

- 03 A 15 year-old school boy was admitted with a history of fever of three days duration. He had noticed that his urine was dark. He complained of right hypochondrial discomfort and nausea. There was a history of travel to Kataragama two weeks back on a picnic.
- On examination he was jaundiced and there was tender hepatomegaly, liver edge was felt 4cm below the costal margin.
- 3.1 State **two** likely clinical diagnoses. (10Marks)
- 3.2 State **two** clinical features (symptoms or signs) that would support each of the two diagnoses mentioned in 3.1 (20Marks)
- 3.3 State **three** laboratory investigations you would do to differentiate between the diagnoses mentioned, and describe the expected findings. (30Marks)
- 3.4 Describe the principles of treatment , of the acute condition and one of its complications , in **any one** of the conditions you mentioned in 3.1 (20Marks)
- 3.5 Give the principles of controlling an epidemic of **one** of the diagnoses mentioned in 3.1 (20Marks)
- 04 A 38 year old diagnosed chronic kidney disease patient was admitted to emergency department with confusion and drowsiness. On examination he was mildly pale, hypovolaemic.
- BP - 130/100mm Hg.
- Blood urea – 130 mg/dl
- Na⁺ - 115 mEq/l
- K⁺ - 4.2 mEq/l
- RBS – 126 mg/dl
- Hb - 10.0 g/dl
- HCO₃⁻ -18 mEq/l
- 4.1 What is the reason for confusion and drowsiness? (20Marks)
- 4.2 List the possible causes of above problem. (20Marks)
- 4.3 List the other investigations that would be helpful in evaluation of the causes mention in 4.2 (20Marks)
- 4.4 Describe the management of this patient. (40Marks)

- 05 A 30 years old previously healthy male was admitted to a medical ward with a history of fever, loss of appetite and shortness of breath of three weeks duration. On clinical examination, he was found to be pale. Auscultation of the precordium revealed a pansystolic murmur at the apex. Splenomegaly was detected in the abdominal examination. Preliminary investigation confirmed anaemia (Hb- 7g/dl).
- 5.1 What is the most likely clinical diagnosis you would entertain in this patient? (10Marks)
- 5.2 How will you investigate this patient to confirm the diagnosis? (30Marks)
- 5.3 Discuss the management of this patient. (40Marks)
- 5.4 List the possible complications that can occur in this patient. (20Marks)
- 06 6.1 List **five** causes of chronic diarrhoea. (30Marks)
- 6.2 What investigations are useful to find out the cause? (30Marks)
- 6.3 Outline the management of ulcerative colitis. (40Marks)
- 07 A 39 year old mother of one child whose partus was complicated with massive post partum haemorrhage was complaining loss of weight, generalized weakness, hoarsness of voice, loose motion on and off and secondary amenorrhoea. Examination showed wasted appearance, scanty hair, coarse and dry skin. Her pulse rate was 56 per minute with a significant postural drop in blood pressure.
- 7.1.1 What is the most probable diagnosis? (20Marks)
- 7.1.2 What are the other causes of the above presentation? (40Marks)
- 7.2 What precautionary measures one should consider in treating any patient with hypothyroidism? (40Marks)
- 08 A 22 year old girl presented with gum bleeding and multiple red skin patches over the period of three weeks duration. Her investigations revealed:
- ESR 30 mm;
Hb - 12.8 g/dl;
WBC - 8400/mm³, N-70, L-30;
Pl- 25,000/mm³
- 8.1 What is the most probable diagnosis for the above presentation? (10Marks)
- 8.2 List **two** other possible differential diagnoses? (10Marks)
- 8.3 List **four** investigations to arrive at a diagnosis and the underlying causes. (20Marks)
- 8.4 Briefly describe the management of the most probable diagnosis you mentioned in 8.1 (60Marks)

- 09 A 60 year old man, previously not on any long term medication was unable to get out of bed in the morning. His wife found that he was unable to move his left arm and leg and mouth was drawn to one side. He was brought to hospital and admitted that evening.
- 9.1 What is your working diagnosis? (10Marks)
- 9.2 Enumerate the physical signs that you would look for to find a cause of the above diagnosis? (30Marks)
- 9.3 What is the imaging that is needed? How urgently? (10Marks)
- 9.4 What are the neurological functions you would assess in this patient with a view to immediate nursing and medical care? Enumerate. (25Marks)
- 9.5 What are the aggravating factors of brain dysfunction you could easily manage in a medical ward? Enumerate. (25Marks)
- 10 A 50 year old known patient of Bronchial Asthma for 10 years was well controlled with beclomethazone dry powder inhalation 400 µg twice a day and salbutamol 200 µg as needed until May 2010. Since then he had 6 admissions to hospital with one life threatening attack. Recently he has changed his occupation to nearby grinding mill as labourer because of osteoarthritis of knee joints.
- 10.1 Write **two** possible causes for his poor control of Bronchial Asthma. (10Marks)
- 10.2 Write **four** other causes of poor control of Bronchial asthma. (10Marks)
- 10.3 If he was admitted with acute exacerbation of Bronchial asthma and still in the ward, what factors will you consider on advising the patient on discharge. (20Marks)
- 10.4 What are the medications (with dose and duration) and advice he should be given on discharge? (40Marks)
- 10.5 Orthopaedic surgeon advised to do knee joint replacement. What special pre-operative preparation needed for his asthmatic control? (20Marks)