

الطب والجراحة
لجنة

GIT

INTERNAL MEDICINE



Archive

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PEPTIC ULCER DISEASE

46-year-old man is admitted to the hospital for upper gastrointestinal (GI) bleeding. He has a known history of peptic ulcer disease, for which he takes a proton pump inhibitor. His last admission for upper GI bleeding was 4 years ago. After fluid resuscitation, he is hemodynamically stable and his hematocrit has not changed in the past 8 h. Upper endoscopy is performed. Which of the following findings at endoscopy is most reassuring that the patient will not have a significant rebleeding episode within the next 3 days?

- a. Adherent clot on ulcer
- b. Clean-based ulcer
- c. Gastric ulcer with arteriovenous malformations
- d. Visible bleeding vessel
- e. Visible nonbleeding vessel

Answer: b

• The most common cause of peptic ulcer disease worldwide is?

- a. NSAID use
- b. Use of warfarin
- c. Pylori infection
- d. Varices from hepatitis B
- e. Gastric benign tumors

Answer: C

• Wrong about peptic ulcer:

- A. Associated with type A personality
- B. Duodenal ulcer is associated with increased risk of malignancy
- C. Most common cause of upper GI bleeding

Answer: b

• The most common cause of GI bleeding is:

- a. Peptic ulcer disease

• All of the following can cause peptic ulcer, except:

- a. Paracetamol

• All the following are risk factors for development of peptic ulcer disease Except.

- a. daily use of NSAID
- b. gastric infection with H.pylori
- c. sever emotional stress.
- d. cigarette smoking
- e. gastrin-secreting tumors.

Answer:C

• A patient with upper gastrointestinal symptoms tests positive tor Helicobacter pylori following a urea breath test Which one of the following conditions is most strongly associated Helicobacter pylori infection?

- a. Gastric adenocarcinoma
- b. Gastro-oesophageal reflux disease
- c. Esophageal cancer
- d. Duodenal ulceration
- e. Atrophic gastritis

Answer: d

• A 54-year-old man is investigated tor dyspepsia. An endoscopy shows a gastric ulcer and a CLO test done during the procedure demonstrates H. pylori infection. A course of H. pylori eradication therapy is given. Six weeks later the patients comes to review with great improvement of symptoms. What is the most appropriate next step?

- a. Culture of gastric biopsy
- b. H. pylori serology
- c. Hydrogen breath test
- d. Urea breath test
- e. Counseling and medical follow up

Answer: d

• Not used for H.Pylori eradication success ?

Serology

A plumber who didn't improve after taking ranitidine for multiple ulcers he had. He then developed steatorrohea:

Zollinger Ellison syndrome

PEPTIC ULCER DISEASE

examination reveals epigastric tenderness without guarding or rebound. Rectal examination is positive for melena. Laboratory studies reveal a hemoglobin level of 9.2 g/dL (92 g/L) and a blood urea nitrogen level of 28 mg/dL (10 mmol/L); all other tests are normal. After intravenous fluid resuscitation, upper endoscopy is performed and reveals a 1.5-cm duodenal bulb ulcer with a central, nonbleeding visible vessel. Which of the following is the most appropriate management?

- a. Endoscopic therapy
- b. Immediate surgical intervention
- c. Octreotide infusion
- d. Observation
- e. IV PPI's

Answer: A

• The disease that is most strongly associated with H. pylori infection is Select one:

- a Gastric ulcers
- b. Zollinger-ellison syndrome
- c.MALT-ymphoma
- d. Duodenal ulcer
- e.Gastric adenocarcinoma

Answer: D

• The most common cause of peptic ulcer disease worldwide is?

- a. NSAID use
- b. Use of warfarin
- c. Pylori infection
- d. Varices from hepatitis B
- e. Gastric benign tumors

Answer: C

• Recognized causes of dysphagia include all of the following except?

- a. Esophageal CA
- b. Esophageal stricture
- c. Gastric ulcer
- d. Myasthenia gravis
- e. Achalasia

Answer:C

• The least likely condition to be associated with risk of malignancy is :

- a) Gastric ulcer
- b) DU
- c) Ulcerative colitis
- d) H. pylori infection
- e) Colonic polyps with dysplasi

Answer: b

• One of the following is a suitable regimen to eradicate H. pylori in a 25-year-old female patient that presented to you with epigastric pain, nausea, and a positive H. pylori stool antigen test.

Select one:

- a. Amoxicillin, clarithromycin and lansoprazole for 14 days
- b. Lansoprazole alone for 30 days
- c. Amoxicillin and lansoprazole for 21 days!
- d. Clarithromycin and lansoprazole for 21 days
- e. Omeprazole, amoxicillin and metronidazole for 5 days

Answer: a

• Treatment for eradication of h pylori ::

- omeprazole, clarythromycin, amoxicillin

• h.pylori mode of transmession ?

Feco oral

All the following antibiotics may be used in treatment of H.pylori Except :

- a- amoxicillin
- b- tetracycline
- c- metronodazo;e
- d- clarithramycin
- e- strepotomyc

Answer: E

PEPTIC ULCER DISEASE

• Correct about H. pylori:

- a. Gram positive
- b. Antral gastritis is the second most common complication
- c. Infection is life long unless treated ?
- d. Causes 80% of DU
- e. Increase bicarbonate production

• all are true about PUD except?

PPI is not essential in the eradication therapy of H.pylori

Answer:C

• true about MALTOMA?

Treated by eradication of H.pylori

• all wrong about H-pylori investigation tests except: ???

- a .Rapid urease test is a non invasive test
- b .Urea breath test is an indirect indicator for h pylori**

• A 33-year-old female patient reports to the outpatient clinic 6 weeks after completion of eradication therapy. She complains of epigastric pain and persistent vomiting. You conduct a urea breath test that comes back positive for H.pylori. One of the following is not a common cause of failure of eradication therap

Select one:

- a .Noncompliance
- b. Bacterial resistance
- c. Presence of complications
- d. Re-infection
- e. Heavy smoking

• All of the following can be used to confirm H.pylori eradication, except :

- a. Stool antigens
- b. Urea breath test
- c. IgG serology
- d. Biopsy histology
- e. Cultures

Answer:D

• Wrong about diagnosis of H. pylori:

- A. Stool antigen
- B. Breath test
- C. Culture
- D. Blood
- E. C13/C14

Answer:C

Answer: d

PEPTIC ULCER DISEASE

A male come to you complaining of recurrent epigastric pain

•What is the diagnosis?

Gastritis

•What treatment would you give him ?

PPI

If he didn't improve on the previous medication,

•What might be the diagnosis?

Peptic ulcer (H.pylori)

•And what is the treatment ?

Triple therapy (PPI +2Ab)

The same patient came after a while and on endoscopy you find this pic in duodenum

•What do you see ?

Bleeding duodenal ulcer

•Mention 4 laproscopic methods of treatment ?

Epinephrine injection, clipping, thermal coagulation



a case of bleeding PU with presentation which of these is not indication + hg 10g/dl

1- IV ppi

2- thermal coagulation

3- blood transfusion

4- metallic clips

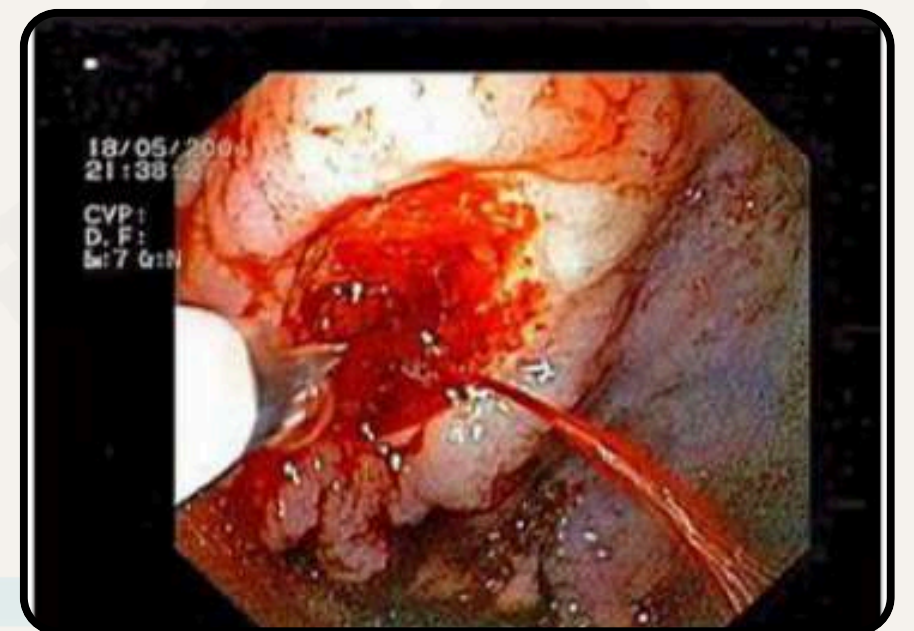
5- epinephrine injection

Ans: 3

what advice you give to the patient after discharge from the hospital

(the 4 other choices are false (cant remember)

test for h pylori and eradication treatment if presen



Patient presented with melena and hematemesis. This picture is from the antrum of the stomach. *not the same pictures

1) What is the diagnosis?

Peptic ulcer disease

1) What is the most common cause?

H. Pylori

1) What is the urgent management in case of massive GI bleeding?

1-Inection with epinephrine (adrenaline)

2-thermal coagulation

3- endoscopic clipping.



1) What are common complications?

Perforation - hemorrhage - gastric outlet obstruction

Q1: Regarding this Upper GI endoscopy, active antral bleeding ,
all of the following initial to do, EXCEPT ? Then please mention the
most common cause for this lesion

A. IV PPI

B. Thermal therapy

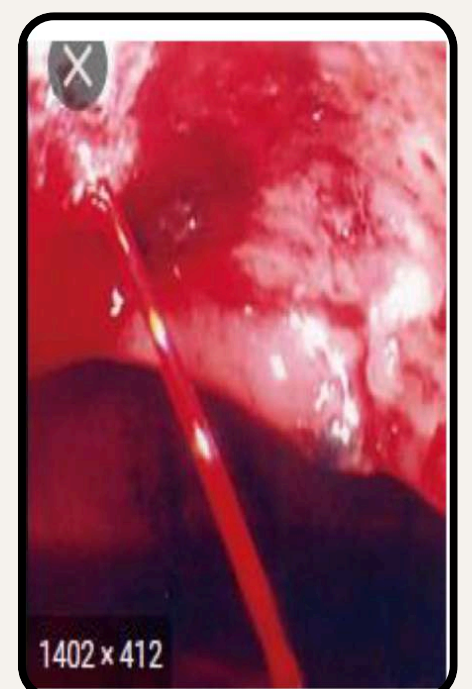
C. Mechanical Clips

D. Adrenaline Injection

E. Surgery

ans: e

*** H Pylori infection is the most common cause**



PEPTIC ULCER DISEASE

Q2) you did an endoscopy to a patient complaining of abdominal pain ,hematemesis and melena. the image above is what you saw during the endoscopy.

- Describe what you saw ?

a)Oozing blood from vein

b)Spruting blood from an artery

- What is not important in the management of this patient ?

