

**FCEM SAQ**

**March 2009**

20 questions

10 marks per question

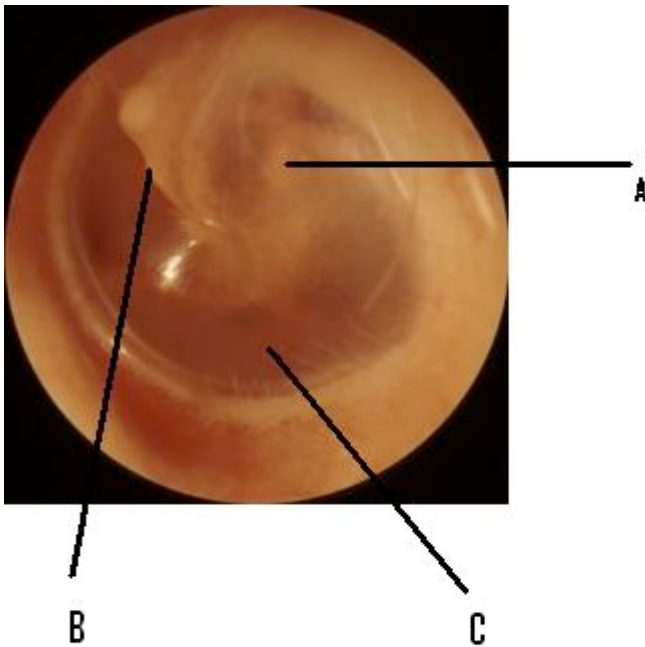
200 marks

2.5 hours

## Q1

1. Name 2 approaches to an axillary nerve block (other than axillary) and the most common complication of each approach. (3)
2. Describe the anatomy of the brachial plexus in the axilla. (5).
3. For a 70kg man undergoing an axillary nerve block, which LA would you use, why, and at what dose? (2)

## Q2



1. Label structures A, B and C (3)
2. Name 3 indications for oral antibiotics in otitis externa? (3)
3. What is a cholesteatoma? (1)
4. Name 3 serious complications. (3)

### **Q3**

1. Name 4 principles of the Caldicott guidelines. (4)
2. Identify 3 circumstances where you can give out clinical details without the patient's consent. (3)
3. What information does the Freedom of Information Act apply to, and for how many years? (3)

### **Q4**

A 37 year old man, usually fit and well, collapses suddenly.

1. Give 6 clinical signs that suggest cardiac tamponade. (3)

An ECHO shows aortic regurgitation  
CT scan image of just below aortic arch.

2. What does the CT show? (aortic dissection) (1)
3. How does this explain the ECHO findings? (2)
4. Explain the next steps in the management of this patient. (4)

