国家卫生和计划生育委员会“十三五”英文版规划教材配套教材

全国高等学校配套教材

供临床医学专业及来华留学生（MBBS）双语教学用

Problem Sets of Clinical Diagnostics

临床诊断学习题集

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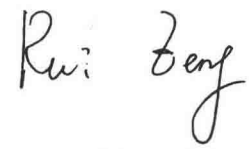
PREFACE

Bilingual teaching has always been a difficult point in diagnostics teaching. In order to solve this problem, the People's Medical Publishing House started the compilation of the English version of clinical diagnostics in August 2015. In order to match the textbook, at the same time, to let readers better understanding, consolidation, and self assessment the knowledge of diagnostics during their learning, problem sets of clinical diagnostics is written according to the requirements of the bilingual professional teaching committee of national clinical medicine.Our original ideas of this book could be summarized three high (high standard, high starting point, high demand), three bases (basic theory, basic knowledge, basic skills) and three strict (strict attitude, strict requirements, strict method). All of these are also the most important principles and requirements in our learning of clinical diagnostics.

The arrangement of the contents of this book is consistent with the clinical diagnostics. Part Ⅰ, symptoms, include all of the 34 common clinical symptoms in the main teaching materials. Part Ⅱ, history taking, all related knowledge about contents and skills of history taking are also been included. Part Ⅲ, physical examination, a total of 10 chapters, not only has the basic methods of physical examination, but also covers the basic contents of the system physical examination. Part Ⅳ, auxiliary examination, except the basic questions of ECG theories, we also increased the real medical records which are related to analyse ECG, in order to help readers could be more use of ECG knowledge and correct interpretation of ECG. In addition, relevant questions of lung function and endoscopic examination are also included. Part Ⅴ, medical record and Part Ⅵ, clinical reasoning, which are based on the basic theory of diagnostics, are all focus on more contact with patients in clinical work, more practice in medical record writing, more clinical reasoning training in clinical diagnosis. Theory with more practice will make you better. In order to make the affiliated book more complete, we also prepared the relevant questions of this two chapters to help readers to master the basic knowledge and self assessment.

The authors of this book are all first-line clinicians and clinical faculty, who have many years of diagnostics teaching experiences (Zeng Rui and Zeng Jing, department of cardiology; Zuo Chuan and Tan Chun-yu, department of rheumatology and immunology; Wang Mao-yun, Fan Li-li and Wan Chun, department of respiratory diseases; Yue Rong-zheng, department of nephrology; Li Jing, department of gastroenterology; Kuang Pu, department of hematology; Gao Yun, department of endocrinology). All of them worked so hard for this book, here I give my best appreciation to them.

Although all authors pay their positive efforts and hardships, language problems, omissions and improper expressions are also inevitable due to the limitation time, difficulty cognitive classification and differences of the various chapters. At the same time, we also wish to be enlighten and get feedback from the majority of teachers, students and readers who have read the book. All of your useful suggestions will make the book continue improved in the next revision.



School of clinical medicine, Sichuan University

June 27th, 2016

QUESTION TYPE DESCRIPTION

A1: Simple single choice test

Choose the only one correct answer from five choices after a simple question.

A2: Stem single choice test

Choose the only one correct answer from five choices after a stem question.

A3/A4: Shared stem single choice test

Choose the only one correct answer from five choices after the shared stem question.

B1: Complete matching questions

Match the correct item with the questions one by one. The number of questions and answers are totally matched.

B2: Incomplete matching questions

Match the correct item with the questions, but the number of questions and answers are totally not matched.

