

Mini-OSCE exam

.DR. ZAINALABIDEEN



1) Describe what u see in this photo ? **Anaphylactic patient /Angioedema**

2) What is the first drug to give? Administration of I.M. adrenaline immediately and should be handled immediately: /Prevent further contact with allergen (e.g. removal of bee sting if any). Ensure airway (may need endo-tracheal intubation)

3) What is the most diagnostic test ? lab

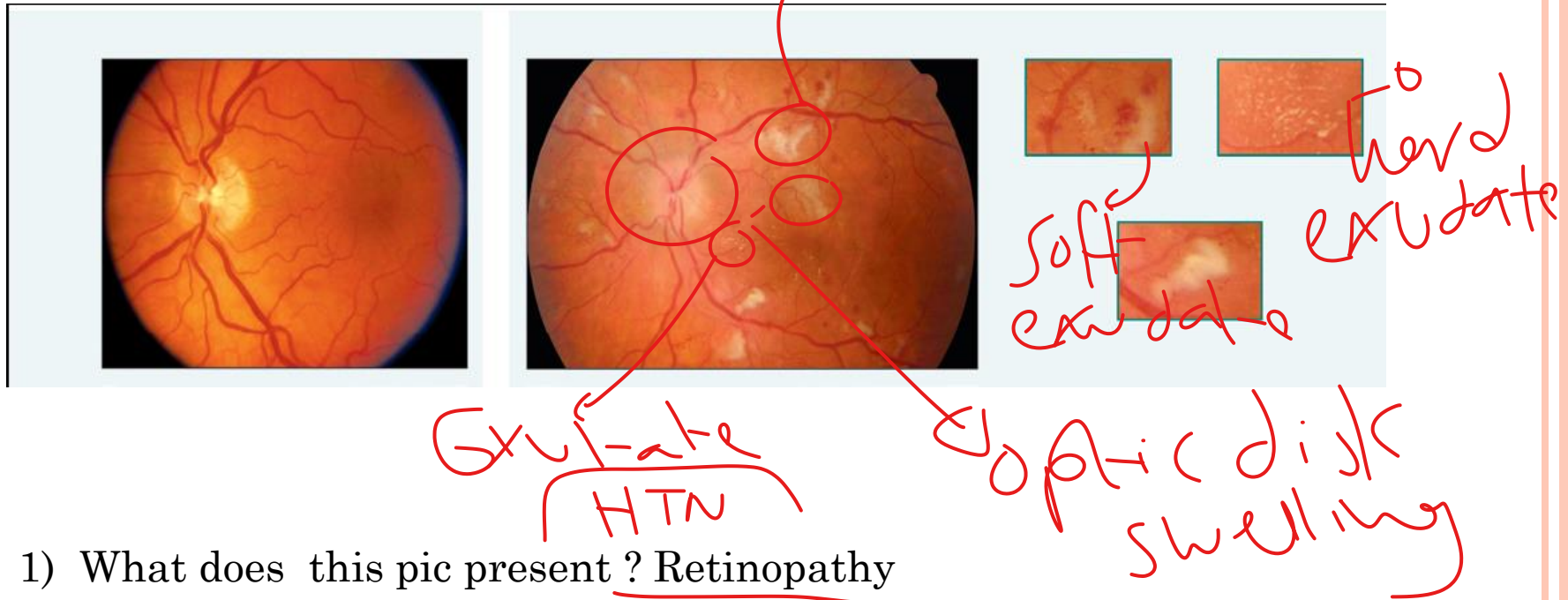
Skin حساس احسن اشئ مذکور بالمحاضرة هو ال
Prick Test بس هو بده لاب تيست والمفروض

