

HKCEM JCM OSCE by PMH

4 Dec 2019

Case 1

- ✦ M/74, PMHx: Alcoholic liver disease, depression
- ✦ C/O progressive sore throat for 1 week, worse today.
- ✦ Odynophagia and dysphagia now
- ✦ Tolerated soft diet only but difficult



- ✦ 1. State 2 abnormalities on the x-ray. (1 mark)
 - ✦ Pre-vertebral Soft tissue swelling at C7
 - ✦ Air-fluid level within the soft tissue swelling.

▪ 2 What is the most likely diagnosis.(0.5mark)

▪ Retropharyngeal abscess

- 3. What is the most common focus of the condition in 2? (0.5mark) What about its usual causative agents? (1 mark)
 - Odontogenic spread; Also, tonsils, parotid gland, deep cervical LNs, middle ear, sinuses
 - Polymicrobial, predominant bacterial species are
Oral anaerobes: Parvimonas, Fusobacterium, Prevotella and Actinomyces sp
Gas forming: Clostridium sp and Klebsiella sp
Streptococcus sp
Staphalococcus sp

- ✦ 4. What are the mainstay of management if CT neck confirmed your diagnosis? (1 mark)
 - ✦ Airway maintenance
 - ✦ IV broad spectrum antibiotics ASAP
 - ✦ Surgical drainage

- ✦ 5. Name 2 complications (1 mark)
 - ✦ Airway obstruction
 - ✦ Bronchial erosion
 - ✦ Mediastinitis
 - ✦ Sepsis
 - ✦ Esophageal perforations
 - ✦ Infectious thrombophlebitis of internal jugular vein, i.e. Lemierre's Syndrome

Case 2

- ✦ F/27
- ✦ Battered spouse
- ✦ Argue with boyfriend after they both got drunk
- ✦ Left eye hit by her boyfriend's elbow during the fight
- ✦ Left eye and periorbital swelling, painful, cannot open.

- ✦ 1. What's your expected physical exam finding? (List 3, 1.5marks)
 - ✦ Failed left upward gaze
 - ✦ Tenderness or crepitus in inferior orbital floor
 - ✦ Lost of sensation at the face
 - ✦ Diplopia
 - ✦ Visual impairment/loss

Se:450
Im:1

[A]

Study Date:02/02/2019
Study Time:06:23:09
MRN:

Se:8
Im:22

[H]

