

Remembered Questions 2006 Hamilton/Wellington

2005 repeat questions have been compared with remembered questions from other sources, we would like to acknowledge www.passthefracp.com for publishing these and the contributors. Question numbers starting with "0" do not correspond to the numbers in the actual exam.

2006 Remembered Question 01 (Pharmacology / Geriatrics)

Why does liver metabolism of drugs decline with age?

- A. Decreased CYP450 activity
- B. Decreased liver blood flow
- C. Decreased liver mass

2006 Remembered Question 02 (Pharmacology / Geriatrics)

Why do older people have a decreased pharmacodynamic response to beta blockers?

- A. Decreased liver metabolism
- B. Decreased renal excretion
- C. Decreased density of beta2 adrenergic receptors
- D. Reduced intracellular cAMP level

2006 Remembered Question 03 (Haematology)



Hb
plt count

What is the most likely cause of the above picture

- A. Red cell membrane disorder
- B. Hb abnormality
- C. Red cell enzyme disorder
- D. Absence of GPI protein
- E. Haematinic deficiency

2006 Remembered Question 04 (Respiratory)

Airlines often require patients are assessed for fitness to fly. What FiO_2 approximates the PO_2 inside an airline at typical cruising altitude?

- A. 0.12
- B. 0.16
- C. 0.21
- D. 0.25
- E. 0.30

2006 Remembered Question 05 (Respiratory)

Altitude sickness can cause pulmonary congestion. What is the mechanism of this?

- A. Hypoxic pulmonary vasoconstriction
- B. Hypoxia induced LV dysfunction

2006 Remembered Question 06 (Infectious Diseases / Respiratory)

What is the most common cause of TB treatment failure?

- A. Resistance
- B. Non-compliance
- C. Isoniazid resistance
- D. Cavitating disease
- E. Concurrent HIV infection

2006 Remembered Question P1 21 (2005 repeat) (Oncology)

Chemotherapy can be complicated by tumour lysis syndrome. Which of the following best describes the biochemical abnormalities associated with this condition?

	K^+	HCO_3^-	PO_4^{3-}	Ca^{2+}
A	↑	↓	↓	↑
B	↑	↓	↑	↑
C	↓	↑	↑	↑
D	↑	↓	↑	↓
E	↓	↑	↓	↓

2006 Remembered Question P1 22 (2005 repeat) (Gastroenterology)

In which of the following conditions is inability to cleave cobalamin from R-protein most likely?

- A Helicobacter pylori infection with atrophic gastritis
- B Crohn's
- C Terminal ileum deficiency
- D Pancreatic deficiency
- E Pernicious anaemia

2006 Remembered Question P1 26 (Pharmacology / Immunology & Allergy)

What is the mechanism of recurrent angioedema caused by ACEI treatment?

- A. IgE mediated
- B. Delayed hypersensitivity
- C. Inhibition of bradykinin breakdown
- D. Complement activation

2006 Remembered Question P1 23 (Respiratory)

48yr old boilermaker in a shipyard presents with 6 months of daytime somnolence. 15 pack year smoker, BMI 39. Lung functions:

FEV1 30% pred
FVC 40% pred
FEV1/FVC 84%
Reduced FRC
Normal TLC
DLCO 79%
KCO 145%
ABG
O2 56
CO2 58
SO2 89%

What is the most likely cause of his problems?

- A. COPD
- B. Asbestosis
- C. Idiopathic pulmonary fibrosis
- D. Post-polio syndrome
- E. Obesity hypoventilation syndrome

2006 Remembered Question P1 24 (Respiratory)

What is the distinguishing feature of loss of imprinting of a growth factor gene that is normally imprinted?

- A. Restoration of normal DNA methylation
- B. Inhibition of cell growth
- C. Reduced gene product
- D. Activation of normally silent allele
- E. Biallelic synthesis

2006 Remembered Question P1 25 (2003 repeat) (Geriatrics / Psychiatry)

(Copy of original)

A 73-year-old man is referred for assessment of his ability to make a will (testamentary capacity). There is a past history of excessive alcohol consumption and hypertension. Over the last six months he has been more forgetful and irritable with occasional socially inappropriate behaviour. His speech is normal. There are no focal neurological findings.

Testamentary capacity can be best established by:

- A. clinical assessment.
- B. cranial computed tomography (CT) scan.
- C. neuropsychological testing.
- D. interview of family members.
- E. Mini-Mental Status Examination.

2006 Remembered Question P1 27 (Endocrinology / Pharmacology)

Which of the following drugs is most likely to cause hypoglycaemia?

- A. Repaglinide
- B. Orlistat
- C. Rosiglitazone
- D. Acarbose
- E. Metformin

2006 Remembered Question P1 28 (Statistics & Epidemiology)

What is the definition of the p-value?

- A. Probability that the result is correct
- B. Probability that the result is incorrect
- C. Probability that the result occurred by chance

2006 Remembered Question P1 29 (Renal)

Hypomagnesaemia can occur post renal transplant. What is the most likely mechanism for this?

- A. Hyperparathyroidism
- B. Vitamin D deficiency
- C. Cyclophosphamide
- D. Mycophenylate
- E. Prednisone

2006 Remembered Question 030 (Neurology)

56yo man presents with a CVA affecting R hand and face but not his R leg. What is the most likely lesion?

- A. Cortex
- B. Medulla
- C. Pons
- D. Internal capsule
- E. External capsule

2006 Remembered Question 031 (Haematology)

22 yo m ale with Hamophilia A has a Factor VIII level of 8%. What is the most likely clinical scenario?

- A. Mucosal bleeding
- B. Spontaneous haemarthrosis
- C. Easy bruising
- D. Spontaneous muscle haematoma
- E. No bleeding

2006 Remembered Question 032 (Geriatrics / Pharmacology)

Which of the following is an example of a dose-dependant (Type A) adverse reaction to an anticholinesterase inhibitor used for Alzheimer's disease?

- A. Constipation

- B. Urinary retention
- C. Dry mouth
- D. Bradycardia

2006 Remembered Question 033 (Renal)

Post renal transplant, BK virus infection causes which of the following?

- A. Multifocal leukoencephalopathy
- B. Hepatitis
- C. Nephropathy
- D. Vasculitis
- E. Pneumonia

2006 Remembered Question 034 (Pharmacology)

Which of the following analgesics is most likely to cause an adverse reaction when given concurrently with a MAOI (eg moclobemide)

- A. NSAIDS
- B. Paracetamol
- C. Tramadol
- D. Morphine
- E. Fentanyl

2006 Remembered Question 035 (Infectious Diseases)

What is the most common mechanism of penicillin resistance in Gram positive organisms?

- A. Altered Penicillin Binding Proteins
- B. Beta lactamase production
- C. Reduced entry into cell
- D. Increased efflux from cell
- E.

2006 Remembered Question 036 (Pharmacology)

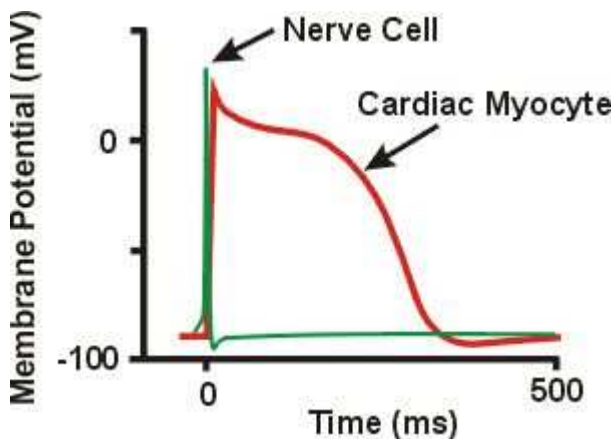
Excretion of weakly acid or alkali drugs can be altered by altering the pH of the urine. Which of the following options is most correct?

	Acid Urine		Basic Urine	
Excretion of:	Acid Drug	Alkali Drug	Acid Drug	Alkali Drug
A	↓	↑	↑	↑
B	↓	↑	↓	↓

C	↓	↓	↓	↑
D	↓	↑	↑	↓
E	↑	↑	↓	↓

2006 Remembered Question 037 (Cardiology)

The following diagram illustrates the changes in membrane potential during cardiac muscle contraction. X, Y and Z represent movement of ions across the cardiac myocyte membrane.



in

-----↑↑↑--↑↑--↓↓-----
out X Y Z

(there was no nerve cell in the exam picture)

Which of the following options most correctly identifies the ions X, Y and Z?

- | | | | |
|----|----|----|----|
| | X | Y | Z |
| A. | Ca | Na | K |
| B. | Na | K | Ca |
| C. | Ca | K | Ca |
| D. | Na | Ca | K |
| E. | K | Na | Ca |

2006 Remembered Question 038 (Oncology / Endocrinology)

Which of the following is the best tumour marker for follow-up of Medullary thyroid cancer?

