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神经病 Neurology

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Mitchell S.V. Elkind

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Neurology

PreTest® Self-Assessment and Review

Fourth Edition

MITCHELL S. V. ELKIND, M.D., M.S.

Assistant Professor of Neurology
Columbia University College of Physicians and Surgeons
Assistant Attending Neurologist
New York Presbyterian Hospital
New York, New York

STUDENT REVIEWER

STEVEN G. WERDEHOFF

University of South Alabama College of Medicine
Mobile, Alabama

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编 著：MITCHELL S. V. ELKIND, M. D., M. S.

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Neurology

PreTest® Self-Assessment and Review

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To Rachel, with love and appreciation.

前 言

“美国医生执照考试(United States Medical Licensing Examination, USMLE)”是一种获取美国行医执照的考试,由“美国国家联邦医学学会(Federation of State Medical Board, FSMB)”和“美国国家医学考试委员会(National Board of Medical Examiners, NBME)”联合发起,由美国“外国医学生教育委员会(Educational Commission for Foreign Medical Graduates, ECFMG)”组成的联合会及“美国国家联邦医学学会”和“美国国家医学考试委员会”共同组织管理。国际上,其他一些国家的医学组织也承认此项考试。目前,这项考试已在我国的北京、上海和广州开展。有志参加此项考试的中国医学生和医生可与这项考试在北京设立的机构 Prometric 取得联系,以获取更多的信息。联系地址和方式如下:100086 北京市海淀区泛亚大厦 1201 室(Room 1201, PANA Tower, Zhichun Road, Haidian District, Beijing 100086, China), 网址: <http://www.prometric.com>, E-mail: webmaster@sylvan.com.cn。

美国医生执照考试共分三部分,即美国医生执照考试(一)(PreTest USMLE Step 1)、美国医生执照考试(二)(PreTest USMLE 2)、美国医生执照考试(三)(PreTest USMLE 3)。第一部分考试以基础医学为主,如解剖、生理、病理、药理、生化,等等。第二部分考试以临床医学为主,如内科、外科、妇产科、儿科、物理诊断、神经病、精神病,等等。第三部分试题只为美国国内医学生使用。国际上,只使用第一和第二部分考试。

为满足中国医学生和医生的需求,人民卫生出版社将陆续引进了“美国医生执照考试”的第一和第二部分系列考试丛书英文版最新版本。这套系列考试丛书不仅为有志于参加美国医生执照考试的中国医学生和医生提供帮助,更为广大的医学生和医务工作者比较中美医学教育和自己掌握的知识提供了参考。同时,该书也是学习专业英语的好教材。

INTRODUCTION

Neurology: PreTest® Self-Assessment and Review, Fourth Edition, is intended to provide medical students, house officers, and physicians with a convenient tool for assessing and improving their knowledge of neurology. The 500 questions in this book are similar to those included in Step 2 of the United States Medical Licensing Examination (USMLE). They may also be a useful study tool for the USMLE Step 3 and clerkship examinations.

Each question in this book has a corresponding answer, a reference to a text that provides background for the answer, and a short discussion of various issues raised by the question and its answer. A listing of references for the entire book follows the last chapter.

To simulate the time constraints imposed by the qualifying examinations for which this book is intended as a practice guide, the student or physician should allot about one minute for each question. After answering all questions in a chapter, as much time as necessary should be spent reviewing the explanations for each question at the end of each chapter. Attention should be given to all explanations, even if the examinee answered the questions correctly. Those seeking more information on a subject should refer to the references listed or to other standard texts in neurology.

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THE NEUROLOGIC EXAMINATION AND DIAGNOSTIC TESTS

Questions

DIRECTIONS: Each item below contains a question or incomplete statement followed by suggested responses. Select the **one best** response to each question.

1. The person with impaired position sense will usually fall if she stands with her feet together and does which of the following?
 - a. Flexes her neck
 - b. Extends her arms in front of her
 - c. Flexes her knees
 - d. Turns her head
 - e. Closes her eyes
 2. A 25-year-old woman with a history of epilepsy presents to the emergency room with impaired attention and unsteadiness of gait. Her phenytoin level is 37. Examination of the eyes would be most likely to show which of the following?
 - a. Weakness of abduction of the left eye
 - b. Lateral beating movements of the eyes
 - c. Impaired convergence
 - d. Papilledema
 - e. Impaired upgaze
 3. A 46-year-old longshoreman complains of lower back pain radiating down the posterior aspect of his left leg, and paresthesias in the lateral aspect of his left foot. This has been present for 6 months. Strength and bowel and bladder function have been normal. Examination would be most likely to show which of the following?
 - a. Left Babinski sign
 - b. Loss of pinprick sensation over the webspace between the first and second digits of the left foot
 - c. Hyperreflexia at the left knee jerk
 - d. Hyporeflexia in the left Achilles tendon reflex
 - e. Decreased rectal tone
-

