Tanta University **Faculty of Medicine** **Emergency Medicine&** **Traumatology Department.** **Date: 9/4/2016**	**Exam: Master degree (2nd part)** **Paper 1** **No. of Questions:5** **Times allowed: 3 hours** **Total marks: 140**	

***Anesthesia & Critical Care:**

1-Post resuscitation care. (15)

2-Guidline & complication of blood transfusion. (15)

***Neuropsychiatric emergencies:**

1-Headeche: Classification&Clinical manifestation of the most common types. (30)

***Cardiovascular emergencies**

Give an account on:

1-Diffrential diagnosis of acute dyspnea. (15)

2-Mangment of acute pulmonary embolism. (15)

***Respiratory emergencies:**

Write a short essay on:

1-Causes, clinical picture & treatment of traumatic pneumothorax. (15)

2-Diagnosis & treatment of acute severe asthma. (15)

***Internal medicine emergencies:**

1-Discuss types ,diagnosis,investigations & treatment of metabolic coma. (10)

2-Give short account on: causes , diagnosis & treatment of upper GIT bleeding (5)

3-Give short account on: clinical picture , investigation & treatment of hepatic encephalopathy. (5)

All questions should be answered

Good luck

امتحان شفوى التخدير يوم الاثنين ٢٠١٦/٤/١٨ الساعة العاشرة والنصف صباحا بقسم طب الطوارئ والاصابات

امتحان شفوى الباطنة العامة يحدد بمعرفة قسم الباطنة العامة

Tanta University
Faculty of Medicine
Clinical Pathology Department

MSc Emergency Medicine (Exam)
3/4/2016 (time: 45 min)
Course title: Clinical Pathology

All questions must be answered:

Q 1	**Discuss lab findings in different types of meningitis.**	**9**
Q2	**Give short account on Laboratory diagnosis of hemolytic syndrome**	**9**
Q3	**Write short note on markers of hepatitis B infection.**	**9**
Q4	**Discuss differential diagnosis of acidosis.**	**9**
Q5	**Give an account on causes and lab findings in HELP syndrome.**	**9**

Prof Dr Morad Ahmed Morad

Prof Dr Hala Nagy

Chairman of Department

Prof Dr Mohamed Kamal Zahra

الامتحان الشفوي بالقسم الساعة العاشرة ص يوم الخميس 2016/4/7

Tanta University

Faculty of Medicine

Forensic Medicine &Clinical Toxicology Department

MSC Emergency Medicine and traumatology 1st part

April 2016 (6-4-2016) **Time allowed: 1 hr**

All questions are to be answered: (20 MARKS)

All questions are to be answered:

I-Case Scinarios:

1- **An adult male came to the emergency room with history of swallowing organophosphrous insecticide.**

a- How to manage the case. **(4 marks)**

2-A head injured patient came to the emergency room , he was comatosed with unequally constricted pupil and fever .

a-What is your provisional diagnosis . **(2 marks)**

b- What are the steps taken in dealing with this case. **(4 marks)**

II- Recognize:

a- Criteria for diagnosis of drug dependence. **(4 marks)**

III-Discuss :

a-Emergency management of poisoned patient. **(2 marks)**

b- Criteria for diagnosis of death. **(4 marks)**

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Tanta University **Faculty of Medicine** **Emergency Medicine** **&Traumatology Dep.** **Date:16/4/1916**	**Exam: Master Degree (2nd part)** **Paper 3** **No. of Questions: 7** **Times allowed: 3 hours** **Total marks: 170**	

***Orthopedic Surgery:**

1-Management of open fracture in emergency room (10)

2-Diagnosis of acute septic arthritis. (10)

3-Complication of cast. (10)

***Cardiothoracic surgery:**

1-Give an account on pathophsiology & management of flial chest. (20)

2-Discus penetrating cadic injury. (10)

***Ophthalmology:**

1-Discus a case complaining from acute visual loss. (15)

***E.N.T Surgery:**

1-Role of tracheostomy in head & neck trauma. (15)

***Obstetrics & Gynecology:**

1-Discuss cardiac arrest in pregnancy. (30)

***Urological Surgery:**

1-Management of post-traumatic bleeding per urethra. (15)

2-Priapism; types , management. (15)

***Neurosurgery:**

1-Pulmonary complications in cranial & spinal trauma. (10)

2-Intracranial pressure elevation ; diagnosis & medical treatment algorithm. (10)

