MULTIPLE-CHOICE TEST
WORKBOOK FOR
THE RESIDENCY

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Preamble

Residency is a determinative examination for the profession of physician, the “key” to a good start of a professional career based on the experience and knowledge acquired during the university studies.

To ensure the premises of success at the residency examination, students must train and exercise as early as their final year in university. The existence of guides and practice instruments is very important insofar as they familiarize students with the methodology of the examination and help develop the know-how needed in order to successfully pass to the following stage.

At present, there are indeed several such useful instruments, but what differentiates this test workbook is a novel element, namely the fact that it was drafted by those who faced and won this battle and, moreover, it also benefits from specialty references.

Being created by those who know first-hand what systematic learning is about, indeed what the residency examination involves overall, the book offers through this unique element the ingredient for obtaining the “key” to success.

I think that this instrument is extremely useful for preparing the residency examination and I recommend it to all interested students, together with my wishes for success.

Prof. Vasile Astărăstoae, PhD

Rector of the “Grigore T. Popa” University of Medicine and Pharmacy – Iași
Dear colleagues,

This book appeared as a need and an encouragement for the solid preparation of, let us say, the most important exam in the life of a Medicine student, namely the residency examination. We think that it is the most important because after this examination you will have to choose the specialty field that you wish the most, being therefore capable of fulfilling your dream from the faculty and crowning 6 years of intense study.

It appeared as a need as we, fresh graduates training intensely for the residency examination, felt the lack for a written, correct, easy to get through material, which can allow us to verify our knowledge and become aware of the information that we master and where we shall still insist. The fact that Book des ECN was introduced for the first time in 2012, being translated, with occasional slips, from a book created to prepare the residency examination of France and rather briefly and schematically presented, all these accentuated the lack of such an instrument for verifying and consolidating the knowledge.

That is why our book contains 1000 questions broken down in 5 multiple-choice tests, each of them comprising 200 questions, exactly as the residency examination (50 simple complement and 150 multiple complement). The themes are divided in a balanced way in the 4 first multiple-choice tests, and the fifth test comprises questions from all the chapters for an overall knowledge verification. Structured this way, the tests prove to be an efficient control instrument immediately after reading each chapter, helping a lot in the sedimentation of the acquired information. Moreover, the editing is made so that you can easily calculate the score for each test, and the reference of the page from which the questions derive supports the verification and consolidation of the information.

Moreover, we deemed that we, as recent participants in the residency examination 2012 and with obtained scores higher than 800, are prepared to draft this workbook, as each of us got through the entire material at least five times, knowing very well the errors, so that these multiple-choice tests be clear and most importantly, help you in the solid preparation of the exam.

This initiative would not have been possible without the support offered by the “Grigore T. Popa” University of Medicine and Pharmacy – Iași, by means of Mr. Rector, PhD Prof. Vasile Astăreștoae, who showed a consequent concern for the realization of quality medical materials and a permanent support. Moreover, we give thanks to Mrs Dean of the Faculty of Medicine, PhD Prof. Doina Azoicăi, who encouraged the achievement of this project from its very beginning.

Lots of attention and hard work are always required whenever one wants to elaborate high quality, error-free test items. We apologize in advance if you discover small errors or disparities when solving the multiple-choice tests.

Hoping that the material will be of real benefit to you in preparing the residency examination, we wish you good luck and, maybe more important than the score, we wish you to succeed in choosing at the end the specialty field that you want the most!

The authors
Scoring Methodology

The format and the calculation of the score of each test are carried out in compliance with the methodologies of the most recent residency examinations (including the one of 2012).

Each test has 200 multiple-choice questions. All the questions have 5 answer variants. The maximum score is 950.

The 50 first questions are of the simple complement/single answer type, with one correct answer only. If one circles more or less than one answer, the question is null (0 points). Each question with a correct answer receives 4 points. Therefore, the maximum score if one answers properly all the multiple-choice questions of the simple complement/single answer type is 200.

The following 150 questions are of the multiple complement/multiple answer type, with 2-4 correct answers. If one circles less than 2 or more than 4 answers, the question is null (0 points). Each question which has all the correct answers receives 5 points. Therefore, the maximum score if one answers properly all the multiple-choice questions of the multiple complement/multiple answer type is 750.

Examples of scores for the question of the multiple complement/multiple answer type:
A B C D E – correct answers A C E
- If one circles correctly A C E, he/she shall receive the maximum of 5 points, as follows:
  A B C D E
  X X X
  1 1 1 1 1 = 5 points
- If one circles correctly only A and C, he/she shall receive 4 points, as follows:
  A B C D E
  X X
  1 1 1 1 0 = 4 points
- If one circles correctly the variants A, B, D, he/she shall receive 1 point, as follows:
  A B C D E
  X X X
  1 0 0 0 0 = 1 point

Moreover, we advise you to assign at least 1 hour of the total of 4 hours of the exam to circling the correct answers.

We wish you every success in your preparation work and at the Residency Exam!
Multiple-choice Test Workbook for the Residency

Multiple-choice Test I

Chapter: Cardiology

Author: Dan-Mihai Alexandrescu

SINGLE ANSWER

1. Which affection DOES NOT represent a neurological cause of the short-term loss of consciousness: (27)
A. epilepsy
B. narcolepsy
C. vertigo
D. drop-attack
E. transient ischemic attack within the vertebrobasilar territory

2. Brugada syndrome is characterized by: (32)
A. highly typical right branch block with obvious elevation of the ST segment in V1-V2-V3
B. risk of **torsade de pointes**, ventricular fibrillation and sudden death
C. unknown cause, familiar forms
D. mutation identified in the sodium channel, familiar forms
E. mutation in the potassium channel for the familiar forms

3. Q wave in V1,V2,V3 appears in: (36)
A. ventricular preexcitation with right Kent fascicle
B. ventricular preexcitation with left Kent fascicle
C. right ventricular hypertrophy
D. inferior heart failure
E. right branch block

4. The curative treatment of the atrial fibrillation can be performed with: (40)
A. amiodarone – loading dose, then maintenance dose
B. aspirin 250 mg/day or nothing if CHADS=0
C. combined cardioversion (shock after the loading dose with amiodarone)
D. long-term anticoagulation therapy
E. percutaneous catheter ablation

5. Second degree atrioventricular block (BAV 2) type 2 is characterized by: (41-42)
A. the block of a P wave after the progressive extension of the PR interval
B. P waves are intermittently blocked while the PR intervals have a constant duration
C. permanent block of the atrioventricular conduct, no P wave is followed by QRS
D. conduct slow-down only at hisian level
E. it is frequently symptomatic isolated

6. During the treatment of high blood pressure after heart failure, the following class of medication is NOT recommended: (55)
A. ACE inhibitors
B. thiazide diuretics
C. beta blockers
D. ARBs II
E. anti-aldosteronic diuretics

7. Which of the following variants DOES NOT represent a cause for secondary high blood pressure: (56-57)
A. substance abuse (alcohol, cocaine, amphetamines)
B. pheochromocitome
C. glycol induced pseudohyperaldosteronism
D. acromegaly, hyperthyroidism, hypercalcemia
E. coarctation of the aorta

8. In the treatment of high blood pressure, the following classes of
drugs are essential as first-line treatment, except: (54)
A. central antihypertensive
B. diuretics
C. beta blockers
D. angiotensin II receptor blockers (ARBs II)
E. calcium inhibitors

9. Severe third-degree high blood pressure is characterized by: (52)
A. diastolic blood pressure of 100-105 mm Hg
B. systolic blood pressure > 180 mm Hg
C. systolic blood pressure > 220 mmHg
D. diastolic blood pressure < 110 mmHg
E. diastolic blood pressure of 90-99 mmHg

10. Which of the following answers regarding the features of acute or chronic thoracic pain is true: (59)
A. crick pain in pericarditis
B. pain radiating intermittently from the epigasrtium to the neck in angina
C. pain occurring and ceasing depending on physical effort in pleurisy
D. pain with retro- and medial sternal localization or in cervical position in angina
E. pain with symptoms relief in anteflexion (aorta dissection)

11. Troponin can increase in the following, except: (61)
A. aorta dissection
B. viral myopericarditis
C. complicated unstable angor with a rudimentary infarction
D. pulmonary embolism (of the right ventricle)
E. in all cases of functional ischemia

12. The following are vascular causes of lipothymin and syncope, except: (27)
A. low blood pressure
B. neurovegetative dysautonomia
C. vasovagal syncope
D. sino-carotid hypersensitivity
E. subclavian artery steal

13. With regard to the ventricular tachycardia, it is true that: (31)
A. tachycardia with large QRS > 120 ms and irregular
B. frequency <100/min or > 250/min
C. non-sustained or sustained (± 15 seconds)
D. presence of atrioventricular dissociation, capture or fusion phenomena
E. organized and regular atrial activity with retrograde atrigrams (negative in DII DIII and avF)

14. Left atrial hypertrophy is characterized by: (35)
A. biphasic and negative P wave in V6
B. biphasic and negative P wave in V1
C. P wave≥120 ms in V3
D. biphasic and positive P wave in V1
E. biphasic and positive P wave in DII

15. In case of a patient with atrial fibrillation, before performing the cardioversion, one shall consider: (39)
A. preventing an embolism by prescribing anticoagulation with heparin for a week
B. preventing an embolism by performing a transthoracic ultrasound
C. performing immediate cardioversion, in the patient already correctly anticoagulated
D. cardioversion does not require special measures; it must always be performed as soon as possible in order to re-establish the sinus rhythm of the patient.
E. answers A, B, C are true.

16. The left posteroinferior hemiblock is characterized by: (43)
A. narrow QRS > 120 ms
B. Q1S3 aspect
C. QRS axis >120°
D. it is frequently met in elderly patients
E. it is a formal indication to pacemaker implantation

17. Which of the statements on the scintigraphy with injection of Dipyridamol/persatine is true: (66)
A. It requires capacity for physical effort
B. It has no localization value
C. It is not interpretable if the basal EKG is abnormal
D. It has a good sensitivity
E. It has a good specificity

18. The target LDL cholesterol level in the treatment of angina pectoris is: (66)
A. <1 g/l
B. <1.6 g/l
C. >1 g/l
D. >1.6 g/l
E. none of the answers is correct

19. The most frequent etiology of stable angina is: (64)
A. functional (tachycardia, bradycardia, anemia, hypoxemia)
B. coronary artery disease
C. coronary spasm
D. coronaritis
E. congenital malformations

20. The concept of myocardium viability or hibernation refers to: (68)
A. presence of a significant quantity of “surviving” myocytes after revascularization
B. presence of all “surviving” myocytes 6-12 hours after an infarction, if revascularization is attempted less than 90 minutes after the infarction
C. myocardium viability is not a concept in SCA with permanent ST segment elevation
D. significant presence of “surviving” myocytes after 6-12 hours in a necrozed area
E. significant presence of “surviving” myocytes after a pulmonary embolism

21. Anteroseptal infarction can be seen on the EKG in the following derivations: (69)
A. V1, V2, V3, V4
B. DII DIII aVF
C. V1, V2, V3
D. V1, V2, V3, DII, DIII, aVF
E. V3, V4

22. In which of the following SCA ST+ treatment situations is first line fibrinolysis recommended: (70)
A. When it takes too long to get to the coronaryography room (more than 90 minutes)
B. when myocardial infarction is accompanied by cardiogenic shock
C. when infarction is diagnosed 12 hours later than its onset
D. when the patient is allergic to streptokinase
E. only answer B is false

23. Which of the following drugs is contraindicated in case of right ventricular failure: (70)
A. morphine
B. anxiolytics
C. trinitrine
D. standard heparin or efficient LMWH or bivalirudin
24. Which of the following is not among the rhythm alterations that may occur as early complications of infarction: (70)
A. ventricular tachycardia
B. ventricular fibrillation
C. electromechanical dissociation
D. atrioventricular block
E. bradycardia

25. Which of the following statements regarding the SCA ST- treatment is true: (73)
A. the coronarography is carried out after one week
B. fibrinolysis is of no interest
C. low risk patients shall receive anti-GPIIb/IIIa
D. analgesics are used to relieve pain
E. we shall not address risk factors

26. In the diagnosis of abdominal aortic aneurysm, which represents pre-therapy assessment and not monitoring: (75)
A. the abdominal ultrasound
B. the abdominal MRI
C. the abdominal CT
D. the aortography
E. Doppler ultrasound of the supra-aortic trunks

27. Which of the following statements on Buerger thromboangiitis is false: (77)
A. the disease mainly affects men younger than 40 years old who are heavy smokers
B. it affects the upper limbs
C. it is not one of the rare causes of chronic obstructive arteriopathy of the lower limb
D. it is not associated with trophic disorders
E. it manifests itself through noticeable symptoms with acute occlusion

28. Compensated chronic obstructive arteriopathy of the lower limb implies an IPS value of: (78)
A. 0.9 – 1.3
B. 0.75 – 0.9
C. 0.4 – 0.75
D. <0.4
E. >35 mm Hg

29. Which of the following answers on the physiopathology of acute limb ischemia is false: (81)
A. arterial obliteration causes tissue anoxia
B. ischemia causes cellular lysis (rhabdomyolysis, acute tubular necrosis)
C. ischemia causes a discharge of intracellular potassium (hypokalemia)
D. ischemia causes discharge of H+ ions (metabolic acidosis)
E. the most sensitive cells are the nervous ones

30. In the case of a patient with absent ankle pulse, the occlusion has most likely occurred at the level of: (82)
A. the iliac artery
B. the superficial femoral artery
C. the common femoral artery
D. the popliteal artery
E. the shank arteries

31. The atrial natriuretic factor acts in the following ways, except: (84)
A. it modulates the release of rennin
B. it diminishes the secretion of aldosterone
C. it increases the secretion of arginine
D. it has a vasodilatation effect
E. it has a diuretic effect

32. The following biological modification occurs in severe heart failure: (87)
A. hyponatremia
B. hypernatremia  
C. MCV increase  
D. MCV decrease  
E. polyglobulia  

33. LVEF in systolic heart failure is: (88)  
A. < 40 %  
B. < 45 %  
C. < 50 %  
D. <55 %  
E. < 60 %  

34. The main treatment of left heart failure is with: (89)  
A. beta blockers (Carvedilol)  
B. antialdosteronic drugs  
C. furosemide  
D. ACE inhibitors  
E. The treatment depends on the underlying cause.  

35. The thromboembolic risk factors in patients with mechanical valves are the following, EXCEPT: (96)  
A. mechanical valve replacement in mitral, aortic or pulmonary position  
B. left ventricle ejection fraction <35%  
C. hypercoagulability  
D. history of arterial thromboembolic events (stroke, TIA, acute ischemia of the lower limbs)  
E. intense spontaneous contrast in the left atrium  

36. Late endocarditides as complications of valve bearers occur more frequently at the following level: (94)  
A. mitral  
B. pulmonary  
C. aortic  
D. tricuspid  
E. mitral and aortic  

37. Ross intervention implies: (93)  

A. transposition of the aortic valve in pulmonary position, the aortic valve being replaced by a heterograft  
B. transposition of the mitral valve in aortic position, the aortic valve being replaced by a heterograft  
C. transposition of the pulmonary valve in aortic position, the aortic valve being replaced by a heterograft  
D. transposition of the pulmonary valve in aortic position, the pulmonary valve being replaced by a heterograft  
E. none of these answers.  

38. Osler’s disease is caused by: (97)  
A. S. epidemidis  
B. Streptococci viridans  
C. Streptococci D  
D. defective streptococci  
E. all the answers are correct  

39. Which of the following statements about preventing infectious endocarditis is true: (103)  
A. only patients in high risk groups (Group A) must receive an endocarditis prophylaxis wallet card  
B. the latest recommendations suggest systematic antibioprophylaxis of all the valve bearers  
C. there are 3 risk groups: Group A (high risk), Group B (average risk), Group C (low risk)  
D. the antibioprophylaxis is recommended only for the patients in groups A and B  
E. the only dental antibioprophylaxis indications are the procedures manipulating the periapical region of the tooth or of the gingival region
40. Which of the following etiologies is the most frequent cause of acute pericarditis: (105)
A. bacterial infections other than tuberculosis
B. tuberculosis
C. neoplasms
D. viral infections
E. post-infarction pericarditis

41. Kussmaul paradoxical pulse signifies: (107)
A. a blood pressure increase during inspiration (>10 mm Hg)
B. a blood pressure decrease during inspiration (>10 mm Hg)
C. a blood pressure decrease during expiration (>10 mm Hg)
D. a blood pressure increase during inspiration (<10 mm Hg)
E. it does not refer to blood pressure

42. The Musette sign signifies: (109)
A. an increase in differential arterial pressure
B. intermittent double crural murmur
C. capillary pulse
D. pupillary hippus
E. head tilting with each heart beat

43. The medical treatment of aortic failure associated to Marfan’s syndrome is with: (110)
A. ACE inhibitors
B. anticalcic drugs: Nifedipin
C. beta-blockers
D. diuretics
E. answers A and B are correct

44. The chronic mitral insufficiency has the following etiologies, except (112):
A. dystrophic: Barlow’s disease
B. degenerative
C. functional
D. ischemic (aortic dissection)
E. congenital

45. In diagnosis of aortic stenosis, which of the following is an indication for an ultrasound with small doses of dobutamin: (117)
A. symptomatic aortic stenosis, in patients without left ventricular dysfunction
B. asymptomatic aortic stenosis, in patients without left ventricular dysfunction
C. symptomatic aortic stenosis, in patients with left ventricular dysfunction
D. asymptomatic aortic stenosis, in patients with left ventricular dysfunction
E. answers C and D are correct

46. With regard to the physical examination of the patient with chronic venous insufficiency, the Schwartz technique implies: (121)
A. vibration transmission through percussion all over the varicose tract, which reveals valve incontinence
B. distal pulses palpation
C. identification of the Restless Legs Syndrome
D. upon standing, the veins remain empty, and if they fill in when removing the tourniquet placed at the base of the thigh, the valves are incontinent
E. none of the answers are correct

47. The physiopathological mechanism of clopidogrel is the following: (136)
A. it inhibits the cyclooxygenase path and reduces the prostaglandin and thromboxane production
B. it blocks the aggregation mediated by adenosine diphosphate
C. it inhibits the final aggregation path
D. it inhibits thrombin action
Multiple-choice Test Workbook for the Residency

48. Which of the following classes of drugs can lead to edema in the lower limbs: (1346)
   A. calcium channel blockers
   B. beta-blockers
   C. ACE inhibitors
   D. antiarrhythmic drugs (amiodarone)
   E. platelet antiaggregants

49. Organic murmurs can occur in the following cases, EXCEPT: (1124)
   A. interatrial communication
   B. arterial channel persistence
   C. anemia, fever
   D. coarctation of the aorta
   E. Fallot tetralogy

50. The following pathologies are indications for the prescription of carbonic anhydrase inhibitors, EXCEPT: (141)
   A. acute glaucoma
   B. chronic pulmonary heart disease
   C. chronic glaucoma
   D. mountain sickness
   E. intracranial high blood pressure (hemorrhagic stroke)

Single answer score: ______

MULTIPLE ANSWER

51. The rhythm disorders leading to the occurrence of lipotimia and syncope are: (27)
   A. ventricular tachycardia
   B. ventricular fibrillation
   C. torsade de pointes
   D. sinus dysfunction
   E. flutter

52. The biological parameters assessment within the etiologic diagnosis of lipotimia and syncope can reveal the following modifications, EXCEPT: (28)
   A. dyskalemia
   B. myocardial necrosis
   C. ethylene glycol intoxication
   D. hypocalcemia
   E. dysthyroidism

53. An extended post-critical phase or a slow progressive recovery to normal consciousness characterizes syncope caused by: (28)
   A. reflex: vasovagal syncope
   B. vascular: low blood pressure
   C. cardiac: 3rd degree atrioventricular block
   D. brief neurological loss of consciousness
   E. brief metabolic loss of consciousness

54. The second-line investigations in the diagnosis of lipotimia and syncope are: (28,29)
   A. the electrocardiogram
   B. the cardiac ultrasound
   C. the Tilt Test
   D. the cerebral CT
   E. the sinocarotidian massage after confirming the absence of carotid breathing

55. With regard to the diagnostic sensitivity of the EKG in case of syncope, which is/are FALSE: (28)
   A. it directly identifies the short-term loss of consciousness mechanism: sinus dysfunction or 1st degree atrioventricular block, ventricular tachycardia episodes
   B. it directly identifies the short-term loss of consciousness mechanism: left branch block, alternating block, trifascicular block
   C. it identifies ischemic, hypertrophic or dilated heart disease signs
   D. it does not identify specific arrhythmias: Brugada syndrome, long QT syndrome,
arrhythmogenic right ventricular dysplasia, WPW Syndrome
E. it identifies the signs of underlying cardiopathy (gallop, murmur)

56. The atrial flutter is characterized by: (30)
A. regular tachycardia
B. intra-atrial automatism focus
C. narrow QRS, except functional or organic branch block
D. orderly and regular atrial activity with a frequency of 300/min
E. macro-reentry in the left atrium

57. Which of the following is/are etiologies of ventricular extrasystoles and tachycardias: (31)
A. cardiac causes: ischemic, dilative, valvular, hypertrophic, restrictive, congenital cardiopathies, pericardium effusion following cardiac surgery, cor pulmonale
B. idiopathic on occasion
C. adrenergic stimulation: exertion, stress, temperature
D. iatrogenic: digitalis, thyroid hormones
E. rare causes: Brugada syndrome, right ventricular arrhythmogenic dysplasia, long QT syndrome

58. The following are atrial rhythm disorders: (31)
A. atrial extrasystoles
B. atrial fibrillation
C. atrial flutter
D. sinus tachycardia
E. Bouveret tachycardia

59. Benign ventricular extrasystoles have the following features, except: (34)
A. negative ventricular stimulation
B. confirmed delayed potential
C. late coupling (R on T phenomenon)
D. lipothyemia, syncope or sudden death
E. to a lesser extent, ventricular extrasystoles aggravated upon physical exertion

60. The first-line investigations used in the diagnosis of palpitations are the following, except: (33-34)
A. cardiac ultrasound
B. EKG
C. effort EKG, with an excellent contribution
D. right ventricular angiography
E. electrophysiological exploration

61. In the presence of ventricular tachycardia or of malignant arrhythmia, the common therapeutic approach is: (34)
A. medical treatment (amiodarone, beta-blockers)
B. treatment of underlying cardiopathy
C. implantation of a pacemaker
D. family screening for congenital ventricular arrhythmias
E. medical treatment with ajmaline or flecainide

62. A patient presents with palpitations. After the first line investigations (EKG), they are not documented. Additional investigations are needed if which the following are also the case: (33)
A. a familial, professional or sport environment with no risk
B. ventricular rhythm disorders (ESV, VT episodes)
C. clinical or electrocardiographic signs of underlying cardiopathy or malignant arrhythmia
D. low levels of tolerance
E. invalidating symptoms

63. Which of the answers name causes of QT segment increase: (37)
A. hypercalcemia
B. hyperkalemia
64. Diffuse repolarization occurs in: (37)
A. pericarditis
B. branch block
C. ventricular hypertrophy
D. rarely ischemic (except the circumference suffering on a common trunk stenosis)
E. pre-excitation

65. The left axis (-30°) IS NOT observed in which of the following: (36)
A. left ventricular hypertrophy
B. lateral infarction
C. vertical heart (COPD)
D. left posterior hemiblock, alone or with right branch block
E. left anterior hemiblock, alone or with right branch block

66. Which is/are true about the PR interval: (36)
A. normal PR between 100-220 ms, constant from one cycle to another
B. PR >200 ms, stable, without P waves blocked in 1st degree AV block
C. PR>200, constant in 2nd degree Wenckebach AV block
D. PR extension in WPW Syndrome
E. PR shortening in WPW Syndrome

67. The cardiac causes of atrial fibrillation are: (38)
A. valvulopathies: mainly mitral
B. high blood pressure: cause no. 1 only if accompanied by left ventricular hypertrophy
C. coronaropathies
D. hyperthyroidism, pheochromocitoma, acute ethylism
E. idiopathic AFib.

68. Which of the following answers regarding the indication for anticoagulants in atrial fibrillation are true: (40)
A. CHADS≥2: AVK with INR between 2 and 3
B. CHADS=1: AVK with INR between 1 and 2 or Aspirin 250 mg/day in case of hemorrhagic risk or treatment with AVK in a non-compliant patient
C. CHADS=0: Aspirin 250mg/day or nothing
D. Soon, AVK shall be replaced by new antithrombotics which do not require INR control (Dabigatran)
E. anticoagulation is always continued one month after conversion

69.

70. Among the atrial fibrillation complications there are: (39)
A. heart failure
B. relapses: rare
C. atrial arrhythmic disease: association with hyperexcitability and bradycardia
D. iatrogenic complications
E. ischemic CVA

71. Which statements are FALSE about decreasing heart rate in atrial fibrillation: (39)
A. the objective is a resting heart rate of ≤80 and one of ≤110 during exercise
B. the objective is a resting heart rate of ≤60 and one of ≤100 during exercise
C. beta-blockers are used in case of emergency
D. at distance, beta-blockers or digitalis, with orientation according to the systolic function
E. heart rate is lowered with the help of anticoagulants

72. Which of the following statements are true with regard to the trifascicular block: (43)
A. it can have a degenerative etiology or it can occur in the context of advanced heart disease
B. it associates RBBB + left axis hyperdeviation or RBBB + left axis hyperdeviation with a 1st or 2nd degree AV block
C. the recommendation in most cases is the implantation of a pacemaker
D. it associates LBBB + RBBB or RBBB + HBPS/left axis hyperdeviation with a 1st or 2nd degree AV block
E. it is an atrioventricular conduct disorder

73. Which of the following are etiologies of the atrioventricular blocks: (42)
A. the vasovagal syncope
B. hypokalemia
C. congenital (lack of connection between the atrioventricular nodule and His fascicle)
D. acute coronary syndrome
E. iatrogenic: digitalis, beta blockers, sartans

74. The 1st degree atrioventricular block is characterized by: (41)
A. the extension of the PR interval beyond 200 ms without blocked P waves
B. conduct delay at any level (nodal, hisian, infrahisian)
C. its being frequently symptomatic
D. the fact that it may signify both a benign nodal delay and a distal block which evolves towards 3rd degree AV
E. occasional blocked P waves

75. The right branch block is revealed on the electrocardiogram by the following signs, EXCEPT: (42)
A. delay in the onset of the intrinsicoid deflection >50 ms
B. S1Q3 aspect
C. repolarization abnormalities in V2, V3, V4 (ST elevation and positive T waves)
D. disappearance of the Q wave in DI, aVL, V5, V6
E. QRS axis is always deviated to the right

76. The following are intraventricular conduct disorders: (43)
A. right branch block
B. left branch block
C. left anterosuperior hemiblock
D. left posteroinferior hemiblock
E. type 3 AV block

77. “White coat” arterial hypertension is defined by: (52)
A. BP monitoring at home <125/80 mmHg
B. self-measured BP <135/85 mmHg
C. arterial hypertension in the medical practice >160/100 mmHg
D. it is not an isolated form of hypertension
E. answers B and D are true

78. The following are deemed cardiovascular risk factors, EXCEPT: (53)
A. an age >45 years old in men and > 55 years old in women
B. diabetes, only if untreated
C. LDL > 1.60 g/l (4.1 mmol/l)  
HDL-cholesterol < 0.40 g/l (1 mmol/l)  
D. smoking ceased for less than 3 years  
E. the presence of a metabolic syndrome

79. The following are important paraclinical signs of arterial hypertension: (53)  
A. left atrial hypertrophy  
B. proteinuria > 300 mg/24 hours  
C. discrete increase of creatinine and/or creatinine clearance < 60 ml/min  
D. intima-media thickness > 0.9 mm or carotid plaque  
E. myocardial infarction

81. Which of the following statements are dietetic and hygiene advice indicated in the treatment of the essential arterial hypertension: (54)  
A. reduction of unsaturated lipid consumption  
B. salt intake reduction  
C. reduction of alcohol and tea consumption  
D. weight normalization in case of volemic overload  
E. tracing and treating the other risk factors (tobacco withdrawal, diabetes management, dyslipidemia treatment)

82. The recommended drug treatment of essential arterial hypertension in the young patient can be with: (55)  
A. beta-blockers  
B. diuretics  
C. ACE inhibitors  
D. anticalcic drugs  
E. alpha-blockers

83. Secondary iatrogenic arterial hypertension can be induced by the following drugs: (57)  
A. NSAIDs  
B. amphetamines  
C. corticoids  
D. estroprogestatives  
E. cocaine

84. Which of the following statements regarding the pheochromocitoma are FALSE: (56)  
A. tell tale signs: the triad cephalalgia-transpirations-polypnea with cutaneous flush  
B. surgical treatment under captopril  
C. tumor with chromatoffin cells, malignant in 90% of the cases, which secretes catecholamines, with medullar suprarenal localization in 90% of the cases  
D. sometimes difficult confirmation by means of the urinary metanephrines and normetanephrines dosage in 24 h, ideally during a hypertension episode  
E. morphological investigations are done by scanning or suprarenal MRI, MIBG scintigraphy

85. Tell tale signs for primary hyperaldosteronisms are: (56)  
A. severe hyperkalemia  
B. severe hypokalemia  
C. metabolic alkalosis  
D. significant kaliuresis  
E. metabolic acidosis
86. Acute hypertensive crisis is defined by: (57)
   A. marked increase of arterial pressure to above normal, systolic pressure ≥180 mmHg and/or diastolic pressure ≥110 mmHg in practice
   B. marked increase of arterial pressure to above normal, systolic blood pressure ≥220 mmHg and/or diastolic blood pressure ≥130 mmHg in practice
   C. it usually occurs in a normotensive patient (spontaneously or under the effect of an antihypertensive treatment)
   D. marked increase of arterial blood pressure to above normal, systolic blood pressure ≤180 mmHg and/or diastolic blood pressure ≤110 mmHg in practice
   E. it occurs in patients with permanently high arterial blood pressure (resistant hypertension)

87. In which of the following situations the diagnosis of secondary hypertension should be considered (pag.55):
   A. in patients older than 65
   B. in young patients
   C. in case of resistant hypertension
   D. in case of malignant hypertension
   E. in case of rapidly appearing and evolving hypertension

88. Which of the following statements on the drug treatment for hypertension are FALSE: (54)
   A. the treatment is initiated in case of persistent hypertension after 3-6 months of strictly observing diet and hygiene rules
   B. if the target blood pressure is not reached within at least 15 days, bitherapy, tritherapy or even quadritherapy become necessary
   C. the 5 first-line therapeutic classes are: diuretics, beta-blockers, ACE, calcic inhibitors and angiotensin III receptor antagonists
   D. it begins only with monotherapy
   E. aliskiren, alpha-blockers and central antihypertensors are used as 2nd line treatment

89. The paradoxical pulse occurs in which of the following: (59)
   A. tamponade
   B. right ventricular infarction
   C. severe pulmonary embolism
   D. coarctation of the aorta
   E. interventricular septal defect

90. EKG is hard to interpret or can not be interpreted: (60)
   A. if the patient has a pacemaker
   B. if the patient is sedated
   C. if there is a left branch block
   D. if the patient has major left ventricular hypertrophy
   E. if the patient receives digitalics or suffers from other metabolic disorders (dyskalemia)

91. Which of the following statements regarding “functional” pains are true: (63)
   A. they do not represent a diagnosis of exclusion
   B. they are pongitive submammary precordialgias
   C. they are frequent in the young neurotonic woman
   D. they occur in patients with mitral valve prolapse
   E. they occur in patients with mitral stenosis

92. The EKG modifications which occur in the case of left ventricular aneurism are: (37)
   A. discrete fixed non-evolutionary ST elevation
   B. no sign of Q wave
   C. giant T wave
93. The imbalance of oxygen demand and supply ratio in the myocardium (MVO2) depends on: (64)
A. the stress level
B. medication
C. heart rate
D. parietal pressure of the myocardium
E. patient gender

94. Which of the following pathologies are contraindications in ischemic tests: (65)
A. severe heart failure
B. myocardial infarction dating back less than 5 days
C. symptomatic obstructive cardiomyopathy
D. atrial rhythm disorders
E. symptomatic severe aortic stenosis

95. In which of the following derivations do modifications occur in the case of extensive anterior infarction: (69)
A. V1, V2, V3
B. V7, V8, V9
C. DI, aVL
D. V4, V5, V6
E. V3R, V4R, VE

96. Which of the following regarding CPK-MB increase are true: (69)
A. its level becomes positive in 2 hours
B. it peaks in 12-24 hours
C. it normalizes on the 2nd day
D. it normalizes on the 3rd day
E. its level becomes positive in 12 hours

97. Regarding the indications for treatment with beta blockers in addressing acute coronary syndrome with permanent ST segment elevation, it is true that: (70)
A. the treatment is recommended in case of severe hypertension
B. the treatment is contraindicated in case of right ventricular infarction
C. the treatment is recommended in case of inferior infarction
D. the treatment is contraindicated in case of cardiogenic shock
E. beta-blockers are not prescribed in case of sustained ventricular tachycardia

98. According to Killip’s international classification, the 2nd stage implies the following modifications: (71)
A. sibilant rales not exceeding half of the lung fields
B. uncomplicated myocardial infarction
C. pulmonary edema
D. crepitant rales not exceeding half of the lung fields
E. mortality rate in acute phase: 30%

99. The right ventricular infarction benefits from the following treatment principles: (71)
A. emergency coronaryography in order to perform an angioplasty
B. administration of inotropic substances
C. recommended diuretics
D. vascular filling (colloids)
E. avoidance of nitrate derivatives

100. The early complications of the myocardial infarction are: (71)
A. sudden death by ventricular fibrillation, asystole, bradycardia or electromechanical dissociation
B. Dressler Syndrome
C. mitral failure by rupture or pillar dyskinesia
D. cardiogenic shock
E. ventricular aneurism
101. Which of the following pathologies IS/ARE NOT rare etiologies of the abdominal aortic aneurism: (75)
A. media dystrophy: Marfan’s Syndrome, Ehler Danlos Syndrome
B. Horton’s disease
C. atherosclerosis
D. Buerger’s thromboangiitis
E. Takayasu’s disease

102. Among the complications of abdominal aortic aneurism, the fissuration syndrome is characterized by the following signs and symptoms: (76)
A. spontaneous, violent abdominal pain with abdominal contraction
B. abdominal pain accompanied by upper digestive hemorrhage
C. pulsatile mass, painful upon palpation, sometimes enlarged
D. generally moderate collapse
E. rapid fatal collapse

103. Which of the following answers is/are curative treatment indications in a patient with abdominal aortic aneurism: (76)
A. voluminous aneurism (diameter higher than or equal to 5 cm)
B. rapidly evolving aneurism (+1 cm per year)
C. symptomatic or complicated aneurism
D. voluminous aneurism (diameter higher than or equal to 1 cm)
E. slowly evolving aneurism (+1 cm in 2 years)

104. Diabetic arteritis has the following features: (77)
A. it is more frequent
B. it is a late manifestation
C. it is associated with distal trophic disorders
D. it is more diffuse

105. The differential diagnostic of chronic obstructive arteriopathy of the lower limbs, in the presence of intermittent claudication, is done in relation to: (78)
A. complicated varices
B. coarctation of the aorta
C. arterial aneurism
D. narrow lumbar channel
E. aorta dissection

106. Which of the following answers IS/ARE NOT treatment indications in stage II chronic obstructive arteriopathy of the lower limbs (80)
A. platelet antiaggregant treatment + statins + ACE
B. walking re-education procedures
C. monitoring once every 2 years in case of improvement
D. early revascularization in case of distal lesion
E. i.v. prostaglandin administration

107. Acute limb ischemia caused by embolism can be triggered by the following pathologies: (81)
A. mitral stenosis
B. myxoma
C. aortic dissection
D. obstructive cardiomyopathy
E. arterial aneurism

108. The neurological signs which constitute severity indicators in acute limb ischemia are: (82)
A. anesthesia
B. locomotor deficits
C. hypoesthesia
D. hyperesthesia
E. cutaneous trophic disorders

