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2552 MCQs

A Comprehensive and Authentic Question Bank in Gastroenterology



GASTROENTEROLOGY MCQs

for
Postgraduate and Superspecialty Medical Entrance Examinations

Based on 20th Edition of Harrison's Principles of Internal Medicine



Prof. Ajay Mathur

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Dysphagia

1. Dysphagia is defined as a sensation of "sticking" or obstruction of the passage of food through?

Harrison's 20th Ed. Chapter 40 Page 249

A. Mouth
B. Pharynx
C. Esophagus
D. All of the above

Dysphagia is defined as a sensation of "sticking" or obstruction of the passage of food through the mouth, pharynx or esophagus.

2. Foreign body sensation localized in the neck is termed as?

Harrison's 20th Ed. Chapter 40 Page 250

A. Odynophagia
B. Globus pharyngeus
C. Transfer dysphagia
D. Phagophobia

A foreign body sensation localized in the neck that does not interfere with swallowing and is sometimes relieved by swallowing is termed as "Globus pharyngeus" or a "lump in the throat" sensation.

3. Which of the following is characteristic of oropharyngeal dysphagia?

Harrison's 20th Ed. Chapter 40 Page 250

A. Odynophagia
B. Globus pharyngeus
C. Transfer dysphagia
D. Phagophobia

Transfer dysphagia frequently results in nasal regurgitation and pulmonary aspiration during swallowing and is characteristic of oropharyngeal dysphagia or "high" dysphagia.

4. Which of the following may have a psychogenic cause of dysphagia?

Harrison's 20th Ed. Chapter 40 Page 250

A. Globus pharyngeus
B. Transfer dysphagia
C. Phagophobia
D. All of the above

Phagophobia refers to fear of swallowing. Refusal to swallow thereby may be psychogenic.

5. Which of the following terms refers to an acute setting of esophageal foreign body impaction?

Harrison's 20th Ed. Chapter 40 Page 250

A. Globus pharyngeus
B. Odynophagia
C. Phagophobia
D. Aphagia

Aphagia refers to complete esophageal obstruction, most commonly encountered in acute setting of a food bolus or foreign body impaction.

6. "Deglutitive inhibition" best relates to which of the following?

Harrison's 20th Ed. Chapter 40 Page 250

A. Smell
B. Mastication
C. Peristaltic contraction of esophagus
D. Gastroesophageal reflux

Primary peristalsis refers to peristaltic contractions elicited in response to a swallow. It is an interplay of sequenced inhibition followed by contraction of the entire length of esophageal musculature. The inhibition that precedes peristaltic contraction is called deglutitive inhibition.

7. Deglutitive inhibition refers to?

Harrison's 20th Ed. Chapter 40 Page 250

A. Complete esophageal obstruction
B. Difficulty in initiating a swallow
C. Inhibition that precedes peristaltic contraction
D. Misdirection of food

Inhibition that precedes the peristaltic contraction is called deglutitive inhibition.

8. Which of the following esophageal contractions is nonperistaltic?

Harrison's 20th Ed. Chapter 40 Page 250

A. Primary peristalsis
B. Secondary peristalsis
C. Tertiary peristalsis
D. Any of the above

Tertiary esophageal contractions are nonperistaltic, disordered esophageal contractions that occur spontaneously during fluoroscopic observation.

9. Peristalsis that begins at the point of esophageal distention and proceeds distally is called?

Harrison's 20th Ed. Chapter 40 Page 250

A. Primary peristalsis
B. Secondary peristalsis
C. Tertiary peristalsis
D. Any of the above

Local distention of esophagus activates secondary peristalsis. It begins at the point of distention and proceeds distally as in gastroesophageal reflux.

10. Musculature of which of the following is striated?

Harrison's 20th Ed. Chapter 40 Page 250

A. Pharynx
B. Upper esophageal sphincter (UES)
C. Cervical esophagus
D. All of the above

The musculature of the oral cavity, pharynx, UES, and cervical esophagus is striated.

11. Lower esophageal sphincter (LES) relaxes when?

Harrison's 20th Ed. Chapter 40 Page 250

A. As the food enters esophagus
B. As the food travels through esophagus
C. As the food bolus is delivered into stomach
D. All of the above

Lower esophageal sphincter (LES) relaxes as the food enters esophagus and remains relaxed until the peristaltic contraction has delivered the food bolus into the stomach.

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12. Which of the following is physiologically a part of upper esophageal sphincter (UES)?

Harrison's 20th Ed. Chapter 40 Page 250

A. Cricopharyngeus muscle
B. Inferior pharyngeal constrictor
C. Proximal portion of cervical esophagus
D. All of the above

Physiologically, UES consists of the cricopharyngeus muscle, the adjacent inferior pharyngeal constrictor, and the proximal portion of the cervical esophagus.

13. Innervation to the musculature acting on UES to facilitate its opening during swallowing comes from?

Harrison's 20th Ed. Chapter 40 Page 250

A. Fifth cranial nerve
B. Seventh cranial nerve
C. Twelfth cranial nerve
D. All of the above

14. UES innervation is derived from?

Harrison's 20th Ed. Chapter 40 Page 250

A. Fifth cranial nerve
B. Seventh cranial nerve
C. Twelfth cranial nerve
D. Tenth cranial nerve

UES innervation is derived from vagus nerve, whereas innervation to the musculature acting on UES to facilitate its opening during swallowing comes from fifth, seventh & twelfth cranial nerves.

15. Which of the following is involved in keeping UES closed at rest?

Harrison's 20th Ed. Chapter 40 Page 250

A. Cricopharyngeus muscle
B. Inferior pharyngeal constrictor
C. Proximal portion of cervical esophagus
D. All of the above

UES remains closed at rest due to its inherent elastic properties and neurogenically mediated contraction of cricopharyngeus muscle.

16. Which of the following muscle acts on the upper esophageal sphincter (UES)?

Harrison's 20th Ed. Chapter 40 Page 250

A. Cricopharyngeus muscle
B. Suprahyoid muscle
C. Geniohyoid muscle
D. All of the above

UES opening during swallowing involves cessation of vagal excitation to cricopharyngeus and simultaneous contraction of suprahyoid and geniohyoid muscles that pull open UES along with upward and forward displacement of larynx.

17. Which of the following muscle is involved in opening UES during swallowing?

Harrison's 20th Ed. Chapter 40 Page 250

A. Geniohyoid
B. Mylohyoid
C. Styloglossus
D. All of the above

UES opening during swallowing is due to relaxation of cricopharyngeus muscle (cessation of vagal excitation) and simultaneous contraction of suprahyoid & geniohyoid muscles.

