Tanta University
Faculty of Medicine
Department of Tropical Medicine & Infectious diseases
Oct. 13, 2012

MD Examination
Number of Questions: 8
Time Allowed: 3 Hours
Total: 25 Marks

Hepatology & GIT

All questions must be answered

1. Discribe: Ulcerative Colitis , Management . (3 marks)
2. Mention: Liver – Kidney inter–relationships . (3 marks)
3. Discribe the pathogenesis and treatment of Celiac disease . (3 marks)
4. Discuss: Haemochromatosis is an endocrine disease. (3 marks)
5. Discuss; Extraesophageal manifestations of gastroesophageal reflux disease. (3 marks)
6. Mention the pathogenesis and treatment of Sepsis in hepatic cirrhosis . (3 marks)
7. Write short essay on the postoperative jaundice. (3 marks)
8. A 30-year-old man comes to your office with complaints of mild abdominal cramps, fatigue, and malaise. He does not have fever. On physical examination, he has mild jaundice, liver is not palpable. Laboratory tests show the following: negative HBsAg, negative IgM anti-HAV, negative IgM anti-HBc, negative anti-HCV, mild elevated serum bilirubin, normal ALT & AST , elevated serum alkaline phosphatase , normal serum gamma-glutamyl transpeptidase and normal serum LDH .
   a) What is your likely diagnosis? (2 marks)
   b) How can you confirm your diagnosis? (2 marks)

Good Luck

Tanta University
Faculty of Medicine
Department of Tropical Medicine & Infectious diseases
Oct. 17, 2012

MD Examination
Number of Questions: 8
Time Allowed: 3 Hours
Total: 25 Marks

Infectious & Endemic Diseases

All questions must be answered

1. Describe the diagnosis of Familial Mediterranean fever. (3 marks)
2. Describe the pre & post exposure prophylaxis of Rabies . (3 marks)
3. Mention the diagnosis and treatment of neurobrucellosis . (3 marks)
4. Explain: Helicobacter pylori; kill or leave it. (3 marks)
5. Discuss: viral zonosis in Egypt; causes and management. (3 marks)
6. Write short essay on the river blindness in the tropics (3 marks)
7. Mention causes, clinical presentation and treatment of Wiel's disease. (3 marks)
8. A 54-year-old woman with diabetes mellitus, who is working as a nurse, has a tuberculin skin test (TST) as part of an annual TB testing and prevention program. She had not received the BCG vaccine, nor had she been tested before. The TST reveals 5 mm of induration at 48 hours. **Which of the following is the most appropriate next step in this patient's treatment? and why ?**
   a) Classify the test as positive and start therapy for latent TB infection
   b) Obtain a chest radiograph to rule out active TB
   c) Repeat the test after 2 weeks to check for a booster reaction
   d) Report the test as negative and repeat after 1 year (4 marks)

Good Luck

Q 8 Problem solving

Repeat the test after 2 weeks to check for a booster reaction.

In diabetic patients as well as for health care workers (as nurses) tuberculin skin test (TST) is considered positive if the induration is at least 10 mm or more. The delayed hypersensitivity response to *Mycobacterium tuberculosis* in infected persons may decline over time. Therefore, in previously infected individuals, an initial tuberculin skin test (TST) may show negative results but may "boost" the response to a second TST. Two-step testing is therefore recommended for the initial tuberculin skin testing of adults such as health care workers who will be tested periodically. If the initial TST is negative, a repeat TST should be performed 1 to 3 weeks later. If the result is positive, the person should be considered infected and treated accordingly; if the result is negative, the person is not infected.

Tanta University	MD Examination
Faculty of Medicine	Number of Questions: 1
Department of Tropical Medicine & Infectious diseases	Time Allowed: 1.5 Hours
Oct. 20, 2012	Total: 50 Marks

Commentary

Egyptian 35 years married lady complained of frequent attacks of rise of temperature headache, easy fatigue, muscle and joint pains especially of small joints of the hand, mild chest pain and mild weight loss. She had present history of 6 months duration of similar recurrent attacks of variable durations.

On exam: - Pulse 100 / minute with infrequent dropped beats, Temperature 38°C, BP 130 / 85 mm Hg. Patient is fully conscious.

Head & neck: Multiple mouth ulcers , no lymph nodes , trachea central , neck veins normal , no arterial pulsations .

Chest:- Bilateral basal absence of air entry with stony dullness on percussion .

Abdomen:- No masses, no tenderness, normal movement, no lymphadenopathy.

Chest x-ray:- Bilateral mild pleural effusion, normal mediastinum, no lymph nodes.

ECG:- Mild cardiac ischemia .

Echo cardiogaphy: Mild pericardial effusion .

Blood exam:- Normocytic normochromic anemia with mild leucopenia, Normal liver function tests, +v e anti-HCV Abs with negative PCR of HCV, Normal urea & creatinine, Normal CRP, Raised ESR (more than 100 in the first hour), Rheumatoid factor negative & Brucella agglutination negative .

TTT:- Anti-tuberculous treatment and treatment of cardiac ischemia were given followed within 7 days by remission of symptoms. However, recurrence of symptoms occurred again during the treatment.

More serological investigations were then ordered with good response after giving the appropriate treatment.

(Comment and manage)

Good Luck