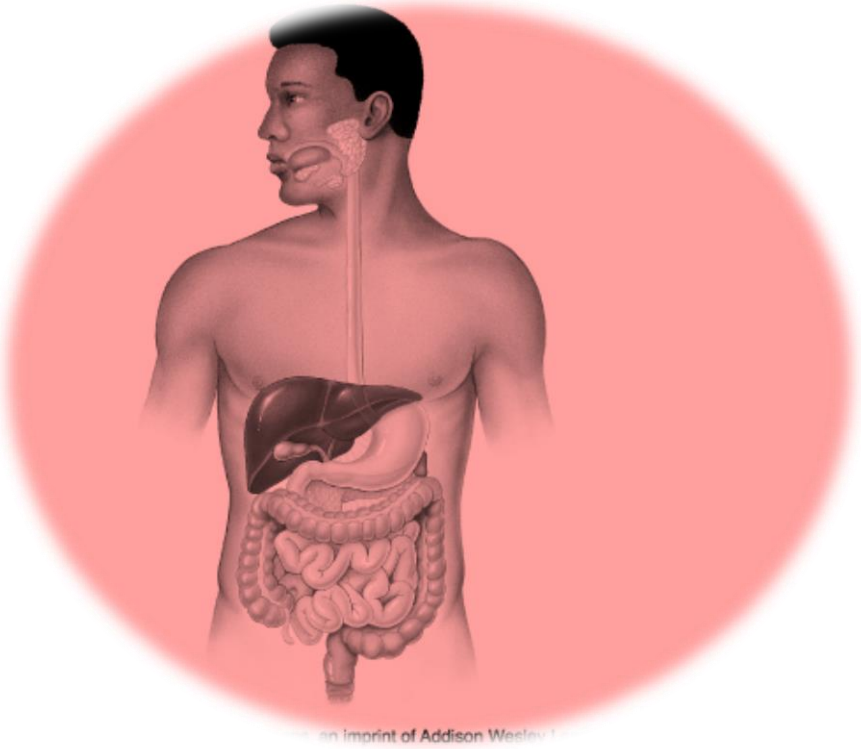
GIT Block

Revision Questions for the 3rd week



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Anatomy & Histology questions of the third week are uploaded with the second week questions file

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Pharmacology :

Drugs used in treating constipation and IBS

1-patent came with Hepatic encephalopathy which drug of the following is best for this condition?

A. -Lactulose
B. -Paraffin oil
C. Tegaserod

Answer: A

2- patent is having bowel irrigation which drug is given to him prior to colonoscopy ?

A. -Balanced Polyethylene Glycol
B. -Paraffin oil
C. –Lactulose

Answer: A

3-pregnant women having constipation which drug is contraindicated in this case?

A. -Castor oil
B. -Tegaserod
C. –Docusate

Answer: A

patient with severe IBS and complaining of diarrhea. Which one would prescribed to him؟

A- mebeverine
B- Tegaserod
C- alosetron

Answer: C

(٢Prolonged use will lead to atonic colon if which one is prescribed؟

A- Docusate
B- Castor oil
C- paraffin oil

Answer: B

(٣prior to endoscopy, we give؟ ....

A- Docusate
B- Bisacodyl
C- PEG

Answer: C

patient is suffering from Hepatic encephalopathy, which one is the best for him؟

A- lactulose
B- Bisacodyl
C- PEG

Answer: A

(٥the best for patient was diagnosed for acute constipation is٩..

A- lactulose

B- Bisacodyl

C- Mg sulphate

Answer: C

Drugs used in IBD and biological and immune therapy of IBD

1-One of the of Side effects of sulfasalazine is?

A. Crystalluria.
B. leucopenia
C. Allergic reactions

Answer: A

2-which drug need Complete blood count & liver function tests ?

A. 6-mercaptopurine
B. Methotrexate
C. Infliximab

Answer: A

Treatment of dysentery and amoebiasis

1- Which one of the following inhibits DNA replication in of the ameba ?

A. Metronidazole
B. Chloroquine
C. Emetine
D. Cefixime

Answer: A

2 - Which one of the following have disulfram-like effect when combined with alcohol ?