18. Peristalsis in the proximal esophagus is governed by?

Harrison's 20th Ed. Chapter 40 Page 250

A. Lower motor neurons of the vagus nerve
B. Vagal motor neurons in the nucleus ambiguus
C. Neurons within the esophageal myenteric plexus
D. All of the above

Striated muscles of cervical esophagus are directly innervated by lower motor neurons of vagus nerve. Peristalsis in proximal esophagus is governed by sequential activation of vagal motor neurons in nucleus ambiguus. Distal esophagus & LES are composed of smooth muscle and are controlled by excitatory & inhibitory neurons within the esophageal myenteric plexus. Medullary preganglionic neurons from dorsal motor nucleus of vagus trigger peristalsis via these ganglionic neurons during primary peristalsis.

19. Neurotransmitter of the inhibitory ganglionic neurons during primary peristalsis is?

Harrison's 20th Ed. Chapter 40 Page 250

A. Vasoactive intestinal peptide
B. Acetylcholine
C. Substance P
D. All of the above

For during primary peristalsis, neurotransmitters of excitatory ganglionic neurons are acetylcholine & substance P. Those of inhibitory neurons are vasoactive intestinal peptide & nitric oxide.

20. Which of the following acts as an external sphincter in the functioning of LES?

Harrison's 20th Ed. Chapter 40 Page 250

A. Muscles of the right diaphragmatic crus
B. Muscle of the left diaphragmatic crus
C. Muscle of the central diaphragmatic crus
D. All of the above

Function of LES is supplemented by surrounding muscle of the right diaphragmatic crus, which acts as an external sphincter during inspiration, cough or abdominal straining.

21. Agents that increase LES pressure are all except?

Harrison's 20th Ed. Chapter 40 Page 250

A. Substance P
B. Prostaglandin $F_{2\alpha}$
C. Secretin
D. Gastrin

22. Agents that reduce LES pressure are all except?

Harrison's 20th Ed. Chapter 40 Page 250

A. Cholecystokinin
B. Secretin
C. Dopamine
D. Gastrin

23. Agents that reduce LES pressure are all except?

Harrison's 20th Ed. Chapter 40 Page 250

A. VIP
B. Calcitonin gene-related peptide (CGRP)
C. Prostaglandin E
D. Prostaglandin $F_{2\alpha}$

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24. Agents that reduce LES pressure are all except?

Harrison's 20th Ed. Chapter 40 Page 250

A. Adenosine
B. Dopamine
C. Substance P
D. Nitrates

Reduction in LES sphincter pressure occurs with phosphodiesterase-5 inhibitors (sildenafil) use, fatty meals, smoking, and beverages with high xanthine content (tea, coffee, cola), nicotine, beta-adrenergic agonists, dopamine, cholecystokinin, secretin, vasoactive intestinal peptide (VIP), calcitonin gene–related peptide, adenosine, prostaglandin E, nitric oxide donors (nitrates). LES contraction occurs with GABA-B agonists (baclofen), muscarinic M_2 and M_3 receptor agonists, alpha-adrenergic agonists, gastrin, substance P & Pg $F_{2\alpha}$

25. Which of the following statements about upper esophageal sphincter (UES) is false?

Harrison's 20th Ed. Chapter 40 Page 250

A. Formed by cricopharyngeus & inferior pharyngeal constrictor muscles
B. These muscles exhibit myogenic tone
C. These muscles receive no inhibitory innervation
D. Opened by central inhibition of sphincter muscles

The UES remains closed at rest due to its inherent elastic properties and neurogenically mediated contraction of the cricopharyngeus muscle.

26. Which of the following statements about lower esophageal sphincter (LES) is false?

Harrison's 20th Ed. Chapter 40 Page 250

A. Innervated by parallel sets of parasympathetic excitatory & inhibitory pathways
B. Opens in response to activity of inhibitory nerves
C. Neurotransmitters of excitatory nerves are acetylcholine, substance P & nitric oxide
D. Neurotransmitters of inhibitory nerves is VIP

27. Motor dysphagia refers to?

Harrison's 20th Ed. Chapter 40 Page 251

A. Weakness of peristaltic contractions
B. Impaired deglutitive inhibition
C. Impaired sphincter relaxation
D. All of the above

Dysphagia caused by a large bolus or a narrow lumen is called structural dysphagia. Dysphagia due to weakness of peristaltic contractions or to impaired deglutitive inhibition causing nonperistaltic contractions & impaired sphincter relaxation is called propulsive or motor dysphagia.

28. Length of adult esophagus is?

Harrison's 20th Ed. Chapter 40 Page 251

A. 12 – 16 cm
B. 14 – 20 cm
C. 16 – 24 cm
D. 18 – 26 cm

Adult esophagus is 18 – 26 cm in length. Anatomically, it is divided into cervical esophagus (from pharyngoesophageal junction to suprasternal notch) and thoracic esophagus (up to the diaphragmatic hiatus).

29. In an adult, esophageal lumen can distend up to?

Harrison's 20th Ed. Chapter 40 Page 251

A. 2 cm in anteroposterior plane & 3 cm in lateral plane
B. 3 cm in anteroposterior plane & 4 cm in lateral plane
C. 4 cm in anteroposterior plane & 5 cm in lateral plane
D. 5 cm in anteroposterior plane & 6 cm in lateral plane

In adult, esophageal lumen can distend up to 4 cm in diameter or 2 cm in anteroposterior plane & 3 cm in lateral plane. When esophagus cannot dilate beyond 2.5 cm in diameter, dysphagia to normal solid food occurs. Dysphagia is always present when esophagus cannot distend beyond 1.3 cm.

30. Which of the following is a structural cause of dysphagia?

Harrison's 20th Ed. Chapter 40 Page 251

A. Schatzki's rings
B. Eosinophilic esophagitis
C. Peptic strictures
D. All of the above

The most common structural causes of dysphagia are Schatzki's rings, eosinophilic esophagitis and peptic strictures.

31. Hallmark of oropharyngeal dysphagia is?

Harrison's 20th Ed. Chapter 40 Page 251

A. Food impaction
B. Odynophagia
C. Nasal regurgitation
D. Hoarseness

Nasal regurgitation & tracheobronchial aspiration with swallowing are hallmarks of oropharyngeal dysphagia ("high" dysphagia) or a tracheoesophageal fistula.

