



THE SUPERIOR COLLEGE, LAHORE

Final PROFESSIONAL MBBS
ANNUAL EXAMINATION 2019
MEDICINE I
(SEQ's)

Time Allowed: 2HOURS

Roll No. 14018
Total Marks: 45

Instructions

- Attempt all questions.
- All question carry equal marks.
- 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.

Hypertrophic obstructive cardiomyopathy

A 25 year old football player collapses during a match. A paramedic crew successfully resuscitate him from ventricular-fibrillation using external defibrillation. He is admitted to the local CCU. A 12 lead ECG shows sinus rhythm with large voltages in chest leads. A transthoracic echocardiogram shows asymmetrical LVH with a ventricular septal thickness of 3.2 cm. On closer questioning, he reports a maternal uncle who died 30 years ago in his 20s of a 'heart attack'

- a) What is the most likely diagnosis? *GOA MMS HOCM (128 Inam)* (01 Mark)
- b) Write 2 most appropriate treatment options to prevent further cardiac arrests? (02 Marks)
- c) Would you advise him to play football in future? Yes or No? Justify (02 marks)

stable

A 65 year old woman with severe osteoarthritis presents to her GP's surgery with a history of exertional chest pain for 2 months, particularly when climbing stairs which settles after resting for 3-4 minutes. There have been no episodes of chest pain at rest. She is a known hypertensive for 10 years. She is on treatment with amlodipine 10 mg orally Twice & bendroflumethiazide 2.5 mg once orally. She is a smoker and does not drink alcohol. She weighs 90 kg. On cardiovascular examination, pulse is 74 bpm; B.P:150/80 mmHg; The left ventricle is clinically hypertrophied. There is no clinical evidence of heart failure. Her ECG is normal. Her fasting lipid profile measured 1 month previously revealed raised LDL as well.

- a) What is your clinical diagnosis? *Heart Angina (152)* (01 Mark)
- b) What further investigations can be done to confirm her diagnosis? (02 Marks)
- c) How will you manage her? *(49 Inam)* (02 Marks)

A 45 year female who is KCO Hep C +ve CLD admitted with ascites & malena. During stay she developed fever & her mental status deteriorates. She also received sedation for agitation. O/E she is confused but no meningeal signs and no focal neurologic findings present.

- a) What is the most likely diagnosis? *M.E* (01 Marks)
- b) Give at least 6 precipitating factors. *(276 Inam) (435)* (02 Marks)
- c) What are the steps of management for this condition? Mention at least 5 steps. *(278)* (02 Marks)

A middle aged male presents in A/E with massive hematemesis. He has history of recurrent epigastric pain that occurs after meals since more than one year. O/E BP 90/60 mmHg. He has tachycardia & sweating but no signs of CLD.

- a) What is the diagnosis? *PUD (378)* (01 Marks)
- b) What are the complications of this disease? *(173 Inam)* (02 Marks)
- c) Give important steps of management. (02 Marks)

P.T.O

Pulmonary embolism

A 21 year female old presents with sudden onset shortness of breath. Chest examination is normal. respiratory rate 28/min. There is history of a prolonged labour that necessitated total abdominal hysterectomy 7 days ago. The baby could not survive. ECG shows sinus tachycardia. Chest X-ray reveals no abnormality.

- a) Name specific drug therapy. (01 Mark)
- b) What investigation will you order to assess efficacy of the drug? (01 Mark)
- c) How long will you treat her? (01 Mark)
- d) Enumerate 8 risk factors of this condition. (02 Marks)

A 24 year old presents with fever, cough, yellowish sputum and shortness of breath. Chest X-ray shows consolidation. A diagnosis of Community-acquired pneumonia is made.

- a) Enlist 04 common causative organisms. (02 Marks)
- b) How will you manage this patient? (02 Marks)
- c) What is CURB-65? What is its significance? (01 Mark)

A 25 years old female presented with fever for last one month. Fever is of moderate intensity, intermittent and associated with extreme generalized weakness. There is no obvious symptom to suggest the focus of infection. She has tried many medicines regimens from multiple doctors but not effective. Fever partially subsides with oral paracetamol most of the times she takes it. One medical specialist has labelled it as pyrexia of unknown origin (PUO) or fever of uncertain origin (FUO).

- a) What is PUO/FUO by definition? (01 Mark)
- b) What are the common causes of PUO/FUO? (1.5 Marks)
- c) How will you investigate this patient? (2.5 Marks)

A 63 years old male is brought to the hospital with one hour weakness of right side of the body along with difficulty in speech also. He is a known diabetic and hypertensive for ten years. He was fine before collapsing suddenly. No significant headache, vomiting etc. since then he is not moving his right arm and leg. On examination his pulse is 90 beat per minute, it is irregularly irregular. He is afebrile with BP of 160/90 mmHg. He is not talking and does not understand any spoken commands. He has right hemiparesis with power grade 2/5, normal deep tendon reflexes and positive Babinski sign on right.

- a) What is the most likely diagnosis? (01 Mark)
- b) How he should be investigated? Enlist. (02 Marks)
- c) Write down the management steps. (02 Marks)

A 40 years old female presents with sudden onset headache for 6 hour. She collapsed briefly at onset of headache with no definite fit. Later she was having severe headache with repeated vomiting. She described it as worst headache of his life starting in nape of neck. On examination her pulse 98/minute, BP=140/90mmHg, no fever. She was lying with eyes closed and had positive neck stiffness, no other neurological deficits found. No significant past medical history is available.

- a) What is your most likely diagnosis? (01 Mark)
- b) How will you investigate this patient? (02 Marks)
- c) Enlist the treatment steps for this patient. (02 Marks)

Lungs (383 Inam)

(343 Inam)

Infection

1153 (635 Inam) CNS

9 CNS

No medical (605 Inam)

SAH (595)