Total serum IgE and eosinophilia

Mast cell tryptase

بس ما حد بعرف بالزبط شو الدكتور يلي بده اياه وشو
حسب انا كتبتهم كلهم الصراحة

DR. ADNAN AL SHAER



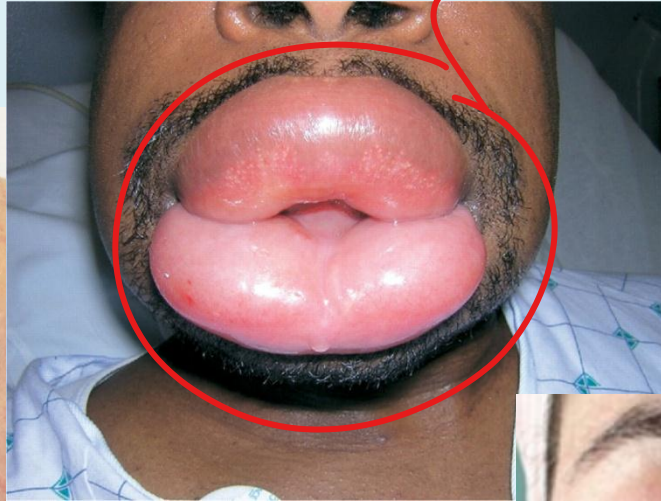
1) What does this pic present ? Retinopathy

2) What is your diagnosis ? Hypertension complication

وكان سؤال ثالث ناسية عن شو يجوز عن العلاج تاعهم

① Control BP ② Laser therapy
③ Anti VEGF

Q9



+itch
+pain/
tender

1- what is the drug that is saving his life ?

*IM adrenaline

2- What is minimal time needed to stay at hospital ?

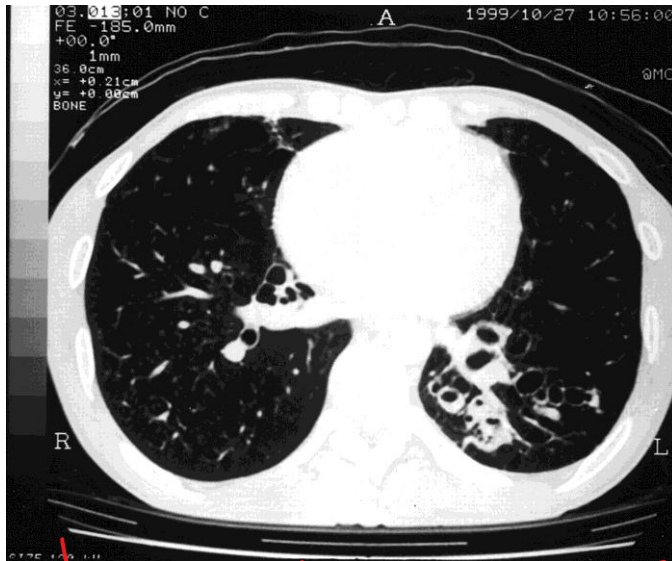
*at least 12 hours in ICU

3- Which test used to confirm dx ?

*I think skin prick test

- What is the diagnosis ? *anaphylaxis

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(X think agammaglobulinemia)

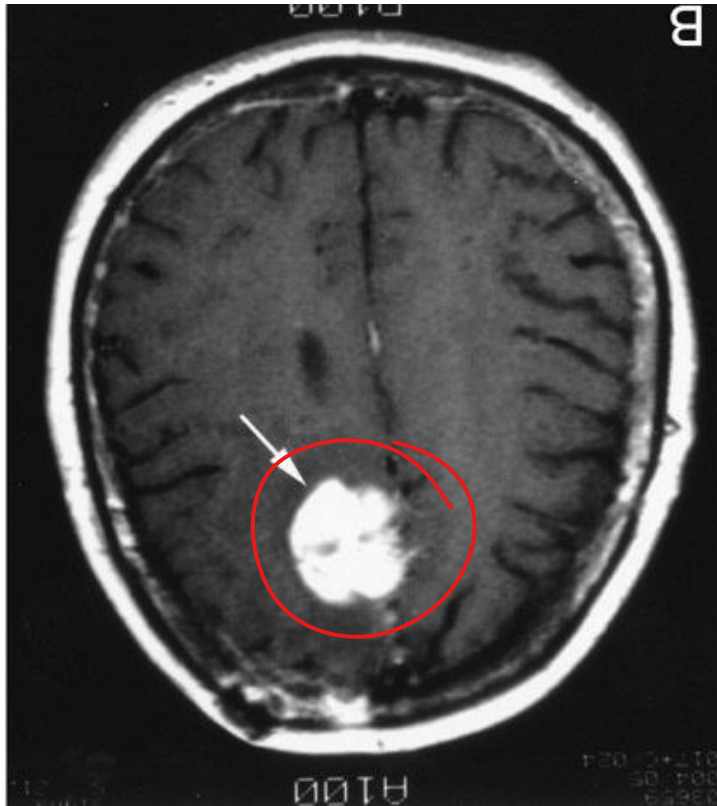
Burton's syndrome.

