

**Psychiatry MD Exam**

**April 2021**

**Commentary; 15/6/2021**

**Time allowed 1.5 hours**


Mr. Gaber, aged 56 years, is brought to the emergency department after his wife reports that he was trying to climb into the “fiery furnace” to “burn the devil within him.” Mr. Gaber had recently tested positive for coronavirus disease (COVID-19) via polymerase chain reaction and had been receiving treatment for it. In the emergency department, he is distressed and repeatedly exclaims, “The devil is alive!” He insists on covering himself with blankets, despite diaphoresis and soaking through his clothing within minutes.

Mr. Gaber, who has no known psychiatric history, lives with his wife for 20 years. His medical history includes chronic obstructive pulmonary disease and prostate cancer. In 2015, he had a radical prostatectomy, without chemotherapy. His social history includes childhood neglect, which prompted him to leave home when he was a teenager. Mr. Gaber had earned his secondary high school certificate and worked at a small store.

He reported no known family psychiatric history. He did not endorse past psychiatric admissions or suicide attempts, nor previous periods of mania, depression, or psychosis. He said he used illicit substances as a teen, but denied using alcohol, tobacco products, or illicit substances in the past 20 years.

Eleven days before attending emergency department at his wife’s request, Mr. Gaber had presented to the emergency department with chief complaints of shortness of breath and dry cough (Day 0). He reported that he had been “running a fever” for 2 days. In the emergency department, his initial vital signs were notable only for a temperature of 38.50°C. He was diagnosed with “acute viral syndrome” and received 1 dose of IV ceftriaxone, 2 g, and IV azithromycin, 500 mg. On Day 2, the emergency department clinicians prescribed a 4-day course of oral azithromycin, 250 mg/d, and discharged him home.

On Day 3, Mr. Gaber returned to the emergency department with similar complaints—congestion and productive cough. He tested positive for COVID-19,



and the emergency department discharged him home with quarantine instructions. Hours later, he returned to the emergency department with chief complaints of chest pain, diarrhea, and myalgias. He was prescribed a 5-day course of oseltamivir, 75 mg twice daily, and azithromycin, 250 mg/d. The emergency department again discharged him home.

On Day 4, Mr. Gaber returned to the emergency department for a fourth time. His chief complaint was worsening shortness of breath. His oxygen saturation was 94% on room air; it improved to 96% on 2 L of oxygen. His chest X-ray showed diffuse reticulonodular opacities throughout his bilateral lung fields and increased airspace opacification in the bilateral lower lobes. As part of the trial, Mr. Gaber received hydroxychloroquine, 400 mg, on Day 4 and Day 5.

During hospitalization, nursing staff reported that Mr. Gaber seemed religiously preoccupied and once reported seeing angels and demons. He was observed sitting in a chair praying to Allah that he would “come in on a horse to chop all the workers’ heads off.”

Psychiatry is consulted to evaluate Mr. Gaber’s condition. Mr. Gaber is alert and oriented to person, place, and time. His speech is loud, though the amount and rate are unremarkable. He displays no psychomotor agitation. His thought process is tangential and focuses on religious themes, specifically referring to Islam. He reports auditory hallucinations of God speaking directly to him. Mr. Gaber states, “I am here because of a miraculous transformation from death back to life. Do you believe in God? Which God do you believe in? There are 2 Gods and only one of them is the true God. He is the God of all the 7 heavens and His true name is Allah, only one God, one faith. Allah is a ball of energy.”

Mr. G’s wife provides collateral information that Mr. Gaber was not religious as an adult. She says that he had never spoken about being religion.

Results from Mr. Gaber’s laboratory workup show marked elevation in multiple inflammation-related biomarkers , consistent with the inflammatory profile seen with COVID-19 infection.

Mr. Gaber’s head CT and brain MRI with and without contrast were normal

Mr. Gaber requests to leave the hospital against medical advice (AMA). Until this point, he had voluntarily remained in the hospital, which he repeatedly referred to as “Heaven.” When asked to describe his medical condition, Mr. Gaber replies, “God told me my condition is far beyond man’s understanding.” He denies that he

is positive for...  
begun.”

**Answer The Following questions:**

- 1-What should be considered in the differential diagnosis for Mr. G?
- 2- What could be the approach to diagnosis?
- 3- What are the investigations needed ?
- 4- What would you consider as a first-line treatment for such patient?

Tanta University  
Faculty of Medicine  
Neurosurgery Department

*MD Neurosurgery*  
(3 essay questions; 260 marks)  
Time Allowed: Three Hours

June, 8<sup>th</sup>, 2021

Paper, II



- Giant intracranial aneurysm; definition, presentation and management. [70 marks]
- Viral infection of the CNS; clinical presentation and management. [60 marks]
- Surgical management of lesions around the Sella. [70 marks]
- Tethered cord syndrome; presentation and management [60 marks]

**Answer the following questions:**

1. Discuss Migraine in children: clinical picture, differential diagnosis, and treatment (45 degree)
2. Discuss Parkinson s disease and immune system (45 degree)
3. Give an account on Epileptic aphasia spectrum disorder (45 degree)
4. Discuss DD of Longitudinally extensive spinal cord lesions (LESCL). (45 degree)
5. Discuss the antisense therapy in neurology. (35 degree)
6. Discuss COVID and stroke (45 degree)

Good luck

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**Second Paper 8/6/2021**

**Time allowed: 3 hours**

**Answer The Following questions:**

- 1- Discuss :Drug -drug interaction with lithium. (35 Marks)
- 2- Discuss current trends on neurobiology of sexual orientation. (35 Marks)
- 3- Discuss neural plasticity and drug addiction.(35 marks)
- 4- Discuss sex-specific approach in diagnosis and management of schizophrenia.(35 Marks)
- 5-Discuss Alcohol use disorders: etiology , pharmacology, complications, clinical picture, treatment. (40 Marks)
- 6- Give an account on brain circuits in psychiatry. (40 Marks)
- 7- Discuss new advances about transsexualism.(40 Marks)

**GOOD LUCK**