### UNIVERSITI SAINS MALAYSA

PEPERIKSAAN PERTAMA PROGRAM SARJANA FARMASI SEMESTER I 1992/93

16 NOVEMBER 1992

# FCP 553: PHARMCOTHERAPEUTICS III

( 3 HOURS )

This Examination consists of two sections.

Section A consists of 100 multiple choice questions

Section B consists of two (2) long questions

Answer ALL questions

Answers to Section A must be entered into the scripts provided

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SECTION (A)
1. Which of the following do(es) not predispose patients t
urinary infections?
(i) nephrolithiasis
(ii) urethral stenosis
(iii)in-dwelling bladder catheters
(iv) gentamicin ototoxicity
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only
2. Which of the following allow(s) for a reliable
distinction between upper and uncomplicated lower urinary
tract infections?
(i) Dysuria
(ii) Fever
(iii)Urinary frequency
(iv) Flank pain

.... (b) (ii) and (iv) only
.... (c) (i), (ii) and (iii) only

 $\dots$  (a) (i) and (iii) only

.... (d) (iv) only

- 3. Which of the following statements is/are true?
- (i) Asymptomatic bacteriuria should routinely be treated with antibiotics
- (ii) The incidence of asymptomatic bacteriuria is equal in males and females
- (iii) At least 80 percent of women aged 65 and above have asymptomatic bacteriuria
- (iv) Treatment of asymptomatic bacteriuria in the elderly is of little or no benefit.
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iii) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (iv) only.
- 4. In which of the following conditions would single dose antibiotic therapy be usually adequate?
- (i) a pregnant women with asymptomatic bacteriuria
- (ii) acute urethral syndrome
- (iii) asymptomatic bacteriuria in a catheterized patient
- (iv) acute, uncomplicated urinary tract infections.
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only

- .... (c) (i), (ii) and (iii) only
- .... (d) (iv) only.
- 5. Which of the following do(es) not predispose patients to upper respiratory infection?
- (i) chronic immunosuppressive therapy.
- (ii) assisted ventilation
- (iii) chronic smoking
- (iv)  $\beta$ -blocker overdose
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- ..... (d) (iv) only.
- 6. Which of the following conditions is/are indication(s) for antibiotic therapy?
- (i) Complaints of nasal discharge, sneezing, and sore throat in a 45 year-old male
- (ii) 'Itchy' throat and fever for 5 days in a 6 year-old boy
- (iii) Recurrent nasal sinusitis in a 40 year-old female
- (iv) Bilateral acute otitis media with perforated ear drums in a 6 year-old girl.
- .... (a) (i) and (iii) only

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.... (b) (ii) and (iv) only

.... (c) (i), (ii) and (iii) only

.... (d) (iv) only.

- 7. Which of the following statements is/are true?
- (i) 40% of viral pathogens of upper respiratory tract infections in adults are not identified
- (ii) Sinusitis is more common in children compared to adults
- (iii) Group A beta-hemolytic streptococcus is the main cause of tonsillitis in children
- (iv) Mycoplasma pneumoniae is the major finding in chronic otitis media.
- .... (a) (i) and (ii) only
  .... (b) (ii) and (iv) only
  .... (c) (i), (ii) and (iii) only
  .... (d) (iv) only.
- 8. Which of the following individuals would not be at risk for an attack of gout?
- .... (a) An 18 year-old treated for acute leukemia
- .... (b) A 54 year-old woman receiving hydrochlorothiazide for hypertension
- .... (c) A 29 year-old patient on a high-protein diet
- .... (d) A neurotic, 45 year-old housewife taking 6 to 8

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aspirin daily for recurrent headaches.

- 9. Which of the following disorders is/are associated with hyperuricemia and gout?
- (i) Psoriasis
- (ii) Obesity
- (iii) Congestive heart failure
- (iv) Cushing's syndrome
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- ..... (d) (iv) only.
- 10. Which of the following statements is/are true regarding asymptomatic hyperuricemia?
- (i) The risk for gouty arthritis is greater in elderly patients
- (ii) Antihyperuricemic therapy is usually not indicated if the serum urate concentration remains below 500 mMol/L
- (iii) A strong family history of severe gout, persistent hyperuricemia and a single kidney are indications for therapy
- (iv) Probenecid is the drug of choice in patients with a history of uric acid stones and in patients over

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producing uric acid.
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only.
11. Which of the following is/are risk factor(s) for adverse gastrointestinal symptoms in NSAID exposed patients?
(i) Age
(ii) Duration of treatment
(iii) Concomitant therapy with prednisolone
(iv) Sex
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only.
12. Which of the following is usually the cause of
spontaneous peritonitis in a child with nephrosis?
(a) Escherichia coli
(b) Anaerobic bacteria
(c) Streptococcus pneumoniae

.... (d) Enterococci.

