

MEDICAL QUIZ

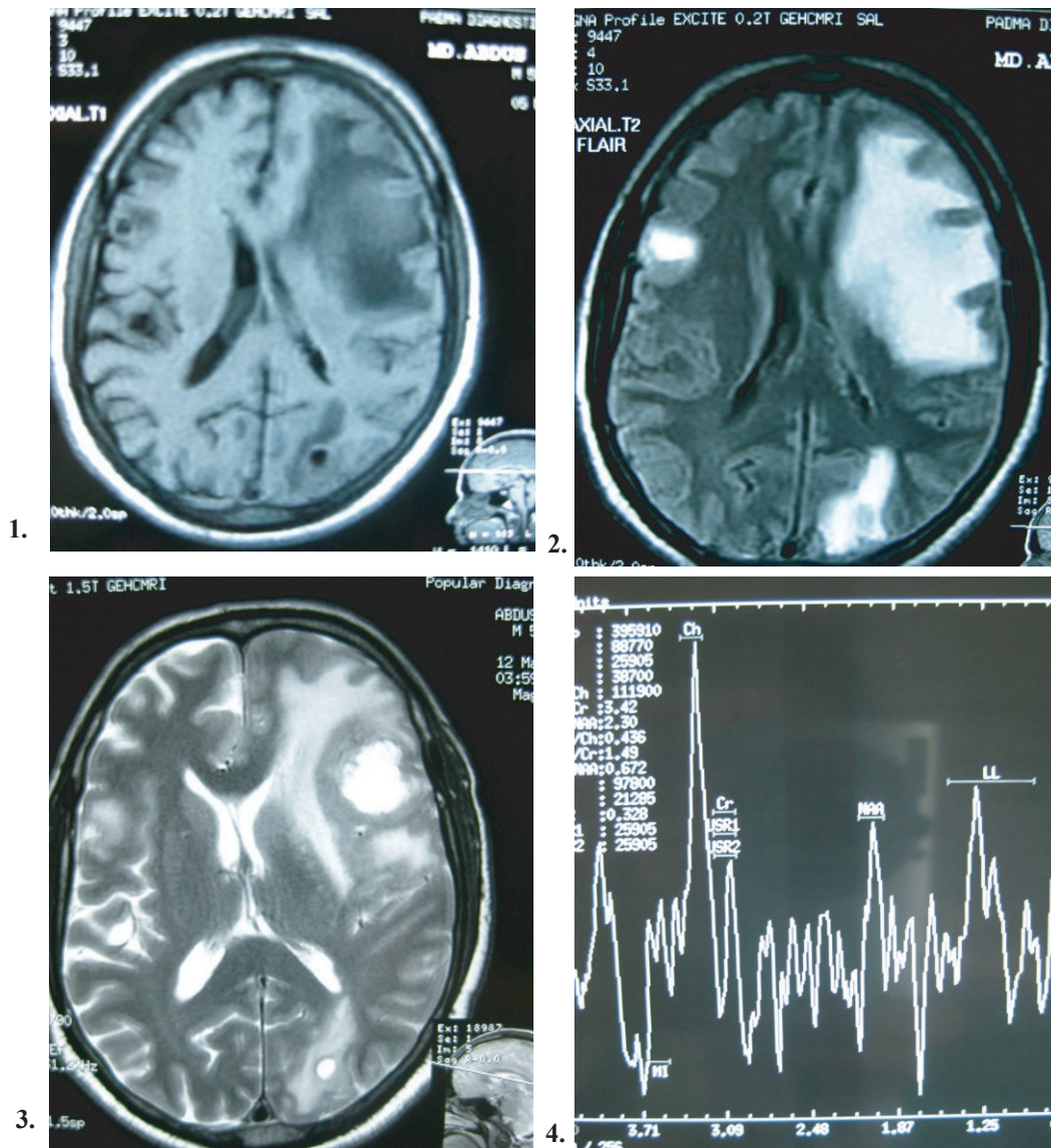
Medical Quiz: Images

(Birdem Med J 2014; 4(2):119)

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A 65 years old gentleman presented with progressive, global, severe, dull aching headache for 3 months. He

also complaints of 9 kg weight loss in the last 4 months. Images of MRI Brain & MRS are given.



