

Medicine MCQ's

Question 1. Oxygen:

- (a) Should be administered with a high inspired concentration (>50%) in the treatment of type II respiratory failure. (False)
- (b) Should not be used at high concentration in patients with pulmonary embolism because respiration may be severely impaired when the hypoxic drive is reduced. (False)
- (c) Continuous long-term (domiciliary) oxygen improves survival in patients with respiratory failure caused by chronic bronchitis and emphysema. (True)
- (d) Is needed when respiratory failure is diagnosed by finding a pO₂ of less than 11 kPa in an arterial blood sample. (False)
- (e) Comprises 21% of atmospheric air. (True)

Question 2. Dementia may result from:

- (a) Parkinson's disease. (True)
- (b) Huntington's chorea. (True)
- (c) Hypothyroidism. (True)
- (d) Acquired immune deficiency syndrome (AIDS). (True)
- (e) A cerebral tumour. (True)

Question 3. Digoxin:

- (a) Is the treatment of choice for ventricular extrasystoles. (False)
- (b) May cause xanthopsia. (True)
- (c) Is excreted by the kidneys. (True)
- (d) Adverse effects are reduced by hypokalaemia. (False)
- (e) Must not be coadministered with an ACE inhibitor. (False)

Question 4. For self-poisoning:

- (a) Gastric lavage is recommended for most drugs up to 12 hours after ingestion. (False)
- (b) Naloxone is the specific antidote for benzodiazepine overdose. (False)
- (c) Patients with tricyclic antidepressant overdose need cardiac monitoring for up to 48 hours. (True)
- (d) All patients should be assessed by a qualified psychiatrist. (False)
- (e) Pinpoint pupils could indicate opiate overdose. (True)

Question 5. Treatment of myocardial infarction:

- (a) Aspirin and streptokinase are more effective than either alone after myocardial infarction. (True)
- (b) Thrombolysis improves short-term complications but not mortality after myocardial infarction. (False)
- (c) Tissue plasminogen activator and anistreplase are more effective than streptokinase but not used because they are far more expensive. (False)
- (d) ACE inhibitors improve outcome after myocardial infarction for patients with ventricular dysfunction. (True)
- (e) HMGCo-A reductase inhibitor therapy is contraindicated for patients after myocardial infarction. (False)

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Question 6. Paracetamol overdose:

- (a) Ipecacuana followed by oral methionine is effective for most patients who are just over the treatment line. (False)
- (b) Can cause renal failure. (True)
- (c) Intravenous N-acetylcysteine frequently causes anaphylaxis. (False)
- (d) The serum paracetamol level is of most value between 1 and 4 hours after ingestion. (False)
- (e) In co-proxamol (distalgesic) overdose, sudden death is likely to be due to hypoglycaemia caused by paracetamol. (False)

Question 7. Oral corticosteroids:

- (a) Are an effective treatment for SLE. (True)
- (b) In the long term may cause cataracts. (True)
- (c) Should be avoided in sarcoidosis because they induce pulmonary oedema. (False)
- (d) May be stopped abruptly after 2 weeks of 40 mg prednisolone daily in patients who are not exposed to repeated courses. (True)
- (e) May reveal that 15% of patients labelled as having chronic bronchitis, in fact have reversible airways disease. (True)

Question 8. Hypertension:

- (a) An average diastolic blood pressure of >90 mmHg over prolonged observation is an indication for drug treatment in uncomplicated hypertension. (False)
- (b) Thiazide diuretics are the least effective antihypertensive drugs. (False)
- (c) Thiazide diuretics work on the loop of Henle in the kidney. (False)
- (d) Resistant hypertension is defined as a failure to control the blood pressure adequately with a good three-drug regimen. (True)
- (e) Thiazide diuretics are contraindicated in gout and diabetes. (True)

Question 9. Leukaemia:

- (a) The common presenting triad is infection, bleeding, and fatigue. (True)
- (b) Acute myeloid leukaemia (AML) may result spontaneously or follow on from CML, polycythaemia rubra vera or myelofibrosis. (True)
- (c) The usual development of chronic lymphocytic leukaemia is a transformation to acute lymphoblastic leukaemia. (False)
- (d) A platelet count of $40 \times 10^9/L$ would not normally give rise to spontaneous bleeding. (True)
- (e) Bone marrow transplantation is a recognized treatment for AML. (True)

Question 10. Cushing's syndrome:

- (a) May give rise to hypertension, diabetes, and truncal obesity. (True)

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- (b) Is usually diagnosed by estimation of the urinary free cortisol followed by an overnight dexamethasone suppression test. (True)
- (c) Could be associated with pigmentation. (True)
- (d) The most common cause is probably iatrogenic. (True)
- (e) Nelson's syndrome is a complication of bilateral adrenalectomy for pituitary-dependent Cushing's disease. (True)

Question 11. Respiratory failure:

- (a) Type I failure results in a partial pressure of oxygen (pO₂) <8 kPa and a partial pressure of carbon dioxide (pCO₂) of >6.5 kPa. (False)
- (b) In respiratory failure associated with chronic bronchitis, the level of carbon dioxide (CO₂) determines the respiratory rate. (False)
- (c) Respiratory failure as defined in (a) would be an indication for ventilation in pure asthma. (True)
- (d) Doxapram is a respiratory stimulant used in respiratory failure associated with chronic obstructive pulmonary disease. (True)
- (e) The main aim in type II failure is to keep the pO₂ >7.0 kPa without worsening of the acidosis or pCO₂. (True)

Question 12. Stroke:

- (a) Cerebral haemorrhage accounts for more than 40% of acute strokes. (False)
- (b) In supratentorial strokes with homonymous hemianopsia, patients cannot see on the hemiplegic side. (True)
- (c) Vertigo, vomiting, dysphagia, and Horner's syndrome indicate occlusion of the vertebrobasilar circulation. (True)
- (d) Pinpoint pupils and bilateral upgoing plantars could signal a brainstem stroke. (True)
- (e) Carotid endarterectomy should be considered for patients with more than 70% stenosis because this is more effective than medical treatment. (True)

Question 13. Heart failure:

- (a) The clinical features of left heart failure include: tachycardia, basal crepitations, pulsus alternans and a raised JVP. (False)
- (b) Congestion of the pulmonary veins alone does not result in orthopnoea. (False)
- (c) Chronic congestive heart failure leads to secondary hyperaldosteronism. (True)
- (d) Causes of heart failure include ischaemic heart disease, hypertension, and thiamine deficiency. (True)
- (e) Clinical features of right heart failure include a raised JVP, ankle oedema, and hepatomegaly. (True)

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Question 14. In the full blood count:

- (a) A haemoglobin of 10.0 g/dL would be considered normal in a premenopausal woman. (False)
- (b) Polycythaemia rubra vera is usually indicated by elevation not only of the haemoglobin but also of the white cell count and platelets. (True)
- (c) A low platelet count could indicate a flare-up of systemic lupus erythematosus (SLE). (True)
- (d) High platelets can be seen in gastrointestinal bleeding. (True)
- (e) A raised mean corpuscular volume is usual in significant alcohol excess. (True)

Question 15. The electrocardiogram:

- (a) The PR interval is measured from the peak of the P wave to the start of the QRS complex. (False)
- (b) Right axis deviation is indicated by a QRS axis of -35° . (False)
- (c) Q waves in S-II, S-III and aVf indicate a transmural inferior myocardial infarction. (True)
- (d) Left bundle branch block is suggested by broadening of the QRS complex to 0.10 seconds (two and a half little squares), and positive RSR' waves in V4-V6. (False)
- (e) P mitrale is suggested by a P wave taller than 2.5 mm. (False)

Question 16. The face:

- (a) A malar flush may indicate mitral valve disease or hypothyroidism. (True)
- (b) A butterfly rash in the face is seen in dermatomyositis. (False)
- (c) Bell's palsy can cause ptosis due to paralysis of orbicularis oculi. (False)
- (d) Herpes labialis may be associated with pneumococcal pneumonia. (True)
- (e) An expressionless face and drooling could indicate Parkinson's disease. (True)

