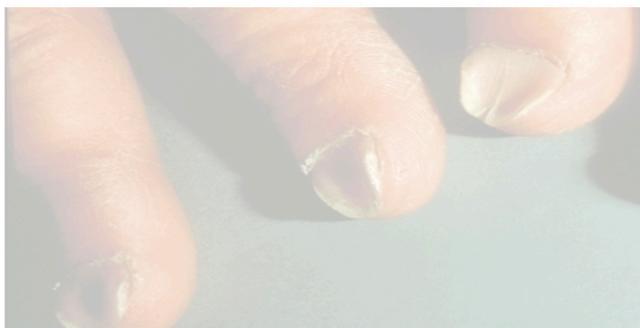




1. What are the **THREE** differential diagnosis? **LIST further three investigations**

Causes: Military TB, Coccidiosis (fungal pneumonia); Coal Worker's pneumoconiosis; Amyloidosis

Investigation: HRCT; PPD Skin test, Bronchoalveolar lavage fluid exam; Sputum AFB; Spirometry (Respiratory Function Tests)



**Name this abnormality? What is the most common cause? What are the findings on blood picture?**

**What is the commonest cause of this pathology in Pakistan**

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Abnormality: Koilonychia

Most common cause: IDA

Other causes: hemochromatosis (liver disease)

Findings on blood picture: hypochromic, microcytic anemia, decreased MCV

Most common cause in Pakistan: IDA

**A young girl is brought to you with fever, anorexia and upper abdominal discomfort for the last three days. On examination there is no definite jaundice, but there is tenderness in right upper quadrant of abdomen. Lab test shows normal CBC, bilirubin 1.9 mg/dl and SGPT is 2500 iu.**

What is the diagnosis? How you will investigate her?

How will you treat her?

Viral Hepatitis

Investigations: HBsAg, Anti-HCV, Anti-HAV, HBV DNA, LFT's, U/S Liver

Treatment: Supportive Care, Interferon, Entecavir, Tenofovir, Lamibudine (Hep B)

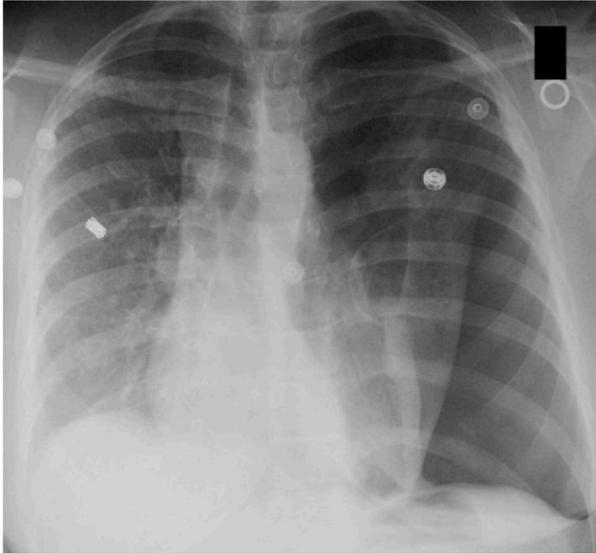


**IDENTIFY THE  
ECG TRACING? HOW YOU WILL  
MANGE IT??**

Complete Heart Block

Causes: MI, Cardiomyopathy, Sever Hyperkalemia, Chagus Disease, Sarcodosis, Infective Endocarditis

Treatment: Pace Maker Placement



Chest x-ray of 40 years young person suddenly develop chest pain and become breathless.  
**What is RADIOLOGICAL the diagnosis? how you will manage IT?**

Radiological Diagnosis: Large, well-demarcated area devoid of lung markings, tracheal deviation and movement of heart away from the affected side. This is Spontaneous Pneumothorax. Primary.

How will you manage it?

