



THE SUPERIOR COLLEGE, LAHORE

Final PROFESSIONAL MBBS  
ANNUAL EXAMINATION 2018

MEDICINE I

(SEQ's)

Send up

Roll No. \_\_\_\_\_

Total Marks: 45

Time Allowed: 2HOURS

Instructions

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

- 1) A young boy admitted with vague ill health and progressively worsening dyspnea and easy fatigability. Clinically he is markedly pale and abdominal examination revealed massive splenomegaly.
  - a) Enlist 04 most important possibilities in this patient. (02 Marks)
  - b) Discuss the investigations needed to help in the diagnosis? *Infectious* (03 Marks)
- 2) Gastroesophageal reflux disease (GERD) is one of the important gastrointestinal presentations.
  - a) Name 03 important investigations to confirm the diagnosis. *G.I.T. 28 UMS* (1.5 Marks)
  - b) Name important medicines for its treatment? (1.5 marks)
  - c) Write the dietary precautions and important general measures you will suggest to a patient of GERD. (02 marks)
- 3) A 50 year old female patient presented to you in medical emergency. She is deeply unconscious. Attendants give you history that she is a known patient of some liver disease, and is taking many medicines including syrups and tablets. She was having fever and cough for last 03 days. She was also passing a lot of urine through out the day under the effect of medicines, she has not passed stool for last two days and there is gaseous distention of her abdomen. On examination vital signs are stable with low grade fever, spider angiomas and palmar erythema and clubbing.
  - a) What is your diagnosis? *Hepatic encephalopathy* (01 Mark)
  - b) What factors may have contributed in this case? ~~\_\_\_\_\_~~ (1.5 Marks)
  - c) Write down the important treatment steps. (2.5 Marks)

50 UMS

4) A 29 years female is seen for off and on headache for 3 years. The headache is at variable sites but usually left temple, forehead and adjacent part of head. It is usually preceded by strange feeling light headedness and mild nausea. It is moderate to severe in intensity and almost every week staying for a day or more. Routine oral medicines for headache do not work for her. On examination of CNS there is no abnormality detected. Her blood pressure and far and near vision are normal.

- a) What is your diagnosis? Migraine 671 ID (01 Mark)  
b) Name three important differential diagnoses? (1.5 Marks)  
c) Describe short and long term treatment for this patient. (2.5 Marks)

5) A 72 years old man who is a known long standing diabetic and hypertensive with variable control of both. He presents with right sided weakness for 3 days. It was sudden in onset and he is unable to stand or walk. He can take orally. On examination she is afebrile, BP is 150/80mmHg and pulse is irregularly irregular. Her power in right side is 2/5 and he is mildly dysarthric.

- a) What is your diagnosis? 99 UHS (01 Mark)  
b) Name the important investigations. ischemic stroke (02 Marks)  
c) Enlist general and specific treatment steps. (02 Marks)

6) A 50 years old female presented to you with palpitations for many days. On examination her pulse is irregularly irregular with the rate of 87/min. her respiratory and cardiovascular examination done grossly revealed no major abnormality. Atrial Fibrillation

- a) What is your most probable diagnosis? (01 Mark)  
b) What are 03 very important causes of irregular heart rate? 23 UHS (1.5 Marks)  
c) Which one investigation will help most for the diagnosis? (01 Mark)  
d) What treatment may be given irregular heart rate? Just name. (1.5 Marks)

7) A 55 years old known asthmatic patient presented to you with multiple complaints like headache, mild vertigo, excessive urination, especially at night, and bilateral ankle swellings. He also complains of chronic constipation. He is a known hypertensive but is not taking his medications for many weeks, no record is available. His blood pressure is 180/100 mmHg and heart rate 88/min regular.

- a) Which medicine you will prescribe in this patient? And why? HTN (02 Marks)  
b) Discuss important adverse effects and potential benefits of each of the important anti-hypertensive medicines groups. ID UH (03 Marks)

8. A 55 years old male presented to the medical emergency department of a tertiary care hospital with 06 month history of generalized weakness and ill health, weight loss of 15-16 kgs in 06 months and anorexia. Two months history of intractable dry cough, and gradually progressing breathlessness. For last one day he was having hemoptysis of fresh blood, which has brought him to the hospital. He is a chronic smoker with 20-30 cigarettes per day for last 25 years. His blood pressure was 110/80 mmHg and pulse 100/min regular. Chest

Bronchogenic Carcinoma

Calcium channel blockers + Diuretics

Calcium channel blockers  
Diuretics

examination revealed no abnormality but auscultation was difficult because of severe cough. His blood sugar was 144 mg/dl and xray chest revealed a well circumscribed rounded homogenous opacity near right hilum. ECG was normal.

690HS

Bronch. CA,

a) What is the most probable diagnosis? (01 Marks)

b) Which further specific investigations you will advise? With expected findings. (02 Marks)

c) What are the treatment options for this patient? (02 Marks)

9. A 50 years old male patient presented in medical OPD, who is a chain smoker for 20 years, has moderate to severe dyspnea for last many months. He complains of, off and on cough and non-specific symptoms. Your senior consultant has asked you to note about his breathing style especially expiration and has use the term "Purse Lip Breathing" for it.

a) What is the most likely diagnosis? (01 Mark)

b) What is the most likely cause of his disease? (01 Mark)

c) Name two most important findings on his chest radiograph. (02 Marks)

d) How purse lip breathing help the patient, briefly explain the mechanism. (01 Mark)

COPD,

321 (1)