

GI MEDICINE

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1. DYSPHAGIA/GERD

1. A 50 years old woman presented with history of Worsening dysphagia over many years. Recently, three had been episodes of ill-defined central chest discomfort and Nocturnal cough. What is the most Likely diagnosis?

- a. Achalasia
- b. Barretts esophagus
- c. Motor neuron disease
- d. Oesophageal Carcinoma
- e. Pharyngeal pouch

2. A 57 years old man has severe heartburn and Nocturnal cough. Simple measures for the treatment of gastroesophageal Reflex disease Fail to alter the patient symptoms. Which of the following is not among acceptable measures for the further treatment of the patient?

- a. H receptor blocking agents
- b. Parasympathomimetic Agents
- c. Anticholinergic agents
- d. Alginic acid antacid agents
- e. Anti reflux surgery

3. 37 years old woman presents with complaints of severe heartburn with or without meals. She has a history of hypertension which has been treated with Captopril. She also has a history of Raynaud's disease Multiple facial telangiectasias and very taut skin on the dorsum of both hands. She has failed to obtain relief for her heartburn with large doses of antacids, ranitidine, or omeprazole. Esophageal manometry is ordered. So the following would be the most likely results of this test?

- a. Decreased esophageal Peristalsis and decreased LES pressure
- b. Decreased esophageal Peristalsis and increased LES pressure
- c. Increased esophageal peristalsis and decreased LES pressure
- d. Increased esophageal peristalsis and increased LES pressure
- e. Normal esophageal peristalsis and normal LES pressure

4. A 36 years man has been diagnosed with chronic hepatitis C. All the possible treatment options for him except.

- a. Interferon alpha plus ribavarin
- b. Pegylated interferon plus ribavarin
- c. Sofobuvir plus interferon and ribavarin
- d. Iamuviddine

5. HCV positive chaotic patient presented with variceal upper gastrointestinal bleed. Which of the following is the treatment of choice for prevention of future variceal bleeds?

- a. Propranolol
- b. Interferon
- c. Frusemide
- d. Omeprazole
- e. Terlipressin

6. At 25 years old, Lady presented with jaundice, itching, vitiligo and secondary amenorrhea. Her viral serology is normal? What is the most likely diagnosis?

- a. Autoimmune hepatitis
- b. Wilson disease
- c. Hemochromatosis
- d. Gilbert Syndrome
- e. Alpha-1 Antitrypsin deficiency

7. A chronic alcoholic with anemia, deranged liver functions, Test pain right hypochondrium and nausea, Vomiting for weeks with AST: ALT 2. Which is the diagnosis?

- a. Food poisoning
- b. Alcoholic hepatitis
- c. Gastritis
- d. Duodenal ulcer
- e. Dyspepsia

8. An anxious 31 years old woman complains of a history of chronic diarrhea alternating with constipation. She often feels bloated. Investigations are normal. What is the most likely diagnosis?

- a. Inflammatory bowel disease
- b. Lactose intolerance
- c. Celiac Disease
- d. Irritable bowel syndrome
- e. Laxative abuse

9. A 45 years old man complains of "heartburn" and burning epigastric pain, relieved by antacids and triggered by eating spicy or acidic foods or by assuming a recumbent position. The patient smokes two packs of cigarettes a day and consumes several alcoholic drinks each evening. Which of the following is the usual cause of this patient's condition?

- a. Columnar intestinal metaplasia of esophageal squamous epithelium
- b. Excessive acid production in the stomach
- c. Excessive nonsteroidal anti-inflammatory drug use

- d. Helicobacter pylori infection
- e. Hiatal hernia and incompetent lower esophageal sphincter

10. A 42 years old woman has had dysphagia of all liquids and solids for 3 months. She has regular central chest pain and regurgitates undigested food on most occasions but does not suffer from acid reflux. She has lost his weight over 6 months. Which is the single most likely diagnosis?

- a. Achalasia
- b. Benign oesophageal stricture
- c. Bulbar palsy
- d. Diffuse oesophageal spasm
- e. Pharyngeal pouch

2. UGIB(UPPER GI BLEEDING)

1. Patient with history of hematemesis, he clinical features which suggest to the Peptic ulcer. Is the underlying cause is

- a. Ascites
- b. Drowsiness
- c. History of jaundice
- d. Tender Epigastrium
- e. Splenomegaly

2. Of 50 years diagnosed PT of cirrhosis present with hematemesis. What is the most effective drug to control bleeding?

- a. I.v Vitamin K
- b. Terlipressin
- c. Tranxaemic acid
- d. I.V haemacil
- e. I.V dopamine

3. A 17 year old girl presented with nausea, vomiting and jaundice. Heart Lefts demonstrates bilirubin 100 MG SGPT 1000IU And alkaline phosphate 150, with the normal abdominal. Ultrasound. What is most probable diagnosis?

- a. Chronic hepatitis
- b. Acute hepatitis
- c. Hemolytic anemia
- d. Pancreatitis
- e. Cholecystitis

GI, LIVER AND PANCREAS - MEDICINE

4. A 40 years old multiparous obese lady presented with jaundice and itching, having obstructive pattern liver enzymes with negative. ANA and Viral serology. Which of the following is most likely caused in this lady?

