

Memory Test - Rheumatology_Class Test_Online_Davidson_Plus_1

Total Mark: 100

Time: 90 Min

<p>1. ANCA associated vasculitis- A) Microscopic polyangitis B) Henoch-schonleinpurpura C) Giant cell arteritis D) Churg-strass syndrome E) Granulomatosis with polyangitis Answer: T, F, F, F, T Discussion: Reference:</p>	<p>2. Common sites of fracture in osteoporosis A) Tibia B) Forearm C) Spine D) Feet E) Humerus Answer: F, T, T, F, T Discussion: Reference: [Ref: Davidson 23rd /P-1044]</p>
<p>3. Components of reiter's disease? A) Urethritis B) Prostatitis C) Conjunctivitis D) Episcleritis E) Reactive arthritis Answer: T, F, T, F, T Discussion: Reference: [Ref: Davidson 23rd /P-1031]</p>	<p>4. Extra articular features of Reactive arthritis? A) keratoderma blennorrhagica B) subungual hyperkeratosis C) Keratoconjunctivitis sicca D) Amyloidosis E) Uveitis Answer: T, T, F, F, T Discussion: Reference: [Ref: Davidson 23rd /P-1031]</p>
<p>5. Extra articular feature of Ankylosing spondylitis includes- A) Anterior uveitis B) Pulmonary nodules C) Aortic incompetence D) myocarditis E) Splenomegaly Answer: T, F, T, F, F Discussion: Reference: [Ref: Davidson-23rd/Box-24.61/P-1030]</p>	<p>6. Features of osteomalacia? A) Long standing vitamin D deficiency B) Primary hyperparathyroidism C) Hypophosphataemia D) ↓ osteoblast activity E) Bone is hard Answer: T, F, T, T, F Discussion: Reference: [Ref: Davidson 23rd /P-1052]</p>
<p>7. Features of carpal tunnel syndrome include A) More common in man B) Usually pain spares the little finger C) Symptoms are common at night D) Hypothenar muscles are wasted in long standing cases E) Pain may radiate up to arms & elbows Answer: F, T, T, F, T Discussion: a. Female; e. Thenar Reference: [Ref: Davidson-23rd/P-1058]</p>	<p>8. Features of granulomatosis with polyangitis? A) mainly affecting lung B) Epistaxis & sinusitis C) Diplopia may occur D) Deafness may occur E) Proteinase -4 antibody positive Answer: F, T, T, T, F Discussion: Reference: [Ref: Davidson 23rd /P-1041]</p>
<p>9. Following are features of Felty's syndrome? A) Thrombocytopenia B) Neutrophilia C) scleromalacia D) Active disease E) Seropositive for rheumatoid factor Answer: T, F, F, F, T Discussion: Reference: [Ref: Davidson 23rd /P-1025]</p>	<p>10. Neurological manifestation of Rheumatoid arthritis includes A) Proximal myopathy B) Caplan's syndrome C) Cervical cord compression D) Peripheral neuropathy E) Mononeuritis multiplex Answer: F, F, T, T, T Discussion: Reference: [Ref: Davidson-23rd/P-1024]</p>

