

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



# الطَّبِّ وَالْجِرَاحَةِ لِلْبَنَّةِ



## Past years questions ((ARCHIVE))::

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# **PAST YEARS QUESTIONS**

# Medicine mini osce exam

## 6<sup>th</sup> year

Done by:

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Q1 - This 60 year old male has a long history of alcoholism. All of the following are important factors in assessing his mortality rate except?

- a. **Very high ALT and AST ( $>1000$ )**
- b. Albumin level
- c. Presence of encephalopathy
- d. Prolonged PT
- e. Bilirubin level



Q2 - A 19 year old female patient is presented to the emergency department with abdominal pain of 1 day duration. Her mother reports 3 days of dysuria and suprapubic pain treated at home by amoxicillin without improvement. Her abdominal pain is associated with nausea, vomiting and generalized weakness. One of the following is not a crucial step of management?

a. I.V insulin

b. I.V fluids

**c. I.V antibiotics**

d. Potassium replacement

e. Sodium replacement

pH 7.20	pCO2 22	HCO3 11
pO2 93		
Na 130	K 4.2	Cr 100
Glucose 40 mmol/L		

Q3 - A 42 year old female with finger pain upon cold exposure, If this patient's blood pressure is 150/90, what drug would you choose?

- a. Beta blockers
- b. ACE inhibitors**
- c. Thiazides
- d. Vasodilators
- e. Calcium channel blockers



Q4 - A 70 year old male with acute onset of shortness of breath, all of the following can cause this presentation except?

- a. Myocardial infarction
- b. Congestive heart failure
- c. Uncontrolled hypertension
- d. Diabetic ketoacidosis**
- e. Chronic kidney disease



Q5 - A 66 year old male smoker with exertional dyspnea and dry cough. What finding is expected in this patients' ABG's?

- a. Low bicarbonates
- b. Respiratory acidosis
- c. Type 1 respiratory failure**
- d. Metabolic acidosis
- e. Type II respiratory failure



# Q6 - One of the following is not typically found in those patients?

- a. Buffalo hump
- b. Acne
- c. Hirsutism
- d. Central obesity
- e. Skin thickening**



Q7 - This 53 year old male had a myocardial infarction 1 month ago, which of the following is best assessed in follow up for secondary prevention?

**a. LDL level**

b. Total cholesterol

c. HDL level

d. Free fatty acids

e. Triglycerides



Q8 - A 38 year old female, referred to you with high fasting blood sugar, this photo is typical of?

**a. Cushing's syndrome**

b. Acromegaly

c. Morbid obesity

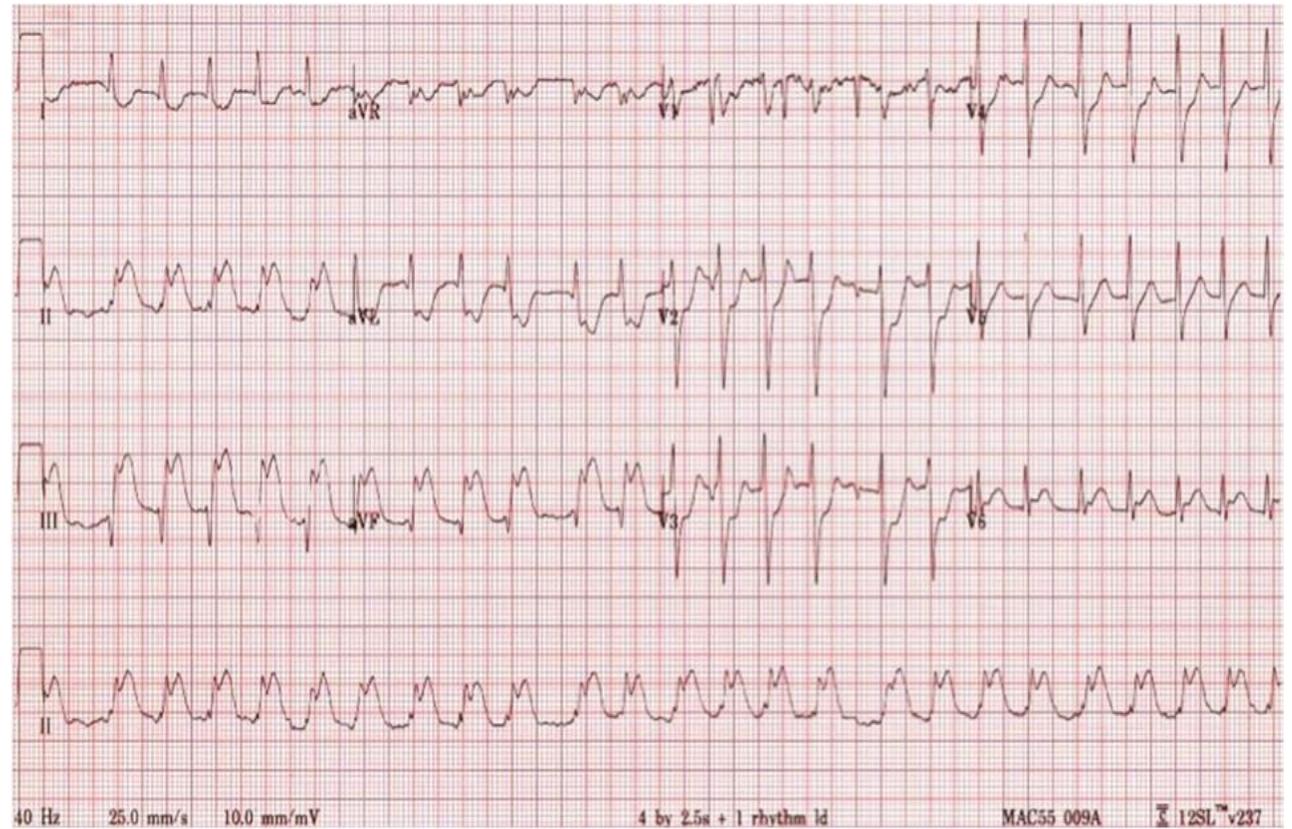
d. Addison's disease

e. Pituitary failure



Q9 - A 51 year old male diabetic patient is admitted through the emergency department with chest pain of 1 hour duration, one of the following is not indicated acutely?

- a. Thrombolysis
- b. Aspirin
- c. Morphine
- d. ACE inhibitors**
- e. Cardiac catheterization



# Q10 - What test best investigates this finding initially?

**a. PFT's**

b. ABG's

c. Bronchoscopy with biopsy

d. High resolution CT

e. sputum cultures



# Fourth year 2019/2020 1<sup>st</sup> Semester

ملاحظة:

امتحان الميني اوسكي هذا لأول مرة يُعقد بنظام الـ MCQs

Q1 : the false related to CBC below :  
, MCHC : 29 ,Hb: 9 , MCV:74

- Microcytic hypochromic
- **Microcytic normochromic**
- Low reticulocyte count

Q2 : the false answer below :

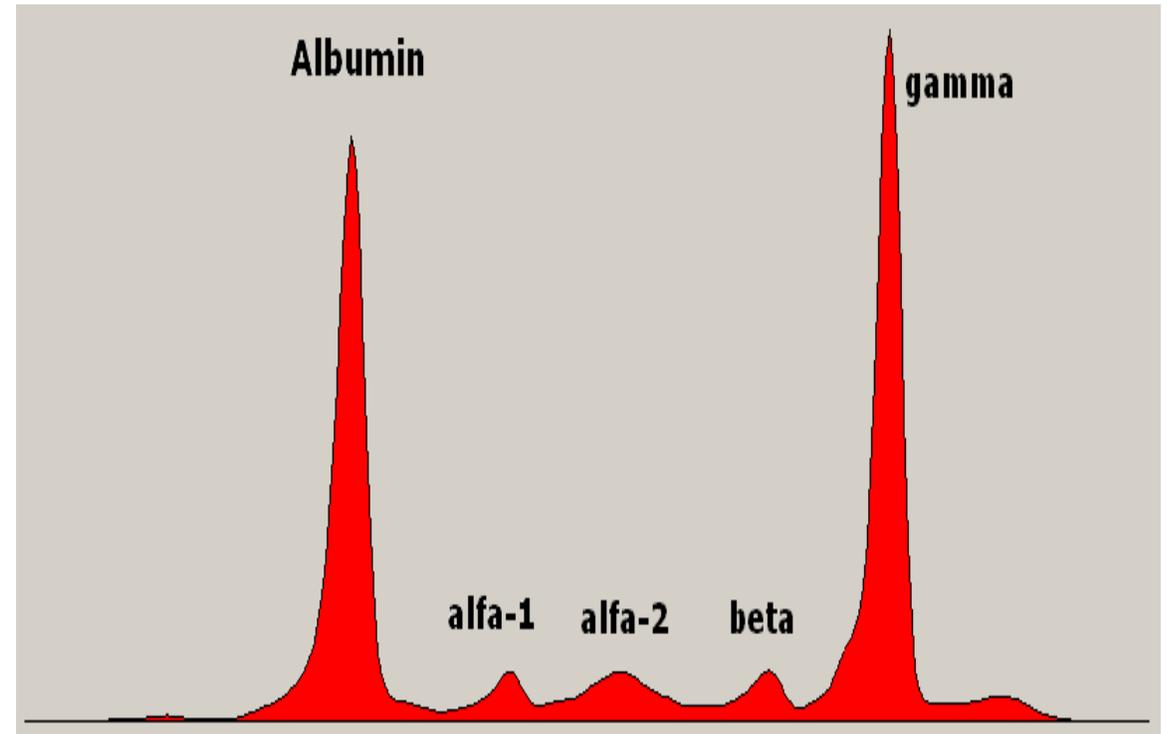
- Parasthesia
- Elevated LDH
- High RDW
- **Microcytic anemia**



# Q3 : the false answer below regarding the electrophoresis ?

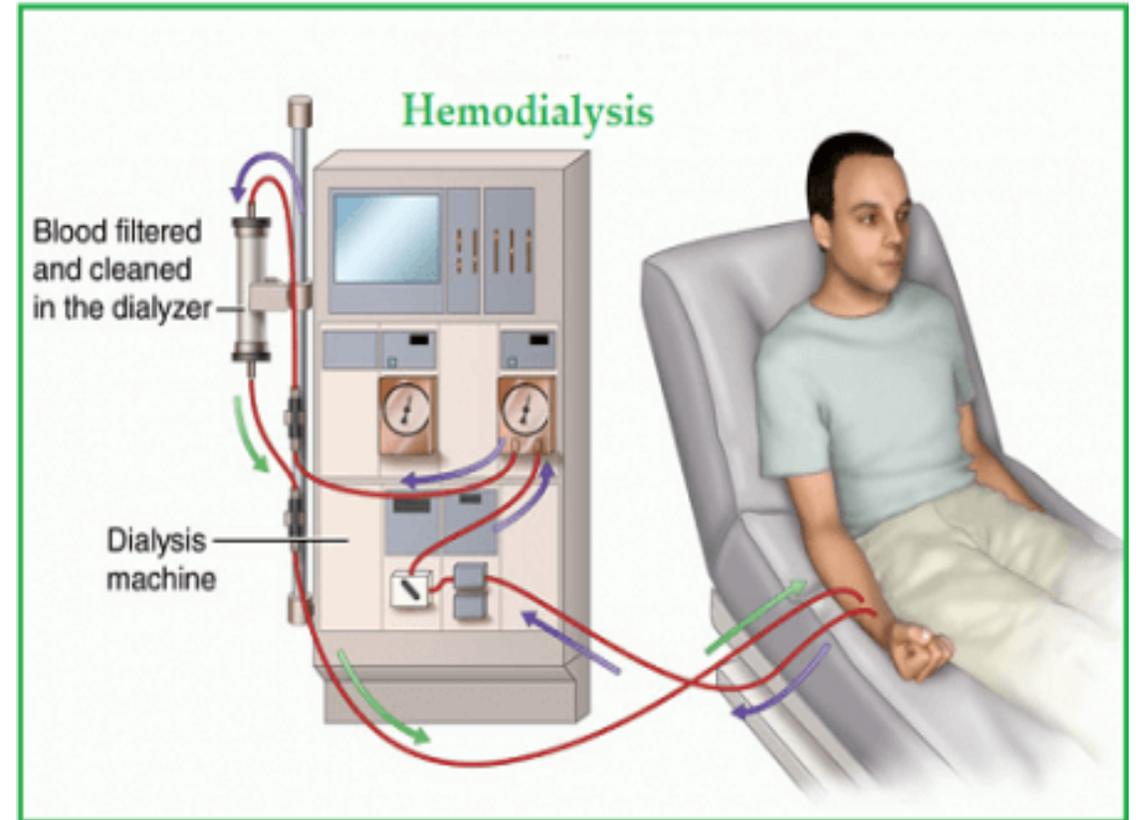
- Hypercalcemia
- The main antibody type is IGM
- Increase ESR
- Cause pathological fracture

• **NOTE :**  
( diagnosis is **MM** ), and The  
main type of Ig mostly ( **IgG** ) .



Q4 : one of the following not an indication for the picture ? :

- Metabolic acidosis
- Encephalopathy
- Hyperkalemia
- **Creatinine 1000 micro.m/L**
- Pulm.edema



## Q5 : diagnosis for the patient ?

- DM
- Addison's
- **Cushing's**
- Hypothyroidism



Q6 : all precipitate the attack except :

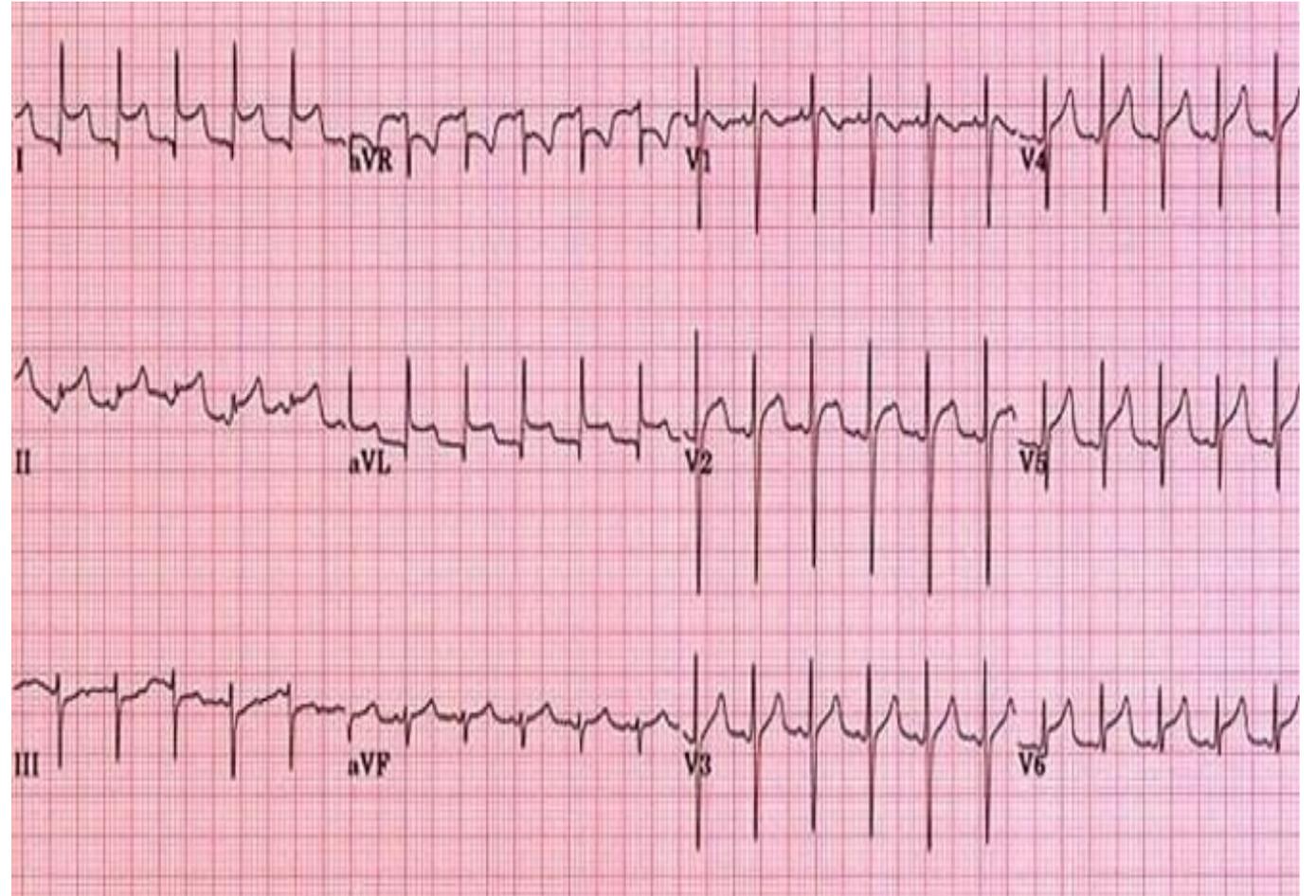
- Physical stress
- Diuretic
- Alcohol
- **Probenecid**
- Trauma



# Q7 : the cause of this ECG ?

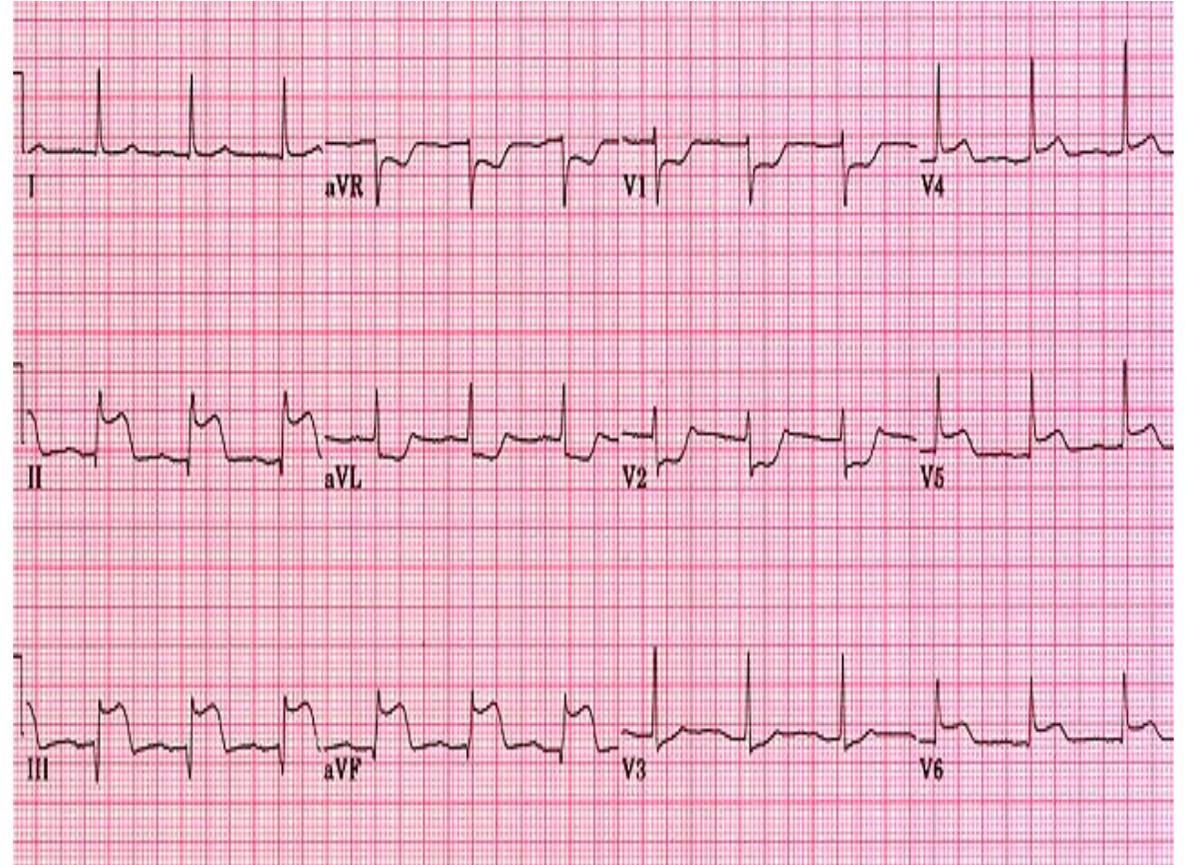
- Atherosclerosis
- Coronary occlusion
- Viral infection

