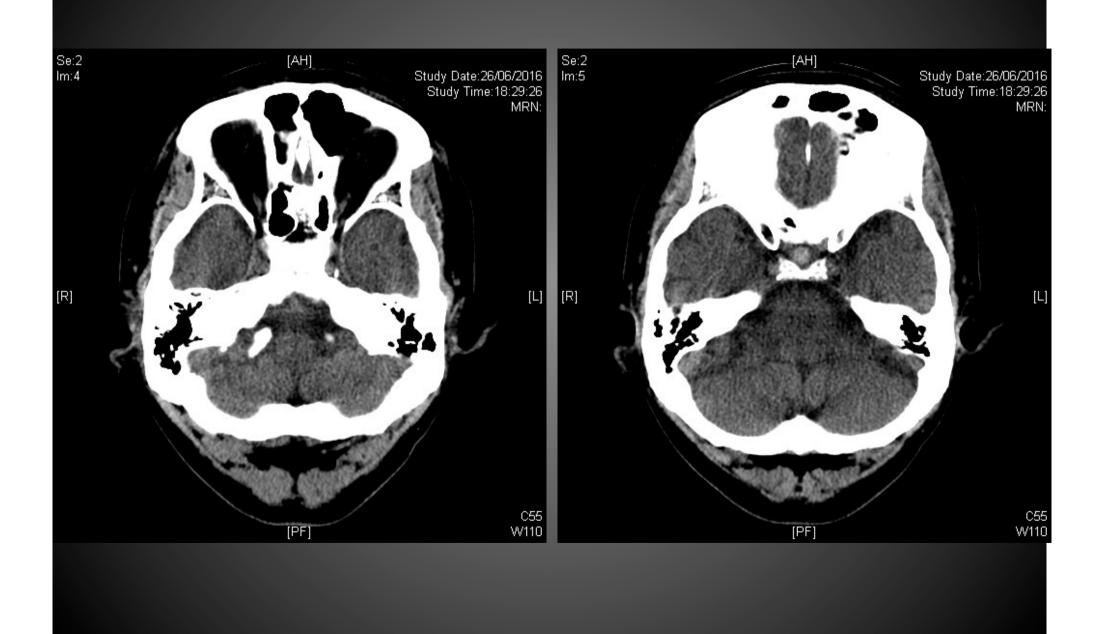
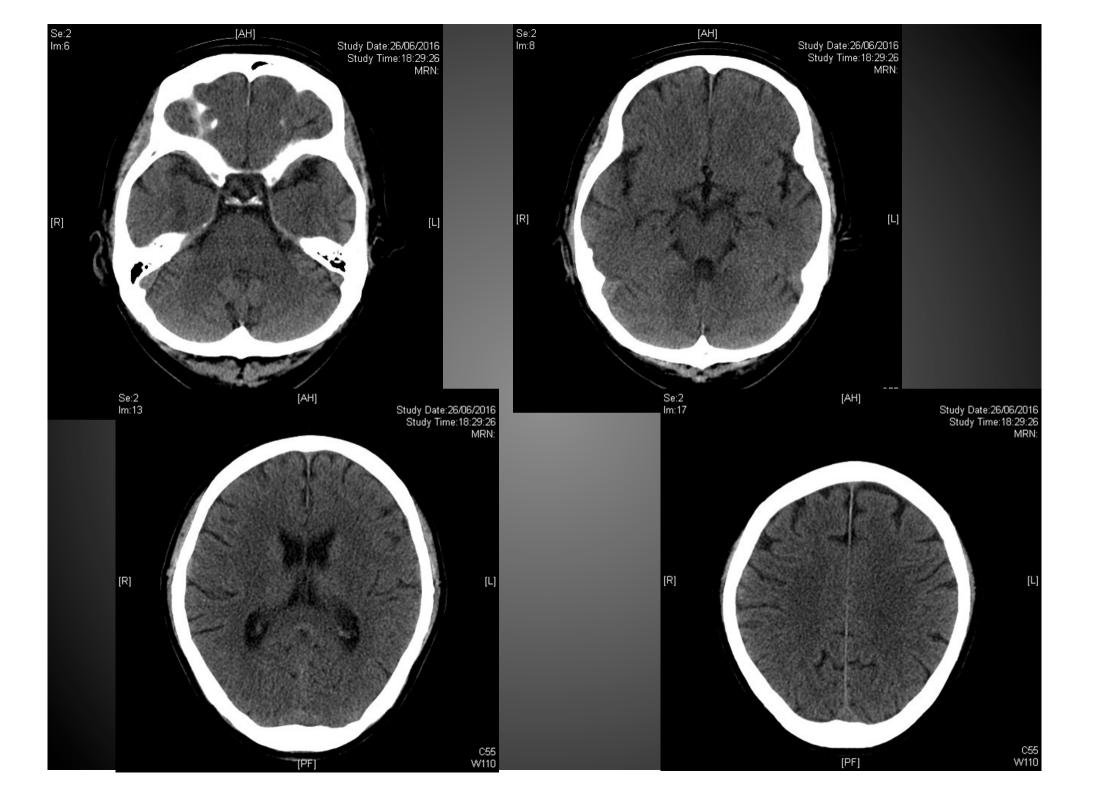
# OSCE 6-7-2016

