

Adrenaline's GIS Mid Exam

1- MMC inhibition cause increase in:

- a*gastric emptying
- b*duodenal motility
- c* mass movement
- d* intestinal bacteria
- e....

2- damage of medulla and vagus nerve cause total inhibition of:

- a* primary esophageal peristalsis
- b*secondary esophageal peristalsis
- c* gastrin secretion
- d* gastric acid secretion
- e...

3- patient... normal pancreas enzyme, normal motility of stomach and gallbladder with acidic intestine...
the problem is in:

- a* secretin
- b*leptin
- c* CCK
- d*... e*....

4- Cowdry type A inclusion is associated with: HSV

5- liver glycogen phosphorylase deficiency called:

6- acute diarrhea with shigella... one of the following drug can't be give: loperamide

7- one of the following cause doesn't cause hematemesis: pulmonary embolism

8- chicken fence appearance seen in:

9- drug is prophylactic for motion sickness:

10- liquid delivered rectally called: enema

11- elixir is:

12- lactulose can be used for: hepatic encephalopathy

13- 70 old male, bloody diarrhea, sudden abdominal pain with previous MI, diagnosis is

14- not true about AATD is: autosomal recessive

15- in alcohol metabolism, one of the following is wrong: produce glucose from gluconeogenesis

16- first drug of choice for H. Pylori is

* بهاد السؤال كل الادوية مع الدوز كانت وحتى ال ppi يلي من المحاضرة الاولى

17- infants delay in the delivery of meconium... diagnosis is

18- failure of obliteration of omphalomesenteric duct is:

19- atropine block:

20- importance of liver segments... one of the following is true:

21- toxocara cani... one of the following is false: diagnosed by egg in feces

Pathology

Cowdry type A inclusion is: HSV.

Achalasia is: incomplete relaxation of LES in response to swallowing.

about esophageal CA which is the wrong: Grade is the most imp. prognostic factor.

about pyloric stenosis the wrong is: bilious vomiting.

H. Pylori causes all the following except: GI stromal tumor.

all the following are true except:
adenoma is true neoplasm/Fundic polyp with PPI / Fundic polyp in FAP ,, , الجواب اللي ضل هوي الخطأ ,, ,

failure of involution of the proximal portion of the vitelline/omphalomesenteric duct is: Meckel diverticulum

case of neonate with delayed passage of meconium: Hirschsprung disease.

case: sudden onset of severe abdominal pain with dark red hemorrhage وفي شغلات كمان ischemic bowel disease with transmural infarction

about celiac, all are true except: atrophy of crypts.

about chronicity of IBD all are true except: crypt abscess I think!

Ulcerative colitis is the most common cause of CRC اظن اشني زي هيكا

about adenomas in SI and LI, false is: risk of cancer with polyp >2

Cowden syndrome: no risk of GI cancer

acute fatty liver of pregnancy, tetracycline toxicity and Reye's syndrome: hepatic dysfunction #without overt necrosis

spider angioma and palmar erythema: hyperestrogenemia

about cirrhosis, the wrong is: Focal scarring اشني زي هيكا

(cirrhosis وبسؤال الجروب ديسكشن كان تعريف ال)

Ground glass is HBsAg in SER

about Autoimmune hepatitis all are true except: increase AMA

Mallory-Denk bodies is seen in steatohepatitis with alcoholic patient

about familial clustering of pancreatic cancer, the wrong is: FAP اشني زي

Microbiology

case of peptic ulcer (1.2 cm ulcer) with hemorrhage اظن اشني زي هيك, the wrong is: exclude malignancy!

about pathogenicity of H. pylori, all are true except: flagella, adherence, urease, اللي ضل هوي الخطأ

the most sever type of shigella: shiga Bacillus

all are true about E. coli except: EIEC cultured in MacConkey agar with sorbitol

about food poisoning by intoxication, all agent/m.o. cause it except: C. perfringens!

about hepatitis, E and C have immune serum globulin protection: false.

case of Schistosoma, the wrong is:

Schistosoma انه ما حتروح على RS اشني زي هيك وما كان حاطط بالسؤال اش المسبب، من الدوا والأشياء تبعونها بيطلع انها mansoni.

about E. Histolytica, the wrong is: bacteria are ingested particle in it.

strongyloides stercoralis >> eggs in stool: false.