CONTENTS

Part I SYMPTOMS

Chapter 1 FEVER

【A1】

1. What is the normal range of adults' oral temperature at rest in the morning?
   A. 36-37℃ B. 36.3-37.2℃
   C. 36.6-37.7℃ D. 38.2-37.3℃
   E. 36.5-37.7℃
2. Which of the following is not a physiological variation of human body temperature?
   A. High environmental temperature can lead to slightly elevated body temperature
   B. Body temperature of elderly people can be lower than that of young adults
   C. Pregnant women have lower body temperature
   D. Within 24 hours, body temperature is higher in the afternoon than in the morning
   E. Temperature may rise slightly after strenuous exercise
3. Which of the following causes can lead to a non-infective fever?
   A. Viruses B. Spirochetes
   C. Mycoplasmosis D. Chlamydia
   E. Rheumatic fever
4. Causes of non-infectious fever do not included
   A. Hyperthyroidism B. Craniocerebral trauma
   C. Atropine poisoning D. Malaria leukaemia
   E. Leukaemia antigen-antibody complex
5. Which of the following substance can act directly on the thermoregulatory center
   A. Bacterial toxins B. Leukocyte pyrogen
   C. Necrotic debris D. Viruses
   E. Immune complex
6. Endogenous pyrogen acts on what?
   A. Neutrophils B. Hypothalamic thermoregulatory center
   C. Skeletal muscles D. Skin vasculature
   E. Sweat glands

7. The target of exogenous pyrogen is which of the following?
   A. Hypothalamic thermoregulatory center
   B. Skeletal muscles
   C. EP producing cells
   D. Skin vasculature
   E. Sweat glands
8. Fever due to excessive heat production can be found in which of the following?
   A. Hyperthyroidism
   B. Malaria
   C. Pleuritis
   D. Urinary tract infection
   E. Rheumatic fever
9. Which of the following body temperature is classified as a low grade fever?
   A. 37.2-38℃
   B. 37.3-38℃
   C. 37.3-38.1℃
   D. 37.2-38.1℃
   E. 37.1-38℃
10. Which of the following body temperature is classified as a high fever?
   A. 39-40℃
   B. 38.9-40℃
   C. 39-40℃
   D. 39.1-41℃
   E. 39.2-41℃
11. Which of the following is a characteristic of thermal metabolism in effervescence phase of fever?
   A. Heat loss reduces, heat production increases, and body temperature rises
   B. Heat production reduces, heat loss increases, and body temperature rises
   C. Heat loss reduces, heat production increases, and body temperature maintains a high level
   D. Heat production and heat loss is relatively balanced on a high level and body temperature remains high
   E. Heat production reduces, heat loss increases, and body temperature remains stable
12. Which of the following is a characteristic of thermal metabolism in sustaining phase of fever?
   A. Heat loss reduces, heat production increases, and body temperature rises
   B. Heat production reduces, heat loss increases, and body temperature rises
   C. Heat loss reduces, heat production increases, and body temperature maintains a high level
   D. Heat production and heat loss strike relative balance on a high level, and body temperature remains high
   E. Heat production reduces, heat loss increases, and body temperature remains stable
13. Which of the following is a characteristic of thermal metabolism in dropping phase of fever?
   A. Heat loss reduces, heat production increases, and body temperature rises
   B. Heat production reduces, heat loss increases, and body temperature rises
   C. Heat loss reduces, heat production increases, and body temperature maintains a high level
   D. Heat production and heat loss strike relative balance on a high level, and body temperature remains high
   E. Heat loss reduces, heat production increases, and body temperature remains stable
14. Fever pattern is based on which of the following?
   A. The body temperature

B. The speed of temperature rising
C. Duration of the fever
D. The shape of temperature curve
E. The variation of body temperature

15. Which of the following statements concerning continued fever is true?
A. Temperature remains above 39℃, and the daily variation exceeds 2℃
B. Temperature rises to above 39℃, and it lasts for a while and return to normal
C. Temperature sharply rises to above 39℃, and it lasts for a few hours, and it returns to normal and doesn't rise again
D. Temperature remains roughly between 39-40℃, and the daily variation is less than 1℃
E. Temperature remains above 40℃

