LAUTECH Teaching Hospital — Final MB Professional Examinations

Past written questions (LAQ) organised by specialty and examination occurrence. Sourced from the LAUTECH Final-MB past-question archive; essay-style professional questions for postgraduate-style practice.

LAQ 1

LAQ 1, December 2024

A 65-year-old bricklayer presented to the accident and emergency unit with a history of early satiety, and anorexia of about a month duration. Further direct inquiry revealed a history of progressive weight loss and vomiting of stale food 3 months before presentation. Discuss the management of this patient. (20 marks)

LAQ 2

LAQ 2, December 2024

A 25-year-old man was involved in road traffic injury and presented with pulse rate of 133 bpm and blood pressure of 70/40 mmHg. Discuss the initial care of this patient. (20 marks)

SAQ 1

SAQ 1, December 2024

Write a short note on the care of a spinal cord injured patient in the emergency unit. (10 marks)

SAQ 2

SAQ 2, December 2024

A male child of five years who presented with ruptured appendicitis required general anaesthesia for exploratory laparotomy. a. What type of breathing circuit will you use to provide general anaesthesia for this patient? (4 marks) b. With the aid of diagram classify anaesthetic breathing circuit using mapleson classification (6 marks)

SAQ 3

SAQ 3, December 2024

a. List 5 structures that form the refractive media of the eye (5 marks) b. What is cataract? (1 mark) c. List 4 factors that may contribute to cataract formation (4 marks)

SAQ 4

SAQ 4, December 2024

Differentiate between features of benign and malignant lesions on mammogram. (10 marks)

SAQ 5

SAQ 5, December 2024

A 55-year-old woman, a known diabetic presented with right foot ulcer of 2/12 duration with associated foul-smelling discharge. X-ray of the foot shows osteolytic changes in the bone. a. What grade is this foot ulcer? (2 marks) b. Write out in full the grading system and state 2 importance of it (4 marks) c. How best will you treat the ulcer? (4 marks)

SAQ 6

SAQ 6, December 2024

A 62-year-old man presents with 6-month history of progressive dysphagia, presently grade 3 with no odynophagia but with recurrent haematemesis. There is a positive history of weight loss and hoarseness of voice. He has 30 years of cigarette smoking history and consumes alcohol. a. Define dysphagia. (0.5 mark) b. What is grade 3 dysphagia? (0.5 mark) c. Define odynophagia. (0.5 mark) d. What is the likely clinical diagnosis in the patient presented above? (1.5 mark) e. List the relevant investigations you will request. (4 marks) f. List the endoscopic or endoscopically aided palliative procedures for the condition. (4 marks)

SAQ 7

SAQ 7, December 2024

a. What are the deformities of Talipes Equinovarus? (2 marks) b. What are the risk factors for the above deformity? (4 marks) c. Mention two methods of correction of the above pathology. (2 marks) d. Write out the order of correction. (2 marks)

SAQ 8

SAQ 8, December 2024

A 74-year-old man was seen at the accident and emergency unit of LTH Ogbomoso with an hour history of urinary retention with an antecedent history of bone pain, back pain, weight loss and limb weakness. Digital rectal examination revealed an enlarged prostate. D. State the first line of management E. What is the most likely diagnosis? F. Mention five complications of the pathology

SAQ 9

SAQ 9, December 2024

A 25-year-old tailor was brought to the adult emergency room on account of sudden onset cough and throat discomfort after accidental ingestion of a large button while working. f) State 2 most likely differential diagnosis g) In a tabulated form, mention 4 symptoms each which differentiate the 2 diagnoses in question (a) h) What is the definitive management for one of (a) above? i) List 3 baseline investigations required before taking this patient to the theatre j) List 2 likely complications of the procedure

SAQ 10

SAQ 10, December 2024

A 10-year-old is diagnosed with generalised peritonitis. Briefly describe how to prepare him for a major operation. (10 marks)

LAQ 1

LAQ 1, January 2025

Discuss the indications, procedure and complications of blood transfusion. (20 marks)

LAQ 2

LAQ 2, January 2025

A 35-year-old lady, civil servant, para 1+0, none alive presented at the SOP with a 2-month history of right breast lump. This has been growing progressively and associated with bloody nipple discharge but no weight loss. Physical examination revealed a lump about 4 cm in diameter, hard and mobile, with a solitary hard mobile 2cm ipsilateral axillary lymph node. What is the most likely diagnosis? Discuss the management of this patient. (20 marks)

SAQ 1

SAQ 1, January 2025

Write a short note on the care of a spinal cord injured patient in the emergency unit. (10 marks)

SAQ 2

SAQ 2, January 2025

A 62-year-old man had open prostatectomy under spinal anaesthesia. Complaint of headache 26 hours after the surgery. Blood pressure 100/60mmHg. Pulse rate 90b/m. RR 16c/m. Conscious, Oriented and calm. a. What is the diagnosis? (2 marks) b. What are the characteristics of the diagnosis? (4 marks) c. What are the modalities of management? (4 marks)

SAQ 3

SAQ 3, January 2025

An elderly man presented with painless progressive blurring of vision of 3-year duration. List 4 possible causes. (4 marks) b. A 50-year-old man present with advanced stage of the commonest cause of irreversible blindness. i. finding on pupillary examination is likely to be - (1 mark) ii. what will you see on fundoscopy - (1 mark) iii. suggest three modalities of treatment to this patient - (3 marks) iv. what is your most likely diagnosis of this patient - (1 mark)

SAQ 4

SAQ 4, January 2025

a. List 2 differences between T1 and T2 brain MRI sequences. (5 marks) b. List 5 features of acute subdural haematoma on a brain computed Tomogram. (5 marks)

SAQ 5

SAQ 5, January 2025

A 55-year-old woman, a known diabetic presented with right foot ulcer of 2/12 duration with associated foul-smelling discharge. X-ray of the foot shows osteolytic changes in the bone. a. What grade is this foot ulcer? (2 marks) b. Write out in full the grading system and state 2 importance of it (4 marks) c. How best will you treat the ulcer? (4 marks)

SAQ 6

SAQ 6, January 2025

A 62-year-old man presents with 6-month history of progressive dysphagia, presently grade 3 with no odynophagia but with recurrent haematemesis. There is a positive history of weight loss and hoarseness of voice. He has 30 years of cigarette smoking history and consumes alcohol. a. Define dysphagia. (0.5 mark) b. What is grade 3 dysphagia? (0.5 mark) c. Define odynophagia. (0.5 mark) d. What is the likely clinical diagnosis in the patient presented above? (1.5 mark) e. List the relevant investigations you will request. (4 marks) f. List the endoscopic or endoscopically aided palliative procedures for the condition. (4 marks)

SAQ 7

SAQ 7, January 2025

a. What are the deformities of Talipes Equinovarus? (2 marks) b. What are the risk factors for the above deformity? (4 marks) c. Mention two methods of correction of the above pathology. (2 marks) d. Write out the order of correction. (2 marks)

SAQ 8

SAQ 8, January 2025

A 74-year-old man was seen at the accident and emergency unit of LTH Ogbomoso with an hour history of urinary retention with an antecedent history of bone pain, back pain, weight loss and limb weakness. Digital rectal examination revealed an enlarged prostate. a. State the first line of management (2 marks) b. What is the most likely diagnosis? (3 marks) c. Mention five complications of the pathology (5 marks)

SAQ 9

SAQ 9, January 2025

During a football match, an attacker was trying to head in a ball into the opponents net but mistakenly knocked his head against the defense nose that resulted into profuse nose bleeding. a. What is the immediate intervention to stop the bleeding? (3 marks) b. What is this condition called? (2 marks) c. List 5 protocols of managing this condition. (3 marks) d. List 2 other aetiologies of this condition. (2 marks)

SAQ 10

SAQ 10, January 2025

A 10-year-old is diagnosed with generalised peritonitis. Briefly describe how to prepare him for a major operation. (10 marks)

Q1

Q1, January 2025

A 50-year-old man, a known alcoholic of 25 years who still drinks actively, presented to the emergency with sudden onset difficulty in breathing about 6 hours before presentation, which progressively worsened. There was a preceding history of early satiety and abdominal pain. Examination revealed a chronically ill-looking man who was not pale and anicteric but had bilateral pitting pedal oedema up to mid-leg with asterixis. Abdominal examination showed a grossly distended abdomen with visible anterior abdominal wall veins, the liver span was 10 cm, and there was an enlarged spleen and ascites demonstrable by fluid thrill. A. List 3 likely causes of the difficulty in breathing (3 marks) B. What five (5) other complications of the primary diagnosis can he present with? (5 marks) Samples were taken for ascitic fluid analysis and Liver function test was done with the result shown below: Bilirubin 25 umol/l, Conjugated bilirubin 4 umol/l, Total protein 69 g/l, Albumin 28 g/l, ALT - 8 IU/l, AST - 20 IU/l, ALP - 78

