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**The Presbyterian University of East Africa**

**School: HEALTH SCIENCES**

**Program: DIPLOMA CLINICAL MEDICINE**

**Semester: MAY 2012 MOCK**

**Course Code: MME 333**

**Course Title: MEDICINE PAPER**

**Date: 4TH JUNE 2012**

**Campus: Kikuyu**

**Read the instructions carefully:**

* Mobile phones are not allowed in the examination room
* Time allowed is **3 Hours**
* Answer **ALL** questionson theexamination answer book provided
* Omissions of or wrong numbering of examination papers, questions or parts of the questions will result in 10% deduction of the marks scored from the relevant part
* Answer **TRUE (T) OR FALSE (F)**. +1 mark will be awarded for each correct answer and -1/2 mark will be deducted for every incorrect answer.

**MULTIPLE CHOICE QUESTIONS**

1. The following are true about candidiasis
2. Is the most common fungal infection in immune suppressed individuals.
3. Vaginal and oral infections are the most common.
4. Antibiotic therapy is a predisposing factor
5. Candidal oesophigitis presents with painful dysphagia.
6. Its caused by trichomonas vaginalis.
7. Tetanus
8. Can complicate intravenous drug misuse
9. Lockjaw is a feature
10. Risus sardinicus is a feature
11. Wound cleaning and debridment is part of treatment
12. A silent dark room is necessary during treatment
13. In malaria infection:
14. Plasmodium vivax and ovale can cause tender hepato splenomegally
15. Plasmodium malariae is associated with glomerulo-nephritis and nephritic syndrome.
16. Plasmodium falciparum causes severe infection and the patient deteriorates very fast
17. Celebral malaria is common in plasmodium malariae
18. Black water fever is common in plasmodium vivax
19. The following can cause lung collapse