32. Which of the following is important in medical history of a case of dysphagia?

Harrison's 20th Ed. Chapter 40 Page 252

A. Location
B. Types of foods and/or liquids
C. Progressive or intermittent, duration of symptoms
D. All of the above

In a case of dysphagia, key features to consider in medical history are : location, types of foods and/or liquids, progressive or intermittent and duration of symptoms.

33. Which of the following features suggest structural dysphagia?

Harrison's 20th Ed. Chapter 40 Page 252

A. Dysphagia caused by an oversized bolus or a narrow lumen
B. Intermittent dysphagia that occurs only with solid food
C. Food impaction with a prolonged inability to pass an ingested bolus even with ingestion of liquid
D. All of the above

34. Which of the following features suggest motor dysphagia?

Harrison's 20th Ed. Chapter 40 Page 252

A. Due to abnormalities of peristalsis
B. Due to impaired sphincter relaxation after swallowing
C. Constant dysphagia with both liquids & solids
D. All of the above

35. Malignancy is likely if there is?

Harrison's 20th Ed. Chapter 40 Page 252

A. Short duration (<4 months), disease progression
B. Dysphagia more for solids than for liquids
C. Weight loss
D. All of the above

Malignancy is likely if there is a short duration (<4 months), disease progression, dysphagia more for solids than for liquids and weight loss.

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36. Bird's beak sign best relates to?

The American Journal of Medicine. 2015; 128(10):1138.e18

A. Achalasia
B. Zenker's diverticulum
C. Diffuse esophageal spasm (DES)
D. Schatzki's rings

Achalasia is characterized by dilation & sigmoidization of esophagus with classic bird's beak sign.

37. Achalasia is more likely if there is?

Harrison's 20th Ed. Chapter 40 Page 252

A. Dysphagia for both solids and liquids
B. Passive nocturnal regurgitation of mucus or food
C. Problem that has existed for several months or years
D. All of the above

Achalasia is more likely if there is dysphagia for both solids & liquids (dysphagia for liquids strongly suggests the diagnosis), there is passive nocturnal regurgitation of mucus or food, has existed for several months or years.

38. Chest pain frequently accompanies which of the following dysphagias?

Harrison's 20th Ed. Chapter 40 Page 252

A. Motor disorders
B. Structural disorders
C. Reflux disease
D. All of the above

Chest pain frequently accompanies dysphagia whether it is related to motor disorders, structural disorders or reflux disease.

39. Which of the following skin diseases may involve the esophagus?

Harrison's 20th Ed. Chapter 40 Page 252

A. Scleroderma
B. Pemphigoid
C. Epidermolysis bullosa
D. All of the above

Scleroderma, pemphigoid, lichen planus and epidermolysis bullosa can involve the esophagus.

40. Oropharyngeal dysphagia may be due to which of the following causes?

Harrison's 20th Ed. Chapter 40 Page 251

A. Neurologic cause
B. Muscular cause
C. Metabolic cause
D. All of the above

Oropharyngeal dysphagia may be due to neurologic (cerebrovascular accidents, Parkinson's disease, amyotrophic lateral sclerosis), muscular, structural (Zenker's diverticulum, cricopharyngeal bar, neoplasia), iatrogenic (surgery and radiation), infectious and metabolic causes.

41. Oropharyngeal dysphagia most commonly results from?

Harrison's 20th Ed. Chapter 40 Page 252

A. Neurologic cause
B. Muscular cause
C. Metabolic cause
D. All of the above

Oropharyngeal dysphagia most commonly results from functional deficits caused by neurologic disorders.

42. Zenker's diverticulum is best related to?

Harrison's 20th Ed. Chapter 40 Page 251

A. Glossopharyngeus
B. Hyoglossus
C. Cricopharyngeus
D. Mylohyoid

43. Zenker's diverticulum is best related to?

Harrison's 20th Ed. Chapter 40 Page 251

A. Diffuse esophageal spasm (DES)
B. Lower esophageal sphincter (LES)
C. Killian's dehiscence
D. Schatzki's rings

Zenker's diverticulum is typically seen in elderly patients. Its pathogenesis is related to stenosis of cricopharyngeus that causes diminished opening of UES leading to increased hypopharyngeal pressure during swallowing. This results in development of a pulsion diverticulum immediately above cricopharyngeus in a region of potential weakness known as Killian's dehiscence. Killian dehiscence is a posterior midline weakness of pharyngoesophageal segment just above cricopharyngeus.

44. Which of the following about Killian-Jamieson diverticulum is false?

Radiology 1983; 146: 117-22

A. Esophageal diverticulum
B. In anterolateral wall of cervical esophagus
C. Inferior to cricopharyngeus
D. None of the above

Killian-Jamieson diverticulum is a rare esophageal diverticulum protruding through a muscular gap, Killian-Jamieson space, in the anterolateral wall of cervical esophagus inferior to the cricopharyngeus and lateral to the longitudinal tendon of the esophagus.

45. Dysphagia lusoria is best related to?

N Engl J Med. 2016; 375:e4

A. Right carotid artery
B. Left carotid artery
C. Right subclavian artery
D. Left subclavian artery

Dysphagia lusoria (or Bayford-Autenrieth dysphagia) is an abnormal condition characterized by difficulty in swallowing caused by an aberrant right subclavian artery seen in cases of truncus bicaroticus (a vascular anomaly in which the carotid arteries have a common origin).

46. Dysphagia aortica is caused by?

N Engl J Med. 1941;225:490-94

A. Thoracic aortic aneurysm
B. Aortic dissection
C. Tortuous aorta
D. All of the above

Dysphagia aortica is caused by extrinsic compression of esophagus due to an ectatic, tortuous, aneurysmatic (true or pseudo) atherosclerotic thoracic aorta or dissection tracts of the aneurysm.

47. Cricopharyngeal myotomy is useful in?

Harrison's 20th Ed. Chapter 40 Page 253

A. Idiopathic cricopharyngeal bar
B. Zenker's diverticulum
C. Oculopharyngeal muscular dystrophy
D. All of the above

Usually, cricopharyngeal myotomy is not helpful except in the disorders mentioned above.

48. "Strawberry gums" is a pathognomonic sign of?

Harrison's 20th Ed. Chapter 32 Page 220

A. Granulomatosis with polyangiitis
B. Acute myelomonocytic leukemia
C. Down's syndrome
D. Diabetes mellitus

Pathognomonic sign of Granulomatosis with polyangiitis (Wegener's granulomatosis) is a red-purplish, granular gingivitis called strawberry gums.

