

Station 1

SLE scenario



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This young lady presented with fever, body aches, alopecia and blueish discoloration in the fingers along with these specific skin lesions shown in the photograph.

Question 01: Describe the rash? 3

Question 02: What is the most likely diagnosis? 3

Question 03: Name the most specific test for this disease. 2

Question 04: Enumerate the treatment options in this disease. 2



2.12 yrs old child Viva

Which age SLE is common in peads =BEFORE PUBERTY

Diagnostic criteria=ACR-19

Tests =CBS,ESR ELEVATED,UREA,CREATININE,COMPLEMENT LEVEL,ANA,ANTI-DS DNA ANTIBODIES,ANTI SMITH

Complications=INFECTION,BLEEDING,PERICARDITIS,SEIZURES,GLOMERULONEPHRITIS

Effect On

heart=PERICARDITIS,PERICARDIAL EFFUSION

brain= seizures,psychosis

kidney =lupus nephritis

Treatment -

Avoid sun exposure,NSAIDS,ANALGESIC,HYDROXYCHOLOROQUINE,BELIMUMAB

ACUTE FLARE=IV HIGH DOSE STEROIDS AND IV CYCLOPOSHPHAMIDE

MAINTENANCE=ORAL STEROIDS AND IMMUNOSUPPRESSANTS

Which immunosuppressant given? AZITHIOPRINE,MYCOPHENOLATE,METHOTERAXATE

3.Impetigo pic





Diagnosis =IMPETIGO

Organisms responsible =STAPH AUREUS AND STREP PYOGENES

Most common organ involvement =GLOMERULONEPHRITIS,BACTEREMIA,SEPSIS,TOXIC SHOCK SYNDROME

Treatment =MUPIROCIN AND FUSIDIC ACID, ANTIBIOTIC,LOCAL POTENT STEROIDS



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station (18)



- A) Enlist 3 morphological types of the disease?
- B) Write names of 3 drugs contraindicated in this disease?



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4. Psoriasis

3 Types = PLAQUE, GUTTATE, ERYTHRODERMIC, PUSTULAR

4 treatment =

TOPICAL = DITHRANOL, COAL TAR, VIT D ANALOGUE, GLUCOCORTICOID TOPICALLY

PHOTOTHERAPY = UVA, PSORALEN PLUS UVB

SYSTEMIC = ACETRITINON, METHOTERAXATE

REGIMEN =

GOECKERMAN REGIMEN = TAR PLUS UVB

INGRAM REGIMEN = DITHRANOL PLUS UVB

5. StatioN

Erythroderma





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Search



Diagnosis =ERYTHRODERMA

3 causes =

PREVIOUS SKIN CONDITION=PSORIASIS AND SEBBHORIC DERMATITIS

DRUGS=GOLD,ARSENIC AND MERCURY

MALIGNANCY=T CELL LYMPHOMA,HIV AND AIDS

3 complications =HIGH CARDIAC OUTPUT FAILURE,KIDNEY FAILURE,SEPSIS,DEHYDRATION AND ELECTROLYTE IMBALANCE,NUTRITIONAL IMBALANCE AND WT LOSS

Management =

STRICT URINE INPUT AND OUTPUT MONITORING

MONITOR BP AND TEMP

TOPIC GLUCOCORTICIDS

TREAT THE UNDERLYING CAUSE

Station 6

Surgery appendectomy



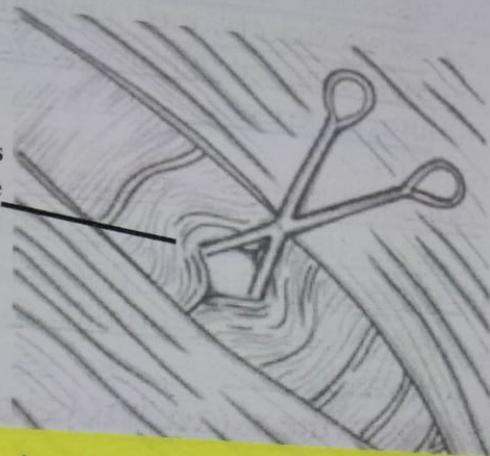
DIFFERENTIAL DIAGNOSIS → APPENDICITIS:

CHILDREN			ADULT			ADULT FEMALE			ELDERS		
CONDITION	S/S	DIAGNOSIS	CONDITION	S/S	DIAGNOSIS	CONDITION	S/S	DIAGNOSIS	CONDITION	S/S	DIAGNOSIS
1) GASTRO-ENTERITIS	Diarhea & Vomiting	NO RIF TENDERNESS	2) ACUTE PANCREATITIS	Hx of cholelithiasis & Alcohol	SERUM/URIN AMYLASE DIAGNOSTIC (4X)	1) Pelvic Inflammatory Disease (PID)	• Lower abd pain • Vaginal discharge • Pelvic tenderness • Bloating/micturition • Abnormal smeg/Heteroparasitism	• For vaginal examination • High vaginal swab • Wet mount/Heteroparasitism	2) HEMORRHOID DIVER TICULITIS		C/7 SCAN
2) MESENTERIC LYMPHADENITIS	Colicky Abdominal Pain • Cervical node enlargement • sore throat	Pain with circum-stal pallor • SHIFTING TENDERNESS to RLQ • Differentiate from Appendicitis	2) ACUTE CHOLE-CYSTITIS		ULS ABDOMEN DIAGNOSTIC	2) MIDDLE-SCHMERZ	• Mid cycle Pain due to rupture of cyst	• Lower abd Pain • Pelvic Pain • Substernal tenderness	2) INTESTINAL OBSTRUCTION	• Ir fluid, H&B • Haemogrietic stool • should be stretched even if Appendicitis suspicion	
3) MECKEL'S DIVER TICULITIS	• Rarely Hx of LGIB.	TENDERNESS CENTAL/LEFT SIDED	3) URETERIC COLIC	Character Radiation of Pain differs	• RBCs & Hx Cells in urine • Abdom U/S • KUB - X-ray	3) ECTOPIC PREGNANCY	• Pregnantcy test • Pelvic US • Anemic/hypovolemic shock	3) Ca Cecum	• Altered Bowel movements • Anemia • Mass in RIF	• CT abdomen • Barium enema • Colonoscopy	
4) INTUSSUSCEPTION	Median age 18mths Appendicitis < 2 yrs uncommon	Mass in Right lower Quadrant	4) ACUTE PYELO-NEPHRITIS (Rt sided)	• Pain/tenderness confined to loin, fever with rigors & pyuria		4) TORSION OF OVARIAN CYST	• of during operations when untwisting of adnexa • Ovarian cystectomy performed	4) Torsion Appendix Epiploic		→ CT → Diagnostic laparoscopy	
5) HEMORRHONOID PURPURA	• RTI, severe abdominal Pain • Ecthyematous Rash on extensors of limbs & buttocks	MICRO-SCOPIC HEMATURIA	5) PERFORATED PEPTIC ULCER	Sudden onset of pain in epigastrium passing down to periumbilical • Paralytic gut • Rigidity in RT hypochondrium	• CHEST X-RAY shows gas under diaphragm • CT Abdomen			5) MESENTERIC INFARCTION	• Rapid onset of severe abdominal Pain • Pain out of proportion to physical examination	Hx of atrial fibrillation • infective endocarditis	
6) LOBAR PNEUMONIA	• Rt sided lobar Pneumonia present with Rt sided Abdominal Pain	• NO TENDERNESS • CHEST X-RAY DIAGNOSTIC	6) TESTICULAR TORSION	Pain referred to RIF	Examination & SCROTUM			6) LEAKING AORTIC ANEURYSM	• Sudden severe Pain	Signs of shock	
			7) RECTUS SHEATH HEMATOMA	Acute Pain Tendered in RIF after exercise/trauma				7) Psoas ABSCESS			

ny:

only given
s given at
e anterior
bilicus, its
McBurney's

Splitting the fibers
of internal oblique
and transversalis



- (i) Gridiron → Oblique centred on McBurney's Point
- (ii) Lanz → transverse, in Langer's lines centred on McBurney's Point
- (iii) Rutheford Morrison → Extension of Lanz as necessary

(iv) Lower Midline

Rutheford Morrison

Gridiron

Lanz

Lower Midline



ropa and
in line of



... approach to principles of systemic surgery

ntials

... of right 10th and 11th dorsal
... e.g. T.B spine, metastasis,
... multiple myeloma,
... is of porphyrias and Diabetes
... ecal syndrome.

