

PLAB-1, Paper July-2001

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Diagnosis of shock

Options

- | | |
|-------------------------|--------------------------------------|
| A Acute pancreatitis | H Pulmonary embolus |
| B Adrenal insufficiency | I Ruptured abdominal aortic Aneurysm |
| C Anaphylaxis | J Ruptured spleen |
| D Cardiac tamponade | K Spinal cord transaction |
| E Fat embolus | L Spinal shock |
| F Myocardial infarction | M Staphylococcal sepsis |
| G Pulmonary collapse | N Tension Pneumothorax |

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.

1. A 70-year-old man is admitted to the Accident and Emergency Department with a history of sudden onset of back pain for 34 hours and now has severe constant abdominal pain. On examination he is pale, sweating and restless. His pulse rate is 120 beats/minute. Blood pressure is 60 systolic mmHg. His abdomen is distended, tender and has a pulsatile mass present.
2. A 40-year-old woman comes to the Accident and Emergency Department with an inflamed index finger after a puncture wound from a rose thorn. She receives an injection of anti-tetanus immunoglobulin and is commenced on oral penicillin. Whilst the wound is being dressed, she complains of thirst, peri-oral itching and she has a skin rash. She then collapses.
3. A 37-year-old woman presents to the Accident and Emergency Department feeling unwell. Following her last period. She has had an offensive vaginal discharge. She routinely uses tampons. Examination reveals pallor, sweating, pulse rate is 130 beats/minute, blood pressure is 80/40 mm Hg. There is lower abdominal tenderness and vaginal examination reveals an offensive discharge.
4. A 16-year-old boy presents to the Accident and Emergency Department with upper abdominal and left shoulder tip pain, following a fall from a horse. On examination he is pale, sweating, pulse rate 110 beats/minute, blood pressure is 115/70 mmHg. He is tender in the left upper quadrant of the abdomen.
5. A 35-year-old woman has undergone open cholecystectomy for empyema of the gall bladder. She is a chronic asthmatic taking bronchodilators and oral prednisolone (15 mgs/day). Four hours post operatively she was noted to have pulse rate of 110 beats/minute & blood pressure is 90/46 mm Hg. No evidence of intra-abdominal bleeding and electrocardiogram (ECG) and chest x-ray are normal. Review of her treatment charts confirmed that she only had antibiotics to which she is not allergic, and deep venous thrombosis (DVT) prophylaxis.

Investigations into anaemia

Options

- | | |
|---------------------------------------|--|
| A. Alcohol history | H. Schilling test |
| B. Blood urea concentration | I. Serum erythropoietin Concentration |
| C. Dietary history | J. Serum folate concentration |
| D. Erythrocyte Sedimentation rate ESR | K. Serum total vitamin-C concentration |
| E. Hemoglobin electrophoresis | L. Serum vitamin-E concentration |
| F. Malaria screen | M. Tests for haemolysis |
| G. Menstrual history | N. Vitamin B ₁₂ assay |

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.

6. A slim, 18-year-old woman is found to have iron deficiency anaemia and amenorrhoea.
7. A 70-year-old widower, who lives alone, is found to have anaemia, bleeding gums and bruising.
8. A 30-year-old woman, who has been a strict vegetarian for four years, is found to have a macrocytic anaemia.
9. A 55-year-old man is found to have macrocytic anaemia and abnormal liver function tests including an elevated gamma glutamyl transferase activity.
10. A 60-year-old woman with known atrophic gastritis presents with confusion and ataxia.
11. A 40-year-old woman is found to have normochromic anaemia, joint pains and stiffness, at its worst when getting up in the morning and general tiredness.
12. A five-year-old girl presents with increasing tiredness, slight breathlessness and pallor. She is slightly jaundiced.

Heart disease – analysis of epidemiological data

Options

- | | | | |
|---|--|---|--------------------------|
| A | Aortic aneurysm | G | Ischaemic heart disease |
| B | Atrial fibrillation | H | Klinefelter's syndrome |
| C | Cardiomyopathy | I | Left ventricular failure |
| D | Coarctation of the aorta | J | Marfan's syndrome |
| E | Heart block | K | Valvular heart disease |
| F | Hypertrophic obstructive
cardiomyopathy | | |

Instruction

For each statement below, choose the SINGLE most appropriate to which refers from the above list of options. Each option may be used once, more than once, or not at all.

- 13.** The largest single cause of death in adults in the United Kingdom.
- 14.** Treatment with warfarin has been shown to reduce risk of stroke.
- 15.** Inherited as an autosomal dominant condition affecting 1 in 5000 of the population, associated with typical skeletal manifestations.
- 16.** Light to moderate consumption of alcohol, is recognized lead to a 3% reduction in incidence.
- 17.** Use of an angiotensin converting enzyme (ACE) inhibitor following a myocardial infraction has been shown to improve morbidity.

Speech disorder in children

Options

- | | | | |
|---|---|---|---|
| A | Arrange hearing test | F | Refer to Department of Child Psychiatry |
| B | Arrange magnetic resonance Imaging (MRI) brain scan | G | Refer to ear, nose and throat (ENT) surgeon |
| C | Broad spectrum antibiotic | H | Refer to social services |
| D | Reassure | I | Refer to speech therapist |
| E | Refer for developmental assessment | | |

Instruction

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

- 18.** A mother is concerned that her 18-month-old son has vocabulary of ten words but cannot form a sentence.
- 19.** A mother presents with her six-month-old son who is not vocalizing. She has also noticed that he does not respond to loud noises. His motor milestones are normal.
- 20.** A mother presents with her 12-month-old daughter. The child has no meaningful words, is unable to sit unaided and cannot play with her toys. She does not laugh, and has poor interaction with siblings.
- 21.** A mother presents with her three-year-old son who has indistinct nasal speech. He snores at night, and has restless sleep. He is tired by day.

Diagnosis of a altered bowel habit

Options

- | | | | |
|---|-------------------------|---|--|
| A | Carcinoma of the Caecum | H | Hyperthyroidism |
| B | Carcinoma of the rectum | I | Hypothyroidism |
| C | Coeliac disease | J | Irritable bowel syndrome with constipation |
| D | Crohn's colitis | K | Irritable bowel syndrome with diarrhoea |
| E | Depression | L | Terminal ileal Crohn's disease |
| F | Diabetes mellitus | M | Ulcerative colitis |
| G | Hirschsprung's disease | | |

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.

- 22.** A 19-year-old undergraduate gives a one month history to blood diarrhoea and is opening her bowels 10 times a day. She has urgency and tenesmus. Rectal histology shows inflammation and granulomata.
- 23.** A 21-year-old man presents with a six-week history of urgent loose blood stained stools. He has tenesmus and urgency. Rectal examination suggests the presence of a mass.
- 24.** A 64-year-old undergraduate presents with a three-year history of recurrent diarrhoea with some mucus and left iliac fossa pain relieved by defecation. Sigmoidoscopy examination is normal.
- 25.** A 50-year-old housewife presents with 18-months history of increasing lethargy, weight gain and constipation.
- 26.** A 25-year-old woman presents with iron and folate deficiency anaemia. Loose pale stools and weight loss. Sigmoidoscopy is normal.

Management Of Meningitis

Options

- | | | | |
|---|---|---|-------------------------------------|
| A | Expand plasma volume | F | Request ultrasound scan of the head |
| B | Give intravenous iv Acyclovir | G | Request Ziehl-Nielsen stain |
| C | Give parenteral penicillin. | H | Restrict fluid intake |
| D | Refer to neurosurgeons | I | Undertake a lumbar puncture |
| E | Request computed tomography (CT) of the brain | | |

Instruction

For each child 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.

27. A two-year-old boy has been unwell for 24 hours with fever and drowsiness. He has now developed a petechial rash. The general practitioner has called an ambulance but asks for advice.
28. A five-year-old boy presents with fever, headache and increase drowsiness. On examination there is no rash, but there is neck stillness has already started on treatment with antibiotics for meningitis.
29. A three-year-old girl, who has been diagnosed with bacterial meningitis, has been given appropriate antibiotics for 24 hours. Routine blood tests showed serum sodium concentration to be 125 mmol/l.
30. A 13-year-old boy has been non-specifically unwell for six week with night fever, weight loss and intermittent headache. On examination he has a divergent squint and mild neck stiffness Cerebrospinal fluid (CSF) showed protein 960-mg/dl, glucose-2.0 mmol/l and lymphocytes $8.0 \times 10^9/l$. Standard cultures were negative.
31. A five-year-old boy, newly arrived with his family to the UK from North Africa, has been admitted to hospital with bacterial meningitis. He began to improve on standard treatment, but after seven days he developed headache, vomiting. And a swinging fever.

Causes Of Skin Infestations

Options

- | | | | |
|---|------------------------------|---|--|
| A | Contact with domestic pets | F | Spread from gastrointestinal to individual |
| B | Direct contact with infected | G | Tinea |
| C | Head lice | H | Toxins released by gravid _____ |
| D | Human papilloma virus | | |
| E | Immuno-incompetence | | |

Instruction

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

- 32.** Scabies rash.
- 33.** Common warts.
- 34.** Impetigo.
- 35.** Papular Urticaria.
- 36.** Candidal nappy rash.

Selection and interpretation of tests in thyroid disorders.

Options

- | | | | |
|---|--|---|---|
| A | Basal metabolic rate | G | Thoracic inlet x-rays |
| B | Fine needle aspiration | H | Thyroid antibodies |
| C | No tests at this stage | I | Thyroid releasing factor (TRF) test (TSH) |
| D | Pituitary magnetic resonance imaging (MRI) | J | Thyroid stimulating hormone |
| E | Radioiodine uptake | K | Tri-iodothyronine (T_3) |
| F | Serum follicle stimulating hormone FSH | L | Ultrasound of thyroid |

Instruction

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

- 37.** A 14-year-old euthyroid (normal serum T_3 T_4 concentration) girl presents with a soft, diffusely enlarged thyroid gland, which moves freely on swallowing.
- 38.** A 42-year-old woman on thyroxine replacement therapy comes to the outpatient clinic to have her treatment checked.
- 39.** A euthyroid (normal serum T_3 T_4 concentration) 25-year-old woman has a solitary, solid thyroid nodule confirmed on ultrasound scan.
- 40.** A 60-year-old man who is euthyroid (normal serum T_3 T_4 concentration) has presents with an asymmetrical thyroid swelling.
- 41.** A 30-year-old woman with normal serum T_3 T_4 concentration has palpitation, tremor and weight loss.

Management Plan For Burns

Options

- | | |
|---|-----------------------------------|
| A. Aspiration Blisters. | F. Fasciotomy. |
| B. Blood carboxyhemoglobin concentration. | G. Intravenous fluid replacement. |
| C. Blood transfusion. | H. Irrigation. |
| D. Deroof Blisters. | I. Neutralizing agent. |
| E. Escharotomy. | J. Oral fluids. |

Instruction

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

- 42.** A farmer complains of burns to his right arm from a petrol fire four-hours ago. There is a circumferential mixed partial and full thickness burn covering his right arm from his elbow to his fingers.
- 43.** A 50-year-old man presents with a scald from a broken steam pipe at work. He has partial thickness burns with large tense blisters over his forearms.
- 44.** A 70-year-old man attends the Accident and Emergency Department after being in a fire at an old people's home. His eyebrows and nasal hairs are singed and he is coughing.
- 45.** A 35-year-old building worker has partial thickness burns over his anterior chest and abdomen and erythema over his upper thighs.

Multiple sclerosis – scientific basis of medicine

Options

- | | | | |
|---|----------------------|---|----------------------|
| A | Basal ganglia | F | Optic disc |
| B | Brain stem | G | Optic nerve |
| C | Cerebellum | H | Optic radiation |
| D | Cerebral cortex | I | Thoracic spinal cord |
| E | Cervical spinal cord | | |

Instruction

For each patient suffering from multiple sclerosis described below, choose the SINGLE most likely anatomical site of demyelination from the above list to options. Each option may be used once, more than once or not at all.

- 46.** A 30-year-old woman has had two episodes of acute loss of vision in the left eye at six month interval. She made a complete recovery but ophthalmoscopy shows some temporal pallor of the optic disc.
- 47.** A 20-year-old man complains of double vision on looking to the left side. Examination reveals sixth nerve palsy on the left side. He has no impairment to hearing but he does complain of facial numbness and dysphagia.
- 48.** A 40-year-old woman has noticed increasing dysarthria with clumsiness of the fingers on the left side. There is nystagmus on lateral gaze and she has a positive past pointing test on the left side.
- 49.** A 20-year-old woman complains of increasing difficulty in walking and urgency of micturition. Examination reveals increased deep tendon reflexes in all four limbs and a positive Romberg's test.
- 50.** A 25-year-old man complains of unexplained visual impairment in his right eye. He says the eye is slightly painful and his vision appears to be deteriorating day by day. Ophthalmoscopy shows papilloedema.

