

MSS (FINAL)

"Anatomy"

1-the angle between neck of femur and shaft?

125

2-one of these vertebrae hasn't body?

C1

3-The structure that is located b/w the greater and lesser sciatic - notch is

Ischial spine

4-Insertion of iliotibial tract:

Lateral condyle of tibia

5-Calcaneus involve in?

Middle and later line of foot arch

6-Spring ligament is:

Calcaneonavicular ligament

7- Which of the muscles isn't medial rotator

-Gracialis

-Biceps femoris*

-Semitendinosus

- Semimembranosus

8-When Patient asked to stand on his right leg his left pelvis dropped which nerve is damage?

- Right superior gluteal nerve

9-One of the following muscles attaches to lesser trochanter:

-Iliopsoas*

- Gluteus maximus
- Pectineus

10-All of the following are muscles of the 4th layer of foot except

- flexor hallucis brevis

11-A football player was injured and get hospital, a physician notice that there is a significant anterior movement of tibia along femur, What the structure mostly affected?

- Anterior cruciate ligament.

12-A child with developed stage of bladder ca, he is unable to make adduction, the nerve that is mostly compressed by this tumor is:

- Femoral N
- Sciatic N
- Tibial N
- Obturator N ✓

13-a woman (who works in cleaning houses) complain from severe pain in her knee, especially when kneeling in her knee on the ground, :what the affected structure

-Prepatellar bursa*

- Supra patellar bursa

- Lateral menisci

14-Which of the following is NOT a nerve supply for hip joint

- Inferior gluteal nerve

15-which of the following is true about thoracic vertebrae?

- Inferior articular facet is directed anteromedially

16- Which of the following is true about anterior cruciate ligament:

- attach to medial aspect of lateral femoral condyle

17-One of the cervical vertebrae hasn't bifid spinous process

- C7

18-All of the following structures pass below the piriformis in greater sciatic foramen except:

- superior gluteal nerve

19-Which of these ligaments is the MOST important in resisting hyperextension:

- iliofemoral

20-Which ligament is most susceptible to be affected in ankle sprain for a plantar flexed and inverted foot:

- anterior talofibular

21-Gracilis muscle results in ____ at the hip joint and ____ at knee joint

- Adduction, flexion

22-Limitation in the knee extension is attributed to

- Femoral nerve injury

23-A soccer player injures his left knee when he twists the flexed knee while trying to avoid another player. While performing a knee examination, his physician pulls the flexed knee toward her (the physician's) body, as shown in the illustration. This clinical test is a check for the integrity of which of the following ligament?

- ACL

24-Football player rotates his knee while trying to avoid the other player, on examination the ptn has meniscal tear and one of the knees supporting ligament has been injured, the ligament was:

- medial collateral

"Pathology"

1-The histologic manifestation of psoriasis

Acanthosis, hyperkeratosis and murno microabcess

2-Painful lesion (small soft tissue) ,2cm and well circumscribed

Nodular fasciitis

3-Myasthenia Graves

Degradation of ACH Rs

4-A pink pearl papule telangiectasia, rubbed border on the mouth

BCC

5-The pathogenesis of pemphigus vulgaris is

- IgG Abs against desmoglein

6-Melanoma prognosis depends mainly on

asymmetry -

diameter -

color -

- dermis invasion*

7-Lambert-Eaton Syndrome is paraneoplastic syndrome to

- lung small cell carcinoma

8-The main feature of Acute Eczematous Dermatitis is

-Spongiosis

9-Verruca vulgaris is infected related to

HPV types 6 &11

10-The Clark's Staging in diagnosis of melanoma is

The invasion of dermas

11-Muriroforms bodies

Chromoblastomyocytes

12-Marfan syndrome is due to

ANS: Fibrillin mutation

13-Collecs sign is

Distal radius fractures

14-Case: elevation of ANA, elevation of antibodies., is commonly due to

Dermatomycosis

15-all is correct for Basel Cell Carcinoma, except

can make vascular invasion/metastases

16-Myasthenia Gravis is due to

AB against Ach receptors

17-Case: histological pic of patient shows a small round blue cells so disease is:

ANS: Ewing still sarcoma

18-Case: patient with hip fracture, what the best to do

Cast is unnecessary

19-A case of patient which has t (21,22)

