

SOFPON LAGOS ZONE

JOINT MOCK AUGUST 13TH, 2022.

MEQ

Duration: 1hour.

Single best answers

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. Below are the results obtained following screening of his wife:

HBsAg: Negative
HBeAg: Negative
Anti HBc IgM: Positive
Anti HBc IgG: 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?
- Local envenomation
 - Systemic envenomation**
 - Snake bite with envenomation
 - Allergic reaction to snake bite
 - Non-venomous snake bite
5. Which of the following features exhibited by the patient best supports your diagnosis in number 4?
- Swelling at the site
 - Bite site tenderness
 - Gingival bleeding**
 - Snake was short and therefore is non-venomous
 - Short duration of symptoms
6. Which of these drugs would you not want to administer to the patient?
- diazepam
 - human tetanus immunoglobulin
 - anti-tetanus serum
 - Ibuprofen**
 - tetanus toxoid
7. Emergency management of the bite wound includes all of the following **except**:
- Copious irrigation of the wound
 - Examine the bite wound
 - Check for presence and pattern of fang marks
 - Evaluate the wound to determine if culture is needed
 - Tie a tourniquet proximal to bite wound to limit venom spread**
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?
- Bleeding time
 - 20mins whole blood clotting time**
 - Prothrombin time
 - Urgent INR
 - 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?
- Monovalent antivenom
 - Fresh Frozen plasma transfusion**
 - Polyvalent anti snake venom
 - Internal carotid artery embolization
 - 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?
- Herbal concoction taken few days earlier
 - Black water fever
 - Rhabdomyolysis
 - Severe malaria
 - Hemolytic uremic syndrome
11. What test would best confirm the diagnosis in number 10?
- Electromyocardial studies
 - Urine analysis and microscopy
 - E/U/Cr
 - Muscle biopsy
 - 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
- Listen to wild animals, they warn you of danger in your surroundings
 - Don't keep livestock in the house
 - Don't urinate at night
 - Tap ahead of you with a stick when going out at night
 - Wear protective foot wear and use a light source when going out in the dark

You just celebrated your success in the WACP membership exam and your trainer advises 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?
- Mode
 - Median
 - Mean
 - Standard deviation
 - 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.

14. Calculate the sensitivity of clinical breast examination
- .80%
 - 20%
 - 70%
 - 10%
 - 90%

15. Calculate the specificity of clinical breast examination
- A. 10%
 - B. 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%**
17. What is the prevalence of breast cancer in the study group? **(Answer: 3.125)** – poor recall
- A. 80%
 - B. 99% = NPV
 - C. 88%
 - D. 20%
 - 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. Counsel on back care and techniques for lifting objects
- c. Hot water bottle compress**
- 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

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

23. 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

24. What is the lead differential diagnosis?

- a. Spermatocele
- b. Hydrocoele
- c. Trauma to scrotum
- d. Epididymo-orchitis
- e. Early Fournier’s gangrene

25. 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

26. The following statements are true EXCEPT
- The cause of this condition is not clearly known
 - May follow an injury
 - May be due to rapid growth of the testis during puberty
 - It may predispose to teratoma of the testis**
 - 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.

27. You will elicit the following information EXCEPT
- History of sexual intercourse that night.**
 - Bleeding per vaginum
 - Date of last menstrual period
 - Use of any contraceptive
 - History of pelvic inflammatory infection
28. The following statements about the patient's condition are true EXCEPT
- Sexually transmitted disease could be a factor
 - About 40% of the condition occurs in women aged 20-29 years
 - Death from this condition is more common in younger women
 - If a woman became pregnant with an IUD, she is at a slightly increased risk for ectopic pregnancy
 - The absence of vaginal bleeding excludes the condition**
29. This condition can best be evaluated by
- Transvaginal ultrasound**
 - Abdominal ultrasound
 - Bimanual vaginal examination
 - Uterine biopsy
 - Plain abdominal X-Ray
30. Contributory or risk factors include all of the following EXCEPT
- History of infertility
 - Previous tubal surgery
 - Trauma to the abdomen**
 - Infertility treatment
 - 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.

