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FACULTATEA DE MEDICINĂ

ÎNTREBĂRI PROPUSE PENTRU EXAMENUL DE LICENȚĂ
SPECIALIZAREA MEDICINĂ (ÎN LIMBA ENGLEZĂ)
PROMOȚIA 2016

I. ISCHEMIC CARDIOPATHIES :

01*. The following assertions represent the contraindications for the ischemia test, except one :

- A. Acute myocardial infarction from less than 5 days
- B. Severe heart failure
- C. Left ventricle hypertrophy
- D. Symptomatic Aortic stenosis
- E. Symptomatic obstructive cardiomyopathy

Answer :C

02. Early mechanic complications of acute left ventricle infarct are :

- A. Ventricle wall rupture
- B. Dressler syndrome
- C. Ischemic Mitral failure
- D. Pulmonary thromboembolism
- E. A/V Block

Answers :A, C

03. Vit-K dependent factors synthesis increases because of :

- A. NSAID (Non Steroidal Anti Inflammatory Drug)
- B. Amiodarone
- C. Estrogens

- D. Antibiotics
- E. Corticoids

Answers :**C, E**

4. Which of these sentences about pulmonary embolism are true ?

- A. Confirmation by pulmonary Doppler-echo
- B. Fibrinolysis signs if pulmonary embolism is accompanied by pulmonary infarct
- C. Anticoagulants only after diagnosis is confirmed
- D. Diagnosis is clinical
- E. Diagnosis confirmed with EKG and D-Dimer quantitative analysis

Answers :**D, E**

5. Acute inferior myocardial infarction shows necrosis Q-waves in :

- A. v1
- B. v2
- C. DII
- D. aVF
- E. DIII

Answers :**C, D, E**

6. Myocardial necrosis markers in myocardial infarction are :

- A. TGO
- B. TGP
- C. CPK
- D. LDH
- E. Cholinesterase

Answers :**A, C, D**

7. Acute myocardial infarction clinical signs are :

- A. Angina pain trinitrin-resistant with >10 min duration
- B. Angina pain trinitrin-resistant with >30 min duration
- C. ST-line elevation in all derivations
- D. ST-line elevation in specific derivations
- E. Necrosis Q-waves appear

Answers :**B, D, E**

8. Early complications of myocardial infarction are :

- A. Ventricular fibrillation
- B. Asystole
- C. Ventricular tachycardia

- D. Kidney infarct
- E. Supra ventricular rhythm trouble

Answers :**A, B, C, E**

I. ARTERIAL HYPERTENSION :

1*. Old patients' hypertension will be mostly treated with :

- A. Thiazide diuretics
- B. Anti-aldosterone
- C. Beta blockers
- D. Calcium channels blockers
- E. Anti-secretory

Answer :**D**

2. Second intention therapeutic classes for HTA are:

- A. Central anti-hypertensive
- B. Sartani (angiotensin antagonist)
- C. Beta blockers
- D. Alpha blockers
- E. Calcium channels blockers

Answers :**A, D**

3. It is true for HTA treatment:

- A. In case of persistence of a high arterial pressure 3 months after a specific diet
- B. Starts at the beginning, in case of cardiovascular risk increased
- C. Can start with monotherapy or bitherapy
- D. It is important not to use second line therapy during first year of treatment even if arterial pressure is not low enough
- E. Twice a day medication is preferred, morning and evening, to increase therapeutic compliance

Answers :**A, B, C**

4. HTA Complications are :

- A. Proteinuria >500mg/24h
- B. Ischemic stroke
- C. Peripheral Vascular Condition
- D. Aorta dissection
- E. Aorta stenosis

Answers :**B, C**

5. Secondary HTA causes are :

- A. Hyperthyroidism
- B. Carcinoid tumors
- C. Acromegaly
- D. Cushing syndrome
- E. Cutaneous Lupus

Answers :**A, B, C, D**

I. HEART FAILURE :

1*. In edema investigations for hepatocellular failure we need all of the followings, except for :

- A. Liver ecography
- B. Prealbuminemia
- C. Albuminemia
- D. ASAT dosage
- E. ALAT dosage

Answer :**B**

2. About heart failure treatment, which of the followings are true :

- A. The only usable anti arrhythmic are from class I
- B. Nitrates subtracts decrease pre-charge
- C. Beta blockers based treatments are only used when combined with IEC and diuretics
- D. Calcium inhibitors are used as hypertensives if HTA is still the same even though IEC, Beta Blockers and diuretics are used.
- E. Digitalis decreases the frequencies of admissions

Answers :**B, D, E**

3. Which of the following diuretics are used in case of brain edema :

- A. Triamterene
- B. Spironolactone
- C. Acetazolamide
- D. Ciprofloxacin
- E. Furosemide

Answers :**C, E**

4. For a patient with heart failure, anti Vit-K are indicated in the followingcases :

- A. NYHA2 class
- B. Permanent atrial fibrillation
- C. If the patient has mechanic valve prosthesis

- D. If he has intra-chamber thrombus
- E. If the heart failure is refractory to maximal medication

Answers : **B, C, D**

5. Systolic heart failure treatment includes :

- A. Furosemide and nitrates subtracts in the case of acute pulmonary edema
- B. IEC as a treatment of reference also for class I
- C. Corticosteroids
- D. Calcium inhibitor if HTA persists despite the administration of IEC,
diuretics and Beta blockers
- E. Anti arrhythmic of class I

Answers : **A, B, D**

I. RHYTHM AND CONDUCTION TROUBLES :

1*. Normal aspect of QRS is :

- A. Sokolow > 35mm
- B. Normal axe between 0 and -120°
- C. < 80ms duration
- D. > 120ms duration
- E. Shows an R wave in v1

Answer : **C**

2. First intention complementary explorations for palpitations are :

- A. Heart ecography
- B. Ventricular angiography, scintigraphy and RMN
- C. Holter-EKG
- D. Electrophysiological exploration with ventricular stimulation
associated
- E. EKG

Answers : **C, E**

3. Pacemaker implantation indications are :

- A. Asymptomatic bradycardia, symptomatic chronotropic failure and a
sinus pause for more than 3 seconds
- B. Symptomatic bradycardia, symptomatic chronotropic failure and some
sinus pauses for more than 3 seconds
- C. BRS associated with 1st degree A/V block because it leads to complete
A/V blocks
- D. A/V blocks that provoke syncope, with an Hisian or Infra-Hisian
location
- E. Alternate or bi fascicular blocks

Answers :**B, C, D, E**

4. For a patient with heart failure, anti Vit-K are indicated in the following cases :

- A. NYHA2 class
- B. Permanent atrial fibrillation
- C. If the patient has mechanic valve prosthesis
- D. If he has intra-chamber thrombus
- E. If the heart failure is refractory to maximal medication

Answers :**B, C, D**

5. Systolic heart failure treatment includes:

- A. Furosemide and nitrates subtractives in the case of acute pulmonary edema
- B. IEC as a treatment of reference also for class I
- C. Corticosteroids
- D. Calcium inhibitor if HTA persists despite the administration of IEC, diuretics and Beta blockers
- E. Anti arrhythmic of class I

Answers :**A, B, D**

I. MITRAL AND AORTIC VALVULOPATHIES :

1*. One of the signs that can be heard in case if aortic failure is :

- A. Mid-Systolic click followed by tele systolic murmur
- B. S2 decreased or suppressed
- C. Maximal holosystolic murmur in the mitral area, pyoland which irradiates at the axis
- D. Rough mid-systolic ejection murmur, maximal in the aortic area which irradiates around neck vessels
- E. Soft protodiastolic murmur, with aspirational characteristic, maximal at the aortic area

Answer :**E**

2. Which are the signs of heart failure for the middle-aged children:

- A. Cyanosis
- B. Peripheral edema
- C. Palpitations
- D. Effort dyspnea
- E. Dizziness

I. AORTIC AND MITRAL VALVULOPATHY

01.*One of these signs (hearable with stethoscope) appears in the aortic insufficiency:

- A: Mid-Systolic click followed by telesystolic murmur
- B: S2 is reduced or vanished
- C: maximal holosystolic murmur in the mitral area; Pioli with axial irradiation
- D: rough mid-systolic ejection murmur in the aortic area; irradiate in the neck vessels
- E: soft protodiastolic murmur, with aspirative character, cu maxim in aortic outbreak

Answer : E

02. Which of the following answers represent signs of heart failure in kids:

- A: cyanosis
- B: peripheral edema
- C: palpitations
- D: effort dyspnea
- E: dizziness

Answer : C, D, E

03. ECG in mitral failure insufficiency presents :

- A: P wave < 0,12 bifid seconds in DI
- B: left ventricular hypertrophy (diastolic after systolic)
- C: P > 0,12 bifid seconds in V1
- D: P > 0,12 biphasic sec in V1
- E: Fibrillation or atrial flutter

Answer: B, D, E

04. differential diagnosis of the aortic stenosis includes:

- A: aortic dissection
- B: tricuspid insufficiency
- C: interventricular communication
- D: obstructive cardiomyopathy
- E: mitral insufficiency

Answer: C, D, E

05. These statements are false on chronic degenerative mitral regurgitation :

- A: Myxoid degeneration occurs in the valve, which thickens,
redundante
B: faulty valve coaptation by chordae traction
C: is the most frequent valvulopathy, which affects elder subject
D: soft valves, zona pellucida, with elongated chordae
E: the insufficiency is frequently associated to the valvular stenosis

Answer : A, B, E

II. VI. ACUTE AND CHRONIC DYSPNEA, BPOC

III.

01. * Hypoxia and hypercapnia are found in :

- A: Decompensation BPOC
B: peripheral emboly
C: asthmatic crisis
D: cerebral edema
E: renal insufficiency

Answer: A

02. Which of the following explorations should be done in the first place in case of a dyspnea :

- A: thoracic radiography
B: thoracic radiography with profile shot
C: arterial gasometer
D: EKG
E: bronchic fibroscopy

Answer: A, B, C, D

03. Severe BPOC characterized by:

- A: VEMS/CV < 0,70
B: VEMS < 30% in theory
C: VEMS < 50% of the predictive value without a respiratory failure
D: 30% < VEMS > 50% than theoretical
E: VEMS sub 50% of precise values with PaO₂ < 60 mmHg

Answer : A, B, E

04. Which of the following statements represent risk factors for BPOC :

- A: Stone dust
- B: Alfa 1 antitrypcine deficiency
- C: SO₂
- D: Pollen
- E: cotton

Answer: A, B, C, E

05. Which of these alarming signs need mechanic ventilation:

- A: Confusion
- B: Choke signs
- C: recent senior disorders
- D: PaO₂<45mmHg
- E: PaCO₂>45mmHg

Answer : A, B, D

VII. COUGH AND HEMOPTYSIS AMONG ADULTS

01. *In a patient with chronic cough, with abnormal thoracic XR we take the following measures:

- A: a bronchial endoscopy
- B: a test of of bronchial challenge
- C: pH-meter saueso gastric transit
- D: examination of the expectoration with/or bronchial endoscopy
- E: sinus xR

Answer: D

02. Chronic cough with abnormal thoracic radiography don't appear in the following circumstances:

- A: pulmonary fibrosis
- B: Mucoviscidosis
- C: Treatments with enzymes of conversion inhibitors
- D: Spread bronchial expansion
- E: Gastroesophageal reflux

