revealed congested neck veins. Chest examination revealed bilateral basal inspiratoty cackles. Cardiac examination: apex is felt in the 6th space outside the mid-clavicular line.

A- What is the diagnosis? (5 marks)

B- What are the appropriate investigations to settle the diagnosis?

(10 marks)

(4 marks)

(12 marks)

- C- What are the suggested lines of treatment? (10 marks)
- D- Enumerate the risk factors for coronary atherosclerosis in this case. (5 marks)
- E- What is meant by dyslipidemia?

Question No 2: (25 marks)

- A 30-year-old woman presents with episodes of dyspnea, chest tightness and cough productive of clear sputum. She says that she had similar episodes over the last 2 years. The episodes occur approximately twice per month, and they are sometimes triggered by aspirin intake. Physical examination showed that temperature 36.6 C, pulse 86 beats per minute, respiratory rate 20/minute and blood pressure 120/80 mmHg. Chest examination showed diffuse ronchi.
 - A- What is the most like diagnosis? (5 marks)
 - B- What are the investigations that you would request? (8 marks)

C- What is the treatment to prevent such attacks?

Question No 3: (12 marks each)

Describe 2 only of the following

- A- The diagnosis of systemic lupus erythematosus.
- B- Causes of secondary hypertension and treatment of essential hypertension.
- C- The pathogenesis and treatment of diabetic ketoacidosis.

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Ouestion No 4: (25 marks) A 47 year old man comes to you complaining of recurrent epigastric pain. He used to have the pain once or twice/ month for the last 3 yrars. During the last 2 months, he has pain 3 to 4 times/ week especially when he is fasting. Sometimes, the pain awakens him at night. On examination, there were no clinically detectable abnormalities. A- What is the most like diagnosis? (5 marks) B- What are the suggested investigations? (5 marks) C- What is the suggested treatment? (8 marks) D- Enumerate the causes of epigastric pain. (7 marks) **Ouestion No 5: (25 marks: 5 marks each)** a) Haemoptysis. b) Sinus tachycardia. c) Exudative pleura effusion. d) Chronic constipation. e) Pneumothorax. **Question No 6: (30 marks: 3 marks every item) Explain 10 statements only of the following:** a- Digitalis is recommended in the treatment of heart failure associated with atrial fibrillation. b- Diabetes is a common cause of lower extremity amputation and chronic kidney disease. c- Patients with advaced liver disease may complain of generalized edema. d- Atrial fibrillation is common in elderly patients. e- Anticoagulation is a recognised therapy in patients with atrial fibrillation and in cases of prolonged bed rest. f- Obesity is associated with type 2 diabetes. g- Coeliac disease may cause megaloblastic anemia. h- Patients with decompensated liver disease may complain of generalized edema. i- Statin treatement is indicated in patients with acute coronary syndrome and type 2 diabetes.

- j- Encephalopathy may occur in advanced liver disease.
- k- Sulphonyl ureas are not used in type 1 diabetes and metformin therapy is not given to type 2 diabetic patients with elevated serum creatinine level.
- 1- Regular follow up with endoscopy is needed for patients having gastric ulcer and patients having ulcerative colitis.

Final Sixth Year Examination 11/7/2011

Psychiatry

Answer TWO ONLY of the following question:

1. A20 year old single single male student attends your clinic complaining that he is constantly struggling with the devil He has to repeat washing for prayer many times doubting that he has not done it right When he prays, he repats prayer several times; he soubts that he has not prayed in the right way He also has intrusive thoughts about religion that make him feel he is not a believer. He tells you that as a result he feels unable to go to pray in the mosque for Friday prayers He cannot study properly because of these doubts His spirit are veey low and is afraid that GOD will punish him, He has thoughts of ending his life

a. Change the underlined descriptions to scientific clinical features (6 marks)

b. What is the likely diagnosis?

- 2. List the main side effects of standard antipsychotic medication (10 marks)
- 3. a) How do you distinguish clinically between drug abuse and drug dependence (addiction)? (5 marks)

b) Enumerate five symptoms or signs of heroin withdeawal? (5 marks) (Medication doses are not required)

Final Sixth Year Examination 15/6/2011 Time allowed: 3 hours (162 marks)

Question No 1: (33 marks)

A 20-year-old- student presents to the clinic with fever and headache. The headache started the night before and has significantly disrupted her routine activities. She described it as a severe non pulsating headache, excacerbated by moving her neck. She also noticed that loud noises and bright lights seem to bother her much more than usual. On physical examination, her temperature is 39.1 C, pules is 110/min, and the respiratory. rate is 22/min. She is unable to touch her chin to her chest, and she experiences significant pain upon flexion of her thigh with extension of her leg. There is a macular purple rash over both legs, which she had not noticed before. She has no focal neurologic deficits.

A- What is the most likely diagnosis?	(4 marks)
B- Enumerate the complications of the suspected condition.	(10 marks)

- C- What are the suggested investigations? (7 marks)
- D- What is your plan of management. (12 marks)

Question No 2: (30 marks)

A 22-year-old man came to the outpatient clinic with general fatigue and bleeding tendency from the gums since 2 months. He developed fever in the last week. On physical examination, temperature was 38 C and there were purpuric eruptions distributed all over the body. On abdomihal examination, there was no organomegaly. There was no generalized lymphadenopathy.

His blood count showed: Haemoglobin 5.4g/dl, RBCs 1900000/mm3, Total leucocytic count was 2000/mm3 and platelets count was 28000/mm3.

- A- What is the most like diagnosis? (6 marks) Explain why? (8 marks)
- B- What are the investigations that you would suggest? (5 marks)
- C- How do you treat this case? (7 marks)
- D- Mention one proper indication for folic acid and ferrous sulphate? (4 marks)

Question No 3: (25 marks)	
Enumerate 5 causes of only 5 of the following:	(5 marks each)
A- Chronic renal failure.	
B- Polymorphnuclear leucocytosis.	
C- Hypocalcemia.	
D- Oliguria.	
E- Fever of unknown origin.	
F- Bleeding tendency with normal prothrombin time.	
Question no (4): (50 marks)	
Mention the treatment of only 5 of the following:	(10 marks each)
A- Iron deficiency anemia.	
B- Haemolytic anaemia.	
C- Typhoid fever.	
D- Giardiasis and Ascariasis.	
E- Acute renal failure.	
F- Extra-intestinal amoebiasis.	
Question No (5): (24 marks)	
Answer only 2 of the following:	(12 marks each)
A- Enumerate the causes of acute hemiplegia and mention the plan of	
treatment of non-haemorrhagic stroke.	

- B- Diagnosis and general plan of management of a case of coma.
- C- Enumerate causes of convulsions and then summarize the treatment of one of them.

Exam Model A

Final Sixth Year Examination June. 2011 Time allowed: 15 minutes. (162 marks)

1. The most reliable diagnostic test to differentiate psychogenic from organic ED is:

- a. Hormonal assay for LH, FSH, PRL and testosterone.
- b. Intracavernous injection test.
- c. Biothesiometry.
- d. Duples ulrrasonography of cavernosal arteries.
- e. Rigiscan.

2. Whichof the following describes the characteristic lesions of genital herpes:

- a. A single painless ulcer.
- b. Large granulomatous mass.
- c. Multiple indurated papules.
- d. Multiple erythematous plaques.
- e. Muluiple grouped vesicles.

3. The following are causes of uretheritis except:

- a. Trichomonas vaginalis.
- b. Intra meatal chancre.
- c. Chlmydia.
- d. Mycoplasma.
- e. Granuloma inguinale.

4. The following infection can cause genital duct obstruction except:

- a. Gonorrhea.
- b. Chronic prostatitis.
- c. Chronic epididymitis.
- d. Mumps.
- e. TB.

5. The term "aspermia" stands for:

- a. Total absence of sperms.
- b. Absence of sperm tail.

- c. Total absence of semen.
- d. Absence of sperm head.
- e. Non of the above.

6. Minor crieria for clinical diagnosis of AIDS include the following except:

- a. Recurrent herpes zoster.
- b. Chronic disseminated herpes simplex.
- c. Oropharyngeal candidiasis.
- d. Cough > 1 month.
- e. Diarrhea > 1 month.
- 7. Regarding teticular torsion the appropriate time for the start of intervention should be:
 - a. From 24 to 48 hours.
 - b. From 12 to 24 hours.
 - c. Within 1 week.
 - d. Within 1 hour (once detected).
 - e. From 48 to 72 hours.
- 8. Concerning secondary stage of syphilis one of the following is incorrect:
 - a. The mucus membrane show whitish patches.
 - b. Dark field examination reveals treponema pallidum.
 - c. TPHA test is positive.
 - d. There is generalized itchy vesicular rash.
 - e. There is generalised lymphadenopathy.

9. The most important test for diagnosis of chancre is:

- a. Biopsy and histological examination.
- b. VDRL test.
- c. Dark ground examination.
- d. RPR test.
- e. Non of the above.

10. The agent to use during intracorporeal injection test with least side effect is:

- a. Ephedrine.
- b. Papaverine.
- c. Phentolamine.

- d. Prostaglandin E1.
- e. Atropine.
- **11.** Which of the following is the drug of first choice for non-gonococcal urethritis:
 - a. Doxycycline.
 - b. Amoxicilin-clavulenate.
 - c. Sulphamethoxazole-trimethoprim.
 - d. Ceftriaxone.
 - e. Ciprofloxacin.
- 12. To avoid complications of undescended testen management should start at the age of:
 - a. 14 years.
 - b. 10. years.
 - c. 6 years.
 - d. 3 years.
 - e. 1 years.

13. All of the following regarding the orgasmic phase of the female sexual response cycle are true except:

- a. Usually followed by refractory period.
- b. The female can have more than one orgasm per one sexual response cycle (multi-orgasmic).
- c. Pleasure is felt at the climax of sexual stimulation.
- d. Rythmic involuntary contraction of pelvic floor muscles.
- e. Shortest phase of the sexual response cycle.

14. The following mechanisms can be used for the management of ischemic priapism except:

- a. Intracorporeal injection of Ephedrine.
- b. Intracorporeal injection of Atropine.
- c. Aspiration of cavernous blood.
- d. Aspiration and irrigation with saline.
- e. Shunt operations.

15. Bilateral undescended testes is associated with:

- a. Normal semenogram.
- b. Necrozoospermia only.
- c. Asthenozoospermia only.
- d. Oligoasthenoteratozoospermia.
- e. Non of the above.

Exam Model B

Final Sixth Year Examination June. 2011 Time allowed: 15 minutes. (162 marks)

1. Concerning secondary stage of syphilis one of the following is incorrect:

- a. There is generalized itchy vesicular rash.
- b. Dark field examination reveals treponema pallidum.
- c. There is generalised lymphadenopathy.
- d. TPHA test is positive.
- e. The mucus membrane show whitish patches.

2. The following infections can cause genital duct obstruction except:

- a. Chronic prostatitis.
- b. Mumps.
- c. TB.
- d. Gonorrhea.
- e. Chronic.
- **3.** Minor crieria for clinical diagnosis of AIDS include the following except:
 - a.Oropharyngeal candidiasis.
 - b. Diarrhea > 1 month.
 - c. Recurrent herpes zoster.
 - d. Chronic disseminated herpes simplex.
 - e. Cough > 1 month.
- 4. Regarding teticular torsion the appropriate time for the start of intervention should be:
 - a. From 24 to 48 hours.
 - b. Within 1 week.
 - c. From 12 to 24 hours.
 - d. From 48 to 72 hours.
 - e. Within 1 hour (once detected).
- 5. The following mechanisms can be used for the management of ischemic priapism except:
 - a. Aspiration and irrigation with saline.
 - b. Shunt operations.

- c. Intracorporeal injection of Atropine.
- d. Intracorporeal injection of Ephedrine.
- e. Aspiration of cavernous blood.
- 6. Which of the following is the drug of first choice for non-gonococcal urethritis:
 - a. Amoxicilin-clavulenate.
 - b. Ciprofloxacin.
 - c. Doxycycline.
 - d. Sulphamethoxazole-trimethoprim.
 - e. Ceftriaxone.

7. Bilateral undescended testes is associated with:

- a. Oligoasthenoteratozoospermia.
- b. Normal semenogram.
- c. Necrozoospermia only.
- d. Asthenozoospermia only.
- e. Non of the above.

8. The term "aspermia" stands for:

- a. Total absence of sperms.
- b. Total absence of semen.
- c. Absence of sperm tail.
- d. Absence of sperm head.
- e. Non of the above.

9. The agent to use during intracorporeal injection test with least side effect is:

- a. Prostaglandin E1.
- b. Ephedrine.
- c. Atropine.
- d. Phentolamine.
- e. Papaverine.

10. Which of the following describes the characteristic lesions of genital herpes:

- a. A single painless ulcer.
- b. Multiple indurated papules.
- c. Multiple erythematous plaques.
- d. Large granulomatous mass.

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e. Muluiple grouped vesicles.

11. The following are causes of uretheritis except:

- a. Trichomonas vaginalis.
- b. Chlmydia.
- c. Intra meatal chancre.
- d. Mycoplasma.
- e. Granuloma inguinale.

12. The most reliable diagnostic test to differentiate psychogenic from organic ED is:

- a. Biothesiometry.
- b. Hormonal assay for LH, FSH, PRL and testosterone.
- c. Duples ulrrasonography of cavernosal arteries.
- d. Rigiscan.
- e. Intracavernous injection test.

13. All of the following regarding the orgasmic phase of the female sexual response cycle are true except:

- a. Shortest phase of the sexual response cycle.
- b. Pleasure is felt at the climax of sexual stimulation.
- c. Rythmic involuntary contraction of pelvic floor muscles.
- d. The female can have more than one orgasm per one sexual response cycle (multi-orgasmic).
- e. Usually followed by refractory period.

14. To avoid complications of undescended testen management should start at the age of:

- a. 1 years.
- b. 14. years.
- c. 6 years.
- d. 3 years.
- e. 10 years.

15. The most important test for diagnosis of chancre is:

- a. Biopsy and histological examination.
- b. Dark ground examination.
- c. RPR test.
- d. VDRL test.
- e. Non of the above.

Faculty of Medicine Cairo University

Paper I 6 th year Internal Medicine MBBch ALL QUESTIONS ARE TO BE ANSWERED (120 marks) The Exam pagers are 3 Doses are only reguired when stated 1- Mention 5 causes for A-Risk factors for atherosclerosis. (2.5 marks) **B-** Ectopic Ventricular Beats (2.5 marks) 2- Outline treatment of : A- Acute pulmonary oedema. (doses are required). (5 marks) B- Hypertensive Encephalopathy. (doses are required). (5 marks) 3- Mention 5 investigations you would like to do for: A- 65 year old patient with acute chest pain. (2.5 marks)B- Hypertension in an18 years old patient. (2.5 marks)4- Mention 5 complications for: A- Chronic Obstructive Lung Disease. (2.5marks) **B-**Bronchiectasis. (2.5marks) 5- Outline treatment of: A- Lobar Pneumonia. (5 marks) B- Attack of bronchial asthma. (5 marks) 6- Mention investigations you would like to order for a case of pulmonary T.B. and what are the findings you expect? (2.5marks) 7- Outline treatment of: i A- Thrombotic hemiplegia? (5 marks) **B-** Status epilepticus? (5 marks) 8- What are the clinical signs of:. A- Occlusion of posterior inferior cerebellar artery (Wallenbergs Syndrome). (2.5 marks) B-Parkinsonism. (2.5 marks)9- What are the: A- Diagnostic alarms (Red flags) in cluster headache? (2.5 marks)B- Differences between upper and lower motor neuron lesions. (2.5 marks)

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10- Enumerate 5 causes for :		
A- Fresh bleeding per rectum.	(2.5 marks)	
B- Acute epigastric pain.	(2.5 marks)	
11- Outline treatment of :		
A- CrohníS disease.	(2.5 marks)	
B- Peptic ulcer secondary to NSAID	(2.5 marks)	
12- Outline treatment of:		
A- Hepatic encephalopathy.	(5 marks)	
B- Ascites due to liver disease.	(5 marks)	
13- Mention investigations (and what are you looking for in each) in a		
case of Suspected haemolytic anaemia.	(5 marks)	
14- Mention causes of Pancytopenia	(2.5 marks)	
15- Describe the diagnostic criteria for diabetes?	(2.5 marks)	
16- Outline the treatment of Graves disease?	(5 marks)	
16- Outline the treatment of Graves disease?17- Describe clinical picture of rheumatoid arthritis?	(5 marks) (5 marks)	
17- Describe clinical picture of rheumatoid arthritis?		
17- Describe clinical picture of rheumatoid arthritis?18- Mention 5 causes for : v	(5 marks)	
 17- Describe clinical picture of rheumatoid arthritis? 18- Mention 5 causes for : v A- Low back Pain. 	(5 marks) (2.5 marks)	
 17- Describe clinical picture of rheumatoid arthritis? 18- Mention 5 causes for : v A- Low back Pain. B- Neck Pain. 	(5 marks) (2.5 marks)	
 17- Describe clinical picture of rheumatoid arthritis? 18- Mention 5 causes for : v A- Low back Pain. B- Neck Pain. 19- Define and Mention 5 causes for: 	(5 marks) (2.5 marks) (2.5 marks)	
 17- Describe clinical picture of rheumatoid arthritis? 18- Mention 5 causes for : v A- Low back Pain. B- Neck Pain. 19- Define and Mention 5 causes for: C- Hypokalemia. 	(5 marks) (2.5 marks) (2.5 marks) (2.5 marks) (2.5 marks)	
 17- Describe clinical picture of rheumatoid arthritis? 18- Mention 5 causes for : v A- Low back Pain. B- Neck Pain. 19- Define and Mention 5 causes for: C- Hypokalemia. D-Oliguria. 	(5 marks) (2.5 marks) (2.5 marks) (2.5 marks) (2.5 marks)	
 17- Describe clinical picture of rheumatoid arthritis? 18- Mention 5 causes for : v A- Low back Pain. B- Neck Pain. 19- Define and Mention 5 causes for: C- Hypokalemia. D-Oliguria. 20- Describe the clinical picture and complications 	(5 marks) (2.5 marks) (2.5 marks) (2.5 marks) (2.5 marks) of nephritic (5 marks)	
 17- Describe clinical picture of rheumatoid arthritis? 18- Mention 5 causes for : v A- Low back Pain. B- Neck Pain. 19- Define and Mention 5 causes for: C- Hypokalemia. D-Oliguria. 20- Describe the clinical picture and complications syndrome. 	(5 marks) (2.5 marks) (2.5 marks) (2.5 marks) (2.5 marks) of nephritic (5 marks)	

Faculty of Medicine Cairo University

(6 marks)

Paper II 6 th year internal Medicine MBBch ALL QUESTIONS ARE TO BE ANSWERED (120 marks) The EXAM PAPERS ARE 3 DOSES ARE ONLY REQUIRWD WHEN STATED

1- 45 year-old male came complaining of chest pain with exertion and several weeks of worsening exertional dyspnea. He has orthopnea with occasional paroxysmal nocturnal dyspnea. No significant medical history. No history of medications. He smoke Zpacks/day. He has family history of diabetes and his father died of sudden cardiac attack. On examination, temperature 3796, with a heart rate of 104/min blood pressure 115/90 mm Hg, and respiratory rate 16 breaths per minute. Chest examination show bilateral basal inspiratory crackles. Cardiac examination is normal. His serum cholesterol was 220mg%.

A. What is the most likely diagnosis? (3 marks)

- B. What are the predisposing factors for this condition present in this patient? (3 marks)
- C. What is the most appropriate investigations you would order and explain why.? (3 marks)
- D. How would you manage such a patient?
- 2-A 33-year-old woman presented to the ER because of acute dyspnea and right sided chest pain which increased with inspiration. She delivered 5 days ago her 5th offspring. She denies fever, cough, headache, abdominal pain, back pain. Physical Examination reveals a dyspneic obese woman. Temp 36.7 .C; pulse 120/min; RR 32; BP 130/84. Heart, chest, abdominal and neurological examination are free.

A. What is the most probable diagnosis of this patient? (2 marks)
B. What are the risk factors in this particular patient that predispose to such condition? (2 marks)
C. Mention 3 important investigations you would like to do to this patient? Describe the expected yield of each? (3 marks)

D. What acute therapy would you choose? (4 marks)

E. What would be your approach to long term management?

(4 marks)

- 3- A 65óyear old man presented to the ER with weakness of the right side of her body which he noticed when he arose from sleep. He is known to have diabetes mellitus and hypertension since 15 years. He smoked ten cigarettes per day. On examination he had a right homonymous hemianopia, right facial weakness, right hypoglossal paralysis and expressive dysphasia. The remainder of cranial nerve examination was normal. He ha right sided weakness (grade 2/5 in upper limb and 3/5 in lower limb of pyramidal distribution), with corresponding hyporeflexia and extensor right planter reflex. Blood pressure 190/95 mmHg, a left carotid bruit is audible. The remainder of the examination was normal including cardiac examination.
 - A. Describe the probable site and type of lesion which caused this neurological manifestations? (4 marks)

B. What are the predisposing factors for this event in this patient? (3 marks)

C. What is the most important urgent investigation needed and why? (3 marks)

D. What is your plan of treatment?

4- A 52 year old male, is admitted to ER because of vomiting a small cup of blood. He had tennis elbow for which he was receiving NSAID (diclofenate) 50 mg bid for 10 days On examination: Temp 36.89C, pulse 120/min and regular, RR_16/mln. BP 105/65 and sclera shows tinge ofjaundice. Cardiac and chest examination are free. Abdominal examination showed hepato ó splenomegaly. Invest_igations showed: Hb 10.2 gmldl, HCT 36.4 %, platelet and WBC are normal.

A. What is the most probable cause for haematemesis in this case?

(3 marks)

(5 marks)

- B. What information would you use to assess the degree of this patient's blood loss? (3 marks)
- C. What is the most important investigation would you recommend for this patient? (2 marks)
- D. What other investigations you would recommend for this patient? (2 marks)

E. What are the urgent lines of treatment you recommend? (5 marks)

- 5- A 39- year old woman was admitted to hospital because of easily fatigued over the past several months. She claimed that she had been healthy her entire life. She has menorrhagea since 5 month after application of an IUD. Physical examination revealed pallor of mucous membranes, tongue is glazed and nails are flat. Blood picture showed HB 6.0 g/DI, HCT 18.2 % (normal 41%-53%), MCV 69 fL, platelets 400 x103/dl, WBC 3.6 x103/dl with normal differential count.
 - A- What is the most probable diagnosis?
 - (4 marks)
 - B- What other investigations you would like to do to confirm the diagnosis and what do you expect in each? (6 marks) (5 marks)
 - C- What is the treatment you recommend?
- 6- A 30óyear old man with poorly controlled diabetes presented with confusion. He also suffered diffuse abdominal pain, nausea and repeated vomiting. He gave a five-day history of cough, expectoration and fever. On examination he was dehydrated, confused, and drowsy. There was acetone odor _in breath and rapid deep respiration. His temperature was 39.29C, pulse 116/minute, regular of small volume and BP 95/60. Chest examination showed scattered rhonci. Hb 13.6 gm/dl, white cell count 20x109/L. Random blood glucose 521 mg/dl. Blood urea 72 mg/dl, arterial PH 6.9, HCO3 12mmol/l, and urine dipsticks (ketones +++).

