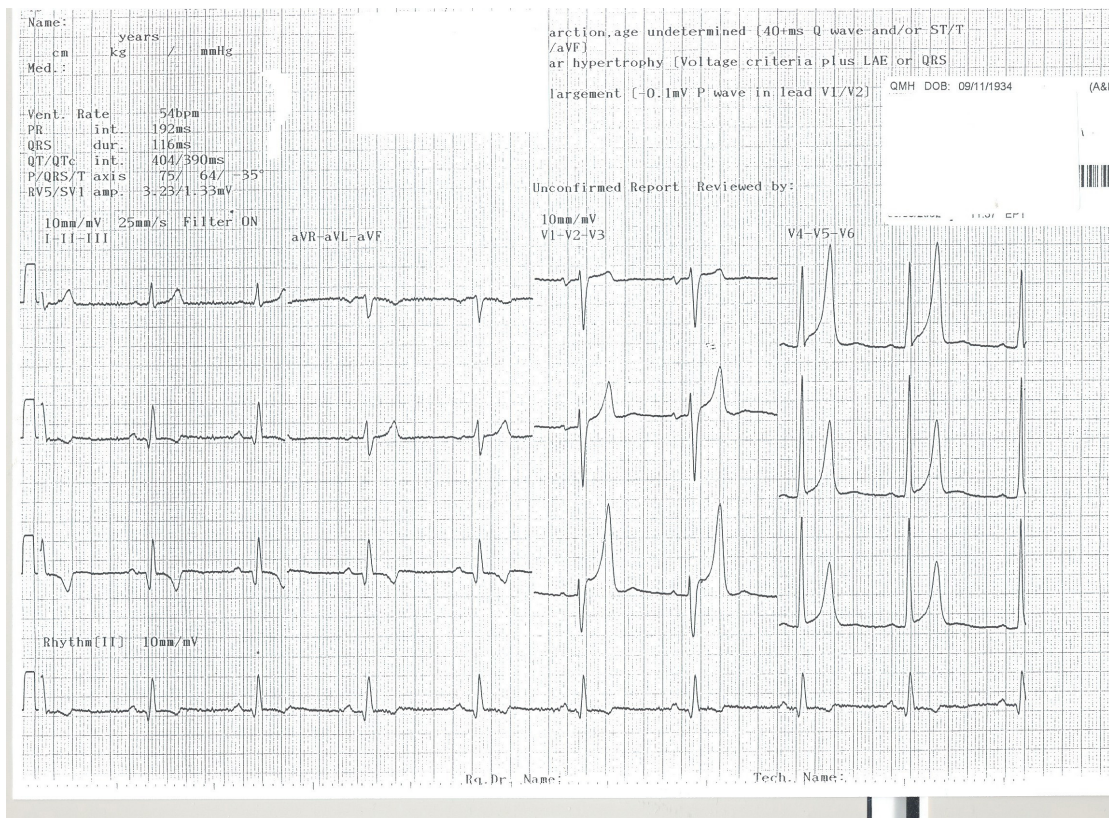


Question 1

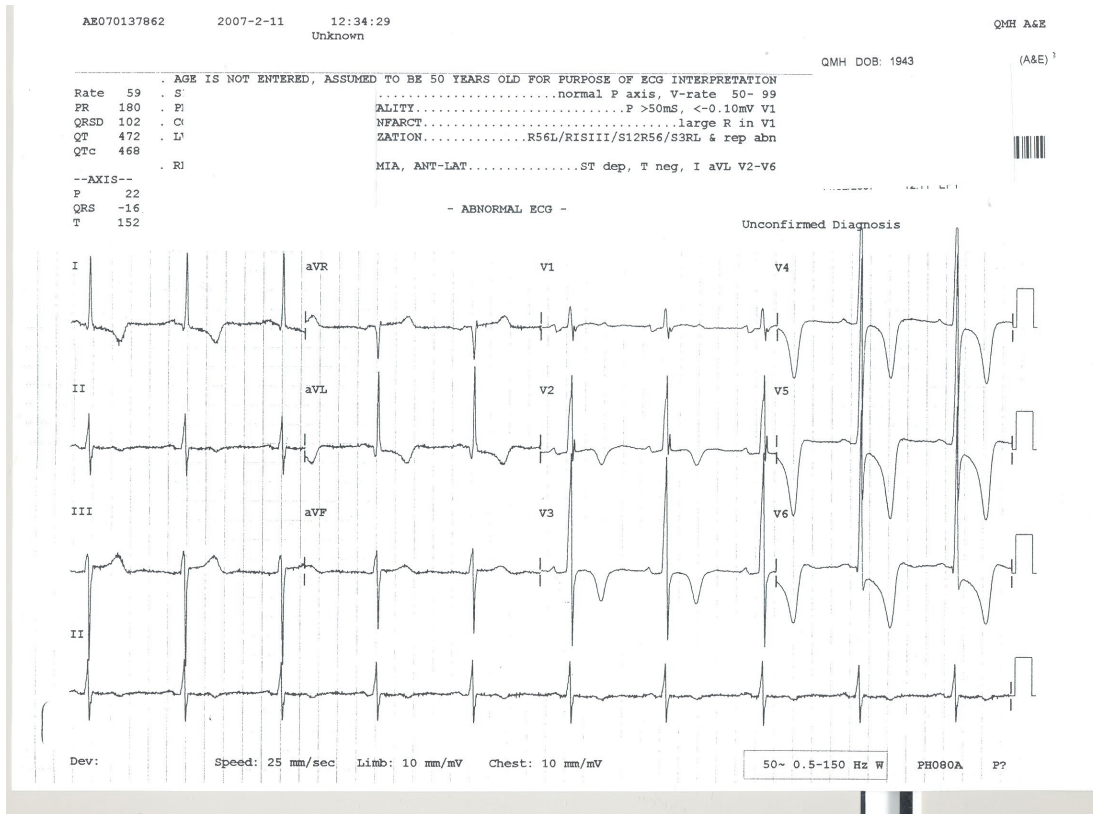
This ECG belongs to a 67 year old man. He had hx of DM, CRF, IHD and HT. He had had nausea for 2 days before presentation. When he was seen, he complained of central chest discomfort for 2 hours.

1. Describe the ECG.
2. What are the differential diagnoses based on your ECG findings?



Question 2

A 20 year old man presented with transient syncope after jogging. There was no associated chest pain, palpitation or seizure activity. Physical examination was non-contributory. Cardiac enzymes were normal. Here is his ECG.



1. Describe the ECG.
2. What is your diagnosis?
3. What advice would you give to this patient?

Question 3

A 70 year old man presented with pain of both feet for one day. There was no numbness or weakness. He had history of unstable angina. Cardiac catheterization was done via his right femoral vessel 5 days before consultation. On examination, he was ambulatory despite the pain. Tenderness was elicited on his toes. Both his feet were warm. All lower limb peripheral pulses were palpable and equal. This is a picture of his feet.

1. Describe your findings.
2. What is the clinical diagnosis?
3. What is the prognosis of this condition?



Question 4

A 50 year old woman presented with drowsiness. She had a gastric operation for bleeding gastric ulcer 3 weeks before presentation. For a week before this admission, she had had repeated vomiting, abdominal discomfort and progressive weakness.

Examination found that she was drowsy. Respiratory rate was 8-10 / min. She was clinically dehydrated with BP 100/60 mmHg and pulse 110 / min.

Bedside investigation: **H⁺stix** 7 mmol/l, **Na** 132 mmol/l, **K** 3.5 mmol/l, **Ca²⁺** 1.10 mmol/l, ABG (RA): **pH** 7.60, **p CO₂** 8.5 kPa, **p O₂** 7.5 kPa, **HCO₃** 55 mmol/l, **BE** 35

1. How to explain the clinical presentation with regard to the bedside Ix results?

2. What is the initial treatment?

Question 5

A middle-aged man was admitted to the EM ward because of newly diagnosed DM. His random glucose was 27 mmol/l. There was no metabolic acidosis. He was asymptomatic. A HbA1c was checked along with the other basic blood tests. The HbA1c level turned out to be 4%.

1. What does the HbA1c level demonstrate?
2. What are the possible causes?