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Nausea, Vomiting, and Indigestion

49. Which of the following about vomiting is false?
Harrison's 20th Ed. Chapter 41 Page 253

A. No volitional control
B. Oral expulsion of gastrointestinal contents
C. Due to gut & thoracoabdominal wall contractions
D. None of the above

50. Dyspepsia encompasses a range of symptoms thought to originate in?
Harrison's 20th Ed. Chapter 41 Page 253

A. Gastroduodenum
B. Small intestines
C. Large intestines
D. Any of the above

Dyspepsia is a term encompassing symptoms thought to originate in the gastroduodenal region. It usually include nausea, vomiting, heartburn, regurgitation, and dyspepsia.

51. Which of the following coordinate initiation of emesis?
Harrison's 20th Ed. Chapter 41 Page 253

A. Nucleus tractus solitarius
B. Dorsal vagal nuclei
C. Phrenic nuclei
D. All of the above

52. Which of the following coordinate initiation of emesis?
Harrison's 20th Ed. Chapter 41 Page 253

A. Neurokinin NK_1 pathway
B. Serotonin 5-HT_3 pathway
C. Vasopressin pathway
D. All of the above

Brainstem nuclei, including nucleus tractus solitarius, dorsal vagal and phrenic nuclei, medullary nuclei regulating respiration and nuclei that control pharyngeal, facial & tongue movements coordinate initiation of emesis. Pathways involved include neurokinin NK_1, serotonin 5-HT_3, and vasopressin.

53. Chemoreceptor trigger zone best relates to?
Harrison's 20th Ed. Chapter 41 Page 253

A. Area postrema
B. Broca's area
C. Wernicke's area
D. All of the above

Area postrema, termed chemoreceptor trigger zone, is the vomiting center located in floor of IV ventricle.

54. Area postrema in medulla responds to which of the following stimuli?
Harrison's 20th Ed. Chapter 41 Page 253

A. Uremia
B. Hypoxia
C. Ketoacidosis
D. All of the above

Area postrema in medulla, responds to blood borne stimuli like emetogenic drugs, bacterial toxins, uremia, hypoxia, ketoacidosis.

55. Area postrema is served by nerves acting on?
Harrison's 20th Ed. Chapter 41 Page 253

A. 5-HT_3 receptors
B. Muscarinic M_1 receptors
C. Dopamine D_2 receptors
D. All of the above

56. Vagal afferent stimuli activate which of the following receptors?
Harrison's 20th Ed. Chapter 41 Page 253

A. Muscarinic M_1 receptors
B. Histaminergic H_1 receptors
C. Dopamine D_2 receptors
D. 5-HT_3 receptors

Vagal afferent stimuli activate 5-HT_3 receptors.

57. Labyrinthine disorders stimulate which of the following receptors?
Harrison's 20th Ed. Chapter 41 Page 253

A. Muscarinic M_1 receptors
B. Central NK_1 receptors
C. Dopamine D_2 receptors
D. 5-HT_3 receptors

Labyrinthine disorders stimulate vestibular muscarinic M_1 and histaminergic H_1 receptors.

58. Vomiting can be induced via activation of which of the following receptors?
Ther Adv Gastroenterol. 2016;9(1):98-112

A. μ opioid
B. Glucagon peptide 1
C. Vanilloid TRPV1
D. All of the above

Vomiting can be induced via the activation of several cell membrane bound receptors including: serotonergic 5-HT_3 and 5-HT_4, tachykininergic NK_1, dopaminergic D_2 and D_3; muscarinic M_1; histaminergic H_1; μ opioid; cysteinyl leukotriene 1; prostaglandin DP, FP, and EP; thromboxane TP; glucagon peptide 1, and vanilloid TRPV1.

59. In superior mesenteric artery syndrome, which of the following is compressed by the overlying superior mesenteric artery?
Harrison's 20th Ed. Chapter 41 Page 254

A. Stomach
B. Duodenum
C. Jejunum
D. Ileum

In superior mesenteric artery syndrome, duodenum is compressed by overlying superior mesenteric artery.

60. Which of the following causes gastroparesis?
Harrison's 20th Ed. Chapter 41 Page 254

A. Post vagotomy
B. Pancreatic carcinoma
C. Mesenteric vascular insufficiency
D. All of the above

Gastroparesis occurs after vagotomy, with pancreatic carcinoma, mesenteric vascular insufficiency. Also in diabetes, scleroderma, and amyloidosis. Idiopathic gastroparesis is the most common etiology.

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61. Which of the following causes intestinal pseudoobstruction?
Harrison's 20th Ed. Chapter 41 Page 254

A. Scleroderma
B. Amyloidosis
C. Paraneoplastic consequence of malignancy
D. All of the above

62. Which of the following is a functional gastroduodenal disorder?
Harrison's 20th Ed. Chapter 41 Page 254

A. Chronic nausea vomiting syndrome
B. Cyclic vomiting syndrome
C. Cannabinoid hyperemesis syndrome
D. All of the above

63. Which of the following is often misdiagnosed as refractory vomiting?
Harrison's 20th Ed. Chapter 41 Page 254

A. Chronic nausea vomiting syndrome
B. Cyclic vomiting syndrome
C. Cannabinoid hyperemesis syndrome
D. Rumination syndrome

Vomiting occurring minutes after meal consumption prompts consideration of rumination syndrome.

64. Postoperative emesis occurs in what proportion of surgeries?
Harrison's 20th Ed. Chapter 41 Page 254

A. 10%
B. 25%
C. 40%
D. 60%

Postoperative emesis occurs in ~25% of surgeries, most commonly abdominal & orthopedic surgery.

65. Acute emesis from cisplatin is mediated by?
Harrison's 20th Ed. Chapter 41 Page 254

A. Muscarinic M_1 receptors
B. Central NK_1 receptors
C. Dopamine D_2 receptors
D. 5-HT_3 receptors

66. Nausea during first trimester of pregnancy affects what proportion of women?
Harrison's 20th Ed. Chapter 41 Page 254

A. 25%
B. 50%
C. 70%
D. 90%

Pregnancy is the most common endocrinologic cause of nausea. It affects 70% of women in first trimester.

67. Brainstem dorsal vagal complex (DVC) comprises of?
Ther Adv Gastroenterol 2016;9(1):98-112

A. Area postrema (AP)
B. Nucleus of the solitary tract (NTS)
C. Dorsal motor nucleus of the vagus (DMNX)
D. All of the above

68. Nucleus tractus solitarius receives inputs from which of the following pathways?
Ther Adv Gastroenterol 2016;9(1):98-112

A. Vestibular and cerebellar
B. Cerebral cortex and limbic system
C. Area postrema
D. All of the above

Afferent information from various stimuli are relayed to nucleus tractus solitarius via four pathways: vestibular & cerebellar, cerebral cortex & limbic system, area postrema and gastrointestinal tract via vagus nerve.

