

MFAEM Part A
June 2005

These are the questions that I wrote down after the exam. Of course they're not word for word perfect but they do give an accurate idea as to the pitch of the questions. I haven't written the answers out – I'm not doing all the work for you! Rob Greig

1. Acute Dystonia occurs with

- Procyclidine
- Metoclopramide
- Benztropine sulphate
- Fluoxetine

2. Causes of Syndrome of Inappropriate ADH secretion

- Small Cell Carcinoma of the Bronchus
- Addison's Disease
- Acute Alcohol intoxication
- Head Injury

3. Clostridium tetani infection

- Symptoms typically occur after 6-8 weeks
- Cause pathology by secreting an exotoxin
- Cause local wound inflammation
- Is a Gram Positive Spore forming bacillus

4. Normal Physiological changes in pregnancy

- Reduced PCO₂
- Increased Cardiac Output
- Increased Insulin resistance
- Decreased Glomerular Filtration Rate

5. In the Limping Child

- With no trauma in the preschool child, the diagnosis is Unlikely to be transient synovitis
- Slipped Upper Femoral Epiphysis is more common in Girls
- Aseptic Necrosis is very rare below 8 years of age
- Perthes disease gives you a sclerosis of the Epiphysis

6. Regarding the oxygen dissociation curve

- At an SaO₂ of 50% the PaO₂ is approximately 5.4 kPa
- Carbon Monoxide causes a Left shift
- Raised temperature causes a Right shift
- A Right shift increases Oxygen available to the tissues

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7. Anaphylaxis

- Mediated by production of IgE
- Individual needs prior exposure to the antigen before Anaphylaxis will occur
- Mast Cells degranulate due to massive influx of Potassium into cells
- Histamine mediates the wheal/urticaria phenomenon

8. Signs of Acute Wernicke's Syndrome are

- Nystagmus
- Peripheral Neuropathy
- Ataxia
- Ophthalmoplegia

9. Which of the following patients should be treated as HIGH risk when dealing with Paracetamol overdose and deciding whom receives NAC?

- Metastatic Carcinoma – Emaciated
- Long term St John's Wort use
- Patients taking Phenytoin
- Acute Alcohol Intoxication

10. Which drugs potentiate Warfarin?

- Diclofenac
- Phenytoin
- Ciprofloxacin
- Erythromycin

11. In the treatment of Seizures

- Fosphenytoin is a metabolite of Phenytoin
- Lorazepam has a longer half life than Diazepam
- IV Phenytoin should be given as a bolus
- In a known alcoholic with persisting seizures, IV Thiamine should be given

12. Acute Analgesia and Opiates

- Nasal Diamorphine is rapidly absorbed
- The half life of Methadone is 8 to 10 hours
- Naloxone is a competitive partial agonist
- In an adult, no more than 30mg of Morphine must be given in the first 1hr

13. The Paul-Blunell test

- Is a direct Coombs test type
- Is Positive for Mycoplasma
- Is positive for the first 3 months of Infectious Mononucleosis
- -can't remember-

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14. Localised Inflammation

- Causes localised intravascular haemolysis
- Activation of the Kalikrein/Kinin system occurs
- Attracts Lymphocytes
- Increases vascular permeability

15. The following are features of severe community acquired pneumonia

- Respiratory rate greater than 16 breaths per minute
- WCC less than 4.0×10^5
- Diastolic blood pressure less than 60mmHg
- Apyrexial

16. On a Chest X-ray (PA)

- The Right heart border is the Right Ventricle
- The right lower lobe is adjacent to the right heart border
- The horizontal fissure separates the upper and middle lobes
- If the consolidation is below the left hilum then you can be confident the infection is confined to the lower lobe

17. Regarding Meningococcal meningitis

- 10- 20% of the population are colonised
- All contacts should be offered chemoprophylaxis
- A+E Staff should be immunised against Neisseria meningitides
- Penicillin chemoprophylaxis should be given instead of Rifampicin in Pregnancy

18. A 48y/o with small bright red PR bleed presents to A+E. Bloods show: WCC 6.7 Hb 10.4 MCV 105 Plts 354

- B12 or Folate deficiency is the commonest cause of Macrocytosis presenting to the A+E department
- In Alcoholic, Folate deficiency is the cause of Macrocytosis
- All Macrocytosis patients need referral for bone marrow biopsy
- -can't remember-

19. A 58y/o Type 2 Diabetic attends A+E with Hypoglycaemia. He is taking Metformin and Glibenclamide.

- IM Glucagon should be given immediately
- Oral dextrose will raise the blood sugar within 2-3 mins
- If he becomes normoglycaemic he can be discharged within 3-4 hrs
- If he becomes normoglycaemic but remains unconscious he will require IVI Insulin

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20. Regarding Xrays of the upper limb

- A lateral Xray of the wrist will demonstrate the capitate articulating with the concave surface of the Lunate
- The ossification centre of the medial epicondyle of the humerus occurs before the trochlea
- If you draw a line along the shaft of the proximal radius, it should pass superiorly to the capitellum
- The distal end of the radius is angulated 15 degrees dorsally

21. Regarding the foot and ankle

- Peroneus longus attaches to the base of the 5th Metatarsal
- The tendon of Tibialis Anterior is medial along the ankle line
- The Anterior Talo-fibular ligament attaches to the lateral aspect of the talus
- Most Inversion/Eversion occurs in the ankle mortice joint

22. In an Addisonian Crisis

- Hypocalcaemia occurs
- Hypokalaemia occurs
- Acidosis
- Eosinophilia

23. In the treatment of Hyperkalaemia

- IV Glucose must be given with IV Insulin simultaneously
- IV Bicarbonate without the acidosis will not affect the $[K^+]$
- Salbutamol must be given IV to be effective
- -can't remember-

24. The following are signs of Brainstem Death

- Loss of Thermoregulation
- Loss of Gag reflex
- Buying Burberry
- Loss of withdrawal to pain
- Loss of Pupillary reaction to light

25. In Severe Aortic Stenosis

- The murmur is loudest at the apex
- Fixed Split of S2 occurs
- Murmur loudest on expiration
- Austin Flint murmur is heard

26. Comparing a Child (less than one year old) to an Adult

- Body surface area to weight ratio is less
- Oxygen requirement per kilogram is more
- Circulating volume in ml/kg is less
- The physiological dead space is more

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27. Regarding the anatomy of the spine

- L5 is at the level of the Anterior Superior Iliac spine

- C7 vertebral process is most prominent
- The pedicles are where the transverse processes attach
- The lateral masses of the Atlas articulate with the occipital condyles

28. Pupillary dilatation occurs with

- Trauma to the orbit
- Cyclopentolate
- Horner's Syndrome
- Extradural Haematoma Ipsilaterally