

PLAB-1 paper of November-2001

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Treatment for anxiety

Option

- | | |
|----------------------------------|--------------------------|
| A. Chlorpromazine | G. Interpersonal therapy |
| B. Cognitive Behavioural therapy | H. Lofepramie |
| C. Counseling | I. Phenelzine |
| D. Desensitization | J. Propranolol |
| E. Diazepam | K. Psychoanalysis |
| F. Hypnotherapy | L. Relaxation therapy |

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.

- 1** A 35-year-old lawyer has become increasingly anxious before court appearances. She is now very reluctant to speak in public, but this is necessary for her job. She is searching for a long-term solution to her problem.
- 2** A 45-year-old woman has become tearful and feels unable to cope. She worries about everything. She has difficulty getting to sleep and wakes early in the morning. She is always tired.
- 3** A 55-year-old woman wishes to attend her daughter's wedding in New Zealand in two weeks time. She is frightened of flying and feels she would be unable to get on the plane.
- 4** An 18-year-old man presents in the Accident and Emergency Department. He is in a state of terror and is convinced that he is being pursued by people who are out to kill him.
- 5** A 50-year-old man in the surgical ward has suddenly become anxious and somewhat agitated. He was admitted three days ago with a haematemesis, which has now settled, and there appears to be no other physical cause to explain his behaviour.

The scientific basis of pain relief

Options

- | | |
|--|---|
| A. Central opiate receptors. | F. Reduction of dorsal horn cells response. |
| B. Chemical ablation | G. Stimulation of morphine receptors. |
| C. Destruction of spinothalamic tract | H. Surgical ablation |
| D. Inhibition of cyclo-oxygenase | I. Vasodilatation |
| E. Motor neuron inhibition (anterior horn cells) | |

Instruction

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

- 6** A 50-year-old woman complains of persistent pain in the Lumbar region for the last 12 months. There is tenderness with some muscle spasm. Investigations fail to reveal a cause for this pain. Oral analgesics have not produced any improvement, but transcutaneous electrical nerve stimulation (TENS) does improve the pain.
- 7** A 25-year-old man twists his right knee in a fall and is complaining of minor pain. On examination of the knee, there is no evidence of significant injury. A non-steroidal agent has been prescribed.
- 8** A 60-year-old man is suffering from severe pain from an extensive infiltrating sarcoma of the right chest wall. Attempts to control this pain by pharmacological agents had failed. However, a surgical procedure has been performed on his spinal cord.
- 9** A 40-year-old man has undergone laparotomy and splenectomy for splenic trauma following a road traffic accident. Post operatively his wound pain is controlled by using patient controlled analgesia with morphine.
- 10** A 25-year-old woman has had epidural analgesia and a caesarean section. The epidural catheter has been left in situ to control wound pain. She complains that she is having difficulty in moving her legs. She is not taking any other medication.

Selection of tests for needle stick injuries

Option

- | | |
|----------------------------------|---|
| A. CD4 count | H. Hepatitis-C ribonucleic acid (RNA) antigen |
| B. Full blood count (FBC) | I. Human immunodeficiency virus (HIV) antibody test |
| C. Hepatitis-B core antibody | J. Human immunodeficiency virus (HIV) viral load |
| D. Hepatitis-B 'e' antibody | K. Liver function tests (LFTs) |
| E. Hepatitis-B 'e' antigen | L. Retain serum sample |
| F. Hepatitis-B 'surface' antigen | M. Thick blood film |
| G. Hepatitis-C antibody | |

Instruction

For each scenario described below, chose the SINGLE most useful immediate blood test from the above list of options. Each option may be used once, more than once, or not at all.

- 11** A nurse suffers a needle stick injury while taking blood from a patient known to have late stage human immunodeficiency virus (HIV). Post exposure prophylaxis with analysis is being considered. However, the nurse now admits to the possibility of already being HIV positive.
- 12** A nurse, who is known to be hepatitis B immune, suffers a superficial scratch while taking blood from a patient. The patient's own hepatitis and human immunodeficiency virus (HIV) markers are negative. The nurse is advised to have a human immunodeficiency virus (HIV) antibody test in three months time.
- 13** A doctor suffers a needle stick injury while taking blood from a patient said to be a chronic hepatitis-B carrier. The patient needs a test so that the doctor can be advised of his risk of acquiring hepatitis-B infection.
- 14** A doctor suffers a needle stick injury while taking blood from a patient known to be hepatitis-C antibody positive. The patient needs a test so that the doctor can be advised of her risk of becoming infected.
- 15** A doctor suffers a needle stick injury while taking blood from a patient with suspected acute malaria. The patient needs a test to confirm diagnosis.

Differential diagnosis of asthma

Options

- | | |
|---------------------|-----------------------------|
| A. Asthma | G. Hyperventilation |
| B. Bronchiolitis | H. Inhaled foreign body |
| C. Bronchopneumonia | I. Laryngomalacia |
| D. Cardiac failure | J. Laryngotracheobronchitis |
| E. Cystic fibrosis | K. Pneumothorax |
| F. Epiglottitis | L. Tuberculosis |

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.

- 16** A thriving six-month-old boy had had a upper respiratory tract infection for four days. He is now tachypnoeic with recession and has widespread crackles in both lung fields. His temperature is 34.4°C.
- 17** A 17-year-old boy who has been previously well, presents with acute breathlessness, and no wheeze. He is afebrile and has poor chest movement on his left side. He is the tallest boy in his school class.
- 18** A six-week-old baby boy who was well at birth presents with increasing tachypnoea. His feeding has been poor over the past week, but his weight has increased 400-g during that time. He is afebrile and has widespread chest crepitations.
- 19** A one-year-old girl is admitted to hospital with her third episode of persistent cough and wheeze. She is afebrile. Her weight is on the third centile and her height is on the 75th centile.
- 20** An 18-month-old boy was playing happily with his toys when he developed acute breathlessness, but no wheeze or crepitations. He has had no previous similar episodes. He is afebrile.

