

A 13-year-old boy presents with a 2 day history of fever, right knee pain and swelling. There were no precipitants to this illness. Which one of the following is TRUE regarding this condition?

Select one:

- a. Analgesia, oral antibiotic and bedrest is the gold standard in the management
 - b. Needle aspiration and drainage of the joint is warranted
 - c. Intra-articular antibiotics are useful
 - d. Intra-articular steroids are useful in the management
 - e. Antibiotics should be withheld until results of the gram stain are obtained
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A 15-year-old boy presents with insidious onset of pruritic eruption on the interdigital clefts, flexor aspects on the wrists and gluteal cleft. The lesions comprise of papules, vesicles, pustules and burrows. The most likely diagnosis is:

Select one:

- a. Dermatitis herpetiformis
- b. Papular urticaria
- c. Urticaria pigmentosa
- d. Larval migrans
- e. Scabies

A 16-year-old girl has bilateral haemarthrosis of elbow joints. She has a fluctuant right knee that is tender. She is bleeding from a vein puncture site for the past 24 hours. Which one of the following is the MOST LIKELY diagnosis?

Select one:

- a. Christmas disease
- b. Protein C deficiency
- c. Von Willebrand's disease
- d. Classical hemophilia
- e. Disseminated intravascular coagulopathy (DIC)

A 16-year-old girl with sickle-cell anaemia, presents with malaise, dyspnoea and abdominal pain.

Investigation show Hb = 5.1g/dl, reticulocyte count $5.5 \times 10^9/L$. The following statement is false concerning her

Select one:

- a. Splenomegaly will be absent
- b. She needs a blood transfusion
- c. Bone marrow transplant is curative
- d. She may have gall stones
- e. Parvovirus B-19 can cause the presenting problem

A 20 year old female presents with a history of sudden onset of confusion. This is followed by severe episode of generalised tonic-clonic seizure. Before the onset of the seizure, she had reported a funny smell. Examination reveals a temperature of 38°C, confusional state with no evidence of meningeal irritation. Which of the following would be the most effective treatment in this condition?

Select one:

- a. Gancyclovir
- b. Anti-tuberculous treatment
- c. High dose steroids
- d. Acyclovir
- e. Ceftriaxone with vancomycin

A 20-year-old male presents with episodes where he appears to be confused, picking up objects and lip smacking which last for 10 minutes. The episodes are stereotyped. The following apply EXCEPT:

Select one:

- a. Association with 3 Hertz spike and wave pattern on the EEG
- b. Aura of smell is a frequent feature
- c. Condition is amenable to surgery
- d. This is a form of complex partial seizure
- e. Commonest site of involvement is the temporal lobe

A 20-year-old patient presents with pruritic lesions on the neck, antecubital and popliteal fossae since the age of 2 years. The lesions are lichenified, excoriated and crusted patches. The most likely diagnosis is:

Select one:

- a. Dyshidrotic dermatitis
- b. Atopic dermatitis
- c. Allergic contact dermatitis
- d. Nummular dermatitis
- e. Seborrhoeric dermatitis

A 22-year-old man presents to the emergency department with a 3 day history of fever, cough and pleuritic chest pain. His temperature is 39 C, pulse rate is 110 beats/min and respiratory rate is 26 beats/min. Chest radiograph reveals an opacity in the right lower lung zone. Which of the following is the most common cause of the condition?

Select one:

- a. *Staphylococcus aureus*
- b. *Pseudomonas aeruginosa*
- c. *Candida albicans*
- d. *Streptococcus pneumoniae*
- e. *Mycoplasma pneumoniae*

A 25-year-old man presents with a 4 month history of swellings on the left lower neck and generalized Pruritus. Examination reveals mobile non-tender rubbery lymph nodes. Lymph node biopsy shows features of nodular sclerosis Hodgkin's disease. Bone marrow confirms marrow infiltration. CT scan of the chest, abdomen and pelvis are normal. What is the stage of the disease?

Select one:

- a. IVS
- b. IV
- c. IIIB
- d. IIA
- e. IIIS

A 25-year-old man presents with awareness of his heartbeat followed later by exertional dyspnoea, orthopnoea and diaphoresis. His blood pressure is 150/30 mmHg. The following are usually found EXCEPT:

Select one:

- a. Warm extremities
- b. A long latent period
- c. Central cyanosis
- d. Prominent carotid pulsations
- e. Anginal pain

A 25-year-old man with history of HIV disease presents with a history of chronic headache. Neurological examination is normal. CT Scan reveals a contrast enhancing ring lesion on the left parietal lobe. The most appropriate approach would be:

Select one:

- a. Start on empirical anti-toxoplasmosis treatment
- b. Biopsy the lesion
- c. Start on intravenous acyclovir
- d. Start patient on steroids
- e. Start on empirical antibiotics

A 28 year old man presents, with painful Micturition and a purulent urethral discharge for 2 days. Which one of the following is NOT an appropriate drug for his treatment?