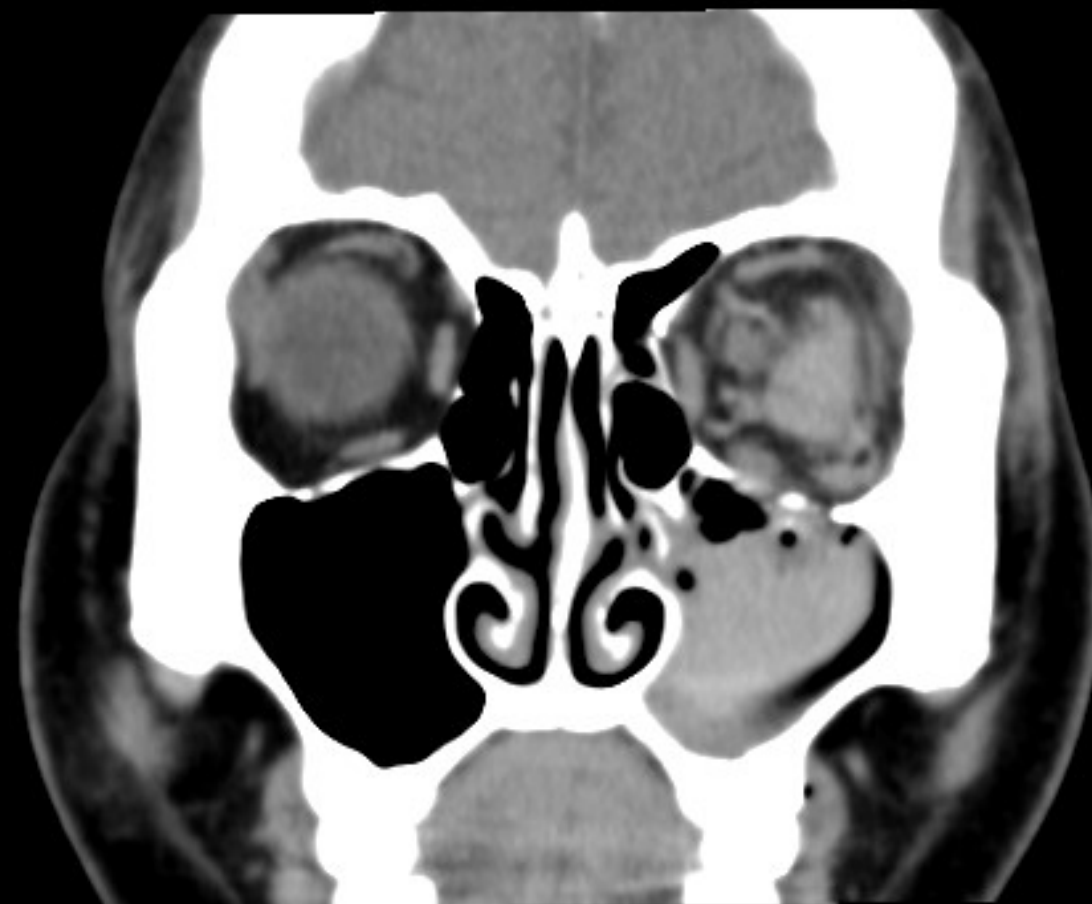
Study Date:02/02/2019
Study Time:13:34:45
MRN:

[R]



[L] [R]

C40
W100



[L]

[F]

C30
W280

✦ 2. Name 3 abnormalities in CT scan. (0.5mark each)

✦ Left eye proptosis

✦ left retrobulbal hyperdense lesion

✦ fractured left inferior orbital wall

✦ left maxillary sinus soft tissue herniation from orbit

- ✦ 2. What is the diagnosis? (1 mark)
 - ✦ Left blow out fracture with left retrobulbar hemorrhage

- ✦ 4. If the patient complained of left eye vision lost, Name an urgent ophthalmological complication that might arise.(0.5mark)

And what would you do in AED if ophthalmological assessment is not readily available? (0.5mark)

