

Protozoal infections include all of the following except:

Question 1Answer

- a. Tinea pedis**
- b. Trichomonas
- c. Giardia lamblia
- d. Toxoplasma gondii
- e. Plasmodia

Lactase deficiency leads to diarrhea and bloating after lactose ingestion because lactose:

Question 2Answer

- a. Ferments in the gut, producing CO₂ and drawing water osmotically into the intestine**
- b. Directly stimulates excessive bile secretion
- c. Is absorbed too rapidly, causing fluid imbalance
- d. Gets converted into toxic metabolites by intestinal enzymes

Exercise can improve blood glucose control in Type II diabetics because muscle activity:

Question 3Answer

- a. Increases insulin secretion from the pancreas
- b. Enhances insulin-independent GLUT4 translocation via AMPK activation**
- c. Upregulates GLUT2 in the small intestine
- d. Stimulates SGLT2 in the kidneys to excrete more glucose

Short- and medium-chain fatty acids differ from long-chain fatty acids in that they:

- a. Require bile salts and are absorbed into lymph
- b. Do not require bile salts or chylomicrons and enter the portal blood directly**
- c. Cannot be absorbed at all and are excreted
- d. Must first be converted into ketone bodies for absorption

A rare deficiency of the intestinal sucrase-isomaltase enzyme would most likely present with:

Question 5Answer

- a. An inability to digest milk sugar in adulthood
- b. Severe symptoms in infancy when sucrose (table sugar) is introduced**
- c. Excessive starch in the stool due to amylase deficiency
- d. No noticeable symptoms, as sucrase is not essential

A patient with Hartnup disease may develop pellagra-like symptoms (dermatitis, diarrhea, ataxia) due to deficiency of:

Question 6Answer

- a. Thiamine (vitamin B₁)
- b. Niacin (vitamin B₃, nicotinamide)**
- c. Pyridoxine (vitamin B₆)
- d. Cobalamin (vitamin B₁₂)

The presence of fat in the duodenum triggers the release of cholecystokinin (CCK), which:

Question 7Answer

- a. Stimulates HCl secretion in the stomach
- b. Causes gallbladder contraction and pancreatic enzyme secretion**
- c. Induces secretion of bicarbonate-rich fluid from the pancreas
- d. Speeds up gastric emptying

Within intestinal mucosal cells, long-chain fatty acids are first activated to acyl-CoA (by acyl-CoA synthetase) in order to:

- a. Be directly used for energy in enterocytes
- b. Be re-esterified into triacylglycerols and other lipids for chylomicron assembly**
- c. Enable their transport via GLUT5
- d. Allow direct diffusion into blood capillaries

Pepsinogen is converted to active pepsin by:

Question 9Answer

- a. Trypsin in the duodenum
- b. The acidic pH (HCl) in the stomach**
- c. Enteropeptidase from intestinal mucosa
- d. Exposure to bile salts

In infants, gastric lipase plays a significant role by:

Question 10Answer

- a. Completely digesting all dietary fats
- b. Helping digest milk fat when pancreatic lipase activity is low**
- c. Emulsifying fats in the absence of bile
- d. Activating salivary amylase in the stomach

Once the intestinal glucose levels start to equalize with the lumen, continued glucose uptake occurs through:

Question 11Answer

- a. Passive diffusion alone, without any transporter involvement
- b. Secondary active cotransport with Na⁺ via SGLT1**
- c. Glucose/galactose exchange transporters on the basolateral side
- d. GLUT5 fructose transporters switching to glucose

Pepsin, an acid-stable endopeptidase, preferentially cleaves peptide bonds:

- a. Next to basic amino acids (lysine, arginine)
- b. Next to aromatic and hydrophobic amino acids (e.g. phenylalanine, tyrosine, tryptophan, leucine)**
- c. At the N-terminus of every peptide
- d. Only after the amino acid glycine

When the glucose concentration in the intestinal lumen is high after a meal, glucose is absorbed into enterocytes mainly by:

Question 13Answer

- a. Sodium-dependent glucose cotransport (SGLT1)
- b. Facilitated diffusion via GLUT2 transporters**
- c. Simple diffusion through the lipid membrane
- d. Insulin-dependent GLUT4 transporters

Which one of the following statements about dermatitis herpetiformis is FALSE?

Question 14Answer

- a. The bullous skin condition, dermatitis herpetiformis is linked to ulcerative colitis**
- b. The intestinal morphology improves on a gluten-free diet and, if the diet is strict enough, the skin lesion may also remit
- c. The genetic background of dermatitis herpetiformis is similar to coeliac disease
- d. Biopsy of the skin lesions shows deposition of IgA and C3 below the epithelial basement membrane

Biologic therapies used in IBD management often target specific molecules involved in the immune response. Which molecule is frequently targeted in these therapies?

Question 15Answer

- a. Interleukin-1 (IL-1)
- b. Tumor necrosis factor-alpha (TNF-alpha)**
- c. Interferon-gamma (IFN-gamma)
- d. C-reactive protein (CRP)

MALT plays a significant role in the immune response to infections and helps in the production of which type of antibodies?

Question 16Answer

a.IgD

b.IgA

c.IgG

d.IgE

Which one of the following statements about the management of inflammatory bowel disease is true?

Question 17Answer

a. Monoclonal antibodies to TNF- α such as Infliximab, is proven to be safe and effective in over 60% of Crohn's disease patients

b.Monoclonal antibodies to β 4-integrins, that block T-lymphocyte migration from the circulation into inflammatory foci, have been shown to be safe and effective

c.Alteration of the gut microbial environment by probiotics is useful in all patients

d.Cessation of smoking is beneficial in patients with ulcerative colitis .

Which one of the following is a true statement regarding coeliac disease?

Question 18Answer

a. There is a strong association with HLA-A3.

b. There is a strong association with HLA-B27.

c. Coeliac disease is diagnosed from the finding of increased faecal fat excretion.

d.It may be complicated by intestinal lymphoma.

e. It only affects boys

The pancreas has both endocrine and exocrine functions. Which of the following structures is associated with its endocrine function?

Question 19Answer

- a. Pancreatic acini
- b. Islets of Langerhans**
- c. Pancreatic ducts
- d. Centroacinar cells

What is the main histological feature of the colon that distinguishes it from the small intestine?

Question 20Answer

- a. Presence of villi
- b. Presence of crypts of Lieberkühn
- c. Abundance of goblet cells**
- d. Presence of Brunner's glands

What is the primary histological feature of the liver lobule?

Question 21Answer

- a. Portal triad
- b. Central vein**
- c. Hepatocytes
- d. Kupffer cells

Which cells in the gastric mucosa are primarily responsible for secreting pepsinogen?

- a. Parietal cells
- b. Chief cells**
- c. Mucous cells
- d. Enteroendocrine cells

What is the primary histological feature distinguishing the duodenum from the jejunum?