Natural History Of Arthritis

Options

- | | |
|--------------------------------|---------------------------------|
| A. Chondromalacia patella | H. Reiter's syndrome |
| B. Degenerative Osteoarthritis | I. Rheumatoid arthritis |
| C. Enteropathic arthropathy | J. Sarcoid arthritis |
| D. Gout | K. Septic arthritis |
| E. Inflammatory Osteoarthritis | L. Sjogren's syndrome |
| F. Pseudo gout | M. Systemic lupus erythematosus |
| G. Psoriasis arthritis | N. Whipple's disorder |

Instructions

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

- 51.** A 50-year-old man has hypertension and a 10-year history of occasional acute severe pain and swelling in the left knee. Aspirate shows cloudy synovial fluid.
- 52.** A 27-year-old single man has a short history of acute symmetrical swelling of both knees and ankles. He has recently been on holiday in India His erythrocyte sedimentation rate (ESR) was 69 mm/hr.
- 53.** A 35-year-old woman has longstanding depression and symmetrical polyarthritis. She also complains of recurrent purple spots on her legs. Her erythrocyte sedimentation rate (ESR) was 79 mm/hr and a Schimer test was positive .
- 54.** A thin 15-year-old girl has a longstanding history of intermittent bloody diarrhoea and a painful swollen left knee.
- 55.** A 75-year-old had developed acute severe pain and swelling of the left wrist after two days in hospital with a urinary tract in action.

Interpretation of data – statistical analysis

Options

A	Chi squared (X^2) test	H	Probability
B	Linear regression	I	Sensitivity
C	Mean	J	Specificity
D	Median	K	Standard deviation (root _____ Square deviation)
E	Mode	L	Student test
G	Prevalence		

Instruction

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

- 56.** This is the standard method for comparing distributions, for example below on the observed and expected frequency of events.
- 57.** Half of group of observations lies above this **level** and it is particularly important if the distribution is 'non normal'.
- 58.** This is the measure of the dispersion of a set of values.
- 59.** This is the likelihood of a test reporting positive when the condition being tested is actually present.
- 60.** At the time that a condition is studied this is the number of patients in the whole population with the condition.

Prescribing for pain relief

Options

- | | | | |
|---|---|---|--|
| A | Acupuncture | I | Proton pump inhibitor |
| B | Bolus of intravenous opiate | J | Selective serotonin re-uptake inhibitor |
| C | Carbamazepine | K | Simple analgesic |
| D | Corticosteroid | L | Subcutaneous opiate infusion |
| E | Hypnotherapy | M | Transcutaneous electrical nerve stimulation (TENS) machine |
| F | Intramuscular non-steroidal anti-inflammatory drugs | N | Tricyclic antidepressant drug (NSAID) |
| G | Oral non-steroidal anti-inflammatory drugs | | |
| H | Oral opiate | | |

Instruction

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

- 61** A 70-year-old man presents with severe, retrosternal chest pain and sweating. An electrocardiogram (ECG) shows acute myocardial infarction.
- 62** A 70-year-old man with inoperable gastric cancer causing obstruction, and multiple liver metastases, is taking a large dose of oral analgesia. Despite this, his pain is currently poorly controlled.
- 63** A 30-year-old woman has just been diagnosed as having rheumatoid arthritis and her rheumatologist has begun giving her gold injections. She continues to complain of joint pain and stiffness, particularly for the first two hours of each day.
- 64** A 60-year-old man with a known hiatus hernia presents with recurrent, severe, burning retrosternal chest pain associated with acid regurgitation and increased oral flatulence.
- 65** An 80-year-old woman reports severe paroxysms of knife-like or electric shock-like pain, lasting seconds, in the lower part of the right side of her face.

Management of overdoses and other self harm

Options

- | | | | |
|---|-----------------------------------|---|--|
| A | Admit to adolescent unit | F | Counseling from community mental health Team |
| B | Admit to general psychiatric ward | G | Family therapy |
| C | Admit to pediatrics ward | H | Psychotherapy |
| D | Behaviour therapy | I | Refer for psychiatric opinion |
| E | Cognitive behaviour therapy | J | Sedative medication |

Instruction

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

- 66** A 17-year-old girl, whose parents separated two years ago, presents to the Accident and Emergency Department. She stayed with her mother who remarried. They moved and she does not get on with her stepfather. She took five of her mother's diazepam tablets after a family argument. Her parents are mystified by her actions.
- 67** A 16-year-old boy is in a residential learning disability unit. The staff is concerned about an escalating number of head banging episodes, sometimes against glass windows. If this continues, he may seriously injure himself.
- 68** A 30-year-old man with schizophrenia heard voices telling him to kill himself by drinking bleach. He is brought to the Accident and Emergency Department.
- 69** A 40-year-old man is admitted to surgical ward following a car accident in which he sustained a minor head injury and leg fracture. After ten days it is apparent he is monosyllabic, unsmiling and unresponsive to patients and staff, although his injuries are healing well. There were no witnesses to the accident.
- 70** A 27-year-old single woman has two small children aged five and seven. She has no family support. She is recovering from influenza and that morning the washing machine had broken down. She presents herself to the Accident & Emergency Department admitting that she had taken eight aspirin tablets.

Cause of acute retention of urine

Options

- | | | | |
|---|------------------------------|---|-------------------------|
| A | Benign prostatic hypertrophy | F | Meatal stenosis |
| B | Bladder stone | G | Post operative |
| C | Carcinoma of bladder | H | Rectal carcinoma |
| D | Carcinoma of prostate | I | Urethral stricture |
| E | Faecal impaction | J | Urinary tract infection |

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.

- 71** An 80-year-old man has a two-month history of intermittent haematuria, low back pain and a prostate specific antigen (PSA) of 172 mg/ml.
- 72** A 40-year-old patient has a 10-year history of multiple sclerosis and has had an indwelling catheter for four years, which has been intermittently blocked.
- 73** A 30-year-old woman fractured her pelvis following a road traffic accident five years ago. She is experiencing increasing difficulty in passing urine.
- 74** An 80-year-old man has been admitted from long stay residential care with a history of diarrhoea and recent inability to pass urine.

Selection of diagnostic tests for vaginal bleeding

Options

- | | | | |
|---|--|---|--|
| A | Cancer cell surface antigen 125 (CA 125) | G | High vaginal swab (HVS) |
| B | Cervical smear | H | Laparoscopy |
| C | Colposcopy | I | Pregnancy test |
| D | Day 21 progesterone | J | Serum estradiol concentration |
| E | Endometrial sampling | K | Serum follicle stimulating Hormone (FSH) |
| F | Full blood count (FBC) | L | Vaginal ultrasound |

Instruction

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

- 75** A 68-year-old woman presents with a single episode of post-menopausal bleeding. An ultrasound shows her to have an increased Endometrial thickness of 15-mm (double layer).
- 76** A 20-year-old woman who has been using the oral contraceptive pill has had three episodes of bright red post coital bleeding.
- 77** A 39-year-old West Indian woman who has had three children by Caesarean section complains of heavy, regular, painful periods with clots. Her doctor has told her that she is anaemic.
- 78** A 14-year-old girl, who started her periods at 11-year, is brought in by her mother. Her periods were normal but are now heavier and more painful than before. Her mother says she is exhausted.
- 79** A healthy 19-year-old woman, who has had some sweats and flushes, did not have a period for five months. She then had two further, apparently normal periods.

Management of asthma

Options

- | | |
|--------------------------------------|----------------------------|
| A. Antibiotic | G. Leukotrienes antagonist |
| B. Cromoglycate | H. Nebulized beta agonist |
| C. Inhaled long acting beta agonist | I. Oral steroid oral |
| D. Inhaled short acting beta agonist | J. Oral Theophylline |
| E. Inhaled steroid | K. Reduce inhaled steroids |
| F. Intravenous (iv) steroid | |

Instructions

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

- 80.** A 22-year-old man is required to use inhaled beta adrenergics two to three times a day. He wakes with wheezing at night.
- 81.** A 37-year-old woman is a known asthmatic. She is on treatment. She attends the Accident and Emergency Department breathless and wheezy.
- 82.** A 42-year-old man who has intermittent asthma and uses beta-agonists and low dose inhaled steroids, has nasal polyps and is allergic to aspirin. He is still symptomatic.
- 83.** A 27-year-old man, who suffers from chronic asthma, is unwell, is pyrexial and has green sputum. His peak expiratory flow rate (PEFR) is < 80% of his normal value.
- 84.** A 25-year-old woman who was symptom free on 1000 micrograms inhaled beclomethasone has now developed oral thrush.

Scientific basis of poisoning

Options

- | | | | |
|---|------------------|---|--------------------------|
| A | Amphetamine | G | Methanol |
| B | Aspirin | H | Morphine |
| C | Barbiturates | I | Paracetamol |
| D | Carbon monoxide | J | Quinine |
| E | Ethanol | K | Tricyclic antidepressant |
| F | Ferrous sulphate | L | Warfarin |

Instruction

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

- 85** Depletion of glutathione stores (reversible by methionine or Nacetylcysteine). Leading to binding of drug metabolite to hepatic macromolecules.
- 86** Inhibition of the synthesis of clotting factors by competition with Vitamin K.
- 87** Strong affinity for a binding site on haemoglobin.
- 88** Anticholinergic effects leading to loss of vagal tone, impaired myocardial contractility and delayed conduction in the bundle of his.

Diagnosis of abdominal injury

Options

- | | |
|--------------------------|-------------------------------|
| A. Aortic rupture | G. Mesenteric vascular injury |
| B. Bladder rupture | H. Pancreatic contusion |
| C. Bowel rupture | I. Renal contusion |
| D. Cardiac tamponade | J. Renal pedicle avulsion |
| E. Diaphragmatic rupture | K. Splenic rupture |
| F. Liver rupture | L. Urethral rupture |

Instructions

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.

- 89.** A 37-year-old cyclist is knocked from his bicycle by a car. He is brought to the Accident and Emergency Department and after initial assessment and intervention he is noted to have left upper quadrant tenderness.
- 90.** A 25-year-old woman car driver is involved in a front impact accident. She develops central, epigastric and shoulder tip pain three hours later and is noted to have linear transverse bruising from the lap belt above the umbilicus.
- 91.** A 47-year-old scaffolder falls about four meters onto a scaffold pole injuring his right side. After initial assessment he is found to have diffuse right-sided tenderness. A ten-minute intravenous urogram (IVU) shows no excretion on the right side.
- 92.** A 19-year-old is stabbed with a 10 cm blade in the left upper abdomen. After remaining stable for 20 minutes his blood pressure drops to 90/60mmHg. An ultrasound scan shows no free abdominal blood.

Aortic aneurysm

Options

- | | |
|-------------------------|---|
| A. Abdominal ultrasound | E. Intravenous urogra m (IVU) |
| B. Chest radiograph | F. Lower limb angiography |
| C. Coronary angiography | G. Plain abdominal radiograph |
| D. Echocardiogram | H. Spiral computed tomography (CT) scan |

Instruction

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

- 93** A 68-year-old hypertensive patient may have an aortic aneurysm. This diagnosis has to be excluded.
- 94** A 68-year-old with an abdominal aortic aneurysm is to have a surgical repair and the extent and relationship of the aneurysm to the renal arteries must be defined.
- 95** A 68-year-old man has a suspected aortic dissection. He had tearing pain the previous day and is now hematologically stable.
- 96** A 68-year-old man is being considered for surgical repair of an abdominal aortic aneurysm. Exercise electrocardiogram (ECG) shows sever myocardial ischemia. He also has claudication.
- 97** A 68-year-old man is to have a surgical repair of an abdominal aortic aneurysm. He gives a history of severe and recently unstable angina.

Vomiting in infancy

Options

- | | | | |
|---|--------------------------|---|-----------------------------------|
| A | Cerebral tumor | H | Mesenteric adenitis |
| B | Chronic renal failure | I | Pertusis |
| C | Diabetic Ketoacidosis | J | Pyloric stenosis |
| D | Gastroenteritis | K | Upper respiratory tract infection |
| E | Gastro-esophageal reflux | L | Urinary tract infection |
| F | Intussusception | M | Volvulus |
| G | Meningitis | | |

Instruction

For each child 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.

- 98.** A three-week-old baby boy presents with projectile vomiting. After 48 hours he remains hungry, afebrile and alert. On inspection after a feed visible peristalsis is seen across his abdomen.
- 99.** A five-month-old baby girl presents with recurrent vomiting for three days. She has episodes of crying and drawing up her knees. Her mother reports that there has been red staining in her nappy. On examination of the abdomen the right iliac fossa feels empty and there is a sausage shaped mass across the epigastrium.
- 100.** A four-month-old baby girl has vomited several times daily since she was born. She continues to feed well and thrive. Her mother notices that the vomiting is reduced when she is strapped in her car seat, and has reduced since solid feeding was introduced two weeks previously.
- 101.** A three-month-old baby girl has recurrent episodes of vomiting associated with fever. She has no diarrhoea and no rash. Her weight velocity is declining away from her centile line. On examination, she is alert and examination is normal.
- 102.** A six-month-old baby boy presents because he has been vomiting for 48 hours. He then develops frequent loose stools. His temperature is 38 °C. He is refusing solids but continues to take fluids with some persuasion. His five-year-old brother had a similar illness one week earlier.

Transmission of infection

Options

- | | | | |
|---|------------------------------|---|------------------------------|
| A | Animal-human transmission | F | Faecal-oral |
| B | Blood borne | G | Fomite transmission |
| C | Carrier state | H | Not infectious or contagious |
| D | Close community contact | I | Sexually transmitted |
| E | Exposure to air conditioning | J | Skin to skin contact |

Instruction

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

- 103.** An 18-year-old university student develops meningococcal meningitis in his first week of term.
- 104.** A 28-year-old man is found to be Hepatitis C positive on serological testing.
- 105.** A 15-year-old boy develops scabies after returning from a school camping holiday.
- 106.** A 44-year-old man develops a feverish illness, which on blood culture proves to be salmonella typhi.
- 107.** A pregnant woman contracts toxoplasmosis.