Management of myocardial infarction and its sequence

Options

- | | |
|--|---|
| A. Aminophylline | H. Cardiac pacing |
| B. Angiotensin converting enzyme (ACE) inhibitor | I. Cardiopulmonary resuscitation (CPR) |
| C. Aspirin | J. Cardioversion |
| D. Atropine | K. Diuretic |
| E. Beta blocker | L. Intravenous (iv) nor epinephrine (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.

- 21** 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.
- 22** 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.
- 23** A 60-year-old man has a proven myocardial infarction a week ago. He feels faint and has a pulse rate of 36 beats/minute.

Urinary tract infection

Options

- | | |
|--|---|
| A. Bladder washout | G. Intermittent self catheterization |
| B. Colpo-suspension | H. Local Oestrogen treatment |
| C. Farad stimulation | I. Long term indwelling urethral catheter |
| D. Gonadotrophin releasing hormone (GnRH) antagonist | J. Prophylactic antibiotics |
| E. High fiber diet | K. Ring pessary |
| F. Infection control measures | |

Instruction

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

- 24** An 85-year-old mother of 14 children, who has severe hear failure, presents with recurrent dysuria, frequency and feeling of pressure in her perineum.
- 25** An 80-year-old sexually active woman presents with dyspareunia and recurrent dysuria.
- 26** A 75-year-old woman, with well-controlled Type-II diabetes mellitus (DM) presents with recurrent urinary tract infections.
- 27** A 75-year-old man, with spastic paraparesis secondary to multiple sclerosis is found to have residual urine volume 300-ml.
- 28** A 75-year-old woman presents with longstanding irregular bowel habit and recurrent urinary tract infection.

Diagnostic test for headaches relating to eye problems

Options

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

Instructions :

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

- 29** 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 left eye. On the left side the pupillary light reaction is sluggish.
- 30** A 40-year-old woman presents with sudden onset of severe occipital headache photophobia and vomiting.
- 31** A 22-year-old woman complains of afternoon headaches, which have progressively worsened. She works as a visual display unit (VDU) operator.
- 32** 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.
- 33** A 27-year-old woman presents with severe morning headaches for two months. Full neurological examination is normal apart from bilateral papilloedema. Her blood pressure is 120/70-mmHg

Diagnosis of acute abdomen in younger woman

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.

- 34** A 17-year-old girl presents with a 12-hour history of lower abdominal pain with urinary frequency. She is pale and a temperature of 37.8°C. She has tenderness with rebound in the right iliac fossa.
- 35** 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.
- 36** A 28-year-old woman, who smokes heavily and takes antacids regularly for indigestion, presents with a sudden onset of severe abdominal pain. She is lying very still and is shocked. She has diffuse abdominal rigidity. She had a normal menstrual period two weeks ago.
- 37** A 22-year-old woman presents with a sudden onset of severe abdominal pain. She complains of dizziness when she sits up. Her menstrual period was eight weeks ago. On examination of the abdomen she has rebound and guarding.
- 38** A 32-year-old woman presents with severe right-sided abdominal pain of three hours duration. She is rolling around. She has no abdominal signs. The pain radiates into the groin.

Management plan for childhood seizures

Options

- | | |
|---|---|
| A. Add second anticonvulsant | F. Give intravenous (iv) diazepam |
| B. Arrange computed tomography (CT) scan of the brain | G. Lumbar puncture |
| C. Arrange electroencephalogram (EEG) | H. Provide parents with rectal diazepam for the child |
| D. Check anticonvulsant blood levels | I. Review anticonvulsant dose |
| E. Exclude child from all sports at schools | J. Start first time anticonvulsant |

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.

- 39** A three-year-old boy has a high fever and started a seizure at home. On admission to the Accident and Emergency Department he is still convulsing. His Cardiorespiratory status is stable and an intravenous (iv) line has been established.
- 40** A 12-year-old girl is referred to the pediatric outpatient clinic because she has had a first episode of a single generalized seizure during sleep, which lasted for three minutes, Clinical examination normal.
- 41** An acutely ill eight-month-old girl is admitted to hospital following a five-minute seizure. She has been unwell with fever and vomiting for past 24 hours. She is drowsy but a computed tomography (CT) scan of the brain is normal.
- 42** A 15-year old girl had had epilepsy well controlled on sodium valproate. Her parents bring her in with two new concerns: increasing seizure frequency and unexplained absence from school. Examination is normal apart from mild obesity.
- 43** A two-year-old boy has had a single, prolonged febrile fit. The fit lasted 20-minutes and now he is completely normal. There is a family history of febrile convulsion in childhood.

Complications of diabetes mellitus (DM)

Options

- | | |
|------------------------------------|--------------------------------|
| A. Autonomic neuropathy | H. Nephropathy |
| B. Central retinal vein thrombosis | I. Optic neuritis |
| C. Coronary heart disease | J. Peripheral vascular disease |
| D. Diabetic ketoacidosis | K. Proliferative retinopathy |
| E. Hyperosmolar non-ketotic coma | L. Retinal detachment |
| F. Hypoglycemia | M. Somatic neuropathy |
| G. Irritable bowel syndrome (IBS) | N. Transient ischaemic attacks |

Instruction

For each patient described below, choose the SINGLE most likely complications of diagnosis from the above list of options. Each option may be used once, more than.

