

# GASTROENTEROLOGY

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- Dysphagia to normal solid food is always present if oesophageal diameter is less than ?**
  - 1.3 cm
  - 2 cm
  - 2.5 cm
  - 4 cm
- Postural dysphagia for liquids is seen in**
  - Scleroderma
  - Achalasia
  - Diffuse oesophageal spasm
  - None
- Sitophobia is seen in**
  - Crohn's disease
  - Viral hepatitis
  - Chronic mesenteric vascular ischaemia
  - A+C
- In achalasia, basic abnormality is**
  - Inhibitory neural degeneration localized to nerve processes
  - Inhibitory neural degeneration localized to nerve cell bodies
  - Excitatory neural degeneration localized to nerve processes
  - Excitatory neural degeneration localized to nerve cell bodies
- All are features on oesophageal manometry in scleroderma except**
  - Abnormal sphincter relaxation
  - Low amplitude peristalsis
  - Hypotensive LES
  - Low amplitude simultaneous onset contractions
- Severity of radiation oesophagitis is increased by all drugs except**
  - Doxorubicin
  - Bleomycin
  - Indomethacin
  - Cisplatin
- All are secondary causes of achalasia except**
  - Gastric carcinoma
  - African trypanosomiasis
  - Neuropathic intestinal pseudo-obstruction
  - Lymphoma
- All the following provoke oesophageal contractions in D.O.S. except**
  - Cold water
  - solid food
  - Edrophonium
  - Ergonovine
- In the clinical evaluation of chest pain, the symptom that has no significant statistical difference among cardiac and oesophageal causes is**
  - Radiation to left arm
  - Pain lasting several hours
  - Pain awakens at night
  - Provoked by recumbency
- All are causes of odynophagia except**
  - Steak-house syndrome
  - Carcinoma oesophagus
  - Caustic ingestion
  - Severe GERD
- The following manoeuvres aggravate heart burn except**
  - Straining at stool
  - Lifting heavy objects
  - Stationery bike riding
  - Running
- The symptom that does not suggest reflux induced asthma is**
  - Late age of onset
  - Worsening after meals
  - Relieved with bronchodilators
  - Steroid dependent asthma
- The most common development anomaly of oesophagus is**
  - Isolated oesophageal atresia
  - Oesophageal atresia + distal type of TOF
  - Oesophageal stenosis + distal type of TOF
  - Oesophageal stenosis
- Diet modification is the primary therapeutic approach for**
  - Hiatal hernia
  - oesophageal rings
  - dysphagia lusoria
  - oesophageal webs
- True statement regarding schatzki's ring**
  - It represents the proximal border of oesophageal vestibule
  - Contains only mucosa and submucosa
  - This is seen in 40% of patients on routine UGI series
  - Surgery is the most definitive treatment
- All the following have effect on LES except**
  - Truncal vagotomy
  - Fat
  - peppermint
  - diazepam
- The most common neoplasm associated with achalasia**
  - Oesophageal squamous cell carcinoma
  - Gastric squamous cell carcinoma
  - Gastric adenocarcinoma
  - Gastric lymphoma
- Barrett's epithelium has all the following histological characters except**
  - Absence of goblet cells
  - Lack of intestinal absorptive capacity
  - Presence of villous structure
  - Presence of parietal and chief cells
- Regarding tLESRs (Transient lower oesophageal sphincter relaxation), false statement**
  - Occur in patients with normal LES pressure
  - Appear without fixed temporal relation to pharyngeal contractions

- c. Persists for shorter duration than swallow induced LESRs  
d. Occur physiologically to gastric distension of food/gas.
20. **"Pseudo-ulcerations" on oesophagogram are seen in oesophatitis due to**  
a. CMV  
b. Candida  
c. HSV  
d. Pill induced
21. **"Volcano lesions" on oesophagogram are seen in oesophagitis due to**  
a. CMV  
b. candida  
c. HSV  
d. Pill induced
22. **Skin condition that is not pre-malignant for oesophageal carcinoma**  
a. Epidermolysis bullosa  
b. Bullous perphigoid  
c. Cicatricial Pemphigoid  
d. Tylosis et palmaris
23. **The incidence and severity of oesophageal damage increase with radiation doses greater than**  
a. 30 Gy  
b. 40 Gy  
c. 50 Gy  
d. 75 Gy
24. **Minimum period from exposure of radiation to oesophageal stricture formation is**  
a. 3 months  
b. 6 months  
c. 1 year  
d. 2 year
25. **Most common extra pulmonary site for small cell carcinoma**  
a. Hypopharynx  
b. Oesophagus  
c. Stomach  
d. Small intestine
26. **Most frequent primary metastasizing to oesophagus**  
a. Lung  
b. Melanoma  
c. Thyroid  
d. Breast
27. **All the following drugs decrease LES except**  
a. Progesterone  
b. NSAIDs  
c. Adrenergic agonists  
d. Adrenergic antagonists
28. **All are extra oesophageal manifestations of GERD except**  
a. Chronic cough  
b. Syncope  
c. Globus sensation  
d. Headache
29. **Commonest cause of tissue eosinophilia in oesophagus**  
a. GERD  
b. Adenocarcinoma  
c. Allergic oesophagitis  
d. Parasitic infection
30. **Low prevalence of candidal oesophagitis is seen in**  
a. Achalasia  
b. Oesophageal Carcinoma  
c. AIDS  
d. Post transplant patients
31. **Plaque like lesions resembling candidal infection are seen with all the following except**  
a. Swallowed oropharyngeal debris  
b. Pill oesophagitis  
c. CMV infection  
d. Aspergillus infection
32. **Phagophobia (fear of swallowing) may occur in all except**  
a. Rabies  
b. Tetanus  
c. Hysteria  
d. Achalasia
33. **LES pressure is decreased by**  
a. Gastrin  
b. Motilin  
c. VIP  
d. Substance P
34. **Transfer dysphagia is seen in**  
a. Achalasia  
b. Carcinoma  
c. Myasthenia gravis  
d. Scleroderma
35. **Hiccups with dysphagia suggest lesion in which part of oesophagus**  
a. Cervical oesophagus  
b. Middle part of oesophagus  
c. Lower third of oesophagus  
d. No such location can be made
36. **Chest pain with dysphagia occurs in**  
a. Leiomyoma of oesophagus  
b. Schatzki's ring  
c. Aberrant subclavian artery  
d. Diffuse oesophageal spasm  
e. All the above
37. **All are premalignant conditions for carcinoma oesophagus except**  
a. Chronic achalasia  
b. Corrosive stricture  
c. Tylosis Palmaris and plantaris  
d. Candidiasis  
e. Radiation stricture
38. **All are premalignant for squamous cell carcinoma except**  
a. Plummer Vinson syndrome  
b. Deficiency of zinc, molybdenum, vit A  
c. Cigarette smoking  
d. Gastro oesophageal reflux disease  
e. Excessive alcohol consumption

- 1170 39. All aggravate heart burn except**
- CCK
  - Secretin
  - Dopamine
  - Metoclopramide
  - Nicotine
- 40. Odynophagia is characteristic of all except**
- Monilial esophagitis
  - Barrett's ulcer
  - Carcinoma with periesophageal involvement
  - Achalasia
  - Caustic injury
- 41. Water brash is**
- Effortless appearance of gastric or esophageal contents in mouth
  - Because of incompetence of upper and lower esophageal sphincter
  - Associated with achalasia or diverticulum
  - Salivary hyper secretion, which occurs in response to peptic esophagitis
  - All the above
- 42. Oesophageal peristalsis is best studied in**
- Recumbent position
  - Upright position
  - Right lateral position
  - Left lateral position
- 43. Oropharyngeal paralysis causes all except**
- Dysphagia
  - Nasal regurgitation
  - Chest pain
  - Tracheobronchial aspiration
- 44. Globus pharyngeus is**
- Difficulty in swallowing
  - More common in men
  - Barium studies and manometry are abnormal
  - Treatment is pharyngomyotomy
  - Associated with GERD
- 45. Metaclopramide has all these effects except**
- Increased LES pressure
  - Increased gastric emptying
  - Increased oesophageal clearance
  - Extrapyramidal effects
  - Has action on small intestine and colon
- 46. Necrotizing oesophagitis is caused by**
- HSV oesophagitis
  - Varicella zoster oesophagitis
  - CMV oesophagitis
  - Candidal oesophagitis
  - All the above
- 47. Oesophagitis in AIDS is caused by**
- Cryptosporidium
  - Pneumocystis carinii
  - Mycobacterium tuberculosis
  - All the above.
- 48. Commonest site of foreign body impaction**
- Cervical oesophagus just below UES
  - Near aortic arch
  - Above LES
  - Pharynx
- 49. H. pylori causes all these effects on gastric secretion except**
- Fasting serum gastrin levels are higher by 35-45%
  - Suppression of meal stimulated gastrin release is more than controls
  - The plasma gastrin concentration after GRP is high compared to controls
  - Cure restored fasting and GRP stimulated serum gastrin levels
  - All the statements are correct
- 50. All the following are non GI causes of hypergastrinemia except**
- Renal failure
  - Vitiligo
  - Porphyria
  - Pheochromocytoma
- 51. Pepsin is maximally active at a pH of**
- 1
  - 2
  - 3
  - 2.5
- 52. Confirmation of H. pylori eradication after treatment is by**
- Rapid urease test
  - Serology
  - Urea breath test
  - Histology
- 53. Duodenal ulcers are least likely to penetrate**
- Pancreas
  - liver
  - Biliary tract
  - Colon
- 54. Gastric acid hypersecretion is the mechanism in one of the factory related to stress ulcers**
- Curling's ulcers
  - Cushing's ulcers
  - Sepsis
  - Shock
- 55. All are associated with increased incidence of peptic ulcer except**
- COPD
  - CRF
  - Systemic sclerosis
  - Alcoholic cirrhosis
- 56. Most common cause of hypergastrinemia**
- Antral G-cell hyperplasia
  - ZE syndrome
  - Renal failure
  - Hypochlorhydria
- 57. Medical therapy for ZE syndrome is monitored by**
- Clinical symptoms
  - BAO

