1. Mod de punctare: A1 **Punctajul:** 10 CS A 20 years old nursing student complains of asthma on surgical rotation. She develops dermatitis of the hands and the symptoms worse when she in the operation room. **Which of the following is correct?**
a) [ ] This is an allergic reaction that is always begins
b) [x] The patient should evaluate for latex allergy with skin test or specific IgE antibody
c) [ ] This syndrome is less common now than 10 years ago
d) [ ] An oral corticosteroids is indicated
e) [ ] An anihistaminic drug is indicated
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2. Mod de punctare: A1 **Punctajul:** 10CS A 30 years old man develops skin rash, puritus and mild wheezing 20 minutes after an I.V pyelogram performed for evaluation of a renal stone symptomatic. **A best approach to diagnosis includes:**
a) [ ] Perform a 24 hours urine-histamine measurement
b) [ ] Measure of IgE to radio contrast media
c) [x] Diagnosis of radio contrast media sensitivity history

d) [ ] Recommend intradermal skin testing

e) [ ] Recommend patch skin testing
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3. Mod de punctare: A1 **Punctajul:** 10CS Angioneurotic edema is associated with the use of:
a) [x] ACE inhibitors
b) [ ] Beta blockers
c) [ ] Loop diuretics
d) [ ] Alpha-receptor blockers
e) [ ] Calcium-channel blockers
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4. Mod de punctare: A1 **Punctajul:** 10CS Which of the following statements about hereditary angioedema is true?
a) [ ] It is related to excessive amyloid deposition
b) [x] It is caused by a deficiency of the C1 esterase inhibitor
c) [ ] Attacks are triggered by antihistamines
d) [ ] Treatment involves dehydroepiandrosterone (DHEA) administration
e) [ ] It is has spontaneos resolving
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5. Mod de punctare: A1 **Punctajul:** 10CS Which of the following medications is the most appropriate to use in the emergent treatment of anaphylaxis?

a) [ ] Diphenhydramine
b) [ ] Isoproterenol
c) [x] Epinephrine
d) [ ] Prednisone
e) [ ] Atropine
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6. **Mod de punctare:** A1 **Punctajul:** 10CS 28-year-old man presents to your clinic for evaluation of allergies. He has a long history consistent with allergic rhinoconjunctivitis but also experiences urticarial lesions when he eats certain types of food. He also occasionally has back pain from a recent sports injury. His medications include loratadine and low-dose corticosteroids, which were prescribed by his primary care doctor, as well as ibuprofen and a daily baby aspirin. You decide to perform skin testing on the patient. ***Which of the following interventions should you recommend before performing epicutaneous testing?***

a) [ ] The patient should discontinue all medications 1 week before testing
b) [ ] The patient should discontinue loratadine and steroids 3 days before testing
c) [x] The patient should discontinue loratadine 1 week before testing
d) [ ] The patient should discontinue loratadine, steroids, and ibuprofen 1 week before testing
e) [ ] The patient should discontinue ibuprofen 1 week before testing

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7. **Mod de punctare:** A1 **Punctajul:** 10CS A 35-year-old man comes to your office with symptoms of nasal congestion and itchy eyes and throat. He has been experiencing such symptoms for several years. Symptoms are present throughout the year, and he is able to enjoy outdoor activities without worsening of the symptoms. He owns a cat, which does not sleep in the same room with him. You order allergy skin testing and receive a report indicating a positive response to dust mites and cat dander. ***Which of the following therapeutic interventions is the most effective for this patient's symptoms?***

a) [ ] Antihistamines
b) [x] Removal of the allergen from the patient's environment
c) [ ] Leukotriene receptor antagonists
d) [ ] Cromolyn sodium
e) [ ] Hyposensibilization therapy

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8. **Mod de punctare:** A1 **Punctajul:** 10***CS*** A 20-year-old woman comes to your office in early spring with complaints of nasal congestion, runny nose, and paroxysms of sneezing. She has been experiencing these symptoms for 10 days. She denies having fever, cough, myalgias, or malaise. She states that she typically experiences bouts of similar symptoms in September and October. Her medical history includes mild intermittent asthma since childhood. On examination, she has dark rings under her eyes but no sinus tenderness. The nasal mucosa appears pale and swollen, and there is clear rhinorrhea. ***Which of the following statements regarding this patient's condition is false?***

a) [ ] Nasal smear is likely to show a preponderance of eosinophils
b) [ ] Her symptoms are the result of the IgE-mediated release of substances such as histamine that increase epithelial permeability
c) [ ] Treatment of the condition can result in improvement of coexisting asthma in certain patients
d) [x] Although daily nasal steroid sprays can alleviate symptoms, they are generally not recommended because of the risk of rhinitis medicamentosa

e) [ ] Immunotherapy can be employed in patients whose symptoms persist despite the avoidance of triggers and the use of pharmacotherapy

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9. Mod de punctare: A1 **Punctajul:** 10CS A 45-year-old man with a history of seasonal allergic rhinitis presents with complaints of itching, tearing, and mild burning of both eyes. He has had these symptoms for several days. He has not had any vision changes or systemic symptoms. He reports that the ocular symptoms began in association with nasal congestion and rhinorrhea, a pattern he has experienced in the past. You suspect that he has allergic conjunctivitis. ***Which of the following statements regarding the diagnosis and treatment of allergic conjunctivitis is false?***

a) [ ] Bilateral involvement, although not universal, helps to distinguish the condition from acute infectious conjunctivitis

b) [ ] The presence of another atopic disorder such as allergic rhinitis, asthma,or atopic dermatitis (eczema) is present in approximately three fourths of patients with ocular allergy

c) [x] Corticosteroid eyedrops are the most effective treatment and are generally given as first-line agents

d) [ ] Patients with viral or bacterial conjunctivitis are more likely to complain of pain and to display matting of the eyelids and purulent ocular discharge
e) [ ] Allergic conjunctivitis are more likely to affect patients with seasonal rhinitis

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10. Mod de punctare: A1 **Punctajul:** 10***CS*** An 18-year-old man comes to clinic complaining of nasal stuffiness, left-sided maxillary tooth pain, and postnasal drip. He has had these symptoms for more than 2 months. After the first 2 weeks of symptoms, he was seen in a walk-in clinic and given a 5-day course of antibiotics, but his symptoms did not improve significantly. He has not had fever or chills but complains that he wakes up with a sore throat on most days; the throat pain tends to get better as the day goes on. On examination, he is afebrile, with mild tenderness to palpation over the left maxilla and left forehead. His posterior oropharynx is slightly erythematous, with yellowish drainage present, but there is no tonsillar exudate. Examination of the nares reveals hyperemic mucosa and mucopurulent discharge. ***Which of the following statements regarding this patient's condition is true?***

a) [ ] Chronic sinusitis can be defined as sinus inflammation that persists for more than 3 weeks
b) [ ] Sinus radiographs are the procedure of choice for evaluating patients suspected of having chronic sinusitis

c) [ ] It is likely that anaerobic bacteria are the primary pathogens responsible for this patient's condition

d) [ ] Nasal culture has sufficient sensitivity and specificity to guide further antimicrobial therapy

e) [x] In patients with medically resistant chronic sinusitis, further workup for conditions such as

cystic fibrosis, structural abnormality, or fungal infection is appropriate
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11. Mod de punctare: A1 **Punctajul:** 10***CS*** A 43-year-old woman comes to your clinic complaining of nonhealing hives. She says that she started having hives 6 weeks ago. The hives are mildly pruritic. When asked, she says that each individual hive lasts for 2 or 3 days. Physical examination reveals multiple urticarial papules that do not blanch on diascopy. You ask the patient to come back to your clinic after 3 days, and you confirm that some of the lesions are still present. ***On the basis of this patient's history and physical examination, what would be the next step in the workup?***

a) [ ] Administer thyroid function tests
b) [ ] Perform an abdominal CT scan to rule out an intra-abdominal malignancy
c) [ ] Check sinus films, hepatitis serology, and stool studies for ova and parasites
d) [x] Perform a biopsy of one of the lesions
e) [ ] Check autoantibodies specific for systemic diseases
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12. Mod de punctare: A1 **Punctajul:** 10***CS*** A 34-year-old man presents to your clinic complaining of a recurrent, extremely pruritic rash on his trunk and back. The rash started a few months ago. The rash comes and goes; the patient thinks it appears when he exercises or eats spicy foods. Physical examination reveals multiple 2 to 3 mm scattered papular wheals surrounded by large, erythematous flares. ***Which of the following is a likely diagnosis for this patient?***
a) [x] Cholinergic urticaria
b) [ ] Pressure urticaria
c) [ ] Idiopathic urticaria
d) [ ] Aquagenic urticaria
e) [ ] Food allergy
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13. Mod de punctare: A1 **Punctajul:** 10***CS*** While traveling in an airplane, a flight attendant asks you to evaluate a 44-year-old woman who has sudden onset or urticaria, flushing, pruritus, shortness of breath, nausea, and vomiting. You learn that she has a history of allergy to peanuts and that she may have eaten some without knowing it. On physical examination, the patient is alert and is in moderate respiratory distress. Her blood pressure is 90/50 mm Hg, and her heart rate 120 beats/min. She has diffuse inspiratory and expiratory wheezing, and she is experiencing diffuse urticaria. ***What is the most appropriate treatment for this patient?***
a) [ ] Administer oxygen and start I.V. steroids and I.V. fluids; the flight can be continued
b) [ ] Start an I.V., inject 1 mg of epinephrine I.V., and give I.V. steroids, I.V.fluids, and oxygen; the flight can be continued

c) [x] Administer oxygen and epinephrine subcutaneously or intramuscularly,give I.V. antihistamines and I.V. fluids, start steroids, and ask the pilot to land and transport the patient to an emergency care facility

d) [ ] Give oral antihistamines and oral prednisone and continue to watch the patient for further clinical deterioration
e) [ ] Give oral prednisone and continue to watch the patient for further clinical deterioration

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14. **Mod de punctare:** A1 **Punctajul:** 10***CS*** A 50-year-old woman is admitted to the hospital with a history of subjective fever of 2 weeks' duration. The patient underwent mitral valve replacement surgery 5 years ago; in addition, she once experienced an allergic reaction to penicillin, which she describes as a rash that occurred a few minutes after she received a single dose of I.V. penicillin. Physical examination is remarkable for the presence of a diastolic and systolic murmur in the mitral area. Transthoracic echocardiography shows a vegetation in the mitral valve. Blood cultures show penicillin-sensitive viridans streptococci. ***On the basis of this patient's history of penicillin allergy, which of the following would be the most appropriate course of action?***

a) [ ] Start a cephalosporin
b) [x] Administer a penicillin skin test before starting antibiotics
c) [ ] Start a different β-lactam, such as imipenem
d) [ ] Start vancomycin
e) [ ] Start a different, non β-lactamic antibiotic

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15. **Mod de punctare:** A1 **Punctajul:** 10***CS*** A 33-year-old man is admitted to the hospital with fever, knee pain, and swelling. Physical examination is remarkable for fever and a swollen, red, painful right knee. Arthrocentesis shows gram-positive cocci in clusters and 150,000 white blood cells. The patient is started on vancomycin. After a few minutes, you are called to see the patient, who is complaining of flushing and back pain. His blood pressure is 90/60 mm Hg, and he has a diffuse erythematous macular rash on his trunk, abdomen, and legs. ***Which of the following would be the most appropriate course of action for this patient?***

a) [ ] Administer 0.3 mg of epinephrine I.M., 50 mg of diphenhydramine I.V., and 125 mg of methylprednisolone I.V.
b) [ ] Discontinue vancomycin; await culture results and sensitivities before restarting antibiotics

c) [x] Slow down the vancomycin infusion rate and premedicate with diphenhydramine

d) [ ] Obtain a vancomycin skin test
e) [ ] Obtain specific IgE to vancomycin

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16. **Mod de punctare:** A1 **Punctajul:** 10***CS*** A 45-year-old man with a history of diabetes and hypertension comes to the emergency department with chest pain. He is found to have a myocardial infarction with ST segment depression. After 4 days in the hospital, the patient has recurrent chest pain; ECG changes are consistent with further ischemia. His cardiologist schedules cardiac catheterization; however, the patient says that 10 years ago, when he had an abdominal CT scan, he had a bad reaction to intravenous contrast.
Which of the following would be the most appropriate approach in the management of this patient?

a) [x] Proceed with the catheterization; premedicate with corticosteroids and antihistamines; use nonionic contrast

b) [ ] Perform a contrast media radioallergosorbent test (RAST)

c) [ ] Continue with medical management
d) [ ] Obtain a contrast media skin test
e) [ ] Proceed another diagnostic test for ischemia
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17. Mod de punctare: A1 **Punctajul:** 10***CS*** A 34-year-old woman with AIDS is admitted to the hospital with altered mental status. The patient is diagnosed with neurosyphilis. Her sister reports that 15 years ago, the patient had an allergic reaction to penicillin; she describes this reaction as involving lip swelling, hives that appeared all over the patient's body, shortness of breath, low blood pressure, and diarrhea. These symptoms occurred 10 minutes after receiving a penicillin shot. ***Which of the following would be the most appropriate course of action for this patient?***
a) [ ] Premedicate with corticosteroids and antihistamines; start penicillin
b) [ ] Start ceftriaxone
c) [ ] Do not start penicillin; consider erythromycin
d) [x] Consult an allergist for desensitization
e) [ ] Test for specific IgE for penicillin
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18. Mod de punctare: A1 **Punctajul:** 10***CS*** A 36-year-old man is being evaluated for diarrhea. The patient has a 3-month history of diarrhea, postprandial nausea and vomiting, and weight loss. There is no specific food that he can relate to his symptoms. A complete blood count reveals anemia and eosinophilia. His serum IgE level is increased. Small bowel biopsy reveals eosinophilic infiltration without vasculitis. ***Which of the following is the most likely diagnosis for this patient?***
a) [ ] Oral allergy syndrome
b) [ ] Churg-Strauss syndrome
c) [x] Eosinophilic gastroenteropathy
d) [ ] Immediate gastrointestinal hypersensitivity
e) [ ] Intestinal parasitic infection
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19. Mod de punctare: A1 **Punctajul:** 10CS A 3-year-old boy is brought to your office by his mother, who relates that her son was diagnosed as having peanut hypersensitivity 1 year ago. He developed urticaria and nasal congestion after ingestion of peanuts. Since then, he has had two more episodes of hypersensitivity, with similar symptoms. His mother asks about treatment. ***Which of the following is the most appropriate treatment for this patient?***

a) [ ] Long-term use of antihistamines
b) [ ] Immunotherapy
c) [x] Elimination diet

d) [ ] Ketotifen
e) [ ] Long-term use of corticosteroids
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20. Mod de punctare: A1 **Punctajul:** 10***CS*** A 30-year-old woman presents with shortness of breath, angioedema, urticaria, and hypotension after eating shellfish. She is successfully treated with epinephrine, intravenous fluids, and antihistamines. She has a history of asthma and hypertension. She takes lisinopril and inhaled beclomethasone. Radioallergosorbent testing

reveals the presence of shellfish-specific IgE. ***Which of the following statements regarding this patient's condition is the most accurate?***
a) [ ] She had a type III hypersensitivity reaction

b) [ ] This allergy is likely to disappear in a few years
c) [ ] She should avoid other highly allergenic foods, such as peanuts and tree nuts, as well as shellfish
d) [x] She is at high risk for developing a more severe anaphylactic reaction in the future if she ingests shellfish
e) [ ] She is at high risk for developing bronchial asthma
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21. Mod de punctare: A1 **Punctajul:** 10***CS*** Which of the following drugs is a leukotriene antagonist/inhibitor?
a) [ ] Theophylline
b) [ ] Prednisone
c) [ ] Salmeterol
d) [ ] Terbutaline
e) [x] Zafirlukast
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22. Mod de punctare: A1 **Punctajul:** 10CS Angioneurotic edema is associated with the use of
a) [x] ACE inhibitors
b) [ ] β-Blockers
c) [ ] Loop diuretics
d) [ ] α-Receptor blockers
e) [ ] CCBs

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23. Mod de punctare: A1 **Punctajul:** 10CS A 48 year old woman is being evaluated for cough that persist for 3 month. She describe that it occur daily. Nonproductive, with no hemoptysis. She have no dyspnea, wheezing, fever, weight loss, no night sweats or recent illness. She travels recently. She wasn`t exposed no anyone who have been ill. She never smoke. She was diagnosed with essential hypertension 6 months ago and take lisinopril daily. Physical examination is unremarkable. No oral/pharyngeal exudate or drainage. Chest x ray is normal. **Which is the most appropriate management option for this patient this time?**
a) [x] Discontinue lisinopril
b) [ ] Chest CT
c) [ ] Spirometry
d) [ ] Start antihistamine / decongestion combination
e) [ ] Start proton pump inhibitors
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24. Mod de punctare: A1 **Punctajul:** 10CS A 30-year-old quadriplegic man presents to the emergency room with fever, dyspnea, and a cough. He has a chronic indwelling Foley catheter. Recurrent urinary tract infections have been a problem for a number of years. He has been on therapy to suppress the urinary tract infections. On examination, the patient has a temperature of 38°C (100.4°F), HR 88, and BP 126/76. Mild wheezing is audible over both

lungs. A diffuse erythematous rash is noted. T he chest x-ray shows diffuse alveolar infiltrates. The CBC reveals a WBC of 13,500, with 50% segmented cells, 30% lymphocytes, and 20% eosinophils. **Which of the following is the most likely diagnosis?**

a) [ ] Sepsis with ARDS secondary to urinary tract infection

b) [ ] Healthcare-related pneumonia
c) [x] Drug reaction to one of his medications
d) [ ] Acute exacerbation of COPD
e) [ ] Lymphocytic interstitial pneumonitis
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25. Mod de punctare: A1 **Punctajul:** 10CS Which of the following treatments is the treatment of choice for chronic allergic rhinitis?

a) [ ] Systemic antihistamines
b) [x] Intranasal steroids
c) [ ] Topical decongestants
d) [ ] Cromolyn sodium
e) [ ] Bee pollen extract
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26. Mod de punctare: A1 **Punctajul:** 10CS A 72 y/o woman with COPD and hypertension presents for a follow up visit. She has recently been admitted for an acute exacerbation of her COPD. Her most common recent spirometry results shows an FEV1/FVC ratio of 0.48. **Which of the following interventions has been shown to reduce the number of acute COPD exacerbation?**
a) [ ] Short acting anticholinergic inhalers
b) [ ] Short acting inhalational Beta-agonists
c) [x] Inhaled corticosteroids
d) [ ] Oxygen therapy
e) [ ] I/V antibiotic treatment
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27. Mod de punctare: A1 **Punctajul:** 10CS 52 year old man complain of dyspnea for 8 weeks. He has minimal prior medical care notes, no prior medical problems and denies any medication use. He admits to have smoked a pack of ciggarets daily for 30 years. He is currently stable and physical examinattion is remarkable for prolonged expiratory phase and diminished breathing sounds bilaterally. **Which of the following most likely cause for chronic dyspnea?**

a) [ ] pulmonary embolism
b) [x] COPD
c) [ ] diabetus militus
d) [ ] myocardial infarction
e) [ ] sarcoidosis