1. mention three manifestations.
2. what is the finding on CT?
3. what is the treatment?

- ① per neonatal myeloma
- ② mask like face
- ③ Bowing of leg

Thickened wide bronchovascular bundle (airway) → Bronchiectasis.

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This is a primary CNS disease in AIDS patient.

1. What is your diagnosis?
2. Number of CD4 cells to diagnose HIV?
3. what is the category?

Primary cerebral lymphoma
< 50 cells/mL.
C3 (< 200 / AIDS condition)

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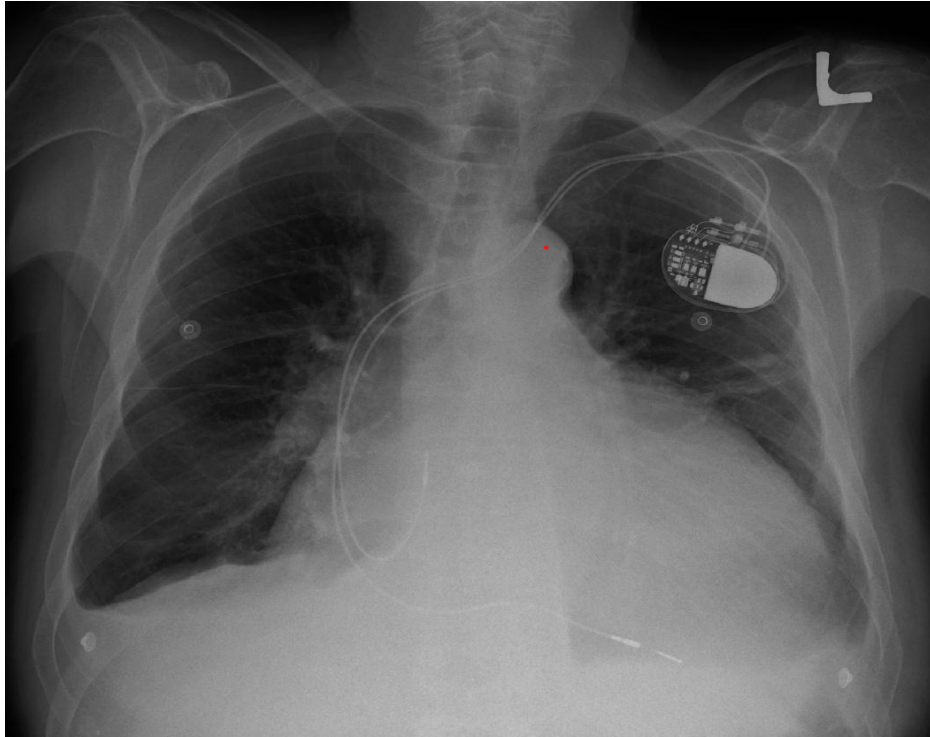
Asthmatic patient, with dysphagia.

1. what is cause of his dysphagia?
2. what is the underlying cause?
3. give him an advice.

Rinse / spacer

Candida
Esophagitis
ICS

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- ① Cardio mega.
- ② Lung cong.
- ③ fluid in fissure

1. Mention three abnormalities
2. What is your diagnosis?
3. mention 2 drugs that improve mortality.

HF

① ACEI, ARBS ② Sacbutril
③ Spironolactone Valsartan

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**this is not the same picture of the exam.*
But there was a bag that contains blood,
from a nasogastric tube, and the patient was alcoholic.

