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39	A	B	C	D	E

PRACTICE QUESTIONS

Dubai Health Authority (DHA)

RHUMA

Specialist Rheumatology Exam

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Dubai Health Authority (DHA) RHUMA , 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, RHUMA
- 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 32-year-old woman presents with a 6-week history of symmetrical polyarthritis involving the small joints of the hands, morning stiffness lasting more than one hour, and constitutional fatigue. Examination shows swelling of the second and third MCP joints bilaterally. Which of the following is the most appropriate initial investigation to support the diagnosis?

- ☒ **A Anti-cyclic citrullinated peptide (anti-CCP) antibodies**
- ☐ B Serum uric acid
- ☐ C HLA-B27 typing
- ☐ D Anti-dsDNA antibodies

ANSWER A

WHY Symmetrical small-joint polyarthritis with prolonged morning stiffness is highly suggestive of rheumatoid arthritis. Anti-CCP antibodies are highly specific for RA and, together with RF, form the cornerstone of serological diagnosis at presentation. Serum uric acid is used in suspected gout, HLA-B27 in spondyloarthropathies, and anti-dsDNA in SLE.

QUESTION 2

SINGLE CHOICE

Which of the following autoantibodies is most specific for the diagnosis of systemic lupus erythematosus?

- ☐ A Anti-dsDNA
- ☐ B Anti-SSA (Ro)
- ☐ C Antihistone
- ☒ **D Anti-Sm**

ANSWER D

WHY Anti-Sm antibodies are highly specific for SLE, although they are present in only a minority of patients. Anti-dsDNA is also relatively specific and correlates with disease activity (particularly lupus nephritis), but anti-Sm is the most specific serological marker. Anti-SSA is seen in SLE, Sjögren syndrome, and neonatal lupus, while antihistone antibodies are classically associated with drug-induced lupus.

QUESTION 3

SINGLE CHOICE

A patient with rheumatoid arthritis on methotrexate is to be escalated to a TNF inhibitor. Before starting the biologic, which screening test is mandatory to reduce the risk of tuberculosis reactivation?

- ☒ **A** Mantoux (tuberculin skin) test or interferon-gamma release assay (IGRA) and chest radiograph
- ☐ **B** Echocardiography
- ☐ **C** Serum cryoglobulin testing
- ☐ **D** Bone marrow biopsy

ANSWER A

WHY TNF inhibitors significantly increase the risk of reactivating latent tuberculosis. International and DHA-aligned guidance requires latent TB screening with a tuberculin skin test or IGRA plus chest imaging before initiating any TNF inhibitor, with prophylactic treatment offered if latent TB is identified.

QUESTION 4

SINGLE CHOICE

A 55-year-old man presents with saddle-nose deformity, recurrent sinusitis, hemoptysis and rapidly progressive glomerulonephritis. ANCA testing is positive with a cytoplasmic staining pattern (c-ANCA) directed against proteinase 3. What is the most likely diagnosis?

- ☐ **A** Eosinophilic granulomatosis with polyangiitis (Churg–Strauss)
- ☒ **B** Granulomatosis with polyangiitis (Wegener's)
- ☐ **C** Microscopic polyangiitis
- ☐ **D** IgA vasculitis (Henoch–Schönlein purpura)

ANSWER B

WHY The combination of upper airway involvement (saddle-nose, sinusitis), lower respiratory tract disease (hemoptysis), renal involvement (RPGN), and PR3-ANCA (c-ANCA) is classic for granulomatosis with polyangiitis. Microscopic polyangiitis is typically MPO-ANCA/p-ANCA positive and lacks granulomatous upper airway disease. Eosinophilic GPA is associated with asthma and eosinophilia, and IgA vasculitis presents with palpable purpura and IgA deposition without ANCA.

QUESTION 5

SINGLE CHOICE

Joint aspiration of the knee in an elderly patient with an acute monoarthritis shows needle-shaped, negatively birefringent crystals on polarized light microscopy. What is the diagnosis?

- ☐ A Calcium pyrophosphate deposition disease (pseudogout)
- ☒ B Gout
- ☐ C Basic calcium phosphate deposition (hydroxyapatite arthropathy)
- ☐ D Septic arthritis

ANSWER B

WHY Gout is characterized by monosodium urate crystals that are needle-shaped and strongly negatively birefringent under compensated polarized light. CPPD crystals are rhomboid-shaped and weakly positively birefringent. Hydroxyapatite crystals are not birefringent. Septic arthritis would show a high neutrophil count with positive Gram stain/culture and no crystals.

QUESTION 6

SINGLE CHOICE

A 28-year-old woman with known SLE presents with fever, confusion, seizures, and a platelet count of $40 \times 10^9/L$. Which of the following is the most likely diagnosis?

- ☐ A Catastrophic antiphospholipid syndrome
- ☒ B Neuropsychiatric SLE with diffuse cerebritis
- ☐ C SLE-related transverse myelitis
- ☐ D Tuberculous meningitis

ANSWER B

WHY The combination of fever, seizures/confusion, and cytopenias in active SLE is most consistent with severe neuropsychiatric SLE, specifically diffuse cerebritis/vasculitis. While catastrophic APS can present with rapid multiorgan failure, this clinical picture without evidence of widespread thrombosis is more typical of severe NPSLE. Urgent immunosuppression with high-dose corticosteroids is the cornerstone of management.

QUESTION 7

SINGLE CHOICE

A 24-year-old man presents with low back pain and stiffness for over 3 months, improving with exercise but not with rest, with limited chest expansion and tenderness over the sacroiliac joints. Which of the following is the most useful initial imaging study to confirm sacroiliitis?

- ☐ A Plain radiograph of the sacroiliac joints
- ☒ B MRI of the sacroiliac joints
- ☐ C Bone scintigraphy
- ☐ D CT of the lumbar spine

ANSWER B

WHY Plain radiographs of the sacroiliac joints may be normal in early disease because structural changes take years to develop. MRI is the preferred initial imaging modality when spondyloarthritis is suspected, as it can detect active inflammatory lesions (bone marrow edema) long before radiographic changes appear, fulfilling the ASAS classification criteria for non-radiographic axial spondyloarthritis.

QUESTION 8

SINGLE CHOICE

A 70-year-old patient with long-standing atrial fibrillation on procainamide develops arthralgia, myalgia, and a positive antinuclear antibody test with a homogeneous pattern. Anti-histone antibodies are positive and anti-dsDNA is negative. What is the most likely diagnosis?

- ☒ A Drug-induced lupus erythematosus
- ☐ B Idiopathic SLE
- ☐ C Sjögren syndrome
- ☐ D Systemic sclerosis

ANSWER A

WHY Procainamide is a classic cause of drug-induced lupus, as are hydralazine, isoniazid, minocycline and TNF inhibitors. DILE typically presents with arthralgia, myalgia, and serositis; renal and CNS involvement are rare. Anti-histone antibodies are characteristic, and anti-dsDNA is usually negative. Symptoms usually resolve on withdrawal of the offending drug.

QUESTION 9

TRUE FALSE

Calcium pyrophosphate dihydrate (CPPD) crystals are rhomboid-shaped and weakly positively birefringent under compensated polarized light microscopy.

☒ **A** True☐ **B** False**ANSWER A**

WHY True. CPPD crystals are rhomboid/rod-shaped and, unlike monosodium urate crystals, are weakly positively birefringent under compensated polarized light. This is the key laboratory feature distinguishing pseudogout from gout.

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