OSPE "N"

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Station 1: → Hypochromic
1) Microcytic anemia → Counselling
- Explain disease, treatment
- Inclusion & exclusion of diff causes of Anemia

Station=2:
1) DID = Psoriasis, Atopic dermatitis, seborrhic dermatitis contact dermatitis, drug induce erythroderma, Cutaneous T-cell lymphoma, HIV/AIDs associated erythroderma.
2) Other organ involved = Hair loss, Nail dystrophy
High CO failure, Renal → AKI
- lymphadenopathy, esinophilia

Station=3:
Examination of radial, Ulnar & Median Nerve, Percentile chart

Station=4: Picture given showing cephalohematoma
1) Diagnosis: Cephalohematoma: in parietal area
2) Complication = calcification & ossification
Jaundice, Anemia, Infection, Skull fracture
3) DIDs = caput succedenum, sub gleal hematoma
skull fracture, Epidural hemorrhage

Station=5 Hematological Examination of anemia

Station=6: Interactive = Hemorrhoids
1) Grades = grade 1 = Hemorrhoids stay inside the anus → Not painful
grade 2 = Protrude during bowel movement but go back inside on their own
grade 3 = Protrude & need to push back inside
grade 4 = Protrude permanently
2) Tx = Grade 1 = Injection sclerotherapy
II = By rubber band
III/IV = Hemorrhoidectomy → open - method - Milligan - Morgan
↳ closed Method = Ferguson

3) Complication - 1) strangulation 2) Thrombosis 3) Ulceration 4) Gangrene
5) Fibrosis 6) Suppuration

Station-07 Hand-Examination, Knee Examination
Station-08 History of neonate:, Percentile chart:, Neonatal resuscitation
Station-09:
• Ca-rectum → Counselling → For APR & permanent colostomy

Station-10: → Picture of radius & ulna → fracture:
1) Compound fracture
2) Complications: infection, delay union or non-union, malunion
·Compartment syndrome, Neurovascular injury
·Fat embolism syndrome
3) Treatment
1) Wound debridment, Prophylactic dose of antibiotic & Tetanus
2) Stabilize fracture
3) Fixation → internal or External.

Station-11: X-ray
1) Intestinal perforation
2) Mx: • Resuscitation → IV fluid, Nasogastric aspiration, Antibiotic, foley catheterization
• After resuscitation → laparotomy → midline incision, cavity is washed with plenty of saline and perforation may be closed primarily or exteriorized as ileostomy depend upon circumstance.
• Post-operative → ciprofloxacin → For two weeks.

Station-12: X-ray
1) Intestinal obstruction (Megacolon)
2) Mx: Resuscitation → IV fluid, NG aspiration, catheterization, Ab.
Surgery → Laparotomy via midline incision
resection ← gangrene ← look For viability of gut → suspicious → Wrapped in hot soaked pack For 10mins & 100% O_2 & reasses

Station 13. Picture

NG tube

Uses

1) Therapeutic
- For decompression in intestinal obstruction & paralytic ileus
- Gastric lavage in poisoning &
- In Gastric hemorrhage

2) Diagnostic = To diagnose Tracheoesophageal fistula in infants & To collect gastric juice for AFP

3) Feeding

T-tube

Uses - Biliary damage
- To Prevent stricture
- Post-surgical monitoring

Foley's catheter

Uses.
- In bladder outflow obstruction after TURP
- For measurement of urine output in critically ill patient

Station 14 : 4 year → H/O fever, pallor, lymphadenopathy, hepatomegaly

1) D/D:
- Acute lymphoblastic leukemia
- lymphoma
- Severe viral infection

2) How to confirm the diagnosis
- Peripheral Blood smear
- Bone marrow aspiration & biopsy
- Flow cytometery
- Serological test
- coagulation Profile

- Mx
  - If ALL → Supportive care • Prophylactic Abs & antifungal
    - → chemotherapy
  - Lymphoma → Supportive & chemotherapy & radiotherapy
  - viral → supportive, antipyretic & close monitoring

