ข้อสอบอายุรศาสตร์ SI132

Rotation 403-404

* เมื่อทำเสร็จแล้ว พิมพ์คำว่า (completed) ต่อท้าย Rotate ข้างบนด้วย
เช่น **Rotation 401-402 (completed)**

MCQ

1.	หญิง 30 ปี แม่เป็นมะเร็งเต้านมตอนอายุ 42 ปี พี่สาวเป็นมะเร็งเต้านม+รังไข่ ควรตรวจอะไรเพื่อนประเมินความเสี่ยงการเป็นมะเร็งเต้านม	1. BRCA 2. MRI breast 3. Mammography 4. CT breast
2.	หญิง 70 ปี ตาขวาขยับไม่ได้ Weber lateralized to the left Rinne AC>BC สองข้าง Dysmetria finger to nose/heel to knee test ไม่มีกล้ามเนื้ออ่อนแรง reflex ปกติ Babinski's sign positive ถาม Lesion อยู่ไหน?	1. Right cerebellar 2. Right pon 3. Right cerebellopontine angle 4. Right temporal lobe
3.	คนไข้ clear rhinorrhea แพ้นุ่นนี้มา 6 เดือน ตรวจไร	1. Skin prick test
4.	Pyelonephritis	1. Iv ceftriaxone 2. Iv levoflox
5.	A 30 years old male presenting with fever, anorexia, weight loss for 2 week PE : V/S T 38.5 C Bp 110/80 Oral thrush, generalized lymphadenopathy, skin: generalized skin colored MP rashes with central _____ (ข้อสอบเก่า)	1. Disseminated TB 2. Disseminated Talaro 3. Disseminated CMV 4. Disseminated aspergillosis
6.	Foamy urine , back pain	1. Protein electrophoresis 2. Complement 3. Calcium
	"20 years old, female presented with postprandial abdominal discomfort for 1 year without any other symptoms PE : Not pale, no jaundice Abd : Soft, not tender What is the most likely diagnosis"	1. GERD 2. Functional Dyspepsia 3. IBS 4. Gallstone 5. Chronic Pancreatitis
7.	a 75 yo woman presented with sharp pain at left cheek. pain persisted for 5 minutes and spontaneously disappeared. no injected eye and tearing. diagnose	1. Migraine 2. Tension type headache 3. giant cell arteritis