A. What is the most likely diagnosis? Give your justifications? (4 marks) **B.** What are the precipitating factors? (3 marks)

C. Give the details of the appropriate management steps? (8 marks)

7- A 25 year old lady presented with fever of one month duration with generalized myalgia, pain in the small joints of both hands and feet, and easy fatiguability. Examination revealed pallor, areas of alopecia, malar rash, tender metacarpo-phalangeal joints, wrists and knees on both sides. BP 170/110. CBC: HB 5.5 gm/dl

A. What is your provisional diagnos	s? (2 marks)
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- B. What investigations would you recommend to confirm th diagnosis? (4 marks) (4 marks)
- C. What complications is this patient prone to?

D. What is the appropriate treatment of this patient? (5 marks)

8- A female patient 50 years old, known to have long stsnding hypertension on irregular treatment, presented with history of generalized fatigue over the last 6 months. Over the last 2 months, she complained of nausea with occasional vomiting and she reported to have lost weight and to have developed some itching. On examination, her BP was 170/110, she was found to v be pale with some scratch marks over the LL. Her skin was dry and cardiac examination revealed a systolic murmur. investigations showed serum creatinine 9mg/dl, BUN 100, serumi Na 135mmol/L , K 5.8mmol/L, Hb 8gm/dl ,WBC 4.7 x 103 /mm3f, Plt 190 x 103 /mm3. 8

A. What is the most likely diagnosis?(2 marks)B. What further investigation would you like to perform?(3 marks)C. What other complications is this patient prone to?(4 marks)

D. Discuss treatment strategies for this patient? (5 marks)

Faculty of Medicine

1- June 2013

Cairo University

Time allowed : 2 1/2 hours

Sixth year Internal Medicine Exam (MBBch) Paper I

ALL QUESTIONS ARE TO BE ANSWERED

Total marks: 130

Question (1)

- A- When do you suspect Subacute Bacterial endocarditis? (5 marks)
- B- What are the early complications of acute myocardial infarction?(5 marks)
- C- Outline treatment of: (one drug dose is required)
 - i- Atrial fibrillation (5 marks)
 - ii- Renal Hypertension. (5 marks)

Question (2)

- A- Describe when would you suspect (risk factors and presentations) of bronchogenic carcinoma? (10 marks)
- B- Outline treatment of a case of:
 - i- Bronchial asthma. (5 marks)
 - ii- Post pneumonic pleural effusion. (5 marks)

Question (3)

- A- Describe clinical picture and investigations of a case of subarachnoid hemorrhage? (10 marks)
- B- Mention :5 causes for peripheral neuropathy. (5 marks)
- C- Describe clinical picture of Bell's palsy? (5 marks)

Question (4)

- A- Mention :
 - i- Precipitating factors of hepatic precoma. (5 marks)

ii-5 causes for haematemesis. (5 marks)

- B-Outline treatment of:
 - i- Ulcerative Colitis. (5 marks)
 - ii- Ascites in liver cell failure. (5 marks)

Question (5)

- A. Describe clinical picture and investigations of chronic myeloid leukemia? (5 marks)
- B. Outline treatment of aplastic anaemia? (5 marks)

Question (6)

A- Describe clinical picture of :

i- Hypoglycaemia. (2.5 marks)

ii- Cushing Syndrome (2.5 marks)

B- Outline treatment of thyrotoxicosis?

(5 marks)

Question (7)

A- Mention :

- i- 5 causes for lower back pain (2.5 marks)
- ii- 5 investigations for a case suspected to suffer of rheumatoid arthritis and expected findings in each. (2.5 marks)

B- Outline treatment of Gout? (5 marks)

Question (8)

A- Mention:

i- 5 causes for macroalbuminuria? (2.5 marks)

ii- 5 causes for chronic renal failure? (2.5 marks)

B- Describe the clinical picture of nephrotic syndrome? (5 marks)

Question (9)

A. What is the treatment of : (Dose of one drug is required)

i-	Enteric fever	(2.5 marks)
ii-	Amoebic Dysentery	(2.5 marks)

B. Describe the clinical picture and the diagnostic tools for a case of brucellosis? (5 marks)

Faculty of Medicine

4th- June 2013

Cairo University

Time allowed : 2 1/2 hours

Sixth year Internal Medicine (MBBch) Paper II ALL QUESTIONS ARE TO BE ANSWERED (120 marks) Exam is 2 pages

1- A 65 year-old male presented to the ER complaining of severe dyspnoea, He had myocardial infarction 3 years ago. He is on aspirin 75 mg / day and long acting nitrates. On examination, he has orthopnea and looks severely distressed and anxious. Temperature was 37°C, with a heart rate of 104 beats per minute, blood pressure 115/90 mm Hg, and respiratory rate 32 breaths per minute. Examination of the head and neck revealed congested neck veins. Chest examination: Bilateral basal inspiratory crackles. Cardiac examination, apex is felt in the 6 th space outside MCL, his heart rhythm is regular with a protodiastolic gallop.

- A- What is the most likely diagnosis? 2 marks
- B- What is the urgent treatment? 10 marks
- C- ⁵What is the long term management? 3 marks

2- A 65 -year-old woman presented to the ER because of acute dyspnea and right sided chest pain which increased with inspiration. She denies fever, cough, headache, haemoptysis or wheezes. She had an operation for fracture neck femur 2 weeks ago. Physical Examination reveals a dyspneic obese woman. Temp 36.7 °C; pulse 120; RR 32/min; BP 130/84. Heart, chest, abdominal and neurological examination are free.

- A- What is the most probable diagnosis? 2 marks
- B- Mention 3 important investigations you would like to do to this patient?
 Describe the expected yield of each? 3 marks
- C- What is the urgent treatment? 5 marks
- D- What would be your approach to long term management? 5 marks
- 3- A 65 years old man developed severe headache with repeated vomiting and convulsions in his right upper and lower limbs. After which he lost consciousness. . On examination the blood pressure was 160/90, pulse 58/min temp 37.2°C, RR 22/min . There were no signs of meningeal irritation. There was right sided hypotonia, hyporeflexia and extensor planter response on the right side.
 - A. What is the most likely diagnosis? (2 marks)
 - B. What is the most important investigation you would order in the emergency and what do you expect in it? (4 marks)
 - C. What is the treatment of this case? (9 marks)
 - 4- A 59 year old male presented with a 6 months history of increasing tiredness and lethargy. He noticed epistaxis and distention of the abdomen 3weeks ago. There was no history of chest or cardiac symptoms. On examination: he was alert with jaundice and bilateral LL pitting edema. Abdominal examination revealed shifting dullness. The liver was not palpable and the spleen was moderately enlarged. Investigations:

total bilirubin 2.3 mg/dL, direct bilirubin 1.1 mg/dL, ALT 120 U/L(N: 36 U/L), AST 130 U/L (N; 42 U/L) and serum albumin 2.5g/dl.

- A. What is the most likely diagnosis? (2 marks)
- B. List the most important causes of such a disease in Egypt? (4 marks)
- C. What complications is this patient prone to? (5 marks)
- D. What investigations would you like to do to define the etiology of this condition? (4 marks)
- 5- A 26-year-old woman developed progressive fatigue over a period of ten days, exertional dyspnea, dark urine and jaundice On examination, there was splenomegaly. Laboratory studies showed a drop in hemoglobin from 14.7 to 6.6 g/dl over 4 days, total WBC 10×10³/dl, RBCs showed mild hypochromia, anisocytosis and poikilocytosis with many target cells, the reticulocyte count was 9%. ESR 23 mm in 1st hour. Serum total bilirubin was 4 mg/dl, direct bilirubin 1.2 mg/dl,.
- A. What is most likely diagnosis ? (2 marks)
- B. How can you confirm the type of anemia? (4marks)
- C. Mention 6 causes for this type of anaemia? (4 marks)
- **D**. What are the complications this patient prone to?^{*} (5 marks)
- 6- A 15 year old boy known diabetic on insulin therapy presented to the ER with abdominal pain, repeated vomiting not responding to antiemetic drugs for the last 2 days. On examination he was irritable, dehydrated, his pulse was 102/min regular, BP was 105 /60. His mother noticed him with polyuria and polydipsia in last month.

(7 marks)

- A. What is your provisional diagnosis and how to prove it? (3 marks)
- B. How would you manage this case?
- C. What other complications is this patient prone to? (5 marks)
- 7- A 35 year old lady presented with one month duration of generalized myalgia, pain and swellings in the small joints of both hands and feet, and easy fatigue. Examination revealed pallor, an erythematous malar rash and mild tenderness on wrists and inter-phalangyal joints.
- A- What is your provisional diagnosis? (2 marks)
- B- What investigations would you recommend to confirm the diagnosis? (4 marks)
- C- Mention 6 possible complications this case is prone to? (3 marks)
- D- What are the lines of treatment for this case? (6 marks)
- 8- A 70 year old male developed an attack of severe diarrhea that persisted for 3 days before coming to the hospital. He complained of reduced urine output and marked weakness. . He has no past history of medical importance. On examination his BP was 90/60, he had dry mucous membranes and skin turgor showed evident dehydration Laboratory work revealed serum Creatinine 6 mg/dl, urea 200 mg/dl, Hb 12gm/dl. Urine analysis was unremarkable
 - A. What is the most likely diagnosis? (2 marks)
 - B. Give 4 other causes for this disease? (4 marks)
 - C. What other investigations you would like to order? (3 marks)
 - D. What is the management of this patient? (6 marks)

Faculty of Medicine

Department of Psychiatry

Sixth Year. Final Psychiatry Exam

June 2013

Answer two questions out of three: (10 marks each)

1. a. Describe the clinical picture of a Major Depressive
Episode.(5 marks)

b. Define Delirium and enumerate its common causes.

(5 marks)

2. a. List the indications of Typical Antipsychotics. (5 marks)

b. Define the terms "Tolerance" and "Dependence" of substances of abuse. (5 marks)

3. a. Enumerate the causes of suicidal behavior in psychiatric patients. (5 marks)

b. Define "Delusions" and List its types. (5 marks)

Department of Internal Medicine	May 2014
Faculty of Medicine	Time allowed: 2 1/2 hours
Cairo University	Total marks : 162
Sixth Year Interna	al Medicine Exam (MBBch)
	Paper 1
All Questions are to be answe	ered
Question I	
Enumerate causes of	
a- Acute paraplegia	(7 marks)
b- Shock	(7 marks)
c- Recurrent fever with jaundice	(7 marks)
d- Acute renal failure	(7 marks)
Question II	
Discuss diagnostic criteria of	
a- Diabetic ketoaidosis	(7 marks)
b- Systemic Lupus Erythematosis	(7 marks)
c- Infective endocarditis	(7 marks)
d- Pulmonary embolism	(7 marks)

Question III

Outline treatment of

a- Migraine	(7 marks)
b- Hepatitis C virus infection	(7 marks)
c- Acute pulmonary oedema	(7 marks)
d- Hypoglycemia	(7 marks)
Question IV	
Discuss complications of	
a- Portal hypertension	(7 marks)
b- Nephrotic syndrome	(7 marks)
c- Inflammatory bowel disease	(7 marks)
d- Sickle cell anaemia	(7 marks)
Question V	
Discuss risk factors of	
a- Coronary artery disease	(4 marks)
b- Osteoporosis	(3 marks)
c- HIV infection	(3 marks)
Question VI	
Describe the clinical features of	
a- Sarcoidosis	(5 marks)
b- Acromegaly	(5 marks)



Question VII

Describe laboratory findings in

- a- Iron deficiency anaemia (5 marks)
- b- malabsorption syndrome (5 marks)

Question VIII

Explain the pathogenesis of

a- Gastro-Eosophageal Reflux	(5 marks)
b- X-linked inheritance	(5 marks)

Question IX

Describe management of

- a- Status epilepticus (5 marks)
- b- A case with severe bronchial asthma (5 marks)

Sixth Year Final Psychiatry Exam

May, 31st 2014

Answer Four questions Only: (5 marks each)

1. A 32 year old female is presented to the emergency room (ER) for the fifth time in a week. She complains of severe chest pains, difficulty of breathing, tremors, sweating and feeling that she is dying. All her investigations (including ECG) were normal, however she refused to leave the hospital.

a. What is the possible psychiatric diagnosis? (2 marks)

- b. Describe lines of management of this case. (3 marks)
- 2. Mrs. M is a 41 year old woman who has been increasingly sad in the past six weeks. She wakes up at 3 AM every morning and cannot fall asleep again. She is always exhausted and has difficulty focusing on any given task. Mrs. M has lost some weight and she doesn't feel like eating. She has lost interest in meeting people, in her job and often thinks her family would be better off if she were dead.

a. What is the possible psychiatric diagnosis? (1 marks)

b. list four symptoms from the case above. (4 marks)

- 3. Discuss delirium (signs, causes and management). (5 marks)
- 4. Discuss Neuroleptic Malignant Syndrome (NMS) (signs, cause and management). (5 marks)
- 5. Enumerate five symptoms of a manic episode. (5 marks)

Department of Internal Medicine

Faculty of Medicine

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Cairo University

June 2014

Time allowed: 2 1/2 hours

Total marks : 120

Sixth Year Internal Medicine Exam (MBBch)

Paper 2

All Questions are to be answered (15 marks each)

1) A 45 year old man is presenting to the ED because of recurrent vomiting of fresh blood. He also passes black tarry stools since 2 days. On examination he looked pale, mildly jaundiced. His pulse 80min regular, BP 120/80, temperature 37.2° and his respiratory rate 18/min. On abdominal examination he has a 4 finger enlarged spleen and his liver was not felt. There is no ascites.

a) What important questions would you like to ask this patient in relation to his presentation? (3 marks)

b) What is your diagnosis/ differential diagnosis.	(3 marks)
c) How are you going to investigate this patient?	(4 marks)
d) Outline treatment options for such a patient.	(5 marks)

2) A 55 year-old man is presenting to the ED with severe retrosternal and epigastric pain that started 6 hours ago. He is known to have hypertension, type 2 diabetes mellitus and coronary heart disease and is receiving metformin 1000mg/day, amlodipine 10mg/day, captopril 25 mg BID and aspirin 81mg/day. He used omeprazole for pain without relief of his symptoms. On examination he was overweight BMI 30, looked anxious , pulse 110/min, BP 140/100 sitting, temperature 37.5°C and respiratory rate 24/minute. Cardiac examination revealed no evidence of cardiac enlargement. Auscultation revealed accentuated S2 over aortic area and audible S4 over the apex. Chest , abdomen and nervous system examination were free.

a) What is your diagnosis?	(3 marks)
b) List important relevant history questions you need to ask the patient and why?	(4 marks)
c) How are you going to manage this patient?	(8 marks)

3) a 60 year old man is seeking your advice regarding long history of cough and phlegm (about half a cup per day not related to posture). He noticed lately, shortness of breath and chest wheezing on doing ordinary effort. He has received several cough remedies and salbutamol inhaler with only partial relief of his symptoms. He used to smoke 20 cigarettes/day for 35 years. On Examination he was mildly tachypneic with respiratory rate 25/min, pulse 80/min regular, BP 130/80 and temperature 37.2°C. His chest revealed increased antero-posterior diameter, hyper-resonance and scattered expiratory sibilant ronchi all-over the chest. Cardiac, abdominal and nervous system examination were normal.

a) What is your provisional diagnosis?	(3 marks)
b) How are you going to investigate him?	(5 marks)
c) Outline your management plan for this patient.	(7 marks)

4) A 65 year-old man is presenting with fatigue, anorexia and generalized lymphadenopathy. He admits to had recurrent pneumonias on 4 occasions over the last year. On examination he has a 4 fingers enlarged spleen. His blood count revealed Hb 11 gm/dl, WBCs 50 000/cmm (90% lymphocytes) and platelets 200 000/cmm.

a) What is your most likely diagnosis?	(3 marks)
b) How are you going to prove the diagnosis?	(5 marks)
c) Why would the patient have recurrent pneumonias?	(2 marks)

Two days ago the patient developed sudden fever, pallor and jaundice.d) How would you explain and investigate the event?(5 marks)

5) a 44 year-old woman is presenting to the outpatient because her fingers began to feel puffy and tight. She has noted loss of grip strength over the last 4 months and now cannot fully extend her hands. Over the last 10 years she experienced colour changes of her hands on exposure to cold. She also suffers heart burn specially on lying flat since she was in college and is using omeprazole to control it.

a) What is your most likely diagnosis?	(4 marks)
b) How are you going to investigate this patient?	(7 marks)
c) Mention 4 complications of her condition.	(4 marks)

6) A 44 year-old man is presenting with swelling in both lower limbs and morning puffiness since 3 months. He is known to have diabetes mellitus (type 2) and is receiving metformin 1000 mg/day. He noticed diminution of vision in his right eye since 3 days. On examination his pulse is 70/min regular , BP 160/105, temperature 37° C and respiratory rate 16/min. His examination was remarkable only for bilateral pitting oedema of the lower limbs, puffy eye lids and audible S4 over the apex. No cardiomegaly. Chest and abdominal examinations were normal. Neurological examination revealed diminished ankle jerks, stockings and glove hypothesia.

a) What is your suggested diagnosis?	(3 marks)
b) Explain each of the physical signs mentioned	(3 marks)
c) How are you going to investigate this patient?	(4 marks)
d) Outline your treatment plan for this patient	(5 marks)

7) A 40-year old female secretary is brought to the ED in an acute confusional state. Four hours earlier while at work she developed sudden severe headache and nausea. She denied history of recent illness, migraine or head trauma. She used two aspirin pills without relief of her headache. She became more nauseated and vomited a few times before her consciousness became more cloudy. On examination she was drowzy, with marked neck rigidity, positive Kernig's and Brudzinski's signs. Her pulse was 80/min regular, BP 130/80 mmHg, temperature 37 °C and respiratory rate 18/min. Blood chemistry, coagulation profile were normal.

a) What is your most likely diagnosis?	(3 marks)
b) What other differential diagnosis you must consider?	(3 marks)
c) How are you going to investigate this patient?	(4 marks)
d) How are you going to manage this patient?	(5 marks)

8) A 24 year-old student is presenting with a 2 days fever, chills, sore throat, dry cough and severe body aches. He has just returned from a short visit (Omra) to Saudi Arabia. He has received paracetamol and started amoxacillin/clavulonate 1gm BID without improvement. His examination was unremarkable except for fever 40 °C and congested throat. Chest, heart and abdomen examination were normal.

a) What is your most likely diagnosis?	(3 marks)
b) How are you going to manage this patient?	(6 marks)
c) What are the possible complications of this condition?	(3 marks)
c) Who are at high risk of these complications?	(3 marks)

FACULTY OF MEDICINE CAIRO UNIVERSITY

Tuesday, 3rd June 2014 <u>Time allowed</u>: 15 minutes

FINAL M.B.Bch. EXAM (New System) DERMATOLOGY (15 marks; 1 mark each)

All questions are to be attempted Choose only ONE correct answer

1) Squamous cells are found in the

- a. Epidermis.
- b. Dermis.

 $\mathbf{x}^{\mathbf{k}}$

- c. Hypodermis.
- d. Blood vessels.
- e. Connective tissue.

2) All of the following lesions may be seen in acne vulgaris EXCEPT

- a. Vesicles.
- b. Nodules.
- c. Pustules.
- d. Scars.
- e. Papules.

3) Cicatricial alopecia occurs in the following disease

- a. Tinea circinata.
- b. Psoriasis vulgaris.
- c. Systemic lupus erythematosus.
- d. Scaly ringworm.
- e. Favus.

4) Primary lesion of psoriasis is

- a. Red macule covered with non adherent silvery white scales.
- b.Red papule covered with adherent white scales.
- c. Red papule covered with non-adherent silvery white scales.
- d. Red macule covered with white adherent scales.
- e. Red papule with vesicles, crusts and white scales.

5) Tinea versicolor may be treated by all of the following EXCEPT

- a. Ketoconazole.
- b. Griseofulvin.
- c. Selenium sulphide.
- d. Whitfield's ointment.
- e. Zinc pyrithione.

6) The differential diagnosis of "Herald patch" on the trunk is

- a. Tinea capitis.
- b. Tinea circinata.
- c. Pityriasis versicolor.
- d. Tinea mannum.
- e.Tinea pedis.

7) All of the following about lepromin test is true EXCEPT

- a. It is used to classify leprosy.
- b. It is a prognostic test.
- c. It is a specific test.
- d. It is a non-diagnostic test.
- e. It depends on the immune status of the patient.

8) Erysipelas is a

- a. Streptococcal infection of the epidermis.
- b. Staphylococcal infection of the subcutaneous tissue.
- c. Streptococcal infection of the hair follicles.
- d. Streptococcal infection of the dermis.
- e. Staphylococcal infection of the sweat ducts.

9) Wood's light helps in the diagnosis of

- a. Tinea circinata.
- b. Impetigo contagiosum.
- c. Erythrasma.
- d. Erysipelas.
- e. Condyloma accuminata.

10) The following disease is contagious

- a. Pityriasis rosea.
- b. Urticaria.
- c.Scabies.
- d. Vitiligo.
- e.Acne.

11) Herpes simplex

- a. Is strictly unilateral.
- b.Is a bacterial infection.
- c. Is not recurrent.
- d. One attack provides permanent immunity.
- e. Is genital & non genital.

12) <u>A wheal is</u>

- a. A secondary lesion.
- b.Permanent.
- c. An edematous lesion.
- d. The primary lesion of acne.
- e. A vesicular lesion.

13) The following may be used in the treatment of vitiligo

- a. Radiotherapy.
- b. Electrocautery.
- c. Cryocautery.
- d. Phototherapy.
- e. Physiotherapy.

14) Mucous membranes are affected in all of the following EXCEPT

- a. Papular urticaria.
- b.Lichen planus.
- c. Chicken pox.
- d. Leprosy.
- e. Warts.

15) In acute eczema, all of the following occurs EXCEPT

- a. Erythema.
- b. Oozing.
- c.Lichenification.
- d. Vesicles.
- e.Crusting.