a) Lobar pneumonia

b) Partial impaction by foreign bodies in the bronchus

c) Intrathoracic space occupying lesion

d) Bronchial carcinoma

e) Pulmonary tuberculosis

 5. In the current management of brochial asthma

 a) Aminophyline injection is a 1st line treatment drug

b) Beta agonist plays a major role

 c) Beta blockers can be given

 d) Nebulisation means intravenous injection plus inhaler

 e) Intravenous adrenaline is very important

 6. The following constitutes complications of pulmonary tuberculosis

 a) Haemoptysis

 b) Spontaneous pneumothorax

 c) Pleural effusion

 d) Lung fibrosis

 e) Bronchiectasis

7. The following are causes of transudative pleural effusion

 a) Systemic Lupus Erythromatosis

 b) Renal failure

 c) Cardiac failure

 d) Septic arthritis

 e) Tuberculosis

8. The following drugs are correctly matched against their side effects

 a) Isoniazid - Peripheral Neuritis

 b) Pyrazinamide - Arthritis

 c) Ethambutal - Hepatitis

 d) Rifampicin - Colour blindness

 e) Streptomycin - Ototoxicity

9. The following are manifestation of extra pulmonary tuberculosis

 a) Haematuria

 b) Cavitation in the lungs

 c) Gibbus deformity

 d) Cough more than two weeks

 e) Weight loss

10. The following are the major criteria used in the diagnosis of acute rheumatic fever

 a) Carditis

 b) Fever

 c) Migratory polyarthritis

 d) Chorea

 e) Raised ESR

11. Right heart failure presents with

 a) Raised JVP

 b) Splenomegally

 c) Bilateral pedal oedema

 d) Tender hepatomegally

 e) Rhonchi

12. A 40 year old presents with a headache and BP of 170/100mmHg.his pulse 88 beats per minute

 a) Admit the patient immediately

 b) Give him I/V Hydrallazine 20mg stat

 c) Advice on life style change and diet is helpful

 d) Hydrocholorothiazides are not indicated

 e) He can safely be managed in a Health Centre

13. Infective Endocarditis

 a) Is commonly seen in patients with valvular heart disease

 b) Presents with splinter Haemorrhages

 c) Only one specimen should be obtained for blood culture

 d) I/V Gentamycin and Crystalline Penicillin are the drugs of choice

 e) Tooth extraction is a predisposing factor

14. Acute Renal failure

 a) Can be caused by hypovolaemia

 b) Presents with bleeding tendencies

 c) Polyuria can be presenting feature

 d) Causes Normocytic/Hypochronic anaemia

 e) Oedema is due to increased capillary permeability

15. The causes of finger clubbing include

 a) Persistent pneumonia

 b) Acute bronchitis

 c) Bronchiectasis

 d) Lung abscess

 e) Foreign body in the bronchus

16. The following conditions predispose to development of hypertension

 a) Acromegaly

 b) Cushing Syndrome

 c) Phaeochromocytoma

 d) Conn’s Syndrome

 e) Hypothyroidism

17. The following are positive features of Deep Venous Thrombosis

 a) The affected limb is uniformly swollen

 b) The affected limb is cold to touch

 c) The affected limb appears darker than the normal one

 d)Tenderness

 e) The distal pulse is usually absent

18. In infective endocarditis

 a) Chest X ray demonstrate vegetations

 b) Treatment of choice is double dose benzyl penicillin

 c) IV drug abusers are at high risk

 d) Is a common cause of heart failure in patients with cardiac lesions

 e) Confirmation of diagnosis is by pericardial fluid cultures

19. A patient who presents to you with congestive cardiac failure is likely to have the following features

 a) Tender splenomegally

 b) Bilateral ankle non pitting oedema

 c) Fine basal crepitations

 d) Dyspnoea

 e) Tachycardia

20. Predisposing factor to cardiomegally include

 a) Vitamin B12 deficiency

 b) Strainous exercises

 c) Alcohol

 d) Severe dehydration

 e) Diabetes mellitus

21. Which of the following Typhoid Fever tests are diagnostic within first week of infection

 a) Widal test

 b) Blood culture

 c) Urine culture

 d) Stool culture

 e) Stool for ova and cyst

22. In peptic ulcer disease

 a) Cancer of the stomach is the most common complication of duodenal ulcers

 b) Cigarette smoking leads to poor prognosis irrespective of treatment

 c) Barium meal is invariably diagnosis

 d) Epigastric pain tends to be worse soon after meals in duodenal ulcers

 e) Chronic renal failure is a known predisposing condition

23. The following factors are associated with worsening of Hepatic encephalopathy

 a) High protein diet

 b) Paracentesis abdominis

 c) GIT bleeding

 d) Viral infections

 e) Acidosis from any cause

24. Causes of obstructive jaundice include

 a) Instestinal heminths

 b) Hepatocellular carcinoma

 c) Viral hepatitis

 d) Drugs

 e) Billary atresia

25. The following statements are true regarding Nephrotic Syndrome

 a) Acute Glomerulonephritis is a common cause

 b) Capillary Endothelium is damaged

 c) It is characterized by massive oedema, massive proteinuria, hyperalbuminaemia and

 hypolipidemia

 d) Haematuria is a cardinal sign

 e) Presents with hypertension

26. The following are complications that arise from amoebic infection

 a) Amoebic abscess

 b) Colonic Ulcer

 c) Amoeboma

 d) Lymphoma

 e) Intestinal obstruction

27. Acute Glomerulonephritis

 a) Is associated with skin lesion

 b) Plasmodium Malariae infection is predisposing factor

 c) Increased protein diet is recommended

 d) Can complicate to pleural effusion

 e) There should be no dietary restrictions in management

28. A 22 year old college student comes to your clinic with history of painful micturition, urethral discharge for three days after having had unprotected sexual contact with his new girlfriend

 a) Syphilis is a possible diagnosis

 b) Failure to treat may result in urinary retention

 c) Immediate HIV test is mandatory

 d) Procain Penicillin Fortified (PPF) is the drug of choice

 e) Arthritis of the major joints may be a complication

29. A 23 year old commercial sex worker presents with painful blistering skin rash affecting one side of the face

 a) A HIV test is likely to be positive

 b) Patient may benefit from calamine lotion

 c) He must have suffered from chicken pox earlier in life

 d) Acyclovir has no role

 e) ARV’s should be stared immediately

30. The following are different diagnosis of hematuria

 a) Pelvic trauma

 b) Acute Glomerulonephritis

 c) Cystitis

 d) Schistosoma japonicum

 e) Urethral Calculi

**ESSAYS**

1. A hawker in Kisumu city presents with features suggestive of cholera to your outpatient department

 a) What are the clinical features of cholera? (5 marks)

 b) Outline the management of this patient? (5 marks)

2. A patient who is on ARVS develops pulmonary tuberculosis

(a) State three relevant important investigations for pulmonary Tuberculosis(3 marks)

(b)Outline the management of smear positive PTB (5 marks)

(c) List four common opportunistic infections associated with HIV (2 marks)

3. (a) Differentiate between gastric and duodenal ulcers (4 marks)

 (b) Outline the predisposing factor to peptic ulcer disease (2 marks)

 (c) Outline management of peptic ulcer (4 marks)

4. A 35 year old farmer is admitted in the medical ward with the following: hyperpyrexia (39.6 C) headache, joint pains, prostration, fast breathing, vomiting and blood slide for malaria parasites shows heavy parasitaemia

 (a) What is the diagnosis? (1 mark)

 (b) Outline the management of the above patient? (9 marks)

5. Answer the following on scabies under the following headings

 (a) Causative agent (1 mark)

 (b) Clinical presentation (4 marks)

 (c) Management (5 marks)

6. A middle aged woman presents with history of urgency and painful micturation for the last 2 days

 (a) What is the likely diagnosis? (1 mark)

 (b) List four commonest causavative organisms (2 marks)

 (c) How will you manage the above patient (7 marks)

7. A 58 year old known diabetic patient presents to you in outpatient with sudden cold sweat and body weakness. As you are taking the history the patient goes into a coma. Vital signs: pulse is regular, full and bonding: blood pressure and body temperature are normal

 (a) What is the diagnosis? (1 mark)

 (b) Outline your immediate action (4 marks)

 (c) Outline five differentials of the above (5 marks)

8. A 65 year old female presents to you with a history of progressive abdominal distension. She gives history of having taken alcohol for the past 40 years and remembers to have had yellowness of the eyes some years back. On examination she is confused and irritable, has atrophied breasts, spider naervi, massive ascites, coarse flapping tremors, felor hepaticus and gingival bleeding.

 (a) What is the most likely diagnosis (1 mark)

 (b) Enumerate four factors that would precipitate the above condition (4 marks)

 (c) Outline the management of the above condition (5 marks)

9. A known epileptic presents to you outpatient with epileptic seizures

 (a)Outline your first aid measures (3 marks)

 (b)Outline your immediate medical management (4 marks)

 (c)Which Health education message would you give your patient (3 marks)

10. You intend to transfuse a patient in your ward due to severe anaemia

 (a)What precautions do you put in place before and during transfusion? (6 marks)

 (b)Which complications do you anticipate? (4 marks)