



**UNIVERSITY OF JAFFNA, SRI LANKA**  
**FINAL EXAMINATION FOR MEDICAL DEGREES (1<sup>ST</sup>)-MARCH 2022**  
**ACADEMIC YEAR 2014/2015**  
**Medicine - Paper II**

Date: 11.03.2022  
 Answer all Ten questions

Time: 03 hours ( 01.30 pm – 4.30 pm)

Index number: .....

**Question Number: 01**

A 65-year-old male with a history of hypertension and diabetes of 10 years duration presents to the medical emergency with palpitation. He had an anterior circulation Transient Ischaemic Attack(TIA) two years back. On examination his pulse rate is 110/minute irregularly irregular in nature and the blood pressure is 165/100 mmHg.  
 His regular medications are metformin 500 mg tid, amlodipine 5 mg od, hydrochlorothiazide 25 mg od, atorvastatin 20 mg od and aspirin 150mg od.  
 ECG revealed an atrial fibrillation.

1.1 Name **two** other clinical conditions that can cause irregularly irregular pulse (10 marks)

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1.2 Name **two** other clinical features of atrial fibrillation. (10 marks)

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1.3 Name **two** ECG findings of Atrial fibrillation (10 marks)

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A diagnosis of heart failure with preserved ejection fraction (HFpEF) was made after the initial evaluation.

1.7 Name **two** cardiac structural conditions that can cause heart failure with preserved ejection fraction (10 marks)

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1.8 Name **two** medications that could improve the prognosis in a patient with heart failure with preserved ejection fraction (HFpEF). (10 marks)

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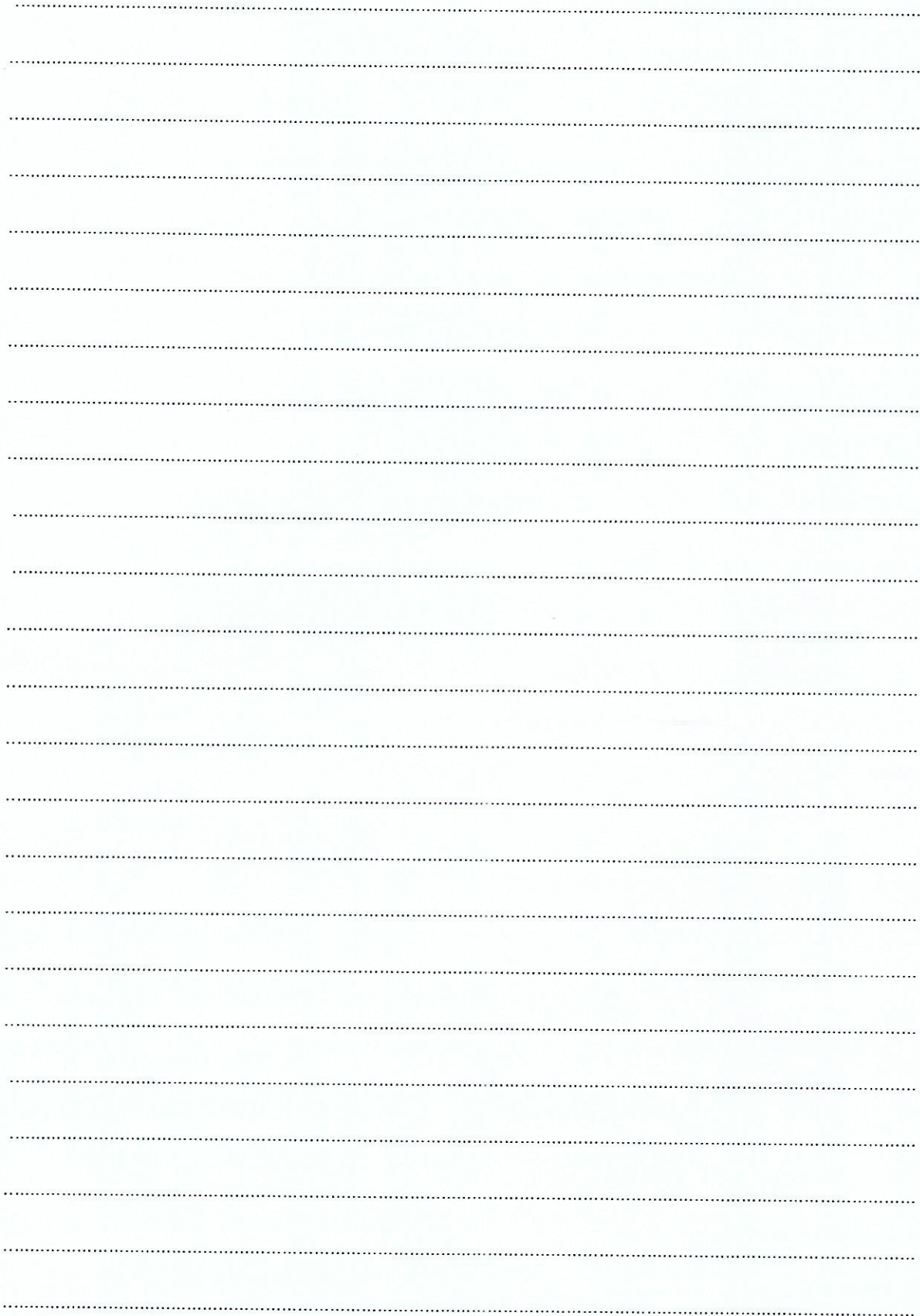
















