

Examples of Tests for students of the 4th year

1. What can be explored contrast radiology of the gastrointestinal tract?

- A. Detecting filling defects
- B. Detecting polycystic kidney
- C. Motility disorder
- D. Detecting strictures, erosions, ulcers

2. For which of the following is there evidence of efficacy in the treatment of functional dyspepsia?

- A. Probiotics
- B. Homeopathy
- C. Acupuncture
- D. Stool transplantation

3. Which of the following procedures is crucial for the diagnosis of functional dyspepsia?

- A. 24-h esophageal pH monitoring
- B. Esophagogastroduodenoscopy
- C. H₂ breath test with lactose
- D. Manometry

4. Which of the following describes Barrett's esophagus?

- A. pre-malignant glandular metaplasia of the lower esophagus
- B. this is a cancer of esophagus
- C. it can be redness, bleeding ulceration with stricture formation in esophagus
- D. it is an adenocarcinoma of stomach

5. Which of the below is not H₂ - antagonist:

- A. Ranitidine
- B. Cimetidini
- C. Omeprazole
- D. Famotidini

1. NSAID-induced ulcers differ from H. pylori-associated ulcers in that patients with an NSAID-induced ulcer are more likely to have:

- A. Gastric cancer
- B. Ulcer-related epigastric pain
- C. More severe upper gastrointestinal bleeding
- D. A duodenal ulcer

2. Which epithelium do H. pylori exclusively colonize?

- A. Duodenum-type epithelium
- B. Intestine-type epithelium
- C. Esophagus
- D. Gastric-type epithelium

3. Antimicrobial resistance to H. pylori is most likely to occur with which of the following agents?

- A. Metronidazole and clarithromycin
- B. Amoxicillin and tetracycline
- C. Clarithromycin and tetracycline
- D. Metronidazole and amoxicillin

4. All that increase risk of peptic ulcer disease, except:

- A. Anticoagulant therapy
- B. Corticosteroid drug
- C. NSAID therapy
- D. Age < 60 years

5. The preferred management of a 70-year-old woman with rheumatoid arthritis who is at risk of developing an NSAID-induced ulcer or ulcer-related complication is:

- A. Pantoprazole 40 mg daily
- B. Misoprostol 100 µg twice daily
- C. Famotidine 40 mg twice daily
- D. Omeprazole 40 mg twice daily

1. The primary components of bile are all of the following except:

- A. Water
- B. Cholesterol
- C. Bile salts
- D. Glucose

2. Risk factors for developing gallstones include all except

- A. Obesity
- C. Age over 40

B. Fasting often
D. Taking testosterone

3. The most common gallstones in the World are

A. Cholesterol
B. Black pigment
C. Brown pigment
D. Crystals

1. Which food is recommended to stimulate peristaltic of the bowel, except:

A. beet roots
B. carrots
C. plums
D. cheese
E. rye bread

2. Enzyme preparation must be taken:

A. before meal
B. with food
C. after meal
D. at bed time

3. Dosing regimen of furasolidon:

A. 0,1 g 4 times a day 5 – 10 days
B. 0,5 g 4 times a day 5 – 10 days
C. 0,1 g 4 times a day 2 – 3 days
D. 0,5 g 4 times a day 2 – 3 days

