

## ASSESSMENT OF 30 MCQs

**FPSC NO : 30**  
**GASTROINTESTINAL DISEASES**  
**SUBMISSION DEADLINE : 31 MARCH 2009**

**INSTRUCTIONS**

- With effect from 1st April 2008, the College Assessment of 30 MCQs has gone paperless.
- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal ([www.cfps2online.org](http://www.cfps2online.org))
- Attempt ALL the following multiple choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.

1. Which of the following is an extra-esophageal symptom associated with GERD?
  - A. Chest pain.
  - B. Asthma.
  - C. Chronic cough.
  - D. Sore throat.
  - E. All of the above.
2. In the diagnosis of gastro-esophageal reflux disease (GERD), which of the following statement is CORRECT?
  - A. Heartburn and regurgitation occurring after meals are symptoms highly specific for GERD.
  - B. The gold standard for diagnosis of non-erosive GERD is upper GI endoscopy.
  - C. In a patient with epigastric pain, response to PPI treatment is diagnostic of GERD.
  - D. 24-hour pH monitoring is useful for screening patients for GERD.
  - E. Anaemia is commonly present in GERD.
3. In the assessment of gastro-esophageal reflux disease (GERD), which of following is a role of endoscopy?
  - A. Assessing esophageal mucosa for erosions and ulcerations.
  - B. Excluding other upper gastro-intestinal pathology.
  - C. Obtaining biopsies at suspicious areas.
  - D. Treating esophageal strictures.
  - E. All of the above.
4. Which of the following lifestyle modifications that have been shown to improve GERD symptoms?
  - A. Avoidance of spicy food.
  - B. Weight loss.
  - C. Cessation of smoking.
  - D. Avoidance of alcohol.
  - E. Reducing coffee intake.
5. Which of the following regarding the treatment of gastro-esophageal reflux disease (GERD) is CORRECT?
  - A. Proton-pump inhibitors are just as effective as histamine 2 receptor antagonists in relieving GERD-related symptoms.
  - B. Histamine2 receptor antagonists should be consumed 30 mins after a meal to prevent postprandial heartburn.
  - C. Sucralfate is more effective in healing esophageal mucosa compared to histamine2 receptor antagonists.
  - D. Concomitant use of a prokinetic agent with PPI therapy have been shown to improve GERD symptoms.
  - E. Prokinetic agents should only be used as adjunctive therapy in GERD.
6. What is the usual cause for failure of *H.pylori* eradication in a patient who has been compliant in completing the course of treatment?
  - A. Antibiotic resistance to clarithromycin of the *H.pylori* strain.
  - B. Antibiotic resistance to amoxicillin of the *H.pylori* strain.
  - C. Antibiotic resistance to tetracycline of the *H.pylori* strain.
  - D. Antibiotic resistance to metronidazole of the *H.pylori* strain.
  - E. PPI being used in standard dose.
7. What is the best diagnostic test to assess for *H.pylori* after elimination treatment?
  - A. The quantitative serological test.
  - B. The qualitative serological test.
  - C. The urea breath test.
  - D. *Helicobacter pylori* stool antigen test.
  - E. Barium meal study.
8. Peptic ulcer relapse can be prevented by
  - A. Initial treatment with antacid in large doses.
  - B. Initial treatment with proton pump inhibitors in standard doses.
  - C. Initial treatment with histamine 2 receptor antagonist.
  - D. Initial treatment with *Helicobacter pylori* elimination.
  - E. None of the above.

**9. After 8 weeks of anti-secretory treatment for a gastric ulcer, what is the next step in the management?**

- A. Schedule the patient for elective partial gastrectomy.
- B. Schedule the patient for repeat gastroscopy or barium meal to assess gastric healing.
- C. Continue with maintenance anti-secretory drugs.
- D. Monitor for faecal blood every 3 months.
- E. Monitor the haemoglobin level every 3 months.

**10. Gynaecomastia and mental confusion are uncommon side effects of:**

- A. Misoprostol.
- B. Histamine<sub>2</sub> receptor antagonist.
- C. Colloidal bismuth.
- D. Proton pump inhibitors.
- E. Sucralfate.

**11. Which of the following symptoms is associated with early gastric cancer?**

- A. Vomiting.
- B. Dysphagia.
- C. Weight loss.
- D. Post prandial fullness.
- E. Hunger pain.

**12. Which of the following is the main symptom of gastric cancer in the cardia region?**

- A. Nausea.
- B. Anorexia.
- C. Dysphagia.
- D. Abdominal discomfort.
- E. Heartburn.

**13. Which of the following statement about Barrett's esophagus is CORRECT?**

- A. Barrett's esophagus is a premalignant condition.
- B. Belching is a common symptom of Barrett's oesophagus.
- C. Barrett's esophagus typically presents as a well defined strawberry coloured area of velvety mucosa at the esophago-gastric junction.
- D. Approximately 20% of patients with chronic GERD develops this condition.
- E. None of the above.

**14. Which of the following is the correct way to manage a patient with Barrett's esophagus with no intraepithelial neoplasia?**

- A. Routine fundoplication.
- B. Yearly endoscopic surveillance.
- C. Mucosal ablation of the Barrett's segment.
- D. Esophagectomy.
- E. No specific treatment.

**15. Which of the following symptoms or signs is associated with metastasis of esophageal cancer to the adjacent structures?**

- A. Anaemia.
- B. Intractable coughing or sudden onset of hiccups.
- C. Ascitis.
- D. Jaundice.
- E. Melena.