IU/l, GGT - 45 IU/l, INR 1.7, Ascitic Protein- 45 g/l, Ascitic Albumin- 15 g/l, Ascitic Neutrophil 268 cells/cm3, Ascitic WBC- 550 cells/cm3; PCV- 41%, WBC- 7,800 cm3, Platelet -240,000 cm3. C. What is the serum albumin-ascitic gradient? (3 marks) D. What is the diagnosis based on the clinical history and ascitic fluid analysis? (5 marks) E. What is the definitive management for the background condition, and name one major contraindication to the management that this patient has? (4 marks)

Q2A

Q2A, January 2025

A 42-year-old female lawyer presents with some lesions on her shins. The lesions are patches of shiny, red-brown skin with a yellow centre; some early ulceration exists in one area. You perform a biopsy, which shows granuloma, among other histologic findings. After starting the patient on super-potent topical steroids, you organise for an overnight fasting glucose, which is reported as 9.2 mmol/L. The patient is upset as she read on the internet that all people with lesions on the shin have diabetes. Answer the following questions: a. What is the name of the lesion on the shin confirmed by biopsy? (2 marks) b. List other four (4) cutaneous features of diabetes mellitus (2 marks) c. List four (4) cutaneous complications of super-potent steroid (2 marks) d. List two (2) approaches to prevent topical effects of super-potent steroids (2 marks) e. List two (2) other methods of treating this patient's cutaneous condition (2 marks)

Q2B

Q2B, January 2025

A 42-year-old polygamist presented at the Retroviral clinic following a report of a positive HIV type 1 result after a febrile illness about 3 weeks before presentation. He had a diffuse, itchy papular eruption 6 months earlier. Further examination showed that he had a whitish lesion on the lateral surface of his tongue, which bled in an attempt to scrape with his toothbrush. His viral load was 1200 cells/mm3. His complete blood counts revealed anaemia, lymphocytosis and elevated C-reactive protein and ESR. Answer the questions below: A. What is your diagnosis? (2 marks) B. What is the oral lesion in this patient (2 marks) C. List two (2) other useful investigations in this patient (2 marks) D. Mention two (2) useful ARV agents in this patient (2 marks) E. List two (2) useful agents to treat this patient's oral lesion (2 marks)

Q3A

Q3A, January 2025

A 72-year-old man presents to the Emergency Room with a sudden-onset right-sided weakness and slurred speech. His symptoms started 1 hour ago while he was watching television. He has a history of hypertension and type 2 diabetes mellitus but is otherwise well. He has a significant history of cigarette smoking and alcohol ingestion. On examination, he is alert but has a right-sided facial droop, weakness in the right upper and lower limb (power 2/5 in the upper limb and 3/5 in the lower limb), and dysarthria. His blood pressure is 180/100 mmHg, and his blood glucose is 8.2 mmol/L. A cranial computer tomography scan was done, and it revealed no haemorrhage. I. What is the most likely diagnosis? (1 mark) II. Outline the immediate management steps for this patient. (3 marks) III. List two indications and four contraindications for thrombolysis in a patient like this. (3 marks) IV. List 3 investigations that should be performed to determine the cause of this stroke (1.5 marks) V. What are the key components of secondary prevention for this patient? (1.5 marks)

Q3B

Q3B, January 2025

A 28-year-old food vendor presents at the medical out-patient clinic on account of a 5-day history of pain on micturition with associated frequency and urgency. She recently noticed pain in her lower abdomen. There is no history of loin pain, and she has not noticed any change in the appearance of her urine. On examination, she has a temperature of 37.1 degrees Celsius; she is not pale and has no body swelling. On abdominal examination, she has tenderness in the suprapubic region. All other findings were essentially normal. I. What is the patient's likely diagnosis? (1 mark) II. How will you confirm your diagnosis and give the findings required? (2 marks) III. List 5 factors that can make this patient susceptible to this condition (2.5 marks) IV. Outline the management of this patient (2.5 marks) V. List 4 advice you will give this patient to prevent a reoccurrence of this condition. (2 marks)

Q4

Q4, January 2025

A 62-year-old male retiree who is a known hypertensive of more than 15 years duration with questionable drug compliance was brought to the emergency unit of LAUTECH Teaching Hospital, Ogbomoso, with complaints of difficulty in breathing at night associated with productive cough and chest pain. On arrival, oxygen saturation at the emergency unit was 82% while breathing ambient air. Examination revealed a BP of 190/120 mmHg, gallop rhythm, and bilateral pitting pedal oedema. A. List 3 differential diagnoses. (3 marks) B. List six investigations you will do for this patient, with one abnormality that could be identified on the investigation. (6 marks) C. Highlight the principles of management of this patient. (6 marks) D. List four drugs indicated to treat one of the differential diagnoses in this patient. (4 marks) E. List 3 complications of one of the differential diagnoses. (3 marks)

Q5

Q5, January 2025

A 42-year-old man presented with a 3-week history of left leg swelling and pain. Physical examination revealed a tender, swollen calf with associated differential warmth and pitting pedal oedema. A complete blood count showed the following: - Packed cell volume: 28% - White blood cell count: 12,200 cells/mm3 - Platelet count: 130,000 cells/mm3 A. List three (3) differential diagnoses (3 marks) B. What is the most likely diagnosis? (2 marks) C. List two compounds that can be assayed in the serum to support the most likely diagnosis. (4 marks) D. List five (5) investigations and the reasons for these investigations that you will order to help you evaluate this patient's state of health (5 marks) E. Discuss the management of this patient (6 marks)

Q6

Q6, January 2025

A 43-year-old woman is brought to the hospital Emergency Department after collapsing on the train on the way to work. She says she stood up to get off the train and felt very dizzy and then lost consciousness, fully recovering a few moments later. She has felt dizzy, especially when standing up, several times over the previous few weeks, during which time she has also been feeling very tired. She has lost weight over this period and her periods have stopped. Her prior medical history includes vitiligo, and she does not take any medications. On examination, she appears tanned (apart from some hypopigmented patches on her arms, which she explained are caused by vitiligo), though she has not been in the sun for many months. Areas of pigmentation are also noted on the buccal mucosa inside her mouth and in the creases of her palms. Her blood pressure is 102/70 mmHg supine, falling to 76/62 mmHg after standing for 3 minutes. Otherwise, the physical examination is unremarkable. Her chest X-ray is unremarkable. A. List the differential diagnosis for someone with a history of collapse and postural hypertension. (5 marks) B. What is the likely diagnosis in this case? (3 marks) C. List four (4) possible biochemical abnormalities that may be present in this case. (4 marks) D. Describe the further

investigations to confirm this diagnosis. (5 marks) E. Outline important management steps for this case (3 marks)

Q7

Q7, January 2025

The global cancer burden is growing rapidly and is expected to have a differentiated impact on countries based on their ability not only to treat cancer but also to effectively prevent cancer. (International Agency for Research on Cancer). Discuss the primary prevention of cancer. (20 marks)

Q1

Q1, April 2024

A 45-year-old of the Oyo State Civil Service was treated for community-acquired pneumonia at a private health institution. He was given some antibiotics, which he took for only four days, and discontinued the medication on his own because he felt much improved. He did not go for any follow-up, as advised by the doctor taking care of him. One week later, all the earlier symptoms reappeared, but now with confusion, restlessness and cyanosis. The sputum microscopy, culture/sensitivity, and blood glucose level were normal, and the HIV test was also negative. a. What is the most likely diagnosis? b. What is the likely organism responsible? c. How will you confirm the diagnosis? d. Which class of antibiotics would you like to use for this type of organism? e. What is the minimum number of days that this type of patient should be treated for before stopping the antibiotics?