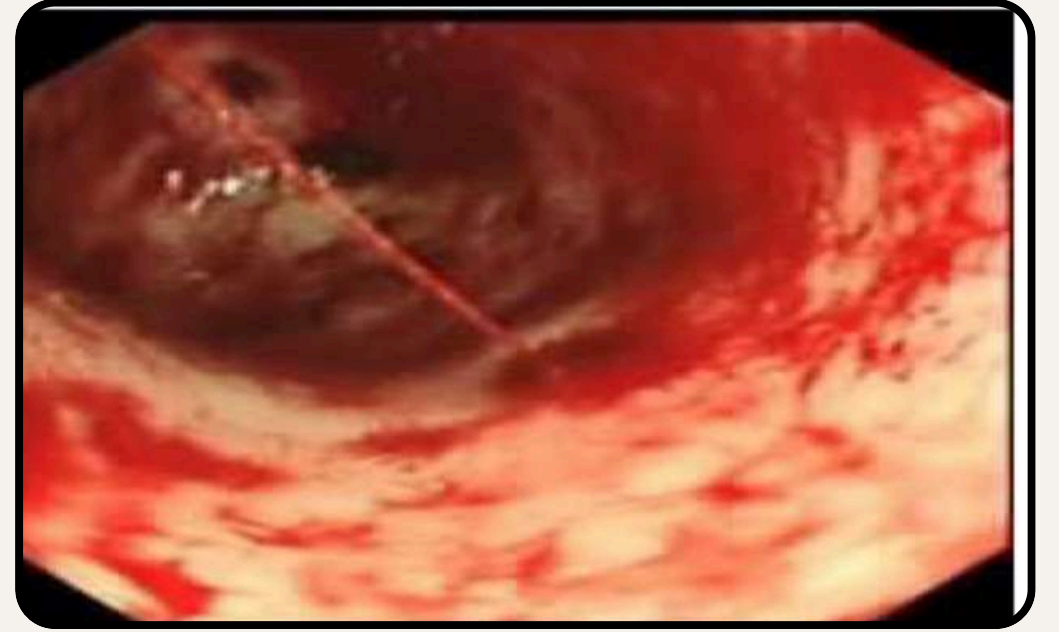
a) IV corticosteroids

b) endoscopic clipping

c) IV adrenalin

d) thermal coagulation

ans: A



29 years old women came with bleeding ulcer in antrum of stomach

1)most common cause ?

H.pylori

2)3 line of urgent management?

-endoscopic hemostasis

-IV PPI

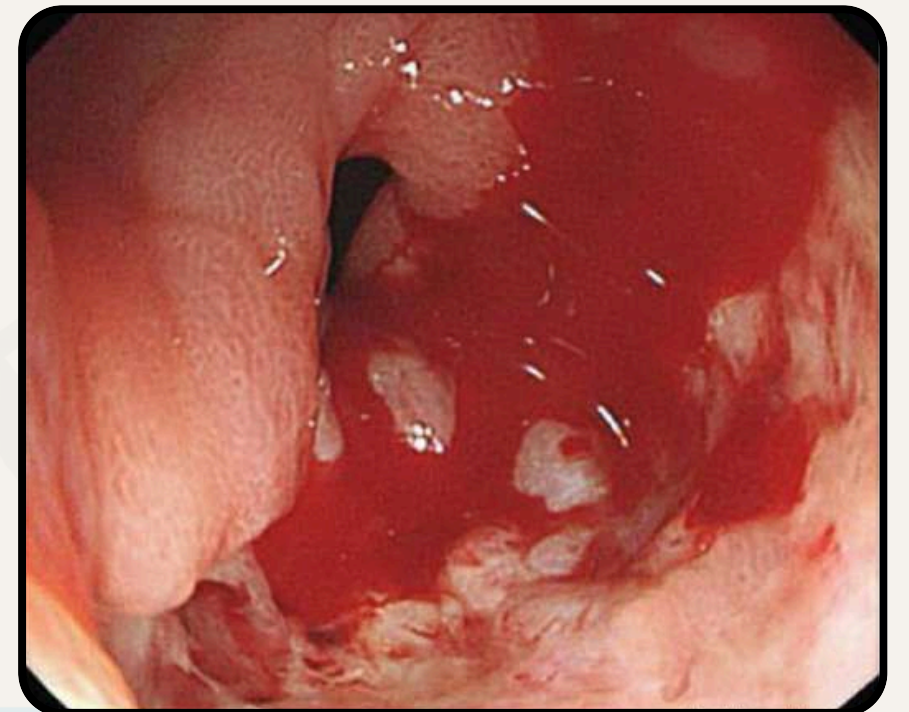
-H.pylori eradication therapy

3) write 3 complications?

-gastric outlet obstruction

-perforation

-haemorrhage.



GI BLEEDING

A 43-year-old man presents with diarrhoea and rectal bleeding for the past ten days. On examination he has brown pigmented lesions on his lips and palms but abdominal and rectal examination is unremarkable. What is the most likely cause for this presentation? Select one:

- a. Intussusception**
- b. Angiodysplasia ?**
- c. Meckel's Diverticulum**
- d. Colon cancer**
- e. Diverticular abscess**

Answer: D

An otherwise healthy 75-year-old man presents with severe hematochezia and moderate abdominal pain since this morning. On examination, his blood pressure is 120/78 and pulse is 100 while lying: when standing, the blood pressure is 110/76 and pulse is 136. His Hb is 12. What is the most likely cause of bleeding?

- a Diverticular bleed**
- b. Duodenal ulcer**
- c. inflammatory bowel disease**
- d. Esophageal varices**
- e. Mallory-Weiss tear**

Answer: A

• Each of the following are risk factors for colon cancer except?

- a. Low fiber diet**
- b. Severe diverticular disease**
- c. Familial adenomatous polyposis**
- d. Ulcerative colitis**
- e. High fat diet**

Answer: B

• Commonest cause of GI bleeding in the following?

- A. GI cancer**
- B. esophagitis**
- C. Dieulafoy's lesion**
- D. Mallory Weiss tears**
- E. Esophageal varices**

Answer: B

• The commonest cause of upper GI bleeding among the causes listed below is: Select one:

- a. Vascular ectasia**
- b. Mallory-Weiss tear**
- c. Gastric adenocarcinoma**
- d. Zollinger-Ellison syndrome**
- e. Esophageal varices**

Answer: E

• Which of the following is not a cause of GI bleeding ?

- a. Esophageal varices**
- b. Use of NSAIDs**
- c. H pylori related erosive gastritis**
- d. Gastric malignancy**
- e. Celiac disease**

Answer: E

• A 45 Y/O man with Hx of alcohol excess is diagnosed as having grade 3 esophageal varices, during an outpatient endoscopy. Of the following options, what is the most appropriate management to prevent variceal bleeding?

- a) Propranolol**
- b) Isosorbide mononitrate**
- c) Endoscopic sclerotherapy**
- d) Terlipressin**
- e) Lansoprazole**

Answer: A

GI BLEEDING

• All of the following are initial management strategies in patients with upper GI bleeding, except:

- a. Somatostatin
- b. Bleeding scan
- c. Esophagogastroduodenoscopy
- d. Acid suppressing medication
- e. Gastric lavage

Answer: B

• Does not used in long term control of bleeding?

- A. Non selective β antagonist
- B. TIPS
- C. Banding
- D. Sclerotherapy

Answer: d

• Non variceal upper GI bleeding management :

- Beta adreno antagonist
- Terlipressin
- PPI

Answer : ppi

• Patient who have GI bleeding. he is alert and conscious then pale and looks unwell . Whats the first step in the management ?

- A. normal saline
- B. packed RBCs
- C. urgent endoscopy
- D. blood transfusion with blood group o

Answer:B

• a case of massive upper gi bleeding and the vitals are unstable, which of the following is not indicated at this point?

Transfusion of O negative blood

• 34-year-old female with a history of alcoholic liver disease is admitted with frank haematemesis She was discharged three months ago following treatment for bleeding oesophageal varices. Following resuscitation, what is the most appropriate treatment whilst awaiting endoscopy? Select one:

- a. Octreotide
- b. Omeprazole
- c. Propranolol
- d. Tranexamic acid
- e. Terlipressin

Answer: E

• False about risk of rebleeding?

- A. Advanced age
- B. HR 130 and BP 80/50
- C. Absence of liver disease sign
- D. Comorbidity
- E. Endoscopic diagnosis reveal bleeding

Answer: C

• All about bleeding correct except?

Answer: All patient with cirrhosis will develop variceal bleeding

• not risk factor of poor prognosis gi bleeding :

onset of bleeding during hospitalization ????! (not sure)

• Which one of cases of UGIB associated with the worst outcome :

75 male with liver cirrhosis and variceal bleeding

• Wrong about management of upper GI bleeding:

- a. Ligation and sclerotherapy is more effective than medical therapy
- b. Most bleeding stop temporarily
- c. Somatostatin and terlipressin reduce portal pressure
- d. Balloon tamponade after upper GI Endoscopy

Answer : b

GI BLEEDING

• A 32-year-old alcoholic with shock due to bleeding oesophageal varices. After resuscitation. Which ONE of the following is the treatment of choice.

- a- intravenous octreotide.
- b- intravenous glypressin
- c- oesophageal variceal endoscopy ligation
- d- Transjugulartranshepatic portocaval shunt (TIPS)
- e- oesophageal variceal sclerotherapy

Ans: b

• Upper GI bleeding secondary to Dieulafoy is characterized by all of the following except :

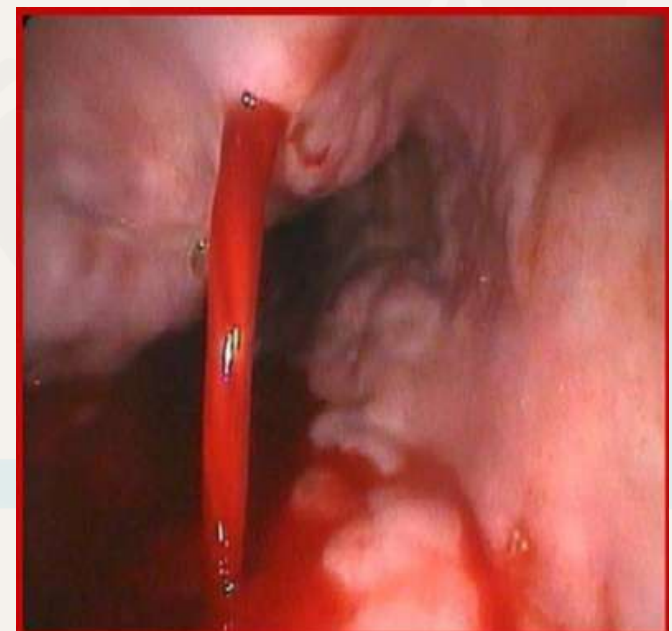
- A. Presents as massive and recurrent bleeding
- B. Extramural artery present in the Submucosa.
- C. Most commonly in the gastric fundus
- D. Easily diagnosed and treated by endoscopy ??
- E. High mortality

Ans: B

Hpeptic patient suffer from massive hematemesis, the picture below by endoscopy, what's the most relevant cause

- A. Gastric ulcer
- B. mallorca weiss tear
- C. Esophageal varices
- D. gastritis

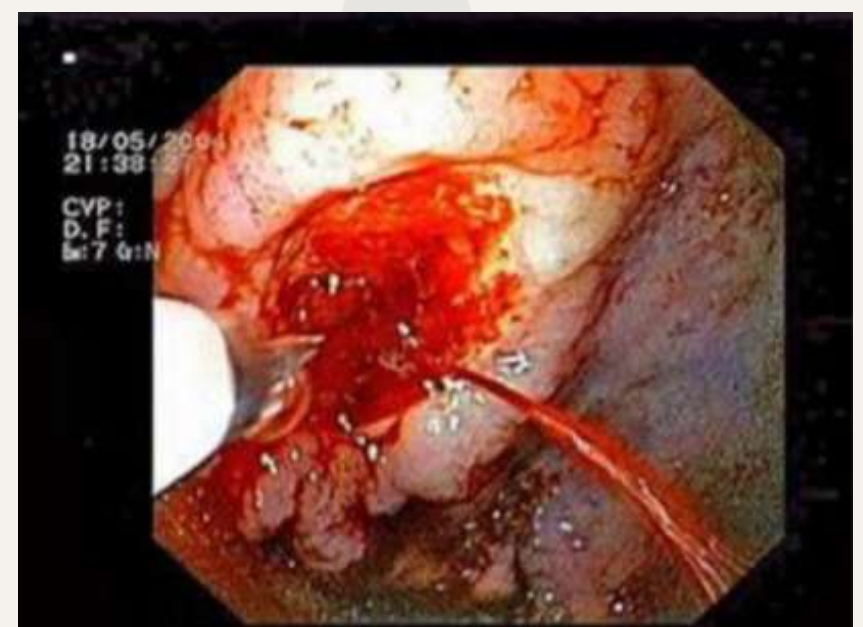
Answer: C



A case of bleeding peptic ulcer, with presentation (can't remember) +head 10 g/dl , which of these isn't indicated

- A. IV ppi
- B. Thermal coagulation
- C. Blood trasnfuion
- D. Metallic clips
- E. epinephrine injection

Answer: C



What advice you give to the patient after discharge from the hospital?

