



TANTA UNIVERSITY
FACULTY OF MEDICINE
INTERNAL MEDICINE DEPARTMENT
APRIL 13 - 4 - 2013.

INTERNAL MEDICINE EXAM
Msc Diagnostic Radiology second part
NO. OF QUESTIONS: 2
TIME ALLOWED: 3 hours
TOTAL MARKS: 40

Internal Medicine

MSc Diagnostic Radiology

Discuss the followings:

- 1- Diagnosis and complications rheumatic fever ? (20 mark)
- 2- Management upper gastrointestinal bleeding? (20 mark)

أمتحان الشفوى والعملى يوم ٢٣ / ٤ / ٢٠١٣ م .

GOOD LUCK



All questions must be answered

Audiology (Number of questions: 3, total marks: 30)

- 1) Diagnosis and management of gastroesophageal reflux disease. (10 marks)
- 2) Diagnosis and management of hypothyroidism. (10 marks)
- 3) Give short note on hypocalcemia. (10 marks)

Good luck

الشفوى الاثنىن ٢٢ ابريل ٢٠١٣ الثامنه صباحا بمستشفى الأمراض الباطنه



All questions must be answered

ENT (Number of questions: 5, total marks: 100)

- 1) When to suspect cirrhosis? (20 marks)
- 2) **Three infections** can be transmitted after needle stick injuries? (Rate of infection after exposure, how to diagnose and treat). (20 marks)
- 3) Diagnosis of infective endocarditis. (20 marks)
- 4) Discuss diabetic neuropathy. (20 marks)
- 5) Diagnosis of hyperthyroidism. (20 marks)

Good luck

الشفوى والاكلينيكي الاثنين ٢٢ ابريل ٢٠١٣ الثامنة صباحا بمستشفى الأمراض الباطنه



All questions must be answered

ENT (Number of questions: 5, total marks: 100)

- 1) When to suspect cirrhosis? (20 marks)
- 2) **Three infections** can be transmitted after needle stick injuries? (Rate of infection after exposure, how to diagnose and treat). (20 marks)
- 3) Diagnosis of infective endocarditis. (20 marks)
- 4) Discuss diabetic neuropathy. (20 marks)
- 5) Diagnosis of hyperthyroidism. (20 marks)

Good luck

الشفوى والاكلينيكي الاثنين ٢٢ ابريل ٢٠١٣ الثامنة صباحا بمستشفى الأمراض الباطنه

مدرسة



All questions must be answered

- 1) Causes, diagnosis, treatment, and prevention of aspiration pneumonia.(10 marks)
- 2) Acute complications of Diabetes Mellitus. (10 marks)
- 3) Discuss hyperkalemia. (10 marks)
- 4) Causes and differential diagnosis of acute anemia. (10 marks)

Good luck

الشفوى والاكلينيكي الاثنين ٢٢ ابريل ٢٠١٣ الثامنه صباحا بمستشفى الامراض الباطنه



TANTA UNIVERSITY
FACULTY OF MEDICINE

INTERNAL MEDICINE DEPARTMENT
APRIL 10, 2013.

INTERNAL MEDICINE EXAM
MASTER NEUROPSYCHIATRY
FIRST PART
NO. OF QUESTIONS: 3
TIME ALLOWED: 3 hours
TOTAL MARKS: 100 marks

1)- Describe Causes (15 Marks), Clinical Picture (15 Marks) and Management (5 Marks) of hypoglycemia.
Total (35 Marks).

2)- Discuss Manifestations (15 Marks), Management (15 Marks) and Differential Diagnosis (5 Marks) Of Systemic Lupus Erythematosus (SLE).
Total (35 Marks).

3)- Discuss Pathogenesis (10 Marks) and Manifestations (20 Marks) Of Diabetic Microvascular Complications.
Total (30 Marks)

All questions must be answered
Time allowed: three hours.

يتم عقد الامتحان الاكلينيكي و الشفوي يوم الاربعاء ٢٤/٤/٢٠١٣ في مستشفى الامراض الباطنه
الساعة الثامنه صباحا.

رئيس القسم:
د/ انيس عبد الوهاب

GOOD LUCK

All questions must be answered

Gynecology and Obstetrics (Number of questions: 6, total marks: 100)

- 1) Discuss complications of cirrhosis. (15 marks)
- 2) **Three infections** can be transmitted after needle stick injuries? (Rate of infection after exposure, how to diagnose and treat). (15 marks)
- 3) Discuss Hypertensive emergency. (20 marks)
- 4) Diagnosis and management of pulmonary embolism. (15 marks)
- 5) Acute kidney injury (causes and diagnosis) (15 marks)
- 6) Discuss diabetes with pregnancy. (20 marks)

Good luck

الشفوى والاكليينكى الاتنين ٢٢ ابريل ٢٠١٣ الثامنه صباحا بمستشفى الأمراض الباطنه



TANTA UNIVERSITY
FACULTY OF MEDICINE

INTERNAL MEDICINE DEPARTMENT
APRIL 10, 2013.

