



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



KOILONYCHIA

IRON DEFICIENCY ANEMIA

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/mm³..ESR 115 mm in 1st hour....Blood calciumhigh

5

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



Edit with WPS Office

A=MULTIPLE MYELOMA

B=SERUM AND URINE PROTEIN ELECTROPHORESIS

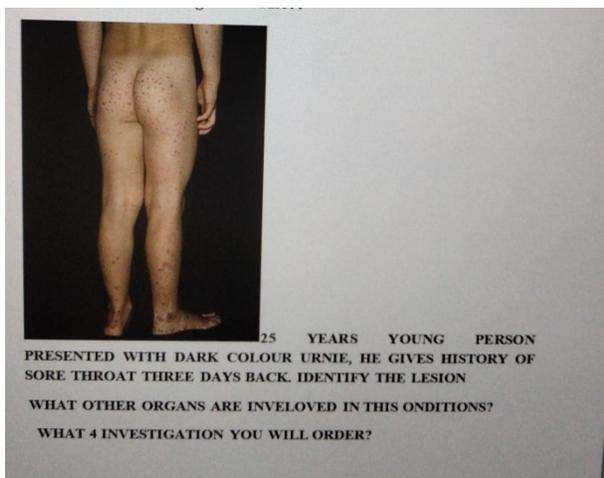
BONE MARROW BIOPSY

SKELETAL SURVEY

C=RENAL FAILURE

PATHOLOGICAL FRACTURE

INFECTION



A=HSP

B=JOINTS ,GIT

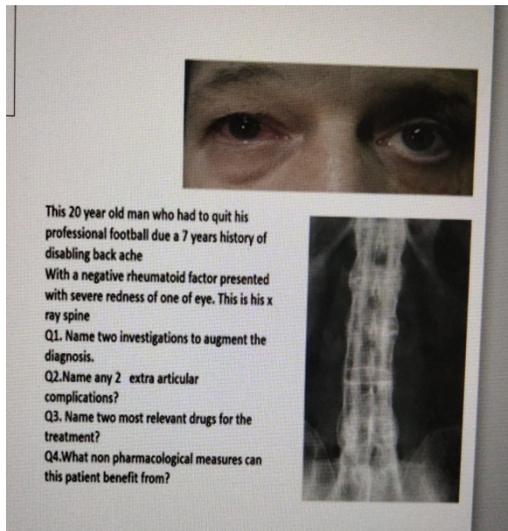
C=URINE ANALYSIS

SERUM IGA LEVEL

SKIN OR KIDNEY BIOPSY



COAGULATION PROFILE



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 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?

1. MRI SPINE

ESR CRP

2. ANT UVEITIS

CONJUNCTIVITIS

CARDIAC-AR

PULMONARY FIBROSIS

3. NSAIDS

SULPHASALAZINE

ANTI TNF

DMARDS

4. DAILY BACK EXTENSION EXERCISE

SWIMMING

AVOIDANCE OF POOR POSTURE



=> Extra-ocular Manifestations => Date
 1) Cardiac - Pericarditis, endocarditis
 2) Pulmo - Rheumatoid's nodules
 3) Hematological - Anemia, Thrombocytosis, Felty's spleen
 4) Nerve - Cervical cord compression
 (see book)

⚡ Asperger's Syndrome:

```

    graph TD
      RA[RA] --> FS[Felty's Spleen]
      FS --> NP[Neutropenia]
      RA --> NP
  
```

RA -> Felty's Spleen -> Neutropenia
 RA -> Neutropenia

RA -> Preneoplastic -> Lung Nodule

=> Tx:

1) DMARDs: (Methotrexate, Azathioprine, Anti-T
 2) NSAIDs + Steroids.

- x - x -

Question II:



A 10 month old boy weighing 10 kg is brought by the mother because of coughing for the last 2 days. Examination shows his respiratory rate of 55 breaths per minute and chest indrawing. The rest of examination shows no abnormal findings.

Q.1. Classify this child illness according to IMNCI?

Q.2. Write his treatment according to IMNCI?

Q.3. Write instructions for follow-up of this child?

1. Severe Pneumonia
2. Give first dose of an appropriate antibiotic.
Treat wheezing if present
Treat the child to prevent hypoglycemia
Refer urgently to hospital.

This is x-ray of the wrist joint of a three y boy.



Q.1. What are the positive findings?

Q.2. What is the diagnosis?

Q.3. What is the treatment?

1. •Cupping fraying and flaring of long bone
•Distance b/w epiphysis and diaphysis is increased
•Bone density is decreased
2. Rickets
3. Vit. D orally (2000-6000IU) for 4 weeks.
VitD3 injection 200,000IU as a single dose IM

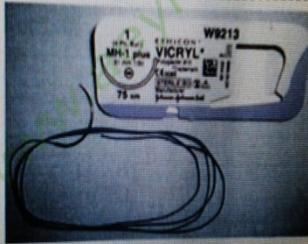
Paeds final osce 2014
developmental mile stones pe
ques tha
VSD
abdominal examination
arched foot pe questions thy



Edit with WPS Office

Carefully examine the given suture/ photograph and answer the following questions:

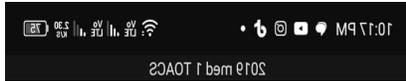
1. Is this structure synthetic or natural? 01
2. Is this suture absorbable or non absorbable? 01
3. What is the main advantage of this suture? 1.5
4. What is the disadvantage of this suture? 1.5



KEY:

1. Synthetic 01
2. Absorbable 01
3. Delayed absorption time 1.5
4. Poor knotting quality 1.5





periangual vasculitic lesion
cause-sle, dermatomyositis



PERIANGUAL VASCULITIC LESION

CAUSE-SLE,DERMATOMYOSITIS



Edit with WPS Office

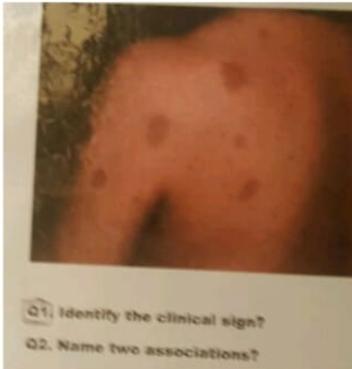
Edit



50



36



35 / 87

Tools

Mobile View

Share

Edit on PC

WPS AI



Edit with WPS Office

A 3 years old girl presented to the outpatient department with history of pallor. On examination she is pale, mildly jaundiced and afebrile and alert. There is no lymphadenopathy but her abdominal examination shows splenomegaly.