Anatomy of head and neck lumps

Options

- | | | | |
|---|---------------------|---|---------------------------------|
| A | Branchial cyst | F | Pharyngeal pouch |
| B | Carotid body tumour | G | Subclavian aneurysm |
| C | Cervical rib | H | Submandibular gland enlargement |
| D | Cystic hygroma | I | Thyroglossal cyst |
| E | Lymphadenopathy | J | Thyroid enlargement |

Instruction

For each anatomical description below choose the SINGLE most likely lesion from the above list of options. Each option may be used once, more than once, or no at all.

- 108.** A diverticulum protruding between the lower most horizontal fibers and the higher oblique fibers of the inferior constrictor muscle.
- 109.** A structure lying deep to the anterior edge of the upper third of the sternocleidomastoid muscle.
- 110.** A structure in the midline between the thyroid gland and the hyoid bone.
- 111.** An expansile pulsating mass in the base of the posterior triangle of the neck.
- 112.** A hard fixed linear mass attached to the seventh cervical vertebra causing fullness at the root of the neck.

Management of psychoses

Options

A	Alternative housing	H	Hospital hostel
B	Clozapine	I	Monoamine oxidase (MAO) inhibitor
C	Depot antipsychotic medication	J	Oral antipsychotic medication
D	Detain under the Mental Health Act	K	Rehabilitation ward
E	Education	L	Risk management strategy
F	Electroconvulsive therapy (ECT)	M	Tricyclic antidepressant
G	Family therapy	N	Voluntary inpatient admission

Instruction

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

- 113.** A 28-year-old man has been detained in hospital and is being treated for paranoid schizophrenia with depot anti-psychotic medication. He had stabbed his mother in the hand with a screwdriver. He is now symptom free and ready to be discharged home to live with his mother, who is worried.
- 114.** A 26-year-old woman with established schizophrenia since age 15 lives with her very supportive parents, but has never fully recovered. She has been on a range of appropriate medication in adequate dosage since diagnosis.
- 115.** An 89-year-old woman presents with a three-week history of not eating and not sleeping. She is convinced that she is about to be investigated by the government for spying. Which is not the case. She refuses to eat or drink and her physical state is deteriorating. She is agreeable to treatment.
- 116.** An 80-year-old man has a paranoid psychosis and mild cognitive decline. He is hard of hearing and says his neighbors are constantly tapping on his walls.
- 117.** A 34-year-old man with eight admissions to hospital in the last five years is again detained in hospital for treatment. It is known that he always stops taking his antipsychotic tablets at home. When he was admitted he said he had been arguing with his neighbours and girlfriend.

Investigation for cystitis

Options

- | | | | |
|---|-------------------------------|---|--|
| A | Computed tomography (CT) scan | E | Mid stream urine culture in three Months |
| B | Creatinine clearance | F | Mid stream urine culture |
| C | Cystoscopy | G | Monthly mid stream urine culture |
| D | Isotope scan | H | Ultrasound of kidneys and Bladder |

Instruction

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

- 118.** An 18-year-old woman became sexually active one month ago. She has had frequency of micturition, dysuria and one episode of haematuria.
- 119.** A three-year-old boy presents for the first time with a confirmed urinary tract infection.
- 120.** A 70-year-old man with prostatic symptoms develops dysuria and frequency of micturition. Urine testing reveals microscopic haematuria but no growth on culture.
- 121.** A previously uninvestigated 25-year-old woman has her third attack of frequency of micturition and dysuria. Midstream urine culture grows *E. coli* on each occasion.
- 122.** A 25-year-old man has his first proven episode of urinary tract infection (UTI). The intravenous urogram (IVU) is normal.

Progression of breast cancer

Options

- | | | | |
|---|--------------------------|---|-----------------------------|
| A | Asthma | H | Liver metastases |
| B | Axillary recurrence | I | Local recurrence |
| C | Bone marrow infiltration | J | Lymphangitis Carcinomatosis |
| D | Bone metastases | K | Peritoneal recurrence |
| E | Cerebral metastases | L | Pleural effusion |
| F | Hypercalcaemia | M | Spinal cord compression |
| G | Left ventricular failure | | |

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.

- 123.** A 55-year-old woman, who underwent a mastectomy for a breast tumour four years ago, now complains of increasing breathlessness. On examination of her respiratory system, she is noted to have decreased movement of the left hemithorax, which is dull to percussion on auscultation and has absent breath sounds.
- 124.** A 60-year-old woman is admitted to the Accident and Emergency Department having fallen in the street. She is complaining of pain in the right hip and the right lower limb is lying in external rotation. She had breast conserving surgery, radiotherapy and chemotherapy eight years ago for breast cancer.
- 125.** A 40-year-old woman treated two years ago for a Grade-3 axillary node positive breast cancer presents with increasing confusion, headache and vomiting. On examination. She is drowsy but has no focal neurological signs. She does have blurring of the optic disc margins.
- 126.** A 35-year-old woman treated one year ago for a breast cancer with 12/20 nodes positive, presents with a two-day history of increasing confusion. She is drowsy and disorientated. Her husband reports that she has been complaining of severe thirst for the past week.
- 127.** A 45-year-old woman treated three years ago for breast cancer is unable to walk. She complains that she has had increasing weakness in the left leg for the last seven days. She has been constipated and unable to pass urine for the last 24 hours.

Management of patient with head injury.

Options

- A. Admit to local hospital
- B. Computed tomography (CT) scan of brain
- C. Consult with neurosurgeons
- D. Discharge with advice
- E. Discharge with advice after normal skull x-ray
- F. Immediate burr holes
- G. Intravenous iv antibiotic
- H. Intravenous iv corticosteroid
- I. Intravenous iv mannitol

Instruction

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

- 128** A two-year-old child attends the Accident and Emergency Department having run into a door. He cried for a while, but has played happily since then. He has a bruise on his forehead.
- 129** A seven-year-old boy falls off his bike, striking his head. He was not wearing a helmet. He is distressed, but responds appropriately to questions and climbs on to the examination couch. He was not knocked out but cannot recall the details of the accident.
- 130** A 17-year-old boy attends the Accident and Emergency Department on Saturday night. He has slurred speech but knows where he is. He smells of alcohol and has a confused wound on his scalp. He does not know how he was injured.
- 131** A 12-year-old boy who has been playing on the roof of a derelict factory falls at least six-meters. His airway is secure and he is haemodynamically stable. His Glasgow Coma Scale (GCS) score is 10. He has no focal neurological signs.

Diagnostic test for headache resulting to eye problems.

Options

- | | |
|---|-------------------------------------|
| A. Color vision test | F. Intraocular pressure measurement |
| B. Computed tomography (CT) scan of brain | G. Serum Calcium |
| C. Electroencephalogram (EEG) | H. Serum urea and electrolytes |
| D. Erythrocyte sedimentation rate (ESR) | I. Visual acuity assessment |
| E. Full blood count (FBC) | J. Visual field mapping |

Instruction

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

- 132** A 76-year-old woman presents with symptoms of feeling generally unwell and anorexia with weight loss. She complains of sudden loss of vision in her eye. On the left side the pupillary light reaction is sluggish.
- 133** A 40-year-old woman presents with sudden onset of severe occipital headache, photophobia and vomiting.
- 134** A 22-year-old woman complains of afternoon headaches, which have progressively worsened. She works as visual display unit (VDU) operator.
- 135** A 72-year-old woman presents with tunnel vision and severe headache nausea and vomiting of recent onset. She has noticed colored haloes for six months.
- 136** A 27-year-old woman presents with severe morning headaches for two months. Full neurological examination is normal apart from bilateral papilloedema. The blood pressure is 120/70 mmHg.

Investigation for chronic abdominal pain

Options

A	Abdominal computed tomography (C T) scan	H	Laparotomy
B	Abdominal ultrasound	I	Liver function tests
C	Barium enema	J	Lumbar spine x-ray
D	Cystoscopy	K	Mesenteric angiogram
E	Faecal fat content	L	Oral Cholecystogram
F	Intravenous urogram (IVU)	M	Small bowel enema
G	Laparoscopy	N	Technetium isotopic liver Scan (Tc99m).
		O	Upper gastrointestinal endoscopy

Instruction

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

- 137.** A 55-year-old woman presents with a six-month history of severe central abdominal pain, which comes on 30-minutes after meals. She has lost 10-kg in weight, and on examination of her abdomen there is a bruit in the epigastrium. She also suffers from intermittent claudication.
- 138.** A 25-year-old teacher complains that she has had central abdominal discomfort of six-month duration, intermittent abdominal distension and alteration in bowel habit. On examination, there is a palpable swelling in the right iliac fossa. A Barium enema carried out showed no abnormality.
- 139.** A 62-year-old man presents because he has had pain in the left iliac fossa over the last three years. During this time he has had three severe attacks of left iliac fossa pain, which resolved spontaneously, and intermittent episodes of constipation. On examination, there is a palpable thickened sigmoid colon but no other abnormality.
- 140.** A 42-year-old sales executive presents because he has had intermittent epigastric discomfort over the last five years. When you talk to him you find that he is not intolerant to fatty food. He smokes 30 cigarettes a day. Abdominal examination reveals no abnormality.
- 141.** A 50-year-old man presents with a 10-year history of intermittent abdominal pain radiating to his back. He has required several hospital admissions for his pain. Over the last six months he has lost 5 kg in weight. His stools are pale and difficult to flush away. Investigations including abdominal ultrasound, contrast studies and endoscopic examination of the gastrointestinal tract have not shown any abnormality.

Post operative complications

Options

A	Acute tubular necrosis	H	Pulmonary embolism
B	Cardiac failure	I	Secondary haemorrhage
C	Chest infection	J	Septicemia
D	Deep vein thrombosis (DVT)	K	Transfusion reaction
E	Impending wound dehiscence	L	Urinary retention
F	Myocardial infraction	M	Urinary tract infection (UTI)
G	Pelvic abscess	N	Wound Infection.

Instruction

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

- 142.** A 50-year-old woman underwent an anterior resection for carcinoma of the rectum one week ago. She has low-grade pyrexia (37.5°C) and is complaining of pain in the left calf. She has pitting edema of the left ankle.
- 143.** A 24-year-old man underwent an appendicectomy six days ago for a perforated appendix. He appeared to be making a good recovery but has developed intermittent pyrexia (up to 39°C). On clinical examination there is no obvious cause for his pyrexia apart from being tender anteriorly on rectal examination.
- 144.** A 69-year-old man underwent an emergency repair of an abdominal aortic aneurysm. He had been severely hypotensive before and during surgery. Following surgery his blood pressure was satisfactory, but his urinary output was only 5 ml/hour in the first two hours.
- 145.** A 60-year-old woman underwent a left hemicolectomy for carcinoma of the colon. On the 4th-postoperative day she becomes hypotensive (blood pressure 60/10 mmHg). Pulse rate 130-beats/minute. She has pyrexia (38.5°C) with warm hands and feet.
- 146.** An 89-year-old woman underwent an emergency laparotomy for peritonitis. On the fourth postoperative day she was noted to have a sero-sanguineous discharge from the wound. There was no surrounding erythema and she was afebrile.

Management of anxiety

Options

- | | |
|--------------------------------|------------------------------------|
| A. Antidepressant | H. Dialectical therapy |
| B. Aversion therapy | I. Electroconvulsive therapy (ECT) |
| C. Benzodiazepine | J. Interpersonal therapy |
| D. Beta blocker | K. Psychoanalysis |
| E. Buspirone | L. Relaxation therapy |
| F. Cognitive behaviour therapy | M. Supportive counseling |
| G. Desensitization | |

Instruction

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

- 147.** Post traumatic stress disorder
- 148.** Performance induced tremor
- 149.** Arachnophobia
- 150.** Bereavement
- 151.** Anxiety induced insomnia

Diagnosis of acute abdomen in younger women

Options

- | | |
|----------------------------|-------------------------------|
| A. Acute appendicitis | G. Pneumonia |
| B. Cholecystitis | H. Pyelonephritis |
| C. Constipation | I. Ruptured ectopic pregnancy |
| D. Gastroenteritis | J. Salpingitis |
| E. Pancreatitis | K. Ureteric colic |
| F. Perforated peptic ulcer | L. Urinary tract infection |

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.

- 152.** A 17-year-old girl presents with a 12-hour history of lower abdominal pain with urinary frequency. She is pale and has a temperature of 37.8° C. on examination she has tenderness with rebound in the right iliac fossa.
- 153.** A 40-year-old woman presents with a six-hour history of severe upper abdominal pain and vomiting. She is sitting forward and restless. She is shocked with diffuse abdominal tenderness.
- 154.** A 28-year-old woman who smokes heavily and takes antacids regularly for indigestion presents with a sudden onset of severe abdominal pain. On examination she is lying very still and is shocked. She has diffuse abdominal rigidity. She had a normal menstrual period two weeks ago.
- 155.** A 22-year-old woman presents with a sudden onset of severe abdominal pain. She complains of dizziness when she sits up. Her last menstrual period was eight weeks ago. On examination of the abdomen she has rebound tenderness and guarding.
- 156.** A 32-year-old woman presents with severe right-sided abdominal pain of three hours duration. She is rolling around. On examination she has no abdominal signs. The pain radiates into the groin.

