Nr 1. In a dehydrated patient with prerenal acute kidney injury the following medications **should not** be used **except**:

A. loop diuretic.

D. angiotensin II receptor blocker.

B. nonsteroidal noninflammatory drug.

E. beta-blocker.

C. ACE inhibitor.

Nr 2. Which kind of treatment would you consider in patients with acute interstitial nephritis?

A. conservative treatment (periodic monitoring of kidney function).

B. withdrawal of offending drug eg. nonsteroidal noninflammatory drug.

C. dialysis therapy.

D. cyclosporine A.

E. antibiotics.

Nr 3. In a 30-year-old Caucasian female a suspicion of IgA nephropathy was put forward on the basis of the persistent hematuria. It was confirmed on the kidney biopsy. She is clinically stable, with blood pressure of 120/80 mmHg, serum creatinine 0.8 mg/dL, and urinary protein excretion 0.46 g/day. Which kind of treatment would you consider in this patient?

A. 3 pulses of 1 g of methylprednisolone, followed by prednisone 1 mg/kg bw qd.

B. prednisone 1 mg/kg bw qd.

C. cyclophosphamide in pulses of 1 g every 4 weeks.

D. cyclosporine 100 mg bid.

E. specific therapy at this stage is not recommended, possibly a low dose of ACE inhibitor may be considered.

Nr 4. In a 60-year-old Caucasian male during sonographic examination a small cyst (3 cm in diameter) was found in the left kidney and a small cyst (2 cm in diameter) was also found in the right kidney. The patient is clinically stable, with blood pressure of 130/80 mmHg, serum creatinine 1.09 mg/dL:

A. adult polycystic kidney disease.

D. medullary cystic disease.

B. simple cysts.

E. medullary sponge kidney.

C. acquired polycystic kidney.

Nr 5. In a 30-year-old Caucasian male during periodic screening erythrocyturia was found. On sonography there were no features of urolithiasis. There was no proteinuria on 24-hour urine collection. Serum creatinine was 1.05 mg/dl, and creatinine clearance was 112 ml/min. In kidney biopsy thin basement membrane nephropathy was diagnosed. The following treatment should be adopted:

A. conservative treatment (periodic monitoring of kidney function).

D. cyclosporine.

B. ACE inhibitor and angiotensin II receptor blocker.

E. antibiotics.

C. steroids.

Nr 6. Hemoptysis, stabbing unilateral pain in the chest during deep respiration,
shortness of breath - the symptoms which appeared suddenly in a young woman with
a past history of natural abortions, and whose mother is suffering from systemic lupus
erythematosus (SLE) suggest:

A. pneumothorax.

D. lupus pneumonia.

B. exudative pleuritis in the course of SLE.

E. endometriosis.

C. pulmonary thrombosis.

Nr 7. A 39-year-old female reports the feeling of progressing face skin tension, growing difficulty swallowing dry food and hard to heal skin ulcerations occurring on the tips of her fingers. In the history: for several years painful paleness and subsequent cyanosis of the fingers and ears in cold temperature. In physical examination: face skin smoothening, nostrils and labial red atrophy, skin thickening of hands, forearms and calfs. The **most likely** diagnosis is:

A. systemic lupus erythematosus.

D. dermatomyositis.

B. systemic sclerosis.

E. gout.

C. Sjögren's syndrome.

- **Nr 8.** Rheumatic fever results from autoimmunization which started with the infection caused by:
- A. Staphylococcus aureus.
- B. Gram-negative bacilli like Yersinia sp., Shigella sp. or Salmonella sp.
- **C.** Streptococcus β -hemolyticus from group A.
- D. Borrelia burgdorferi.
- E. Neisseria gonorrhoeae.
- **Nr 9.** Which from the following serological markers is the most specific one for rheumatoid arthritis (RA)?

A. antibodies against citrullinated antigens.

D. ASO (antistreptolysin).

B. rheumatoid factor.

E. HLA B27 antigen.

C. antinuclear antibodies (ANA).

Nr 10. The symmetrical (bilateral) sacroiliitis seen on CT scan or X-ray is generally typical of:

A. Reiter's syndrome.

D. juvenile idiopathic arthritis (JIA).

B. psoriatic arthritis.

E. ankylosing spondylitis.

C. rheumatoid arthritis (RA).

Nr 11. Which of the following diagnostic procedures is used for decreased tearing recognition in sicca syndrome (Sjögren's syndrome)?

A. Schober's test.

D. lacrimal glands scintigraphy.

B. Schirmer's test.

E. lacrimal glands biopsy.

C. crystallization test.

Nr 12. A 52-year-old female suffering from rheumatoid arthritis reports increasing pain and swelling of the wrists, small joints of the hands and both knees. She also reports significant fatigue and weakness, as well as elevated temperature without concomitant infection signs. The patient is treated with leflunomid (20 mg/d), diclofenak (200 mg/d) and omeprasol (20 mg/d). In laboratory testing: CRP 35 mg/l, Hgb 10.2 g/dl, MCV 85 fl, Plt 550 G/I, iron in serum decreased, TIBC decreased, ferritin in serum increased. The exacerbation of the inflammatory process and anaemia were found. The anaemia should be treated as follows:

A. iron with vit. C orally.

B. erythrocyte concentrate transfusion.

C. withdrawing of NSAID.

D. laboratory testing of vit. B12 and folic acid orally.

E. intensive treatment of basic disorder while controlling the inflammatory process, which is a reason for the anaemia.

Nr 13. Which of the following beta-adrenergic receptor blocking agents (betablockers) possesses an additional vasodilating quality?

A. metoprolol. **B.** bisoprolol. **C.** carvedilol. **D.** omeprazole. **E.** acebutolol.

Nr 14. A peripheral pulse with abrupt upstroke followed by rapid collapse (also known as water-hammer pulse, collapsing pulse, pulsus celer et altus) is found in patients with:

1) aortic stenosis;

3) patent ductus arteriosus (Botall's ductus);

2) aortic regurgitation;

4) mitral stenosis.

The correct answer is:

A. 1,2. **B.** 2,3. **C.** 1,2,3.

D. all the above. **E.** none of the above.

Nr 15. Which of the following expressions related to left ventricular ejection fraction (LVEF) is false?

A. it represents the proportion of the left ventricular stroke volume to enddiastolic volume, expressed as a percentage.

B. LVEF provides a measure of left ventricular systolic function.

C. normal values range between 90 and 100%.

D. LVEF shows no decrease in post menopausal women.

E. LVEF can be assessed by echocardiography.

Nr 16. Typical pain caused by ischaemic heart disease:

- 1) demonstrates retrosternal localization in the chest;
- 2) is provoked by physical exertion or emotional stress;
- 3) exacerbates on inspiration;

4) is subsides after cessation of exertion or ingestion of nitroglycerin.

The correct answer is:

A. 1.2. **B.** 1,2,3. **C.** 2,3,4.

D. 1,2,4.

E. all the above.

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Nr 17. Ca		s that may b	e responsibl	e for the	developm	nent of pulmona	ary
1) rap	oid increase of ute coronary s	•	erial blood p	ressure;	•	ngitis; tics overdose.	
The corre	ct answer is:						
A. 1,2.	B. 1,2,3.	C. 1,2,4.	D. 3,4	1.	E. all the	above.	
Nr 18. Th	•	alent cardio	ascular dise	ases in t	he Europ	ean population	
1) 2) 3)	arterial hyperto coronary arter aortic valve sto	y disease;	•	ated card ocarditis	• •	thy;	
The corre	ct answer is:						
A. 1,2.	B. 2,3.	C. 3	3,4.	D. 3,5.	E	E. 4,5.	
5) 6)	they decrease they should no they may caus ct answer is:	ot be adminis	tered to pati	•		yocardial infarct	tion
A. 1,2.	B. 3,4.	C. 3	3,5.	D. 3,6.	E	5,6.	
1) 2) 3)	ne differential ogastroesophag pneumonia; pancreatitis; ct answer is:	_	4) he		ter;		
	B. 1,2,3.	C 125	D 245	E all	the above	0	
A. 1, 2 .	D. 1,2,3.	C. 1,2,5.	D. 2,4,5.	E. all	the abov	e.	
1) 2)	hich of the foll it is the most of systemic arter if there is no concreased risk	common suplications supposed in the common su	aventricular ion represer vular heart d	arrhythm its the fre isease, i	nia; equent ca	usative factor; sociated with	

4) treatment strategies include ventricular rate control or the restoration and maintenance of sinus rhythm.