- A. thyroglobulin
- B. calcitonin
- C. calcium
- D. thyroxine

E. thyroid binding globulin

2006 Remembered Question 039 (Repeat Q 2003-2005) (Endocrinology)

Which of the following joints is most likely to be affected in diabetic neuropathy?

- A. hindfoot
- B. midfoot
- C. elbow
- D. knee
- E. MTP

2006 Remembered Question 040 (Endocrinology)

Which of the following decreases in the 1st trimester of pregnancy?

- A. free T4
- B. free T3
- C. TSH
- D. total T4
- E. total T3

2006 Remembered Question 041 (2005 repeat) (Endocrinology)

A 36 year old lady with a strong family history of cardiovascular disease has the following results Cholesterol 9.0 HDL 1.2 Trig 2.8

A mutation in which of the following is most likely?

- A. Apo B 100
- B. CETP
- C. betalipoprotein
- D. LDL receptor
- E. LCAT

2006 Remembered Question 042 (Statistics & Epidemiology)

What is the Positive Predictive Value if a test has a specificity of 80%, a sensitivity of 95%, and prevalence of 1/100?

- A. 1%
- B. 2%
- C. 10%
- D. 20%
- E. 50%

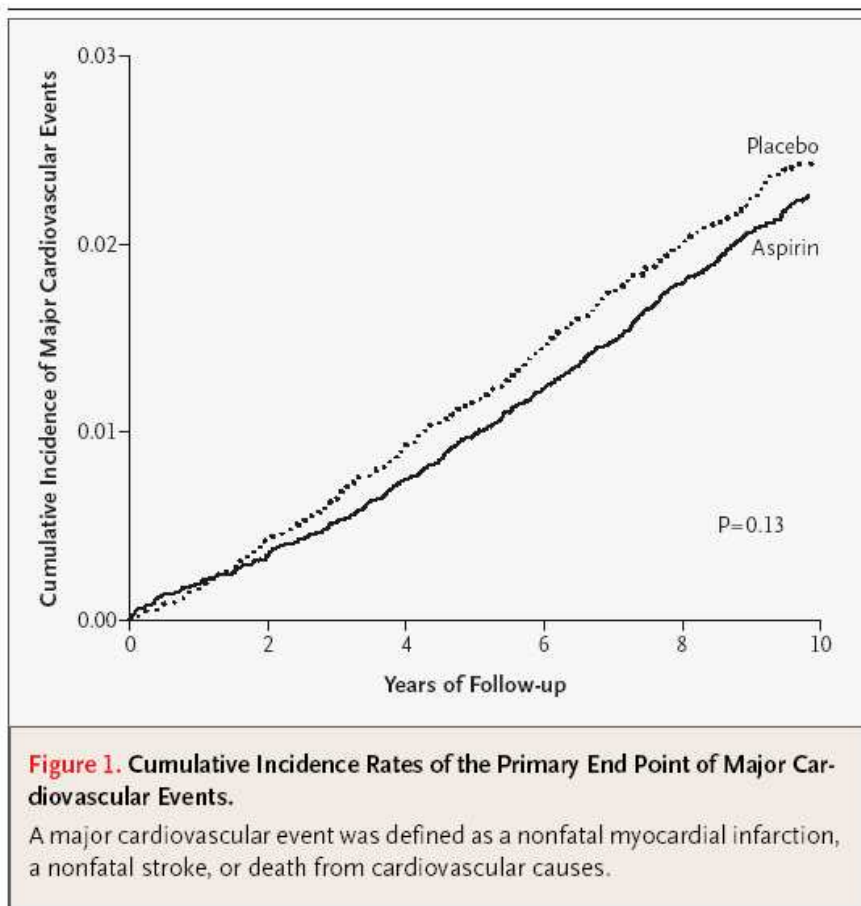
2006 Remembered Question 043 (Statistics & Epidemiology)

What is the definition of the number needed to treat?

- A. Reciprocal of the p-value
- B. Reciprocal of the relative risk difference
- C. Reciprocal of the absolute risk difference
- D.
- E.

2006 Remembered Question 86 (Statistics & Epidemiology)

A large study was carried out comparing aspirin with placebo in primary prevention of CHD in women (actual NEJM article), the results of which are summarised in the graph below (this is the actual graph) It has cumulative incidence on the Y-axis and time on the X-axis. Which statement is most correct?



The best interpretation of this data is:

- A. There was a 13% chance that there was a benefit in taking aspirin to placebo.
- B. There was a 23% relative risk reduction of the primary endpoint with taking aspirin.
- C. Regardless of the treatment group there was a 98% chance that the patients would remain event free for the 10 year period of follow up
- D. There was a 13% absolute risk reduction in events in the group taking aspirin rather than placebo
- E. Regardless of the treatment group there was a 5% rate of events per year

2006 Remembered Question 044 (Neurology)

22yo male patient presents with numbness in the 1st dorsal webspace of his R hand, dorsoradial aspect of forearm, normal power throughout, normal biceps and triceps reflexes, supinator reflex was reduced. What is the most likely cause?

- A. C6 radiculopathy
- B. Radial neuropathy
- C. Median neuropathy
- D. Brachial plexopathy
- E.

2006 Remembered Question 045 (Genetics)

Restriction fragment length polymorphism is done on a family with Haemophilia A. Exons 2, 3 and 4 are analysed as below:

	N Male	Affected Boy	Affected Uncle	Mother
Exon 2	-----	-----	-----	-----
Exon 3	-----			-----
		-----	-----	-----
		-----	-----	-----
Exon 4	-----	-----	-----	-----

Why does the mother have a normal exon 3 still present?

- A. Somatic mosaicism
- B. Gonadal mosaicism
- C. She also has a normal allele (was phrased in a slightly esoteric way)
- D.
- E.

2006 Remembered Question 046 (Endocrinology)

What is the mechanism of synchronisation between the activity of osteoblast and osteoclast?

- A. PTH
- B. Calcitonin
- C. RANK/RANKL
- D. IL2
- E.

2006 Remembered Question 047 (Renal / Immunology & Allergy)

A CMV negative recipient receives a renal transplant from a CMV positive donor. Which is the best prophylaxis?

- A. acyclovir
- B. IV gancyclovir
- C. Oral valgancyclovir
- D. CMV hyperimmune globulin
- E. CMV vaccine

2006 Remembered Question 048 (Cardiology / Respiratory)

In the pathogenesis of idiopathic pulmonary hypertension which of the following mediators is most likely to be involved?

- A. Endothelin 1
- B. Prostaglandins
- C. Vasoactive intestinal peptide
- D. Serotonin
- E. Nitric oxide

2006 Remembered Question 049 (Renal)

A 60yo patient presents to renal clinic with an incidental finding of proteinuria. 24 hr urine protein is 0.5g maybe 5.5? Patient did not have any other findings or pathology.

- A. FSGS
- B. Membranous nephropathy
- C. Minimal change disease
- D. IgA nephropathy
- E. Amyloidosis

2006 Remembered Question 050 (Oncology)

Which of the following tumour markers is most specific for the corresponding cancer?

- A. BHCG (testicular cancer)
- B. CA19-9 (pancreatic)
- C. CEA (colon)
- D. CA125 (ovarian)
- E. CA15-2 (breast)

2006 Remembered Question 051 (Pharmacology)

Properties of the drugs A and B are shown in the table below.

	A	B
Vd	50L	350L
Bioavailability	0.10	0.90
Hepatic clearance	5	10
Renal Cl	0.7	7
Protein binding	5%	75%
Molecular weight	346	366

The levels of drug B are much higher than normal in a patient with cirrhosis than Drug A. What property of drug B explains this?

Which property of drug B best explains this?

- A. Renal clearance
- B. Bioavailability
- C. Hepatic clearance
- D. Protein binding
- E. Vd

2006 Remembered Question 052 (Rheumatology)

In rheumatoid arthritis which of the following is the worst prognostic factor for joint destruction over the next 6 months?

- A. Persistent high tender joint count
- B. CRP
- C. Rheumatoid Factor
- D. Low complement
- E. >3 hours morning stiffness

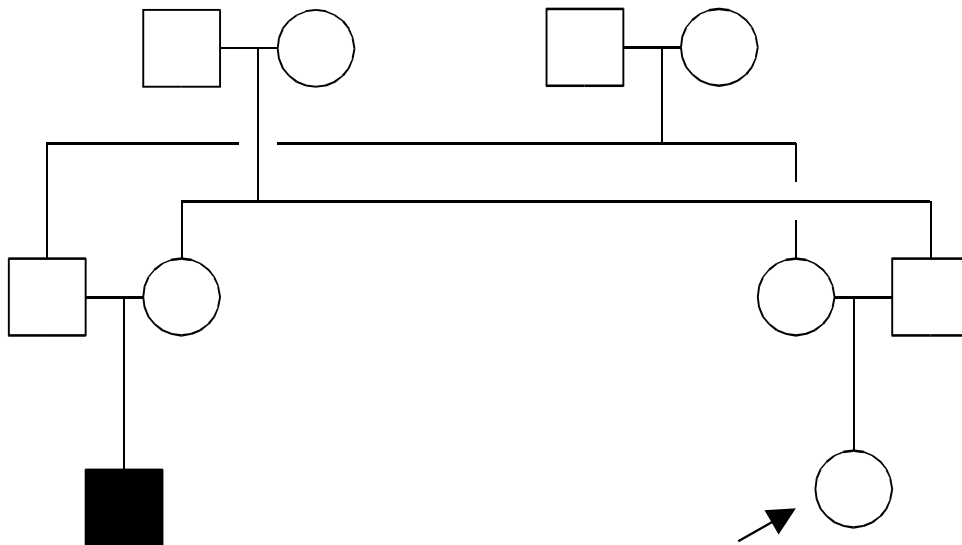
2006 Remembered Question 053 (Pharmacology / Cardiology)

What is the mechanism of action of the anti-platelet agent clopidogrel?