1. What is the name of the content?
2. What is the cause?
3. what will you do for him in ER?

① ABC

② 2 large IV cannula + Fluid

③ Endoscopic ligation

④ octreotide // PPI.

Blood
Esophageal varices due to
liver (cirrhosis)

19



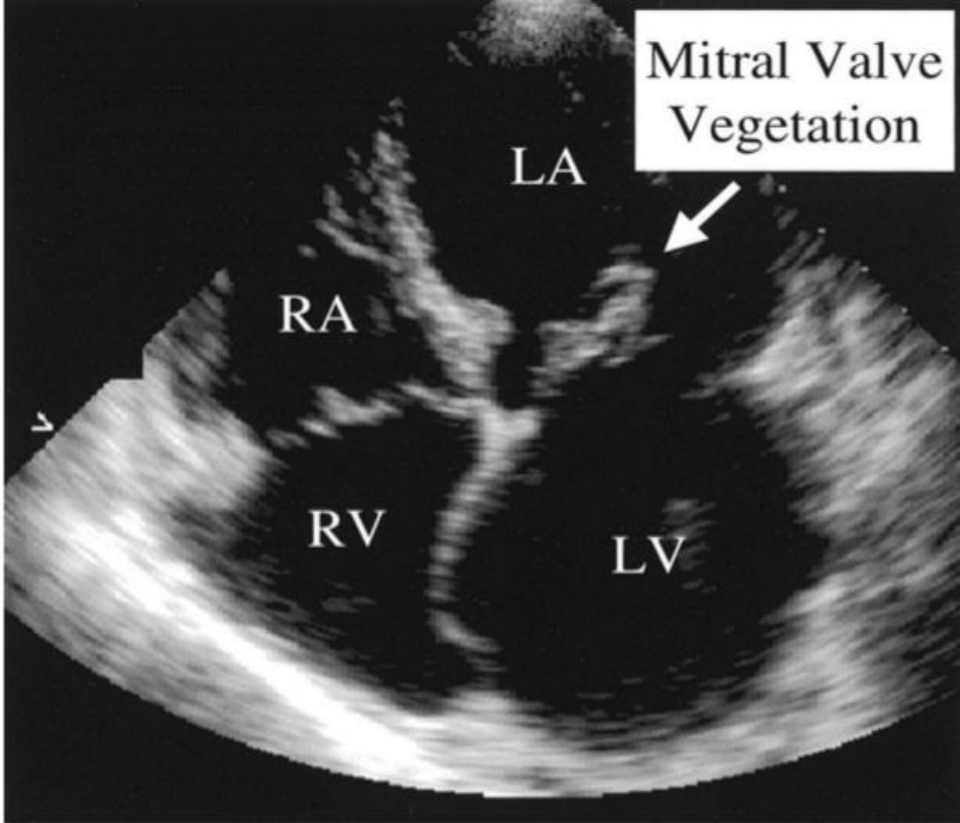
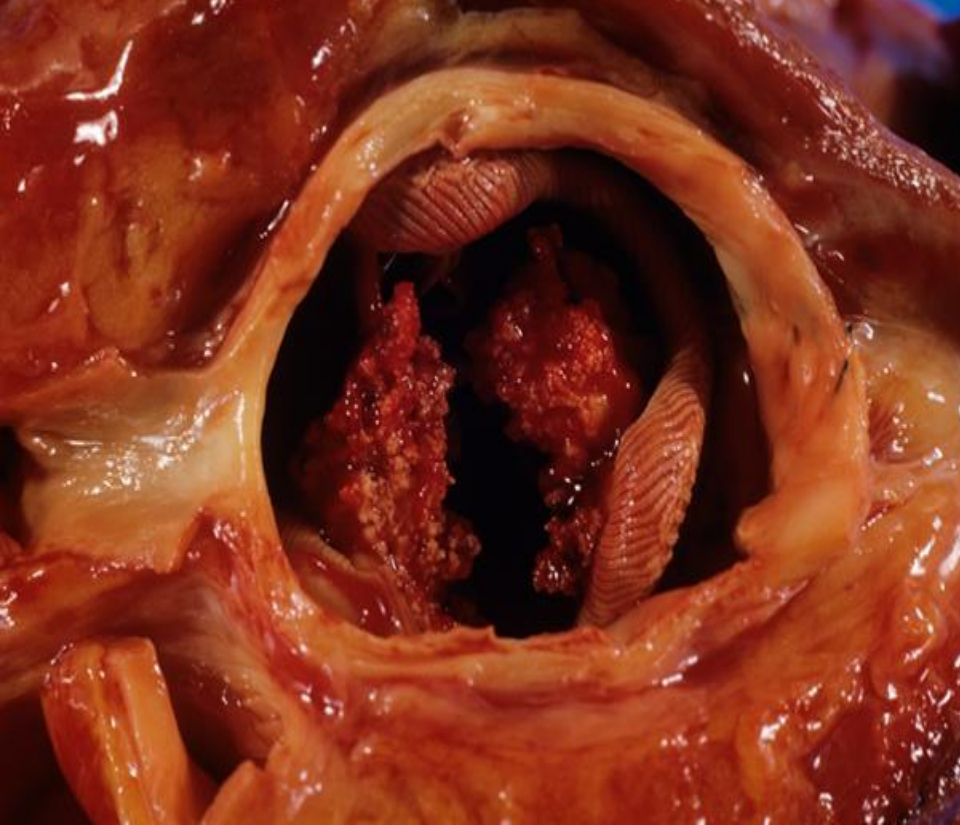
clubbing
(COPD)
Ca
Bronchitis