Question 23Answer

- a.Presence of Peyer's patches
- b.Presence of Brunner's glands**
- c.Presence of villi
- d.Presence of goblet cells

Which type of liver carcinoma is commonly associated with chronic hepatitis B infection?

Question 24Answer

- a.Hepatocellular carcinoma (HCC)**
- b.Cholangiocarcinoma
- c.Hepatoblastoma
- d.Angiosarcoma

Which genetic syndrome is associated with an increased risk of colorectal cancer and features polyps throughout the colon?

Question 26Answer

- a.Peutz-Jeghers syndrome
- b.Lynch syndrome
- c.Gardner syndrome
- d.Familial adenomatous polyposis (FAP) .**

What is the most common presenting symptom of diverticulitis?

- a.Melena
- b.Right upper quadrant pain
- c.Left lower quadrant pain**
- d.Jaundice

Which liver condition is characterized by the presence of fatty infiltration without significant inflammation or fibrosis?

Question 28Answer

- a.Non-alcoholic steatohepatitis (NASH)
- b.Alcoholic liver disease
- c.Non-alcoholic fatty liver disease (NAFLD)**
- d.Cirrhosis

Which of the following is the most common type of gastric cancer?

Question 29Answer

- a.Squamous cell carcinoma
- b.Adenocarcinoma**
- c.Lymphoma
- d.Neuroendocrine tumor

What is the primary causative agent of peptic ulcers?

Question 30Answer

- a.Helicobacter pylori**
- b.Escherichia coli
- c.Candida albicans
- d.Clostridium difficile

What is the typical histological finding in celiac disease?

- a.Villous atrophy and crypt hyperplasia**
- b.Granulomas
- c.Hyperplastic polyps
- d.Desmoid tumors

Which of the following is a common complication of chronic pancreatitis?

Question 32Answer

a.Pancreatic pseudocyst

b.Acute appendicitis

c.Barrett's esophagus

d.Gallstones

Which of the following is a classic histological feature of ulcerative colitis?

Question 33Answer

a.Granulomas

b.Crypt abscesses and distorted crypt architecture

c.Cobblestone mucosa

d.Villous atrophy

Which genetic mutation is most commonly associated with Lynch syndrome (Hereditary Nonpolyposis Colorectal Cancer, HNPCC)?

Question 34Answer

a.BRCA1

b.APC

c.MLH1

d.PTEN

What is the hallmark histological feature of Crohn's disease?

a.Crypt abscesses

b.Continuous colonic involvement

c.Transmural inflammation

d.Presence of pseudopolyps

In which condition would you typically find a "whorled" appearance of the muscularis propria on histology?

Question 36Answer

- a.Leiomyoma**
- b.Leiomyosarcoma
- c.Gastrointestinal stromal tumor (GIST)
- d.Schwannoma

What is the most common site of small bowel lymphoma?

Question 37Answer

- a.Duodenum
- b.Jejunum
- c.Ileum**
- d.Cecum

Which type of esophageal cancer is most commonly associated with Barrett's esophagus?

- a.Adenocarcinoma**
- b.Squamous cell carcinoma
- c.Small cell carcinoma
- d.Large cell carcinoma

A 46-year-old immunocompromised patient came to the emergency room with a history of severe debilitating diarrhea with weight loss. Which one of the following is the most likely causative organism:

- a.Entamoeba histolytica
- b.Giardia lamblia
- c.Shigella spp
- d.Cryptosporidium parvum .**

Which of the following appears first in serum when infection with HBV?

Question 39Answer

a.HBcAg

b.HBsAg

c.HBeAg

d.HBvAg

e.Anti-HBc

Which of the following is not a characteristic of Pseudomonas aeruginosa?

Question 41Answer

a.Ferment carbohydrate

b.Obligate aerobic

c.Produce exopigment on Muller Hinton agar

d.Resistance to antibiotics

e.Oxidase and catalase positive

Which of the following bacteria causes a type of food poisoning?

a.Streptococcus sanguis

b.Staphylococcus aureus

c.Staphylococcus epidermidis

d.Staphylococcus saprophyticus

e.Streptococcus pneumonia

The single most important characteristic of diarrhea caused by Vibrio cholera is:

Question 43Answer

a.Profound watery diarrhea

b.Severe abdominal pain

c.Massive bloody diarrhea

d.Renal insufficiency

e.None of above

In a chronic carrier of hepatitis B virus (HBV), which positive test is most indicative of high infectivity?

Question 44Answer

a.Hepatitis B Surface Antigen (HbsAg)

b.Hepatitis B Core Antigen (HbcAg)

c.Hepatitis B e Antigen (HbeAg)

d.Anti-HBsAg

e.Anti-HBeAg

The most proper way to manage viral GE is:

Question 45Answer

a.Vaccination

b.Antiviral agent

c.Rehydration

d.Antibiotic

e.None of above

..... most commonly associated with pseudomembranous colitis

Question 46Answer

a.Clostridium difficile

b.Clostridium botulinum

c.Clostridium perfringens

d.Clostridium tetani

e.None of above

Shigellosis is common in developing countries. Infection is commonly acquired through the

Question 47Answer

a.Skin

b.Gastrointestinal tract

c.Respiratory tract

d.Genital tract

e.Nasal tract

Which type of bacterium produces an A-B toxin?

Question 48Answer

a.Salmonella

b.Vibrio cholera

c.ETEC

d.Shigella dysenteriae

e.All of the above

Which type of E. coli infection can be severe with life-threatening consequences such as hemolytic uremic syndrome?

Question 49Answer

- a. Enteropathogenic (EPEC)
- b. Enteroinvasive (EIEC)
- c. Enterohemorrhagic (EHEC)**
- d. Enteraggregative (EaggEC)
- e. Enterotoxigenic (ETEC)

What is the main clinical picture of hepatitis A?

Question 50Answer

- a. Jaundice and abdominal discomfort**
- b. Rash
- c. Limb paralysis
- d. Upper respiratory tract infection
- e. None of above

Which of the following viruses is DNA virus?

Question 51Answer

- a. HAV
- b. HBV**
- c. HCV
- d. HDV
- e. HEV

All of the following are correct regarding Hepatitis C virus except:

Question 52 Answer

a. Is associated with hepatocellular carcinoma

b. Only 15% become chronic carriers

c. May respond to interferon therapy

d. Replicate in the cytoplasm

e. All are true

Superior mesenteric artery all are true except

Question 53 Answer

a. Is the most important artery of the gut.

b. 1st branch is middle colic artery

c. Branches to cecum comes from ileocolic artery

d. Supply up to proximal 2/3 of transverse colon

e. Jejunal branches comes from its right side .

Regarding the biliary system

Question 54 Answer

a. CBD is formed by union of CHD and cystic duct and is 2 inches long.

b. Blood supply of CBD is segmental and transverse in direction.

c. CBD Lies partly in front of portal veins and partially in front of superior mesenteric vein

d. GB blood supply is only from cystic artery.

e. Hartmann's pouch is area of GB where stone is lodged.