69. Rise in which of the following hormones precede emesis?
Ther Adv Gastroenterol 2016;9(1):98-112

A. Vasopressin
B. Estrogen
C. Melanin
D. Cortisol

Rise in vasopressin level precedes emesis.

70. Which of the following evoke emesis via effects on the area postrema?
Harrison's 20th Ed. Chapter 41 Page 254

A. Fulminant liver failure
B. Exogenous enterotoxins
C. Ethanol intoxication
D. All of the above

71. Which of the following is used in gastric emptying breath test?
Harrison's 20th Ed. Chapter 41 Page 255

A. ^{11}C
B. ^{12}C
C. ^{13}C
D. ^{14}C

72. Which of the following has antiemetic effects?
Harrison's 20th Ed. Chapter 41 Page 255

A. Mirtazapine
B. Olanzapine
C. Gabapentin
D. All of the above

73. Which of the following is a NK1 antagonist?
Harrison's 20th Ed. Chapter 41 Page 256

A. Aprepitant
B. Granisetron
C. Gabapentin
D. Dimenhydrinate

74. Which of the following is a 5-HT_3 antagonist?
Harrison's 20th Ed. Chapter 41 Page 256

A. Aprepitant
B. Granisetron
C. Gabapentin
D. Dimenhydrinate

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75. Which of the following increases gastroduodenal motility by action on receptors for motilin?
Harrison's 20th Ed. Chapter 41 Page 256

A. Domperidone
B. Metoclopramide
C. Erythromycin
D. Prucalopride

Erythromycin increases gastroduodenal motility by action on receptors for motilin. Motilin is a GI peptide released from the duodenum and an endogenous fasting motor stimulant.

76. Which of the following is a combined 5-HT_4 agonist and D_2 antagonist?
Harrison's 20th Ed. Chapter 41 Page 256

A. Domperidone
B. Prucalopride
C. Metoclopramide
D. Octreotide

77. Which of the following is a 5-HT_4 agonist?
Harrison's 20th Ed. Chapter 41 Page 256

A. Domperidone
B. Prucalopride
C. Metoclopramide
D. Octreotide

78. Which of the following is a D_2 antagonist?
Harrison's 20th Ed. Chapter 41 Page 256

A. Domperidone
B. Prucalopride
C. Metoclopramide
D. Octreotide

79. Which of the following can induce dangerous cardiac arrhythmias?
Harrison's 20th Ed. Chapter 41 Page 256

A. Ondansetron
B. Domperidone
C. Erythromycin
D. All of the above

80. Which of the following is a prokinetic agent?
Harrison's 20th Ed. Chapter 41 Page 255 Table 41-2

A. Pyridostigmine
B. Octreotide
C. Erythromycin
D. All of the above

81. Which of the following is useful in anticipatory nausea and vomiting with chemotherapy?
Harrison's 20th Ed. Chapter 41 Page 255 Table 41-2

A. Lorazepam
B. Olanzapine
C. Pyridostigmine
D. Dexamethasone

82. Gastric fundus relaxation after eating is called?
Harrison's 20th Ed. Chapter 41 Page 256

A. Accommodation
B. Appetation
C. Rumination
D. Gastration

83. Which of the following promote gastroesophageal reflux?
Harrison's 20th Ed. Chapter 41 Page 256

A. Theophylline
B. Progesterone
C. Calcium channel blockers
D. All of the above

84. Which of the following promote LES relaxation?
Harrison's 20th Ed. Chapter 41 Page 256

A. Ethanol
B. Tobacco
C. Caffeine
D. All of the above

85. Alkaline reflux esophagitis produces GERD-like symptoms most often in?
Harrison's 20th Ed. Chapter 41 Page 257

A. Pregnancy
B. Patients who underwent surgery for peptic ulcer disease
C. Achalasia
D. All of the above

Alkaline reflux esophagitis produces GERD-like symptoms most often in patients who underwent surgery for peptic ulcer disease.

86. Epigastric pain syndrome is best related to?
Harrison's 20th Ed. Chapter 41 Page 257

A. Gastroesophageal reflux disease (GERD)
B. Functional dyspepsia
C. Peptic ulcer disease
D. Zollinger-Ellison syndrome

Functional dyspepsia is subdivided into postprandial distress syndrome and epigastric pain syndrome.

87. Barrett's metaplasia predisposes to?
Harrison's 20th Ed. Chapter 41 Page 257

A. Esophageal squamous cell carcinoma
B. Esophageal adenocarcinoma
C. Lymphoma
D. All of the above

8–20% of GERD patients exhibit esophageal intestinal metaplasia, termed Barrett's metaplasia, which predisposes to esophageal adenocarcinoma.

88. GERD classically produces which of the following?
Harrison's 20th Ed. Chapter 41 Page 257

A. Water brash
B. Heartburn
C. Hoarseness
D. Chest pain

GERD classically produces heartburn, a substernal warmth that moves up toward the neck.

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89. Functional dyspepsia overlaps with which of the following disorders?

Harrison's 20th Ed. Chapter 41 Page 257

A. GERD
B. IBS
C. Idiopathic gastroparesis
D. All of the above

90. Odynophagia suggests which of the following?

Harrison's 20th Ed. Chapter 41 Page 257

A. Food bolus impaction
B. Esophageal infection
C. Zenker's diverticulum
D. Achalasia

Odynophagia suggests esophageal infection.

91. Alarm feature for malignant esophageal blockage is?

Harrison's 20th Ed. Chapter 41 Page 257

A. Recurrent vomiting
B. Occult or gross bleeding
C. Jaundice
D. All of the above

Malignant esophageal blockage leading to dysphagia is suggested by unexplained weight loss, recurrent vomiting, occult or gross bleeding, jaundice, palpable mass or adenopathy, and a family history of gastrointestinal neoplasm.

92. Which of the following about "Steakhouse syndrome" is true?

World J Gastrointest Endosc. 2011;3(5):101-104

A. Food impaction of the esophagus
B. Esophageal tear
C. Esophageal agenesis
D. Any of the above

Acute esophageal obstruction caused by the impaction of a large bolus of food is called the 'steakhouse syndrome'. It was first reported by Norton in 1963.