All questions should be answered

Good luck

امتحان شفوى جراحة المخ والاعصاب يوم السبت ٢٠١٦/٤/٢٣ التاسعة صباحا

امتحان شفوى قسم جراحة العظام يتم تحديدة بمعرفة القسم

Emergency (MSc)

Tanta University	Pharmacology Written Examination
Faculty of Medicine	Number of Questions: 3
Pharmacology Department	Time Allowed: 1Hour
Date: 3/4/2016	Total: 90

Answer the following questions:

1. **Cortisone, nitroglycerine , enoxaparin are drugs related to different pharmacological group**
   Explain their mode of action, uses and side effects (45 Marks)

2. **Give short account on treatment of (40 Marks):**
   a) **Acute pulmonary edema**
   b) **Diabetic ketoacidosis**
   c) **Neurogenic shock**
   d) **Organophosphorus toxicity**

3. **Give reason on each of the following (5Marks):**
   a) **Adenosine is preferable in terminating supra-ventricular tachycardia**
   b) **Nitrogurantoin is a suitable drug for acute pyelonephritis**
   c) **Aspirin in small dose act as anti-platelet drug**
   d) **Proton pump inhibitors are usually not given with oral iron preparation**
   e) **Biguanides cause lactic acidosis**

سيتم عقد الإمتحان الشفوي يوم السبت الموافق٢٠١٦/٤/٩ في تمام الساعة التاسعة والنصف صباحا

Tanta University **Faculty of Medicine** **Emergency Medicine &** **Traumatology Department.** **Date: 13/4/2016**	**Exam: Master degree(2nd part).** **Paper 2** **No. of Questions:7** **Times allowed: 3 hours** **Total marks: 140**	

***General, Pediatric &Vascular Surgery:**

Write a short essay on:

1-Critical limb ischemia. (40)

2-Enumerate grades of liver injury. (30)

3-Enumerate the causes of neonatal intestinal obstruction. (20)

4-Discuss acute resuscitation of burned patients. (20)

***Plastic Surgery:**

1-Management of inhalation injuries. (10)

2-Principles of management of bony facial trauma. (10)

3-Management of nasal soft tissue injuries. (10)

All questions should be answered

Good Luck

Tanta University
Faculty of Medicine
Clinical Pathology Department

MSc Emergency Medicine (Exam)
13/4/2016 (time: 45 min)
Course title: Clinical Pathology

All questions must be answered:

Q 1	Discuss lab findings in a- Acute pancreatitis b- Adrenal crisis.	10
Q2	Give short account on causes and Laboratory diagnosis in comma.	10
Q3	Write short note on thrombocytopenia.	10
Q4	Discuss differential diagnosis of alkalosis.	10

Prof Dr Morad Ahmed Morad

Prof Dr Hala Nagy

Chairman of Department

Prof Dr Mohamed Kamal Zahra

Tanta University	Emergency Medicine Master Degree
Faculty of Medicine	Number of Questions: 3
Anatomy Department	Time Allowed: 3 Hours
13/4/2016	Total: 40 Marks

EMERGENCY MEDICINE

All questions to be answered

1- A. **Enumerate** the dural venous sinuses and **mention** their general features. **(10 marks)**

B. **Discuss** the procedure of the tracheostomy. **(4 marks)**

2-A. **Mention** the surface anatomy of the spleen and **enumerate** the causes of splenomegaly. **(5 marks)**

B. **Mention** the length and parts of the male urethra. **(9 marks)**

3- **Define** the sites and complications of fracture clavicle. **(12 marks)**

END OF THE EXAM

Oral Examination:

On Sunday 24/ 4/ 2016 at 10 o'clock in the Anatomy Department (Second floor)

WITH MY BEST WISHES

Chairman of Department: Prof. Dr. Mona Zoair

Tanta University
Faculty of Medicine
Human Anatomy& Embryology Dep.
3/4 /2016
Time Allowed: 3 Hours

Master of Science in Emergency medicine and traumatology
Anatomy Exam.
Number of Questions: 4
Total: 22.5 Marks

EMERGENCY MEDICINE& TRAUMATOLOGY

All questions to be answered

1- A. **Identify** the surface anatomy of Pterion and **outline** the effects of its fracture. **(4 marks)**

B. **Mention** the sites of lesion of the facial nerve and the clinical findings. **(3.5 marks)**

2- **Enumerate**the contents of the costal groove and their arrangement. **Which** one is the most risky? **(3 marks)**

