Tanta University Faculty of Medicine Anatomy Department 10/4/2016

Diploma of Neurology& Psychiatry

Number of Questions: 5 Time Allowed: 3 Hours

Total: 50 Marks



NEUROLOGY & PSYCHIATRY

All questions to be answered

Illustrate your answer with diagram whenever possible:

- 1- Discuss the gross anatomy of the spinal cord (site, age changes, (10 marks) coverings, and fixation).
- 2- Describethe external features of the medulla oblongata. (10 marks)
- 3- Enumerate the contents of superior cerebellar peduncle and cerebellar (10 marks) arteries.
- 4- A. Enumerate the fibres in the anterior and posterior limbs of the internal (5 marks) capsule.
 - B. Describe the anterior, posterior and lateral walls of the third ventricle. (5 marks)
- 5- A. Mention the boundaries and contents of the interpeduncular fossa. (5 marks)
 - B. Mention the position, formation and function of circle of Willis. (5 marks)

END OF THE EXAM

Oral Examination:

24/ 4/ 2016 at 10 o'clock in the Anatomy Sunday On Department (Second floor) WITH MY BEST WISHES

Chairman of Department: Prof. Dr. Mona Zoair



Tanta University
Faculty of Medicine
Department of Neuropsychiatry

Diploma Degree in Neuropsychiatry
Psychiatry written examination
April, 2016

Time allowed: 3 hour Number of questions: 8 All questions should be answered

Give an account on:

- 1- Indications and side effects of ECT.
- 2- Clinical features, diagnosis and management of Catalonia
- 3- Atypical antipsychotics.
- 4- Pharmacological action of duloxetine, agomelatine and mirtazapine antidepressants .
- 5- Etiology and treatment of different types of insomnias.
- 6- Management of bulimia nervosa
- 7- Group psychotherapy
- 8- Diagnosis and management of Attention Deficit Hyperactivity Disorder.

Good Luck

Tanta University, Faculty of medicine, Public health department 1st part diploma degree of neurology and Psychiatry (Genetics) (old bylaws, old system)

17-April 2016

Time allowed one hour (25marks)



QI: Read the following problem then answer the questions below:

A new born have a family history for a genetic disorder (phenylketonuria) came with his father to the neuro clinic.

A-Describe methods you should do for primary prevention of that disease. (8 marks)

b. Mention the steps of genetic counseling for the family of that case. (7 degrees)

QII- Enumerate: (10 degrees)

- 1. Two Topics for health education needed for primary prevention of genetic disorders.
- 2. Two hereditary causes of chromosomal disorders.
- 3. Two methods for rehabilitation of neurological disorders.
- 4. One technique of gene therapy
- 5. Two Purposes of the genetic testing.
- 6. Two features of Autosomal dominant disorders
- Two indications for a genetic etiology of certain disorders listed by the scientist Thompson (1980).
- 8. Two causes of a higher prevalence of genetic disorders in Arab countries.
- 9. Two characteristics of autosomal recessive disorders.
- 10. Two causes of single gene disorders

Good Luck

الامتحان الشفهى بالقسم يوم الأحد الموافق ١/٤/١٠٦ م

TANTA UNIVERSTY------ Internal Medicine Exam

FACULTY OF MEDICINE ------ Diploma degree of Neuro psychatry
INTERPNAL MEDICINE DEPARTMENT-----NO. OF QUESTIONS: 3

14/4/ 2016 ----- Time: 3



All Questions must be answered:

- 1- Management of hyperkalemia.
- 2- Causes and treatment of pernicious anemia.
- 3- Clinical manifestations of acute kidney injury.