Smoker patient with chronic cough and sputum

1. what is the radiological way to order? Why?
2. give the patient an advise.

CT
Rule out

Stop Smoking



- MENTION THE MAJOR CRITERIA?
- MENTION 2 OF THE MINOR CRITERIA ?
- IF CULTURE WAS –VE WHAT GROUP OF BACTERIA MUST BE CHECKED ?



- +ve blood culture > 2 times and endocardial involvement on echo

- fever > 38, Osler, JN/CN.

- HACEK





- WHAT IS THE Dx?
- WHAT IS THE DIAGNOSTIC TEST?
- IS THERE IS A VACCINE? IF YES NAME IT

- Hepatitis C
- Hepatitis C antibody , HCV RNA
- NO!



18 Y female was presented to the ER with progressive vomiting and epigastric pain, her pb 90\60 HR 110 regular RR 28 T 38

Na=130, K=3.2, CL=70, HCO3=12 pco2=25, PH=7.40

BS=600

$$AG = 130 - (7.0 + 12) = 58 > 12$$

- 1- mention the metabolic disorders? RK + MAc
2- give 2 causes for her metabolic disorder? ASP/DKA
3- what caused her hyponatremia? Vomiting
4- how to correct her hyponatremia

? ① give hypertonic saline

3V.
② (1-2L)

Case 2:

A 22-year-old woman was brought to the emergency department after having ingested an unknown number of tablets of unknown medication (suicide attempt).

Findings: Decreased pH, Decreased bicarbonate concentration.
We forgot the numbers.

1. Acid-base disorder: Metabolic acidosis with respiratory alkalosis.
2. Calculate the anion gap: Wide anion gap.
3. Breathing type: Kussmaul breathing.
4. What do you think about the type of the tablets?
Salicylate (Aspirin).



A patient with ESKD comes with fever and chills (infection)
what's the access that is used in the picture?
Central line in IJV

2- what's the most common organism?

