

# OSCE November, 2010 A&E PMH

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# Case 1

- M/71; HT, Gout; NKDA
- Day 1: Facial rash after dental procedure
- D3: Generalised Rash, seen by GP, treated as allergic reaction
- D5: Persistent Rash presented to AED
- Temp. 38.4C; BP160/77; SpO2 96% (RA)
- RR 22/min.; HR 100 bpm



# Case 1

## Questions (8 points)

1. Name two physical signs shown (1 point)
2. Name one more physical sign that can be elicited (1 point)
3. Give three differential diagnosis (3 points)
4. Name one piece of history you would like to ask (1 point)
5. Give three treatment you would give in A&E? ( 2 points)

## Case 2

- F/73; CVA, HT, AF, Epilepsy; OAHR
- Found in toilet of a shopping mall and sent to AED
- BP 141/105; HR 100 bpm; SpO2 99% (RA)





# Case 2

## Questions (5 points)

1. What physical sign is shown? (1 point)
2. Give four other physical signs you would look for. (2 points)
3. What is missing as shown in the photo that may have medico legal consequence? (1 point)
4. Name one investigation you must do in this patient ( 1 point)

# Case 3

- M/37, Good Past Health
- Fall from height with left elbow injury





# Case 3

## Questions (7 points)

1. What would you do in A&E? (1 point)
2. What are the physical signs of complications? (3 points)

## Case 3



# Case 3

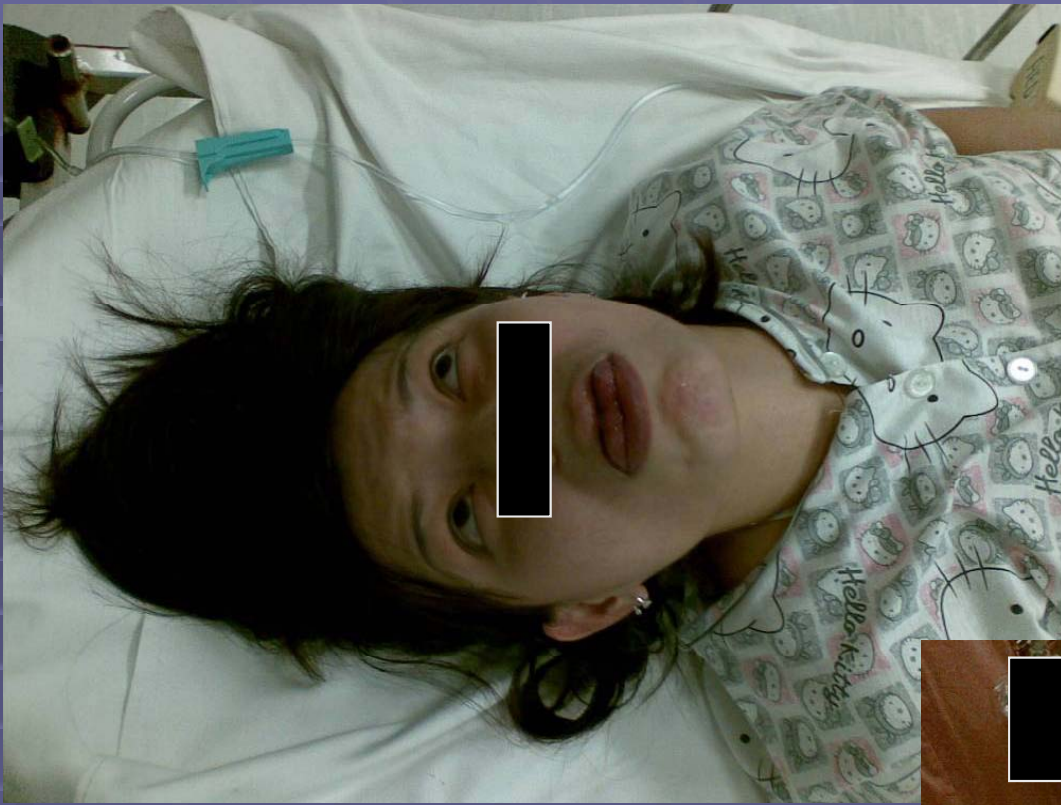
## Questions (7 points)

3. What are the abnormalities shown in the angiogram ?  
(2 points)
4. What complication has happened?  
(1 point)

# Case 4

- F/35; Bipolar Disorder with regular FU
- Vertigo and vomiting the night before
- Found mute with decreased responsiveness in the morning
- BP 128/62; HR 72; SpO2 95%; Afebrile
- PEARL







