ECG & X Ray

ECG & X Ray	Topic	More suggestion
ECG	**MI** Type of MI, type of MI according to ST segment, Rx St elevated acute anterior mi(v1 - v5) e st elevation , mi mx all + lipid lowering agent. streptokinase side effect Importance of different segments **SVT** **AF** Symptom, Rx,Cz At first make hemodynamically stable.Then DC shock.Then rest and others including warfarin therapy.	**Complete heart block** mx
Xray	**Consolidation** Pneumonic consolidation Mx Rx Invx pneumonia CURB-65 Severity assessment of pneumonia rt sided consolidation radiologically, clinically rt sided lobar pneumonia **Pleural effusion**	**TB** (TB cavity) **Br Ca** **Lung abscess** (cavitary lesion) Hilar lymphadenopathy Unilateral/bilateral (**Sarcoidosis**) **Not so important:** Pericardial effusion MS

Dehydration

Management of severe dehydration

Dehydration only one test ?
- Serum electrolyte ,to see hypokalemia mainly

Mx of dehydration

dehydration assessment in diarrhea,
acute watery diarrhoea

SLE

Diagnostic criteria.
Blood picture
CBC & PBF
antibody test
- Antibody.
Investigation (ESR, CRP increase, pancytopenia)
Urine finding?

Heat stroke

definition,

Stroke

definition

Genetic diseases

What are the genetic diseases

Medical emergency

Name some medical emergencies

TB

Anti -TB drugs
S/S

Gonorrhea

Rx
24 year unmarried man with urethritis .. d/d. history or investigation . gonorrhea r investigation

Leprosy

Type
drugs
Lepromatous leprosy Rx supervised drugs? daily drugs?
Cause of hematemesis & melena

Poisoning

OPC Mx

Must know

Emergency Management

Hematemesis,melena
Variceal bleeding, Bleeding PUD

Heat Stroke

Poisoning
Snake Bite
OPC

Asthma
Acute severe asthma
When we call it acute severe asthma
What is life threatening asthma
Asthma vs COPD

IBS
Dx
Rome criteria +all

Abnormal LFT
History taking
How will you investigate? (davidson chart, p928)

DKA
Mx +(all)

Hypoglycemia
Mx +(all)

Nice to know

Respiratory

Pneumonia

Mx sever CAP
a)What is pneumonia? Mention common organisms causing CAP.
b) How do you investigate a case suspected to have CAP

Bronchial asthma

a) What are the goals in asthma management?
b) What is step care treatment in bronchial asthma?

a)How do you differentiate asthma from COPD?
b) How can you assess acute severe asthma?

Scenario
(32 lady, RR 35 ,HR 120, PEFR 160 ltr/min server dyspnea)
Mx

Bronchiectasis

A 14 years old boy presented with chronic cough with profuse sputum, recurrent haemoptysis & he is clubbed.
a)What is the likely diagnosis?
b)Name 3 investigations & treatment outline

How do you define bronchiectasis?
Mention common causes of bronchiectasis in Bangladesh.
Mention the treatment options.
What is the most vital part of management of bronchiectasis

pneumothorax

a)Classity pneumothorax. What are the types of spontaneous pneumothorax?
b) Mention the management outline of tension pneumothorax

Bronchial carcinoma
Presentation
5 non metastatic extra pulmonary manifestations

a)mention 5 common physical signs of bronchial carcinoma caused by local mass effect.
b) Name 5 endocrine paraneoplastic syndromes of bronchial carcinoma.

Pulmonary edema
Tell 5 common causes of acute dyspnoea
Mention the steps of management of acute pulmonary oedema

Cardiovascular

Coronary syndrome
What is acute coronary syndrome?
Mention the management outline

Hypertension
a)Mention the different groups of anti-hypertensive drugs with one example from each group
b) What is hypertensive emergency & urgency

5 target organ of hypertension
Causes of sudden cardiac death
Clinical manifestations of coronary artery disease
Risk factors of CAD

Cor palmonale

a)What do you understand by the term 'Cor pulmonale'?
b) Mention 5 common causes of 'Cor pulmonale'?

Endocarditis

A 23 years old lady, known to have mitral regurgitation, presented with low-grade fever, sweating and extreme tiredness for 5 weeks. She has got clubbing and just a palpable spleen.

a) What is the most probable diagnosis? (SBE)
b) How will you confirm the diagnosis?
c) Tell the outline of management of this patient.