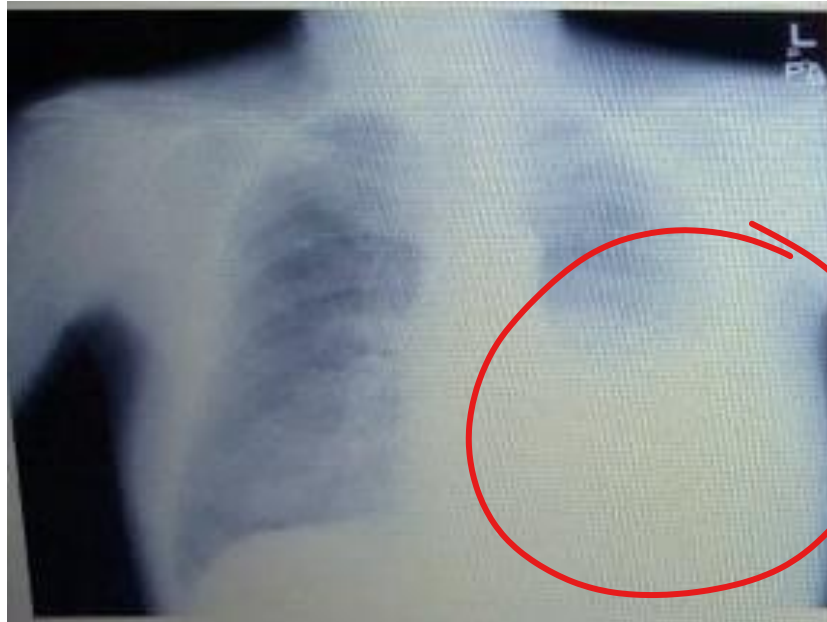
Coagulase negative staph esp staph epidermidis.

3- give safer alternative?

AV fistula.



A 45-year-old male patient, presented with 3 days history of chest pain, associated with productive cough and high-grade fever. his symptoms goes back to 1 week ago when he has had a fever and cough. his labs showed leukocytosis WBCs 21000/yil and his chest x-ray shown below, accordingly all of the following could be observed in chest physical exam EXCEPT:



*Para Pneumonic
Effusion*




accordingly all of the following could be observed in chest physical exam EXCEPT:

- A. Creation at the left basal area by auscultation. *→ pneumonia only.*
- B. Absent air entry at the left lower chest
- C. Left lower chest stony dullness to percussion.
- D. Decrease tactile vocal fremitus
- E. Decrease Left chest expansion.



A 35 year old farmer presented with four weeks of fever, night sweats, anorexia weight loss and dry cough O/E, chest auscultation revealed no significant findings except scattered crackles and wheezes, and the laboratory tests showed anemia, and leucopenia. The chest X-ray (CXR) is attached in the Figure. The most likely diagnosis of this patient is one of the following options, which one is it?





• The most likely diagnosis of this patient is one of the following options, which one is it?

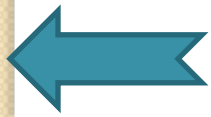
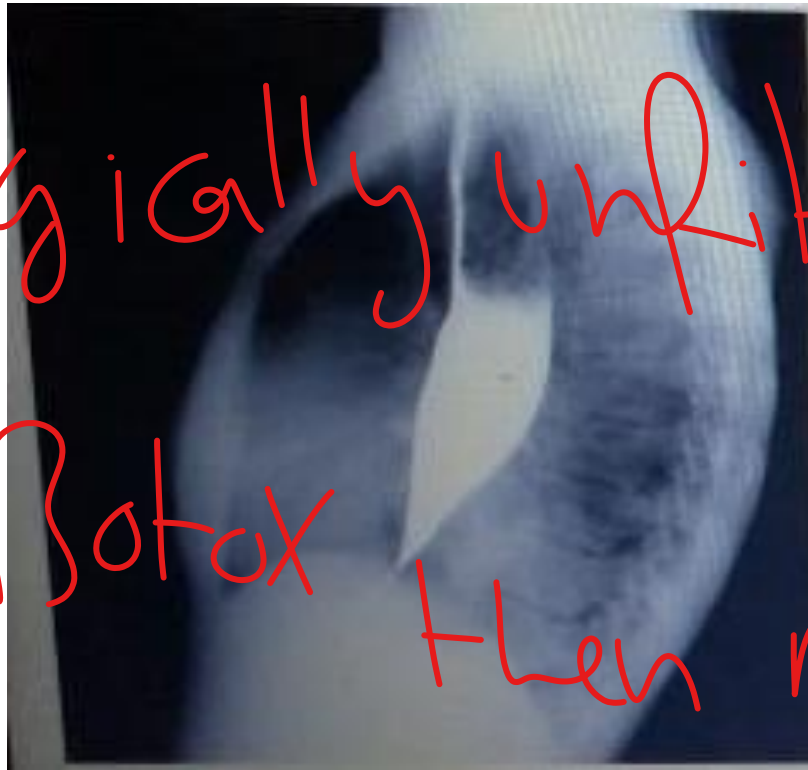
- ☒ A. Miliary tuberculosis.
- B. Pulmonary oedema
- C. Community acquired pneumonia (CAP).
- D. Cryptogenic organising pneumonia.
- E. Broncho-alveolar cell carcinoma.