FACULTY OF MEDICINE CAIRO UNIVERSITY

Tuesday, 3rd June 20 <u>Time allowed</u>: 15 mi

FINAL EXAM Andrology Exam A

1. The most common adverse event of intracavernosal injections is:

- A. Priapism
- B. Haematoma
- C. Oedema
- D. Drop of blood pressure
- E. Pain
- F. Allergic reaction

2. Which is the most reliable examination for the diagnosis of syphilitic chancre?

- A. Dark-field examination
- B. Culture from genital ulcer material
- C. PRL & VDRL
- D. FTA abs & TPHA

3. Which of the factors below contribute to the emergence of erectile dysfunction?

- A. Depression and unemployment
- B. Hypertension and heart diseases
- C. Diabetes
- D. All the above

4. Which hormonal factor is not required in order to assess erectile dysfunction?

- A. ACTH
- B. Prolactin
- C. TSH
- D. Testosterone

5. The glans penis is the expanded distal end of the:

- A. Corpora cavernosum
- B. Tunica albugenia
- C. Corpus spongiosum
- D. Urethra

6. Cryopreservation of spermatozoa means:

- A. Preservation of spermatozoa at -80°C
- B Preservation of spermatozoa at -120°C
- C. Preservation of spermatozoa at -196°C
- D. Preservation of spermatozoa at -0°C

7. Which of the following statements is incorrect regarding testicular cancer?

- A. LDH, alpha fetoprotein and ß-hCG maybe elevated
- B. Trans-scrotal biopsy is done to confirm diagnosis
- C. Seminoma and teratoma are the most common types
- D. Metastasize to para-aortic LNs
- E. Inguinal orchidectomy is the surgical treatment of choice

8. The following are testicular causes of infertility, except:

- A. Klinefelter syndrome
- B. Mumps orchitis
- C. Testicular torsion
- D. Hypogonadotrodpic hypogonadism
- E. Exposure to chemotherapy

9. The following are causes of psychogenic erectile dysfunction, except:

- A. Anxiety
- B. Depression
- C. Homosexuality
- D. Leriche syndrome

10. In asymptomatic HIV infection the CD4 count is above:

- A. 500 cells/mm³
- B. 200 cells/mm³
- C. 100 cells/mm³
- D. 50 cells/mm³

11. A single 24 years old male complaining of occasional urethral discharge that may follow urination, defecation and sometimes straining. The patient denies any sexual relation. Urethral swab for gram stain and culture for Gonorrhea were negative. The most probable cause is;

- A. Premature ejaculation
- B. Herpes progenitalis.
- C. Prosemen due to sexual excitation.
- D. Physiological prostatorrhea.
- E. Chlamydia uretheritis.

12. The following procedures can be used for the management of ischemic priapism, *Except*

- A. Aspiration of cavernous blood
- B. Aspiration and irrigation with saline
- C. Intra-corporal injection of ephidrene
- D. Shunt operation
- E. Intra-corporal injection of atropine

13. The following conditions could achieve fertility by ICSI, except:

- A. Persistent oligozoospermia
- B. Anorchia
- C. Teratozoospermia
- D. Azoospermia
- E. Persistent athenozoospermia

14. Regarding testicular torsion the appropriate time for the start of intervention should be

- A. From 12 to 24 hours.
- B. Within 1 week.
- C. Within 1 hour (once detected).
- D. From 48 to 72 hours.
- E. From 24 to 48 hours.

15. Regarding ischemic priapism the appropriate time for the start of intervention is:

- A. From 24 to 48 hours
- B. From 12 to 24 hours.
- C. Less than 6 hours.
- D. From 48 to 72 hours.
- E. Within 1 week.

Faculty of Medicine Calro University 28th of May 2015 Time allowed: 2 ½ bours

6th year Internal Medicine (MBBch) Paper I

All QUESTIONS TO BE ANSWERED Exam is 2 pages (130 marks)

Question (1)

- A- Enumerate causes of atrial fibrillation .(5 marks)
- B- In a patient with chest pain, what investigations should be requested? (5 marks)
- C- How would you treat a patient with acute pulmonary oedema?(10 marks)

Question (2)

A- Describe how would you manage a case of community acquired pneumonia? (10 marks)

B- Enumerate causes of pulmonary hypertension . (5 marks)

D-Enumerate 2 drugs used in treatment of severe bronchial asthma. (One drug dose is required) (5 marks)

Question (3)

- A-Enumerate causes of cerebellar ataxia. (5 marks)
- B- Describe the neurological manifestations resulting from right middle cerebral main stem arterial occlusion ? How would you investigate (10 marks)

C- How would you investigate a case of peripheral neuritis ? (5 marks)

Question (4)

- A- Enumerate causes of portal hypertension .(5 marks)
- B- Outline your management plan in treatment of variceal bleeding in a cirrhotic patient (10 marks).
- C- Mention two drugs used in treatment of chronic active duodenal ulcer (drug dose is required for both) .(5 marks)

Question (5)

A- Enumerate causes of iron deficiency anemía (5 marks)

B- Mention:

1-Two most important tests for diagnosis of hemolytic anemia.

(2.5 marks)

2-Five drugs causing thrombocytopenia ?(2.5 marks)

Question (6)

Mention :

1-Laboratory tests used to confirm the diagnosis of rheumatoid arthritis (2.5 marks)

2-Five clinical criteria which directs the attention to the diagnosis of SLE (2.5 marks)

3-Two drugs used in treatment of acute gouty arthritis (dose is required 5 marks)

Question (7)

A- Outline how would you investigate a case of acromegaly (5 marks).

B- Describe the clinical picture of Addison's disease.(5 marks).

Question (8)

A- Mention:

1-Causes of chronic renal failure (2.5 marks).

2-Causes of hyperkalemia (2.5 marks)

B- Describe the clinical picture of acute renal failure (5 marks).

Question (9)

A-Enumerate :

1-Five causes of fever with abdominal pain (2.5 marks)

2-Two drugs used in treatment of brucellosis (One drug dose is required) (2.5 mark).

B- Outline your diagnostic approach to fever with headache. (5 marks)

Faculty of Medicine Cairo University 1" of June 2015 Time allowed: 2 ½ hours

6th year Internal Medicine (MBBch) Paper II All QUESTIONS TO BE ANSWERED Exam is 3 pages (120 marks)

1-A 27- year- old male known rheumatic heart disease for which long acting penicillin was prescribed few years ago. He presented with fever, malaise, anorexia and fatigue for the last few days. General examination revealed, T 38.5°C, respiratory rate 18/min, pulse rate 90/min and is obviously regular, BP: 135/80 mmHg. Hand examination mainly shows subungual hemorrhages. Cardiac examination reveals an early diastolic murmur in the mitral area. Urine examination reveals microscopic hematuria.

- A. What is the most likely diagnosis of his recent condition? (2 marks)
- B. How would you proceed to investigate and treat the case? (10 marks)
- C. The patient asks you about your recommendations if he would later need tooth extraction. (3 marks)

2- A 72- year- old known diabetic demented female who lives at a nursing home complains of fever cough and progressive shortness of breath during the last few days. Her past history is +ve for a stroke two years ago after which she started to suffer from her dementia. Her primary physician is reporting recurrent chocking during feeding which he thinks needs to be evaluated in order to ensure proper nutrition and avoid complications. Her T is 39.4 °C, BP is 115/76, pulse is 110/min, respiratory rate is 22/min. Chest examination reveals diminished air entry, and increased TVF over an area at the lower lung base. X-ray chest shows right lower lobe opacity corresponding to clinical findings.

- A. What is your diagnosis of her most recent condition? (2marks)
- B. What would be the next investigation to order? (3marks)
- C. What was the most probable cause of her most recent condition? (3 marks)
- D. How would you treat her most recent condition? (5 marks).
- E. What do you recommend to avoid recurrence of her condition? (2 marks).

3- A 75- year- old overweight man presented to the ER with severe headache, dizziness, repetitive vomiting and inability to walk. His symptoms started about 2 hours ago while the patient was having a tough conversation with his friends. His past history is +ve for diabetes mellitus and hypertension. He underwent coronary stenting 2 years ago for IHD. His current medications include aspirin, metformin, enalopril, metoprolol. Examination at presentation reveals a disoriented drowsy patient with no neck stiffness. His pulse is 78 / min regular, BP 210/130, T is 37.1 °C. His Glascow coma scale was 11. Few hours later the patient went into deep coma, his Glascow coma scale was 7.

- A. What is your differential diagnosis? (5 marks)
- B. What would be the single investigation that would guide in the diagnosis? (3 marks)
- C.How would you manage a patient in deep coma? (7 marks)

4- A 32- year- old man presented with recurrent attacks of bloody diarchea of two month duration. Diarchea was associated with tenesmus. The patient gave a history of recurrent low back pain which was associated with stiffness. Stool culture was negative. Laboratory studies reveals iron deficiency anemia and P-ANCA +ve in high titre. Plain x-ray shows evidence of sacroiliitis. On examination, T is 36.9 °C, BP is 110/75, pulse rate is 70/min, respiratory rate is 12/min.

- A. What is the most likely diagnosis? (2 marks).
- B. How would you manage the patient ? (7 marks)
- C. What is the differential diagnosis of bloody diarrhea? (5 marks)

5- A 67- year- old lady comes to your office because of fatigue, anorexia, abdominal fullness and history of recurrent infections. Examination reveals huge splenomegaly. CBP reveals Hb 8.6 gm/dl, WBC 35 x 10^3 /mm³, Platelet count is 135x 10^3 /mm³.Cytogenetic study was performed confirming the diagnosis.

- A. What is the most likely diagnosis? (2 marks)
- B. Explain causes of : I- Anemia. II- recurrent infections. (4 marks)
- C. What was the cytogenic study done? (3 marks)
- D. Outline the treatment of this case (6 marks)

.6- A 26- year- old lady presenting for follow up after recent spontaneous abortion at 14 weeks of gestation. She had another spontaneous first trimester abortion two years ago. She doesn't have history of any medical problems. Review of systems reveals photosensitivity and occasional hematuria. On examination, you observed bilateral malar rash.

- A. What is the most probable diagnosis ? (2 marks)
- B. Explain the criteria on which you based your diagnosis. (3 marks)
- C. How would you investigate the case? (5 marks)
- D. Outline treatment of the case. (5 marks)

7- A 45- year- old female patient presented with weight gain facial puffiness, progressive fatigue. Her relatives recently noticed somnolence apathy and decreased appetite. Examination reveals BP is 160/100, pulse is 54/ min regular, RR is 14/min. The patient has delayed tendon reflexes and proximal muscle weakness together with skin roughness.

- A. What is the most likely diagnosis? (2 marks)
- B. How can you explains hypertension in this case? (3 marks)
- C. How would you proceed to investigate and treat this case? (10 marks)

8- A 27- year- old male presented to his physician because he is noticing periorbital swelling of two day history. He was treated with an oral penicillin for a skin infection 3 weeks ago. His urine turned dark. His T is 37.4 °C, BP is 150/90, pulse is 80/min and respiratory rate is 15/min. Examination reveals periorbital swelling. Urine analysis shows 8 RBCs/HPF with RBCs casts and mild proteinuria. Further laboratory studies reveals low serum C ₃ level, BUN is 40 mg/dl and serum creatinine is 2 mg/dl.

- A. What is your diagnosis? (2 marks)
- B. What is the differential diagnosis of hematuria? (5 marks)
- C. How would you proceed to manage this case? (8 marks)

FACULTY OF MEDICINE CAIRO UNIVERSITY

Monday, 1st June 2015 <u>Time allowed</u>: 15 minutes

FINAL M.B.Bch. EXAM DERMATOLOGY (15 marks; 1 mark each)

All questions are to be attempted Choose only ONE correct answer

1) PUVA may be used in the treatment of all of the following EXCEPT

- a. Discoid lupus erythematosus.
- b. Psoriasis.
- c. Vitiligo.
- d. Alopecia.
- e. Pityriasis rosea.

2) All of the following are factors in acne pathogenesis EXCEPT

- a. Hyperproliferation of keratinocytes.
- b. Change in sebum composition.
- c. Increase in the epidermal turnover.
- d. Distension of pilosebaceous follicle.
- e. Microbial colonization of pilosebaceous units.

3) One of the following may cause cicatricial alopecia

- a. Androgenetic alopecia.
- b. Telogen effluvium.
- c. Alopecia areata.
- d. Kerion,
- e. Scaly ringworm.

4) Primary lesion of psoriasis is

- a.Red macule covered with non adherent silvery white scales.
- b. Red papule covered with non-adherent silvery white scales.
- c. Red papule covered with adherent white scales.
- d. Red macule covered with white adherent scales.
- e. Red papule with vesicles, crusts and white scales.

5) The main cell of the epidermis is called

- a.Melanocyte.
- b. Langerhans cell.
- c. Lymphocyte.
- d. Sebocyte.
- e, Keratinocyte.

6) Tinea capitis is

- a. A disorder of keratinization.
- b. Ringworm of the scalp.
- c. A disease of adults only.
- d. Staphylococcal infection of the hair follicle.
- e. Always a cause of cicatricial alopecia.

7) Candida albicans is the causative organism of

- a. Oral lichen planus.
- b. Tinea cruris.
- c. Oral thrush.
- d. Pityriasis versicolor.
- e. Erythrasma.

8) The backbone treatment of leprosy is

- a. Azithromycin.
- b. Tetracycline.
- c.Colchicine.
- d. Steroids.
- e.Dapsone.

9) Infection of the lower part of the hair follicle is called

- a. Folliculitis.
- b. Furunculosis.
- e, Kerion.
- d. Erythrasma.
- e. Impetigo.

10) <u>Burrow is</u>

- a. A localized collection of fluid.
- b. A solid elevation of the skin less than 0.5cm in diameter produced by mites.
- c. A tunnel in the epidermis.
- d. A deroofed furrow.
- e. An area of depigmented skin.

11) All of the following is true for herpes zoster EXCEPT

- a. It is recurrent.
- b. It is a viral infection.
- c. It is preceded by pain.
- d. It is unilateral.
- e. It might cause scarring.

12) Vitiligo may affect all of the following areas EXCEPT

- a. Oral mucosa.
- b. Scalp.
- c. Palms.
- d. Penis.
- e. Areola.

13) ONE of the following is TRUE about papular urticaria

- a. Caused by food.
- b. Involves only exposed areas.
- c. Mediated by acetylcholine.
- d. May involve mucous membranes.
- e. Involves both humoral and cell-mediated immune responses.

14) Allergic contact dermatitis

- a. Occurs in any individual soon after exposure.
- b. Can be caused by acids or alkalis.
- c. Is an immunological reaction.
- d. Can occur due to cumulative damage by mild irritants.
- e. Occurs in compulsive washers.

15) The causative organism of pityriasis rosea is

- a. Varicella Zoster Virus.
- b. Human Papilloma Virus.
- c. Human herpes virus (HHV) 8.
- d. Human herpes virus (HHV) 6 & 7.
- e. Human herpes virus (HHV) 1& 2.

Faculty of Medicine Department of Psychiatry

<u>Sixth Year Final Psychiatry Exam</u> <u>May, 28th 2015</u>

Answer Four questions Only: (5 marks each)

1. Mrs. A is a 40 year old woman who has been complaining of multiple pains and being easily tired for several months. She has been increasingly losing pleasure. She wakes up at 3 AM every morning and cannot fall asleep again. She is always exhausted and has difficulty concentrating. Mrs. A has lost interest for food and has lost some weight. She has lost interest in sexual activity, in meeting people, in her job and often thinks her family would be better off if she were dead.

- What is the possible psychiatric diagnosis? (2 marks)

- Describe lines of management of this case. (3 marks)

2. A 24 year old male is presented to the emergency room (ER) complaining of repeated attacks of chocking and difficulty in breathing, associated with chest pain and rapid heart beatings. On examination he was sweating and showing hand tremors, he was afraid that he was dying. All his investigations (including ECG) were normal, however doctors failed to reassure him.

- What is the possible psychiatric diagnosis? (2 marks)

- Describe lines of management of this case. (3 marks)

- 3. Discuss delirium (signs, causes and management). (5 marks)
- 4. Enumerate neurological side effects of typical antipsychotics and discuss one of them in details. (5 marks)
- Enumerate 5 psychiatric emergencies and list risk factors for suicide. (5 Marks)

GENERAL SURGERY

FINAL M.B., B.Ch. General Surgery Exam

Paper I

ALL QUESTIONS SHOULD BE ATTENDED

NO OPERATIVE DETAILS ARE REQUIRED

1. Discuss:- a. Factors that affect wound healing	(10 Marks)
b. Detection of wound sepsis after surgery and its management	(10 Marks)
2. Discuss:- a. Types of Haemorrhage and their management	(10 Marks)
b. Complications of Blood transfusion and their management	(10 Marks)
3. An adult male was brought to the emergency room after a accident. The patient was alert but DYSPNIC. Pulse rate was B.P. 90/60 mmHg and Temperature was 37°C. There were all contusions to his left chest wall. Abdominal examination was from the second secon	as 140/min., brasions and
a. How would you proceed for a proper clinical examination?	(10 Marks)
b. What investigations would you order for this patient	(5 Marks)
c. What is the possible diagnosis and its management	(10 Marks)
4. Discuss:- a. Differential Diagnosis of Ulcers of the Face	(5 Marks)
b. Management of pulp space infection	(5 Marks)
c. Complications of Sebaceous Cyst	(5 Marks)
d. Differential diagnosis of a swelling in the Carotid Triangle of	f the neck
	(5 Marks)
5. Give an explanation for the following conditions:	
a. Carcinoma of the oesophagus has a poor prognosis	(5 Marks)
b. Surgery should not be delayed for elderly patients with ble ulcer	eding peptic (5 Marks)

c. Patients receiving aspiring therapy should stop it for 10) days before
surgery	(5 Marks)
d. Stones of the parotid salivary gland are rare and less comm	on than those
of the submandibular salivary glands	(5 Marks)
6. a. Describe the anatomy of the middle meningeal artery	(10 Marks)
b. Clinical picture of extradural haematoma	(10 Marks)
7. a. Factors predisposing to deep venous thrombosis	(5 Marks)

b. Clinical picture and investigations of Deep venous thrombosis

(10 Marks)

c. Complications and fate of deep venous thrombosis (5 Marks)

- 8. A 33 years old male patient presenting with persistent projectile vomiting, and colicky abdominal pain of fours weeks duration. The vomitus contained food particles from previous meals. On examination his tongue was dry, oliguric and his pulse was 60 per minute, his blood pressure was 110/70 mm/Hg. Abdominal examination revealed waves of peristalsis.
 - a. What is the possible diagnosis and Differential Diagnosis (5 Marks)
 b. Clinical Exvaluation and Investigations (5 Marks)
 c. Preparation of the patient and treatment (10 Marks)
- 9. A 30 years old female pregnant in her 14 weeks developed tremors, insomnia, intolerance to hot weather and loss of weight. On examination she had tachycardia and wide pulse pressure.
 - a. What is the possible diagnosis (5 Marks)
 - b. How would you investigate it (5 Marks)
 - c. Management of the condition in view of her pregnancy (10 Marks)

(5 Marks)

FINAL M.B., B.Ch. General Surgery Exam

Paper II

ALL QUESTIONS SHOULD BE ATTENDED NO OPERATIVE DETAILS ARE REQUIRED

- 1. An 18 years old male came to the causality department, 24 hours after a road traffic accident. After the accident the patient fainted, he recovered his senses after a few minutes and apart from slight pain he was symptoms free for the next 24 hours. The patient was alert. He complained of upper abdominal pain, tachycardia and breathlessness. On examination pulse was 120/min; blood pressure was 90/60 mmHg. Abdominal examination revealed slight guarding and tenderness over the left hypochondrium.
 - a. What is the most likely diagnosis and differential diagnosis (5 Marks)
 - b. Describe the clinical picture of such an injury (10 Marks)
 - c. Investigations and treatment
- 2. A 28 years old female came to the emergency room with vague abdominal pain, around the umbilicus and then localizing to the right iliac fossa. She had nausea, a pulse rate of 100/min., temperature 37.8°C. Abdominal examination revealed localized tenderness, and rebound tenderness in the right iliac fossa.
 - a. What is the most probable diagnosis? (5 Marks) Enumerate the differential diagnosis.
 b. What are the investigations required? (5 Marks)
 c. What are the possible complications? (5 Marks)
 d. What is the treatment of the case and its complications? (5 Marks)



3. Discuss clinical picture and treatment of:	
a. Acute anal fissure	(5 Marks)
b. Primary vaginal hydrocele	(5 Marks)
c. Imperforate anus	(5 Marks)
d. Ivory Osteoma	(5 Marks)
4. Give an explanation for the following:	
a. Haemostatic defects with liver cirrhosis	(5 Marks)
b. Surgery of the colon is a greater risk than surgery of the sma	all intestines
	(5 Marks)
c. Amoebic liver abscess is more common in the right lobe	(5 Marks)
d. Testicular biopsy for tumours should be via an inguinal appro	bach
	(5 Marks)
5. a. Describe the anatomy of the right kidney	(10 Marks)
b. Discuss the treatment of Renal Calculi	(10 Marks)
6. a. Complications of Fractures	(10 Marks)
b. Discuss the pathology and treatment of osteogenic Sarcoma	(10 Marks)
7. a. Discuss complications of spinal anaesthesia	(10 Marks)
b. Compare in a table Calcular and Malignant Obstructive Jauno	dice
	(10 Marks)
8. A 75 years old male is presenting with progressive construction recurrent attacks of fresh bleeding per rectum. Abdominal reveals some distension. Proceed to the most probable diagnosis	examination
a. Clinical examination	(5 Marks)
b. Investigations	(5 Marks)
c. Treatment	(10 Marks)
9. Multiple choice questions (2 marks each)	(20 Marks)

Faculty of Medicine

†FINAL M.B., B.Ch. General Surgery Exam

Paper II

(Multiple Choice Questions)

9. M. C. Q.: In your answer sheet choose only the ONE BEST ANSWER Multiple choice questions (2 marks each) (20 Marks)

1. THe Commando operation is

- a. Abdomino-perineal excicion of the rectum for carcinoma
- b. disarticulation of the hip for gas gangrene
- c. Extended radical mastectomy
- d. Excision of carcinoma of the tongue, floor of mouth, part of the jew and lymph nodes en block.

