**KENYA METHODIST UNIVERSITY**

**DEPARTMENT OF CLINICAL MEDICINE, SURGERY & COMMUNITY HEALTH**

**FINAL QUALIFYING MAY 2008 CLASS**

**SUBJCET : MEDICINE**

**TIME : 3 HOURS**

**PAPER 1l**

**INSTRUCTIONS**

1. ***Write your University number and not name***
2. ***Attempt all the questions, part A & B separately***
3. ***Multiple choice questions:***
* ***Mark T for True of F for False***
* ***You score a mark for every correct response***
* ***You do not score or lose any mark for not responding***
* ***You will be penalized 1 mark (minus) for every wrong response***
1. ***Do not use pencil***

**PART A MCQ’s.**

1. Concerning Hepatoma: -

1. It is a highly malignant tumour of the liver.
2. Aflotoxin is implicated.
3. 90% of patients test HIV positive.
4. Alcohol consumption is associated with it.
5. Prognosis is good.

2. Kusmaul’s breathing: -

1. Occurs in meningitis
2. Due to stimulation of respiratory centre
3. Due to increased levels of carbon dioxide in the blood
4. Seen in injury to the brain tissue
5. Narcotics may be the cause

3. Concerning emphysema: -

1. Emphysematous bullae are opaque on X-ray.
2. It results from a condition bile chronic asthma
3. Shortness of breath on exertion is a finding
4. Cough with expectoration is a complaint
5. Liver dullness is usually diminished
6. A case of Bronchiectasis: -
7. The cause is the enlargement of the distal air spaces
8. Childhood primary tuberculosis may lead to it
9. There is a history of an attack of measles
10. The fingers are often clubbed
11. The sputum is mucoid.
12. On bronchial asthma: -
13. It may result from mucosal swelling
14. The difficulty in breathing is usually more on inspiration
15. It runs in families
16. Spongy pillows may aggravate
17. It is prone to people with allergy
18. A 20 year old student present with thick urethral discharge and dysuria: -
19. Om stain will probably show gram negative intracellular diplococcic.
20. Metronidazole is indicated
21. It is most likely lymphogranuloma venereum
22. Diagnostic counseling and testing is advisable
23. Chlamydia may be the cause.
24. A 24 year old man presents to your clinic with marked dyspnea and haemoptysis: -
25. Pulmonary TB is definitely the diagnosis
26. A murmur of mitral stenosis may be present on auscultation
27. Bronchiectasis could be the cause
28. Intravenous aminophylin may be useful.
29. Frans and haematinics would be sufficient treatment
30. Respond to the following findings elecited on examination of a patient suspected to have a lung disease: -
31. The trachea is shifted away to the affected side in tension pneumonthrax.
32. Vocal fremitus is increased on the right side in right sided pleural effusion.
33. Finger clubbing commonly occurs in severe cases of acute lobar pneumonia
34. High limphocyte count and raised proteins in pleural effusion due to tuberculosis.
35. Mantoux test is usually strongly positive in milliary TB
36. True or False?
37. A patient with heart disease usually complains of tachycardia and fatigue.
38. A patient with thyrotoxicosis may present with a symptom similar to one of the heart disease.
39. A cardiac pain is usually aggravated by exertion.
40. A true cardiac pain is usually situated at precordium area.
41. Syncope is usually due to inadequate blood circulation to the brain.
42. In cardiac failure: -
43. Non tender hepatomegally is an important finding
44. Gepitations are usually heard at lung bases.
45. The pulse rate is normal but feeble.
46. Pitting ankle oedema is always present.
47. Peripheral cyanosis may be noted.
48. Concerning Shock: -
49. Hypovolaemic shock is due to myocardial infarction.
50. Haemorrhage may bring about the condition.
51. Anaphylactic shock is another classification of shock
52. Hypertension Is a sign of shock
53. Raise J.V.P is a sign.
54. On carcinoma of the bronchus: -
55. It is more common in women than men.
56. It is slightly higher in rural areas than in urban.
57. Haemoptysis is a characteristic feature.
58. Metastases to other organs may occur.
59. Horner’s syndrome may be a sign in some patients.
60. Pulsus paradoxus is associated with: -
61. Aortic stenosis
62. Pericardial effusion
63. Constrictive pericarditis