Lack of bile salts in the in small bowel may lead to all except

Question 55Answer

- a.Bulky offensive greasy stool pale.
- b.Malabsorption of Vitamin K, A D E.
- c.Severe itch.
- d.A High Prothrombin level in blood.**
- e.Formation of gall bladder stones.

Factors which predispose appendix to infection or perforation include all except

Question 56Answer

- a.Appendix is long, narrow, blind-ended tube, which encourages stasis of large-bowel contents.
- b.It has a small amount of lymphoid tissue in its wall.**
- c.The lumen has a tendency to become obstructed by hardened intestinal contents (enteroliths), which leads to further stagnation of its contents
- d.The appendix is supplied by a long small artery that does not anastomose with other arteries.
- e.The blind end of the appendix is supplied by the terminal branches of the appendicular artery

Regarding types of Jaundice, one is false

Question 57Answer

- a.Hemolytic type lead to very dark stool.**
- b.Obstructive jaundice may be due to certain drug over dose.
- c.Hepatocellular type the liver is not able to uptake, conjugate and excrete bilirubin.
- d.In Obstructive type urine is tea colored and frothy.
- e.Viral hepatitis can lead to hepatocellular jaundice.

Regarding the blood supply of the gut all are true except

Question 58Answer

- a.The portal vein is formed by union of superior mesenteric vein and splenic vein behind neck of pancreas
- b.The splenic artery lies at upper border of body of pancreas
- c.Superior mesenteric vein lies to left side of superior mesenteric artery**
- d.There are more arcades in the mesentery of ileum
- e.The inferior mesenteric artery supplies the distal 1/3 of transverse colon

Regarding achalasia all are true except

Question 59Answer

- a.Is due to aperistalsis of muscles of body of Esophagus and Failure of relaxation of lower esophageal sphincter.
- b.May lead to severe esophagitis and has some cancer potential.
- c.Best treatment is non-surgical conservative measures**
- d.Cause progressive dysphagia to Solids and Liquids.
- e.Regurgitation undigested food chest pain, loss of weight are important symptoms.

Regarding the stomach all are true except

Question 60Answer

- a.Main blood supply comes directly from celiac trunk.
- b.Fundus is dome-shaped and projects upward and to the left of the cardiac orifice.
- c.Incisure angularis, is a constant notch in the lower part of the lesser curvature.
- d.Is essential for life.**
- e.Malignant ulcers are usually in the greater curvature.

Water absorption in large and small bowel, one answer is false

Question 61Answer

a.Right colon resection causes constipation.

b.The amount of water absorbed from small intestine is about 8 liters /day.

c.The amount of water entering colon is one liter / day .

d.Right colon absorbs about 800 ml of water.

e.In ulcerative colitis water in stool is increased

In pancreatitis

Question 62Answer

a.Antibiotics has a major role in acute pancreatitis treatment.

b.Bacterial infection is a cause of acute pancreatitis.

c.The most important cause of acute pancreatitis is alcohol intake.

d.Epigastric pain radiating to the back, nausea and vomiting and dehydration are the commonest symptoms and signs.

e.Serum lipase is less specific in diagnosis of acute pancreatitis than serum amylase .**Regarding the Regulation of Secretion and Motility of stomach**

Question 63Answer

a.Cephalic phase which represents 30% of HCL secretion is regulated by conditioned and unconditioned reflexes.

b.Intestinal phase of HCL secretion compromise 10% of HCL secretion and lasts two hours.

c.Gastric phase causes 40% of HCL secretion and is mainly stimulates by distension of stomach.

d.Histamine H2 receptors are blocked by PPIS.

e.Gastrin and acetylcholine receptors are blocked by vagotomy

The main mechanism of succus entericus secretion is:

Question 64Answer

- a.Vagal stimulation.
- b.CCK.
- c.Secretin
- d.Local axon reflex**
- e.Sympathetic stimulation

Portal vein

Question 65Answer

- a.Supply liver with 70 % of its blood supply.
- b.Is formed Infront neck of pancreas by union of splenic and inferior mesenteric veins.**
- c.Ascend upward and to the right behind D1, IVC.
- d.Cystic vein drains indirectly to portal vein.
- e.None of the above is true

Which statement is true about rectum

Question 67Answer

- a.Is 7 inches long occupying posterior part of pelvis
- b.Begins in front 2nd sacral vertebra
- c.End one inch below and in front of coccyx by bending sharply downward and backward to form anal canal
- d.Has three curvatures LRL .**
- e.Supplied mainly from middle rectal artery

The artery which causes severe bleeding and lies behind the stomach is

Question 68Answer

a.Hepatic artery

b.Splenic artery

c.Left gastric artery

d.Celiac trunk

e.Gastro-duodenal artery

Difference between small and large bowel obstruction

Question 69Answer

a.Adhesions usually cause small bowel obstruction.

b.Vomiting is early in small bowel obstruction.

c.Constipation is late in jejunal obstruction.

d.Distension is central mainly in small bowel obstruction.

e.All of the above are true .

During emergency surgery for severe hematemesis there was severe bleeding from an artery posterior to D1 the artery is

Question 70Answer

a.Gastro duodenal artery

b.Left gastric artery

c.Left gastro-epiploic artery

d.Superior pancreatico-duodenal artery

e.Inferior pancreatico –duodenal artery

Regarding types of jaundice all are true except

Question 71Answer

- a. In hepatocellular jaundice Liver cannot uptake conjugate and excrete bilirubin.
- b. Unconjugated, Indirect or free Bilirubin increase in obstructive jaundice**
- c. In obstructive jaundice and hepatocellular jaundice patient have itch due to increase in bile salts.
- d. In hemolytic jaundice urine has normal color.
- e. In obstructive jaundice stool is clay color and urine is tea color.

Lack of bile salts in the in small bowel may lead to

Question 72Answer

- a. Bulky offensive greasy stool pale.
- b. Malabsorption of Vitamin K, A C E.**
- c. Severe itch.
- d. A low Prothrombin level in blood.
- e. None of the above

Regarding CBD all are true except

Question 73Answer

- a. Formed by union of common hepatic+ cystic duct**
- b. 3 inches long and descends down behind 1st part of D1.
- c. Lies anterior to portal vein in part of its course.
- d. Blood supply runs on its surface vertically so it's better to open it longitudinally.
- e. Joins the main pancreatic duct to open in posterior medial aspect of 2nd part of duodenum just above its middle .**

Regarding the stomach all are true except

Question 74Answer

- a. Main blood supply comes directly from celiac trunk.
- b. Fundus is dome-shaped and projects upward and to the left of the cardiac orifice.
- c. Incisura angularis, is a constant notch in the lower part of the lesser curvature.**
- d. Part of stomach bed is formed by transverse colon and mesocolon
- e. Posterior vagus nerve can be multiple in 20% of cases

Regarding peptic ulcer disease all are true except

Question 75Answer

- a. Type II gastric ulcer has increase acid production in stomach
- b. The most important cause of gastric and duodenal ulcer is helicobacter infection.
- c. Vomiting is common symptom in duodenal ulcer patients.**
- d. Entero-gastric reflexes has a rule in protection against duodenal ulcers.
- e. Secretin hormone plays a major rule against prevention of D1ulcers.