16. Which fever pattern is consistent with the following statements: temperature remains roughly between 39-40℃ for days or weeks, and the daily variation is less than 1℃?
A. Irregular fever
B. Continued fever
C. Undulant fever
D. Remittent fever
E. Intermittent fever

17. Which of the following statements is a characteristic of remittent fever?
A. The highest temperature usually is 39℃
B. The daily variation of temperature is more than 2℃
C. Temperature may be within normal range
D. Absence of the fever may last for days
E. It is a common symptom of tuberculosis

18. The daily variation of temperature for remittent fever is which of the following?
A. Within 1℃
B. It may be 1-2℃
C. It may be more than 2℃
D. It may be 3-5℃
E. Irregular

19. Which of the following statements is consistent with characteristics of intermittent fever except for that body temperature sharply rises to a peak and lasts for hours?
A. Temperature falls back to normal, and it remains normal for days
B. The daily variation of temperature is more than 2℃
C. The daily variation of temperature is more than 1℃
D. Temperature falls back to normal, and it remains normal for more than 1 week
E. Temperature falls dramatically, but it still remains above normal

20. Which of the following statements is **not true**?
A. Continued fever is a fever in which body temperature persistently elevate (stabilized roughly at 39-40℃) for days or weeks. And the daily variation is less than 1℃
B. Remittent fever is a fever in which body temperature is usually above 39℃ and daily variation is more than 2℃. And temperature may return to normal sometimes
C. Intermittent fever refers to a sharp rise of temperature, and it lasts for hours before a dramatic drop to normal state. The intermittent period may last one or more days. As a

consequence, fever and intermittent phase occurs alternatively

D. Undulant fever is a fever in which temperature rises slowly to 39℃ or higher and drops gradually to normal a few days later. This may occur periodically

E. Relapsing fever is a fever in which temperature rises sharply to 39℃ or higher, lasts a few days and drops to normal

21. Continued fever is most commonly seen in which of the following?

A. Tuberculosis
B. Malaria
C. Pleuritis
D. Urinary tract infection
E. Lobar pneumonia

22. Intermittent fever is most commonly seen in which of the following?

A. Malaria
B. Tuberculosis
C. Rheumatic fever
D. Tumor
E. Pneumonia

23. Irregular fever is most commonly seen in which of the following?

A. Malaria
B. Pyelonephritis
C. Septicaemia
D. Tuberculosis
E. Pneumonia

24. What is the most common pattern of fever in lobar pneumonia?

A. Continued fever
B. Irregular fever
C. Remittent fever
D. Intermittent fever
E. Undulant fever

25. What is the most common pattern of fever in suppurative inflammation?

A. Continued fever
B. Irregular fever
C. Remittent fever
D. Intermittent fever
E. Undulant fever

26. What is the most common pattern of fever in malaria?

A. Continued fever
B. Irregular fever
C. Remittent fever
D. Intermittent fever
E. Undulant fever

27. What is the most common pattern of fever in tuberculosis?

A. Continued fever
B. Irregular fever
C. Remittent fever
D. Intermittent fever
E. Undulant fever

28. What is the most common pattern of fever in septicaemia?

A. Continued fever
B. Irregular fever
C. Remittent fever
D. Intermittent fever
E. Undulant fever

29. Fever accompanied with chills is commonly seen in which of the following?

A. Septicaemia
B. Gout
C. Leukaemia
D. Cerebral hemorrhage

E. Rheumatic fever

30. Fever accompanied with conjunctival congestion is commonly seen in which of the following?
A. Tuberculosis
B. Rheumatic disease
C. Pleuritis
D. Septicaemia
E. Measles

31. Fever accompanied with enlarged lymph nodes, hepatomegaly and splenomegaly is commonly seen in which of the following?
A. Pneumonia
B. Septicaemia
C. Leukemia
D. Viral hepatitis
E. Tuberculosis

32. Continued fever accompanied with herpes simplex labialis is commonly seen in which of the following?
A. Tuberculosis
B. Lobar pneumonia
C. Typhus
D. Septicaemia
E. Epidemic hemorrhagic fever