The most appropriate treatment for a 70-year-old with diabetes, hypertension, history of myocardial infarction and ejection fraction of 20% who is complaining from severe dysphagia, and his barium swallow picture seen below:

↳ Surgically unfit

↳ Botox then medical.



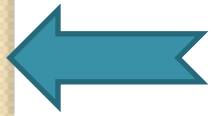
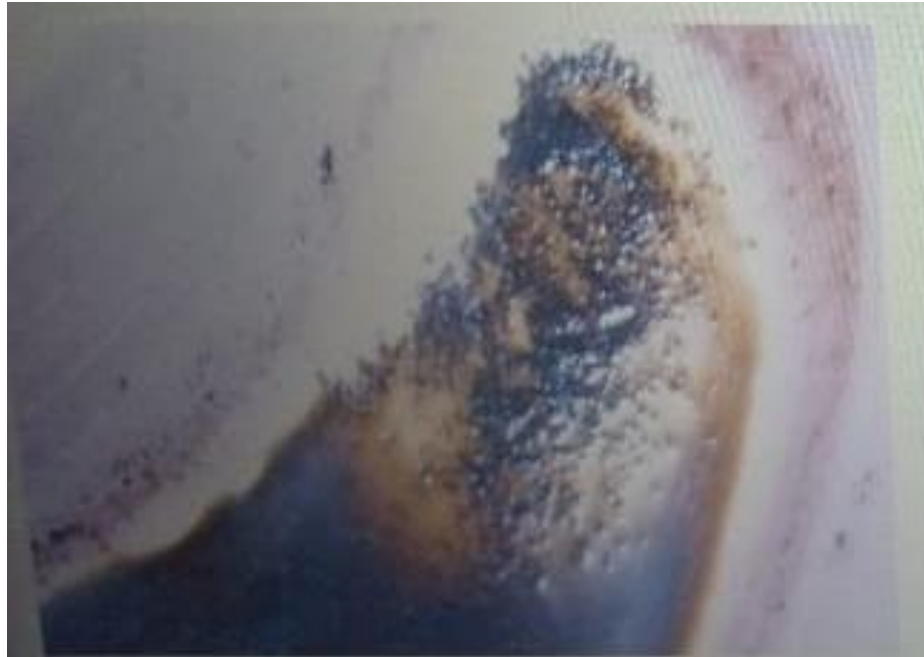


• The most appropriate treatment is

- A. Oral Proton Pump Inhibitor
- B. Intramuscular lower esophageal Botox injection.
- C. Balloon dilatation
- D. Surgery
- E. Oral nitrates and calcium channel blockers



Q 6-year-old female pt. was seen in the ER. complaining from epigastric pain and vomiting for 2 days, she showed you the picture of her vomitus as below, upon exam her vitals were within normal and just has had minimal epigastric tenderness, she refused the admission and asked you for advice to avoid worsening of her condition. All of the following are accepted advice , EXCEPT:





• All of the following are accepted advice ,
EXCEPT:

- A. Gluten free diet
- B. Start proton pump inhibitor as Omeprazol
- C. Esophagogastroduodenoscopy (EGD) as soon as possible.
- D. Avoid Non steroidal pain killer
- E. Stop smoking