Answer: C, E

03. Second effects of codeine:

- A: Transpiration
- B: Agitation
- C: Somnolence
- D: Constipation
- E: respiratory depression

Answer: C, D, E

04. These principles of management are represented of massive hemoptysis :

- A: Prevention from asphyxiation
- B: Perfusions with macromolecular solutions
- C: bronchial Arteriography +/- embolization
- D: oxygen therapy is not administrated
- E: hemostasis surgery

Answer: A, B, C, E

05. Alveolar bleeding can have as an etiology:

- A: curative treatments
- B: toxics
- C: Periarterita Nodosa
- D: Systemic erythematous Lupus
- E: impaired driving

Answer: A, B, C, D

VIII. RESPIRATORY ALLERGIES AMONG ADULTS

01. *Hospitalization of asthmatic crisis is indicated when:

- A: PEF is < 50% of the optimal value of 2-3 hours after the initial treatment
- B: PEF is < 40% of the optimal value of 2-3 hours after the initial treatment
- C: PEF between 70-80% optimal value of 2-3 hours after the initial treatment
- D: PEF between 50-60% optimal value of 2-3 hours after the initial treatment
- F: PEF is > 80% optimal value of 2-3 hours after the initial treatment

Answer: A

02. Moderated persistent asthma is characterized by:

- A: quotidian symptoms
- B: VEMS < 40% of the precise values

- C: Alteration of sleeping
- D: daily utilization of beta 2 agonist
- E: Symptoms of nocturne asthma < 1/week

Answer: A, C, D

03. Which of the following statements about the dosage of IgE specific serum is correct:

- A: Is limited to 5 pneumoallergens
- B: Is pointless if the skin tests are negative
- C: Is utile when there is contradictions between clinical history and the skin tests
- D: Is utile when the skin tests are not available
- E: Is pointless if the clinical exam is less evocative

Answer: A, B, C, E

04. Which of the following criteria of unstable asthma is correct:

- A: Worsening dawn
- B: variations of PEF<-30%
- C: multiple daily crisis
- D: nocturne aggravation
- E: consumption of B2 agonists

Answer: A, C, E

05. The exact statements about allergic rhinitis are:

- A: seasonal rhinitis is
- B: perineal rhinitis due to allergens is domestic
- C: seasonal allergic rhinitis affects 5-6%
- D: a chronological order exists between rhinitis and asthma
- E: allergic rhinitis are allergic rhinitis are classified as persistent and intermittent

Answer: A, B, C, E

IX. TUBERCULOSIS

01. *What is the appropriate drug for difficult cases (rich in bacteria) or suspected to be bacteria resistant among children

- A: Ethambutol
- B: Rifabutin
- C: Isoniazid
- D: Pyrazinamide
- E: Rifampicin

Answer: A

02. Military tuberculosis is manifested by:

- A: quick alteration of the general state
- B: diuresis alteration
- C: fever
- D: low grade fever
- E: evaluating dyspnea

Answer: A, C, E

03. Tracking tuberculosis patient under treatment aims :

- A: the patient's healing
- B: avoiding spreading the disease but a inappropriately treated patient
- C: develop a resistance to anti-TB drugs
- D: keep the patient in observation until he totally recovers
- E: documenting the end of the treatment

Answer: A, B, D, E

04. Cvad therapy antituberculosis includes the following statement except:

- A: Procainamide
- B: Isoniazid
- C: Pyrazinamide
- D: Esmolol
- E: Rifampicin

Answer: A, D

05. Therapeutic education of patients whom are targets of tuberculosis:

- A: the nature and the lasting of the treatment
- B: patients need supervision of the close contact
- C: routes of administration of treatments
- D: need to respect the treatments
- E: documenting the end of th treatment

Answer : A, B, C, D

X. BRONCHOPULMONARY INFECTIONS AMONG ADULTS

01. *in primitive pulmonary fibrosis:

- A:the beginning is sudden ,with cough and mucopurulent expectorations
- B: extra respiratory signs frequently appear
- C: the middle age of apparition is 20y old
- D: the evolution of healing is favorable
- E: bronchoalveolar lavage (LBA)evidence: alveolitis frequent PNN with eosinophils cu PNN

Answer: E

02. Hospitalization of patients with pneumopathy is recommended in the presence of immediate and severe signs like:

- A: Confusion
- B: cardiac frequency > 125/min.
- C: redness in the cheek bone
- D: Temperature de 37-38° C
- E: arterial pressure < 90/60 mmHg

Answer: A, B, E

03. Which of the following statements represent characteristics of pneumonia with anaerobics :

- A: Treatment with macrolides of 10-14 days
- B: Hyponatremia
- C: eradication of infectious outbreaks
- D: negative frequent hemoculture
- E: Excavation with hydroaeric level

Answer : C, D, E

04. Acute infections causing diffuse interstitial lung disease are

- A: scarlet rush
- B: Mycoplasma pneumoniae
- C: Staphylococcus aureus
- D: Streptococpneumoniae
- E: Chlamydiae

Answer : A, B, E

05. Alveolitis with neutrophils in found in these pathological entities:

- A: Scleroderma
- B: Histiocytosis X
- C: Sarcoidosis
- D: Azbestosis
- E: rheumatoid arthritis

Answer: A, E

XI. PRIMITIVE AND SECONDARY LUNG TUMORS

01. Secondary lung tumors are represented in many aspects except:

- A: pulmonary nodes
- B: lymphangiticcarcinomatosis
- C: bacillary caverns
- D: endobronchial metastasis
- E: mediastinal adenopathy

Answer : C

02. In the bronchopulmonary cancer without small cells the opening balance includes:

- A: bronchial fibroscopy
- B: functional respiratory tests
- C: MRI
- D: medullary biopsy
- E: thoracic CT

Answer: A, B, E

03. Bronchopulmonary cancer (without small cells)* regroupes the followings histological types

- A: Epidermoid
- B: with small cells
- C: with big cells
- D: Adenocarcinoma
- E: poorly differentiated

Answer : A, C, D

04. Cancers without small cells are:

- A: Epidermoid
- B: Mesothelioma
- C: Adenocarcinoma
- D: with big cells
- E: NONE

Answer: A, C, D

XII. CHRONIC RESPIRATORY INSUFFICIENCY

01. *In the case of pulmonary changing among patients with lung failure the most earliest biological marker is:

- A: chronic arterial hypercapnia
- B: chronic arterial hypoxemia
- C: hypokalemia
- D: Hyponatremia
- E: Hypovolemia

Answer: B

02. Restrictive respiratory failure due to a neurological or muscular impairment occurs in these pathological circumstances:

- A: acute anterior poliomyelitis
- B: Polyradiculoneuritis
- C: Myasthenia
- D: Zona Zoster

E: Dermatopolymyosis

Answer : A, B, C, E

03. The following statements are measures to improve oxygenation in chronic respiratory failure:

- A: respiratory Kimo therapy
- B: short-term oxygen therapy
- C: spontaneous ventilation with positive inspirational pressure
- D: assisted ventilation
- E: spontaneous ventilation with expiratory positive pressure

Answer : A, D, E

04. Chest deformities without respiratory echoes occurs in :

- A: Obesity
- B: Pectus excavatum (thorax in funnel)
- C: absence of the first rib
- D: coast cervical accessory
- E: ossification defect clavicles

Answer : B, C, D, E

05. The following statements are true regarding respiratory failure:

- A: chronic respiratory failure is impossible to maintain with circulatory gasometers
- B: obstructive respiratory failure is characterized by a total decrease of the lung capacity
- C: obstructive respiratory failure in characterized by being impair to the respiratory exchange
- D: respiratory failure is characterized by restrictive and total decrease of the lung capacity
- E: respiratory failure is characterized by impaired restrictive ventilator pump

Answer: C, D, E

XIII. CARDIO RESPIRATORY AND SHOCK

01.* The clinical definition of the state of shock is:

- A: hTA with TAS < 90 mmHg + signs of organ hypo perfusion
- B: hTA with TAS < 100 mmHg + signs of organ hypo perfusion
- C: hTA with TAS < 90 mmHg absence of signs of organ hypo perfusion
- D: hTA with TAS < 90 mmHg regardless the presence or absence of signs of organ hypoperfusion
- E: hTA with TAS < 100 mmHg regardless the presence or absence of signs of organ hypo perfusion

Answer: A

02. Among the drugs used in cardio-pulmonary (cardiac arrest) belong :

- A: Noradrenaline
- B: Adrenaline
- C: Amiodarone
- D: Digoxin
- E: Lidocaine

Answer: B, C

03. In cardiac arrest alkalinizing by administering bicarbonate is indicated in case of:

- A: confirmed hypopotassemia with no doubt
- B: confirmed hyperpotassemia with no doubt
- C: Hypercalcemia
- D: suspected Hypocalcemia
- E: cardiac arrest in the intoxication with anti-depressive tricyclics

Answer : B, E

04. Hypovolemic shock is true on which of the following statements:

- A: decreasing of the mechanical cardiac function
- B: increases cardiac preload
- C: decreases the oxygen supply in tissues
- D: lowers the preload
- E: decreases the cardiac output

Answer : C, D, E

05. Biological signs that may occur in the shock can be :

- A: Hyperlactacidemia (>12 mmol/L)
- B: Hypoxia in case of respiratory failure
- C: cholestasis and hepatic systole always appear
- D: disseminated intravascular coagulation
- E: metabolic acidosis

Answer: B, D, E

XIV. CEREBRAL AND VASCULAR PATHOLOGY (CEREBRAL AND VASCULAR ACCIDENT , BLEEDING AND ISCHEMIA) meningitis hemorrhage)- pag. 250 – 259, pag. 260 – 262* names without drugs.

01.*cerebral embolism with a starting of endocarditis is uncounted in case of

- A: AVC joined by fever, mitral or aortic insufficiency murmur
- B: AVC with headache or cervicalgia
- C: AVC and atrial fibrillation
- D: AVC and dilated cardiomyopathy
- E: AVC and decompensated diabetes

Answer: A

02. A transient ischemic neurological deficit regresses in less than:

- A: 24 hours
- B: 30 minutes
- C: 48 hours
- D: 1 hour
- E: 72 hours

Answer: D

03. In a suspected stroke it is urgent (for an accurate diagnostic) to:

- A: measure the arterial pressure
- B: control the glycemia
- C: horizontal bed rest
- D: cranial CT
- E: cranial MRI

Answer: D, E

04. Small artery diseases are :

- A: the origin of lacunar infarcts
- B: responsible for 50% of the cerebral strokes
- C: lipohyalinosis is produced by small artery perforators
- D: generate cerebral embolism
- E: hypertension or diabetes related to unbalanced diet

Answer: A, C, E

05. Pseudobulbar syndrome consists of :

- A: spasmodic laughing and crying
- B: bilateral cerebellar syndrome
- C: phonation and swallowing disorders
- D: epileptic crisis
- E: insanity

Answer: A, C, E

06. The laboratory exams that represent an emergency in case of cerebral infarction are :

- A: thoracic radiography
- B: ac anti beta 2 GP1
- C: eco doppler cervical
- D: TPHA VDRL
- E: CPK

Answer: A, B, C, D

07. Brain imaging in case of cerebral stroke shows:

- A: normal initial cerebral CT
- B: aspect of too beautiful sylviane
- C: hypo signal in DWI
- D: FLAIR hyper in the first 30 minutes of ischemia
- E: visible hemorrhage on T2 *

Answer: A, B, E

XV.ACUTE FEVER AMONG ADULTS (pag. 309-311)

01• * Which of the following statements are false ?