Investigations show:

- Hb = 10.0 gm %
- Retic count = 7 %
- White cell count = 8.4×10^9
- Platelet count = 164×10^9 /l
- MVC = 82 g/dl
- MCHC = 36 g/ dl
- MCH = 32 g / dl
- Peripheral smear shows spherocytic blood picture.

Questions:

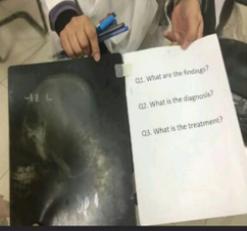
1. What is the diagnosis?
2. What is the mode of inheritance?
3. How would you confirm the diagnosis?

HEREDITARY SPHEROCYSTOSIS

AUTOSOMAL DOMINANT

OSMOTIC FRAGILITY TEST





Q1. What are the findings?
Q2. What is the diagnosis?
Q3. What is the treatment?

1. Hair on end
2. Thalassemia
3. •Blood Transfusion
•Chelating therapy
•Ascorbic acid

Q.
A child presents at 8 months age with progressive pallor. Examination shows severe anemia and enlarged spleen and liver. His elder brother receives regular transfusions.

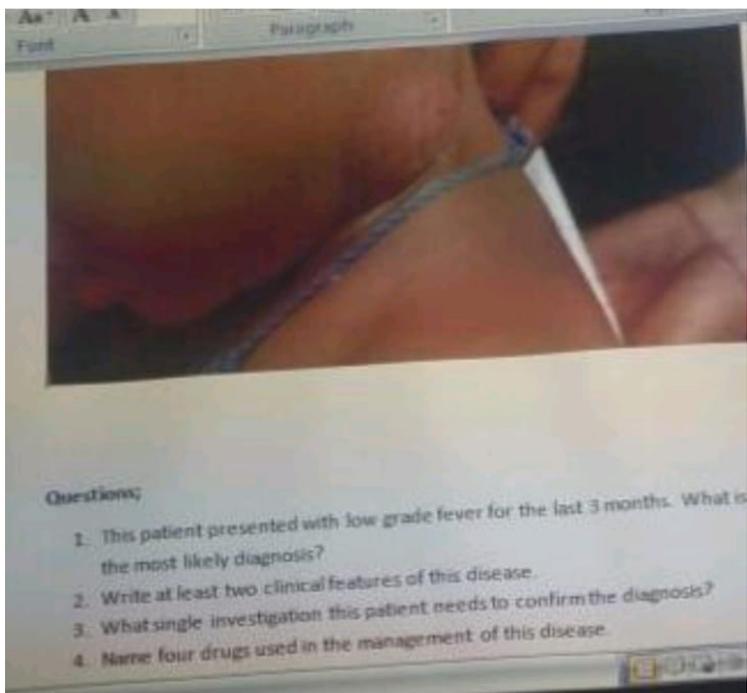
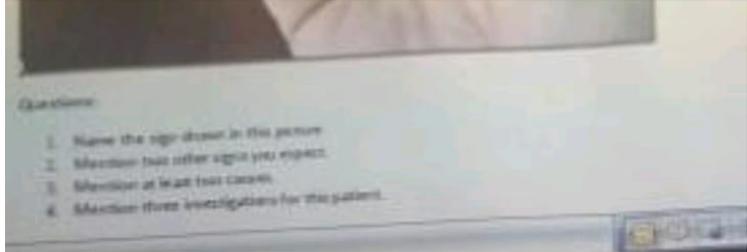
Questions:

1. What is the most likely diagnosis?
2. What investigations are needed?
3. What is the treatment?

1. Thalassemia
2. CBC
Hb Electrophoresis
Peripheral smear
3. Blood Transfusion
Chelating Therapy
Ascorbic Acid



2019 med 1 TOACS





Edit with WPS Office

Q:
A 4 years old boy, presented to the emergency department, because his parents were very anxious as the boy's skin was full of bruises. The bruises were more marked on the legs, but also present on the chest, back and few on face. On examination well looking, thriving boy, with marked bruises, no hepato-splenomegaly, no lymphadenopathy with normal stable vital signs.

Questions:
a) What is the likely diagnosis?
b) How will you investigate the child?
c) How will you treat them?

1. ITP
2. PT ,APTT,BT CBC
3. Conserative Mx
Corticosteroid
Anti D
Biologics

Q:
A 12 years old girl presents with recurrent bleeding from nose and fever for the last fifteen days. Examination shows a temperature of 100° F, severe anemia with no hepatosplenomegaly, and no lymphadenopathy. Special smear shows Hb 5 gm/dl, TLC 2000/dl, and Platelets 20000/dl.

Questions:
1. What does the special smear show?
2. What next test is indicated?
3. What is the most likely diagnosis?

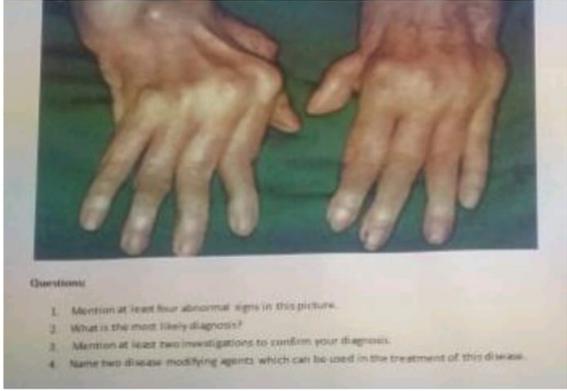
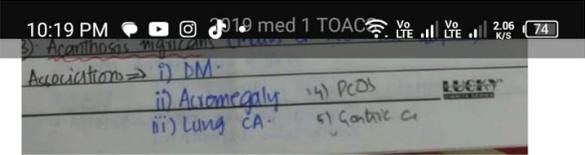
1. Pancytopenia
2. bone Marrow Biopsy
3. Aplastic Anemia

Q:
A 9 years old girl who had previously been well, present with difficulty in walking with tingling and pain in her legs. On examination, there is decreased tone and power in both the lower limbs, with reduced reflexes and down going planters. Her sensations are intact.

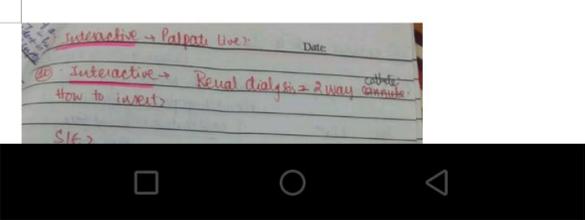
Questions:
a) What is the most likely diagnosis?
b) What investigations would you like to do?
c) What is the likely outcome?

1. GBS
2. CSF analysis
EMG
Nerve Conduction Studies
- 3.





44





What is the most likely diagnosis?

Give at least two diseases which may be associated.

Mention at least one drug which can be used for this condition.

Answers;

1. Raynaud's phenomena, Raynaud's disease.
2. Rheumatoid arthritis, scleroderma, SLE, mixed connective tissue disease, cryoglobulinemia.
3. Ischeamic ulcers, gangrene, amputation of the finger.
4. Calcium channel blockers.

55



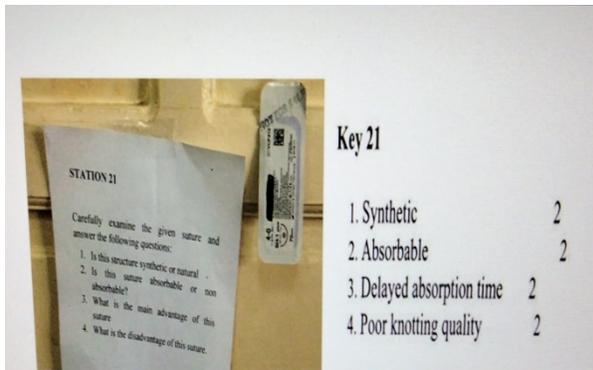
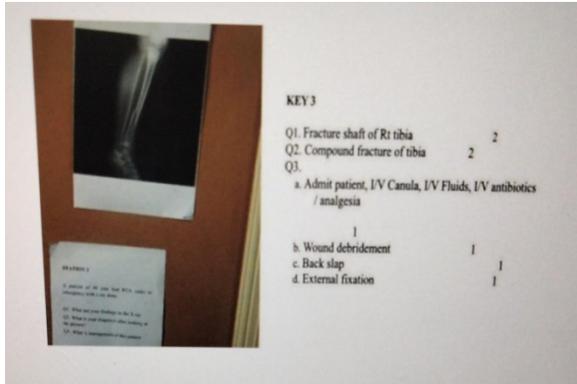
1. This young lady presented with fever and joint pain, what is the most likely diagnosis?
2. Name the most specific test for this disease.
3. Enumerate at least four drugs which can be used in this illness.
4. A1; Systemic lupus erythematosus.

A2; Butterfly rash, pyrexia, arthritis, oral ulcers, alopecia, discoid rash,

A3; Antidouble stranded DNA test.

A4; steroids—prednislone, ANSAIDs, hydroxylchloroquine, immunosuppressants—cyclophosphamide, azathioprine, methotrexate, biological agents—rituximab





Button hole deformity



Digital infarcts in SS



Edit with WPS Office

66



Scleroderma



DIC

7



STATION 14

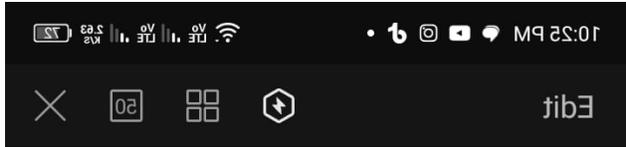


A 22-year-old unmarried girl presented to the surgical unit with severe diffuse abdominal pain for 2 days. On 2nd day of her admission she developed the signs shown in the following picture.

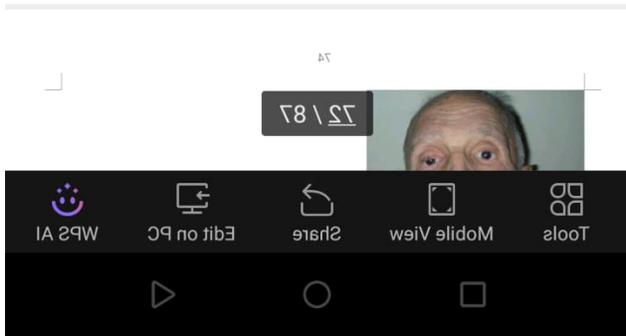
- Question 1: What is the most likely diagnosis? 4
- Question 2: What is the most serious complication? 3
- Question 4: Enumerate management points. 3

HSP





2systemic sclerosis



Edit with WPS Office



Edit with WPS Office



Steven johnson syndrome



Café au lait





Herpes zoster



Healed herpes zoster



Herpes zoster ophthalmicus



81



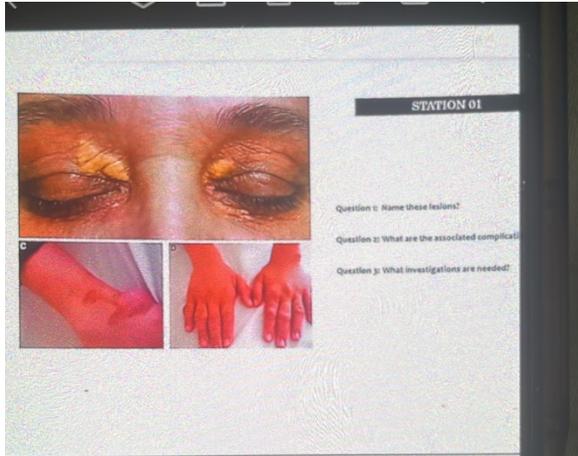
Petechiae due to fat embolism



Psoriatic arthropathy

82





Ospe
1 zinthelasma , zinthelastoma ,
2.



