Thromboembolism (DVT & PE)

MCQs

- best drug for DVT?

Low molecular weight heparin

- A 27 year old women present with sudden onset of SOB. Pleuritic pain and haemoptysis. With past history of 3 miscarriage and DVT most likely diagnosis is?

a- SLE
b- Antiphospholibid syndrome
c- Raynauds disease
d- Systemic sclerosis
e- Bechet disease

Prophylaxis for deep vein thrombosis (DVT) is generally not needed in cases of normal vaginal delivery. DVT prophylaxis is more commonly recommended for situations involving major surgery, prolonged immobilization, or other high-risk factors where there's an increased risk of blood clot formation.

- History: A female with history of long travel, then develops unilateral lower limb swelling with redness and hotness. She was diagnosed with DVT. She was started on Unfractionated heparin. 10 days later, she was found to have a platelet count of 60,000. Next step in management:

a. Stop unfractionated heparin and no longer anticoagulation
b. Stop unfractionated heparin and start low-molecular heparin.
c. Stop unfractionated heparin and start her on leperudine ?

- most effective method to prevent dvt -

post op mobilization

- dvt complications : venous ulcer

- What is an indication for IVC (Inferior vena cava) or venous filter:

a- Inability to anticoagulate in a patient with upper extremity DVT due to a vein catheterization
b- Reccurent PE in a patient already on Warfarin with INR 1.5
c- Bleeding diathesis in a patient with femur fracture
d- A thrombus in the right ventricle

In cases where anticoagulation is contraindicated or ineffective, such as when there's a risk of bleeding or an inability to anticoagulate due to a venous catheterization, placing an IVC or venous filter can prevent pulmonary embolism by trapping emboli that break off from the lower extremities before they reach the lungs.

- most common clinic presentation of PE ?

A. acute onset dyspnea
B. chest pain
C. cough
D. syncope
E. hemoptysis

1. Dyspnea (73%) 2. Pleuritic chest pain (66%) 3. Cough (37%) 4. Hemoptysis (13%)

- true about PE :

negative D-dimers can exclude low probablity

- 19year old man previously healthy presented to the emergency room coughing frish red blood , AFB stain is negative and the AFB culture is pending , he was given three units of blood after which he remained thermodynamically stable . a spiral CT scan of the chest using PE protocol showed airspace changes in the Rt lower lobe ,a bronchoscopy showed large clot in the Rt lower lobe. with no other abnormalities seen. Which one of the following is the most appropriate next step in the management of this patient ?

a - Start the patient on anticoagulation as therapeutic dose for PE .
b - Start the patent on anti TB treatment.
c - Ask for conventional CT scan.
d - Ask for conventional pulmonary and bronchial angiogram.
e - Sent the patient for Rt lower lobectomy.

- Which one of the following conditions is an absolute indication for thrombolytic therapy in patients with PE ?

a- Contraindication for anticoagulation .
b- Large filling defect(s) on spiral CT scan .
c- Hypotention caused by PE .
d- Bilateral PE .
e- presence of ECG changes suggestive of PE .

Hemodynamically unstable

- Least needed investigation for pulm. Embolism diagnosis :

ABGs

- Diagnosis of acute symptomatic pulmonary embolism can be excluded when which of the following is normal?

a. Chest x-ray
b. Ventilation-perfusion lung scan
c. Bilateral leg venograms
d. PaO2 and A-a O2 gradient
e. CT scan of the pulmonary arteries

- For a patient with suspected pulmonary embolism.What is the least appropriate strategy?

a. Thrombolytic therapy if cardiogenic shock is present
b. Initiation of anticoagulation treatment while diagnostic workup is ongoing
c. CT angiography if cardiogenic shock is present .
d. D dimer level measurement if shock is present
e. Bed side transthoracic echocardiography if the patient is in cardiogenic shock and CT angiography is not immediately available

- All of the following statements regarding acute lower limb ischemia are true except:

A) Acute lower limb ischemia of thrombotic origin generally has a long history of intermittent claudication
B) In cases of thrombosis, the embolic source of acute lower limb ischemia is generally present
C) Treatement of acute lower limb ischemia of embolic origin is embolectomy and anticoagulation
D) Arteries in acute lower limb ischemia of embolic origin are soft to tender
E) In acute lower limb ischemia of embolic origin , contralateral pulses are generally present

- Which of the following is the most common clinical manifeatation of major pulmonary embolism?

