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35	☐ A	☒ B	☐ C	☐ D	☐ E
36	☐ A	☒ B	☐ C	☐ D	☐ E
37	☐ A	☐ B	☒ C	☐ D	☐ E
38	☐ A	☐ B	☐ C	☒ D	☐ E
39	☐ A	☐ B	☒ C	☐ D	☐ E

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

INTME

Internal Medicine

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) **INTME**, 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, **INTME**
- 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 62-year-old man presents with acute onset chest pain, diaphoresis, and dyspnea. ECG shows ST-segment elevation of 3 mm in leads II, III, and aVF. Which of the following is the most appropriate immediate management?

- ☐ A Administer sublingual nitroglycerin and reassess
- ☒ B Immediate primary percutaneous coronary intervention (PCI) within 90 minutes
- ☐ C Start oral beta-blocker therapy and discharge
- ☐ D Order a chest X-ray before any intervention

ANSWER B

WHY ST-segment elevation in leads II, III, and aVF indicates an inferior wall ST-elevation myocardial infarction (STEMI), typically due to right coronary artery occlusion. The most appropriate immediate management is reperfusion therapy, with primary PCI being preferred when it can be performed within 90 minutes of first medical contact. Sublingual nitroglycerin should be avoided in inferior MI due to risk of hypotension. Oral beta-blockers are not given acutely, and chest X-ray should not delay reperfusion.

QUESTION 2

SINGLE CHOICE

A 45-year-old woman with type 2 diabetes mellitus has an HbA1c of 9.2% despite being on metformin 1000 mg twice daily. Her BMI is 32 kg/m² and she has a history of heart failure. Which of the following is the most appropriate addition to her therapy?

- ☐ A Glimepiride
- ☐ B Pioglitazone
- ☒ C Empagliflozin
- ☐ D Sitagliptin

ANSWER C

WHY Empagliflozin is an SGLT2 inhibitor that has demonstrated cardiovascular and renal protective benefits in patients with type 2 diabetes and established cardiovascular disease or heart failure. It also promotes weight loss, which is beneficial in this obese patient. Pioglitazone is contraindicated due to her heart failure (causes fluid retention). Glimepiride and sitagliptin do not provide the same cardiovascular and weight benefits.

QUESTION 3

SINGLE CHOICE

A 35-year-old man presents with recurrent episodes of wheezing, chest tightness, and cough that worsen at night. Spirometry shows FEV1/FVC ratio of 0.65 with 15% improvement in FEV1 after bronchodilator administration. What is the most likely diagnosis?

- ☐ A Chronic obstructive pulmonary disease (COPD)
- ☒ B Bronchial asthma
- ☐ C Bronchiectasis
- ☐ D Interstitial lung disease

ANSWER B

WHY The clinical presentation of recurrent wheezing, chest tightness, and nocturnal cough, combined with spirometry showing an obstructive pattern (FEV1/FVC < 0.7) with significant bronchodilator reversibility (>12% and >200 mL improvement), is diagnostic of bronchial asthma. COPD typically shows minimal bronchodilator reversibility. Bronchiectasis presents with chronic productive cough and recurrent infections. Interstitial lung disease shows a restrictive pattern on spirometry.

QUESTION 4

SINGLE CHOICE

A 50-year-old man presents with epigastric pain radiating to the back, nausea, and vomiting. Serum lipase is elevated at 850 U/L (normal < 60 U/L). Abdominal ultrasound shows gallstones but no biliary dilation. What is the most appropriate initial management?

- ☐ A Emergency ERCP with sphincterotomy
- ☒ B Aggressive IV fluid resuscitation, pain control, and NPO
- ☐ C Immediate cholecystectomy
- ☐ D Oral antibiotics and discharge

ANSWER B

WHY This patient has acute pancreatitis likely caused by gallstones. Initial management consists of supportive care including aggressive IV fluid resuscitation, pain control, and keeping the patient NPO. ERCP is only indicated if there is evidence of cholangitis or persistent biliary obstruction. Cholecystectomy is performed after the pancreatitis resolves, not during the acute phase.

QUESTION 5

SINGLE CHOICE

A 28-year-old woman presents with facial puffiness, frothy urine, and leg edema. Blood pressure is 150/95 mmHg. Urinalysis shows 3+ proteinuria, and serum albumin is 2.4 g/dL. 24-hour urine protein is 5.8 g. What is the most likely diagnosis?