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13. V	Which	of	the	follow	ving	is	the	most	likely	port	of	entry
in pa	atient	t wi	th f	ever,	leuk	cocy	tosi	is and	a pos	sitive	blo	ood
cult	ures :	for	Bact	eroide	es fr	agi	llis	?				

- .... (a) intravenous line
- .... (b) pulmonary infection
- .... (c) intra-abdominal sepsis
- .... (d) contaminant.

14. Which of the following regimens has poor activity against enterococci?

- ..... (a) Penicillin plus amikacin
- .... (b) Penicillin, clindamycin plus gentamicin
- ..... (c) Ampicillin plus gentamicin
- .... (d) Cefoxitin plus gentamicin.

15. Which of the following has poor activity against infections involving Bacteroides fragilis?

- .... (a) Clindamycin
- .... (b) Metronidazole
- .... (c) Cefoxitin
- .... (d) Cefamandole.

16. Which of the following organisms would not be expected

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in an intra-abdominal abscess?
(a) Clostridia
(b) Peptostreptococci
(c) Klebsiella
(d) Staphylococcus aureus.
17. Which of the following is/are characteristic(s) of
extra-intestinal manifestations of inflammatory bowel
diseases ?
(i) Arthritis/arthralgia
(ii) Abnormal liver function test
(iii) Ankylosing spondylitis
(iv) Agranulocytosis
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only.
18. Which of the following constitute(s) the major different
between ulcerative colitis and Crohn's disease?
(i) patophysiology
(ii) anatomic distribution
(iii)clinical course

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(iv) extra-intestinal manifestations

- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- ..... (d) (iv) only.
- 19. Which of the following features is/are linked to ulcerative colitis?
- (i) Inflammation may involve any portion of the gastro intestinal tract and is patchy in nature
- (ii) Inflammation usually involves the mucosal layer of the colon and rectum
- (iii) Inflammation is characteristically transmural with deep ulceration, adhesions and fistula formation
- (iv) Inflammation does not extend beyond the submucosa layer.
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only ...
- .... (c) (i), (ii) and (iii) only
- .... (d) (iv) only.
- 20. Which of the following is the agent of choice for inducing remission in a patient with severe ulcerative colitis?

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• • • • •	(a) prednisone	
• • • • •	(b) 5-aminosalicylic acid	
• • • • •	(c) sulfasalazine	
• • • • •	(d) sulfapyridine.	
21. W	hich of the following statements is/are	not true
regard	ding peptic ulcer disease?	
• • • • •	(a) Duodenal ulcer is the commonest type	pe
• • • • •	(b) Age group commonly affected by duo	denal ulcer
	ranges from 20 and 50 years.	
• • • • •	(c) Women are affected twice as common	ly as men
	(d) None of the above.	
22. W	hich of the following is not true regard:	ing the effect
of ciq	garette smoking in peptic ulcer disease?	
• • • • •	(a) It delays ulcer healing	
• • • • •	(b) It increases risk and rapidity of	relapse

- .... (c) It decreases emptying of stomach acid into the duodenum
- .... (d) It decreases biliary and pancreatic bicarbonate secretion.
- 23. Which of the following does not increase the risk for peptic ulcer disease?

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- .... (a) bronchial asthma
- .... (b) rheumatoid arthritis
- .... (c) alcoholic cirrhosis
- .... (d) hyperparathyroidism.
- 24. Which of the following is/are not treatment objective(s) for peptic ulcer disease ?
- (i) Relief of pain and other ulcer symptoms
- (ii) Promotion of healing
- (iii) Prevention of complication and ulcer relapse
- (iv) Teaching the patient about the disease to improve therapeutic compliance
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) All of the above.
- 25. Which of the following is/are not actions of antacids in gastric ulcer disease?
- (i) inhibition of pepsin activity
- (ii) strengthening of gastric mucosal barrier probably through prostaglandin generation
- (iii) neutralising gastric acid

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(iv) stimulation of bicarbonate secretion.
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) All of the above.
26. Which of the following is/are risk factor(s) for
penicillin nephrotoxicity?
(i) Liver disease
(ii) Renal disease
(iii)Concurrent erythromycin
(iv) Concurrent probenecid.
(a) (i) and (ii) only
(b) (i), (ii) and (iii) only
(c) (i), (ii), (iii) and (iv)
(d) (ii) and (iv) only.
27. Which of the following penicillins are effective against
penicilinase producing Staphylococcus aureus?