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28. Mod de punctare: A1 **Punctajul:** 10CS A 60 y\o woman presents with chronic

dyspnea and a long history of smoking. You diagnose is COPD. **In addition to therapy, other recommendation must be included:**
a) [ ] Chest HRCT
b) [ ] Avoidance of exercise
c) [x] Stop smoking
d) [ ] H.influenzae vaccination
e) [ ] Bronchoscopy
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29. Mod de punctare: A1 **Punctajul:** 10**CS** A 72 years old female with severe osteoporosis presents for evaluation of shortness of breath. She is a lifetime nonsmoker and has had no exposures. On physical examination you note kyphoscoliosis. **All the following pulmonary abnormalities are expected except:**
a) [ ] Restrictive lung disease
b) [ ] Alveolar hypoventilation
c) [x] Obstructive lung disease
d) [ ] Ventilation - perfusion abnormalities with hypoxemia
e) [ ] Pulmonary hypertension
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30. Mod de punctare: A1 **Punctajul:** 10CS **Definition of chronic bronchitis:**

a) [x] Chronic productive cough for 3 months in 2 consecutive years
b) [ ] Chronic productive cough not responsive to antibiotics
c) [ ] Associated with distraction of lung tissue and development of blebs
d) [ ] Chronic productive cough for 6 months in 5 consecutive years
e) [ ] Reduction of lung compliance of 30% or more
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31. Mod de punctare: A1 **Punctajul:** 10**CS** Which of the following conditions would be expected to increase the residual volume of the lung?
a) [ ] Bacterial pneumonia
b) [ ] Cryptogenic organizing pneumonia
c) [x] Emphysema
d) [ ] Idiopathic pulmonary fibrosis
e) [ ] Obesity
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32. Mod de punctare: A1 **Punctajul:** 10CS A 57-year-old man presents to the clinic for assessment of shortness of breath on exertion. The symptoms started many months ago after a "cold" and seem to be getting worse. There is no associated cough or sputum production, and he reports a 40-pack-per-year history of smoking. He otherwise feels well and his only past health history is hypertension that is well controlled on amlodipine. On physical examination, there are bilateral wheezes on expiration and increased
resonance to percussion of the chest. Pulmonary function tests confirm the diagnosis of chronic obstructive lung disease (COPD). **Which of the following is the best definition of this condition?**

a) [ ] it is caused by bronchial asthma
b) [ ] it is preceded by chronic bronchitis

c) [x] it is airflow limitation that is not fully reversible
d) [ ] it is due to destruction and dilatation of lung alveoli
e) [ ] is due to small airways disease only
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33. Mod de punctare: A1 **Punctajul:** 10**CS** A 56-year-old man presents to the clinic for assessment of symptoms of chronic cough. It is present most of the time and is progressively getting worse over the past 3 years. With the cough he usually has white to yellow sputum that he has to expectorate. There is no history of wheezing, asthma, heart failure (HF), or acid reflux disease. He currently smokes 1 pack a day for the past 35 years. On examination, his chest is clear. CXR is normal and his forced expiratory volume in 1 second (FEV1) and forced vital capacity (FVC) on spirometry are normal. **Which of the following is the most likely diagnosis?**
a) [ ] chronic obstructive pulmonary disease (COPD)

b) [ ] early cor pulmonale
c) [x] chronic bronchitis
d) [ ] asthma

e) [ ] emphysema
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34. Mod de punctare: A1 **Punctajul:** 10**CS** A 35-year-old man is evaluated in the clinic for symptoms of shortness of breath. He reports no other lung or heart disease. He smokes half pack a day for the past 10 years. On examination, his JVP is at 2 cm, heart sounds normal, and lungs are clear. A CXR shows hyperinflation and increased lucency of the lung fields. A chest CT reveals bullae and emphysematous changes in the lower lobes, while pulmonary function tests show an FEV1/FVC ratio of <70%. Evaluation of his family reveals other affected individuals. **Which of the following is the most likely diagnosis?**

a) [x] alpha1-antitrypsin deficiency
b) [ ] beta-glycosidase deficiency
c) [ ] glucose-6-phosphatase deficiency
d) [ ] glucocerebrosides deficiency
e) [ ] growth hormone deficiency
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35. Mod de punctare: A1 **Punctajul:** 10**CS** A 31-year-old man presents to the clinic for evaluation of worsening shortness of breath on exertion. He has severe kyphoscoliosis due to cerebral palsy. He reports no other symptoms of chest discomfort, fever, chills, cough, or sputum production. On physical examination, he is not in distress; he has a severe scoliosis to the left; and decreased air entry to that side. His right lung is clear, the JVP is at 3 cm, and heart sounds are normal. Pulmonary function tests are performed. **Which of the following is the most likely abnormality to be seen on the pulmonary function tests?**
a) [ ] increased total lung capacity (TLC)
b) [ ] increased functional residual capacity (FRC)

c) [x] decreased TLC
d) [ ] increased compliance
e) [ ] increased vital capacity (VC)

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36. **Mod de punctare:** A1 **Punctajul:** 10**CS** A 67-year-old woman presents to the clinic complaining of increasing shortness of breath on exertion. She has no prior cardiac or pulmonary history, and reports no symptoms of chest discomfort, cough, sputum production, orthopnea or peripheral edema. Her physical examination including vital signs, cardiac and pulmonary examinations are completely normal. Her CXR, ECG, and CBC are also normal. She then undergoes pulmonary function tests to evaluate her symptoms of dyspnea. The most prominent finding is a reduction of the ratio of
FEV1/FVC with no reversibility when given inhaled salbutamol. **Which of the following is the most likely diagnosis?**

a) [x] COPD

b) [ ] ankylosing spondylitis
c) [ ] pickwickian syndrome
d) [ ] scleroderma of the chest wall
e) [ ] lobar pneumonia

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37. **Mod de punctare:** A1 **Punctajul:** 10**CS** A 65-year-old man presents to the clinic complaining of severe dyspnea and associated cough with sputum production. The symptoms started insidiously, and are more noticeable lately. Exertion makes the dyspnea worse. There is no chest discomfort, or heart failure symptoms. His past medical history is significant for type 2 diabetes, hypertension, and dyslipidemia. On physical examination, the vital signs are normal, his oxygen saturation is 97% on room air and his cardiac examination is normal. The lungs are clear on auscultation. CXR, ECG, and CBC are normal. His pulmonary function tests are: FEV1 60%, FVC 110%, FEV1/FVC 60%, TLC 120%, RV 130%, DL_{CO} 60%. **Which of the following is the most likely diagnosis?**
a) [x] emphysema
b) [ ] lobar pneumonia
c) [ ] chronic bronchitis
d) [ ] acute bronchitis
e) [ ] CHF

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38. **Mod de punctare:** A1 **Punctajul:** 10**CS** An obese 50-year-old woman complains of insomnia, daytime sleepiness, and fatigue. During a sleep study she is found to have recurrent episodes of arterial desaturation -about 30 events per hour-with evidence of obstructive apnea. **Which of the following is the treatment of choice for this patient?**
a) [x] Nasal continuous positive airway pressure
b) [ ] Uvulopalatopharyngoplasty
c) [ ] Hypocaloric diet
d) [ ] Tracheostomy
e) [ ] Oxygen via nasal cannula

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39. **Mod de punctare:** A1 **Punctajul:** 10**CS** A 60-year-old man has had a chronic cough with clear sputum production for over 5 years. He has smoked one pack of cigarettes per day for

40 years and continues to do so. X-ray of the chest shows hyperinflation without infiltrates. Arterial blood gases show pH of 7.38, P CO2 of 40 mm Hg, PO2 of 65 mm Hg, O2 saturation of 93%. Spirometry shows an FEV1/FVC of 45% without bronchodilator response. **Which of the following is the most important treatment modality for this patient?**

a) [ ] Oral corticosteroids
b) [ ] Home oxygen
c) [ ] Broad-spectrum antibiotics
d) [x] Smoking cessation program
e) [ ] Oral theophylline
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40. Mod de punctare: A1 **Punctajul:** 10CS A 60-year-old obese man complains of excessive daytime sleepiness. He has been in good health except for mild hypertension. He drinks alcohol in moderation. The patient's wife states that he snores at night and awakens frequently. Examination of the oropharynx is normal. **Which of the following studies is most appropriate?**
a) [ ] EEG to assess sleep patterns
b) [ ] Ventilation pattern to detect apnea
c) [ ] Arterial O2 saturation
d) [ ] Study of muscles of respiration during sleep
e) [x] Polysomnography
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41. Mod de punctare: A1 **Punctajul:** 10CS A 57-year-old patient who smokes cigarettes presents with chronic productive cough and persistent progressive exercise limitation that is a result of breathlessness. ***For this patient, which of the following statements is true?***
a) [x] Significant airway obstruction occurs in only 10% to 15% of people who smoke
b) [ ] The best tool for assessing the severity of obstruction is the ratio of forced expiratory volume in 1 second to forced vital capacity (FEV1/FVC)

c) [ ] Chronic bronchitis is a clinical diagnosis defined as the presence of cough and sputum production on most days for at least 3 consecutive months in a year

d) [ ] Measurement of lung volumes in patients with chronic airway obstruction uniformly reveals an increased residual volume and a decreased functional residual capacity
e) [ ] Smoking cessation will not improve the severity of obstruction
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42. Mod de punctare: A1 **Punctajul:** 10***CS*** A 53-year-old man presents to establish primary care. He has a history of COPD and a 60 pack-year history of cigarette smoking. Currently, he smokes one pack of cigarettes a week. His COPD is currently managed with PRN albuterol administered with a metered-dose inhaler (MDI); a long-acting beta2 agonist; and an inhaled corticosteroid. The patient experiences dyspnea with moderate exertion; otherwise, he is functional. The results of a complete blood count (CBC) and serum chemistry are unremarkable. Pulse oximetry is significant for an O2 saturation of 96% on room air with no change after climbing and descending two flights of stairs. The patient says he would like to change his medications to nebulized bronchodilators. He also wonders which intervention is most likely to alter the natural history of his COPD. ***For this patient, which of the following***

statements is true?

a) [ ] Long-term administration of oxygen will favorably alter the natural history of this patient's disease
b) [x] Probably the single most important intervention is to help this patient quit smoking

c) [ ] Physical training programs have been shown to significantly increase the exercise capacity of patients with even far-advanced chronic bronchitis and emphysema; such programs lead to objective improvements in lung function, as measured by FEV1

d) [ ] Nebulized bronchodilators are generally of greater benefit than MDIs
e) [ ] Long-term administration of oxygen is the most important option treatment
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43. Mod de punctare: A1 **Punctajul:** 10***CS*** A 62-year-old man with a history of COPD (FEV1-38%) presents with worsening dyspnea, which now occurs at rest; purulent sputum; and wheezing of 6 days' duration. He has increased the use of his inhalers without experiencing an improvement of symptoms. He denies having fever, chills, or pleuritic chest pain. A chest x-ray does not demonstrate an acute process. The patient is admitted for treatment of an acute exacerbation of COPD. ***Which of the following statements regarding the management of acute exacerbations of COPD is true?***
a) [ ] The duration of symptoms and the risk of serious deterioration in lung function can be reduced by at least a 14- to 21-day course of broad-spectrum antibiotics
b) [ ] The bronchodilator of choice in exacerbations of COPD is an anticholinergic such as ipratropium
c) [ ] Oxygen supplementation should be adjusted to maintain oxygen saturation at 95% or greater

d) [x] In patients already receiving theophylline, measurement of the theophylline level is indicated because acute illness and some of the
medications used to treat exacerbations can precipitate theophylline toxicity; however, there are no data that show that the addition of theophylline is beneficial for exacerbations of COPD
e) [ ] Inhalatory corticosteroids are the best treatment option choise
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44. Mod de punctare: A1 **Punctajul:** 10***CS*** A 40-year-old man presents for evaluation of worsening dyspnea on exertion. He denies having a cough. He has a remote history of tobacco use and a significant family history of emphysema. The results of a CBC and serum chemistry panel are unremarkable. A chest x-ray demonstrates attenuation of the pulmonary vasculature, predominantly in the lower lobes. Pulmonary function tests are consistent with severe airway obstruction. ***Which of the following statements regarding α1-antitrypsin deficiency is true?***

a) [ ] Serious liver disease, usually in the form of cirrhosis, occurs in up to one third of adults with α 1-antitrypsin deficiency

b) [ ] The mean age at onset of dyspnea is 55 to 60 years in nonsmokers and approximately 10 years earlier in those who smoke

c) [x] **α 1-antitrypsin deficiency is the most important couse of emphysema in young people**
d) [ ] The typical pathologic picture is a centriacinar emphysema with a basilar predominance
e) [ ] α1-antitrypsin deficiency never leads to COPD

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45. Mod de punctare: A1 **Punctajul:** 10***CS*** A 67-year-old man presents to your clinic for evaluation of dyspnea. He reports that his breathing has been worsening for years. He has a 100-pack-year history of cigarette smoking. His physical examination is notable for obesity, prolonged expiratory phase with faint wheezing, jugular veinous distention to the mandible, hepatosplenomegaly; and 2+ bilateral lower extremity edema. ***Which of the following would NOT be characteristic of this patient with type B COPD?***
a) [x] Mild to moderate hypoxia with normal to slightly decreased arterial carbon dioxide tension (PaCO2)

b) [ ] Cough with sputum production
c) [ ] Progression to cor pulmonale; abnormal depression of arousal responses to hypoxia and hypercapnia during sleep
d) [ ] Increased resistance to airflow in both phases of the respiratory cycle
e) [ ] Usualy these patients are overweight and cyanotic
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46. Mod de punctare: A1 **Punctajul:** 10***CS*** A 67-year-old man with a history of emphysema presents with a complaint of worsening dyspnea and cough that is productive of yellow-colored sputum. On pulmonary function testing, his FEV1 is 45%. Arterial blood gas measurements were performed several months ago. The baseline value for PaO2 was 53 mm Hg, and the carbon dioxide tension (PCO2) on room air was normal. ***There is evidence showing improved survival for which of the following interventions (in addition to smoking cessation)?***

a) [ ] Use of broad-spectrum antibiotics
b) [ ] Use of corticosteroids
c) [x] Home oxygen therapy
d) [ ] Lung volume reduction surgery
e) [ ] Bronchodilator therapy
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47. Mod de punctare: A1 **Punctajul:** 10***CS*** A 40-year-old man presents to your clinic for evaluation of dyspnea. The patient is a nonsmoker and reports a slow progression of breathlessness. He also reveals that several of his family members were diagnosed with emphysema early in life, but he is confused because they were nonsmokers. ***Which of the following statements concerning α 1-antitrypsin deficiency is true?***

a) [ ] Emphysematous changes do not occur in the lower lobes of the lung
b) [ ] α 1-Antitrypsin deficiency is not associated with cirrhotic liver disease
c) [ ] α 1-Antitrypsin deficiency is not associated with a family history of emphysema in nonsmokers
d) [x] Purified α 1-antitrypsin is commercially available for treatment
e) [ ] α 1-Antitrypsin levels higher than 40% of normal do not afford protection against the

development of emphysema

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48. **Mod de punctare:** A1 **Punctajul:** 10CS A 37-year-old woman is referred to you for evaluation of dyspnea, purulent cough, and recurrent pneumonia. The patient has a childhood history of recurrent pneumonia. She has no known contacts with persons with tuberculosis, and a test for the presence of purified protein derivative (PPD) is negative. She has smoked a pack of cigarettes each day for 15 years. Pulmonary function tests were interpreted as indicating mild airflow obstruction. ***Which of the following features does NOT favor a diagnosis of bronchiectasis over a diagnosis of emphysematous lung disease in this patient?***
a) [x] Chronic cough and dyspnea without purulent sputum production
b) [ ] Tramlines noted on plain chest radiographs
c) [ ] Clinical improvement from broad-spectrum antibiotics and drainage
d) [ ] Massive hemoptysis
e) [ ] Clubbing of the digits
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49. **Mod de punctare:** A1 **Punctajul:** 10CS A 21-year-old woman with a history of CF who previously received health care services at a local children's hospital now presents to your office to establish care as an adult. ***Which of the following statements about CF is false?***

a) [ ] The median survival for women with CF is 28.3 years
b) [ ] The majority of patients with CF possess the α F508 mutation, leading to an abnormal CF transmembrane regulator (CFTR)
c) [ ] Impaired clearance of secretions leads to recurrent pulmonary infections and bronchiectasis
d) [x] Exocrine pancreatic function is maintained
e) [ ] Diagnosis can be made by the sweat chloride test or by genetic testing

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50. **Mod de punctare:** A1 **Punctajul:** 10***CS*** A 53-year-old man with a 60-pack-year history of cigarette smoking presents with complaints of productive cough and dypsnea. He reports that for the past 3 months, he has been treated for bronchitis with antibiotics, but his symptoms have not resolved. Over the past several weeks, he has experienced progressive dypsnea on exertion. He denies having any chest discomfort or any other significant medical history. Currently, he is not taking any medications. His lung examination shows wheezing that resolves with expectoration of phlegm. Chest x-ray shows hyperinflation. Initial pulmonary function tests show the patient's FEV1 to be 55% of the predicted value. Arterial blood gas measurements are as follows: PaO2, 75 mm Hg; alveolar carbon dioxide tension (PACO2), 55 mm Hg. ***Which of the following is NOT true for this patient?***
a) [ ] If this patient continues to smoke, his FEV1 value will continue to decrease two to three times faster than normal
b) [ ] If this patient stops smoking, the rate of decline in expiratory flow reverts to that of nonsmokers, and there may be a slight improvement in FEV1 during the first year
c) [x] This patient would be expected to have evidence of extensive panacinar emphysema
d) [ ] This patient would be expected to have increased RV, increased FRC, and normal or increased total lung capacity (TLC)

e) [ ] This patient is at risk for right-sided heart failure
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51. Mod de punctare: A1 **Punctajul:** 10***CS*** A 43-year-old female patient with chronic bronchitis associated with a 40-pack-year history of cigarette smoking presents for a routine appointment. Although she has a productive cough on a daily basis, she denies having any dypsnea and is currently not taking any medication. ***Which of the following measures will most alter the natural progression of this patient's disease?***
a) [ ] Daily bronchodilator use alone
b) [ ] Daily corticosteroid use alone
c) [ ] Daily prophylactic antibiotic
d) [ ] Daily pulmonary rehabilitation
e) [x] Smoking cessation
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52. Mod de punctare: A1 **Punctajul:** 10CS A 23-year-old male college student with no history of cigarette smoking presents with a complaint of productive cough that has not improved with three courses of antibiotics. He reports some intermittent wheezing and dyspnea, which have worsened over the past 2 days, but he has no fever. He states that he has had various recurrent respiratory infections ever since childhood. On examination, his chest xray shows diffuse increased markings with cystic spaces predominantly in the upper lobes and hyperinflation. Further testing reveals an abnormal sweat chloride test. ***Which of the following is the most likely diagnosis for this patient?***

a) [x] Cystic fibrosis
b) [ ] Bronchiolitis obliterans
c) [ ] Asthma
d) [ ] α1-Antitrypsin deficiency
e) [ ] Congenital bronchiectasis
---
53. Mod de punctare: A1 **Punctajul:** 10***CS*** A 60 year old with COPD is admitted with PaO2 of 40 while breathing room air, weight gain, shortness of breath, and 4+ pedal edema. The most likely cause of the edema is:
a) [ ] Left ventricular failure
b) [ ] Low albumin due to malnutrition
c) [x] Right ventricular failure due to hypoxic pulmonary hypertension
d) [ ] Increased permeability edema
e) [ ] Low albumin due to liver failure
---
54. Mod de punctare: A1 **Punctajul:** 10CS The pulmonary function test that is most characteristic for Obstructive Lung Disease is:
a) [ ] a decrease in FEV1
b) [ ] a decrease in FVC
c) [x] a decrease in FEV1 / FVC
d) [ ] a decrease in diffusion capacity (DLCO)
e) [ ] a decrease in RV
---
55. Mod de punctare: A1 **Punctajul:** 10CS 62-year-old male with a 40 packs per year

smoking history presents with shortness of breath and increased productive cough. He quit smoking two months ago. Pulmonary function testing reveals an FEV1/FVC of 68% with an FEV1 of 65%. He is currently on albuterol as needed. Which of the following would be the best addition to his current regimen?
a) [ ] Inhaled corticosteroids
b) [ ] Monteleukast
c) [ ] Theophylline
d) [x] Long acting beta agonists
e) [ ] Refer him for lung reduction surgery
---
56. Mod de punctare: A1 **Punctajul:** 10CS Which of the following infections is least likely in a patient with COPD?
a) [ ] Streptococcus pneumoniae
b) [ ] Haemophilus influenzae

c) [ ] Moraxella catarrhalis
d) [x] Mycoplasma pneumoniae
e) [ ] Acinetobacter spp.
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57. Mod de punctare: A1 **Punctajul:** 10CS Which of the following can improve survival in patients with severe COPD?

