DATE:

BLOCK Q (2024) Preproff

19/12/2024

Station 1:

Ca- of head of Pancreas:

(1) Procedure: Whipple's procedure.
(2) Structure Removed: (1) Tumours along with head & neck of pancreas (2) Entire duodenum. (3) Proximal 10-15 cm of jejunum. (4) lower end of stomach (5) CBD (6) Gallbladder (7) L. Nodes around vaunity of pancreas.
(3) Anastomosis: (1) Pancreatojejunostomy. (2) hepatojejunostomy (3) Gastrojejunostomy.

Station 2:

Patient had 10 days back cholecystectomy → Now → Abdominal distention & bile leakage from ports?

(1) Most common cause of bile leakage:
  (1) CBD/CHD → common hepatic duct injury.
  (2) Accessary bile duct injury (Duct of Lushka).
  (3) Bile duct stricture/obstruction.
  (4) Injury to Major bile duct (RHD or LHD).
(2) Investigations: (1) US (2) CECT (3) MRCP. (4) HIDA scan (5) ERCP → Gold standered.
(3) Management:
  (1) Mild leakage: Conservative Management.
  (2) Moderate leakage: ERCP with stenting → peradrain → NBM drainage.
  (3) Severe leakage: Stent/Open surgical Repair

DATE: DAY:

Station 3

(1) Name this instrument: Spinal needle.

(2) Techniques for its use:
(1) Position → Sitting / Lateral decubitus position with flexed back (2) Aseptic preparation (3) Local anesthesia (4) Needle insertion in L3/L4 or L4/L5 until CSF appears. (5) CSF collection (6) Removal + Dressing.

(3) Indications: → (1) Spinal anesthesia
→ (2) LP.

(4) Complications:
(1) Post-dural puncture headache.
(2) Infections. (Meningitis, epidural abscess).
(3) Nerve injury.

Station (4): 30 yr old → C/C: fever, Abdominal pain → Radiating to back + Nausea →
(1) H/O Gallstones:

(1) Diagnosis: Gallstones pancreatitis (Biliary pancreatitis).

(2) Investigations: (1) Serum amylase/lipase. (2) LFTs (3) CBC (4) CRP (5) U/S (6) CECT (7) MRCP (8) ERCP.

(3) 3 Complications: (1) Pancreatic Necrosis → sepsis / Multi organ failure (2) Pseudocyst formation (3) Biliary sepsis / cholangitis

DATE: 4 DAY: 4

Station 5 : Hydrocephalous PIC

(1) Types of Hydrocephalous:
2 - Types → obstructive (Non-communicating)
→ Non-obstructive (communicating)

(2) Causes: (1) Post meningitis (2) SAH - hydrocephalus (3) NPH (4) Aqueductal stenosis (5) Arnold Chiari Malformation (6) Dandy-Walker (7) Huntington Disease (8) Alzheimer's Disease.

(3) Presenting features:
(1) Macrocephaly (2) Bulging Ant fontanelle (3) Sunset sign (3) Poor feeding lethargy (4) Developmental delay (5) Headache (6) N/V (7) Blurring of vision / diplopia (8) Magnetic gait (9) urinary incontinence.

Station 6 :→ Boy → 5 yr old → 2 days fever, Inability to walk ; child → active ; RBG = 120. Glucose → CSF = 90.

Diagnosis: viral Meningitis

Invs: (1) CBC (2) CRP + Procalcitonin (3) Electrolytes (4) CSF analysis (5) MRI with contrast (6) EEG.

Tx: (1) Supportive care
(2) Empirical Therapy for Bacterial Meningitis until proven Rule out.
(3) viral meningitis → confirmed → Antivirals

DATE: DAY:

Station 7 Hepatitis B counselling for Pregnant lady.

(1) Transmission: → (1) HBV-DNA > 200,000 IU/ml
(2) HBV-DNA < 200,000 + HbeAg (+)
(3) Nasinal Delievery (3) contact with materna Blood + fluids at birth.

(2) Risk factors:
(1) H/O of unprotected sex with an HBV (+) partner (2) IV-drug abuser / Needle sharing (3) Multiple sexual partners (4) Household contact with an HBV infected individual.

