Medicine GI MCQ’s

Question 1. Causes of mouth ulcers include

gluten enteropathy (True)
Explanation: And systemic lupus erythematosus, Beh[sfgr]et's syndrome, Reiter's syndrome
Crohn's disease (True)
Explanation: And ulcerative colitis
lichen planus (True)
Explanation: And pemphigoid and pemphigus
adverse drug reaction (True)
Explanation: Stevens-Johnson syndrome due to either drugs or infections
herpes simplex (True)
Explanation: Aphthous mouth ulcers are usually idiopathic rather than viral-induced

Please refer to pp. 748 and 774 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 2. Causes of salivary gland enlargement include

alcoholic liver disease (True)
Explanation: Also associated with malnutrition and autoimmune hepatitis
Sjögren's syndrome (True)
Explanation: Associated with dry mouth and keratoconjunctivitis sicca (dry eyes)
bacterial infection (True)
Explanation: May be associated with calculi in the parotid duct
sarcoidosis (True)
Explanation: Uveoparotid fever (Heerfordt's syndrome)
measles (False)
Explanation: Associated with mumps

Please refer to p. 774 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 3. Recognised causes of dysphagia include

iron deficiency anaemia (True)
Explanation: Via formation of an oesophageal web-'sideropenic dysphagia'
pharyngeal pouch (True)
Explanation: May also be associated with regurgitation and recurrent aspiration
Barrett's oesophagus (False)
Explanation: Asymptomatic unless complicated by malignancy
myasthenia gravis (True)
Explanation: More commonly caused by stroke; typically worse with fluids than with solids
achalasia (True)
Explanation: Best diagnosed on oesophageal manometry

Please refer to pp. 761-762 and Chapter 19 from Davidson's Principles and Practice of Medicine 19e for more information on this question

Question 4. Typical features of oesophageal achalasia include

recurrent pneumonia (True)
Explanation: Due to regurgitation and aspiration
spasm of the lower oesophageal sphincter (LOS) (False)
Explanation: Failure to relax the LOS with loss of ganglion cells in Auerbach's plexus on histology
heartburn and acid reflux (False)
Explanation: Acid reflux is prevented by the non-relaxing LOS
predisposition to oesophageal carcinoma (True)
Explanation: Even if the obstruction is treated
symptomatic response to pneumatic balloon dilatation (True)
Explanation: If this fails, Heller's myotomy may be indicated

Please refer to pp. 778-779 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 5. Gastro-oesophageal reflux disease is associated with the following factors

decreased intra-abdominal pressure (False)
Explanation: Associated with increased intra-abdominal pressure (e.g. pregnancy)
delayed gastric emptying (True)
prolonged oesophageal transit time (True)
Explanation: Delayed oesophageal clearance is more common in the elderly
increased lower oesophageal sphincter tone (False)
Explanation: Associated with decreased lower oesophageal sphincter tone
presence of a hiatus hernia (True)

Please refer to p. 775 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 6. Oesophageal carcinoma in the UK is

associated with gluten enteropathy (True)
Explanation: Squamous rather than adenocarcinoma
more likely to be due to adenocarcinoma than squamous carcinoma (False)
Explanation: 80-90% are squamous cell
associated with Barrett's oesophagus (True)
Explanation: Adenocarcinoma is associated with chronic oesophagitis
more likely to arise in the upper third rather than the lower third of the oesophagus (False)
Explanation: 90% are in the lower two-thirds
associated with alcohol and tobacco consumption (True)

Explanation: And betel nut chewing in the East

Please refer to p. 780 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 7. Typical features of oesophageal carcinoma at presentation include

acid reflux and odynophagia (False)
Explanation: More suggestive of reflux with oesophagitis and stricture formation
painless obstruction to the passage of a food bolus (True)
Explanation: Painless due to destruction of the mucosal innervation
nausea and weight loss (True)
Explanation: Weight loss relates to poor food intake
metastatic spread in the majority of patients (True)
Explanation: 75% have lymph node, liver and/or mediastinal spread
overall survival rates at 5 years of approximately 50% (False)
Explanation: 5-year survival is about 5%

Please refer to pp. 780-781 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 8. Factors associated with chronic peptic ulcer disease include

oral contraceptive therapy (False)
non-steroidal anti-inflammatory drug therapy (True)
Explanation: Plays a role in gastric ulcer
pernicious anaemia (False)
Explanation: Associated with achlorhydria-'no acid, no ulcer'
Helicobacter pylori - associated gastritis (True)
Explanation: Implicated in > 90% of instances
tobacco consumption (True)
Explanation: Associated with both gastric and duodenal ulcer recurrence rates