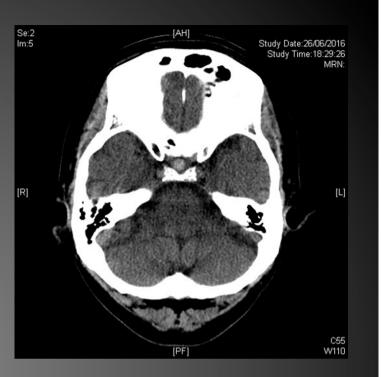
UCH

- A 46 year-old man presented with sudden onset of bitemporal headache.
- His past medical history was unremarkable.
- His blood pressure was 150/100, pulse 90/min.; GCS 15/15, no neck rigidity, limbs power full
- CT brain was done.





- 1. What is the abnormal CT finding?
  - Prominent hyperdense pituitary gland
- 2. What is the likely diagnosis?
  - Pituitary gland haemorrhage/apoplexy
  - DDx: pituitary adenoma, Rathke cleft cyst



- 3. What neurological examination do you need to perform?
  - Visual field
  - Visual acuity
  - Ocular movement

### Pituitary apoplexy

- 4. What is the potential medical emergency of that diagnosis?
  - Adrenal insufficiency/Addisonian crisis
- 5. What further investigations are needed to be done?
  - MRI
  - Blood tests: pituitary hormones, electrolytes, glucose

 A 33 year-old man presented with right knee sprain while walking down stairs.

• X-ray right knee was done.

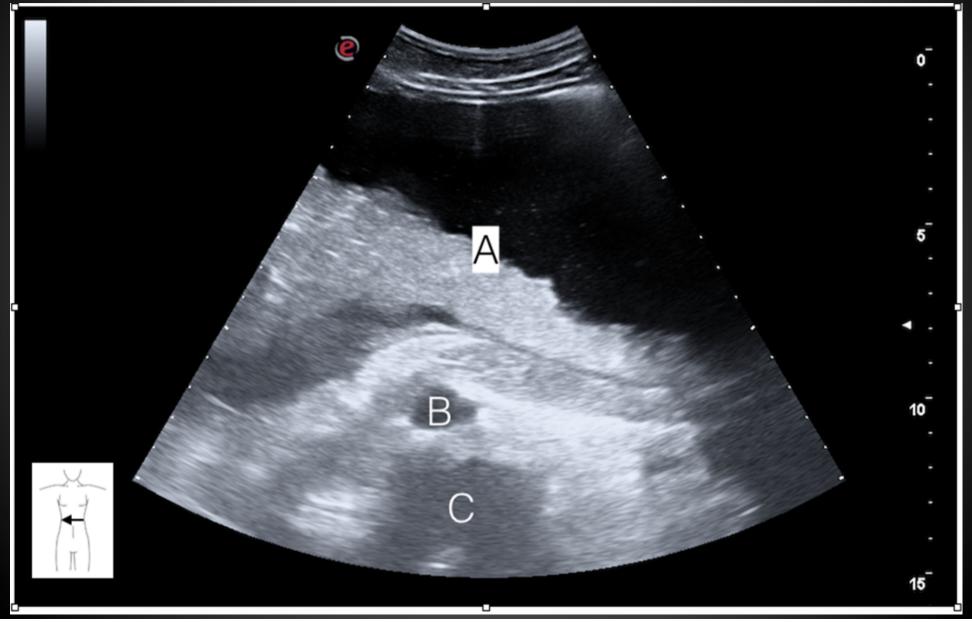


(R)