3- **Mention** the levels of the major openings of the diaphragm and their contents. **(6 marks)**

4-**Enumerate** the common sites and clinical findings of the ulnar nerve injury. **(6 marks)**

END OF THE EXAM

Oral Examination:
On Sunday 10/ 4/ 2016 at 9.5 o'clock in the Anatomy Department (Second floor)

WITH MY BEST WISHES

Chairman of Department: Prof. Dr. Mona Zoair

Examination for Master in: Emergency Medicine
(1st part)
Course Title: Pediatric Emergencies
Date: April 6, 2016
Time allowed: 1 Hour
Total Assessment Marks: **(2 pages)**

Tanta University
Faculty of Medicine
Department of Pediatrics

All questions should be tried:

Q 1) Long Essay:
Discuss types and signs of shock, and criteria of organ dysfunction.

Q 2) Short Essay:
Discuss in brief rapid sequence intubation.

Q 3) Short Answer:
mention medications to maintain cardiac output and for post-resuscitation stabilization.

Q 4) Problem Solving:
Case history:
An 18-month-old girl presented to her primary care physician with a 1-day history of vomiting and lethargy. She had been diagnosed with nephrotic syndrome 3 weeks ago and 1 week later she presented to her local hospital with diarrhea and vomiting. Her illness was severe enough to warrant hospitalization for intravenous fluid administration. Rota-virus was isolated in her stool and she seemed to recover from the gastroenteritis without any sequelae. She had been well since discharge and had taken no medication other than the prednisolone (2 mg kg−1 per day) for treatment of her nephrotic syndrome. The nephrotic syndrome seemed to be steroid sensitive as she had her first "protein-negative" urinary dipstick 2 days prior to her current presentation.

Examination:
On examination she was lethargic with sunken eyes and dry mucous membranes . Her lethargy seemed out of keeping with her illness. She was reassured by her registrar who felt that she was dehydrated and lethargic secondary to a viral gastroenteritis. During the night she was quite difficult to rouse, having episodes of bradycardia. She continued to vomit despite her diarrhea having been resolved and her clinical hydration status improved. The fluid obtained from the lumbar puncture was clear and colorless and under increased pressure. Her serum sodium was 114 mmol l−1, with a serum osmolality of 264.

1. **What are the possible diagnoses?**
2. **Mention further ER management.**

Q 5) MCQ: (choose the correct answer)

1. Disadvantages of endotracheal intubation include all of the following EXCEPT:

A. Loss of the protective function of the upper airway.
B. Loss of phonation.
C. Decreased airway resistance.
D. Damage to the subglottic area.
E. Need for sedation and or analgesia.

2. Early in peripheral respiratory failure, there is:

A. Metabolic acidosis.
B. Metabolic alkalosis.
C. Respiratory acidosis.
D. Respiratory alkalosis.

==========**Good Luck**==========

Examination for Master in: Emergency Medicine
(1st part)
Course Title: Pediatric Emergencies
Date: April 18, 2016
Time allowed: 1 Hour
Total Assessment Marks: 100 (2 pages)

Tanta University
Faculty of Medicine
Department of Pediatrics

All questions should be tried:

Q 1) Long Essay:
Discuss life-threatening chest injuries.

Q 2) Short Essay:
Discuss in brief common long-term disabilities in patients with burn injuries.

Q 3) Short Answer:
mention analgesic ladder and drugs used in neuropathic pain.

Q 4) Problem Solving:
A 2-months infant boy became less interested in feeding and increasingly lethargic up to being difficult to rouse. On arrival to emergency department, he was breathing spontaneously but shallowly and at a rapid rate of 65 breaths per minute. Pulse oximetry was easily palpable. The child was profoundly hypotonic and responsive only to pain. He was hypothermic with a tympanic temperature of 34.7 °C. Blood glucose level of 102mg/dL, and a capillary blood gas revealed marked metabolic acidosis; pH 7.14, pCO2 19.8 mmHg, HCO3− 5.7mmol l−1, BE − 20.6. The child began to have abnormal movements of his legs; bilateral, rhythmical clonic jerking of the legs was noted and on closer inspection, his eyes were deviated to the left. Arepeat fingerprick blood glucose estimation showed a blood glucose level of 110 mg/dL. The child was administered intravenous phenobarbital at a dose of 50 mg over 10 minutes. Ten minutes after the phenobarbital had been administered, the abnormal movements ceased but the child was noted to be unresponsive and pulse oximetry showed a saturation of 87% despite 15 l min−1 of oxygen. Further investigation showed plasma ammonia 1400 µg/dL, and lactate 23mg/dL.

