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Name.

nswer the following questions Question No. I

Write true or false and correct the false. 18 Mark

- 1- Cartilage toxicity is the main side effect limited use of offoxacin antibiotic in children
- The best used sulfa drug for treatment of eye infection is sulfacetamide.
- 3- Cinoxacin antibiotic is characteristic for causing pseudomembranous colitis.
- 4. Linezolid is convenient antibiotic used largely for treatment different types of infections.
- 5- Methenamine has antibacterial effect against gram positive cocci at acidic pH.
- 6- In treatment a patient suffering from infection of Entrobius vermicularis, one of the drug of choice is metronidazole
- 7- Telithromycin is preferred drug due its high bioavailability.
- 8- Caspofungin antifungal drug, acts by inhibiting protein synthesis.
- 9- The drug of choice for vulval itching of trichomonas vaginalis infection is tinidazole.
- 10-Mazzotti like reaction is a characteristic side effect of niclosamide.
- 11- Alchohol intolerance can be noted in association of administering cefopyrazone
- 12- Spectinomycin acts by inhibition of bacterial cell wall integrity.
- 3- Piprazine citrate an anthelemintic drug is effective for hook worm, acts by stimulating nicotinic receptor in neuromuscular junction.

Question No. II (Choose the most accurate answer) 20 Mark

- 1- Majed is 55- year old male with AIDs develops systemic fungal infection, that is treated, itraconazole. What is the mechanism of action of itraconazole?
 - (A)It inhibits ergosterol synthesis.
 - (B) It inhibits DNA synthesis.
 - (C) It inhibits Protein synthesis.
 - (D) It inhibits peptidoglycan synthesis
 - (E) None of the above
- None of the above
 The mechanism of action of which pyrantel pamoate is effective for the treatment of host; disease.
 - (A) Interference of cell- wall synthesis.
 - (B) Interference with cell division.
 - (C) Inhibition of neuromuscular transmission.
 - (D) Interference with protein synthesis.
 - (E) Inhibition of glucose uptake.
- 3- Niclosamidee is anthelmintic drug used primarily to treat infections caused by
 - (A) Ascaris lumbercoids
 - (B) Nectar americans
 - (C) Strongloids
 - (D) Enterobius vermicularis
 - (E) Haemnolupus nana
- 4- All of the following nonprescription agents have been classified as safe and effective for an EXCEPT
 - (A Sulfur
 - (B) Salicylic acid.
 - (C) Coaltar.
 - (D) Azeliec acid
 - (E) Retinoic acid.
- 5- The following statements are correct
 - (A) Clindamycin activity is limited to anerobic gram positive bacilli
 - (B) Erthromycin should be avoided in patients with penicillin allergy.
 - (C) Fusidic acid is mainly used for penicillinase- producing staphyllococus aureus.
 - (D) A and c are true
 - (E) B and c are true.
- 6-All of the following drugs are suitable oral therapy for a lower urinary tract infection dut! pseudomonas aurginosa EXCEPT
 - (A) Norfloxacin
 - (B) Trimethoprim- sulphaisoxazole
 - (C) Ciprofloxacin
 - (D) Carbenicillin
 - (E) Methenamine mandelate
- 7- All of the following antifungal drugs are used topically EXCEPT
- (A) Tolnaftate
- (B) Ciclopirox
- (C) Undecyleniec acid
- (D) Grisofulvin
- (E) Terbinafine

A second	
All of the following B- lactam antibiotics ha	ve well-defined activity against gram positive
acteria except	
(A) Cefixime	
(B) Meropenem	
(C) Aztreonam	
(D) Ampicillin	
ors Management (CIP)	2.2
In the treatment of bacterial meningitis in chi	dren, the drug of choice is
(A) Penicillin G.	
(B) Penicillin V.	
(C) Ceftriaxone	
(D) Procaine penicillin.	
(E) Erthromycin	
Culbactam is important because	
(A) Easily penetrates gram- negative micro	organism.
(B) It is specific for gram - positive microo	rganism.
(C) Is a potent inhibitor of cell- wall synthes	is.
(D) It inactivates bacterial β- lactamase.	
(F) It acts as antagonism to the antibiotic.	
Whalid is 65- year old male with a pneumoni	a and has a sputum culture that is positive for a
eudomnas aurginosa strain, which is the best of	hoice of penicillin therapy in this patient?
A) Ampicillin	CONSTRUCTION OF THE CONTRACT O
B) Fluxacillin.	
C) Ticaricillin.	100
D) Penicillin G.	
E) Cloxacillin	
The first step of penicillin action is	
(A) Inhibition of peptidoglycan synthesis.	
(R) Activation of murein autolysms	
(C) Dinding to penicillin binding proteins.	Na procedural contractor
(D) Inhibition pf bifunctional dihydrofolate re	eductase enzyme.
-The term methicillin resistance microorgan	ism denotes those bacteria that are resistant to
(A) Teicoplanin	
(B) Cephalosporin.	
(C) Antistaphylococcal penicillin.	The state of the s
(D) b and c are true	
(E) All of the above are true.	
THE CONTRACTOR OF THE PROPERTY	
- All of the following antibiotics act through	inhibition of protein synthesis Except
(A)Linezolid	
(B) Vancomycin	
(C) Clindamycin	
(D) Tetracycline	
(E) Fusidic acid	
15 Which of one the following antimicrobial a	gent is primarily administered topically.
(A) Dicloxacillin	
(B) Penicillin G	
(C) Carbenicillin	
(D) Mupirocin	
(E) Spectinomycin	

