



THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS

SUPPLEMENTARY EXAMINATION, 2017

MEDICINE-II

(SEQ'S)

Supply - 2017

Roll No. 19164

Time Allowed: 2 hours

172

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.

U.U.T.I	U.U.T.I
- Flank pain	- Urinary frequency
- Fever & chills	- Urinary urgency
- Skin hypersensitivity	- low back pain
- Hematuria	- Lower abdominal pain
- Nausea/vomiting	- Hematuria
- Joint pain	

1. A 40 years old male presented with severe, generalized pruritus and multiple erythematous papules on his trunk, limbs, external genitalia and the hands. There are also excoriations on his back. His wife and kids also had itching.

✓
Dermat

✓
Scabies

- What is the diagnosis? (01 mark) *Scabies*
- What is the name of causative organism? (01 Mark)
- What is the treatment and principles of treatment? (03 Marks)

(slides)

2. A 24 years old engineering student has presented you in a clinic for ghabrahat. He reports to have restlessness, irritability, difficulty falling sleep, feeling on edge, apprehension and fear of unknown. This feeling remains most of the day for last 15 days. All lab reports came negatives and there is also no history of addiction. Based on this description how will you manage him on BIO-PSYCHO-SOCIAL model? (05 Marks)

✓
Psychiatric

Depression

(slides) → Mood disorder

3. A 25 years old lady presents to OPD with high grade fevers, chills, dysuria and back pain. On examination, she is febrile with temperature 39.5 C and tender in the right loin.

✓
Kidney

- What is the diagnosis? (01 mark) *Acute pyelonephritis*
- How will you differentiate between upper and lower urinary tract infection? (01.5 marks)
- How will you treat this patient? (2.5 marks)

UHS 204

(500's nam)

- Treatment
- Anti-pyretic
 - High fluid intake
 - Hygiene
 - Antibiotics
 - Co-amoxiclav
 - Ciprofloxacin

- Ciprofloxacin
- paracetamol
- potassium citrate
- fardisuna

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) *485 ID*
- What is the most likely mechanism of anemia in CKD? (02 marks)
- Write three complications of CKD. (02 marks)

490 ID (485)

- anemia iron

- Gout
- Heart disease

Endo

5. A 60 years old female presented with longstanding type 2 diabetes mellitus. It was initially controlled on oral treatment but for last 3-4 months it is grossly uncontrolled ranging from 170-220 mg /dl fasting and 275-350 mg/dl in random. She is taking

- Cefuroxime

Endo →

P-T-0

- Analgesics - Paracetamol
- Penicillin - Doxycycline

tablet glimepiride 0.4 mg daily and tablet metformin 0.1 gram twice daily. She has disturbed stools habits and frequently experience diarrheal episodes with a lot of flatulence and indigestion.

- a) What treatment options she has? Discuss in detail. (2.5 Marks)
- b) She is asking you about dietary modifications, enlist dietary instructions easy to understand by patient with examples.. (2.5 Marks) (434, 438 Inam)

A 37 years old female presented with complaints of heat intolerance, palpitations, significant weight loss, diarrheal episodes and menstrual irregularities. On examination her blood pressure is normal and heart rate 112/min irregularly irregular. There are fine tremors of hands, with warm and sweating palms. Her eyes are very prominent with upper sclera clearly visible on straight gaze. There is also fullness in front of the neck.

- a) Write down the complete diagnosis. (1.5 Marks) **Graves disease due to hyperthyroidism.**
- b) Which investigations would you like to get? Please be specific and avoid unnecessary tests. (1.5 Marks) **TFT, Thyroid radioactive iodine test, MRI**
- c) What specific treatments will you prescribe for palpitations & pulse and also for eye changes? (1.5 Marks) **β-blocker, low dose radiation therapy, intra venous immunoglobulin, orbital decompression surgery**

A 23 years old female presented to medical outdoor with poly arthralgias, skin rash, hair loss, features of depression, anemia, and mild pleural effusions bilaterally. Her previous medical record shows the suspicion of some connective tissue disorder.

- a) What is the most probable diagnosis? (01 Marks) **Rheumatoid arthritis**
- b) How will you investigate this patient? Please be specific. (02 Marks) **SLE**
- c) How will you manage this patient? (02 Marks)

A 30 years old male presented with severe monoarthralgia in right knee joints for last 03 weeks. He also complains of itching, excessive redness and lacrimation from both eyes, and urinary complaints like burning micturition for 02 weeks.

- a) What is the most likely diagnosis? (01 mark) **Septic Arthritis**
- b) What investigations you will like to advise? (02 Marks) **REITers Syndrome**
- c) What treatment can be given to this patient? (02 Marks) **529 I-P. Immunoglobulin**

A 17 years old female presents with 02 months history of painless purpuric spots all over the body. They change color over the period of few days and then disappear. Many purpura appear on different sites at single time and usually there is no history of trauma on the affected site. These purpura are of different sizes and the largest present is of approximately 04 inches in diameter on the right thigh.

- a) What is the most probable diagnosis? (01 Mark) **Idiopathic Thrombocytopenic purpura**
- b) Please write specific investigations you would like to get in this patient with expected findings. (02 Marks) **CBC - Thrombocytopenia, Bone marrow - megakaryocytes**
- c) Enumerate specific treatment steps with expected benefits. (02 Marks) **prednisolone, splenectomy, Danazol, Immunglobulin**

07 (b) CBC

*ANA

- Anti dsDNA antibodies
- Anti Smith antibodies

- Avoid sunlight
- Analgesic NSAIDs
- Hydroxychloroquine
- Belimumab

metformin

Endo

ndo

(419 Inam)

Bones

(530 Inam)

Bones

Arthrocentesis

Uraised ESR

CRF

Blood

(600 Inam)

Reading 529

arthritis

purpura

detection of platelet antibodies