- a. Alcohol
- b. Periampullary carcinoma
- c. Hookworm infestation
- d. Gall stones
- e. Cholangiocarcinoma

5) A 40 year old woman develops nausea and vomiting without abdominal pain. After several bouts of retching, she vomits bright red blood.

Physical examination is normal without spider angioma or s. What is the diagnosis?

- a. Gastric ulcer
- b. Aortoenteric fistula
- c. Mallory-Weiss tear
- d. Esophageal varices
- e. Hereditary hemorrhagic telangiectasia

3. LGIB

1. My 60 years old man presented with dysphagia and progressive pallor and weight loss. Which of the following is the investigation of choice of diagnosis?

- a. CT Scan chest
- b. Barium swallow
- c. Peripheral smear
- d. Upper GI endoscopy and biopsy
- e. Ultrasound

4. INVESTIGATIONS OF LIVER DISEASES

1. Which of the following is not a contraindication to perform a Percutaneous Liver Biopsy?

- a. INR 2.6
- b. Viral hepatitis
- c. Hydrated cyst
- d. Hemangioma
- e. None the above

2. A 63 years old man has history of weight loss and become increasingly jaundiced over the last four weeks. He has no abdominal discomfort but his urine has become very dark and his stools pale in colour. He drinks 15 units of alcohol per week. An

ultrasound scan of the liver shows a dilated common bile duct. Which single lab function test results would confirm the most likely diagnosis?

- a. Bilirubin 30 micro mol/L, ALP 240 IU/L, AST 30 IU/L, GGT 55 IU/L
- b. Bilirubin 35 micro mol/L, ALP 30 IU/L, AST 28 IU/L, GGT 35 IU/L
- c. Bilirubin 55 micro mol/L, ALP 601 IU/L, AST 60 IU/L, GGT 415 IU/L
- d. Bilirubin 58 micro mol/L, ALP 210 IU/L, AST 205 IU/L, GGT 145 IU/L
- e. Bilirubin 120 micro mol/L, ALP 130 IU/L, AST 1020 IU/L, GGT 630 IU/L

3. A 30 years old man alcoholic presented with sudden onset epigastric pain and vomiting. His SGPT is 120 IU and serum lipase is very high. Ultrasound demonstrate hepatomegaly. What is probable diagnosis?

- a. Acute hepatitis
- b. Peptic ulcer disease
- c. Acute pancreatitis
- d. Myocardial infarction
- e. Gastro-esophageal reflex disease

4. At 30 years old, Man is Anxious and requests for hepatitis B screening in OPD. Which of the following is most suitable test?

- a. HBV DNA quantitative PCR
- b. HBV DNA qualitative PCR
- c. HBs AG
- d. Anti-HBs AG
- e. Anti-HBc

5. At 20 years old, student referred from school for evaluation of. Recurrent jaundice since childhood. He's apparently healthy. His bilirubin is equal to 2.9. SGPT is equal to 30. His viral and A and a profile is negative and has normal serum ceruloplasmin. What is the most likely diagnosis?

- a. Acute hepatitis
- b. Gilbert Syndrome
- c. Crigler Najjar syndrome
- d. Wilson disease
- e. Sclerosing cholangitis

5. ACUTE HEPATITIS / ACUTE LIVER FAILURE

1. A 32 years old woman seeking to become pregnant visits her physician for a pre-pregnancy examination routine prenatal laboratory testing demonstrate the following profile; HBsAG (-), anti-HBsAG (+), anti-HBcAG (-) and HBV DNA (-). Which of the following likely represents the status of the patient?

- a. Hepatitis B carrier
- b. Immunized against hepatitis B
- c. Infected and within the window period
- d. Infected with hepatitis B and Highly transmissible
- e. Recently infected with hepatitis B

2. A 55 years old obese man with a history of Hypertension, Diabetes and hypertriglyceridemia Reports intermittent mild right upper quadrant discomfort. He has elevated AST and ALT Tests to two to three times Normal His abdominal ultrasound shows a normal calculator without stones and generalized hyperechogenic Of the liver. Which of the following is the most likely diagnosis?

- a. Pancreatic Carcinoma
- b. Acute viral hepatitis
- c. Regular natural syndrome
- d. Nonalcoholic fatty liver disease
- e. Gilbert Syndrome

3. A 39 year old man is admitted to hospital with Decompensated liver disease of unknown etiology. As parent livers agree in the following results are obtained.

ANTI-HBS positive

ANTI-HBC Negative

HBS antigen negative

What is the Mans habitus be status?

- a. Chronic hepatitis B, Highly infectious
- b. Previous immunization to hepatitis B
- c. Probable hepatitis D infection
- d. Acute hepatitis B infection
- e. Chronic hepatitis B Not infectious

4. Off 52 years old woman is diagnosed with nonalcoholic Steatohepatitis following a liver biopsy. What is the most important step to help prevent the progression of heart disease?