- **NOTE :**  
( you must know the ECG is for **pericarditis**)



# Q8 : Best management for this ECG in emergency room ?

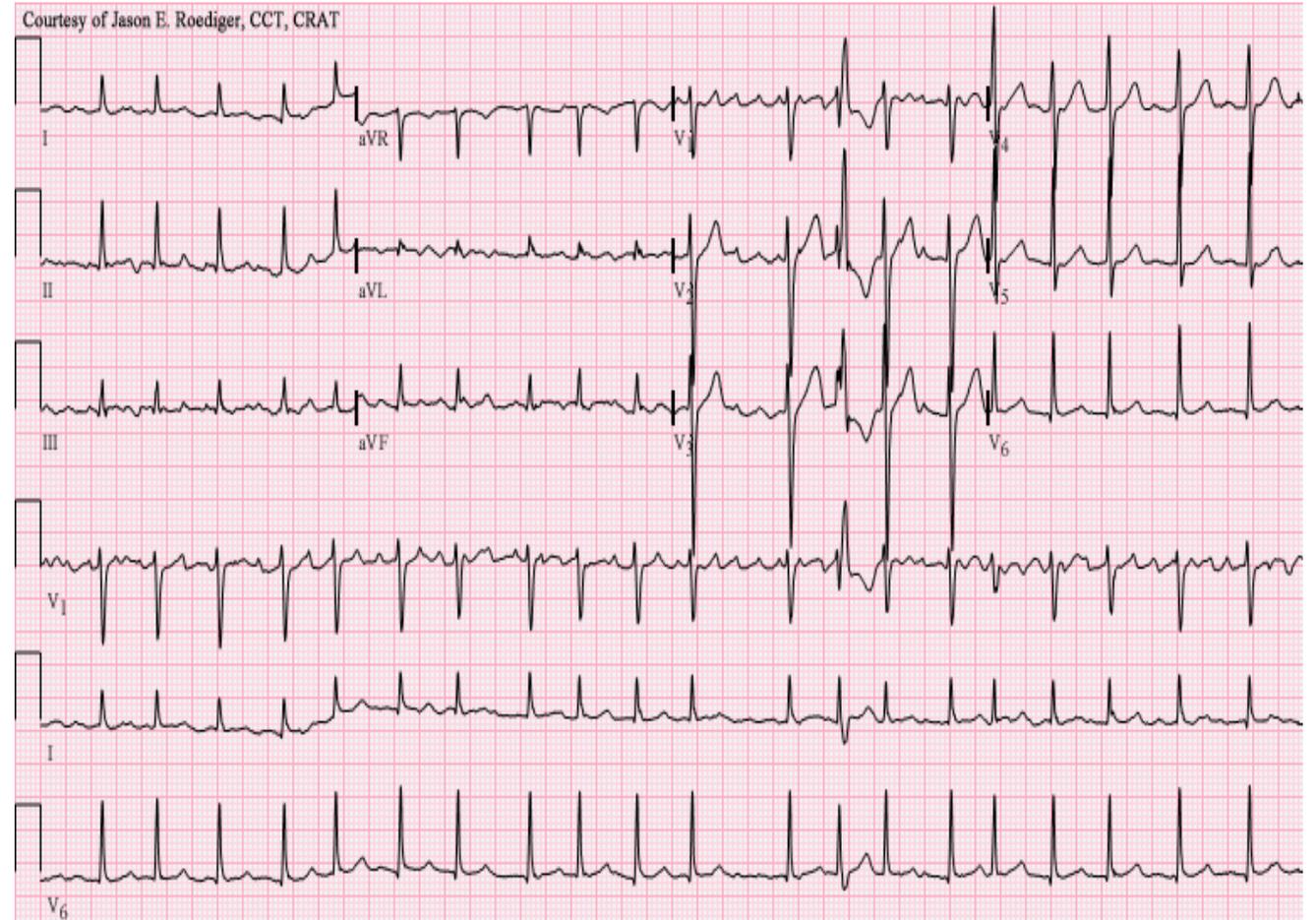
- Cardiac Catheterization
- Morphine , Oxygen , Nitrate , Aspirine
- Thrombolytic (streptokinase..)  
إجابة الدكتور
- Anti coagulant



# Q9 : the diagnosis of this ECG ?

- Ventricular tachycardia
- SVT
- **Atrial fibrillation**
- WPW

• **NOTE :**  
( it was very similar to SVT in the exam ! )



Q 10 : patient with this picture , which one we don't depend on in the prognosis of case ?

- Encephalopathy
- Degree of ascites
- Albumin
- **Platelet**
- Bilirubin



Q13 : serum protein = 53 serum albumin = 3.8 ascites fluid protein = 50  
ascites albumin = 2.3 , calculate the SAAG ?

■ 0.5

■ 1.5

■ 2.5

■ 3

■ 6

SAAG = Serum Albumin - Ascites Albumin

In this case:

SAAG = 3.8 - 2.3 = 1.5 g/dL

**NOTE :**

( you calculate from  
albumin values not  
protein one ! )



Q11 : 20 Year old male , came with fever followed by this picture , what is the best Lab to reveal the diagnosis ?

- **HbsAg**
- Liver Function Test
- CT
- ALP



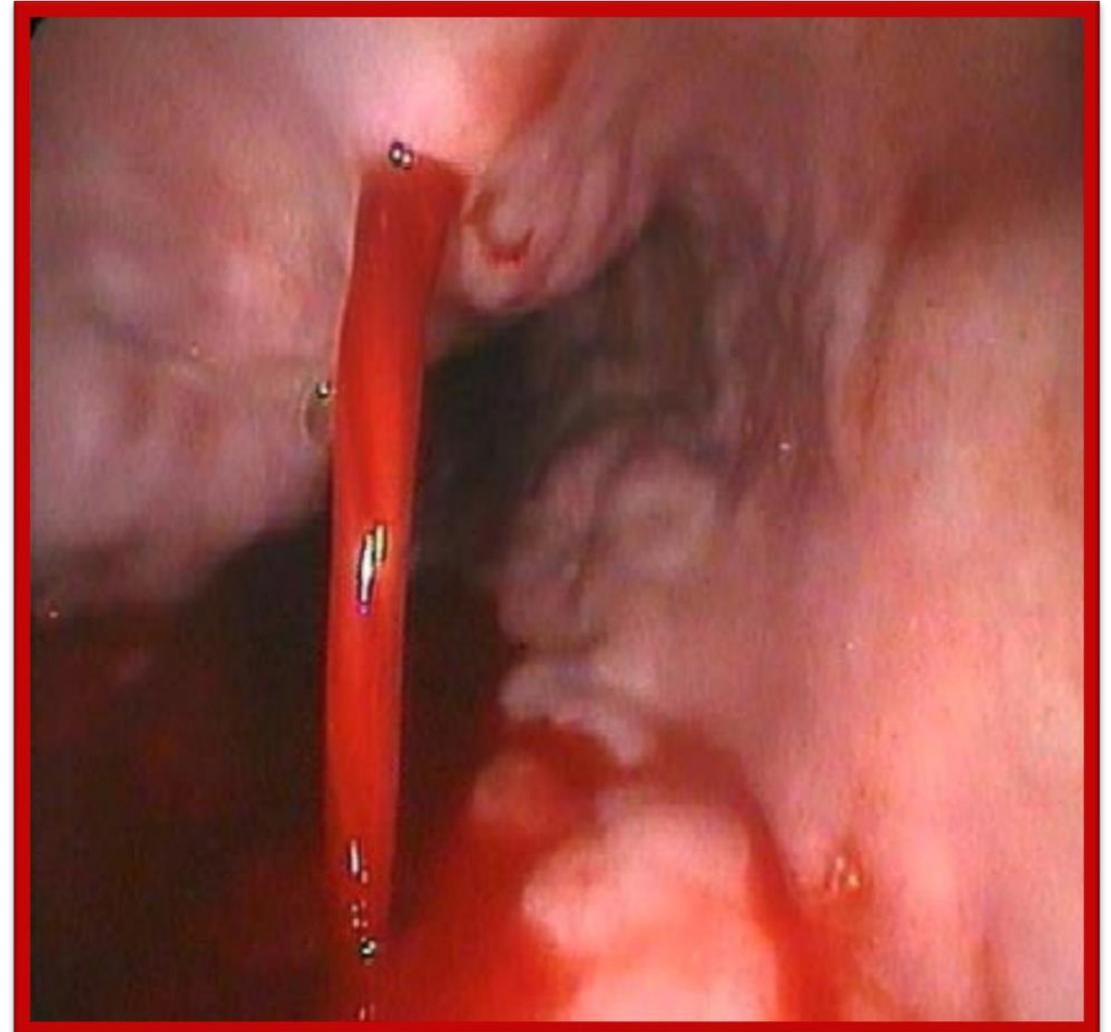
Q12 : patient came with this picture , and the urine dipstick reveal the presence of bilirubin , what's the cause ?

- Autoimmune hemolysis
- Sickle cell anemia
- **Cholestasis**
- Thalassemia
- Gilbert syndrome



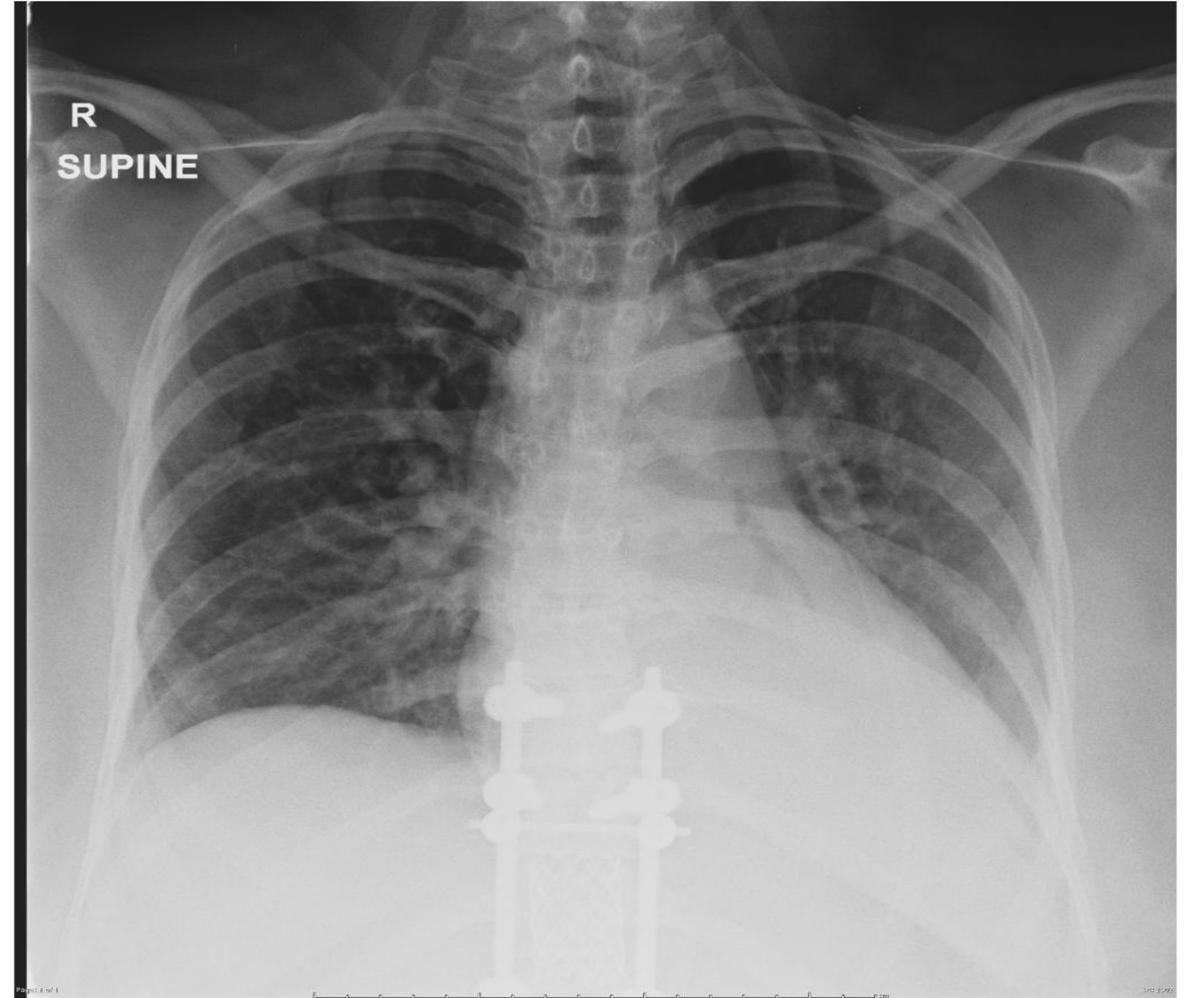
Q14 : hepatic patient suffer from massive hematemesis , the picture below by endoscopy , what's the most relevant cause ?

- Gastric ulcer
- Mallory weiss tear
- **Esophageal varices**
- Gastritis



# Q15 : SOB , interpretation for x-ray ?

- Left lower lobe pneumonia
- Left side pleural effusion
- **Left lower lobe collapse**
- Right side pneumothorax



# Q16 : interpretation for x-ray ?

- Right middle lobe pneumonia
- **Right upper lobe pneumonia**
- Right upper lobe collapse
- Right middle lobe collapse



**Q17 : ABG question** , the data given with two different units for each parameter , **Note that** we use the Unit mmHg for (PCO<sub>2</sub> & PO<sub>2</sub>) and meq/L for ( HCO<sub>3</sub><sup>-</sup>) in the interpretation we used to !

The answer was :

( **partially compensated respiratory acidosis** )

So : PH      and PCo<sub>2</sub>      HCO<sub>3</sub><sup>-</sup>



## Q18 : what's the diagnosis ?!

- Scleroderma
- Rheumatoid arthritis
- **SLE**



- ANSWER : **SLE** ✓
- **NOTE** : ( the idea in the diagnosis is the reversibility of deformity even when typical RA deformities present , Note that this picture is much clear than the exam picture which was unclear for us !! )
- Here there is a reversible swan neck deformities of the right hand .

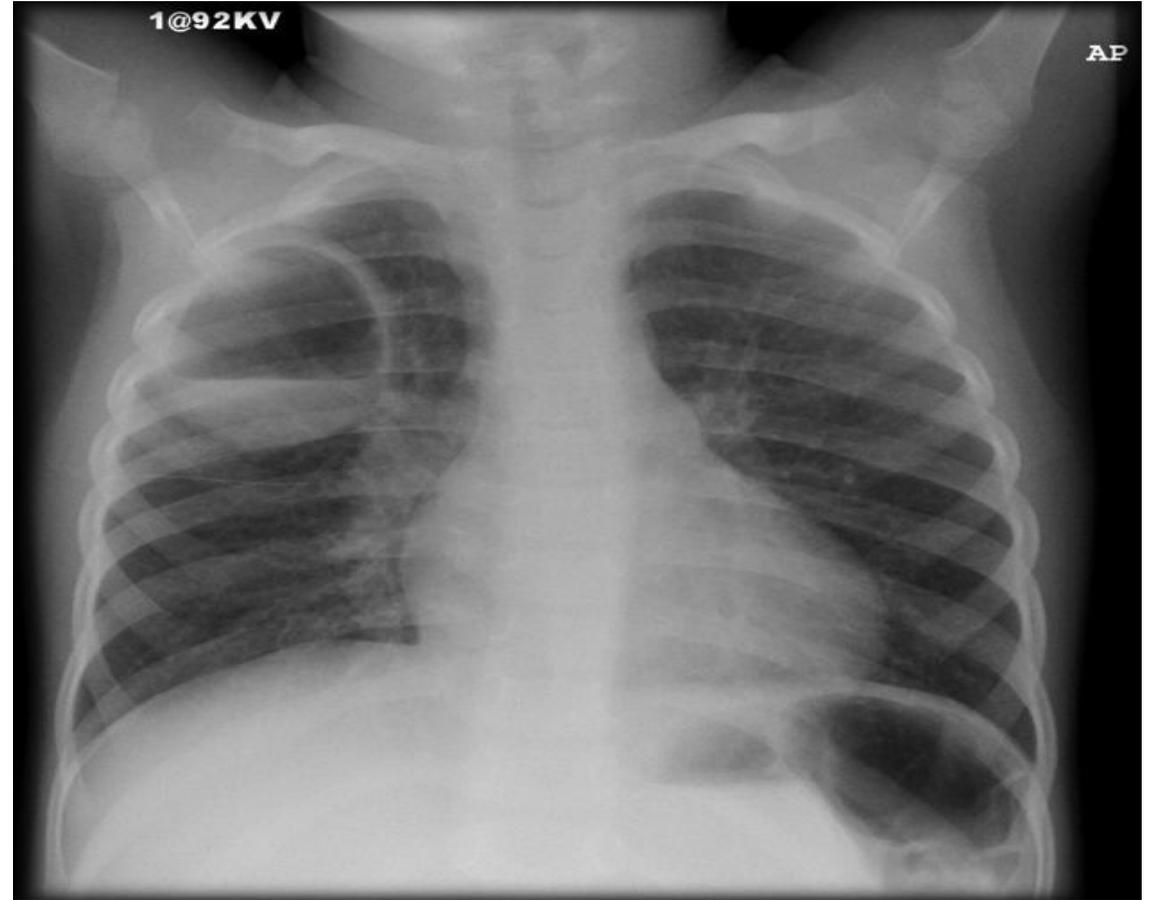
Q19 : the patient **mostly** presented with ..?

- Pseudo gout
- Pseudo rheumatoid
- **Asymptomatic**
- Pseudo osteoarthritis



Q20 : all of these **organisms** can cause the picture , Except ??