Difference between small and large bowel obstruction

Question 76Answer

- a. Adhesions usually causes large bowel obstruction.**
- b. Vomiting is late in small bowel obstruction.
- c. Constipation is early in jejunal obstruction.
- d. Distension is central mainly in colonic obstruction.
- e. Colicky pain is seen more in small bowel obstruction.

Regarding the spleen

Question 77Answer

- a.The spleen is one inch wide and three inch long
- b.Lienorenal lig contains short gastric arteries which supply fundus of stomach.
- c.Tail of pancreas can be injured during splenectomy as it lies in gastrosplenic lig.**
- d.The accessory spleens are most commonly found at the hilum of spleen.
- e.Spleen lies opposite the left 8th,9th,10th ribs.

Regarding the small intestine

Question 78Answer

- a.SMA passes behind body and Uncinate process before supplying jejunum and ileum.
- b.The proximal jejunum has more arcades than ileum.
- c.The mesentery of ileum has less fat than jejunum.
- d.Peyer's patches are less common in ileum.
- e.Ileum is more important than jejunum in absorption functions .**

Which is the most fixed structure during abdominal surgery

Question 79Answer

- a.The Greater omentum
- b.First part of duodenum
- c.appendix
- d.Stomach and duodenal cap
- e.Abdominal aorta .**

Regarding stomach emptying

Question 80Answer

- a. Volume of food in stomach has no effect on gastric emptying.**
- b. Secretin hormone has no effect on gastric emptying.
- c. Enterogastric inhibitory reflexes are not important factors in determining the rate of gastric emptying.
- d. Vagotomy increase rate of gastric emptying.
- e. Rapid gastric emptying is called dumping.

Enterohepatic circulation of bile salts one answer is false

Question 81Answer

- a. Total bile salt pool is 3.5 gms and liver synthesizes 0.2-0.4 gm /day.
- b. Water soluble vitamin absorption is diminished if the Enterohepatic circulation is interrupted by terminal ileal resection.**
- c. If the Enterohepatic circulation is interrupted bile salt deficiency occurs.
- d. Bile salt deficiency leads to gall bladder stones and Steatorrhea.
- e. Enterohepatic circulation compensates normally for limited pool of bile salts.

Law of the gut is

Question 82Answer

- a. The peristaltic reflex plus the anal direction of movement of the peristalsis.**
- b. Peristaltic reflex is stimulated by atropine
- c. Peristalsis occurs only weakly or not at all in any portion of the GIT that has had congenital absence of the Meissner's plexus.
- d. Peristalsis normally begins distal to the distended segment
- e. None of the above is true

Factors which lead to increase salivary secretion include all except

Question 83Answer

- a.Nausea
- b.Chewing of hard smooth object
- c.Vagal stimulation
- d.Sleep and fatigue**
- e.Taste and smell of food

All of these veins belong to portal system except

Question 84Answer

- a.Left gastric vein
- b.Middle rectal vein**
- c.Cystic vein.
- d.Inferior mesenteric vein
- e.Inferior pancreaticoduodenal vein

Anal canal all are true except

Question 85Answer

- a.Is shorter in females
- b.The dentate line which bisects the anal canal is where surgical anal canal ends.**
- c.Internal anal sphincter is responsible for most of anal tone.
- d.Lymph drainage of anal canal below dentate line goes to inguinal lymph nodes.
- e.The deep part of external sphincter blends with Levator ani muscle.

Regarding phases of gastric secretion one answer is false

Question 86Answer

- a.If PH of stomach is very low gastric secretion is diminished
- b.If PH of duodenum is very low HCL secretion is inhibited
- c.Gastric phases is responsible for about 60 % of HCL secretion
- d.Loss of appetite and depression increase HCL secretion**
- e.Cholecystokinin Gastric inhibitory peptide Secretin hormones decrease gastric secretion

Regarding the hepatorenal syndrome (HRS):

Question 87Answer

- a.It is commonly over-diagnosed in patients with cirrhotic liver disease.**
- b.HRS Type 1 has the poorest outcome.
- c.Kidneys from patients with HRS are suitable for transplantation.
- d.The condition is associated with splanchnic vasodilatation.
- e.Terlipressin must be given by infusion

Which of the following drugs blocks the release of HCl from the parietal gland?

Question 88Answer

- a.antacids
- b.H₂-receptor antagonists
- c.proton pump inhibitors**
- d.sucralfate
- e.misoprostil

Which antiprotozoal has mixed luminal and systemic action?

Question 89Answer

- a. Iodoquinol
- b. Chloroquine
- c. Metronidazole**
- d. Paromomycin

Which of the three phases of gastric acid secretion is stimulated by the distention of the stomach?

- a. cephalic
- b. colonic
- c. gastric**
- d. intestinal
- e. activation of the CTZ

THE S.P. is a 53-year-old man with Child-Pugh class B cirrhosis secondary to alcohol abuse. Other past medical conditions include chronic renal insufficiency and gout. Vital signs include temperature 98.7°F, heart rate 91 beats/minute, respiratory rate 18 breaths/minute, and blood pressure 126/87 mm Hg. Today's laboratory values are within normal limits, except for AST 120 IU/mL, ALT 187 IU/mL, and SCr 1.6 mg/dL. Current medications include spironolactone 100 mg orally daily, furosemide 40 mg orally daily, and a daily multivitamin. He is allergic to sulfa and shell fish. During the visit, you notice the patient seems more confused than usual, with slurred speech and asterixis. S.P. is unable to give a good medical history, so you question his wife, who states the confusion and disorientation started last week. He has not received treatment for HE. Which therapeutic choice would be best at this time?

- a. Rifaximin 550 mg twice daily by mouth and lactulose by mouth as needed.
- b. Neomycin 1000 mg by mouth every 6 hours.
- c. Lactulose 45 mL by mouth three times daily.
- d. Lactulose 45 mL/hour by mouth until evacuation occurs; then titrate dose as needed to achieve three bowel movements a day .**

Which option is best to perform to confirm H. pylori eradication upon completing H. pylori therapy?

