

Mini-OSCE exam

Q2 THIS PATIENT COMPLAINS FROM EXCESSIVE SWEATING AND ENLARGEMENT IN THE NECK



1) Describe what u see (Pemberton's sign)

2) What is your diagnosis ? Graves dis

3) what is the cause? Enlargement of the thyroid glad causes a superior vena cava obstruction syndrome

4) Mention the most imp investigations ?

Thyroid hormone concentration
T₃,T₄,TSH

- **Thyroid radioiodine uptake**
- **Thyroid scan**
- **Thyroid U/S**

Q3 THIS PATIENT CAME TO THE CLINIC WITH السؤال اطول من هيك بس هاي ADRUG HX OF PHENYTOIN اهم معلومة



- 1) What u see in this pic ? Mallar rash butterfly rash over nasal bridge and malar bones and preserve nasolabial fold
- 2) Diagnosis ? Drug induced Lupus \
- 3) Investigations and tx ???
ANA positive
Antihistone anti bodies positive~100%
DsDNA and Smith anti bodies negative
Resolution of symptoms with removal of causing drug
May need short course of steroids

SHIPP

Q5

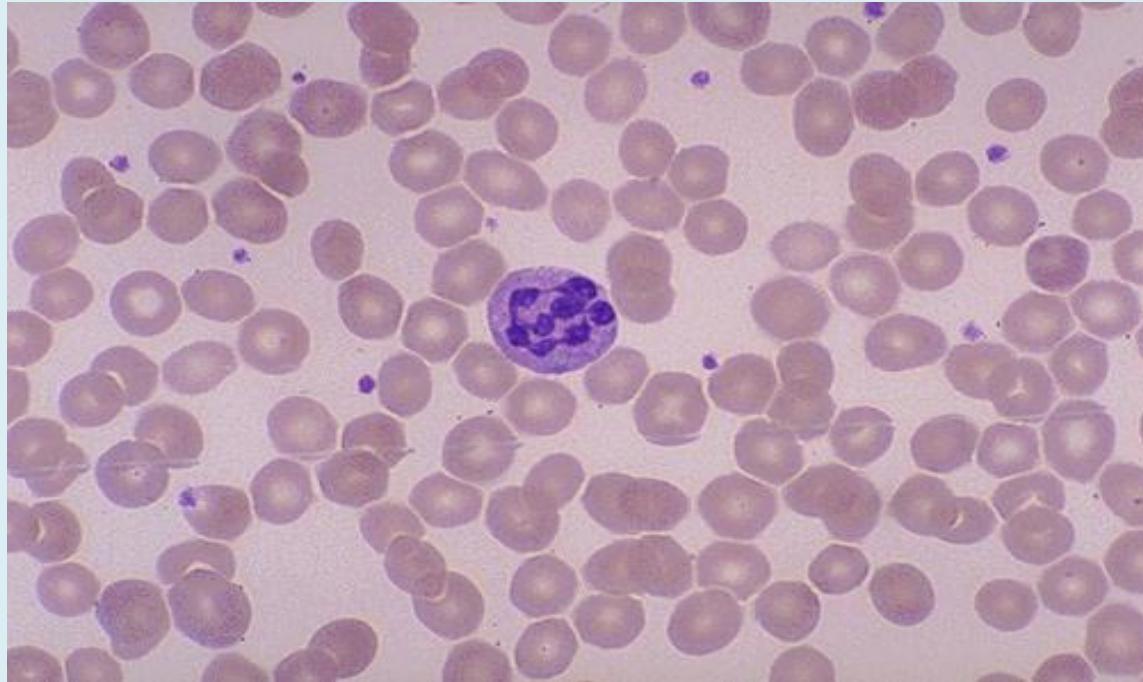


- 1) what is this ? Tuberous xanthoma ○
- 2) what is the cause ? Hyperlipidemia complication ○
- 3) investigation ? Lipid profile ○
- 4) in a diabetic ptn what is the drug of choice ? ○
STATINS

اهم اشي ما نجاوب هاد النوع لانه برفع السكر بالدم niacin



Q7



1- mention 2 abnormal cells that are shown in the blood film ?

Oval macrocytes , hypersegmented neutrophils

2- what are the causes of that ?

B12 , folate deficiency

3- after the treatment of this condition , the patient started to complain general weakness , what is probably the cause ?

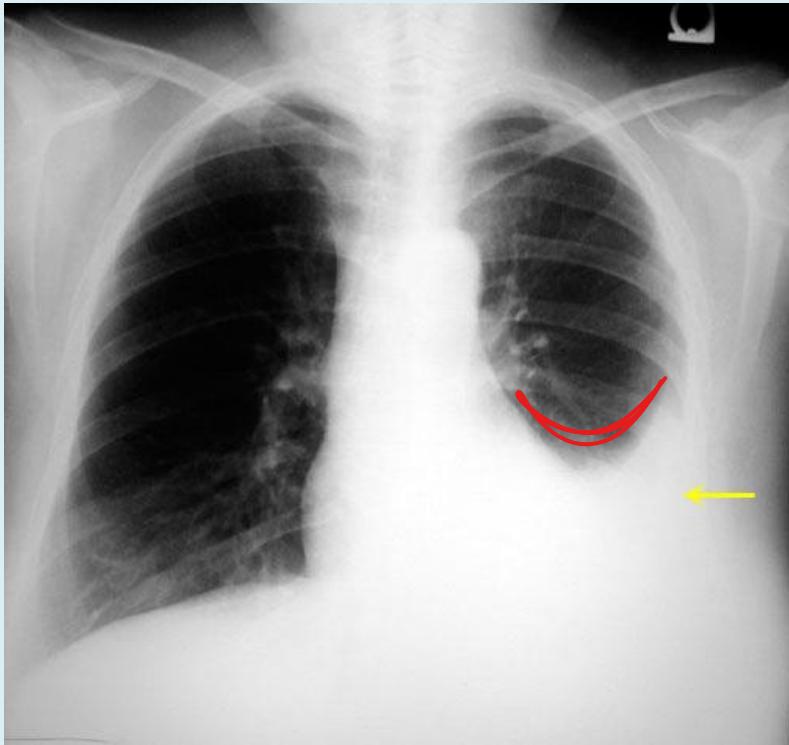
Hypokalemia

I didn't remember the question , but I tried to write the idea

Q10

① ↓ Mortality in IHD

② QT prolong



Meniscus sign in pleural effusion

Pace maker
Rhythm



The patient has ICD (intracardiac defibrillator) , what are the ECG changes that found in this patient ? , in which conditions that we use defibrillator?

Q11

A healthy young man , admitted to the hospital after he had fallen from the 4th floor his urinary system is normal , but they found a dark urine , what is your dx ? Mention 4 tests you need to confirm your dx ??

