



Exam: Master's degree (2nd part)

Paper 3

No. Of Questions:12

Date:9/11/2021

Time allowed: 3 hours

Total marks: 135

**Emergency medicine &
Traumatology Department**

**Tanta University
Faculty of Medicine**

1. Mechanism, diagnosis and management of posterior hip dislocation. (10)
2. Mechanism and Management of fight bite injury. (10)
3. Management of traumatic aortic disruption. (15)
4. Management of fracture sternum. (5)
5. Differential diagnosis of acute vision loss. (15)
6. Management of Anterior epistaxis. (15)
7. Female 25 years old married presented to Emergency Department with severe lower abdominal pain. On examination: blood pressure:80/40, heart rate: 135, spo2: 96% on room air. Abdomen: severe rt iliac fossa tenderness. (25)
Mention your initial management.
9. spinal shock management. (10)
10. American College of Emergency Physicians (ACEP) guidelines for CT imaging in mild traumatic brain injury. (10)
11. DD. Of Acute Scrotal Pain. (10)
12. Indications of emergent dialysis. (10)

All questions should be answered

"Good Luck"



Emergency medicine &
Traumatology Department

Exam: Master's degree (2nd part)

Paper 2

No. Of Questions:10

Date: 6/11/2021

Time allowed: 3 hours

Total marks: 270



Tanta University
Faculty of Medicine

1. Esophageal foreign bodies management. (25)
2. Indications for imaging in puncture wounds. (10)
3. Diagnosis and treatment of Necrotizing Enterocolitis. (25)
4. Complications and treatment of Acute pancreatitis. (25)
5. Management of small bowel obstruction. (25)
6. Diagnosis of Acute Appendicitis.. (20)
7. Mention hard and soft signs of arterial injury and diagnosis of peripheral vascular injuries. (30)
8. Treatment of lower limb DVT in chronic kidney disease patients with creatinine clearance less than 30 ml/min. (25)
9. Diagnosis and treatment of peripheral arterial disease. (25)
10. Le Forte fractures. (20)
11. Treatment of hydrofluoric acid burn. (20)
12. Physiologic effects of thermal injury. (20)

All questions should be answered

"Good Luck"



Tanta University

Total:90 Marks

Faculty of Medicine

Microbiology Department & Immunology

**Final exam for Emergency Medicine and Traumatology
(Master degree)**

Time:1.5 hour

Date : 24/8/2021

Q1. Mention how to prevent antibiotic resistance? (12 marks)

Q2. How to manage a case of atopy? (20 marks)

Q3. A 35-year-old farmer is seen in the emergency room complaining of severe headache and vomiting that began last night. His temperature is 40°C. While in the ER, he is increasingly combative and has a grand mal seizure. He is “foaming at the mouth” and cannot drink any liquids. Analysis of his spinal fluid reveals no abnormality, and no organisms are seen in the Gram stain. Two days later, despite supportive measures, he dies. Pathologic examination of the brain reveals eosinophilic inclusion bodies in the cytoplasm of neurons.

A. What is your diagnosis ? (4 marks)

B. How can you confirm your diagnosis? (12 marks)

C. How can you prevent this condition? (12 marks)

Q4. Enumerate infectious agents causing septic shock, Diagnosis , and Management of this case? (15 marks)

Q5. A surgeon had scalpel injury from patient who is hepatitis B virus positive, by history the surgeon not previously vaccinated by HBV what is the proper management of this case? (15 marks)

GOOD LUCK

يعقد الامتحان الشفهي يوم الاثنين ٢٠٢١/٨ / ٣٠ بالقسم الساعة العاشرة والنصف صباحا

رئيس القسم
اد/محمد زكريا حسين





Tanta University
Faculty of Medicine
Forensic Medicine & Clinical Toxicology

MSc Emergency Medicine Semester Two (2021)

Date: 24-8-2021

Time allowed: 1 hour

Number of pages: 3

Answer all of the followings: (30 Marks)

A) Choose single correct answer (10marks; one mark each)

1- Which of the following is immunologically created antidote?