(3) Mothers Tx during Pregnancy.
Antiretroviral therapy Recommended if:→
(1) HBV-DNA > 200,000 IU/L.
(2) Elevated ALT / signs of liver Damage.
→ 1st line Tx
(1) Tenofouir → safe in pregnancy
Alternative (Lamivudine / Telbivudine.
start at 28-32 weeks → until at 3 months post-partum.
Baby's Tx: → HBeAg (+)
(1) HBV within 12hrs of birth.
(2) HB-Ig " " "

(4) Sexual Transmission / Partner Testing:→
- HBsAg, AntiHBc & AntiHBs.
- Vaccination → if not immune.
- Safe sex pratices.

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(5) C-section / NVD: NVD is safe if newborn prophylaxis is given.
• C-section only when obstetric complications.
(6) Breastfeeding: Safe if baby has Recieved HBV vaccine / HBIg at birth.
(7) Long-Term followups:
① LFTs ② HBV-DNA Levels ③ Postpartum Rx
④ Monitor for HCC.

Station 8

Biconcave lesion on CT-Scan.

Diagnosis: ① Epidural hematoma.

Causes: ① Head injury ② Bleeding disorders
③ Vascular Malformations ④ Post-surgical complications

Locations: ① M/C → Temporoparietal Region.

Tx: Surgical Tx: → ① Hematoma > 30ml
↓ ② Midline shift > 5mm.
Burr hole drainage ③ GCS score < 9.
• observation for small stable causes.
• Supportive care: Head end elevate upto 30°.
• Mannitol / Hypertonic solutions for Raised ICP.
• Seizures Prophylaxis.

DATE: DAY:

Station 9 : Psychiatry :-

① Depression: characterized by persistant low mood, loss of interest or pleasure & associated cognitive and Physical symptoms that impair daily functioning.

Symptoms: 5 symptoms atleast for 2 weeks and 1 Must be depressed/low mood.

DSM-5 criteria (SIGECAPS)

S I G E C A P S

Sleep Disturbance — Interest loss (Anhedonia) — Guilt — Energy loss/fatigue — concentration difficulties — Apetite change — Psychomotor Agitation — Suicidal thoughts

→ Time Required To Label as Depression:
Symptoms persists for 2 weeks continuously

Treatment

Pharmacological
- 1st line: SSRIs: fluoxetine, Sertraline, Escitalopram, Paroxetine, citalopram.
- others: ② SNRIs: Duloxetine
- ③ Atypical Anticepressants:
- ④ TCAs: Amitryptaline.
- ⑤ Adjuvant: Lithium (if bipolar).

Non-Pharmacological
- Psychotherapy
- Lifestyle changes
- CBT | IPT

• Mood: subjective Emotional state of person like I feel sad.

Affect: objective expression of persons observed by others.

Station ... of Pancreas (...ally).

DATE: DAY:

Station 12 Ascities Examination: ✓
↓ from video

- shifting dullness
- fluid Thrill → check

Station 13: → 50 Years old women with painless swelling at the breast with No axillary L. Nodes involvement:

Diagnosis: → Early lobular Ca Breast.

D/D: fibroadenoma, cystic swelling, phylodes tumour.

Investigations:

Triple Assessment

1. Hx / clinical Examination.
2. Imaging: ① Mammography ② U/S ③ MRI Breast
3. Histopathological → Definitive Diagnosis: →
   Core-Needle Biopsy, FNAC, Excisional Biopsy.

Additionally: • ER/PR/HER 2/neu-status
• CT, PET scan / Bone scan.

Risk-factors:

Non-Modifiable	Modifiable
• >50 Years.	• HRT
• Family Hx of BRCA1/BRCA2	• Nulliparity / late 1st Preg.
• Early Menarche / late Menopause.	• obesity / sedentry life styles.
• Dense Breast tissues.	• Alcohol / smoking.
	• Radiation Exposure

Station 14 :⇒ DAY:

55 yr old lady complains of 3cm lump in the breast. No history of Nipple discharge. Hard immobile. Axillary L.N not palpable
Most:
Diagnosis Invasive Ductal Ca.
Risk factors Age > 50 years, 1st degree Relatives ~~Hx of~~ Breast Ca. BRCA 1 & 2 Mutations. Early Menarche late Menopause, Nulliparity Alcohol consumption.
Investigations ① Tripple Assesment.
② staging workup ③ ER/PR/Her-2 Ki-67 index.
Types of Mastectomy :→ ① simple (Total Mastectomy) ② MRM ③ Radical Mastectomy. ④ Skinsparing ⑤ Nipplesparing

Station No 15:

Mini-Mental Status Ex: used to assess cognitive impairment especially in dementia.
It includes:

O M A L V → visuo-spatial skills

Orientation Memory Attention language

DATE: DAY:

(10) scores → Time orientation
(1) orientation → Place orientation.