16- Grisofulvin is a widely used antifungal agent that acts through inhibition	of funge! mitos
To Grisofaivin is a winery use I am	SAME THE PROPERTY
used clinically in the manangment of	

- (A) Systemic fungal infection.
- (B) Nail dermatophyte.
- (C) Orophamgeal candiasis
- (D) B and c are true
- 17- The most effective agent in the treatment of Ricktessia, Mycoplasma and Chlamydial in
 - (A)Penicillin G.
 - (B) Minocycline
 - (C) Vancomycin.
 - (D) Gentamycin
 - (E) Clindamycin

18-T he drug of choice for treatment of Schistosoma haematobium is

- (A)Praziquantel
- (B) Ceftriaxone
- (C) Metronidazole
- (D) Membendazole
- (E) Diethycarbamazibine

19-A 20- year old male has a urethral discharge. Culture of the discharge show Neisseria gonorrhoea. Which of the following agents is the best choice

- (A) Offoxacin
- (B) Clarithomycin.
- (C) Imipenem.
- (D) Amikacin.
- (E) Sulfamthoaxazole- trimethoprim.

20- Sulfonamides increase the risk of neonatal kernicterus, because they:

- (A) Diminish the production of plasma albumin.
- (B) Increase the turnover of red blood cells.
- (C) Inhibit the metabolism of bilirubin.
- (D) Compete for bilirubin-binding sites on plasma albumin.
- (E) Depress the bone marrow.

Puestion No. III 25Mark

Frite the cause, ONE drug of choice of the following diseases.

iscasc	Cause	Drug of choice
River blindness.		
Supurative infected scables of year infant		
Acute sinusitis in pregnant, nicillin sensitive women		
Elephantiasis		
richinosis		(
yme disease in nursing women		
Chronic cystitis of 37 year male		
Yersenia induced diarrhea		
Chronic bronchitis		
Histoplasma meningitis		
7- year of male with aspirated pneumomia		
Asperigellosis		
18- year of female with infective endocarditis		

Question No.III 25 Mark For the following drugs, write mechanism of action, clinical uses and your commen advice about these drugs concerning contraindication, and route of administration. 1- Metronidazole		
Mechanism of action		
Clinical uses		
Contraindications		
Routes of administration		
2- Rifampicin		
Mechanism of action		
Clinical uses		

Contraindications

Routes of administration

3-Amphotricin b	
Mechanism of action	
1	
Tinical uses	
I CONTRACTOR AND A STATE OF THE	
nutes of administration	
4-Ceforuxime	
echanism of action	
inical uses	
intraindications	
utes of administration	
5- Cycloserine	
ehanism of action	Pomos
inical uses	
ntraindications	
utes of administration	Died and A

Question No. V Case study 1

12 Mark

In treatment of Mr. Mostafa who suffers from an infection with haemophilus influenza, physicia after counseling with the pharmacist, prescribed for him ampicillin 500mg q. i.d. It is clear that, treatment is ineffective, the physician prescribed chloramphenicol 500mg which was effective therapeut results in super infection as mouth candiasis.

1-Why the first treatment was ineffective while, the second treatment was effective one.

2-What is the cause of super infection? and how would you treat this super infection?

3- Chlormphenicol is a drug give variable antimicrobial spectrum, resistance, drug interaction and s effects in different individuals and in different situations (explain).

Case study 2

A 38-year-old male, formerly a heroin abuser, has been on methadone maintenance for the last 13 med. Two weeks ago, he had a positive tuberculosis skin test (PPD test), and a chest radiograph showed extra of right upper lobe infection. He was started on standard therapy. He has come to the emergency depart complaining of peripheral neuritis in addition to retrobulbar neuritis impairing visual acuity and reduced or discrimination.

1- What is your diagnosis of the following case, and what is the standard therapy that started for this p

2. Which of the prescribed drugs are likely to have caused this patient's side effects?

Good Luck