

BLOCK N - KMU PAST PAPER RECALLS

Comprehensive High-Yield Analysis & Clinical Vignettes

MSK MEDICINE: HIGH YIELD RECALL ANALYSIS

- **Key Patterns:** Autoimmune markers (Anti-CCP, Anti-dsDNA) and drug-specific side effects are the most frequently tested concepts.

1. Rheumatoid Arthritis (RA)

Diagnosis & Markers

- **Anti-CCP Antibodies:** The most specific test for diagnosis (Specificity >95%). **REPEATED 6X**
Q: "Patient with symmetric joint pain and morning stiffness. Which test is most specific?"
- **Clinical Features:** Morning stiffness > 1 hour, symmetrical involvement of small joints (MCP, PIP). **REPEATED 4X**
Q: "Stiffness lasts >1 hour and improves with activity."
- **Deformities:** Boutonniere (PIP flexion, DIP extension) & Swan neck. **REPEATED 2X**
Q: "Buttonhole deformity of index finger. Diagnosis?"

Management & Complications

- **First Line Rx:** Methotrexate (DMARD). **REPEATED 5X**
Q: "What is the initial long-term drug of choice?"
- **Felty's Syndrome:** RA + Splenomegaly + Neutropenia. **REPEATED 3X**
Q: "RA patient on methotrexate presents with fatigue, splenomegaly, and low WBC."
- **Caplan's Syndrome:** RA + Pneumoconiosis (Lung nodules/fibrosis). **REPEATED 2X**
Q: "RA patient with lung fibrosis/nodules."

2. Systemic Lupus Erythematosus (SLE)

Antibody High Yields:

- **Anti-dsDNA:** Highly specific, associated with Renal involvement/Disease Activity. **REPEATED 5X**
- **Anti-Smith:** Highly specific for SLE.
- **Anti-Histone:** Drug-Induced Lupus (e.g., Procainamide, Hydralazine). **REPEATED 2X**
- **Anti-Ro/SSA:** Neonatal Lupus / Sjogren's.

Clinical Features

- **Malar Rash:** "Butterfly rash" sparing nasolabial folds. **REPEATED 3X**
Q: "Female with photosensitive rash on cheeks and bridge of nose."
- **Lupus Nephritis:** Most common/severe type is Diffuse Proliferative. **REPEATED 2X**
Q: "Which histological class is most common?"

Management

- **Hydroxychloroquine:** For mild disease (skin/joint). **REPEATED 2X**
- **Drug Induced:** Procainamide is a common cause. **REPEATED 2X**

3. Seronegative Spondyloarthropathies

Ankylosing Spondylitis (AS)

- **Genetics:** HLA-B27 association. **REPEATED 5X**
Q: "Young male with back pain, HLA-B27 positive. Diagnosis?"
- **Presentation:** Low back pain worse with rest/morning, improves with exercise. "Bamboo Spine" on X-ray. **REPEATED 4X**
- **Extra-articular:** Anterior Uveitis, Apical Lung Fibrosis.

Reactive Arthritis (Reiter's)

- **Triad:** Arthritis + Urethritis + Conjunctivitis ("Can't see, can't pee, can't climb a tree"). **REPEATED 3X**
Q: "Pain in knee/ankle, red eyes, and dysuria 2 weeks after dysentery."
- **Triggers:** GI infections (Salmonella/Shigella) or Chlamydia. **REPEATED 3X**

4. Crystal Arthropathies (Gout)

- **Diagnosis:** Needle shaped, **Negatively Birefringent** crystals (Monosodium Urate). **REPEATED 4X**
Q: "Acute pain in 1st MTP joint. Aspiration shows negatively birefringent crystals."
- **Chronic Management:** **Allopurinol** (Xanthine oxidase inhibitor). **REPEATED 3X**
Q: "Patient with recurrent gout attacks. What is used for chronic management?"
- **Acute Management:** NSAIDs or Colchicine.

5. Inflammatory Myopathies

Dermatomyositis:

- **Rash:** Heliotrope rash (eyelids), Gottron's papules (knuckles), Shawl sign. **REPEATED 4X**
- **Muscle:** Proximal muscle weakness (difficulty combing hair/climbing stairs). **REPEATED 3X**
- **Antibody:** Anti-Jo-1. **REPEATED 2X**
- **Association:** Increased risk of malignancy (e.g., Ovarian, Lung).