1. According to Mayo classification ulcerative colitis stage 2 (moderate disease) include all, except

A. obvious rectal bleeding
B. moderate PGA
C. Involves 5 stools per day more than normal
D. moderate PGA

2. Which one of the following medications would be contraindicated in a pregnant patient with Crohn disease?

A. Methotrexate
B. Budesonide
C. Sulfasalazine
D. Infliximab

3. Which medication is most appropriate for quickly suppressing inflammation in patients with moderately active UC?

A. Balsalazide
B. 5-aminosalicylic acid
C. Methotrexate
D. 6-mercaptopurine

1. Which of these things can cause hepatitis?

A. Viruses
B. Medicines and alcohol
C. Immune system that's not working as it should
D. All of the above

2. The disease exists in short-term (acute) and long-term (chronic) forms. How long does acute hepatitis last?

A. Less than 6 months
B. Less than 3 months
C. About 6 weeks
D. 1 month

3. What are the symptoms of hepatitis?

A. Tiredness (fatigue)
B. Low fever
C. Nausea
D. All of the above

4. Which form of hepatitis can be passed on through contaminated food or water?

A. B
B. C
C. A and E
D. All of the above

5. A blood test can confirm hepatitis. Doctors look for an elevated amount of which of these?

A. White blood cells
B. Calcium
C. Interferon
D. Liver enzymes

1. Cirrhosis is most accurately (definitively) diagnosed by.

- A. Eye exam
- B. Blood test
- C. Liver biopsy
- D. All of the above

2. What is the most common type of chronic viral hepatitis in the world?

- A. Hepatitis A
- B. Hepatitis B
- C. Hepatitis C
- D. Hepatitis D and/or E

3. What important functions are affected by severe, acute, or chronic liver disease?

- A. Blood clotting
- B. Elimination of water, salt, drugs, and toxins from the body
- C. Manufacture of blood proteins
- D. All of the above

4. Liver disease can also arise from...

- A. Acetaminophen
- B. Mushrooms
- C. Statins
- D. All of the above

5. The best liver function test is:

- A. AST/ALT
- B. Alkaline phosphatase
- C. Bilirubin
- D. INR

1. What is the cardinal symptom of chronic pancreatitis?

- A. Reduced levels of fecal elastase
- B. Pain
- C. Steatorrhea
- D. Weight loss

2. Which of the following decreases during the natural course of the disease?

- A. Pain intensity
- B. Elevation of pancreatic enzymes
- C. Exocrine pancreatic function
- D. All the above

3. Which of the following is the biggest risk factor for the development of chronic pancreatitis?

- A. Alcohol abuse
- B. Abnormal anatomy
- C. Viral infection
- D. Gene mutations/polymorphisms

1. What is the most important cause of COPD?

- A. exposure to dusty or polluted air
- B. alpha1- antitrypsin deficiency
- C. cigarette smoking
- D. familial predisposition

2. Chronic cough, which characterized COPD, is:

- A. cough precedes dyspnea
- B. cough is parallel to dyspnea
- C. cough after marked dyspnea
- D. there are no defined law

3. Inhalation β_2 - agonists of short – term action are the following drugs, except:

- A. Salbutamol
- B. Fenoterol

- C. Terbutalin
- D. Salmeterol

4. The main symptoms of the COPD are:

- A. abdominal pain and diarrhea, vomiting
- B. cough
- C. headache
- D. constipation

5. Differential diagnosis of the COPD with:

- A. Asthma
- B. Peritonitis
- C. Piothorax
- D. appendicitis

1. Clinical symptoms of bronchial asthma are usually connected with spread but various bronchi obstruction which is:

- A. partially reversible by bronchodilator therapy
- B. the impairment of lung function is largely fixed
- C. reversible spontaneously or under treatment
- D. non-reversible under treatment

2. Clinical symptoms of bronchial asthma are, except:

- A. cough with purulent sputum
- B. episodic breathlessness with laboured exhalation
- C. cough with expectoration of tenacious mucoid sputum more at night and physical loading
- D. episodic wheezes in lungs

3. Laboratory findings are characterized by, except:

- A. sputum is characteristically tenacious and mucoid
- B. sputum is characteristically purulent
- C. sputum contains "plugs" and "spirals"

eosinophils are seen microscopically

1. What is one of the causes of pleurisy?

- A. appendicitis
- B. ectopy of aorta
- C. myocardial infarction
- D. atherosclerosis

2. What referration of the pain is typical for irritation of the central portion of the diaphragmatic pleura?

- A. Middle part of abdomen
- B. Neck and shoulder
- C. Head
- D. Arm

3. The most typical symptoms of pleurisy are:

- A. Pleuritic pain, shallow breathing, coughing
- B. Pleuritic pain, dizziness, tachicardia
- C. High temperature, vomiting, obstipation
- D. Low temperature, sweating

4. Diseases that can simulate pleuritis are:

- A. Chronicle hepatitis
- B. Pericarditis
- C. Thyroiditis
- D. Pancreatitis

5. What method of diagnostics is the most helpful in differentiating of pluerisy with acute inflammatory abdominal disease?