- Staph aureus
- **Mycoplasma**
- TB
- Anaerobic bacteria
- klebsiella



- ANSWER : **Mycoplasma** ✓
- NOTE : ( they are **cavitatory lung infections** ! )

<b>CXR Pattern</b>	<b>Possible Pathogens</b>
Lobar	S.pneumo, Kleb, H. influ, Gram Neg
Patchy	Atypicals, Viral, Legionella
Interstitial	Viral, PCP, Legionella
Cavitatory	Anerobes, Kleb, TB, S.aureus, Fungi
Large effusion	Staph, Anaerobes, Klebsiella

**Mini-OSCE / 4<sup>th</sup> year**  
**2<sup>nd</sup> semester – 7/6/2020**

1- A 30 year old male patient , prolonged PT , presented with abdominal discomfort and shortness Of breath . On ultrasound was found to have extensive ascites . The likely cause of this Presentation is ?

- a. **Liver cirrhosis**
- b. Heart failure
- c. Renal failure
- d. Pulmonary hypertension
- e. Acute peritonitis



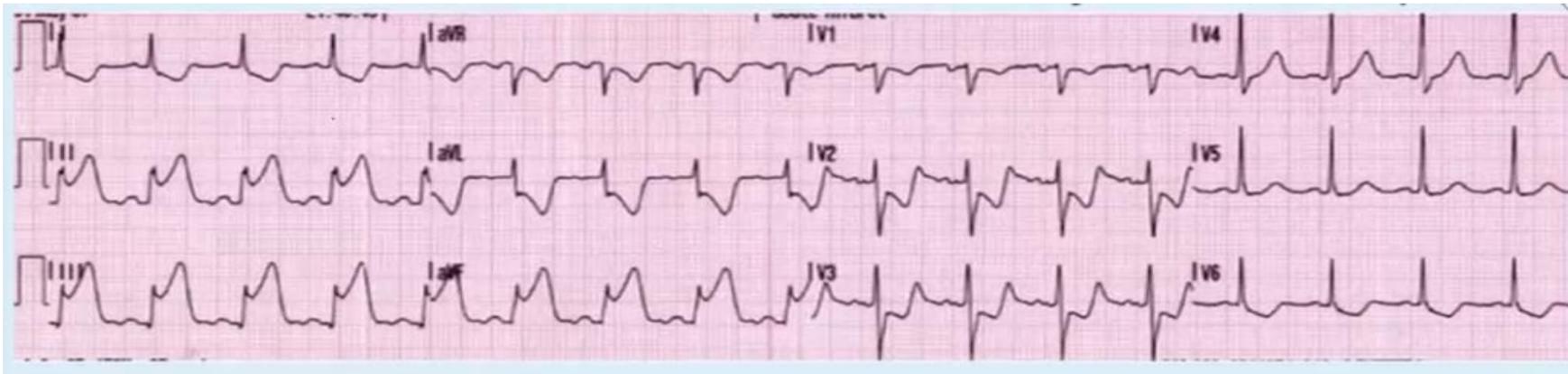
2-This shown abnormality can be seen in all these disorders except ?

- a. Congestive heart failure
- b. Chronic kidney disease
- c. Diabetic nephropathy
- d. Dilated cardiomyopathy
- e. **Hyperthyroidism**



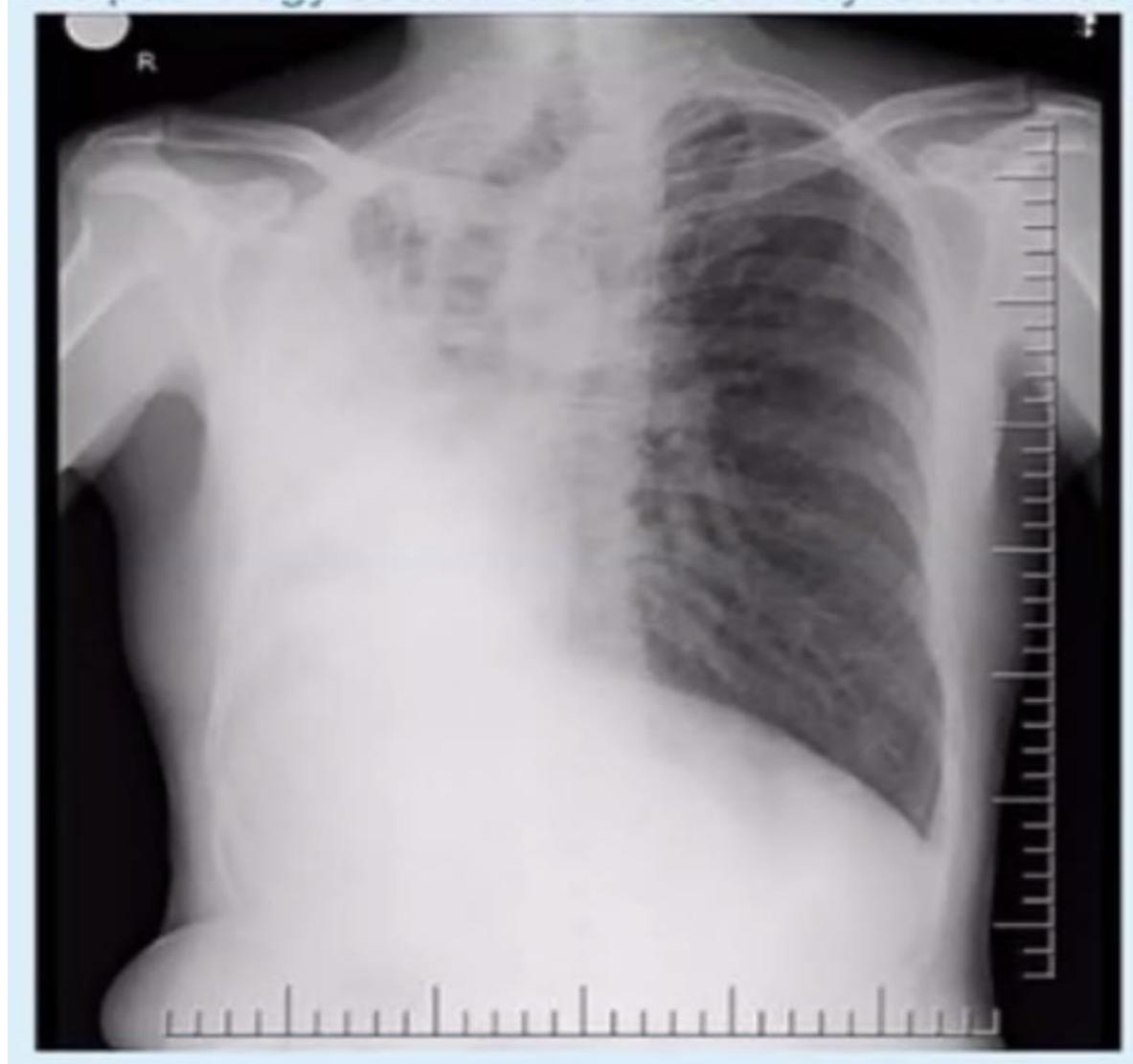
3-The best treatment choice in this diabetic 79 year old male presented with shortness of breath and chest discomfort is ?

- a. Crushed aspirin
- b. IV stat
- c. Thrombolysis with metilase as soon as possible
- d. Cardiac catheterization the next morning
- e. **MONA : morphine , oxygen , nitrate , aspirin**



#### 4-The pathology seen in this chest x ray is described as ?

- a. Pneumothorax
- b. Hemothorax
- c. Lung collapse**
- d. Tension pneumothorax
- e. Massive pleural effusion



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)



6-A54 years old female patient complaining of difficulty in ascending stairs and Combing hair since 6 months and rash around the eyes . The most likely diagnosis ?

- a. Sjogren 's syndrome
- b. Systemic lupus erythromatosis
- c. Polymyositis
- d. Dermatomyostis**
- e. Polyarteritis nodosa



7-A 34 year old male is admitted through the emergency department because Of melena . Upon upper GI endoscopy , this finding is seen in the first part of the duodenum . What is the best treatment to be applied at this moment ?

- a. IV PPI,s infusion
- b. Blood transfusion
- c. Endoscopic injection with epinephrine  
metallic clip application**
- d. Endoscopic band ligation
- e. Endoscopic sclerotherapy with tetracycline



8-This 17 year old male has chronic microcytic hypochromic anemia with target Cells . Your diagnosis is ?

- a. **Thalassemia**
- b. Hereditary spherocytosis
- c. Sickle cell anemia
- d. Ontogenesis imperfect
- e. Acromegaly



9-This 40 year old man has right limb pain of 3 days duration . The best test to Confirm your suspected diagnosis is ?

- a. CT angiography
- b. Doppler ultrasound**
- c. Lower limb x-ray
- d. CBC , ESR , CRP
- e. Bone scan



10-The lesion depicted in this photo is a ?

- a. Erythema nodosum
- b. Erythema multiform
- c. Livido reticularis
- d. Pyoderma gangrenosum**
- e. Measles



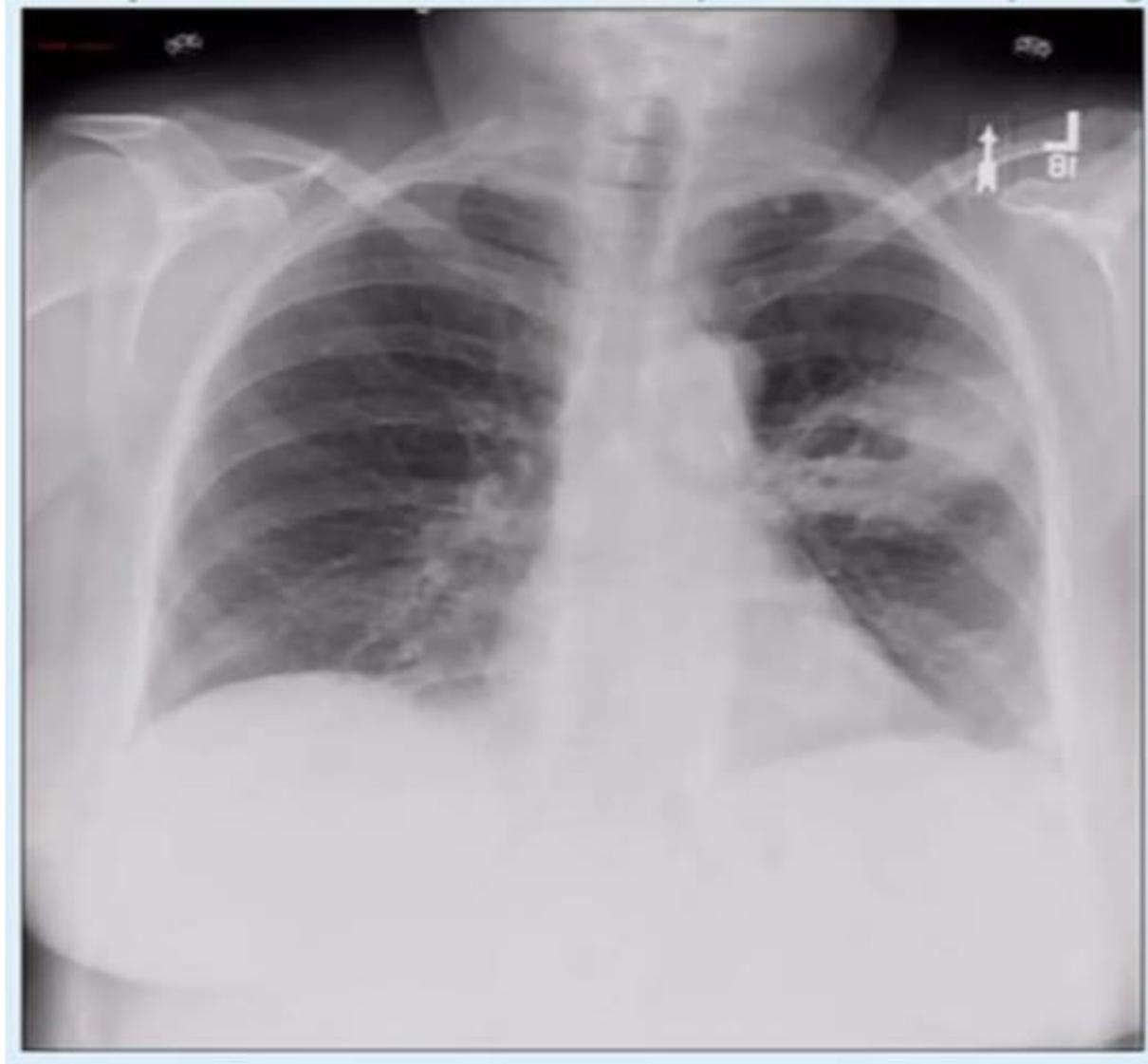
11-This 60 year old male has a long history of alcoholism . Other signs suspected To be seen in this patient include all the followings except ?

- a. Palmer erythema
- b. Ascites
- c. Gynecomastia
- d. Hirsutism**
- e. Dupuytren's contracture



12-This 35 year old librarian came to the outpatient clinic complaining of Fever and cough since 5 days . Your diagnosis is ?

- a. Lung abscess
- b. Lung tumor
- c. Old tuberculosis
- d. Lobar pneumonia**
- e. ARDS



13-This patient had multiple attacks of joint pain , redness and swelling this year .  
The medication used to prevent further attacks is ?

- a. **Allopurinol**
- b. NSAID's
- c. Infliximab
- d. Immunosuppressive drugs
- e. Simple analgesia



14-A19 year old female patient is presented to the emergency department with abdominal pain of 1 day duration along with nausea , vomiting and generalized Weakness . Her mother reports 3 days of dysuria and suprapubic pain treated At home by amoxicillin without improvement . The underlying cause of her presentation is most likely ?

- a. Extensive hyperosmolarity
- b. Constipation
- c. Starvation**
- d. Urinary tract infection
- e. Missed insulin dose

Physical exam is remarkable for very rapid breathing.

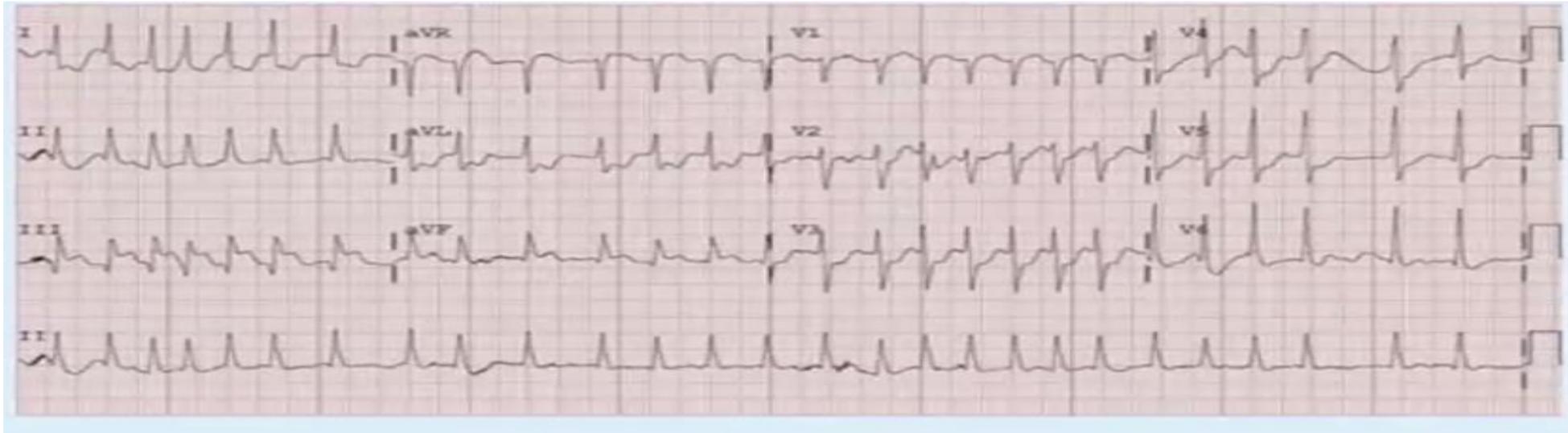
Bp 100/60      pulse 120      SpO<sub>2</sub> 99%      T36.5  
RR 28

pH 7.20      pCO<sub>2</sub> 22      HCO<sub>3</sub> 11      pO<sub>2</sub> 93

Na 135      K 4.2      Cr 100

Glucose 40 mmol/L

15-Your ECG diagnosis of this 55 year old female with chest pain is ?



- a. **Inferior MI**
- b. Unstable angina
- c. Atrial fibrillation
- d. 2<sup>nd</sup> degree heart block
- e. Anterolateral MI

# Internal medicine mini-OSCE sixth year 2019

Pictures are very close to those in the exam , these questions are the best I could remember 😊

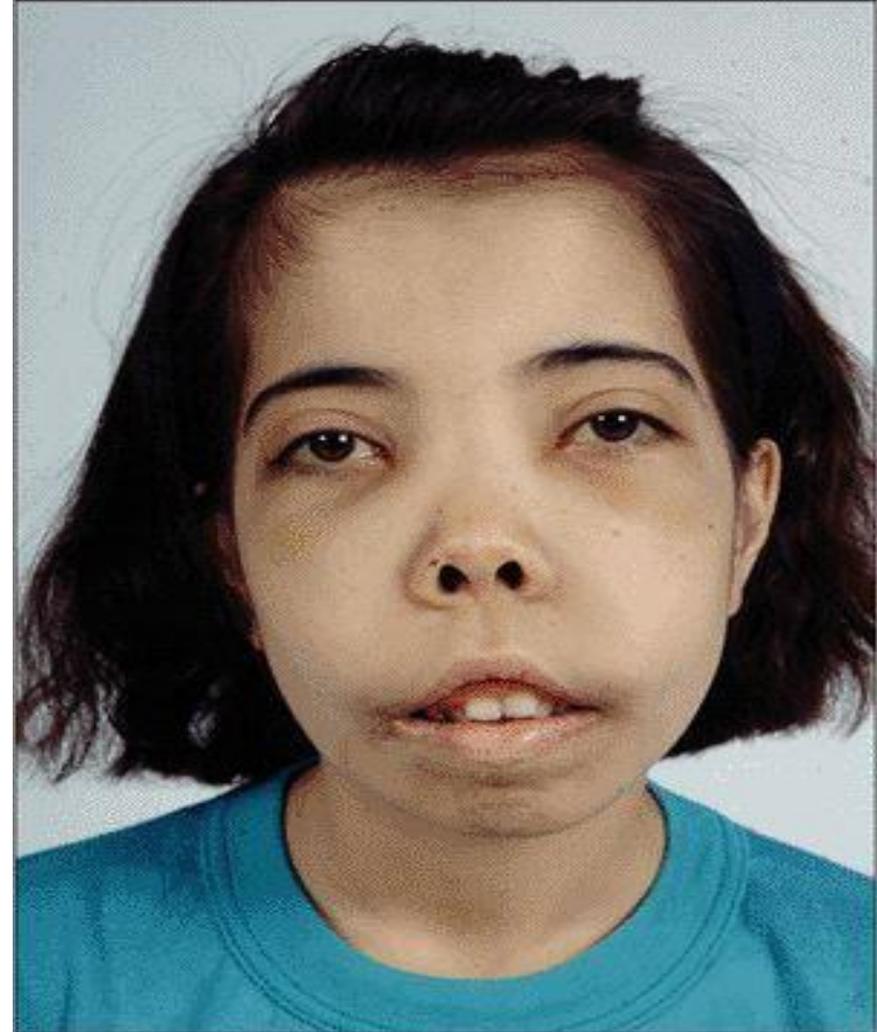
# Q 1

- What is the diagnosis ?