31. What is the most probable diagnosis of this patient?
- Meningitis
 - Epilepsy
 - Acute heart failure
 - Alcohol withdrawal syndrome
 - Hypertensive encephalopathy
32. What measure will you institute immediately?
- Start anti-epileptic medication
 - Give oral antihypertensive
 - Assess his airway, breathing and circulation
 - Start antimalaria treatment
 - Call his wife
33. Which of the following statement is **incorrect**?
- The patient has suffered a massive stroke
 - This is a hypertensive emergency
 - Need to bring down the BP quickly after the likelihood of stroke has been ruled out
 - The patient's life style should be reviewed as part of the long-term treatment plan
 - This patient's cardiovascular risk profile should be assessed
34. The following tests should be included in the patient's evaluation EXCEPT
- Lipid profile
 - BUE & Creatinine
 - EEG
 - Glycated Haemoglobin
 - 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.

35. Appropriate management of this child should be
- To reassure the parents and give an oral analgesic and ask them to observe the child at home
 - Oral antibiotics for 7-10 days
 - Analgesic and steroid ear drops
 - Antibiotic ear drops
 - Immediate hospitalization
36. The following statements are true EXCEPT
- Streptococcus pneumonia is one of the common organisms responsible for this condition
 - H. influenza is a causative agent in this age group
 - The classic findings of otitis media, such as fever and earache are sometimes absent in children
 - Compliance with antibiotics regimens is enhanced by selecting agents that require less

frequent dosing.

e. Antibiotic ear drop is the treatment of choice

37. 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

38. 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

39. 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

40. 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. Hemodialysis

e. Oral administration of acetylcysteine

41. The most common complication of paracetamol toxicity is

a. Renal failure

b. Hepatic failure

c. Tinnitus

d. Peripheral neuropathy

e. Retinopathy

42. 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

43. Which of the following would be considered a likely diagnosis?
- Streptococcal pharyngitis
 - Bacterial meningitis**
 - Dehydration
 - Viral syndrome
 - Malaria
44. You would do the following tests EXCEPT
- Full blood count and blood film for malaria parasites
 - Urine culture and sensitivity
 - Blood culture and sensitivity
 - Lumbar puncture and CSF examination
 - Liver function test**
45. The management of the child should include all the following EXCEPT
- Use of a third-generation cephalosporin
 - Ensure daily nutritional requirements
 - Pneumococcal vaccine**
 - Adequate fluid requirement
 - Reassurance to the parents
46. The following statement is **incorrect**
- Tuberculous meningitis is common in Nigeria
 - Meningitis is a complication of otitis media
 - Neonates usually do not have meningismus
 - It is not justified to monitor children treated for meningitis for hearing impairment**
 - 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.

47. Which of these is the least in his initial assessment?
- Oxygen saturation
 - ECG
 - Blood sugar
 - Cardiac enzymes
 - Echocardiograph**

48. 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
49. The following medications can be used EXCEPT
- a. Nitroglycerine
 - b. Beta blocker
 - c. Aspirin
 - d. Digoxin
 - e. ACE –inhibitor
50. 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

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.

51. 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
52. Which of the following findings would **not** be seen in this patient?
- a. Left eye red and hard to palpation
 - b. Reduced visual acuity
 - c. High intra ocular pressure
 - d. Red right eye
 - e. Non-reacting pupil

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.

53. What is the most likely aetiological agent?
- a. Trichomonas vaginalis
 - b. Candida albicans
 - c. Gardenella sp.
 - d. Treponema pallidum
 - e. E. coli

54. 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 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.

55. What is the most likely underlining medical condition of this patient?

- a. Asthma
- b. Pulmonary TB
- c. Pneumonia
- d. Malnutrition
- e. Heart failure

56. What is your working diagnosis of this patient?

- a. Right pleural effusion
- b. Left pleural effusion
- c. Left pueumothorax
- d. Aspiration pneumonia
- e. Lung Abscess

57. 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

58. 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

59. 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
The clinical condition is likely?

