

OSCE 10/2010

Case 1

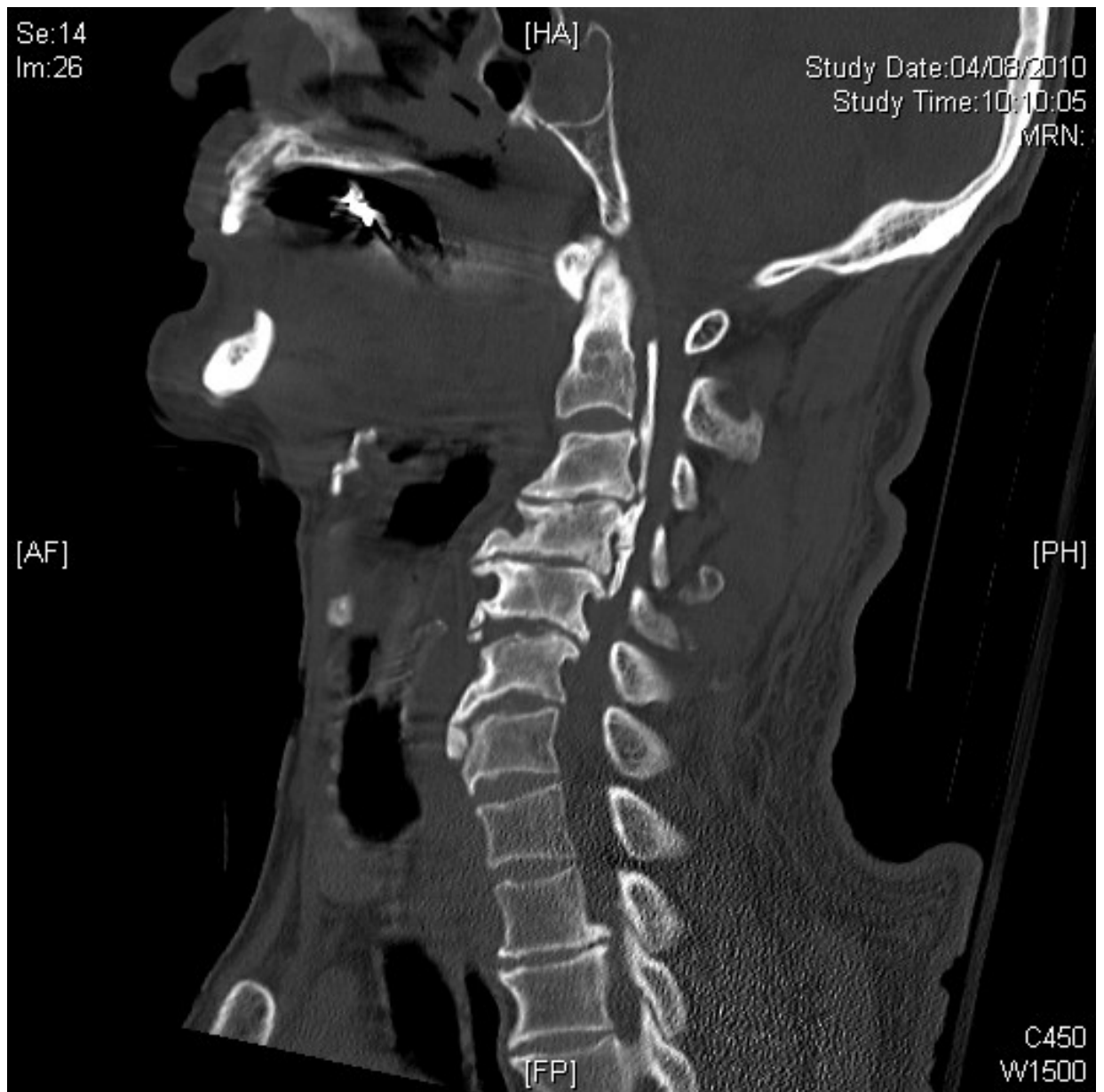
- M/72 PMH: HP, PU with OGD in 2009
- Witnessed fell forward from 2-3 steps of stairs
- Noted apnoea, required manual bagging by paramedic
- Arrived A&E R room direct
- BP= 118/64 P= 67 in respiratory arrest
- GCS= 3 Pupils: R=4 < L=6 (cataracts)
- Left frontal abrasion



1. Name 2 abnormalities shown in the x-ray.
2. Why did the patient develop apnoea - name 2 reasons? What precaution should be taken during intubation?
3. • Then BP 80/56 P 79 FAST -ve

What is the mostly likely cause for the shock?

4. name 2 abnormalities not mentioned in Q(1) from this C-spine CT image.



Case 2

A 16 year-old boy complained about retrosternal chest discomfort for one day. It was dull-ache in nature, intermittent, without radiation. It was aggregated by respiration. He presented with increase in shortness of breath for a few hours. He was a non-smoker and his past health was unremarkable.

