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PLAB one examination questions

Theme The natural history of joint disease

Options

- A Ankylosing spondilitis
- B Tendinitis of long head of biceps
- C Gout
- D Tennis elbow
- E Osteoarthritis of the hip
- F Psoriatic arthritis
- G Reiter's disease
- H Prolapsed intervertebral disc
- I Rheumatoid arthritis
- J Sjogren's syndrome
- K Rotator cuff tear
- L Painful arc syndrome
- M Systemic lupus erythematosus

Instructions

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

- 1 A condition, which affects females more than males, which can be associated with a 'butter-fly rash'. **M**
- 2 Intermittent acute attacks of a severe asymmetrical monoarthritis over the period of several years with symptom free intervals. **C**
- 3 Pain is felt in the anterior shoulder and is extrinsically worse on forced contraction of the biceps. **B**
- 4 Patients complain of joint pain and stiffness, especially in distal interphalangeal joints. It may be associated with onycholysis. **F**
- 5 May follow an episode of yersinia gastro-enteritis. **G**

Theme The Natural History of Endometrial Carcinoma

Options

- A 5-6 years
- B <5%
- C 10-12 years
- D 2-3 years
- E 5 years
- F 50-60 years
- G 35-45 years
- H <2%
- I 10-20%
- J 7 years
- K 10 years
- L 5-10%
- M 2-3 months

Instructions

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

- 6 The peak age of presentation of endometrial carcinoma. **F**
- 7 The times scale within which 80% of patients with recurrent disease will present following the treatment of a Stage I tumour. **D**
- 8 Within this period, up to 80% of patients will be alive following radiotherapy for Stage I cancer of the endometrium. **E**
- 9 The percentage of women who commonly present with both cervical and endometrial carcinoma. **H**

10 The percentage of women with stage IV cancer of the endometrium who will be alive after 5 years following surgical extirpation H

Theme Management of raised Blood Pressure

Options

- A Lisinopril
- B Timetaphan camsilate
- C Imipramine followed by propranolol
- D Verapamil
- E Nifedipine
- F Propranolol
- G Sodium Nitroprusside
- H Terazosin
- I Methyldopa
- J Hydralazine Hydrochloride
- K Sotalol
- L Propranolol followed by phenoxybenzamine
- M Betaxolol
- N Digoxin
- O Glibenclamide
- P Phenoxybenzamine followed by propranolol

Instructions

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

- 11 A frail 65-year old man presents with difficulty in starting micturition associated with poor stream .He has no history of weight loss and denies any dysuria. On examination a Blood pressure of 130/90mmHg is found.H
- 12 A 34 year old known diabetic with chronic renal failure is examined and found to have a Blood pressure of 150/100mmmHg.A
- 13 A 70 year old woman complains of a chronic temporal headache associated with blurring of vision .She reports a history of seeing ‘rings’ of colour around lights especially at night. Her blood pressure is found to be 135/90mmHg.M
- 14 A 55-year-old company executive complains of palpitations and episodes of feeling dizzy. A 24 hour ECG tracing reveals episodes of Atrial fibrillation which come and go at various times, lasting only 2-3 seconds each time.K
- 15 A 26-year-old gravida 3 para 1+1 is found to have a Blood pressure of 150/100mmHg at 30 weeks gestation on routine antenatal screening.I
- 16 A 45-year-old man has been treated for panic attacks by his GP for over 6 months without much improvement. He complains of excessive sweating, flushing and diarrhoea. On examination he is found to have a blood pressure of 160/110mmHg. In the outpatients clinic the following day he is found to have a glycosuria and a blood pressure of 130/80mmHg. P

Theme Developmental milestones

Options

- A 1-2 months
- B 8-9 months
- C 3-6 years
- D 5-7 months
- E 10-14 months
- F 2-3 years
- G 14-16 months
- H 18-22 months
- I 7-10 months
- J 16-20 months.

Instructions

For each of the milestones listed below, choose the single most likely age at which it **first** occurs in the normal child from the list of options above. Each option may be used once, more than once, or not at all.

- 17 Transfers a cube from one hand to another.D

- 18 Lifts the head when in prone position.A
- 19 Walks holding on to furniture.I
- 20 Drinks from the cup.H
- 21 Builds a tower of 8 cubes.F
- 22 Builds a tower of 2 cubes.G

Theme The diagnosis of acute vomiting in children

Options

- A Acute appendicitis
- B Pancreatitis
- C Cyclical vomiting
- D Duodenal atresia
- E Overfeeding
- F Mesenteric adenitis
- G Meningitis
- H Meconium ileus
- I Gastroenteritis
- J Gastro-oesophageal reflux
- K Pyloric stenosis
- L Urinary tract infection
- M Psychogenic vomiting
- N Whooping cough

Instructions

For each description 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.

- 23 A two day old breast-fed male infant is vomiting after each feed. Abdominal x-ray demonstrated a “double bubble”.D
- 24 A six-week-old breast fed boy has had projectile vomiting after each feed for the past two weeks. He is now lethargic, dehydrated and tachypnoeic.K
- 25 Four-month-old baby who is thriving has persistent vomiting which is occasionally blood stained and is associated with crying.J
- 26 An eight-year-old girl shows signs of moderate dehydration. She has vomited all fluids for 24 hours and the vomit is not bile stained. Her abdomen is now soft and non-tender. She has two similar episodes in the past year.C
- 27 A 12-week-old thriving baby is vomiting after every feed. He is developmentally normal and is fed by the bottle at 260 ml/kg/day.E

Theme Differential diagnosis of Ectopic pregnancy

Options

- A Renal colic
- B Pelvic inflammatory disease
- C Normal pregnancy
- D Missed abortion
- E Septic abortion
- F Threatened miscarriage
- G Torsion of ovarian mass
- H Irritable bowel syndrome
- I Inevitable miscarriage
- J Endometriosis
- K Ectopic pregnancy
- L Crohn’s disease
- M Bacterial vaginosis
- N Ulcerative colitis
- O Appendicitis

Instructions

For each description 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.