- A. COX1 inhibition
- B. Phosphodiesterase inhibition
- C. Glycoprotein IIb/IIIa inhibitor
- D. ADP inhibition
- E. Prostaglandin inhibitor

2006 Remembered Question 054 (Genetics)

A pedigree for a rare autosomal recessive disorder is shown below. What is the chance of the indicated child having the disease?



- A. 1/9
- B. 1/18
- C. 1/32
- D. 1/16
- E. 1/32

2006 Remembered Question 055 (Rheumatology)

What joint is most likely to be involved with haemachromatosis?

- A. DIP
- B. PIP
- C. MCP
- D. MTP
- E. knee

2006 Remembered Question 93 (Other)

Which of the following is the best description of the amount of information which needs to be given for informed consent?

- A. All complications more common than 1:10,000
- B. Information to the level required according to previous court cases
- C. What the "average" person would want to know
- D. Guidelines from the college or medical council.
- E. Information tailored to the individual patients needs

2006 Remembered Question 057 (Respiratory)

Which of the following is the following is the strongest contraindication to scuba diving?

- A. CABG
- B. Asthma
- C. Previous spontaneous pneumothorax
- D. Previous CVA
- E.

2006 Remembered Question 058 (Oncology / Endocrinology)

A patient has had cancer and presents very thirsty.

Na 147

Plasma osm 300

Urine osm 77

Urinary Na 31

What is the most likely cause?

- A. SIADH
- B. Diabetes mellitus
- C. Diabetes insipidus
- D. Psychogenic polydipsia

2006 Remembered Question 059 (Rheumatology)

Patient with dry eyes, positive anti-Ro and anti-La, what is the best treatment?

- A. Prednisone
- B. Hydroxychloroquine
- C. Artificial tears
- D. Steroid eye drops
- E. Azathioprine

2006 Remembered Question 060 (Neurology)

Patient presents with bilateral tremor, shuffling gait, frequent falls. On examination there is reduced upward gaze.

What is the most likely diagnosis?

- A. Parkinson's disease
- B. motor neurone disease
- C. Supranuclear palsy
- D. multiple system atrophy
- E. multiple sclerosis

2006 Remembered Question 061 (Neurology / Pharmacology)

In which of the following is gabapentin most effective?

- A. Post herpetic neuralgia
- B. Generalised epilepsy
- C. Migraine
- D. Neuropathic pain
- E.

2006 Remembered Question 062 (Neurology)

Young man woke up with a painful right shoulder. Two weeks later developed weakness of abduction past 45 degrees, weak deltoid and infraspinatus on examination. Otherwise normal. MRI and USS normal. What is the most likely cause?

- A. Rotator cuff tear
- B. Inflammatory brachial plexopathy
- C. C5 radiculopathy
- D. suprascapular nerve neuropathy
- E.

2006 Remembered Question 062 (Endocrinology / Gastroenterology)

Patient has the following electrolyte abnormalities:

Na 130

K 2.3

PO4 0.22

Ionised calcium 1.12

0.6

Cr 130

Urea elevated

Glucose 5.6

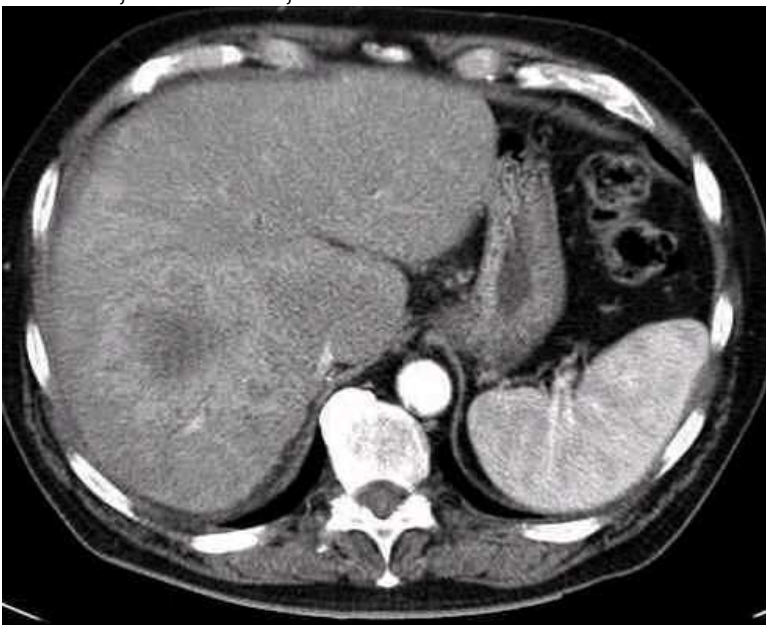
Venous bicarb 16

What is the most likely cause?

- A. Refeeding syndrome
- B. Diabetic ketoacidosis
- C. Tumour lysis syndrome
- D. Hyperparathyroidism
- E. Vit D Deficiency

2006 Remembered Question 063 (Gastro)

A 29 year old man with Hep B and a history of bleeding varices. He is found to have a single large liver mass on CT (CT shown) and the following bloods: Plts 70, AFP 300, INR 1.4.



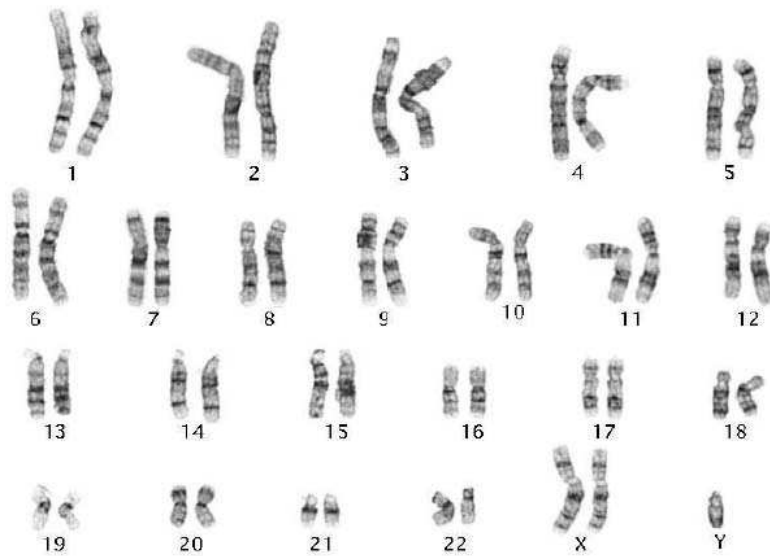
(Liver was smaller than in this picture and the mass more distinct)

What is the best management?

- A. Cryotherapy
- B. Radio frequency ablation
- C. Chemoembolisation
- D. Local resection
- E. Liver transplant

2006 Remembered Question 064 (Genetics) (2005 repeat)

Which of the following is the most likely phenotype of the karyotype shown below.



A. Testicular atrophy

- B. Normal male
- C. Normal female
- D. Intersex state
- E. Penile hypoplasia

2006 Remembered Question 065 (Oncology / Pharmacology)

A patient is on chemotherapy with etoposide and carboplatin. He has had dexamethasone and ondansetron and metaclopramide for nausea. After two days he became irritable, jittery and weak around the shoulders. What is the most likely cause?

- A. etoposide
- B. cisplatin
- C. metaclopramide
- D. dexamethasone
- E. ondansetron

2006 Remembered Question 066 (Rheumatology)

A 60 year old woman presents with polyarthritis of hand joints.

RhF <20

Ds DNA 7 (<5)

anti CCP positive

anti fibrillarin positive

What is the most likely cause of the joint pain?

- A. rheumatoid arthritis
- B. SLE

- C. limited cutaneous sclerosis
- D. mixed connective tissue disease
- E. gout

2006 Remembered Question 067 (Oncology / Haematology)

A woman with breast cancer and known brain metastasis with good performance status is found to have a DVT and PE. What is the best treatment?

- A. warfarin
- B. dalteparin
- C. aspirin
- D. IVC filter
- E. compression stockings

2006 Remembered Question 068 (Geriatrics) (2005 repeat)

A 91 yo woman who lives in a rest home with severe dementia develops redness to the skin of her heels. The rest of the examination is normal, including her sacrum. What is the best treatment to reduce the chance of pressure sore development?

