

Case 1

A 70 year old gentleman was taking warfarin for his past history of right leg deep vein thrombosis. He slipped and fell and suffered from head injury. He was sent to A&E and his GCS was 9/15 on arrival. Urgent CT brain was performed (Figure 1).

Question

1. Name 3 major radiological abnormalities? (3 mark)
2. What are the principles in managing patient suffered from head injury? (2 mark)
3. Name 3 specific treatments could be used to control the bleeding tendency? (3 mark)
4. What would be the disposition of patient? (1 mark)

Mark: ____/ 9 mark

Answer

1. Acute left sided subdural haemorrhage with fluid level over frontal, temporal and parietal region (1 mark)
Mass effect with midline shift to right side (1 mark)
Left parietal-occipital scalp haematoma (1 mark)
Acute subdural haematoma in falx cerebri (1 mark)
Acute subdural haematoma in left tentorium cerebelli (1 mark)
2. Protect the airway (1 mark)
Prevent secondary brain damage (1 mark) e.g. increase intracranial pressure
3. Vitamin K, Fresh Frozen Plasma, Cryoprecipitate (3 mark)
4. Admit to neurosurgical ward (1 mark)

Figure 1



Case 2

You are working as Senior Medical Officer in Department of Accident & Emergency. One junior Medical Officer informs you that some accident happened while he was inserting a chest drain for a patient who confirmed to have right pneumothorax. Nurse found a blade missing during the procedure. Chest X-ray was taken (Figure 2)

Questions

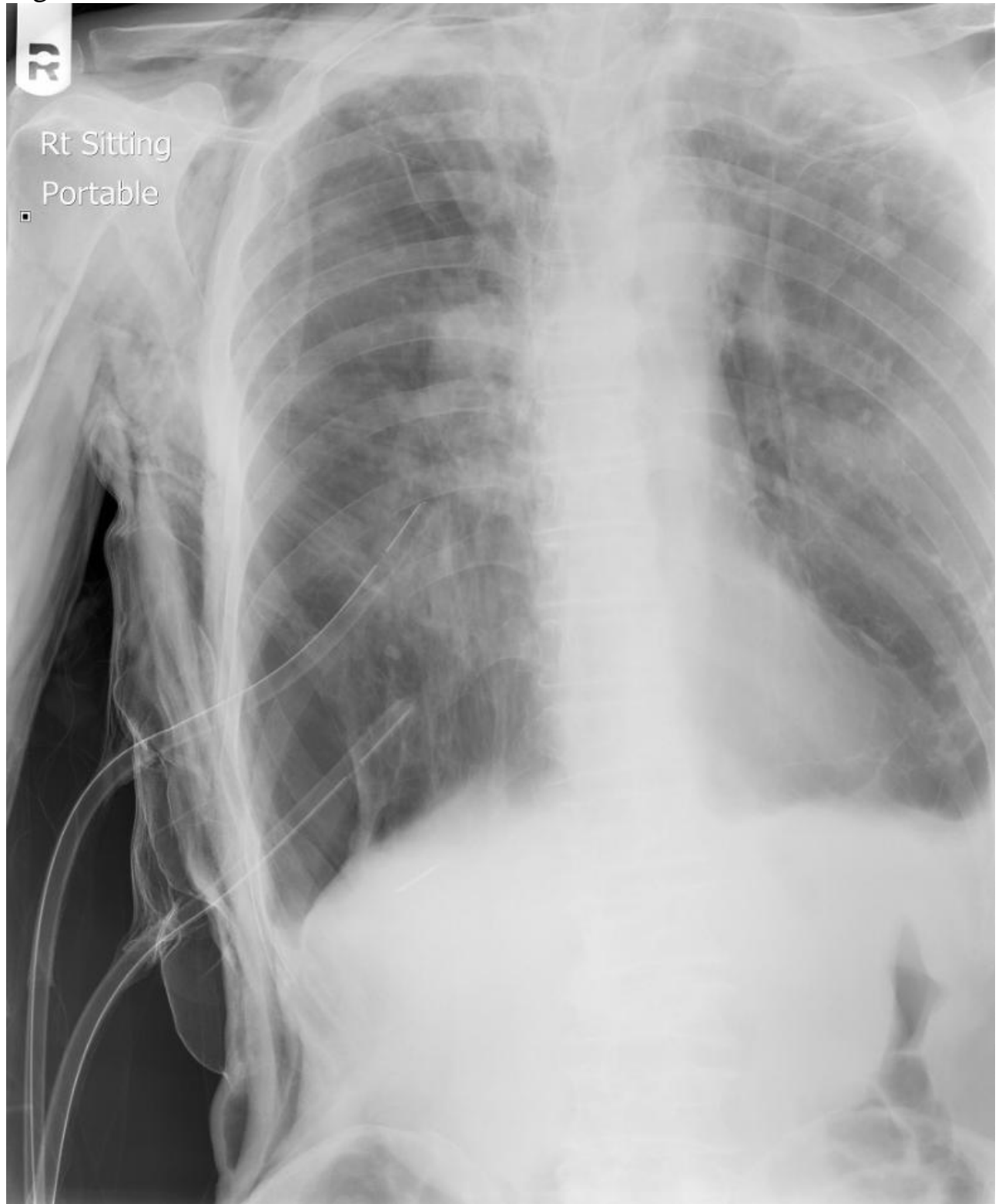
1. Please name 4 radiological findings? (4 mark)
2. What do you suspect in this condition? (1 mark)
3. What specialty would this patient be admitted to your hospital (if all specialty are available)? (1 mark)
4. What is the system you would like to use to report the hospital management? (1 mark)

