

INSTITUTE OF INDIGENOUS MEDICINE, UNIVERSITY OF COLOMBO, RAJAGIRIYA
BUMS LEVEL IV – SECOND SEMESTER EXAMINATION – AUGUST 2018
PRINCIPLES OF CLINICAL MEDICINE– II
COURSE CODE – AS 4204

Time: 2 ½ hour
27.08.2018
1.45 p.m. – 4.15 p.m

Answer all questions.

Index No

Part I - Structured Questions

01. A 30 year old male had fever for 3 days, frontal headache, nausea, vomiting and muscle ache for 2 days. On examination, he was febrile and icteric, and his heart rate was 110 bpm. His liver was palpable and tender. Investigations revealed that Hb was 12 g/dl, WBC $12 \times 10^9/L$ with Neutrophil = 78%, Platelet = 100000/micro litre. UFR showed red cells

1. Write two differential diagnoses. (01 Mark)

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2. What are the investigations you will do to confirm your diagnosis? (02 Marks)

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3. Give reasons for doing such investigations. (04 Marks)

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4. What advice will you give on discharge of the patient? (03 Marks)
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02. Parkinson disease is a progressive neurodegenerative disease, the course of which cannot be modified by drugs

1. write down 4 clinical features of Parkinson disease (2.5 Marks)
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2. list 4 types of gait/postures in the elderly patients with Parkinson disease (2.5 Marks)
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3. Write 4 features of movement disorders that would help exclude idiopathic Parkinson disease. (2.5 Marks)
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4. What are the causes of secondary Parkinsonism?

(2.5 Marks)

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Part – II Essay Questions

01. A 70 year old man is admitted to hospital with fever for 3 days associated with chills and productive cough with yellow-brown sputum. He has been hypertensive for 10 years with anti-hypertensive medication. The following signs are elicited. Temperature is 41 C, extremities were warm, PR = 110 bpm, regular. BP = 80/40 mmhg. Respiratory rate = 30 breath/minute. He is mildly confused. His cardiac apex is not displaced and cardiac sounds are normal with no murmurs. On auscultation of his lungs, there is dullness over the base of the right lungs with bronchial breathing and coarse crackles. His pulse oxygen saturation is 88% on room air

1. State the complete diagnosis of his acute medical problem. (02 Marks)
2. Describe the pathophysiological basis of his respiratory clinical signs. (08 marks)
3. Outline the management (Investigations and treatments) of this patient over the next 24 hours. (10 Marks)

02. Mr Skanthan, a 56 year old teacher from Matara developed Diabetes 20 years ago. He had not been compliant with his anti-diabetic treatment. He also developed hypertension 3 years ago. One month ago he noted puffiness of his face and swelling of his feet. His BP was 140/90 mm Hg. Investigation revealed the following
FBS = 148 mg/dl (N 70 – 110), Blood urea = 72 mg/dl (N 15 – 40), Serum creatinine = 2.6 mg/dl (N 0.6 – 1.2), Serum potassium = 5.7 mEq/ L (N 3.5 – 5.0), Serum sodium = 136 mEq/ L (N 136 – 145), Serum phosphate = 4.2 mg/dl (N 3.0 – 4.5), Serum Albumin 28 g/L (N 32 – 50), Haemoglobin 10.9 g/dl (N 12 – 15), Serum cholesterol 320 mg/dl (N <200), Urinalysis: Protein +++, no deposits.

1. List points in his history given above and further questions you would ask that are relevant to detect complications of diabetes. (04 Marks)
2. State the complete diagnosis based on the above reports. (02 Marks)
3. List 5 problems you would identify in this patient where intervention will delay the progression of his renal condition. (06 Marks)
4. Discuss the management of 3 of the 5 problems you identified. (08 Marks)

03. A 65 year old man was admitted with palpitations. His pulse rate was 132 beats / minute. BP = 140/80 mmHg, and the ECG showed atrial fibrillation.

1. List possible causes for atrial fibrillation you would consider in this patient. (03 Marks)
2. List the relevant investigations you would arrange to determine the cause. (05 Marks)
3. List the other clinical features he may develop with AF. (04 marks)
4. Discuss the risk factors and the complications involved in the condition. (08 Marks)

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