2. Long acting thyroid stimulator is

- a. a glycoprotein
- b. di-iodothyronine
- c. an IgM immunoglobulin
- d. an IgG immunoglobulin

3. Which of the following is WRONG for cystic hygroma?

- a, it is a type of cavernous haemangioma
- b. it can be the earliest swelling of the neck that appears in life
- c. it can obstruct labour
- d. it is brilliantly translucent

4. After the operation for hyperparathyroidism which of the following DOES NOT TAKE PLACE?

- a. Renal stones disappear
- b. Bones recalcify
- c. Psychiatric patient improve
- d. Hyperparathyroidism recur in a small minority of patients

5. A breats lump is safe to leave along after aspiration if

- a. it is a cyst that does not subsequently refill
- b. it is solid and not cystic
- c. there is minimal blood staining of the aspirate
- d. cytological examination reveals cells with hyperchromatic nuclei

6. Regarding incomplete descent of the testis one of the following statement IS INCORRECT

- a. An indirect interstitial hernia is present in 70% of cases
- b. There is an increased liability to malignant disease
- c. Orchiectomy is frequently necessary
- d. Atrophy even before puberty may occur

7. A greenstick fracture

- a. occurs chiefly in the elderly
- b. does not occur in children
- c. is a spiral fracture of a tubular bone
- d. is a fracture where part of the cortex is intact and part is crumpled or cracked

8. Courvoisier's Law concerns

- a. the length of a skin flap in skin grafting
- b. ureteric calculi
- c. Jaundice
- d. portal hypertension

9. A Thiersch graft is

- a. a partial thickness skin graft
- b. a pinch skin graft
- c. a small full thickness skin graft
- d. a pedicle graft

10. A white leg is due to

- a. femoral deep venous thrombosis
- b. lymphatic obstruction
- c. femoral vein thrombosis and lymphatic obstruction
- d. vena cava thrombosis and lymphatic obstruction

Date 1/6/2008 Time 3 Hours 180 Marks

FINAL M.B., B.Ch. General Surgery Exam Paper I

ALL QUESTIONS SHOULD BE ANSWERED NO OPERATIVE DETAILS ARE REQUIRED

1.	(25 Marks)
A 45 years old male, weighing 70 kg, sustained a flame but	m in a closed
room, resulting in a 30% intermediate burn:-	
a. Diagnosis of burn depth and extent	(5 marks)
b. First aid and hospital management	(10 marks)
c. Early and late complications and possible causes of death	(5 marks)
2.	(25 Marks)
a. Describe the surgical anatomy of the female breast	(10 marks)
b. Differential diagnosis of a hard lump of the breast in a 40	years old fe-
male, and its management	(15 marks)
3. Give a Short Account on:	(20 marks)
a. Glasgow coma scale	(10 marks)
b. Depressed fracture of the skull, clinical picture, investigati	ons and man-
agement	(10 marks)
4. Write a short report about:	(20 marks)
a. Differential Diagnosis of leg ulcers	(5 marks)
b. Management of parotid abscess	(5 marks)
c. Enumerate different types of lipoma	(5 marks)
d. Differential Diagnosis of pulsating swelling in the carotid trian	gle (5 marks)

5. Give an explanation for the following conditions:	(20 marks)
a. postoperative fever	(5 marks)
b. patients with septic shock have a worse prognosis than hypovolaemic shock	those with (5 marks)
c. Papillary carcinoma of thyroid should be treated by total th	yroidectomy
	(5 marks)
d. Ulnar Paradox	(5 marks)
6. Give a short account:	(20 marks)
a. Cardiopulmonary resuscitation	(10 marks)
b. Clinical picture and management of Flail chest injury	(10 marks)
7.	(25 marks)

A 33 years old male, presented with a profuse bright red bleeding from a punctured wound below the inguinal ligament. Bleeding was controlled by sustained external pressure. Distal pulsations were weak, limb was pale and cold.

a. What is the possible diagnosis and Differential Diagnosis	(5 marks)
b. Clinical Evaluation and Investigations	(10 marks)
c. Preparation of the patient and treatment	(10 marks)
8.	(25 marks)

A 40 years old male presented to the emergency room, with recurrent abdominal pain of 24 hours duration. The condition started by sudden severe epigastric pain, followed by a period of total improvement. The patient gives a history of dyspepsia. Pulse is 120/minute, blood pressure 90/60 mmHg, and temperature 37.9 C. Abdominal examination reveals tenderness, guarding and rigidity over the epigastrium and right side of the abdomen.

a. What is the possible diagnosis and Differential Diagnosis (5	i marks)
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- b. Clinical Evaluation and Investigations (10 marks)
- c. Preparation of the patient and treatment (10 marks)

1.

Date 5/6/2008 Time 3 Hours

FINAL M.B., B.Ch. General Surgery Exam

Paper II

ALL QUESTIONS SHOULD BE ANSWERED NO OPERATIVE DETAILS ARE REQUIRED

(20 Marks)

A 55 years old diabetic female, came complaining of an acute abdomen and persistent vomiting of 6 hours duration. On examination Pulse was 100/ minute, Blood pressure 130/90 mm hg and temperature of 38°C. She had a mild tinge of jaundice and localized tenderness in the right hypochondrium.

	a. What is the most likely diagnosis and differential diagnosis	(5 Marks)
	b. Examination and investigation to establish the diagnosis	(10 Marks)
	c. Management	(5 Marks)
2	. Give a short account on:	(20 Marks)
	a. Classification of Inguinal hernia	(5 Marks)
	b. Diagnosis and management of a strangulated hernia	(15 Marks)
3	. Give a short account on clinical picture and treatment of:	
	a. Prolapsed thrombosed piles	(5 Maris)
	b. Primary varicocele	(5 Marks)
	c. Discharging umbilicus sinus	(5 Marks)
	d. Osteochondroma	(5 Marks)
4	. Give an explanation for the following:	(20 Marks)
	a. Patients with Carcinoma of the caecum do not usually have intestin	al obstruction
		(5 Marks)
	b. Why bilateral orchidectomy may be indicated for the treatment	t of advanced
	prostatic cancer?	(5 Marks)
	c. Preservation of the spleen in children with splenic injury is highly	recommended
		(5 Marks)
	d. Patients with adhesive intestinal obstruction should be give	n a chance of
	conservative treatment	(5 Marks)

5.	(20 Marks)
a. Clinical picture of Benign Prostatic Hyperplasia	(10 Marks)
b. Enumerate the complications of BPH, and indications for sur	gery
	(10 Marks)
6. Enumerate specific complications following each of the Followin	g Fractures:
	(20 Marks)
a. Supracondylar fracture humerus	(5 Marks)
b. Fracture Pelvis	(5 Marks)
c. Fracture Shaft of Femur	(5 Marks)
d. Fracture Clavicle	(5 Marks)
7.	(25 Marks)
a. Post-operative respiratory complications after General Anaesthesia	(10 Marks)
b. Compare in a table between Bleeding peoptic ulcer and Bleed	ding oesoph-
ageal varices	(10 Marks)
8.	(20 Marks)
A 60 years old female presented to the emergency room with	recurrent at-
tacks of abdominal colics and distension. Attacks were reliev	ved with pas-
sage of large amount of flatus. On examination there was le	
derness and rigidity over the left iliac fossa, with a hyper tym	-
a. What is the most probable diagnosis and differential diagnosi	is (5 Marks)
b. Investigations	(5 Marks)
c. Treatment	(10 Marks)
9. Multiple choice questions (2 marks each)	(20 Marks)

Paper II

(Multiple Choice Questions)

9. M.C.Q: In your answer sheet choose only the ONE BEST ANSWER Multiple choice questions (2 marks each) (20 Marks)

1. A blue green discharge from an ulcer indicates infection with.

- a. pseudomonas pyocyaneus
- b. streptococcus viridans
- c. candida albicans
- d. staphylococcus aureus

2. Lumbar sympathectomy is of value in the management of.

- a. Intermittent claudication
- b. Distal ischaemia affecting the skin of the toes
- c. Areterivenous fistula
- d. Diabetic neuropathy

3. A decubitus ulcer is

- a. A venous ulcer
- b. Au ulcer in the region of the elbow
- c. A pressure sore
- d. An ulcer of the tongue

4. Regarding congenital cystic disease of the kidneys all statements are correct Except

- a. Is an hereditary disease transmitted by either parents
- b. May be accompanied by similar disease in the pancreas and lung
- c. Is usually unilateral
- d. Is commonly complicated by pyelonephritis

5. A Wolfe graft is

- a. A partial thickness skin graft
- b. A pinch skin graft
- c. A small full thickness skin graft
- d. A pedicle graft

6. One of the following is not a sign of increasing blood loss

- a. Increased pallor
- b. Restlessness
- c. Shallow slow breathing
- d. Increasing pulse rate

7. Broder's grading of malignant tumours depends on

- a. The degree of spread of tumour in the lymphatics
- b. The degree of differentiation shown by component cells as viewed through the microscope
- c. A clinical grading for carcinoma of the breast
- d. An operative grading for carcinoma of the colon

8. The best site for an intramuscular injection is

- a. The abdomen
- b. The forearm
- c. The inner lower quadrant of the buttock
- d. The upper outer quadrant of the buttock

9. The term lateral aberrant thyroid implies

- a. A congenital aberrant thyroid tissue lateral to the thyroid
- b. A metastasis on a cervical lymph node from an occult thyroid carcinoma.
- c. A metastasis from carcinoma of the larynx
- d. A type of branchial cyst

10. Which of the following clinical features in not related to hyperparathyroidism:

- a. Risus sardonicus
- b. Psychic moans
- c. Abdominal groans
- d. Pain from renal stones

MCQ Exam.. Final 6th year exam. May 2008 Cairo University For every statement mark (T) or (F) making both will get zero (60 marks)

1. The pain of myocardial ischemia:

- a) is typically induced by exercise and relieved by rest.
- b) Radiate to the neck and jaws but not teeth.
- c) Rarely last longer than 10 seconds after resting.
- d) Is easily distinguished from oesophageal pain.
- e) Invariably worsen as exercise continue.

2. The following statements about the jugular venous pressure are true:

- a) The external jugular vein is a reliable guide to the right atrial pressure.
- b) The JVP is conventionally measured from the suprasternal notch.
- c) The normal JVP does not rise with anxiety.
- d) The normal JVP does not rise on abdominal compression.
- e) the normal JVP falls during inspiration.

3. The pulse characteristics listed below are typical features of the following disorders:

- a) Pulsus Bisferiens combined mitral stenosis and mitral regurge.
- b) Pulsus paadoxicus Aortic regurge.
- c) Collapsing pulse Severe anemia.
- d) Pulsus alternans extra systole every alternate b.
- e) Slow risign pulse Mitral stenosis.

4. In patients with atrial fibrillation :

- a) Aspirin therapy alone does not reduce the incidence of stroke.
- b) The radial pulse is typically irregularly irregular.
- c) The response of the cardiac output to exercise is reduced.
- d) DC shock is contraindicated if the patient is anticoagulated.
- e) Alcohol abuse should be considered as a likely cause.

5. Finger clubbing is a typical finding in :

- a) Chronic bronchitis.
- b) Bronchiecatsis.
- c) Primary biliary cirrhosis.

- d) Cryptogenic fibrosing alveolitis.
- e) Ventircular septal defect.

6. Typical chest findings in right lower lobe collapse include :

- a) Decreased chest expansion.
- b) Stony dull percussion note.
- c) Bronchial breath sounds.
- d) Decreased vocal resonance.
- e) Crepitations.

7.. A pleural effusion with a protein content of 50g/L would be compatible with:

- a) Congestive cardiac failure.
- b) Pulmonary infarction.
- c) Subphrenic abscess.
- d) Pneumonia.
- e) Nephrotic syndrome

8. Bronchogenic carcinoma may present with :

- a) Hypercalcemia
- b) Eosinophilia.
- c) Hemoptysis
- d) Right sided heart failure.
- e) Clubbing of the fingers.

9. Recognized features of extrapyramidal tract disease include :

- a) Intention tremors.
- b) Clasp-knife rigidity
- c) Choreoathetosis.
- d) Delayed relaxation of the tendon reflexes.
- e) Delayed initiation of movements.

10. the lateral spinothalamic tract of the spinal cord:

- a) Transmits pain sensation from the same side of the body.
- b) Crosses to the opposite side in the medial lemniscus.
- c) Transmit contralateral light touch sensation.
- d) Stratifies fibers from lowest spinal segments innermost.
- e) Cross from the thalamus to the contralateral parietal lobe.

11. Loss of tendon reflexes is characteristic of :

- a) Proximal myopathy.
- b) Peripheral neuropathy.
- c) Synringomyelia
- d) Myathenia gravis.
- e) Tabes dorsalis

12. The characteristic features of trigeminal neuralgia include :

- a) Pain lasting several hours at a time.
- b) Pain precipitated by touching the face and/or chewing.
- c) Absence of the corneal reflex.
- d) Predominance in young females.
- e) Response to anti convulsants.

13. All of the following can occur with motor neurone disease :

- a) Lateral sclerosis.
- b) Pseudo bulbar palsy.
- c) Loss of the vibration sense.
- d) Progressive motor atrophy.
- e) Peripheral neuritis

14. Recognized complications of Crohn's disease include :

- a) Pernicious anemia.
- b) Erythema nodosum.
- c) Enteropathic arthritis.
- d) Aphthous mouth ulcers.
- e) Small bowel lymphoma.

15. In irritable bowel syndrome red flag signs include :

- a) Bleeding per rectum.
- b) Loss of weight.
- c) Nocturnal pain.
- d) systemic illness.
- e) Diarrhoea.

16. All the following manifestations frequently occur in ulcerative colitis :

a) Bleeding per rectum/

- b) Abdominal pains
- c) Loss of weight.
- d) Intestinal fistulae.
- e) Tenesmus.

17. The following features suggest extrahepatic chlolestasis rather than viral hepatitis :

- a) A palpable gall bladder.
- b) Right hypochondrial tenderness.
- c) Alkaline phosphatase concentration > 2.5 times normal.
- d) Pruitus and rigors.
- e) Polymorph nuclear leucocytosis.

18. Typical laboratory results in acute hepatic failure include :

- a) Hypoalbuminemia.
- b) Hypoglycmia.
- c) Prolonged prothrombine time.
- d) Serum alkaline phosphatase > 3 times normal
- e) Peripheral blood lymphocytosis.

19. Secondary Diabetes mellitus could be caused by :

- a) Thiazide diuretic therapy.
- b) Hemochromatosis.
- c) Primary hyperaldosteronism.
- d) Pancareatic carcinoma.
- e) thyrotoxicoxts

20. Typical features of the nephritic syndrome include :

- a) Oedema and puffiness of the face.
- b) Proteinuria more than 3.5g/day.
- c) Hypertension.
- d) Highly selective proteinuria.
- e) Red cell casts in the urine.

21. Indications of dialysis in acute renal failure include :

- a) Anuria.
- b) Serum potassium 7meq or more.

- c) Rise of serum creatinine more than 1.5meq/day
- d) Uremic convulsions
- e) Urine output below 300 ml/day

22. Hypochromic microcytic anemia is a recognized finding in :

- a) Hemolytic anemia.
- b) Primary sideroblastic anemia.
- c) Beta-thalassaemia.
- d) rheumatoid arthritis.
- e) Hypothyroidism

23. Recongnized clinical features of multiple myeloma include :

- a) Higher incidence in the old aged patients.
- b) Amyloidosis with Benze Jones proteinuria.
- c) Increased serum calcium.
- d) Excellent prognosis with chemotherapy.
- e) Recurrent infections and pancytopenia.

24. In the drug therapy of rheumatoid arthritis:

- a) NSAIDs do not influence the course of the disease.
- b) Daily oral Methotrexate is an effective therapy.
- c) Gold therapy may cause membrancous nephropathy.
- d) Steriod therapy is the treatment of choice in all rheumatoid negative cases.
- e) Steroids must be given if vasculitis occur.

Date: 01/12/2008) Time: 3 hours (140 Essay + 40 MCQ's)

Final M.B., B.Ch. General Surgery Exam Paper I

* Exam is in 2 sections:

- Section 1: essay and Short questions (140 marks) (140 minutes)
- Section 2: extended matching questions and MCQ's (40 marks) (40 minutes)
- * Exam is in 8 pages (4 papers front and back)
- * All Questions should be answered
- * No operative details are required
- * Answer the MCQ's in your copybook (Not in the questions paper) Section 1:
 - 1. Give an account on:
 - a) Clinical picture and treatment of carcinoma of the stomach (Investigations not included). (15 marks)
 - b) Causes and investigations of dysphagia (Treatment is not included. (15 marks)

2. Give an account on:

3. Describe:	
d) Treatment of early breast cancer	(15 marks)
c) Antibiotics in surgical practice	(15 marks)
b) Clinical picture of septic shock	(10 marks)
a) Complications of blood transfusion	(10 marks)

- a) Anatomy of the anterior triangle of the neck (5 marks)
- b) Blood supply & lymphatic drainage of the stomach (5 marks)
- 4. A 53 year old female presented in out patient clinic with a left sided thyroid swelling. There are no other associated symptoms or signs. Sonography revealed a solitary solid nodule.

a) How would you reach your diagnosis?	(10 marks)
b) What is the treatment?	(5 marks)

5. A 45 years old women attends in the out patient clinic with a long standing history of generalized abdominal pain & exceptionally thirsty and gave a history of bilateral renal calculi for which she had surgery. Currently she is suffering from COLLES' francture.

a) What is your diagnosis?	(2 marks)
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- b) What are the investigations? (4 marks)
- c) What is the treatment?
- 6. You are called to see a 74 year old woman in the orthopedic department she underwent a hemiarthoplasty 6 days ago and has reported a sudden onset of a painful left leg, which she is unable to move. She denies any symptoms of intermittent claudication in the past. On examination her left leg is pale and cold. No venous engorgement in the form of limb swelling or edema. Her left femoral pulse is felt & IR-REGULAR. There are no distal pulses palpable in the same leg.

7. Discuss cardiac arrest	(10 marks)
c) What is the treatment	(5 marks)
b) What investigations are required?	(3 marks)
a) What is your diagnosis?	(2 marks)

8. A 70 Kg, 23 year old female presented to the emergency room with a burn that affected the anterior aspect of the right leg and the anterior aspect of the abdomen and chest. On examination, her vital signs were stable apart from a tachycardia of 110, and locally, the burnt area was erythematous with blisters and was sensitive to pinpricking. Huch fluids will she require in the first and second 24 hours.

(5 marks)

(4 marks)

Date: 4/12/2008 Time: 3 hours

(10 marks)

(10 marks)

Final M.B., B.Ch. General Surgery Exam Paper II

* Exam is in 2 sections:

- Section 1: Essay and Short questions (140 marks)
- Section 2: Extended matching questions and MCQ's (40 marks)
- * All Questions should be answered
- * No operative details are required
- * Answer the MCQ's in your cophybook (Not in the questions paper)

Section 1:

- 1. A 45 years old farmer presented to the out patient clinic complaining of right hypochondrial pain for the past three months. Examination revealed no clinical abnormality. C.T scan of the abdomen revealed a solitary focal lesion 5 cm in the right lobe of the liver.
 - a) What is the differential diagnosis? (10 marks)
 - b) How to reach a diagnosis?
 - c) What is the treatment?
- 2. A 38 years old women presents in the emergency department with severe epigastric pain radiating to the back for the past 3 days. She has noticed that her urine has become dark in color. On clinical examination there was yellowish coloration of her sclera.

a) What is your diagnosis?	(2 marks)
b) What are the investigations?	(4 marks)

- c) What is the treatment? (6 marks)
- d) What are the possible complications of treatment (3 marks)
- 3. A 45 years old male patient presented to the emergency room complaining of upper G I T bleeding. He was on non steroidal anti inflammatory drugs for joint pains for the past three weeks. Examination revealed: Liver 2 fingers below the costal margin, spleen enlarged 3 fingers below the costal margin.

a) What is the differential diagnosis?	(2 marks)
b) How to reach a diagnosis?	(6 marks)
c) What is the treatment?	(7 marks)
4. A newly born baby on his first breast fedding becomes	blue and is
about to suffocate. What is your diagnosis?	(5 marks)
5. On the third week after birth the mother is complaining that her	r baby is suf-
fering from projectile vomiting after breast feeding. On abdo	ninal exami-
nation it was noticed that the baby had a small mass in his epi	gastrium.
a) What is your diagnosis?	(1 marks)
b) What is the treatment?	(4 marks)
6. A 14 months old baby suddenly develops severe colicks wit	h persistent
vomiting for the past 6 hours. On examination there wa	is an empty
right iliac fossa, and a palpable mass was found above	and to the
right of the umbilicus. Rectal exam showed red current je	lly stools.
a) What is your diagnosis?	(2 marks)
b) What is the treatment?	(8 marks)
7. Give an account on:-	
a) Natural history of DIVERTICULAR DISEASE OF THE COLONO	G. (10 marks)
b) Factors predisposing to malignancy in ULCERATIVE COLITIS.	(10 marks)
8. Describe:	
a) The clinical PRESENTATIONS of renal cell carcinoma.	(10 marks)
b) The treatment of a stone lower end of the ureter.	(10 marks)
9. Describe:	
a) Types and treatment of fracture neck femur.	(10 marks)
b) Clinical picture and differential diagnosis of acute hematogenous osteomyelit	ies. (10 marks)

Please read the instructions carefully.

- Exam is in 2 sections:
 - * Section 1 Essay and short questions
 - * Section 2 MCO's
 - Exam is in 7 pages, 4 papers front and back.
 - Answer all the questions.
 - No operative details are required.
 - Answer the MCQ's in the question paper.

Section 1

1. A 34 year old female came to the emergency room with history of motor vehicle accident 1.5 hour ago. On examination she had a pulse of 120, BP of 125/85, respiratory rate of 33, and a normal temperature. The trachea and apex were shifted to the righ side, there was surgical emphysema on the left side of the chest wall, the cardiac apex was felt midway between the midclavicular line and the sternum and there was an open wound in the left side of the chest at the level of the 5th intercostal space, midaxillary line.

a) What is your di	iagnosis?	(5 marks
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- b) How would you manage this case?
- 2. A 42 year old male presented to you in the emergency room with a 2 day history of left leg pain and swelling. On examination, the leg was swollen from the knee downwards, the calf muscles were tense and tender, the pedal pulses were intact, and there was no history of trauma.

a) What is the diagnosis, and the differential diagnosis? (5 marks)

b) How would you investigate and treat this case? (15 marks)

3. A 27 year old female presented to the obesity clinic. She gave a history of amenorrhoea. On examination, the blood pressure was 175/100, her face showed enlarged cheeks with some hirsutism, the back showed deposition of fat between both scapulae, abdominal examination revealed obesity with straie rubra, and the lower limbs were slim as compared to her trunk. Her routine labs showed a fasting blood sugar of 220 g/dl.

a) What is your diagnosis?	(5 marks)
b) How would you reach a diagnosis in this care?	(10 marks)
c) How would you treat her?	(5 marks)

(140 marks)(40 questions, 40 marks)



)

(15 marks)

Date: 26/5/2009 Time 3 hours

4. A 39 year old female presented to you in the clinic complaning of a right breast mass of 2 month duration. She showed you a mammogram and a breast ulerasound that showed a 6 cm solid mass in the right upper out quadrant with no scattered microcalcifications. She also showed you a needle biops that revealed an infiltrating duct carcinoma of grade II. The general examination was normal. Local examination showed peau d'orange, the mass was felt as described above and was fixed to the ches wall. The axillary nodes were palpable, mobile, and each 1-2 cm in size. The supraclavicular nodes were not palpable. The metastatic workup was free.

a) What is the TNM stage of this tumor?	(5 marks)
b) What would she have done to detect this lesion early/	(5 marks)
c) What are the treatment options?	(10 marks)
5. A mother brings her 7 year old daughter to the emergency	y room with a
history of corrosive ingestion Describe the first aid, seque	lae and defin-
itive management of the case.	(10 marks)
6. A 45 year old male with al longstanding history of a depresented with hematemesis to the emergency room. His sure was 80/50, his pulse was 135 and his respiratory rate	s blood pres-
a) How would you resuscitate the patient?	(10 marks)
b) How would you investigate and treat him?	(10 marks)
7. A 17 year old boy resented to the emergency room with a	hisotyr of fall
from height. He was comatosed, with stable vital signs, and h	ad clear fluid
coming out from his nose.	
a) What is your diagnosis?	(2 marks)
b) Describe the rest of the clinical picture and treatment of	this condition.
	(8 marks)
8. Describe the anatomy of the abdominal aorta and in branches.	ts abdominal (5 marks)
9. Describe the anatomy of the femoral triangle.	(5 marks)
10. A 67 year old female with stroke making her unable Discuss the methods of enteral nutrition for this patient	

Please Answer the MCQ's MCQ's Paper 1, 26/5/2009

Section 2

Instructions, Please note that:

* 40 questions, 40 marks.

