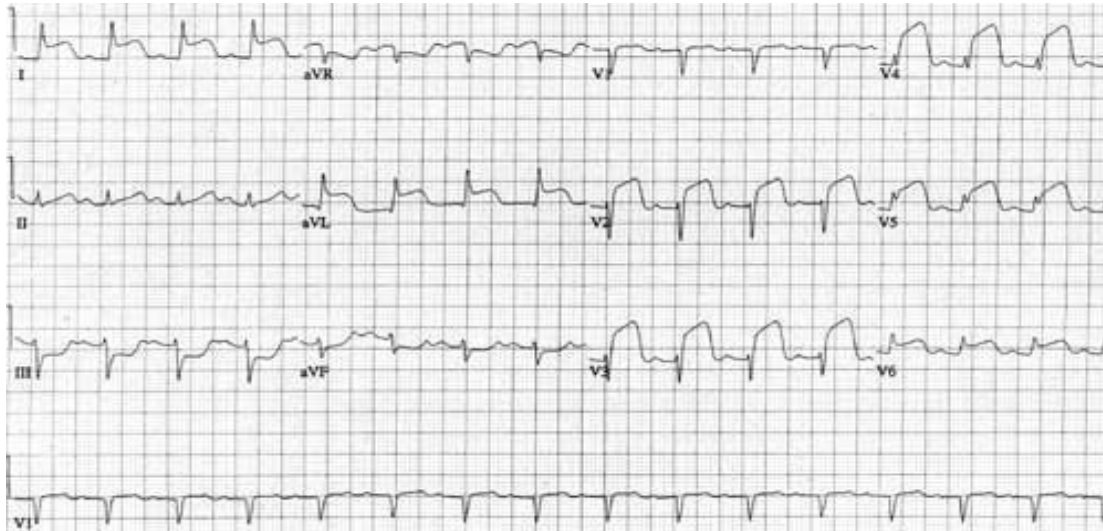


Station No. 1

A 45 – year – old male presented to Emergency Department with chest tightness for four hours duration associated with profuse sweating. The following ECG was taken immediately.



Q.1- What is the abnormal findings in this ECG ?

Q.2-What is the diagnosis ?

Q.3- What is coronary vessel responsible for this ECG finding ?

Q.4- Mention four important risk factors for this patient :

Q.5-What is the immediate treatment for this patient ?

Answer Sheet

Station No. 1

Q.1- What is the abnormal findings in this ECG ?

1.ST Elevation in anterior leads (I,Avl , V1 up to V6) (2)

2- Reciprocal changes ST depression in inferior leads(II , III and Avf) (2)

Q.2-What is the diagnosis ? Acute Anterior Wall Myocardial Infarction(4)

Q.3- What is coronary vessel responsible for this ECG finding ? LAD artery(2)

Q.4- Mention four important risk factors for this patient :

Hypertension,Dyslipidaemia ,DM ,Smoking ,Family History ,Age,Lack of physical activity . Obesity. (4)

Q.5-What is the immediate treatment for this patient ?

1- MONA + BAH (Morphine ,Oxygen , Nitroglycerine ,Aspirin ,Beta Blocker ,ACE Inhibitor) (3)

2- Reperfusion therapy (PCI ,Thrombolytics (tPA.Streptokinase)(3)

Station No.

A 32 –year – old lady brought to Emergency Department in unconscious state after repeated generalised tonic –clonic seizures .ABC

Resuscitation was done and immediate Arterial Blood Gases (ABG) was obtained and the results as follow :

Na : 145 mmol /l

K : 5 mmol/ l

Chloride 90 mmol / l

Bicarbonate 10mmol /l

Po₂ : 90mmHg

Pco₂ : 40 mmHg

Q.1 Calculate the Anion Gap ?

Q.2- What is the type of this Acid Base Disturbance ?

Q.3-Mention 4 causes of this Acid Base Disturbance.

Q.4 - What is the final diagnosis ?

Q.5-What is the treatment of this diagnosis ?

Answer Sheet

Station No.

