

Respirology

- 1) A 16 year old presents to the ER with a severe asthma exacerbation. All of the following may be considered as part of the management plan EXCEPT:
 - a) Pulmonary Function tests
 - b) Peak Flow meters
 - c) Chest X-Ray
 - d) Oral prednisone
 - e) Counselling for better treatment compliance
- 2) A 56 year old gentleman is referred to your clinic for evaluation of an incidental lung nodule on CXR. Which of the following findings makes it more likely to be benign:
 - a) Greater than 3cm in diameter
 - b) Ill-defined margins
 - c) Calcification
 - d) Doubles in size on repeat CXR in 15 months
 - e) Clubbing
- 3) A 36 year old woman presents to your clinic with suspected pulmonary hypertension. Which of the following conditions is more suspicious of a **secondary** cause for pulmonary hypertension?
 - a) Raynauds phenomenon
 - b) Previous use of appetite suppressant drugs
 - c) An isolated history of pneumonia 5 years ago
 - d) Recurrent pulmonary emboli
 - e) No family history of pulmonary disease
- 4) Which of the following pulmonary function tests most reliably discriminates "pure" chronic bronchitis from emphysema?
 - a) Total lung capacity
 - b) Functional residual capacity
 - c) Residual volume
 - d) Single breath diffusing capacity
 - e) Low at 50% vital capacity
- 5) Which is more often associated with hospital acquired pneumonia than community-acquired pneumonia?
 - a) Streptococcus pneumoniae
 - b) Hemophilus influenza
 - c) Pseudomonas
 - d) Chlamydia pneumoniae
 - e) Mycoplasma pneumoniae
- 6) A 30 year-old patient with asthma complains of daily wheezing and occasional waking at night with cough and chest tightness for three weeks. His usual medication is salbutamol two puffs tid-qid. The next step in management is:
 - a) Add long-term theophylline
 - b) Increase salbutamol to two puffs q4h
 - c) Add ipratropium bromide two puffs qid
 - d) Add beclomethasone two puffs qid
 - e) Discontinue salbutamol and begin prednisone 50 mg od and taper over 2 weeks
- 7) Which is not a feature of asbestosis?
 - a) Increased risk of cancer
 - b) Pleural thickening and effusion
 - c) Interstitial fibrosis
 - d) Obstructive pattern on pulmonary function tests
 - e) All of the above are features of asbestosis
- 8) A 55 year-old man with a history compatible with chronic bronchitis presents to your office with shortness of breath on exam. In the history, all of the following would be anticipated EXCEPT:
 - a) A 20-year history of smoking
 - b) Worsening of symptoms with exposure to smog
 - c) Worsening of symptoms with acute respiratory infections
 - d) Recurrent episodes of pleurisy
 - e) Increased incidence of chronic respiratory disease in family members

- 9) A 55 year-old woman with asthma is on systemic steroids for one year. She develops a recent right-sided pleural effusion. She feels unwell and tires easily. Aspiration reveals a turbid fluid, a high lymphocyte count, high LDH, low glucose, and a pH of 7.4. The most compatible diagnosis is:
- a) Pulmonary embolism
 - b) Empyema
 - c) Tuberculosis
 - d) Subphrenic abscess
 - e) Pancreatitis

- 10) Diagnosis of acute symptomatic pulmonary embolism can be excluded when which of the following is normal?
- a) Chest x-ray
 - b) Ventilation-perfusion lung scan
 - c) Bilateral leg Doppler ultrasounds
 - d) Arterial blood gases
 - e) CT scan of the chest

- 11) Each of the following is a correct statement about COPD EXCEPT:
- a) The type of emphysema associated with smoking is usually centriacinar
 - b) Clubbing is not a clinical feature
 - c) Long-term oral steroids should be avoided
 - d) Smoking cessation does not lead to improvement of pulmonary function
 - e) The aim of supplemental O₂ therapy is to provide relief of shortness of breath

ANSWERS

1. A
2. C
3. D

4. D
5. C
6. D

7. D
8. D
9. C

10. B
11. E