Test for H.pylori and eradication treatment if present

GI BLEEDING

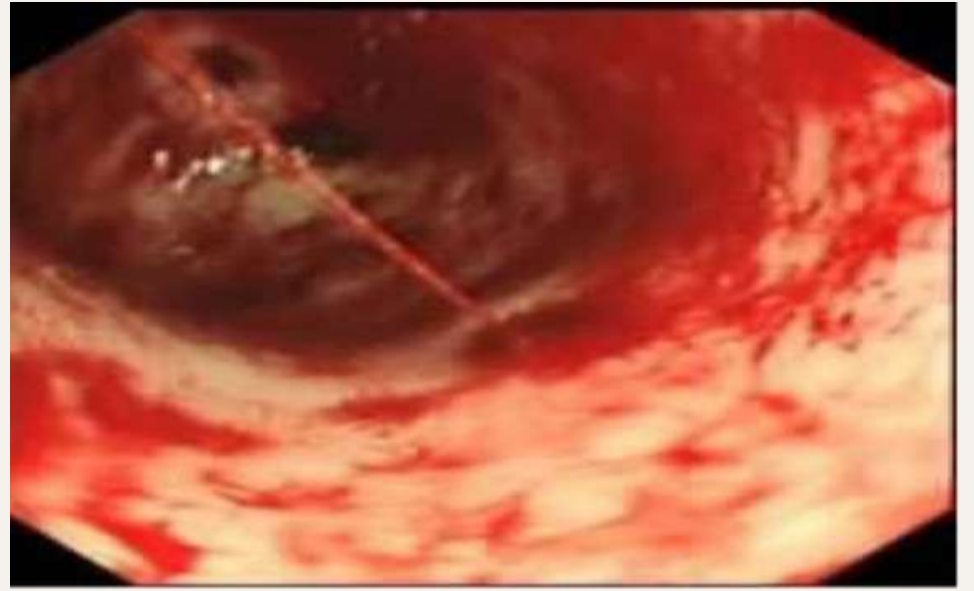
You did an endoscopy to a patient complaining of abdominal pain, Hematemesis and melena. The image is what you saw during the endoscopy

- Describe what you saw

A. Oozing blood from vein

B. spurting blood from an artery

Answer: B



- What is not important in the Management This patient?

A. IV corticosteroids

B. Endoscopic clipping

C. IV adrenaline

D. Thermal coagulation

Answer: A

60 year old man, history of alcoholism for 15 years, this endoscope above gastroesophageal junction

1- what is the cause of bleeding

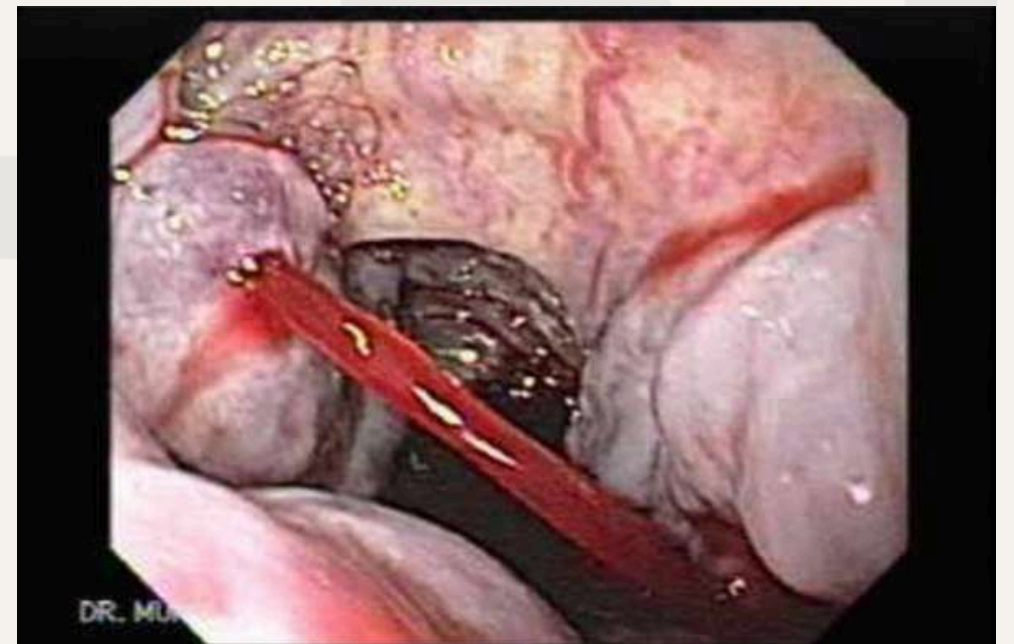
Esophageal varices duo to liver cirrhosis

2- if you see this view when you do endoscopy, what is immediate management

2 large iv cannula to give him fluid

Injection sclerotherapy and banding

vasoconstriction therapy like (octreotide and Terlipressin)



3- what you find if you examine the patient

Palmar erythema

Gynecomastia

ascites

Spider nevi

Caput medusae

4- mention 3 long term treatment

Non selective beta blocker

Repeated sclerotherapy

TIPS

GI BLEEDING

29 years old women come with bleeding ulcer in antrum of stomach

1- what is the cause of bleeding

H. Pylori

2- 3 line of urgent management

Endoscopic haemostasis

IV PPI

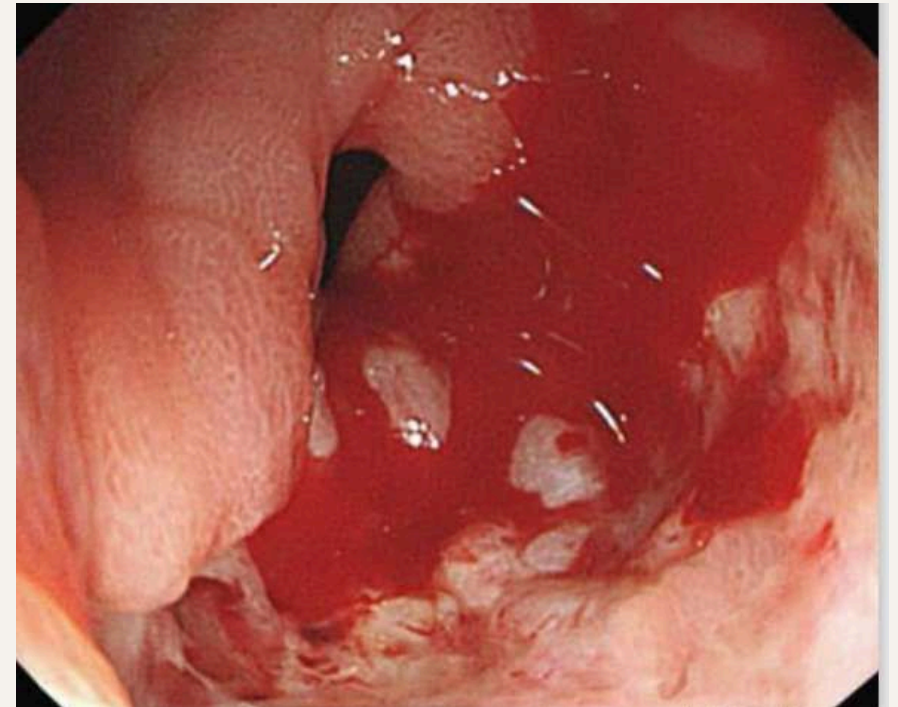
H.pylori eradication therapy

3- write 3 complications

Gastric outlet obstruction

Perforation

haemorrhage



A 34 year old male admitted through the emergency department because of melena. Upon upper GI endoscopy, this finding is seen in the first part of the duodenum, what is the best treatment to be applied at this moment?

A. IV PPI

B. blood trasnfuion

C. Endoscopic injection with epinephrine metallic clip application

D. Endoscopic band ligation

E. Endoscopic sclerotherapy with tetracycline



Answer: C

Regarding this upper GI endoscopy, active antral bleeding, all of the following are initial to do except ?

Then please mention the most common cause for this lesion

A. IV PPI

B. Thermal therapy

C. Mechanical clips

D. Adrenal injection

E. Surgery

Answer: E

***H. Pylori infection is the most common cause**



HEPATITS

A 55-year-old man is evaluated in follow-up after a recent routine screening for antibody to hepatitis C virus (HCV) was positive. His medical history is unremarkable; he has not used illicit drugs or had any history of blood transfusions. He currently feels well and takes no medications. Vital signs and physical examination are normal. Laboratory studies reveal a positive HCV antibody test, but HCV RNA testing is negative. The serum alanine aminotransferase level is normal. Which of the following is the most appropriate diagnostic test to perform next?

- a. Perform liver ultrasound
- b. Perform serial alanine aminotransferase monitoring
- c. Repeat HCV antibody testing
- d. Repeat HCV RNA testing
- e. No further testing

Answer: e

A patient has the following laboratory results: HBsAg is positive, Anti-HBc IgM is positive, and HBeAg is positive. All other serologies are negative. She is diagnosed with acute hepatitis B. When interpreting hepatitis B serology results, the term "window period" refers to the time between which of the following? Select one:

- a. Anti-HBs and anti-HBc positivity
- b. Clinical symptoms and anti-HBs
- c. HBsAg and anti-HBs positivity
- d. HBsAg and HBeAg positivity
- e. Increased transaminases and HBs

Answer: c

High mortality in hepatitis E epidemics is seen in

- a. Children
- b. Pregnant women
- c. Elderly men
- d. Elderly women
- e. Immunecompromised patients

Answer: b

One of the following is true in hepatitis C infection. Select one:

- a. Hepatitis C vaccine is usually given to medical staff
- b. HEV DNA testing is standard for viral replication measurement
- c. Cirrhosis develops in 85% of those patients
- d. It is associated with polyarteritis nodosa (PAN)
- e. Patients who already reached cirrhosis should be treated for hepatitis c infection

Answer: e

All of the following are true in hepatitis A infection, except: Select one:

- a. Doesn't lead to cirrhosis
- b. Creates no risk of hepatocellular carcinoma
- c. Transmitted feco-orally 4 weeks before the appearance of symptoms
- d. HAV particles can be demonstrated in feces by electron microscopy
- e. 1-2 weeks after the onset of the viremic phase jaundice appears

Answer: c

Highly infective chronic hepatitis B is suggested by?

