

PMP 1

Seven individuals of ages ranging from 2 to 63 years became ill with nausea, vomiting, abdominal pain, diarrhea, chills, and fever. The onset of symptoms began 12 to 24 hours after eating a suspected food. They were all members of a family who had a combined party. The food item common to all individuals was home made ice cream. Two persons at the gathering ate only this item; two other family members who did not eat the ice cream remained well.

- 1. The incubation period of 12 to 24 hours suggests that the probable organism is:**
 - A. Staphylococcus.
 - B. Salmonella.
 - C. Hepatitis A.
 - D. Bacillus cereus.
 - E. None of the above.

Answer: B

- 2. The diagnosis can most likely be made by:**
 - A. Blood cultures.
 - B. Serum antibody titers.
 - C. Stool cultures.
 - D. Food specimen culture.
 - E. All of the above.

Answer: C

- 3. The ice cream had been prepared by mixing raw eggs, evaporated milk, pasteurized milk, sugar, and vanilla flavoring. The mixture was not cooked but frozen immediately after it was mixed. The ingredient most likely carrying the organism was:**
 - A. Evaporated milk.
 - B. Pasteurized milk.
 - C. Eggs.
 - D. Vanilla.
 - E. Sugar.

Answer: C

3. Immediate treatment of this condition is :

- A. Symptomatic.
- B. Ampicilin.
- C. Chloramphenicol.
- D. Septrin.
- E. Immodium.

Answer: A

4. After 24 hours the symptoms persisted in some individuals, management of these individuals would be:

- A. Continue symptomatic treatment for further 24 hours.
- B. Change the oral Ampicillin to parental.
- C. Change the drug you started earlier.
- D. Add anti-diarrheal drug to his regime.
- E. None of the above.

Answer: A

PMP 2:

A 45-year-old man has complained of increasing abdominal girth, fever, and malaise for the previous 4 months; he has denied having cough. Physical examination shows a markedly enlarged spleen but no lymphadenopathy. Laboratory evaluation shows a normal chest x-ray, hemoglobin concentration 15 g/dl, a white blood cell count of 45,000 cells/ μ l with no blasts seen on the blood smear, and a platelet count of 750,000/ μ l.

- 5. The most likely diagnosis is**
- A. Malignant lymphoma.
 - B. Acute leukemia.
 - C. Chronic myeloproliferative disorder *.
 - D. Pulmonary tuberculosis.
 - E. Myelodysplastic disorder.

Answer: C

- 6. The laboratory evaluation for the differential diagnosis of this problem might include all of the following tests EXCEPT**
- A. Measurement of leukocyte alkaline phosphatase levels.
 - B. Chromosomal evaluation.
 - C. Bone marrow aspiration and biopsy.
 - D. Flow cytometric analysis *.
 - E. Determination of red blood cell mass .

Answer: D

- 7. Evaluation of chromosomes shows a normal male karyotype. The leukocyte alkaline phosphatase level is low-normal, and the bone marrow is hypercellular and shows a myeloid-to-erythroid cell ratio of 10:1. Of following conclusions, which is most appropriate?**
- A. Chronic myelogenous leukemia (CML) is excluded, and the patient has a leukemoid reaction.
 - B. CML is excluded; therefore, the patient has an excellent prognosis and will be monitored every 6 months.
 - C. CML is excluded, and further workup will differentiate polycythemia vera from agnogenic myeloid metaplasia.
 - D. CML has not been excluded and further workup should include a molecular examination for a BCR-*abl* proto-oncogene translocation *.

Answer: D