

JCM OSCE Questions

PWH A&E

7 August 2019

Case 1

- A 70-year-old man presents with low back pain for 1 month, with increased severity for 1 week.
- Vital signs at triage:
- BP 120/75, P 70, Temp 37.8 C, SpO2 98%
- Physical examination showed tenderness on lumbar spine. Both lower limbs power Grade 4; both upper limbs power Grade 5.

1. Describe x-ray findings.



2. Describe the CT findings.



3. What is the likely diagnosis?
4. What are the possible pathogens?
5. How would you manage the patient in A&E?
6. How would the patient be investigated after admission?
7. What are the indications for surgical intervention?

Case 2

- A 62-year-old presents with sore throat, dry cough and low grade fever for 2 days.
- Physical examination showed hoarseness of voice, congested pharynx and clear chest. No stridor.
- Vital signs: BP 107/77, P 95, Temp 37.7C, SpO2 96% RA

1. What are the differential diagnosis?



2. Describe the X-ray finding. What is the likely diagnosis?
What is the diagnostic sensitivity of a true lateral X-ray?

3. What are the common aetiological agents?
4. How would you manage this patient in A&E?
5. How will you manage if the patient deteriorates into respiratory arrest in ED before transfer?
6. What would you manage differently if the patient were a child?

Case 3

- A 74-year-old lady fell from bed at 4am. She then complained of left shoulder pain, left chest wall pain and left buttock pain.
- Physical examination showed diffuse tenderness on left lower chest wall. Abdominal examination showed mild tenderness on LUQ. There was no tenderness on left shoulder. Active range of motion of left shoulder was full.
- Vital signs: BP 147/108, P 56, Temp 37.3 C, SpO2 97% RA
- She complained of persistent left lower chest wall pain despite 2 doses of IM tramadol 50mg.

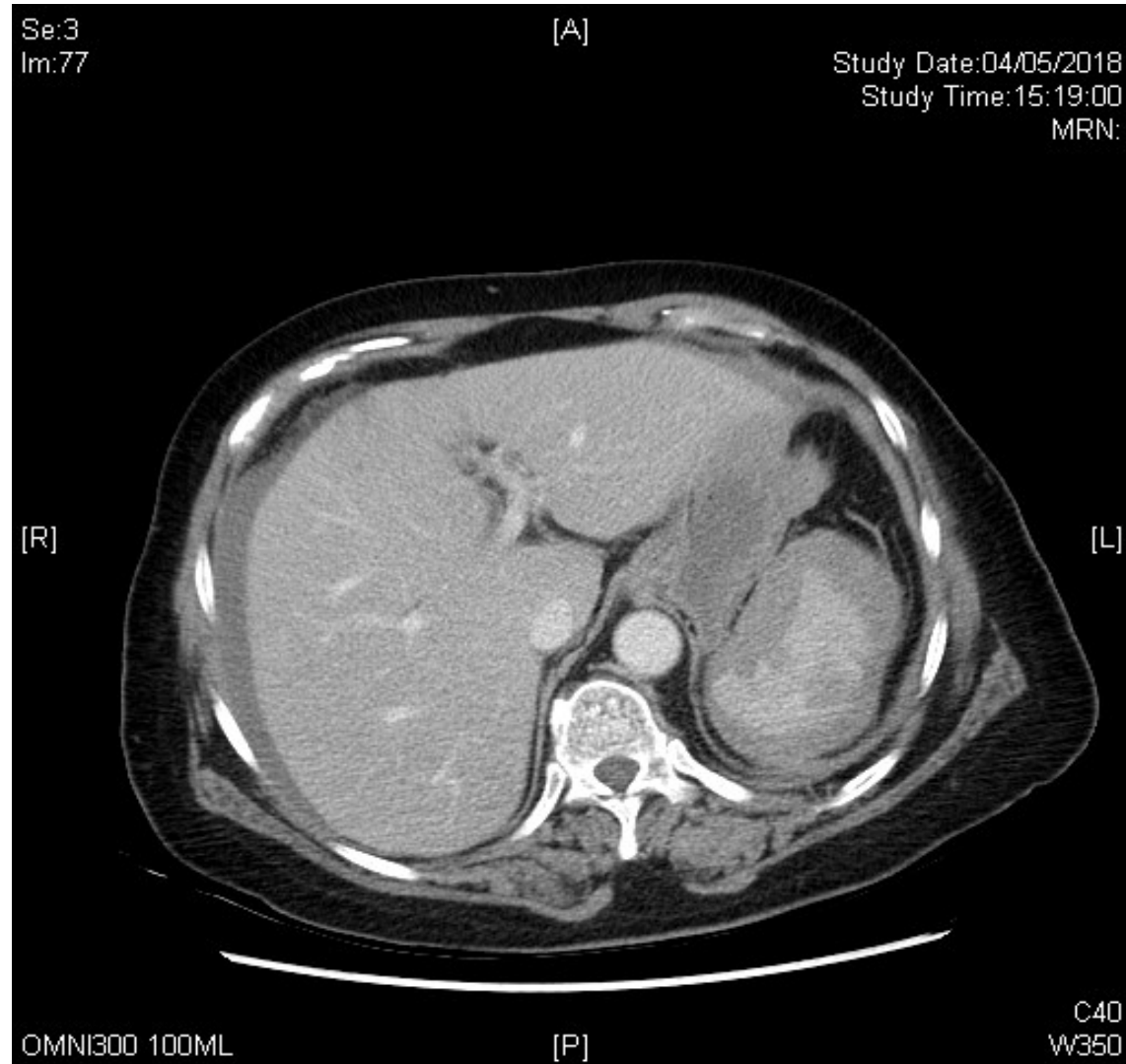
- Blood test showed haemoglobin 9.6 (baseline Hb 8 months ago: 12.7)

