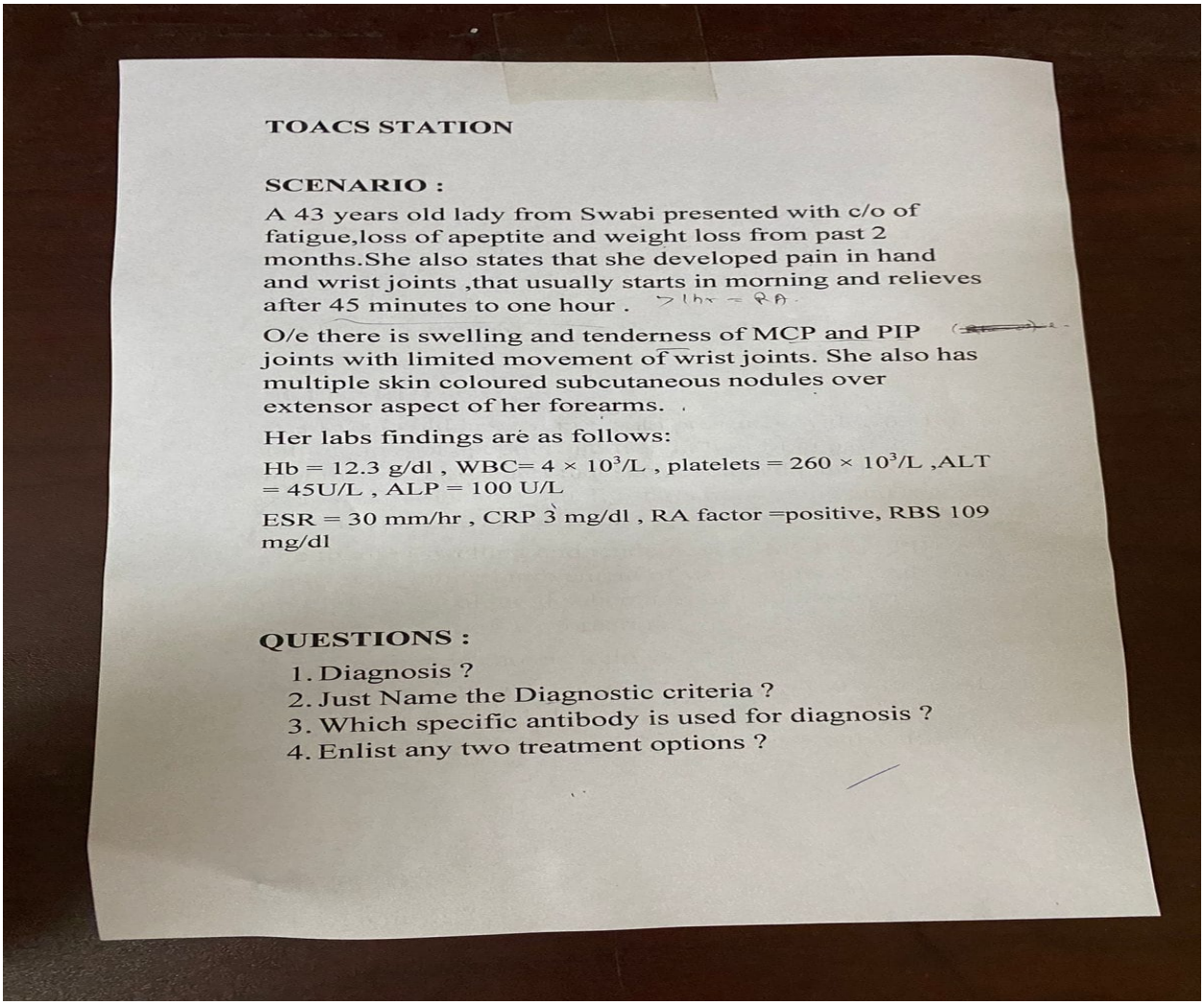
STATION 1



TOACS STATION

SCENARIO :

A 43 years old lady from Swabi presented with c/o of fatigue,loss of apeptite and weight loss from past 2 months.She also states that she developed pain in hand and wrist joints ,that usually starts in morning and relieves after 45 minutes to one hour .

O/e there is swelling and tenderness of MCP and PIP joints with limited movement of wrist joints. She also has multiple skin coloured subcutaneous nodules over extensor aspect of her forearms.

Her labs findings are as follows:

Hb = 12.3 g/dl , WBC= 4 × 10^3/L , platelets = 260 × 10^3/L ,ALT = 45U/L , ALP = 100 U/L

ESR = 30 mm/hr , CRP 3 mg/dl , RA factor =positive, RBS 109 mg/dl

QUESTIONS :

1. Diagnosis ?
2. Just Name the Diagnostic criteria ?
3. Which specific antibody is used for diagnosis ?
4. Enlist any two treatment options ?

DIAGNOSIS=RHEUMATOID ARTHRITIS

DIGNOSTIC CRITERIA=ACR

SPECIFIC ANTIBODY=ANTI-CCP

Tx=DMARDS,NSAIDS AND STEROIDS

Station (19)

A) Write the diagnosis?