a) [x] Supplemental oxygen
b) [ ] β Agonist
c) [ ] Inhaled corticosteroids
d) [ ] Smoking cessation
e) [ ] Pulse antibiotic therapy
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58. Mod de punctare: A1 **Punctajul:** 10CS A 63-year-old smoker (35 pack years) presents for follow-up after a recent bout of acute bronchitis. He reports having a productive cough for several months and states that every time he gets a cold, it settles into his chest and lasts for "ever." He also reports dyspnea on exertion. On lung
exam, you hear scattered rhonchi. A chest x-ray done 3 months ago when he went to the ER for the last similar episode was negative except for
hyperinflation and flattened diaphragms. Which one of the following would be best for making the diagnosis?

a) [ ] A chest radiograph
b) [ ] CT of the chest
c) [ ] Peak flow measurement
d) [x] Spirometry

e) [ ] A BNP level
---
59. Mod de punctare: A1 **Punctajul:** 10CS The most common cause of chronic cough is
a) [x] Postnasal drip

b) [ ] Bronchiectasis
c) [ ] Gastroesophageal reflux
d) [ ] Asthma

e) [ ] ACE inhibitors
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60. Mod de punctare: A1 **Punctajul:** 10CS A 48-year-old man presents with complaints of dyspnea that tends to occur with exercise. He has a 40-pack-year history of smoking and has been
diagnosed with exercise-induced asthma in the past, but denies any other medical problems. On spirometry, his expiratory loop is normal, but he has
a flattened inspiratory loop. What is the most likely diagnosis?

a) [x] Vocal cord dysfunction
b) [ ] COPD

c) [ ] Asthma
d) [ ] Restrictive lung disease

e) [ ] Emphysema
---
61. Mod de punctare: A1 **Punctajul:** 10CS . A 40-year-old alcoholic develops cough and fever. Chest X-ray shows an air-fluid level in the superior segment of the right lower lobe. **The most likely etiologic agent is:**
a) [ ] Streptococcus pneumonia
b) [ ] Haemophilus influenza
c) [ ] Legionella pn
d) [x] Anaerobes
e) [ ] Mycoplasma pn.
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62. Mod de punctare: A1 **Punctajul:** 10CS A 75 years old man with lung cancer complains of progressive dyspnea for 2 months. On physical examination he has distended jugular veins, plethoric face and venous collaterals on his chest wall and distant heart sounds. **What is the most likely diagnosis:**
a) [ ] Pericardial tamponade
b) [ ] Constrictive pericarditis
c) [ ] Congestive heart failure
d) [x] Superior vena cava syndrome
e) [ ] Tromboembolism of pulmonary artery
---
63. Mod de punctare: A1 **Punctajul:** 10**CS** Which one of the following cannot be diagnosed with bronchoscopy?
a) [ ] Sarcoidosis
b) [x] Mesothelioma
c) [ ] Lung infection

d) [ ] Lung cancer
e) [ ] Interstitial lung disease
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64. **Mod de punctare:** A1 **Punctajul:** 10CS A 63-year-old woman presents to the emergency room with symptoms of dyspnea and coughing up foul-smelling purulent sputum. She has had similar episodes in the past. There are no other constitutional symptoms and she denies excessive alcohol intake. On physical examination, the blood pressure is 138/86 mm Hg, pulse 88 beats/min, respiratory rate 18 breaths/min, and temperature 37.5°C. She appears chronically ill with clubbing of the fingers. Heart sounds are normal, JVP is measured at 4 cm, and there are inspiratory crackles heard at the lung bases posteriorly. There is no hepatosplenomegaly or any palpable lymph nodes. CXR shows scaring in the left lower lobe, which on chest CT scan is identified as cystic changes with airway dilatation and bronchial wall thickening. **Which of the following is the most appropriate initial next step in management?**

a) [x] antibiotics and postural drainage
b) [ ] oral steroids
c) [ ] radiotherapy
d) [ ] inhaled bronchodilators
e) [ ] anti-tuberculous medications
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65. **Mod de punctare:** A1 **Punctajul:** 10CS A 66-year-old man presents to the emergency room with symptoms of feeling unwell and a lowgrade fever with cough for several weeks. He has a history of chronic alcoholism and reports drinking heavily for the past month, including episodes of passing out. On physical examination, he looks unwell but not in any distress. His temperature is 38.5°C, blood pressure 128/76 mm Hg, pulse 100 beats/min, and respirations of 18 breaths/min. The heart sounds are normal and there are crackles in the left lower base. A CXR reveals a left lower lobe infiltrate and air-filled cavity consistent with a lung abscess. **Which of the following is the most appropriate antibiotic therapy?**
a) [ ] penicillin
b) [ ] cloxacillin
c) [ ] ceftriaxone
d) [ ] metronidazole

e) [x] clindamycin

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66. **Mod de punctare:** A1 **Punctajul:** 10CS A 30-year-old man presents with coughing up blood and sputum. There is no associated dyspnea, fever, or pleuritic chest pain. His past medical history is significant for recurrent pneumonias and a chronic cough productive of foul-smelling purulent sputum. The sputum production is usually worse when lying down and in the morning. He quit smoking 5 years ago and started when he was 18 years old. On physical examination, he appears chronically ill with clubbing of the fingers. Wet inspiratory crackles are heard at the lung bases posteriorly. CXR shows scaring in the right lower lobe, which on chest CT scan is identified as airway dilatation, bronchial wall thickening, and grapelike cysts. **Which of the following is the most likely diagnosis?**
a) [x] bronchiectasis

b) [ ] chronic bronchitis
c) [ ] disseminated pulmonary tuberculosis
d) [ ] pulmonary neoplasm
e) [ ] chronic obstructive emphysema
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67. Mod de punctare: A1 **Punctajul:** 10**CS** A 40-year-old alcoholic develops cough and fever. Chest x-ray, shown below, shows an air-fluid level in the superior segment of the right lower lobe. **Which of the following is the most likely etiologic agent?**

a) [ ] *Streptococcus pneumoniae*
b) [ ] *Haemophilus influenzae*
c) [ ] *Legionella pneumophila*
d) [x] Anaerobes
e) [ ] *Mycoplasma pneumoniae*
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68. Mod de punctare: A1 **Punctajul:** 10**CS** A 57-year-old man presents with hemoptysis and generalized weakness. His symptoms began with small-volume hemoptysis 4 weeks ago. Over the past 2 weeks, he has become weak and feels "out of it." His appetite has diminished, and he has lost 10 lb of weight. He has a 45-pack year history of cigarette smoking. Physical examination is unremarkable. Laboratory studies reveal a mild anemia and a serum sodium value of 118 mEq/L. Chest x-ray shows a 5-cm left mid-lung field mass with widening of the mediastinum suggesting mediastinal lymphadenopathy. MR scan of the brain is unremarkable. **What is the most likely cause of his symptoms?**

a) [ ] Bronchial carcinoid
b) [ ] Adenocarcinoma of the lung
c) [x] Small cell carcinoma of the lung

d) [ ] Lung abscess
e) [ ] Pulmonary aspergilloma
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69. Mod de punctare: A1 **Punctajul:** 10 CS A 63 year old male presents with productive cough. The patient reports feeling well until he developed dyspnea and a productive cough of green sputum 2 days ago. His symptoms have progressed and now he also reports fever and chills. On examination: decreased breath sounds associated with rhonchi and increased fremitus in his right lung base. A chest x-ray reveals consiladation in the right lower lobe. **Which of the following is the most common organism identified in such adult patients?**
a) [ ] H.influenzae
b) [x] Str.pneumoniae
c) [ ] Moraxella catarrhalis
d) [ ] Pseudomonas aeruginosa
e) [ ] Legionella pneumophilla
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70. Mod de punctare: A1 **Punctajul:** 10**CS** A 55 year old male admitted due to dry cough and fever up to 39 for 3 days. Several days ago he was diagnosed with HIV. On exam respiratory rate 24/min, heart rate 98/min, blood press. 106/72, room air saturation is 88%. Chest x ray

demonstrated bilateral perihilar interstitial infiltrats. **The antibiotic treatment will include:**
a) [ ] amphotericin
b) [ ] piperacillin/tazobactam
c) [x] trimetoprim sulfametoxazol
d) [ ] penicilin

e) [ ] metronidazol
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71. Mod de punctare: A1 **Punctajul:** 10**CS** A 72-year-old woman is admitted to the intensive care unit with respiratory failure. She has fever and bilateral parenchymal consolidation on chest imaging. **Which of the following is true regarding the diagnosis of Legionella pneumonia?**
a) [ ] Acute and convalescent antibodies are not helpful due to the presence of multiple serotypes
b) [ ] Legionella can never be seen on a Gram stain
c) [ ] Legionella cultures grow rapidly on the proper media
d) [x] Legionella urinary antigen maintains utility after antibiotic use
e) [ ] Polymerase chain reaction (PCR) for Legionella DNA is the "gold standard" diagnostic test
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72. Mod de punctare: A1 **Punctajul:** 10**CS** A 33-year-old woman, who is otherwise well, presents to the emergency department with symptoms of recurrent episodes of hemoptysis. She has no fever, weight loss, cough, or sputum production. She is not experiencing any dyspnea or chest discomfort and is not taking any medications. She works in an office setting, reports no travel history, and her family history is negative for lung disorders or bleeding diathesis. Her vital signs, oxygen saturation, and physical examination are entirely normal. The CXR, biochemistry, CBC, and coagulation profile are also normal. **Which of the following is the most appropriate initial diagnostic test?**

a) [ ] echocardiogram
b) [ ] gallium scan
c) [x] CT scan of chest
d) [ ] bronchoscopy
e) [ ] pulmonary function tests
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73. Mod de punctare: A1 **Punctajul:** 10**CS** An 83-year-old man with Parkinson disease presents with low-grade fever and cough for several weeks. Lately, he has been experiencing more rigidity and difficulty with his walking. He is on a levodopa/carbidopa combination for treatment for the past 5 years. On examination, his gait is shuffling and slow. He has a tremor in his left hand at rest, and there is cog-wheel rigidity of the forearm. There are crackles in the left lower lung field. CXR reveals a lung abscess in the left lower lobe. **Which of the following is the most likely bacteriologic diagnosis for the lung abscess?**
a) [x] oropharyngeal flora
b) [ ] tuberculosis
c) [ ] Staphylococcus aureus
d) [ ] Pseudomonas aeruginosa

e) [ ] Candida albicans
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74. **Mod de punctare:** A1 **Punctajul:** 10CS A 40-year-old man without a significant past medical history comes to the emergency room with a 3-day history of fever and shaking chills, and a 15-minute episode of rigor. He also reports a cough productive of yellow-green sputum, anorexia, and the development of right-sided pleuritic chest pain. Shortness of breath has been present for the past 12 hours. Chest x-ray reveals a consolidated right middle lobe infiltrate, and CBC shows an elevated neutrophil count with many band forms present. **Which feature would most strongly support inpatient admission and IV antibiotic treatment for this patient?**
a) [ ] Recent exposure to a family member with influenza
b) [x] Respiratory rate of 36/minute
c) [ ] Recent sexual exposure to an HIV-positive patient
d) [ ] Purulent sputum with gram positive diplococci on Gram stain
e) [ ] Signs of consolidation (bronchial breath sounds, egophony) on physical examination
---
75. **Mod de punctare:** A1 **Punctajul:** 10CS Which of the following findings is not suggestive of consolidation, such as in pneumonia?
a) [ ] Dullness to percussion over the involved area of the chest
b) [ ] Egophony over the involved area of the chest
c) [ ] Bronchial breath sounds over the involved area of the chest
d) [x] Decreased tactile fremitus over the involved area of the chest
e) [ ] They are all suggestive of consolidation
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76. **Mod de punctare:** A1 **Punctajul:** 10CS A 68-year-old male is admitted to the hospital for pneumonia. He had a chest xray done that reveals a left lung infiltrate and pleural effusion. He undergoes a thoracentesis that reveals an exudative effusion. After being in the hospital for a few days, he is not feeling better despite being on azithromycin and ceftriaxone. A CT scan of the chest is done which reveals a larger effusion on the left side so the decision is made to place a chest tube in the patient. A few days later, the patient states that his breathing has improved only slightly. However, he is spiking temperatures as high as 103°F. Which of the following is the next best step in management at this time?

a) [ ] Change antibiotics as these are not aggressive enough
b) [ ] Repeat thoracentesis
c) [ ] Change antibiotics and continue with chest tube drainage
d) [x] Perform video assisted thoracic surgery (VATS)
e) [ ] No change required at this time
---
77. **Mod de punctare:** A1 **Punctajul:** 10CS Which of the following statements is true regarding pneumococcal vaccination?

a) [ ] Healthy individuals older than 50 years should receive the vaccine
b) [ ] Medicare does not cover the cost of pneumococcal vaccination
c) [ ] Adults with previous splenectomy should not receive pneumococcal vaccination
d) [ ] Children younger than 2 years with sickle cell anemia should receive pneumococcal vaccination

e) [x] Boosters are recommended for individuals older than 65 years if they received their first dose more than 5 years before their last injection
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78. Mod de punctare: A1 **Punctajul:** 10CS Which of the following is the medication of choice for the treatment of Legionnaire's disease?

a) [ ] Penicillin
b) [ ] Cefuroxime
c) [x] Azithromycin

d) [ ] Gentamicin
e) [ ] Amphotericin
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79. Mod de punctare: A1 **Punctajul:** 10CS The most common cause of a community-acquired pneumonia in a 45-year-old otherwise healthy man is

a) [x] ***Streptococcus pneumoniae***
b) [ ] *Haemophilus influenzae*
c) [ ] *Mycoplasma pneumoniae*
d) [ ] *Legionella pneumoniae*
e) [ ] *Klebsiella pneumoniae*
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80. Mod de punctare: A1 **Punctajul:** 10CS The pneumococcal vaccine should be administered to healthy individuals beginning at age

a) [ ] 50 years
b) [ ] 55 years
c) [ ] 60 years
d) [x] 65 years
e) [ ] 70 years
---
81. Mod de punctare: A1 **Punctajul:** 10CS A 42 y\o woman returnes from a buisness trip and notes a sudden onset of dyspnea with pleuritic right sided chest pain. Medical history is unremarkable, she is currently use oral contraceptives. Vital signs: BP120\70, HR100, RR24 and temp. 37C. Heart and lungs are unremarkable, no chest wall tenderness, no cyanosis or clubbing of the extremities, but, pitting edema in her right leg. **Testing should be done promptly to exclude the following:**
a) [ ] Fibromyalgia
b) [ ] Congestive heart failure
c) [x] Pulmonary emboli
d) [ ] Renal failure
e) [ ] Lung cancer
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82. Mod de punctare: A1 **Punctajul:** 10CS A 42 year-old man hospitalized evaluated for dyspnea plus pleuritic chest pain, fracture of the right femur 3 weeks ago. Physical examination: fever 38.1°C, HR 110/min, RR 22/min, PA 130/78, BMI 24; laboratory studies are normal,

troponins undetectable. EKG: elevation of R waves in V4-V6, QRS has left ward axis. Contrast enhanced CT scan shows emboli in the arteries perfusing lingual and posterior basal segment of left lower lobe. **Most appropriate treatment:**
a) [ ] inferior vena cava filter
b) [x] IV unfractionated heparin
c) [ ] IV tissue plasminogen activator
d) [ ] mechanical clot dissolution
e) [ ] surgical embolectomy
---

83. **Mod de punctare:** A1 **Punctajul:** 10CS A 63-year-old woman presents to the emergency room with symptoms of sudden onset of shortness of breath. She reports no chest discomfort, cough, sputum, or fever. Her past medical history is negative for any prior heart or lung problems. She was recently diagnosed with breast cancer and is undergoing active treatment. On examination, her blood pressure is 120/80 mm Hg, pulse 100/min, and heart and lungs are normal. There are no clinical signs of deep venous thrombosis (DVT). **Which of the following investigations is most likely to rule out a pulmonary embolism (PE)?**
a) [ ] normal CXR
b) [ ] normal electrocardiogram (ECG)
c) [x] normal ventilation-perfusion lung scan
d) [ ] normal ventilation scan
e) [ ] normal magnetic resonance image (MRI)
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84. **Mod de punctare:** A1 **Punctajul:** 10CS A 30-year-old man is admitted to the hospital after a motorcycle accident that resulted in a fracture of the right femur. T he fracture is managed with traction. Three days later the patient becomes confused and tachypneic. A petechial rash is noted over the chest. Lungs are clear to auscultation. Arterial blood gases show P O2 of 50, PCO2 of 28, and pH of 7.49. **Which of the following is the most likely diagnosis?**

a) [ ] Unilateral pulmonary edema
b) [ ] Hematoma of the chest
c) [x] Fat embolism
d) [ ] Pulmonary embolism
e) [ ] *Staphylococcus aureus* pneumonia
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85. **Mod de punctare:** A1 **Punctajul:** 10CS A 35-year-old woman complains of slowly progressive dyspnea. Her past history is negative, and there is no cough, sputum production, pleuritic chest pain, or thrombophlebitis. She has taken appetite suppressants at different times. Physical examination reveals jugular venous distention, a palpable right ventricular lift, and a loud P2 heart sound. Chest x-ray shows clear lung fields. Oxygen saturation is 94%. ECG shows right axis deviation. A perfusion lung scan is normal, with no segmental deficits. **Which of the following is the most likely diagnosis?**
a) [x] Primary pulmonary hypertension
b) [ ] Recurrent pulmonary emboli
c) [ ] Right-to-left cardiac shunt
d) [ ] Interstitial lung disease
e) [ ] Left ventricular diastolic dysfunction

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86. **Mod de punctare:** A1 **Punctajul:** 10CS Mrs Jones, a 52-year-old teacher, presents with a sudden onset of dyspnea. Which one of the following makes a pulmonary embolus more likely?

a) [ ] Fever >38.0°C (100.4°F)

b) [x] Chest pain
c) [ ] Orthopnea

d) [ ] Wheezes

e) [ ] Rhonchi

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87. **Mod de punctare:** A1 **Punctajul:** 10CS Which of the following tests is used in the initial evaluation of persistent hemoptysis?

a) [ ] Fiber-optic bronchoscopy

b) [x] Chest radiograph
c) [ ] Upper gastrointestinal (GI)
d) [ ] MRI of chest
e) [ ] CT scan of chest
---
88. **Mod de punctare:** A1 **Punctajul:** 10CS A 28 year old man, 6 month history of episodic dyspnea, cough and wheezing. As a child he has asthma and allergies, but has been asymptomatic since his early teenage years. Symptoms started after upper respiratory tract infection and they are trigged by exercise or cold air. He awakened with asthma symptoms 5- 6 nights a month. No medication and otherwise is healthy. Physical examination is normal, chest x ray is normal, FEV1 70% of predicted with 15% improvement with inhaled albuterol. **Which is the most appropriate therapy?**
a) [ ] azythromycin
b) [ ] inhaled albuterol as needed
c) [x] inhaled low-dose of corticosteroid plus inhaled albuterol as needed
d) [ ] long act β-agonist
e) [ ] long act β-agonist inhaled plus albuterol as needed
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89. **Mod de punctare:** A1 **Punctajul:** 10CS A 42-year-old man with a history of wheezing and shortness of breath is referred to your pulmonary clinic for management of asthma. The diagnosis of asthma was apparently based on symptoms and evidence of obstruction on pulmonary function testing. **During an episode of airflow obstruction, which of the following findings would be specific for a diagnosis of asthma in this patient?**
a) [ ] Depressed diffusing capacity of the lung for carbon monoxide (DLCO)
b) [ ] A normal alveolar-arterial difference in oxygen (A-aDO2) gradient

c) [ ] Improvement after administration of an inhaled bronchodilator
d) [ ] Improvement after administration of corticosteroids
e) [x] The episode is associated with ingestion of a nonsteroidal anti-inflammatory drug (NSAID)

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90. Mod de punctare: A1 **Punctajul:** 10CS You are caring for a young woman with asthma who has symptoms almost on a daily basis. Although her symptoms occur at various times during the day, they occur more frequently at night. Currently, her medical regimen consists only of a short-acting inhaled beta-adrenergic agonist for rescue. The patient is trying to become pregnant. Of the following, which is the best therapeutic step to take next for this patient?