(2) Registration (3-points).
↓
Name 3 objects → Ask the Pt to repeat all three → if patient cannot recall → Repeat the words upto 3 times.

(3) ~~Attention~~ & Calculation (5-points).
Ask the patient to substract 7 from 100 & keep substracting → too difficult → spell "WORLD" backward → "D-L-R-O W".

(4) Recall: Ask the pt to recall 3 words from Registration steps.

(5) Language | Praxis) → (9 Points)
① Naming → Ask the patient to name them like "Pen".
② Repetition → ③ 3-step command
Reading (1 Point) ← comprehension → writing. → visuospatial skills.

Scoring & interventions

25-30	Normal cognition
21-24	Mild cognitive impairment.
10-20	Moderate
<10	severe

DATE: DAY:

Station 16

Bell's Palsy:

① Findings: ① Asymetry of face ② Drooping of Right side ③ Inability to close Right eye properly ④ flat Nasolabial fold. ⑤ Mouth deviation to left.

② Nerve: Facial Nerve Palsy. + specially (LMN).

③ Three causes: ① Idiopathic ② Viral inf (HSV, HZV). ③ Trauma / Iatrogenic.

Treatment: → supportive Therapy ① Eyecare ② NSAIDs

① 1st line: corticosteroids → if Viral → Antiviral → acyclovir / valacyclovir

② Electrostimulation Therapy

Station 17: Cerebellar signs in Paeds.

Station 18: Hep. B - viva.

Station 19: Gait in Paeds.

Station 20: Lower limb EX.

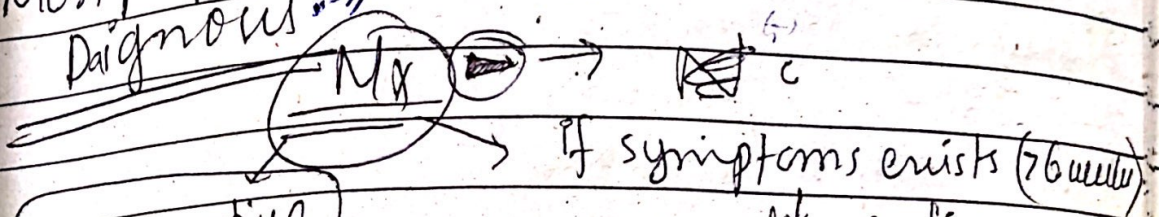
Station 21: 23yr old patient → OPD with ~~complaints of~~ Bleeding PR for past 3 days which is minimal + stains the stools. Associated with painful ~~Blood~~ defecation + perianal pain especially while sitting on chair / lying flat. she also complains of chronic constipation for past 6 Months No swelling / itchy / discharge.

DATE: DAY:

D/D:→ ① Anal fissure ② Internal hemorrhoids (painless Bleed) ③ External hemorrhoids with thrombosis (painful) ④ Proctitis

To confirm Diagnosis ① Inspection of perianal area ② DRE ③ Proctoscopy ④ Colonoscopy/ sigmoidoscopy ⑤ stool test..

Most probable Diagnosis:→ Acute Anal fissure



1st line:
1. Life style + Dietry Modifications.
2. Bulk forming laxatives
3. Topical Anesthetics
4. Sitz-Baths.
5. Topical-vasodilators.
6. NSAIDS.

1. Botulinum toxin injection
2. Lateral internal sphincterotomy → for Refractory cases.

OSPE: 20/12/2024 Station (1).

~~25 yr~~ old man presented with nausea, vomiting and high fever. has passed Red colour clots & had Massive splenomegaly.
Diagnosis: Malaria (severe) → (BS) → Peripheral smear → Gold standard
Causative agent: Plasmodium species (falciparum)
Way of transmission: vector borne
Incubation Period: → falciparum: 7-14 days.
→ ovale/vivax: 12-18 days
~~Malariae: 18-40 days.~~
Treatment:

DAY:

Uncomplicated Malaria: combination therapy
Artesunate + lumifentrine or
Artemether + lumifantrine
for vivax + ovale: Primaquine

Severe Malaria → IV Artesunate (DOC → 1st line).
• supportive therapy

Station 2

Subarachnoid hemorrage: Interactive station

↓

① Most common causes → 80% Trauma (Berry → Ruptured aneurysm).
20% AV Malformation.
otherse: HTN, Ischemic stroke.

