UNIVERSITY OF JAFFNA, SRI LANKA FINAL EXAMINATION FOR MEDICAL DEGREES - NOVEMBER 2014 **MEDICINE PAPER II**

ANSWER ALL 10 QUESTIONS. ANSWER EACH QUESTION IN A SEPARATE BOOK.

What initial treatment will you recommend?

3.4

3.5

3.6

TIME: 3 HOURS

17.11.2014

1.30 PM - 4.30 PM

10 marks

10 marks

20 marks

01 A 45 year old female with rheumatic mitral regurgitation presented with fever of 10 1.1 days duration with arthralgia and malaise. What are the clinical features you would look for in the general examination? 1.2 A 35 year old female with rheumatoid arthritis of 3 years duration presented to the 40 marks medical clinic with exacerbation of her symptoms of 6 weeks duration. Her usualmedications are methotrexate 15 mg weekly and hydroxychloroquine 200 mg daily. Enumerate the physical signs you would look for on examination? 1.3 Enumerate the clinical parameters you would ask the nursing officer to monitor in a 30 marks patient with organophosphate poisoning? 02. A 56 years old female patient mother of 3 children with the history of complicated labour during the last delivery managed with blood transfusions who was living in the up country for many years complains of loss of hair, generalized weakness, constipation, postural dizziness and diarchea. She also has secondary amenorrhoea. 2.1 What is the most likely diagnosis? 20 marks 2.2 Enumerate all the signs you will elicit to support your above mentioned diagnosis? 20 marks 2.3 What are the investigations indicated in this patient? 30 marks 2.4 Describe the management and follow up of this patient. 30 marks 03 A 30 year old male was found to have a blood pressure of 170/110 mm Hg on routine examination. He was admitted to the medical ward. His BMI was 30kg/m² 3.1 What are the findings in the history which will give a clue to the cause of 20 marks hypertension? 3.2 What examination findings will help you to identify the cause? 20 marks 3.3 List 6 investigations that should be done initially. Give reasons. 20 marks

What are the possible causes if the electrolyte report showed potassium of 2.5 mmol/l

What advice will you give him if a cause for the elevated BP was not found?

04.	A 30 year old female presented with oral ulcers, hair loss and small joint arthralgia. She also noticed darkening of skin after sun exposure.	
4.1	What is the most probable clinical diagnosis for the above presentation?	10 marks
4.2	List other clinical manifestations you will specifically look for on physical	30 marks
4.3	examination. List out the investigations to assess the disease activity?	20 marks
4.4	If this patient develops convulsions and becomes confused,	
4.4.1	What is the likely cause for this?	10 marks
4.4.2	How will you treat this condition mentioned in 4.4.1?	20 marks
4.5	During the clinic visit she is found to have period of amenorrhoea of 8 weeks with a positive urine HCG. What important feature will you assess carefully in that visit?	10 marks
05	A 24 Year old girl presented with a history of progressive worsening of bilateral leg swelling and facial puffiness of two weeks duration. It was associated with frothy urine. On examination she has clinical feature of ascites, right side pleural effusion, facial puffiness and bilateral leg oedema. BP was 100/70 mm Hg Urine full report shows Alb - ++++ and RBC – Nil. She was diagnosed with nephrotic syndrome.	
5.1	What are the characteristic features of nephrotic syndrome?	20 marks
5.2	List three tests you will request to confirm the above diagnosis.	15 marks
5.3	List five tests you will request to identify the aetiology of nephrotic syndrome in this girl.	15 marks
5.4	Later, she had a renal biopsy which showed 12 normal glomeruli under the light microscope	
5.4.1	What is the most likely aetiological diagnosis?	05 marks
5.4.2	Outline the management of this patient.	30 marks
5.5	Few days later, her urine output has dropped abruptly and it was associated with bilateral flank pain and microscopic haematuria.	
5.5.1	What complication has occurred?	10 marks
5.5.2	Name the investigation that will help to confirm the above diagnosis?	05 marks

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for 5 days. On quick examination she was in circulatory collapse with bleeding manifestations. 15 marks 6.1 Write 3 possible causes for this presentation. Write 3 important examination features that help to differentiate these conditions. 15 marks 6.2 30 marks If this patient has come with full blood count report of Hb - 10g/dl, WBC -6.3 22,000/mm³; Neutrophils – 90%; Lymphocyte – 10%; Platelets – 60,000 /mm³, What further investigations you need to arrange on this patient? 40 marks Outline the treatment of this patient. 6.4 A 35 year old teacher, who delivered a baby a month back, has been brought to the 07 medical ward with the complaints of not eating or drinking for the past 3 days. History revealed that after returning from the obstetric ward, she has gradually lost her sleep, become irritable and tearful. Later, she lost her cheerfulness and started isolating herself from her family members. She lost her interest in looking after her baby to an extent that each time, someone had to force her to breast feed her baby. Soon she started refusing her food and stopped talking to her family members including her husband. She looked dull, and withdrawn, and there was evidence of poor self care. She spoke only in words, hardly in full sentences. There were no overt hallucinatory experiences or delusional beliefs. Basic investigations were within normal limits. 7.1 What is the provisional diagnosis? Give reasons for your diagnosis. 20 marks 7.2 Write a brief account about your management plan? 50 marks 7.3 Would you like to keep her baby with her? Give reasons. 30 marks A 32 year old school teacher presents to the outpatient department with a complaint of 08 abdominal discomfort and diarrhea. You are the junior doctor in that department. List down five important questions you would ask in the history to evaluate her 20 marks 8.1 symptoms (give reasons for the questions). 8.2 List down five important preliminary investigations you would arrange for this patient 20 marks during her first visit. 8.3 What are the special investigations you need to arrange if the symptoms persisting 20 marks more than a month. 8.4 Mention two differential diagnoses you will consider in this lady if she has family 20 marks history of similar disease. 8.5 How will you confirm the diagnosis? 10 marks 8.6 What are the important features of diarrhoea of small bowel disease? 10 marks

A 26 year old female presented with history of fever, nausea, vomiting and lethargy

06

09 A 60 year old man who was a chain smoker for 40 years presented in the year 2012 with progressive effort intolerance for 9 months. 9.1 List 3 possible differential causes for his presentation. 15 marks 9.2 Write 3 important physical examination findings for each of these 3 conditions 25 marks that would help in the initial diagnosis 9.3 Write the important investigations that should have been arranged at that time 30 marks to find the cause. 9.4 10 marks Until 2014 September he was well with drug treatment and health education. He found that his effort tolerance deteriorated rapidly in one month and coughed out blood last few days. What is the most likely cause for this worsening shortness of breath and haemoptysis? 9.5 Write 3 important investigations that should be arranged now to make a 10 marks diagnosis. 9.6 While in the word he developed right wrist joint pain and swelling. What is 10 marks the most likely cause for this? 10 A 25 year old man has presented with gradual weakness of limbs. It started with both lower limbs and progressed to involve both upper limbs in 4 days. On examination lower limbs were with Grade 2 power and upper limbs Grade 4. All the reflexes were absent. Sensation was intact. 10.1 What is the most likely diagnosis? 10 marks 10.2 Write three points in the history to support your clinical diagnosis. 10 marks 10.3 Write the investigation that would help in the diagnosis. 20 marks 10.4 Discuss the management of this patient. 50 marks 10.5 List the possible complications of this condition. 10 marks