

RESPIRATORY MEDICINE

1.	INTERSTITIAL LUNG DX	38
2.	ASTHMA	39
3.	COPD	40
4.	PULMONARY EMBOLISM	41
5.	RESPIRATORY FAILURE / T.B	42
6.	AERD	42
7.	OBSTRUCTIVE SLEEP APNEA/TENSION PNEUMOTHORAX	43
8.	PNEUMONIA/ABG	44
9.	SARCOIDOSES/MIX	45
	ANSWER KEYS	48

1. INTERSTITIAL LUNG DX

1. Which of the following disorders is suggestive of a pulmonary complication of rheumatoid arthritis?

- a. Scattered parenchymal nodules
- b. Interstitial pulmonary fibrosis
- c. Recurrent wheezing, dyspnea, and chest tightness
- d. Severe irreversible airway obstruction with hyperinflation
- e. Inspiratory stridor following a viral upper respiratory infection

2. Crepts uninfluenced by coughing are found in

- a. Acute pulmonary oedema
- b. Consolidation
- c. Fibrosing alveolitis
- d. Lung abscess
- e. Bronchiectasis

3. Which of the following is a poor prognostic sign in sarcoidosis?

- a. Arthritis
- b. Fever
- c. Erythema nodosum
- d. Lofgren's syndrome
- e. Hypercalcemia

4. Which of the following laboratory abnormalities is not likely to be found in patients with sarcoidosis?

- a. Depressed serum 1,25-dihydroxy vitamin D3
- b. Elevated serum angiotensin-converting enzyme activity
- c. Elevated urinary calcium E
- d. Elevated serum gamma globulin
- e. Elevated serum acid phosphatase

5. Which of the following disorders is suggestive of pulmonary complication of rheumatoid arthritis?

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6. A young man has been admitted to hospital for progressive dyspnea for 4 months. His examination shows end inspiratory crackles on both lungs bases. His history reveals rheumatoid arthritis for which he was on tablet methotrexate 10mg/week for 4 weeks. His blood analysis shows hypoxia with normal carbon dioxide. What shows end is the most likely diagnosis?

- a. Interstitial lung disease
- b. Left ventricular failure
- c. Methotrexate toxicity
- d. Pulmonary tuberculosis
- e. Bronchopneumonia

7. A young man has been admitted in hospital for progressive dyspnea for the last 4 months, His examination shows end Inspiratory crackles on both lung bases. His previous history reveals rheumatoid

arthritis for which he was on Tah Methotrexate 10mg/week for last two weeks. His blood analysis shows hypoxia with normal carbon dioxide. What is the most likely diagnosis for this patient?

- a. Interstitial lung disease
- b. Left ventricular failure
- c. Bronchiectasis
- d. Pulmonary tuberculosis
- e. Bronchopneumonia

8. Which of the following laboratory abnormalities is not likely to be found in patients with sarcoidosis?

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9. Which of the following disorders is suggestive of a pulmonary complication of rheumatoid arthritis?

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2. ASTHMA

1. When used in the management of asthma, glucocorticoids are likely to cause

- a. Hypoglycemia
- b. decreases in blood pressure
- c. anabolic actions in wound healing
- d. oral thrush
- e. sedation

2. A 52 years old woman is severely short of breath. She is confused and cannot respond to questions. There is no one accompanying her to shed light on her medical history. T=37.1°C, Heart Rate=120bpm, BP=105/65mmHg, RR=26/min. Her lips appear blue, her neck muscles are being used to assist breathing

and there is a generalized wheeze on her chest. She is put on high-flow oxygen. Which is the single most appropriate course of immediate management?

- a. Aminophylline 300mg IV
- b. Epinephrine (adrenaline) 0.5mg IM
- c. Hydrocortisone 100mg IV
- d. Magnesium sulphate 1.2g IV
- e. Salbutamol 5mg NEB

3. Which of the following is the most important sign of seriousness of bronchial asthma

- a. Anxious patient
- b. Hypertension
- c. Tachycardia
- d. Cyanosis
- e. Audible wheeze

4. Bronchial breath sounds are found in all except:

- a. Collapse with patent bronchus
- b. Bronchial asthma
- c. Superficial big empty cavity with patent bronchus
- d. Bronchopleural fistula
- e. Bronchiectasis

5. A diagnosed case of asthma presented to the medical unit with shortness of breath. What is the most specific test to measure severity of this disease?

