

April-2001 PLAB- 1

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Diagnosis of anaemia

Options

- | | | | |
|---|--------------------------------|---|---------------------|
| A | Anaemia of chronic disorders | G | Iron deficiency |
| B | Aplastic anaemia | H | Pernicious anaemia |
| C | Auto-immune Haemolytic anaemia | I | Red Cell aplasia |
| D | B-thalassaemia major | J | Sickle Cell Disease |
| E | B-thalassaemia minor | K | Sickle cell trait |

Instruction

For each patient described below, who presents with anaemia, chose the single most likely diagnosis from the above list of options. Each option may be used once, more than once or not at all.

- 1 A 24-year-old woman presents with a two-year history of menorrhagia and complains of lethargy, and tiredness.
- 2 A 14-year-old Jamaican boy complains of abdominal and joint pains of sudden onset. He is found to be pyrexial and has recently had a chest infection.
- 3 A 62-year-old woman with joint deformities and subcutaneous nodules is found to be anemic. She is taking a non-steroidal anti-inflammatory drug. Fecal occult bloods are negative.
- 4 A 50-year-old woman with a history of thyroid disease presents with a six-month history of a sore tongue. She is found to have angular stomatitis.

- 5 A 32-year-old man presents with spontaneous bruising and recurring infection with marked lethargy. There is no recent treatment history.

Antibiotic prophylaxis of surgical patient.

Options

- | | | | |
|---|---------------------------------------|---|-------------------------|
| A | Angiography | F | Emergency appendectomy |
| B | Bronchoscopy | G | Heart valve replacement |
| C | Colles' fracture | H | Sigmoid colectomy |
| D | Dental treatment of a cardiac patient | I | Splenectomy |
| E | Dislocated shoulder | J | Thyroidectomy |

Instruction

For each prophylactic regimen described below, choose the SINGLE most likely indication from the above list of options. Each option may be used once, more than once or not at all.

- 6 3-gram sachet of Amoxycillin one hour before procedure.
- 7 Three days of intravenous (iv) broad-spectrum antibiotics beginning with induction of anesthesia.
- 8 Clear fluids by mouth and two sachets of sodium picosulphate on the day before the operation plus broad-spectrum intravenous antibiotics at induction.
- 9 Long term oral penicillin and immunization against pneumococcal infection.
- 10 One dose of Metronidazole at induction of anesthesia.

Joint pain and swelling

Options

- | | | | |
|---|-------------------------------|---|------------------------------|
| A | Ankylosing spondylitis | F | Rheumatoid arthritis |
| B | Gout | G | Sjogren's syndrome |
| C | Osteoarthritis of the hip | H | Systemic lupus erythematosus |
| D | Prolapsed intervertebral disc | I | Tennis elbow |
| E | Psoriatic arthritis | | |

Instruction

For each description below, choose the SINGLE most likely condition from the above list of options. Each option may be used once more than once, or not at all.

- 11** A condition, which affects men, more than women, which starts with inflammatory joint symptoms in the late teens or early twenties. There is a gradual improvement in inflammatory symptoms in later life.
- 12** A progressive, symmetrical, inflammatory arthritis with a relapsing and remitting course over several years resulting in significant destruction of several joints.
- 13** An acute presentation of back pain radiating down the leg with resolution in the majority of cases over a six-week period. It may recover even without treatment.
- 14** Intermittent acute attacks of a severe asymmetrical monoarthritis over a period of several years with symptom free intervals.

Decision making in terminal care.

Options

- | | | | |
|---|----------------------------|---|---|
| A | Administer enema | I | Prescribe a laxative |
| B | Gastric intubation | J | Prescribe amitriptyline or similar drug |
| C | High fiber diet | K | Prescribe an antibiotic |
| D | Increase opiate analgesia | L | Prescribe biphosphonate |
| E | Intravenous (iv) fluids | M | Prescribe methotrimepazine |
| F | Nutritional supplements | N | Reduce opiate analgesia |
| G | Palliative radiotherapy | O | Setup syringe driver |
| H | Prescribe a corticosteroid | | |

Instruction

For each patient described below, choose the SINGLE most appropriate action from the above list of options. Each option may be used once, more than once, or not at all.

- 15** An 80-year-old man with metastatic carcinoma becomes confused with abdominal distension and fecal incontinence. He is on high doses of opiates.
- 16** A 55-year-old woman with known spinal metastases from breast cancer becomes nauseated and confused. Serum creatinine is 120 $\mu\text{mol/l}$. blood glucose is 5.4 $\mu\text{mol/l}$, serum calcium 3.2 mmol/l ; She is receiving intravenous (iv) fluids.
- 17** A 45-year-old man is dying of Acquired Immunodeficiency Syndrome (AIDS). He is in considerable pain, despite morphine sulphate, slow release, 20mg, daily; amitriptyline 100 mg at night and naproxen 500 mg twice a day.
- 18** A 65-year-old man with prostate cancer has extensive pelvic spread of disease with pain not adequately controlled by full dosage of analgesic.
- 19** An 82-year-old man with bronchial carcinoma and known cerebral metastases develops weakness of his right arm but is in no pain.

Management of pain

Options

- | | | | |
|---|-----------------------------|---|---|
| A | Distraction | I | Oral (NSAIDs) |
| B | Epidural anesthesia | J | Oral opiate |
| C | Immobilization | K | Oral Paracetamol |
| D | Intramuscularly (IM) opiate | L | Spinal anesthesia |
| E | Intravenous (iv) opiate | M | Sugar sweetened feed |
| F | Local anesthetic | N | Transcutaneous nerve stimulation (TENS) |
| G | Nerve block | | |
| H | Oral benzodiazepines | | |

Instruction

For each child described below, choose the SINGLE most appropriate management from the above list of options. Each option may be used once more than once or not at all.

- 20** An eight-year-old boy has fallen from his bicycle injuring his leg and head. He lost consciousness briefly at the time of the fall but is now fully conscious. His Glasgow Coma Scale (GCS) score is 15. He is crying with pain. On examination he has a fracture of his left tibia and fibula.
- 21** A six-year-old child is to have a urinary catheter inserted.
- 22** A 14-year-old girl presents with a history of dysmenorrhoea. She is otherwise well but the pain is severe enough to keep her off school for two days each month. Paracetamol has little effect.

Interpretation of diagnostic tests in poisoning

Options

- | | | | |
|---|--|---|--------------------------|
| A | Aspirin | H | Organophosphate |
| B | Carbon monoxide | I | Paracetamol |
| C | Combined oral contraceptive pill (COC) | J | Parquet |
| D | Digoxin | K | Toilet cleaner |
| E | Ethanol | L | Tricyclic antidepressant |
| F | Ferrous sulphate | M | Turpentine |
| G | Magic mushrooms | | |

Instruction

For each child described below, choose the SINGLE most likely agent from the above of options. Each option may be used once, more than once, or not at all.

- 23** A four-year-old boy is seen in the Accident and Emergency Department. Hypoxic, but not acidotic (pH-7.42, PaO₂12.6 kpa.) and normal blood glucose. His hypoxia responds poorly to supplemental oxygen.
- 24** A nine-year-old girl presents with the following arterial blood gas result: pH-7 PaCO₂ kpa. She also has blood glucose of 2.2 -mmol/l, potassium of 2.6 mmol/l, sodium 139 -mmol/l, She has glucose in her urine.
- 25** A two and a half-year-old girl present with the following arterial blood gas result pH-7.21, PaCO₂3.7 kpa, PaO₂12.1 kpa. She has a heart rate of 170 beats/minute in sinus rhythm with intermittent ventricular tachycardia on ECG. Her blood pressure is low and temperature 37.5°C.
- 26** A five-year-old boy presents with a pyloric stricture on barium meal four weeks after hospital admission with white cell count of 22x10⁹/l (90% neutrophils) serum creatinine -362 umol/l, alanine aminotransferase 1322 U/l.
- 27** A four-year-old boy who has been staying with his grandmother has the following arterial blood gas result: pH-7.45, PaCO₂4.5 kpa, PAO₂11.6 kpa. Electrocardiography (ECG) reveals a heart rate 42 beats per minute with

occasional ventricular ectopic beats. Biochemistry results show sodium 140mmol/l, potassium 2.6, mmol/l creatinine 62 umol/l.

Prevention Of Asthma

Options

- | | |
|--------------------------------------|--|
| A. Allergen avoidance | G Introduction of symptom diary and peak flow meter. |
| B. Cessation of parental smoking | H Pre-exercise bronchodilators |
| C. Encourage exercise | I Use of inhaled sodium cromoglycate |
| D. Exclude from school games | J Use of inhaled corticosteroid |
| E. Introduction of dry powder device | |
| F Introduction of spacer device | |

Instruction

For each child described below, choose the SINGLE most effective intervention from the above list of option. Each option may be used once, more than once, or not at all.

- 28** A nine-month-old baby has been admitted to hospital three times with severe wheeze. Both parents smoke. His regular treatment is nebulized budesonide twice daily and Salbutamol as required.
- 29** A 12-year-old boy suffers from cough and wheeze only when playing football.
- 30** a five-year-old girl has asthma, which is usually well controlled. She has exacerbations during school holidays. Her brother looks after the school rabbit at home at these times.
- 31** A four-year-old boy with recurrent poorly controlled asthma is receiving doses of corticosteroid and bronchodilators via a metered dose inhaler.
- 32** A 14-year-old girl has had a persistent cough and wheezes when she gets a cold.

Endocrine abnormalities

Options

- | | |
|--|--------------------------------------|
| A. Adrenaline | I. Luteinising hormone (LH) |
| B. Adrenocorticotrophic hormone (ACTH) | J. Prolactin |
| C. Aldosterone | K. Serum parathyroid hormone |
| D. Calcitonin | L. Somatostatin |
| E. Cortisol | M. Testosterone |
| F. Follicle stimulating hormone (FSH) | N. Thyroid stimulating hormone (TSH) |
| G. Glucagon hormone | O. Thyrotrophin releasing hormone |
| H. Insulin | P. Thyroxine |

Instruction

For each patient described below, choose the SINGLE hormone most likely to be abnormal from the above list of options. Each option may be used once, more than once, or not at all.

- 33** A 55-year-old woman presents with increasing obesity. On examination, she has central obesity with a round moon face. She is hypertensive and has glucosuria. An ultrasound of her abdomen reveals an enlarged right adrenal gland. The left adrenal gland is normal.
- 34** A 42-year-old man is found at routine medical examination to have a blood pressure of 170/120 mm Hg. He has been complaining of intermittent headaches and palpitations for some months.
- 35** A 60-year-old woman is found to have an elevated calcium level on a routine biochemical profile. Repeated measurements confirm the finding.
- 36** A 40-year-old man presents with thirst, polyuria and marked muscle weakness. His blood pressure is 150/110-mmHg. His serum sodium concentration is normal and his serum potassium concentration is low. His blood glucose is normal.

- 37** A 75-year-old woman presents with paroxysmal nocturnal dyspnoea. She is found to have Atrial fibrillation.

Childhood immunizations

Options

- | | | | |
|---|--|---|---|
| A | Defer immunization for two weeks | G | Give vaccine as separate Components |
| B | Do not give vaccine | H | Give vaccine in hospital |
| C | Give half dose of vaccine | I | Immunize other household members |
| E | Give Paracetamol with future doses of the same vaccine | K | Proceed with standard immunization schedule |
| F | Give simultaneous gamma globulin | | |

Instruction

For each child described below, choose the SINGLE most appropriate action from the above list of option. Each option may be used once, more than once, or not at all.

- 38** A three-month-old baby was miserable and cried for two hours following his first routine immunization with diphtheria, pertussis, tetanus, tetanus, polio, Haemophilus influenza-B (HiB) and meningitis-C.
- 39** A fifteen-month-old child is due his measles, mumps and rubella (MMR) vaccine. There is a family history of egg allergy. He is febrile, with acute otitis media.
- 40** A two-month-old child is due to have her first immunization with diphtheria, polio, tetanus, Homophiles influenzae-B (HiB) and meningitis. There is family history of epilepsy.
- 41** A twelve-month-old child with acquired immunodeficiency syndrome (AIDS) is due for his measles, mumps and rubella (MMR) vaccination.

Palpitations

Options

- | | | | |
|---|------------------------------|---|--------------------------|
| A | Atrial fibrillation | E | Ventricular fibrillation |
| B | Complete heart block | F | Ventricular tachycardia |
| C | Supraventricular tachycardia | G | Wenckebach phenomenon |
| D | Ventricular ectopic | | |

Instruction

For each patient described below, choose the SINGLE most likely underlying rhythm disturbance from the above list of options. Each option may be used once, more than once, or not at all.

- 42** A 76-year-old man is on the coronary care unit two days after an acute myocardial infarction. He tells you that he has had an episode of rapid pounding in his chest lasting for about a minute. He remained conscious throughout.
- 43** A 68-year-old man on treatment for an irregular heartbeat comes to the Accident and Emergency Department. He has had palpitations for the last three hours. On Examination you find that his pulse is regular and is 154 beats/minute. Carotid sinus massage settles his pulse down to 80 beats/minute.
- 44** A 70-year-old woman with longstanding anxiety is seen in the out patients department. She complains of her heart 'skipping a beat' quite often. This particularly occurs when she is trying to get to sleep. The palpitations are never sustained.
- 45** A 28-year-old man presents with a two-hour history of rapid palpitations. He feels a little lightheaded but is otherwise well. On examination, his pulse is 170 beats/minute and regular and blood pressure is 100/68-mmHg. He has had two similar episodes in the past.
- 46** A 74-year-old man with angina presents feeling unwell with a history of slow pounding in his chest. His angina has been worse lately and he has been prescribed diltiazem.

Sudden visual loss

Options

- | | | | |
|---|----------------------------------|---|-----------------------------|
| A | Acute glaucoma | G | Hypertensive encephalopathy |
| B | Cataract | H | Polymyalgia rheumatica |
| C | Central retinal artery occlusion | I | Retinal detachment |
| D | Cerebral embolism | J | Temporal arteritis |
| E | Cerebral hemorrhage | K | Uveitis |
| F | Chronic (simple) glaucoma | | |

Instruction

For each patient described below, choose the SINGLE most likely diagnosis from the above list of options. Each option may be used once, more than once, or not at all.

- 47** A 78-year-old man who has had a painful scalp and headache for three weeks, and is generally unwell, complains of acute onset of blindness in his right eye.
- 48** A 50-year-old woman complains of sudden loss of vision in one eye. She describes the incident 'like a curtain coming down'.
- 49** An 84-year-old woman notices sudden increased visual impairment. She is found to have homonymous hemianopia.
- 50** A 68-year-old smoker suddenly notices markedly reduced vision in one eye. He cannot read any letter on the visual acuity chart but can count fingers. The fundus is pale.
- 51** A 30-year-old man has recurrent episodes of an acutely painful red eye with reduced vision.

Prevention of fevers and rashes

Options

- | | |
|---|---|
| A. Assess varicella status of sibling and offer zoster immunoglobulin | F. Prescribe Rifampicin for all people living in the same house |
| B. Destroy all soft toys | G. Prescribe Rifampicin for patient |
| C. Immunization of household members | H. Treat all family with 5% permethrin lotion |
| D. Isolation of patient. | I. Treat family pets for fleas |
| E. No action | |

Instruction

For each child described below, choose the SINGLE most appropriate action from the above list of options to prevent spread. Each option may be used once, more than once, or not at all.

- 52 A four-year-old girl is admitted to hospital with a three-hour history of a non-blanching rash on her trunk. She is unwell with fever and increasing drowsiness.
- 53 Eight-year-old identical twin girls return from school with severe itching. On examination of their hands, there are scratch marks and burrows between their fingers.
- 54 A six-year-old healthy girl develops itchy red papules around both ankles.
- 55 A three-year-old girl develops a mild fever and a few papules on her body. These quickly develop into itchy vesicles, which spread. She has a brother aged five who had successful surgery for Fallot's tetralogy in infancy.
- 56 A 12-year-old girl has recurrent episodes of itchy wheals surrounded by redness. The lesions come and go on different body parts. Symptoms are relieved by antihistamines.

Investigation of syncope

Options

- | | | | |
|---|-----------------------------|---|----------------------------|
| A | Blood glucose concentration | F | Electrocardiogram (ECG) |
| B | Carotid Doppler ultrasound | G | Electroencephalogram (EEG) |
| C | Cervical spine x-ray | H | Serum electrolytes |
| D | CT scan of head | I | Standing blood pressure |
| E | Echocardiogram | J | Tilt test |

Instruction

For each patient described below, choose the SINGLE most appropriate initial investigation from the above list of options. Each option may be used once, more than once, or not at all.

- 57** A 64-year-old man has had several blackouts during which he briefly loses consciousness and falls to the ground injuring himself. He has never been incontinent or seen to jerk.
- 58** A 24-year-old woman who collapsed at the gym was resuscitated and brought into the Accident and Emergency Department. Her husband says she has had some dizzy spells in the past and an electrocardiogram (ECG) shows some minor non-specific abnormalities.
- 59** An obese 79-year-old woman is brought unconscious into the Accident and Emergency Department. In her handbag there are bottles of glibenclamide, Metformin, pravastatin, Paracetamol and an antacid.
- 60** An 80-year-old woman reports several episodes of dizziness, double vision and brief blackouts, which seem to be related to head movement. Between attacks she is well and not on any regular medication.
- 61** A 75-year-old man has been taking bendrofluazide for hypertension for 10 years. He has recently been diagnosed with Parkinson's disease and has started on levodopa 125 mg tablets. His wife says he has had a few falls recently.

Selection of tests for acute testicular pain

Options

- | | | | |
|---|----------------------------------|---|------------------------------|
| A | Computed tomography scan | I | Prostatic biopsy |
| B | Cystoscopy | J | Selective angiography |
| C | Duplex scan | K | Technetium isotope scan |
| D | Exploratory surgery | L | Tumor marker measurement |
| E | Hemiogram | M | Ultrasound scan of scrotum |
| F | Intravenous urogram (IVU) | N | Urethral swab |
| G | Magnetic resonance imaging (MRI) | O | Urethrogram |
| H | Plain radiograph | P | Urine microscopy and culture |

Instruction

For each patient described below, choose the SINGLE most appropriate initial investigation from the above list of options. Each option may be used once, more than once, or not at all.

- 62** A 35-year-old man has just returned from a 10-day business trip abroad. He complains of discomfort in the groin and scrotum and pain on passing urine. On examination he is tender on palpation of the right epididymis and there is a discharge from the external urethral meatus.
- 63** A 14-year-old boy presents with a two-hour history of severe left testicular pain. He has no urinary symptoms and otherwise is fit and well. On examination he right testes is normal but the left hemi-scrotum is swollen and acutely tender.
- 64** A frail 75-year-old man returns the day after having had a right-sided hydrocele aspirated at the clinic. He complains of pain in the scrotum, which he has noted to be swollen. On examination, there is a tender swelling in the right side of the scrotum.
- 65** An 80-year-old man complains of testicular pain three days post-operatively. On examination his temperature is 38°C. He has an in-dwelling urinary catheter and both testes are tender.

Diagnostic tests for patients presenting with chest pain.

Options

- | | | | |
|---|----------------------------------|---|--|
| A | Abdominal ultrasound | G | Electrocardiogram (ECG) |
| B | Blood culture | H | Full blood count (FBC) |
| C | Bronchoscopy | I | Lumbar puncture |
| D | Cardiac enzymes | J | Oesophago-gastro
duodenoscopy (OGD) |
| E | Chest x-ray | K | Ventilation perfusion V/Q
scan |
| F | Computed tomography (CT)
scan | | |

Instruction

For each patient described below, choose the SINGLE next month from the above list of options. Each option may be used once, at all.

- 66** A 68-year-old man has had malaise for five days and fever. He has a cough and there is dullness to percussion at the left.
- 67** A 50-year-old woman returned by air to the UK from Australia, later she presents with sharp chest pain and breathlessness and electrocardiogram (ECG) are normal.
- 68** A tall, thin, young man has a sudden pain in the chest and becomes breathless while cycling.
- 69** A 45 -year-old manual worker presents with a two hour history of chest pain radiating into his left arm. His electrocardiogram (ECG) is normal.
- 70** A 52-year-old obese man has been having episodic anterior chest pain particularly at night, for three weeks. Chest x-ray and electrocardiogram (ECG) are normal.

The selection of tests for upper gastrointestinal bleeding

Options

- | | | | |
|---|--|---|---|
| A | Barium swallow | G | Full blood count the following morning. |
| B | Blood alcohol concentration | H | Immediate full blood count |
| C | Blood glucose concentration | I | Liver function tests |
| D | Central venous pressure (CVP) Monitoring and blood replacement | J | Serum auto antibodies |
| E | Coagulation screen | K | Serum urea and electrolytes |
| F | Diagnostic gastroscopy and biopsy | L | Viral hepatitis serology |

Instruction

For each patient described below, choose the SINGLE most important investigation from the list above. Each option may be used once, more than once, or not at all.

- 81** A 30-year-old man with known duodenal ulcer disease presents with profuse haematemesis and melaena. He has a sinus tachycardia of 150 and a blood pressure of 50/0 -mmHg.
- 82** A 50-year-old man with a history of alcoholism, cirrhosis and tense ascites presents with haematemesis and sudden onset of coma.
- 83** A 20-year-old male student who had drunk 10-pints of beer earlier in the evening presents with a small fresh haematemesis. His initial Hb is 15.0g/dl.
- 84** A 70-year-old man with a three-month history of Epigastric pain, anorexia and 15 kg weight loss, presents with a small haematemesis. His Hb is 8.0g/dl with a blood film suggesting iron deficiency.
- 85** A 70-year woman with Atrial fibrillation, on Digoxin and Warfarin, presents with haematemesis. The initial Hb is 11.0 g/dl.

Selection of tests in diagnosing dizziness

Options

- | | | | |
|---|--|---|-----------------------------------|
| A | Ambulatory blood pressure monitoring | H | Full blood count (FBC) |
| B | Ambulatory electrocardiogram (ECG) | I | Resting electrocardiogram (ECG) |
| C | Caloric testing | J | Serum drug levels |
| D | Carotid sinus massage | K | Serum urea and electrolytes |
| E | Computed tomography (CT) scan of brain | L | Standing and lying blood pressure |
| F | Echocardiogram | M | Thyroid function test |
| G | Electroencephalogram (EEG) | N | Tuning fork tests |

Instruction

For each patient described below complaining of dizziness, choose the SINGLE most discriminatory test from the above list of options. Each option may be used once, more than once, or not at all.

- 93** An 84-year-old woman with a history of hypertension, treated with bendrofluazide, presents with dizziness and falls. The symptoms are worse on getting up in the morning.
- 94** A 69-year-old man presents with a progressive history of angina and dizziness on exertion. He has a heart murmur.
- 95** A 70-year-old woman has a history of a mild stroke, which occurred five years ago. She is taking aspirin. She complains of increasing breathlessness and light-headedness.
- 96** A 73-year-old man has been treated for seizures following a stroke six months earlier. Over the past two weeks, he has developed dizziness and poor balance. He has nystagmus on examination.

- 97** A 65-year-old man has a history of stable angina for which he is taking isosorbide-mononitrate and aspirin. He presents with a two-month history of dizziness and palpitations lasting a few hours. These occurs almost everyday.

Diagnosis of arrhythmia

Options

- | | | | |
|---|---------------------|---|--------------------------|
| A | Atrial fibrillation | E | Sinus tachycardia |
| B | Atrial flutter | F | Ventricular ectopics |
| C | Heart block | G | Ventricular fibrillation |
| D | Sinus bradycardia | H | Ventricular tachycardia |

Instruction

For each patient described below, choose the SINGLE most likely arrhythmia from the above list of options. Each option may be used once, more than once or not at all.

- 98** Following a hip replacement a 72-year-old woman develops a fast irregular pulse.
- 99** A 72-year-old man is found to have a pulse of 35 beats/minute three hours after admission with a myocardial infarction.
- 100** A 75-year-old post-operative patient becomes hypotensive and is found to be bleeding from the operative site. The pulse is 110 beats/minute.
- 101** On pre-operative assessment an otherwise fit young man is found to have a pulse rate of 60 beats/minute with occasional irregularities.
- 102** A 30-year-old long distance runner is admitted for elective arthroscopy. He has a pulse rate of 52 beats/minute.

Diagnosis of breast disease

Options

- | | | | |
|---|--------------------------------------|---|--------------------------------|
| A | Benign breast change (fibroadenosis) | H | Fibroadenoma |
| B | Breast abscess | I | Mammary duct fistula |
| C | Carcinoma | J | Nipple eczema |
| D | Cyclical mastalgia | K | Non-cyclical mastalgia |
| E | Cyst | L | Page't's disease of the breast |
| F | Duct ectasia | M | Periductal mastitis |
| G | Duct papilloma | | |

Instruction

For each patient described below, choose the SINGLE most likely diagnosis from the above list of option. Each option may be used once, more than once, or not at all.

- 103** A 55-year-old woman presents with a two-month history of a lump in her right breast. On examination there is a firm, irregular lump in the upper outer quadrant of the right breast; in addition, there are small, palpable mobile nodes in the right axilla. There were no supraclavicular nodes palpable.
- 104** A 20-year-old female student presents to the breast clinic having noticed a lump in the left breast, which has been present for one month. On examination there is a 2-cm smooth, regular, firm, mobile lump in the lower outer quadrant of the left breast.
- 105** A 75-year-old woman presents to the breast clinic having noticed that she has had a blood stained discharge from the left nipple, together with 'dry skin' over the left areola. On examination there was a blood stained discharge with dry, flaky skin noted on the left areola. The nipple was noted to be ulcerated. There were no palpable lumps in the breast.
- 106** A 25-year-old woman, six weeks following the birth of her first child, complains of increasing pain and swelling in the right breast. On examination, the right breast is noted to be red and feels warm to the touch. In the inner aspect there is a more localized, tender swelling.
- 107** A 55-year-old woman c/o discharge from the right nipple. She has noted that this is red in color, O/E there was a small amount of blood stained discharge

from a single duct orifice on the right nipple. There was no other abnormality on inspection of the breast or the lymph draining areas.

Diagnosis in speech disorder

Options

- | | | | |
|---|----------------------------|---|---------------------------------|
| A | Brainstem stroke | G | Parkinson's disease |
| B | Cerebral cortical ischemia | H | Psychogenic dysphonia |
| C | Dementia | I | Recurrent laryngeal nerve palsy |
| D | Depression | J | Schizophrenia |
| E | Mania | K | Stammering |
| F | Multiple sclerosis | | |

Instruction

For each patient described below, choose the SINGLE most likely condition from the above list of options. Each option may be used once, more than once, or not at all.

- 108** A patient is talking very rapidly when she suddenly stops. When asked why, she said that her mind had been emptied of all thoughts.
- 109** A middle-aged hypertensive man comes to the Accident and Emergency Department having suddenly developed great difficulty in finding the right word. He is very frustrated by his lack of ability to express himself.
- 110** A 38-year-old man presents with slurring of speech. He is concerned about unfair accusations of being drunk. He has been well previously apart from a transient loss of vision in the right eye at 12 months age. Clinical examination is normal apart from a mild ataxia of the **left arm** and a pale right optic disc.
- 111** A 70-year-old smoker developed a hoarse voice three weeks ago.

Management of overdoses/self harm

Options

- | | | | |
|---|---------------------------------------|---|---|
| A | Activated charcoal | G | Establish full psychiatric history and mental state |
| B | Admit for observation to general ward | H | Gastric lavage |
| C | Cognitive behavioral therapy | I | N-acetylcysteine |
| D | Contact general practitioner | J | Naloxone |
| E | Contact police | K | Psychiatric admission |
| F | Dialysis | L | Psychiatric out patient referral |

Instruction

For each patient described below, choose the SINGLE most appropriate immediate management from the above list of options. Each option may be used once, more than once, or not at all.

- 145** A 35-year-old woman attends with a history of ingestion of 40 x 500mg Paracetamol tablets, 12 hours ago.
- 146** A 30-year-old woman presents to the Accident and Emergency Department saying that she has recently taken a substantial overdose of Tricyclic antidepressants prescribed by her general practitioner (GP). When she is called to be seen it is found that she has left the Department.
- 147** A 21-year-old woman presents to the Accident and Emergency Department with superficial cuts to her arms and wrist following an argument with her boyfriend.
- 148** A 55-year-old divorced unemployed man with a family history of depression is brought to the Accident and Emergency Department, having apparently trying to hang himself at home. He has been found by chance by a family member and reluctantly agreed to be assessed. He agrees to be seen by the general practitioner (GP) at home but says he thinks his children would be better off without him and that he still wishes to die.
- 149** A 28-year-old man with a history of previous overdoses presents to the A&E department saying he has taken 10 tablets of diazepam of uncertain strength in the last hour, and other unidentified tablets. He is known from previous

records to misuse illegal drugs. He refuses physical examination or blood samples but does not appear sedated.

Possible non-accidental injuries

Options

- | | | | |
|---|---|---|------------------------------|
| A | Child protection case conference | E | Examination under anesthesia |
| B | Coagulation screen with platelet count | F | High vaginal swab (HVS) |
| C | Computed tomography (CT) scan of the head | G | Nutritional assessment |
| D | Continue routine child health care | H | Serum copper level |
| | | I | Skeletal survey |
| | | J | Urine culture |

Instruction

For each child described below, choose the SINGLE most appropriate next step from the above list of options. Each option may be used once, more than once, or not at all.

- 150** A six-month-old girl with a swollen left thigh presents to the Accident and Emergency Department. There is no history of trauma; an x-ray shows a transverse fracture of the femur.
- 151** A two-year-old girl, whose parents are unemployed, is thought to look thin by the general practitioner (GP). She had not gained weight since her growth was assessed six months previously.
- 152** An eight-month-old baby girl was premature at birth is brought to the accident and emergency department by her 18-year-old mother. She is unresponsive and cyanosed, with poor respiratory effort. Her left pupil is dilated.
- 153** A teacher brings a six-year-old girl to the Accident and Emergency Department because she has noticed finger mark bruises on the girl's right forearm. Her mother says that she grasped her arm yesterday to stop her running off. On examination there are no other abnormal findings.
- 154** A three-year-old girl with a history of bleeding from her vagina is brought to the Accident and Emergency Department. She has a history of being sore and itchy and on inspection the perineum is red and excoriated.

Dementia

Options

- | | | | |
|---|--|---|-------------------------------------|
| A | Alzheimer's disease | I | Hyperthyroidism |
| B | Acquired immunodeficiency Syndrome (AIDS) related dementia | J | Lewy body dementia |
| C | Benign old age related forgetfulness. | K | Multi-infarct dementia |
| D | Chronic alcohol abuse | L | Parkinson's disease |
| E | Depression | M | Pernicious anaemia |
| F | Dissociative states | N | Post traumatic cognitive impairment |
| G | Generalized anxiety disorder | O | Prion disease |
| H | Huntington's disease | P | Subdural haematoma |

Instruction

For each natural history description below, choose the SINGLE most appropriate diagnosis from the above list of options. Each option may be used once, more than once, or not at all.

- 155** A 70-year-old presents with gradual onset over one to two years of loss of recent memory, emotional and behavioral disturbances and loss of insight. The normal course for this condition is death within 10 years.
- 156** Gradual onset over a few weeks. There is a slowing of recall, which can often be dated accurately. The patient is usually conceded about the memory loss.
- 157** Gradual onset over a period of several months in the fourth decade of life. There is loss of insight. The normal course is death within ten years. There is frequently a family history in close relatives.
- 158** Sudden onset in fifth decade or later. There is a loss of recent memory. Emotional and behavioral disturbances and loss of insight. The normal course is a stepwise deterioration over several years. The rate of deterioration can be variable.

- 159** Gradual onset over four to five years with a fluctuating level of memory loss, blurring of emotional boundaries and behavioral volatility. The normal course is a gradual worsening with death within five years.

The management of patients with altered consciousness

Options

- | | | | |
|---|-----------------------------|---|---------------------------------|
| A | Angiography | G | Give Naloxone |
| B | Arterial blood gases | H | Serum osmolality |
| C | Blood alcohol concentration | I | Serum Paracetamol concentration |
| D | Blood cultures | J | Serum urea and electrolytes |
| E | Blood glucose concentration | K | Toxicology screen |
| F | CT scan brain | | |

Instruction

For each patient described below, choose the SINGLE most appropriate measurement or intervention from the option above. Each option may be used once, more than once, or not at all.

- 160** A 25-year-old man, found deeply unconscious, is brought to the accident and Emergency Department. He has an abrasion over his left temple and puncture marks on his left forearm.
- 161** A 37-year-old alcoholic is found wandering in a park. His partner says he has had a number of falls recently and in the Accident and Emergency Department the patient is confused. The blood glucose concentration is normal.
- 162** A 19-year-old university student went home from class because of a headache. The next morning she is found unconscious at home. She has a purpuric rash and a fever, and has received immediate treatment.
- 163** A 23-year-old known diabetic arrives in the Accident and Emergency Department. She is pale, sweaty and unconscious. Her companion says she was well 30 minutes ago, but suddenly became confused and then could not be roused.
- 164** A 45-year-old woman is brought to the Accident and Emergency Department by her husband, who reports that she collapsed in the bathroom. On examination, she is unconscious with bilateral extensor plantar responses. Her blood sugar is normal.

Initial management of chest trauma

Options

- | | | | |
|---|--------------------------------|---|---|
| A | Aortogram | G | Oral analgesia |
| B | Chest drain | H | Patient controlled (iv) intravenous analgesia |
| C | CT-scan of the chest | I | Strap the chest |
| D | Intubate and ventilate | J | Thorocotomy |
| E | Lung function tests | | |
| F | MRI scan of the thoracic spine | | |

Instruction

For each patient described below, choose the SINGLE most appropriate action from the above list of options. Each option may be used once, more than once, or not at all.

- 165** A 70-year-old man was wearing his seat belt when he drove into the back of a van. He walks into the Accident and Emergency Department and is found to have a transverse fracture of the sternum.
- 166** A 75-year-old woman has a fall, has back pain and is found to have a compression fracture of a thoracic vertebra.
- 167** A 16-year-old youth in a street fight gets kick in chest. He has a rib fracture but x-ray shows no pneumothorax when he is seen in the Accident and Emergency Department on the following day.
- 168** A passenger in a high-speed car accident has multiple rib fractures and bilateral haemothoraces. Chest drains are inserted on both sides. His oxygen saturation falls to 85% and PaCO₂ begins to rise.
- 169** A 30-year-old man needs operative fixation of a fractured femur. He has also sustained a blunt chest injury and has a small apical pneumothorax.

Diagnosis of Epigastric pain

Options

- | | | | |
|---|----------------------|---|-------------------------------------|
| A | Acute cholecystitis | G | Gallstone colic |
| B | Acute pancreatitis | H | gastric carcinoma |
| C | Benign gastric ulcer | I | Gastrin -secreting pancreatic tumor |
| D | Chronic pancreatitis | J | Esophageal varices |
| E | Duodenal ulcer | K | Oesophagitis |
| F | functional dyspepsia | | |

Instruction

For each patient described below, choose the SINGLE most likely diagnosis from the above list of options. Each option may be used once, more than once, or not at all.

- 170** A 38-year-old alcoholic man presents with severe epigastric pain radiating to his back. He also has weight loss and passes pale offensive stools.
- 171** A 60-year-old man presents with severe epigastric pain, which radiates to his right scapula. On examination, he is pyrexial with upper abdominal guarding. He has a neutrophilic leucocytosis and normal plasma amylase.
- 172** A 75-year-old retired manual laborer presents with severe epigastric pain radiating to his back. He is anorexic and has moderate weight loss. He has a mild iron deficiency anaemia.
- 173** A 23-year-old man presents with severe epigastric pain, which tends to wake him at night, but is helped by eating. He sometimes vomits stale gastric contents.

Diagnosis of anxiety

Options

- | | | | |
|---|-------------------------------------|---|---------------------------------------|
| A | Acute stress disorder | G | Phaeochromocytoma |
| B | Agoraphobia | H | Post traumatic stress disorder (PTSD) |
| C | Alcohol withdrawal | I | Psychotic disorder |
| D | Generalized anxiety disorder | J | Social phobia |
| E | Obsessive compulsive disorder (OCD) | K | Substance misuse |
| F | Panic disorder | L | Thyrototoxicosis |

Instruction

For each patient described below, choose the SINGLE most likely diagnosis from the above list of options. Each option may be used once, more than once, or not at all.

- 174** A 30-year-old woman has experienced restlessness, muscle tension and sleep disturbance on most days over the last six months. She worries excessively about a number of everyday events and activities, and is unable to control these feelings, impairing her ability to hold down her job.
- 175** A 26-year-old political refugee has sought asylum in the UK and complains of poor concentration. He keeps getting thoughts of his family whom he saw killed in a political coup. He is unable to sleep and feels hopeless about his survival. Because of this he is afraid to go out.
- 176** A 30-year-old man is becoming concerned about the safety of his family. He has been checking the locks of the door every hour during the night. He becomes very anxious if his wife tries to stop him
- 177** A 48-year-old woman, always socially withdrawn, has stopped going out of the house since the sudden death of her husband. She complains of palpitations, breathlessness and restlessness as soon as she steps out of the house. She has to rush back and allay her anxiety with a drink.

Management of acute confusion

Options

- | | | | |
|---|--|---|------------------------------|
| A | Discuss with general practitioner (GP) | G | Give high flow oxygen |
| B | Give antibiotic | H | Give iv dextrose 5% |
| C | Give chlormethiazole | I | GIVE intravenous (IV) saline |
| D | Give Digoxin | J | Give pain relief |
| E | Give glucagons | K | Observe and give basic care |
| F | Give haloperidol | L | Stop all drugs |

Instruction

For each patient described below, choose the SINGLE most appropriate action from the above list of options. Each option may be used once, more than once, or not at all.

- 178** A 78-year-old woman who was previously very fit and healthy became acutely confused. She was brought to the A&E. Her daughter, with whom she lives, says that she had complained of some burning on passing water yesterday and had been incontinent once. Urine testing shows blood, protein and nitrites. Her temperature is 37.5°C.
- 179** An 81-year-old man has become acutely confused. He is brought to the A&E. His wife says that his speech had become garbled and he was not using his right hand. These signs had disappeared by the time he was seen in the A&E dept. He was otherwise well.
- 180** An 87-year-old woman had been admitted with confusion. Her daughter says that she has been withdrawn in the last few months, has been sleeping badly and pre-occupied with dying and the worthlessness of it all. She went to her GP who prescribed a tablet a couple of days ago. She was not on any other treatment and O/E was normal apart from confusion.
- 181** An 80-year-old man arrives in the A&E dept. by ambulance. He had been found wandering around the park. On examination, he is quite confused but physical examination and investigations are normal. His neighbor had not seen him for a while and he lives alone. His neighbor says that the man's general practitioner called last week.
- 182** A 92-year-old woman had been found on the floor of her home. Her son had last seen her two days prior to this. He said that his mother walked poorly with a frame and was prone to falls. O/E she was confused but had no bony

injuries. Investigation revealed her urea 11.3-mmol/l creatinine 145- μ mol/l potassium 4.3 mmol/l. Na 159 mmol/l.

Management of scrotal swellings I childhood

Options

- | | | | |
|---|--------------------------------|---|----------------------------|
| A | Arrange for biopsy | F | Reassurance |
| B | Give analgesic | G | Request coagulation screen |
| C | Give antibiotic | H | Request CT scan |
| D | Herniotomy | I | Surgical aspiration |
| E | Immediate surgical exploration | | |

Instruction

For each patient described below, choose the SINGLE most appropriate action from the above list of options. Each option may be used once, more than once, or not at all.

- 183** A three-year-old boy presents with sudden onset of fever, vomiting and bilateral scrotal swelling. A few days earlier his GP saw him for bilateral parotid swelling and prescribed analgesic.
- 184** A three-month-old baby boy was born at 28 weeks gestation. He was noticed in the special care baby unit to have a swelling in the right scrotum. There was no tenderness.
- 185** A six-year-old boy has completed an induction course of chemotherapy for acute lymphoblastic leukemia. He was noted to have an enlarged left scrotum.
- 186** An adolescent boy is seen on a routine medical examination to have a soft painless swelling in the left scrotum. The swelling appears blue in color and can be compressed.