Select one:

- a. Amoxicillin
- b. Ceftriaxone
- c. Ciprofloxacin
- d. Azithromycin
- e. Doxycycline

A 35-year-old has chronic liver disease secondary to hepatitis. He comes in feeling tired and unwell. He has gross abdominal distension. A peritoneal tap is done and result shows that it has Albumin of 25g/L, LDH 320 U/L, Glucose 2.5 mmol/L, (Serum glucose 6.5 mmol/L) and WBC Count of 700/mm³ (90% Neutrophils). What is the diagnosis?

Select one:

- a. Chylous ascites
- b. Spontaneous bacterial peritonitis
- c. Alcoholic liver disease decompensation
- d. Tuberculous peritonitis
- e. Acute reactivation of Hepatitis B

A 35-year-old man presents with heartburn and a feeling of regurgitation after meals. He frequently clears his throat while talking. Upper GIT endoscopy is reported as normal. This condition is associated with all of the following features EXCEPT:

Select one:

- a. Poor quality of life
- b. Recurrent bronchospasm
- c. Increased incidence of malignancy
- d. Barrett's oesophagus
- e. Increased incidence of *Helicobacter pylori*

A 40 year old has symptomatic uterine fibroids for the last 5 years. She presents with fatigue, listlessness and palpitation. She has pallor and Koilonychia. Red cells indices show MCV 52fl (N=76-96fl). Which of the following is true?

Select one:

- a. Total iron binding capacity is decreased
- b. Subcutaneous degeneration of the cord is a known complication
- c. Target cells are expected on peripheral blood film examination
- d. Serum ferritin levels are decreased
- e. Thrombocytopenia is associated

A 43 year old man presents with 8 week history of symmetrical joint pain and swelling involving the metacarpal-phalangeal (MTP) and proximal interphalangeal (PIP) joints. Symptoms are worse in the morning and last for 1 hour. Which one of the following statements is TRUE of this condition?

Select one:

- a. Extra-articular manifestations is not a feature
- b. Disease modifying therapy should be instituted immediately
- c. Non-steroidal anti-inflammatory drugs (NSAIDS) are the first line of therapy
- d. Radiological investigation is required for the diagnosis
- e. Biological agents have no role in its management

A 45-year-old man presents with easy fatigability and dyspnoea on less than ordinary activity. The BP is 124/76 mmHg. Echocardiogram show ejection fraction of 21%. Which of the following is Not appropriate treatment

Select one:

- a. Spironolactone
- b. Nifedipine
- c. Frusemide
- d. Digoxin
- e. Enalapril

A 46-year-old man with diabetes presents with right foot ulceration without gangrene. It is septic with calodorous smell HbA1c is 8.5%, dorsalis pedis pulses are good. Staphylococcus aureus and Klebsiella sp. have been isolated from the wound swab. The following actions are appropriate EXCEPT:

Select one:

- a. Daily hydrogen peroxide soaks
- b. Insulin therapy
- c. Platelet-derived growth factor dressing
- d. Daily saline soaks
- e. Intravenous antibiotics

A 50-year-old diabetic presents at 3 am with a 4 hour history of severe ongoing constricting chest pain with diaphoresis. He has No fever his BP is 100/60 mm/Hg and pulse 120 beats/min. All the following are appropriate in his urgent management EXCEPT:

Select one:

- a. Clopidogrel
- b. ACE-1 therapy
- c. Morphine
- d. Percutaneous coronary revascularization therapy
- e. Beta blocker

A 60-year-old male has 20 pack-year history of cigarette smoking. He presents with a productive cough and shortness of breath especially on cold days and associated chest tightness and wheezing. The most likely diagnosis is:

Select one:

- a. Heart failure
- b. Pneumonia
- c. Asthma
- d. Anxiety attach
- e. Chronic obstructive pulmonary disease

A 60-year-old man presents with a 1 day history of headache, fever and neck stiffness. Which one of the following organisms is NOT likely to cause this presentation?

Select one:

- a. *Neisseria meningitidis*
- b. *Listeria monocytogenes*
- c. *Haemophilus influenzae*
- d. *Streptococcus pneumoniae*
- e. Group A β - hemolytic streptococcus

A 60-year-old woman has type 2 diabetes mellitus for the last 6 years. On routine evaluation, she has urinary albumin excretion of 75 mg/24 hr and blood pressure of 140-90mm Hg.