1. What are the radiological findings?
2. What is the probable diagnosis?

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MEDICAL QUIZ

Medical Quiz: Single Best Answer (SBA)

(www.medicinedpd.co.uk)

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Question 01:

A 63-year-old heavy smoker with chronic obstructive pulmonary disease (COPD) and poor exercise tolerance presented with haemoptysis. Bronchoscopy and biopsy confirmed a small cell carcinoma (SCC) of the left main bronchus. In planning further management it was necessary to see whether bony metastases might be silently present. The BEST initial procedure to establish this would be:

- A. Whole body computerized tomography (CT)
- B. Whole body magnetic resonance imaging (MRI)
- C. Position emission tomography (PET)
- D. Single photon emission computed tomography (SPECT) using 99mTC (technetium)
- E. Plain X-ray skeletal survey

Question 02:

Regarding abscesses of the liver it is TRUE that:

- A. Pyogenic abscesses are more commonly multiple than single
- B. A positive blood culture in an ultrasound proven pyogenic abscess makes aspiration of it unnecessary
- C. In published series mortality from amoebic abscess is higher than in pyogenic abscess
- D. Although amoebic colitis affects the sexes equally, amoebic abscesses occur disproportionately more often in young women
- E. Amoebic abscesses present within a few months of visiting an endemic area

Question 03:

A 22-year-old beautician had a 9-month history of persistent diarrhoea. It was worse in the mornings but did not disturb her sleep. She had urgency and twice experienced incontinence at work. The stools were watery sometimes with mucus but no blood. She experienced cramping lower abdominal pain, borborygmi and much flatus and tenesmus. There was no fever or weight loss and she was not on medication at present. Meals were irregular but she could not identify any food that upset her apart from her favourite curry. There was no relevant past or family history. The diarrhoea had begun suddenly on holiday in Goa 10 months earlier; she had taken two courses of ciprofloxacin, with little benefit, but found loperamide gave some

symptomatic relief and continued to take it intermittently. There were no abnormal physical findings and routine blood count, biochemical screen and stool culture recently performed by her GP were normal. The MOST likely diagnosis is:

- A. Antibiotic associated colitis (AAC) due to *Clostridium difficile*
- B. Irritable bowel syndrome (IBS)
- C. Amoebiasis
- D. Giardiasis
- E. Crohn's disease

Question 04:

Regarding drugs and diseases associated with type 2 diabetes (T2DM) it is TRUE that:

- A. The risk of developing diabetes with glucocorticoid treatment is not dose dependent
- B. The higher prevalence of T2DM in patients with schizophrenia is explained by the disease per se plus weight gain with treatment with clozapine or olanzapine rather than a direct action of the drug(s)
- C. Protease inhibitors in the treatment of HIV decrease lipolysis in adipocytes
- D. Post-operative hypoglycaemia is well recognized after removal of a pheochromocytoma
- E. Following kidney transplantation, tacrolimus is less diabetogenic than other forms of immunosuppression

Question 05:

The following statement is TRUE regarding megaloblastic anaemia:

- A. The haematological features of folate deficiency are indistinguishable from those of vitamin B12 deficiency
- B. Pernicious anaemia is due to gastric parietal cell (GPC) autoantibodies directed against intrinsic factor (IF) receptors in the terminal ileum
- C. Folate deficiency is commonly seen in vegetarians
- D. Functional folate deficiency when taking antimetabolites is easily prevented with folic acid supplementation
- E. A bone marrow test is frequently required in the investigation of megaloblastic anaemia