109. Which of the following features inform(s) the diagnosis of acute limb ischemia caused by atheromatous thrombosis: (82)
A. less severe ischemia
Multiple-choice Test Workbook for the Residency

110. From a physiopathological point of view, acute limb ischemia severity: (81)
A. depends on the condition of the pre-existing arterial network
B. does not depend on the presence of an associated acute thrombosis
C. depends on the quantity of discharged H+ ions
D. depends on the location of the obstruction
E. depends on speed of onset

111. Which of the following answers feature(s) compensatory mechanisms at peripheral level, which occur in the heart failure in adults: (84)
A. activation of the rennin-angiotensin-aldosterone system
B. activation of endothelin secretion
C. inactivation of prostaglandin secretion
D. activation of arginine, vasopressin secretion
E. left ventricle dilation and hypertrophy

112. The negative, harmful effects of adrenergic activation as compensatory mechanism in heart failure in adults are: (84)
A. tachycardia
B. preload increase
C. arrhythmogenic effect
D. postload increase
E. cardiac workload increase

113. The endocrinopathies affecting the myocardium which produce left ventricular failure through the alteration of the muscular function are: (85)
A. Conn’s syndrome
B. pheochromocytoma
C. acromegaly
D. diabetes
E. Cushing syndrome

114. High output systolic heart failure DOES NOT appear in: (85)
A. chronic anemia
B. B6 vitamin deficit
C. thyrotoxicosis
D. congenital or acquired arteriovenous fistule
E. congenital or acquired interventricular communication

115. A patient with systolic heart failure can present the following signs upon heart auscultation (86)
A. tachycardia
B. Carvalho’s sign
C. protosystolic gallop
D. tetelesystolic gallop
E. second heart sound accentuated in the pulmonary focus as a proof of an associated PHBP

116. Dyspnea is very likely to have a cardiac origin if: (87)
A. BNP < 400pg/ml
B. NT-proBNP>2000 pg/ml
C. BNP > 400pg/ml
D. NT-proBNP<2000 pg/ml
E. NT-proBNP< 400pg/ml

117. Which of the following investigations are systematically performed in adults with systolic heart failure: (87)
A. hemoleucogram
B. uricemia, calcemia and phosphoremia dosages are of no interest
C. HIV 1-2 serology if the patient is young
D. urinary bandelet
E. thorough hepatic assessment

118. The decompensation factors of systolic heart failure in adults are: (88)
A. bradychardia-inducing or negatively inotropic treatment
B. hypertension episode
C. bronchial superinfection or pneumonia
D. varices in the lower limbs
E. increased nicotine consumption

119. The negative prognostic biological factors in systolic heart failure in adults are: (89)
   A. low BNP level
   B. hypotremia
   C. renal failure
   D. hyperbilirubinemia
   E. poliglobulia

120. The beta-blockers authorized for sale in the case of heart failure are: (89)
   A. Bisoprolol
   B. Atenolol
   C. Propanolol
   D. Labetalol
   E. Carvedilol

121. Acute pulmonary edema with systolic BP < 100 mmHg is treated with: (92)
   A. Furosemide 1 mg/kg iv with repetition, so as to obtain a diuresis of approximately 2-3 l/24h
   B. intravenous nitrate derivatives
   C. nasal oxygen therapy
   D. inotropic amines: dobutamine
   E. preventive or efficient anticoagulation depending on the underlying heart disease and triggers

122. The implantation indications of an implantable defibrillator as non-pharmacological treatment for left systolic heart failure are: (90)
   A. heart failure through VF or VT with no acute or reversible cause
   B. a patient in NYHA class III-IV, under optimal medical treatment, suffering from heart failure with dilated left ventricle
   C. CAD patients in NYHA class II-III class with LVEF≤30% measured at least one month following an infarction or 3 months after a revascularization intervention (surgery or angioplasty)
   D. spontaneous sustained VT, poorly tolerated, without any cardiac abnormality for which a medical treatment or an ablation cannot be performed or did not succeed
   E. the manifestation of a VT or VF in the acute phase of an ACS

123. The following can be used as means of circulatory support during cardiogenic shock, unresponsive to pharmacological treatment: (91)
   A. implantation of a triple chamber pacemaker
   B. biventricular external circulatory support
   C. total artificial heart
   D. aortic contrapulsation
   E. vena cava contrapulsation

124. The patient with diastolic heart failure can present the following modifications of the thoracic radiograph: (91)
   A. cardiomegaly (ICT> 0.7)
   B. pleural effusion
   C. left atrial and ventricular hypertrophies, often marked
   D. no cardiomegaly
   E. no pulmonary overload

125. Which of the following are FALSE with regard to giving digitals in the treatment of systolic heart failure: (90)
   A. they reduce mortality
   B. they do not reduce hospitalizations
<table>
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<tr>
<th>126. Which of the following are contraindications for heart transplant: (91)</th>
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<tbody>
<tr>
<td>A. age &gt; 60-65</td>
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<td>B. precapillary hypertension</td>
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<tr>
<td>C. atherosclerosis</td>
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<td>D. neoplasm</td>
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<td>E. compatible psychological state</td>
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<th>127. The negative prognostic clinical factors in systolic heart failure are: (89)</th>
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<tbody>
<tr>
<td>A. involuntary weight gain</td>
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<tr>
<td>B. ischemic cardiopathy</td>
</tr>
<tr>
<td>C. history of resuscitated sudden death</td>
</tr>
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<td>D. lipothyrias, syncopes</td>
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<td>E. NYHA class III/IV</td>
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<tr>
<th>128. The etiological treatment of systolic heart failure refers to: (89)</th>
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<tbody>
<tr>
<td>A. ACE administration</td>
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<tr>
<td>B. revascularization in case of coronary artery disease</td>
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<tr>
<td>C. valve replacement in case of valvulopathy</td>
</tr>
<tr>
<td>D. anti-flu and anti-pneumococcic vaccination</td>
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<tr>
<td>E. pacemaker implantation</td>
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<th>129. Which of the following statements are true about calcium inhibitors in the treatment of systolic heart failure: (90)</th>
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<tr>
<td>A. their use does not modify the prognostic</td>
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<td>B. their use reduces mortality</td>
</tr>
<tr>
<td>C. their use reduces hospitalizations</td>
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<tr>
<td>D. they are recommended as first-line anti-hypertensive drugs</td>
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<td>E. they are used as anti-hypertensive drugs if arterial hypertension persists after treatment with diuretics, ACE and beta-blockers</td>
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<th>130. The treatment of diastolic heart failure entails: (91)</th>
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<tr>
<td>A. differences from the treatment of systolic heart failure</td>
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<td>B. weight loss as important</td>
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<tr>
<td>C. arterial hypotension control</td>
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<tr>
<td>D. sinus rhythm restauration</td>
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<tr>
<td>E. arterial hypertension control</td>
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<tr>
<th>131. Which of the following answers regarding ACS (Acute Coronary Syndrome) are true: (67)</th>
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<tbody>
<tr>
<td>A. it entails any thoracic pain which occurs de novo, continuously or as recent aggravation in a patient with or without CAD history</td>
</tr>
<tr>
<td>B. it is associated with persistent ST elevation if the thrombus is not completely occluded</td>
</tr>
<tr>
<td>C. it is a secondary manifestation following a rupture (fissure) of an atheromatous plaque, most often young</td>
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<tr>
<td>D. vasoconstriction does not occur</td>
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<td>E. ACS(ST-) can progress to ACS(ST+)</td>
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<th>132. The diagnostic of imminent infarction is established based on the following signs and symptoms: (69)</th>
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<tbody>
<tr>
<td>A. trinitroresistant angina lasting more than 30 minutes</td>
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<tr>
<td>B. pain associated with ST segment elevation</td>
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<td>C. increases in Troponin and Myoglobin</td>
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<td>D. Q wave occurring on the EKG as the only diagnostic sign</td>
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<td>E. trinitroresistant angina lasting less than 5 minutes</td>
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<th>133. The myocardial necrosis markers are useful in the following cases: (69)</th>
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<tr>
<td>A. in order to initiate the treatment</td>
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<td>B. in case of diagnostic doubt</td>
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<tr>
<td>C. as a prognostic (enzymatic peak)</td>
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<tr>
<td>D. to date the necrosis</td>
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</tbody>
</table>
E. to distinguish between ACS(St+) and ACS(St-)

134. In the case of inferior infarction extented to the right ventricle, which of these derivations feature modifications: (69)
   A. V1, V2, V3
   B. V7, V8, V9
   C. DII, DIII, aVF
   D. DII, DIII, aVL
   E. V3R, V4R, VE

135. What can be said about atrioventricular blocks as complications in inferior infarction: (71)
   A. The nodal block is benign, transitory with efficient ventricular emptying
   B. The nodal block shall be treated with atropine
   C. The lesion is located in the branches of the His fascicle
   D. In poorly tolerated AV blocks of 2nd or 3rd degree, the first-line implantation of a cardiac stimulation probe is performed
   E. Block occurrence indicates extended necrosis

136. Which of the following are types of bioprostheses: (93)
   A. Heterografts: starting from the valves (or from the pericardium) - porcine or bovine
   B. Homografts: mitral, aortic or pulmonary valves sampled from a cadaver
   C. Homografts: sampled from the patient himself/herself
   D. Stentless bioprostheses: without armature
   E. Double winged valves

137. Which of the following are indications for the use of the mechanical valves: (94)
   A. Patients <65 years old

B. Patients with low risk of bioprosthesis degeneration
C. Patient already undergoing anticoagulant treatment for another mechanical cardiac prosthesis
D. Not the patient’s wish
E. Patient already undergoing anticoagulant treatment for another cause: severe left ventricular dysfunction, FiA, hypercoagulable state

138. Which of the following statements regarding early endocarditis in vascular valve and prosthesis bearers are true: (94)
   A. Early means occurring less than a month after surgery
   B. The differential diagnostic is made with mediastinitis
   C. The aortic localization is 5 times more frequent
   D. Drug treatment is sufficient; surgical intervention for prosthesis replacement is not necessary
   E. It is mainly caused by staphilococcus and gram negative bacilli

139. Bioprosthesis degeneration is more frequent in: (95)
   A. Young patients
   B. Elderly patients
   C. Diabetic patients
   D. Patients with renal insufficiency
   E. Patients with hyperparathyroidism

140. Which of the following statements about extracorpuscular hemolysis in vascular valve and prosthesis bearers are FALSE: (95)
   A. Minimum/moderated anemia occurs, sometimes associated to conjunctival icterus
   B. The anemia is regenerative with signs of hemolysis (free hyperbilirubinemia, increased haptoglobin, high LDH)
C. There are no schistocytes on the smear
D. „Physiological” hemolysis if LDH > 2N
E. Important or evolutive forms justify the search for a disinsertion, thrombosis or endocarditis

141. HACEK group includes which of the germs below: (98)
A. Haemophilus
B. Cardiobacterium
C. Kingella
D. E.coli
E. Brucella

142. Which of the following cardiopathies with high risk of infectious endocarditis are classified as group A: (97)
A. antecedents of infectious endocarditis
B. aortic bicuspidy
C. antecedents of mitral plasty with prosthetic ring implantation
D. obstructive cardiomiopathy
E. mechanical valve prostheses

143. The etiological agents of endocardites with negative hemocultures are: (97)
A. defective streptococci
B. germs of the HACEK group
C. Chlamydia (quintana and henselae)
D. fungi
E. Streptococcus bovis

144. The clinical assessment of infectious endocarditis can reveal which of the following signs and symptoms: (98)
A. petechiae purpura, typically at palmoplantar level
B. fever
C. hepatomegaly
D. splenomegaly
E. peripheral mycotic aneurysms

145. Which immunological markers occur in subacute endocardites: (98)
A. C3-C4-CH50
B. Cryoglobulinemia
C. Latex Waaler Rose
D. CRP
E. TFA VDRL

146. Duke criteria lead to certain endocarditis diagnostic if: (99)
A. 3 minor criteria are met
B. the anatomopathological examination reveals one endocarditis feature
C. 2 major criteria are met
D. 3 minor criteria and a major one are met
E. a major criterion and a minor one are met

147. Duke minor criteria include: (99)
A. fever > 38 °C or <36 °C
B. immunological phenomena: Osler nodule, Roth spots, rheumatoid factor
C. vascular phenomena: embolism, intracranial hemorrhage, mycotic aneurysm
D. positive hemocultures which do not respond to major criteria
E. valvulopathy or other conducive cardiac condition or i.v. toxicomania

148. The morphological examinations for identifying the access route in infective endocarditis are: (99)
A. bone scintigraphy/MRI in case of associate rachidian pains
B. ultrasound or abdominal and pelvic PET-CT
C. sinus radiograph
D. ”body-scanner” in search of mycotic aneurysms or septic embolisms
E. bone radiograph

149. The vegetations from the infectious endocarditis have high embolism risk in the cases below, EXCEPT:(99)
150. Which of the echocardiographic factors below indicate(s) negative prognostic in infectious endocarditis: (100)
A. large vegetations > 15 mm
B. severe prosthetic dysfunction
C. arterial hypertension
D. aortic or mitral stenosis
E. endocarditis with gram-negative bacteria or fungi

151. The causes of persistent fever following 7 days of antibiotherapy in infectious endocarditis are: (101)
A. phlebitis
B. access route still open
C. mycotic aneurysm
D. renal complications: Renal failure
E. embolism complications: myocarditis (coronary embolisms), myocardial abscess, other septic embolisms (renal, splenic), stroke

152. The first-line treatment in prosthetic infectious endocarditis with negative hemoculture is done with: (102)
A. Penicillin G 12-24 MU/day
B. Ceftriaxone
C. Vancomycin
D. Rifampicin
E. Gentamicin

153. The surgical treatment of infectious endocarditis IS NOT performed in extreme emergency in which of the cases below: (102)
A. severe aortic insufficiency or mitral insufficiency, secondary to endocarditis, with persistent clinical signs of left ventricular insufficiency or signs of low hemodynamic tolerance
B. fungal endocarditis or with multi-drug resistant organisms
C. severe or unresponsive heart failure secondary to massive regurgitation
D. endocarditis with high embolic risk
E. prosthetic disinsertion or obstructive thrombosis

154. The EKG in acute pericarditis reveals the following modifications: (104)
A. diffuse ST elevation, without mirror sign, concave upwards
B. constant microvoltage (QRS amplitude < 5mm)
C. PQ segment elevation, easily confirmed
D. sinus tachycardia, atrial arrhythmias
E. electrical alternation

155. The systematic biological examinations carried out for the diagnostic of acute pericarditis are the following, EXCEPT: (105)
A. inflammatory syndrome
B. thyroid assessment
C. tumoral markers dosage
D. HIV serology
E. pancreatic enzymes

156. The echocardiographic diagnostic of cardiac tamponade is made based on which of the following signs: (107)
A. effusion, commonly circumferential and abundant
B. “swinging heart” aspect
C. diastolic right cavity
D. significant variations of transvalvular flows during respiration
E. “dip-plateau” aspect of the right intraventricular pressures
158. The symptomatic treatment of acute pericarditis is done as follows: (106)
A. nonsteroidal anti-inflammatory drug (aspirin) in decreasing doses for 3 weeks ± paracetamol in case of persistent pain during the treatment with aspirin
B. hospitalization regardless of the disease form
C. rest
D. medical leave
E. interruption of anticoagulant treatment

159. Pericardium friction has which of the following feature(s): (104)
A. noise persisting in apnea
B. systolic superficial noise
C. noise which varies a lot in time
D. noise heard better in dorsal decubitus
E. noise which occurs exclusively in tamponade

160. The differential diagnostic of cardiac tamponade is made with which of the following affections: (107)
A. massive pulmonary embolism
B. left pleurisy
C. viral myocarditis
D. right ventricular infarction
E. compressive pneumothorax

161. The most frequent causes of constrictive pericarditis are: (107)
A. tuberculosis pleurisy
B. HIV pleurisy
C. postradiotherapeutic pleurisy
D. postoperative pleurisy
E. pleurisy caused by systemic diseases: lupus, rheumatoid polyarthritis

162. Acute aortic insufficiency can have which of the following etiologies: (108)
A. severe arterial hypertension
B. aortic dissection
C. thoracic traumatism
D. syphilis
E. acute infectious endocarditis

163. Which of the following is/are features of degenerative or dystrophic etiology in chronic aortic insufficiency: (108)
A. it is the most frequent valvulopathy in industrialized countries
B. it affects patients older than 60
C. the valves are thickened, calcified and with reduced mobility
D. it can occur as part of Marfan’s disease
E. aortic insufficiency + dilation of the ascending aorta = anuloectasia disease

164. The auscultation of the patient with aortic insufficiency reveals the following signs: (109)
A. fine, gentle aspiration protodiastolic murmur, peaking in the aortic node and irradiating towards the xiphoïd appendix, across the left edge of the sternum
B. mesosystolic click followed by a telediastolic murmur
C. holodiastolic murmur in the aortic auscultation site
D. Flint diastolic murmur in the mitral auscultation site
E. protodiastolic gallop: it indicates the increase of telediastolic pressure in the left ventricle

165. In the diagnosis of aortic insufficiency, the transesophageal ultrasound has which of the following indications: (110)
A. weak echogenicity
B. suspected endocarditis
C. heart failure
D. ascending aorta dilation
E. aorta dissection

166. The possible complications of aortic insufficiency is/are: (110)
A. sudden death
B. endocarditis
C. heart failure
D. aorta dissection
E. ventricular, but not supra ventricular, arrhythmias

167. The following ultrasound criteria are indications for surgery in case of severe asymptomatic aortic insufficiency: (111)
A. moderately severe aortic calcifications
B. LVEDDi>40 mm
C. LVEF < 50%
D. dilated ascending aorta ≥55 mm
E. LVEDDi<45mm

168. Which of the following statements characterize(s) Barlow’s disease: (112-113)
A. It is a rare pathology which affects the young woman
B. It is the dystrophic etiology of mitral insufficiency
C. the valves are fine, pellucid; the cordages are elongated
D. upon auscultation, a mesosystolic click followed by a telesystolic murmur is detected
E. the valves protrude in the left atrium

169. Stage 2 of Carpentier’s classification has which of the features below: (112)
A. high valve motion amplitude
B. valve prolapse
C. valve motion is limited, with insufficient closure
D. ischemic or a rheumatic origin
E. valve perforation may cause it.

170. The functional signs in mitral insufficiency are: (113)
A. frequent hemoptyses
B. dyspnea
C. thoracic pain
D. palpitations related to atrial fibrillation, frequently associated with mitral valvulopathies
E. asthenia, effort fatigability

171. The clinical assessment of mitral insufficiency by cordage rupture may reveal the following modifications: (113)
A. fever in case of endocarditis
B. thoracic pain in case of infarction
C. chest crackles (“whip lashes”) associated to prolonged thoracic pain
D. no dyspnea
E. dyspnea indicating acute pulmonary edema

172. Which of the following statements on the mitral insufficiency physiopathology are FALSE: (113)
A. during diastole, the blood is ejected in the aorta and, in a retrograde manner, in the left atrium
B. regurgitation causes a dilation of the left atrium
C. left heart failure occurs in an advanced stage
D. the left ventricle dilates, then it hypertrophiates
E. in acute mitral insufficiency, because of the compensatory mechanism, pressure in the pulmonary capillaries increases
steeply and pulmonary edema occurs

173. Which of the following statements about mitral insufficiency are true: (112-115)
   A. its evolution is slow, mitral insufficiency remains asymptomatic for a long time
   B. in Barlow’s disease, supraventricular arrhythmias (atrial fibrillation) and embolic accidents have been reported
   C. when LVEDDi>45 mm, valve replacement or mitral plasty are to be performed
   D. the regurgitation jet envelope is noticed by means of continuous and pulsed Doppler
   E. functional etiology is the most frequent

174. Acute mitral insufficiency can have which of the following etiologies: (112)
   A. cordage ruptures
   B. ischemic during a previous anterior myocardial infarction due to the rupture of the upper end of the posterolateral pillar
   C. left atrial myxoma
   D. acute endocarditis by cordage rupture
   E. thoracic traumatism

175. Which of the following statements related to the physiopathology of aortic stenosis are true: (116)
   A. for a normal cardiac output, severe stenosis generates an average gradient left ventricle/aorta of 20-40 mm Hg
   B. severe stenosis occurs for surfaces smaller than 1 cm²
   C. cardiac output increases insufficiently upon physical effort
   D. the angina can only be explained by atherosclerosis associated with insufficient output upon physical effort
   E. as an upstream consequence, compensatory left ventricular hypertrophy occurs

176. Which of the following statements regarding Mönckeberg’s disease ARE NOT true: (116)
   A. it is the most frequent cause among patients older than 50
   B. there are calcifications of the valves which can extend on the septum
   C. it is associated with the dilation of the ascending aorta
   D. there is myxoid degeneration of the valves, which thicken and become redundant
   E. it can be congenital

177. Aortic stenosis has which of the functional signs below: (117)
   A. angina
   B. rasping mesosystolic ejection murmur, maximal in the aortic auscultation site, irradiating in the axilla
   C. syncope
   D. palpitations related to extrasystoles or to the transition to paroxystic AF
   E. rasping mesosystolic ejection murmur, maximal in the aortic auscultation site, irradiating in the neck vessels

178. Aortic stenosis can have which of the following etiologies: (116)
   A. aortic bicuspid
   B. Barlow’s disease
   C. Laubry and Pezzi syndrome
   D. acute articular rheumatism
   E. congenital supra- or subvalvular stenosis

179. The differential diagnosis of aortic stenosis is made with the following pathologies: (118)
   A. mitral insufficiency
   B. obstructive cardiomyopathy
   C. interventricular communication
180. Which of the following pathologies are possible complications of aortic stenosis: (118)
A. heart failure
B. ventricular arrhythmias only
C. bacterial endocarditis
D. calcar embolisms
E. high-grade conduction disorders

181. From a physiopathological point of view, venous return is ensured through: (120)
A. residual pressure of the venous network
B. sural muscle pump
C. positive pressure generated by respiration
D. valvulæ continence
E. plantar arch constriction

182. According to Porter classification, class 2 functional severity of chronic venous insufficiency implies: (121)
A. moderate chronic venous insufficiency
B. functional signs with or without objective signs of stasis
C. evident trophic disorders without ulcer or without ulcer history
D. trophic disorders with ulcer
E. minor chronic venous insufficiency

183. Varicose ulcer: (122)
A. is unique
B. is generally painful
C. has external malleolar localization
D. has smooth edges
E. is large in size.

184. The medical treatment of chronic venous insufficiency is made with: (123)
A. venotonic drugs
B. crenotherapy
C. varicose sclerosis with physical agents or with laser
D. stripping of the internal±external vena safena
E. lower limbs elevation to ensure postural drainage during sleep

185. Which of the following statements regarding hemorrhagic risk in patients being treated with heparin are true: (124)
A. it is higher in patients receiving unfractionated heparin
B. it increases with age
C. it is increased by certain pathologies: renal or hepatic insufficiency
D. it depends on treatment compliance
E. it does not depend on the simultaneous administration of other antithrombotic drugs (platelet antiaggregant)

186. Thrombocytopenia induced by type 2 heparin has the following features, EXCEPT: (125)
A. its occurrence mechanism is platelet aggregation
B. multiple arteriovenous thromboses occur
C. it can be progressive and asymptomatic
D. thrombocytes are >100.000/ml or >40%
E. it is rare

187. Minor hemorrhages occurring during treatment with AVK (Antivitamin K) are treated by means of: (126)
A. hospitalization
B. vitamin K per os if INR>6
C. reduction or temporary interruption of AVK
D. administration of human PPSB
E. INR measurement 30 minutes after PPSB administration, then 12 hours later

188. The following are absolute contraindications in the administration of thrombolitics, EXCEPT: (128)
A. ischemic stroke < 6 months
B. infectious endocarditis
C. pregnancy or the first week postpartum
D. aortic dissection
E. AVK treatment

189. Which of the following statements regarding heparins are true: (128-131)
   A. during treatment, thrombocytes are dosed once a week
   B. osteoporosis and hypokalemia can occur as side effects
   C. aortic dissection is a relative contraindication
   D. before treatment, hemostasis or coagulation abnormality should be screened for
   E. fondaparinux is obtained by insulating the pentasaccharide.

190. Which of the following are coagulation factors depending on vitamin K for production: (132)
   A. prothrombin (II)
   B. proconvertin (VII)
   C. B antihaemolytic factor (VIII)
   D. A antihaemolytic factor (IX)
   E. proteins C and S

191. Which of the following drugs reduce the prosthetic fixation of AVK: (134)
   A. NSAIDs
   B. amiodarone
   C. antibiotic or hypoglycemic sulphonamides
   D. phenytin
   E. miconazole

192. Of the platelet antiaggregants, anti-GPIIb/IIIa can be prescribed in which of the situations below: (137)
   A. high risk ACS ST-
   B. ACS ST+ in the catheterization room in case of massive thrombus
   C. complex coronary angioplasty
   D. CVA
   E. AF with high embolic risk

193. Which of the following are possible side effects of furosemide due to secondary hyperaldosteronism: (138)
   A. metabolic alkalosis
   B. hyperchloremia
   C. hypochloremia
   D. hypokalemia
   E. extracellular dehydration

194. Which of the following pathologies ARE NOT indications for prescribing thiazide diuretics: (139)
   A. hypercalcemia
   B. arterial hypertension
   C. hypothalamic diabetes insipidus
   D. hypercalciuria
   E. edemsa of renal, hepatic or cardiac origin

195. Which of the following statements regarding potassium-saving diuretics are true: (139-140)
   A. they have antiandrogenic and enzymatic inductive effects
   B. they can be genuine aldosterone antagonists (amiloride and triamterene) or aldosterone pseudoantagonists (spironolactone)
   C. per os, they have a highly variable action duration (8-72 hours)
   D. triamterene can produce urinary lithiasis
   E. they are recommended in heart failure

196. The Fallot tetralogy features: (1124)
   A. interventricular communication
   B. pulmonary stenosis
   C. pulmonary insufficiency
   D. cardiac dextrorotation
   E. right-left shunt

197. Which are heart failure signs in the infant and little child: (1123)
   A. polypnea
   B. weight curve collapse
   C. thoracic pain
   D. cyanosis
E. tachycardia

198. Unilateral edemas of the lower limbs occur in: (1346)
   A. thrombophlebitis
   B. filariosis
   C. lymph node metastasis of a cancer
   D. erysipelas
   E. venous insufficiency

199. Dietary restrictions of protein are issued in which of the following pathologies: (1272)
   A. nephrotic syndrome
   B. heart failure
   C. renal insufficiency
   D. alcoholic hepatopathy
   E. obesity

200. The functional cardiac murmurs in children have which of the following clinical characteristics: (1123)
   A. the systolic-diastolic auscultation time is short
   B. they are invariable regardless of position and/or respiratory cycle
   C. they irradiate very little
   D. their intensity is below 3/6; they are gentle, never rasping
   E. cardiac noises are normal

Multiple answer score: _____

TOTAL SCORE: _____ / 950
**Multiple-choice Test II**

*Chapters: Pulmonology, Medical Reanimation, Neurology, Infectious Diseases, Hepatogastroenterology*

*Author: Cristian Pristavu*

**SINGLE ANSWER**

1. One of the following is a cause of acute dyspnea without abnormal sounds: (143)
   A. Quincke’s edema
   B. acute pulmonary edema
   C. pericardial tamponade
   D. massive pleurisy
   E. acute infectious pneumopathy

2. According to the NYHA classification, dyspnea on light exertion occurs: (144)
   A. in stage I
   B. in stages II, IV
   C. in stage II only
   D. in stage III
   E. in stage IV

3. In the diagnosis of respiratory allergies in adults, which statement is FALSE regarding cutaneous tests: (149)
   A. they look for the presence of the non-specific antibodies at the level of the cutaneous macrophages
   B. the most frequently employed technique is the prick-test
   C. they are not painful and are quickly performed
   D. they are sensitive
   E. they are specific

4. The signs requiring spontaneous ventilation of an adult patient with bronchial asthma are the following, EXCEPT: (152)
   A. coma
   B. respiratory arrest
   C. hypercapnia > 40 mmHg
   D. impaired consciousness
   E. paradoxical respiration

5. Which of the following DOES NOT cause supraacute asthma: (152)
   A. conflict
   B. psychological stress
   C. massive allergen exposure
   D. intake of NSAIDs by patients with intolerance to these drugs
   E. often bronchial suprainfection

6. The forms of pulmonary tuberculosis are the following, EXCEPT: (157)
   A. common pulmonary tuberculosis
   B. miliary tuberculosis
   C. tuberculosis pneumonia
   D. serofibrinous pleurisy
   E. ARDS

7. The ophthalmological examination of the patient with tuberculosis is required before initiating treatment with: (159)
   A. isoniazid
   B. rifampicin
   C. rifabutin
   D. ethambutol
   E. pirazinamide

8. A patient diagnosed with COPD, with max. expiratory volume per second/VC < 0.70, max. expiratory volume per second < 50% of the predicted values and clinical signs of right heart failure can be categorized as: (163)
   A. stage II
   B. stage III
   C. stage III or IV according to PaO2 values
   D. stage IV
   E. none of the above

9. In the case of infectious pneumopathy in adults, which of the following IS NOT an indication for hospitalization in the Intensive Care Unit: (170)
   A. bilateral or multilobar affection or radiographic progression of the opacity size
   B. severe alkalosis (pH< 7.3)
   C. acute renal insufficiency requiring dialysis
10. Which cause of acute respiratory distress in adults is characterized by the absence of pulmonary radiological opacity and normal gasometry: (176)
   A. laryngeal dyspnea
   B. pulmonary embolism
   C. severe acute asthma
   D. bilateral or tension pneumothorax
   E. acute pulmonary edema

11. Which statement is FALSE about primary spontaneous pneumothorax: (183)
   A. it occurs in young longilin adults
   B. it occurs mostly in females
   C. it is caused by the rupture of an aeric cavity located in contact with the apical pleura
   D. 25% of the patients relapse in the following 2 years
   E. 50% of the patients relapse in the following 6 years

12. The following are possible complications of a pneumothorax, EXCEPT: (185)
   A. risk of infection
   B. atelectasis/ mucous plugs in the collapsed lung
   C. pulmonary edema a vacuo (frequent and serious)
   D. decubitus complications
   E. persistence of the pleural opening

13. Antibiotic treatment in a purulent pleurisy in adults: (186)
   A. has to target aerobic bacteria
   B. lasts for 2-4 weeks
   C. is made with amoxicillin + clavulanic acid, 4-6g i.v./24h
   D. employs oxacillin + aminoglycoside
   E. employs a first-line vancomycin in association with gentamicin

14. A pleural liquid is a transudate if: (187)
   A. the ratio liquid proteins/blood proteins > 0.5
   B. the ratio liquid proteins/blood proteins > 0.5
   C. the ratio liquid LDH /blood LDH > 0.6
   D. liquid LDH > 2/3 of the normal upper limit of blood LDH
   E. none of conditions A, C, D are met

15. Which IS NOT part of the initial assessment of broncho-pulmonary cancer, regardless of the histological type: (198)
   A. bronchial fibroscopy
   B. cerebral CT
   C. abdominal ultrasound
   D. functional pulmonary tests (PFR)
   E. tumoral markers

16. Which of the following cancers can generate pulmonary metastases several years after initially satisfactory treatment: (200)
   A. malignant melanomas
   B. lymphomas
   C. renal cancer
   D. ovarian cancer
   E. prostate cancer

17. Restrictive chronic respiratory failure has which gasometric feature: (203)
   A. TLC increase
   B. TLC decrease
   C. increase of the maximum expiratory volume per second
   D. reduction of the ratio maximum expiratory volume per second/VC
   E. PEF reduction

18. Which of the following investigations is performed additionally in thoracic traumatism, in the initial management of a stable patient, by contrast to that of an unstable patient: (206)
   A. the thoracic radiograph
   B. the transthoracic cardiac ultrasound
   C. thoracic CT scan with contrast
   D. transesophageal cardiac ultrasound
19. The contraindication for preventive antithrombotic treatment with LMWH is: (211)
A. for the patient in post-partum
B. in case of tachycardia
C. renal failure with clearance < 30 ml/min
D. hepatic failure
E. associated heart failure

20. The lifelong anticoagulant treatment after a first thromboembolic accident has the indications below, EXCEPT: (213)
A. lupus anticoagulant
B. antithrombin deficiency
C. protein C deficiency
D. protein S deficiency
E. V factor deficiency

21. The epinephrine dose administered in cardiac arrest with asystole is: (219)
A. 1 mg i.m. every 4 min
B. 5-10 mg in 10 ml saline solution intra-tracheally
C. 1 mg s.c each 4 min
D. 5-10 mg i.v. each 4 min
E. 5 mg i.v. each 4 min

22. Which is a common adaptive mechanism for all 4 types of shock? (220)
A. increase of oxygen extraction through the peripheral tissues
B. decrease of oxygen extraction through the peripheral tissues
C. sympathetic stimulation
D. vagal stimulation
E. serotonin and dopamine secretion increase in the central grey nuclei

23. The aggravating factors for neuronal sufferance are those presented below, EXCEPT: (250)
A. arterial hypertension
B. hypoglycemia
C. hyperglycemia
D. acidosis
E. hypocapnia

24. Altern syndromes are the consequence of a stroke in: (251)
A. the cerebral hemispheres
B. the cerebellar hemispheres
C. the bilateral protuberance
D. the brainstem
E. the thalamus

25. In cerebral imagery, the void triangle sign occurs in: (258)
A. atheromatous stroke
B. cardioembolic stroke
C. intracerebral hematomas in arterial hypertension
D. subarachnoid hemorrhage
E. cerebral venous thrombosis

26. Vasospasm prevention in a meningeal hemorrhage is done with: (260)
A. nimodipine
B. bisoprolol
C. tamsulosin
D. verapamil
E. ramipril

27. Which of the following types of cancers can produce hemorrhagic cerebral metastases: (274)
A. pulmonary
B. renal
C. breast
D. colon
E. bladder

28. Acute hydrocephalus related to cerebral tumor is treated by: (274)
A. hyperosmolar treatment
B. emergency tumor resection
C. diuretic and antihypertensive treatment
D. hydrosaline restriction
E. emergency external ventricular derivation

29. In meningitis in children, corticotherapy is done in association with the first antibiotic injection in the following situations, with one EXCEPTION: (290)
A. tuberculous meningitis
B. meningitis with *Listeria monocytogenes*
C. meningococcal meningitis
D. pneumococcal meningitis
E. meningitis with *Haemophilus influenzae*

30. Cellulite is an etiology of acute fever mostly in: (311)
A. patients already in the sanitary/medical environment
B. elderly patients
C. addicts who do drugs intravenously
D. alcoholic patients
E. patients with a vulnerable social background

31. Which of the following bacteria with respiratory tropism can determine a pseudo-influenza clinical picture (322)
A. RSV
B. *Coxiella burnetti*
C. *S. Pneumoniae*
D. *Haemophilus influenzae*
E. *Salmonella typhi*

32. Which statement on the pulmonary pneumocystis is FALSE: (327)
A. It is the most frequent opportunistic infection
B. It is related to a bacteria
C. It has the clinical picture of a febrile interstitial pneumonia
D. Imagery examinations reveal alveolar-interstitial damage
E. the ideal sampling test for diagnostic is the bronchoalveolar lavage

33. The incubation period in the infection with *Gonococcus* is: (331)
A. 3 weeks
B. 6 weeks
C. 2-7 days
D. 1-3 days
E. It can be very long, according to the latency period

34. Syphilis chancre has the features below, with one EXCEPTION: (332)
A. It is a small ulceration in most cases
B. It is painless, with clear edges
C. It has an indurated basis
D. It is often located in the penis or vulva
E. It can also be located in the esophagus

35. Which of the following are always nosocomial infections? (340)
A. urinary infections
B. infectious pneumopathies
C. operative wound infections after interventions without foreign material implantation
D. operative wound infections after interventions with foreign material implantation
E. catheter-related infections