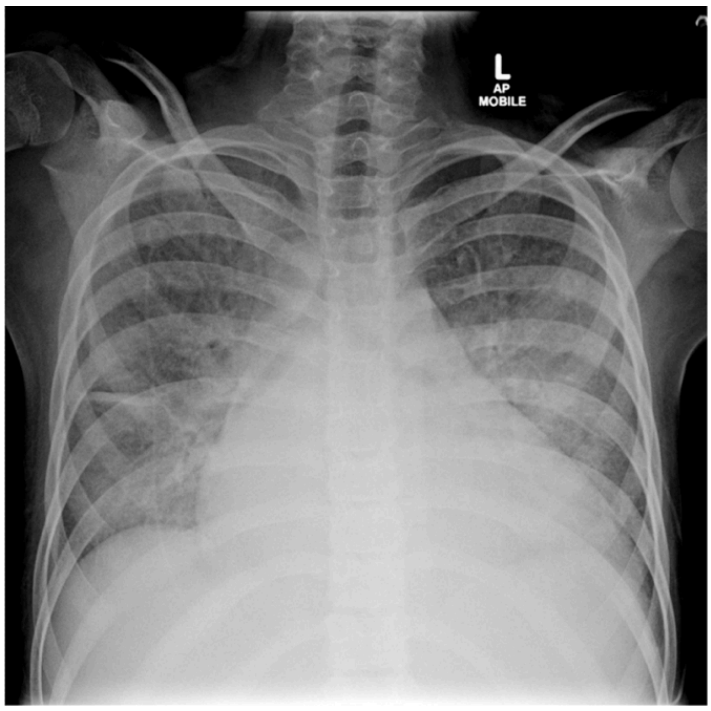
		4. Temporomandibular joint dysfunction 5. Trigeminal neuralgia
8.	หญิงอายุ 35 ปี มี low grade fever และ distended abdomen for 1 month PE: ascites Paracentesis: straw color, cell counted 1200 N 92% L 8% albumin 2.4 (serum albumin 3.3) Diagnosis?	1. carcinomatosis peritonei 2. TB peritonitis 3. spontaneous bacterial 4. peritonitis
9.	"Heartburn, epigastric pain after meal PE : wnl"	1. Functional dyspepsia 2. GERD 3. IBS 4. Gallstone 5. CA stomach
10.	ฉี่บ่อย แต่อาการปกติทุกอย่าง initial management	1. BUN Cr
11.	"ผู้ป่วยมาด้วย vertigo,N/V for 1 month หลังจากถูก dx MDR pulmonary tb ซึ่งกินยา HRZES 2 เดือน ถามว่ายาใดเป็นสาเหตุของอาการนี้"	1. Isoniazid 2. Rifampicin 3. Pyrazinamide 4. Ethambutol 5. Streptomycin
12.	"71) 30 year old woman noted with serum creatinine 1.5 (egfr 45), urinalysis showed protein 1, RBC 10-20/HPF (dysmorphic) PE : T 37, P 96, RR 16, BP 140/90 Other: unremarkable Lab : normal complement level"	1. post streptococcus glomerulosclerosis 2. alport's syndrome 3. IgA nephropathy 4. thin basement membrane
13.	ข้อสอบเก่า hypoechoic mass at liver	Melioidosis
14.	"A 60 year-old disease presented with numbness at right thumb, index, middle finger, slow progression, she denies muscle weakness and atrophy. PE: decreased pinprick sensation at right thumb, index, middle. Other WNL"	1. Mononeuritis multiplex 2. Carpal tunnel syndrome 3. Thiamine deficiency 4. C4,5,6 spondylopathy
15.	"40 year old alcoholic male, orthostatic hypotension, shifting dullness, pale Dx?"	1. SBP 2. Ruptured pancreatic pseudocyst 3. Ruptured hepatoma 4. Ruptured peptic ulcer
16.	"เป็น copd มาด้วย dyspnea 2 วัน ตรวจร่างกาย generalized decreased breath sound and wheezing , dullness percussion at rll Cxr increase opacity at rll"	1. Ae copd 2. Pneumonia at RLL 3. Atelec RLL 4. Pneumothorax
17.	"A 60 years old female, presented with severe abdominal pain with frequent vomiting for 12 hours Abd : tenderness at epigastric, no guarding rebound tenderness	1. EGD 2. Serum lipase 3. Serum ketone 4. U/S Abdomen

	Film abd : colon cut off sign What is the most appropriate investigation?"	5. CT abdomen
18.	A 20 year old man went to donate blood and was later notified that he had HBsAg positive. What is the most appropriate investigation?	1. Ultrasonography 2. Anti HBs 3. Liver function test 4. Anti HAV 5. Alpha-fetoprotein
19.	30 year old woman presented with weakness for 2 days PE: P 86, BP 110/70, JVP 3 cm, proximal weakness grade II/V of both extremities Lab: Na135 K2.0 Cl114 HCO3 24 Urine electrolyte: Na60 K10 HCO3 59 What is the most likely diagnosis?"	1. hypokalemic periodic paralysis 2. diuretic induced distal RTA
20.	Three myanmar prisoners were captured into a jail with 10 other prisoners. Later, two of the myanmar prisoners developed fever and headache with stiff neck and stellate shaped purplish rash both legs. Who should receive chemoprophylaxis?	1. The myanmar who is still asymptomatic 2. Two myanmar patients 3. All three myanmar prisoners 4. All prisoners in the same jail 5. All relatives of the myanmar patient
21	"70 year old female with arthralgia at ankles worsening by walking PE mild edema, both flat foots Dx"	1. OA 2. RA 3. spondy 4. Reiter
22	"30 y/o males presenting with nausea no vomiting no behavioral change CSF : Open pressure 30 close 23 Glu 60 Blood-Glu 106 protein WBC 1200 lymphocyte 100%"	1. Angiostrongylus Meningitis 2. Viral meningitis 3. TB meningitis 4. Cryptococcal meningitis 5. Bacterial meningitis
23	ผช อายุประมาณ 30-40 มาตรวจสุขภาพประจำปี บอกว่ามี day time sleepiness หลับตอนขับรถไป 2 ครั้งในสัปดาห์นี้ BMI 32 ตรวจร่างกายปกติ ถาม investigation	1. TSH 2. Exercise stress test? 3. polysomnography
24	ผชอายุประมาณ 30 มี morning cough with whitish sputum, smoking 30 pack year ตรวจร่างกาย ปกติ spirometry ปกติ	1. COPD 2. Chronic bronchitis 3. Chronic bronchiectasis 4. Upper airway cough syndrome 5. Asthma
25.	ให้รูปเล็บมา ดูไม่ออก แต่ดูซีดๆ ใหญ่ๆ? ขาดอะไร	1. Zinc 2. Iron 3. B5 4. B12

