TANTA UNIVERSTY----------INTERNAL MEDICINE E XAM.
FACULTY OF MEDICINE ----------MD degree
INTERNAL MEDICINE DEPARTMENT----------NO. OF QUESTIONS: 3
APRIL---, 2016 ----------TIME ALLOWED: 1:30
Marks: 30

Commentary

A 70 year- old woman referred to the emergency department by her general practitioner with a year long history of increasing dysponea. She stated her gradually worsened over 1 year. On admission she was dyspnoeic on minimal exertion. Her background included a 30-year history of goiter with inspiratory stridorm asthma and obesity. She was on no regular medications. She was a non-drinker and a non-smoker.

On examination the patient was dyspnoeic with reduced air entry bilaterally with stony dullness. Her oxygen saturations were 92% on room air. Her abdomen was distended with a fluid thrill and she had pitting oedema up to her mid shin. She had and obvious multinodular substernal gotire and pemberton's sign was negative.

Chest X-ray revealed bilateral pleural effusion. She had mildly deranged liver function tests with aspirate aminotransferase of 57 and gamma-glutamyl transpeptidase of 52. She was mildly hypoalbuminaemic with an albumin of 31 g/l. Her theroid function tests were normal.

Viral hepatitis screen was negative.

The patient was admitted with presumed decompensated heart failure and treated with diuretics. Peripheral and abdominal oedema improved:however, she remained dysponeic with bilateral pleural effusion. Echocardiography showed normal heart function and liver ultrasound revealed liver cirrhosis causing her abdominal ascites and lower limb oedema.

Pleural ultrasound performed at the patient's beside showed bilateral pleural effusions. The right effusion appeared moderate and complex with no loculations.

Bronchoscopy showed circumferential 5 cm tracheal narrowing distal to the cords with no invasion. A thyroid ultrasound and computerized tomography (CT) of the neck/thorax confirmed a large multinodular gotire with thoracic duct compression diagnosis and bilateral pleural effusions

A) Discuss the deferential diagnosis ? (10 Marks)
B) Most propoapal diagnosis? (10 Marks)
C) Management ? (10 Marks)

Good Luck

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TANTA UNIVERSTY---------- Internal Medicine Exam
FACULTY OF MEDICINE ---------- MD degree of internal medicine
INTERPNAL MEDICINE DEPARTMENT----------NO. OF QUESTIONS: 2
19/4/, 2016 ----------TIME ALLOWED: 1:30 h

Pathology

All Questions must be answered :

1- Pathogenesis of abdominal visceral obesity. (20 Marks)

2- Mesothelioma. . (20 Marks)

Good Luck
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TANTA UNIVERSTY---------- Internal Medicine Exam
FACULTY OF MEDICINE ---------- DR degree :internal medicen
INTERPNAL MEDICINE DEPARTMENT----------NO. OF QUESTIONS: 3
14/4/, 2016 ------ ----------TIME ALLOWED: 3 h

Paper II

All Questions must be answered :

1- Uric acid in metabolic syndrome (20 Marks)

2- Hepatic fibrosis resolution (20 Marks)

3- A – lead nephropathy (10 Marks)

B- Sarcopenia (10 Marks)

Good Luck
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