Question 92Answer

- a. Tissue culture.
- b. UBT.**
- c. RUT.
- d. Serum antibody test

A 43-year-old Hispanic man with a history of viral hepatitis C (HCV) cirrhosis is seen in the clinic today for follow up. He was admitted to the hospital 1 month ago for an episode of SBP. His current medications include propranolol 10 mg by mouth 3 times/day, rifaximin 550 mg by mouth twice daily, metoprolol 50 mg by mouth twice daily, levothyroxine 50 mcg by mouth daily, furosemide 40 mg by mouth daily, and spironolactone 100 mg by mouth daily. He reports an allergy to sulfa-containing medications (shortness of breath and hives). Laboratory values obtained reveal the following: AST 63 IU/mL, ALT 97 IU/mL, total bilirubin 3.2 mg/dL, serum albumin 2.5 g/dL, platelet count 43,000/mm³, and serum creatinine 0.9 mg/dL. He denies any symptoms and states he feels better than he has in the past 6 months. On review of the patient's medication history and profile, you note that he is not taking something he should be taking. Which of the following medication(s) is (are) missing?

Question 93Answer

- a. Peg IFN α and ribavirin.
- b. Trimethoprim/sulfamethoxazole.
- c. Amoxicillin.
- d. Ciprofloxacin**

A patient with chronic HBV infection has been taking lamivudine 100 mg by mouth daily for 24 months and has been doing well. Recent laboratory data indicated an AST 197 IU/mL, ALT 227 IU/mL, total bilirubin 2.7 mg/dL (indirect 1.9 mg/dL, direct 0.8 mg/dL), serum creatinine 1.1 mg/dL, and a detectable HBV DNA. The HBV DNA became undetectable 2 months after lamivudine was initiated and was undetectable when laboratory values were obtained 3 months ago. Which one of the following is the best course of action?

Question 94 Answer

- a. Add emtricitabine 200 mg/tenofovir 200 mg 1 tablet by mouth daily.
- b. Add Tenofovir.
- c. Discontinue lamivudine and add tenofovir.**
- d. Discontinue lamivudine and add adefovir.

Which one of the following is the preferred gastro protective therapy for a 67-year-old woman with rheumatoid arthritis receiving naproxen 500 mg by mouth daily, metoprolol 25 mg by mouth twice daily, aspirin 81 mg by mouth once daily, and alendronate 70 mcg by mouth weekly?

Question 95 Answer

- a. Lansoprazole 30 mg daily.**
- b. No concomitant therapy necessary.
- c. Misoprostol 200 mcg twice daily.
- d. Esomeprazole 40 mg twice daily

A patient is newly diagnosed with mild GERD. Which of the following medications might be prescribed first?

Question 96 Answer

- a. barbiturates
- b. H₂-receptor antagonists**
- c. metoclopramide
- d. dronabinol (Marinol)
- e. OTC Emetrol

The primary therapeutic goal in treatment of GERD and peptic ulcer is to

Question 97Answer

- a.increase mucosal production
- b.suppress acid production and relieve symptoms**
- c.prevent erosion of ileum
- d.maintain levels of magnesium and calcium with antacids
- e.get patient on prostaglandins

The causes of peptic ulcers include

Question 98Answer

- a.not enough mucosal lining in the stomach**
- b.suppressed acid production
- c.regurgitation of bile acids into the esophagus
- d.being genetically predisposed
- e.hypersecretion of mucus in the stomach

Amebiasis

Question 99Answer

- a.causes diarrhea and intense intestinal pain**
- b.stops electrolyte loss from the gut
- c.is not caused by contaminated streams and water supply
- d.only affects the lumen of the intestine
- e.is the name for hepatic malaria

A 57-year-old woman with a history of intravenous drug and alcohol abuse was given diagnosis of chronic HBV 6 months ago. Vital signs at the visit were height 67 inches, temperature 98.7°F, heart rate 79 beats/minute, respiratory rate 15 breaths/minute, and blood pressure 130/80 mm Hg. She had laboratory tests 1 week ago, which revealed the following: HBsAg and HBeAg positive, AST 478 IU/mL, ALT 780 IU/mL, total protein 5.2g/dl, INR 1.1, SCr 1.3 mg/dL, PT 19 sec, bilirubin 3, albumin 3.2g/dl and HBV DNA 94,000 IU/mL. A liver biopsy with significant fibrosis (stage 3) was performed after she received the initial diagnosis. She has mild ascites not requiring therapy and states she has never been treated for HBV (or at least not that she can remember). She adds that she is often confused and has trouble remembering things. Her medical history is significant for depression, for which she takes citalopram 20 mg once daily. She denies taking any other medications or OTC products. Calculate her child-pugh score?

Question 1 Answer

- a.8
- b.10**
- c.6
- d.11

A genetic absence of enteropeptidase (enterokinase) would lead to:

Question 3 Answer

- a.Inability to activate pepsin in the stomach
- b.Failure to convert trypsinogen to trypsin, impairing activation of pancreatic proteases**
- c.Excess activation of pancreatic enzymes and autodigestion of the pancreas
- d.Enhanced protein digestion by alternate pathways

Salivary α -amylase begins carbohydrate digestion in the mouth by breaking starch into:

Question 4 Answer

- a.Cellulose and lactose
- b.Dextrins, maltose, and some glucose**
- c.Galactose and fructose
- d.Sucrose and cellulose

In Hartnup disease, laboratory findings would likely show:

Question 5 Answer

- a. High levels of neutral amino acids in the urine (neutral aminoaciduria)**
- b. Elevated cystine crystals in the urine
- c. Absence of amino acids in urine due to malabsorption
- d. Excessive basic amino acids in blood

Cystinuria is an inherited disorder characterized by:

Question 6 Answer

- a. Impaired intestinal absorption of neutral amino acids
- b. Defective transport of dibasic amino acids (e.g. cystine, lysine, arginine) in intestine and kidney**
- c. Inability to digest dietary proteins in the lumen
- d. Excessive cysteine incorporation into proteins

Glycine and alanine share an intestinal transport system that is characterized as:

Question 7 Answer

- a. The large neutral amino acid transporter
- b. The basic amino acid transporter
- c. The small neutral amino acid transporter**
- d. The imino (proline) transporter

LUT2, found in liver and pancreatic β -cells, is characterized by:

- a. High affinity for glucose and presence in the brain
- b. Low affinity for glucose, acting as a glucose sensor at high concentrations**
- c. Insulin-dependent activation for glucose uptake in muscle
- d. Specific transport of fructose in the intestine

A secondary (acquired) cause of lactase deficiency is:

Question 10Answer

- a. A congenital absence of the lactase gene
- b. Prolonged high-lactose diet overwhelming the enzyme
- c. Damage to intestinal enterocytes (e.g. after severe gastroenteritis)**
- d. Pancreatic insufficiency leading to lack of lactase secretion

Disorders like Hartnup disease and cystinuria often lead to amino acids appearing in the urine because:

Question 11Answer

- a. The same transporters for amino acid uptake in the gut are used for reabsorption in the kidney, and they are defective**
- b. The kidney synthesizes excess amino acids in these conditions
- c. These patients consume protein in excess
- d. Intestinal compensation forces the kidney to excrete amino acids

In infants, an enzyme called rennin (chymosin) helps with the digestion of:

Question 12Answer

- a. Milk protein (casein), by curdling it in the stomach**
- b. Starch in breast milk
- c. Milk fat, by emulsifying it
- d. Lactose, by cleaving it into glucose and galactose

Free amino acids are absorbed from the intestinal lumen into enterocytes primarily by:

- a. Na⁺-dependent secondary active transport (co-transport with sodium)**
- b. Simple diffusion through the cell membrane
- c. Facilitated transport via GLUT-like glucose carriers
- d. Active transport powered directly by ATP at the apical membrane

Which one of the following statements about hepatitis B is FALSE?