- (i) ampicillin
- (ii) nafcillin
- (iii) amoxycillin
- (iv) methicillin

- .... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- ..... (d) (ii) and (iv) only.
- 28. Which of the following statement(s) is/are true regarding the use of antipseudomonal penicillin with aminoglycosides?
- (i) it provides synergistic effect against pseudomonas
- (ii) it increases the risk of nephrotoxicity
- (iii) it increases hydrolysis of penicillin by penicillinase
- (iv) induces penicillinase production by aminoglycoside.
- .... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- .... (d) (ii) and (iv) only.
- 29. Which of the following laboratory tests is/are the best indicator(s) for Methicillin Resistant Staphylococcus aureus (MRSA)?
- (i) Growth of organisms resistant to all antibiotics
- (ii) Growth of Staphylococcus aureus resistant to cloxacillin

- (iii)Growth of Staphylococcus aureus resistant to all antipseudomonal penicillins
- (iv) Growth of Staphylococcus aureus resistant to methicillin group penicillins.
- ..... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- ..... (d) (ii) and (iv) only.
- 30. Which of the following statements is/are true regarding the coagulation problems associated with cephalosporins?
- (i) they are more common in renal failure
- (ii) they are more common with cephalosporins with methylthiotetrazole side chain
- (iii) they can be reduced by vitamin K supplements
- (iv) they are aggravated by concurrent use of aspirin.
- .... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- ..... (d) (ii) and (iv) only.
- 31. Which of the following cephalosporins induce(s) disulfram-like reaction when taken together with a cough syrup?

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- (i) cefotaxime
- (ii) cefoperazone
- (iii) ceftriaxone
- (iv) moxalactam.
- .... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- ..... (d) (ii) and (iv) only.
- 32. Which of the following drugs achieve therapeutic CSF concentration?
- (i) cefazolin
- (ii) ceftazidime
- (iii) cephalothin
- (iv) ceftriaxone
- $\dots$  (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- .... (d) (ii) and (iv) only.
- 33. Which of the following mediate(s) resistance with cephalosporins?

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- (i) mutation
- (ii)  $\beta$ -lactamase production
- (iii) increased production of cell wall.
- (iv) alteration of outer membrane permeability
- .... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- .... (d) (ii) and (iv) only.
- 34. Which of the following statements is/are true regarding chloramphenical disposition?
- (i) It distributes throughout the whole body
- (ii) Penetration across inflamed blood brain barrier is excellent
- (iii) It has a high protein binding (90%)
- (iv) It is stored in fatty tissues.
- ..... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- .... (d) (ii) and (iv) only.
- 35. Which of the following is/are true regarding adverse reaction to chloramphenicol?

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- (i) Aplastic anemia occurs only in genetically predisposed patients
- (ii) Close monitoring of blood levels can prevent aplastic anemia
- (iii) The gray baby syndrome is associated with the chloramphenical induced aplastic anemia
- (iv) Prolonged use increases the risk of hematological side effects.
- .... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- ..... (d) (ii) and (iv) only.
- 36. Which of the following is/are sensitive to chloramphenicol?
- (i) gm (+)-ve aerobic organisms
- (ii) gm (+)-ve anaerobic organisms
- (iii)salmonella species
- (iv) rickettsiae.
- .... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- .... (d) (ii) and (iv) only.

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- 37. Which of the following is/are sensitive to vancomycin?
- (i) staphylococcus including penicillinase producing staphylococci
- (ii) clostridium species including Clostridium difficile
- (iii) Pseudomonas aeruginosa
- (iv) Klebsiella species including Klebsiella pneumonia.
- .... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- .... (d) (ii) and (iv) only.
- 38. Which of the following statements is/are true regarding adverse reactions of vancomycin?
- (i) The hepatotoxicity is dose related
- (ii) The red neck syndrome is related to the rate of infusion
- (iii) The ototoxicity is associated with trough level
- (iv) The nephrotoxicity is reversible.
- .... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- .... (d) (ii) and (iv) only.

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- 39. Which of the following statements is/are true regarding vancomycin?
- (i) IV Vancomycin should be given as a bolus
- (ii) IV Vancomycin is ineffective against Clostridium dificille
- (iii)Oral absorption is excellent
- (iv) The oral route is the route of choice for antibiotic induced pseudomembranous colitis.
- ..... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- .... (d) (ii) and (iv) only.
- 40. Which of the following statements is/are true regarding trimethoprim/sulfamethoxazole (TMP/SMX) preparations?
- (i) The presentation is in a form of a fixed ratio of 1:5 (TMP/SMX)
- (ii) The syrup contains 40 TMP and 200 SMX in each 5 ml
- (iii) The tablet contains 400 SMX and 80 TMP
- (iv) The parenteral preparation contains 400 SMX and 80 TMP in each 5 ml.
- .... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only

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(iv)	and	.ii)	(i:	i),	(ii	(i),	(c)	• • • • •
	ly.	on.	iv)	<b>d</b> ()	and	(ii)	(d)	