**Beta thalassemia major**

- How would you confirm the diagnosis ?

**Hb electrophoresis**



# Q 2

CBC showing pancytopenia

- What is your diagnosis ?

**Pancytopenia**

- How to confirm it ?

**Bone marrow aspiration**

	Patient	Normal range
WBC	3.6	5.0 - 16.0 X10 <sup>3</sup> /MCL
RBC	1.19	3.90 - 5.50 X10 <sup>6</sup> /MCL
Hemoglobin	4.1	11.5 - 14.0 G/DL
Hematocrit	12.5	34.0 - 42.0 %
MCH	33.9	24.0 - 30.0 PG
MCHC	32.5	31.0 - 36.0 G/DL
RDW	17.3	11.0 - 15.0 %
Mean Platelet Volume	10.2	7.5 - 11.5 FL
Platelets	12	140 - 400 x X10 <sup>3</sup> /MCL
Neutrophils	16	17 - 74 %
Bands	1	0 - 1 %
Lymphocytes	83	18 - 80 %

## Q 3 , 4 , 5

Blood test result showing very high blood sugar and elevated Creatinine .

- What are abnormal findings in this test ?

**Very high blood glucose and creatinine .**

- What is the diagnosis ?

**Diabetic nephropathy**

- After 10 years the patient comes with this pic (1) , what is the diagnosis ?

- After 15 years the patient comes with this pic (2) , what is the diagnosis ? And what is the treatment ?

**I guess nephrotic , control DM by hypoglycemic agent and insulin , fluid restriction , diuretics , steroid and albumin**

pic (1)



pic (2)



# Q 6

This Patient came with history of 4 week duration bloody diarrhea .

- What do you see ?

**pyoderma gangrenosum**

- What is the diagnosis ?

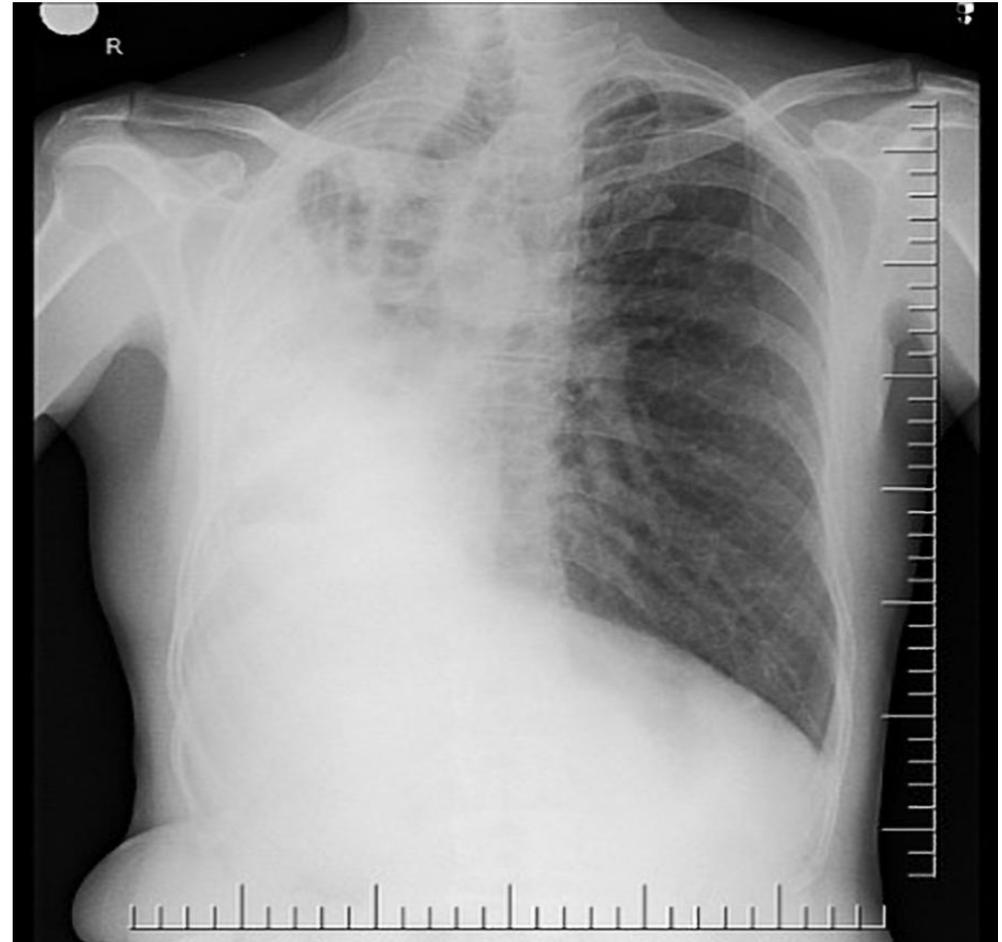
**Ulcerative colitis**



# Q 7

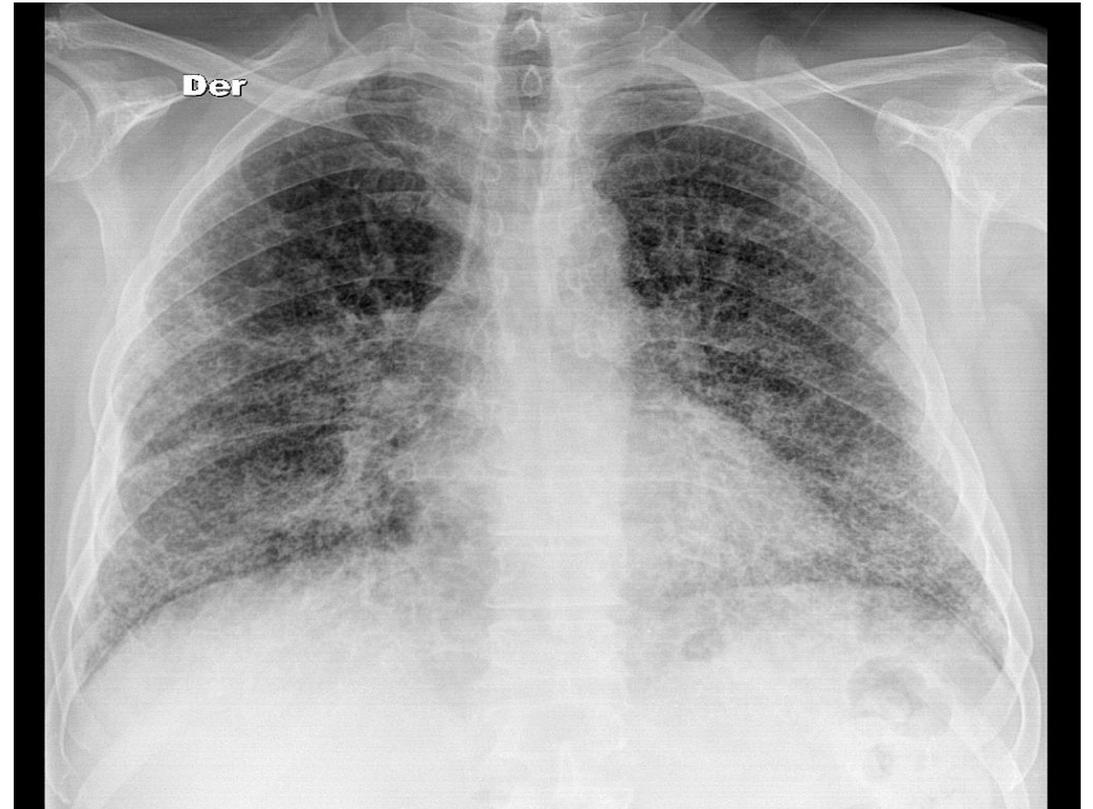
Pic of white right lung (maybe lung collapse)

- What are the findings ?
- Mediastinal & tracheal deviation with homogenous opacity in right lung
- Mention 4 differential diagnosis ?
- Lung collapse
- Tumor
- Mucus plug
- pneumonia



# Q 8

- What are the findings ?
  - Bilateral reticulonodular opacification
  - Mention 4 ddx ?
- Interstitial lung disease  
Sarcoidosis  
Idiopathic pulmonary fibrosis



# Q 9 , 10 , 11

A male come to you complaining of recurrent epigastric pain .

•What is the diagnosis ?

**Gastritis**

•What treatment would you give him ?

**PPI**

If he didn't improve on the previous medication ,

•What might be the diagnosis ?

**Peptic ulcer (H.pylori)**

•And what is the treatment ?

**Triple therapy (PPI + 2 Ab) اكتبوهم من محاضرة د رامي**

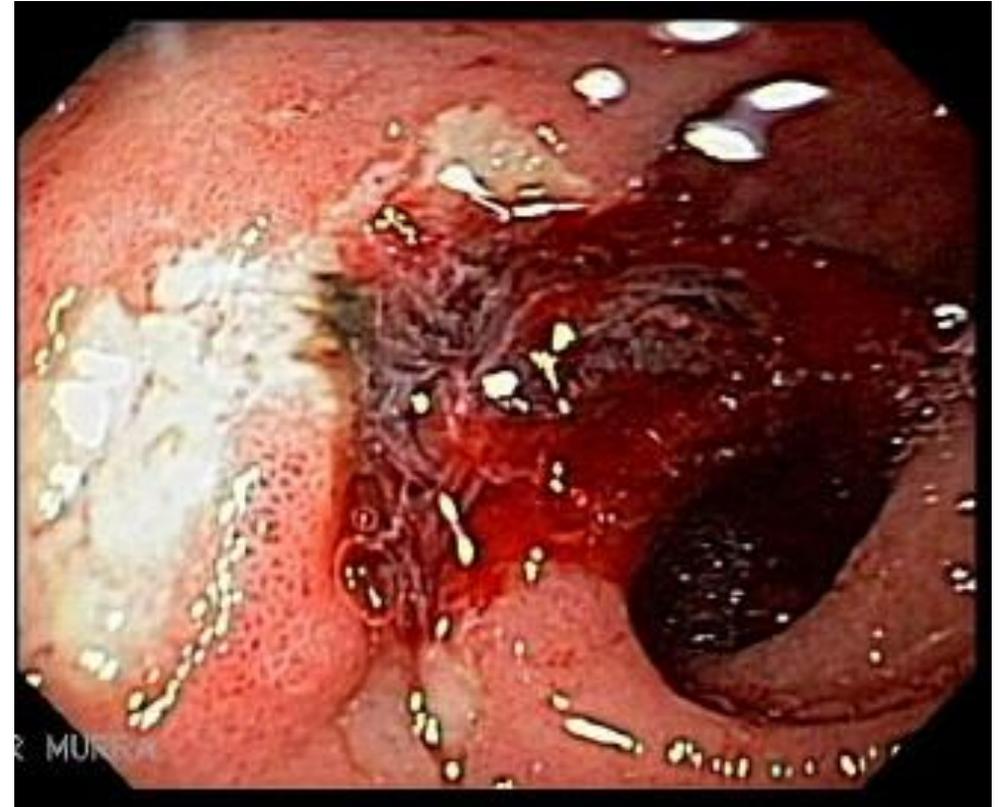
The same patient came after a while and on endoscopy you find this pic in duodenum

•What do you see ?

**Bleeding duodenal ulcer**

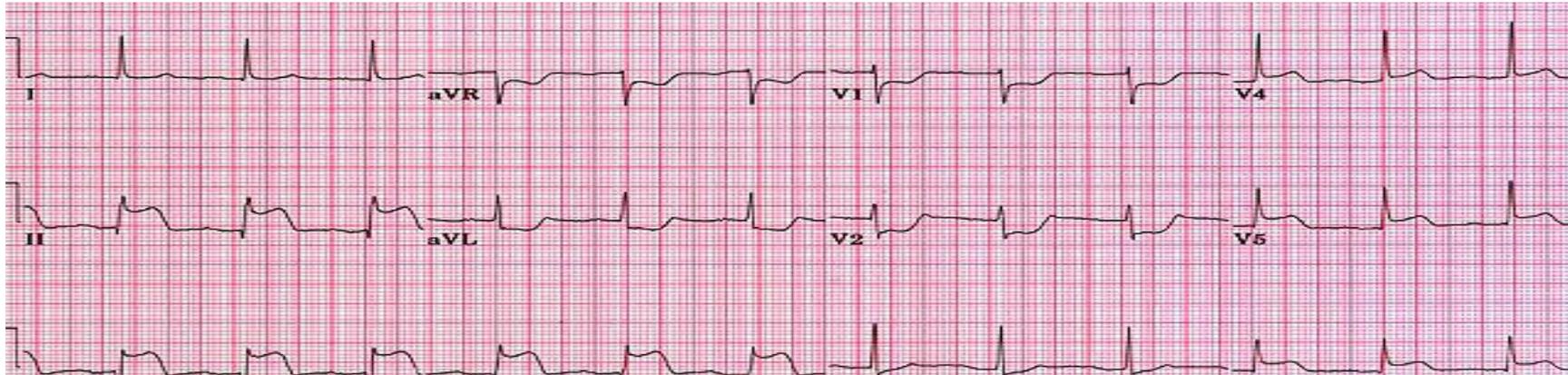
•Mention 4 laproscopic methods of treatment ?

**Epinephrine injection , clipping , thermal coagulation**

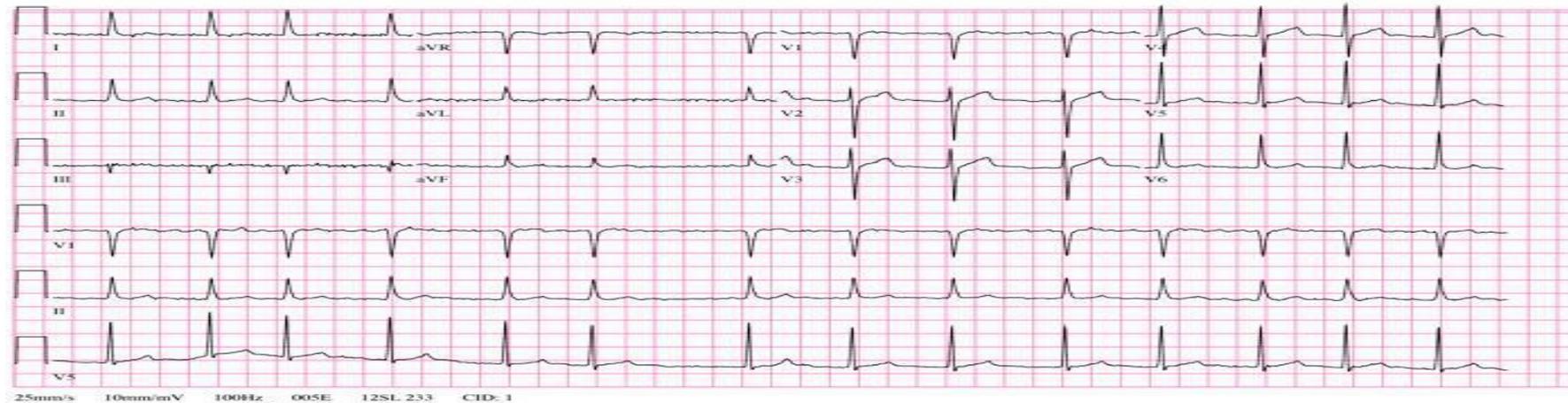


# Q 12 , 13

(pic 1)



(pic 2)



•Patient came to ER complaining of sudden chest pain , ECG was done (pic 1) , what are the abnormalities in this ECG , and what is the diagnosis ?

**Acute inferior wall ST elevation MI**

•After 2 days another ECG was done (pic 2) , what are the abnormalities, what is the diagnosis ?

**Atrial fibrillation**

## Q 14

- What is the diagnosis ?

**Addisons disease .**

- Mention 1 test to confirm diagnosis ?

**ACTH stimulation test**



# Q 15

This patient came to you complaining of condition that her neighbors also have (I don't know the relation)

- What is the diagnosis ?

**Hypothyroidism**

- What tests would you do to confirm diagnosis ?

**TSH , T4**

**Thyroid US**

**Iodine uptake**

- What is the treatment ?

**Levothyroxine**



Fourth year 2018/2019  
1<sup>st</sup> Semester

# Q1

Q1:whats your Dx?

Polycystic kidney disease

Q2: investigation :

Ultrasound

Q3:pattern of inheritance :

Autosomal Dominant



## Q2

A female pt visited your clinic complaining of bilateral leg swelling & peri-orbital edema. She is a known case of DM which was controlled until 3 months ago. She developed HTN 3 months ago, but was not controlled even with 2 drugs. On examination she has mild respiratory distress & large edema in her legs.

A- What is your most likely Dx?