A. Metronidazole
B. Chloroquine
C. Emetine
D. Cefixime

Answer: A

3- Patient came with amebic liver disease and he had G6BD deficiency which one of the following is contraindicated in for him ?

A. Metronidazole
B. Chloroquine
C. Emetine
D. Cefixime

Answer: B

4- Which one of the following should be discontinued in case of persistent diarrhea and iodine toxicity

A. Iodoquinol
B. Metronidazole
C. Emetine
D. Cefixime

Answer: A

5- Child present with bacillary dysentery which of the following should be given to treat him ?

A. Metronidazole
B. Ciprofloxacin
C. Emetine
D. Cefixime

Answer: D

6- which of the following has direct and indirect pathways to kill luminal forms of ameba ?

A. Paromomycin Sulphate
B. Metronidazole
C. Emetine
D. Cefixime

Answer: A

in treating patient with amibic dysentry , we give them a combination of؟

A- metronidazole followed by diloxanide
B- metronidazole followed by emetine
C- diloxanide followed by emetine
"A"

(٢patient with liver amibic disease , should be treated for more than 10 days which one is the best for his case؟

A- Paromomycine
B- Dehydroemetine
C- Chloroquine
"C"

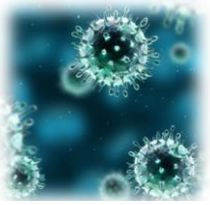
(patient was diagnosed by ameobic dysentry and giving a luminal ameobicide.
Later, he developed urtiacaria , pruritis and fever. Which drug was prescribed for him؟

A- Paromomycine

B- Iodoquinol

C- Chloroquine

"B"



Microbiology

Intestinal Protozoa1.

Flask shaped ulcers in colon are caused by:

A. giardialamblia
B. Cryptosporidium Parvum
C. entamebahistolytica
D. rectum

Answer: C

2. giardialamblia affect mainly:

A. upper small intestine
B. cecum
C. colon

Answer: A

3) infection with giardia lamblia is through:

A. ingestion of trophozite
B. b) ingestion of cyst.
C. ingestion of oocyst.
D. ingestion of egg.

Answer: B

4) parasite causing duodenitis:

A. a) Gardia L.
B. b) E. histolytica
C. c) toxoplasma
D. d) acanthomeba

Answer: A

5. duodenal aspirate is a good specimen for diagnosis of:

A. teniasis
B. giardiasis
C. amebadysentry
D. cysticerosis

Answer: B

6. Liver abscess is known complication of:

A. fasciola hepatica
B. Giardia L.
C. schistosomamansoni
D. histolytica

Answer: D

7. inantamebahistolytica all true except a)

A. infection can produce flask shaped intestinal ulcer
B. canmetastize and give amebic liver abscess.
C. infectioncystcontain4nuclei
D. cyst can invade intestinal mucosa

Answer: D

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1)Enterobiusvermicularis is:

A. a. rare in children .
B. b)called pinworm
C. c. eggs require time for maturation outside the body
D. d. infection is by ingestion of larva
E. Answer: B

2). Loffler syndrome is caused by:

A. adultascaris in liver
B. b) fasciola in liver
C. adultascaris in intestine
D. ascaris larva in lung

Answer: D

3.intestinal obstruction is a complication of:

A. a. ascarislumricoides
B. b.Enterobiusvermicularis
C. c. ancylostomaduodenale
D. d. StrongyloidesStercoralis

Answer: A

4) Child with Enterobiusvermicularis usually complains of:

A. anemia
B. hunger pain
C. itching
D. loss of weight

Answer: C

5. Not zoonotic disease:

A. Entrobiusvermicularis
B. Fasciola hepatica
C. Echinochoccgranulosus
D. Trichnellaspiralis.

Answer: A

6. Ingestion of teniasaginata larvae causes: a)Hydatid disease.

A. b)trichnellosis
B. c)cystericosis
C. d)non of the above

Answer: C cause taeniasis

7. Parasite infection complicated by rectal prolapse:

A. Oxyruasis
B. Strongyloidiasis
C. Trichuriasis
D. d.Ancylostomiasis

Answer: C

8. StrongyloidesStercoralis infect man by:

A. Ingestion of embryonated eggs
B. Penetration of skin by filariform larvae
C. Pentration of skin by rhabditiform larvae
D. Ingestion of encysted larvae in meat.