<p>11. Ophthalmological feature(s) of rheumatoid arthritis is (are)</p> <p>A) scleromalacia B) anterior uveitis C) retinopathy D) corneal melt E) keratoconjunctivitis sicca</p> <p>Answer: T, F, F, F, T Discussion: Reference: [Ref: Davidson-23rd/Box-24.53/P-1024]</p>	<p>12. Poor prognostic factors for systemic sclerosis</p> <p>A) Limited skin disease B) Early age C) High ESR D) High TLCO E) Proteinuria</p> <p>Answer: F, F, T, F, T Discussion: Reference: [Ref: Davidson-23rd/P-1037]</p>
<p>13. Radiological features of osteoarthritis include</p> <p>A) Focal joint space narrowing B) Generalized increased density of bone C) Chondrocalcinosis D) Increased periarticular bone density E) Marginal erosion</p> <p>Answer: T, F, T, T, F Discussion: Reference:</p>	<p>14. Common features of Sjögren's syndrome:</p> <p>A) Excessive salivation. B) keratoconjunctivitis sicca, C) Lymphadenopathy. D) Raynaud's phenomenon. E) Interstitial lung disease.</p> <p>Answer: F, T, F, T, F Discussion: Reference: [Ref: Davidson-23rd/P-1038]</p>
<p>15. Features of Bechet's disease</p> <p>A) Oral ulcer B) Genital ulcer C) Uveitis D) Erythema multiforme E) Neurological involvement may occur</p> <p>Answer: T, T, T, F, T Discussion: Reference: [Ref: Davidson 23rd /P-1043]</p>	<p>16. Features of mechanical low back pain</p> <p>A) Pain improved l exercise B) Clear cut nerve root distribution C) No systemic features D) Prognosis good E) Recurrent episodes</p> <p>Answer: F, F, T, T, T Discussion: Reference: [Ref: Davidson 23rd /P-996]</p>
<p>17. Following are features of septic arthritis?</p> <p>A) Usual presentation is with acute monoarthritis B) Upper limb joints are commonly targeted C) In adults most likely organism is streptococci D) In young gonococcus may be responsible E) Patients □ pre existing arthritis usually present □ single joint involvement.</p> <p>Answer: T, F, F, T, F Discussion: Reference: [Ref: Davidson 23rd /P-1019]</p>	<p>18. Hormone affecting bone remodeling-</p> <p>A) Insulin B) ACTH C) Cortisol D) Thyroxine E) PTH</p> <p>Answer: F, F, T, T, T Discussion: F F T (□ B.R, □□ B.F) T (□ B.R, □BF) T (□ B.R, □BF) (Others oestrogen/ testosterone) Reference: [Ref: Davidson-23rd/P-986]</p>

<p>19. Hyperuricemia due to diminished renal excretion of uric acid are</p> <p>A) Chronic kidney disease B) Lactic acidosis C) Psoriasis D) Use of loop diuretics E) Lesch-Nyhan syndrome</p> <p>Answer: T, T, F, T, F</p> <p>Discussion: Explanation: e) Due to over production of uric acid Causes of hyperuricaemia and gout Diminished renal excretion □ Increased renal tubular reabsorption □ Renal failure □ Lead toxicity □ Lactic acidosis □ Alcohol □ Drugs Thiazide and loop diuretics Low-dose aspirin Cyclosporin Pyrazinamide □ Red meat □ Seafood □ Offal □ Myeloproliferative and lymphoproliferative disease □ Psoriasis □ High fructose intake □ Glycogen storage disease □ Inherited disorders Lesch-Nyhan syndrome (HPRT mutations) Phosphoribosyl Pyrophosphate synthetase 1 mutations *Usually □ genetically □ determined □ (see □ text). (HPRT □ = □ hypoxanthine □ guanine □ phosphoribosyl □ transferase)</p> <p>Reference: [Ref: Davidson-23rd/Box-24.42/P-1013]</p>	<p>20. Inflammatory oligoarthritis occur in-</p> <p>A) Reactive arthritis B) Erythema nodosum C) Sarcoidosis D) Mycobacterial joint infection E) Gout</p> <p>Answer: T, T, F, T, F</p> <p>Discussion:</p> <p>Reference: [Ref: Davidson-23rd/Box-24.11/P-993]</p>
<p>21. Migratory polyarthritis occurs in-</p> <p>A) Gonococcal arthritis B) Rheumatic fever C) Bacterial endocarditis D) Psudogout E) Rheumatoid arthritis</p> <p>Answer: T, T, T, F, F</p> <p>Discussion: Explanation: Causes of migratory polyarthritis: □ Rheumatic fever □ Gonococcal arthritis □ SLE □ Palindromic arthritis □ Lyme disease □ Viral □ Human immune Deficiency virus □ Hepatitis B or C □ Whipple's disease □ Relapsing polychondritis □ Henoch-Schönlein Purpura □ Bacterial endocarditis</p> <p>Reference: [Ref: Short Case of Abdullah/5th/P-118]</p>	<p>22. Nutritional bone diseases are</p> <p>A) rickets B) osteomyelitis C) osteomalacia D) osteosarcoma E) osteoporosis</p> <p>Answer: T, F, T, F, F</p> <p>Discussion:</p> <p>Reference: Ref: Davidson-23rd/P-1049]</p>
<p>23. Raynaud's phenomenon may be seen in the following condition</p> <p>A) Systematic sclerosis B) Systematic lupus erythematosus C) Cervical rib D) Atherosclerosis E) Polycythemia rubra vera</p> <p>Answer: T, T, T, T, F</p> <p>Discussion:</p> <p>Reference: [Ref: Davidson-23rd/P-1035, Short Case of Abdullah/5th/P-387]</p>	<p>24. Rheumatoid factor positive in -</p> <p>A) Healthy people B) Age > 65 years C) Mixed connective tissue disease D) Infective endocarditis E) Systemic sclerosis</p> <p>Answer: T, T, F, T, F</p> <p>Discussion: T T (plus, TB, SLE, PBC) F (Mixed essential cryoglobulinaemia) T (40?se) F (ANA positive)</p> <p>Reference:</p>