MSK PEDIATRICS: HIGH YIELD RECALL ANALYSIS

- **Key Patterns:** Duchenne Muscular Dystrophy and Rickets are the dominant topics in this section.

1. Duchenne Muscular Dystrophy (DMD)

Clinical Signs

- **Gower's Sign:** Child uses hands to "climb up" legs to stand. **REPEATED 5X**
Q: "Child with difficulty standing from floor, uses hands to push off thighs. Diagnosis?"
- **Hypertrophy:** Pseudohypertrophy of calf muscles. **REPEATED 2X**
- **Gait:** Waddling gait.

Diagnosis & Genetics

- **Labs:** Markedly elevated **CPK** (Creatine Phosphokinase). **REPEATED 4X**
Q: "Best initial test for muscle weakness/DMD?"
- **Genetics:** X-linked Recessive. **REPEATED 2X**
- **Complication:** Cardiomyopathy / Respiratory failure.

2. Metabolic Bone Disease (Rickets)

- **Clinical Features:** Bow legs (genu varum), Widened wrists, Rachitic Rosary, Frontal bossing. **REPEATED 3X**
Q: "Child with bone pains, wide wrists, and rachitic rosary. Diagnosis?"
- **Labs:** Low Calcium, Low Phosphate, High Alkaline Phosphatase (ALP). **REPEATED 2X**
Q: "Labs show Low Ca, Low PO4, High ALP. Diagnosis?"
- **Treatment:** Vitamin D + Calcium. **REPEATED 2X**

3. Pediatric Joint Disorders

Septic Arthritis

- **Presentation:** Single hot swollen joint, fever, refusal to walk. **REPEATED 3X**
Q: "Child with fever and refusal to walk, tender hip/knee. Diagnosis?"
- **Labs:** High WBC (>50,000 in joint), High ESR/CRP.

Juvenile Idiopathic Arthritis (JIA)

- **Pauci-articular:** < 5 joints involved. Risk of **Uveitis** (requires slit lamp exam if ANA+). **REPEATED 2X**
- **Systemic (Still's):** Spiking fevers, salmon-pink rash, hepatosplenomegaly.

4. Developmental Dysplasia of Hip (DDH)

- **Risk Factors:** Female, Breech presentation, First born, Oligohydramnios. **REPEATED 3X**
Q: "Which is NOT a risk factor?" (Trick question context).
- **Screening:** Barlow (dislocates) and Ortolani (relocates) tests. **REPEATED 2X**
- **Treatment:** Pavlik Harness (if < 6 months). **REPEATED 2X**

BLOOD MEDICINE: HIGH YIELD RECALL ANALYSIS

- **Key Patterns:** Diagnosis of Leukemias (Blast count, cell morphology) and differentiating Anemias (IDA vs. Thalassemia vs. Megaloblastic) are the most tested concepts.

1. Leukemias & Lymphomas

Acute Leukemias

- **Acute Myeloid Leukemia (AML):**
 - **Diagnostic Feature:** **Auer Rods** in cytoplasm. **REPEATED 4X**

Chronic Leukemias & Lymphomas

- **Chronic Myeloid Leukemia (CML):**
 - **Marker:** Philadelphia Chromosome (t9;22), BCR-ABL gene. **REPEATED 3X**

Q: "Patient with fever, bleeding gums. Smear shows blasts with Auer rods. Diagnosis?"

- **Stain:** Myeloperoxidase Positive. **REPEATED 2X**
- **Clinical:** Gum hypertrophy, DIC (M3/APML).
- **Acute Lymphoblastic Leukemia (ALL):**
- **Stain: Periodic Acid Schiff (PAS)** positive. **REPEATED 3X**
Q: "Child with bone pain, lymphadenopathy. Blasts are PAS positive. Diagnosis?"
- **Presentation:** Child with fever, bone pain, and hepatosplenomegaly.

- **Phases:** Chronic -> Accelerated -> Blast Crisis (>20% blasts). **REPEATED 2X**
- **Rx:** Tyrosine Kinase Inhibitors (Imatinib).
- **Hodgkin's Lymphoma:**
- **Biopsy: Reed-Sternberg Cells** (Owl's eye appearance). **REPEATED 3X**
- **Symptoms:** Painless cervical lymphadenopathy, night sweats, fever (B symptoms).