FAST scan showed free intraperitoneal fluid in Morrison's pouch and perihepatic area.

CXR was clear. There was no pneumothorax, pleural effusion or rib fracture.

CT abdomen with contrast was requested.

1. Describe the CT findings.



Se:3
Im:79

[A]

Study Date:04/05/2018
Study Time:15:19:00
MRN:

[R]

[L]

OMNI300 100ML

[P]

C40
W350



Se:3
Im:82

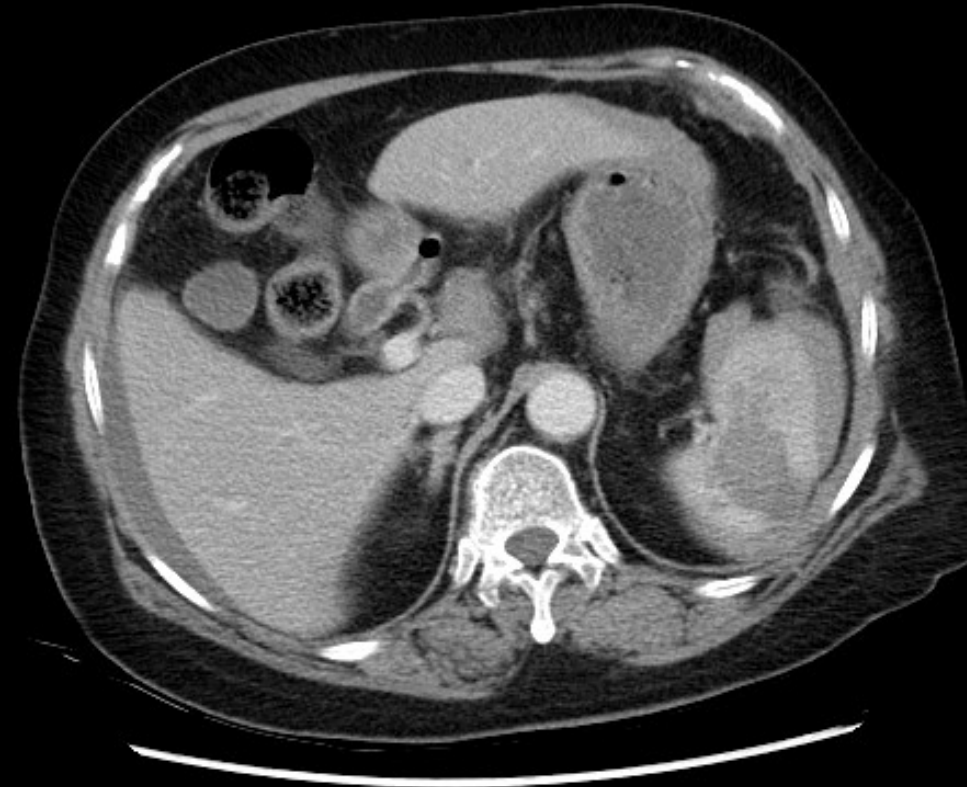
[A]