- 44** A 40-year-old woman with a 20-year history of Type-I diabetes mellitus (DM) presents with a three-week history of severe hypoglycemic episodes. There has been no recent change in her insulin therapy, diet or level of exercise.
- 45** A 60-year-old man with Type-II diabetes mellitus (DM) presents with progressive drowsiness without focal neurological signs. He has been treated with the same oral hypoglycemic drugs for five years. But has recently been found to have hypertension for which a thiazide has been prescribed.
- 46** A 40-year-old man with a 30-year history of Type-I diabetes mellitus (DM) is referred to the gastroenterology clinic because he has recently developed episodic diarrhoea.
- 47** A 40-year-old woman with a 20-year history of Type-I diabetes mellitus (DM) presents because she has had number of recent episodes of loss of consciousness. These have mainly occurred whilst waiting for the bus horn. She has checked her blood glucose and excluded hypoglycemia.
- 48** A 28-year-old man with a 12-year history of Type-I diabetes mellitus (DM) has sudden total visual loss in his right eye. He has not attended a general practitioner (GP) regularly but appears well and has not had previous visual symptoms.

Diagnostic tests for breast complaints

Options

- | | |
|-----------------------------------|--------------------------------------|
| A. Computed tomography (CT) scan | F. Mammography |
| B. Core biopsy | G. Nipple discharge cytology |
| C. Ductogram | H. Open biopsy |
| D. Genetic counseling and testing | I. Stereotactic fine needle cytology |
| E. Magnetic resonance mammography | J. Ultrasound scan |

Instruction

For each patient described below, choose the SINGLE most appropriate next investigation from the above list of options. Each option may be used once, more than.

- 49** A 60-year-old woman presents with nipple discharge from the left side, which she states has been bloodstained. There is a discharge from a single duct on the left nipple, which tests positive for blood. Clinical examination and mammography showed no abnormalities.
- 50** A 56-year-old woman complains that the right nipple has changed becoming reddened with scaly skin. The left nipple is normal but the right areola and nipple shows an area of redness with a scaly skin eruption. There is no nipple discharge and there are no lumps.
- 51** A 30-year-old woman comes to the clinic because she is concerned about the breast cancer. She has no symptoms of breast disease and clinical examination is normal. She has a positive family history of breast cancer, her sister developed CA breast at 32 and her mother at 45-years of age.
- 52** A 55-year-old woman has found a painless lump in her right axilla. She has no other symptoms. There is a lump in the upper outer quadrant of the right breast and a smooth 1 -cm lump, which is mobile in the right axilla.
- 53** A 70-year-old woman comes to the clinic complaining of a lump in the breast. There is a 4-cm hard, irregular lump, which is fixed to the skin and chest wall. A mammogram, ultrasound scan and fine needle cytology have yielded equivocal results, but there is a suspicion that it is malignant.

Diagnosis of arrhythmia

Options

- | | |
|------------------------|-----------------------------|
| A. Atrial fibrillation | E. Sinus tachycardia |
| B. Atrial flutter | F. Ventricular ectopic |
| 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.

- 54** Following a hip replacement a 72-year-old woman develops a fast irregular pulse.
- 55** A 72-year-old man is found to have a pulse rate of 35-beats/minute three hours after admission with a myocardial infarction.
- 56** A 75-year postoperative patient becomes hypotensive and is found to be bleeding from the operative site. He has a pulse rate of 110-beats/minute.
- 57** An otherwise fit 18-year-old man is found to have a pulse rate of 60-beats/minute with occasional irregularities on preoperative assessment.
- 58** A 30-year-old long distance runner is admitted for elective arthroscopy. He has a pulse rate of 52 beats/minute.

Terminal care.

Options

- | | |
|----------------------------------|-------------------------------|
| A. Bisphosphonates intravenously | H. Metronidazole gel |
| B. Cyclizine injection | I. Midazolam injection |
| C. Dexamethasone tablets | J. Nystatin suspension |
| D. Haloperidol injection | K. Oxycodone suppositories |
| E. Hyoscine injection | L. Peithidine injection |
| F. Indomethacin suppositories | M. Prednisolone suppositories |
| G. Loperamide capsules | N. Odanine sulphate by mouth |

Instruction

For each patient 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.

- 59** A 57-year-old man with carcinoma of the bronchus develops superior vena cava obstruction following radiotherapy.
- 60** A 49-year-old man with metastatic carcinoma has intractable hiccough.
- 61** A 49-year-old woman has fungating malodorous breast cancer. The odor is distressing to her and her relatives.
- 62** A dying 57-year-old man with bronchial carcinoma is unable to cough bronchial secretions. The noise is distressing his careers.
- 63** A 78-year-old man has a bloody rectal discharge following radiotherapy for carcinoma of the prostate.
- 64** A 75-year-old woman has breast cancer and multiple bone secondaries. Her serum calcium concentration is 3.2 mmol/l and she is restless and confused.

Causes of skin infestations.

Options

- | | |
|--|---|
| A. Contact with domestic pets. | F. Spread from gastrointestinal track |
| B. Direct contact with infected individual | G. Tinea |
| C. Head lice. | H. Toxins released by gravid female mite. |
| 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 than once, or not at all.

- 65** Scabies rash.
- 66** Common warts.
- 67** Impetigo.
- 68** Papular Urticaria.
- 69** Candidal nappy rash.

Investigation of unconscious patient

Options

- | | |
|---|------------------------------------|
| A. Arterial blood gases | H. Lumbar puncture. |
| B. Blood carbon monoxide concentration | I. Serum osmolality |
| C. Blood cultures | J. Serum Paracetamol concentration |
| D. Blood glucose concentration. | K. Serum salicyclate concentrated |
| E. Chest x-ray | L. Skull x-ray. |
| F. Computed tomography (CT) brain scan. | M. Temperature. |
| G. Electrocardiogram (ECG) | |