Please refer to pp. 782-784 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 9. Typical features of peptic ulcer dyspepsia include

pain relieved by eating (True)
Explanation: Hunger pain
well-localised pain relieved by vomiting (True)
Explanation: Perhaps with the 'pointing sign'
pain-free remissions lasting many weeks (True)

Explanation: Pain is characteristically periodic
nausea and epigastric pain (False)
Explanation: More suggestive of biliary colic; pain rarely lasts > 2 hours
absence of symptoms prior to acute perforation (True)

Please refer to p. 784 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 10. In the investigation and treatment of chronic dyspepsia

most patients aged < 55 years have an underlying peptic ulcer (False)
Explanation: Only about 20%; most have reflux dyspepsia or functional dyspepsia
25% of duodenal ulcers relapse unless H. pylori has been eradicated (False)
Explanation: 85% relapse if H. pylori has not been eradicated
magnesium-containing antacids produce constipation (False)
Explanation: Cause diarrhoea; aluminium-containing antacids cause constipation
bismuth compounds should not be used for maintenance therapy (True)
Explanation: Due to potential accumulation of bismuth, acid-lowering drugs are preferable
gastric ulcers associated with NSAID therapy are less likely to be associated with H. pylori gastritis than gastric ulcers occurring in patients not taking NSAIDs (True)
Explanation: 30% of gastric ulcers are not associated with H. pylori (NSAID-induced ulcers)

Please refer to pp. 782-786 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 11. Gastroduodenal haemorrhage in the UK is

more often due to peptic ulcer than to oesophageal varices (True)
Explanation: Peptic ulcer 35-50%, varices < 5%
associated with a 5% mortality when due to chronic peptic ulceration (True)
Explanation: Higher mortality in the elderly and especially in patients who rebleed
a recognised complication of severe head injury (True)
Explanation: Cushing's stress ulcers
best investigated by endoscopy (True)
Explanation: Diagnostic yield reduces with time post-admission
significantly associated with anti-inflammatory drug therapy (True)
Explanation: 75% of patients with gastrointestinal bleed have recently taken NSAIDs (only 50% of 'controls')

Please refer to pp. 764-766 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 12. Typical features of major acute gastroduodenal

haemorrhage include

severe abdominal pain (False)
Explanation: Typically pain-free
angor animi and restlessness (True)
Explanation: Sympathetic activation
syncope preceding other evidence of bleeding (True)
Explanation: Particularly in older patients
elevated blood urea and creatinine concentrations (False)
Explanation: Blood urea but not creatinine rises due to digestion of the blood in the gut
peripheral blood microcytosis (False)
Explanation: Only present if preceding iron deficiency

Please refer to p. 764 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 13. When acute gastroduodenal haemorrhage is suspected

a pulse rate > 100/min is most likely to be due to anxiety (False)
Explanation: A sign of hypovolaemia
hypotension without a tachycardia suggests an alternative diagnosis (False)
Explanation: Bradycardia may occur in profound blood loss or in the elderly
the absence of anaemia suggests the volume of blood loss is modest (False)
Explanation: Haemoglobin concentration remains unaltered until haemodilution occurs
nasogastric aspiration provides an accurate estimate of blood loss (False)
Explanation: Monitoring the urine output as a measure of perfusion is important
endoscopy is best deferred pending blood volume replacement (True)
Explanation: Patients should first be haemodynamically stable if possible

Please refer to pp. 764-765 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 14. In resuscitating a patient with an acute gastrointestinal bleed

oxygen should be administered if there are signs of hypovolaemia (True)
Explanation: Especially in patients with shock
transfusion requires whole blood rather than packed red cells (False)
Explanation: Colloid infusion and packed red cells are adequate for volume replacement
volume replacement with colloids is preferable to crystalloids (True)
Explanation: Crystalloids rapidly redistribute to the extravascular space
monitoring central venous pressure and/or urine output is advisable (True)
Explanation: Facilitates restoration of optimal circulating volume
surgical intervention should be considered if rebleeding occurs despite ulcer sclerotherapy (True)

