

# KISII UNIVERSITY SPECIAL/SUPPLEMENTARY EXAMINATIONS

## DIPLOMA IN CLINICAL MEDICINE AND SURGERY

### CIMS 0232 MEDICINE

#### SHORT ESSAYS

Attempt all the short essays listed below.

1. Concerning hypertension
  - a) What are criteria for diagnosis of hypertension (3marks)
  - b) Briefly explain the stages of hypertension. (7marks)
2. a) Define hepatitis (2marks)
  - b) Discuss the various subtypes of hepatitis. Highlight clearly the relationship between Hepatitis B and D. (2marks)
3. Discuss PUD;
  - a) The etiology (2marks)
  - b) Clinical features (3marks)
  - c) Investigations (2marks)
  - d) Treatment options (3marks)
4. HIV/AIDS is a communicable condition,
  - a) 10 conditions that define stage 3 disease. (5marks)
  - b) List 6 opportunistic Infections In HIV/AIDS
5. a) Define complicated malaria (2marks)
  - b) Discuss management of a 30yr.old female patient from Migori county with 10% parasitemia and  
HB of 4g/dl (5marks)
6. What is extra pulmonary TB?
  - a) Indicate the various locations of extra pulmonary TB. (5marks)
  - b) What is the difference between extra pulmonary TB and MDR TB? (5marks)

#### LONG ESSAYS

#### **INSTRUCTIONS**

***Attempt 2 questions from the 3 essays below. If you attempt 3 all will not be marked***

1. A 32yr.old working at the Ahero irrigation scheme came in the emergency department with long term history of abdominal swelling. He recently developed stool and hematemesis. Discuss the concepts below;
  - a) What are 3 important questions you would like to asking your history

- (3marks)
- b) What are the examination findings you will need to elicit in this case  
(4marks)?
- c) List 3 investigations to be carried out in the above individual and the various interpretations (3marks)
- d) List 3 differential diagnoses in this patient (3marks)
- e) What is the diagnosis (2marks)
- f) List 5 complications in such individual and how will manage each (5marks)
2. Mohammed 30yr. came to the outpatient with history difficulty in breathing, shortness of breath not able to talk properly and a cough, on examination temperature was 36.0°C.
- a) What is the probable diagnosis (1mark)
- b) What are the 5 more questions you would like to ask this patient?(5marks)
- c) list the 5-differential diagnosis (3marks)
- d) What 4 investigations are you likely to do? (4marks)
- e) Discuss the management of this patient. (7marks)
3. You are called to emergency department to attend to a 25yr.old lady with a one-day history right-lower quadrant abdominal pain. Discuss the management of the patient based on the areas below;
- a) List 3 questions you would like to ask in your history. (3marks)
- b) What are the examination findings you would need to elicit In this case (4marks)
- c) List 3 investigations to be carried out in the above individual and the various interpretations (3marks)
- d) List 4 different diagnoses in this patient (4marks)
- e) What is diagnosis? (1mark)
- f) How will you treat this patient (2marks)
- e) List 4 complications in such individuals (3marks)

## **SECTION B (T/F QUESTIONS)**

### **RESPOND TO ALL STATEMENTS**

***There is negative one mark for every wrong response***

1. The following are examples of genital ulcer disease:
- a) Gonorrhoea
- b) Chancroid

- c) Herpes Simplex
  - d) Lymphogranuloma inguinal
  - e) Secondary syphilis
2. The following drugs are contraindicated in patient with liver failure;
- a) Penicillin
  - b) Halothane
  - c) Ceftriaxone
  - d) Metronidazole
  - e) methotrexate
3. In deep venous thrombosis
- a) Low molecular weight I.V heparin is given for 10 days
  - b) Warfarin is started on the 10 day
  - c) We aim to maintain an INR of 2
  - d) H.I.V infection is a predisposing cause
  - e) The right lower limb is less commonly affected
4. About rabies
- a) All dog bites should be treated with anti-rabies vaccine
  - b) The wound should be sutured for quick recovery
  - c) The further the site of the bite to the brain, the longer the incubation period
  - d) The person infected with rabies behaves like the rabid dog
  - e) Antibiotics are indicated
5. Collapsing pulse may be found in:
- a) Aortic stenosis
  - b) Aortic regurgitation
  - c) Artero-venous fistular
  - d) Mitral regurgitation
  - e) Mitral stenosis
6. Pneumococcal pneumonia
- a) Bronchial breath sound is a late sign
  - b) May present with transudative pleural effusion
  - c) Chest x-ray is always required to make a diagnosis

- d) Oral amoxicillin Is Indicated in severe pneumonia
  - e) Neutrophilia Is a good sign
7. The following are clinical features of complicated malaria;
- a) Petechial hemorrhage
  - b) Respiratory distress
  - c) Paralysis of a limb
  - d) Fever of 42° C
  - e) Hypovolemic stroke
8. Bronchial carcinoma;
- a) Is only seen in cigarette smokers
  - b) Someone who quit smoking more than ten years has low chances of getting cancer like one who never smoked
  - c) May present with hemothorax
  - d) Squamous cell type responsive to chemotherapy
  - e) Obesity is a predisposing factor
9. Infective endocarditis;
- a) Patient may present with vagal symptoms like unusual tiredness and low grade fever
  - b) Patient may have microscopic hematuria
  - c) A single blood sample for culture and sensitivity is enough
  - d) Is always caused by virulent pyogenic bacteria
  - e) Duration of treatment is 4 weeks
10. List functions test in hepatic encephalopathy will show the following results;
- a) Normal bilirubin
  - b) Increased albumin
  - c) Decreased alkaline transferase
  - d) Decreased prothrombin index
  - e) Increased INR {International Normalized Ratio}
11. The following are possible complications of massive peritoneal paracentesis on a patient with liver cirrhosis;
- a) Hypoalbuminemia
  - b) Hypovolemia shock