36. In a patient with a dirty wound, tardily seen, with incomplete debreeding, the therapeutic strategy consisted in revaccination + subsequent vaccination + Ig G (500 UI) + antibiotic. Which was the patient’s vaccination status? (368)
A. last revaccination < 5 years
B. last revaccination between 5 and 10 years
C. last revaccination > 10 years
D. incomplete vaccination
E. absent or uncertain vaccination

37. The first-line treatment in sepses with *Pneumococcus*, *Streptococcus* or *Meningococcus* is made with: (374)
A. penicillin G
B. fluoroquinolones
C. macrolides
D. amoxicillin
E. ampicillin

38. Which is the correct definition of acute diarrhea in adults: (403)
A. passage of aqueous or liquid stool, occurring suddenly
B. passage of more than 2 loose or liquid stools, occurring suddenly, within less than 14 days
C. passage of loose or liquid stools, regardless of their number, occurring insidiously, throughout approximately 14 days
D. passage of more than 4 sudden stools, regardless of their consistency, within less than 14 days
E. passage of more than 4 sudden stools, loose or liquid, within less than 14 days

39. Which IS NOT a sign of extracellular dehydration: (403)
   A. fever
   B. weight loss
   C. moderate thirst
   D. collapsed jugular veins
   E. persistent cutaneous fold

40. Severe dehydration occurs in: (404-405)
   A. cholera
   B. diarrhea with *Campylobacter jejuni*
   C. diarrhea with calicivirus
   D. yersinioses
   E. diarrhea with enteroinvasive *E. coli*

41. The common indication for stool testing on selective environments and for the parasitological stool sample exam is: (404)
   A. dysentery syndrome
   B. diarrhea > 3 days
   C. diarrhea in an immunodepressed patient
   D. nosocomial diarrhea
   E. diarrhea with severe dehydration

42. The etiological agent of dysentery syndromes causing frequent extradigestive manifestations (nodular erythema) is: (406)
   A. *Campylobacter jejuni*
   B. *Yersinia*
   C. *Shigella*
   D. *Salmonella*
   E. *E. coli*

43. In the gastroduodenal ulcer, the treatment with PPI per os according to Forrest classification is recommended in which stage: (427)
   A. adherent clot
   B. IIA
   C. IIB
   D. IIC
   E. non-hemorrhagic visible vessel

44. Which of the following ARE NOT rare causes of upper digestive hemorrhages: (428)
   A. Dieulafoy ulcerations
   B. tumors
   C. peptic esophagitis
   D. wirsungorragia
   E. hemobilia

45. The differential diagnostic between rectocolitis and Crohn’s disease is made by means of: (439)
   A. serology (positive pANCA in RCUH, positive ASCA in Crohn’s disease)
   B. endoscopic video capsule exam
   C. abdominal CT with water soluble contrast agent
   D. total colonoscopy with ileoscopy
   E. histological examination: association of the chronic inflammation signs and activity signs

46. Which IS NOT part of the assessment in case of suspected IHD: (441)
   A. hemoleucogram
   B. ionogram
   C. urea
   D. CRP
   E. albumin

47. The first-line imagery exploration in jaundice is: (446)
   A. abdominal ultrasound
   B. abdominal CT
   C. cholangio-MRI
   D. endoscopic ultrasound
   E. MRI
48. Which IS NOT a rare cause of cytolysis with transaminases < 10N? (456)
   A. celiac disease
   B. amyloidosis
   C. autoimmune hepatitis
   D. hepatic tumor infiltration
   E. Wilson’s disease

49. The spontaneous infection of the ascites liquid in a patient with cirrhosis can be treated with: (462)
   A. ampicillin
   B. amoxicillin-clavulanic acid
   C. imipenem
   D. clindamycin
   E. an election aminoglycoside

50. A patient presenting prolapsed internal haemorrhoids that are permanent and irreducible, which Goligher classification stage applies: (474)
   A. I
   B. II
   C. III
   D. IV
   E. V

Single answer score: _____

MULTIPLE ANSWER

51. The first-line examinations which have to be performed in case of any dyspnea are: (142)
   A. thoracic radiography
   B. bronchoscopy
   C. electrocardiogram
   D. arterial gasometry in ambient air
   E. perfusion-ventilation pulmonary scintigraphy

52. Orthopnea occurs in the following pathologies, EXCEPT (143):
   A. bilateral diaphragmatic paralysis
   B. severe acute asthma
   C. right-left shunt
   D. hepatopulmonary syndrome
   E. tamponade

53. Which of the following are causes of chronic cough and feature localized opacity on the radiography: (145)
   A. bronchopulmonary cancer
   B. sarcoidosis
   C. mucoviscidosis
   D. localized dilation of the bronchi
   E. pneumocystosis in the immunodepressed patient

54. Which of the following are causes of acute cough? (145)
   A. pulmonary embolism
   B. subacute infectious pneumopathy
   C. pulmonary edema
   D. mucoviscidosis
   E. foreign bodies

55. Ipratropium bromide can be used to:
   A. reduce cough receptors stimulation
   B. increase the reactivity threshold or latency of the afferent pathways
   C. increase the reactivity threshold or latency of the nervous centers
   D. increase the reactivity threshold or latency of the efferent pathways
   E. reduce the contraction of the skeletal muscles involved in cough

56. Specific seric Ig E dosage is useful if:
   A. cutaneous tests results are negative
   B. clinical examination is inconclusive
   C. there are discrepancies between the clinical history and the results of cutaneous tests
   D. the cutaneous tests cannot be performed
   E. specific desensitization is recommended
58. On the severe acute asthma, it is true that: (152)
A. it is an unusual crisis by its intensity, without threatening the short-term vital prognostic
B. presents respiratory distress signs
C. is a resistant crisis to the treatment with common bronchodilators
D. from a gasometric p.o.v., it is a crisis with normo or hypocapnia
E. functionally, PEF is lower than 30% of the theoretical value

59. The indications for the performance of a thoracic radiograph in bronchial asthma in adults are: (152)
A. recently discovered asthma
B. associated fever
C. absence of a clear treatment response
D. suspicion of a complication
E. the thoracic radiograph shall be performed upon every examination of an asthmatic patient

60. Severe acute asthma treatment includes the following therapy possibilities: (153)
A. nebulizations with strong doses of beta-2-agonists with very fast action time
B. nasal oxygen: 3-4 l/min
C. corticoid inhalator
D. anticholinergic nebulizations
E. the hydration is reduced because of the high risk of APE

61. Which of the following variants represent unstable asthma criteria: (153)
A. crises frequency increase
B. higher sensitivity of the crises to the common bronchodilators
C. the need to use long-acting beta-2-agonists instead of short-acting ones
D. progressive aggravation of the bronchial obstruction assessed through PEF increase
E. progressive increase of beta-2-agonists consumption

63. It is FALSE about bronchial asthma treatment that: (156)
A. in the intermittent asthma, background therapy is made with small doses of inhalator corticoids
B. the alternative treatment in certain cases of gentle persistent asthma is made with inhalator or antileukotriene chromones
C. in the moderate persistent asthma, the background treatment is made with small-moderate doses of inhalator corticoids
D. in the severe persistent asthma, we can use omalizumab
E. in the severe persistent asthma, we can use long-term oral corticotherapy

64. The thoracic radiography in the common pulmonary tuberculosis highlights: (157)
A. infiltrates
B. nodules
C. caverns
D. micronodular interstitial syndrome  
E. lesions located in the upper lobes or in the apical segment of the lower lobes

65. The clinical examination in the miliary tuberculosis comprises the following variants: (157)  
A. fever  
B. night-time transpirations  
C. fast alteration of the general condition  
D. dyspnea in evolved stage  
E. diffuse micronodular interstitial syndrome

66. The biological balance before initiating the anti-tuberculosis treatment comprises: (158)  
A. blood test  
B. HIV serology, systematically proposed, taking into account the coexistence frequency with the tuberculosis  
C. transaminases, bilirubin, alkaline phosphatase, gamma GT  
D. serology for hepatitis B and C, systematically proposed, taking into account the comorbidities  
E. creatininemia, natremia, uricemia

67. The bacteriological monitoring during an anti-tuberculosis treatment comprises: (160)  
A. early bacteriological examination between the tenth and the fifth day  
B. early bacteriological examination indicated to the patients with negative microscopic examination  
C. examination in 2 months  
D. examination in 6 months  
E. examination every 2 months

68. Pulmonary emphysema is defined by the following elements: (161)  
A. abnormal enlargement of the aerial spaces  
B. reversible enlargement of the aerial spaces  
C. affection of the aerial spaces beyond the terminal bronchioles  
D. destruction of the alveolar walls  
E. pulmonary fibrosis

69. Centrolobular emphysema is characterized by: (162)  
A. patient of more than 50 years old  
B. cardiomegaly  
C. peaks hyperclarity on the thoracic radiograph  
D. inaugural dyspnea  
E. alfa-1 antitrypsin defficiency

70. Upon the clinical examination of a patient with COPD, the following ARE NOT clinical signs of thoracic distension: (162)  
A. Hoover’s sign  
B. inward thoracic wall displacement during diaphragm contraction  
C. signs of PHT and RV insufficiency  
D. increase of the antero-posterior diameter of the thorax  
E. use of the accessory respiratory muscles

71. Which of the following variants are indications for gasometry performance in the patients with COPD: (163)  
A. max exp. volume per sec < 50% of the theoretical one  
B. clinical functional discrepancy only if the max exp. volume per sec < 50% of the theoretical one  
C. Associated cardio-vascular comorbidity  
D. SaO₂<92%  
E. PaO₂< 60 mmHg

72. The clinical severity criteria in COPD are: (164)  
A. long-time oxygen therapy  
B. temperature above 38.5 °C  
C. heart rate above 110/min  
D. vigilence decrease  
E. recent troubles of the upper functions
73. The pharmacological treatment in COPD can be performed with: (166)
   A. short-acting bronchodilators (fenoterol)
   B. long-action bronchodilators (ipratropium bromide)
   C. short-action bronchodilators (salmeterol)
   D. inhalator corticoids, according to the case
   E. theophylline and oral corticoids less and less used

74. Antibiotherapy with amoxicillin/clavulanic acid or injectable C3G during an exacerbation of the COPD is indicated in case of: (166)
   A. max exp. volume per sec < 50%
   B. max exp. volume per sec > 50%
   and effort dyspnea
   C. max exp. volume per sec < 30%
   D. max exp. volume per sec > 30%
   E. Dyspnea at the smallest effort or rest dyspnea

76. The contraindications of the surgical intervention in COPD are the following, EXCEPT:(168)
   A. PHT
   B. average max exp. volume per sec in almost 25% of the theoretical one
   C. TLC > 125% of the theoretical one
   D. persistent tabacosis
   E. continuous upper corticotherapy at 15 mg/day

77. The pneumopathy diagnostic in adults is established based on certain physical signs such as: (169)

78. The death rate risk factors in an infectious pneumopathy in adults are: (169)
   A. age higher than 65 years old
   B. acute renal failure
   C. immunosuppressive treatment over the last year
   D. history of bacterial pneumonia
   E. institutionalized life

79. Which of the variants below are radiographic criteria for hospitalization in an infectious pneumopathy in adults: (170)
   A. the affection of several lobes
   B. pleural effusion
   C. bilateral interstitial trouble
   D. cavity on the thoracic radiograph
   E. leukopenia (< 4000 GB/ml) or severe leukocytosis (> 20000 GB/ml)

80. Which of the following variants DO NOT belong to the CRB65 score: (170)
   A. cephalalgia
   B. confusion
   C. paradoxal respiration
   D. age < 65 years old
   E. systolic pressure < 90 mmHg

81. In the infectious pneumopathy in adults, installed at home, rarely involved pathological agents are: (171)
   A. Haemophilus influenzae
   B. S. aureus
   C. Legionella pneumophila
   D. Moraxella catarrhalis
   E. gram negative bacilli

82. The factors causing a nosocomial pneumopathy are: (173)
   A. age
   B. abdominal or pelvic surgery
   C. extended immobilization
   D. artificial ventilation
E. renal failure

83. The variants below DO NOT belong to Anthonisen triad: (175)
   A. central temperature increase above 39°C
   B. extension of the productive stage of cough to more than 14 days
   C. spit volume increase
   D. dyspnea reduction
   E. spit purulence increase

84. Which of the following variants represent differential diagnostics of ARDS in adults: (178)
   A. serious pneumopathy with Pneumocistis carinii
   B. idiopathic pulmonary fibrosis
   C. extrinsic allergic alveolitis
   D. alveolar hemorrhage
   E. sarcoidosis

85. Which of the following variants represent first-line examinations in a hemoptysis: (181)
   A. thoracic radiograph
   B. bronchial fibroscopy
   C. transthoracic cardiac ultrasound
   D. thoracic CT
   E. ventilation/perfusion pulmonary scintigraphy

86. The classical causes of hemoptysis in an ex-tuberculosis patient are: (182)
   A. aspergiloma
   B. aseptic necrosis of the pseudotumoral masses
   C. post-scar dilation of the bronchi
   D. atypical mycobacteriosis
   E. BK relapse

87. In a pneumothorax we meet the following functional signs: (183)
   A. frank basal dullness
   B. brutal, lancinant, laterothoracic pain
   C. reduction of the vocal vibrations transmission
   D. variable intensity dyspnea
   E. painful cough quints, present all the time

88. Secondary spontaneous pneumothorax can complicate the evolution of the following respiratory diseases: (183)
   A. COPD
   B. mucoviscidosis
   C. pneumopathies with streptococcus or Moraxella
   D. pulmonary infarction
   E. rheumatoid nodule

89. In case of a pleural effusion in adults, the variants below are intolerance signs: (186)
   A. polypnea
   B. pallor
   C. bradycardia
   D. hypotension
   E. heart noises laterodeviation

90. In case of a pleural effusion in adults, which of the following variants DO NOT represent exudates causes: (188)
   A. myxedema
   B. superior vena cava obstruction
   C. pulmonary embolism
   D. Churg-Strauss syndrome
   E. pancreatitis

91. The following variants represent causes of acute diffuse interstitials: (189)
   A. different opportunistic pneumopathies
   B. toxic pneumopathy
   C. extrinsic allergic alveolitis
   D. X histiocytosis
   E. ARDS
93. Langerhans cell histiocytosis are characterized by: (192)
   A. affects the subjects of 20-40 years old
   B. its appearance is not influenced by tobacco consumption, as compared to its subsequent evolution
   C. honeycomb or “lace lungs” image on the thoracic CT
   D. BAL highlights cells expressing CD1a
   E. the diagnostic is confirmed through pulmonary biopsy, small biopsies being sufficient

94. The circumstances which should lead to the performance of a thoracic radiograph in a smoker aged over 40 are: (197)
   A. dyspnea appearance or aggravation
   B. pulmonary infectious episode which drags on or relapses in the same territory
   C. hemoptysis
   D. superior cava syndrome (mostly in bronchopulmonary cancer without small cells)
   E. thoracic pain

95. The first-line surgical treatment is enforced in bronchopulmonary cancers without small cells in: (199)
   A. T1 N0
   B. T2 N0
   C. T3 N1
   D. stage III B
   E. stage II

96. In the bronchopulmonary cancer without small cells, stage IV, which presents a mutation activating the EGFR gene, the first line treatment consists of: (199)
   A. tyrosine-kinase inhibitor
   B. gefitinib
   C. pneumonectomy
   D. target radiotherapy
   E. association between a 3rd generation chemotherapy and cisplatin

97. Which of the following statements on the secondary pulmonary tumors are FALSE: (200)
   A. metastase miliary is more frequent in case of malignant melanoma, prostate cancer, thyroid medullary carcinoma and ovarian cancer
   B. metastase miliary is more frequent in lymphomas, lung, breast and stomach cancers
   C. mediastinal adenopathies are more frequent in testicular cancer
   D. carcinomatous lymphangitis appears in uterus, prostate and pancreas cancers
   E. mediastinal adenopathies are frequent in the ENT, esophagus or bronchopulmonary cancers

98. The imagery diagnostic through radiograph or thoracic CT in the metastase miliary is based on: (200)
   A. poorly delimited nodules
   B. diffuse and irregular margin
   C. mostly peripheral
   D. predominantly in the lower lobes
   E. calcifications presence does not exclude the tumor nature

99. In the secondary pulmonary tumors the non-surgical treatment is used as a first-line treatment for: (201)
   A. testicular cancer
   B. ovarian cancer
   C. nephroblastosomas
   D. lymphomas
   E. oasteosarcomas

100. The negative prognostic elements for metastasectomy are: (201)
    A. metastases > 5
    B. importance of the functional signs
    C. metastases unilaterality
    D. the short time between the primary discovery and the appearance of the pulmonary secondary lesions
101. The mechanical restrictive chronic respiratory insufficiency through parietal affection can have the causes below: (203)
   A. kyphoscoliosis
   B. ankylosing spondyloarthritis
   C. thoracoplasty
   D. accessory cervical rib
   E. pectus excavatum

102. The restrictive ventilation trouble diagnostic is based on the following PFR modifications, EXCEPT: (203)
   A. TLC reduction
   B. reduction of the maximum exp. volume per second/VC
   C. always the reduction of the DLCO/VA ratio
   D. the reduction of the maximum exp. volume per second to the same extent as VC
   E. TLC increase

104. This is true about the rupture of the diaphragmatic arch: (207)
   A. is more frequent to the right
   B. the thoracic radiograph tranchantly establishes the diagnostic
   C. the diagnostic is based on the thoracic tomograph
   D. is due to a thoracic compression associated to an abdominal contusion
   E. the transthoracic cardiac ultrasound is needed so as to highlight the cardiac complications

105. The following are functional signs in the deep venous thrombosis: (210)
   A. spontaneous pain at calf level
   B. provoked pain at calf level
   C. Homans sign
   D. inflammatory edema
   E. loss of calf balance capacity

106. Hospitalization indications in the deep venous thrombosis are: (210)
   A. hemorrhagic risk
   B. severe venous obstructive syndrome
   C. subfebrility
   D. severe renal failure
   E. external iliac localization

107. The radiological signs in the pulmonary embolism are: (211)
   A. band like atelectasis
   B. pleural dome supra-elevation
   C. pneumothorax
   D. Westermanck’s sign
   E. Mahler’s sign

108. Which of the following variants belong to the researched elements if we suspect a thrombophilia? (213)
   A. thrombocytes
   B. antiphospholipid syndrome
   C. protein C
   D. protein S
   E. antithrombin

109. Which of the following variants represent symptomatic treatment elements in the massive pulmonary embolism? (214)
   A. volemic expansion
   B. dobutamine
   C. oxygen therapy
   D. intravenous thrombolysis
   E. surgical embolectomy

110. In the cardiocirculatory arrest, the alkalinization through bicarbonate administration is indicated: (218)
   A. if one supposes that the ventricular fibrillation has appeared for more than 4 minutes
   B. in case of confirmed hyperpotassemia
C. in the case of a renal insufficiency dialysed at a long period from the last dialysis
D. in case of an intoxication with benzodiazepine
E. in case of an intoxication with tricyclic antidepressants

111. Which of the following variants represent clinical signs of shock? (220)
   A. tachycardia
   B. increase of the cutaneous recoloration time
   C. functional renal failure
   D. polypnea
   E. hypoxia

112. The positive inotropic treatment is indicated in these situations: (221)
   A. a reduction of the cardiac contractility
   B. cardiogenic shock
   C. anaphylactic shock
   D. hemorrhagic shock
   E. septic shock associated to a cardiac deficiency

113. On catecholamines use in shock treatment, the following statements are FALSE: (223)
   A. dopamine is a more efficient vasoconstrictor than norepinephrine
   B. norepinephrine is the reference vasoconstrictor
   C. dobutamine is the reference inotropic agent
   D. epinephrine is the reference inotropic agent
   E. epinephrine is an inotropic and vasoconstrictor agent

114. Which of the following variants represent stroke differential diagnosis: (250)
   A. hypoglycemia
   B. hyperglycemia
   C. epilepsy
   D. migraine aura
   E. uremic encephalopathy

115. Wallenberg’s syndrome associates: (251)
   A. hemifacial anesthesia on the lesion part
   B. vertigo and rotatory nystagmus on the opposite part of the lesion
   C. hemi-shadow paralysis on the lesion part
   D. hemicorporal thermo-analgesic anesthesia on the opposite part of the lesion
   E. hemicorporal thermo-analgesic anesthesia on the lesion part

116. The causes which shall be researched in case of a cerebral infarction in the young adult are:
   A. the endocarditis with cerebral embolism
   B. the dissection of a cerebral artery
   C. immunological causes
   D. arteriosclerosis
   E. lipohyalinosis of the small perforating arteries

117. The biological examinations which have to be emergently performed in case of a cerebral infarction are: (253)
   A. hemoleucogram
   B. blood ionogram
   C. urinary ionogram
   D. hepatic balance
   E. glycemia

118. TIA evoking semiology comprises the following variants: (253)
   A. transient monocular blindness
   B. aphasia
   C. lateral homonymous hemianopsia
   D. cerebellar anoxia
   E. bilateral motion and/or sensitive troubles

119. HBP treatment in the acute phase of a stroke is indicated in these situations: (254)
   A. HBP > 185/110 mmHg in the absence of the thrombolytic treatment
B. HBP> 220/120 mmHg  
C. HBP associated to a heart failure  
D. HBP associated to an acute pulmonary edema  
E. HBP associated to a renal failure

120. The anticoagulant treatment in the cerebral infarction has the following certain indications: (254)  
A. TIA with a certain cardioembolic origin  
B. extracranial artery dissection  
C. tight extracranial stenosis  
D. vein infarctions  
E. hypercoagulability status

121. The following statements are true about the cerebral intraparenchymal hematomas: (257)  
A. they are located in the deep territory if they are related to HBP  
B. they are located in the lobar territory if they are related to HBP  
C. they are located in the lobar territory if they are related to the rupture of an arteriovenous malformation  
D. they are located in the deep territory if they are related to the amyloid angiopathy  
E. they are located in the cortico-subcortical territory if they are related to the amyloid angiopathy

122. The conditions which favour cerebral vein thromboses are: (258)  
A. post-abortion  
B. contraception with intrauterine device  
C. thrombophilia  
D. underlying hemopathies  
E. ulcero-hemorrhagic rectocolitis

123. The clinical picture in a meningeal hemorrhage is characterized by: (260)  
A. brutal cephalalgia  
B. moderate intensity cephalalgia  
C. Kernig and Brudzinski signs appear on a constant basis  
D. consciousness troubles appear from time to time  
E. a convulsive crisis can appear from time to time

124. The following are medium-term complications of the meningeal hemorrhage: (261)  
A. artery vasospasm  
B. epilepsy  
C. motion or cognitive sequelae, according to the localization and the complications of the initial hemorrhage  
D. bedsores complications  
E. normal pressure hydrocephalus

125. Clinical signs indicating an intracranial high blood pressure syndrome are: (274)  
A. mostly evening cephalalgia  
B. nausea- jet eructation  
C. diplopia with localizing value  
D. unclear eyesight  
E. bilateral papilledema

126. These can be intracerebral lesions in positive HIV serology: (275)  
A. cerebral lymphoma  
B. tuberculoma  
C. progressive multifocal leukoencephalopathy  
D. leukoaraiosis  
E. pneumocystis pneumonia

127. The following statements on the infectious meningitis management are FALSE: (289)  
A. in a meningitis with pneumococcus, the curative treatment is made with cefotaxime x 15 days  
B. in the meningitis with cocci and Gram-negative bacilli, the treatment is made with cefotaxime x 7 days  
C. in the meningitis with *Haemophilus influenzae* the treatment is made with cefotaxime 15 days
D. in the meningitis with *Listeria monocytogenes* one must perform prophylaxis with rifampicin or rovamycine
E. meningitis with *Listeria monocytogenes* shall be compulsorily declared

128. These are encephalitis signs in the herpetic meningoencephalitis: (291)
   A. memory troubles
   B. vigilence troubles
   C. cephalalgia
   D. phonophobia
   E. cervical stiffness

129. The lesions which appear in the cerebral imagery in the herpetic meningoencephalitis have the features below, EXCEPT: (291)
   A. unilateral lesions
   B. bilateral lesions
   C. frontal lesions
   D. temporal lesions
   E. parietal lesions

130. Fever is defined by: (309)
   A. central temperature higher than 38 °C in the morning
   B. central temperature higher than 38.3 °C in the morning
   C. central temperature higher than 38 °C in the evening
   D. central temperature higher than 38.3 °C in the evening
   E. central temperature higher than 38 °C in any moment of the day

131. These non-infectious pathologies can be etiologies of acute fever: (310)
   A. systemic inflammatory diseases
   B. tumors
   C. metabolic diseases
   D. Wilson’s disease
   E. paludism

133. The infectiousness period in flu: (321)
   A. begins two days before the appearance of the clinical signs
   B. begins 6 days before the appearance of the clinical signs
   C. persists 6 days after the appearance of the clinical signs
   D. is very short: 1-3 days
   E. can be extended to more than 12 days in immune depressed patients

134. Flu-like prodromes ARE NOT characterized by: (321)
   A. are specific
   B. arthro-myalgias
   C. cephalalgia
   D. sudden appearance
   E. asthenia

135. The intrinsic factors on which depends the anti-flu vaccination efficiency are those presented below, EXCEPT: (323)
   A. age
   B. comorbidities
   C. immunosuppressive treatments
   D. gender
   E. body weight

136. The symptomatic phase or AIDS from HIV infections manifests by: (325)
   A. pneumocystosis
   B. tuberculosis
   C. hairy leukoplasia
   D. zona zoster
   E. cachexy

137. The toxicity of the antiretroviral drugs used in HIV infection treatment is: (326)
   A. digestive toxicity
   B. cutaneous toxicity
   C. neuropsychic toxicity
   D. hepatotoxicity
   E. renal toxicity
138. The initial balance in HIV infection comprises: (326)
   A. plasma viral HIV load
   B. hemoleucogram
   C. coagulation samples
   D. CMV serology test
   E. toxoplasmosis serology test

139. Local signs evoking sexually transmitted diseases are: (329)
   A. pelvic pains
   B. leukorrhea
   C. oral chancre
   D. conjunctivitis (neonatal, mainly in the infections with gonococcus and chlamydia)
   E. inguinal adenopathies

140. The main risk factors determined for STI are: (329)
   A. male gender
   B. multiple sex partners
   C. tardy sex contacts
   D. STI history
   E. unfavourable socio-economic level

141. It is true on the diagnostic for the gonococcal infection that: (331)
   A. it is suggested by the clinical examination in the classical purulent forms
   B. the direct examination is conclusive only in women
   C. the direct examination is conclusive only in men
   D. upon the direct examination, one notices encapsulated laceolate diplococci
   E. one shall perform a culture on common environments for all the non-classical forms

142. Which of the following variants can be clinical forms of chlamydiosis: (332)
   A. urethritis
   B. cervicitis
   C. LGV
   D. neonatal forms (purulent keratytis, endophthalmitis)
   E. Fitz-Hugh-Curtis syndrome

143. Chlamydiosis treatment depends on the infected area and is performed: (332)
   A. in urethritis and in cervicitis: doxycycline 1 g per os
   B. in urethritis and in cervicitis: azithromycin 200 mg/day, 7 days
   C. in salpingitis: amoxicillin-clavulanic acid (10 days) + doxycycline (21 days)
   D. in LGV: doxycycline 200 mg/day for 21 days
   E. in prostatitis and orchiepididimitis: fluoroquinolones

144. Fiessinger-Leroy-Reiter syndrome associates: (332)
   A. urethritis
   B. cervicitis
   C. conjunctivitis
   D. uveitis
   E. polyarthritis

145. If in a patient with suspected syphilis appears the combination VDRL+/TPHA-, the following variants are possible: (333)
   A. the patient has syphilis
   B. the patient is in the incubation period and FTA for confirmation is needed
   C. the result is false positive
   D. the patient can have an antiphospholipid syndrome
   E. the patient can present HIV infection

146. The syphilis treatment can be performed as follows: (333)
   A. in primary syphilis, one administer doxycycline 200 mg/day for 14 days
   B. in tertiary syphilis, in case of allergy to penicillin one shall administer doxycycline 200 mg/day for 18 days
   C. in primary syphilis, in case of allergy to penicillin, one can administer a 1 g unique dose of azithromycin
D. neurosyphilis is treated with penicillin G 18-24 M UI/day in 6 perfusions for 14-21 days
E. in tardy syphilis, in case of allergy to penicillin one shall administer cotrimoxazole p.o. for 21 days

147. These are important aspects in tetanus: (367)
A. it is determined by an ubiquitous bacteria, nutritionally fastidious and sensitive to the environmental conditions
B. tetanus bacillus can produce a neurotropic exotoxin
C. the disease can be fatal
D. is a highly efficient vaccination
E. is a disease with compulsory declaration because of the epidemic risk

148. These can be tetanus complications: (368)
A. bedsore complications, mainly bedsores in the pressure points (sacred area, calcaneal region)
B. thromboembolic complications
C. dysautonomia syndromes
D. generalized contractures responsible for opisthotonus
E. deficiency decompensation

149. Which of the following variants ARE NOT part of the tetanus symptomatic treatment? (368)
A. wound cleansing and debridement
B. vaccination
C. parenteral nutrition
D. curarization
E. prophylactic anticoagulation drugs

150. Purpura fulminans associates: (371)
A. fever
B. oliguria
C. meningeal syndrome
D. encephalitis signs
E. fast extension purpura

151. In a sepsis, the examinations oriented by the clinical examination are: (372)
A. cyto-bacteriologic examination of urine
B. blood test
C. VSH
D. procalcitonin
E. cyto-bacteriologic examination of sputum

152. Toxicomania is a factor which favours the sepsis with identified or presumptive entrance door at the level of: (373)
A. tegmina
B. lung
C. endocardium
D. a vascular focus
E. digestive tract

153. The differential diagnostic of a sepsis is performed with: (373)
A. cardiogenic shock
B. hypovolemic shock
C. pulmonary embolism
D. anaphylactic shock
E. tetanus

154. In enterobacter sepsis, in the absence of severity signs, one shall perform monotherapy with: (374)
A. cefotaxime
B. amoxicillin
C. ceftiraxone
D. fluoroquinolone
E. aminoglycoside

155. The biological monitoring of the treatment in a sepsis is performed by determining the following elements: (375)
A. thermal curve
B. blood test
C. procalcitonin
D. CRP
E. hemostasis

156. Which of these variants DO NOT represent extradigestive signs in an acute diarrhea in adults: (403)
A. thirst  
B. cutaneal eruption  
C. palpitations  
D. arthralgias  
E. abdominal pains

157. Which of the following variants represent an emergency in case of an acute diarrhea in adults? (403)  
A. severe dehydration  
B. presence of the extradigestive signs  
C. signs of toxic megacolon  
D. signs of peritoneal irritation  
E. pregnant woman

158. Dysenteric syndrome is characterized by: (404)  
A. colic affection through toxic or toxinic mechanism  
B. diarrhea with non-abundant numerous stools  
C. presence of phlegm, blood, pus and/or mucus debris in the stool  
D. pseudoflu syndrome  
E. risk of toxic megacolon or even of colic perforation

159. The following variants ARE NOT indications for the parasitological stool examination: (404)  
A. diarrhea > 3 days  
B. diarrhea in an immune depressed subject  
C. persistent or invasive diarrhea appeared after an antibiotic treatment or chemotherapy  
D. suspicion of collective alimentary toxil-infection  
E. diarrhea when coming back from a trip to a tropical area

160. Which of the following variants are blood examinations which have to be performed in diarrhea in adults? (404)  
A. hemocultures in case of fever or hypothermia  
B. CRP hemoleucogram, in case of infectious syndrome  
C. systematic blood ionogram, urea, creatinine  
D. systematic hepatic balance  
E. toxins search in the infection with *Clostridium difficile*

161. The etiological agent of the collective allimentary toxil-infection can be: (405)  
A. enterotoxigenic *E. coli*  
B. *S. aureus*  
C. *Clostridium perfringens*  
D. *Clostridium difficile*  
E. *Bacillus cereus*

162. The typical biological modifications in the tiphous and paratiphous salmonellosis are: (406)  
A. leukocytosis  
B. leukopenia  
C. hepatic cytolysis  
D. rhabdomyolysis  
E. coagulation troubles

163. The symptomatic treatment of diarrhea is performed with: (406)  
A. loperamide  
B. motion modulators with transit slow-down effect  
C. racecadotril  
D. antispasmodic and antalgic drugs  
E. antiemetics

164. The target antibiotherapy in case of identification of an infectious agent responsible for diarrhea is performed with: (407)  
A. quinolone p.o. ± metronidazole in case of severe clinical picture or parasitosis suspicion  
B. macrolide for 14 days in the diarrhea with *Campylobacter jejuni*  
C. doxycycline 200 mg/day for 7 days in the diarrhea with *Vibrio cholerae*  
D. quinolones for 5-7 days in salmonellosis, shigellosis, yersiniosis  
E. quinolones for 5-7 days in the diarrhea with *E. coli* serotype O157:H7
165. The reanimation measures in a digestive hemorrhage are: (426)
   A. oxygen therapy
   B. two central venous paths
   C. vascular filling and even transfusion in shock condition
   D. monitoring of the heart, pressure and of peripheral oxygen saturation
   E. superior digestive endoscopy performed after a slow infusion of erythromycin

166. This is true about the superior digestive endoscopy in emergency: (427)
   A. it is performed in the hemodynamically stable patient
   B. it cannot be performed in a patient with consciousness troubles
   C. it is performed in fasting for 6 hours
   D. it can be performed after emptying the stomach, which can be performed through the administration of a slow intravenous infusion of cimetidine
   E. it is performed for diagnostic, prognostic and therapeutic purposes

167. On the colonoscopy performed in case of inferior digestive hemorrhage, the following statements are true: (428)
   A. is partial, often a sigmoidoscopy is enough
   B. cannot be performed in emergency
   C. is performed under general anesthesia
   D. the colon is prepared with PEG
   E. is performed for diagnostic and eventually therapeutical purpose

168. An inferior digestive hemorrhage which appears in a patient with colon cancer can be favoured by the consumption of these drugs: (428)
   A. corticoids
   B. NSAIDs
   C. antiaggregants
   D. anticoagulants
   E. prokinetics

169. In the anamnesis and clinical examination performed in a patient in whom there is a suspicion for a gastroduodenal affection, arguments in favour of a cancer are: (433)
   A. presence of abdominal mass
   B. atypical epigastric pain for an ulcerus pathology
   C. general condition alteration
   D. typical ulcerus pain
   E. presence of an adenopathy

170. The treatment in the gastroduodenal ulcer supposes: (434)
   A. H. pylori eradication, if present with first-line triple therapy: PPIs in standard dose + amoxicillin + clarithromycin for 10-14 days
   B. in case of duodenal ulcer with persistent pains, PPIs treatment shall be continued for 3 weeks in standard dose
   C. in case of duodenal ulcer in a patient under anticoagulant treatment with PPIs, the treatment shall be continued for 3 weeks in standard dose
   D. in case of gastric ulcer, the PPIs treatment shall be performed for 4-6 weeks in double dose
   E. the endoscopic control at 6 weeks is compulsory in the gastric ulcer

171. Stenosis, as a complication of the gastroduodenal ulcer, is characterized by: (435)
   A. is a frequent complication
   B. antral preferential localization
   C. always benignant nature
   D. first-line medical treatment
   E. endoscopic or surgical treatment in case of medical treatment failure

172. Ulcero-hemorrhagic rectocolitis is characterized by: (439)
   A. is a transmural inflammatory disease
   B. affects the rectum on a constant basis
C. extremely suggestive clinical examination  
D. the symptomatology is dominated by phlegm and blood diarrhea with progressive evolution  
E. occasional affection of the small intestine, with preferential localization at the level of the terminal ileum

173. The following ARE NOT complications of the serious acute colitis: (440)  
A. undernourishment  
B. deep venous thrombosis  
C. colorectal cancer  
D. toxic megacolon  
E. perforation