Station 15. 37 wks via C-section wt = 4kg, on 2nd day GTCS & lab show hypoglycemia

1) Diagnosis = Neonatal hyperinsulinism

2) Investigations =

Blood tests → insulin level, C-peptide, ketone bodies, cortisol and growth hormones, B(OH) butyrate ↓, Free fatty acid ↓↓

- Genetic testing
- Imaging

Complications: Hypoglycemia, Hypocalcemia, Polycythemia, Hyperbilirubinemia
- Respiratory distress syndrome.

Station-16 65 year old → post-menopausal, chronic backache, loss of height, wrist fracture.

1) Diagnosis
   - Osteoporosis

2) Risk Factors:
   - Post-menopausal
   - Age >65 year
   - sedentary lifestyle
   - steroid use
   - low Ca^+, vitamin D intake
   - smoking

3) One Treatment:
   Bisphosphonate (alendronate)

- Preventive = calcium & vitamin D

Station-17 14 year old → pain, swelling of left arm after trauma from 6 weeks → discharging sinuses, low grade fever, wt loss, anorexia

1) Diagnosis: Chronic osteomyelitis
2) Types: i) Acute osteomyelitis ii) Chronic osteomyelitis
3) Treatment:
   - Identify organism by culture
   - Antibiotics >8 weeks
   - Improve general condition of patient
   - Surgical debridment of dead bone
   - Amputation → in resistant cases.

Type I	Type II	Type III	Type IV
Medullary endosteal disease	Superficial cortical surface infected	Localized cortical sequestrum	Feature of I, III, II + Mechanical instability

Station-18 Part (A) 20 year student → Recurrent pain & swelling of joint → Younger brother same problem. CT- prolonged, aptt prolong, Hb = 8g%. TLC = 13000/mm³ = rest normal

1) Diagnosis: Haemophilia
2) Immediate Treatment: Avoid trauma, Aspirin, Immunization, supportive care (rest, ice, compression, elevation), Aminocaproic acid & transexemic acid
   - life-threatening bleeding: FFP, cryoprecipitate
   - Mild case → Desmopressin
   - Severe cases → Recombinant factor VIII

Part(B) 25 year old lady → bleeding from nose, petechiae, No lymphadenopathy

Splenomegaly. Hb = 18g/dl, TLC = 10500/mm³, Platelets = 12000/mm³
BT = prolonged CT = Normal

1). Diagnosis: Idiopathic Thrombocytic purpura.
2) Investigations: CBC
- Peripheral blood smear
- Reticulocyte count
- coagulation Profile
- Bone Marrow Aspiration

Station = 19

Instrument:

a) Artery Forceps: (curved & straight)
It is used to clamp & control bleeding From blood vessels.
- It is used to open up the abcess cavity, breaking its locati
- To crush base of appendix during appendectomy

b) Needle holder:
Uses: hold the curved needles which are used to suture the part
- It is used to performation ligation

c) Babcock's tissue forceps:
It is used to hold soft and delicate structures like fallopian tube & appendix

Station = 20: Radial Nerve Examination (Repeat), Modified radical Mastectomy → counselling

Station = 21 = MCV = 104, Hb = 6gm, → counsel patient: Diagnosis, Treatment, Differentiate

Station = 22 =

Steps of
1) Open-cholecystectomy
a) Pre operative paration (G.A, Pelus position supine)
2) Incision (right subcostal incision (Kocher's)
3) Exposure of gallbladder (retract liver superiorly)
4) Disection of calot's traingle
5) Ligation & division (cystic duct & cystic artery)
6) Gallbladder removed

- Irrigation & Hemostatu
- Drain placement (if needed)
- closure
- Post-operative care

Steps of lap-cholecystectomy:

1) Pre-operative preparation
2) Port Placement & Pneumoparitoneum → CO_2 used
   [closed → Veress needle
   [open (Hassen canula)
   i) Umbilical port (10mm)
   ii) Epigastric port (10mm)
   iii) Right midclavicular (5mm)
   iv) Right Anterior axillary port (5mm)
3) Identification & dissection of callot traingle
4) Clipping & division (cystic duct & artery)
5) Gallbladder separation
6) Specimen removed (through umbilical port)
7) Irrigation & Hemostasis
8) Port closure
9) Post-op care

Post-cholecystectomy syndrom: → Tx: ERCP done
Heterogenous group of disorders affecting patients who continue to complain of symptoms for which cholecystectomy was performed

cause: due to retained or recurrent calculi in CBD
- Papillary stenosis
- Biliary dyskenesia

Complication of cholecystectomy:
- Damage to hepatic duct or CBD, hepatic artery
- Biliary leakage leading to Peritonitis
- Wound complication → Hematoma, infection
- CO_2 retention
- incisional hernia

Station = 23 Picture showing unfused growth plate/fracture
1) Displaced or undisplaced → Displaced
2) Age by X-rays = look for → unfused growth plate
3) Emergency → need immediate surgery → compartment syndrom

Station-24: MRM → counselling

- i) What happened if I don't do it → chances of metastasis
- ii) Alternative to this procedure → Breast conserving surgery, Skin sparing, Nipple sparing surgery, Neo adjuvant Chemotherapy + Hormonal
- iii) Maintain breast symmetery → Breast reconstruction by implants or autologous tissue, Prosthetics

Triple assessment: i) History & examination
ii) USG, MRI, Mammography
iii) FNAC, Incision & trucut biopsy

Station: 25

Difference blw Preterm & term: → 37–42 weeks
before 37 wks

Complication of Preterm:
1) RDS 2) Apnea of Prematurity 3) PDA
4) Hypotension 5) Intraventricular Hemorrhage
6) Peri-ventricular Hemorrhage
7) Seizure 8) Necrotizing enterocolitis

- **Mx of RDS:**
  1) General supportive care
  2) Specific Management: 1) Warm humidified oxygen
  2) CPAP or IPPV 3) Surfactant replacement therapy 4) ~~Technique~~ Inhaled NO
  5) Antibiotics (penicillin or Ampicillin)

Indication to used caffein in baby
- Apnea of prematurity
- Prevention of bronchopulmonary dysplasia
- Facilitation of ex-tubation
- Neuroprotection

Station: 26 Picture → showing skin disease (coin-shaped)
i) Diagnosis: Tinea corporis
ii) Treatment: Topical antifungal (Ket[illegible]

. Triaryl amines

3) If we used topical steroid → it will worsen the infection by suppressing immune-response leading to tinea incognito

4) Test to confirm:
   i) KOH Mount ii) fungal culture

5) 3-fungal infection according to its site:
   1) Tinea corporis → trunk & body
   2) Tinea ~~cruris~~ cruris → Groin infection
   3) Tinea ungunum ~~unguium~~ → Nails
   4) Tinea Pedis → Foot infection
   5) " capiti → Scalp:

Station 27 Examination of Rheumatoid (Must do → phalen test, swan neck, Tinnel test, Make her do signatures, Active & passive movement & open a lock with key)

Station - 28 Pictures: unilateral → red group vesicle lesion on

1) Herpetic vesicular rash (shingle's) back along dermatome
2) caused by ~~Herpe~~ Varicella zoster virus
3) other complication of this virus:
   1) Chicken pox 2) Post herpetic neuralgia
   2) Herpes zoster ophthalamatuis
   3) Ramsay Hunt syndrome
   4) Encephalitis, meningitis, meyelitis

Station - 29 Diagnosis: of Acne given

1) Type of acne: obstructive acne • Inflammatory acne • Acne conglobata • Acne fulminans • Acne excoriee • Secondary acnee

2) Age group: It start at puberty, severe in late teenage year, persist into thirties & forties