Dx : rhabdomyolysis .. (as I think) -

1 U.A

2 KFT

3 CPK , CK

4 Electrolytes (K^+ / Ca^{+} / Na^+ / Cl^-)

5 EMG

most accurate



Gotttron
Papules

1. What do you see in the pictures?

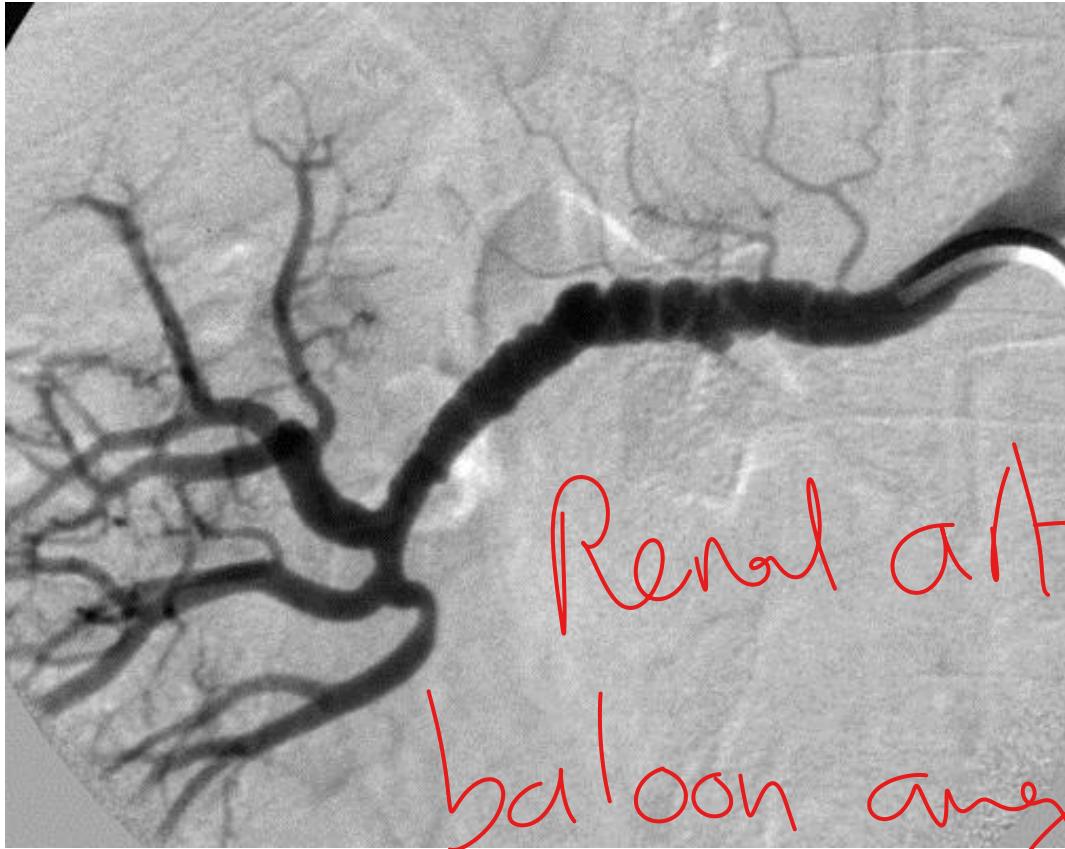
2. What is your diagnosis?

3. what is the clinical presentation in the adults?

↳ Proximal muscle
weakness

Dermatomyositis

12



1. What is the name of this sign?
2. What is the cause?
3. mention other investigation to do.

Renal artery stenosis (FMD)

CT angiography / MRA



- NAME 2 ABNORMALITIES IN THE PIC ?
- WHAT WILL BE POSITIVE ON ITS DIAGNOSTIC TEST?
- NAME THE SCORE TEST THAT ASSESS THE DISEASE ACTIVITY.



- Rheumatoid nodules , olecranon bursitis
- RF, anti-CCP
- DAS28

→ Discal Activity
Score



Primiquine

A PATIENT ON
ANTIMALARIAL DRUG, HE
DEVELOPED THIS URINE

- WHATS YOUR DX?
- MENTION OTHER CAUSES FOR THIS URINE?
- MENTION 2 FINDINGS ON HIS LAB TEST



- G6PD
- PSGN ,hemolytic anemia ...
- Anemia , on RBC
and on blood film “heinz bodies and bite cell”





28 Y PREGNANT FEMALE , 2 WEEKS AGO SHE DEVELOPED PAIN IN HER LEG

- WHAT IS THE DX?
- WHAT COMPLICATIONS WOULD HAPPEN IN HER LEG?
- IF THE PATIENT DEVELOPED STROKE, WHAT WOULD BE THE CAUSE?

- DVT
- Necrosis, ulcers , ischemia
- Paradoxical emboli with ASD



- MENTION THE NAME OF THIS LESION?
- WHAT IS THE CAUSE BEHIND IT?



- Acanthosis nigricans
- Insuline resistance





1. Pathphysiology →

1st picture: Crystallization of monosodium urate in big toe joint → IgGs coat the crystals → Phagocytized by PMNS → Inflammation.

2nd picture: Aggregation of urate crystals surrounded by giant cells in an inflammatory reaction in the pinna of external ear.

2. Gouty Arthritis

3. Secondary causes of gout:

a. Cancer chemotherapy b. Chronic hemolysis c. Hematologic malignancies

d. Renal disease e. Diuretics f. Lesch-Nyhan syndrome.



TSH: 50 mIU/L, General weakness.

1. Hashimoto thyroiditis (Hypothyroidism).
2. Prolactin level → High. + TSH
3. Other autoimmune diseases : Lupus, Celiac disease.



1. Butterfly rash (SLE).
2. Screening test: ANA.
3. Diagnostic antibodies (specific): Anti-ds DNA, Anti-Sm.



Diabetic patient.

1. Charcot foot.
2. Causes other than DM: a. Syphilis b. Alcoholic neuropathy
- c. Leprosy
- 3.

1

2

3

	Patient A	Patient B
RBC	5.5 <u> </u>	4.0
MCV	62 <u> </u>	72
platelets	350	580
MCH	18 <u>+ RDW</u> <u>N, L</u>	20 <u>↑</u>

2- Lab tests for each one:

A: Hb electrophoresis , CBC LDH , genetic study
 B: iron studies

3- causes:

A: mutation and it's hereditary
 B: bleeding

Your diagnosis:

A: Thalasemia
 B: iron def anemia

Montzer index

$$= \frac{MCV}{RBC} N > 13$$



1- What's your Dx SLE

2- mention the abnormalities in these pictures:
1) Malar rash 2) oral ulcers 3) photosensitivity

3- from the question there was elevation of the ladies urea, creat and other KFT parameters, what do you think the cause of this ?
Lupus nephritis





The fist pic is at time of admission and the second one is after 2 weeks.
At time of admission the patient complained of SOB, Chest pain and hemoptysis.

1- what's your diagnosis?

