QUESTIONS for the LICENSE EXAM 2020
Faculty of Medicine in English

CARDIOLOGY

1. ***Which of the following arrhythmias is not a typical indication for DC conversion?**
   - *A). Atrial fibrillation*
   - *B). Atrial flutter*
   - *C). 3rd degree AV block*
   - *D). Sustained ventricular tachycardia*
   - *E). Junctional tachyarrhythmias*
2. ***Choose the incorrect definition:**
   - *A). First-degree AV block is simple prolongation of the PR interval to >0.22 s*
   - *B). Wenckebach block phenomenon is progressive PR interval prolongation until a P wave fails to conduct.*
   - *C). Mobitz 1 block occurs when a dropped QRS complex is not preceded by progressive PR interval prolongation*
   - *D). 2:1 or 3:1 (advanced) block occurs when every second or third P wave conducts to the ventricles.*
   - *E). Complete heart block occurs when all atrial activity fails to conduct to the ventricles*
3. ***Which test is directly related to the syndrome of heart failure due to changes in myocardial gene expression?**
   - *A). Hemoglobin level*
   - *B). Creatine-kinase*
   - *C). Brain natriuretic peptide*
   - *D). C-reactive protein*
   - *E). Troponin I*
4. ***Which is not a risk factor for coronary disease?**
   - *A). History of ischemic or hemorrhagic stroke*
   - *B). Blood coagulation factors – high fibrinogen, factor vii*
   - *C). Drugs, e.g. Contraceptive pill, nucleoside analogues, COX-2 inhibitors, rosiglitazone*
   - *D). Cigarette smoking*
   - *E). A first-degree relative who has developed ischemic heart disease before the age of 50 years.*
5. ***The most common cause of mitral stenosis is:**
   - *A). Infective endocarditis*
   - *B). Previous rheumatic fever*
   - *C). Hyperthyroidism*
   - *D). Atrial fibrillation*
   - *E). Atrial myxoma*
6. **The severity of mitral stenosis is judged clinically by:**
   - *A). The presence of pulmonary hypertension*
   - *B). The length of the mid-diastolic murmur*
   - *C). The first heart sound softens, and the opening snap disappears*
   - *D). The firs heart sound becomes louder*
   - *E). Concomitant atrial fibrillation*

7. **The surgical repair of mitral regurgitation is recommended:**
   - *A). In patients with symptomatic severe mitral regurgitation, left ventricular ejection fraction >30% and end-diastolic dimension of under 55 mm*
   - *B). In patients with mild mitral regurgitation in the absence of symptoms*
   - *C). In asymptomatic patients with left ventricular dysfunction*
   - *D). In patients with asymptomatic severe mitral regurgitation with preserved left ventricular function and atrial fibrillation and/or pulmonary hypertension*
   - *E). In patients who cannot tolerate the endocarditis prophylaxis*
8. **The most frequent symptoms of the aortic stenosis are:**
   - *A). Exercise-induced syncope*
   - *B). Angina*
   - *C). Dyspnea*
   - *D). Increased jugular veins pressure*
   - *E). Peripheral edema*
9. **Which of the following situation raise a high clinical suspicion of endocarditis?**
   - *A). Fever ≥38°c*
   - *B). Recent onset atrial fibrillation*
   - *C). Recent diagnostic/therapeutic interventions known to result in significant bacteremia*
   - *D). Fever in a patient with prosthetic valves*
   - *E). Recent onset of a regurgitant murmur*
10. **In pulmonary embolism:**
    - *A). Sudden onset of unexplained dyspnea is often the only symptom of pulmonary embolism*
    - *B). The presence of pleuritic chest pain and hemoptysis is mandatory for the diagnostic of pulmonary embolism*
    - *C). The origin of the emboli is always a deep venous thrombosis of the lower limb veins*
    - *D). Pleuritic chest pain and hemoptysis are present only when infarction has occurred*
    - *E). Sudden collapse can occur in massive pulmonary embolism*
11. **The acute management of the pulmonary embolism includes:**
    - *A). High flow oxygen*
    - *B). Immediate interventional / surgical embolectomy in most of the cases*
    - *C). Anticoagulation with oral anticoagulants only*
    - *D). Anticoagulation with low-molecular-weight heparin or intravenous unfractionated heparin followed by oral anticoagulants*
    - *E). Fibrinolytic therapy in severe cases*
12. **The ECG changes in pericarditis include:**
    - *A). Widespread concave-upwards (saddle-shaped) ST elevation*
    - *B). Concave-upwards (saddle-shaped) ST elevation limited to 2 leads*
    - *C). Low-voltage QRS complexes*
    - *D). The alternation of the QRS amplitude (QRS alternans)*
    - *E). Rhythm and conduction abnormalities*
13. **Secondary causes of hypertension include:**
    - *A). Aortic stenosis*
    - *B). Aortic coarctation*
    - *C). Pheochromocytoma*
    - *D). Brain tumors*
    - *E). Use of oral contraceptives*

14. Routine investigation of the hypertensive patient should include:

A). Ambulatory blood pressure monitoring
B). Fasting blood for lipids (total and HDL cholesterol) and glucose
C). Chest X-ray
D). ECG
E). Urine strip test for protein and blood

15. Which is the optimal management of the patients with severe hypertension (diastolic pressure >140 mmHg)?

A). Give any kind of drug in order to rapidly reduce the blood pressure
B). Admit to the hospital
C). Can be treated ambulatory as outpatient unless aortic dissection is confirmed
D). Intravenous agents of choice include sodium nitroprusside and labetalol
E). The aim is to reduce the diastolic blood pressure to 100–110 mmHg over 24–48 hours

16. Pre-eclampsia is characterized by:

A). A reduction in blood pressure due to a fall in systemic vascular resistance which is maximal by weeks 22–24
B). Premature delivery in a hypertensive woman
C). Hypertension, edema and proteinuria
D). Need for antihypertensive treatment with any kind of drugs including ACE inhibitors and angiotensin receptor blockers
E). First-line therapy is methyldopa

17. The Fontaine classification of the peripheral artery disease takes into account the following factors:

A). Asymptomatic
B). Intermittent claudication
C). Rest pain/nocturnal pain
D). Necrosis/ gangrene
E). Bilateral vascular lesions

18. Causes of acute limb ischemia include:

A). Diabetes mellitus
B). Cardiac arrhythmias
C). Anemia
D). Thrombophilia or malignancy
E). External compression

19. The clinical features of the deep venous thrombosis include:

A). Calf pain, swelling, redness in all the cases
B). Pulmonary embolism can be the initial cause of presentation
C). The patient may be asymptomatic at the initial presentation
D). Deep venous thrombosis is found only in the large veins of the pelvis and legs.
E). Complete occlusion of a large vein often leads to venous gangrene

20. The principles of treatment of the deep venous thrombosis are:

A). To prevent pulmonary embolism
B). To prevent the occurrence of ischemic complications like gangrene
C). Low-molecular-weight heparins (LMWH) are used in the initial treatment only at hospitalized patients
D). Recurrent DVTs need permanent anticoagulants
E). The duration of the oral anticoagulant treatment usually recommended is 3 months

21. The neutrally mediated syndromes include:

A). Carotid sinus syndrome
B). Neurocardiogenic (vasovagal) syncope
C). Postural orthostatic tachycardia syndrome (POTS)
D). Raynaud phenomenon
E). Lone or idiopathic atrial fibrillation

22. The acute management of supraventricular tachycardia (SVT) includes:

A). Compulsory distinguishing between AVNRT and AVRT based on ECG is critical because the initial treatment is different
B). Emergency cardioversion is needed only if the patient is hemodynamically unstable
C). Intravenous adenosine is effective by causing a complete heart block for a very short period of time
D). Intravenous adenosine is used because it does not have side effects or contraindications
E). Alternatively, verapamil iv. can be given unless the tachycardia presents with broad QRS complexes

