Exam : 1

1. **Regarding surgical wound infections, the following are true:**
   - **A. Failure of wound healing can have acute consequences such as fascial dehiscence, deep surgical infections**
   - **B. They are the second most common nosocomial infection**
   - C. Early detection leads to fascial destruction, with dehiscence or evisceration
   - **D. Tachycardia may be the first sign, and fever may appear later**
   - **E. They represent one quarter of all nosocomial infections**

2. **Relative contraindications to non-invasive ventilation (NIV) on a general ward in patients with COPD:**
   - **A. Confusion or agitation**
   - **B. Cognitive impairment**
   - **C. Arterial pH < 7.15**
   - **D. Glasgow Coma Scale (GCS) score < 8**
   - E. Facial burns

3. **The following statements regarding case-control studies are true:**
   - A. They are always prospective studies.
   - **B. They are useful for studying rare diseases.**
   - C. They are the gold standard for evaluating treatment efficacy.
   - D. They cannot be affected by recall bias.
   - **E. They do not allow the direct determination of disease incidence.**

4. *** Non-metastatic extrapulmonary manifestations (paraneoplastic manifestations) of lung cancer:**
   - A. Wheezing
   - B. Hoarseness
   - C. Tracheal tumors
   - **D. Muscle disorders – polymyositis, myasthenic syndrome (Lambert–Eaton myasthenic syndrome)**
   - E. Chest pain

5. *** Common clinical symptoms of sigmoid and cecal volvulus include, except:**
    A. Nausea.
    B. Jaundice.
    C. Vomiting.
    D. Severe constipation.
    E. Abdominal cramps.

6. **Which of the following statements are correct regarding local complications in the fracture healing process:**
    A. Articular cartilage is vascularized and dependent on nutrition supplied by blood vessels.
    B. Malunited fractures can be shortened, angulated, or rotated.
    C. Nonunion is characterized by incomplete fracture healing.
    D. Posttraumatic arthritis is a complication of non-displaced extra-articular fractures.
    E. Delayed union is characterized by fracture healing that appears to be taking longer than usual.

7. **Regarding the tongue, we can state:**
    A. It plays an essential role in mastication
    B. Its movements are controlled by pairs of extrinsic and intrinsic muscles, innervated by the facial nerve
    C. Taste sensation from the posterior two-thirds of the tongue is transmitted by the lingual nerve to the chorda tympani nerve, a branch of the facial nerve
    D. Taste sensation from the anterior two-thirds of the tongue is transmitted by the lingual nerve to the chorda tympani nerve, a branch of the glossopharyngeal nerve
    E. It plays an essential role in deglutition (swallowing)

8. **Indications for endometrial biopsy include:**
    A. Atypical glandular cells on Pap smear
    B. Hugh-Fitz-Curtis syndrome
    C. Postmenopausal bleeding
    D. Paget disease

E. Lichen planus

9. **Anti-HIV antibodies:**
   - **A. Persist for life**
   - B. Are detected by reverse-transcription polymerase chain reaction (RT-PCR) assays
   - **C. Can be detected in the first 18 months of life of uninfected children born to HIV-positive mothers**
   - **D. May be detected after a serological latency or "window period" from the initial infection**
   - E. Do not cross the placenta

10. **Standard treatment of patients with respiratory failure includes**
    - A. Improvement of FEV_1
    - B. Analysis of capnography waveforms
    - **C. Treatment of airway obstruction**
    - D. Improvement of the PaO_2/FiO_2 ratio
    - **E. Secretion management**

11. **Local risk factors that increase the incidence of surgical infection:**
    - **A. Wound hematoma**
    - B. Acute and chronic alcoholism
    - **C. Necrotic tissue**
    - **D. Obesity**
    - **E. Contamination**

12. **In ARDS, prone positioning promotes:**
    - **A. Redistribution of pulmonary densities from dependent lung regions**
    - B. Fluid overload
    - **C. More uniform alveolar ventilation**
    - **D. Recruitment of collapsed alveoli**
    - **E. Redistribution of pulmonary perfusion**

13. *** Regarding disseminated intravascular coagulation (DIC):**
    - A. Sepsis management is not part of the therapeutic approach to DIC
    - **B. It can be a cause of postoperative bleeding**

C. It results in the formation of erythrocyte aggregates

D. It leads to elevated D-dimer levels through hemolysis

E. Hypotension serves as a protective factor against the development of DIC

14. **A 45-year-old female patient has bloating, macrocytic anemia, and low serum folate. Choose the true statements for folic acid deficiency anemia.**

A. In folate deficiency, neuropathy is proximally located

B. Celiac disease is a likely cause of folic acid deficiency in this patient

C. Folic acid is administered prophylactically in patients with chronic haemathological disorders such as hemolytic anemia

D. Prophylactic administration of folic acid is recommended in the 3rd trimester of pregnancy

E. In the case of an inadequate diet, folate deficiency develops over the course of about 4 months

15. **Which of the following entities is/are not considered infectious etiological factor(s) of acute pericarditis?**