Question 14Answer

- a. It is more common in cold countries than in warm countries.**
- b. If occurring in neonates, it will lead to a carrier state.
- c. HBV is transmitted by sharing needles.
- d. HBV has an incubation period of about 70 days.
- e. It is accompanied by an increased risk of hepatocellular ca

Which one of the following characteristically is NOT expressed by the main populations of intraepithelial lymphocytes?

Question 16Answer

- a. CD 19**
- b. CD 103
- c. $\gamma\delta$ form T-cell receptor [TCR]
- d. $\alpha\beta$ form of the T-cell receptor [TCR]
- e. CD8

What type of immune response characterizes celiac disease?

Question 17Answer

- a. Antibody-mediated response
- b. T-cell-mediated response**
- c. B-cell-mediated response
- d. Neutrophil-mediated response

Which one of the following statements about dermatitis herpetiformis is FALSE?

Question 18Answer

- a. The bullous skin condition, dermatitis herpetiformis is linked to ulcerative colitis**
- b. The intestinal morphology improves on a gluten-free diet and, if the diet is strict enough, the skin lesion may also remit
- c. The genetic background of dermatitis herpetiformis is similar to coeliac disease
- d. Biopsy of the skin lesions shows deposition of IgA and C3 below the epithelial basement membrane

Which of the following are orally transmitted viruses?

Question 39Answer

- a.HAV & HAB
- b.HBV & HCV
- c.HDV & HEV
- d.HAV & HEV**
- e.HBV & HEV

Serotype E. coli 0157:H7" is related to:

Question 40Answer

- a.Enteropathogenic (EPEC)
- b.Enteroinvasive (EIEC)
- c.Enterohemorrhagic (EHEC)**
- d.Enteroaggregative (EaggEC)
- e.Enterotoxigenic (ETEC)

Which of the following is the most important for controlling disease caused by norovirus?

Question 41Answer

a.A norovirus vaccine

b.Attention to handwashing and hygiene

c.Quarantine

d.New antiviral drugs

e.None of above

HCV belongs to which of the following families:

a.Deltavirus

b.Calicivirus

c.Flaviviridae

d.Hepadnaviridae

e.Picornaviridae

What is the infective stage of Entamoeba histolytica?

a.Cercariae

b.Trophozoite

c.Mature cyst

d.Cyst cercariae

Each of the following agents is a recognized cause of diarrhea except

a.Clostridium perfringens

b.Vibrio cholerae

c.Enterococcus faecalis

d.Escherichia coli

e.Campylobacter species

Which of the following takes active immunization of HBV?

Question 48Answer

a. Medical personnel

b. Patients subjected to have a big operation

c. Cannot be given to infantsd.

d. People infected by stick injury by needle with +ve blood HBV

e. Patients subjected to repeated blood transfusion

All about campylobacter are correct except:

Question 50Answer

a. Gram negative rods with comma, S or “gull wings” shapes

b. is microaerophilic

c. The optimal temperature for growth is 37°C

d. Neither ferment nor oxidize carbohydrates

e. Oxidase positive

The rectum all are true except

a. 5 inches long occupy posterior part of pelvis.

b. Begins in front 3rd sacral piece and end one inch below and in front of coccyx by bending sharply downward and backward to form anal canal

c. Posterior part of rectum is partially retroperitoneal.

d. Anterior relation to rectum in males is the recto-vesical pouch and posterior surface of urinary bladder

e. Valves of Houston are semi-lunar transverse folds of the rectal wall that protrude into the anal canal .

Which of these statements about the pancreas gland is false

Question 57Answer

- a.Lies anterior to the left kidney
- b.Derives its blood supply from the splenic artery only**
- c.Has parts in both the supracolic and infracolic Compartments
- d.Is pierced by the middle colic artery
- e.Neck of pancreas pass through transpyloric plane

Regarding pancreatic secretions and enzymes all are true except

Question 60Answer

- a.Aqueous pancreatic secretions protect the delicate duodenal mucosa from harmful effect of acidity of chyme.
- b.Cephalic and gastric phase stimulation by vagus nerve compromise 30% of secretion and the pancreatic juice is rich in alkaline secretion.
- c.Aqueous pancreatic secretion Provide the alkaline PH optimum for the action of pancreatic & intestinal enzymes.
- d.Pancreatic enzymes are more efficient in digesting fats than in proteins and carbohydrates digestion.**
- e.Proteolytic pancreatic enzymes are secreted in an inactive form and is activated by Enterokinase enzymes of small bowel mucosa.

Inferior mesenteric artery all are true except

Question 61Answer

- a.Arise from abdominal aorta at level of L3
- b.Supply distal third of transverse colon
- c.Can be safely ligated during surgery in most cases
- d.Lies in front 3rd part of duodenum**
- e.Inferior mesenteric vein lie on its left side.

Regarding Helicobacter pylori HLO infection and its outcome

Question 63Answer

a.HLO is gram +ve bacterial and is aerophilic and comma shaped.

b.At least 50 %of peptic ulcer patients have been found to have chronic infection of the terminal portions of the gastric mucosa with HLO.

c.CLO test is used to diagnose HLO infection by using the ability of urease produced by bacteria to split urea and produce ammonia.

d.5% of patient with this bacterium will develop gastric cancer.

e.Triple therapy by one antibiotic and two acid suppressors is best treatment.