PE

2- diagnostic test ?

CT angiograph

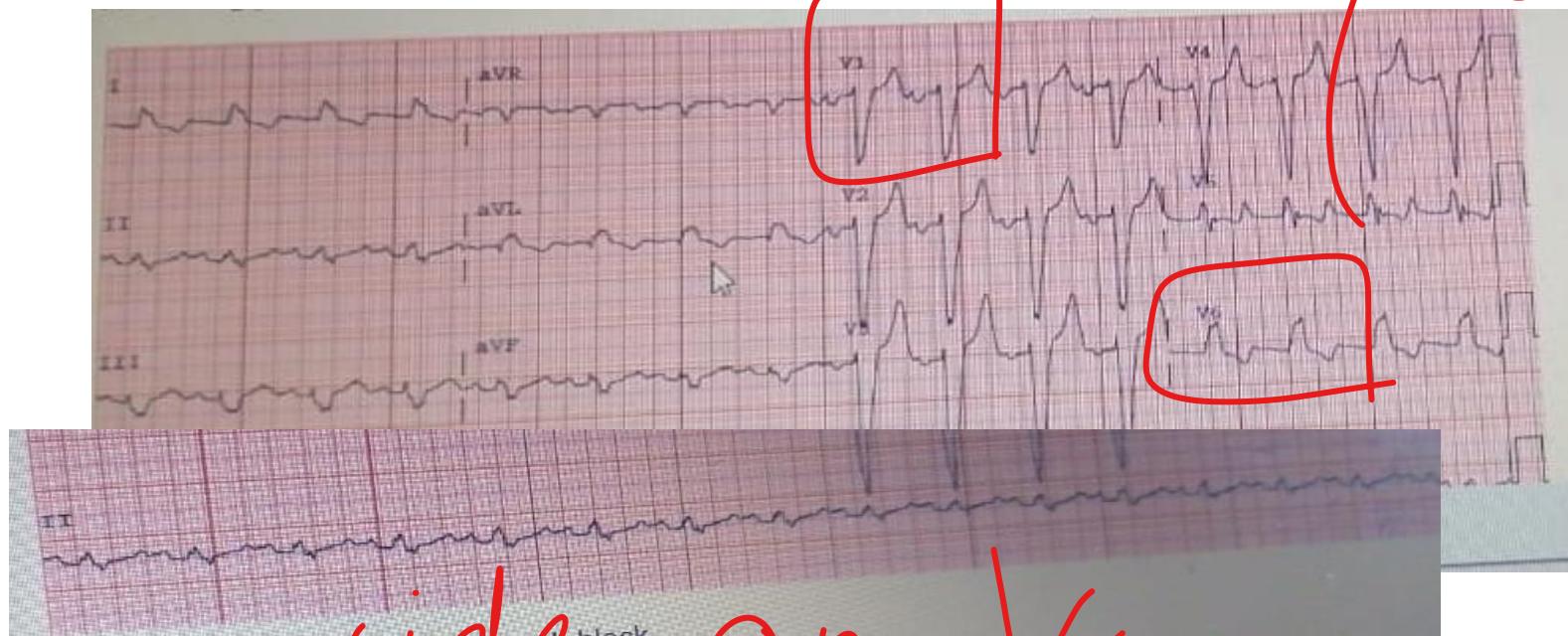
3- what's the cause of picture 2 ?

Phlegmasia cerulea dullens

↳ cyanosed leg

A 48-year-old male pt is brought to the ER with severe retrosternal heaviness chest pain, started 30 min ago. Upon arrival at the ER, he was sweaty, and in severe pain, his vital signs were: BP = 135/80, HR = 110/min regular, RR= 24/min, T= 38.5C. His past medical history is significant for HTN. The physical exam was unremarkable. labs showed a mild leukocytosis as his WBCs around 14000/ μ l while troponin, CK, CK-MB were negative, His ECG upon arrival shown below.

Accordingly, what is your diagnosis :

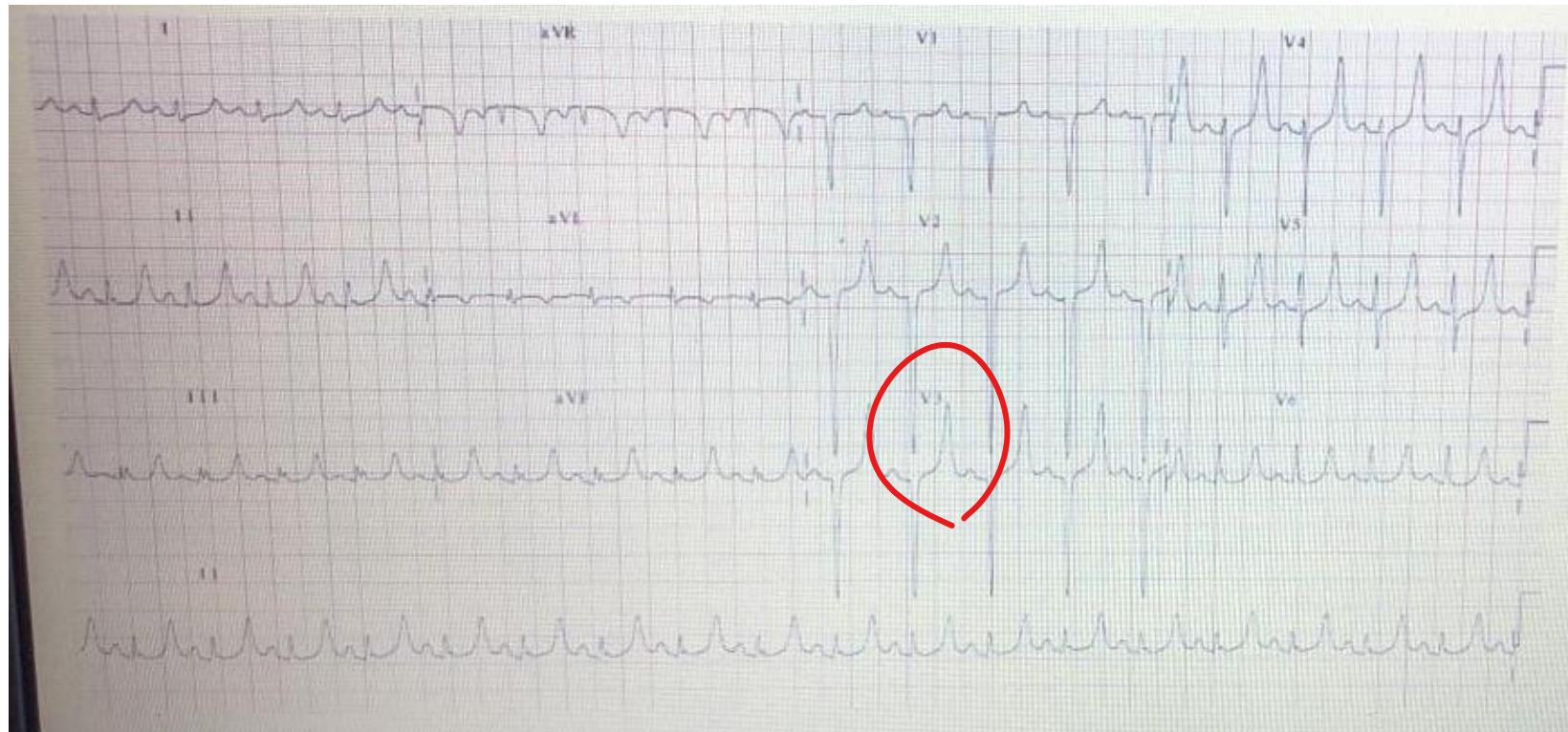


Accordingly, what is your diagnosis :