B) Enlist 3 drugs causing it?

STATION 2

Diagnosis:

Fixed Drug Eruption (FDE)

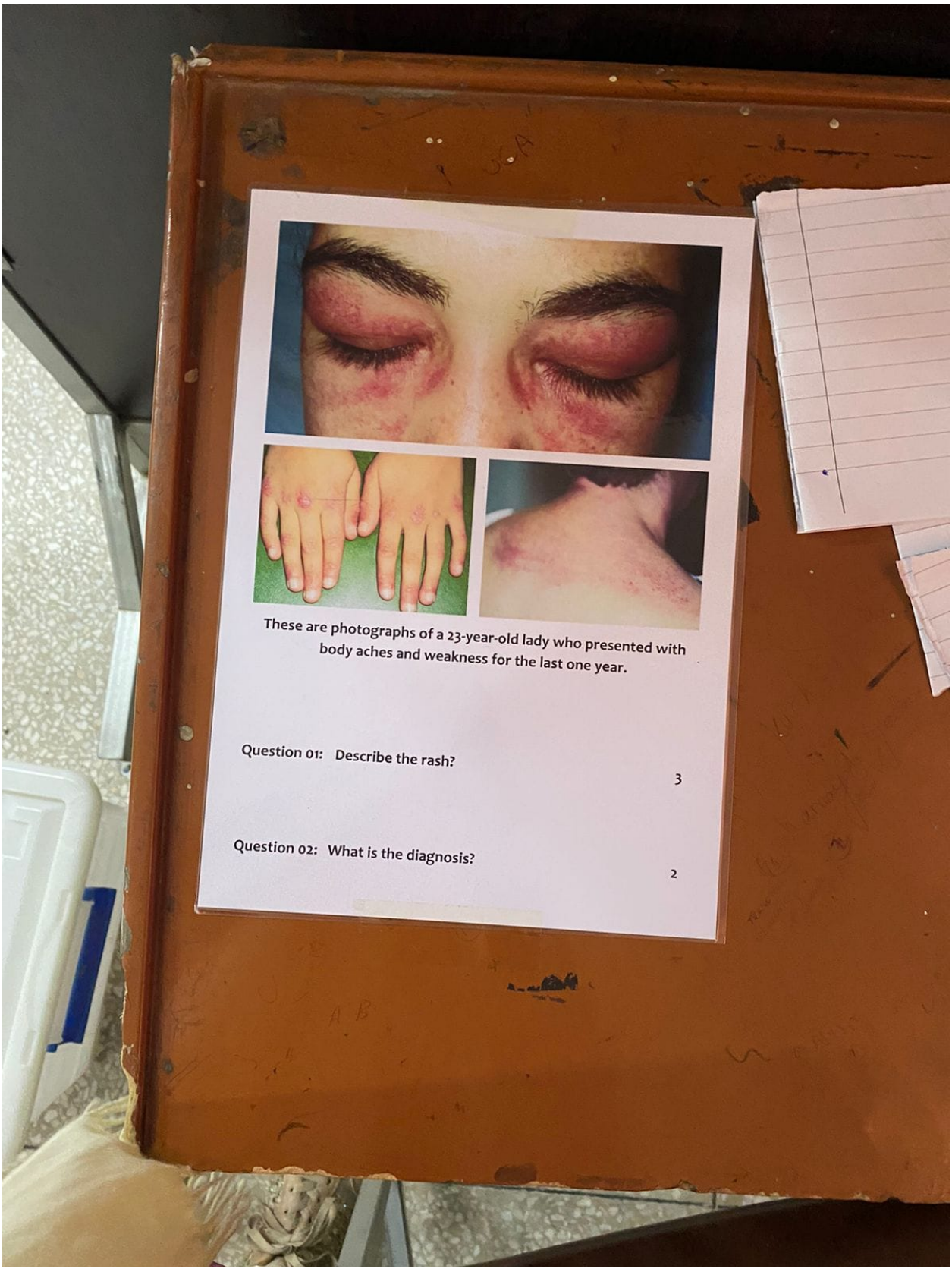
B) Three Drugs Causing It:

1. Sulfonamides (e.g., Cotrimoxazole)

2. NSAIDs (e.g., Ibuprofen, Naproxen)

3. Tetracyclines (e.g., Doxycycline)

STATION 3



These are photographs of a 23-year-old lady who presented with body aches and weakness for the last one year.

Question 01: Describe the rash? 3

Question 02: What is the diagnosis? 2

Q1: Describe the Rash

Heliotrope Rash – Violaceous discoloration over eyelids.