This is x-ray of the wrist joint of a three y
boy.



- Q1. What are the positive findings?
- Q 2. What is the diagnosis?
- Q 3. What is the treatment?



82



Kyphoscolosi



Leishmaniasis



Lupus vulgaris

81 / 87
83



Station 4
One year old child presented with pallor .
There is a family history of blood transfusion
O/E there is hepatosplenomegaly
Hx: HB electrophoresis is HB F 80 HB A1 20
Q1: what is the diagnosis ?
Q2: what is the treatment ?
Q3: Right down steps for prevention of above disease ?

Ans Q1:- Thalassemia
Ans Q2:-
* Transfusion therapy
* Chelation therapy
* Ascorbic Acid
* Splenectomy in case of hypersplenism
* Bone marrow transplantation
* Gene therapy
Ans Q3:->
* Genetic Counseling and Inheritance
* Antenatal diagnosis



Ans 02 Electrophoresis
= Blood CBC
= Bone marrow biopsy
- U/S

Ans 01 Thalassemia

STATION NO: 01
05 YEAR OLD MALE CHILD PRESENTS
WITH H/O REPEATED BLOOD
TRANSFUSION, AND O/E HE HAS
HEPATOSPLEENOMEGALEY.
A) WHAT IS THE MOST LIKELY
DIAGNOSIS.
B) HOW WOULD YOU CONFIRM
THE DIAGNOSIS.



A 3 years old girl presented to the outpatient department with history of pallor. On examination she is pale, mildly jaundiced and afebrile and alert. There is no lymphadenopathy but her abdominal examination shows splenomegaly.

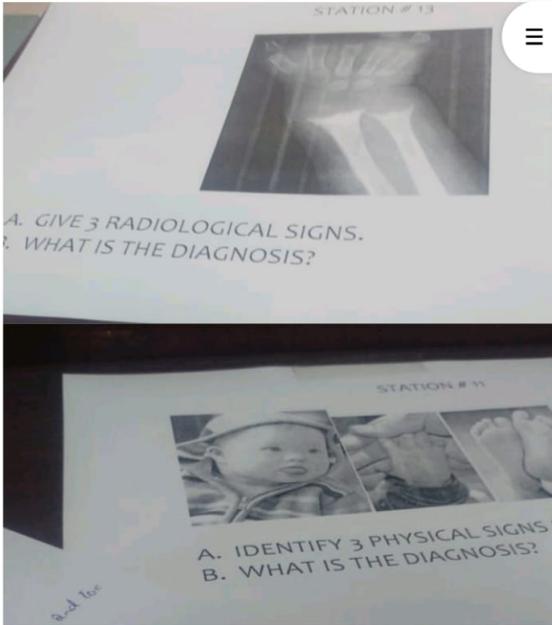
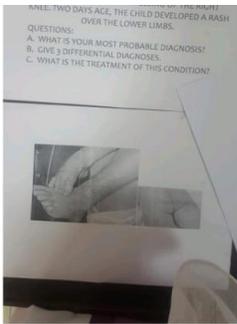
Investigations show:

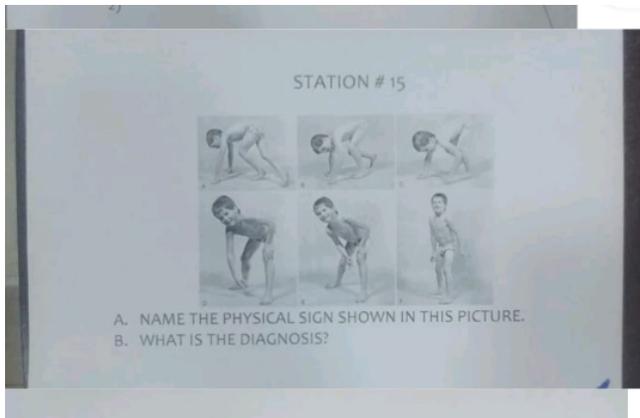
- Hb = 10.0 gm %
- Retic count = 7 %
- White cell count = 8.4×10^9
- Platelet count = $164 \times 10^9 / l$
- MCV = 82 g/dl
- MCHC = 36 g/dl
- MCH = 32 g/dl
- Peripheral smear shows spherocytic blood picture.

Questions:

1. What is the diagnosis?
2. What is the mode of inheritance?
3. How would you confirm the diagnosis?







GOWER SIGN

DUSCHENE



Edit with WPS Office

STATION # 01

THIS 3-YEAR-OLD MALE CHLD PRESENTED WITH PAIN IN ABDOMEN FOR PAST 7 DAYS (COLICKY), SWELLING OVER THE DORSUM OF HANDS AND FEET AND PAIN IN BOTH ANKLES WITH SWELLING OF THE RIGHT KNEE. TWO DAYS AGE, THE CHILD DEVELOPED A RASH OVER THE LOWER LIMBS.

QUESTIONS:

- A. WHAT IS YOUR MOST PROBABLE DIAGNOSIS?
- B. GIVE 3 DIFFERENTIAL DIAGNOSES.
- C. WHAT IS THE TREATMENT OF THIS CONDITION?



