



Final examination 2016  
Time allowed: 60 minutes  
Final Diploma-Chest  
10-4-2016

Tanta University  
Faculty of Medicine  
Histology Department  
Marks (25 marks)

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**Give an account of each of the following illustrating your answer with diagrams:**

1- Mitochondria. (7 marks)

2- A) Plasma cell. (3 marks)

B) Mast cell. (4 marks)

3- Respiratory epithelium. (5.5 marks)

4- Stratified epithelium. (5.5 marks)

**GOOD LUCK**

Tanta University  
Faculty of medicine  
Chest Department  
April . 17; 2016

Diploma Exam  
Paper 2  
Total: 50 marks  
Time allowed :3 hours

All questions should be answered:

1. Identify management of community acquired pneumonia.
2. Outline the therapeutic options of malignant pleural effusion.
3. Enumerate causes and differential diagnosis of coin shadow in chest x-ray.
4. Give an account on pharmacological therapy of bronchial asthma.
5. Discuss cor pulmonale (definition, causes, types and management).
6. Write short notes on :
  - a)FEV<sub>1</sub> (definition and clinical implications )
  - b)Surfactant
7. A forty-year-old woman with asthma is found to have proximal bronchiectasis on CT scan, she has a high IgE level, eosinophilia and precipitating antibodies to aspergillus.
  - a)what is the most likely diagnosis?
  - b)Enumerate other differential diagnosis?
  - c)what is the line of treatment in this case?

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TANTA UNIVERSITY----- Internal Medicine Exam  
FACULTY OF MEDICINE ----- Diploma degree of chest  
INTERPNAL MEDICINE DEPARTMENT-----NO. OF QUESTIONS: 3  
14/4/2016 ----- Time: 3



**All Questions must be answered :**

- 1- Discuss acute addisonian crises.
- 2- Causes and investigations of lower gastrointestinal bleeding.
- 3- Management of rheumatoid arthritis.

Good Luck  
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Tanta University  
Faculty of medicine  
Chest Department  
April . 12; 2016

Diploma Exam  
Paper 1  
Total: 50 marks  
Time allowed :3 hours

All questions should be answered:

1. List the new methods for diagnosis of tuberculosis.
2. Give an account on oxygen therapy(indications, complications and methods of delivery)
3. Outline the clinical picture , treatment and differential diagnosis of obstructive sleep apnea.
4. Write short account on hypersensitivity pneumonitis.
5. Give an account on massive haemoptysis (definition, causes and management).
6. Write short notes on :
  - a)Medical thoracoscopy.
  - b)Ultrasonography in the chest .
- 7.M.C.Q

( ٣٠ سؤال - ست صفحات )

GOOD LUCK

**SELECT THE CORRECT ANSWER :**

1. **Excessive purulent sputum is present in all except**
  - a. Lung abscess.
  - b. Bronchiectasis sicca.
  - c. Empyema with bronchopleural fistula.
  - d. Infected cystic lung.
  
2. **Airway obstruction in chronic obstructive pulmonary disease is**
  - a. Progressive and reversible.
  - b. Intermittent and reversible.
  - c. Stationary and irreversible.
  - d. Progressive and partially reversible.
  
3. **The classic triad of fat embolism syndrome doesn't include**
  - a. Respiratory insufficiency.
  - b. Neurologic abnormalities.
  - c. Eye involvement.
  - d. Petechial rash.
  
4. **Reduction in DLco single breath indicates all of the following except**
  - a. Interstitial lung disease
  - b. Pulmonary resection.
  - c. Bronchial asthma.
  - d. Emphysema.
  
5. **In patients with suspected idiopathic pulmonary fibrosis, the most valuable diagnostic measure is**
  - a. Bronchoscopy.
  - b. Sedimentation rate.
  - c. Trial of steroid.
  - d. Open lung biopsy
  
6. **A simple instrument used to roughly determine lung function is a**
  - a. Barometer. .
  - b. Manometer.
  - c. Sphygmomanometer.
  - d. Peak flow meter.

7. In an acute severe attack of asthma, it is important to get a chest x-ray done to rule out
- Pleural effusion
  - Pneumothorax.
  - Lung malignancy.
  - Mesothelioma.
8. All are causes of elevated hemidiaphragm except
- Subphrenic abscess.
  - Eversion of the diaphragm.
  - Emphysema.
  - Diaphragmatic paralysis.
9. The commonest site of aspirational lung abscess is
- Apical segment of left lower lobe.
  - Apical segment of right lower lobe.
  - Peripheral and bilateral
  - Right anterior basal segment.
10. Which B<sub>2</sub>-agonists is not given for acute severe asthma?
- Salbutamol.
  - Trebutaline.
  - Salmeterol.
  - Methyl xanthine.
11. In bronchiectasis all are true except
- May be caused by bronchomalacia.
  - Hemoptysis is common and may be life threatening.
  - Clubbing is uncommon.
  - Dry bronchiectasis indicates upper lobe bronchiectasis which may be due to TB.
12. Risk factors of pulmonary embolism are all except
- Malignancy.
  - Prolonged bed rest.
  - Prior venous thrombosis.
  - Thrombocytopenia.