Scientific basis of hearing loss

Options

- | | |
|--|---|
| A. Bilateral conductive hearing loss | F. Unilateral conductive hearing loss |
| B. Bilateral mixed conductive and sensory hearing loss | G. Unilateral mixed conductive and sensory hearing loss |
| C. Bilateral normal hearing | H. Unilateral neural hearing loss |
| D. Bilateral sensory hearing loss | I. Unilateral sensory hearing loss |
| E. Bilateral total deafness | |

Instruction

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

- 157.** Noise induced hearing loss
- 158.** Presbycusis.
- 159.** Otosclerosis
- 160.** Acoustic neuroma
- 161.** Otitis media with effusion in a three-year-old child.

Diagnosis of confusion

Options

- | | |
|--------------------------|-----------------------|
| A. Alzheimer's disease | J. Hyper pyrexia |
| B. Anaemia | K. Hypoglycemia |
| C. Carcinomatosis | L. Hypomania |
| D. Cerebral tumour | M. Hypotension |
| E. Delirium tremens | N. Infection toxicity |
| F. Delusional depression | O. Post ictal state |
| G. Drug toxicity | P. Schizophrenia |
| H. Electrolyte imbalance | Q. Subdural Haematoma |
| I. Heart failure | R. Temporal arteritis |

Instruction

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

- 162** A 72-year-old woman, who had a repair of a strangulated femoral hernia two days ago, becomes noisy, aggressive and confused. She is afebrile, her full blood count is normal apart from a raised mean corpuscular volume (MCV).
- 163** A 40-year-old chronic alcoholic, who lives alone, is brought into the Accident and Emergency Department having been found confused at home after a fall. He complains of a headache.
- 164** A 76-year-old woman has become tired and confused following an influenza like illness. She is also breathless, with signs of consolidation of the left lung base.
- 165** An 18-year-old previously well student is in his first year at university. He has been brought into the Accident and Emergency Department in an agitated, deluded and disorientated state.
- 166** A 50-year-old man presents with a flight of ideas, which are rambling and *disinhibited*. He is distractible confused and overactive.

Prescribing and renal failing

Options

- | | |
|---------------------|----------------------------------|
| A. Atenolol | G. Cyclophosphamide |
| B. Azathioprine | H. Cyclosporin |
| C. Bendrofluazide | I. Digoxin |
| D. Calcium resonium | J. Gentamicin |
| E. Captopril | K. Insulin and dextrose infusion |
| F. Coproxamol | L. Spironolactone |

Instruction

For each patient described below, choose from the above list of options the SINGLE drug most likely to have caused the side effects, which are reported. Each option may be used once, more than once, or not at all.

- 167** A 50-year-old diabetic has significant hypertension. Two weeks after starting an anti-hypertensive therapy his serum creatinine concentration is noted to be 500 umols/l.
- 168** A 70-year-old woman with known chronic renal failure complains of deafness and ataxia three weeks after starting treatment of staphylococcal septicemia.
- 169** A 16-year-old boy with recurrent nephrotic syndrome develops macroscopic haematuria and dysuria three weeks after starting treatment for a recurrence of massive proteinuria.
- 170** A 66-year-old man with previously controlled Atrial fibrillation experiences recurring episodes of palpitations.
- 171** A 78-year-old man comes to the Accident and Emergency Department feeling tired. His serum potassium concentration is 2.5-mmol/l.

Basic Science quarries

Options

- | | |
|---------------------------|------------------------------|
| A. Autosomal co-dominance | D. Mitochondrial gene detect |
| B. Autosomal dominant | E. Polygenic inheritance |
| C. Autosomal recessive | F. X-linked |

Instruction

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

- 172** A three-year-old boy presents with a haemarthrosis following a minor fall. His maternal grandmother's brother and uncle apparently had bleeding problems throughout their lives.
- 173** A 16-year-old girl has prolonged bleeding after a routine dental extraction. Her father and her paternal grandmother have experienced similar problems.
- 174** An 11-year-old boy presents with an increasing tendency to stumble and fall. His gait is clumsy and he lurches from side to side. Although his parents are well his maternal grandfather died at the age of 40 after being bedridden for five years. His paternal grandmother had progressive disability and became confined to a wheelchair.
- 175** A six-month-old baby is admitted with failure to thrive and intermittent bouts of fever. He is found to have splenomegaly and is anaemic. His father has been investigated for anaemia and his mother requires regular blood transfusions.
- 176** A 13-year-old girl presents with hyperglycemia and ketoacidosis. Her grandmother and cousin are on regular insulin therapy.

Fractures in Children

Options

- A. Fracture of Clavicle
- B. Fracture of mid radius and ulna
- C. Fracture of neck of humerus
- D. Fracture of shaft of humerus
- E. Greenstick fracture of distal radius
- F. Non accidental injury
- G. Scaphoid fracture
- H. Subluxation of radial head (pulled elbow)
- I. Supracondylar fracture of humerus

Instruction

For each child 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.

- 177** A seven-day-old baby, born after a difficult home-delivery, is not moving his left arm. He cries each time he is picked up.
- 178** A three-year-old girl tripped while holding her mother's hand. She has not used her right arm since.
- 179** An eight-year-old boy fell from a tree. He is in severe pain. The radial pulse is not palpable on the injured arm.
- 180** A 16-year-old boy fell on his outstretched hand. His forearm was put in a plaster a week ago at another hospital and he has got it wet. He has come to the Accident and emergency Department to have it repaired. He says his initial x-rays were normal. On repeat x-ray, an abnormality was found.
- 181** A four-year-old boy fell in the playground. He has been using his forearm normally but complains of pain. There is no deformity or swelling and there is minimal tenderness on examination.
- 182** A three-month-old baby, whose mother says he has been crying since he rolled off the bed two days ago, is found to have bruises on his legs.

Management of myocardial infarction and its sequence

Options

- | | | | |
|----|--|----|-------------------------------------|
| A. | Aminophylline | H. | Cardiac pacing |
| B. | Angiotensin-converting enzyme (ACE) inhibitors | I. | Cardiopulmonary resuscitation (CPR) |
| C. | Aspirin | J. | Cardioversion |
| D. | Atropine | K. | Diuretic |
| E. | Beta blocker | L. | Intravenous noradrenaline |
| F. | Buccal nitrate | M. | Nebulized Salbutamol |
| G. | Calcium antagonist | N. | Thrombolysis |

Instruction

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

- 183** A 60-year-old man with a one and a half hour history of chest pain has an electrocardiogram (ECG). Showing an acute anterior myocardial infarction. Aspirin and analgesia have already been given to the patient.
- 184** A 60-year-old man had a proven myocardial infarction a month ago. He is re-admitted to hospital with acute breathlessness and basal crackles.
- 185** A 60-year-old man had a proven myocardial infarction a week ago. He feels faint and has a pulse rate of 36 beats/minute.

