

## WACP SEPTEMBER 2021 MEQ RECALLS

A 33 years old gentleman presented to the GOPD clinic with fever, vomiting and yellow eyes of 2 weeks. He is married and works as a long distance driver.

Investigations are done and a diagnosis of hepatitis is made.

1. Which of these viral markers is indicative of acute hepatitis in this patient?

- A. IgM Anti HBc
- B. IgG Anti HBc
- C. HBeAg
- D. HBsAg

The man presented months later after treatment, his test results are as follows:

HBsAg: Negative

HBeAg: Negative

Anti HBc IgM: Negative

Anti HBc IgG: Negative

SGOT and SGPT: within normal

2. What do the tests above indicate?

- A. Resolved acute hepatitis at risk of reinfection
- B. Chronic hepatitis
- C. Hepatitis B infection with active infectivity
- D. Resolved chronic hepatitis
- E. Hepatitis C infection which was initially misdiagnosed

Being a good Family physician with a good sense of family oriented practice, you counsel the patient on screening of his family members. He consents to this.

HBsAg: Negative

HBeAg: Negative

Anti HBs Ab: Positive

3. What does his wife tests indicate?

- A. Immunization
- B. Acute infection
- C. Past infection
- D. Ongoing infection
- E. Carrier status

A 19 years old young woman went to use the pit latrine at night, she put on bathroom slippers and did not carry a source of light. She stepped on a short snake and immediately experienced pain at the bite site. Subsequently the bite site became swollen and patient developed bleeding from the site. She was brought to the hospital by her neighbours 30minutes after the incident and by that time she was noted to be bleeding from her gums.

4. What is the most appropriate diagnosis in this patient?

- A. Local envenomation
- B. Systemic envenomation
- C. Snake bite with envenomation
- D. Allergic reaction to snake bite
- E. Non-venomous snake bite

5. Which of the following features exhibited by the patient best supports your

- A.
- B. Gingival bleeding**
- C. Bite site tenderness
- D. Snake was short and therefore is non-venomous
- E. Short duration of symptoms

6. Which of these drugs would you not want to administer to the patient?

- a. diazepam
- b. paracetamol
- c. anti tetanus serum
- d. human tetanus immunoglobulin
- e. tetanus toxoid

7. Emergency management of the bite wound includes all of the following except:

- A. Copious irrigation of the wound
- B. Tie a tourniquet proximal to bite wound to limit venom spread**
- C. Examine the bite wound
- D. Check for presence and pattern of fang marks
- E. Evaluate the wound to determine if culture is needed

8. Half an hour after presentation to the A& E, the patient starts bleeding from the nose, what is the most appropriate test you would request for?

- A. Bleeding time
- B. 20mins whole blood clotting time**
- C. Prothrombin time
- D. Urgent INR
- E. Urgent PCV/Hb

9. What is the most important immediate line of management required at this time in view of the epistaxis and bleeding gums?

- A. Monovalent antivenom
- B. Fresh Frozen plasma transfusion**
- C. Polyvalent anti snake venom
- D. Internal carotid artery embolization
- E. Silver nitrate cautery

10. 12 hours later, the patient complains of muscle pain and dark urine. what is the most likely cause of these symptoms?

- A. Herbal concoction taken few days earlier
- B. Rhabdomyolysis**
- C. Black water fever
- D. Severe malaria
- E. Hemolytic uremic syndrome

11. What test would best confirm the diagnosis in number 10?

- A. Electromyocardial studies

**B. Urine analysis and microscopy**

- C. E/U/Cr
- D. Muscle biopsy
- E. All of the above

12. You successfully treat the patient and she returns one week later for follow up visit ,the most appropriate evidence-based counselling that you would give her is

- A. Listen to wild animals, they warn you of danger in your surroundings
- B. Wear protective foot wear and use a light source when going out in the dark**
- C. Don't keep livestock in the house
- D. Don't urinate at night
- E. Tap ahead of you with a stick when going out at night.

You just celebrated your success in the WACP membership exam and your trainer advices you on commencing your proposal work on time. She quizzes you on the measures of central tendency.

