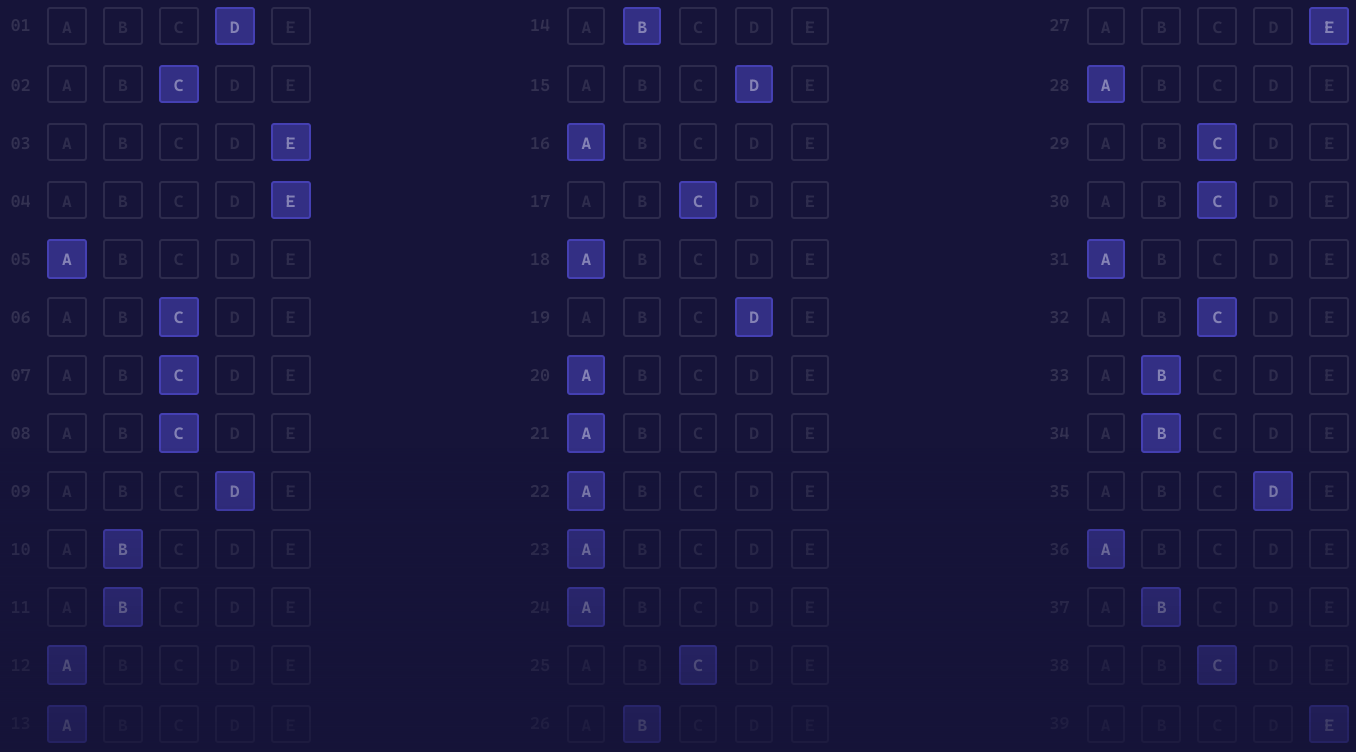
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

GSTRO

Gastroenterology Exam

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) `GSTRO`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `GSTRO`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

A 55-year-old man with a 10-year history of GERD undergoes upper endoscopy showing salmon-colored mucosa extending 3 cm into the distal esophagus. Biopsies confirm intestinal metaplasia without dysplasia. What is the most appropriate next step?

A **Surveillance endoscopy in 3-5 years**

B Immediate esophagectomy

C Radiofrequency ablation now

D Repeat endoscopy in 2 weeks

ANSWER **A**

WHY Non-dysplastic Barrett's esophagus is managed with surveillance endoscopy every 3-5 years, as the annual risk of progression to cancer is low. Ablation is reserved for dysplasia.

QUESTION 2 SINGLE CHOICE

A patient presents with hematemesis and melena and has a known history of cirrhosis. After initial resuscitation, which medication should be started immediately, prior to endoscopy?