- A. New-onset right bundle branch block
- B. New-onset left bundle branch block**
- C. Non-ST- Elevation MI
- D. ST-elevation MI
- E. Unstable angina



You have been called to check the following ECG of a 56-year-old male patient complaining from general weakness, according to the ECG changes, all of the following could be seen, EXCEPT:

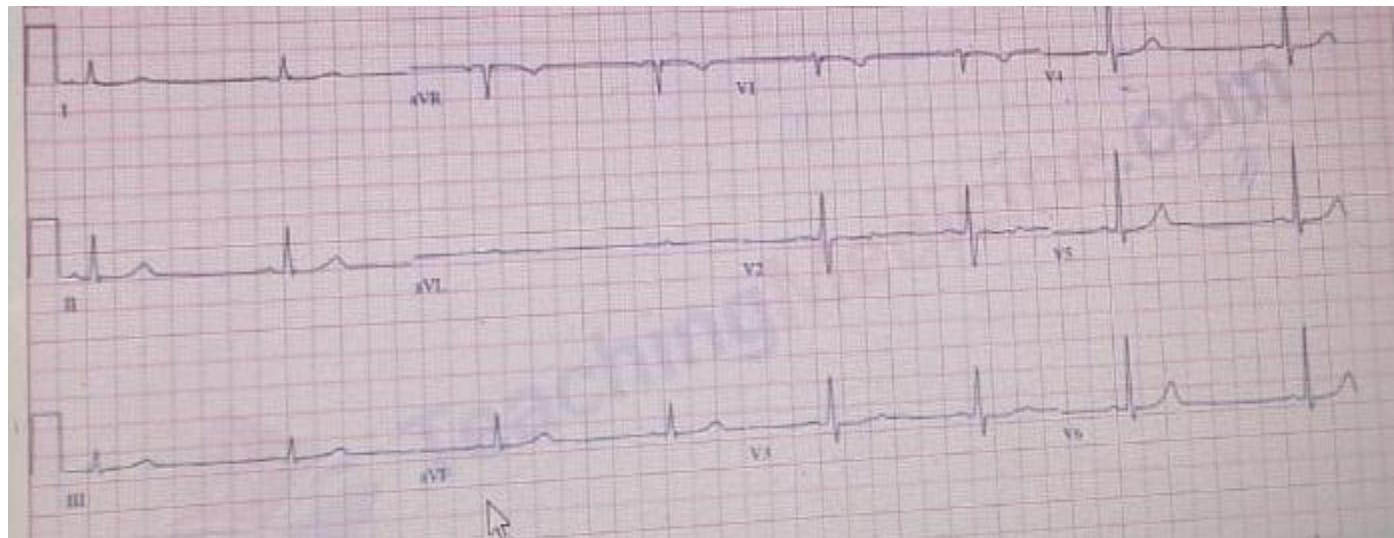


• All of the following could be seen,
EXCEPT:

- A. Acute kidney injury
- B. Renal tubular acidosis type 4
- ~~C.~~ Addison's disease $\downarrow K^+$
- D. Cushing syndrome



A 65-year-old male patient presented to you with recurrent syncopal attacks, each attack usually happens while he is trying to get up from a sitting position, and starts by dizziness, then falling down, his past medical history is significant for HTN, DM, and hyperlipidemia. Physical exam was unremarkable and his vitals were normal except his heart rate 45/min. His ECG upon ER arrival shown below, accordingly what is the best intervention should be done for this patient :



Accordingly what is the best intervention should be done for this patient :

- A. Pace maker insertion
- B. Send thyroid function test
- C. CT brain looking for central nervous system (CNS) causes.

~~D.~~
~~E.~~ Check the patient's electrolytes level.
Check the patient's hypertension medications.



A 65-year-old male with a history of hypertension and CVA. He visited his primary care physician two weeks ago and made changes to his HTN medications. He is currently on Aspirin, amlodipine, enalapril, and furosemide and atorvastatin. Now he is complaining from a painful right foot (look to its image below).

What do you think the cause of this symptom





What do you think the cause of this symptom

- A. Amlodipine
- B. Atorvastatin
- C. Furosemide
- D. Aspirin



This is the picture of a 28-year-old female patient, complaining from the inability to reduce her body weight

- despite a vigorous exercise and diet plans

suspected diagnosis, All of the following signs could be found EXCEPT:



Striae

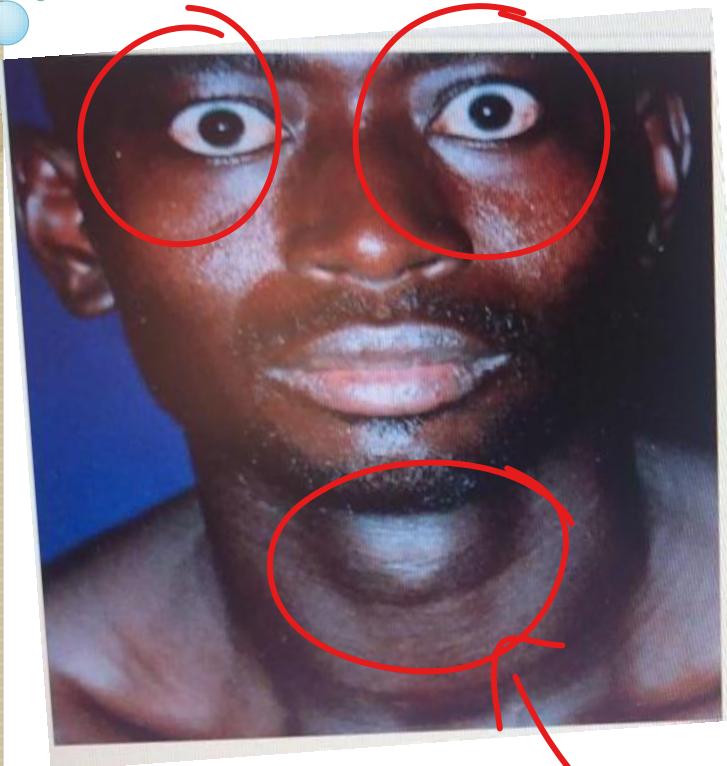


All of the following signs could be found
EXCEPT:

- A. High blood pressure
- B.** Weak hand grip
- C. Abdominal stria
- D. Acne
- E. Multiple skin bruises



All of the following signs are consistent with the physical exam of the patient with the picture below, EXCEPT:



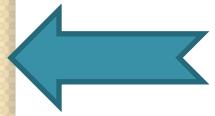
- A. Irregularly irregular pulse
- B. Fever
- C. Hypertension
- D. Clubbing
- E. Delayed relaxing reflexes

Exaggerated



A 30 year old female, presented with this leg swelling after a long flight (look to picture below), upon exam of the right leg all of the following could be found EXCEPT:

DVT



All of the following could be found EXCEPT:

- A. Warmer than the left leg
- B. Tenderness at the right calf upon dorsiflexion of the right foot.
- C. Tense right leg calf muscle
- D. Pitting edema
- E. Dilated superficial veins



A 15-year-old child, presented to you by his parents, complaining from general weakness, and fever, this problem started 3 days ago when he was diagnosed with urinary tract infection and has been started on antibiotics, you asked him to give a urine sample (look to the picture below for his urine). CBC which is shown also below. Accordingly, all of the following labs, results are expected, EXCEPT:



WBGs	14 $\times 10^3/\text{mm}^3$
Neut	62.9%
Lymph	35.8%
Mono	0%
Eosin	1.2%
Baso	0.5%
RBCs	2.10 $\times 10^6/\text{mm}^3$
Hb	5.8 gm/dl
PC	17%
MCV	105 fl
MCH	21.2 pg
MCHC	27.6 g/dl
Platelet	335 $\times 10^3 / \text{mm}^3$

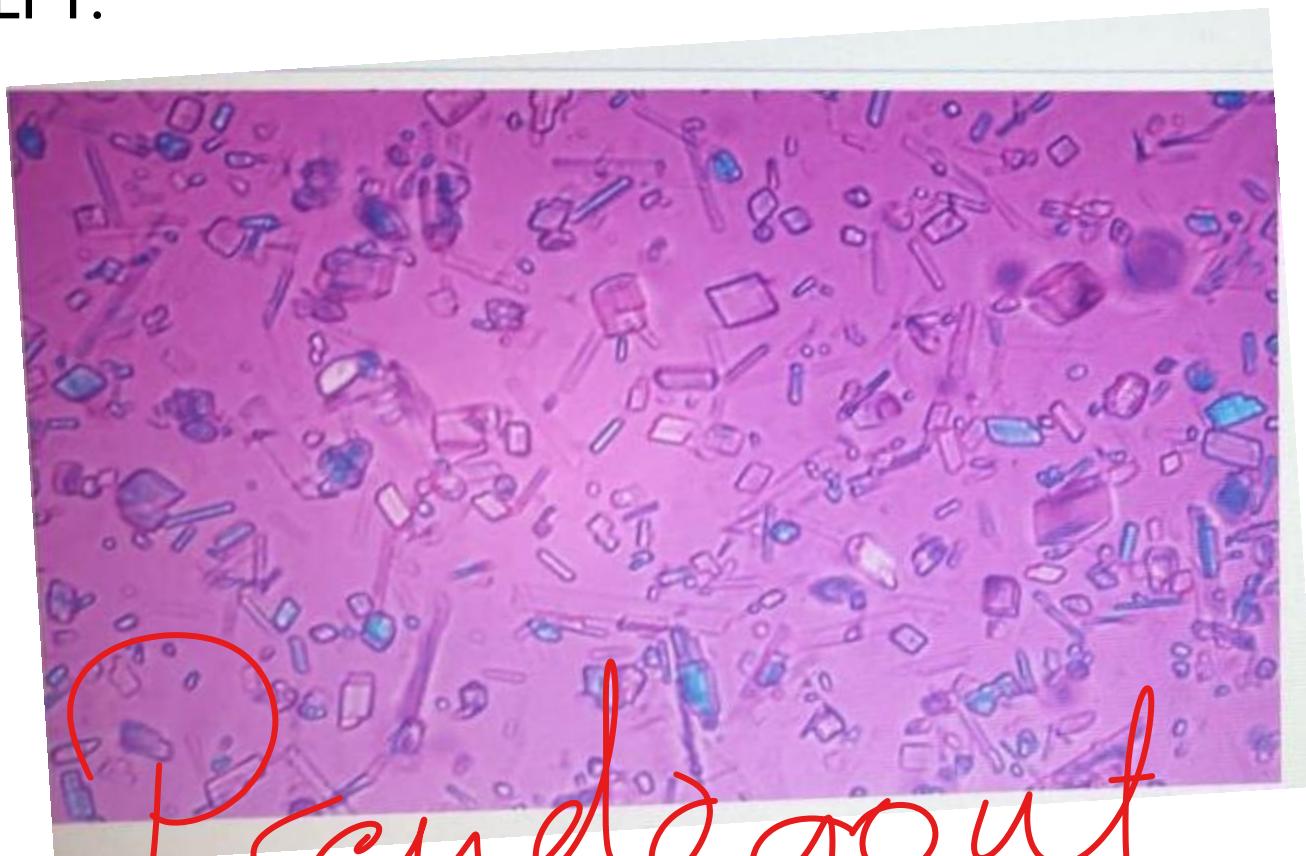


Accordingly, all of the following labs, results are expected, EXCEPT:

- A. High lactate dehydrogenase (LDH)
- B. High urine urobilinogen
- C. High total bilirubin
- D. Low reticulocyte percent**
- E. Hyperkalemia



4A patient presents with acute monoarthritis of the knee. Aspiration of the joint showed crystals that are intracellular rhomboid-shaped, weakly positively birefringent. See the photo, all of the following could be a cause of this problem EXCEPT:



Pseudogout



• All of the following could be a cause of this problem EXCEPT:

- A. Osteoarthritis
- B. Hypoparathyroidism**
- C. Acromegaly
- D. Trauma
- E. Heamochromatosis



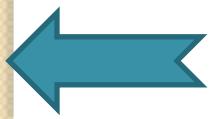
According to the pictures below,
one of the following is not true :



- A. DAS-28 score is used to assess the activity of this condition.
- B. This condition does not affect the eyes**
- C. This condition is an autoimmune disease
- D. This patient has rheumatoid arthritis
- E. This patient may be positive for anti-CCP antibody.