Nephrotic syndrome

B- Mention confirmatory test:

Urinalysis

# Q3

Q1: Dx:  
Mobitz 2

Q2: TTT:  
Pacemaker



# Q4

**A pt presented with puffiness in the face & increase in weight.**

**Q1: What is your most likely Dx?**

**Cushing syndrome**

**Q2: What test should you do to confirm your Dx?**

- \*24-hr Urinary free Cortisol level
- \*Overnight(low dose) Dexamethasone Suppression Test



# Note

In Cushing :

Initial screening tests : **Low** dose dexamethasone suppression and 24-hr urinary free cortisol

**WHILE , After Establishing the Dx --**

Detection the cause of Cushing By :

1-ACTH level

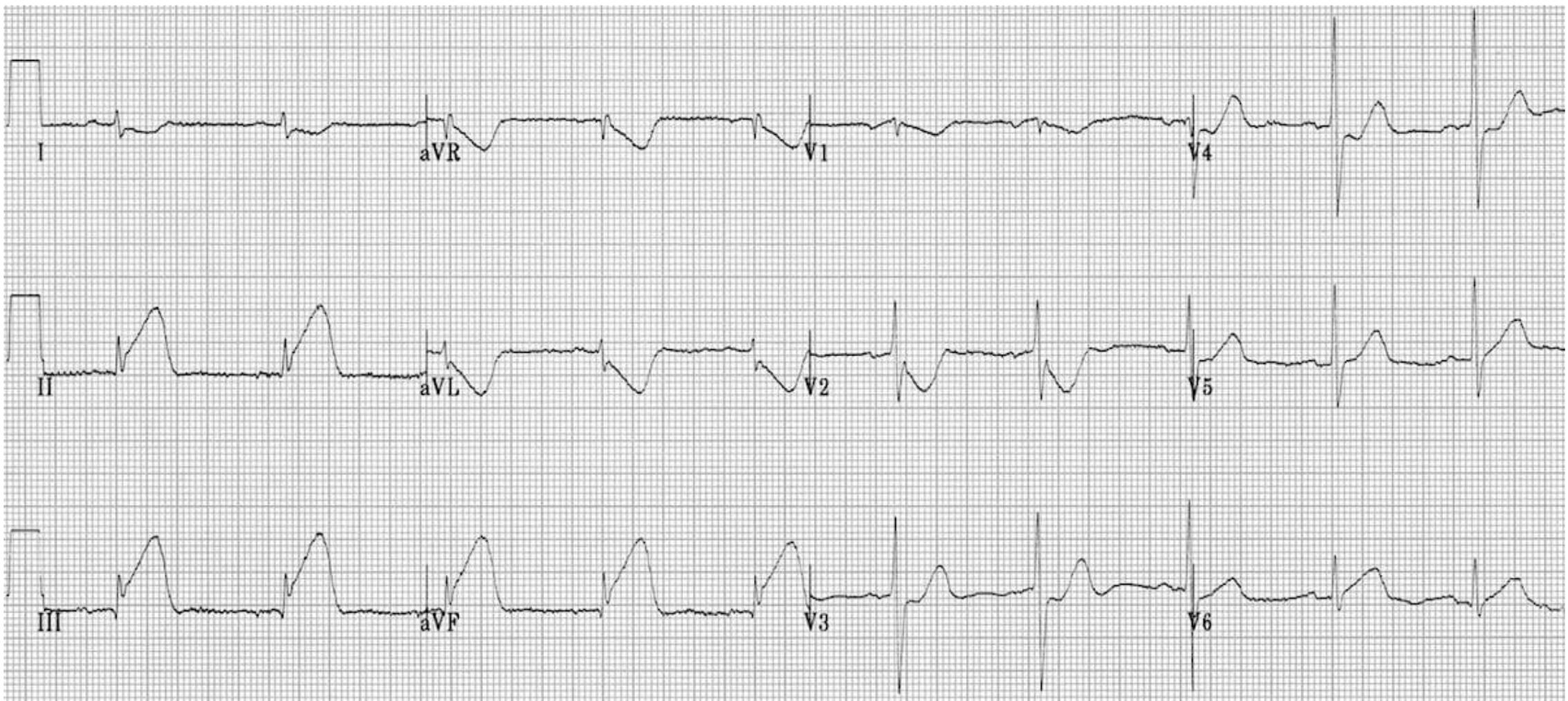
2-**High** dose Dexamethasone suppression test

3-CRH stimulation test

4- Imaging tests :MRI, CT

Q: Dx ??

- inferior STEMI



## Q6

This X-ray was done for a 60-year old male who was C/O hypercalcemia. What is your diagnosis?

- Multiple myeloma



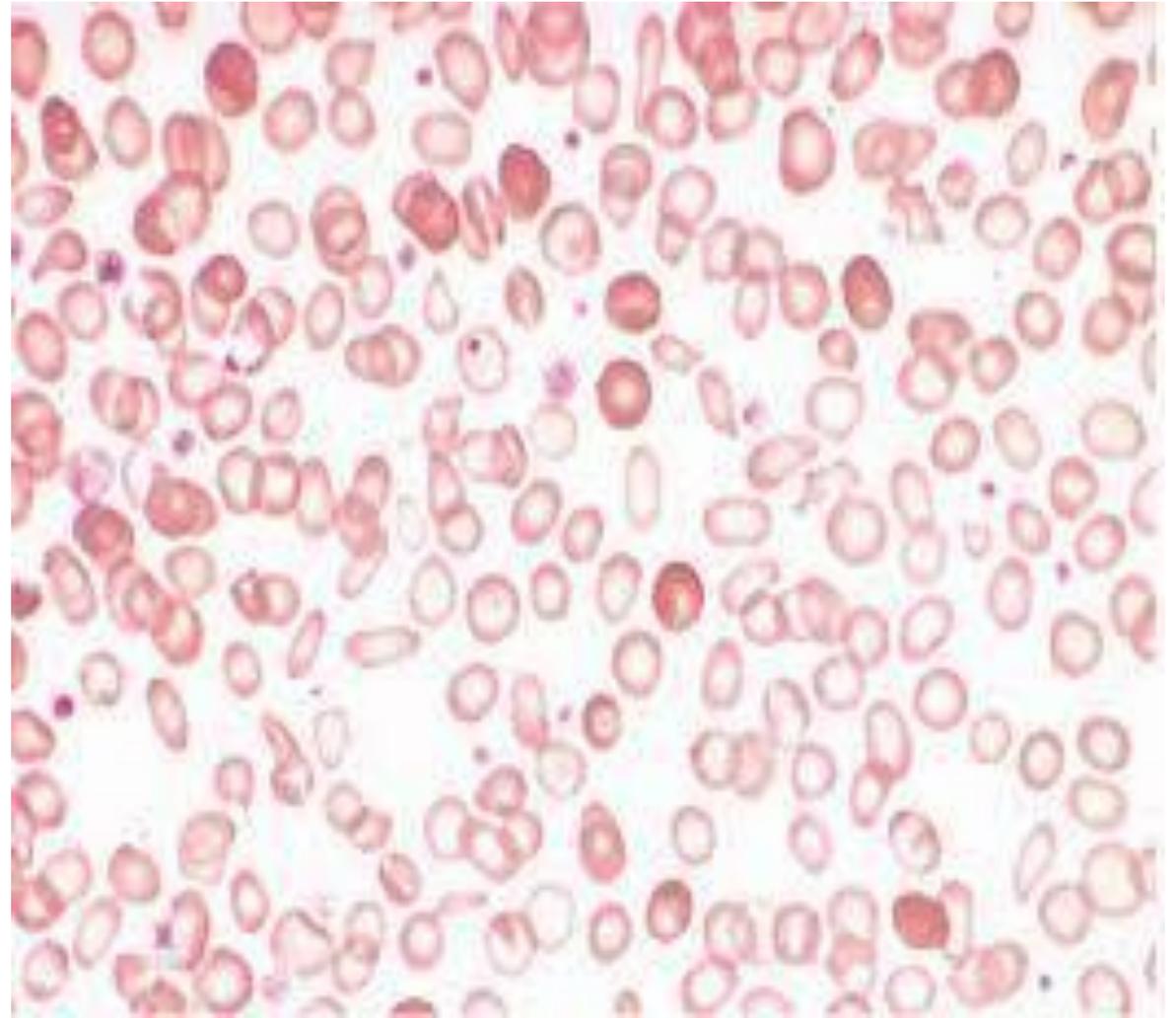
A 29 YO female has become increasingly lethargic for the past 6 months. She complains from SOB, fatigue & tachycardia. Her peripheral blood smear is shown here.

Q1 :What is the Dx?

Iron deficiency  
anemia

Q2: RDW ?

High RDW

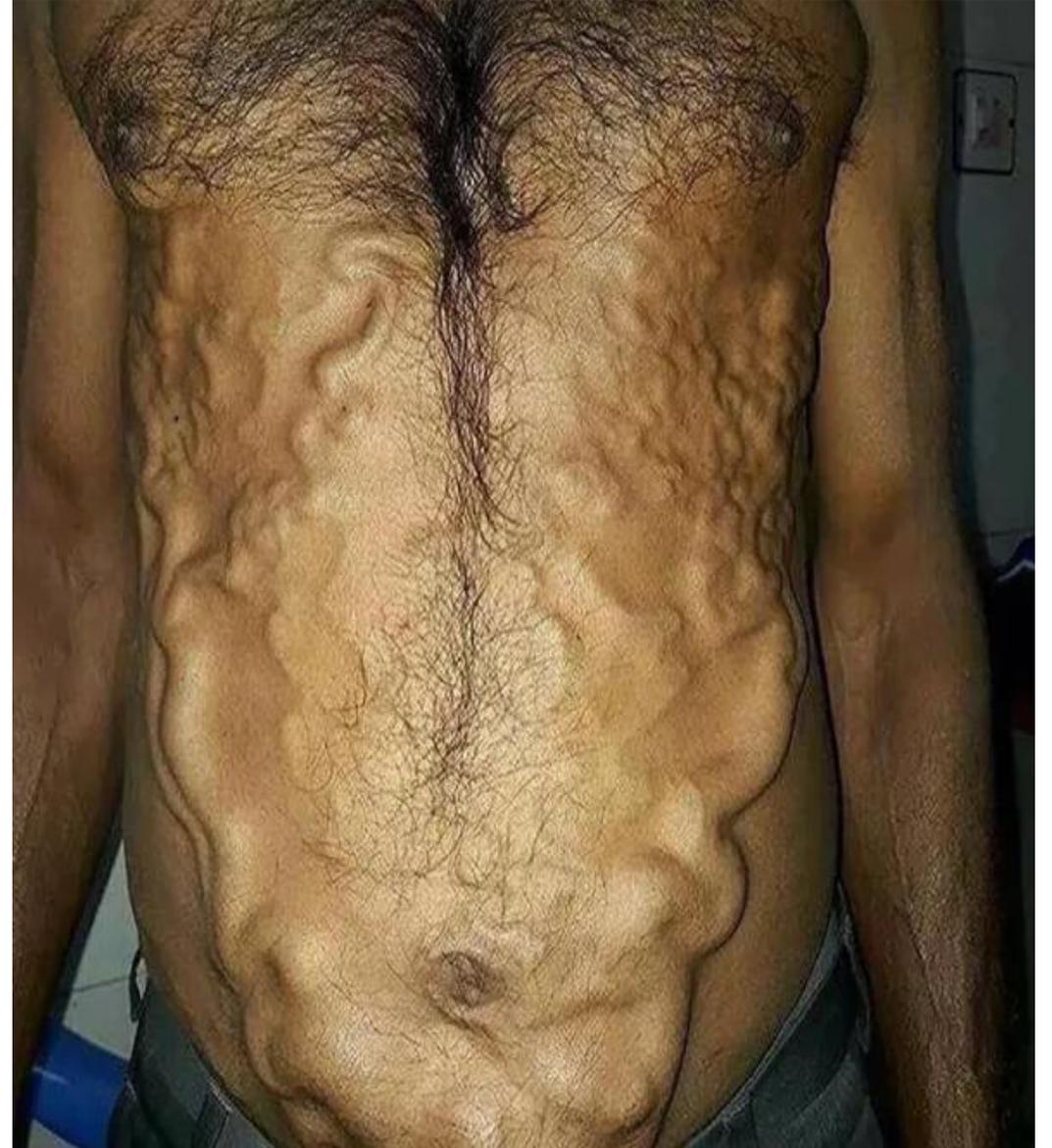


Q8

caput medusae

Q: DDx:

- Esophageal varices
- liver cirrhosis



## Q9

24 YO female, presented with headache, fever, & deterioration in level of consciousness, brain CT was free, the L.P s (values shows high WBS, LOW glucose).

Q1: what is the Dx?

**Acute meningitis.**

Q2: give 2 lines of treatment.

**IV antibiotics , Anti-pyretics**

# Q10

Q1: Dx :  
Gout

Q2: TTT:



# TTT of gout :

1- avoid secondary causes of hyperuricemia : medications, obesity, alcohol, purine intake

## 2 Acute gout :

a- bed rest b- NSAIDs c- Colchicine (if no response to NSAIDs or C/I )

d- corticosteroids (if no response to NSAIDs and Colchicine )

3- prophylactic therapy : (initiate prophylactic ttt after 2-3 acute attacks)

- allopurinol or uricosuric drugs (e.g probenecid)

add colchicine or NSAIDs for 3-6 months (to prevent acute attack then discontinue)

**Very important Note : DON'T give allopurinol during an acute attack of gout**

**Side effect for allopurinol :  
stevens-Johnson syndrome**

# Q11

Dx of Rheumatoid arthritis :

- Anti-citrullinated protein antibodies (ACPAs)
- RF

# Q12

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

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

# Q13

## Hodgkin lymphoma

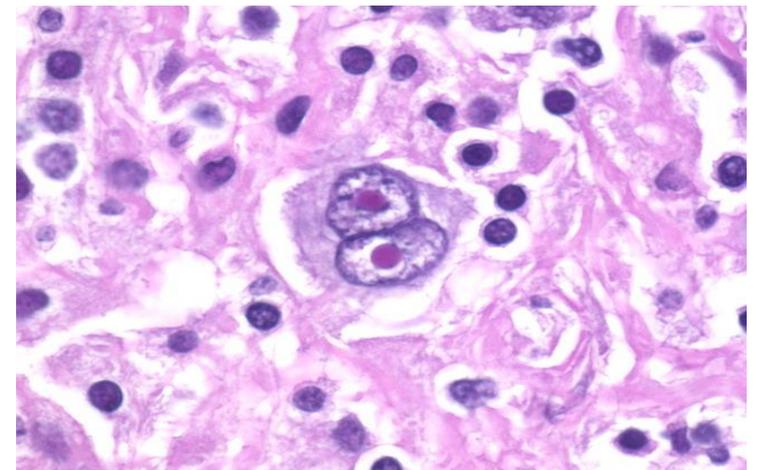
- lymphoma is in two or more groups of lymph nodes.
- lymphoma is in an extranodal site and one or more groups of lymph nodes.

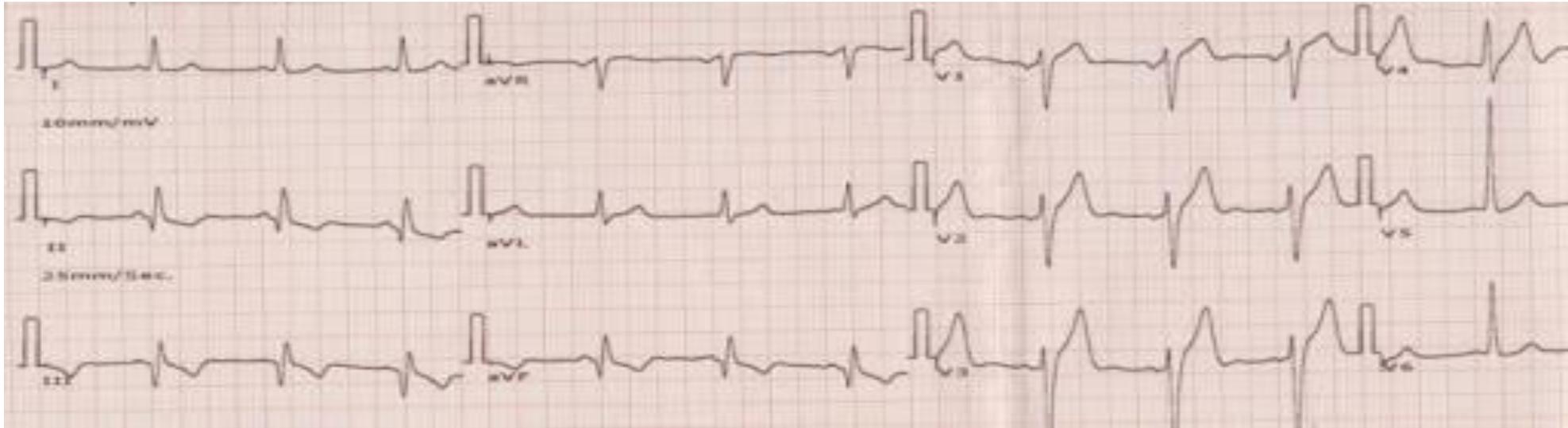
In both cases, the 2 sites of lymphoma are on the same side of the diaphragm.

Q1: What is the stage :

**Stage 2**

Q2: **Reed–Sternberg cells (RS cells)**





Pathological Q waves  
seen in Old MI  
(ECG from Google)

**Q14**

Fourth year 2018/2019  
2<sup>nd</sup> Semester

## **Station 1**

A 50-year old diabetic patient developed the following:

**Q1 : what do you see**

**Pitting edema**

**Q2 : diagnosis**

**Diabetic Nephropathy  
(nephrotic syndrome)**



## Station 2

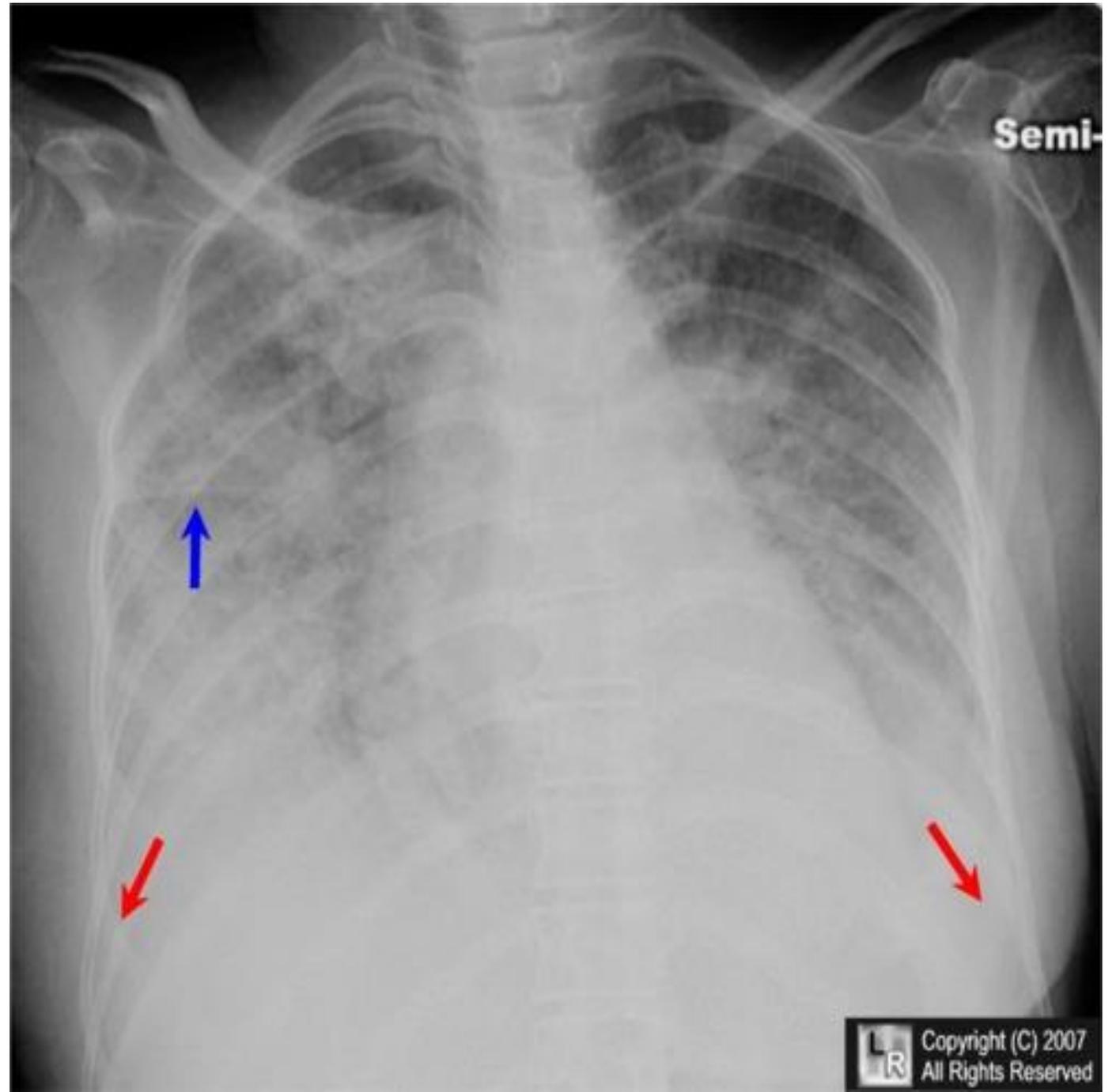
**Q1 : what are the findings?**

**Air bronchogram  
pulmonary venous  
congestion?**

**Q2 : diagnosis :**

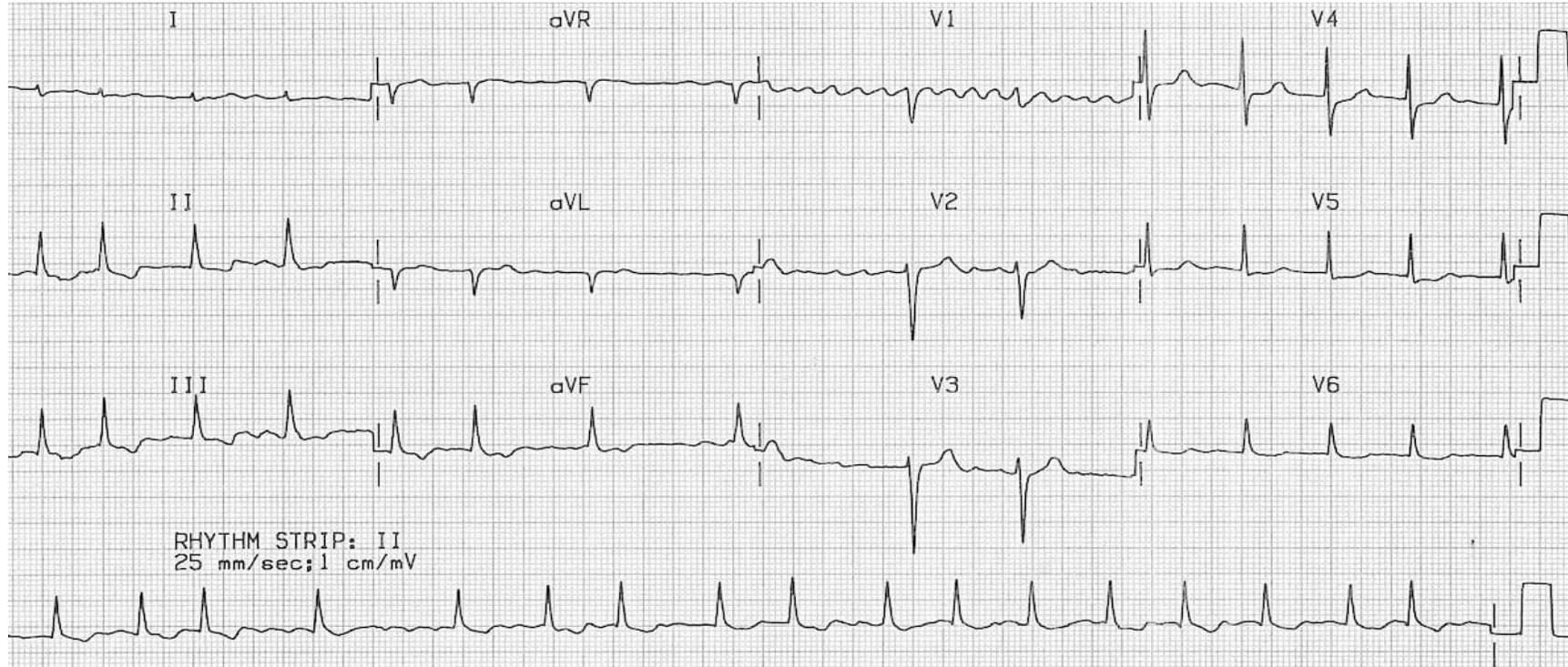
**Pulmonary edema**

**NOT SURE**



## Station 3

Patient presented with palpitation & the following ECG

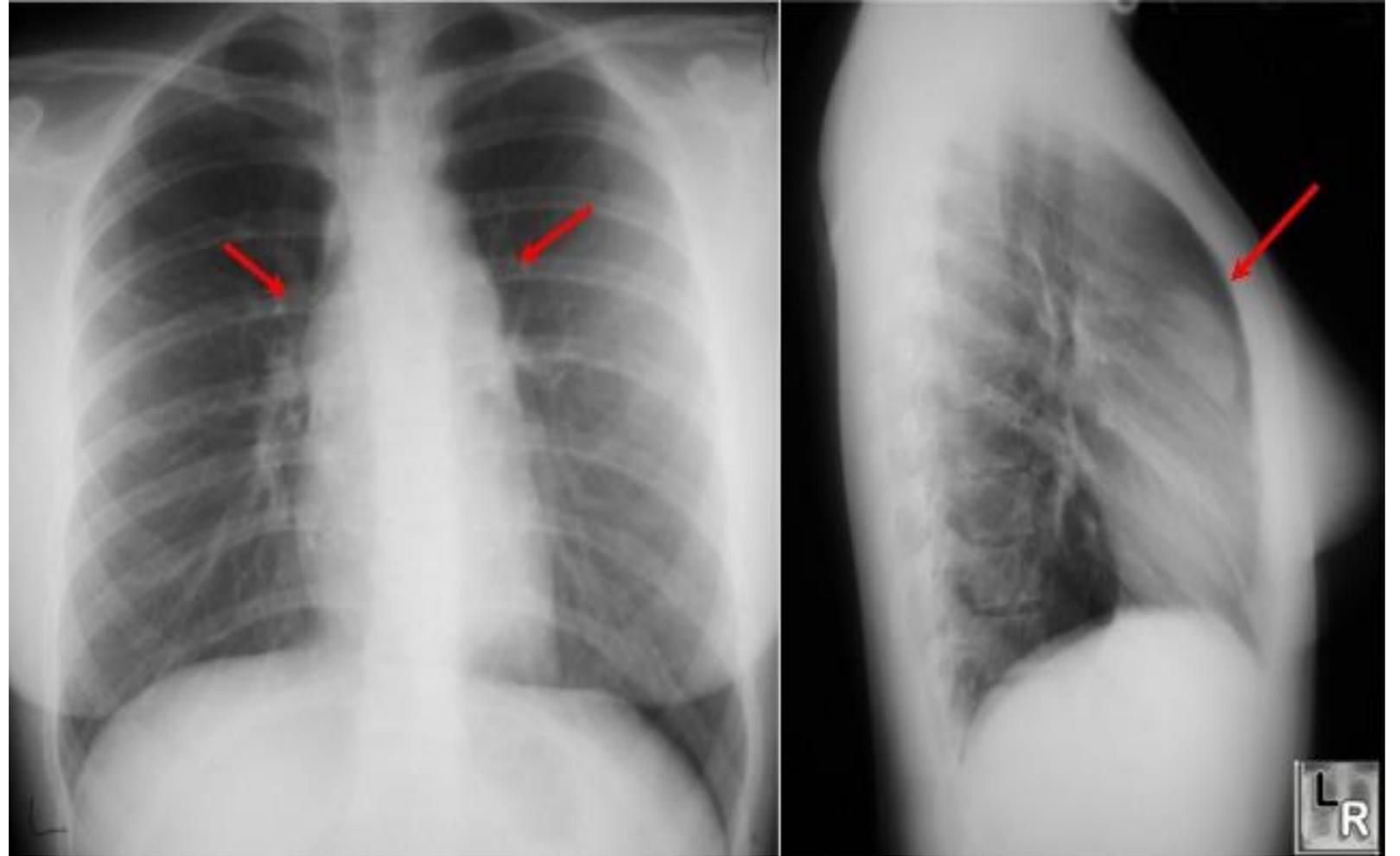


**Q1 : what are the findings?**

**No identifiable P wave , irregular RR interval**

**Q2 : diagnosis ? Atrial fibrillation**

## **Station 4**



**Q1 : what are the findings**

**bilateral Mediastinal lymph node enlargement**

**Q2 : diagnosis :**

**hodgkin's lymphoma**

## **Station 5**

Medical student female came to ER

<b>ANALYTE</b>	<b>Value</b>
<b>PH</b>	<b>7.50</b>
<b>PCO2</b>	<b>20mm Hg`</b>
<b>HCO3</b>	<b>24meq/L</b> normal
<b>SaO2</b>	<b>%88</b>
<b>PO2</b>	<b>70mm Hg`</b>

**Q1 : the oxygenation and acid base status ?**

**Respiratory Alkalosis with hypoxemia**

**Q2 : 2 causes for her condition ?**

**Panic attack ,**

## **Station 6**

**young woman with recurrent pancreatitis, kidney stones, bone pain**



Fig. 5. Hyperparathyroidism – A. Granular appearance of skull in patient having renal osteodystrophy. B. Solitary “punched-out” radiolucency in calvarium represents a Brown tumor in secondary hyperparathyroidism. C. Right humerus shows coarse internal trabeculation in primary hyperparathyroidism (same case as shown in Fig. 2). D. Metastatic calcifications in hand and wrist of patient with primary hyperparathyroidism. E. Detail of calcifications adjacent to thumb (detail of 2.D).



**Q1 : What is your diagnosis? **Hyperparathyroidism****

**Q2 : What is the appropriate lab investigation?**

**PTH, Ca level**

## **Station 7**

## **patient known to have Hepatitis B**

**Q1 : what is the name of the hand deformity ?**

**Duputyren's contracture**

**Q2 : two serological tests to confirm the presence of the disease?**

**HBsAg ,HBeAg**



## **Station 8**



**Q1 : what is the name of the skin lesion?**

**Erythema Nodosum**

**Q2 : two Possible diagnosis ?**

**Sarcoidosis**

**IBD**

## **Station 9**

which are not palpable neither blanching on pressure

**Q<sub>1</sub> : What is your diagnosis?**

**Meningococemic Rash**

**Q<sub>2</sub> : What is the appropriate investigation?**

**LP –CSf analysis and culture ?**



## **Station 10**

CBC for multipara  
woman,  
low Hb,  
low RBC count,  
low MCV,  
low MCHC .

**Q<sub>1</sub> : What is your diagnosis?**

**Microcytic Hypochromic Anemia**

**Q<sub>2</sub> : What is the appropriate investigation?**

**Ferretin , serum iron , TIBC , transferrin saturation**

Fourth year 2017/2018  
2<sup>nd</sup> Semester

# Station 1

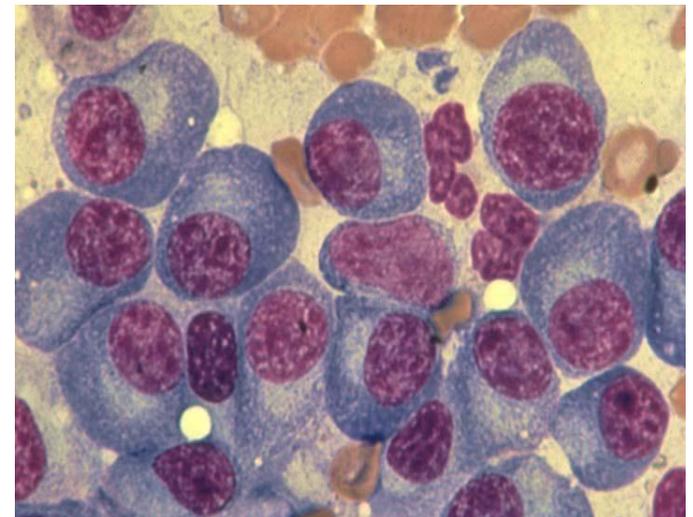
**Pt . Presented with bone pain and recurrent infections and fatigue >> history suggestive for multiple myeloma**

**Q1 : type of cells in photo A (bone marrow aspiration)?**

**plasma cell**

**Q2 : type 4 clinical presentations for this disease**

- **anemia**
- **bone lesion**
- **renal failure**
- **frequent infection**



## **Station 2**

**Cannulas numbered 1,2,3**

**Q<sub>1</sub> : type the gauge of each cannula ?**

**Q<sub>2</sub> : which of these cannulas you use for a pt . Come to ER with trauma & hemorrhage?**



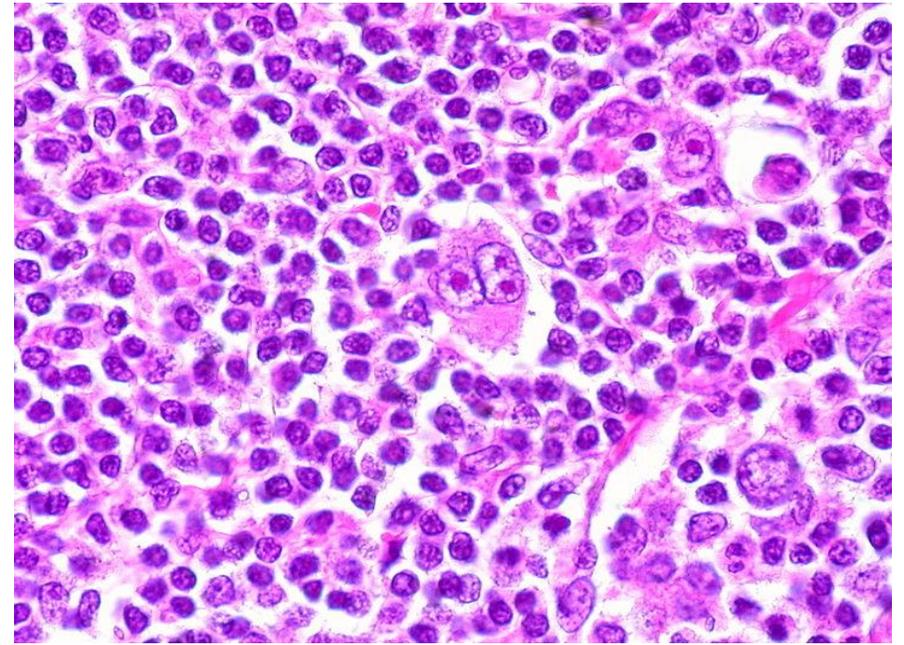
# CANNULA TYPES

أقل رقم = أكبر قطر

Size	Colour Coding	Flow Rate	Uses
14G	Orange	240ml/min	Trauma Patients. Rapid, Large-volume replacement
16G	Grey	180ml/min	Trauma Patients, Major Surgery, Intra partum/Post partum, GI bleeds, Multiple blood transfers, High volume of fluids
17 G	White	125ml/min	Newly added
18G	Green	90ml/min	Blood products, delivery of irritant medications, major surgery, contrast study
20G	Pink	60ml/min	General use, IV maintenance, IV antibiotics, IV analgesia
22G	Blue	36ml/min	Small or Fragile veins, Cytotoxic therapy
24G	Yellow	20ml/min	For paediatric usage
26G	Violet	13ml/min	Newly added

## **Station 3**

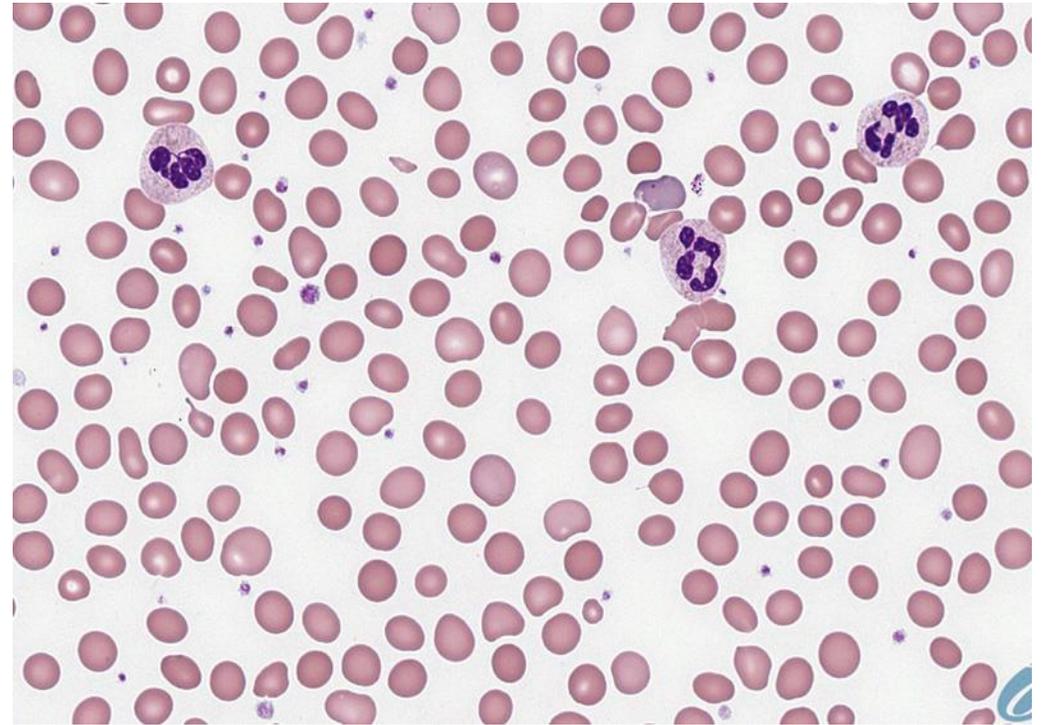
**Q1 : type one finding ?**  
**reedsturnberg cell**



**Q2: type 3 characteristic clinical findings you suspect when you examine cervical LN of this pt. ?**

- **rubbery**
- **Enlarged**
- **Non tender**

## Station 4



**Q:all of these are possible except : , note that there is high RBCs & platelet**

- 1- elevated erythropoietin**
- 2- jak 2 mutation**
- 3-Elevated LAP (leukocyt alkaline phosphatase)**
- 4-hyper urecemia**

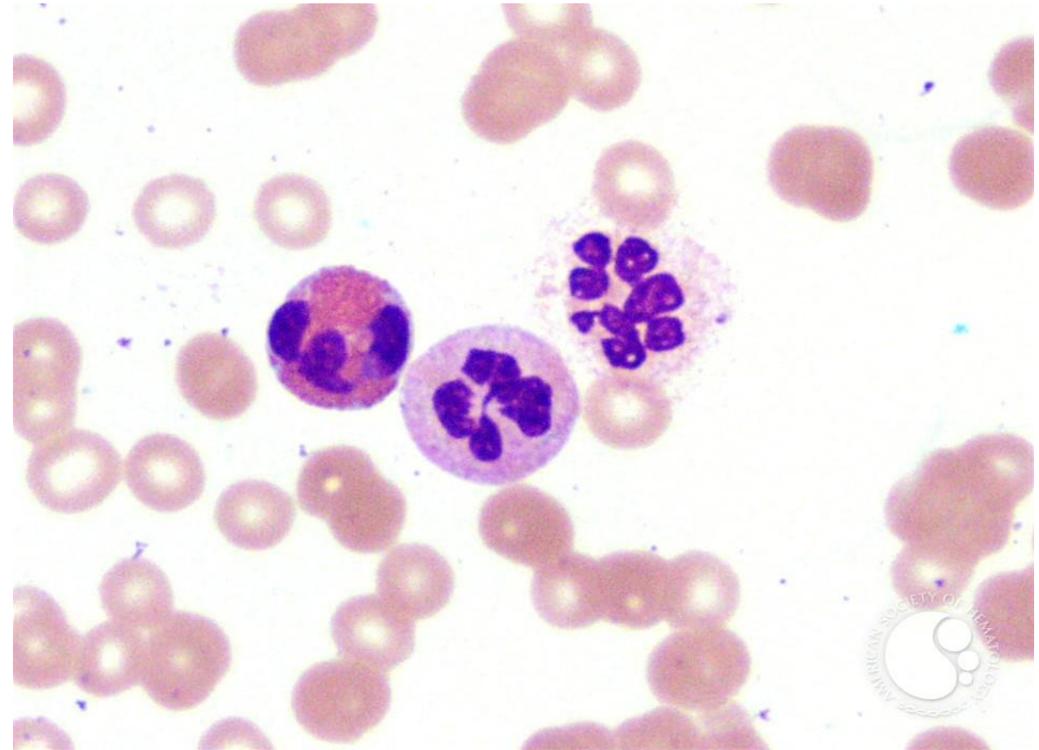
## **Station 5**

**Q1 : what condition cause this abnormality**

B12 deficiency

**Q:2 what abnormality you suspect in erythroblast?**

megaloblast



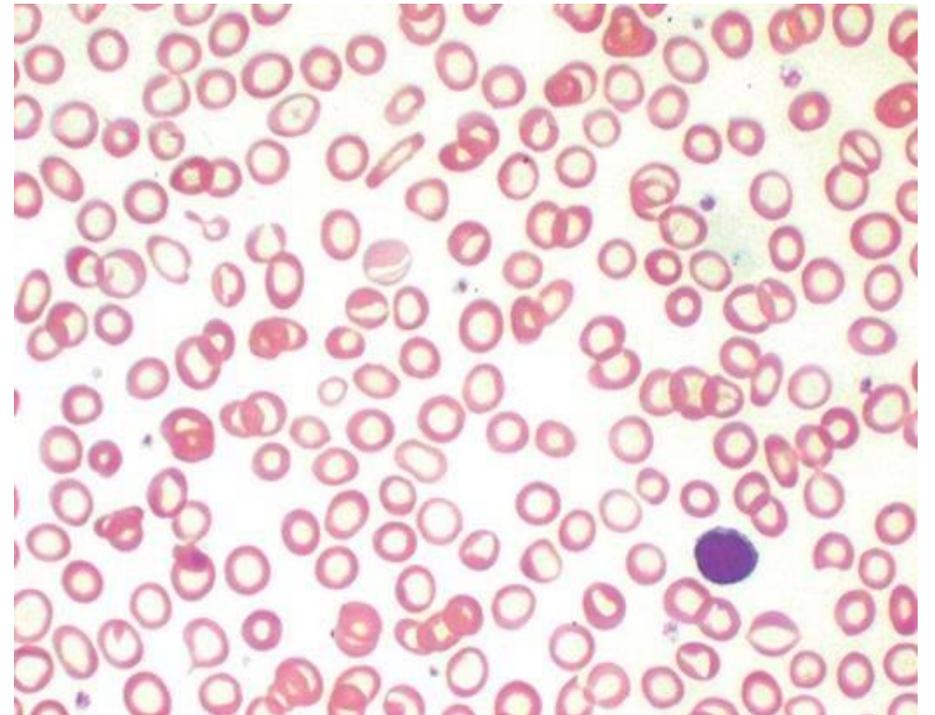
## Station 6

Q1 : pick up 2 findings ?

- Microcytic hypochromic RBCs
- Pencil cell

Q2 : your Dx ?

iron deficiency



## **Station 7**

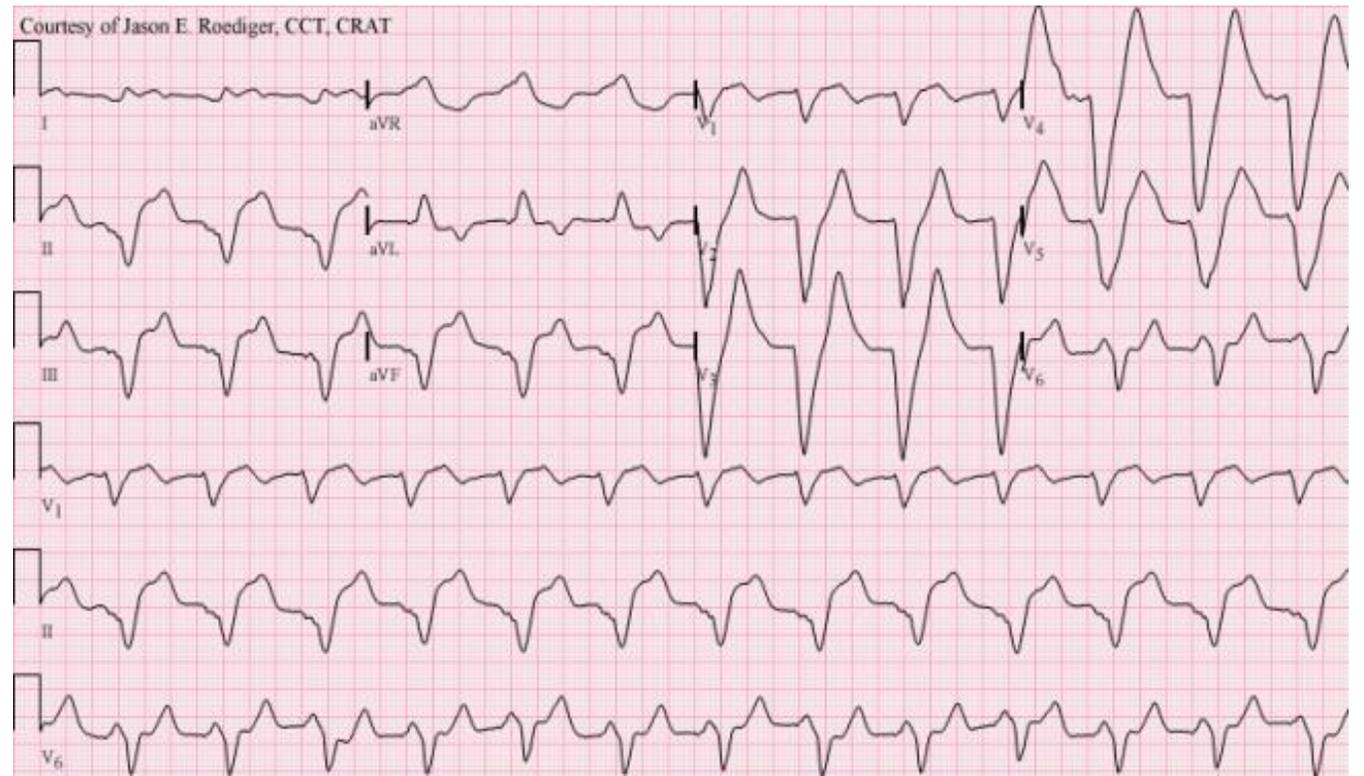
Q1: mention 2 abnormalities in ECG ?

- T-inversion

- Wide QRS

Q2 : what is your DX?

hyperkalemia



# Station 8

Post parathyroidectomy pt. with this ECG :

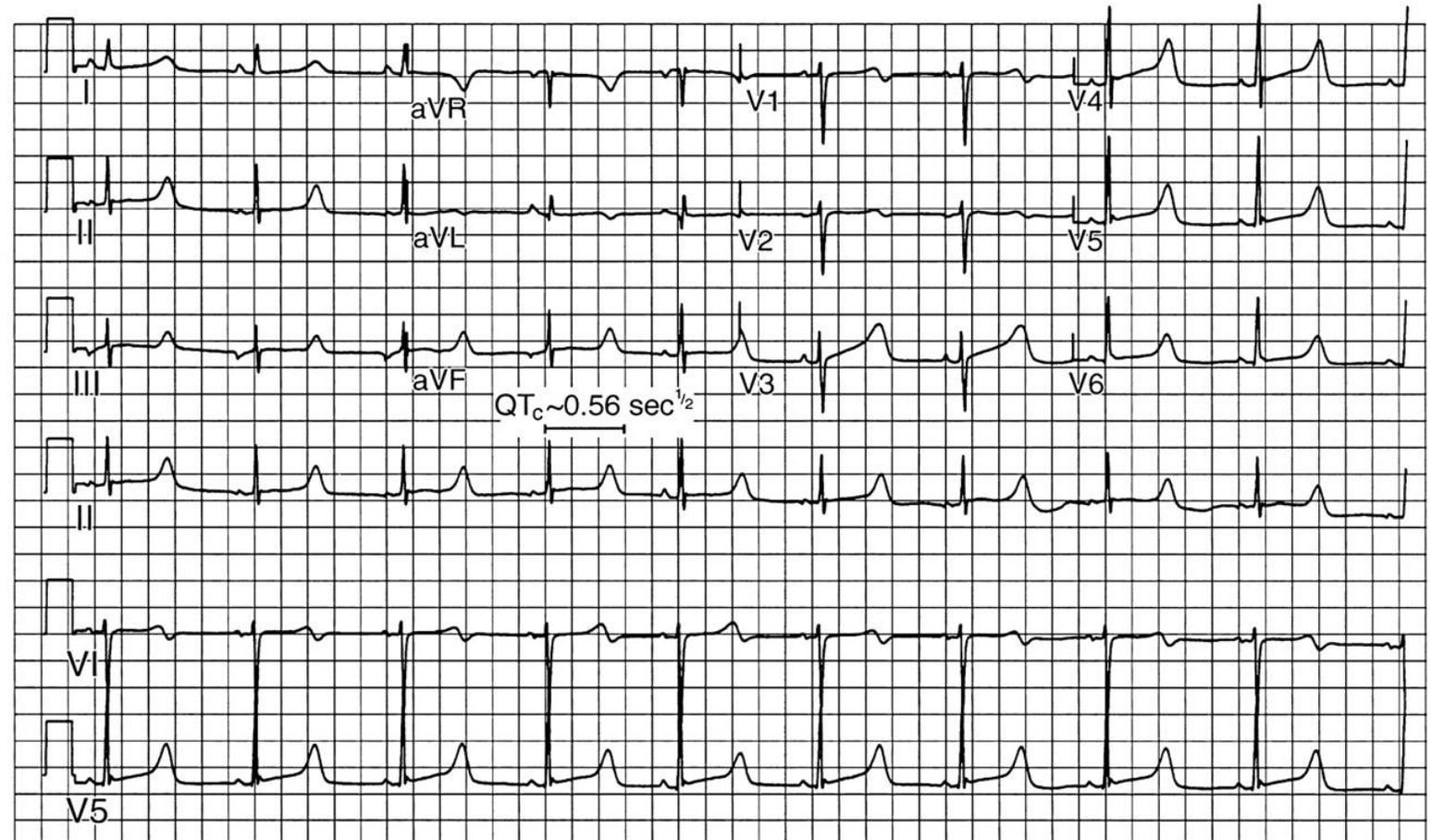
**Q1 :Mention abnormality**

- Long QT interval

**Q2: mention 3 conditions are associated with this ECG?**

- hyperphosphatemia
- Hypocalcemia
- Hypomagnesemia

NOT SURE :/



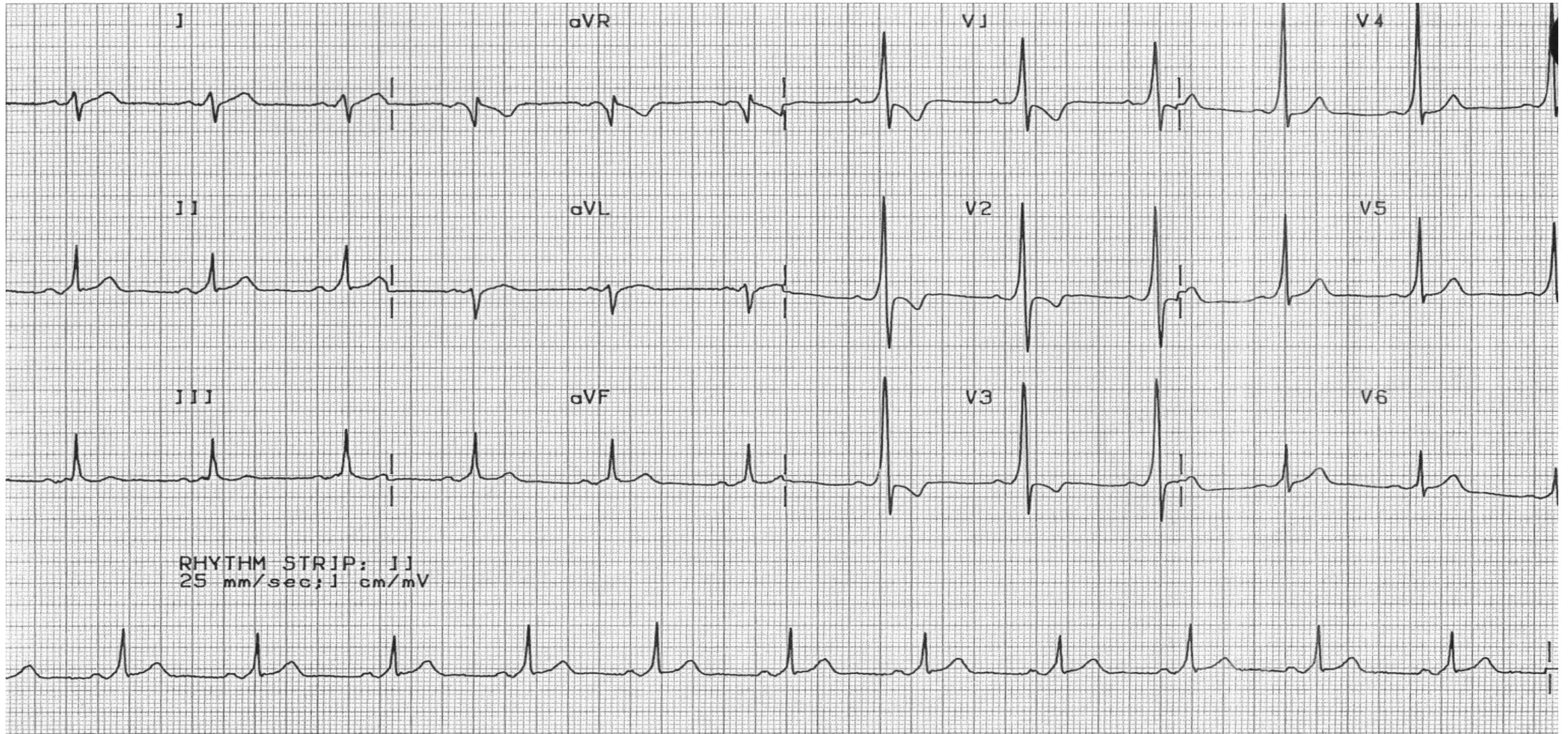
Q1 : Dx ?

WPW

Q2 : Tx ?

percutaneous ablation of the accessory bundle

## Station 9



## Station 10

**Q1 : what is the cause of this sign**

Hypocalcemia

**Q2 : what is your Tx?**

IV calcium gluconate



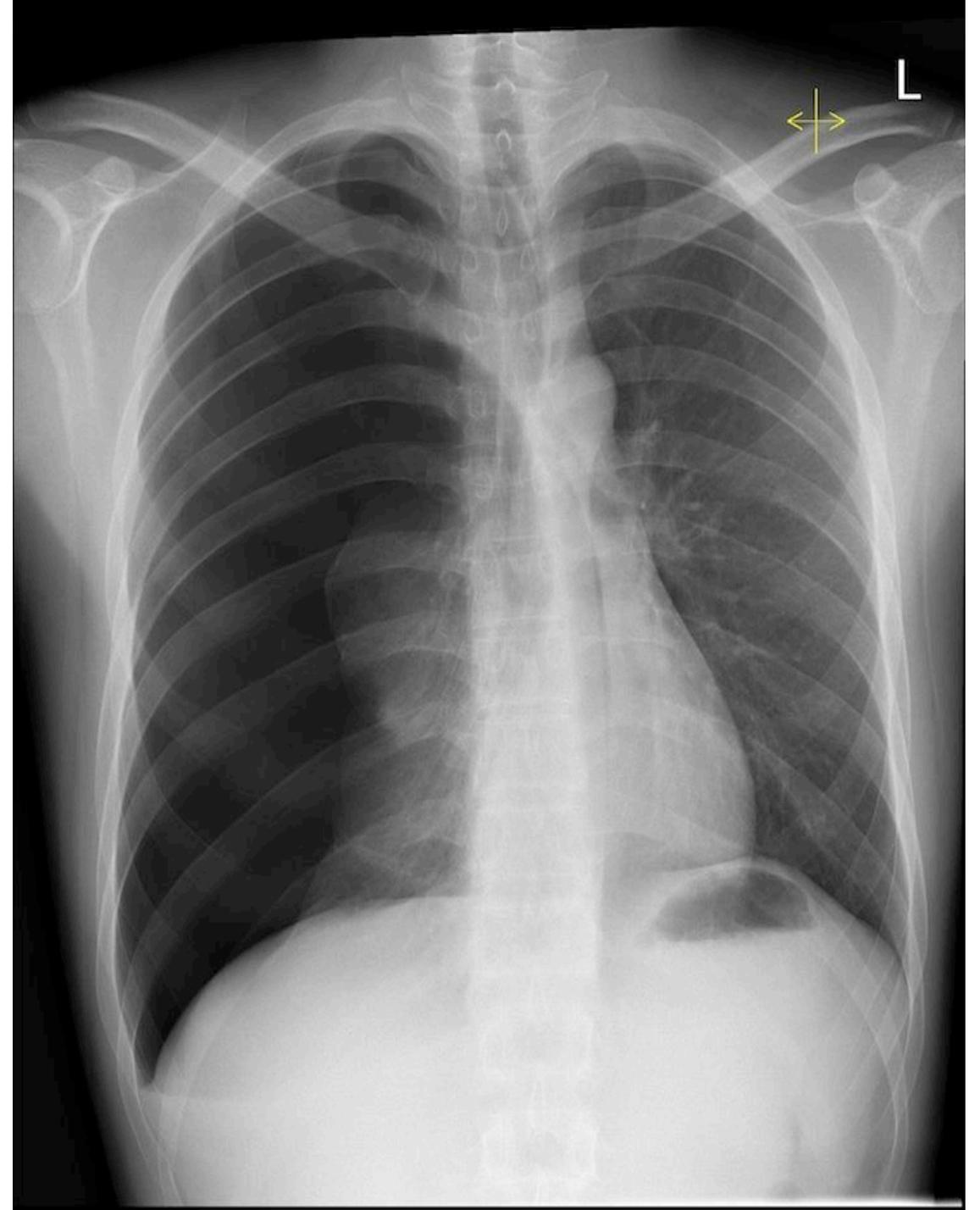
## **Station 11**

**Q1 : what the radiological abnormalities found in this X – ray ?**

Absent bronchovascular marking at right side with collapsed right lung & shifting of mediastinum