- ✦ Orbital Compartment Syndrome

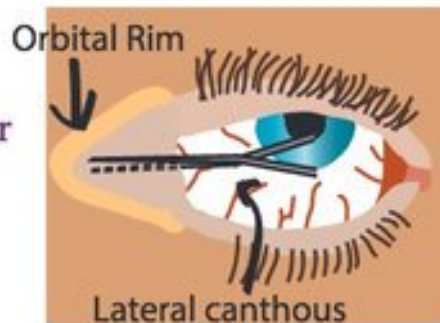
- ✦ Lateral canthotomy

Performing a Lateral Canthotomy

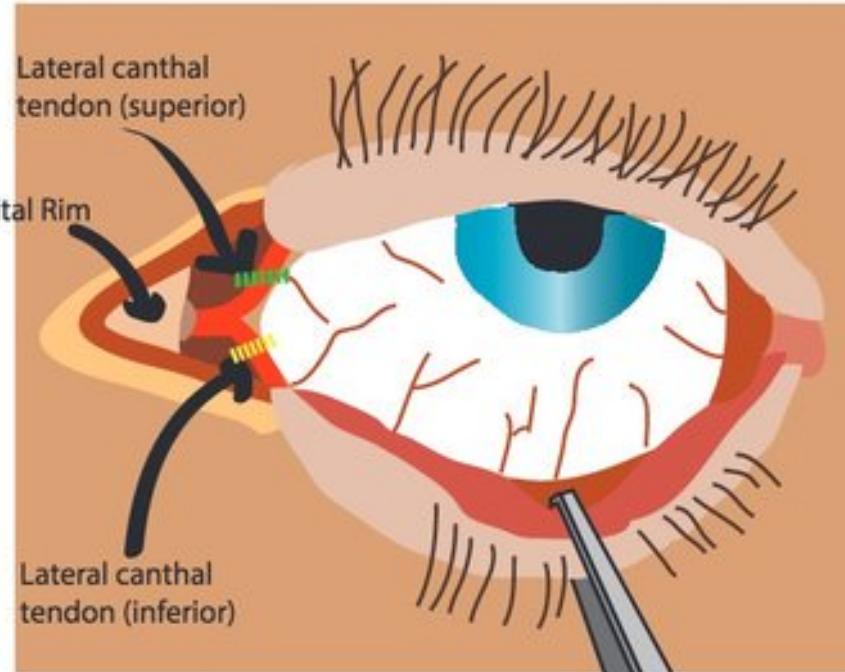
1. Liberally inject surrounding soft tissue with 1% lidocaine with epinephrine.



2. Advance a hemostat from the lateral canthus to the outer orbital rim and clamp to devascularize the tissue. Hold for 30-90 seconds.