- 28 A 21-year-old woman presents as an emergency with a four-hour history of a lower abdominal pain and bright red vaginal blood loss. She has not had menstrual period for nine

weeks and has a positive home pregnancy test one week ago. On vaginal examination, the uterus is tender and bulky. The cervical os is open.I

29 A 16-year-old woman presents with a sudden onset of severe right iliac fossa pain. On vaginal ultrasound examination a 6 cm diameter echogenic cystic mass is seen in the right fornix.G

30 A 18 year old student, due to take her examinations, reports that she missed her last period and that a pregnancy test is negative. She has worsening abdominal pain, which has been troublesome for three months. She is otherwise well.H

31 A 22 year old lady who has had two terminations of pregnancy, reports that she is pregnant again. She has noted a small amount of watery brown vaginal discharge and tenderness in the right iliac fossa.K

32 A 27 year old, who conscientiously uses the oral contraceptive pill, has experienced intermittent vaginal bleeding and malodorous discharge for several weeks. When examined she has pain over the lower abdomen, worse on the left. Her temperature is 39C and her white cell count is elevated.E

Theme The management of acute severe asthma

Options

- A 100% Oxygen and nebulised steroids
- B Oral prednisolone
- C Ipratopium bromide
- D 100% Oxygen and nebulised salbutamol
- E Paralysis with Sodium thiopentone
- F Hyperbaric Oxygen
- G Adrenaline (subcutaneous)
- H Iv hydrocortisone and Oral prednisolone.
- I IV prednisolone and oral hydrocortisone
- J Skin desensitisation
- K Chlorpheniramine
- L Histamine
- M Do peak expiratory flow rate.

Instructions

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

33 A 16 year old known asthmatic is brought into the A&E severely breathless.She is unable to complete a 3 word sentence.D

34 A 17 year old known asthmatic is brought to the A&E Department severely breathless. Her respiratory rate is 48 breaths/min. CO₂ = 8kPa, Pa O₂ = 6kPa.D

35 Commonly used in the management of status asthmaticus following adequate oxygenation and bronchodilator therapy.H

36 A 13-year-old boy is brought to the A&E department with a grossly swollen face and difficulty in breathing following a bee sting.G

37 may be useful in the management of worsening status asthmaticus.E

Theme The clinical management of hypertension in pregnancy

Options

- A Magnesium hydroxide
- B Oral antihypertensive
- C Oral diuretic
- D Recheck blood pressure in seven days
- E Renal function tests
- F Retinoscopy
- G 24 hour urinary protein
- H A period of observation for blood pressure
- I Complete neurological examination
- J Fetal ultrasound
- K Immediate Caesarean section
- L Induction of labour
- M Intravenous antihypertensive

N Intravenous benzodiazepines

O Low dose aspirin

Instructions

For each description 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.

38 At 34 weeks, a 80 kg woman complains of persistent headaches and “flashing lights”. There is no hyper-reflexia and her BP is 155/100 mmHg. Urinalysis is negative but she has digital oedema.B

39 At 33 weeks, a 19 year old primigavida is found to have BP of 145/100 mmHg. At her first visit at 12 weeks the BP was 145/90 mmHg. She has no proteinuria, but she is found to have oedema to her knees.D

40 At an ante-natal clinic visit at 38 weeks gestation, a 38 year old multigravida has BP of 140/95mmHg. She has no proteinuria and is otherwise well.H

41 A 29 year old woman has an uneventful first pregnancy to 31 weeks. She is then admitted as an emergency with epigastric pain. During the first 3 hours her BP rises from 150/100 to 170/119 mmHg. On dipstick she is found to have 3+ proteinuria. The fetal cardiotocogram is normal.M

42 A 32 year old woman in her second pregnancy presents to her GP at 12 weeks gestation. She was mildly hypertensive in both of her previous pregnancy. Her BP is 150/100 mmHg. Two weeks later, at the hospital antenatal clinic, her BP is 155/95 mmHg.B

Theme The management of Chronic renal failure

Options

A Aluminium hydroxide

B Iron Saccharin(Iron sucrose)

C Insulin – increased dosage

D Insulin – reduced dosage

E Apha-calcidol

F Calcitriol

G Calcium

H Captopril

I Diamorphine

J Iron dextran

K Frusemide

L Renal dialysis

M 25 Cholecalciferol

N Metoprolol

O Paracetamol

P Recombinant Erythropoietin

Q Calcium carbonate

Instructions

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

43 A 17-year-old youth with chronic renal failure has been noted to have a severe anaemia. The most cost effective first line treatment should be?B

44 A 56 year old man with diabetes mellitus and severe renal failure (serum creatinine 400 umol/l – and a blood glucose concentration of 59 mmol/l .L

45 A 46 year old woman with chronic renal failure is found to be severely anaemic. Iron therapy has been done without much success.P

46 A 54 year old woman with chronic renal failure presents with markedly swollen ankles.K

47 A 34-year-old man with chronic renal failure is found to have a high phosphate concentration. He is renal dialysis.Q

Theme Headache: selection of diagnostic tests

Options

A Mental state examination

B Magnetic resonance imaging of cervical spine

C Lumbar puncture

D Intraocular pressure

E Fundoscopy

- F Erythrocyte sedimentation rate
- G Electroencephalogram
- H Computed tomography scan of the brain
- I Carotid arteriography
- J Visual fields
- K Toxoplasma serology
- L Temporal artery biopsy
- m Skull x-ray
- N Nasendoscopy

Instructions

For each description 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.

