

NATIONAL UNIVERSITY OF SCIENCE AND TECHNOLOGY

FACULTY OF MEDICINE

DIVISION OF CLINICAL PRACTICE AND PATIENT CARE

BACHELOR OF MEDICINE AND BACHELOR OF SURGERY DEGREE

PART IV FINAL EXAMINATION

MCP 4002 : MEDICINE PAPER II

DATE : 29 JUNE 2009

TIME : 3 HOURS

Instructions to Candidates

Answer all questions

Section A

Short Answer (SAQs)

1. A 40 year old male presents with jaundice for one week. On examination the patient is pyrexial, jaundiced and mild hepatosplenomegaly.
 - a) List possible causes of the jaundice (4)
 - b) List investigations you would order (3)
 - c) List the possible treatment for the likely diagnosis on this patient. (3)

2. A 30 year old female is on ARV treatment for 4 weeks and now presents with dry cough, night sweats, breathlessness for one week. Initial pre-treatment CXR was normal.
 - a) What is the differential diagnosis? (2)
 - b) What is the underlying patho-physiology? (2)
 - c) What investigations are relevant? (3)
 - d) What is the emergency treatment required? (3)

3. A 22 year old female presents with loss of appetite, excessive sweating and heat intolerance for one year. On examination she has a painless goitre.
 - a) What is the diagnosis? (2)
 - b) What investigations would you do? (4)
 - c) What treatment options are available? (4)

4. A 45 year old man presents with haemoptysis,
 - a) List 5 possible causes. (5)
 - b) List 3 possible investigations and indicate which of the possible causes would be indicated or excluded by each investigation. (3)
 - c) Choose one of the possible causes and write brief notes on its treatment. (2)

5. A 25 year old female presents with left sided hemiparesis.
 - a) List 3 possible causes. (3)
 - b) Choose one of the possible causes and list 2 important investigations. (2)
 - c) Choose one of the possible causes of the hemiparesis you have listed and describe briefly how to treat. (5)

6. Concerning heart failure
 - a) List the common causes in Zimbabwe (5)
 - b) Which lifestyle adjustments are important (2)
 - c) Which drugs can improve prognosis (3)

7. A 30 year old HIV positive man has a 3 month history of severe weight loss, non-bloody watery diarrhoea and malaise.
 - a) What are the likely causes of his diarrhea (3)
 - b) How would you treat it (2)
 - c) What is his WHO stage (1)
 - d) What other treatments are indicated apart from those for his diarrhea (4)

8. A 50 year old woman is thin and pale. Hb 4,2, MCV 118, WBC 2,3, platelets 104
 - a) What time of anaemia is this (2)
 - b) What are the possible causes (4)
 - c) What other symptoms may be present (2)
 - d) What tests would you do (2)

9. A 62 year old man with a past history of TB, herpes zoster and significant weight loss presents with a severe headache, fever and vomiting. He has neck stiffness.
 - a) What are the likely diagnoses (2)
 - b) What investigations should be done (2)
 - c) List the 3 commonest causes of the headache and the initial drug therapy for each (6)

10. You are asked to see a 70 year old man 2 days post internal fixation of a fractured femur. His blood results show a creatinine of 430mmol. He is dehydrated.
 - a) What is the likely cause of his renal failure (2)
 - b) What are the important interventions over the next 48 hours (5)
 - c) What observations would be important (3)

Section B

Modified essay questions (MEQs)

11. Discuss the common causes of a stroke in a Zimbabwean patient and outline how would you manage a patient with a stroke in the first 24 hours? (20)

12. Outline the diagnostic criteria for rheumatoid arthritis. Discuss the ways in which osteoarthritis differs from rheumatoid arthritis? (20)
13. Briefly explain the principle of immune reconstitution syndrome (IRIS) and state the risk factors for its development. Indicate the common opportunistic infections involved and outline the management of the condition. (20)
14. Briefly discuss the causes of suppurative lung diseases and the appropriate investigations and treatment of each. (20)
15. List the causes of acute severe chest pain in an adult. Discuss which symptoms and examination findings help distinguish the causes whilst clerking a patient. (20)

End of Examination