② Investigations:

↓

① 1st line: NCCT → if CT (−) then ② LP ✓
Xanthochromia + RBCs in CSF.

confirmatory:
① CT-Angiography
② Subtraction Angiography.
③ MRI Brain ④ ECG ⑤ Electrolytes

Tx: ① Initial Emergency Treatment:
① Admit to ICU ② Airway & Breathing
③ B.P control: IV labetalol / Nicardipine.

To prevent Rebleeding:
• Endovascular coiling
• Surgical clipping

DATE: DAY:

To Prevent vasospasms: Nimodipine. | IV. fluids.
To Prevent Hydrocephalous: External ventricular Drain.
(5). Supportive Therapy.

Station 3

Appendectomy: (1) indications → ① acute appendicitis ② Perforated appendix ③ Appendicial Abcess. ④ Tumour ⑤ Appendicitis during pregnancy.

(steps) :→ Open :→

① Patient supine position under GA

② Incisions:

Open
① Mcburney's incision classical
② Gridiron
③ Lanz incision.
④ Midline laprotomy. → Perforated Appendix. → for better exposure.

Laproscopic.
3 small incisions:
① Umbillical (10mm)
② Suprapubic & RLQ incision (5mm).

② Mcburney's | Lanz incision
③ Dissection & exposure → open External oblique → Internal oblique → Transverses Abdominus in layers.
④ Locate Teniae coli to caecum & find appendix
⑤ Appendicial Artery ligation. ⑥ Removal → Base is ligated with sutures (vicryl or silk).
⑦ Peritoneal irrigation → if perforation.
⑧ Closure.

Laproscopic :→ ① Supine, in Tredelenburg & left tilt position ② Create pneumoperitoneum by Co2 by verses needle (Hasson's Technique ③. Port-Placement

DATE: DAY:

④ Appendix Mobalization ⑤ Appendicial Artery ligation ⑥ Rinsing ⑦ Irrigation of peritoneum if needed ⑧ Closure.

Complications

① Wound infections ② Intraabdominal Abcess ③ Bleeding + Bowel injury ④ Anastomatic leak ⑤ DVT/PE ⑥ Adhesions ⑦ Stump Appendicitus ⑧ Incisional hernia.

Station No 4 Viva on schizophrenia from Isaan Masood Medicine

Station 5 History Taking from OLD Patients → Diagnosis & Tx.

Station 6: → Young Married female presented to opd with complaints of pain on RIF. Tachycardia & hypotension. What are three differentials. What is your most specific dif How will you manage this patient? erect

Differentials: ① Ruptured Ectopic Pregnancy ② Acute appendicitus with Perforation. ③ Ovarian Torsion.

Most-Specific Differentials:→ "Ruptured Ectopic Pregnancy"

Management: Most-urgent Life threatning Emergency

DATE: DAY:

① ABCDE Approach. ② urgent Investigations.
②→ Pregnancy Test (β-HCG), TVUS, CBC, coagulation Profile | Renal function Test.
③ Emergency Surgical Intervention.
Immediate laproscopy || laprotomy.

- unstable → Emergency laprotomy
- Stable → laproscopic salpingectomy | salpingostomy.

+ control of Bleeding → By Removal of Ruptured tube.

Station No 7 :- HCV counselling in Pregnant women.

- Medical Mx → Antiretrovirals deferred until after delievery. → But Regular LFTs Monitoring, HCV-RNA quantification, Screen for coinfection (HIV, HBV).
- Can Breastfeed or not → is safe unless Mother has cracked or Bleeding Nipples.
- Drugs are safe
- MOD? → NVD is preffered
- vaccination → No vaccine for HCV but give HAV + HBV → if patient is not immune, influenza vaccine ✓

Station No 8 → Abdominal Examination

Station No 9 → Mastectomy counselling.

Station No 10 → Upper limb | Lower limb Examination

DATE: DAY:

Station No11 → febrile seizures → in paeds. from screenshots

Station No12 → Paeds → Abdominal Ex. presented with Abdominal Distention with Relevant Ex.

Station No13 Celiac Disease.

Station No14 → Patient comes with Hx of Trauma due to fall. There is sensory loss in little & Ring finger with wasting of Dorsal web space?