Study Date:04/05/2018
Study Time:15:19:00
MRN:

[R]

OMNI300 100ML

[P]



2. She complained of left shoulder pain despite the lack of signs of shoulder injury. What is the cause of the pain? What is the name of the sign?
3. Name a grading system for this injury. What is the grading for this patient?
4. How should patients with injury of this organ be managed in general?
5. When and what drugs should be given to this patient to reduce the risk of post-operative sepsis?

Case 4

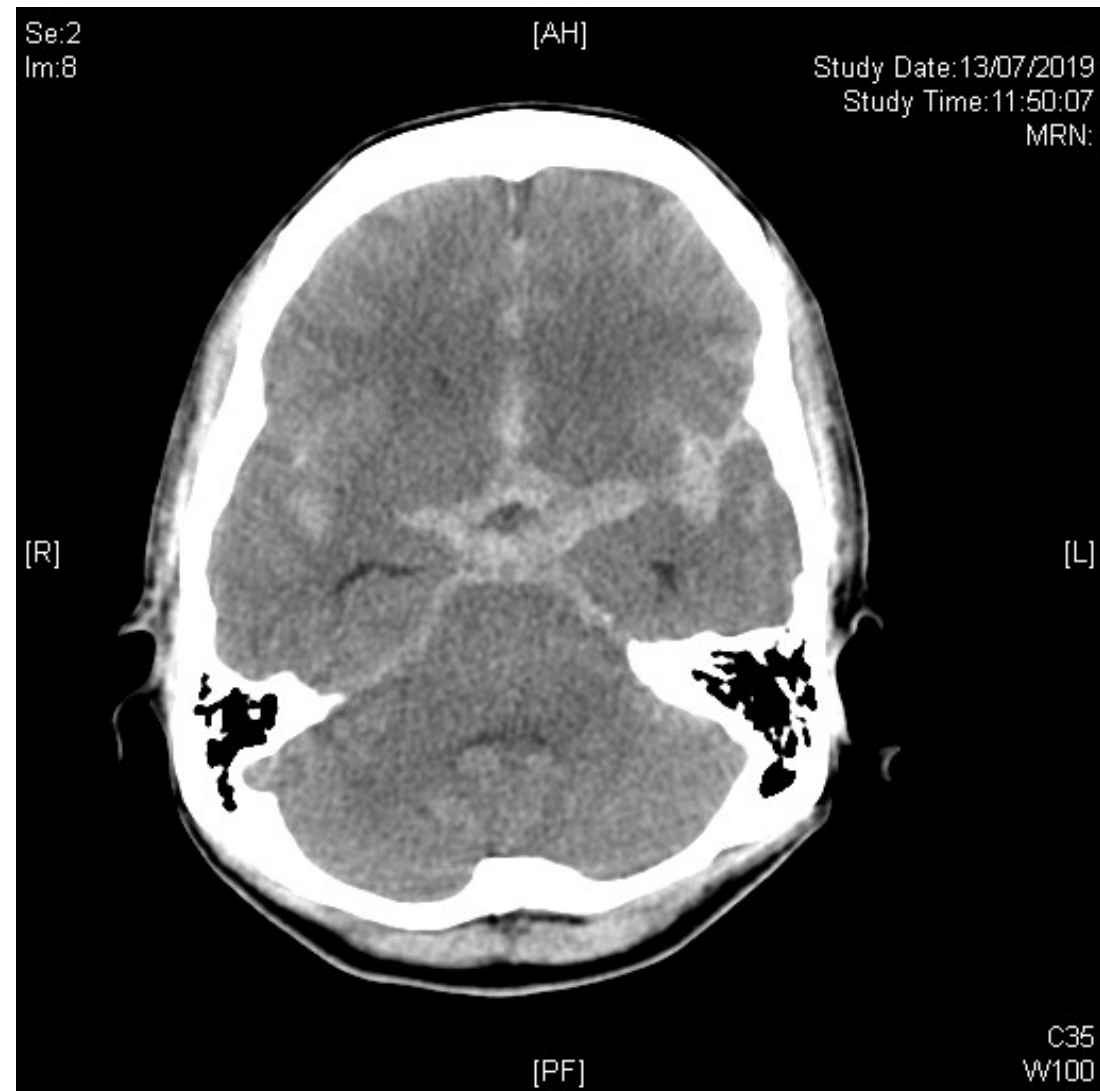
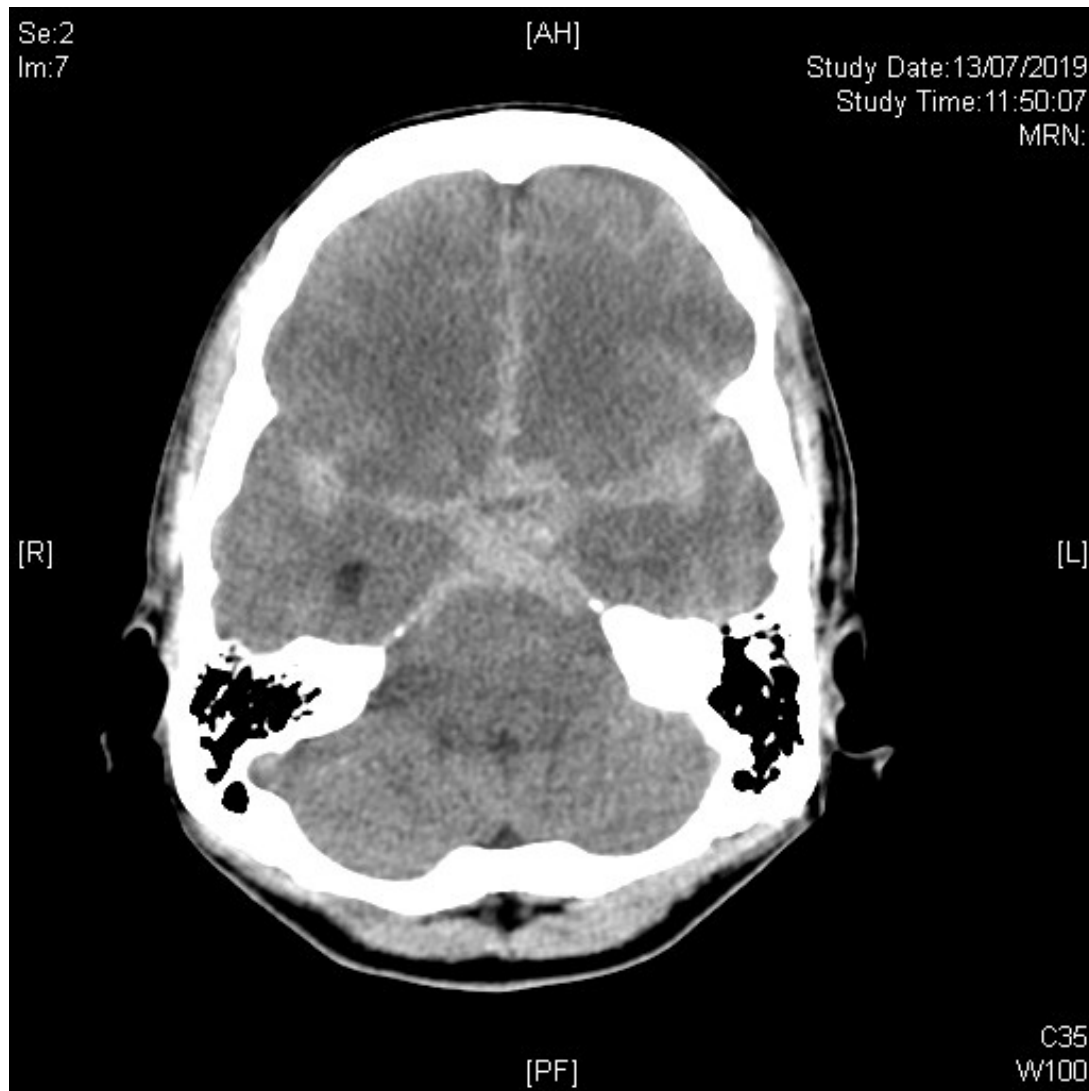
A 43-year-old lady, good past health, presents with headache for 2 days, with increased severity for 1 hour, associated with vomiting.