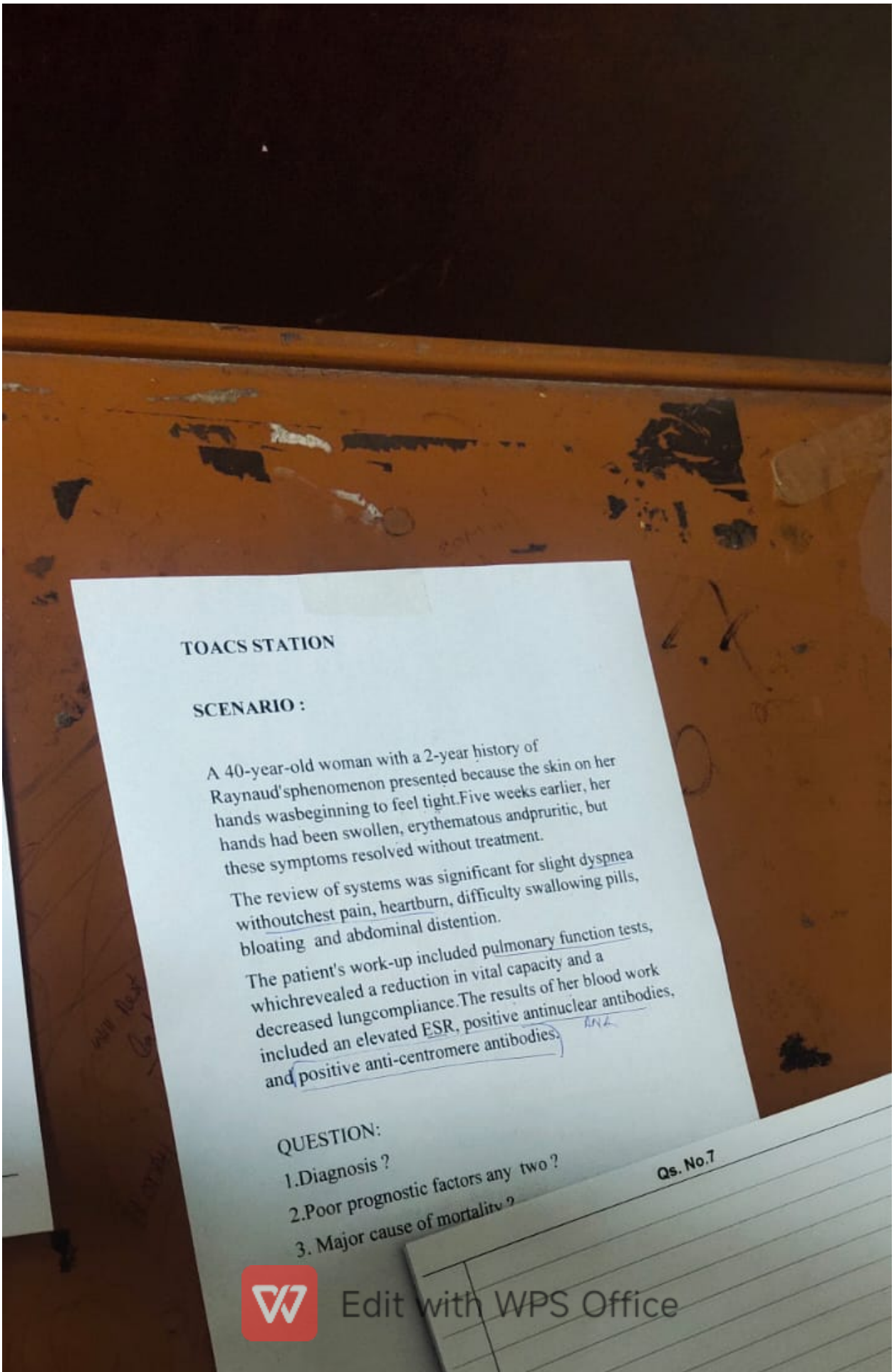
Gottron's Papules – Erythematous, scaly plaques over knuckles.

Erythema Over Neck & Shoulders – "Shawl Sign."

Q2: Diagnosis

Dermatomyositis

STATION 4



TOACS STATION

SCENARIO :

A 40-year-old woman with a 2-year history of Raynaud'sphenomenon presented because the skin on her hands wasbeginning to feel tight.Five weeks earlier, her hands had been swollen, erythematous andpruritic, but these symptoms resolved without treatment.

The review of systems was significant for slight dyspnea withoutchest pain, heartburn, difficulty swallowing pills, bloating and abdominal distention.

The patient's work-up included pulmonary function tests, whichrevealed a reduction in vital capacity and a decreased lungcompliance.The results of her blood work included an elevated ESR, positive antinuclear antibodies, and positive anti-centromere antibodies.

QUESTION:

1.Diagnosis ?

2.Poor prognostic factors any two ?

3. Major cause of mortality ?

Qs. No.7

Q1: Diagnosis

Systemic Sclerosis (Limited Cutaneous Type - CREST Syndrome)

Q2: Poor Prognostic Factors (Any Two)

Pulmonary involvement (Interstitial Lung Disease, Pulmonary Hypertension)

Cardiac involvement (Myocardial Fibrosis, Arrhythmias)

Q3: Major Cause of Mortality

Pulmonary Hypertension

STATION 5

TOACS STATION

SCENARIO :

A 30 years old married woman with 4 children presented with history of photosensitivity,intermittent join pain,low grade fever , diffuse hair loss and fatigue from past 5 months.

