

MEDICAL QUIZ

Medical Quiz: Single Best Answer (SBA)

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Question 1:

Regarding the outcome of attempts at cardiopulmonary resuscitation (CPR) it is true that: (www.medicinecpd.co.uk)

- Survival is greater after standard basic life support (BLS) treatment than with chest compression alone in out-of-hospital bystander attempts at CPR
- Estimation of blood gases is a reliable measure of the efficacy of CPR
- Initial biphasic defibrillation terminates ventricular fibrillation (VF) in about 90% of cases
- An organized cardiac rhythm after defibrillation results in restoration of spontaneous circulation (ROSC) in the majority of cases
- Intravenous adrenaline is contraindicated when the post-shock rhythm check shows pulseless electrical activity (PEA)

Question 2:

In patient presenting with chronic diarrhea the following clinical finding and cause for diarrhea is correctly paired: (www.medicinecpd.co.uk)

- Postural hypotension and amyloidosis
- Hepatosplenomegaly and carcinoid syndrome
- Pyoderma gangrenosum and coeliac disease
- Dermatitis herpetiformis (DH) and Crohn's disease
- Pulmonary stenosis and Whipple's disease

Question 3:

A 57 year old male complained of post-prandial epigastric pain even after a 4 week course of omeprazole. There were no abnormal findings and, specifically, no evidence of chronic gastrointestinal bleeding, weight loss, difficulty in swallowing, recurrent vomiting or iron deficiency anemia. The next step in his management should be: (www.medicinecpd.co.uk)

- Review after a further month's course of omeprazole
- Serological testing for *Helicobacter pylori* (Hp) and, if positive, its eradication
- Stool antigen testing for Hp and, if positive, its eradication
- ¹³C-breath testing for Hp and, if positive, its eradication
- Urgent endoscopy

Question 4:

A frail but otherwise previously well 77 year old man, on no medication and living alone without help, stumbled over his front doorstep resulting in localized pain and tenderness over the lower back. Although there was no neurological deficit when examined, the pain made it very difficult for him to adequately perform activities of daily living (ADL). Plain antero-posterior and lateral lumbar spine X rays showed a crush fracture of the body of L4 and general thinning of the bones. Regarding his further management it is true that: (www.medicinecpd.co.uk)

- A bisphosphonate should be given to control his pain
- Calcitonin is an effective treatment as a pain relief adjunct
- Bone densitometry should be done to confirm osteoporosis
- MRI scan should be done to ensure there is no risk of spinal cord damage
- A physiotherapist will be able to help the patient more than an occupational therapist (OT)

Question 5:

A diagnosis of PUO was made in a previously well 44 year old woman after investigation in her local hospital for the past 10 days: she had had a persistent low grade fever for 5 weeks. No potentially diagnostic clues (PDCs)

had emerged from the history, repeated physical examination and complete obligatory investigation – full blood count, ESR, electrolytes, creatinine, protein, including electrophoresis, calcium, alkaline phosphatase, transaminases, creatine kinase, anti-nuclear antibodies (ANA) rheumatoid factor (RF), urinalysis, including culture, three sets of blood cultures, chest X-ray, abdominal ultrasonography (U/S) and tuberculin skin test. The next most appropriate step in her management is to: (www.medicinecpd.co.uk)

- Avoid giving non-steroidal anti-inflammatory drugs (NSAIDs) which might mask the fever
- Wait for new PDCs to appear before ordering further investigation
- Request a psychiatric opinion as to whether this might be a factitious fever
- Biopsy a temporal artery even if it is pulsatile and non-tender
- Prescribe a therapeutic trial of anti-TB treatment