- ☐ A Minimal change disease
- ☐ B Focal segmental glomerulosclerosis (FSGS)
- ☐ C Membranous nephropathy
- ☒ D Nephrotic syndrome

ANSWER D

WHY The patient presents with the classic tetrad of nephrotic syndrome: heavy proteinuria (>3.5 g/day), hypoalbuminemia (<3.0 g/dL), edema, and hyperlipidemia (implied). The clinical syndrome is nephrotic syndrome. While the underlying cause could be minimal change disease, FSGS, or membranous nephropathy, the question asks for the diagnosis based on the clinical presentation, which is nephrotic syndrome. Further workup including renal biopsy may be needed to determine the specific cause.

QUESTION 6

SINGLE CHOICE

A 72-year-old man presents with fatigue and pallor. CBC shows hemoglobin 8.5 g/dL, MCV 110 fL, WBC 3,200/ μ L, and platelets 95,000/ μ L. Peripheral smear shows hypersegmented neutrophils. What is the most likely diagnosis?

- ☐ A Iron deficiency anemia
- ☐ B Anemia of chronic disease
- ☒ C Megaloblastic anemia
- ☐ D Aplastic anemia

ANSWER C

WHY The combination of macrocytic anemia (MCV > 100 fL), pancytopenia (low WBC and platelets), and hypersegmented neutrophils on peripheral smear is classic for megaloblastic anemia, typically caused by vitamin B12 or folate deficiency. Iron deficiency causes microcytic anemia. Anemia of chronic disease is typically normocytic. Aplastic anemia shows pancytopenia but normocytic red cells without hypersegmented neutrophils.

QUESTION 7

SINGLE CHOICE

A 45-year-old man presents with fever, productive cough with rust-colored sputum, and right-sided pleuritic chest pain. Chest X-ray shows lobar consolidation in the right lower lobe. What is the most likely causative organism?

- ☐ A Mycoplasma pneumoniae
- ☒ B Streptococcus pneumoniae
- ☐ C Legionella pneumophila
- ☐ D Pseudomonas aeruginosa

ANSWER B

WHY The presentation of acute onset fever, productive cough with rust-colored sputum, pleuritic chest pain, and lobar consolidation on chest X-ray is classic for pneumococcal pneumonia caused by Streptococcus pneumoniae. Mycoplasma pneumoniae typically causes atypical pneumonia with interstitial infiltrates. Legionella often presents with gastrointestinal symptoms and is associated with water sources. Pseudomonas is more common in hospitalized or immunocompromised patients.

QUESTION 8

SINGLE CHOICE

A 68-year-old man with atrial fibrillation presents with sudden onset right-sided weakness and aphasia. Symptoms started 2 hours ago. CT scan of the head shows no hemorrhage. What is the most appropriate immediate management?

- ☐ A Aspirin 325 mg orally
- ☒ B IV thrombolysis with alteplase if no contraindications
- ☐ C Heparin infusion
- ☐ D Warfarin therapy

ANSWER B

WHY This patient presents with acute ischemic stroke within the window for thrombolysis (3-4.5 hours from symptom onset). With no hemorrhage on CT and presentation within 2 hours, IV alteplase is indicated if no contraindications exist. Aspirin should not be given within 24 hours of thrombolytic therapy. Heparin and warfarin are not recommended for acute ischemic stroke due to increased bleeding risk without proven benefit.

QUESTION 9

MULTIPLE CHOICE

A 32-year-old woman presents with malar rash, photosensitivity, joint pain, and oral ulcers. Laboratory tests show positive ANA and anti-dsDNA antibodies. Which of the following are diagnostic criteria for systemic lupus erythematosus (SLE)? (Choose two.)

- ☒ **A** Malar rash
- ☐ **B** Positive rheumatoid factor
- ☒ **C** Photosensitivity
- ☐ **D** Elevated creatine kinase

ANSWER A - C

WHY Malar rash and photosensitivity are both part of the 2019 EULAR/ACR classification criteria for SLE. The criteria include clinical domains (malar rash, photosensitivity, oral ulcers, arthritis, serositis, neurological, hematological, renal) and immunological domains (ANA, anti-dsDNA, anti-Sm, antiphospholipid antibodies, complement levels). Positive rheumatoid factor and elevated creatine kinase are not part of SLE classification criteria.