Q about Toxocara

case of rotavirus, with bloody diarrhea: false

mismatch: Giardia with cilia.

بال Group discussion السؤال كان إيش اللي ما حيسبب hematemesis الجواب pulmonary embolism

Pharmacology

triple therapy: omeprazole 20 mg, clarithromycin 500 mg, amoxicillin 1g or metronidazole 500md for 2week is #true

كان في سؤال انه شخص عنده arthritis وعم يستعمل diclofenac sodium وصار عنده ulcer. الشئ الخطأ كان انه نعطي
ال voltaren I.V

perfect drug for motion sickness is hyoscine.

case about shigella, the wrong is use of loperamide (antimotility)

about lactulose (I think) the wrong is the onset of action is 2-4 hr.

phenytoin is dose related (for DILI): false

أسئلة اللاب:

suspension have shake well sticker ^{^^}اشي زي هيك

enemas liquid rectal drug

Biochemistry

بالبيركم

جاب رسمة 24.10، وكان بده متى حيصير تحطم للغلايوكوجين. أظن الاجابة B

the wrong about alcoholic patient: synthesis of glucose.

Community

Hepatitis B vaccine should be given for all, except:
infants!!!*
patients with active HBV
pregnant women
national travelers

about 70% of CRC can be avoided by:
all the following! كأنه الجواب

Anatomy

myenteric nerves found in: muscularis

enamel matrix is from: ameloblast cells.

serous cell doesn't participate in formation of any gland: false

Transverse abdominal muscle originates from: costal cartilage 7-12, thoracoabdomin, iliac crest and inguinal ligament

posterior to transvers colon is?

hepatogastric ligament: from liver to lesser curvature.

about functional segments of liver

phagocytic cell in sinusoid of the liver: Kupffer cell.

common bile duct with simple columnar epi. of cholangiocyte.

the original anterior wall of stomach grows faster than posterior wall: false

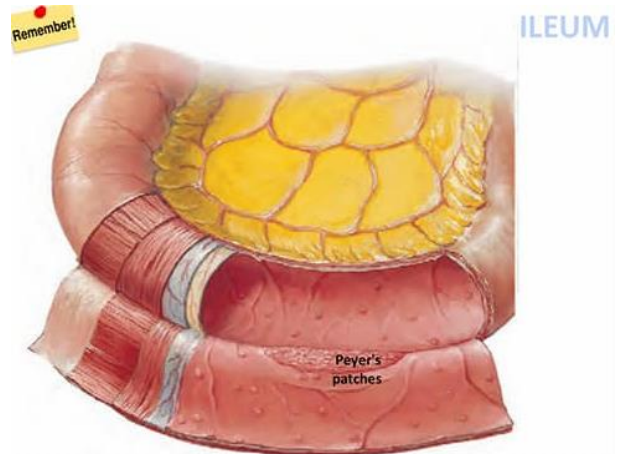
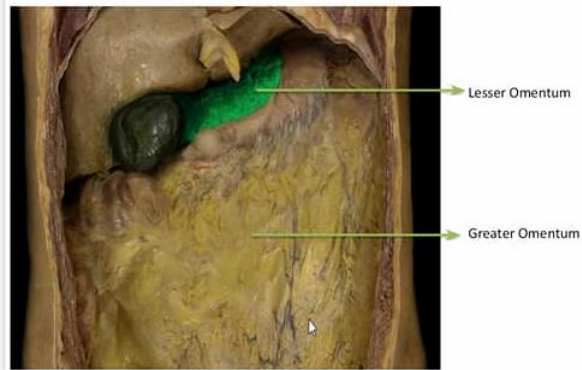
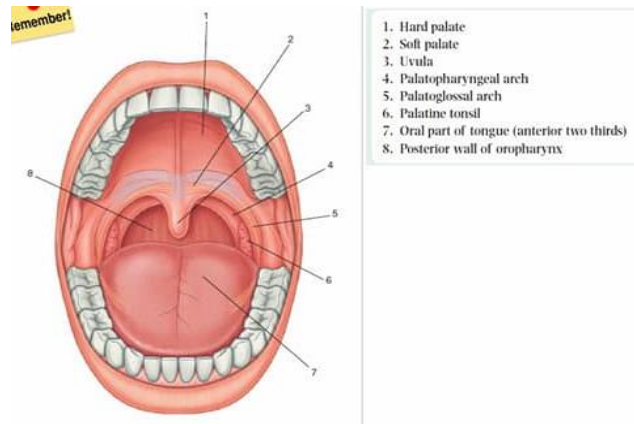
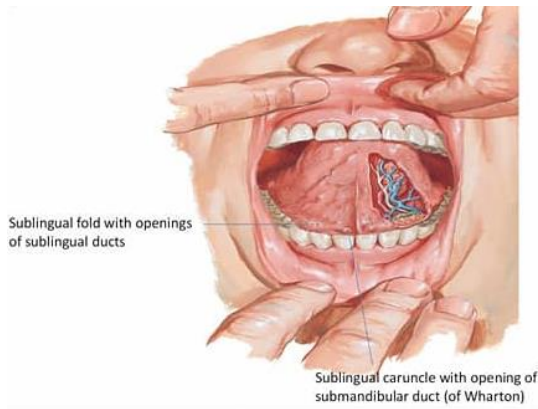
all organs retain its free mesentery except: (اشي زي هيك)
descending!! 🤔.