Explanation: Consider surgical options in all patients with continuing bleeding

Please refer to pp. 764-765 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 15. Perforation of a peptic ulcer is typically associated with

acute rather than chronic ulcers (False)
Explanation: 25% occur in acute ulcers
duodenal more often than gastric ulcers (True)
Explanation: Especially anterior wall ulcers
abdominal pain radiating to the shoulder tip (True)
Explanation: Diaphragmatic pain referred to one or both shoulder tips
the absence of nausea and vomiting (False)
Explanation: Vomiting is common
symptomatic improvement several hours following onset (True)
Explanation: But abdominal rigidity typically persists

Please refer to p. 787 from Davidson's Principles and Practice of Medicine 19e for more information on this question

Question 16. Characteristic features of gastric outlet obstruction include

metabolic acidosis (False)
Explanation: Hypokalaemic metabolic alkalosis
bile vomiting (False)
Explanation: Suggests more distal obstruction
urinary pH < 5 (True)
Explanation: Paradoxical aciduria due to renal tubular mechanisms
symptomatic relief after vomiting (True)
Explanation: Unusually, patients may feel like eating immediately after vomiting
absent gastric peristalsis (False)
Explanation: Often prominent gastric peristalsis and a succussion splash

Please refer to p. 787 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 17. Complications of partial gastrectomy include

early satiety (True)
Explanation: Smaller stomach and loss of vagally mediated gastric relaxation
iron deficiency anaemia (True)

Explanation: Malabsorption is common and can produce folate, B12 and vitamin D deficiency
weight loss (True)
Explanation: Most patients will lose at least 5 kg
reactive hypoglycaemia (True)
Explanation: Late dumping syndrome with exaggerated insulin release
vomiting and diarrhoea soon after meals (True)
Explanation: Early dumping syndrome with the exaggerated release of upper gastrointestinal hormones

Question 18. The typical features of non-ulcer dyspepsia include

onset under the age of 40 years (True)
Explanation: Women are more commonly affected than men
nausea and bloating (True)
Explanation: Dysmotility state
weight loss and anaemia (False)
Explanation: Features suggesting serious underlying disease
constipation with pellety stools (True)
Explanation: Often associated with an irritable bowel syndrome
symptoms of anxiety and depression (True)
Explanation: Often associated with stressful life events and difficulties

Please refer to pp. 788-789 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 19. Carcinoma of the stomach is associated with

adenomatous gastric polyps (True)
chronic hypochlorhydria (True)
Explanation: Pernicious anaemia and partial gastrectomy
Helicobacter pylori infection (True)
Explanation: H. pylori may account for 60% of gastric carcinoma
Ménétrier's disease (True)
Explanation: Hypertrophic gastritis with protein-losing enteropathy
alcohol and tobacco consumption (True)

Please refer to p. 790 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 20. Typical features of gastric carcinoma in the UK include

progression to involve the duodenum (False)
Explanation: Extraordinary but true
origin within a chronic peptic ulcer (False)
Explanation: But may present as a malignant ulcer
overall 5-year survival rate of 50% (False)
Explanation: 10% 5-year survival

folate deficiency anaemia on presentation (False)
Explanation: Iron deficiency anaemia is typical
supraclavicular lymphadenopathy (True)
Explanation: Virchow's node

Please refer to pp. 789-791 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 21. In gluten enteropathy (coeliac disease)

the peak at onset is 11-19 years (False)
Explanation: Peak incidence in the age groups 1-5 years and 40-59 years
there is a predisposition to gut lymphoma and carcinoma (True)
Explanation: Symptoms return without dietary indiscretion
the toxic agent is the polypeptide ?-gliadin (True)
Explanation: A component of the gluten protein
gluten-free diets improve absorption but not the villous atrophy (False)
Explanation: Villous atrophy should resolve
serum anti-endomysium IgA antibody titres are characteristically elevated (True)
Explanation: Also antigliadin IgA antibody titres

Please refer to pp. 792-794 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 22. Causes of small bowel bacterial overgrowth (blind loop syndrome) include

diabetic autonomic neuropathy (True)
Explanation: Reduced small intestinal motility
chronic hypochlorhydria (True)
Explanation: E.g. long-term proton pump inhibitor therapy and pernicious anaemia
jejunal diverticulosis (True)
Explanation: Best demonstrated by barium meal
progressive systemic sclerosis (True)
Explanation: Reduced small intestinal motility
enterocolic fistula (True)
Explanation: E.g. Crohn's disease

Please refer to pp. 794-795 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 23. Clinical features suggesting the carcinoid syndrome include

facial blanching and sweating (False)