13. Which of these is not a measure of central tendency?

- A. Mode
- B. Median
- C. Mean
- D. Standard deviation**
- E. None of the above

Following further discussion, she asks you about a study that involves screening women for breast cancer by clinical breast examination. 800 women were involved in the study and all of them had clinical breast examination. 100 women had a palpable lump and out of these, 20 eventually had breast cancer. Of those who had no breast lump palpable, 5 of them eventually were diagnosed with breast cancer.

**SOLUTION:-**

	<b>Disease (+)</b>	<b>Disease (-)</b>
<b>Test (+)</b>	<b>a</b> 20 (TP)	<b>b</b> 80 (FP)
<b>Test (-)</b>	<b>c</b> 5 (FN)	<b>d</b> 695 (TN)

14. Calculate the sensitivity of clinical breast examination

- A .80% [ a/a+c x 100 .i.e 20/20+5 x 100 = 20/25 x 100 = 80%]**
- B. 20%
- C. 70%
- D. 10%
- E. 90%

15. Calculate the specificity of clinical breast examination

A. 10%

B. 90% [  $d/d+b \times 100$  .i.e  $695/695+80 \times 100 = 69500/775 = 89.6= 90\%$ ]

C. 80%

D. 70%

E. 20%

16. What is the Positive Predictive Value of clinical breast cancer in this study?

A. 10%

B. 90%

C. 80%

D. 70%

E. 20% [  $PPV= TP/TP+FP \times 100$  .i.e  $20/20+80 \times 100 = 20/100 \times 100/1= 20\%$ ]

17. What is the prevalence of breast cancer in the study group?

A. 80%

B. 99%  $a+c/a+b+c+d \times 100$  .i.e  $20+5/800 \times 100$

C. 88%

D. 20%  $25/800 \times 100 = 3.125$

E. 10%

18. What type of study is the study described above?

A. Case control study

B. Observational study

C. Randomized control study

D. Cohort study

E. Retrospective study.

A 45year old man is the owner of a prominent carpentry business. He sometimes helps to lift loads when they have a large job order to fill. He comes to the clinic with a 10-day history of low back pain. As he enters the consulting room from the waiting room, he walks bent forward, walking slowly in fear of triggering any pain. On examination nothing suggesting neurological affectation is found.

19. What is the most appropriate diagnosis?

A. Acute low back strain

B. Slipped disc

C. Lumbar spondylosis

D. Sciatica

E. Malingering

20. Treatment given would include all the following except

A. Advise rest

B. Hot water bottle compress

C. Counsel on back care and techniques for lifting objects

- D. Ice compress
- E. Analgesia

Patient returns at night complaining that the back pain is preventing sleep. He was given parenteral diclofenac with good response. However, he returns the next day complaining that his back is “tight”

21. The most appropriate treatment to give at this time would be:

- A. Codeine
- B. DF 118
- C. A muscle relaxant
- D. Parenteral morphine
- E. Reassurance

The patient confides in you that his father has NSAID-associated gastrointestinal bleeding. He tells you that he is not keen on taking drugs and would prefer alternative treatment. He says that there is a place which offers Chinese treatment near his house.

22. What is the evidence based report on acupuncture and back pain?

- A. Acupuncture significantly reduces pain score
- B. Acupuncture has no effect on low back pain
- C. Acupuncture is contraindicated in management of low back pain
- D. Acupuncture has short term effect on relief of chronic low back pain
- E. There is no evidence based report on acupuncture and low back pain.

A mother brings her 5 years old son to the well child clinic. She says that he has been having problems at school; his teacher says he daydreams and plays alone or watches others play.

23. The most appropriate way to handle the situation at this stage is:

- A. Skillfully steer the mother to face the reason for the encounter which is well child clinic
- B. Direct them to head teacher at school as it is an educational problem
- C. Reassure the mother
- D. Do a full central nervous system examination for the patient
- E. Ask the mother what she means by “having problems at school” and take a full history.

You go ahead in your consultation. His mother informs you that he repeatedly spins the wheel of his toy car for hours on end at home. Following clinical examination of the child, there is nothing indicative of any obvious clinical problem.

24. What instrument would you not use in well child examination of this patient

- A. Shakirs strip
- B. Stadiometer
- C. Measuring tape
- D. Weighing scale
- E. Tonometer

25. What tests would you help you most in view of your tentative diagnosis for this child?

- A. Full blood count

- B. Brain CT scan
- C. MRI brain
- D. E/U/Cr
- E. Thyroid function test

26. The investigation results are reviewed few days later and all seem normal. What is the next appropriate step in management of this patient?