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**Question Number: 03**

A 68- year- old male was transferred from D.G.H Kilinochchi for further evaluation of progressively worsening of renal function. Patient had been well and was in usual state of health a month prior to admission; but had felt vaguely unwell and progressively lethargic for one month duration and had developed bilateral leg swelling for one week duration. He does not have fever or any other constitutional symptoms. He does not have any other complaints; questions directed to other systems do not reveal any other concern as well. On arrival to TH Jaffna, his blood pressure is 170/100mmHg. There is pitting edema up to mid-shin level. His lungs are clear on auscultation.

His initial investigations performed at local hospital shows the following:

UFR Protein 2+  
RBC: 50-60/HPF  
Pus cells 8-10/HPF  
FBC – Hb 10g/dL – MCV 83 fl  
WBC –  $11.7 \times 10^9/L$   
Platelets  $420 \times 10^9/L$   
CRP- 68 mg/L  
ESR – 90mm/1<sup>st</sup> hour  
24 hour protein excretion 1.4g  
Serum creatinine on admission to the local hospital:  
1<sup>st</sup> day  $140 \mu\text{mol/l}$   
2<sup>nd</sup> day  $192 \mu\text{mol/l}$   
3<sup>rd</sup> day  $286 \mu\text{mol/l}$

Ultra sound KUB- showed normal sized kidneys with increased echogenicity  
Hepatitis B and C screening – Negative  
RAT for SARS-CoV-2 – Negative

3.1 What is the clinical syndrome manifested in the above patient?

(10 marks)

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**Question Number: 04**

A 20-year-old male (weight 56kg) with type 1 diabetes mellitus on pre-mixed insulin presents with a history of fever of 6 days and dizziness of one day duration. Fever was associated with myalgia, arthralgia and retro-orbital pain. He has no symptoms suggestive of either respiratory or urinary tract infection. Examination on arrival reveals a blood pressure of 95/85 mmHg, pulse rate of 126 bpm-regular, reduced breath sound on right lung base and a temperature of 37<sup>0</sup> C. Peripheries are cold and pulses are week. Results of investigations done at OPD in the same day morning shows

- FBC Hb 17g/dL
- Hct- 51 ( base line 40)
- WBC – 1200/mm<sup>3</sup>
- Platelets – 22,000/mm<sup>3</sup>
- CRP – 2.4 mg/L (<5)
- RBS – 246 mg/dL

4.1 What is the likely diagnosis for this presentation? (10 marks)

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4.2 List four other important and relevant physical signs you would look for and write the expected findings (20 marks)

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4.7 How do you treat the condition mentioned in 4.6 ?

(5 marks)

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4.8 Brief the role of vaccine in preventing this illness

( 10 marks)

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While in the ward this patient becomes very symptomatic with giddiness and blood pressure drops to 80/60mmHg.