Explanation: Facial telangiectasia, flushing and wheezing
constipation (False)
Explanation: Diarrhoea is characteristic
intestinal ischaemia (True)
Explanation: Due to mesenteric infiltration and/or vasospasm
tricuspid valve dysfunction (True)
Explanation: And pulmonary stenosis
late occurrence of metastatic disease (False)
Explanation: Typically associated with widespread liver metastases

Please refer to p. 801 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 24. Causes of acute pancreatitis include

measles (False)
Explanation: Mumps and Coxsackie B viral infections
hypothermia (True)
Explanation: And hyperlipidaemia
choledocholithiasis (True)
Explanation: 50% of cases are associated with biliary tract disease
azathioprine therapy (True)
Explanation: And thiazides and corticosteroids
alcohol misuse (True)
Explanation: Common cause in the UK

Please refer to p. 802 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 25. The following are characteristic of acute pancreatitis

abdominal guarding develops soon after the onset of pain (False)
Explanation: Guarding occurs relatively late
normal serum amylase concentration in the first 4 hours after onset (False)
Explanation: Serum amylase rises and falls rapidly
persistent serum hyperamylasaemia suggests a developing pseudocyst (True)
Explanation: Or pancreatic abscess or non-pancreatic cause
hypercalcaemia 5-7 days after onset (False)
Explanation: Hypocalcaemia
hyperactive loud bowel sounds (False)
Explanation: Bowel sounds usually absent or diminished due to paralytic ileus

Please refer to pp. 802-803 from Davidson's Principles and Practice of Medicine 19e for more information on this question

Question 26. Adverse prognostic factors in acute pancreatitis

include

arterial hypoxaemia with a PaO2 < 8 kPa (True)
Explanation: Administer high-flow oxygen therapy
leucopenia with white blood cell count < 5 × 109/l (False)
Explanation: Poorer prognosis indicated by white blood cell count > 15 × 109/l
serum albumin < 30 g/l and serum calcium < 2 mmol/l (True)
Explanation: Reflect extent of peritoneal reaction
hypoglycaemia < 2.3 mmol/l (False)
Explanation: Hyperglycaemia > 10 mmol/l
blood urea > 16 mmol/l after rehydration (True)

Please refer to p. 804 from Davidson's Principles and Practice of Medicine 19e for more information on this question

Question 27. In the management of acute pancreatitis

early laparotomy is advisable to exclude alternative diagnoses (False)
Explanation: Diagnostic laparotomy is rarely required
opiates should be avoided because of spasm of the sphincter of Oddi (False)
Explanation: Effective pain relief is important
intravenous fluids are unnecessary in the absence of a tachycardia (False)
Explanation: Heart rate alone is a poor guide to volume losses
the urine output and PaO2 should be monitored (True)
Explanation: Shock and respiratory failure are serious complications
persistent elevation in the serum amylase suggests pancreatic duct obstruction (True)
Explanation: Resulting in pancreatic pseudocyst

Please refer to p. 803 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 28. In the investigation of chronic pancreatic disease

glucose tolerance is typically normal in pancreatic carcinoma (False)
Explanation: Typically impaired glucose tolerance test (GTT)
duodenal ileus is a characteristic feature of chronic pancreatitis (False)
Explanation: Occurs in acute pancreatitis
transabdominal ultrasound scanning is more sensitive than CT (False)
Explanation: Pancreatic visualisation is superior with CT
endoscopic retrograde cholangiopancreatography (ERCP) can reliably distinguish carcinoma from chronic pancreatitis (False)
Explanation: Surgery may be necessary
pancreatic calcification suggests alcohol as the cause (True)
Explanation: Biliary tract disease is rarely the cause

Please refer to pp. 805 and 808 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 29. Features consistent with the diagnosis of chronic pancreatitis include

abdominal or back pain persisting for days (True)
Explanation: Sometimes relieved by crouching or leaning forward
chronic opiate dependency (True)
Explanation: In 20%
increased sodium concentration in the sweat (False)
Explanation: Occasionally in cystic fibrosis
abdominal pain induced and relieved by alcohol intake (True)
pancreatic calcification on plain radiograph or ultrasound (True)
Explanation: But insensitive diagnostic tests