Instruction

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

- 70** A 43-year-old man is brought to the accident and emergency department unconscious. His Glasgow coma scale (GCS) score is 7. On initial examination his pulse rate is 80-beats/minute. He is sweating and he has an arterial blood oxygen saturation (SaO₂) of 98% on air.
- 71** A 45-year-old woman is brought to the accident and emergency department unconscious. Her Glasgow coma scale (GCS) score is 7. On initial examination her pulse rate is 110-beats/minute, temperature normal, blood glucose 4.6 mmol/l. She was found with an empty bottle of her antidepressant dosulepin.
- 72** A 43-year-old man is brought to the accident and emergency department unconscious. His Glasgow coma scale (GCS) score is 7. On initial examination his pulse rate is 90-beats/minute, blood glucose 503-mmol/l, arterial blood oxygen salutation (SaO₂) 97% on air. He smells of alcohol. There are no external signs of injury.
- 73** A 44-year-old man is brought to the accident and emergency department unconscious. His Glasgow coma scale (GCS) score is 7. On initial examination his pulse rate is 100-beats/minute, arterial blood oxygen saturation (SaO₂) 100% on air, blood glucose 4.3 mmol/l. He is accompanied by members of his family who also report feeling unwell.
- 74** A 41-year-old woman is brought to the accident and emergency department unconscious. Her Glasgow coma scale (GCS) score is 7. On initial examination

her pulse rate is 110-beats/minute, arterial blood oxygen saturation (SaO₂) 95% on air, blood glucose 4.5 mmol/l. a purpuric is noted on both her arms.

Diagnosis of incontinence in women

Options

- | | |
|-----------------------------------|------------------------------------|
| A. Detrusor instability. | E. Retention with overflow. |
| B. Fistula formation. | F. Upper motor neuron lesion |
| C. Multiple sclerosis. | G. Urethral sphincter incompetence |
| D. Prolapsed intervertebral disc. | H. Urinary tract infection. |

Instruction

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

- 75** A 55-year-old woman who has given birth to five children weighing between 4.1 kg and 4.9 kg presents with incontinence when she cough or sneezes.
- 76** An 82-year-old confused woman in a nursing home is noted by the care assistants to wet the bed frequently. She has a three-year history of transient ischaemic attacks and has recently developed a left hemiparesis.
- 77** A 55-year-old woman who weighs 93-kg presents with a two-year history of gradually worsening incontinence. Initially, it was present only when she sneezed but now she finds that even walking causes the problem.
- 78** A 35-year-old woman presents with a history of incontinence two weeks ago having a total abdominal hysterectomy and bilateral salpingo-oophorectomy for endometriosis.
- 79** A 48-year-old woman presents with a two-year history of increasing urgency and urge incontinence. She is now unable to go out unless she knows to find the nearest toilet.

Speech disorder in children

Options

- | | | | |
|----|--|----|---|
| A. | Arrange hearing test. | F. | Refer to child psychiatry department |
| B. | Arrange magnetic resonance imaging (MRI) brain scan. | G. | Refer to ear, nose and throat (ENT) department for surgical opinion |
| 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.

- 80** A mother is concerned that her 18-month-old son has a vocabulary of ten-words but cannot form a sentence.
- 81** 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.
- 82** 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.
- 83** 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.

Risk factors for injury in the elderly.

Options

- | | |
|---------------------------|-------------------------------|
| A. Alcohol abuse. | G. Postural hypotension |
| B. Balance problems. | H. Stroke |
| C. Bleeding problems. | I. Transient dysrhythmia ster |
| D. Drug toxicity | J. Transient ischaemic attack |
| E. Non-accidental injury. | K. Visual impairment. |
| F. Osteoporosis | |

Instructions.

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

- 84** A 75-year-old woman who has never taken hormone replacement therapy (HRT) sustains fractures of the hip and wrist in a six-month period.
- 85** An 85-year-old man with dementia who lives with his daughter attends the accident and emergency department on three occasions in six weeks with bruising to the forearms and face.
- 86** A 70-year-old woman is shopping in the supermarket when she suddenly collapses, fracturing her hip. She has no recollection of the event and her daughter says she looked very pale prior the fall.
- 87** A 70-year-old man working in his garden suddenly collapses, fracturing his hip. On admission he is profoundly confused.

Chronic abdominal pain

Options

- | | |
|---|------------------------|
| A. Abdominal x-ray. | E. Gastroscopy |
| B. Barium enema | F. Oral Cholecystogram |
| C. Barium meal | G. Sigmoidoscopy |
| D. Endoscopic retrograde
cholangio-pancreatography
(ERCP) | H. Ultrasound |

Instructions

For each patient described below, chose 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.

- 88** A 60-year-old obese woman has a five-year history of indigestion at night, associated with an acidic taste in her mouth when she bends down. Her symptoms have not been relieved by ranitidine.
- 89** A 55-year-old woman has noticed sharp pain below her ribs on the right side, which comes after eating fatty food. It radiates round to her shoulder blades and lasts for two to three hours.
- 90** A 55-year-old man has been getting episodes of constant epigastric pain at night. The pain radiates to his back. He can only eat small meals and has lost 7-kg in weight in three months.
- 91** A 65-year-old woman complains of diffuse colicky abdominal pain, which is relieved by defecation. She passes three to four loose stools daily but previously had regular bowel action.
- 92** A 70-year-old man has noticed episodes of central abdominal pain associated with feeling faint and sweaty. He has a prominent aortic pulsation

Diagnosis of back pain

Options

- | | |
|----------------------------|------------------------------------|
| A. Ankylosing spondylitis. | G. Pancreatitis |
| B. Aortic dissection | H. Prolapsed intervertebral disc |
| C. Metastasis | I. Renal Cyst |
| D. Myeloma | J. Spondylo |
| E. Osteomalacia | K. Vertebral collapse-osteoporosis |
| F. Paget's disease | L. Vertebral tuberculosis |

Instruction

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

- 93** A 78-year-old man with lumbar back pain is showing to have normal x-ray apart from enlarged L₂ vertebra and a high Alkaline Phosphatase.
- 94** A young man has developed low back pain, which is worse, at night and has morning stiffness. The only finding on his lumbar spine x-ray is loss of lumbar lordosis. His erythrocyte sedimentation rate (ESR) is 79 min/hour.
- 95** A middle-aged man with a high alcohol intake has a short history of acute upper abdominal pain, radiating through to the back.
- 96** A thin, wasted 30-year-old student has thoracic back pain and low-grade fever with a para-vertebral shadow on plain x-ray.
- 97** A pale anaemic ill-looking 60-year-old man has widespread back pain. He has proteinuria, raised plasma creatinine and normal prostatic specific antigen (PSA).