- a. Stop smoking
- b. Start statin therapy
- c. Eat more omega-3 fatty acids
- d. Start Sulfonylurea Therapy
- e. Weight loss

5. A 34 year old woman with end stage renal failure on regular hemodialysis has developed jaundice. She's received multiple transfusions during the past six months. Investigation showed; Hemoglobin 11.2gm/dl, bilirubin 8mg/dl, ALT 2250 iu/1 and Alkaline phosphatase 83 iu/1. Ultrasound shows gallstones and small Echogenic kidneys. the most likely diagnosis is:

- a. Acute hepatitis B
- b. Haemolytic Jaundice
- c. Autoimmune hepatitis
- d. Drug induced jaundice
- e. Obstructive jaundice

6. A medical student has just completed hepatitis B vaccination. He has no prior exposure to hepatitis B. On reviewing his about trip that's you would expect his to be.

- a. HBS Ag positive
- b. Anti HBS positive
- c. Anti HBsCore positive
- d. Both anti SBS and anti HBcore positive
- e. Anti HBe positive

7. What is the important physical sign of portal hypertension in a patient of cirrhosis Of liver?

- a. Gynecomastia
- b. Hepatomegaly
- c. Palmer erythema
- d. Spider angioma
- e. Spleno megaly

8. In a patient with a high grade fever, rigors and tender hepatomegaly. Which is the most likely diagnosis?

- a. Carcinoma of liver
- b. Liver abscess
- c. Malaria
- d. Right heart failure
- e. Typhoid fever

9. A 15 year old boy has been diagnosed with ascaris lumbricoides infestation. All are true lumbricoides except,

- a. Can cause anemia
- b. Can cause obstructive jaundice
- c. Can cause intestinal obstruction
- d. Abdominal pain
- e. Can cause ureteric obstruction

10. Which one of the following statements regarding clinical manifestation in Wilson disease is false?

- a. KF ring is present in 10%.
- b. Patients with the neurological manifestation will almost invariably have KF ring
- c. KFC ring is difficult to diagnose without a slit lamp
- d. Sunflower cataracts are copper deposition in the lens
- e. Upward dislocation of lens is a hallmark of diagnosis

11. A 40 year old former presented with the right upper quadrant discomfort in abdomen. Ultrasound revealed liver cyst. Hemagglutinations test is positive. Which of the following is the treatment of choice?

- a. Diclofenac acid
- b. Albendazole
- c. Omeprazole
- d. Ceftriaxone
- e. Metronidazole

12. Of 40 years old, male with long standing history of peptic ulcer disease. Presented with persistent projectile vomiting. Which of the following is the most likely cause for his presentation?

- a. Acute cholecystitis
- b. Acute gastroenteritis

- c. Reflex esophagitis
- d. Gastric outlet obstruction
- e. Malloy Weiss syndrome

13. A 60 year old man with osteoarthritis On treatment from the rheumatologist Developed Abdominal discomfort and Black tarry stools. Which of the following is the most likely cause for his presentation?

- a. Carcinoma rectum
- b. Cholecystitis
- c. Esophagitis
- d. Appendicitis
- e. Peptic ulcer disease

14. At 20 years old, student presented to A and E in afternoon with severe vomiting and loose motions. He has breakfast in local restaurant. Which of the following is the most likely causative Organism?

- a. E. coli
- b. Staphylococcus aureus
- c. Enterobius wormicularis
- d. Pseudomonas

15. A 35 years old non alcoholic diabetic was referred for evaluation of diseased liver functions tests. He's having normal viral profile with serum ferritin of 45,000. What is the most likely diagnosis?

- a. Wilson disease
- b. Autoimmune hepatitis
- c. Hemochromatosis
- d. Primary biliary cirrhosis
- e. Sclerosing cholangitis

16. At 35 years old, teacher presented to OP D with deranged lefts. He has recently received medications for sore throat. Which of the following medications is most likely cause for his deranged LEFTs?

- a. Co-amoxiclave
- b. Paracetamol
- c. Gentamicin
- d. Anti- HBSAg
- e. Anti-HBc

17. Beach Disease best explained the following LFTs patterns. Bilirubin is equal to 30. SGPT 90. AST 350 with raised gamma GT. What is the most likely diagnosis?

- a. Hemolytic anemia
- b. Acute viral hepatitis
- c. Alcoholic hepatitis
- d. Autoimmune hepatitis

18. At 12 years old, girl develops nausea, vomiting and severe epigastric pain. Workup shows deranged liver functions test with yellow sclera, ALT 1500 u/l.

What is your diagnosis?

- a. Liver Abscess
- b. Acute hepatitis
- c. Gastritis
- d. Ischemic heart disease
- e. Acute appendicitis

19. A 42 years old woman has had difficulty in swallowing for the last 18 months. From the beginning, she has been struggling to tolerate both solids and fluids. So often regurgitates her oral intake and has lost over 5 KG. She is a known smoker and has no other medical problems. Which single investigation is most likely to support that diagnosis?

- a. Abdominal X-ray
- b. Barium swallow
- c. Chest X-ray
- d. CT test
- e. CT Abdomens

20. A 42 years old woman has had dysphagia of all liquids and solids for three months. She has regular central chest pain and regular Undigested food on most occasions, but does not suffer from acid reflux. She has lost her weight over six months. Which is the following Most likely diagnosis?

- a. Asia
- b. Benign esophageal structure
- c. Diffuse esophageal spasms
- d. Bulbar palsy
- e. Pharyngeal pouch

21. A 40 years old woman develops nausea and vomiting without abdominal pain. After several bouts All for retching. She vomits bright red blood. Physical examination is normal without spider angioma. What is diagnosis?