- * Answer all the questions.
- * Pick up the single best answer.
- * Circle the correct answer like this example

The most famous Cartoon Character is:

- 1. Mickey mouse 2. Looney tunes
- 3. Grumpy 4. Cookie monster
- 1. A 35-year-old woman notices a change in the appearance of a mole on her neck. Physical examination reveals that the lesion is elevated, nodular, with an irregular edge. Biopsy demonstrates a primary malignant tumor. Which of the following factors is most predicitve of the patient's long term prognosis?
 - a) Circumference of lesion
 - b) Darkness of lesion
 - c) Depth of lesion
 - d) Sharpness of border between lesion and adjacent skin

2. Lung cancer:

- a) Commonest is adenocarcinoma.
- b) Majority arise from periphery
- c) Hemoptysis is an early presentation
- d) Can present with attacks of flushing, diarrhea and borborygmi
- **3.** Patient underwent left mastectomy with axillary clearance, after a few days she complains of protrusion of scapula. Which of the following muscles is involved?
 - a) Latissmus dorsi. b) Serratus posterior
 - c) Trapezius d) Serratus anterior

4. Middle meningeal artery:

- a) Formane ovale
- b) Foramen rotundumd) Foramen spinosum
- c) Middle meningeal foramen
- 98

				80, pulse of 84, localizes to
	ens eye to pain, p v Coma Scale of:	oroduces inco	mpreh	nensive sounds, will have a
a) 7	b) 8	c) 9		d) 10
<i>,</i>	ructures pass thr	/	otid gla	,
a) Facial	-			arotid artery.
<i>,</i>	al jugular vein.	,		acial vein
	5 0	,		he esophagus that revealed
	r epithelium. Cau			I Burner
a) Dyspla	asia	b) Anap	olaisa	
c) Hyper	plasia	d) Meta	aplasia	l
8. A farme	er presented with	a 2 cm firm	roun	ded reddish nodule with a
central c	crust that enlarge	d rapidly over	r the p	oast few weeks:
a) Basal	cell carcinoma.	b) Squ	amous	s cell carcinoma.
c) Kerato	oacanthoma	d) Mel	anoma	1.
9. Clostrid	ium tetani:			
a) Gram	negative anaerobe			
b) The ba	acteria rapidly spre	eads in the tiss	ues arc	ound the wound
c) Transı	c) Transmitted through the umbilicus			
d) One o	d) One of the first symptoms is laryngospasm.			
10. The say	phenous vein:			
a) Posterior to the medial malleolus				
b) drains into the external iliac vein				
c) Joined	c) Joined by ankle perforators			
d) Close	d) Close to saphenous nerve in the thigh			
11. Female 67year old with peptic ulcer, polydipsia, subperiosteal bone				
—		ne phalanges,	and d	lepression. Most appropri-
	stigation:			
a) Thyro	xin level	b) Fasting blood glucose		
c) PTH				
12. Patient with claudication in the calf. Location of the pathology:				
a) Extern		b) Aorto-ili		
c) Profur	nda femoris	d) Femoral	artery	in the adductor canal

13. Regarding thyroid carcinoma:

- a) Follicular carcinoma 13%
- b) Papillary carcinoma 72%
- c) Anaplastic carcinoma 7%
- d) Anaplastic carcinoma, male: female ratio 1:13

14. Viruses causing cancer, all are true except:

- a) Human papilloma virus b) HBV
- c) Epstein-Barr virus d) Adenoviruses

15. Patient unable to flex distal interphalyngeal joint of the middle finger, Nerve likely to be injured (Select the best answer):

a) Median b) Ulnar c) radial d) Anterior interosseus

16. Hodgkin's lymphoma:

- a) stage IA with lymphocyte predominance has 85% 5 year survival with treatment
- b) stage IIIA has 70% 5 year survival with treatment
- c) stages III and IV are treated by 6 cycles of chemotherapy plus radiotherapy to control bulky cervical lymph nodes.
- d) The MOPP regimen consists of Mustine, Vincristine, Procarbazine and Prednisone.

17. Adrenals:

- a) Receives blood supply from the phrenic artery.
- b) Left adrenal vein shorter than the right.
- c) Zona fasciculate is the deepest zone of the cortex
- d) Zona reticularis secretes aldosterone

18. Which of the following is a surgical treatment for chronic duodenal ulcer?

- a) Vagotomy alone
- b) Vagotomy gastrectomy
- c) Lesser curve seromyotomy with posterior truncal vagotomy
- d) Vagotomy gastroduodenostomy

19. Regarding anal canal anatomy:

- a) The internal anal sphincter is formed of striated muscle fibers
- b) The external anal sphincter is involuntary
- c) The subcutaneous part of the external sphincter has no bony attachment
- d) The internal sphincter surrounds the lower 1/2 of the anal canal

20. Regarding stomach anatomy, pick the wrong statement:

- a) The heart is anterior to it
- b) The pleura is anterior to it
- c) The transverse colon is posterior to it
- d) The right crus of the diaphragm is posterior to it

21. Regarding anatomy of the rectum, pick up the wrong statement:

- a) The levator ani forms part of its posterior relation
- b) In the male the fascia of denonvillier is related anteriorly to the lower 1/3
- c) The pyriformis muscle form part of its lateral relationship
- d) The seminal vesicles is related anteriorly to the upper 1/3

22. Regarding anatomy of the pancreas, select the wrong statement

- a) The transverse colon is related to its anterior surface
- b) The junction of the superior mesenteric with the splenic vein lies behind the head
- c) The Aorta lies posterior to the head
- d) The tail is related to the left colic flexure

23. Regarding anatomy of the liver, pick up the wrong statement:

- a) The right surface is related to the lower 1/3 of the lung
- b) The quadrate lobe is related to the first part of the duodenum
- c) The caudate lobe is related to the abdominal aorta
- d) The anterior surface is related to the diaphragm

24. The proliferation phase of wound healing is characterized by all of the following except:

- a) Formation of new capillary buds
- b) Proliferation of fibroblasts
- c) Deposition of collagen
- d) Formation of granulation tissue

25. Non-absorbable sutures includes all of the following except:

- a) Polyamide
- b) Polydioxanone (PDS)
- c) Polypropylene (Prolene)
- d) Stainless steel

- 26. While you were at your sister for dinner, you were called by her neighbors to see their 17 year old daughter while accidentally cut her wrist while working at the kitchen. She was lying on the floor with massive bleeding from wound. The best was to stop bleeding in this case is:
 - a) Apply a tourniquet
 - b) Lift the arm up and transfer her to the hospital
 - c) Heat a spoon and cauterize the bleeder
 - d) Direct local pressure

27. The best first aid treatment of cardiac tamponade is:

- a) Pericardiocentesis
 - b) Digitalis
 - c) Oxygen
 - d) Thoraeotomy and deal with the cause
- 28. The component of the ATLS (Advanced Trauma Life Support) system includes all of the following except:
 - a) Tertiary survey
 - b) Resuscitation
 - c) secondary survey
 - d) Definitive treatment

29. The components of the "AMPLE" history in a polytrauma patient includes all of the above except:

- a) Last meal
- b) Alertness
- c) Past medical history
- d) Events of injury
- e) Medications

30. As regards priorities in trauma victim management, a first priority is caring for:

- a) Cardiac tamponade
- b) tension pneumothorax
- c) Airway compromise
- d) Haemothorax

- **31.** You are in an ambulance, on your way you came across a car accident with a comatosed victim that showed impaired breathing. The best way to provide a patent airway for him is by:
 - a) Endotracheal intubation
 - b) Tracheostomy
 - c) Cricothyroidotomy
 - d) Use an airway
- **32.** A 34 year old male, a known case of ulcerative colitis, presented to the emergency room with severe diarrhea, weakness, and his ECG showed prolongation of the OT wave. This patient is suffering mainly from:
 - a) Hyponatremia
 - b) Hypokalemia
 - c) Metabolic alkalosis
 - d) Hypernatremia

33. The treatment of hyponatremia is mainly by all of the following except:

- a) IV normal saline
- b) IV hypertonic (9%) saline
- c) IV Ringer's lactate solution
- d) Blood losses should be replaced by blood
- 34. A 56 year old male with pyloric stenosis developed abdominal distension and a silent abdomen, His serum potassium was 1.4 mEq/L and his pH was 7.38. The correct amount of potassium needed in this case is:
 - a) 300 mEq
 - b) 350 mEq
 - c) 330 mEq
 - d) 310 mEq
- 35. A 64 Kg patient in metabolic acidosis with a bicarbonate level of 11 mEq/L will require this dose of Sodium bicarbonate:
 - a) 18.2 x base deficit
 - b) 18.6 x base deficit
 - c) 19.0 x base deficit
 - d) 19.2 x base deficit

36. A blood gasses analysis of a patient showed a pH of 7.31, a pO2 of 98 mmHg, a pCO2 of 28 mmHg and an HCO3 of 15 mEq/L. This patient requires the following treatment except:

a) Treatment of the cause

b) Restoration of adequate tissue perfusion

c) IV bicardonate

d) IV fluids

37. A patient who has a pulse of 110 bpm, respiratory rate of 25/min, and a urine output of 22 ml/hr. The best way to resuscitate the patient is by:

a) Lactated Ringer's solution only

b) Lactated Ringer's solution till urgent blood transfusion is available

c) Blood transfusion only

d) No fluids are necessary

- 38. A 71 Kg 23 year old female sustained a burn of the anterior surface of the chest and abdomen and the anterior surface of the entire left lower limb. This patient will require thie volume of saline (in ml) during the first 24 hours according to Evan's formula:
 - a) 3233
 - b) 1917
 - c) 2232
 - d) 2408

39. A patient weighing 98 Kg and has a height of 172 cm, bis BMI will be:

- a) 42.44
- b) 33.12
- c) 24.6
- d) 18.4

40. each 500 ml bottle of Glucose 25% provides this amount of calories:

- a) 25
- b) 250
- c) 50
- d) 500

Date: 30/5/2009 Time 3 hours

(140 marks)

(40 questions, 40 marks)

Please read the instructions carefully.

- Exam is in 2 sections:
- * Section 1 Essay and short questions
- * Section 2 MCQ's
- Exam is in 7 pages, 4 papers front and back.
- Answer all the questions.
- No operative details are required.
- Answer the MCQ's in the question paper.

Section 1

1. A 48 year old female presented to the emergency room with persistent dull aching pain in the right hypochondrium, rqdiating to the right shoulder, and associated with vomiting. On examination, the temperature was 37.8 °C, abdominal examination revealed absence of scars, plus the presence of tenderness and guarding in the right hypochondrium. The lab results showed a total leucocytic count of 13000, a serum bilirubin of 0.8 mg/100ml, and an ALT of 22 IU/L. A HIDA scan revealed nonvisualizaton of the gall bladder.

a) What is your diagnosis?	(2 marks)
b) What might examination of the back reveal?	(1 marks)
c) Mention the possible complications.	(5 marks)
d) What is the treatment of this case?	(12 marks)

2. A 17 year old male came to the emergency room with history of motor vehicle accident. He complained of abdominal pain, and pain in the left shoulder. On examination, his blood pressure was 85/60, the pulse was 120 bpm. Abdominal examination revealed fixed dullness in the left flank, and shifting dullness in the right.

a) Describe the rest of the clinical picture of this condition. (8 marks)

b) How would you investigate this man?	(6 marks)	
c) How would you treat this case?	(6 marks)	
3. A 54 year old male presented to the outpatient departm	ent with te-	
nesmus, bleeding per rectum and the passage of mucou		
nal examination was normal. Rectal examination reve		
cerating mass in the anterior wall with blood coming		
examination gloves.	out on the	
	(2 ,,,,,)	
a) What is your diagnosis?	(2 marks)	
b) What is the differential diagnosis of bleeding per rectum?	(3 marks)	
c) How would you investigate and treat this case?	(15 marks)	
4. A 17 year old male presented with severe acute pain in his l	eft scrotum.	
On examination his blood pressure was 110/70, and pulse	110 bpm.	
a) What could be the causes?	(5 marks)	
b) How would you differentiate between them?	(5 marks)	
5. Describe the types of abdominal incisions with the layer	s opened in	
each incision.	(10 marks)	
6. A neonate, presented to the ER with vomiting, absolute constipation and		
continuous crying. On examination he was dehydrated, with abdominal		
distension, Describe the main causes, early detection, clinical features,		
first aid, and how to confirm your diagnosis in this case.	(10 marks)	
7. Describe the pathology, clinical picture, investigations an	d treatment	
of Gastrinoma (Zollinger-Ellison syndrome).	(10 marks)	
8. Describe the methods of fixation (stabilization) of fractures.	(10 marks)	
9. Describe the types, clinical picture, complications and man	nagement of	
fracture pelvis.	(10 marks)	
10. A 54 year old male presented to the urology clinic with a	ttacks of to-	
tal hematuria. There was no pain, and no history of trauma. On ex-		
amination there were no renal masses. The CT scan revealed paren-		
chymal 5 cm mass in the lower pole of the left kidney.		
a) What is the diagnosis?	(1 marks)	
b) Describe the rest of the clinical picture and how to reach a diagno	· · · · · · · · · · · · · · · · · · ·	

c) Explain the treatment.

(4 marks)

- 11. Discuss clinical picture, radiological findings and complications of ectopia vesicae. (10 marks)
- * Answer the MCQ's in the question paper.

Section 2

Instructions. Please note that:

- * Answer the MCQ's in the questions paper
- * 40 questions, 40 marks.
- * Pick up the single best answer.
- * Circle the correct answer like this example

The most famous Cartoon Character is:

- 1. Mickey mouse
- 2. Looney tunes
- 3. Grumpy
- 4. Cookie monster

1. Regarding childhood tumors, select the incorrect statement

- a) Rhabdomyosarcoma of the urinary bladder 2-6 years
- b) Hepatoblaastoma, 2-6 years.
- c) Nephroblastoma, 0-2 years
- d) Neuroblastoma, 0.2 years

2. The portosystemic shunt between the superior hemorrhoidal vein and the middle and inferior hemorrhoidal veins will cause which of the following pathologies:

- a) Anorectal varices
- b) Internal hemorrhoids
- c) external hemorrhoids
- d) Intero-external hemorrhoids

3. Regarding injection sclerotherapy all of the following are true except:

- a) May lead to perforation of the esophagus
- b) May cause retrosternal discomfort
- c) May lead to an esophageal ulcer
- d) Is the second line of treatment after balloon tamponade

- 4. A 65 year old man has developed obstructive jaundice as a result of carcinoma of the head of the pancreas obstructing the common bile duct. Which of the following biochemical abnormalities will be seen in this patient?
 - a) decreased plasma direct bilirubin
 - b) Decreased bilirubin in the urine
 - c) Decreased stercobilinogen in the stool
 - d) Increased urobilinogen in the urine
- 5. All the following causes of intestinal obstruction can be managed nonsurgically except:
 - a) Adhesive intestinal obstruction
 - b) Ileo-cecal intussusception
 - c) Voluvulus neonatorum
 - d) Fecal impaction
 - e) sigmoid volvulus
- 6. A 67 years old female presented in emergency wiith intestinal obstruction. On emergency laparotomy large tumor of the sigmoid colon with two perforations causing peritonitis. What is the appropriate operation?
 - a) Ileo-rectal bypass
 - b) Left hemicolectomy with primary anastomosis.
 - c) Sigmoid colectomy with primary anastomosis
 - d) Hartman's procedure
- 7. Regarding Hirschprung's disease, all of the following are true except:
 - a) It starts in the upper part of the rectum.
 - b) Incidence is 1:5000 births
 - c) Male: female ratio is 4:1
 - d) The familial incidence is 6%

8. In acute abdomen, the first imaging of importance is:

- a) Laparoscopy b) Plain X-ray
- c) Ultrasonography d) Barium meal
- e) CT scan

9. Positive findings in DPL (diagnostic peritoneal lavage) that require surgery are true except:

- a) Elevated amylase
- b) Red cell count> 1,000 / ml
- c) White cell count< 500 / ml

10. Regarding umbilical nodules, which of the following statements is wrong:

- a) May be mistaken for a paraumbilical hernia.
- b) May indicate hepatic metastasis
- c) May be present in cases of urinary bladder carcinoma
- d) Malignant cells reach the umbilicus via the round ligament of the uterus.

11. Which of the following is true for the content of Littr's hernia

- a) A part of the wall of the intestines
- b) Is ovary
- c) Is a diverticulum of the bladder
- d) Is Meckel's diverticulum

12. All are true of Spigelian hernia except

- a) Strangulation is common
- b) Occurs at the arcuate line
- c) Lies deep to the internal oblique muscle.
- d) Occurs from a defect of the Spigelian fascia which is the medial extension of the fascia transversalis.

13. Which of the following structures does not form a boundary of Petit's triangle through which passes the lumbar hernia:

- a) Quadrates lumborum
- b) Iliac crest
- c) External oblique
- d) Latissimus dorsi

14. All of the following lines are used in the treatment of benign prostatic hyperplasia except:

- a) TURP
- b) Alpha blockers

- c) Diuretics to increase the urinary flow
- d) Endoscopic cryo ablation
- 15. During physical examination for the purpose of life insurance, a 38year-old man is found to have a left inguinal mass. The righ testis is palpated in the scrotum and is of normal size, but a left testis cannot be palpated in the scrotum. Ultrasonography shows that the inguinal mass is consistent with a cryptorchid testis. Which of the following approaches is most appropriate to deal with this patient's testicular abnormality?
 - a) Remove only the cryptorchid testis
 - b) Perform orchidopexy.
 - c) Remove both testes
 - d) Commence testosterone therapy

16. Regarding healing of bone fractures all of the following conditions are true except:

- a) Internal better than in external fixation
- b) Children better than in adults
- c) Transverse better than in oblique fractures
- d) Impacted better than in distracted fractures

17. A patient underwent total pancreatectomy. Later she complains of foul smelling stool which she is

- a) Pancrease
- b) Amylase
- c) Trypsin
- d) Lipase

18. A boy involved in road traffic accident with fracture pelivs and is unable to pass urine, lesion in:

- a) Intraperitoneal part of the bladder
- b) Penile urethra
- b) Bulbar urethra
- d) Prostatic urethra

19. Patient with seminoma without scrotal skin involvement, will have these lymph nodes metastasis felt clinically:

- a) In the epigastrium
- b) In the femoral triangle
- c) Medial to the femoral vessels
- d) Abdominal mass below the umbilicus

20. Patient underwent resection of large tumor of the rectum which involved the mesorectum and also 2 of the 24 inferior mesenteric lymph nodes which were positive:

- a) Duke's D
- b) Duke's A
- c) Duke's B
- d) Duke's C1
- e) Duke's C2

21. In contrast to Crohn's disease of the colon, Ucerative colitis:

- a) Never develops toxic megacolon.
- b) Is not assoicated with increased risk of colon cancer.
- c) Has a lower incidence of perianal fistulas.
- d) Seldom presents with daily hematochezia.

22. Complications of nasogastric tube includes which of the following:

- a) Gastric ulcer
- b) Perforation of the esophagus
- c) Perforation of the stomach
- d) Otitis media

23. Complications of urethral catheterization includes all of the following excet:

- a) Urethral stricutre
- b) False passage
- c) Hypovolemia if done for acute retention
- d) Epididymitis

24. Which of the following is false regarding internal jugular vein catheterization:

a) The direction of the needle is a point midway between the sternal and clavicular heads of the sternomastoid.