- A: Among adults, the temperature is measured **axillary ,bucally** or in the eardrum;
- B: Any fever should be assisted on emergency
 - C: Fever is due to thermoregulatory dysfunction
 - D: Fever is synonymous with infection
- E: History and physical examination oriented diagnosis of acute fever

Answer: D

02.Fever is defined by:

- A: A central temperature above 38 ° C in the morning
- B: A higher temperature of the eardrum 39 ° C
- C: An axillary temperature higher than 37.8 ° C evening
- D: A tympanic temperature at 38 ° C higher in the morning
- E: An oral temperature higher than 38.3 ° C evening

Answer: A, C, D.

03.Signs of severity of an acute fevers are:

- A: acute dehydration
- B: Neurological Complications : coma ,seizures , encephalopathy
- C: extreme ages and pregnancy
- D: advantaged social situation
- E: Returning from an area endemic for obesity

Answer: A, B, C.

04. In the etiology of acute fever , the following major noninfectious causes:

- A: Spasmophilie
- B: Thromboembolic disease
- C: Solid tumors or hematological*
- D: acute trauma of the upper limbs
- E: drug allergies

Answer: B, C, E.

05. In front of a acute fever, urgent infections are :

- A: Purpura fulminans;
- B: Acute viral hepatitis
- C: Extended cellulite
- D: Septicemia
- E: vascular cerebral stroke.

Answer: A, C, D

XVI. FLU (pag. 320-324)

01. In pathophysiology of influenza , which the following steps are correct:

- A. A: A cell penetration , due to hemagglutinin
- B. B: Intracellular Replication
- C. C: endemic or epidemic evolution linked to the genetic diversity of the virus
- D. D: The release of virions , thanks neuraminidase
- E. E: Cell lysis cell inflammation and bacterial superinfection potential

Answer: A, B, D, E.

02. The flu prevention is achieved by:

- A. A: Antibiotics systematic outbreak;
- B. B: Annual repeated vaccination to certain categories of population;
- C. C: Screening of respiratory secretions in communities evolving an isolated case of influenza ;
- D. D: Early administration of oseltamivir in adults and children over 13 years exposed to a diagnosed case in the epidemic period;
- E. E: Measures interruption of transmission.

Answer: B, D, E.

03. Avian influenza transmitted to humans and significant of mortality of 60% , admits an etiologic agent:

- A. A: virus H1N1;
- B. B: virus H2N2;
- C. C: virus H5N1;
- D. D: virus H3N2;
- E. E: virus H1N5.

Answer: C.

04. Annual influenza vaccination is recommended for patients with chronic conditions such as:

- A. A: Infection with HIV;
- B. B: insulindependentdiabetes;
- C. C: pure nephrotic syndrome ;
- D. D: Photosensitive epilepsy;
- E. E: Congenital Hip Dislocation.

Answer: A, B, C.

05. Influenza malignancy will be considered in the case:

- A. A: Rough starting ;
- B. B: Sex female and less than 6 months;
- C. C: high fever , chills , respiratory signs , arthromyalgia* , headache, dizziness;
- D. D: cell lysis , inflammation and bacterialsuperinfection potential;
- E: This recent contamination and an epidemic context (November to March)

Answer: A, C, E.

XVII. HIV INFECTION (pag. 325-328)

01. The main opportunistic infections that can occur in patients infected with HIV are:

- A. A: Recurrent Streptococcal Infection;
- B. B: pulmonary pneumocystis;
- C. C: Cerebral Toxoplasmosis;
- D. D: infection with cytomegalovirus;
- E. E: Sarcoma Kaposi.

Answer: B, C, D.

02. The natural history of HIV infection goes through the following phases:

- A. A: Primary infection ;
- B. B: Latent phase;
- C. C: genomic phase of variable vireos*;
- D. D: paucisimptomatic phase;
- E. E: SIDA.

Answer: A, B, D, E.

03. HIV is:

- A. A chronic infection;
- B. opportunistic germ;
- C. retrovirus that contains ARN;
- D. a serological reaction;
- E. polimyxovirus that contains ARN.

Answer: C.

04. Prevention of HIV maternofetal transmission is achieved by:

- A. selecting blood donors;
- B. Treating the mother during pregnancy;
- C. Birth assisted by a trained team;
- D. Prophylactic treatment of newborn for 6 weeks;
- E. breastfeeding is contraindicated.

Answer: B, C, D, E.

05. Frequently encountered cancers in the evolution of HIV infection are:

- A. Sarcoma Kaposi;
- B. Melanoma malign;
- C. Osteosarcoma;
- D. Lymphoma ;
- E. Some solid cancers : lung, cervix, of the anal canal.

Answer: A, D, E.

XVIII .SEXUALLY TRANSMITTED DISEASES (pag. 329-333)

01. Indications following penicilinothrapy syphilis are:

- A. A: Neurosyphilis ;
- B. B: serological scar of an ancient syphilis;
- C. C: Early and late syphilis;
- D. D: Herxheimer reaction;
- E. E: indirect immunofluorescence test.

Answer: A, C.

02. Primary syphilis is a specific injury :

- A. A: tabes;
- B. B: syphilitic Goma
- C. C. syphilis
- D. D. syphilitic roseola
- E. E: syphilitic chancre

Answer: E.

03. Biological balance to achieve in front of a sexually transmitted infection is to :

- A. A: Medical history and clinical examination;
- B. B: HIV1 and HIV2 serology , with the patient's authorization
- C. C: Serology hepatitis viruses A, B and C ;
- D. D: TPHA-VDRL;
- E. E: Urethral/vaginal sample in case of leaks/leucorrhoea or burning sensations.

Answer: B, C, D, E.

04. Which of the following statements are true regarding gonococcal infection

- A. A: It is caused by Neisseria gonorrhoeae , Gram -Negative Cocci
- B. B: The newborn may develop ocular form , employing functional prognosis of the eye
- C. C: The incubation period ranges from 4-6 weeks to 6 months ;
- D. D: The diagnosis is suggested by clinical examination in classical forms purulent ;
- E. E: infections are contracted mainly during unprotected orogenital relationship

Answer: A, B, D.

XIX. SEPTICEMIA (pag. 370-375)

01. Systemic Inflammatory Response Syndrome definition is clinical and includes the following:

- A. A: fever over 38 ° C or below 36 ° C
- B. B: Impressive mucous cutaneous pallor;
- C. C: Respiratory rate above 20 C. / minute ;
- D. D: Heart rate above 90 / minute;
- E. E: cold sweats

Answers: A, C, D.

02. Which of the following are considered land risk factors for sepsis :

- A. precarious social status ;
- B. recent hospitalization or post-operative period ;
- C. extreme ages (65 years and under 6 months) ;
- D. immunosuppression , cellular or humoral , congenital or acquired ;
- E. Drug addiction .

Answers: B, D, E.

03. Supervision biological treatment in a sepsis is done by:

- A. Check the entrance gate ;
- B. Identification of iatrogenic complications ;
- C. thermal curve , general , secondary locations ;

- D. serial blood cultures , 3/24 hours minimum ;
- E. blood count , CRP , hemostasis .

Answers: E.

04. Differential diagnosis of sepsis is made with :

- A. cardiogenic shock ;
- B. pulmonary embolism ;
- C. Hypovolemic shock
- D. The crisis of asthma ;
- E. Stroke .

Answers: A, B, C.

05. Which of the following locations correspond etiology of staphylococcal sepsis :

- A. The urinary system ;
- B. endocardium ;
- C. bile ducts ;
- D. Skin ;
- E. vascular outbreak .

Answers: D, E.

XX. Acute diarrhea and dehydration for adults (pag. 403-407)

01. Which of the following statements is rehydration parenteral use :

- A. Vomiting;
- B. Severe dehydration;
- C. Extreme ages (65 years and under 6 months) ;
- D. In the majority of cases
- E. Disorders of consciousness / vigilant .

Answers: A, B, E.

02. Profile of syndromic management of diarrhea refer to:

- A. septic shock syndrome ;
- B. impure nephrotic syndrome ;
- C. gastroenteritis syndrome ;
- D. holeriform syndrome ;
- E. invasive diarrhea .

Answers: C, D, E.

03. Parasitological examination of the seat is indicated in case of:

- A. Diarrhea over 3 days ;
- B. Diarrhea more than 7 days , in spite of specific antibiotic therapy ;

- C. Diarrhea containing blood , pus ;
- D. Diarrhea in immune suppressed patient ;
- E. Diarrhea returning from a vacation in the tropics .

Answers: A, B, D, E.

04. Which of the following etiological agents generate dysentery syndromes :

- A. Campylobacter jejuni and Yersinia ;
- B. Staphylococcus aureus and Bacillus cereus ;
- C. Shigella and Salmonella ;
- D. Vibrio cholerae ;
- Escherichia coli.

Answers: A, C, E.

05. Antibiotic treatment in acute dehydrating diarrhea in adults :

- A. Calms abdominal pain ;
- B. Not managed systematically ;
- C. It addresses contact, preventing contamination ;
- D. Preceded by endoscopic examination ;
- E. Is reserved nosocomial diarrhea .

Answers: B.

XXI. digestive hemorrhage pag 426-428 ECN

01. Upper digestive bleeding comes from:

- A. esophagus
- B. stomach
- C. intestine
- D. duodenum in duodenal -jejunal angle upstream in
- E. Suprahepatic veins

Answers A, B, D,

02. Upper gastrointestinal bleeding may be due to :

- A. Peptic Esophagitis
- B. Mallory -Weiss syndrome
- C. malignancies and benign gastroesophageal
- D. rupture of esophageal varices
- E. intestinal anastomosis rupture

Answers A, B, C, D,

03. Upper gastrointestinal bleeding is necessary in :

- A. evaluating vital signs : BP , pulse
- B. history of anti-inflammatory medication
- C. assessing risk factors for hepatocellular failure
- D. assessing risk factors for anemia
- E. rectal examination

Answers: A, B, C, E,

04. To assess the severity upper gastrointestinal bleeding are needed :

- A. CBC
- B. urea
- C. ECK
- D. EEG
- E. liver tests

Answers: A, B, C, E,

05. Hemorrhagic gastroduodenal ulcerative lesions are favored by:

- A. aspirin
- B. NSAIDs
- C. Calcium channel blockers
- D. AT1 receptor blockers
- E. anticoagulants

Answers: A, B, E,

06. Lower gastrointestinal bleeding may be caused by

- A. colic diverticula
- B. pulmonary vein thrombosis
- C. angiodysplasia
- D. Colon Cancer
- E. ulcerative colitis

Answers: A, C, D, E,

07. In case of lower digestive bleeding :

- A. it is necessary to exclude Upper GI bleeding
- B. needed a total colonoscopy
- C. can perform endoscopic exam video capsule
- D. it is necessary to carry out a lower limb arteriography
- E. performing a mesenteric arteriography - celio

Answers: A, B, C, E,

08. In the case of digestive bleeding the following investigations will be performed except :

- A. CBC
- B blood type , Rh
- C. coagulation tests
- D. Ventilation perfusion scintigraphy
- E. endoscopic exploration

Answers D

09. Measures stabilization / recovery in gastrointestinal bleeding include:

- A. oxygen therapy
- B. recovery position
- C. peripheral venous clamping of two horses
- Oro -tracheal intubation D.
- E. vascular filling

Answers: A, B, C, E,

XXII. VIRAL HEPATITIS (pag. 450-458)

01. Which of the following statements are true concerning viral hepatitis :

- A. It always heals completely , giving lasting immunity ;
- B. It is characterized by inflammation of the liver parenchyma secondary to viral infections ;
- C. Abdominal ultrasound is relevant to positive diagnosis ;
- D. In most cases are related to hepatotropicviruses ;
- E. All viruses containing DNA involved .