174. The indications for total coloproctectomy with ileoanal anastomosis in ulcero-hemorrhagic rectocolitis are (440):  
A. serious acute colitis resistant to the medical treatment  
B. colorectal cancer  
C. high degree dysplasia  
D. rectocolitis resistant to the medical treatment  
E. fistulae or abscesses

175. The complications in Crohn’s disease can be: (440)  
A. acute: fistulae/abscesses, serious acute colitis  
B. subacute: deep venous thrombosis  
C. subacute: digestive stenoses  
D. long term: digestive stenoses  
E. long term: cancer, mostly colorectal, but also small intestine and anus cancer

176. The following are clinical-biological criteria based on which one can establish the diagnostic of serious acute colitis: (441)  
A. no. of evacuations/24 hours > 6, with blood  
B. evening temperature > 38.5 °C  
C. heart rate ≥ 90/min  
D. hemoglobin ≤ 10.5 g/dl  
E. serious hemorrhage

177. Which of the following statements on Gilbert’s syndrome are true: (445)  
A. represents a total deficiency of bilirubin glucuronidation  
B. has a recessive autosomal transmission  
C. characterizes by an icterus with progressive evolution once with the age  
D. Hb is normal  
E. the hepatic balance is normal

178. Which of the following variants is/are malignant causes of the extrahepatic icterus: (446)  
A. cephalic pancreatic cancer  
B. the obstruction of the tumoral intrahepatic biliary tract  
C. vaterian ampulloma  
D. cholangiocarcinoma  
E. primary sclerozing cholangitis

179. Possible extrahepatic manifestations in an acute viral hepatitis are: (451)  
A. AA amyloidosis  
B. polyradiculoneuritis  
C. autoimmune hemolytic anemia  
D. pelvispondylitis  
E. glomerulopathy

180. Fulminatory viral acute hepatitis is characterized by: (451)  
A. the appearance of a hepatic encephalopathy in less than 2 weeks following icterus appearance  
B. IP < 50%  
C. death rate of 50% in treatment absence  
D. hospitalization in Intensive Care Units  
E. emergency liver transplantation, observing certain criteria

181. The natural history of chronic hepatitis B presents the following phases: (452)
A. immune tolerance: strong viral replication, normal or slightly increased transaminases
B. immune elimination: viral replication accentuation, transaminases increase
C. icteric phase (asymptomatic or paucisymptomatic)
D. nonreplicative phase: viral undetectable replication, normal or increased transaminases
E. clinical latency: undetectable viral replication, normal or increased transaminases

182. Which of the following variants are investigations needed in order to identify a definitive or temporary contraindication for the antiviral treatment in a patient with viral hepatitis C: (453)
A. EKG
B. the ophthalmological examination for the identification of an uveitis or a pre-proliferative retinopathy
C. pregnancy biological diagnostic
D. one-dimension transient elastography
E. anti-rectus and anti-LKM1 antibodies

183. The main side effects of interferon are: (454)
A. hemolytic anemia
B. thrombocytopenia
C. thrombocytosis
D. leukopenia
E. pseudo-flu syndrome

184. Which of the following viruses from Herpes group can cause hepatites? (454)
A. EBV
B. RSV
C. CMV
D. HBV
E. VZV

185. In which of the following variants hepatic cytolysis is accompanied by a ratio ASAT/ALAT > 1? (455)
A. cirrhosis, but only the toxic one
B. Budd-Chiari syndrome
C. Wilson’s disease
D. alcoholic hepatopathy
E. amyloidosis

186. Frequent causes of cytolysis > 10N are: (456)
A. toxic hepatitis
B. calculus migration lithiasis
C. autoimmune hepatitis
D. hepatic ischemia
E. non alcoholic steatohepatitis

187. Which of the following variants represent causes of the isolated increase in gamma-GT? (458)
A. acute alcoholic intoxication
B. chronic alcoholic intoxication
C. enzyme inducing drugs
D. steatosis
E. primary biliary cirrhosis

188. Which of the following variants represent signs of hepatocellular failure? (460)
A. stellar angiomas
B. icterus
C. splenomegaly
D. abdominal collateral venous circulation
E. palmar erythrosis

189. If a patient with cirrhosis presents asterixis and confusion, refractory ascites, total bilirubin between 35-50 µmol/l, albumin of 40 g/l and prothrombin index of 55%, he presents: (461)
A. Child’s score B
B. Child’s score =7
C. Child’s score C
D. Child’s score=9
E. Child’s score=11

190. Which of the following variants are common factors causing ascites and hepatorenal syndrome in a patient with cirrhosis? (462,465)
A. alcohol
B. portal thrombosis
C. infection
D. digestive hemorrhage  
E. hepatocellular carcinoma  

191. The following variants belong to ascites treatment: (463)  
A. hydration and vitamin therapy  
B. hyposodic diet  
C. distal diuretics in maximal dose as a first-line  
D. evacuation puncture with systematic compensation through intravenous infusion of albumin  
E. loop diuretics can be associated from time to time  

192. Which of the following variants represent differential diagnostics for the hepatic encephalopathy? (464)  
A. subarachnoid hemorrhage  
B. subdural hematoma  
C. stroke  
D. Gayet-Wernicke’s encephalopathy  
E. hyperglycemia  

193. Which of the following variants ARE NOT main criteria of the hepatorenal syndrome? (465)  
A. creatinin increase > 130 µmol/l in the absence of the diuretic treatment  
B. hypovolemia presence  
C. proteinuria < 0.5 g/24h without ultrasound arguments for an obstruction of the urinary tract  
D. diuresis < 500 cc/24h  
E. natremia < 130 mmol/l  

194. The possible factors which can cause a hepatorenal syndrome are: (465)  
A. infection  
B. acute alcoholic hepatitis  
C. digestive hemorrhage  
D. hepatocellular carcinoma  
E. puncture of the uncompensated ascites with high volume  

195. The pleuropulmonary complications of cirrhosis are: (466)  
A. hydrothorax  
B. hepatopulmonary syndrome  
C. portopulmonary high blood pressure  
D. APE  
E. pneumothorax  

196. Which of the following variants represent rare complications of the chronic pancreatitis? (468)  
A. obstructive icterus  
B. exocrine pancreatic insufficiency  
C. diabetes  
D. pancreatic adenocarcinoma  
E. wirsungorrhagia  

197. On the morphological complementary examinations useful in the chronic pancreatitis, the following statements are true: (469)  
A. the abdominal CT is the first-line examination  
B. the abdominal CT is the most efficient examination  
C. the pancreatic MRI is the second-line examination  
D. echoendoscopy is the recommended examination for the detection of an early stage  
E. the pancreatic MRI is the first-line examination  

198. Which of the following variants belong to pain treatment in chronic pancreatitis management? (469)  
A. enzyme therapy  
B. alcoholic withdrawal  
C. insulin therapy  
D. pancreaticojejunal anastomosis  
E. ductal prosthesis  

199. The possible attitudes in the internal hemorrhoid pathology are: (474)  
A. therapeutic abstention  
B. hygiene diet rules and medical treatment  
C. instrumental treatments  
D. surgical treatment: incision or mostly excision  
E. surgical treatment: classical hemorrhoidectomy, hemorrhoidopexy or elastic ligature
200. The possible instrumental treatments in the internal hemorrhoid pathology are:

(474)

A. sclerosis
B. Longo’s technique
C. infrared photocoagulation
D. elastic ligature
E. ligature under Doppler control of the hemorrhoid arteries

Multiple answer score: _____

TOTAL SCORE: _____ / 950
Multiple Choice Test III

Chapters: Visceral surgery, Obstetrics and gynaecology, Rheumatology, Orthopedic surgery, Ophthalmology, ENT surgery, Geriatrics, Psychiatry, Child psychiatry

Author: Ovidiu Mitu

SINGLE ANSWER

1. Which of the following statements on the etiological treatment of occlusive colorectal cancer is FALSE: (478)
   A. Emergency occlusion solving
   B. Rebalancing and stabilizing the vital functions (medical management)
   C. Right carcinogenic hemicolectomy with ileorectal anastomosis
   D. Perforated cancer with peritonitis - The Hartmann intervention
   E. Cancer with major cecal distention: subtotal colectomy with ileorectal anastomosis

2. Which of the following TNMs corresponds to the IIIA stage in stomach cancer: (479)
   A. T3N1M0
   B. T3N2M0
   C. T3N0M0
   D. T2a/bN0M0
   E. T1-3N3M0

3. Which of the following is a therapeutic indication in advanced non-metastatic HCC Child A (483)
   A. Resection
   B. Chemoembolization
   C. Sorafenib with oral administration
   D. Palliative treatment
   E. Liver transplant

4. The treatment indicated in cases of metastatic esophageal malignant tumors is: (487)
   A. Esophagectomy
   B. Esophagectomy preceded by chemotherapy
   C. Exclusive radiochemotherapy
   D. Installing an endoprosthesis
   E. Exclusive chemotherapy

5. The following are part of the palliative treatment of pancreatic tumors, EXCEPT: (490)
   A. Analgesics
   B. Corticoides
   C. Treatment for itching
   D. Duodenal prosthesis
   E. Refeeding

6. Which of the following is NOT a complication of liver trauma: (492)
   A. Haemobilia
   B. Biloma
   C. Colecperitoneum
   D. Hepatocellular carcinoma
   E. Gas embolism in case of suprahepatic vein plague

7. Which of the following is the cause of small-bowel obstruction by strangulation: (495)
   A. Cecal volvulus
   B. Foreign body
   C. Ogilvie syndrome
   D. Meckel diverticulum
   E. Fecaloma

8. In case of appendicular plastron, which is the best therapeutic option: (500)
   A. Initial medical treatment and remote appendectomy
   B. Immediate appendectomy
   C. Percutaneous drainage
   D. Laparotomy and abundant peritoneal lavage immediately after the diagnosis has been confirmed
   E. None of the above
9. Crural (femoral) hernia has a foramen: (504)
   A. Externalized through the transversalis fascia
   B. Above the crural arch
   C. Externalized through the deep inguinal foramen
   D. Under the crural arch, medially to the femoral vessels
   E. At the level of the enlarged umbilical ring

10. Which of the following is TRUE on gallstones: (508)
    A. Subhepatic abscess is a complication of chronic cholecystitis
    B. Pyocholecystitis is a complication of the gallstones by the main bile duct
    C. Hypercaloric diets are a risk factor
    D. 80% of calculi are symptomatic
    E. Typical pain in the right iliac fossa and right flank

11. In the treatment of the main bile duct stones, the most sensitive type of examination is: (512)
    A. ERCP
    B. abdominal MRI
    C. Bili-MRI
    D. abdominal ultrasound
    E. Endoscopic ultrasound

12. Peritonitis without germs corresponds to a peritonitis: (517)
    A. Primitive
    B. Secondary
    C. Tertiary
    D. Of hematogenic origin
    E. Postoperative

13. A patient hospitalized on suspicion of acute pancreatitis presents: (514)
    - Upon hospitalization → glycemia of 9 mmol/l (the patient is not diabetic) Age – 60 years, leukocytes – 12000/mm³
    LDH 3 tymes normal value, ASAT 9 times normal value
    - 48 hours later → bicarbonate levels decrease by 6 mmol/l PaO2 is 80 mmHg the urea increases 2.2 mmol/l calcemia is of 2.5 mmol/l hematocrit levels do not decrease, remaining within the normal range, estimated fluid retention is ≥ 6 l.
    Which is the Ranson score?
    A. 5
    B. 6
    C. 7
    D. 8
    E. 9

14. Which is the main cause of chronic pancreatitis? (467)
    A. Chronic hypercalcemia
    B. Autoimmune
    C. Obstructive
    D. Gallstone
    E. Alcohol

15. Which statement on pancreatic necrosis infection is TRUE: (515)
    A. Typically occurs in the 3rd week
    B. The main germs are S. pneumoniae and H. influenzae
    C. Low mortality (1-2%)
    D. Is a major complication of pancreatic cancer
    E. The clinical picture is intense and characteristic

16. The following statements on the first ultrasound in pregnancy are true, EXCEPT: (523)
    A. Detects some severe malformations early on
    B. Detects trisomy 21 by measuring nuchal translucency
    C. Allows an early diagnosis of multiple pregnancies
    D. Confirms/corrects gestational age
E. Is carried out between weeks 17-20 of amenorrhea

17. Medicinal prevention of preeclampsia relapse is done with: (527)
   A. Corticoids
   B. Paracetamol
   C. Bromocriptine
   D. Aspirin
   E. Nicardipine

18. Which of the following does NOT cause genital bleeding in the 2nd and 3rd trimester of pregnancy: (529)
   A. Placenta prae via
   B. Extrauterine pregnancy
   C. Retroplacental hematoma
   D. Uterine rupture
   E. Intrauterine fetal death

19. The glycemic objectives in gestational diabetes are (532)
   A. Fasting blood sugar < 0.95 g/l and blood surag 2 hours after every meal < 1.2 g/l
   B. Fasting blood sugar < 1.2 g/l and blood surag 2 hours after every meal < 1.6 g/l
   C. Fasting blood sugar < 1.4 g/l and blood surag 2 hours after every meal < 2 g/l
   D. Fasting blood sugar < 0.7 g/l and blood surag 2 hours after every meal < 1 g/l
   E. Fasting blood sugar < 1.2 g/l and blood surag 2 hours after every meal < 2 g/l

20. Drug treatment in case of extrauterine pregnancy consists in the administration of: (535)
   A. Aspirin p.o.
   B. Corticoids i.v.
   C. Methotrexate i.m.
   D. Vitamin B12 i.m.
   E. Nicardipine i.v.

21. Delivery aided by pulling on the umbilical cord in order to facilitate its exit from the vaginal cavity is: (550)
   A. Spontaneous
   B. Directed
   C. Nature
   D. Artificial
   E. Delayed

22. Hypomenorrhea is: (559)
   A. Too irregular and rare periods
   B. Bleeding between periods
   C. Absence of menarche
   D. Light menstrual blood flow
   E. Heavy menstrual bleeding

23. It is the cervical cause of genital bleeding apart from pregnancy: (584)
   A. Uterine fibroid
   B. Ovarian cyst
   C. Adenomyosis
   D. Endometriosis
   E. Ectropion

24. Which is a major risk factor for endometrial cancer: (561)
   A. Obesity
   B. HPV infection
   C. Multiparity
   D. Premenstrual syndrome
   E. Polycystic ovary syndrome

25. Bacterial vaginosis is treated with: (576)
   A. Econazole ovules
   B. Metronidazole
   C. Alkaline soap
   D. Cefepime
   E. Oseltamivir

26. The following dosage is recommended in women at menopause, with a benign cyst: (588)
   A. CA 125
   B. CA 15-3
   C. CA 12-2
   D. CA 19-9
   E. CA 55
27. The following statement is true on functional ovarian cysts: (598)
   A. It requires the administration of contraceptives
   B. All functional cysts are follicular
   C. They never disappear spontaneously
   D. They disappear spontaneously within a few months (1-3)
   E. The reference treatment is adnexectomy

28. The adjuvant therapy of breast ductal carcinoma is: (604)
   A. Chemotherapy
   B. Hormone therapy
   C. External radiotherapy of the remaining breast
   D. Immunotherapy
   E. GnRH agonists

29. Which of these statements on rheumatoid polyarthritis (RP) is true? (628)
   A. Always shows extra-articular signs
   B. There is no RP without arthritis or synovitis
   C. It rarely appears as a chronic inflammatory destructive rheumatism
   D. The intra-articular inflammatory liquid is septic and with crystals
   E. There is no standardized means of assessment of RP

30. Which is the characteristic T-score for osteopenia: (636)
   A. Between -1 and -2.5
   B. ≤ -2.5
   C. ≤ -2.5 + ≥ 1 fracture present
   D. > -1
   E. Between -1.5 și -2

31. The spinal cord ends at the following level: (625)
   A. L1-L2
   B. S1-S2

32. Is part of the coxibs class: (646)
   A. Aspirin
   B. Ketoprofen
   C. Indomethacin
   D. Diclofenac
   E. Celecoxib

33. Prolonged treatment with NSAIDs is indicated in: (646)
   A. Bursitis
   B. Tendonitis
   C. Gout
   D. Spondylitis
   E. Sports trauma

34. The Garden II stage of femoral fracture means: (655)
   A. Varus with complete tear
   B. Varus with the persistence of one shaft of the posterior joint
   C. Without displacement
   D. Valgus
   E. None of the above

35. The eye disease in which the functional signs are represented by pain, photophobia, lacrimation and blepharospasm is: (683)
   A. Acute anterior uveitis
   B. Endophthalmitis
   C. Neovascular glaucoma
   D. Acute keratitis
   E. Retrobulbar optic neuritis

36. Acute anterior ischemic optic neuropathy is the first ophthalmologic manifestation of the following disease: (681)
   A. Lyme
   B. Horton
   C. Takayasu
   D. Marfan
   E. Chagas

37. Which of the following is FALSE about episcleritis: (687)
A. The redness does not disappear after applying a vasoconstrictor  
B. Often idiopathic  
C. The redness is located  
D. The treatment involves local corticotherapy  
E. The redness disappears after applying a vasoconstrictor

38. The stage of congestion of acute otitis media involves: (717)  
A. Retro tympanic collection  
B. Perforation of the tympanic membrane  
C. Rounded, opaque eardrum  
D. Invisible ossicular relief  
E. Hyperaemic eardrum

39. Which of the following is NOT otalgia of otological origin: (716)  
A. Perichondritis  
B. Parotitis  
C. Mastoiditis  
D. Tube catarrh  
E. Acute otitis media

40. Herpangina has the following viral etiology: (727)  
A. Herpes simplex virus  
B. Coxsackievirus A  
C. Enterovirus  
D. Calicivirus  
E. Rotavirus

41. The first treatment for ulcerative syphilitic angina is: (726)  
A. Azithromycin  
B. Amoxicillin - clavulanic acid  
C. Benzathine benzylpenicillin G  
D. Penicillin V  
E. Nitrofurantoin

42. Epistaxis is bleeding with the following origin: (737)  
A. Digestive  
B. Respiratory  
C. Neurological  
D. Nasal fossa  
E. Ophthalmological

43. Neurocognitive aging is characterized by: (777)  
A. Increased reaction time  
B. Increased attention  
C. Increased learning ability  
D. Decreased reaction time  
E. Increased white matter

44. Sarcopenia is: (777)  
A. Increased adipose tissue  
B. Decreased muscle mass  
C. Decreased muscle strength  
D. Insulin resistance  
E. Decreased intellectual capacity

45. Conversion disorder is characterized by: (918)  
A. Pathological somatic balance  
B. Simulated symptoms  
C. Symptom irreversibility  
D. Histrionic personality  
E. Presence of an organic cause

46. Which of the following is a serotonin and norepinephrine reuptake antidepressant selective inhibitor? (915)  
A. Paroxetine  
B. Venlafaxine  
C. Escitalopram  
D. Sertraline  
E. Clomipramine

47. School refusal/phobia is characterized by: (916)  
A. Children with difficulties at school  
B. Loss of interest in school  
C. Gradual emergence of the phobia, before turning 5 years old  
D. Unfavorable development in all cases  
E. Mainly affects boys

48. Postpartum despression / baby blues occurs after birth: (924)  
A. 2-8 weeks after birth  
B. On the 15th day  
C. Between days 3-5

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49. Spontaneous motor, anarchic, asymmetrical skills occur in children of:

(A) 3 months  
(B) 9 months  
(C) Birth  
(D) 1 year  
(E) 3 years

50. In children, pica is:

(A) Regurgitation of partially digested food  
(B) Inability to eat properly  
(C) Ingestion of soil, paint, paper, plaster, etc.  
(D) Disorder affecting communication skills  
(E) Learning difficulties

**Single answer score:** _____

**MULTIPLE ANSWER**

51. What are the risk factors for colorectal cancer?  
(A) Ulcerative hemorrhagic rectocolitis  
(B) Diverticulosis  
(C) Acromegaly  
(D) Medical history of Peutz-Jeghers syndrome  
(E) HNPCC syndrome

52. Which of the following statements are true in rectal cancer treatment?  
(A) In case of upper rectal cancer, the following is performed, among others - left colectomy, total rectal resection and total mesorectal excision  
(B) In case of upper rectal cancer, the following is performed, among others - left colectomy, partial mesorectal excision and anastomosis of colon with protective ileostomy  
(C) In case of middle and lower rectal cancer, a neoadjuvant therapy is performed in case of T3-T4 injury and/or N+  
(D) In case of middle and lower rectal cancer, surgery is performed 6-8 weeks after completing radiation therapy  
(E) Radiochemotherapy in middle and lower rectal cancer consists of 75 Gy associated with gemcitabine for 6 weeks

53. The clinical manifestations of uncomplicated colorectal cancer are:

(A) Transit disorders  
(B) Abdominal guarding  
(C) Rectoragia/melaena  
(D) Fever  
(E) Altered general condition

54. Which of the following are clinical characteristics of stomach cancer:  
(A) Pain in the hypogastrium  
(B) Dysphagia  
(C) Postprandial vomiting  
(D) Paraneoplastic syndromes (phlebitis, acanthosis nigricans, hemolytic anemia)  
(E) Rectoragia

55. Which of the following statements are FALSE on the confirmation of the diagnosis and comprehensive assessment of stomach cancer expansion:  
(A) Echo-endoscopy is indispensable for all superficial lesions  
(B) The searched tumor markers are CA 19-9, Ag CSC  
(C) Upper gastrointestinal endoscopy allows to localize cancer  
(D) PET-CT is a reference diagnosis exam  
(E) The cervical-thoracic-abdominal-pelvic CT scan allows a local assessment
56. Which of the following statements are correct on stomach cancer: (479-480)
   A. More than 90% are adenocarcinomas
   B. Gastric ulcer is a risk factor
   C. In case of total gastrectomy, vitamin B12 must be administrated for the patient's entire life
   D. In antral cancer, total gastrectomy is indicated with esojunal anastomosis
   E. In other localizations of gastric cancer, gastrectomy 4/5 is indicated, with gastrojejunal anastomosis

57. Which of the following is/are true about benign liver tumors: (481-482)
   A. The haemangioma is asymptomatic, with random screening normal liver samples
   B. Choledochal cysts occur most often in women between 20-50 years old
   C. Adenoma is manifested by pain in half of the cases
   D. If the diagnosis of focal nodular hyperplasia is certain, therapeutic abstention is the most appropriate course of action
   E. If the diagnosis of adenoma is certain, therapeutic abstention is the most appropriate course of action

59. The following statements on liver metastases are correct: (483-484)
   A. Metachronous metastases are diagnosed at the same time with primitive cancers
   B. Metachronous metastases are diagnosed after the treatment of primitive cancer
   C. Most often show abnormal liver assessment
   D. They are hypo-or isoechogenic at the ultrasound, with hypoechoic circumferential halo
   E. If the clinical appearance and the clinical picture are typically, systematic PBH is not recommended

60. The risk factors in esophageal tumors are: (485)
   A. Alcohol and tobacco poisoning for epidermoid carcinoma
   B. Barrett's esophagus for adenocarcinoma
   C. Achalasia
   D. Disseminated lupus erythematosus
   E. History of caustic esophagitis

61. The treatment principles in esophageal cancer are: (486)
   A. For superficial tumors (T1) - esophagectomy
   B. Resectable thoracic esophageal tumor - only chemotherapy
   C. Resectable thoracic esophageal tumor, stage II - esophagectomy, sometimes preceded by chemotherapy
   D. Resectable thoracic esophageal tumor, stage III, epidermoid
carcinoma - exclusive radiochemotherapy
E. Resectable thoracic esophageal tumor, stage III, adenocarcinoma - exclusive radiochemotherapy

62. The following are clinical characteristics of pancreatic cancer in the head of the pancreas: (489)
A. Progressive jaundice
B. Large, palpable gallbladder
C. Epigastric/celiac pain
D. Angiocholangitis
E. Itching

63. Which of the following are contraindications of ablation in pancreatic cancer: (489)
A. Moderate jaundice
B. Major alteration in general condition
C. Peritoneal carcinomatosis
D. Metastases
E. Mild expansion of the duct of Wirsung

64. Which statements are true as regards the TNM classification of pancreatic cancer: (488)
A. T0 – tumor in situ
B. T1 – tumor limited to the pancreas < 2 cm in the largest diameter
C. T2 – tumor limited to the pancreas < 2 cm the largest diameter
D. T3 – extrapancreatic tumor without affecting the celiac trunk or the superior mesenteric artery
E. N0 – unevaluated ganglia

65. The clinical manifestations of esophageal cancer are: (486)
A. Dysphagia
B. Late postprandial vomiting
C. Altered general condition
D. Coughing when swallowing (wrong way)
E. Dysphonia (left recurrent nerve palsy)

66. What are the most affected organs in abdominal traumas: (491)
A. Spleen
B. Kidney
C. Transverse colon
D. Bladder
E. Liver

67. Which of the following are criteria of medical treatment in case of abdominal trauma: (491)
A. 5 units of blood transfusion
B. Hemodynamic stability
C. There is no indications for emergency intervention
D. Hemodynamic instability
E. Penetrating wound in the right or left hypochondrium

68. The following measures must be taken in case of nonpenetrating abdominal trauma: (493)
A. Exploratory laparotomy
B. Tetanus prophylaxis
C. Antibiotic prophylaxis
D. Debridement
E. Wound suture

69. Which of the following are true on the mechanism of digestive occlusion: (494)
A. By strangulation, the risk of necrosis of the wall occurs in less than 12-24 hours
B. The obstruction is characterized by reactive hyperperistalsis
C. The functional mechanism is related to the decreased activity of the intestinal peristalsis
D. Strangulation causes late vascular lesions
E. The pain is intense in strangulation

70. Which of the following statements suggests a severity diagnosis in the occlusive syndrome: (495)
A. Pneumoperitoneum
B. Dilatation of the caecum < 5 cm  
C. Aeroportia  
D. Early and moderate bilious vomiting  
E. Parietal pneumatosis

71. In occlusive syndrome, surgical treatment is indicated in case of: (496)  
A. Failure of medical treatment  
B. Presence of signs of severity  
C. Moderate pain  
D. Early stop of the bowel transit  
E. Early vomiting

72. In sigmoid volvulus, the occlusion picture is characterized by: (497)  
A. Diffuse voluminous tympanites  
B. Asymmetrical voluminous tympanites  
C. Absence of normal "granite" appearance of the sigmoid  
D. Colic levels in inverted U on the simple abdominal Rx/CT  
E. Pneumoperitoneum

73. Which of the following are methods of treatment in Ogilvie syndrome: (498)  
A. Medical treatment of the occlusion  
B. Etiological treatment  
C. Surgical treatment immediately after the diagnosis has been confirmed  
D. In the absence of signs of severity - occlusion suppression by various methods  
E. In the presence of signs of severity - colon-exsufflation or exploratory laparotomy

74. Differential diagnosis in appendicitis can be established by means of: (500)  
A. Appendiceal mucocele  
B. Mesenteric lymphadenitis  
C. Sarcoidosis  
D. Colon cancer  
E. Hepatitis

75. The clinical manifestations in appendicitis are: (499)  
A. Fever (37.5-38.5°C)  
B. Haematic infiltration of the flanks  
C. Abdominal guarding  
D. Nausea, vomiting

76. The examination of an uncomplicated inguinal hernia is characterized by: (505)  
A. Painful inguinal mass  
B. Impulsive inguinal mass when coughing  
C. Reducible inguinal mass  
D. Mass that can be located in the scrotum  
E. Inflamed inguinal mass

77. Which are the risk factors for umbilical hernia: (504)  
A. Chronic alcoholism  
B. Obesity  
C. Acute viral hepatitis  
D. Cirrhosis with ascites  
E. Peritoneal dialysis

78. Acute cholecystitis is characterized by: (510)  
A. Jaundice  
B. Pain in the right hypochondrium for more than 6 hours  
C. Inflammatory syndrome  
D. Normal lipase level  
E. In ultrasound - gallbladder wall thickening (> 4 mm)

79. The following are true on the treatment of uncomplicated vesicular lithiasis: (509)  
A. The use of cold in the organization of the surgical procedure  
B. The etiological treatment is represented by the laparoscopic cholecystectomy
C. An intraoperative cholangiography is also performed  
D. The special postoperative treatment is difficult to carry out and follow  
E. The surgical procedure is performed within 12 hours of the onset of symptoms

80. The following are true on the gallstone ileus: (511)  
A. Secondary to a fistula between the gallbladder and the duodenum  
B. The calculus will block in the colon and cause a functional occlusion  
C. Clinically, it shows signs of occlusion by obstruction  
D. Jaundice is present from the beginning and is intense  
E. From an imaging viewpoint, the calculus appears to be hyperdense in the right iliac fossa

81. Angiocholitis: (512)  
A. Is characterized by Charcot's triad  
B. Shows no sign of inflammatory syndrome  
C. Is characterized by light colored urine and normal colored stools  
D. Shows abdominal guarding and transit disorders  
E. Is a sepsis of biliary origin

82. Postoperative peritonitis is evoked in all cases of deviation from the normal postoperative course, and especially in the case of: (518)  
A. Vomiting  
B. Fever  
C. Disorders of consciousness, agitation  
D. Purulent secretions through scar  
E. Mild abdominal pain

83. The etiological treatment of peritonitis comprises: (518)  
A. Laparotomy/laparoscopy  
B. Local, intra-abdominal antibiotherapy  
C. Multiple bacteriological sampling  
D. Treatment of the case  
E. Abdominal cavity lavage

84. Which are the etiologies responsible for 80-90% of cases of acute pancreatitis: (513)  
A. Mucoviscidosis  
B. Gallstones  
C. Hyperlipidemia  
D. Alcohol  
E. CDAP

85. Pancreatic pain: (513)  
A. Radiates to the posterior side  
B. Epigastric  
C. Calmed by the anteflexion of the trunk  
D. Radiates to the inguinal area  
E. Stitching pain

86. What are the local complications of acute pancreatitis? (515)  
A. Septic shock  
B. Abscesses  
C. Multiorgan failure  
D. Pancreatic necrosis infection  
E. Collections

87. The clinical picture in chronic pancreatitis is characterized by: (468)  
A. Pancreatic pain, triggered by meals and alcohol  
B. Clinical examination rich in signs and symptoms  
C. Frequent moderate weight loss  
D. Periumbilical ecchymosis  
E. Context - ethylic subject, middle age

88. Endocrine pancreatic insufficiency can be manifested by: (468)  
A. Chronic diarrhea  
B. Maldigestion with steatorrhea
C. Diabetes (± requiring insulin)  
D. Frequent hyperglycaemia  
E. Frequent hypoglycaemia

89. The treatment of complications of chronic pancreatitis can be carried out thus: (469)  
A. Exocrine pancreatic insufficiency - enzymotherapy  
B. Diabetes - frequently required insulin therapy  
C. Pleurisy - corticoids and pleural decortication  
D. Pseudocyst - surveillance, endoscopic, even surgical treatment  
E. Organ compression - endoscopic or surgical treatment

90. In the first trimester of pregnancy: (521)  
A. The fetal heartbeats are audible without the use of any kind of auxiliary tool  
B. The fetal heartbeats are not audible with a Pinard horn  
C. Gaining weight is absent or minimal  
D. The height of the uterus is not measurable upon abdominal palpation  
E. Normal proteinuria is of > 3.5 g /day

91. The mandatory paraclinical exams during the first consultation in pregnancy are: (522)  
A. RH group and factor  
B. VDRL & TPHA  
C. The biochemical detection of pregnancies with risk for trisomy 21  
D. HIV, CMV serology  
E. Proteinuria and glycosuria

92. The combined risk for trisomy 21 is calculated according to the following parameters: (523)  
A. Age of the patient  
B. Measurement of nuchal translucency in the first trimester  
C. Age of the pregnancy (in weeks)  
D. Serum markers in the first trimester  
E. Height of the uterus

93. Preeclampsia is suspected in case of de novo pregnancy-induced hypertension associated with the following signs: (525)  
A. AST 3 times below normal level  
B. Platelets <150000 / mm³  
C. Intrauterine growth retardation  
D. Brutally appearing edema  
E. Hematuria

94. The antihypertensives used in treating gestational hypertension are: (526)  
A. Labetalol  
B. Nicardipine  
C. IEC  
D. ARA II  
E. Aliskiren

95. The following are indications for ending a pregnancy: (527)  
A. Acute pulmonary edema  
B. Platelets <50 000 / mm³  
C. Eclampsia  
D. Risk of late-term abortion  
E. Retroplacental haematoma

96. The acronym of HELLP syndrome stands for: (528)  
A. Haemorrhage  
B. Increased lipasemia  
C. Hepatic cytolysis  
D. Thrombocytopenia  
E. Hemolysis

97. The etiologies of metrorrhagia in the first trimester of pregnancy are: (529)  
A. Pregnancy stopped in evolution  
B. Molar pregnancy
C. Retroplacentar hematoma  
D. Extraterine pregnancy  
E. Spontaneous abortion  

98. The retroplacentar hematoma is characterized by: (530)  
A. Soft uterus  
B. Contracted uterus  
C. Normal FHR  
D. Abnormalities in FHR  
E. Emergence in the context of preeclampsia/abdominal trauma/cocaine consumption  

99. The following are true on gestational diabetes: (531)  
A. More common malformations  
B. The OGTT at 100 g glucose is sometimes called the O'Sullivan test  
C. Macrosomia is a fetal and neonatal consequence  
D. The frequency of malformation occurrences depends on the glycemic control prior to conception  
E. Children will be prone to obesity  

100. After detecting the gestational diabetes, some dietary principles will be followed: (532)  
A. The diet will contain 50% glucides (especially with low glycemic index and fibers)  
B. The insulin therapy is preferred from the beginning in case of fasting glycemia > 1.3 g/l  
C. The total energy ratio will be distributed in 3 meals and 3 snacks  
D. The diet will contain 50% protein  
E. The maternal weight must be stabilized, preferably lowered, during pregnancy  

101. The risk factors of extraterine pregnancy without contraception are: (533)  
A. Alcoholism  
B. Smoking  
C. Pelvic endometriosis  
D. Clomiphene citrate therapy  
E. Age < 20 years old  

102. The clinical picture of unbroken extraterine pregnancy is characterized by: (534)  
A. Moderate pelvic pain  
B. Syncopal violent pain  
C. Signs of anemia and shock  
D. Metrorrhagia in early pregnancy  
E. Latero-uterine mass sometimes palpable at the vaginal smear  

103. The signs of extraterine pregnancy in ultrasound are: (534)  
A. Direct sign - hematosalpinx  
B. Direct sign - seeing an extraterine gestational sac  
C. Indirect sign - seeing an intrauterine gestational sac  
D. Indirect sign - dilated cervix  
E. Indirect sign – hemoperitoneum  

104. The differential diagnosis of unbroken extraterine pregnancy is made with: (535)  
A. Rupture of a splenic artery aneurysm  
B. Rupture of a hemorrhagic cyst  
C. Adnexal torsion  
D. Abortion  
E. Vulvovaginitis  

105. The following are true on the presentation of the fetus: (549)  
A. The first part of the fetus shows at the superior strait of the pelvis  
B. The cephalic presentation is dystocia  
C. The presentation with the head in maximum flexion is the most eutocic  
D. The pelvic presentation can occur in complete or incomplete breech
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106. The following are true on cardiotocography: (550)
   A. It identifies abnormalities of the uterine dynamics
   B. The basal fetal heart rate is between 120-160 beats/minute
   C. The decelerations signify short decelerations of the basic rate
   D. The uterine hypertonias signifies an increased intensity of contractions
   E. The normal oscillations of the fetal heart rate are between 30-50 beats/minute

107. The following are FALSE regarding normal postpartum: (551)
   A. If the woman is breastfeeding, the first menstruation occurs 3 months after childbirth
   B. If the woman is not breastfeeding, the first menstruation occurs 10-12 weeks after childbirth
   C. The postnatal consultation will check the absence of complications
   D. Contraception is no longer prescribed
   E. In case of urinary/perineal symptoms, toning exercises for the perineum are prescribed

108. The treatment for the polycystic ovary syndrome comprises: (559)
   A. Anti-inflammatory medication
   B. Metformin
   C. Oral contraceptives
   D. Clomiphene citrate
   E. Surgical ovarian drilling