33. Remittent fever accompanied with chills is commonly seen in which of the following?
A. Tuberculosis
B. Rheumatic fever
C. Pleuritis
D. Septicaemia
E. Viral hepatitis

34. Remittent fever accompanied with bleeding of skin and mucus is commonly seen in which of the following?
A. Tuberculosis
B. Rheumatic disease
C. Pleuritis
D. Septicaemia
E. Viral hepatitis

35. Fever followed by unconsciousness occurs in which of the following?
A. Cerebral hemorrhage
B. Hypnotic toxicosis
C. Meningococcal meningitis
D. Septicaemia
E. Pesticide poisoning

【A2】

1. A patient with a fever of over 39℃ is left untreated. His temperature has a daily variation of more than 2℃ The lowest temperature is still above normal. What is likely to be his pattern of fever?
A. Remittent fever
B. Continued fever
C. Undulant fever
D. Relapsing fever
E. Intermittent fever

2. A patient has a fever accompanied with frequency of micturition, urgency of micturition, urodynia for days. Physical exam reveals percussion pain in his renal regions. His preliminary diagnosis is pyelonephritis. Which of the following is the most likely pattern of fever for this

patient?

A. Temperature curve is irregular

B. Temperature stabilizes above 39-40℃ for a few days or weeks. The daily variation is less than 1℃

C. Temperature reaches its peak, persists for a few hours and drop back to normal quickly. The intermittent phase may last one or more days. Fever and intermittent phase occurs alternatively in this pattern

D. A fever in which temperature rises slowly to 39℃ or more and then drop gradually to normal a few days later. This may occurs alternatively

E. A fever in which temperature rises sharply to 39℃ or more, lasts a few days and drops back to normal

3. A 26-year-old man has a fever accompanied with chills after catching a cold. He also complains about a pain in right lower chest. His preliminary diagnosis is lobar pneumonia. Which of the following is the most likely pattern of fever for this patient?

A. A fever in which temperature rises sharply to 39℃ or higher, lasts a few days and drops back to normal

B. Temperature stabilizes above 39-40℃ for a few days or weeks. The daily variation is less than 1℃

C. Temperature reaches its peak, persists for a few hours and drops back to normal quickly. Fever and absence of fever occurs alternatively

D. Body temperature is usually above 39℃ with great daily variation of more than 2℃, during which temperature can drop to normal

E. Temperature curve is irregular

【A3/A4】

(Questions 1 to 3)

A 28-year-old man has a fever of 39-40℃ after catching a cold, accompanied with cough and a pain in right lower chest.He loses appetite and has a poor night sleep.

1. Which of the following is the most likely diagnosis for this patient?

A. Tuberculosis　　B. Acute bronchitis

C. Lobar pneumonia　　D. Leptospirosis

E. Septicaemia

2. For further diagnosis, which of the following is the diagnostic test of choice for this patient?

A. X-ray chest film　　B. ECG

C. CT scan for upper abdomen　　D. WBC counts

E. Pleural biopsy

3. Which of the following sign may be present on physical examination of his chest?

A. Trachea diverted to the left with three depression sign

B. Hyperresonance to percussion and weakened breath sound to auscultation

C.Dullness to percussion and dry rales to auscultation in the right lower chest

D. Dullness to percussion and moist rales to auscultation in the right lower chest

E. Flatness to percussion and moist pleural friction rubs to auscultation in the right lower chest

(Questions 4 to 6)

A 26-year-old woman had Fever for 6 days The highest temperature was 39-40℃ in a day and the temperature dropped to 37℃ in the afternoon or at night. She had chills prior to fever. And her fever was accompanied with frequency of micturition, urgency of micturition, urodynia and light red urine. Her preliminary clinical diagnosis is acute pyelonephritis.