Answers: B, D.

02. Which of the following statements related to viral hepatitis are true:

- A. In general, the foreground lies the typical symptoms of viral infection ;
- B. Hepatitis B is often asymptomatic herpes date or paucisymptomatic ;
- C. Disease transmission is fecal- oral mechanism exclusively ;
- D. The disease is more common and more severe in immunosuppressed subjects ;
- E. chronic hepatitis is usually in the evolution of herpes .

Answers: A, B, D.

03. Which of the following phases characterize the natural history of chronic hepatitis B :

- A. Carriage of HBsAg chronic under 6 months;
- B. immunotolerant

- C. Immunoelimination ;
- D. allergic ;
- E. Non - replicative phase .

Answers: B, C, E.

04.Hepatitis Delta :

- A is a DNA virus ;
- B. It is transmitted mainly through fecal- oral ;
- C. is a defective virus ;
- D. Causes a vesicular eruption ;
- E. Generates a noisy acute infection , severe , life-threatening .

Answers: C.

05. Erological examination of acute viral hepatitis B :

- A. HBsAg is present immediately after infection ;
- B. HBsAb means effective cure or vaccination ;
- C. Ac anti - HBsAg carriers Delta occur ;
- D. This IgM anti-HBc is a sign of acute infection ;
- E. transition to chronicity is suggested by the presence of HBsAg .

Answers: A, B, D.

XXIII.Gastric and duodenal ulcers – pag. 433 – 435;

01.The clinical presentation in gastric ulcer involves:

- A. duper type cramp in the upper abdomen
- B. pain relieved by eating alkaline
- C. pain in left hypochondrium
- D. nausea and vomiting bilious
- E. diarrhea

Answers: A, B.

02.Upper digestive endoscopy

- A. allow positive diagnosis of ulcer
- B. allows biopsies
- C. diagnostic test for ingestion of caustic substances
- D. Helicobacter pylori eradication Show
- E. allows antral biopsies for identification of Helicobacter pylori

Answers: A, B, C, E.

03. Complications of peptic ulcers are :

- A. jaundice
- B. hemorrhage
- C. perforation
- D. stenosis
- E. vomiting

Answers : B, C, D.

04. Diagnosis of Helicobacter pylori infection :

- A. histological examination of gastric mucosa biopsy
- B. rapid test with urease
- C. Culture of biopsies
- D. testing of ALT and AST
- E. urea and creatinine testing

Answers: A, B, C.

05. The treatment of ulcers include :

- A. eradication of Helicobacter pylori , if present
- B. continued treatment with NSAIDs
- C. prescribing a treatment with proton pump inhibitors (PPI) during the variable
- D. discontinuation of treatment gastro toxic
- E. dairy consumption

Answers: A, C, D.

XXIV. JAUNDICE – pag. 445 – 446:

01. Jaundice – Definition :

- A. yellow coloration of the skin and mucous membranes
- B. increase plasma levels of bilirubin
- C. decrease in plasma levels of bilirubin
- D. total bilirubin > 50 micromol / L (2-2,7mg %)
- E. bilirubin > 80µmol / l

Answers: A, B, D.

02. In jaundice with conjugated bilirubin we find :

- A. normal colored urine
- B. dark urine
- C. normally colored stools
- D. stools faded

E. diarrhea

Answers: B, D.

03. In jaundice with unconjugated bilirubin we find :

- A. normal colored urine
- B. dark urine
- C. normally colored stools
- D. stools faded
- E. diarrhea

Answers: A, C.

04. The main causes of unconjugated bilirubin in jaundice are:

- A. hemolysis
- B. smoking
- C. Gilbert Syndrome
- D. The use of toxins
- E. fatigue

Answers: A, C.

05. On examination in jaundice with conjugated bilirubin we find:

- A. feverish
- B. scratching lesions
- C. signs of portal hypertension and hepatocellular failure
- D. fever
- E. cardiomegaly

Answers: B, C.

XXV.Cirrhosis and complications pag 459-466 ECN

01. Frequent cause of hepatic cirrhosis are:

- A. alcohol
- B. viral hepatitis B.
- C. NASH
- D. Wilson disease
- E. deficiency of alpha-1 antitrypsin

Answers: A, B, C,

02. The clinical presentation in portal hypertension include:

- A. splenomegaly
- B. Circulation abdominal side stream
- C. ascites

- D. Palmar erythema
- E. digital clubbing

Answers: A, B, C,

03. These are signs of liver cell failure :

- A. splenomegaly
- B. collateral venous circulation
- C. Palmar erythema
- D. clubbing
- E. jaundice

Answers: C, D, E,

04. In hepatic cirrhosis Doppler ultrasound can detect :

- A. contour liver
- B. expansion trunk portal
- C. slowing or even reversing the flow portal
- D. pressure in the portal vein
- E. hepatic dysmorphia

Answers: A, B, C, E,

05. Management of cirrhosis involves the following except :

- A. treatment case
- B. detection of complications
- C. comorbidities management
- D. vaccination against cytomegalovirus
- E. adapt dosage of certain medicines

Answers: D

06. Hepatorenal syndrome triggers are :

- A. systemic infection
- B. cutaneous psoriasis
- C. Acute alcoholic hepatitis
- D. electrolyte imbalances
- E. psychological imbalances

Answers: A, C, D,

07. Hepatic encephalopathy is associated with:

- A. respiratory abnormalities
- B. abnormalities of the musculoskeletal
- C. neurological abnormalities on clinical examination
- D. disturbed consciousness
- E. personality disorder

Answers: C, D, E,

08. In hepatic encephalopathy we must carry out:

- A. glycemia
- B. PSA
- C. electrolyte balance
- D. CT brain
- E. lumbar puncture

Answers: A, C, D, E,

09. The treatment of hepatic encephalopathy includes the following except :

- A. treatment with angiotensin converting enzyme inhibitors
- B. treatment trigger's cause
- C. lactulose or neomycin
- D. prohibition of alcohol and medication liver toxic
- E. psychotropic treatments contraindicated

Answers: A

10. Bulky ascites triggers are:

- A. jaundice
- B. alcohol
- C. systemic infection
- D. digestive bleeding
- E. hepatocellular carcinoma

Answers: B, C, D, E,

XXVI. Crohn's disease and ulcerative HEMORRHAGIC - p. 439-441 * no epidemiological data

01. Crohn's disease definition

- A. transmural inflammatory disease
- B. affects the digestive tract
- C. frequent localizations : ileum , colon , anus
- D. characterized by constipation
- E. exclusive location in the colon and anus

Answers: A, B, C.

2. Evolution in Crohn's disease:

- A. evolving in spikes
- B. without any changes from one to another spurt
- C. Possible phenotypic changes from one to another spurt

- D. The life expectancy of patients is slightly diminished
- E. postoperative relapse is very common

Answers: A, C, D, E.

3. Complications of Crohn's disease are :

- A. severe acute colitis
- B. deep vein thrombosis
- C. fistulas / abscesses
- D. digestive stenosis
- E. constipation

Answers: A, B, C, D.

4. Ulcerative hemorrhagic -definition

- A non - inflammatory disease transmural
- B. constantly affects the rectum
- C. The clinical picture is dominated by constipation
- D. is generally dominated by diarrhea and blood glere
- E. has a progressive evolution associated with abdominal pain

Answers :A, B, D, E.

5. Ulcerative bleeding complications are :

- A. obesity
- B. toxic megacolon
- C. malnutrition
- D. perforation
- E. colorectal cancer 5-15%

Answers: B, C, D, E.

XXVII. OBSTRUCTION SYNDROME

01. Risk factors in the occurrence sigmoid volvulus are :

- A. Age over 50 years
- B. Age over 70 years
- C. Constipation
- D. Megadolico - sigmoid
- E. Previous surgery

Answers: B,C, D

02. Sigmoid volvulus diagnosis:

- A. Flatulence bulky symmetric
- B. Abdominal Radiography / CT : colic levels in inverted U
- C. Abdomen supple, mobile breath
- D. Flatulence voluminous asymmetrical
- E. Repeated episodes of rectal quantitatively reduced

Answers : B,D

03. Occlusion therapy in the bracket for signs of severity is :

- A medical treatment only
- B. Laparotomy :exploration , sampling of peritoneal fluid
- C. Laparotomy - keeping bracket
- D. Laparotomy - checking the vitality of the small intestine
- E. Laparotomy - checking the vitality of the small intestine, in the absence of necrosis : resection , pathologist +/- restore digestive continuity or stoma depending on local conditions .

Answers: B, E

04. The diagnosis of volvulus of the check includes:

- A. diffuse voluminous flatulence
- B. vomit
- C. absence of vomiting
- D. Abdominal Radiography
- E. colonic left upper quadrant

Answers: A,B, D, E

05. In small bowel occlusion occurs :

- A. vomiting early
- B. hematemesis
- C. May stop late in bowel habits
- D. initial fecal vomiting Skin
- E. rectal

Answers: A, C,

XXVIII. Appendicitis in children and adults:

01. *The main cause of the occurrence of acute appendicitis is :

- A. obstruction Ascarid
- B. obstruction with stercolitis
- C. lymphoid tissue hypertrophy
- D. obstruction Barium
- E. obstruction stone

Answers: B

02. Which of the following statements related to anatomy appendix is correct :

- A. The most common anatomic position is retrocecal
- B. The most common anatomic position is mezocolic
- C. The most common position is the pelvic anatomy
- D. The most common anatomic position is laterocecal
- E. The most common anatomic position is subhepatic

Answers: D

03. From the pathophysiological point of view appendicular infection occurs most often in :

- A. Lymphatics
- B. marrow pressure
- C. marrow vein
- D. endogenous
- E. exogenous

Answers: D

04. An appendix plastron treatment consists of:

- A. abdominal lavage
- B. Appendectomy destination
- C. Appendectomy remote
- D. Medical Treatment immediate antibiotic initial-
- E. Percutaneous Drainage

Answers: C, D

05. Which of the following items are not characteristic computer tomography in acute appendicitis :

- A. It is the examination with the best positive predictive value
- B. It is the examination with the best negative predictive value
- C. appendical mucosa reveals the outline strengthening
- D. appendical mucosa reveals contour reduction
- E. detects fat infiltration periappendiculaire

Answers: A, D

XXIX. Parietal hernia in children and adults:

01. Which of the following statements is correct :

- A. hernia externalizes through a natural orifice
- B. hernia externalizes through a weak point due to an incision made in advance
- C. incisional hernias occur through non natural orifices
- D. incisional hernias occur through natural orifices
- E. evisceration is characterized by the absence peritoneum around viscera

Answers: A,C,E

02. Which of the following statements related to evicserations are correct :

- A. emerge through natural orifices us
- B. The viscera are covered by the peritoneum
- C. Viscera is not covered by peritoneum
- D. occur through natural orifices
- E. The most commonly occur in the umbilical hole

Answers: A, C

03. Which elements of the clinical examination of the patient with hernia are correct :

- A. Palpation unilaterally
- B. Palpation bilateral
- C. palpation standing
- D. Palpation supine
- E. effort coughing patient