No history of head injury.

Physical examination showed power 1/5 on right side and power 3/5 on left side.

GCS E4V1M6, BP 113/70, P 75, Temp 35.3 C, SpO2 97% 2L

1. Describe the CT findings.



Se:2
Im:9

[AH]

Study Date:13/07/2019
Study Time:11:50:07
MRN:

[R]

[L]

[PF]

C35
W100

Se:2
Im:11

[AH]

Study Date:13/07/2019
Study Time:11:50:07
MRN:

[R]

[PF]

C
W1

2. What specific physical signs will you look for?
3. What are the risk factors for the above diagnosis?
4. Name 2 clinical grading systems for the above diagnosis.
5. What treatment can be given in A&E?
6. What further investigations may be requested?
7. What are the definitive and operative treatments?
8. What are the potential complications?

Case 5

- A 70-year-old had history of loss of consciousness twice in 2010. Holter exam done in 2010 was unremarkable. He first attended GOPC because his wife noticed he was snoring and having difficulty breathing during his sleep. He is then referred from GOPC for “abnormal ECG”. He does not have chest pain, dyspnea or palpitation recently.
- Physical examination : Dual heart sounds, no murmur, chest clear, no ankle edema
- Vital signs: BP 175/95, P 93, Temp 37.5 C, SpO2 99% RA