↓

Pathology: Ulner Nerve Damage (Claw hand) Wasting of Dorsal web → Atrophy of 1st dorsal interosseous Muscle supplied by ulner nerve.

Causes: (1) Direct Trauma (2) Fractures → Medial Epicondyle fracture, fracture of hook of hamate (3) Compression in Guyon's canal. (4) Prolong Pressure on elbow

Anatomical level injury :→ (1) Elbow (cubital Tunel syndrome (2) Wrist (Guyon's canal syndrome

Investigations: (1) Clinical Examinations → (1) Wartenberg sign (2) Claw hand (3) Tinel's Test

↓

Tapping on cubital Tunel + Guyon's canal

(2) NCS (3) X-Ray (4) MRI

DATE: DAY:

Management:

Mild: conservative Mx. → (1) Activity Modifications (2) Bracing / splinting (3) Physiotherapy (4) Pain Management.

Surgical: →
- Cubital Tunnel Release (Elbow level).
- Ulnar nerve Transposition (Elbow level)
- Guyon's canal Release.

Fracture fixation.

Station 15 History of fever, weight loss, night sweats, takes unpasturized Milk →

Diagnosis:

Diagnosis: Brucellosis → caused by Brucella species, transmitted through ingestion of contaminated dairy products.

Investigations: → (1) Standered Agglutination Test. (2) ~~Elisa Test~~ (3) Rose Bangal Stest (4) Blood & Bone Marrow culture (5) PCR (6) CBC., ESR & CRP.

Treatment:

Uncomplicated: 1st line: Doxycycline, Rifampin.

Severe cases: → Involving CNS, CVS, spine.
→ Doxycycline + Rifampin + Ceftriaxone.

In Pregnancy: (SMM + TMP) + Rifampin
+ children

DATE: DAY:

Station No 16

Palmer Erythema Pic

D/D: ① Cirrhosis; CLD
= ② RA, lupus, Dermatomyositis
Hyperthyroidism, D.M
liver cirrhosis / CLD → Testrogen
Pregnancy
Rheumatoid arthritus.

3 causes:

2. Lab findings: → LFTs (AST, ALT, ALP & bilirub
→ RF & Anti-CCP.

Station 17 :→ Name 2 ligaments prone to injury during splenectomy? complications 3 vaccinations done prior to splenectomy?

2 - ligaments injured during splenectomy
⇒ ① Splenorenal ligament
② Gastrosplenic ligament.

Complications → ① Hemorrage
② Pancreatic injury
③ Subphrenic abces.
④ Portal vein Thrombosis
⑤ Post splenectomy infections.

Vaccinations prior:

① Pneumococcal vaccine
② Meningococcal vaccine
③ H - influenza Type B.

DATE: DAY:

Station No 18

NG-Tube → PIC

(1) Indications :⇒

(1) Decompression → GOO, Bowel obstruction Paralytic illeus
(2) Enteral feeding → Stroke, coma → intact GI.
(3) Gastric lavage.
(4) sampling Gastric contents (UGIB, Gastric fluid Analysis).

(2) Complications :⇒

(1) Epistaxis (2) Aspiration Pneumonia (3) Esophageal Gastric Perforation
(4) Gagging & vomiting.
(5) Mucosal Erosion & ulceration.
(6) GERD

Station No 19 :⇒ Child with HO of diarrhea & ~~weight loss~~ for 1 year, reduced Hb, was on ATT but not responding. Diagnosis, Inv; Tx?

Diagnosis :⇒ Celiac Disease.

Investigations :→ (1) Anti-Tg IA antibody +
(2) Anti-endomysial A/b.
(3) Endoscopic jejunal Biopsy if A/b (+) ✓

Treatment :→ (1) Gluten free diet for life.
(2) Restriction of Lactulose + iron so that intestine → heal.
(3) Corticosteriods in severe cases.

DAY:

Station 20 : CT-scan . Identify → (Hemorrhagic stroke) causes, sin

most important step in Management, Mo
common systemic problem associated wi
this?

Causes: → HTN, AVM, Amyloid Angiopathy
Thrombolytic Therapy,
Tumors, cocaine, Trauma.
Berry aneurysm Rupture.

Most imp step in Management: → Blood Pressure control
Most critical step. → <140mmHg.
↓ IV labetalol, Nicardipine, Esmolol

Most common systemic Problem ⇒ HTN → leading causes
↓
others ① Coagulopathy.
② Renal Disfunction
③ liver disease.