- a. Elevated liver enzymes, HBeAg+, anti-HBc IgM+
- b. Normal liver enzymes, HBeAg+, anti-HBc IgG+
- c. Normal liver enzymes, HBeAg-, anti-HBc IgG+
- d. Elevated liver enzymes, HBeAg+, anti-HBc IgG+
- e. Elevated liver enzymes, HBsAg, HBsAb

Answer: d

Diagnosis of Hepatitis E : Anti Hepatitis E titers

- hepatitis A doesn't cause HCC

HEPATITS

• True about hepatitis A :

A.can cause chronicity

B.antigens found in bile secretion and stool

Answer:b

• Wrong about hepatitis B :

A.can cause chronicity

B.anti hep E with infectious state

Answer:b

Most common cause of cirrhosis in our region?

A. Viral hepatitis

B. Autoimmune hepatitis

C. Budd–Chiari syndrome

D. Alcohol

E. Wilson’s disease

Answer: a

Not used in diagnosis of hepatitis?

A. HBsAg

B. HBV DNA

C. Anti-HBc

D. HBcAg

E. Anti-HBe

Answer: d

Correct about hepatis B:

a. HbsAg is positive during the prodrome

b. HbsAg is positive during the acute and chornic phase

c. HbsAg is more likely to be positive in carrier in western countries thaneastern countries

d. HbsAg is invariably present if the patient is jaundices during the acute infection

Answer: b

A patient with RUQ pain, fever, chills, rigors, clay colored stool and dark urine. Diagnosis is:

A. Acute hepatitis

B. Ascending cholangitisi

C. Acute cholecystisi

Answer: b

All the following hepatitis viruses are RNA Except.

a- hepatitis A

b- hepatitis B

c- hepatitis C

d- hepatitis D

e- hepatitis E

Answer: b

All of the following medciations are being used in chronic hepatitis B, except:

a. Lamividine

b. Ribavirine

c. Pregyled interferon

d. Adefovel dig

e. Entovavir

Answer: b

All the following are recognized complications of Hepatitis C infection Except.

a- diffuse proliferative glomerilonephritis.

b- hepatocellular carcinoma

c- liver cirrhosis

d- chronic hepatitis C infection

e- cryoglobulinemia

Answer: a

HEPATITS

All the following are true about hepatitis A ,except.

- a. has an incubation period of 2-4 weeks.
- b. it is transmitted during vaginal delivery.
- c. does not cause chronic hepatitis.
- d. may cause hepatosplenomegaly.
- e. a vaccine is available

Answer: b

All of the following factors are associated with rapid progression of chronic hepatitis C to cirrhosis

- A. Acquiring the infection at older age
- B. Female sex
- C. Alcohol use
- D. HIV Co-infection
- E. HBV Co-infection

Answer:b

In regard to hepatitis C and pregnancy, all of the following is true except :

- A. The rate of transmission from mother to baby during delivery is around 6%
- B. Transmission is higher in vaginal delivery comparing to cesserian
- C. Higher rate of transmission is seen if the mother is co-infected with HIV
- D. Severe hepatitis is rare in infected infants Breast-feeding is safe

Answer:b

What Anti-HBs mean?

- A. indicates immunity
- B. increased severity and infectivity
- C. continual viral replication
- D. recent HBV infection

Answer:A

Hcv quantitation of activity detected by?

- Pcr
- Alt/alp enzyme
- Anti hcp

Answer: Pcr

• true regarding hepatitis D :

infection with that virus should be associated with hepatitis B patient (there was other true choice???
thatHep. D and Hep. B coinfection lead to increase chronicity ?)

• Not hepatitis C :

mode of transmission- feco oral

• early finding in hepatitis b

HBsAG

• Not side effects of interferon TT hepatitis B:

- a. Irreverislbe hair loss
- b. Depression

Answer:a

• Autoimmune hepatitis confirmatory test?

- A) ASMA
- B) AMA
- C) Liver biopsy

Answer: c

• Most common mode of transmission of hepatitis C nowadays:

Intravenous transmission

Correct about hepatitis B virus?

- A) Not contraindicated for lactation

HEPATITS

- This patient has positive anti-HBs antibody
- What's the most important test?
- **HBV DNA**
- Other markers that'll show liver status?
 - **PT\INR**
 - **Albumin levele**
- After 6 months, most important follow up?
 - **US**
 - **LFT**
- Mention clinical tests for liver function?
 - **Ascites**
 - **Hepatic encephalopathy**



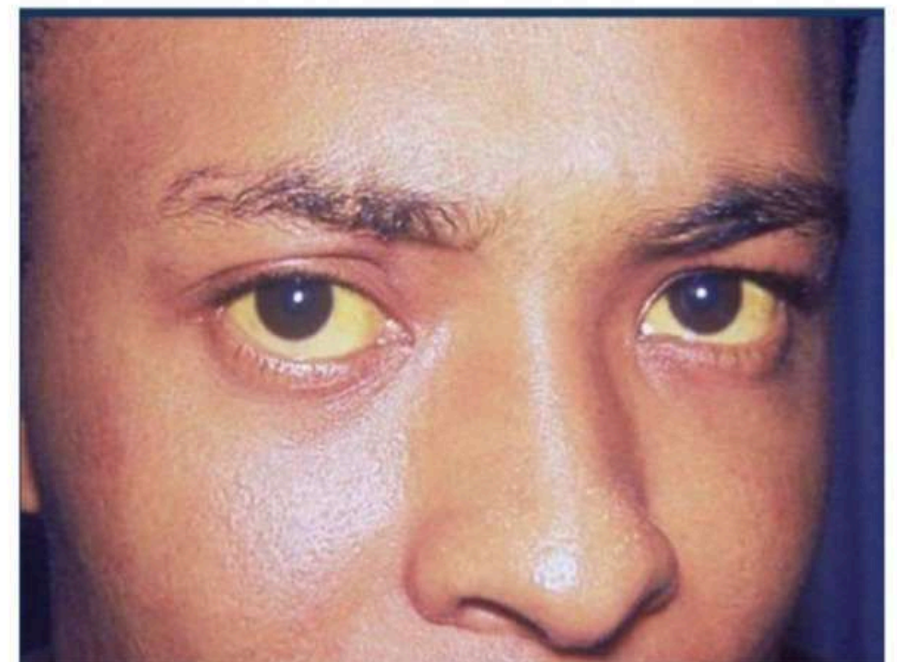
1) what are 3 physical sign you may see ?
(palmar erythema/ ascites/ bilateral lower limb edema/ spider nevi /gynecomastia.....)

2) What investigation you will order?
(liver function test/liver enzymes)

3) if his brother have HBV infection from 2 months,
what will you order to your P.t (not his brother) ?
(HBs Ag)

4) If patient come with massive hematemesis
(esophageal varices) , give 2 line management to
keep vitals ?

اهم خطوة الدكتور بده IV fluids لأنه hypotension
Sclerotherapy ...



The patient complaining from hepatitis A
and his INR >2.1 what is the best
management to do?

- A. ICU
- B. SUPPORTIVE**
- C. Anticoagulant
- D. Antibiotic



HEPATITS

Q11 : 20 Year old male , came with fever followed by this picture , what is the best Lab to reveal the diagnosis ?

- **HbsAg**
- Liver Function Test
- CT
- ALP



Station 7

patient known to have Hepatitis B

Q1 : what is the name of the hand deformity ?

Duputyren's contracture

Q2 : two serological tests to confirm the presence of the disease?

HBsAg ,HBeAg



HEPATITS FUNCTION TEST

1) A 69-year-old patient presents with jaundice and mild fatigue. Labs show elevated direct bilirubin (>80%), high alkaline phosphatase, and normal AST/ALT. What is the most appropriate initial diagnostic tool?

- A) ERCP
- B) Abdominal ultrasound
- C) Liver biopsy
- D) CT scan

Answer: B

2) Which of the following is FALSE regarding hemochromatosis?

- A) Has a male predominance
- B) Autosomal recessive
- C) Congestive cardiomyopathy
- D) Patients have gray skin pigmentation from iron deposition

Answer: C) Congestive cardiomyopathy

3) One of the following is LEAST likely a feature of hemochromatosis:

- A) Fulminant liver failure
- B) Pseudogout
- C) Diabetes
- D) Bronze skin
- E) Hepatocellular carcinoma

Answer: A) Fulminant liver failure

4) Which ONE of the following is LEAST associated with hemochromatosis?

- A) Cardiomyopathy
- B) Hypogonadism
- C) Chorea
- D) Diabetes mellitus
- E) Liver cirrhosis

Answer: C) Chorea

5) Most common cause of cirrhosis in our region?

- A) Viral hepatitis
- B) Autoimmune hepatitis
- C) Budd–Chiari syndrome
- D) Alcohol
- E) Wilson’s disease

Answer: A) Viral hepatitis

6) Wilson’s disease should be considered in all of the following scenarios, EXCEPT:

- A) Abnormal liver enzymes and non-immune hemolytic anemia
- B) Exaggerated high bilirubin with depressed alkaline phosphatase
- C) Decreased serum ceruloplasmin
- D) Elderly patient with neuropsychiatric problems
- E) Fulminant liver failure with low uric acid

Answer: D) Elderly patient with neuropsychiatric problems

HEPATITS FUNCTION TEST

7) All the following statements are associated with Wilson's disease, EXCEPT:

- A) Kayser-Fleischer rings
- B) Hemolysis
- C) Elevated serum ceruloplasmin
- D) Renal tubular acidosis
- E) Chorea

Answer: C) Elevated serum ceruloplasmin

8) Fanconi syndrome is associated with each of the following, EXCEPT:

- A) Hydronephrosis
- B) Osteomalacia
- C) Aminoaciduria
- D) Glycosuria
- E) Proximal renal tubular acidosis

Answer : A

9) All of the following medications are used in the treatment of non-alcoholic steatohepatitis (NASH), EXCEPT:

- A) Betaine
- B) Ursodeoxycholic acid
- C) Ribavirin
- D) Vitamin E
- E) Beta carotene

Answer: C) Ribavirin

10) Which of the following is NOT used in the diagnosis of hepatitis B?

- A) HBsAg
- B) HBV DNA
- C) Anti-HBc
- D) HBcAg
- E) Anti-HBe

Answer: D) HBcAg

11) Anti-smooth muscle antibodies are highest in:

- A) Primary biliary cholangitis
- B) Hepatitis B
- C) Autoimmune hepatitis
- D) Wilson's disease
- E) Hemochromatosis

Answer: C) Autoimmune hepatitis

12) All of the following are used to detect renal disease, EXCEPT:

- A) Biopsy
- B) Triphasic CT
- C) Autoimmune serology
- D) HbA1c

Answer: B) Triphasic CT

13) Which of the following is FALSE about autoimmune hepatitis?

- A) Associated with hepatosplenomegaly
- B) Associated with spider naevi
- C) Positive ANA and ASMA
- D) Responds to immunosuppression
- E) Can present with fatigue

Answer: All true

HEPATITS FUNCTION TEST

14) A nurse sustains a needle-stick injury from a known HIV-positive patient. What is the most appropriate next step?

- A) Wait for symptoms to appear**
- B) Perform HIV PCR immediately and observe**
- C) Start post-exposure prophylaxis (PEP) immediately, no need for testing**
- D) Perform p24 antigen test and start PEP immediately**
- E) No action needed if the viral load is low**

Answer: D) Perform p24 antigen test and start PEP immediately

15) Which of the following statements is correct regarding Hepatitis B?

- A) Not contraindicated for lactation**
- B) Breastfeeding should be avoided**
- C) Vertical transmission is rare**
- D) HBsAg is not detectable in chronic infection**

Answer: A) Not contraindicated for lactation

16) A patient with negative HBsAg, negative anti-HBs, and positive anti-HCV has:

- A) Both HCV and HBV**
- B) HCV with immunization against HBV**
- C) HCV only**
- D) None of the above**

Answer: C) HCV only

17) Best method for follow-up during treatment of chronic HBV is:

- A) HBsAg**
- B) HBV genome**
- C) Viral load**
- D) Liver biopsy**

Answer: C) Viral load

18) A 42-year-old man with a history of IV drug use since 2006 requests HCV testing. What is the most appropriate initial test?