Answers: B,C,D,E

04. In case of a strangulated hernia clinical diagnosis will detect :

- A tumor mass irreducible
- B. tumor mass partially reducible
- C. Pain
- D. This instinct effort cough
- E. The absence instinct to cough

Answers: A,C,E

05. The main complication of a hernia is strangulation. Which of the following statements are correct :

- A major pain in bowel strangulation
- B. Pain blurred in bowel strangulation
- C. Vomiting early in bowel strangulation
- D. Vomiting late in bowel strangulation
- E. Blocking transit in late bowel strangulation

Answers: A,C

XXX. Gallstones

01. Biological picture in case of acute cholecystitis include:

- A. cholestasis
- B. inflammatory syndrome
- C. Lipase normal
- D. cytolysis
- E. The absence of jaundice and cytolysis

Answers: B, C, E

02. The clinical picture in a acute cholecystitis includes:

- A. Pain in the right upper quadrant accompanied by muscular defense
- B. Pain in the right upper quadrant unaccompanied by muscular defense
- C. febrile syndrome
- D. jaundice syndrome
- E. No signs of intestinal obstruction

Answers: A,C,E

03. The clinical forms of chronic cholecystitis lithiasic are :

- A. duct lithiasis
- B. Liver Cancer
- C. cholecystitis scleroatrophy
- D. Porcelain vesicle
- E. biliary fistula

Answers: C,D,E

04. Which of the following statements related to biliary ileus are correct :

- A. It is an intestinal obstruction
- B. Cholecystectomy is absolutely necessary during surgery that will solve intestinal obstruction
- C. Aerobilia is present
- D. jaundice syndrome is present
- E. This complication occurs due to occurrence of a fistula between the gallbladder and the duodenum

Answers: A,C,E

05. Which of the following statements related to the treatment of biliary ileus is not correct :

- A. It requires emergency hospitalization
- B. Symptomatic treatment
- C. require laparotomy ,enterectomy , extraction calculation, gut suture
- D. Cholecystectomy is mandatory
- E. In most cases cholecystectomy is carried out during two

Answers: D

06. The elements of Charcot triad are :

- A. Fever, chills, jaundice
- B. Pain, fever , jaundice
- C. Pain, fever, stop transit
- D. Defense muscle transit stop , jaundice
- E. transit stop , jaundice , fever

Answers: B

XXXI. Acute and chronic pancreatitis pag 467-469 , 513-516 ECN

01. In chronic pancreatitis :

- A. pain is a sporadic event
- B. prolonged consumption of alcohol is the dominant cause
- C. can occur hypercalcaemiahyperchronic
- D. may occur in Crohn's disease
- E. does not influence the nutritional status -

Answers: B, C

02. Complementary examinations in chronic pancreatitis include the following except :

- A. abdominal CT
- B. NMR pancreatic
- C. EUS
- D. Celio - mesenteric angiography
- E. abdominal ultrasound

Answers: D

03. Complications of chronic pancreatitis are :

- A. Bouts of acute hepatitis
- B. bouts of acute pancreatitis
- C. pseudocyst
- D. liver failure
- E. exocrine pancreatic insufficiency

Answers: B, C, E,

04. Ranson criteria in acute pancreatitis at admission include:

- A. glucose ≥ 11 mmol / l
- B. vast under 55 years
- C. leukocytes more than 16 000 m³
- D. LDH \geq normal 1.5
- E. AST ≥ 6 normal

Answers: A, C, D, E,

05. Ranson score to 48 hours in acute pancreatitis include the following:

- A. decreased hematocrit less than or equal to 10 %
- B. lower serum calcium or equal to 2 mmol / l
- C. PaO₂ \geq 60 mmHg
- D. glucose greater than or equal to 11 mmol / l
- E. WBC count greater than or equal to 16 thousand m³

Answers: A, B, C,

06. In 80-90 % of cases of acute pancreatitis etiology includes :

- A. hypercalcemia
- B. hyperlipidemia
- C. pancreatic head tumors
- D. alcohol
- E. gallstones

Answers: D, E,

07. The following are local complications of acute pancreatitis:

- A. Septic Shock
- B. ARF
- C. pseudocysts
- D. abscess
- E. pancreatic necrosis infection

Answers: C, D, E,

08. The initial treatment of acute pancreatitis includes :

- A. hospitalization
- B. absolute rest
- C. correction of electrolyte disorders
- D. major painkillers
- E. etiological treatment

Answers A, B, C, D,

09. Treatment of pain in chronic pancreatitis is :

- A. pain killers
- B. alcohol withdrawal and tobacco
- C. enzyme therapy
- D. endoscopic treatment
- E. treatment of hyperglycemia

Answers A, B, C, D,

10. The causes of chronic pancreatitis are the following except :

- A. alcohol
- B. Chronic hypercalcemia
- C. genetic
- D. obstructive causes
- E. hypocalcemia

Answers: E

XXXII. ACUTE PERITONITIS

01. Secondary peritonitis except corresponds to the following situations :

- A. Tuberculosis
- B. anastomotic fistula
- C. fungal infections
- D. Infection pleurisy
- E. Diverticular perforation

Answers: A, C, D

02. The consequences of a systemic acute peritonitis are the following except :

- A. Septic shock
- B. Kidney
- C. Metabolic acidosis
- D. Metabolic alkalosis
- E. Respiratory failure

Answers: D

03. Which of the following statements related to acute peritonitis secondary is incorrect :

- A. In defense mechanisms involved peritoneum
- B. In defense mechanisms involved omentum
- C. In defense mechanisms involving the complement system
- D. infectious agents are usually polymicrobial
- E. infectious agents are usually monomicrobians

Answers E

04. Which of the following statements related to acute peritonitis secondary are correct :

- A. The main prognostic factor is the type of surgery that will be performed
- B. The main prognostic factor is the interval from onset to surgery
- C. The main prognostic factor of the disease is dependent on the timeliness resuscitation measures
- D. The main prognostic factor of the disease is dependent on the type of antibiotic that is established
- E. The main prognostic factor of disease is dependent on the filling volume replacement and correction of electrolyte disorders

Answers: **B**

XXXIII. PREGNANCY

1. Objectives of first prenatal consultations include:

- A. confirming pregnancy status
- B. prescribing mandatory biological tests
- C. Chorionic villus biopsy
- D. hygiene recommendations for pregnancy
- E. morpho fetal ultrasound

Answers: *a, b, d (pag 521)*

2. Gestational hypertension include the definition:

- A *massive proteinuria*
- B. *seizures*
- C. *systolic BP > 140 mm Hg*
- D. *diastolic BP > 90 mm Hg*
- E. *emergence from the start of 10th week*

Answer: *c, d (p 525)*

***3. The etiology of bleeding in the first trimester of pregnancy does not include:**

- A. *placenta previa*
- B. *miscarriage*
- C. *pregnancy stopped in evolution*
- D. *ectopic pregnancy*
- E. *hydatidiform mole*

Answer: *a (pag529)*

4. Bleeding in the second and third trimesters of pregnancy can be caused by:

- A *uterine rupture*
- B. *intrauterine fetal death*
- C. *placenta previa*
- D. *HRP (retro placenta hematoma)*
- E. *ovarian cysts*

Answer: *a, b, c, d (page 530)*

5. The consequences of fetal gestational diabetes include:

- A. miscarriage
- B. malformations
- C. dystocia of the shoulder
- D. severe oligoamnios
- E. macrosomia

Answer: A,B,C,E (p 531)

*** 6. Ectopic pregnancy is:**

- A. placental insertion of the inferior segment
- B. hematoma retro placenta
- C. dilating the cervix in the first trimester of pregnancy
- D. gestational trophoblastic disease
- E. implantation of gestational sac outside the uterine cavity

Answer: e (p 533)

7. Labor phases include:

- A. dilating and opening the cervix
- B. flexing fetal skull
- C. expulsion
- D. Late puerperium
- E. delivrentei (placenta expulsion)

Answer: a, c, e (p 549)

8. Postpartum monitoring is aimed at:

- A. fetal heart beat
- B. contractions of labor
- C. pelvis situation in maternal fetal skull
- D. uterine globe
- E. physiological lochia

Answer: d, e (p 551)

9. Fetal presentation can be:

- A. twins
- B. cephalic
- C. pelvic
- D. late
- E. cross (transverse)

Answer: b, c, e (p 549)

10. Among laboratory examinations at the first prenatal consultations are:

- A. serology HIV, CMV
- B. amniocentesis

- C. blood count
 - D. Doppler
 - E. protein and sugar
- Answer: a, c, e (p 522)

XXXIV. Rheumatoid arthritis - pag.628 - 631 * with names of drugs

1. Complementary assessment of patient with rheumatoid arthritis involves:

- A: investigation of inflammatory syndrome, ESR, C-reactive protein
- B: identifying genetic HLA-DR0401 and, 0404, 0405
- C: determination of anti-CCP antibodies and rheumatoid factor
- D radiographs of hands, ultrasound of the joint
- E: creatinine and liver function tests

Answer: A, C, D, E

2. Basic treatment of rheumatoid arthritis involves:

- A: First use of anti-TNF therapy intent in mild and moderate forms of the disease
- B: initial methotrexate or leflunomide
- C: first administration of rituximab in severe forms of disease
- D: avoiding hydroxychloroquine alone
- E: use of combination therapy methotrexate + sulfasalazine

Answer: B, D, E

3. Prognostic factors of severity in rheumatoid arthritis are:

- A: presence of gastritis
- B: erosions at diagnosis
- C: genetic HLA-B27 positive ground
- D: persistent synovitis in 3 months of treatment
- E: acute mono articular onset

Answer: B, D

4. In the biological therapy of RA, anti-TNF medications include:

- A: Infliximab
- B: methotrexate
- C: diclofenac
- D: Etanercept
- E: Adalimumab

Answer: A, D, E

5. The main causes of mortality in rheumatoid arthritis are:

- A: infection
- B: osteochondral destruction
- C: AVC
- D: Atlanto-axial synovitis

E: cancer
Answer: A, C, E,

6. Side effects of methotrexate in the treatment of rheumatoid arthritis:

A: diarrhea
B: insomnia
C: dyspepsia
D: alopecia
E: cytopenia
Answer: C, D, E,

XXXV. FRACTURE OF THE LOWER END OF RADIUS AND OF THE DISTAL END OF FEMUR IN THE ADULT AND PARTICULAR FRACTURE IN CHILD - (p. 653-654, 655-656, 664 p;)

1. Deflection leg in a disengaged fracture of the upper end of the femur is:

A: External Rotation
B: Internal Rotation
C: Abduction
D: adduction
E: Flexion
Answer: A, D

2. The following statements on the upper end of the femur fractures are true:

A: cervical fractures are extra-articular fractures
B: cervical fractures present risk of secondary necrosis of the femoral head
C: Fractures of the femoral head are relatively common
D: cervical fractures have risk of nonunion
E: trochanteric fractures have risk of massive vicious consolidation
Answer: B, D, E

3. A lower extremity fracture of the radius is characterized clinically by

A: Pain
B: Functional impotence
C: Deformation fist "in the fork upside down" if the disengagement is anterior
D: Damage of humeral nerve
E: Edema
Answer: A, B, E

4. Which are the possible complications of a fracture of the lower end of the radius:

A: The injury of radial nerve
B: cutaneous opening
C: compartment syndrome
D: Infection of operated area
E: bone necrosis

