

WACP MARCH 2022 MEQ RECALL

Hepatitis B viral panel. Husband screened, found to be HbSA positive. Viral panel done.

1. Which implies chronic active infection? The presence of anti-HbC with:

- A. Anti-HbE
- B. HbEAg
- C. HbSAg
- D. Anti-HbS

2. Wife screened, positive for anti-HbS and negative for all others:

- A. Immunity
- B. Active infection
- C. Resolved chronic infection
- D. Susceptibility

3. Which indicates acute infection in him?

- A. Anti-HbC IgG
- B. HbSAg
- C. HbEAg
- D. Anti-HbC IgM

Cord prolapse (from diagnosis to management, including a question on surgery without an anesthetist present)

Woman in labour, suddenly feels something cord-like protruding from the vagina.

4. She's 9cm. Which is not an appropriate next step?

- A. She should lie down
- B. Examine her
- C. Expedite vaginal delivery
- D. Check for cord pulsation

5. You check and the diagnosis is as you thought. Which is not an appropriate next step?

- A. Knee and elbow position
- B. Push the presenting part up
- C. Urgent ultrasound
- D. Pack the vagina with a warm saline towel

6. Which is not a risk factor for this condition?

- A. Polyhydramnios
- B. Post-term pregnancy
- C. Multiple pregnancy
- D. Malpresentation

A woman in labour, you rupture the membrane, there's passage of liquor with bright red blood. Fetal heart rate immediately goes up.

7. Which is true about this condition?

- A. Abdominal USS is the gold standard for diagnosis.
- B. Transvaginal USS offers no advantage over abdominal USS
- C. It can be detected in the second trimester
- D. ??

8. Which is false about this condition?

- A. The blood is maternal
- B. The blood is fetal
- C. It can lead to perinatal mortality
- D. ??

9. In the theatre, you discover the FHR has dropped to 90bpm. Which of these abdominal incisions will you make?

- A. Pfannenstiel
- B. Midline
- C. Joel Cohen
- D. Grid iron

10. Other conditions associated with abnormal cord

- A. Hyper-coiled cord: thombi??
- B. Hypo-coiled cord: ??
- C. Velamentous cord: ??
- D. Abnormal number of umbilical vessels: IUGR??

11. You discover the anaesthetist is unavailable. Which mode of anaesthesia will you use?

- A. General anaesthesia
- B. Spinal anaesthetic block
- C. TIVA using Ketamine
- D. Local anaesthetic

Young lady with 3 days' lower abdominal pain, 2 days' vaginal bleeding, last coital exposure 2 months ago, used post-coital contraception.

12. Which is not a likely differential?

- A. PID
- B. Threatened abortion
- C. Molar pregnancy
- D. Dysmenorrhea

13. With 2-month history of amenorrhea, while examining her, she suddenly goes into shock, with increasing abdominal distension. you take her to the theatre, but serum pregnancy test returns negative. Which incision will you use?

- A. Pfannenstiel
- B. Midline

- C. Grid-iron
- D. McBurney

14. With a 2-month history of amenorrhea, she develops shock & abdominal distension during assessment. Pregnancy test negative. You take her to the theatre, but she begs you to give her an aesthetic scar. Which will you use?

- A. Midline
- B. Paramedian
- C. Pfannenstiel
- D. McBurney

15. 2-month history of amenorrhea. Which will best confirm the diagnosis?

- A. Pregnancy test
- B. Ultrasound
- C. Endocervical swab for MCS??
- D. ??

A 55-year old woman with a 3-day history of inability to pass faeces, with painful adominal distension and vomiting.

16. Which is most likely to be responsible for her symptoms?

- A. Mechanical obstruction
- B. Perforated duodenal ulcer
- C. Appendicitis
- D. ??

17. After making a diagnosis, you counsel her for exploratory laparotomy; but she declines, believing that the problem is due to some food she ate at a wicked in-law's place and will resolve once the food passes out. What will you do?

- A. Give her time for the food to pass out
- B. Go ahead with surgery anyway
- C. Counsel her and her relatives on the disease process, diagnosis and need for emergent intervention
- D. Refer her for care elsewhere

6 years old man whose father and cousin died of Prostate cancer.

18. Which is true?

- A. He has no increased risk of prostate cancer
- B. His risk is only marginally increased as only one first-degree relative has had it
- C. He is high-risk for prostate cancer and should be screened
- D. ??

19. His PSA is 2.5ng/mL

- A. It is normal for his age
- B. It is low for his age
- C. It is high for his age
- D. A repeat PSA is needed

20. You place him in active surveillance. Which does not need to be avoided before any PSA test?

- A. Sexual intercourse
- B. Digital rectal examination
- C. Perineal trauma
- D. ??