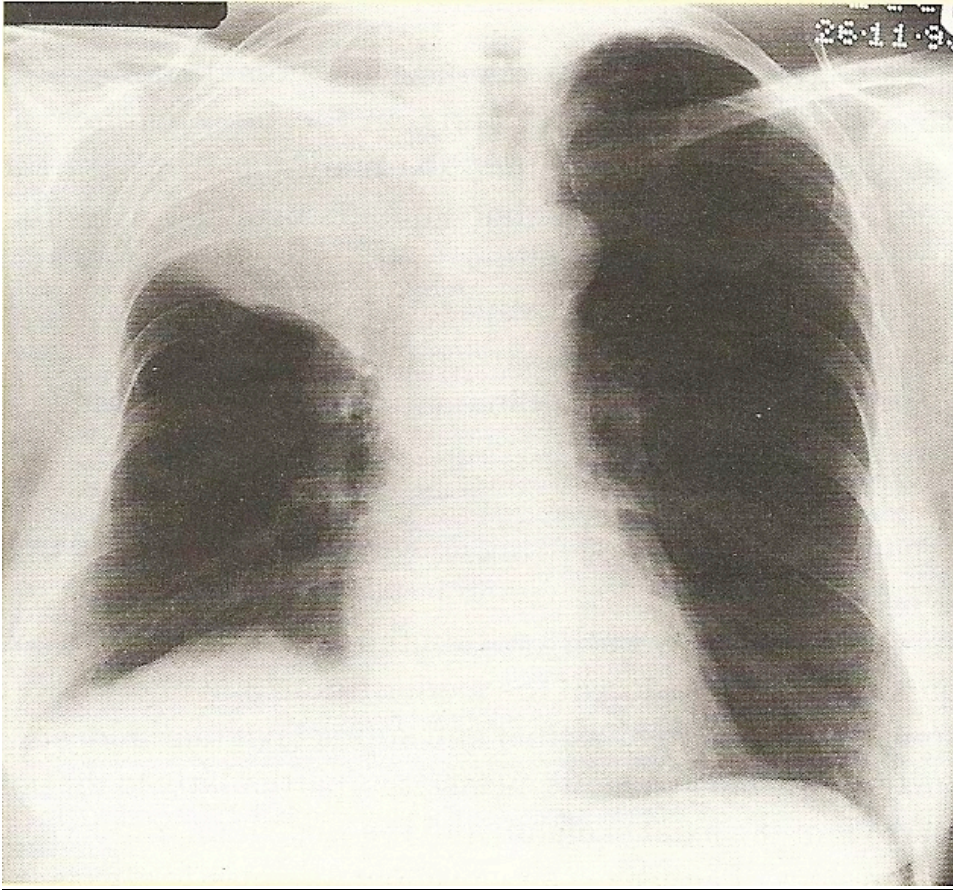
### **Q5**

A 76 year old woman had an RTA 2/52 ago. She presents with progressive left pleuritic chest pain, lethargy and SOB/OE. Obs are ok(ish). On examination, there is an old seat-belt mark and pain in the LUQ.

CXR shows left pleural effusion.  
CT thorax shows splenic haematoma.

1. What causes would explain her symptoms and pleural effusion? (4)
2. What does the CT show? (2)
3. What bedside tests would you do now and why? (4)

**Q6**



A 67 year old man is sent from x-ray with a CXR.

1. What does the CXR show? (2)
2. Name 4 non-pulmonary complications of above excluding hypercalcaemia? (4)
3. What further management is required excluding investigations? (4)

**Q7**



1. Describe the x-ray and SH type (1)
2. Name 2 complications of this injury and why? (2)
3. Give 6 complications of POP immobilization in this age group? (3)
4. Name an advantage and disadvantage of each type of administration of analgesia in paediatrics (4):
  - po
  - parental
  - Entonox
  - distraction therapy
  - intra-nasal

### **Q8**

A 35 year old man has had well controlled psoriasis for the last 2 years. He has been unwell since last night. Temp 39°, HR 120, systolic BP 100.

Unfocused picture of 2 red and ?scaling legs.

1. What is the diagnosis? (2)
2. Name 3 complications. (3)
3. Give 3 other differentials. (3)
4. Name 2 non-skin manifestations of psoriasis. (2)

### **Q9**

A 26 year old man presents to the ED having ingested 100 ferrous sulphate tablets 2 hours ago. He has not taken any other medication or alcohol. His GCS is 15. His suicide risk has already been assessed.

His 4 hour serum Fe levels are >5mg/L (>90 micromol/L, normal 15 - 30 micromol/L) with a TIBC of 63 micromol/L (normal 54 -75 micromol/L)

1. Would you give charcoal and why? (2)
2. What method of decontamination could you use? (2)
3. Give 2 signs/symptoms of Fe poisoning at
  - <6 hrs (2)
  - >24 hrs (2)
4. Explain the significance of TIBC related to Fe? (1)
5. What does this mean for his prognosis? (1)

### **Q10**

A 78 year old man is brought in. He looks cachectic & dry. GCS 13/15, BM 8, RR 20, P100, BP 90/60.

Na 145  
K 7.2  
Urea 22  
Creat 386  
Cal 2.75

1. Name 4 causes of hypercalcaemia other than malignancy (4)
2. What management does he need? (4)
3. What 4 investigations does he need? (2)

### **Q11**

A 23 year old woman attends the ED complaining of an 8 month history of intermittent loose stools and crampy abdominal pain.