HSP



STATION # 03
WRITE DOWN THE AGE AT WHICH FOLLOWING
REFLEX APPEARS

PALMER GRASP
ROOTING REFLEX
MORO REFLEX
TONIC NECK REFLEX
PARACHUTE REFLEX

┌



2-USG-of abdomen with Doppler Studies

3-Beta-blocker, sclerotherapy/ band ligation, meso-caval shunt

Question No. 2

Topic: **Infectious Disease**

- 1: Which common infectious disease can lead to this deformity? (1)
- 2: Name four diagnostic investigations (2)
- 3: Name four drugs along with dosage & duration. (2)



Key

- 1- Curves spine / Tuberculous (1)
- 2- (0.5 each)
 - i. Mantoux test / Accelerated BCG test
 - ii. X-ray chest
 - iii. X-rays spine
 - iv. CT Scan spine
- 3- (0.5 each)
 - i. Rifampicin orally 10-20 mg/kg OD before breakfast for 1 yr
 - ii. Isoniazid 10-20 mg/kg/day OD for 1 yr.
 - iii. Pyrazinamide orally, 15-30 mg/kg/day for initial 2M
 - iv. Ethambutol (mg/kg) or Inj. Streptomycin (10-15 mg/kg x I/M x OD) for initial 2 months

Station 07 (A)



This is the x-pelvis of a multiparous lactating lady having ache and pains
Q1. What is the radiologic abnormality?
Q2. Name two specific biochemical investigations to reach the diagnosis?

CLINICAL SCENARIO

An 8 month old boy presented in the emergency room with the complaints of fever and cough for 3 days, vomiting for 1 day generalized fits for 1/2 hour. On



Edit with WPS Office

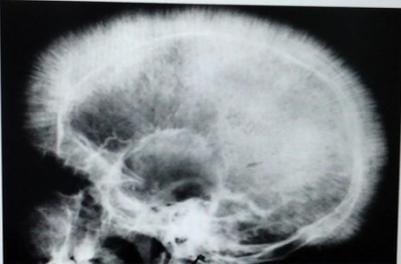
This is x-ray of the wrist joint of a three y boy.



Q1. What are the positive findings?
Q2. What is the diagnosis?
Q3. What is the treatment?

1. •Cupping fraying and flaring of long bone
•Distance b/w epiphysis and diaphysis is increased
•Bone density is decreased
2. Rickets
3. Vit. D orally (2000-6000IU) for 4 weeks.
VitD3 injection 200,000IU as a single dose IM

Station 07 (B)



This is the x-ray skull lateral view of 15 years old anemic boy with splenomegaly.
Q1. What is the radiologic abnormality?
Q2. What is the diagnosis?

THALASEMIIA



Station 14 (B)



- Q1. Identify the clinical sign?
Q2. Name three pulmonary complications?

Rheumatoid Arthritis
(Late stage)

Boutonniere deformity of thumb

Ulnar deviation of metacarpophalangeal joints

Swan-neck deformity of fingers



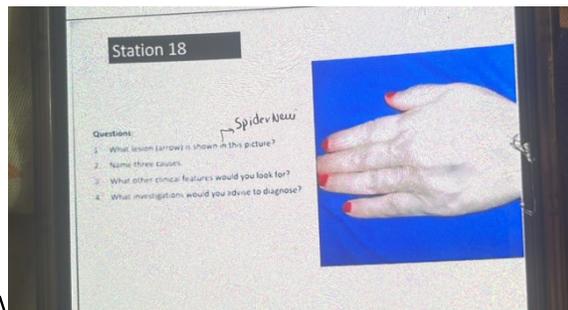
Station 05 (B)



- Q1. Identify the clinical sign?**
Q2. Name two associations?

ACANTHOSIS NIGRICANS

2. OBESITY, DM, GI MALIGNANCY



Station 18

Questions:

1. What lesion (arrow) is shown in this picture?
2. Name three causes.
3. What other clinical features would you look for?
4. What investigations would you advise to diagnose?

station 18

1. spider naevus
2. obesity PCOS ocps
- 3.
4. hormonal profile hep b c



Station 20 (A)



- Q1. What is the spot diagnosis?**
Q2. Name three drugs for treatment?

HERPES ZOOSTER

Station 19

This 45 years old lady presented with shortness of breath and dry cough for the last 7 years. She has cushingoid face and bilateral basal crepitation

Questions:

1. What is the most likely diagnosis?
2. What other clinical signs would you like to look for?
3. What further investigations she needs?
4. What is the most likely complication of this disease?



station 19

1. clubbing
2. wasting oral anemia gut ulcer
3. hrct
- 4.



Station 24

Questions: Dupuytren's contracture.

1. Name the sign shown in this picture.
2. Mention two other signs you expect.
3. Mention at least two causes.
4. Mention three investigations for this patient.



Hypothyroidism
diabetes
RA
- SLE

- X-ray → rule out
- US → thickened palmar cords
- TFFs

Station 20 (B)



- Q1. Identify the clinical sign?
Q2. Name three causes?



Station 27

Question:

1. What are these painful lesions in a febrile patient?
2. What other clinical signs would you look for?
3. Mention at least two diagnostic investigations.
4. Mention at least two complications of this condition.



27
osler noded

Station 28

Questions:

1. This lady is with 4 months amenorrhea, what are these signs?
2. Mention at least three causes of these lesions.
3. Mention at least three other signs the patient can have with these lesions.
4. Mention two other investigations.



28
erythema nodosum .. pregnancy. ocp
sarcoidosis



Station 32

Questions:

1. What abnormality is shown in this picture?
2. What muscles group is affected?
3. Name the condition in which this abnormality can occur?
4. What is the name of this posture?



32
 winging of scapula. limb girdle
 dystrophy. saratus anterior
 genetic condition

Station 34

This patient presented with a red and
 depressed to palpation.

1. What is the diagnosis? *Vit B12 def*

2. Identify three other clinical features you
 might expect. *Sci D's, glossitis*

3. What important history would you ask?
Diets history (meat)
Alcohol
• IIS x
• Fx
• medical hx



Station 36

This hyperaemic patient presented with the feature for the last 3 days.

1. What is the most likely diagnosis?
2. Mention two complications.
3. What investigation would you advise?
4. Mention two drugs with dose used in the treatment of the condition.

Handwritten notes:

- Amalgam
- Typhoid
- Adaptation of structure
- Kidney stones
- Local nephropathy

Handwritten notes pointing to the image:

- Serum UA levels
- Synovial fluid analysis
- RFTs

Station 38

Case history:
A 22-year-old unmarried girl presented to the surgical unit with severe diffuse abdominal pain for 2 days. On 2nd day of her admission the doctor got the signs shown in the following picture.

