

**SLE**

**MCQs**

- a 29 female patient with recurrent hand joints artheritis and oral ulcer, what is the diagnosis?

**SLE**

- all can be seen in sle except?

**Anticentromere antibodies**

- Which one of the followings statements is correct about patients with SLE: Select one:

**a. ANA (Antinuclear antibodies) is positive in almost all patients.**

b. Hydroxychloroquine is an enough treatment for discoid lesions on the face.

c. Renal involvement occurs in 90% of patients.

d. Arthritis is usually erosive and deforming.

e. Psychosis is always a manifestation of CNS involvement.

- Which of the following is true about serologic testing in SLE?

a. ApositiveANAis specific for SLE

**b. Ds-DNA level correlates with disease activity in SLE**

c. Anti-histone antibodies are seldom positive in non-drug induced SLE

d. The majority of patients with SLE have anti-Sm antibodies

e. Anti-Ro antibody is specific for SLE

- Raised JVP in SLE patient :

**constrictive pericarditis**

- case scenario and you are asked to how many SLE criteria are present : **5**

- Recurrent abortion , sle , long ptt low platlets :

**anti phospholipid**

- True regarding SLE :

**azathioprine & other immunosupressive drugs decreasing need for long term corticosteroid**

- SS In ...

**SLE +sjougren "not sure"**

- kant SLE o ejat b chest pain o diffuse ST elevation >>

**Pericarditis**

- Management of a patient who has a fever of 3 month duration. Has typical signs, symptoms, and laboratory findings consistent with SLE. She presents to hospital with hematuria with dysmorphic RBCs. Next step in management:

**a. Renal biopsy**

- b. Intravenous methylprednisolone
- c. pulse cyclophosphamide
- d. IV methylprednisolone + pulse cyclophosphamide
- e. Monitoring C3 level

- Patient presents with Hb of 8... Blood film shows polychromasia. Best next step in management. Patient is on hydroxychloroquine therapy for SLE:

**a. IV corticosteroids**

b. Plasmapheresis

Ans: A (She has Evan's syndrome)

- All of the following are criteria for SLE, except?

**A) Anti RNP.**

B) Mouth ulcers.

C) ANA.

D) Photosensitivity.

E) Leukopenia.

- All are criteria to diagnose SLE, except:

**A. Anti-RNP**

B. Photosensitivity

C. Mouth ulcers

D. Leukopenia

Ans: A (Anti-ANA or Anti-dsDNA or Anti-SM)

- All the following are true regarding the ANA (Antinuclear antibody) test Except:

a- it is the mainstay test in SLE

b- there are several techniques for making this test.

**c- it is highly specific test for SLE.**

d- it may be positive in normal individuals.

e- it is highly sensitive in SLE.

- A 25-year-old woman presented with polyarthropathy affecting her hands, shoulders and knee joints. She has recently complained of a rash on her face and upper chest. On examination she has a rash on her face involving nose and cheeks. Blood testing revealed positive antinuclear antibodies, positive anti-double stranded DNA and low C3/C4 levels. Which one of the following diagnoses fits best with this clinical picture?

Select one:

- a. Mixed connective tissue disease
- b. Flare of rheumatoid arthritis.
- c. Drug-induced lupus
- d. Drug-induced photosensitivity.
- e. Systemic lupus erythematosus.**

- A 25-year-old woman, known to have systemic lupus erythematosus presents with edema of lower limbs. Laboratory studies showed proteinuria of 1.2 gm/24 hour. On examination she had BP 130/85 with mild pitting edema of lower limbs. Creatinine 0.9 mg/dl. Renal biopsy was arranged and showed: mesangial proliferative glomerulonephritis. The best treatment option for this patient is:

Select one:

- a. Increase dose of Hydroxychloroquine
- b. Intravenous diuretics alone.
- c. Prednisolone 1mg/kg/day.
- d. Mycophenolate mofetil. ??**
- e. Plasmapheresis.

- Which one of the following medications is well known to cause drug induced systemic lupus erythematosus:

- a. Oral contraceptive pills.
- b. Procainamide.**
- c. Prednisolone.
- d. Hydroxychloroquine.
- e. Rifampicin.

- Which of the following is true about congenital heart block in neonatal lupus erythematosus?

- a. It is associated with maternal anti-Ku autoantibodies ??
- b. It is transient
- c. The majority of patients will require a pacemaker ??
- d. There is no increased risk of connective tissue disease in adulthood
- e. The risk of mortality is small

- Which of the following autoantibodies is least likely to be present in a patient with systemic lupus erythematosus?
  - a. Anti-dsDNA
  - b. Antinuclear antibodies
  - c. Anti-La(ss-B)
  - d. Antiphospholipid
  - e. Anti-centromere antibodies**
  
- Malar rash and positive ANA  
**(lupus)**
  
- Most common type of lupus nephritis is :
  - A. Mesangial glomerulonephritis
  - B. Focal proliferative glomerulonephritis
  - C. Diffuse GN**
  - D. Membranous GN
  
- All the following are true regarding the pathogenesis of lupus erythematosus except :
  - a- the exact cause is unknown.
  - b- It is a chronic inflammatory disease.
  - c- the basic pathological unit is vasculitis
  - d- it is due to type I hypersensitivity reaction.**
  - e- genetic and environmental factors may play a role in the disease

# Mini-OSCE

## **Station 11**

-What is this?

**Malar rash in SLE**

What is your initial investigation ?

**ANA then if positive order dsDNA**



## Q18 : what's the diagnosis ?!

- Scleroderma
- Rheumatoid arthritis
- **SLE**



- ANSWER : **SLE** ✓
- **NOTE :** ( the idea in the diagnosis is the reversibility of deformity even when typical RA deformities present , Note that this picture is much clear than the exam picture which was unclear for us !! )
- Here there is a reversible swan neck deformities of the right hand .

**Q20: All of the following are differential diagnosis except:**

- SLE
- Viral arthritis
- Calcium pyrophosphate disease (CPPD)



Not sure about  
the exact  
answer 😊

## Station 3: A patient with a known history of SLE ..... Came with BP (high) and HB1Ac = 8%.

1) What is your diagnosis?

Cushing syndrome

1) What are three things in the picture that support your diagnosis?

Moon face – hirsutism – striae

1) What is the most likely cause?

Iatrogenic due to Exogenous steroids (SLE medication)



## **Station 17**

Q1 :If this pt is ANA +ve then what is the next investigation you would order ?

anti Ds-DNA/ anti-sm

Q2 : if this pt. came to ER with seizuers then mention 3 differential Dx?

TIA CVA Uremic encephalopathy (not sure )