- A. Elevate the foot of the bed
- B. Change posture every 4 hours / Regular turning
- C. Occlusive gauze dressings
- D. Raise legs off the bed
- E. Pressure relieving mattress

2006 Remembered Question 069 (Gastroenterology / Neurology)

An alcoholic man collapses, is brought to hospital unresponsive and found to have left pupil dilated and sluggish reaction to light and bilateral upgoing plantars. CT scan is normal. 24 hours later there is no change in condition. What is the most likely cause?

- A. Coning
- B. Wernickes encephalopathy
- C. bilateral middle cerebral artery infarcts

- D. middle cerebral artery perforating artery infarct
- E. pontine infarct

2006 Remembered Question 070 (Cardiology / Endocrinology)

52 year old man sees his GP and is found to have hypertension varying between 140-180 systolic and 70-90 diastolic despite treatment with two anti hypertensive agents. He is otherwise well. There is no family history. electrolytes are normal.

What is the next best investigation?

- A. MRI of renal arteries
- B. renal ultrasound
- C. renin aldosterone ratio
- D. 24 hr ambulatory BP monitoring
- E. Urinary catecholamines

2006 Remembered Question 071 (Rheumatology)

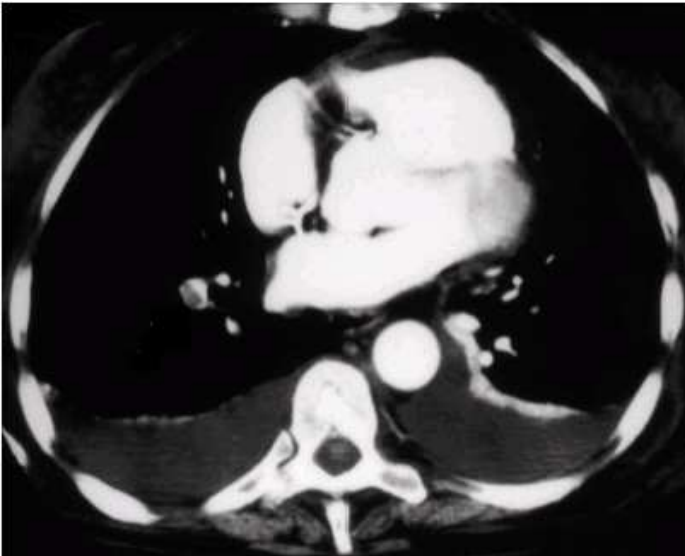
A young woman with known SLE. Develops arthralgia (or maybe arthritis). her renal function is normal. Which of the following is the best treatment?

- A. prednisone
- B. hydroxychloroquine
- C. sulphasalazine
- D. NSAID
- E. Methotrexate

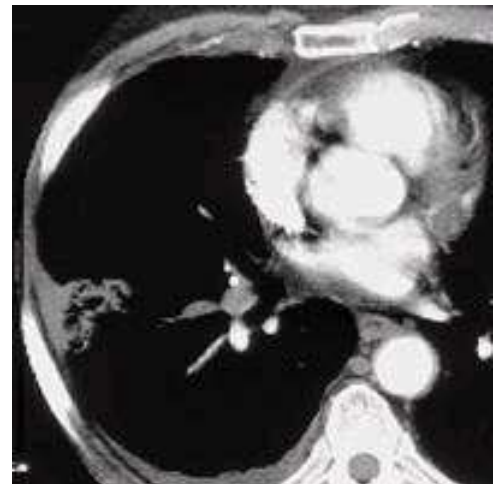
2006 Remembered Question 072 (Respiratory)

A young man presents SOB and 2/7 later develops fever and haemoptysis. CT scans given – 2 slices, one of the admission scan and one 2/7 later. In one of the central veins there was unquestionably a filling defect (ie a PE), which was easily overlooked.

The image on the left below shows a filling defect and an effusion, the image on the right shows a small infarct. The infarct and effusion were much bigger than these ones on the 2nd image, and the effusion was slightly more dense.



(No infarct on this scan)



(Small infarct)

What is the most likely diagnosis?

- A. para-pneumonic effusion
- B. lung haemorrhage
- C. pulmonary infarct
- D. tumour
- E.

(Pulmonary embolism we don't think was an option but the answer was obvious if you spotted the PE)

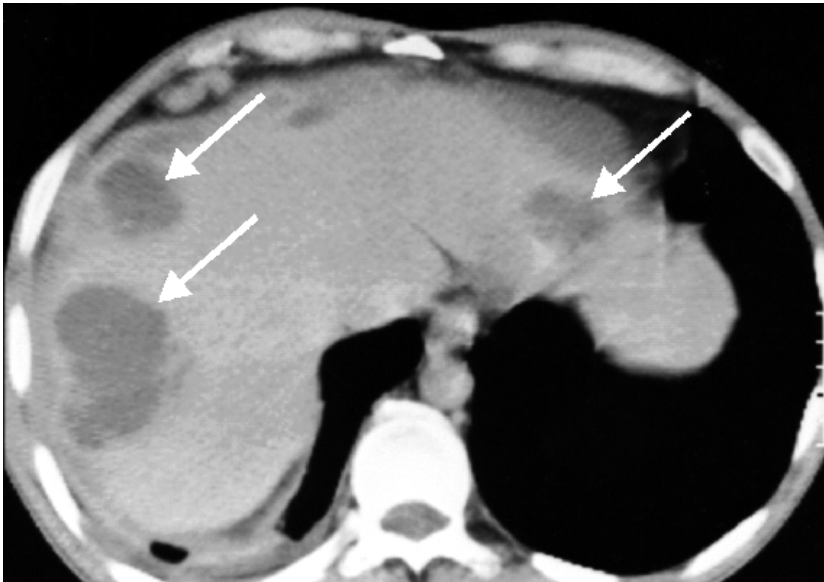
2006 Remembered Question 073 (Pharmacology)

Warfarin has highly variable metabolism in different people – what is the most likely explanation for this?

- A. CYP450 polymorphism
- B. Difference in renal clearance
- C. Difference in hepatic blood flow
- D. Difference in absorption from the gut
- E.

2006 Remembered Question 074 (Infectious Diseases)

An elderly lady with a past medical history of hypertension, CVA and diverticulitis presents unwell with fever and general malaise. The following CT was done. What is the best antibiotic treatment?



- A. gentamicin, amoxicillin and metronidazole
 - B. cefotetan and gentamicin
 - C. ceftriaxone
 - D. meropenem
 - E.
- (Only one option covered all relevant organisms)

2006 Remembered Question 075 (Infectious Diseases)

A patient with endocarditis is treated initially with ceftriaxone and gentamicin. Cultures grow enterococcus sensitive to cephalosporins, gentamicin, vancomycin and amoxycillin.

What is the best treatment?

- A. amoxycillin and gentamicin
- B. cephalosporin and gentamicin
- C. vancomycin
- D. gentamicin
- E. ceftriaxone

2006 Remembered Question P2Q27 (Infectious Diseases)

A 45yo Australian woman on long term prednisone for RA becomes unwell with decreased level of consciousness, a third nerve palsy and L sided cerebellar signs. Her CT head is normal and the LP as follows:

- WCC 80, RCC 1
- 80% lymphocytes
- protein 0.6, glucose 3.5 (serum 4.0)

Gram stain is negative.

What is the best treatment?

- A. amoxicillin and ceftriaxone
- B. acyclovir
- C. rifampicin, isoniazid and pyrazinamide
- D. acyclovir and ceftriaxone
- E. amoxicillin and acyclovir

2006 Remembered Question 077 (Infectious Diseases / Cardiology)

A young man with HIV on HAART has lipids of 6.0 and smokes 25/day, also has mild-moderate hypertension. What is most likely to decrease his risk of cardiovascular disease?

- A. stop smoking
- B. anti-hypertensive
- C. lipid lowering drug
- D. combined aerobic and weight lifting exercise
- E. beta blocker

2006 Remembered Question 078 (Infectious Diseases)

What is the reason that influenza occurs in pandemics?

- A. antigenic drift
- B. antigenic shift
- C. neuraminidase mutation
- D. recombination of influenza A and B haemagglutinin
- E.

2006 Remembered Question 079 (Gastroenterology / Infectious Diseases)

Which is the best indication for valve prophylaxis?

- A. oesophageal dilation
- B. colonoscopy without biopsy
- C. gastroscopy
- D. flexi-bronchoscopy
- E. cardiac catheterisation

2006 Remembered Question 080 (Gastroenterology)

In cirrhosis, by which mechanism is ascites formed?

- A. low albumin
- B. splanchnic vasodilation
- C. high aldosterone
- D. lymphatic obstruction
- E.

(there was no portal hypertension option)

2006 Remembered Question 081 (Gastroenterology)

In a patient with known cirrhosis, which of the following represents the worst risk of variceal bleed?

- A. Child-Pugh score
- B. portal vein pressure
- C. size of varices
- D. INR
- E.

2006 Remembered Question 082 (Oncology)

Which of the following cancers has the best evidence for screening?