The correct answer is:

A. only 1. **B.** only 2. **C.** only 3. **D.** only 4. **E.** 3,4.

Nr 22. All the following fibrillation except :	ng are markers of h	igh thromboemb	olic risk in patients with atr	ial
A. past history of stroB. significant mitral vC. prosthetic heart va	alve regurgitation.	D. past history of E. dyslipidemia.	of a transient ischemic atta	ck.
chest pain and increa	asing dyspnea. On p shed breath sound a sm.	hysical examina re found. The <u>m</u> D. pe	aker a patient complains of tion hyperresonant percus ost probable diagnosis is: ricarditis. eumonia.	; -
Nr 24. The electrocal based on presence of			ocardial infarction may be ving leads:	
A. I, aVL. B. II,	III, aVF. C. I, II, I	II. D. V1-V	E. I, VL, V5-V6.	
	h pulmonary oedema	•	y an ambulance to the following factors could	
A. crisis of atrial fibrilB. acute coronary syC. ventricular tachyca	ndrome.	D. decrease E. all of the a	in the dose of diuretics. bove.	
Nr 26. A 45-year-old Emergency Departm examination reveals diagnoses is the mos	ent with acute chest diastolic murmur and	pain radiating to		g
A. myocardial infarct B. pulmonary emboli C. aortic aneurysm d	sm.		rtic stenosis. ricarditis.	
•	branch block; e branch block; lrome;	4) left anterio		hm.
A. 1,2,3. B. 1,2,4	C. 1,2,3,5.	D. 1,2,4,5.	E. all the above.	
Nr 28. An early dias	tolic murmur and wi	dened pulse pre	ssure is typical of:	

D. mitral stenosis.

E. hypertrophic cardiomyopathy.

B. atrial septal defect.C. aortic regurgitation.

A. ventricular septal defect.

Nr 29. The symptoms of acromegaly **do not include**:

A. glucose intolerance.

D. gonadal dysfunction.

B. dry skin.

E. obstructive sleep apnea.

C. thyroid dysfunction.

Nr 30. A 32-year-old riadiologist with recurring nephrolithiasis, hypertension and depression was diagnosed with hypercalcaemia, an increased concentration of PTH and decreased concentration of phosphorus. The **most probable** diagnosis is:

A. secondary hyperparathyroidism.

B. primary hyperparathyroidism.

C. radiation damage to kidney and thyroid.

D. postradiation hypoparathyroidism.

E. Münchausen syndrome by proxy.

Nr 31. A 50-year-old obese man experiences the enlargement and painfulness of the right breast. In diagnostics it will be useless to carry out ultrasonography of:

A. testes.

B. breasts.

C. liver.

D. thyroid.

E. all the above.

Nr 32. A 30-year-old obese woman who has been treated with diet and physical activity because of diabetes for 3 years is in her twenty-fourth week of twin pregnancy. Oral glucose tolerance test:

A. should be carried out after giving 50g, regardless of the meal.

B. should be carried out after giving 75g, and after an 8-hour fast.

C. is not necessary for this patient.

D. is reasonable only if she has not been treated with insulin so far.

E. is useful to carry out only after the twenty-eighth week of pregnancy.

Nr 33. In acute renal failure, renal biopsy is carried out only if:

A. the patient does not need dialyses yet.

B. the patient is not older than 70.

C. it will influence further treatment.

D. glomerulonephritis is suspected.

E. all the answers are correct.

Nr 34. Indicate which <u>is not</u> the cause of prerenal azotemia (prerenal acute kidney failure):

A. hemorrhage.

D. antibiotics (e.g. beta-lactams).

B. dehydration.

E. impairment of renal autoregulation (e.g. angiotensin converting enzyme inhibitors).

C. systemic vasodilatation.

Nr 35. Rhabdomyolysis may be suggested by:

A. hypokalemia.

D. elevated creatinine kinase.

B. hypercalcemia.

E. all the answers are correct.

C. low serum uric acid.

Nr 36. Plain film of the abdomen is a valuable initial screening technique in pa	atients
with suspected:	

A. acute glomerulonephritis.

D. autosomal polycystic kidney disease.

B. nephrolithiasis.

E. all the answers are correct.

C. acute renal artery embolism.

Nr 37. Which of the following factors predispose to ischemic colitis?

1) hypercoagulable state;

4) oral contraceptives;

2) mesenteric artery embolism;

5) diverticulitis.

3) colon lumen narrowing caused by carcinoma;

The correct answer is:

A. 1.2.4. **B.** 1.2.3.4.

C. 1,2,4,5.

D. 1,3,4.

E. all the above.

Nr 38. A 24-year-old patient with ulcerative colitis diagnosed 3 years ago complains of persistent pruritus, chronic fatigue and weakness. The most probable diagnosis of his complaints is:

A. cholecystitis.

D. colorectal cancer.

B. chronic pancreatitis.

E. gastric stromal tumour.

C. primary sclerosing cholangitis (PSC).

Nr 39. Some tumour markers play a role in carcinoma diagnostics and monitoring the effectiveness of treatment. In the case of colorectal cancer the marker that should be evaluated is:

A. CA 19.9.

B. CEA.

C. AFP.

D. CA 125.

E. CA 15.3.

Nr 40. Systolic hypertension in children could be diagnosed when three independent measurements of systolic pressure are:

A. above 75 percentile according to height, age and gender.

B. above 90 percentile according to height, age and gender.

C. between 90 and 95 percentile according to height, age and gender.

D. above 95 percentile according to height, age and gender.

E. above 120 mmHg.

Nr 41. Rheumatic fever is diagnosed according to Jones major and minor criteria:

- 1) pancarditis (endocarditis, myocarditis, pericarditis);
- 2) chorea minor;
- 3) fever;
- 4) arthritis:
- 5) elevated inflammation indicators: ESR, CRP, leucocytosis.

Jones major criteria include:

A. 1,2,3.

B. 1,2,4.

C. 1,4,5.

D. 2,3,4.

E. 2,3,5.

- **Nr 42.** Most heart murmurs in children in pre-school and school age are harmless; but in every case differential diagnosis with organic murmurs is essential. The following are characteristic of harmless murmurs, **except**:
- A. they are silent; loudness max. 3/6 on the Levine scale.
- **B.** they are louder after physical effort.
- **C.** they could be heard in spite of proper heart anatomy.
- **D.** they become lauder during fever and emotional states.
- E. their loudness decreases during changing of body position from standing to lying.
- **Nr 43.** The treatment of hypertension in children consists of pharmacotherapy and non-pharmacotherapy. Non-pharmacological treatment includes the following activities, **except** for:
- A. salt intake reduction to 5-6 g/24h.
- **B.** saturated fats and carbohydrates intake reduction.
- C. obesity reduction; weight loss.
- **D.** reduction of physical activity.
- E. family and outside family stress reduction.
- **Nr 44.** Paroxysmal supraventricular tachycardia is the most common arrhythmia in children. In long lasting cases, the paroxysmal supraventricular tachycardia could result in small stroke volume/reduced ejection symptoms and death. To stop the paroxysmal supraventricular tachycardia the following procedures could be used, **except** for:
- A. cooling of the face with ice or cold napkin.
- B. unilateral carotid sinus massage.
- C. causing Valsalva's reflex.
- **D.** pharmacotherapy (adenosine, amiodarone, sotalol).
- **E.** vagus nerve stimulation by pressing on the eyeballs.
- **Nr 45.** Chest pain in children is a common reason for sending to Cardiological Outpatient Departments and sometimes demands hospitalization. Cardiological causes of chest pain in children are the following, **except** for:

A. aortic dissecting aneurysm. **D.** arrhythmias.

B. pericarditis. **E.** anomalies of coronary arteries.

C. hypertension.

Nr 46. Which of the following <u>is not</u> one of the typical mononucleosis complications?

A. airway obstruction. **D.** orchitis.

B. thrombocytopenia. **E.** haemolytic anaemia.

C. splenic rupture.

Nr 47. Subacute sclerosing panencephalitis (SSPE) occurs 7-10 years after infection caused by the virus of:

A. rubella. **D.** measles.

B. varicella. E. herpes simplex.

C. mumps.

- **Nr 48.** Choose the <u>false</u> information about roseola (*exanthema subitum*):
- **A.** the etiologic factor is a virus belonging to the Herpes virus family.
- **B.** is characterized by high fever.
- C. vesicular rash appears in the course of the disease.
- **D.** complications include fever seizures.
- **E.** the disease is typically observed in infants and toddlers.
- **Nr 49.** A 10-year-boy in poor general condition was admitted to hospital and diagnosed was erysipelas. Choose the recommended treatment:

A. erythromycin ointment locally on the skin involved.

D. trimethoprim-sulfame-thoxazole orally.

B. penicillin intravenously.

E. doxycycline orally.

C. gentamicin intramuscularly.

- **Nr 50.** A patient, not vaccinated against hepatitis B, presents in a hospital for a planned surgery of hernia. The doctor informs him that the vaccination against hepatitis B is recommended but the patient refuses to be vaccinated. Choose the proper procedure in such a situation:
- **A.** doctor should refuse to admit the patient for a surgery until he has been vaccinated against hepatitis B.
- **B.** doctor should refuse to admit the patient for a surgery and notify the relevant Local Sanitary Inspectorate about the patient's decision.
- **C.** doctor should order a quantitative test for the specific anti-HBs antibodies in the patient's serum and the further procedure depends on the result of this laboratory test.
- **D.** patient should be admitted for a planned surgery but a written statement signed by the patient should be taken confirming that he was informed about the recommended vaccination and refused to be vaccinated.
- **E.** patient should be admitted for a surgery; the proposal of the hepatitis B vaccination was not needed since this vaccination is not mandatory before invasive medical procedures.
- **Nr 51.** A 21-year-old man with a cut wound on the hand presents to the Emergency Room. He cut himself working in the garden. He presented a record confirming he had received all mandatory vaccinations the last Td dose 3 years ago. Choose the recommended tetanus prevention:
- **A.** neither vaccine nor specific immunoglobulin is needed.
- **B.** one dose of Td or T vaccine is recommended.
- **C.** give one dose of Td or T vaccine and fix the date for two consecutive doses (after 1 month and 6 months).
- **D.** one dose of Td or T vaccine and one dose of a specific immunoglobulin are recommended.
- **E.** one dose of Td or T vaccine and one dose of a specific immunoglobulin are recommended; fix the date for two consecutive doses of the vaccine (after 1 month and 6 months).

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Nr 52. Dull percus	sion sound is	s typical of the	following, ex c	cept for:		
A. parenchymatousB. cellular infiltratioC. atelectasis.	_		emphysema pleural exuda			
Nr 53. Systemic va 1) polyarteri 2) Takayasu 3) Kawasak The correct answer	tis nodosa; ı's arteritis; i disease;	4)	rheumatic fe Henoch-Sch	-	ırpura.	
A. all the above.	B. only 1.	C. 1,2,3,5.	D. only 5.	E. nor	ne of the abov	e.
Nr 54. Henoch-Sch A. conjunctivitis, and B. Raynaud syndro C. hemorrhagic pur D. polymorphic skin E. coronary arteries Nr 55. Typical clini A. heliotrope or "lila B. calcinosis cutis.	thritis, discoiome, arthritis, pura, arthritis, rash, myocas aneurysms, cal symptom	d lupus. scarlet-like ergs, stomach pail arditis, lymphach, muscle pain, ins of dermato-r D. dyscoid	ythema. n. denopathy. fever. nyositis are th	ne follow	ing, <u>except</u> fo	or:
C. Gottron's sign.Nr 56. HypoglycenA. growth hormoneB. elevated level ofC. elevated level of	deficiency.	D.	ed by the follo hypothyroidis adrenal insuf	sm.		
Nr 57. The incubat zoster virus is: A. 1 – 3 days. B. 5	·	`	. ,		•	
Nr 58. The most co	ommon caus	e of anemia in	children is de	eficiency	of:	
		C. folic acid.		•	E. B ₁₂ vitam	in.
Nr 59. Pink itching	rash on the	face which spr	eads to other	· parts of	the body with	nin 24

hours, swollen lymph nodes (sub occipital and posterior cervical lymphadenopathy), slight fever, primary symptoms similar to flu are clinical symptoms typical of: A. chicken pox (varicella). **D.** mononucleosis.

B. rubella (german measles).

E. roseolla infantum (exanthema subitum).

C. morbilli (measles).

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1) anti 2) anti	-endomysium -nuclear; -gliadin;	ng antibodies ar ;	e typical of 4) anti-tran 5) anti-gas	sglutam	inase;	
A. 1,2,3.	B. 1,3,4.	C. 2,3,4.	D. 2,4,5.	E. all t	the above.	
disease?		ng diseases are			screening of the	celiac
2) reci	-	nthae; ght deficiency;	4) colitis ul 5) insulin-d		nt diabetes.	
A. 1,2,3.	B. 1,3,5.	C. 2,3,5.	D. 1,2	2,4.	E. 3,4,5.	
bumps, excor	riations and cr and behind e eczema. eczema.		toms are loc	cated mognosis is eczema		
	oleen palpable				in enlargement o e of splenomega	
A. 0.	B. I.	C. II.	D. III.		E. IV.	
Nr 64. The m	nost common	complication as	sociated with	h angina	a in children is:	
B. gingival ab	ir infiltration or oscess. on of caverno		D. Ludwig's E. subman	_		
for a few days enlarged cerv splenomegaly	s. Medical exavical lymph now and hepatom ymphocytes.	imination revealedes, painfulnessonegaly. Blood ce The most proba D. infe	ed high feve in epigastri ell count sho	er, phary ic and ur wed lym sis is: onucleos	d abdominal pair ingeal inflammati mbilical region w iphocytic leucocy	ion, ith
1) Mal 2) ana	lory-Weiss sy Il fissure; Idenal ulcer;	. .	4) g	gastric ul	s can melaena be lcer; al constipation.	e seen?
A. 2.4.5.	B. 1.3.5.	C. 2.3.5.	D. 1.2	2.4.	E. 1.3.4.	

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		be physiological C. 16 months. D	-	. E. none of the	e above.
Nr 68. Which	n is the proper d	iet for a 5-year-o	old boy with	functional cons	stipation?
A. light.	B. normal.	•	-	iber. E. hy	•
1) upp 2) peri	er GI bleeding; foration; nosis of the pylo	5) gastric car		
A. all the abo	ve. B. 1,2,5	C. 1,2,4.	D. 1,2.	E. 3,4,5.	
oesophageus A. reflux oeso B. ulceration C. stricture of Nr 71. Which (irreducible) h A. the hernia B. the hernia obstruction C. the hernia D. the hernia	includes: ophagitis. of the oesophage the oesophage of the following ernia? which is not pos with associated in which abdom	geus. E. carcinus. g sentences besesible to reduce relevant symptoninal intestines hof the hernia's r	ration of the noma of the toma	oesophageus. besophageo-ges the incarce tion. hs of the mech	astric junction. rated anical ia's canal.
Nr 72. Which non-tensioned 1) Lich 2) Hals 3) Bas The correct a	n of the following d ones (with the ntenstein metho sted method; ssini method; nswer is:	•	operative tre c mesh)?) Rutkow me) Schouldice	atment of inguethod; e method.	inal hernias are
Nr 73. A 70-	year-old lady ha	ıs been complair	ning of cons	tant pain in the	eleft lower
auadrant for 3	dava A histor	of obrania conc	tination On	the day of are	contation the

quadrant for 3 days. A history of chronic constipation. On the day of presentation the pain exacerbated suddenly. On examination tenderness along the whole hypogastrium, guarding, tachycardia, fever 38°C. **The most probable** diagnosis is:

A. left sided acute salpingitis.

B. perforation of the peptic ulcer.

C. large bowel mechanical obstruction.

D. urinary tract infection with left-sided pyelonephritis.

E. perforated sigmoid diverticulum.

- **Nr 74.** A 62-year-old lady presents with diffuse pain of the whole abdomen of moderate intensity. A history of constipation, temporary presence of blood in the stools and weight loss of approx. 4 kg. Retention of stool and flatus for 3 days. No vomiting. On examination the patient in good shape, abdomen distended, tender at palpation, peritoneal signs negative, per rectum no stool in the rectal ampulla. **The most probable** diagnosis includes:
- A. acute sigmoid diverticulitis.
- **B.** stricture of the sigmoid due to diverticular disease.
- C. exacerbation of the chronic constipation.
- **D.** large bowel mechanical obstruction, probably caused by malignancy.
- E. large bowel mechanical obstruction, probably caused by a fecalith.
- **Nr 75.** Which of the following factors are <u>contraindications</u> for breast conserving therapy in breast cancer?
 - 1) size of the tumor less than 3 cm;
 - 2) palpable single axillary lymph nodes on the affected side;
 - 3) carcinoma localized in the medial quadrants;
 - 4) multifocal cancer;
 - 5) age under 40.