64. Severe asthma
65. Pneumatic heart disease
66. Cardiac tamponade: -
67. Is a medical emergency
68. Interferes with diastotic filing of the heart
69. May be caused by hypothyroidisin
70. Is characterized by hypotension, raised J.V.P and muffled heart sounds.
71. Can cause pulsus paradoxus.
72. Extrapulmonary T.B may cause the following: -
73. Brain abcess
74. Constrictive pericarditis
75. Lymphadenitis
76. Ascites
77. Valvular lesions
78. Concerning pleurisy: -
79. Pleural rub is a sign.
80. The chest pain is usually retrosternal
81. Ronchi are usually heard.
82. Chest X-Ray confirms the condition.
83. Tuberculosis is a complication
84. On Influenza: -
85. it may mimic malaria but the only difference is the reddish conjunctiva
86. it occurs in epidemics
87. it is preventable
88. antibiotics can cure it
89. complications include bronchopneumonia
90. in the investigation of an hypertensive patient: -
91. urinalysis for blood is to confirm essential hypertension
92. presence of proteins in urine indicates the hypertension is due to glomerual nephrillis
93. chest radiography may detect cardiomegaly
94. blood glucose test may give a clue
95. Stool examination for urea can be done.
96. Concerning valvular disease: -
97. The valve which is most commonly affected is the Tricuspid
98. The aortic valve is most affected in syphilis
99. Two-thirds of men with rheumatic fever have valvular lesions
100. Pulmonary valve is the least affected
101. Mitral incompetence is usually due to myocardial information.
102. Concerning chancroid: -
103. The causative organism is gram-positive haemophyllus dueryi
104. The inguinae lymnph glands are enlarged
105. It may be confused with granuloma inguinale.
106. Incision of lymph glands is advisable.
107. Culture of specimen from the lesions using special media confirms the diagnosis.
108. Treatment of Herpes Simpex: -
109. Zovirax is useful
110. Pregnant women should be delivered by caesarean section
111. Paracetamol may be given
112. Wash with soap
113. Caps Amoxycillin are of value
114. Complications of Gonorrhea: -
115. infection of the prostate
116. Urethral strictures
117. Man become sterile
118. Blindness of both males and females
119. Infection of the fallopian tubes
120. Concerning the skin: -
121. Vesicle is a small circumscribed collection of fluid which may be blood or serum
122. Vetiligo means depigmentaion of the skin.
123. Hyperkeratosis means reduced thickness of stratum corneum of the epidermis.
124. Oral blue-black patches are characteristics of fixed drug eruptions.
125. Grouped vesicles with segmental distributions are characteristics of herpes zoster.
126. Management of Viral Hepatitis: -
127. Multivitamins are useful.
128. Anti-retroviral drugs such as interferon can be used.
129. Vaccines are available for all types of the causative viruses.
130. High calorie diet is advisable.
131. Cloxacillin is also given.
132. Concerning Ascities: -
133. Hepatic maligmancy is the cause.
134. There is symmetrical abdominal clistension
135. Tympanic note is found on percussing the flanks.
136. Paracentesis abdominis confirms that cause
137. Increased bowel sounds are noted.
138. Risk factors in hypertension: -
139. Family history
140. Aortic stenosis
141. Consumption of fatty foods
142. Chronic respiratory disease
143. Proteunuria
144. Acute Rheumatic Fever: -
145. Blood culture will identify the causative organism
146. The organisms usually respond to penicillin therapy
147. Emboli may cause strokes
148. Hepato-splenomegally is the finding
149. Erythromycin is the best alternative in case of the patient being allergic to penicillin.
150. A patient with Acute Pancreatitis: -
151. Is normally an alcoholic.
152. The condition is caused by streptococci.
153. Serum amylase level is increased greatly.
154. Spasm of the sphincter of oddi may also increase the serum amylase levels.
155. Intra-muscular pethidine is indicated.
156. A patient with Acute Hepatic Failure: -
157. Presents with cerebral disturbance.
158. Paracetamol may be blamed as a cause.
159. Hepatic tremor of extended hands is characteristics.
160. Mild jaundice is a feature.
161. Reduced prothrombin time is prognostic.