Answer: B

9. which of the following worms infect human but not by digestion:

A. fasciola hepatica
B. ancylostomaduodenale
C. Enterobiusvermicularis

D. hymenolepis nana

Answer: B

1)most lab diagnosis to use with Rotavirus is

A. EM
B. RT.PCR
C. ELISA
D. ICT
E. c-d

Answer: E

2)vaccines available for

A. a)rotavirus
B. b)adenovirus
C. c)Astrovirus.
D. d)non

Answer: A

3) the following choices are true regarding to astrovirus except :

A. a)ssRNA,+ve polarity
B. b)Outbreak of diarrhea <5 years
C. c)ELISA: Antigene detection in stool.
D. D) enveloped
E. e)star like appearance

Answer: D

Pathology :

COLONIC POLYPS AND CANCER 1,2

29 A 45-year-old woman presents with sudden attacks of wheezing, shortness of breath, and episodic hot flashes. She also reports abdominal cramps and diarrhea. Physical examination shows facial redness, pitting edema of the lower legs, and a murmur of tricuspid regurgitation. A 24-hour urine specimen contains elevated levels of 5-hydroxyindoleacetic acid (5-HIAA). A CT scan of the abdomen demonstrates multiple 1- to 2-cm nodules in distal ileum. A small bowel resection is performed (shown in the image). The arrows point to submucosal tumors. Microscopic examination shows nests of cells with round and uniform nuclei. Which of the following is the most likely diagnosis?

(A) Carcinoid tumor
(B) Mediterranean intestinal lymphoma
(C) Mucosa-associated lymphoid tissue (MALT) lymphoma
(D) Peutz-Jeghers syndrome
(E) Whipple disease

29 The answer is A: Carcinoid tumor. Carcinoid tumors are low-grade malignant neoplasms composed of neuroendocrine cells, which usually show considerable nuclear uniformity. They are most commonly located in the submucosa of the intestines (appendix, terminal ileum, and rectum). Carcinoids are distinguished from intestinal carcinomas based on their location, histologic features, malignant potential, endocrine activity, and clinical features. Carcinoid syndrome is a systemic paraneoplastic disease caused by the release of hormones from carcinoid tumors into venous blood. Clinical features of carcinoid tumors (e.g., fl ushing, bronchial wheezing, waterydiarrhea, and abdominal colic) are presumably caused by the release of serotonin, bradykinin, and histamine. Release of tumor secretions from hepatic metastases leads to the formation of fi brous plaques in the tricuspid and pulmonic valves and may result in tricuspid insuffi ciency or pulmonic stenosis. The other choices are not associated with secretion of 5-HIAA acid or other neuroendocrine peptides.
Diagnosis: Carcinoid syndrome

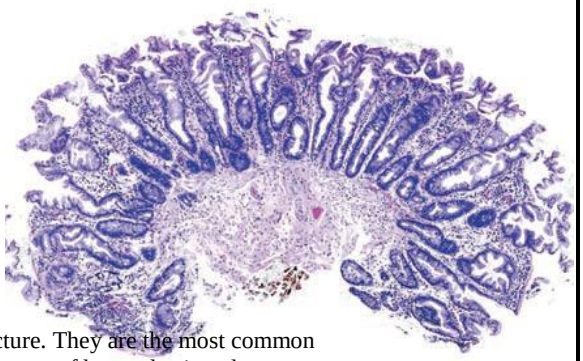
A 5-year-old girl is brought to the physician after her parents noticed red blood in her stool. Physical examination reveals mucocutaneous pigmentation. Small bowel radiography discloses multiple, small- to medium-sized polyps that are diagnosed pathologically as hamartomas. Which of the following is the most likely diagnosis?