The correct answer is:

A. 1,2.

B. 1,3,4.

C. only 5.

D. 1,3.

E. only 4.

Nr 76. The hereditary adenomatosus polypositas of the large bowel is characterized by:

- 1) occurrence of numerous hyperplasic polypi in the large bowel;
- 2) occurrence of fewer than 100 adenomatosus polypi in the large bowel;
- 3) occurrence of much more than 100 adenomatosus polypi in the large bowel;
- 4) risk of developing large bowel cancer in 3rd or 4th decade of life in nearly 100% patients;
- 5) presence of hyperpigmentation on the face, mouth and buccal mucosa. The correct answer is:

A. 1,4,5.

B. 2,4,5.

C. 3,4,5.

D. 1,4.

E. 3,4.

Nr 77. A 40-year-old male hit repeatedly on the head with a blunt instrument is admitted to the Emergency Room beaten. He could not remember the circumstances of the incident. He complains of double vision. On physical examination: remarkable retraction of the eyeball on the right side, sensual deficiency under the orbit on the same side, and multiple bruises but without pathological mobility. **The most probable** injury includes?

A. fourth ventricular haematoma.

D. LeFort III type fracture.

B. subdural haematoma of the occipital region.

E. orbital fracture.

C. frontal lobes contusion.

- **Nr 78.** A 58-year-old patient treated with liver cirrhosis in the Department of hepatology presents the symptoms of the upper GI tract bleeding. The blood pressure is 170/80, heart rate 118/min. The **most probable** diagnosis and therapy include:
- **A.** esophageal varices Panendoscopy.
- **B.** esophageal varices Laparotomy.
- C. bleeding duodenal ulcer Panendoscopy.
- **D.** bleeding duodenal ulcer Laparotomy.
- E. none of the answers is correct.
- **Nr 79.** Which of the pathological findings will be characteristic of malignant nature of breast tumour?
- A. fibroadenoma.
- B. fibrosclerosis.
- C. cystes.
- **D.** tumor phyllodes.
- **E.** all of the above are benign.
- **Nr 80.** Over the years the problem of gastroduodenal ulcers become less critical. Which of the following is believed to be **the main reason** for this situation?
- A. introduction of truncal vagotomy.
- **B.** introduction of truncal vagotomy and antrectomy.
- C. introduction of selective vagotomy.
- **D.** introduction of highly selective vagotomy.
- E. improvement of pharmacotherapy.
- **Nr 81.** A 48-year-old patient is admitted to the Emergency Room. His general condition is serious, he is suffering from circulatory insufficiency, with looming respiratory insufficiency. There was an incident of acute pancreatitis in his past. Currently he complains of very strong diffuse abdominal pain radiating to the back. On physical examination the abdomen is distended, peristalsis not auscultable, muscular defence reflex on examination. In lab tests the levels of amylase in serum and urine, as well as lipase in serum are manifoldly elevated. Which of the following is **the most adequate** procedure?
- A. urgent laparotomy.
- B. hospitalization in the Intensive Care unit.
- **C.** urgent endoscopic retrograde cholangiopancreatography.
- **D.** intensive empiric antibiotic therapy.
- **E.** all of the answers are correct.

- **Nr 82.** Local femoral compression was administered to the patient. Then he had to flex and extend his limb in knee vigorously. After this procedure, the limb became pale and swollen, superficial veins became inflated with stagnating blood. How would you explain this situation?
- **A.** the procedure is called Pratt's test. It caused insufficient arterial blood flow, and the limb ischaemia as the consequence it should be considered as physiologic phenomenon.
- **B.** the procedure is called Trendelenburg's test. The symptoms denote positive result, and the insufficiency of perforator veins.
- **C.** the procedure is called Trendelenburg's test. The symptoms denote negative result, and the sufficiency of perforator veins.
- **D.** the procedure is called Perthes' test. The symptoms denote positive result, and the insufficiency of perforator veins and/or occlusion of deep veins.
- **E.** the procedure is called Perthes' test. The symptoms denote negative result, and the sufficiency of perforator veins and correct blood flow in deep veins.
- Nr 83. Pulse assessment can be performed in all these arteries, except:

A. cubital artery.

D. dorsal artery of foot.

B. iliac artery.

E. the pulse can be assessed in all of the above.

C. tibial posterior artery.

Nr 84. During the catastrophe, according to START algorithm (Simple Triage and Rapid Treatment), an unconscious victim with the respiratory rate above 30/per minute should be marked as:

A. green.

D. black.

B. yellow.

E. the victim cannot be qualified to any of the above-mentioned groups

C. red. on the basis of the above description.

Nr 85. Acute toxic megacolon is a complication of:

A. intestinal tuberculosis.

D. proctostenosis.

B. ulcerative colitis.

E. abscess in the rectouterine pouch.

C. rectal cancer.

- **Nr 86.** Open pneumothorax causes rapidly increasing cardiovascular insufficiency due to significant dislocation of mediastinal organs away from the side of pneumothorax.
- A. both statements are true. There is a cause-and-effect relationship between them.
- **B.** both statement are true. The cause-and-effect relationship between them is not present.
- **C.** the first statement is true. The second statement is false.
- **D.** the first statement is false. The second statement is true.
- E. both statements are false.

Nr 87. A 56-year-old patient was admitted to hospital due to painless jaundice. Physical examination revealed enlarged, painless gallbladder. Laboratory tests revealed the elevation of a total bilirubin level (conjugated bilirubin/non-conjugated bilirubin levels ratio, 3:1) and the slight elevation of transaminases levels. The diagnosis is:

A. cholecystolithiasis.

D. viral hepatitis.

B. choledocholithiasis.

E. answers A and D are correct.

C. tumor of the head of the pancreas.

Nr 88. Schwartz test is used for the assessment of:

A. competence of saphenous vein valves.

B. competence of small saphenous vein valves.

C. competence of perforating veins.

D. competence of deep veins valves.

E. patency of deep veins.

Nr 89. Volkmann contracture is:

- 1) permanent hyperextension of the hand and fingers caused by ischemia/necrosis of the muscle fibres of the extensors of the wrist;
- 2) permanent flexion of the hand and fingers caused by cicatrisation of the muscle fibres of the extensors of the wrist;
- 3) permanent flexion of the hand and fingers caused by cicatrisation of the ischemic muscle fibres of the flexor group of muscles of the forearm;
- 4) complication of a fracture of the ulnar bone;
- 5) complication of a fracture of the humeral bone.

The correct answer is:

A. 1,4,5.

B. 2.4.

C. 3,5.

D. 3,4.

E. 2,5.

Nr 90. A patient has fallen down on the ground (from 4 meter height). The following signs and symptoms are present: dyspnoea, cyanosis, tachycardia, nausea, vomiting, decreased vesicular breath sound over the right lung. The physician should suspect:

A. pneumothorax.

B. haemothorax.

C. injury of oesophagus.

D. rupture of diaphragm and translocation of viscera into chest.

E. pneumomediastinum.

Nr 91. A patient underwent surgical treatment of follicular thyroid carcinoma. Three days after thyroidectomy the patient suffered from numb sensations in the fingers and tingling sensations around the mouth. The patient was irritated and excited with a tendency to hyperventilation. Indicate the optimal treatment:

A. calcium gluconate.

D. intravenous antibiotic therapy.

B. sedative and anxiolytic drugs.

E. psychiatric consultation.

C. intensive oxygen therapy.

- **Nr 92.** A twenty-year-old patient was admitted to the Emergency Department owing to a furuncle of right parietal region. The treatment should consist of:
- A. incision and drainage.
- **B.** removal of the purulent plug and pus.
- C. excision of the furuncle and a local plastic operation.
- **D.** oral antibiotic therapy and local antiseptics.
- **E.** removal of the purulent plug and pus, antibiotic therapy.
- **Nr 93.** One of the causes of the increase of pressure inside the bile ducts, leading to primary biliary cirrhosis, is primary sclerosing cholangitis (PSC). The true sentences about PSC are as follows:
 - 1) in 60% to 70% of PSC cases ulcerative colitis or Crohn disease is diagnosed;
 - 2) coexistence of PSC and inflammatory bowel diseases significantly increases the risk of cholangiocarcinoma;
 - 3) Peyronie's disease and pseudotumors of eyeballs may coexist with PSC;
 - 4) main signs and symptoms include painless jaundice and skin itching (45-55% of patients);
 - 5) endoscopic retrograde dilatation of the bile ducts and stent implantation are used to treat the patients with PSC.