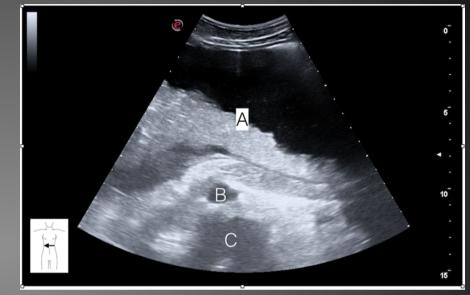
- 1. What is the X-ray finding?
  - Curvilinear bone fragment parallel to lateral aspect of tibial plateau (lateral capsular sign)
- 2. What is the diagnosis?
  - Segond fracture
- What is the typical mechanism of the injury?
  *Internal rotation and varus stress*
- 4. What is the most common associated injury?
   ACL tear (75-100%)

 A 53 year-old gentleman complained of epigastric discomfort for 2 weeks with progressive epigastric distention and repeated vomiting.

# The following show the ultrasound image of his upper abdomen:

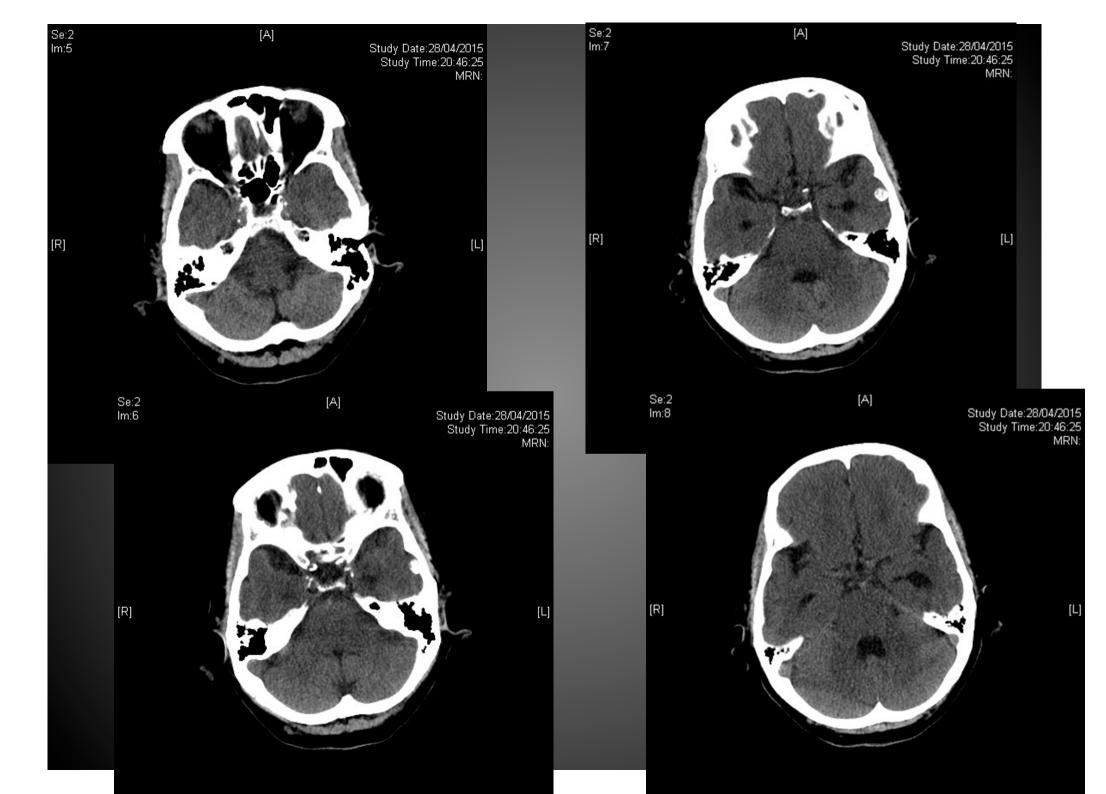