A) Tachypnea.
B) Tachycardia
C) Pleural pain
D) Cough
E) Rales

- Which of the following measures is least helpful in diagnosing a patient with suspected pulmonary embolism?

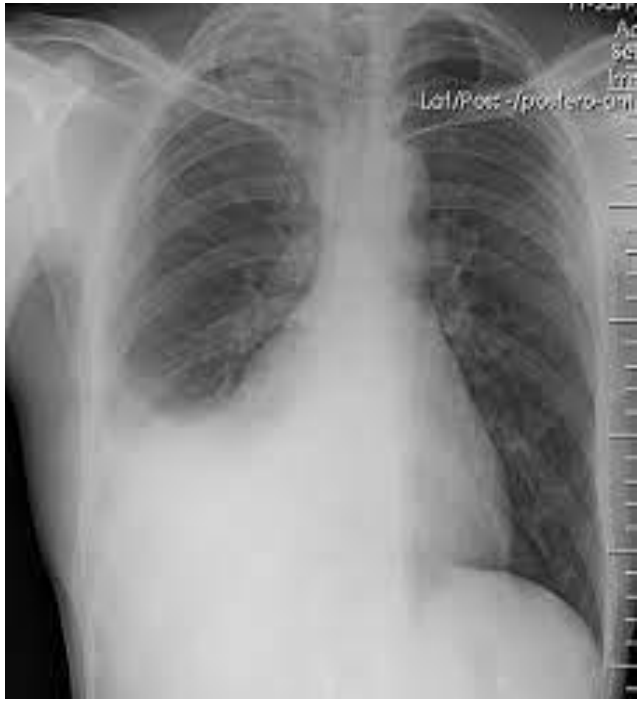
a-Coagulation profile
b-Spiral CT of the chest
c-Echocardiogram (ECHO)
d-Electrocardiogram (ECG)
e-Arterial blood gases

- A 25 year old Pregnant female in the second trimester.she recently complains of dyspnea.pleuritic chest pain and left calf swelling and redness. Examination reveals a sinus tachycardia and her blood pressure is 130/80 mmHg,02 saturation is95% on room air. What is the best line of treatment?

a. Intravenous cefotaxime and oral azithromycin
b. Intravenous heparin and warfarin
c. Low molecular weight heparin
d. Thrombolysis with tenecteplase
e. Intravenous cefotaxime alone.

Mini-OSCE

Station 8



1) What is your diagnosis?

Pleural Effusion

1) List three causes of this condition?

CHF – pneumonia – malignancy – pulmonary embolism

1) What are other possible findings on the physical exam?