- a. Oxygen saturation (SaO2%)
- b. Partial pressure of arterial oxygen (PaO2)
- c. Partial pressure of arterial carbon dioxide (PCO2)
- d. Forced vital capacity (FVC)
- e. Forced expiratory volume in one second (FEV1)

6. A 16 year old asthmatic girl presented to the casualty department with shortness of breath. She was given emergency medication and she improved. How will you assess the severity of the disease?

- a. Daily arterial blood gases
- b. Daily forced vital capacity
- c. Daily peak expiratory flow
- d. Daily full blood count
- e. Daily chest X-ray

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- d. Magnesium sulphate 1.2g IV
- e. Salbutamol 5mg NEB

3. COPD

1. A patient presents with end-stage COPD, he is on maximum bronchodilators and inhaled steroids. He has a raised JVP and ankle edema. He complains of increasing shortness of breath. The therapy most likely to improve survival is

- a. Home Oxygen therapy
- b. long term antibiotics
- c. theophylline
- d. oral steroids
- e. pulmonary rehabilitation

2. Which is true in a predominantly blue bloater?

- a. FEV1 is markedly diminished
- b. Vital capacity is usually normal
- c. History of repeated episodes of respiratory insufficiencies
- d. Elastic recoil is much diminished
- e. Pulmonary hypertension does not complicate the disease

3. A 50 years old smoker and diagnosed case of COPD presented with acute exacerbation of shortness of breath. One week ago he was diagnosed as hypertensive and his GP put him on some medications. What is the most likely cause for his current condition?

- a. Propranolol
- b. Lisinopril
- c. Amlodipine
- d. Water tablets
- e. Simvastatin

4. In emphysema the commonest symptom is

- a. Palpitation
- b. Increased dyspnea
- c. Cough
- d. Hemoptysis
- e. Chest pain

5. Which of the following organism is associated with acute exacerbation of chronic bronchitis

- a. Staphylococci
- b. Meningococci
- c. E-coli
- d. Proteus
- e. Hemophilus Influenzae

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- a. Home oxygen therapy
- b. Long term antibiotics
- c. theophylline
- d. Oral-steroids
- e. Pulmonary rehabilitation

7. A 50 years old chronic smoker presented with shortness of breath to emergency unit. He is diagnosed with a case of COPD. What is the most ideal oxygen saturation for this patient?

b. 96-98% oxygen

a. 100%
c. 92-96%

d. 88-92% e. 84-88%

8. In the evaluation of a patient with chronic obstructive pulmonary disease (CaPO), each of the following laboratory abnormalities will help to distinguish the emphysematous from the bronchitic types EXCEPT

a. diffusing capacity for carbon monoxide: 15 units (65% predicted)

b. residual volume: 4.2 liters (198% predicted)

c. arterial P_{eo2} : 52 mm Hg

d. transpulmonary pressure at total lung capacity: 7

ern H₂O (normal: 30-35)

e. marked enlargement of central pulmonary arteries on chest roentgenogram

4. PULMONARY EMBOLISM

1. In acute pulmonary embolism, the most frequent ECG finding is

a. Left axis deviation

b. P pulmonale

c. Right axis deviation

d. S1Q3T3

e. Sinus tachycardia

2. Which of the following is incorrect regarding treatment of acute pulmonary thromboembolism?

a. Emergency embolectomy is rarely needed

b. Thrombolytics should be used in a massive pulmonary thromboembolism proved by CT or angiography

c. Heparin is a thrombolytic drug

d. Heparin therapy cannot result in rapid resolution of patient's dyspnea

e. Oral anticoagulants have no place in the management of life threatening thoracoembolic disease

3. A 25 years old married woman using oral contraceptive pills developed acute onset shortness of breath after she travelled from Europe to Islamabad. On examination her BP was 120/80, pulse 100/min and RR 30/min. chest was clear bilaterally right leg was swollen. What is the most likely diagnosis?

a. Acute pulmonary embolism

b. Acute bronchial asthma

c. Myocardial infarction

d. Aortic dissection

e. Pneumonia

4. In a suspected case of pulmonary embolism the confirmatory test is

a. Atrial Blood Gases

b. D-dimers

c. CT angiogram

d. ECG

e. Echo

5. In acute pulmonary embolism, the most diagnostic ECG finding is

a. Left axis deviation

b. P-pulmonale

c. Right axis deviation

d. S1 Q3 T3

e. Sinus tachycardia

6. A 79 year old was admitted with sudden onset of chest pain and breathlessness. On examination, he was cyanosed. He had a total hip replacement ten days before. The patient smoked 10 cigarettes/day. Examination shows tachypnea, rest unremarkable. Investigations are shown HB=13g/dl, WBC 13x10⁹/L, platelets 250x10⁹/L, CRP=28g/L, ECG Sinus tachycardia and RBBB, arterial blood gases (PH 7.49 (7.35-7.45), P_{aCO2} =3.1 KPa (4.7-6.0), P_{aO2} = 8.5K1 (11.2-14), $HCO3$ =25 mmol/L. What is the probable diagnosis?