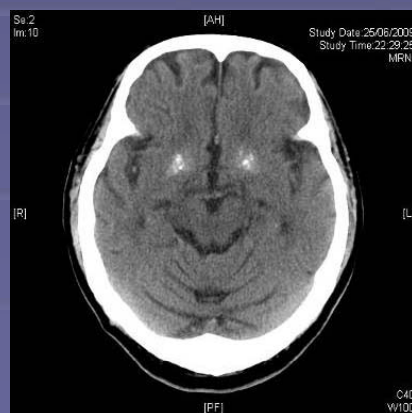
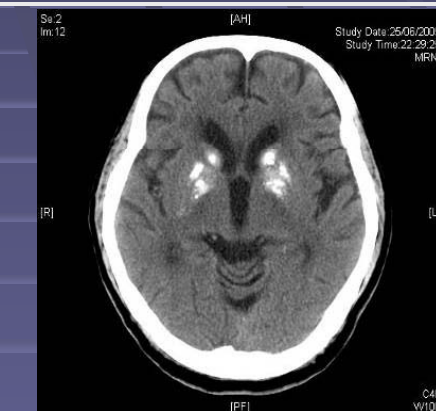
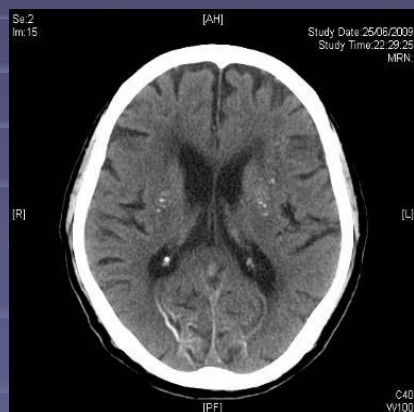
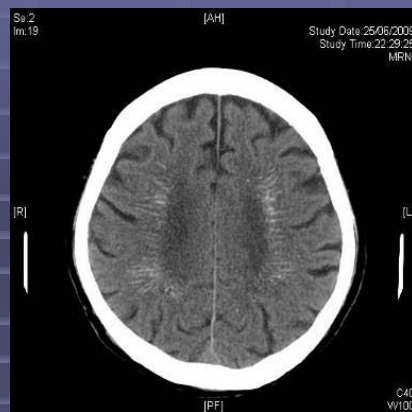
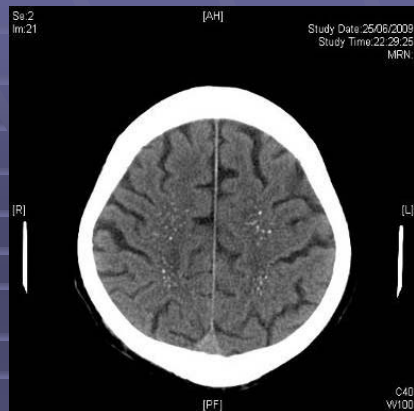
# Case 4

## Questions (4 points)

1. Give two differential diagnosis (2 points)
2. Name one piece of history that can help you to make the diagnosis (1 point)
3. Name one medication you would like to try in A&E (1 point)

# Case 5

- M/75;
- HT, DM, IHD, History of thyroidectomy
- Occipital head contusion due to a fall from bed
- No LOC or vomiting
- GCS 15/15; PEARL; BP 164/82; HR 102
- Afebrile
- CT Brain done



