

## MEDICAL QUIZ

### Medical Quiz: Single Best Answer (SBA)

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#### Question No. 1

Regarding examination of aspirated synovial fluid it is TRUE that:

- A. It is the 'gold standard' for diagnosing septic arthritis
- B. Samples should be refrigerated if not analyzed immediately
- C. Fluid from any hot swollen joint must be aspirated immediately by any physician competent to do so
- D. Only septic arthritis gives a white cell count > 100,000 /l
- E. Inflammatory synovial fluid is always less viscous than non-inflammatory

#### Question No. 2

A 34-year-old man returning from abroad presented with painless genital ulceration. He is known to be HIV positive but on no treatment. Regarding the possible diagnosis of syphilis it is TRUE that:

- A. A single serological test should first be performed to distinguish current from previous infection
- B. EIA (enzyme immunoassay) test for syphilis is more likely to give false negative than false positive results
- C. A rapid plasma reagin (RPR) or venereal disease reference laboratory (VDRL) will probably be required
- D. In view of the presence of immune deficiency, serological tests are likely to give false-negative results
- E. Dark-field microscopy for *Treponema pallidum* would be a simple procedure to undertake for rapid diagnosis.

#### Question No. 3

In the clinical assessment of suspected liver diseases, the following finding and its interpretation is CORRECT:

- A. The earliest sign associated with hepatic encephalopathy is a flapping tremor
- B. Cholestatic jaundice is very unlikely to be due to acute viral hepatitis A (HAV)
- C. Hypersplenism, with low platelet count, due to

portal hypertension can occur without the spleen being palpably enlarged

- D. Jaundice developing in a patient treated with a phenothiazine for several years is likely to have another cause
- E. Dry mouth occurring in a patient with abnormal liver function tests may be due to primary biliary cirrhosis (PBC)

#### Question No. 4

A healthy 51 year-old woman was referred for ultrasound scan (U/S) following the finding of an asymptomatic thyroid nodule. She was clinically euthyroid and there was no significant past medical history or family history of thyroid disorder. The NEXT step in management following the findings on U/S should be:

- A. If multiple tiny nodules are also found throughout both lobes biopsy should be considered
- B. In a 10mm diameter cystic nodule containing internal echogenic material fine needle aspiration (FNA) or biopsy should be considered
- C. If the nodule is hypoechoic and shows calcification FNA or biopsy should be considered
- D. If the nodule is associated with a high TSH thyroid scintigraphy should be considered
- E. If the nodule is associated with a low TSH FNA should be considered

#### Question No. 5

The nephrotoxic drug below is CORRECTLY paired with its mechanism of toxicity:

- A. Aciclovir AND renal vasculitis
- B. Aminoglycosides AND renal obstruction
- C. Ciprofloxacin AND acute interstitial nephritis (AIN)
- D. Non-steroidal anti-inflammatory drugs (NSAIDs) AND vasodilatation of the efferent post-glomerular arterioles
- E. Penicillamine AND acute tubular necrosis (AT)