M.D. Neurology Exam.

Pharmacology department	**Date: 5-10-2016**
Faculty of Medicine	**Time allowed: 1 hour**
Tanta University	**Number of Questions: 3**
	Total : 30 marks

Answer all the following questions

1. **Give an account on: [12 marks]**
   a- Valproic acid (uses, adverse effects).
   b- Fibrinolytics (types, contraindications)
   c- Cephalosporins (mode of action, adverse effects).

2. **Mention the line of treatment of the following: [15 marks]**
   a. Neurogenic shock.
   b. Trigeminal neuralgia.
   c. Status epilepticus.

3. **Give reason: [3 marks]**
   a. L-dopa is used in combination with Carbidopa for treatment of parkinsonism.
   b- Aspirin can cause prolongation of bleeding time.
   c- Folic acid should be supplemented during treatment with phenytoin.

GOOD LUCK

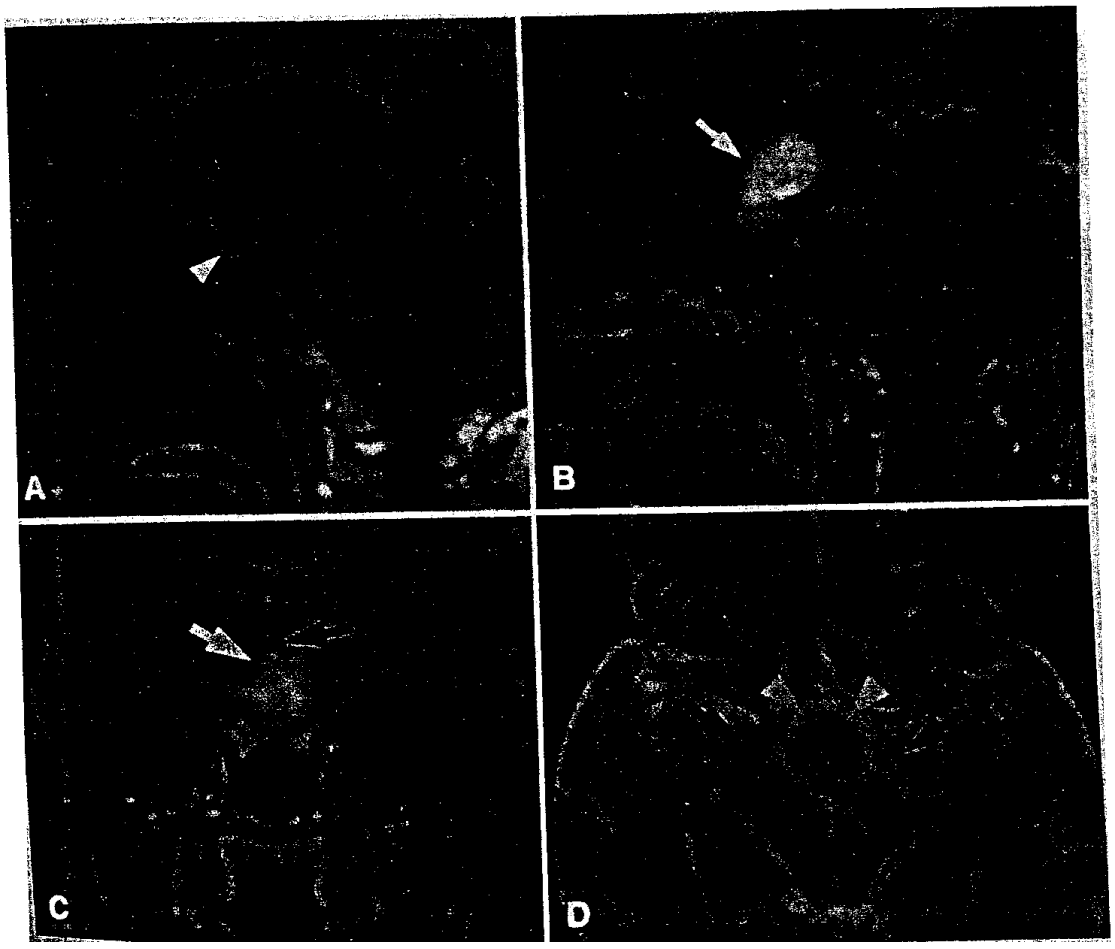
A 29- year old nurse reported an inability to clearly see her computer for the past 2 month. She denied eye pain, diplopia, numbness, tingling or weakness, and the visual blurring did not change in bright vs dim illumination. She had an occipital headache that had been present for 2 months and was relieved with over-the-counter medications. She also complained of shortness of breath, unexplained weight loss and extreme fatigue, and also sleeping 10 hours per night and taking naps over her much break at work, An evaluation by her primary care physician revealed a normal chest x-ray, an electrocardiogram that showed only sinus bradycardia, and anaemia (hemoglobin 9.6 g/dL, normal: 12.0-15.5 g/dL; hematocrit 28.7, normal: 34.9-44.5). She was at 9-month postpartum and toward the end of her pregnancy, she had been evaluated for polydipsia (drinking up to 9 L/d) and nocturia (6-7 times per night). Water deprivation testing during pregnancy was not possible, but a serum sodium concentration of 133 nL values mg/L made the diagnosis of diabetes insidious unlikely. Her symptoms improved after delivery, and the polyuria and polydipsia were attributed to pregnancy. During the postpartum period, the patient also developed fairly severe anxiety and depression that was being treated with sertraline and clonazepam.