23. The clinical classification of atrial fibrillation includes:

A). First detected
B). Paroxysmal
C). Persistent
D). Permanent
E). Symptoms due to heart failure or to embolic events at the initial presentation in all the cases

24. The rhythm control strategy for the long-term management of atrial fibrillation includes:

A). Clear net benefits on mortality and symptoms compared with "rate control" strategy in patients over the age of 65 years or with heart failure
B). Benefits especially in younger, symptomatic and physically active patients
C). Patients with no significant heart disease can be treated with any class Ia, 1c or III antiarrhythmic drug
D). A combination of digoxin, beta-blockers or nondihydropyridine calcium- channel blockers (verapamil or diltiazem)
E). Left atrial ablation for patients with paroxysmal or persistent atrial fibrillation

25. Nonpharmacological treatment with biventricular pacing for heart failure is indicated in the following situations:

A). Patients not responding to therapy despite optimal medical treatment
B). Presence of ventricular dys-synchrony and wide QRS > 120 msec
C). Ejection fraction lower than 35% in patients well controlled by medical therapy
D). NYHA CLASS III/IV in patients not responding to therapy
E). Non-reversible causes of heart failure not responding to therapy

26. *The following are non-cardiac causes of atrial tachyarrhythmias, excepting:

A). Thyrotoxicosis
B). Wolf-Parkinson-White syndrome
C). Pulmonary embolism
D). Hypokalemia
E). Smoking

27. *Factors associated with bile duct injury during cholecystectomy:

A). Age
B). Acute or chronic inflammation
C). Obesity
D). Gender
E). Anatomic variations

PNEUMOLOGY

28. Treatment of severe COPD includes:

A). Smoking cessation
B). Vaccination against influenza and pneumococcal polysaccharide as a method of exacerbations prevention
C). Systemic corticosteroids in patients with repeated exacerbations
D). Respiratory rehabilitation through exercise is contraindicated
E). Long time oxygenotherapy at home in hypoxemic patients

29. Treatment of severe exacerbation of COPD:

A). Patients have to be admitted in the Pneumology Hospital or ICU
B). Treatment includes infusion with alpha1antitripsin if the serum levels are below 310mg/l
C). Includes systemic corticosteroids
D). Physical therapy is temporarily contraindicated
E). Bilevel positive airway pressure ventilatory support (BIPAP) in case of acidosis and hypercapnia

30. * Respiratory failure in COPD includes:

A). Dicreased Peak Expiratory Flow - about 600ml/min
B). PaO_2 below 60 mmHg or $PaCO_2$ below 55 mmHg
C). Left heart valvular insufficiency
D). Medium pulmonary hypotension
E). Hypocapnic encephalopathy and acidosis

31. Bronchial asthma presents clinical criteria for positive diagnosis:

A). Cough which occurs when exposure to allergens or during the night
B). Shortness of breath
C). Family history of atopy
D). Central cianosis
***E).** Wheezing attacks*

32. Signs of asthma severity are:

A). PaCO2 over 6KPa
B). FR> 25/min
C). Important decreased in FEV1 but with PEF> 50% compared to the theoretical values
D). Patient has not the ability to complete a sentence in one breath
E). Tachycardia over 110b/min

33. Investigations conducted to identify asthma emergencies are:

A). Spirometry
B). Blood gases
C). Clinical examination
D). Carbon monoxide transfer test
E). Polysomnographic evaluation

34. Treatment of the severe exacerbation in asthma includes:

A). Discontinuation of inhaled corticoids drugs for stable asthma during crisis and replacement with systemic corticoids
B). Rapid short acting bronchodilator by inhalation
C). Cardiotonics and anticoagulants
D). Oxygen
E). Physiotherapy for secretion drainage

35. *In the third step of severity of asthma the treatment includes:

A). Inhaled corticosteroids and oral short –acting beta agonists
B). Addition of leukotriene modifiers is not efficient because of the severity of asthma
C). Oral corticosteroids 2 weeks
D). Inhaled corticosteroids and inhaled long-acting beta-agonists
E). Omalizumab – anti-IgE monoclonal antibody alone

36. *Common pulmonary tuberculosis requires following investigations:

A). Chest computed tomography
B). Positron emission tomography to characterize in detail the pulmonary and mediastinal lesions
C). Tuberculin Skin Test
D). Giemsa stained smear for microscopic examination
E). Nucleic acid amplification, PCR

37. Miliary tuberculosis has the following features:

A). Bilateral upper lobes pneumonia
B). Milliary tuberculosis affects the central nervous system in 20%
C). Milliary tuberculosis evolve with enlargement of liver and spleen
D). Micronodular interstitial syndrome
E). Tuberculous granulomas include fibrinoid necrosis and 1-2 inside stem cells

38. Positive diagnosis of tuberculosis methods include:

A). Radiology
B). BCG vaccination
C). Bronchoscopy and bronchoalveolar lavage
D). Bone marrow biopsy or blood culture
E). Bronchial biopsy

39. Treatment of tuberculosis:

A). It will be strictly supervised under direct observation
B). It will be carried out under the monitoring of liver function
C). The patient and family will be informed about the need to treatment compliance
D). Daily treatment with two antibiotics may be necessary in patients with drug intolerance
E). Compliance to standard regime treatment is vital to prevent the risk of drug resistance

40. Symptoms of pneumothorax:

A). Unilateral pain on inspiration
B). Crackles and bronchial wheezing
C). Mucopurulent and bloody cough
D). Pallor and tachycardia
E). Decrease in lung sonority

41. A pleural fluid is exudate if:

A). At least ratio - liquid protein / protein in the blood > 0.5
B). At least ratio - liquid LDH / LDH in the blood > 0.6
C). Pleural fluid is hemorrhagic
D). Pleural fluid is jaundice
E). Pleural effusion appears in context of fever

42. The common causes of pleurisy are:

A). Bacterial pneumonia
B). Benign tumors
C). Tuberculosis
D). Autoimmune rheumatic diseases
E). Acute pancreatitis

EMERGENCY CARE

43. The following are direct causes of acute respiratory distress syndrome:
- *A). Near-drowning*
- *B). Illiteracy*
- *C). Aspiration of gastric contents*
- *D). High altitude*
- *E). Drug overdose*

44. Among the first signs of the development of ALI/ARDS are:
- *A). Breathlessness*
- *B). Anemia*
- *C). Unexplained tachypnea*
- *D). Hypoxemia*
- *E). Hypercapnia*

45. The management of ARDS comprises:
- *A). Lung protective mechanical ventilation*
- *B). Inhaled halogenated compounds*
- *C). Inhaled nitric oxide*
- *D). Treatment of the underlying condition*
- *E). Prone position*

46. The targets of initial treatment in severe sepsis or septic shock are:
- *A). Mean arterial pressure (MAP) ≥ 65 mmHg*
- *B). Urine output > 2 ml/kg body weight*
- *C). $ScVO_2 \geq 70\%$*
- *D). Transfusion of packed red blood cells*
- *E). Fluid administration to optimize stroke volume*

47. *Massive blood transfusion is defined as:
- *A). A volume of 2 units of fresh frozen plasma administered within 2 hours*
- *B). Over 5 units of packed red blood cells given in 12 hours*
- *C). A volume of > 8-10 units of packed red blood cells administered within a 24-hour period*
- *D). A volume that dilutes hematocrit to a figure of 20%*
- *E). A need of 5 units of fresh blood to be administered in 5 hours*