<p>25. The following features are common in fibromyalgia</p> <p>A) Generalized fatigue B) Non restorative sleep C) Difficulty in concentration D) Very high ESR E) High level of serum CPK</p> <p>Answer: T, T, T, F, F Discussion: Reference: [Ref: Davidson-23rd/P-1018]</p>	<p>26. A 9 year old boy presented with severe bone & joint pain.on investigation his serum calcium & phosphate is low with normal vitamin D level but blood FGF 23 is very high.what is the probable diagnosis</p> <p>A) Type 1 vitamin D resistant rickets B) Type 2 vitamin D resistant rickets C) Osteomalacia D) Hereditary hypophosphatemic rickets E) Paget disease of bone</p> <p>Answer: D Discussion: Reference: [Ref: Davidson-23rd/P-1052]</p>
<p>27. Diagnosis of gout can be confirmed by the following investigations</p> <p>A) X rays B) Hyperuricaemia C) Urate crystals in the aspirate D) Neutrophilia E) Elevated ESR</p> <p>Answer: C Discussion: Reference: [Ref: Davidson 23rd /P-1014]</p>	<p>28. First line investigation for osteomyelitis?</p> <p>A) x- ray B) MRI C) Aspiration of pus D) Blood culture E) LBC & ESR</p> <p>Answer: B Discussion: Explanation: MRI is more sensitive than X-ray in detecting early change Reference: [Ref: Davidson 23rd /P-1021]</p>
<p>29. Following are features that associate e a poor prognosis in systemic sclerosis except</p> <p>A) Older age B) Proteinuria C) High ESR D) Diffuse skin disease E) Systemic hypertension</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-1037]</p>	<p>30. Following autoantibodies are frequently detected in primary sjogren's syndrome except ?</p> <p>A) Rheumatoid factor B) Antinuclear antibody C) Anti sm antibody D) Gastric parietal cell E) Thyroid</p> <p>Answer: C Discussion: Reference:</p>
<p>31. Following is not an extra articular feature of reactive arthritis,</p> <p>A) Pustular psoriasis □ B) Aortic incompetence C) Pleuro pericarditis D) Meningo encephalitis E) Pyoderma gangrenosum</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-1031]</p>	<p>32. Following is not an extra articular manifestation of RA ?</p> <p>A) Pyoderma gangrenosum B) Psoriasis C) Amyloidosis D) Thrombocytosis E) Tenosynovitis Ans:</p> <p>Answer: B Discussion: Reference: [Ref: Davidson 23rd /P-1028]</p>
<p>33. Hall mark lesion for spondyloarthropathies?</p> <p>A) sacroilitis B) Uveitis C) Psoriasis D) Inflammatory oligoarthritis E) Enthesitis</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-1028]</p>	<p>34. in biochemical abnormalities of pagets disease which is not true?</p> <p>A) Serum calcium - Normal B) Serum phosphate - Normal C) 25(OH) -□ D) □□□- □ E) ALP-□</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-990]</p>