O/E There is well defined erythematous plaque over her b/l cheeks and dorsum of nose and periungual erythema with digital scars .Tenderness and swelling of wrist and elbow joints . Rest of the systemic examination is unremarkable .

Labs showed hemolytic anemia with thrombocytopenia with 2 plus proteinuria ,rest of the baselines are normal .

QUESTIONS :

1. Clinical diagnosis ?
2. Treatment options in pregnancy (any two) ?
3. Laboratory findings of active SLE ?
4. Just name the Diagnostic criteria ?
5. Name any two drugs causing this disease ?

Q1: Clinical Diagnosis

Systemic Lupus Erythematosus (SLE)

Q2: Treatment Options in Pregnancy (Any Two)

Hydroxychloroquine

Low-dose Aspirin

Q3: Laboratory Findings of Active SLE

Positive ANA (Antinuclear Antibody)

Positive anti-dsDNA and anti-Smith antibodies

Low complement levels (C3, C4)

Raised ESR/CRP

Hemolytic anemia, thrombocytopenia, leukopenia

Proteinuria (suggestive of lupus nephritis)

Q4: Diagnostic Criteria (Just Name)

SLICC (Systemic Lupus International Collaborating Clinics) Criteria

ACR-19

Q5: Name Any Two Drugs Causing This Disease

Hydralazine

Procainamide

STATION 6

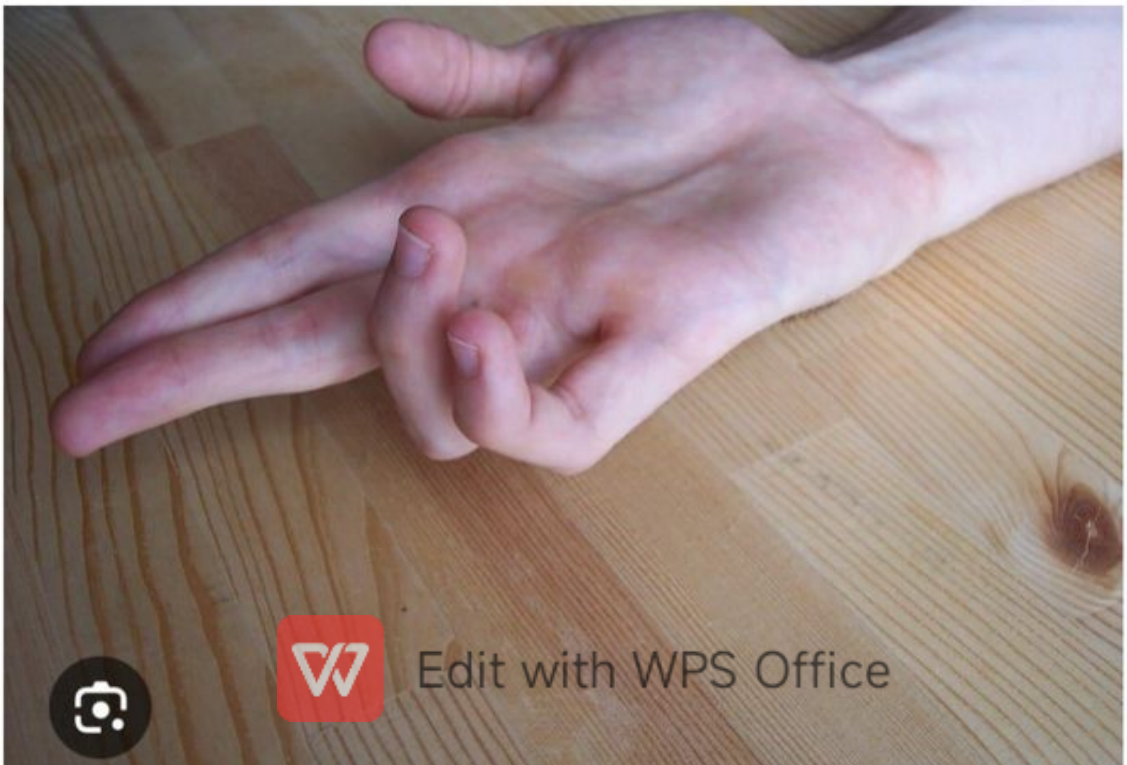
1) what's the pathology in picture

2)what causes this pathology?

3)at which anatomical level this pathology happens?

4)what are the investigations to confirm the diagnosis?

5)How will you treat it?



Q1: What's the pathology in the picture?

Ulnar Claw Hand (Clawing of 4th and 5th fingers)

Q2: What causes this pathology?

Ulnar nerve injury

Causes:

Trauma (fracture of medial epicondyle of humerus or hook of hamate)

Compression (e.g., Guyon's canal syndrome in cyclists)

Leprosy (Hansen's disease)

Q3: At which anatomical level does this pathology happen?

Lower ulnar nerve lesion (at wrist or Guyon's canal)

Q4: What are the investigations to confirm the diagnosis?