...
... appendicitis is mainly clinical,
... s should be performed to
... t acute appendicitis.

unt.

... ents with acute appendicitis
... nuclear Leukocytosis.
... nt of more than 14000 is
... ppendicitis.

... t to exclude urinary tract

emales):

... c pregnancy.

... supine posture; when
... if intestinal obstruction or
... sent.

... ray including diaphragm
... equested in suspicion of

n and pelvis:

... ents to rule out twisted
... ic pregnancy.

... the diagnosis of acute
... level of sensitivity.
... differentiate between
... an abscess

Alvarado scoring system:

A number of clinical and laboratory based scoring systems have been devised to assist diagnosis. The most widely used is Alvarado scoring system.

The Alvarado score system:

This system is combination of symptoms, signs and laboratory test and it can be memorized by mnemonic "MANTRELS" which is described below

Symptoms:

Migratory RIF pain	1
Anorexia	1
Nausea and vomiting	1

Signs:

Tenderness (RIF)	2
Rebound tenderness	1
Elevated temperature	1

Laboratory:

Leucocytosis	2
Shift to left (increase in segmented neutrophils)	1

Total 10

- A score of less than 5: no appendicitis.
- A score of 5 - 6: it is considered as equivocal and contrast enhanced CT of abdomen should be performed for further clarification.
- A score of 7 or more: acute appendicitis.

Complications of acute appendicitis:

... Con... or... Edit with WPS Office
... secondary to gangrenous or perforated appendix
... and can therefore be avoided

Treatment
Treatment of

APPENDIC

Conventional

A. Incisions:

1. Gridiron
This incision
incision for
right and
superior
centre be
point as sh



Skin, subcutane
external oblique
incision as show

STATION 7

10 years Baby pallor fever 3 weeks took antibiotics and antimalarial no improvement

High fever hb 5 wbc 3400 plateletes 22000

Diagnosis =ALL

Test for diagnosis =BONE MARROW BIOPSY,CYTOGENETIC,CYTOCHEMISTRY

Management =SUPPORTIVE CARE-TREAT ANEMIA,BLEEDING,BACTERIAL AND FUNGAL INFECTION

CHEMOTHERAPY-REMISSION INDUCTION ,REMISSION CONSOLIDATION AND REMISSION MAINTENANCE

STATION 8

FOUNDATION BLOCK 1
Static station

A 37 weeker born via NVD presented on 14 day of life with reluctant to feed, constipation and prolonged jaundice.