a) [ ] A long-acting selective beta2-adrenergic agonist should be added to her regimen
b) [ ] A low-dose oral steroid should be added to her regimen
c) [x] An inhaled corticosteroid should be added to her regimen
d) [ ] Theophylline should be added to her regimen
e) [ ] Ipratropium bromide should be added to her regimen

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91. Mod de punctare: A1 **Punctajul:** 10CS A 42-year-old bakery worker presents with a complaint of cough and wheezing; he has been experiencing these symptoms for the past 2 months. He has been working at the bakery for the past 2 years. You consider occupational asthma in your differential diagnosis. **Which of the following statements accurately characterizes the evaluation and treatment of this patient?**
a) [ ] Occupational asthma is unlikely because the patient was exposed
b) [ ] Asthma that persists after the patient stops going to the workplace
c) [ ] Skin testing with a soluble extract of the suspected offending agent
d) [ ] If a diagnosis of occupational asthma is made, the patient should be
e) [x] Onset of symptoms hours after leaving the workplace supports a to the workplace supports the diagnosis of occupational asthma

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92. Mod de punctare: A1 **Punctajul:** 10CS A 24-year-old woman presents to the emergency department with symptoms of severe wheezing and shortness of breath for 2 days. She has asthma that is well controlled but recently acquired a cat and thinks she is allergic to it. She reports using her salbutamol more frequently at home over the past week, and is adherent to inhaled corticosteroids. After receiving oxygen, steroids, and salbutamol (Ventolin) in the emergency room, her breathing improves. She is still wheezing and now feels tremulous and anxious with a pulse of 110/min and respirations 30/min. Arterial blood gases on oxygen reveal a pH of 7.40, PO2 340
mm Hg, PCO2 40 mm Hg, and bicarbonate of 24 mEq/L. She is hospitalized for further treatment. **Which of the following treatments or medications should be avoided?**

a) [ ] theophylline
b) [x] sedatives

c) [ ] corticosteroids
d) [ ] sympathomimetic amines
e) [ ] intravenous (IV) fluids
---

93. Mod de punctare: A1 **Punctajul:** 10CS A 29-year-old woman presents to the clinic for assessment of on-going symptoms of shortness of breath and wheezing. She has a long history of mild asthma that is well controlled on inhaled corticosteroids. She recently experienced a flare that is characterized by recurrent episodes of bronchial obstruction, fever, malaise, and expectoration of brownish mucous plugs. On physical examination, the heart exam is normal, and there is bilateral wheezing on expiration. A CXR reveals upper lobe pulmonary infiltrates, and on the complete blood count the
eosinophil count is 2000/mL. Special testing reveals that the serum precipitating antibodies to Aspergillus are positive. **Which of the following is the most appropriate next step in management?**
a) [ ] antihelminthic therapy
b) [ ] a short course of systemic glucocorticoid therapy
c) [ ] desensitization treatment
d) [ ] high-dose glucocorticoids by puffer
e) [x] long-term systemic glucocorticoid therapy
---

94. Mod de punctare: A1 **Punctajul:** 10**CS** A 23-year-old man is experiencing a flare of his asthma. He is using his salbutamol inhaler more frequently than usual and despite increasing his inhaled steroids he is still short of breath. Previously, his asthma was considered mild with no severe exacerbations requiring oral steroids or hospitalization. With the current flare, he is experiencing recurrent episodes of bronchial obstruction, fever, malaise, and expectoration of brownish mucous plugs. On examination, there is bilateral wheezing. The heart, abdomen, neurologic, and skin exams are normal. A CXR reveals upper lobe pulmonary infiltrates; the eosinophil count is 3000/mL, and serum precipitating antibodies to Aspergillus are positive. **Which of the following is the most likely diagnosis?**
a) [ ] ascaris infestation
b) [x] allergic bronchopulmonary aspergillosis
c) [ ] Churg-Strauss allergic granulomatosis
d) [ ] Löeffler syndrome
e) [ ]) hypereosinophilic syndrome
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95. Mod de punctare: A1 **Punctajul:** 10CS A 30-year-old athlete presents to your office complaining of intermittent wheezing. T his wheezing begins shortly after running. The patient admits to smoking 1 to 2 packs of cigarettes per day for 5 years. What finding would be consistent with asthma?

a) [ ] Hyperinflation on chest x-ray
b) [x] Improvement in FEV1 after bronchodilator
c) [ ] Low oxygen saturation on finger oximetry
d) [ ] Decreased FVC on PFT testing

e) [ ] Dyspnea on assuming a supine position

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96. Mod de punctare: A1 **Punctajul:** 10CS A 42-year-old man with a history of wheezing and shortness of breath is referred to your pulmonary clinic for management of asthma. The diagnosis of asthma was apparently based on symptoms and evidence of obstruction on pulmonary function testing. ***During an episode of airflow obstruction, which of the following findings would be specific for a diagnosis of asthma in this patient?***

a) [ ] Depressed diffusing capacity of the lung for carbon monoxide (DLCO) on pulmonary function testing

b) [ ] A normal alveolar-arterial difference in oxygen (A-aDO2) gradient
c) [ ] Improvement after administration of an inhaled bronchodilator
d) [ ] Improvement after administration of corticosteroids
e) [x] The episode is associated with ingestion of a nonsteroidal antiinflammatory drug (NSAID)

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97. Mod de punctare: A1 **Punctajul:** 10 CS You are caring for a young woman with asthma who has symptoms almost on a daily basis. Although her symptoms occur at various times during the day, they occur more frequently at night. Currently, her medical regimen consists only of a short-acting inhaled beta-adrenergic agonist for rescue. The patient is trying to become pregnant. ***Of the following, which is the best therapeutic step to take next for this patient?***

a) [ ] A long-acting selective beta2-adrenergic agonist should be added to her regimen

b) [ ] A low-dose oral steroid should be added to her regimen

c) [x] An inhaled corticosteroid should be added to her regimen

d) [ ] Theophylline should be added to her regimen
e) [ ] Ipratropium bromide should be added to her regimen

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98. Mod de punctare: A1 **Punctajul:** 10CS A 42-year-old bakery worker presents with a complaint of cough and wheezing; he has been experiencing these symptoms for the past 2 months. He has been working at the bakery for the past 2 years. You consider occupational asthma in your differential diagnosis. ***Which of the following statements accurately characterizes the evaluation and treatment of this patient?***

a) [ ] Occupational asthma is unlikely because the patient was exposed to the work environment for almost 2 years before developing symptoms

b) [ ] Asthma that persists after the patient stops going to the workplace excludes occupational asthma as the diagnosis

c) [ ] Skin testing with a soluble extract of the suspected offending agent confirms a diagnosis of occupational asthma

d) [ ] If a diagnosis of occupational asthma is made, the patient should be advised to take an inhaled short-acting beta2-adrenergic agonist before and during work, as needed

e) [x] Onset of symptoms hours after leaving the workplace supports a diagnosis of occupational asthma

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99. Mod de punctare: A1 **Punctajul:** 10CS A 38-year-old woman with known long-standing asthma presents with cough, wheezing, and fever; chest x-ray reveals a right upper lobe infiltrate. The patient is admitted to the hospital. After several days of treatment with antibiotics, her symptoms do not improve, nor is improvement seen in the infiltrate. Her blood work reveals a normal white blood cell (WBC) count, but there is significant eosinophilia. You suspect the diagnosis of allergic bronchopulmonary aspergillosis (ABPA). ***Which of the following statements regarding the diagnosis of this patient is false?***

a) [ ] Chest x-ray characteristically shows central bronchiectasis
b) [x] The disease rarely occurs in patients with asthma
c) [ ] Diagnostic criteria include eosinophilia, an elevation in total serum IgE level, a positive immediate skin-test reaction to *Aspergillus* antigen, and elevated levels of IgE and IgG antibodies specific to *Aspergillus*
d) [ ] The chronic form of the disease can mimic tuberculosis
e) [ ] Some of the patients will complain brown or black colured sputum

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100. Mod de punctare: A1 **Punctajul:** 10CS A 45-year-old man comes to your office to establish primary care. He has had asthma since childhood, and he has been experiencing occasional wheezing, shortness of breath, and cough productive of yellow sputum. He cannot identify specific irritants that trigger his asthma. He does not engage in regular exercise. He lives with his wife and their two children in an apartment building and works in an auto-body shop. He has no nasal polyps, and his physical examination is unremarkable. ***Which of the following statements about this patient's condition is most likely to be true?***

a) [ ] Because he has no specific allergic precipitants (i.e., he has intrinsic asthma), he is more likely to respond to an inhaled steroid

b) [ ] His occasional cough associated with yellow sputum is likely to be infectious in origin

c) [ ] The fact that his physical examination is normal should raise suspicion that his symptoms are caused by something other than asthma alone

d) [x] Occupational asthma is a strong possibility
e) [ ] You should caution him against starting a regular exercise program, because this may worsen his asthma symptoms

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101. Mod de punctare: A1 **Punctajul:** 10CS A 28-year-old woman seeks a second opinion for asthma that has been recently worsening. She has had asthma for the past 14 years, but over the past 6 months her symptoms have been more severe. In addition to wheezing, shortness of breath, and chest tightness, she has had intermittent fevers and flulike symptoms. She has been treated with multiple courses of antibiotics as well as increasing doses of inhaled steroids with no significant improvement. A chest x-ray shows patchy bilobar infiltrates, which are in different

locations from those seen on a chest x-ray that she had 3 months ago. Serum *Aspergillus* serologies are very high. ***Which of the following statements about this patient is false?***
a) [ ] Her serum eosinophil count is probably elevated
b) [ ] A sputum culture for *Aspergillus* is likely to be positive
c) [ ] Any bronchial involvement is likely to be on the surface only, without tissue invasion
d) [ ] She may need to be treated with systemic corticosteroids
e) [x] A trial of antifungal therapy will not be helpful
---
102. Mod de punctare: A1 **Punctajul:** 10CS Which of the following dose not cause airway narrowing in an asthma attack:
a) [x] destruction of airways
b) [ ] mucus hypersecretion
c) [ ] airway edema
d) [ ] bronchospasm
e) [ ] fibrosis of airways
---
103. Mod de punctare: A1 **Punctajul:** 10CS All of the following statements about β-adrenergic agonists used to treat asthma are correct EXCEPT:
a) [ ] Inhaled β-agonists used in clinical practice are selective for β receptors at usual doses, but become less selective at escalating doses

b) [ ] Inhaled β-agonists are functional antagonists of constriction and result in relaxation of the airway smooth muscle regardless of mechanism of constriction
c) [x] Repeated exposure to inhaled β-agonists results in up-regulation of the β receptors which allows for decreased doses over time
d) [ ] Long acting β-agonists are not used for acute symptoms and are not intended as first-line therapy for worsening asthma
e) [ ] Long acting β-agonists are effective in controlling night-time symptoms and exercise-induced symptoms
---
104. Mod de punctare: A1 **Punctajul:** 10CS Mr. Smith has about 2 asthmatic episodes per month. His PFTs show an FEV1 of 85% of predicted. You prescribe:
a) [ ] Allergen avoidance alone
b) [x] Allergen avoidance and "as needed" use of albuterol inhalers
c) [ ] Albuterol inhaler daily with an inhaled corticosteroid
d) [ ] A 10-day course of oral steroids followed by daily albuterol
e) [ ] Inhaled corticosteroids alone
---
105. Mod de punctare: A1 **Punctajul:** 10CS In which of the following scenarios would you use a low- to medium-dose inhaled steroid and a long-acting beta 2 agonist to treat a patient's asthma?
a) [x] A patient having symptoms daily in the daytime, greater than five episodes per month at night and FEV1 of 65%
b) [ ] A patient having continuous symptoms daily, frequently at night and FEV1 of 55%

c) [ ] A patient having an acute asthma exacerbation
d) [ ] A patient with symptoms in the day greater than two times per week and at night greater than two times per month with FEV1 of 80%
e) [ ] A patient with daytime symptoms less than two times per week and at night less than two times per month with FEV1 of 80%
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106. **Mod de punctare:** A1 **Punctajul:** 10CS Because of safety concerns, which one of the following asthma medications should be used only as additive therapy and not as monotherapy?

a) [ ] Inhaled corticosteroids
b) [ ] Leukotriene-receptor antagonists
c) [ ] Short-acting β-agonists
d) [x] Long-acting β-agonists
e) [ ] Mast-cell stabilizers
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107. **Mod de punctare:** A1 **Punctajul:** 10CS A 19-year-old man with asthma complains of shortness of breath and wheezing when playing sports. Otherwise he has no symptoms. The best preventive treatment is
a) [ ] Antileukotrienes before exercise
b) [ ] Regular inhaled steroids
c) [x] Inhaled β agonist before exercise
d) [ ] Long-acting β agonist
e) [ ] Anxiolytic medication
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108. **Mod de punctare:** A1 **Punctajul:** 10CS A 27-year-old patient with asthma presents to your office complaining of shortness of breath with wheezing. Which of the following medications is indicated in the initial treatment of this patient?
a) [ ] Salmeterol
b) [x] Albuterol

c) [ ] Cromolyn sodium
d) [ ] Ipratropium bromide
e) [ ] Theophylline
---

109. **Mod de punctare:** A1 **Punctajul:** 10CS Goodpasture's syndrome is associated with
a) [ ] Osteoporosis and renal lithiasis
b) [ ] Pathologic fractures and thyroiditis
c) [ ] Hepatitis and recurrent cystitis
d) [x] Pulmonary hemorrhage and glomerulonephritis
e) [ ] Angioedema
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110. **Mod de punctare:** A1 **Punctajul:** 10CS A 31-year-old African-American man presents to the clinic with new symptoms of dyspnea on exertion. He also reports having a fever and a red tender "rash" on his shins that started one week ago. Prior to this he was healthy with no significant health issues or medication use. Physical examination reveals fine inspiratory

crackles in both lower lung lobes and tender erythematous nodules on his legs. There are no other pertinent findings. A CXR shows bilateral hilar adenopathy and reticulonodular changes in both lungs. A transbronchial biopsy reveals noncaseating granulomas. **Which of the following is the most appropriate next step in management?**
a) [ ] aspirin
b) [ ] isoniazid (INH) and streptomycin
c) [x] steroids

d) [ ] nitrogen mustard
e) [ ] no therapy
---
111. Mod de punctare: A1 **Punctajul:** 10**CS** A 20-year-old African-American woman presents to the clinic for assessment of mild shortness of breath on exertion and joint discomfort in her knees, wrists, and ankles. She also complains of a fever and a red tender rash on her shins. Her past medical history is negative and she is not taking any medications. On physical examination, the pertinent findings are hepatosplenomegaly, generalized lymphadenopathy, and tender erythematous nodules on her shins. She also has "red eyes" but reports no pain or visual changes. A CXR shows bilateral symmetric hilar adenopathy and clear lung fields. During bronchoscopy a transbronchial biopsy is performed and it reveals noncaseating granulomas. **Which of the following is the most likely cause for the eye lesion?**
a) [x] uveitis
b) [ ] diabetic complications
c) [ ] steroids

d) [ ] congenital origin
e) [ ] infectious infiltration
---
112. Mod de punctare: A1 **Punctajul:** 10**CS** A 53-year-old man presents for evaluation of progressive shortness of breath. His symptoms are insidious in onset and he reports no cough, sputum, or chest discomfort. His past medical history is significant for well-controlled hypertension and type 2 diabetes. He is a lifetime nonsmoker and has no history of occupational exposure to inhaled organic or inorganic particles. Pulmonary function tests reveal a restrictive defect, and a high-resolution CT suggests pulmonary fibrosis. **Which of the following is the most likely role of transbronchial biopsy in this condition?**
a) [ ] assess disease severity
b) [ ] assess possible bronchiolar narrowing
c) [x] diagnose specific causes of interstitial lung disease
d) [ ] determine degree of inflammation
e) [ ] diagnose possible cancer
---
113. Mod de punctare: A1 **Punctajul:** 10**CS** A 24-year-old African-American woman presents with mild dyspnea on exertion. Her symptoms have come on gradually and she reports no pleuritic chest pain, hemoptysis, or sputum production. There is also no history of wheezing, nocturnal or early morning coughing, and she does not smoke. Her past medical history is negative and is not taking any medications. On physical examination, there is generalized lymphadenopathy, the heart sounds are normal and the lungs are clear on auscultation. A CXR

shows bilateral symmetric hilar adenopathy and reticulonodular changes in both lungs. She has a restrictive lung disease pattern on pulmonary function testing. **Which of the following is the most likely diagnosis?**
a) [ ] Hodgkin disease
b) [ ] tuberculosis
c) [ ] rheumatic fever
d) [x] sarcoidosis
e) [ ] rheumatoid arthritis (RA)
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114. Mod de punctare: A1 **Punctajul:** 10**CS** A 76-year-old Iranian woman with hypertension and chronic back pain presents with a nonproductive cough of 5 months' duration and progressive dyspnea on exertion, which she has been experiencing for 2 months. She denies other symptoms, including weight loss, fever, and night sweats. Her medications include gabapentin, triamterene-hydrochlorothiazide, atenolol, and premarin. Her examination is normal. An x-ray done in clinic reveals diffuse interstitial infiltrates without adenopathy or effusion. ***Which of the following is the most likely diagnosis for this patient?***
a) [ ] Drug-induced infiltrative lung disease
b) [ ] Tuberculosis
c) [ ] Sarcoidosis
d) [x] Idiopathic pulmonary fibrosis
e) [ ] Pulmonary lymphangitic carcinomatosis
---
115. Mod de punctare: A1 **Punctajul:** 10***CS*** Restrictive Lung Disease is defined as
a) [ ] a decrease in FEV1 to less than 80% predicted
b) [ ] a decrease in vital capacity (VC) to less than 80% predicted
c) [ ] a decrease in TLC to less than 80% predicted
d) [x] a decrease in TLC to less than 80% predicted
e) [ ] an increase in Tiffnau ratio
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116. Mod de punctare: A1 **Punctajul:** 10CS A 50-year-old man complains of gradual increasing shortness of breath, and evidence of honeycombing of pulmonary architecture is seen on
a chest radiograph. Pulmonary function tests show both decreased vital and diffusing capacities as well as reduced total lung volumes with a normal forced expiratory volume in 1 second to forced vital capacity ratio. The most likely diagnosis is
a) [ ] COPD
b) [ ] Tuberculosis
c) [ ] Asthma
d) [x] Idiopathic pulmonary fibrosis
e) [ ] Chronic PE
---
117. Mod de punctare: A1 **Punctajul:** 10CS Clubbing is thought to be a result of
a) [ ] Chronic hypercarbia
b) [x] Chronic hypoxemia
c) [ ] Excess nitrogen production
d) [ ] Malignancy

e) [ ] Protein storage disease
---
118. **Mod de punctare:** A1 **Punctajul:** 10CS A 64-year-old woman is found to have a right-sided pleural effusion on chest x-ray. Analysis of the pleural fluid reveals pleural fluid to serum protein ratio of 0.38, a lactate dehydrogenase (LDH) level of 110 IU (normal 100-190), and pleural fluid to serum LDH ratio of 0.46. Which of the following disorders is most likely in this patient?
a) [ ] Bronchogenic carcinoma
b) [x] Congestive heart failure
c) [ ] Pulmonary embolism

d) [ ] Sarcoidosis
e) [ ] Systemic lupus erythematosus
---
119. **Mod de punctare:** A1 **Punctajul:** 10CS A 52-year-old alcoholic man develops left chest pain after repeated bouts of vomiting. On presentation he is diaphoretic with fever of 101.5, heart rate 126, and BP 84/52. There are crackles and moderate dullness at the left base. The right lung is clear. He has subcutaneous emphysema over the left supraclavicular area. **What statement about this patient is true?**
a) [ ] Unilateral effusion, turbid, cell count 90,000 (95% polymorphonuclear cells), protein 4.5 g/dL (serum protein 5.2), LDH 255 U/L (serum LDH 290), pH 6.84, glucose 20 mg/dL. Culture and Gram stain pending
b) [ ] Bilateral effusions, straw colored, cell count 150 (20% polys, 35% lymphocytes, 45% mesothelial cells), protein 1.4 g/L (serum protein 5.4), LDH 66 U/L (serum LDH 175), pH 7.42, glucose 100 mg/dL.
c) [ ] Bilateral effusions, slightly turbid, cell count 980 (10% polys, 30% lymphocytes, 60% mesothelial cells), protein 3.9 g/L (serum 3.8), LDH 225 U/L (serum 240), pH 7.52, glucose 5 mg/dL.
d) [ ] Bilateral effusions, straw colored, cell count 4200 (100% lymphocytes), protein 3 g/dL (serum 5.0), LDH 560 U/L (serum 450), pH 7.27, glucose 77 mg/dL
e) [x] Left-sided effusion, turbid, cell count 54,000 (92% polys, 8% lymphocytes), protein 5.2 g/L (serum 5.2), LDH 400 U/L (serum 200), pH 3.02, glucose 40 mg/dL
---
120. **Mod de punctare:** A1 **Punctajul:** 10**CS** A 72-year-old woman is admitted from the nursing home with fever and cough. Physical examination shows right basilar crackles and moderate dullness. CXR shows RLL pneumonia with moderate pleural effusion. She is treated with vancomycin and levofloxacin but remains febrile. Her shortness of breath worsens, and a follow-up chest x-ray shows enlarging pleural effusion. **What statement about this patient is true?**

a) [x] Unilateral effusion, turbid, cell count 90,000 (95% polymorphonuclear cells), protein 4.5 g/dL (serum protein 5.2), LDH 255 U/L (serum LDH 290), pH 6.84, glucose 20 mg/dL. Culture and Gram stain pending.
b) [ ] Bilateral effusions, straw colored, cell count 150 (20% polys, 35% lymphocytes, 45% mesothelial cells), protein 1.4 g/L (serum protein 5.4), LDH 66 U/L (serum LDH 175), pH 7.42, glucose 100 mg/dL.

c) [ ] Bilateral effusions, slightly turbid, cell count 980 (10% polys, 30% lymphocytes, 60% mesothelial cells), protein 3.9 g/L (serum 3.8), LDH 225 U/L (serum 240), pH 7.52, glucose 5 mg/dL
d) [ ] Bilateral effusions, straw colored, cell count 4200 (100% lymphocytes), protein 3 g/dL (serum 5.0), LDH 560 U/L (serum 450), pH 7.27, glucose 77 mg/dL
e) [ ] Right-sided effusion, bloody, white cell count 1200 (15% polys, 5% lymphocytes, 80% "reactive" mesothelial cells), RBC 130,000, protein 4.2 g/L (serum 4.6), LDH 560 U/L (serum 226), pH 6.90, glucose 120 mg/dL.