- A. General blood analyses

- B. Computer tomography
- C. X-ray
- D. Termography

1. What biomarkers of severe inflammation are used for diagnostic of pneumonia?

- A. C-reactive protein and procalcitonin
- B. C-reactive proteins
- C. C-reactive protein, specific IgM antibodies
- D. specific IgM antibodies

2. Methicillin resistance in S. aureus is determined by

- A. HLA B27
- B. the Lys gene
- C. the mec A gene
- D. the CYP 7A1 gene

3. What “atypical” organisms can be the causes of pneumonia?

- A. Mycoplasma pneumoniae, Legionella
- B. Chlamydia pneumoniae, Legionella
- C. Mycoplasma pneumoniae, Chlamydia pneumoniae, Legionella
- D. Mycoplasma pneumoniae, Chlamydia pneumoniae

4. What are the types of pneumonia?

- A. community-acquired, hospital-acquired, ventilator-associated, health care – associated
- B. hospital-acquired, ventilator-associated, health care–associated
- C. community-acquired, hospital-acquired
- D. community-acquired, hospital-acquired, ventilator-associated

1. How can you confirm bronchiectasis?

- A. Bronchographic examination
- B. X-Ray examination
- C. Laboratory findings
- D. Clinical findings

2. Dosing regimen of Amoxicillin clavulanic acid:

- A. 1,0g 8-12 hurly i.v
- B. 1,2g 8-12 hurly i.v
- C. 1,4g 8-12 hurly i.v
- D. 1,6g 8-12 hurly i.v

3. Main way of medicine introduction for abscess is:

- A. Orally
- B. Intramuscular
- C. Intravenous
- D. Aerosol

4. What does Kartageners syndrom include, except:

- A. Sinusitis
- B. Situs in versus
- C. Bronchiectasis
- D. Osteoporosis
- E. All named above