MI

Mention the early management of acute myocardial infarction.
What are the contraindications of thrombolytic therapy in acute myocardial infarction?

Heart failure

A 52 years old man with uncontrolled hypertension complaining of shortness of breath and cough at night when awakens from sleep. His BP is 170/110 mm of Hg. His apical impulse is forced and shifted to the left.

a) What is the ijust probable diagnosis? (ALVE) What do you expect on auscultation of his lung bases?
b) Tell in brief about his management.

(A 56 years old man uncontrolled hypertension, SOB, cough at night awakens from sleep, BP is 170/110, apical impulse is forceful and shifted to the left)
DX:[ALVF]
Mention 3 investigations

Atrial fibrillation
Scenario
(26 lady dyspnea irregularly irregular pulse loud S1 low pitched apical mid diastolic murmur)
DX
Signs of right heart failure in this case

Gastrointestinal system

Abdominal pain
5 extra Abdominal causes

Gastritis
Name 5 common causes of acute gastritis.
Mention the pathogenesis & pathophysiology of H.Pylori infection.

PUD
Pain description
PUD Vs non ulcer dyspepsia

IBS
Symptoms,
2 functional bowel disease

IBD
2 inflammatory bowel disease

Hepatology

Hepatic failure

5 precipitating factors of Hepatic Encephalopathy

A 50 years old alcoholic male, admitted in the hospital with jaundice & abdominal distension, suddenly became unconscious after paracentesis-
Dx , Rx

What are the causes of acute liver failure?

CLD

How will you treat a case of chronic liver disease with hepatic encephalopathy

What are the complications of chronic liver disease?

Liver abscess

How will you treat a case of amoebic liver abscess?

Renal system

General

What is haematuria? Mention 5 common causes of haematuria

Renal failure

a)What are the signs of uraemia?
b) How will you investigate a case of chronic renal failure?

Mention 5 common causes of chronic renal failure.

What are the reversible factors in CRF?

AGN

What are the different presentations of glomerular disease

management outline of a patient of acute glomerulonephritis

A 13 years old boy presented with a puffy face, scanty red urine. He is hypertensive & bedside urine examination shows moderate proteinuria and RBC cast.
diagnosis, 3 important investigations, treatment

NS

Name 5 common laboratory investigations for nephrotic syndrome

5 common cause
5 complications

AKI

a 15 yr-old college student suffered from severe diarrhoea. Now he is passing scanty higher colored urine
a) How do you explain her current symptoms? b) What complications might she develop? c) Give an outline of her management.

CKD

45 years old male hypertensive patient complaining of anorexia, nausea, vomiting & Examination revealed anaemia & pedal oedema,

a)What is your diagnosis? EKD
b)What are the different mechanisms of development of anaemia of this patient?
c)HOW you will treat anaemia of this patient

Endocrine

General

Mention 3 important endocrine diseases produces weight loss

thyroid

Mention 4 dermatological manifestations thyroid disease

What is the thyroid function test? Mention their interpretation.- 331 bWhat are the differences between primary & secondary thyrotoxicosis

Scenario
(45 female cold intolerance hoarseness wt gain slow relaxation ankle jerk)
DX, 5 invx, Rx

Cushing's syndrome

Mention important clinical features of patient with Cushing's syndrome

Pancreatitis

a 32 years old female, she was on oral contraceptive suddenly developed severe continuous abdominal pain, which radiates to the back. On examination, ecchymosis is found around the umbilicus.

a) What is the most likely diagnosis?
b) Name 2 important investigations for him.
c) Mention treatment outline of this patient

Diabetes mellitus

a)Name 5 common complications of diabetes mellitus.
b) Classify diabetic retinopathy.

Mention 4 important microvascular complications diabetes mellitus b Describe fluid replacement schedule of a patient with diabetic ketoacidosis

A middle-aged underweight diabetic patient was unwell for few days & ultimately became unconscious
a) Mention 5 important signs that favour the diagnosis of ketoacidosis.
b) Mention the treatment outline of this patient

Diagnostic criteria for DM
Checklist for follow up

Scenario
(16 underweight girl fasting 9 mmol, 2 he after 16 mmol) DX, long-term complications
(19 yr underweight male acidotic breath unconscious BP 75/50, glucose 560 mg/DL)
Complete dx
Essential invx
Mx

Rheumatology

General
Mention 5 clinical signs of osteoarthritis.
Mention the management outline of osteoarthritis

RA

Mx outline
5 DMARD

a)Tell the common and classic presentation of Rheumatoid arthritis.
b) What are the ARA diagnostic criteria of RA

A 32 years old female presented with pain & swelling of small joints of hands & feet more pronounced in the morning, for the last 2 months.
a) What is the most likely diagnosis? RA
b) Mention 4 investigations for her. 665
c) Mention 4 poor prognostic factors of this patient.