48 A 32 year old man presents with headache, photophobia and sudden reduction in visual acuity. His fundi look pale.I

49 A 34 year old woman has generalized headache described as a tight band, unrelieved by paracetamol. She has difficulty sleeping and says she has lost weight recently.A

50 A 53-year-old man has severe headache, worse on lying. You find bilateral papilloedema.H

51 A 72 year old woman has a right-sided headache aggravated by brushing her hair. She says she has been generally unwell for a few months with aching muscles.L

52 A 14 year old boy presents with drowsiness and generalised headache. He is recovering from a bilateral parotitis. His CT scan is normal.C

Theme Prescribing for pain relief**Options**

- A A bolus of intravenous opiate
- B A subcutaneous opiate infusion
- C Acupuncture
- D Carbamazepine
- E Corticosteroids
- F Hypnotherapy
- G Intramuscular non-steroidal anti-inflammatory drugs
- H Oral non-steroidal anti-inflammatory drugs
- I Oral opiates
- J Proton pump inhibitor (eg. Omeprazole)
- K selective serotonin re-uptake inhibitor (eg fluoxetine)
- L Simple analgesics
- M Transcutaneous electrical nerve stimulation machine
- N Tricyclic antidepressant

Instructions

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

53 A 70 year old man presents with severe, retrosternal chest pain and sweating. An ECG shows acute myocardial infarction.A

54 A 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.D

55 A 50 year old man with a known hiatus hernia, presents with recurrent, severe, burning retrosternal chest pain associated with acid regurgitation and increased oral flatulence.J

56 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.H

57 A 70 year old man with inoperable gastric cancer causing obstruction, and multiple liver metastases, is taking large dose of oral analgesia. Despite this, his pain is currently poorly controlled. B

Theme The management of chronic joint pain**Options**

- A Paracetamol
- B Sulphasalazine
- C Joint aspiration and blood culture

- D Oral non-steroidal anti-inflammatory drugs with gastric protection
- E Oral non-steroidal anti-inflammatory drugs
- F Methotrexate
- G Gold
- H Allopurinol
- I Joint replacement surgery
- J Colchicine
- K Antidepressant
- L Cognitive behavioural therapy

Instructions

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

58 An elderly woman with severe ischaemic heart disease complains of stiff, painful hands, neck, knees and feet. Examination of the hands reveals Heberden's nodes. A

59 A 22 year old bricklayer with ankylosing spondylitis has increasing early morning back pain and stiffness. He is on medication at present. D

60 A 54 year old obese asthmatic businessman, who drinks 40 units of alcohol a week, presents with a fifth episode of a red hot ankle. Aspiration of the joint has revealed uric acid crystals. J

61 A 40-year-old woman with long-standing rheumatoid arthritis presents with a red, swollen and inflamed right knee. She has swinging pyrexia. C

62 A healthy 75-year-old independent woman complains of increasing pain in her left knee and episodes of the joint "giving way". She is no longer able to climb her stairs. On examination, she is found to have marked valgus deformity with obvious instability. I

Theme The diagnosis of the red eye**Options**

- A Acute glaucoma
- B Trachoma
- C Trauma
- D Uveitis
- E Conjunctivitis
- F Spontaneous subconjunctival haemorrhage
- G Scleritis
- H Foreign body
- I Endophthalmitis
- J Dacryoadenitis
- K Dacrocystitis

Instructions

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

63 A 65 year old patient present to his GP with sudden onset of redness in the left eye. There is no pain and vision is unaffected. F

64 A 70 year old patient complains of severe pain in his right eye with severe deterioration of vision. He has noticed haloes around street lights for a few days before the onset of pain. A

65 A seven years old North African boy gave a history of two years of discomfort, redness and mucopurulent discharge affecting both eyes. His two siblings have a similar problem. B

66 A 25-year-old man has a history of recurrent attacks of blurring of vision associated with redness, pain and photophobia. Both eyes have been affected in the past. His older brother is currently being investigated for severe backache. D

67 A 30 year old rugby player sustained facial injuries. 12 months later he presented with a painful swelling at the left medial canthus, associated with red eye and purulent discharge. K

Theme Investigation of post-operative complications**Options**

- A Chest x-ray
- B Abdominal ultrasound
- C Echocardiography
- E Computed tomography (CT) scan of the abdomen
- D ecg

- F Serum amylase
- G Coeliac axis angiography
- H Sigmoidoscopy
- I Barium enema
- J Double contrast enema
- K Laparotomy

Instructions

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

- 68 A 67-year-old man complains of a retrosternal chest pain associated with increased sweating lasting 45 minutes. He is recovering from pancolectomy from severe.D
- 69 A 67-year-old man is recovering from laparoscopic cholecystectomy. He is tachypnoeic and is found to have a tender abdomen .He complains of a cough associated with chest pain.A
- 70 Four hours after surgery to repair a ruptured abdominal aneurysm, a 78-year-old woman complains of difficulty in breathing and severe abdominal pain radiating to her back. Her blood pressure is 100/70mmHg.B
- 71 A 34-year-old woman presents with abdominal pain, vomiting and constipation. She had a total abdominal hysterectomy 3 weeks ago.E

Theme Management of pain in Children**Options**

- A Paracetamol
- B Sweets and feed
- C Carbamazepine
- D Transcutaneous electrical nerve stimulation
- E IV morphine
- F IM opiates
- G Aspirin.
- H Benzylpenicillin
- I Vincristine and doxorubicin
- J Biopsy
- K Mantoux test
- L Resuscitate and IV fluids
- M Nasogastric tube
- N 250mg/6hr oral penicillin.

Instructions

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

- 72 A 12-year-old girl complains of a toothache. She is due to see her dentist in 3 days time.A
- 73 A 13-year-old girl complains a headache.3 hours later she starts vomiting and becomes progressively drowsy.H
- 74 A 7-year-old boy with a 3-month history of flank pain is seen in the A&E Department. He is found to have an abdominal mass in his left flank and haematuria on dipstick.J
- 75 An 8-month boy has a history of episodic intermittent crying associated with vomiting. He draws up his legs with each episode of crying sausage -shaped mass is felt on abdominal examination.L
- 76 A 10-year-old girl complains of abdominal pain. She has a 2-day history of sore throat and difficulty in swelling. On examination she is found to a macular rash covering her upper chest and a 'strawberry' tongue.H

Theme Investigation of Hoarseness**Options**

- A No investigation
- B Computed tomography (CT) scan of the neck
- C Sputum for Acid fast bacilli
- D Cervical spine x-ray
- E Laryngoscopy
- F Bronchoscopy
- G Bronchoalveolar lavage