Answer: B, C, D

5. The most common treatment of fractures in children is the orthopedic treatment for the following reasons:

A: Risk of Postoperative epiphysiodesis (if surgery is located on cartilage growth)

B: Good Tolerability of vicious fixation by subsequent remodeling

C: epiphysis fertile: almost close to the knee and away from the elbow

D: Formation of a bone point at the level of the lesion in cartilage growth

E: The absence of complications stiffness or thrombophlebitis under plaster

Answer: A, B, C, E

6. In case of lower extremity fractures of the radius, at the frontal radiography face fist, can be analyzed:

A: Interline joint

B: INDICATIVE radial glenoid

C: radio-ulnar index

D: bistiloidian line

E: angulation

Answer: A, C, D

7. * According to the classification of Garden, cervical fracture of the femur with a complete rupture, is type:

A: Garden I

B: Garden II

C: Garden III

D: Garden IV

E: Garden V

Answer: D

8. * Extra-articular fracture with posterior displacement of the lower end of the radius is called:

A: Pout-Colles

B: Goyrand-Smith

C: Gerard-Marchand

D: Destot

E: Galeazzi

Answer: A

XXXVI. Acute infections of soft tissue pages 669-670

*** 1. Choose misstatement related to bacterial mucous- cutaneous infections:**

A. The diagnosis is in most cases Para clinical

B. There are local contributing factor

C. divided into follicular or nonfollicular;

- D. Diabetes is generally favorable factor
- E. There is no vaccine against these infections

Answer: A

*** 2. Choose correct statement about the boil (pimple):**

- A. It's a superficial infection of the pilosebaceous follicle
- B. Clinical fever
- C. Unexpected handling is a favorable factor
- D. In the staphylococcal malignance of the face does not appear fever
- E. complicated forms are treated only with local antibiotics, antiseptics and local rules of hygiene.

Answer: C

3. About treatment of staphylococcal skin infections, can say:

- A. It does not require medical exemption from school unless they are severe
- B. Severe forms require hospitalization and IV antibiotics
- C. treatment of moderate forms is only toilet with soap and water or antiseptic topical antibiotic
- D. localized forms are treated with antiseptic or antibiotic topical local toilet
- E. Oxacillin, pristinamycinor fusidic acid are active MRSA antibiotic

Answer: B, D, E

4. Select true statements about the treatment of erysipelas in patient with severe comorbidities:

- A. It requires hospitalization in a ward care in all cases
- B. Preparation includes applying a venous pathways and NSAIDs Shut down
- C. Symptomatic treatment consists of painkillers and electrolyte rebalance if necessary
- D. Treatment consists mono ant biotherapy, active on staphylococcus etiology
- E. Treatment by inflow path is part of the etiological treatment

Answer: B, C, E

5. Candidiasis is characterized by:

- A. They are opportunistic infections with bacteria
- B. They are caused by fungi-type yeast
- C. Favored by local and general factors
- D. Complementary examinations are not necessary
- E. Acknowledge by mycological examination

Answer: B, C, E

6. Choose correct statements relating to the diagnosis of Candidiasis:

- A. suspicion is clinical
- B. Acknowledge by mycological examination
- C. mycological examination includes direct examination and culture
- D. Culture is in the environment of Drigalski
- E. Culture is in the environment of Sabouraud

Answer: A, B, C, E

7. Treatment of candidiasis consists of:

- A. Suppression of favoring factors if possible
- B. Toilet with acid soap
- C. toilet with alkaline soap
- D. local antifungal treatment
- E. general antifungal treatment

Answer: A, C, D, E

8. Local signs of digital phlegmon include:

- A. Increase of finger volume
- B. Finger extension blocked
- C. pain in passive finger extension
- D. The absence of swelling finger
- E. Finger inflected

Answer: A, C, E

9. Changes in biological balance characteristic of acute soft tissue infections include:

- A. Anemia
- B. Hyper leukocytosis
- C. Thrombocytopenia
- D. Increase CRP
- E. Polycythemia

Answer: B, D

10. The following statements regarding radiological investigation of soft tissue infections are correct:

- A. It is useful in identifying foreign bodies
- B. be made in frontal and profile (F + P) view
- C. is not indicated
- D. It is useful to identify air gangrenous levels
- E. It is useful for highlighting any damage associated with osteoarticular lesion

Answer: A, B, D, E

11. Among the determinants of digital phlegmon we can mention:

- A. cold
- B. Diabetes
- C. Polycythemia
- D. Immunosupressant
- E. Hypoglycemia

Answer: B, D

12 * In case of complications of arthritis of infections of soft tissue type, the broad-spectrum antibiotic therapy is for:

- A. 7 days
 - B. 10 days
 - C. 15 days
 - D. 25 days
 - E. 45 days
- Answer: E

13. * Stage 2 of digital phlegmon is characterized by this:

- A. necrotic tendon
- B. Purulent liquid
- C. Clear liquid
- D. extensive skin necrosis
- E. erythema

Answer: B

14. Surgical treatment in stage 3 of the digital phlegmon includes:

- A. Excision of tendon
- B. longitudinal incision tendon
- C. subsequent reconstruction
- D. Limitation of the skin incision
- E. puncture pus evacuation

Answer: A, C

15. In the absence of the collection, initial treatment of soft tissue infections should include:

- A. debridement surgery
- B. Treatment with antibiotics for 10 days
- C. Spa antiseptic 2 times per day
- D. Opening Z finger
- E. Excision of the tendon

Answer: B, C

XXXVII. ANGINA AND PHARYNGITIS IN ADULTS - p. 722-727 *

1. Acute Angina erythematous – poulitis manifested clinically by:

- A. Fever
- B. Erythematous pharyngitis
- C. tonsillar hypertrophy
- D. Punctiform deposits adherent to the tonsils
- E. Deposition of whitish poulitice

Answer: A, B, C, E

2. * Which of the following statements is false:

- A. Acute Angina can be caused by viruses
- B. Acute Angina erythematous -poultice is caused by streptococcus beta hemolytic of group A
- C. Acute pseudomembranous angina is caused by infectious mononucleosis
- D. vesicular Angina is caused by Herpes
- E. Vesicular Angina affects the vagus nerve

Answer: E

3. Which of the following statements about Vincent angina are correct:

- A. Is viral
- B. Is bilateral
- C. It is characterized clinically by painful ulcerated tonsils, ruthless
- D. It is associated with bad breath and bad bucco dental condition
- E. antibiotic used in treatment of choice is penicillin V

Answer: C, D, E

4. Clinical angina of syphilis is characterized by:

- A. endured painful ulceration
- B. False confluent gray membrane
- C. endured painless ulceration
- D. unilateral lesion
- E. False adherent membrane

Answer: c, d

5. Vesicular angina in first herpetic infection (HSV1):

- A. Is characterized by fever, intense dysphagia
- B. painful tonsils ulceration
- C. marked gingiva stomatitis
- D. Treatment is symptomatic
- E. Treatment of choice is antibiotics

Answer: A, C, D,

6. Which of the following statements about herpangina are correct:

- A. slow debut in feverish context, vomit
- B. appears in children under 7 years
- C. Clinically is a unilateral vesicular eruption
- D. It is a viral angina
- E. It is treated with antibiotics and emergency serotherapy

Answer: B, D,

XXXVIII. EPISTAXIS AND ITS TREATMENT-pag.737-739

1. In epistaxis treatment is used:

- A. Heparin and AVK
- B. Anterior plugging
- C. bi digital compression
- D. Ligation of the responsible vessel is first intent
- E. general hemostatic treatment

Answer: B, C, E,

2. * Causes of nosebleeds are the following except:

- A. Rendu-Osler disease
- B. sniffing toxic substances
- C. The use of heparin
- D. hypotension
- E. trauma

Answer: D

3. * Examination in epistaxis are the following except:

- A. Clinical examination of the nasal way
- B. Sampling throat swabs
- C. Nose fibroscopy
- D. Balance of coagulation factors
- E. Balance of cardiovascular risk factors

Answer: B

4. Local causes of epistaxis are:

- A. tumors
- B. peritonsillar phlegmon
- C. local trauma
- D. Influenza
- E. Foreign body

Answer: A, C, E

5. The following statements are correct about essential epistaxis:

- A. It is favored by sneezing
- B. It's favored by effort
- C. It is more common in women
- D. Appears in liver failure
- E. It is favored by sun exposure

Answer: A, B, E

XXXIX. Anxiety disorders, phobic disorders, obsessive compulsive disorder, convertible state of stress ... p. 913-921

1. Panic disorder:

- A. It is more common in women
- B. It is more common in men
- C. Debut between 25-35 years
- D. possible association with anxiety inter critical
- E. association with cognitive impairment

Answer: A, C, D

2. Phobic disorders are characterized by:

- A. behavioral inhibition
- B. Marked Anxiety
- C. fear to manifest in public
- D. Delirium systematized
- E. verbal tics

Answer: A, B, C

3 * Conversion disorder is characterized by the following except:

- A. Clinical aspect of any pathology psychiatric or somatic
- B. The variability of symptom evolution
- C. The presence of organic causes
- D. patient indifference toward its disorders
- E. Tracking secondary benefits

Answer: C

4. Status of post-traumatic stress:

- A. Occurs in more than 1 month after the event.
- B. Shows repetition syndrome
- C. Shows detachment event
- D. Avoid permanent stimuli associated with the trauma
- E. It is associated with schizotypal personality

Answer: A, B, D

5. Clinical forms of adaptive disorders are:

- A. adaptive disorder with depressed mood
- B adaptive disorder with anxiety
- C. mixed adaptive disorder
- D adaptive disorder dissociated
- E adaptive disorder with conduct and emotional disturbance

Answer: D

XL. FEVER IN CHILDREN – pag. 1039 – 1041 ECN

1 * The germs most frequently involves in children under 3 years old are all of the following, except:

- A. Streptococci group B
- B. Coli
- C. Enterococcus
- D. Listeria monocytogenes
- E. Hemophilus influenzae

Answer: E

2. At a child between 3 and 36 month, with acute fever:

- A. The temperature must be measured auricularly or axially
- B. ENT infections are a frequent fever cause
- C. Respiratory infections are frequent fever causes
- D. Lombar puncture is mandatory
- E. Urinalysis exam isn't a necessary first step

Answer: A, B, C, E,

3. Typical management for a child under 6 weeks with acute fever targets:

- A. Triple antibiotherapy
- B. Hospitalization
- C. Double antibiotherapy
- D. One antibiotic with large spectrum
- E. Making a lumbar puncture to clarify the diagnosis
- F. *Answer: A, B, E,*

4. Lumbar puncture in children 3 to 36 months with acute fever is mandatory in case of:

- A. Untolerable fever
- B. Unexplained fever without clinical starting point
- C. Signs of gravity present
- D. Neurological signs present
- E. Good clinical state, tolerable fever

Answer: A, B, C, D,

5* Elected antibiotherapy for a child between 3 and 36 months with hard tolerating cute fever is present by:

- A. Cephalosporins of 1st generation
 - A. Cephalosporins of 2nd generation
 - B. Cephalosporins of 3rd generation
 - C. You don't administer antibiotics
 - D. Macrolides

Answer: C

6. The Kawasaki disease is characterized by:

- A. Fever for more than 5 days
- B. Aseptic conjunctivitis
- C. Verdine jaundice
- D. Polymorphic
- E. Cervical lymphadenopathy

Answers: A, B, D, E

7. Management of acute fever in children over three years refers to:

- A. Avoidance of fluids intake
- B. Avoid to cover the child
- C. Administration of antipyretics only after the temperature has risen beyond 38.5°C
- D. Paracetamol is the antipyretic agent of choice
- E. Aspirin is the antipyretic agent of choice

Correct answers: B, C, D

8. Which of the following clinical elements can be present in a child with arthritis, over three years old and with fever?