The correct answer is:

A. 1,2,3,5.

B. 1,2,4. **C.** 2,3,4,5.

D. all the above.

E. 1,4,5.

Nr 94. A 30-year-old patient, after a traffic accident, was admitted to the Emergency Department with blunt abdominal trauma. The patient's blood pressure was 100/70 mmHg, heart rate was 90 beats per minute. Physical examination revealed: pain on pressure on the left side of the abdomen, a pain with fist percussion in the left lumbar region. FAST (Focused Assessment with Sonography in Trauma) exam revealed a presence of perisplenic fluid and presence of fluid in the rectovesical pouch. Urine was blood-stained. Computed tomography of the abdomen revealed Grade IV injury of the spleen (according to American Association for the Surgery of Trauma classification) and Grade II injury of the left kidney (acc. to AAST). One hour after the admission to the Emergency Department blood pressure decreased to <90 mmHg and heart rate increased to 100 bpm. The treatment should consist of:

- A. laparotomy, splenectomy, a check-up of remaining abdominal organs, drainage.
- B. laparotomy, splenectomy, left nephrectomy, a check-up of remaining abdominal organs, drainage.
- C. conservative treatment.
- **D.** laparotomy, left nephrectomy, a check-up of remaining abdominal organs, drainage.
- E. laparotomy, an attempt to preserve the spleen, a check-up of remaining abdominal organs, drainage.

Nr 95. A 33-year-old patient, after a traffic accident, was admitted to hospital with fracture of the shaft of the femur. No abnormalities were found on computed tomography of the head, chest X-ray, and abdominal sonography. Blood pressure was 120/80 mmHg; haemoglobin level was 12.5 g%. The treatment plan for the next day was to insert an intramedullary rod. Temporarily, a proximal tibial skeletal traction was applied. During the night, disturbances of consciousness and psychomotor agitation appeared. **The most probable** cause of such abnormalities is:

A. pulmonary thromboembolism.

D. effects of analgesics.

B. brain concussion.

E. cerebral fat embolism.

C. progressive encephalomalacia.

Nr 96. The clinical consequences of hyperprolactinemia does not include:

A. regular menses.

D. lack of ovulation.

B. headache.

E. hirsutism.

C. premature regression of corpus luteum.

Nr 97. The most common cause of primary amenorrhea is/are:

A. hypothalamic insufficiency.

D. ovarian hypoplasia.

B. pituitary tumors.

E. testicular feminization syndrome

C. gonadal dysgenesis.

(androgen insensitivity).

Nr 98. The rarest cause of secondary amenorrhea is/are:

A. hypothalamic insufficiency and dysfunction.

D. Sheehan syndrome.

B. polycystic ovary syndrome.

E. thyroid dysfunction.

C. Cushing syndrome.

Nr 99. Policystic ovarian syndrome is diagnosed on the basis of:

A. clinical signs and symptoms of hyperandorgenization.

B. menstrual disorders of rare menstruation or secondary amenorrhoea.

C. view of the ovaries obtained during US scan.

D. LH to FSH ratio on 3rd day of the cycle.

E. two or three symptoms mentioned in the answers A, B, C present on examination.

Nr 100. Immunoglobulin IgG anty-D should be administered to all Rh-negative women, without the presence of antibodies:

A. 72 hours after the delivery of Rh-negative baby.

B. 72 hours after spontaneous or artificial abortion.

C. after invasive diagnostics and treatment on the fetus or placenta.

D. in about 28th week of pregnancy, unless the baby's father is Rh-negative.

E. all of the above.

Now, take the other answer ticket and mark the answers to questions 101 - 200.

Nr '	101.	Oligohy	dramnios i	is	connected	with:
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A. fetal compression syndrome. **D.** underdevelopment of pulmonary alveoli.

B. amniotic band syndrome. **E.** all of the above.

C. lung hypoplasia.

Nr 102. The first Leopold's manoeuvre is used for:

A. palpation of the uterine fundus and identification of which fetal part occupies the fundus.

B. determination of fetal parts on both sides of the abdomen.

C. determination of the presenting part.

D. localization of the placenta.

E. none of the above.

Nr 103. Symptoms of acute pyelonephritis include:

1) microscopic hematuria / hematuria; 4) massive proteinuria;

2) normal renal flow; 5) aching pain in the lumbar regions.

3) reduced glomerular filtration;

The correct answer is:

A. 1,2,3. **B.** 1,2,5. **C.** 1,3,4. **D.** 2,4,5. **E.** 3,4,5.

Nr 104. Intrauterine growth restriction caused by placental insufficiency occurs in:

1) isoimmunisation;

4) diabetes class F acc. to White;

2) hypertension in pregnancy;

5) hypothyroidism.

3) diabetes class R acc. to White;

The correct answer is:

A. 1,3,5. **B.** 1,4,5. **C.** 2,3,4. **D.** 2,4,5. **E.** 1,2,3.

Nr 105. In physiological pregnancy the hormone that does not exert diabetogenic effects is:

A. prolactin. **D.** estrogens.

B. placental lactogen. **E.** hCG.

C. progesterone.

Nr 106. The side effects of β -mimetics include:

1) hyperglicemia; 4) pulmonary edema;

2) tachycardia; 5) hypercalcemia.

3) hypoglicemia;

The correct answer is:

A. 2,3,4. **B.** 1,2,4. **C.** 1,3,4. **D.** 2,4,5. **E.** 3,4,5.

Nr 107. The urine acidity in pregnancy:

A. increases. **D.** depends on gestational age.

B. decreases. **E.** none of the above.

C. does not change.

Nr 108. The causes of polyhydramnios <u>is/are not</u>:

- 1) abnormalities of the urogenital system, obstruction of the urinary tract;
- 2) duodenal atresia;
- 3) renal atresia;
- 4) anencephaly;
- 5) post-term pregnancy.

The correct answer is:

A. 1,3,5.

B. 1,2,3.

C. 1,2,3,4.

D. 2.4.

E. 1,4.

Nr 109. The most common complication of ectopic pregnancy in the first trimester is:

A. acute tubal rupture.

D. persistent ectopic pregnancy.

B. tubal abortion.

E. combined extra- and intrauterine pregnancy.

C. lithopedion.

Nr 110. A 28-year-old patient presents at the out-patient clinic because she has just missed her period. She denies subjective pregnancy symptoms as nausea, fatique, frequent urination or breast tenderness. She thinks that she is pregnant and is worried because previous pregnancy was ectopic. Which of the following diagnostic methods is **the most appropriate** to confirm the pregnancy in this patient?

- A. bimanual examination and assessment of the uterine size.
- **B.** ultrasound examination with transabdominal probe.
- C. detection of the fetal heart activity with an ultrasound tone detector.
- **D.** serum pregnancy test.
- **E.** there is no need to perform diagnostic test as the patient denies pregnancy symptoms and that rules out pregnancy.

Nr 111. Which of the following theories explains the dissemination of endometriosis and its occurrence in almost every organ of the woman's body?

A. retrograde flow of the menstrual debris.

B. metaplasia of müllerian remnants.

C. dissemination through blood vessels.

D. dissemination through lymphatic vessels.

E. all the above.

Nr 112. The profuse menstruation is called:

A. polymenorrhea.

D. metrorrhagia.

B. oligomenorrhea.

E. menometrorrhagia.

C. menorrhagia.

Nr 113. The L/S ratio (lecithin/sphingomyelin) 2:1 is found approximately in:

A. 24th week of gestation.

D. 37th week of gestation.

B. 27th week of gestation.

E. 40th week of gestation.

C. 35th weeks of gestation.

Nr 114. In a healthy child the lowest serum immunoglobulin G concentration is observed:

A. at birth.

D. between 6th and 12th month of life.

B. in 4th week of life.

E. between 1st and 2nd year of life.

C. between 2nd and 6th month of life.

Nr 115. Which is most common complication of gonorrhoea in a adolescent girl?