- A. Reassure and send home
- B. Invite the teacher for further history taking
- C. Give a short follow up appointment
- D. Observe the child on the ward for abnormal behavior
- E. Refer to a child Psychologist

You are called to see a 20 years old man with a history of sudden onset of testicular pain with associated scrotal swelling. He has had no prior history of fever, dysuria or urethral discharge. He denies previous history of testicular pain

27. Which of the following statements is incorrect about the condition?

- A. You may find one testicle is higher than the other on physical examination
- B. The swelling may be limited to just one side or it can span the whole scrotum
- C. Some men are born with a predisposition to the condition
- D. A good history and physical examination can clinch the diagnosis
- E. It is caused by masturbation

28. What is the lead differential diagnosis?

- A. Spermatocoele
- B. Hydrocoele
- C. Trauma to scrotum
- D. Epididymo-orchitis
- E. Early Fournier's gangrene

29. Which statement is incorrect about this condition?

- A. Surgical treatment is highly effective with timely intervention
- B. Broad spectrum antibiotic is a treatment option
- C. A significant number of patients have their testis removed if diagnosis and surgery are delayed
- D. Fertility can be reduced if your body begins to produce anti-sperm antibodies
- E. About 95% of patients make full recovery when Surgery is performed with 6 hours after symptoms.
- E. Early Fournier's gangrene

30. The following statements are true EXCEPT

- A. The cause of this condition is not clearly known
- B. May follow an injury
- C. May be due to rapid growth of the testis during puberty
- D. It may predispose to teratoma of the testis

E. It may follow a physical exercise

A 28 years old woman has been rushed to the hospital at night by the husband after complaining of sudden onset severe abdominal pain and fainting attacks. She was found to be diaphoretic and had cold extremities. Her pulse was weak and rapid and the blood pressure was 90/60 mmHg. Her abdomen was full and tender and shifting dullness was elicited.

31. You will elicit the following information EXCEPT

A. History of sexual intercourse that night.

B. Bleeding per vaginum

C. Date of last menstrual period

D. Use of any contraceptive

E. History of pelvic inflammatory infection

32. The following statements about the patient's condition are true EXCEPT

A. Sexually transmitted disease could be a factor

B. About 40% of the condition occurs in women aged 20-29 years

C. Death from this condition is more common in younger women

D. The absence of vaginal bleeding excludes the condition

E. If a woman became pregnant with an IUD, she is at a slightly increased risk for ectopic pregnancy.

33. This condition can best be evaluated by

A) Transvaginal ultrasound

B) Abdominal ultrasound

C) Bimanual vaginal examination

D) Uterine biopsy

E) Plain abdominal X-Ray

34. Contributory or risk factors include all of the following EXCEPT

A) History of infertility

B) Previous tubal surgery

C) Trauma to the abdomen

D) Infertility treatment

E) Endometriosis

You are called to see a 50 year old businessman who has been rushed to the hospital by his staff with complaints of severe headache. He is said to have become confused and had a seizure that lasted under a minute. Nobody knew about his medical history. He was semi-conscious and was a bit difficult to control on arrival at the hospital. He was persistently moving his hands and was pushing the nurse with both legs. He was afebrile; the pulse rate was 116 bpm, regular and of good volume; the blood pressure was 190/120 mmHg. His blood sugar was 11mmol/L. His neck was supple.

35. What is the most probable diagnosis of this patient?

- A. Meningitis
- B. Epilepsy
- C. Acute heart failure
- D. Alcohol withdrawal syndrome
- E. Hypertensive encephalopathy

36. What measure will you institute immediately?

- A. Start anti-epileptic medication
- B. Give oral antihypertensive
- C. Assess his airway, breathing and circulation
- D. Start antimalaria treatment
- E. Call his wife

37. Which of the following statement is incorrect?

- A. The patient has suffered a massive stroke
- B. This is a hypertensive emergency.
- C. Need to bring down the BP quickly after the likelihood of stroke has been ruled out.
- D. The patient's life style should be reviewed as part of the long term treatment plan.
- E. This patient's cardiovascular risk profile should be assessed

38. The following tests should be included in the patient's evaluation EXCEPT

- A. Lipid profile
- B. BUN & Creatinine
- C. EEG
- D. Glycated Haemoglobin
- E. ECG

A 3 years old girl brought to the hospital by her parents with a complaint of left sided ear pain over the last 24hours. She has had a nonproductive cough and runny nose over the last week but has had no diarrhea or vomiting. The child was alert and clinging to the mother. She looked unwell and had wet yellow mucus in the nose. She had transmitted sounds over the chest wall. The left external meatus was clean and the ear drum looked inflamed. The other systems were unremarkable.