a. Pulmonary embolism

b. Acute myocardial infarction

c. Fat embolism

d. Pneumonia

e. Pulmonary edema

7. The single major reason for early use of heparin in patients with pulmonary thromboembolism is to

- dilate pulmonary vasculature
- eliminate the source of further emboli
- reverse bronchoconstriction induced by platelet-derived mediators
- lyse existing clot in the pulmonary circulation
- prevent growth of existing clot

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- prevent growth of existing clot

5. RESPIRATORY FAILURE

1. Which of the following is true in type 2 respiratory failure?

- Decreased pO₂ and decreased pCO₂
- Decreased pO₂ and normal pCO₂
- Normal PO₂ and Increased pCO₂
- Decreased pO₂ and increased pCO₂
- Normal PO₂ and normal pCO₂

2. Chronic respiratory failure is not seen in

- Diffuse interstitial fibrosis
- Emphysema
- Pneumothorax
- Chronic bronchitis
- Pneumonia

6. T.B

1. Hemorrhagic pleural effusion may be seen in

- Cirrhosis liver
- Tuberculosis
- SLE
- CCF
- Nephrotic syndrome

2. False tuberculin test may be seen in all of the following except

- Miliary tuberculosis
- Immune suppressive therapy
- Malnourished patients
- Young patients
- AIDS patients

3. A patient has post tuberculous destroyed right lung. How would he lie down in bed to feel more comfortable?

- Left lateral decubitus position
- No preferred position
- Prone position
- Right lateral decubitus position
- Supine position

4. Which one of the following characteristics of plural fluid aspirate is in favor of tuberculosis

- Yellow color
- Turbidity
- High Lymphocyte Count
- High Protein Content
- RBC

5. The side effect of optic neuritis is associated with

- Rifampicin
- Pyrazinamide (PZA)
- Ethambutol
- INH
- Streptomycin

6. A 40-years-old man is presented with complaints of shortness of breath for the last one month due to right sided pleural effusion. Pleural fluid analysis shows pH=7.2, sugar 40 mg%, protein 3.6gm%, TLC=523/mm³ with neutrophils 20%. What is your diagnosis?

- Left ventricular failure
- Pulmonary tuberculosis
- Nephrotic syndrome
- Hypothyroidism
- Protein losing enteropathy

7. The sputum culture sensitivity report of a fifty year old man showed resistance to pyrazinamide, ethambutol, thioacetazone and INH but was found sensitive to rifampicin, streptomycin and fluoroquinolones. What is the most likely diagnosis?

- a. MPoly drug resistance TB
- b. Mono drug resistant TB
- c. Extensive drug resistance TB
- d. Secondary drug resistance
- e. Primary drug resistance TB

8. A 40 year old man presented with complaints of shortness of breath for last one month due to right sided pleural effusion. Pleural fluid analysis show pH = 7.2, sugar 40mg%, protein 3.6Gm% TLC=523/MM3 with Neutrophils 30%

- a. Left ventricular failure
- b. Pulmonary tuberculosis
- c. Nephrotic syndrome
- d. Hypothyroidism
- e. Protein losing enteropathy

9. A 65-year-old alcoholic man with cirrhosis reports that he is "coughing blood." Past history is notable for substantial cigarette use and for pulmonary tuberculosis in the 1960's that was "treated with pills for a year." Over the past five years, the patient has had cough product of one-half cup of thick sputum daily. For the past three days, he has noted flecks of blood or clots in the sputum. Chest roentgenogram shows extensive biapical and right lower lobe scarring that is unchanged from a previous film. The most likely cause of this patient's coughing blood is?

