



**UNIVERSITY OF JAFFNA, SRI LANKA**  
**FINAL EXAMINATION FOR MEDICAL DEGREES - August 2022**  
**ACADEMIC YEAR 2014/2015**

**Medicine Paper II**

Date: 01.08.2022

Time: 3 Hours

Answer all ten questions

Index number: .....

**Question Number: 01**

A 22-year-old female on carbamazepine for complex partial seizure presents with a history of ingestion of unknown number of standard release paracetamol tablets (500mg) taken an hour prior. She is asymptomatic apart from nausea and vomiting. On clinical examination, she has normal vitals.

1.1 What test you will perform to confirm the paracetamol toxicity? (10 marks)

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1.2 When do you perform the test mentioned in 1.1? (10 marks)

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1.3 List five other investigations you will do? Give reasons. (20 marks)

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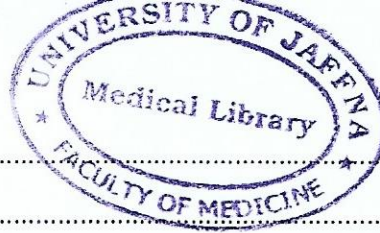
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1.4 Outline the management of this patient during first 24 hours if she has taken toxic dose of paracetamol. ( 40 marks)

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1.5 Briefly explain the impact of carbamazepine on paracetamol overdose in this patient.

(20 marks)

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**Question Number: 02**

A 26-year-old female presents with a history of fever with chills and rigor, dysuria and increased frequency of micturition of 3 days duration. She also has nausea, vomiting and right loin pain. She was treated for three similar episodes during last one year. She is not on any regular medications.

2.1 What is the most likely diagnosis? (10 marks)

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2.2 What investigation you will perform to confirm your diagnosis mentioned in 2.1? (10 marks)

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2.3 List three common organisms that cause the condition mentioned in 2.1? (15 marks)

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2.4 Outline the management of this patient during the first 48 hours. (25 marks)

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2.5 List two complications of the condition mentioned in 2.1. (10 marks)

Page 2 of 4

2.6 List five risk factors that are known to cause recurrent episodes.

(15 marks)

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2.7 What steps you will take to prevent the recurrent episodes?

(15 marks)

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**Question Number: 03**

A 65-year-old male presents with lethargy, tiredness and exertional shortness of breath of one month duration. On examination he is pale and has mild pedal oedema.

His initial investigations reveal the following

Hb                6.2 g/dl(11.5-15.5), MCV 108fl

WBC            3200/mm<sup>3</sup>(4000-11000)

Platelet        120 000/mm<sup>3</sup>(150-400000)

3.1 Give 3 causes for above clinical picture.

(15 marks)

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3.2 Write the expected findings in the blood picture for the causes mentioned in 3.1.

(15 marks)

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3.3 What further investigations would help in the evaluation of this patient? Give reasons. (30 marks)

[illegible]

On further assessment he is found to have numbness and weakness of bilateral lower limbs. Clinical examination reveals exaggerated bilateral knee reflexes with absent ankle reflex and upgoing plantars.

(10 marks)

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(30 marks)

[illegible]







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Question Number: 04

A 56-year-old bank manager presents to the emergency department with sudden onset numbness and weakness of the right hand. He was at a lunch with his friends and was completely well until the incident. According to his friend he had difficulty in finding the right word. While walking to the car he has noticed a mild weakness on his right leg as well. He is brought to the emergency department within 40 minutes of onset of symptoms.

4.1 List 5 important information you will gather in this patient? (20 marks)

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4.2 List 3 important physical signs you would look for to find the aetiology. (10 marks)

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(10 marks)

This image shows a single sheet of white paper with ten horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(10 marks)

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(50 marks)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a full page of a handwriting practice worksheet. It consists of multiple sets of three horizontal dashed lines, providing a guide for letter height and placement. The lines are evenly spaced across the entire page, which is otherwise blank.







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5.3. Her Hb is 5.2g/dL. How will you manage her anaemia? (20 marks)

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5.4 What maternal and fetal complications are expected in this patient due to the underlying illness if she becomes pregnant? (20 marks)

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6.4 How will you investigate her to find the reasons for persistent symptoms? (20 marks)

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**Question Number: 07**

A 45-year-old male who returned from India after a business trip one week ago, presents with yellowish discoloration of sclera and passing dark colored urine of three days duration. He reports fever, significant anorexia, nausea and few episodes of diarrhoea. On examination, he is afebrile, icteric and has a tender hepatomegaly.