Management of multiple trauma in children

Options

- | | |
|---|-----------------------------------|
| A. Cardiopulmonary resuscitation (CPR). | F. Immobilize cervical spine |
| B. Control external bleeding with direct pressure | G. Insert chest drain |
| C. Gain vascular access and infuse normal saline | H. Intubate and ventilate |
| D. Gain vascular access and transfuse blood | I. Maintain open airway |
| E. Hyperventilate | J. Needle thoracocentesis |
| | K. 100% oxygen via face mask |
| | L. Rule out internal haemorrhage. |
| | M. Splint fractures. |

Instruction

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

- 186** A four-year-old boy is hit by a car. His neck has been immobilized. He is agitated and does not like the oxygen mask. His trachea is deviated to the left with a hyper-resonant right hemithorax.
- 187** A 10-year-old boy fell onto broken glass. He is bleeding actively from his left wrist. The nurses have given oxygen and are setting up a drip.
- 188** A 12-year-old girl has been hit by a car and has sustained head and facial injuries. Her neck is immobilized. She is receiving 100% oxygen. Her breathing is noisy. Her Glasgow Coma Scale (GCS) score is 13. Her respiratory rate is 30.
- 189** A 14-year-old girl fell from her horse. Her neck has been immobilized and she has been given oxygen. She is complaining of pain in her right thigh, which is swollen and deformed. She has good air entry on both sides of her chest. Her pulse rate is 100 beats/minute. She has cool peripheries and unrecordable oxygen saturation.
- 190** An eight-year-old boy was passenger in a car involved in an accident in which another person was killed. He is brought into the accident and emergency department talking, with an oxygen mask on at 100%. He is pale and tachycardic.
- 191** A 15-year-old girl has cut her wrists and bled profusely. She is pale and tachycardic. She says that she does not want to live.

Acute dyspnoea

Options

- | | |
|-------------------------|-----------------------------|
| A. Anxiety | F. Left ventricular failure |
| B. Aspiration pneumonia | G. Noxious inhalation |
| C. Asthma | H. Pneumococcal pneumonia |
| D. Atypical pneumonia | I. Pneumothorax |
| E. Cor-pulmonale | J. Pulmonary embolism |

Instruction

For each set of investigations 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.

192. *Clinical presentation:* A 67-year-old man with acute shortness of breath.
Chest x-ray: Bilateral fluffy opacities and a large heart.
ECG: Inverted T-waves in V₄, V₆
Blood gases: Low PaO₂ normal PaCO₂
193. *Clinical presentation:* 28-year-old woman with acute shortness of breath.
Chest x-ray: Expanded lung fields; no abnormal shadows in lungs, normal sized heart shadow.
Peak flow: 120 l/minute
194. *Clinical presentation:* A 24-year-old woman with acute shortness of breath and right sided chest pain.
Chest x-ray: Normal
ECG: T-wave inversion V₁-V₃ & right bundle branch block.
Blood Gases: Low PaO₂; low PaCO₂
195. *Clinical presentation:* A 36-year-old woman with acute shortness of breath and chest tightness.
Chest x-ray: Normal
ECG: Normal
Blood gases: Normal PaO₂, Low PaCO₂
196. *Clinical presentation:* A 55-year-old man with increasing shortness of breath and edema.
Chest x-ray: Expanded lung fields, bronchial wall thickening, large heart
Blood Gases: Low PaO₂; high PaCO₂
197. *Clinical presentation:* A 48-year-old semiconscious man with marked dyspnoea.
Chest x-ray: posterior segment of the right upper lobe consolidation.
Blood gases: Low PaO₂, Normal PaCO₂
Blood alcohol: very high

Presentation of chronic neurological disease

Options

- | | |
|---------------------------|--------------------------|
| A. Alzheimer's disease | F. Multiple sclerosis |
| B. Carpal tunnel syndrome | G. Muscular dystrophy |
| C. Cervical spondylosis | H. Myasthenia gravis |
| D. Migraine | I. Parkinson's disease |
| E. Motor neuron disease | J. Peripheral neuropathy |

Instructions

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

- 198.** A 50-year-old woman gets attacks of numbness in the left hand, followed by right-sided headaches.
- 199.** A 40-year-old woman develops diplopia whenever she has been working hard for several hours.
- 200.** An eight-year-old boy has had increasing weakness in the legs for Three years. Previously he was walking without difficulty.

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Answers July 2003

1	I	51	D	101	C	151	C
2	C	52	H	102	D	152	A
3	M	53	L	103	D	153	E
4	J	54	C	104	B	154	F
5	B	55	K	105	J	155	I
6	C	56		106	F	156	K
7	K?	57		107	A	157	A
8	N	58	K	108	F	158	D
9	A	59		109	A	159	A
10	H	60	G	110	I	160	I
11		61	B	111	G	161	F
12	E	62	L	112	C	162	E
13	G	63	G	113	L	163	Q
14	B?	64	I	114	B	164	N
15	J	65	C	115	F	165	G
16	G	66	G	116	J	166	L
17	I	67	D	117	C	167	E
18	D	68	B	118	F	168	J
19	A	69		119	H	169	G
20	E	70	F	120	C	170	I
21	G	71	D	121	I	171	C
22	D	72	F/I	122	J	172	F
23	B	73		123	L	173	B
24	K	74	E ?	124	D	174	F
25	I	75	E	125		175	C/F
26	C?	76	C	126	F	176	E
27	C/	77	L	127	M/H	177	A
28	E	78	F	128	B	178	H
29	H	79	K	129	B	179	I
30	G	80	C	130	B	180	G
31	E	81	H	131	A OHCM-734	181	E
32	B	82	B	132	D	182	F
33	D	83	A	133	B	183	N
34	B	84	K	134	I	184	K
35	A	85	I	135	F	185	H/D
36	E	86	L	136	B	186	J
37	C	87	D	137	K	187	B
38	J	88	K	138	M	188	K
39	B	89	K	139	C	189	C/L
40	E	90	H	140	O	190	F
41	K	91	J	141	E	191	B/D
42	E	92	D	142	D	192	F
43	A	93	A	143	G	193	C
44	B	94	H	144	A	194	J
45	G	95	H	145	J	195	
46	G	96	C	146	E	196	E
47	B	97	C	147	G	197	B
48	C	98	J	148	L	198	
49	E?	99	F	149	G	199	
50	F	100	E	150	M	200	