- a- FAB fragment
- b- Naloxone
- c- Deferroxamine
- d- N-acetyl cysteine

2- Which of the following is a suitable method of GIT decontamination in acute inorganic acid ingestion?

- a- Gastric lavage
- b- Catharsis
- c- Activated charcoal
- d- Demulcents

3- Which of the following characterizes elastic dilatable hymen?

- a- Bleed with first intercourse.
- b- Torn with first intercourse.
- c- Torn with first vaginal delivery.
- d- May stimulate pregnancy.

4- In which of the following acute poisonings, activated charcoal is contraindicated?

- a- Kerosene poisoning
- b- Atropine poisoning
- c- Morphine poisoning
- d- Salicylate poisoning

5- Which of the following should be considered first in poisoned patients with large oral ingestions and severe vomiting?

- a- Control vomiting and administration activated charcoal.
- b- IV fluid administration and stabilization of blood pressure.
- c- Determining the type and amount of the ingested poison
- d- Ensuring adequacy of airway and respiratory function.

6- An unconscious head injured patient was brought to hospital without a relative, he needs an urgent operation which if delayed this will bring harm to the patient. What must the physician do?

- a- Do the operation with no need for consent
- b- Seek for consent from the hospital manager
- c- Wait for any of the patient's relative to give consent
- d- Refer the patient to another colleague

7- What is the most reliable sign of virginity?

- a- Pink rugose vagina.
- b- Intact hymen.
- c- Firm rounded labia majora.
- d- Narrow vestibule

8- In which of the following cases you must break the confidentiality of the patient?

- a- Chronically ill patient
- b- Mentally ill stable patient
- c- Patient with infectious disease

9- What are the elements of informed consent?

- a- Capacity, transparency, voluntariness.
- b- Capacity, transparency, autonomy.
- c- Transparency, voluntariness, justice

10- Which one of the following conditions consent from spouse must be taken?

- a- Consent for criminal abortion.
- b- Consent for artificial insemination
- c- Consent for mutilating operation
- d- Consent for euthanasia

B) Give an account on the followings: (10 marks, 2 marks each)

- 1- Types of forensic evidence
- 2- Two Immediate signs of death.
- 3- Two factors affecting the gravity of burn
- 4- Two mechanisms of death from burn within first 6hours
- 5- Two differences between child abuse and intended murder.

C) Give reason: (10 marks, 2 marks each)

- 1- Stab wound is deceiving
- 2- Radiograph must be done before dealing with firearm injuries by surgery
- 3- Morphine is contraindicated in patient with head injuries
- 4- Rapid diagnosis of brain death
- 5- Mandatory drying the wet clothes of victim before putting it in plastic pages

Good luck

لجنة الامتحان:

أستاذ ورئيس قسم الطب الشرعي والسموم الإكلينيكية

أد/ نيفين احمد حسن

أستاذ بقسم الطب الشرعي والسموم الإكلينيكية

أد/ مجدى محمد العشماوي

أستاذ بقسم الطب الشرعي والسموم الإكلينيكية

أد/ إيمان مصطفى سليمان

Examination for MSc in EMERGENCY MEDICINE
Course Title: Pediatrics
Date: August 2021
Time allowed: one Hour
Total Assessment Marks: 100 (Three Pages)



Tanta University
Faculty of Medicine
Department of Pediatrics

All questions should be answered

Long essay

Management of thermal injury and smoke inhalation.

Short essay

Diagnosis of brain death.

Short answer

Medications to maintain cardiac output and for post resuscitation stabilization.

Problem solving

A 16-month-old girl was admitted to the emergency department (ED) at 10.00 h with a 40-minute history of fitting. After making an unusual cry, she had been found by her parents at about 09.00 h. She then had a fit and they called an ambulance. As she appeared to have continuous fits, the paramedic crew gave her two diazepam suppositories (2.5 mg each) during the transfer. However, she continued to fit. On arrival in the ED, she was noted to be unconscious and unresponsive to pain. There was brief myoclonic jerking and periods of apnea. The airway was patent but breathing inadequate. Manual ventilation via face mask and self-inflating bag was commenced and her color and saturations improved with good air entry on auscultation. She felt hot centrally and cool peripherally, pulse rate 120 b min⁻¹, regular but with poor volume, capillary refill time 4–5 seconds, tympanic temperature 35.8 °C. Intravenous access was established. Venous blood gas showed a metabolic acidosis (pH 7.07, Base deficit -11.7mmol l⁻¹). A working weight of 10 kg was estimated and further treatment given; lorazepam 1 mg intravenously (IV) and 200 ml 0.9% saline IV. With little effect seen on the convulsive activity, a further 1 mg lorazepam was given IV. She became bradycardic and the saturations dropped. Another operator took over the ventilation and the saturations and color improved. However, it was noted that the QRS