A. Dressler syndrome

B. Mesothelioma

C. Bacteria (i.e. Haemophilus influenzae)

D. Rheumatic fever

E. Staphylococcal infection

16. *** Which of the following statements regarding Meckel's diverticulum is correct?**

A. The diverticulum cannot be associated with ectopic pancreatic mucosa

B. Imaging investigations are not indicated for children with rectal bleeding

C. A radionuclide scan has no diagnostic value for Meckel's diverticulum

D. Resection of symptomatic diverticulum is curative.

E. Meckel's diverticulum cannot cause occult bleeding.

17. *** Evaluation of pelvic fractures includes:**

A. Evaluation of the length of the lower limbs/extremities

B. Perineal sensitivity is a clear sign of a pelvic fracture

C. Inspection of thoracic ecchymoses is important and always indicate a possible pelvic fracture

D. MRI is the key investigation

E. A CT scan is mandatory even when there is no suspicion of a pelvic fracture

18. * **Which of the following statements is true regarding bone necrosis:**

A. Core decompression, in which a hole is drilled through the dead cancellous bone, may be of benefit.

B. Core decompression, in which a hole is drilled through the dead cancellous bone, has no benefit.

C. Legg-Calvé-Perthes disease of the femoral head represents a form of post-traumatic osteonecrosis in adults.

D. The humeral head, navicular bone, and trapezoid bone are prone to avascular necrosis.

E. The humeral head is the most frequently affected by avascular necrosis.

19. **Regarding tubo-ovarian abscess the following is TRUE:**

A. Daily CA-125 measurements is important for antibiotic treatment duration

B. Surgical drainage is required

C. Inpatient treatment is required

D. I.v. treatment is required for antibiotics

E. Suspect a tubo-ovarian abscess in a patient with Pelvic Inflamatory Disease who also has signs of sepsis or peritonitis

20. **What are the criteria for defining acute severe ulcerative colitis?**

A. Anaemia: haemoglobin<10.0 g/L

B. Tachycardia: >90 beats/ min

C. Bradycardia: <70 beats/min

D. Erythrocyte sedimentation rate (ESR): <10 mm/hour

E. Absence of bloody stools

21. * **Insulin treatment:**

A. **Short-acting insulins must be injected with 20-30 minutes prior to a meal.**

B. It is administered intravenously by insulin pumps.

C. The basal-bolus regimen reffers to the administration of a long-acting insulin only.

D. Short-acting insulins are glargine and degludec.

E. Long-acting analogues have been developed to accelerate absorption and shorten the duration of action.

22. * **A 36-year-old female patient is diagnosed with papillary thyroid carcinoma, for which total thyroidectomy and radioactive iodine ablation were performed. The following statements are false for this case:**

A. Sorafenib treatment is initiated exceptionally in disease management.

B. Papillary thyroid carcinoma is the most common histological type.

C. **TSH suppression with levothyroxine may increase the risk of recurrence**

D. The main marker for postoperative follow-up is thyroglobulin.

E. The prognosis is generally favorable

23. * **Which of the following are characteristic of a maniac episode?**

A. Flat affect

B. Hypersomnia

C. Anhedonia

D. Social withdrawal

E. **Hyperactivity**

24. **Regarding the etiology of acute pancreatitis, the following are true:**

A. **It may have an autoimmune etiology.**

B. **Alcohol consumption is a common cause.**

C. **It can occur after abdominal trauma.**

D. **Gallstones are frequently involved in the etiology.**

E. Idiopathic acute pancreatitis accounts for over 50% of cases.

25. **A 77-year-old patient has severe anemia, with Hb 5.6g/dL, symptomatic. Investigations are started and blood group determination for transfusion is desired. Blood group cannot be determined (agglutination present in all situations), and the cold agglutinin titer is greatly increased, 1/4096. She is diagnosed with chronic cold haemagglutinin disease. Which tests were necessary for the diagnosis and which statements are true in the case of this disease?**
    - **A. The cause of hemolytic anemia (lymphoma, if the patient also has lymphoma) should also be treated**
    - **B. The presence of cold agglutinins makes it difficult to determine the blood group**
    - C. The disease occurs in young people with AINS intake
    - **D. Cold agglutinine test**
    - **E. It can be associated with lymphoproliferation with B lymphocytes (lymphoma)**

26. **Regarding the treatment of colorectal cancer, the following are true:**
    - A. The safety margin in rectal resection is 7 cm.
    - B. High rectal tumors have a higher risk of anastomotic fistula.
    - **C. Removal of the mesentery and lymph nodes is mandatorily associated with resection of the digestive segment.**
    - D. T3, T4 tumors do not benefit from neoadjuvant treatment.
    - **E. In case of obstruction, a metal stent can be placed.**

27. **The following statements regarding the treatment of hyperthyroidism are false:**
    - **A. Agranulocytosis is a frequent and severe adverse reaction to antithyroid drugs.**
    - **B. It includes only pharmacological treatment**
    - **C. Methimazole is preferred during the first trimester of pregnancy.**
    - **D. Propranolol may worsen the associated adrenergic symptoms.**
    - E. A reduction in the dose of antithyroid drugs is recommended when TSH rises above the normal range.