- A) HCV RNA PCR**
- B) Liver biopsy**
- C) Anti-HCV antibody**
- D) HCV genotype testing**

Answer: C) Anti-HCV antibody

19) A diabetic patient presents with tanned skin. What is the most likely diagnosis?

- A. Addison's disease**
- B. Wilson's disease**
- C. Hemochromatosis**
- D. Alcoholic hepatitis**

Correct answer: C. Hemochromatosis

20) Which of the following is a known side effect of ribavirin treatment?

- A. Hepatotoxicity**
- B. Teratogenicity**
- C. Nephrotoxicity**
- D. Neurotoxicity**

Correct answer: B. Teratogenicity

HEPATITS FUNCTION TEST

21) Which of the following statements regarding hepatitis B is FALSE?

- A. HBsAg indicates current infection
- B. HBeAg suggests active viral replication
- C. HBcAg is commonly detected in the serum
- D. Anti-HBc can indicate past or current infection

Correct answer: C. HBcAg is commonly detected in the serum

22) What is currently the most common mode of transmission of hepatitis C virus?

- A. Sexual transmission
- B. Blood transfusion
- C. Vertical transmission
- D. Intravenous drug use

Correct answer: D. Intravenous drug use

23) A diabetic patient with bronze skin discoloration is most likely suffering from:

- A. Wilson disease
- B. Non-alcoholic steatohepatitis
- C. Hemochromatosis
- D. Autoimmune hepatitis

Correct answer: C. Hemochromatosis

24) Which of the following drug-side effect pairings is incorrect?

- A. Rifampin – Orange discoloration of secretions
- B. Isoniazid – Peripheral neuropathy
- C. Pioglitazone – Fatty liver
- D. Methotrexate – Hepatotoxicity

Correct answer: C. Pioglitazone – Fatty liver

25. Which of the following best supports the diagnosis of hemochromatosis?

- A. Elevated ferritin with transferrin saturation >60%
- B. Elevated ALT and AST with positive ANA
- C. Decreased ceruloplasmin and increased urinary copper
- D. Positive anti-mitochondrial antibody

Answer: A

26. A 19-year-old presents with psychiatric symptoms and elevated liver enzymes. Which test confirms the diagnosis of Wilson disease?

- A. Serum ceruloplasmin
- B. Liver biopsy with copper quantification
- C. ANA
- D. Anti-smooth muscle antibody

Answer: B

27. Which of the following lab patterns is most consistent with alcoholic hepatitis?

- A. AST > ALT (usually <300), with elevated GGT
- B. ALT > AST, both >1000
- C. Elevated alkaline phosphatase with jaundice
- D. Low albumin and high INR only

Answer: A

HEPATITS FUNCTION TEST

28. A patient with metabolic syndrome has mildly elevated ALT and AST. Liver biopsy shows ballooning degeneration and inflammation. Most likely diagnosis?

- A. Alcoholic hepatitis**
- B. Non-alcoholic steatohepatitis (NASH)**
- C. Autoimmune hepatitis**
- D. Primary biliary cholangitis**

Answer: B

29. A young woman presents with fatigue, elevated ALT/AST, and positive anti-smooth muscle antibodies. Most likely diagnosis?

- A. Primary biliary cholangitis**
- B. Wilson disease**
- C. Autoimmune hepatitis**
- D. Hemochromatosis**

Answer: C

30. All of the following medications are used for Non-Alcoholic Steatohepatitis (NASH) except:

- A. Betaine**
- B. Ursodeoxycholic acid**
- C. Ribavirin**
- D. Vitamin E**
- E. Beta-Carotene**

Answer: C

31. Which of the following causes of portal hypertension is not due to presinusoidal intrahepatic pathology?

- A. Veno-occlusive disease**
- B. Schistosomiasis**
- C. Viral hepatitis**
- D. Alcoholic hepatitis**
- E. Congestive heart failure**

Answer: E

HEPATITIS FUNCTION TEST

1) patient known to have Hepatitis B

Q1 : what is the name of the hand deformity ?

Dupuytren's contracture

Q2 : two serological tests to confirm the presence of the disease?

HBsAg ,HBeAg



2) Hepatic patient came with abdominal distention.

What is the next step to establish the diagnosis:

- **Abdominal ultrasound**
- **Abdominal CT**
- **Abdominal MRI**



3) What the name of this Finding ?

- a) Telangiectasia
- b) **Spider angioma**

what test does not be used to confirm diagnosis?

- a) **Upper endoscopy**
- b) Abdominal Ultrasound
- c) Liver function test
- d) Liver biopsy



4) This patient has positive anti-HBs antibody • What's the most important test?

- HBV DNA

- **Other markers that'll show liver status?**
- **PT/INR • Albumin level**

- **After 6 months, most important follow up?**
- **US • LFT**

- **Mention clinical tests for liver function?**
- **Ascites**
- **Hepatic encephalopathy**



HEPATITS FUNCTION TEST

5) If The patient complaining from hepatitis A and his INR >2.1 what is the best management to do?

- A. ICU
- B. SUPPORATIVE
- C. Anticoagulant
- D. Antibiotic

answer : B



6) 20 Year old male , came with fever followed by this picture , what is the best Lab to reveal the diagnosis ?

1. ▫ HbsAg
2. ▫ Liver Function Test
3. ▫ CT
4. ▫ ALP

answer : 2. Liver function test



7) patient came with this picture , and the urine dipstick reveal the presence of bilirubin , what's the cause ?

1. ▫ Autoimmune hemolysis
2. ▫ Sickle cell anemia
3. ▫ Cholestasis
4. ▫ Thalassemia
5. ▫ Gilbert syndrome

answer : 3. Cholestasis



8)

1) what are 3 physical sign you may see ?

(palmar erythema/ ascites/ bilateral lower limb edema/ spider nevi /gynecomastia.....)

2) What investigation you will order?

(liver function test/liver enzymes)

3) if his brother have HBV infection from 2 months, what will you order to your P.t (not his brother) ?

(HBs Ag)



4) If patient come with massive hematemesis (esophageal varices) , give 2 line management to keep vitals

hypotension اهم خطوه الدكتور بده IV fluids لانه

Sclerotheruapy ...

HEPATITS FUNCTION TEST

9) 60 y man , history of alcoholism for 15 y , this endoscope above gastroesophageal junction :

1. What the cause of bleeding :

esophageal varices due to liver cirrhosis .

2. If you see this view when you do endoscopy , what is immediate management:

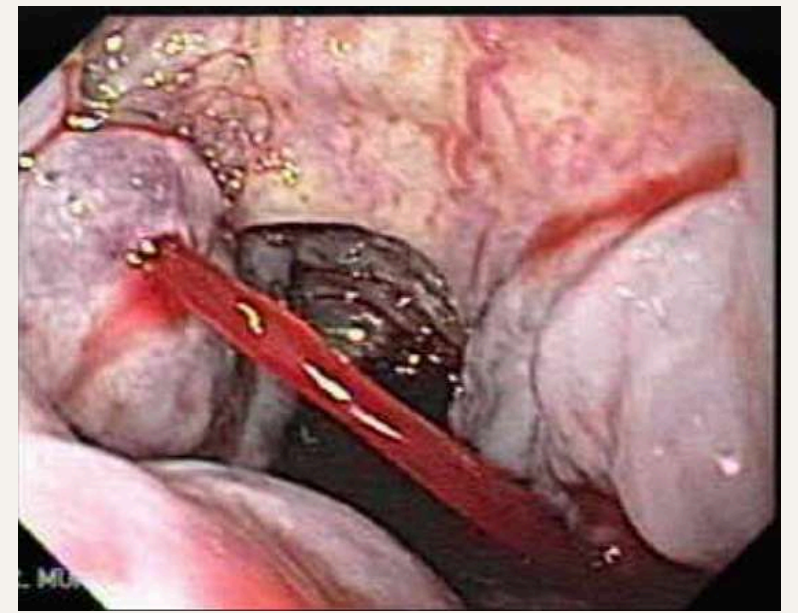
2 large iv cannula to give him fluid / injection sclerotherapy and banding / vasoconstrictive therapy like (octreotide and Terlipressin)

3. What you find if you examine the patient :

palmar erythema / gynecomastia / ascites / spider nevi /caput medusae)

4. Mention 3 long term treatment :

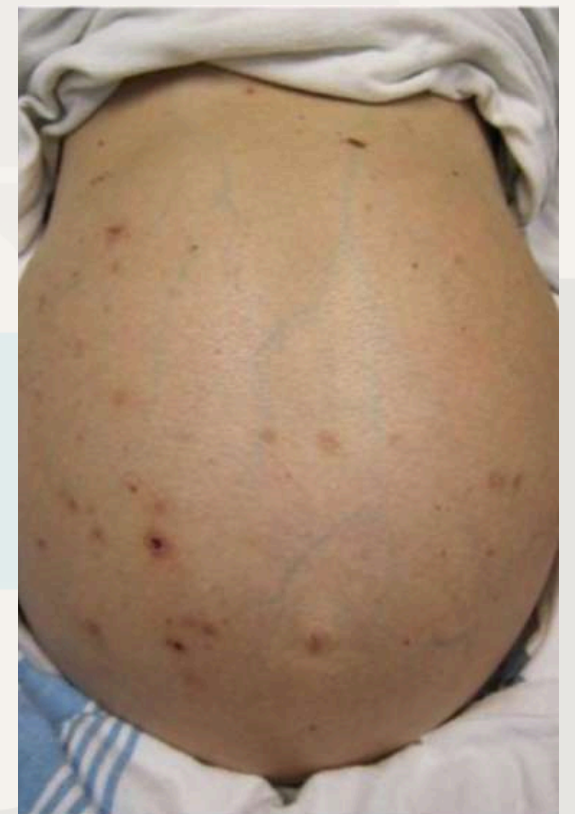
non selective beta blocker /repeated sclerotherapy / TIPS



10) This 60 year old male has a long history of alcoholism. All of the following are important factors in assessing his mortality rate except?

- a. Very high ALT and AST (≥ 1000)
- b. Albumin level
- c. Presence of encephalopathy
- b. Prolonged PT
- e. Bilirubin level

Answer: **a. Very high ALT and AST (≥ 1000)**



11) This 60 year old male has a long history of alcoholism.

Other signs suspected To be seen in this patient include all the followings except ?

- 1. Palmer erythema
- 2. Ascites
- 3. Gynecomastia
- 4. Hirsutism
- 5. Dupuytren's contracture

Answer: **4**



12) Patient presented with this CBC findings :

**LOW MCV
LOW MCHC
HIGH RDW
LOW Hgb**

• Which one of these tests should not be done to confirm diagnosis:

- 1. Serum iron
- 2. Serum ferritin c)
- 3. TIBS
- 4. Transferrin Receptors antibodies
- 5. Transferrin Saturation

(Transferrin Saturation used to diagnosis hemochromatosisدكتور من الإجابة من الدكتور)

MALABSORPTION AND CELIAC

Final-Archive

- The most common HLA subtype seen in celiac disease is:

Select one:

- a. HLA DR3
- b. HLA DR4
- c. HLA DQ2
- d. HLA DQ8
- e. HLA B27

Answer: c

- A 27-year-old woman presents for review. She describes herself as having 'IBS' and for the past two years has suffered intermittent bouts of abdominal pain, bloating and loose stools. For the past two weeks however her symptoms have been much worse. She is now passing around 3-4 watery, grey, 'frothy' stools per day. Her abdominal bloating and cramps have also worsened and she is suffering from excessive flatulence. Judging by the fitting of her clothes she also feels that she has lost weight. Some blood tests are ordered Hb 10.9 g/dl Platelets 199 * 10⁹/l WBC 7.2 * 10⁹/l Ferritin 15 ng/ml Vitamin B12 225 ng/l Folate 2.1 nmol/l!

