

## CARDIOLOGY AND ANGIOLOGY

1. Threshold value of blood pressure for diagnosis of arterial hypertension is:
2. The most frequent form of secondary hypertension is:
3. These antihypertensive drugs are NOT the drugs of first choice:
4. The typical laboratory finding in hyperaldosteronism as a cause of secondary hypertension is:
5. Prevalence of arterial hypertension in adult population is:
6. Which drugs given to patients with arterial hypertension usually cause elevation of blood pressure and lessen the efficacy of antihypertensive treatment?
7. Which antihypertensive drugs are the most effective in prevention of renal function impairment?
8. Which antihypertensive drugs are contraindicated in pregnancy?
9. P wave in ECG records:
10. Oedema of lower limbs could be a side effect of:
11. Microangiopathy
12. Claudication pain of lower limbs:
13. Duration of PQ interval in ECG is:
14. In peripheral arterial disease trophic defects are present in:
15. In treatment of peripheral arterial disease in I. stage of Fontaine classification these drugs are important:
16. In treatment of claudication stage of peripheral arterial disease:
17. In acute limb ischaemia
18. Vasculitis
19. Raynaud phenomenon
20. Initial ventricular complex /QRS/ in ECG records
21. Deep vein thrombosis
22. Duration of QRS complex in ECG is:
23. ST segment in ECG is reflection of early phase of
24. Early complications of deep vein thrombosis could be:
25. Risk of deep vein thrombosis is higher in:
26. Besides clinical symptoms the first line method for diagnosis of deep vein thrombosis is:
27. Sinus tachycardia is characterised with frequency:
28. Thrombangiitis obliterans /Buerger's disease/
29. Raynaud phenomenon means:
30. According to ESC Guidelines for atrial fibrillation from 2010, atrial fibrillation is classified as
31. Aortic dissection is
32. Aortic dissection can cause
33. In treatment of acute descending aortic dissection important is:
34. Aortic dissection type B according to Stanford classification, type III. according to de
35. Aortic dissection can be caused by:
36. The clinical picture of aortic dissection can include:
37. In diagnostic of acute aortic dissection could be useful:
38. Prevention of aortic dissection:
39. Pulmonary embolism:
40. Clinical picture of lung embolism can include:
41. Indications to genetic examination of thromboembolic disease are:
42. The best diagnostic option in pulmonary embolism is/ the most relevant diagnostic option is:
43. Risk of thromboembolism in case of atrial flutter in comparison to fibrillation is:
44. Examination of D-dimer:
45. In case of A-V blockade of 1st degree, the P-Q interval is:
46. The treatment of lung embolism:
47. In case of A-V blockade of III. degree, the atrial frequency in comparison to ventricular frequency is:
48. Anticoagulation treatment in pulmonary embolism:
49. The most frequent form of embolism is:
50. Successive pulmonary embolism means:
51. The most frequent source of pulmonary embolism is:
52. Thromboembolic disease occurs mostly in:
53. Primary thrombophilia conditions:
54. Thrombophlebitis:
55. Compression treatment of lower extremities:
56. Lowenberg's sign is used in diagnostics of:
57. Phlegmasia alba dolens is characterised by:
58. Clinical picture of deep vein thrombosis includes:
59. Lymphedema:

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60. The auscultation finding in acute heart failure is:
61. Preexcitation syndrome is characterized by shortening of P-Q interval:
62. Opening snap is typical for:
63. Long – term complications of Diabetes mellitus could be:
64. Essential arterial hypertension is a typical:
65. Murmur is acoustic equivalent of:
66. Auscultation finding of aortic regurgitation is
67. Auscultation finding of aortic stenosis is
68. Common clinical presentation of aortic regurgitation is
69. Propagation of murmur in mitral regurgitation is to the
70. Propagation of murmur in aortic stenosis is to the
71. Picture of the heart with decompensated mitral valve disease on chest X-Ray can show
72. The clinical presentation of congestive heart failure does not include
73. The clinical presentation of acute pulmonary embolism include
74. Malignant arrhythmia is not
75. Based on Holter monitoring, Lown grading system classifies polymorphic ventricular extrasystoles as
76. Acute coronary syndrome is not
77. Classification system of severity of angina pectoris is
78. Risk factors of CAD is not
79. Diagnosis of CAD does not include
80. Lege artis treatment (according to guidelines) of STEMI is
81. Based on Holter monitoring, Lown grading system classifies bigeminic ventricular extrasystoles as
82. Based on Holter monitoring, Lown grading system classifies coupled repetitive ventricular extrasystoles as
83. The standard medication after myocardial infarction does not include:
84. According to Lown classification of ventricular extrasystoles salves of VES recorded on Holter monitoring of ECG represent class:
85. Marker of myocardial damage is not:
86. According to Lown classification of ventricular extrasystoles the phenomenon R/T recorded on Holter monitoring of ECG represents class:
87. Hypertrophy of left ventricular according to Sokolow index is when this index is:
88. For chronic cardiac failure is not typical:
89. Hypertrophy of left ventricular muscle according to Lewis index is when this index is:
90. Heart failure can be caused by
91. Which drug is NOT part of heart failure treatment
92. Which statement about left ventricular ejection fraction (LVEF) is not true
93. Which statement about digoxin is true
94. Which classification is mostly used for heart failure severity during myocardial infarction
95. Which of the following is usually NOT cause of diastolic heart failure
96. Which of the following is NOT a risk factor for bacterial endocarditis
97. Most common cause of pericarditis of those listed below is
98. Which examination method is best for diagnostics of myocarditis
99. Which information is helpful for diagnosis of aortic dissection according to history and physical examination:
100. ECG during serious acute pericarditis:
101. Which examination is not included in screening of new diagnosed hypertension:
102. Diagnosis of metabolic syndrome doesn't involve:
103. Risk factor for atrial fibrillation is not:
104. Cardiac pacing VVI is:
105. The first step in therapy of ventricle fibrillation is:
106. Optimal value of INR during treatment with warfarin is:
107. Using of digoxin in WPW syndrome:
108. For genesis of thrombosis is needed:
109. Total ischemic burden is every symptomatic and asymptomatic ischemia during:
110. According to size, aneurysm of abdominal aorta could be:
111. Risk factors of cardiovascular diseases used in SCORE stratification:
112. Hypertensive crisis could be accompanied by:
113. Resistant hypertension is hypertension, which doesn't react on combination of three antihypertensive drugs (included diuretic drug), under value of:
114. Causes of resistant hypertension:
115. Coarctation of aorta is accompanied by:
116. The most common cause of death in Slovakia is:
117. Arrhythmic causes of syncope could be:
118. Cardiomyopathy could be:
119. Cardiotoxicity of anthracycline is:

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120. Which valvular failure is typical for morbus Bechterev:
121. Lithium used in psychiatry:
122. The side effects of amiodaron are:
123. Arteriosclerosis contains:
124. Pulmonary hypertension is defined as increase of mean pulmonary pressure under resting conditions more than 20 mmHg. The severe pulmonary hypertension is defined as pressure:
125. Syndrome of diabetic foot – there can be current occurrence in damaged tissues:
126. Physiological ankle – brachial pressure index (ABI) is:
127. Typical ankle – brachial pressure index (ABI) in Monckeberger's medial calcinosis is:
128. There is on ECG in WPW syndrome:
129. Hypertrophy of left ventricle in arterial hypertension:
130. Pulse in atrial fibrillation is characterized as:
131. Swelling in heart failure is:
132. Patient with heart failure and pulmonary edema is classified to stage according to NYHA:
133. The „malignant“ dysrhythmias are:
134. Angina pectoris inversa (Prinzmetal) is typically characterized by:
135. Musset sign is in:
136. Systolic murmur is in:
137. As „no pulse disease“ is named:
138. Atrial fibrillation is characteristic with:
139. Secondary arterial hypertension is in:
140. Contraindication of realization of oGTT test is:
141. Drugs with prodiabetic effects are:
142. Symptoms of aortic stenosis can be:
143. The most prevalent valvular defect is:
144. The etiology of tricuspidal insufficiency can be:
145. Syndrome of sleep apnea can be divided on:
146. Dipping phenomenon is physiological decrease of blood pressure at night. Non – dippers are patients in which blood pressure:
147. Wegener granulomatosis is necrotizing vasculitis and involves damage of:
148. How many phases does Ratschow test consist of ?
149. Fontain classification is used in classification of:
150. How many stages are typical for Thrombangiitis obliterans (Winiwarter-Buerger disease) ?

