Bleed disorders & Antiplatelets

MCQs

- Inheritance bleeding ??

Vwf

- Most common bleeding disorder...

vWF

- A blood test shows a prolonged bleeding time and activated partial thromboplastin time, while platelet count and prothrombin times are all normal, the most likely diagnosis is ?

a. Von Willebrand disease
b. Liver disease
c. Disseminated intravascular coagulation
d. Antiphospholipid syndrome
e. Hemolytic uremic syndrome

- Elevated Bleeding time and PTT

von disease

- Increased bleeding time and PTT is found in ONE of the following.

a- hemophelia A
b- hemophelia B (Xmas disease)
c- Von Willebrand disease
d- treatment with warfarin
e- idiopathic thrombocytopenic purpura

- A patient is given aspirin 300 mg after developing an acute coronary syndrome, what is the mechanism of action of aspirin to achieve an antiplatelet effect?

a. Inhibit the production of thromboxane A2ia
b. Inhibit ADP binding to its platelet receptor ia
c. Inhibit the production of prostaglandin H2ia
d. Glycoprotein IIb/IIIa receptor antagonist ia
e. Inhibit the production of prostacyclin (PGI2)ia

- Disease with decrease clotting factor :

christmas disease (hemophilia b)

- one is coagulation disease :

Hemophilia B

- All are aquired causes of platelet disorders exept?

A. Bernard soulier syndrome (Autosomal ressisive)
B. ITP
C. TTP
D. Trombocytosis
E. Uremic thrombocytopenia

- wrong about ITP?

Prolonged pt,ptt

- not a treatment for ITP?

Azathioprine

- Not a Treatment of of ITP :

IVIG
Splenoctomy

- All the following are causes for immune thrombocytopenia (ITP) except. Select one:

a. B-cell lymphocytes malignancies.
b. HIV
c. Heparin.
d. Systemic lupus erythematosis.
e. Folic acid deficiency anemia.

- First line drug in treatment of ITP include one of the following:

a.splenectomy
b.predinsolon
c.thrombopotein
d.azathioprine
e.rituximab

Corticosteroids 👍

- ITP not affect

A. Pt /Ptt
B. Platelets count
C. Bleeding time

- 1st choice treatment for ITP ?

Answer: IVIG ? , or prednisone

- patechia with no other complain------

ITP

- 26 year old female presented to ER with petechiae, everything else is normal:

A. ITP
B. Septic meningitis
Ans: A?

- ITP, one is correct:

a. often follow a viral infection ???
b. typically has chronic course
c. is characteristically associated with moderate splenomegaly
d. requires splenoectomy in more than 20 % of cases
e. associated with decrease megakaryocytes on bone marrow exam

- Low dose aspirin is used in all of the following except one :

a) Polycythemia rubra vera
b) Essential thrombocytosis
c) Angina pectoris
d) Antiphospholipid syndrome
e) Thrombotic thrombocytopenic purpura

- wrong about side effects of these drugs :

thiazide/thrombocytosis

- All the following are true following splenectomy Except.

a- thrombocytopenia
b- pneumococcal vaccine should be given
c- annual influenza vaccine should be given
d- long term oral penicillin V 500 mg 12 hourly should be given
e- Howell-Jolly bodies are characteristically seen on blood film.

- All the following may be used in treatment of idiopathic thrombocytopenic purpura Except.

a. oral predinsolone.
b. Fresh frozen plasma
c. splenectomy
d.I.V. immunioglobulin
e.immunosuppresentdrug(cyclophosphamide)

- Splenectomy may be an option in treatment of all the following Except.

a- hereditary spherocytosis
b- idiopathic thrombocytopenic purpura
c- worm autoimmune hemolytic anemia
d- hypersplenism
e- G6PD deficiency ???

- A20-year-old woman presents with fever, abdominal pain, purpura and focal neurological signs.

ONEofthefollowingismostlikelydiagnosis.a- idiopathicthrombocytopenicpurpura
b- thrombotic thrombocytopenic purpura**********
c- DIC
d- Henoch-Schonlein purpura e- Von Willebrand's disease.

- Patient presents with confusion ;high creatinin and urea ,fever

(HUS" TTP)

- mechanism of action of aspirin?

Inhibits thromboxane

- A 72-year-old woman is evaluated in the emergency department for progressive chest pain that began 2 hours ago. She has not had recent surgery or stroke. She takes amlodipine for hypertension. On physical examination, blood pressure is 154/88 mm Hg, and pulse rate is 88/min. Cardiac and pulmonary examinations are normal. Initial electrocardiogram shows 2-mm ST- segment elevation in leads V1 through V5 with reciprocal ST- segment depression in leads II, III, and aVF. Chest radiograph shows no cardiomegaly and no evidence of pulmonary edema. The patient is given aspirin, Clopidogrel, unfractionated heparin, and a ß-blocker. Because the nearest hospital with primary percutaneous coronary intervention capabilities is more than 120 minutes away, she is also given a bolus dose of tenecteplase. Thirty minutes later, the patient's blood pressure has dropped to 85/58 mm Hg. Her chest pain persists, and she rates the pain as 8 out of 10. Pulmonary crackles are auscultated to the scapulae. Electrocardiogram shows 3-mm ST-segment elevation in leads V1 through V5 with reciprocal ST- segment depression in leads II, III, and aVF. Which of the following is the most appropriate management?

a. Continued medical therapy
b. Glycoprotein IIb/IIIa inhibitor
c. Repeat tenecteplase
d. Transfer for emergency percutaneous coronary intervention
e. Urgent CABG

Mini-OSCE

5- A 19 year old male patient , previously healthy presented with mild gum bleeding and skin rash o his trunk and extremities for the past 2 days .
No history of drug abuse . Otherwise , he is doing fine without complaints.
The most likely diagnosis is ?

