## UNIVERSITY OF JAFFNA, SRI LANKA FACULTY OF MEDICINE INAL EXAMINATION FOR MEDICAL DEGREES – JU

FINAL EXAMINATION FOR MEDICAL DEGREES – JULY 2021

MEDICINE PAPER II

Date: 26.07.2021 Answer All TEN (10) Questions. Medicine – Final MBBS – July 2021

Index Number: .....

Time: 3 HOURS

01.	A 30-year-female presents to accident and emergency department with shortnone day duration. She also has reduced urine output for last 3 days and no urin 12 hours. Examination revealed bilateral pedal oedema, pulse 90bpm, BP elevated JVP, bi- basal fine crepitations and tender hepatomegaly without bladder. Initial investigations show	e output for last 165/100mmHg,
	UFR – Albumin +, RBC- field full with few RBC cast. Blood urea - 70mg/dl(normal	6 -20mg/dl)
	1.1 What is the most likely diagnosis?	(10 marks)
	1.2 List 4 causes for above diagnosis?	(10 marks)
	1.3 List the investigations that need to be performed on this patient?	(30 marks)

1.4 Discuss the management of this patient?	(50 marks)
	· · · · · · · · · · · · · · · · · · ·
,	
AND THE PROPERTY OF THE PROPER	
S Medical	
( Medica)	

Medicine – Final MBBS – July 2021	Index Number:
02. A 56-year old man presents with a history of rig	tht sided pleuritic chest pain of 3 days duration.
2.1 List 4 causes of pleuritic chest pain?	(10 marks)
STTV OF JAMES	
· Cites *	
OF Manufaction royals signs confined to sight	lavor sana viith and vand vand for it
	lower zone with reduced vocal fremitus and vo- portant general examination findings those ha
aetiological significance?	(10 marks)
Physical findings	Aetiological significance
2.2 What investigation was will as of	
2.3 What investigation you will perform to con	firm the clinical diagnosis of 2.2 (10 marks)
2.4 <u>Discuss</u> the investigations you will perform	to arrive at an etiological diagnosic?
we woodgations you will perform	(50 marks)

.....

......

	***************************************	
2		
2	2.5 Briefly outline the treatment of this patient?	(20 marks)
2		
2		
2		
2		
2		
2		(20 marks)
2	2.5 Briefly outline the treatment of this patient?	(20 marks)
2	2.5 Briefly outline the treatment of this patient?	(20 marks)
2	2.5 Briefly outline the treatment of this patient?	(20 marks)
2	2.5 Briefly outline the treatment of this patient?	(20 marks)
2	2.5 Briefly outline the treatment of this patient?	(20 marks)

Index Number:	**
mack manned.	The state of the s
	LOVE TO STATE OF A
	A DE MENION

03. A 60-year-old male who has undergone coronary artery bypass graft 5years back following an acute anterior myocardial infarction presents with exertional dyspnoea of NYHA II of one week duration. He is a diabetic for 20 years. His current medications are Aspirin 150 mg daily, Clopidogrel 75 mg daily, Metformin 500 mg tds, Gliclazide 80 mg bd and Atorvastatin 20 mg noct.

On general examination he has bilateral pitting ankle oedema and pallor. His PR is 110/min irregularly irregular. BP is 140/70 mm Hg, has bilateral basal inspiratory fine crepitations. Initial investigations showed  $SpO_2$  92% on air, RBS 321mg/dl, FBC — Hb 9.5g/dl, MCV 70fl, WBC 4800/mm3, N 70 L28, Platelet 155000/mm³.

UFR reveals protein ++ and a 12 lead ECG shows atrial fibrillation.

3.1 What is the most probable clinical diagnosis for his exertional dyspnoea?	(10 marks)
3.2 Name two conditions that could have precipitated the above presentation.	(10 marks)
3.3 Name two ECG abnormalities you would look for to confirm the diagnosis of	of atrial fibrillation. (20 marks)
3.4 Name two possible causes for his pallor.	(10 marks)
3.5 Name two possible causes for the ankle oedema.	(10 marks)

3.6 What investigation you would request to confirm the diagnosis you mentione	d in 3.1
	(10 marks)
3.7 Name a medication you would administer to relieve his presenting symptoms	(10 marks)
3.8	
3.8.1 Name 02 medications that could be added to improve the progno condition you mentioned in 3.1	sis of the (10 marks)
3.8.2 Name two blood investigations you would perform before initiating	the treatment. (10 marks)