Q2A

Q2A, April 2024

A young woman attends her family doctor with complaints of recent polydipsia and excessive urination. Otherwise, she is feeling healthy, although she has lost some weight even though her appetite has increased. Her body mass index (BMI) is 22.8 kg/m2, her blood pressure is normal, and she has no family history of diabetes. i. Based on the symptoms above, what is the most likely diagnosis and why? (2 marks) ii. List three (3) possible tests that would confirm her diagnosis and what measurement would be accepted. (3 marks) iii. List two (2) other important tests that will help support the possible diagnosis. (2 marks)

Q2B

Q2B, April 2024

Thyroid function tests were performed on a 52-year-old woman, and the following results were obtained: Serum TSH: 6.0 mU/L (0.4-4.2), Serum free T4: 5 pmol/L (10-20) Serum free T3: 1.4 pmol/L (2.5-6.2) i. What is the interpretation of this result? (2 marks) ii. List 3 possible differential (causes) of this condition (3 marks) iii. List 6 possible cardiovascular signs that may be present in this patient based on her condition. (3 marks)

Q2C

Q2C, April 2024

A 54-year-old woman was referred to the outpatient department with weight loss, increasing pigmentation, and a supine systolic blood pressure of 50 mmHg. Addison's disease was suspected. i. Briefly describe the dynamic test and the interpretation to confirm the diagnosis. (3 marks) ii. List four (4) possible biochemical/metabolic abnormalities that may be present in this patient (2 marks)

Q2

Q2, April 2024

QUESTION 2 (April 2024): [2A] A young woman attends her family doctor with complaints of recent polydipsia and excessive urination. Otherwise, she is feeling healthy, although she has lost some weight even though her appetite has increased. Her body mass index (BMI) is 22.8 kg/m2, her blood pressure is normal, and she has no family history of diabetes. i. Based on the symptoms above, what is the most likely diagnosis and why? (2 marks) ii. List three (3) possible tests that would confirm her diagnosis and what measurement would be accepted. (3 marks) iii. List two (2) other important tests that will help support the possible diagnosis. (2 marks) [2B] Thyroid function tests were performed on a 52-year-old woman, and the following results were obtained: Serum TSH: 6.0 mU/L (0.4-4.2), Serum free T4: 5 pmol/L (10-20), Serum free T3: 1.4 pmol/L (2.5-6.2) i. What is the interpretation of this result? (2 marks) ii. List 3 possible differential (causes) of this condition (3 marks) iii. List 6 possible cardiovascular signs that may be present in this patient based on her condition. (3 marks) [2C] A 54-year-old woman was referred to the outpatient department with weight loss, increasing pigmentation, and a supine systolic blood pressure of 50 mmHg. Addison's disease was suspected. i. Briefly describe the dynamic test and the interpretation to confirm the diagnosis. (3 marks) ii. List four (4) possible biochemical/metabolic abnormalities that may be present in this patient (2 marks)

Q3A

Q3A, April 2024

A 45-year-old staff of industry in Oyo town presented at the skin clinic of LAUTECH Teaching Hospital Ogbomoso with a 4-year history of recurrent moderately itchy papules and plaques involving the buccal mucosal, trunk and upper as well as lower extremities. Examination of the soft palate revealed a white linear streak. He has been on definitive treatment commenced at the skin clinic a year ago. He, however, presented at the clinic with a 3-month history of the appearance of new lesions following the use of tab lisinopril for his newly diagnosed systemic hypertension. Answer the following questions below; i. List three differential diagnoses (3 marks) ii. What is your diagnosis (2 marks) iii. Mention two important diagnostic investigations (2 marks) iv. What is the unique histologic picture of your diagnosis (1 mark) v. List two drugs of choice (2 marks)

Q3B

Q3B, April 2024

A 22-year-old sexually active undergraduate student of a Nigeria College of Education presented at the Skin Clinic with multiple skin-coloured fleshy and umbilicated rash at the Mon pubis, penile shaft and anal area. He confessed to being an MSM. Retroviral screening done the same day revealed that he was reactive to HIV 1 but non-reactive to HIV 2. Answer the following questions: i. What is the diagnosis of the genital lesions (2 marks) ii. List two (2) relevant investigations to managing this patient (2 marks) iii. Mention three (3) ARV drugs of choice in treating this patient (3 marks) iv. List three (3) modes of treating the genital lesions (3 marks)

Q3

Q3, April 2024

QUESTION 3 (April 2024): [3A] A 45-year-old staff of industry in Oyo town presented at the skin clinic of LAUTECH Teaching Hospital Ogbomoso with a 4-year history of recurrent moderately itchy papules and plaques involving the buccal mucosal, trunk and upper as well as lower extremities. Examination of the soft palate revealed a white linear streak. He has been on definitive treatment commenced at the skin clinic a year ago. He, however, presented at the clinic with a 3-month history of the appearance of new

lesions following the use of tab lisinopril for his newly diagnosed systemic hypertension. Answer the following questions below; i. List three differential diagnoses (3 marks) ii. What is your diagnosis (2 marks) iii. Mention two important diagnostic investigations (2 marks) iv. What is the unique histologic picture of your diagnosis (1 mark) v. List two drugs of choice (2 marks) [3B] A 22-year-old sexually active undergraduate student of a Nigeria College of Education presented at the Skin Clinic with multiple skin-coloured fleshy and umbilicated rash at the Mon pubis, penile shaft and anal area. He confessed to being an MSM. Retroviral screening done the same day revealed that he was reactive to HIV 1 but non-reactive to HIV 2. Answer the following questions: i. What is the diagnosis of the genital lesions (2 marks) ii. List two (2) relevant investigations to managing this patient (2 marks) iii. Mention three (3) ARV drugs of choice in treating this patient (3 marks) iv. List three (3) modes of treating the genital lesions (3 marks)

Q4A

Q4A, April 2024

Miss Blessing Johnson is a 29-year-old marketing officer at an IT firm who has had a 13-month history of recurrent headaches. Her headaches last about 6 to 10 hours per episode and she has at least an episode for between 15 to 18 days in a month. The headaches are unilateral, mostly on the left side of her head, but occasionally, she experiences the headache on the right side simultaneously. The headaches prevent her from carrying out her usual occupational tasks, and she has also missed some days of work due to the headaches. She explains that she sees bright spots and flashes of light before the onset of the headaches and notices frequent yawning hours before the headaches start. She complains of nausea but has no fever or neck pain and no weakness in her limbs. She takes alcohol occasionally, and she has been managed for depression by the mental health unit and uses diclofenac when the headaches start. i. What is the patient's most likely diagnosis? (1 mark) ii. List three possible triggers/precipitants for her conditions (1 1/2 marks) iii. Give one essential investigation to confirm the diagnosis (1 mark) iv. List 2 groups of drugs that can abort the headaches and 1 group of drugs that can prevent the headaches in this condition (1 1/2 marks)

Q4

Q4, April 2024

Miss Blessing Johnson is a 29-year-old marketing officer at an IT firm who has had a 13-month history of recurrent headaches. Her headaches last about 6 to 10 hours per episode and she has at least an episode for between 15 to 18 days in a month. The headaches are unilateral, mostly on the left side of her head, but occasionally, she experiences the headache on the right side simultaneously. The headaches prevent her from carrying out her usual occupational tasks, and she has also missed some days of work due to the headaches. She explains that she sees bright spots and flashes of light before the onset of the headaches and notices frequent yawning hours before the headaches start. She complains of nausea but has no fever or neck pain and no weakness in her limbs. She takes alcohol occasionally, and she has been managed for depression by the mental health unit and uses diclofenac when the headaches start. i. What is the patient's most likely diagnosis? (1 mark) ii. List three possible triggers/precipitants for her conditions (1 1/2 marks) iii. Give one essential investigation to confirm the diagnosis (1 mark) iv. List 2 groups of drugs that can abort the headaches and 1 group of drugs that can prevent the headaches in this condition (1 1/2 marks)

LAQ 11

LAQ 11, January 2025 (Comm. Med)

Nigeria has experienced multiple Cholera outbreaks in recent times with significant cases reported from various states. Discuss in detail the epidemiology of cholera. (25 marks)

LAQ 12

LAQ 12, January 2025 (Comm. Med)

Malaria, Hepatitis B, Upper Respiratory Tract Infection, Sexually Transmitted Diseases, Oral Cancer, Leprosy, Tuberculosis, Malnutrition, Road Traffic Accidents, Underage pregnancy are some of the identified health problems in a recent survey in Nigeria. a. As a health manager, how will you prioritize these problems stating your reasons (10 marks) b. For the first two prioritized problems above, state 3 possible SMART objectives each, that you may want to achieve (8 marks) c. For your most prioritized health problem, state 2 possible technical interventions to achieve the objectives (7 marks)

LAQ 13

LAQ 13, January 2025 (Comm. Med)

As a medical officer in Opete community, you have observed low uptake of long-acting hormonal contraceptives due to sociocultural concerns. a. What are the sociocultural issues in the use of long-acting hormonal contraceptives stating the merits and demerits? (12 marks) b. Propose culturally sensitive strategies to address these sociocultural barriers while promoting the safe and effective use of these contraceptives. (13 marks)

Q1a

Q1a, September 2022

The management of type 2 diabetes goes beyond glycaemic control. Discuss this statement in NOT more than 2 pages (10 marks)

Q1b

Q1b, September 2022

An 18-year-old female, Miss JD, is brought into the Accident and Emergency department from home by her father as she has been having abdominal pain, nausea and vomiting. She reports a loss of 5kg in weight over the preceding 4 weeks as well as feeling thirsty and reports passing urine frequently during both the day and night. Initial assessment notes that she has tachycardia (heart rate 134 beats per minute), blood pressure is 90/50mmHg and she is breathless with an increased respiratory effort and respiratory rate of 24 breaths/minute. Her breath smells of nail varnish. The biochemistry laboratory result showed a blood glucose of 32 mmol/L (4-8 mmol/L) and bicarbonate of 7 mmol/L (21-28 mmol/L). Her urine dipstick is strongly positive for ketones (++++). She has no family history or past medical history of note. Miss JD is diagnosed as having diabetic ketoacidosis (DKA) as first presentation of Type 1 Diabetes Mellitus and is managed with intravenous fluids, insulin and potassium as guided by the LAUTECH TEACHING HOSPITAL, DKA protocol. i. Give 3 symptoms in the history that are consistent with a diagnosis of Type 1 diabetes. (3 marks) ii. What features of the examination and investigations lead the admitting team to decide that this presentation is in keeping with DKA? (3 marks - 1/2 mark for each up to 3) iii. Briefly outline the pathophysiology of DKA (4 marks).