48. Massive transfusion may lead to:
- *A). Hypothermia*
- *B). Hyper coagulation of blood*
- *C). Oxygen unloading*
- *D). Dementia*
- *E). Immune suppression*

49. Response to vasopressor agents may be diminished by:
- *A). Severe lactic acidosis*
- *B). Hypoxia*
- *C). Down-regulation of adrenergic receptors*
- *D). NO induced vasoplegia*
- *E). High osmolar gap*

50. Capnography may be helpful for:
- *A). Confirming tracheal intubation*
- *B). Detecting acute alterations of cardio-respiratory functions*
- *C). To detect dislodgement of tracheostomy*
- *D). Diagnosing hypoxemia*
- *E). Diagnosing hypo- or hypercapnia*

51. The following are considered to be techniques for respiratory support:

A). Continuous renal replacement
B). Extracorporeal gas exchange
C). Continuous positive airway pressure – CPAP
D). Pressure support ventilation – PSV
E). Cell saver utilization

52. Some contraindications for mechanical ventilation are:

A). Severe pneumonia
B). Reduce consciousness level
C). Facial or upper airway surgery
D). Obstructive sleep apnea
E). Cardiogenic pulmonary edema

53. Which of the following statements are true concerning tracheostomy:

A). Tracheostomy is indicated in the management of patients who require prolonged intubation
B). Placement of tracheostomy does obligate a patient to loss of speech
C). Complication of tracheostomy include pneumothorax or pneumomediastinum
D). The use of cricothyroidotomy has been associated with lower incidents of vocal cord dysfunction
E). When the tracheostomy is no longer needed, the tube is removed, and prompt closure of the opening usually occurs

NEUROLOGY

54. *The following are correct regarding the epidemiology of stroke:

A). Stroke is the leading cause of death worldwide.
B). The incidence decreases with every decade of age.
C). One-quarter of stroke patients are younger than 65.
D). Stroke causes disability in very rare cases.
E). Stroke rate is higher among Caucasians due to an increased sugar diet.

55. *Border zone infarction is secondary to:

A). Malignancy
B). Severe hypotension
C). Stenosis in the extracerebral arteries
D). Cardiac valve disease
E). Rupture of microaneurysms

56. Arterial disease and atherothrombosis are the main pathological process causing ischemic stroke. Regarding the pathophysiology, the following are true:

A). Principal sites of stenosis in extracerebral arteries are subclavian, common and internal carotid, vertebral
B). Large artery stenosis usually causes stroke by occlusion of the vessel rather than an embolic source
C). Lipohyalinosis causes occlusion of large arteries
D). "lacunes" are small infarcts due to lipohyalinosis of the small penetrating arteries in the brain
E). Simultaneous infarcts in different vascular territories are suggestive of a proximal source of emboli in the aorta

57. Rare cases of stroke are:

A). Smoking
B). Obesity
C). Systemic lupus erythematosus
D). Atrial fibrillation
E). Migraine

58. The following symptoms represents clues in the diagnosis of carotid artery dissection

A). Atrial fibrillation
B). Lipohyalinosis
C). Patent foramen ovale
D). Pain in the neck or face
E). Horner's syndrome

59. Clinical deficits associated with stroke in the posterior cerebral artery territory are:

A). Ipsilateral Horner's syndrome
B). Ipsilateral hemiparesis
C). Homonymous hemianopia
D). Ophthalmoplegia
E). Varied deficits due to parietal and/or temporal lobe

60. Amaurosis fugax is:

A). A symptom due to cerebral amyloidosis
B). A sudden transient loss of vision in one eye
C). Often the first clinical evidence of internal carotid artery stenosis
D). A symptom of the Horner's syndrome triad
E). A cortical sign of ischemia in the occipital lobe

61. The ABCD score for stratifying the risk of a transient ischemic attack to evolve toward stroke in the next 2 days takes into account the following factors:

A). Coma
B). Clinical findings
C). Diabetes
D). Duration of symptoms
E). Blood count

62. The purpose of cerebral imaging in acute stroke is:

A). Distinguish between hemorrhage and thrombotic infarction
B). Immediately detect cerebral infarction using Diffusion-weighted MRI
C). Biomarker for the effect of antiplatelet therapy for ischemia
D). Exclude other causes of deficit (tumor, etc.)
E). The investigation is too expensive and has little use in acute stroke

63. Cerebellar hemorrhage is:

A). A condition associated with headache at the onset
B). Rarely associated with stupor/coma
C). A cause of acute hydrocephalus
D). Associated with cerebellar /brainstem signs
E). Excluded in a case with ocular palsies

INFECTIOUS DISEASES

64. Which of the following illnesses are AIDS-defining conditions?

A). Pneumocystis jiroveci pneumonia
B). Mycobacterium tuberculosis infection – any site of infection
C). Toxoplasmosis of the brain
D). Isolated thrombocytopenia
E). Kaposi's sarcoma

65. Which are the main routes of acquisition of HIV infection?

A). Mother-to-child
B). Sexual intercourse
C). Contaminated blood products
D). Social contact with an HIV-infected person
E). Contaminated needles

66. Which of the following are prophylactic measures which prevent the transmission of HIV infection?

A). Condom use during sexual intercourse
B). Behavioral changes – avoiding risky behavior
C). Anti-HIV vaccination
D). Breastfeeding
E). Effective antiretroviral therapy in pregnant women in order to prevent mother-to-infant transmission

67. Which of the following drug classes represent antiretroviral medication effective against HIV infection?

A). Reverse transcriptase inhibitors
B). Neuraminidase inhibitors
C). Protease inhibitors
D). Adamantanes
E). Integrase inhibitors

68. *Which of the following statements regarding opportunistic infections occurring in HIV-infected patients is false?

A). Opportunistic infections are caused by organisms which are not usually considered pathogenic
B). CD4 T-lymphocyte level can predict the risk for developing opportunistic infections
C). CD4 T-lymphocyte counts above 200 cells/mm^3 are usually associated with AIDS-defining opportunistic infections
D). Multiple opportunistic pathogens may coexist in the same severely immunosuppressed patient
E). Primary and secondary chemoprophylaxis in severely immunosuppressed patients reduces the incidence of opportunistic infections

69. Which of the following statements regarding the principles of use of antimicrobial therapy are true?

A). Empirical "blind" therapy should be directed against the most likely pathogens responsible for a particular syndrome
B). Renal insufficiency may require dose reduction or increase of the interval between antimicrobial doses
C). No dose adjustment is necessary for any antimicrobial medication in patients with hepatic failure
D). Dose and duration of therapy should be adjusted in order to obtain cure of the infection without undesired effects

E). *Therapeutic drug monitoring is useful in nephrotoxic drugs in patients with impaired renal function*

70. Which of the following antibiotics are aminoglycosides?

A). *Streptomycin*
B). *Cefotaxime*
C). *Clarithromycin*
D). *Gentamicin*
E). *Amikacin*

71. *To which antimicrobial drug class does clarithromycin belong to?