⇒ iii) Treatment option
Mild & Moderate case → 1) Topical benzoyl peroxide or retinoids
ii) Azelaic acid → Erythromycin or clindamycin
iii) Systemic tetracyclin
If above failed → Isotretinon
• Moderate to severe Acne
  • Isotretinoin
  • combination with systemic glucocorticoids
  • intralesional injection triamcilone acetonide

Station = 30 = X-rays: Avascular necrosis → given
1) Diagnosis: AVN (sclerosis)
2) Investigation:
MRI (IOC)
CT-scan
Bone scan
3) Treatment:
1) Conservative → • Non-weight bearing Braces
• Analgesics
• Bisphosphonate
• Hyperbaric oxygen therapy
2) Pharmacologic therapy: • statin; Anticoagulant, vasodulator.
3) Surgical MX (For advanced AVN)
• Core decompression
• Bone Grafting, osteotomy, Total Joint replacement

Station: 31 Picture = greasy, yellowish, scaly plaques on scalp of infant
1) Diagnosis:
Seborrheic dermatitis
2) Common site involved: scalp, face, central chest & anogenital area.

iii) Mainstay treatment options:
- Avoid sunexposure
- Remove crusts by soak: mineral oil & keratolytic
- Saliaydic acid, coal tar shampoo
- Zinc shampoo
- Antifungal (ketaconazole) shampo
- Topical antifungal
- Selenium sulphule shampoo
- Potent topical corticosteroid

Station 32:
Instruthments of Neonatal resuscitation & uses.

Station = 33
one year moon facies, truncal obesity, skin fragility, hypertrichosis after infection of pruritus.

1) Diagnosis: Cushing syndrome
2) Associated cutaneous Manifestation: skin atrophy & fragility
- Striae
- Delay wound healing
- Hirsutism
- Easy bruising
- Hypertrichosis
- Acne & oily skin
- Hyper-pigmentation

3) Diagnostic investigation:
1) 24hr Urinary Free-cortisol test
2) late-night salivary cortisol test
3) Dexamethasone suppression test
4) ACTH level Test
5) CRH stimulation test
6) MRI brain
7) CT/-adrenal/MRI

Station: 34: X-ray

1) Dislocation of hip
2) Initial Managment:
   - Primary survey and stabilization (ATLS)
   - (ABC) (Airy, breathing, circulation)
   - Analgesia
   - clinical ~~imagm~~ Examination
   - Urgent Imaging
   - Urgent closed reduction (Allis maneover → For Posterior dislocation
     Bigelow maneover → For Anterior dislocation
     Stimson Maneover → Prone Technique for posterior dislocation)

Definitive Mx
- Early closed reduction (within 6hr)
- Surgery → For irreducible dislocation, fracture
- Total hip replacement in elderly people
- Rehabilitation

Station: 35 Non-ulcerated Nodule on shin after sorethroat (plaque)

1) Diagnosis:
   Erythema Nodosum
2) Investigation:
   - ~~Detect~~ Baseline investigation (CBC, ESR, urine analysis, X-ray)
   - infectious serology
   - Skin biopsy with histopathology
3) Treatment: Treat underlying cause
   Best rest
   - *KI
   - systemic/Intralesion corticosteroid
   - * HCQ, colchicine, Anti-TNF (infliximab, Entracept)
   - Resistant → Dapsone

Station: 36: 30 year - Patient pain in his right foot

→ H/O of taking losartan, hydrochlorthiazide
1) Diagnosis: Gout
2) Investigation
   - 24hr urinary uric acid
   - Arthrocentesis (IOC)

• Ice- pack

Mx:- • Acute attack = • NSAID (Naproxen & Indomethaun)
• colchicine
• Short course of corticosteroid

• chronic Mx = Avoid high purine diet
Avoid alcohol consomption, hyperuricemic promoting drug

• Urate lowering drug
• Allopurinol
• Febuxostat

• Uricosuric agent:
• Probenecid
• Sulfinpyrazone

• Pegloticase