		
26	ผู้หญิง20 came with alteration of consciousness for few minutes, event occurred at crowded concert, no convulsion. What is the most appropriate investigation	1. EEG 2. EKG 3. CT brain 4. Electrolyte
27	"18 years old man comes with palpable purpura for 2 weeks. He also had sever intermittent abdominal pain and arthritis both knee. No U/D ไม่มีประวัติการใช้ยา V/S temp 37.0 C, pulse 90/min BP 140/90 mmhg GA: not pale, no jaundice, pitting edema 1+ both leg Skin: purpura both leg along with shins CVS wnl GI: soft,not tender, normal bowel sound BUN 25, Cr 1.5 UA: protein 3+, RBC 50-100/OF with dysmorphic RBC, WBC น่าจะขึ้น, no oval fat body "	1. Henoch schonlein purpura 2. SLE 3. Post infectious glomerulonephritis 4. Membranoproliferative glomerulonephritis
28	"A 30-year-old man with a diagnosis of HIV infection presented with low-grade fever and dry cough for 2 weeks. He developed dyspnea for 3 days. PE: oral thrush, central cyanosis, respiratory distress Lungs: clear Lab: CD4 100 /cumm What is the most likely diagnosis?	Select one: 1. Invasive aspergillosis 2. CMV pneumonitis 3. Disseminated tuberculosis 4. Pneumocystic jirovecii pneumonia 5. Varicella zoster pneumonia
29	A patient received allopurinol for 3 weeks, later she developed fever, maculopapular rash at trunk leg and back, no submucosa involvement. WBC 12,000 (E จำไม่ได้)	1. DRESS 2. Rubella 3. SLE
30	คนไข้เป็นคางทูม parotid gland tender -> treat ยังไงดี	1. Symptomatic treatment 2. Acyclovir
31	สาวอายุ 30 กว่า Cr 1.5 eGFR 40 กว่า ๆ RBC 10-20	1. Poststrep