28. **Related to special circumstanes and advanced management of Venous Trombembolism:**

A. **Massive PE (pumonary embolism) with systolic hypotension is associated with a high risk of early death**

B. **Both warfarin and LMWH are safe for breast-feeding women**

C. Direct oral anticoagulants (DOACs) should routinely be used throughout pregnancy

D. **Low-molecular-weight heparin (LMWH) is the treatment of choice during pregnancy**

E. Anticoagulation should be discontinued immediately after insertion of an IVC filter and never restarted

29. **In psoriatic arthritis :**

A. **Skin manifestations may develop after the onset of arthritis.**

B. **The use of oral glucocorticoids should be avoided.**

C. The mutilans type causes periarticular osteosclerosis.

D. Cervical spine involvement occurs late.

E. **A family history of psoriasis may be a diagnostic clue.**

30. **The following statements about kidney tumors are true**

A. Around 90% of renal cell carcinomas are bilateral

B. **Renal cell carcinoma has a 2:1 male-to-female preponderance**

C. **In later stages, this tumor invades the renal vein and vena cava and may even extend into the right atrium**

D. **Partial nephrectomy is the preferred option for small tumors**

E. **Renal cell carcinoma most commonly metastasizes to the lungs, bones, and brain, in that order**

31. *** Which of the following statements regarding the management of infection in burn patients is true?**

A. Topical antimicrobial agents play no role in the treatment of burns

B. Burn sepsis is more common today than it was 50 years ago.

C. **Topical antimicrobial agents have helped reduce burn wound infections.**

D. Pressure ulcers do not require microbiological monitoring.

E. Infection control does not affect mortality.

32. *** Which feature characterises a complex febrile seizure in children:**

A. Complete return to baseline after seizure

B. Generalised tonic-clonic seizure

C. Focal seizure

D. Last less than 15 minutes

E. Only one seizure episode within 24 hours

33. *** Which is the most proper medical treatment for Crohn's disease?**

A. Maintenance of remission- Azathioprine, mercaptopurine, methotrexate

B. Induction of remission in small bowel disease – oral 5-ASA therapy

C. Induction of remission- Azathioprine, mercaptopurine, methotrexate

D. Maintenance of remission- Enteral nutrition

E. Maintenance of remission - Oral or i.v. glucocorticosteroids

34. **Choose the correct sentences for insulin therapy recommendations:**

A. The usual injection sites are the front and upper outer side of the thigh, the abdominal wall, buttocks and upper outer arms

B. Most recommended injections sites for insulin administration are the upper part of the calves.

C. In diabetic ketoacidosis insulin should be given by an intravenous infusion using a fixed rate.

D. The long-acting insulin is injected 1-2 times per day.

E. The twice-daily premixed insulin regimen is used more commonly for people with type 2 diabetes.

35. **The following statements regarding intracerebral hemorrhage are true:**

A. A secondary cause for intracerebral hemorrhage may be the rupture of an arteriovenous malformations

B. Chronic arterial hypertension produces hemmorhage that usually occurs in well-defined sites such as basal ganglia, pons, cerebellum

C. Catheter-based cerebral angiography is contraindicated due to an increased risk of bleeding

D. Antiplatelet drugs are contraindicated

E. A large ischemic stroke does not undergo hemorrhagic transformation due to different etiologic mechanism

36. *** The following statement regarding the surgical treatment of benign prostatic hyperplasia (BPH) is true**

A. Robotic approach is usually gold standard of treatment for BPH

B. The risk of future prostate cancer is not affected by surgery

C. The risk of sexual disfunction is more than 25%

D. Open/robotic surgical approach is usually chosen for patients with small (<100 g) prostate size

E. Transurethral approach is not usually the preferred method for BPH surgical treatment

37. **Which of the following statements are correct regarding hereditary haemochromatosis and Wilson's disease?**

A. In Wilson's disease, serum copper and caeruloplasmin are always elevated, facilitating diagnosis.

B. Treatment of Wilson's disease with penicillamine at a dose of 1-1.5 g daily is effective for copper chelation.

C. Venesection is contraindicated in patients with haemochromatosis and established cirrhosis.

D. The Kayser-Fleischer ring is a brown-green pigment at the corneal margin, specific to Wilson's disease.

E. Wilson's disease is an autosomal recessive condition with a molecular defect in the ATP7B gene located on chromosome 13.