1. Name this condition? (2)
2. Write two investigations? (3)
3. What is the treatment of this condition? (1)



DIGNOSIS=CONGENITAL HYPOTHYROIDISM

TESTS=TSH,T4,CHECK LINEAR GROWTH,XRAY,THROID SCAN

TREATMENT=THYROXINE SIGNAL ORAL DOSE

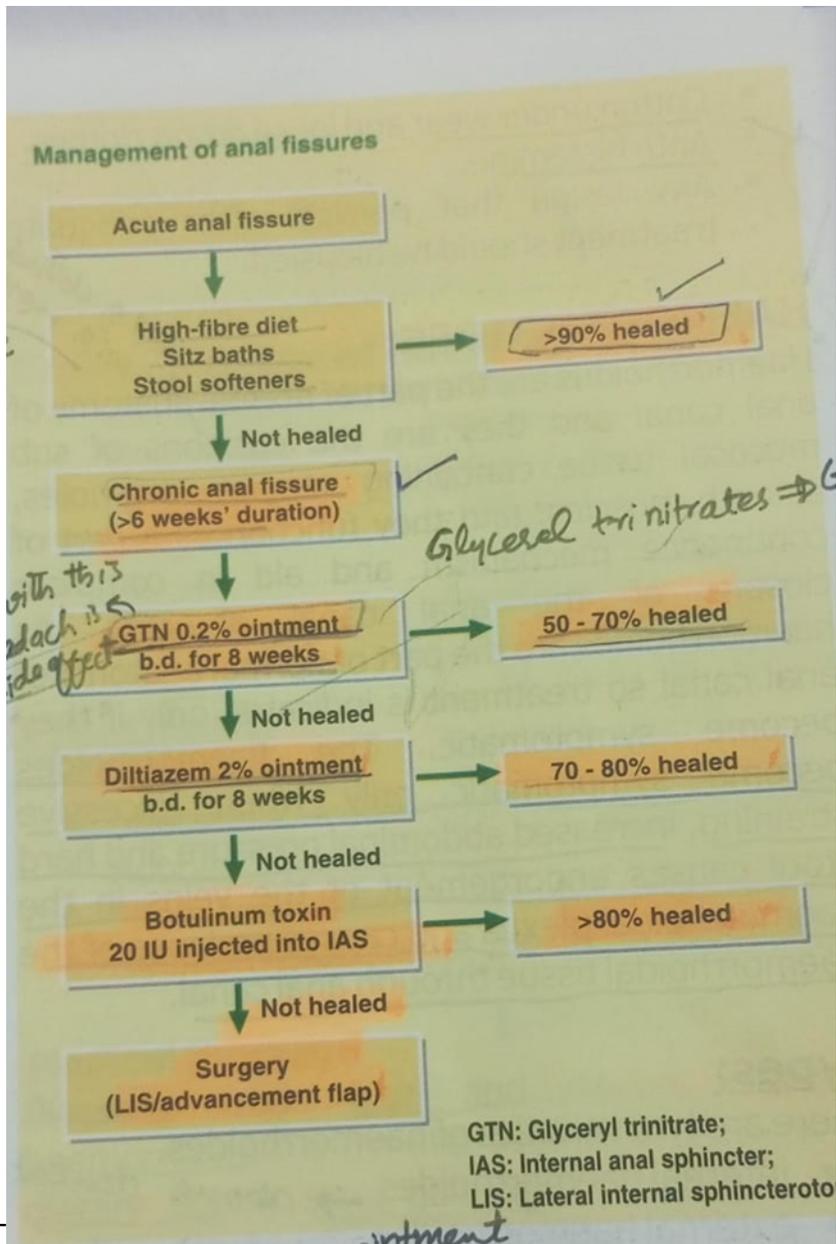
STATION 9

ANAL FISSURE

DDS=HEMORRHOIDS,ANAL ABCESS,FISTULA IN ANO,IBD

TESTS=CLINICAL INSPECTION,DRE AND ANOSCOPY IF TOLERABLE,FLEXIBLE SIGMOIDOSCOPY OR COLONOSCOPY,PELVIS MRI





TREATMENT

STATION 10

CLL SCENARIO

TESTS=BONE MARROW BIOPSY,FLOW CYTOMETRY

Tx=PURINE ANALOGUE,ALKYLATING AGENTS AND SUPPORTIVE

polycythemia scenario



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TESTS=CBC,ERYTHROPOETIN,JAK-2 MUTATION,BONE MARROW BIOPSY

Tx=PHLEBOTOMY,LOW DOSE ASPIRIN,HYDROXYUREA,ANTI-HISTAMIN ,ALLOPURINOL

STATION 11

orthopedic viva FRACTURE-HOW WOULD YOU PROCEED

1. Immediate Management (First Aid & Emergency Care)

Assess ABCs (Airway, Breathing, Circulation) – Especially in high-impact trauma.

Control bleeding – Apply direct pressure if necessary.

Immobilization – Use a splint or back slab to prevent further movement.

Pain management – Administer analgesics (NSAIDs, opioids if severe).