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121. **Mod de punctare:** A1 **Punctajul:** 10**CS** A 52-year-old woman is admitted with abdominal pain and hypertriglyceridemia. Amylase is elevated, and she is treated for pancreatitis with IV fluids and narcotics. Over the next several days she becomes more short of breath; left basilar dullness develops. **What statement about this patient is true?**

a) [ ] Bilateral effusions, straw colored, cell count 150 (20% polys, 35% lymphocytes, 45% mesothelial cells), protein 1.4 g/L (serum protein 5.4), LDH 66 U/L (serum LDH 175), pH 7.42, glucose 100 mg/dL
b) [ ] Bilateral effusions, slightly turbid, cell count 980 (10% polys, 30% lymphocytes, 60% mesothelial cells), protein 3.9 g/L (serum 3.8), LDH 225 U/L (serum 240), pH 7.52, glucose 5 mg/dL
c) [ ] Right-sided effusion, bloody, white cell count 1200 (15% polys, 5% lymphocytes, 80% "reactive" mesothelial cells), RBC 130,000, protein 4.2 g/L (serum 4.6), LDH 560 U/L (serum 226), pH 6.90, glucose 120 mg/dL
d) [ ] Left-sided effusion, turbid, cell count 54,000 (92% polys, 8% lymphocytes), protein 5.2 g/L (serum 5.2), LDH 400 U/L (serum 200), pH 3.02, glucose 40 mg/dL
e) [x] Left-sided effusion, straw colored, cell count 2000 (80% polys, 10% lymphocytes, 10% mesothelial cells) protein 2.0 (serum 4.8), LDH 158 (serum 220), pH 7.52, Gram stain negative, amylase 32,000

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122. **Mod de punctare:** A1 **Punctajul:** 10CM Fine crackles on exam may indicate:
a) [x] Interstitial lung disease such as IPF
b) [x] Pulmonary edema due to congestive heart failure
c) [ ] Airway narrowing resulting in turbulent flow
d) [x] Pneumonia

e) [ ] Dyskinesia of trachea

---

123. **Mod de punctare:** A1 **Punctajul:** 10CM Fine crackles on exam may indicate
a) [x] Interstitial lung disease such as IPF
b) [x] Pulmonary edema due to congestive heart failure
c) [ ] Airway narrowing resulting in turbulent flow
d) [x] Pneumonia

e) [ ] Dyskinesia of trachea
---
124. **Mod de punctare:** A3 **Punctajul:** 10CM The drugs used for treatment of Mycoplasma pneumonia induced pneumonia are following::
a) [ ] Cefazolin
b) [ ] Meropenem
c) [x] Moxifloxacin
d) [x] Doxiciclin
e) [x] Claritromicin
---
125. **Mod de punctare:** A3 **Punctajul:** 10CM Chills are not present in pneumonia induced by::
a) [x] Fungică
b) [ ] Pneumococică
c) [ ] Stafilococică
d) [x] Micoplasmică
e) [x] Pneumocistică
---
126. **Mod de punctare:** A3 **Punctajul:** 10CM The less frequent agents of CAP in ICU patients are::
a) [x] Pseudomonas aeruginosa
b) [ ] Streptoccocus pneumoniae
c) [x] Klebsiella pneumoniae
d) [x] Haemophilus influenzae
e) [ ] Legionella pneumophila
---
127. **Mod de punctare:** A3 **Punctajul:** 10CM Nosocomial pneumonia with late onset is not caused by::
a) [ ] Bacilii enterici Gram negativi
b) [x] Mycoplasma pneumoniae
c) [ ] Pseudomonas aeruginosa
d) [x] Streptoccocus pneumoniae
e) [ ] Staphylococcus aureus (MRSA)
---
128. **Mod de punctare:** A3 **Punctajul:** 10CM Antibiotics used for treatment of VAP are the following::
a) [x] ceftazidim + fluorochinolonă
b) [x] ticarcilina/clavulanat + aminoglicozid
c) [ ] meticilina + vancomicină
d) [x] imipenem + aminoglicozid
e) [ ] amoxicilină/clavulanat + macrolid
---
129. **Mod de punctare:** A3 **Punctajul:** 10CM Features of S. Aureus induced pneumonia are, except::
a) [ ] pneumatocele

b) [ ] empyema
c) [x] mild disease
d) [ ] round opacities
e) [x] unchanged hemoleucogram
---
130. **Mod de punctare:** A3 **Punctajul:** 10CM Oral empiric antibiotic's treatment for CAP in outpatient settings should cover following pathogens, except::
a) [x] Pseudomonas aeruginosa
b) [ ] Mycoplasma pneumoniae
c) [ ] Streptococcus pneumonia
d) [ ] Chlamydophila pneumoniae
e) [x] Staphylococcus aureus
---
131. **Mod de punctare:** A3 **Punctajul:** 10C M The most commonly involved agents in patients with pulmonary infection and severe neutropenia (< 500 neutrofils/mm^3) and persistent fever inspite of atibiotic treatment are, except ::
a) [x] Streptococcus pneumoniae
b) [ ] Candida spp.
c) [x] Mycoplasma pneumoniae
d) [ ] Aspergillus spp.
e) [x] Haemophylus influenzae
---
132. **Mod de punctare:** A3 **Punctajul:** 10CM In medical practice diagnosis of Legionella pneumophila induced pneumonia is established by, except::
a) [x] Gram stain
b) [x] hemocultures
c) [x] Chocolate agar cultures
d) [ ] Detection of urinary antigen
e) [ ] Detection of antibodies by ELISA testing
---
133. **Mod de punctare:** A3 **Punctajul:** 10CM Noninfectious causes of pulmonary cavities are, except::
a) [x] DM
b) [x] Renal chronic disease
c) [x] pulmonary aspergilosis
d) [ ] pulmonary cancer
e) [ ] Wegener disease
---
134. **Mod de punctare:** A3 **Punctajul:** 10CM Antipseudomonal antibiotics are, except::
a) [ ] piperacilină/tazobactam
b) [ ] ticarcilină/clavulanat
c) [x] metronidazol
d) [x] amoxicilină/clavulanat
e) [ ] ceftazidim
---
135. **Mod de punctare:** A3 **Punctajul:** 10CM CURB-65 criteria are, except::

a) [x] leucopenia (below 4000/ml)
b) [x] important comorbidities
c) [x] diastolic blood pressure ≤ 65 mmHg
d) [ ] High BUN level
e) [ ] systolic blood pressure ≤ 90 mmHg
---

136. **Mod de punctare:** A3 **Punctajul:** 10CM Effective prophylaxis measurements in CAP are, except::
a) [ ] smoking cessation
b) [x] Beta lactamase antibiotics
c) [x] avoiding cold exposures
d) [ ] Antipneumococcal vaccinations
e) [ ] Antiflu vaccinations
---

137. **Mod de punctare:** A3 **Punctajul:** 10CM The drugs used for treatment of Mycoplasma pneumonia induced pneumonia are following:
a) [ ] Cefazolin

b) [ ] Meropenem
c) [x] Moxifloxacin
d) [x] Doxiciclin
e) [x] Claritromicin
---

138. **Mod de punctare:** A3 **Punctajul:** 10CM A 18 years old patient, presents with dispnea, cough with rust sputum, left side pleuritic chest pain, fever 38-39˚C. There is dullness on percussion, auscultation reveals bronchial breath sounds on the left subscapular area. Lab findings: L $17,0x10^9$/l and ESR - 36 mm/h. What are the probabile diagnosis?
a) [x] *Str.pneumonia* pneumonia
b) [x] *Streptococcus* pneumonia
c) [ ] Pulmonary abscess
d) [ ] Pleural effusion
e) [ ] Acute bronchitis
---

139. **Mod de punctare:** A3 **Punctajul:** 10CM Chills are usually present in pneumonia induced by:
a) [ ] Fungi
b) [x] *Pneumococcus*
c) [x] *Stafilococcus*

d) [ ] *Mycoplasma*
e) [ ] *Pneumocystis*
---

140. **Mod de punctare:** A3 **Punctajul:** 10CM The most frequent agents of CAP in ICU patients are
a) [ ] *Pseudomonas aeruginosa*
b) [x] *Streptococcus pneumoniae*

c) [ ] *Klebsiella pneumoniae*
d) [ ] *Haemophilus influenzae*

e) [x] *Legionella pneumophila*
---
141. **Mod de punctare:** A3 **Punctajul:** 10CM Nosocomial pneumonia with late onset is usually caused by
a) [x] *Gram negative enterobacteria*
b) [ ] *Mycoplasma pneumoniae*
c) [x] *Pseudomonas aeruginosa*
d) [ ] *Streptococcus pneumoniae*
e) [x] *Staphylococcus aureus (MRSA)*
---
142. **Mod de punctare:** A3 **Punctajul:** 10CM Antibiotics used for treatment of VAP are the following:
a) [x] ceftazidim + fluorochinolones
b) [x] ticarcilin/clavulanat + aminoglycozid
c) [ ] meticilin + vancomicin
d) [x] imipenem + aminoglycozid
e) [ ] amoxicilin/clavulanat + macrolid
---
143. **Mod de punctare:** A3 **Punctajul:** 10CM Features of *Staph.aureus* induced pneumonia are
a) [x] *pneumatocele*
b) [x] empyema
c) [ ] mild course disease
d) [x] round opacities
e) [ ] unchanged CBC
---
144. **Mod de punctare:** A3 **Punctajul:** 10CM Oral empiric antibiotic's treatment for CAP in outpatient settings should cover following pathogens
a) [ ] *Pseudomonas aeruginosa*
b) [x] *Mycoplasma pneumoniae*
c) [x] *Streptococcus pneumonia*
d) [x] *Chlamydophila pneumoniae*
e) [ ] *Staphylococcus aureus*
---
145. **Mod de punctare:** A3 **Punctajul:** 10CM The most commonly involved agents in patients with pulmonary infection and severe neutropenia (< 500 neutrofils/mm^3) and persistent fever inspite of atibiotic treatment are
a) [ ] *Streptococcus pneumoniae*
b) [x] *Candida spp.*

c) [ ] *Mycoplasma pneumoniae*
d) [x] *Aspergillus spp.*
e) [ ] *Haemophylus influenzae*

---
146. **Mod de punctare:** A3 **Punctajul:** 10CM Antibiotic treatment failure in patients with CAP is usually caused by
a) [x] bronchiectasis
b) [x] resistant pathogen
c) [x] endobronchial obstruction
d) [x] pulmonary sequestration
e) [x] empyema
---
147. **Mod de punctare:** A3 **Punctajul:** 10CM In HIV positive patients pulmonary infections are usually caused by
a) [ ] *Chlamydophila psittaci*
b) [x] *Pneumocystis jiroveci*
c) [x] *Mycobacterium tuberculosis*
d) [x] *Streptococcus pneumoniae*
e) [ ] *Mycoplasma pneumoniae*
---
148. **Mod de punctare:** A3 **Punctajul:** 10CM In medical practice diagnosis of *Legionella pneumophila* induced pneumonia is established by:

a) [ ] Gram staining
b) [ ] Hemocultures
c) [ ] Chocolate agar cultures
d) [x] Detection of urinary antigen
e) [x] Detection of antibodies by ELISA testing
---
149. **Mod de punctare:** A3 **Punctajul:** 10**CM** Noninfectious causes of pulmonary cavities are:
a) [ ] DM
b) [ ] Renal chronic disease
c) [ ] Pulmonary aspergilosis
d) [x] Pulmonary cancer
e) [x] Wegener disease
---
150. **Mod de punctare:** A3 **Punctajul:** 10CM Antipseudomonal antibiotics are
a) [x] piperacilin/tazobactam
b) [x] ticarcilin/clavulanat
c) [ ] metronidazol
d) [ ] amoxicilin/clavulanat
e) [x] ceftazidim

---
151. **Mod de punctare:** A3 **Punctajul:** 10CM Risk factors for *Ps.aeruginosa* induced pneumonia are:
a) [x] cystic fibrosis
b) [x] bronchiectasis

c) [x] recent use of broad spectrum antibiotics
d) [x] cachexia
e) [ ] pneumonia acquired at home
---
152. **Mod de punctare:** A3 **Punctajul:** 10CM CURB-65 criteria are:
a) [x] altered mental status
b) [x] diastolic blood pressure ≤ 60 mmHg
c) [x] age ≥ 65 ani
d) [ ] RR ≥ 25
e) [x] systolic blood pressure ≤ 90 mmHg
---
153. **Mod de punctare:** A3 **Punctajul:** 10CM CURB-65 criteria are:
a) [ ] leucopenia (below 4000/ml)

b) [ ] important comorbidities
c) [ ] diastolic blood pressure ≤ 65 mmHg
d) [x] High BUN level
e) [x] systolic blood pressure ≤ 90 mmHg
---
154. **Mod de punctare:** A3 **Punctajul:** 10CM Effective prophylaxis measurements in CAP are

a) [x] smoking cessation
b) [ ] Beta lactamase antibiotics
c) [ ] avoiding cold exposures
d) [x] Antipneumococcal vaccinations
e) [x] Antiflu vaccinations
---
155. **Mod de punctare:** A3 **Punctajul:** 10CM The drugs used for treatment of Mycoplasma pneumonia induced pneumonia are following:
a) [ ] Cefazolin
b) [ ] Meropenem
c) [x] Moxifloxacin
d) [x] Doxiciclin
e) [x] Claritromicin
---
156. **Mod de punctare:** A3 **Punctajul:** 10CM Chills are not present in pneumonia induced by:
a) [x] Fungi
b) [ ] Pneumococcus
c) [x] Micoplasma
d) [x] Pneumocistis
e) [ ] Stafilococcus
---
157. **Mod de punctare:** A3 **Punctajul:** 10CM The less frequent agents of CAP in ICU patients are:

a) [x] Pseudomonas aeruginosa
b) [ ] Streptoccocus pneumoniae
c) [x] Klebsiella pneumoniae
d) [x] Haemophilus influenzae
e) [ ] Legionella pneumophila
---

158. **Mod de punctare:** A3 **Punctajul:** 10CM Nosocomial pneumonia with late onset is not caused by:
a) [ ] Gram negative enterobacterias
b) [x] Mycoplasma pneumoniae
c) [ ] Pseudomonas aeruginosa
d) [x] Streptoccocus pneumoniae
e) [ ] Staphylococcus aureus (MRSA)
---

159. **Mod de punctare:** A3 **Punctajul:** 10CM Antibiotics used for treatment of VAP are the following:
a) [x] ceftazidim + fluorochinolones
b) [x] ticarcilina/clavulanat + aminoglicozydes
c) [ ] meticilina + vancomicin
d) [x] imipenem + aminoglicozydes
e) [ ] amoxicilin/clavulanat + macrolid
---

160. **Mod de punctare:** A3 **Punctajul:** 10CM Features of Staph.aureus induced pneumonia are, except:
a) [ ] pneumatocele
b) [ ] empyema
c) [x] mild course disease
d) [ ] round opacities
e) [x] unchanged hemoleucogram
---

161. **Mod de punctare:** A3 **Punctajul:** 10CM Oral empiric antibiotic's treatment for CAP in outpatient settings should cover following pathogens, except:
a) [x] Pseudomonas aeruginosa
b) [ ] Mycoplasma pneumoniae
c) [ ] Streptococcus pneumonia
d) [ ] Chlamydophila pneumoniae
e) [x] **Staphylococcus aureus**
---

162. **Mod de punctare:** A3 **Punctajul:** 10CM The most commonly involved agents in patients with pulmonary infection and severe neutropenia (< 500 neutrofils/mm^3) and persistent fever inspite of atibiotic treatment are, except :
a) [x] Streptococcus pneumoniae
b) [ ] Candida spp.
c) [x] Mycoplasma pneumoniae
d) [ ] Aspergillus spp.
e) [x] Haemophylus influenzae

---

163. **Mod de punctare:** A3 **Punctajul:** 10CM In medical practice diagnosis of Legionella pneumophila induced pneumonia is established by, except:
a) [x] Gram stain
b) [x] Haemocultures
c) [x] Chocolate agar cultures
d) [ ] Detection of urinary antigen
e) [ ] Detection of antibodies by ELISA testing

---

164. **Mod de punctare:** A3 **Punctajul:** 10CM Noninfectious causes of pulmonary cavities are, except:
a) [x] DM
b) [x] Renal chronic disease
c) [x] pulmonary aspergilosis
d) [ ] pulmonary cancer
e) [ ] Wegener disease

---

165. **Mod de punctare:** A3 **Punctajul:** 10CM Antipseudomonal antibiotics are, except:
a) [ ] piperacilin/tazobactam
b) [ ] ticarcilina/clavulanat
c) [x] metronidazol
d) [x] amoxicilin/clavulanat
e) [ ] ceftazidim

---

166. **Mod de punctare:** A3 **Punctajul:** 10CM CURB-65 criteria are, except:
a) [x] leucopenia (below 4000/ml)
b) [x] important comorbidities
c) [x] diastolic blood pressure ≤ 65 mmHg
d) [ ] high BUN level
e) [ ] systolic blood pressure ≤ 90 mmHg

---

167. **Mod de punctare:** A3 **Punctajul:** 10CM Effective prophylaxis measurements in CAP are, except:
a) [ ] smoking cessation
b) [x] Beta lactamase antibiotics
c) [x] avoiding cold exposures
d) [ ] Antipneumococcal vaccinations
e) [ ] Antiflu vaccinations

---

168. **Mod de punctare:** A1 **Punctajul:** 10**cm Restricitive pattern of lung injury is presented by the following PFTs :**
a) [x] decreased TLC
b) [ ] decreased FEV1/FVC
c) [x] decreased FVC
d) [ ] decreased FEV1
e) [ ] Increased TLC