4. The intracranial material appearing most dense on computed tomography (CT) of the head is which of the following?

- a. Blood clot
- b. White matter
- c. Gray matter
- d. Cerebrospinal fluid (CSF)
- e. Pia mater

5. A 28-year-old graduate student presents with confusion and mild right hemiparesis developing over the course of an evening. His girlfriend relates that he has been complaining of severe headaches each morning for the past 2 weeks. While being evaluated in the emergency room, he has a generalized tonic-clonic seizure. When examined 2 hours later, he is lethargic, unable to recall recent events, has difficulty naming, and has a right pronator drift. There is mild weakness of abduction of the eyes bilaterally. Fundoscopic examination might be expected to show which of the following?

- a. Pigmentary degeneration of the retina
- b. Hollenhorst plaques
- c. Retinal venous pulsations
- d. Blurring of the margins of the optic disc
- e. Pallor of the optic disc

6. Tremor in the hands that is most obvious when the patient is awake and trying to perform an action is most likely from disease in which of the following structures?

- a. Thalamus
- b. Cerebellum
- c. Substantia nigra
- d. Spinal cord
- e. Internal capsule

7. In the person with Parkinson's disease, the tremor that is evident when a limb is at rest changes in what way when the patient falls asleep?

- a. It becomes more rapid.
- b. It has increased amplitude.
- c. It generalizes to limbs that were uninvolved when the patient was awake.
- d. It disappears.
- e. It transforms into choreiform movements.

8. Patients complaining of trouble getting out of low seats and getting off toilets often have

- a. Poor fine finger movements
- b. Poor rapid alternating movements
- c. Distal muscle weakness
- d. Proximal muscle weakness
- e. Gait apraxia

9. Dysdiadochokinesia is an impairment of

- a. Successive finger movements
- b. Heel-to-toe walking
- c. Rapid alternating movements
- d. Tremor suppression
- e. Conjugate eye movements

10. A vibrating tuning fork applied to the center of the forehead helps to establish which ear

- a. Has the wider range of frequency perception
- b. Has the larger external auditory meatus
- c. Is lower set
- d. Has the longer eustachian tube
- e. Has conductive or sensorineural hearing loss

11. Increased sensitivity to sound (hyperacusis) may develop in one ear with damage to the ipsilateral cranial nerve

- a. V
- b. VII
- c. VIII
- d. IX
- e. X

12. The ability to walk along a straight line touching the heel of one foot to the toe of the other is most often impaired with

- a. Cerebellar dysfunction
- b. Parietal lobe damage
- c. Temporal lobe damage
- d. Ocular motor disturbances
- e. Dysesthesias in the feet

13. The presence of fine twitching movements beneath the surface and wasting of one side of the tongue suggests damage to cranial nerve

- a. V
- b. VII
- c. IX
- d. X
- e. XII

14. The patient with an ideomotor apraxia cannot

- a. Name his or her fingers
- b. Carry out an imagined act
- c. Draw simple diagrams
- d. Follow one-step commands
- e. Speak fluently

15. Past-pointing and pendular reflexes are most likely to occur with which of the following?

- a. Amyotrophic lateral sclerosis (ALS)
- b. Syringomyelia
- c. Meningocele
- d. Medulloblastoma
- e. Tabes dorsalis

16. Taking a normal, awake person who is lying supine with head slightly elevated (30°) and irrigating one external auditory meatus with warm water will induce

- a. Tonic deviation of the eyes toward the ear that is stimulated
- b. Nystagmus in both eyes toward the ear that is stimulated
- c. Tonic deviation of the ipsilateral eye toward the ear that is stimulated
- d. Nystagmus in both eyes away from the ear that is stimulated
- e. Tonic deviation of both eyes away from the ear that is stimulated

17. A 33-year-old woman has the acute onset of right orbital pain after a tennis match. The following morning, her 10-year-old son comments that her right eye looks funny. On examination, she has a mild right ptosis and anisocoria. The right pupil is 2 mm smaller than the left, but both react normally to direct light stimulation. Visual acuity, visual fields, and eye movements are normal. The site of injury is due to interruption of fibers from which of the following structures?

- a. Optic tract
- b. Optic chiasm
- c. Cranial nerve III
- d. T1 nerve root
- e. Superior cervical ganglion

18. Magnetic resonance imaging (MRI) of the head and neck in this same patient (as in question 17) would be expected to show which of the following?

