

THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS
ANNUAL EXAMINATION 2016

Medicine - II
(SBO3)

Annud - 2016
M2 Roll No. **12170**

Allowed: 2 hours

Total Marks: 45

Instructions

- 1. The set of parts to be completed within 2 hours, extra time will not be given.
- 2. Questions carry equal marks, i.e. 5 marks each.
- 3. Use ballpoint writing, use of orange and marker for headlines will increase the presentation of your paper.
- 4. Do not write your name or describe your identity in anyway.

anxiolytics benzodiazepines
alprazolam
antidepressants
Imipramine SSRI
panic disorder

✓ A 51 years old gentleman came in Psychiatry clinic for anxiety symptoms. He has shortness of breath, choking sensation, tremors, fear of dying and this occurs especially in closed space. This occurs in episodes, which lasts only for 15 minutes and subsides on its own.

Anxiolytics: benzodiazepines (Alprazolam)

- Antidepressant 2 SSRI Imipramine. Panic disorder
- Write probable/working diagnosis? **Panic disorder**
 - Write management (BIO-PSYCHO-SOCIAL investigations and treatment)? **7.56**

- Reduced erythropoietin production
- Reduced red cell survival due to Uremia
- Bone marrow depression
- Reduced RBCs
- encephalopathy
- pericarditis

45 years old man presents to OPD with 2 years history of tiredness and easy fatigability. On examination, he looks pale. BP 160/95. Serum creatinine is 6 mg/dl and blood urea 100 mg/dl. A diagnosis of chronic kidney disease (CKD) is made.

- Define chronic kidney disease
- What is the most likely mechanism of anemia in CKD? **490**
- Write three complications of CKD? **fluid overload, uremia, bleeding disorders**

Write a comprehensive note on "Aene", with special emphasis on pathophysiology, types and general & specific measures of treatment.

developed due to blockage in the skin hair follicles. A 30-year old female from a village, presented in the medical out-patients department with 6 months history of gradually worsening generalized weakness, breathlessness and palpitations on exertion, lethargy and feeling of being unwell. No history of nausea, vomiting or other gastrointestinal complaints. Menstrual cycle is normal with no gynecological complaints. She gives history of passing worms in stools recently, three times in last week. On examination, she is pale, not cyanosed or jaundiced. Pulse is 104/minute regular, blood pressure is 110/70 mmHg, afebrile and respiratory rate 20/min. rest of the examination is un-remarkable.

- What is the most probable diagnosis? **Iron deficiency anemia**
- What may be the cause? **worm infestation**
- Discuss the investigations and the possible findings you may see in favor of your diagnosis.

- Treatment
- Soaps
 - Aseptic
 - Candamycin
 - Isotretinoin

Record
PPS
Treatments
490
67

- ETFR < 60 ml/min
- Serum creatinine 1 mg/dl
- TH done
- change > 3m
- Hormonal exogenous
- only cosmetics
- Hydrocarbons
- Blood CP
- MCV < 80 fl
- Hypochromic
- Poikilo
- Anisoc
- Serum ferritin
- TIBC ↑
- Exam for stool culture
- stine examination

77

- WHS
- Hb ↓
 - Hematocrit ↓
 - MCV ↓
 - Ferritin ↓
 - low serum iron ↓
 - TIBC ↑
 - Peripheral smear
 - small oval shape cell
 - low iron saturation

- oral iron 325 mg - 6-25 times
- Treatment
- Ferrous sulphate
 - inj. Iron dextran
 - Iron sorbitol
 - Iron sucrose

- Biguanides (metformin)
- Sulfonylureas (glipizide, glimepiride)
- Alpha glucosidase Inhibitors
- Incretin based therapy

- Insulin therapy**
- Rapid → long (ultralente)
 - Short (Regular)
 - Intermediate (NPH)

5. A 30 years old female presented with recently diagnosed diabetes mellitus. Her blood sugar random is 360mg/dl, HbA1c is 10.5%. How will you manage this patient? Describe the general and specific measures, with names, doses and important adverse effects of medicines if you think are needed. **DM. UHS-185**

- Investigation**
- Thrombocyte
 - BTP
 - APTT, PT
- Treatment**
- short**
- Prednisolone
 - + IVIG
- long**
- oral steroids
 - + Splenectomy
 - + Immunosuppressives

A 24 years old female presented with one month history of purpuric spots over the limbs. A new purpuric spot usually appears every third or fourth day, stays for 7-10 days and then disappears. She also started having bleeding from gums after brushing her teeth in the morning recently. She is 32 weeks pregnant. On investigations her hemoglobin is 10.5 gm/dl and platelet count is 15000/mm³. Rest of the investigations are un-remarkable.

- What is the most probable diagnosis? **Idiopathic thrombocytopenic purpura**
- How will you confirm your diagnosis? Discuss briefly. **UHS-600 Immun Daugh**
- What will be your short and long term treatment plans? **91**

6. A 18 years old girl was brought in Medical out-patients department with complaint of severe arthralgia and arthritis, involving multiple large and small joints bilaterally for last more than one year. She also complains of photosensitivity and there are also repeated episodes of oral ulcerations and rash on the face. The available record shows ESR 42 mm 1st hour. Increased C-reactive proteins, Hemoglobin is 10.0 gm/dl. Total & differential white blood cell count are normal. Serum antinuclear factor was positive.

- What is the most probable diagnosis? **SLE 124 UHS**
- What further investigations you would advise? Just enumerate. **UHS**
- Discuss the management plan.

7. A 23 years old male was given ampicillin for upper respiratory tract infection which he took for 7 days. At the end of the course he returns to GP with increasing fatigue and tiredness. He is passing normal amount of urine. Examination: diffuse rash over abdomen and groin. BP 145/95. Investigations. Creatinine 1.9 mg/dl. Urine shows few eosinophilic casts, protein 1+

- What is the diagnosis? **ITN Acute interstitial nephritis**
- What is the most likely underlying cause? **Drug induced infection**
- Write two differential diagnosis **ATN, AGN, Pyelonephritis**
- Name two drugs which cause similar picture? **NSAIDs, sulfonamide, Phenytoin**
- How will you treat this patient? **503D PPT**

8. A 52 years old male presented in medical out-patients department with history of gross weight loss, heat intolerance, fatigue, cachexia, and diarrhea. The pulse rate is 110/minute regular, blood pressure is 125/90 mmHg. Oral temperature is 99°F. The eyes are protuberant and there are fine tremors of hands. A hard nodular swelling of thyroid gland is noted.

- Hyperthyroidism**
- What is the most probable diagnosis? **Graves disease**
 - Write down the investigations and treatment plan. **UHS**

CBC eosinophile
urine → proteinuria
wild proteinuria
renal enlargement
renal biopsy

193 UHS
Gravium scan
kidney biopsy

T4 ↑
T3 ↑
anti thyroglobulin
TRAb
TRH
TRH test