<p>35. In biochemical abnormalities of vitamin D- Deficient osteomalacia which is not correct ?</p> <p>A) Calcium-□ B) Phosphate-□ C) FGF23 – □ D) ALP-□ E) 25(OH)D -□</p> <p>Answer: C Discussion: Reference: [Ref: Davidson 23rd /P-990]</p>	<p>36. Main cause of hyperuricaemia ?</p> <p>A) Increased intake B) Increased production C) Diminished renal excretion D) Inherited disorder E) Cancer</p> <p>Answer: C Discussion: Reference: [Ref: Davidson 23rd /P-1013]</p>
<p>37. Most common cardiac manifestation in SLE?</p> <p>A) Pericarditis B) myocarditis C) Endocarditis D) AV block E) Myocardial infarction</p> <p>Answer: A Discussion: Reference: [Ref: Davidson 23rd /P-1035]</p>	<p>38. Most common pathogen for Discitis?</p> <p>A) Streptococci B) Salmonella C) Mycobacterium tuberculosis D) Staph. aureus E) Staph. epidermidis</p> <p>Answer: D Discussion: Reference: [Ref: Davidson 23rd /P-1021]</p>
<p>39. Takayasu arteritis typically affects?</p> <p>A) Vera cava B) Arterioles C) Capillaries D) Aorta E) venules</p> <p>Answer: D Discussion: Reference: [Ref: Davidson 23rd /P-1041]</p>	<p>40. What is the defining feature of asteroarthritis?</p> <p>A) Subchondral osteosclerosis B) Osteophyte formation at the joint margin C) Remodelling of joint contour D) Enlargement of affected joints E) Degeneration of articular cartilage</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-1008]</p>
<p>41. Which antibody can be detected in asymptomatic patients of rheumatoid arthritis several years before the development of RA ?</p> <p>A) Rheumatoid factor B) Antinuclear antibodies C) Antiphospholipid antibodies D) Antineutrophil cytoplasmic antibodies E) Anti citrullinated peptide antibodies</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-991]</p>	<p>42. Which is the earliest sign of hip Osteoarthritis</p> <p>A) Antalgic gait B) Weakness wasting of quadriceps muscles C) Anterior groin tenderness lateral to the femoral pulse D) Ipsilateral leg shortening E) Restriction of internal rotation □ hip flexed</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-1010]</p>
<p>43. which is the most common cause of osteomalacia</p> <p>A) Bisphosphonate therapy B) Aluminium C) Fluoride D) Vitamin D receptor defects E) Vitamin D deficiency</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-1050]</p>	<p>44. Antibody which have >95% specificity for rheumatoid arthritis?</p> <p>A) Rheumatoid factor B) Antinuclear antibodies C) Antiphospholipid antibodies D) Antineutrophil cytoplasmic antibodies E) Anti citrullinated peptide antibodies</p> <p>Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-991]</p>

<p>45. Features of cauda equina syndrome except A) Difficulty with micfuration B) faecal incontinence C) Saddle anaesthesia D) Gait normal E) Pain of both legs d Answer: D Discussion: Reference: [Ref: Davidson 23rd /P-997]</p>	<p>46. First line treatment for osteoporosis A) Calcium B) Vitamin D C) Teriparatide D) HRT E) Bisphosphonates Answer: E Discussion: Reference: [Ref: Davidson 23rd /P-1047]</p>
<p>47. Following is not a risk factor for osteoarthritis? A) Meniscectomy B) Aromatase inhibitors C) Obesity D) Alcohol E) Paget's disease Answer: D Discussion: Explanation: Alcohol is not recognised not freeform for osteoarthritis Reference: [Ref: Davidson 23rd /P-1008]</p>	<p>48. Investigation to confirm Pagets disease of bone ? A) X ray B) MRI C) Radionuclide bone scan D) Bone biopsy E) Aspiration Answer: A Discussion: Reference: [Ref: Davidson 23rd /P-1054]</p>
<p>49. Most important risk factor for NSAID induced ulcer? A) Age> 60 yrs B) Past history of adverse effect i NSAID C) Concomitant glucocorticoid use D) High dose NSAID E) Multiple NSAID Answer: A Discussion: Reference: [Ref: Davidson 23rd /P-1003]</p>	<p>50. Non erosive arthritis are found in following condition except A) SLE B) Rheumatic fever C) Henoch schlein purpura D) Behcet's disease E) Rheumatoid arthritis Answer: E Discussion: Reference: [Ref: Davidson-23rd/P-1021]</p>