INTERNAL MEDICINE EXAM
MASTER OF TROPICAL MEDICINE
FIRST PART
NO. OF QUESTIONS: 3
TIME ALLOWED: 3 hours
TOTAL MARKS: 100 marks


1)- Notify Causes (5 Marks), Clinical Picture (5 Marks), Diagnosis (5 Marks) and Treatment (5 Marks) Of Cushing Syndrome. Total (20 Marks).

2)- Discuss Causes (10 Marks), Clinical Manifestations (10 Marks), Diagnosis (10 Marks) and Treatment (10 Marks) Of Hypercoaguable State. Total (40 Marks).

3)- Describe Causes (10 Marks), Pathophysiology (5 Marks), Clinical Manifestations (5 Marks), Differential Diagnosis (5 Marks) and Treatment (15 Marks) Of Chronic Renal Failure. Total (40 Marks).

All questions must be answered
Time allowed: three hours.

يتم عقد الامتحان الاكلينيكي و الشفوي يوم الاربعاء ٢٤/٤/٢٠١٣ في مستشفى الامراض الباطنه
الساعة الثامنة صباحا.

رئيس القسم: 

GOOD LUCK



TANTA UNIVERSITY
FACULTY OF MEDICINE
INTERNAL MEDICINE DEPARTMENT
APRIL 10, 2013.

INTERNAL MEDICINE EXAM
MASTER OF CARDIOLOGY FIRST PART
NO. OF QUESTIONS: 3
TIME ALLOWED: 3 hours
TOTAL MARKS: 100 marks

- 1)– Describe Clinical Picture (10 marks) and Diagnosis(10 marks) of Mediastinal Syndrome. Total Marks (20 Marks).
- 2)– Notify Causes (10 Marks), Discuss Clinical Picture (15 Marks) and Management Of Hyperthyroidism (15 Marks) . Total Marks (40 Marks).
- 3)–Notify Causes (15 Marks), Discuss Clinical Picture (15 Marks) and Management (10 Marks) of Nephrotic syndrome. Total Marks (40 Marks).

All questions must be answered
Time allowed: three hours.

يتم عقد الامتحان الاكلينيكي و الشفوي يوم الاربعاء ٢٤/٤/٢٠١٣ في مستشفى الامراض الباطنه
الساعة الثامنه صباحا.

رئيس القسم:
عبد الرحمن

GOOD LUCK



TANTA UNIVERSITY
FACULTY OF MEDICINE
INTERNAL MEDICINE DEPARTMENT
APRIL 10 ,2013.

INTERNAL MEDICINE EXAM
MASTER OF CARDIOLOGY FIRST PART
NO. OF QUESTIONS: 3
TIME ALLOWED: 3 hours
TOTAL MARKS:100 marks

- 1)– Describe Clinical Picture (10 marks) and Diagnosis(10 marks) of Mediastinal Syndrome. Total Marks (20 Marks).
- 2)– Notify Causes (10 Marks), Discuss Clinical Picture (15 Marks) and Management Of Hyperthyroidism (15 Marks) . Total Marks (40 Marks).
- 3)–Notify Causes (15 Marks), Discuss Clinical Picture (15 Marks) and Management (10 Marks) of Nephrotic syndrome. Total Marks (40 Marks).

All questions must be answered
Time allowed: three hours.

يتم عقد الامتحان الاكلينيكي و الشفوي يوم الاربعاء ٢٤/٤/٢٠١٣ في مستشفى الامراض الباطنه
الساعه الثامنه صباحا.

رئيس القسم:

GOOD LUCK



TANTA UNIVERSITY
FACULTY OF MEDICINE
INTERNAL MEDICINE DEPARTMENT
APRIL 13 - 4 - 2013.

INTERNAL MEDICINE EXAM
Msc Therapeutic Radiology second part
NO. OF QUESTIONS: 2
TIME ALLOWED: 3 hours
TOTAL MARKS: 40

Internal Medicine

MSc Therapeutic Radiology

- 1- Bronchogenic carcinoma: diagnosis and treatment ? (20 mark)
- 2- Peptic ulcer: Etiology, diagnosis and treatment ? (20 mark)

أمتحان الشفوى والعملى يوم ٢٣ / ٤ / ٢٠١٣ م .

