

**Q1.**

**1- your diagnosis ?**

Cushing syndrome

**2- What test should you do to confirm your Dx?**

24-hr Urinary free Cortisol level

**3- mention 3 electrolytes abnormalities:**

1. hypokalemia
2. Hypernatremia
3. metabolic alkalosis



**Q2. 22-year-old male presents with recurrent infections, night sweats, and significant weight loss 18 kg over 2 months**

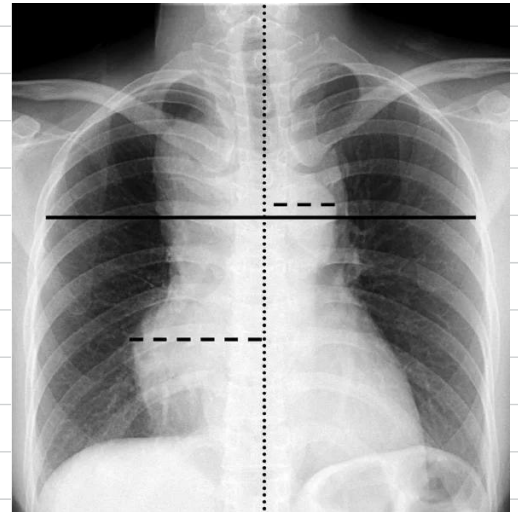
**1. What is the most likely diagnosis**

Lymphoma

**What is the most appropriate investigation for a definitive diagnosis?**

**What other investigations can be performed ?**

- 1
- 2
- 3



**Q3.**

**A 55-year-old woman presents with chest pain and progressive shortness of breath**

**1. Describe the X-ray findings**

meniscus sign , obliteration of costophrenic angle , consolidation in the right lower ....

**2. What is the most likely diagnosis**

Pleural effusion

**What are the possible causes of this condition**

1

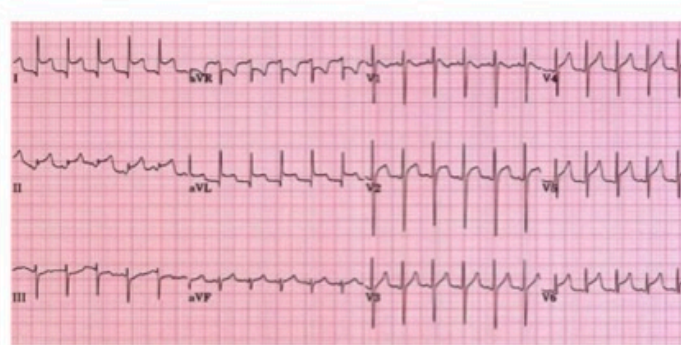
2

3

**What is the appropriate management?**



**Q4.**



نفسه حرفي و نفس الصورة

1- two findings from ECG ?

PR interval depression

ST elevation in other leads

2- diagnosis ?

acute Pericarditis

3- 4 lines if treatment ?

anti-inflammatory medication (colchicine), NSAIDs , O2

**Q5.**

**Women come to EP with palpitation and dizzenes**

**What is diagnose?**

SVT

**What is 3 commn causes?**

- 1.thyrotoxicosis
- 2.anemia
3. Digoxin toxicity
- 4.wolff Parkinson's white synd.

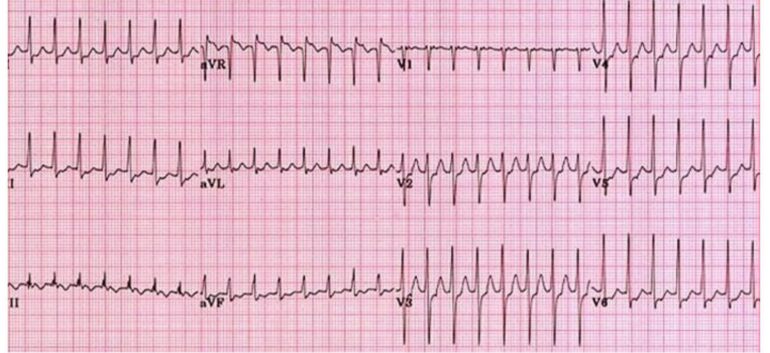
....

**What is 2 line mangment?**

Adenosine , valsava...