A). *Quinolones*
B). *Glycopeptides*
C). *Cephalosporins*
D). *Aminoglycosides*
E). *Macrolides*

72. Which of the following statements regarding antiviral drugs are true?

A). *Neuraminidase inhibitors are effective in influenza*
B). *Aciclovir is effective in treating herpes simplex infections*
C). *Aciclovir is effective in treating varicella-zoster virus infections*
D). *Azoles are effective in the therapy of herpesvirus infections*
E). *Entecavir is a non-nucleoside reverse-transcriptase inhibitor effective in both HIV and hepatitis B virus infections*

73. Which of the following statements regarding quinolone antibiotics are true?

A). *Quinolones are not effective in any Gram-negative infections*
B). *Ciprofloxacin, norfloxacin and levofloxacin are quinolone antibiotics*
C). *Indications for quinolone use include respiratory tract infections, urinary infections, skin and soft tissue infections*
D). *Quinolone toxicity includes gastrointestinal disturbances, tendon rupture, rash.*
E). *Quinolones are recommended in pregnant women and infants.*

74. *Methicillin resistant Staphylococcus aureus (MRSA) infections can be treated with:

A). *Metronidazole, Tinidazole*
B). *Flucloxacillin*
C). *Benzylpenicillin*
D). *Vancomycin, Linezolid*
E). *Phenoxymethylpenicillin*

HEPATO-GASTROENTEROLOGY

75. *The most frequent drugs which causes acute upper gastrointestinal bleeding are:

A). *Corticosteroids*
B). *Anticoagulants*
C). *Aspirin and other NSAIDS*
D). *Betablockers*
E). *Prokinetics*

76. *Which of the following specific tests is the most sensitive index of viral replication in Hepatitis B :

A). *HBsAg*
B). *Anti-HBe*
C). *Anti-HBs*
D). *HBV-DNA*
E). *Anti-HBC*

77. *The most widely used agents for eradication therapy in helicobacter pylori infection are:

A). Metronidazole, Clarithromycin, Amoxicillin, Tetracycline, Bismuth
B). Quinolones, Metronidazole, Clarithromycin
C). Omeprazole, Quinolones, Amoxicillin
D). Metronidazole, Omeprazole, Tetracycline
E). Omeprazole, Cephalosporine, Metronidazole

78. *The options for medical treatment to induce remission in Crohn's disease are:

A). Azathioprine, aminosalicylates, antibiotics
B). Glucocorticoids, enteral nutrition, anti-TNF antibodies
C). Metronidazole, antidiarrhoeic agents, acid folic
D). Methotrexate, antidiarrhoeic agents, aminosalicylates
E). Blood transfusions, azathioprine, antidiarrhoeic agents

79. The following factors affect the risk of rebleeding and death in acute upper gastrointestinal bleeding:

A). Age
B). Evidence of co-morbidity
C). Sex
D). Presence of classical clinical features of shock
E). Clinical signs of chronic liver disease

80. Regarding endoscopy in acute upper gastrointestinal bleeding the following statements are correct:

A). Endoscopy should be performed as soon as possible after the patient has been resuscitated
B). Endoscopy should be performed before the patient has been resuscitated
C). Endoscopy can detect the cause of the hemorrhage in 80% or more of cases
D). At first endoscopy, varices should be treated, usually with banding
E). Bleeding ulcers should be treated with two or three hemostatic methods

81. The causes of the lower gastrointestinal bleeding are the following:

A). Gastric ulcer
B). Colon carcinoma
C). Colitis (Crohn's, Ulcerative colitis, Infective colitis)
D). Colonic polyps
E). Diverticula

82. The factors predictive of a sustained response to treatment in patients with chronic hepatitis B are:

A). High HBV DNA levels
B). High serum aminotransferases
C). Delta virus negative
D). Histology report with active liver disease (mild to moderate)
E). Low HBV DNA levels

83. The noninvasive methods for the diagnosis of Helicobacter Pylori infection are the following:

A). Biopsy urease test
B). Serological tests
C). Stool antigen test
D). C-urea breath test
E). Endoscopy

84. The complications of peptic ulcer are:

A). Hemorrhage
B). Perforation
C). Gastric outlet obstruction

D). Dumping syndrome
E). Hiatal hernia

85. Long term complications of surgical treatment in peptic ulcers are:
A). Perforation
B). Vascular ectasia
C). Recurrent ulcer
D). Dumping syndrome
E). Nutritional complications

86. Intrahepatic causes of jaundice are:
A). Viral hepatitis
B). Drugs
C). Cirrhosis
D). Pregnancy
E). Common duct stones

87. The two most useful tests for the cholestatic jaundice (acquired) are:
A). Endoscopic retrograde cholangiopancreatography (ERCP)
B). Radionuclide imaging
C). Viral markers for HAV, HBV, HCV
D). Ultrasound examination
E). Upper GI endoscopy

88. The causes of hepatomegaly are the following:
A). Inflammation
B). Cysts
C). Metabolic
D). Hematological
E). Tumors

89. The causes of hemorrhagic ascites are the following:
A). Obstruction of main lymphatic duct
B). Malignancy
C). Ruptured ectopic pregnancy
D). Abdominal trauma
E). Acute pancreatitis

90. A low serum-ascites albumin gradient (<11g/l) is associated with:
A). Peritoneal carcinomatosis
B). Peritoneal tuberculosis
C). Pancreatitis
D). Nephrotic syndrome
E). Portal hypertension

91. The investigations which are performed to assess the severity of liver disease are:
A). Liver function
B). Viral markers
C). Liver biochemistry
D). Serum electrolyte
E). Serum creatinine

92. Poor prognostic indicators in cirrhosis are the following:
A). High albumin (>28g/l)
B). Low albumin (<28g/l)
C). Low serum sodium (<125 mmol/l)
D). Prolonged prothrombin time >6s above normal value
E). Raised creatinine >130 mmol/l

93. Regarding the colonoscopic investigation in ulcerative colitis the following statements are correct:

A). Endoscopy with mucosal biopsy is the gold standard investigation
B). Colonoscopy allows assessment of disease activity and extent
C). Full colonoscopy should not be performed in severe attacks of disease
D). A single diagnostic colonoscopy is recommended
E). Colonoscopy is not recommended in patients older than 65 years

94. Indications for surgery in ulcerative colitis are:

A). Failure of medical treatment
B). Anemia
C). Hypoalbuminemia
D). Dysplasia on surveillance colonoscopy
E). Toxic dilatation

95. Options for medical treatment of Crohn's disease are:

A). Nonsteroidal anti-inflammatory drugs – NSAD's
B). Oral glucocorticoids
C). IV glucocorticoids
D). Anti-TNF antibodies
E). Azathioprine

96. The causes of chronic hepatitis are:

A). Hepatitis A
B). Hepatitis B± Hepatitis D
C). Hepatitis C
D). Autoimmune hepatitis
E). Drug related hepatitis

97. *High serum- ascites albumin gradient (>11g/l) may be found in:

A). Peritoneal carcinomatosis
B). Peritoneal tuberculosis
C). Pancreatitis
D). Nephrotic syndrome
E). Portal hypertension

98. Which of the following statements regarding the perforated gastric ulcers are correct?

A). Carries a higher mortality rate than perforated duodenal ulcers
B). It often presents result prior symptoms
C). Is best treated by simple closure
D). Vagotomy is usually performed for type II and III gastric ulcers
E). All perforated gastric ulcers should be biopsied if are not removed at surgery

99. *Causes of extrahepatic cholestasis are the following, except one:

A). Viral hepatitis
B). Common duct stones
C). Biliary stricture
D). Pancreatic cancer
E). Sclerosing cholangitis

100. The following are options for medical treatment of Crohn's disease:

A). Oral or IV-glucorticosteroids
B). Anti-TNF antibodies
C). Azathioprine
D). Enteral nutrition
E). Proton pump inhibitors (PPI)

101. ***Which of the following statements regarding the treatment of colonic injuries are correct?**

A). Primary repairs include colostomy
B). The disadvantage of colostomy is risk of leakage
C). The disadvantage of colostomy is that a second operation is required to close it
D). The disadvantage of primary repair is that definitive treatment is carried out at the initial operation
E). The primary repairs are not safe and effective in the majority of patients with penetrating injuries