93. Complication of long-term PPI therapy is?

Harrison's 20th Ed. Chapter 41 Page 258

A. Hypomagnesemia
B. Interstitial nephritis
C. Impaired absorption of clopidogrel
D. All of the above

Complications of long-term PPI therapy include diarrhea (from Clostridium difficile infection or microscopic colitis), small-intestinal bacterial overgrowth, nutrient deficiency (vitamin B_{12}, iron, calcium), hypomagnesemia, bone demineralization, interstitial nephritis & impaired medication absorption (clopidogrel).

94. Which of the following is useful for functional dyspepsia?

Harrison's 20th Ed. Chapter 41 Page 258

A. Buspirone
B. Acotiamide
C. Tandospirone
D. All of the above

95. Which of the following reduces esophageal exposure to acid and nonacidic fluids by reducing TLESRs?

Harrison's 20th Ed. Chapter 41 Page 258

A. Buspirone
B. Acotiamide
C. Tandospirone
D. Baclofen

Baclofen is a γ-aminobutyric acid B (GABA-B) agonist.

96. Which of the following is a long-term complication of fundoplication?

Harrison's 20th Ed. Chapter 41 Page 258

A. Dysphagia
B. Gas-bloat syndrome
C. Gastroparesis
D. All of the above

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Diarrhea and Constipation

97. Which of the following names is associated with neurogastroenterology?

Gut 1999;45(Suppl II):II6–II16

A. Rice
B. Bayliss and Starling
C. Edith Bülbring
D. Langley

English investigators William M. Bayliss & Ernest H. Starling demonstrated that application of pressure to intestinal lumen of anesthetized dogs resulted in oral contraction & anal relaxation, followed by a propulsive wave ("law of the intestine" and now called the peristaltic reflex).

98. Which of the following is false about myenteric (or Auerbach's plexus)?

Harrison's 20th Ed. Chapter 42 Page 259

A. Ganglionated plexus
B. Lies between longitudinal & circular muscle layers
C. Control activity of smooth muscle of the gut
D. None of the above

99. Which of the following is false about submucosal (or Meissner's plexus)?

Harrison's 20th Ed. Chapter 42 Page 259

A. Ganglionated plexus
B. Lies between circular muscle layer and the mucosa
C. Regulates mucosal secretion & blood flow
D. None of the above

The ENS is organized in two ganglionated plexuses, myenteric (or Auerbach's plexus) and submucosal (or Meissner's plexus), composed of neurons and enteric glial cells. myenteric (or Auerbach's plexus) lies between the external longitudinal & internal circular muscle layers.

100. Enteric nervous system comprises of which of the following?

Harrison's 20th Ed. Chapter 42 Page 259

A. Myenteric layer
B. Submucosal layer
C. Mucosal neuronal layer
D. All of the above

Small intestine & colon have intrinsic & extrinsic innervation. Intrinsic innervation or the enteric nervous system comprises myenteric, submucosal, and mucosal neuronal layers.

101. Which of the following is a neurotransmitter in the enteric nervous system?

Harrison's 20th Ed. Chapter 42 Page 259

A. Acetylcholine
B. Vasoactive intestinal peptide (VIP)
C. Norepinephrine
D. All of the above

102. Which of the following is a neurotransmitter in the enteric nervous system?

Harrison's 20th Ed. Chapter 42 Page 259

A. Serotonin
B. Adenosine triphosphate (ATP)
C. Nitric oxide (NO)
D. All of the above

The function of layers of enteric nervous system are modulated by "interneurons" through actions of neurotransmitter amines or peptides that include acetylcholine, vasoactive intestinal peptide (VIP), opioids, norepinephrine, serotonin, adenosine triphosphate (ATP), and nitric oxide (NO).

103. Interstitial cells of Cajal are best related to?

Harrison's 20th Ed. Chapter 42 Page 259

A. Myenteric layer
B. Submucosal layer
C. Mucosal neuronal layer
D. All of the above

104. Which of the following is called pacemakers in gastrointestinal muscles?

Harrison's 20th Ed. Chapter 42 Page 259

A. Auerbach's plexus
B. Meissner's plexus
C. Interstitial cells of Cajal
D. All of the above

Interstitial cells of Cajal (ICC) are distinctive populations of muscle-like cells. They make contact with each other & with muscle cells & nerve terminals & function as pacemakers in gastrointestinal muscles by initiating rhythmic electrical activity.

105. Which of the following affects secretion, absorption, and mucosal blood flow?

Harrison's 20th Ed. Chapter 42 Page 259

A. Myenteric layer
B. Submucosal layer
C. Mucosal neuronal layer
D. All of the above

Myenteric plexus regulates smooth-muscle function through intermediary pacemaker-like cells called "interstitial cells of Cajal". Submucosal plexus affects secretion, absorption, and mucosal blood flow.

106. Which of the following statements is false?

Harrison's 20th Ed. Chapter 42 Page 259

A. Parasympathetic nerves convey visceral sensations from small intestine & colon
B. Parasympathetic nerves convey excitatory motor impulses to small intestine & colon
C. Parasympathetic fibers reach small intestine & proximal colon along branches of superior mesenteric artery
D. None of the above

107. Which of the following statements is false?

Harrison's 20th Ed. Chapter 42 Page 259

A. Sympathetic nerve supply to gut modulates motor functions
B. Sympathetic input to gut is excitatory to sphincters
C. Sympathetic input to gut is inhibitory to non-sphincteric muscle
D. None of the above

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108. On an average day, how much fluid enter the GI tract?
Harrison's 20th Ed. Chapter 42 Page 260

A. 6 liters
B. 9 liters
C. 12 liters
D. 15 liters

On an average day, 9 liters of fluid enter GI tract. About 1 liter of residual fluid reaches colon, and stool excretion of fluid constitutes about 0.2 liters/day.

109. Migrating motor complex (MMC) best relates to?
Harrison's 20th Ed. Chapter 42 Page 260

A. Motility of the stomach
B. Motility of the small intestine
C. Motility of the large intestine
D. All of the above

During fasting period, in order to clear nondigestible residue from small intestine, motility of small intestine is characterized by a cyclical event. This is referred to as migrating motor complex (MMC) or intestinal "housekeeper".