- 41. Which of the following is/are indication(s) for Trimethoprim/Sulfamethoxazole?
- (i) prophylaxis against Pneumocystis carinii pneumonia in immunocompromised patient
- (ii) community acquired urinary tract infections
- (iii) urinary tract infections caused by pseudomonas
- (iv) as single dose drug therapy for chronic urinary tract infection in a female patient.
- .... (a) (i) and (ii) only
  .... (b) (i), (ii) and (iii) only
  .... (c) (i), (ii), (iii) and (iv)
  .... (d) (ii) and (iv) only.
- 42. Which of the following findings is/are found in primary adrenal insufficiency but not in secondary adrenal insufficiency?
- (i) Fatigue
- (ii) Hyperkalaemia
- (iii) Hyponatremia
- (iv) Hyperpigmentation.

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(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only.
43. Which of the following laboratory tests
differentiate(s) primary from secondary adrenal
insufficiency?
(i) ACTH infusion test
(ii) Plasma ACTH level
(iii) Metyrapone test
(iv) Casyntopin test
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only.
44. Which of the following pairs of drug used for Cushing's
syndrome and the major adverse effect is/are true?
(i) Metyrapone - hepatotoxicity
(ii) Aminoglutethimide - central nervous system effects

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(iii) Cyproheptadine - nephrotoxicity

(iv) Mitotane - gastrointestinal effects

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(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only.
45. Which of the following is the primary definitive therapy
for the various forms of Cushing's syndrome?
(a) pharmacological
(b) chemotherapy
(c) radiation
(d) surgical.
46. Which of the following should not be given to patients
with invasive enterocolitis?
(i) Kaolin with pectin
(ii) Atropine
(iii)Oral rehydration solution
(iv) Diphenoxylate
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only

47. Which of the following laxatives cause(s) abdominal

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distention and flatulence?
(i) Glycerin
(ii) Cascara
(iii)Docusate
(iv) Polycarbophil
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only.
48. Which of the following classes of anti emetics is/are
not useful in chemotherapy-induced vomiting?
(i) Phenothiazine
(ii) Butyrophenones
(iii)Corticosteroid

- (iv) Antihistamine
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (iv) only.
- 49. Which of the following anti tubercular drugs is/are effective for the slow growing intercellular mycobacterium?

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(i) Streptomycin
(ii) Isoniazid
(iii)Rifampicin
(iv) Pyrazinamide.
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only.
50. Which of the following is the regimen of choice for
pulmonary tuberculosis in a pregnant lady?
(a) Streptomycin(S), Isoniazid (H), Rifampicin (R) X
2/12 and followed by H,R X 7/12
(b) Ethambutol (E), H,R X 2/12 followed by H.R X 7/12
(c) Pyrazinamide (Z), H,R X 2/12 followed by H.R X
4/12
(d) SHRZ X 2/12 followed by H.R X 6/12.
51. Which of the following pairs of anti tubercular drug-
major adverse effect is/are true?
- ·
(i) Isoniazid- peripheral neuropathy
(ii) Ethambutol- optic neuritis
(iii)Pyrazinamide- hyperuricemia

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(iv) Rifampicin- arthralgias
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only.
52. Whom among the following require(s) preventive therapy
with isoniazid?
(i) Newly infected persons
(ii) Household members of newly diagnosed patients
(iii) Positive reactors to tuberculin skin test
(iv) Individuals with progressive (active) tuberculosis.
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only.
53. Which of the following thyroid function tests is/are

- altered by estrogen-containing drugs?
- (i) Plasma TBG concentration
- (ii) Total T4
- (iii) T3U, resin
- (iv) TSH

# INDEX NUMBER: .... (a) (i) and (iii) only

- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- ..... (d) (iv) only.
- 54. Which of the following is/are mechanism(s) for drug interference of thyroid function tests?
- (i) inhibiting synthesis of thyroid hormone in the thyroid gland
- (ii) altering peripheral thyroid hormone metabolism
- (iii) affecting concentration of the binding proteins in serum
- (iv) interfering with activity of thyroid hormone on cells.
- ..... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- ..... (d) (iv) only.
- 55. Which of the following is/are the mechanism(s) of action of propylthiouracil in thyrotoxicosis?
- (i) It blocks the release of thyroid hormones from thyroid gland
- (ii) It blocks the organification of thyroid hormone in the thyroid gland
- (iii) It blocks the peripheral action of thyroid hormone

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(iv) It inh	nibits the peripheral conversion of $T_4$ to $T_3$ .
(a) (	(i) and (iii) only
(b)	(ii) and (iv) only
(c)	(i), (ii) and (iii) only
(d)	(iv) only.
	of the following is/are the adverse effect(s) of used in thyrotoxicosis?
(i) Asthm	a
(ii) Macul	opapular skin rashes
(iii)Conge	stive heart failure
(iv) Agran	ulositosis
(a)	(i) and (iii) only
(b)	(ii) and (iv) only
(c)	(i), (ii) and (iii) only

- 57. Which of the following is/are reasons for failure of chemoprophylaxis against malaria?
- (i) non-compliance

.... (d) (iv) only.