109. The following statements are true on the premenstrual syndrome: (561)
   A. Dysmenorrhea
   B. Predominated after each birth
   C. Irritability, sleep disturbances
   D. Abdominal tympanites
   E. The diagnosis is paraclinical

110. The following are contraindicated in the case of metrorrhagia (561,585)
   A. Hysterosalpingography
   B. Endometrial biopsy
   C. Cervicovaginal (Papanicolaou) smears
   D. Cervical mass biopsy
   E. Hysterectomy

111. The uterine fibromata can be treated by: (585)
   A. GnRH agonists
   B. Uterine artery embolization
   C. Hysteroscopy with fibroid resection
   D. Myomectomy through laparotomy/laparoscopy
   E. Progestin-releasing intrauterine device

112. The following are treatment options for cataclysmic genital haemorrhage: (586)
   A. Vitamin B12 i.m.
   B. Antifibrinolytic
   C. Protamine sulfate
   D. High doses of estrogens through transdermal patches applied for 72 hours
   E. Arterial embolization

113. The following statements are true on genital haemorrhages during pregnancy: (584)
   A. Uterine rupture occurs at childbirth
   B. Placenta praevia occurs in the first trimester
   C. Extrauterine pregnancy occurs in the first trimester
   D. Retroplacentar hematoma occurs in the 1-2 trimesters
   E. Spontaneous abortion occurs in the first trimester

114. Endometritis is characterized by: (577)
A. Abdominal guarding
B. Abdominal and pelvic pain
C. Vulvovaginal pruritus
D. Context: postpartum, postabortion
E. Purulent or dirty leucorrhea

115. The following are are medium- to long-term complications of upper genital infections: (578)
A. Chronic endometritis
B. Relapses
C. Pelvic adhesions
D. Extraterine pregnancy
E. Tubal infertility

116. Vulvovaginal candidiasis is characterized by: (576)
A. White deposits
B. cervicitis
C. Dyspareunia
D. White, odorless leucorrhea
E. Gray, malodorous leucorrhea

117. The organic nature of an ovarian cyst is characterized by: (588)
A. Solid component
B. Thick wall
C. Multilocular character
D. Cyst diameter ≥ 6 cm
E. Liquid component

118. Laparoscopic ovarian cystectomy is recommended in case of: (589)
A. Fever
B. Recently discovered functional cysts
C. Cyst with organic appearance accentuated by the ultrasound
D. Morphologic changes of the cyst
E. Increase in cystic volume

119. Adenomyosis: (589)
A. Can be associated with pelvic endometriosis or uterine fibroids
B. Represents the infiltration of the junction area with endometrial tissue within the myometrium
C. Shows dysmenorrhea
D. Is treated with steroid based anti-inflammatory drugs
E. Can completely invade the uterus

120. Intracystic hemorrhage is characterized by: (599)
A. Muscular defence
B. Pelvic pain
C. Haemoperitoneum
D. Possible feverish states
E. Moderate inflammatory syndrome

121. Ovarian cancer can be detected through the following signs: (599-600)
A. Metrorrhagia
B. Pericardial collection
C. Pelvic pain
D. Peripheral inguinal adenopathies
E. Digestive disorders

122. In case of confirmation of malignant epithelial ovarian tumor, completely resectable spontaneously, the following is performed: (600)
A. Bilateral anexectomy
B. Total hysterectomy
C. Omentectomy
D. Multi-stage peritoneal biopsies
E. Cystectomy

123. Fibroadenomas of the breast: (601)
A. Show cyclic mastodynia, with premenstrual aggravation
B. Appear in young women
C. Present homolateral axillary adenopathies
D. Increase the risk of breast cancer
E. When in doubt, an ultrasound-guided biopsy is performed

124. The following are risk factors for breast cancer: (602)
125. The following are adjuvant treatments for breast cancer: (603-604)
A. Suppression of ovarian function with GnRH - in young women
B. RE+, tamoxifen in menopausal women
C. RE+, anti-aromatase if the woman is not menopausal
D. Immunotherapy in the case of HER2 overexpression
E. Adjuvant chemotherapy in any situation

126. Which of the following statements are true on the clinical picture of rheumatoid polyarthritis (RP)? (629)
A. It affects the distal interphalangeals
B. It affects the proximal interphalangeals and metacarpophalangeals
C. PR is a chronic polyarthritis if the manifestations last more than 6 months
D. Predominant in women, with onset around the age of 50
E. There are other ways of onset - fever, impaired general condition

127. Which of the following are anti-TNF biotherapies? (631)
A. Infliximab
B. Rituximab
C. Kineret
D. Adalimumab
E. Etanercept

128. What are the autoantibodies used in the diagnosis of RP? (628)
A. Anti-DNA antibody
B. Anticardiolipin antibody
C. Anti-CCP antibody
D. The rheumatoid factor
E. Anti-RNP antibody

129. Which are the systemic complications of RP? (630)
A. Caplan syndrome
B. Rheumatoid nodules
C. T lymphoma
D. Pulmonary fibrosis
E. Felty syndrome

130. Which of the following diseases are part of the spondyloarthropathy group? (634)
A. Ankylosing spondylitis
B. Rheumatoid polyarthritis
C. SAPHO syndrome
D. Psoriatic arthritis
E. Lumbar cruralgia

131. Which statements are true on the treatment of ankylosing spondylitis: (634-635)
A. In axial or enthesitis impairment - treatment with methotrexate is administered
B. NSAIDs are the first-line treatment in spondylarthropathies
C. In peripheral arthritis - methotrexate or sulfasalazine is administered
D. The non-medicinal treatment is not important
E. For the advanced and severe forms - rachidian surgery

132. Which statements are true on osteoporosis? (636)
A. It is a diffuse disease of the skeleton
B. The primary form is the most frequent brittle bone disease
C. In drug therapy, hygienic-dietary measures should also be taken
D. It is a diffuse, painful disease
E. The risk of falling must be prevented
133. The following are endocrinopathies impacting the bone and causing secondary osteoporosis: (637)
   A. Systemic mastocytosis
   B. Untreated hypothyroidism
   C. Primary hyperparathyroidism
   D. Endogenous hypercorticism
   E. Prolonged hypogonadism

134. Which of the following medicinal drugs are bisphosphonates: (638)
   A. Zoledronate
   B. Raloxifene
   C. Alendronate
   D. Teriparatide
   E. Ibandronate

135. The following are true on teriparatide: (639)
   A. It is administered orally, for 48 months
   B. It is used especially for severe osteoporosis
   C. It decreases the risk of hip fractures, but not of vertebral fractures
   D. It is a 1-34 recombinant fragment of parathyroid hormone
   E. It belongs to the SERMs family

136. Which of the following drugs are indicated after the age of 70, when the risk of hip fracture is high? (640)
   A. Strontium ranelate
   B. Raloxifene
   C. Bisphosphonate
   D. NSAIDs
   E. Corticoids

137. The following are indications of surgical treatment in carpal tunnel syndrome: (627)
   A. Nocturnal acroparesthesia
   B. Motor deficit
   C. EMG signs of denervation
   D. Muscle atrophy in the thenar compartment
   E. Positive Phalen maneuver

138. The following are part of the semiology of C7 radiculopathy: (626)
   A. Osteotendinous reflexes (ROT) - tricipital
   B. Movement trajectory (TM) - extensor muscles of the forearm on the arm
   C. Osteotendinous reflexes (ROT) - bicipital
   D. Movement trajectory (TM) - flexor muscles of the forearm on the arm
   E. TS - posterior side of the arm and forearm

139. The following statements are true on common uncomplicated lumbar radiculalgia: (625)
   A. The pain is inflammatory
   B. There is no fever
   C. It is a therapeutic emergency
   D. The clinical examination can be completed by a simple X-ray
   E. A herniated disk is one of the causes

140. The following statements are true on the intramuscular administration of NSAIDs: (647)
   A. It is rarely justified
   B. IM bioavailability is greater than the oral administration
   C. It can be prescribed in chronic diseases, long-term
   D. Generates very low interest
   E. After IM administration, the IV administration continues (indomethacin)

141. The following are true on anti-inflammatory drugs: (645)
   A. NSAIDs also have anti-allergic properties
   B. NSAIDs operate by inhibiting prostaglandin pathway
   C. Two NSAIDs can be prescribed simultaneously
D. NSAIDs should be avoided if the patient is under AVK treatment
E. There are 2 types of NSAIDs: selective and non-selective

142. The following are side effects of corticosteroids: (648-649)
A. Aseptic osteonecrosis
B. Hyperpotassemia
C. Opportunistic infections
D. Stretch marks
E. Obesity with facio-troncular distribution

143. The following statements are contraindications of corticosteroid infiltration: (650)
A. Coagulation disorders
B. Hypersensitivity to excipients
C. Active infection
D. Intra-articular inflammatory pathology
E. Bursitis, tendonitis

144. The following can be adjuvant measures in extended therapy with corticoids: (649)
A. Bisphophonates
B. Potassium
C. Increased intake of NaCl
D. Calcium
E. Vitamin D

145. The following are extra-articular fractures: (653)
A. Crossed
B. Goyrand-Smith
C. Pouteau-Colles
D. Fracture of the lower extremity of the radius
E. Galeazzi

146. The following are complications of fracture of the lower extremity of the radius: (654)
A. Cubital nerve compression
B. Cutaneous opening
C. Postoperatively - infection of the operated area

D. Decompensation of physical or moral defect in the elderly patients
E. Compartment syndrome

147. The positive diagnosis of the fracture of the upper extremity of the femur in adults is characterized by: (655)
A. Deformation in case of a fracture which is likely to be quickly and accurately evidenced
B. Functional impotence in case of such fracture
C. Pain
D. Serial radiographs of the pelvis
E. Deformation, with the exception of a fracture which is likely to be quickly and accurately evidenced

148. Fractures in children: (664)
A. Occur most often in boys
B. In epiphyseal detachment, the classification is made according to Salter-Harris
C. Their treatment does not differ from that of the adult
D. Appear in case of mistreatment or genetic fragility
E. In torus fracture, the fracture traces are visible

149. The following statements are true on the therapeutic peculiarities of fractures in children: (664)
A. There is a risk of postoperative epiphysiodesis
B. Kinetic therapy is indicated
C. The most common treatment is the orthopedic
D. There are no complications of stiffness or phlebitis
E. The prevention of thromboembolism is indicated

150. The digital phlegmon is characterized by: (669)
A. Periungual or pulp inflammation
151. In treating the digital phlegmon: (670)
   A. Broad-spectrum antibiotics are administered for 21 days
   B. In stage 2 - finger opening in Z and digital synovectomy
   C. Stage 3 involves clear liquid
   D. In stage 2 - tendon appears to be necrotic
   E. In stage 1 - ablation through 2 contra-incisions from the extremities

152. The bilateral and comparative ophthalmologic examination is performed: (678)
   A. Anterior segment at the slit lamp
   B. Near visual acuity
   C. Direct and consensual photomotor reflex
   D. Eye fundus with the pupil in miosis
   E. Distance visual acuity

153. The following can be etiologies of brutal eyesight damage on the blodshot and painful eyes (678-679)
   A. Occlusion of the central retinal artery
   B. Acute anterior uveitis
   C. Endophthalmitis
   D. Acute keratitis
   E. Retinal detachment

154. The occlusion of the central retinal artery is characterized by: (679)
   A. The dissapearanec of the direct photomotor reflex
   B. Very good eye prognostic
   C. Papillary and retinal ischemic edema

155. Retrobulbar optic neuropathy has the following signs: (681)
   A. Deficirt of the afferent pupillary reflex
   B. Maintaining the visual acuity
   C. Bloodshot and painful eye
   D. No pain in mobilizing the eyeball
   E. Normal papilla in eye fundus

156. The following are functional and clinical signs of acute glaucoma by by closing the angle: (682)
   A. Maintaining visual acuity
   B. Cephalalgia, nausea, vomiting
   C. Myosis with large anterior chamber
   D. Major eye hypertonia
   E. Closed angle in gonioscopy

157. The following statements are etiologies of acute keratitis: (684)
   A. Dry eye syndrome
   B. Iatrogenic causes
   C. Bacterial
   D. Parasitic
   E. Horton disease

158. The following are true on acute anterior uveitis: (684)
   A. The Tyndall effect is evidenced
   B. The minimum balance is positive in all cases
   C. The eye is redshot, painful
   D. IV bolus of methylprednisolone is administered
   E. Mydriatic collyriums also have a role in preventing the occurence of synechia

159. The occlusion of the central retinal vein: (680)
   A. Has 2 forms - edematous and ischemic
B. Can be diagnosed by fluorescein angiography  
C. As clinical sign, it has thin and filiform veins  
D. Among its etiologies is atherosclerosis  
E. Shows a decreased visual acuity  

160. The following are true about conjunctivitis: (686)  
A. The clear secretions are of bacterial origin  
B. The purulent secretions are of viral origin  
C. It gives the foreign body sensation  
D. Has a diffused ocular congestion  
E. The "sand in the eyes" sensation is a functional sign  

161. Viral conjunctivitis is characterized by: (686)  
A. Very intense pruritus  
B. clear secretions  
C. Treatment with antiseptic eye drops  
D. Decreased visual acuity  
E. Bilateral occurrence and epidemic context  

162. The following are causes of scleritis: (687)  
A. Tuberculosis  
B. Tetanus  
C. Ankylosing spondylitis  
D. Wegner disease  
E. Sarcoidosis  

163. The sensory innervation of the external ear is ensured by: (716)  
A. The superior cervical plexus  
B. The auriculotemporal nerve  
C. The tympanic nerve  
D. The Wrisberg nerve  
E. The IV nerve  

164. The following is true about acute otitis media: (717)  
A. Fever is always present in adults  
B. The main clinical sign is otalgia  
C. The main cause is infectious  
D. Tinnitus can be noticed  
E. It represents the inflammation of the mucosa of the external ear  

165. The clinical examination in external otitis shows: (718)  
A. Pain in moving the pavilion and introducing the otoscope  
B. Invisible osicular tympanic area  
C. Purulent otorrhea  
D. Perception hearing loss  
E. Glossy and erythematous skin  

166. Seromucous otitis has the following characteristics: (719)  
A. The diagnosis is the most easily established in children  
B. Manifests a non-infectious inflammatory seromucous exudate  
C. Is generally manifested through painless hearing loss  
D. The eardrum is translucent with serous secretion  
E. There is a permeability dysfunction in the Eustachian tube  

167. The indications of paracentesis in acute otitis media for bacteriological specification are: (721)  
A. In case of complications  
B. Against a severe immunodepressive background  
C. In case of failure of the first treatment  
D. In children younger than 3 months  
E. In adults  

168. The following represent etiologies of pseudomembranous angina: (722)  
A. Vincent angina  
B. Diphtheria  
C. Herpangina  
D. Infectious mononucleosis  
E. Syphilitic chancre
169. The peritonsillar phlegmon has the following clinical signs: (724)
   A. Trismus
   B. False thickened membranes
   C. Bowing of the soft palate
   D. Edema of the uvula
   E. Vesicular eruption

170. Tonsillectomy is recommended in cases of: (727)
   A. Relapse of peritonsillar phlegmon
   B. 2 episodes of angina in 1 winter
   C. 3 episodes of angina in 2 winters
   D. 4 episodes of angina/winter in 2 consecutive winters
   E. 2 episodes of angina over a period of 9 months

171. Diphtheric angina is characterized by: (725)
   A. Unadhesive membranes
   B. False thinkened membranes
   C. Possible velopalatine paralysis
   D. Tonsillar ulceration
   E. Bilateral cervical adenopathies

172. The following statements are true about Vincent’s angina: (726)
   A. Tonsillar ulceration is painless and bilateral
   B. The general signs are often marked
   C. Tonsillar ulceration is covered by a false unadhesive gray membrane
   D. The treatment consists in administering penicillin V
   E. It due to the infection with group A β-hemolytic streptococcus

173. Haemostasis from epistaxis can be achieved by: (737-738)
   A. Dabbing the vestibular surface
   B. Administering heparin
   C. Posterior dabbing
   D. Anterior dabbing
   E. Arteriography and embolisation

174. Essential epistaxis: (739)
   A. Is frequently encountered in male adolescents
   B. Has rhinitis and sinusitis in the foreground
   C. Is a bleeding at the level of the vascular plexus
   D. Is treated with monoclonal antibodies
   E. Can occur in women due to changes caused by hormonal impregnation

175. Rendu-Osler disease: (739)
   A. Is a local cause of epistaxis
   B. Is an autosomal dominant angiomatosis
   C. Is responsible for recurrent bleeding
   D. Can be used as treatment - anti-VEGF antibodies
   E. Presents mucosal and extramucosal vascular malformations

176. Ageing is a/an ___ phenomenon: (776)
   A. Inevitable
   B. Progressive
   C. Slow
   D. Avoidable
   E. Reversible

177. The following are causes of ageing: (776)
   A. Extrinsic factors
   B. Intrinsic factors
   C. Lack of stress
   D. Metabolic factors
   E. Altered DNA

178. Cardiac aging is characterized by: (776)
   A. Increased number of myocytes
   B. Left ventricular hypertrophy
   C. Increased myocardial compliance
D. Heart failure in all cases
E. Increased contribution of the atrial systole to ventricular filling

179. The aging of the respiratory system is characterized by: (777)
A. Diminished gas exchange surface
B. Increased effectiveness of cough
C. Decreases ciliary functions
D. The association of age with exposure to environmental factors
E. Increased mobilizable lung volumes

180. The management of the geriatric patient should include: (781)
A. Reconstitution of the medical history
B. EEG
C. Complete clinical examination
D. Knowing the patient's treatment
E. Rectal examination and EKG

181. The iatrogenic risk is higher in elderly patients due to: (781)
A. Increased muscle mass
B. Polypatotomy and polymedication
C. Problems related to respecting the treatment
D. Changes in the capacity to eliminated medicines
E. Pharmacokinetic changes characteristic of this age

182. Compulsions are characterized by: (916-917)
A. Awareness of the morbid character of the disorder
B. Significant time loss (>1 hour/day)
C. They have no consequences on professional, social activities
D. In children, compulsions never occur in a pure state
E. They are felt as excessive, inadequate

183. The following statements are true about panic disorders: (913-914)
A. They are triggered by various stress factors
B. Certain situations are avoided to prevent the onset of another panic attack
C. The patient's behavior in daily life is not changed
D. Occurs most often in males
E. Once diagnosed, it can never be cured

184. Panic disorders can be managed by means of: (914)
A. Symptomatic treatment with selective serotonin reuptake inhibitors, for 12 weeks
B. Selective beta blockers, for 1 year
C. Searching and treating an acute organic cause
D. Support psychotherapy
E. Symptomatic treatment with benzodiazepines, for maximum 12 weeks

185. The generalised anxiety disorder has the following characteristics: (914)
A. The patient succeeds in controlling his/her concerns
B. The symptoms persist for more than 6 months
C. Anxiety appears voluntarily
D. Parkinson's disease is a differential diagnosis
E. In its evolution, it can become chronic

186. Agoraphobia is characterized by: (915)
A. Avoidance behaviour
B. Awareness of the morbid character of the disorder
C. Represents the fear of open, crowded spaces
D. Its evolution invariably leads to schizophrenia
E. Counterphobic people or objects

187. The following are stress factors in the adjustment disorder: (921)
A. Social difficulties
B. Professional issues
C. Family issues
D. Eating disorders
E. Sleep disorders

188. The following statements are true about acute stress disorder: (919)
A. It occurs more than one month after the event
B. Flash-back, nightmares
C. Spontaneous or provoked reliving
D. Anxiety, sleep disorders
E. The male gender is a risk factor

189. The following are comorbidities of the obsessive compulsive disorder: (917)
A. Schizophrenia
B. Depression
C. Hypothyroidism
D. Gilles de la Tourette syndrome
E. Chronic tics

190. Depression during pregnancy: (922)
A. Shows symptoms such as asthenia, dysphoria, anhedonia
B. Evolves to schizophrenia
C. Incoercible vomiting
D. Stressful events are identified
E. Is characterized by an acute delusional episode

191. Which statements are correct about the management of mental disorders during pregnancy: (923)
A. Support psychotherapy is conducted
B. In the first trimester, psychotropic medications are regularly prescribed
C. Hospitalization in case of suicide risk
D. Haloperidol is part of the class of butyrophenones
E. Mother and child no longer need supervision at birth

192. The following statements about postpartum depression are correct: (924)
A. It does not require treatment with medication
B. It can prolong a postpartum blues
C. Relapse occurs in 100% of the cases
D. A low socioeconomic status is a risk factor
E. Asthenia, irritability, impulse phobia are diagnosis elements

193. The following statements about puerperal psychosis are correct: (925)
A. Primiparity is a risk factor
B. Cerebral thrombophlebitis is a differential diagnosis
C. Occurs within the first 5 days after birth
D. Presents a risk of suicide and infanticide
E. The treatment involves hospitalization

194. The following statements about enuresis are true: (998)
A. The urination is partial, voluntary
B. The secondary form is more common
C. Nocturnal occurrence
D. Diabetes is a differential diagnosis
E. Its evolution is unfavorable

195. The following can be stated about encopresis: (998)
A. Defecation is voluntary
B. It can be associated with constipation
C. It improves with treatment
D. The primary form is more common
E. Fecaloma is a differential diagnosis

196. Kanner's infantile autism has the following characteristics: (999)
   A. Motor coordination disorders
   B. Occurs especially after the age of 7
   C. Aggression, self-harm
   D. Isolation, speech disorders
   E. Absence of eye contact

197. The following are causes for the delay of age-appropriate acquisitions in children: (997)
   A. Hearing and vision loss
   B. Chromosomal encephalopathies
   C. Mental retardation if IQ < 30
   D. Psychotic disorders
   E. Hirschsprung's disease

198. The following are differential diagnoses of Kanner's autism: (999)
   A. Merycism
   B. Deafness
   C. Cecity
   D. Rett syndrome
   E. Fragile X syndrome

199. The most common learning difficulties in children are related to: (1001)
   A. Writing
   B. Playing
   C. Mathematical calculation
   D. Socializing
   E. Reading

200. The following are behavioral disorders in children: (999)
   A. Hyperkinetic disorder with attention deficit
   B. Oppositional defiant type of disorder
   C. Conduct disorder
   D. Enuresis, encopresis
   E. Merycism, pica

Multiple answer score: _____

TOTAL SCORE: _____ / 950
Multiple choice test IV

Chapters: Pediatrics, Internal medicine, Radiology, Dermatology, Endocrinology-Diabetes-Metabolic diseases, Urologic surgery, Nephrology, Hematology-Oncohematology, Oncology

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SINGLE ANSWER

1. Which statement is CORRECT on the child’s diet from birth until 4-6 months old: (1028-1029)
   A. The presence of proteins with IgG-type protective properties is one of the benefits of this kind of diet
   B. The necessary supplements are vitamin K administered on a daily basis vitamin D administered once a week, as long as the nursing is exclusively provided through breastfeeding
   C. In case of intolerance, soy, goat and mare milk can be considered as alternatives adapted for the infant's nutritional intake
   D. Lactose-free milk is used, among others, in case of realimentation after severe gastroenterocolitis with children over 3 months old
   E. Hypoallergenic milk is obtained through partial hydrolysis of proteins in cow milk and is used in allergies to cow milk

2. Indicate which of the following statements on acute fever in children under 3 months old is FALSE: (1039)
   A. coli can be considered one of the most common germs responsible for producing a maternofetal infection
   B. The specific clinical signs are evident within these age categories: diarrhea, vomiting, intense dehydration
   C. Amoxicillin can be considered within the triple antibiotic therapy as the first choice measure in children under 6 weeks old
   D. The hospitalization of children between 6 weeks to 3 months is indicated if a serious bacterial infection is suspected
   E. The typical management includes, among others, blood count, CRP and lumbar puncture

3. The following are clinical elements characteristic of a urinary infection in children over 3 months old, EXCEPT: (1040)
   A. Vomiting
   B. Polyuria
   C. Dysuria
   D. Cloudy urine or hematuria
   E. Abnormal abdominal sensitivity

4. One of the following is criteria for hospitalization in case of acute diarrhea and dehydration in infants and children: (1050)
   A. Dehydration lower than 10%
   B. Coexistence of an acute disease
   C. Child from twin pregnancy
   D. Children under 5 months old
   E. Monitoring difficulties

5. In case of vomiting in infants and children, the following are considered as part of the medical history, EXCEPT: (1062)
A. Vomiting characteristics
B. Associated digestive or extra-digestive signs
C. Consumption of toxic substances
D. Consequences for the patient (dehydration, denutrition)
E. Age and personal and family history

6. The following is a non-epileptic paroxysmal manifestation that must be eliminated in case of seizures in infants and children: (1079)
A. Lipothymy
B. Pyramid movements
C. Syncope
D. Myoclonus and sensory manifestations
E. Respiratory distress through foreign body inhalation

7. *Grand mal* epilepsy is characterized by: (1083)
A. It is a type of cryptogenic epilepsy
B. Onset around the age of 7 years old
C. 3 Hz peak-wave appearance is observed on the EEG
D. It is characterized by the presence of generalized tonic-clonic seizures
E. Is pharmacoresistant

8. This is correct on the management of rhinopharyngitis in children: (1068)
A. Systematic treatment with amoxicillin for 6 days
B. The local antibiotic treatment with collyrium is justified only in case of purulent conjunctivitis
C. Bacterial complications (otitis, sinusitis) can be suggested by a fever persisting for more than 5 days or a prolonged evolution for more than 7 days
D. Nasal fossa lavage should be performed with serum glucose
E. In case of fever, nasal secretions will be sampled and amantadine-type emergency antivirals will be administered

9. Chest X-ray is recommended for acute bronchitis in children, with the EXCEPTION of: (1100)
A. Feverish child with crepitant, subcrepitant rales and/or tachypnea (apart from bronchiolitis)
B. Differential diagnosis between bronchitis and pneumonopathy
C. Recurrent pneumonia
D. Suspected foreign body inhalation
E. Diagnosis of acute respiratory distress syndrome

10. Treatment of intermittent allergic asthma with children: (1093)
A. Consists in low doses of inhalation corticosteroids
B. The inhalation corticosteroids in small doses must be associated with short-acting beta-2 mimetic treatment
C. The disease-modifying treatment is only administered before significant exertion
D. The disease-modifying treatment is not administered
E. The disease-modifying treatment is adjusted according to the number of exacerbations in one year

11. The complementary examinations carried out in case of pyelonephritis in children can determine: (1105)
A. The presence of pyuria and nitrites on the urine test strip
B. Leukocytosis with increased monocyes
C. Inflammatory syndrome detected by dosing proinflammatory cytokines  
D. Vomiting reported by parents  
E. Hemodynamic disorders (increased time of cutaneous coloration)  

12. The following are severity criteria in case of diabetic ketoacidosis in children, with the EXCEPTION of:  
A. Major hyperglycemia  
B. severe dehydration  
C. Hemodynamic disorders  
D. Hypercapnia  
E. Under 5 years old  

13. Which statement is correct about obesity in children: (1121-1122)  
A. The presence of a common obesity does not require any complementary examination  
B. Regular checks are initially recommended, once every 2 months for a period of 6 months  
C. The BMI stabilization in class 2 obesity is aimed at  
D. The medical history and the clinical exam allow the exclusion of endocrine obesity, responsible in some cases for slowing down the statural growth  
E. Physical activity influences the risk factors dependent on ponderal excess  

14. Which statement is correct about intrauterine growth retardation in the assessment and care of the newborn at term: (1033)  
A. The later it occurs along the pregnancy, the more severe it becomes due to the damage caused to the organs which develop at the late stages  
B. It can be suspected prenatally (by anthropometric tests)  
C. One of the complications can be hypercalcemia as a metabolic disorder  
D. Multiple pregnancy can be considered a fetal cause for the occurrence of IUGR  
E. Maternal arterial hypertension does not influence the occurrence of IUGR  

15. Which are the digestive germs involved in the production of urinary infections in adults through ascending contamination: (1286)  
A. Staphylococcus sp.  
B. E. Coli  
C. Streptococcus sp.  
D. Kingella sp.  
E. Corynebacterium sp.  

16. This is a risk factor for primitive acute pyelonephritis: (1288)  
A. Patients under 50 years old  
B. A family history of urinary infection  
C. Renal polycystosis  
D. Oral contraceptives  
E. Treatment with ovules  

18. With regard to uric lithiasis (1312)  
A. It is the first among the most common urinary lithiases  
B. The calculi can have a rapid, sometimes voluminous, growth  
C. The contributing factors include alkaline pH  
D. Proteus infection can be considered as a contributing factor  
E. The calculi are radiotransparent and levelled
19. Clinical diagnosis in benign prostatic hypertrophy: (1316)
   A. In the digital rectal examination, the Chevassu sign is positive
   B. The prostate appears to be irregular and painful
   C. There are irritative urinary function signs: dysuria, interrupted urinary stream
   D. The chronic urinary bladder retention could be present
   E. The IPSS score assesses the impact on the renal function

20. The correct diagnosis in prostate tumors: (1320)
   A. It is established through transurethral prostate biopsy
   B. Chronic prostatitis can be one of the main complications of prostate biopsy
   C. It aims to discover inguinal adenopathies
   D. Prostate biopsies are carried out under local anesthesia
   E. One biopsy is performed for every lobe, to avoid insemination

21. The examinations performed in kidney tumors: (1324)
   A. Kidney and abdominal ultrasound is the first-line examination
   B. Renal-puncture biopsy is performed systematically
   C. The uro-CT aims, among others, to find lombo-aortic adenopathies
   D. Contralateral kidney study is carried out only in case of metastatic tumors
   E. Kidney and abdominal ultrasound reveals a homogenous and hyperechogenous tumor

22. With regard to testicular tumors: (1328)
   A. Peak frequency is reached in men over 50 years of age
   B. The establishment of a mass screening program is necessary
   C. A normal testicular exam excludes suspicion of diagnosis
   D. Gynecomastia can occur by AFP (alpha-fetoprotein) secretion
   E. Testicular pain in the form of a heavy-sensation emerges

23. Management of kidney tumor: (1326)
   A. Partial nephrectomy or tumorectomy in case of tumor < 4cm
   B. Enlarged nephrectomy in case of metastatic tumors
   C. First-line antiangiogenic drugs non-metastatic tumors
   D. Enlarged nephrectomy involves kidney ablation, always preserving the suprarenal
   E. The symptomatic treatment can refer to the treatment of a hypocalcaemia

24. The following are soluble nuclear anti-antigen antibodies: (1136)
   A. Anti-CCP antibodies
   B. Anti-DNA antibodies
   C. Anti-RNP antibodies
   D. The rheumatoid factor
   E. Anti-telomere antibodies

25. Which statement is true about monitoring disseminated lupus erythematosus: (1141)
   A. Clinically, it is based on the presence or absence of 4 ACR criteria
   B. Paraclinically, organ damage is taken into consideration
   C. The main immunological parameters are dosed: anti-Sm antibodies and anti-SSA and anti-SSB antibodies
D. The treatment with hydroxychloroquine entails semi-annual ophthalmologic examinations
E. The kidney samples (preferably the ratio proteinuria/creatininuria) must be checked at least once every 2 months

28. Which statement on follicular bacterial infections is correct: (1168-1169)
A. Folliculitis has, as an elementary lesion, a hair-centered, superficial, fast breaking macula
B. Furuncle treatment only considers local antibiotics
C. Furunculosis is a cluster of furuncles, with fever and adenopathies
D. The preferred antistaphylococcal antibiotics therapy in the treatment of complicated forms of furuncles is of the penicillin G - type
E. The furuncle is accompanied by general preserved condition and apyrexia

29. This characterizes the treatment of goiter and the thyroid nodule: (1217)
A. The repressor treatment of the tireotropin axis is done with propylthiouracil
B. Total thyroidectomy is indicated in case of recent crops recently acquired goiter
C. Temporary hypocalcemia is a complication of thyroidectomy
D. Recurrence paralysis as a complication of thyroidectomy is definitive in case of absence of remission after 6 months
E. Treatment with iodine-131 is more effective if the goiter is more voluminous

30. Which statement is true about type I amiodarone-induced hyperthyroidism: (1223)
A. Thyroid scintigraphy is usually fixing
B. The Doppler ultrasound reveals thyroid hypovascularisation
C. There is an inflammatory destruction of the thyroid through amiodarone toxicity
D. The treatment is based on corticoids
E. The Doppler ultrasound is normal

31. Which is a complication of hypothyroidism: (1225)
A. Very common myxedematous coma
B. Aortic insufficiency
C. Heart rhythm disorders
D. Depression
E. Coronary insufficiency, especially at the end of treatment

32. This characterizes type 1 diabetes diagnosis: (1236)
A. Unusual agitation
B. Weakness
C. Lumbar pain
D. Slow onset of symptoms (a few months)
E. Usually advanced age
33. These are contributing factors in diabetic ketoacidosis: (1239)
A. Pulmonary pathology
B. NSAIDs therapy
C. Pregnancy
D. Insulin overdose
E. Failure to administer a dose of oral antidiabetic drugs

34. Diabetic nephropathy (1245)
A. The occurrence incidence is in direct proportion to the time elapsed since the onset of diabetes
B. The inadequate check of blood pressure can be a factor leading to the onset and progress of the disease
C. The incipient nephropathy is characterized by a still normal glomerular filtration
D. One of the aims of the treatment is to maintain BP under 140/90 mmHg
E. Hygieno-dietetic steps are taken to reduce carbohydrate and potassium intakes

35. The following is true on HbA1c glycosylated hemoglobin: (1249)
A. Is measured every 4 months
B. Can be replaced by measuring galactosamine
C. Normal values are between 7 and 9%
D. Uricaemia may be a cause of error
E. Is the best indicator for risk of complications

36. The following are cardiovascular risk factors that must be investigated in case of type 1 or type 2 diabetes mellitus in adults: (1253)
A. Age > 55 years old in men and > 65 years old in women
B. Chronic alcohol consumption
C. Permanent arterial hypertension, only if untreated
D. HDL-cholesterol <0.4 g/L in males
E. Microalbuminuria > 30 mg/24h

37. The following are respiratory complications of obesity in adults: (1276-1277)
A. Dyspnea at rest
B. Chronic obstructive pulmonary disease
C. Alveolar hypoventilation
D. Respiratory infections
E. Panlobular emphysema

38. The following are systematic complementary examinations in the case of obesity in adults: (1278)
A. Uricaemia
B. ECG stress test
C. Arterial gasometry
D. Respiratory functionality tests
E. Detection nocturnal ventilatory polygraphy

39. Acute tubular necrosis: (1351)
A. It is a functional cause of acute renal failure
B. Occurs without albuminuria, hematuria or arterial hypertension
C. The diuresis is always affected
D. The kidney biopsy puncture is performed systematically
E. Its evolution leads most often to chronic renal failure

40. The following are complications in chronic kidney failure: (1353)
A. Cardiovascular: endomyocarditis
B. Metabolic: hyperuricemia, but never gout
C. Late hypocalcemia
D. Hypermenorrhea
E. Hypophosphatemia

41. Alport syndrome: (1366)
A. It is most often a case of dominant autosomal inheritance  
B. It is a hereditary disease related to a structural abnormality of collagen VI  
C. It evolves into acute renal failure  
D. It associates a glomerular syndrome with episodes of haematuria, hypoacusia and sometimes ocular damage  
E. It falls into the category of vascular nephropathies, affecting the collagen structure of the inner layer of blood vessels

42. The following is correct on the rapidly progressive glomerulonephritis syndrome: (1352)  
A. It is characterized by the existence of a intracapillary proliferation  
B. Goodpasture syndrome: granular deposition  
C. Absence of linear deposits in Wegener's disease, Churg Strauss  
D. Post-infectious causes: infectious myocarditis  
E. It is a nephrological emergency

43. The following characterizes normal or macrocytic anemia: (1377)  
A. Iron dosage is essential during the first consultation  
B. The main causes are chronic inflammation and myelodysplasia  
C. The direct Coombs test is one of the etiologic examinations  
D. GMP dosage is a first-line exam  
E. Increased haptoglobin confirms hemolysis