GOOD LUCK



TANTA UNIVERSITY
FACULTY OF MEDICINE

INTERNAL MEDICINE DEPARTMENT
APRIL 17, 2013.

INTERNAL MEDICINE EXAM
MASTER OF DERMATOLOGY
FIRST PART

Nº. OF QUESTIONS: 3
TIME ALLOWED: 1.5 hour
TOTAL MARKS: 50 marks

1)- Notify Causes (5 Marks), Describe Clinical Manifestations (5 Marks) and Diagnosis (5 Marks) of Addison's Disease. Total (15 Marks)

2)- Describe Clinical Manifestations (10 Marks) and Management (5 Marks) of Rheumatoid Arthritis. Total Marks (15 Marks)

3)- Discuss Causes (5 Marks), Clinical Manifestations (10 Marks) and complications (5 Marks) of Liver Cirrhosis. Total (20 Marks)

All questions must be answered
Time allowed: One and half hour.

يتم عقد الامتحان الاكلينيكي و الشفوي يوم الاربعاء ٢٤/٤/٢٠١٣ في مستشفى الامراض الباطنه
الساعة الثامنة صباحا.

رئيس القسم: د. هادي
د. هادي

GOOD LUCK



TANTA UNIVERSITY
FACULTY OF MEDICINE
INTERNAL MEDICINE DEPARTMENT
APRIL 6th, 2013
TOTAL MARKS: 60 Marks

INTERNAL MEDICINE EXAM.
MASTER SECOND PART
NO. OF QUESTIONS: 3
TIME ALLOWED: 3 Hours
FIRST PAPER

- 1) Discuss diet therapy. 15 Marks
- 2) Discuss *[causes, precipitating factors, clinical picture, treatment]*
 - a. Adrenal Crisis 5 Marks
 - b. Hereditary recurrent fevers 5 Marks
 - c. Chronic Pancreatitis 10 Marks
- 3) Discuss
 - a. Sarcoidosis 10 Marks
 - b. Ventricular arrhythmias 5 Marks
 - c. Acute tubular necrosis 10 Marks

Good Luck



TANTA UNIVERSITY
 FACULTY OF MEDICINE
 INTERNAL MEDICINE DEPARTMENT
 APRIL 10th, 2013
 TOTAL MARKS: 60 Marks

INTERNAL MEDICINE EXAM.
 MASTER SECOND PART
 NO. OF QUESTIONS: 3
 TIME ALLOWED: 3 Hours
 SECOND PAPER

1. A 14 year old boy presented with yellowish discoloration of the sclera, he gave a history of tiredness and fatigue for the previous few weeks. His mother gave a family history of similar presentation few years ago in his older sister and she died a few weeks later. On examination: the boy was conscious, afebrile but jaundiced. Pulse was 100 bpm, BP 110/70, chest and hearty were clinically free. Abdominal examination showed shifting dullness bilateral mild lower limb edema was present. There were abnormal movements involving both upper limbs with no normal power and reflexes. Investigations: total bilirubin 3.5mg/dl, direct bilirubin 2.8mg/dl, albumin 3g/dl, AST 556 U/L, ALT 678 U/L, INR 2.5

- What is the most likely diagnosis? (3 Marks) *wilson*
- What further investigations should be done? (3 Marks) *24h urinary copper, ceruloplasmin*
- What is the treatment of this condition? (4 Marks) *Liver copper load.*

ppercchelating agents, penicillamine, zinc sulfate, acetate.

Total 10 Marks

2. A 25 year old female presented with abdominal pain, acute onset of abdominal distension and melena. She has history of recurrent abortion; the last one was 2 weeks before. She has history of DVT 3 years ago. She used no medications now. She gave history of occasional pain, numbness and color changes of her fingers especially in the winter time. On examination: she looks tired. Temperature is 37°C, pulse 120bpm, BP 100/60. Abdominal examination revealed ascites by shifting dullness.

