



MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY

(MMUST)

MAIN CAMPUS

UNIVERSITY EXAMINATIONS

2021/2022 ACADEMIC YEAR

SECOND YEAR SECOND TRIMESTER EXAMINATIONS

FOR THE DEGREE

OF

BACHELOR OF SCIENCE IN CLINICAL MEDICINE COMMUNITY HEALTH
SURGERY

COURSE CODE: HCM 155

COURSE TITLE: CLINICAL METHODS II

DATE: WEDNESDAY 20TH APRIL 2022

TIME: 8:00-11:00 AM

INSTRUCTIONS TO CANDIDATES

- a. All questions are compulsory
- b. Read additional instructions under each subsection
- c. Enter all answers in the answer booklet provided
- d. Write the university registration number on each piece of paper used

TIME: 3 Hours

MMUST observes ZERO tolerance to examination cheating

This Paper Consists of 7 Printed Pages. Please Turn Over.

SECTION A: MULTIPLE CHOICE QUESTIONS 20 MARKS

1. Dysphagia is defined as;
 - a) Awareness of something sticking in the throat when swallowing liquid first
 - b) Awareness of something sticking in the throat when taking solid food first
 - c) Pain when swallowing solid food
 - d) Pain when swallowing liquid food
2. Common symptoms of gastrointestinal and abdominal diseases are;
 - a) Haematuria
 - b) Haemoptosis
 - c) Discharge
 - D) Diarrhea and vomiting
3. A Dry mouth can suggest the need to;
 - a) Vomit
 - b) Pass diarrheal stool
 - c) Take a drink
 - d) Take a fruit
4. A heartburn is also known as;
 - a) A reflux of acidic substance in the stomach
 - b) A reflux of alkaline substance in the mouth
 - c) Regurgitation of contents in the stomach
 - d) A reflex of acidic substance into the oesophagus
- 5) Peripheral stigmata is a sign of
 - a) Chronic liver disease
 - b) Chronic pancreatic disorder
 - c) Acute endocrine disease

d) Blood in stool

6. If the blood is bright red, separate from the stool or just on the toilet paper this usually indicates a source;

a) Sigmoid colon, rectum anal canal or hemorrhoids

b) Rectum, anal canal, pancreas

c) Sigmoid colon, liver and small intestines

d) Oesophagus, Rectum, hemorrhoids

7. Inflammatory bowel disease gives rise to the following signs;

a) Finger clubbing, jaundice, dehydration, alopecia

b) Arthritis, finger clubbing, uveitis vomiting

c) Blotting, vomiting, skin changes

d) Arthritis, Finger clubbing, uveitis skin changes

8. Normally there is a gentle rise in the abdominal wall during inspiration and a fall during expiration; the movement should be free and equal on both sides. In generalized peritonitis this movement is;

a) Absent or markedly diminished

b) Normal in all quadrants

c) Markedly increased

d) Active and move with respiration

9. Visible peristalsis of the stomach or small intestine may be observed in three situations:

a) Obstruction at the pylorus

b) Obstruction in the distal small bowel

c) As a normal finding in very thin and elderly patients

d) All of the above

10. Striae atrophica or gravidarum are white or pink wrinkled linear marks on the abdominal skin. They are produced by gross stretching of the skin with rupture of the elastic fibres and indicate a recent change in size of the abdomen, such as is found;

a) Pregnancy, arthritis nephritis

b) Pregnancy, ascites, wasting diseases and severe dieting

c) Ascites, jaundice, edema

d) Dehydration, ascites, nephritis

11. Defining the boundaries of abdominal organs and masses;

a) The liver is palpated in the upper and lower borders of the right lobe of the liver can be mapped out accurately by percussion

b) The liver is palpated in the upper and lower borders of the left lobe of the liver can be mapped out accurately by percussion

c) The spleen; dullness extends from the right lower ribs into the left hypochondrium and right lumbar region.

d) For urinary bladder, the findings in a patient with urine retention are usually mistakable on palpation

12. The common causes of diffuse enlargement of the abdomen are;

a) The presence of free fluid in the peritoneum

b) A massive ovarian cyst

c) Obstruction of the large bowel, distal small bowel

d) The above options are correct

13. Clinical features of marked abdominal swelling with gross ascites

a) Tympanic sound in the flanks

b) Umbilicus is inverted

c) Shifting dullness is positive

d) Shifting dullness is negative

14. Intestinal obstruction;

a) Resonant sound is elicited throughout

b) There is no colicky pain

c) vomiting is absent

d) Decreased bowel sound

15. During abdominal auscultation, simple acute mechanical obstruction of the small bowel the bowel sounds are

a) Decreased and dull

b) Excessive and exaggerated

c) Normal in character

d) The symptoms are vague

16. A succussion splash may be heard without a stethoscope and also on auscultation;

a) Esophageal atresia

b) Intestinal obstruction

c) Pyloric stenosis

d) Chronic bowel disease

17. The objectives of performing a musculoskeletal assessment are:

a) To make an inaccurate diagnosis

b) To assess the severity and consequences of the condition

c) To construct unclear management plan

d) It possible to work without a objectives

18. Pain may be referred or radiate from an affected joint:

a) Neck pain may radiate through the occiput to the vertex or to the shoulder and down the arm

b) Shoulder joint pain may radiate to the elbow and above

c) Cervical root pain shoots toward the shoulder or hand

d) Hip joint pain may radiate to the back and below.

19. A combination of pain and stiffness, leading to loss of function, is a classic feature of;

a) Abdominal colicky

b) Intestinal obstruction

- c) Chronic liver disease
- d) Joint disease

20. The neutral position is with the arm to the side, elbow flexed to 90° and forearm pointing forwards. The following movements should be tested;

- a) Rotation in abduction
- b) Flexion
- c) Rotation in neutral
- d) The above options are correct

SECTION B SHORT ANSWER QUESTIONS, ANSWER ALL 40 MARKS

1. Define the boundaries of abdominal masses and organs 6 marks
2. The hip joint is too deeply placed to be accessible to palpation. Outline the movements which should be tested. 6 marks
3. During abdominal examination, describe features elicited during inspection and palpation 8 marks
4. Visible peristalsis of the stomach or small intestine may be observed in three situations namely 3 marks
5. A 35 year old patient visited the hospital with history of head joint pains and backache, describe in the history how to arrive at a working diagnosis. 12 marks
6. List commonly used abdominal incisions 5 marks

SECTION C ANSWER ALL QUESTIONS 40 MARKS

1. A 60 year old patient presented to the hospital complaining of abdominal discomfort. Discuss symptoms of GI system. 15 marks
2. Discuss in your of a patient with acute abdominal pain in relation to site its site, severity, radiation, character, time and circumstances of onset, and any aggravating or relieving features. 15 marks
3. Describe features of inflammatory joint disease. 10 marks