	dysmorphic protein 1+ normal complement อย่างอื่นปกติ(ถ้าจำไม่ผิด) เป็นอะไร	2. Alport syndrome 3. IgA nephropathy 4. Lupus nephritis 5. Thin basement
32	ข้อ 55 Chronic watery diarrhea and increased appetite no weight loss what is the proper lab investigation to diagnosis?	1. Thyroid function test 2. Stool AFB 3. Fasting plasma glucose 4. Liver function test
33	ผู้ชายมาตรวจสุขภาพประจำปี titer 1:2 TPHA positive เป็น syphilis stage ไหน	1. Primary 2. Secondary 3. Early latent 4. Late latent 5. Tertiary
34	คนไข้มีผื่นสีแดงที่บริเวณขาหนีบ	1. Candidal intertriginous 2. Tinea cruris
35	หลังกินข้าวผัด มี content vomiting and diarrhea ถามเชื้อก่อโรค	1. Norovirus 2. Rotavirus 3. Salmonella 4. S. Aureus 5. B cereus
36	อ่อนแรง proximal muscle(ปะวะ) power grade II/V serum Na, Cl เยอะ K 2 urine Na 60? K 10 Cl สักอย่างแต่คล้าย ๆ Na เป็นอิหยัง	1. Hypokalemia periodic paralysis 2. Diuretic induced (แต่โจทย์ไม่ได้พูดถึงยาเลย)
37	A 20 year old woman came for HBV vaccination. She received the first 2 doses at 0, 1 months but missed the third dose. She came back 1 year later. What is the most appropriate management?	1. Check for anti HBs 2. Additional 2 doses at 0, 1 months 3. Give her the third dose 4. Give 3 doses 5. Reassure 2 doses are adequate
38	A 40 year old male presented with intermittent epigastrium pain for 4 months. He denied dysphagia, significant weight loss and melena. PE: unremarkable. What is the most appropriate management?	1. EGD 2. Abdominal ultrasonography 3. CLO test 4. PPI for 2-4 weeks 5. CLO test
39	ข้อ 56 the patient is a chronic alcohol drinking with HCV infection presented with fever (39 c) and abdominal distention. sign of chronic liver disease what is the proper lab investigation to diagnosis?	1. U/S abdomen 2. CT whole ab 3. Abdominal paracentesis
40	male 30 years มาตรวจสุขภาพก่อนแต่งงาน มีประวัติ unsafe sex 5 ปีก่อน เจอ VRDL1:2 TPPA positive ถามว่า syphilis stage ไหน	1. Primary 2. Secondary 3. Early latent 4. Late latent 5. Tertiary

41	หญิงอายุ 20 ปี มาด้วยหายใจลำบาก มีหน้า แขนแดง ขาบวม ค่าแลป(จำไม่ได้ ;_;)	Malignancy lymphoma
42	N. Gonorrhoeae ให้อะไร	1. Ceftri 2. Ceftri + Azithro 3. PenG
43	มาด้วยไข้ bt 35 องศา bp 80/40 mmHg CVS:JVP 2 cm , capillary refill 2 sec	1. Septic shock 2. Cardiogenic shock 3. Hypovolemic shock 4. Adrenal insufficiency 5. Cardiac tamponade
44	หญิงไทยแก่ DM มีไข้ต่ำๆ 1 week ปวดท้อง PE:tender at rt upper q. U/S เจอ Cystic lesion at Rt. lobe live ให้ยาอะไร	1. Cef3 2. Ceftazidime 3. Ceftazidime+metro 4. Ceftri+metro
45	ข้อสอบเก่าข้อ Rheumatic fever เลย	
46	คนหมดสติหลังโทรemergency ทำอะไร (ขสก)	1. Start chest compression 2. หาAED
47	เป็น Neisseria gonorrhoeae มีหนองไหล ให้รูปgram stain มา ให้ยาอะไร	1. Cetriaxone IM 2. Benzathine penicillin
48	40 years old male presented with back pain that is worse at night for a month . not improve by rest. What is the most likely cause of his back pain	1. Inflammatory back pain 2. Spondylosis 3. OA 4. Infection 5. cancer
49	A 50-year-old man presented with right ankle pain for two days. He never had history of any joint pain. PE T 38 oC, right ankle marked tenderness, swelling and redness. What is the most proper diagnostic investigation?	Select one: 1. CBC 2. ESR 3. Synovial fluid analysis 4. Serum uric acid 5. Film ankle
50	A 50 year-old man presents to the hospital with worsening shortness of breath over the past 2 days. He has history of heavy alcohol use, drinking up to 2 bottles of hard liquer by himself daily. Physical examination reveals a cachectic man with moderate dyspnea. Deep tendon re#exes are absent at both knees and ankles. His chest radiograph is pictured below	1. Pellagra 2. Acrodermatitis enterohepatica 3. Beriberi 4. Scurvy 5. Rickets

	 L AP MOBILE	