

Q.1-When examining a patient with thyroid disease (Hyper / Hypothyroidism) list 5 possible signs you might observe from a general inspection ?

Q.2- When examining the same patients hand list 3 things you might observe

Q.3-When examining the same patients eye ,what might you be looking for ?

Q.4-Suggest 3 other signs you may detect when examining a patient with thyroid disease .

Q5.-When palpating the thyroid gland what would ask the patient to do to help confirm your diagnosis ?

Hyper:

① CNS: irritable
anxiety
tremor (fine tremor)

CVS: raised JVP (HT cause heart failure)
high cardiac output
HF

MSK: Proximal muscle weakness
hypoparathyroidism → hypocalcaemia.

Eye: exophthalmos
periorbital edema
lid lag
lid retraction

LL: pretibial myxedema.

Fingers: clubbing
onycholysis

Skin: scratch marks due to itching.

Hypo.

② nails: onycholysis
clubbing (thyroid acropachy) → graves.

palms: sweating
Palmar erythema.

tremor
scratch marks.

③ exophthalmous

==

④ thyroid eye disease

thyroid bruit

pretibial myxedema

thyroid acropachy

⑤ swallowing

Investigations:

TSH (the most sensitive).

T₃ and T₄

TSI → graves

anti-TPO → hashimoto (+ve in 20% of graves)

anti-thyroglobulin

Radioactive iodine uptake

- decreased thyroiditis
- increased
 - diffuse graves.
 - Patchy plummer dz.
 - focal toxic adenoma

US

FNA

general: CBC

chemistry

Ech

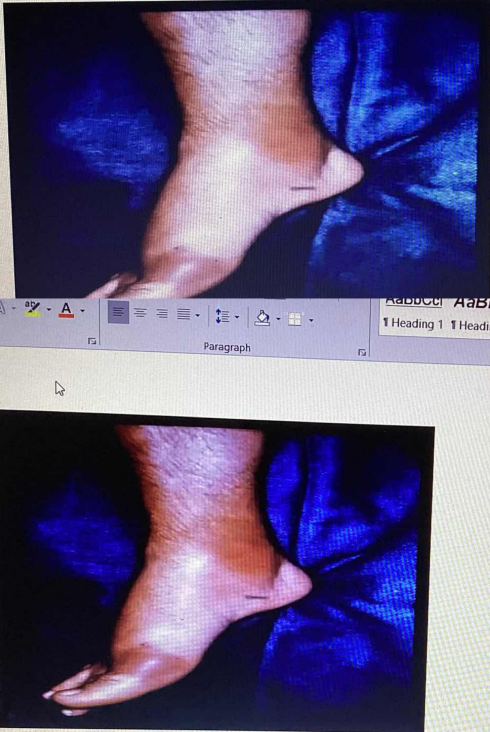
ECG (for arrhythmia).

DDx for palmar erythema:-

- hyperdynamic circulation
- liver cirrhosis
- connective tissue disease
- hyperthyroidism
- PCV

Methimazole → peripheral conversion from T₄ to T₃
 لذلك ينضله على PTU

A 55-year old male known case of hypertension and congestive heart failure. The patient on ACE-Inhibitor, Furosemide and Hydrochlorothiazide. The patient awakened after midnight with severe pain in his right foot and he noticed something abnormal in his foot. The following photo was taken.



Q.1- What is this sign called & What is the most likely diagnosis? *gout (podagra)*

Q.2 How can you confirm your diagnosis?

Q.3-What is the characteristic X-ray findings?

Q.4-What is the most likely precipitating factors in this patient?

DDx of monoarthritis: -

Septic arthritis
 osteoarthritis
 reactive arthritis
 traumatic
 Pseudogout
 gout

most in gout
 1st MPJ

pseudogout
 knee
 osteoarthritis
 knee
 Sclerodosis
 ankle

② Aspiration

color (clear)

WBC (>2000 or 3000)
 80,000 لعل

microscopy (needle shape
 -ve birefringence)
 crystals

= monosodium urate
 crystals

uric acid

normal level doesn't
 exclude gout.

③ juxta-articular
 erosions

④ Furosemide

Hydrochlorothiazide.

⑤ NSAIDs

العلاج المبدئي
 و هو
 يرفع في kidney

Colchicin
 Steroids

② + stop the offending
 drugs.

③

+ losartane (the only ARB that increase
 ACEI في kidney uric acid excretion).

Q.1 - Podagra / Acute gouty arthritis (4)

Q.2 – Aspirating and inspecting synovial fluid demonstrating MSU crystals. (2)

-Polarised microscopy with negative Birefringent crystals (2)

Q.3- Soft tissue calcification and punched out juxta-articular erosions around the interphalangeal joints (2)

Q.4 –Diuretics (Frusimide & Thiazide) (2)

Q.5- Oral Colchicine for acute stage (3)

Change the thiazide

Allopurinole for chronic case

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A 78 – year – old lady presented with dyspnoea and lethargy , .
 She has never smoked cigarettes. Chest X –ray showed a prominent left hilum. *Passive*

Na 110 mmol / l

K 3.5 mmol / l

Urea 10 mg / dl (4.0 mmol / l)

Creatinine 0.7 mg / dl (80 umol / l)

Glucose 162 mg / dl (9.0mmo/l)

Urine osmolality 625 mosmol / kg

Urine Na 35 mmol / l

centrally located mass *SCC* *adenocarcinoma.* *عاطفة SIADH.*

بالهشاشة العظام hypoparathyroidism *hypothyroidism* *parathyroid renal dz*

CBC , Thyroid function test ,Calcium and cholesterol levels were normal. CT Chest showed a 5 cm irregular mass in the left hilum that had extended into the adjacent lung tissues.

Q.1-Calculate the plasma osmolality.

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Q.1-Calculate the plasma osmolality.

Q.2-Why there is a low serum sodium ?.....

Q.3- What is the complete diagnosis ?.....

Q.4- What is the other aetologies for this disorder ?.....

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

35 words English (United States)

$$\textcircled{1} 2\text{Na} + \frac{\text{glucose}}{18} + \frac{\text{BUN}}{2.8} = 231$$

$\textcircled{2}$ SIADH (Paraneoplastic syndrome)

$\textcircled{3}$ Small cell lung cancer

$\textcircled{4}$ causes of SIADH:

Drugs: anticonvulsants (valproate - carbamazepine)

SSRI

sulfonylurea (chlorpropamide)

Lung: small cell lung cancer

nonmalignant: TB - lung abscess - pneumonia (legionella)

CNS: trauma - CVA - stroke - encephalitis.

$\text{Na} < 120$

Severe neurological
manifestation



immediately give:

3% hypertonic saline

$\textcircled{5}$ Hypertonic saline.

then: - fluid restriction.

- ADH receptor antagonist:

tolvaptan

- demeclocycline.