A **Octreotide infusion**

B Loperamide

C Metoclopramide alone

D Oral iron supplementation

ANSWER **A**

WHY In suspected variceal bleeding from cirrhosis, vasoactive drugs such as octreotide should be started as soon as possible, before endoscopy, to reduce splanchnic blood flow and portal pressure.

QUESTION 3 SINGLE CHOICE

In a region with low clarithromycin resistance and no penicillin allergy, which regimen is recommended as first-line therapy for Helicobacter pylori eradication?

A **Clarithromycin-based triple therapy with a proton pump inhibitor and amoxicillin for 14 days**

B Proton pump inhibitor monotherapy for 4 weeks

C Bismuth monotherapy for 7 days

D Amoxicillin monotherapy for 10 days

ANSWER **A**

WHY Clarithromycin-based triple therapy (PPI, clarithromycin, amoxicillin) for 14 days remains first-line in areas with low clarithromycin resistance and no penicillin allergy.

QUESTION 4 SINGLE CHOICE

A 28-year-old woman presents with bloody diarrhea and tenesmus. Colonoscopy shows continuous inflammation starting at the rectum extending proximally without skip lesions. Biopsies show crypt abscesses limited to the mucosa. Which diagnosis is most consistent with these findings?

A **Ulcerative colitis**

B Crohn's disease

C Ischemic colitis

D Infectious colitis

ANSWER **A**

WHY Ulcerative colitis characteristically causes continuous mucosal inflammation beginning in the rectum and extending proximally, with crypt abscesses confined to the mucosa, distinguishing it from Crohn's disease's transmural, skip-lesion pattern.

QUESTION 5 SINGLE CHOICE

A patient presents with severe epigastric pain radiating to the back, nausea, and vomiting. Lipase is 5 times the upper limit of normal. Which of the following best fulfills the diagnostic criteria for acute pancreatitis in this patient?

A **Characteristic abdominal pain plus lipase elevation greater than 3 times the upper limit of normal**

B Elevated serum amylase alone without symptoms

C Any abdominal pain regardless of enzyme levels

D CT imaging findings alone without clinical symptoms

ANSWER **A**

WHY Diagnosis of acute pancreatitis requires 2 of 3: characteristic abdominal pain, lipase or amylase >3x upper limit of normal, or characteristic imaging findings. This patient meets criteria with pain plus lipase elevation.

QUESTION 6 SINGLE CHOICE

According to standard average-risk screening guidelines, at what age should colorectal cancer screening typically begin in an asymptomatic average-risk individual?

A **45 years**

B 60 years

C 30 years

D 70 years

ANSWER **A**

WHY Major gastroenterology societies recommend colorectal cancer screening begin at age 45 for average-risk individuals, reflecting rising incidence in younger populations.

QUESTION 7 TRUE FALSE

In patients with chronic hepatitis B who are HBeAg-positive with high viral load and elevated ALT, antiviral therapy such as entecavir or tenofovir is indicated to reduce progression to cirrhosis and hepatocellular carcinoma.

A **True**

B False

ANSWER **A**

WHY Antiviral therapy with nucleos(t)ide analogues like entecavir or tenofovir is indicated in HBeAg-positive chronic hepatitis B patients with elevated ALT and high viral load to prevent disease progression.

QUESTION 8 SINGLE CHOICE

A cirrhotic patient develops confusion, asterixis, and elevated ammonia. Which medication is considered first-line therapy for hepatic encephalopathy?

A **Lactulose**

B Furosemide

C Propranolol

D Metformin

ANSWER **A**

WHY Lactulose is first-line therapy for hepatic encephalopathy; it reduces intestinal ammonia absorption via acidification of the colon and a cathartic effect.

QUESTION 9 MULTIPLE CHOICE

Which of the following are recognized alarm features that warrant further diagnostic workup rather than a presumptive diagnosis of irritable bowel syndrome in a patient with chronic abdominal pain and altered bowel habits? (Choose two.)

A **Unintentional weight loss**

B **Rectal bleeding**

C Symptoms relieved by defecation

D Onset of symptoms in early twenties with no other findings

ANSWER **A** · **B**

WHY Alarm features such as unintentional weight loss and rectal bleeding suggest an organic cause and warrant further workup (e.g., colonoscopy), rather than a presumptive IBS diagnosis based on symptom-based criteria alone.