110. Which of the following about migrating motor complex (MMC) is false?
Harrison's 20th Ed. Chapter 42 Page 260

A. Organized, propagated series of contractions
B. Lasts for ~4 minutes & occurs every 60–90 minutes
C. Involves the entire small intestine
D. None of the above

111. Which of the following is true for distal ileum?
Harrison's 20th Ed. Chapter 42 Page 260

A. Acts as a reservoir
B. Empties intermittently by powerful contractions
C. MMC rarely continues into the colon
D. All of the above

112. Which of the following statements is false?
Harrison's 20th Ed. Chapter 42 Page 260

A. Ascending & transverse colons function as reservoirs
B. Descending colon acts as a conduit
C. Transit time in ascending & transverse colons is 15 hours
D. Transit time in descending colon is 8 hours

Ascending & transverse colons function as reservoirs and average transit time is 15 hours. The descending colon acts as a conduit and average transit time is 3 hours.

113. High-amplitude propagated contractions (HAPCs) with mass movements in colon occur how many times per day?
Harrison's 20th Ed. Chapter 42 Page 260

A. Four times
B. Five times
C. Six times
D. Eight times

High-amplitude (>75 mm Hg) propagated contractions (HAPCs) associated with mass movements of colon and normally occur ~five times per day, usually on awakening in morning & postprandially.

114. After meal ingestion, colonic phasic & tonic contractility increases for a period of?
Harrison's 20th Ed. Chapter 42 Page 260

A. ~ 30 minutes
B. ~ 1 hour
C. ~ 2 hours
D. ~ 3 hours

After meal ingestion, colonic phasic & tonic contractility increases for a period of ~2 hours. Initial phase (~10 minutes) is mediated by vagus nerve in response to mechanical distention of "stomach". Subsequent response of colon is by caloric stimulation (intake of at least 500 kcal) and is partly mediated by hormones like gastrin & serotonin.

115. Sling around the rectoanal junction is formed by?
Harrison's 20th Ed. Chapter 42 Page 260

A. Ischiocavernosus muscle
B. External anal sphincter muscle
C. Puborectalis muscle
D. All of the above

Puborectalis muscle forms a sling around the rectoanal junction to maintain continence by tonic contraction.

116. Continence is maintained by?
Harrison's 20th Ed. Chapter 42 Page 260 Figure 42-1

A. Normal rectal sensation
B. Tonic contraction of internal anal sphincter
C. Tonic contraction of puborectalis muscle
D. All of the above

117. Puborectalis muscle wraps around anorectum to maintain an anorectal angle between?
Harrison's 20th Ed. Chapter 42 Page 260 Figure 42-1

A. 35° and 60°
B. 60° and 90°
C. 80° and 110°
D. 100° and 140°

Puborectalis muscle wraps around anorectum to maintain an anorectal angle between 80° and 110°.

118. During defecation, the anorectal angle to straighten by at least?
Harrison's 20th Ed. Chapter 42 Page 260 Figure 42-1

A. 5°
B. 10°
C. 15°
D. 20°

During defecation, the anorectal angle straightens by at least 15°, perineum descends by 1–3.5 cm. and the external anal sphincter relaxes and reduces pressure on anal canal.

119. What weight of stool for adults on a typical Western diet is considered diarrheal?
Harrison's 20th Ed. Chapter 42 Page 261

A. >75 grams/day
B. >100 grams/day
C. >150 grams/day
D. >200 grams/day

>200 grams/day of stool for adults on a typical Western diet is considered diarrheal. Diarrhea is defined as acute if <2 weeks, persistent if 2–4 weeks, and chronic if >4 weeks in duration.

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120. Which of the following may be confused with true diarrhea?
Harrison's 20th Ed. Chapter 42 Page 261

A. Pseudodiarrhea
B. Fecal incontinence
C. Overflow diarrhea
D. All of the above

Pseudodiarrhea is frequent passage of small volumes of stool. It is associated with rectal urgency, tenesmus, or a feeling of incomplete evacuation, and accompanies IBS or proctitis. Fecal incontinence is involuntary discharge of rectal contents and is caused by neuromuscular disorders or structural anorectal problems. Overflow diarrhea occurs due to fecal impaction.

121. Persons with hemochromatosis are especially prone to?
Harrison's 20th Ed. Chapter 42 Page 261

A. Yersinia infections
B. Chlamydia infections
C. Salmonella infections
D. Staphylococcus aureus infections

Persons with hemochromatosis are prone to enteric infections with Vibrio species and Yersinia infections and should avoid raw fish.

122. Profuse, watery diarrhea secondary to small-bowel hypersecretion occurs with?
Harrison's 20th Ed. Chapter 42 Page 261

A. Ingestion of preformed bacterial toxins
B. Ingestion of enterotoxin-producing bacteria
C. Ingestion of enteroadherent pathogens
D. All of the above

Profuse, watery diarrhea secondary to small-bowel hypersecretion occurs with ingestion of preformed bacterial toxins, enterotoxin-producing bacteria & enteroadherent pathogens.

123. Infection with which of the following can cause severe abdominal pain with tenderness mimicking acute appendicitis?
Harrison's 20th Ed. Chapter 42 Page 261

A. Yersinia infections
B. E. coli infections
C. Salmonella infections
D. Staphylococcus aureus infections

Yersinia invades terminal ileal & proximal colon mucosa. It may cause severe abdominal pain with tenderness mimicking acute appendicitis.

124. Reactive arthritis (Reiter's syndrome) may accompany or follow infections by?
Harrison's 20th Ed. Chapter 42 Page 261

A. Salmonella
B. Campylobacter
C. Shigella
D. All of the above

Reactive arthritis (Reiter's syndrome), may accompany or follow infections by Salmonella, Campylobacter, Shigella & Yersinia.

125. Yersiniosis may lead to?
Harrison's 20th Ed. Chapter 42 Page 261

A. Autoimmune-type thyroiditis
B. Pericarditis
C. Glomerulonephritis
D. All of the above

Yersiniosis may lead to autoimmune-type thyroiditis, pericarditis & glomerulonephritis.

126. Infection with which of the following can cause hemolytic-uremic syndrome?
Harrison's 20th Ed. Chapter 42 Page 261

A. E. coli (O113:H7)
B. E. coli (O121:H7)
C. E. coli (O145:H7)
D. E. coli (O157:H7)

127. Infection with which of the following can cause hemolytic-uremic syndrome?
Harrison's 20th Ed. Chapter 42 Page 261

A. Enterohemorrhagic E. coli (O157:H7)
B. Campylobacter
C. Salmonella
D. All of the above

Enterohemorrhagic E. coli (O157:H7) and Shigella can lead to the hemolytic-uremic syndrome with an attendant high mortality rate.