102. **Which of the followings regarding the Ogilvie Syndrome are correct?**

A). It is a mechanical disorder of the colon
B). It is a functional disorder of the colon
C). Most commonly occurs in hospitalized patients
D). Most patients with this condition need surgical decompression
E). Intravenous neostigmine is extremely effective in decompressing the colon

RHEUMATOLOGY

103. **Which antibodies are specific for rheumatoid arthritis?**

A). Antisynthetase antibodies
B). Anti-Ro (SS-A) antibodies
C). Rheumatoid factor
D). Anti-CCP antibodies (ACPA)
E). Anti UIRNP antibodies

104. ***The "golden standard" drug in rheumatoid arthritis (RA) is:**

A). Sulfasalazine
B). Hydroxychloroquine
C). Methotrexate
D). Leflunomide
E). Corticosteroids

105. **The predictors of poor outcome in rheumatoid arthritis are:**

A). Positive anti-CCP antibodies (ACPA)
B). Male gender
C). Age
D). CRP < 20
E). Negative rheumatoid factor (pg. 519)

106. **In ankylosing spondylitis (AS):**

A). Acute anterior uveitis is not associated with HLA-B27
B). Aortitis is a non-articular manifestation in AS
C). MRI with gadolinium is superior to X-rays in demonstrating sacroiliitis in AS
D). Acute anterior uveitis is associated with HLA-B27
E). Exercise can improve the prognosis of patients with AS

107. **Which of the following drugs are to be stopped in a lupus pregnant patient:**

A). Corticosteroids
B). Mycophenolate mofetil
C). Hydroxychloroquine
D). Rituximab
E). Cyclophosphamide

108. **Flare in lupus is represented by:**
A). Low C3
B). High C3
C). High ESR
D). High anti-dsDNA
E). High C4

109. **In lupus:**
A). Pleural effusions are common manifestations
B). Pleural effusions are exudates
C). Pleural effusions are often bilateral
D). Intrapulmonary hemorrhage associated with vasculitis is not life-threatening
E). Pericardial effusions are not common manifestations

110. ***In ankylosing spondylitis (AS), which of the following anti-TNFα are used:**
A). Rituximab
B). Methotrexate
C). NSAIDs
D). Etanercept
E). Steroids

ENDOCRINOLOGY - DIABETES MELLITUS

111. ***Which of the following is not a physiological effect of thyroid hormones?**
A). Increased heart rate
B). Decreased glycolysis
C). Increase in beta-adrenergic number of receptors in the heart
D). Increase speed of muscle contraction
E). Increased gut motility

112. **How does serious chronic illness affect the thyroid function?**
A). A mild compensatory hyperthyroidism develops
B). A reduction of TSH production in the pituitary
C). There is no effect of IL6 on the thyroid function
D). Increase in the rT3 production
E). There is a reduction in the concentration of binding proteins

113. **Which of the following are true regarding children with hypothyroidism?**
A). The classic clinical signs are mandatory for diagnosis
B). Growth is often accelerated
C). A pubertal arrest may occur
D). School performance is poor
E). A goiter is always present

114. **Which of the following are not causes of hyperthyroidism?**
A). A TRH secreting pituitary adenoma
B). Post-partum thyroiditis
C). Amiodarone
D). Lithium
E). Solitary toxic adenoma

115. **Which of the following is true regarding thyroid carcinoma?**
A). Surgery is the first-line treatment
B). Medullary carcinoma is the least frequent type
C). The follicular type metastases can be found in lungs
D). Radioiodine therapy is mandatory for anaplastic carcinoma
E). Previous head and neck irradiation are risk factors

116. ***Which of the following is false regarding glucose transporters?**

A). GLUT 2 transports glucose into the beta cell
B). GLUT 1 enables basal non-insulin-stimulated glucose uptake
C). GLUT 4 is the channel through which glucose is taken up into muscle
D). GLUT 2 mediates glucose uptake in adipose tissue
E). GLUT 3 enables glucose uptake into brain neurons

117. **Which of the following auto-immune diseases can be associated with type 1 diabetes?**

A). Cushing's syndrome
B). Coeliac disease
C). Normochromic normocytic anemia
D). Hashimoto thyroiditis
E). Pernicious anemia

118. **Diet recommendation for a diabetic patient include:**

A). Sucrose must be the main source of carbohydrates
B). Low carbohydrate diet is mandatory
C). Saturated fat must not exceed 10% of total energy intake
D). Alcohol is forbidden
E). Protein should be consumed in amount approximately equal to 1g/kg ideal bodyweight

119. **Phase 2 treatment of ketoacidosis does not include:**

A). 20 units of insulin i.m. stat
B). The patient must receive oral antidiabetic drugs
C). 5% glucose infusion must be added when blood glucose falls to 10-12 mmol/l
D). Insulin should be administered i.v. 3u/h when blood glucose is 15 mmol/l
E). Sodium bicarbonate is mandatory in case of diabetic ketoacidosis

120. **Consequences of hyperglycemia are:**

A). Increase in glucose production by the liver
B). Accumulation of advanced glycosylated end products
C). Increase in the polyol pathway glucose metabolism
D). Decrease in the vascular endothelial growth factor (VEGF)
E). Formation of reactive oxygen species

121. **Which of the following are true regarding type II diabetes?**

A). Wolfram's syndrome is a rare genetic cause of type II diabetes
B). Metformin increases insulin sensitivity
C). Gastric bypass surgery is recommended in those with BMI <35 and comorbidities such as hypertension
D). Alcohol is forbidden
E). Metformin may be given in combination with sulfonylureas or insulin

NEPHROLOGY

122. **Glomerulopathy is a general term for a group of disorders in which:**

A). The kidneys aren't involved
B). There is primarily an immunologically mediated injury of glomeruli
C). The kidneys are involved symmetrically
D). The kidneys are involved asymmetrically
E). Renal lesions may be part of a generalized disease, like systemic lupus erythematosus

123. **Nephrotic syndrome includes:**
A). Massive proteinuria (>3.5g/day)
B). Hyperalbuminemia
C). Edema
D). Absence of proteinuria
E). Hyperlipidemia

124. ***Choose the true statement about cryoglobulinaemic renal disease:**
A). In type I, the cryoprecipitable immunoglobulin is a single monoclonal type
B). In type I, cryoglobulinemia are mixed types
C). In type III, the cryoprecipitable immunoglobulin is a single monoclonal type
D). Glomerular disease is more common in type I
E). In type II, the antiglobulin component is polyclonal, and in type III is monoclonal

125. **The clinical syndrome of Henoch-Schoenlein syndrome includes:**
A). Skin rash
B). Glomerulonephritis
C). Pulmonary fibrosis
D). Abdominal colic
E). Joint pain

126. **Clinical factors of IgA nephropathy include:**
A). Tends to occur in women >70 years
B). Symptomatic microscopic hematuria at presentation
C). The prognosis is bad
D). Tends to occur in children and young males
E). Recurrent macroscopic hematuria is a good prognostic sign

127. ***The following is not included in the causes of chronic kidney disease:**
A). Tuberculosis
B). Ankylosis spondylitis
C). Prostatic disease
D). Schistosomiasis
E). Wegener's granulomatosis

128. **The symptoms and signs of chronic kidney disease are:**
A). Nausea, diarrhea
B). Peripheral or pulmonary edema
C). Loss of appetite
D). Symptoms due to hypercalcemia
E). Low blood pressure

129. **Implicated factors in anemia in chronic kidney disease:**
A). There is no erythropoietin deficiency
B). Increased red-cell destruction
C). Bone marrow fibrosis secondary to hypoparathyroidism
D). Anemia is never caused by ACE inhibitors
E). ACE inhibitors may cause anemia in chronic kidney disease, probably with interfering with the control of endogenous erythropoietin release

