

**R O M Â N I A**

**MINISTERUL EDUCAȚIEI NAȚIONALE ȘI CERCETĂRII ȘTIINȚIFICE**

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**FACULTATEA DE MEDICINĂ**

**ÎNTREBĂRI PROPUSE PENTRU EXAMENUL DE LICENȚĂ**

**SPECIALIZAREA MEDICINĂ (LINIILE ROMÂNĂ, ENGLEZĂ, FRANCEZĂ)**

**PROMOȚIA 2017 -**

**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 :**

**II.**

**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 :**

II.

**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 anHisian 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:**



- edema
- A. Furosemide and nitrates subtractives in the case of acute pulmonary
  - 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 :**

II.

**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; Pili 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 peluccida, with elongated chordae

E: the insufficiency is frequently associated to the valvular stenosis

*Answer : A, B, E*

I.

**II. VI. ACUTE AND CHRONIC DYSPNEA, BPOC**

**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: bronchicfibroscopy

*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 PaO<sub>2</sub>< 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: SO<sub>2</sub>

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:  $\text{PaO}_2 < 45 \text{ mmHg}$

E:  $\text{PaCO}_2 > 45 \text{ mmHg}$

*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. Seconds 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: PeriarteritaNodoasa

D: Systemic erythematous Lupus

E: impaired driving

*Answer: A, B, C, D*

## **VIII. RESPIRATORY ALLERGIES AMOUNG ADULTS**

### **01. \*Hospitalization of asthmatic crisis in 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 is found in these pathological entities:**

A: Scleroderma

B: Histiocytosis X

C: Sarcoidosis

D: Asbestosis

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: lymphangitic carcinomatosis

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)\* regroups 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: Dermatopolymyositis

*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: cost 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 is characterized by being impaired 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 uncouncted 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)**

**1. 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.*

**1. 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.*

**1. 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.*

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

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

*Answer: A, B, C.*

**1. 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 bacterial superinfection potential;

E: This recent contamination and an epidemic context ( November to March )

*Answer: A, C, E.*

## **XVII. HIV INFECTION** (pag. 325-328)

**1. 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.*

**1. 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.*

**1. 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.*

**1. 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.*

**1. 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.*



1. **01.\*Indications following penicilinotherapy 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.*

1. **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.*

1. **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.*

**1. 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)

**1. 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.*

1. **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.*

1. **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.*

1. **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.*

**1. 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)**

**1. 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.*

**1. 02. Profile of syndromic management of diarrhea refer to:**

- A. septic shock syndrome ;
- B. impure nephrotic syndrome ;

- C. gastroenteritis syndrome ;
- D. holeriformsyndrome ;
- E. invasive diarrhea .

*Answers: C, D, E.*

**1. 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.*

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

- A.Campylobacterjejuni and Yersinia ;
- B.Staphylococcus aureus and Bacillus cereus ;
- C.Shigella and Salmonella ;
- D.Vibriocholerae ;
- Escherichia coli.

*Answers: A, C, E.*

**1. 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)**

**1. 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.**

**1. 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.**

**1. 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.**

**1. 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.*

**1. 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 :**

- variable
- A. eradication of *Helicobacter pylori* , if present
  - B. continued treatment with NSAIDs
  - C. prescribing a treatment with proton pump inhibitors (PPI ) during the
  - 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 > 80 $\mu$ mol / 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 conjugated 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- 1antitipsina

*Answers: A, B, C,*

**1. 02.The clinical presentation in portal hypertension include:**

- A. splenomegalie
- 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 cytomegalvirus
- 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,*

**7. 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*

**1. 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 eviscerations 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  $\geq 11$  mmol / l
- B. vast under 55 years
- C. leukocytes more than 16 000 m<sup>3</sup>
- D. LDH  $\geq$  normal 1.5
- E. AST  $\geq 6$  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. PaO<sub>2</sub>  $\geq$  60 mmHg
- D. glucose greater than or equal to 11 mmol / l
- E. WBC count greater than or equal to 16 thousand m<sup>3</sup>

*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,D,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, Creative protein

B: identifying genetic HLA-DR0401 land, 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 -poulitice 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. peritonsillarphlegmon
- 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. Hemophilusinfluenzae

*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 decease is characterized by:**

- A. Fever for more than 5 days
- B. B. Aseptic conjunctivitis

- C. C. Verdin jaundice
- D. D. Polymorphic
- E. 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 nmhwith 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, C, 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 Coxsackie 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*

**1. 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

**1. Bacteria causing ascending urinary tract infections are:**

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

Answers: A, B, D

**1. Urinary infections present the following:**

- a. Leukocyturia > 10/mm<sup>3</sup>
- b. Bacteriuria > 100.000 germs/ml
- c. Hematuria and cilindruria
- d. Hypostenuria
- e. All of the above

Answers: A, B

**1. Acute pyelonephritis associates with:**

- a. Fever, shivers
- b. Lumbar pain



- c. Abdominal cramps
- d. Nausea, vomiting
- e. Gastroesophageal reflux

Answers: *A, B, D*

**1. 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*

**1. 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*

**1. 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*

**1. 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*

**1. 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*

**1. 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

**1. 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

**1. 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

**1. 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*

**1. 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*

**XLI10. 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*

**1. 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*

**1. 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*

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

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

Answers: *A, D, E*

**1. Classification of chronic kidney failure , true statements true:**

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

E. Stage I: compensated characterized by creatinine clearance  $< 20\text{ml/min}$  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  $12\text{ g/dl}$  for female AND  $13\text{ g/dl}$  for men\
- C. decrease of MCV under  $80\text{ fl}$
- D. decrease of sideremia
- E. presence of astheny

Answer: B

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

- A.  $\leq 80\text{ fl}$
- B.  $81-85\text{ fl}$
- C.  $90-100\text{ fl}$
- D.  $> 100\text{ fl}$

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/mm<sup>3</sup>
- B. Reticulocytes > 150.000/mm<sup>3</sup>
- 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*