Clinical examination (Froment's sign, Wartenberg's sign)

Electromyography (EMG) and nerve conduction studies

MRI or Ultrasound (to detect nerve compression or injury)

Q5: How will you treat it?

Conservative:

Physical therapy and splinting

Avoiding aggravating activities

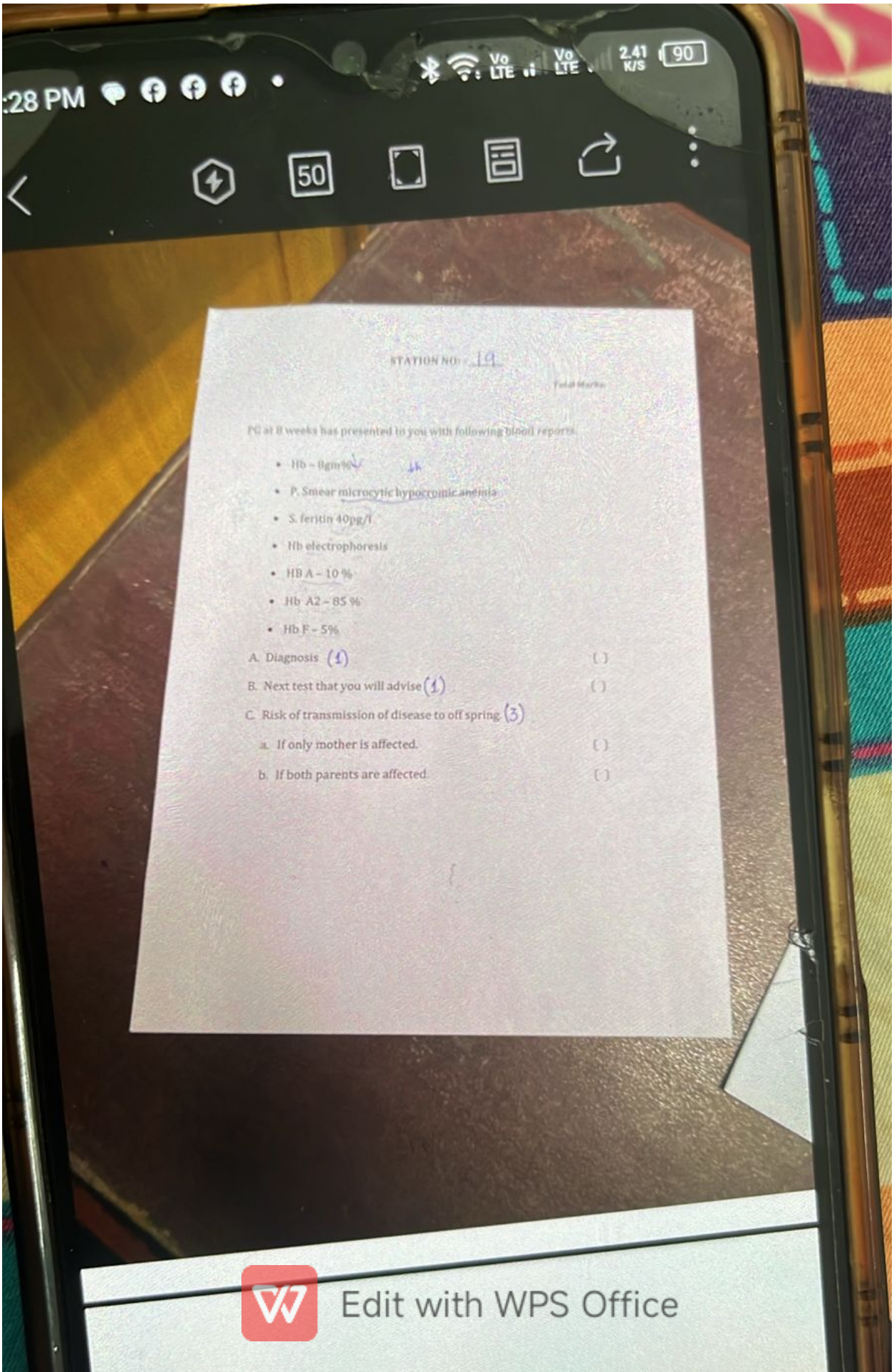
Medical:

Pain management (NSAIDs)

Surgical:

Nerve decompression or repair in severe cases

STATION 7


:28 PM
Vo LTE
Vo LTE
2.41 K/S
90
50
STATION NO: 19
Total Marks:
PG at 8 weeks has presented to you with following blood reports.
• Hb – 8gm%
• P. Smear microcytic hypocromic anemia
• S. feritin 40pg/l
• Hb electrophoresis
• HB A – 10 %
• Hb A2 – 85 %
• Hb F – 5%
A. Diagnosis (1) ( )
B. Next test that you will advise (1) ( )
C. Risk of transmission of disease to off spring (3)
a. If only mother is affected. ( )
b. If both parents are affected. ( )
Edit with WPS Office

A. Diagnosis

Beta-Thalassemia Trait (Minor)

Findings Supporting Diagnosis:

Low Hemoglobin (8 g/dL)