The gastric reservoir all are true except

Question 65Answer

a.Receptive relaxation of gastric reservoir is triggered by swallowing reflexes.

b.Adaptive relaxation of gastric reservoir is lost in vagotomy.

c.Feedback relaxation of gastric reservoir is triggered by chyme in small intestine

d.Vago-vagal reflex" decrease the tone in the muscular wall of the body of the stomach.

e.Retropulsion," is very important mixing movement in the stomach

Regarding esophagus

Question 71Answer

a.There is anatomical sphincter at lower end of esophagus

b.Abdominal part of esophagus is about 2cm long

c.Lt vagus lies posterior to esophagus

d.Achalasia of cardia is associated with distal dilatation of esophagus

e.Esophageal opening of diaphragm transmits right gastric artery

The stomach all are true except

Question 72Answer

- a.Adaptive relaxation is triggered by stretch receptors in stomach.**
- b.Peristaltic contractions start from the oral region of stomach.
- c.Motility of stomach increases when acid enters the duodenum.
- d.During secretion of HCL by parietal cells, HCO_3 is added to stomach venous blood.
- e.Acid secretion is increased in hypercalcemia

Regarding Bile secretions all are true except

Question 74Answer

- a.Contains bile salts which is required for the digestion of fat.
- b.Contains unconjugated bilirubin.
- c.Free cholesterol is virtually insoluble in aqueous solutions, but in bile, it is made soluble by bile acids.
- d.White Bile is formed in gall bladder if cystic duct is blocked.**
- e.Becomes less alkaline during storage in the gall bladder

The duodenum all are true except

Question 75Answer

- a.Duodenal cap is first inch of first part of duodenum.
- b.Gall bladder lies anterior to first part of duodenum.**
- c.The third part of the duodenum is (4 inch) long and runs horizontally to the left on the subcostal plane
- d.Ligament of Treitz, which is attached to the left crus of the diaphragm hold duodeno-jejunal junction in place.
- e.Mucous membrane of the duodenum is thick except duodenal cap

Regarding the colon all are true except

Question 76Answer

- a.Haustrations are due to the taenia coli being shorter than the colon 30 cm.**
- b.Appendices epiploicae are filled with fat.
- c.The sigmoid colon varies in length and end at third sacral piece by becoming rectum
- d.Urinary bladder is below and Infront of sigmoid colon
- e.Pelvic mesocolon: inverted V shape, medial ascending, and lateral descending limb

Regarding porto-systemic anastomosis

Question 77Answer

- a.At anal canal there is anastomosis between superior rectal vein of portal and middle rectal vein which belong to systemic veins
- b.At lower 1/3 of esophagus there is anastomosis between left gastric veins which are portal and branches which ends in Azygos vein
- c.Caput medusa are dilated veins around umbilicus in portal hypertension due to liver cirrhosis
- d.None of the above is true
- e.All of the above are true .**

Regarding oxyntic glands of the stomach all are true except

Question 79Answer

- a.Secretes Hydrochloric Acid.
- b.Secretes Pepsinogen.
- c.Secretes intrinsic factor and mucus.
- d.Located at the body and pylorus of stomach.**
- e.Constituting the proximal 80 % of stomach

Portal vein tributaries include all except

Question 83Answer

a.Rt,Lt hepatic veins

b.Inferior mesenteric vein

c.Cystic vein

d.Rt and Lt gastric veins

e.Pancreatodudenal veins

Regarding the gall bladder all are true except

Question 85Answer

a.GB concentrate bile by active reabsorption of water and Na.

b.Between meals the sphincter of oddi is closed and bile is redirected to GB

c.White bile means cystic duct is obstructed

d.Acidification of bile increase possibility of GB disease

e.CCK hormone stimulates bile release after fatty meals

Functions of gall bladder include all except

Question 86Answer

a.Storage and concentration of bile.

b.Decrease concentration of bile salts in bile.

c.Concentration of bile by active reabsorption of Na⁺.

d.Acidifying of bile.

e.Secretion of mucus to protect its wall.

57-year-old woman has child-pugh class b cirrhosis secondary to autoimmune hepatitis. her medical history includes hypothyroidism and chronic back pain. she has new-onset abdominal pain and shortness of breath. she is afebrile with abdominal tenderness, including flnk bulging and shifting dullness as well as pulmonary congestion. all laboratory values are within the normal limits. she takes levothyroxine 75 mcg once daily and oxycodone 10 mg every 8 hours as needed for pain. She reports no drug allergies. which is the best recommendation to treat her new-onset ascites?

Question 87Answer

- a.Spironolactone 100 mg by mouth daily plus furosemide 40 mg by mouth daily.**
- b.Spironolactone 100 mg by mouth daily.
- c.Spironolactone 40 mg by mouth daily plus furosemide 100 mg by mouth daily.
- d.Furosemide 40 mg by mouth daily

A gastric ulcer patient requires close follow up to document complete ulcer healing because:

Question 91Answer

- a.perforation into the intestine is common.
- b.spontaneous healing of the ulcer may occur in 30% to 50% of cases.
- c.there is the risk of the ulcer being cancerous.**
- d.symptoms tend to be chronic and recur.
- e.weight loss may be severe in gastric ulcer patients

Which of the following ways can protozoa infect humans?

Question 96Answer

- a.via sexual intercourse
- b.via contaminated food
- c.via mosquitos
- d.via contaminated ice cubes
- e.all of these .**

Regarding the spleen all are true except

Question 57 Answer

a.It is entirely intra peritoneal organ

b.It lies in left hypochondrium opposite the 9th,10th and 11th ribs

c.Visceral surface is related to fundus of stomach.

d.During splenectomy tail of pancreas may be injured while dividing lienorenal ligament.

e.Splenic artery is a branch of celiac trunk and divides at hilum of spleen in to 3-4 branches

During anatomy lab, a medical student notes a fibrous band that runs on the visceral surface of the liver. It is attached on one end to the inferior vena cava and on the other end to the left branch of the portal vein. In the embryo, this structure corresponds to the

Question 60 Answer

a.Ductus venosus

b.Ligamentum teres

c.Ligamentum venosum

d.Umbilical art

e.Round lig of liver

Sequels of GB disease include all except

Question 62 Answer

a.Most patients will be asymptomatic

b.Stone impacted in cystic duct causes acute cholecystitis

c.Stone intermittently obstruct GB lead to biliary colic.

d.GB disease leads to Pancreatitis if stone blocks the ampulla of vater in 20% of cases.

e.GB stones especially more than 4 cm and long-standing causes GB cancer rarely.

Bile salts and bile acids

Question 67 Answer

- a. Form with fat micelles which are water soluble complexes.
- b. They help fat digestion by increasing surface tension of fat globules fat emulsification**
- c. Bile salts are present in low concentration in blood in obstructive jaundice
- d. Bile acids are synthesized in the hepatocytes from heme.
- e. In the process of secreting the bile salts about 1 to 2 mg of cholesterol are removed from the blood plasma and secreted into the bile each day.

Bile salts

Question 69 Answer

- a. Are the only constituents of bile necessary for digestion fats and proteins.
- b. Deficiency of bile salts lead to gall bladder stones.
- c. Bile acids are synthesized in the hepatocytes from cholesterol mainly.
- d. In the process of secreting the bile salts about 1 to 2 mgs of cholesterol are removed from the blood plasma and secreted into the bile each day.
- e. Primary bile salts are cholic and deoxycholic acids. .**

Regarding vomiting

Question 70 Answer

- a. Reflex causes of vomiting include mechanical stimulation of anterior 1/3 of tongue.**
- b. Motion sickness is due to reflex irritation of stomach.
- c. Vomiting is always preceded by sense of nausea.
- d. Central causes of vomiting is due to drugs like morphine.
- e. The last step in vomiting act is relaxation of upper esophageal sphincter.