Ewing sarcoma

20-Muriroforms bodies

Chromoblastomyocytes

"Biochemistry"

1-Sialoproteins are

Poly Glu

2-Pompe disease:

Causes cardiomegaly

affect liver, muscle, heart

deficiency in alpha 1-4 lysosomal glucosidase enzyme

all of the above *

3-All the following statements are false, EXCEPT

- Collagen type V is the main bone protein
- Chondroitin sulfate consists of repeated peptide units
- CS-PG III is bone specific protein*

4-All of the following are correct except

- osteoblast is mononucleated derived from pluripotent mesenchymal cells
- osteoclast is multinucleated derived from pluripotent hematopoietic cells

APL is specific for osteoclast*

- osteoclast have a ruffled border

5-Osteoclast and osteoblast are activated by

calcitonin

- 1,25dihydroxycholecalciferol *

6-Osteopetrosis is due to mutation in

carbonic anhydrase

-7Which of the following is false regarding to Duchenne muscular dystrophy:

- It is autosomal recessive inherited

8-According to skeletal muscles glycogen phosphorylase deficiency, the false statement is:

- Low mental development

9-this figure / blue scara

- Osteogenesis imperfecta

"Physiology"

Dr. Hakam

1-Rigor mortis cause:

-Depletion of ATP

2- All the following is true, EXCEPT:

-lack of ACh on the synaptic cleft results in sustained contraction

-all the muscle types follow the sliding filament mechanism

-repetitive innervation may elevate body T that may cause brain damage

-DHP are Ca voltage gated channels on the sarcolemmal membrane

-None of the above*

sarcolemma والتي توبيولس هي T tubules صح فولتج وموجودين ع ال DHP ال
the of invagination

3-One of the following is INCORRECT:

-repetitive innervation can't increase the number of activated muscle fibers **nor the**

magnitude of the EPP*

4-EPP results from:

-K entry

-Na entry

-k & Na entry at once*

- Na then K entry

5-One of the following is false:

-The bone storage 50% of calcium of body.

6-One of the following is not true regarding bone:

- The type V collagen is Major type.

7-ACh receptor on NMJ is:

-nicotinic *

-muscarinic

-both

8-Cross bridge is

-actin & myosin

-actin

-myosin*

9-H zone contains

-Myosin only

10- at outer limit of this range muscle can still achieve about ___ of their maximal tetanic contraction

%50 -

%100 -

%70 -

% 30 -

11-the concentration of calcium ions in the intracellular fluid during contraction

2×10^{-2}

2×10^{-7}

4×10^{-2}

4×10^{-7}

12- False statement according of fibers muscles is

Fast glycolytic fiber have highly capillary vessels

13- Ca bind to and activate

Troponin-tropomyosin complex ... myosin

14-High concentration in blood synovial fluids

Diclofenac sodium

15-A true statement

ANS: I band contains only actin , H zone contains only myosin

16- To get smooth muscle contracted

ANS: Myosin light chain should be phosphorylated

17-A true statement

ANS: FG muscle fibers have lower capillary blood flow than SO fibers

18-Patient with osteomalacia , what is true regarding his case

ANS: Increase ca, Decrease po4, Increase parathyroid, Increase ALP

"Microbiology"

-One of the following is incorrect about onchocerciasis:

-can cause blindness

-it is the adult which causes the disease*

-its vector called simulum

-mazzotti test is used for diagnose

-ivermectin can be used for mass chemoprophylaxis

-All are true about diphtheroids except:

-non pathogenic corynebacterium

-commensals of the skin

-gram + non spore forming

-beta hemolytic*

-Roseollea Infantum:

-HHV 6+7

-All of the following can cause the Exanthems except:

-EBV

-Parvovirus B19

-S. pyogenes

-S. aureus

-One of the following match relation is wrong

Chronic ulcer - staphylococcus pneumonia -

-One of the following is mismatch

Chromoblastomycosis - trichosporon cutaneum -

-One of the following is not related to onchocerca volvulus

The adult filarial cause the disease -

-One of the following NOT cause by bacteria

- second disease - scarlet fever

-Disease in immunofluorescence how like pattern of IgG deposition is:

ANS: vulgaris pemphigus

-Mismatch statement is:

ANS: impetigo - nail infection

-Diffuse epidermal hyperplasia is:

ANS: Acanthosis

-Piedra is infection in?