- b) It is contraindicated if the patient has coagulopathy
- c) The patient is put in a slight anti-Trendelenburgh position
- d) The sternomastoid has to be elevated to fix the vein

25. Clinical features of intramedullary spinal cord tumors includes all of the following except:

- a) Sometimes there is anesthesia on one side and paralysis and hyperesthesia on the other.
- b) Root pains tend to occur early
- c) Urinary incontinence usually appears early
- d) Dissociated sensory loss may occur

26. Regarding cervical disc prolapse, all are true except:

- a) Spinal fusion and laminectomy in indicated if there is cord compression
- b) C5-6 prolapse causes diminished triceps jerk
- c) C6-7 prolapse causes sensory loss in the back of the arm
- d) Midline protrusions may compress the anterior spinal artery

27. Regarding lower limb amputations, all are true except:

- a) Syme's amputation is the best procedure if there is vascular compromise
- b) Toe amputation is performed in patients with small vessel disease.
- c) Ray amputation involves excision of part of the metatarsal bone
- d) Ninety percent of patients with unilateral below the knee amputation are able to walk independently

28. All of the following are true regarding congenital talipes equinovarus except:

- a) There is adduction at the tarso-metatarsal joints
- b) It is a relatively common deformity
- b) It is more common in females
- d) There is inversion of the calcaneus and the navicular on the tibia

29. Regarding bone metastasis, pick up the worng statement:

- a) Patient can present with polyuria and depression
- b) Pathological fractures of the femur are treated by amputation
- c) The commonest primary is cancer breast
- d) Prostate carcinoma gives osteoblastic secondaries

30. Regarding multiple myeloma, pick up the wrong statement:

- a) Blood picture may show plasma cell leukemia
- b) They arise from the plasma cells
- c) The distal end of the femur and the proximal end of the tibia is a common site.
- d) Bence Jones protein coagulates at 55°C and disappears at 85°C

31. Regarding the site of bone tumors, pick up the wrong satement:

- a) Metaphysis, secondaries
- b) Chondrosarcoma, scapula
- c) Osteoblastoma, vertebrae
- d) Diaphysis, Ewing's sarcoma

32. Which of the following is not true for carcinoma of the penis:

- a) Affects age group from 50-70 years
- b) Inguinal lymph node dissection is not a part of the treatment
- c) Chronic baloposthitis could be a predisposing factor
- d) It affects the coronal sulcus

33. Regarding pyocele of the tunica, all are true except:

- a) The scrotum shows negative transillumination.
- b) Can be a postoperative complication
- c) Treatment is by excision-eversion of the tunica
- d) Can be a complication of tapping for a vaginal hydrocele

34. Regarding testicular tumors, all of the following are true except:

- a) Treatment of stage II seminoma is by radiotherapy that extends above the diaphragm.
- b) Microscopically, teratomas may show lymphocytic infiltration
- c) Teratomas represent 32%
- d) Sertoli cell tumors can cause gynecomasita

35. Regarding prostatic carcinoma, pick up the wrong statement:

- a) LHRH (Leutinizing hormone releasing hormone) causes rapid drop of testosterone level with 2-3 days.
- b) According to the Gleason's grade, Grade 2 is the least malignant
- c) T3 means involvement of the seminal vesicles
- d) Trans-rectal ultrasound is the best diagnostic modality

36. The normal values in a 24 bour urine sample is:

- a) Citrates 30-90 mg
- b) Calcium <100 mg
- c) Uric acid <800 mg
- d) Oxalates <90 mg

37. Regarding posterior urethral valves, pick up the incorrect statement:

- a) Can present with incontinence
- b) They occur only in males
- c) They are found in the proximal prostatic urethra
- d) May be associated with pulmonary hypoplasia

38. Regarding Desmoid tumor of the abdominal wall, pick up the wrong statement:

- a) Cut section is pinkish white
- b) They arise from the posterior more than the anterior rectus sheath
- b) May be a component of Gardner's syndrome
- d) It is non-encapsulated

39. Regarding laparoscopy, all are true except:

- a) Trocar is usually inserted at the nmbilicus
- b) Can be used for fundoplication
- c) Insufflation is performed with nitrogen
- d) Can cause postoperative shoulder pain

40. Regarding carcinoma of the anus, all are true except:

- a) Carcinoma of the anal verge is treated only by abdominoperineal resection
- b) Commonest is a squamous cell carcinoma
- c) Tumors above the dentate line spread to the paraaortic nodes
- d) Carcinoma of the anal canal can be treatedy by chemotherapy and radiotherapy alone

Faculty of Medicine Cairo University All questions are to be (1)

FINAL M.B., B.Ch. General Surgery Exam

Paper I

All questions are to be attempted:

- 1-A- Describe the anatomy of the oesophagus and the lower oesophageal sphincter. (7 marks)
 - I- Aetiopathology of carcinoma of oesophagus. (3 marks)
 - II- Clinical picture of carcinoma of oesophagus. (3 marks)
 - III- Investigations for suspected case of carcinoma of oesophagus. (3 marks)
 - IV- Treatment of cases of carcinoma of oesophagus. (3 marks)
- 2- A 22 years old female farmer suffered from severe sudden pain in her right lower limb. Four hours later her husband brought her to the E.R. where her Rt foot, leg and thigh were cold and no pulses were felt on her Rt lower limb. Her radial pulse was 90/minute and regular. She gave a history of receiving a monthly intramuscular injection for years.
 - A- What are the diagnostic possibilities? (5 marks)
 - B- What immediate and delayed investigations do you suggest? (5 marks)
 - C- How would you treat her? (10 marks)
- 3- A- Describe the anatomy of the parotid salivary gland. (7 marks)

B- Give an account on salivary neoplasms. (8 marks)

- C- What are the different types, complications and treatment plan for cleft palate. (9 marks)
- 4- A 36 years old unmarried business woman presented with a small mass in her left breast. Her mother died of breast cancer at the age of 42.
 - On local examination left breast showed a palpable hard 1.5 cm, mass in the upper outer quadrant.
 - A- What are the diagnostic possibilities. (5 marks)

- B- How can you proceed in your investigations. (5 marks)
- C- What are the treatment options. (7 marks)
- 5- I- Discuss the aetiopathology and clinical picture of hypovolaemic. (9 marks)II- Give an accound on complications of wound healing. (8 marks)
 - III- Discuss the aetiopathology of lymphoedema (chronic lymphatic obstruction). (8 marks)
 - IV- Discuss the aetiopathology clinical picture and treatment of acute pyogenic abscess.
- 6- A 30 years old mechanic presented with intolerance to heat, nervousness, less of weight inspite of good apetite and lately he was unable to hold small tools accurately.

On general examination his pulse was 130/minute and regular, he had warm wet hands and he had exophthalmos. On neck examination a swelling was seen in the front of the neck which moved up & down with deglution.

A- What are the diagnostic possibilities? (6 marks)

- B- What investigations are the would you suggest. (7 marks)
- C- What are the therapeutic modalities for such patient. (7 marks)

Faculty of Medicine Cairo University Date: 25/6/2011 Time 3 hours

Section 2: MCQ

Instructions. Please note that:

° Select the best answer.

- ° Allow 30-36 seconds for each question.
- ° Total marks 50, 50 questions, each question 1 mark.
- ° Answer ALL the questions, do not leave any unanswered ones.
- ° Answer in the question paper.
- ° Exam is in 6 pages.
- ° Circle the correct answer.
- [°] If you change your mind about an answer, cross it out and write beside the question, the new answer.

1. All of the following are characters of a toxic goiter except:

- a. Loos of weight with increased appetite.
- b. Bradycardia.
- c. Intolerance to heat.
- d. Diarrhea.

2. Regarding lacerated wounds, all of the following are true except:

- a. Devitalized skin edges are removed.
- b. Deep fascia is opened widely.
- c. Dead muscles are excised.
- d. Cut nerves are sutured primarily.

3. The proliferation phase of wound healing is characterized by all of the following except:

- a. Formation of new capillary buds.
- b. proliferation of fibroblasts.
- c. Deposition of collagen.
- d. Formation of granulation tissue.
- 4. As regards priorities in trauma victim management, a first priority is caring for:
 - a. Cardiac tamponade.



b. Tension pneumothorax.

c. Airway compromise.

d. Haemothorax.

5. Sodium is considered to be the main:

- a. Extracellular anion.
- b. Intacellular anion.
- c. Extracellular cation.
- d. Intracellular cation.

6. The main causes of hypokalemia includes all of the followind except:

- a. Excessive vomiting.
- b. Diarrhoea.
- c. External alimentary fistulas.
- d. Acidosis.

7. The best method to control bleeding in the street is:

- a. Direct local pressure.
- b. Tourniquet.
- c. Stitching.
- d. Packing.

8. In cases of hemorrhage, blood transfusion is needed in which of these classes:

- a. Class I.
- b. Class II.
- c. Class III.
- d. None of the above.

9. All of the following are manifestations of incompatible blood transfusion in the anesthetized patien except:

- a. Sudden bradycardia.
- b. Hypotension.
- c. Bleeding tendency.
- d. Haemoglobinuria.

10. All of the following are true regarding CVP measurement except:

- a. It is equal to the end-diastolic pressure in the right ventricle.
- b. It roughly corresponds to the blood volume.
- c. The normal pressure in 5-10 mm Hg.
- d. A chest X-ray is necessary to confirm the diagnosis.

11. Which of the following antibiotics is the best for treatment of infections caused by staphylocooci:

- a. Aminoglycosides.
- b. Quinolones.
- c. Amoxycillin-clavulanic acid.
- d. Metronidazole.

12. Which of the following is false regarding an acute abscess:

- a. Is usually caused by staphylococci.
- b. The patient complains of throbbing pain.
- c. There is shift to the left in the WBC count.
- d. The best treatment is excision.

13. Minor burns are:

- a. Less than 15% in children.
- b. Less than 15% in adults.
- c. Is always superficial.
- d. Is always deep.

14. The complications of enteral nutrition includes all of the following except:

- a. Pharyngitis.
- b. Pulmonary aspiration.
- c. Venous thrombosis.
- d. Hyperglycemia.

15. Regarding low molecular weight heparin, all of the following are true except:

- a. Is an alternate to IV heparin .
- b. Is given subcutaneously.
- c. It does not require to be monitored by blood tests.
- d. The dose is 1 ug/kg/12hrs.

16. The most common cause of arterial embolism is:

- a. Cardioarterial.
- b. Arterioarterial.
- c. Venoarterial.
- d. Paradoxical.

17. The main indication that limb death has occurred in acute ischemia is all of the following except:

a. Paralysis.

b. Loss of sensation.

- c. Muscles are firm to hard.
- d. Cold limb.

18. The most serious complication of an abdominal aortic aneurysm is:

- a. Thrombosis.
- b. Distal emboli.
- c. Retroperitoneal rupture.
- d. Intraperitoneal rupture.

19. Regarding the dangerous area of the face, all of the following are tru except:

- a. The outer canthus forms one of its boundaries.
- b. The main risk is cavernous sinus thrombosis.
- c. The angular vein communicates with the ophthalmic veins.
- d. The anterior facial vein communicates through the pterygoid venous plexus which communicates with the cavernous sinus by an emisarry vein that enters the skull through the foramen rotundum.

20. All these structures are found in the parotid gland except:

- a. Retromandibular vein.
- b. Internal carotid artery.
- c. Parotid lymph node.
- d. The cacial nerve.

21. Malignant goiter can manifest with all of the following except:

- a. Pain referred to the ear.
- b. Horner syndrome.
- c. Hoarseness of voice.
- d. Enlarged submandibular lymph node.

22. Toxic goiter has the following signs except:

- a. Flapping tremors of the hand.
- b. Exophthalmos.
- c. Diarrhea.
- d. Menstrual irregularities.

23. All of the following can be a treatment of primayr toxic goiter except:

- a. Radioactive iodine.
- b. Hemithyroidectomy.
- c. Antithyroid drugs.
- d. Beta blockers.

24. A patient with a breast cancer that measures 5 cm with fixed axillary nodes and no distant metastasis is considered:

- a. T2, N2, MO.
- b. T3, N2, MO.
- c. T2, N1, MO.
- d. T3, N1, MO.

25. The main presentation of paget disease of the nipple is:

- a. mass located just under the nipple.
- b. Bleeding per nipple.
- c. Unilateral red scaly nipple.
- d. Unilateral itchy red vesicles affecting the nipple.

26. The skin manifestations of breast cancer includes all of the following except:

- a. Ulceration.
- b. Puckering.
- c. Cancer en cuirasse.
- d. Pigmentation.

27. Treatment of paraoesophageal hiatus hernia is essentially:

- a. Conservative medical treatment.
- b. Instrumental dilatation.
- c. Surgical correction.
- d. All of the above.

28. The commonest cause of dysphagia in old patient is:

- a. Corrosive stricture.
- b. Achalasia of cardia.
- c. Hiatus hernia.
- d. Carcinoma of the oesophagus.

29. Adenocarcinoma of the oesophagus is more common in:

- a. Upper third of oesophagus.
- b. Middle third of oesophagus.
- c. Lower third of oesophagus.
- d. All of the above.

30. Treatment of ncised clean wounds of less than 6 hours duration should be:

- a. Primary closure.
- b. Delayed preimary closure.
- c. Debridement.
- d. Wound excision.

31. Total oesophagectomy is the treatment of choice in:

- a. Achalasia of cardia.
- b. Paraoesophageal hiatus hernia.
- c. Early carcinoma of the oesophagus.
- d. Oesophageal varices.

32. Sun exposure predisposes to this type of neoplasia:

- A. Melanoma.
- b. Breast cancer.
- c. Hodgkin's lymphoma.
- d. Nasopharyngeal carcinoma.

33. A.. of the following are red signals for the occurrence of malignancy except:

- a. Bleeding from any orific.
- b. Presisten cough.
- c. Obesity.
- d. Rapid enlargement of a previously dormant neoplasia.

34. All of the following are common sites of hematogenous spread of carcinoma except:

- a. Spleen.
- b. Brain.
- c. Suprarenal glands.
- d. Liver.

35. All of the following statements are correct except:

- a. The branchial cyst usually appears afted the age of 20 years.
- b. The branchial fistula is never congenital.
- c. The cyst is susceptible to infection because its wall is surrounded by lymphatic tissue.
- d. Branchial cyst appears in the carotid triangle.

36. Causes of metabolic acidosis includes all of the following except:

a. Sepsis.

- b. Large volume of saline resuscitation.
- c. Advanced renal failure.
- d. Advanced distension.

37. The median nerve innervates all of the following muscles except:

- a. Pronator teres.
- b. pronator quadratus.

- c. Lateral 1/2 of the flexor digitorum profundus.
- d. Medial 2 lumbricles.

38. Ulnar nerve injury is characterized by all of the following except:

- a. Positive pen tst.
- b. Posivive fromet's sign.
- c. Hyperextension of the matacarpo-phalyngeal joint of the 4th and 5th fingers.
- d. Wasted interossei.

39. Which of the following tests is specific for patency of the deep system.

- a. Perthe's test.
- b. Schwartz test.
- c. Trendelenburg test.
- d. Multiple tourniquet test.

40. The following are normal narrowing sites in the esophagus except:

- a. The cricopharyngeus sphincter.
- b. Behind the left main stem bronchus.
- c. At the eighth and nnth thoracic vertebra when the azygos and hemiazygos veins cross.
- d. At the esophageal hiatus.

41. Intra-arterial infusion of chemotherapeutic agents to control malignancy is usually done in malignancy of the:

- a. Brain.
- b. Liver.
- c. Pancreas.
- d. Stomach.

42. In radical mastectomy all of the following structures are removed except:

- a. Nipple and areola.
- b. Pectoralis major muscle.
- c. Axillary lymph nodes.
- d. Nerve to serratus anterior.

43. The most common site of breast cancer is the:

- a. Upper medial quadrant.
- b. Upeer lateral quadrant.
- c. Lower medial quadrant.
- d. Lower lateral quadrant.

44. The commonest cause of acute ischemia is:

a. Acute arteria injuries.

- b. As a complicaton of aortic dissection.
- c. Arterial embolism.
- d. Acute arterial thrombosis.

45. Conservative treatment of chronic ischemia includes all of the following except:

- a. Control of diabetes & hypertension.
- b. Arrest of smoking.
- c. Mild exercise.
- d. Bypass grafting.

46. Malignant transformation in a thyroid swelling is characterized by all of the following except:

- a. Rapid increase in size.
- b. Rapid recurrence after excision.
- c. Hardness of a part of or all the swelling.
- d. Intact vertical mobility over the trachea.

47. Which of the following is not true about the arterial supply of the thyroid:

- a. The superior thyroid arises from the external carotid.
- b. The inferior thyroid arises from the subclavian artery.
- c. The middle thyroid arises from the external carotid.
- d. The thyroidea ima thyroid arises from the aortic arch.

48. Doppler test reflects:

- a. Speed of flow in a blood vessel.
- b. Amount of flow in a blood vessel.
- c. Nature of the substance flowing in the vessel.
- d. All of the above.

49. Regarding carbimazole in the treatment of Grave's disease, all is true except:

- a. It blocks iodine binding to tyrosine.
- b. Initial dose is 30 mg per day.
- c. Treatment is stopped when patient becomes euthyroid.
- d. The drug start acting after 1-2 weeks.

50. Which of the following swellings will plusate:

- a. Toxic goiter.
- b. Large nodular goiter.
- c. Carotid body tumor.
- d. All of the above.

Faculty of Medicine Cairo University

Date: 28/6/2011 Time 3 hours

Final M. B. B. Ch. Examination **General Surgery PaperII**

All questions are to be attempetd:

1- A43 years old male nurse had a history of hepatitis for which he was admitted to hospital 11 years ago. Three months ago he started to loos weight and prwsented at the surgical outpatient clinic with upper, abdominal discomfort and general weakness.

On abdominal examination the liver was enlarged with the lobe felt hard in consistency.

A- What are the diagnostic possibilities. (5 Marks)

B- How can you proceed in investigating him. (7 Marks)

C- What are the treatment options for such diagnostic possibilities(8 Marks)

2- A 64 years old engineer complained of difficulty in micturition and feeling as if he did not empty his bladder after that he often feels that he needs to urinate again. Last winter he suffered from one attack of retention of urine for which he went to the E. Rwhere a urinary catheter was used to relieve his retention.

He is not diabetic and his neurological assessment revealed no abnormalities. I- What are the diagnostic possibilities and how to differentiate clinically.

	(5 Marks)
II- What are the suggested investigations.	(5 Marks)
III- What will be the plan of treatment.	(5 Marks)
B-I- Give an account on testicular tumours.	(5 Marks)
II- Give a short account on calcular anuria.	(5 Marks)
III- Give a short account on urethral injuries.	(5 Marks)
- I- Give an account on supracondylar fracture femur	in adults.

3-

(10 Marks) II- Give an account on calcular anuria. (10 Marks) III- What are the general principles of the management of compound fractures (10 Marks) 4- A 28 yerar old man was brought to the ER after his car crashed into a tree when he fell asleep at the wheel. His Bp was 100/70, pulse 120/ minute, respiratory rate 28/minute and Glasgow Coma Score was 14. The primary survey revealed a patent airway, diminished air entry and

breath sounds on the left hemithorax with severe chest wall tenderness and subcutaneous emphysema. There was no tenderness over the abdomen nor the pelvis. His extremities were normal.

A- What are the diagnostic probabilities.	(7 Marks)
B- Hwo to confirm the diagnosis.	(5 Marks)
C- How to treat according to priorities.	(8 Marks)

P.T.O.....

5- What are the complications and treatment of diverticular disease of colon. (7 Marks)

II- What are the different types of injuries to the spine and their complications. (7 Marks)

III- What is the preoperative prepatation for calcular obstructive jaundice. (6 Marks)

IV- Give a short account on appendicular mass and its management. (6 Marks) V- What are the complications and different ways of treatment of hemorrhoids.

(6 Marks)

6- A44 years old man presented at the ER with massive melena and drowsiness.

The patient indicated that he had several bowel motions containing black tarry colored stools. There is a history of frequent drenking of alcohol and also the patient used ibuprifen (Non steroidal analgesic) tablets feequently to relieve headache and knee pains in the last ten days. On general examination his temperature was 370c, pulse rate 110/minute, B.P 95/70 and the respiratory rate was 22/minute The patient was pale and cooperative

A- What are the possible sources of bleeding (3 marks)B- How culd you proceed in the investigations according to priorities (7 marks)

C- How can you proceed in the treatment according to priorities (8marks)

Faculty of Medicine Cairo University

Section 2: MCQ

Instructions. Please note that:

° Select the best answer.

- ° Allow 30-36 seconds for each question.
- ° Total marks 50, 50 questions, each question 1 mark.
- ° Answer ALL the questions, do not leave any unanswered ones.
- ° Answer in the question paper.
- ° Exam is in 6 pages.
- ° Circle the correct answer.
- ° If you change your mind about an answer, cross it out and write beside the question, the new answer.

1. All of the following lines are used in the treatment of benign prostatic hyperplasia except:

- a. Alpha blockers.
- b. Diuretics.
- c. Endoscopic cryo ablation.
- d. TURP.

2. Regarding healing of bone fractures all of the following conditions are true except:

- a. Children better than in adults.
- b. Transverse better than in oblique fractures.
- c. Impacted better than in distracted fractures.
- d. Internal better than in external fixation.

3. Regarding acute hematogenous ostemyelitis, all of the following are true except:

- a. Is caused by staphylococcus aureus is 100% of the cases.
- b. Horizontal spread of infection results in subperiosteal sequestra.
- c. Has to be differentiated from ewing's sarcoma.
- d. The plain X-ray is normal initially.

4. Crepitus is heard/felt in which of the following.

- a. Osteoarthritis.
- b. Fracture.
- c. Subcutaneous.
- d. All of the above.



5. The major causes of early complications and death following major surgery are.

- a. Acute pulmonary, cardiovascular and fluid derangenents.
- b. Sepsis.
- c. Atelectasis.
- d. Ileus.

6. Which one of the following is present in cases of pure ulnar nerve injury:

- a. Weak wrist flexion and radial deviation.
- b. Positive pen test.
- c. Positive fromet's sign.
- d. Paralysis of the flexor polices longus.

7. The median nerve innervates all of the following muscles except:

- a. Pronator teres.
- b. pronator quadratus.
- c. Lateral 1/2 of the flexor digitorum profundus.
- d. Medial 2 lumbricles.

8. Ulnar nerve injury is characterized by all of the following except:

- a. Positive pen test.
- b. Positive fromet's sign.
- c. Hyperextension of the metacarpo-phalyngeal joint of the 4th and 5th fingers.
- d. Wasted interossei.

9. Regarding amoebic hepatitis and abscess:

- a. It is commonest in the left lobe of the liver.
- b. patient usually has a high hectic fever.
- c. The best diagnostic test is stool analysis for entamoeba histolytica.
- d. Metronidazole (Flagyl) is the treatment of choice.

10. Which of the following is a tumor marker for hepatocellular carcinoma?

- a. Alph-feto protein.
- b. Beta human chorionic gonadotrophin.
- c. Carcino-embryonic antigen.
- d. CA 19-9.

11. Which of the following is the most common type of gall stones?

- a. Pure cholesterol.
- b. Mixed.
- c. Black pigment.
- d. Brown pigment.

12. Necroturia is pathognomonic of:

- a. TB cystitis.
- b. Cancer bladder.
- c. Colovesical fistula.
- d. Stone bladder.

13. Bony metastasis is famous with this cancer.

- a. Renal cell carcinoma.
- b. Wilms' tumor.
- c. Cancer bladder.
- d. Cancer prostate.

14. Vascular injury is famous with this fracture:

- a. Neck humerus.
- b. Both bones upper limb.

c. Pelvis.

d. Supracondylar femur.

15. Nerve injury is famous for this kind of fracture:

- a. Nech humerus.
- b. Supracondylar humerus.
- c. Colles' fracture.
- d. Neck femur.

16. Which of the following tumors arises from the metaphysis of long bones?

- a. Osteosarcoma.
- b. Giant cell tumor.
- c. Secondaries.
- d. Chondrosarcoma.

17. Complications of prolonged recumbency in bed is famous for this fracture:

- a. Neck femur.
- b. Supracondy lar femur.
- c. Shaft tibia.
- d. Pott's fracture.

18. Which of the following is a contraindication of circumcision?

- a. Phimosis.
- b. Paraphimosis.
- c. Hypospadias.
- d. Failure of the prepuce to retract.

19. The main presentation of Wlims' tumor is:

- a. Abdominal mass.
- b. Hematuria.

c. Pain.

d. Hypertension.

20. An anal fistula is almost always a sequet of:

- a. Anal fissure.
- b. Internal piles.
- c. Acute perialal hematoma.
- d. Anorectal abscess.