This is the face of a 35-year-old female pt. according to your diagnosis, All of the following are expected complications EXCEPT:



All of the following are expected complications
EXCEPT:

- A. Renal failure
- B. Multiple fracture
- C. Gangreous finger tips
- D. Pulmonary hypertension
- E. Emergent hypertension



According to the CBC below for a **60 year old male** patient, what is your most likely diagnosis:

WBGs	$7.0 \times 10^3 / \text{mm}^3$
Neut	72.5%
Lymph	25.5%
Mono	0%
Eosin	1.0%
Baso	5% ($\mu\text{l} < 1\%$)
RBCs	$3.90 \times 10^6 / \text{mm}^3$
Hb	11.8 gm/dl
PC	34%
MCV	82 fl
MCH	31.2 pg
MCHC	33.6 g/dl
Platelet	$378 \times 10^3 / \text{mm}^3$



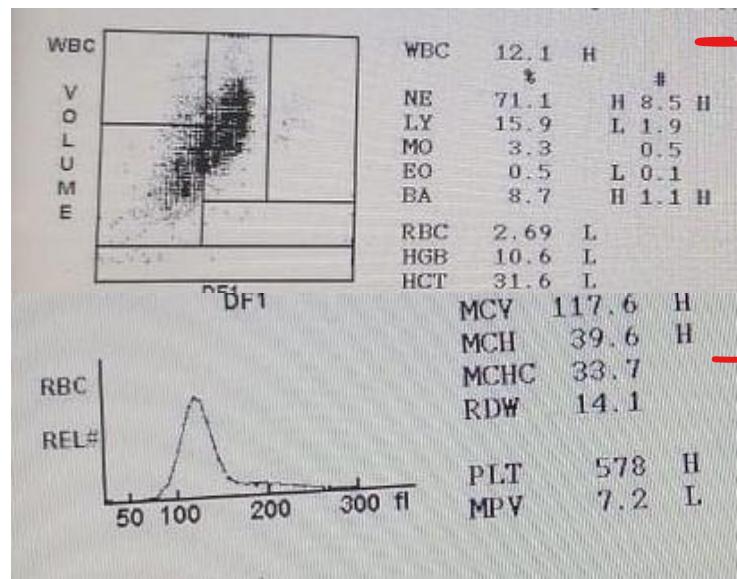


What is your most likely diagnosis:

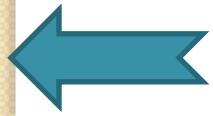
- A. Non Hodgkin lymphoma
- B. Acute myeloblastic leukemia (AML)
- C. Chronic lymphocytic leukemia (CLL)
- D.** Chronic myelogenous leukemia (CML)
- E. Acute lymphoblastic leukemia (ALL)



A 35-year-old female patient, presented to you complaining from dyspnea on exertion and general weakness, you asked her to do a CBC, and the result was as below according to her CBC interpretation, ONE of the following labs could be found :

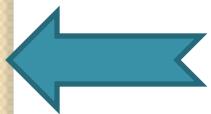


- Wb 10.6 - MCV 117.6



ONE of the following labs could be found :

- A. Low ferritin level
- B. High lead level
- C. High thyroid stimulation hormone (TSH)
- D. High direct bilirubin level
- E. Low lactate dehydrogenase DH



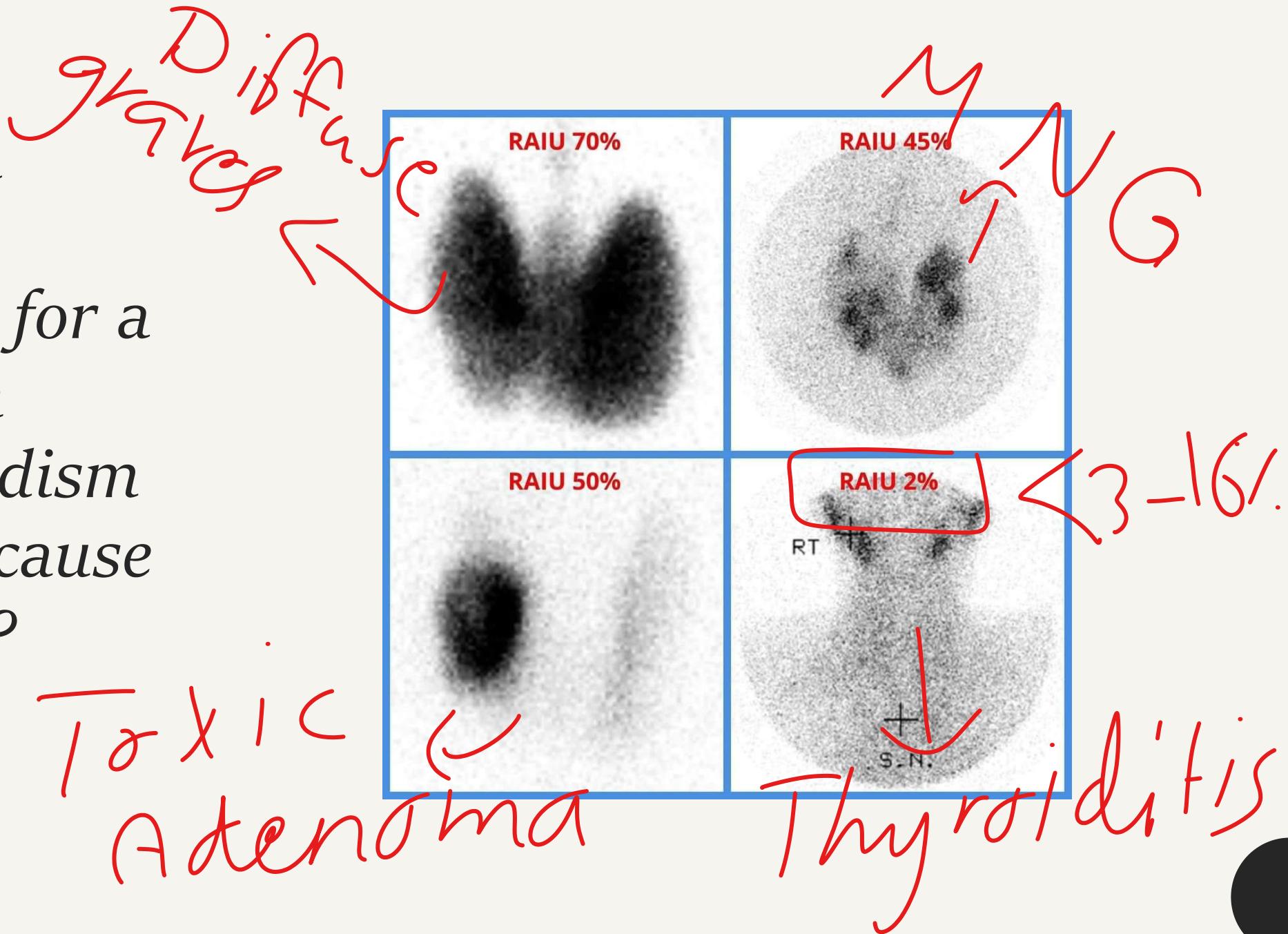
20X

A 23-year-old male is brought to the hospital with one day of diffuse abdominal pain and vomiting, he has no past medical history and takes no medications, lab investigations shows $\text{Na}=132 \text{ meq/l}$, $\text{K}= 6.1 \text{ meq/l}$, $\text{Chloride}=101 \text{ meq/l}$, $\text{HCO}_3= 5 \text{ mmol/l}$, According to your most likely diagnosis all of the following could be noticed during physical exam, EXCEPT:

- A. Epigastric tenderness
- B. Fever
- C. Hypotension
- D. Tachycardia
- E. Shallow breathing



Q4: this is a radioiodine uptake scan for a patient with hyperthyroidism what is the cause for each pic?



Q7: a patient came to the ER cause of headache and blurred vision blood pressure is 250/110 here are her lab results , the patient had high aldosterone and low renin

- What is the cause of her symptoms?
- What is next step to confirm the diagnosis?
- What is the drug that will make her symptoms better?
- What is the acid base disorder in this condition?
- What is the type of this hypertension

Conn's Syndrome

CT Scan.

Spirorolactone

*hypokalemic M. Alkalo
st.*

↳ 2ndry (Emergency)

Q8:

50 year old pt complaining from paradoxical AF. Came to ER after exacerbate Dyspnoea and cough. He takes beta blockers and other medications

↳ Amiodarone
at sun exposed area bluish dis.



① Liver toxicity

② ILD

③ Thyroid P.

Amiodarone

- What is the cause of his face discoloration?
- The patient is complaining of dry cough and dyspnoea for the past 3 weeks what is the cause ? \Rightarrow ILD
- If the patient starts complaining of excessive sweating heat intolerance weight loss and general weakness, what labs would you order for him?

3 - F/T

Q3:a pt present with skin lesion as the pic ,with hx of non-bloody diarrhea,etc:

-What we call this skin lesion? Erythema nodosum

-What is the disease? IBS"Chrons dis"

- What is the correlation of this skein lesion with the severity of the dis?
Its indicate increases the severity and active dis .



Questions 3

A 32 male heavy smoker patient presented with severe headache, urticarial rash and blurred vision his CBC was:

HB 25

MCV 82

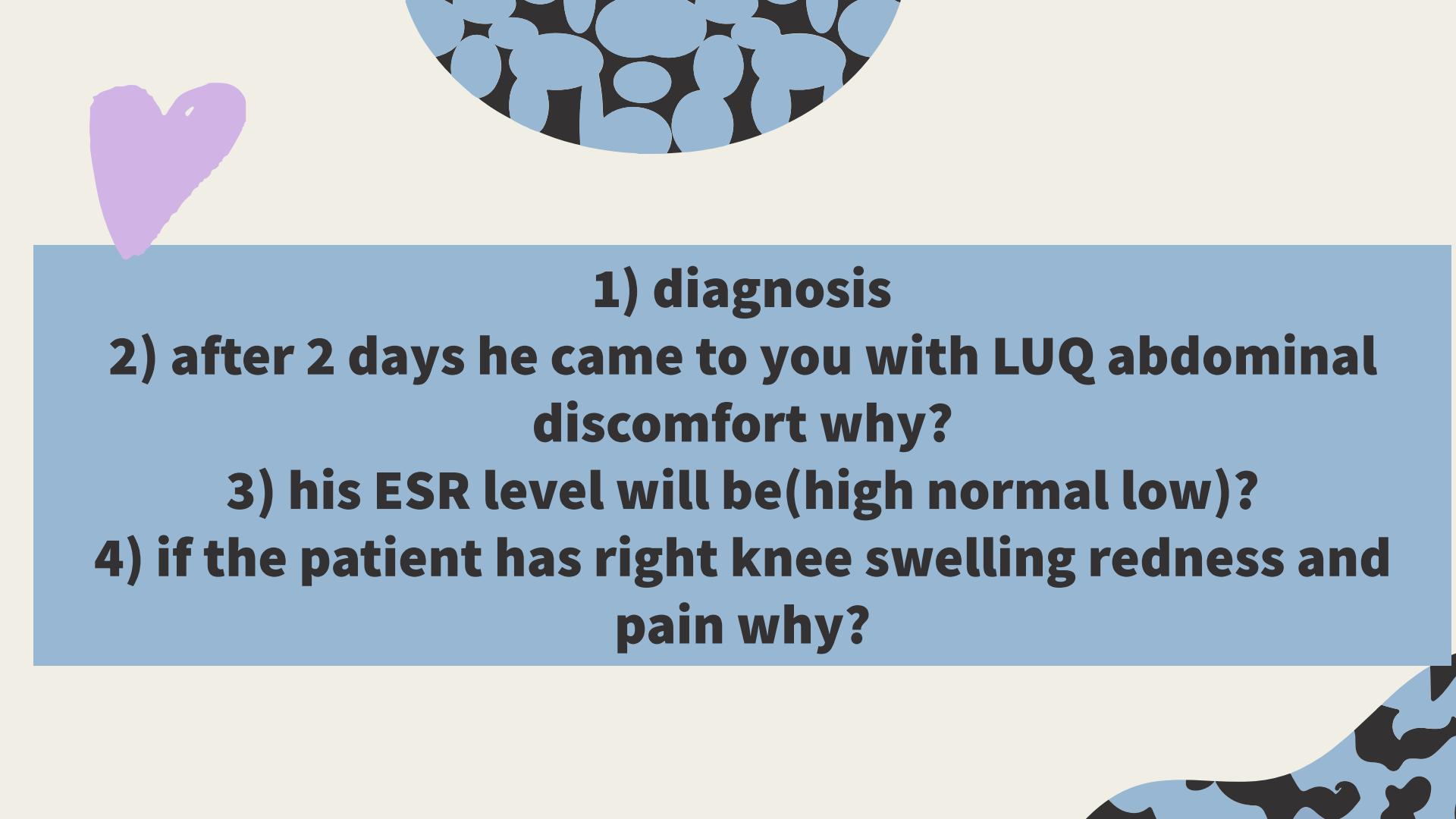
RBC 8 M

Hematocrit 86

WBCs 17000

Platelets 350

> 46



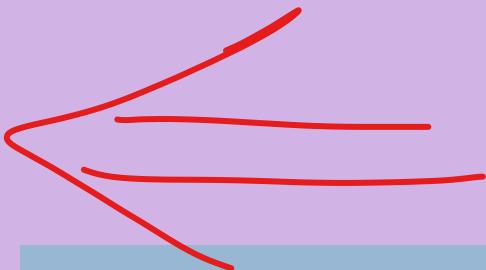
- 1) diagnosis**
- 2) after 2 days he came to you with LUQ abdominal discomfort why?**
- 3) his ESR level will be (high normal low)?**
- 4) if the patient has right knee swelling redness and pain why?**