- c. Endoscopy  
d. Ultrasound
58. **Type of gastritis seen with celiac sprue**  
a. Lymphocytic gastritis  
b. Eosinophilic gastritis  
c. Type A  
d. Type D
59. **H. pylori is best diagnosed by**  
a. Culture  
b. RUT  
c. Histology  
d. PCR
60. **Gastric leiomyomas are best diagnosed by**  
a. Endoscopy  
b. Endoscopy and biopsy  
c. Endoscopic ultrasonography  
d. Chromoendoscopy
61. **Malignant gastric polyps are usually of size**  
a. 1.5 cm  
b. 2 cm  
c. 2.5 cm  
d. 3 cm
62. **Gastric sarcomas are located most commonly at**  
a. Antrum  
b. Body  
c. Fundus  
d. Pylorus
63. **Most common extranodal site for GI lymphoma**  
a. Stomach  
b. Jejunum  
c. Ileum  
d. Liver
64. **Gastric bicarbonate is stimulated by**  
a. Alcohol  
b. Agonists  
c. Calcium  
d. Acetazolamide
65. **Gastric bicarbonate is inhibited by**  
a. Calcium  
b. PGF  
c. PGE  
d. Aspirin
66. **Drug that can prevent bleeding from NSAID induced gastropathy is**  
a. Misoprostol  
b. Nizatidine  
c. Lansoprazole  
d. None
67. **Most common cause of gastric outlet obstruction in AIDS**  
a. Cryptosporidium  
b. CMV  
c. Lymphoma  
d. MAC
68. **Bare area of stomach is**  
a. Gastro oesophageal junction  
b. Gastro duodenal junction  
c. Posterior part of antrum  
d. Posterior part of incisura
69. **Most fixed portion of stomach is**  
a. Fundus  
b. Body  
c. Cardia  
d. Incisura angularis
70. **Most common indication for abdominal surgery within first 6 months of life is**  
a. Duodenal atresia  
b. Hypertrophic pyloric stenosis  
c. Gastric volvulus  
d. Diaphragmatic hernia
71. **Congenital anomaly of stomach that is associated with turner's syndrome is**  
a. Duodenal atresia  
b. Hypertrophic pyloric stenosis  
c. Gastric atresia  
d. Microgastria
72. **Functional pace maker of stomach is located at**  
a. Antrum  
b. Fundus  
c. Midportion of greater curvature  
d. Midpart of lesser curvature
73. **Drug of choice in acute episodes of gastric stasis**  
a. I.V. metaclopramide  
b. I.V. erythromycin  
c. Cisapride  
d. Ondansetron
74. **Torsades –de-pointes occurs due to drug interaction of**  
a. Cisapride + metaclopramide  
b. Cisapride + ondansetron  
c. Ondansetron + erythromycin  
d. Cisapride + erythromycin
75. **The metal present in the enzyme urease elaborated by H. pylori is**  
a. Gnotobiotic piglet  
b. Zinc  
c. Nickel  
d. Copper
76. **Auto vagotomy is seen in**  
a. Scleroderma  
b. Diabetes  
c. Amyloidosis  
d. Multiple sclerosis
77. **First line of gastric / duodenal mucosal defense is**  
a. Duodenal bicarbonate secretion  
b. Apical barrier  
c. Mucosal blood flow  
d. Anti oxidant mechanisms

- 1172 78. Third line of mucosal defense includes**
- Duodenal bicarbonate secretion
  - Apical barrier
  - Mucosal blood flow
  - Anti oxidant mechanisms
- 79. One of the following is not included in the differential diagnosis for post bulbar ulcers**
- Carcinoids
  - Annular pancreas
  - Gastrinoma
  - Adhesive bands
- 80. Poor prognostic factor in carcinoma stomach is**
- Upper third tumors
  - Early TNM stage
  - Age of the patient
  - Nodal involvement in EGC
- 81. Which of the following surgical option for gastric carcinoma has highest mortality rate?**
- Curative resection
  - Anastomotic leak
  - Palliative resection
  - None
- 82. Poor prognostic indicator of gastric lymphomas is**
- Tumors < 10 cm
  - Diffuse or large cell type
  - Presentation with acute abdomen
  - Musshoff stage II EI
- 83. CARNEY's triad includes all except**
- Extra adrenal paraganglioma
  - Smooth muscle / stromal tumor of stomach
  - Gastric carcinoid
  - Pulmonary chondroma
- 84. Pre-malignant gastric polyps are**
- Peutz-jegher polyps
  - Adenomas
  - Hyperplastic polyps
  - Fundicgland polyps
- 85. Commonest site of hyperplastic polyps of stomach is**
- Body
  - Fundus
  - Pylorus
  - Antrum
- 86. Most common cause of death in ZE syndrome is**
- Complications of ulcer disease
  - Malignant tumor invasion
  - Malabsorption
  - Other comorbid illness
- 87. Most common cause of acute gastric dilatation is**
- Diabetes
  - Carcinoma stomach
  - Idiopathic
  - Peptic ulcer
- 88. All the following surgeries can cause dumping syndrome except**
- Highly selective vagotomy
  - Nissen fundoplication
  - Ramsted's operation
  - Pyloroplasty
- 89. One of the following is a poor prognostic indicator in ZE syndrome**
- Presence of cushing's syndrome
  - Undetectable tumor on surgical exploration
  - Isolated lymphnode tumor
  - Primary duodenal wall tumor
- 90. The following is not a complication of sucralfate**
- Gastric Bezoar
  - Constipation
  - Hypophosphatemia
  - Elevated transaminases
- 91. Duration of action omeprazole is approximately**
- 6 hrs
  - 12 hrs
  - 18 hrs
  - 36 hrs
- 92. False statement regarding therapy of H. pylori**
- Dual therapy is not recommended routinely
  - Triple therapy for 14 days has greatest efficacy
  - Eradication of the organism has significant impact on ulcer perforation
  - Triple therapy is effective in eradicating the organism in more than 50% of patients infected with resistant strain
- 93. Five year survival in ZE syndrome without liver metastases is**
- 50%
  - 60%
  - 75%
  - 95%
- 94. All these drugs are gastric prokinetic agents except**
- Cisapride
  - Metaclopramide
  - Erythromycin
  - verapamil
  - Domperidone
- 95. Most frequent extra nodal location of lymphoma is**
- Stomach
  - Small intestine
  - Colon
  - Liver
  - Pancreas
- 96. Gastric retention is significant when fasting gastric contents are more than**
- 30 ml
  - 50 ml
  - 75 ml
  - 100 ml
- 97. Gastroscopy is the investigation of choice for all except**
- Mallory weiss tear
  - Erosive gastritis