38. **In ankylosing spondylitis :**

A. Unilateral or bilateral buttock pain and low back pain are usually worse in the morning.

B. Paraspinal muscle hypotrophy appears early.

C. Peripheral joint involvement is asymmetrical.

D. Joint involvement is polyarticular and predominantly affects small joints.

E. Hip involvement leads to fixed flexion deformities.

39. **Which of the following statements regarding renal excretion of H+ are true?**

A. In beta-intercalated cells, the H+-ATPase pump is predominantly located at the apical membrane.

B. The secretion of hydrogen ions in the cortical collecting tubules is indirectly linked to sodium reabsorption.

C. **At a urinary pH below 4.0, inhibition of H+-ATPase secretion pumps significantly restricts the renal secretion of further hydrogen ions.**

D. **Aldosterone directly stimulates H+-ATPase in alpha-intercalated cells, enhancing the secretion of hydrogen ions.**

E. **Alpha-intercalated cells possess a proton pump for active secretion of hydrogen ions, in exchange for reabsorption of K+ ions.**

40. **Which of the following statements regarding the treatment of esophageal cancer is true?**

A. **The stomach is the most commonly used graft in esophageal reconstruction**

B. **When the stomach is used for esophagoplasty, the arterial sources of vascularization of the stomach remain the right gastric artery and the gastroduodenal artery**

C. **The left colon can be used as an esophageal substitute**

D. A transhiatal esophagectomy is performed through a cervical, thoracic, and abdominal incision

E. **Regardless of the treatment modality, the long-term outcome remains poor**

41. *** Which of the following statements regarding gallstones is true?**

A. Biliary obstruction leads to increased urobilinogen in the urine because the excretion of bilirubin into the intestine is blocked

B. Computed tomography is the investigation of choice in the diagnosis of gallbladder lithiasis

C. **Most patients with gallstones will remain asymptomatic**

D. Mirizzi syndrome is a condition in which a large gallstone compresses the duodenum, producing biliary ileus

E. Acute cholecystitis is identical to acute cholangitis in the presence of biliary obstruction and the absence of jaundice

42. **The most important indicators of the need for reoperation in postoperative diffuse peritonitis:**

A. Pollakiuria

B. Nausea

C. **Toxic septic state**

D. **Fever**

E. **Leukocytosis**

43. * **Gastric adenocarcinoma is characterized by:**

A. The prognosis in linitis plastica is very good

B. **Represents 95% of stomach cancers**

C. The diffuse type is well differentiated

D. In linitis plastica, the stomach may appear as a soft tube

E. The diffuse type occurs in older patients

44. * **The following statement regarding the peripheral arterial disease (PAD) is TRUE:**

A. An ankle-brachial-index of below 0.4 is associated to the appearance of claudication pain below 100m, without the presence of tissue lesions

B. The use of metallic uncovered stents presents favorable results comparted to covered stents, especially in previous stented areas.

C. Femoral endarterectomy represents the main management of infra-inguinal atherosclerotic disease

D. Post-surgical lifestyle changes, respecting the anticoagulation treatment, antiplatelet and lipid-lowering agents and smoking cessation, do not represent key factors in long term bypass patency

E. **Occlusive tibial disease is typical to diabetic, end stage kidney disease and old patients**

45. **A 71-year-old patient was diagnosed 6 years ago with macrocytic anemia and atrophic gastritis. She then underwent 1 year of vitamin B12 treatment, with complete correction of the anemia. Now, she has been experiencing dyspnea on light exertion for two months. What will the tests show now and which statements are true?**

A. **In severe forms, leukopenia and thrombocytopenia are present**

B. **Bilirubin is elevated and the sclera are icteric**

C. **Hemoglobin is low and the patient has anemia**

D. **The patient had vitamin B12 deficiency due to pernicious anemia and the disease recurred 4-5 years after discontinuation of treatment**

E. Pernicious anemia occurs more frequently in men than in women

46. *** In a pregnant patient with lupus erythematosus:**

A. The presence of anti-Ro antibodies is not associated with a risk of giving birth to children with neonatal lupus syndrome

B. Hydroxychloroquine is safe

C. Increased doses of corticosteroids are recommended

D. Azathioprine is not safe

E. Mycophenolate mofetil is safe

47. **Which of the following statements are correct regarding ascites and its management?**

A. A raised serum-ascites albumin gradient (above 11 g/L) suggests portal hypertension as the underlying mechanism.

B. Diagnostic paracentesis requires obtaining 10-20 mL of fluid to assess neutrophil count, Gram stain and protein level.

C. Sodium and water retention in ascites results from peripheral arterial vasodilatation secondary to nitric oxide.

D. Dietary sodium restriction in patients with ascites is reduced to 40 mmol per day, while maintaining adequate protein and calorie intake.