On examination, vision acuity was 20/30 bilateraly. The patient correctly identified 11/13 Ishihara plates, right eye and 13/13 plates, left eye. There was no relative afferent pupillary defect. Visual fields were full to confrontation. Slit-Lamp biomicroscopy and dilated fundus examination revealed no abnormalities. Although the results of kinetic perimetry were suggestive of a homonymous field defect, her responses were variable and inconsistent.

Optical coherence tomography demonstrated a normal average retinal nerve fiber layer thickness in both eyes.

It was suspected that the patient had the syndrome of fatigue, anxiety and depression (FAD). Nevertheless, magnetic resonance imaging (MRI) of the brain was obtained.

Laboratory studies showed elevated ESR and mildly elevated angiotensin-converting enzyme. An endocrinologic evaluation showed evidence of hypopituitarism. The patient was prescribed hydrocortisone and Levothyroxine, resulting in an increase in her energy. Although she had been previously a marathon runner, she could no longer perform this activity because of right lower back pain and right lower extremity weakness. Accordingly, MRI of the pelvis was performed.


A
B
C
D

5 months after beginning her treatment, the patient underwent repeat brain MRI, there is marked reduction in the size of the supra-cellar lesion, with minimal residual enhancement near the hypothalamus.

Questions:

1. What is further investigations do you suggest?
2. What is the possible diagnosis?
3. What treatment do you suggest?

Best wishes

Tanta University
Faculty of Medicine
Department of Neuropsychiatry
October, 2016

MD degree of Neurology

Commentary 2

57 years old man noticed that he had difficulty in walking. From the age of 20 until the age of 40 years he had a slow progression of symptoms regarding gait disturbances, diplopia, dysenergia, and parathesia in the limbs. At the age of 45 years he was confined to wheelchair. On examination, he was intellectually normal but has severe dysartheria and constant drooling. He has bulging eyes, slow saccades, impaired voluntary up and down gaze but no nystagmus. He had fasciculations and dys-coordination of the tongue but no facial fasciculations. A general moderate muscle weakness and atrophy was noted but normal muscle tone. Tendon reflexes were absent, but there was bilateral Babinski sign. Deep sensations were impaired and coordination tests were positive. Constant static tremors were noticed in his hands. His mother and sister had gait disturbance.

1. What the most likely diagnosis?
2. What is the next diagnostic step?
3. What is the next step in the therapy?

Good Luke

Tanta University
Faculty of Medicine
Department of physiology

Examination for (MD Neurology)
Total assessment marks: 100
Date: 1/10/2016

Course title: Physiology
Time allowed: Three hours
Term: Final

All the questions are to be answered:

1- Discuss: Connections, functions and disorders of cerebellum. (60 marks)

2- Discuss: protopathic and epicretic sensations. (40 marks)

إمتحان الشفهي يوم الأربعاء الموافق 12/10/ 2016 في قسم الفسيولوجي الساعة الثامنة صباحا

Tanta University
Faculty of Medicine
Department of physiology

Examination for (MD Neurology) **Course title: Physiology**
Total assessment marks: 100 **Time allowed: Three hours**
Date: 18/10/2016 **Term: Final**

All the questions are to be answered:

1- **Discuss:** Functions of thalamus and thalamic syndrome.

(50 marks)

2- **Discuss:** Pain control mechanism of the body.

(50 marks)

إمتحان الشفهي يوم الأربعاء الموافق 2/11/ 2016 في قسم الفسيولوجي الساعة الثامنة صباحا

Pathology exam for doctorate degree in neurology
Course title: TMED 04-A02 Path
Date : 18-10-2016
Total assessment marks: 100 marks

Tanta University
Faculty Of Medicine
Pathology Department

Give an account on :

1- Neuroglial tumors (20 Marks)
2- Hypertensive encephalopathy (15 Marks)
3- Shock (20 Marks)
4- Meningitis (15 marks)
5- Cerebral aneurysms (15 marks)
6- Pott's disease (15 marks)

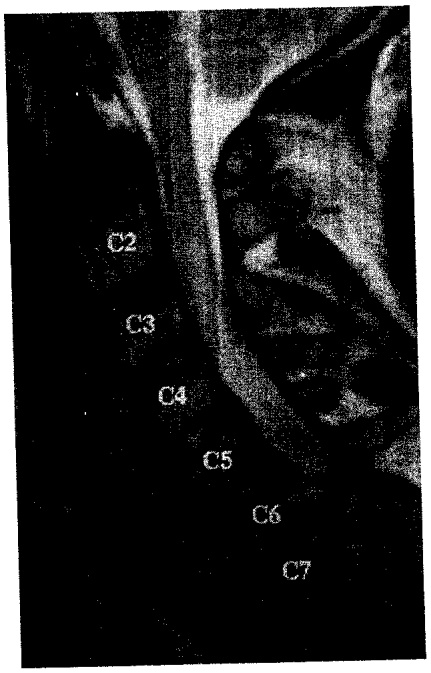
تنبيه هام: يعقد الأمتحان الشفهى يوم الأثنين الموافق ٢٠١٦/١٠/٢٤ بقسم الباثولوجى بكليه الطب فى تمام الساعه العاشره

Tanta University
Faculty of Medicine
Neurosurgery Department

October, 5th, 2016

MD Neurosurgery, Semester III
Three Questions (100 marks)
Time Allowed: 3 Hours

Surgical Neuropathology



After interpretation of the above image, discuss the pathological aspect that result from such lesion
(35 Marks)

(2) After interpretation of the above image, discuss the pathological aspect that result from such lesion
(35 Marks)

(3) discuss the surgical pathology of brain tumors of congenital origin
(30 marks)