Q.1 Calculate the Anion Gap ? 45 / 50 (4)

Q.2- What is the type of this Acid Base Disturbance ?

High Anion Gap Metabolic Acidosis. (4)

Q.3-Mention 4 causes of this type of Acid Base Disturbance.(6)

1-Lactic Acidosis

2- Diabetic Keto- Acidosis

3-Uraemia / Paraldehyde

4-Methanol Ethylene glycole /Salicylate /Starvation.

Q.4 - What is the final diagnosis ? Lactic acidosis (Type A)(3)

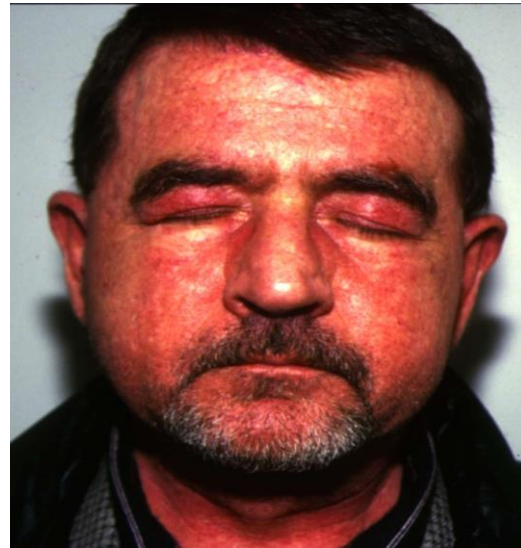
secondary to epilepsy.(1)

Q.5-What is the treatment of this diagnosis ?

I.V sodium Bicarbonate (2)

Station No. 3

A 50 – year – old male presented to out patient department with difficulty in standing after prologed sitting on chair and difficulty in rising his hands above the shoulder .In system review he noticed increase difficluty in passing stool and constipatin.The following photos was taken for the patient hands & face.



Q.1- What is the signs on the hands& the face called and which of them pathognomonic and characteristic ?

Q.2- What is the most likely diagnosis ?

Q.3- How you will investigate this patient to confirm the diagnosis ?

Q.4-How you will treat this patient ?

**Q.5-What serious pathology can be associated with this diseases
deep investigation to Rule it out need ?**

Palestinian Medical School

AL – AZHAR UNIVERSITY

4th Year Final Clinical Examination (2009) - INTERNAL MEDICINE

Answer Sheet

Station No. 3

Q.1- Gottrons sign (3) (*Pathognomonic*)(1)

***Heliotrpe rash*(3) (*characteristic*)(1)**

Q.2- *Dermatomyositis*.(4)

Q.3-1- *Blood Tests (CPK ,AST ,Aldolase ,ESR ANA ,Anti –JO- ,Anti RNP)*(1)

2- *EMG*.(1)

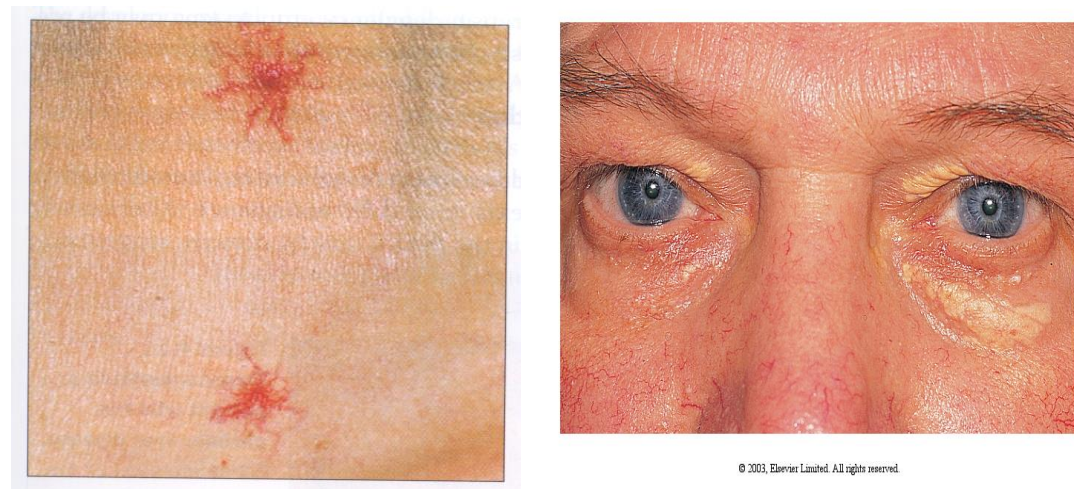
3-*Muscle Biopsy* (1)