Management of multiple trauma in children

Options

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

Instruction

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

- 98** 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 **right/left** with a hyperresonant right hemithorax.
- 99** A 10-year-old boy fell onto broken glass. He is bleeding actively from his left wrist. The nurses have given him oxygen and are setting up a drip.
- 100** A 12-year-old girl has been hit by a car and has sustained head and **scrotal** 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 breaths/minute.
- 101** A 14-year-old girl fell from her horse. Her neck has been immobilized and 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.
- 102** An eight-year-old boy was a passenger in a car, involved in an accident, in which another person was killed. He is talking, with an oxygen mask on at 100%. He is pale and tachycardic.
- 103** 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.

Pneumonia

Options

- | | | | |
|----|----------------------------|----|--------------------------|
| A. | Chlamydia Psittaci | F. | Mycoplasma pneumoniae |
| B. | Haemophilus influenza | G. | Pneumocystis carinii |
| C. | Influenza type A virus | H. | Staphylococcus Aureus |
| D. | Legionella pneumophila | I. | Streptococcus pneumoniae |
| E. | Mycobacterium tuberculosis | | |

Instructions

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

- 104** A 54-year-old homeless man, who has a history of alcoholism and smoking heavily, presents with a worsening cough and bloodstained sputum. The chest x-ray shows a cavitating lesion.
- 105** A 54-year-old woman, who works in a pet shop and has previously been well, presents with breathlessness and a cough.
- 106** A 24-year-old homosexual man with Kaposi's sarcoma presents with breathlessness, fever and a cough.
- 107** A 50-year-old smoker with chronic obstructive pulmonary disease (COPD) presents with fever, a cough, green sputum and breathlessness.
- 108** A 63-year-old woman returns from a holiday in a new hotel in Spain. She and several other members of the party present with general malaise, dry cough and pyrexia. Although there are few signs on examination, her chest x-ray shows patchy consolidation.

Investigations in a post operative patient

Options

- | | |
|--|--|
| A. Abdominal and pelvic ultrasound | G. Endoscopic retrograde cannulaion pancreases (ERCP) |
| B. Blood culture | H. Full blood count (FBC) |
| C. Central venous pressure (CVP) measurement | I. Sigmoidoscopy |
| D. Chest x-ray | J. Stool culture |
| E. Coronary angiography | K. Ventilation perfusion (V/Q) Scan |
| F. Electrocardiogram (ECG) | L. Wound swab for microbiology |

Instruction

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

- 109** A 65-year-old man collapses with pallor, hypotension and tachycardia, 12-hours after a right hemicolectomy. He complains of anterior chest pain radiating to his left arm.
- 110** A 53-year-old woman is well but mildly pyrexial six days after an open cholecystectomy. The wound is red, tender and discharging.
- 111** A 30-year-old man is admitted with a history of rigor diarrhoea and tenesmus two weeks after an appendicectomy for gangrenous acute appendicitis.
- 112** An obese 60-year-old woman presents with right side chest pain and breathlessness 10 days after an abdominal hysterectomy, a chest xray is normal.
- 113** A 40-year-old longstanding cigarette smoker is noted to have a temperature of 37.8°C the day after a splenectomy. He is complaining of shortness of breath and pleuritic chest pain.

Differential diagnosis of non-accidental injury

Options

- | | |
|--|--------------------------|
| A. Accidental bruising | F. Non-accidental injury |
| B. Fracture | G. Normal finding |
| C. Henoch Schonlein syndrome | H. Osteogenesis impended |
| D. Idiopathic thrombocytopenic purpura | I. Sickle cell disease |
| E. Leukemia | |

Instruction

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

- 114** A six-year-old boy complained of severe pain in his right leg after fall off his bicycle one hour ago. He is brought to he Accident and Emergency Department by his parents. There is deformity and swelling over the shin.
- 115** An eight-month-old baby girl has what appears to be a large single area of bruising over the lower back. Her father is white and her mother is back African.
- 116** A 10-year-old girl is brought to the Accident and Emergency Department by her stepfather. There is petechial bruising at the waistline and around the ankles.
- 117** A five-year-old gird presents with a sore foot after playing sports at her new school. The general practitioner (GP) is concerned about multiple small bruises of different sizes over her shins. She is otherwise well.

Describing and renal failure

Options

- | | |
|------------------------|----------------------------------|
| A. Atenolol | G. Co-proxamol |
| B. Azathioprine | H. Cyclophosphamide |
| C. Bendroflumethiazide | I. Digoxin |
| D. Calcium Resonium | J. Gentamicin |
| E. Captopril | K. Insulin and dextrose infusion |
| F. Ciclosporin | L. Spironolactone |

Introduction

Such patient described below, choose the SINGLE drug most liked to have and the side effects reported, from me above list of options. Each action may be since more-than once or not at all.

- 118** 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 $\mu\text{mol/l}$.
- 119** A 70-year-old woman with known chronic renal failure complains of deafness and ataxia three week after starting treatment for staphylococcal septicemia.
- 120** 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.
- 121** A 66-year-old man with previously controlled Atrial fibrillation experiences recurring episodes of palpitations.
- 122** A 70-year-old man comes to the Accident and Emergency Department feeling tired. His serum potassium concentration is 2.5 mmol/l .