44. The following factors depend on vitamin K: (1383)  
A. I, II, IV, X  
B. II, V, VII, X  
C. II, VIII, XI, XII  
D. II, VII, IX, X  
E. I, V, IX, XII

45. This characterizes the bone symptomatology in multiple myeloma: (1390)  
A. A single painful syndrome occurs at the level of the flat, long bones  
B. The pain is mechanical  
C. The pathological fractures occur especially at the level of the cervical vertebral column  
D. The standard imaging exam reveals osteo-condensing bone lesions  
E. The CT scan reveals diffuse marrow infiltration

46. Which statement is correct regarding the main risk factors in producing cancers: (1426)  
A. Smoking is involved in producing Kaposi's sarcoma  
B. Ionizing radiations produce urinary bladder cancer  
C. Vinyl chloride is involved in producing liver cancer  
D. Arsenic is a risk factor in producing lung cancer  
E. Wood dust is incriminated as a cause for leukemias

47. The paraclinical diagnosis in acute leukemias reveals: (1434-1435)  
A. In some cases the complete blood count can be normal  
B. The bone marrow examination reveals a marrow with few cells and many megakaryocytes  
C. The bone marrow examination reveals a percentage of at least 20% of blasts in the bone marrow  
D. The presence of t (9,22) is associated with a favorable prognosis  
E. The tumour lysis syndrome associates hyperkalemia,
hypophosphatemia, hypercalcemia, hyperuricemia

49. The following characterizes Hodgkin's disease: (1438)
A. It occurs in the elderly
B. Extranodal affectations (digestive, ENT) occur
C. Occurs in children
D. The scleral nodule form is the most common
E. There are 5 histological forms

50. The following characterizes Burkitt lymphoma: (1439)
A. It affects the elderly
B. It mainly affects men
C. A high risk of tumor lysis syndrome is associated
D. Shows no extranodal affection
E. It represents a third of NHL

Single answer score: _____

51. The following statements on the diet for infants and children from 4-6 months to 1 year are correct: (1029)
A. Diversification begins after the age of 1, milk alone being able to cover all the nutritional needs of the children
B. The number of meals must be increased, as the nutritional requirements increase with age
C. The supplementation with vitamin D is continued
D. The order of introducing foods for diversification: vegetables, then boiled fruits, cereal, and lastly animal protein
E. Follow-on milk is still indicated after the age of 1

52. The diet from the age of 1 year old to the age of 3 is characterized by the following: (1030)
a. It has to ensure the milk intake of 500 ml/day
b. Sweet drinks only should be avoided
c. The recommended number of meals per day is 3
d. Diversification will be continued
e. Growing-up milk or whole milk should be used
54. Kawasaki disease is characterized by: (1041)
A. Fever lasting more than 5 days
B. Exanthema
C. Aseptic conjunctivitis
D. Polymorphic eruption
E. Retroauricular adenopathy

55. The following are signs of extracellular dehydration in infants and children: (1049)
A. Strong thirst
B. Hypotonia of the eyeballs
C. Decreased cutaneous recoloring time
D. Tachycardia
E. Depressed fontanelle

56. The infection with ______ represents parasitic causes of acute diarrhea in infants and children: (1051)
A. Campylobacter jejuni
B. Cryptosporidium hominis
C. Entamoeba hystolytica
D. Taenia solium
E. Vibrio cholerae

57. Which of the following statements about pyloric stenosis in infants and children is/are FALSE: (1063)
A. The diagnosis is confirmed by the barium examination
B. Hypochloraemic alkalosis could occur
C. The appetite is preserved, contrasting with stopping weight gain
D. Abundant projectile vomiting, immediately postprandial
E. Predominates in males

58. The following are basics of infant care which will be explained to the parents: (1034)
A. The need of supplementing with vitamin K
B. Weight supervision (weight gain of 25-30 g/day)
C. Breastfeeding between 5 and 10 minutes from each breast
D. Mandatory consultation at 10 days old
E. Paracetamol is recommended in case of fever

59. The complementary examinations in case of chronic vomiting in infants and children are: (1063)
A. Searching for an infectious focus: CRP, complete blood count, chest x-ray, PL, SU exam
B. CT scan of the brain to detect intracranial hypertension
C. Liver assessment to diagnose hepatitis
D. Removing a surgical cause: abdominal ultrasound, simple abdominal X-ray
E. Colonoscopy in case of suspected mechanical cause

60. Post-infectious encephalitis: (1080)
A. Shows minor neurological abnormalities
B. It has a progressive onset
C. Diffuse hypodensities are revealed by the CT scan
D. Disorders of consciousness occur right from the onset
E. The EEG slows diffuse and slow waves

61. Brain imaging in case of epileptic seizure: (1081)
A. The CT scan is performed from a distance in the case of psychomotor retardation, partial seizure, atypical EEG
B. The EEG is performed in case of emergency, in clinical examinations evocative for SHU
C. The EEG is performing during sleep in patients < 3 years old
D. The MRI scan is performed from a distance in the case of abnormal clinical examination
E. The presence of altered consciousness requires an emergency CT scan

62. The insulin therapy scheme in the autonomous child involves: (1111)
   A. 2 injections per day
   B. Fast-acting insulin before meals
   C. Snack at 10 o'clock
   D. Slow-acting insulin at evenings
   E. 2/3 of the total dose in the morning, 1/3 at night

63. Simple fever seizures occur in children: (1080)
   A. They are associated with fever and with signs of intra-cranial infection
   B. The generalized tonic-colon seizure last less than 15 minutes
   C. The psychomotor development is normal
   D. The medical history reveals the presence of neurological history
   E. The onset age of febrile seizure is over 6 (years old)

64. According to the local aspect, the angina in children are classified thus: (1068-1069)
   A. Erythematous angina: the simple erythematous congestion of the tonsils
   B. Erythematous pultaceous angina: the erythematous tonsils are completely covered by a whitish film
   C. Ulcerative-necrotic or ulcerative angina: EBV or diphtheria infectious mononucleosis must be suspected
   D. Vesicular angina: the most common etiology is the viral
   E. In the case of bilateral ulcerations in ulcerative or ulcerative-necrotic angina, agranulocytosis is suggested, revealing a leukemia

65. Controlled asthma in children can be characterized as: (1096)
   A. Daytime symptoms ≤ 1/week
   B. Limiting activities: light
   C. Using beta2 agonists: ≤ 2/week
   D. Mild exacerbations
   E. Normal FEV/PEF

66. Acute bronchiolitis in infants: (1099)
   A. Is preceded by a phase of rhinopharyngitis
   B. Its etiology is most commonly bacterial
   C. Complementary examinations most often unnecessary
   D. Whooping cough is a differential diagnosis
   E. Criteria of severity: respiratory distress

67. The following are criteria of severity in case of pneumonia in infants and children: (1100)
   A. Young age
   B. Immunosuppression
   C. Respiratory failure
   D. Chronic cardiac pathology
   E. Kidney failure

68. The main causes of pneumonia in infants and children are infections with: (1100-1101)
   A. Viruses
   B. *Mycoplasma pneumoniae*
   C. *Staphylococcus aureus*
   D. *Streptococcus pneumoniae*
   E. *Neisseria meningitides*

69. The following is FALSE on allergic asthma in children: (1092)
   A. The asthma is accompanied by a familial atopy
B. An allergological investigation must be conducted
C. Skin prick testing allows testing type 1 sensitivity
D. The multiple allergens global response tests are indicated in children under 36 months
E. Total IgE dosage is unnecessary child over 36 months

70. With regard to the treatment of allergic rhinitis in children: (1093)
A. Antibiotic prophylaxis to prevent the infection of nasal discharge
B. Allergen eviction is performed
C. Non-specific immunotherapy is recommended
D. Local drug treatments: inhalation corticoids
E. Decongestion, chromone, antihistamine therapy

71. Dyspnea in moderate asthma in children is characterized by: (1095)
A. It occurs when talking
B. It occurs when walking
C. Regular diet
D. The preferred posture is the clinostatic
E. The infant is too quiet, screaming is shorter

72. The following are defining parameters for asthma control in children: (1096)
A. Limiting activities
B. The presence and number of exacerbations
C. Using inhalation corticoids
D. Daytime symptoms
E. FEV/PEF ratio

73. In the case of a weak response to the assessment carried out 1-2 hours after a bronchial asthma seizure in children: (1097)
A. The administration of high doses of inhalation corticosteroid is indicated
B. Oxygen therapy is administered
C. Continuous monitoring is required
D. PEF>30%
E. PaCO2>45mmHg

74. The following statements on the stages of allergic asthma are correct: (1093)
A. Intermittent asthma: daytime symptoms 1 or 2 days/week
B. Mild to moderate persistent asthma: exacerbations ≥ 2 in the last 6 months
C. 0-1 exacerbations per year in case of mild to moderate persistent asthma
D. Reprecussions on daily activities: none in intermittent asthma
E. Night time symptoms:> 2 nights per month in severe persistent asthma

75. Cystitis in children is characterized by the following, with the EXCEPTION of: (1106)
A. It is a rare diagnosis in teenage years
B. Lumbar pain is absent
C. Foreground urinary signs: dysuria, pollakiuria, abdominal pain
D. The urinary strip examination is positive
E. The present constant fever is treated with antipyretics (acetaminophen)

76. In the initial phase of therapeutic management of diabetic ketoacidosis in children: (1110)
A. IV insulin is continuously administered
B. Oral rehydration is urgently performed
C. NaCl 20ml/kg in 20 minutes is used in order to fill the vascular space
D. The insulin dose is adjusted according to the glycemic level determined in the venous blood
E. The insulin is administered subcutaneously

77. The following are adrenergic signs of hypoglycemia in children: (1110)
A. Tachypnea
B. Sweating
C. Disorders of consciousness
D. Tremors
E. Tachycardia

78. The diet in the long-term management of diabetes in children comprises: (1111)
A. 50% slow-absorbing carbohydrates
B. Fast-acting insulin before meals
C. Limiting consumption of fast-absorbing carbohydrates
D. 30% protein
E. Limiting diet deviation

79. Obesity in children can determine the onset of early or late complications, such as: (1121)
A. Respiratory: COPD
B. Osteo-articular: genu varum
C. Morphological: adipomastia, stretch marks
D. Arterial hypertension, dyslipidemia
E. Hyperinsulinism

80. The APGAR score assesses the following parameters: (1031)
A. Cardiac activity
B. Pulse oximetry
C. Respiratory groaning
D. Tone
E. Reactivity

81. The following is CORRECT about the APGAR score: (1031)
A. Higher than 6: normal
B. Lower than 5: apparent dead
C. Between 4 and 7: severe pain
D. The value of the APGAR score is calculated at 0, 1, 3, 5 and 10 minutes
E. It measures the adaptation to extrauterine life

82. The following statements characterize the management of the on term newborn in the first days of life: (1032)
A. The newborn must not lose more than 8% of the initial weight and must return to birth weight within the first 8 days
B. Phenylketonuria is a detectable congenital disease with an accessible treatment
C. In order to detect jaundice early, total bilirubin level in the venous blood is measured
D. It is necessary to check the quality of the food
E. The clinical examination occurs 10 days after birth

83. The following statements about the premature infant are true: (1032)
A. Requires a gestational age < 37 weeks
B. Multiple pregnancy could be a fetal cause
C. The cause is always discovered, which helps with the management later
D. There is a major risk of hypothermia and hyperglycaemia
E. An extreme prematurity entails a gestational age < 28 weeks

84. The systematic assessment in case of maternal-fetal infection includes: (1033)
A. CRP
B. Complete blood count
C. Urinalysis
D. Chest x-ray
85. Which are the main causes of neonatal respiratory distress: (1033)
A. Pharyngeal infection
B. Inhalation of amniotic fluid
C. Malformations (diaphragmatic hernia, imperforate anus)
D. Hyaline membrane disease in newborns on term
E. Delayed resorption of lung fluid

86. The main fetal risks in case of gestational diabetes are: (1034)
A. Prematurity
B. Macrosomia
C. Death of fetus in the uterus
D. Neonatal hyperglycemia
E. Microsomia

87. The attack-treatment in case of pylonephritis in children: (1106)
A. Ceftriaxone is administered for 2-4 days
B. The aminoglycosides can be associated in case of known malformative uropathy
C. In case of signs indicating the presence of an enterococcus infection, amoxicillin is replaced with ceftriaxone
D. The presence of the septicemic syndrome entails an association treatment with gentamicin
E. The aminoglycosides associated with the treatment are administered orally

88. The therapy in the case of acute diarrhea and dehydration in infants and children entails: (1051)
A. Early refeeding
B. Systematic antibiotic therapy, most causes being bacterial
C. Lactose-free milk in case of fragile constitutional susceptibility is indicated
D. Hydrolyzed proteins from cow's milk in children over 3 months old
E. Hygienic-dietary rules as curative treatment

89. The West syndrome: (1083)
A. It is a cryptogenetic syndrome
B. In the EEG exam - hypsarrhythmia
C. Onset around the age of 3 (years old)
D. Flexor spasm occur
E. It is also called severe myoclonic epilepsy of infants

90. Pleuropneumopathies in infants and children: (1101)
A. Present a rough infectious and respiratory situation
B. Significant abdominal pain occurs
C. Abolished vesicular murmur
D. Dullness on percussion is perceived
E. The diagnosis can be confirmed by pleural puncture

91. The following are risk factors related to the development of respiratory allergies in children: (1092)
A. Psychological stress
B. Pollens, acarina, molds
C. Respiratory infections
D. Malnutrition as an endogenous factor
E. Antigens are susceptible of triggering an IgA-mediated immune response

92. Mild asthma in children is characterized according to GINA 2006 as follows: (1095)
A. Dyspnea occurs when talking
B. Heart rate between 100 and 200/minute
C. Normal speech
D. The use of accessory muscles of respiration is unusual
E. clinostatism is tolerated

93. The complementary examinations in diabetic ketoacidosis in children: (1110)
A. The measurement of blood ions reveals hypernatremia and hyperpotassemia
B. Among others, ketoacidosis is confirmed
C. A functional renal failure can occur
D. The ECG reveals signs of dyskalemia
E. Hyperproteinemia can be encountered

94. The following are urologic factors enabling urinary tract infections in adults: (1286)
A. Vesicoureteral reflux
B. Polycystic kidney syndrome
C. Low diuresis
D. Diarrhea
E. Intravesical foreign body

95. The following can be clinical signs of simple acute cystitis in adults: (1287)
A. Pollakiuria
B. Clear urine
C. Never hematuria
D. Burning urination
E. Moderate fever

96. The following statements describe the examinations and treatment in chronic prostatitis: (1290)
A. The endorectal ultrasound can detect urinary bladder wall calcifications
B. Semen culture and CBEU are contraindicated in case of chronic prostatitis
C. Antibiotic therapy can be administered orally with fluoroquinolone
D. One month after ceasing treatment, revious CBEU is performed
E. Cyclins are not recommended due to strong intraprostatic diffusion

97. These complications can occur after acute pyelonephritis: (1289)
A. Septic shock
B. Polycystic kidney
C. Pyonephrosis
D. Nephrotic syndrome
E. Renal abscess

98. The changes that occur in the urinary tract during pregnancy are: (1290-1291)
A. Estrogens favor vesicoureteral reflux
B. Progesterone inhibits urinary tract peristalsis
C. Uterine dextrorotation leads to the compression of the right ureter
D. The extension of the ureters favours bilateral vesicoureteral reflux
E. Progesterone favors urine stagnation

99. The following statements describe the treatment of urinary lithiasis in adults: (1313)
A. Simple renal colic benefits from hospitalized treatment
B. In complicated renal colic, urine is drained in emergency by installing a urethral sounding
C. In case of fever, in complicated renal colic, parenteral antibiotic therapy is administered
D. The treatment of a potential hypokalemia present in a complicated renal colic is necessary
E. The ablation of the calculs is indicated if a calculus > 6 mm is present
100. The differential diagnosis of a urinary lithiasis in a nephretic colic is established by means of: (1314)  
A. Extrinsic compression (for example, retroperitoneal fibrosis)  
B. Biliary lithiasis  
C. Chronic pancreatitis  
D. Pneumopathy  
E. Parasite as an endoluminal obstacle

101. Which statement is correct on urine drainage in acute urinary retention: (1295)  
A. The urethral sounding is contraindicated in case of haematuria  
B. The suprapubic catheter can frequently become obstructed  
C. The suprapubic catheter is installed only after confirming retention by means of an ultrasound of the bladder  
D. The suprapubic catheter is contraindicated in case of bladder tumor  
E. Clamping cannot be carried out by means of urethral sounding

102. The following are complications of urinary lithiasis in adults: (1315)  
A. Chronic renal failure  
B. Interstitial nephritis  
C. Urinoma  
D. Urinary infection  
E. Rupture of the excretory pathway

103. Which statements are correct as regards the medical management in benign prostatic hypertrophy: (1317)  
A. Alpha-blockers can determine orthostatic hypotension  
B. The efficacy of 5-alpha-reductase inhibitors is observed after approximately 6 months  
C. Alpha-blockers operate by reducing prostate volume  
D. The treatment begins with monotherapy  
E. Initiation is indicated in the case of failed surgical treatment

104. These statements on surgical treatment in benign prostatic hypertrophy are FALSE: (1318)  
A. Transurethral resection of the prostate has a risk of constant retrograde ejaculation  
B. It is indicated in case a well-conducted medical treatment fails  
C. The adenoma is extracted through cervico-prostatic incision, the neck is opened and the ejaculation is preserved  
D. An alternative to surgical treatment can be to install a Fabian endoprosthesis  
E. The associated bladder tumor requires giving up surgical treatment and adopting a drug therapy with alpha-blockers

105. The following are used in monitoring patients with benign prostatic hypertrophy: (1318)  
A. Uroflowmetry  
B. Plasma urea dosing  
C. CBEU  
D. Calculating creatinine clearance  
E. Pelvic CT

106. The following are risk factors for prostate cancer: (1319)  
A. Benign prostatic hypertrophy  
B. Family history of breast cancer  
C. Nitrosamines  
D. Androgen treatment  
E. Estrogen treatment

107. The main complications of prostate puncture biopsy are: (1320)  
A. Hematuria  
B. Melaena  
C. Acute prostatitis  
D. Urinary infection
E. Rectorrhagia

108. The following statements on the localized stage of prostate tumors are correct: (1321)
A. It can benefit from curative treatment
B. Is classified thus according to TNM: T1/T2, N0, M0
C. Benefits from extended radio- and hormone therapy
D. Total prostatectomy as a therapeutic means can result in constant anejaculation
E. It benefits from conformational prostate radiotherapy

109. The following are risk factors for developing kidney tumors: (1323)
A. Alcoholism
B. Renal artery stenosis
C. Malignant nephroangiosclerosis
D. Chronic dialysis
E. Kidney transplantation

110. These are indications of renal puncture biopsy for diagnosing renal tumors: (1324)
A. It is carried out systematically, before any other treatment
B. Suspicion of lymphoma
C. Patient with high surgical risk
D. After adjuvant treatment, to check treatment effectiveness
E. Binet staging

111. The following is correct on the TNM classification of kidney tumors: (1325)
A. A T1 tumor is smaller than 7 cm and limited to the kidney
B. The T4 tumor extends beyond Gerota's fascia and/or to the adrenal
C. N1 entails the impairment of 2 ganglia at most
D. In T2, the tumor is limited to the kidney
E. T4 entails invading neighboring organs

112. The following statements on angiomyolipoma are correct: (1326-1327)
A. It is a malignant mesenchymatous tumor
B. The tumor is composed of smooth muscle tissue, blood vessels and fat tissue
C. Imaging reveals a hyperechogenic, hypodense appearance
D. It is the most common solid kidney tumor
E. It only occurs unilaterally

113. Oncocytoma: (1327)
A. It is a benign tumor
B. Differential diagnosis with kidney cancer is obvious
C. Imaging reveals a scar on the periphery of the lesion
D. Surgical exploration is necessary
E. Benefits from the Bosniak classification (from I to IV)

114. The following are differential diagnoses in cases of testicular tumors: (1328)
A. Varicocele
B. Orchitis
C. Cryptorchidism
D. Hydrocele
E. Epididymitis

115. Which statements on kidney cysts are FALSE: (1327)
A. It is a very common benign kidney tumor
B. Ultrasound reveals a hyperechogenic, well vascularized image
C. The CT scan shows a regular outlined lesion
D. The applied treatment is conservative
E. The kidney cyst is a symptomatic lesion in most cases
116. The complementary examinations, in case of testicular tumors, are:
   (1329)
   A. Doppler ultrasound detects a non-homogeneous, hypoechogenyc mass
   B. The serum tumor markers are dosed within the diagnosis and 2 weeks after orchidectomy
   C. The contralateral testicle is explored systematically
   D. Testicular biopsy is indispensable, guiding the therapeutic decisions
   E. The assessment of tumor extension is carried out after surgical treatment

117. The immediate management of testicular tumors: (1329)
   A. Is based on surgical treatment
   B. Prior clamping of the spermatic cord is performed
   C. Tumor markers are dosed 4 weeks after orchidectomy
   D. Orchiectomy is performed through the scrotum
   E. The assessment of tumor extension is carried out preoperatively

118. The following statements on complementary treatments in testicular tumors are correct: (1330-1331)
   A. Both seminomatous and non-seminomatous tumors benefit from hormone therapy
   B. The non-seminomatous tumors are radiosensitive
   C. In N3 or M1 stages, polychemotherapy is performed with methotrexate, bleomycin and vincristine
   D. The seminoma is chemo- and radiosensitive
   E. In the localized N0, M0 stage, the radiotherapy is performed on the lombo-aortic areas

119. These are complications of benign prostate hypertrophy impacting the bladder: (1317)
   A. Acute urinary retention
   B. Stasis lithiasis
   C. Bladder diverticula
   D. Vesicoureteral reflux
   E. Haematuria

120. The following statements describe nosocomial urinary infections: (1291)
   A. It is the second most common type of nosocomial infection
   B. The presence of diarrhea is a risk factor
   C. Maintaining an important diuresis can be a means of prevention
   D. The germs are most often multiresistant
   E. It mostly affects males

121. The cytobacteriological examination on urine in urinary infections in adults: (1286-1287)
   A. Is performed 2 hours after the last urination
   B. The first spurt of urine is collected
   C. Contamination in the presence of several germs can determine the occurrence of a bacteriuria without leucocyturia
   D. Is performed on urine collected over 24 hours
   E. Bacteriuria without leucocyturia can be a beginning of infection

122. The following statements on soluble nuclear anti-antigens are correct: (1136)
   A. Anti-RNP antibodies are associated with the mixed connective tissue disease
   B. anti-SSA and anti-SSB antibodies are specific to lupus
C. The CREST syndrome is associated with anticentromere antibodies
D. They can be anti-ECT or anti-ENA
E. Anti-histone antibodies occur in drug-induced lupus

123. The following statements on the long-term treatment and monitoring principles of an autoimmune disease are correct: (1137)
A. The symptomatic treatment alone is never sufficient
B. Corticoid therapy is often necessary, but with various prescriptions
C. Immunosuppressants are recommended in corticosensitive forms
D. The suppression of triggering factors is necessary
E. In inflammatory diseases of the digestive tract, anti-TNF-α immunotherapy can be considered

124. The following are ACR criteria on which the diagnosis of disseminated lupus erythematosus is established: (1138)
A. Nasopharyngeal or oral mucosal ulcerations
B. Photophobia
C. Pleurisy or pericarditis
D. Erosive arthritis affecting at least 2 peripheral joints
E. Haematological damage: megaloblastic anemia

125. The following statements on skin lesions in disseminated lupus erythematosus are FALSE: (1138)
A. It is the rarest form of impairment
B. Forms of lupus can be distinguished: acute, superacute, chronic
C. Acute lupus is generally limited to cutaneous damage exclusively
D. It can also be associated with the Raynaud syndrome
E. During immunofluorescence examination of cutaneous biopsies, IgD, IgA and complement deposits are sought

126. Renal damage in disseminated lupus erythematosus: (1139)
A. It is an interstitial damage
B. Requires dosing in every check of creatinine levels
C. The classic damage is a kind of pure nephrotic syndrome
D. Class 2 lupus nephritis entails mesangial damage
E. Lesions in classes 3, 4 and 5 require general immunosuppressive treatment

127. The antiphospholipid syndrome is characterized by: (1142)
A. At least 2 episodes within 1 year of deep venous or arterial or small vessel thrombosis
B. At least 1 fetal death after the 10th week of pregnancy, with normal fetus at autopsy
C. >=3 consecutive spontaneous abortion before the 10th week of pregnancy with an exhaustively negative assessment
D. The presence of at least 2 clinical sings is necessary
E. It can be primary or secondary, in which case it is mainly associated with disseminated lupus erythematosus

128. The CT scan is recommended in case of emergency in the following pathologies: (1151)
A. Acute intestinal intussusception in children
B. Pulmonary embolism
C. Medullary compression with sphincter disorders
D. Subarachnoid hemorrhage  
E. Coma

129. The following indications on imaging tests according to pathology are correct: (1153)  
A. Pulmonary edema: chest x-ray  
B. Pneumopathy: chest MRI  
C. Diverticulitis: abdominal and pelvic CT  
D. Aortic dissection: chest CT angiogram  
E. Brain injury with asymptomatic patient: brain CT

130. The following tests are recommended in urinary pathology: (1154)  
A. Abdominal CT in renal colic  
B. Renal MRI in complicated pyelonephritis  
C. First-line renal ultrasound in renal colic  
D. Renal ultrasound in metastatic renal tumor  
E. Renal x-ray in ureter tumor

131. The following statements on conducting a CT scan are correct: (1149)  
A. The existence of a medical history of anaphylactic shock or Quincke edema after iodinated contrast media administration forbids the use of any contrast media in the future  
B. In diabetes, administration of biguanides must be stopped 48 hours after the scan, but there is no need to stop them before the scan  
C. There is a risk of fetal malformations in pregnant women in the first trimester  
D. The blood creatinine levels must always be checked after the scan  
E. In case of a level of creatinine clearance <30 ml/minute, the administration of iodinated contrast media is contraindicated

132. The imaging tests recommended in pulmonary embolisms are: (1153)  
A. Chest x-ray  
B. Bronchial endoscopy  
C. Lung scintigraphy  
D. Chest CT angiogram  
E. Transthoracic ultrasound

133. The following statements on performing a MRI scan are correct:  
A. The presence of any type of cardiac valve is an absolute contraindication in performing the scan  
B. Lack of irradiation is one of the advantages of this scan  
C. It is a short to medium duration  
D. Radiological semantics: hypointense/hypointense/hypersignal  
E. Fasting is compulsory before performing the scan

134. Erysipelas is characterized by: (1169-1170)  
A. Painless placard, with centripetal extension  
B. An impetigo can constitute a gateway  
C. The contributing factor could be: lymphedema, venous insufficiency  
D. It is preceded by feverish state (39-40 degrees), shivers  
E. It can, in rare cases, occur bilaterally

135. The following are general complications of erysipelas: (1170)  
A. Septicemia  
B. Phlebitis  
C. Poststreptococcal complications  
D. Necrotizing fasciitis  
E. Thromboembolism
136. Necrotizing fasciitis – correct statements: (1170)
A. It is a medical emergency
B. It is accompanied by a major alteration in health
C. Its occurrence is favored by corticotherapy administration
D. It is local in hyperesthetic areas
E. A major inflammatory syndrome is present

137. Candidosis treatment entails: (1171)
A. Local antifungal treatment for 6 weeks for nails and for 2-4 months for skin and mucosa
B. General treatment with griseofulvin
C. Using neutral pH soaps
D. General treatment for profuse forms
E. In local antifungal treatment, imidazole or terbinafine can be administered

138. The following statements on versicolor pityriasis are correct: (1172)
A. It is a condition caused by Tricophyton
B. It is characterized by reduced contagiousness
C. Scaly, pink patches that turn hypocrome, are present
D. Wood's lamp examination reveals green fluorescence
E. It especially affects the elderly

139. Cretinism, as a clinical form of goiter, can be described as: (1216)
A. Reversible mental retardation
B. Neurological, motor disorders: spastic tetraplegia
C. Neurological, sensory disorders: deafness
D. Rough hypothyroidism
E. Myxedema, statural retardation

140. The following are complementary biological examinations for goiter: (1216)
A. Dosing TSH anti-receptor antibodies (Basedow disease)
B. TRH
C. fT3, fT4
D. Dosing anti-TPO and anti-TG antibodies
E. Ioduria/24 hours, useful for detecting excess of iodine

142. The following statements describe hormonal certainty diagnosis in case of hyperthyroidism: (1221)
A. Confirmatory exam: low TSH
B. Low fT4 with normal TSH corresponds to a rough hyperthyroidism
C. fT4 dosage is necessary for the follow-up treatment
D. fT3 dosage has no relevance in hyperthyroidism
E. Only fT4 dosage as first-line treatment

143. Which are the general principles of treatment in hyperthyroidism: (1222)
A. Hospital treatment
B. Rest, interruption of professional activity
C. Effective contraception
D. Sedation with benzodiazepines
E. Ca\(^{2+}\) channel blockers

144. Which statements are correct on monitoring treatment effectiveness in hyperthyroidism: (1222-1223)
A. fT4 10 days after starting treatment
B. The adjustment of doses of synthase antithyroid medications is done according to TSH
C. In the second moment: TSH +/- fT4 after 3 months
D. The aim of treatment is normalization of fT4, and then of TSH
E. In some cases, after some time from beginning treatment, hypothyroidism can occur

145. Which are the parameters studies in monitoring tolerance to treatment with SAT: (1223)
A. fT3
B. fT4
C. TSH
D. LDH
E. HCG

146. Which of the following are signs of hypometabolism in case of hypothyroidism: (1224)
A. Dementia presentation
B. Macroglossia
C. Amenorrhea
D. Constipation
E. Hypoglycemia

147. The following are biological anomalies within hypothyroidism: (1225)
A. Hypokalemia
B. Macrocytic anemia
C. Hypertriglyceridemia
D. Increased LDH
E. Hypercholesterolemia

148. The main causes of hypothyroidism are: (1225)
A. Excess of iodine
B. Infiltrative
C. Post-abortion
D. Autoimmune
E. Iodine deficiency

149. The following statements on the treatment of hypothyroidism are correct: (1226)
A. It can be performed either in hospital or in outpatient settings, depending on the importance of the risk factors for liver disease
B. Treatment begins with a loading dose, afterwards doses are gradually decreased
C. The duration of treatment: until euthyroidism is achieved, then it is interrupted
D. Before starting treatment and changing posology, ECG is mandatory in elderly patients with coronary insufficiency
E. The treatment is administered in the morning, after fasting

150. Slowly progressive type 1 diabetes mellitus is characterized by (LADA): (1237)
A. The mutation of the HNf1α gene is observed
B. Insulin-dependence occurs rapidly, after 2-3 years of onset
C. The onset is similar to that in type 2 diabetes
D. Anti-GAD65 antibodies are present
E. The onset of ketosis requires insulin treatment

151. MODY 3 type diabetes: (1237)
A. Autosomal recessive transmission
B. GAD65 gene mutation occurs
C. Insulin deficiency requires insulin therapy
D. It is an iatrogenic, corticosteroid-induced diabetes
E. Occurs before the age of 20.