- (ii) the need to take at least two different anti malaria drugs
- (iii) the presence of chloroquine-resistant Plasmodium

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falciparum

- (iv) the presence of multiple drug resistance of strains of Plasmodium falciparum.
- ..... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- ..... (d) (iv) only.
- 58. Which of the following is/are mode(s) of transmission of malaria?
- (i) bites of infected Aedes mosquitoes
- (ii) blood transfusion
- (iii) contaminated syringes or needles
- (iv) congenital transmission.
- ..... (a) (i) and (iii) only
- $\dots$  (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (iv) only.
- 59. Which of the following statements is/are true?
- (i) Chloroquine is relatively safe in pregnancy but for the risk of middle ear deafness during the first trimester
- (ii) Primaquine can give rise to acute massive hemolysis in

G6PD deficient children

- (iii) Artemester can be used to treat chloroquine resistant

  Plasmodium falciparum infections
- (iv) Fansidar is contraindicated in infants and pregnant mothers.
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- ..... (d) (iv) only.
- 60. Which of the following result(s) in a failure to culture or detect a suspected pathogen?
- (i) incorrect diagnosis
- (ii) antibiotic therapy prior to specimen collection
- (iii) delayed transport of specimens
- (iv) improper culture methods.
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (iv) only.
- 61. Which of the following laboratory tests is/are useful as aid(s) in antimicrobial therapy?

- (i) Disc diffusion test
- (ii) Minimum inhibitory concentration
- (iii) serum bactericidal test
- (iv) assay of antibiotic concentration in blood or other body fluids.
- .... (a) (i) and (iii) only
- ..... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (iv) only
- 62. Which of the following is/are mechanism(s) of antimicrobial resistance?
- (i) The production of enzymes that destroy the active drug.
- (ii) The change of permeability to the drug
- (iii)The development of an altered structural target for the
   drug
- (iv) The development of an altered metabolic pathway that bypass the reaction inhibited by the drug.
- .... (a) (i) and (iii) only
- $\cdots$  (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (iv) only.
- 63. Which of the following is/are essential for the prevention and control of bacterial resistance to antibiotic

INDEX	NUMBER:	

### hospitals?

- (i) Rational use of antibiotic
- (ii) Good hospital hygiene and nursing practice
- (iii) Isolation facilities for infected patients
- (iv) Availability of expert advice on infectious disease.
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (iv) only.
- 64. Which of the following is/are true regarding bile acids and bile salts?
- (i) They are produced by the liver
- (ii) Cholic acid is referred to as primary bile acids
- (iii) Primary bile acids are produced in the gut
- (iv) Primary bile acids are synthesised from cholesterol.
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).
- 65. Which of the following is/are true regarding gallstones?

INDEX NUMBER:

- (i) the majority are radio-opaque
- (ii) cholesterol stones are usually black
- (iii) they are known to cause cancer of colon
- (iv) the pigmented types are found in chronic hemolytic states
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- ..... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).
- 66. Which of the following is/are factors causing gallstone formation?
- (i) high serum cholesterol
- (ii) infections
- (iii) stasis of bile
- (iv) cancer of gallbladder
- ..... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).
- 67. In which of the following conditions can pigmented gallstone be seen?

INDEX	NUMBER	:		

- (i) Thalassemia
- (ii) Stricture of the common bile ducts
- (iii) Hereditary spherocytosis
- (iv) Ascaris infestation of biliary tree
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).
- 68. Which of the following is/are complications of gallstones?
- (i) Acute cholecystitis
- (ii) Mococele of gallbladder
- (iii) Carcinoma of gallbladder
- (iv) Cholangitis.
- ..... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).
- 69. Which of the following is/are true regarding acute cholecystitis?
- (i) the majority is caused by cancer

- (ii) the associated pain is mainly at right hypo-chondrium
- (iii) male is commonly affected
- (iv) Salmonella typhi may be isolated from the gallbladder.
- ···· (a) (i) and (iii) only
- ···· (b) (ii) and (iv) only
- $\cdots$  (c) (i), (ii) and (iii) only
- ···· (d) (i), (ii), (iii) and (iv)
- 70. Which of the following is/are treatment(s) for acute cholecystitis?
- (i) antibiotics
- (ii) bed rest
- (iii) analgesics
- (iv) fluids and fat-free diet
- $\dots$  (a) (i) and (ii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii), and (iii) only
- .... (d) (i), (ii), (iii) and (iv).
- 71. Which of the following are feature(s) of pancreatitis?
- (i) Epigastric pain
- (ii) Anorexia and vomiting
- (iii) Absent bowel sound
- (iv) Peri-umbilical bruises (Cullen sign).