39. Appropriate management of this child should be

- A. To reassure the parents and give an oral analgesic and ask them to observe the child at home
- B. Oral antibiotics for 7-10 days
- C. Analgesic and steroid ear drops
- D. Antibiotic ear drops
- E. Immediate hospitalization

40. The following statements are true EXCEPT

- A. Streptococcus pneumonia is one of the common organisms responsible for this condition
- B. H. influenza is a causative agent in this age group
- C. The classic findings of otitis media, such as fever and earache are sometimes absent in children



D. Compliance with antibiotics regimens is enhanced by selecting agents that require less frequent dosing.

E. Antibiotic ear drop is the treatment of choice

41. Symptoms of ear infection in children and infants include all the following EXCEPT

A. Pulling on the ear

B. Irritability

C. Unexplained increase in appetite

D. Vomiting and diarrhea

E. Decreased in activity

42. Complications of Otitis media include all the following EXCEPT

A. Perforation of the tympanic membrane

B. Meningitis

C. Mastoiditis

D. Facial nerve paralysis

E. Throat cancer

A 19 years old girl has been rushed to the hospital after taking lots of tablets of paracetamol after picking up a quarrel with the stepmother. She did not deny the claim by the family but could not tell exactly how many tablets she had taken. Her vital signs are stable, and she is alert and well oriented. Physical examination was unremarkable

43. The initial management of this patient should include the following EXCEPT

A. Gastric lavage

B. Administration of sodium bicarbonate

C. Administration of activated charcoal

D. Reassurance to the patient and family and explain the plan of action to them

E. Hospitalization for monitoring

44. Which is the appropriate treatment if plasma concentration is found to be very high?

A. Intravenous steroids

B. Administration of intravenous deferoxamine

C. Forced diuresis

D. Haemodialysis

E. Oral administration of acetylcysteine

45. The most common complication of paracetamol toxicity is

A. Renal failure

B. Hepatic failure

C. Tinnitus

D. Peripheral neuropathy

E. Retinopathy

46. What significant step should you take before discharging this patient?

A. Report the case to local police

B. Arrange for her to see a psychologist after initial counseling by you

- C. Invite her pastor to pray for her
- D. Refer her to the social welfare officer
- E. Get her to reconcile with the stepmother

A 2 year old boy is brought to the clinic by the parents who reported that the child has been spiking temperature for the past 2 days. The child also has been vomiting and has increasing lethargy. Physical examination shows an inactive child with dry mucous membranes and a positive Brudzinski's sign

47. Which of the following would be considered a likely diagnosis?

- A. Streptococcal pharyngitis
- B. Bacterial meningitis**
- C. Dehydration
- D. Viral syndrome
- E. Malaria

48. You would do the following tests EXCEPT

- A. Full blood count and blood film for malaria parasites
- B. Urine culture and sensitivity
- C. Blood culture and sensitivity
- D. Lumbar puncture and CSF examination
- E. Liver function test**

49. The management of the child should include all the following EXCEPT

- A. Use of a third generation cephalosporin
- B. Ensure daily nutritional requirements
- C. Pneumococcal vaccine**
- D. Adequate fluid requirement
- E. Reassurance to the parents

50. The following statement is incorrect

- A. Tuberculous meningitis is common in Nigeria
- B. Meningitis is a complication of otitis media
- C. Neonates usually do not have meningismus
- D. It is not justified to monitor children treated for meningitis for hearing impairment**
- E. Cerebral malaria can mimic meningitis

A 50 year old finance executive presents to the hospital with complaints of midsternal chest pain that radiates to the neck and left shoulder and arm as well as shortness of breath. He has experienced these complaints for 3 hours. His medical history revealed he had been using alternative medicine anytime he felt unwell. He looked over weight, nervous and was diaphoretic. His temperature was 37.8 C. He was tachypnoeic and had a few bilateral basal crepitations. His pulse was 112 bpm and had a third heart sound. His BP was 160/85. The other systems were unremarkable.