1. **What is the possible diagnosis?**
2. **Mention the initial management in ER.**

Q 5) MCQ: (choose the correct answer)

1. Early in peripheral respiratory failure, there is:

A. Metabolic acidosis.
B. Metabolic alkalosis.
C. Respiratory acidosis.
D. Respiratory alkalosis.

2. Failure of response to 50-70 ml/Kg of volume expander over 1-2 hours should suggest:

A. Hypovolemic shock.
B. Obstructive shock.
C. Cardiogenic shock.
D. B + C.
E. None of the above.

==========Good Luck==========

Tanta University
Faculty of Medicine
Department of Physiology.

Examination for (MSC Emergency)
Course Title: Physiology
Total Assessment Marks:90

Course Code: EMERT 8001
Time Allowed: Physio. + Ant. + Pharm.+Clinical patho. Three Hours

Date:3/4/2016

Term : Final

All the questions are to be answered:-

Q1- State: Factors maintaining the arterial blood pressure. Mention types and physiological basis of hypertension. **(20 marks)**

Q2- Explain briefly:

a) Steps of haemostasis. (20 marks)

b) Lung surfactant site of its secretion, significance, and factors affecting it. (10 marks)

Case study: An 18-year-old female decides to get a tattoo for her birthday. Two months later she presents with a fever, right upper quadrant pain, nausea, vomiting, and jaundice. Which of the following lab values would most likely be found in a patient with infectious hepatitis?

a. An increase in plasma alkaline phosphatase.
b. An increase in plasma bile acids.
c. An increase in both direct and indirect plasma bilirubin.
d. An increase in direct bilirubin, and a decrease in indirect bilirubin in the plasma.
e. A decrease in both direct and indirect plasma bilirubin. Explain your answer (10 marks)

Answer the following MCQs by the most probable one choice: In answer sheet (30 marks)

Q.1. Maximal respiratory gas flow occurs when the:

a. Lung volume approaches total lung capacity.
b. Lung volume approaches residual volume.
c. Alveolar pressure is most negative.
d. Abdominal muscles are maximally contracted.

Q.2. Airway resistance can be reduced by:

a. Increasing vagal impulses to the lungs.
b. Administering a β adrenergic blocking drugs.
c. Decreasing the radial traction exerted by lung tissue.
d. Increasing lung volume.

Q.3. Which one of the following statements regarding the compliance of the respiratory system is true?

a. It is greater than the compliance of the chest wall.
b. It is greater than the compliance of the lungs.
c. It is equal to the compliance of the chest wall.
d. It is less than the the compliance of the chest wall.

LOOK IN THE BACK OF THIS PAGE

Q.4. A lack of normal surfactant results in:

a. Increased lung compliance.
b. Stabilization of alveolar volume.
c. An increased reactive force of the lungs.
d. A reduced alveolar-arterial O2 tension difference.

Q.5. All of the following can reduce vital capacity EXCEPT:

a. A decreased total lung capacity.
b. An increased residual volume.
c. A weakness of the inspiratory muscles.
d. A decreased alveolar surface tension.

Q.6. The major sign of hypoventilation is:

a. Cyanosis.
b. Increased airway resistance.
c. Hypercapnia.
d. Dyspnea.

Q.7. Alveolar ventilation is equal to the:

a. Dead space ventilation.
b. Tidal volume times respiratory rate.
c. Minute ventilation.
d. Minute ventilation minus dead space ventilation.

Q.8. Increasing the tidal volume, while keeping everything else, will increase the:

a. Dead space ventilation.
b. Functional residual capacity.
c. Inspiratory capacity.
d. Alveolar ventilation.

Q.9. Hypercapnia affects respiration primarily by stimulating the:

a. Carotid and aortic bodies.
b. Receptors.
c. Central (medullary) chemoreceptors.
d. Arterial baroreceptors.

Q.10. The venous O2 tension is higher than normal in which one of the following conditions?

a. Cyanide poisoning.
b. Exercise.
c. Decreased cardiac output.
d. Anemia.