ANS: Hair

-Mismatched statement is:

ANS: Cutaneous larva migrans mosquito

-Fish-netlike pattern:

ANS: Pemphigus vulgaris

-Not true regarding trichinella spiralis:

ANS: Larvae can't be found in animal muscles

-Not true statement:

ANS: Rubella can cause as same as later clinical presentation as rubeolla causes

-dsDNA viruses:

ANS: All HSV types

-False regarding VZV

ANS: It causes genital diseases

"Pharmacology"

1-Drug that highly increases concentration of CS is:

ANS: Diclofenactually sodium

2-All of these drugs used for acne vulgaris, except:

ANS: Topical clindamycin with penZel peroxide,

3-Patient with Corticosteroid uses for 1year and has osteoporosis, so we give to him bisphosphonate?

ANS: false

4Case with underexeretion of uric what use?

ANS: Prodenside

-5A false statement:

ANS: Combination of coal tar & UvB

-6A patient had been treated with a gel for psoriasis ,suddenly she developed Tinnitus and hyperventilation, she had been treated with:

ANS: Salicylic acid

-7A NOT correct statement:

ANS: Combination between isotretinoin and adapalene can be done

-8A NOT recommended drug for pts with CHF:

ANS: Succinylcholine

-9If all of the following occur, you should stop colchicine TT, except:

ANS: Total dose does not exceed 4 mgs

-All are used for TT of under secretion type of gout except:

ANS: Allopurine

-12A False statement:

ANS: Probenecid is used to treat acute attack of gout

-ONE of the followings about therapy of gouty arthritis is CORRECT

-Severe constipation occurs in patients taking high-dose colchicine regimen

-Febuxostat is used to treat gouty attacks once they occur but not to prevent them

-Probenecid is useful in gouty patients with nephrolithiasis

-Indomethacin is commonly used in acute attacks as it has an additional uricosuric action

-Using allopurinol together with mercaptopurine can increase the effects of mercaptopurine*

-A 15-year-old female presents to clinic with acne with 30-40 comedones on the forehead, cheeks, and chin, with very few erythematous papules, and no scarring. She reports that topical

benzoyl peroxide is not working for her despite using it according to instructions for 6 months. She has no involvement of chest or back and has normal menstrual periods. Which of the following is the BEST addition to her acne treatment at this time?

- Oral Isotretinoin
- Oral Minocycline
- Topical antibiotic
- Topical tretinoin*

-Regarding topical antimicrobial drugs, ONE of the followings is INCORRECT?

- Neomycin has excellent activity against gram negative bacteria
- Nystatin is a topical treatment for superficial Candida albicans infections
- Ketoconazole oral absorption increased by antacids*
- Valacyclovir is used orally for treating herpes zoster infections
- The antibiotics polymyxins are highly nephrotoxic and are thus only used topically

-Concerning treatment of psoriasis, ONE is CORRECT:

- Methotrexate is used selectively in treatment of psoriasis with liver disease
- Acetylsalicylic acid is one of the most commonly used keratolytics
- Tar is used only to help reduce the inflammation, itching and scaling of psoriasis
- Rebound flare of psoriasis can occur after abrupt cessation of topical steroid therapy*

- Acitretin is a topical retinoid used in the treatment of severe resistant psoriasis

-The preferred treatment option for a patient with acute gouty arthritis who presents 48 hours after the onset of pain is:

-Allopurinol

-Sulfinpyrazone

-Colchicine

-Indomethacin

- Prednisone

A 35-year-old male presented with an attack of acute gout. He was treated with a 10 day course of naproxen. His blood uric acid level is high. What future line of treatment is most appropriate?

-No regular medication. Treat attacks of acute gout when they occur with naproxen

-Regular long-term treatment with naproxen

-Regular long-term treatment with allopurinol

- Start with allopurinol + naproxen for 2 months followed by long-term allopurinol treatment*

"Public health"

-All are true except

annual prevalence of Back pain range 30-50%, with point prevalence 40%

-Not true statement

People aged 44_65 years have the greatest risk for back pain recurrence

-A False statement

MSDs are due to a single risk factor

Good luck 😊