2. Anemias

Microcytic Anemias

- **Iron Deficiency Anemia (IDA):**
- **Labs:** Low Ferritin, High TIBC, Low MCV. **REPEATED 5X**
Q: "Patient with pica/koilonychia. Best test to confirm?" (Answer: Serum Ferritin).
- **Differentiation:** Mentzer Index can distinguish from Thalassemia trait.
- **Thalassemia:**
- **Trait (Minor):** High RBC count with very low MCV, **HbA2 > 3.5%**. **REPEATED 4X**
Q: "Mild anemia, MCV 60, RBC 5 million. HbA2 raised. Diagnosis?"
- **Major:** Severe anemia, frontal bossing, requires transfusion. HbF marked elevation.

Macrocytic & Normocytic

- **Megaloblastic Anemia:**
- **B12 Deficiency:** Neurological signs (ataxia, paresthesia) + Hypersegmented neutrophils. **REPEATED 3X**
Q: "Vegetarian with smooth tongue and tingling in feet. Diagnosis?"
- **Folate Deficiency:** Similar blood picture but NO neurological signs.
- **Aplastic Anemia:**
- **Pancytopenia:** Low Hb, Low WBC, Low Platelets. **REPEATED 4X**
- **Bone Marrow:** Hypocellular with fat spaces.

3. Coagulation Disorders

Differentiation Strategy:

- **Hemophilia A:** Factor VIII deficiency. Prolonged APTT only. Males (X-linked). Joint bleeds. **REPEATED 5X**
- **Von Willebrand Disease (vWD):** Prolonged Bleeding Time (BT) + Prolonged APTT. Mucosal bleeding (epistaxis/menorrhagia). **REPEATED 4X**
- **ITP:** Isolated low platelets. Normal PT/APTT. Petechiae/Purpura. **REPEATED 3X**

4. Emergency & Complications

- **Tumor Lysis Syndrome:** Occurs after chemo. **Hyperuricemia**, Hyperkalemia, Hyperphosphatemia, Hypocalcemia. **REPEATED 3X**
Q: "Patient on chemo develops renal failure and tetany. Diagnosis?"
- **Febrile Neutropenia:** Medical emergency. Requires broad-spectrum antibiotics.

BLOOD PEDIATRICS: HIGH YIELD RECALL ANALYSIS

- **Key Patterns:** Hemolytic anemias (G6PD, Spherocytosis) and Pediatric malignancies are heavily tested.

1. Hemolytic Anemias

Hereditary Spherocytosis

- **Clinical:** Jaundice, Splenomegaly, Gallstones (Family history +). **REPEATED 4X**
Q: "Child with pallor, splenomegaly, and father had splenectomy. Diagnosis?"
- **Diagnosis: Osmotic Fragility Test.** **REPEATED 3X**
- **Crisis:** Aplastic crisis triggered by Parvovirus B19.

G6PD Deficiency

- **Triggers:** Fava beans, Sulfa drugs, Antimalarials, Infections. **REPEATED 3X**
- **Smear: Heinz Bodies** and Bite Cells. **REPEATED 2X**
Q: "Child develops dark urine after taking antimalarials. Diagnosis?"

2. Pediatric Bleeding Disorders

- **Immune Thrombocytopenic Purpura (ITP):**
- **Presentation:** Well child with sudden petechiae/bruises following a viral illness. **REPEATED 4X**
Q: "2-year-old with generalized petechiae after a cold. Labs: Platelets 20,000. Diagnosis?"
- **Management:** Observation (if mild) or IVIG/Steroids (if severe bleeding).
- **Hemophilia:**
- **Lab:** Prolonged APTT, Normal PT, Normal Platelets. **REPEATED 3X**

Q: "Boy with knee swelling after minor trauma. APTT prolonged. Diagnosis?"

3. Thalassemia Major

- **Presentation:** Failure to thrive, severe anemia, hepatosplenomegaly, "Chipmunk facies" (frontal bossing). **REPEATED 3X**
- **Diagnostic Test: Hb Electrophoresis** (Shows HbF > 90%, HbA absent). **REPEATED 3X**
- **Management:** Regular transfusions + Iron Chelation (to prevent iron overload).

4. Neonatal Jaundice

- **Physiological:** Appears >24 hours, resolves by day 7-10. Unconjugated.
- **Pathological:** Appears <24 hours. Causes: ABO/Rh incompatibility, Sepsis, G6PD. **REPEATED 2X**

Q: "Jaundice within 24 hours of birth. What is the likely cause?" (Answer: Hemolysis/Incompatibility).

