

MCQ Neurological

- Which is NOT correct regarding migraines?
 - Prevalence is higher in woman.
 - Most improve during pregnancy
 - It is idiopathic, and usually last less than 72 hrs.
 - Ketorolac has been shown to be superior to chlorpromazine in the management of migraines.
 - Sumatriptan is contraindicated in pregnancy.
- Which is NOT true of non-traumatic subarachnoid haemorrhage?
 - Most common in the 40-60 year age group.
 - 70% are due to AV malformations.
 - Female: male = 2:1
 - Smoking increases your risk 3-10 fold.
 - 50% of patients die or are permanently disabled from the initial event.
- Which is true regarding the presentation of SAH?
 - Up to 20% experience a sentinel bleed.
 - A sixth cranial nerve palsy can represent a growing aneurysm in cavernous sinus.
 - Seizures occur in 50% of patients.
 - Photophobia is often more marked than patients with migraines.
 - Syncope occurs in the minority of patients.
- Which is INCORRECT regarding investigation of SAH?
 - Non contrast CT becomes less sensitive with time following bleed.
 - 5-10% of patients with negative CT will have SAH.
 - Presence of xanthochromia is the gold standard for diagnosing SAH on LP.
 - Xanthochromia is present in all patients with SAH at 6 hrs post bleed.
 - MRI angiography is not reliable enough to use for diagnosis and surgical planning of patients with proven SAH.
- Which is INCORRECT regarding treatment and complications of SAH?
 - Nimodipine has only been proven to be of benefit orally in preventing vasospasm.
 - 10-30% of patients will rebleed, with 20% within the first 2 weeks.
 - Vasospasm and delayed neurological deficit peak at day 1 post bleed.
 - Hyponatremia is common due to excessive naturesis.
 - The ECG often shows non-specific changes of widened QRS, prolonged QT and ST and T changes suggestive of ischaemia.
- What is the survival rate of a Hunt and Hess Grade 5 SAH?
 - 0%
 - 5%
 - 10%
 - 15%
 - 20%
- Which is NOT correct regarding temporal arteritis?
 - Majority older than 50 yrs.
 - More common in men.
 - Ischaemic optic neuritis is most feared complication.
 - Up to 50% of patients also have polymyalgia rheumatica.
 - Jaw claudication in the history is highly suggestive of temporal arteritis.

8. Which is INCORRECT of treatment of TIA's?
- Aspirin 150 mg/day reduces risk of subsequent stroke by about 30%.
 - Clopidagrel was shown in the CAPRIE study to have a slight advantage over aspirin in stroke prevention.
 - Anticoagulation of patients with TIA's secondary to thrombosis has been shown to improve outcome.
 - Carotid endarterectomy will reduce death rate by almost 50% in patients with greater than 80% stenosis.
 - Patients with considerable carotid stenosis (>70%), should be admitted for anticoagulation pending consideration for surgery.
9. Which is INCORRECT regarding cerebral infarction?
- 80% are MCA territory.
 - MCA syndrome is usually embolic, and arm is usually more affected than leg.
 - Lacunar infarcts usually have partial or complete recovery over 4-6 weeks.
 - Lateral medullary syndrome can result in ipsilateral UMN 7, 9 & 10 CN palsy and Horner's syndrome with contralateral spinothalamic loss.
 - Internuclear ophthalmoplegia usually results from anterior cerebral artery occlusion.
10. Which is not an early sign of cerebral infarction on CT?
- Loss of cortical grey/white matter distinction.
 - Effacement of cortical sulci
 - Compression of ventricular system
 - Hyper dense clot in MCA.
 - All are possible early signs of infarct.
11. Which is true of thrombolysis in cerebral infarct?
- Clear benefit has been shown in at least 2 randomized controlled trials that TPA reduces mortality in CVA.
 - Patients up to 6 hrs post infarct have been shown to benefit from thrombolysis.
 - Larger infarcts tend to have more benefit from thrombolysis.
 - The NINDS trial showed that improvement in patients treated within 3 hrs with thrombolysis.
 - ECASS trial thrombolysed patients within 3 hrs with TPA and showed improvements in all outcomes compared with placebo.
12. Which feature of vertigo is more likely to make it central rather than peripheral?
- Fast phase of nystagmus toward lesion.
 - Horizontal or rotational nystagmus present.
 - Severe vertigo associated with vomiting and diaphoresis.
 - Visual fixation improves nystagmus.
 - Hall pike manoeuvre positive.
13. Which statement regarding peripheral vertigo is incorrect?
- Labyrinthitis is the most common cause.
 - BPPV is characterized by a latency period of 1-5 secs between provocative head position and onset of nystagmus.
 - Tinnitus and hearing loss are associated with Meniere's disease.
 - Vestibular neuronitis is typically non recurring.
 - Acoustic neuromas typically cause gradual onset of vertigo.
14. Which statement regarding central vertigo is incorrect?
- Cerebellar CVA's will often present with truncal ataxia.
 - Vertebrobasilar insufficiency will produce vertigo lasting typically less than a few mins.
 - Multiple sclerosis can cause vertigo which typically lasts a few mins and is recurring.
 - Vertigo can be associated with migraines either as aura or part of the migraine.
 - Wallenberg syndrome or lateral medullary infarction of brainstem is associated with vertigo and Horner's syndrome