- A. Colon
- B. Prostate
- C. Melanoma
- D. Lung
- E. Ovarian

(breast was NOT an option)

2006 Remembered Question 083 (Oncology)

After dexamethasone and ondansetron, which anti-emetic is best for delayed nausea associated with chemotherapy?

- A. cyclizine
- B. metoclopramide
- C. tropisetron
- D. aprepitant
- E. haloperidol

2006 Remembered Question 084 (Oncology)

Described a patient with an early stage lung T2 N1 (they gave size and position, not stage) cancer and excellent performance status (FEV1 80% predicted and good exercise tolerance). Which is best treatment?

- A. radiotherapy
- B. surgery alone
- C. surgery and adjuvant chemotherapy
- D. palliative care
- E. combined chemotherapy and radiotherapy

2006 Remembered Question 085 (Oncology)
(2005 Repeat)

Predictive gene testing (before disease is evident) can be justified on medical, ethical and social grounds. For which one of the following conditions is predictive gene testing most justified on medical grounds?

		Intervention available	Premorbid phenotype	Penetrance by 70yrs
A	FAP	yes	yes	100% (CA)
B	HNPCC (Lynch synd)	yes	no	60%(CA)
C	Presenillin-1 associated dementia	no	no	60% (dementia)
D	PKD Type I	no	yes	60% (renal failure)
E	Huntington's disease	no	no	100% (chorea)

2006 Remembered Question 89 (Oncology)

Which of the following characteristics is most specific for HNPCC?

A man has colorectal cancer. Which of the following features would be most supportive of a diagnosis of HNPCC

- A. He has an uncle with a germline mutation in MSH-1 gene
- B. A brother with bowel cancer aged 55yrs
- C. Multiple synchronous polyps
- D. Right-sided tumour
- E. MSH2 mutation in the tumour cells

2006 Remembered Question 087 (Oncology)

For which of the following clinical situations is radiotherapy least likely to provide clinical benefit?

- A. malignant, bleeding gastric ulcer
- B. brain metastases from breast cancer causing raised ICP
- D. non-small cell lung cancer with bronchial obstruction
- E. liver metastases causing cholestasis

2006 Remembered Question 088 (Haematology)

A patient has Haemophilia A. They have 8% of the usual level of factor VIII. Which is the most likely outcome?

- A. retroperitoneal bleeds
- B. spontaneous haemarthroses
- C. gingival bleeding
- D. cutaneous bruising
- E. no spontaneous bleeds

2006 Remembered Question 089 (Haematology)

How is iron uptake regulated?

- A. villous enterocyte ferritin content
- B. increased renal excretion
- C. expression of Transferrin receptor 2 on enterocytes
- D.
- E.

2006 Remembered Question 090 (Haematology)

A 56 year-old woman is awaiting O&G surgery for menorrhagia. During work-up for operation bloods showed:

Results as follows:

APTT prolonged (55),
TCT normal,
INR 1.1
fibrinogen normal,
D-dimer marginally elevated
APTT some correction with plasma added (48)

CBC anaemia only

What is the most likely explanation?

- A. lupus anticoagulant
- B. von Willebrand's disease
- C. heparin contamination
- D. DIC
- E. liver disease

2006 Remembered Question 091 (Haematology)

A 30 year old Filipino woman is investigated for fatigue. Her bloods are as follows:

- Hb 81, MCV 62
- Platelets elevated
- Reticulocytes 140
- HbA2 and HbF normal

Which of the following is the most likely explanation?

- A. HbH disease
- B. beta⁺ thal trait
- C. beta⁰ thal trait
- D. alpha alpha / alpha -
- E. alpha alpha / - -

(yep, it's odd – but there were + and 0 in the 2 beta thal options!)

2006 Remembered Question 092 (Infectious Diseases / Pharmacology)

What is the most likely cause of TB treatment failure?

- A. isoniazid resistance
- B. non-compliance
- C. HIV coinfection

- D.
- E.

2006 Remembered Question 093 (Infectious Diseases)

Described a very sick 18 yr old male and gave a photo of an intubated, sedated guy in an ICU-type setting. He had a typical purpuric rash all over his body. Which of the following is likely on the gram stain?

- A. gram negative diplococci
- B. gram positive cocci
- C. gram negative bacilli
- D. acid-fast bacilli
- E. gram negative bacilli

2006 Remembered Question 094 (Immunology & Allergy)

What is the function of mannose binding lectin?

- A. innate immunity
- B. adaptive immunity
- C. fat metabolism
- D. carbohydrate metabolism
- E.

(there was nothing specifically about complement activation)

2006 Remembered Question 095 – Immunology / Infectious Diseases

In a patient with deficiency in Complement components 6-8, which organism is most likely to cause problems?

- A. Neisseria
- B. Listeria
- C. H influenzae
- D. Staph
- E. Strep pneumoniae

2006 Remembered Question 096 – ID / Rheumatology

A young man is treated for chlamydia with doxycycline and presents 2 weeks later with sore joints – what is the best treatment?

- A. azithromycin
- B. prednisone
- C. NSAID

- D. Aspirin
- E.

2006 Remembered Question 097 (Immunology)

Which cell type is involved in the pathogenesis of temporal arteritis?

- A. giant cells (?)
- B. neutrophils
- C. macrophages
- D. CD 8+ lymphocytes
- E. CD 4+ lymphocytes

2006 Remembered Question 098 (Immunology & Allergy)

(? 2004 repeat)

Which of the following is most likely to cause an IgE-mediated generalised reaction?

- A. cephalosporins
- B. aspirin
- C. NSAIDS
- D. penicillins
- E. intravenous contrast

(2004 version P1 Q38)

Urticaria, wheezing and hypotension may occur with each of the following agents. Which of the following is most likely to have an immunoglobulin E (IgE)-mediated mechanism underlying this reaction?

- A. Radiographic contrast medium.
- B. Captopril.
- C. Acetylcysteine.
- D. Vancomycin.
- E. Penicillin.

2006 Remembered Question 099 (Immunology)

Which of the following is best investigated with skin prick testing?

- A. anaphylaxis to peanut
- B. chronic urticaria
- C. gadolinium contrast reaction
- D. generalised reaction to aspirin
- E. large local reaction to bee sting

2006 Remembered Question P2 Q22 (Immunology)

A 25 year old woman with recurrent episodes of facial angioedema has the following blood tests: (does not say if during the episode)

- C3 50% normal 0.36
- C4 50% normal 0.06
- CH100 50% normal 210

What is the most likely diagnosis?

- A. blood sample sat too long before processing
- B. acquired C1 esterase inhibitor deficiency
- C. inherited C1 esterase inhibitor deficiency
- D. C4 null allele
- E. ACEI therapy

2006 Remembered Question P2 Q23 (Respiratory)

(2004 repeat, original:)

A 65-year-old man presents to outpatients complaining of breathlessness on exercise, which has been progressive over the last four years. He has a 40 pack-year smoking history and has had daily cough with clear sputum production over the past 10 years.

Lung function testing shows:

forced expiratory volume in 1 second (FEV₁) 0.70 L (30% predicted)
forced vital capacity (FVC) 3.77 L (90% predicted)
PaO₂ 61 mmHg [75-90]

Which of the following interventions is most likely to improve his survival?

- A. Inhaled anticholinergics.
- B. Long-term oxygen therapy.
- C. Inhaled corticosteroids.
- D. Smoking cessation.
- E. Lung volume reduction surgery.

2006 Remembered Question P2 Q24 (Renal)

(2005 repeat)

A 70 yo man developed Wegener's Granulomatosis 8 years ago, this was treated with cyclophosphamide. Now he is well, on methotrexate

maintenance therapy. Routine MSU shows red blood cells. What is the most appropriate management?

- A. Renal biopsy
- B. Add prednisone
- C. Cystoscopy
- D. Repeat ANCA

2006 Remembered Question P2 Q25 (Renal / Pharmacology)

Which of the following genotypes is most important in predicting adverse events in transplant medicine?

- A. TPMT
- B. CYP3A4
- C. DHFR
- D. Xanthine oxidase
- E.

2006 Remembered Question P2 Q26 (Renal / Pharmacology)

2006 Remembered Question 0101 (Rheumatology)

Which cell type is responsible for the erosions seen in rheumatoid arthritis?

- A. osteoblasts
- B. osteoclasts
- C. CD4+ve T-cells (?)
- D. lymphocytes
- E. macrophages

2006 Remembered Question 0102 (Rheumatology)
(2005 repeat)

36yo male presents with 3 week history of lethargy. Recently returned from beach holiday. On examination he is suntanned, mildly dehydrated, other exam normal. UEC - Creatinine 300, Urea 18, Ca 3.00, K 5. PTH low. CXR:



The most likely cause of the hypercalcaemia is –

- A. reduced calcium excretion by the kidney
- B. secretion of PTH related peptide
- C. mineralocorticoid deficiency
- E. increased Calcium absorption
- F. excess production of 1,25(OH) vitamin D
- G. increased parathyroid hormone production

2006 Remembered Question P2 Q26 (Rheumatology)

An otherwise well 28 year old woman has Raynaud's phenomenon and ANA 1:80, speckled pattern. What is the most likely long-term diagnosis?

