

urea/creatinine ratio  $\geq 500$   
 urea/plasma  $\geq 40$   
 creatinine ratio  $\geq 40$   
 urea/plasma  $> 20$   
 creatinine

$\leq 350$   
 $\leq 20$

(11)

Send up :-  
 M2  
 Psychological t.p.

Medicine Paper 2  
 Short Essay Questions (SEQs)  
 Final Professional up Examinations 2017  
 Azra Naheed Medical College, Lahore

Fractional excretion of sodium  $< 1$ . Treat  $> 1$ .  
 Total Marks 45

→ olanzapine → CBT  
 → Quetiapine → Personal education  
 → Good doctor-patient relationship  
 → Social th.  
 → Shelter  
 → Employment  
 → Rehabilitation

Time allowed 02 Hours

1. You are seeing a young patient in Out-Patients Department, suffering from schizophrenia. He has no co-morbidities and do not use any drugs. This is first time that he is visiting a psychiatrist. Based on BIO-PSYCHO-SOCIAL model what management you will prescribe. You are not required to write doses of medicines. Schizophrenia. ~~240~~ UHS  $\geq 44$

2. A young laborer is brought to ER with semi-coma. His vital signs are as follows. Temperature 41 c, BP 80/50, Pulse 110/min. A catheter in the urinary bladder is inserted with only 10 ml of urine in the urinary bag. The medical officer makes the provisional diagnosis of heat stroke with acute kidney injury.

- a) Define acute kidney injury
- b) Name 3 differentiating features between pre-renal and renal acute kidney injury
- c) Name two therapeutic measures which you would start

Lab. Inward

213 UHS

iv fluid  
 50% pentox + low  
 protein  
 insulin

3. Question  
 a) Write short note on HbA1c. ~~438~~ 441 ID  
 b) What are the different insulin preparations? Describe their salient features and uses. 438 ID

4. A 40 years old female presented to the medical out-patients department as a known case of arthritis for many years. She complained of weight gain for last 06 months. She also gives history of menstrual irregularities, bone aches, thinning of skin, bruises, and purplish striae on abdomen and excessive growth of facial hair. She was diagnosed hypertensive and recently found to have diabetes mellitus.

- a) What is the most likely diagnosis? 410 nam Cushing's Syndrome
- b) How will you investigate including the etiology? Describe in detail.

5. Question  
 a) What are the types and causes of anemia? microcytic, macrocytic, normocytic  
 b) What is the typical presentation of a patient with severe anemia? 562

6. A 30 years old female presented with 08 months history of joint pains, mainly involving hands and feet along with wrists and elbows bilaterally. Joints are swollen, warm and painful. It takes more than an hour in the morning to resume her daily routine as the hands are very stiff in the morning. She has taken many medicines including treatment from a hakeem but only temporary improvement.

- a) What is the most probable diagnosis?
- b) Which two diagnostic (specific) investigations would you advice.
- c) Which specific medicines would you advice? Discuss briefly.

RA

anti-cyclic citrullinated peptide  
 specificity 95%  
 sensitivity 65%  
 RA factor 70%

- White tinge
- Erythrodermic
- Pustular
- Acrodermatitis

Psoriasis  
↓

7. A 30 yrs old male pt presented with symmetrical erythematous plaques covered with silvery scales on his elbows and knees.  
(529 Exam) ~~Psoriasis~~ ~~cutis~~

- 1) Nail  
2) Interphalangeal joints
- What is the likely diagnosis?
  - What other system can be involved and what are different patterns of involvement of that system?
  - What is the treatment?

NSAIDs, Sulfasalazine, Methotrexate, Cyclosporin, Integrase, chlozoquin, Dithranol, UV light therapy

8. A 30 years old male presented with complains of severe painful swelling of big toe of right foot for three days.

- What is the most probable diagnosis?
- Which investigations you will advise?
- Enlist the short and long term management steps.

Gout (120 UHS) → X-ray pointed out  
→ uric acid  
→ urinary uric acid 24 hour level  
→ ESR & CRP  
→ lipid profile

9. A 35 years old female developed pneumonia one week ago, for which she received treatment from her General practitioner. She was brought to Emergency room in confused state and is slightly agitated. In Emergency room, she developed tonic-clonic convulsions. Her Investigations done are; Serum Na+ 105 meq/L, K+ 3.5 meq/L, blood urea 25 mg/dl, creatinine 0.7 mg/dl

- What is the likely cause of her confusion?
- What is the pathophysiological mechanism of her hyponatremia?
- How will you treat her?

hypohatremia

pre-renal	renal
urine osmolality = 750 mosmol/L	< 400
fraction of filtered sodium = 12	> 2
Na = 120 mg	> 40
BUN/creatinine = 20 mg	> 20

Q8c) → Gout:  
Acute attack  
 → Oral NSAIDs  
 → colchicine  
 → Intra-articular joint inj.  
 → parenteral corticosteroids  
Long term  
 → Allopurinol  
 → Febuxostat: (when Allopurinol is contra-indicated) + Colchicine  
 → uricosuric drugs: Probenecid