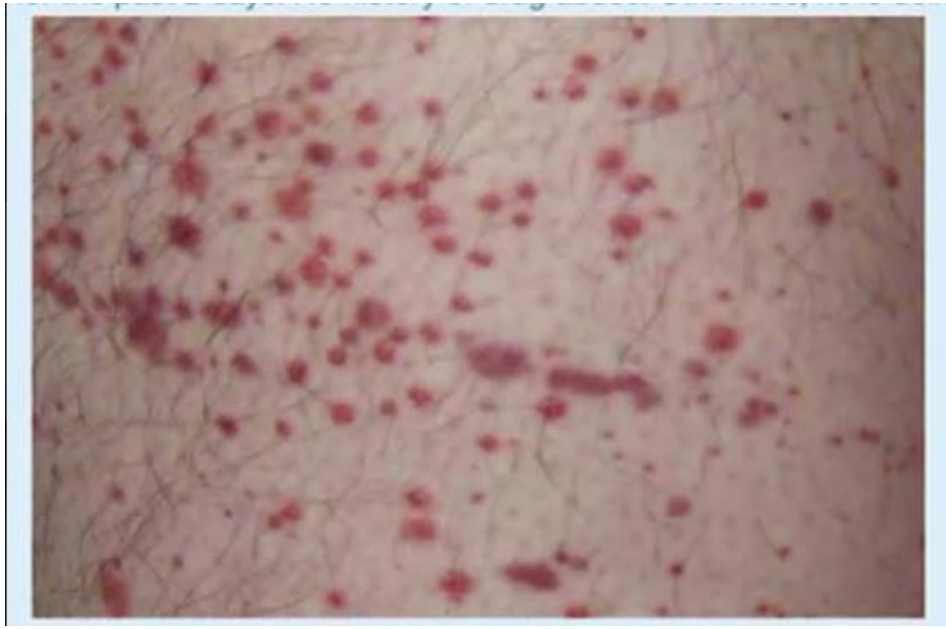
a. Thrombotic thrombocytopenic purpura (TTP)

b. Immune thrombocytopenic purpura (ITP)

c. Disseminated intravascular coagulopathy (DIC)

d. Henoch schonlein purpura(HSP)

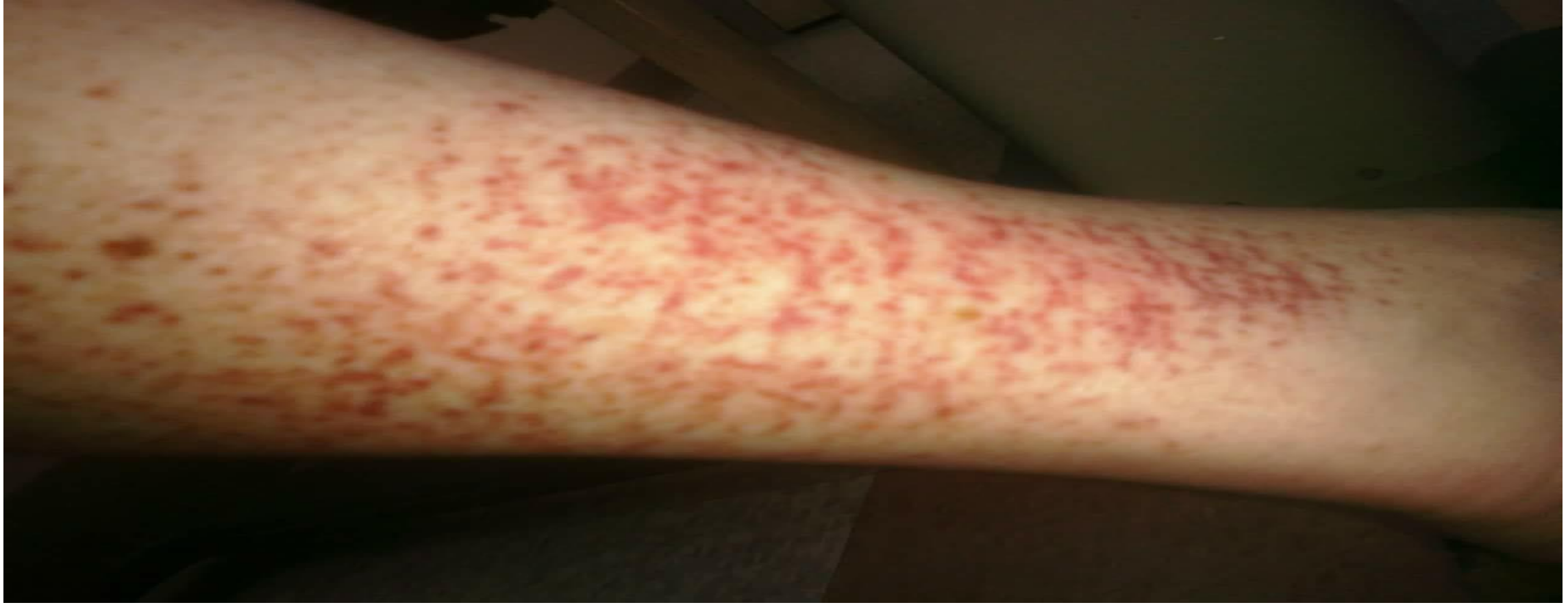
e. Polyarteritis nodosa (PAN)



Q12

Henoch Schonlein Purpura (HSP) V.S Immune Thrombocytopenic Purpura (ITP)

- Platelet level is low in ITP, but normal in HSP.



Station 9

-Mention two causes of this Non-blanching Rash ?

1. Thrombocytopenia (ITP . Aplastic anemia .)
2. Vasculitis
3- Meningiococcemia? (not sure)