## GASTROENTEROLOGY AND HEPATOLOGY

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. Which clinical condition in gastroenterology does NOT typically 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?

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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, tachycardia and normal blood count. What will 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 palmare, 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:
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 IU/mL is currently treatment with the following drugs:
69. 28-year old pregnant patient in a 32nd gestational week reports itching since one week. She has elevated ALT above three times 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. 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. Steatorrhea 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:

### HEMATOLOGY I.

1. The cells that do not include all the following core THAN
2. Heinz bodies are located in the following diseases:

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3. Haematopoietic main body of the fetus is:
4. Extracellular matrix or stromal bone marrow support hematopoiesis and consists of all the following EXCEPT glycoproteins
5. Interleukin-1 acts as an endogenous pyrogen and mediates secretion of growth factors by activated cells, all of the following EXCEPT
6. Asplenia refers to the presence of peripheral blood smear
7. The spleen performs all of the following functions EXCEPT
8. Hypersplenism arises from all diseases except
9. All of the following are complications associated with pancytopenia resulting from failure of the bone marrow EXCEPT
10. Aplastic crisis in haemolytic anemia associated with viral infection is usually caused by
11. Which of the following tests are quick and inexpensive to distinguish between chronic myeloid leukemia (CML), a reactive increase in the number of white blood cells in the inflammatory processes (leukemoid response)?
12. The first step in the diagnosis of polycythemia is
13. The patient is considered to have essential thrombocythaemia (ET), when the platelet count was consistently greater than 1 million and is associated with
14. Patients with myelodysplastic syndromes (MDSs), the following changes occur:
15. Bone marrow transplantation is indicated for all of the following conditions EXCEPT
16. Patient with multiple myeloma, a period of five years, without chemotherapy, with a stable value of M-protein in bone marrow plasma cells without multiplication, but with the presence of ringed sideroblasts, with neutropenia and transfusion-dependent anemia precedes diagnosis:
17. Which of the following FAB subtypes of myelodysplastic syndromes (MDSs) is associated with a good prognosis and prolonged clinical course?
18. The primary factor that controls the erythropoietic activity are:
19. Which of the following best response to anemia, erythropoietin administration?
20. Iron deficiency may develop in all of the following clinical conditions EXCEPT
21. Normal or increased bone marrow iron stores are located in all types mikrocyte hypochromic anemias EXCEPT
22. Treatment failure mikrocyte anemia to oral iron replacement may result EXCEPT?
23. Which of the following diseases can cause anemia of chronic disease (ACD) EXCEPT?
24. The following diseases which Prussian blue staining can demonstrate ringed sideroblasts in the bone marrow sample?
25. All the following statements are true in patients with pernicious anemia (PA) EXCEPT
26. All of the following indicators are present to folate deficiency and vitamin B12 deficiency EXCEPT
27. The following laboratory indicators of low serum vitamin B12 levels, normal or high serum folate and abnormal result in part I and the normal result in part II of Schilling test are:
28. Low levels of vitamin B12, high serum folate and normal result I part of Schilling test are:
29. Normal serum vitamin B12, low serum folate and normal result of I Schillingovho test are:
30. Low serum vitamin B12, serum folate, normal and abnormal, I, II and III Schillingovho test are:
31. Ingestion of fava beans can cause severe hemolytic anemia in patients who have one of the following enzyme deficiency?
32. Patient with intravascular hemolysis may be present in the following clinical and laboratory findings EXCEPT
33. Patient with autoimmune haemolytic anemia with thermal antibody type may be present following symptoms and laboratory findings EXCEPT
34. Patient with a deficiency of the enzyme glucose-6-phosphate dehydrogenase (G6PD) will be instructed to cut out all the following EXCEPT
35. patient with hereditary spherocytosis (HS) shall consider all the following treatment recommendations, EXCEPT
36. Patient with acute hemolysis has all the following findings EXCEPT
37. Hemolytic anemia can all cause infection following EXCEPT
38. Paroxysmal Nocturnal Haemoglobinuria (PNH) is diagnosed:
39. Diagnostic test autoimmune hemolytic anemia with thermal antibody type is:
40. Diagnostic test hereditary spherocytosis (HS) is:
41. Anemia with acantocyte red blood cells causes
42. Paroxysmal nocturnal hemoglobinuria causing:
43. Hemolytic anemia caused by penicillin administration:
44. Which of the following findings is specific for the diagnosis of  $\alpha$  thalassemia patient who has symptomatic anemia?