A 32-year-old male presents with a history of fever, loss of appetite and weigh duration.	T STORTED
4.1 Define Pyrexia of Unknown origin (PUO)?	(20 marks)
4.2 On direct questioning he admits that he had an altered bowel habit ar abdominal pain of 3 months duration. Name 2 differential diagno presentation	
4.2 How will you differentiate aliainally the 2.2 and iting the term of the second sec	
4.3 How will you differentiate clinically the 2 conditions that you have mention	
4.3 How will you differentiate clinically the 2 conditions that you have mention	ned in 4.2 (30 marks)
4.3 How will you differentiate clinically the 2 conditions that you have mention	
4.3 How will you differentiate clinically the 2 conditions that you have mention	
4.3 How will you differentiate clinically the 2 conditions that you have mention	
4.3 How will you differentiate clinically the 2 conditions that you have mention	
4.3 How will you differentiate clinically the 2 conditions that you have mention	(30 marks)
	(30 marks)

4.4 Name an important initial imaging investigation you would request on this pat	(10 marks)
4.5 Name 2 specific investigations you would request to arrive at a definite diagno	(10 marks)
4.6 Name 2 cardiac conditions that could present with PUO?	(10 marks)
	(10 marks)
4.7 Name 2 non haematological malignancies presents with PUO?	



Medicine – I	Final M	BBS -	July	2021
--------------	---------	-------	------	------

Index Number: ....

05.	35-year-old male presents with bilateral symmetrical distal interphalangeal joint pain and welling and low backache of 3 months duration. He had seen a dermatologist for a rash nvolving both knees and lower legs six months back and is on topical ointments.	
	5.1 What is the likely clinical diagnosis?	(10 marks)
	5.2 Mention three other characteristic patterns of joint involvement that can diagnosis mentioned in 5.1?	be seen in the (10 marks)
	5.3 Mention 4 other sites of skin rashes you will look carefully in this patient?	(10 marks)
n-de	5.4 List the other clinical manifestations of the disease you mentioned in 5.1	(10 marks)
	5.5 What investigations will help in establishing the diagnosis? Write the	expected finding: (10 marks)

6 Briefly discuss the management of this patient	(30 marks)
	••••••
	······································
5.7 This patient presents with shortness of breath (SOB) after one y	ear of commencing treatmer
	(10 marks)
5.7.1 List two likely reasons for his SOB?	
	TARRETO YOU
5.7.2 What investigations will help in the evaluation for SOB in this	patient? (10 marks
5.7.2 What investigations will help in the discussion	(EL mod titrest ) a)

Medicine – Final	MBBS -	July	2021
------------------	--------	------	------

06.	A 50-year-old male with diagnosed Chronic Liver Cell Disease (CLCD) presents pain and distension of one week duration. He is febrile, icteric and confused on a heavy alcohol consumer and had several similar admissions in the past. On exvery dark in complexion , GCS 13/15,PR 112bpm,BP 110/70mmhg,diffuse abdom with fluid thrill elicited.  His initial investigations are WBC 10500/mm³,N-85%,L-12%, Hb 10.3g/dl, N	dmission. He is amination he is inal tenderness
	85000/mm³, RBS 210mg/dl	
	6.1 Give two acute medical problems you have identified in this patient?	(10 marks)
		***************************************
	6.2 Write two likely underlying aetiology of CLCD you will consider i	n this patient (10 marks)
	6.3 Name other relevant physical signs you will elicit in this patient in view of the pidentified in 6.1	roblems
		(15 marks)
	6.4 List the investigations you will request in this patient to help in the manageme acute problems mentioned in 6.1 and Give reasons	(15 marks)
		••••••
		••••••

6.5 How will you manage this patient on presentation?	(40 marks)
6.6 List the other complications of CLCD and the relevant investigations them.	you will perform to assess
them.	(10 marks)
	OF JAPA
	(8)
	(E Medical Ailura)
	FACULTY OF



## Medicine - Final MBBS - July 2021

07.	A-25-year-old female patient presents to the ward with a history of progressive drooping of
	eyelids, and double vision for the past 8 months. She clearly states diurnal variation with
	worsening of symptoms towards the evening. Her medical history is otherwise unremarkable. On
	examination she has bilateral asymmetrical ptosis and ophthalmoplegia with variable diplopia
	not conforming to a particular ocular nerve palsy. She does not have any bulbar weakness or
	proximal muscle weakness. She has a small diffuse goitre. Remaining examination is
	unremarkable.