21. The treatment of acute pancreatitis is mainly:

- a. Of the cause.
- b. Conservative.
- c. ERCP.
- d. Surgical.
- 22. In the absence of trauma, which of the following signs which if present is a sure sign of acute generalized peritonitis.
 - a. Acute abdominal pain.
 - b. Board- like rigidity.
 - c. Shifting dullness.
 - d. Dead silent abdomen.
- 23. Which of the following is an indication of splenectomy?
 - a. 7 year old with repture spleen, on exploration a small teas was sutured and the bleeding stopped.
 - b. Hydatid cyst of the spleen.
 - c. After remission by corticosteroids in a child with idiopathic thrombocy-topenic purpura.
 - d. patient with splenomegaly, anemia, thrombocytopenia and hypocellular bone marrow.

24. Which of the following investigations is essentia in cases of unobstructed carcinoma of the sigmoid colon?

- a. CEA (Carcinoembryonic antigen).
- b. Barium enema.
- c. Sigmoidoscopy.
- d. Colonoscopy and biopsy.

25. Third degree piles:

- a. Do not prolapse, just bleeding.
- b. Prolapse only during defecation, reduce spontaneously.
- c. Prolapse during defecation and require manual reduction.
- d. Premanently prolapsed.

26 The cause of gangrene after fracture in a limb do not include:

- a. Direct crushing of the tissues.
- b. Injury to the main vessels.
- c. Tight plasters.
- d. Septic infection.

27. In head injuries, the most urgent measure is:

- a. Control of bleeding from scalp wounds.
- b. Correction of shock from extracranial causes.
- c. Clearing the air passages and ensuring adequate pulmonary ventilation.
- d. Thorough general and neurological examination.

28. In tension pneumothorax, the incorrect statement among the following is that:

- a. There is a constant leak of air from a tear in the lung or a valvular wound in the chest wall.
- b. Sever respiratory embarrassment is always present.
- c. Cardiac function is not affected.
- d. There is displacement of the trachea and mediastinum to the opposite side.

29. The most common malignant tumors of the liver are:

- a. Hepatomas.
- b. Cholangiomas.
- c. Metastatic depsits.
- d. Lymphomas.

30. In infantile ileocaecal intussusception the following is correct except:

- a. More at the age of weaning.
- b. The infant passes mucous and blood per rectum.
- c. distension is usually present in early case.
- d. A sausage shaped mass may be felt.

31. In obstructive jaundice (calcular) alll are correct except:

- a. The degree of jaundice may be fluctuating.
- b. Charcot tirade is recurrent attacks of jaundice, fever and shock.
- c. There may be itching marks.
- d. The gall bladder is usually not palpable.

32. Strangulated inguinal hernia; chose the most sure sign of strangulation: a. Irreducibility.

- b. Absence of impulse on cough.
- c. Server audible intestinal sounds.
- d. Tense and tender hernia.

33. In acute appendicitis, the following are true except that it:

- a. Presents with pain in the right iliac fossa as the first symptom.
- b. Is always associated with loos of appetite.
- c. Is always associated with constioation.
- d. May cause psoas spasm.

34. The complications of chronic anal fissure include the following except:

- a. Formation of "sentinel piles".
- b. Anal fistula.
- c. Anal contracture.
- d. Malignant Transformation.

35. The first step in cardiac resuscitation is:

- a. Cardiac massage.
- b. Intravenous infusion.
- c. Ventilation.
- d. Bicarbonate administration.

36. In undescended testis, the following are true except:

- a. Affects about 1% of al males.
- b. Is common on the rght than on the left side.
- c. Is bilateral in about 20% of cases.
- d. Is rarely associated with inguinal hernia.

37. Symptomatic gall bladder stones are best treated by:

a. ERCP.

- b. Extracorporeal shock wave lithotherapy.
- c. Cholecystectomy.
- d. Cholecystectomy.

38. The first imaging option in hepatobiliary disease is:

- a. Ultrasound.
- b. I V Cholangiogram.

c. CT.

d. HIDA scan.

39. Regarding injection sclerotherapy all of the following are true except:

- a. May cause retrosternal discomfort.
- b. May lead to an esophageal ulcer.
- c. Is the second line of treatment affter blloon tamponade.
- d. May lead to perforation of the esophagus.

40. The most common cause of acute pancreatitis is:

- a. Excess alcohol intake.
- b. Bile duct stones.
- c. Paracetamol.
- d. Non-steroid anti-inflammatory drugs.

41. All the following causes of intestinal obstruction can be managed nonsurgically except:

- a. Adhesive intestinal obstruction.
- b. Ileo-cecal intussusception.
- c. Fecal impaction.
- e. Volvulus neonatorum.

42. Which of the following is NOT a feature of ulcerative colitis?

- a. Crypt abscesses.
- b. Granulomas.
- c. Perianal infictions.
- d. Pseudopolyposis.
- e. Back wash ileitis.

43. Which of the following are the least frequent in positions of the appendix:

- a. Retrocecal.
- b. Pelvic.

- c. Paracecal.
- d. Post-ileal.

44. The most common appendicular tumor is.

- a. Carcinoid tumor.
- b. Adenocarcinoma.
- c. Squamous cell carcinoma.
- d. Mixed cellularity.

45. Swellings that may be present in the midline of the abdomen include all of the following except:

- a. Divarication of the recti.
- b. Fatty hernia of the linea alba.
- c. Epigastric hernia.
- d. Spigelian hernia.

46. Which of the following is true for the content of littre's hernia.

a. Is ovary.

- b. Is a diverticulum of the bladder.
- c. Is meckel's diverticulum.
- d. May be a portion of the intestines.

47. A vaginal hydrocele is characterized by al of the following except:

- a. Fluctuation is posivive.
- b. Eversion and excision of the tunica is the main line of treatment.
- c. The swelling is usually found above the neck of the scrotum.
- d. Aspiration is followed by recurrence.

48. Injury of the ilioinguinal nerve during appendectomy may result in:

- a. Oblique inguinal hernia.
- b. Direct inguinal hernia.
- c. Femoral hernia.
- d. Incisional hernia.

49. The renal angle lies between.

- a. The costal margin and the spines of the vertebrae.
- b. The sacrospinalis and the midline.
- c. The costal margin and the midline.
- d. The costal margin and the sacrospinalis.

50. All of the following signs are present in torsion testis except:

- a. The affected testis is elevated.
- b. The skin of the scrotum is normal.
- c. There is vomiting.
- d. The contralateral testis has a transverse lie.

MBBCh (General Surgery)

Paper (I)

JUNE (2012)

1) The management of infected lace	rated wounds does not include:
a) Systemic antibiotics	b) Debridement
c) Formal excision.	d) Secondary suture .
e) Skin grafting if	
2) The most useful measure in pre	venting renal shutódown in post-burn
patients is :	
a) Maintaining an hourly urine ou	tput between 30 and 50 ml
b) Alkalinization of the urine	c) Marmitol administration
d) Administration of colloids	
e) B10@d transfusion 2 x	
3) The hyperdynamic phase of s	eptic shock is characterized by the
following signs except :	
a) Hyperventilation	b) Hypotension
c) Tachycardia	d) Pale cold extremities
e) Oliguria	
1) Concorning post-operative we	
4) Concerning post-operative wou	nd infection, which of the following
statement is wrong :	ind infection, which of the following
	ind infection, which of the following
statement is wrong :	
statement is wrong : a) Is most often due to dead space	ophylactic antibiotics `
statement is wrong :a) Is most often due to dead spaceb) Can always be prevented by pre-	ophylactic antibiotics ` tch abscess
statement is wrong :a) Is most often due to dead spaceb) Can always be prevented by proc) Frequency takes the form of sti	ophylactic antibiotics ` tch abscess haemorrhage
 statement is wrong : a) Is most often due to dead space b) Can always be prevented by proc c) Frequency takes the form of sti d) May precipitate fatal secondary 	ophylactic antibiotics ` tch abscess haemorrhage c R
 statement is wrong : a) Is most often due to dead space b) Can always be prevented by proc c) Frequency takes the form of stid d) May precipitate fatal secondary e) May end fatally by septic shock 	ophylactic antibiotics ` tch abscess haemorrhage c R
 statement is wrong : a) Is most often due to dead space b) Can always be prevented by proc c) Frequency takes the form of stid d) May precipitate fatal secondary e) May end fatally by septic shock 5) Which Antibiotics are contrained 	ophylactic antibiotics ` tch abscess haemorrhage a R ficated in pregnant females :
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 statement is wrong : a) Is most often due to dead space b) Can always be prevented by proc c) Frequency takes the form of stid d) May precipitate fatal secondary e) May end fatally by septic shock 5) Which Antibiotics are contraind a) Pencillins c) Tetracyclines e) Lincosamines 6) Sebaceous cyst is characterized by proceed to be prevented by proceeding the prevented by prevented by prevented by prevented by proceeding the prevented by prevent	ophylactic antibiotics ` tch abscess haemorrhage c R icated in pregnant females : b) Cephalosporins d) Arninoglycosides by the following except that it: eous gland

d) May occur on the palms and soles		
e) Is always anchored to the overlying skin at the punctum of the obstructed gland		
7) Local heat is useful for the follow	ving except :	
a) Ischaemic pain relief	b) Relief of muscle spasm	
c) Improving local circulation	d) Sedation	
e) Resolution of inflammatory oed	lema	
8) Among the ABO blood groups, ag	glutinogen A is absent from the cells of :	
a) Group A	b) Group B	
c) Group AB	d) All of the above	
e) None of the above		
9) Post-operative pulmonary compl	ications are most often due to :	
a) Hypercapnoea	b) Emphysema	
c) Atelectasis	d) Thromboembolism	
e) Pulmonary hypertension		
10) WhlCh statement is incorrect co	oncerning varicose ulcers ?	
a) Are always chronic and often re	ecurrent	
b) Occur most often on the medial	aspect of the lower third of the leg	
c) Are always associated with sup	ericial varicosities	
d) Have punched-out edges		
e) Are often surrounded by an a	rea of induration, pigmentation oedema	
and dermatitis		
11) Concerning basalócell carcinon	na, the false statement is that they are:	
a) Much less common than squam	ous-cell carcinoma	
b) Very rare in oriental and black	races	
c) Particularly common in tropica	-	
d) Characterized histologically l	by darkóstaining solid masses of cells	
arising from the basal layer of the epidermis		
_	of blonde subjects and outdoor workers .	
	lisease includes the following except :	
a) Strict prohibition of smoking		
b) Vasodilators, anticoagulants an	d patient inhibitions	
c) Sympathectomy		
d) Arterial reconstruction		
e) Amputation for gangrene when	a line of dermacation appears	
(1	35)	

13) The proper treatment of super	ficial thrombophlebitis is :
a) Walking with elastic stockings	
b) Antibiotics	c) Clot dissolvers
d) Anticoagulants	e) Venoligation
14) Median nerve injury at the wri	ist results in the following except :
a) Loss of sensation over the palma	ar aspect of the lateral three and half digits
b) Inability to oppose the thumb	to the other fingers
c) Inability to flex the terminal pl	nalanx of the thumb
d) Ape-thumb deformity	
e) Wasting of the thenar eminenc	e
15) A 50-year-old male developed	a painless chronic ulcer with indurated
•	th. He has smoked for 25 years but his
oral hygiene appeared good. Th	
a) Swab for bacteriological exam	
b) Sputum cytology	c) Frozen section biopsy
d) Incisional biopsy	e) Excisional biopsy
16) Which statement about adama	
	g in the paradental epithelial debris
b) Occurs in children and adolese	
c) Usually starts in the region of	-
•	asses enclosed in a firm fibrous capsule
e) Presents as a lobulated swellin	
	garotid tumour) is best treated by :
a) Simple enucleation	b) Local extracapsular excision
c) Superficial parotidectomy	d) Radical parotidectomy
e) Radiotherapy	
18) Adson's test for the scalene syn	_
a) Pallor of the hand is noted	b) The radial pulse disappears .
c) Numbness and tingling of the	-
d) All of the above	e) None of the above
19) The best routine treatment for	
a) Hemithyroidectomy	b) Partial thyroidectomy
c) Bilateral wedge resection	d) Subtotal thyroidectomy
e) Thyroxine administration	

20) True statements about gag illagy carcinoma of the thyroid do not include that it :

- a) Often affects adolescents b) Is a slow-growing tumour
- c) May be hormone-dependent
- d) Metastasize early by the blood stream
- e) Is radioresistant

21) Soft tissue mammography is most valuable in :

- a) Differentiating of benign from malignant masses
- b) Mass screening of women of child-bearing age
- c) Detection of impalpable breast cancers
- d) Clinical staging of breast cancer
- e) Investigation of discharging nipples

22) Which of the following statements about Paget's disease of the nipple is incorrect?

- a) Is a unilateral affection of the breast
- b) Is always related to an underlying cancer -
- c) Is a rare disease of middle-aged and elderly women
- d) Has a characteristic histology
- e) Carries a worse prognosis than other breast cancers

23) A 50-yearoold female underwent cholecystectomy. On the seventh post-operative day, she developed severe epigastric and chest pain with sweating and shortness of breath. Examination revealed mild fever and tenderness of the right calf. The most likely diagnosis is :

- a) Myocardial infarction
- b) Basal pneumonia
- c) Pulmonary embolism
- e) Pulmonary atelectasis

24) The most common cause of mediastinitis is :

- b) Pleural empyema a) Cervical cellulitis li
- c) Rupture of the oesophagus
- e) Lung abscess
- 25) In oesophageal achalasia, the incorrect statement is that :
 - a) Dysphagia is more marked for liquids than for solids
 - b) There is absence of ganglion cells in Auerbach's plexus
 - c) The oesophagus is dilated and immobile

- d) Basal pleurisy

d) Pericarditis

d) There is failure of relaxation of	the lower oesophageal sphincter
e) The diagnosis is established by oesophageal biopsy	
	the Mallory-Weiss syndrome are true
except that it :	
a) Is due to a mucosal tear along the function of the function	ne gastro-oesophageal junction
b) Usually results from forceful re	
c) Is often associated with alcohol	6 6
d) Requires endoscopy for the dia	gnosis
e) Should be treated surgically	-
	e inguinal hernia do not include the:
a) Skin and superiicial fascia	-
c) External spermatic fascia	d) Cremasteric muscle and fascia
e) Internal spermatic fascia	
28) The coverings of the sac of a	femoral hernia include the following
except the :	
a) Skin	b) Superficial fascia
c) Deep fascia	d) Cribriform fascia
e) Transversalis fascia and femora	l septum
29) The structure forming a comm	non boundagy for both Hesselbach's
and femoral triangles is the :	
a) Inferior epigastric artery	b) Linea semilunaris
c) Inguinal ligament	d) Obliterated hypogastric artery
e) Pectineal ligament	
30) A previously healthy 10-year	r-old boy presented with a 12-hour
histogy of anorexia, vomiting	and pain in the right iliac fossa.
Examination revealed a rectal t	temperature of 38.3, a white count of
13.700/cmm and signs of loca	lized peritonitis in the right lower
guadrant. At operation, his app	endix and caecum were normall The
most likely cause of his illness is	:
a) Acute gastroenteritis	b) Regional enteritis (Crohn's disease)
c) Mickel's diverticulitis	d) Acute mesenteric lymphadenitis

- e) Deep iliac adenitis
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Faculty of Medicine Cairo University time allowed: 3 hours Date 23 /6/2012

Final M.B, M.CH General Surgery Paper I (old bylaws)

Answer MCQ guestions in a separate sheet :

I- a-Describe the anatomy of the thyroid gland. (5 marks).

b-Describe the pathology, clinical picture, differential diagnosis, investigations and treatment of a solitary nodule of the thyroid ó gland (15marks)

c- Describe the clinical picture differential diagnosis and i . treatment of external angular dermoid cyst (5 marks)

d- Describe the clinical picture of primary tuberculous ~ lymphadenitis.

(5 marks)

II- a- Enumerate the branches of the femoral artery. (5 marks)

b- A 55 years old male presented to the outpatient clinic complaining of attacks of cramping pain in his left calf. The pain was present since one year but has progressed recently to the extent that it develops after 50 meters walking. The patient has weak left femoral pulse and absent distal pulsation.

Examination of the abdomen revealed a pulsating swelling above the level of the umbilicus.

1-What is the diagnosis of this case.	(5marks)
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2-What investigations are required?

3-What are the possible lir1es of treatment of this condition?

(5 marks)

(5marks)

c-Describe the clinical picture of traumatic arterio-venous fistula. (10marks)

III- a- A female patient 43 years old complained of a lump in her left breast. The lump is painless and it is 4 cm in diameter.

There were no skin manifestations and there were palpable lymph nodes in the axilla.

1-What is the diagnosis of this case? (3marks)

2-What investigations are needed and why in this case? (7marks)



3-What is the treatment of this case?	(l5marks)
	(10 marks)
IV- a- A 45 years old business man presented complaining or	
associated with attacks of vomiting at the end of the day. The	• • •
of large amount, foul odour, undigested food and not bile stai	
1-What is the diagnosis of this case?	(3marks)
	· /
2-Describe the electrolyte disturbances associated with	
	(5marks)
3-What investigations needed for this case?	(3marks)
4-What is the management of this case?	(4marks)
b- Describe the clinical picture, investigations and mana	gement. of
fracture rib	(15 marks)
VI- a- A 24 years old man presented to the ER after a road traffi	c accident`.
The patient was conscious, his blood pressure 90/60, and th	e pulse rate
110/minute. He gave a history of loss of consciousness	s and canít
remember if he suffered from a head injury.	
1- What measures should be done to this patient?	(5marks)
2- What possible head injuries have happened in this patient?	(5marks)
3- What are the indications of surgery in head injury?	(5 marks)
b-What is the management of cardiac arrest'?	(15 marks)

MBBCh (General Surgery) Paper (II) old bylaws

26/6/2012

Answer the [allowing 30 MCQ questions one mark [or each Questions are on 10 gages.

Mark a (\swarrow) on the groger answer

- 1) Among the following statements about benign gastric ulcers, the incorrect one is that they :
 - a) Occur most often on the lesser curve of the stomach
 - b) Are always due to hyperacidity ..
 - c) Produce epigastric pain soon after meals
 - d) Requires routine gastroscopy and endoscopic biopsy
 - e) Commonly recur after medical treatment
- 2) The comiplications f chronic duodenal ulcer do not include :
 - a) Acute perforation b) Acute haematemesis
 - c) Penetration into the posterior abdominal wall
 - d) Malignant transformation e) Pyloric obstruction

3) The most freguent site of gastric cancer is the :a) Cardia

- b) Fundus c) Lesser curvature
- d) Greater curvature e) Pyloric antrum

4) The following statements about diverticular disease of the colon are true except that it :

- a) Increases in incidence with advancing age
- b) Does not involve the rectum
- c) Is essentially due to a high-residue diet
- 4 d) May be asymptomatic
- e) May cause massive rectal bleeding-
- 5) A 'Z0óyearóold male, with a histogy of intermittent episodes of midabdominal pain, presented because the pain has become severe and constant over the last 3 hours. Examination revealed mild distension and generalize tenderness and the stools were positive for blood. His white count was 29,000/cm and his serum amylase was 450 units. The correct management would be:
 - a) Barium mean and enema b) Arteriography
 - c) Endoscopic retrograde cholangiopancreatography
 - d) Conservatgive treatment for acute pancreatitis
 - e) Exploratory laparotomy

6) The signs of acute appendicitis do not	t include which of the following :
a) Acute tenderness at Mc Burneyís point	
b) Rebound tenderness in the right iliac fossa	
c) Positive Murphy's sign	
d) Hyperaesthesia in Sherren's triangle	
e) Guarding and rigidity oveigethe rig	ht iliac fossa
7) Concerning internal piles, the following sta	tements are correct except that they :
a) Are due to varicosity of the internal	haemorrhoidal plexus
b) May consist of mother or daughter piles	
c) Present clinically by bleeding and prolapse	
d) Are usually associated with severe pain	
e) May resolve under conservative treation	atment in the early stages
8) ljyogenic liver abscess is most often ca	aused by :
a) Cholangitis	b) Pylephlebitis
c) Traum	d) Systemic pyaemia
e) Infected cysts	
9) A 25-year-old female presenting w	ith severe vaginal bleeding was
found to have ITP with a platelet	count of 50,000/cmm. Her initial
therapy should consist of :	
a) Blood transfusion	b) Corticosteroids
c) Splenectomy	d) Azathioprine
e) Both A and B	
10) Hypertension in a patient with a family	mily history of medullary thyroid
carcinoma is most often due to :	
a) Renal artery stenosis	b) Glomerulonephritis
c) Cushing's syndrome	d) Hyperparathyroidism
e) Pheochromocytoma	
11) Correct statements about Wilm's tu	mour do not include which of the
following ?	
a) It usually presents as an asymptoma	
b) Its incidence is greatest in the first two years of life	
c) The diagnosis is usuallyconizirmed by IVP	
d) It requires treatment by radical surgery, radiotherapy and chemotherapy	
e) The long term survioval is very poo	
12) The following statements regarding ector	
a) Is usually the upper member of a do	
b) May open into the posterior urethra	
c) Opens into the urethra or vagina in the female	
d) Causesurinary incontinence in both sexes	
e) May require transplantation into the	bladder

13) The incorrect statement about bi	inarziai cystitis is that it :
a) Is the commonest cause of haen	naturia in Egypt
b) Predisposes to secondary infect	ion and stone formation ë
c) Rarely causes bladder neck obst	ruction
d) May produce calcified shadows	in the plain X-ray
e) May require surgical interference	ce
14) Concerning undescended testis	s, the following statements are true
except that it :	
a) Affects about 1% of all males	
b) Is commoner on the right than or	n the left side
c) Is bilateral in about 20%_of case	2S
d) May be intra-abdominal oriextra	-abdominal
e) Is rarely associated with inguina	
15) The following statements about	t hydrocele of a hernia sac are true
except that it :	
a) Is a pyriform swelling in the upp	per part of the cord
b) Results from distension of an en	npty inguinal hernia sac
c) Does not alter its mobilityby trac	ction on the testis
d) Shows an expansile impulse on o	coughing
e) Is excised through an inguinal in	cision
16) Nonóunion in closed fractures may	
a) Inadequate immobilization	b) Interposition of soft parts
c) Impaired blood supply	d) Impaction of the fragments
e) Wide separation of the fragment	
17) Concerning fracture of the shaft	of the clavicle, it is untrue that
a) Is usually due to direct trauma	
b) Commonly involves the middle	
c) Is often associated with overridin	ng of fragments
·	0 0
d) Causes dropping and deformity	of shoulder
d) Causes dropping and deformitye) Is usually treated by figure-of-ei	of shoulder ght bandage
d) Causes dropping and deformitye) Is usually treated by figure-of-ei18) Tears of the meniscus of the kn	of shoulder
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 d) Causes dropping and deformity e e) Is usually treated by figure-of-ei 18) Tears of the meniscus of the kn strains ? a) Hyperextension c) Adduction 	of shoulder ght bandage ee result from which ofthe following
 d) Causes dropping and deformity (e) Is usually treated by figure-of-ei 18) Tears of the meniscus of the kn strains ? a) Hyperextension c) Adduction e) Combined flexion and rotation 	of shoulder ght bandage ee result from which ofthe following b) Abduction d) Rotation
 d) Causes dropping and deformity (e) Is usually treated by figure-of-ei 18) Tears of the meniscus of the kn strains ? a) Hyperextension c) Adduction e) Combined flexion and rotation 19) The most common tumour of the 	of shoulder ght bandage ee result from which ofthe following b) Abduction d) Rotation small bones of the hands and feet is :
 d) Causes dropping and deformity (e) Is usually treated by figure-of-ei 18) Tears of the meniscus of the kn strains ? a) Hyperextension c) Adduction e) Combined flexion and rotation 19) The most common tumour of the a) Enchondroma 	of shoulder ght bandage ee result from which of the following b) Abduction d) Rotation small bones of the hands and feet is : b) Osteochondxoma
 d) Causes dropping and deformity (e) Is usually treated by figure-of-ei 18) Tears of the meniscus of the kn strains ? a) Hyperextension c) Adduction e) Combined flexion and rotation 19) The most common tumour of the a) Enchondroma c) Osteoclastoma 	of shoulder ght bandage ee result from which of the following b) Abduction d) Rotation small bones of the hands and feet is :
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20) Rheumatoid arthritis primarily involves the :

a) Articular cartilage

c) Synovial membrane

b) Subchondral bone

d) Capsule

e) Ligaments

21) The commonest varieg of flat foot is the :

a) Congenital

b) Spasmodicd) Statis.

c) Paralytice) Traumatic

22) A 72-year-old woman is about to undergo an elective total hip replacement for osteoarthritis. She has a histog of hypertension and type 2 diabetes mellitus but no ischaemic heart disease of peripheral vascular disease. Which of the following is the most appropriate thromboembolic prophylaxis ?