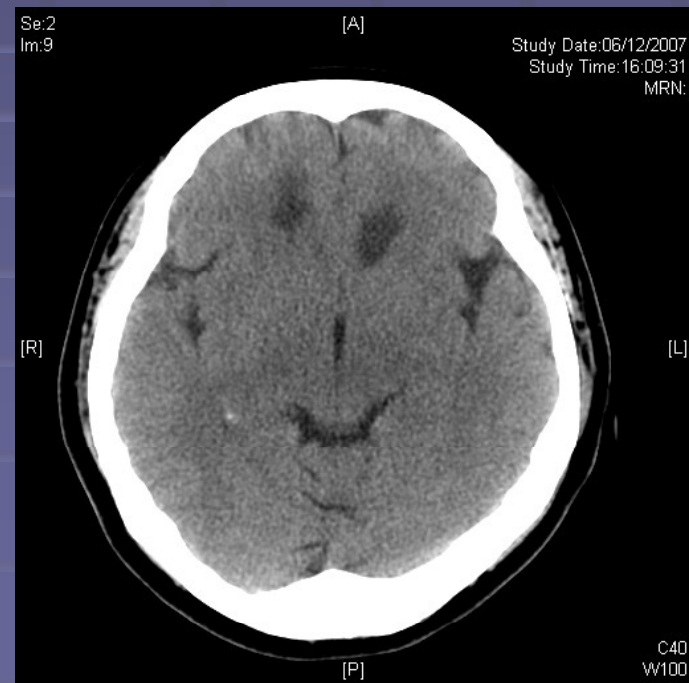
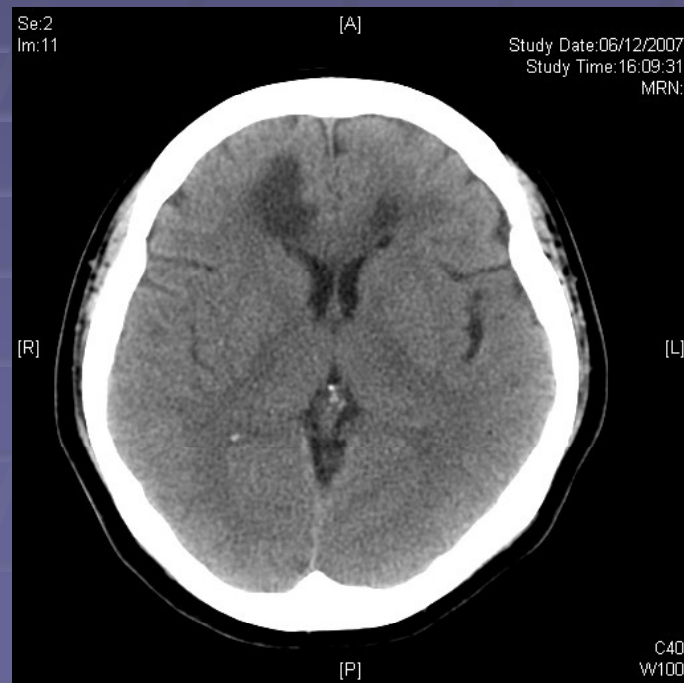
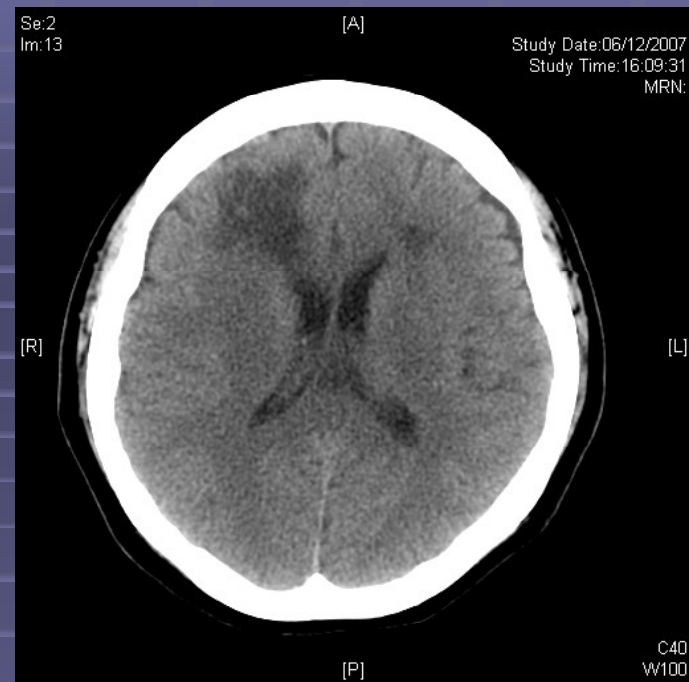
# Case 5

## Questions (4 points)

1. What abnormality is shown? (1 point)
2. Which part of history is important in making the diagnosis? (1 point)
3. Name one possible cause (1 point)
4. Name one test you would like to confirm your diagnosis (1 point)

# Case 6

- F/43; Good Past Health
- Found sitting in shopping center; Mute, Poor response
- Conscious & Alert; PEARL;
- BP 152/88; HR 75
- Afebrile; H'stix 7.9
- Urgent non-contrast CT Brain done





# Case 6

## Questions (8 points)

1. What is the abnormality shown? (1 point)
2. Give three possible causes (2 points)

Se:6  
Imm:1 (F11/36)

[H]

Study Date:13/10/2009  
Study Time:09:18:00  
MRN:

[P]

[A]

IODINE

[F]

C2048  
W4096

Angiogram of left  
Internal carotid artery

Ser1  
Im:1 (F12/30)

[H]

Study Date:13/10/2009  
Study Time:09:18:00  
MRN:



[P]

[A]

IODINE

[F]