---
169. Mod de punctare: A3 **Punctajul:** 10**Cm Idiopathic pulmonary fibrosis is characterized by:**
a) [x] insidious onset with dry cough
b) [ ] acute onset with death in months
c) [x] progressive exertional dyspnea
d) [ ] bilateral plural effusion
e) [x] mean age of onset - 50 years
---
170. Mod de punctare: A1 **Punctajul:** 10**CM Löfgren syndrome is characterized by:**

a) [ ] isidious onset
b) [x] hilar adenopathy
c) [ ] progressive exertional dyspnea
d) [x] erythema nodosum
e) [x] arthralgias
---
171. Mod de punctare: A1 **Punctajul:** 10CM **True statements about Heerfordt-Waldenström syndrome are:**

a) [x] type of acute sarcoidosis
b) [ ] hilar adenopathy
c) [x] uveitis
d) [x] parotitis

e) [x] facial nerve palsy
---
172. Mod de punctare: A3 **Punctajul:** 10**CM Drugs used in sarcoidosis are :**
a) [x] Meloxicam
b) [x] Prednisolon
c) [x] Methotrexate
d) [ ] Fluconazole
e) [x] Pentoxyphillin
---
173. Mod de punctare: A3 **Punctajul:** 10**cm Following statements are true for sarcoidosis:**
a) [x] lethality 5%

b) [x] cardiac involvement has bad prognosis
c) [x] hilar adenopathy has best prognosis
d) [ ] lethality25%
e) [ ] hilar adenopathy has worst prognosis
---
174. Mod de punctare: A3 **Punctajul:** 10CM **What is characteristic for sarcoidosis?**
a) [x] hypercalcemia

b) [ ] hypocalcemia

c) [x] increased level of seric ACE
d) [x] hypercalciuria
e) [ ] decreased level of seric ACE
---
175. Mod de punctare: A3 **Punctajul:** 10**cm Signs of extrapulmonary sarcoidosis are:**
a) [x] Lupus pernio
b) [ ] SLE

c) [x] Uveitis
d) [x] Arithmias
e) [x] Erithema nodosum
---
176. Mod de punctare: A3 **Punctajul:** 10CM **Following statements are true for sarcoidosis:**
a) [x] lethality 5%

b) [x] cardiac involvement has bad prognosis
c) [x] hilar adenopathy has best prognosis
d) [ ] lethality 25%
e) [ ] hilar adenopathy has worst prognosis
---
177. Mod de punctare: A3 **Punctajul:** 10**CM Which of the following are used for the diagnosis of sarcoidosis?**
a) [ ] Long bones Xray
b) [x] Chest Xray
c) [x] Chest HRCT
d) [x] Biopsy of involved organs
e) [ ] Bone scintigraphy
---
178. Mod de punctare: A3 **Punctajul:** 10**CM Drugs used for idiopathic pulmonary fibrosis are:**
a) [ ] Diclofenac
b) [ ] Meloxicam
c) [x] Pirfenidone
d) [x] Nintedanib

e) [ ] Omalizumab
---
179. Mod de punctare: A3 **Punctajul:** 10**CM Accepted treatment for idiopathic pulmonary fibrosis:**
a) [x] Long term oxygen
b) [ ] Omalizumab
c) [x] Pirfenidone
d) [x] Nintedanib

e) [x] Pulmonary transplantation
---
180. Mod de punctare: A3 **Punctajul:** 10**CM Which of the following types of ILD have chronic progressive evolution?**
a) [ ] Organized cryptogenic pneumonitis
b) [ ] Interstitial acute pneumonitis
c) [x] Interstitial non-specific pneumonitis
d) [x] Idiopathic pulmonary fibrosis
e) [ ] Descuamative interstitial pneumonitis
---
181. Mod de punctare: A3 **Punctajul:** 10**cm** Which of the following ILD have tobacco smoke association?
a) [x] Bronchiolitis associated with diffuse interstitial pneumonitis
b) [ ] Interstitial acute pneumonitis
c) [ ] Interstitial non-specific pneumonitis
d) [ ] Idiopathic pulmonaru fibrosis
e) [x] Descuamative interstitial pneumonitis
---
182. Mod de punctare: A3 **Punctajul:** 10CM **Restricitive pattern of lung injury is presented by the following PFTs :**

a) [x] decreased TLC
b) [ ] decreased FEV1/FVC
c) [x] decreased FVC
d) [ ] decreased FEV1
e) [ ] Increased TLC
---
183. Mod de punctare: A3 **Punctajul:** 10**CM Idiopathic pulmonary fibrosis is characterized by:**
a) [x] insidious onset with dry cough
b) [ ] acute onset with death in months
c) [x] progressive exertional dyspnea
d) [ ] bilateral plural effusion
e) [x] mean age of onset - 50 years
---
184. Mod de punctare: A3 **Punctajul:** 10**CM Löfgren syndrome is characterized by:**
a) [ ] isidious onset
b) [x] hilar adenopathy
c) [ ] progressive exertional dyspnea
d) [x] erythema nodosum
e) [x] arthralgias
---
185. Mod de punctare: A3 **Punctajul:** 10**CM True statements about Heerfordt-Waldenström syndrome are:**
a) [x] type of acute sarcoidosis
b) [ ] hilar adenopathy

c) [x] uveitis
d) [x] parotitis
e) [x] facial nerve palsy
---
186. **Mod de punctare:** A3 **Punctajul:** 10CM Restricitive pattern of lung injury is not presented by the following PFTs :
a) [ ] decreased TLC
b) [x] decreased FEV1/FVC
c) [ ] decreased FVC
d) [x] decreased FEV1
e) [x] increased TLC
---
187. **Mod de punctare:** A3 **Punctajul:** 10CM Idiopathic pulmonary fibrosis is not characterized by:
a) [ ] insidious onset with dry cough
b) [x] acute onset with death in months
c) [ ] progressive exertional dyspnea
d) [x] bilateral plural effusion
e) [ ] mean age of onset - 50 years
---
188. **Mod de punctare:** A3 **Punctajul:** 10CM Löfgren syndrome is not characterized by:
a) [x] insidious onset
b) [ ] hilar adenopathy
c) [x] progressive exertional dyspnea
d) [ ] erythema nodosum
e) [ ] arthralgias
---
189. **Mod de punctare:** A3 **Punctajul:** 10CM Following statements are false for sarcoidosis:
a) [ ] lethality 5%
b) [ ] cardiac involvement has bad prognosis
c) [ ] hilar adenopathy has the best prognosis
d) [x] lethality 25%
e) [x] hilar adenopathy has the worst prognosis
---
190. **Mod de punctare:** A3 **Punctajul:** 10CM What is not characteristic for sarcoidosis?

a) [ ] Hypercalcemia
b) [x] Hypocalcemia
c) [ ] Increased level of seric ACE
d) [ ] Hypercalciuria
e) [x] Decreased level of seric ACE
---
191. **Mod de punctare:** A3 **Punctajul:** 10CM Following statements are false for sarcoidosis:

a) [ ] lethality 5%
b) [ ] cardiac involvement has bad prognosis
c) [ ] hilar adenopathy has best prognosis
d) [x] lethality 25%
e) [x] hilar adenopathy has worst prognosis
---
192. Mod de punctare: A3 **Punctajul:** 10CM Which of the following are not used for the diagnosis of sarcoidosis?
a) [x] Long bones Xray
b) [ ] Chest Xray
c) [ ] Chest HRCT
d) [ ] Biopsy of involved organs
e) [x] Bone scintigraphy
---
193. Mod de punctare: A3 **Punctajul:** 10CM Drugs used for idiopathic pulmonary fibrosis are, except:
a) [x] Diclofenac
b) [x] Meloxicam
c) [ ] Pirfenidone
d) [ ] Nintedanib
e) [x] Omalizumab
---
194. Mod de punctare: A3 **Punctajul:** 10CM Differential diagnosis for anaphylactic reaction
a) [x] Fainting
b) [ ] Hypertension
c) [x] Epilepsiy
d) [x] Cardiogenic shock
e) [x] Traumatic shock
---
195. Mod de punctare: A3 **Punctajul:** 10CM Allergic reactions types are the following:
a) [ ] non-specific resistance
b) [x] cytotoxic reaction
c) [x] Arthus phenomenon (ICs)
d) [x] cell-mediated hypersensitivity
e) [x] anaphylactic reaction
---
196. Mod de punctare: A3 **Punctajul:** 10CM Allergens that can induce atopic asthma are:
a) [x] House dust - mites
b) [x] Pollen
c) [x] Fungal spores
d) [ ] Bacterial allergens
e) [x] Epideraml allergens
---
197. Mod de punctare: A3 **Punctajul:** 10CM Which of the following cells are present in hives reaction:

a) [x] Mast cell
b) [x] Eosinophil
c) [x] Basophil
d) [x] Monocyte
e) [ ] Phagocyte
---
198. **Mod de punctare:** A3 **Punctajul:** 10CM Which of the following cells are present in hives reaction:
a) [x] Mast cell
b) [x] Eosinophil
c) [x] Basophil
d) [x] Monocyte
e) [ ] Phagocyte
---
199. **Mod de punctare:** A3 **Punctajul:** 10CM Pathogenic mechanisms for hives reaction are:
a) [x] Type I HSR
b) [x] Type II HSR
c) [x] Type III HSR
d) [ ] C1 esterase inhibitor deficiency
e) [ ] Type IV HSR
---
200. **Mod de punctare:** A3 **Punctajul:** 10CM In hives reaction, mast cell are activated by:
a) [x] type 1 HSR
b) [ ] C1 esterase inhibitor deficiency
c) [x] activation of kininogen system
d) [x] direct activation of mast cells
e) [x] activation of complement thru alternative pathway
---
201. **Mod de punctare:** A3 **Punctajul:** 10CM Immune forms of urticarial syndrome are:
a) [ ] cholinergic type
b) [ ] contanct type
c) [ ] dermographism
d) [x] atopic type
e) [x] associated with serum sickness
---
202. **Mod de punctare:** A3 **Punctajul:** 10CM Cholinergic urticaria is induced by:
a) [x] physical effort
b) [ ] tyramine rich diet
c) [x] acute physical stress
d) [ ] ultraviolet light
e) [x] hot environment
---
203. **Mod de punctare:** A3 **Punctajul:** 10CM In establishing the diagnosis of food induced urticaria, of primordial importance are
a) [x] history

b) [x] hypoallergic diet
c) [x] food diary
d) [x] cutaneous tests for food allergens
e) [ ] abdominal ultrasonography
---
204. **Mod de punctare:** A3 **Punctajul:** 10CM First line drugs for symptomatic control of hives are:
a) [ ] cholinomimetics
b) [x] adrenergic agonists
c) [ ] ganglion blocking agents
d) [x] antihistaminics
e) [ ] adrenergic antagonists
---
205. **Mod de punctare:** A3 **Punctajul:** 10CM Pollinosis symptoms:
a) [ ] only in cold weather
b) [ ] only during autumn
c) [ ] independent of season
d) [x] have seasonal feature
e) [x] decreases after rain
---
206. **Mod de punctare:** A3 **Punctajul:** 10CM Most frequent clinical features of pollinosis are:
a) [x] seasonal pollen-induced atopic rhinitis
b) [x] seasonal pollen-induced allergic conjunctivitis
c) [x] pollen-induced atopic asthma
d) [ ] atopic dermatitis
e) [ ] allergic alveolitis
---
207. **Mod de punctare:** A3 **Punctajul:** 10CM Drugs used in pollinosis are:
a) [ ] antibiotics
b) [x] antihistaminics
c) [ ] sedatives
d) [x] mast cell stabilizers
e) [x] topical steroids
---
208. **Mod de punctare:** A3 **Punctajul:** 10CM Basic rules in the pollinosis treatment are:
a) [x] ellimination of allergens
b) [x] specific immunotherapy
c) [x] antihistamic drugs
d) [ ] antibiotics
e) [ ] cholinergic agonists
---
209. **Mod de punctare:** A3 **Punctajul:** 10CM Seasonal exacerbations of pollinosis depends on
a) [x] pollen concentration in the air
b) [ ] plants

c) [x] the degree of individual susceptebility
d) [ ] duration of pollination season
e) [ ] atmospheric pressure
---
210. Mod de punctare: A3 **Punctajul:** 10CM Pets can not induce allergic reaction through the allergens in:
a) [ ] Saliva
b) [x] Blood
c) [x] Feces
d) [ ] Fur
e) [ ] Urine
---
211. Mod de punctare: A3 **Punctajul:** 10CM Symptoms caused by pulmonary allergens are, except:
a) [ ] nasal congestion
b) [x] cough
c) [x] pruritus
d) [ ] sneeze
e) [ ] watery rhinorrhea
---
212. Mod de punctare: A3 **Punctajul:** 10CM Pathogenic mechanisms for hives reaction are, except:
a) [ ] Type I HSR
b) [ ] Type II HSR
c) [ ] Type III HSR
d) [x] C1 esterase inhibitor deficiency
e) [x] Type IV HSR
---
213. Mod de punctare: A3 **Punctajul:** 10CM Which from the listed are not immune forms of urticarial syndrome:
a) [x] Cholinergic type
b) [x] Contanct type
c) [x] Dermographism
d) [ ] Atopic type
e) [ ] Associated with serum sickness
---
214. Mod de punctare: A3 **Punctajul:** 10CM Cholinergic urticaria is not induced by:
a) [ ] physical effort
b) [x] tyramine rich diet
c) [ ] acute physical stress
d) [x] ultraviolet light
e) [ ] hot environment
---
215. Mod de punctare: A3 **Punctajul:** 10CM First line drugs for symptomatic control of hives are, except:
a) [x] Cholinomimetics

b) [ ] Adrenergic agonists
c) [x] Ganglion blocking agents
d) [ ] Antihistaminics
e) [x] Adrenergic antagonists
---
216. Mod de punctare: A3 **Punctajul:** 10CM Pollinosis symptoms do not appear :
a) [x] only in cold weather
b) [x] only during autumn
c) [x] independent of season
d) [ ] have seasonal feature
e) [ ] decreases after rain

---
217. Mod de punctare: A3 **Punctajul:** 10CM Most frequent clinical features of pollinosis are, except :
a) [ ] Seasonal pollen-induced atopic rhinitis
b) [ ] Seasonal pollen-induced allergic conjunctivitis
c) [ ] Pollen-induced atopic asthma
d) [x] Atopic seasonal dermatitis
e) [x] Allergic pollenic alveolitis
---
218. Mod de punctare: A3 **Punctajul:** 10CM Drugs which are not used in pollinosis are:
a) [x] Antibiotics
b) [ ] Antihistaminics
c) [x] Sedatives
d) [ ] Mast cell stabilizers
e) [ ] Topic steroids
---
219. Mod de punctare: A3 **Punctajul:** 10CM Basic rules in the pollinosis treatment are, except:
a) [ ] Ellimination of allergens
b) [ ] Specific immunotherapy
c) [ ] Antihistamic drugs
d) [x] Antibiotics
e) [x] Cholinergic agonists
---
220. Mod de punctare: A3 **Punctajul:** 10CM Seasonal exacerbations of pollinosis are not depending on:
a) [ ] Pollen concentration in the air
b) [x] Plants
c) [ ] The degree of individual susceptibility
d) [x] Duration of pollination season
e) [x] Atmospheric pressure
---
221. Mod de punctare: A3 **Punctajul:** 10CM Diagnosis of COPD is made by
a) [x] pulmonary function tests with reversibility testing

b) [ ] measuring volumes and capacities using bodyplethysmographie (mandatory)
c) [x] findigs consiting with obstructive pattern of ventilatory dysfunction
d) [ ] assessment of desease severity using the FEV1/FVC
e) [ ] physical exam only
---
222. **Mod de punctare:** A3 **Punctajul:** 10CM Risk factors for COPD are:
a) [x] Stone dust
b) [x] Alfa-1-antitrypsin deficiency
c) [x] SO2
d) [ ] Polen
e) [x] Cotton
---
223. **Mod de punctare:** A1 **Punctajul:** 10CM Indication for performing an ABG
a) [x] SaO2<92%
b) [ ] FEV1<45%
c) [x] FEV1<50%
d) [x] Cardiovascular comorbidity
e) [x] Clinical and functional discrepancy
---
224. **Mod de punctare:** A3 **Punctajul:** 10CM Severity criteria for COPD are:
a) [x] PaCO2>45 mmHg
b) [ ] SaO2<80%
c) [ ] pH<7.2
d) [x] Respiratory rate >25/min
e) [ ] PaO2>60%
---
225. **Mod de punctare:** A3 **Punctajul:** 10CM True statements regarding COPD treatment are:
a) [x] Smoking cessation
b) [x] Flu vaccination
c) [x] Training exercise
d) [x] Respiratory kinesiotherapy
e) [ ] Mandatory systemic steroids
---
226. **Mod de punctare:** A3 **Punctajul:** 10CM Which situations are not related to spontaneous ventilation abnormalities in COPD:
a) [ ] Respiration with pursed lips
b) [x] Use of accessory respiratory muscles
c) [x] Hoover's sign
d) [x] Digital clubbing
e) [x] Weight loss
---
227. **Mod de punctare:** A3 **Punctajul:** 10CM On physical exam of a patient with COPD, signs that are NOT reflecting chest distention are:
a) [ ] Hover sign
b) [ ] Inward movement of the chest wall during diphragamal contraction

c) [x] Signs of pulmonary HTN and right heart failure
d) [ ] Increased anterior-posterior chest diameter
e) [x] Use of accessory respiratory muscles
---
228. Mod de punctare: A3 **Punctajul:** 10CM Which of the following are warning signs in a pacient with COPD who require mechanical ventilation?
a) [x] Somnolence
b) [ ] Reduced alertness
c) [x] Inefficient cough
d) [x] Signs of shock
e) [x] No improvement despite oxygen therapy
---
229. Mod de punctare: A3 **Punctajul:** 10CM Obstructive ventilatory dysfunction in COPD is marked by:
a) [ ] Severity defined only by FEV1/FVC
b) [x] Severity defined only by FEV1
c) [ ] FVC < 70%
d) [x] FEV1/FVC < 70%
e) [ ] Signs of chest distention
---
230. Mod de punctare: A3 **Punctajul:** 10CM If a patient presents with expiratory dyspneea, wheezing and/or bronchial crackles, the diagnosis may be:
a) [x] Acute pulmonary edema
b) [x] Acute decompensation of COPD
c) [ ] Acute infectious pneumonia
d) [ ] Pulmonary embolism
e) [ ] Hypersensitivity pneumonitis
---
231. Mod de punctare: A3 **Punctajul:** 10CM COPD includes:
a) [x] Centrilobular emphysema
b) [x] Panlobular emphysema
c) [ ] Emphysema near scarring
d) [x] Chronic obstructive bronchitis
e) [ ] Chronic bronchitis
---
232. Mod de punctare: A3 **Punctajul:** 10CM Long-term oxyng therapy in COPD is not done in following situations:
a) [x] Diurnal PaO2, at rest, room air <60 mmHg
b) [ ] PaO2 < 60mmHg and PHTN
c) [x] PaO2 < 60mmHg and leeft-sided heart failure
d) [ ] After an exacerbation of COPD
e) [x] Nocturnal alveolar hypoventilation (SaO2 < 95%)
---
233. Mod de punctare: A3 **Punctajul:** 10CM Surgery in COPD is contraindicated when:
a) [x] PCO2 >60 mmHg
b) [x] PHT