51. Which of these is the least in his initial assessment?

- A. Oxygen saturation
- B. ECG

- C. Blood sugar
- D. Cardiac enzymes
- E. Echocardiograph

52. What is the most probable diagnosis?

- A. Congestive cardiac failure
- B. Bilateral pneumonia with pleurisy
- C. Acute asthmatic attack in a diabetic
- D. Hypertensive emergency
- E. Myocardial infarction

53. The following medications can be used EXCEPT

- A. Nitroglycerine
- B. Beta blocker
- C. Aspirin
- D. Digoxin
- E. ACE –inhibitor

54. Which of the following statement is incorrect?

- A. Life style modification is important in the treatment plan for this patient
- B. His cardiovascular risk profile should be classified
- C. He does not need to be admitted for inpatient care
- D. His lipid profile is important
- E. He needs a lot of education and counseling on his condition.

14 months old child was brought by her parents to the outpatient clinic with 2 months history of recurrent fever, failure to thrive and worsening cough, the child weighed 6kg

55. The clinical condition is likely

- A. congenital heart disease
- B. Acute pneumonia
- C. HIV infection
- D. Malnutrition
- E. Tuberculosis

56. Which of the following tool is not useful in physical evaluation of this child

- a Caliper
- b Shakir tape
- c Standiometer
- D Thermometer
- E Tonometer

57. In considering the relevant investigation for this child, one of the following may not be necessary.

- A. Spot test of the child's blood for HIV
- B. CXR
- C. Stool MCS
- D. FBC

E. Serum albumin

58. While waiting for the result of your investigation, nutritional prescription of high protein and high calorie diet for the child should supply

- A. 20kcal/kg/day
- B. 70kcal /kg/ day
- C. 150 kcal/kg/day
- D.500 kcal /kg / day

Your investigation results show PCV 35, ESR 22 , WBC  $4.5 \times 10^5/L$  ,platelet count  $30 \times 10^5 /L$  , eosinophils 2% ,CXR showed non homogenous patch opacities in both lung field

59. Concerning these test results one of the following is correct

- A. Isolated thrombocytopenia
- B. ESR is normal
- C. WBC shows acute infection
- D. CXR confirms TB
- E. There is eosinophilia

After 2 weeks of high protein /calorie diet and treatment the weight of the child remained 6kg and symptoms persisted.

60. One of the following decision is ill advised

- A. Pretest counseling and HIV for mother
- B. Commence TB treatment
- C. Continue nutritional therapy
- D. Request for blood film
- E. HIV RNA PCR for the child after obtaining consent.

You suspect that the child could be having TB and decided to commence DOTs

61. One of the following drugs should not be used

- A. Rifampicin
- B. Pyrazinimide
- C. Thiacetazone (NOTE: use ethambutol instead. Thiacetazone is notorious for skin hypersensitivity- steven Johnson syndrome)
- D. Isoniazid
- E. Pyridoxine

After 2 months of the intensive phase of treatment for TB ,symptoms subside and weight rose to 8kg but platelet drop to  $10 \times 10^5/L$

62. One of the following is correct

- A. HIV infection is responsible for low platelet
- B. Child is not likely having TB
- C. Intensive phase should be prolonged for another 1 month
- D. HIV infection is very unlikely in this child

E. Rifampicin is responsible for low platelet

HIV screening result of the mother was reactive and HIV RNA PCR test in child confirmed HIV infection

63. One of the following drugs should not be used along with rifampicin

- A. Stavudine
- B. Emtricitabine
- C. Tenofovir
- D. Nevirapine
- E. Zidovudine

64. CD4 count was 100/ul while PCV dropped to 18%, the following drugs maybe used except

- A. Zidovudine
- B. Lamivudine
- C. Emtricitabine
- D. Abacavir
- E. Tenofovir

A 28 year old lady was brought by her boyfriend to the Emergency room with history of sudden onset pain in the right eye. The eye pain started whilst they were watching a movie in a movie theatre. She has vomited twice.