INDEX	NUMBER:	

- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).
- 72. Which of the following is/are features of acute pancreatitis?
- (i) low serum amylase ( 1000 IU/1)
- (ii) fever
- (iii) high serum calcium
- (iv) 'sentinal loop' sign seen on a plain abdominal x-ray.
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).
- 73. Which of the following findings are associated with good prognostic features in acute pancreatitis?
- (i) high blood sugar
- (ii) high serum amylase (  $1200~{
  m IU/L}$ )
- (iii) increased serum bilirubin
- (iv) normal liver function test.

INDEX NUMBER:
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (iv) only.
74. Which of the following is/are treatment(s) of acute pancreatitis?
(i) oral feeding
(ii) analgesia
(iii) emergency surgery for all cases
(iv) peritoneal lavage if indicated
(a) (i) and (iii) only
(b) (ii) and (iv) only
(c) (i), (ii) and (iii) only
(d) (i), (ii), (iii) and (iv).
75. Which of the following is/are complication(s) of acute
pancreatitis?
(i) hypotension
(ii) hypocalcemia
(iii) infection
(iv) pseudo cyst.
(a) (i) and (iii) only
(b) (ii) and (iv) only

### INDEX NUMBER:

- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).

76. Which of the following condition is/are cause(s) of chronic pancreatitis?

- (i) alcohol
- (ii) cancer of pancreas
- (iii) acute pancreatitis recurrent
- (iv) idiopathic.
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).

77. Which of the following is/are clinical features of chronic pancreatitis?

- (i) epigastric pain
- (ii) weight loss
- (iii) diabetes mellitus
- (iv) malabsorption
- ..... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only

chronic

INDEX	NUME	BER:	***************************************			-		
• • • • •	(b)	(i),	(ii),	(iii)	and	(iv	7).	
			ne foll	Lowing	is/a	re	true	in
pancr	eatit	.IS:						

- (i) serum amylase may be normal
- (ii) epigastric pain is uncommon
- (iii) plain abdominal x-ray shows calcification
- (iv) weight loss is not a common feature.
- .... (a) (i) and (iii) only
  .... (b) (ii) and (iv) only
  .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).
- 79. Which of the following is/are associated with hepatocellular failure?
- (i) anesthetic drugs
- (ii) gastro-intestinal bleeding
- (iii) inter current infection
- (iv) narcotics.
- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).

INDEX	NUMBER:	
INDEY	MUMDER.	

- 80. Which of the following is/are clinical features of hepatocellular failure?
- (i) Jaundice
- (ii) Ascites
- (iii)Loss of axillary and pubic hairs
- (iv) Fetor hepaticus
- ..... (a) (i) and (iii) only
- $\dots$  (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- ....(d) (i), (ii), (iii) and (iv).
- 81. Which of the following is/are treatment(s) of hepatocellular failure?
- (i) Blood transfusion
- (ii) Antibiotics for infections
- (iii) Avoidance of morphine
- (iv) High protein diet.
- ..... (a) (i) and (iii) only
- $\dots$  (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).

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INDEX	NUMBER:	

- 82. Which of the following is/are treatment(s) of hepatic encephalopathy?
- (i) High protein diet (40 gm/day)
- (ii) Magnesium sulphate enema
- (iii) Morphine to treat encephalopathy
- (iv) High calorie nutrition.
- ..... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).
- 83. Which of the following is/are true regarding rheumatoid arthritis?
- (i) It is caused by bacteria
- (ii) It is a systemic disease
- (iii) It can cause death through cord compression
- (iv) It is associated with joint deformities.
- ..... (a) (i) only
- .... (b) (i), (ii), (iii) and (iv)
- .... (c) (ii), (iii) and (iv) only
- .... (d) (i), (iii) and (iv) only.
- 84. Which of the following statements are true?

			_
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- (i) Rheumatoid factor is found in the majority of patients with rheumatoid arthritis.
- (ii) NSAID can alter the course of RA
- (iv) In RA, prednisolone is used mainly as an anti inflammatory agent.
- .... (a) (i) and (ii) only
- .... (b) (i) and (iii) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (iii) and (iv) only.
- 85. Which of the following statement are true?
- (i) Gold salt can alter the progression of osteoarthritis.
- (ii) Gram-negative bacteria is commonly found in septic arthritis associated with drug abuse
- (iii) Septic arthritis frequently occur through hematogenous spread of infection.
- (iv) Penicillamine can cause bone narrow toxicity.
- .... (a) (i) and (ii) only
- .... (b) (ii) and (iii) only
- .... (c) (i), (iii) and (iv) only
- .... (d) (ii), (iii) and (iv) only.