1. What is the most likely diagnosis?
2. What is the underlying pathophysiology?
3. What is the most serious complication? Enumerate management points.

Handwritten notes:

- MSD
- Mitral abs (bacterial)
- Joint aneurysm
- Nephritis
- pericardial effusion
- hypotension
- steroids

Station 39

Questions:

1. What is the most likely diagnosis?
2. Which neurological root area is involved?
3. What two local symptoms you expect in this patient?

Handwritten notes:

- Herpes Zoster
- Herpetic Dermatitis
- Pain
- Burning
- Blistery rash
- Postherpetic Neuralgia

derma

Station 52

A 45 years old house wife reports to your clinic for low grade fever, painful joints of hands and elbows for the last 05 months. The pain is worse in morning and relieves off after 45 minutes to 1 hour. Clinical examination reveals Temp 99.4Fo with symmetrical swelling and limitation of movements of the small joints of hands (BIL). Systemic examination reveals 3 cm splenomegaly.

1. What is the diagnosis? *RA*
2. What are the investigations you order in priority
↳ RF, Anti CCP, ESR, CBC, xray hand & feet.
3. Diagnostic criteria?
4. Treatment?
DMARDs, NSAIDs, Biological agents, steroids

Scanned with CamScanner

Station 53



Windows taskbar with icons for File Explorer, Edge, Mail, Chrome, Word, and WhatsApp. System tray shows the time as 69.4.

Station 42



QUESTION

Name of sign? *Koilonychia*

What is the underlying cause? *Fe def.*

What are the investigations?

↳ Fe Serum
↳ Ferritin
↳ CBC
↳ Hb.



Station 55

→ linea fasci & ringworm of face

1. What is your diagnosis?
2. Name the group of organisms which cause this infection. *Dermatophyte inf.*
3. Name 02 drugs which may be used to treat this disease.
 - ↳ *Antifungal (Topical)*
 - ↳ *Terbinafine*
 - ↳ *Clotrimazole*
 - ↳ *dry*

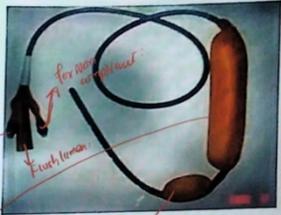


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Station 58

→ Dual balloon catheter

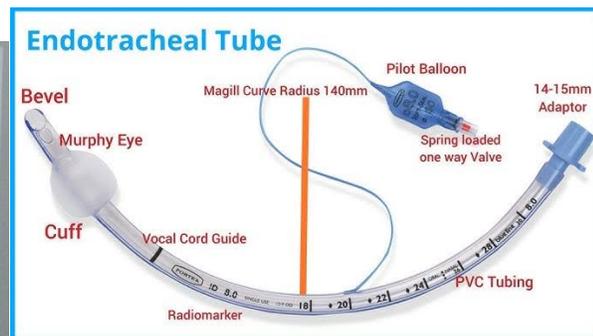
1. What is this instrument?
2. What are the different components shown in the picture?
 - 4 I already ppl*
 - ↑ inflation balloon for round compliant balloon*
 - ↑ elongated Non compliant balloon for sphincter dilation*
 - ↑ Round compliant balloon (flushing)*
 - ↑ Flush lumen*
 - ↑ for non compliant*
3. What is this used for?



Scanned with CamScanner

Station 59

1. What is this instrument and identify the pointed part of the instrument.
2. Write two indications.
3. Contra indications.
4. Write two complications associated with its use

A=ETT

B=AIRWAY PROTECTION IN HEAD INJURY=ND 2MECHANICAL VENTILATION



Edit with WPS Office

C=LARYNGEAL TUMOR

D=LARYNGOSPASM

VENTILATOR ASSOCIATED PNEUMONIA

Station 61

A 48 year old man presented with complaints of blackening of fingers of his hand for the past 6 weeks. He also noted a rash on his legs as shown in figure 8. General physical examination is unrevealing for bruits and peripheral pulses are uniformly palpable in the upper and lower limbs. The cardiac and chest examination is normal on examination of the abdomen, there is hepatomegaly along with splenomegaly. There is no evidence of lymphadenopathy.

a) What kind of rash is present on his legs?
b) What tests are indicated in this patient's work up?
c) What is the underlying diagnosis?



Scanned with CamScanner

Station 46

This 68 years old lady presented with low back pain.

Multiple Myeloma

Questions:

1. What are these X-ray findings?
2. What further investigations she needs?
3. What complications she can have?
4. How will you manage this patient?

Handwritten notes:

- ↑Ca
- ↓Anemic
- Renal Failure
- ↑BUN / creat
- Bone biopsy >10% plasma cells
- Protein Electrophoresis: Serum Ig >3g/dL, Urine B2 protein
- ESR ↑
- ↓Immunity
- Infections
- cord compression due to plasmacytoma
- atrophy of Bone
- ④ → Bone = Bisphosphonates / Transplant
- Anemia → Tx: Antib → Ab
- Renal = Avoid NSAIDs & IV contrast. Relembud



Station 74

SLE

1. What abnormality is shown and what is the diagnosis? **SLE**
2. Diagnostic criteria? **SLEACR**
3. Causative drugs? **SKIP**
4. Write two diagnostic investigations? **Target tissue**
5. Name two drugs which can be used for the treatment of this patient? **Antibiotics**
6. Monitoring? **Belimumab, Hydroxychloroquine**

PR
- eGFR
- urea
- creat

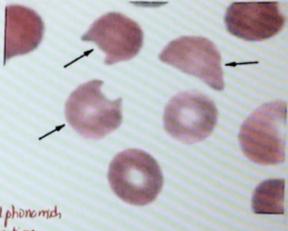
→ Regular checkups
Echo, Blood, urine



Station 79

A 30 years old male presents with high grade fever with chills and rigors for 3 days. He has received antimalarial and Paracetamol from a GP.