Q2

Q2, September 2022

A 62 years old male retiree who is a known hypertensive of more than 15 years duration with questionable compliance was brought to the emergency unit of Ladoke Akintola University of Technology Teaching Hospital, Ogbomoso with complaints of difficulty in breathing at night associated with productive cough, chest pain. Oxygen saturation at the emergency unit on arrival was 82% while

breathing ambient air. Examination revealed BP of 190/120 mmHg, gallop rhythm and bilateral oedema with the right leg more than that of the left one. a. List 3 differential diagnoses (3 marks) b. List six investigations you will do for this patient with one abnormality that could be identified in the investigation. (6 marks) c. Highlight the principles of management of this patient (6 marks) d. List four drugs indicated to treat one of the differential diagnoses in this patient. (2 marks) e. List 3 complications of one of the differential diagnosis (3 marks)

Q3

Q3, September 2022

A 52-year-old woman, a known patient with systemic hypertension, was diagnosed 10 years ago but has not been regularly on follow-up and medication. The patient was brought to the Accident and Emergency Unit by her children following a day's history of headaches, blurring of vision, and reduction in urinary output (day-to-night ratio has reduced from 3:1 to 1:1). On examination, the patient is conscious, blood pressure on arrival was 230/120mmHg, and the apex beat is located in the 6th left intercostal space, mid-clavicular line. Fundoscopy revealed optic disc swelling along with cotton wool spots, flame-shaped haemorrhages and hard exudates. a. Give three (3) differential diagnoses from this patient's clinical presentation. b. List the disease-mediated organ damage that may occur in this patient. c. List six (6) relevant investigations and their likely findings in this patient. d. How should blood pressure be controlled in this particular patient? e. List three (3) drugs that can be used to control the blood pressure in this patient. In addition, state the mechanisms of action of these drugs. f. Enumerate the lifestyle measures that will be helpful in the management of this patient.

Q4

Q4, September 2022

A 34-year-old woman who was 24 weeks pregnant developed sudden onset of sore eyes, mouth and genitalia associated with blisters on her skin. She was admitted to the hospital by the obstetricians who referred her to the on-call dermatologist. The patient was diagnosed with HIV at antenatal screening and had commenced ART- Combivir and Nevirapine-2weeks earlier. Over the last 24 hours, she has felt unwell with a fever, malaise, sore throat, gritty eyes, and painful stomatitis. Initially, she had a few blisters on her face and upper trunk but over a few hours, these spread to involve extensive areas of her trunk and limbs. temp 38.2Â°C, B.P 180/100mmHg, pulse rate 100b/min, CD4 counts 229cells/ml, HIV viral load 74,200 copies/ml, C-reactive protein 147mg/ml, Hb 9.7g/L, WBC 11.15 x 10^9. A. What is your diagnosis? B. List 3 drugs that could give similar presentation in this environment in different class. C. Outline your management in not more than ONE PAGE. D. What parameters will you consider to assess her prognosis?

Q5

Q5, September 2022

An 82-year-old man living alone in a bungalow came to the clinic complaining of feeling generally unwell for about the last 3-4 months and of losing about 9.5 kg (21 lbs) in weight during this period. On further enquiry he said he had been having high grade fever for the last month. He also has a past history of angina and arthritis and was on medication. On examination, he did not look well. He was pyrexic and without lymphadenopathy. Bibasal crepitus on the lower zone was heard on chest auscultation. He had hepatosplenomegaly and clubbing. Investigations showed WBC 12,300 cell/ul (neutrophils 52%, lymphocytes 39%), Hb 9.1 g/dl. A chest radiograph showed 1-2 cm diameter shadows all over the lung field. Mantoux negative. Sputum culture negative. a. What is the most likely diagnosis in this patient? b. LIST 3 differential diagnosis. c. What are the other relevant laboratory tests in the diagnosis of this patient? d. Mention important bedside clinical finding that is indicative of the diagnosis in this patient. e.

Mentions the appropriate medication for the management of this patient. f. Mention 2 complications of this clinical condition.

Q6

Q6, September 2022

A 17-year-old lady was rushed into the emergency by her mother on account of nausea, vomiting, and right hypochondriac pain. She subsequently developed an altered level of consciousness. Her mother said she had swallowed 20 tablets of paracetamol 2 hours prior presentation because she failed her Joint Admissions Matriculation Board (JAMB) examination. On examination she was drowsy, had asterixis, and was icteric. a) What is the likely diagnosis based on the clinical presentation of the patient? b) List 3 classes of drugs that can give this type of presentation. c) List 3 investigations you would carry out for this patient and the likely abnormalities. d) List 4 complications of the diagnosis. e) List 3 management options for this diagnosis (One must be definitive).

Q7

Q7, September 2022

(a). Write a short essay on informed consent (not more than 1 1/2 pages). (6 marks) (b). What is medical malpractice? (2 marks) (c). List the four (4) elements that must be established to prove a claim of negligence in court. (2 marks)

Q1

Q1, February 2020

A 42-year old man developed fever associated with chills and rigors, anorexia, and generalized body aches of 5 days duration. He presented at a Pharmacy outlet and was given artemether/lumefantrine (LONART) combination, and diclofenac potassium (CATAFLAM) tablets. Fever, however, did not subside. He also took herbal medications... watery stool... reduction in urinary output... Na+ 136, K+ 4.2, HCO3- 21, Urea 9, creatinine 160 umol/L. Urinary output 10 ml/hr. Repeat serum urea and creatinine shows urea of 20 mmol/L, and creatinine of 300 umol/L. a. What are the possible differential diagnoses from these clinical presentations? [4 marks] b. List six (6) other relevant investigations that are required in this patient and the reason(s) for these investigations (do not mention investigations already done). [6 marks] c. Discuss the management of this patient. [10 marks]

Q2

Q2, February 2020

A 45 years old woman was brought to the emergency department of Ladoke Akintola University of Technology Teaching Hospital with three months history of progressive easy fatiguability, cough and paroxysmal nocturnal dyspnea. She was not a known hypertensive. On examination revealed cardiomegaly, gallop heart sounds and hepatomegaly. a. List five possible aetiologies of the heart failure b. List six investigations that you will request for and one possible finding from each of the investigation mentioned. c. How will you treat this patient? Highlight the principle of management. d. List four drug classes that are of first-class indication in the condition e. List four complications of this condition.

Q3

Q3, February 2020

A 48-year-old female patient had reported to the Dermatology Unit of the University Teaching Hospital with a chief complaint of recurrent raised itchy rash involving the trunk, the limbs and a burning sensation of the entire oral cavity in the past one (1) year. Medical history of hypertension. Symmetrical hyperpigmented papules and plaques involving volar aspects of the trunk, limbs, and wrists. Intraoral exam revealed greyish brown patch with white striae. a. List four (4) differential diagnoses of this presentation b. List four (4) variants of the MAIN diagnosis c. What are the important three (3) clinical signs associated with the main diagnosis d. List four (4) laboratory investigations useful in the identification of metabolic complications of the main diagnostic entity. e. List three (3) drugs useful for treatment

Q4

Q4, February 2020

A 75-year old man had worked in a stone cutting industry in the Northern part of Nigeria for 30 years before retiring 15 years ago and was placed on compensation by the company. He has developed constitutional symptoms of night fevers, weight loss, anorexia and respiratory symptoms of cough with sputum, chest pain, progressive breathlessness and lately moderate haemoptysis. He has grade 3 finger clubbing. a) What is the mostly likely diagnosis? (4marks) b) What is the mostly likely ventilatory pattern on spirometry (obstructive or restrictive pattern) State the expected measurement values or indices (2marks) c) What radiographic (CXR) pattern is likely in this patient? (2marks) d) Outline the management of this patient. (2marks)