A. carditis.

B. arthritis.

C. meningitis.

D. cystitis.

E. ophthalmitis.

Nr 116. A 40-year-old woman who has been receiving clindamycin for a *Bacteroides* infection develops diarrhea. Which of the following would be the most likely cause of diarrhea?

A. mesenteric thrombosis.

D. ulcerative colitis.

B. Lesniowski-Crohn disease.

E. lamblias.

C. pseudomembraneous colitis.

Nr 117. Fallopian tube cancer in stage IIa:

A. is confined to the fallopian tube, infiltrates the mucous membrane and muscular layer.

B. is confined to the fallopian tube and infiltrates the serous membrane.

C. extends beyond the fallopian tube but is confined to the pelvis.

D. extends beyond the pelvis but is confined to the abdominal cavity.

E. extends beyond the abdominal cavity.

Nr 118. A 47-year-old patient during a routine US scan was diagnosed with endometrial polyp. On the grounds of this:

A. you order the next US scan after half a year.

B. you perform D&C.

C. you perform histeroscopic polyp removal.

D. you take no action.

E. the treatment depends on the risk factors for malignant disease present in the polyp.

Nr 119. Pregnancy loss is **the most common** obstetric complication affecting up to:

A. 2% of pregnant women.

D. 65% of pregnant women.

B. 5% of pregnant women.

E. 75% of pregnant women.

C. 25% of pregnant women.

Nr 120. The basic examination in the infertility work-up is:

A. semen analysis.

B. confirmation of ovulation.

C. confirmation of tubal patency (hysterosalpingography).

D. postcoital test.

E. all the above.

VERSION I

Nr 121. Breast feeding contraindications include:

- 1) active tuberculosis;
- 2) acute circulatory and renal failure;
- 3) postpartum depression;
- 4) sulphonamide treatment of the mother;
- 5) breast cancer.

The correct answer is:

A. 1,2,4.

B. 1,3,4,5.

C. 3,5.

D. 2.3.4.

E. 1,2,4,5.

Nr 122. In ambulatory conditions it is not wrong to start intravenous delivery of 20% glucose in an unconscious diabetic patient before having a sure reason of his/her unconsciousness, because the most probable reason of unconsciousness in such patients is a life threatening hypoglycemia.

- **A.** both sentences are true and there is a causal relationship between them.
- **B.** both sentences are true but there is no causal relationship between them.
- **C.** the first sentence is true but the second is false.
- **D.** the first sentence is false but the second is true.
- **E.** both sentences are false.

Nr 123. Long-lasting β -mimetics inhalation is the basic treatment for all types of bronchial asthma, because apart from improving patients' comfort of life they significantly decrease a sudden death risk in asthmatic patients.

- **A.** both sentences are true and there is a causal relationship between them.
- **B.** both sentences are true but there is no causal relationship between them.
- C. the first sentence is true but the second is false.
- **D.** the first sentence is false but the second is true.
- **E.** both sentences are false.

Nr 124. The drugs useful for treating arterial hypertension in pregnant women are the following, **except**:

A. β -blockers.

D. prazosin.

B. ACE-inhibitors.

E. methyldopa.

C. hydralazine.

Nr 125. The <u>most common</u> reason for a prolonging fever with no accompanying symptoms in small children is:

A. tuberculosis.

D. Lyme disease.

B. salmonellosis.

E. toxoplasmosis.

C. urinary tract infection.

Nr 126. Which of the following vaccinations <u>is not</u> obligatory during the first 12 months of life?

A. against tuberculosis.

D. against pertussis.

B. against measles.

E. against diphtheria.

C. against tetanus.

Nr 127. Strong pain, oedema and suppuration of the nail fold are the signs of:

A. furuncule.

B. erysipeloid. **C.** paronychia. **D.** whitlow.

E. phlegmon.

Nr 128. Mark the most probable diagnosis in the case of a sudden appearance of the following symptoms: strong headache, loss of consciousness, nuchal rigidity:

A. ischaemic stroke.

D. encephalitis.

B. haemorrhagic stroke.

E. lacunar stroke.

C. subarachnoid haemorrhage.

Nr 129. Which of the following activities belong to the tertiary prophylaxis?

- 1) illness risk reduction;
- 2) illness occurrence prevention;
- 3) screening tests;
- 4) illness complications prevention;
- 5) deaths due to illness prevention.

The correct answer is:

A. 1,2.

B. 2,4,5.

C. 4,5.

D. 1,3.

E. 3,4.

Nr 130. A healthy 8-month-old infant was vaccinated against diphtheria, tetanus and pertussis. Next day his mother asks for one more vaccination – against flu. Should the doctor apply the vaccination?

A. no, the next vaccination may be given after 6 weeks' time.

B. no, the next vaccination may be given after 4 weeks' time.

C. yes, but the vaccination must be given in the same body area as the previous ones.

D. yes, but the vaccination must be given in a different body area than the previous ones.

E. no, because the child of this age should not be vaccinated against flu.

Nr 131. Mark the true sentence concerning ascariosis:

A. in order to find parasite's eggs, stool smear must be done 3 times at intervals of 3-5 days.

B. ascaris eggs are killed while food is being frozen.

C. pharmacological therapy is contraindicated in pregnant women.

D. asymptomatic forms of ascariosis should not be treated.

E. all the above are true.

Nr 132. Which of the following factors influence the premature obliteration of fontanelles in infants?

A. microcephalia.

D. correct A, B.

B. craniostenosis.

E. correct A, B, C.

C. hypothyreosis.

Nr 133. The Tanner scale allows to assess:

A. stage of sexual development. **D.** cardiac murmur volume.

B. fetus' age after birth. **E.** clinical probability of phlebothrombosis.

C. consciousness status.

Nr 134. Frequent episodes of bronchitis and fatty stools in a child with meconium ileus are characteristic of:

A. bronchial asthma. **D.** Hirschprung disease.

E. mucoviscidosis. **B.** celiac disease.

C. allergy to cow's milk.

Nr 135. Pains in a right lower quadrant of the abdomen may be caused by:

A. sigmoid diverticulitis. **D.** correct B. C. **B.** mesentery lymphonodulitis. E. correct A, B, C.

C. caecal diverticulitis.

Nr 136. Alcohol dependence is diagnosed with:

A. Beck questionnaire. **D.** AUDIT questionnaire.

B. Tinetti test. E. Norton scale.

C. Fagerstrom test.

Nr 137. Mark the most probable diagnosis in a 14-year-old boy with the following symptoms: strong throat pain, high fever, eyelids' oedema; During physical examination: exudative pharyngitis, coating on the palatine tonsils, painless lymphadenopathy of cervical lymph nodes. After applying amoxicillin, a rash appeared.

A. Streptoccocal paryngitis. **D.** diphtheria. E. rubella.

B. infectious mononucleosis.

C. scarlet fever.

Nr 138. According to the Polish vaccination calendar, the obligatory vaccinations are:

A. against measles, rubella, mumps (epidemic parotitis). **D.** correct A. B.

B. against rotavirus. E. correct A, B, C.

C. against meningoccoci.

Nr 139. A breast-feeded infant whose mother takes vitamin D below 2000 IU/day, should additionally receive vitamin D supplementation:

A. 400 IU/day. **D.** 100 IU/day.

B. 300 IU/day. **E.** vitamin D supplementation is unnecessary in this case.

C. 200 IU/day.

Nr 140. The score SCALE used in coronary heart disease prophylaxis determines:

A. 10-year risk of non-fatal myocardial infarction.

B. 10-year risk of a fatal cardiovascular incident.

C. absolute death risk after myocardial infarction.

D. 20-year cause-independent death risk.

E. 10-year risk of non-fatal cardiovascular incident.

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	142. The la		al respons	es, despi	te incentive	es and dire	ections given to the
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Nr ′	145. The ri	sk of suicio	de in patier	nts with s	chizophren	ia is appr	oximately:
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	147. Which -10?	n of the follo	owing <u>is n</u>	<u>ot</u> one of	the anxiety	y disorder	s according to the
B. p	cute reaction anic attack ocial phobi		S.	D. generation E. dysth	ralized anxi ymia.	iety disord	der.
Nr 1	148. The E	Eating disor	ders (ICD-	10) <u>do n</u>	ot include:		
A. a	norexia ne	rvosa.). overeatir	ng atypica	l.