E. Spironolactone never causes gynaecomastia regardless of dose or duration of administration.

48. **Antiretroviral therapy (ART) of HIV infection:**

A. Requires long-term commitment to high levels of adherence

B. May interact adversely with some herbal remedies

C. Should be started as soon as the patient is ready

D. Can be safely discontinued after 4 weeks of treatment

E. May produce additive toxicities when given with other medications

49. **The aims of diabetes care are:**

A. Prevention of life- threatening diabetes emergencies.

B. Effective control of hyperglycaemia and other cardiovascular risk factors.

C. Minimization of long-term complications.

D. Patients with diabetic complications and comorbidities need a very stringent glycemic control.

E. **Treatment of hyperglycaemic symptoms.**

50. **In patients with suspected prostate cancer**
    A. **The best imaging test for patients with suspected prostate cancer is TRUS**
    B. **Transrectal ultrasonography (TRUS) is not used as screening tool**
    C. Transrectal ultrasonography (TRUS) is used as a screening test
    D. **Prostate Imaging—Reporting and Data System (PI-RADS) is obtain on MRI images**
    E. **Transrectal ultrasonography (TRUS) is used to direct prostate biopsies**

51. **Which of the following factors are associated with an increased incidence and risk of developing tuberculosis (TB) in developed countries?**
    A. Advanced HIV co-infection and previous tuberculosis treatment
    B. **Drug and/or alcohol abuse**
    C. **Frequent travel to regions with a high incidence of tuberculosis**
    D. History of previous tuberculosis treatment (especially unsupervised or self-administered therapy)
    E. Exposure to multiple courses of fluoroquinolones for presumed community-acquired pneumonia

52. **Which of the following statements regarding the ingestion of caustic substances is true?**
    A. **Long-term complications include an increased risk of developing squamous cell esophageal cancer**
    B. **Airway maintenance is the first priority in the treatment of caustic ingestion**
    C. **The colon is the organ frequently used in esophageal reconstruction after caustic ingestion**
    D. **Surgical resection is indicated in cases of perforation or refractory stenosis formation**
    E. The stomach is the most frequently used organ for esophageal reconstruction after caustic ingestion

53. **The following statements are TRUE regarding the peripheral arterial disease:**

A. Systemic anticoagulation usually decreases patency of peripheral bypasses

B. The results of an autologous vein above-the-knee and synthetic bypass are initially comparable

C. In case of carotid atherosclerosis, making a bypass is the first intention

D. Long term complications of bypasses include: wound infection and lymph hemorrhage which can lead to the development of a lymphocele

E. Occlusive aortic-iliac disease is treated by using an aortic-bifemural bypass in the conditions of an extensive aortic atherosclerotic disease

54. *** Regarding tubo-ovarian abscess the following is TRUE:**

A. I.v. treatment is required for hydration

B. HPV vaccine is associated with an elevated risk of tubo-ovarian abscess

C. Pelvic limphadenectomy shoud be routinely offered

D. Histeroscopy shoud be the minimally invasive procedure of choice

E. Total hysterectomy with bilateral salpingectomy is the first line surgical treatment

55. *** Which of the following statements regarding renal tubular acidosis (RTA) are true?**

A. In type 2 (proximal) RTA, urinary pH can fall below 5.5 despite systemic acidosis.

B. Gordon syndrome is differentiated from type 4 RTA by the presence of arterial hypotension and a reduced glomerular filtration rate.

C. Renal stone formation in type 1 RTA is favored by hypercalciuria, hypocitraturia, and alkaline urine.

D. Type 1 (distal) RTA is the most common type of RTA, surpassing the other subtypes in incidence.

E. In type 4 RTA, plasma renin is elevated as a compensatory mechanism in response to low aldosterone levels.

56. **The Sepsis Six bundle of care includes:**

A. Malaria screen tests

B. Measure bilirubin levels hourly

C. **Take blood cultures**

D. **Measure urine output**

E. Monitor procalcitonin hourly

57. **Regarding complications associated with blood component transfusion:**

A. The appearance of minor clinical signs such as tachycardia, facial flushing, or a sensation of hot or chills does not mandate stopping the transfusion

B. **Blood transfusion carries a risk of viral transmission**

C. Post-transfusion renal failure is managed with furosemide and never requires hemodialysis

D. **Transfusion-related acute lung injury (TRALI) is more frequently associated with plasma administration**

E. **Immunologic complications may include febrile reactions, anaphylactic shock, and urticaria**

58. *** The most common site for accessory spleens is:**

A. **gastrocolic ligament**

B. pancreatic space

C. pelvisubperitoneal

D. retroperitoneal

E. mediastinal

59. **Hepatic adenoma is characterized by:**

A. **benign tumor that usually occurs in young women**

B. **most patients have a history of estrogen exposure**

C. hepatectomy is the treatment of choice

D. high testosterone exposure is a risk factor for hepatic adenomas

E. are encapsulated masses

60. *** What are the major principles/indications for choosing to use a mesh (alloplasty) in the repair of abdominal wall hernias or OMP?**

A. **Biological/absorbable meshes are preferred in situations with intra-abdominal contamination or high risk of infection**