- a. broncholithiasis
- b. bronchogenic carcinoma
- c. active tuberculous infection
- d. post-tuberculous bronchiectasis
- e. hematemesis confused with hemoptysis

7. AERD

1. A 28 year-old woman with a history of nasal polyps has episodes of dyspnea, chest tightness and shortness of breath that have recently begun to occur whenever she takes aspirin. She should be advised to avoid use of medications containing

- a. codeine
- b. indomethacin
- c. sodium salicylate
- d. acetaminophen
- e. H2-receptor-blocking antihistamines (eg, cimetidine)

8. OBSTRUCTIVE SLEEP APNEA

1. A truck driver who keeps falling asleep has BMI 25. Sleep study shows sleep apnoea. He had lots of arousal (26/hour) and decreased sleep latency. Management options include all of the following except:

- a. Uvuloplasty
- b. Continuous Positive Airway Pressure
- c. Sleep hygiene and reassurance
- d. Lose weight
- e. Methylphenidate

2. A 45 years old lady presented to OPD with day time sleepiness sometimes even during her routine work by present. Her sleep during night is interrupted by repeated awakening. She felt tired and complained of a headache on waking up. Her BMI is 32 and blood gas analysis is normal. What is the diagnosis?

- a. Narcolepsy
- b. Obstructive sleep apnea
- c. Congestive heart failure
- d. Bronchial asthma
- e. CO2 narcosis

9. TENSION PNEUMOTHORAX

1. A man is stabbed and arrives to emergency room within 30 minutes. You notice that the patient is distressed and trachea is deviated to the opposite side of chest puncture. The most likely finding on examination of the stabbed side would be

- a. Dullness to percussion
- b. Hyper-resonant percussion
- c. Increased vocal fremitus
- d. Increased vocal resonance
- e. Wheeze

2. A 25 years old tall lean patient came to the OFD with acute onset shortness of breath. On examination, he was distressed with BP of 90/60, pulse 110/min, respiratory rate 30/min, temperature of 99 F, his neck veins were engorged with absent breath sounds on the right side of chest with hyper resonant percussion note. What single best decision would take next?

- a. Urgent chest x-ray
- b. Needle thoracocentesis
- c. IV fluids
- d. ECG
- e. IV antibiotics

3. A 20 years old thin male previously in good health while playing cricket suddenly felt severe chest and collapsed on the spot. He has no major health problem and was non smoker. He was found dyspneic and cyanotic in the emergency department but vital signs were normal. What is the most likely diagnosis?

- a. Pulmonary embolism
- b. Tension pneumothorax
- c. Myocardial infarction
- d. Dissection of aorta
- e. Left ventricular failure

4. A 20 year old thin male previously in good health while playing cricket suddenly felt severe pain in the left side of chest and collapsed on the spot. He had

no previous history of any major health problem and was a non smoker. He was found dyspneic and cyanotic in the emergency department but vital signs were normal. What is the most likely diagnosis?

- a. Pulmonary embolism
- b. Tension Pneumothorax
- c. Myocardial infarction
- d. Dissection of aorta
- e. Left ventricular failure

10. PNEUMONIA

1. A 52-year-old female presents with a community acquired pneumonia complicated by pleural effusion. A thoracentesis is performed, with the following results: Appearance: Viscous, cloudy, pH 7.11, Protein 5.8 g/dl, LDH 285 IU/L, Glucose 66 mg/dL, WBC 3800/mm³, RBC 24,000/mm³, PMNs 93%, Gram stain Many PMNs; no organism seen. Bacterial cultures are sent, but the results are not currently available. Which characteristic of the pleural fluid is most suggestive that the patient will require tube thoracostomy?

- a. Glucose < 100 mg/dL
- b. LDH > 2/3rd of upper limit of normal
- c. Presence of 90% Neutrophils in pleural fluid
- d. Presence of 1000 neutrophils in pleural fluid
- e. pH less than 7.20

2. A 52 years old female presents with a community acquired pneumonia complicated by pleural effusion. A thoracentesis is performed with the following results, Appearance viscous cloudy, pH 7.11, Protein 5.8 g/dl, LDH 285 IU/L, Glucose 66 mg/dl, WBC 3800/mm³, RBC 24,000/mm³, PMNs 93%, Gram Stain Many PMNs: no organism seen. Bacterial cultures are sent. But the result are not currently available. Which characteristic of the pleural fluid is most suggestive that the patient will require tube thoracostomy?

- a. Presence of more than 90% polymorphonuclear cells (PMNs)
- b. Glucose less than 100 mg/dl

- c. Presence of more than 1000 white blood cells
- d. pH less than 7.20
- e. lactate dehydrogenase (LDH) more than two thirds of the normal upper limit for serum.

3. A young male patient presents with non productive cough, chills and fever. He has type 1 diabetes. A chest x-ray shows diffuse interstitial infiltrate bilaterally, the most probable infecting organism in this patient is?