(A) Congenital teratoma
(B) Hyperplastic polyp
(C) Peutz-Jeghers polyp
(D) Tubular adenoma
(E) Villous adenoma

The answer is C: Peutz-Jeghers polyp. Peutz-Jeghers syndrome is an autosomal dominant, hereditary disorder characterized by intestinal hamartomatous polyps and mucocutaneous melanin pigmentation, which is particularly evident on the face, buccal mucosa, hands, feet, and perianal and genital regions. Congenital teratoma (choice A) does not involve the intestine. The other choices are principally colonic polyps that derive from the luminal epithelium.
Diagnosis: Gastrointestinal polyp, Peutz-Jeghers polyp

A 55-year-old man undergoes routine colonoscopy. A small, raised, mucosal nodule measuring 0.4 cm in diameter is identified in the rectum and resected. The surgical specimen is shown in the image. Microscopic examination reveals goblet cells and absorptive cells with exaggerated crypt architecture, but no signs of nuclear atypia. Which of the following is the most likely diagnosis?

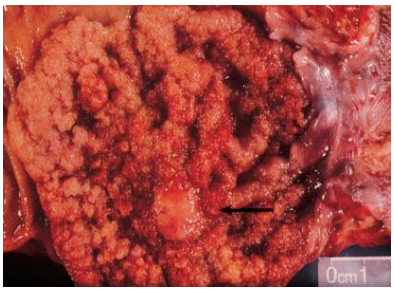
(A) Adenocarcinoma
(B) Hyperplastic polyp
(C) Infl ammatory polyp
(D) Peutz-Jeghers polyp
(E) Villous adenoma



The answer is B: Hyperplastic polyp. Hyperplastic polyps are small, sessile mucosal excrescences that display exaggerated crypt architecture. They are the most common polypoid lesions of the colon and are particularly frequent in the rectum. The crypts of hyperplastic polyps are elongated and may exhibit cystic dilations. The epithelium is composed of gobletcells and absorptive cells, without any dysplasia. There are no dysplastic features indicative of adenocarcinoma (choiceA). Villous adenomas (choice E) are considerably larger and exhibit prominent thin, tall, fi ngerlike processes. Peutz- Jeghers polyps (choice D) are hamartomatous.
Diagnosis: Gastrointestinal polyp, hyperplastic polyp

A 63-year-old woman complains of rectal bleeding of 1 week in duration. Laboratory studies show hypochromic, microcyticanemia (hemoglobin = 7.6 g/dL and MCV = 70 □m3). Colonoscopy reveals a large polypoid mass, which is removed (surgical specimen shown in the image). The arrow points to a malignant tumor. The patient asks about the relative risk of cancer arising in various types of gastrointestinal polyps. Which of the following types of colonic polyps is most likely to undergo malignant transformation?

(A) Hyperplastic polyp
(B) Lymphoid polyp
(C) Peutz-Jeghers polyp
(D) Tubular adenoma
(E) Villous adenoma



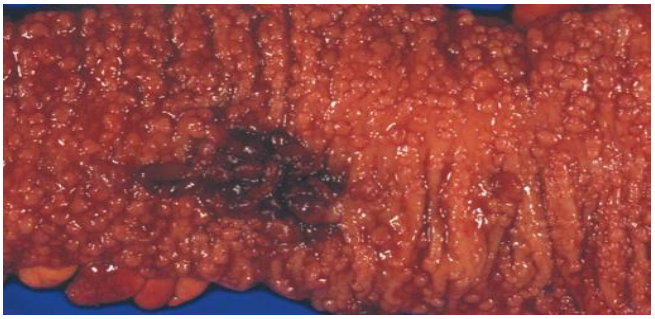
The answer is E: Villous adenoma. These polyps comprise one third of colonic adenomas and are found predominantly in the rectosigmoid region.
Compared to tubular adenomas (choice D), villous adenomas more frequently contain foci of carcinoma. Hyperplastic polyps (choice A) have a much lower risk for malignant transformation.
Diagnosis: Gastrointestinal polyp, villous adenoma

34 A 59-year-old man complains of progressive weakness. His friends have noticed that he has become pale, and he reports that his stools are tinged with blood. On abdominal palpation,there is fullness in the right lower quadrant. Laboratory studies show iron-defi ciency anemia, with a hemoglobin level of 7.4 g/dL. Stool specimens are positive for occult blood. Colonoscopy reveals an elevated and centrally ulcerated lesion of the sigmoid colon. Which of the following is the most likely diagnosis?