- H Chest X-ray
- I Lymph node biopsy
- J Treponemal Haemagglutination assay

Instructions

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

- 77 A 25-year-old man complains of a two-day history of hoarseness of the voice. He denies any history of weight but admits to 4-year history of smoking.A
- 78 A 13-year-old girl complains of a 2-day history of hoarseness of the voice associated with a dry cough. She feels feverish and on direct laryngoscopy her vocal cords are grossly oedematous.A
- 79 A 34-year-old woman had a partial thyroidectomy 3 hours ago complains of mild hoarseness of the voice. She had no history of phonation problems prior to surgery.A
- 80 A 67-year-old man with a history of weight loss complains of hoarseness of the voice Computed tomography scan reveals an opacity in the right upper mediastinum. He denied any history of difficulty in breathing.E
- 81 A 34-year-old IV drug user complains of history of a 4-month history of a productive cough. He has lost 10 kg in weight.C

Theme Differential diagnosis of Palpitations**ptions**

- A Ventricular ectopic
- B Ventricular fibrillation
- C Atrial fibrillation
- D Ventricular ectopic
- E Complete heart block
- F Wolf Parkinson white syndrome
- G Phaeochromocytoma
- H Wenckebach phenomenon
- I Torsades de pointes
- J Diabetic neuropathy

Instructions

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

- 82 A 56-year-old man complains of palpitations .He reports 2 episodes of sudden loss of consciousness in the past 2 weeks. 24 hour ECG recording shows episodes of tachycardia with intervening periods showing a prolonged QT interval.I
- 83 An obese 55-year-old man with a 2-year history of palpitation is brought to the Accident and Emergency Department unconscious. He is pulseless and his respiration is progressively becoming shallower. The ECG shows disorganised complexes.B
- 84 A 45-year-old man with a history of palpitations complains of difficulty in breathing associated with chest pain. His ECG tracing shows a tachycardia of 100 beats/min and a wide QRS complex, which begins with a 'slur'.F
- 85 A 33-year-old woman with a history of weight loss despite and increased appetite complains of palpitations and diarrhoea.G

The Management of Suicide**Options**

- A Imipramine
- B Cognitive therapy
- C Coagulation profile
- D Detain under section II of the mental health act
- E Fluoxetine
- F Carbamazepine
- G Detain under section I of the mental health
- H Admit and observe
- I Intensive psychiatric care
- J Electro convulsive therapy
- I Psycho surgery

J Diazepam

K Detain under section IV of the mental health act.

L No action

Instructions

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

- 86 A 34-year-old man starts punching people at the local tube station with no provocation. He is arrested by Police and asked to go for a mental health review. He disagrees strongly.H (under section 136)
- 87 A known Schizophrenic goes missing from the local hospital. He is arrested by the police, but refuses to go back to hospital, despite the fact he hasn't finished the course of anti-psychotic medication prescribed by his doctor.H
- 88 A 16-year-old boy refuses to go to church despite the constant insistence of his deeply religious mother. He had previously been a regular church - goer.L
- 89 A 23-year-old woman complains of tearfulness and feeling low.but denies any suicidal thoughts. She had her first child 3 days ago.B
- 90 A 45-year-old man has been on anti-depressant therapy for 6 months. He continues to deteriorate and has had 4 serious suicidal attempts in the last 10 days.J

Theme Differential diagnosis of Epigastric pain

Options

- A Reflux oesophagitis
 B Myocardial infarction
 C Lower lobe pneumonia
 D Peptic ulceration
 E Crohn's disease
 F Ulcerative colitis
 G Urinary tract infection
 H Acute cholecystitis
 I Acute pancreatitis
 J Viral hepatitis
 L Urinary tract infection
 M Hirschsprungs disease
 N Acute intermittent porphyria

Instructions

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

- 91 An obese 45-year-old man complains of a burning retrosternal pain, which is aggravated by rinking hot chocolate.A
- 92 A 34-year-old man returned from a holiday in Thailand three weeks ago. He feels weak and unable to go to work. On examination he has a tender epigastrium and a tinge of Jaundice.J
- 93 A 28 year old man complains of epigastric pain associated with water brash .He admits to 6 month history of nocturnal cough.A
- 94 A 46-year-old woman complains of an epigastric pain exacerbated by eating large meals and relieved by hunger.D
- 95 A 29-year-old woman with a 4-month history of steatorrhea and easy fatigability complains of epigastric pain. He is a smokes 10 cigarette a day. E

Theme The management of Diarrhoea in Children

Options

- A Metronidazole
 B Gluten free diet
 C No action
 D Soya milk
 E Lactose free milk
 F Pancreatic enzyme supplements
 G Vitamin D
 H High fibre diet

- I Breast milk allergy
- J Praziquantel
- K Niclosamide
- L Benzyl penicillin (IV)
- M Steroids (in moderation)

Instructions

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

- 96 A 2 year old girl is brought to the A&E Department by her mother who says ,she has diarrhoea. She describes the stool as looking like ‘peas and carrots’.C
- 97 A 4 year old girl is brought to the A&E Department by her mother who has noticed that she dislikes bright lights.In addition , the child has a 6 hour history of diarrhoea and increasing drowsiness.L
- 98 A 12 year girl whose height is on the 20 % Centile complains of diarrhoea, with stools that are difficult to flush away.She is found to have anti- endomysial antibodies.B
- 99 A 7 month old baby boy has had 7 episodes of diarrhoea.The mother associates all the episodes with the introduction of cow’s milk since weaning. The mother is a known asthmatic.E
- 100 A 13 year old girl from Northern Ireland complains of diarrhoea .She is found to iron deficiency anaemia and a high titre of anti-reticulin and anti-gliadin antibodies. She denies any history of gastrointestinal upsets after eating rice,soya or potatoes.B

Theme The management of Thromboembolic conditions**Options**

- A Spiral Computed tomography
- B Low dose subcutaneous heparin
Chest X-ray
- D Subcutaneous dose up to 15000U/12 hrly (low Molecular weight Heparin)
- E Warfarin
- F Abciximab
- G TED (thrombo-embolic deterrent) Stockings.
- H Glyceryl trinitrate
- I Acetylsalicylic acid
- J Streptokinase
- K Fresh frozen plasma
- L Loading dose of 5000U(unfractionated Heparin)
- M Cefotaxime (IV)
- N Aspirin and Heparin