1. Name daily requirement of vitamin B12:

- A. 1 – 3 µkg
- B. 2 – 7 µkg
- C. 15 – 20 µkg
- D. 30 – 50 µkg

2. Where the normal physiology absorption of vitamin B12 may occur?

- A. in the stomach
- B. in the duodenum
- C. in the jejunem

D. in the terminal ileum

3. Name daily requirement of folate:

A. 100 µkg

B. 300 µkg

C. 500 µkg

D. 700 µkg

4. Name systems that may disturb in patients with vitamin B₁₂ deficiency anaemia:

A. hematopoietic system

B. respiratory system

C. nervous system

D. digestive system

1. Name etiology factors of leukaemias:

A. exposure to ionizing radiation

B. viral infection

C. chromosomal translocation

D. all named above

2. In which age could you mostly see acute lymphocytic leukemia?

A. in childhood

B. in young adults

C. in the middle age

D. in old age

3. Name main cells in CBC you can see in patients with acute leukemia:

A. prolymphocytes

C. blasts

B. plasmocytes

D. lymphocytes

4. Name the goal of treatment in patients with acute leukemia:

A. normal hematopoiesis with less than 20 % blast cells

B. normal hematopoiesis with less than 15 % blast cells

C. normal hematopoiesis with less than 10 % blast cells

D. normal hematopoiesis with less than 5 % blast cells

1. What is the terminal phase of CML?

A. consolidation

B. blast crisis

C. anemic

D. accelerated

2. What is the main indicators for chronic lymphocytic leukemia?

A. peripheral leukocytosis and increased level of leukocytes in bone marrow

B. peripheral erythrocytosis and increased level of erythrocytes in bone marrow

C. peripheral thrombocytosis and increased level of thrombocytes in bone marrow

D. peripheral lymphocytosis and increased level of lymphocytes in bone marrow

3. Which of the following is MOST likely to identify lymphocytopenia in an asymptomatic patient?

A. Lymphadenopathy or splenomegaly

B. Presumptive diagnosis of an autoimmune disorder

C. Incidental detection on a CBC with differential

D. Evidence of hematologic disease such as petechiae

4. Which of the following can cause hereditary lymphocytopenia?

A. Aplasia of lymphopoietic stem cells

B. Myasthenia gravis

C. Protein-losing enteropathy

D. Sarcoidosis

1. What is this multiple myeloma?

- A. the lymphomas
- B. the paraproteinemia's
- C. the leukaemias
- D. the hemolytic anaemia

2. Multiple myeloma is malignant proliferation of which cells in bone marrow?

- A. Lymphocytes
- B. Monocytes
- C. Basophiles
- D. Plasmatic cells

3. Name laboratory changes of Multiple myeloma asymptomatic stage.

- A. increased ESR, leukocytosis, thrombocytopenia
- B. increased ESR, M-protein, proteinuria
- C. never changes
- D. leukocytosis, anaemia

4. Which symptoms will be present in case of effected bones in patients with Multiple myeloma?

- A. Bone pain
- B. neoplasm
- C. Fracture
- D. All named above

5. What could you see on bone marrow aspirate or trephine biopsy?

- A. Leucocytes infiltration
- B. Plasma cell infiltration
- C. T-lymphocyte infiltration
- D. B- lymphocyte infiltration

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1. The hemorrhagic diathesis which are caused by changes of abnormal blood vessels is all but one:

- Henoch-Schoenlein Purpura
- A. Hemorrhagic vasculitis
- B. Rendu-Osler-Weber Syndrome
- C. Willebrand's Disease
- D. Hemangioma

2. The hematomic type of hemorrhagic is at:

- A. Hemorrhagic vasculitis
- B. Hemophilia
- C. Werlhof's disease
- D. Glanzmann's disease

3. The petechialic type of hemorrhagic is at:

- A. Thrombocytopenic and thrombocytopathy
- B. Hemophilia
- C. Rendu-Osler-Weber Syndrome
- D. Werlhof's disease
- E. Hemorrhagic vasculitis

4. The patient 35 years during 5 years has nasal bleeding, ecchymosis on a skin. Two weeks back after nasal of a bleeding there was a weakness, faint. The patient has pallor, ecchymosis on a skin. The analysis of blood: er. – $4.2 \times 10^{12}/l$, Hb – 90 g/l, chromatic parameter – 0.7, L. – $6.4 \times 10^9/l$, stab n.- 3%, seg. – 67%, e. – 2%, l. – 23%, m – 5%, thrombocytes – $10 \times 10^9/l$, ESR – 15mm/ hour. With is diagnosis at the patient?

- A. Aplastic anemia
- B. Iron deficiency Anemias
- C. Hemorrhagic vasculitis
- D. Thrombocytopenic purpura
- E. Hemophilia

1. The hemorrhagic diathesis which are caused by changes of thrombocytes is all but one:

- A. Werlhof's disease
- B. Thrombocytopenic purpura
- C. Henoch-Schönlein Purpura
- D. Dysfunction of thrombocytes at hemoblastosis

2. The normal range Prothrombin time (PT) it is

- A. 20 - 25 seconds
- B. 5 - 10 seconds
- C. 11 - 15 seconds
- D. 2 - 10 seconds

3. Thrombotic disorders can be caused by genetic defects, which increase the risk of venous thromboembolism, or acquired defects, which increase the risk of arterial and venous thrombosis. Of the acquired causes, which of the following is most likely to increase a patient's risk of venous thrombosis?

- A. Sepsis
- B. Hyperhomocysteinemia
- C. Atherosclerosis
- D. Low-dose oral contraceptives

4. Symptoms of a thrombotic disorder depend on the location of the clot. For instance, if a patient has abdominal pain, which of the following thrombotic disorders is most likely?

- A. Mesenteric ischemia
- B. Ischemic stroke
- C. Pulmonary embolism
- D. Deep venous thrombosis