7.1 What is the likely clinical diagnosis of this presentation? (10 marks)

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7.2 Give three possible causes of the above-mentioned condition? (10 marks)

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7.3 List the basic investigations you will arrange for this patient and give reasons? (20 marks)

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7.4 What is the life threatening complication he may develop? (10 marks)

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7.5 How will you manage the condition mentioned in 7.4? (50 marks)

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**Question Number: 08**

A 32-year-old female presents with the history of unintentional weight loss and intermittent palpitation for the last three months. She has lost 10 kg over this period. She appears quite nervous during the consultation. On examination pulse rate is 112 bpm, irregular and BP is 145/70 mmHg.

8.1 What is the clinical diagnosis of this presentation?

(10 marks)

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8.2 What further relevant information you will ask from the patient to support the clinical diagnosis?

(15 marks)

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8.3 What are the clinical signs you will elicit in this patient?

(15 marks)

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8.4 How will you confirm your diagnosis?

(10 marks)

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8.5 What other investigations you will arrange in this patient to identify the aetiology for the condition mentioned in 8.1?

(10 marks)

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8.6 Discuss the management options for this patient?

(40 marks)

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Handwriting practice lines consisting of 25 horizontal dashed lines.





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Question Number: 09

A 56-year-old man is referred to medical clinic for further evaluation of renal impairment. He has no significant complaints except intermittent leg swelling which generally occurs following long travel. He has been diagnosed with hypertension and dyslipidemia for the last 5 years; on enalapril 5 mg BiD and Atorvastatin 20 mg nocte. His family history is significant for kidney disease of one of his brothers but he is unaware of the details. On examination his blood pressure is 150/80 mmHg and heart rate is 84 beats /minutes.

His investigations are as follows,

UFR	Protein 2+
	Pus cells – 8-10/HPF
	Red cells – Nil
Hb	16g/dL(11.5-15.5), MCV 83 fl, HCT 48%
WBC	11700/mm <sup>3</sup> (4-11000)
Platelets	420000/mm <sup>3</sup> (150-400000)
CRP	12 mg/L(<5)
ESR	30mm in 1 <sup>st</sup> hour(<20)
Serum creatinine	2.8 mg/dl(<1.1)
USKUB	Enlarged kidneys each 18 cm in size and multiple cysts in both kidneys
ECG	Sinus rhythm

9.1 What is the likely diagnosis?

(10 marks)

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9.2 What medications are proven to be effective in retarding progression of above condition? (10 marks)

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In the follow up clinic the patient informs that his brother with renal disease passed away unexpectedly due to bleeding into brain.

9.3 What is the likely cause for his death? (10 marks)

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9.4 What measure could be taken to minimize similar incident in this patient? (20 marks)

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9.5 Give 4 other complications that are expected for the condition mentioned in 9.1 (20 marks)

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9.6 How would you follow up this patient in the clinic? (30 marks)

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**Question Number: 10**

A 70-year-old male with long standing diabetes presents with exertional shortness of breath of NYHA class III. Clinical examination reveals elevated JVP, bilateral ankle odema and bibasal fine crepitations. His pulse rate is 104 bpm and BP 110/70 mmHg. A bedside 12 lead ECG shows Q waves in V1-V4 leads.

10.1 What is the most probable clinical diagnosis for the above presentation? ( 10 marks)

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10.2 What initial non-invasive investigation you would request to confirm your clinical diagnosis? (10marks)

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10.3 How will you classify the diagnosis you mentioned in (10.1) based on the findings of the investigation you mentioned in (10.2)? (10 marks)

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10.4 Name a **medication** that could provide symptomatic relief for this patient.

(10 marks)

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10.5 Name 3 **medications** that could improve the prognosis of the above condition.

(20 marks)

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10.6 Name 2 **possible cardiac devices** that could improve the outcome of this patient in the future.

(10 marks)

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10.7 What are the important aspects in the **rehabilitation** of the patient with the clinical condition you mentioned in 10.1

(30 marks)

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