- A. Congenital heart disease
- B. pneumonia
- C. HIV infection
- D. Malnutrition

60. Which of the following tool is not useful in physical evaluation of this child?
- A. Shakir tape
 - B. Stadiometer
 - C. Thermometer
 - D. Caliper
 - E. Tonometer
61. 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. Stool MCS
 - C. FBC
 - D. Serum albumin
 - E. CXR
62. 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
63. After 2 weeks of high-protein, high-calorie diet and treatment, the weight of the child remained 6kg and symptoms persisted. One of the following decisions is **ill-advised**:
- A. Pretest counseling and HIV for mother
 - B. Commence TB treatment
 - C. Continue nutritional therapy
 - D. HIV RNA PCR for the child after obtaining consent
 - E. Request for blood film
64. You suspect that the child could be having TB and decided to commence DOTs. One of the following drugs should not be used:
- A. Rifampicin
 - B. Pyrazinmide
 - C. Thiacetazone
 - D. Isoniazid
 - E. Ethambutol
65. After 2 months of the intensive phase of treatment for TB, symptoms subsided and weight rose to 8kg but platelets dropped to $10 \times 10^5/L$. One of the following is **correct**:
- A. HIV infection is likely responsible for low platelets
 - B. Child is not likely having TB
 - C. Intensive phase should be prolonged for another 1 month
 - D. Rifampicin is responsible for low platelets
66. HIV screening result of the mother was reactive and HIV RNA PCR test in child confirmed HIV infection. One of the following drugs should not be used along with Rifampicin:
- A. Stavudine
 - B. Tenofovir
 - C. Nevirapine

D. Zidovudine

67. A middle aged man presenting with polyuria, polydipsia and polyphagia
Which of the following is confirmatory for the suspected diagnosis
- a. HbA1c >6%
 - b. FBS ≥ 6.0 mmol/l
 - c. RBG ≥ 10.0 mmol/l
 - d. 2HPP >10mmol/l
 - e. HBA1C $\geq 7\%$
68. Concerning drug therapy, which is **incorrectly paired**
- a. Sulphonylureas are insulin secretagogues
 - b. Biguanides inhibit gluconeogenesis
 - c. Thiazolidindiones decrease insulin resistance and inhibit gluconeogenesis
 - d. GLP analogues increase insulin sensitivity
69. Starting statin therapy for the above patient is
- a. primary prevention
 - b. secondary prevention
 - c. Primordial prevention
 - d. tertiary prevention
70. How often should the feet of a diabetic be examined
- a. annually
 - b. twice a year
 - c. Once in 2 years
 - d. Every 6 months
71. How often should a dilated fundoscopy be done in the above patient
- a. annually
 - b. twice a year
 - c. once a year
 - d. every 6 months
72. concerning diet therapy
- a. Mediterranean diet, a diet high in carbs is recommended
 - b. low sodium low potassium diet is recommended
 - c. Portion control with reduced carbohydrate is recommended
 - d. High protein diet is recommended
73. Concerning his activity level which is **incorrectly matched**
- a. 5000-7499 steps a day low activity
 - b. sedentary 6000 steps a day
 - c. 7500-9999 steps a day somewhat active
 - d. >12500 steps a day highly active

A 36-year-old woman attends the Emergency Department with epigastric pain and vomiting. Three days before she took an overdose of some tablets and excess alcohol. She does not remember which tablets she took, as she was drunk at the time. She has low mood and has recently been prescribed an anti-depressant by her GP.