- a. Strep, Pneumonia
- b. Klebsiella Pneumonia
- c. Mycoplasma Pneumonia
- d. Legionella Pneumonia
- e. Fungal infections

4. A 55 year old woman with a persistent cough and history of smoking develops left sided chest pain exacerbated by deep breathing with fever and localized crackles. What is the single most appropriate diagnosis?

- a. Dissecting aneurysm
- b. Pericarditis
- c. Pneumonia
- d. Pneumothorax
- e. Pulmonary embolism

11. ABG

1. A 35 years old lady had a fight with her husband and took some medication for suicidal purpose. She was brought to the casualty department with altered state of consciousness. On examination she was breathing shallow and her pupils were pin point. What single most investigation would you do which will guide further management.

- a. Chest x-ray
- b. Sputum routine exam
- c. Arterial blood gas
- d. P. Smear
- e. CT chest

2. A 30 year old asthmatic presents with dyspnoea and the following blood gases: 46 pH=7.20, pCO₂-

30mmHg, pO₂=60 mmHg, HCO₃-18 mmHg, This patient has

- a. Partially compensated metabolic acidosis
- b. Partially compensated respiratory acidosis
- c. Mixed metabolic and respiratory acidosis
- d. Respiratory acidosis
- e. Metabolic acidosis

12. SARCOIDOSES

1. Which of the following is a poor prognostic sign in sarcoidosis?

- a. Arthritis
- b. Fever
- c. Erythema nodosum
- d. Löfgren's syndrome
- e. Hypercalcemia

2. Which of the following laboratory abnormalities is not likely to be found in patients with sarcoidosis?

- a. Depressed serum 1,25-dihydroxy vitamin D3
- b. Elevated serum angiotensin-converting enzyme activity
- c. Elevated urinary calcium E
- d. Elevated serum gamma globulin
- e. Elevated serum acid phosphatase

13. MIX

1. Which of the following is false regarding pickwickian syndrome?

- a. Marked obesity
- b. Somnolence
- c. Hyperventilation
- d. Right sided heart failure
- e. More prone to systemic hypertension

2. Haemoptysis is characteristically seen in all except:

- a. Good Pasteur's syndrome
- b. Aspergillosis
- c. Pulmonary vasculitis
- d. Byssinosis
- e. Pulmonary tuberculosis

3. A 45-year-old chronic smoker attends the OPD with complaints of persistent cough and copious amounts of purulent sputum. He had a history of measles in the past. Exam: finger clubbing and inspiratory crepitations on auscultation. What is the single most likely diagnosis?

- a. Interstitial lung disease
- b. Bronchiectasis
- c. Asthma
- d. COPD
- e. Sarcoidosis

4. A 40 year old banker presented with 3 days history of fever, productive cough and acute confusional state. He is a non smoker, hemodynamically stable and his biochemical profiles are Hb 11 gm%, TLC 2900/cmm, Neutrophil 60%, lymphocytes 40%, ESR 30/1st hr, bilirubin 3.1 mg/dl, SGPT 68, Alkaline phosphatase 280, serum creatinine 1.7mg%, what is the most likely pathogen of this disease?

- a. Staphylococcus aureus
- b. Streptococcus pneumonia
- c. Hemophilus influenza
- d. Legionella pneumophila
- e. Chlamydia psittacii

5. A 32 years old male is climbing mount K-2. He has no medical problems and takes no medications. Shortly after beginning the climb, he develops severe shortness of breath. Physical examination shows diffuse bilateral inspiratory crackles. Which of the following is the most likely etiology?

- a. Acute interstitial pneumonitis
- b. Acute respiratory distress syndrome
- c. Cardiogenic shock
- d. Community acquired pneumonia
- e. High altitude pulmonary edema

6. Which condition is associated with spontaneous pneumothorax?

- a. Marfan's syndrome
- b. COPD
- c. Bronchial asthma
- d. Ehlers Danlos syndrome
- e. All of them

7. Which pulmonary condition is associated with clubbing except

- a. Empyema
- b. Bronchiectasis
- c. Pulmonary fibrosis
- d. Interstitial lung disease
- e. COPD

8. An 18 years old young man with known cystic fibrosis presents to the physician with his third episode of kidney stones in the past year. In addition he has begun to complain of difficulty seeing at night. Such changes can be attributed to a deficiency of which vitamin?