13. **Hospital acquired pneumonia occurs**
- a. 48 hours or more after admission.
  - b. At time of admission. •
  - c. 24 hours after admission. .
  - d. Less than 48 hours from admission.
14. **Kartagner's syndrome is not associated with**
- a. Sinusitis.
  - b. Pancreatic insufficiency.
  - c. Bronchiectasis.
  - d. Dextrocardia.
15. **All are features of interstitial lung diseases except**
- a. Exertional dyspnea.
  - b. Digital clubbing.
  - c. Late inspiratory crepitations.
  - d. Hemoptysis,
16. **The patency of the trachea is maintained by**
- a. Surfactant.
  - b. Cartilage rings.
  - c. Ciliated epithelium.
  - d. Surface tension of lining fluid.
17. **The amount of air remain in the lung after forced expiration is**
- a. Expiratory reserve volume.
  - b. Residual volume.
  - c. Inspiratory reserve volume.
  - d. Vital capacity.
18. **Hemorrhagic pleura! effusion is seen in all the following except**
- a. Pulmonary embolism.
  - b. Malignant effusion.
  - c. Chylothorax.
  - d. Traumatic pleural effusion.



19. All the following are allergic reaction to tuberculosis except
- Few cases of pleural effusion.
  - Erythema nodosum.
  - Plyctenular conjunctivitis.
  - Lupus vulgaris.
20. The commonest benign pulmonary neoplasm is
- Adenoma.
  - Lipoma.
  - Hamartoma.
  - Fibroma.
21. Arterial blood gas analysis in lobar pneumonia shows
- Decrease PO<sub>2</sub> and increase PCO<sub>2</sub>.
  - Decrease PO<sub>2</sub> and decrease PCO<sub>2</sub>.
  - Decrease PO<sub>2</sub> and normal PCO<sub>2</sub>.
  - Normal PO<sub>2</sub> and increase PCO<sub>2</sub>.
22. Which is not in the list of bedside assessment of bronchial asthma
- Kussmaul's sign.
  - Pulsus paradoxicus.
  - Silent chest.
  - Central cyanosis.
23. Bronchoalveolar lavage is indicated in evaluation of
- Bronchopleural fistula.
  - Interstitial lung diseases.
  - Bronchial asthma.
  - Chronic bronchitis.
24. Which one of the following pulmonary conditions is associated with pulmonary lymphangioleiomyomatosis
- Chylous pleural effusion
  - Bronchogenic carcinoma
  - Diaphragmatic paralysis
  - Bronchia! hyperreactivity to methacholine
  - Mesothelioma

25. All of the following syndromes can be manifestation of methotrexate pulmonary toxicity except
- Noncardiogenic pulmonary edema
  - Pulmonary fibrosis
  - Pleural effusion.
  - Hypersensitivity pneumonitis
26. A patient with end-stage COPD on LABA and inhaled steroids. His JVP is 9 cmH<sub>2</sub>O with ankle edema. He complains of increasing shortness of breath. The therapy most likely to improve survival is:
- Interrupted high flow oxygen therapy.
  - Continuous low flow oxygen therapy.
  - Interupted low flow oxygen therapy.
  - Continuous high flow oxygen therapy.
  - Humidified oxygen.
27. Respiratory rehabilitation program in a patient with severe COPD is most likely to improve:
- ABG's.
  - Survival.
  - Exercise tolerance.
  - Spirometry.
  - Diffusion capacity.
28. A middle-aged lady with a short history of dry cough and dyspnea. She was a heavy smoker. CXR revealed left paracardiac shadow parallel to the left cardiac border with minimal left pleural effusion. The appropriate investigation to make a diagnosis is:
- CT chest.
  - V/Qscan.
  - Sputum cytology.
  - Bronchoscopy.
  - Pleural biopsy.

- 29. XDR TB is defined as:**
- a. TB that is resistant to INH, rifampicin, fluoroquinolones and at least one of the three injectable second-line drugs used to treat TB.
  - b. Resistant to isoniazid and rifampin irrespective of resistance to any other drug.
  - c. TB that is resistant to fluoroquinolones, aminoglycosides with no resistance to INH and rifampicin.
  - d. TB strains resistant to more than one drug (excluding co resistance to INH and Rif).
- 30. A 35 y/o man with asthma developed increased cough and dyspnea not responding to medications. CXR shows left midzone opacity. His CBC demonstrates increased eosinophils. The most likely organism is:**
- a. Chlamydia psittaci.
  - b. Aspergillus fumigatus.
  - c. Mycoplasma pneumoniae.
  - d. Mycobacterium avium.
  - e. Nocardia.

**Good luck**

TANTA UNIVERSTY----- Internal Medicine Exam  
FACULTY OF MEDICINE ----- Diploma degree of chest  
INTERPNAL MEDICINE DEPARTMENT-----NO. OF QUESTIONS: 2  
4/4/, 2016 ----- Time: 3



**All Questions must be answered :**

- 1- Discuss cardiovascular manifestations of chronic kidney disease.
- 2- Causes and investigation of megaloblastic anemia.
- 3- Curable causes of hypertension.

Good Luck  
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