Investigations:

Serum creatinine 190 micromol/L (45-95)

Serum total bilirubin 24 µmol/L (<17)

Serum aspartate aminotransferase 75 U/L (10–40)

Prothrombin time 43 seconds (10–12)

74. Which drug is the most likely cause of these abnormalities?
- a. Amitriptyline
 - b. Aspirin
 - c. Fluoxetine
 - d. Mirtazapine
 - e. Paracetamol**
75. Clinical course of the drug toxicity can generally be divided into how many phases?
- a) 2 phases
 - b) 3 phases
 - c) 6phases
 - d) 4 phases**
 - e) 8 phases
76. Other investigations necessary for diagnosis may include;
- a) Serum amitriptyline level
 - b) Serum acetaminophen level**
 - c) Serum fluoxetine level
 - d) Serum mirtazapine level
 - e) Full blood count
77. The antidote for this type of poisoning is;
- a) N-acetylcysteine**
 - b) Sodium bicarbonate
 - c) Diazepam
 - d) Prozac
 - e) Naloxone

A 72-year-old man has worsening muscle weakness and lethargy over the last month. He had a recent hospital admission for heart failure and was discharged on an increased dose of furosemide. He also takes ramipril, bisoprolol and aspirin. He has a blood sample taken for serum electrolytes.

78. ** What is the most likely pattern to be found?
- a. Na 130 mmol/L, K 2.5 mmol/L
 - b. Na 130 mmol/L, K 5.0 mmol/L
 - c. Na 140 mmol/L, K 4.5 mmol/L
 - d. Na 150 mmol/L, K 2.5 mmol/L**
 - e. Na 150 mmol/L, K 3.5 mmol/L

79. The drug mostly likely to cause this is;

- a) Furosemide
- b) Ramipril
- c) Bisoprolol
- d) Bisoprolol and Ramipril
- e) Aspirin

80. The next step of action is?

- a) Stop furosemide
- b) Stop Ramipril
- c) Discontinue bisoprolol
- d) Replace aspirin with clopidogrel
- e) Continue furosemide and Ramipril

A 21 year old woman sustained an undisplaced fracture of the midshaft of her left tibia. The fracture has been treated conservatively with a plaster cast. Two days later she has increasingly severe pain in her leg.

81. The 5 Ps of the likely cause include

- a) Pulselessness
- b) Pallor
- c) Paresthesia
- d) Pain
- e) Reduced pressure = odd

82. What is the most important immediate action?

- a) Elevate the limb
- b) Refer to orthopaedics
- c) Remove the plaster cast
- d) Replace the cast with increased padding
- e) Re-x-ray the fracture site

A 22-year-old man has had a painful, red right eye with blurring of vision for one day. He had a similar episode one year ago. He has had episodic back pain and stiffness for four years which is relieved by exercise and ibuprofen.

83. What is the most likely cause of his red eye?

- a. Chorioretinitis
- b. Conjunctivitis
- c. Episcleritis
- d. Iritis
- e. Keratitis

84. This is likely to be a feature of which disease?

- a) Ankylosing spondylitis
- b) Systemic lupus erythematosus
- c) Hashimoto's thyroiditis
- d) Chemical burns
- e) Lumbar spondylosis

85. Other causes of this painful red eye include

- a) Reiter syndrome

- b) Behcet's disease
- c) Inflammatory bowel disease
- d) Psoriasis
- e) All of the above

A healthy baby boy has been born at term. His mother had confirmed acute hepatitis B during this pregnancy.