B. Mesh should be used regardless of the presence of necrosis or intestinal injury in the sac

C. Meshes completely eliminate the risk of chronic postoperative pain

D. Non- absorbable mesh cannot cause local tissue reactions

E. Mesh placement always prevents the appearance of seromas

61. **Causes and risk factors for raised blood pressure:**

A. Low vegetable and fruit intake is associated with raised BP

B. Alcohol is not a cause of high blood pressure

C. Obesity is a cause of secondary hypertension

D. High salt intake is associated with raised BP

E. Lack of exercise is associated with higher BP values

62. **The recommended management for a child with bronchiolitis consists of:**

A. Continuous respiratory monitoring in severe cases

B. Administration of nebulised epinephrine

C. Empiric macrolide antibiotics

D. Administration of inhaled bronchodilators

E. Administration of humidified air

63. **Regarding the anatomy of the colon and rectum, the following are true:**

A. Denonvilliers' fascia separates the rectum from the sacrum.

B. The portal vein is formed by the junction of the inferior mesenteric vein with the splenic vein.

C. Waldeyer's fascia in males separates the rectum from the prostate.

D. The sigmoid colon is a strictly intraperitoneal structure.

E. The superior hemorrhoidal vein drains into the inferior mesenteric vein.

64. **Which of the following are characteristic symptoms of major depressive disorder?**

A. Logorrhea

B. Delusions of power

C. Depressed mood

D. Suicidal ideation

E. Compulsive behaviors

65. **Regarding biliary ileus, the following statements are true:**

A. The patient presents with symptoms of bowel obstruction

B. The gallstones that cause the occlusion are small, but are clustered

C. CT with oral contrast is the investigation of choice for establishing the diagnosis

D. Imaging is characterized by the presence of stones in the common bile duct

E. It is an unusual complication of gallstones

66. **Select the correct statements about Barrett's esophagus.**

A. It is a complication of GERD/GORD and is almost always associated with hiatal hernia.

B. Barrett's esophagus is often diagnosed incidentally by endoscopy in patients without reflux symptoms.

C. Hematemesis is the main symptom in Barrett's esophagus.

D. The Prague classification is not used in the endoscopic diagnosis of Barrett's esophagus.

E. Abdominal obesity increases the risk of Barrett's esophagus 4.3-fold.

67. **Protocols used in the evaluation of the cervical spine can be used:**

A. In hemodynamically unstable patients

B. In the absence of alcohol consumption

C. In patients with minor trauma

D. In patients who are under analgesic treatment

E. Without the need for an MRI investigation

68. **The following statements are true regarding stroke:**

A. Malignant stroke is treated with thrombolytics such as tissue plasminogen activator

B. Is defined as a syndrome of rapid onset neurological deficit

C. Ischemic stroke can be secondary to an arterial dissection or vasculitis

D. The transient ischemic attack represents a brief episode (a few seconds or minutes) with complete recovery, that may herald a stroke

E. The lacunary stroke (small-vessel disease) is determined by the persistence of arterial hypertension that produces a vasculopathy – lipohyalinosis

69. **Causes of epistaxis (nosebleed) are:**
    A. Carbohydrate consumption
    B. Laryngeal tumors
    C. Treatment with oral antidiabetic drugs
    D. Alcoholism
    E. Nasal tumors

70. *** In a patient diagnosed with aortic stenosis, which of the following statements is correct regarding the evaluation of paraclinical investigations?**
    A. The cardiothoracic index assessed radiographically decreases with the onset of heart failure
    B. The ECG pattern characteristic of severe aortic stenosis is represented by ST-segment elevation in leads I, aVL, V5-V6
    C. Echocardiography shows thickened, calcified and immobile aortic cusps, being useful for assessing the severity of aortic stenosis
    D. Chest radiography typically demonstrates marked cardiomegaly and reduced diameter of the ascending aorta
    E. Transthoracic echocardiography is the first-line investigation and is routinely indicated for measuring the mean transvalvular velocity

71. **Liver hemangioma is characterized by:**
    A. abdominal ultrasound cannot reveal such lesion
    B. microscopic evaluation shows endothelial vascular spaces separated by fibrous septa
    C. they are five times more common in men
    D. they are five times more common in women
    E. microscopic evaluation shows gastric mucosa

72. **Related to the risk factors for venous thromboembolism (VTE):**
    A. Major surgery is a strong risk factor for VTE
    B. Previous episode of venous thromboembolism is a persistent risk factor
    C. Active cancer is a persistent risk factor for VTE
    D. Long-haul travel is not associated with VTE
    E. Increasing age decreases the risk of VTE

73. **Major hepatic functions are:**

A. cytokine synthesis

B. energy metabolism

C. erythrocite synthesis

D. bile production

E. immune reticuloendothelial function

74. **Indications for endometrial biopsy include:**

A. Postmenopausal bleeding

B. Paget disease

C. Patients under 45 years old with uterine bleeding and unopposed estrogen exposure

D. Placenta accreta

E. Lichen planus

75. **Which of the following statements about hiatal hernias are true?**

A. Due to the potential for acute strangulation and ischemia, grade I hernias are indicated for surgery

B. There are 5 types of hiatal hernias described

C. A type III hiatal hernia is a combination of a sliding and a paraesophageal hernia

D. The most common type is a paraesophageal hiatal hernia

E. A type IV hiatal hernia involves the herniation of other organs, such as the colon or spleen

76. **Which of the following statements are correct regarding the complications of hepatic cirrhosis?**