(A) Adenocarcinoma
(B) Carcinoid tumor
(C) Gastrointestinal stromal tumor
(D) Lymphoma
(E) Mucinous cystadenoma

The answer is A: Adenocarcinoma. Adenocarcinoma of the rectum or sigmoid colon often presents as a circumferential mass narrowing the intestinal lumen. The gross appearance of the colorectal cancer is similar to that seen elsewhere in the gastrointestinal tract. Colorectal cancer invades lymphatic channels and initially involves the lymph nodes immediately underlying the tumor. As the tumor grows, the most common sign is occult blood in feces. Bright red blood more often occurs in distal lesions. In either case, bleeding typically causes iron-defi ciency anemia. Choices B, C, and D are principally lesions of the intestinal wall. Choice E (mucinous cystadenoma) is an ovarian tumor.
Diagnosis: Colorectal cancer, adenocarcinoma of colon

A portion of the large bowel was removed from a 34-year-old man with a familial disease that affects his gastrointestinal tract. The surgical specimen is shown in the image. This patient most likely carries a germline mutation in which of the following genes?



(A) *APC*
(B) C-*myc*
(C) *DCC*
(D) *p53*
(E) *Ras*

The answer is A: APC. The photograph shows numerous adenomas of the colon, consistent with familial adenomatous polyposis (FAP), also termed adenomatous polyposis coli (APC).

Diagnosis: Adenomatous polyposis coli

36 **A 65-year-old woman presents with a 3-month history of diarrhea and abdominal pain. She has lost 9 kg (20 lb) in the past 6 months. The patient had two benign colonic polyps removed 3 years ago. Laboratory studies reveal mild iron-defi ciency anemia, and stool specimens are positive for occult blood. Sigmoidoscopy demonstrates an ulcerated mass, and a biopsy shows malignant glands. A segment of the colon is resected. Based on current models of colonic carcinogenesis, which of the following genes was most likely mutated in the transition from benign adenoma to carcinoma in this patient?**

(A) *BRCA1*
(B) C-*myc*
(C) *p53*
(D) *Ras*
(E) *VHL*

The answer is C: p53.
The APC gene isconsidered to play an important role in the early developmentof most colorectal neoplasms, whereas mutations in the p53tumor suppressor gene are thought to participate in the late transition from adenoma to carcinoma.
Diagnosis: Adenocarcinoma of colon

Inflammatory bowel disease (ulcerative colitis & Crohn's disease)

A 27-year-old woman presents with a 9-month history ofbloody diarrhea and crampy abdominal pain. Three weeksago, she noticed that her left knee was swollen, red, and painful.Her temperature is 38°C (101°F), respirations are 32 per minute, and blood pressure is 130/90 mm Hg. Abdominal palpation reveals tenderness over the left lower quadrant. Laboratory studies show moderate anemia, with a hemoglobin level of 9.3 g/dL. Microscopic examination of the stool reveals numerous red and white blood cells. A diffusely red, bleeding, friable colonic mucosa is visualized by colonoscopy. The colon is subsequently removed and the surgical specimen is shown in the image. Which of the following is the most likely diagnosis?

(A) Adenocarcinoma
(B) Carcinoid tumor
(C) Crohn disease
(D) Pseudomembranous colitis
(E) Ulcerative colitis

The answer is E: Ulcerative colitis. Ulcerative colitis is an inflammatory disease of the large intestine characterized by chronic diarrhea and rectal bleeding. It is associated with a pattern of remission and exacerbations and the possibility of serious local and systemic complications.
Ulcerative colitis is essentially a disease of the mucosa. The process extends from the rectum for a variable distance proximally and is limited to the colon and rectum. Pseudomembranous colitis (choice D) is usually a complication of antibiotic therapy, and the mucosal surface of the colon is covered by raised, irregular plaques composed of necrotic debris and an acute infl ammatory exudate. Crohn disease (choice C) typically affects the colon in a patchy distribution with transmural inflammation.
Diagnosis: Ulcerative colitis

The patient described in Question 39 is at increased risk of developing which of the following complications?