65. What is the most obvious precipitating factor of eye pain in this patient?

- A. Infective conjunctivitis
- B. Allergic conjunctivitis
- C. Trauma
- D. Keratitis
- E. Exposure to dim light

66. Which of the following findings would not be seen in this patient?

- A. Red right eye
- B. Non-reacting pupil
- C. Reduced visual acuity
- D. High intra ocular pressure
- E. Left eye red and hard to palpation

A 24 year old secretary at a Private firm presents with complaint of vaginal discharge of 8 days duration. The discharge was described as homogenous with a fishy odour.

67. What is the most likely aetiological agent?

- A. Trichomonas vaginalis
- B. Candida albicans
- C. Gardnerella sp.
- D. Treponema pallidum
- E. E. coli

68. What would you likely observe on examination of the discharge?

- A. Positive whiff test
- B. Strawberry cervix
- C. Motile cocci on wet mount
- D. Nothing specific

A 33 year old man with a history of UTI, presented with acute urinary retention, and recently purchased amitriptyline from a nearby chemist which he has been taking.

69. What is the likely cause of his condition

- A. Acute urinary retention secondary to amitriptyline use
- B. Acute urinary retention secondary to UTI
- C. Acute urinary retention secondary to BPH

70. What do you do next

- A. Pass a urethral catheter
- B.
- C.

71. Urethral catheterization was impossible, what is now your diagnosis?

- A. Urethral stenosis
- B. Urethral stricture

72. What is your investigation of choice

- A. Micturating cystourethrogram

73. Following failed urethral catheterization what do you do next?

- A. SPC
- B.

74. What is the definitive treatment of choice

- A. Urethroplasty

A 35 year old unemployed male presents to the clinic with 7 months history of weight loss, chronic cough, anorexia and sudden difficulty breathing. He admits to long history of local liquor use. He also admits to coughing out non-blood stained purulent sputum. Physical examination revealed he was afebrile, was tachypnoeic and dyspnoeic. Percussion note was hyper-resonant in the left mid and lower axillae as well as the left posterior basal. His pulse rate was 120 bpm and regular and the blood pressure was 100/60mmHg.

75. What is the most likely underlying medical condition of this patient?

- A. Asthma
- B. Pulmonary TB
- C. Pneumonia
- D. Malnutrition
- E. Heart failure

76. What is the your working diagnosis of this patient

- A) Right pleural effusion
- B) Left pleural effusion
- C) Left pueumothorax**
- D) Aspiration pneumonia
- E) Lung Abscess

77. What test would you order to confirm the diagnosis?

- A) CXR**
- B) CT-scan of the thorax
- C) Sputum for culture and sensitivity
- D) ECG
- E) Full blood count

78. What will be your immediate intervention?

- A) To start gram negative antibiotics
- B) To start DOTS
- C) To pass a chest tube**
- D) To pass an N-G tube
- E) To put patient in the cardiac position and start IV fluids

A man whose father died of prostate cancer presented to your clinic to screen for Prostate cancer.

79. Which of the following is the most appropriate?

- A. PSA
- B. DRE
- C. PSA and DRE**
- D.

80. His Gleason's score is 3 + 3. What is the diagnosis?

- A. Low risk/ low grade prostate cancer**
- B. High risk/ high grade prostate cancer
- C. Intermediate grade prostate cancer
- D.

81. He has PSA level of 2.5ug/l, what do you think about the value

- A. Elevated
- B. Normal for his age =  $(N - 20)/10$  . N = Patient's age**
- C.
- D

82. You check again after and notice rapidly rising PSA, what is the appropriate step to take

- A. Active surveillance**
- B. Radical prostatectomy
- B.

C.

83. What precautions must he take before doing PSA? **Incomplete**

A. No sexual intercourse

B.

C.

D.

84. Which of the following is least likely to significantly elevate the PSA

A. Perineal trauma

B. BPH

C. Prostate cancer

**D. Sexual intercourse**

85. What drug reduces PSA?

A. ACE inhibitors

**B. Thiazide diuretics**

C. Calcium channel blockers

86. What will determine whether you do a curative procedure **incomplete**

A. Rapidly rising PSA

B.

C.

D.