Q.4- *Steroid , Methotrexate ,I.V Immunoglobulin*.(2)

Q.5- *Internal Malignancy*.(3)

Station No. 11

A 50 –year – old lady non alcoholic presented to out patient department complaining of intense itching, fatigue ,joint pain ,anorexia and abnormal things appears around her eyes and over her anterior upper chest. CBC , electrolytes & serum aminotransferrases are normal and high serum Alkaline Phosphatase and high serum protein. The following photos was obtained for her face and chest .



- Q.1- What are the signs in these photos ?**
- Q.2- What is the most likely diagnosis ?**
- Q.3- How you will confirm your diagnosis (Investigations)**
- Q.4- What is the complications of this disease ?**
- Q.5- What is the only drug proved to alter the prognosis ?**

Answer Sheet

Station No. 11

Q.1- *Spider naevi (3) , Xanthelesmat (3).*

\Q.2- *Prmary Biliary Cirrhosis.(4)*

Q.3- *Ultrasound Abdomen(2)*

-*Anti-Mitochondrial Antibodies (2) / Antigen M2*

- *Liver Biopsy(2)*

- *IgM*

Q.4- *Portal hypertension complications and decompensated liver disease.(2)*

Q.5- *Ursodioxycholic Acid(2)*

Station No. 12

A 29 – year – old lady presented to out patient department complaining of easy fatigability and progressive dyspnoea on effort .Patient had history of menorrhagia. No history of joint pain .No family history of anaemia,not on any medications.

Physical examination of the patient show pallor , no lymphadenopathy and abnormal finding of her nails and face.

The following CBC was obtained and show the following :



Hb : 8 gm / dl , HTC : 24

MCV : 56

MCH : 22 / MCHC : 30

Platlet count :450.000

Q.1- What is this sign called ?

Q.2- What type of anaemia this patient have ?

Q.3- What is the differential diagnosis of this type of anaemia Q.4-

What is the most likely diagnosis for this patient ?

Q.5- Mention 4 general aetiological causes for this type of anaemia.

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4th Year Final Clinical Examination (2009) - INTERNAL MEDICINE
Strtudent Answer Sheet
Station No. 12

Q.1- Koilonychia (3)

Q.2- Microcytic Hypochromic Anaemia (4)

Q.3-

1- Iron Deficiency Anaemia (1)

2-Anaemia of Chronic Disease.(1)

3- Thalassaemia (1)

4- Lead Poisoning (1)

5-Sideroblastic Anaemia (1)

Q.4- Iron Deficiency Anaemia. (4)

Q.5-

1-Increase blood loss (Menorrhagia , chronic GIT loss) (1)

2-Increased requirement (Pregnancy , Lactation ,child growth (1)

3-Poor dietary intake (1)

4-Malabsorption (1)

Station No.

A 50 –year – old man who was a heavy smoker presented with shortness of breath and change in the colour of his productive cough ,which was present for most of the months for last 4 years. This arterial blood gas on room air was obtained from him and show the following :

pH : 7.21

PCO₂ : 75

Po₂ : 57

HCO₃ :34.5

Base Excess 6.3

Q.1-What is the type of Acid Base Disturbance ?

Q.2-What is the type of Respiratory function defect ?

Q.3- What are the causes of this respiratory function defect ?

Q.4- What is the diagnosis of this man ?

Q.5- What is the cause of his recent deterioration ?

Answer Sheet

Station No.