Please refer to p. 805 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 30. Typical causes of chronic pancreatitis include

annular pancreas (False)
Explanation: Associated with pancreas divisum
alcoholism (True)
Explanation: Accounts for 70-80% of instances
gallstones (False)
Explanation: Common but not the cause of chronic pancreatitis
cystic fibrosis (True)
mumps (False)

Please refer to p. 804 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 31. Typical complications of chronic pancreatitis include

pancreatic pseudocyst formation (True)
Explanation: Also associated with acute pancreatitis
obstructive jaundice (True)
Explanation: Due to stricture of the common bile duct as it passes the head of the pancreas
portal vein thrombosis (True)
Explanation: And splenic vein thrombosis leading to gastric varices
diabetes mellitus (True)
Explanation: Occurs in 30% overall
opiate drug dependence (True)
Explanation: May occur in up to 20% of patients

Please refer to pp. 805-806 from Davidson's Principles and Practice of

Medicine 19e for more information on this question

Question 32. The typical features of pancreatic carcinoma include

adenocarcinomatous histology (True)
Explanation: The vast majority
origin in the body of the pancreas in 60% of patients (False)
Explanation: Head of pancreas is the origin in 60% of patients
presentation with diabetes mellitus (True)
Explanation: Indicating advanced disease
back pain and weight loss indicate a poor prognosis (True)
Explanation: Even in the absence of metastatic spread
presentation with painless jaundice (True)
Explanation: Usually due to a tumour in the head of pancreas

Please refer to pp. 806-808 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 33. Characteristic features of ulcerative colitis include

invariable involvement of the rectal mucosa (True)
Explanation: Proctitis is a typical finding
segmental involvement of the colon and rectum (False)
Explanation: Suggests Crohn's disease
pseudopolyposis following healing of mucosal damage (True)
Explanation: Due to oedema and hyperplasia
inflammation extending from the mucosa to the serosa (False)
Explanation: Affects mucosa and submucosa only
enterocutaneous and enteroenteric fistulae (False)
Explanation: Suggest Crohn's disease

Please refer to p. 810 from Davidson's Principles and Practice of Medicine 19e for more information on this question

Question 34. Ulcerative colitis (UC) differs from Crohn's colitis in that

UC occurs at any age (False)
Explanation: Both have a peak incidence at the age of about 20 years
cessation of smoking is likely to reduce activity of Crohn's disease (True)
Explanation: Smoking exacerbates Crohn's disease but not ulcerative colitis
toxic dilatation only occurs in ulcerative colitis (False)
Explanation: Also occurs in severe Crohn's colitis
there is no association with aphthous mouth ulcers in UC (unlike Crohn's disease) (False)

Explanation: Occur in both
there is no involvement of the small bowel in UC (True)

Please refer to pp. 808-812 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

You scored 1/5 on this question

Question 35. Recognised complications of ulcerative colitis include

pyoderma gangrenosum (True)
Explanation: Also occurs in Crohn's disease and rheumatoid arthritis
pericholangitis (True)
Explanation: Suggested by abnormal liver function tests
amyloidosis (True)
Explanation: Induced by many chronic inflammatory diseases
colonic carcinoma (True)
Explanation: Long-standing disease (> 10 years)
enteropathic arthritis (True)
Explanation: Large joints especially, or spondyloarthritis

Please refer to p. 812 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 36. Characteristic features of Crohn's disease include

familial association with ulcerative colitis (True)
Explanation: And vice versa
onset after the age of 70 years (False)
Explanation: Early adult life most commonly
disease confined to the terminal ileum and colon (False)
Explanation: Affects any part of the alimentary tract
predisposition to biliary and renal calculi (True)
Explanation: Bile acid malabsorption and hyperoxaluria
giant cell granulomata on histopathology (True)
Explanation: Crohn's granulomata are non-caseating unlike those of tuberculosis

Please refer to pp. 808-812 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 37. The typical clinical features of ileal Crohn's disease include

association with tobacco consumption (True)

Explanation: In contrast to ulcerative colitis
presentation with bloody diarrhoea (False)
Explanation: Usually pain rather than diarrhoea unless there is rectal involvement also
presentation with subacute intestinal obstruction (True)
Explanation: With episodes of colicky pain
segmental involvement of the colon and rectum (True)
Explanation: In contrast to ulcerative colitis
inflammatory changes confined to the mucosa on histopathology (False)
Explanation: Inflammation is transmural