128. Which of the following pathotypes of intestinal pathogenic E. coli does not cause acute diarrheal disease?
Harrison's 20th Ed. Chapter 156 Page 1152

A. Shiga toxin–producing E. coli (STEC)
B. Enteroinvasive E. coli (EIEC)
C. Adherent invasive E. coli (AIEC)
D. Diffusely adherent E. coli (DAEC)

Pathotypes of intestinal pathogenic E. coli include Shiga toxin–producing E. coli (STEC), enterohemorrhagic E. coli (EHEC), Shiga toxin-producing enteroaggregative E. coli (ST-EAEC); enterotoxigenic E. coli (ETEC); enteropathogenic E. coli (EPEC); enteroinvasive E. coli (EIEC); enteroaggregative E. coli (EAEC); Diffusely adherent E. coli (DAEC); cytodetaching E. coli and adherent invasive E. coli (AIEC). AIEC is associated with Crohn's disease but does not cause acute diarrheal disease.

129. Acute diarrhea can be a major symptom of?
Harrison's 20th Ed. Chapter 42 Page 261

A. Viral hepatitis
B. Listeriosis
C. Legionellosis
D. All of the above

Acute diarrhea can be a major symptom of viral hepatitis, listeriosis, legionellosis & toxic shock syndrome.

130. Increased levels of which of the following signal intestinal inflammation?
Harrison's 20th Ed. Chapter 42 Page 261

A. Fecal hemoglobin
B. Lactoferrin
C. Neopterin
D. All of the above

131. Increased levels of which of the following signal intestinal inflammation?
Harrison's 20th Ed. Chapter 42 Page 261

A. Calprotectin
B. Protectin
C. Resolvin
D. All of the above

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132. Which of the following is an abrupt onset diarrhea that persists for at least 4 weeks or longer?
Harrison's 20th Ed. Chapter 42 Page 263

A. Runner's diarrhea
B. Brainerd diarrhea
C. Traveler's diarrhea
D. Factitious diarrhea

Brainerd diarrhea was first described in Brainerd, Minnesota in 1983.

133. Nitazoxanide is active against?
Harrison's 20th Ed. Chapter 42 Page 263

A. Giardia
B. Cryptosporidium
C. E. histolytica
D. All of the above

Nitazoxanide is used for the treatment of cryptosporidiosis and giardiasis. It is active against other intestinal protozoa also.

134. Which of the following about Nitazoxanide is false?
Harrison's 20th Ed. Chapter 217 Page 1566

A. 1-nitrothiazole compound
B. 3-nitrothiazole compound
C. 5-nitrothiazole compound
D. 7-nitrothiazole compound

Nitazoxanide is a 5-nitrothiazole compound.

135. Which of the following is an active metabolite of Nitazoxanide?
Harrison's 20th Ed. Chapter 217 Page 1566

A. Dizoxanide
B. Tizoxanide
C. Nizoxanide
D. Rizoxanide

Nitazoxanide is hydrolyzed to an active metabolite, tizoxanide (desacetylnitazoxanide) which then undergoes conjugation, primarily by glucuronidation. It is is highly bound to plasma protein.

136. Mechanism of action of Nitazoxanide is related to which of the following?
Harrison's 20th Ed. Chapter 217 Page 1566

A. Pyruvate-ferredoxin oxidoreductase (PFOR)
B. P450 oxidoreductase (POR)
C. Ubiquinone oxidoreductase
D. All of the above

Antiprotozoal activity of nitazoxanide is due to interference with the pyruvate-ferredoxin oxidoreductase (PFOR) enzyme–dependent electron transfer reaction that is essential to anaerobic energy metabolism.

137. Which of the following is an active metabolite of Nitazoxanide?
Harrison's 20th Ed. Chapter 217 Page 1566

A. Approved for use in children between 1–11 years of age
B. Tizoxanide glucuronide is excreted in urine & bile
C. Tizoxanide is highly bound to plasma protein
D. None of the above

138. Which of the following is false about secretory diarrheas?
Harrison's 20th Ed. Chapter 42 Page 263

A. Due to derangements across enterocolonic mucosa
B. Watery, large-volume fecal outputs
C. Painless and respond to fasting
D. No fecal osmotic gap

Secretory diarrheas are due to derangements in fluid & electrolyte transport across enterocolonic mucosa, characterized by painless, watery, large-volume fecal outputs that persist with fasting. There is no fecal osmotic gap.

139. Which of the following is an endogenous laxative?
Harrison's 20th Ed. Chapter 42 Page 263 Table 42-3

A. Dihydroxy bile acids
B. Oxidized bile acids
C. Hydrolized bile acids
D. Dimethyl bile acids

140. Which of the following angiotensin-receptor blocker is associated with diarrhea?
Harrison's 20th Ed. Chapter 42 Page 264

A. Irbesartan
B. Losartan
C. Olmesartan
D. All of the above

Angiotensin-receptor blocker, olmesartan, is associated with diarrhea due to sprue-like enteropathy.

141. Which of the following is not a cause of secretory chronic diarrhea?
Harrison's 20th Ed. Chapter 42 Page 263 Table 42-3

A. Addison's disease
B. VIPoma
C. Lactase and other disaccharide deficiencies
D. Carcinoid syndrome

142. Mucosal malabsorption can be due to?
Harrison's 20th Ed. Chapter 42 Page 263 Table 42-3

A. Celiac sprue
B. Whipple's disease
C. Abetalipoproteinemia
D. All of the above

143. Which of the following does not cause diarrhea?
Harrison's 20th Ed. Chapter 42 Page 264

A. Ca^{2+} blockers
B. Chronic ethanol consumption
C. Olmesartan
D. Arsenic

Ca^{2+} blockers and antidepressants cause constipation in adults.

144. Which of the following is a negative regulator of bile acid synthesis?
Harrison's 20th Ed. Chapter 42 Page 264

A. FGF-7
B. FGF-11
C. FGF-13
D. FGF-19

Fibroblast growth factor 19 (FGF-19) is produced by ileal enterocytes and serves as a negative feedback of bile acid synthesis in hepatocytes.

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GASTROENTEROLOGY MCQs



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In keeping with the shift in medical pedagogies and intense competition that professional face today, he embarked upon this academic exercise in the year 2007. His books help medical professionals keep abreast with the latest and greatest trends in medicine while also revering the glorious age-old traditions of clinical methods.

Adding yet another edition to his body of work, Dr Mathur gleans great satisfaction from enabling medical students to pursue excellence in their education and becoming responsible professionals of tomorrow. In his latest undertaking, he adjusts his approach to tackle medical education, one specialism at a time. This allows students to delve deeper into the subject of their choice.

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