3. Use small, sharp scissors (Iris scissors) to cut from the lateral canthus to the outer orbital rim.



4. Use forceps to reflect the lower eyelid to visualize the inferior canthal tendon.

5. Cut the tendon (yellow dotted line) to decompress the globe.

6. If this does not result in reduced IOP, repeat for the upper canthal tendon (green dotted line).

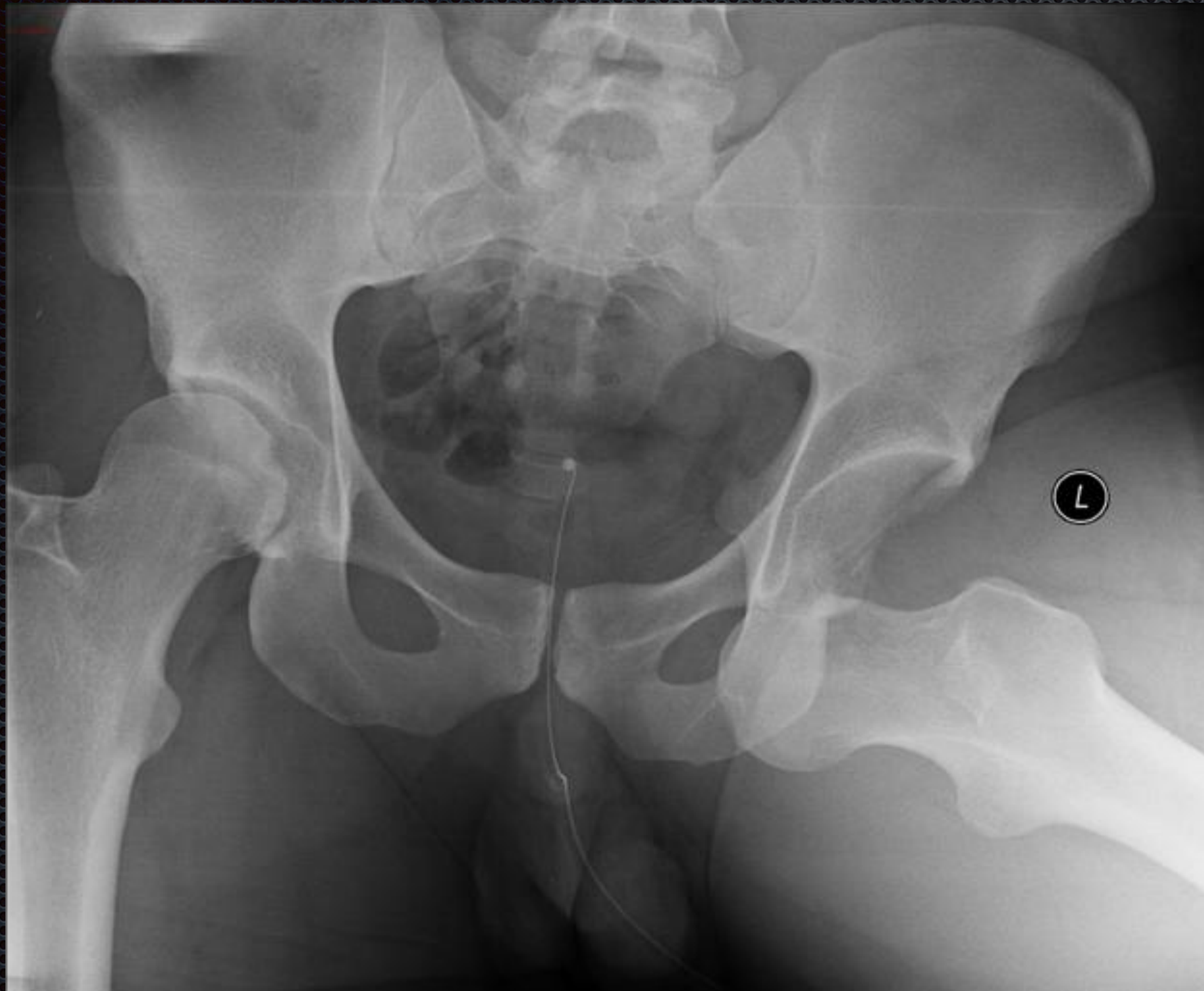
Photo by Salim R. Rezaie, MD

Case 3

- ✦ M/69
- ✦ Fell off ladder while repairing air-conditioner at home



Source: Patel DR, Greydanus DE, Baker RJ: *Pediatric Practice: Sports Medicine*: www.accesspediatrics.com
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<https://radiopaedia.org/articles/anterior-dislocation-of-the-hip?lang=us>

- ✦ 1. Please describe the abnormality in the clinical photo.
(1mark)
- ✦ Left hip slightly flexed, abducted and externally rotated.

- 2. What is the Xray finding and your diagnosis? (1 mark)

- Inferior displacement of left femoral head

- Anterior dislocation of left hip, obturator type

✦ 3. What fracture is associated with your diagnosis stated above? List 2 (1mark)

✦ Fracture acetabulum

✦ Greater trochanter

✦ Femoral head

- ✦ 4. How to treat this condition in AED? (1 mark)
 - ✦ Allis leg extention Method
 - ✦ Stimson Gravity Method
 - ✦ Reverse Bigelow Method

✦ 5. What complications are associated with this injury?
List 2 (1mark)

- ✦ Sciatic Nerve Injury
- ✦ Post-traumatic arthritis
- ✦ AVN of femoral head
- ✦ Recurrent dislocation

Case 4

- ✦ M/25
- ✦ Good past health
- ✦ Headache for 1 week
- ✦ Fever 38.5C
- ✦ BP 120/85, Pulse 105/min
- ✦ Confusion, frontal swelling



Se:5
Im:18

[AH]

5

Study Date:16/01/2019 5
Study Time:07:02:31
MRN:

[R]



50ml omni 300

[PF]