Instructions

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

- 101 A 33 year old woman who has just flown in to the UK from California (USA) complains of calf pain. While passing stool at Gatwick Airport, he suddenly gets breathless and coughs up blood. He is rushed to the nearby Crawley hospital where a Ventilation –Perfusion scan and femoral venography are done with equivocal results.D
- 102 A 67-year-old man suffers an acute loss of consciousness, associated with weakness of the left arm and leg CT scan done in A&E reveals no haemorrhagic areas.I
- 103 An obese 34 year old woman on Depo provera (contraceptive) is recovering from surgery to fix an intra-medullary nail for a mid-shaft fracture of the femur she sustained while ice–skating.G
- 104 A 24 year old woman, who has been taking the oral contraceptive pill for 2 months, presents with a 2 day history of cough, producing ‘rusty’ sputum, and fever. Further history was unremarkable.C
- 105 A 31-year-old woman with a history of two mid-trimester abortions is found to have anti-cardiolipin antibodies. Further tests reveal Lupus ant-coagulant antibodies but no antinuclear antibodies are seen. She has an ESR of 3mm/Hr.E

Theme The treatment of Infectious Diseases**Options**

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- A Metronidazole
- B Flucloxacillin
- C Gentamicin
- D Fluconazole
- E Ciprofloxacin
- F Niclosamide
- G Rifampicin
- H Benzylpenicillin (IV)
- I Dapsone
- J Clotrimazole
- K Griseofulvin
- L Co-trimoxazole
- M Hib Vaccine
- N Cefotaxime or any such drugs

Instructions

For each of the medical conditions listed below. Choose the **CURRENT** preferred drug of choice in the UK. Each option may be used once, more than once or not at all.

- 106 Methicillin resistant Staphylococcus aureus.(MRSA).A
- 107 Giardiasis.A
- 108 Amoebiasis.A
- 109 Trichomonas Vaginalis.A
- 110 Bacterial vaginosis.A

- 111 Pneumocystitis carinii pneumonia.L
- 112 Haemophilus Meningitis.N
- 113 Prophylaxis for children in contact in house-hold with meningitis.G

Theme The interpretation of common medical signs.**Options**

- A Cardiomyopathy
- B Essential hypertension
- C Ischaemic heart disease.
- D Pulmonary hypertension
- E Osteoarthritis
- F Rheumatoid arthritis
- G Budd chiari malformation
- H Portal systemic shunting
- I pulmonary fibrosis
- J Acute severe asthma
- K Reactive arthritis
- M Tuberculosis

Instructions

For each of the patients described below, choose the SINGLE most likely cause of a raised JVP. Each option may be used once, more than once or not at all.

- 114 A 67-year-old man with a history of rheumatic heart disease complains of dysnoea. On examination, his JVP is found to be raised with a large a wave. No cannon waves were visible.D
- 115 A 43-year-old man with a chronic history of cough and weight loss complains of dysnoea. His JVP is raised with a pattern showing an abrupt x and y descent .A ‘pericardial knock’ was clearly audible on auscultation.M
- 116 A 54-year-old woman with a 2-year history of symmetrical joint pains presents with a 3-month history of dyspnoea and cough. She is found to a raised JVP.F

Theme Diagnosis of abdominal Pain in Children**Options**

- A Crohn’s disease
- B Ulcerative colitis
- C Mesenteric adenitis
- D Appendicitis

- E Henoch schonlein purpura
- F Wilms tumour
- G Nephroblastoma
- H Sickle cell crisis
- I Acute gastro-enteritis
- J Juvenile rheumatoid arthritis
- K Salpingitis
- L Testicular torsion
- M Diabetes mellitus
- N Acute gastritis
- O Anorexia nervosa
- P Bulimia

Instructions

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

- 117 A 12-year-old boy with a 3-week history of coryza is brought to the Accident and Emergency Department complaining of severe abdominal pain. He is found to have nodules, which don't disappear on pressure on the buttocks. E
- 118 A 12-year-old Jamaican boy is brought to the Accident and Emergency Department complaining of severe abdominal pain. On examination, he is found to have a prominent forehead.H
- 119 A 12-year-old girl has just returned with her parents from Thailand. She is brought to the Accident and Emergency Department with a 5-hour history of diarrhoea associated with abdominal pain. Her mother, a known diabetic, has similar symptoms.I
- 120 A 12 –year- old girl with a 3-month history of weight loss and increased appetite for food and drink is brought to the Accident and Emergency Department complaining of severe abdominal pain. She denied any history of vomiting or excessive exercise but her mother says she has been wetting the bed at night for the past 6 months.M
- 121 A 10-year Old Italian girl is brought to the Accident and Emergency Department complaining of severe abdominal pain. On examination she is found to have yellow sclerae and tender fingers.H (Mideterraneans also suffer from Sickle cell anaemia,as well thalassaemias)
- 122 An 11-year-old boy with a 12 history of anorexia and polyuria is brought to the Accident and Emergency Department complaining of severe abdominal pain. On examination she is found to be tender posteriorly on a per rectal examination. Blood sugar = 5mmol/L. Temperature = 38 C. --- D

Theme Diagnosis of Skin Pathology

ptions

- A Pemphigus Vulgaris
- B Pemphigoid
- C Porphyria cutanea tarda
- D Psoriasis
- E Impetigo
- F Pityriasis vesicolor
- G Acne roseaca
- H Erythema nodosum
- I Erythema multiforme
- J Erythema marginatum
- K Acne vulgaris
- L Erythema chronicum migrans
- M Erythema ab igne
- N Erythrodermic Migraine
- O Toxic epidermal necrolysis