Regarding flatus

Question 72 Answer

a.Irritable bowel syndrome has no effect on it.

b.In the large intestine, most of the gases are derived from swallowed air.

c.The amount of gas entering or forming in the large intestine each day averages 1 -2 liters.

d.Most of the gases from colon are expelled through GIT tract.

e.Soda, fava beans, milk increase colonic gases.

patient with history of duodenal ulcer has severe hematemesis, in endoscopy he was bleeding from artery in posterior part of duodenum this artery is

Question 74 Answer

a.Left gastric artery

b.Gastro-duodenal artery

c.Superior pancreatico duodenal artery

d.Hepatic artery

e.Right gastric artery

Regarding vascular supply of stomach one answer is true

Question 79 Answer

a.Right gastric artery is direct branch of hepatic artery.

b.Right gastroepiploic artery is a branch of hepatic artery.

c.Left gastric vein drains into portal vein

d.Right gastric vein drains into gastroduodenal vein.

e.Main blood supply is right gastric artery

Regarding colon

Question 81 Answer

- a.The absorptive capacity of rectum and colon is high, makes it suitable for PR drug administration in children.
- b.The transient time is slightly more of that of small intestine.
- C.Mass movement is a modified type of ring contractions
- d.Fat normally accounts for about 10 % of solid fecal matter.
- e.None of the above is true .**

Achalasia of cardia all are true except

Question 82 Answer

- a.Damage of the Myenteric plexus in the lower two thirds of the esophagus.
- b.Is a disease of elderly.**
- c.Achalasia is Apertalsis of muscles of body of esophagus and failure of relaxation of lower esophageal sphincter.
- d.Cause progressive dysphagia to solids and liquids.
- e.Regurgitation undigested food is common symptom

A medical student fell from 2nd floor and though he was conscious he has sensory loss from umbilicus downward he has spinal cord injury at what level

Question 83 Answer

- a.T6
- b.T8
- c.T10**
- d.L2
- e.T7

Paromomycin

Question 26 Answer

- a.paralyzes parasitic worms in the intestine
- b.eliminates intestinal bacteria as an antibiotic**
- c.is in the chloroquine family of drugs
- d.is the drug of choice for Giardia
- e.must achieve a minimum blood level to be effective

The symptoms of dysentery do NOT include

Question 28 Answer

- a.tenesmus
- b.abdominal pain
- c.jaundice**
- d.dehydration
- e.fatigue

A 62-year-old man with Child-Pugh class C cirrhosis secondary to HCV, hepatocellular carcinoma, HE, and type 2 diabetes mellitus returns today for follow-up. He takes rifaximin 550mg twice daily, famotidine 20mg twice daily, zolpidem 10 mg as needed, a multivitamin once daily, and calcium when he remembers. He reports no allergies to medications. He states his diabetes is controlled by diet. He had an EGD 2 weeks ago that revealed a few small varices. He has no history of a GI bleed. Which is the best recommendation for prophylaxis against variceal bleeding?

Question 34 Answer

- a.Propranolol.**
- b.Atenolol.
- c.Prophylaxis not recommended.
- d.Isosorbide mononitrate.

Which one of the following is a true statement about hepatitis A?

- a. In developed countries, it is mainly a disease of the old.
- b. It has an incubation period of about 100 days.
- c. It is spread by the faecal-oral route.
- d. It is associated with HLA-B8, -DR3.**
- e. It is best diagnosed by finding IgG-specific antibody to hepatitis A

Gastric lipase is of limited importance in adult fat digestion because:

Question 39 Answer

- a. It is not secreted in adults
- b. The acidic pH and lack of emulsification in the stomach limit its activity**
- c. It only acts on carbohydrates, not lipids
- d. Bile salts inactivate gastric lipase

Fructose absorbed from the small intestine utilizes which transport mechanism?

Question 43 Answer

- a. A sodium-dependent cotransporter (SGLT1)
- b. Facilitated diffusion via GLUT5 (Na⁺-independent)**
- c. Active transport powered directly by ATP
- d. Co-transport with amino acids

Chyluria, an uncommon condition, is best described as:

- a. Fat malabsorption leading to fat in the stool
- b. Chyle (fatty lymph) abnormally present in the urine, giving it a milky appearance**
- c. Excess chylomicrons in the blood after fasting
- d. Inability to form chylomicrons in intestinal cells

Lingual lipase contributes only minimally to fat digestion in adults primarily due to:

Question 47 Answer

- a. The absence of lipid in the diet
- b. The short duration of food in the mouth and lack of emulsification there**
- c. Inactivation of lingual lipase by saliva
- d. Lingual lipase being specific for plant sterols

The milky appearance of plasma after a high-fat meal is caused by the presence of:

Question 48 Answer

- a. Ketone bodies from fat metabolism
- b. Chylomicrons carrying absorbed lipids**
- c. Excess bile acids in circulation
- d. Undigested fat globules in blood

Anatomy of anal canal

- a. Surgical anal canal is shorter than anatomical anal canal
- b. In anal fissure the external anal sphincter can be safely divided
- c. Anal glands lie usually in substance of external sphincter
- d. Pecten is hairless part of anal canal exposed by traction**
- e. Internal anal sphincter is red in color

Functions of gall bladder include all except

- a. Storage and concentration of bile.
- b. Decrease concentration of bile salts in bile.**
- c. Concentration of bile by active reabsorption of Na⁺.
- d. Acidifying of bile.
- e. Secretion of mucus to protect its wall

Which type of epithelium is present in the mucosa of the oral cavity and pharynx?

Question 4 Answer

- a.Simple columnar epithelium
- b.Simple cuboidal epithelium
- c.Stratified squamous epithelium**
- d.Transitional epithelium

Which of the following conditions is associated with the development of gallstones?

Question 8 Answer

- a.Hyperlipidemia
- b.Hypoparathyroidism
- c.Cystic fibrosis**
- d.Systemic lupus erythematosus

An emergency department physician asks for your recommendation regarding whether a patient should be initiated on therapy for hepatic encephalopathy. As you discuss the case, you learn that the patient, J.C., is a 52-year-old woman with liver cirrhosis of an unknown etiology. She presents to the emergency department today because of increased confusion, changes in sleep patterns, and decreased ability to function at work. She states that the symptoms come and go but that she feels like this much of the day. The physician was able to confirm her symptoms with her mother, with whom she lives. While in the emergency department, a head CT was performed, and laboratory values were obtained. Laboratory values and vital signs were normal except for her liver panel, which was consistent with cirrhosis. Her calculated MELD score was 14. Based on the information available, which one of the following would you recommend to treat her hepatic encephalopathy?

- a.Rifaximin.
- b.Lactulose.**
- c.Flumazenil.
- d.Long term protein restriction.