- A. Lameness
- B. Refusing to use a member
- C. Swollen joints
- D. Absent of pulse in affected limb
- E. Partial seizure

Correct answers: A, B, C

XLI. ACUTE DIARRHEA IN CHILDREN- pg. 1049-1051, Vomiting in infants and children (with treatment)- pg. 1062-1064 ECN

1. The main signs of hypovolemia are:

- A. Arterial hypotension
- B. Bradycardia
- C. Marble skin
- D. Coloration time prolonged
- E. Warm extremities

Correct answers: A, C, D

2. Intracellular dehydration is characterized by :

- A. Increased thirst
- B. Fever
- C. Bulging fontanelle in infants
- D. Neurological disorders
- E. Peripheral edema

Correct answers: A, B, D

3. Extracellular dehydration is characterized by:

- A. Tachycardia
- B. Collateral venous circulation
- C. Collapsed jugular vein
- D. Dry skin
- E. Arterial hypotension

Correct answers: A, C, D, E

4. Admission criteria for children with acute diarrhea are:

- A. Dehydration under 5%
- B. Dehydration over 5%
- C. Over 3 watery stools/day
- D. Total digestive intolerance
- E. Infant under 3 months with dehydration

Correct answers: B, D, E

5. Hemolytic-uremic syndrome in children is characterized by:

- A. Polyuria
- B. Pallor
- C. Oliguria
- D. Thrombocytopenic purpura
- E. Asthenia

Correct answers: B, C, D, E

6.* The most common viral cause of acute diarrhea in children is:

- A. Adenovirus
- B. Enterococcus
- C. Enterovirus
- D. Rotavirus
- E. Norovirus

Correct answer: D

7. The infectious causes of acute diarrhea in children are:

- A. Rotavirus
- B. Salmonella
- C. Allergies
- D. Shigella
- E. Campylobacter jejuni

Correct answers: A, B, D, E

8. In acute diarrheal disease in children, in which of the following situation is mandatory performed coproculture?

- A. Watery stool
- B. Presence of blood in stool
- C. Immunosuppressed
- D. Return from an endemic area
- E. Rotavirus

Correct answers: B, C, D

9. Digestive causes of chronic vomiting in children are:

- A. Hypertrophic pyloric stenosis
- B. Food allergy to cow's milk
- C. Gastro-esophageal reflux
- D. Intracranial hypertension
- E. Chronic adrenal insufficiency

Correct answers: A, B, C

10. Hypertrophic pyloric stenosis is characterized by:

- A. It appears at an interval of 2-8 weeks after birth
- B. Vomiting with bloody streaks
- C. Bilious vomiting
- D. Abundant, Jet vomiting far from meals
- E. Ecographic diagnostic confirmation

Correct answers: A, D, E

11. Chronic vomiting in children can appear in:

- A. Acute appendicitis
- B. Acute gastro-enteritis
- C. Intracranial hypertension
- D. Intolerance to cow's milk proteins
- E. Gastro-esophageal reflux

Correct answers: C, D, E

XLII. RESPIRATORY TRACT INFECTION IN CHILDREN (tonsillitis and pharyngitis- pg. 1068-1069, Bronchopulmonary infection in infants and children- pg. 1099-1101) ECN

1. In acute rhinopharyngitis in children appears:

- A. Anterior and posterior rhinorrhea
- B. Irritating cough, accentuated during the night
- C. Moderate fever
- D. Barking cough
- E. Expiratory wheezing

Correct answers: A, B, C

2. Antibiotic treatment in acute rhinopharyngitis in children is indicated in the following situations:

- A. Appearances otitis
- B. Appearances sinusitis
- C. Persistent fever more than 3 days
- D. Prolonged evolution more than 10 days
- E. Serous rhinorrhea

Correct answers: A, B, C, D

3. Possible complication of streptococcal pharyngitis are:

- A. Acute articular rheumatism
- B. Chronic pyelonephritis
- C. Acute glomerulonephritis
- D. Retropharyngeal abscess
- E. Hypothyroidism

Correct answers: A, C, D

4. Acute tonsillitis in children is characterized by:

- A. High fever
- B. Odynophagia
- C. Reflex otalgia
- D. Spastic cough
- E. Bilateral cervical lymphadenopathies

Correct answers: A, B, C, E

5. Vesicular tonsillitis in children is characterized by:

- A. Vesicle and erosions on erythematous base on tonsils
- B. Pouliticedeposits
- C. Pseudomembrane
- D. Predominant viral etiology
- E. Predominant bacterial etiology

Correct answers: A, D

6.* The most frequent cause of unilateral ulcer-necrotic tonsillitis in children is:

- A. Infection with fusospirilli-angina Vincent
- B. Streptococcal infection
- C. Infection with Cocksackie A
- D. Infection with herpes virus
- E. Mononucleosis infection

Correct answer: A

7. Acute bronchiolitis :

- A. It appears in epidemics during summer
- B. It affects children over 7 years old
- C. It is characterized by dry cough
- D. It is produced mainly by respiratory syncytial virus
- E. At auscultation sibilant rales appear

Correct answers: C, D, E

8. Admission criteria for acute bronchiolitis include:

- A. Polypnea-FR over than 60 resp/min
- B. Struggling respiratory signs
- C. Somnolence
- D. Infants under 6 weeks
- E. Dry cough

Correct answers: A, B, C, D

9. Acute pneumonia in children is characterized by:

- A. Fever
- B. Cough
- C. Polypnea
- D. Palpebral edema
- E. Nails clubbing (Hippocratic fingers)

Correct answers: A, B, C

10. On stethacoustic auscultation of a child with acute uncomplicated pneumonia can be detected:

- A. Tubal murmur
- B. Crackles
- C. Reduced breath sounds
- D. Increased breath sounds
- E. Pericardial murmur

Answer: A, B, C

11*. The following statements about pneumonia with mycoplasma pneumonia in children are true, except:

- A. Sudden onset of clinical picture
- B. Fever is less intense
- C. Associated polymorphic eruption appears
- D. Germs are detected thanks to nasal secretions PCR
- E. Treatment with macrolide is indicated

Answer: A

XLIII. URINARY INFECTIONS IN CHILDREN. LEUCOCYTURIA – pag. 1105-1106 ECN

1. In acute pyelonephritis in children occur:

- A. Impaired general condition
- B. Fever
- C. Low back pain
- D. Lower limb edema
- E. Jaundice

Answer: A, B, C

2*. The target of first choice clinical examination in children with UTI is:

- A. Using urinary screening strip for leukocyturia and nitrates
- B. Ketones in urine
- C. Urea and serum creatinine
- D. Blood count
- E. Serum procalcitonin

Answer: A

3. Acute pyelonephritis diagnosis is confirmed in case of:

- A. Leukocyturia over 10000/ml
- B. Bacteriuria over 100000/ml
- C. Bacteremia over 1000/ml
- D. Leukocytosis over 1000/ml
- E. Bacteriuria between 10000-100000/ml

Answer: A, B

4. Treatment with ceftriaxone and gentamicin in children with UTI is administered in the following situations:

- A. Age < 3 month
- B. Septicemia
- C. Immunosuppression
- D. Uropathic malformation
- E. Acute cystitis

Answer: A, B, C, D

5. Acute cystitis in children is characterized by:

- A. High fever
- B. Intense low back pain
- C. Dysuria
- D. Pollakiuria
- E. Affecting mainly infants

Answer: C, D

6. Acute cystitis treatment in children is done:

- A. With high doses cephalosporins
- B. 10 days
- C. 14 days
- D. 3-5 days
- E. cotrimoxazole or cefixime are used

Answer: *D, E*

XXXXIV. DISSEMINATED LUPUS ERYTHEMATOUS. ANTIPHOSPHOLIPID SYNDROME – pag. 1138-1142

1. SLE cutaneous manifestations include:

- A. Flat or bumpy malar rash, butterfly shaped
- B. Plantar “mal perforant”
- C. Photosensitivity
- D. Mucosal ulcerations on buccal mucosa, gums, nasal septum
- E. Generalized or focal alopecia

Answer: *A, C, D, E*

2. In SLE urinary sediment may present:

- A. Dysmorphic erythrocytes
- B. Leukocytes
- C. Hyaline cylinders
- D. Granular cylinders
- E. Acid-fast bacilli

Answer: *A, B, C, D*

3. Cardiovascular manifestations in SLE:

- A. Tricuspid stenosis
- B. Lupus pericarditis
- C. Aseptic endocarditis
- D. Myocardial infarction
- E. Raynaud phenomenon

Answer: *B, C, D, E*

4*. Hematological manifestations in SLE do not include:

- A. Multifactorial anemia
- B. Leukopenia
- C. Thrombocytopenia
- D. Essential thrombocytosis
- E. Antiphospholipidic syndrome

Answer: *D*

5. Lupus nephritis may appear as:

- A. GN with minimal glomerular lesions
- B. Mesangial GN
- C. Renal amyloidosis
- D. Diffuse proliferative GN
- E. Membranous GN

Answer: *A, B, D, E*

6*. Autoantibodies in SLE do not include:

- A. Anti-nuclear antibodies
- B. Anti double stranded DNA antibodies
- C. Anti-Sm antibodies
- D. Anti-phospholipid antibodies (anticardiolipin and lupus anticoagulant)
- E. Anti-cyclic citrullinated peptide (anti-CCP) antibodies

Answer: *E*

7. Blood tests in SLE show:

- A. Increased ESR
- B. Normal C-reactive protein
- C. Leukopenia
- D. Presence of lupus cells
- E. Increased serum complement

Answer: *A, B, C, D*

XLV. GOITER AND THYROID NODUL, HYPOTHYROIDISM AND HYPERTHYROIDISM – pag. 1215-1220, 1221, 1223, 1224, 1226 ECN

1. The objective at thyroid palpation in a clinical examination is to investigate:

- A. Thyroid volume
- B. Lobes symmetry
- C. Consistency
- D. Deglutition motility
- E. Murmurs auscultation

Answer: *A, B, C, D*

2. Cretinism:

- A. It is a complication of endemic goiter
- B. Intelligence level is preserved
- C. Associates neurological disorders
- D. Stature retardation appears
- E. Deafness can be associated

Answer: *A, C, D, E*

3. Hypothyroidism signs include:

- A. Bradycardia
- B. Constipation
- C. Macroglossia
- D. Disappearance of the eyebrows external third
- E. Idio-psychic acceleration

Answer: *A, B, C, D*

4. Treatment efficiency monitoring of peripheral hypothyroidism:

- A. It is based on T3 dosage
- B. It is based on T4 dosage
- C. It is based just on TSH dosage
- D. TSH monitoring is done weekly
- E. TSH monitoring is done 4-5 weeks after dosage change

Answer: *C, E*

5*. In pregnant women with hyperthyroidism, the most used antithyroidian for synthesis is:

- A. Propylthiouracil
- B. Radioactive iodine
- C. NSAIDs
- D. Corticosteroids
- E. Carbimazole