- c. Gastroparesis  
d. Post-operative stomal ulcer  
e. Alkaline reflux gastritis
98. **Investigation of choice for leiomyoma and pancreatic rests is**  
a. Barium study  
b. Endoscopy and biopsy  
c. Endoscopic ultrasound  
d. CT Scan abdomen
99. **Percutaneous endoscopic gastrostomy (PEG) is useful in all except**  
a. Patients with dysphasia due to head and neck neoplasm's  
b. Transfer dysphasia secondary to stroke and degenerative diseases  
c. Diffuse cerebral injury causing dysphasia  
d. Gastric malignancy  
e. Gastroparesis
100. **Endoscopic ultrasound can detect staging of all except**  
a. Esophageal malignancy  
b. Gastric malignancy  
c. Colonic malignancy  
d. Pancreatic malignancy
101. **'Back-gut' syndrome includes all except**  
a. Dysphagia  
b. Localised fibromyalgia  
c. Peptic or functional GI disorder  
d. Worsening of epigastric pain on bending or twisting
102. **Major stimulants of gastric acid secretion are**  
a. Carbohydrates  
b. Proteins  
c. Fats  
d. All have equal response
103. **Intrinsic factor is secreted by**  
a. Parietal cells  
b. chief cells  
c. ECL cells  
d. Mucous cells  
e. Paneth Cells
104. **Artery involved in duodenal ulcer bleeding is**  
a. Common hepatic artery  
b. Splenic Artery  
c. Gastroduodenal Artery  
d. Pancreatica Magna
105. **Mean maximum acid output in normal males is upto**  
a. 23 mEq/l  
b. 59 mEq/l  
c. 15 mEq/l  
d. 30 mEq/l
106. **Wrong statement regarding duodenal atresia is**  
a. Poly hydramniotic is associated in 50% of patients  
b. Emesis is usually non-bilious  
c. Commonly associated with Down's syndrome  
d. Double – bubble sign is seen on plain radiographs
107. **Regarding rapid urease test false statement is**  
a. Simple and reliable method for identification of H. pylori  
b. Positive test increases the pH with phenol red indicator turning from light orange to red  
c. Sensitivity and specificity is 100%  
d. Requires endoscopy
108. **One year relapse rate of ulcer in those treated with H2 blockers or those for H. pylori eradication**  
a. Is same in both groups  
b. Better in H2 receptor blockers group  
c. Relapse rate is less than 15% in H. pylori treated group  
d. No comparative studies done
109. **Most widely used antacid preparation is**  
a. Aluminium hydroxide + magnesium hydroxide  
b. Magnesium hydroxide + magnesium trisilicate  
c. Calcium carbonate + magnesium hydroxide  
d. Calcium hydroxide + sodium bicarbonate
110. **Duration of therapy for gastric ulcer is**  
a. 4-6 weeks  
b. 6-8 weeks  
c. 8-12 weeks  
d. 12-16 weeks
111. **Non-healing of gastric ulcer after treatment indicates**  
a. Malignant ulcer  
b. Giant ulcer  
c. Associated with duodenal ulcer  
d. Associated gastritis
112. **'Bull's eye' lesion of the stomach on barium study is seen in**  
a. Pancreatic rests  
b. Gastric leiomyoma  
c. Malignant melanoma  
d. Gastric Varices
113. **Most common symptom of stomal ulcer is**  
a. Abdominal pain  
b. vomiting  
c. Hematemesis  
d. Fatigue, anorexia  
e. Weight loss
114. **Common cause of stomal ulcer includes all except**  
a. Incomplete vagotomy  
b. H. pylori infection  
c. Reflux of bile into stomach  
d. None of the above
115. **Anaemia which is common with afferent loop syndrome is**  
a. Iron deficiency anaemia  
b. Folate deficiency  
c. B12 deficiency  
d. All are common
116. **Late dumping syndrome includes all these clinical features except**  
a. Dizziness, syncope  
b. Light headedness  
c. Palpitation

- d. Diarrhoea
- e. Confusion, diaphoresis

**117. Dumping syndrome is treated by**

- a. Limitation of simple sugar containing liquids and solid
- b. Elimination of liquids at meal time
- c. Eating of frequent small meals
- d. Octreotide (50 ug sc tid) improves severe symptoms
- e. All the above

**118. Vitamin B12 deficiency after peptic ulcer surgery is seen in**

- a. Total gastrectomy
- b. Gastritis causing gastric atrophy after surgery
- c. Hypochlorohydrria and bacterial overgrowth
- d. All these conditions can cause vitamin B12 deficiency

**119. Iron deficiency anaemia after billroth II is treated by**

- a. Oral iron preparation
- b. Antibiotics
- c. IM preparations of iron
- d. Supply intrinsic factor
- e. Pancreatic enzyme supplementation

**120. Massive haemorrhage due to stress ulcers occur after acute insult.**

- a. In first 24 hours
- b. in 48 hours
- c. After 48 hours
- d. After 1 week
- e. After 2 weeks

**121. Phlegmonous gastritis is caused by all except**

- a. Streptococci
- b. Staphylococci
- c. Salmonella
- d. Proteus species
- e. E. coli

**122. Most common site of involvement of eosinophilic gastritis is**

- a. Fundus
- b. Body
- c. Antrum
- d. Incisura angularis

**123. Most common symptom of eosinophilic gastritis is**

- a. Epigastric pain with vomiting
- b. Loss of appetite
- c. Distension of abdomen
- d. Hemetemesis

**124. Menetrier's disease show all these features except**

- a. Deep mucosal biopsy and cytology is required for diagnosis
- b. Anticholinergics and H2 blockers are reported to decrease the protein loss
- c. Gastric carcinoma is very common complication
- d. Severe disease with persistent protein loss require total gastrectomy
- e. All are correct

**125. Most of the gastrinomas are located in**

- a. Head of pancreas
- b. Body of pancreas
- c. Tail of pancreas

- d. Wall of duodenum
- e. Stomach, lymph nodes

**126. Most common involvement in MEN1 is**

- a. Gastrinoma
- b. Insulinoma
- c. Hyperparathyroidism
- d. Hypopituitarism
- e. Hyperthyroidism

**127. Diarrhea in gastrinoma is seen in**

- a. 10%
- b. 20%
- c. 50%
- d. 75%

**128. Vit B12 malabsorption in gastrinoma is due to**

- a. Decreased secretion of intrinsic factor
- b. Inactivation of pancreatic enzymes at low pH
- c. Bacterial overgrowth
- d. Impaired absorption in terminal ileum
- e. All these are involved

**129. A 47-year-old woman presents to your clinic with a three-month history of dysphagia. There is no history of drastic weight loss and the patient experiences symptoms when swallowing solids but not liquids. Which of the following is not an obstructive cause of dysphagia?**

- a. Pharyngeal carcinoma
- b. Oesophageal web
- c. Retrosternal goitre
- d. Peptic stricture
- e. Achalasia

**130. You see a 47-year-old man in clinic with a three-month history of epigastric dull abdominal pain. He states that the pain is worse in the mornings and is relieved after meals. On direct questioning, there is no history of weight loss and the patient's bowel habits are normal. On examination, his abdomen is soft and experiences moderate discomfort on palpation of the epigastric region. The most likely diagnosis is:**

- a. Gastric ulcer
- b. Gastro-oesophageal reflux disease (GORD)
- c. Duodenal ulcer
- d. Gastric carcinoma
- e. Gastritis

**131. A 55-year-old woman is referred by her GP for upper gastrointestinal (GI) endoscopy following a four-month history of epigastric pain despite treatment with antacids and proton pump inhibitors (PPIs). The results demonstrate a duodenal ulcer coupled with a positive campylobacter-like organism (CLO) test. The patient has no past medical history and has no known drug allergies. The most appropriate treatment is:**

- a. Seven-day course of twice daily omeprazole 20 mg, 1 g amoxicillin and 500 mg clarithromycin
- b. Seven-day course of twice daily omeprazole 20 mg
- c. Seven-day course of twice daily omeprazole 20 mg and 1 g amoxicillin
- d. Seven-day course of twice daily omeprazole 20 mg and 500 mg clarithromycin
- e. Seven-day course of twice daily 1 g amoxicillin and 500 mg clarithromycin

132. Which of the following is the most common cause of duodenal ulcers?
- NSAIDs
  - Helicobacter pylori*
  - Alcohol abuse
  - Chronic corticosteroid therapy
  - Zollinger–Ellison syndrome
133. You see a 48-year-old lorry driver, who presents to you with a three-month history of heartburn after meals which has not been settling with antacids and PPIs. You suspect that the patient has a hiatus hernia. The most appropriate investigation for diagnosing a hiatus hernia is:
- Computer tomography (CT) scan
  - Chest x-ray
  - Upper GI endoscopy
  - Barium meal
  - Ultrasound
134. You see a 25-year-old woman who presents with a 24-hour history of watery diarrhoea. She states that she has opened her bowels 11 times since her onset of symptoms. Associated symptoms include nausea and vomiting with abdominal cramps and pain which started in the evening following a barbecue meal in the afternoon that day. The patient is alert and orientated and her observations include a pulse rate of 69, blood pressure of 124/75 and temperature of 37.1°C. On examination, her abdomen is soft, there is marked tenderness in the epigastric region and bowel sounds are hyperactive. The patient is normally fit and well with no past medical history. The most likely diagnosis is:
- Irritable bowel syndrome
  - Gastroenteritis
  - Ulcerative colitis
  - Laxative abuse
  - Crohn's disease
135. A 35-year-old woman presents with a 24-hour history of watery diarrhoea. She has opened her bowels nine times since the onset of her symptoms. You diagnose gastroenteritis after learning that the patient and her family all ate at a new restaurant and the rest of her family have had similar problems. The most appropriate management is:
- Oral rehydration advice, anti-emetics and discharge home
  - Oral antibiotic therapy and discharge home
  - Admission for intravenous fluid rehydration
  - Admission for intravenous antibiotic therapy
  - No treatment required
136. A 56-year-old man presents with a 2-week history of diarrhoea which has not settled following an episode of 'food poisoning'. Which of the following would be the most appropriate investigation?
- Full blood count
  - Urea and electrolytes
  - Stool sample for microscopy, culture and sensitivities
  - Abdominal x-ray
  - Liver function tests
137. You are questioned by your registrar regarding bacteria responsible for causing blood-stained diarrhoea. From the list below, select the organism which is not responsible for causing blood-stained diarrhoea.
- Campylobacter* spp.
  - Salmonella* spp.
  - Escherichia coli*
  - Shigella* spp.
  - Staphylococcus* spp.
138. A 69-year-old man present with a 2-week history of abdominal pain which has worsened over the last few days. On examination, the patient is jaundiced and the abdomen is distended with tenderness in the epigastric region. In addition, there is a smooth hepatomegaly and shifting dullness. Which of the following is a cause of hepatomegaly?
- Iron deficiency anaemia
  - Budd–Chiari syndrome
  - Ulcerative colitis
  - Crohn's disease
  - Left-sided heart failure
139. You see a 19-year-old Caucasian man in your clinic who presents with a history of transient jaundice. On direct questioning, you ascertain that the jaundice is noticeable after periods of increased physical activity and subsides after a few days. The patient has no other symptoms and physical examination is unremarkable. Full blood count is normal (with a normal reticulocyte count) and liver function tests reveal a bilirubin of 37  $\mu\text{mol/L}$ . The most appropriate management is:
- Reassure and discharge
  - Start on a course of oral steroids
  - Request abdominal ultrasound
  - Request MRCP
  - Refer to Haematology
140. You see a 54-year-old woman, referred to accident and emergency through her GP, with a week's history of jaundice and right upper quadrant abdominal pain. Associated symptoms include dark urine and pale stools. There is no history of weight loss and the patient does not consume alcohol. Her liver function tests reveal a bilirubin of 40  $\mu\text{mol/L}$ , ALT of 40  $\text{iu/L}$ , AST 50  $\text{iu/L}$  and ALP of 350  $\text{iu/L}$ . The most likely diagnosis is:
- Gallstones
  - Viral hepatitis
  - Alcoholic hepatitis
  - Carcinoma of the head of the pancreas
  - Autoimmune hepatitis
141. You are asked by your registrar to request an imaging investigation for a 49-year-old woman with jaundice and abdominal pain. She has a past medical history of gallstones and you suspect this is a recurrence of the same problem. The most appropriate imaging investigation is:
- Abdominal x-ray
  - Abdominal ultrasound
  - Abdominal CT
  - Magnetic resonance imaging (MRI)
  - Endoscopic retrograde cholangiopancreatography (ERCP)
142. You see a 47-year-old woman who presents with a 3-day history of jaundice. You assess her liver function tests (LFTs) and see that the ALP  $\text{iu/L}$  is raised at 350  $\text{iu/L}$ , AST 45  $\text{iu/L}$ , ALT 50  $\text{iu/L}$  and bilirubin 50  $\text{iu/L}$ . The patient feels well in herself, although she has noticed that her urine has become quite dark and her stools quite pale. You assess her medication history. Which of the following drugs from the patient's medication history may be responsible for the cholestasis?
- Co-amoxiclav
  - Bendroflumethiazide
  - Ramipril
  - Amlodipine
  - Aspirin



**1176 143.** During your on-call, you are bleeped to see an 80-year-old woman on the ward who has not opened her bowels for the last 4 days. She is not known to have a history of constipation. On examination, her observations are within normal range, the abdomen is soft and there is mild discomfort at the left iliac fossa. Bowel sounds are present and on PR examination, the rectum is empty. You consult your registrar who asks you to prescribe an osmotic laxative. What is the most appropriate treatment?

- a. Ispaghula husk
- b. Docusate sodium
- c. Lactulose
- d. Senna
- e. Methylcellulose

**144.** Which of the following gastroenterological conditions would give rise to finger clubbing?

- a. Hepatocellular carcinoma
- b. Ulcerative colitis
- c. Irritable bowel syndrome
- d. Hepatocellular carcinoma
- e. Pancreatic carcinoma

**145.** You see a 75-year-old man with an acute episode of haematemesis, who was admitted the night before and is awaiting an upper GI endoscopy. You are asked on the ward round about the common causes of upper GI bleeding. From the list below, which of the following is the most common cause of upper GI bleeding?

- a. Mallory–Weiss tear
- b. Peptic ulcers
- c. Oesophageal varices
- d. Drug induced
- e. Malignancy

**147.** A 60-year-old man with alcoholic liver disease was admitted with an upper GI bleed secondary to oesophageal varices. The patient undergoes endoscopic variceal banding and is discharged after 2 weeks in-hospital stay. Which of the following medications would act as prophylaxis in preventing a rebleed from his oesophageal varices?

- a. Frusemide
- b. Amlodipine
- c. Ramipril
- d. Propranolol
- e. Irbesartan

**148.** A 46-year-old woman presents to your clinic with a week's history of jaundice. Her past medical history includes longstanding atrial fibrillation and hypertension. Physical examination reveals hepatomegaly. You assess her liver function which shows a bilirubin of 41 iu/L, AST 111 iu/L, ALT 55 iu/L and ALP 98 iu/L. There is no history of travel. You have a look at the patient's medication history. Which of the following drugs below is likely to have caused the derangement in the patient's liver function?

- a. Aspirin
- b. Ramipril
- c. Amiodarone
- d. Bendroflumethiazide
- e. Amlodipine

**149.** A 67-year-old man presents feeling unwell and complaining of general malaise. He mentions a long history of alcohol abuse and his past medical history shows deranged liver function tests. Which of the following clinical signs does not form part of chronic liver disease?

- a. Finger clubbing

- b. Palmer erythema
- c. Spider naevia
- d. Koilonychia
- e. Jaundice

**150.** You see a 56-year-old man in your clinic with suspected alcoholic liver disease. Liver function tests reveal a bilirubin of 36 iu/L, AST of 150 iu/L, ALT 75 iu/L and ALP 100 iu/L. Which of the following blood test parameters would support a diagnosis of alcoholic-related liver disease?

- a. Normal mean cell volume (MCV)
- b. Low MCV
- c. Normal mean cell haemoglobin (MCH)
- d. Low MCH
- e. Raised MCV

**151.** You see a 52-year-old woman with rheumatoid arthritis in your clinic. She was referred by her GP after her ALP levels were found to be abnormally high at 300 iu/L. In addition, she was also found to be serum anti-mitochondrial antibody (AMA) positive. The most likely diagnosis is:

- a. Primary biliary cirrhosis
- b. Wilson's disease
- c. Hereditary haemochromatosis
- d. Primary sclerosing cholangitis
- e. Alcoholic liver disease

**152.** A 47-year-old man presents complaining of weight gain, on examination there is an abdominal distension with a fluid thrill. Which of following is not a cause of ascites secondary to venous hypertension?

- a. Congestive heart failure
- b. Cirrhosis
- c. Constrictive pericarditis
- d. Budd–Chiari syndrome
- e. Nephrotic syndrome

**153.** A 56-year-old man, diagnosed with emphysema, presents with a one-month history of jaundice and ascites. Your registrar suspects that this patient may have liver disease secondary to 1-antitrypsin deficiency. Select the most likely mode of inheritance from the list below:

- a. Autosomal dominant
- b. X-linked dominant
- c. Autosomal recessive
- d. Polygenic
- e. None of the above

**154.** You see a 56-year-old woman who presents with a two-month history of jaundice. Associated symptoms include lethargy and polyarthralgia. Her LFTs reveal a bilirubin of 46 iu/L, AST 200, ALT 175, ALP 104. On examination, the patient is jaundiced and has finger clubbing. There are several spider naevi on the front and back of the trunk. Her abdomen is soft and there is a smooth hepatomegaly. Prior to her onset of symptoms, the patient has been fit and well. Viral serology is normal and anti-soluble liver antigen (SLA) is detected. You decide to start this patient on treatment. The most appropriate treatment is:

- a. Liver transplantation
- b. Methotrexate
- c. Prednisolone
- d. Cyclosporin
- e. Antivirals