Large bore iv cannula inserted perpendicular in second intercostal space (thoracocentesis)  
Insert chest in 4<sup>th</sup> or 5<sup>th</sup> intercostal space connected to underwater seal, creating negative pressure.

A 65 years old man presented with generalized body aches for the last 3 months .lab investigation reveals..Hb....8 gm/dl,  
WBC. Normal, platelets 2,00,000/mm<sup>3</sup>..ESR 115 mm in 1<sup>st</sup> hour....Blood calcium ....high

what is the most likely diagnosis? write down three important investigation to conforms The diagnosis? write down three complications.

Multiple Myeloma

Investigation:

Protein Electrophoresis, Bone Marrow Biopsy, Skeletal Survey (X ray skull, punched out lesions), Bence Jones Proteins ( in urine)

Complications: Infections (most common), Amyloidosis, Bence Jones nephropathy, Pathological fractures.

**A 40 –YEARS OLD MALE PRESENTED WITH  
GENERALIZED WEAKNESS AND  
GUM BLEEDING FOR 2 MONTHS.**

**INVESTIGATION REVEALS**

**HB 7GM/DL...WBC 1500/mm<sup>3</sup>,  
NEUTROPHIL 16%. LYMPHOCYTE  
81%....PLATELETS...20.000/mm<sup>3</sup>...ESR  
70 mm in 1<sup>ST</sup> HOUR**

**WHAT IS THE HEMATOLOGICAL  
DIAGNOSIS?/**

**MENTION THREE CAUSES??**

**MENTION ONE INVESTIGATION TO  
CONFORIM THE  
DIAGNOSIS?**

Aplastic Anemia

Causes: Infectious, Inherited (Fanconi anemia), Drugs, alkylating agents (Chemotherapy)  
Ix: Bone marrow biopsy

**A 20 year old man presented with DARK coloured urine and yellow discoloration of the whole body. There is no history of anorexia, nausea or vomiting.**

Hb 7.5 gm/dl ,wbc 6600/mm<sup>3</sup>,  
polymorphs,65%

lymphocytes.20%, platelets  
1,80,000/mm<sup>3</sup>..Serum bilirubin 4.2 mg/dl (  
up to 1.2 mg /dl...SGPT 45 Iu/L (  
Normal Up To 40 Iu/L...Alkaline phosphatase  
147 ( normal....20-117

Obstructive Jaundice

Ix: U/S Liver, LFT's, MRCP, ERCP, PTC,

Physical findings; Icterus, Jaundice, Pruritis, visual disturbance (due to Vitamin A deficiency)

**47 year Old man brought unconscious: Management**

ABC

Disability- GCS

Exposure

Urgent Ix: Blood Sugar, Electrolytes, ABG, Chest X-ray, Head CT,

Physical Examination: After checking vitals, GCS, Full Systemic Examination



**25 YEARS YOUNG PERSON PRESENTED WITH DARK COLOUR URINE, HE GIVES HISTORY OF SORE THROAT THREE DAYS BACK. IDENTIFY THE LESION**

**WHAT OTHER ORGANS ARE INVOLVED IN THIS CONDITIONS?**

**WHAT 4 INVESTIGATION YOU WILL ORDER?**

HSP

Investigations: RFT's, Urinalysis (for hematuria and proteinuria), **skin biopsy, renal biopsy,**  
Treatment: NSAIDs, Steroids