Instructions

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

- 123 A 13-year-old boy complains of a non-pruritic rash characterised by papules and pustules affecting his face and upper chest. His voice has just started to deepen with sparse groin hair. He has no other complaints.K
- 124 A 34-year-old man presents with a swollen erythematous nose. On examination he is seen to have papules and telangiectasia in his face. Prior to this he had experienced flushing after drinking alcohol and spicy food.G
- 125 A 78-year-old man taking frusemide for nephrotic syndrome is seen in the dermatology clinic. He is found to have tense blisters covering the whole of his body save the oral mucosa. Skin biopsy is done and it reveals multiple linear Ig G and C3 deposits along the basement membrane.B
- 126 A 34-year-old woman presents with red lesions on her elbows and submammary areas. On examination, she is found to have extensive pitting and onycholysis of her nails.D
- 127 A 32-year-old woman presents with flaccid blisters all over the body with extensive oral mucosa involvement. Skin biopsy reveals intercellular Ig G with a 'crazy-packing' effect. She is being treated for migraine.A

Theme The Management of Genital Prolapse and Incontinence

Options

- A Tension free vaginal tape(TVT)
- B Vaginal pessary
- C Anterior colporrhaphy
- D Posterior colporrhaphy
- E Bilateral Salpingo-Oophrectomy
- F Pelvic floor exercises
- G Lose weight.
- H Total abdominal hysterectomy
- I Oestrogen cream
- J Mirena coil (Progesterone containing IUCD)
- K Vaginopexy
- L Urodynamic studies
- M Bladder drill
- N Cystoscopy
- O Oxybutynin
- P Vaginal hysterectomy

Instructions

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

- 128 A 56-year-old woman presents with a 2-month history of urinary incontinence. Because of her inconsistent history, you are unsure whether this is genuine stress incontinence or detrusor instability.L
- 129 A 34-year para 7 + 1 with glaucoma presents with urinary incontinence. She is found to have detrusor instability. She dislikes surgery.M
- 130 A 35-year para 2 presents with urinary incontinence. She is found to have genuine stress incontinence. She is put on conservative treatment without much success.A
- 131 A 67-year old woman presents with Grade II uterine Prolapse. She also complains of urinary incompetence and is found to a cystocele.C
- 132 A fit 65-year-old woman presents with uterine procidentia. She has 5 healthy children born from 2 different fathers.P
- 133 A frail 57-year-old woman presents with Grade I uterine Prolapse. She also complains of hot flushes and excessive sweating.I

Theme Prescription in Pregnancy

Options

- A Bendrofluazide
- B Paracetamol
- C Methyldopa
- D Insulin
- E Carbamazepine with 5mg/day Folate
- F Captopril

- G Acamprosate
- H Reduce Glibenclamide
- I Heparin and aspirin
- J Continue Carbamazepine
- K Lisinopril
- L Prednisone
- M Vigabatrin
- N Warfarin and aspirin
- O Increase Glibenclamide
- P Glicazide
- Q Aspirin

Instructions

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

- 134 A 40-year-old diabetic on Glibenclamide (10mg/day) misses her period and requests a pregnancy test. The test is positive. Up to now her blood glucose control has been excellent. D
- 135 A 32-year-old woman is found to have a blood pressure of 150/100mmHg at 30 weeks of pregnancy. She has no complaints. C
- 136 A pregnant 33-year old woman, with a history of recurrent second trimester miscarriages is found to have lupus anticoagulant and anti-cardiolipin antibodies at 10 weeks of pregnancy. I
- 137 A 28-year-old woman is being treated with Carbamazepine, with good results. She misses her periods and goes for a pregnancy test, which proves to be positive. E
- 138 A pregnant 40-year-old woman complains of chronic knee joint pain and stiffness. She is found to have Osteoarthritis. B

Theme Ethical Practice of medicine in the United Kingdom**Options**

- A Reversal of the circumcision.
- B Reversal of circumcision for catheter to be inserted and re-circumcising her.
- C Trial of Labour
- D Termination
- E Refusal of termination since it's illegal after 24 weeks for social reasons.
- F Give her contraception
- G Withhold contraception
- H Call Police and then Give her the contraception
- I Inform Mother and Police immediately.
- J Inform the General practitioner (GP)

Instructions

For each of the scenarios described below, choose the SINGLE most appropriate action to take. Each option may be used once, more than once or not at all.

- 139 A 22 year Somalian primigravida who doesn't speak English presents in labour. On vaginal examination you notice a very small introitus, barely enough to admit your little finger. A CTG is done and is shows a baseline rate of 100beats/min. Your team decides, she needs an emergency caesarean section but because of the small introitus you are unable to pass the catheter to proceed to theatre. A (Circumcision is ILLEGAL in the UK)
- 140 A 13-year-old girl demands the morning after pill. She says the condom she used with her 13-year-old boyfriend split in two, while having intercourse. F
- 141 A tearful 19 year-old girl at 27 weeks of pregnancy requests a termination, saying her boyfriend has just left her and that she wouldn't want the baby to remind her of him. The boyfriend who is now in Jail is reported to have assaulted her during their stormy 2-year relationship. D

Theme Causes of Pneumonia**Options**

- A Staphylococcus aureus
- B Pneumocystis carinii
- C Mycoplasma pneumoniae
- D Bacteroides fragilis

- E Coxiella burnetii
- F Legionella pneumophila
- G Haemophilus influenzae
- H Mycobacterium avium
- I Streptococcus pneumoniae
- J Mixed growth of organisms
- K Escherichia coli
- L Mycobacterium tuberculosis

Instructions

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

- 142 A 23-year-old haemophiliac presents with a 2-month history of a dry cough associated with exertional dyspnoea. He has lost 4 kg of weight over this period. A chest X-ray shows a 'ground glass' appearance. B
- 143 A 33-year homosexual man presents with a 3-month history of a productive cough associated with fever and night sweats. He denied any history of haemoptysis, but says he has lost considerable weight. L
- 144 A 33-year-old previously healthy man presents with joint pains and a dry persistent cough. He'd been on holiday two weeks prior to presentation. His x-ray shows bilateral patchy consolidation and blood analysis shows an increased antibody titre. C
- 145 A 31-year-old woman has a one-week history of general malaise, fever and productive cough. Her X-ray shows a left middle lobe consolidation with increased vocal resonance in the left middle zone on auscultation. I