c) [x] Persistent smoking
d) [ ] Corticotherapy >10 mg/day
e) [ ] TPC >125%, PaO2 about 60 mmHg, FEV1 about 25%
---
234. **Mod de punctare:** A3 **Punctajul:** 10CM Sleep apnoe complications are
a) [x] Sudden death during sleep
b) [x] PHT
c) [x] Coronary or cerebral ischemic attacks
d) [ ] Pulmonary emphysema
e) [x] Systemic hypertension
---
235. **Mod de punctare:** A3 **Punctajul:** 10CM Following are observed on chest Xray in centrilobular emphysema:
a) [x] Apex hyperlucency
b) [ ] Diffuse hyperlucency
c) [x] Cardiomegaly
d) [ ] Tear-drop heart
e) [x] Increased pulmonary artery size
---
236. **Mod de punctare:** A3 **Punctajul:** 10CM In the treatment of COPD which the following short-acting bronchodilators are used:
a) [ ] Formoterol
b) [x] Ipratoripium
c) [ ] Tiotropium
d) [ ] Salmeterol
e) [x] Fenoterol
---
237. **Mod de punctare:** A3 **Punctajul:** 10CM Mechanical ventilation in COPD is necessary if:
a) [ ] RR >25/min
b) [x] Confusion
c) [x] pH < 7,30
d) [x] PaCO2 > 70 mmHg
e) [ ] PaO2 < 60 mmHg
---
238. **Mod de punctare:** A3 **Punctajul:** 10CM The definition of emphysema includes:
a) [x] Abnormal enlargement of air spaces distal to terminal bronchiole
b) [ ] Temporary enlargement
c) [ ] Associated with pulmonary fibrosis
d) [x] Alveolar wall destruction
e) [ ] Abnormal enlargement of air spaces distal to primary bronchi
---
239. **Mod de punctare:** A3 **Punctajul:** 10CM Diagnosis of COPD can not be made only by:
a) [ ] pulmonary function tests with reversibility testing
b) [x] measuring volumes and capacities using bodyplethysmographie (mandatory)

c) [ ] findigs consiting with obstructive pattern of ventilatory dysfunction

d) [x] assessment of desease severity using the FEV1/FVC
e) [x] physical exam only
---
240. **Mod de punctare:** A3 **Punctajul:** 10CM On physical exam of a patient with COPD, signs that are reflecting chest distention are::
a) [x] Hover sign
b) [x] Inward movement of the chest wall during diphragamal contraction
c) [ ] Signs of pulmonary HTN and right heart failure
d) [x] Increased anterior-posterior chest diameter
e) [ ] Use of accessory respiratory muscles
---
241. **Mod de punctare:** A3 **Punctajul:** 10CM COPD not includes::
a) [ ] Centrilobular emphysema
b) [ ] Panlobular emphysema
c) [x] Emphysema near scarring
d) [ ] Chronic obstructive bronchitis
e) [x] Chronic bronchitis
---
242. **Mod de punctare:** A3 **Punctajul:** 10CM Long-term oxyng therapy in COPD is done in following situations: :
a) [ ] Diurnal PaO2, at rest, room air <60 mmHg

b) [x] PaO2 < 60mmHg and PHTN
c) [ ] PaO2 < 60mmHg and leeft-sided heart failure
d) [x] After an exacerbation of COPD
e) [ ] Nocturnal alveolar hypoventilation (SaO2 < 95%)
---
243. **Mod de punctare:** A3 **Punctajul:** 10CM Surgery in COPD is indicated when: :
a) [ ] PCO2 >60 mmHg
b) [ ] PHT
c) [ ] Persistent smoking
d) [x] Corticotherapy >10 mg/day
e) [x] TPC >125%, PaO2 about 60 mmHg, FEV1 about 25%
---
244. **Mod de punctare:** A3 **Punctajul:** 10CM Following are not observed on chest Xray in centrilobular emphysema: :
a) [ ] Apex hyperlucency
b) [x] Diffuse hyperlucency
c) [ ] Cardiomegaly
d) [x] Tear-drop heart
e) [ ] Increased pulmonary artery size
---
245. **Mod de punctare:** A3 **Punctajul:** 10CM In the treatment of COPD which of the

following short-acting bronchodilators are not used::
a) [x] Formoterol
b) [ ] Ipratoripium
c) [x] Tiotropium
d) [x] Salmeterol
e) [ ] Fenoterol
---
246. **Mod de punctare:** A3 **Punctajul:** 10CM Indications for long-term oxygen are following:
a) [x] PaO_2<55 mmHg
b) [ ] pH< 7,25
c) [ ] FEV1< 1,5 l/s
d) [x] SaO_2<88%
e) [ ] PaCO2 ≥ 45 mm Hg
---
247. **Mod de punctare:** A3 **Punctajul:** 10CM Indications for long-term oxygen are following
a) [x] PaO_2 56-59 mmHg with right-seded heart failure
b) [ ] DLCO 20%
c) [ ] PaCO2 ≥ 45 mm Hg
d) [x] PaO_2 56-59 mmHgwith polycythemia (Ht >56%)
e) [ ] SaO_2<90%
---
248. **Mod de punctare:** A3 **Punctajul:** 10CM Select devices with fixed stream of O2
a) [ ] Simple facial mask
b) [ ] Facial mask with reinhalation
c) [x] Facial tent
d) [ ] Nasal canula
e) [x] Facial mask with Venturi valve
---
249. **Mod de punctare:** A3 **Punctajul:** 10CM Select devices with fixed stream of O2
a) [x] Simple facial mask
b) [x] Facial mask with reinhalation
c) [ ] Facial tent
d) [x] Nasal canula
e) [ ] Facial mask with Venturi valve
---
250. **Mod de punctare:** A3 **Punctajul:** 10CM Select the contraindications for invasive ventilation:
a) [x] Facial trauma or burns
b) [x] Recent surgery of the face or airways
c) [x] Fixed obstruction of upper airways
d) [ ] Pulmonary edema
e) [ ] Low A-a gradient
---
251. **Mod de punctare:** A1 **Punctajul:** 10CM Choose acid-base disturbances associated

with respiratory acidosis
a) [x] pH ↓
b) [x] CO2↑
c) [ ] CO2↓
d) [ ] pH ↑
e) [x] HCO3 ↑
---
252. Mod de punctare: A3 **Punctajul:** 10CM Choose acid-base disturbances associated with metabolic acidosis
a) [x] pH ↓
b) [ ] CO2↑
c) [x] CO2↓
d) [ ] pH ↑
e) [x] HCO3 ↓
---
253. Mod de punctare: A3 **Punctajul:** 10CM Choose acid-base disturbances associated with respiratory alkalosis
a) [ ] pH ↓
b) [ ] CO2↑
c) [x] CO2↓
d) [x] pH ↑
e) [x] HCO3 ↓
---
254. Mod de punctare: A3 **Punctajul:** 10CM Choose acid-base disturbances associated with metabolic alkalosis
a) [ ] pH ↓
b) [x] CO2↑
c) [ ] CO2↓
d) [x] pH ↑
e) [x] HCO3 ↑
---
255. Mod de punctare: A3 **Punctajul:** 10CM Features of type 1 respiratory failure are:
a) [x] PaO_2<60 mmHg
b) [x] $PaCO_2$ normal or low
c) [x] Normal or high pH
d) [ ] $PaCO_2$high
e) [ ] Low pH
---
256. Mod de punctare: A3 **Punctajul:** 10CM Features of type 2 respiratory failure are:
a) [x] PaO_2 low or normal
b) [ ] $PaCO_2$ low or normal
c) [x] Low pH
d) [x] $PaCO_2$ high
e) [ ] High pH
---
257. Mod de punctare: A3 **Punctajul:** 10CM In case of ARF following conditions are at

increased risk for hypercapnia:
a) [x] COPD
b) [ ] Pneumonia
c) [x] Neuromuscular diseases
d) [x] Morbid obesity
e) [ ] Bronchial asthma
---
258. **Mod de punctare:** A3 **Punctajul:** 10CM Respiratory failure complications are:
a) [x] Pulmonary hypertension
b) [ ] Pneumonia
c) [x] Polycythemia
d) [x] Malnutrition
e) [ ] COPD
---
259. **Mod de punctare:** A3 **Punctajul:** 10CM Indications for invasive mechanical ventilation are:
a) [x] pH<7.25
b) [x] Severe airway obstruction
c) [x] Disturbances of consciousness
d) [ ] SaO2 < 90%
e) [ ] FEV1= 1,2 l/s
---
260. **Mod de punctare:** A3 **Punctajul:** 10CM Indications for long-term oxygen are following, except::
a) [ ] PaO_2<55 mmHg
b) [x] pH< 7,25
c) [x] FEV1< 1,5 l/s
d) [ ] SaO_2<88%
e) [x] PaCO2 ≥ 45 mm Hg
---
261. **Mod de punctare:** A3 **Punctajul:** 10CM Indications for long-term oxygen are following, except::
a) [ ] PaO_2 56-59 mmHg with right-seded heart failure
b) [x] DLCO 20%
c) [x] PaCO2 ≥ 45 mm Hg
d) [ ] PaO_2 56-59 mmHgwith polycythemia (Ht >56%)
e) [x] SaO_2<90%
---
262. **Mod de punctare:** A3 **Punctajul:** 10CM Respiratory failure complications are, except::
a) [ ] Pulmonary hypertension
b) [x] Pneumonia
c) [ ] Polycythemia
d) [ ] Malnutrition
e) [x] COPD
---

263. **Mod de punctare:** A1 **Punctajul:** 10CM Bronchiectasis may be the end result of which of the following:
a) [x] Defective ciliary function
b) [x] IgG deficiency
c) [ ] Sleep-disordered breathing
d) [x] Prior severe infection
e) [x] Interstitial lung disease
---
264. **Mod de punctare:** A3 **Punctajul:** 10CM Treatment options for non-small cell lung cancer stage II TNM are:
a) [x] Adjuvant chemotherapy
b) [x] Surgical resection
c) [ ] Radiotherapy
d) [ ] Palliative treatment
e) [ ] Non-adjuvant chemotherapy
---
265. **Mod de punctare:** A3 **Punctajul:** 10 CM Treatment for small cell lung cancer:
a) [x] Chemotherapy
b) [ ] Surgical resection
c) [x] Radiotherapy
d) [ ] Palliative treatment
e) [ ] Thoracoscopic resection
---
266. **Mod de punctare:** A3 **Punctajul:** 10CM Treatment options for small cell lung cancer stage IV TNM are:
a) [x] Chemotherapy
b) [ ] Surgical resection
c) [x] Radiotherapy
d) [x] Palliative treatment
e) [ ] Thoracoscopic resection
---
267. **Mod de punctare:** A3 **Punctajul:** 10CM Non-small cell lung caner histologic forms are:
a) [x] Squamos
b) [ ] Medium cell
c) [x] Large cell
d) [x] Adenocarcinoma
e) [ ] Undifferentiated
---
268. **Mod de punctare:** A3 **Punctajul:** 10CM Risk factors for lung cancer are:
a) [ ] Excessive alcohol consumption
b) [x] Smoking
c) [x] Asbestos
d) [x] Age
e) [ ] Hypercholesterolemia
---

269. **Mod de punctare:** A3 **Punctajul:** 10CM Suggestive radiological presentations of lung cancer are:
a) [x] Solitary pulmonary nodule
b) [ ] Honeycombing pattern
c) [ ] Tree in bud pattern
d) [x] Central mass with atelectasis
e) [x] Golden's S sign
---
270. **Mod de punctare:** A3 **Punctajul:** 10CM Risk factors for lung cancer are, except:
:
a) [x] Excessive alcohol consumption
b) [ ] Smoking
c) [ ] Asbestos
d) [ ] Age
e) [x] Hypercholesterolemia
---
271. **Mod de punctare:** A3 **Punctajul:** 10CM Suggestive radiological presentations of lung cancer are, except:
a) [ ] Solitary pulmonary nodule
b) [x] Honeycombing pattern
c) [x] Tree in bud pattern
d) [ ] Central mass with atelectasis
e) [ ] Golden's S sign
---
272. **Mod de punctare:** A3 **Punctajul:** 10**CM Allergens that may cause atopic asthma are:**
a) [x] House dust/mites
b) [x] Pollen
c) [x] Fungal spores
d) [ ] Bacterial allergens
e) [x] Epidermal allergens
---
273. **Mod de punctare:** A3 **Punctajul:** 10**CM Clinical criteria for severity assessment in brochial asthma are:**
a) [ ] Sputum cytology
b) [x] Spirography
c) [x] Amount of treatment needed to control the disease
d) [x] Frequency of asthma attacks
e) [x] PEF results
---
274. **Mod de punctare:** A3 **Punctajul:** 10**CM Asthma is a chronic condition characterized by:**
a) [x] Chronic inflammation of airways
b) [x] Destruction of airways
c) [x] Involvement of multiple cells, like Mast cells and eosinophils
d) [ ] Involvement of multiple cells, like Lymphocytes

e) [ ] Bronchial dyskinesia
---
275. Mod de punctare: A3 **Punctajul:** 10**CM Mild intermittent Asthma is characterized by:**
a) [x] Attacks < 1/week
b) [ ] Exacerbations affect physical activity and sleep
c) [x] Short exacerbations
d) [ ] FEV1 > 80%
e) [x] PEF variability<20%
---
276. Mod de punctare: A3 **Punctajul:** 10**CM Mild persistent asthma is characterized by:**
a) [ ] Nocturnal attacks > 1/week
b) [x] Exacerbations affect physical activity and sleep
c) [ ] FEV1> 80%
d) [ ] PEF < 60%
e) [x] PEF variability 20-30%
---
277. Mod de punctare: A3 **Punctajul:** 10**CM Severe persistent asthma is characterized by:**
a) [x] Frequent attacks, status asthmaticus
b) [x] Frequent exacerbations
c) [ ] FEV1 60-80%
d) [x] PEF < 60%
e) [x] PEF variability >30%
---
278. Mod de punctare: A3 **Punctajul:** 10**CM Treatment of mild persistent asthma includes:**
a) [ ] Short-acting inhaled beta agonists
b) [x] Low dose steroids
c) [ ] Theophylline
d) [x] Leukotriene modifiers
e) [ ] Anticholinergics
---
279. Mod de punctare: A3 **Punctajul:** 10**CM Acute asthma exacerbation is treated with:**
a) [x] Short-acting inhaled beta agonists
b) [ ] Inhaled steroids
c) [ ] Theophylline
d) [ ] Cromolyns
e) [x] Anticholinergics
---
280. Mod de punctare: A3 **Punctajul:** 10**CM Severe asthma exacerbation is treated with:**
a) [x] Bronchodilators
b) [x] Oxygen

c) [x] Steroids
d) [ ] Sedations
e) [ ] H2-antihistamines
---
281. Mod de punctare: A3 **Punctajul:** 10**CM Sputum examination in bronchial asthma can show:**
a) [x] Eosinophils
b) [ ] Elastic fibers
c) [x] Curschmann spirals
d) [ ] Atypic cells
e) [ ] Leucocytes
---
282. Mod de punctare: A3 **Punctajul:** 10**CM Status asmaticus is characterized by:**
a) [ ] Attacks for several hours
b) [x] Long asthma attack > 24 hours
c) [x] Does not respond to usual treatment with bronchodilators
d) [ ] Self-limited/ responds to bronchodilators
e) [x] ABG abnormalities
---
283. Mod de punctare: A3 **Punctajul:** 10**CM Status asmaticus can be caused by:**
a) [x] Steroid discontinuation
b) [x] Misuse of beta 2 - agonists
c) [x] Viral respiratory infections
d) [x] Contact with the allergen
e) [ ] Acute right heart failure
---
284. Mod de punctare: A3 **Punctajul:** 10**CM PFTs findings in Asthma are**
a) [x] Mild increase in TPC
b) [x] Increase in RV
c) [ ] Decrease in FRC
d) [x] Decrease in FEV1 proportional with severity
e) [x] Decrease in Tiffneau index
---
285. Mod de punctare: A3 **Punctajul:** 10**CM Asthma is manifested by:**
a) [x] Bronchial hyperreactivity to various stimuli
b) [ ] Disorders of the respiratory control system
c) [x] Reversible airway obstruction
d) [ ] Diffuse, irreversible progressive airway obstruction
e) [ ] Tracheobronchial dyskinesia
---
286. Mod de punctare: A3 **Punctajul:** 10**CM Intrinsic asthma in characterized by:**
a) [ ] Type 1 HSR
b) [x] Onset at 30-35 years
c) [ ] Positive family history of allergic disease
d) [x] Allergen skin tests are negative
e) [ ] Allergen skin tests are positive

---

287. Mod de punctare: A3 **Punctajul:** 10**CM The effects of inflammatory mediators onairways in bronchial asthma are:**

a) [ ] Decrease in vascular permeability
b) [x] Smooth muscle contraction
c) [ ] Mucus hyposecretion
d) [x] Smooth muscle hypertrophy
e) [ ] Epithelial atrophy

---

288. Mod de punctare: A3 **Punctajul:** 10**CM Morphological changes in asthma are:**

a) [x] Infiltration by inflammatory cells
b) [ ] Submucosal gland hypertrophy
c) [x] Smooth muscle hypertrphy
d) [x] Submucosal gland hyperplasia
e) [ ] Mucous gland atrophy

---

289. Mod de punctare: A3 **Punctajul:** 10**CM FEV1 and PEF values are used for:**

a) [x] Severity assessment
b) [x] Reversibility assessment
c) [x] Evaluation of bronchial hyperreactivity
d) [ ] Respiratory muscle contraction assessment
e) [ ] Pneumonia severity assessment

---

290. Mod de punctare: A3 **Punctajul:** 10**CM Triggers for asthma are:**

a) [x] Exercise
b) [x] Emotions
c) [x] GERD
d) [x] Nasal or sinus issues
e) [ ] Vitamins

---

291. Mod de punctare: A3 **Punctajul:** 10**CM Complications during the attack of asthma are:**

a) [x] Acute Cor Pulmonale
b) [ ] Pulmonary emphysema
c) [x] Ribs fracture
d) [x] Spontaneous pneumothorax
e) [x] Atelectasis

---

292. Mod de punctare: A3 **Punctajul:** 10**CM Complications of asthma between attacks are:**

a) [x] Pneumonias
b) [ ] Spontaneous pneumothorax
c) [x] Allergic bronchopulmonary aspergillosis
d) [x] Pulmonary emphysema
e) [x] Bronchiectasis

---

293. Mod de punctare: A3 **Punctajul:** 10**CM Differential diagnosis for asthma:**
a) [ ] Right ventricle failure
b) [x] Obstructive chronic bronchitis
c) [x] Hyperventilation syndrome
d) [x] Acute bronchitis
e) [x] Cardiac asthma
---
294. Mod de punctare: A3 **Punctajul:** 10**CM Asthmatic treatment goals are:**
a) [ ] Controlul of acute manifestations withhigh dose beta agonists
b) [x] Controlul of acute manifestations withlow dose beta agonists
c) [x] Prevention of exacerbations
d) [ ] Maintaining low lung function
e) [x] Minimal adverse drug reactions
---
295. Mod de punctare: A3 **Punctajul:** 10**CM Status asthmaticus treatment:**
a) [x] ICU admission
b) [ ] Outpatient treatment
c) [x] O2
d) [ ] Medium dose inhaled steroids
e) [x] Systemic steroids
---
296. Mod de punctare: A3 **Punctajul:** 10**CM Mechanical ventilation in status asthmaticus is used in case of:**
a) [ ] Symptom relief
b) [x] Patient exhaustion
c) [x] Systolic BP< 90 mmHg
d) [ ] pH 7,40
e) [x] PaCO2 >55 mmHg
---
297. Mod de punctare: A3 **Punctajul:** 10CM **In status asthmaticus:**
a) [ ] Beta-blockers are used for tachycardia
b) [ ] Respiratory acidosis is treated with sodium bicarbonate
c) [x] Respiratory acidosis is not treated with sodium bicarbonate
d) [x] Beta-blockers are not used for tachycardia
e) [x] Expectorants, Mucolytics have no benefit
---
298. Mod de punctare: A3 **Punctajul:** 10**CM PFTs are used for assessment of:**
a) [x] Degree of obstruction
b) [x] Variability of obstruction
c) [x] Reversibility of bronchial obstruction
d) [ ] Are done only during asthma attack
e) [ ] Are done only during asthma attack
---
299. Mod de punctare: A1 **Punctajul:** 10CM Allergens that can not cause atopic asthma are:
a) [ ] House dust/mites

b) [ ] Pollen
c) [ ] Fungal spores
d) [x] Bacterial allergens
e) [x] Smoking
---
300. **Mod de punctare:** A3 **Punctajul:** 10CM Which from the listed are not clinical criteria for severity assessment in brochial asthma:

a) [x] Sputum cytology
b) [ ] Spirography
c) [x] Amount of treatment needed to control the disease
d) [ ] Frequency of asthma attacks
e) [ ] PEF results
---
301. **Mod de punctare:** A3 **Punctajul:** 10CM Asthma is a chronic condition characterized by, except:
a) [ ] Chronic inflammation of airways
b) [ ] Destruction of airways
c) [ ] Involvement of multiple cells, like mast cells and eosinophils
d) [x] Involvement of multiple cells, like lymphomioblasts
e) [x] Bronchial dyskinesia
---
302. **Mod de punctare:** A3 **Punctajul:** 10CM Control treatment of mild persistent asthma not includes:
a) [x] Short-acting inhaled beta agonists
b) [ ] Low dose steroids
c) [x] Theophylline
d) [ ] Leukotriene modifiers
e) [x] Anticholinergics
---
303. **Mod de punctare:** A3 **Punctajul:** 10CM Acute asthma exacerbation is treated with, except:
a) [ ] Short-acting inhaled beta agonists
b) [x] Inhaled steroids
c) [x] Theophylline
d) [x] Cromolyns
e) [ ] Anticholinergics
---
304. **Mod de punctare:** A3 **Punctajul:** 10CM Severe asthma exacerbation is not treated with:
a) [ ] Bronchodilators
b) [ ] Oxygen
c) [ ] Steroids
d) [x] Sedatives
e) [x] H2-antihistamines