- c) Spontaneous peritonitis
  - d) Renal failure
  - e) Hepatic encephalopathy
12. The following statements are true for enteric fever;
- a) Bradycardia of beats per minute
  - b) Lymphocytosis
  - c) Treatment of choice is intravenous chloramphenicol for 14 days
  - d) Patient may present with constipation
  - e) May present as meningitis
13. The following are examples of viral hemorrhagic fevers
- a) Ebola
  - b) Chikungunya fever
  - c) Dengue fever
  - d) Leptospirosis
  - e) Plague
14. About pulmonary tuberculosis
- a) Patient remains infected throughout the period of treatment
  - b) Severe hemoptysis is a common cause of death
  - c) Pyridoxine is given to counteract the effects of rifampicin
  - d) Non-adherence to drug therapy is a major cause of treatment failure
  - e) Reactivation after cure may be precipitated by however immunity
15. Echinococcosis;
- a) Human beings get infected by ingesting dogs' faeces
  - b) Presents with massive abdominal distension
  - c) Can be treated with albendazole
  - d) May be diagnosed by doing a plain per abdominal x-ray
  - e) Patients may present with spontaneous bone fractures

## ***PART II***

### ***SECTION A (MCQ)***

***CHOOSE ONLY ONE MOST CORRECT ANSWER***

1. The triple therapy in the eradication of helicobacter pylori infection comprises of;
  - a) Azithromycin, Amoxicillin and Omeprazole
  - b) Azithromycin, Metronidazole and cimetidine
  - c) H<sub>2</sub> receptor antagonist, antacid and an antibiotic
  - d) Clarithromycin, Ranitidine and Relcer
2. The most likely diagnosis of a patient presenting massive splenomegaly that reaches the right iliac region is:
  - a) Chronic lymphocytic leukemia
  - b) Hyper immune malaria tropical splenomegaly syndrome
  - c) Visceral leishmaniasis
  - d) Myelofibrosis
3. The correct diagnosis of intestinal Amoebiasis is made by:
  - a) History of abdominal pains, bloody and mucoid diarrhea
  - b) Finding numerous cysts of Entamoeba histolytica on a fresh stool specimen the patient
  - c) When a patient with dysentery responds well to the treatment with metronidazole
  - d) Finding of active, motile trophozoites of Entamoeba histolytica on a fresh stool specimen of the patient
4. In the management of organophosphate poisoning:
  - a) Atropine is the specific drug for the offending agent
  - b) Pyridoxine should be administered to reverse or prevent muscle weakness, convulsions or coma
  - c) The route of entry is always by ingestion
  - d) There is no involvement of cardiovascular system
5. The common causative organism for opportunistic pneumonia on HIV/AIDS patients
  - a) Streptococcal pneumonia
  - b) Staphylococcus aureus
  - c) Klebsiella pneumonia
  - d) Pneumocystis jirovecii
6. The drug of choice for all species of schistosomes is;
  - a) Praziquantel
  - b) Sodium antimony compounds

- c) Mebendazole
  - d) Albendazole
7. The treatment of choice for acute bronchial attack is;
- a) Intravenous adrenaline
  - b) Short acting B<sub>2</sub>-adrenoreceptor agonist bronchodilators
  - c) Slow intravenous aminophylline
  - d) Hydrocortisone infusion
8. Rheumatic fever
- a) Is most common in the third decade
  - b) Is more common in areas of high social class
  - c) Relapse rate may not be reduced by prophylactic antibiotics
  - d) Is more common following streptococcal pharyngitis than streptococcal cellulitis.
9. The most likely cause of hemorrhagic pleural effusion in 50 yr. old female patients;
- a) Pulmonary tuberculosis
  - b) Extra pulmonary tuberculosis
  - c) Severe pneumococcal pneumonia
  - d) Advanced lung cancer
10. The most likely cause of exudative ascites is;
- a) liver cirrhosis
  - b) Right side heart failure
  - c) Nephritic syndrome
  - d) Tuberculosis peritonitis
11. A 30yr. old male patient presents to casualty with history of severe headache and blurry vision for 2 days. On examination you find his blood pressure to be 200/130mmHg. Endoscopy shows retinal hemorrhages with papilledema and urine examination shows moderate proteinuria. The most likely diagnosis is;
- a) Hypertensive urgency
  - b) Hypertensive emergency
  - c) Hypertensive encephalopathy
  - d) Malignant hypertension
12. The following are common causes of refractory hypertension except:
- a) Non-compliance with drug therapy
  - b) Non-adherence with drug therapy

- c) Inadequate therapy
- d) Failure to diagnose an underlying cause

13. The most reliable method of demonstrating ascites is;

- a) Shifting dullness
- b) Positive fluid thrill
- c) Hypocritical splash
- d) Peritoneal paracentesis

14. The most likely cause of tracheal deviation to the same site of pathology is;

- a) Pneumothorax
- b) Bronchogenic carcinoma
- c) Pulmonary tuberculosis
- d) Lung collapse

15 . The earliest chest finding in lobar pneumonia is;

- a) Course crepitation
- b) Bronchial breathing below the second intercostal space
- c) Bilateral rhonchi
- d.) Stony dullness