FOUNDATION & DERMATOLOGY: HIGH YIELD ANALYSIS

1. Papulosquamous Disorders (Psoriasis & Lichen Planus)

Psoriasis Variants

- **Guttate Psoriasis:** Presents as "Raindrop" lesions. Strongly associated with **Streptococcal Sore Throat**. **REPEATED 4X**
Q: "7-year-old with erythematous scaly papules after sore throat. Diagnosis?"
- **Flexural (Inverse) Psoriasis:** Smooth, red plaques in folds (groin/axilla), minimal scale. **REPEATED 2X**
Q: "Red rash on neck/folds, no scale. Diagnosis?"
- **Plaque Psoriasis:** Extensor surfaces (knees/elbows). Auspitz sign (bleeding on scale removal). **REPEATED 5X**
Q: "Scaly rash on elbows/knees. Diagnosis?"
- **Management:** Topical steroids/emollients (Mild). Methotrexate/Biologics (Severe). Systemic steroids are **Contraindicated** (can cause Pustular Psoriasis). **REPEATED 3X**

Lichen Planus (The 5 Ps)

- **Clinical Features:** Pruritic, **Purple**, **Polygonal**, **Planar** **Papules**. **REPEATED 4X**
Q: "41-year-old male with itchy, polygonal, violaceous papules on flexor wrists/forearms."
- **Oral Findings: Wickham's Striae** (White lace-like pattern on buccal mucosa). **REPEATED 2X**
- **Histology: Civatte bodies** (apoptotic keratinocytes) and sawtooth rete ridges. **REPEATED 2X**
- **Phenomenon:** Koebner Phenomenon (lesions at trauma sites) is seen in both Psoriasis and Lichen Planus. **REPEATED 2X**

2. Acne Vulgaris & Rosacea

Pathophysiology & Bacteria:

- **Agent:** *Propionibacterium acnes* (Cutibacterium acnes) is the predominant bacterium. **REPEATED 3X**
- **Hormones:** Androgens trigger acne in adolescents. **REPEATED 2X**

Acne Subtypes

- **Acne Fulminans:** Severe acne accompanied by **Fever, Joint Pain**, and raised ESR. **REPEATED 2X**
Q: "Acne with fever and joint pain. Diagnosis?"
- **Acne Conglobata:** Severe nodulocystic acne, interconnected abscesses.

Treatment Ladder

- **Mild/Moderate:** Topical Retinoids, Benzoyl Peroxide, Topical Antibiotics.
- **Severe/Nodulocystic: Oral Isotretinoin** (Drug of Choice). **REPEATED 3X**
Q: "24-year-old female with nodulocystic acne on face/back. Best drug?"
- **Scarring:** CO2 Laser or Microneedling. **REPEATED 2X**

3. Infections & Infestations

Scabies

- **Presentation:** Intense itching (worse at night), burrows in web spaces/genitals. **REPEATED 4X**
Q: "Intense itching in web spaces and groin, siblings also affected."
- **Adult vs Child:** In adults, it typically **sparcs the face**. **REPEATED 2X**
- **Treatment:** Permethrin 5% (First line), Ivermectin (oral).

Viral Infections

- **Molluscum Contagiosum:** Pearly, dome-shaped, **umbilicated** papules. **REPEATED 3X**
Q: "Child with pearly white umbilicated papules on face. Diagnosis?"
- **Herpes Zoster (Shingles):** Grouped vesicles in a **dermatomal** pattern. **REPEATED 3X**
Q: "Painful eruption on one side of forehead/scalp. Diagnosis?"

4. Severe Cutaneous Drug Reactions

Stevens-Johnson Syndrome (SJS) & TEN:

- **Features:** Mucosal involvement (oral/genital erosions) + Targetoid lesions + Epidermal detachment. **REPEATED 4X**

- **Triggers: Carbamazepine** (Anticonvulsants), Sulfonamides, NSAIDs, Allopurinol. **REPEATED 3X**
- **Question Type:** "Epileptic patient on Carbamazepine develops severe oral erosions and rash. Diagnosis?"

5. Blistering (Bullous) Diseases

Pemphigus Vulgaris

- **Pathology:** Intra-epidermal split (acantholysis). IgG against Desmoglein.
- **Signs: Flaccid** bullae, Oral ulcers (common first sign), **Nikolsky Sign Positive.** **REPEATED 3X**
| Q: "Patient stops steroids, presents with oral ulcers and flaccid blisters."