TNDEX	NUMBER:		
THDRW	II OMPTIL.	 	

- 86. Which of the following statements are true?
- (i) Aspirin is less potent than piroxicam
- (ii) NSAID should always be given with antacids to avoid GI bleeding
- (iii)Cloxacillin and gentamicin would be a suitable choice
   in the empirical treatment of septic arthritis in a
   drug addict
- (iv) Septic arthritis usually involves multiple joints in symmetrical distribution.
- ..... (a) (i) and (ii) only
- ..... (b) (i) and (iii) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (i), (ii), (iii) and (iv).
- 87. Which of the following statements regarding syphilis is true?
- .... (a) The incidence of syphilis in the United Kingdom has increased since 1980
- .... (b) The incubation period of primary syphilis is from 9 to 90 days with an average of 21 days
- .... (c) In secondary syphilis, the cardiovascular system may be affected
- .... (d) Neonate born to a mother treated with erythromycin

INDEX NUMBER:

during pregnancy does not require further treatment.

- 88. Which of the following is/are mode(s) of transmission of Human immunodeficiency virus (HIV)?
- (i) heterosexual intercourse
- (ii) blood transfusion
- (iii) transplacentally from mother to fetus
- (iv) close physical contact with intact skin surface.
- ..... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (iv) only.
- 89. Which of the following pairs of statements is/are true regarding treatment of sexually transmitted disease?
  - (i) Chlamydial infection in pregnancy: Doxycycline 100 mg BD for 14 days
  - (ii) Gonorrhea in patient allergic to penicillin: Intramuscular spectinomycin 2 gram bolus, preceded by probenacid 1 gram orally
  - (iii) Severe primary genital herpes simplex infection:
    Topical Idoxuridines
  - (iv) Syphilis of more than 1 year:

INDEX	NUMBER:		

Intramuscular benzathine penicillin G 2.4 Mega Unit weekly for 3 successive weeks.

- .... (a) (i) and (iii) only
- .... (b) (ii) and (iv) only
- .... (c) (i), (ii) and (iii) only
- .... (d) (iv) only.
- 90. Which of the following drugs is not useful in the management of acute gouty arthritis?
- .... (a) Colchicine
- .... (b) Indomethacin
- ..... (c) Probenecid
- ..... (d) Phenylbutazone.
- 91. Which of the following drug-side-effects combinations is true?
- .... (a) Indomethacin headache
- .... (b) Colcichine dizziness
- .... (c) Phenylbutazone rash
- ..... (d) Allopurinol peptic ulceration.
- 92. Which of the following non-steroidal anti-inflammatory agents (NSAID's) requires dosage adjustment when creatinine clearance is 30 ml/min.?

INDEX NUMBER:
(a) Sulindac
(b) Phenylbutazone
(c) Naproxen
(d) Piroxicam.
93. Which of the following NSAID's has the least effect on
blood pressure?
(a) Indomethacin
(b) Sulindac
(c) Piroxicam
(d) Ibuprofen.
94. Which of the following drug combinations has the least risk for drug interactions?
(a) Ibuprofen - lithium
(b) Indomethacin - methotrexate
(c) Sulindac - lithium
(d) Diclofena - zidovudine.
95. Which of the following drugs is active against most
clinically significant anaerobes and most clinically
significant coliforms?
(a) Imipenem

INDEX NUMBER:
(b) Ciprofloxacin
(c) Gentamicin
(d) Metronidazole.
96. Which of the following organisms is usually the cause
of peritonitis secondary to trauma wounds?
(a) Pseudomonas aeruginosa
(b) Enterococci
(c) Staphylococcus aureus
(d) Escherichia coli.
97. Which of the following is not a predisposing factor
for primary peritonitis in children?
(a) post necrotic cirrhosis
(b) urinary tract infections
(c) upper respiratory tract infections
(d) none of the above.
98. Which of the following is/are not risk factors for
penicillin nephrotoxicity?
(i) Liver disease
(ii) Renal disease
(iii) Concurrent erythromycin
(iv) Concurrent probenecid

INDEX	NUMBER:	

- .... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- .... (d) (ii) and (iv) only.
- 99. Which of the following is/are true regarding the combination of ampicillin and imipenem?
- (i) it reduces the effectiveness of both drugs.
- (ii) it induces ampicillin hydrolysis by penicillinase
- (iii) it results in synergism
- (iv) it induces penicillinase production by imipenem.
- ..... (a) (i) and (ii) only
- .... (b) (i), (ii) and (iii) only
- .... (c) (i), (ii), (iii) and (iv)
- .... (d) (ii) and (iv) only.
- 100. Which of the following is the drug of choice for the treatment of Cushing's syndrome due to adrenal carcinoma?
- ..... (a) mitotane
- .... (b) aminoglutethimide
- .... (c) metyrapone
- .... (d) cyproheptadine

(50 marks)

### SECTION (B)

1. (A) A 24 year old lady complained of painful urination of 6 months. She also had intermittent fever, chills, and back pain. Recently she noted frequency of urination associated with the passage of small volumes of urine.