155. You are told by your registrar that one of your inpatients has been diagnosed with primary sclerosing cholangitis (PSC). Your registrar suspects that the patient may have an associated condition. Primary sclerosing cholangitis is associated with which of the following diseases?
- Thyroid disease
  - Systemic sclerosis
  - Rheumatoid arthritis
  - Ulcerative colitis
  - Irritable bowel syndrome
156. A 68-year-old man presents to his GP with signs of drastic weight loss. He is known to have PSC. The GP suspects an underlying malignancy. Which of the following tumours would a patient with primary sclerosing cholangitis be more at risk of developing?
- Hepatocellular carcinoma
  - Cholangiocarcinoma
  - Hepatic fibroma
  - Hepatic haemangioma
  - Pancreatic carcinoma
157. During a ward round, you are questioned about tumours that may arise from the liver parenchyma. Which of the following liver tumours is considered to be benign?
- Angiosarcoma
  - Fibrosarcoma
  - Adenoma
  - Hepatoblastoma
  - Leiomyosarcoma
158. A patient on your ward is diagnosed with hepatocellular carcinoma. You are asked to perform a tumour marker level on this patient. Which of the following tumour markers are elevated in hepatocellular carcinoma?
- fetoprotein
  - Carcinoembryonic antigen (CEA)
  - CA 15-3
  - HcG
  - CA 125
159. A 64-year-old woman attends your clinic with a 2-week history of jaundice. Over the last three months the patient has lost 10 kg. Associated symptoms include decreased appetite, dark urine and pale stools. On examination, the patient is jaundiced, her abdomen is soft and you can palpate a painless mass in the right upper quadrant. From the list of answers below, select the initial most appropriate investigation that you would request for this patient:
- Abdominal x-ray
  - Abdominal CT
  - MRI of the abdomen
  - Abdominal ultrasound
  - ERCP
160. A 28-year-old man undergoes a sigmoidoscopy for longstanding diarrhoea and weight loss. On visualization of the rectum, the mucosa appears inflamed and friable. A rectal biopsy is taken and the histology shows mucosal ulcers with inflammatory infiltrate, crypt abscesses with goblet cell depletion. From the list of answers below, which is the most likely diagnosis describing the histology report?
- Crohn's disease
  - Pseudomembranous colitis
  - Irritable bowel syndrome
  - Ulcerative colitis
  - No diagnosis – the report is inconclusive
161. You are told by your registrar that one of the clinic patients has been admitted with a 'flare up' of ulcerative colitis (UC). Which he reports as being severe. From the list of answers below, select the parameters which are likely to reflect a severe flare up of ulcerative colitis:
- Fewer than four bowel motions per day with large amounts of rectal bleeding
  - Between four and six bowel motions per day with large amounts of rectal bleeding
  - More than four bowel motions per day with large amounts of rectal bleeding
  - More than five bowel motions per day with large amounts of rectal bleeding
  - More than six bowel motions per day with large amounts of rectal bleeding
162. You read a report which was handwritten in a patient's medical notes who you suspect has inflammatory bowel disease. The report reads, '... there is cobblestoning of the terminal ileum with the appearance of rose thorn ulcers. These findings are suggestive of Crohn's disease'. Select the most likely investigation that this report was derived from:
- Colonoscopy
  - Sigmoidoscopy
  - Barium follow through
  - Abdominal CT
  - Abdominal ultrasound
163. You are asked to see a 29-year-old woman diagnosed with ulcerative colitis 18 months ago. Over the last 4 days she has been experiencing slight abdominal cramps, opening her bowels approximately 4–5 times a day and has been passing small amounts of blood per rectum. The patient is alert and orientated and on examination her pulse is 67, blood pressure 127/70, temperature 37.3°C and her abdomen is soft with mild central tenderness. PR examination is nil of note. Blood tests reveal haemoglobin of 13.5 g/dL and a CRP of 9 mg/L. The most appropriate management plan for this patient is:
- Admission to hospital for intravenous fluid therapy and steroids
  - Oral steroid therapy + oral 5-ASA + steroid enemas + discharge
  - Admission and refer to surgeons for further assessment
  - Oral steroid therapy and discharge home
  - Reassurance and discharge home with no treatment required
164. A 29-year-old anxious man is diagnosed with mild Crohn's disease. Due to time constraints, the patient was asked to come back for a follow-up appointment to discuss Crohn's disease in more detail. The patient returns with a list of complications he researched on the internet. Which of the following are not associated with Crohn's disease?
- Cigarette smoking reduces incidence
  - Fistulae formation
  - Abscess formation
  - Non-caseating granuloma formation
  - Associated with transmural inflammation
165. You see a 40-year-old woman who was diagnosed with Crohn's disease ten years ago. Due to a severe attack of Crohn's which failed to respond to medical therapy, she had a small bowel resection. Your registrar tells you that she is at risk of developing vitamin B12 deficiency as a result of her surgery. Which part of the small bowel is responsible for the absorption of vitamin B12?

- a. Jejunum  
b. Proximal ileum  
c. Duodenum  
d. Terminal ileum  
e. None of the above
166. A 47-year-old woman has been experiencing a four-month history of diarrhea and bloating. Associated symptoms include lethargy and weight loss. Full blood count reveals haemoglobin of 9.3 g/L and MCV 70 fL. Which of the following investigations would be helpful in the patient's diagnosis?  
a. Anti-mitochondrial antibodies  
b. Anti-smooth muscle antibodies  
c. Anti-tissue transglutaminase antibodies  
d. Anti-nuclear antibodies  
e. Anti-neutrophil cytoplasmic antibodies
167. A 65-year-old man attends your clinic with a three-month history of weight loss of approximately 9 kg despite a normal appetite. A full blood count reveals that his haemoglobin is 9.0 g/dL (previous haemoglobin was 13.5 g/dL one year ago) and the MCV is 71 fL. Abdominal examination is unremarkable and per rectum exam is nil of note. The patient states that he has normal bowel habits and has been feeling quite tired lately. The most appropriate management is:  
a. Reassure and discharge  
b. Arrange an upper and lower GI endoscopy  
c. Prescribe iron tablet supplementation  
d. Arrange an abdominal ultrasound  
e. Arrange an abdominal x-ray
168. A 24 year old woman had ulcerative colitis for seven years and was prescribed mesalazine 1.5 g per day. She smoked 20 cigarettes per day and was 10 weeks pregnant. She complained of worsening symptoms with six bloody stools per day. Which one of the following statements is correct?  
a. Azathioprine is contraindicated.  
b. Initiation of an elemental diet risks fetal malnutrition.  
c. Oral corticosteroids are contraindicated.  
d. Oral mesalazine therapy should be withdrawn.  
e. Termination of the pregnancy is advisable.
169. Which of the following features would be expected on lipid analysis in a 57 year old female with two year history of primary biliary cirrhosis?  
a. A lipaemic appearance of the serum would be expected.  
b. is treated with clofibrate therapy  
c. is characteristically associated with tendon xanthomas  
d. is characteristically associated with palmar xanthomas  
e. No evidence of a dyslipidaemia would be expected with this short a duration of disease
170. A 55 year old man on no current treatment for his quiescent ulcerative colitis is found to have a raised ESR. Investigations show: Haemoglobin 13.2 g/L, WCC 4.5, PLT 160, Corrected Calcium 2.58, IgG 25 (613), IgA 1.8 (0.93), IgM 1.6 (0.42.2). What is the most appropriate next investigation?  
a. Bone marrow trephine and aspiration.  
b. Isotope bone scan.  
c. Plasma immunoelectrophoresis.  
d. Rectal biopsy.  
e. XRay Skeletal survey.
171. Which ONE of the following statements regarding colon cancer is correct:  
a. In non familial cases, gene mutations in the cancer cells are unusual  
b. In familial cases the inheritance pattern is typically autosomal recessive  
c. It occurs most commonly in the ascending colon  
d. It is a characteristic feature of the PeutzJeghers syndrome  
e. In familial polyposis coli the increased cancer risk is due to inheritance of a mutated suppressor gene
172. A 40 year old man has a history of leftsided Crohn's colitis. Though, previously treated with steroids and mesalazine, he has had several relapses in the past year. The last relapse, treated with high doses of steroids, was complicated by gastric bleeding. Investigations show: Haemoglobin 10.8 g/L (13.018.0), MCV 76 fL (8096), MCH 24 pg (2832), White cell count  $10 \times 10^9/L$  (411), Platelets  $400 \times 10^9/L$  (150400), Serum total protein 70 g/L (6176), Serum albumin 30 g/L (3749), Serum CRP 30 mg/L (<10), Abdo Xray Normal. Which of the following is the most appropriate management?  
a. A trial of oral metronidazole for three months.  
b. Total colectomy with ileostomy construction.  
c. Total colectomy with pouch construction.  
d. Treatment with azathioprine.  
e. Treatment with oral budesonide.
173. A 45 year old man was receiving phenytoin for longstanding epilepsy. He admitted to heavy alcohol consumption. Examination revealed no focal or neurological signs, 3cm hepatomegaly but no splenomegaly. Investigations showed: Haemoglobin 10.0 g/dL (1318), MCV 122 fL (8096), White cell count  $2.2 \times 10^9/L$  (411), Platelet count  $90 \times 10^9/L$  (150400). What is the most likely explanation for these results?  
a. Alcoholic liver disease.  
b. Aplastic anaemia.  
c. Folate deficiency.  
d. Hypothyroidism.  
e. Scurvy.
174. A 60 year old woman with known alcoholic liver cirrhosis presents with vague abdominal pains, malaise and nausea. She has been abstinent since she was diagnosed eight months ago. On examination she had moderate ascites and mild, generalised abdominal tenderness. Investigations: Haemoglobin 11.2 g/dL (11.5 16.5), WCC  $15 \times 10^9/L$  (4 11), prothrombin time 21 s (<15s), serum albumin 28 g/L (37 49), serum total bilirubin 56 micromol/L (1 22), ascitic fluid protein 26 g/L ascitic fluid amylase normal ascitic fluid white cell count  $500 \times 10^9/L$  What is the most likely reason for her current problem?  
a. hepatic vein thrombosis  
b. pancreatic pseudocyst rupture  
c. portal vein thrombosis  
d. primary liver cancer  
e. spontaneous bacterial peritonitis
175. A 32 year old man develops profuse diarrhoea with mucus and blood. Biopsies from the flexible sigmoidoscopy shows evidence of ulcerative colitis. Which of the following is true of the condition?  
a. mesalazine therapy is associated with infertility in males  
b. pseudopolyps on sigmoidoscopic examination have premalignant potential  
c. topical 5aminosalicylic acid are less effective than topical steroids in proctitis  
d. colectomy may produce regression of gall bladder disease  
e. goblet cells are unaffected in the mucosa