- a. Gastric Ulcer
- b. Aortoenteric fistula
- c. Mallory weiss tear
- d. Esophageal varices
- e. Hereditary hemorrhagic telangiectasia

22. Which of the following statements regarding the hepatitis delta virus is INCORRECT?

- a. It is a defective RNA virus
- b. It has been implicated as a common cause of fulminant hepatitis
- c. Anti-delta IgG present in the serum confers immunity to the virus
- d. Delta viral hepatitis occurs only in association with acute or chronic B viral hepatitis
- e. In North America, intravenous drug addicts are the group at highest risk for delta infection

23. A 40-year-old woman with known alcoholic cirrhosis of the liver is admitted to the hospital because of increasing abdominal girth, fever, and diffuse, vague abdominal discomfort. Physical examination reveals a febrile (101°F) woman with scleral icterus. Abdominal examination shows an enlarged, tender liver (14 cm active bowel sounds, distention, and a positive fluid wave, but there is no rebound tenderness or guarding. Paracentesis shows white blood cell count of 535 mm³ (76% neutrophils) with a negative Gram's stain. Serum creatinine is 1.9 mg/dl; total bilirubin is 2.4 mg/dl. Other laboratory results are within normal limits. Which of the following is true about this patient's condition?

- a. Despite empiric treatment with a third-generation cephalosporin, the risk of mortality in this patient exceeds 60%

- b. If nontoxic blood levels of aminoglycoside are maintained, the risk of this patient's developing renal failure is low (less than 10%)
- c. As aminoglycosides diffuse well into the peritoneum, therapeutic levels are easily achieved; serum levels need not be followed
- d. Most organisms cultured with spontaneous bacterial peritonitis are sensitive to chloramphenicol and it is an acceptable initial therapeutic agent
- e. This patient should not be treated with empiric antibiotics.

24. Six years man presented with the Hepatic encephalopathy. All are possible. Precipitating that was for him except?

- a. Constipation
- b. Treatment with Neomycin
- c. Over diuresis
- d. Hematemesis
- e. High protein diet

5. PAIN ABDOMEN

1. A 83 years old woman presents with one year history of progressively severe crampy abdominal pain after eating. She has started avoiding food because of the pain. The pain is often associated with bloating nausea and occasional diarrhea. She had a 15kg loss over the past one year. Her other medical problem include hypertension diabetics mellitus type 2, hypercholesterolemia, peripheral vascular, coronary artery disease and myocardial infarction. Social history is not significant. Abdomen is soft, nontender and non distended. Abdominal x-ray and CT scan are unremarkable. which of the following is the most likely diagnosis?

- a. Chronic pancreatitis
- b. Mesenteric ischemia
- c. Chagas disease
- d. Irritable bowel syndrome
- e. Celitis disease

2. A 30 years old man with paroxysmal Hemoglobinuria. Presented with the sudden onset,

abdominal and distension. Address and demonstrates size and enlarged prostate lobe of liver. Which is most probable diagnosis?

- a. Cirrhosis
- b. Budd chiarry syndrome
- c. Spontaneous bacterial peritonitis
- d. Cholecystitis
- e. Acute Hepatitis

3. 70 years old, presented with the dysphagia. How to peripheral smear demonstrates iron deficiency anemia. Upper GI endoscopy shows bouncing in esophagus. What is most probable diagnosis?

- a. Plummer Vinson syndrome
- b. Cirrhosis
- c. Achalasia
- d. Systematic sclerosis
- e. Esophageal candidiasis

4. At 25 years old, man presented with sign and symptoms of decompensated liver disease and upper GI blood. His management includes all except?

- a. Lactulose
- b. Vitamin K
- c. Blood transfusion
- d. Loperamide
- e. Tans jugular Intrahepatic Porto systematic shunt

5. A cirrhotic patient has been successfully treated for spontaneous bacterial peritonitis. Which of the following is the treatment of choice for prevention of next episode?

- a. Ciprofloxacin
- b. Ceftriaxone
- c. Doxycycline
- d. Omeprazole
- e. Fluconazole

6. A pregnant lady with acute hepatitis E is particularly liable. To which of the following?

- a. Cirrhosis
- b. Gall stones
- c. Chronic hepatitis
- d. Fulminant hepatic failure
- e. Peptic ulcer disease

7. A 35 years old patient of chronic hepatitis C on treatment presented with pancytopenia. Which of the following is the most likely responsible medication for his pancytopenia?

- a. Vitamin- E
- b. Pegylated interferon
- c. Sofosbuvir
- d. Entecavir
- e. Daclatasvir

7. OBSTRUCTIVE JAUNDICE / HYPERBILINEMIA

1. A 33 years old women has a medical assessment prior to a new job. She has been well apart from some mild coryzal symptoms the previous week. Bilirubin 42μmol/L, AST 28 IU/L, GGT 30 IU/L. Urine disputable no bilirubin detected. Which is single most likely explanation for these results.