Nr 149. The prevalence of depression among patients with cerebral stroke is:

A. 60%.

B. bulimia nervosa.

C. anorexia nervosa atypical.

B. 30%.

C. 20%.

D. 10%.

E. bulimia nervosa atypical.

E. 5%.

Nr 150. The standard (recommended by the manufacturer) maximal daily dose of olanzapine in the treatment of schizophrenic patients is:

A. 10 mg.

B. 15 mg.

C. 20 mg.

D. 25 mg.

E. 30 mg.

Nr 151. The following are risk factors for tardive dyskinesia during antipsychotic treatment, **except**:

A. strong affinity of the drug to dopaminergic receptors.

B. use of phenotiazines derivates.

C. tapered withdrawal of antipsychotic drugs.

D. use of butyrophenones derivates.

E. abrupt discontinuation of antipsychotic drugs.

Nr 152. Which of the following Serotonine Selective Reuptake Inhibitors (the SSRIs) **does not** show distinct anxiolytic property (may even arose anxiety at the beginning of treatment)?

A. Fluvoxamine. B. Fluoxetine. C. Citalopram. D. Paroxsetine. E. Sertraline.

Nr 153. Which of the following procognitive drugs <u>does not</u> enhance the cholinergic transmission?

A. Donepezil.

D. Galantamine.

B. Rivastigmine.

E. all of the above.

C. Piracetam.

Nr 154. The organizational model of psychiatric care which provides care for patients residing In their homes, forms the basis for:

A. psychiatric out-patient care.

B. psychiatric community care.

C. the principles of organization of a hostel.

D. psychiatric day-care.

E. the principles of organization of a nursing home.

Nr 155. The belief in suffering from serious general disease accompanied by various complaints not justified by physical examination, is the basis for the diagnosis of:

A. somatization disorder.

B. simulation (malingering) of general medical disorder.

C. Hypochondriasis.

D. obsesive-compulsive disorder.

E. confabulations.

Nr 156. An 18-year-old girl lost consciousness during intravenous injection of netromycin. Measured blood pressure: 70/40 mmHg, heart rate 52/min regular. The **most probable** reason for the observed disturbances is:

A. Hoigne's syndrome.

D. toxic reaction.

B. anaphylactic shock.

E. syncope.

C. septic shock.

Nr 157. An 18-year-old boy lost consciousness with seizures during intramuscular injection of penicillin. He has no history or any evidence of previous epilepsy. The **most probable** reason for the observed disturbances is:

A. Hoigne's syndrome.

D. toxic reaction.

B. anaphylactic shock.

E. syncope.

C. septic shock.

Nr 158. A 42-year-old man called for an ambulance because of a persistent stenocardial pain, which is not relieved by nitrates administration. There are no abnormalities in performed ECG. The patient should be:

A. treated by his family doctor.

D. left untreated.

B. referred to cardiologist.

E. given ambulatory treatment.

C. admitted into hospital.

Nr 159. Recommended sedation drug in emergency and traumatology is:

A. midazolam because it acts fast and short.

B. diazepam because it prevents from possible seizures.

C. propofol because it prevents from vomiting.

D. ketamine because it does not decrease respiration.

E. morphine because it acts as sedative and analgetic.

Nr 160. Airway management during resuscitation in hospital settings according to the relevant guidelines should be performed with:

A. Guedel tube.

D. naso-pharyngeal tube.

B. laryngeal mask.

E. head tilt, chin lift.

C. jaw thrust (Esmarch manouver).

Nr 161. A patient presents to Emergency Room with multiorgan injury: chest injury – rib fracture, breathing sounds decreased unilaterally, breathing difficulties, symptoms of dyspnoea; head injury – conscious, GCS 13; broken arm – open fracture; abdominal tenderness. The first reaction is:

A. USG of the abdomen and abdominal punctuation – to find out if there is no bleeding.

B. CT scan of the cranium – to exclude serious brain injury.

C. chest X-ray – for examination of possible pneumothorax.

D. chest drainage.

E. affixing the open fracture to stop bleeding.

Nr 162. Which of the following settings of mechanical ventilation in an emergency situation in an adult patient with chest injury **is not** true?

A. respiration rate: 10-12/min.

D. plateau inspiratory pressure: 20 cm H₂O.

B. tidal volume: 6 ml/kg.

E. positive end-expiratory pressure: up to 5 cm H₂O.

C. peak inspiratory pressure: $45 \text{ cm H}_2\text{O}$.

Nr 163. How should you assess according to the Glasgow Coma Scale a patient after
a car accident with limited verbal communication, disorientated, opening eyes only to
pain stimulus and with abnormal extension of extremities to pain?

A. 15.

B. 9.

C. 7.

D. 3.

E. 12.

Nr 164. What is the normal minimal value of urine output?

A. 10 ml/kg/h. **B.** 0.5 ml/kg/h. **C.** 1 ml/kg/h.

D. 5 ml/kg/h.

E. 50 ml/kg/h.

Nr 165. In which medical disorder the oxygen index (PaO₂/FiO₂) falls below 200?

A. acute lung injury (ALI).

D. subglottic laryngitis.

B. pneumonia.

E. none of the above.

C. acute respiratory distress syndrome – ARDS.

Nr 166. What is the most frequent cause of cardiac arrest in children?

A. circulatory insufficiency.

D. respiratory disorders.

B. congenital heart defects.

E. none of the above.

C. septic shock.

Nr 167. What is the most frequent form of cardiac arrest in children?

A. ventricular tachycardia.

D. bradycardia and asystole.

B. supraventricular tachycardia.

E. none of the above.

C. pulseless electrical activity – PEA.

Nr 168. The precordial thumb is performed in the case of:

A. witnessing cardiac arrest especially in monitored patients.

B. every patient in cardiac arrest.

C. unknown the exact time of cardiac arrest.

D. cardiac arrest occurring in less than 5 minutes ago.

E. all the answers are false.

Nr 169. A victim of electrocution with high voltage can suffer from:

A. extensive burns.

D. all the answers are true.

B. bones fractures.

E. all the answers are false.

C. serious arrhythmias.

Nr 170. In the case of "near drowning" - after being got out from under the water a victim fast recovered consciousness. He has no complains, and no abnormalities in evaluation. What is the recommended approach?

A. he can be released home after evaluation.

B. he does not require medical evaluation.

C. after evaluation he can be treated in out-hospital settings.

D. he should be hospitalized because of possible acute respiratory failure.

E. all the answers are false.

Nr 171. The evaluation of circulation in a conscious patient found laying outdoor in winter morning should last:

A. 10 seconds. **D.** 10 minutes.

B. half a minute. **E.** all the answers are false.

C. one minute.

Nr 172. The only certain criterion of patient's death in hypothermia is:

A. lack of cornea reflex.

B. impossibility of circulation recovery after warming up the patient.

C. lack of brain-eye (doll eyes) reflex and deep reflexes.

D. lack of response to defibrillation.

E. all the answers are false.

Nr 173. During medical segregation the victim in whom you recognize II degree burn covering more than 30% of the body surface receives code (basing on Mettag color system):

A. green. **B.** yellow. **C.** red. **D.** blue. **E.** all the answers are false.

Nr 174. During mass casualty incidents the coordinating person is:

A. physician heading the ER.

B. city physician on duty.

C. physician of the ambulance who is the first at the site of the incident.

D. regional consultant in emergency medicine.

E. all the answers are true.

Nr 175. The factor influencing the decrease in intracranial pressure is:

A. hypotension. **D.** intracranial bleeding.

B. hypoxia. **E.** all the answers are false.

C. hypocapnia.

Nr 176. An adult Jehovah's Witness is admitted to hospital with acute symptoms indicating the need for urgent surgery. After a brief examination, the anesthesiologist on duty concludes that the patient needs blood transfusion. The patient does not give consent to it, and he confirms his refusal in writing. What should the surgeon do?

- **A.** he should refuse to perform surgery because of the level of risk.
- **B.** he should perform surgery, and, if necessary, give blood to the patient without informing him about this part of the treatment.
- **C.** he should respect the patient's will and perform the surgery without blood transfusion.
- **D.** he should perform surgery; if necessary, he should give blood to the patient and inform him about this part of the treatment as soon as possible.
- **E.** he should apply to the guardianship court for the permission to act without the patient's consent.