Q5

Q5, February 2020

A 35-year old man, a Nigerian, presented to the Emergency Department with a 4-week history of polyuria, polydipsia, and blurred vision. He started to vomit in the 24 hours leading to his presentation. He had no significant past medical history. His mother and paternal grandfather had type 2 diabetes mellitus. He smoked 20 sticks of cigarette per day and drank about 25 units of alcohol per week. Clinically he was dehydrated, tachypnoic, pulse rate 102/min, blood pressure 110/70mmHg. Physical examination revealed a waist circumference of 105cm, body mass index (BMI) of 31.7kg/m2, no signs of cortisol excess, and was otherwise unremarkable. Casual blood sugar was 486mg/dl, and had significant (3+) ketonuria. Other laboratory results are: bicarbonate 14mmol/l, urea 8.4mmol/l, creatinine 148micromol/l, sodium 138mEq/l, potassium 4.5mEq/l, chloride 103mEq/l and pH 7.28. A lipid profile shows the following: total cholesterol, 186mg/dl; triglycerides, 154mg/dl; LDL cholesterol, 112mg/dl; and HDL cholesterol, 47mg/dl. (a.) List three (3) possible differentials in this patient [3mks] (b.) Calculate anion gap, plasma osmolality & corrected sodium [3mks] (c.) Identify as many cardiovascular risks present in this patient [4mks] (d.) What is the definitive diagnosis [2mks] (e.) List 4 other relevant investigations necessary in this patient with one reason each for the tests [4mks] (f.) Enumerate the principles required in managing this patient [4mks]

SAQ 3

SAQ 3, February 2020

Describe bowel preparation in a fifty-year-old patient with distal rectal tumour going for abdomino-perineal resection

SAQ 4

SAQ 4, February 2020

A 35 year old female teacher presented at the surgical outpatient with a 3 x 2 cm lump in the upper outer quadrant of the left breast of 2 month duration. Examination of the axilla revealed a 2cm mobile hard lymph node. a. What is the most likely diagnosis b. List 3 diagnostic investigations required c. Outline the treatment of this patient

SAQ 5

SAQ 5, February 2020

Outline the management of an 18year old lady who sustained flame burn injuries from gas explosion while cooking in the kitchen.

SAQ 6

SAQ 6, February 2020

List the clinical signs and symptoms of systemic toxicity of Local anaesthetic agents. Outline the managements of systemic toxicity of local anaesthetic Agents

SAQ 7

SAQ 7, February 2020

A 55 year old man with haematuria developed acute urinary retention following prostatic biopsy. Attempt at catheterization failed. A. What will be your next line of treatment to relieve the patient of his urinary retention? B. List 3 other specific investigations required in this patient C. If the histology of the biopsy shows prostate cancer, outline the treatment options.

SAQ 3

SAQ 3, January 2020

a. List 10 indications and 10 complications of splenectomy. b. Mention two medical follow up care required post-splenectomy

SAQ 4

SAQ 4, January 2020

a. Define post-operative pyrexia b. Outline the approach to the care of a 12 year old boy who developed fever ten days after exploratory laparotomy for typhoid intestinal perforation.

SAQ 6

SAQ 6, January 2020

A 25 year old banker developed sudden onset testicular pain that radiates to the left illiac fossa with associated vomiting while on duty. There was no urethral discharge. He had similar pain a year ago. A. What is the most likely diagnosis? B. List 5 likely classical clinical features you may find on clinical examination.

SAQ 8

SAQ 8, January 2020

A 27 year old final year medical student ran into A & E Department at 2.00 am in distress claiming that an insect entered into his ear while he was reading for his final surgery exam. a.) What could he have done himself that would have saved him the night visit. b) State your definitive treatment c) List 4 Instruments/ materials that you would need in his treatment d) List 2 possible complications of the procedure

SAQ 9

SAQ 9, January 2020

A 35-year-old man reported to the accident and emergency with abdominal pain of four day duration, constipation, vomiting and progressive abdominal distension. a. List three appropriate radiological investigation b. List the necessary X-ray views c. state 2 reasons why Erect Chest X-ray may be needed

Q1

Q1, February 2019

A four year old girl was playing with her friends at home and suddenly started coughing, develop difficulty in breathing and could not speak audibly again. (a) List five relevant questions that will assist in your diagnosis. (b) List five relevant investigations and examinations that will assist in the management of this patient. (c) List two differentials (d) What is the definitive treatment of this condition. (e) List four complications of the procedure.

Q2

Q2, February 2019

A 55 year old farmer was rushed to Accident & Emergency section of Lautech Teaching Hospital with history of bleeding profusely from the nose. There was history of two previous episodes in the past three months but were not as severe as the present episode. (a) List five relevant questions that will assist your diagnosis. (b) List five things you will do immediately by his bed side. (c) List Five differentials. (d) Mention one definitive diagnosis. (e) How would you treat one of your differentials.

Q3

Q3, February 2019

A 35 year old teacher in a primary School was referred to E.N.T Clinic with complaint of Hoarseness. (a) List 10 relevant questions to help your management (b) List five differentials. (c) List 2 major procedures of examination, one clinic and the other in theatre in managing this patient. List two likely findings. (d) List five relevant investigations before taking this patient for the theatre procedure. (e) List three likely complications of the procedure.

Q1

Q1, June 2018

A 22 years old boy presented at the accident and emergency unit with acute abdominal pain of 4 days duration, associated with progressive abdominal distension. Preceding high grade fever treated about a week before. Dyspnic, tachypnic, mildly pale, dehydrated and icteric. Pulse rate 105 bpm, BP 80/40mmHg, temp 39.5 C, RR 34 c/m. a. What is the most likely diagnosis? b. List 3 associated problems c. Discuss in detail the management of this patient.

Q2

Q2, June 2018

A 24years old male banker, who sustained gunshot wound to his right thigh in an armed robbery attack on a commercial bank where he works, was rushed into the accident and the emergency unit of the hospital by emergency ambulance drivers. He has had two fainting spells before getting to the hospital. Discuss in detail the management of this patient.

Q3

Q3, June 2018

Describe the Computer tomography features of the following lesions: a. Acute extradural haematoma b. Chronic subdural haematoma c. Acute intracerebral haematoma d. Intra ventricular haemorrhage

Q4

Q4, June 2018

47years old man presents with a triangular growth in the inner aspect of his right eye. a. What is the most likely diagnosis? b. What are the risk factors for developing this condition? c. Mention 4 methods of preventing recurrence after an excision of the lesion

Q5

Q5, June 2018

a. What are the maximum dosages of local anaesthetic agent with and without adrenalin? b. Discuss the management of the systemic toxicity of local anaesthetic agent

Q6

Q6, June 2018

A 3 years old male child was rushed into the accident and emergency unit with 15 minutes history of sudden cough, difficulty in breathing and voice no more audible. a. List two important questions that will help you to establish a clinical impression

Q7

Q7, June 2018

a. What are the differential diagnoses of angular knee joint deformities? b. Discuss the evaluation of a 5years old girl with bilateral genu valgum

Q8

Q8, June 2018

Outline the management of a 40 years old woman who presents with 6 months history of a painless right breast lump about 4cm in its widest diameter with associated ipsilateral mobile axillary lymphadenopathy.

Q9

Q9, June 2018

Outline the steps you would take to manage a raised ICP in a 48-year old man with severe head injury.

Q10

Q10, June 2018

Discuss the management of a 30 years old woman who sustained 45% body surface area burns in an enclosed kitchen.

Q1

Q1, May 2018

4 year old girl was brought to children emergency unit by her mother she is said to be running fever for the past 72hours. Child was treated with P-Alaxin but the fever persists. Mother noticed the child to be limping on her right lower limb. A. List 3 differential diagnosis B. Discuss in detail management of one of your differentials

Q2

Q2, May 2018

38 year old farmer presents to the SOP with right leg ulcer of 6 years duration. There was associated weight loss and right groin swelling. A. List 3 differential diagnosis B. Discuss the management.

Q3

Q3, May 2018

A 55 year old man developed haematuria and acute urinary retention following prostatic biopsy. Attempt at catheterization failed. A. What will be your next line of treatment to relieve the patient of his urinary retention? B. Outline the steps in the above procedure C. If the histology of the biopsy shows prostate cancer, list 3 treatment options for early prostate cancer.

Q4

Q4, May 2018

A 38 year old woman presented at the surgical out-patient clinic with 6 years history of anterior neck swelling. This became associated with excessive sweating and bilateral leg swelling about four month ago. She was found to have proptoses and the pulse rate was 90/min. A. What is the most likely clinical diagnosis? B. Discuss the management of this woman.

Q1

Q1, April 2016

A 65 year old farmer presented to the neurology clinic on account of rest tremor of the right hand of 2 years duration and of the left hand of about six months ago; his speech became also barely audible and he was noticed to be excessively slow while walking with reduced arm swings. Recently, he has been having recurrent talk pain in the left shoulder and excessive saliva drooling. (a) What is the diagnosis? (b) Mention 4 risk factors associated with this disease? (c) Mention 4 treatment options? (d) Mention 2 differential diagnosis?