Station 21
log Books ✓

→ Ospe 23|Dec|2024 Block Q

Station No 1
lower limb Examinations.

DATE: DAY:

Station 2 :⇒ Typhoid scenario → persistent fever into shock, had blood clots in stools and spleenomegaly?. ↓ complicated Typhoid fever with GI Bleed. ✓

organism: Salmonella Typhae / Para Typhae

Route: Feco-oral Route, Human carriers.

Invs: → ① Blood culture (G-S), stool + urine culture, ~~Bone Marrow culture~~ Widel Test → for Salmonella A/b. CBC, LFTs, Abd U/s and CT.

Treatment: → (Tx): → Shock

Prevention:

① Hygiene / Sanitation

② vaination: →

① Typhoid vaine

② Vi-Polysauride vaine

③ live oral Ty21a vaine.

③ Identify & Tx of carriers.

① IV Antibiotics ↓ Empirical. ↓ ceftriaxone / Meropenum / Azithromycin.

② Supportive: IV fluids / vasopressors in shock, Blood Transfusions, if inlet perforation → surgical intervention

Station 3 → Claw hand pic → Repeat ✓

Station 4: → 5 years old with Generalized Tonic & clonic seizures: →

① Febrile seizures → (6 months → 5 years) → NO Tx.

② Epilepsy → seizures without fever → Tx is for ~~5 mins~~ → IV lorazepam

③ CNS infections.

④ Hypoglycaemia → < 60 mg/dl → IV-dextrose.

⑤ Brain Tumors.

Tx of status epilepticus ✓

DATE: DAY:

Treatment: Initially ABC Management.
② lateral Position. ③ Blood glucose check → <60mg/dl → Then IV-dextrose
④. Stop the seizures (>5min): status epilepticus
↓ Tx.

Based on causes: ① febrile seizures → No Tx (supportive care).
② Epilepsy → GTCS. ① Na-valproate ② levitiracetum.
③ CNS infections: ceftriaxone + Vancomycin + aydouir.
④ Metabolic causes → Treat accordingly.

Station 5 Abdominal Examinations.

Station 6 Upper limb Ex both Motor + sensory.

Station 7 Diarrhea Classification according to IMNCI:→

Based on Duration:

Acute diarrhea: lasts <14 days.
Persistant Diarrhea: lasts ≥ 14 days.
Dysentry: Bloody diarrhea → Shigella.

DATE: DAY:

Based on severity :⇒

No Dehydration	Some Dehydration	Severe
Alert → Normal.	Restless, irritable	lethargic/convulsion
Normal Eyes	sunken eyes.	Very sunken eyes
Normal Drinking.	Thirsty, eagerly to drink.	Drinks poorly.
Normal skinpinch	→ Slow (<2sec).	very slow (>2 sec)
↓	Tx:	↓ Tx:
Tx: homecare, ORS if needed. + Zn supplements	ORS + Zinc.	IV-fluids (RL) + ORS + Zn.

Station No 8 :→

CT-Abdomen with cysts, Types, causative agents of hyadit cyst, organism Types. where cysts form in body & MX :⇒ ✓

Types of cysts (Abdominal) :→ Benign, infectious, Neoplastic.

① liver cysts ② Renal cysts ③ Pancreatic cysts
④ ovarian cysts ⑤ Mesenteric ⑥ Adrenal cysts.

Hyadit cyst :→ causes ① Echinococcus Granulosus
② Echinococcus Multicularis.

Common sites :→ Liver / lungs / kidney / Pancreas / omentum / Brain.

Management :
① Hepatic cysts → Hyadit cyst → Albendazole / Mebendazole
② Simple cysts → Asymptomatic → No Tx / symptomatic → surgery.
③ Pancreatic / ovarian → emission & Drainage. · Surgery ✓

DATE: DAY:

Station No 9 → Surgery viva

↓

Acute pancreatitis → full Topic.

Station No 10

Anxiety disorders → Psychiatry viva.

Station No 11 "suicide risk assesment"

↓

Key components:

Risk factors
- ① Demographic factors.
- ② Psychiatric Disorders.
- ③ Previous suicide events
- Biological factors.
- Psychological stressors.