Theme Investigation of Confusion**Options**

- A Serum and urine electrophoresis
- B Calcium and Phosphate level
- C Stool microscopy and culture
- D Blood glucose
- E Blood culture
- F Thyroid function tests.
- G Lipid profile.
- H Mid stream urine specimen
- I Ultrasound of abdomen
- J Full blood count
- K Serum electrophoresis
- L ECG
- M Computed tomography (CT) scan of head.
- N Chest X-ray.
 - o Urea and Electrolytes

Instructions

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

- 146 An 80-year-old woman becomes suddenly confused. On examination, her blood pressure is 95/60 mmHg. Pulse rate 55 and irregularly irregular. L
- 147 An 83-year-old woman in a nursing home has been constipated for a week. Over the past few days, she has become increasingly confused and incontinent. H
- 148 An 80-year-old woman presents with weakness on the left half of her body and a recent history of falls. Her daughter says that she has generally deteriorated over the past couple of weeks with periods of marked confusion. M
- 149 An 81-year-old woman is brought to the Accident and Emergency Department confused. Over the past 3 months, she had been complaining of excessive passing of water and loss of weight. D
- 150 An 81-year-old man complains of general malaise and a chronic backache. She has a history of mild confusion with episodes of marked blurring of vision. An x-ray report shows a 'pepper pot' skull. A

Theme The management of joint pain**Options**

- A Weight loss
- B Colchicine
- C Allopurinol
- D Naproxen
- E Blood culture and sensitivity testing.
- F Paracetamol
- K Gold
- L Laparoscopic surgery
- M Radiotherapy
- N Flucloxacillin before any investigation
- O Probenecid
- N Aspirin

Instructions

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

- 151 A 33-year-old man presents with a 2-year history of knee joint stiffness and pain which typically becomes better during the day.D
- 152 A 32-year-old man presents with a 10-day history of a painful and swollen left knee. On examination he is found to have conjunctivitis. Two weeks prior to presentation he had complained diarrhoea.D
- 153 An elderly woman with heart failure is being treated is being treated with Chlorthalidone. She develops an acutely painful and red right toe.B
- 154 A 45-year-old man has been treated for acute gouty arthritis on multiple occasions. Investigations show Hyperuricaemia.O
- 155 A 67-year-old labourer presents with pain on weight bearing and restricted movements of the left knee, especially worse at the end of the day.F
- 156 An 34-year-old man with a Body Mass Index (BMI) of 32 presents with a red, hot, swollen distal interphalangeal joint.D

Theme The differential diagnosis of Generalised Lymphadenopathy**Options**

- A Cytomegalovirus disease
- B Tuberculosis
- C Infectious mononucleosis
- D Syringobulbia
- E Toxoplasmosis
- F Sarcoidosis
- G HIV infection
- H Myeloma
- I Chronic Granulomatous disease
- J Syringomyelia
- K Brucellosis
- L Cryptococcus Neoformans

Instructions

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

- 157 A 34-year-old sheep farmer from Cumbria presents with a 2-month history of an undulating fever, joint pain, weight loss and constipation. On further questioning he is found to be depressed with marked generalised lymphadenopathy.K
- 158 A 23-year-old university student complains of a sore throat, fever, and general malaise. On examination, numerous petechiae are seen on the palate.C
- 159 A 33-year-old homosexual man presents with a 3-month history of a productive cough associated with two episodes of haemoptysis. He admits to losing 3 kg of weight. On examination, he is found to have generalised lymphadenopathy.B

160 A 32-year-old man presents with confusion. A computed tomography scan of the head shows multiple ring enhancing lesions. He is being treated for HIV infection and on examination generalised lymphadenopathy is found.E

Theme Medical Statistics

Options

- A Stillbirth
- B Early Neonatal death
- C Perinatal Mortality
- D Perinatal Mortality rate
- E Late Neonatal death
- F Post neonatal death
- G Stillbirth rate
- H Perinatal death rate
- I Late neonatal death rate
- J Infant death

nstructions

For each of the definitions below, choose the statement above that best describes it. Each option may be used once, more than once or not at all.

- 161 Death at age 28 days and over, but under one year.F
- 162 This term is used to define the number of stillbirths, plus deaths in the first week after birth per a thousand live births. H
- *** Any fetus born with no signs of life, after 24 weeks' gestation G
- 163 Death from age 7 days to 27 completed days of life.E
- 164 This denotes death in the first week after birth.B
- 165 Death at age under one year.J

Theme The treatment of menopausal symptoms

Options

- A Mirena (progesterone containing IUCD)
- B Oestrogen only HRT
- C Raloxifene (a selective oestrogen receptor modulator)
- D Gestrinone
- E Combined oestrogen and progesterone Implant
- F Oestrogen only implant
- G Oral combined oestrogen and progesterone pill
- H Thyroid function tests
- I Continuous oestrogen and progesterone oral preparation
- J Endometrial sampling
- K Transdermal oestrogen
- L Dietary supplementation
- M Hysterectomy
- N Progesterone only pill
- O Vaginal oestrogens
- P KY gel (lubricant)
- Q Exercise

Instructions

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

- 166 A 58-year-old smoker with a past history of mild deep vein thrombosis is 2 years postmenopausal. She complains of vaginal dryness and dyspareunia. She denies any flushes.P
- 167 A 55-year-old woman who is 1 year postmenopausal complains of excessive sweating, palpitations and hot flushes. She wants a preparation that won't make her bleed every month.I
- 168 A 33-year-old model had abdominal radiotherapy 6 months ago now complains of hot flushes and vaginal dryness. She wants treatment that will fit in with her busy lifestyle. E
- 169 A 56-year-old woman who is 3 years postmenopausal complains of per vaginal bleeding not associated with sexual intercourse. Her Body Mass Index (BMI) is 32.J

170 A 39-year-old woman had a total abdominal hysterectomy following rupture during delivery. She now complains of excessive sweating, weight loss and palpitations.H

Theme Diagnosis of a swollen knee

Options

- A Rheumatoid arthritis
- Gout
- C Osteoarthritis
- D Pseudogout
- E Ruptured baker's cyst
- F Septic arthritis
- G Trauma
- H Charcot 's knee
- I Haemarthrosis
- J Tuberculous arthritis
- K Psoriatic arthritis
- L Bronchogenic carcinoma