# Physical examination:

Patient was in no obvious distress and her examination was unremarkable except for bilateral flank and upper abdominal tenderness on palpation.

BP100/70 mm Hg, PR 80 T 38°C

Urinalysis

Specific gravity: 1.010 pH 6.0

Protein: nil

Sediment: 3-5 RBC

Sugar: nil 2-3 WBC

no casts

Urine culture: E.Coli 50,000/ml sensitive to all antibiotics tested.

(i) What findings were suggestive of urinary tract infection?

(5 marks)

(ii) A prescription for amoxycillin 3 gram stat was given.

Give your comment.

(5 marks)

(iii) Discuss the risks and benefits of a single dose antibiotic therapy for urinary tract infections.

(5 marks)

(B) A 58 year-old male complained of generalized body aches, nasal congestion and non-productive cough.

## Physical examination:

Unremarkable except for a few palpable cervical and submandibular nodes.

BP 150/90 mm Hg, PR 80 beat /min., T 38.50C

## Medical history:

Chronic obstructive airways disease for 30 years.

Hypertension for 10 years.

#### Assessment:

Upper respiratory tract infection.

# Prescription:

Theophylline 300 mg BD X 3/12

Salbutamol inhaler ii puffs Qid X 3/12

Hydrochlorothiazide 25 mg OM X 3/12

Erythromycin 500 mg QID X 1/52

Mefenamic acid 500 mg TDS (PRN) (18 capsules)

Actifed i TDS X 1/52

Linctus Codeine 10 ml TDS X 1/52

(i) What are your assessment of the above prescription?

(5 marks)

(ii) Discuss indications for antibiotic therapy in upper respiratory tract infections.

(5 marks)

2. A 63 year old man was referred from a district hospital with history of persistent spiking temperatures, severe abdominal pain and cramping.

## Past Medical History:

<u>Disease</u>	Date Start	Treatment
Rheumatoid arthritis	1989	diclofenac
Recurrent bleeding		
gastric ulcer	1990	cimetidine

# Review of system:

General: Male and ill-looking

Pulse 100 beats/min.., RR 55 Temp 39, B.P. 120/70 mm Hg

CVS: DRNM

Chest: clear

Abdomen: rebound tenderness, diffused pain in the right

upper quadrant and presence of fluid waves

Rectum: Guaiac-positive stools

Skin/muscle: dry skin

Neuro/mental: lethargy

EENT: NAD

# Allergies:

Not known

## Social History:

Smokes cigarettes one pack per day

## Results of Laboratory Tests:

Na 145 mMol/l K 3.5 mMol/l HCO3 18 mMol/l
Urea 14 mMol/l
Creatinine 120 mMol/l, WBC 15,000 Platelet 150,000
Hb 9g/dl

# Provisional Diagnosis:

Peritonitis

Recurrent bleeding gastric ulcer.

#### Plan:

Vital sign q 4 hourly

Arterial blood gas q 4 hourly

BUSE q 4 hourly

Esophageal Gastric Duodenoscopy

Culture and sensitivity from blood, urine, sputum,

Abdominal Ultrasound and peritoneal fluid.

### Treatment:

- I.V. Cimetidine 400 mg B.D.
- I.V. Cefoperazone 500 mg q 8 hour
- I.V. Metronidazole 400 mg q 8 hour

(A)	List	the	suk	ojective	and	0	bjective	dat	ta	that	suppor	rts
the	prov	isior	nal	diagnos	is o	f	peritoni	tis	wi	th bl	eedin	g
gast	tric ı	ılcer	<b>:</b> .									

( 2 marks )

(B) Comment on the overall drug therapy initiated for this patient and suggest ways of optimizing it ?

( 8 marks )

(C) Discuss the controversy on the use of  $H_2$ -blockers and antacids in the management of upper gastrointestinal bleeding ?

( 7 marks )

(D) 2 days later, the patient continued to spike a temperature despite treatment. Culture and sensitivity revealed Streptococcus faecalis in peritoneal fluid. List the possible alternatives available to treat the infection.

( 3 marks )

(E) Based on your alternatives in 3(D), suggest the most suitable antibiotic therapy (drug, dosing, route of administration) and monitoring parameters for this patient. Suggest how the outcome of antibiotic therapy could be optimized in this patient.

(5 marks)