OSPE "N"

HINA. AKSEER

Station 1:

1) Microcytic anemia → Hypochromic → 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, eosinophilia

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 galeal hematoma
   skull fractures, 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

→ Picture of radius & ulna → fracture.

Station-10: 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
↓ look for viability of gut → suspicious → Wrapped in hot soaked pack
resection ← gangrene ←
For 10mins & 100% O_2 & reasses

Station- 13. Picture:

NG tube

Uses

1) Therapeutic:
- For decompression in intestinal obstruction & paralytic ileus
- Gastic 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) DD:
- 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 → chemotherapy
  - Prophylactic Abs & antifungal
  - 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

Complication: 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 instablity

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

1) Diagnosis - Haemophilia
2) Immediate Treatment. Avoid trauma, Aspirin, Immunization
   supportive care, Aminocaproic acid & transexemic acid
   (rest, ice, compression, elevation)
   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

Spleenomegaly. Hb = 18g/dl, TLC = 10500/mm³, Platelets = 12000/m³
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-chole cystectomy
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 & Pneumoperitoneum → CO_2 used
   - closed → Veress needle
   - open (Hassen canula)

   (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 syndrome: → 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 dyskinesia

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

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, Skip 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 & trcut biopsy

Station: 25

Difference b/w Preterm & term: → 37 – 42 week; 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 (Ketoconazole, miconazole

- 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 ~~cutaris~~ cruris → Groin infection
   3) Tinea ~~Unguium~~ unguinum → Nails
   4) Tinea Pedis → Foot infection
   5) " capitis → Scalp:

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

Station = 28 Pictures: 1) Herpetic vesicular rash (shingle's) unilateral → red group vesicle lesion on 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 ophthalamaticus
   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 → i) Topical benzoyl peroxide or retinoids
ii) Azelaic acid, Erythromycin or clindamycin
iii) Systemic tetracyclin
If above failed → Isotretnon

- 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. • statins; Anticoagulant, vasodilator.
   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.

~~Gener~~ • Avoid sunexposure
• Remove crusts by soak: mineral oil & keratolytic
• Saliaylic acid, coal tar shampoo
• Zinc shampoo
• Antifungal (ketaconazole) shampo
• Topical antifungal
• Selenium sulphide shampoo
• Potent topical corticosteroid

Station 32:

Instruments of Neonatal resuscitation & uses.

Station = 33

one year moon faces, truncal obesity, skin fragility, hypertrichosis after injection 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's 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:
   - 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 consumption, hyperuricemic promoting drug

- Urate lowering drug
  - Allopurinol
  - Febuxostat
- Uricosuric agent:
  - Probenecid
  - Sulfinpyrazone
- Peglotricase