15. Which of the following drugs is unlikely to cause seizure in withdrawal/
- Cocaine
 - Narcotics
 - Benzodiazepines
 - Alcohol
 - Tricyclics

16. Which is INCORRECT regarding the aetiology of seizures?
- Idiopathic seizures usually start age 5-20 yrs.
 - Post head trauma seizures usually begin within 2 years of trauma.
 - Acute strokes are the most common cause in > 65 yr olds.
 - Space occupying lesions account for 1% of new seizures age 35-65.
 - Phenylketonuria may cause seizures.
 -

1=D 2=B 3=B 4=D 5=C 6=C
7=B 8=C 9=E 10=E 11=E
12=A 13=A 14=C 15=E 16=D

17. Which statement is incorrect regarding treatment of seizures?
- Diazepam has the most rapid onset of the BDZ's.
 - The LD of phenytoin needs to be decreased in renal impairment.
 - Phenobarbital has duration of action of 3 days.
 - Paraldehyde can be used rectally at a dose of 0.3mls/kg.
 - Phenytoin is usually ineffective in seizures secondary to alcohol withdrawal or intoxication.

18. Which is incorrect of seizures?
- There is decreased risk of seizures in pregnancy.
 - Eclamptic seizures are typically brief, self-terminating preceded by headache and visual disturbances.
 - Pseudo seizures are often recognized by pelvic thrusting which occurs in 45%.
 - Classic ethanol withdrawal seizures occur 6-48 hrs post withdrawal but can occur up to one week after withdrawal.
 - Seizures in HIV patients are usually secondary to intracranial pathology and all require urgent CT scan.

19. Which is incorrect regarding status epilepticus?
- Mortality at 60 mins of status is around 30%.
 - Leucocytosis up to 20,000 is very common.
 - SE occurs most commonly in patients without prior hx of seizures and in extremes of age.
 - In phase 1 there is increased cerebral metabolism, hyperglycaemia, hyperpyrexia and hypertension.
 - Muscle relaxants should be used in intubated patients to avoid self-inflicted injury.

20. Which of the following peripheral neurological nerve lesions will not result in proximal weakness greater than peripheral?
- Radiculopathy
 - Neuropathy
 - Neuromuscular junction disease
 - Myopathy
 - All of the above result in more marked proximal weakness.

21. Which is INCORRECT regarding myasthenia gravis?
- Onset in females usually 2nd and 3rd decades, males 7th and 8th decades.
 - The thymus is abnormal in 75% and removal will improve symptoms in the majority.
 - Acute crises in these patients can be due to myasthenia crisis or cholinergic crisis secondary to the medication.
 - Muscle weakness is more marked peripherally.
 - Diagnosis with Ach receptor antibody testing is possible but false negatives occur in 15%.

17=B 18=A 19=E 20=B 21=D

22. Which is incorrect regarding Guillain Barre Syndrome?
- 80% of patients will have antecedent infection with *Campylobacter jejuni*.
 - CSF will show low protein, high glucose and often a pleocytosis up to 100.
 - High dose immune globulin and plasmapheresis have been shown to be equally efficacious in reducing length of illness.
 - Severe cases will not only involve demyelination but also axonal degeneration.
 - 85% will recover to their previous normal functioning in one year.
23. Which is INCORRECT regarding entrapment neuropathies?
- Carpal tunnel syndrome usually produces more pain at night.
 - Bell's palsy cause sudden facial weakness with peak paralysis seen at 48 hrs.
 - Use of steroids and acyclovir has been advocated for treatment of Bell's palsy as one study showed reduced length of paralysis.
 - Entrapment of deep peroneal nerve will result in foot drop and paraesthesia between big toe and second toe.
 - Ulnar nerve entrapment usually occurs at the wrist resulting in numbness of 5th digit and half of 4th digit.
24. Which statement is INCORRECT regarding multiple sclerosis?
- It is 2-3 times more common in females
 - The most common reported symptom initially is sensory loss.
 - Optic neuritis is usually unilateral can afferent pupillary response may be present.
 - The majority of patients will show plaques on MRI T2 weighted scans.
 - CSF often shows elevated protein, gamma-globulin and slightly elevated WCC.
25. Which is INCORRECT regarding the treatment of multiple sclerosis?
- Interferon and glatiramer have been shown to reduce number of relapses in relapsing-remitting MS.
 - IV immunoglobulin monthly for 2 years has shown to reduce annual exacerbations in relapsing-remitting MS.
 - No treatment currently exists for primary progressive MS to modify the disease.
 - Exacerbations of MS are treated with methylpred IV as studies have shown this to be superior to other glucocorticoids.
 - Symptomatic treatment of muscle spasticity is usually best achieved with baclofen.