Protective factors
- social support
- Access to mental healthcare and coping skills
- Responsibilities
- Good problem solving skills
- culture & Religious beliefs

Tools for Risk Assesment
- (C-SSRS) → columbia-suicide Severity Rating scale → Ideation, Intent, Behaviour
- Beck suicide intent scale. ↓ Measures intent & lethality of past events
- sad person scale → Numeric based for Risk stratification

DATE: DAY:

Risk Stratification & Management:→

Low:	Moderate	Severe
Passive thoughts No plan/intent Protective factors ↓ Mx outpatient care, Psychotherapy Safety Planning ↓ CBT/DBT	Frequent ideation vague plan, some intent but no immediate means ↓ Mx: ↑ Monitoring Medication adjustments Safety Planning. • SSRIs (fluoxetine • Lithium Sertraline). • clozapine. • Ketamine.	Active intent specific plans, Access to lethal Means, Recent Attempts ↓ Mx Emergency hospitalization closely observed Psychiatric care.

Station 12 Paeds logbook.

Station 13 Enteric fever Scenario, both ✓

Causes, (D) (D), (Mx) → ① Hospitalization, isolation, Hydration & electrolyte Management.

② Supportive Therapy

③ Mild → Mod: Azithromycin

Severe/complicated → Ceftriaxone

MDR: Azithro or carbapenem

- Salmonella Typhae/ Paratyphae.
- Malaria
- Dengue fever
- TB (Miliary)
- Brucellosis.

→ Broad Term → Typhoid + Paratyphoid

DATE: DAY:

Station 14 Abdominal Ex.

Station 15 N.G Tube, Indications, complications → Repeat.

Station 16 Bell's Palsy → Repeat.

Station 17 → 40 yr old → U/C since longtime now has developed pruritus & jaundice. His LFTs → abnormal → Diagnosis, Invs, Mx:

Diagnosis: Primary sclerosing Cholangitis

Invs: ① LFTs (ALP↑, GGTT↑, Bilirubin↑, ↑AST/ALT Mild)
② p-ANCA (+ → 80%), ASMA → (AMA → − →
③ MRCP → Goldstandered. Rule out PS
④ ERCP → if MRCP ⊖.
⑤ U/S Abdomen.
⑥ Liver Biopsy (onion skin fibrosis).

Management: → surgical
↓
Pharmacological
① ERCP with stent
② Liver Transplant.

① Ursodeoxycholic acid
② Cholestyramine
③ Vit (ADEK)
④ Regular colonoscopy.

DATE: DAY:

BLOCK Q 24/12/24:→

Station 1 Cranial Nerve Examinations + Check cerebellar signs.

Station 2 Patient epigastric pain, projectile vomiting containing no bile after eating, containing food contents, Succession splash (+), → Dx, causes, Metabolic Abnormality Associated Investigations? ↓

Gastric outlet obstruction

Causes :→ (1) PUD (2) Hypertrophic Pyloric stenosis (3) corrosive ingestion (4) Pancreatic Ca

Metabolic Abnormality Associated :→ Hypochloremic, Hypokalemic Metabolic Alkalosis.

Invs: CBC, ABGs, Electrolytes, U/Creat. AXR, UGIE (G.S) ✓, US → <6mm in age. Barrium Meal.

Tx: (1) Initial Resuscitation, NG Decompression.
(2) D.Tx: PPIs, surgical interventions if needed.

DATE: DAY:

Station 3 35yrs old woman → H/O of vision loss & presents with difficulty walking, ↑ tone in lower limbs with exaggerated Reflexes.

Diagnosis: Multiple Sclerosis.

Investigations:
- MRI spine & Brain (Gold.
- Lumber Puncture Standard
- VEP
- Blood cultures (Rule out other causes).

2- Drugs :-
1. IV. Methylprednisolone
2. Natalizumab/fungolimad.

Station NO 4

24 years old presented with Hx of cough, fever → Last one Month, O/E: grunting, extension of upper & lower limb → Responds to pain only.

Diagnosis, GCS level, Invs? ②

TB. Meningitis ← GCS 6/15 → severe Neurological impairment

- LP
- MRI Brain
- CXR/CT
- TST (Tuberculin test)
- Blood culture

DATE: DAY:

Station 5 → Examination of cerebellar signs.

Station 6 → Somatoform Disorders.

Station 7 → Abd-Ex → causes of splenomegaly.
HS / HE / G6PD / SCD
Malaria / leshmania
Neimen pick.

