Examination for Diploma of Internal Medicine Course Title: Clinical pathology Date : 4/10/2018 Time Allowed : 1.0 hour

Total marks : 45 marks

Tanta University Faculty of Medicine Department of Clinical Patholog

All questions must be answered :

Q1 - Give an account of:

А.	Diagnostic approach of a case of anemia	(8 marks)	
В.	Laboratory finding of Chronic Lymphocytic Leukemia	a (8 marks)	
C.	Causes of pancytopenia	(7 marks)	
Q2- Determine short notes on: A. Clinical significance of lactate dehydrogenase enzyme (LDH). (7 marks)			
В.	Laboratory diagnosis of chronic renal failure (7	⁷ marks)	
С. Т	Types and differential diagnosis of Jaundice. (8 m Good luck	arks	
	، : في قسم الباثولوجيا الاكلينيكية يوم الثلاثاء 9 /10 / 2018	الامتحان الشفوي	





Tanta University

Faculty of Medicine

Ophthalmology Department

3/ 10 /2018

Diploma exam; Medicine (All questions must be answered) (Time allowed :2 hours)

- 1. Discuss cavernous sinus thrombosis: etiology, clinical picture and treatment (20 marks)
- 2. Describe the clinical picture and plan of treatment of pseudoexfoliativeglaucoma (20 marks)
- 3. Discuss central retinal vein occlusion, etiology, types, clinical picture, complications and treatment (20 marks)

Choose only one answer

- 1- Which of the following is least likely to undergo spontaneous closure?
 - A. grade I angle.
 - B. grade II angle.
 - C. grade III angle.
 - D. grade IV angle.

2- Lens colobomas are typically located in which quadrant?

- A. superior.
- B. inferior.
- C. nasal.
- D. temporal.
- 3- The most common cause of decreased vision in intermediate uveitis is:
 - A. Disc edema.
 - B. Posterior subcapsular cataract.
 - C. Vitritis.
 - D. Cystoid macular edema.

- 4- Which of the following is NOT a risk factor for the development of primary open angle glaucoma?
 - A. Positive family history.
 - B. Advanced age.
 - C. Increased IOP.
 - D. Increased corneal thickness.
- 5- Patient presents with red, painful eye 2 weeks after significant blunt trauma. On exam, significant cell and flare with keratic precipitates are noted along with increased intraocular pressure, cataract, and disruption of the capsular surface. These findings are most likely representative of
 - A. phacoantigenic uveitis.
 - B. phacolytic glaucoma.
 - C. phacomorphic glaucoma.
 - D. Posner-Schlossman syndrome.

6- Giant papillae can be found in the conjunctiva in all of the following conditions, except in:

- A. contact lens-related conjunctivitis.
- B. trachoma.
- C. atopickeratoconjunctivitis.
- D. ocular prosthesis-related conjunctivitis.

7- Most of the peripheral corneal ulcers are:

- A. Infectious in nature
- B. Immunogenic in nature
- C. Traumatic
- D. Post-infectious

8- The two organisms most frequently involved in phlyctenulosis are:

- A. Coccidioidesimmitis and Mycobacterium tuberculosis.
- B. Coccidioides and Staphylococcus.
- C. Chlamydia trachomatis and Staphylococcus.
- D. Mycobacterium tuberculosis and Staphylococcus

9- Which one of the following does not occur with high myopia?

- A. subnormal visual acuity.
- B. suboptimal binocularity.
- C. abnormal color vision.
- D. image magnification.
- 10- All of the following features of corneal dendrites favor the diagnosis of herpes zoster ophthalmicus EXEPT:
 - A. Large, frequently branching dendrite.
 - B. A dendrite with no terminal bulb.
 - C. Coarse, ropy dendrites with blunt ends.
 - D. A dendrite with dull fluorescein and no rose-bengal

- 11- Which of the following is not a systemic risk factor for the development of bacterial keratitis?
 - A. Drug abuse.
 - B. Diabetes mellitus.
 - C. Vitamin deficiency.
 - D. Hypertension

12- Which class of chemicals constitutes the greatest threat for ocular injury?

- A. Solvents.
- B. Petroleum products.
- C. Acids.
- D. Alkali.

13- There is a definite association of superior limbic keratoconjunctivitis (SLK) with:

- A. Valvular heart disease.
- B. Thyroid disease.
- C. Inflammatory bowel disease.
- D. Systemic lupus erythematosus.

14- The most benign form of scleritis is:

- A. Diffuse anterior scleritis.
- B. Nodular anterior scleritis.
- C. Necrotizing scleritis with inflammation.
- D. Scleromalaciaperforans.

15- Mikulicz's syndrome refers to the combination of chronic dacryoadenitis with:

- A. Rheumatoid arthritis.
- B. Enlargement and inflammation of the parotid glands.
- C. Keratoconjunctivitissicca.
- D. Dacryocele.
- 16- A 2-month-old infant with unilateral epiphora in the left eye is brought to the ophthalmologist by her parents. Gentle compression of the lacrimal sac produces reflux of mucus from the canaliculi, but only on the left. There is obviously increased tear flow on the left as well. The next step should probably be:
 - A. Reassurance and gentle medial canthal massage.
 - B. Probing and irrigation of the nasolacrimal system on the left.
 - C. Incision and drainage of the lacrimal sac.
 - D. Oral antibiotics.

17- The time of greatest progression of keratoconus is during the:

- A. First decade.
- B. Second decade.
- C. Third decade.
- D. The condition is generally static.

18- The most common ocular manifestation of congenital Cytomegalovirus (CMV) infection is:

- A. Cataract.
- B. Microphthalmia.
- C. Retinochoroiditis.
- D. Strabismus.

19- The most common location for optic disc pits is:

- A. superonasal.
- B. superotemporal.
- C. inferotemporal.
- D. inferonasal

20- In which of the following types of strabismus is amblyopia LEAST frequently seen?

- A. Infantile esotropia.
- B. Esotropia with high accommodative convergence to accommodation ratio (AC/A).
- C. Alternating esotropia.
- D. Esotropia associated with Duane's syndrome.

Good luck



Pathology

Questions numbers

Marks

I-Give an account on:

1- Composition and functions of the inflammatory exudate	10
2- Membranous glomerulonephritis (etiology, pathologic feature	es,
immunofluorescence, electron microscopy and prognosis)	5
3- Liver cell necrosis (types and effects)	10
II-Discuss:	
Ulcerative colitis(definition, clinical picture, pathologic features a	nd complications)
10	
III- Give an account on:	
1- Types and mechanisms of generalized oedema	10
2- Etiology, gross and microscopic picture of endemic goiter	5