1. Dysphagia is defined as:
2. Dyspepsia is defined as:
3. Alarm symptoms in a patient with dyspepsia do not involve:
4. The characteristic symptoms of acute abdomen are:
5. Represent an emergency?
6. Oro-pharyngeal dysphagia can be caused by:
7. Differential diagnosis of postprandial upper abdominal pain involves:
8. Which of the following diagnosis does not represent an indication for gastroscopy?
9. Which of the following imaging methods does not represent the first choice diagnostic procedure in a patient with painless jaundice?
10. Differential diagnosis of chronic diarrhea involves:
11. Differential diagnosis of vomiting involves:
12. The symptoms of irritable bowel syndrome do not involve:
13. Which of the following imaging methods is used to determine the cause of chronic diarrhea?
14. Which of the following findings does not confirm the diagnosis of celiac disease?
15. How is the major duodenal papilla commonly referred to?
16. Which esophageal disease has the highest prevalence in western countries?
17. The symptoms of gastro-esophageal reflux disease do not involve:
18. Which of the following symptoms is typical for esophageal tumor?
19. Which of the following statements regarding gastric ulcer is correct:
20. Helicobacter pylori represents a risk factor for:
21. First-line Helicobacter pylori eradication therapy involves:
22. Which of the following conditions belongs to common complications of the colon diverticulosis?
23. Gastric ulcer:
24. Which of the following conditions does not belong to the differential diagnosis of chronic diarrhea?
25. The definition of diarrhea is as follows:
26. Secretory diarrhea:
27. Which of the following statements regarding osmotic diarrhea is not correct?
28. Chronic diarrhea is defined as lasting at least:
29. In antibiotic-associated diarrhea:
30. Which of the following symptoms does not help to differentiate between irritable bowel syndrome and colorectal carcinoma?
31. What are the typical symptoms of the left-sided colorectal cancer?
32. What are the typical symptoms of the right-sided colorectal cancer?
33. The complications of Crohn’s disease do not typically involve:
34. Which of the following conditions does not belong to the extra-intestinal manifestations of Crohn’s disease?
35. The haemorrhoids are classified as:
36. Which of the following conditions represents the most common cause of malabsorption in Western countries?
37. The most frightening complication of intestinal tract perforation is:
38. At the emergency you see a 39-year-old male patient with a history of abdominal pain for several weeks. He has melena, blood pressure 80/40 mmHg, tachycardia and normal blood count. What should you do?
39. Which of the following statements regarding ulcerative colitis is not correct?
40. What are the two most frequent causes of acute pancreatitis?
41. For the diagnosis of acute pancreatitis following criteria are used:
42. Typical biliary pain is characterized by:
43. The most common cause of chronic pancreatitis in this region is:
44. Which of the following factors plays role in the etiopathogenesis of acute pancreatitis?
45. Characteristic manifestations and findings in exocrine pancreatic insufficiency are:
46. In chronic pancreatitis:
47. Which of the following statements regarding the mechanical ileus is correct?
48. Which of the following statements regarding paralytic ileus is correct?
49. Acute hepatitis is not caused by:
50. The complications of liver cirrhosis are:
51. What is the most likely diagnosis in a patient with jaundice, erythema palmarum, spider nevi and esophageal varices:
52. Typical symptoms of acute hepatitis are:
53. Fatigue, itching, loss of appetite and jaundice can represent symptoms of:
54. To establish the diagnosis of chronic hepatitis, the liver tests abnormalities must persist for at least:
55. Which of the following conditions does not lead to chronic hepatitis?
56. A triad of right upper quadrant abdominal pain, fever with chills and jaundice, the so-called Charcot triad, is found in:
57. Which of the following mode of transmissions does not belong to risk factors of contracting the hepatitis C virus:
58. Which of the following condition is the most common genetic liver disease:
59. Which of the following liver diseases is currently still incurable:
60. Which of the following laboratory tests results are related to the prognosis of a patient with liver cirrhosis:
61. Which of the following laboratory tests results are related to the prognosis of a patient with acute alcoholic hepatitis:
62. Which of the following drugs have demonstrated benefit in the treatment of severe acute alcoholic hepatitis:
63. Which of the following symptoms and signs does not accompany acute alcoholic hepatitis:
64. Abbreviation SVR, i.e. sustained viral response in the treatment of hepatitis C means:
65. Currently, the standard first line treatment of hepatitis C represents a combination of the following drugs:
66. The definition of chronic hepatitis B is:

Test questions - INTERNAL MEDICINE 2 - 4. class GM, winter semester
67. Which of the following statements concerning acute hepatitis B is correct:
68. Chronic hepatitis B in a stage of significant liver fibrosis, with ongoing inflammation and viremia above 2000 UI/mL is currently treatment with the following drugs:
69. A 28-year-old pregnant patient in a 32nd gestational week reports itching since one week. She has elevated ALT above three-time upper normal value and a normal blood count. The most likely diagnosis of the condition is:
70. What is currently the percentage of patients cured from chronic hepatitis C after the first treatment considering all genotypes and groups of patients together:
71. A 45-year-old female has a Child-Pugh B liver cirrhosis with persistent jaundice. She does not drink alcohol and has a normal nutritional status. What is currently considered to be the optimal therapy for her?
72. Which tumor is the most commonly complicating the course of viral (HBV or HCV) or alcoholic liver cirrhosis?
73. Zollinger-Ellison syndrome is characterized by:
74. Steatorrhoe is:
75. Glossodynia is:
76. A plain abdominal X-ray:
77. Mallory-Weiss syndrome refers to:
78. Melena:
79. Abdominal X-ray in suspicion of ileus:
80. Hematemesis:
81. Abdominal bruist:
82. Blumberg sign is positive in inflammation of:
83. Caput medusae is common in:
84. Cullen sign:
85. Defence musculaire is:
86. Grey-Turner sign:
87. Deep palpation is usually not limited in:
88. The upper border of the liver in midclavicular line may be assessed:
89. The respiratory movements from xiphoid to both inguinal regions are completely absent in:
90. Which statement about gall bladder is true:
91. Which of the signs is not positive in acute appendicitis:
92. In lateral parts of epigastrium (laterally off both midclavicular lines) are:
93. Murphy’s sign is typically positive:
94. Normal percussion over the abdomen is:
95. Palpation of the abdomen is:
96. Spider naevi (angiomas):
97. Peristalsis:
98. During inspiration, the liver:
99. By Naegeli the second grade of liver stiffness is by:
100. Respiratory mobility upon palpation is typical for:
101. In acute appendicitis is positive:
102. In acute peritonitis one can find out:
103. Cirrhosis of the liver can cause:
104. In hemorrhagic-necrotising pancreatitis one may notice:
105. By manual examination of rectum in women we palpate on anterior side:
106. In suspicion of acute abdomen: