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PRACTICE QUESTIONS

Ministry of Health Kuwait Medical Licensing Department

SNEUR

Neurology For Senior

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Ministry of Health Kuwait Medical Licensing Department **SNEUR**, 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, **SNEUR**
- the question number
- the email address on your order

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

QUESTION 1

MULTIPLE CHOICE

A 68-year-old man with atrial fibrillation presents with sudden right hemiparesis and aphasia. Non-contrast CT head performed 1 hour after symptom onset shows no hemorrhage. Which of the following are appropriate immediate management steps? (Choose two.)

- ☒ **A** Administer intravenous alteplase within the approved time window if eligible
- ☐ **B** Proceed directly to decompressive hemicraniectomy without further imaging
- ☒ **C** Check blood glucose and obtain an ECG to exclude mimics and contraindications
- ☐ **D** Give aspirin immediately regardless of eligibility for thrombolysis

ANSWER A - C

WHY In acute ischemic stroke, IV alteplase (thrombolysis) is the evidence-based reperfusion therapy when the patient is within the approved window and meets eligibility criteria, and ruling out stroke mimics such as hypoglycemia and assessing cardiac status (e.g., new AF) with ECG are standard immediate steps. Decompressive hemicraniectomy is reserved for selected patients with large malignant MCA infarction, not as the first intervention here. Aspirin is withheld for the first 24 hours in patients who receive thrombolysis and is not given before the hemorrhage/ischemia distinction is fully clarified.

QUESTION 2

MULTIPLE CHOICE

A 24-year-old woman has recurrent episodes of staring, lip-smacking, and unilateral hand automatisms lasting about 2 minutes, followed by confusion. EEG shows temporal rhythmic theta activity. Which of the following statements are correct? (Choose two.)

- ☒ **A** This presentation is most consistent with focal impaired-awareness seizures of temporal lobe origin
- ☒ **B** Carbamazepine is generally appropriate as a first-line therapy for this focal epilepsy syndrome
- ☐ **C** EEG is required to make the diagnosis of epilepsy
- ☐ **D** First-aid management of a typical event includes restraining the patient to prevent movement

ANSWER A • B

WHY The semiology (staring, automatisms, impaired awareness) and temporal rhythmic theta on EEG are classic for focal impaired-awareness (complex partial) seizures of temporal lobe origin. Carbamazepine is a first-line narrow-spectrum antiseizure medication for focal-onset seizures. EEG supports the diagnosis but is not strictly required — epilepsy is primarily a clinical diagnosis based on history plus supportive investigations. Restraining a patient during a seizure is inappropriate and can cause injury; the correct first-aid approach is to protect from injury, place in recovery position when postictal, and time the event.

QUESTION 3

SINGLE CHOICE

A 72-year-old man presents with resting tremor, bradykinesia, and rigidity that have progressed over 3 years. He has started having visual hallucinations. Which is the most appropriate next step in management?

- ☐ A Increase the dose of levodopa to improve motor symptoms
- ☐ B Add an anticholinergic agent such as trihexyphenidyl
- ☒ C Review antiparkinsonian medications and consider reducing dopaminergic therapy
- ☐ D Start high-dose haloperidol for hallucinations

ANSWER C

WHY Visual hallucinations in Parkinson's disease are typically a side effect of dopaminergic medications (especially dopamine agonists) rather than a feature of the disease itself, so the appropriate step is to review and reduce the dose of the offending agent, in the order of antipsychotics, then MAO-B inhibitors, then dopamine agonists, and finally consider reducing levodopa. Increasing levodopa would worsen hallucinations. Anticholinergics should be avoided in elderly patients due to cognitive and anticholinergic side effects. Haloperidol and other typical antipsychotics are contraindicated because they worsen parkinsonism; quetiapine or pimavanserin are preferred.

QUESTION 4

SINGLE CHOICE

A 32-year-old woman presents with optic neuritis in the right eye and ascending numbness in the left leg. MRI shows multiple periventricular and juxtacortical white matter lesions, some enhancing and some not. CSF oligoclonal bands are positive. What is the most likely diagnosis?

- ☐ A Acute disseminated encephalomyelitis (ADEM)
- ☒ B Multiple sclerosis (relapsing-remitting)
- ☐ C Neuromyelitis optica spectrum disorder (NMOSD)
- ☐ D Small vessel ischemic disease

ANSWER B

WHY Dissemination in space (periventricular and juxtacortical lesions) and in time (simultaneous enhancing and non-enhancing lesions), together with optic neuritis, myelopathy-type symptoms, and positive CSF oligoclonal bands, fulfill the McDonald criteria for relapsing-remitting multiple sclerosis. ADEM is typically monophasic with encephalopathy and follows infection or vaccination, with lesions of the same age. NMOSD characteristically involves optic nerve and spinal cord with longitudinally extensive lesions and is associated with AQP4 antibodies, not typical periventricular/juxtacortical lesions. Small vessel ischemic disease is inappropriate at age 32 without vascular risk factors and would not explain the MRI pattern or oligoclonal bands.

QUESTION 5

SINGLE CHOICE

A 55-year-old man presents with a 6-month history of progressive proximal limb weakness, dry mouth, and weight loss. Examination shows proximal weakness in all four limbs, absent reflexes, and a positive Gower's sign. Serum creatine kinase is markedly elevated. What is the most likely diagnosis?

- ☒ **A** Polymyositis
- ☐ **B** Myasthenia gravis
- ☐ **C** Lambert-Eaton myasthenic syndrome
- ☐ **D** Guillain-Barré syndrome

ANSWER A

WHY Insidious progressive proximal weakness, elevated CK, and positive Gower's sign are characteristic of polymyositis (an idiopathic inflammatory myopathy). Myasthenia gravis typically presents with fatigable ocular, bulbar and proximal weakness without CK elevation. Lambert-Eaton syndrome presents with proximal weakness that improves with use, areflexia, and autonomic symptoms, usually as a paraneoplastic syndrome, with normal or low CK. Guillain-Barré syndrome is acute, ascending, areflexic weakness developing over days to weeks, not chronic progressive proximal weakness with elevated CK.

QUESTION 6

SINGLE CHOICE

A 70-year-old man is brought for evaluation of 2 years of progressive memory loss. He cannot recall his grandchildren's names, gets lost in familiar places, and has difficulty with dressing and using utensils. There is no tremor. What is the most likely diagnosis?

- ☒ **A** Alzheimer's disease
- ☐ **B** Dementia with Lewy bodies
- ☐ **C** Frontotemporal dementia
- ☐ **D** Normal pressure hydrocephalus

ANSWER A

WHY Insidious progressive amnesic dementia (impairment of episodic memory) with later instrumental and basic ADL deficits, in the absence of parkinsonism or prominent behavioral disinhibition, is most consistent with Alzheimer's disease. Dementia with Lewy bodies requires core features such as visual hallucinations, parkinsonism, fluctuating cognition, or REM sleep behavior disorder. Frontotemporal dementia presents with predominant behavioral or language changes, not memory. Normal pressure hydrocephalus classically shows the triad of gait disturbance, urinary incontinence, and cognitive decline, not isolated progressive amnesia.

QUESTION 7

SINGLE CHOICE

A 38-year-old woman has recurrent severe unilateral throbbing headaches lasting 6-18 hours, associated with nausea, photophobia, and phonophobia. Between attacks she is well and the neurological examination is normal. What is the most likely diagnosis?

- ☐ A Tension-type headache
- ☐ B Cluster headache
- ☒ C Migraine without aura
- ☐ D Trigeminal neuralgia

ANSWER C

WHY Recurrent moderate-to-severe unilateral throbbing headaches lasting hours, with nausea, photophobia and phonophobia and a normal interictal examination, are characteristic of migraine without aura. Tension-type headache is typically bilateral, pressing/tightening, mild-to-moderate, and not associated with nausea or marked photophobia. Cluster headaches are strictly unilateral periorbital/temporal, very brief (15-180 minutes), with prominent ipsilateral autonomic features such as lacrimation and ptosis. Trigeminal neuralgia consists of brief, electric shock-like facial pains triggered by stimuli, not prolonged headaches with nausea.

QUESTION 8

SINGLE CHOICE

A 25-year-old man with HIV presents with 2 weeks of headache, fever, and confusion. MRI brain shows ring-enhancing lesions in the basal ganglia without mass effect. CD4 count is 90 cells/ μ L. Toxoplasma serology (IgG) is positive. What is the most appropriate next step in management?

- ☐ A Start antiepileptic therapy and arrange urgent brain biopsy
- ☒ B Begin empirical anti-toxoplasma therapy with pyrimethamine and sulfadiazine, and reassess in 2-3 weeks
- ☐ C Start antitubercular therapy immediately
- ☐ D Initiate intravenous acyclovir for 21 days

ANSWER B

WHY In an HIV patient with CD4 below 100 and multiple ring-enhancing lesions with positive Toxoplasma IgG, the standard approach is empirical anti-toxoplasma therapy (pyrimethamine + sulfadiazine + folinic acid) and reassessment of imaging at about 2-3 weeks; clinical and radiological improvement confirms the diagnosis. Brain biopsy is reserved for patients who fail to respond. Tuberculomas tend to be fewer, often infratentorial or at the corticomedullary junction, and the clinical picture here favors toxoplasmosis. Acyclovir targets HSV encephalitis, which is not the leading diagnosis given this imaging pattern and serology.

QUESTION 9

SINGLE CHOICE

A 45-year-old man develops ascending weakness of both legs over 24 hours, urinary retention, and a sensory level at the umbilicus. MRI of the spine is normal. What is the most likely diagnosis?

- ☐ A Guillain-Barré syndrome
- ☒ B Transverse myelitis
- ☐ C Anterior spinal artery infarction
- ☐ D Spinal cord compression by tumor

ANSWER B

WHY Acute onset of bilateral motor weakness, a defined sensory level, and sphincter dysfunction localizes to the spinal cord. A normal MRI makes compressive and ischemic causes (anterior spinal artery infarct) unlikely. Acute transverse myelitis is the term for an inflammatory spinal cord disorder with this clinical picture and is a diagnosis of exclusion once imaging is negative. Guillain-Barré syndrome typically produces ascending weakness with areflexia and mild sensory symptoms but without a discrete sensory level or early urinary retention, and would not affect an MRI of the cord.