**16. Which of the following organs is LEAST LIKELY to present with symptoms referable to the epigastrium?**

- A. Heart.
- B. Duodenum.
- C. Transverse colon.
- D. Pancreas.
- E. Spleen.

**17. Pain and guarding over the right hypochondrium with rebound tenderness is an indication of:**

- A. Cholelithiasis.
- B. Gallbladder serosal inflammation.
- C. Carcinoma of the pancreas.
- D. Gastric carcinoma.
- E. Gastroesophageal reflux disease.

**18. Which of the following peripheral signs is correctly associated with the underlying pathology?**

- A. Jaundice and biliary obstruction.
- B. Leuconychia in iron deficiency anaemia.
- C. Palmar erythema in chronic pancreatitis.
- D. Distended abdominal veins and ascites.
- E. koilonychia and hypoalbuminaemia.

**19. Which one of the following associations regarding investigations of the gastrointestinal tract is CORRECT?**

- A. Elevated serum amylase in acute pancreatitis.
- B. X-ray signs of multiple fluid levels in intestinal obstruction.
- C. X-ray signs of free gas under diaphragm in bowel perforation.
- D. *H.pylori* and gastric cancer.
- E. All of the above are correct.

**20. Which of the following characteristic of abdominal symptoms is CORRECT?**

- A. Vague right hypochondrial discomfort is usually of no significance.
- B. Abdominal bloating is commonly associated with GERD, and is relieved by food.
- C. Significant weight loss of > 5% body weight is associated with gastric cancer.
- D. Acute pancreatitis causes epigastric pain that radiates to the back.
- E. Gastric cancer can cause anaemia due to rapid blood loss.

**21. A patient gives a history of pain developing gradually in the periumbilical area which became localised in the RIF and is of moderate intensity. The likely cause is:**

- A. Gastroenteritis.
- B. Diverticulitis.
- C. Appendicitis.
- D. Mesenteric ischaemia.
- E. Ruptured abdominal aortic aneurysm.

**22. In mesenteric ischaemia/infarction the pain is:**

- A. Localised in the pelvis.
- B. Of mild intensity.
- C. Of gradual onset.
- D. Of sudden onset within one hour of eating.
- E. Relieved by food.

**23. Which of the following conditions is not commonly associated with pain in the left lower quadrant of the abdomen?**

- A. Acute diverticulitis.
- B. Inflammatory colitis.
- C. Pyogenic sacroileitis.
- D. Tubo-ovarian disorders.
- E. Terminal ileitis.

**24. A patient has recurrent abdominal pain for eight months with episodes on at least six days per month in the last three months. The pain is improved by defecation. Which of the following features when present in the patient will fulfil the Rome 3 diagnostic criteria for irritable bowel syndrome?**

- A. Onset was associated with a change in frequency of stool.
- B. Onset was associated with a change in colour of stool.
- C. Onset was associated with passage of blood per rectum.
- D. Onset was associated with weight loss.
- E. Onset was associated with anaemia.

**25. Which of the following is not assessed in a stool analysis for investigation of a patient with chronic diarrhoea?**

- A. Stool pH.
- B. Stool electrolytes.
- C. Stool WBCs.
- D. Stool culture for Salmonella typhi.
- E. Laxative screen.

**26. For community surveys and clinical trials on irritable bowel syndrome, which of the following criteria will be the most suitable to use?**

- A. Manning Criteria.
- B. Rome I Criteria.
- C. Rome II Criteria.
- D. Rome III Criteria.
- E. None of the above.

**27. In the assessment of recurrent abdominal pain to ascertain the possibility of irritable bowel syndrome, a change in stool form is assessed by using which of the following?**

- A. Bristol Stool Scale.
- B. Manchester Stool Scale.
- C. Glasgow Stool Scale.
- D. Edinburgh Stool Scale.
- E. None of the above.

**28. Bloating is a symptom of irritable bowel syndrome (IBS). Which of the following feature about this symptom in IBS is INCORRECT?**

- A. It can be postprandial.
- B. It is as common as abdominal pain or discomfort.
- C. It is uncommon.
- D. It is usually progressive.
- E. It is usually not relieved by defaecation.

**29. The Rome III subclassification is based solely on stool consistency. Which of the following statement is CORRECT?**

- A. In IBS-C, patients have hard stools more than 25% of the time and loose stools less than 25% of the time.
- B. In IBS-D, patients have loose stools more than 25% of the time and hard stools less than 15% of the time.
- C. In IBS-M, patients have hard and soft stools more than 50% of the time.
- D. In IBS-U, patients have neither hard nor soft stools more than 15% of the time.
- E. In those whose bowel habits change from one subtype to another are called "transformers".

**30. Which of the following choice of pharmacological treatment for a predominant symptom of IBS is correct?**

- A. Abdominal pain and loperamide.
- B. Diarrhoea and antispasmodic agents.
- C. Constipation and ispaghula.
- D. Bloating with distension and antispasmodic agents.
- E. Bloating without distension with diet and polytheline glycols.

FPSC No: 29  
"Nutrition Updates"  
Answers to 30 MCQ Assessment

Q1. C	Q6. E	Q11. B	Q16. E	Q21. A	Q26. C
Q2. E	Q7. C	Q12. C	Q17. E	Q22. B	Q27. D
Q3. E	Q8. A	Q13. E	Q18. B	Q23. E	Q28. D
Q4. A	Q9. B	Q14. A	Q19. D	Q24. B	Q29. B
Q5. E	Q10. E	Q15. E	Q20. E	Q25. E	Q30. D