

Case 1

What are the most cases of altered mental retardation in old age patient?

(1) Metabolic cases

- * addison crisis & hypothyroidism [myxedema] → ↓ BP severe
- (1) Hypoglycemia → reversible lead to permanent brain < 25 mg for 25 min.
- (2) Hyperglycemia with hyperosmolar status → DM → if he conscious we give him juice or
- (3) Hyponatremia
- (4) Hypernatremia
- (5) Hypercalcemia + hypocalc²⁺ → we give them lactulose
- (6) uremia / hyper ammoniaemia [ammonia cont.] → unconscious, 50gm glucose in central

in indication for urgent dialysis

* potassium doesn't cause mental retardation

(2) CNS causes

- (1) Encephalopathy / resp failure, heart failure
- (2) Meningitis epilepsy,
- (3) Alzheimer
- (4) CVA → Ischemic or hemorrhagic

(3) Drugs

- (1) Barbiturate "for depression"
- (2) Narcotics

(4) Sepsis acute lead to septic encephalopathy.

(5) Hepatic encephalopathy

(6) Respiratory failure → CO₂ retention

(7) Uremic encephalopathy

* Types of dementia

Irreversible

- (1) Alzheimer
- (2) Vascular dementia after CVA
- (3) Parkinson disease

Reversible

- (1) Hypothyroidism
- (2) B12 deficiency
- (3) Depression

* Stages of hepatic encephalopathy

- (1) changes in behavior
- (2) lethargy
- (3) Marked confusion
- (4) Coma

* How to treat hepatic encephalopathy

→ we treat the precipitating factors

- * Constipation
- * hypokalemia
- * SBP
- * Acidosis
- * upper GI bleeding
- * Renal impairment

→ Mode of treatment

Axelac "lactulose" non absorbable disaccharide

Rifaximin non absorbable antibiotic "twice daily"

* we give him until he pass a stool then every 8 h.

The case female patient with hyperglycemia

we have to calculate the osmolality and check for electrolytes and kidney function test, start lactulose

* lactulose 30g

acidification process to metabolize it

laxative
Bacteriostatic

Case 2

How to diagnose sepsis?

SOFA criteria → ① Altered mental status

② Respiratory rate ≥ 22 breath/min

③ Systolic BP ≤ 100 mmHg

* We have to differentiate between sepsis and UTI for management by SOFA criteria

What are the causes of sepsis?

① Infection

① pneumonia

② UTI

③ bacterial sepsis

④ gentamicin

⑤ arthritis

⑥ meningitis or encephalitis

⑦ Central Venous Catheter or urinary catheter

What to do? "work up"

① Check vital signs

② blood culture

③ Urine culture

④ AST, ALT

⑤ ECHO coagulogram

⑥ chest x-ray

⑦ Brain CT

How to treat?

IV antibiotic in the first hour

IV fluid "shock therapy" in first 3 hours

* If I didn't give it after 1 hour increase mortality for 60%

* Broad spectrum antibiotic like ① 3rd generation and 4th generation

② Carbapenems

③ Teicoplanin + ceftazidime

* Shock therapy ④ IV fluid for 20 cc/kg/h

* If the patient not respond to IV fluid is a indication for inotropes

What are the indications of inotropes?

Mean arterial pressure < 65

↳ 2 drugs + Sybil

Day 2

Case 1 What are the signs and symptoms of acute lower limb ischaemia Complete closure?

- I] Pulsless → you have to check dorsalis pedis and posterior tibial pulse if palpable or not palpable it is lower limb ischaemia
- II] delayed capillary refilling
- III] pallor
- IV] paraesthesia
- V] numbness
- VI] coldness

→ It need for embolectomy or thrombolysis

What are the signs and symptoms of lower limb ischaemia partial closure?

- I] limb claudication "2x"
- Do CT angio to see the level of calcium
- Statin is main stute of Htt

Case 2 * Why we ask for A&G in hyperglycaemic patient?

to rule out DKA → unusual in old age

* What are the priority when I found ↑ blood sugar level on A&G?

Calculate the plasma osmolality to differentiate if it simple hyperglycaemia or hyperglycaemia with hyperosmolar state

because the treatment differs → simple hyperglycaemia adjust the insulin dose

→ hyperglycaemia with hyperosmolar state we have to search for underlying causes and treat it

* When we called the patient long standing diabetes Or when the complications start?

Type 1 → 4-5 years

Type 2 → after 8-10 years

* Why in old age patient with diarrhoea I have to ask if there is previous antibiotics?

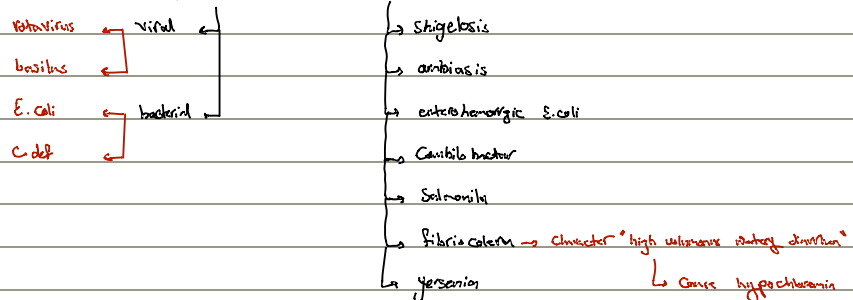
to rule out Clostridium diff infection Cause C. diff diarrhoea and C. diff colitis

Acute diarrhoea → few days "infectious cases" → the most common is viral specially rotavirus

Subacute diarrhoea

Chronic diarrhoea

in acute diarrhea I have to ask if watery diarrhea or dysentery diarrhea "blood and mucus associated with it"



* In osteoarthritis overuse of joints worse the symptoms

* If RA patient is not responded to 1st line tht the next step is biologic agents → IL1 inhibitor
definitely give it myophenolact 500 mg, Cytarabine 1000 mg → TNF α inhibitor

* What are the recommendations for RA Patient is going to do surgery?

Atlanto axial subluxation partial dislocation

* What are the clinical rank of this dislocation?

grade 1

may affect the nerve root → cause radiculopathy → Cervical → numbness, paresthesia, pain in shoulder joint and neck
or affect the spinal cord → paresthesia, hemiplegia, paraplegia

* What is the diagnostic test?

MRI but not the initial test

* What is the effect of RA at the heart?

① pericardial effusion

② pericarditis

③ Ischemic heart disease

④ Valvular heart disease mitral, aortic

* lead man sac embolitis in SLE *

* What is the 1st thing to do in chest pain patient?

ECG

* What is the mechanism of RA on Valvular disease?

* RA equal to ischemic heart disease *

because the RA cause acceleration of vasculitis cause acceleration for atherosclerosis is so makes it susceptible to ischemic lesions

* What the lab tests?

① CBC

→ WBC: leukocytosis in infection or steroid treatment

leukopenia in Felty syndrome [leukopenia, RA, splenomegaly]

? infection is, steroid is leukocytosis is, Felty is leukopenia

Steroids make neutrophilia, lymphopenia, eosinophilia

Infection make neutrophilia, lymphocytosis, eosinophilia

low ESR and CRP

→ Hemoglobin: Anemia → normocytic anemia in inflammatory

→ microcytic anemia because of steroid that patient takes

→ macrocytic anemia folate deficiency

* in osteoarthritis there is not anemia

→ Platelets: Thrombocytosis → reactive thrombocytosis related to iron deficiency anemia

Thrombocytopenia → in any autoimmune disease as SLE

② Chemistry ESR - CRP

* What are the acute phase reactant (protein particles)?

+ve phase reactant → protein particles → 25% of base line → indicates for activity → like: ESR, CRP, serum ferritin

-ve phase reactant → → indicates for disease activity → like: albumin, transferrin

③ Synovial Fluid analysis we look for cell count, gram stain, culture, microscopic examination