130. **Endocrine abnormalities in chronic kidney disease includes:**
A). Hypoprolactinemia
B). Hyperprolactinemia
C). Increased luteinizing hormone levels in both sexes
D). Decreased serum testosterone levels
E). Abnormal thyroid hormone levels

131. **The patients' treatment of chronic kidney disease and protein > 1g/24h includes:**
A). ACE inhibitors increasing to maximum dose
B). ACE inhibitors decreasing to minimum dose
C). Statins to lower cholesterol <4.5 mmol/l
D). Diuretic treatment to prevent hyperkaliemia
E). Diuretic treatment is contraindicated

HEMATOLOGY

132. **Microcytic anemia is consistent with the following findings:**
A). MCV is reduced in iron deficiency
B). MCV is normal in iron deficiency
C). Serum ferritin is raised in iron deficiency
D). Serum ferritin is reduced in iron deficiency
E). Serum TIBC is reduced in iron deficiency

133. **The anemia of chronic disease occurs:**
A). At patients with inflammatory disease (Crohn)
B). At patients with chronic infections
C). In systemic lupus erythematosus
D). In case of high blood pressure and diabetes
E). In malignant disease

134. **Macrocytic anemias are associated with the following clinical scenarios:**
A). Vitamin B12 level is normal in megaloblastic anemia
B). They can be divided into megaloblastic and non-megaloblastic types
C). In megaloblastic anemia appears myelodysplasia
D). The peripheral blood film shows oval microcytes with hypersegmented polymorphs with three or less lobes in the nucleus
E). The congenital forms are due to interference of megaloblastic anemia with purine or pyrimidine synthesis

135. ***Pernicious anemia:**
A). Includes vitamin B12 malabsorption
B). This disease is more common in children
C). Occurs more frequently in those who have the blood group 0
D). It is more common in males
E). It isn't an autoimmune disorder

136. **Clinical features of pernicious anemia include:**
A). Glossitis
B). Angular stomatitis is sometimes present
C). Neurological abnormalities occur in patients with normal levels of serum B12
D). Psychiatric problems, hallucinations may occur from vitamin B12 deficiency
E). The neurological changes, if left untreated for a long time, can be reversible

137. **Treatment of folate deficiency:**
A). Folate deficiency can be corrected without treatment
B). Can be corrected by giving 5mg of folic acid daily
C). Can be corrected by giving 50mg of folic acid daily
D). Prophylactic folic acid is recommended for all women planning a pregnancy
E). Prophylactic folic acid is not indicated in chronic hematological disorders

138. **Symptoms and signs of leukemia include:**
A). Pallor
B). Infections
C). Headache
D). Ecchymosis
E). Low WBC

139. ***Acute myeloid leukemia risk factors include:**
A). Age > 60: good risk
B). Male: poor risk
C). NPH1 mutation with FLT3 wild type: poor risk
D). De novo disease: poor risk
E). High WBC: good risk

140. **Acute lymphoblastic leukemia prognosis is characterized by:**
A). The prognosis of ALL in childhood is excellent now
B). The prognosis of ALL in childhood is bad
C). The prognosis is getting worse with advancing years
D). The prognosis is getting better with advancing years
E). Failure occurs most frequently in those with high presentation blast counts

141. **Hodgkin's lymphoma classification is defined as:**
A). Stage I: involvement of two or more lymph-node regions on the same side of the diaphragm
B). Stage I: involvement of a single lymph-node region or lymphoid structure
C). Stage IV: involvement of lymph-node regions of both sides of the diaphragm
D). Stage III1: with or without involvements of splenic, hilar, coeliac or portal nodes
E). Stage III2: with involvement of para-aortic, iliac and mesenteric nodes

VISCERAL SURGERY

142. **The temporary hemostatic techniques, which have proven most useful in liver trauma are:**
A). Manual hepatic compression
B). Liver resection
C). The Pringle maneuvers
D). Liver transplantation
E). Perihepatic packing

143. **In abdominal trauma splenectomy is indicated:**
A). For lesser splenic injuries in patients with multiple abdominal injuries who have developed a coagulopathy
B). Hilar injuries
C). All splenic injuries
D). Minimal subcapsular hematoma
E). Pulverized splenic parenchyma

144. ***In abdominal trauma a pancreatoduodenectomy is required when there are:**
A). Injuries of the spleen
B). Limited injuries of the first portion of the duodenum
C). Transection of both the intrapancreatic bile duct and the main pancreatic duct in the head of the pancreas.
D). Injuries of the duodenum D4.
E). Injuries of the tail of the pancreas

145. **The list of veins for which repair should be attempted in abdominal trauma includes:**
A). The superior cava vein
B). The inferior vena cava proximal to the renal veins
C). Subclavian artery
D). All veins smaller than 10-mm diameter
E). The portal vein

146. **The symptoms of small-bowel obstruction are:**
A). Colicky abdominal pain
B). Nausea
C). Vomiting
D). Obstipation
E). Air–fluid levels

147. ***The diagnosis of small-bowel obstruction is usually confirmed by:**
A). Radiographic examination
B). Double contrast barium enema
C). Colonoscopy
D). MRI
E). ERCP

148. **Hartmann's procedure refers to:**
A). Colon or rectal resection with an anastomosis
B). Colon or rectal resection without an anastomosis
C). Colon or rectal resection in which a colostomy is created
D). Total proctocolectomy
E). Abdominoperineal resection

149. **Exceptions to the recommendation for expeditious surgery for intestinal obstruction include:**
A). Partial small-bowel obstruction
B). Obstruction occurring in the early postoperative period
C). Intestinal obstruction as a consequence of Crohn disease
D). Carcinomatosis
E). Strangulated hernias

150. **Abdominal pain in acute appendicitis is characterized by:**
A). Initially diffusely centered in the lower epigastrium or umbilical area
B). Appears after a plentiful meal
C). Appears after alcohol intake
D). Moderately severe, sometimes with intermittent cramping superimposed
E). Decreases in intensity after vomiting

151. **Appendiceal rupture must be suspected when:**
A). Jaundice shows up
B). Fever overpasses 39°C
C). White blood cell count greater than 18.000/mm3
D). Serum amylases over 150 i.u.
E). Increasing of serum urea and creatinine

152. **Which of the following procedures are mandatory in laparoscopic appendectomy?**
A). Central vein catheter
B). General anesthesia
C). Naso-gastric tube
D). Enema
E). Urinary catheter

153. **Which are the risk factors predicting complications of groin hernia in adults?**
A). Female sex
B). Old age
C). Femoral hernia
D). Genetic factors
E). Coexisting medical illness

154. **Which statements regarding sliding hernia are true?**
A). Any hernia in which part of the sac is represented by the wall of a viscus
B). Comprises 50% of all hernias
C). The sliding component is usually found on the posterior lateral side of the internal ring
D). The fallopian tubes and ovaries are never involved
E). Surgical treatment presumes in all cases resection of the hernia sacs

155. ***The Bassini herniorrhaphy consists in:**
A). A tension free procedure
B). Suturing the internal oblique muscle to the external oblique muscle
C). Suturing the transversalis fascia, the transversus abdominis muscle, and the internal oblique muscle to the inguinal ligament and possibly iliopubic tract
D). A mesh plug technique
E). A laparoscopic approach

156. **Clinical manifestations of an acute cholecystitis include:**
A). Dysphagia
B). Focal tenderness and guarding are usually present in the right upper quadrant
C). Positive Murphy's sign
D). Nausea, and vomiting
E). Constipation

157. **Ultrasound examination in acute cholecystitis shows:**
A). Sigmoid wall thickening
B). The thickening of the gallbladder wall
C). Pericholecystic fluid
D). Cytosteatonecrosis
E). The presence of gallstones