Angina

Options

- | | |
|--------------------------|-----------------------------------|
| A. Aortic valve disease | G. Myocardial infarction |
| B. Arrhythmia | H. Non-compliance with medication |
| C. Chest wall pain | I. Pericarditis |
| D. Coronary artery spasm | J. Stable angina |
| E. Drug interaction | K. Unstable angina |
| F. Drug withdrawal | |

Instruction

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

- 123** A 61-year-old man has angina, which usually occurs only on walking up hills. He now presents because his symptoms have started to occur when walking on the flat and occasionally at rest.
- 124** A 47-year-old woman presents with typical symptoms of angina. Exercising electrocardiogram (ECG) shows ST-depression in the anterior chest leads. Coronary angiogram shows no obstruction or spasm.
- 125** A 78-year-old woman has angina, which has become more frequent on minimal exertion over the last few months. Electrocardiogram (ECG) show left ventricular hypertrophy. She has a blood pressure of 140/100-mmHg, and a slightly enlarged heart and systolic murmur radiating to the neck.
- 126** A 43-year-old woman presents with typical symptoms of angina, which usually occur at rest. During such an episode in hospital an electrocardiogram (ECG) showed ST-elevation, which rapidly return to normal as the pain resolved. Subsequent cardiac enzyme tests were normal.

The investigation of pelvic inflammatory disease (PID)

Option

- | | | | |
|----|--------------------------------------|----|-----------------------------|
| A. | Contact tracing | G. | Histology |
| B. | C-Reactive protein | H. | Laporoscopy |
| C. | Endocervical swab | I. | Leukocyte gamma scanning |
| D. | Erythrocyte sedimentation rate (ESR) | J. | Liver function tests (LFTs) |
| E. | Full blood count (FBC) | K. | Mid stream urine |
| F. | High vaginal swab (HVS) | L. | Ultrasound scan |

Instruction

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

- 127** A 19 year old woman presents to the accident and emergency department with bilateral iliac fossa pain, a purulent vaginal discharge and a temperature of 39°C
- 128** A 29-year-old woman presents to the accident and emergency department with right upper quadrant abdominal pain and tenderness on palpation. Four weeks previously she had failed to complete a course of antibiotics prescribed from a genitourinary medicine clinic.
- 129** A 25-year woman is readmitted with a rigid, tender abdomen, having received oral antibiotics five days previously for presumptive diagnosis of pelvic inflammatory disease (PID). Pelvic examination is unhelpful due to pain.
- 130** An asymptomatic 30-year-old woman presents to the clinic. She has found out that her partner recently received treatment for a purulent urethral discharge. He refuses to discuss this further.
- 131** A 23-year-old woman presents to the Accident and Emergency department with a three-week history of right iliac fossa pain. She has completed a course in Metronidazole and cefradine prescribed by her general practitioner (GP). Her symptoms are worsening.

Diagnosis of dementia

Options

- | | |
|-----------------------------------|----------------------------------|
| A. Age related cognitive disorder | F. Fronto-temporal dementia |
| B. Alcohol dementia | G. Normal pressure hydrocephalus |
| C. Alzheimer's disease. | H. Pseudo-dementia |
| D. Delirium | I. Subcortical dementia syndrome |
| E. Dementia of Lewy body type | J. Vascular dementia |

Instructions

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

- 132** A 72-year-old man presents with a sudden onset of memory impairment. He has been under treatment for hypertension. He shows poor short-term memory with dysphasia and visual agnosia but normal visual spatial awareness and concentration.
- 133** A 78-year-old woman presents with a gradual onset of memory impairment and dyspnoea. The history is of a progressive decline. She has generalized cognitive impairment.
- 134** A 69-year-old man presents with memory impairment, fluctuating cognition and impaired attention. He gives a detailed account of visual hallucinations, has falls and has mild Parkinsonism.
- 135** A 70-year-old man admitted for constipation becomes restless, irritable and has sleep disturbance. He is inattentive, with altered consciousness and poor memory. There is no significant past history of physical illness.
- 136** A 74-year-old woman presents with poor concentration and short-term memory loss of recent onset. There is no other cognitive impairment. She says that she has been feeling low and tired and is unable to enjoy her usual pursuits.

Management of oliguria in the context of shock

Options

- | | |
|--|------------------------------|
| A. Allow out of bed to go to the toilet | F. Intra-aortic balloon pump |
| B. Dopamine @ 3 mcg/kg/minute intravenously. | G. Mannitol 200 : 5000 iv |
| C. Echocardiogram | H. O negative blood |
| D. Fluid challenge | I. Suprapubic catheter |
| E. Frusemide intravenously | J. Swan Ganz catheter |
| | K. Urethral catheter |

Instruction

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

- 137** A 45-year-old man with multiple injuries including a fractured pelvis has a blood at the urethral meatus. He has passed no urine three hours after his admission.
- 138** A 65-year-old man undergoes abdominal aneurysm repair. Over the next four hours hourly urine volumes from a bladder catheter were 30-ml, 20-ml, 10-ml and 15-ml. His blood pressure is 105/70-mmHg, heart rate 110-beat/minute and central venous pressure (CVP) 2 mmHg.
- 139** Eight hours after blunt chest trauma and multiple injuries a 24-year-old man hourly urine volume has fallen to less than 20-ml in two consecutive hours. His blood pressure is 90/60-mmHg, pulse rate 125-beats/minute and central venous pressure (CVP) 18 mmHg.
- 140** A 32-year-old miner is rescued after being trapped under fallen rock for four hours. After bladder catheterization he is passing 15-20 ml of reddish brown urine each hour. He has a tachycardia of 120-beats/minute and a systolic blood pressure of 100-mmHg.
- 141** A 62-year-old man feels the need to urinate eight hours after a hernia repair but cannot pass urine in the bottle provided by the nurse.