86. What preventative intervention should be given to the baby?
- a. Full course of hepatitis B vaccine
 - b. Full course of hepatitis B vaccine and hepatitis B immunoglobulin
 - c. Hepatitis B immunoglobulin
 - d. Hepatitis B vaccine as a single dose
 - e. Confirm hepatitis B status as first step
87. Hepatitis B vaccine for this baby would be given at
- a) Birth, 4weeks, 18weeks and 22weeks
 - b) Birth, 4 weeks, 6weeks and 10weeks
 - c) Birth, 6weeks, 10weeks and 14weeks
 - d) Birth, 8weeks, 12weeks and 24weeks
 - e) Birth, 4weeks , 10weeks and 9months
88. Components of pentavalent vaccine include vaccines against the following except
- a) Diphtheria
 - b) Tetanus
 - c) Whooping cough
 - d) Hepatitis B
 - e) Influenza type A
- A 17-year-old woman has a 1 cm painless lump in the upper outer quadrant of her right breast. There is no history of trauma. She takes the oral contraceptive pill. Her maternal grandmother had breast cancer.**
89. What is the most appropriate initial investigation?
- a. Excision biopsy
 - b. Fine needle aspiration cytology
 - c. Magnetic resonance imaging
 - d. Mammography
 - e. Ultrasound scan of the breast
90. The triple assessment of breast lump includes
- a) Clinical , radiological and pathology
 - b) Clinical , radiological and surgery
 - c) Clinical, radiological and expectant management
 - d) Clinical, watchful waiting and mastectomy
 - e) Clinical examination, ultrasound and mammography

A 25yr old man with bronchial asthma who was previously controlled on as needed inhaled SABA. He was recently employed in a cotton industry and has been having symptoms 3-4times a week. He presented to you as his GP.

91. His asthma can now be classified as
- a) Intermittent asthma
 - b) Mild persistent asthma**
 - c) Moderate persistent asthma
 - d) Severe persistent asthma
 - e) Intermittent persistent asthma
92. The goals for successful treatment include the following
- a) Achieve and maintain control of asthma symptoms
 - b) Maintain normal activity levels including exercise
 - c) Maintain pulmonary function as close to normal as possible
 - d) a and c only
 - e) all of the above**
93. As his GP, you decide to
- a) add on low-dose inhaled ICS**
 - b) add on high dose inhaled ICS
 - c) add on low dose inhaled ICS and LABA
 - d) add on high dose inhaled ICS and LABA
 - e) prescribe oral prednisolone
94. Management of exercise induced asthma (EIB) include which of the following?
- a) Use of SABA before exercise**
 - b) If symptoms become daily, add a controller agent
 - c) Warm up exercise before planned exercise
 - d) Recommend against daily use of LABA as single therapy
 - e) All of the above
95. In counselling this patient, you
- a) Recommend a change of job
 - b) Recommend use of face masks
 - c) Find out his position in the industry
 - d) None of the above**
 - e) All of the above.

A 19-year-old woman has had progressive bilateral iliac fossa pain and dyspareunia for three days. She has an offensive vaginal discharge and feels unwell and feverish. She has a temperature of 39° C. An antimicrobial regimen has been started.

96. Which organisms are most likely to lead to this presentation?
- a) Neisseria gonorrhoeae and Candida albicans
 - b) Neisseria gonorrhoeae, Candida albicans and Gardnerella vaginalis
 - c) Neisseria gonorrhoeae and Chlamydia trachomatis**
 - d) Neisseria gonorrhoeae, Chlamydia trachomatis and Candida albicans
 - e) Neisseria gonorrhoeae, Chlamydia trachomatis and Gardnerella vaginalis

97. Amsel criteria for the diagnosis of bacterial vaginosis include
- a) Clue cells on a saline smear
 - b) pH < 4.5 = odd answer
 - c) characteristic thin, gray and homogenous discharge
 - d) positive whiff test
 - e) pH > 4.5
98. Chronic sequelae following gonococcal infection include;
- a) Infertility
 - b) Endometritis
 - c) Ectopic pregnancy
 - d) Fitz – Hugh – Curtis syndrome
 - e) All of the above
99. Knowing that your patient is a teenager, you decide to take a detailed adolescent history using which of the following mnemonic
- a) HEAD
 - b) ABC
 - c) HEADSSS
 - d) SPRITE
 - e) ABCD
100. First line antimicrobial therapy for gonococcal infection include;
- a) Cefuroxime and azithromycin
 - b) Ciprofloxacin and doxycycline
 - c) Ceftriaxone and azithromycin
 - d) Ceftriaxone and tetracycline
 - e) Cefixime and doxycycline