Question 17. Hand signs:

- (a) Clubbing may be caused by uncomplicated chronic bronchitis. (False)
- (b) Koilonychia usually indicates liver disease. (False)
- (c) Osler's nodes and Heberden's nodes both occur in osteoarthritis. (False)
- (d) Splinter haemorrhages are due to embolic rather than immunological phenomena. (False)
- (e) Psoriatic arthritis affects most joints in the hand but usually spares the distal interphalangeal (DIP) joints. (False)

Question 18. The following would suggest an upper rather than a lower motor neuron lesion:

- (a) Fasciculation. (False)
- (b) Increased tone. (True)
- (c) An absent plantar reflex. (False)

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- (d) Clonus. (True)
- (e) Relatively little wasting. (True)

Question 19. Nystagmus:

- (a) Vertical nystagmus usually indicates a lesion of the medulla oblongata. (False)
- (b) Horizontal nystagmus is usually ipsilateral to an irritative lesion of the labyrinth. (False)
- (c) Ataxic nystagmus indicates a lesion of the medial longitudinal bundle. (True)
- (d) May be absent in a lesion of the cerebellar vermis (the central part). (True)
- (e) Pendular nystagmus may indicate partial blindness. (True)

Question 20. The following would help distinguish between a kidney and a spleen in the left upper quadrant:

- (a) Dull to percussion over the mass. (False)
- (b) A well-localized notched lower margin. (False)
- (c) Moves with respiration. (False)
- (d) A ballotable mass. (True)
- (e) A family history of renal failure. (True)

Question 21. The physical signs of an uncomplicated large pneumothorax include:

- (a) The trachea deviated to the opposite side. (False)
- (b) A clicking sound synchronous with the heart beat. (True)
- (c) Symmetrical expansion of the chest. (False)
- (d) Increased breath sounds over the pneumothorax. (False)
- (e) Increased percussion note over the pneumothorax. (True)

Question 22. The jugulovenous pressure:

- (a) Is raised if it is 2 cm from the sternal angle with the patient seated at 45°. (False)
- (b) Tall 'a' waves may be seen in pulmonary hypertension. (True)
- (c) Irregular cannon waves indicate complete heart block. (True)
- (d) Regular cannon waves may indicate a nodal rhythm. (True)
- (e) Giant 'v' waves and a pulsatile liver indicate tricuspid stenosis. (False)

Question 23. Pulsus paradoxus:

- (a) The volume of the pulse increases in inspiration. (False)
- (b) Can be confirmed by detecting >10 mmHg difference in systolic pressure during the breathing cycle. (True)
- (c) Is a sign of severe asthma. (True)
- (d) Is called paradoxus because it is the opposite of what normally happens to the pulse. (False)
- (e) Can occur in cardiac tamponade. (True)

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Question 24. Heart murmurs:

- (a) A low rumbling diastolic murmur with presystolic accentuation may be heard in mitral stenosis accompanied by atrial fibrillation. (False)
- (b) Causes of a pansystolic murmur include mitral regurgitation and ventricular septal defect. (True)
- (c) A systolic murmur heard over the whole praecordium associated with a thrill usually indicates aortic stenosis. (True)
- (d) Left heart murmurs are best heard during expiration. (True)
- (e) An early blowing diastolic murmur at the left sternal edge indicates aortic incompetence. (True)

Question 25. The pulse:

- (a) In pulsus paradoxus the rate slows during inspiration. (False)
- (b) Pulsus alternans indicates a poorly functioning left ventricle. (True)
- (c) A tachycardia of 150 beats per minute in a resting patient usually implies an underlying cardiac arrhythmia. (True)
- (d) A collapsing pulse may be noticed in thyrotoxicosis. (True)
- (e) Corrigan's sign supports a diagnosis of aortic stenosis. (False)