Mechanisms of drug actions

Options

- | | | | |
|---|--------------------------------|---|---------------------|
| A | Adrenaline | I | Ipratropium bromide |
| B | Amoxicillin | J | Methycysteine |
| C | Beclomethasone
dipropionate | K | Oxygen |
| D | Chlorpheniramine | L | Salbutamol |
| E | Codeine | M | Simple linctus |
| F | Doxapram | N | Sodium cromoglycate |
| G | Ephedrine | O | Theophylline |
| H | Ipecacuanha | P | Trimethoprim |

Instruction

For each characteristics described below, choose the SINGLE most appropriate drug from the above list of options. Each option may be used once, more than once, or not at all.

- 187** This drug selectively stimulates β_2 -adrenoreceptors.
- 188** This drug antagonizes muscarinic receptors.
- 189** This drug interferes with bacterial cell wall synthesis.
- 190** This drug increases the activity of the respiratory muscles.

Management of dehydration

Options

- | | |
|---------------------------------|--|
| A. Gastrostomy tube | F. No immediate action needed |
| B. Intravenous(iv) dextrose 5% | G. Oral rehydration solution (Na-60 mmol/l) |
| C. Intravenous (iv) saline 0.9% | H. Oral rehydration solution (Na-150 mmol/l) |
| D. Intravenous (iv) saline 9% | I. Water by mouth |
| E. Nil by mouth | |

Instruction

For each patient described below, choose the SINGLE most appropriate action from the above list of options. Each option may be used once, more than once, or not at all.

- 191** A 15-month-old baby has been locked in a car in direct sunlight for three hours. When brought into the A&E dept, he is distressed and crying but his vital signs are normal.
- 192** A 28-year-old woman who is an insulin dependent diabetic has returned from holiday in Greece with diarrhea and vomiting for the last 48 hours. She has a normal blood pressure and temperature. 1+ ketones in her urine and blood glucose of 18 mmol/l.
- 193** A 20-year-old man lighting a barbecue has extensive partial thickness burns over both arms and front of the chest. The accident happened an hour ago.
- 194** A mother brings her nine months old baby, who has been suffering from mild diarrhoea and vomiting, to the Accident and Emergency department.
- 195** A 90-year-old man had a dense left sided stroke last week and is still unable to swallow properly. He has had intravenous (iv) fluids since admission.

Treatment of heart failure

Options

- | | | | |
|---|-------------------------|---|------------------------|
| A | ACE inhibitors | H | Nitroprusside infusion |
| B | Aortic valve surgery | I | Oral nitrites |
| C | Cardiac transplantation | j | Pericardiocentesis |
| D | Digoxin | K | Thiamine |
| E | Frusemide | L | Thiazide diuretics |
| F | Mitral valve surgery | M | Warfarin |
| G | Nitrate infusion | | |

Instruction

For each patient described below, choose the SINGLE most appropriate action from the above list of options. Each option may be used once, more than once, or not at all.

- 196** A 50-year-old man being investigated for shortness of breath and syncopal episodes is found to have marked left ventricular hypertrophy, a loud systolic murmur in the second intercostal space and neck with an associated thrill.
- 197** A 50-year-old man with lung cancer develops rapidly increasing shortness of breath. On examination there is a raised JVP, which rises on inspiration, a poor volume pulse and low blood pressure. His heart shadow is very enlarged on x-ray.
- 198** A 21-year-old man has been treated for cardiomyopathy for three years. On examination there is a markedly enlarged heart and signs of severe heart despite adequate drug treatment.
- 199** A 57-year-old man known to be a chronic alcoholic presents acutely short of breath. On examination he has an enlarged heart, marked tachycardia and signs of bilateral heart failure.
- 200** A 70-year-old woman has increasing shortness of breath over several months. She is in sinus rhythm but has obvious heart failure. The echocardiogram shows glob dilation and appropriate long-term medical treatment.

EMQS with answers April-2001 PLAB 1
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ANSWERS April 2001

01-G	51-K	101 -F/B?	151-G
02-J	52-F	102-D	152-C
03-A	53-H	103-C	153-
04-H	54-I	104-H	154-E
05-B	55-D	105-L	155-A
06-D	56-E?I	106-B	156-K
07-G	57-F	107-G	157-H
08-H	58-E	108-J	158-K
09-I	59-A	109-B	159-J
10-F	60-J	110-F	160-G
11-A	61-I	111-I	161-F
12-F	62-N	112-	162-D
13-D	63-D	113-	163-E
14-B	64-M?	114-	164-F
15-I	65-P	115-	165-G
16-L	66-E	116-	166-F
17-D	67-K	117-	167-G
18-G	68-E	118-	168-D
19-H	69-D	119-	169-E
20-C	70-J	120-	170-D
21-A	71-	121-	171-A
22-I	72-	122-	172-H
23-B	73-	123-	173-E
24-K	74-	124-	174-D
25-L	75-	125-	175-H
26-M?	76-	126-	176-E
27-I	77-	127-	177-B
28-B	78-	128-	178-B
29-I	79-	129-	179-A
30-A	80-	130-	180-?
31-F	81-D	131-	181 -A/K
32-G	82-K	132-	182-H
33-E	83-G	133-	183-F
34-A	84-F	134-	184-F
35-K	85-E	135-	185-A
36-C	86-	136-	186-F?
37-P	87-	137-	187-L
38-G	88-	138-	188-E
39-A	89-	139-	189-B
40-K	90-	140-	190-F
41-K	91-	141-	191-I
42-D	92-	142-	192-C
43-C	93-L	143-	193-C
44-D	94-F	144-	194-G
45-F	95-J	145-I	195-A
46-G	96-E	146-D	196-B
47-J	97-B	147-E/L	197-J
48-I	98-A?	148-G	198-C
49-D	99-C	149-B	199-K
50-C	100-E	150-I	200-D