Neurovascular assessment – Check pulses, sensation, and capillary refill.

Wound care (if open fracture) – Cover with sterile dressing and start IV antibiotics (e.g., cefazolin + gentamicin).

Tetanus prophylaxis – If indicated.

2. Imaging & Diagnosis

X-ray (AP & lateral views) – Confirms fracture, displacement, and alignment.

CT scan (if needed) – For complex fractures, intra-articular involvement.

MRI (rarely needed) – For soft tissue or ligamentous injuries.

3. Definitive Management

A. Non-Surgical Treatment (For Stable, Non-Displaced Fractures)

Closed reduction (if minor displacement).

Long leg cast or functional brace.

Weight-bearing restrictions (Non-weight-bearing or partial weight-bearing as per healing progress).

Frequent follow-up with serial X-rays.

B. Surgical Treatment (For Displaced, Unstable, or Open Fractures)



Intramedullary Nailing (IMN) – Gold standard for most tibial shaft fractures.

External Fixation – Temporary stabilization in open fractures or polytrauma cases.

Plates & Screws (ORIF – Open Reduction & Internal Fixation) – For proximal/distal fractures or intra-articular involvement.

4. Postoperative & Rehabilitation Care

Early mobilization with physiotherapy.

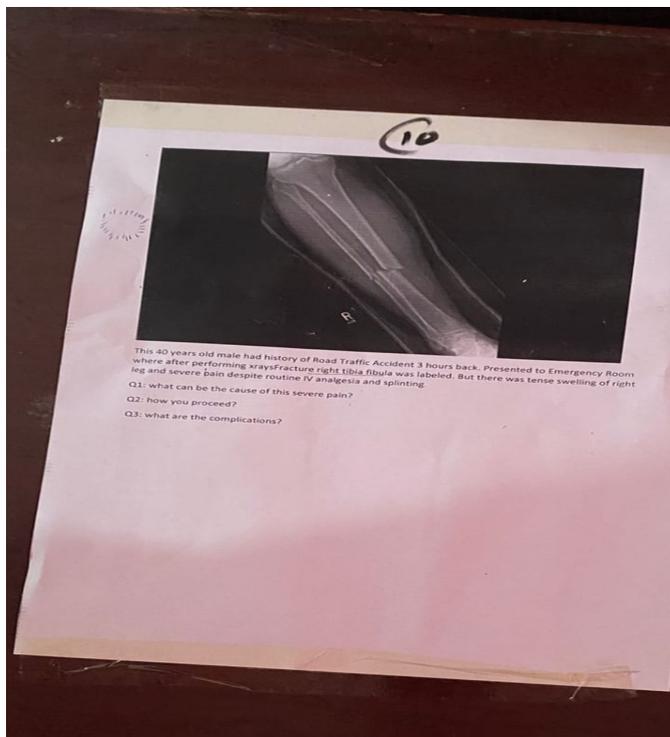
Gradual weight-bearing as per healing (usually 6-12 weeks).

Monitor for complications (infection, compartment syndrome, malunion/nonunion).

Regular follow-up with X-rays to assess healing.

STATION 12 =COMPARTMENT SYNDROME

COMPLICATIONS OF COMPARTMENT SYNDROME=ISCHEMIC NECROSIS,VOLKMANN CONTRATURE,NERVE INJURY ,LIMB DYSFUNCTION AND AMPUTATION,RHABDOMYOLYSIS,AKI



Compartment syndrome:

Clinical Features

- 1) ↑ Pain
- 2) Passively stretch → Extremely Painful (most sensitive)
- 3) Paresthesia
- 4) Absent Pulse
- 5) Massive swelling

Most common cause

- 1) Diaphyseal Fracture of Tibia
- 2) Soft tissue injury
- 3) Proximal tibial Fracture, Distal Femur fracture
- 4) Fracture of Both bone forearms, Fracture of Distal radius

Management:

- 1) Removal of compressing structure
- 2) Fasciotomy → should be within 6hr.

