



Tanta University

Faculty of Medicine

Forensic Medicine & Clinical Toxicology Department

M.S.c Examination in M.S.C. Forensic Medicine & Clinical Toxicology 1st part

28/3/2021

Time allowed: one hour

تزييف و تزوير

١- عرف ما يلي: (٢ درجة)
أ-التزوير.
ب-الكتابة اليدوية.

٢- اعطى تحليلا لكل من العبارات الآتية على اساس علمية سليمة: (2 درجة)
- الكتابة اليدوية عملية آلية.
- وجود شوائب بالجرات الخطية للتوقيع يعتبر دليلا فنيا جازما على تزويره.

٣- كيف تضمن المواصفات الفنية و القانونية لمستندات المضاهاة؟ (٢ درجة)

٤- أى من الاحوال الآتية يمكن أن يصعب معه نسبة التوقيع لصاحبه مع ذكر السبب: (٢ درجة)
- فقدان الابصار.
- الادعاء بتحرير التوقيع تحت تهديد و اكراه و عنف.

٥- قارن بين العملات الورقية الصحيحة و المزيفة . (2 درجة)

(GOOD LUCK)

University of Tanta
Faculty of Medicine
Dept. Of Forensic Medicine & Toxicology
Forensic Chemistry Exam

28/3/2021

Write short account on the principles of the following:

- 1-Factors affecting the choice of an efficient extraction procedure for poisons **4 marks**
- 2-Classification of poisons from analytical point of view **4 marks**
- 3-Chemical Treatment of the following medico-legal specimens : **8 marks**
Blood, urine, stomach contents and hair samples
- 4- The most commonly used separation procedures **4 marks**

GOOD LUCK



Tanta University
Faculty of Medicine
Internal Medicine Department

Master of Forensic medicine and Toxicology - Internal Medicine Exam

Time: 3 hours Total Marks: 45 Marks

- 1. What is the most common drug-induced respiratory problem is?**
 - A. Pulmonary edema
 - B. Apnea
 - C. Pulmonary fibrosis
 - D. Bronchospasm

- 2. Which one of the following statements is false regarding aspirin sensitive asthma?**
 - A. Aspirin sensitivity occurs in less than 20 percent of asthmatics.
 - B. All aspirin-sensitive asthmatics fit the classic aspirin-triad picture.
 - C. The frequency increases up to 23 percent in patients with nasal polyps.
 - D. The frequency of aspirin-induced bronchospasm increases with age.

- 3. Which one of the following statements is true regarding ACE inhibitor-induced cough?**
 - A. The cough is dry, nonproductive and persistent.
 - B. It can happen up to 1 year after initiation of therapy.
 - C. It recurs with rechallenge.
 - D. The chest x-ray and pulmonary function tests are normal.
 - E. All the above

4. All the following are predisposing factors for the development of cytotoxic drug-induced pulmonary fibrosis except:

- A. Concurrent radiotherapy.
- B. High doses.
- C. Cumulative doses.
- D. Oxygen therapy.

5. Monitoring acid-base status is very important in individuals with kidney pathology. Which of the following diuretics causes metabolic alkalosis?

- (A) Acetazolamide and potassium-sparing diuretics
- (B) Loop diuretics and acetazolamide
- (C) Loop diuretics and potassium-sparing diuretics
- (D) Loop diuretics and thiazid
- (F) Thiazides and potassium-sparing diuretics

6- A certain endocrine disorder can lead to an elevated blood pressure, decreased potassium levels, sodium and water retention, and decreased renin activity. Which of the following is the most likely diagnosis?

- A. Addison's disease
- B. Hyperthyroidism
- C. Pheochromocytoma
- D. Primary hyperaldosteronism
- E. Secondary hyperaldosteronism

7- Which one of the following groups of drugs is more likely to cause pulmonary edema?

- A. Bleomycin, cyclophosphamide
- B. Fenfluramine, pindolol
- C. Methysergid, methotrexate
- D. Heroin, corticosteroids

8- A 56-year-old woman who has type 2 diabetes mellitus with recent onset hypertension comes to her physician because of a rash, changes in taste, and a mild cough. Physical examination shows patchy areas of edema throughout her body. **Which of the following medications is the most likely cause of this patient's signs and symptoms?**

- A. Captopril
- B. Hydrochlorothiazide
- C. Losartan
- D. Nifedipine
- E. Propranolol

9- **Drug-induced apnea may occur in any of the following situations except:**

- A. Slow intravenous administration of diazepam and phenobarbital to stop seizures in emergency departments.
- B. Rapid administration of any of the benzodiazepines.
- C. Critically ill patients receiving neuromuscular blockers for more than 2 days.
- D. Local spinal anesthesia.