Q.1- Respiratory Acidosis (Uncompensated) (3)

Q.2- Respiratory failure Type II. (3)

Q.3-

1- Chest wall diseases (Kyphoscoliosis , Flail chest) (2)

2- Neuromuscular diseases (Myasthenia gravis ,Guillain –Barre Syndrome , Neuromuscular Dystrophy) (2)

3- Lung diseases (COPD) (2)

4- Respiratory drive (Narcotic over dose) (2)

Q.4- COPD (Chronic Bronchitis) (3)

Q.5 Acute infective exacerbation (3)

Station No. 7

A 20 – year – old , Diabetic , thin built , single university student , with recurrent hospital admission with Diabetic Keto – Acidosis (DKA) due to insulin non compliance. Recently admitted to the hospital after an episode of sore throat , fever and repeated vomiting .

Examination on admission : Looking ill , rapid breathing , dehydrated with very dry tongue and throat congestion. Temperature : 39 , Pulse rate :110 , Respiratory rate 35 / minute, B.P 90/60. Blood Sugar : 450 mg / dl. Urine ketones by dipstick : negative. ABG : Severe Metabolic Acidosis

Diagnosis of metabolic acidosis was considered and treatment with I.V fluids and Insulin, On follow up urine turned to be Positive for Ketone Bodies.

Q.1 - What are the most Two causes that lead to DKA ?

Q.2 - Which ketone bodies appear in the blood and urine in DKA ?

Q.3 - Why on admission the urine ketone was negative and subsequently become Positive ?

Q.4 - What is the most important aspect of management to prevent recurrent attacks of DKA in such patient ?

Q.5 - What is the criteria for diagnosing Diabetes Mellitus in general?

Palestinian Medical School

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4th Year Final Clinical Examination (2009) - INTERNAL MEDICINE

Answer Sheet

Station No.

Q.1

- Symptomatic patient :

FPG > 126 mg/dl or RBS >200mg/dl (Single reading) (2)

- A Symptomatic patient : FPG > 126 mg/dl or RBS >200mg/dl (2 readings)(2)

Q.2- Type 1 DM & Type 2 DM (4)

Q.3- Omitting insuline therapy(2)

- Infection(2)

Q.4- Beta – hydoxy butric acid(1)

- Aceto Acidic Acid(1)

-Acetone(1)1

Q.5- Dipstix detect only acetone which appear late.(2)

Q.6- Patient Education (3)

Station No.

A 20 – year – old , Diabetic , thin built , non married university student , with recurrent hospital admission with Diabetic Keto – Acidosis due to insulin non compliance. Recently admitted to the hospital after an episode of sore throat , fever and repeated vomiting .

Examination on admission : Looking ill , rapid breathing , dehydrated with very dry tongue and throat congestion. Temperature : 39 , Pulse rate :110 , Respiratory rate 35 / minute, B.P 90/60. Blood Sugar : 450 mg / dl. Urine ketones by dipstick : negative. ABG : Severe Metabolic Acidosis

Diagnosis of metabolic acidosis was considered and treatment with I.V fluids and Insulin, On follow up urine turned to be Positive for Ketone Bodies.

Q.1- What is the criteria for diagnosing Diabetes Mellitus?

Q.2- What are the main Two types of Diabetes Mellitus ?

Q.3- What is the most Two causes that lead to DKA ?

Q.4-What are the Acute &Chronic complications of D.M ?

Q.5 - What is the most important aspect of management to prevent recurrent attacks of DKA in such patient ?

Answer Sheet

Station No.

Q.1

- Symptomatic patient :

FPG > 126 mg/dl or RBS >200mg/dl (Single reading) (2)

- A Symptomatic patient : FPG > 126 mg/dl or RBS >200mg/dl (2 readings)(2)

Q.2- Type 1 DM & Type 2 DM (3)

Q.3- Omitting insuline therapy(2)

- Infection(2)

Q.4- Acute Complications (3)

- DKA

-NKHOS

-Hypoglycaemia, snow flower cataract , Diabetic Amyotrophy.

- Chronic Complications (3)

-Diabetic Retinopathy

-Diabetic Nephropathy

-Diabetic Neuropathy

(Low immunity , Infections , Diabetic foot & PVD , Risk for MI & STROKE)

Q.5- Patient Education (3)