Microcytic Hypochromic Anemia on Peripheral Smear

Increased Hb A2 (85%)

Slightly Elevated Hb F (5%)

B. Next Test to Advise

Father's Hemoglobin Electrophoresis (to assess carrier status)

Genetic Counseling (if both parents are carriers)

C. Risk of Transmission to Offspring

If only the mother is affected:

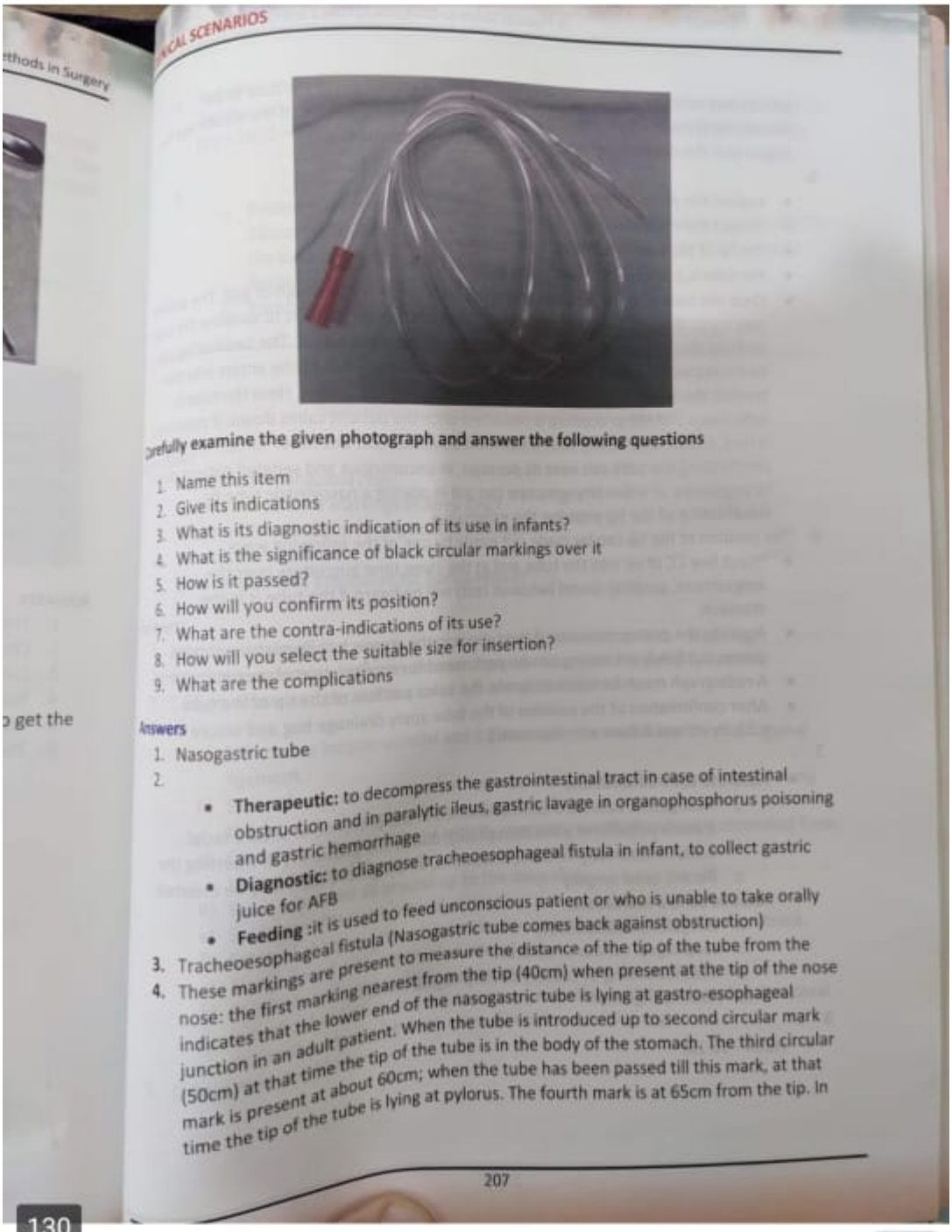
Child will be a carrier (Beta-Thalassemia Trait) but asymptomatic

If both parents are affected:

25% chance of having Beta-Thalassemia Major (Severe form)

50% chance of being a carrier (Beta-Thalassemia Trait)

25% chance of being unaffected



ethods in Surgery

CAL SCENARIOS

refully examine the given photograph and answer the following questions

1. Name this item
2. Give its indications
3. What is its diagnostic indication of its use in infants?
4. What is the significance of black circular markings over it
5. How is it passed?
6. How will you confirm its position?
7. What are the contra-indications of its use?
8. How will you select the suitable size for insertion?
9. What are the complications