5.3 What is the most likely reason for clinical deterioration? (10 marks)

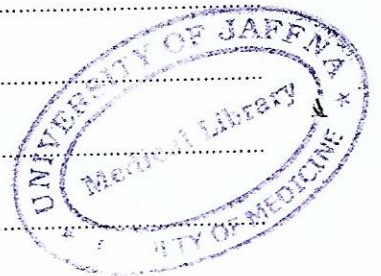
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5.4 How do you investigate the condition mentioned in 5.3 ? (15 marks)

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5.5 How will you manage the condition mentioned in 5.3? (35 marks)

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**Question Number: 06**

**Part A**

A 60-year-old female who is on treatment for major depression with poor clinical response presents with seizure to the emergency unit. On arrival she is afebrile, heart rate 140bpm, blood pressure 140/90mmHg, GCS 14/15 and has dilated pupils. She develops a second episode of seizure after admission.

Initial investigations reveal

Capillary blood glucose 110mg/dL

Na 139mmol/L

K 4.2mmol/L

FBC: WBC 7600/mm<sup>3</sup>, Hb 12.1g/dL, Platelet 280000/mm<sup>3</sup>

CRP 1.2mg/L

NCCT brain-normal.

6.1 What is the most likely clinical diagnosis? (10 marks)

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6.2 What further information you would like to gather from the relative of this patient? (15 marks)

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**Question Number: 07**

A 43-year-old mason presents with a history of lethargy, loss of weight and fever of 2 months and productive cough of 6 weeks duration. On clinical examination, he has left upper zone crackles with no clubbing or cervical lymph node enlargement.

7.1 What is the most likely diagnosis ? (5 marks)

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7.2 List three important differential diagnosis you would consider in this patient? (10 marks)

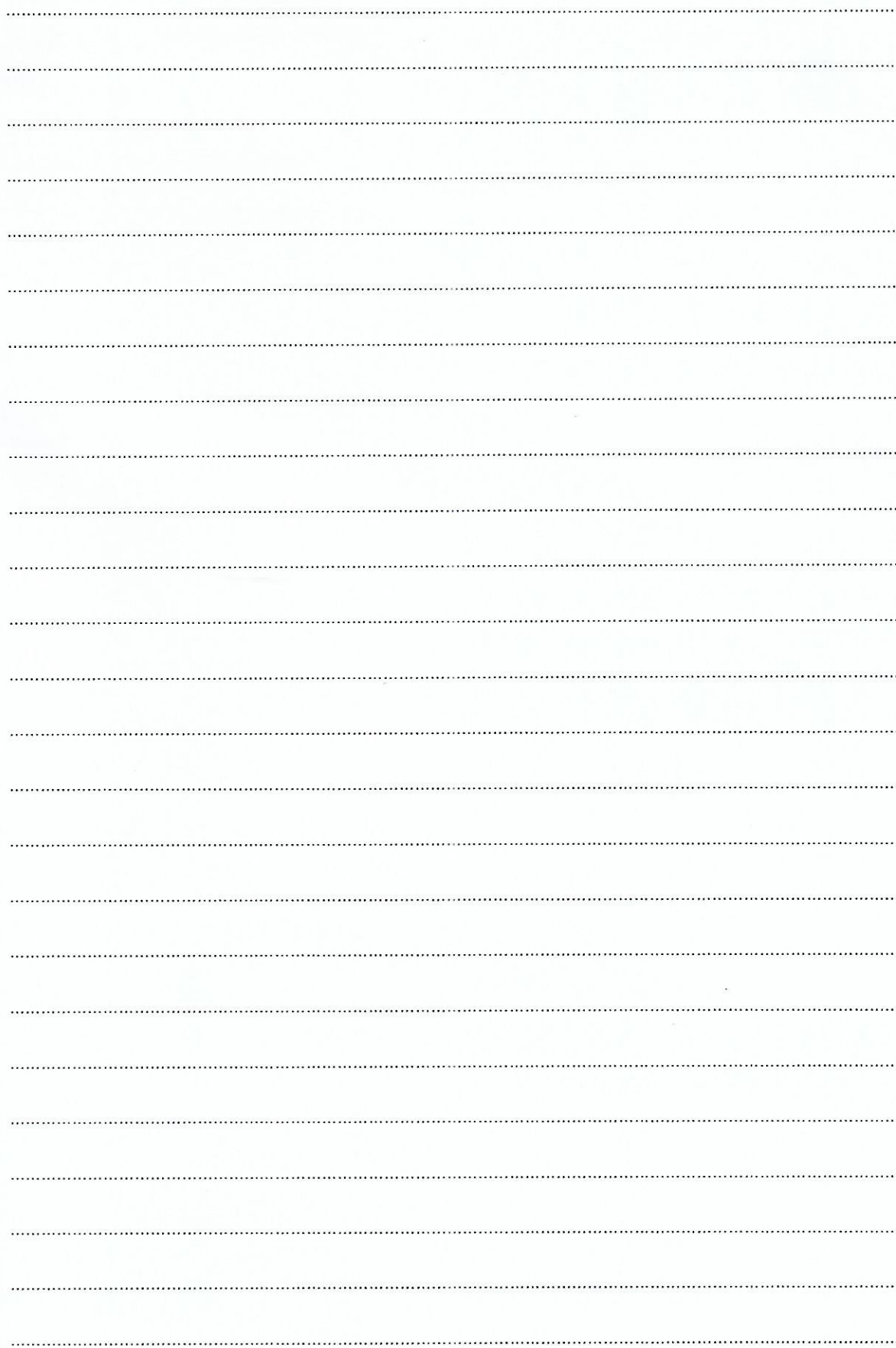
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7.3 If you are a house officer, mention the investigations you will perform in this patient and give reasons? (20 marks)

