

- B. The clinical presentation is between 2nd to 5th decade of life
- C. Left dominant arrhythmogenic cardiomyopathy most commonly involves apical septal segment of left ventricle
- D. Left-dominant disease is more commonly seen in patients with desmoplakin mutations

4-All of the following statements about accessory pathways (AP) are correct except

- A. Majority of APs conduct both antegradely and retrogradely
- B. Around 50% of patients with preexcitation have bypass tracts that conduct only antegradely.
- C. Retrograde only conduction is more common than antegrade only conduction via APs
- D. In around 10% of patients spontaneous disappearance of preexcitation may be seen

5-All of the following statements about atrial flutter – fibrillation in WPW syndrome are correct except

- A. Atrial fibrillation can precipitate ventricular fibrillation in patients with accessory pathways
- B. The incidence of atrial flutter and/or fibrillation appears to be higher in patients with A-V bypass tracts than in the normal population
- C. Prevalence of atrial fibrillation is same in patients with manifest preexcitation and those with concealed preexcitation
- D. Atrial flutter-fibrillation may be the presenting arrhythmia in 5% to 10% of patients with A-V bypass tracts

6-All of the following arrhythmias are usually seen in structurally normal heart except

- A. Right ventricular outflow tract ventricular tachycardia
- B. Fascicular reentry ventricular tachycardia
- C. Bundle branch reentry ventricular tachycardia
- D. Catecholaminergic polymorphic ventricular tachycardia

7-An 18 year old male basketball player passes out during a game. An echocardiogram reveals that he has hypertrophic obstructive cardiomyopathy. Which of the following patterns of inheritance are most consistent with HOCM?A B C

Tanta University
Faculty of medicine
Chest Department
Oct . 16 ; 2016

M . D Exam
Commentary
Total: 100 marks
Time allowed :1.5 hour

A 40-year-old man with known homozygous (HbSS) sickle cell disease (SCD) presented to the emergency department with a three-day history of cough, fever and sweats. He denied any chest pain. Seven days prior he had had a painful crisis affecting both his knees which had resolved with oral analgesia and oral fluids. He was not taking penicillin prophylaxis. On examination he had a temperature of 39.8°C, a pulse of 120 beats/min and a blood pressure of 135/68 mmHg. His respiratory rate was 32 breaths/r min and he appeared anxious. His extremities were warm. Auscultation of his chest revealed a few crackles anteriorly on the right.

Investigations revealed a haemoglobin level of 7.6g/dl, white cell count of 47.7×10^9 , neutrophil count of 45.3×10^9 , platelet count 307×10^9 and reticulocyte count of 134×10^9 . The C-reactive protein was 275 mg/l. A renal profile showed a urea of 2.9 mmol/l and a creatinine of 74 μ mol/l. A liver profile revealed a bilirubin of 209 g/l, alkaline phosphatase of 109 IU/l and alanine aminotransferase of 40 IU/l. His chest radiograph shows homogenous opacity in midzone of right lung . Over the ensuing three days he did not improve with intravenous cefuroxime and clarithromycin . He remained persistently febrile up to 39°C and his C-reactive protein and neutrophil count failed to decrease. A second chest radiograph shows increase the homogenous opacity and the minor fissure appear to be bulging inferiorly .

What is the initial diagnosis?

What complication may have occurred during his admission?

What further investigation would you perform?

How would you manage the patient in the intensive care unit?

Good luck



Tanta University
Faculty of Medicine
Department of physiology

Examination for (MD Chest)
Total assessment marks: 100
Date: 18/10/2016

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

All the questions are to be answered:

1- Discuss: Respiratory function tests.

(50 marks)

2- Discuss: Hypoxia and cyanosis.

(50 marks)

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

Examination for MD degree in: Chest
course title: TMED 04-04PATH
Date: 18/10/2016
Term: October 2016
Time Allowed: 1.5 hour
Total Assessment Marks: 100



Tanta University
Faculty of Medicine
Department of: pathology

<i>Questions Number</i>	<i>Marks</i>
Q1- Write short notes about cells of immune system.	15
Q2- Comment about chemical carcinogenesis.	15
Q3- Mention causes and diagnosis of pleural effusion.	20
Q4- What about lung fibrosis.	20
Q5- Give short notes about bronchogenic carcinoma(etiology& diagnosis).	30

NB: Time of oral exam.: Monday : 24/10/2016--- 12 A.M.