## HEMATOLOGY II

1. Which of the following blood groups is the most common?
2. Which of the following tests must be done before a blood transfusion?
3. Patient with blood group A Rh negative. except the same blood can receive blood transfusion:
4. Which of the following forms of red blood cell transfusion is best intaroperativne?
5. Which of transfusion reactions is the most difficult and life threatening?
6. Which of the following transfusion reactions are the most difficult and life threatening?
7. Urticarial transfusion reactions are characterized by:
8. Which of the following transfusion reactions can be caused by anti-HLA
9. Which of these cytokines is essential for T cell proliferation in immune answers?

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10. Cells bearing the CD4 surface antigen involved in
11. Sort the proper development of white cell series
12. Each of the following laboratory methodologies is useful in distinguishing acute myeloid leukemia (AML) from lymphoblastic leukemia (ALL), EXCEPT
13. Diffuse large cell lymphoma, which is the most likely clinical characteristics?
14. The patient has swelling in the neck caused by enlarged lymph nodes. Histological examination was diagnosed sclerosing form of Hodgkin's disease. CT scan revealed enlarged lymph nodes in the mediastinum. Abdominal lymph nodes and spleen were not affected. Liver biopsy and bone marrow were negative. At what stage of the disease the patient is?
15. Leukemia which is commonly observed also myeloblasts?
16. Where leukemia is present Philadelphia (Ph) chromosome?
17. Which type of pathology associated aggressive non-Hodgkin's lymphoma?
18. Which of the following characteristics are associated with unfavorable prognosis of patients with chronic lymphocytic leukemia (CLL)?
19. What does the term leukemoid reaction in blood smear?
20. What phase of the disease is chronic myeloid leukemia?
21. How to know the classification of acute myeloid leukemia?
22. What kind of symptoms the patient comes to the doctor with acute leukemia addition?
23. What does the term "hiatus leucemicus" in blood smear?
24. Multiple myeloma is a disease
25. Multiple myeloma affects the following body organs:
26. Multiple myeloma is classified according to the criteria:
27. Which of the following criteria must be met for the classification of multiple myeloma according to Durie-Salmon?
28. Which of the CRAB criteria applicable to the diagnosis of multiple myeloma?
29. All of the following hemoglobins are present in normal persons EXCEPT
30. Aplastic crisis in sickle cell disease is caused by
31. Gallstones in congenital hemolytic anemia is caused due
32. Severe sickle cell disease (sickle cell disease) is caused by the presence of:
33. What do you test in suspected hemolytic anemia?
34. Patient with hemoglobin 10 g / l, mean corpuscular volume 76 fl., Increased the total capacity of iron, low ferritin, what procedure you choose?
35. Phagocytosis is a primary function
36. Basophils and mast cells contain basophilic granules that are similar in that they