30. The clubbing of fingers is found in the following conditions: -

1. Pericarditis
2. Bronchial carcinoma
3. Malabsprption syndrome
4. Syphysema

**PART B MCQ’s**

1. Drugs used in the management of S/E include: -
2. Warfarin
3. Prednisolone
4. Aspirin
5. Hydroxy chloroquine
6. Cyclaphosphamide
7. Signs and symptoms of leishmaniasis: -
8. Hepatosplenomegaly
9. Jaundice
10. Fever
11. Lymphadenopathy
12. Pallour
13. The following are true about Diabetes Mellitus: -
14. Type ll is associated with Insulin resistance.
15. Oral hypoglycaemic agents are ideal in the management type 1 diabetes.
16. Haemoglobin AIC reflects blood sugar levels over a period of 6 weeks.
17. Use of ACEinhibitors is contraindicated in patients who are diabetic.
18. The blood pressure of diabetic patients should ideally be not more than 125/75 mm Hg.
19. Concerning HIV:-
	* + - 1. Cause aseptic meningitis.
				2. HIV encephalopathy is found in WHO stage ll
				3. HIV increase the risk of developing non-holdgkins lymphoma.
				4. Efervirenz causes hallucinations.
				5. Nevirapine is associated with hepatotoxicity.
20. About Epilepsy: -
21. Use of phenobarbitone is contraindicated in pregnancy.
22. Sodium valproate vaeprate is the drug of choice in the management of absence seizures.
23. A normal EEG rules out epilepsy.
24. Complex partial seizures are the most common in epileptic adults.
25. Lack of sleep is a trigger factor for seizures.
26. Concerning Typhoid fever: -
27. Bradycardia occurs in patients with Typhoid fever.
28. Typhoid fever is most commonly caused by salmonella paratyphi.
29. No drug resistance has been noted with the use of chloramphenicol in the management of typhoid fever.
30. Presents with koplik spots
31. Complications include intestinal perforation.
32. The following statements are true: -
33. Cystitis presents with fever more commonly compared to pyelonephritis.
34. E. Coli is the most common causative organism of urinary tract infection.
35. Gentamicin is the highly recommended in renal disease.
36. Abdominal pelvic ultrasound may be used to detect renal calculi.
37. The kidneys usually appear enlarged on ultrasound in chronic renal disease.
38. The following are associated with nephritic syndrome: -
	1. Polyuria
	2. Haematuria
	3. Proteinuria
	4. Oedema
	5. Hypertension
39. Features associated with acute renal failure include: -
40. Hypocalcaemia
41. Anasarca
42. Pulmonary oedema
43. Elevated blood urea
44. Very low creatinine levels.
45. Causes of Meningitis include: -
46. HSV
47. HIV
48. Escehrichia coli
49. Salmonella typhi
50. Haemophillus influenza
51. The CSF laboratory findings of a sample taken from patient with bacterial meningitis has the following features: -
52. Elevated CSF sugar
53. Elevated protein levels in the CSF
54. Clear CSF us always observed
55. Reduced levels of CSF sugar
56. Pleocytosis
57. The following statements are true:-
58. Amphotericin B is indicated in the management of cyptococcal meningitis.
59. Projectile vomiting is associated with increased intracranial pressure.
60. Gentamicin has good penetration of the blood brain barrier and is recommended for management of meningitis.
61. Patient with increased intracranial pressure should have lumbar puncture done as soon as they present to hospital.
62. Patients who have cyptococcal meningitis get therapeutic tapping of CSF.
63. The following statements are true concerning cerebral vascular accidents: -
64. Majority of patients (80%) presenting with stroke have haemorrhagic stroke.
65. Patients may present with severe headache and vomiting.
66. Infective endocarditis causes stroke.
67. Aspirin is contraindicated in cerebral infarction.
68. Transient ischaemic attacks present with hemiparesis.
69. Conditions in which reheumatoid factor is found in the serum: -
70. Rheumatoid arthritis
71. Viral hepatitis
72. Tuberculosis
73. Infective endocarditis
74. Systemic lupus erythematosus
75. In the comprehensive management of patients with sickle-cell anaemia: -
76. Hydroxy urea reduces the level of haemoglobin F.
77. Proguanil is indicated in prophylaxis against malaria.
78. Acute chest syndrome is rarely associated with infection
79. Patients who have splenectomy done require life long prophylaxis with penicillin.
80. Lifelong supplementation of iron is recommended.
81. Concerning Leukaemias: -
82. Acute leukaemias present more in the elderly than in the young.
83. May present with bleeding tendencies.
84. Bone marrow transplant has been proven to be curative.
85. Irradiation is the cause.
86. Are associated with chromosomal abnormalities.
87. Lymphomas may present with the following features: -
88. Weight loss
89. Night sweats
90. Splenomegaly
91. Lymphadenopathy
92. Chest pain
93. The following are true concerning hypotyroidsm: -
94. May present with history of weight gain and low moods
95. Carbimazole is indicated in the management of hypothyroidsm
96. Levotyroxine in indicated in the management of hypothyroidsm
97. Graves disease is a cause
98. May present with hypertension.
99. The following are used as Disease Modifying Anti-Rheumatoid Drugs (DMARDS):-
100. Methotrexate
101. Sulfasalazine
102. Vincristine
103. Trof blockers
104. Cyclosporine
105. The following are associated with the use of steroids: -
106. Boosted immunity
107. The skin becomes thin and easily damages
108. Osteoporosis
109. Diabetes mellitus
110. Cataract formation
111. Risk factors for osteoporosis: -
112. Hypothyroidsm
113. Chronic renal disease
114. Heparin
115. Chronic liver disease
116. All the above.
117. The following are some of the causes of Diabetes Mellitus (Type lll)
	1. Thiazide diuretics
	2. Cusinings syndrome
	3. Pancreastectomy
	4. Glucagonoma
	5. Protease inhibitors
118. The following are casues of neutropenia: -
	* + - 1. Thyphoid fever
				2. Pancytopenia due to drug induced bone marrow aplasis
				3. Bronchia asthma
				4. Pure white cell aplasia
				5. Eczema
119. The following are differential diagnosis in a patient who presents with seizures/disturbed consciousness and falling: -
	* + - 1. Epilepsy
				2. Hypoglycaemia
				3. Cardiac dysrnythmias
				4. Transient ischaemic attacks
				5. All the above
120. In the management of diabetes melliltus: -
121. Sulphonylureas stimulate insulin secretion.
122. Metformin stimulates insulin secretion
123. Mexformin can be combined with sulphonyluneas.
124. Acarbose is a sulphanylurea
125. Tulbutamide is considered unsafe in elderly patients.
126. Concerning HIV associated Nephropathy: -
	* + - 1. Hypertension is unusual
				2. HAART stabilize renal function
				3. Progression to renal failure is rapid
				4. The proteinuria is usually in the nephritic range
				5. Loop diuretics are indicated in the management of fluid overload.
127. In the management of nephritic syndrome: -
	* + - 1. Restrict sodium in the diet
				2. Albumin infusion is not recommended in diuretic resistant patients
				3. Pneumococcal vaccine should be given
				4. Hypergagulability is not a concern
				5. Statins are indicated.
128. The following are clinical features of SLE.
	* + - 1. Depression
				2. Arthritis
				3. Glomeruleneparitis
				4. Pericarditis
				5. Polyneuropathy
129. Treatment of patiens with hyperthyroidism may include: -
130. Carbimazole
131. Propylthiouracil
132. Betablockers
133. Levoxhyroxine
134. All the above
	1. Concerning DVT (Deep Venous Thrombosis)
135. Hypercoagulable states lower the risk of DVT
136. Deficiency of protein ‘S’ is a risk factor
137. Nephritic syndrome predisposes to DVT
138. Heparin prevents extension of the thrombus
139. Warfarin dose is adjusted to maintain INR between 2-3