- A. Primary Raynaud's
- B. SLE
- C. Systemic sclerosis
- D. RA
- E.

2006 Remembered Question 0104 (Cardiology)

What is the reason for the elevated JVP seen in congestive heart failure?

- A. Large LA compressing the RV
- B. Large RA compressing the LV
- C. raised pulmonary artery pressure
- D. reduced LH outflow with consequent pooling of blood in the lungs
- E.

2006 Remembered Question 0105 (Respiratory)

Many patients with respiratory diseases require assessment before undertaking air travel. What FiO₂ at sea-level would approximate the partial pressure of oxygen during an international flight at the usual cruising altitude?

- A. 10%
- B. 14%
- C. 21%
- D. 28%
- E. 32%

2006 Remembered Question 0106 (Other)

In a patient with confirmed chronic fatigue syndrome, which of the following is most likely to be helpful?

- A. IVIG
- B. rest
- C. graduated exercise programme
- D. support group
- E. SSRI

2006 Remembered Question 0107 (Respiratory)

What is the most clear indication for BiPAP?

- A. lung trauma with hypoxia
- B. exacerbation of cystic fibrosis with hypercarbia
- C. congestive heart failure with pulmonary oedema
- D. post-extubation respiratory failure
- E. exacerbation of COPD with hypercarbia

2006 Remembered Question 0108 (Respiratory / Genetics)
(similar to 2004 repeat P1Q2)

A previously well 25-year-old man has three episodes of acute pancreatitis. Genetic testing reveals compound heterozygosity at the cystic fibrosis gene.

Which other manifestation of cystic fibrosis is he most likely to have or develop in the future?

- A. Hyponatraemia.
- B. Bronchiectasis.
- C. Nasal polyps.
- D. Infertility.
- E. Cirrhosis.

(NOTE – there was no option for bronchiectasis)

2006 Remembered Question 0109 (Respiratory)

A 65 year old builder presents with chronic cough. He has been smoking 20 cigarettes per day since the age of 20. His GP organises a CXR and a CT chest, two slices of which are shown below:

One slice through upper heart shows normal lung parenchyma, without any bronchiectasis or fibrosis. One slice down near the diaphragm doesn't show any lung markings at all. I thought there was probably some pleural calcification in the pleura over the diaphragm and some thickening of the pleura over the lefty heart border and posteriorly, but I wasn't entirely sure.

What is the most likely explanation of the CT chest appearance?

- A. Bronchiectasis
- B. Idiopathic pulmonary fibrosis
- C. Asbestos related pleural plaques
- D. Asbestosis
- E. Healed TB

(These were definitely the five options)

2006 Remembered Question 0110 (Renal / Cardiology)

Which of the following drugs is least likely to cause hyperkalaemia?

- A. losarten
- B. ramipril
- C. amiloride

- D. amlodipine
- E. indomethacin

2006 Remembered Question 0111 (Renal / Rheumatology)

A Woman has been on dialysis for 11 yrs. She now presents with fatigue, weakness and tender shoulders, knees and wrists. Two scans are shown (some sort of xray?) of the wrist in AP and cross-section – there was a huge spherical cyst replacing much of the distal radius about 1cm proximal to the joint. What is the most likely diagnosis?

- A. amyloidosis
- B. OA
- C. hyperparathyroidism
- D. gout
- E. pseudogout

2006 Remembered Question 0112 (Renal)

A man who is a known IVDU, has a very low C4, but fairly normal C3, elevated ESR, ANCA negative and ANA negative. A picture is shown of purpura on his legs. What is the most likely cause?

- A. MCGN
- B. cryoglobulinaemic glomerulonephritis
- C. IgA nephropathy / HSP
- D. membranous GN
- E.

2006 Remembered Question 0113 (Renal / Cardiology)

A man has PTCA for IHD. Two weeks later he presents with fatigue. His creatinine has risen from 0.14 pre-PTCA to 0.45 now. What is the most likely cause?

- A. ACEI
- B. NSAID
- C. contrast nephropathy
- D. cholesterol embolisation
- E.

2006 Remembered Question 95 (Renal)

A 26yr old man has 3x episodes of renal colic and passes stones that are analysed as calcium oxalate (picture shown of a jar of stones!) Routine biochemistry is normal. How are future episodes best avoided?

- A. low calcium diet
- B. citrate
- C. low oxalate diet
- D. drink minimum of 3-4L / day
- E. frusemide
- F. Thiazide diuretic
- G. Cholestyramine

2006 Remembered Question 0115 (Renal / Haematology)

(Note this question differs from the previous repeated ad nauseum question on aplasia)

A woman with ESRF on haemodialysis, has been on stable treatment with erythropoietin for several years. Her haemoglobin has dropped from 90 to 79 over one month. Investigations reveal ferritin 630, transferrin sats of 19%, reticulocytes of 30 and a hypochromic, microcytic anaemia. What is the most likely cause?

- A. iron deficiency
- B. inflammation
- C. inadequate erythropoietin dose
- D. pure red cell aplasia
- E.

2006 Remembered Question 0116 (Gastroenterology)

(repeat from 1999, 2000, slightly different)

Which one of the following is the most important pathogenic factor in gastro-oesophageal reflux disease?

- A. A sliding hiatus hernia.
- B. Smoking more than 20 cigarettes/day.
- C. An increased frequency of transient lower oesophageal sphincter relaxation.
- D. Impaired oesophageal peristalsis.
- E. A low resting lower oesophageal sphincter pressure.

2006 Remembered Question 0117 (Gastroenterology)

A man has diarrhoea and weight loss. (NOTE – there was no mention of pain). He is found to have an iron deficiency anaemia. Bloods show –

- anti-gliadin IgG positive
- anti-gliadin IgA negative

- anti-endomysial IgA negative

What is the next best test to confirm the diagnosis?

(small bowel biopsy was NOT an option)

- A. 3 day faecal fat
- B. IgG anti-tissue transglutaminase
- C. IgA levels
- D. stool MC&S
- E.

2006 Remembered Question 0118 (Geriatrics)

A man has a painful right hip and needs a walking stick. What is the best way to advise this man how to use the stick?

- A. hold in left hand and advance with right leg
- B. hold in right hand and advance with right leg
- C. hold in right hand and advance with left leg
- D. hold in left hand and advance with left leg
- E. hold in right hand and advance after both legs

2006 Remembered Question 0119 (Geriatrics / Endocrinology)

An elderly, demented man in a rest home is on olanzapine for mild behavioural disturbance, but also takes donepezil, ramipril (and others?) he has a random blood sugar of 11.1 What is the next best management option?

- A. refer to dietician
- B. stop olanzapine
- C. stop donepezil
- D. stop ramipril
- E. start metformin

2006 Remembered Question 70 (Immunology & Allergy)

A 25 year-old female is treated in ED for severe anaphylaxis. Adrenaline given half an hour ago with good result but blood pressure is now dropping.

What is the most appropriate immediate management?

- a) Antihistamines (H1 & H2 receptor antagonists)
- b) IV fluid challenge

- c) S/C adrenaline
- d) IM adrenaline
- e) IV corticosteroids

2006 Remembered Question 71 (Geriatrics / Neurology)

A 75 year-old woman with cognitive decline.

CT brain showing large ventricles, widened sulci anteriorly generalized loss of grey-white matter differentiation. Multiple small hypointensities throughout all brain tissue.

This CT is consistent with

- a) Alzheimers Disease
- b) Fronto-temporal dementia
- c) Multi-infarct dementia
- d) Lewy-Body Disease
- e) Parkinsons

2006 Remembered Question 72 (Infectious Diseases)

A 25 year-old male injured his right thigh while surfing. Leg became red and painful. On examination, temperature 38.9, thigh is red, painful to deep palpation, and feels boggy. Patient has received ceftriaxone and clindamycin.

In addition to this treatment the patient should have:

- a) Surgical exploration and debridement
- b) MRI
- c) X-rays and ultrasound
- d) Antibiotic cover for Gr negative organisms
- e) IV fluids

2006 Remembered Question 73 (Renal)

A 35 year-old male, IV drug user for eight years. Rash over lower legs for past 2-3 months. Photo purpuric/vasculitic rash on lower legs. Lab tests creatinine 110, glomerular blood in urine, nephritic range proteinuria.