Seronegative arthritis

A man complains of arthritis involving both large and small joints. General examination reveals nail pitting and scaly skin rashes.
What is your diagnosis? psoriatic arthritis
What are the types of arthritis such a patient may suffer from?
How do you treat him?

Tell 5 features of seronegative arthritis.

What is the preferred drug for Psoriatic arthritis

Dfn
Common features
Mx ankylosing spondylitis Radiological finding AS

Sarcoidosis

Scenario
(19 year-old lady, painful, red, nodular swelling, anterior aspect of legs, polyarthritis for few days, ESR is 124 mm bilateral hilar lymphadenopathy)
Dx, DD, 1 or 4 invx to confirm, mention critical value of tuberculosis test in differentiating the two dx

Nervous system

general

Mention 5 common causes of coma
What are the basic neurological examinations of an unconscious patient?

Migraine

a 23-yr-old girl presents with recurrent episodes of severe headache. Headache is quite disabling and is accompanied by vomiting. Once she developed paresis of her left lower limb

a) What is the most likely cause of her headache? - migraine
b) What are the treatment options for her?

Stroke

Define stroke & classify it.

tell about the outline of management of acute stroke

Subarachnoid haemorrhage

What are the causes of subarachnoid haemorrhage

Bell's palsy

Mx

Convulsion

Principal of use of
anticonvulsant drugs
5 drugs of epilepsy

Meningitis

Common organisms in adult Empirical treatment

Neuropathy
5 cause
5 clinical examples of UMNL admitted in hospital

Stroke
management of acute stroke

Hematology

Coagulation screening
Tests name

Anemia

a)Mention 5 common causes of iron deficiency anaemia.
b) How you will treat a case of iron-deficiency anaemia

What is anaemia? Classify anaemia etiologically. a) Tell the peripheral blood pictures of iron deficiency anaemia.
b) Mention common causes of IDA.

Thalassaemia

A 21 years old man presented with severe anaemia, he is mildly icteric too. He has gross splenomegaly. He has suffered from this disease since childhood.

a) What is the likely diagnosis? - Thalassemia

b) Mention 3 important investigations for him
c) Mention the management outline for him

a) What do you mean by thalassaemia?
b) What are the physical signs of beta-thalassaemia major & minor?

Scenario
(21 female lethargy
palpitations 5 yes hb
45gm/DL hb electrophoresis hba 16% hbf 28% hbe 56%) DX
5 physical signs
Mx

Lymphoma

What are the different treatment options of Hodgkin lymphoma? 621 5 Describe ChiVPP regimen of Hodgkin lymphoma, 621
Chl-chlorambucil pe procarbazine.
V vinblastine P prednisolone.

Hodgkin Vs non hodgkin

ITP

32 years old lady presented with purpura, she is afebrile, not pale, no lymphadenopathy hepato - splenomegaly.
a) What is the likely diagnosis? ITP
b) Name 3 important investigations for her.
Mention the treatment outline for her

Thrombocytopenia

Normal platelet count
5 important cause
thrombocytopenia

ALL

A 14 years old boy presented with gum bleeding & fever for 15 days. He has severe anemia , purpura, cervical lymphadenopathy, bony tenderness & hepatosplenomegaly.
a) What is the diagnosis? ALL
b) Briefly tell about the diagnostic lab tests & outline of treatment for him.

Infectious disease

Diarrhoea
5 DD bloody diarrhoea

TB
What is the clinical presentation of pulmonary tuberculosis?
Mention 5 common chronic complications of pulmonary tuberculosis

Treatment outline of cutaneous tuberculosis.

Kala-azar
Name 3 important investigations of Kala-Azar.

AIDS
Mention the WHO criteria for case definition of AIDS in adults.
Name the superficial fungal diseases according to the body regions involved

Leprosy
5 clinical differentiating points of skin lesion of Lepromatous Leprosy & Tuberculoid Leprosy

Dengue
Mention the treatment outline of dengue shock syndrome

Poisoning

OPC

What is the sequential Triphagic illness that follows Organophosphorus Intoxication

Snake bite

management outline of poisonous snake bite

Drug overdose

Mention the treatment outline of sedative overdose