Dullness to percussion – decreased tactile fremitus – decreased breath sounds

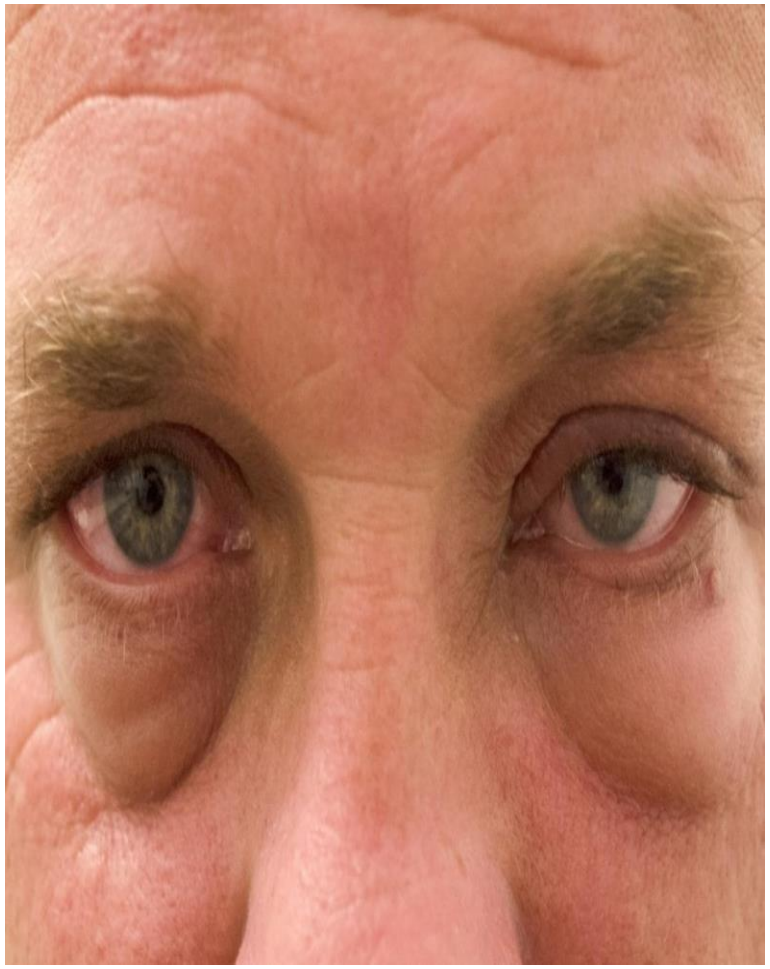
NEPHROLOGY SECTIONS

Q1 : Diabetic patient , wake up with this peri-orbital edema , what is your diagnosis ? And the most possible complication ?

- Nephrotic syndrome , DVT (Hyper-coagulable status)

The options were :

HF , acute renal failure , peripheral vascular disease

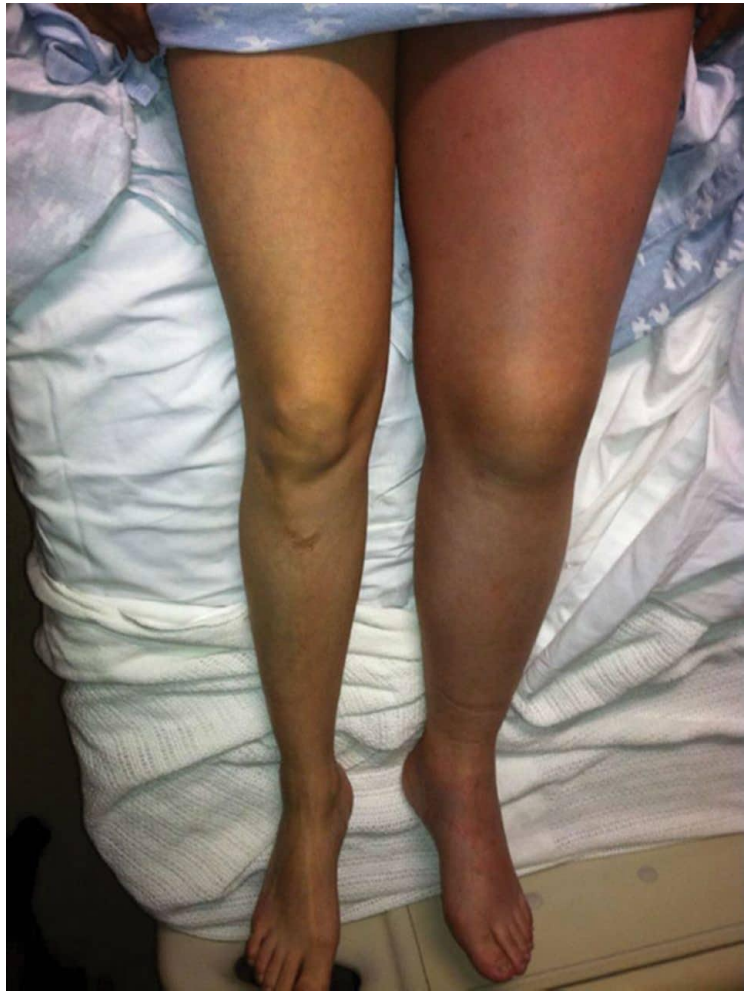


Q23: All of the following are differential diagnosis except:

- DVT
- Compartment syndrome
- Ruptured Baker cyst
- Snake bite
- Cellulitis

swelling under knee (Not in thigh)

crescent shape



Q24: All of the following signs are expected to be seen except:

- Tenderness
- Swelling
- Change in the diameter of both legs
- Absent pulse