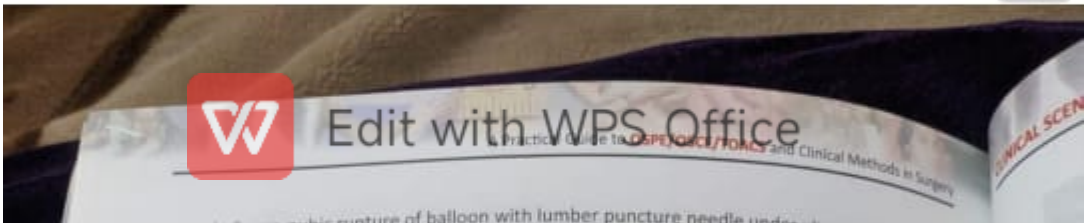
get the

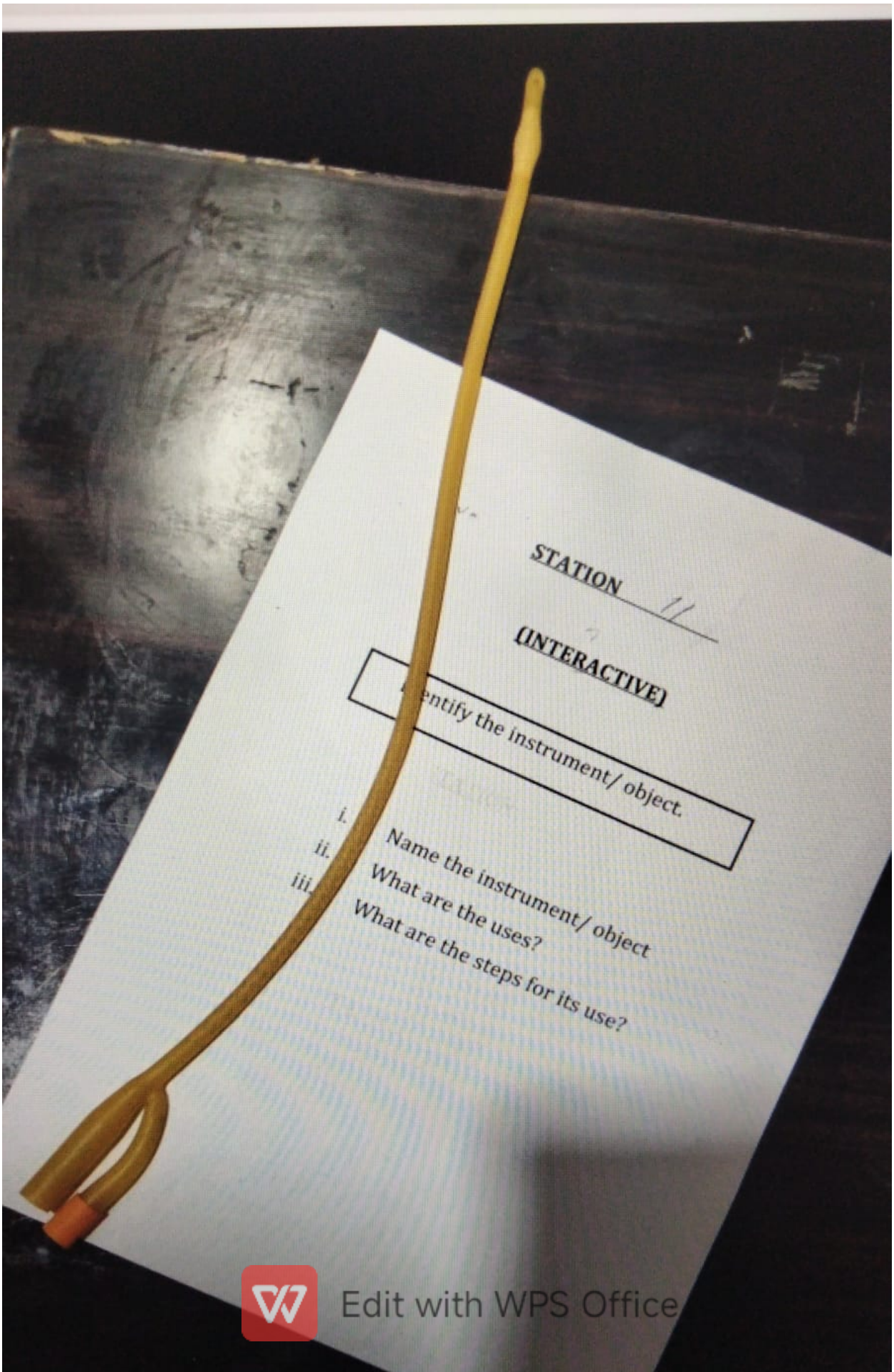
Answers

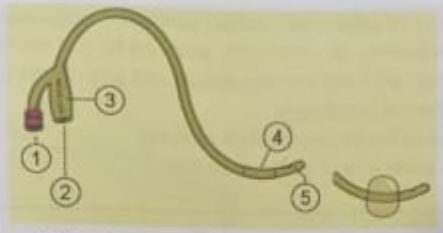
1. Nasogastric tube
2.
   - **Therapeutic:** to decompress the gastrointestinal tract in case of intestinal obstruction and in paralytic ileus, gastric lavage in organophosphorus poisoning and gastric hemorrhage
   - **Diagnostic:** to diagnose tracheoesophageal fistula in infant, to collect gastric juice for AFB
   - **Feeding :**it is used to feed unconscious patient or who is unable to take orally
3. Tracheoesophageal fistula (Nasogastric tube comes back against obstruction)
4. These markings are present to measure the distance of the tip of the tube from the nose: the first marking nearest from the tip (40cm) when present at the tip of the nose indicates that the lower end of the nasogastric tube is lying at gastro-esophageal junction in an adult patient. When the tube is introduced up to second circular mark (50cm) at that time the tip of the tube is in the body of the stomach. The third circular mark is present at about 60cm; when the tube has been passed till this mark, at that time the tip of the tube is lying at pylorus. The fourth mark is at 65cm from the tip. In