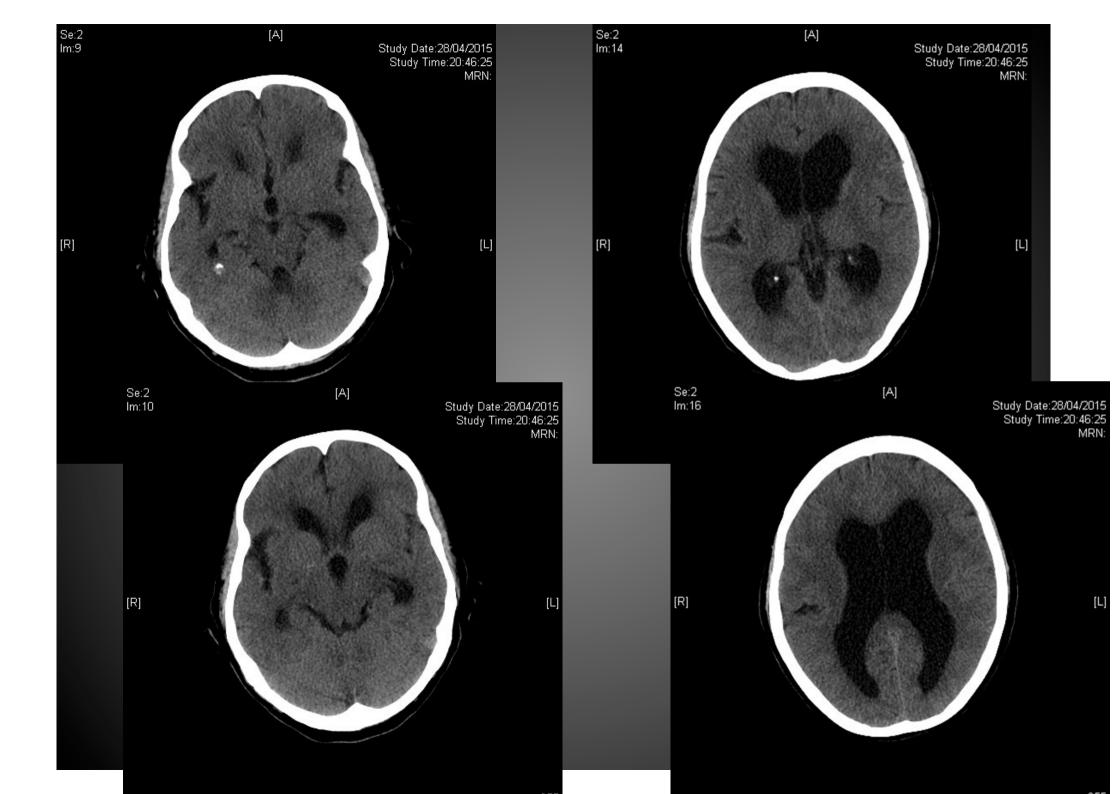
- 1. Name structures A to C.
  - A. Stomach
  - B. Abdominal aorta
  - *C. Vertebral body/Vertebra*
- 2. What is the likely diagnosis?
  - Gastric outlet obstruction
- 3. Name 3 etiologies.
  - Peptic ulcer disease/pyloric stenosis, gastric tumor, ingestion of caustics, pancreatic tumor, gallstone obstruction (Bouveret syndrome) and bezoars (any 3)
- 4. What classical physical sign may be present?
  - Succussion splash
- 5. List 3 further investigations for confirmation or further evaluation.
  - *Blood tests: electrolytes*
  - Upper endoscopy
  - Contrast CT scan