Dermatitis Herpetiformis

- **Association: Celiac Disease** (Gluten sensitivity). **REPEATED 2X**
- **Signs:** Intensely itchy grouped vesicles on extensors (elbows/knees). **REPEATED 2X**
| Q: "Itchy vesicular rash on elbows. Diagnosis?"

6. Eczema & Dermatitis

- **Atopic Dermatitis:** Associated with Asthma/Hay fever (Atopic Triad). Itchy, dry skin. **REPEATED 3X**
| Q: "9-month-old with itchy dry skin, worse with wool. Diagnosis?"
- **Seborrheic Dermatitis:** Greasy yellow scales on scalp/brows/nasolabial folds. Associated with **Parkinson's Disease.** **REPEATED 3X**
| Q: "Parkinson's patient with itchy red rash behind ears and nasolabial folds."
- **Contact Dermatitis: Nickel** is the most common cause (wrist watch, jewelry). Diagnosis via Patch Test. **REPEATED 3X**

FOUNDATION & MEDICAL ETHICS: HIGH YIELD RECALL

1. Palliative Care & Ethics

Hospice & Palliative

- **Hospice Definition:** Care for people near end of life who have stopped curative treatment. **REPEATED 2X**
- **Scope:** Addresses Emotional, Physical, and Spiritual aspects (Holistic). **REPEATED 2X**

Breaking Bad News (SPIKES)

- **Setting the Stage:** First step. Privacy, involve key family member, sit down. **REPEATED 4X**
| Q: "Doctor breaking bad news. What is the most important initial step?" (Answer: Involve key family member/Setting).
- **Perception:** Checking what the patient already knows.

2. Clinical Governance & Audit

- **Definition:** A framework through which organizations are accountable for continuously improving the quality of their services. **REPEATED 2X**
- **Audit Cycle:** "Data Collection" follows the "Development of criteria and standards". **REPEATED 2X**
- **Appraisal:** Encourages discussion of personal development plans. **REPEATED 2X**

3. Psychiatry (Foundation Level)

Somatoform Disorders

- **Somatization Disorder:** Multiple physical symptoms involved different systems (GI, Neuro, Pain) with no medical cause. **REPEATED 4X**
| Q: "Patient with changing symptoms for years, multiple investigations normal. Diagnosis?"
- **Conversion Disorder:** Neurological symptom (blindness/paralysis) after stress. **REPEATED 2X**
| Q: "Acute blindness after husband remarried. Exams normal."

Psychosis & Thought Disorders

- **Delusion:** Fixed false belief (e.g., neighbors plotting). **REPEATED 2X**
- **Obsession:** Intrusive thoughts (e.g., blasphemous ideas) causing distress. **REPEATED 2X**

GENERAL SURGERY: HIGH YIELD RECALL ANALYSIS

- **Top Trends:** Burn resuscitation math, Informed Consent ethics, and ERAS protocols are the most repeated themes.

1. Burns & Resuscitation

The Parkland Formula (Calculation):

- **Formula:** 4ml x Weight (kg) x %TBSA.
- **Rule:** Give **50%** of total fluid in the **first 8 hours**. REPEATED 6X
- **Question Type:** "70kg male with 30% burns. Calculate fluid for first 8 hours." (Answer: 4200ml).
- **Monitoring:** Urine output is the best indicator of resuscitation adequacy. REPEATED 3X

Burn Depth

- **Second Degree (Superficial Partial):** Red, painful, and **blistered**. REPEATED 4X
Q: "Forearm is bright red, swollen, with intact blisters and severe pain."
- **Third Degree (Full Thickness):** Painless (anesthetic), leathery, pearly white. REPEATED 3X

Specific Complications

- **Electrical Burns:** Risk of **Renal Failure** (Myoglobinuria). REPEATED 2X
- **Inhalation Injury:** Suspect if facial burns or singed nasal hairs. REPEATED 2X

2. Shock & Trauma (ATLS)

Chest Trauma

- **Tension Pneumothorax:** Distended neck veins, tracheal deviation, hypotension. REPEATED 4X
Q: "Restless patient, BP 80/50, engorged neck veins, deviated trachea. Diagnosis?"
- **Management:** Needle decompression (Immediate) -> Chest Drain. REPEATED 2X