Mark: ____ / 7 mark

Answer

1. Right side pneumothorax (1 mark)
Extensive subcutaneous emphysema. (1 mark)
Two chest drain inserted in right side. (1 mark)
One densely radio-opaque object located at right diaphragmatic region. (1 mark)
2. Retained blade inside body of patient after chest drain insertion (1 mark)
3. Admit to cardiothoracic surgery (1 mark)
4. Adverse Incident Report System (AIRS) (1 mark)

Figure 2



Case 3

A 40 year old gentleman suffered from left index finger injury while he was operating a printing machine. His left index finger wound was actively oozing. (Figure 3)

Questions

1. What are the clinical findings? (1 mark)
2. How would you control the bleeding of the wound? (1 mark)
3. What would you do in order to better preserve the amputee? (3 mark)
4. What would be the disposition of patient? (1 mark)

Mark: ____/ 6 mark

Answer

1. Amputation of left index finger at level of distal inter-phalangeal joint (1 mark)
2. Direct compression over the bleeding site. (1 mark)
3. Clean the wound of amputee (1 mark)
Wipe the amputee with dry sterile gauze (1 mark)
Put the amputee with gauze in a plastic bag, then bag in ice and water (1 mark)
4. Admit to orthopaedic ward for re-implantation (1 mark)

Figure 3



Case 4

A 55 year old gentleman has history of right elbow injury in childhood. He attended A&E and complained of progressive increase in weakness of right hand for half year. He was unable to fully extend all of his finger during examination. (Figure 4 and 5)

Question

1. What are the clinical findings? (4 mark)
2. What are the clinical signs you would like to elicit in this condition? (2 mark)
3. What is the likely diagnosis? (1 mark)
4. What would be the underlying pathology? (1 mark)
5. What would be the disposition of the patient? (1 mark)
6. What investigation could be useful to confirm the diagnosis? (1 mark)
7. What surgical operation could be beneficial for his condition? (1 mark)

Mark: ____/ 11 mark

Answer

1. Wasting of small hand muscle (1 mark)
Wasting of hypothenar muscle (1 mark)
Mild claw hand (1 mark)
Wasting of muscle over medial aspect of forearm (1 mark)
Increase carrying angle of right elbow (1 mark)
2. Froment sign (1 mark)
Tinel sign (1 mark)
3. Tardy ulnar nerve palsy (1 mark)
4. Chronic stretching of the ulnar nerve (1 mark)
5. Refer to Orthopaedic SOPD (1 mark)
6. Nerve Conduction Test (1 mark)
7. Anterior transposition of ulnar nerve (1 mark)

Figure 4



Figure 5



Case 5

A 30 year old gentleman suffered from left eye injury after being assaulted by others. His pair of glasses was broken during the incident. His left eye was shown in figure 6

Question

1. What are the clinical findings? (3 mark)
2. What is your diagnosis? (1 mark)
3. Any associated condition you need to rule out? (1 mark)
4. What investigation you would like to do in order to rule out condition in Question 3? (1 mark)
5. What would be the disposition of the patient? (1 mark)

Mark: ____ / 7 mark

Answer

1. Prolapsed Iris (1 mark)
corneal laceration (1 mark)
full hyphaema (1 mark)
2. Rupture eye ball (1 mark)
3. Intraocular foreign body (1 mark)
4. Urgent CT orbit (1 mark)
5. Urgent eye consultation and admission for repair (1 mark)

Case 1 to Case 5 Total Mark: ____ / 40

Figure 6