morphology on the ECG had changed. A further 200 ml bolus of 0.9% saline was commenced. With this last development the pediatric intensive care unit (PICU) team were summoned. It was decided to secure the patient's airway by intubation. At 10.20 h, the child was given 50 mg of thiopental and 20 mg suxamethonium. A 4.5mm oral endotracheal tube was passed and, on auscultation, there was good air entry on both sides of the chest. The saturations were 96%. In view of the resistant fit activity, paraldehyde 2 ml in olive oil was given rectally. At this point another episode of bradycardia ensued, 47 b min⁻¹, and so cardiac compressions were commenced. Atropine 200 micrograms was given IV, followed by two doses of adrenaline 100 mcg, with 240 ml of human albumin solution (HAS) and bicarbonate (0.5 ml kg⁻¹). This period of cardiopulmonary resuscitation (CPR) lasted approximately 6 minutes before return of an easily palpable pulse. Given the presentation, convulsions combined with wide complex polymorphic arrhythmia.

What are the suspected diagnoses?
Mention further management.

MCQs

Choose the correct answer:

1-Which one of the following statements concerning intraosseous infusion is true?

- a. Only crystalloid solution may be safely infused through the needle.
- b. Aspiration of bone marrow confirms appropriate position of the needle.
- c. Intraosseous infusion is the preferred route for volume resuscitation in small children.
- d. Intraosseous infusion may be utilized indefinitely.

2-bronchial intubation of right or left mainstem bronchus can easily occur during infant endotracheal intubation because:

- a. The trachea is relatively short
- b. The distance from the lips to the larynx is relatively short
- c. The use of tube without cuffs allows the tube to slip distally
- d. The mainstem bronchi are less angulated in their relation to the trachea

3- The first priority in managing a witnessed ventricular fibrillation cardiac arrest is:

- a. Defibrillation.
- b. Endotracheal intubation.
- c. Establishment of intravenous access.
- d. External cardiac massage.

4- A patient with septic shock who is intubated and mechanically ventilated develops worsening oxygenation. CXR shows development of new bilateral infiltrates suggestive of pulmonary edema. The most appropriate next step is:

- a. Administration of furosemide
- b. Increase PEEP
- c. Increase respiratory rate
- d. Start methylprednisolone

5- A previously healthy 4 year-old girl presents with hypoventilation and hypoxemia secondary to pneumonia. You decide to intubate her with a:

- a. 4 mm internal diameter (ID) cuffed endotracheal tube.
- b. 4 mm ID uncuffed endotracheal tube.
- c. 5 mm ID uncuffed endotracheal tube.
- d. 5 mm ID cuffed endotracheal tube.

=====Good luck=====



**Exam: Master's degree (2nd part)
Paper 1**

**Emergency medicine &
Traumatology Department**

**No. Of Questions:11
Date: 30/10/2021
Time allowed: 3 hours
Total marks: 135**

**Tanta University
Faculty of Medicine**

1. Causes of sudden cardiac death. (10)
2. Management of drowning. (15)
3. Anatomic differences in pediatric versus adult airway. (5)
4. Complications of blood transfusion. (10)
5. Resolution criteria of DKA(diabetic ketoacidosis). (10)
6. Treatment of established status epilepticus. (15)
7. SAD PERSONS scale. (10)
8. Treatment of pulmonary embolism. (15)
9. Treatment of COPD exacerbation in ER. (15)
10. Diagnosis and treatment of thyroid storm. (20)
11. Management of Tension Pneumothorax. (10)

All questions should be answered

"Good Luck"