large intestine lengthens but does not participate in coiling phenomenon: true

splanchnic nerve ما يعرف اذا صح الجواب انه GI لشي بال innervation فيه سؤال عن ال

splenic artery وسؤال عن ال

Lab Pics



A. Carbohydrate metabolism

1. Increased glycogen degradation:
2. Increased gluconeogenesis:

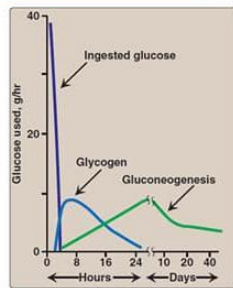
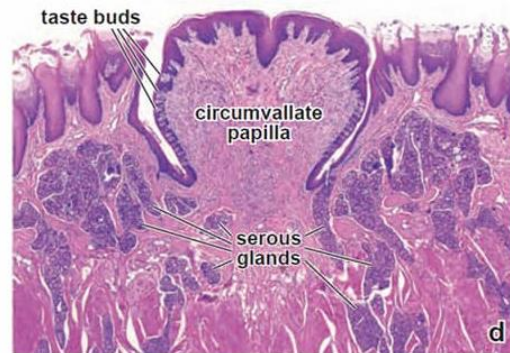
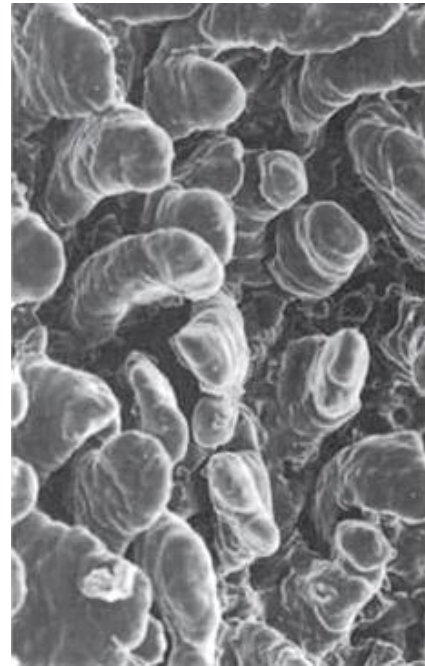


Figure 24.10 Sources of blood glucose after ingestion of 100 g of glucose.