#### Supraventricular tachycardia - AV reentry

Supraventricular tachycardia commonly presents in two forms - AV reentry and AV nodal reentry. In AV reentry (below), the SVT presents as a regular tachycardia originating outside the ventricular myocardium. In this type of SVT, the AV node is used for impulse conduction to the ventricles, while an accessory pathway is used to return electrical conduction back to the atria. The heart rate is usually regular, at a rate of 170 to 250 bpm (below = 188 bpm). In this type of SVT, P waves are always present outside of the QRS complex, while their polarity depends on the atrial insertion of the accessory pathway. The QRS complex is narrow with a duration less than 0.2 seconds and an atrioventricular conduction ratio of 1:1. In 25% - 30% of patients demonstrating AV reentry, QRS alternans is present (varying amplitudes of the QRS complex in all leads except V4). AV reentry is not usually associated with structural heart disease and commonly presents as a variety of symptoms including palpitations, nervousness, anxiety, syncope or heart failure.



**Q6.**

**A patient with known chronic hepatitis B presents to the hospital with recurrent abdominal pain and abdominal distension. His blood pressure is 100/90 mmHg and pulse is 98 bpm.**

**1.What is the most likely diagnosis?**

Spontaneous bacterial peritonitis

**2.What is the best initial investigation to confirm the diagnosis?**

Paracentesis (ANC)  $\geq 250$  cells/mm<sup>3</sup>

**3.What is the appropriate management?**

Empiric Antibiotics: IV third-generation cephalosporins (e.g., Cefotaxime )

IV Albumin

Long-term Prophylaxis

**. After admission, the patient becomes confused and develops altered mental status.**

**4.What is the most likely diagnosis now?** Hepatic Encephalopathy

**5.What is the appropriate treatment ?** Lactulose , Rifaxamine



**Q7.**

**A 40-year-old woman, known to have asthma, a heavy alcohol user, and a chronic smoker (20 pack-years), presents with chest pain and shortness of breath. A chest X-ray is provided.**



**Describe the chest X-ray findings**

**What is the most likely diagnosis**

Tension pneumothorax

**What is the appropriate management**

Needle decompression

**Q8.**

K=6.6  
Na=132  
Cl=100  
HCO<sub>3</sub>=20  
Urea=27  
Creatinine=4.2

نفسه حرفي

Patient with HTN and DM . come with abdominal pain and diarrhea .  
He diagnosed with interogastritis , according to following table ;

1- diagnosis ?

Acute kidney injury

2- what emergent finding ?

hyperkalemia

3- treatments ?

Calcium gluconate

insulin with glucose

Diuretics

dialysis

Q9.



1- diagnosis ?

scleroderma

2- findings in the pictures ?

(Microstomia, raynaud)

3- other 3 findings ?

mask face ,...

4- treatment ?

Raynoud: CCB

Kidney and HTN: ACEI

Q10.

- What is the name of operation?

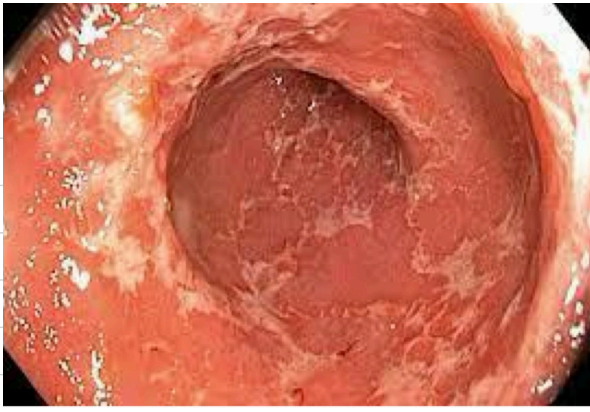
Hemodialysis



what is common complication from this operation ?

- Hypotension (most common)
- Disequilibrium syndrome
- Infection (catheter-related sepsis)
- Hemorrhage (due to anticoagulation/heparin use)
- Electrolyte disturbances (e.g., hypokalaemia, hypocalcaemia)
-

**Q11.**



**Non bloody diarrhea-10 time /day , Weight loss**

-finding? Erythema nodosum , colonoscopy (ulcerative ...)

**-dx?**

Ulcerative colitis

**-Treatment?**

NSAIDs , steroids , biological...

**Q12.**

**1.Name of these lesion ?**

Purpuric rash

**4 Ddx ?**

1 ITP

2 TTP

3 vasculitis

4