158. **The Charcot triad in acute cholangitis includes:**
A). Fever
B). Epigastric or right upper quadrant pain
C). Weight loss
D). Jaundice
E). Diarrhea

159. ***Absolute contraindications for laparoscopic cholecystectomy are:**
A). Acute cholecystitis
B). Obesity
C). Uncontrolled coagulopathy
D). Personal history of abdominal surgery
E). Gallbladder cholesterolosis

160. **The other upper abdominal conditions that can be confused with acute pancreatitis are:**
A). Perforated peptic ulcer
B). Gangrenous small bowel obstruction
C). Acute cholecystitis
D). Hiatal hernia
E). Cirrhosis of the liver

161. **Which of the following statements regarding the pain in acute pancreatitis are true?**
A). Usually epigastric
B). Can occur anywhere in the abdomen or lower chest
C). It has been described as "knifing" or "boring through" to the back
D). May be relieved by the patient leaning forward
E). May be relieved by vomiting

162. ***The standard criterion for detecting and assessing the severity of pancreatitis is:**
A). Radiographic examination
B). Ultrasound
C). CT scanning with bolus intravenous contrast
D). White blood cell count
E). Hyperglycemia

163. **In acute pancreatitis, on examination the patient may show:**
A). Voluntary and involuntary guarding
B). The bowel sounds are decreased or absent
C). Pleural effusion, particularly on the right side
D). There are usually no palpable masses
E). The abdomen may be distended with intraperitoneal fluid

164. **Perforated gastric ulcers are usually associated with:**
A). NSAIDS intake
B). Helicobacter pylori infection
C). Abdominal trauma
D). Tobacco use
E). Associated liver cirrhosis

165. **Occasionally nonoperative treatment in perforated duodenal ulcer may be applied in:**
A). Patient with clinical picture lasting more than 6 hours
B). Patients with generalized peritonitis
C). Associated Douglas abscess
D). Stable patient without peritonitis
E). Sealed perforation documented by radiological studies

166. **Which of the following surgical procedures may be applied in perforated gastric ulcer?**
A). Gastric resection with or without vagotomy
B). Patch closure with biopsy
C). Gastroenteroanastomosis without gastric resection
D). Pylorotomy
E). Local excision and closure

167. **Which of the following statements regarding acute appendicitis are correct?**
A). The initial symptom is abdominal pain
B). Patients usually prefer to lie on the left side
C). In more than 95% of patient's anorexia is the first symptom
D). If vomiting precedes the onset of pain the diagnosis of appendicitis should be questioned
E). Plain radiographs of the abdomen are frequently helpful in diagnosing acute appendicitis

168. **Which of the following statements regarding inguinal hernia are true?**
A). Sliding hernia is frequently found in patients less than 30 years old
B). Surgical treatment of sliding hernia presumes the resection of the hernial sac
C). The increased intraabdominal pressure and the weakness of the inguinal wall are the major factors in the development of direct inguinal hernia
D). Ilioinguinal and iliohypogastric nerves are branches of the first lumbar nerve
E). The most significant complication of acute incarceration is strangulation

169. **Which of the following statements regarding the gallstone disease are true:**

A). Pure cholesterol stones are the most common types of gallstones
B). The chief symptom associated with symptomatic gallstones is pain
C). The standard diagnostic test for gallstones is abdominal ultrasound
D). Laparoscopic cholecystectomy is safe in pregnant women during the second trimester of pregnancy
E). Mirizzi syndrome represents the migration of gallstones into the common bile duct

GINECOLOGY

170. **In what mutation is it recommended for a woman to perform prophylactic oophorectomy after they have had all the children they want, since there exists a high risk of developing malignant ovarian cancer:**

A). BRCA1
B). BRCA3
C). BRCA2
D). BRCA4
E). BRCA5

171. **Which ones of the following factors contribute to the risk of developing cervical cancer?**

A). Multiple sexual partners
B). Early sexual debut
C). Early first menstruation
D). Early first pregnancy
E). Oral contraceptive use

172. ***Clear cell carcinoma of the cervix is associated with the following substance:**

A). Diethylstilbestrol
B). Neurosedyn
C). Amalgam
D). E455
E). Aspirin

173. **Which are the following examinations you should perform after an abnormal pap-smear?**

A). Colposcopy
B). Biopsy
C). Digital vaginal examination
D). X-ray
E). Vaginal ultrasound

174. **Risk factors for endometrial cancer are:**

A). Obesity
B). Hypertension
C). Early menarche
D). Late menopause
E). Tubal ligation

175. **Diagnosis of ovarian cancer is often difficult, because:**

A). Often does not produce symptoms
B). Often not detectable by radiography
C). Often not detectable by serology
D). Always causes migraine
E). Always is associated with pregnancy failure

176. **Risk factors for carcinoma of the cervix are:**
A). Sedentary lifestyle
B). Multiple sexual partners
C). Early age of first intercourse
D). Early first pregnancy
E). Alcohol use

177. ***Which of the followings are correct about uterine leiomyomas?**
A). The tumor is never seen before a women first menstruation
B). Causes infertility, ureteral obstruction, bleeding and bladder distortion
C). The most common benign tumor in the female pelvis
D). Can be found incidentally
E). All of them

178. ***Which of the following is a non-functioning tumor (e.g. Non-hormone excreting tumor)?**
A). Thecomas
B). Mature teratoma
C). Arrhenoblastomas
D). Myoma
E). All of them

179. ***Choose the characteristics of Brenner tumor:**
A). Is an epithelial tumor
B). Have bad prognosis
C). Occurs primarily in later part of life
D). Is a rare ovarian tumor
E). All of them

180. **Which of the followings are correct about endometrial polyps?**
A). Causes postmenstrual or postmenopausal bleeding
B). Endometrial polyps are always malign
C). Treated with polyp removal or curettage
D). Hysteroscopy is indicated
E). All of them

181. ***The followings are correct about adenomyosis, except:**
A). It's a growth of endometrial tissue in the myometrium
B). Can cause severe uterine enlargement
C). Occurs primarily during reproductive years
D). Associated with breast pathology
E). Associated with smoking

182. **In candida vulvovaginitis, the infection is most common in the following patients:**
A). Diabetic patients
B). Patients with endometriosis
C). Pregnant patients
D). Patients on antibiotic treatment
E). Patients with endometrial cancer

183. ***The following statements are true regarding bacterial vaginosis:**
A). The most common pathogens are streptococci and staphylococci
B). The discharge is thin and colorless.
C). The diagnosis is made by ultrasound.
D). The condition is best treated with Acyclovir.
E). Is associated with ectopic pregnancy

184. ***Regarding viral vulvar and vaginal infections, the following statement is false:**

A). The most common is Condyloma acuminatum.
B). Herpes simplex virus causes painless vesicles.
C). Vesicles caused by herpes simplex infection are followed by ulceration of the vulva, vagina or cervix.
D). Culture is confirmatory for herpes infection.
E). Obesity is associated with recurrence

185. **Choose the correct answers from the following statements regarding Pelvic Inflammatory Disease:**

A). The most common organisms causing pelvic inflammatory disease are N. gonorrhea and Chlamydia T.
B). The classic signs are fever, lower abdominal pain with pelvic tenderness and purulent vaginal discharge.
C). If untreated, the condition might cause infertility but never ectopic pregnancy.
D). Laparoscopy is the recommended approach
E). All of the above statements are correct

186. **Which statement is correct:**

A). Historically, ectopic pregnancies were associated with low mortality rates
B). Early diagnosis is the key to minimizing maternal morbidity and mortality
C). Sensitive assays for beta-hCG and improvements in ultrasound technology don't allow potential visualization of early gestations.
D). Laparoscopic surgery is the first line option
E). A patient with unstable vital signs can be managed with methotrexate