Shock Physiology

- **Neurogenic Shock:** Hypotension + **Bradycardia** (loss of sympathetic tone). REPEATED 2X
- **Hemorrhagic Shock:** Tachycardia, Hypotension. Resuscitate with Ringer's Lactate. REPEATED 3X

3. Perioperative Care & Ethics

Informed Consent (Medico-Legal):

- **Who takes it?** The **Surgeon** operating on the patient (NOT the nurse/house officer). REPEATED 3X
- **Refusal:** If a patient refuses life-saving treatment, respect their autonomy (do not force). REPEATED 2X
- **Family Consent:** Only if patient lacks capacity/is a minor. REPEATED 2X

- **ERAS (Enhanced Recovery After Surgery):**
 - **Components:** Pre-op carbohydrate drinks, Early mobilization, Avoid prolonged fasting. REPEATED 4X
 - **Contraindicated:** Mechanical bowel preparation is NOT routine.
- **Surgical Safety:** WHO Checklist reduces mortality. REPEATED 2X

4. Nutrition

- **Enteral Feeding:** Preferred over parenteral. Contraindicated in **UGI bleeding** or obstruction. REPEATED 3X
- **Short Bowel Syndrome:** TPN is required if <100cm of gut remains.

ORTHOPEDICS: HIGH YIELD RECALL ANALYSIS

- **Dominant Topics:** Fracture Eponyms (Colles/Smith), Nerve Injuries, and Pediatric Hip conditions (DDH).

1. Upper Limb Fractures & Eponyms

Distal Radius

- **Colles Fracture:** Distal radius fracture with **Dorsal** displacement ("Dinner Fork" deformity). REPEATED 4X
Q: "Fall on outstretched hand, dinner fork deformity. Diagnosis?"
- **Smith Fracture:** Distal radius with **Volar** (palmar) displacement. REPEATED 2X

Forearm Shaft

- **Galeazzi Fracture:** Radius shaft fracture + Distal Radio-Ulnar Joint (DRUJ) dislocation. REPEATED 3X
- **Monteggia Fracture:** Ulna shaft fracture + Radial Head dislocation. REPEATED 2X

2. Nerve Injuries (Classic Associations)

Fracture-Nerve Pairs:

- **Humerus Midshaft:** Radial Nerve injury -> **Wrist Drop**. REPEATED 4X
- **Fibula Neck:** Common Peroneal Nerve -> **Foot Drop**. REPEATED 3X
- **Supracondylar Humerus:** Anterior Interosseous (Median) or Ulnar. Risk of **Gunstock Deformity** (Cubitus Varus). REPEATED 3X

3. Pediatric Orthopedics

Congenital Talipes Equinovarus (Clubfoot)

- **Deformity:** CAVE (Cavus, Adductus, Varus, Equinus). **REPEATED 4X**
| Q: "2-day old with feet inverted and plantar flexed."
- **Treatment: Ponseti Method** (Serial Casting). **REPEATED 3X**

Developmental Dysplasia of Hip (DDH)

- **Screening:** Barlow (Dislocates) & Ortolani (Relocates/Reduces). **REPEATED 3X**
- **Risk Factors:** Female, Breech, Oligohydramnios, First Born. **REPEATED 3X**
- **Treatment:** Pavlik Harness (if < 6 months). **REPEATED 3X**

4. Bone Tumors & Oncology

- **Osteosarcoma:** Malignant. "**Sunburst**" appearance or Codman's Triangle on X-ray. Metaphysis of distal femur. **REPEATED 3X**
- **Ewing's Sarcoma:** Malignant. "**Onion Peel**" appearance. Diaphysis of long bones. Mimics osteomyelitis. **REPEATED 3X**
- **Giant Cell Tumor (GCT):** Benign/Aggressive. "**Soap Bubble**" appearance. Epiphysis. **REPEATED 2X**
- **Multiple Myeloma:** Lytic "Punched out" lesions in skull/spine. **REPEATED 2X**

5. Spine Disorders

Pott's Disease (TB Spine)

- **Presentation:** Chronic back pain, fever, weight loss, Gibbus deformity (Kyphosis). **REPEATED 4X**
| Q: "Collapse of D8/D9 vertebrae with paravertebral abscess."
- **Site:** Thoracic spine is most common.