176. Which ONE of the following statements is true of autoimmune hepatitis:
- It usually presents as an acute hepatitis
  - It rarely presents before 20 years of age
  - It may be associated with keratoconjunctivitis sicca
  - It is associated with hypogammaglobulinaemia
  - It rarely interferes with menstruation except in later stages
177. Compared with bottle feeding, breast feeding is relatively protective against which of the following?
- Late haemorrhagic disease of the newborn
  - Maternal breast cancer
  - Late onset diabetes
  - Prolonged jaundice
  - Underfeeding
178. A 28 year old male presents with a four day history of profuse bloody diarrhoea after returning from a holiday in the Far East. Which of the following regarding his illness is true?
- a negative amoebic fluorescent antibody test excludes a diagnosis of acute amoebic dysentery
  - Cysts to *E. histolytica* in the stools confirms a diagnosis of acute amoebic dysentery
  - cholera is a likely diagnosis
  - Giardiasis is a likely diagnosis
  - shigellosis is a likely diagnosis
179. A 63 year old patient with known alcohol related cirrhosis presented with ascites, abdominal tenderness and peripheral oedema. A diagnostic tap revealed a neutrophil count of 400/mm<sup>3</sup> (normal <250/mm<sup>3</sup>). Which of the following would be of most immediate benefit?
- fluid restriction and a no added salt diet
  - intravenous antibiotics
  - oral spironolactone
  - therapeutic paracentesis
  - transjugular intrahepatic portosystemic shunt
180. A 29 year old man presents with anaemia, bleeding tendency, diarrhoea and abdominal pain. Examination reveals a palpable mass in the right lower quadrant and anal skin tags. What is the most likely underlying condition?
- chronic pancreatitis
  - coeliac disease
  - crohn's disease
  - intestinal lymphoma
  - ulcerative colitis
181. Ten individuals are admitted to casualty with profuse vomiting after attending a retirement dinner in a chinese restaurant. They all ate at roughly 7 pm and became ill at roughly midnight. Nine ate a mixture of dishes except one female who ate vegetarian dishes with her rice. What is the most likely infective organism?
- Salmonella enteritidis
  - Staphylococcus aureus
  - E. Coli
  - Clostridium perfringens
  - Bacillus cereus
182. Which of the following is activated by Cholera toxin?
- Adenylate cyclase
  - Guanylate cyclase
  - Peroxisome proliferator receptor (PPAR) gamma
  - Sodium/potassium ATPase
  - The glucosodium transporter
183. Which of the following is NOT true of a patient with ascites due to liver cirrhosis:
- Spontaneous bacterial peritonitis is a recognised feature
  - The usual source of the ascitic fluid is mainly from the exudation from the surface of the liver
  - Hepatic intrasinusoidal pressure is elevated
  - Urinary sodium concentration is usually less than 10 mmol/l
  - Cardiac output is often elevated
184. A 35 year old woman with a history of recurrent anaemia was noted to have target cells and Howell-Jolly bodies on a blood film examination. Investigations revealed: Haemoglobin 7.0 g/dL (11.316.5), MCV 77 fl (8096), MCH 26.2 pg (2832), Serum B12 140 ug/L (160760), Red cell folate 95 ug/L (160640), Serum ferritin 10 ug/L (15300). What disease specific antibody is most likely to be present?
- Antiendomysial
  - Antigastricparietal cell
  - Antiglutamicacid decarboxylase
  - Antiintrinsicfactor
  - Antimitochondrial
185. Which one of the following is a feature of the VIPoma syndrome?
- Alkalosis
  - Hypoglycaemia
  - Hypokalaemia
  - Increased gastric acid secretion
  - Provocation of VIP release by somatostatin
186. A 40 year old single man returned from holiday in Europe with mild bloody diarrhoea which had lasted for two weeks. He had lost 2.5 kg in weight, had occasional lower abdominal cramping discomfort and a painful swelling of his left knee. What is the most likely diagnosis?
- amoebiasis
  - campylobacter infection
  - Crohn's disease
  - gonococcal septicaemia
  - ulcerative colitis
187. A 43 year old male presents with weight loss and watery diarrhoea. Investigations reveal hypokalaemia with a pancreatic mass. Which of the following would support the diagnosis of a VIPoma?
- Achlorhydria
  - Hypoglycaemia
  - Increased Pancreatic polypeptide
  - Migratory erythema
  - Pellagra
188. A 68 year old male presents with alcoholic cirrhosis complicated by mild ascites. Which of the following features is likely in this patient?
- Increased serum sodium
  - Increased vascular resistance
  - Reduced urinary potassium excretion
  - Reduced renin concentrations
  - Reduced urinary sodium excretion

**1180 189.** A 58 year old man complains of tiredness, fever, weight loss, arthralgia and diarrhoea. Jejunal biopsy reveals flattened mucosa containing periodic acidSchiff(PAS) positive macrophages. What is the most likely diagnosis?

- a. coeliac's disease
- b. tuberculosis
- c. tropical sprue
- d. parasitic infection
- e. whipple's disease

**190.** A 48 year old woman complains of pruritis, steatorrhoea and bruising. On examination, she is jaundiced, pigmented with spider naevi and hepatosplenomegaly. What is the most likely underlying diagnosis?

- a. autoimmune hepatitis
- b. primary biliary cirrhosis
- c. alcoholic liver disease
- d. alpha1antitrypsin deficiency
- e. Wilson's disease

**191.** Which of the following concerning the conjugation of bilirubin is correct?

- a. is catalysed by a glucuronyl transferase
- b. occurs in the Kupfer cells of the liver
- c. is increased by valproate
- d. is inhibited by rifampicin
- e. is impaired in Dubin-Johnson syndrome

**192.** A 70 year old man was admitted with pallor, lightheadedness and loss of energy. On the day prior to admission he had reported loose dark stools. Examination revealed a pulse of 90 per minute and a blood pressure of 110/70 mmHg. Investigations revealed: Haemoglobin 7.2 g/dL (1418), MCV 72 fL. (7896), White cell count  $11.3 \times 10^9/L$  (411), Platelet count  $480 \times 10^9/L$  (150400). What is the most appropriate next step in his management?

- a. Barium meal
- b. Blood transfusion
- c. Endoscopy
- d. Parenteral iron infusion
- e. Proton pump inhibitor therapy

**193.** Which of the following is correct regarding infection with *Salmonella typhi*

- a. children are particularly likely to become carriers
- b. most carriers are female
- c. faecal culture is almost always positive during the first week of illness
- d. relapse does not occur if antibiotics are taken for 2 weeks
- e. vaccinated individuals who develop the disease will have a mild illness

**194.** A 28 year old lady develops abdominal pain, jaundice and ascites worsening over a week. She drinks ten units of alcohol each week and takes the oral contraceptive pill. Which of the following findings would make a diagnosis of hepatic vein thrombosis (Budd-Chiari syndrome) MOST likely?

- a. alanine aminotransferase of 345 U/L (5 35)
- b. acute liver failure
- c. ankle oedema
- d. ascites fluid protein of 38 g/L
- e. tender enlarged liver

**195.** A 52 year old man with a diagnosis as a child of coeliac disease had been asymptomatic despite poor dietary compliance. He presents with a one month history of intermittent, colicky, central abdominal pain and 3 kilogram weight loss and positive faecal occult bloods. What is the most appropriate investigation?

- a. Antiendomysial antibody.
- b. Colonoscopy.
- c. CT scan of abdomen.
- d. Distal duodenal biopsy.
- e. Small bowel enema.

**196.** A 44 year old male with Child's grade C cirrhosis presented with haematemesis. Which one of the following drugs, administered intravenously, would be the most appropriate, immediate, treatment?

- a. Isosorbide dinitrate.
- b. Omeprazole.
- c. Propranolol
- d. Somatostatin
- e. Tranexamic acid.

**197.** A 24 year old man with chronic diarrhoea and malabsorption is suspected of having coeliac disease. A jejunal biopsy is taken. Which of the following findings would be expected in coeliac disease?

- a. Shows leafshaped villi
- b. Shows flattening of the crypts
- c. Appearances may resemble severe tropical sprue
- d. Shows fissures penetrating into the submucosa
- e. Characteristically shows epithelial cells distended with fat globules

**198.** In the diarrhoea associated with cholera toxin, there is activation of which of the following enzyme systems?

- a. Adenylate cyclase.
- b. ATP.
- c. Guanylate cyclase.
- d. Naglucose cotransporter.
- e.  $Na^+/K^+$  ATPase pump.

**199.** A 36 year old man presented with a three day history of bloody diarrhoea. He was afebrile and mildly icteric. Investigations revealed: Haemoglobin 10.5 g/dL (13.018.0), White cell count  $19 \times 10^9/L$  (411), Platelets  $70 \times 10^9/L$  (150400), Serum urea 12.5 mmol/L (2.57.5), Serum aspartate aminotransferase 90 IU/L (131), Prothrombin time 12s (11.515.5), Blood film fragmented red cells. What is the most likely cause of his illness?

- a. *Escherichia coli* 0157 colitis
- b. Ischaemic colitis
- c. Leptospirosis
- d. *Salmonella enterocolitis*
- e. Ulcerative colitis

**200.** A 52 year old woman presented with history of worsening dysphagia over many years. Recently there had been episodes of ill defined central chest discomfort and nocturnal cough. What is the most likely diagnosis?