- a. Crigler-Najar syndrome
- b. Epstein Barr virus
- c. Gilberts syndrome
- d. Hepatitis B virus infection
- e. Rotor syndrome

2. A 20 year old woman presents to her primary care physician with fever, malaise, and yellow eyes. In addition to clearicterus, physical examination reveals a mildly enlarged liver with tenderness to palpation. Laboratory studies demonstrate a markedly increase aspartate aminotransferase and alanine aminotransferase and increased IgM and anti-hepatitis A titers. Which of the following is the most likely result of this infection?

- a. Cirrhosis
- b. Complete resolution
- c. Establishment of a chronic carrier state
- d. Fulminant hepatitis
- e. Hepatocellular carcinoma

3. Patient develops mild jaundice while being treated for a urinary tract infection negative. Serum Bilirubin is 3mg/dl, Mostly unconjugated. Hemoglobin is 7g/dl. Which of the following most likely diagnosis?

- a. Hemolysis secondary to G6PD deficiency
- b. Acute viral Hepatitis
- c. Giggler Nager Syndrome
- e. Nonalcoholic fatty liver disease
- d. Gilbert Syndrome

4. A previously paid 43 years old lady presented with one week history of fever and rigors. Her investigations showed, Hemoglobin 13.4mg/dl, WBC 23000 And 92% Neutrophils, bilirubin 4.2mg/dl, ALT 73iu/1 and alkaline phosphate 520iu/1. Ultrasound showed multiple gall stone and dilated common bile duct. The likely cause is :

- a. Cholangitis from CBD Stone
- b. Falciparum malaria
- c. Carcinoma head of pancreas
- d. Primary biliary cirrhosis
- e. Viral hepatitis

5. A 25 years old beggar having iron deficiency anemia presented with dysphagia barium study reveals rings in upper pharynx. Which is the most likely diagnosis?

- a. Achalasia
- b. Anderson syndrome
- c. Barret esophagus
- d. Plummer Vinson syndrome
- e. Ascaris lumbricoides

6. A middle-aged lady who is a diagnosed case of Coll Lithiasis. Develops severe Deep seated epigastric pain with no relief on PPI. Liver function tests are slightly deranged. Other tests are normal. What is the diagnosis?

- a. Acute hepatitis
- b. Baptistic ulcer disease
- c. Acute pancreatitis
- d. Pneumonia
- e. Intestinal colic

7. A middle-aged lady having a deranged liver function test of more than six months with negative B&C serology and raised serum globulins and positive ANA. What is diagnosis?

- a. Chronic hepatitis C
- b. Wilson's disease
- c. Hemochromatosis
- d. Autoimmune hepatitis
- e. None of the above

8. A 63-year-old chronic alcoholic presents with weight loss, anorexia, and abdominal pain radiating to the back. Physical examination indicates a palpably enlarged gallbladder, and laboratory studies demonstrate conjugated hyperbilirubinemia. Computed tomography demonstrates a mass in the head of the pancreas. Which of the following is associated with the diagnosis of pancreatic adenocarcinoma?

- a. Asterixis
- b. Gallstone ileus
- c. Murphy sign
- d. Troussseau sign
- e. Whipple triad

9. A 33 years old woman has a medical assessment prior to a new job. She has been well apart from some mild coryzal symptoms the previous week. Bilirubin 42 $\mu\text{mol/L}$, ALP 60 IU/L, AST 28 IU/L, GGT 30 IU/L Urine dipstick: no bilirubin detected. Which is the single most likely explanation for these results?

- a. Crigler-Najjar syndrome
- b. Epstein-Barr virus
- c. Gilbert's syndrome
- d. Hepatitis B virus infection
- e. Rotor syndrome

8. IBD

1. A 27 years old women presents with abdominal pain, diarrhea and a 4.5 pounds (2kg) weight loss for the two months. She describes the abdominal pain as intermittent, moderate to severe and located in

the right quadrants over the past 48 hours the pain has intensified. Her temperature is 99.6 F, BP is 120/70 mmHg, is 100/min and respiration are 14/min. Several shallow ulcers are present in her mouth. Abdominal examination shows tenderness in the right lower quadrant without rebound.

Examination shows mucus. Rectosigmoidoscopy is unremarkable. An x-ray film of the abdomen shows gas in the small and large labs shows

HB: 102.g/dl

WBC 16500/cm

Platelet count 530000/cm

ESR 48/hr

Which of the following is the most likely diagnosis.

- a. Diverticulitis
- b. Celiac disease
- c. Irritable bowel syndrome
- d. Crohns disease
- e. Ulcerative colitis

2. A 30 year old female pty referred from Infertility clinic with history of chronic diarrhea. On examination, she is pale with stomatitis, Oral ulcers. Jejunal biopsy revealed canvas atrophy.

What is the probable diagnosis?

- a. Crohn disease
- b. Ulcerative disease
- c. Whipple disease
- d. Intestinal tuberculosis
- e. Celiac disease

3. At 35 years old, man presented with the lowest motion with blood for last three months associated with backache. She is having necrotic on right shin and hepatomegaly. What is the most likely diagnosis?

- a. Giardiasis
- b. Celiac disease
- c. Ulcerative disease
- d. Crohn disease
- e. Pseudomembranous colitis

4. A 15 year old girl presents with chronic diarrhea. Which of the following features suggests that she has irritable bowel syndrome?