4. Which of the following is the most likely pattern of fever for this patient?

A. Remittent fever B. Continued fever

C. Undulant fever D. Relapsing fever

E. Intermittent fever

5. Which of the following is the simplest and most significant diagnostic test for this patient?

A. Urine pathology B. WBC counts

C. Ultrasound scan for kidneys D. Pyelography

E. Urine cytology

6. What is the most likely sign for the patient?

A. Periumbilical tenderness

B. Murphy's sign

C. Peritoneal irritation sign

D. Percussion pain in costospinal angle

E. Tenderness at Mc Burney's point

【B2】

A. Continued fever B. Remittent fever

C. Intermittent fever D. Relapsing fever

E. Undulant fever

Match the correct item with the questions below:

1. Which is the most common pattern of fever in malaria?
2. Which is the most common pattern of fever in lobar pneumonia?
3. Which is the most common pattern of fever in Septicaemia?
4. Brucellosis

A. Oral temperature is 37℃. 3-38℃ B. Oral temperature is 38℃. 1℃-39℃

C. Oral temperature is 39℃. 1-41℃ D. Oral temperature is above 41℃

E. Oral temperature is above 42℃

Match the correct item with the questions below:

5. Ultrahyperpyrexia

6. High fever
7. Moderate fever
8. Low grade fever

A. Fever accompanied with swelling and pain in joints is commonly seen in which of the following?
B. Fever accompanied with conjunctival congestion is commonly seen in which of the following?
C. Fever accompanied with herpes simplex labialis is commonly seen in which of the following?
D. Fever accompanied with hemorrhage is commonly seen in which of the following?
E. Fever accompanied with splenomegaly is commonly seen in which of the following?
F. Fever accompanied with enlarged lymph nodes is commonly seen in which of the following?
G. Fever accompanied with coma are commonly seen in which of the following?

Match the correct item with the questions below:

9. Gout
10. Metastatic carcinoma
11. Lobar pneumonia
12. Cerebral hemorrhage

Key

【A1】

1. B	2. C	3. E	4. D	5. B	6. B	7. C	8. A	9. B	10. D
11. A	12. D	13. B	14. D	15. D	16. B	17. B	18. C	19. A	20. B
21. E	22. A	23. D	24. A	25. C	26. D	27. B	28. C	29. A	30. E
31. C	32. B	33. D	34. D	35. C					

【A2】

1. A	2. C	3. B

【A3/A4】

1. C	2. A	3. D	4. A	5. E	6. D

【B2】

1. C	2. A	3. B	4. E	5. D	6. C	7. B	8. A	9. A	10. F
11. C	12. G								

(樊莉莉)

Chapter 2

HEADACHE

【A1】

1. Headaches can happen in parts of head?
   A. Frontal, parietal, temporal and occipital parts of head
   B. Frontal, parietal, temporal and mandibular parts
   C. Frontal and temporal parts of head, neck and jaw
   D. Parietal, temporal and occipital parts of head
   E. Parietal, temporal and mandibular parts of head
2. Which of the following statements concerning the locations of headaches is true?
   A. Rhinogenous headache is usually a deep pain
   B. Hypertension-induced headache is typically occipital
   C. Intracranial lesion-induced pain is typically occipital
   D. Ophthalmic headaches are typically deep in the orbit
   E. Cluster headache is typically unilateral
3. Acute headaches accompanied with fever are common in which of the following?
   A. Cerebral hemorrhage
   B. Cerebral embolism
   C. Meningitis
   D. Migraine
   E. Drug poisoning
4. Progressive headache accompanied with intracranial hypertension is common in which of the following?
   A. Heat stroke
   B. Pulmonary encephalopathy
   C. Cerebral thrombosis
   D. Intracranial space occupying lesions
   E. Hypertension
5. Headaches accompanied with papilledema can be seen in which of the following?
   A. Cerebral hemorrhage
   B. Cerebral thrombosis
   C. Heat stroke
   D. Brain tumors
   E. Uremia
6. Intracranial lesions are characterized by pain in which part of head?