HB (6gm/dl), MCV (110), TLC (69,000), Platelets (180,000), Bilirubin (5.4mg/dl), ALT (30 IU/L), ALP (90 IU/L), Peripheral Blood film (No MP seen)



1. Identify cells? **Spherocytes**
2. What is the most likely diagnosis? **GI**
3. Name four agents which can precipitate an attack of this illness?
4. Write two treatment steps? **Stop offending agent**

Tx in:
- Sulphonamides
- Injections
- DKA, fava Bean
- Blood transfusion if req
- No splenectomy

Station 80

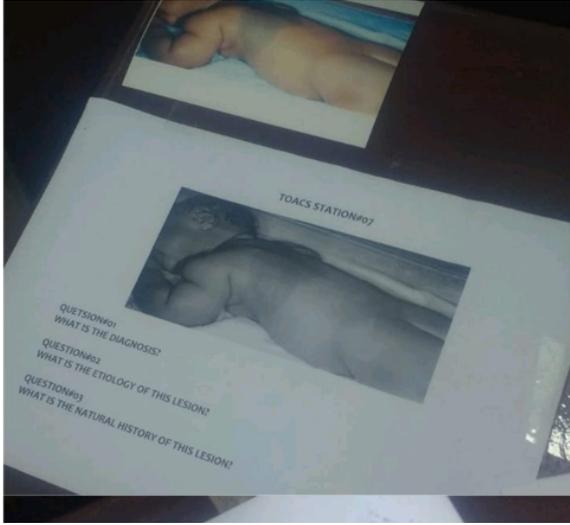
A 28 years old farmer is admitted in ICU with history of fever with chills and rigors of 8 days duration. He has been confined to bed 3 days and has been unresponsive since 1 day. Clinical examination reveals Temp 39.6, neck supple and 3 cms splenomegaly. The Blood picture of this patient is given below:

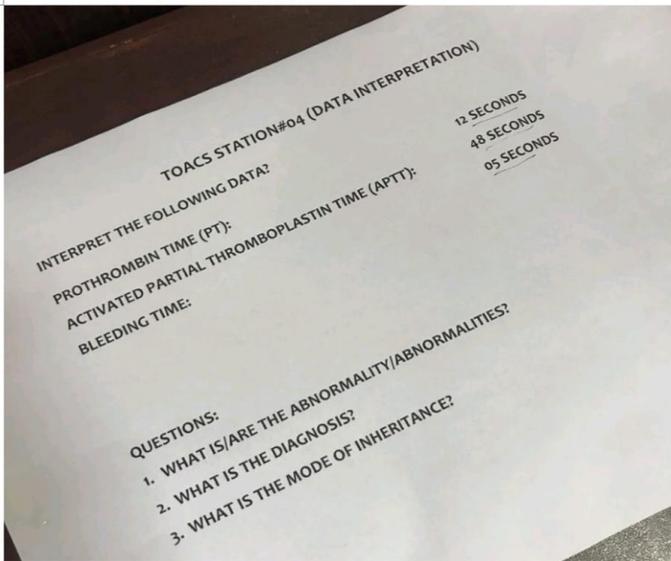


1. What is the abnormality?
2. How is it transmitted?
3. Types?
4. What is the complication it has caused?
5. Define cerebral malaria?
6. How will you diagnose?
7. Treatment of cerebral malaria?
8. Treatment in pregnancy?
9. Treatment of B & M? Malaise?
10. What is the prophylaxis?
11. SC of drugs?
12. Define recurrence, relapse, and reinfection?
13. Treat Hypnozoite?

CEREBRAL MALARIA







DIAGNOSIS=HEMOPHILIA

APPT PROLONGED=X LINKED RESCESSIVE

MONGOLIAN SPOTS



- Mongolian spots are flat, slate gray to blue black, single or multiple, large macular lesion of various sizes.
- Located over lumbosacral area,
- Fade after first two years of life.
- Occasionally persist into adulthood.
- Represent collection of spindle-shape melanocyte located deep in the dermis



- CLD
- Connective tissue disorders
- CCF
- Tuberculosis

- Give 3 radiological findings? [3]
- What is the diagnosis [2]



Key

- Radiological findings [3]
 - Cupping
 - Fraying
 - Flaring
 - Osteopenia
- Rickets [2]

MODEL PAPER
OSPE (PAEDIATRICS)
FOR FINAL YEAR M.B.B.S.

Q1.



- Identify 3 physical signs in these pictures? [3]
- What is the diagnosis? [2]

Key

- Signs [3]
 - Epicanthic folds
 - Low set ears
 - Simian crease
 - Increased distance between 1st and 2nd toe
- Down syndrome [2]



Station 51

This patient presented to hospital with history of dysphagia and had aspiration pneumonia. She also gives history of bluish discoloration of hands off and on.

- Systemic sclerosis
1. What is the diagnosis?
 2. Name four systemic complications of this disease.
 3. Name two diagnostic investigations?

↓
Blood test

ANA +ve
Anti Topoisomerase
Anti Centromere

Clin
dx

PFTs

(CBC, RFTs, ECG, UFT, CXR, EMI/CT)

→ Hypertension
• Myocardial infarction
• Pericardial effusion
• Pulmonary hypertension