21. Gleason grade 3+3

- A. High-risk
- B. Intermediate risk
- C. Low risk
- D. Very low risk

22. Which will necessitate definitive treatment for prostate cancer?

- A. New onset urine retention
- B. New onset haematuria
- C. Rapidly rising PSA

23. Which will you do as definitive intervention?

- A. Orchiectomy
- B. TURP
- C. Open prostatectomy
- D. Chemotherapy

5-year old boy brought by mother for well child clinic, said to be having problems with school, also playing alone, but not with others

24. Which category do you think his issue falls into?

- A. Social disorder
- B. Intellectual development disorder
- C. Psychiatric disorder??
- D. ??

25. You've previously treated him for croup (in the past). Strictly medically speaking, which do you think is a likely problem now?

- A. Asthma
- B. Pneumonia??
- C. ??
- D. ??

26. Which is the appropriate action?

- A. Skillfully steer mother back to the reason for the appointment, which is the well child clinic
- B. Examine the child
- C. Ask the mother what she means by "problems with school"

27. You find no other significant information in his history or examination. Which of these birth parameters will be of importance to you?

- A. Head circumference
 - B. Weight
 - C. Height
 - D. Chest circumference??
- (Apgar score was not mentioned)

28. You find no other significant information. What is the appropriate investigation?

- A. TSH
- B. Blood glucose
- C. Brain MRI

29. You discover no abnormal findings in his physical examination and investigations. What's the appropriate step?

- A. Discuss with the school counsellor
- B. Refer to a child psychiatrist
- C. Tell the mother nothing is wrong
- D. ??

6-year old child, brought by his parents to the outpatient clinic with 2 months' history of recurrent fever, failure to thrive and worsening cough, the child weighed 6kg or so.

30. The clinical condition is likely

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

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

- A. Shakir tape
- B. Standiometer
- C. Thermometer
- D. Tonometer

32. 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

33. 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

34. Your investigation results show PCV - 35, ESR - 22 , WBC - $4.5 \times 10^5/L$, platelet count 30 x

$10^5/L$, eosinophils 2%, CXR showed non-homogenous patchy opacities in both lung fields. Which of these is correct?

- A. Isolated thrombocytopenia
- B. ESR is normal
- C. CXR confirms TB
- D. There is eosinophilia

35. 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

36. 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. Pyrazinamide
- C. Thiacetazone
- D. Isoniazid
- C. Thiacetazone
- D. Isoniazid

37. 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

38. 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

HbSS/Family Medicine/the family physician and coordinated care versus fragmented care etc. (built around a case of HbSS child and family)

39. A man brought his child, a known HbSS patient, for treatment, with history of bone pain, fever etc. Likely diagnosis:

- A. Vaso-occlusive crisis
- B. Hyperhaemolytic crisis
- C. Sequestration crisis
- D. Aplastic crisis

40. Having treated fully and discharged the child, what's the next best step?

- A. Family conference to address prevention of subsequent episodes
- B. Screening the other children for HbSS
- C. ??
- D. ??

41. You screened the other children and found two out of six to be HbSS. ??Which is the next best step?

- A. Counsel to obtain an health insurance package??
- B. Counsel on health maintenance??
- C. ??
- D. ??

42. The father admits he left a multi-specialist hospital and came to your hospital because he heard you're a family physician. Which of the following should he not expect from you?

- A. Coordinated care
- B. Comprehensive care
- C. Cheap care
- D. Continuous care

43. Which of the following is the most likely reason he left the multi-specialist hospital?

- A. High cost of health care
- B. Fragmented care
- C. Inadequate records
- D.

Breast cancer screening case (using clinical breast exam). 800 people screened. 100 had positive breast exams, but only 20 had breast cancer on histology. Of those who had negative breast exams, 5 had breast cancer on histology.

44. What kind of study is it?

- A. Cohort
- B. Case control
- C. Randomised controlled trial
- D. Systematic review

45. What's the prevalence of breast cancer in the population studied?

- A. 12.5%
- B. 3.125%
- C. 5%
- D. 0.625%

46. What is the specificity of physical examination in diagnosing breast cancer?

- A. 90%
- B. 50%
- C. 89.67%

D. 80%

47. What is the sensitivity?

A. 99%

B. 80%

C. 50%

D. 66.6%

48. What is the positive predictive value?

A. 3.125%

B. 20%

C. 12.5%

D. 80%

49. What is the negative predictive value?

A. 0.99

B. 90%

C. 3.125%

D. 12.5%

50. Which is not a measure of central tendency?

A. Mean

B. Median

C. Mode

D. Variance

51. The main types of study designs are:

A. Experimental & observational

B. Descriptive & analytical

C. Cohort, case control and cross-sectional

D. Observational & analytical