What is the most likely diagnosis?

Select one:

- a. Crohn's disease
- b. Celiac disease
- c. Infective exacerbation of irritable bowel syndrome
- d. Ulcerative colitis
- e. Bacterial overgrowth syndrome

Answer: b

- One of the following is not a complication of celiac disease Select one:

- a, T-cell lymphoma
- b. Osteoporosis
- c. Aplastic anemia
- d. Ulcerative jejunitis
- e Increased risk of esophageal carcinoma

Answer: c

- A 17-year-old female patient presents to your clinic complaining of hair loss. She was diagnosed with celiac disease at the age of 6 years with duodenal biopsy after having frequent upper respiratory and ear infection. Deficiency of which immunoglobulin is frequently encountered in celiac disease?

Select one:

- a. IgA
- b. IgE
- c. IgM
- d. IgG
- e. Complement system

Answer: a

- Regarding the clinical features of celiac disease. One is false

- a. Can be diagnosed after the age of 60
- b. Can appear in infancy upon weaning from milk to solid foods
- c. Has a peak of incidence in the fifth decade
- d. Patients can be asymptomatic and present only with laboratory abnormalities
- e. Mouth ulcers and angular stomatitis are indicators of very severe disease

Answer: e

MALABSORPTION AND CELIAC

- Which of the following is not a cause of GI bleeding ?

a. Esophageal varices
b. Use of NSAIDs
c. H pylori related erosive gastritis
d. Gastric malignancy
e. Celiac disease

Answer: e

- All of the following are possible complications of celiac disease except?

a. Weight loss
b. Anemia
c. Infertility
d. Osteoporosis
e. High ESR and CRP

Answer: e

- Which of the following is not a recognized complication of celiac disease?

a. Lactose intolerance
b. Esophageal cancer
c. Subfertility
d. Hypersplenism
e. Osteoporosis

Answer: d

- Most sensitive for celiac disease follow up :

a. Anti-endomysial antibodies
b. Anti tissue transglutaminase antibodies

Answer: b

- All the following are subclinical presentations of celiac disease, except:

a. Mood changes
b. Iron def
c. B12 def
d. Unexplained elevation of liver enzymes
e. Recurrent abdominal pain

Answer: c

- ONE of the following tests is most suitable in screening patients for celiac disease.

a. Anti-casein antibodies
b. Anti-endomyseal antibodies
c. Anti-gliadin antibodies
d. ESR
e. Alpha feto protein.

Answer: b

- the most common presentation in patients with malabsorption is?

a. Hyperkalemia
b. Anemia
c. Incidental finding of positive anti TTG
d. Melena
e. High ESR

Answer: b

MALABSORPTION AND CELIAC

- Cause of false negative serology test in celiac disease?

IgA deficiency

- Patient has history of multiple fractures he is known case of celiac disease best diagnostic imaging for bone?

bone densitometry (DXA)

- One is true about Celiac disease?

anti-tissuw transglutaminase antibody

- One is true about Celiac ?

Anti-endomysium

- one of these is not a cause of malabsorption?

Contact dermatitis

الطبيب والجراحة

لجنة

MALABSORPTION AND CELIAC

MALABSORPTION AND CELIAC

Mini-Osce Archive

Female patient 6 months of fatigue, SOB, itchy rash, Iron deficiency anemia...

1) what's your diagnosis ?

-celiac disease

2) write 2 investigations that supports your diagnosis?

tTG IgA, total IgA

endomysial IgA

3)the best thing for confirming your diagnosis ?

-endoscopy with biopsy

4) write 2 complications?

secondary lactose deficiency

T cell lymphoma

refractory celiac disease



patient complain of abdominal pain and diarrhea, and she notice loss Weight..

1)Diagnosis:

celiac disease

2)Mention 2 serological test :

anti- ttG /anti-endomysial

3)how you made definitive diagnosis:

endoscopy and biopsy

4)Treatment :

gluten-free diet .

5)If this patient came after 10 years ,complain of neck mass
cant take breath and spasm of whole body muscles.

a. What happen to this patient ?

hypothyroidism but not sure , Some said hypocalcemia due to muscles spasm

b. Treatment ?

Levothyroxine



Young Female, is diagnosed with osteoporosis, and complaining from
diarrhea last two months, What is your fist investigation, and the diagnosis?

- Anti Tissue Transglutaminase

- Celiac Disease



INFLAMMATORY BOWEL DISEAS

A 28-year-old woman is evaluated for an 8-week history of increasing lower abdominal crampy pain and diarrhea. She now has 6 to 10 bowel movements per day with one or two nocturnal stools. Stools are loose to watery with intermittent blood streaking. The pain is in the lower abdomen and has increased to 6 to 8 out of 10 in severity over the past week. She has anorexia and nausea but no vomiting or fever. She takes no medications, including NSAIDs. On physical examination, temperature is 37.8 °C (100.0 °F), blood pressure is 100/54 mm Hg, and pulse rate is 96/min. She appears thin, pale, and in moderate distress. The abdomen is distended with diffuse tenderness that is most prominent in the lower quadrants. There is no rigidity, guarding, rebound tenderness, masses, or organomegaly. Representative colonoscopy findings seen in a patchy distribution throughout the ascending, transverse, and descending colon. The terminal ileum and rectum show no inflammation. Which of the following is the most likely diagnosis? Select one:

- a. Collagenous colitis
- b. Crohn's colitis
- c. Ischemic colitis
- d. Ulcerative colitis
- e. Colon CA

Answer : b

• Intestinal complications more common to Crohn's disease than ulcerative colitis include each of the following except?

- a. Fistula formation
- b. Perianal disease
- c. Intestinal obstruction
- d. Toxic megacolon
- e. Post surgical recurrence

Answer : d

• Wrong about Crohn's disease?

- A. Caseating granuloma
- B. chronic inflammatory condition that may affect any part of the gastrointestinal tract
- C. There are deep ulcers and fissures in the mucosa, producing a cobblestone appearance
- D. the inflammation extends through all layers of the bowel
- E. involve multiple areas with relatively normal bowel in between skip lesions

Answer : a

• found in UC ?

- A. Granuloma
- B. Crypt abscess
- C. Transluminal
- D. Skip lesion
- E. Terminal ileum

Answer : b

• Regarding IBD, all of the following are true, except:

- a. UC patients usually smoke more than Crohn's patients .
- b. Incidence is about 7/100,000
- c. Jewish affected more often than Asians
- d. Ileocecal area is frequently involved in Crohn's disease

Answer : a

• All are differential diagnosis of sacroiliitis, except:

- A. Crohn's
- B. Ankylosing spondylitis
- C. Psoriasis

Answer : all true

INFLAMMATORY BOWEL DISEAS

• Regarding Crohn's disease, all of the following are true, except:

- a. The rectum is often spared
- b. Fistual fissures and abscesses can occur in patients with colo-rectal Crohns
- c. The disease is limited to the mucosa
- d. The mucosa can appear as cobble stone

Answer :c

• About Crohn's disease of colon false is :

- a) Midline incision is used for surgery
- b) Perianal disease in 20% cases present with SI diseases
- c) Ileocaecal type is the most common
- d) Bypass is preferred over resection

Answer :d

• False about Crohn's disease :

- a) Perianal presentation can be there
- b) Predominant Rectal involvement
- c) Deep fissures and fistula is common
- d) Transmural involvement occurs

Answer :b

• In Ulcerative Colitis false is :

- a) Malignancy related to duration of disease not extent
- b) Malignancy more common on Right side
- c) Cancer is more infiltrative and with poor prognosis
- d) 30% malignancies associated with Dysplasia

Answer :a

• A 27-year-old woman is investigated for bloody diarrhoea This started around six weeks ago She is currently passing 3-4 loose motions a day which normally contain a small amount of blood. Other than feeling lethargic she remains systemically well with no fever or significant abdominal pain. A colonoscopy is performed which shows inflammatory changes in the ascending colon consistent with ulcerative colitis. Bloods show the following: Hb 14.2 g/dl Platelets 323 * 10⁹/l WBC 8.1 * 10⁹/l CRP 22 mg/l What is the most appropriate first-line medication to induce remission? Select one:

- a. Rectal aminosalicylate
- b. Oral aminosalicylate
- c. Oral prednisolone
- d. intravenous corticosteroids
- e. Rectal corticosteroids

Answer :b

• A 29-year-old man is evaluated during a routine examination. His medical history is significant for ulcerative colitis involving the entire colon, which was diagnosed 4 years ago. His symptoms responded to therapy with mesalamine and have remained in remission on this medication. His family history is significant for a maternal uncle who died of colon cancer at the age of 50 years. Physical examination is unremarkable. Serum alkaline phosphatase, alanine aminotransferase, and aspartate aminotransferase levels are normal. Which of the following is the most appropriate interval at which to perform colonoscopy with biopsies in this patient? Select one:

- a. Begin now and repeat annually
- b. Begin in 4 years and repeat every 1 to 2 years
- c. Begin in 4 years and repeat every 10 years
- d. Begin in at age 50 and repeat every 10 years
- e. Begin at age 40 years and repeat every 5 years

Answer :b

INFLAMMATORY BOWEL DISEAS

• A 47 year-old male farmer who has a 15-year history of ulcerative colitis presents to your clinic complaining of severe bloody diarrhea 10 times daily. He has lost 5 kg over the past 2 months and was brought to the ER twice in the last month for abdominal pain. His BP is 100/60 mmHg and his pulse rate is 120 beat/minute. He is only medication is mesalazine (5-ASA). What is the next step in management:Select one:

- a. Infliximab IV
- b. Adalimumab S.C
- c. Oral corticosteroids
- d. Azathioprine (immunesuppression)
- e IV corticosteroids

Answer :e

• A 31 Y/O man with ulcerative colitis (isolated proctitis) present with a worsening of his symptoms , he is passing around four loose stool a day which do not contain blood . he has also experienced some urgency and tenesmus but is otherwise systemically well. What is the most appropriate management ?

- a) Rectal 5ASA
- b) Oral corticosteroid
- c) Rectal corticosteroid
- d) Observe with review in 7 days time
- e) Oral loperaamide

Answer :a

• A 25year old man presents with bloody diarrhea associated with systemic upset. Blood tests show thefollowing,Hb 13,4 g/dl,Platelets 467,000/dl,WBC 3,200/dl,CRP 89 mg/l,A diagnosis of ulcerative colitis is suspected. Which part of the bowel is most likely to be affected?

- a. Sigmoid colon
- b. Rectum
- c. Ascending colon
- d. Descending colon
- e. Terminal ileum

Answer :b

Wrong about ulcerative colitis complications:

- a. Renal stones and gallstones
- b. Malignancy
- c. Amyloidosis
- d. Ascending cholangitis

Answer :c

• All of the following are true regarding ulcerative colitis, except:

- a. Azathioripne can be sued in treatment
- b. Maybe associated with Pyoderma gangreonusum
- c. Patients may be P-ANCA positive
- d. The rectum is never involved

Answer :d

• All the following are criteria to define sever attack of ulcerative colitis Except.

- a- stool frequency > 10 per day with out blood
- b- fever > 37.5 C
- c- tachycardia >90/min
- d- anemia hemoglobin < 10 gram/dl
- e- albumin < 30 g/L

Answer :a

• Ulcerative Colitis with malignancy :

- a) has a better prognosis than Ca Colon
- b) Is related to disease activity
- c) is related to duration of ulcerative colitis
- d) Malignancy is more in ano rectal ulcerative colitis

Answer :c

INFLAMMATORY BOWEL DISEAS

•• In ulcerative colitis with toxic megacolon lowest recurrence is seen in :

- a) complete proctocolectomy and brook's ileostomy
- b) ileo rectal anastomose
- c) koch's pouch
- d) ileo anal pull through procedure

Answer: a

• In ulcerative colitis, cure can be completely achieved by?