- a. Increased T2 signal in a periventricular distribution
- b. Contrast enhancement along the tentorial margin
- c. Increased T1 signal in the wall of the right carotid artery
- d. Enlarged optic nerve in the orbit
- e. Thrombosed cavernous sinus aneurysm

19. Involuntary twitching at the left corner of the mouth each time a person with left facial weakness tries to blink the left eye suggests

- a. A habit spasm
- b. Cerebellar damage producing impaired coordination
- c. Aberrant regeneration of the facial nerve
- d. Trigeminal neuralgia
- e. Focal seizures

20. The most definitive test for identifying intracranial aneurysms is

- a. MRI scanning
- b. CT scanning
- c. Single photon emission computed tomography (SPECT)
- d. Positron emission tomography (PET)
- e. Cerebral angiography

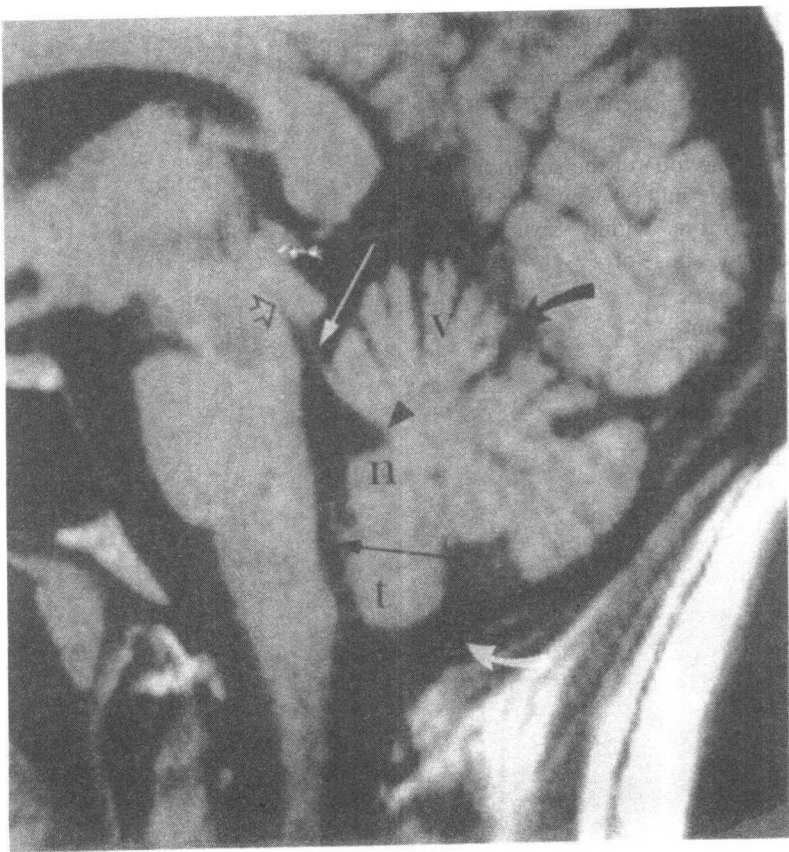
21. A relatively small plaque of demyelination, such as might occur in multiple sclerosis, should be evident on which of the following?

- a. T1-weighted MRI
- b. T2-weighted MRI
- c. Precontrast CT
- d. Diffusion-weighted MRI
- e. PET

Items 22–26

22. In this MRI scan, the site most likely to produce a noncommunicating hydrocephalus when it is obstructed is identified by the

- a. Open black arrow
- b. Straight white arrow
- c. Curved black arrow
- d. Black arrowhead
- e. Straight black arrow



23. To the right of the open black arrow, one can identify structures of pivotal importance in

- a. Smell
- b. Taste
- c. Memory
- d. Movement
- e. Hearing

24. The location of the cerebellar tonsil (t) suggests a

- a. Arnold-Chiari type 1 malformation
- b. Arnold-Chiari type 2 malformation
- c. Giant cisterna magna
- d. Dandy-Walker syndrome
- e. Normal posterior fossa

25. The folia of the superior cerebellar vermis (v) would be thinner and more widely spaced after chronic abuse of

- a. Tobacco
- b. Opium
- c. Heroin
- d. Ethanol
- e. Cocaine

26. The tentorium cerebelli (curved black arrow) separates the superior cerebellum from the cerebrum and is a common site of origin for

- a. Meningiomas
- b. Ependymomas
- c. Hemangioblastomas
- d. Medulloblastomas
- e. Astrocytomas

Items 27–30

27. This CT scan was obtained without contrast enhancement. Consequently, one must assume that the posterior fossa mass at the arrow is

- a. Normal
- b. Calcified
- c. Highly vascular
- d. Granulomatous
- e. Highly cystic