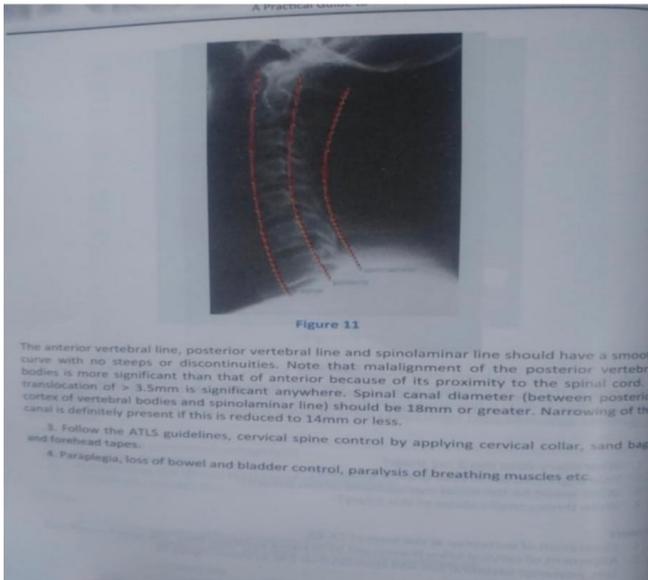


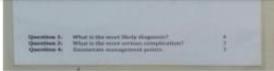
Figure 11

The anterior vertebral line, posterior vertebral line and spinolaminar line should have a smooth curve with no steps or discontinuities. Note that malalignment of the posterior vertebral bodies is more significant than that of anterior because of its proximity to the spinal cord. A translocation of > 3.5mm is significant anywhere. Spinal canal diameter (between posterior cortex of vertebral bodies and spinolaminar line) should be 18mm or greater. Narrowing of the canal is definitely present if this is reduced to 14mm or less.

3. Follow the ATLS guidelines, cervical spine control by applying cervical collar, sand bag and forehead tapes.

4. Paraplegia, loss of bowel and bladder control, paralysis of breathing muscles etc.



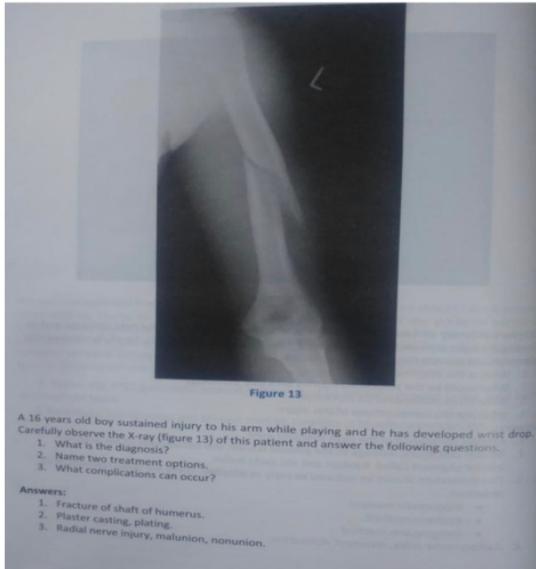
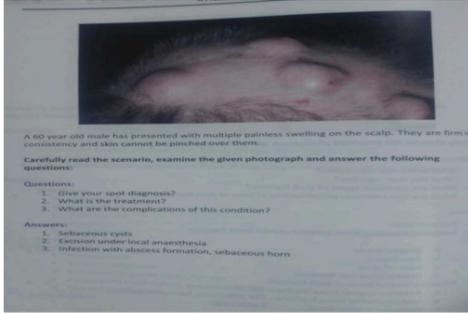


DIC?



Either DVT (most likely) or compartment syndrome.





ORTHOPAEDIC TRAUMA



Figure 12

A 30 years old male met a Roadside accident and presented with painful right shoulder and he is resting his right arm on the left hand. His x rays is shown (figure 12). Carefully observe this radiograph and answer the following questions.

1. What is the diagnosis
2. What could be the associated injuries with this pathology
3. Write three methods of its correction
4. What are the complications of this injury

Answers:

1. Anterior dislocation of the right shoulder joint.
2. Rotator cuff injury, damage to the glenoid labrum and detachment of the antero-inferior segment called Bankart and Hill sacks lesion.
3. This dislocation should be reduced as early as possible. There are three methods of its reduction.
 - Hippocratic method
 - Kocher's method
 - Hanging arm method
4. Axillary nerve palsy, recurrent dislocation.



Figure 14

An 8 years old boy falls on an outstretched hand and presents with swollen elbow, his movements of the arm are restricted and there is pain in the whole limb. His radiograph is shown in figure 14. Carefully observe this radiograph and answer the following questions.

1. What is the diagnosis?
2. Which nerve is most commonly injured in this type of fracture?
3. What are the other complications of this fracture?
4. How will you manage this patient?

Answers:

1. Supracondylar fracture of the humerus (Type III).
2. Median nerve.
3.
 - a. Vascular injuries: Brachial artery.
 - b. Nerves – radial, ulnar, median.
 - c. Volkmann ischemic contracture.
 - d. Mal-union, non-union.
 - e. Compartment syndrome
4. This is type III fracture (completely displaced). Fracture is reduced under anesthesia by traction and manipulation, but open reduction may be needed if closed reduction fails or if there is vascular injury. The reduction is maintained by k-wires.





Figure 15

Carefully observe the provided radiological study (figure 15) and answer the following questions

1. Name this investigation.
2. What are the positive findings?
3. What type of fracture is this?
4. What are the emergency management steps of this patient?
5. What is definite management of this fracture?

Answers

1. Radiograph of the radius and ulna; AP (anteroposterior) and lateral view
2. Fracture of the radius and ulna.
3. it is a transverse fracture of radius and ulna.
4. Follow the A,B,C,D of ATLS, splintage, analgesia.
5. internal fixation with dynamic compression plate (DCP) for radius and ulna.





Figure 16

This is the radiograph of 55 years old woman who has fallen on an outstretched hand in bathroom. On examination she has dinner fork deformity of the hand. Carefully observe this radiograph (figure 16) and answer the questions.

1. What are the findings on this radiograph?
2. What this fracture is called?
3. What do you mean by dinner fork deformity?
4. What are the complications of this fracture?
5. What is the management of this fracture?

Answers:

1. Fracture of the distal end of the radius.
2. **Colles' Fracture:** Colles' fracture is the fracture of radius within 2.5cm of wrist joint and there is dorsal displacement of the distal segment.
3. In this fracture the distal segment of radius is displaced dorsally and radially and wrist looks like a dinner fork (figure 17)
4.
 - Median nerve injury
 - Malunion
 - Rupture of extensor pollicis longus tendon
 - Sudeck's atrophy
 - Joint stiffness
5. Most of the time fracture can be treated by non operative methods. Close reduction is carried out under anesthesia and cast is applied. Operative treatment is rarely needed.



Figure 17