

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

DATE: 05.5.2014

TIME: 03 HOURS



Answer all **TEN** (10) questions

Answer each question in separate answer book

- 01 A 45 year old male presented with blood and mucous diarrhea of 2 months duration. He has lost 10 kg of body weight during this period.
- 1.1 Name 3 conditions which give rise to the above presentation? (15 marks)
- 1.2 What further information in the history and examination you would ask to support each of the conditions mentioned in 1.1? (40 marks)
- 1.3 What investigations you would request to arrive at a diagnosis? Give reason. (30 marks)
- 1.4 Name 3 infective causes of blood and mucous diarrhea. (15 marks)
- 02 A 28 year old farmer presented to the medical casualty with fever of 5 days duration. He also complained of myalgia, arthralgia and reduced urine output for the last 12 hours. On examination he had mild icterus.
- 2.1 What are the 2 possible differential diagnoses for the above presentation? (10 marks)
- 2.2 What further information you will obtain in the history and examination to support each of your differential diagnoses? (40 marks)
- 2.3 Name the essential investigations you would request and give reasons. (30 marks)
- 2.4 Name 3 life threatening complications of each of the illnesses. (20 marks)
- 03 A 43 year old female presented with right lower chest pain for 2 days. It was worse with deep breathing and cough.
- 3.1 List 4 causes for the above presentation. (10 marks)
- 3.2 What further questions will help to find these causes? (30 marks)

- 3.3 Discuss the investigations that you will arrange in this patient giving reasons. (40 marks)
- 3.4 What are the lung complications of rheumatoid arthritis? (20 marks)
- 04 A previously healthy 36 year old female presented with reduced urine output for 2 days and not passing urine for the last 12 hours. On examination her face was puffed up; she was tachypnoeic; mild leg oedema was present; JVP was elevated 5 cm; BP – 160/105 mm Hg and her heart was in triple rhythm. Bibasal fine crepitations noted on auscultation of lungs. On abdominal examination mild tender hepatomegaly was noted. Once the patient was catheterized only 5ml of reddish brown colour urine drained.
- 4.1 List 3 likely causes for above presentation. (15 marks)
- 4.2 List 3 urgent investigations you will do immediately which help in the management. (15 marks)
- 4.3 What are the other investigations you should plan? (30 marks)
- 4.4 Brief out the treatment of this patient. (40 marks)
- 05 A 60 year old postmenopausal Brahmin woman with the past history of severe bronchial asthma and ductal carcinoma of the breast presented with mid thoracic area back ache for one week and progressive weakness and numbness of both legs for 2 days.
- 5.1 List 4 causes for her presentation. (10 marks)
- 5.2 What are the physical signs you will anticipate to see in this patient? (20 marks)
- 5.3 List down the investigations you will do in this patient. (30 marks)
- 5.4 Briefly outline the treatment of her acute problem. (40 marks)
- 06 A 32 years old female with a long history of schizophrenia was brought to the medical casualty ward with acute symptoms as a result of stopped taking medication for six months.
- 6.1 What are the common causes for poor drug compliance in patients with (25 marks)

Schizophrenia?

6.2 Briefly outline the pharmacological management of this patient. (50 marks)

6.3 How can we improve her drug compliance in future? (25 marks)

07 A 50 year old male presented with a history of tiredness of one month duration. He had been keeping well except for a little indigestion for which he was taking antacids. The rest of the history was unremarkable. He was found to be pale and there was koilonychia.

7.1 What is the most probable clinical diagnosis? (10 marks)

7.2 List 4 other physical signs that may be found on general examination of this patient. (20 marks)

7.3 List 2 possible causes for the presentation. (20 marks)

7.4 List the investigations that should be done to make a complete diagnosis. Give the possible abnormal findings. (30 marks)

7.5 Outline the management his medical condition. (20 marks)

08. A 55 year old male patient presented with a history of shortness of breath of one week duration. On examination he was tachypnoeic, cyanosed and had fine basal crepitation in the lung bases.

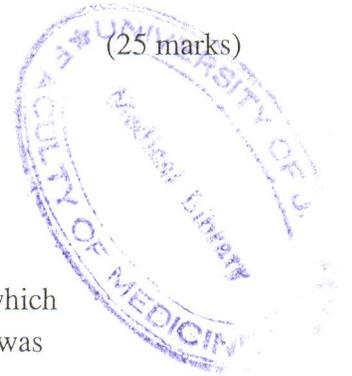
8.1 What is the most likely diagnosis? (10 marks)

8.2 Describe the possible physical signs you would expect in general examination and in the examination of the cardiovascular system. (20 marks)

8.3 List 3 possible causes for this presentation. (30 marks)

8.4 List the investigations to confirm the diagnosis. (20 marks)

8.5 List the drugs you may initiate that have **prognostic significance** in this condition. (Indicate the names, dosage, and route of administration of each drug) (20 marks)



09 A 32 year old female presented to the medical clinic with a history of polyarthralgia involving small joints of hands of 6 weeks duration. She is a known patient with hypothyroidism and on optimum dose of thyroxine.

Initial investigations revealed an ESR of 110mm, Hb- 9g/dl, MCV-80fl, WCC- 2400, N 45, L48, Platelet 110000/cu mm. UFR showed Protein of++.

- 9.1 What is the most probable clinical diagnosis for the above presentation? (10 marks)
- 9.2 What further symptoms you would ask this patient and what physical signs you would look for to support your clinical diagnosis? (40 marks)
- 9.3 What blood test you would request to confirm your clinical diagnosis? (10 marks)
- 9.4 What are the serious complications of this illness? (20 marks)
- 9.5 How will you treat her arthralgia? (20 marks)

10 A 21 year old previously healthy university student presented with shortness of breath of 2 days duration to the emergency department. He has lost 10kg weight during the last month. He had to get up several times at night to pass urine during the past month. He did not complain fever or cough. He did not have asthma.

On examination he was very ill and dyspnoeic. He was connected to a cardiac monitor which showed a sinus tachycardia and a SpO<sub>2</sub> of 100% on air.

- 10.1 What simple blood investigation you would do on this patient? (10 marks)
- 10.2 What is the most probable clinical diagnosis for the presentation? (10 marks)
- 10.3 How will you confirm the above mentioned diagnosis? (20 marks)
- 10.4 How will you treat him in the next 6 hours? (30 marks)
- 10.5 Enumerate the points you would like to advice this patient on discharge? (30 marks)