



الادوية
دور بيثيو ٢١٥
٢١٥/٥/٢٨



May Exam. 28/5/2019

Time allowed: 3 Hours

Fayoum University

Faculty of medicine

Final M.B.B.Ch. Examination

Internal Medicine (paper 11)

All questions are to be attempted (150 marks)

1- A 15-year-old school girl was noticed by her parents to have peri-orbital swelling. Ten days earlier she complained of a sore throat and had received one week course of penicillin. She returned to her doctor and on direct questioning admitted to having passed only small quantities of smoky urine during the previous 48 h. On exam. Bl P 150/95 mmHg, peri-orbital edema, ↑ed JVP. Dipstick of her urine (hematuria ++, proteinuria ++).

- What is the most probable diagnosis? (2 marks)
- How would you confirm your diagnosis? (2 marks)
- What is your explanation for the latent period from the occurrence of sore throat and development of the disease? (2 marks)
- Enumerate other four causes of this disease (4 marks)
- How would you treat this patient? (8 marks)
- What is meant by oliguria? (2 marks)

2- A 25-year-old male patient presented with low back pain that is worse in the morning, and pain in his left knee. This had started three weeks previously and had developed sore eyes. Both his grand father and uncle had suffered from back trouble. On exam. he had limitation of movement of the lower back due to pain and his left knee was swollen and tender. There was bilateral iritis.

- What is the most likely diagnosis? (2 marks)
- What investigations would be most helpful in this case? (3 marks)
- Name four extra-articular features of your diagnosis (4 marks)
- What is your plan to treat this patient? (3 marks)
- Can you comment on sero-negative spondylo-arthropathy (8 marks)

3- A 57-year-old female presented with 8-months history of pruritus. She had had loose motions for the past 5 weeks and felt generally tired. There was no loss of weight or appetite. Also, no abdominal pain. On exam. She was mildly jaundiced with clubbing of her fingers. The skin was dry and pigmented with scratch marks all over the body with bilateral xanthelesma, Bl P 140/70 mmHg, Pulse 68/min. regular. Abdominal examination revealed hepato-splenomegaly without ascites. Lab. results showed S.albumin 3.9 gm/dl, total bilirubin 3.5 mg/dl, direct bilirubin 2.7 mg/dl, S.alkaline phosphatase 640 u/l, prothrombin time 15 seconds.

- Mention G.I.T causes of finger clubbing (3 marks)

- b) Give four causes of generalized skin pigmentation (4 marks)
- c) In the above patient, what is your clinical diagnosis? (2 marks)
- d) What further investigations would you request? (3 marks)
- e) Why the patient had bilateral xanthelesma? (2 marks)
- f) What is the treatment of our patient? (6 marks)

4- Enumerate 5 causes for each: (25 marks)

a) Chronic diarrhoea b) Acute pancreatitis c) Raynaud's phenomenon d) Nephrotic syndrome e) Chronic hepatitis.

5- What is the treatment of the following: (25 marks)

a) Chronic HCV b) Systemic sclerosis c) GORD d) Chronic renal failure e) Ulcerative colitis

6- Give short account on: (20 marks)

a) Achalasia b) Hepato-renal syndrome c) Pseudogout d) Renal osteodystrophy disease.

7- Discuss fulminant hepatic failure (20 marks).

Good Luck,