22=A 23=E 24=B 25=D

26. Which statement is incorrect regarding meningitis?
- 90% of cases occur in the first 5 years, with peak at 6 months of age.
 - Damage is due to the inflammatory response not bacterial toxins.
 - Brudzinski's sign is involuntary hip flexion with passive neck flexion.
 - CT may be normal even in the presence of elevated ICP in up to 45%.
 - LP is always abnormal with bacterial meningitis.
27. A CSF shows opening pressure of 30 cm H₂O, protein of 0.1, glucose of 2.0, WCC of 100, and no organisms on gram stain. Which type of meningitis does this fit with?
- Acute bacterial.
 - Viral meningitis.
 - Normal result.
 - TB meningitis
 - TB meningitis or partly treated bacterial meningitis.
28. Which is true regarding treatment of meningitis?
- Empiric treatment in adults consists of ceftriaxone 2g IV.
 - There is no evidence to support dexamethasone in infants with meningitis especially with Hib meningitis.
 - Strep pneumoniae is becoming increasingly resistant to ceftriaxone in Australia as well as penicillin.

- d. *Neisseria meningitidis* has high rates of resistance to benzylpen, so ceftriaxone is the first treatment of choice now.
- e. There is no parental treatment available for cryptococcal meningitis.

29. Which is incorrect regarding encephalitis?

- a. MRI shows characteristic temporal and frontal lobe changes in HSV.
- b. CSF usually shows aseptic meningitis.
- c. PCR for HSV is insensitive but very specific.
- d. Acyclovir has only been shown to be effective in HSV, but is also used in herpes zoster encephalitis.
- e. Mortality from HSV is higher than herpes zoster or CMV.

30. Which is INCORRECT regarding cerebral abscess?

- a. Classical triad of headache, fever and focal neurological deficit occurs in over 80% of patients.
- b. CT without contrast may miss the diagnosis.
- c. Lumbar puncture is contraindicated.
- d. Spread is haematogenous, contiguous or from neurosurg or penetrating trauma.
- e. Anaerobes predominate as infecting organisms.

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2. What percentage of pts with SAH have a prior sentinel warning hemorrhage ?

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3. A patient with a SAH has a severe headache with nuchal rigidity but no focal neurological signs. What is her Hunt and Hess classification?

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4. Which statement is incorrect with regards to non contrast CT in SAH

- a) <12 hours =97.5% detection
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- b) it is present in all CSF at 6 hours
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6. Which statement is INCORRECT with regards to vasospasm in SAH?

- a) it usually occurs at day 4-14

- b) it effects 30% of pts with SAH
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11. Which statement is FALSE about carotid stenoses?

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- c) a symptomatic stenosis >70% is often operated upon
- d) an asymptomatic stenosis of > 70% is usually not operated upon
- e) all patient with stenoses < 30% should not be considered for endarterectomy

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- d) it should be given to the attending medical staff only if they did mouth to mouth
- e) rifampicin or ceftriaxone or ciprofloxacin are in the drugs involved

25. Which of the signs or symptoms below would concern you that the cause of a patient's vertigo was central?

- a) associated vomiting
- b) worsens with position change
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- d) vertical nystagmus
- e) sudden onset

26. Which of these is not consistent with vestibular neuronitis?

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29. Which of the drugs below is not known to cause an exacerbation of myasthenia gravis?

- a) prednisolone
- b) lignocaine
- c) chlorpromazine
- d) lithium
- e) penicillin

30. Which is not a feature of myasthenia gravis?

- a) motor weakness is usually of proximal extremities and bulbar
- b) there is usually no sensory loss
- c) there is usually no reflex loss
- d) symptoms are often worse as the day progresses
- e) it is due to antibodies formed against acetylcholinesterase

31. Which statement is FALSE about MS?

- a) 30% of patients will initially present with optic neuritis
- b) CSF protein and gammaglobulin levels are reduced in MS
- c) nearly all patients will demonstrate some abnormality on MRI
- d) the overall life expectancy is not usually reduced with MS

e) MS symptoms will often worsen with fever and exercise

ANSWERS

1)C 2)E 3)B 4)E 5)B 6)D 7)A 8)B 9)A 10)D 11)B 12)D
13)D 14)E 15)C 16)C 17)B 18)D 19)C 20)E 21)A 22)C 23)E 24)B
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 - lithium
 - penicillin
30. Which is not a feature of myasthenia gravis?
- motor weakness is usually of proximal extremities and bulbar
 - there is usually no sensory loss
 - there is usually no reflex loss
 - symptoms are often worse as the day progresses
 - it is due to antibodies formed against acetylcholinesterase
31. Which statement is FALSE about MS?
- 30% of patients will initially present with optic neuritis
 - CSF protein and gammaglobulin levels are reduced in MS
 - nearly all patients will demonstrate some abnormality on MRI
 - the overall life expectancy is not usually reduced with MS
 - MS symptoms will often worsen with fever and exercise

ANSWERS

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