152. Which of the following are part of the systematic assessment of type 2 diabetes: (1238)
A. Dosing serum iron and transferrin
153. The following are clinical characteristics of diabetic ketoacidosis: (1239)
A. Steep onset, especially in males
B. Comprises 3 phases: simple ketosis and ketoacidosis
C. Hypothermia, favored by ketosis, can mask an infectious syndrome
D. It is possible to avoid the exacerbation of ketosis into acidosis
E. General dehydration related to osmotic diuresis predominates in the intracellular sector

154. Which of the following are biological disturbances of ketoacidosis: (1240)
A. Arterial pH < 7.30
B. Plasma glycemia > 2.50 g/L
C. Bicarbonate > 15 mmol/L
D. Anion deficiency > 10 mmol/L
E. Plasma ketone bodies are present

155. Hydroelectrolytic rehydration within the treatment of diabetic ketoacidosis: (1240)
A. Is adapted according to gender
B. Is performed with NaCl isotonic serum while glycemia levels are above 1.90 g/L
C. Bicarbonate must not be administered in case of pH > 7
D. If glycemia levels are < 2.50 g/L, 5% glucose serum with NaCl or even 10% glucose will be used
E. In case of asterixis, macromolecular solutions will be administered

156. Which of the following statements on hyperosmolar coma are correct: (1241)
A. Moderate ketogenesis and lipolysis occur
B. Functional acute renal failure could occur
C. Osmolarity exceeds 350 mmol/L
D. Ketonemia and acidosis levels are increased
E. Occurs especially in patients with neglected type 1 diabetes

157. The complementary examinations in hyperosmolar coma reveal: (1241-1242)
A. Glycemia > 3 g/L
B. Arterial pH > 7.30
C. Plasma bicarbonate > 10 mmol/L
D. Significant ketonemia and ketonuria
E. Hyperosmolarity > 320 mOsm/kg

158. Which of the following factors determine lactic acidosis related to metformin administration: (1243)
A. Heart failure
B. Hypocapnia
C. Kidney failure
D. Liver failure
E. States of shock

159. Diabetic retinopathy: (1244-1245)
A. Is a long-term complication of diabetes mellitus in adults, being a macroangiopathy
B. In its non-proliferative state, capillary dilation, microaneurysms, exudates and hemorrhages are encountered
C. There are few risks for a diabetic with an evolution of over 25 years who did not develop retinopathy to develop this complication in the future
D. The most severe form is ischemic maculopathy by extended occlusion of macular capillaries
E. The main types of treatment are: medical, surgical and laser

160. These statements on the treatment of diabetic retinopathy are correct: (1245)
A. The medical treatment entails a good control over glycemia and blood pressure
B. Laser treatment is recommended in all non-proliferative retinopathies
C. In case of microvascular lesions responsible for exudation, focal photocoagulation is recommended
D. The presence of neovessels is an indication of intravitreal injections with anti-VEGF
E. Surgical treatment can be considered in certain cases

161. Diabetic neuropathy: (1246)
A. Is a short-term complication of diabetes mellitus
B. Mono-, multinevritis occur more often than polyneuropathy
C. Motor disorders are exceptional and occur late
D. Damage occurs distally at the beginning
E. Onset with paresthesia and dysesthesia predominantly in daytime

162. Which of the following are macroangiopathic complications of diabetes mellitus in adults: (1247)
A. Valvular insufficiency
B. Coronary insufficiency
C. Supraaortic trunk damage
D. Upper limb arteriopathy
E. Myocardial infarction

163. Which of the following are stages of lower limb arteriopathy according to Leriche classification: (1247)

164. Which of the following statements on perforating foot ulceration in diabetics are correct: (1248)
A. There is a tendency to relapse in certain conditions
B. It is generally a painful cutaneous ulceration
C. The edges of the wound are rough, uneven
D. Corresponds to the head of the first metatarsal
E. It is a macroangiopathic complication

165. Insulin treatment in type 1 diabetes: (1250)
A. Ultra rapid and rapid-acting insulins meet the needs during exertion
B. Intermediate and slow-acting insulins meet the preprandial needs
C. The therapeutic regimen must be conceived according to objectives and acceptance of the patient
D. Allergies, as side effects, occur very rarely
E. The thighs and the lower back are slow-absorption areas for insulin

166. Which of the following are treatment aims in type 2 diabetes: (1251)
A. Reducing excess fat: hypolipidic, hypoglucidic, hypocaloric diet
B. Increase in muscle insulin sensitivity
C. Increase in insulin secretion by administering metformin
| D. | More physical activity to increase muscle insulin sensitivity |
| E. | Decrease of hepatic glucagon degradation by administering glinides |

167. Biological monitoring the long-term management of micro- and macroangiopathic complications of type 2 diabetes: (1253)
- A. Microalbuminuria - once per semester
- B. Lipid assessment - once every 3 months
- C. Creatinine test - once a year
- D. Creatinine clearance calculation - once every 6 months
- E. Venous glycemia after fasting - once a year

168. Which of the following are contraindications in bariatric surgery in the case of obesity in adults: (1279)
- A. Severe cognitive disorders
- B. Severe and unstable dietary disorders
- C. The failure of medical, nutritional, dietary or psychotherapeutic treatment applied correctly for 6-12 months
- D. Diseases threatening the short and medium-term
- E. BMI > 40 kg/m² or BMI > 35 kg/m² with at least one comorbidity susceptible of improvement after surgery

169. Which of the following statements characterize the treatment of acute renal failure due to obstruction: (1350)
- A. Urinary drainage only in case of disturbance of consciousness
- B. Suprapubic catheter in case of supravesical obstacle
- C. Prevention of vesical hemorrhage a vacuo
- D. Surgical emergency in case of associated fever
- E. Nephrostomy in case of supravesical obstacle

170. Which of the following statements are causes of prerenal acute renal failure: (1351)
- A. Extracellular dehydration through digestive loss
- B. Heart failure
- C. Adrenal insufficiency
- D. Retroperitoneal fibrosis
- E. Urinary lithiasis

171. The following statements on acute interstitial nephropathy are correct: (1351-1352)
- A. It is the most common cause of organic acute renal insufficiency
- B. The diuresis is most often preserved
- C. An immunological mechanism is most commonly incriminated
- D. The allergic signs are present constantly
- E. The renal puncture biopsy is performed systematically

172. The following therapeutic means for slowing down the progression of chronic renal failure are correct: (1355)
- A. The control of blood pressure and proteinuria is preferably performed with thiazide diuretics and calcium channel blockers
- B. The correction of anemia is carried out by correcting the potential vitamin D deficiency
- C. It is important to correct potential metabolic acidoses
- D. Phosphocalcic control can be performed by means of a diet limited in phosphates and by administering phosphate chelation
- E. A potential anemia can be corrected by the intramuscular administration of recombinant EPO
173. Which of the following are nephroprotection rules in chronic renal failure: (1356)
A. Salt intake control over 6 g/day
B. Blood pressure control < 140/90 mmHg
C. Stopping alcohol consumption
D. Regular medical surveillance - once every 3 months, if GFR is 30 ml/min
E. Limiting protein intake between 0.8 to 1 g/kg/day

174. Which of the following are clinical signs of uremia: (1357)
A. Cramps
B. In rare cases: uremic pericarditis
C. Pruritus
D. Irritability
E. Diarrhea

176. Which of these are non-proliferative glomerulonephritis: (1365)
A. IgA nephropathy
B. SLE
C. Diabetes
D. Amyloidosis
E. ANCA vasculitis

177. The following characterize membranoproliferative glomerulonephritis: (1366)
A. It is a mesangial cell proliferation
B. It is a heterogeneous group of glomerulopathies

178. Which of the following statements on cholesterol crystal embolism disease are correct: (1368-1369)
A. Anticoagulant treatment could be considered as an etiology
B. Symptoms appear after a three weeks’ free interval since the trigger factor
C. Myalgia and abdominal pain can occur
D. Hypereosinophilia and an inflammatory syndrome can occur
E. In case of fever, general signs, the administration of NSAIDs should be considered

179. Which of the following are etiologies of the haemolytic-uraemic syndrome: (1369)
A. E coli O157:H7 infection
B. Rheumatoid polyarthritis
C. Scleroderma
D. Cancer
E. Vascular nephropathy

180. The following statements about malignant nephroangiosclerosis are correct: (1368)
A. Encephalopathy can occur
B. Stage IV or V of hypertensive retinopathy is present
C. A right ventricular failure with PAH occur
D. It is essential in 50% of the cases
E. Hypokalaemia occurs, among others

181. From a clinical viewpoint, the anemic syndrome is characterized by: (1376)
A. Dyspnoea
182. The following are causes of martial deficiency: (1377)
   A. Transferrin production deficiency
   B. Gynecological bleeding - spaniomenorrhea
   C. Voluntary bleeding - in rare cases
   D. Celiac disease
   E. Digestive symptoms

183. The following are causes of aregenerative normocytic anemia: (1378)
   A. Alcoholism
   B. Acute leukemia
   C. Chronic inflammation
   D. Myelodysplasias
   E. Thyroid dysfunction

184. Anemias are classified as follows: (1376-1378)
   A. Reticulocytes < 150000/mm³ – aregenerative anemia
   B. Reticulocytes >= 100000/mm³ – regenerative anemia
   C. MCV <= 80 fl – microcytic anemia
   D. Hb ≤ 13g/dL in women – anemia
   E. MCV > 80 fl – macrocytic anemia

185. The basic tests in exploring hemostasis are: (1383)
   A. Bleeding time: primary haemostasis
   B. Prothrombin time: secondary hemostasis, intrinsic path
   C. ACT: primary haemostasis
   D. Fibrinogen: secondary hemostasis, common path
   E. Platelets: definitive haemostasis

186. The normal PT and extended ACT indicate: (1383)
   A. VII factor deficiency
   B. XI factor deficiency
   C. Disseminated intravascular coagulation
   D. Administration of AVK
   E. Hemophilia B

187. The following are hematological complications in multiple myeloma: (1391)
   A. Anaemia, frequently determined by infectious syndrome
   B. Blood hyperviscosity syndrome
   C. Hemorrhagic syndrome by anti-X AL amyloidosis activity
   D. Thrombopathy induced by hyperproteinemia
   E. Acquired von Willebrand's disease

188. The following are criteria for the diagnosis of multiple myeloma: (1393)
   A. The presence in the serum and/or urine of monoclonal proteins (with the exception of a non-secretory myeloma)
   B. The presence of at least one of the CRAB criteria
   C. The presence of a medullary plasmacytoma < 10%
   D. The presence of a monoclonal protein in the serum >= 3g/100 ml
   E. The presence of at least two of the five CRAB criteria

189. The following statements regarding the CRAB criteria are correct: (1393)
   A. At least 3 criteria are necessary in order to establish the diagnosis of multiple myeloma
   B. Serum creatinine > 173 mmol/L
   C. Anemia with Hb < 2 g/dL compared with the inferior limit of the normal value or < 10 g/dL
D. Bone lesions: osteocondensing, marginal osteophite, osteoporosis
E. Medullary plasmacytosis > 10%

190. The following are molecular alterations involved in carcinogenesis: (1422)
A. The activation of signal transduction pathways, allowing cell proliferation
B. Immortalization potential with telomerase inactivation
C. Neo-angiogenesis potential
D. Independence in relation to growth stimulation signals
E. Resistance to apoptosis

191. Histologically, cancers can have the following origins: (1423)
A. Developed in the malpighian epithelium: urinary tract cancer
B. Mixed tumors have a tissular contingent prognosis with the highest malignancy
C. Tumors with neuroectodermal origin: gliomas
D. Tumors with mesoectodermic origin: neuroblastoma
E. Epidermoid carcinomas: melanoma

192. The following factors can be involved in the appearance of cancer: (1427)
A. EBV - nasopharyngeal carcinoma
B. HPV - ENT cancers
C. Infection with the hepatitis virus HBV, HCV, HDV, HEV - hepatocellular carcinoma
D. HHV8 - Kaposi's sarcoma
E. HTLV1, HTLV2 - leukemia

193. The following statements regarding genetic risk factors are correct: (1428)
A. APC gene mutation occurs in Lynch syndrome 1
B. The mutation of BRCA1/BRCA2 genes determine the production of breast endometrial cancer
C. NEM associates RET gene abnormality
D. Lynch 2 is an isolated colon cancer
E. Li-Fraumeni syndrome associates p53 gene mutation

194. The following statements concerning the diagnosis of acute leukemia are correct: (1434)
A. The medullary predecessors present a block in maturation in an immature stage (blasts)
B. The tumor syndrome (coagulopathy) is present
C. Secondary AML can occur following the development of a myelodysplastic or myeloproliferative syndrome
D. AML can be de novo, secondary or induced by cytotoxic medicines and/or radiation therapy
E. The specific treatment targets: infections, hemorrhages, leukostasis

195. The clinical diagnosis of acute leukemia targets: (1434)
A. The specific clinical signs: anemia, infections, hemorrhagic syndrome
B. The proliferation of blasts could have the following locations: hepatic, meningeal, testicular
C. Inconstant fever
D. Blastic hyperleukocytosis has clinical signs only when it is severe/major
E. The clinical signs of leukostase are respiratory and neurological

196. In the paraclinical diagnosis of acute leukemias: (1434-1435)
A. The complete blood count is always abnormal: hyperleukocytosis, regenerative anemia
B. Immunophenotyping can reveal myeloid markers
C. The morphological classification of AML: monoblastic stage - AML5b=differential
D. Evidencing genetic anomalies by PCR has only a prognostic value
E. Tumor lysis associates elevated LDH levels

197. The following statements on acute leukemia are correct: (1434-1435)
A. The erythrocyte markers are: glycophorin A, CD36
B. Instant mortality rate due to cerebral meningeal hemorrhage and/or severe respiratory distress is high
C. The clinical condition can be dominated by a hemorrhagic syndrome caused by consumption coagulopathy
D. Immunophenotyping can indicate the presence of cytogenetic abnormalities which have a prognostic and therapeutic role
E. The granulocyte markers are CD41, CD42, CD61

198. The following statements on chronic lymphoid leukemia are correct: (1436)
A. Slowly progressive onset, occurring in young patients
B. Pneumopathy is among the infectious complications
C. The differential diagnosis is made with tricholeucocytic leukemia
D. B lymphocytes most often express a IgM-type heavy chain
E. The myelogram reveals an infiltration with large leukocytes

199. The diagnosis of malignant lymphomas entails: (1438)
A. An altered general condition: fever, night sweats, weight loss
B. Tumor syndrome: adenopathy, slowly progressive tumor mass (occlusive syndrome)
C. Lymphoid proliferations occur only to the detriment of ganglionic lymphoid tissue
D. The extranodal localizations of the tumor syndrome can be: digestive, ENT, mediastinal
E. The superior vena cava syndrome constitutes an emergency

200. The following statements on malignant lymphoma are correct, EXCEPT: (1438-1439)
A. Mediastinal ganglia forms are present
B. Burkitt lymphoma occurs in children or elderly patients
C. Large B-cell lymphoma are a homogeneous group of NHL (Non-Hodgkin Lymphoma)
D. Extranodal damage does not occur (digestive, ENT) in large B-cell lymphoma
E. The tumour lysis syndrome leads to a significant release of phosphorus

Multiple answer score: _____

TOTAL SCORE: _____ / 950
Multiple choice test V

All chapters on Residency topics

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SINGLE ANSWER

1. Cardiac erethism is: (32)
   A. A respiratory variation in the heart rate of the neurotonic patient
   B. A vascular cause of lipothymia and syncope
   C. The perception of an intense, strong, fast or ectopic heartbeat
   D. The perception of an intense and strong heartbeat, without being fast or ectopic
   E. Symptoms that correspond to palpitations

2. The first intention treatment of an acute hypertensive crisis or a malignant hypertension is done with: (57)
   A. Nitrate derivatives
   B. Nicardpine
   C. Alpha blockers (Uralpidil)
   D. Labetolol
   E. Furosemide

3. The theoretical maximum frequency is calculated according to the following formula: (65)
   A. 200 - age
   B. 220 - age
   C. 185 - age
   D. TMF = 185 beats/minute regardless of age
   E. TMF = 140 beats/minute

5. The alternative treatment in stable coronary patients in case of contraindication or poor clinical tolerance to beta-blockers is the following: (66)
   A. Bivalirudin
   B. Ivabradine
   C. Other beta-blocker
   D. Aspirin
   E. Irbesartan

6. The microbiological agents which cause acute, embolic forms of endocarditis are: (97)
   A. Staphylococcus aureus and epidemidis
   B. Gram-negative bacilli
   C. Deficient streptococci
   D. Enterococcus faecium or faecalis
   E. Atypical and/or intracellular germs: Coxiella burnetii, Brucella, Chlamydia, mycoplasma, Bartonella

7. The treatment of choice in case of pure valve prolapse consists of: (115)
   A. Mitral plasty
   B. Medical treatment
   C. Bioprosthetic valve replacement
   D. Bentall intervention
   E. Surgical intervention is not recommended

8. Which of the investigations below is the fundamental test used in order to confirm the diagnosis and etiology
of aortic stenosis, and to assess its severity: (117)
A. Transthoracic echocardiography
B. Transesophageal echocardiography
C. Cardiac catheterization
D. Low-dose dobutamine ultrasound
E. ECG

9. The pharmacological treatment of systolic heart failure does NOT include: (90)
A. Diuretics
B. Beta blockers (carvedilol, bisoprolol)
C. Digitalis
D. Anticoagulants (vitamin K antagonists)
E. Class I antiarrhythmic agents

10. The following statements on the tuberculous etiology of pericarditis are correct, with the EXCEPTION of: (106)
A. It is a rare etiology
B. Insidious presentation with a slightly noisy development of a significant effusion
C. It usually occurs in cases of immunodepression, in patients with transplants
D. The treatment of tuberculosis is carried out for 1 year; corticosteroids are not of interest
E. It complicates a pulmonary tuberculosis

11. The following statements are recommendations for the use of thrombolytics, with the EXCEPTION of: (127-128)
A. Occlusive thrombosis of valve prosthesis in the case of patients with increased surgical risk
B. Myocardial infarction diagnosed in the first 90 minutes
C. Pulmonary embolism complicated with hemodynamic shock
D. Central venous catheter occlusions with camera
E. Ischemic CVA in acute phase, observing certain contraindications

12. Depending on the duration and evolution of a bout of atrial fibrillation, persistent A-fib is considered when: (38)
A. The bout decreases only with cardioversion
B. The bout is spontaneously reduced in less than one week
C. Reduction is not possible or desired
D. Idiopathic etiology
E. The bout is spontaneously reduced in more than one week

13. Acute chest stabbing-pain occurs in: (59)
A. Angina pectoris
B. Aortic dissection
C. Pericarditis
D. Pleural damage
E. Esophageal spasm

14. In bronchial asthma in adults, PEF or MEV over 80% of the predicted values is found in: (155)
A. Only in stage 1
B. Only in stage 2
C. Stage 3
D. Stage 4
E. Stages 1 and 2

15. Which of the following is NOT a warning signal requiring mechanical ventilation in a patient with COPD (164):
A. Disorders of consciousness
B. Respiratory distress
C. \( \text{PaO}_2 < 60 \text{ mmHg} \)
D. PaCO₂ > 70 mmHg
E. Lack of rapid improvement in spite of oxygen therapy

16. Lung abscess treatment is performed with: (171)
A. Amoxicillin 1 g/8h
B. Amoxicillin 1g/8h + clavulanic acid
C. Ceftriaxone 1g/24h + active fluoroquinolone on pneumococci
D. Cefotaxime 1g/8h + erythromycin i.v. 1g/6h
E. Imipenem + vancomycin 30mg/kgc/day

17. The basic treatment in the small cell lung cancer is represented by (199):
A. Surgery
B. Radiotherapy
C. Chemotherapy
D. Hormone therapy
E. Gefitinib

18. One of the following is not among the explorations which confirm the diagnosis of pulmonary embolism (211):
A. Chest X-ray
B. Ventilation/perfusion scintigraphy
C. Pulmonary angiography
D. Spiral Angio-CT of pulmonary arteries
E. Echography of the lower limb veins

19. The aim of the symptomatic treatment in shock is to obtain (221):
A. A systolic blood pressure higher than 100 mmHg
B. A diastolic blood pressure higher than 65 mmHg
C. A cardiac rhythm higher than 65/min
D. A medium blood pressure higher than 65 mmHg
E. A medium blood pressure lower than 65 mmHg

20. A patient who presents bilateral pyramidal syndrome, spasmodic laughing and crying, abnormalities of phonation and deglutition, walking with small steps, sphincter disorders and dementia, could suffer from: (252)
A. Wallenberg syndrome
B. Altern syndrome
C. Cerebellar syndrome
D. Lacunar stroke
E. Pseudobulbar syndrome

21. The treatment in cerebral malaria consists of (292):
A. Quinine
B. Aciclovir i.v., 10 mg/kg, three times a day, 21 days
C. Aciclovir p.o, 10 mg/kg, three times a day, 21 days
D. Oseltamavir
E. Quinidine

22. The diagnosis in chlamydia infection is based on (332):
A. PCR
B. Direct microscopic examination
C. Bacterial culture on a special medium because the bacteria has a slow growth rate
D. Bacterial culture on ordinary media

23. Empirical antibiotic therapy, indicated especially in diarrhea with invasive aspect, is carried out with (407):
A. Chinolone i.v
B. in case of severe signs or suspicion of parasitosis
C. Cinnolone p.o. +/- Metronidazol in case of severe signs or suspicion of parasitosis
D. Ampiciline +/- Aminoglocosid in case of severe signs or suspicion of parasitosis
E. Macrolide in case of suspicion of diarrhea caused by Campylobacter jejuni

24. Celiacomesenteric arteriography is indicated in: (428)

A. Superior digestive hemorrhage, if the hemorrhage is persistent and abundant
B. Inferior digestive hemorrhage, with normal colonoscopy, if the hemorrhage is persistent but not critically abundant
C. Inferior digestive hemorrhage, with normal colonoscopy, if the hemorrhage is persistent and abundant
D. Inferior digestive hemorrhage, even if the colonoscopy identifies a bleeding source, because there is the possibility of another synchronous hemorrhage located in the small intestine
E. Digestive hemorrhage regardless of the bleeding source

25. If a patient has cirrhosis consecutive to chronic hepatitis B virus infection, the preferred treatment will include: (452)

A. Monotherapy with Pegylated Interferon, over a period of 1 year
B. Monotherapy with Pegylated Interferon, for twelve weeks, followed by a dosage of viremia, to decide whether the treatment should continue for a whole year
C. Bitherapy with Interferon + Rivavirin
D. Entecavir or Tenofovir
E. Lamivudine

26. Which of the following explorations DOES NOT represent a complementary exam meant to exclude a differential diagnosis of hepatic encephalopathy? (464)

A. Glycemia
B. CBEU
C. Alcohol level
D. Hydroelectrolytic balance
E. Brain C.T. scan

27. One of these items is a non-curate treatment of hepatocellular carcinoma: (483)

A. Liver transplant
B. Surgical resection
C. Sorafenib
D. Local destruction
E. Hepatitis B vaccination

28. The most frequent anatomical location of the appendix is: (499)

A. Pelvin
B. Retrocecal
C. Mezoceliac
D. Lateroceliac
E. Below the liver

29. The main complication of hernia is: (505)

A. Infection
B. Strangling
C. Reflex ileus
D. Digestive hemorrhage
E. Icterus

30. Charcot’s triad represents: (512)

A. Cholestasis + cytolysis + inflammatory syndrome
B. Fever + acute abdomen + vomiting
C. Biliary colic + shock + pneumobilia  
D. Biliary colic + fever + icterus  
E. Icterus + cholestasis + inflammatory syndrome

31. One of the following items is an associated sign of severe preeclampsia: (525)

A. Diuresis more than 40 ml/h  
B. Proteinuria less than 1 g/24 h  
C. Precordial pain  
D. Trombocytosis  
E. Persistent headache

32. A female patient presents suspicion of extrauterine pregnancy. She has had amenorrhea for seven weeks, the value of hCG is 2500 UI/l, the progesterone level is 8 ng/ml, she has sudden abdominal pain, the hematosalpinx is 2 cm, the hemoperitoneum is 0 ml. What is the Fernandez score for this patient? (535)

A. 12  
B. 13  
C. 14  
D. 15  
E. 16

33. Which of the following statements about menstruation is true: (559)

A. The menstrual blood can clot  
B. It lasts a maximum of 3 days  
C. The menstrual cycle has 6 phases  
D. The first menstruation is called menarche  
E. Cyclic menstruations occur only after puberty

34. This characterizes the intraductal papilloma: (602)

A. It is a malignant tumor  
B. There are no imagistic explorations available  
C. It sometimes determines galactroragia  
D. It develops from the adipose tissue of the breast  
E. Immunotherapy is indicated in case of hyper-expression of HER2

35. The long term main treatment in rheumatoid polyarthritis is: (630)

A. Leflunomide  
B. Adalimumab  
C. Rituximab  
D. Sulfasalazine  
E. Methotrexate

36. In case of an osteoporotic vertebral fracture, treatment should be started if the T score is: (639)

A. Less than -2.5  
B. Less than -1  
C. More than 1  
D. Less than -2.5 plus other osteoporotic fractures  
E. Less than -1

37. What is the main clinical aspect in external otitis? (718)

A. Otorrhea  
B. Fever  
C. Hearing loss  
D. Otalgia  
E. Tinnitus

38. Which of the following statements about separation anxiety is true: (920)

A. The avoidance behavior disappears at maturity  
B. It emerges after a traumatic event  
C. It is developed after puberty  
D. It mainly affects adults
39. Which of the statements about the classification of cancers is true (1423-1425)

A. The importance of tumor markers for the prognosis is determined by their level
B. The Breslow classification takes into account the surface of the skin which is invaded by melanoma
C. In the case of germinal tumors, the LDH levels help establish a diagnosis and a prognosis
D. The epidermoid carcinoma are developed from the transitional epithelium
E. The neuroblastoma and the nephroblastoma are tumors of ectodermal origin

40. Which of the following affirmations about anemia and the treatment of iron deficiency are false: (1378)

A. It is administrated oral iron for 4 months
B. Abdominal pain can represent a complication of the treatment
C. The efficiency of the treatment is evaluated by monitoring transferrin levels
D. Eritroblastopenia represents a cause of normocytic aregenerative anemia
E. Chronic inflammation can cause microcytic anemia

41. It characterizes the acute occlusion of the renal artery: (1369)

A. Acute hypertension is developed
B. CPK-MB levels are high
C. Among other symptoms, acute renal failure with microscopic hematuria is also mentioned
D. Renal function and biopsy are indicated for the ischemic areas, identified by means of Doppler echography
E. There is a minimum risk of malignization of the areas which present a low level of perfusion

42. It is not true about the monitoring of testis tumors: (1331)

A. From a clinical point of view, it is important to begin the auto examination of the testis in which the tumor was identified
B. The serum markers are monitored
C. A thoracic, abdominal, and pelvic C.T scan is performed
D. The contralateral testis should be kept under observation
E. The complications of chemotherapy are taken into consideration

43. In the urinary track infections, in adults: (1287-1291)

A. It is important to treat the contributing factors in the case of simple acute cystitis
B. Being in the under 55 years of age group represents a risk factor for acute pyelonephritis
C. Acute prostatitis evolves with fever which is often moderate
D. Beta-lactam antibiotics are used in the treatment of urinary infections
E. Constipation is a risk factor for the nosocomial infections of the urinary track

44. These are complications of thyroidectomy: (1217)

A. Fat embolism
45. In case of a thyroid nodule: (1218-1220)
   A. Scintigraphy is not indicated if the TSH levels are normal or low
   B. The suspected nodules have a hyperechogenic aspect at echography
   C. The associated dyspnoea is determined by the compression of the recurrent laryngeal nerve
   D. The hypoglossal duct cyst is a differential diagnosis
   E. The thyrocalcitonin levels are systematically assessed

46. It is true about obesity in adults: (1276-1279)
   A. A jeun glycemia, the creatinine levels and the ECK, taken at rest, are complementary, systematic tests
   B. The premenstrual syndrome is an endocrine complication
   C. The gastric by-pass is a reversible surgical technique
   D. In the evaluation of the obese patient, the antecedents of cardiovascular and metabolic pathologies, are important (diabetes, dyslipidemia, low blood pressure)
   E. Adjustable ring gastroplasty can have as a consequence the Dumping syndrome

47. It is true about dermatophytosis: (1171-1172)
   A. The Kerion is a suppurating trichophytosis, developed due to a deficient immune response of the host
   B. The nail dermatophytosis includes onychomycosis and secondary onychia
   C. The examination with the Wood lamp shows the absence of fluorescence for Microsporum dermatophytosis
   D. The treatment with topical antifungal solutions is carried out for a period of 1-8 weeks
   E. The plaques in the dermatophytosis of glabrous skin are easy to differentiate from the signs of nummular eczema

48. The following represent risks of radiography: (1149)
   A. Invasive examination, in the case of arteriography
   B. Operator dependant
   C. Radioactivity
   D. High costs
   E. Arterial dissection, in the case of arteriography

49. In disseminated lupus erythematosus: (1138-1141)
   A. The hematologic abnormalities, as an ACR criterion, involve leucopenia lower than 1.5 G/L, confirmed twice
   B. Arthralgia and arthritis affect especially the large articulations (hip, shoulder)
   C. It is mandatory to look for antiphospholipidic antibodies
   D. The LED treatment is based primarily on hydroxychloroquine, which is a immunomodulatory and immunosuppressive drug
   E. Rheumatoid purpura can be taken into consideration as a differential diagnosis in the case of older adults

50. The following are occasional convulsions in infants and children: (1080)
   A. Endogenous intoxications: withdrawal syndrome
   B. Hydroelectrolytic disorders: hypoglycaemia/hypercalcaemia
C. Traumatic: epidural hematoma  
D. Vascular: CVA in infants  
E. Infectious: adenovirus  

Single answer score: _____  

MULTIPLE ANSWER  
51. NYHA 3rd class dyspnea is characterized by the following features: (86)  
A. Frank limitation of activities  
B. Dyspnea subsequent to important physical efforts  
C. Without rest discomfort  
D. Symptoms may appear during rest  
E. Incapacity to perform any physical activity without symptoms  

52. Laubri and Pezzi syndrome associates the following changes: (108)  
A. Aortic insufficiency  
B. Interatrial communication  
C. Interventricular communication  
D. Mitral insufficiency  
E. Mitral stenosis  

53. Which variants, regarding the dystrophic etiology of mitral insufficiency are true: (112)  
A. It is also called Mönckeberg disease  
B. Frequent pathology, affects elder women  
C. Myxoid degeneration of the valves which thicken and become redundant  
D. The valves prolapse in the left atrium and the tendinous chords are prolonged  
E. The valves and the tendinous chords are thickened, calcified and retracted  

54. Antibiotic prophylaxis in patients with endocarditis can be performed with the following medicines: (103)  
A. Amoxicillin 2 g p.o. during the first hour after a dental procedure with increased risk  
B. Amoxicillin 2 g p.o. in the hour preceding a dental procedure with increased risk  
C. Clindamycin 600 mg p.o. in the hour preceding a dental procedure with increased risk  
D. Thiamphenicol 600 mg p.o. in the hour preceding a dental procedure with increased risk  
E. Ceftriaxone 1g p.o in the hour preceding a dental procedure with increased risk  

55. The hygienic dietary regimen in heart failure includes the following measures: (89)  
A. Strict no salt diet  
B. Moderate physical activity  
C. Reduction of alcohol consumption  
D. Water restriction in case of dilutional hyponatremia  
E. Vaccination against influenza, pneumococcal infection  

56. Chronic mitral insufficiency can have the following etiologies: (112)  
A. Degenerative  
B. Dystrophic: Marfan syndrome  
C. Functional  
D. System diseases: Scleroderma  
E. Ischemic  

57. The following items represent treatment principles in case of varicose rupture in the lower limbs followed by hemorrhage: (122)  
A. Venotonic medicines  
B. Surgical intervention with varicose sclerosis  
C. Lifting of the affected limb  
D. Compressing bandage  
E. Crenotherapy
58. Primary Hyperaldosteronisms are characterized by: (56)
A. They represent a secondary cause of AHT
B. As a physiopathological mechanism, the increase of aldosterone production appears, with inhibition of renin secretion
C. Blood sodium remains normal
D. One of the causes originates in the bilateral hyperplasia of the adrenal glands (Conn syndrome)
E. The differential diagnosis must be performed by taking into consideration the pseudo-hyperaldosteronism induced by glycyrrhizin

59. In which of the following types of effort the reflex syncope may appear: (27)
A. Urination
B. Defecation
C. Sneezing
D. Digestion
E. Cough

60. Atrial fibrillation is characterized by: (30)
A. Multiple micro-re-entries in the two atriums
B. Irregular tachycardia with the exception of an added 3rd degree AV block
C. Narrow QRS, with the exception of the organic or functional bundle branch block
D. Without organized or regular atrial activity
E. Transmission to ventricles 2/1, 3/1, 4/1... sometimes in a variable manner

61. The junctional rhythm is characterized by the following electrocardiographic changes: (35)
A. Junctional bradycardia through atrial paralysis: where P≤QRS
B. Junctional tachycardia: fast and narrow and regular QRS 140-220/min
C. Junctional bradycardia through atrioventricular block: where P≤QRS
D. Junctional tachycardia: where retrograde P waves (negative in inferior derivations), succeed QRS
E. Junctional tachycardia: broad, slow and regular QRS

62. Immediate cardioversion in case of atrial fibrillation is performed in the following situations: (40)
A. Non-complicated AF on a healthy heart and dating back less than 24-48 hours
B. AF in an already correctly anticoagulated patient
C. AF in a young patient
D. AF poorly tolerated which justifies an emergency conversion (cardiogenic shock)
E. Only if it is a paroxismal AF

63. Which of the following statements regarding AV block 2 are true? (41-42)
A. Impulse transmission slows down in any of the levels (nodal, hisian, infranisiian), which determines the blocking of one or more P waves intermittently
B. In the Wenckebach AV block the intermittent blocking of P wave appears while PR intervals preserve a constant duration
C. In the Mobitz AV block P waves are blocked after the progressive elongation of PR interval
D. AV block 2 is rarely symptomatically isolated
E. The block location is frequently nodal in the Wenckebach type and it is mostly distal in the Mobitz forms
64. The following tension values can be included in the mild AHT - grade I: (52)
   A. BP: 140 mm Hg, BP : 95 mm Hg
   B. BP : 160 mm Hg, BP : 99 mm Hg
   C. BP: 155 mm Hg, BP: 90 mm Hg
   D. BP: 180 mm Hg, BP: 105 mm Hg
   E. BP: 135 mm Hg, BP: 85 mm Hg

65. Which of the following statements regarding resistant arterial hypertension are FALSE: (55)
   A. Resistant AHT represents a failure of BP reduction under hygienic-dietary measures associated with an anti-hypertensive tri-therapy which includes a loop diuretic
   B. Resistant AHT represents a failure of BP reduction under hygienic-dietary measures associated to a anti-hypertensive tri-therapy which includes an inhibitor of the conversion enzyme of angiotensin
   C. Resistant AHT must be differentiated from a possibly un-elucidated secondary AHT
   D. In the case of resistant AHT the possible non-observance or modification of the hygienic-dietary rules, the administration of some medicines that increase BP as well as the volemic overcharge should be taken into consideration
   E. Resistant ATH cannot appear in a patient who has sleep apnea

66. The medicines recommended in the treatment of arterial hypertension during pregnancy are the following: (55)
   A. Methyldopa
   B. Labetalol
   C. Calcium channel blockers
   D. Beta-blockers
   E. ACE inhibitors (AT 1 –receptor antagonists if there is intolerance to ACE inhibitors)

68. Aortic dissection is characterized by the following features: (62)
   A. The treatment indicated is emergency surgery in type B dissections (when the ascendant aorta is not affected) because the spontaneous mortality rate is of 1% per hour
   B. It appears in context of Marfan syndrome, pregnancy or AHT
   C. The indicated treatment is medical in type A dissections (when the ascendant aorta is affected) and consists of optimal BP control ± endovascular treatment
   D. It is important to appreciate the extension in coronary arteries (infarction), in aortic valve, (acute AR), in pericardium, in abdominal aorta and its ramifications
   E. The diagnosis is confirmed by transesophageal echocardiogram and/or angiography scan

69. Which of the following statements regarding the percutaneous
revascularization by angioplasty associated to stent implant, as part of the therapeutic management of angina pectoris and infarct, are true: (66-67)

A. This method is proposed for the coronary lesions that are technically accessible (easier access if the lesion is shorter, more regular and proximal), and are responsible for the ischemia

B. The active stents have a decreased risk of stent thrombosis

C. Aspirin-clopidogrel bitherapy must be followed for a year in the case of active stents, respectively a month for inactive stents, respectively

D. Detection of coronary restenosis is achieved by systematic coronarographic control

E. In the coronary stable patient, with mono or bitruncular condition, the optimal medical treatment associated with the control of the cardiovascular risk factors produces results which are as good as those generated by coronary angioplasty

70. The evolitional modifications of the electrocardiogram that appear in myocardial infarction are: (69)

A. Initially, the Q wave appears associated to ST segment elevation

B. Necrosis Q wave appears towards the sixth hour and it deepens in parallel to the regression of ST segment elevation

C. After ST segment normalization, T wave inverts, then becomes positive again (sometimes incompletely), after a period of 6 weeks

D. Semi-recent heart failure is defined on EKG by a profound Q wave that is associated to a minor ST elevation

E. Necrosis Q wave appears in the fourth day and it deepens in parallel to the regression of ST segment elevation

71. The following statements regarding the abdominal aortic aneurysm (AAA) are true: (75-77)

A. Clinically, we distinguish an abdominal or a nonpulsatile retroperitoneal mass, which is expansive, painless, with murmur, on the right side

B. Clinically, De Bakey sign indicates the sub-renal position of the aneurysm

C. The paraclinical diagnosis includes only the performance of an abdominal ultrasound and an aortography only

D. Colic ischemia may appear as a complication of the surgical treatment

E. AAA complications could include: rupture, compressions, embolisms and bacterial infection

72. The following pathologies represent etiological agents of chronic occlusive arterial disease of the lower limbs: (77)

A. Arteriosclerosis in 90% of the cases

B. Horton’s Disease

C. Collagenosis

D. Behçet’s Disease

E. Buerger’s Disease

73. From a physiopathological point of view, acute ischemia of the limbs triggers the following modifications: (81)

A. Respiratory acidosis

B. Metabolic alkalosis
74. The following statements characterize the Dressler syndrome: (72)
A. Pericarditis with arthralgias and inflammatory syndrome
B. Late Pericarditis appearing 3 weeks after a myocardial infarction
C. Early Pericarditis occurring after a myocardial infarction
D. Simple evolution under anti-inflammatory medicines
E. It represents an early mechanical complication of the myocardial infarction

75. In ventricular failure due to disorders of the pump function, volume overload appears only in the following situations: (85)
A. Hyperthyroidism
B. Acute mitral insufficiency
C. Congenital or acquired inter-ventricular communication
D. Acute aortic insufficiency
E. Arterial hypertension

76. The following are clinical factors in a negative prognosis of systolic heart failure: (89)
A. Old age
B. Ischaemic heart disease
C. NYHA Class III/IV
D. Involuntary weight loss
E. Anemia

77. Which of the following statements regarding diastolic heart failure are FALSE: (91)
A. The etiology can be represented by constrictive Pericarditis
B. From a physiopathological point of view, we have a case of heart failure which results from an increase of the resistance to ventricular filling and which leads to pulmonary congestion signs
C. The systolic function of the left ventricle may be decreased (FEVS<40%)
D. The treatment differs from the one addressing systolic heart failure
E. Chest X-Ray shows the presence of Cardiomegaly

78. The following characterize the complications that may appear in valve and vascular prostheses users: (94-95)
A. Thrombosis of the prostheses represents a frequent complication which appears mostly in mechanical prostheses
B. Endocarditis are divided in: early (<1 year after surgery) and late (>1 year after surgery)
C. Hemorrhagic accidents under AVK mainly affect the mechanical valve users
D. Mechanical extracorporeal haemolysis is considered physiological if LDH<2N
E. Prosthesis disinsertions are confirmed by transthoracic and transesophageal heart ultrasound

79. The following items fall under the B group of heart diseases with less elevated risk of infectious Endocarditis: (97)
A. Valvulopathies: Aortic failure, aortic stenosis, mitral failure
B. Bicuspid aortic valve disease
C. Medical history of mitral valve plasty with implant of prosthetic ring
D. Unoperated cyanogenic congenital heart diseases (tetralogy of Fallot)
E. Obstructive cardiomyopathy