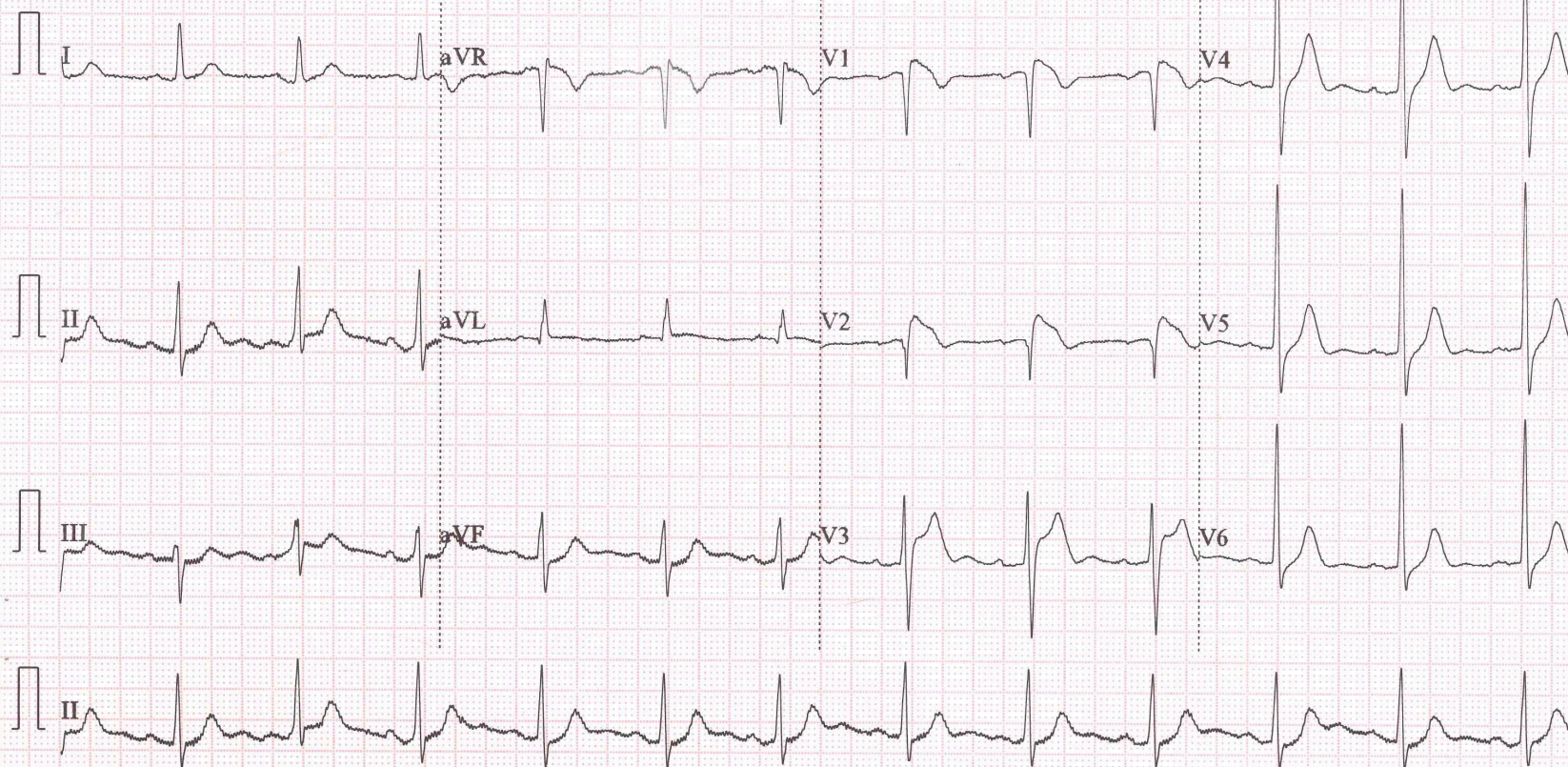
16-07-2019 12:36:39

ID:

Years

HR : 74 bpm
P : 135 ms
PR : 198 ms
QRS : 96 ms
QT/QTc : 365/406 ms
P/QRS/T : 47/19/59 °
RV5/SV1 : 2.612/0.992 mV

Unconfirmed Report.