Q2

Q2, April 2016

A 60 year old man who is a known diabetic recently diagnosed presented in the emergency ward with recurrent chest pain and dyspnea on exertion. His blood pressure was 158/78 mmHg and had cardiomegaly on chest X-ray. (a) List four differential diagnosis (b) Highlight six important investigations you will like to do for this patient (c) Highlight the principle of management in this patient (d) List six complications possible in this patient.

Q3

Q3, April 2016

A 45 year old Nigerian, known patient with hypertension for 15 years presented with 3 months history of nocturia, 2 months history of progressive tiredness on exertion, poor appetite, nausea and vomiting. On examination, he was pale, dehydrated, BP was 186/124 mmHg, had displaced apex beat to 6 LICS, MCL. (a) What are the likely differential diagnosis in this patient? (b) List six (6) relevant investigations you will perform in this patient and the likely results. (c) Outline the immediate emergency treatment of this patient taking into consideration the clinical presentation and biochemical profile. (d) Outline the long-term and definitive management of this patient

Q4

Q4, April 2016

A 45 year old carpenter, a heavy smoker, was admitted to the emergency room of the hospital with a week history of sharp upper abdominal pain, 2 days history of passage of dark foul smelling stool and three episodes of vomiting blood on the day of admission. He takes a cocktail of analgesics from time to time for body pains. On examination on presentation, he was observed to be drowsy, pale and sweaty, the pulse rate was 125/min and the blood pressure was 90/52 mmHg. The oxygen saturation was 86%. (a) What may have caused this man to develop this problem? (b) Mention 7 important steps you would take to manage this condition. (c) How can this problem be prevented from happening in the future?

Q5

Q5, April 2016

A 60- year old retired civil servant was referred to the chest clinic of the teaching hospital because of moderate breathlessness and occasional cough with scanty whitish sputum which have not abated after treatment with anti-Koch's twice using DOTS in a health centre close to his home. He had never smoked cigarettes. Past occupational history revealed that he had worked in an asbestos industry for only 6 months about 35 years ago while waiting for his admission to the university. (a) List 5 causes of breathlessness (b) What is the likely diagnosis in this patient? (c) Is this an obstructive or restrictive lung disease? (d) List two spirometric parameters each for (1) obstructive lung disease and (2) restrictive lung disease

LAQ 1

LAQ 1, January 2020

A 25-year-old male was involved in a ghastly motor accident, sustained blunt chest injury and grossly swollen right thigh. On presentation, he was pale, dyspneic, respiratory rate 38/min, pulse 110/min, BP 80/45 mmHg. a. List 5 major clinical problems in this patient. (5 marks) b. Discuss the detailed resuscitation and management of this patient. (15 marks)

LAQ 2

LAQ 2, January 2020

A 45-year-old female teacher presents with a painless lump in the left breast of 2 months duration with bloody nipple discharge. Examination shows a 3x2cm hard non-tender mass with a 3cm hard mobile axillary lymph node. a. What is the most likely diagnosis? (2 marks) b. List 3 diagnostic investigations required. (3 marks) c. Outline the treatment of this patient. (15 marks)

SAQ 7

SAQ 7, January 2020

A 55-year-old man with haematuria developed acute urinary retention following prostatic biopsy. Attempt at urethral catheterization failed. a. What will be your next line of treatment to relieve the urinary retention? b. List 3 other specific investigations required in this patient. c. If the histology shows prostate cancer, outline the treatment options for early prostate cancer.

SAQ 10

SAQ 10, January 2020

Write a short essay on Glaucoma: definition, pathophysiology, clinical classification, optic nerve head changes, and medical/surgical management. (10 marks)

SAQ 11

SAQ 11, January 2020

A 4-year-old boy presented with high fever, vomiting, anorexia and limping on the right lower limb for 48 hours. Genotype is AA. a. List 2 differential diagnoses. b. Discuss the detailed management of one of your differential diagnoses.

SAQ 7c

SAQ 7c, August 2014

Write a short note on: Pre-placement medical examination (objectives, components, statutory requirements, and benefits to employer and employee).

SAQ 8a

SAQ 8a, August 2014

Write short notes on: Medical Ethics (four pillars: autonomy, beneficence, non-maleficence, justice, and professional confidentiality).

SAQ 8b

SAQ 8b, August 2014

Write short notes on: Population pyramid (construction, age-sex composition, expansive vs constrictive vs stationary patterns, and demographic implications).

SAQ 9a

SAQ 9a, August 2014

Describe briefly the various methods of Refuse disposal (controlled tipping/sanitary landfill, composting, incineration, open dumping, recycling, and pulverization).

SAQ 9b

SAQ 9b, August 2014

What are the diseases and health hazards associated with exposure to ionizing and non-ionizing irradiation in occupational and environmental settings?

SAQ 10

SAQ 10, August 2014

Write briefly on any 2 of the following: a. Community Based Health Insurance (CBHI) b. Community Financing c. Perception of Quality of Health Care d. Health Indicators e. Drug Revolving Scheme (DRS)

LAQ 11

LAQ 11, August 2014

Section II (Biostatistics): Given sample data comparing birth weights of 10 male and 10 female infants delivered at term in a maternity center: a. Calculate the mean and standard deviation of birth weights for each group. b. Use the Student's t-test at 95% confidence interval (alpha = 0.05) to determine if there is a statistically significant difference between male and female birth weights. c. Explain the clinical and public health significance of your findings.

LAQ 12

LAQ 12, August 2014

Section III (Family & Reproductive Health): a. Define Reproductive Health according to the WHO/ICPD definition. b. List the core components of Reproductive Health programs. c. Discuss in detail the Three Delays Model contributing to maternal mortality in low-resource settings: - Phase 1: Delay in deciding to seek care - Phase 2: Delay in reaching an appropriate health facility - Phase 3: Delay in receiving adequate healthcare at the facility.

Q13

Q13, August 2014

Section III (Health Management): As a programme officer in a multilateral health agency posted to a state in Nigeria with documented low utilization of modern health services in rural communities: a. Analyze the determinants and barriers responsible for underutilization of modern healthcare in these communities. b. Detail a comprehensive, community-participatory action plan to increase uptake and coverage of primary healthcare services.

Q1

Q1, March 2019

You have been invited as an occupational physician to address a group of miners: a. What occupational hazards would they be prone to? (5 marks) b. What message would you give them on prevention of these hazards? (5 marks)

Q2

Q2, March 2019

Solape is an 18-year-old sexually active undergraduate who presented at the Youth Friendly Centre at Kajola Comprehensive Health Centre. a. What will you tell her about Dual Protection? (3 marks) b. If she desires a family planning method, which will you advise and why? (2 marks) c. Differentiate between Depo-Provera and Sayana Press. (5 marks)

Q3

Q3, March 2019

a. List 2 bilateral agencies and 3 multilateral agencies that play roles in healthcare. (5 marks) b. List the functions of one in each group mentioned above. (5 marks)

Q5

Q5, March 2019

a. What do you understand by social welfare services? (2 marks) b. Briefly outline the importance and the challenges of social welfare services in Nigeria. (8 marks)

Q6

Q6, March 2019

Describe briefly the following: a. Census (5 marks) b. Medical Negligence (5 marks)

Q7

Q7, March 2019

List the various options in healthcare financing, stating the advantages and disadvantages of each. (10 marks)

Q8

Q8, March 2019

a. List the components of Environmental Sanitation. (3 marks) b. Briefly discuss ideal market sanitation and make recommendations for Nigerian markets. (7 marks)

Q9

Q9, March 2019

Using relevant examples, briefly discuss emerging and re-emerging diseases and their effects. (10 marks)

Q10

Q10, March 2019

What are the types of communication? (4 marks) Enumerate four different barriers to communication. (6 marks)

Q11

Q11, March 2019

In a small clinical trial to assess the value of a new tranquilizer on psychoneurotic patients, each patient was given a week's treatment with the drug and a week's treatment with a placebo. The anxiety scores were recorded. Use the paired Student's t-test to determine if there is a significant difference in anxiety scores between the drug and placebo treatments at alpha = 0.05 (critical t = 2.262 at 9 df). State your conclusion. (25 marks)

Q12

Q12, March 2019

Discuss the role of supervision, monitoring, and evaluation in the effectiveness of healthcare delivery, highlighting the differences therein with appropriate examples. (25 marks)

Q13

Q13, March 2019

Breastfeeding can be described as food security as well as a child survival strategy for infants. Discuss with specific examples. (25 marks)

Q1

Q1, September 2019

Briefly explain the rehabilitative measures available for prison inmates in respect to your recent field visit to the correctional facility in Ogbomoso.