C2048  
W4096

Angiogram of right  
Internal carotid artery

# Case 6

## Questions (8 points)

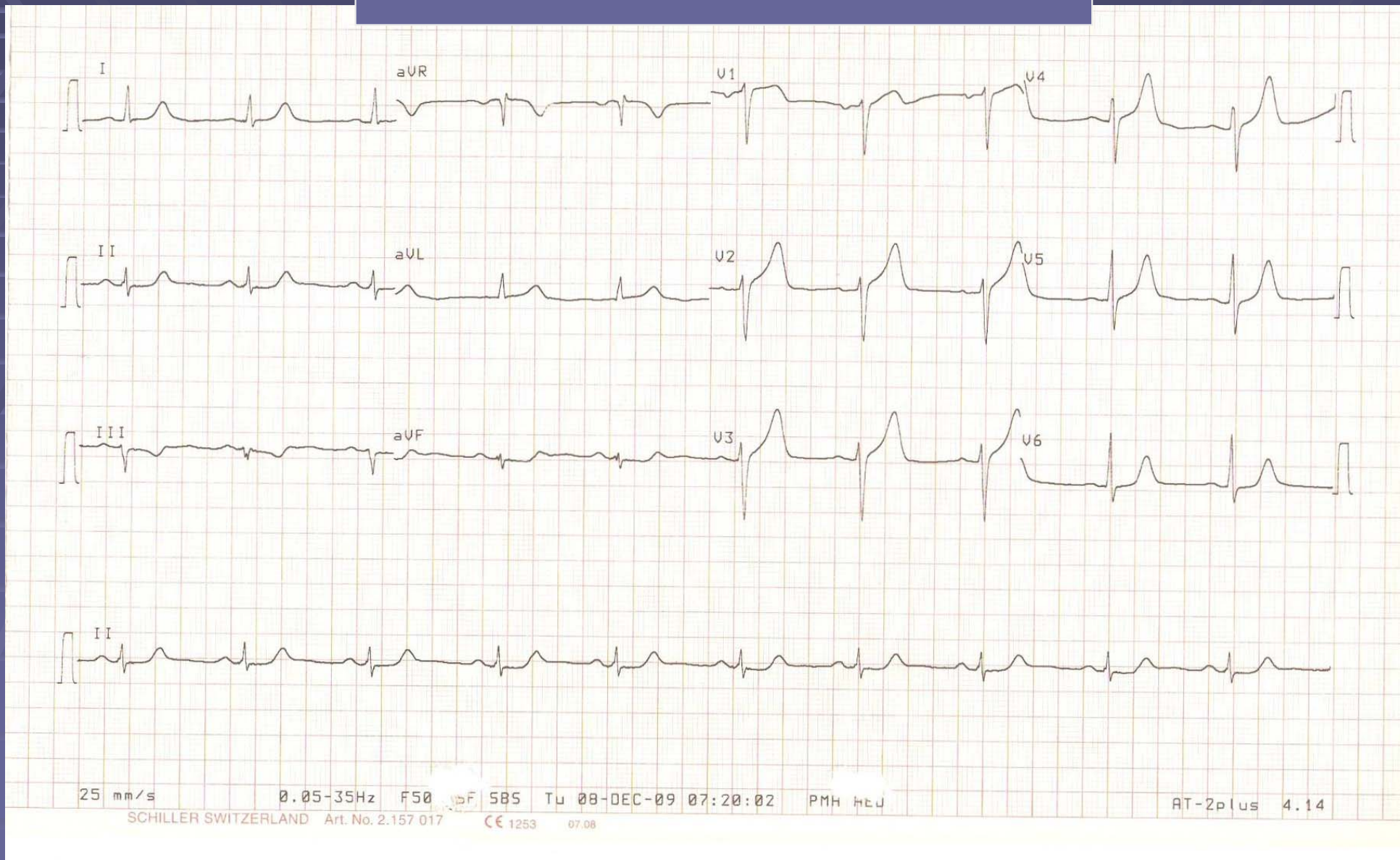
3. What abnormality shown in the cerebral angiography? (4 points)
4. What is the diagnosis? (1 point)

# Case 7

- M/60; HT; Ex-smoker
- Chest Pain on mild exertion with radiation to throat, neck and shoulder
- BP 150/80; HR 69 bpm; SpO2 100% (RA)
- Afebrile



# ECG 1 (07:27)





## ECG 2 (15:30)



# Case 7

## Questions (4 points)

1. What ECG abnormality is shown (in ECG 2)?  
(1 point)
2. What is your diagnosis? (1 point)
3. Which coronary artery is usually involved?  
(1 point)
4. What is the best definitive treatment? (1 point)

# Thank you

Total: 40 points