A. Hepatorenal syndrome is described as functional renal failure with near-normal renal histology.

B. Portosystemic encephalopathy is a chronic neuropsychiatric syndrome that is secondary to cirrhosis

C. Spontaneous bacterial peritonitis occurs in up to 18% of patients with ascites who decompensate.

D. Hepatorenal syndrome typically occurs in patients with mild liver disease and no ascites.

E. Hepatopulmonary syndrome manifests as hypoxaemia due to intrapulmonary vascular dilatation.

77. *** Related to the epidemiology and clinical assessment of hypertension:**
    A. Hypertension is rare in older adults
    B. Raised blood pressure (BP) is the leading risk factor for death worldwide
    C. Hypertension affects less than 1% of adults
    D. Family history is irrelevant in hypertension assessment
    E. Most hypertension is not managed in primary care

78. **An 80-year-old patient presents to the emergency department after an episode of syncope, and the emergency ECG identifies the presence of third-degree atrioventricular block, constant P-P and R-R intervals, with a QRS complex duration of 100 ms, with no secondary causes identified. Identify the correct statement(s) about the case:**
    A. The present conduction disorder has an indication for cardiac pacing
    B. This escape rhythm is frequently associated with Stokes-Adams syncope
    C. In this case, the atrial rhythm is regular
    D. The ventricular escape rhythm is regular
    E. Atrioventricular dissociation is detected on ECG

79. *** Cholesteatoma is a middle ear pathology characterized by the following:**
    A. It is not a whitish mass, commonly present and associated with granulation tissue
    B. It does not require any treatment because it resolves on its own
    C. Production of keratin and its migration toward the middle ear
    D. It is not associated with facial nerve paresis or other manifestations that would indicate chronic infection
    E. It is a very rarely encountered pathology in the presence of an altered eardrum

80. **Indicate the clinical or paraclinical situations that most likely suggest strangulation of the contents of a hernial sac.**
    A. Signs of localized or generalized peritonitis
    B. Normal ultrasound confirming complete reducibility

C. **Leukocytosis**

D. **Metabolic acidosis or biological signs of ischemia**

E. Isolated local erythema without systemic signs

81. **Which of the following situations represents a criteria for referring a patient to a specialized burn center?**

A. An 8% TBSA burn in a healthy adult, located on the back

B. **Inhalation injuries**

C. Any superficial burn with intact blisters

D. **A burn involving the scalp of a child in a hosptal without specialized qualifications**

E. Second-degree burns in any age group

82. **Select the statements that correctly refer to epidermal burns:**

A. **They are not associated with complete loss of sensation**

B. **Supportive treatment includes pain control with oral analgesics and oral hydration**

C. **They do not require fluid resuscitation**

D. **They occur in hyperemic areas that blanch with pressure**

E. They form large blisters that are debrided to facilitate healing

83. **Regarding the rehabilitation of burn patients, which of the following statements are correct?**

A. Scar contractures can not be corrected through surgical remodeling

B. Compression garments affect vascularization at the level of burn scars

C. Rehabilitation should begin only after complete wound closure

D. **Without appropriate rehabilitation, scar contractures can immobilize the extremities**

E. **Compression garments are used to prevent the formation of hypertrophic scars**

84. *** Contraindication for elective surgery in patients with liver disease is:**

A. Chronic kidney disease

B. Arterial hypertension

C. Chronic ischemic heart disease

D. **Alcoholic hepatitis**

E. Chronic viral hepatitis

85. **Which of the following parameters are part of the SOFA (Sequential Organ Failure Assessment) score?**
    - **A. Glasgow Coma Scale score**
    - B. Glucose
    - **C. Urine output**
    - **D. Creatinine**
    - E. CRP (C reactive protein)

86. **Which of the following statements are true for melanoma?**
    - **A. The color of the lesion is not uniform**
    - **B. The margins of the lesion are irregular**
    - **C. It is a melanocytic malignant tumor with rapid dissemination**
    - D. The lesion is painful
    - **E. Sun exposure is one of the risk factors**

87. **Otalgia represents:**
    - A. Pain produced by neural pathology of the inner ear
    - B. Pain with repercussions on the central vestibular system
    - **C. Referred pain in the ear caused by a pathology of the upper aerodigestive tract**
    - **D. Pain in the ear due to its intense sensory innervation**
    - E. Pain caused by the intense vascularization of the inner ear

88. **Identify the characteristics of a ventricular septal defect:**
    - **A. Risk of developing Eisenmenger syndrome**
    - **B. Lead to delation of the left atrium and ventricle**
    - C. Continuous "machinery" murmur
    - **D. Loud pulmonic S2 sound**
    - E. Fixed split S2

89. **Regarding pancreatic collections and pseudocysts in Acute Pancreatitis, the following are true:**
    - A. The best method for evaluating pseudocysts is ultrasound.
    - B. External drainage of communicating pseudocysts is contraindicated.

