



الجامعة
بأبن دا
فور نوفمبر ٢٠١٥

Novem. Exam. 23/11/2015

Fayoum University

Time allowed: 3 Hours

Faculty of medicine

Final M.B.B.Ch. Examination

Internal Medicine (paper 1)

All questions are to be attempted (150 marks)

1- A 24- year old male presented to the hospital with anorexia, dyspnea and fatigue for the last 2-week. His symptoms have progressively worsened. For the previous 4 days he developed fever with night sweats. He extracted his wisdom tooth 2-month ago. On exam. BIP 110/80 mmHg, Temp. 38.9 °C, pulse 110/min. regular, RR 22/min. there was scattered petechiae on his extremities. On abdominal exam. there was just palpable spleen. Cardiac auscultation revealed an apical pan-systolic murmur that radiated to the Lt axilla.

- What is the significance of pan-systolic murmur radiating to the Lt axilla? (2 marks)
- Dental extraction 2-month ago. Is it significant ? Why? (3 marks)
- What is most likely diagnosis? Justify (4 marks)
- Give the investigations that confirm your diagnosis (5 marks)
- What are the possible complications of this condition? (10 marks)
- Define: -Osler's nodes - mycotic aneurysm - Janeway's lesions (6 marks)

2- A 58 -year old female presented with increasing dyspnea on exertion with dry cough for the previous 6-month. On exam. she was dyspneic with finger clubbing. Chest exam. revealed bibasilar fine crepitations. CXR showed diffuse interstitial opacities with basal predominance and reduced lung volume.

- Enumerate four chest causes for finger clubbing (4 marks)
- Can you give the D.D of chronic progressive dyspnea and cough? (5 marks)
- What is your diagnosis? Justify (4 marks)
- What are the other investigations would you request to confirm the diagnosis? (4 marks)
- Enumerate the causes of such disease (10 marks)
- What is: Hamman-Rich syndrome (3 marks)

3- A 25-year old female presented to medical out-patient with a three -month history of increasing thirst and polyuria. Four-month previously, she had had a trans-sphenoid pituitary surgery and subsequently developed irregular menstruation. There was no other past medical history of note. Exam. was entirely normal. Investigations showed: blood urea and electrolytes, S. calcium and phosphorus, glucose tolerance test-all normal. Mid-stream urine showed no growth.

- a) Give five causes of polyuria (5 marks)
- b) In the above patient, what is your diagnosis? Justify (4 marks)
- c) What further investigations will you request? (4 marks)
- d) What are the causes of vasopressin (ADH) deficiency? (7 marks)
- e) How would you treat the above patient? (3 marks)
- f) Comment on: nephrogenic diabetes insipidus (7 marks)

4- Enumerate 5 causes for each: (20 marks)

- a) Addison's disease
- b) Hypercalcaemia
- c) acute dyspnoea
- d) bronchiectasis

5- What are the complications of the following: (20 marks)

- a) Hypertension
- b) Diabetes mellitus

6- Give short account on: (10 marks)

- a) Hirsutism
- b) Non-metastatic extra-pulmonary complications of bronchial carcinoma.

7- Comment on hemoptysis (definition, causes, investigations, treatment (10 marks)).

Good Luck,