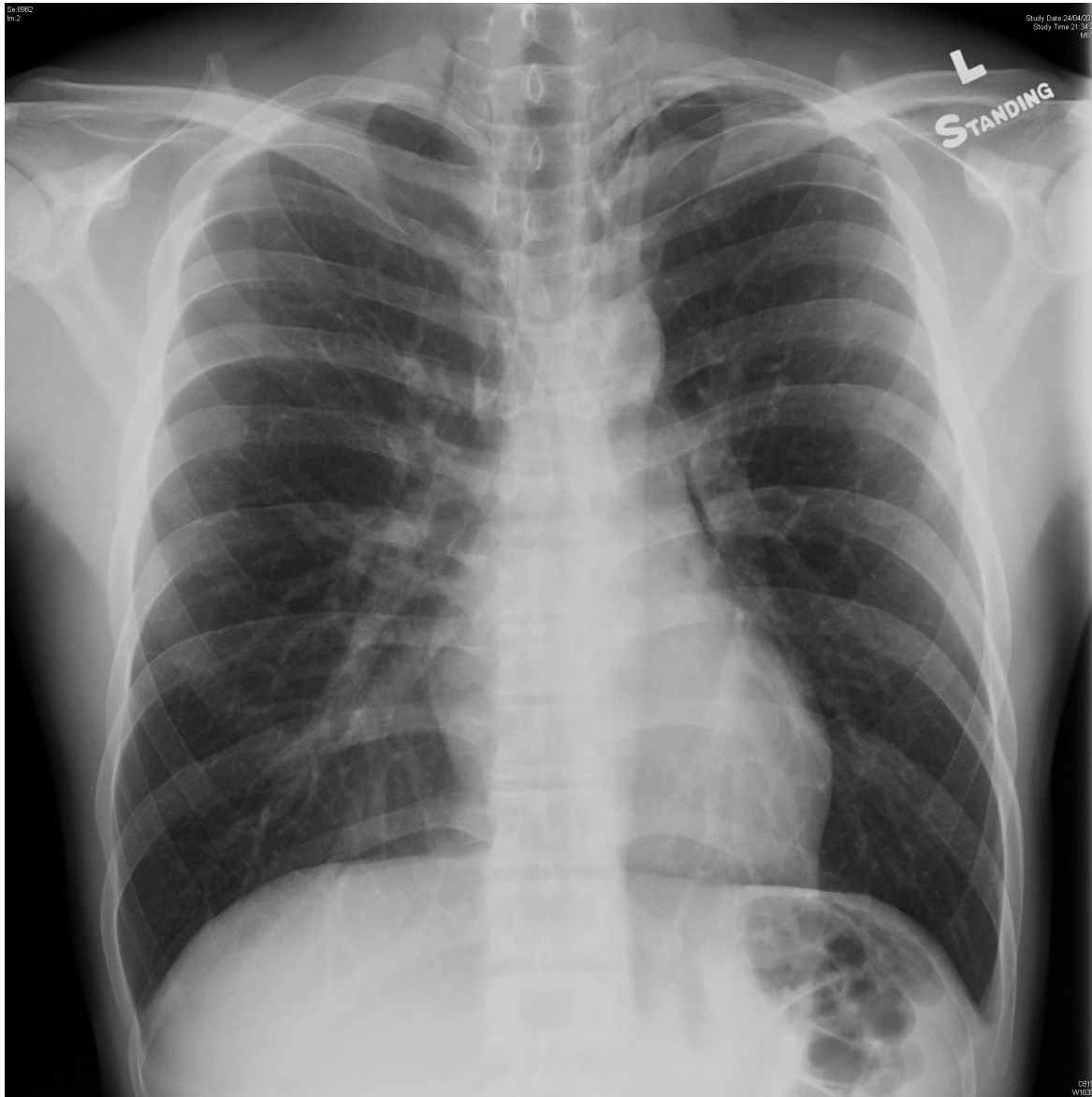
0.67~45Hz AC50 25mm/s 10mm/mV 4*2.5s+1r ♥74 SE-1200Express V2.01 SEMIP V1.7

1. Describe the ECG. What is the likely diagnosis and which type?
2. What is the pathogenesis of the above diagnosis?
3. What are the provoking factors?
4. What is the definitive treatment?

Case 6

- A 21-year-old medical student presents with mild bloating sensation in throat after eating noodles this afternoon. No odynophagia. No vomiting. No chest pain. No fever. No dyspnea.
- Physical examination: chest clear, abdomen soft, throat clear
- Vital signs: BP 116/75, P 84, Temp 36.8 C, SpO2 97% RA

Describe the x-ray findings. What is the diagnosis?



2. What specific physical signs will you look for?
3. What are the causes of the above diagnosis?
4. How will you treat this patient?