Please refer to p. 811 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 38. The typical features of the irritable bowel syndrome include

nocturnal diarrhoea and weight loss (False)
Explanation: Such symptoms suggest organic pathology
onset after the age of 45 years (False)
Explanation: Typically affects females aged 16-45 years
history of childhood abdominal pain (True)
Explanation: Many also have dyspeptic and urinary symptoms
right iliac fossa pain and urinary frequency (True)
Explanation: Pain may be relieved by defaecation
abdominal distension, flatulence and pellety stools (True)
Explanation: May be tenesmus, mucus PR and diarrhoea

Please refer to pp. 817-818 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 39. The management of the irritable bowel syndrome should include

explanation and reassurance after a detailed clinical examination (True)
Explanation: Probably the most important therapeutic tools
barium enema and barium follow-through examinations in all patients (False)
Explanation: Investigations are important in older patients
evaluation of social and emotional factors (True)
Explanation: Anxiety and/or depression are often associated with refractory symptoms
referral for psychiatric assessment and therapy (False)
Explanation: Although occasionally psychiatric intervention may be necessary
dihydrocodeine for abdominal pain and diarrhoea (False)
Explanation: Use loperamide, a safer opioid that does not cross the blood-brain barrier

Please refer to pp. 818-819 from Davidson's Principles and Practice of

Medicine 19e for more information on this question.

Question 40. Typical features of colonic diverticulosis include

predominant involvement of the right hemicolon (False)
Explanation: Sigmoid colon is most commonly involved
predisposition to the development of colonic carcinoma (False)
Explanation: No causative association
complications are more common in patients receiving NSAID therapy (True)
Explanation: Especially bleeding and perforation
reduction in the number of diverticula with a high-fibre diet (False)
Explanation: But symptoms may be improved
the absence of symptoms in the absence of complications (True)
Explanation: Such as acute diverticulitis

Please refer to pp. 825-826 from Davidson's Principles and Practice of Medicine 19e for more information on this question

Question 41. Typical features of colonic diverticulitis include

severe rectal bleeding (True)
Explanation: Exclusion of malignancy may be necessary
chronic iron deficiency anaemia (False)
Explanation: But this may be a feature of chronic diverticulosis
septicaemia and paralytic ileus (True)
Explanation: With or without perforation
right iliac fossa pain (False)
Explanation: Left iliac fossa or hypogastric pain is typical
vesicocolic fistula (True)
Explanation: Or enterocolic or colovaginal

Please refer to p. 826 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 42. Typical features of pseudomembranous colitis include

onset within two weeks of antibiotic therapy (True)
Explanation: Occurs from 4 days to 6 weeks post-antibiotics
normal appearance of the rectal mucosa (False)
Explanation: Usually appears as a non-specific proctitis
Clostridium difficile toxin in the stool (True)
presentation with abdominal pain and diarrhoea (True)
Explanation: And even bloody diarrhoea
clinical relapse despite prompt treatment (True)
Explanation: Treated with metronidazole or vancomycin

Please refer to p. 828 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 43. Familial adenomatous polyposis is

inherited as an autosomal recessive trait (False)
Explanation: Autosomal dominant with a prevalence of 1 in 14 000
usually clinically apparent before the age of 10 years (False)
Explanation: Typically presents in the age group 20-40 years
likely to progress to carcinoma before the age of 40 years (True)
Explanation: Carcinoma is usually present when symptoms commence
associated with gastric and small bowel polyps (True)
Explanation: Also with lipomas, epidermoid cysts, osteomas and desmoid tumours
best treated with immunosuppressant therapy in patients aged < 20 years (False)
Explanation: Immunosuppressives have no role; prophylactic colectomy is warranted

Please refer to pp. 821-822 from Davidson's Principles and Practice of Medicine 19e for more information on this question.

Question 44. In colonic carcinoma

of the caecum, presentation with iron deficiency anaemia is typical (True)
Explanation: Non-specific presentation leads to diagnostic delay
obstruction is typically an early event in carcinoma of the sigmoid (True)
Explanation: Late event in right-sided tumours
metastatic spread is to the lungs rather than the liver (False)
Explanation: Portal venous dissemination to the liver is typical
concomitant multiple tumours are present in 20% of patients (False)
Explanation: Synchronous tumours occur in 2%
rising serum carcinoembryonic antigen (CEA) levels post-resection suggest recurrent tumour (True)
Explanation: But too insensitive for initial routine diagnostic purposes

Please refer to pp. 823-825 from Davidson's Principles and Practice of Medicine 19e for more information on this question.