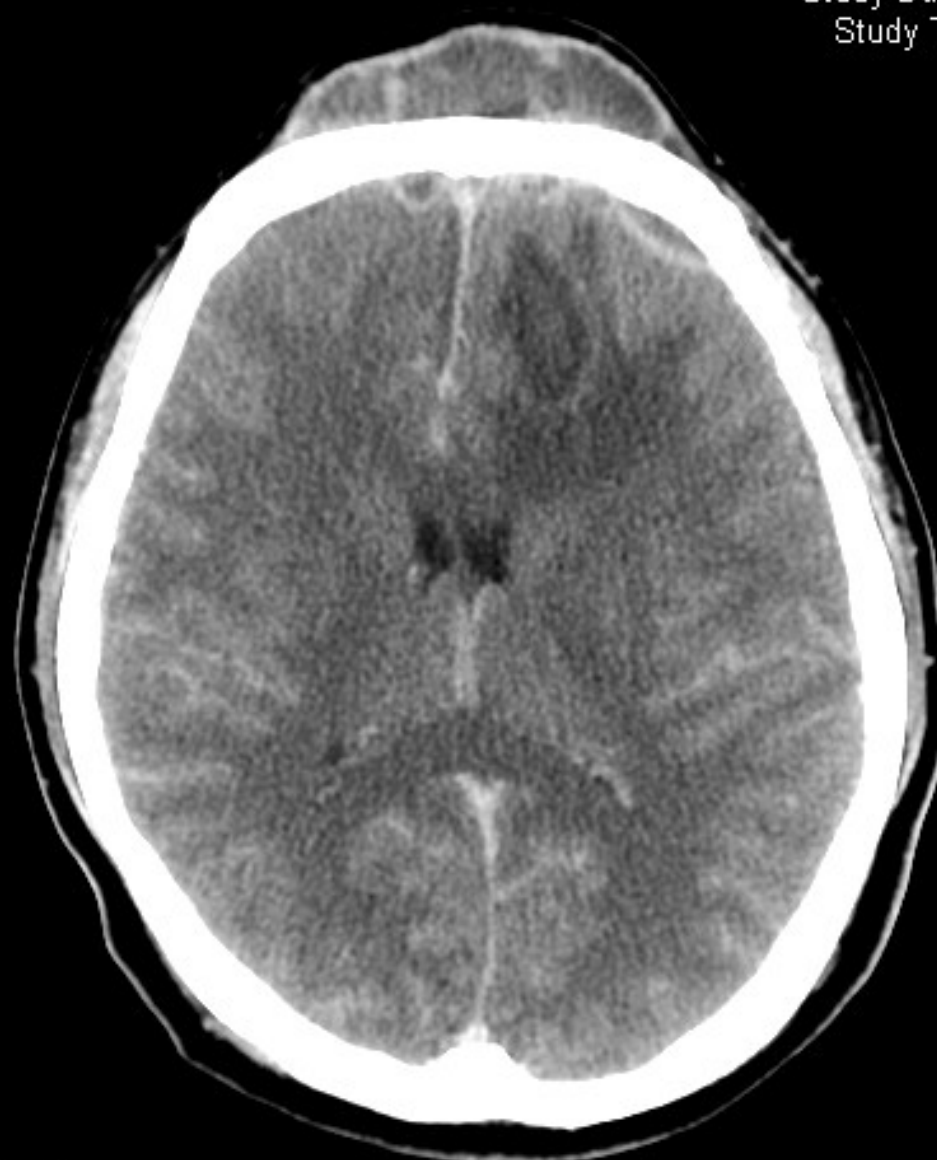
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C40
W100 il omni 300

[AH]

Study Date:16/01/2019
Study Time:07:02:31
MRN:

[L]



C40
W100

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- ✦ 1. State the abnormalities on contrast CT brain. Give 3 (1.5mark)
 - ✦ Rim enhancing lesion at left frontal lobe with surrounding oedema
 - ✦ Bilateral frontal collections with meningeal enhancement
 - ✦ Mild midline shift to the right
 - ✦ Extracranial enhancement of soft tissue over bilateral frontal regions

- 2. What is your diagnosis? (0.5mark)
 - Brain abscess, with epidural collection and scar abscess - Pott's Puffy Tumour

- 3. What are the 2 commonest causes of the condition mentioned above? (2 marks)
 - Frontal sinusitis (acute and chronic)
 - Frontal trauma

✦ 4. What are the most common causative agents? List 2 (1mark)

✦ Streptococcus sp

✦ Haemophilus Influenzae

✦ Staphylococcus sp

✦ Klebsiella

▪ Thank you!