On arrival to A&E,

•BP 157/76 P 124/min•SpO2 94% room air RR 22/min

CXR as shown

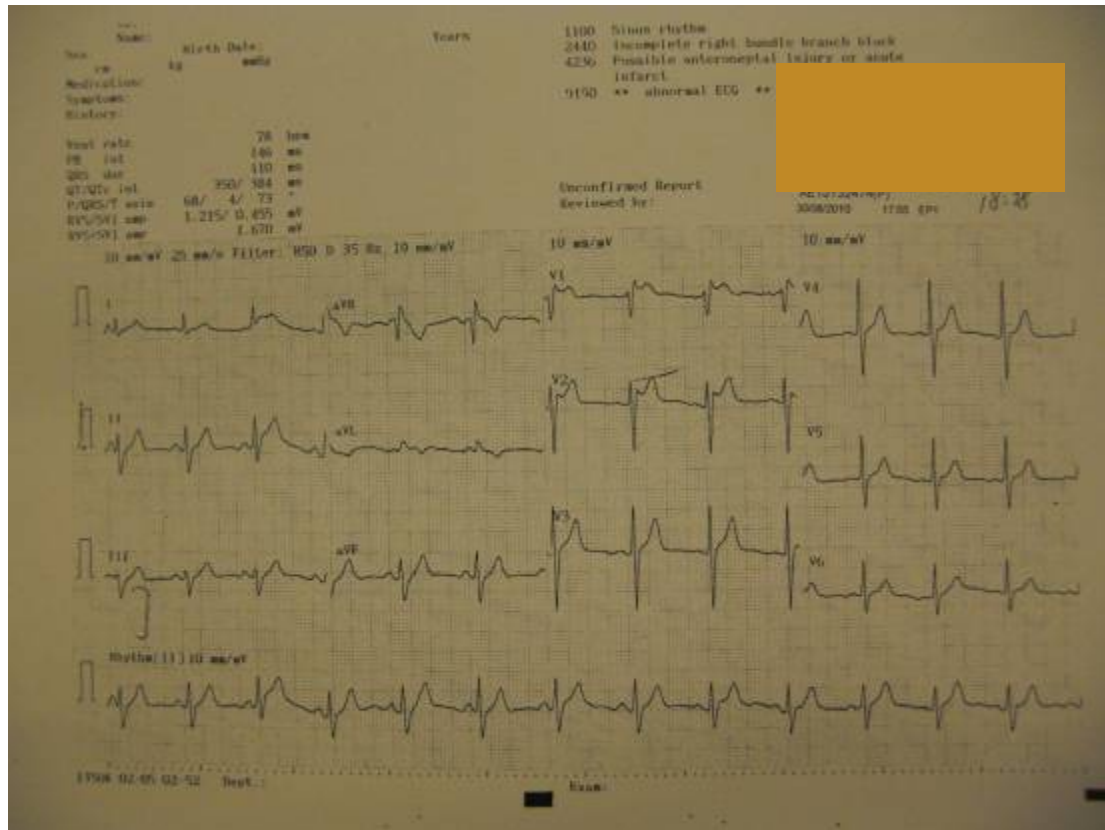


Questions

- 1. What is your diagnosis?
- 2. Name 2 radiological signs in the CXR you would look for in this condition.
- 3. What will be the next relevant investigation that would be helpful to find out the cause?
- 4. Name any 4 precipitating factors for this condition.

Case 3

A 50-year-old gentleman complained of URI symptoms for 1 week. There was mild chest discomfort. ECG was then performed.



1. Please describe 2 abnormalities on his ECG.
2. What other relevant family history would you like to know?
3. How many different sub-types of this condition are usually classified?
4. what should be the life-saving treatment for this condition.

Case 4

A 24-year-old lady underwent lipoma excision by private doctor in a clinic. The patient developed hypotension during the procedure and was immediately transferred to A&E by ambulance.

On arrival, the patient was confused.

BP 75/50

P55

SpO₂ 99% on 100% oxygen

Private doctor gave further details that the patient had good past health, of about 45kg, without any allergic history. Excision of lipoma was performed under LA, which 1% lignocaine of 30 ml was given. The operation was uneventful with minimal blood loss.

1. What is the maximum dosage (total cumulative infiltrative injection dose per procedure) for lignocaine, and lignocaine with adrenaline? Was this patient given appropriate dose of LA ?
2. Name any 2 early neurological symptoms of LA toxicity.
3. name 3 mechanisms for LA cardiovascular toxicity
4. If the patient deteriorates and does not respond to atropine, inotropes and pacing, what drug could be given for treatment of LA toxicity?

Case 5

This lady presented with weakness 1 week after discharge from the hospital for surgery over her neck. The following is the picture of her neck during the A&E visit.



1. Name 3 other neurological presentations might be present
2. What are (a) Chvostek sign (b) Trousseau sign
3. Name one life-threatening ECG abnormality related to the underlying electrolyte disorder
4. Name 2 nerves which might also be involved in this surgery.
5. What correction should be made to the serum total electrolyte level if the serum Albumin is 30 g/L

Case 6



1. what is the device shown on this x-ray.
2. Give 2 indications for the device shown.
3. Name 2 complications for the device shown.