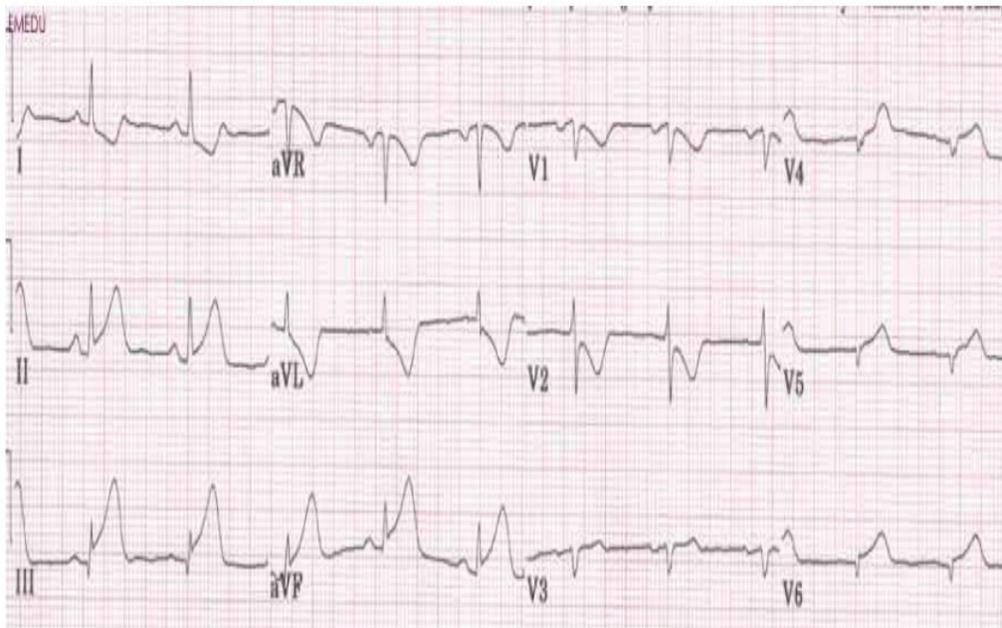
**WHAT IS THE RADIOLOGICAL DIAGNOSIS? .NAME 4 COMMON CAUSES?. WRITE DOWN THREE PHYSICAL SIGN YOU WILL APPERCIATE ON EXMAINATIONN**

### **APPROACH TO THE UNCONSCIOUS PATIENT.**

#### Pericardial Effusion

4 Causes: pericarditis (Dressler's syndrome), Cardiac Tamponade due to direct insult to the chest, Pneumonia, MI, Myocarditis

Physical Signs: pericardial friction rub, displaced apex beat, soft and distant heart sounds, in severe cases, cardiogenic shock without pulmonary edema



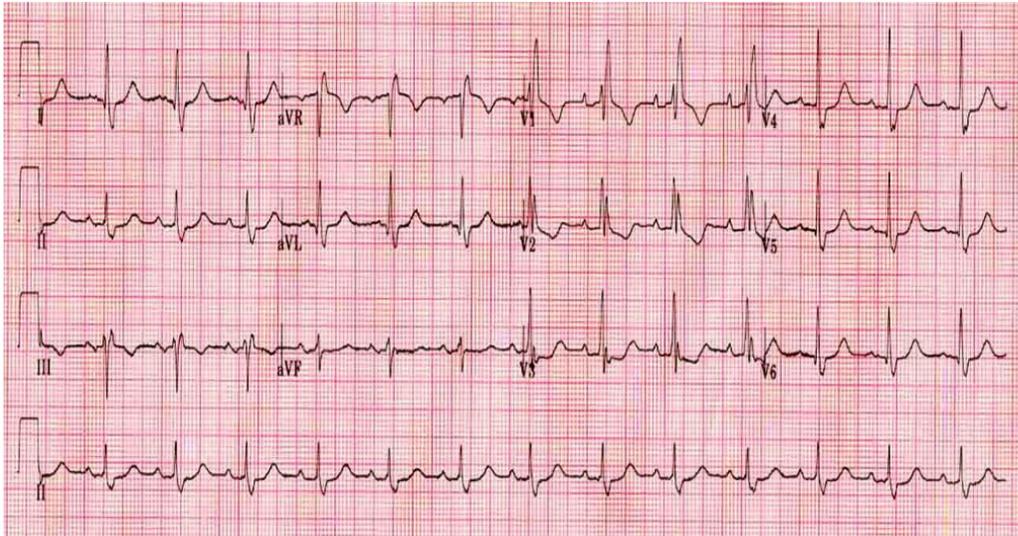
Inferior Wall MI (ST elevation in leads II, III, and aVF)