Good Luck

جامعة طنطا

الزمن: ساعة واحدة

كلية الطب

الأسئلة إجبارية

قسم الأمراض العصبية والنفسية

دبلوم الأمراض العصبية والنفسية (دور أبريل ٢٠١٦) / جزء أول (مادة علم النفس العام والخاص)

Psychology

- 1. Discuss family factors implicated in human behavior
- 2. Give an account on perceptual disorders; causes and factors affecting
- 3. Give an account on associative learning; its types and its applications
- 4. Discuss psychological development during adolescence

Good luck

Pathology Examination for Diploma Degree in: Neuropsychiatry. Course Title: TMED 03- A02 Path Date: 17/4/2016
Time Allowed: 2 hours
Total Assessment Marks: 50 marks



Questio	ns Number	Marks
<u>Q1</u>	Syphilitic affection of C.N.S.	10 Marks
<u>Q2</u>	Cerebral aneurysms.	10 marks
<u>Q3</u>	Tumours of peripheral nerves.	15 marks
<u>Q4</u>	Demyelinating diseases of C.N.S.	15 marks

GOOD LUCK

Chairman of Department Prof Dr.

*تنبيه هام: يعقد الامتحان الشفهى يوم الاحد الموافق ٢٤-٤-٢٠١ بقسم الباثولوجى بكلية الطب فى تمام الساعه العاشره.

Examination for Diploma Degree in: Neuropsychiatry Course Title: Biochemistry Date: -4-2016 Term: First part Time Allowed:3hours Total Assessment Marks:25 marks



Questions Number	Marks
Q1 What are the neurochemical abnormalities in depression?	10
Q2 Give an account on storage and release of neurotransmitters	5
Q3 Discuss the pathophysiology of Huntington's Diseases	5
Q4 Enumerate the neurological disorders after mitochondrial DNA mutation.	5



Tanta University
Faculty of Medicine
Department of Neuropsychiatry

Diploma Degree in Neuropsychiatry
Psychiatry written examination
April, 2016

Time allowed: 3 hour Number of questions: 8 All questions should be answered

Give an account on:

- 1- Psychiatric manifestation of epilepsy
- 2- Explain how receptors and enzymes could be targets of drug actions.
- 3- Manifestations and treatment of phobias
- 4- Toxicity , complications and treatment of Alcohol use
- 5- Management of violent patients
- 6- Steps of management of schizophrenia
- 7- Fearful anxious personality disorders
- 8- Diagnosis and management of conversion disorder

Good Luck

Examination for Deploma Degree in: Neuropsychiatry

Course Title: Histology Date: 10/4/2016

Term: April.
Time Allowed:

Total Assessment Marks: 25 marks



Tanta University
Faculty of
Medicine
Department of:
Histology

Answer the following Questions (illustrate your answers with labeled diagrams):

Q1 - Describe histological structure of Golgi apparatus. 6 i

6 marks

Q2 - Give an account on eosinophil .

6 Marks

Q3 - Discuss neuroglia.

7 Marks

Q4- Discuss histological structure of motor end plate.

6 marks

GOOD LUCK

الامتحان الشفوي يوم ١٠ /٢/٤/ ٢٠١ بعد الإنتهاء من امتحان التحريري

Chairman of Department
Prof Dr. EHSAN FAROUK SALAH



Tanta University Faculty of Medicine Department of Physiology.

Examination for (Diploma Neuropsychiatry) Course Title: Physiology Total Assessment Marks:75

Date:12/4/2016

Term: Final

Course Code: TMED.02:A02 Time Allowed: Physio. + Bio. Three Hours

All the questions are to be answered:-

Q1- Discuss: Mechanisms of transcellular and transcapillary exchange.

(20 marks)

Q2- Explain briefly:

a) Causes and manifestation of lesion in the posterior limb of internal capsule.

(20 marks)

b) Types and causes of hemorrhage. State its compensatory reaction.

(15 marks)

Case study: After sitting with one leg crossed under the other for several hours while working on a document at her computer terminal, a 52-year-old woman went to stand up, but could not walk on the crossed leg, and felt tingling and pain in it. Which of the following explains the loss of motor function without the loss of pain sensation in the peripheral nerves.