(A) Adenocarcinoma
(B) Fistula
(C) Granulomatous lymphadenitis
(D) Transmural infl ammation
(E) Volvulus

The answer is A: Adenocarcinoma. Patients with longstanding ulcerative colitis have a higher risk of developing colorectal cancer (adenocarcinoma) than does the general population.
Diagnosis: Ulcerative colitis

A 25-year-old woman is brought to the emergency room with symptoms of acute intestinal obstruction. The patient has an 8-month history of blood-tinged diarrhea and cramping abdominal pain. Her temperature is 38°C (101°F), and respirations are 32 per minute. There is abdominal tenderness to palpation. Laboratory studies show moderate anemia, with serum hemoglobin of 9.3 g/dL. Microscopic examination of the stool reveals numerous RBCs and WBCs. A CT scan of the abdomen shows massive distention of the transverse colon. Which of the following is the most likely underlying cause of this patient's colonic

disorder?

(A) Adenocarcinoma
(B) Carcinoid tumor
(C) Crohn disease
(D) Pseudomembranous colitis
(E) Ulcerative colitis

The answer is E: Ulcerative colitis. Local complications of ulcerative colitis include toxic megacolon, perforation, infl ammatory pseudopolyps, hemorrhage, and adenocarcinoma. The other choices are not associated with the development of toxic megacolon.

Diagnosis: Toxic megacolon, ulcerative colitis

A 21-year-old man is brought to the emergency room with symptoms of acute intestinal obstruction. His temperature is 38°C (101°F), respirations are 25 per minute, and blood pressure is 120/80 mm Hg. Physical examination reveals a mass in the right lower abdominal quadrant. The patient subsequently undergoes surgery, and a segmental lesion involving the terminal ileum is resected. Which of the following is the most likely diagnosis?

(A) Adenocarcinoma
(B) Carcinoid tumor
(C) Crohn disease
(D) Pseudomembranous colitis
(E) Ulcerative colitis

The answer is C: Crohn disease. Crohn disease is a transmural, chronic infl ammatory disease that may affect any part of the digestive tract but occurs principally in the distal small intestine and occasionally the right colon. Skip lesions are common.

Diagnosis: Crohn disease

A 24-year-old man is brought to the emergency room with symptoms of acute intestinal obstruction. His temperature is 38°C (101°F), respirations are 25 per minute, and blood pressure is 120/80 mm Hg. Physical examination reveals a mass in the right lower abdominal quadrant. At laparoscopy, there are numerous small bowel strictures and a fistula extending into a loop of small bowel. Which of the following is the most likely diagnosis?

(A) Adenocarcinoma
(B) Carcinoid tumor
(C) Crohn disease
(D) Pseudomembranous colitis
(E) Ulcerative colitis

The answer is C: Crohn disease.
Intestinal obstruction and fistulas are the most common intestinal complications of Crohn disease. Occasionally, free perforation of the bowel occurs.
Pseudomembranous colitis (choice D) and ulcerative colitis (choice E) are not associated with fi stula formation. Adenocarcinoma (choice A) rarely, if ever, arises in the terminal ileum.

Diagnosis: Crohn disease

Radiology :

62 year-old male came to the hospital complaining of changing in his bowel habit, feeling of incomplete defecation& blood in his stool. In investigation there was an apple core appearance by fluoroscopy. Which one of the following could be the cause of the patient symptoms:

A. Colon cancer
B. Peptic ulcer disease
C. Pneumoperitonium

A

Apple core appearance in fluoroscopy suggest colon mass/malignancy

Which one of the following methods we use to know the cause of the intestinal obstruction:

A. X-ray
B. Fluoroscopy
C. CT scan
D. MRI

C

* To diagnose bowl obstruction we use X-ray but to know the site and the cause of the obstruction we use CT scan *CT scan also used to diagnose intra-abdominal masses

If the doctor suspect a lesion in the spleen. Which one of the following methods is used to evaluate the spleen:

A. **X-ray**
B. **Fluoroscopy**
C. **CT scan**
D. **MRI**

D

- MRI is excellent in diagnosing abdominal solid organ lesion: liver, spleen, kidneys. It's also preferable if the patient is a pregnant woman.
- If there's a bowel wall thickening in MRI => the patient has inflammatory bowel disease(IBD)

We want to examine the small intestine by fluoroscopy. In which of the following ways do we use the barium:

A. Barium meal
B. Barium swallow
C. Barium enema

D. Barium follow through

D

If you have any questions you want to add, please send it to : Revisiontest432@Gmail.com

Good luck

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