**Clinical Medicine Practice Exam Pulmonary**

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| **1.** | After quitting smoking, how much time does it take to reduce the risk of lung cancer to half that of a smoker? |
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| **A.** | 1 year |

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| **B.** | 5 years |

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| **C.** | 10 years |

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| **D.** | 15 years |
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| **2.** | A patient comes to the office in November with a headache, sore throat, earache and urticaria.  Upon examination, he's found to have rhonchi, rales and lymphadenopathy, but the chest x-ray doesn't show any consolidation of the lower lung zones.  Which is suspect? |
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| **A.** | upper respiratory infection |

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| **B.** | lung abscess |

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| **C.** | mycoplasma (primary atypical) pnemonia |

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| **D.** | pulmonary embolism |
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| **3.** | Which the following is not associated with acute bronchitis? |
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| **A.** | mycoplasma pneumoniae |

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| **B.** | strep. pneumoniae |

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| **C.** | chlamydia pneumoniae |

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| **D.** | bordetella pertussis |
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| **4.** | A 36 year old woman has been in the hospital for 30 hours.  Unrelated to her original diagnosis, you [find](http://www.proprofs.com/quiz-school/story.php?title=clin-med-practice-exam-1-pulmonary) she has a low-grade fever, bronchial breath sounds, lungs dull to percussion and rales.  Her chest X-ray shows consolidation.  Pending results of cultures, which would be an appropriate treatment? |
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| **A.** | if there are other patients in the hospital who have been successfully treated for pneumonia, use the same antibiotic |

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| **B.** | direct treatment at virulent organisms, especially pseudomonas and enterobacter species |

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| **C.** | suspect she is a candidate for bronchial lavage |

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| **D.** | immediately give her a nasal CPAP |
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| **5.** | Which of the following appears on a chest X ray as a thick walled solitary cavity surrounded by consolidation? |
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| **A.** | lung cancer |

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| **B.** | epyema |

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| **C.** | lung abscess |

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| **D.** | epyema |
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| **6.** | A pre-op patient is a smoker.  How long before the operation should he be told to stop smoking in order to decrease the risk of myocardial infarction? |
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| **A.** | 20 minutes |

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| **B.** | 8 hours |

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| **C.** | 24 hours |

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| **D.** | 48 hours |
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| **7.** | Which of the following conditions is not responsive to corticosteroids? |
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| **A.** | asthma |

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| **B.** | constrictive bronchiolitis |

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| **C.** | proliferative bronchiolitis |

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| **D.** | bronchiolitis obliterans with organizing pneumonia (BOOP) |
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| **8.** | In which dyspnea patient would diffuse panbronchiolitis be on the differential diagnosis? |
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| **A.** | 65 year old Caucasian woman with rheumatoid arthritis |

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| **B.** | 35 year old African American man with type 2 diabetes |

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| **C.** | 22 year old Korean man who is 6'4" and 140 pounds |

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| **D.** | a 40 year old Japanese man with a history of pansinusitis |
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| **9.** | Which  of the following could produce 200 cc hemoptysis at a time or over 600 cc over 24 hours? |
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| **A.** | bronchiectasis |

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| **B.** | pulmonary embolism |

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| **C.** | cystic fibrosis |

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| **D.** | atelectasis |
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| **10.** | A thin, barrel-chested 32 year old male of European descent complains of dyspnea and wet cough.  PFTs reveal an obstructive pattern that is unaffected by a bronchodilator.  Chest X ray shows hyperinflation of the lungs and a flattened diaphragm with arterial depletion at the lung bases.  Which is a logical step? |
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| **A.** | order a pilocarpine sweat test |

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| **B.** | test the serum level of alpha-1-antitrypsin |

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| **C.** | recommend postural drainage |

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| **D.** | order an ECG |