



THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS
ANNUAL EXAMINATION 2017

Annual - 2017
M2

MEDICINE-II

(SEQ's)

Roll No. -----

Time Allowed: 2 hours

Total Marks: 45

Instructions

- The SEQ's part is to be submitted within 2 hours. Extra time will not be given.
- Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
- Do not write your name or disclose your identity in anyway.

1. A 20 years old female presented with multiple erythematous papules, pustules and nodules on her face with scarring. None

→ Soap
→ Antiseptics
→ Clindamycin
→ Isotretinoin
→ Co-estrogen and anti-

- What is the likely diagnosis? Acne. ²⁹¹ u/s (01 Mark)
- What is its pathogenesis? ^{Hormonal} ²⁹¹ (02 Marks)
- What are different options of treatment? ^{Exogenous} (02 Marks)

2. What is phobia? Discuss its types, effects on personality and treatment options in a comprehensive way. ^{Abnormal or excessive fears of an object or situation.} ^{757 ID} (05 Marks)

3. A 30 years old lady is brought to OPD with two weeks history of periorbital and lower limb swelling. On examination, she has grade 3+ pitting edema of lower limbs. A provisional diagnosis of nephrotic syndrome is made.

Repeat

- Describe diagnostic criteria for Nephrotic syndrome. ^{473 ID} (01 Marks)
- What preliminary investigations you will perform? (02 Marks)
- Write three therapeutic steps for the initial management (02 Marks)

4. A 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. (01 Mark)
- What is the most likely mechanism of anemia in CKD? ^{487 ID} (02 Marks)
- Write three complications of CKD. ⁴⁹¹⁻⁴⁹² ⁴⁹⁰ (02 Marks)

5. An obese lady of 120 kg weight with history of Type 2 diabetes mellitus for last 04 years and hypertension & hyperlipidemia for last 03 years. She has grossly uncontrolled diabetes while hypertension and hyperlipidemia have variable control as shown by the record. Now she is willing to start insulin.

Insulin

Split dose method:

NPH = 70

Regular = 30

20 units in morning

15 units before dinner

- Which types of insulins are available? And which one you will prescribe her? Justify your choice. ^{Intermediate insulin 50 unit 2400} (2.5 marks)
- What will be the dosage regimen? Enlist special instructions you will give to the patient. ⁴³⁶ (2.5 Marks)

mistaken insulin.

Beguanides - metformin 500 mg

Sulphonylurease - glipizide 5mg

Acarbose, 50, 100mg

Pioglitazone 15-45 mg

glimipride 2, 3, 4 mg

P.T.O

→ RF
 → 3 or more joints
 → Joints of hand
 6. A 26 years old female presented with gradually worsening polyarthritis, generalized weakness and morning stiffness for last 06 months. Small joints of both hands are equally affected.

X-ray
 → CRP, ESR
 → RF
 → Anemica
 → NSAIDs
 → DMARDs
 → Anti-TNF therapy

- a) What is the most possible diagnosis? **R.A** (01 Mark)
 b) Write down the complete criteria for diagnosis? **114 UHS** (1.5 marks)
 c) Name the most specific investigation? **ANCA** (01 Mark)
 d) Name the medicines other than non steroidal anti inflammatory drugs and supplements etc. (1.5 Marks)

Anticoagulation
 Aspirin
 Cyclo
 Anticoagulant

7. A 32 years old female presents with left sided hemiplegia for last two days. There is also history of 03 abortions in the past. Her CT scan brain was done at 12 hours after the onset of symptoms and found normal.

- a) What is the most probable diagnosis? **antiphospholipid antibody syndrome** (01 Mark)
 b) What specific investigations you will advise? **ANA** (02 Marks)
 c) What is the reason for normal CT scan brain? **537 ID** (01 Mark)
 d) What treatment options can be offered to her? (02 Marks)

Treat:
 Aspirin
 Warfarin

8. A 16 years old male presented with pain, swelling and redness in multiple joints for last 06 months. He complained of worse of above mentioned joint problems in a single joint and when it starts getting better another joint is gradually involved. There is history of recurrent pharyngitis and palpitations. Now for last few weeks he is having involuntary and uncontrollable limb movements which are causing a lot of social embarrassments for him.

- a) What is the likely diagnosis? **Septic arthritis** (01 Mark)
 b) What investigations he should have? Be specific. **CRP, ESR** (02 Marks)
 c) What treatments should be given to him? **122** (02 Marks)

9. A 40 years old known asthmatic patient also having arthralgias presents to your clinic with 03 months history of excessive weight gain, facial hair appearance, thinning of skin, purplish striae on abdomen, puffiness of face. In treatment history she accepts for taking some treatment form hakeems in form of packets of powdery substances. She is having bone pains and difficulty standing up from sitting on the ground posture. She is having mild hypertension and impaired glucose tolerance.

- a) What is most likely diagnosis? **Cushing Syndrome** (01 Mark)
 b) What are the usual complications of this disease? **osteoporosis** (02 Marks)
 c) How will you investigate this patient? Please be specific? (02 Marks)

(EO 410)
 → HTN
 → DM
 → Risk of infection
 → Aseptic necrosis of femoral head
 → renal stones
 → Psychosis

bone fracture
 osteoporosis
 Type 2 diabetes

Invest:
 → Cortisol free urine
 → Diurnal rhythm of Plasma cortisol
 → Insulin tolerance test
 → Plasma electrolyte level
 → Glucose level
 → Glycated Hb
 → Corticotrophin releasing hormone test

Treat:
 Surgery adrenal adenomas are removed by laparoscopy or

lobotomy
 → Radiotherapy
 → Chemotherapy