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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

Ministry of Health Kuwait Medical Licensing Department

# SPULM

Pulmonology for Senior

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

# Before you begin

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## What this is

9 practice questions for Ministry of Health Kuwait Medical Licensing Department **SPULM**, 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, **SPULM**
- 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 45-year-old patient with moderate persistent asthma is started on Step 3 therapy according to GINA guidelines. Which of the following is the most appropriate initial maintenance regimen?

- ☐ A Low-dose inhaled corticosteroid (ICS) taken whenever needed
- ☐ B Low-dose ICS-formoterol as maintenance and reliever therapy (MART)
- ☒ C Medium-dose ICS-long-acting beta2-agonist (LABA) plus as-needed short-acting beta2-agonist (SABA)
- ☐ D High-dose ICS-LABA with oral leukotriene receptor antagonist

**ANSWER C**

**WHY** According to GINA, Step 3 (preferred) for adults and adolescents is low-dose ICS-LABA as maintenance plus as-needed SABA, OR low-dose ICS-formoterol as MART. Medium-dose ICS-LABA is also an acceptable Step 3 option. High-dose ICS-LABA corresponds to Step 4, and low-dose ICS alone (without LABA) corresponds to Step 2. Option C represents a valid, guideline-endorsed Step 3 regimen.

**QUESTION 2**

SINGLE CHOICE

Spirometry in a 60-year-old smoker shows FEV1 of 60% predicted and FEV1/FVC ratio of 0.62. Which pattern does this represent?

- ☐ A Pure restrictive pattern
- ☒ B Obstructive pattern consistent with COPD
- ☐ C Mixed obstructive-restrictive pattern
- ☐ D Normal spirometry

**ANSWER B**

**WHY** An FEV1/FVC ratio below 0.70 (post-bronchodilator) defines airflow obstruction. The reduced FEV1 (60% predicted) indicates moderate obstruction. This pattern is characteristic of obstructive lung disease, with COPD being the most likely diagnosis in a smoker of this age.

**QUESTION 3**

SINGLE CHOICE

An otherwise healthy 35-year-old outpatient is diagnosed with community-acquired pneumonia (CAP). According to current guidelines, what is the most appropriate empirical antibiotic regimen?

- ☐ A Intravenous piperacillin-tazobactam plus vancomycin
- ☒ B Oral amoxicillin or a macrolide (e.g., azithromycin)
- ☐ C Intravenous ceftriaxone plus azithromycin
- ☐ D Oral ciprofloxacin plus linezolid

**ANSWER B**

**WHY** For healthy outpatients with CAP and no comorbidities or risk factors for drug-resistant pathogens, guidelines (ATS/IDSA) recommend amoxicillin, a macrolide (where pneumococcal resistance is low), or doxycycline. IV regimens are reserved for hospitalized patients.

**QUESTION 4**

SINGLE CHOICE

A chest CT in a 62-year-old smoker shows a 3.5 cm spiculated pulmonary nodule with mediastinal involvement and ipsilateral hilar lymphadenopathy but no distant metastases. According to the TNM classification (8th edition), this lesion is best classified as:

- ☐ A Stage IA
- ☐ B Stage IIB
- ☒ C Stage IIIA
- ☐ D Stage IV

**ANSWER C**

**WHY** A tumor >3 cm but ≤5 cm (T2b) with ipsilateral mediastinal and/or subcarinal lymph node involvement (N2) and no distant metastasis (M0) is classified as Stage IIIA in the 8th edition TNM staging for non-small cell lung cancer.

**QUESTION 5**

SINGLE CHOICE

A 50-year-old patient presents with acute dyspnea, pleuritic chest pain, and a Wells score indicating high probability of pulmonary embolism. CT pulmonary angiography confirms segmental PE. Vital signs are stable. What is the most appropriate initial management?

- ☐ A Systemic thrombolysis
- ☐ B Immediate surgical embolectomy
- ☒ C Therapeutic anticoagulation with a direct oral anticoagulant (DOAC)
- ☐ D Inferior vena cava (IVC) filter placement alone

**ANSWER C**

**WHY** Hemodynamically stable acute PE without contraindications is managed with therapeutic anticoagulation. DOACs (e.g., rivaroxaban, apixaban) are first-line per current guidelines. Systemic thrombolysis is reserved for massive PE with hemodynamic instability. IVC filter is used when anticoagulation is contraindicated.

**QUESTION 6**

SINGLE CHOICE

A patient with COPD presents with increased dyspnea, purulent sputum, and increased sputum volume, but no signs of acute hypercapnic respiratory failure. According to GOLD guidelines, which is the most appropriate initial pharmacologic therapy for this exacerbation?

- ☐ A Inhaled bronchodilators only
- ☒ B Systemic corticosteroids and antibiotics plus inhaled bronchodilators
- ☐ C Long-term home oxygen therapy alone
- ☐ D Methylxanthines (e.g., theophylline) as first-line

**ANSWER B**

**WHY** For AECOPD with increased cardinal symptoms (Anthonisen criteria Type 1), GOLD recommends short-course systemic corticosteroids (e.g., prednisone 40 mg daily for 5 days) plus antibiotics targeting typical bacterial pathogens, along with short-acting inhaled bronchodilators. Theophylline is not a first-line agent.

**QUESTION 7**

SINGLE CHOICE

ABG results: pH 7.30, PaCO<sub>2</sub> 55 mmHg, HCO<sub>3</sub><sup>-</sup> 27 mEq/L, PaO<sub>2</sub> 55 mmHg. What is the primary acid-base disturbance?

- ☒ **A** Acute respiratory acidosis with hypoxemia
- ☐ **B** Chronic respiratory acidosis with metabolic compensation
- ☐ **C** Metabolic acidosis
- ☐ **D** Mixed metabolic alkalosis and respiratory alkalosis

**ANSWER A**

**WHY** pH <7.35 indicates acidemia. Elevated PaCO<sub>2</sub> (55 mmHg) indicates a respiratory acidosis as the primary disturbance. HCO<sub>3</sub><sup>-</sup> is 27 mEq/L — only minimally elevated, indicating that metabolic compensation has not yet developed. Therefore, this represents acute respiratory acidosis. The PaO<sub>2</sub> of 55 mmHg indicates concurrent hypoxemia.

**QUESTION 8**

MULTIPLE CHOICE

Which of the following are recognized risk factors or features associated with obstructive sleep apnea (OSA)? (Choose two.)

- ☒ **A** Obesity (BMI ≥ 30 kg/m<sup>2</sup>)
- ☐ **B** Daytime hypercapnia with normal nocturnal oximetry
- ☒ **C** Crowded oropharyngeal airway (Mallampati class III/IV)
- ☐ **D** Restrictive pattern on pulmonary function testing

**ANSWER A - C**

**WHY** Obesity (especially central obesity) and anatomical upper airway narrowing (high Mallampati score, large neck circumference) are well-established risk factors for OSA. Daytime hypercapnia with normal nocturnal oximetry is not characteristic of OSA; a restrictive PFT pattern relates to interstitial/neuromuscular disease, not OSA.

**QUESTION 9**

MULTIPLE CHOICE

Which of the following are appropriate indications for diagnostic thoracentesis in a patient with a pleural effusion? (Choose two.)

- ☒ **A** New unilateral pleural effusion of unknown cause
- ☐ **B** Symmetric bilateral effusions in a patient with known heart failure responding to diuresis
- ☒ **C** Suspicion of empyema or complicated parapneumonic effusion
- ☐ **D** Small bilateral effusions in a clinically stable patient with hypoalbuminemia

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**ANSWER** A • C

**WHY** Diagnostic thoracentesis is indicated for new unilateral effusions of unclear etiology and when empyema/complicated parapneumonic effusion is suspected (often requiring drainage as well). Bilateral symmetric effusions in CHF that respond to diuresis and small effusions attributable to a known cause (e.g., hypoalbuminemia) generally do not require thoracentesis unless atypical features are present.