**48 Years diabetic patient presented with epigastric discomfort for the last 3 hours, he took omeprazole at home but got no relief, this is the ECG in emergency deptt, WHAT IS THE ECG BASED DIAGNOSIS? WRITE DOWN 5 STEPS OF MANAGEMENT.?**



**MENTION THE ABNORMAL FINDING WHAT**

Anterior Wall MI  
Management Steps  
MONA  
Morphine,  
Opioids  
Nitrates  
Aspirin  
PCI  
CABG

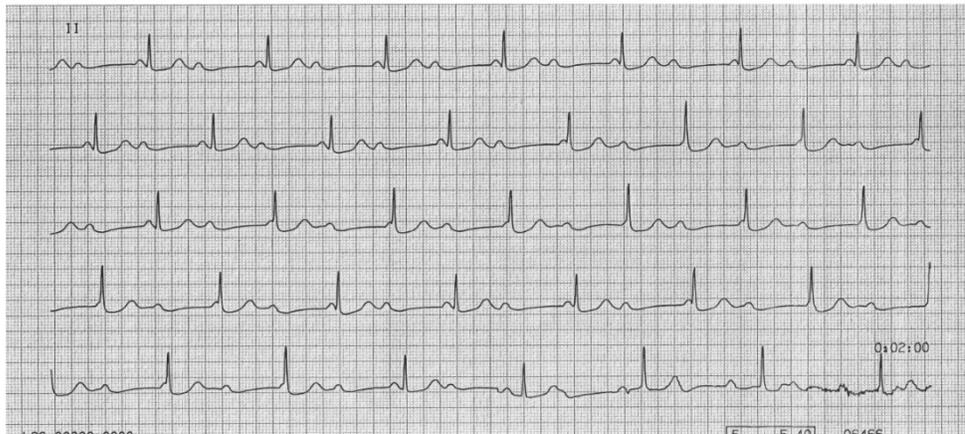


**Identify the abnormality in this ECG?.Name three causes for this ECG pattern?**

Peaked (tall tented)T waves

Causes: Hyperkalemia, Acute phase of MI, Cardiac Arrhythmia

Causes of hyperkalemia: DKA, Renal failure, Drugs (potassium sparing diuretics like spironolactone)



**This is the ECG of 50 year old man who presented with syncopal attacks**

**What is the diagnosis? Name two modalities of treatment?**

Heart Block (1<sup>st</sup> or 2<sup>nd</sup> degree)  
Treatment: Atropine, Pace maker

|



This 20 year old man who had to quit his professional football due a 7 years history of disabling back ache  
With a negative rheumatoid factor presented with severe redness of one of eye. This is his x ray spine

- Q1. Name two investigations to augment the diagnosis.  
Q2. Name any 2 extra articular complications?  
Q3. Name two most relevant drugs for the treatment?  
Q4. What non pharmacological measures can this patient benefit from?