Indication:

- ① Most important → clinical suspicion
- ② Theoretical indication → Diff. b/w mean arterial pressure b/w intra & extra-comp
→ 40mm of Hg
→ 40mm of Hg

→ bc after 6hr → irreversible damage to muscle
↓ if u perform → lead Reperfusion injury



DEPARTMENT OF MEDICINE

KHYBER GIRLS MEDICAL COLLEGE.
HAYATABAD MEDICAL COMPLEX PESHAWAR.
PH # 091-9217140-47/091-5814093

A 23-year-old plumber presents with gum swelling and drowsiness. Previously fit and well, he first noticed some bleeding from his gums, coupled with easy bruising, over the last week. He takes no medications, smokes 10 cigarettes daily. On examination he has markedly swollen gums, several enlarged lymph nodes in the neck and groin, and 3-cm hepatosplenomegaly. Basic observations were unremarkable. Fundoscopy reveals several retinal haemorrhages and dilated retinal veins.

Hb 6.3 g/dl ↓
WCC 353.7 x 10⁹/l ↑
Platelets 6 x 10⁹/l ↓
Activated partial thromboplastin time 45 s (30-40) ^{PPT}
Blood film shows a heavy infiltrate of blasts with monocytoid features.

1. What is your diagnosis? 2
2. Enlist two treatment options? 4

STATION 13.....

DIAGNOSIS=AML

TWO Tx OPTIONS=SUPPORTIVE AND CHEMOTHERAPY



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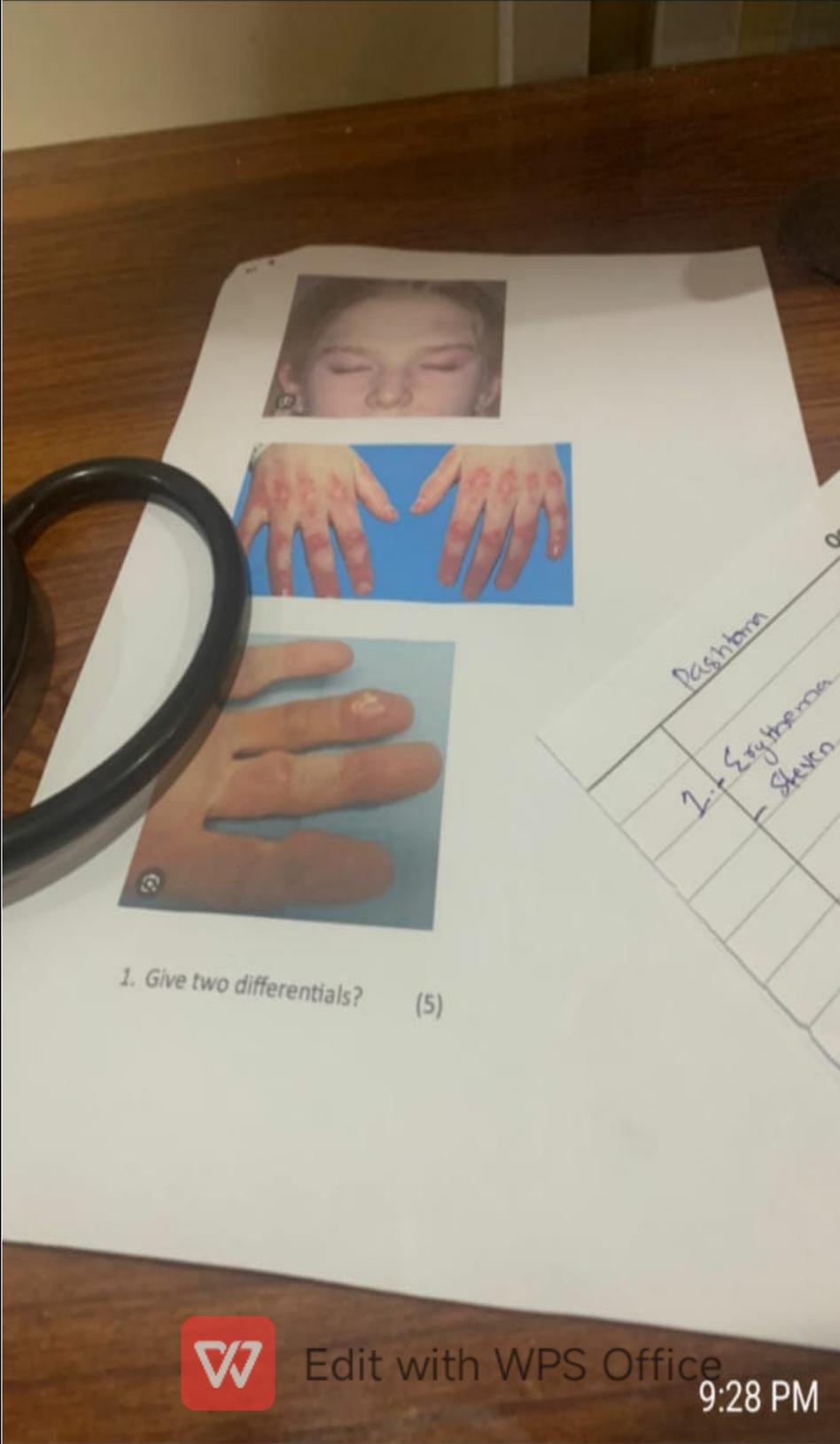