C. Pseudocysts present epithelial layers in the wall.

D. They can cause duodenal compression.

E. Most collections resolve spontaneously.

90. **The following statements are true regarding Chronic Kidney Disease (CKD):**

A. Increased gastric emptying is common in CKD

B. Uraemia lowers the seizure threshold and may cause asterixis, tremor and myoclonus.

C. Iodinated contrast agents administered to patients with severe CKD increase the risk of nephrogenic systemic fibrosis.

D. Uraemic pericarditis is a feature of severe, pre-terminal uraemia or of under-dialysis

E. Insulin requirements in diabetic patients increase as CKD progresses

91. **The following are true about medical complications of pregnancy:**

A. HELLP syndrome is characterized by hemolysis,elevated liver enzymes and low platelets.

B. Fetal complications of gestational diabetes mellitus are: macrosomia, polyhydramnios, uteroplacental insufficiency

C. Polycystic ovarian syndrome is one of the risk factors for gestational diabetes.

D. Risk factors for preeclampsia: nulliparity, prior history of preeclampsia, obesity

E. Risk of deep venous thrombosis decreases during pregnancy

92. **Clinical features of the thrombotic thrombocytopenic purpura consists of:**

A. weight loss

B. neurologic manifestations with changes in mental status

C. renal disease

D. hemolytic anemia

E. hypothermia

93. **Regarding the anatomy of the stomach, the following are true:**

A. Parasympathetic innervation follows the course of the veins

B. The gastric pacemaker in the fundus is located in the longitudinal muscle layer

C. Enterochromaffin-like (ECL) cells are found in the gastric corpus

D. Sympathetic innervation follows the course of the veins

E. The gastric fundus is the site of the autonomous pacemaker

94. **Blind loop syndrome is characterized by**

A. It is more frequent after a Roux-en-Y procedure

B. It is most frequent after a Billroth I procedure

C. Occurs in patients operated for morbid obesity (ileojejunal bypass)

D. Vitamin B6 deficiency causes megaloblastic anemia

E. Bacterial overgrowth may lead to steatorrhea

95. **The following statements are correct regarding compartment syndrome:**

A. Bleeding and tissue swelling cause decreased pressure within the fascial compartment.

B. Due to increased pressure in the fascial compartment, local acidosis, cell injury, and further edema can occur.

C. Bleeding and tissue swelling cause increased pressure within the fascial compartment.

D. The classic signs of a compartment syndrome caused by tissue ischemia are described by the four Ps: pain, paresthesia, paralysis, and pallor.

E. Due to increased pressure in the fascial compartment, blood flow to muscle and nerve is reduced.

96. **Labor and Delivery**

A. Second stage of labor starts at full cervical dilation until delivery of the baby

B. Labor is characterized by painful uterine contractions with cervical change and effacement

C. Tests of fetal activity, heart rate, and responses to stress used to confirm fetal well-being and to detect fetal distress

D. Indications for induction of labor are: acute fetal distress, active genital herpes and placenta previa

E. Brow (partial hyperextension of neck) presentation occurs very frequently and requires delivery to be completed using a vacuum extractor

97. **Which statements about acute mesenteric ischemia (AMI) are correct?**
    A. Normal lactic acid definitively excludes intestinal ischemia.
    B. AMI is not a surgical emergency.
    C. There is a specific and mandatory laboratory test for diagnosing AMI.
    D. Pain disproportionate to physical examination is a classic sign suggestive of AMI.
    E. AMI thrombosis causes infarction of the entire AMI tributary territory.

98. **In the initial evaluation and management of the patient with suspected small bowel obstruction, which statements are correct?**
    A. Fluid and electrolyte rebalancing is the first therapeutic step.
    B. Diuresis monitoring is irrelevant during rebalancing.
    C. Extensive intestinal resection does not pose nutritional risks.
    D. Monitoring of electrolyte parameters is not necessary.
    E. If the obstruction is partial and the surgical history is positive, the adhesive cause can be resolved conservatively in ~80% of cases.

99. **Which of the following statements regarding digital rectal examination in benign prostatic hyperplasia (BPH) are false?**
    A. Hard consistency of the prostate is always present in BPH
    B. Rugged contur of the prostate is always present in BPH
    C. Digital rectal examination of the prostate can show a enlarged prostate in BPH
    D. Digital rectal examination of the prostate shows soft consistency
    E. Digital rectal examination of the prostate often shows palpable enlargement

100. **Emergency laparotomy in intestinal obstruction is indicated in the following situations:**
    A. Cecal distension greater than 12 cm.
    B. Associated generalized sepsis.
    C. Associated acute pancreatitis.

D. **Perforations caused by volvulus.**

E. Partial obstruction.