- a. Ab fibers are more sensitive to pressure than C fibers.
- b. C fibers are more sensitive to pressure than Ab fibers.
- c. C fibers are more susceptible to hypoxia than B fibers.
- d. A fibers are more susceptible to local anesthetics than C fibers.
- e. C fibers have higher conduction velocities than A fibers. Explain your answer (5 marks)

Answer the following MCQ by the most probable one choice& write the statement in your answer paper: (15 marks)

Q.1. Motor ataxia is:

- a. The result of a lesion in area 4.
- b. Sever weakness of muscles.
- c. Loss of the memory of motor acts.
- d. Inability to write.

Q.2. A patient with restrictive lung disease typically has:

- a. An increased forced expiratory volume in 1 second (FEV1) and a normal lung compliance.
- A decreased FEV1 and an increased lung compliance.
- c. A decreased FEV1 and a decreased lung compliance.
- d. An increased FEV1 and an increased lung compliance.

Q.3. On performing a skilled movement, increased neural activity is first seen in

- the:
- a. Cortical association areas.
- b. Cerebellum.
- c. Basal ganglia.
- d. Precentral motor cortex.

Q.4. The tensions of O₂ in the arterial blood is decreased:

- a. In anaemia.
- b. In stagnant hypoxia.
- c. In hypoxic hypoxia.
- d. In cyanide poisoning.
- Q.5. In disease of the renal pelvis or the ducts through which urine leaves, the patient often reports, in addition to other

LOOK IN THE BACK OF THIS PAGE

symptoms, pain in the groin. The symptom is an example of:

- a. Referred pain.
- b. Projected pain.
- c. Initial pain.
- d. Delayed pain.

Q.6. A transfusion reaction may cause:

- a. Jaundice.
- **b.** Precipitation of haemoglobin in renal tubules.
- c. Fever.
- d. All of the above

Q.7. Muscarinic receptors:

- Accept acetylcholine released by nerve endings near the receptor.
- b. Can be activated by hexamethonium.
- c. Are not sensitive to acetylcholine.
- d. Are blocked by curare.

Q.8. Alpha block in the electroencephalogram:

- a. Occurs during sleep.
- b. Occurs when the subject becomes alert.
- c. Is a feature of petit mal epilepsy.
- d. Occurs during hypoxia

Q.9. Calcitonin is known to cause the following:

- Decreased calcium reabsorption by proximal tubules.
- proximal tubules.b. Increased phosphate reabsorption by
- proximal tubules.
 c. Increased absorption of Ca++ in the gut.
- d. Increased osteoblastic activity.

Q.10. Cretinism is characterised by:

- a. High level of vitamin A in blood.
- b. Cold intolerance.
- c. Precocious puberty.

d. Enlargement of adrenal cortex

Q.11. In type II diabetes mellitus there is:

- a. Decreased fat mobilization.
- b. Insulin resistance.
- c. Decreased plasma insulin.
- d. Increased insulin sensitivity.

Q.12. Maturation failure anaemia:

- a. Is characterized by elevation of the main cellular volume (MCV).
- **b.** Is characterised by large hypochromic RBCs.
- c. Causes decrease in bleeding time.
- I. Is typically found following chronic blood loss from body.

Q.13. Stimulation of β adrenergic

receptors causes:

- a. Bronchodilation.
- b. Coronary vasoconstriction.
- c. Bradycardia.
- d. Vasoconstrictor of skin vessels.

Q.14. In chronic haemorrhage

- a. Blood coagulability decreases.
- b. Water moves from extravascular to intravascular compartment.
- c. Cutaneous vasodilation is a cardinal sign.
- d. There is microcytic hypochromic anemia.

Q.15. All of the following would be expected to occur in compensated shock EXCEPT:

- a. Sensation of thirst.
- b. Cutaneous vasodilatation.
- c. Water movement from the extravascular to intravascular compartment.
- d. Salt and water retention.

Oral exam will be on Sunday 24/4/2016 at 9 am in physiology department



All Questions must be answered:

- 1- Discuss acute complications of DM.
- 2- Causes and treatment of acute Kidney injury.
- 3- Management of Peptic ulcer.

Good Luck