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15 March, 10:46 pm



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14..DERMATOMYOSITIS

SLE

PSORIASIS

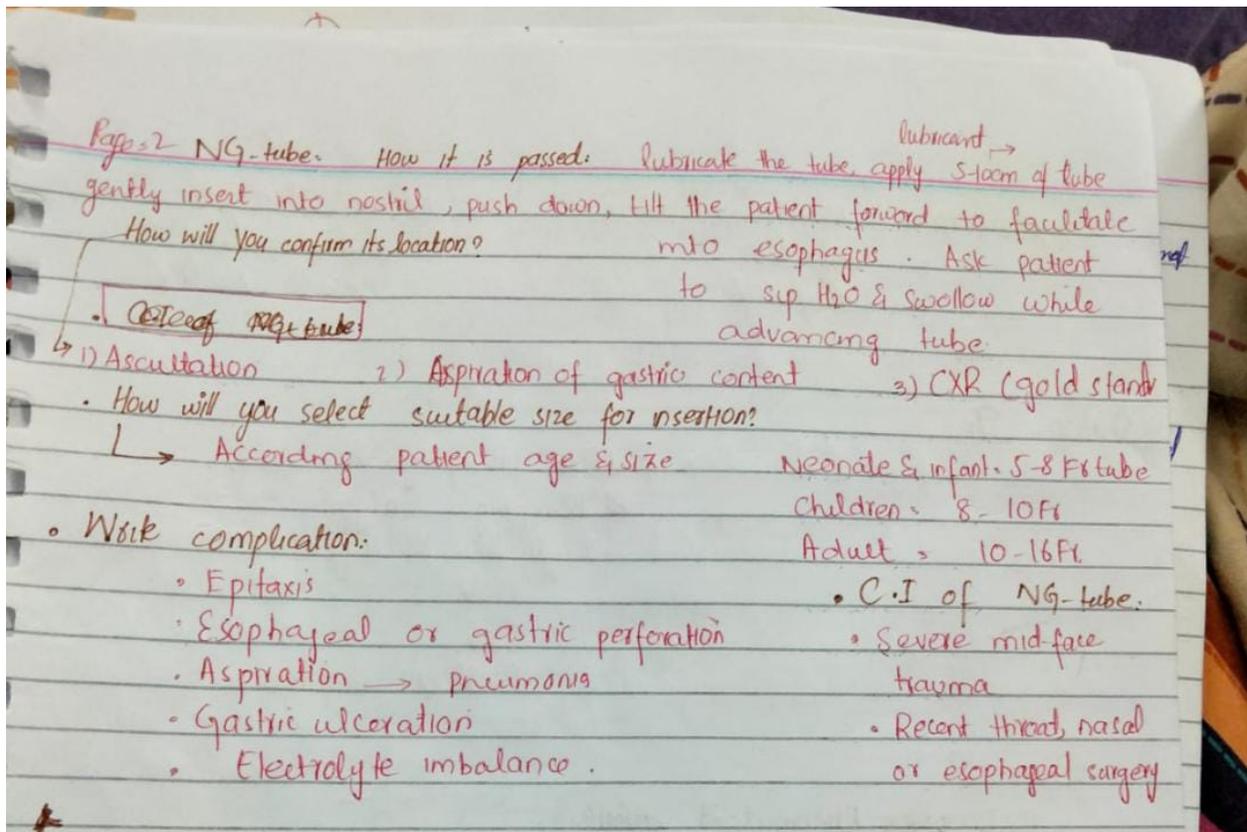
ERYTHRODERMA MULTIFORME

MIXED CONNECTIVE TISSUE DISEASE

SCLERODERMA

CRYOGLOBINEMIA

STATION 15=NG TUBE



STATION 16



CVP Indications =



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Hemodynamic monitoring (fluid status, right atrial pressure)

Shock management (hypovolemic, cardiogenic, septic)

Severe sepsis/septic shock (fluid resuscitation)

Heart failure (right ventricular function)

Major surgery/trauma (perioperative, fluid loss)

Central venous access (vasopressors, chemotherapy, TPN)

Hemodialysis/plasmapheresis (vascular access)

STATION 17

SURGICAL SAFETY CHECKLIST

Patient Name: _____ Procedure: _____ Date: _____

Notes: _____

Before induction of anesthesia SIGN IN	Before skin incision TIME OUT	Before patient leaves operating room SIGN OUT
<ul style="list-style-type: none"><input type="checkbox"/> Patient has confirmed:<ul style="list-style-type: none">• Identity• Site• Procedure• Consent<input type="checkbox"/> Site marked <input type="checkbox"/> Not applicable<input type="checkbox"/> Anesthesia safety check completed<input type="checkbox"/> Pulse Oximeter on patient and functioningDoes patient have a Known allergy?<ul style="list-style-type: none"><input type="checkbox"/> NO<input type="checkbox"/> YESDifficult airway/aspiration risk?<ul style="list-style-type: none"><input type="checkbox"/> NO<input type="checkbox"/> YES, and equipment/assistance availableRisk of >500ml blood loss (7ml/kg in children)?