Answer: *A*

6. Hyperthyroidism is characterized by:

- A. Weight gain
- B. Sweating
- C. Thermophobia
- D. Tremor
- E. Tachycardia

Answer: *B, C, D, E*

7. A painful thyroid nodule can be:

- A. Hematocele
- B. Subacute thyroiditis
- C. Lymphoma
- D. Branchial cyst
- E. Thyroglossal duct cyst

Answer: *A, B, C*

8*. First choice laboratory exam in investigation of a thyroid nodule is:

- A. Antithyroidantibodies dosage
- B. Plasma iodine dosage
- C. TSH dosage
- D. Tyrocalcitonin dosage
- E. T3 dosage

Answer: C

9. Main biological examinations in goiter are:

- A. TSH
- B. Lipiduria/24h
- C. Urinary iodine/24h
- D. Antiperoxidaseantibodies dosage
- E. Antithyroglobulinantibodies dosage

Answer: A, C, D, E

10. Goiter complications through surrounding structures compression can lead to:

- A. Dysphonia
- B. Dysphagia
- C. Claude Bernard Horner syndrome
- D. Cape edema
- E. Jaundice

Answer: A, B, C, D

XLVI. TYPE 1 AND 2 DIABETES MELLITUS IN ADULTS – definition, diagnosis, acute complications, chronic complications, therapeutic algorithm, monitoring, principles, management – pag. 1236 – 1254 ECN

1. Type 1 diabetes mellitus:

- A. Is insulin independent
- B. Is associated to obesity
- C. The onset is rapid or over acute
- D. Is characterized by appetite preservation with weight loss
- E. Polyuria-polydipsia syndrome appears

Answer: C, D, E

2. Diabetic ketoacidosis favoring factors are:

- A. Infections
- B. Physical effort
- C. Corticoids therapy
- D. High doses insulin administration
- E. Voluntary interruption of insulin treatment

Answer: A, C, E

3. Ketoacidosis clinical signs are:

- A. Abdominal pain
- B. Vomiting
- C. Consciousness disorders
- D. Kussmaul dyspnea
- E. Purpuric eruption

Answer: A, B, C, D

4. Hydroelectrolytic rehydration in diabetic ketoacidosis is done:

- A. Adapted, depending on age, hemodynamic tolerance
- B. With an amount of 6 liters/24h
- C. With saline solution when glycemia is over 2,5 g/l
- D. With glucose 10% when glycemia is over 2,5 g/l
- E. With glucose 5% when glycemia is over 2,5 g/l

Answer: A, B, C

5. Hyperosmolar coma:

- A. It occurs in children
- B. It associates hyperglycemia and increased osmolarity
- C. It is accompanied by severe acidosis
- D. It occurs in case of neglected type 2 diabetes mellitus
- E. Highly increased Ketonuria

Answer: B, D

6*. Lactic acidosis causes are the following, except:

- A. CO intoxication
- B. Severe hepatic insufficiency
- C. Metformin overdose
- D. Bicarbonate administration
- E. Shock

Answer: D

7. Macroalbuminuric diabetic nephropathy is characterized by:

- A. Lack of symptoms
- B. Arterial hypotension
- C. Renal edema
- D. Progressive evolution to renal insufficiency
- E. Proteinuria

Answer: C, D, E

8. Diabetes effects on pregnancy include:

- A. Miscarriages
- B. Macrosomia
- C. Hypocalcemia in newborns
- D. Malformations

- E. Hemolytic jaundice in newborns

XLV2. URINARY INFECTIONS IN ADULTS. LEUKOCYTURIA – page 1286-1292

1. Risk factors for urinary tract infections are:

- a. Pregnancy
- b. Menopause
- c. Adolescence
- d. Sexual intercourse
- e. Allergies

Answers: A, B, D

2. Risk factors for urinary tract infections in adults are the following EXCEPT:

- a. Urinary lithiasis
- b. Postmictional residue
- c. Postprandial residue
- d. Vesicourethral reflux
- e. Urethral stenosis

Answers: C

3. Bacteria causing ascending urinary tract infections are:

- a. E. Coli
- b. Proteus species
- c. PneumocystisCarinii
- d. Klebsiella
- e. Clostridium Difficile

Answers: A, B, D

4. Urinary infections present the following:

- a. Leukocyturia > 10/mm³
- b. Bacteriuria > 100.000 germs/ml
- c. Hematuria and cilindruria
- d. Hypostenuria
- e. All of the above

Answers: A, B

5. Acute pyelonephritis associates with:

- a. Fever, shivers
- b. Lumbar pain
- c. Abdominal cramps
- d. Nausea, vomiting
- e. Gastroesophageal reflux

Answers: A, B, D

6. Acute obstructive pyelonephritis requires:

- a. Hospitalization
- b. Urine drainage
- c. Double parenteral antibiotic therapy
- d. Removal of obstacle in case of emergency
- e. Pain relievers

Answers: A, B, C, E

7. Possible complications of acute pyelonephritis can be the following EXCEPT:

- a. Septic shock
- b. Renal abscess
- c. Chronic glomerulonephritis
- d. Pyonephrosis
- e. Renal tumor

Answers: C, E

8. During pregnancy may appear:

- a. Compression of the right ureter by dextrorotation of the ureter
- b. Bilateral vesicouretral reflux
- c. Asymptomatic urinary infection
- d. Renal polychistosis
- e. Aminoaciduria

Answers: A, B, C

9. Among the clinical symptoms of an acute simple cystitis you may find:

- a. Cloudy urine
- b. Fever
- c. Macroscopic hematuria
- d. Acute urinary retention
- e. Pollakiuria

Answers: A, C, E

XLV3. URINARY LITHIASIS page 1312-1315

1. Main clinical manifestations in renal colic are:

- a. Pain relieved by lateral decubitus position
- b. Acute lumbar pain
- c. Agitation
- d. Acute urinary retention
- e. Nausea, vomiting

Answers: B, C, E

2. Treatment of simple renal colic includes:

- a. Administration of NSAIDs
- b. Diuresis cure during painful phases

- c. Compulsory hospitalization
- d. Administration of analgesics
- e. Insertion of urethro-vescical catheter

Answers: A, D

3. Main indications for removal of calculi in renal colic are represented by:

- a. Size >6mm
- b. Uric acid calculi
- c. Renal colic in one single kidney
- d. Pain resistant to treatment
- e. Risk of sepsis

Answers: A, C, D, E

4. Radiologic differential diagnosis for renal lithiasis may be done with:

- a. Parenchymal renal calcifications
- b. Pelvic phlebolith
- c. Biliary lithiasis
- d. Chondrocostal calcifications
- e. Pielo-urethral junction stenosis

Answers: A, B, C, D

5. Phosphato-amoniaco-magnesian urinary lithiasis is characterized by:

- a. Radiopaque calculi
- b. Rapid growth often coraliform
- c. Acid urinary pH
- d. Presence of infected urine
- e. Presence of autosomal genetic malformation

Answers: A, B, D

6. Calcium renal lithiasis is characterized by:

- a. Contains calcium oxalate
- b. Contains calcium phosphate
- c. Radiotransparentcalculi
- d. Radiopaque calculi
- e. Responds to treatment with allopurinol

Answers: A, B, D

7. The paraclinical examination in urinary lithiasis are the following EXCEPT:

- a. Simple abdominal X-Ray
- b. Renal echography
- c. Intravenous urography
- d. Renal arteriography
- e. Abdomino-pelvic CT

Answers: D

XL110. ARI AND CRI, ANURIA, page 1350-52, 1353-1357

1. Causes of obstructive ARI are:

- a. Prostatic cancer or adenoma
- b. Compressive abdomino pelvic mass
- c. Ileo-popliteal mass
- d. Retroperitoneal fibrosis
- e. Pulmonary fibrosis

Answers: A, B, D

2. Biological causes of ARI are the following EXCEPT:

- a. Antibiotics
- b. Rhabdomyolysis
- c. Rapid progressive glomerulonephritis
- d. Angina pectoris
- e. Renal tumor

Answers: D, E

3. Cardiovascular complications of chronic renal insufficiency are:

- a. Arterial hypertension by hydro-saline retention
- b. Congestive heart failure
- c. Peritonitis
- d. Hypertrophic cardiomyopathy
- e. Generalized atherosclerosis

Answers: A, B, D, E

4. Absolute indication for initiation of extra-renal removal are the following:

- a. Uremic pericarditis
- b. Hypervolemia controlled by diuretics
- c. Hypokalemia
- d. Sever metabolic acidosis
- e. Acute pulmonary edema resistant to medical treatment

Answers: A, D, E

5. Classification of chronic kidney failure , true statements true:

- A. Stage I: compensated characterized by creatinine clearance < 80ml/min and serum creatinin increased
- B. Stage I: compensated characterized by creatinine clearance< 80ml/min and creatinin serum increased
- C. Stage I: compensated characterized by creatinine clearance < 50ml/min and creatinin serum increased
- D. Stage IV: uremia, when the level of creatinine exceeds 10-16mg%

E. Stage I: compensated characterized by creatinine clearance < 20ml/min and serum creatinine decreased

Answers: A, D

L. ANEMIA- pag. 1376-1378

1.* Anemia is defined with:

- A. cutaneous-mucosal palor
- B. decrease of hemoglobin under 12 g/dl for female AND 13 g/dl for men\
- C. decrease of MCV under 80 fl
- D. decrease of sideremia
- E. presence of astheny

Answer: B

2. *In microcytic anemia the mean corpuscular volume (MCV) is:

- A. ≤ 80 fl
- B. 81-85 fl
- C. 90-100 fl
- D. > 100 fl

Answer: A

3. *Which are the two key examinations that help to precise the cause of microcytic anemia:

- A. Electrophoresis of hemoglobin and PCR
- B. Ferritinemia and PCR
- C. Sideremia and reticulocytes
- D. Blood smear and haptoglobin
- E. Bilirubin and Coombs Test

Answer: B

4. *Fundamental Exploration which stabilizes the regenerative or non regenerative character of annormo- or macrocitic anemia are:

- A. haptoglobin
- B. Ferritinemia
- C. Number of Reticulocytes
- D. Coombs Test
- E. Sideremia

Answer: C

5. In case of a mycrocitic anemia (MCV < 80 fl) we think principally about:

- A. Hemolytic anemia
- B. Iron-deficiency anemia
- C. Acute posthemorrhagic anemia
- D. Inflammatory anemia
- E. Anemia through folate deficiency

Answer: B, D

6. Which of follow affirmations are true in case of an anemia of central origin?

- A. Reticulocytes < 150.000/mm³
- B. Reticulocytes > 150.000/mm³
- C. Non regenerative anemia
- D. Regenerative anemia
- E. Necessary to perform a myelogram for specifying the diagnosis

Answers: A, C, E

7. Principles of hemolytic anemia are:

- A. Autoimmune hemolytic anemia
- B. Celiac disease
- C. Drug-induced hemolytic anemia
- D. Corpuscular hemolytic anemia (Sickel-Cell disease, G6PD deficiency, Hereditary Spherocytosis)
- E. Toxic hemolytic anemia (Snake venom)

Answers: A, C, D, E

8. *The follow up of the effectiveness of the treatment with iron is realized through determination of:

- A. Unconjugated Bilirubin
- B. PCR
- C. Electrophoresis of Hb
- D. Ferritinemia
- E. Haptoglobin

Answer: D