- a. achalasia
- b. Barrett's oesophagus
- c. motor neurone disease
- d. oesophageal carcinoma
- e. pharyngeal pouch

**201.** Which of the following is true of Gilbert's syndrome?

- a. inheritance is autosomal recessive

- b. serum conjugated bilirubin levels are elevated  
 c. serum bilirubin levels are decreased by fasting  
 d. serum bilirubin levels are decreased by liver enzyme inducers  
 e. there is bilirubinuria
202. **A26 year old presents in the first trimester of her first pregnancy (six weeks gestation) for an antenatal check, she feels well. Blood tests show a Bilirubin of 40  $\mu\text{mol/l}$  the other LFT's are completely normal. The most likely diagnosis is:**  
 a. Gilbert's syndrome  
 b. Primary biliary cirrhosis  
 c. Primary sclerosing cholangitis  
 d. Dubin-Johnson syndrome  
 e. Cholestasis of pregnancy
203. **Which of the following conditions may give a false/positive sweat test?**  
 a. Congenital adrenal hyperplasia  
 b. Hyperthyroidism  
 c. Hyperparathyroidism  
 d. Obesity  
 e. Glucose 6-phosphatase deficiency
204. **Which of the following statements regarding jejunal biopsy is correct?**  
 a. Electron microscopy is necessary to confirm the presence of villous atrophy  
 b. Subtotal villous atrophy is diagnostic of gluten sensitive enteropathy and is not found in other conditions  
 c. It is contraindicated over the age of 70 years  
 d. In tropical countries apparently healthy people have a mucosal structure which would be regarded as abnormal in Europe  
 e. It can be used to diagnose Whipple's disease
205. **A 54 year old woman presented with an eighteen month history of chest pain and dysphagia for both solids and liquids. She smokes 20 cigarettes per day and drinks 16 units of alcohol per week. Clinical examination was normal. What is the most likely diagnosis?**  
 a. Achalasia  
 b. Bronchial neoplasm  
 c. Oesophageal neoplasm  
 d. Oesophageal web  
 e. Pharyngeal pouch
206. **A 46 year old man with a family history of haemochromatosis presented to outpatients for advice. Investigations revealed. serum ferritin 453  $\mu\text{g/L}$  (15 – 300), serum iron 29  $\mu\text{mol/L}$  (12 – 30), serum iron binding capacity 46  $\mu\text{mol/L}$  (45 – 75), iron saturation 63 per cent (20 – 50). What is the most appropriate next step in management?**  
 a. arrange for DNA analysis  
 b. begin a venesection programme  
 c. monitor his serum ferritin regularly  
 d. take no action unless the iron saturation exceeds 90 per cent  
 e. undertake a liver biopsy
207. **A 45 year old woman is diagnosed with a duodenal ulcer. Which one of the following is the most sensitive test for detecting current infection with Helicobacter pylori?**  
 a. A gastric fundal biopsy.  
 b. Culture of a gastric biopsy.  
 c. The (13C. urea breath test.  
 d. The presence of Helicobacter pylori serum antibodies.  
 e. The urease test on gastric biopsy.
208. **A 32 year old woman with Crohn's Disease has a history of a right hemicolectomy for ileocolonic disease. Since the operation she has had frequent diarrhoea but no blood in the stools. Investigations show: ESR 10, PLT 240, serum CRP 7 (<10). Which is the best treatment?**  
 a. Cholestyramine  
 b. Mesalazine  
 c. Metronidazole  
 d. Omeprazole  
 e. Prednisolone
209. **A 24 year old woman was referred with tiredness and intermittent bloody diarrhoea and a past history of cerebral venous thrombosis. On examination, the sclera of the right eye was inflamed, and multiple mouth ulcers were noted. At the colonoscopy, which confirmed colitis, two large vulval ulcers were noted. Which is the most likely diagnosis?**  
 a. Behcet's disease.  
 b. Crohn's disease.  
 c. HIV infection  
 d. Syphilis  
 e. Ulcerative colitis.
210. **Which of the following is the commonest cause of traveller's diarrhoea?**  
 a. E. Coli  
 b. Entamoeba Histolytica  
 c. Giardia Lamblia  
 d. Shigella Flexneri  
 e. Yersinia enterocolitica
211. **A 59 year old woman has had insulin dependent diabetes mellitus for over two decades. The degree of control of her disease is characterized by the laboratory finding of a HbA1c of 10.1%. She complains of repeated episodes of abdominal pain following meals. These episodes have become more frequent and last for longer periods over the last couple of months. On physical examination, there are no abdominal masses or organomegaly and no tenderness to palpation. Which of the following findings is most likely to be present?**  
 a. Acute pancreatitis  
 b. Chronic renal failure  
 c. Hepatic infarction  
 d. Mesenteric artery occlusion  
 e. Ruptured aortic aneurysm
212. **Which of the following is true of Spontaneous bacterial peritonitis?**  
 a. A survival rate of over 50% is expected at one year  
 b. Gentamicin is the treatment of choice  
 c. is characteristically caused by aerobic bacteria.  
 d. is diagnosed by culture of ascitic fluid.  
 e. is due to intestinal perforation
213. **A 30 year old caucasian male presents with a six month history of weight loss, abdominal pain, and diarrhoea. On examination you note finger clubbing. Which of the following diagnoses is least likely.**  
 a. Crohn's disease  
 b. Ulcerative colitis  
 c. Coeliac disease  
 d. Whipple's disease  
 e. Ileocaecal TB

**1182 214. Refluxoesophagitis of gastric contents**

- a. is a cause of asthma
- b. can be improved by Helicobacter pylori eradication
- c. Occurs during transient relaxation of the lower oesophageal sphincter
- d. Is neutralised by bicarbonate secreted by the oesophageal mucosa
- e. Can be excluded by a normal appearance at endoscopy

**215. Which statement is true concerning iron?**

- a. Iron absorption is mainly in the distal jejunum.
- b. Parenteral iron is indicated if the haemoglobin level is not raised within 3 days by oral iron.
- c. Sustained release preparations are useful if larger doses are required.
- d. 200mg iron sulphate has more elemental iron than an equal dose of iron gluconate.
- e. Absorption is prevented by ascorbic acid.

**216. Following factors decrease large intestinal motility:**

- a. Parasympathetic activity
- b. Anticholinergic agents
- c. Gastric Distension
- d. CCKPZ
- e. Laxatives.

**217. Which of the following statements is correct of hepatitis C virus infection?**

- a. Cell cultures of virus are routinely used to assess response to drug therapy
- b. High antibody titres are an indication for therapy
- c. Less than 5% of cases lead to chronic infection
- d. More likely to be transmitted by the sexual route than hepatitis B virus
- e. Treatment with ribavirin and interferon alpha is more effective than interferon alpha alone

**218. Which ONE statement is true regarding the treatment of iron deficiency anaemia:**

- a. iron is absorbed in the distal jejunum
- b. absorption of iron is increased by ascorbic acid
- c. sustained release iron is a useful way of giving larger doses
- d. ferrous sulphate 200mg has less elemental iron than the same dose of ferrous gluconate
- e. parenteral iron is indicated when the anaemia responds slowly to oral iron

**219. A 35 year old woman with alcoholic cirrhosis is admitted with deteriorating encephalopathy and abdominal discomfort. An ascitic tap revealed a polymorphonuclear cell count of 350 cells per mm<sup>3</sup>. Which of the following is the most appropriate therapy?**

- a. Intravenous amoxicillin
- b. Intravenous cefotaxime
- c. Intravenous metronidazole
- d. Oral neomycin
- e. Oral norfloxacin

**220. A 56 year old man from Thailand presented with abdominal pain and a mass in the right upper quadrant. He reported that he had been diagnosed with viral hepatitis several years previously. Investigations showed: Serum alpha fetoprotein 13,500 IU/L (< 10). What is the most likely underlying viral infection?**

- a. Hepatitis A virus
- b. Hepatitis B virus

- c. Hepatitis C virus
- d. Hepatitis D virus
- e. Hepatitis E virus

**221. A 58 year old man has had an enlarging abdomen for several months. He has experienced no abdominal or chest pain. On physical examination he has a nontender abdomen with no masses palpable, but there is a fluid thrill. An abdominal Ultrasound Scan shows a large abdominal fluid collection with a small cirrhotic liver. A chest X-ray shows a globally enlarged heart. Which of the following conditions is most likely to be present?**

- a. Dilated cardiomyopathy
- b. Lymphocytic myocarditis
- c. Myocardial amyloid deposition
- d. Nonbacterial thrombotic endocarditis
- e. Severe occlusive coronary atherosclerosis

**222. Which of the following is true of Spontaneous bacterial peritonitis?**

- a. A survival rate of over 50% is expected at one year
- b. Gentamicin is the treatment of choice
- c. is characteristically caused by aerobic bacteria.
- d. is diagnosed by culture of ascitic fluid.
- e. is due to intestinal perforation

**223. A 68 year old male presents with alcoholic cirrhosis complicated by mild ascites. Which of the following features is likely in this patient?**

- a. Increased serum sodium
- b. Increased vascular resistance
- c. Reduced urinary potassium excretion
- d. Reduced renin concentrations
- e. Reduced urinary sodium excretion

**224. A 28 year old lady develops abdominal pain, jaundice and ascites worsening over a week. She drinks ten units of alcohol each week and takes the oral contraceptive pill. Which of the following findings would make diagnosis of hepatic vein thrombosis (Budd-Chiari syndrome) MOST likely?**

- a. alanine aminotransferase of 345 U/L (5 35)
- b. acute liver failure
- c. ankle oedema
- d. ascites fluid protein of 38 g/L
- e. tender enlarged liver

**225. A 45 year old man was receiving phenytoin for longstanding epilepsy. He admitted to heavy alcohol consumption. Examination revealed no focal or neurological signs, 3cm hepatomegaly but no splenomegaly. Investigations showed: Haemoglobin 10.0 g/dL (1318), MCV 122 fL (8096), White cell count  $2.2 \times 10^9/L$  (411), Platelet count  $90 \times 10^9/L$  (150400). What is the most likely explanation for these results?**

- a. Alcoholic liver disease.
- b. Aplastic anaemia.
- c. Folate deficiency.
- d. Hypothyroidism.
- e. Scurvy.