Interpretation of data, statistical analysis

Options

- | | | | |
|----|-------------------------------|----|--|
| A. | Chi-squared (χ^2) test | H. | Probability |
| B. | Linea regression | I. | Sensitivity |
| C. | Mean | J. | Specificity |
| D. | Median | K. | Standard deviation (not wean square deviation) |
| E. | Mode | L. | Student t test |
| F. | Hu hypothesis | | |
| G. | Prevalence | | |

Instruction

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

- 142** This is the standard method for comparing distributions, for example beware the observed and expected frequency of events.
- 143** Half of a group of observations above this level and it is particularly important if the distribution is non-normal.
- 144** This is the measure of the dispersion of a set of values
- 145** This is the likelihood of a test reporting positive when the condition being tested is actually present.
- 146** At the time that a condition is studied this is the number of patient to the whole population with the condition.

Investigation of anemia

Options

- | | |
|--------------------------------------|---|
| A. Barium enema | H. Mesenteric angiography |
| B. Bone marrow examination | I. Schilling test |
| C. Coomb's test | J. Serum B 12 Concentration |
| D. Culture of small bowel aspiration | K. Serum Folate concentration |
| E. Duodenal biopsy | L. <u>Serum /urine</u> protein <u>concentration</u> |
| F. Fecal occult blood | M. Small bowel enema |
| G. Intrinsic factor antibodies | |

Instruction

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

- 147** An 80-year-old woman has a history of recurrent anemia regular admission for blood transfusion. She has undergone extensive investigations on two previous admissions, including barium studies and upper and lower gastrointestinal endoscopy. On this occasion, she has a haemoglobin (Hb) of 6-g/dl and brisk fresh rectal bleeding
- 148** A 75-year old man presents with lethargy. Clinical examination reveals hepatosplenomegaly. The haemoglobin is less than 10-g/dl and blood film shows immature cells.
- 149** A 70-year old man presents with acute pain due to collapse of a thoracic vertebra. He has associated malaise and weight loss. Results of initial blood tests reveals that his haemoglobin is 8.3 -g/dl and his mean corpuscular volume (MCV) is 82-fl.
- 150** A 75-year old woman with a family history of anemia presents with gradual onset of lethargy and breathlessness. She has a noticeable recent difficulty with walking. A routine blood test revealed haemoglobin of 3-g/dl and a mean corpuscular volume (MCV) of 120-fl.

Management of labour pain

Options

- | | |
|------------------------------|---|
| A. Acupuncture | H. 50 % nitrous oxide 50% oxygen |
| B. Aromatherapy | I. Paracetamol |
| C. Aspirin | J. Pudendal block |
| D. Epidural anesthesia | K. Spinal anesthesia |
| E. General anesthetic | L. Transcutaneous electrical neuro stimulation (TENS) |
| F. Intramuscular (IM) opioid | |
| G. Intravenous (iv) opioid | |

Instruction

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

- 156** A 26-year-old woman in her 1st labour and at terms has reached 6-cm dilatation after four hours in labour. She is managing well and the fetus is in good condition but she is finding her contractions more painful than she expected and is requesting pain relief.
- 157** An 18-year-old woman in her first labour at 41 weeks is making slow progress. After 12 hours she has reached only 8-cm dilation. It is found on examination that the baby is lying in the occipito-posterior (OP) position. She has already had two injections of Pethidine.
- 158** A 24-year-old woman is 38 weeks into her second pregnancy and wishes to discuss pain relief in labour. She is keen to avoid narcotics and would like to be able to move around as much as possible during her labour.
- 159** A 22-year-old woman is in labour with her third child having previously had two normal deliveries. Her cervix is 9-cm dilated but she is distressed by contractions.
- 160** A 32-year-old woman who has been inhaling 50% nitrous oxide 50% oxygen has just delivered her second child but has a retained placenta. Thirty minutes following delivery the placenta is still undelivered and she have a manual removal.

Interpretation of epidemiological data in dementia

Options

- | | |
|--------------------------------|----------------------------------|
| A. Alcoholic dementia | G. Multi infarct dementia |
| B. Alzheimer's disease | H. Myxodema |
| C. Cerebral secondaries | I. Normal pressure hydrocephalus |
| D. Creutzfeldt-Jakob's disease | J. Pseudo-dementia |
| E. Frontal lobe dementia | K. Viral encephalitis |
| F. Lewy body dementia | L. Wilson's disease |

Instruction

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

- 161** A condition associated with hypertension
- 162** The commonest form of dementia in the UK.
- 163** A condition characterized by 'senile plaques' and neurofibrillary tangles in the cortex and hippocampus.
- 164** A condition, which may respond to treatment with antidepressants.
- 165** A condition characterized by early personality changes and relative intellectual sparing.

Investigation of syncope

Options

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

Instruction

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

- 166** 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 been seen to jerk.
- 167** 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.
- 168** 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 antacid.
- 169** A 75-year-old man has been taking bendroflumethiazide for hypertension 10 years. He has recently been diagnosed with Parkinson's disease and started on levodopa 125-mg tablets. His wife has had a few falls recently.

Fractures in children

Options

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

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.

- 170** A seven-day-old girl baby, born after a difficult home delivery, is not moving his left arm. He cries each time he is picked up.
- 171** A three-year-old girl tripped while holding her mother's hand. She has not used her right arm since.
- 172** An eight-year-old boy fell from a tree. He is in severe pain. The radial pulse is not palpable on the injured arm.
- 173** 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 well. 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 is found.
- 174** A four-year-old boy fell in the playground. He has been using forearm normally but complains of pain. There is no deformity or swelling and there is minimal tenderness on examination.
- 175** 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 hernia

Options

- | | |
|--------------------------------|---------------------------|
| A. Excision of hydrocele sac | G. Orchiectomy |
| B. Herniotomy | H. Orchiopexy |
| C. Injection of Sclerosant | I. Physiotherapy |
| D. Mesh repair and orchiectomy | J. Plication of hydrocele |
| E. Mesh repair as day patient | K. Truss |
| F. Mesh repair as inpatient | L. Watchful waiting |

Instruction

For each patient described, choose the SINGLE most appropriate management from the above list of options. Each option may be used once, more than once, or at all.