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**TIME : 3 HOURS**

**PAPER 1**

**INSTRUCTIONS**

1. ***Write your University number and not name***
2. ***Attempt all the questions, part A & B separately***
3. ***Multiple choice questions:***
* ***Mark T for True of F for False***
* ***You score a mark for every correct response***
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1. ***Do not use pencil***

**ESSAY QUESTIONS**

**PART A**

* 1. A patient is brought to your clinic with haematemesis.
1. List five possible causes.
2. Discuss the management.
	1. Classify jaundice into three according to the causes and for each classification list three causes and its clinical features.
	2. Discuss pneumonia under the following headings: -
3. Types and the cause for each.
4. Clinical features of one type.
5. Investigations of the same.
6. Management of the same.
	1. A 14 year old child was seen at an O.P.D Clinic with complaints of puffiness on the face. He reports that a week ago he had a sore throat which disappeared.
7. List other clinical features you expect to find on this patient.
8. What is the management of this case?
	1. Discuss Infective Endocarditis under the following headings: -
9. Pathogenesis
10. Clinical features
11. Complications
12. Management

**ESSAYS FOR PART B**

* + 1. A 20 year old female presents to you with history of headaches, dizziness and easy fatigability over the last 2 months. On examination you find that she is very pale.
1. List the investigations you would do to this patient. (5 marks)
2. What are the predisposing factors to this condition. (5 marks)
3. How do you manage the above patient? (5 marks)
	* 1. A 30 year old man presents with a history of severe headache, visual disturbance and vomiting for 2 days.
4. Mention 5 key signs you would look for on the physical examination specific to the system involved. (5 marks)
5. Outline how you would investigate the above patient. (5 marks)
6. Mention the differential diagnosis for this patient (5 marks)
	* 1. A 17 year old presents with a 3 day history of mucoid diarrhea and abdominal pain. He does not report any fever or headache or vomiting. Stool sample taken from this patient showed amoebic cysts.
7. What other investigation can you do to confirm amoebiasis? (3 marks)
8. Which form of entamoeba hystolytica is responsible for invasive disease? (1 mark)
9. What are the complications associated with amoebiasis? (5 marks)
10. Give one example of a luminal agent.
	* 1. A 50 year old female patient presents with a 6 month history of generalized body malaise and dizziness. She also informs you that over the last four months she has been treated for pneumonia twice. On examination, she is pale, has hymphadenopathy and the spleen Is inlarged.
11. Highlight 5 differential diagnosis for this patient(5 marks)
12. Outline the investigations you would do to confirm the diagnosis (5 marks)
13. How do you manage this case?

5. A 50 year old man presents to you complaining of headache, chills and joint pains. He also reports that he vomited twice in the morning before he came to see you.

* + 1. How would you investigate this patient? (2 marks)
		2. List the features of severe malaria (10 marks)
		3. Which is the drug of choice for the management of severe malaria? (1 mark)
		4. Which other drugs can be used in the management of sever malaria? (2 marks)