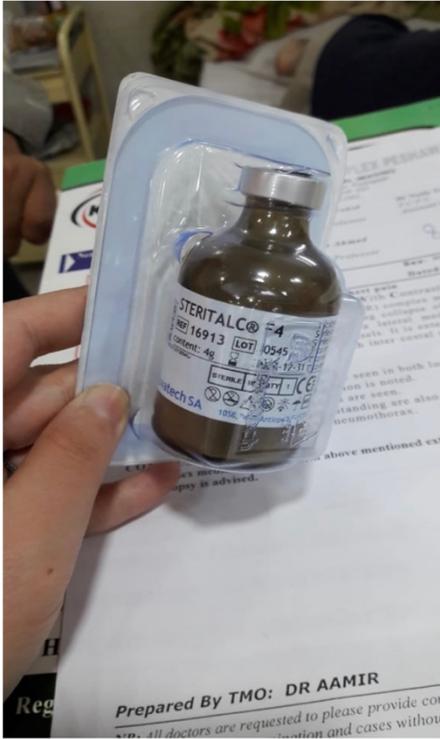


Ix: HLA B 27; Schober's Test, confirmatory: X-ray and MRI spine will show bamboo pattern  
Extraarticular: anterior uveitis; prostatitis; urethritis, IBD, Osteoporosis; Aortic valve disease, Amyloidosis, Pulmonary fibrosis  
Drugs: NSAIDS, Anti-TNF, DMARDS, Intraarticular steroids

	Marks allocation
Introduction/rapport	0.5
Assessing the level of prior knowledge of patient	3
Enquire about his concerns	3
Appropriately address his concerns and suggest solutions	3
Advise precautions	2
Discuss the required investigations and treatment options	2
Advise regular follow up with physician	1
Thanking the patient	0.5
Total	15

This 30 year old married lady was found as Anti-HCV positive accidentally during pre-employment screening. She is worried and anxious.

Your task is to talk to him and address his concerns.



Steritalc (talc) powder is a sclerosing agent indicated to **decrease the recurrence of malignant pleural effusions in symptomatic patients following maximal drainage of the pleural effusion; and in adults to decrease the recurrence of pneumothorax.**

## Trousseau sign:

(very uncomfortable and painful)

- A blood pressure cuff is inflated to 20mm Hg above systolic blood pressure level.
- arterial blood flow to the hand is occluded for 3 to 5 minutes.
- Carpopedal spasm:
  - \* flexion at the wrist
  - \* flexion at the MCP joints
  - \* extension of the IP joints
  - \* adduction thumbs/fingers



22/06/2013

Hypocalcaemia

11

Causes: hypocalcemia, Causes of hypocalcemia, post para-thyroidectomy (reduced PTH), Vitamin D Deficiency, Thyroidectomy, low PTH level

Treatment: Ca supplements, Vitamin D, Sun exposure

Ptosis:

3<sup>rd</sup> Cranial Nerve Palsy/ Horner's Syndrome  
Myopathy  
Congenital

How would assess severity of pneumonia?  
CURB 65 scoring



Dupuytren's contracture causes

Causes: cigarette smoking, alcoholism, DM, nutritional deficiencies, anti-epileptics.

Investigations: Ix is mainly clinical, X-ray, U/S to rule out D/D's, DM tests

Treatment: Surgery and steroids



Mention 4 abnormalities in this picture: swan neck deformity, ulnar deviation of fingers with wasting of small muscles of hands and synovial swelling of wrists, Z deformity in the thumb, Button hole (boutonniere's) deformity, radial deviation of wrist.