polycythemia vera (1

splenomegaly (2

low (3

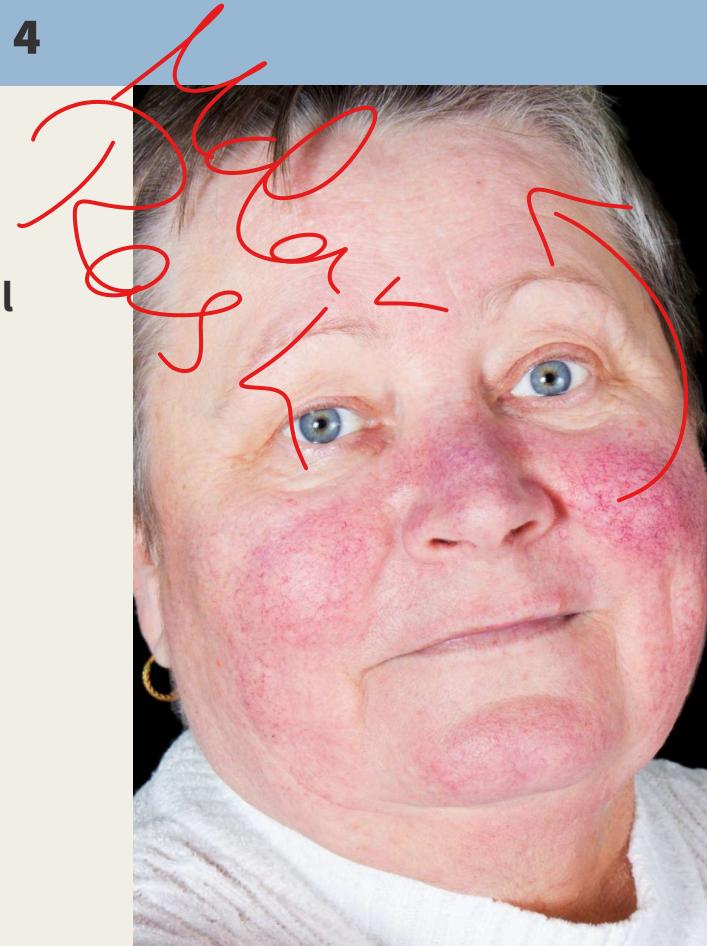
gouty arthritis (4



Question 4

This lady complains of **dizziness**, on Physical Examination her lungs are clear.

- 1) Dx?
- 2) 3 findings on auscultation?
- 3) Treatment according to her symptom?



Answers

1) Mitral stenosis

2) Loud S1 sound, Opening snap, Mid diastolic rumbling

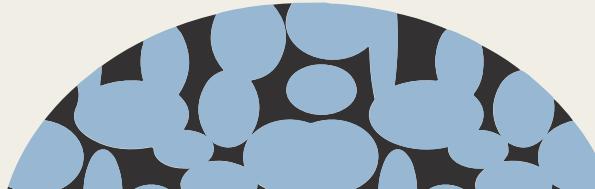
3) Beta blockers

question 4

A pt with hypercalcemia, we perform sestamibi scan as shown below, also we perform DEXA scan for the vertebrae (in the exam DEXA was normal):



Region	1	2	3
	BMD (g/cm ²)	Young-Adult (%) T-Score	Age-Matched (%) Z-Score
L1	0.913	81	-1.8
L2	1.023	85	-1.5
L3	1.061	88	-1.2
L4	1.399	117	1.7
L1-L2	0.968	84	-1.5
L1-L3	1.003	86	-1.4
L1-L4	1.110	94	-0.6
L2-L3	1.044	87	-1.3
L2-L4	1.169	97	-0.3
L3-L4	1.231	103	0.3



- 1) Dx?
- 2) ECG findings?
- 3) DEXA finding?
- 4) Definitive treatment?

1) Primary hyperparathyroidism (tumor)

2) QT interval shortening, if very severe ST segment elevation and biphasic T wave.

~~TI - 1 - 250 ms~~ Osteoporosis

3) Normal

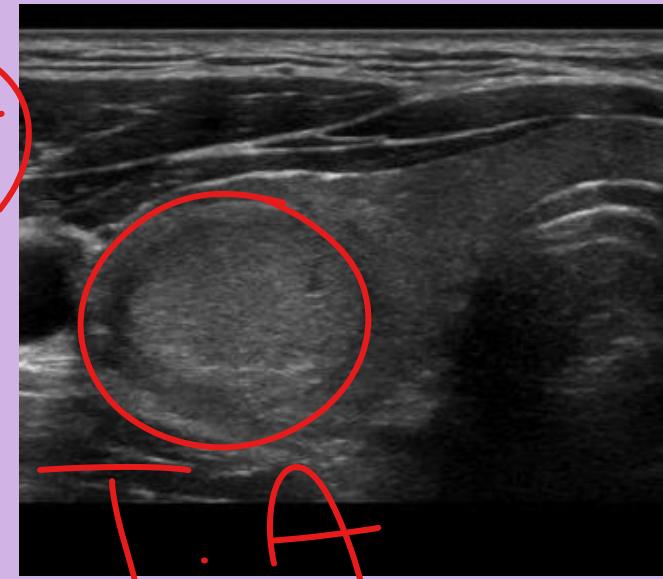
4) Surgical removal.

Q6

Toxic (not)

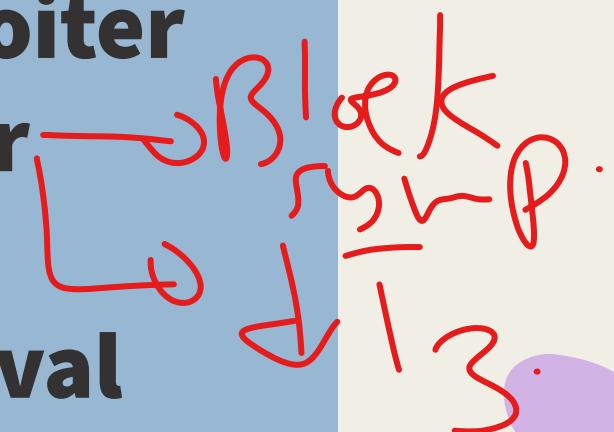
This lady complains of palpitations and tremors:

- 1) Dx?
- 2) Treatment of choice for her symptoms?
- 3) Definitive treatment?





- 1) Toxic nodular goiter**
- 2) Beta blocker
(propranolol)**
- 3) Surgical removal**



Q7

in the exam we had a brief history for each picture

A: cold agglutinin

B: temporal headache

C: i can't remember it but it was an obvious case of SLE



- 1) Spot Dx of each image?**
- 2) If B presents with shoulder stiffness and malaise, Dx?**
- 3) The name of the rash in C, one sensitive test to confirm Dx?**



- 1) A. Cryoglobulinemic vasculitis**
B. Giant cell arteritis
C. SLE
- 2) Polymyalgia rheumatica w/ Giant cell arteritis**
- 3) Butterfly rash, anti-DsDNA antibodies**

