## UNIVERSITY OF JAFFNA, SRI LANKA FINAL EXAMINATION FOR MEDICAL DEGREES-December 2011 MEDICINE Paper II

Date: 05.12.2011.

ANSWER ALL THE 10 QUESTIONS

Answer each question in separate answer book

Time: 1.30 - 4.30 PM

A 27 year old unmarried teacher was brought to the medical casualty after ingestion of 24 paracetamol tablets 6 hours prior to admission. On admission she was non communicative and did not make any eye contact. The colleague who brought her to the hospital revealed the fact that she had been appointed to a primary school which is far away from her home, 3 months ago. Because of the distance, she has to leave her parents and board herself at a place which is closer to her school. Her one and only brother died in a road traffic accident in 2009 and she has become the breadwinner of the family.

	1.1	Outline the management of her poisoning?	(30Marks)
	1.2	List four blood tests you will order to monitor the complications?	(20Marks)
	1.3	How will you assess her future suicidal risk?	(20Marks)
	1.4	If she fulfils the diagnostic criteria of severe depression, briefly outline the management principles of depression.	(30Marks)
02		A 36 year old lady with rheumatoid arthritis of ten years duration on disease modifying anti rheumatoid drugs presented with a history of exertional dyspnoea of three months and right knee joint pain and swelling of few days duration.	
	2.1	List three possible causes for the exertional dyspnoea.	(15 Marks)
	2.2	List three causes for her right knee joint pain.	(15 Marks)
	2.3	What tests will you perform to differentiate the causes mentioned in 2.2? Give reasons.	(25 Marks)
	2.4	Her full blood count revealed pancytopenia. List <b>three</b> possible causes for this condition.	(15 Marks)
	2.5	How will you assess the disease activity of this patient?	(30Marks)

A 15 year-old school boy was admitted with a history of fever of three 03 days duration. He had noticed that his urine was dark. He complained of right hypochondrial discomfort and nausea. There was a history of travel to Kataragama two weeks back on a picnic.

> On examination he was jaundiced and there was tender hepatomegaly, liver edge was felt 4cm below the costal margin.

10Marks) State two likely clinical diagnoses. 3.1

State two clinical features (symptoms or signs) that would support each 3.2 20Marks) of the two diagnoses mentioned in 3.1

State three laboratory investigations you would do to differentiate 3.3 between the diagnoses mentioned, and describe the expected findings.

(30Marks)

Describe the principles of treatment, of the acute condition and one of 3.4 its complications, in any one of the conditions you mentioned in 3.1

(20Marks)

Give the principles of controlling an epidemic of one of the diagnoses 3.5 mentioned in 3.1

(20Marks)

A 38 year old diagnosed chronic kidney disease patient was admitted to 04 emergency department with confusion and drowsiness. On examination he was mildly pale, hypovolaemic.

BP - 130/100mm Hg.

Blood urea – 130 mg/dl

 $Na^+ - 115 \text{ mEq/l}$ 

 $K^+$  - 4.2 mEq/l

RBS - 126 mg/dl

 $Hb - 10.0 \, g/dl$ 

 $HCO_3^{-}$  -18 mEq/1

(20Marks) What is the reason for confusion and drowsiness? 4.1 (20Marks) List the possible causes of above problem. 4.2 List the other investigations that would be helpful in evaluation of the 4.3 (20Marks) causes mention in 4.2 (40Marks) Describe the management of this patient. 4.4

05		A 30 years old previously healthy male was admitted to a medical ward with a history of fever, loss of appetite and shortness of breath of three weeks duration. On clinical examination, he was found to be pale. Auscultation of the precordium revealed a pansystolic murmur at the apex. Splenomegaly was detected in the abdominal examination. Preliminary investigation confirmed anaemia (Hb-7g/dl).	
	5.1	What is the most likely clinical diagnosis you would entertain in this patient?	( IOMarks)
	5.2	How will you investigate this patient to confirm the diagnosis?	( 30Marks)
	5.3	Discuss the management of this patient.	( 40Marks)
	5.4	List the possible complications that can occur in this patient.	(20Marks)
06	6.1	List <b>five</b> causes of chronic diarrhoea.	( 30Marks)
	6.2	What investigations are useful to find out the cause?	(30Marks)
	6.3	Outline the management of ulcerative colitis.	(40Marks)
07		A 39 year old mother of one child whose partus was complicated with massive post partum haemorrhage was complaining loss of weight, generalized weakness, hoarsness of voice, loose motion on and off and secondary amenorrhoea. Examination showed wasted appearance, scanty hair, coarse and dry skin. Her pulse rate was 56 per minute with a significant postural drop in blood pressure.	
	7.1.1	What is the most probable diagnosis?	(20Marks)
	7.1.2	What are the other causes of the above presentation?	(40Marks)
	7.2	What precautionary measures one should consider in treating any patient with hypothyroidism?	(-40Marks)
08		A 22 year old girl presented with gum bleeding and multiple red skin patches over the period of three weeks duration. Her investigations revealed:	( Marks)
	Ο 1	ESR 30 mm; Hb 12.8 g/dl; WBC 8400/mm <sup>3</sup> , N-70, L-30; Pl- 25,000/mm <sup>3</sup>	
	8.1	What is the most probable diagnosis for the above presentation?	(10Marks)
	8.2	List <b>two</b> other possible differential diagnoses?	(10Marks)
	8.3	List four investigations to arrive at a diagnosis and the underlying causes.	(20Marks)
	8.4	Briefly describe the management of the most probable diagnosis you mentioned in 8.1	(-60)Marks)

- 9.1 What is your working diagnosis? (10Marks)
- 9.2 Enumerate the physical signs that you would look for to find a cause of (30Marks) the above diagnosis?
- 9.3 What is the imaging that is needed? How urgently? (10 Marks)
- What are the neurological functions you would assess in this patient (25Marks) with a view to immediate nursing and medical care? Enumerate.
- 9.5 What are the aggravating factors of brain dysfunction you could easily (25Marks) manage in a medical ward? Enumerate.
- A 50 year old known patient of Bronchial Asthma for 10 years was well controlled with beclomethazone dry powder inhalation 400 µg twice a day and salbutamol 200 µg as needed until May 2010. Since then he had 6 admissions to hospital with one life threatening attack. Recently he has changed his occupation to nearby grinding mill as labourer because of osteoarthritis of knee joints.
  - 10.1 Write **two** possible causes for his poor control of Bronchial Asthma. (10 Marks)

( 10 Marks)

- 10.2 Write four other causes of poor control of Bronchial asthma.
- 10.3 If he was admitted with acute exacerbation of Bronchial asthma and still (20Marks) in the ward, what factors will you consider on advising the patient on discharge.
- 10.4 What are the medications (with dose and duration) and advice he should (40Marks) be given on discharge?
- 10.5 Orthopaedic surgeon advised to do knee joint replacement. What (20Marks) special pre-operative preparation needed for his asthmatic control?