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Multiple-choice questions for general practitioner (GP) Doctor

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QUESTION 1

The cause of peptic ulcer?

- A. Use of NSAIDS
- B. H. Pylori
- C. Both

Correct Answer: C

Peptic ulcer disease usually occurs in the stomach and proximal duodenum. The predominant causes in the United States are infection with *Helicobacter pylori* and use of nonsteroidal anti-inflammatory drugs. Symptoms of peptic ulcer disease include epigastric discomfort (specifically, pain relieved by food intake or antacids and pain that causes awakening at night or that occurs between meals), loss of appetite, and weight loss. Older patients and patients with alarm symptoms indicating a complication or malignancy should have prompt endoscopy. Patients taking nonsteroidal anti-inflammatory drugs should discontinue their use. For younger patients with no alarm symptoms, a test-and-treat strategy based on the results of

H. pylori testing is recommended. If *H. pylori* infection is diagnosed, the infection should be eradicated and antisecretory therapy (preferably with a proton pump inhibitor) given for four weeks. Patients with persistent symptoms should be referred for endoscopy. Surgery is indicated if complications develop or if the ulcer is unresponsive to medications. Bleeding is the most common indication for surgery. Administration of proton pump inhibitors and endoscopic therapy control most bleeds. Perforation and gastric outlet obstruction are rare but serious complications. Peritonitis is a surgical emergency requiring patient resuscitation; laparotomy and peritoneal toilet; omental patch placement; and, in selected patients, surgery for ulcer control.

Reference: <http://www.aafp.org/afp/2007/1001/p1005.html>

QUESTION 2

A 53-year-old lady presents with hot flash and night sweats. Her LMP was last year. She had Myocardial infarction.

What is the most appropriate management for her?

- A. Raloxifene
- B. COCP (Combined OCP)
- C. Evening primrose
- D. Clonidine
- E. Estrogen

Correct Answer: D

QUESTION 3

Old patient complaining of bone and joint pain, bleeding, recurrent infections. Labs show: lymphocytosis, myelocytes

3%, and myeloblast 2%.

What is the diagnosis?

- A. AML
- B. Thalassemia
- C. Sickle cell anemia
- D. CML

Correct Answer: D

Most common in Old and with usually increased WBC count and massive splenomegaly and characterized by Philadelphia (Ph) chromosome in bone marrow cells. ALL is most common in children. AML has more than 20% blasts on Bone marrow. Tip: The above patient is presented with acute Blasts crisis.

QUESTION 4

A 42-year-old obese woman with 5 children presents with a "gnawing" pain that recently has become severe. She notes the pain right after she finishes a meal and states that it radiates to her right shoulder. Physical exam reveals a cessation of inspiration upon palpation of the right upper quadrant and rebound tenderness. Laboratory analysis shows white cell count of 15,000 and a left shift.

What is the most likely diagnosis?

- A. Acute diverticulitis
- B. Cholecystitis
- C. Acute appendicitis
- D. Ectopic pregnancy
- E. Acute pancreatitis

Correct Answer: B

Acute cholecystitis is a common inflammatory condition that occurs often in obese women in their 40s. A gallstone occludes the lumen of the cystic duct. Patients have peritoneal signs and a positive Murphy sign. A sonographic Murphy sign is the ultrasound probe causing a cessation of breathing when it presses against the abdominal wall. On ultrasound, cholecystitis is characterized by pericholecystic fluid and a thickened gallbladder wall. Diverticulitis would be lower left or right quadrant pain in an elderly person with a history of constipation. Pancreatitis would have deep epigastric.

QUESTION 5

All can cause secondary hyperlipidemia except:

- A. Nephrotic
- B. Hypertension

C. Estrogen therapy

Correct Answer: B

Secondary hyperlipidemia causes: Diabetes mellitus, use of drugs such as diuretics, beta blocker hypothyroidism, renal failure, Nephrotic syndrome, alcohol usage, and some rare endocrine and metabolic.

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