- 176** A 35-year-old single man, who lives alone in a top floor flat and worked as crane driver, presents with a three-month history of intermittent swelling in the right groin. He is a smoker is fit and well, and is not taking any medication. Examination reveals a large inguinal hernia extending to the scrotum.
- 177** An 85-year-old man presents with a large, tender, irreducible right inguinal hernia extending into his scrotum. He has had this hernia repaired on two previous occasions and had a myocardial infarction two years ago but is **fit** at present.
- 178** A 40-year-old bank manager presents at a routine medical with a right inguinal hernia. He states that this hernia has been increasing in size and occasionally can be tender. He is married and is fit and well with **_____** medical history of note.
- 179** A six-year-old boy is noted on a medical examination at school to have inguinal hernia. This is not troubling him.

Natural history of epistaxis

Options

- | | |
|-------------------------------|--------------------------------|
| A. Anticoagulant overdosage | G. Nasopharyngeal angiofibroma |
| B. Coagulopathy | H. ORF |
| C. Hypertensive disease | I. Sarcoidosis |
| D. Local infection | J. Septal perforation |
| E. Maxillary antral carcinoma | K. Trauma |
| F. Nasal polyposis | |

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.

- 180** A 50-year-old man presents with epistaxis. He has an artificial heart valve.
- 181** A 50-year-old furniture maker presents with anesthesia of the left cheek and repeated left sided episodes of epistaxis.
- 182** A 50-year-old worker from a chrome plating factory presents with repeated episodes of epistaxis as associated with whistling on breathing in through the nose.
- 183** A 45-year-old sheep farmer presents with unilateral epistaxis. Inspection reveals a bleeding polyp attached to the anterior nasal septum.
- 184** An 80-year-old man presents with epistaxis of two hours duration.

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 test at this stage | I. Ultrasound of thyroid |
| D. Pituitary magnetic resonance imaging (MRI) scan | J. Thyroid stimulating hormone (TSH) |
| 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 from the above list of options. Each option may be used once, more than once or not at all.

- 185.** A 14-year-old girl who is euthyroid (normal serum TT_4 concentration) presents with a soft, diffusely enlarged thyroid gland, which move freely on swallowing.
- 186.** A 42-year-old woman on thyroxine replacement therapy comes to outpatient clinic to have her treatment checked.
- 187.** A 25-year-old woman who is euthyroid (normal serum TT_4 concentration) has a solitary, solid thyroid nodule confirmed on ultrasound scan.
- 188.** A 60-year-old man who is euthyroid (normal serum TT_4 concentration) presents with an asymmetrical thyroid swelling.
- 189.** A 30-year-old woman with a normal serum concentration has palpitations tremor and weight loss.

Diagnosis of vaginal bleeding

Options

- | | |
|---|--------------------------------|
| A. Atrophic Vaginitis | G. Hypothalamic disturbance |
| B. Cervical cancer | H. Polycystic ovarian syndrome |
| C. Cervical ectropion | I. Vaginal infection |
| D. Cervical intraepithelial neoplasia (CIN) | J. Vaginal trauma |
| E. Cervical polyp | |
| F. Endometrial cancer | |

Instruction

For each patient described below 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.

- 190.** A 65-year-old woman presents with intermittent dark red postmenopausal bleeding. On general vaginal and speculum examination however no abnormality is seen.
- 191.** An 18-year-old university student complains of amenorrhoea of five months duration. She has recently lost 10-kg in weight
- 192.** A 20-year-old woman taking a combined oral contraceptive preparation complains of postcoital bleeding.
- 193.** An 18-year-old woman presents with oligomenorrhoea. She complains of weight gain and an increase in body hair.

Management of alcohol and drug abuse

Options

- | | |
|--------------------------------|-----------------------------------|
| A. Advice on harm minimization | H. Heroin (diamorphine) injection |
| B. Advice to cut down drinking | I. Lofexidine tablets |
| C. Amfebutamone tablets | J. Methadone mixture |
| D. Buprenorphine tablets | K. Notify the Home Office |
| E. Clonethiazole tablets | L. Notify the police |
| F. Doxamfetanine tablets | M. No treatment indicated |
| G. Graduated withdrawal | N. Refer to self help group |

Instruction

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

- 194.** A 21-year-old man admits to smoking 1-g of heroin daily. It is noted that he has multiple venepuncture marks. He says he is not yet ready for withdrawal.
- 195.** A 39-year-old man presents at 9:00 am, smelling of alcohol. His gamma glutamyl transpeptidase (GGT) is three times the upper limit of normal. He says that he drinks three pints of beer daily.
- 196.** A 23-year-old woman says that someone put amphetamine in her drink at party.
- 197.** A 31 year old woman who is a known heroin addict says that she has been stealing football shirts to fund her addiction. She wants to stop taking drugs

Haemoptysis

Options

- A. Bronchial carcinoid
- B. Bronchiectasis
- C. Carcinoma of the bronchus
- D. Human immunodeficiency virus (HIV) / (AIDS) Acquired immunodeficiency syndrome
- E. Inhaled foreign body
- F. Pneumonia
- G. Pulmonary embolus
- H. Sarcoidosis
- I. Secondary Carcinoma
- J. Tuberculosis

Instruction

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

- 198** A 52-year-old woman coughs up blood eight days after [redacted]. Her cardiovascular examination remains normal.
- 199** A 42-year-old woman has had cough with copious sputum for many years. Her sputum often contains blood.
- 200** A 30-year-old is brought in having coughed up blood. About a month ago he had an anesthetic for removal of teeth.

PLAB 1 past EMQS November-2001
 PLAB-1 paper of November-2001

Answers November 2001

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

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