Select one:

- a. Active sediments are expected on urine microscopy
- b. Blood pressure control is adequately controlled in this patient
- c. Use of Antigliotensin-receptor blockers is indicated
- d. Beta adrenergic blockers have favourable glomerular effect
- e. This is the stage 4 diabetic nephropathy

A 65-year-old man presents with Jaundice and pruritus. He is wasted and has a palpable non tender gall bladder. The most likely diagnosis is:

Select one:

- a. Chronic cholecystitis
- b. Cancer head of pancreas
- c. Sickle cell disease
- d. Acute cholecystitis
- e. Cholelithiasis

A 69-year-old man presents with body pains, headache and progressive loss of height. Examination reveals pallor, tenderness over Lumbar spine. Lytic lesions are seen on skull x-ray and serum PSA is 3 ng/ml (N = 0.5 ng/ml). The following statements are true EXCEPT:

Select one:

- a. Prostatic cancer is not the likely cause of his symptoms
- b. Renal failure tends to occur
- c. Spontaneous fractures occur
- d. Total serum protein is increased
- e. Hypocalcaemia is common

A diagnosis of essential hypertension is suggested by the following parameters

Select one:

- a. Concurrent obesity
- b. Absence of a family history of hypertension
- c. Blood pressure that is not readily controlled
- d. Hypertension onset in the teenage period
- e. An active urinary sediment

A HIV positive woman has generalised cervical lymphadenopathy. Fine needle aspiration (FNA) cytology confirms tuberculous adenitis. Her CD4 Count is 60 cell/ μ L. She is started on antituberculous treatment and HAART simultaneously. 4 weeks later she develops fever and increasing enlargement of the lymph nodes. Which one of the following would be the correct approach to her management?

Select one:

- a. Stop the antituberculous therapy
- b. Add a broad spectrum antibiotic
- c. Start an prednisone immediately
- d. Stop the anti-retroviral therapy
- e. Give an antipyretic and continue therapy

A patient who is immunosuppressed presents with general malaise, weakness, postural hypotension and hyperpigmentation of hands and palmar creases. The following is true:

Select one:

- a. Obesity is a feature
- b. Adrenal tuberculosis is a possible cause
- c. ACTH levels are depressed
- d. Hypokalaemia is a feature
- e. Abdominal striae is an expected finding

A previously healthy man is found unconscious in his single room residence. It is during the cold month of July and charcoal stove is found within his closed room. Which of the following statement is correct concerning him

Select one:

- a. Hyperbaric oxygen must be administered
- b. Cerebral oedema is likely
- c. Polythaemia is an expected finding
- d. Hypercapnia is the primary cause of his neurologic state
- e. IV sodium bicarbonate should be administered

A young boy who is a normal resident of Homa Bay has been repeatedly treated with antibiotics at a local health facility for recurrent bouts of terminal hematuria without much improvement. The most appropriate treatment would be:

Select one:

- a. Metrifonate
- b. Appropriate cytotoxic drugs
- c. Anti-TB therapy
- d. Norfloxacin
- e. Paromomycin

A strict vegetarian presents with general malaise, exertional dyspnoea and pallor. Peripheral blood film shows segmented neutrophilia and mean corpuscular volume (MCV) is 110 fl. Which one of the following statements is TRUE?

Select one:

- a. Condition is invariably fatal
- b. Bone marrow Prussian blue stain is negative
- c. Gum hypertrophy occurs
- d. Paraesthesias are common
- e. Serum ferritin levels are low

A young boy, a normal resident of Lake Baringo area has been unwell for 2 months with fever, weight loss and anaemia. Abdominal examination revealed a Splenomegaly of 20cm and hepatomegaly of 2 cm. The likely diagnosis is:

Select one:

- a. Schistosomiasis with portal hypertension
- b. Hydatid disease
- c. Visceral leishmaniasis
- d. Generalised tuberculosis
- e. Chronic myeloid leukaemia

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- d. Genaralised tuberculosis
- e. Chronic myeloid leukaemia

AIDS-defining mucocutaneous disorders include all of the following EXCEPT:

Select one:

- a. Kaposi sarcoma
- b. Oesophageal candidiasis
- c. Pyoderma gangrenosum
- d. Cutaneous cryptococcosis
- e. Herpes simplex ulcers

All of the following are danger signs in status asthmaticus EXCEPT:

Select one:

All of the following are features of minimal change
Glomerulonephritis EXCEPT:

Select one:

- a. Hypercholesterolemia
- b. Hypertension
- c. Heavy proteinuria
- d. Corticosteroid responsiveness
- e. Lack of active sediment in urine

All the following are evidence-based therapeutic lifestyle changes in the control of systemic arterial hypertension EXCEPT:

Select one:

- a. Reduced dietary salt ingestion
 - b. Lower dietary potassium intake
 - c. Stress management
 - d. Regular aerobic exercise
 - e. Moderation of alcohol ingestion
-

An adult male has scattered nodular lesions and skin plaques on his lower limbs. Examination of the mouth reveals an ulcerated purple lesion on the hard plate. All the following statements are true EXCEPT:

Select one:

- a. Generalised lymphadenopathy is known to occur in this disease
- b. There is need to biopsy one on the nodular lesions
- c. Gastrointestinal haemorrhage is a known complication
- d. Local Intralesional therapy would be curative
- e. Radiotherapy is beneficial

Concerning the pathology of Tuberculosis:

Select one:

- a. Cavitating lung disease is classified as primary TB
 - b. Healing of the primary lesion usually leaves some surviving TB bacilli
 - c. The primary infection usually spares the lungs
 - d. Primary gastro-intestinal disease usually involves the colon
 - e. In primary infection, lymph node involvement is rare
-

Hirstutism occurs in the following conditions EXCEPT:

Select one:

- a. Polycystic ovarian syndrome
- b. Ovarian neoplasms
- c. Congenital adrenal hyperplasia
- d. Addison's disease
- e. Familial states

In hyperactive malaria Splenomegaly. Which one of the following is true?

Select one:

- a. Finding malaria parasites in the peripheral blood film is expected
- b. Liver Kupfer cell hyperplasia and sinusoidal infiltration with lymphocytes are diagnostic findings
- c. Oesophageal varices are caused by the disease
- d. Eosinophilia is expected
- e. Raised serum immunoglobulin IgE levels

Manifestations of thiamine deficiency (Beriberi) include the following EXCEPT:

Select one:

- a. Chronic peripheral neuropathy
 - b. Bleeding tendencies
 - c. Psychosis
 - d. Encephalopathy
 - e. Heart failure
-

The following are acute complications of pyogenic meningitis EXCEPT:

Select one:

- a. Cerebral oedema
- b. SIAD (Syndrome of inappropriate anti diuresis)
- c. Cranial nerve palsies
- d. Adrenal failure
- e. Hydrocephalus

The following are true about leptospirosis EXCEPT:

Select one:

- a. It is an occupational hazard involving farmers, mines and sewer workers
- b. Human infection occurs from direct contact with infected animal's urine
- c. Rats are the most common source of human infection
- d. No carrier state or chronic infection exist in animals
- e. A braded skin or mucous membranes are the usual portal of entry of causative organism in human

The following drug is an AV node, blocking agent useful in rate control in arterial fibrillation

Select one:

- a. Verapamil
- b. Adenosine
- c. Amiodarone
- d. Ramipril
- e. Atorvastatin

The following findings are compatible with a diagnostic of disseminated intravascular coagulopathy (DIC) EXCEPT:

Select one:

- a. Thrombocytopenia
- b. Prolonged partial thromboplastin time
- c. Hyper coagulability
- d. Severe sepsis
- e. Endothelial damage

The following investigation is mandatory in a 27 years old woman diagnosed with unilateral breast cancer.

Select one:

- a. A radio nuclide bone scan
- b. Bone densitometry
- c. Urinary metanephrines
- d. A head CT-Scan
- e. Reticulocyte count

The following is a known cause of demyelinating polyneuropathy

Select one:

- a. Folate deficiency
- b. Diabetes mellitus
- c. Ethanol abuse
- d. Arsenic poisoning
- e. Hypothyroidism

The following is not a sign of psoriasis vulgaris

Select one:

- a. Plaques
- b. Kobnor phenomenon
- c. Nikolsky sign
- d. Silvery white scale
- e. Auspitz sign

The following statements are true about Kala-azar
EXCEPT:

Select one:

- a. Children are particularly susceptible to infection
- b. There is persistent eosinophilia
- c. The protozoa localize in the reticuloendothelial system
- d. Intracellular *Leishmania donovani* (LD) bodies are found on bone marrow examination
- e. Hypergammaglobulinaemia is present

The most effective strategy for reducing the spread of antibiotic resistant bacteria in ICU is:

Select one:

- a. Restricting visitors
- b. Antibiotic coated IV canulae
- c. Not allowing use of empiric antibiotic
- d. Rotating antibiotics
- e. Enforced hand washing