80. Clinical assessment of the patient with infective endocarditis can
82. Which of the modifications showing on the effort EKG indicate replacing the aortic valve in asymptomatic patients: (119)
A. Marked ST depression (>2mm)
B. Impossibility to reach 80% of TMF
C. Occurrence of Bradycardia
D. Ventricular arrhythmia (VT>4 consecutive VES)
E. Poor increase (<20mmHg) or decrease of BP during exercise

83. Type 1 Thrombocytopenia induced by heparin is characterized by: (125)
A. The treatment to follow means continuing to administer heparin and performing the platelet count every 3 days
B. It appears between 2nd and 5th day
C. Is is frequent, progressive and benign
D. The heparin administration is stopped and and the treatment continues with AVK
E. The platelet aggregation functions as an occurrence mechanism

84. The following are signs of heart failure in infants: (1123)
A. Chest pain
B. Palpitations
C. Effort dyspnea
D. Sucking difficulties
E. Syncope

85. Bilateral edemas occurred in a patient with severe protein undernutrition require the performance of the following paraclinical investigations: (1346)
A. Protein test
B. Albumin test
C. Discovering proteinuria by using urine test strips
D. Prealbumin test
E. Transferrin test

86. Which of the following pathologies indicate the use of osmotic diuretics: (141)
A. Arterial hypertension
B. Brain edema
C. Acute ocular hypertension
D. Kidney failure
E. Mountain sickness

87. Minor hemorrhages, as complication of treatment with thrombolytics, are characterized by: (124)
A. Hematomas or petechiae in the puncture area
B. Meningeal hemorrhages
C. The treatment is symptomatic
D. The thrombolysis is continued
E. It could be an epistaxis

88. If a patient presents expiratory dyspnea with wheezing and / or bronchial rales, the diagnosis could be: (143)
A. APE
B. Acute decompensation of COPD
C. Infectious acute pneumonia
D. Pulmonary embolism
E. Hyper-sensitivity pneumopathy

89. Anti-cough molecules must be administered in a highly controlled manner under these circumstances: (147)
A. Bronchial hypersecretion
B. Elder patient
C. Small child
D. Patient with chronic respiratory failure
E. Pregnancy

90. Moderate to severe intermittent rhinitis is characterized by: (148)
A. symptoms ≤ 4 days per week
B. symptoms > 4 weeks
C. disrupted sleep
D. normal recreational and social activities
E. painful symptoms

91. If a patient with bronchial asthma presents daily symptoms, nocturnal asthma symptoms > 2 times per month, daily use of short-acting beta-2-agonists and PEF ≥ 80% of the predictable values, with variability of 20-30%, the chronic care of the patient includes: (156)
A. Inhaling corticoids in moderate to strong dosage
B. Fluticasone 400-1000 µg/24h
C. Beclomethasone 200-800 µg/24h
D. 24-48 µg/24h formoterol
E. Budesonide 800-2000 µg/24h

92. The following represent particular cases that need adapting the anti-tuberculosis treatment: (159)
A. The patient who has a medical history of hepatitis B or C
B. The Pregnant woman
C. The HIV patient under antiretroviral treatment
D. The infant
E. The patient who has medical history of silicosis

93. Which of the following variants are warning signs in a patient with COPD, and make necessary the use of mechanical ventilation? (164)
A. sleepiness
B. decrease of vigilance
C. inefficient cough
D. signs of shock
E. absence of rapid improvement despite oxygen therapy

94. Which of the following variants represent hospitalization biological criteria in an adult with acute pneumopathy? (170)
A. Severe leukocytosis over 20000Gb/ml
B. Kidney failure
C. temperature ≥ 40 °C
D. thrombocytopenia
E. decrease of TCA

95. The biological explorations in an adult with pulmonary legionellosis show: (172)
A. hyponatremia
B. lymphocytosis
C. hepatic cytolysis
D. increase of CPK
E. proteinuria

96. The severity of a pneumothorax is indicated by the following radiologic signs: (184)
A. Mediastinal displacement to the contralateral side
B. Hydroaerial level
C. Desaturation
D. Bilateral pneumo-thorax
E. Signs of deglobulinization

97. Lymphocytic alveolitis is present in: (190)
A. Sarcoidosis: moderate growth of lymphocytes, with a clear predominance of CD8 lymphocytes
B. Hypersensitivity pneumopathy: significant growth of lymphocytes, with a clear predominance of CD8 lymphocytes
C. Lymphoma
D. Lupus
E. Drug-induced pneumopathy

98. The treatment in superior vena cava syndrome is performed with: (199):
A. anticoagulants
B. radiotherapy
C. corticoids
D. oxygen therapy
E. chemotherapy

99. The following variants represent differential diagnosis of the non-cancerous multiple nodules of infectious origin: (201)
A. tuberculosis
B. aspergillosis
C. sarcoidosis
D. legionellosis
E. criptococosis

100. The following statements regarding mediastinal lesions in a chest trauma are true: (207)
A. The Pneumomediastinum represents a vital emergency, requiring an immediate surgical intervention
B. In the rupture of aortic isthmus, the diagnosis is made based on chest-computed tomography with contrast agent
C. Transthoracic chest ultrasound allows a precise study of the aortic isthmus
D. A violent shock with sternal fracture and deceleration must lead to searching for the disinsertion lesions of the brachiocephalic arterial trunk
E. The lesions observed in aortic isthmus rupture go from the intimal lesion to franc and total aortic rupture

101. The risk assessment in pulmonary embolism is performed by taking into consideration the following criteria: (212)
A. Arterial hypotension
B. Tachycardia
C. Right heart dysfunction, visible on ultrasound
D. Right heart dysfunction shown by the increased level of BNP
E. Increase of the plasmatic concentration of I or C troponin

102. Regarding specialized reanimation in cardiac arrest, the following statements are true: (218)
A. Adrenaline is the only catecholamine indicated in case of asystole
B. Adrenaline has a bathmotropic positive action
C. Adrenaline increases the systolic arterial pressure required by the coronary perfusion
D. Adrenaline has a vasodilator action
E. The lidocaine represents the alternative to amiodarone as antiarrhythmic treatment

103. The adjuvant treatments of the septic shock are: (222)
A. Antihistamines
B. corticoids
C. activated C protein
D. activated S protein
E. antibiotherapy

104. During the neurologic examination of a patient who suffered a cerebral infarction, hemineglect, hemiasomatognosia, anosodiaphoria, and anosognosia are identified; based on these findings, one could locate the infarction in:
A. Complete sylvian infarction in the dominant hemisphere
B. The occlusion of the middle cerebral artery or of the internal carotid artery in the minor hemisphere
C. Superficial sylvian infarction in the minor hemisphere
D. Superficial sylvian infarction in the dominant hemisphere
E. Profound sylvian infarction

105. The following represent neuroprotection measures, EXCEPT: (253)
A. Fighting hypoxia
B. Fighting hypothermia
C. Fighting hypoglycemia
D. Fighting AHT
E. Fighting hyperglycemia

106. The intraparenchymal brain hematoma in AHT could be associated to:
A. Progressive multifocal leukoencephalopathy
B. Old lacunes
C. Left ventricular hypertrophy
D. Micro-bleeds
E. Retinopathy

107. Hakim and Adams Triad is made up of the following elements: (261)
A. Spasmodic laughing and crying
B. Phonation and deglutition disorders
C. Walking with small step
D. Sphincter disorders
E. Cognitive deterioration

108. The differential diagnosis for infectious meningitis can be made with the following variants: (291)
A. Meningism
B. Meningeal reaction
C. Post-radiotherapy meningitis
D. Tumor meningitis
E. Immune-allergic meningitis

109. The guiding paraclinical tests that must be performed in case of persistent fever are: (311)
A. Complete blood count
B. ESR
C. Transaminases
D. Blood cultures
E. Viral and bacterial serological tests

110. Which of the following variants are part of the neuraminidase inhibitors used as anti-influenza virus drugs: (322)
A. Darunavir
B. Oseltamivir
C. Lopinavir
D. Zanamivir
E. Abacavir

111. The most frequently identified solid cancers in the evolution of the HIV infection are: (327)
A. Lymphomas
B. Pulmonary cancer
C. Cervical cancer
D. Anal canal cancer
E. Kaposi sarcoma
112. Regarding the treatment in gonococcal infection, the following statements are FALSE: (331)
A. Carried out with Penicillin G 1 MUI x 4 day, i.m.
B. Carried out with Doxycycline 200 mg/day for 7 days
C. It can also use azithromycin 1 g in a single dose
D. The rapid treatment with ceftriaxone 250 mg i.m. is preferred
E. Treatment carried out with ceftriaxone 50 mg/kg/day for 7 days

113. Herxheimer reaction is characterized by: (333)
A. It may appear in primary and secondary syphilis
B. Fever
C. Coetaneous and mucous eruption
D. Polyadenopathies
E. Generalized tonic-clonic seizures

114. In a patient who has an extended, dirty wound with foreign body, the following therapeutic strategy is applied: (369)
A. In the patient with the latest booster dose administered < 5 years, only antibiotherapy is used
B. In the patient with the latest booster dose administered between 5 and 10 years, only the booster dose is used
C. In the patient with the latest booster dose administered > 10 years only the booster dose is used
D. In the patient with incomplete vaccination, the booster dose is administered + subsequent vaccination + IgG (250 IU) are performed
E. In the patient with incomplete vaccination, complete vaccination + IgG (500 UI) + antibiotherapy are performed

115. The common favouring factors for a septicemia originating from the endocardium, the tegument or a vascular focus are: (373)
A. venous catheter
B. valvulopathy
C. drug abuse
D. pregnancy
E. burns

116. The following are reasons to order a stool culture on selective media: (404)
A. dysenteric syndrome
B. diarrhoea > 7 days despite the adapted antibiotic treatment
C. diarrhoea with severe dehydration
D. nosocomial diarrhoea
E. unexplained severe infectious syndrome

117. Regarding diverticular haemorrhages, the following statements are true: (428)
A. The most frequent cause is represented by colon cancer
B. Are favoured by consumption of aspirin or NSAIDs
C. Appear more frequently during a diverticulosis
D. The bleeding is usually interrupted when the colonoscopy is performed
E. Endoscopic haemostasis is an option

118. The extra-digestive manifestations associated to IBD which evolve in parallel with the fits are: (441)
A. Rheumatic pelvic spondylitis
B. uveitis
C. deep venous thrombosis
<table>
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<tr>
<th>119.</th>
<th>The paraclinical examinations of second intention, which must be performed in an intrahepatic cholestasis, are: (446)</th>
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<tbody>
<tr>
<td>A.</td>
<td>ferritinemia and transferrin saturation coefficient</td>
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<td>B.</td>
<td>eco-endoscopy</td>
</tr>
<tr>
<td>C.</td>
<td>auto-antibodies</td>
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<td>D.</td>
<td>first intention hepatic biopsy puncture</td>
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<td>E.</td>
<td>viral serology</td>
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<th>120.</th>
<th>Antiviral treatment indications for a patient with chronic hepatitis B are: (452)</th>
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<tbody>
<tr>
<td>A.</td>
<td>Persistent increase of ALAT with detectable viraemia</td>
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<tr>
<td>B.</td>
<td>Metavir score ≥ A2 and/or F2</td>
</tr>
<tr>
<td>C.</td>
<td>Patients with VHB extrahepatic manifestations</td>
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<td>D.</td>
<td>Cirrhosis compensated with ALAT &gt; 3N</td>
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<td>E.</td>
<td>Decompensated cirrhosis</td>
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<th>121.</th>
<th>Which of the following variants ARE NOT a part of the first intention assessment in the investigation of a cytolysis &lt; 10N: (456)</th>
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<tbody>
<tr>
<td>A.</td>
<td>ceruloplasmin</td>
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<td>B.</td>
<td>anti-transglutaminase antibodies</td>
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<td>C.</td>
<td>Transferrin saturation coefficient</td>
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<td>D.</td>
<td>AgHBs</td>
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<td>E.</td>
<td>IDR</td>
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<th>122.</th>
<th>Less frequent causes of hepatic cirrhosis, that shall be looked for in the second intention, are (459)</th>
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<tbody>
<tr>
<td>A.</td>
<td>Nonalcoholic steato-hepatitis</td>
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<td>B.</td>
<td>Primitive biliary cirrhosis</td>
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<td>C.</td>
<td>cardiac liver</td>
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<td>D.</td>
<td>genetic hemochromatosis</td>
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<td>E.</td>
<td>hereditary alpha-1-antitrypsin deficiency</td>
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<th>123.</th>
<th>The spontaneous infection of the ascites fluid can be characterized by the following clinical signs: (462)</th>
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<tbody>
<tr>
<td>A.</td>
<td>fever</td>
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<td>B.</td>
<td>hypothermia</td>
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<td>C.</td>
<td>abdominal pains</td>
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<td>D.</td>
<td>constipation</td>
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<td>E.</td>
<td>encephalopathy</td>
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<th>124.</th>
<th>Which of the following variants could represent causes of chronic pancreatitis? (467)</th>
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<tbody>
<tr>
<td>A.</td>
<td>Chronic hypercalcaemia in the context of a hypoparathyroidy</td>
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<tr>
<td>B.</td>
<td>Lymphoplasmacytic sclerosing pancreatitis</td>
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<td>C.</td>
<td>Tumor that obstructs the main pancreatic duct</td>
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<td>D.</td>
<td>Familial hypercholesterolemia</td>
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<td>E.</td>
<td>Alcohol</td>
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<th>125.</th>
<th>The following statements are true about acute pancreatitis: (513-515)</th>
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<tbody>
<tr>
<td>A.</td>
<td>Pancreatic pain is hypogastric, and it irradiates towards the inguinal region.</td>
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<td>B.</td>
<td>Biological examinations allow the calculation of Ranson’s score</td>
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<tr>
<td>C.</td>
<td>Multiple organ dysfunction is a general complication</td>
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<td>D.</td>
<td>Benign acute pancreatitis have a favorable evolution in a couple of days</td>
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<tr>
<td>E.</td>
<td>PET-CT performed within the first 12 hours allow the calculation of the Balthazar score</td>
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<th>126.</th>
<th>The following statements about peritonitis are true: (517)</th>
</tr>
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<tbody>
<tr>
<td>A.</td>
<td>Fungal Peritonitis is tertiary</td>
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</table>
B. Peritonitis without germs is primary
C. Tuberculosis corresponds to secondary peritonitis
D. Secondary peritonitis corresponds to a perforation of a hollow organ
E. Ascites infection is secondary peritonitis

127. Which of the statements regarding the pseudocyst in chronic pancreatitis are true? (468)
   A. Absence of pain
   B. It is an extra or intrapancreatic collection of pancreatic liquid
   C. It cannot regress spontaneously
   D. Organ compression is a complication of the pseudocyst
   E. It can cause pancreatic ascites

128. The treatment principles in non-occlusive colon cancer are as follows: (477)
   A. In the right-side colon cancer the continuity is re-established by ileocolic anastomosis
   B. In case of ganglion invasion, adjuvant chemotherapy is proposed
   C. Carcinologic colectomy assumes margins of minimum 5 cm on either side of the lesion
   D. In left-side colon cancer the continuity is re-established by ileoanal anastomosis
   E. Performing a stoma is always necessary in case of programmed interventions

129. The tumor markers used for diagnose confirmation in pancreatic cancer are: (489)
   A. CA 125
   B. CA 15-3
   C. CA 19-9
   D. Ag CSC
   E. ACE

130. The following statements are true about hepatic trauma: (492)
   A. It is systematically evoked for all abdominal traumas
   B. Cytolysis could be an evocative biological sign
   C. In the case of a hemodynamically stable patient, arterial embolisation is an option
   D. In the case of a hemodynamically unstable patient, emergency laparotomy is performed
   E. Coleperitoneum could be a complication

131. The following represent causes of occlusion determined by colon obstruction: (495)
   A. Fecaloma
   B. Ogilvie syndrome
   C. Foreign body
   D. Cecal volvulus
   E. Colon cancer

132. Abdominal ultrasound in non-complicated cholelithiasis shows: (509)
   A. Gallbladder wall thickening
   B. Absence of free pericholecystic fluid
   C. Dilatation of intrahepatic excretory ducts
   D. Gallbladder wall is not thickened
   E. Hyperechogenic gallstones with shadow cone

133. The main types of parietal hernias are: (504)
   A. Navel area
   B. Inguinal
   C. Diaphragmatic
   D. Sub-hepatic
   E. Pelvic

134. In volvulus of cecum: (498)
A. Colic levels appear in reversed U in CT
B. Constipation is a risk factor
C. Diffuse voluminous bloating appears
D. Vomitions are frequent
E. Data indicate an occlusion caused by colon strangulation

135. Characterize the fibrocystic dystrophy of the breast (mastosis): (601)
A. It presents chronic cyclic mastodynia with premenstrual aggravation
B. It is a malignant mammary tumor
C. It does not increase the risk of breast cancer
D. The treatment consists of p.o. or topical progestins
E. The size of cysts varies depending on the moment within the period

136. The treatment of menometrorrhagia associated to adenomyosis consists of: (585)
A. Aspirin
B. Intrauterine device which releases progestin
C. GnRH Agonists
D. Anti-fibrinolytics
E. Hysterectomy

137. Pyosalpinxes are clinically characterized by: (577)
A. Abdominal and pelvic pains
B. Dirty, purulent leucorrhoea
C. Painful lateral-uterine mass identified during vaginal examination
D. Always appears postpartum or post-abortion
E. Fever

138. These are causes of metrorrhagia not related to pregnancy: (560)
A. Adenomyosis
B. Ovarian cyst
C. Molar pregnancy
D. Ectropion
E. Uterine fibroma

139. The onset of labor has the following characteristics: (549)
A. Can be preceded by loss of mucous plug
B. Painful and regular uterine contractions
C. Cervical modifications
D. Can be preceded by water breaking
E. Anomalies of the fetal cardiac rhythm

140. These are surgical treatment indications in extra-uterine pregnancy: (535)
A. Minor abdominal pains
B. Unstable hemodynamics
C. Ambulatory care cannot be provided
D. Fernandez Score ≥ 13
E. Beta-hCG plasmatic < 3000 UI/l

141. Are additional elements administered to pregnant woman: (524)
A. Iron (in twin pregnancy)
B. Vitamin B6
C. Folic acid
D. Phosphor
E. Vitamin D

142. These statements about eclampsia are true: (528)
A. It can be the first manifestation of pre-eclampsia
B. It does not appear postpartum
C. It has to be treated without waiting for the CT scan result
D. Hypotension treatment – nicardipine i.v.
E. In order to prevent the relapses – administration of magnesium sulfate
143. These are NOT considered osteoporotic fractures: (637)
A. Lumbar vertebrae
B. Cranium
C. Cervical vertebrae
D. of proximal femur
E. Pouteau-Colles fracture

144. These are true statements about ankylosing spondylitis: (634)
A. Sacroiliac radiological damage is a certain diagnostic argument
B. There are always associated extra-articular signs
C. The treatment was revolutionized by the appearance of anti-TNF-alpha
D. MRI of the spine and of the sacro-iliac area is very useful
E. Sensitivity to corticoids is a diagnostic test

145. These are contraindications in NSAIDs administration: (646)
A. Radicular pains
B. Hemorrhagic disorders
C. Known drug allergy
D. Gout
E. Acute kidney failure

146. The rheumatoid factor can be positive in the following situations: (628)
A. Sjogren Syndrome
B. Heart failure
C. Elder people
D. Sarcoidosis
E. Psoriatic Rheumatism

147. These are true statements about the positive diagnosis in fractures of the lower extremity of the radius: (653)
A. Pain and functional impotence occur
B. The fist is deformed into the “fork back” shape if the displacement is anterior-external
C. In the front view X-ray the bistiloid line can be analysed
D. In the profile view X-ray the orientation of the radial glena can be analysed
E. The extra-articular fracture with posterior displacement is also called Galeazzi fracture

148. These are complications of acute infections of soft parts: (669)
A. Arthritis
B. Bacterial pneumonia
C. Tetanus
D. Decompensation on favoring area
E. Endocarditis

149. These are vascular causes of brutal sight anomaly with white, calm, not painful eye: (678)
A. Retrobulbar optic neuropathy
B. Central retinal artery occlusion
C. Acute anterior uveitis
D. Retinal detachment
E. Central retinal vein occlusion

150. Acute anterior uveitis is characterized by: (684)
A. Brutal but pain-free amputation of the field of vision
B. Painful red eye
C. Major ocular hypertonia
D. Tyndall effect
E. Iris-crystalline lens synechiae

151. The treatment of acute glaucoma by angle-closure can be performed as follows: (683)
A. Bolus of corticoids i.v.
B. Iridotomy as curing treatment
C. Locally with beta-blockers, adrenaline derivatives
D. Miotic agents – pilocarpine
E. Intravitreal injection of vancomycin
152. These are true statements about viral myringitis: (718)
A. It is a differential diagnosis of acute otitis media
B. It usually associates with viral meningitis
C. The auricular pavilion pavilion is detached
D. An intense pain appears
E. Phlyctenae are observed on the eardrum membrane

153. The clinical characteristics of erythematous pultaceous angina show: (722)
A. Erythematous pharyngitis
B. Hypertrophy of tonsils
C. Whitish pultaceous non-adherent deposit on tonsils
D. Very painful tonsil ulceration
E. Fever

154. The treatment of diphteric angina can be performed with: (725)
A. Cortico-therapy i.v.
B. Anti-mycotic p.o. fluconazol
C. Antibiotic i.v. Penicillin G
D. Vaccination
E. i.m. emergency serotherapy

155. These are possible causes of acute otitis media: (717)
A. Manifestation of an inflammatory systemic disease (Wegener granulomatosis)
B. Consequence of a brutal change of pressure
C. Adverse effect of corticoid-therapy
D. In most of the cases, the aetiology is idiopathic
E. Of infectious nature (viral, bacterial)

156. The following factors characterize the aging of the kidney function: (777)
- There is an increase in the activity of renin-angiotensin-aldosterone system in repose
- The urinary diluting ability decreases
- The kidney blood flow decreases
- The number of nephrons decreases
- The urine-concentrating ability decreases

157. These are true affirmations about the elderly patient: (779)
A. The patient suffers from multiple chronic progressive diseases
B. There can be interference among the patient’s various diseases
C. The treatment of a certain disease can prevent the decompensation of another disease
D. A symptom can be explained by several diseases
E. Due to vulnerability, the patient does no longer react normally in an acute situation

158. These are diagnostic elements in postpartum blues: (924)
A. Asthenia
B. Delirium
C. Crying
D. Infanticide risk
E. Self-deprecation

159. These are true statements about conversion disorder: (918)
A. An organic cause stands out
B. The patient does not pay attention to his disorders
C. The symptoms are simulated
D. Symptomatology is typically histrionic
E. The symptom is irreversible and invariable

160. Social phobia is characterized by: (915)
A. Increased anxiety
B. Behavioural inhibition
C. Fear of open spaces, public places
D. Fear of speaking in public
E. Complications – depression, addictions

161. These are differential diagnoses of encopresis: (998)
A. Epilepsy
B. Hirschprung disease
C. Diabetes
D. Fecaloma
E. Malformations

162. These are true statements about the infant’s normal development: (995-997)
A. At birth he/she perceives forms and light
B. The two-months-old infant can sit up
C. He/she starts babbling after 12 months
D. Nocturnal control of the sphincter at 5-6 years of age
E. At birth, the motric activity is subordinated to primary reflexes

163. This is FALSE about the main risk factors in cancer occurrence: (1426-1427)
A. A relative hyperestrogeny increases the risk for breast cancer (nulliparity or first pregnancy before the age of 30)
B. Exposure to ultraviolet rays determines the development of melanoma due to indirect lesion of DNA
C. Melanomas and skin cancers decrease in western world populations due to protection measures adopted with increasing frequency
D. The main types of oncogenic HPV virus are types 16 and 18
E. Hepatocellular carcinoma occurs after an acute infection with VHB and VHC viruses

164. In malignant lymphoma: (1439)
A. Stage I in Ann Arbor classification – ganglia affection above and below the diaphragm
B. Stage B in Binet classification – anaemia and thrombopenia
C. Ann Arbor classification stage IV – medullar affection
D. Stage II in Ann Arbor classification – at least two ganglionic territories affected, on the same side of the diaphragm
E. Binet classification: stage A - less than 3 ganglionic areas affected

165. This is FALSE about the diagnosis of chronic lymphoid leukaemias: (1436)
A. The management is guided by Ann Arbor classification
B. For stages A and B therapeutic abstinence is the rule
C. CLL is a monoclonal lymphoid proliferation
D. 95% of the proliferated cells are T lymphocytes
E. In the paraclinical diagnosis, the myelogram shows a monocyte infiltration

166. The following items are causes of lowered PT and normal PTT: (1383)
A. XI factor deficit
B. Hepatic failure
C. Food deficiency
D. Cholestasis
E. Treatment with heparin
167. AL Amyloidosis: (1392)
A. An infiltration with soluble monoclonal heavy chains is present
B. The infiltration is present at kidney, heart, nervous, digestive and joints level
C. Quasi-pathognomonic sign: periorbital hematoma
D. Heart infiltration is the most frequent and has the gloomiest prognosis
E. At nervous system level, central neuropathy occurs

168. This is FALSE about the substitution therapies in chronic kidney failure: (1356)
A. The hemodialysis can be performed at home or in a specialized centre
B. Peritoneal dialysis can be used for an unlimited duration
C. Denutrition with hypoalbuminemia represents a main contraindication of peritoneal dialysis
D. The survival chance of the patients with kidney transplant is smaller in those with comorbidities than in those without comorbidities
E. The initiation of the substitution therapy is conditional on the occurrence of uraemia clinical signs

169. These are primary glomerular nephropathies: (1365)
A. MCD (minimal change disease)
B. AA Amyloidosis
C. FSH (focal and segmental hyalinosis)
D. Disseminated Lupus Erythematosus
E. IgA Nephropathy

170. This is true about the so called “benign” nephro-angiosclerosis: (1368)
A. Kidney failure with rapid aggravation becomes manifest
B. At ultrasound: kidney of small dimension, homogeneous and regular contour
C. Haematuria is present
D. Proteinuria is reduced
E. Right ventricular hypertrophy occurs

171. This is FALSE about the kidney artery stenosis: (1367)
A. Chronic kidney failure ameliorates after introducing treatment with ACE inhibitors/ARBs
B. A hyperkalemia of kidney origin is present
C. Proteinuria < 1g/24h occurs
D. Spiral CT angiography with contrast agent is a nephrotoxic examination which provides, however, significant data that makes a therapeutic procedure possible
E. AHT is severe, resistant to the triple therapy

172. In acute pyelonephritis: (1288-1289)
A. The severity of pyelonephritis is not correlated to the degree of pyelocaliceal extension
B. Plain Abdominal X-Ray proves the absence of obstruction
C. Obstructive acute pyelonephritis does not benefit from obstacle treatment in emergency
D. Bitherapy in case of important general signs is performed with fluoroquinolones or 3GC+aminoglycoside
E. If the fever persists after 24 hours of treatment,
173. The prevention of relapses in urinary lithiasis in adults is performed as follows: (1314)
A. Diuretic therapy, urinary acidification in calcium renal lithiasis
B. Urine alkalization in cystinic lithiasis
C. CBEU every 3 months
D. Urinary disinfection in struvite lithiasis
E. Hypouricemia treatment in uric acid lithiasis

C. In most cases it occurs in elderly men
D. Renal cell carcinoma is unilateral most of the times
E. A cerebellar haemangioma can be present

177. The following statements characterize the management, the evolution and the monitoring in kidney cancer cases: (1326)
A. Subsequent to radical nephrectomy, urea monitoring, CRP and abdominal MRI
B. Subsequent to conservative surgery, monitoring of serum creatinine, abdominal CT
C. Antiangiogenics are administered per os
D. The symptomatic treatment is taken into consideration: hypercalcemia, High Blood Pressure
E. Antiangiogenics are administered in association with a tumour reduction nephrectomy

178. The following items characterize the metabolic syndrome: (1276)
A. Gynoid obesity
B. High blood pressure
C. dyslipidemia with hyper - LDL-cholesterolemia
D. Insulin resistance
E. Hyperuricaemia

175. TNM classification of prostate cancer: (1321)
A. T2a ≤ 50% of one lobe
B. T2c - involvement of seminal vesicles
C. T1b - Tumor incidental histologic finding in >5% of tissue resected
D. Nx nonaffected ganglions
E. M1b meta-visceral metastases

176. Von Hippel-Lindau Disease: (1323)
A. Is an hereditary disease with autosomal recessive transmission
B. It associates endolymphatic sack tumours

A. In diabetic retinopathy, ocular fundus examination monitoring is performed every two years
180. This is FALSE about trophic disorders and infectious complications in diabetes mellitus in adults: (1248)
A. Streptococcal skin infections could appear (furuncles)
B. The diabetic osteoarthropathy usually precedes the plantar ulceration
C. Subacute pyelonephritis is most of the times symptomatic, with long lasting fever
D. Usually, the plantar ulceration is not painful
E. Mycoses are localized exclusively in the genital or oral mucosa

181. In the diagnosis of hyperthyroidism: (1221-1222)
A. Chronic cervical pain suggests De Quervain’s thyroiditis
B. In Basedow’s disease, a thrill is heard during auscultation
C. fT3 test is irrelevant
D. The “warm” and isolated nodule suggests the presence of the toxic thyroid adenoma
E. In postpartum hyperthyroidism, the scintigraphy demonstrates a reduced uptake within the gland

182. In case of amiodarone-induced hyperthyroidism: (1223)
A. The scintigraphy can indicate a normal uptake in type I hyperthyroidism
B. In Type II hyperthyroidism, the treatment is based on synthesized antithyroid drugs
C. Type I hyperthyroidism occurs on a pre-existing thyroid pathology
D. Thyroid scintigraphy indicates an increased uptake in type II hyperthyroidism
E. Physiopathology is similar in the two types of hyperthyroidism

183. These are clinical forms of thyroid goiter: (1215-1216)
A. Simple goiter
B. Endemic goiter (iodine excess)
C. Pandemic goiter
D. Sporadic goiter
E. Unique or multiple nodules

184. The differential diagnosis of a thyroid nodule includes: (1219)
A. Dermoid cyst
B. Endemic goiter
C. Thyroiditis focus in nodular version
D. Laryngocele
E. Haematocele

185. This is true about erysipelas treatment: (1170-1171)
A. It is carried out exclusively during hospitalization on account of the high risk of contagiousness involved
B. The etiologic treatment is performed with probabilistic mono-antibiotherapy per os with subsequent i.v. at 48 hours from fever onset
C. Preventive treatment includes elastic contention for
133

preventing or treating the lymphoedema
D. In case of allergy to penicillin, macrolides or synergistins can be used
E. The treatment duration for non-complicated erysipelas is 10-14 days

186. The following items characterize the positron emission tomography: (1150)
A. It does not pose any risks
B. Limitation: two-dimensional summation analysis
C. It carries the risk of decompensation in a chronic kidney failure
D. Advantages: very sensitive
E. Contraindications: pregnancy and breast feeding

187. In the pathology of the spine and the spinal cord, the following procedures are indicated: (1152)
A. Bone tumours are investigated using X-Rays, scintigraphy, CT or MRI
B. MRI is used in spondylodiscitis cases
C. Rachialgias benefit from CT or PET in case of failure of medical treatment
D. Radiculalgias shall be examined by bone scintigraphy
E. CT can be used in an emergency involving medullary compression

188. This is FALSE about imagistic explorations in abdominopelvic pathology: (1153)
A. In case of appendicitis abdominopelvic CT is systematically indicated
B. Pathology of cholecyst and bile ducts benefits from colangiop-CT
C. In vascular ischemia, abdominopelvic MRI is indicated
D. Wirsungo-MRI is performed in case of pancreatitis
E. In case of abdominal bleeding, by abdominopelvic CT a hematoma is visualised on contrast-enhanced abdominopelvic CT

189. The following are part of the initial assessment in lupus, EXCEPT: (1142)
A. Urea, creatinine, uric acid tests
B. Rheumatoid factor, cryoglobulin tests
C. Chest X-Ray, EKG, echocardiography
D. Triglycerides, postprandial glycaemia
E. CPK, LDH, serum calcium, serum proteins electrophoresis

190. From a biological point of view, in APS: (1142)
A. There may be a false positive VDRL serology
B. Three antibodies must be searched for and at least two of the three must be detected at least two times over a period in excess of 12 weeks in significant titres
C. IgD and IgM isotypes of anticardiolipin are detected by PCR techniques
D. Lupus anticoagulant has antithrombin activity
E. TCA levels can be normal in the presence of an anticardiolipin or an anti-beta-2-gp-1

191. The urinary strip examination in pyelonephritis cases in infants and young children: (1105)
A. It is the complementary examination of first intention
192. This is true about angina management in children: (1069)
A. Positive RDT imposes the initiation of the antibiotic treatment with third-generation cephalosporin for a period of 6 days
B. Negative RDT and absence of risk factors for ARF imposes the administration of only a symptomatic treatment: analgesics and antipyretics
C. In case of allergy to amoxicillin, second or third-generation cephalosporin is prescribed for 4 or 5 days, depending on the type of drug used
D. In case of pseudOMEMBRANOUS angina with atypical aspect, special examinations are necessary: pharyngeal exudate, complete blood count and EBV serology
E. Macrolides are not indicated due to an increased risk of developing resistance

193. The home health care after an asthma crisis in infants implies: (1097)
A. To assess the necessity of a long term treatment
B. Beta2-adrenergic administered by inhalation
C. Oral corticotherapy for a long period of time
D. Oxigen therapy
E. Mechanical ventilation

194. The laboratory diagnosis in diabetes mellitus in infants: (1109)
A. Certain diagnosis in case of glycosuria + ketonemia
B. Possible diagnosis if blood glucose level > 11 mmol/L
C. Confirmation of the autoimmune character by deceleration of anti-GAD antibodies
D. Ketoacidosis is confirmed by a pH < 7,30
E. 2 glycaemias a jeun > 7mmol/L confirm the existence of diabetes

195. The Lennox-Gastaut syndrome is characterized by: (1083)
A. It is a type of idiopathic epilepsy
B. It appears in the first year of life, and is considered a severe epilepsy
C. It appears on the background of pre-existing brain lesions
D. The seizures can be axial tonic, clonic-tonic generalized, nocturnal tonic
E. Intellectual disability is present

196. These are neuroglycopenic signs in infants with diabetes mellitus: (1111)
A. Convulsions
B. Anxiety
C. Deglutition disorders
D. Paresthesias
E. Balance disorders
197. These are components of the clinical examination of the full term newborn: (1032)
A. Cardio-vascular examination: checking the normality of the cutaneous capillary refill time (< 3 s), of the navel (two veins and an artery), and the pulmonary auscultation (normal frequency: 50-60/minute)
B. Checking the aspect of the external genitalia: in girls leucorrhoea is normal, even metrorrhagia
C. Assessment of the resting muscle tone
D. Assessment of primitive reflexes during the clinical exam is not important
E. Superior digestive tract endoscopy to check the absence of oesophageal atresia

198. These are metabolic causes of acute vomiting in infants and children: (1062)
A. Aminoacidopathies
B. Acute kidney failure
C. Diabetic ketoacidosis
D. Hydroelectrolitic disorders
E. Toxin or drug induced

199. This is FALSE with regard to the acute fever in the infant between 3 to 36 months: (1039-1040)
A. Measuring the temperature at rectal level
B. Respiratory or ENT infection represent the most frequent cause
C. Fever without signs of seriousness, which lasts for more than 24 hours represents an indication for paraclinical examinations
D. In case of poorly tolerated fever, lumbar puncture is indicated

200. This is FALSE with regard to the assessment of the extension of aggressive lymphomas in adults: (1439)
A. Superior digestive tract endoscopy is performed
B. EKG and ultrasound after anthracycline
C. PET/CT are performed to detect diffuse large B-cell lymphomas
D. Blood ionogram: urea, serum creatinine, uric acid
E. HTLV-1 serology is performed

*Multiple answer score: _____*

**TOTAL SCORE: _____ / 950**
ANSWERS
Multiple-choice Test I

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