VERSION I

Nr 177.	Patient's	contacts	with	clergymen:
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A. are a condition for quick recovery.

B. can only take place in the hospital chapel.

C. depend on the decision of the family and doctor on duty.

D. are among the patient's basic rights.

E. are possible only during visiting hours.

Nr 178. Did Hippocrates support euthanasia?

A. yes.

D. he ignored euthanasia.

B. only in special cases.

E. he let patients decide.

C. he opposed euthanasia.

Nr 179. Does the Polish Code of Medical Ethics contain a provision concerning maintaining life of the parts of the human body after patients death?

A. no.

B. yes, this provision concern transplantation.

C. yes, this provision concerns road accidents.

D. yes, this provision concerns brain cells.

E. yes, this provision concerns terminal conditions.

Nr 180. Who, according to the Polish Code of Medical Ethics, has an exclusive right to supervise a medical experiment involving a human?

A. pharmacist.

B. physician.

C. philosopher.

D. lawyer.

E. sponsor.

Nr 181. Does the Polish Code of Medical Ethics allow a physician to participate in procedures causing heritable genetic changes in a human?

A. only for therapeutic purposes.

D. no.

B. yes.

E. yes, only in the case of neoplasmatic

disease

Nr 182. Does the Polish Code of Medical Ethics allow to take bone marrow from a child?

A. only up to the age of two.

D. only from males.

B. no.

E. yes.

C. only from females.

C. only in embryos.

Nr 183. Does the Polish Code of Medical Ethics contain a provision concerning a risk associated with a therapeutic experiment?

A. no.

D. the Code does not deal with medical experiments.

B. it refers to the legal provisions. **E.** there is only a provision concerning DNA.

C. yes.

Nr 184. Do the Declaration of Helsinki and the GCP principles apply to medical experiments carried out in Poland?

A. only the Helsinki Declaration.

D. yes.

B. only in special cases.

E. no.

C. only the GCP principles.

Nr 185. The so-called opt-out clause, which allows doctors to work for more than average 48 hours a week in a defined accounting period, can be introduced in the health care institution (ZOZ), provided that:

- 1) the consent is given by a relevant regional medical chamber council;
- 2) a physician gives his/her consent in writing;
- 3) accounting period does not exceed 4 months;
- 4) a health care institution (ZOZ) does not provide continuous services;
- 5) physicians are entitled to additional remuneration for their work in 200% of the hourly minimum wage rate.

The correct answer is:

A. 1,3.

B. 3.4.

C. 1,2.

D. 2.3.

E. 1,5.

Nr 186. In accordance with Law on cash benefits from social insurance in the case of illness and motherhood, a rehabilitation benefit can be granted for up to:

A. 3 months.

B. 6 months.

C. 8 months.

D. 9 months.

E. 12 months.

Nr 187. A medical statement on temporary incapacity to work can cover the period of up to 3 days preceding the day of physical examinations if their results indicate that the insured person involved was undoubtedly incapable to work during that period. Who is allowed to issue the statement covering longer than 3 day period before the examination?

A. medical unit manager.

D. SIF (ZUS) certifying doctor.

B. hospital administrator.

E. attending doctor upon receiving the SIF (ZUS)

C. psychiatrist.

president's approval.

Nr 188. Is a SIF (ZUS) insured person allowed to work for money while receiving rehabilitation benefit?

A. yes.

D. yes, half time only.

B. no.

E. yes, limited time only.

C. yes. third time only.

Nr 189. How long from the date of issuing a medical statement on temporally incapacity to work should it take the doctor to deliver its original to the local branch of SIF (ZUS)?

A. 3 days.

B. 5 days.

C. 7 days.

D. 10 days.

E. 14 days.

Nr 190. How long from the day of receiving a SIF (ZUS) certifying doctor's statement on temporary incapacity to work an insured person is entitled to appeal to the SIF (ZUS) medical board?

A. 3 days.

B. 7 days.

C. 14 days.

D. 21 days.

E. 30 days.

- **Nr 191.** In the proceedings to determine entitlement to benefits under the social insurance for farmers the medical specialist and ASIF (KRUS) medical boards **do not** issue the following rulings on:
- A. temporary incapacity to work lasting longer than 180 days.
- B. complete inability to farm labour.
- C. degree of disability.
- **D.** percentage of damage to health resulting from an accident at work in agriculture occupational disease.
- **E.** inability to live independently.
- **Nr 192.** When an insured person lost their medical statement on temporary incapacity to work (ZUS ZLA), the doctor who had issued the statement acting upon insured person's motion:
- **A.** issues the second copy of the statement.
- **B.** issues a photocopy of the second copy of the statement.
- **C.** issues a photocopy of the original which was previously sent to the local branch of SIF (ZUS).
- **D.** issues a new medical statement (ZUS ZLA) for the same period of time.
- **E.** provides excerpt from the second copy of the statement.
- **Nr 193.** The most important reason for the decrease in general death rate in Poland in the last twenty years is the decrease in deaths:
- A. caused by infectious diseases.
- B. caused by neoplastic diseases.
- **C.** caused by neoplastic and cardiovascular diseases.
- **D.** caused by cardiovascular diseases.
- **E.** of newborns and infants.
- **Nr 194**. The result of the latest epidemiologic studies in Poland show that **the most common** risk factors for cardiovascular diseases in our country are:
- A. hypercholesterolemia, sedentary lifestyle and diabetes mellitus.
- B. overweight and obesity, hypercholesterolemia and sedentary lifestyle.
- C. smoking, family history and stress.
- **D.** hypertension, genetic factors and environmental contamination.
- E. hypertension, hyperglycemia and smoking.
- **Nr 195.** The proper intensity of physical exertion for a fifty-year-old obese man without relevant contraindications against physical exercise is the exert:
- **A.** of approximately the maximum intensity.
- **B.** that causes a fast heart rate to about 80-90 cons/min.
- C. that causes a fast heart rate to about 110-130 cons/min.
- **D.** that causes a fast heart rate above 160 cons/min.
- E. of an intensity above 15 MET.

Nr 196. On the grounds of Fagerstrom test – nine points and the motivation test – two points the following can be inferred:

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- **A.** there is no physical addiction to nicotine, the patient has strong motivation to stop smoking.
- **B.** there are both a strong physical addiction to nicotine and strong motivation to stop smoking.
- **C.** there is neither a strong physical addiction to nicotine nor strong motivation to stop smoking.
- **D.** there is strong addiction to nicotine, but no motivation to stop smoking.
- **E.** none of the above is correct.

Nr 197. What is the meaning of the notion that the relative risk of death associated with the administration of ABC drug in secondary prevention of coronary heart disease equals 0.78?

- **A.** the risk of death to the patient taking the drug is 22% smaller than the risk of death in the general population.
- **B.** the estimation of the risk of death to the patient taking the drug is relative and most likely will be approximately 22%.
- **C.** the risk of death to the patient is approximately 22% smaller if he takes the drug than otherwise.
- **D.** the risk of death to the patient is approximately 78% smaller if he takes the drug than otherwise.
- **E.** none of the above is correct.

Nr 198. The access of an insured person to health care covered by NFZ (National Health Found) depends on:

- A. the amount of health insurance premium.
- **B.** the period of membership in the National Health Fund.
- **C.** insured person's medical condition.
- **D.** insured person's professional standing.
- E. none of the above.

Nr 199. Outpatient specialist services financed from public funds shall be awarded on the basis of the referral from a doctor of health insurance. Such a referral <u>is not</u> required in the case of:

- 1) psychiatrist's services;
- 2) diagnostic investigations including medical laboratory diagnostics;
- 3) patients suffering from tuberculosis;
- 4) HIV positive patients;
- 5) medicinal rehabilitation services;
- 6) dentist's services.

The correct answer is:

- **A.** 1,2.
- **B.** 1,2,3.
- **C.** 3,4,5.
- **D.** 1,3,4,6.
- **E.** 2,3,4,5.

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Nr 200. In accordance with the Law on health care services financed from public funds, an insured person shall be provided and funded on the principles and scope defined in the Law following benefits:

- A. primary health care.
- **B.** outpatient specialist services.
- C. medical rehabilitation.

- **D.** treatment in patient's home.
- **E.** all of the above.

Thank You!