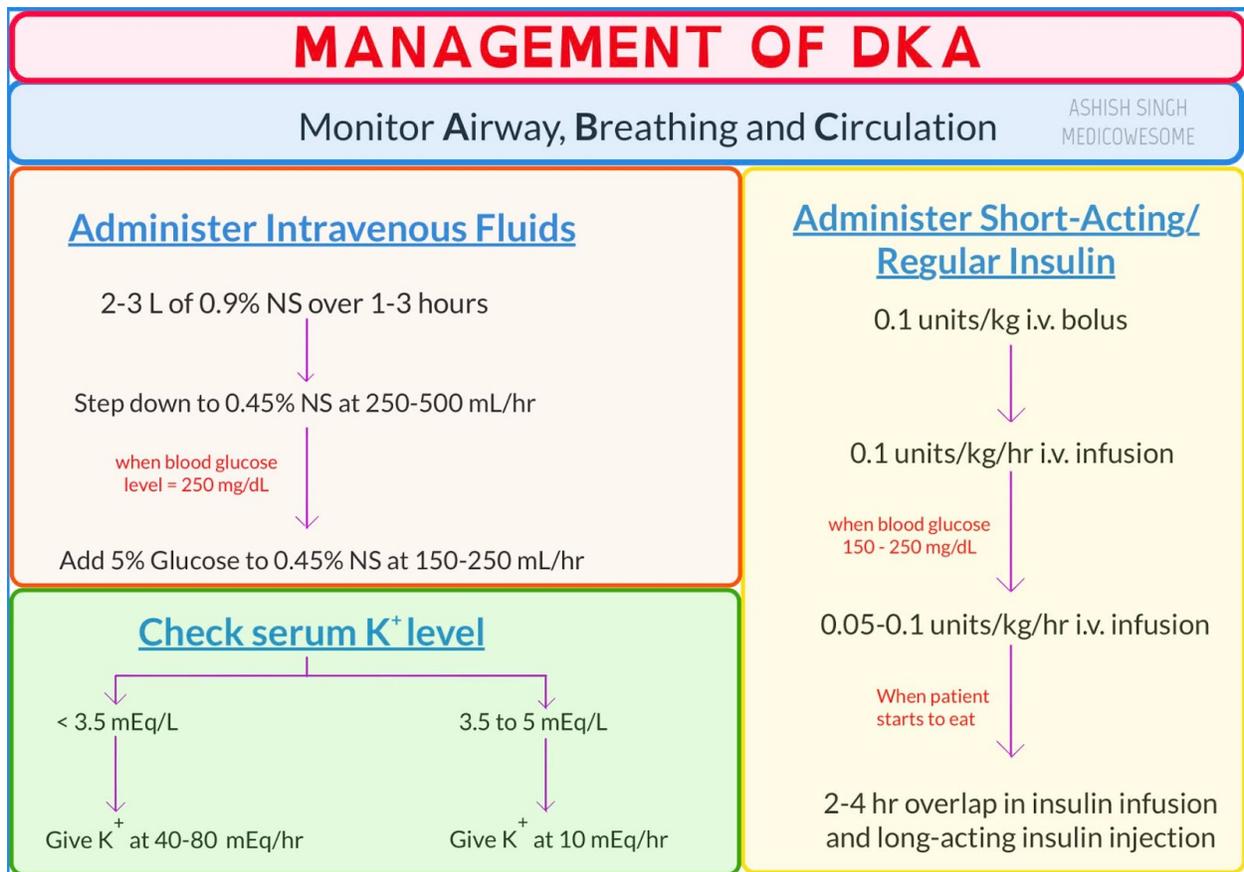
Diagnosis: Rheumatoid Arthritis

Ix: ESR, CRP, ACPA, RF, plain X-rays of hands, wrist, and feet

Name 2 disease modifying agents: Methotrexate, hydroxychloroquine, sulfasalazine (suppress inflammation); biologic response modifiers: Rituximab (suppress B cells), Abatacept (suppress T cells), Anakinra (IL1 blocker)

Acute flares: NSAIDs and Glucocorticoids

DKA Management



Precipitating factors of DKA: Insulin deficiency, infection, iatrogenic, MI, intoxication

Complications: cerebral edema, aspiration pneumonia, sepsis, hypokalemia,

### Digoxin

Blocks Na/K atp Ase pump, weak inotrope, typical dose is 500 microgram.

Indications: AF, heart failure

Contraindications: HCM, WPW syndrome

Toxicity: stop admin, check K levels, and treat arrythmia

Felty Syndrome: RA, neutropenia, splenomegaly

Caplan's sign: pneumoconiosis, RA, lung nodules

Complication of Shingles: Meningitis, Encephalitis, Post-herpetic neuralgias, corneal ulceration, dissemination of infection.

Clinical feature: facial nerve palsy, unilateral dermatomal vesicular rash, Ramsey Hunt Syndrome (facial nerve runs around the ear, so vesicular rash in the distribution of that nerve).