- a. Pyridoxine
- b. Vitamin A
- c. Vitamin B1
- d. Vitamin B12
- e. Vitamin D

9. Which one of the following is not an indication for chest tube intubation in a patient with Parapneumonic effusion?

- a. Loculated pleural fluid
- b. Pleural fluid PH > 7.45
- c. Pleural fluid glucose < 3.3 mmol/L (< 60 mg/dL)
- d. Positive gram stain or culture of the pleural fluid
- e. Presence of gross pus in the pleural space

10. A 50 year old man with diabetes mellitus suddenly develops persistent crushing central chest pain radiating to the neck with asymmetrical places. What is the single most appropriate diagnosis?

- a. Angina
- b. Costochondritis (Tietz's disease)
- c. Dissecting aneurysm
- d. Myocardial infarction
- e. Pulmonary embolism

11. A 73 year old woman has been short of breath for the past 3 weeks. She now needs to sleep with four pillows rather than two and has swollen ankles by the end of the day. She used a regular steroid inhaler for asthma but has never been in hospital for any reason. Which of the following is the most likely diagnosis?

RESPIRATORY MEDICINE

- a. Acute exacerbation of asthma
- b. Angina
- c. Cardiac failure
- d. Pneumonia
- e. Pulmonary embolism

12. A 15 year old girl presents with patchy hair loss on the scalp. The skin appears normal. Exclamation mark hair can be seen. The most likely diagnosis is

- a. Androgenetic alopecia
- b. Alopecia areata
- c. Tinea capitis
- d. Telogen effluvium
- e. Cicatricial alopecia

13. The characteristic lesion of scabies is

- a. Ulcer
- b. Papules
- c. Pustule
- d. Burrow
- e. Comedone

14. To establish the diagnosis, the most appropriate diagnostic approach or procedure in this patient is

- a. gallium scanning of the lung
- b. fiberoptic bronchoscopy or mediastinoscopy
- c. liver or conjunctival biopsy
- d. biopsy of skin lesions on lower legs
- e. careful follow-up at monthly intervals

15. The patient is at increased risk for all of the following extra pulmonary complications EXCEPT

- a. Meningitis
- b. Pancytopenia
- c. Nephrolithiasis
- d. Diabetes mellitus
- e. First-degree atrioventricular conduction block

16. The most likely outcome of this patient's illness is

- a. complete remission without treatment
- b. complete remission after appropriate radiotherapy and chemotherapy
- c. remission followed by recurrence within five years
- d. disabling dyspnea from pulmonary fibrosis
- e. death within two years.

17. The patient returns to your office six months later. He noted no further blood in the sputum until two days ago, when he began coughing 2-3 tablespoons of clots or fresh blood every few hours. Repeat chest roentgenogram shows a new cavitory density in the right upper lobe; it is otherwise unchanged. A tomogram of the density is shown above, right. The evaluation and management of this patient's hemoptysis now should include each of the following EXCEPT

- a. Spirometry
- b. fiberoptic bronchoscopy
- c. measurement of Aspergillus precipitins in serum
- d. sputum examination by cytology and bacteriology laboratories
- e. Intravenous administration of amphotericin

18. Although the patient's hemoptysis again subsides spontaneously, two months later you are called to the emergency room to evaluate him. He has just coughed up 600 ml of fresh blood over the previous eight hours. The initial evaluation and management now should include each of the following EXCEPT

- a. notification of a thoracic surgeon
- b. placement of a suction apparatus at the bedside
- c. immediate bronchoscopic examination of the airways
- d. placement of the patient in the decubitus position with the right side down
- e. administration of high-dose morphine or codeine until the recently increased cough has been suppressed

19. Bronchial breath sounds are found in all except:

- a. Collapse with patent bronchus
- b. Bronchial asthma
- c. Superficial big empty cavity with patent bronchus
- d. Bronchopleural fistula
- e. Bronchiectasis

ANSWER KEYS

1. INTERSTITIAL LUNG DX

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

2. ASTHMA

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

3. COPD

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

4. PULMONARY EMBOLISM

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

5. RESPIRATORY FAILURE

1.D	2.C	
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T.B

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

6. AERD

1.A 2.A

7. OBSTRUCTIVE SLEEP APNEA

1.E 2.B

TENSION PNEUMOTHORAX

1.B	2.B	3.B	4.B	
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8. PNEUMONIA

1.E 2.D 3.C 4.C

ABG

1.C

9. SARCOIDOSES

1.D 2.E

MIX

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

11.C	12.B	13.D	14.B	15.D
16.A	17.E	18.E	19.B	