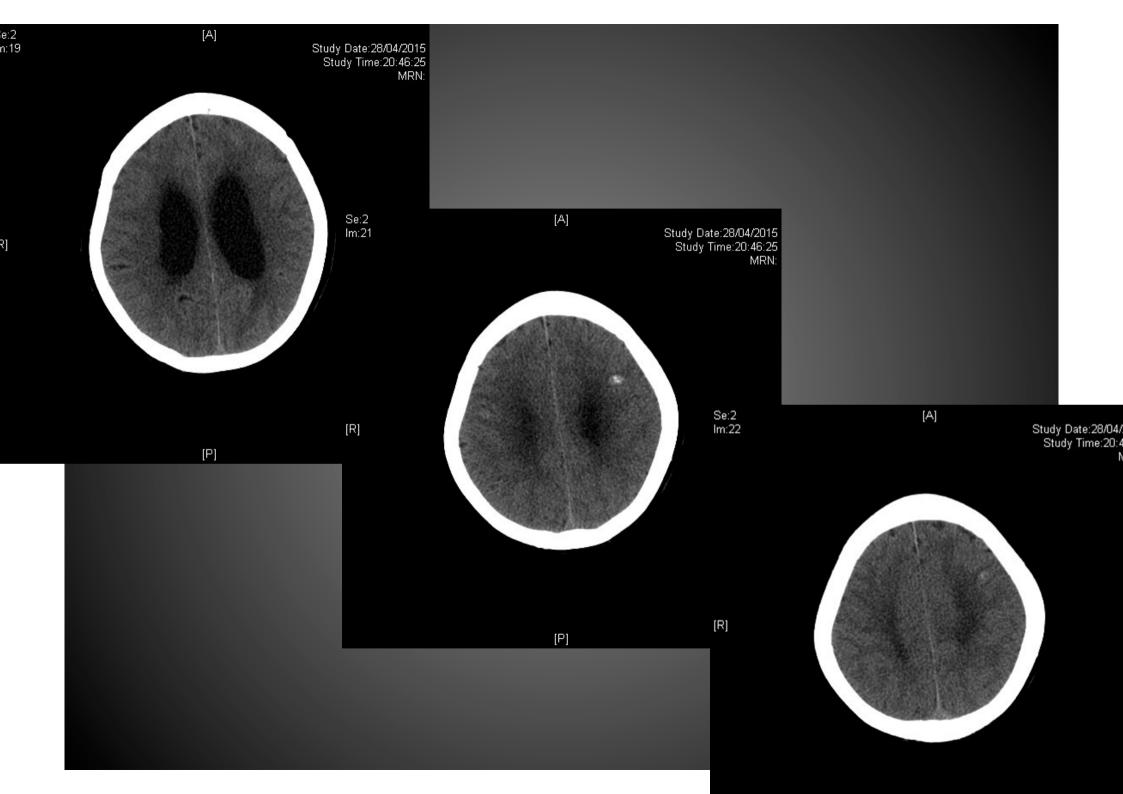


 A 69 year-old woman presented with lower limbs weakness for two weeks. She had history of fall with minor head injury due to weakness.

• CT brain was done.







- 1. What are the abnormal CT findings?
  - Multiple ring-shape hyperdense lesions without significant edema
  - Dilated lateral, 3<sup>rd</sup> and 4<sup>th</sup> ventricles with small subarachnoid sulci
- 2. What is the likely diagnosis?
  - Neurocysticercosis
    - CNS infection by larval stage of pork tapeworm Taenia solium
  - Hydrocephalus
- 3. Name three other indicated investigations.
  - MRI
  - Immunological test to detect antibodies to T solium in serum
  - Lumbar puncture

 A 10 year-old girl presented with right mandibular swelling for three weeks. She was treated by a course of oral antibiotics from GP with no response.

• X-ray right mandible was done.





Se:1 Im:1



(R)

- 1. What are the abnormal X-ray findings?
  - Ill-defined lucent lesion at right body of mandible
  - Adjacent periosteal reaction
- 2. What is the diagnosis?
  - Garre's osteomyelitis
    - chronic osteomyelitis with subperiosteal bone and collagen deposition, mainly affects children and young adults, with odontogenic infection affecting the mandible
- 3. What clinical finding do you need to look for?
  - Dental cares
- 4. What is the mainstay of treatment?
  - Eliminate the source of dental infection