<ul style="list-style-type: none"><input type="checkbox"/> NO<input type="checkbox"/> YES, and adequate intravenous access and fluids planned	<ul style="list-style-type: none"><input type="checkbox"/> Confirm all team members have introduced themselves by name and role<input type="checkbox"/> Surgeon, Anesthesia Professional and Nurse verbally confirm:<ul style="list-style-type: none">• Patient• Site• ProcedureAnticipated critical events:<ul style="list-style-type: none"><input type="checkbox"/> Surgeon reviews: What are the critical or unexpected steps, operative duration, anticipated blood loss?<input type="checkbox"/> Anesthesia team reviews: Are there any patient-specific concerns?<input type="checkbox"/> Nursing team reviews: Has sterility (including indicator results) been confirmed? Are there equipment issues or any concerns?Has antibiotic Prophylaxis been given within the last 60 minutes?<ul style="list-style-type: none"><input type="checkbox"/> YES<input type="checkbox"/> Not applicableIs essential imaging displayed?<ul style="list-style-type: none"><input type="checkbox"/> YES<input type="checkbox"/> Not applicable	<ul style="list-style-type: none">Nurse verbally confirms with the team:<ul style="list-style-type: none"><input type="checkbox"/> The name of the procedure recorded<input type="checkbox"/> That instrument, sponge, and needle counts are correct (or not applicable)<input type="checkbox"/> How the specimen is labelled (including patient name)<input type="checkbox"/> Whether there are any equipment problems to be addressed<input type="checkbox"/> Surgeon, Anesthesia Professional and Nurse review the key concerns for recovery and management of this patient