- a) Intermittent pneumatic calf compression
- b) Calfó1eng1;h thromboembolic deterrent elastic stockings and early I ambulation
- c) Full-dose untractionated heparin to increase the activated partial thromboplastin time to two times control
- d) Insertion of an inferior vena cava filter
- e) Subcutaneous low-molecular-weight heparin
- 23) A 31-year-old man is admitted following an assault outside a nighclub. During the tight he was hit by a blunt object across the side of the head. On admission his Glasgow Coma Scale I score is initially 12/15 but falls to 8/15 during his evaluation.

The decision is taken to perform a computed tomography head scan, which identifies a lensóshaped space-Occupying lesion . within the cranial vault. The diagnosis is :

a) Extradural haematoma

- b) Subdural haematoma
- c) Subarachnoid haemorrhage
- d) Cerebral contusion
- e) Intracerebral haemorrhage
- 24) A 58-year-old patient presents with a 6-week histogy of increasing difficulty swallowing. He first noticed problems when eating meat which became stuck behind his heart, but this gradually began to include other foods. The patient is currently worried because he is now struggling with thick fluids and has noticed some involuntagy weight loss. What is the most appropriate investigation ?
 - a) Staging computed tomography
- b) Barium meald) Barium swallow
- c) Upper gastrointestinal endoscopye) Electrocardiography

25) Which is the most common early complication following splenectomy ?

a) Pancreatitis

b) Gastric dilatation

c) Atelectasis

- d) Thrombosis
- e) Overhelming post-splenectomy sepsis .
- **26**) All of the following may cause a right iliac fossa mass that is palpable on abdominal examination, except :
 - a) Mucocele
 - c) Tuberculosis

- b) Ulcerative colitis
- d) Appendicitis

e) Ovarian cancer

27) An elderly man with chronic constipation experiences acute-onset left iliac fossa pain and tenderness. On examination, the patient has fever and is slightly tachycardiac. There is marked tenderness and guarding in the left iliac fossa. Full blood count result reveal raised white cells. What is the most likely diagnosis here ?

a) Diverticular disease

b) Diverticulitis

c) Diverticulosis

d) Perforated diverticulitis

- e) None of the above
- 28) A 75-year-old man, with a histogy of diverticular disease, is experiencing swinging fevers and left-sided abdominal pain. You suspect the patient has a diverticular abscess. Which one of the following investigations is the most appropriate to confirm your suspicion ?
 - a) Barium enema studies
 - b) Abdominal plain film radiography
 - c) Computed tomography scan of abdomen -
 - d) Colonosopy
 - e) Flexible sigmoioscopy
- **29**) The following statements about bleeding peptic ulcers are true except that they :
 - a) May be acute or chronic
 - b) Require gastroscopy and biopsy to confirm the diagnosis
 - c) Rarely respond to conservative treatment
 - d) May present with melaena as the only symptom
 - e) Require urgent operation in elderly patients

30) Perforated duodenal ulcer ulcer is best treated by:

- a) Gastroduodenal suction and antibiotics
- b) Simple closure over an omental patch
- c) Truncal vagotomy

d) Superselective vagotomy

e) Partial gastrectomy

Faculty of Medicine Cairo University Time allowed : 3 Hours date: 26/6/2012

(7marks)

M.B, B.CH, General Surgery Paper II

Answer the following 6 guestions í Questions are on two pages ë

 a- A60 years old man came presenting with upper abdominal pain for two months and loss of appetite. On examination the abdomen was lax but the liver was enlarged. No ascites was detected. The patient was jaundiced and his urine was dark and stools clay coloured. The direct bilirubin and serum alkaline phosphatise were elevated.

I-What are the possible causes of this condition and how to differentiate between them clinically? (5marks)

2-What investigations are needed in this case? (5 marks)

3- What are the treatment options in this case? (5marks)

- b-Describe the pathology, clinical picture, investigations and management of amoebic liver abscess. (10 marks)
- 2. a- A 43 years old female patient was complaining of a lump in her left breast, On examination the mass was in the upper outer quadrant,4 cm in diameter and mobile within the breast. There were palpable lymph nodes in the left axilla.
- 1-What is the diagnosis of this case. (3marks)
- 2- What are the investigations needed in this case and why? (5marks)
- 3- What is the management of this case?
- b- Describe the pathology, clinical picture and management of ileocaecal intussusception. (10marks)
- 3. a- A 55 years old male patient presented suffering from abdominal, colic, repeated greenish vomiting, distension and absolute constipation for three days. He also complains of a mass in the abdominal over a previous laparotomy incision. The mass has become recently larger, tense and tender.

1- What is the diagnosis of this condition?	(3 marks)
2- What investigations you need in this case?	(2 marks)
3- What are the management options of this condition?	(10 marks)
b- Give an account on the causes, complications and managed	gement anal
piles.	(10 marks)
4. a- A 52 years old mal complained of recurrent attacks of to	tal haematu-
ria. On examination there was a firm mass occupying the left	ft loin
l-What are the possible causes of this condition?	(5 marks)
2- What investigations are needed to establish a diagnosis?	(5 marks)
3- What is the treatment of villous of this case?	(5 marks)
b- Describe the, clinical picture and treatment of bilharzial c	arcinoma of
the bladder.	(10 marks)
5. a- A 26 years old man presented to ER with a fracture of hi	s rightfemur
after an accident. How are you going to manage this case?	(15 marks)
b- Give an account on the pathology, clinical picture and treatm	nent of oste-
osarcoma of the lower end of femur.	(l0marks)
6. a- A young lady presented with acute lower abdominal pai duration.	n of 8 hours
1-What is the differential diagnosis of this condition?	(5 marks)
2- What are the investigations needed to establish a diagnosis?	(5 marks)
3- What is the treatment of an appendicular mass?	(5marks)
b- What are the causes, diagnosis and treatment of varicocoele	? (5marks)
c- Describe the clinical picture and treatment of fracture ofth	e V shaft of
humerus.	(5marks)

Surgery Department Final Exam Paper I (نظام حدیث)

Date: 16/6/2013 Time Allowed: 3 Hours Total Marks: 150 Marks Number of Pages: 2 Pages 6th Year

Instructions:

This exam composed of 6 questions. All questions should be answered. Answer in your answer booklet

1). A 79 years old man presented with increasing difficulty in swallowing. Over the preceding months he has required a soft diet and is now only able to tolerate thin fluids. These symptoms have been associated with weight loss and cachexia.

a) what is the likely diagnosis and differential diagnoses? (5 marks).

b) Discuss the pathological types of the disease ? (5 marks)

c) what are the therapeutic options? (5 marks)

2). A 40 years old female presented with a well-defined rounded swelling in the right side of lower part of the front of the neck. On examination it is cystic in consistency move up and down with swallowing.

a) What are the differential diagnoses? (10 marks).

b) Disscus the bed side tests, laboratory investigations & imaging modalities needed in this case? (10 marks).

c) Discuss the possible lines of treatment? (10 marks).

3). A 60 years old male presented to Emergency unit with his relative words of 1 hour ago vomiting of large amount of bright red blood and fainting attack he was known to use peptic ulcer medications since 6 months and never quit smoking, the patient was pale shocked with HR 130 and BP 80/50.

- a) Discuss the resuscitative measures for that patient? (5 marks).
- b) Discuss the investigatory tools for such case? (5 marks).
- c) Discuss the possible lines of treatment? (5 marks).

4). Discuss the following:

- a) Management of cold abscess? (7.5 marks)
- b) sternomastoid tumor (congenital torticollis)?(7.5 marks)
- c) Anatomy⁶ of lower limb superficial venous systems? (7.5 marks)
- d) Clinical picture of papillary thyroid carcinoma? (7.5 marks)

5). Enumerate the following:

- a) Classifications of jaw swellings? (7.5 marks)
- b) The different types of lipoma? (7.5 marks)
- c) The different types of capillary haemangiomas? (7.5 marks)
- d) The pathological types of breast cancer? (7.5 marks)

6). Discuss the following:

- a) Anatomy of the carpal tunnel? (7.5 marks)
- b) Blood supply of the stomach? (7.5 marks)
- c) Clinical picture of popliteal artery aneurysm? (7.5 marks)
- d) Clinical picture of flail chest? (7.5 marks)

Surgery Department Final Exam Paper II (نظام حديث)

Date: 19/6/2013 Time Allowed: 3 Hours Total Marks: 150 Marks Number of Pages: 2 Pages 6th Year

Instructions:

This exam composed of 6 questions. All questions should be answered. Answer in your answer booklet

1). A 60 years old male developed progressive abdominal distension, with absolute constipation, examination revealed empty PR with left iliac fossa huge mass.

a) Discuss the possible diagnosis & differential diagnosis? (10 marks).

b) Discuss the laboratory & imaging modalities to reach the diagnosis?

(10 marks).

c) Discuss the treatment of this case? (10 marks).

2). A 55 years old male presented with painless hematuria with right flank fullness and hypertension.

a) Discuss the possible diagnosis & differential diagnosis on clinical ground? (10 marks).

b) Disscus the laboratory investigations & imaging modalities needed in this case? (10 marks).

c) Discuss the possible lines of treatment? (10 marks).

3). A 18 years old female presented with pain in the right hypochondrium with history of recurrent attacks of jaundice and fever with rigors on examination there is just palpable spleen with lower limb eruptions.

- a) What is the likely diagnosis, differential diagnoses? (10 marks).
- b) Discuss the investigations of this condition? (10 marks).
- c) Discuss the treatment of the case? (10 marks).

4). Discuss the following:

- a) Enumerate types of intestinal intussusception? (5 marks).
- b) Types & complications of acute appendicitis? (5 marks).
- c) Clinical picture & radiology of Osteosarcoma? (5 marks).
- d) Enumerate causes of hypercalcaemia ? (5 marks).

5). Discuss the following:

- a) Collis (old women) fracture? (5 marks).
- b) Pathogenesis of acute pancreatitis ? (5 marks).
- c) Preoperative bowel preparations? (5 marks).
- d) Boride's bone abscess? (5 marks).

6). Give a short account on the following:

- a) Pott's disease of the spine? (5 marks).
- b) Types of intestinal TB? (5 marks).
- c) Ewing's bone tumor ? (5 marks).
- d) perianal abscesses ? (5 marks).

Cairo University Faculty of Medicine Department of Surgery

Date: 23/6/2014 Time allowed: 3 hours Total Marks allocated: 150 Final M.B., B.Ch. Exam in Surgery Paper I

- 1. You were called from the Obstetric department to see a 30 year old female who had massive vaginal bleeding from placenta previa centralis. On examination she was drowsy, pale, cold, with pulse >140, BP was too low to be measured, and there was no urine in urine collection bag for the last hour. Describe the fluid resuscitation, pulmonary support, monitoring required, and the use of inotropic agents in this patient. (20 marks)
- 2. Describe:
 - a. Airway management in a polytrauma patient. (5 marks)
 - b. In a table the variations of arterial blood gasses in different types of acidbase disturbances (5 marks)
 - c. The diagnosis and treatment of acute hemolytic reaction. (5 marks)
 - d. Decontamination including cleaning, disinfection and sterilization. (5 marks)
 - e. Tension pneumothorax. (5 marks)
- A 50 kg, 23 year old girl came to the ER with 1st degree flame burns affecting the whole face, ventral surfaces of both arms and anterior surface of both legs. Describe first aid management, indication for hospital admission, resuscitative fluid therapy, monitoring, nutrition and early local wound burn care. (20 marks)
- 4. Describe the:
 - a. Immediate treatment of corrosive esophageal injury. (5 marks)
 - b. Gastroduodenal mucosal barrier. (5 marks)
 - c. Sites of peptic ulceration. (5 marks)
 - d. Clinical picture of carcinoma of the stomach. (5 marks)
- 5. A 52 year old male came to the ER with severe pain in the right leg of 3 hours duration. The patient gave no history of trauma but had an attack of recent myocardial infarction. On examination the pulse was 100 BPM and irregular, BP was 180/100 and the right leg was pale, cold, the femoral pulse was felt but no pulses were felt below that, and the calf muscles were soft. What are the investigations, differential diagnosis, and treatment of this case? (20 marks)

6. Describe:

- a. Venous anatomy of the lower limb. (5 marks)
- b. Anatomy of the rectus sheath. (5 marks)
- c. Types of dermoid cysts. (5 marks)
- d. The clinical picture of parotid tumors. (5 marks)
- e. Secondary and tertiary hyperparathyroidism. (5 marks)
- 7. A 55 year old female came complaining of a painful mass in the breast. On examination the left breast showed peau d'orange, harbored a 7 cm mass in the lower outer quadrant that was fixed to the ribs, and the ipsilateral axilla showed enlarged fixed lymph nodes. Mammography, ultrasonography and breast MRI confirmed the clinical diagnosis. The biopsy showed invasive ductal carcinoma grade II, estrogen and progesterone receptors were positive and her2/neu negative. Describe investigations and treatment of this case. (10 marks)
- 8. Answer the following questions:
 - a. Enumerate causes of thyrotoxicosis. (2 marks)
 - b. Describe in a table the differences between papillary, follicular, anaplastic and medullary thyroid carcinomas including, cell of origin, incidence, microscopic picture, spread, clinical picture, tumor markers and outline of treatment strategy (just mention the names of treatment options). (8 marks)

Faculty of Medicine Cairo University

Date: 15/12/2013 Time: 3 hours

Final M.B., B.Ch. Exam in Surgery Paper II

Instructions. Please note that:

- Marks allocated: 150 marks.
- Exam is in 2 pages, 1 paper.
- Answer all the questions.
- No operative details are required.
- 1. Answer the following cases (5 marks each):
 - a. A 42 year old obese female came with epigastric pain and malaise. On examination she was bradycardic, jaundiced, and abdominal examination was unremarkable. The ultrasound revealed chronic calcular cholecystitis and a common bile duct of 1.2 cm diameter. How to reach a diagnosis in this case.
 - b. A 68 year old male presented to you with progressive constipation, with passage of some mucous with stools. Abdominal examination revealed distended sigmoid colon, and rectal examination revealed stools with blood and mucous but no masses. Describe how to reach a diagnosis in this case.
 - c. A 22 year old female came complaining of severe pain on defecation with passage of bright-red blood. On examination there was spasm of the anal sphincter, no skin tags or nodules protruding, and on opening the anal canal a longitudinal wound was seen at the dorsal part of the anal canal and on palpation it was not indurated. Describe medical management of the case.
 - d. A 24 year old hairy male presented with an abscess in the cranial end of the natal cleft. Describe management of this case.
 - e. An 18 year old male came complaining of anal pain after straining at defecation 2 days ago. On examination there was a bluish swelling on the anal verge ¹/₂ cm in diameter. How will you manage?
- 2. Answer the following questions (10 marks each):
 - a. Describe the clinical picture of rupture spleen.
 - b. A 53 year old male complained of severe epigastric pain of 28 hours duration. On examination the blood pressure was 150/90, the pulse was 90 bpm, and there was epigastric and right hypochondrial guarding. The ultrasound showed gall stones with thickened wall. Discuss management of this case.

- c. A 72 year old female came to the ER with abdominal pain and absolute constipation of 12 hours duration. On examination there was marked abdominal distension and a plain x-ray revealed a hugely distended colonic loop, with its base pointing towards the left iliac fossa. Discuss management of this case.
- 3. Discuss (10 marks each):
 - a. Management of a patient with bleeding esophageal varices.
 - b. Investigations, assessment of severity, and treatment of acute hemorrhagic pancreatitis.
 - c. Causes, clinical picture, and investigations of acute pain in the scrotum.
- 4. Answer the following questions (5 marks each):
 - a. Enumerate causes and discuss how to reach a diagnosis in a case of a solid liver mass.
 - b. Describe the clinical picture and investigations of acute intestinal ischemia (mesenteric vascular occlusion).
 - c. Illustrate with a drawing different types of abdominal incisions.
 - d. Describe atypical presentations of acute appendicitis.
- 5. Discuss (5 marks each):
 - a. Indications of splenectomy in hematological disorders.
 - b. Early detection of neonatal intestinal obstruction.
 - c. The investigations required for a patient with bleeding per rectum.
 - d. Management of a patient with urinary retention.
 - e. Imaging in a patient with renal trauma.

6. Answer the following questions:

A. Describe clinical picture and investigations of a case of osteosarcoma.

(5 marks)

B. Mention complications of:	
a. Shoulder dislocation.	(3 marks)
b. Supracondylar fracture humerus.	(3 marks)
c. Colles' fracture.	(3 marks)
d. Fracture pelvis.	(3 marks)
e. Fracture neck femur.	(3 marks)

Cairo University Faculty of Medicine Department: General Surgery Date: Time allowed: Total Marks allocated: 150

Final Examination

PAPER I

Answer all the following 8 questions:

1) A 45 year old business man presented at the ER complaining of severe respiratory distress after a road traffic accident. On examination the trachea is shifted to the left side.

- a) What is the most possible cause ? and why? (5 marks)
- b) What resuscitative measures should be done to this patient? (5 marks)
- c) Outline the investigations and treatment measures required? (10 marks)

2) Discuss:

- a) Vascular supply of the thyroid gland (5 marks).
- b) Bounndries and contents of the inguinal canal. (5 marks).

3) A 10 year old boy presented to the outpatient clinic with a midline neck swelling that moves up and down with deglutition.

- a) What are the possible causes of this condition? (5 marks)
- b) In brief, what are the investigations and treatment of each cause?

(15 marks)

4) Give an account on:

a) A Boil in the face. (5 marks).

b) General complications of burns. (10 marks).

c) The prognostic factors and modes of spread of melanoma of the upper limb. (5 marks)

d) Carpal tunnel syndrome (5 marks).

5) A 22 year old female is suffering from severe sudden pain in her right lower limb. On examination this limb felt cold and the pulses were not felt. The radial pulse was 90/min and irregular. She gives a history of a monthly intramuscular injection.

a) What are the diagnostic possibilities of all the symptoms and signs?

(5 marks)

b) What are the immediate and delayed investigations do you suggest?(5marks)

c) How would you manage her condition ? (10 marks).

6) Answer the following:

a) Mention the clinical picture and treatment of:

i) Posterior hip dislocation.(5 marks).

ii) fracture of the clavicle.(5 marks).

b) Give an account on bone metastasis. (10 marks).

7) A 30 years old male receiving blood transfusion, suffered after 10 minutes from the start of transfusion of a sensation of chest constriction, chills and fever. Discuss the most probable diagnosis and the appropriate management. (15 marks).

8) Give a short account on:

a) Algorithm for the management of a clinically doubtful 3 cm breast mass

(10 marks).

b) Submandibulr salivary stones. (10 marks).

Cairo University Faculty of Medicine Department: General Surgery Date: Time allowed: 3 Total Marks allocated: 150

Final Examination

PAPER II

Answer all the following 7 questions:

1) On the third week after delivery the mother complained that her infant is suffering from projectile vomiting after breast feeding. On abdominal examination of the baby you felt an epigastric mass.

a) What is your diagnosis, and how can you differentiate it from other conditions associated with neonatal vomiting.(10 marks).

b) What is the treatment of this condition? (10 marks).

2) Give an account on:

a) The clinical presentations and treatment of renal cell carcinoma (hypernephroma) (10 marks).

b) Otline in a table form the differences between torsion testis and acute epididymo-orchitis (10marks).

3) A 30 year old man had a severe direct trauma to the left side of his abdomen he presented to the ER with a pulse rate of 110/min and a B.P 90/60.

a) What are the most possible diagnoses ? (5 marks).

b) What are the resuscitative measures that should performed?(10 marks).

c) Outline the investigations and treatment required (10 marks).

4) A 60 year old man presented to the outpatient clinic complaining of dull aching right hypochondrial pain for the past 3 months. clinical examination revealed an enlarged liver and spleen. C.T scan of the abdomen revealed a solitary solid lesion 5 cm in diameter in the right lobe of the liver.

a) What is the differential diagnosis? (10 marks).

b) How to reach a diagnosis? (10 marks).

c) What are the possible lines of treatment. (10 marks).

5) A 70 year old male developed progressive dysphagia of 3 months duration associated with progressive loss of weight.

a) What is the most probable clinical diagnosis? And why? (10 marks).

b) Discuss the required investigations and treatment lines. (10 marks).

6) Enumerate the causes of acute mechanical intestinal obstruction (10 marks).

7) Discuss in short:

a) Preoperative preparation of a patient with obstructive jaundice. (10 marks).

b) Meckel's diverticulum. (5 marks).

c) Complications of spinal anaesthesia. (5 marks).

d) Clinical features of anal fissure. (5 marks),

مع خالص أمنياتنا بدوام التوفيق

عميد تلية طب القصر العينى