187. **Advanced ectopic pregnancy is managed by:**

A). Oral methotrexate
B). Laparoscopy
C). Laparotomy
D). Wait and watch
E). Hysteroscopy

188. **Extrauterine pregnancies:**

A). Can be located along the fallopian tubes
B). Secondarily implant after tubal or uterine rupture
C). Can be located on the ovary
D). Can be located on the cervix
E). Can't be implanted in other abdominal organs

189. ***Linear salpingostomy is the treatment of choice for ectopic pregnancies:**

A). More than 4 cm in diameter
B). Less than 4 cm in diameter
C). Located around the uterine cervix
D). Located around the ovary
E). More than 12 weeks of amenorrhea

190. **Patients with endometrial cancer stage I:**

A). Can be managed with abdominal hysterectomy and bilateral salpingo-oophorectomy
B). Adjuvant radiotherapy may be required
C). Can be managed with conization of the cervical canal
D). Are good candidates for IUD insertion
E). Can be managed with intraperitoneal cytostatics

191. **Currently the most common medical treatment for endometriosis is:**
A). Pseudomenopause
B). Antibiotics
C). Gonadotropin-releasing hormones agonists
D). Antiacids
E). Oral contraceptives

192. **Which of the following are true regarding hyperthyroidism in pregnancy?**
A). In the first trimester TSH can be suppressed
B). TSI (thyroid-stimulating immunoglobulin) crosses the placenta to stimulate the fetal thyroid
C). PTU does not cross the placenta
D). If necessary, surgery can be performed in the first trimester
E). PTU is usually the preferred antithyroid drug

ORTHOPEDICS

193. **Aggressive soft tissue infections are:**
A). Cellulitis
B). Erysipelas
C). Lymphangitis
D). Gas gangrene
E). Necrotizing fasciitis

194. **Patients at risk for skin infections include:**
A). Elderly
B). Immunosuppressed
C). Diabetic
D). Those who suffer from peripheral vascular disease
E). A combination of these factors

195. ***Hyperbaric oxygen therapy should be strongly considered in patients with infection caused by gas forming organisms like:**
A). Perfringens
B). S. Pyogenes
C). Aeruginosa
D). Methicillin-resistant S. Aureus
E). Gram-positive cocci

196. **A proper cast is carefully constructed to immobilize the fractured bone in question and avoid the complications like:**
A). Loss of reduction
B). Neurovascular compromise
C). Pressure ulceration of skin
D). The creation of joint contractures
E). Non-union

197. **The closed reduction of a fracture includes:**
A). Applying force by direct pressure
B). Applying force by indirect pressure
C). Traction
D). Other maneuvers to realign the bones precedes the application of the cast
E). Do not require any of these maneuvers

198. ***Management of tibial shaft fracture need an immobilization for:**

A). 8-10 weeks
B). 12-16 weeks
C). 2-4 weeks
D). 4-6 weeks
E). Do not require a special care

199. ***Nonunion of tibial shaft fractures managed closed is a significant problem, and cast immobilization, when used, usually is necessary for approximately:**

A). 2-3 months
B). 3 to 4 months
C). 1-2 months
D). 4-6 months
E). More than 6 months

200. **The femoral neck fracture features are:**

A). Are most common in elderly patients
B). Are, therefore, entirely intrascapular
C). Comprise approximately one half of all fractures of the proximal femur
D). Femoral neck fracture is displaced, disruption of the blood flow to the femoral head is virtually certain
E). Osteonecrosis of the femoral head in displaced fractures is nearly inevitable

201. **In surgical treatment of the clavicle, must take care of:**

A). The proximity of the lung
B). The arteria subclavia
C). The brachial plexus
D). The humeral head
E). Rotator cuff

202. **Minimally displaced fracture or impacted fractures of the femoral neck are best managed by:**

A). Internal fixation
B). Immobilization with a shoulder immobilizer brace
C). Sling
D). Sling and swath
E). Do not require any immobilization

203. **The following statements concerning elbow fractures are true:**

A). Olecranon fractures are generally pure bone injuries with intact ligaments
B). Distal humerus fractures are generally pure bone injuries with intact ligaments
C). Open reduction and rigid internal fixation are recommended in adult patients
D). Open reduction and rigid internal fixation are not recommended in adult patients
E). Supracondylar fractures are common in children

204. **The following statements concerning talus fractures are true:**

A). The most common fracture location is to the neck of the talus
B). All fractures of talus need surgical intervention
C). Displaced fractures need reduction
D). Displaced fractures need internal fixation
E). Osteonecrosis of the proximal talus represents a risk

205. **An open fracture is defined as:**

A). Any fracture that is exposed to the outside environment
B). Can result from penetrating injury
C). Open fractures are often caused by high energy injuries
D). Open fractures are often caused by low energy injuries
E). Associated injuries can be present

206. **Features of the femoral neck fracture are:**
A). Most commonly related to falls
B). Lower extremity appears shortened
C). Most attempts at motion cause severe pain
D). The diagnosis is confirmed only by computer tomography
E). The diagnosis is confirmed by anterior and lateral radiography of the hip

207. **The following statements are true about femoral fracture:**
A). The mortality of proximal femoral fracture has significantly improved
B). The morbidity of proximal femoral fracture has not improved
C). Osteoporosis is a major contributing factor to hip fractures
D). The fracture generally occurs in the seventh and eighth decade of life
E). Femoral neck and intertrochanteric fractures occur with approximately equal frequency

208. **The principle of treatment in fractured bone include:**
A). If a fracture is truly nondisplaced, then no reduction is necessary
B). For extra-articular fracture reduction is often necessary
C). In general, upper extremities requires more precise reduction
D). The first principle of treatment involves reduction of the fracture
E). The second principle of treatment is to maintain the reduction duct

EAR-NOSE-THROAT

209. ***Otitis externa is:**
A). Infection of the skin of the external auditory canal
B). An infection commonly known as "swimmer's ear"
C). Infection of the middle ear
D). Complication of the middle ear infection
E). Infection of the internal ear

210. **Acute otitis media is:**
A). Acute phase typically implies a bacterial infection of the middle ear.
B). Complication of the rhinitis or sinusitis
C). Disease with a tympanic membrane perforation, and ear pain
D). External ear infection
E). Infection of the middle ear lasting less than 3 weeks.

211. **Acute sinusitis (AS) is:**
A). A complication after a viral upper respiratory airway infection
B). A result of the stasis of secretions, tissue hypoxia, and ciliary dysfunction
C). An acute inflammation of the sinus mucosa with bacterial proliferation
D). A complication of the otitis media
E). A disease which needs treatment with antibiotics, nasal decongestants, nasal saline spray, topical nasal steroids and oral steroids in selected cases.

212. **Tonsillectomy and adenoidectomy are indicated:**
A). For chronic infections of the tonsils and adenoids
B). For acute recurrent infection of the tonsils and adenoids
C). For obstructive hypertrophy
D). For acute inflammation of the tonsils and adenoids
E). For adult patients with chronic pharyngeal inflammations

213. **The risk factors for nasopharyngeal carcinoma include:**

A). Area of habitation
B). Ethnicity
C). Environment
D). Tobacco use
E). Alcohol use

214. ***The regional lymphatic drainage of the neck is divided into:**

A). One level
B). Two levels
C). Five levels
D). Six levels
E). Seven levels

215. **The supraglottis includes:**

A). The epiglottis
B). The vocal cords
C). The aryepiglottic folds
D). The arytenoids
E). The ventricular bands or false vocal cords