10- A 34-year-old man with moderately severe ulcerative colitis has been taking oral prednisone for 4 months. **Which of the following symptoms is the most likely adverse effect of this drug?**

- A. Diabetes insipidus
- B. Diabetes mellitus
- C. Hyperpigmentation of the skin
- D. Hypotension
- E. Muscle hypertrophy
- F. Sodium wasting

11- An 8-year-old boy presents to the emergency department with a 2-hour history of vomiting after eating dinner at a seafood buffet. Arterial blood gas analysis reveals a pH of 7.50, a bicarbonate level of 34 mEq/L, and partial carbon dioxide pressure of 40 mm Hg. **Which of the following best describes the acid-base disturbance occurring in this patient?**

- A. Metabolic acidosis
- B. Metabolic acidosis/respiratory acidosis
- C. Metabolic acidosis/respiratory alkalosis
- D. Metabolic acidosis/respiratory compensation
- E. Metabolic alkalosis
- F. Metabolic alkalosis/respiratory compensation

12- **What is the most common manifestation of methotrexate-induced lung toxicity?**

- A. Reduction in DLCO
- B. Reduction in lung volume
- C. Chills, fever, and malaise
- D. All the above

13- **Recognized adverse reactions to antituberculous drugs include all of the following except:**

- a) Streptomycin - vestibular disturbance and deafness
- b) Isoniazid - Polyneuropathy
- c) Rifampicin - optic neuritis
- d) Pyrazinamide - hepatitis

14- **All of the following are causes of acute hepatocellular injury, except:**

- A. Acetaminophen
- B. Hepatic vein thrombosis
- C. Ischemic hepatitis
- D. Hemochromatosis

15-The preferred treatment option for ACE inhibitor-induced cough is:

- A. Withdrawal of the ACE inhibitor.
- B. Cromolyn sodium because it is the most studied agent with minimal toxicity.
- C. Switch to another ACE inhibitor.
- D. Switch to ARBs


16- A 65-year-old woman with a 60-pack-year smoking history comes to her primary care physician with 3 months of shortness of breath and dry cough. Until recently, she was able to walk the four blocks to her local grocery store without shortness of breath; however, now she is able to walk only one block before having to stop and rest. She has been waking from sleep with difficulty breathing and feels uncomfortable lying flat in bed. Her physical examination is notable for crackles at the lung bases. There is no evidence of hepatosplenomegaly or jugular venous distention.

- 1. What is the most likely diagnosis?**
- 2. What are the common causes of this condition?**

17- A 70-year-old woman presents to her physician complaining of a 3 day history of nausea and malaise. She states that she is essentially in good health, although she recently started taking omeprazole for her gastroesophageal reflux disease. The patient denies use of any other medications. Her physical examination reveals a temperature of 38°C (100.4°F), but it is otherwise unremarkable. Laboratory blood testing demonstrates eosinophilia and elevated serum creatinine. Urinalysis shows mild proteinuria. Urine microscopy is pending.

- 1. What is the most likely diagnosis?**
- 2. What is the cause and what are the other causes associated with this condition?**
- 3. What other symptoms are common in patients with this condition?**
- 4. What are the typical urinalysis findings?**

Good Luck

Tanta University Faculty of Medicine Anesthesia, SICU & Pain Medicine Dep. Date: 1 /4 / 2021	Exam: Master Degree Toxicology No. of Questions: 3 Questions Times allowed: 3 hour Total marks: 30	
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Question 1:

Enumerate indication of endotracheal intubation and mechanical ventilation? (10 marks)

Question 2:

a- What is the management of supraventricular tachycardia? (5 marks)

b- Enumerate complication of total parenteral nutrition? (5 marks)

Question 3:

a- Demonstrate ECG changes with hyperkalemia and its management? (5 marks)

b- Mention management of anaphylactic shock? (5 marks)

GOOD LUCK.