- a. Anaemia
- b. Abdominal pain relieved by defecation
- c. Blood in stools
- d. Nocturnal symptoms
- e. Weight loss

5) An anxious 31 year old woman complains of a history of chronic diarrhea alternating with constipation. She often feels bloated. Investigations are normal. What is the most likely diagnosis?

- a. Inflammatory bowel disease
- b. Lactose intolerance
- c. Celiac disease
- d. Irritable bowel syndrome
- e. Laxative abuse

9. PEPTIC ULCER DIS (PUD)

1. At 35 years old, man with chronic dyspepsia found to have gastritis and positive Helicobacter pylori. Which of the following is the best regimen to eradicate Helicobacter in this patient?

- a. Omeprazole, clarithromycin, neomycin
- b. Rifaxin, omeprazole, metronidazole
- c. Clarithromycin, omeprazole, amoxicillin
- d. Sucralfate, omeprazole, doxycycline
- e. Esomeprazole, metronidazole, itopride

2. A 40 years old lady with gallstones developed severe abdominal pain, radiating to back and relieved on bending forward. Which is the most likely diagnosis?

- a. Chronic cholecystitis
- b. Acute pancreatitis
- c. Budd Chiari syndrome
- d. Acute appendicitis
- e. Acute esophagitis

35. The pain typically awakens him at night 2-3 hours after going to bed. On endoscopic examination he is found 85. A 25-year-old male graduate student complains of severe epigastric abdominal pain that is relieved by food have a hernia

duodenal ulcer. Which of the following diets would you recommend?

- a. Six small meals per day
- b. Three regular meals per day plus a bedtime snack
- c. Three regular meals per day without a bedtime snack
- d. Low roughage, bland diet
- e. Low roughage, bland diet supplemented with milk and cream

3. A 44-year-old man who has drunk 6 ounces of whiskey daily for many years is evaluated for intermittent episodes of epigastric pain relieved by antacids. During an attack, moderate epigastric tenderness is present. Laboratory tests show:

Hematocrit 46%

White blood cell count 10,000/mm³

Serum creatinine 1.2 mg/dl

Serum amylase 500 IU/L (normal <110)

Urinary creatinine 120 mg/dl

Urinary amylase 50 IU/L

Examination of the stool for occult blood is positive (2+). Upper gastrointestinal series shows duodenal deformity. The most likely diagnosis is

- a. acute pancreatitis with secondary spasm of duodenal bulb
- b. coexistent acute pancreatitis and peptic ulcer disease
- c. peptic ulcer disease and macroamylasemia
- d. peptic ulcer disease with posterior penetration into the pancreas
- e. alcoholic hepatitis

10. PANCREATIC CARCINOMA / PANCREATITIS

1. Upper 56 years old woman is referred to you for evaluation of possible cancer of the pancreas suspected on the basis of epigastric pain radiating to the back associated with an 8 pound weight loss. Physical examination and routine blood tests, including serum amylase are normal. The next appropriate diagnosis does to detect pancreatic cancer is.

- a. Urine amylase

- b. Upper gastrointestinal series
- c. Ultrasonography or computerized tomography of the pancreas
- d. Radio isotopic pancreatic scan.
- e. Visceral angiography

2. A 57-year-old man has severe heartburn and nocturnal cough. Simple measures for the treatment of gastroesophageal reflux disease (liquid antacids, elevation of the head of the bed, nothing by mouth prior to bedtime) fail to alter the patient's symptoms. Which of the following is NOT among acceptable measures for further treatment of this patient?

- a. H₂-receptor blocking agents
- b. Parasympathomimetic agents
- c. Anticholinergic agents
- d. Alginic acid-antacid agents
- e. Antireflux surgery

3. A 74 years old man has had a retrosternal pain and bloating for 6 weeks. He has had no loss of appetite or weight loss. He has recently been started on some new medication and feels that this may be cause of his symptoms. Which is the single most likely cause of his symptoms?

- a. Alendronate
- b. Bisoprolol
- c. Codeine phosphate
- d. Digoxin
- e. Quinine sulphate

4. In alcohol-induced acute pancreatitis, which of the following conditions does NOT indicate severe disease?

- a. Blood glucose level greater than 200 mg/dl
- b. Fluid sequestration greater than 6 liters
- c. Hematocrit drop of more than 10 percentage points
- d. Serum calcium level greater than 11.5 mg/dl
- e. Arterial PO₂ less than 60 mm Hg

5. A 45 years old woman with long-standing rheumatoid arthritis complains of dry eyes and dry mouth. Bilateral enlargement of the parotids is noted on physical examination. The syndrome described here is described as

- a. Autoimmune
- b. Infectious
- c. metabolic
- d. metastatic
- e. primary neoplastic

6. A 20 years old man presents with severe right lower quadrant abdominal pain, nausea and anorexia. He states that the abdominal pain started around his umbilicus and has now migrated to the right lower quadrant of his abdomen. Physical examination reveals exquisite tenderness at McBurney's point. This patient is diagnosed with acute appendicitis. Which of the following is the treatment for this condition?

- a. Antibiotics only, because the appendix is crucial for survival
- b. Symptomatic treatment only, because the appendix is crucial for survival
- c. Surgical resection of the appendix, because appendicitis can lead to appendiceal cancer
- d. Surgical resection of the appendix, because appendicitis can lead to perforation or abscess
- e. "Watch-and-wait" approach over days to see if inflammation subsides

11. MIX

1) A 12 years old girl comes to the physician for chronic weight loss and fatigue. She has a history of belly floating, foul smelling stools, flatulence and meteorism. She also has pain and easy bruising. Studies show with serum iron 25 mg/dl and serum total iron binding capacity 60 mg/dl (normal 300-360 mg/dl). PT is 16 sec. Physical examination shows loss of subcutaneous fat, pallor, hyperkeratosis and abdominal distension, bowel sounds are increased. Which of the following is most associated with this patient condition?

- a. Anti endomysial antibodies
- b. Anti scl 70 antibodies
- c. Antinuclear antibodies
- d. Anticentromere antibodies
- e. Antimitochondrial antibodies

2) A 49 Years old woman present with a two week history of lower abdominal pain and severe diarrhea are watery without blood or mucus. The abdominal pain is mild and unrelated to her stools. She has a three years ago. Her temperature is 97.8F, blood pressure is 106/68 mmHg, pulse is 103/min and respiration 20/min. oxygen saturation is 99% on room air, physical examination shows facial flushing a prominent venous pulse and exploratory wheezes. Which of the following is the most likely diagnosis?

- a. Diverticulitis
- b. Infectious gastroenteritis
- c. Inflammatory bowel disease
- d. Carcinoid syndrome
- e. Irritable bowel syndrome

3) A 74 years old man has had a retrosternal pain and bloating for 8 weeks. He has had no loss of appetite or weight loss. He has recently been started on some new medication and feels that this may be the cause of his symptoms. Which is the single most likely cause of his system.

- a. Alendronate
- b. Bisoprolol
- c. Codeine phosphate
- d. Digoxin
- e. Quinine sulphate

4. What are the most common type of antibodies seen in Pernicious anemia?

- a. Vitamin B12 receptor antibodies
- b. Gastric parietal cell Antibodies
- c. Jejunal mucosa Antibodies
- d. Intrinsic factor antibodies
- e. Vitamin B12 antibodies

5. At 12 years old, boy presented with behavioral problem at school and home. Examination reveals splenomegaly, Course tremors of hands and slurring of speech. Investigation shows comes negative hemolytic Anemia. What is the most likely diagnosis?

- a. Multiple system atrophy
- b. Huntington Chorea
- c. Hyperthyroidism
- d. Wilson disease
- e. Mc Ardle disease

6. A four year old lady presented with history of severe, constant upper abdominal pain that doesn't And it's associated with vomiting. Only examination temperature is normal and there is marked tenderness In Epigastrium. What is the most useful investigation for this patient?

- a. Cardiac enzymes
- b. Electrocardiography
- c. Gastroscopy
- d. Liver function tests
- e. Serum amylase

7. Which one of the following statements regarding non alcoholic fatty liver disease is false?

- a. Weight loss improves his mainstay of treatment
- b. Liver biopsy should be considered in patients with diabetes or age 45 years
- c. Predispose to insulin resistance
- d. Cirrhosis is present in all patients
- e. Metformin is used for treatment

8. I think 7 years old man was admitted with anasarca, hematuria and gross proteinuria. Later, he grabbed his severe dull ache in right flank. One deviation He has tenderness in the abdomen Especially right Hypochondrium. What is the most likely cause of this recent Presentation?

- a. Acute hepatitis
- b. Acute cholecystitis
- c. Peritonitis
- d. Hepatic vein thrombosis
- e. Peptic ulcer disease

9. At 26 Years old Air Hostess using contraceptive pills presented with severe abdominal pain and distension. Ultrasound revealed enlarged caudate lobe of liver and moderate ascites. Which is the most likely diagnosis?

- a. Acute hepatitis
- b. Duodenal perforation
- c. Cirrhosis liver
- d. Acute cholecystitis
- e. Budd Chiari syndrome

80. Which of the following is NOT a feature of the Zollinger-Ellison syndrome?

- a. Secretory diarrhea
- b. Fat malabsorption
- c. Vitamin B'2 malabsorption
- d. Antral G-cell hyperplasia
- e. Large gastric folds

10. A 26-year-old homosexual male has loose stools, abdominal cramps, flatulence, and malaise of several weeks duration. Twenty-four hours ago, the patient developed bloody diarrhea, tenesmus, and low-grade fever (101°F). Physical examination is normal except for trace guaiac-positive stool on digital rectal examination. Examination of next a fresh stool specimen reveals motile trophozoites with ingested red blood cells. What is the most appropriate step in the management of this patient?

- a. Immediate indirect hemagglutination testing to establish the diagnosis of invasive amebiasis
- b. Immediate flexible sigmoidoscopy and biopsy to establish the diagnosis of invasive amebiasis
- c. Air-contrast barium enema to rule out a mass lesion (ameboma), as this may prompt early surgical intervention
- d. Immediate treatment with metronidazole, 750 mg three times daily for 5-10 days, plus diloxanide furoate, 500 mg 3 times daily for 10 days
- e. treatment of this patient's asymptomatic sexual partner with diloxanide furoate, 500 mg three daily for 10 days

11: At 12 years old, girl comes to the physician for chronic weight loss and fatigue. She has a history of bulky, floating, foul smelling stools, Flatulence and Meteorism. She also has bone pain and easy bruising. Laboratory studies shows anemia with serum iron 25mg/dl, Ferritin 25mg/dl And serum total iron binding capacity 600mg/dl. PT is 60 sec. physical examination shows loss of subcutaneous fat, pallor, hyperkeratosis and abdominal distension. Bowel sounds are increased. Which of the following is most likely associated with this patient condition?

- a. Anti endomysial antibodies
- b. Anti tTG antibodies
- c. Anti nuclear antibodies
- d. Anti centromere antibodies
- e. Antimitochondrial antibodies

12. A 49 year old woman presents with a two week history of lower abdominal pain and severe diarrhea. The stools are watery without blood or mucus. The dominant pain is mild and unrelated to her stools. She has no history of fever or travel. She does not smoke or drink alcohol. Her past surgical history includes a fracture repair of her leg three years ago. Her temperature is 97.8 F, B is 106 by 68mm HG, Pulse is 103/min and respiration are 20 min, Oxygen saturation is 99% on room air. Physical examination wheezes. Which of the following is the most likely diagnosis?

- a. Diverticulitis
- b. Infectious Gastroenteritis
- c. Inflammatory bowel disease
- d. Carcinoid syndrome
- e. Irritable bowel syndrome

13. A 39 year old man is admitted to hospital with decompensated liver disease of unknown a etiology as part riverside green the following results are obtained.

ANTI HBS POSITIVE
ANTI HBC NEGATIVE
HBS Antigen NEGATIVE

What is the man's hepatitis B status?

- a. Chronic Hepatitis B highly infectious
- b. Previous immunization to hepatitis B
- c. Probable hepatitis D infection
- d. Acute hepatitis B infection
- e. Chronic hepatitis B Not infectious

14. A 52 years old woman is diagnosed with non alcoholic Steatohypertension. Following a liver biopsy.

What is the most likely important step to help prevent the progression of heart disease?

- a. Stop smoking
- b. Start statin therapy
- c. eat more omega 3 fatty acids
- d. Start Sulfonylurea therapy
- e. Weight loss

15. A 56-year-old woman is referred to you for evaluation of possible cancer of the pancreas, suspected on the basis of epigastric pain radiating to the back associated with an 8-pound weight loss.

Physical examination and routine blood tests, including serum amylase, are normal. The next appropriate diagnostic test to detect pancreatic cancer is

- a. urine amylase
- b. upper gastrointestinal series
- c. ultrasonography or computerized tomography of the pancreas
- d. radioisotopic pancreatic scan with ^{75}Se -selenomethionine
- e. visceral angiography

16. A 20-year-old woman presents to her primary care physician with fever, malaise, and "yellow eyes." In addition to scleral icterus, physical examination reveals a mildly enlarged liver with tenderness to palpation. Laboratory studies demonstrate a markedly increased aspartate aminotransferase and alanine aminotransferase and increased IgM and anti-hepatitis A titers. Which of

the following is the most likely result of this infection?

- a. Cirrhosis
- b. Complete resolution
- c. Establishment of a chronic carrier state
- d. Fulminant hepatitis
- e. Hepatocellular carcinoma

17. A 32 years old woman seeking to become pregnant visits her physician for a pre-pregnancy examination. Routine prenatal laboratory testing demonstrates the following profile: HBsAg (-), anti-HBsAg anti-HBcAg (-), anti-HBeAg (-) and HBV DNA (-). Which of the following likely represents the status of the patient?

- a. Hepatitis B carrier
- b. Immunized against hepatitis
- c. Infected and within the "window period"
- d. Infected with hepatitis +B and highly transmissible
- e. Recently infected with hepatitis B

ANSWER KEYS

1. DYSPHAGIA/GERD

1.A	2.C	3.A	4.A	5.
6.D	7.B	8.A	9.E	10.A

2. UPPER GI BLEEDING

1.D	2.B	3.D	4.A	5.C
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3. LGIB

1.E

4. INVESTIGATIONS OF LIVER DISEASE

1.B	2.C	3.E	4.C	5.A
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5. ACUTE HEPATITIS AND LIVER FAILURE

1.B	2.D	3.B	4.E	5.A
6.B	7.E	8.B	9.E	10.B
11.D	12.B	13.A	14.D	15.A
16.B	17.C	18.C	19.B	20.D
21.B	22.C	23.A	24.B	

6. PAIN ABDOMEN

1.B	2.C	3.E	4.B	
5.D	6.B	7.E		

7. OBSTRUCTIVE JAUNDICE/HYPERBILINEMIA

1.C	2.B	3.A	4.A	5.D
6.B	7.C	8.D	9.C	

8. IBD

1.D	2.A	3.C	4.B	5.D
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9. PEPTIC ULCER DISEASE

1.	2.C	3.C	4.C	
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10. PANCREATIC CARCINOMA/PANCREATITIS

1.C	2.C	3.	4.D	5.A	6.C
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11 MIX

1.A	2.D	3.A	4.B	5.D	6.C
7.E	8.A	9.B	10.D	11.D	12.A
13.D	14.B	15.E	16.C	17.B	