Sendup-2016 Medicine Paper 1 Short Essay Questions (SEQs) Liver(1) Send Up Examination Final Year MBBS - 2016 Azra Naheed Medical College, Lahore Infectious Useases(1) All questions are compulsory. All questions carry equal marks, i.e. 05 mark each Total Marks 45 Time allowed 02 Hours A 60 years female presented with complaints of right sided weakness and speech difficulty for two hours. She is a known case of uncontrolled diabetes mellitus and 1153 hypertension for more than ten years. She was fine when she collapsed suddenly and was brought to medical emergency. There is no history of headache or vomiting etc. She is unable to move her right arm and leg. On physical examination her pulse is 90 beats per minute, good volume and irregularly irregular. She is afebrile with BP of 160/90 mmHg. (635 She is not talking and does not understand any spoken commands. She has right sided hemiparesis with power of grade 2/5, normal deep tendon reflexes and positive Babinski sign on right. a) What is the most likely diagnosis? b) How she should be investigated? c) What management you will offer? Regarding bronchial asthma; a) Describe presentation of a typical case of Bronchial asthma including features in history/symptoms and physical signs on examination. Eina. · E b) Enlist in steps, the general & specific management of bronchial asthma. A sixty years old male, with diabetes mellitus, hypertension and hyperlipidemia for more than 10 years, is brought to cardiac emergency. His son told that he was found profusely sweating and grossly pale after coming out of the washroom half an hour ago. He was also having exertional dyspnea, nausea and sweating almost daily for last few days. He is taking few medicines but details are not known to him. On examination, he is pale with cold skin, profusely sweaty, semiconscious, dyspneic with pulse 64 per minute and irregular, blood pressure 110/65mmHg, and respiratory rate 24/minute. Rest of the Marin EUG examination reveals no gross abnormality. His blood sugar is 96mg/dl. Gronan Acuti a) What is the most likely diagnosis? (- b) What first investigation would you advise and justify why? c) Describe the management of this patient in steps.

(498)

(159 compact)

A 17 years female is seen for having fits for the last 04 years. She falls suddenly with generalized jerking of limbs. lasting for 2-4 minutes. After she regains her consciousness she is completely unaware of the episode. There is history of biting the tongue and urinary incontinence during the attacks sometimes. On detailed inquiry, there is no significant history of head injury, meningitis etc. She had been on some treatment but take it very irregularly. She was also taken to spiritual healers and quacks but not relieved. Last episode of her illness was just 02 days ago; otherwise she has these attacks Male

a) What is the most likely diagnosis?

b) How will you investigate this patient?

c) Give the treatment options with doses and special considerations if any

A 47 years old female, presented to Medical Emergency department with severe hematemesis, for last 05 hours. She initially vomited fresh blood and now is passing clotted blood. She never had hematemesis in the past. Although conscious and oriented, Poshe is feeling extremely weak and apprehensive. Her blood pressure is 90/60mmHg. pulse 118/ minute and of low volume. She is afebrile. Her physical examination shows gross pallor, palmar erythema, leukonychia, moderate ascites and mild tendemess at epigastrium. Her investigations done 15 days ago show hemoglobin 11 gm/dl, platelets 151,000/mm³ and white cell count 5700/mm³ Her screening test for HCV is positive.

Write down the complete diagnosis of this case and investigation plan. How will you treat this patient? 269 I.D.

A 55 years old man presents in cardiology out-patients department with complaints of palpitations off and on for last fifteen days and continuously for last two days. His blood pressure is 125/85mmHg, heart rate 103/ minutes irregularly irregular. No complaint of

a) What is the most probable diagnosis? give 02 differential diagnoses.

b) Which investigation would you advice to confirm your diagnosis with likely

Briefly describe the management steps.

A 25 years old male presents with 03 days history of high grade intermittent fever preceded with severe chills and rigors, stays for 3-4 hours and then decline with profuse sweating. Today he is semiconscious and disoriented since morning. When examined in medical emergency department he is having the axillary temperature of 104.50C, and is restless. He has no signs of meningeal irritation, no rash and no other positive findings.

a) What is the most likely diagnosis? ? (Lvc. bv1)

What investigations would you advice? c) Describe the management steps.

A 70 years old man is brought to the medicine out-patients department. He is not a known diabetic or hypertensive, but is a chronic smoker, for 40 years smoking 20-30 cigarettes per day. He is feeling extreme lethargy, generalized weakness, anorexia. insomnia, exertional dyspnea and dry persistent severe cough. He had two episodes of spitting fresh blood after forceful bouts of cough 02 days ago. He claims a weight loss of more than 15 kgs in past couple of months) One of his chain smoker friends died last month so is apprehensive and came to you

a) What is most likely diagnosis? 273 I.D.:
b) How you will investigate this patient with expected findings in favor of your

diagnosis? Discuss briefly.

9. A 25 years old male presented to you with a family history of Celiac disease. He is having chronic diarrhea, abdominal bloating and some subjective weight loss 190 I.D. (301 combany)

a) Discuss in detail the investigation plan.

b) Discuss the treatment of this patient.