7.1 What is the diagnosis?	(10 marks)
7.2 Name a test and an examination technique that you can d might support your diagnosis?	o immediately in the ward which (10 marks)
7.3 List a specific blood investigation and a neurophysiologica your diagnosis.	l investigation that would suppor (10 marks)
7.4 What is the significance of goitre with respect to the diag	nosis? (10 marks)
7.4 What is the significance of goitre with respect to the diagram.  7.5 Outline the management of this patient.	nosis? (10 marks) (40 marks)
7.5 Outline the management of this patient.	
7.5 Outline the management of this patient.	(40 marks)

	***************************************
7.6 What advices you would give her on discharge?	(20 marks)
7.0 Titlat davices you would give her on dissilating.	(20 ///2/////
	***************************************
	1.5257
	1.5257

Medicine –	Final	<b>MBBS</b>	-July	2021
------------	-------	-------------	-------	------

Index Number:

08. A 32-year-old female diagnosed with rheumatoid arthritis on immunosuppressants inc	_
steroid presents to emergency department with a history of reduced response since r	norning.
Her mother also says she had complained of abdominal pain and was vomiting the	previous
night. She has not been taking any medications for last few days due to unavaila	bility of
medicines as a result of lockdown of her area.	

On examination she has an altered level of consciousness but was arousable. Her blood-pressure is 80/50 mmHg; pulse rate is 120 beats per minute; and random capillary blood glucose is 60mg/dl. The remaining examination is unremarkable. There is no focus of infection, and she is afebrile.

8.1 What is the most likely diagnosis?	(10 marks)
8.2 List four most relevant blood investigations to be done immediately and give findings.	the expected (20 marks)
9.2 How would you manage this nations based on the diagnosis mentioned in 0.	12 /50
8.3 How would you manage this patient based on the diagnosis mentioned in 8.	1? (50 marks)

	STTY OF JAK
	12/ and Library
	The state of the s
	JELY OF THE
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	
8.4 What are the advices you would give this patient	
8.4 What are the advices you would give this patient	on discharge? (20 marks
	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks
8.4 What are the advices you would give this patient	on discharge? (20 marks

.....

## Medicine – Final MBBS – July 2021



A 30-year-old previously healthy farmer presents to A&E with a history o organophosphate taken one hour prior to admission.	f ingestion of
9.1 List six important physical signs you will expect in this patient	( 20 marks)
·	
9.2 Name the antidotes used in the treatment	(10 marks)
9.3 How do you manage this patient in the first one hour?	(40 marks

9.4 List five clinical parameters and their targets that need to be achieved to confirm th
adequacy of antidote treatment. (20 marks)
9.5 List two long term complications of this poisoning (10 marks)
( Medical Library )
GOLD THE T

N N N N N N N N N N N N N N N N N N N	100000000000000000000000000000000000000		VEGO 27	
Medicine -	- Final	<b>MBBS</b>	-July	2021

	m.s	
index	Number:	200000000000000000000000000000000000000

10.	has no	st 3 months. She is mane daily for the is pale, and	
	10.1	What nutritional deficiency that could cause her anemia?	(10 marks)
	10.2	List three other important physical signs you will expect in this nutritional	deficiency (15 marks)
	10.3	List the findings you would expect in the blood picture	( 10 marks)
	10.4	What blood investigation you will perform to confirm the diagnosis ment	ioned in <b>"10.1"</b> (10marks)
	10.5	What is the etiological diagnosis for her deficiency mentioned in "10.1"	(10 Marks)

	List four other medical conditions that could cause the nutritional deformation 10.1	iciency mentioned (20 marks)
••••••		
10.7	List two blood investigation you will perform to confirm the diagnosis	mentioned in <b>"10.5"</b> (10 marks)
10.8	Outline the management of her anemia	( 15 marks)
********		****
	1078111 Q	2400
	(B) Medical Lit	mary 19
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	COLTY OF M	