Instructions

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

- 171 A 34-year-old woman presents with a 2-month history of right knee joint. On examination she is found to have nodules on her elbows and, sausage shaped fingers.A
- 172 A 33-year-old rugby player presents with an acutely painful knee. He has a mild cough and but has otherwise been well enough to compete in the national finals.G
- 173 A 23-year-old haemophiliac presents with a painful and swollen right knee. He attributes this to a all he had in the bath.I
- 174 A 12-year-old girl with a 2-hour history of rigors, presents with a painful right knee. On examination the knee was found to be hot and swollen with a positive patellar tap sign.F
- 175 A 67-year-old man with a 4-month history of a productive cough and weight loss presents with a painful right knee. His chest x-ray shows numerous nodular opacities, involving both lung fields.J

Theme Diagnosis of Constipation

Options

- A Carcinoma of the colon
- B Parkinsonism
- C Anorexia nervosa
- D Myxoedema
- E Bulimia
- F Diverticulosis
- G Chronic pseudo obstruction
- H Systemic sclerosis
- I Hypercalcemia
- J Diabetic neuropathy
- K Irritable bowel syndrome
- L Multiple sclerosis

Instructions

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

- 176 A 43 year old man complains of excessive thirst,polyuria,polydipsia and constipation. He admits to losing weight . Her fasting blood glucose is 5.5mmol/l.
- 177 A 23 year old woman being treated for myeloma is brought to the Accident and Emergency Department ,confused.This followed a hour history of severe abdominal pain,vomiting.Prior to this,the patient had complained of polyuria ,polydipsia and constipation.I
- 178 A 17 year old frail girl complains of constipation. Her body mass Index(BMI) is found to be 17. She is extremely afraid of eating and admits to sticking a finger down her throat to induce vomiting after meals.She is unusually sensitive to the cold.C

- 179 A 65 year old man with a history of weight loss, complains of bleeding per rectum. He also reports a 2 month history of diarrhoea which seems to alternate with constipation. His Hb = 10g/dl. A
- 180 A 65 year old woman presents with constipation, and reports a 3 month history of difficulty in starting to walk and in stopping once started. She is found to have Dysarthria and dribbling. B

Theme the Diagnosis of Infertility

Options

- A Polycystic ovary disease
- B Endometriosis
- C Adenomyosis
- D Chronic salpingitis
- E Diabetes mellitus
- F Hyperprolactinaemia
- G Hypopituitarism
- H Hyperthyroidism
- I Hypothyroidism
- J Pulmonary tuberculosis
- K Possible Malignancy

Instructions

For each of the patients 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.

- 181 A 42 year old woman complains of being unable to conceive for 2 years despite have regular unprotected sex. She complains of excessive sweating, frequent stools and says this explains her loss in weight over recent weeks. She denied starving herself and says she a very good appetite. Glycosylated Hb (Hb1c) = 5 %. H
- 182 A 28 year old woman complains of infertility and is otherwise well. She had been on haloperidol to treat a schizophreniform illness she had for six years. She has a healthy 3 year old daughter. F
- 183 A 26 year old woman complains if infertility for 3 years. She has a low libido, and has put on a lot of weight over the last couple of years. Her breasts were found to be discharging on examination. F
- 184 A 31 year old woman complains of abdominal pain which seems to increase during her periods. Over the last year, she has noticed difficulty in breathing and chest pain associated with occasional haemoptysis, following her periods. She has been unable to conceive. On examination she is found to have an enlarged and tender uterus. Her BMI = 20. B

Theme Diagnosis of acute vomiting in children

Options

- A Acute appendicitis
- B Cyclical vomiting
- C Duodenal atresia
- D Gastro-oesophageal disease
- E Gastro-enteritis
- F Meconium ileus
- G Mesenteric adenitis
- H Meningitis
- I Overfeeding
- J Pancreatitis
- K Psychogenic vomiting
- L Pyloric stenosis
- M Urinary tract infection
- N Whooping cough

Instructions

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

- 185 A three day old breast fed infant is vomiting after each feed. An abdominal x-ray demonstrated a "double bubble". C
- 186 A six week old breast-fed boy has had projectile vomiting after each feed for the past two weeks. He is now lethargic, dehydrated and tachypnoeic. L
- 187 A four month old baby boy is thriving, but has persistent vomiting, which is occasionally bloodstained and is associated with crying. D
- 188 An eight-year-old girl shows signs of moderate dehydration. She has vomited all fluids for 24 hours and the vomit isn't bile stained. Her abdomen is now soft and non-tender. She has had two similar episodes in the past year. B
- 189 A 12-week-old thriving baby is vomiting after every feed. She is developmentally normal and is fed by the bottle at 280ml/kg/day. I

Theme Investigation of a patient with haemoptysis

Option

- A Computed tomography
- B Fibre optic bronchoscopy
- C Fine needle aspiration
- D Mediastinoscopy
- E Mediastinotomy
- F Magnetic resonance imaging (MRI)
- G Pulmonary angiogram
- H Selective arteriogram
- I Sputum culture
- J Sputum cytology
- K Thoracoscopy
- L Ventilation perfusion scan

Instructions

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

- 190 Bronchial carcinoid. B
- 191 Carcinoma of the right main bronchus. B
- 192 Pulmonary embolism. L
- 193 Lobar pneumonia
- 194 Bronchiectasis. A
- 195 Tuberculosis. I

heme Antibiotic prophylaxis of surgical patients

Options

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

Instructions

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

- 196 Three days of intravenous broad-spectrum antibiotics beginning with induction of anaesthesia. G
- 197 3g of amoxicillin one hour before the procedure. D
- 198 Clear fluids (per oral) and two sachets of sodium picosulphate on the day before the operation plus some broad-spectrum IV antibiotics at induction of anaesthesia. H
- 199 Long term administration of Penicillin V and pneumovax. I

200 One dose of metronidazole at induction of anaesthesia. F