Scoliosis

- **Adolescent Idiopathic:** Most common type. Right Thoracic curve is typical. **REPEATED 3X**
- **Examination:** Forward Bend Test.

6. Joint Infections

- **Septic Arthritis:** Fever, single hot swollen joint, refusal to bear weight. **Staph Aureus** is #1 cause. **REPEATED 4X**
| Q: "Child with high grade fever and refusal to walk. Tender knee."
- **Osteomyelitis:** Infection of bone. **Sequestrum** (Dead bone) and **Involucrum** (New bone). **REPEATED 3X**

PSYCHIATRY: HIGH YIELD RECALL ANALYSIS

- **Dominant Topics:** Somatoform disorders (differentiation is key), Anxiety vs. Cardiac events, and Psychotic features.

1. Somatoform & Dissociative Disorders

Somatization Disorder

- **Key Feature:** Multiple physical symptoms affecting different systems (GI, Neuro, Pain) over years with **normal investigations**. **REPEATED 4X**
| Q: "45yo male with changing physical symptoms for 2 years, multiple doctors, no cause found."
- **Behavior:** "Doctor shopping" (dozens of prescriptions).
- **Illness Anxiety (Hypochondriasis):** Preoccupation with having a serious illness despite medical reassurance. **REPEATED 2X**
- **Dissociative Amnesia:** Inability to recall important personal information/events (e.g., how they arrived at a clinic), usually traumatic or stressful. **REPEATED 2X**

Conversion Disorder

- **Key Feature:** Sudden neurological symptom (blindness, paralysis) linked to a **stressor**. **REPEATED 2X**
| Q: "40yo lady with acute blindness 4 days after husband remarried. Exams normal."

2. Anxiety & Stress Disorders

Panic Disorder

- **Presentation:** Sudden "Heart Attack" sensation, palpitations, sweating, fear of dying. **Normal ECG**. **REPEATED 3X**
| Q: "Young man rushes to ER believing he is dying. SOB, tremors. Heart is fine."

PTSD

- **Presentation:** Flashbacks, avoidance of stimuli, nightmares, hyperarousal following trauma (e.g., accident). **REPEATED 2X**
| Q: "32yo driver avoids driving after accident. Flashbacks and bad dreams."

3. Psychosis & Mood Disorders

- **Obsessive Compulsive Disorder (OCD):**
 - **Obsession:** Intrusive, distressing thoughts (e.g., blasphemous ideas against God). **REPEATED 2X**
 - **Compulsion:** Repetitive acts (e.g., excessive cleaning/checking) to relieve anxiety. **REPEATED 2X**
- **Schizophrenia:**
 - **Delusions:** Fixed false beliefs (e.g., neighbors plotting/talking about him). **REPEATED 2X**
 - **Hallucinations:** Talking to oneself/unseen stimuli.
- **Bipolar Disorder:**
 - **Manic Episode:** Racing thoughts, elated mood, grandiosity (supernatural powers), increased talkativeness. **REPEATED 2X**

4. Special Populations

Medical Ethics & Communication (SPIKES):

- **Breaking Bad News:** The most important initial step is **Setting the Stage** (Privacy, involve family, sit down). **REPEATED 3X**
- **Perception:** Asking "What do you understand about your condition?"
- **Confidentiality:** Break only if risk to others (e.g., child abuse). **REPEATED 2X**

MIX & OTHER SYSTEMS: HIGH YIELD RECALL

1. Endocrine

- **Cushing's Syndrome:** Central obesity, thin extremities, purple striae, easy bruising, hypertension, and **Hypokalemia**. **REPEATED 2X**

Q: "60yo female with central obesity and purple striae. Labs show low Potassium."

2. Hepatobiliary (Surgery Mix)

Hydatid Cyst

- **Imaging:** Cystic swelling with "**Cart-wheel**" appearance (daughter cysts) on Ultrasound. **REPEATED 2X**
- **History:** Contact with animals/Shepherd.

Amoebic Liver Abscess

- **Presentation:** Right upper quadrant pain, fever, tender hepatomegaly.
- **Aspirate:** "Anchovy sauce" pus (though not explicitly in vignette, implied by distinction).

3. Neuro-Genetics

- **Autism Spectrum Disorder:** Social and communication deficits in first 3 years of life. Problems with interactions. **REPEATED 2X**
- **Duchenne Muscular Dystrophy:** Gower's sign, calf hypertrophy, elevated CPK. (See MSK Peads for full details).