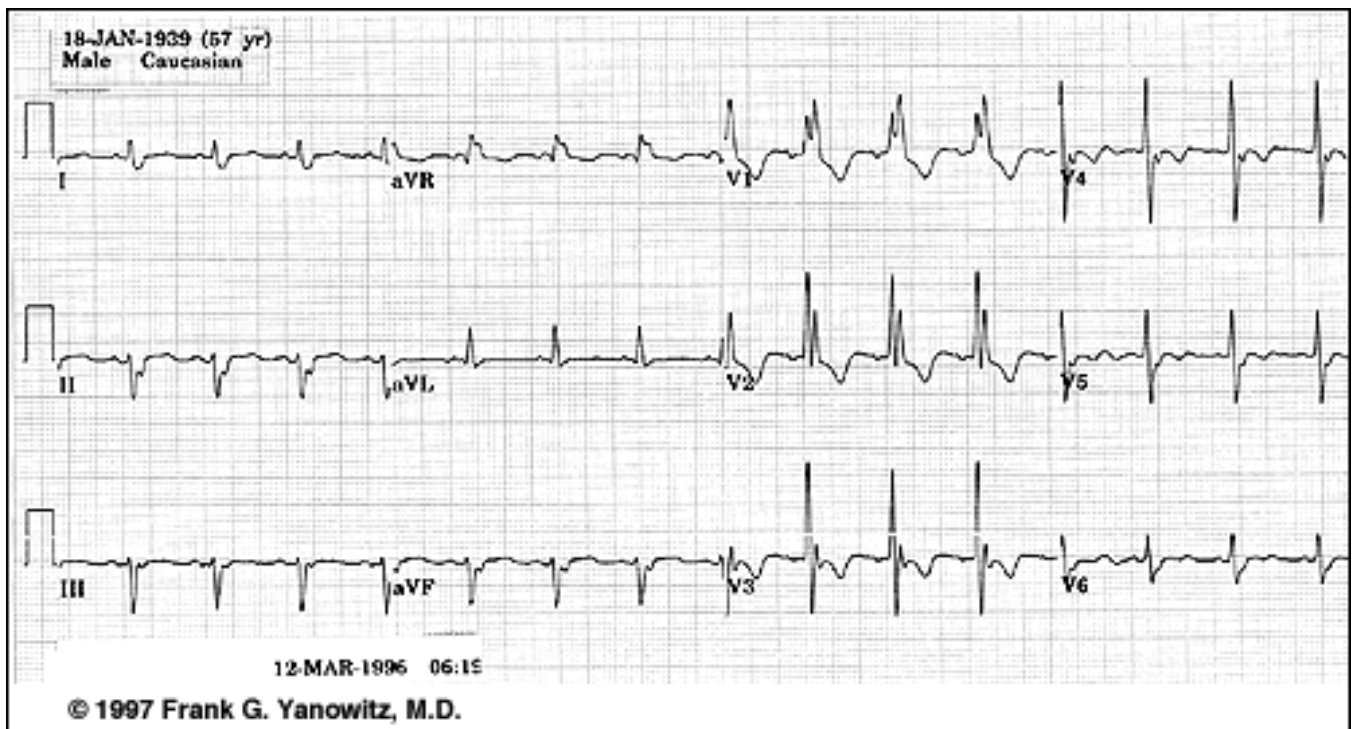
Renal biopsy performed is most likely to show

- a) Membranous nephritis

- b) Focal sclerosing GM
- c) Cryoglobulin nephritis
- d) IgA disease
- e) Minimal change disease

2006 Remembered Question 74 (Cardiology)
(2005 repeat)

78 year old male brought to the Emergency department following collapse while running to catch a bus. His heart rate is 70 per minute. His blood pressure is 110/70 mmHg. His JVP is normal, heart sounds is normal with soft systolic murmur and his chest is clear. CK 205. TnT awaited. Past history of hypertension and hypercholesterolaemia. Takes felodipine.



- A. Observation
- B. Heparin
- C. Thrombolysis
- D. Tirofiban
- E. Angiogram

2006 Remembered Question 75 (Geriatrics / Psychiatry)

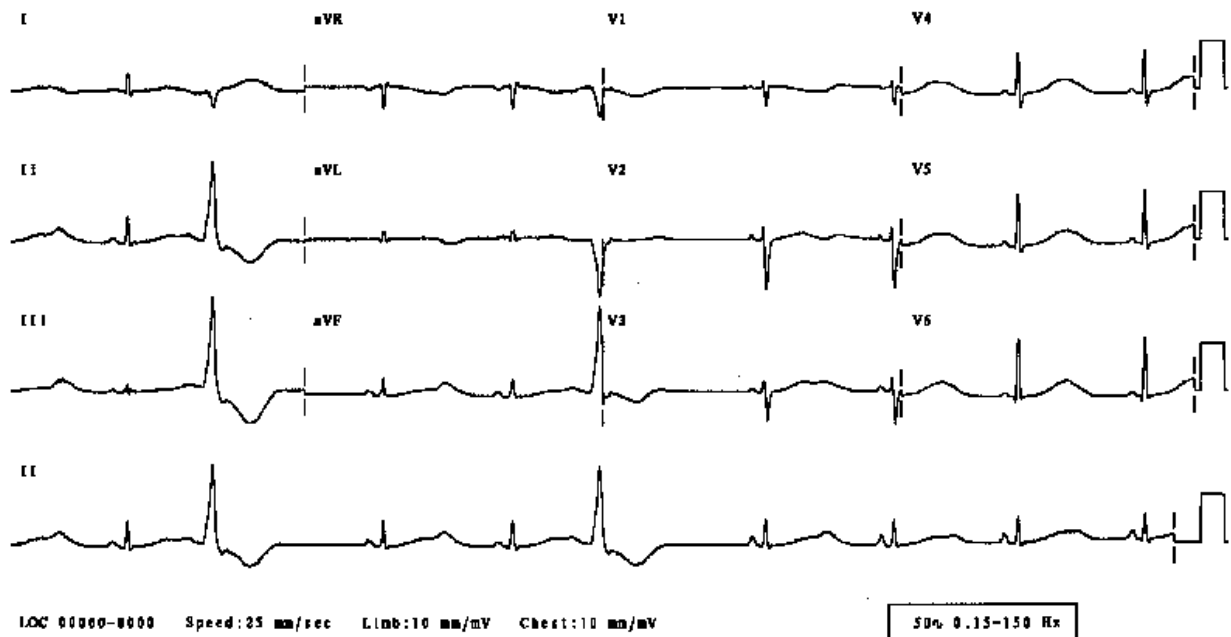
A 75 year-old woman who lives alone has had 1-week of behavioural change. She has been wandering around her house at night, is paranoid about her daughters intention, and tells her son she has seen burglars in her house.

The most likely diagnosis is:

- a) Depression
- b) Head injury
- c) Delirium
- d) Dementia
- e) Multi-infarcts

2006 Remembered Question 77 (Cardiology)

A 25 year-old man presents after collapse. Mother died suddenly aged 38. Sister recently resuscitated from an out of hospital cardiac arrest. ECG shown below.



What is the most appropriate action at this point:

- a) Beta blocker
- b) Holter monitor
- c) Amiodarone
- d) Dypridamole sestamibi scan
- e) Implantable cardiac defibrillator

2006 Remembered Question 78 (Rheumatology)

A 27 year-old male presents with painful sacral region and aching calcanea. Scherber test within normal limits.

The best test to make a diagnosis is:

- a) Lumbar spine x-rays
- b) HLA B27
- c) CRP
- d) Sacroiliac joint x-ray
- e) ESR

(Some of us don't remember a) being an option)

2006 Remembered Question 79 (Neurology / Genetics)

Different mutations in the dystrophin gene cause a range of severity of muscular dystrophy.

Type	Duchennes	Becker	Cardiomyopathy
Severity of muscular dystrophy	Severe	Mild-moderate	Minimal

(There were more details than this about each condition)

Choose the most correct match of type of mutation with clinical syndrome.

	Duchennes	Becker	Cardiomyopathy
A	Frameshift mutation	Promoter mutation	Inframe deletion
B	Inframe deletion	Frameshift mutation	Promoter mutation
C	Inframe deletion	Promoter mutation	Frameshift mutation
D	Promoter mutation	Frameshift mutation	Inframe deletion
E	Promoter mutation	Inframe deletion	Frameshift mutation

2006 Remembered Question 80 (Oncology)

In the treatment of pain caused by cancer, for which of the following is treatment with NSAIDs most effective?

- a) Headache due to malignant meningitis
- b) Liver capsule distention pain

- c) Bone metastases from prostate cancer
- d) Breast cancer with lung mets
- e) Bowel cancer causing abdominal pain

2006 Remembered Question 81 (Gastroenterology)

For which of the following is ursodeoxycholic acid most effective?

- A. Primary sclerosing cholangitis
- B. Large gallstones
- C. Primary biliary cirrhosis
- D. Gallstones in patients who are not fit for surgery
- E. Microcholelithiasis associated with pancreatitis
- F. Autoimmune hepatitis

2006 Remembered Question 82 (Haematology)

Which of the following is the strongest contraindication to full dose therapeutic anticoagulation?

- A. Recent major trauma
- B. Known cerebral metastases
- C. Blood pressure >200 systolic
- D. Thrombocytopenia with platelet count 20-50
- E.

2006 Remembered Question 83 (Respiratory / ICU)

Which of the following is the best indication for non invasive ventilation with BIPAP?