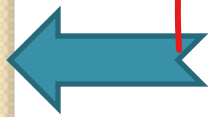
A 45 y old female patient, presented to you with abdominal distension for 2 months duration (look to her abdomen below) . serum samples showed that her total protein = 65 g/l (NL:63-80 g/l), albumin level = 35 g/l (NL:34-54 g/l), normal ALT ,AST and phosphates. fluid sampling from her abdominal wall showed a straw-colored fluid with albumin level = 28 g/l, RBCS=200 cell/ml , WBC =350 cell/ml.

which one of the following is the most likely the cause of her abdomen problem:



$$SAAG = 3.5 - 2.8 = 0.7$$

1.1 > (0.7)



which one of the following is the most likely
the cause of her abdomen problem:

- A. Liver cirrhosis
- B. Budd-Chiari syndrome
- C. Alcoholic hepatitis
- D. Heart failure
- E. Pancreatitis

} ≥ 1.1



You have been called to examine the patient of the below picture, who presented with confusion and headache, all of the following are expected to find, EXCEPT:



→ Organophosphory
= Parasympath
eff.

- A. Dry mouth
- B. Diffuse crackles all over the chest
- C. Full urinary bladder
- D. Myosis
- E. Sweetypateint



35-5.3

You are evaluating 30-year-old male patient labs. in which : Na=140 meq/l, K=3 meq/l, Cl= 112 meq/l, ° Ph=7.25, PCO2= 25 mmHg, HCO3= 20 mmol/l, Which one of the following could be the cause of this patient illness:

- A. Rhabdomyolysis
- B. Ethylene Glycol intoxication
- ☒ C. Renal tubular acidosis type I
- D. Diabetic ketoacidosis
- E. Renal tubular acidosis type 4

Acidosis // metabolic acidosis, NAG // RAR

←

25 - 29.9 , 30 - 34.5 , ≥ 35

Q2 :pt 30y old present for regular hospital check up his :

Wt:124

hight:200cm

bp:127/80

HbA1c:7.5

giuco-check:53

$$124/4 = 31$$

-what is the BMI for this pt? $Wight/hight^2 = 124/(200)^2$

سهلة ما بدها الة حاسبة رياضيات صف ثالث ع قولت الدكتور وقت الامتحان x_X

-What this BMI indicate ? *overweight ..it should be obese

-what is the diagnosis for this pt or what he is having?

DM pt. $Hb > 6.4$

-what investigation you will order for this pt ?

Full lipid profile +KFT

Q4: a pt with abdominal pain ,with hx of diclofenac sodium(NSAID) etc..?

-Mention 3 character for the stool in the pic?
Watery ,sticky , afoul smell.

Black tarry

-What is your diagnosis ?PUD.

-Mention 2 lines of management for this pt?
stop NSAID+PPI.



Q5: pt complaint from epistaxis, RUQ abdominal pain, joint pain .. and pic near to this attached?

Al/Kaptonuric

L. cirrhosis =

↓ jaundice

this was my answer not suer

-What is your dx? [redacted]

-What do you thing the cause for the joint and abdominal pain? [redacted]

[redacted]

Cirrhosis

corneal astigmatism

↓ focal brown pigmentation



Q6: i don't remember the formula but here is the Q related:

-What is this?

AV-fistula (artervenoues fistula)

-What is the complication of ESRD(end stage renal dis)?

Heart failure

(due to volume overload)

-What is the complication of using this in the pic?

Phlebitis , infection

-What is the indication of dialysis in ESRD?

Volume over load, HyperK.

-IF the pt have $\text{Ph}=7.25$, $\text{Hco}_3=12$, $\text{CO}_2=35$..etc

-what is the acid base that this pt have?

It was simple Metabolic acidosis *(don't forget to calculate if it was compensated or not ,to say its metabolic acidosis alone not enough).

-what is the anion gab? Wide anion gab

-what is the type of respiratory failure this pt have?

Type one respiratory failure .



Q8

Male pt, 2 hr history of dysphagia,
endoscopy as shown below:

1) Dx?

2) Prominent cell under microscopy?



circular rings

(trachealization)



1) Eosinophilic esophagitis

2) Eosinophils