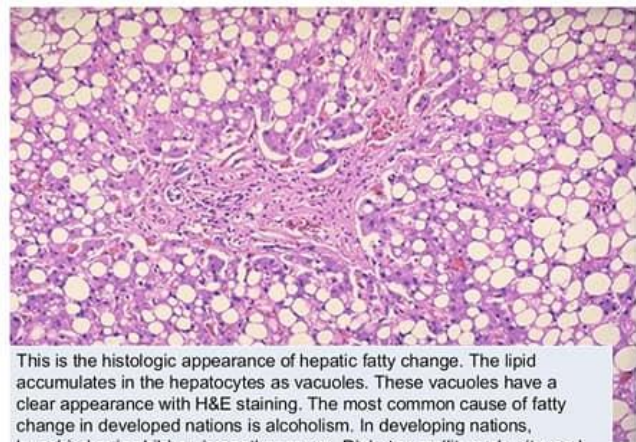




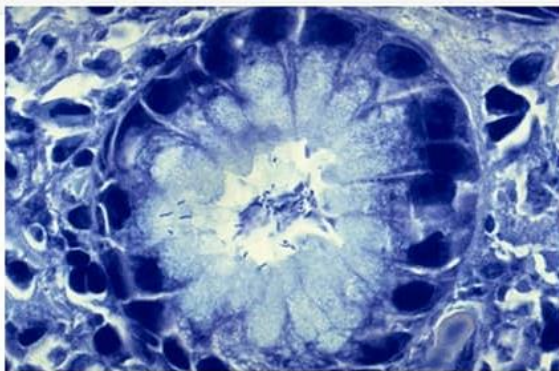
Fatty metamorphosis of liver, microscopic



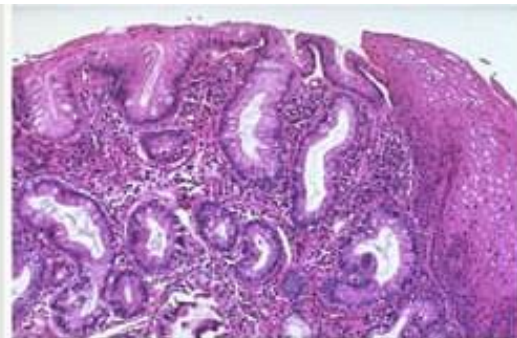
This is an example of linitis plastica, a diffuse infiltrative gastric adenocarcinoma which turns the stomach into a shrunken "leather bottle" appearance



This is the histologic appearance of hepatic fatty change. The lipid accumulates in the hepatocytes as vacuoles. These vacuoles have a clear appearance with H&E staining. The most common cause of fatty change in developed nations is alcoholism. In developing nations, kwashiorkor in children is another cause. Diabetes mellitus, obesity, and severe gastrointestinal malabsorption are additional causes

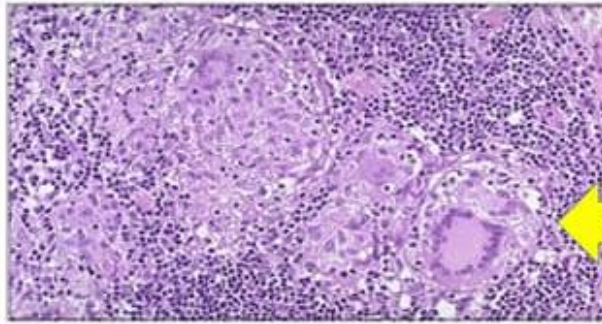


Chronic gastritis and peptic ulcer disease are often accompanied by infection with *Helicobacter pylori*. This small curved to spiral rod-shaped bacterium is found in the surface epithelial mucus of most patients with active gastritis. The rods are seen here with a methylene blue stain



Another cause for inflammation is a so-called "Barrett's esophagus" in which there is gastric-type mucosa above the gastroesophageal junction. Note the columnar epithelium to the left and the squamous epithelium at the right. This is "typical" Barrett's mucosa, because there is intestinal metaplasia as well (note the goblet cells in the columnar mucosa).

Crohn's disease, colon



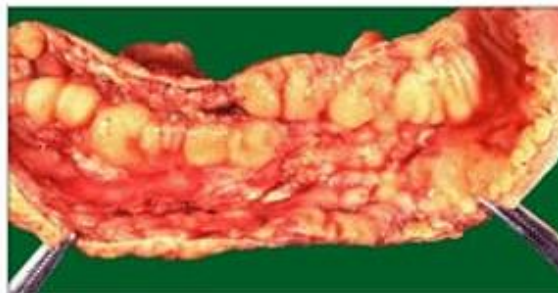
granulomatous nature

At high magnification the granulomatous nature of the inflammation of Crohn's disease is demonstrated here with epithelioid cells, giant cells, and many lymphocytes. Special stains for organisms are negative



This is a normal esophagus with the usual white to tan smooth mucosa seen at the left. The gastroesophageal junction (not an anatomic sphincter) is at the center, and the stomach is at the right

Crohn's disease, terminal ileum



This is another example of Crohn's disease involving the small intestine. Here, the mucosal surface demonstrates an irregular nodular appearance with hyperemia and focal superficial ulceration