- A. Acute hypoxia in patient with traumatic lung disease
- B. Hypercapnoeic respiratory failure whilst attempting to wean patient from ventilation in ICU
- C. Patient with cystic fibrosis exacerbation with hypercapnoeic respiratory failure
- D. Patient with pulmonary oedema and hypoxic respiratory failure
- E. COPD patient with acute hypercapnoeic respiratory failure

2006 Remembered Question 85 (Gastroenterology)

(Note that there were 2 similar question's in the exam with important differences, 2nd question follows)

A 65 year old man has a history of reflux but is not on a PPI. He has a gastroscopy which shows erosive oesophagitis, biopsy taken shows epithelial dysplasia and inflammation. Which of the following is the most appropriate course of action?

- A. Endoscopic US
- B. CT chest
- C. Give high dose PPI for 2 months then repeat endoscopy and biopsies
- D. Surgery
- E. Surveillance endoscopy in 12 months

2006 Remembered Question 92. (Gastroenterology)

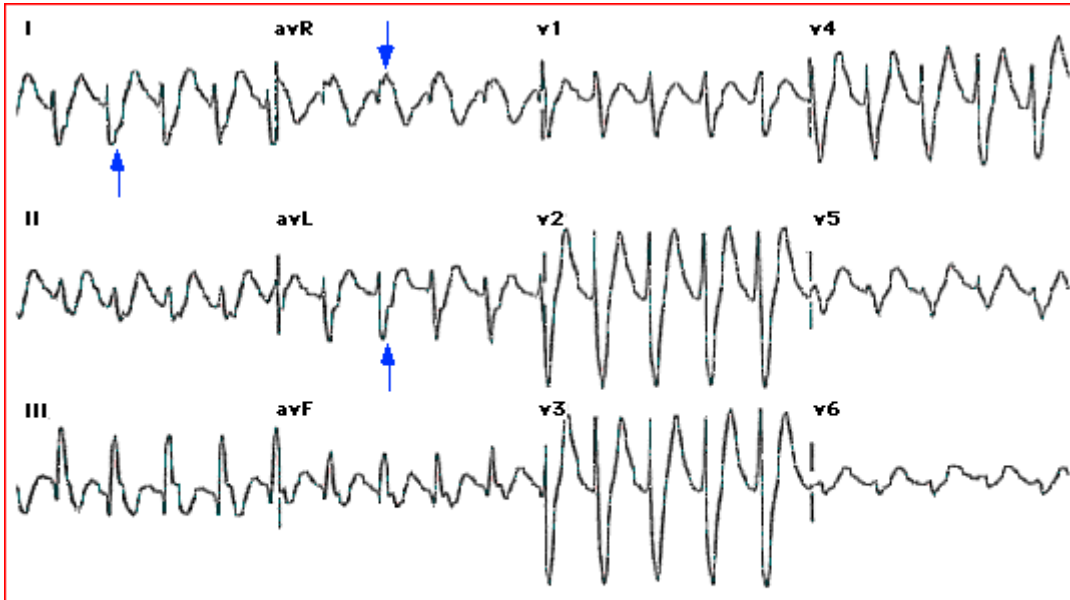
(2005 repeat question)

A patient with Barrett's oesophagus undergoes routine endoscopy. Biopsy shows Barrett's with high grade epithelial dysplasia but no inflammation. Which of the following is the most appropriate course of action?

- A. Re-scope with repeat biopsy in 6 months
- B. Refer for fundoplication
- C. Refer for surgical resection
- D. High dose PPI then rescope
- E. Laser therapy

2006 Remembered Question 87 (Pharmacology)

A 26 year old man is brought into A+E with a suspected overdose. He is tachycardic 120/min, he has dilated sluggish pupils, and has reduced bowel sounds. He only withdraws to painful stimuli. the following ECG is obtained:



The most likely medication causing this overdose is

- A. Potassium
- B. Amitryptilline
- C. Lithium
- D. Cocaine
- E. Dextroxypropoxyphene

2006 Remembered Question 90 (Endocrinology)

A 25 year old women presents with hirsuitism. The following blood tests are obtained:

Testosterone 2xULN - 4.5

DHEA: Normal - 10

24 hr urinary cortisol: 280 - near top of normal range

ACTH: Normal

LH: Normal

FSH: Normal

Oestrogen: Normal

17-hydroxyprogesterone 62 (10xULN)

Electrolytes and creatinine: normal

What is the most likely diagnosis?

- A. Polycystic ovarian syndrome
- B. Cushing's syndrome
- C. Late onset CAH
- D. Androgen producing ovarian cancer
- E. Adrenocortical adenocarcinoma

2006 Remembered Question 94 (Geriatrics)

94 year old man severe dementia, fully dependant in a nursing home, history of CVA with 2 previous admissions with aspiration pneumonia, immobile, pressure sores. Previously he would eat and drink with assistance, he now spits out any food presented to him and refuses to eat. He is not able to communicate coherently. He has made no advance directives, and has no next of kin. The most appropriate measure to manage him at this stage?

- A. intravenous fluids
- B. subcutaneous fluids
- C. NGT feeding
- D. PEG feeding
- E. mouth cares

(Read this: <http://www.weeklystandard.com/Content/Public/Articles/000/000/003/370oqiwy.asp>. Maybe next year there will be questions on abortion, euthanasia and perhaps some religion and politics thrown in for good measure)

2006 Remembered Question 96 (Respiratory)

A patient has a history and examination consistent with PE. Which of the following is the strongest indication for thrombolysis.

- A. dyspnoea
- B. hypotension
- C. right ventricular dysfunction on echo
- D. large proximal DVT
- E. large saddle embolus

2006 Remembered Question 97 (Cardiology)

A patient presents with typical cardiac chest pain with ST depression on ECG and raised TropT (value given) and CK. Three days later he has a further episode of severe central crushing chest pain. Which of the following features is most indicative of a further myocardial infarction?

- A. Coronary angiogram showing a 70% LAD stenosis
- B. T wave inversion on ECG
- C. Troponin T level ~60% of that at admission
- D. CK-MB level similar to that at admission
- E. Ongoing chest pain is similar to his recent pain

2006 Remembered Question 98 (Rheumatology)

Elderly man with knee pain, clinically has knee effusion. X-ray of knee given. No history of trauma. What is the most likely diagnosis?

- a) Osteoarthritis
- b) Haemochromatosis
- c) Infective arthritis
- d) Pseudogout (CPPD deposition disease)
- e) Rheumatoid arthritis



2006 Remembered Question 100 (Psychiatry)

(2005 Repeat)

In a patient diagnosed with panic disorder, which of the following disorders has the highest lifetime prevalence?

- A. Major depression
- B. Psychotic disorder
- C. Somatisation
- D. Personality disorder
- E. Factitious disorder

2006 Remembered Question 0120 (Endocrinology)

Which is the most important risk factor for ophthalmopathy in Grave's disease?

- A. High titre TSI antibody
- B. Smoking
- C. Age
- D.

2006 Remembered Question 0121 (Endocrinology)

In addition to a beta blocker, which of the following is most appropriate treatment for an acute painful thyroiditis?

- A. prednisone
- B. Thyroxine
- C. NSAID
- D. carbimazole
- E. Radioactive iodine

2006 Remembered Question 0122 (Oncology)

Which of the following metastatic cancers has the best prognosis?

- A. Germ cell with lung mets
- B. Breast with brain mets
- C. Prostate with bone mets
- D. Ovarian with malignant ascites
- E. Bowel with liver mets

2006 Remembered Question P2 Q28 (Haematology)

A 60 year old man has been followed for several months with gradually increasing platelets. He is hypertensive on amlodipine.

Bloods:

plt 3500

WCC 70

Neut 62

Na 143

K 7.2

HCO₃ 16

Cr 0.13

Ur 13

What is the cause of his hyperkalaemia?

- A. pseudohyperkalaemia
- B. Lactic acidosis
- C. Haemolytic anaemia
- D. Amlodipine
- E. Renal impairment

2006 Remembered Question 0123 (Cardiology)

A 65 year old man presents with chest pain. He was admitted with a NSTEMI 4 weeks previously and had PCI to his LMS. He stopped his clopidogrel 1 week previously. ECG shows 3mm st elevation, he is hypotensive with a BP of 90/60.

What is the most appropriate management?

- A. Nitrate
- B. Thrombolysis
- C. Angiography and revascularisation
- D. GP lib/IIIa bolus and infusion
- E. Clexane

2006 Remembered Question 0124 (Renal)

Apart from rejection what is the 2nd most common cause of graft failure in a renal transplant patient?

- A. CMV infection
- B. Hypertension
- C. Cyclosporine toxicity

- D. BK virus infection
- E.

2006 Remembered Question 0125 (Cardiology)

Picture of a pulmonary artery occlusion pressure tracing from angiography.
We didn't draw it after the exam and have forgotten what it showed.

What is the most likely diagnosis?

- A. Tricuspid regurgitation
- B. Mitral regurgitation
- C. Aortic stenosis
- D. Left heart failure
- E. Outflow obstruction