207

130







Carefully examine the provided photograph and answer the following questions

1. Name the object
2. Name its different parts (1,2,3,4,5)
3. Give three common indications of its use
4. Give two indications of suprapubic cystostomy
5. Give two complications of its use
6. Give the steps of its insertion in male patient.
7. How is it removed
8. Give two methods of its retrieval if balloon does not deflate

Answers

1. Two way Foley catheter
2. 1:baloon port,2:urine drainage port,3:Size marker,4: baloon,5: bladder opening for urinary drainage; balloon inflated in the 2nd diagram
3.
   - Bladder outflow obstruction
   - After TURP
   - For measurement of urine output in critically ill patient

4.Urethral injury (complete urethral disruption), urethral stricture

5.Infection, haemorrhage

6.
   - Wear sterilized gloves
   - Paint the area with pyodine and drape the area
   - Pour 2% lidocaine gel into the urethra
   - Hold the tip of urethra closed for 3 minutes to become lidocaine effective
   - Lubricate the tip of catheter with lidocaine gel
   - Insert the Foley into the urethra until free flow of urine is obtained
   - Inflate the bulb with 10-20ml of distilled water
   - Connect it with the urine bag and pull it back until you feel slight resistance

7. While removing the catheter aseptic precautions should be maintained, balloon is deflated and Foleys is pulled

8. Sometimes you may come across a situation when balloon fails to deflate because of crystal deposition in the lumen, In this case the bulb of the balloon have to be punctured so that balloon get deflated and thus allowing the Foley to come out. Various methods of balloon puncture are given below

nose: the first marking ... indicates that the lower end of the nasogastric tube is lying at gastro-esophageal junction in an adult patient. When the tube is introduced up to second circular mark (50cm) at that time the tip of the tube is in the body of the stomach. The third circular mark is present at about 60cm; when the tube has been passed till this mark, at that time the tip of the tube is lying at pylorus. The fourth mark is at 65cm from the tip. In

a) Supra-pubic rupture of balloon with lumber puncture needle under ultrasound guidance
b) In case of non-availability of ultrasound; apply gentle pull on the catheter, insert the index finger of your left hand into the rectum and palpate the bulb and hold it. Insert supra-pubic needle and puncture it.
c) Further inflate the bulb with water until it ruptures
d) Rupture with the guide wire of ureteric catheter

1. Name the object
2. Name its parts
3. Why it has three channels
4. Name one emergency situation where it can be used
5. Give two postoperative indications for its use

M/-36 805

Answers

1. Three way Foley catheter
2. Balloon at the tip, part for injecting fluid in the balloon, part for urine bag application, part for injecting fluid for irrigation'
3. It has three channels, 1st is used for inflation of balloon, 2nd is used for injecting the fluid into the bladder (which irrigates the bladder), 3rd channel is used to apply urine bag through which urine can be collected. This Foley is used in the conditions where bladder needs irrigation like hematuria so that blood should not clot in the bladder
4. For bladder irrigation in hematuria to prevent clot retention
5. After prostatectomy, after TURBT(transurethral resection of bladder tumor)

1. Name the Instrument/Object

Foley Catheter

2. Uses

Urinary Drainage (short-term or long-term catheterization)

Bladder Irrigation (in cases like hematuria)

Urinary Retention Management (e.g., in BPH or neurogenic bladder)

Postoperative Bladder Emptying (e.g., after pelvic surgery)

Monitoring Urine Output (in critical care settings)

3. Steps for Its Use

Preparation:

Gather sterile gloves, antiseptic solution, lubricant, and a drainage bag.

Explain the procedure to the patient and ensure informed consent.

Aseptic Insertion:

Wash hands and wear sterile gloves.

Clean the urethral opening with antiseptic solution.

Apply lubricant to the catheter tip.

Insert the catheter gently into the urethra until urine starts flowing.

Balloon Inflation:

Inflate the balloon with sterile water as per the catheter size (usually 10-30 mL).

Gently pull back the catheter until resistance is felt.

Securing and Monitoring:

Attach the catheter to a drainage bag.

Secure the catheter to the patient's leg to prevent accidental pulling.

Monitor urine output and signs of infection.

Removal:

Deflate the balloon completely.

Gently withdraw the catheter while ensuring patient comfort.

Dispose of the catheter properly and document the procedure.