**226. Which of the following is true concerning a hepatitis E infection?**

- a. It can be transmitted with hepatitis B.
- b. It is a recognised cause of chronic liver disease.
- c. CT scan of the liver with contrast shows diagnostic appearances.

- d. The incidence of chronic liver disease is reduced by administration of alpha interferon.
- e. It does not result in a carrier state.
227. Which of the following statements is correct of hepatitis C virus infection?
- Cell cultures of virus are routinely used to assess response to drug therapy
  - High antibody titres are an indication for therapy
  - Less than 5% of cases lead to chronic infection
  - More likely to be transmitted by the sexual route than hepatitis B virus
  - Treatment with ribavirin and interferon alpha is more effective than interferon alpha alone
228. A 60 year old woman with known alcoholic liver cirrhosis presents with vague abdominal pains, malaise and nausea. She has been abstinent since she was diagnosed eight months ago. On examination she had moderate ascites and mild, generalised abdominal tenderness. Investigations: Haemoglobin 11.2 g/dL (11.5-16.5), WCC  $15 \times 10^9/L$  (4-11), prothrombin time 21 s (<15s), serum albumin 28 g/L (37-49), serum total bilirubin 56 micromol/L (1-22), ascitic fluid protein 26 g/L, ascitic fluid amylase normal, ascitic fluid white cell count  $500 \times 10^9/L$ . What is the most likely reason for her current problem?
- hepatic vein thrombosis
  - pancreatic pseudocyst rupture
  - portal vein thrombosis
  - primary liver cancer
  - spontaneous bacterial peritonitis
229. A 68 year old man has been very ill for months following the onset of chronic liver disease with hepatitis C infection. He experiences a sudden loss of consciousness and then exhibits paraplegia on the right. A cerebral angiogram reveals lack of perfusion in the left middle cerebral artery distribution. The most likely cardiac lesion to be associated with this finding is?
- Acute rheumatic fever
  - Left atrial myxoma
  - Libman-Sacks endocarditis
  - Nonbacterial thrombotic endocarditis
  - Paradoxical thromboembolus
230. Which of the following concerning the conjugation of bilirubin is correct?
- is catalysed by a glucuronyl transferase
  - occurs in the Kupfer cells of the liver
  - is increased by valproate
  - is inhibited by rifampicin
  - is impaired in Dubin-Johnson syndrome
231. A 42 year old female with Ulcerative Colitis is found to have anti-219 smooth muscle antibodies. Which is the next most appropriate test for this patient?
- Abdominal Ultrasound
  - Colonoscopy
  - Full blood count
  - Liver biopsy
  - Liver function tests
232. Twenty-one people are on a Nile boat cruise and present one week into their cruise with diarrhoea. What is the most likely causative organism?
- Campylobacter
  - Cryptosporidium parvum
  - Entamoeba histolytica
  - Giardia lamblia
  - Shigella species
233. Half life of albumin is
- 17-21 days
  - 40-50 days
  - 3-6 months
  - 1 year
234. Expected weight loss in ascetic patients on adequate diuretic therapy without pedal oedema is at least
- 0.1kg
  - 0.2kg
  - 0.3kg
  - 0.5kg
235. Vanishing bile duct syndrome is seen in
- Chronic GVHD
  - ANDROGENS
  - Paracetamol
  - Phenytoin
236. All can cause hepatocellular carcinoma except
- HBV
  - HCV
  - Haemochromatosis
  - Recurrent cholangitis
237. False statement regarding NCPF
- Presinusoidal
  - Dilated portal and splenic vein on ultrasound
  - Splenomegaly
  - Testicular atrophy
238. Which is not an extra hepatic manifestation of HCV??
- Cryoglobulinemia
  - Sialoadenitis
  - Porphyria cutanea tarda
  - Transverse myelitis
239. Ammonia is metabolized in which major organ
- Brain
  - Skeletal muscle
  - Liver
  - Spleen
240. Ileal resection causes
- Folate malabsorption
  - Carbohydrate malabsorption
  - B12 malabsorption
  - Protein malabsorption
241. Acrodermatitis enteropathica is due to
- Zinc deficiency
  - Ca deficiency
  - Fe deficiency
  - Mn deficiency
242. Pulsion diverticula is seen in
- Mediastinal fibrosis
  - Sarcoidosis
  - Corrosive strictures
  - Motility disorders



- 1184 243. Which is not a pre malignant polyp**
- Tubular adenoma
  - FAP
  - Gardners polyp
  - Juvenile polyp
- 244. True statement regarding wilsons disease is**
- Hepatic involvement is not common in children
  - KF ring resolves with treatment
  - Ceruloplasmin levels are increased
  - Neurological involvement is seen in 50% patients
- 245. One of the following is not a King's College criteria for Fulminant hepatic failure**
- Prothrombin time >6.5
  - Prothrombin time <7.3
  - Serum creatinine >3.5
  - GI bleed
- 246. Dose of Omeprazole to treat a case of Zollinger-Ellison syndrome is**
- 10-20 mg/day
  - 20-40 mg/day
  - 40-60 mg/day
  - 60-80 mg/day
- 247. 'Proton Pump' is**
- H<sup>+</sup> ion
  - HCl Acid
  - H<sup>+</sup>K<sup>+</sup> ATPase Enzyme
  - HMG CoA Reductase Enzyme
- 248. Double-bubble appearance is seen in straight X-ray of abdomen in:**
- Pyloric Stenosis
  - Jejunal Atresia
  - Large Gut Obstruction
  - Duodenal Atresia
- 249. Which amongst the following is not a criterion used in Child Pugh score for classifying severity of cirrhosis of liver?**
- Serum albumin
  - Total bilirubin
  - HBsAg positivity
  - Ascites
- 250. The most common cause of intestinal obstruction in an adult is**
- Diverticula
  - Adhesions
  - Trichobezoar
  - Volvulus
- 251. All of the following drugs are known to cause cholestatic jaundice except**
- INH
  - Chlorpromazine
  - O.C.Pills
  - Erythromycin
- 252. As per CDC, 3<sup>rd</sup> dose of Hepatitis B should be given at what interval after 2<sup>nd</sup> dose?**
- After 6 months
  - After 5 months
  - After 4 months
  - After 3 months
- 253. Which of the following can be found in chronic active hepatitis**
- HbsAg positive HbsAb negative
  - HbsAg negative HbcAb positive and HbsAb negative
  - HbsAg negative HbsAg positive
  - HbsAg positive HbcAb negative
- 254. All of the following are true about ZES except**
- Multiple ulcers may be seen
  - Ulcers at unusual places may be seen
  - Gastrin level is increased
  - Urease breath test is positive

# Gastroenterology - Answers

1. a	38. d	75. c	112. c	150. e
2. a	39. d	76. b	113. a	151. a
3. d	40. d	77. a	114. d	152. e
4. b	41. d	78. c	115. a	153. c
5. a	42. a	79. a	116. d	154. c
6. c	43. c	80. a	117. e	155. d
7. b	44. e	81. b	118. d	156. b
8. a	45. e	82. c	119. a	157. c
9. a	46. b	83. c	120. c	158. a
10. a	47. d	84. b	121. c	159. d
11. c	48. a	85. d	122. c	160. d
12. c	49. b	86. b	123. a	161. e
13. b	50. c	87. d	124. c	162. c
14. c	51. b	88. c	125. a	163. b
15. b	52. c	89. a	126. c	164. a
16. a	53. d	90. d	127. c	165. d
17. c	54. b	91. c	128. b	166. c
18. a	55. c	92. c	129. e	167. b
19. c	56. d	93. d	130. c	168. b
20. b	57. b	94. d	131. a	169. d
21. c	58. a	95. a	132. b	170. c
22. a	59. c	96. c	133. d	171. e
23. c	60. c	97. c	134. b	172. d
24. a	61. b	98. c	135. a	173. a
25. b	62. c	99. d	136. c	174. e
26. d	63. a	100. c	137. e	175. d
27. b	64. c	101. a	138. b	176. c
28. d	65. d	102. b	139. a	177. b
29. a	66. d	103. a	140. a	178. e
30. d	67. a	104. c	141. a	179. b
31. d	68. a	105. a	142. b	180. c
32. d	69. c	106. b	143. c	181. e
33. c	70. b	107. c	144. b	182. a
34. c	71. b	108. c	145. b	183. b
35. c	72. c	109. a	147. d	184. a
36. d	73. b	110. c	148. c	185. c
37. d	74. d	111. a	149. d	186. b

<b>1186</b> 187. a	201. d	215. d	229. d	243. d
188. e	202. a	216. b	230. a	244. b
189. e	203. e	217. e	231. e	245. d
190. b	204. e	218. b	232. e	246. d
191. a	205. a	219. b	233. a	247. c
192. b	206. a	220. b	234. d	248. d
193. b	207. b	221. a	235. a	249. c
194. e	208. a	222. c	236. d	250. b
195. b	209. a	223. e	237. d	251. c
196. d	210. a	224. e	238. d	252. b
197. c	211. d	225. a	239. d	253. d
198. a	212. c	226. e	240. c	254. d
199. a	213. e	227. e	241. a	
200. a	214. c	228. e	242. d	