## NEPHROLOGY

1. Long-term overuse of analgetics leads to:
2. Urinary tract infections are most commonly caused by:
3. Goodpasture's syndrome is characterized by:
4. Which kidney disease is present in Alport's syndrome:
5. The history of osteomyelitis, or rheumatoid arthritis with newly diagnosed nephrotic syndrome
6. The prevention of urate nephropathy in patient with increased serum uric acid:
7. Preeclampsia in pregnant women is characterized by:
8. Incipient (beginning) diabetic nephropathy is defined as:
9. Endocrine disease with increased prevalence of nephrolithiasis:
10. What are typical changes of calcemia and phosphatemia in chronic renal failure:
11. The number of bacterial colonies in urine in clinically significant urinary tract infection is more than:
12. The presentation of proteinuria, hematuria, arterial hypertension and edema is typical for:
13. Severe hematuria with mild proteinuria is typical for:
14. Recommended daily protein intake in patients with chronic kidney disease with glomerular filtration rate lower than 30 ml/min:
15. Glomerulonephritis with nephrotic proteinuria is not treated by:
16. The commonest type of anemia in chronic renal failure:
17. Proteinuria with prevailing low molecular-weight proteins is called:
18. Calculation of glomerular filtration rate requires a serum concentration of:
19. Acute nephritic syndrome is characterized by:
20. The definition of nephrotic syndrome:
21. The presence of hyaline casts in urinary sediment is associated with:
22. Which type of acute renal failure is caused by patient's dehydration (deficit of water):
23. Osmotic diuresis is induced by:
24. Standard weekly hemodialysis dose:
25. Dysuria is:
26. The renal disease in patient with uremia, metabolic acidosis and small kidneys:
27. In nephrotic syndrome caused by minimal change disease the electron microscopy finding is located on:

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28. Non-functional shrunken kidney, known already 10 years ago, with hypertrophy of contralateral kidney indicates:
29. Proximal type (type 2) renal tubular acidosis is caused:
30. From among all patients treated by maintenance hemodialysis in developed countries the leading kidney disease is:
31. Stage 3 chronic kidney disease (KDOQI classification) is defined as glomerular filtration rate in a range of:
32. Renal replacement therapy includes:
33. Standard number of daily peritoneal dialysis solution exchanges in adult patient treated by continuous ambulatory peritoneal dialysis (CAPD):
34. Prerenal type of acute renal failure is not present in:
35. Multiple cortical and medullary cysts in both kidneys with clinical manifestation in patients older than 40 years and later development of chronic renal failure indicate:
36. Blood acid-base in compensated metabolic acidosis:
37. What are the changes in kalemia and natremia in moderate metabolic acidosis:
38. The proportion of water from total body weight:
39. Severe hyponatremia is often caused by:
40. Which solution is used in intravenous treatment of hyperkalemia in patient with normal diuresis:
41. Hyponatremia is not present in:
42. Compensatory respiratory mechanism in severe metabolic acidosis:
43. Which is the correct anion gap calculation using ion concentrations in serum:
44. Which of the following antimicrobial medications is the commonest cause of acute renal failure:
45. Which vascular access is most commonly used in chronic (maintenance) hemodialysis:
46. Which drug is not used as immunosuppressive treatment after kidney transplantation:
47. Acute poststreptococcal glomerulonephritis is secondary to the infection by:
48. How should be treated a patient with chronic renal failure (GFR 12 ml/min) and anemia (Hb 80 g/l, s-Fe 6 µmol/l, s-ferritin 15 µg/l):
49. Daily dose of which antihypertensive agent should be reduced in chronic kidney disease with decreased glomerular filtration rate 36 ml/min (stage 3 KDOQI) and secondary arterial hypertension:

## RHEUMATOLOGY

1. Ulnar deviation of fingers is typical in:
2. Sacroileitis is typical in:
3. ASLO is examined in suspicion of:
4. Morning stiffness longer than 1 hour is typical in :
5. Osteophytes are:
6. Butterfly rash on face is typical in:
7. Photosensitivity is typical in:
8. Treatment with biologic agents is indicated in:
9. Osteoporosis usually not occurs in:
10. Colchicin is used for treatment of:
11. Typical osteoporotic fractures are:
12. As a „pulsless disease“ is called:
13. High levels of CRP are typical for:
14. Polymyalgia rheumatica can be frequently associated with:
15. Raynaud's phenomenon is a symptom of:
16. Heberden's nodes are:
17. Which of these symptoms is not characteristic for Reiter's syndrome trias:
18. Which of these symptoms is not characteristic for polymyalgia rheumatica:
19. ANCA antibody can be detected in:
20. Elevated muscle enzymes in serum are specific for:
21. Acute arthritis in MTP I. join is characteristic for:
22. Rheumatoid factors are:
23. Arthrocentesis:
24. Sacroiliac joints are examined mainly:
25. Antinuclear factor (ANA) is positive in patients suffering from:
26. Disease modifying anti rheumatic therapy (DMARDs) can be indicated in RA:
27. Most common side effect of NSAIDs treatment is:
28. Bone mineral density examination is indicated:
29. Positive titres anti ds-DNA is specific for:
30. Schober and Stibor distances are shortened in:
31. Magnetic resonance imaging is used:
32. The most important criterion for diagnosis of early rheumatoid arthritis is:
33. Diagnosis of osteoporosis is based on bone mineral density measurement at the:
34. Evaluation of disease activity in rheumatoid arthritis (DAS 28 index) include:

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35. Most frequently used antiresorptive drugs for osteoporosis are:
36. Drug of choice for active early rheumatoid arthritis is:
37. For diagnosis of osteoporosis in postmenopausal women must be the T-score by WHO classification:
38. Basic chemical structure of vitamin D is like:
39. Main source of vitamin D is:
40. The active metabolite of vitamin D - 1,25-dihydroxycholecalciferol - appears in:
41. Most frequent type of osteoporosis in men is:
42. Rheumatic fever is caused by infection of:
43. Most severe result of rheumatic fever is:
44. Which of organs can be impaired in systemic lupus erythematosus:
45. Recommended doses of vitamin D and calcium in treatment of osteoporosis are:
46. Non-skeletal effects of vitamin D are:
47. Typical signs of arthritis are:
48. Epidemiology of osteoporosis:
49. Major Jones criteria of rheumatic fever are:
50. Symptoms of sclerodermia are:

### ENDOCRINOLOGY, DIABETOLOGY AND METABOLISM

1. Typical for acromegaly is:
2. Basic clinical trias of thyrotoxicosis is:
3. "Metalic forearm" is a typical sign of:
4. Addison´s disease is nor accompanied by:
5. Endocrine orbitopathy is:
6. Typical for primary hypothyroidism is:
7. Clinical manifestations of hyperthyroidism are:
8. First choice diagnostic procedure for the diagnosis of nodular goiter is:
9. Most common cause of hypothyroidism is:
10. Thyrotoxicosis can be caused by:
11. Which of the following thyroid carcinomas has the best prognosis:
12. Medullary thyroid carcinoma is characterised by overproduction of:
13. Clinical sign of hypothyroidism is not:
14. Hypothyroidism is treated with:
15. Primary hyperparathyroidism is characterised:
16. Primary hyperparathyroidism predominantly affects:
17. Basic examination method for detection of hyperplastic parathyreoidal gland is:
18. Firstline therapy of primary hyperparathyroidism is:
19. Main causes of hypoparathyroidism are:
20. Acromegaly or gigantism are caused by overproduction of:
21. Central diabetes insipidus is caused by:
22. For SIADH is typical:
23. SIADH is NOT associated with:
24. Clinical sign of aomegaly is NOT:
25. First line treatment of prolactinoma is:
26. Clinical sign of hyperprolactinaemia is:
27. When you think on the diagnosis of hyperprolactinaemia you order these laboratory tests:
28. Substitution of pituitary hormone deficiency is in:
29. Insulin test is used to diagnose:
30. Diagnostic tests for pituitary hormone deficiencies are:
31. Treatment of panhypopituitarism starts with:
32. Cushing´s disease:
33. Cushing´s syndrome:
34. The most common hormone-producing pituitary tumors are:
35. Pituitary tumors, in which first line treatment is medicamentous, are:
36. Central hypothyroidism
37. Which condition is not associated with hyperprolactinemia:
38. Klinefelter´s syndrome is:
39. Testosterone is produced:
40. Substitution therapy of male peripheral hypogonadism consists of:
41. Gynaecomastia is not a sign of:
42. Typical findings in primary (peripheral) hypogonadism in women are:
43. Premature ovarian failure
44. Diagnostic criteria of Polycystic ovary syndrome (Stein Leventhal sy) is NOT:

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45. Risk of high dose estrogen treatment is
46. High hCG level is typical for:
47. Hormones NOT produced in adrenals are:
48. Pheochromocytoma is a tumor originating in:
49. Dexamethasone test is indicated in a patient with suspicion for:
50. First diagnostic modality in adrenal tumor incidentaloma is:
51. Congenital adrenal hyperplasia is mostly caused by:
52. Treatment of hypertension in pheochromocytoma starts with:
53. Addison's crisis DOESN'T manifest as:
54. Hirsutism is NOT a clinical manifestation of:
55. Typical for peripheral excess of cortisol is:
56. In central excess of cortisol (Cushing's disease) first line treatment is:
57. Patient with peripheral deficit of cortisol is treated with:
58. Feochromocytoma is NOT typically associated with:
59. In diagnosis of feochromocytoma we use:
60. Mineralocorticoids in adrenals are produced in:
61. Typical for Conn's syndrome is:
62. Adverse effects of glucocorticoids are NOT:
63. Myxedema coma - clinical picture is :
64. Myxedema coma – management:
65. Thyroid storm – clinical picture:
66. Thyroid storm – management:
67. Acute adrenal insufficiency
68. Acute adrenal insufficiency
69. Type 1 of diabetes mellitus is characterized by:
70. Possible etiological factors for the development of type 2 of diabetes mellitus 2 are:
71. The prediabetic states ("Prediabetes") are:
72. The diagnosis of diabetes mellitus is uncertain if the patient has characteristic symptoms (polyuria, polydipsia) and fasting blood glucose is:
73. In the typical clinical picture of patient with newly diagnosed diabetes is not:
74. C-peptide is:
75. Hypoglycemia does not occur:
76. Hypoglycemia:
77. Hypoglycaemia can be defined in clinical practice by:
78. In hyperglycaemic diabetic ketoacidosis with coma is not indicated:
79. Metabolic acidosis occurs in diabetes mellitus:
80. In the clinical picture of hyperglycemic hyperosmolar state is not:
81. Metformin is contraindicated in:
82. Lactic acidosis and coma can be found during:
83. Intensified insulin therapy (intensified insulin regimen):
84. Glycosylated hemoglobin (A1C) is important for the assessment:
85. The microvascular complications of diabetes are:
86. Microalbuminuria is used in clinical practice:
87. Every diabetic patient should have the following tests:
88. The lipid-lowering therapy following applies:
89. Which of the following statements is incorrect:
90. Atherogenic lipid triad is characterized by:
91. The criteria for the diagnosis of metabolic syndrome are:
92. Hyperuricaemia means an increase in uric acid levels above:
93. In porphyria cutanea tarda is in the urine mainly increased the level of:
94. In the treatment of porphyria cutanea tarda is used:
95. Obesity can be defined by BMI in the range:
96. Extreme (morbid) obesity is not characterized by:
97. Obesity is characteristically accompanied by:
98. Obesity is NOT associated with increased risk:
99. Body mass index according Quetelet (BMI) can be calculated as:
100. An insulin pump is a device:
101. Treatment of diabetic coma consist of:
102. Whipples trias does not include:
103. Clinical picture of porhyria includes: