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39	A	B	C	D	E

PRACTICE QUESTIONS

TTBU - The Testing Board Ukraine

2MDUK

Krok 2 Medicine (Ukrainian)

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for TTBU - The Testing Board Ukraine **2MDUK**, 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, **2MDUK**
- 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 is admitted 6 hours after the onset of crushing retrosternal chest pain radiating to the left arm, with diaphoresis and dyspnea. ECG shows ST-elevation of 3 mm in leads II, III, and aVF. Which is the most appropriate immediate pharmacological intervention in addition to aspirin and oxygen?

- ☒ **A** Streptokinase (thrombolytic therapy)
- ☐ **B** Amiodarone intravenous bolus
- ☐ **C** Digoxin orally
- ☐ **D** Furosemide intravenous bolus

ANSWER A

WHY ST-elevation in II, III, and aVF indicates an acute inferior STEMI. Within 6 hours of symptom onset and where primary PCI is not available, the most appropriate reperfusion therapy is thrombolysis with streptokinase (or an equivalent fibrinolytic). Amiodarone is for arrhythmias, digoxin has no role in acute MI, and furosemide is indicated only when there is overt pulmonary edema with signs of heart failure.

QUESTION 2

SINGLE CHOICE

A 35-year-old man presents with high fever, productive cough with rusty sputum, and right lower lobe consolidation on examination. Which is the most likely causative organism?

- ☒ **A** Streptococcus pneumoniae
- ☐ **B** Mycoplasma pneumoniae
- ☐ **C** Klebsiella pneumoniae
- ☐ **D** Pseudomonas aeruginosa

ANSWER A

WHY Lobar pneumonia with high fever, rust-coloured sputum and lobar consolidation in a previously healthy adult is classically caused by Streptococcus pneumoniae. Mycoplasma causes atypical (interstitial) pneumonia without lobar consolidation, Klebsiella typically affects alcoholics with currant-jelly sputum, and Pseudomonas is associated with hospital-acquired pneumonia.

QUESTION 3

SINGLE CHOICE

A 45-year-old man complains of epigastric pain occurring 2–3 hours after meals and at night, which is relieved by food and antacids. Endoscopy reveals a round, well-defined ulcer in the duodenal bulb. Which combination of findings is most characteristic of this condition?

- ☒ **A** Hyperacidity and *Helicobacter pylori* infection
- ☐ **B** Hypoacidity and autoimmune metaplastic gastritis
- ☐ **C** Normal acidity and Zollinger–Ellison syndrome
- ☐ **D** Hyperacidity and chronic use of NSAIDs only

ANSWER A

WHY Duodenal ulcer is characterised by epigastric pain occurring on an empty stomach (late postprandial and nocturnal) that is relieved by food and antacids. It is associated with increased acid secretion and, in the majority of cases, *Helicobacter pylori* infection of the antral mucosa. Autoimmune gastritis affects the corpus and causes hypoacidity with pernicious anaemia.

QUESTION 4

SINGLE CHOICE

A 24-year-old woman presents with polyuria, polydipsia, weight loss of 8 kg over 2 months, and a random plasma glucose of 22 mmol/L. Urine shows 4% glucose and heavy ketonuria. Arterial pH is 7.18, bicarbonate 8 mmol/L. Which is the most appropriate initial management?

- ☒ **A** Intravenous insulin infusion and aggressive fluid resuscitation with isotonic saline
- ☐ **B** Oral metformin after stabilization
- ☐ **C** Subcutaneous intermediate-acting insulin only
- ☐ **D** Thiazide diuretic and observation

ANSWER A

WHY The patient has diabetic ketoacidosis (DKA) complicating new-onset type 1 diabetes mellitus: severe hyperglycaemia, ketonuria and metabolic acidosis with pH 7.18. Initial management consists of aggressive intravenous fluid resuscitation with isotonic saline and continuous intravenous regular insulin infusion, with potassium replacement once serum K⁺ is below the upper normal limit. Oral metformin, subcutaneous insulin alone, and thiazides are inappropriate.

QUESTION 5

SINGLE CHOICE

A 10-year-old boy develops periorbital oedema, dark (cola-coloured) urine, oliguria and hypertension 2 weeks after a streptococcal sore throat. Urinalysis shows proteinuria, numerous RBC casts, and granular casts. Serum creatinine is elevated. Which is the most likely diagnosis?

- ☒ **A** Acute post-streptococcal glomerulonephritis
- ☐ **B** IgA nephropathy (Berger disease)
- ☐ **C** Rapidly progressive (crescentic) glomerulonephritis
- ☐ **D** Nephrotic syndrome (lipoid nephrosis)

ANSWER A

WHY The classic triad of acute post-streptococcal glomerulonephritis occurring 1–3 weeks after a streptococcal pharyngitis (or 3–6 weeks after skin infection) consists of oedema, haematuria (cola-coloured urine) and hypertension, with RBC casts and granular casts in the urinary sediment. IgA nephropathy presents with synpharyngitic haematuria (within days, not weeks), and nephrotic syndrome is dominated by heavy proteinuria without an active urine sediment.

QUESTION 6

SINGLE CHOICE

A 28-year-old woman complains of fatigue, dizziness, brittle nails, and pica (craving for chalk). Laboratory studies show: Hb 80 g/L, MCV 68 fL, serum ferritin 8 µg/L, serum iron 6 µmol/L, TIBC increased. Which is the most appropriate next step to identify the cause?

- ☒ **A** Search for a source of chronic blood loss, particularly from the gastrointestinal tract or heavy menstrual bleeding
- ☐ **B** Bone marrow aspiration with Prussian blue staining
- ☐ **C** Vitamin B12 and folate levels
- ☐ **D** Coombs (antiglobulin) test

ANSWER A

WHY Laboratory findings (microcytic anaemia, low ferritin, low serum iron, elevated TIBC) confirm iron-deficiency anaemia. In a menstruating woman the most common cause is uterine blood loss; however, any adult with iron deficiency without an obvious source, or with suggestive symptoms, requires evaluation for occult GI blood loss (e.g., colorectal cancer, peptic ulcer) before empiric iron supplementation alone. Coombs test is for haemolytic anaemia; B12/folate studies apply to macrocytic anaemia; bone marrow examination is reserved for unexplained or refractory cases.

QUESTION 7

SINGLE CHOICE

A 26-year-old woman, 7 weeks pregnant by last menstrual period, presents with sharp lower abdominal pain, vaginal spotting, and faintness. Examination shows pallor, BP 80/50 mmHg, pulse 120/min, and marked tenderness in the right adnexa. Which is the most likely diagnosis?

- ☒ **A Ruptured ectopic pregnancy**
- ☐ B Threatened miscarriage
- ☐ C Acute appendicitis
- ☐ D Ovarian cyst torsion

ANSWER A

WHY The combination of amenorrhoea (~6–8 weeks), unilateral adnexal tenderness, vaginal spotting, signs of hypovolaemic shock (tachycardia, hypotension, pallor) and anaemia is classic for a ruptured tubal ectopic pregnancy. Threatened miscarriage presents with bleeding and crampy midline pain without shock or adnexal mass. Appendicitis lacks the gynaecological history, and ovarian torsion typically presents with an acute unilateral mass without vaginal bleeding or early pregnancy signs.

QUESTION 8

SINGLE CHOICE

A 4-year-old child has had a fever up to 39.5°C for 6 days, with bilateral non-purulent conjunctivitis, erythematous lips and oral mucosa, a strawberry tongue, polymorphous rash on the trunk and extremities, cervical lymphadenopathy, and oedema of the hands and feet. Which is the most likely diagnosis?

- ☒ **A** Kawasaki disease (mucocutaneous lymph node syndrome)
- ☐ **B** Scarlet fever
- ☐ **C** Measles
- ☐ **D** Infectious mononucleosis

ANSWER A

WHY The diagnostic criteria for Kawasaki disease include prolonged fever (>5 days) plus at least four of: bilateral non-purulent conjunctivitis, oral mucosal changes (strawberry tongue, cracked lips), polymorphous rash, cervical lymphadenopathy, and extremity changes (oedema, erythema, later desquamation). Scarlet fever features a sandpaper rash and tonsillar exudate without conjunctivitis or extremity oedema; measles shows Koplik spots and a cephalocaudal maculopapular rash with coryza and cough; mononucleosis is dominated by pharyngitis and lymphadenopathy without these mucocutaneous findings.

QUESTION 9

SINGLE CHOICE

A patient with acute ST-elevation myocardial infarction is being evaluated for reperfusion treatment. Which finding is the strongest indication for immediate primary percutaneous coronary intervention rather than fibrinolysis?

- ☐ A The patient is 35 years old
- ☐ B The pain began 2 hours ago
- ☐ C The ECG shows ST elevation in two contiguous leads
- ☒ D The onset of symptoms was 14 hours ago with ongoing ischemic pain

ANSWER D

WHY Fibrinolytic benefit is greatest when administered early, generally within 12 hours of symptom onset. A patient presenting 14 hours after onset with ongoing ischemia is more appropriately considered for primary PCI.