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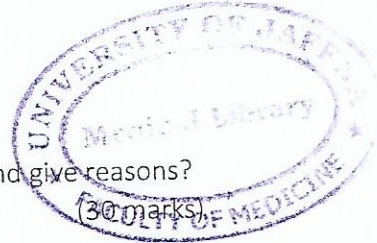












8.3 Mention the investigations you would perform to arrive at a diagnosis and give reasons?

(30 marks)

A series of horizontal dotted lines provided for writing the answer to question 8.3.



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After initial treatment she has lost the follow up and presents again with gum bleeding and ecchymosis at the POA of 37 weeks of pregnancy (G<sub>1</sub>P<sub>0</sub>). Obstetric care team has taken the decision to have a caesarian section in 5 days time.

FBC on admission shows

- Hb-9.5g/dL
- WBC- 10,000/mm<sup>3</sup>
- Platelets- 22,000/mm<sup>3</sup>

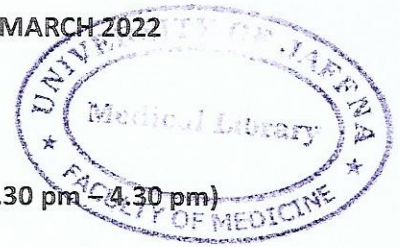
8.5 What specific treatment you will consider to increase the platelet count before the planned surgery. (10 marks)

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**Question Number: 09**

**Part A**

A 46-year-old male is evaluated for a 3 months history of large volume, watery, non-bloody diarrhea even at nights. He reports no abdominal pain but experience 6 kg of unintentional weigh loss. On examination, he is pale, dehydrated and lethargic. Vital signs are normal with a heart rate of 95bpm, regular, blood pressure of 100/50 mmHg.

9.1 What are the clinical features that differentiate secretary diarrhoea from osmotic diarrhoea? (10 marks)

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9.2 List **three** differential diagnosis for above presentation? (10 marks)

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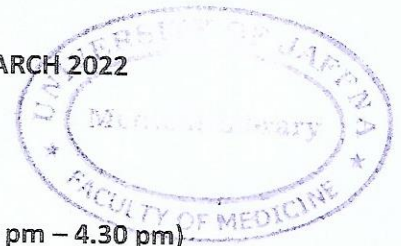








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**Question Number: 10**

A 32-year-old policeman is evaluated for back pain over a period of 6 months duration. He experiences severe pain at the lower back almost every day when he wakes up in the morning, finding difficult to go to duty. Sometime he lost sleep due to this pain. However he could manage to perform his official duties during the day. Physical examination is unremarkable except tenderness over either side of sacrum.

10.1 How will you clinically differentiate inflammatory from non-inflammatory back pain?  
(15 marks)

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10.2 Mention the specific clinical tests you perform in this patient to demonstrate the inflammatory back pain?  
(10marks)

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10.3 Mention the initial investigations you will perform for this patient?

(15marks)

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10.4 Give 5 differential diagnosis of his presentation?

(15 marks)

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10.5 This policeman has a family history of similar back pain, what could be the likely diagnosis?

(10 marks)

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10.7 List three complications he may develop due to his illness mentioned in 10.5? (15 marks)

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