Station 8: →
Farmer with cattle contact & unpasteurized Milk drinking. → Dx.
Brucillosis.
Invs: CBC / LFTs / Standered Agglutination Test / ELISA
Cultures / PCR / Bone Marrow Culture.
Tx: 1st line: Rifampain + Doxycycline.
Severe: Doxycycline + Rifampin + Ceftriaxone.

Station 9 → Logbook + viva on febrile fits.

Station 10 → 35 yr old → C/C of Abd-discomfort, ~~Nausea~~, Dizziness, Rapid HR 30mins after meal, underwent gastrectomy for PUD.
↓ Dumping syndrome. → early → after 10-30 mins.
→ late: 1-3 hrs after
→ severe late → Alimentary hypoglycemia
Tests: ① OGTT → Rapid ↑ & ↓.
② Gastric Emptying study.
③ Blood sugar Monitoring.
Tx: Dietry ↑ Protein, low carbs; Avoid simple sugars, ↑ fiber, fluids b/w meals, lie down after eating
Mods:

Med: ① Acarbose ② octeriotide.

Surgical: Pyloric Reconstruction

Station NO 11 Upper limb (sensory + Motor Ex).

Station NO 12 Hydrocephalous ✓
↓ whole Topic. → (Pceeds)

Station 13 :=> Causes of hereditary hyperbillirubenemia → Direct: liver cirrhosis, Dublin Johnson syndrome, Rotor syndr
Indirect: Billiary stric
① Hemolytic Anemias. ② Hemolysis due to infection drugs ③ Ineffective erythropoesis ④ Gilbert syndrom ⑤ Crigglar Najjar ⑥ liver dysfunction, Neonatal Jaundice →

Station NO 14 → Extradural hematoma → Diagnosis
Branch of Middle Meningeal artery Damage.
↓ CT-scan
↓ Repeat
clot → Bright Biconvex well defined borders.

Station 15 → OCD ✓ → Repeat ✓

Station 16 ① Caput Medusa → pic.

② Most underlying chronic illness Portal HTN caused by liver cirhosis.

DATE: DAY:

(7) 3 signs in this patient:-
(1) Jaundice. (2) Ascites (3) splenomegaly

(8) Most imp investigation: LFTs. ✓

Station 17 :→ Swallow.
Barium ~~Head~~ PIC → Bird Beak Appearance.

(1) Barium swallow → investigation.
(2) findings: Bird Beak App → Narrowing of distal esophagus.
(3) Achlasia (4) DD: esophageal stricture, cancer, chagas disease.
(5) Tx: (1) Pneumatic dilation (2) Botulinum toxin injection. (3) Heller's Myotomy.

Station 18:→
Brain CT-Scan

(1) Appropriate Diagnosis:→ Biconvex, hyperdense area. "Epidural hematoma."
(2) Most common cause:→ Middle Meningeal artery Rupture.
(3) location of hematoma → Epidural space
(4) Management:→ Emergency craniotomy & hematoma evacuation.

DATE: DAY:

Station 29

44yr old man presented with chronic diarrhea over the past 5yrs. He experiences intermittent bouts of watery diarrhea associated with fatigue & 15kgs weight loss → past Hx → perianal fistula which required surgery 5 years ago. He denied use of antibiotics or NSAIDs before onset of symptoms. vital signs were within Normal Range → Pale Appearance Hyperactive bowel sounds. & mild extremity edema.

(1) 3 D/D: → (1) Crohn's disease
(2) Celiac disease.
(3) Whipple's disease.

(2) 3 investigations:

(1) colonoscopy with biopsy
(2) Serological & Genetic testing for celiac disease. (Anti TTg A/b, Anti-Endomysial A/b).
(3) Small bowel Biopsy & PCR.

DATE: DAY:

Station 20

60 years man → CLD patient secondary to chronic hepatitis C infection presented to ER with fever Abdominal pain and distention for last 6 days. On examination, there is pallor. B.P = 100/70. Abdominal Ex revealed distended and tender Abdomen. ↓ Ascities ✓.

1. Diagnosis:→ Spontaneous Bacterial Peritonitis.
2. Investigations:
   1. Diagnostic Paracentesis.
   2. Blood Tests → CBC, LFTs, RFTs, Cultures
   3. Abd- U/S
3. ~~Investigation~~: Tx:
   1. Immediate empirical A/b → ceftriaxone.
   2. Albumin transfusion.
   3. Supportive Therapy.
   4. Recurrence → prevent:→ long term prophylaxis with. Norfloxacin / ciprofloxacin.

~~Station 21~~