1. What symptoms would make you think of IBS? (3)
2. What 3 blood tests would you do to exclude other causes? (3)
3. Name 3 red flag symptoms in persistent diarrhea. (3)
4. What advice would you give regarding dietary fibre and carbohydrates for IBS? (1)

### **Q12**

An 8 year old girl is known Type 1 DM. Glu 28, acidotic, Na & K normal.

1. What is the diagnosis? (1)
2. Name 4 common presenting signs & symptoms of above? (2)
3. Name 2 common precipitants? (2)
4. Name 4 features which would make you suspect cerebral oedema? (2)
5. How would you treat cerebral oedema? (3)

### **Q13**

An 85 year old woman, usually independent, has had a sudden deterioration. On examination she is ataxic and has nystagmus. No weakness and sensation normal.

1. Name 3 differential diagnoses (3)

The patient deteriorates with dysphasia.

Picture of CT head with hydrocephalus, enlarged ventricles & loss of sulci.

Picture of MR head with cerebellar infarct.

2. What does the CT show? (1)
3. What does the MR show? (1)
4. Name 4 presentations of CVA to ED? (4)
5. Why are posterior fossa CVAs important to diagnose/visualise? (1)



### **Q14**

A 16 year old boy admits alcohol++ 3 days ago. Since then he has become mad, has dilated pupils, is tachy and has a slight temp. GCS 14 (E4, V4, M6)

1. Give 4 organic causes of the above presentation? (4)
2. What investigations are needed to exclude organic causes? (2)
3. Name 3 symptoms which suggest a diagnosis of schizophrenia? (3)
4. How long should symptoms be present before a diagnosis of schizophrenia can be made? (1)

### **Q15**

A 9 year old boy is playing rugby when he has sudden onset of scrotal pain. On examination, he has a swollen scrotum with a tender, high-riding right testis.

1. What is the most likely diagnosis? (2)
2. Name 3 differentials. (3)

An USS shows a hydrocoele.

3. What 2 other questions do you want to ask the sonographer? (2)

A 6 month old boy has a hernia.

4. What signs on examination would reassure you it is not worrisome? (3)

### **Q16**

A 46 year old man with attends with dark urine and worsening peripheral oedema over the course of one week. His BP is 174/104.



1. What might you see on urinalysis/microscopy of urine? (3)
2. Name 2 systemic causes of glomerulonephritis and other clinical signs in these conditions? (5)
3. What organism can give you GMN and name a simple test for it? (2)

### **Q17**

A 35/40 pregnant female attends with headache, confusion, proteinuria, ↓platelets, ↓Hb, poikilocytes & deranged LFTs. U+Es are ok except for ↑K.

1. What is the diagnosis? (2)
2. What is the explanation for the presence of poikilocytes? (1)
3. Explain the low platelets? (1)
4. What treatment (and dose) would you choose for raised BP? (2)
5. She is going for a C section. What medication does she need beforehand? (4)

### **Q18**

A 19 year old woman presents complaining of a swollen painful eye since the previous night.



1. Name 3 clinical features which would suggest orbital cellulitis rather than preseptal cellulitis? (3)
2. By what processes do bacteria get into the orbit? (2)
3. What is the commonest cause of orbital cellulitis? (1)
4. Name 2 serious complications. (2)
5. What investigation would help with diagnosis? (1)
6. What organisms do you need to cover? (1)

### **Q19**

A 68 year old man has had a painful upper arm for months. It was x-rayed by his GP 1/12 ago. He rolled over in bed last night and heard a crack.

X-rays of Pagetic bone from 1/12 ago and a # within Pagetic bone from today.

1. What does the x-ray from 1/12 ago show? (2)
2. What does the x-ray from today show? (2)
3. Which are other common sites for this disease? (4)
4. What other investigations would you now order? (2)

### **Q20**

A 55 year old woman had chemotherapy 3/52 ago. Now temp 39C, WBC 20 (4% neutrophils, 80% blasts). A central line is in-situ.

1. What is the definition of neutropaenia? (1)
2. How would you take blood cultures? (2)
3. Devise an antibiotic regime for her explaining your rationale. (4)
4. What is the definition of septic shock? (1)
5. Explain her blood results. (2)