



MCQS^{Q&As}

Multiple-choice questions for general practitioner (GP) Doctor

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QUESTION 1

A 72years presents with polyuria and polydipsia. The fasting blood sugar is 8 and 10mmol/l. BP=130/80mm cholesterol=5.7mmol/l. There is microalbuminuria.

What is the single most appropriate next management?

- A. Statin and glitazone
- B. ACEi and sulfonylurea
- C. Statin and Biguanide
- D. Statin and ACEi

Correct Answer: D

QUESTION 2

Young sexually active girl has severe knee pain, swelling fever, warmth joint. What is the diagnosis?

- A. Osteoarthritis
- B. Rheumatoid Arthritis
- C. Septic arthritis

Correct Answer: B

QUESTION 3

Hypogammaglobulinemia is often present at the time of the diagnosis.

Which one of the following clinical findings is NOT characteristic of chronic lymphatic leukaemia?

- A. Coombs test is positive in 10-20% of cases
- B. Bone marrow examination is essential to confirm the diagnosis
- C. B-lymphocytes are the leukaemia cell line in the majority of cases
- D. It converts to lymphoma

Correct Answer: A

Bone marrow examination is essential to confirm the diagnosis Chronic lymphatic leukaemia (CLL) is characterized by accumulation of small mature lymphocytes in the bone marrow and peripheral blood. The presenting features are persistent lymphocytosis, lymphadenopathy and hepatosplenomegaly. Hypogammaglobulinemia is often present at the time of the diagnosis. Autoimmune hemolytic anemia occurs in 25% of cases. The diagnosis is usually confirmed on peripheral blood examination; bone marrow examination is rarely needed. Evolution in to a more aggressive disease such as diffuse large cell lymphoma (Richter's syndrome) can occur.



QUESTION 4

A 61-year-old man was found with $K^+=7.5$ and ECG with prolonged QRS complex. What is the best possible treatment?

- A. IV calcium gluconate
- B. Dialysis
- C. Loop diuretics
- D. Salbutamol nebulizer
- E. IV insulin and dextrose

Correct Answer: A

In this high level of potassium, we have to shift this potassium into cells to reduce level and save heart from arrest or life-threatening arrhythmia. The first choice in emergency is IV calcium gluconate! However, it does not shift or reduce potassium level but protects heart from buying time for definitive measure to take place.

QUESTION 5

A 45-year-old woman has a 2-cm breast cancer tumor removed by lumpectomy, and the breast is irradiated. The cancer is negative for estrogen receptors and positive for progesterone receptors. Three of 14 nodes removed from the axilla are positive for cancer.

What is the next best step in management?

- A. Tamoxifen and adjuvant chemotherapy
- B. Mastectomy and chemotherapy
- C. Anastrozole (aromatase inhibitor) for 5 years
- D. Tamoxifen for 5 years

Correct Answer: A

Tamoxifen is used whenever there are either estrogen receptors or progesterone receptors positive. If both receptors are positive, tamoxifen will be of greater benefit. Adjuvant chemotherapy is used whenever the axillary nodes are positive or the cancer is > 1 cm in size.