---

305. **Mod de punctare:** A3 **Punctajul:** 10CM Sputum examination in bronchial asthma can show all listed, except:

a) [ ] Eosinophils
b) [x] Elastic fibers
c) [ ] Curschmann spirals
d) [x] Atypic cells
e) [x] Leucocytes

---

306. **Mod de punctare:** A3 **Punctajul:** 10CM Status asthmaticus is not characterized by:

a) [x] Attacks for several hours
b) [ ] Long asthma attack > 24 hours
c) [ ] Does not respond to usual treatment with bronchodilators
d) [x] Self-limited/ responds to bronchodilators
e) [ ] ABG abnormalities

---

307. **Mod de punctare:** A3 **Punctajul:** 10CM Status asthmaticus can be caused by, except:

a) [ ] Steroid discontinuation
b) [x] Acute left heart failure
c) [ ] Viral respiratory infections
d) [ ] Contact with the allergen
e) [x] Acute right heart failure

---

308. **Mod de punctare:** A3 **Punctajul:** 10CM PFTs findings in asthma are, except:

a) [ ] Mild increase in TLC
b) [x] Increase in Tiffneau index
c) [x] Decrease in FRC
d) [ ] Decrease in FEV1 proportional with severity
e) [ ] Decrease in Tiffneau index

---

309. **Mod de punctare:** A3 **Punctajul:** 10CM Asthma is not manifested by:

a) [ ] Bronchial hyperreactivity to various stimuli
b) [x] Disorders of the respiratory control system
c) [ ] Reversible airway obstruction
d) [x] Diffuse, irreversible progressive airway obstruction
e) [x] Tracheobronchial dyskinesia

---

310. **Mod de punctare:** A3 **Punctajul:** 10CM Intrinsic asthma in not characterized by:
a) [x] Type 1 HSR
b) [ ] Onset at 30-35 years
c) [x] Positive family history of allergic disease
d) [ ] Allergen skin tests are negative
e) [x] Allergen skin tests are positive
---
311. **Mod de punctare:** A3 **Punctajul:** 10CM The effects of inflammatory mediators on airways in bronchial asthma are, except:

a) [x] Decrease in vascular permeability
b) [ ] Smooth muscle contraction
c) [x] Mucus hyposecretion
d) [ ] Smooth muscle hypertrophy
e) [x] Epithelial atrophy
---
312. **Mod de punctare:** A3 **Punctajul:** 10CM Morphological changes in asthma are, except:

a) [ ] Infiltration by inflammatory cells
b) [x] Submucosal gland hypertrophy
c) [ ] Smooth muscle hypertrphy
d) [ ] Submucosal gland hyperplasia
e) [x] Mucous gland atrophy
---
313. **Mod de punctare:** A3 **Punctajul:** 10CM FEV1 and PEF values are not used for:

a) [ ] Severity assessment
b) [ ] Reversibility assessment
c) [ ] Evaluation of bronchial hyperreactivity
d) [x] Respiratory muscle contraction assessment
e) [x] Pneumonia severity assessment
---
314. **Mod de punctare:** A3 **Punctajul:** 10CM Triggers for non-alergic asthma are, except:

a) [ ] Exercise
b) [ ] Emotions
c) [ ] GERD
d) [x] Nasal or sinus polyps
e) [x] Fungi
---
315. **Mod de punctare:** A3 **Punctajul:** 10CM Complications between the attacks of asthma:

a) [x] Chronic cor pulmonale
b) [x] Pulmonary emphysema
c) [ ] Ribs fracture
d) [ ] Spontaneous pneumothorax
e) [ ] Atelectasis
---
316. Mod de punctare: A3 **Punctajul:** 10CM Differential diagnosis for asthma not includes:

a) [ ] Right ventricle failure
b) [ ] Obstructive chronic bronchitis
c) [ ] Hyperventilation syndrome
d) [x] Acute bronchitis
e) [x] Nazal polyps
---
317. Mod de punctare: A3 **Punctajul:** 10CM Asthmatic treatment goals are, except:

a) [x] Control of acute manifestations with high dose beta agonists
b) [ ] Control of acute manifestations with low dose beta agonists
c) [ ] Prevention of systemic hypertension
d) [ ] Maintaining low lung function
e) [ ] Minimal adverse drug reactions
---
318. Mod de punctare: A3 **Punctajul:** 10CM Status asthmaticus treatment:
a) [x] ICU admission
b) [ ] Outpatient treatment
c) [ ] Omalizumab in all severe cases
d) [x] High dose of inhaled steroids
e) [x] Systemic steroids
---
319. Mod de punctare: A3 **Punctajul:** 10**CM Pulmonary hypertension secondary to lung diseases and/or hypoxia can be caused by:**
a) [x] **COPD**
b) [x] **Interstitial lung diseases**
c) [x] **Sleep apnea**
d) [x] **Chronic exposure to high altitudes**
e) [ ] **Exposure to UV light**
---
320. Mod de punctare: A3 **Punctajul:** 10**CM Mechanisms of idiopatic pulmonary hypertension are:**
a) [x] **Excessive vasoconstriction and obstruction of the small pulmonary arteries**
b) [x] **Vascular remodeling**
c) [x] **Inflammatory and thrombotic phenomena of pulmonary vascular bed**
d) [ ] **Lymphocyte activation and macrophage TNF-α release triggered by HIV infection**

e) [ ] **Of unknown mechanisms**
---
321. Mod de punctare: A3 **Punctajul:** 10**CM** The mechanisms by which HIV infection induces pulmonary hypertension:
a) [x] **The direct action of the virus increasing the resistance and vascular remodeling**
b) [x] **Lymphocyte activation and macrophage TNF-α release with proliferative effect on endothelial cells and smooth muscle cells of the lung**
c) [x] **Increased production of endothelin-1 and TNF-α from monocytes**
d) [ ] **Defect of vasoconstrictor substances production**
e) [ ] ***In situ* thrombosis**
---
322. Mod de punctare: A3 **Punctajul:** 10**CM The mechanisms that produce pulmonary hypertension secondary to pulmonary diseases are:**
a) [x] **Hypoxia**
b) [x] **Inflammation**
c) [x] **Loss of pulmonary vessels**
d) [ ] ***In situ* thrombosis**
e) [ ] **Intimal proliferation and extracellular matrix changes caused by deposits of collagen and elastin**
---
323. Mod de punctare: A3 **Punctajul:** 10**CM The classic symptoms of pulmonary hypertension are:**
a) [x] **Dyspnea**
b) [x] **Anginal chest pain**
c) [x] **Syncope on exertion**
d) [ ] **Sudden death**
e) [ ] **Periorbital edema**
---
324. Mod de punctare: A3 **Punctajul:** 10**CM Etiologic classificaion of cor pulmonale:**
a) [x] **Vascular**
b) [x] **Bronchopulmonar**
c) [x] **Thoracodiaphragmal**
d) [ ] **Interstitial**
e) [ ] **Anatomic**
---
325. Mod de punctare: A3 **Punctajul:** 10**CM** Classification of cor pulmonale based on stage of the disease:
a) [ ] **Compensated cor pulmonale**
b) [x] **Transient pulmonary hypertension, only laboratory signs of right ventricular overload**
c) [x] **Stable pulmonary hypertension with clinical signs of right ventricular failure**
d) [x] **Right ventricular decompensation associated with respiratory failure**
e) [ ] **Precapilary and postcapilary**
---
326. Mod de punctare: A3 **Punctajul:** 10**CM Which statements regarding the prognosis of patients with chronic pulmonary heart are true:**

a) [x] **The median survival of patients with marked edema is about 4 years**
b) [x] **Survival rate at 2 years in patients who have not previously had swelling exceeds 70%**
c) [x] **Survival rate at 2 years in patients with manifest clinical signs of right ventricular failure constitutes 40-45%**
d) [ ] **Average survival for patients with marked edema is approximately 7 years**
e) [ ] **Survival reate depends on the disease which caused cor pulmonale**
---

327. Mod de punctare: A3 **Punctajul:** 10CM Name the etiology causes of pulmonary hypertension:

a) [x] Idiopathic
b) [x] Familial
c) [x] Associated with various collagen diseases , portal hypertension, HIV infection , drugs etc.
d) [x] Associated with significant venous or capillary changes
e) [ ] Associated with acute pulmonary infections
---

328. Mod de punctare: A1 **Punctajul:** 10**CM** Pulmonary hypertension secondary to lung diseases and/or hypoxia can be caused by:
a) [x] Pulmonary emphysema
b) [x] Interstitial lung diseases
c) [ ] Pulmonary edema
d) [ ] Chronic abscess
e) [ ] Acute abscess
---

329. Mod de punctare: A3 **Punctajul:** 10CM The mechanisms that are not involved in pulmonary hypertension in hypothyriosis:

a) [x] The oxydative stress exerted by increasing red blood cells in pulmonary microvascularıyation
b) [ ] Immune mechanisms
c) [ ] Hypothyroidism contribute to increasing the life time of red blood cells and platelet activation
d) [x] Loss of pulmonary vessels
e) [x] Hypothyroidism induces abnormalities in fibrinolytic activity
---

330. Mod de punctare: A3 **Punctajul:** 10CM The classic symptoms of pulmonary hypertension are:
a) [x] Dyspnea
b) [x] Anginal chest pain
c) [x] Syncope on exertion
d) [ ] Palpitations
e) [ ] Peripheral edema
---

331. Mod de punctare: A3 **Punctajul:** 10CM Whici of the listed are not included in

etiologic classification of cor pulmonale:
a) [ ] Vascular
b) [ ] Bronchopulmonar
c) [ ] Thoracodiaphragmal
d) [x] Interstitial
e) [x] Anatomic
---
332. Mod de punctare: A3 **Punctajul:** 10CM Which of the listed are not included in classification of cor pulmonale based on stage of the disease:
a) [x] Compensated cor pulmonale
b) [ ] Transient pulmonary hypertension, only laboratory signs of right ventricular overload
c) [ ] Stable pulmonary hypertension with clinical signs of right ventricular failure
d) [ ] Right ventricular decompensation associated with respiratory failure
e) [x] Precapilary and postcapilary
---
333. Mod de punctare: A3 **Punctajul:** 10**CM** Name the possible complications of cor pulmonale:
a) [x] Pulmonary thromboembolism
b) [x] Arrhythmias
c) [x] Tricuspid insuficiency
d) [x] Parenchymal organ dysfunction
e) [ ] Systemic hypertension
---
334. Mod de punctare: A3 **Punctajul:** 10**CM** Choose true statements:
a) [x] **Pleural syndrome is presenting with movable dullness to percussion**
b) [x] **Pleural syndrome can present without changes on percussion**
c) [x] **Pleural syndrome may be associated with tympanic sound on percussion**
d) [ ] **Pleural syndrome is presenting with fixed dullness to percussion**
e) [ ] **Pleural syndrom is always with some changes on percussion**
---
335. Mod de punctare: A3 **Punctajul:** 10**CM All those listed are Light criteria for diagnosing exudative pleurisy, except:**
a) [ ] **pleural protein / serum protein> 0.5**
b) [ ] **pleural LDH / serum LDH> 0.6**
c) [ ] **pleural LDH level greater than 2/3 of the normal values of serum LDH**
d) [x] **total protein level greater than 2/3 of the normal values of serum proteins**
e) [x] **ratio of pleural glucose / serum glucose> 0.5**
---
336. Mod de punctare: A3 **Punctajul:** 10**CM** Which of the following causes pleural transudate:
a) [ ] **Rheumatoid Arthritis**
b) [x] **Pulmonary embolism**
c) [ ] **Pancreatitis**
d) [x] **CHF**
e) [x] **Superior vena cava obstruction**
---

337. Mod de punctare: A3 **Punctajul:** 10**CM The following statements are true:**
a) [x] **haemothorax is bloody pleural effusion whose hematocrit is at least 50% of peripheral blood hematocrit**
b) [x] **chilotorax is formed by the accumulation of lymph from the lymphatic thoracic duct damage**
c) [ ] **chilothorax is more often observed on the left**
d) [ ] **pleurisy in primary tuberculosis is caused by colonization of the pleura by mycobacteria**
e) [ ] **tuberculous empyema is a common complication of untreated tuberculosis**
---
338. Mod de punctare: A3 **Punctajul:** 10**CM Which of the following is true:**
a) [x] **glucose in pleural fluid is equal to that of serum**
b) [x] **pleural fluid pH may be low in purulent exudates, tuberculosis, rheumatoid arthritis and neoplasia**
c) [x] **pleural amylase significant increase in pancreatitis and pancreatic pseudocyst**
d) [ ] **cholesterol is markedly increased in chilotorax**
e) [x] **triglycerides and fatty acids are elevated in chilothorax**
---
339. Mod de punctare: A3 **Punctajul:** 10**CM Which statements regarding the the pleural fluid cytology are correct:**
a) [x] **Erythrocyte count > 10,000 / mm3 is characteristic of hemorrhagic trauma, neoplastic or thromboembolic cause of pleurisy**
b) [x] **Neutrophils count > 10,000 / mm3 is a characteristic of parapneumonice exudates, tuberculous, neoplastic**
c) [x] **The predominance of lymphocytes is characteristic of tuberculosis etiology, neoplastic or viral**
d) [x] **Eosinophils more than 10% is associated with conditions with blood eosinophilia**
e) [ ] **Atypical cells in pleural fluid are suggestive of infection with atypical germs**
---
340. Mod de punctare: A3 **Punctajul:** 10**CM Which statements are true regarding neoplastic pleurisy:**
a) [x] **It is one of the dominant causes of massive pleurisy in elderly**
b) [x] **Most often caused by spread of lung cancer**
c) [ ] **Complex investigations to find the primary tumor is a prerogative of the patient's conduct**
d) [x] **Complex investigations to find the primary tumor are justified only if malignancies are susceptible to chemotherapy and hormonal therapy**
e) [ ] **Pleural tap is the only solution in this case**
---
341. Mod de punctare: A3 **Punctajul:** 10**CM Which of the following are false:**
a) [ ] **glucose in pleural fluid is equal to that of serum**
b) [ ] **pleural fluid pH may be low in purulent exudates, tuberculosis, rheumatoid arthritis and neoplasia**
c) [ ] **pleural amylase significant increase in pancreatitis and pancreatic pseudocyst**
d) [x] **cholesterol is markedly increased in chilotorax**
e) [x] **triglycerides and fatty acids are elevated in chilothorax**

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342. **Mod de punctare:** A3 **Punctajul:** 10**CM** The following statements are false:
a) [ ] **haemothorax is bloody pleural effusion whose hematocrit is at least 50% of peripheral blood hematocrit**
b) [ ] **chiluthorax is formed by the accumulation of lymph from the lymphatic thoracic duct damage**
c) [ ] **chilothorax is more often observed on the left**
d) [x] **pleurisy in primary tuberculosis is caused by colonization of the pleura by mycobacteria**
e) [x] **tuberculous empyema is a common complication of untreated tuberculosis**
---

343. **Mod de punctare:** A3 **Punctajul:** 10**CM Which of the listed can cause pleural exudate:**
a) [x] **Rheumatoid arthritis**
b) [ ] **Pulmonary embolism**
c) [x] **Pancreatitis**
d) [ ] **CHF**
e) [ ] **Superior vena cava obstruction**
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344. **Mod de punctare:** A3 **Punctajul:** 10**CM** Correct statements regarding mesothelioma:
a) [x] **More common occurs in men after age 60**
b) [ ] **More common occurs in women after age 60**
c) [x] **There is a direct link with prolonged occupational exposure to asbestos**
d) [x] **On examination of pleural fluid is found serohemoragic liquid with an increased amount of hyaluronic acid**
e) [x] **Histopathological confirmation is obtained by pleural biopsy**
---

345. **Mod de punctare:** A3 **Punctajul:** 10**CM** Choose the false statements:
a) [ ] Pleural syndrome is presenting with movable dullness to percussion
b) [ ] Pleural syndrome can present without changes on percussion
c) [ ] Pleural syndrome may be associated with tympanic sound on percussion
d) [x] Pleural syndrome is presenting with fixed dullness to percussion
e) [x] Pleural syndrom is always with some changes on percussion
---

346. **Mod de punctare:** A3 **Punctajul:** 10**CM** The Light criteria for diagnosing exsudative pleurisy:
a) [x] Pleural protein / serum protein> 0.5
b) [x] Pleural LDH / serum LDH> 0.6
c) [x] Pleural LDH level greater than 2/3 of the normal values of serum LDH
d) [ ] Total protein level greater than 2/3 of the normal values of serum proteins
e) [ ] Ratio of pleural glucose / serum glucose> 0.5
---

347. **Mod de punctare:** A3 **Punctajul:** 10**CM** Which of the following do not causes pleural transudate:
a) [x] Rheumatoid arthritis
b) [ ] Pulmonary embolism

c) [x] Pancreatitis
d) [ ] CHF
e) [ ] Superior vena cava obstruction
---
348. **Mod de punctare:** A3 **Punctajul:** 10**CM** Risc factors predisposing to pneumothorax:
a) [x] Young age, asthenic constitution
b) [x] Male
c) [ ] Female
d) [x] Smoking
e) [x] Subpleural bula
---
349. **Mod de punctare:** A3 **Punctajul:** 10**CM** The following statements are false:
a) [ ] haemothorax is bloody pleural effusion whose hematocrit is at least 50% of peripheral blood hematocrit
b) [ ] chilotorax is formed by the accumulation of lymph from the lymphatic thoracic duct damage
c) [x] chilothorax is more often observed on the left
d) [x] pleurisy in primary tuberculosis is caused by colonization of the pleura by mycobacteria
e) [x] tuberculous empyema is a common complication of untreated tuberculosis
---
350. **Mod de punctare:** A3 **Punctajul:** 10**CM** Which of the following are true:
a) [ ] glucose in pleural fluid is equal to that of serum
b) [ ] pleural fluid pH may be low in purulent exudates, tuberculosis, rheumatoid arthritis and neoplasia
c) [ ] pleural amylase significant increase in pancreatitis and pancreatic pseudocyst
d) [x] cholesterol is markedly increased in chilotorax
e) [x] triglycerides and fatty acids are elevated in chilothorax
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351. **Mod de punctare:** A3 **Punctajul:** 10**CM** The following statements are true:
a) [x] haemothorax is bloody pleural effusion whose hematocrit is at least 50% of peripheral blood hematocrit
b) [x] chilothorax is formed by the accumulation of lymph from the lymphatic thoracic duct damage
c) [x] chilothorax is more often observed on the left
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e) [ ] tuberculous empyema is a common complication of untreated tuberculosis
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352. **Mod de punctare:** A3 **Punctajul:** 10**CM** Which of the listed can cause pleural transsudate:
a) [ ] Rheumatoid arthritis
b) [x] Pulmonary embolism
c) [ ] Pancreatitis
d) [x] CHF

e) [x] Superior vena cava obstruction