- A. Total colectomy
- B. Gastrectomy
- C. Colonoscopy every 2 years
- D. Immunosuppressive therapy Special diets

Answer: a

• Wrong about crohn:

rose thorn ulcer caseating granuloma

• Wrong regarding crohn disease management?Answer:

the key enzyme in biological agent is TPMT

Explanation: The key enzyme involved in AZA and 6MP metabolism is thiopurine methyl transferase (TPMT)

• Patient diagnosed with crohn's disease complaining of multiple perianal fistulas and the treatment that given is infliximab which is :

Anti TNF monoclonal antibodie

• wrong about crohns >> **causes polyps..**

• bloody diarrhea not responding to 5 aminosalysilic acid “a case of ulcerative colitis“ ,next step?

Azathioprine

• Wrong about Crohn’s : **Backwash ileitis**

• Risk factor for Ulcerative colitis to develop malignancy : **pancolitis**

• Drug of choice for patient with ulcerative colitis that reach segmoid colon : **Oral 5-ASA** (suppository if it is limited to rectum)

• About Ulcerative colitis exept : **Deep fissure ulcer**

• wrong about ulcerative colitis >> **Fistulas usually happens**

Surgical of ulcerative colitis ?

- A- Granuloma
- B- Loss of goblet cell
- C- Cobble stone
- D- skipped

Answer: B

INFLAMMATORY BOWEL DISEAS

MINI OSCE

Q3) a 34 year old patient comes to your clinic complaining of abdominal pain and non bloody diarrhea of 6 months of duration. during lower limb examination you see this lesion. what is the name of this lesion and what is your diagnosis?

Erythema nodosum with Crohn's disease



Name this :

Erythema nodosum

3 causes of it :

Sarcoidosis

Tuberculosis

IBD

oral contraceptive pills

Infection



Q1: what is the name of the skin lesion?

Erythema Nodosum

Q2: two Possible diagnosis?

Sarcoidosis

IBD



This Patient came with history of 4 week duration bloody diarrhea.

•What do you see?

pyoderma gangrenosum

What is the diagnosis?

Ulcerative colitis



INFLAMMATORY BOWEL DISEAS

MINI OSCE

A case of bloody diarrhea and endoscopic finding in picture

Q1\ what is the diagnosis?

Ulcerative colitis

Q2 \ mention 2 complications?

1-toxic megacolon

2- uveitis

3- colon cancer

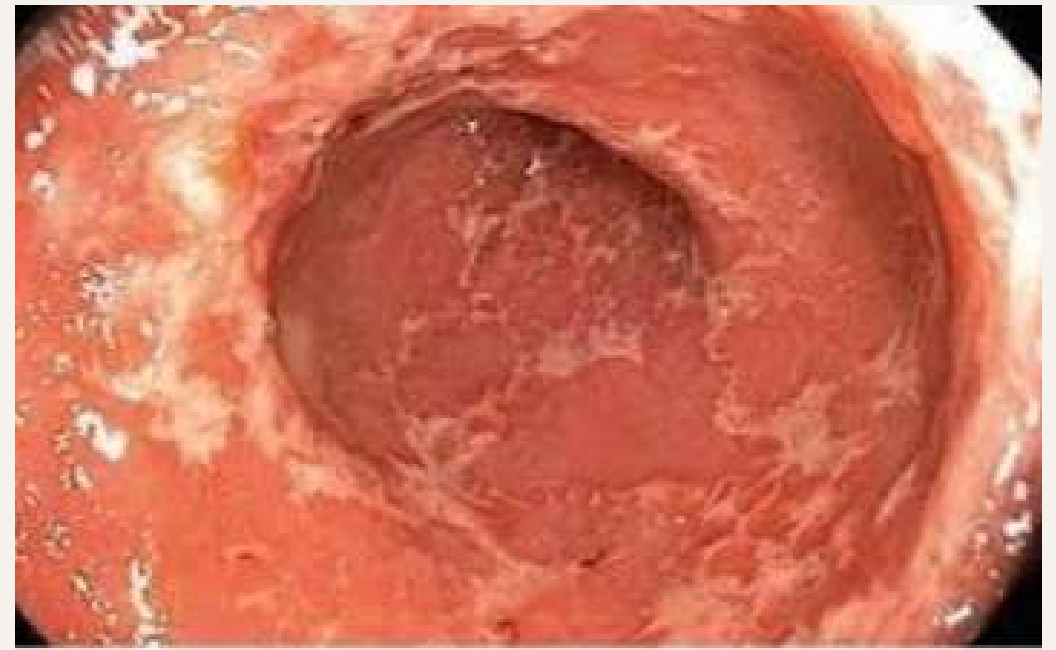
Q3 \ mention 2 investigation?

1- ESR, CRP

2-PANCA

Q4\ what is the definitive treatment?

Total colectomy



IRRITABLE BOWEL SYNDROM

A 29-year-old woman comes to see you in clinic because of abdominal discomfort. She feels bdominal discomfort on most days of the week, and the pain varies in location and intensity. She notes constipation as well as diarrhea, but diarrhea predominates. In comparison to 6 months ago, she has more bloating and flatulence than she has had before. She identifies eating and stress as aggravating factors, and her pain is relieved by defecation. You suspect irritable bowel syndrome (IBS). Laboratory data include: white blood cell (WBC) count 8000/DL, hematocrit, 32%, platelets, 210,000/ DL, and erythrocyte sedimentation rate (ESR) of 44 mm/h. Stool studies show the presence of lactoferrin but no blood. Which intervention is appropriate at this time?Select one:

- a. Antidepressants
- b. Ciprofloxacin
- c. Colonoscopy
- d. Reassurance and patient counseling
- e. Stool bulking agents

Answer :c

• Not a criteria in diagnosing irritable bowel syndrome:

- A. Nocturnal diarrhoea
- B. Bloating
- C. Gastrocolic reflex

Answer :a

• Wrong about IBS:

- a. All need barium enema and meal
- b. Patient with diarrhea-prominent disease can be treated by loperamide

Answer :a

• wrong about Mx of irritable bowel: **barium follow through for all pt**

• 20 year old female diagnosed as Irritable bowel syndrome with pain predominance, what is treatment not used for her :**Narcotic analgesia** (the other choices:tricyclic antidepressant , high fiber diet , antispasmodic)

One of the following is least associated with irritable bowel syndrome?

- A) Abdominal distension
- B) Waking at night from pain
- C) Mucus with stool

Answer :b

LIVER CIRRHOSIS

A 65-year-old man with liver cirrhosis of unknown cause is reviewed in clinic. Which one of the following factors is most likely to indicate a poor prognosis?

- a. Alanine transaminase \geq 200 ufl**
- b. Caput medusae**
- c. Ascites**
- d. Gynecomastia**
- e. Splenomegaly**

Ans: C

One of the following is not a complication associated with liver cirrhosis

- a. Lower limb varices**
- b. Hepatopulmonary syndrome**
- c. Hepatocellular carcinoma**
- d. Hepatorenal syndrome**
- e. Hepatic encephalopathy**

Ans: A

one of the following dietary restriction measures is necessary in all cirrhosis patients:

- a. low salt diet**
- b .low protein diet**
- c. high fat diet**
- d .low fat diet**
- e. high protein diet**

Ans: A

66-year-old male patient is brought by paramedics to the emergency department. He complains of fatigue, abdominal discomfort and lower limb swelling. Laboratory investigation shows a low hemoglobin level and thrombocytopenia. He was diagnosed 6months ago with liver cirrhosis and was admitted twice since then for the treatment of hepatic encephalopathy.

All of the following are important measures when it comes to assessing this patient's mortality except one:

- a. INR**
- b. Severity of ascitis**
- c. Severity of jaundice**
- d. Bilirubin levels**
- e Severity of encephalopathy**

ANS : C

Which one of the following is least useful in assessing the severity of patient with liver cirrhosis :

- a) ANA positivity**
- b) PT**
- c) Bilirubin**
- d) The presence of ascites**
- e) The presence of encephalopathy**

Ans: A

Most common cause of cirrhosis in our region?

- A. Viral hepatitis**
- B. Autoimmune hepatitis**
- C. Budd–Chiari syndrome**
- D. Alcohol**
- E. Wilson’s diseas**

Ans: A

LIVER CIRRHOSIS

Not part of child purgh score in liver cirrhosis:

- a. Encephalopathy
- b. Partial thromboplastin time
- c. Ascites
- d. Albumin

Ans: b

Wrong about a patient with liver cirrhosis:

- A. Lactulose
- B. Warfarin
- C. Restrict proteins
- D. Restrict diet
- E. Restrict salt

Ans: b

Precipitating factors for hepatic encephalopathy in patient with liver cirrhosis include all the following Except.

- a- occult infection
- b- aggressive diuresis
- c- gastrointestinal bleeding
- d- treatment with oral neomycin
- e- excess dietary proteins

Ans: d

65-year-old man with liver cirrhosis presented with ascitis,abdominal pain, tenderness and peripheral edema. A diagnostic tap revealed a neutrophil count of 400/mm (normal < 250). Which ONE of the following would be of the most immediate benefit ?

- a- Fluid restriction and no added salt diet.
- b- Intravenous antibiotics.
- c- Oral spironolactone.
- d- Therapeutic paracentesis
- e- Trans-jugular intrahepatic porto-systemic shunt.

Ans:B

In cirrhosis mechanism of portal hypertension is all Except :

- a) fibrosis
- b) Regenerating nodules compress portal vein
- c) single blood supply of regenerating liver nodule
- d) Dual blood supply of regenerating liver nodule

Ans:D

The most common cause of portal hypertension is:

- a. Liver cirrhosis**

Which one of cases of UGIB associated with the worst outcome :

- A. 75 male with liver cirrhosis and variceal bleeding**

At liver cirrhosis the level of which substance with low level :

- a. urea (impairment of urea cycle which occur at liver)**

Patient with liver cirrhosis complaining of esophageal varicies and the banding therapy is given , what drug we should put patient on :

- a. Propranolol**

LIVER CIRRHOSIS

Patient with liver cirrhosis come with tense ascitis and bilateral lower limb edema and diffuse abdominal pain , ascetic fluid analysis was : 750 WBCS with 90% polymorphonuclear cells and 3 g/dl albumin , negative gramstain , what is treatment ?

a. Ceftriaxone IV (spontenous bacterial peritonitis)

All about bleeding correct Except?

Answer: All patient with cirrhosis will develop variceal bleeding

Explanation: Approximately 90% of patients with cirrhosis will develop gastroesophageal varices, over 10 years, but only one third of these will bleed from them

About cirrhosis:

- a. TIPS increases the incidence of hepatic encephalopathy
- b. Protein should be restricted to 40mg/kg/d unless encephalopathy develops

Ans:a

62- Which of the following indicates poor prognosis in cirrhosis?

- A) Caput medusa
- B) Ascites
- C) Gynecomastia
- D) Splenomegaly

Ans:B

Mini OSCE

1- A 30 year old male patient , prolonged PT , presented with abdominal discomfort and shortness Of breath. On ultrasound was found to have extensive ascites. The likely cause of this Presentation is ?

- 1. Liver cirrhosis
- 2. Heart failure
- 3. Renal failure
- 4. Pulmonary hypertension
- 5. Acute peritonitis

Ans: A



What is the name of this sign :

Caput Medusae

DDX :

Esophageal varicies

Liver cirrhosis



LIVER CIRRHOSIS (Mini OSCE)

What is the name of this sign :

Spider Nevi

mention one cause of it :

Liver cirrhosis



A 50 years old patient presented with abdominal tenderness and fever 38.2

Q1 I what is the diagnosis?