- What is the most likely diagnosis? (2 Marks) *SLE, APS, Thrombosis*
- What is the cause of her melena? (2 Marks) *Telangiectasia stomach*
- What investigations would you perform? (3 Marks) *ANA, anti-ds-DNA, LAC, anticardiolipin*
- What is the treatment? (3 Marks) *CBC, B2-glycoprotein.*

steroid - Azathioprin, hydroquin, mycophenolate, cyclophosphamide

Total 10 Marks

3. A 48 year old man with poorly controlled diabetes presented with a five day history of facial and right eye pain, fever, and blocked nose. He also suffered diffuse abdominal pain, nausea and repeated vomiting. On examination he was dehydrated, confused and drowsy. There was acetone odor in breath and rapid deep respiration. His temperature was 39.2°C, pulse 116bpm, regular of small volume and BP 95/60. There was a swelling over the right maxilla with slight erythema, unilateral nasal obstruction with a necrotic inferior turbinate. Palatal ulceration was evident. There was right proptosis, chemosis, internal and external ophthalmoplegia. HB 13.6gm/dl, white cell count $20 \times 10^9/L$, random blood glucose 521 mg/dl. Blood urea 72mg/dl, arterial PH 6.9, HCO_3^- 12mmol/l, serum Na 135 mmol/l and urine dipstick (Ketones +++)

ECU case.

v. fluid
 v. HCO_3^-
 v. Insulin.
 T Brain
 After correction of dehydration
 and improved renal function.
 Int fungal
 what vein
 v. antibiotic
 check up
 electrolyte
 d renal
 chitancy
 consc
 eye

• 0.9% saline - 2N - saline - KCl.

• What is the most likely diagnosis? (3 Marks) **DKA - Rhino cerebral mucormycosis.**

• What are the appropriate management steps? (4 Marks)

• Mention two other life threatening infections in diabetics? (3 Marks)

Total 10 Marks - **Malignant otitis externa.**
- Pyelonephritis with acute papillary necrosis.

An 18 year old boy was referred to hospital presented with vomiting and crampy right upper abdominal pain for two days. These were associated with dark colored urine and pallor. The condition was recurrent infrequently since age of 4 years mainly after infection. He had received his first blood transfusion at that time. On admission, physical examination revealed pallor, jaundice and splenomegaly. Results of laboratory investigations showed hemoglobin level of 7.8g/dl, WBC 6000 /dl, RBC 2.9×10^6 /dl and platelets 342000 /dl, reticulocytosis of 10% and Heinz bodies in peripheral blood.

- What is the most likely diagnosis? (3 Marks) **G6PD deficiency**
- What are the investigations needed? (3 Marks) **G6PD level after acute attack is over**
- What is the treatment? (4 Marks)

Total 10 Marks - **Blood transfusion.**
- avoid precipitating factors [hypoxia, infection, drugs and fava beans].

5. A 35 year old man was noted to be hypertensive but no other abnormality was revealed. His father had died at the age of 56 from a cerebrovascular accident (CVA). Two years later, his blood pressure having been controlled, he experienced several episodes of painless hematuria apparently unrelated to trauma or infection. There was no proteinuria, examination revealed fullness in both flanks. Over the next 15 years his renal function deteriorated at a steady rate. The patient recently entered the phase of terminal renal failure and is currently being integrated into dialysis and transplantation program.

- What is the most probable diagnosis? (2 Marks) **PKD.**
 - What anatomical abnormality may have been responsible for the cerebrovascular accident (CVA)? (2 Marks) **Berry aneurysm.**
 - What investigation is needed to prove the condition? (3 Marks) **W/S Kidney and genetic analysis.**
 - What are the implication of this disease for the children? (3 Marks)
- Total 10 Marks - **Autosomal dominant (50% at least)**
- **Autosomal recessive.**

6. A 52 year old male presents to the clinic with a 1 month history of fever, night sweats and weight loss. CXR was done revealed no abnormality and he received treatment in the form of antibiotics, antipyretics and vitamins and discharged home. Three months later, the patient complained of back pain for two weeks and subsequently he developed sever weakness of the right leg, difficulty ambulation and urine retention followed by incontinence. He denied cough and hemoptysis. He was referred to a hospital for management of progressive neurological deficit and persistent back pain. On examination; BP 130/80 mm/Hg, pulse 100bpm, temperature 38.2°C, RR 20/min, he looks pale with cachexia, kyphosis deformity of his thoracic spine, spastic paraparesis, sensory loss of both lower limbs up to umbilicus and a fluctuating mass at the inguinal region.

- What is the most likely diagnosis? (2 Marks) **Pot's disease of spine.**
- What is the most likely differential diagnosis? (2 Marks) **Other space occupying lesion.**
- What is the explanation of the mass at the inguinal region? (2 Marks)
- What investigations would be most helpful and why? (2 Marks) - **Disc Prok**
- What treatment options are appropriate? (2 Marks)

nd abscess ←

Total 10 Marks

Antituberculous for 12-18 months
corticosteroid.
Surgical decompression.

Good Luck
Drain abscess for abs, PCR.
MRI spine.

sputum c/s, AI
Quantiferon TB
PPD