Q2

Q2, September 2019

Write short notes on the following: a) Composting and Incineration (5 marks) b) Open dumping and Sanitary landfill/well (5 marks)

Q4

Q4, September 2019

Write short notes on: a. Pre-employment Medical Examinations b. Functions of Occupational Health Services

Q5

Q5, September 2019

a. What is probability sampling? b. Itemize probability sampling techniques and describe simple random sampling, touching on its strengths and weaknesses.

Q6

Q6, September 2019

Define Primary Health Care (PHC). Briefly discuss the fundamental principles of PHC.

Q7

Q7, September 2019

Describe briefly the Health System Framework and list the functions of the State Ministry of Health (SMOH).

Q8

Q8, September 2019

Vector-borne diseases are a major problem in the tropics. State with examples strategies for vector control.

Q9

Q9, September 2019

a) What is Medical Ethics? b) List and briefly explain the basic principles of Medical Ethics.

Q10

Q10, September 2019

Compare the differences between the previous WHO Focused Antenatal Care (FANC) model and the more recent 2016 WHO 8-Contact Antenatal Care model.

Q1

Q1, April 2017

a. List the methods of communication for Health Education. b. What are the steps involved in the adoption of a health behaviour?

Q2

Q2, April 2017

Briefly describe the nutritional problems of the elderly and proffer solutions to two of these problems.

Q3

Q3, April 2017

Briefly discuss the community-based services included in the Child Survival and Development Strategy in Nigeria, giving at least 2 modes of intervention at each level of delivery.

Q4

Q4, April 2017

Discuss briefly the health problems of Internally Displaced Persons (IDPs) in Nigeria.

Q5

Q5, April 2017

Write short notes on the following with regards to Primary Health Care (PHC): (a) Appropriate technology (b) Community participation

Q6

Q6, April 2017

Outline the steps in the containment and control of an epidemic of meningitis and the challenges being faced in Nigeria.

Q7

Q7, April 2017

Write short notes on any two (2) of the following: a. Ergonomics b. Personal Protective Equipment (PPE) in Occupational Health

Q1

Q1, December 2017

a. Classify with examples various agencies promoting health in Nigeria (bilateral, multilateral, non-governmental). b. Write briefly on the International Health Certificate.

Q2

Q2, December 2017

Write short notes on any two (2) of the following: i. Air pollutants and their effects on human health ii. Criteria for healthful housing iii. Food premises iv. Solid waste disposal v. Flocculation

Q3

Q3, December 2017

a) List the elements of the principles of medical ethics. b) Describe the factors affecting demographic structure and their health implications.

Q4

Q4, December 2017

Write briefly on Health Indicators and list reasons why Nigeria is rated poorly on international health indicators.

Q5

Q5, December 2017

a) Briefly outline the challenges in the implementation of Primary Health Care in Nigeria. b) List the functions of a Medical Officer of Health (MOH).

Q6

Q6, December 2017

What are the health problems of destitute populations in Nigeria? Suggest possible public health solutions.

Q7

Q7, December 2017

Outline the principles of occupational hazard control. What are the occupational hazards of sawmill workers?

Q8

Q8, December 2017

Outline and explain the various options in healthcare financing, stating the advantages and disadvantages of each option within the Nigerian context.

Q9

Q9, December 2017

Define Family Planning and classify the various contraceptive methods. Mention 4 characteristics of patients that should be referred for oral contraceptive advice.

Q10

Q10, December 2017

List the methods of communication for Health Education. Outline your plan for a health campaign to a secondary school in a Nigerian village.

Q11

Q11, December 2017

In a small clinical trial to assess the value of a new tranquilizer on psychoneurotic patients, each patient was given a week's treatment with the drug and a week's treatment with a placebo. Calculate the paired t-test value to determine whether the difference is statistically significant at alpha = 0.05.

Q12

Q12, December 2017

Discuss in detail nutrition in vulnerable groups (infants, pregnant and lactating mothers, the elderly).

Q13

Q13, December 2017

Discuss extensively the epidemiology and community control of a named zoonotic disease of public health importance (e.g., Rabies, Lassa fever, Bovine tuberculosis).

Q1

Q1, January 2016

Explain briefly the principles of Primary Health Care (PHC). (5 marks) What are the challenges to the implementation of these principles in Nigeria? (5 marks)

Q2

Q2, January 2016

a. Explain and list the internationally notifiable diseases. b. Discuss briefly the control / eradication of one of the diseases listed above.

Q3

Q3, January 2016

Explain briefly what you understand by: a) Maternal Depletion Syndrome b) Birth Preparedness

Q4

Q4, January 2016

a) Explain what you understand by population pyramid and its public health significance. (5 marks) b) Explain the term Professional Negligence in medical practice. (5 marks)

Q5

Q5, January 2016

a) What are the principles of occupational hazard control? (5 marks) b) Describe briefly your experience and observations during the field trip to the Sawmill, Osogbo. (5 marks)

Q6

Q6, January 2016

Discuss briefly two of the following: a. The Health Team b. Challenges in healthcare financing in Nigeria c. Community Financing

Q7

Q7, January 2016

Write briefly on emerging and re-emerging diseases. (5 marks) Itemize the steps necessary in the control of an outbreak of Lassa fever disease. (5 marks)

Q8

Q8, January 2016

a) What form of health services will be required for prison inmates? (5 marks) b) Outline the social problems of the aged in Nigeria. (5 marks)

Q9

Q9, January 2016

Write briefly on any two (2) of the following: a) Air pollution (5 marks) b) Market sanitation (5 marks) c) Food hygiene (5 marks)

Q10

Q10, January 2016

Outline the steps involved in Health Education. (5 marks) What are the challenges associated with the communication of health information in Nigeria? (5 marks)

Q11

Q11, January 2016

You have been appointed by the Chief Medical Director of a teaching hospital as the chairman of a committee to improve hospital waste management. Describe the steps you will follow. How will you measure the success of the committee? (25 marks)

Q12

Q12, January 2016

a) Define or explain briefly what you understand by: i) p-value ii) Standard error of the mean (SEM) iii) Type II error (5 marks) b) In comparing the accuracy of a digital and mercury-in-glass sphygmomanometer across 9 patients, test whether there is a statistically significant difference at 0.05 and 0.01 levels of significance. Comment on your findings and make recommendations to health facility management. (20 marks)

Q13

Q13, January 2016

Pregnant and nursing mothers are advocated to be considered special especially with regards to nutrition. Justify this reasoning. Write an essay to describe the nutritional requirements in these groups and the indicators of adequate nutrition in them. (25 marks)

Q1

Q1, October 2015

(a) 'Eating for one and eating for two' - which is the better option in pregnancy and why? (b) Differentiate between complementary protein and supplementary protein with examples. (c) Write short notes on Shakir's strip for under-five mid-upper arm circumference (MUAC).

Q2

Q2, October 2015

(a) Write short notes on non-water-dependent sewage disposal methods (pit latrines, VIP latrines, composting toilets, chemical toilets). (b) What is a vector? Discuss briefly the principles of vector control.

Q3

Q3, October 2015

(a) In a tabular form, outline 5 differences between health education and health promotion. (b) What is the referral system in Primary Health Care (PHC)? Discuss briefly the conditions and importance of this system in PHC.

Q4

Q4, October 2015

(a) Differentiate between impairment, disability, and handicap, giving examples. (b) Write short notes on the population census: objectives, de facto vs de jure counts, and common errors.

Q5

Q5, October 2015

(a) Write short notes on the role of the public health laboratory in disease surveillance and control. (b) Briefly discuss the clinical and statutory functions of an occupational health physician.

Q6

Q6, October 2015

Write short notes on the following: (a) Innocenti Declaration on infant and young child feeding (b) Safe Motherhood Initiatives (c) Focused Antenatal Care (FANC) 4-visit model

Q7

Q7, October 2015

The serum HDL (in mmol/L) for 10 neonates in a region is given as: 1.12, 1.25, 1.46, 1.58, 1.67, 1.36, 1.68, 1.46, 1.62, 1.48. Calculate the sample mean, standard error of the mean (SEM), and 95% confidence interval for the mean estimate of neonatal serum HDL in the region.

Q8

Q8, October 2015

Write briefly on: (a) Factors affecting utilization of healthcare services in Nigeria (b) The Inverse Care Law in healthcare services (c) User fees and their impact on access to care

Q9

Q9, October 2015

(a) Classify sexually transmitted infections (STIs) using their etiological agents (bacterial, viral, protozoal, fungal), giving examples of each. (b) List the primary, secondary, and tertiary control measures for sexually transmitted infections.