Spontaneous bacterial peritonitis ,most common pathogen is E.coli

Q2 I what is the underling risk factor?

Liver cirrhosis

Q3 I what is the treatment?

3rd generation cephalosporin

Q4 I mention 3 physical finding could you seen in t his patient?

1-jaundice 2- lower limb edema 3- crackles in auscultation



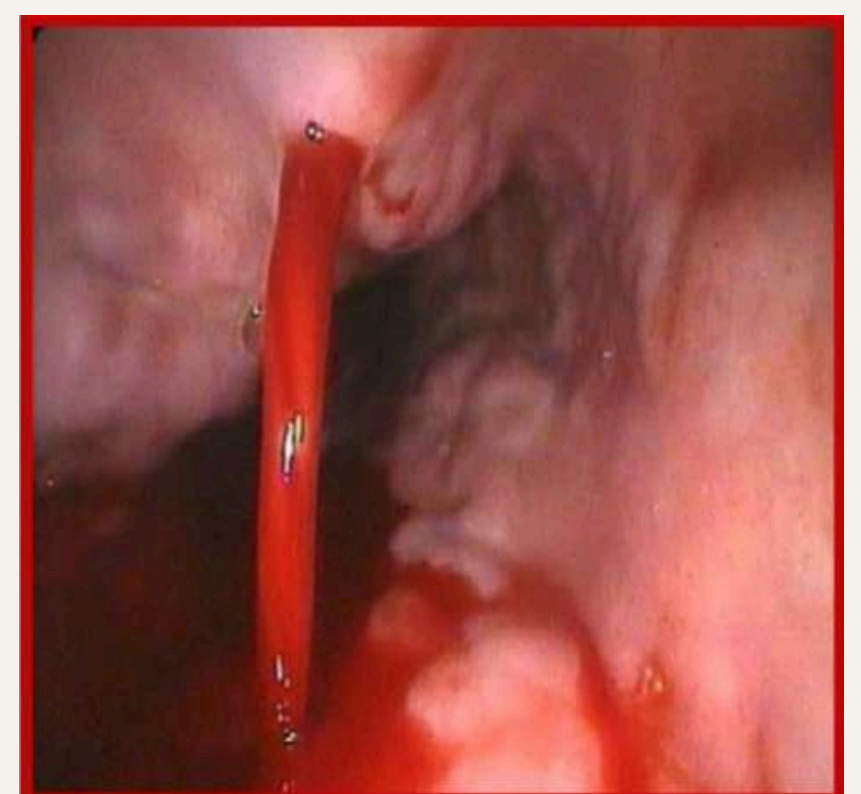
patient with this picture, which one we don't depend on in the prognosis of case ?

- Encephalopathy
- Degree of ascites
- Albumin
- **Platelet**
- Bilirubin



hepatic patient suffer from massive hematemesis the picture below by endoscopy, what's the most relevant cause?

- Gastric ulcer
- Mallory weiss tear
- **Esophageal varices**
- Gastritis



LIVER CIRRHOSIS (Mini OSCE)

This 60 year old male has a long history of alcoholism. Other signs suspected To be seen in this patient include all the followings except?

- Palmer erythema
- Ascites
- Gynecomastia
- **Hirsutism**
- Dupuytren's contracture



patient known to have Hepatitis B

Q1 : what is the name of the hand deformity ?

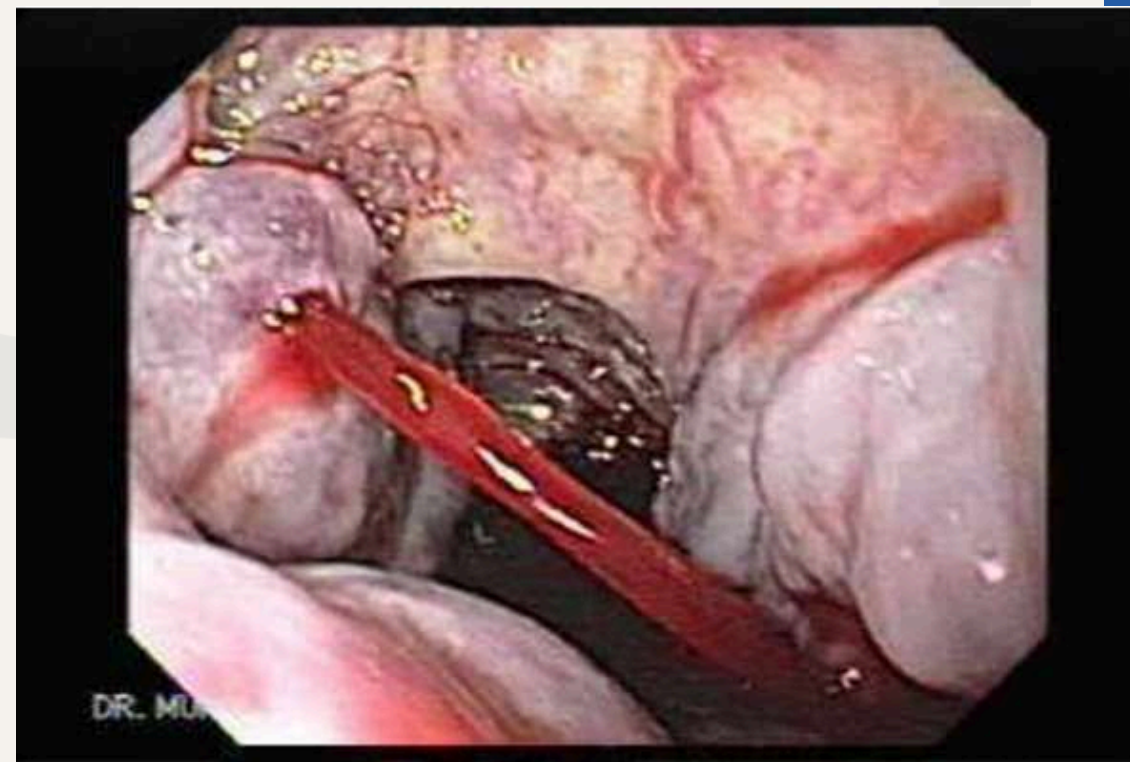
Duputyren's contracture

Q2: two serological tests to confirm the presence of the disease?

HBsAg , HBeAg



60 year old man , history of alcoholism for 15 y , this endoscope above gastroesophageal junction :



1.What the cause of bleeding :

esophageal varices due to liver cirrhosis .

2. If you see this view when you do endoscopy , what is immediate management:

2 large iv cannula to give him fluid / injection sclerotherapy and banding / vasoconstrictive therapy like (octreotide and Terlipressin)

3. What you find if you examine the patient :

palmar erythema / gynecomastia / ascites / spider nevi /caput medusae)

4. Mention 3 long term treatment :

non selective beta blocker /repeated sclerotherapy / TIPS

ASCITES

Which of the following indicates poor prognosis in cirrhosis?:

- A) Caput medusa
- B) Ascites
- C) Gynecomastia
- D) Splenomegaly

Ans.B

A patient with ascites and cirrhosis has ascitic fluid neutrophil count >450.

What is the best management? Options:

- a. Ascitic drain
- b. IV ceftriaxone
- c. Oral metronidazole
- d. Increase diuretics

Ans: b

A 65-year-old man with liver cirrhosis of unknown cause is reviewed in clinic. Which one of the following factors is most likely to indicate a poor prognosis?:

- a. Alanine transaminase > 200 u/l
- b. Caput medusae
- c. Ascites
- d. Gynecomastia
- e. Splenomegaly

Ans: c

Examination of ascites — all are true except?:

- a. Presence of fluid thrill
- b. Presence of percussion dullness
- c. Treatment needs lasix and aldactone
- d. Presence of flapping tremors
- e. Ballotment can be present

Ans: d

Which of the following are not consistent with primary (spontaneous) bacterial peritonitis?:

- a. Abdominal discomfort and fever
- b. Ascitic fluid neutrophil count > 250 x10⁶ cells/L
- c. Ascitic fluid WBC count > 500 x10⁶ cells/L
- d. Multiple organisms on culture and sensitivity of ascitic fluid
- e. Deterioration of clinical case

Ans: d

Patient with liver cirrhosis presents with tense ascites, bilateral lower limb edema, and diffuse abdominal pain. Ascitic fluid analysis shows: 750 WBCs with 90% polymorphonuclear cells and 3 g/dl albumin, and negative gram stain. What is the treatment?:

- a. Oral metronidazole
- b. IV ceftriaxone
- c. Ascitic drain only
- d. Increase diuretics

Ans: b

Most common cause of spontaneous bacterial peritonitis:

- a. E. coli
- b. Klebsiella
- c. Streptococcus
- d. Enterococcus
- e. Pseudomonas

Ans: a

In the treatment of patients with spontaneous bacterial peritonitis, all of the following are true except::

- a. Initiate therapy when ascitic fluid neutrophils > 250/mm³
- b. Majority sterile at presentation (culture negative)
- c. Gentamicin is the drug of choice
- d. Treat for at least 5 days
- e. 30% of patients are asymptomatic at presentation and during follow-

Ans: c

ASCITES

Edema, ascites, enlarged liver, and venous pressure of 180 mm of saline suggest::

- a. Laennec's cirrhosis
- b. Congestive heart failure
- c. Inferior vena caval obstruction
- d. Acute glomerulonephritis
- e. Cirrhosis of the liver

Ans: b

Low SAAG (Serum-Ascites Albumin Gradient) is associated with which of the following?:

- a. Liver cirrhosis
- b. Heart failure
- c. Malignancy

Ans: c

- High SAAG (>1.1 g/dL): Liver cirrhosis, Heart failure.
- Low SAAG (<1.1 g/dL): Malignancy, infections (like tuberculosis), pancreatitis.

Mini OSCE

Q10: patient with this picture, which one we don't depend on in the prognosis of case?

- Encephalopathy
- Degree of ascites
- Albumin
- **Platelet**
- Bilirubin



Q1 - This 60 year old male has a long history of alcoholism. All of the following are important factors in assessing his mortality rate except?

- a. **Very high ALT and AST (>1000)**
- b. Albumin level
- c. Presence of encephalopathy
- d. Prolonged PT
- e. Bilirubin level

Q13: serum protein = 53 serum albumin = 3.8 ascites fluid protein = 50 ascites albumin = 2.3 , calculate the SAAG?

- 0.5
- **1.5**
- 2.5
- 3
- 6

SAAG = Serum Albumin - Ascites Albumin

In this case:

SAAG = 3.8 - 2.3 = 1.5 g/dL

NOTE: (you calculate from albumin values not protein one!)

ASCITES

ك

Mini OSCE

Q1: calculate SAAG

$$2.8 - 2.2 = 0.6$$

Q2: what is your Dx?

spontaneous bacterial peritonitis

Ascitic fluid analysis :

- serum protein : 2.8
 - ascitic protien : 2.2
 - WBC : 501
 - PMN : 90%
- Albumin*

1 - A 30 year old male patient, prolonged PT, presented with abdominal discomfort and shortness Of breath. On ultrasound was found to have extensive ascites. The likely cause of this Presentation is?

- a. **Liver cirrhosis**
- b. Heart failure
- c. Renal failure
- d. Pulmonary hypertension
- e. Acute peritonitis

- the defenetive diagnosis of spontaneous bacterial peritonitis?

paracentesis with ascetic fluid absolute neutrophils count > 250 cell/mm3.



”ومن يَأْبِ صعود الجبال ... يعيش أَبَدَ الدهرين الحفر”