Q.11. In a recumbent person, the greatest difference in blood pressure would exist between the:

a. Ascending aorta and brachial artery.
b. Saphenous vein and right atrium.
c. Femoral artery and femoral vein.
d. Pulmonary artery and left atrium.

Q.12. The greatest resting arteriovenous difference in O2 content is found in the:

a. Liver
b. skeletal muscle.
c. Heart.
d. Kidney.

Q.13. A decrease in heart rate (while stroke volume and peripheral resistance remain constant) will cause an increase in:

a. Arterial diastolic pressure.
b. Arterial systolic pressure.
c. Cardiac output.
d. Arterial pulse pressure.

Q.14. During diastole, blood flow into the ventricles sometimes produces:

a. A first heart sound.
b. A second heart sound.
c. A third heart sound.
d. An ejection click.

Q.15. Increasing the preload of cardiac muscle will:

a. Reduce the ventricular end diastolic pressure.
b. Reduce the peak tension of the muscle.
c. Decrease the initial velocity of shortening.
d. Increase the ventricular wall tension.

Oral exam will be on Sunday10 April 2016 at 9 am in physiology department.

Tanta University
Faculty of Medicine
Department of Physiology.
Examination for (MSC Emergency)
Course Title: Physiology
Total Assessment Marks:40

Course Code: TMED.03:A15
Time Allowed: Physio. + Ant. + Pharm.+Clinical patho. Three Hours

Date:13/4/2016

Term : Final

All the questions are to be answered:-

Q1- Explain: Heart rate and its regulation. **(10 marks)**

Q2- Explain briefly:

a) Factors affecting cerebral blood flow. **(5 marks)**

b) Lung surfactant site of its secretion, significance, and factors affecting it. **(5 marks)**

Case study: A 65-year-old smoker develops a squamous cell bronchogenic carcinoma, which metastasizes to the tracheobronchial and parasternal lymph nodes. Flow of fluid through the lymphatic vessels will be decreased if there is an increase in which of the following?

a. Capillary pressure.
b. Capillary permeability.
c. Interstitial protein concentration.
d. Capillary oncotic pressure.
e. Central venous pressure.

Explain your answer (5 marks)

Answer the following MCQ by the most probable one choice: In answer sheet (15 marks)

Q.1. Mixed venous blood has:
a. Higher hematocrit than arterial blood.
b. Higher pH than arterial blood.
c. pO2 lower than coronary sinus blood.
d. None of the above.

Q.2. Vitamin K neutralizes:
a. Factor V.
b. Heparin.
c. Antithrombin III.
d. None of the above.

Q.3. All of the following can reduce the vital capacity EXCEPT:
a. An increased residual volume.
b. A decreased alveolar surface tension.
c. A weakness of the inspiratory muscles.
A weakness of the expiratory muscles

Q.4. A lack of normal surfactant results in:
a. Increased lung compliance.
b. Stabilization of alveolar volume.
c. An increased reactive force of the lungs.
d. A reduced alveolar-arterial O2 tension difference.

Q.5. Thrombin inhibits:
a. Factor X.
b. Tissue plasminogen activator.
c. Platelets.
d. None of the above.

Q.6. The major sign of hypoventilation is:
a. Cyanosis.
b. Increased airway resistance.
c. Hypercapnia.
d. Dyspnea.

Q.7. Anaemia due to exposure of bone marrow to gamma radiation is called:
a. Pernicious anaemia.

LOOK IN THE BACK OF THIS PAGE

b. Microcytic anaemia.
c. Blood loss anaemia.
d. Aplastic anaemia.

Q.8. In chronic stage of cardiac failure retention of fluid is caused by the following mechanism EXCEPT:

a. Release of A.D.H.
b. Release of aldosterone hormone.
c. Sodium and water retention.
d. Decrease of contractility of cardiac muscle.

Q.9. Stimulation of the high pressure baroreceptors is associated with:

a. An increase in the cardiac contractility
b. An increase in the heart rate
c. An increase in the discharge rate of vagal efferent cardiac neurons
d. A decrease in systemic blood pressure

Q.10. Diastolic pressure in the aorta is normally about:

a. 8-10mm Hg.
b. 30mm Hg.
c. 60mm Hg .
d. 80-90mm Hg.

Q.11. In a recumbent person, the greatest difference in blood pressure would exist between the:

a. Ascending aorta and brachial artery.
b. Saphenous vein and right atrium.
c. Femoral artery and femoral vein.
d. Pulmonary artery and left atrium.

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