Q10

Q10, October 2015

Write short notes on any three (3) of the following international ethical declarations: (a) Nuremberg Code of 1947 (b) Declaration of Helsinki of 1964 (c) Declaration of Oslo of 1970 (d) Tokyo Declaration

Q1

Q1, February 2015

(a) Enumerate the core components of Reproductive Health. (b) Discuss briefly the proximate and distal determinants of fertility in a population.

Q2

Q2, February 2015

(a) Outline the typical standards for healthful housing (site, ventilation, lighting, space, sanitary conveniences). (b) In a tabular form, classify water-related diseases (water-borne, water-washed,

water-based, water-related insect vector), stating examples and control measures for each.

Q3

Q3, February 2015

(a) Write a short note on the population pyramid: structure, expansive vs constrictive shapes, and demographic significance. (b) Discuss briefly the essential components of the health communication process (source, message, channel, receiver, feedback).

Q4

Q4, February 2015

(a) Define the term 'reservoir of infection'. (b) In a tabular form, stating the reservoir and infective agent, list three endemic diseases each of the gastrointestinal tract, respiratory tract, and skin.

Q5

Q5, February 2015

(a) Briefly discuss the roles and duties of an occupational health physician in an industrial enterprise. (b) Briefly discuss the International Certificate of Vaccination and Prophylaxis (Yellow Card): purpose, valid vaccines, and legal basis under IHR.

Q6

Q6, February 2015

(a) List with concrete examples the four levels of disease prevention: primordial, primary, secondary, and tertiary. (b) List the 8 essential components of Primary Health Care as outlined in the Declaration of Alma-Ata (plus additional Nigerian components).

Q7

Q7, February 2015

(a) Write a short note on the options of care for motherless babies and orphans in Nigeria. (b) Highlight the physical, social, mental, and nutritional health problems of the aged in our communities.

Q8

Q8, February 2015

(a) What is an organization in management? (b) Using relevant examples in the health sector, discuss the classical principles and advantages of organization in health services management.

Q9

Q9, February 2015

(a) Write short notes on health research and its public health importance. (b) Outline various forms of probability and non-probability sampling techniques.

Q10

Q10, February 2015

What are the physiological functions and clinical deficiency effects of major micronutrients (Vitamin A, Iron, Iodine, Zinc, and Folate) in human health?

Q1

Q1, May 2014

a. What are Nosocomial infections (Hospital-Acquired Infections)? b. Briefly outline the risk factors, clinical effects of nosocomial infections on patients and hospitals, and effective infection prevention and control (IPC) measures.

Q2

Q2, May 2014

Write short notes on the following: a. Aqua Privy (design, operation, advantages and limitations) b. Flocculation in water treatment c. Abatement Notice in environmental health sanitation law

Q3

Q3, May 2014

a. Itemize the psychosocial and health problems of People Living with HIV/AIDS (PLWHA) in Nigeria. b. Outline the comprehensive care, clinical support, and community mitigation strategies for PLWHA.

Q4

Q4, May 2014

Briefly discuss the concepts of Monitoring, Supervision, and Evaluation in healthcare services, emphasizing the operational differences between them.

Q5

Q5, May 2014

a. Classify with examples the various agencies promoting health in Nigeria (bilateral, multilateral, NGOs, foundations). b. Write briefly on the International Health Certificate and its public health significance.

Q6

Q6, May 2014

a. Explain the Special Programme for Research and Training in Tropical Diseases (WHO/UNDP/World Bank TDR). b. List the target diseases under TDR and briefly outline the community control of any one of them (e.g., Onchocerciasis, Schistosomiasis, Lymphatic Filariasis, Malaria, Leishmaniasis, Chagas disease, African Trypanosomiasis).

Q7

Q7, May 2014

Describe the factors affecting demographic structure (fertility, mortality, migration) and the health and socioeconomic implications of a young, high-dependency population structure.

Q1

Q1, May 2010

1a. List the various categories (with examples) of donor organizations and international development partners that offer technical and financial cooperation to the government in health in Nigeria. 1b. What are the key roles and functions of the World Health Organization (WHO)?

Q2

Q2, May 2010

a. Mention the five probability sampling methods. Describe how you will use systematic sampling to select a sample of 15 students from a class of 76. b. Calculate the mean, median, mode, range, and standard deviation for the following test scores: 83, 75, 81, 79, 71, 90, 75, 95, 77, 94.

Q3

Q3, May 2010

Discuss the occupational hazards faced by healthcare personnel in a tertiary healthcare institution (physical, chemical, biological, ergonomic, and psychosocial) and the modes of prevention and control for each.

Q4

Q4, May 2010

4a. Explain the term 'Situation Analysis' in health program planning and how it is carried out in a community. 4b. Discuss the criteria considered in the prioritization of health problems (magnitude, severity, feasibility, cost, community concern).

Q5

Q5, May 2010

Discuss briefly the health and social problems of the homeless population in Osogbo. Suggest comprehensive public health and social welfare strategies for solving these problems.

Q6

Q6, May 2010

a. What is screening? 'Screening is done at the secondary level of disease prevention' - justify this statement. Enumerate the various types of screening with clinical examples. b. Write briefly on the major classes of public health measures directed at controlling infectious diseases in a population.

Q7

Q7, May 2010

Briefly describe what you understand by Biomedical Research Ethics and explain with four examples the international codes and declarations of ethics that support ethical biomedical conduct.

Q8

Q8, May 2010

a) What are the properties and characteristics of a Normal Distribution (Gaussian) curve? b) The usual mean systolic blood pressure for healthy males in a certain ethnic group is 130 +/- 10 mmHg. In a screening survey of 25 healthy males in the community, calculate the 95% and 99% confidence intervals for the sample mean and explain the public health meaning of your findings.

Q9

Q9, May 2010

a) Briefly outline the fundamental principles of Primary Health Care (PHC). b) Discuss the role and responsibilities of the public health laboratory in disease surveillance, outbreak investigation, and epidemic control.

Q10

Q10, May 2010

a) Describe briefly the Nigerian public health administrative structure across Federal, State, and Local Government tiers. b) How does a centralized healthcare approach differ from a decentralized approach? What are the advantages and drawbacks of decentralization?

Q11

Q11, May 2010

Briefly discuss the importance of addressing micronutrient malnutrition (vitamin A, iron, iodine, zinc) in the attainment of Millennium Development Goals (MDGs) 3, 4, and 5.

Q12

Q12, May 2010

Discuss the concept, data flow process, and structural challenges of the National Health Management Information System (NHMIS) in Nigeria. What are your specific recommendations to different stakeholders to improve health data completeness and timely reporting?

Q13

Q13, May 2010

Define sewage. Enumerate in detail the various methods of sewage disposal available in developing countries (on-site sanitation systems and water-carriage sewerage). Enumerate the methods through which sewage from sewers can be treated and safely disposed of, and describe any two methods in detail.

Q1

Q1, September 2008

Write short notes on any two (2) of the following: a. Health needs of prison inmates b. Street children in Nigerian urban centers c. Healthcare and social welfare of the aged d. Beneficial and harmful effects of cultural beliefs and practices on community health

Q2

Q2, September 2008

Itemize the characteristics, routine and non-routine sources, public health uses, and common problems of health management information data in Nigeria.

Q3

Q3, September 2008

Explain the term Birth Preparedness and Complication Readiness. What do you understand by Essential Obstetric Care (EOC)? Justify its necessity at the first referral level hospital.

Q4

Q4, September 2008

Write briefly on any one (1) of the following: a. Population Pyramid (construction, demographic interpretation, and dependency ratios) b. Demographic Transition Theory (stages, fertility/mortality transitions, and population momentum)

Q1

Q1, December 2007

(i) Give 5 examples of nutritional disorders that affect children in developing nations (Kwashiorkor, Marasmus, Vitamin A deficiency xerophthalmia, Iron deficiency anemia, Rickets, Iodine deficiency goiter). (ii) Write on Nutritional Surveillance: objectives, sentinel indicators, data sources, and action triggers.

Q2

Q2, December 2007

(i) Define Medical Ethics. (ii) Write briefly on biomedical research ethics, giving at least 3 examples of international codes and guidelines that govern research involving human participants.

Q3

Q3, December 2007

Write short notes on the following and cite appropriate examples: (i) Disease Elimination versus Disease Eradication (ii) Essential tools of Epidemiology (rates, ratios, proportions, risk estimates).

Q4

Q4, December 2007

(a) Write briefly on immunological agents used in public health practice (active vaccines vs passive immunoglobulins, toxoids, live-attenuated vs killed preparations). (b) Define each and clearly differentiate between the Vaccine Vial Monitor (VVM) and the Cold Chain Monitor (CCM).

Q5

Q5, December 2007

As an undergraduate clinical student, you are expected to carry out a community health research project. Define the term 'Research' and write briefly on descriptive, analytical, and experimental research study designs, giving appropriate public health examples for each.