**Q2 : your radiological Dx**

Tension pneumothorax

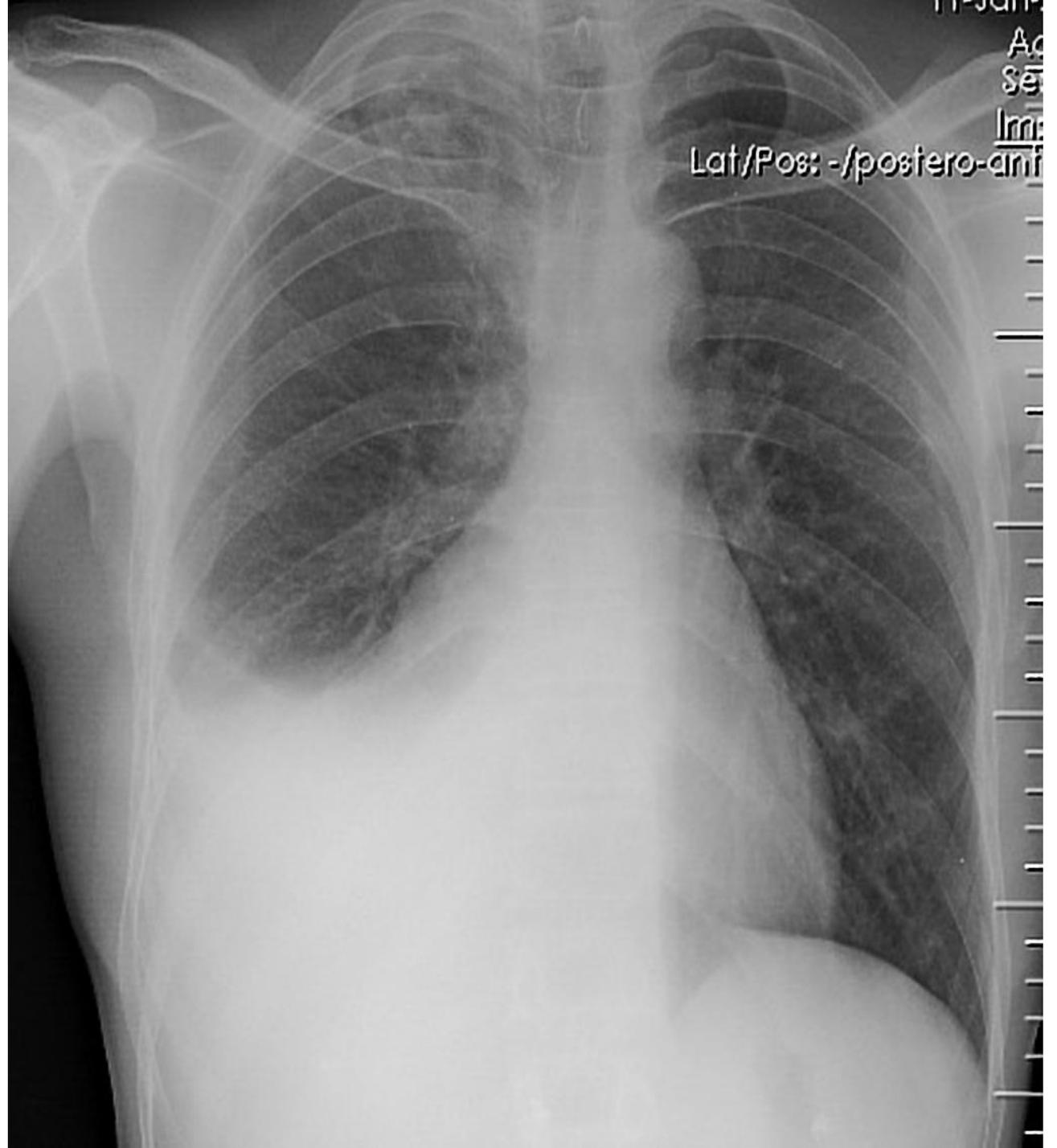


## Station 12

**Q1 : what the radiological abnormalities found in this X – ray ?**

Concave opacity in RLL silhouetting heart border

**Q2 : your radiological DX**  
pleural effusion



Q : calculate anion gap

• **ABG :**

- Na : **150**

- K : **5**

- Cl : **110**

- Hco3 : **25**

$$150+5-110-25 = 20$$

## Station 13

Q1: Dx ?

Acute bacterial meningitis

Q2 : mention 2 causative organisms ?

- St.pneumoni
- H.infiluenza

- CSF analysis :
  - WBC :2000
  - PMN 90%
  - protein: 3.2 g
  - glucose: 1.5

# Station 14

Q1: calculate SAAG

$$2.8 - 2.2 = 0.6$$

Q2 : what is your Dx ?  
spontaneous bacterial  
peritonitis

## Ascitic fluid analysis :

- ~~serum protein~~ : 2.8
  - ~~ascitic protien~~ : 2.2
  - **WBC** : 501
  - **PMN** : 90%
- Albumin*

# Station 15

Q1: Dx?

**Klinefelter**

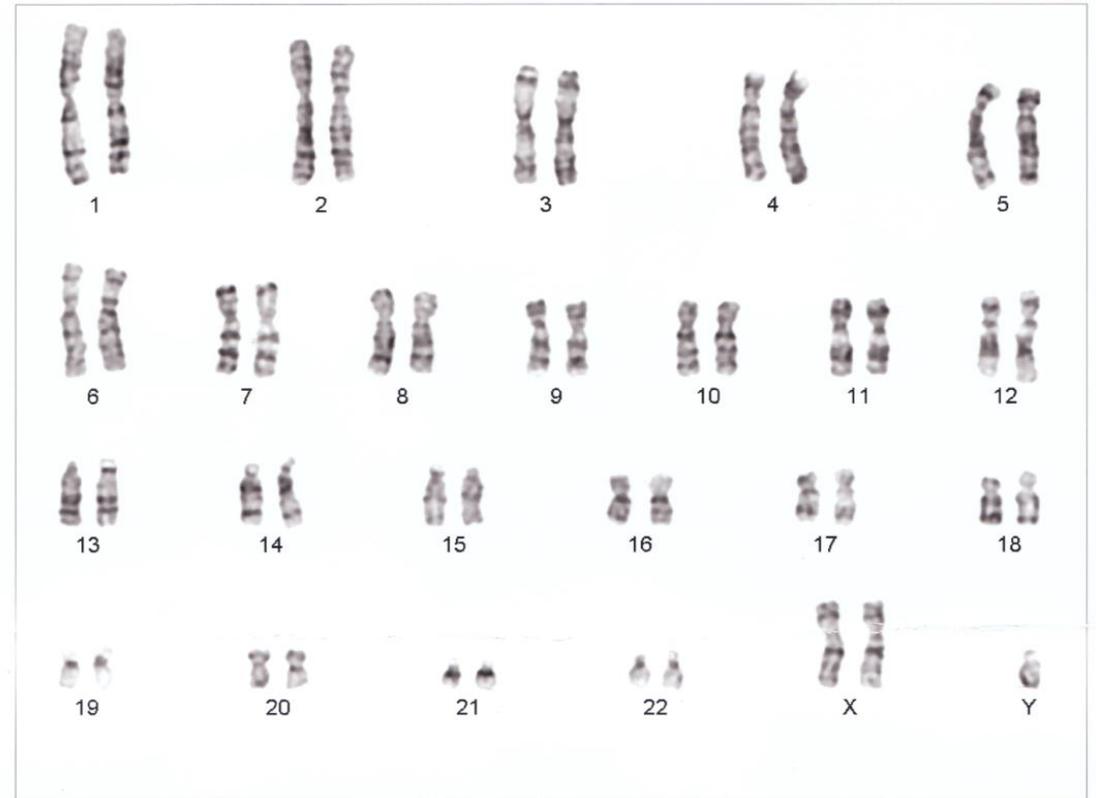
Q2 : mention 4 characteristic signs for this pt .

**1- short stature**

**2- congenital heart defect**

**3- infertile**

**4- gynecomastia**



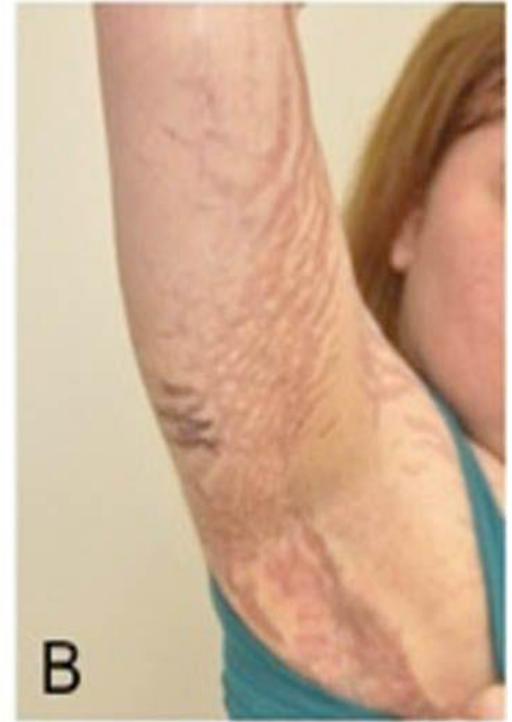
# Station 16

**Q1 : Dx?**

Cushing syndrome

**Q2 : mention 3 screening tests for this condition?**

- 1- 24 urine collection for cortisol
- 2- Dexamethasone suppression test
- 3- imaging test



## **Station 17**

Q1 :If this pt is ANA +ve then what is the next investigation you would order ?

anti Ds-DNA/ anti-sm

Q2 : if this pt. came to ER with seizuers then mention 3 differential Dx?

TIA CVA Uremic encephalopathy (not sure )



## Station 18

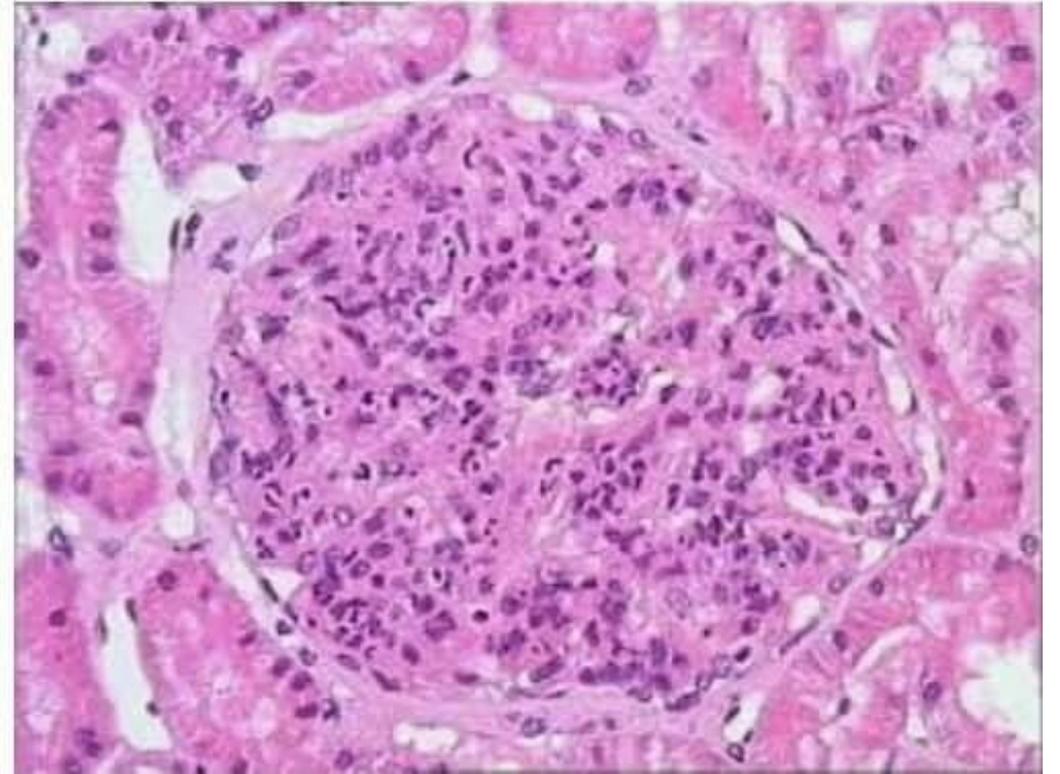
Q1 : Dx?

Diffuse proliferative GN

Q2 : mention 2 lines of Tx ?

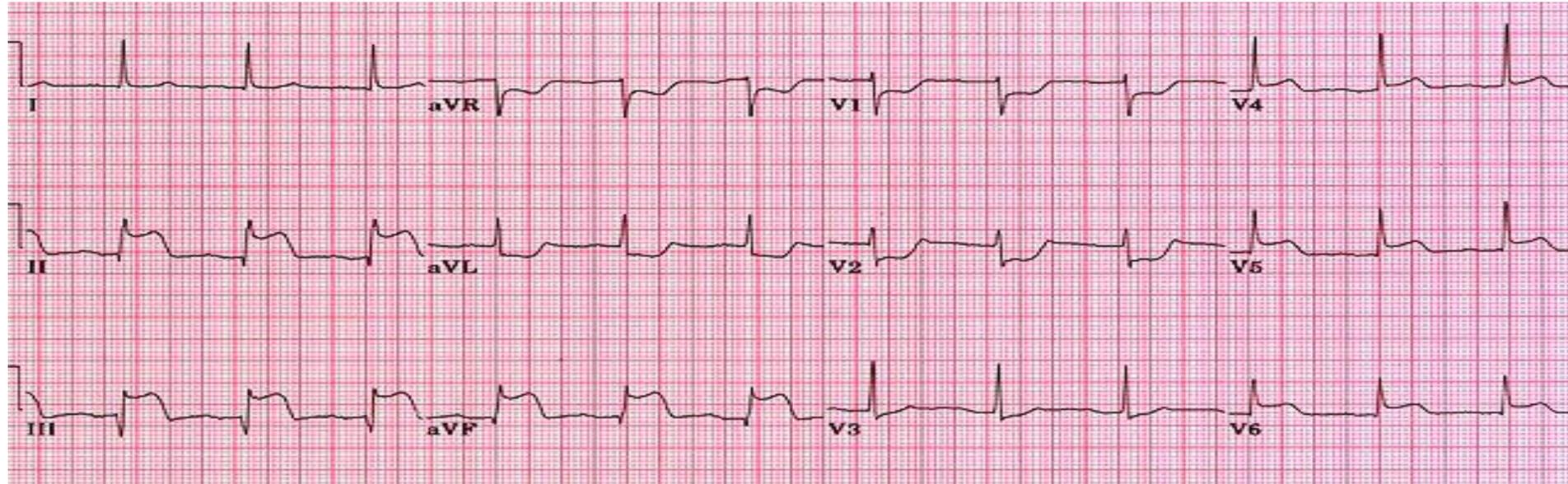
1- methylprednisolone

2- mycophenolate



Fourth year 2017/2018  
1<sup>st</sup> Semester

# Station 1



Acute inferior wall st elevation MI

## **Station 2**

history of cough and large amount of sputum  
prior one month

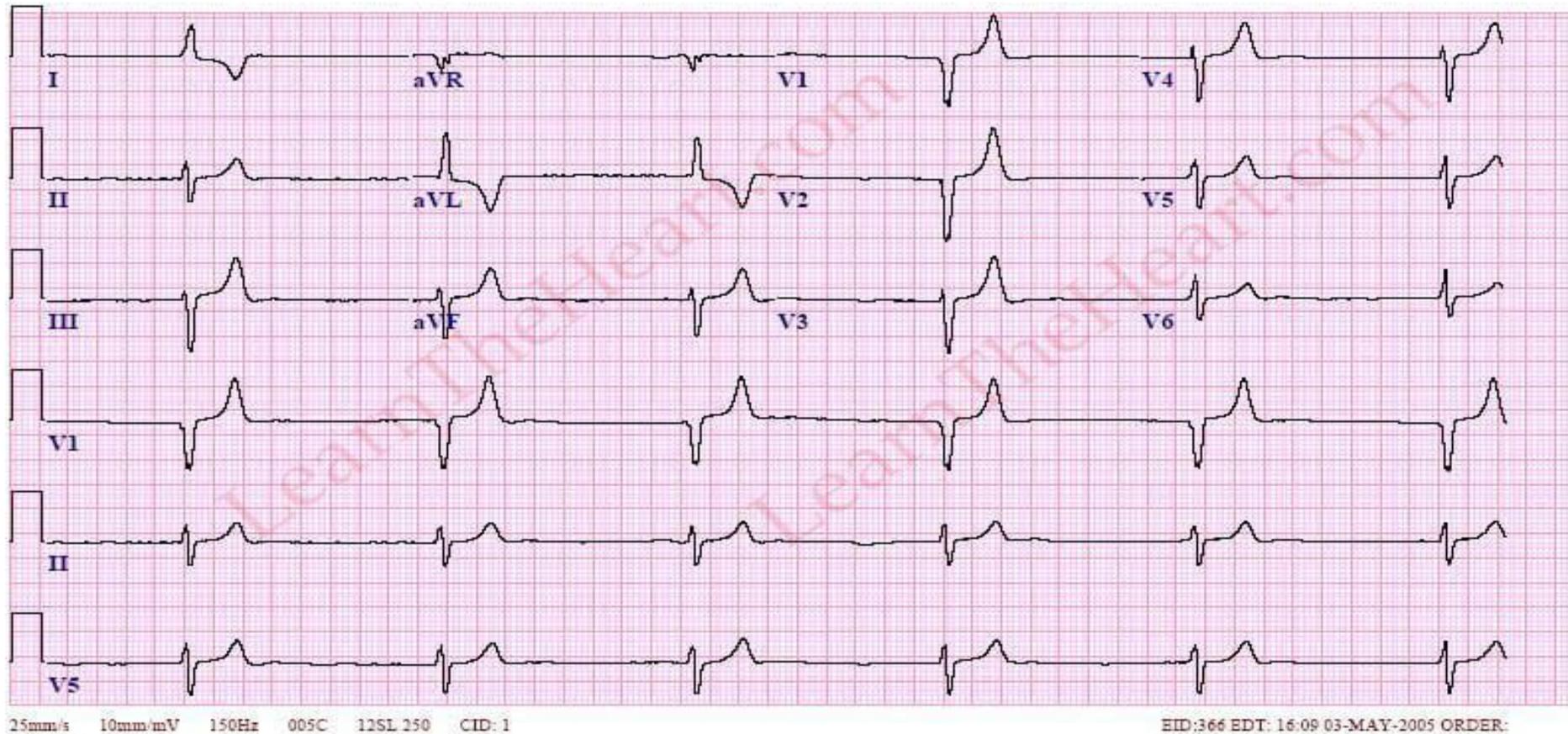
Diagnosis ? **broncheactasis**

Most common organism to  
infect this patient is :

**pseudomonas aeruginosa**



## **Station 3**



Finding : **hyperacute T wave**  
Caused by : **hyperkalemia**

## **Station 4**

Diagnosis :

adrenal insufficiency ( addisons disease)

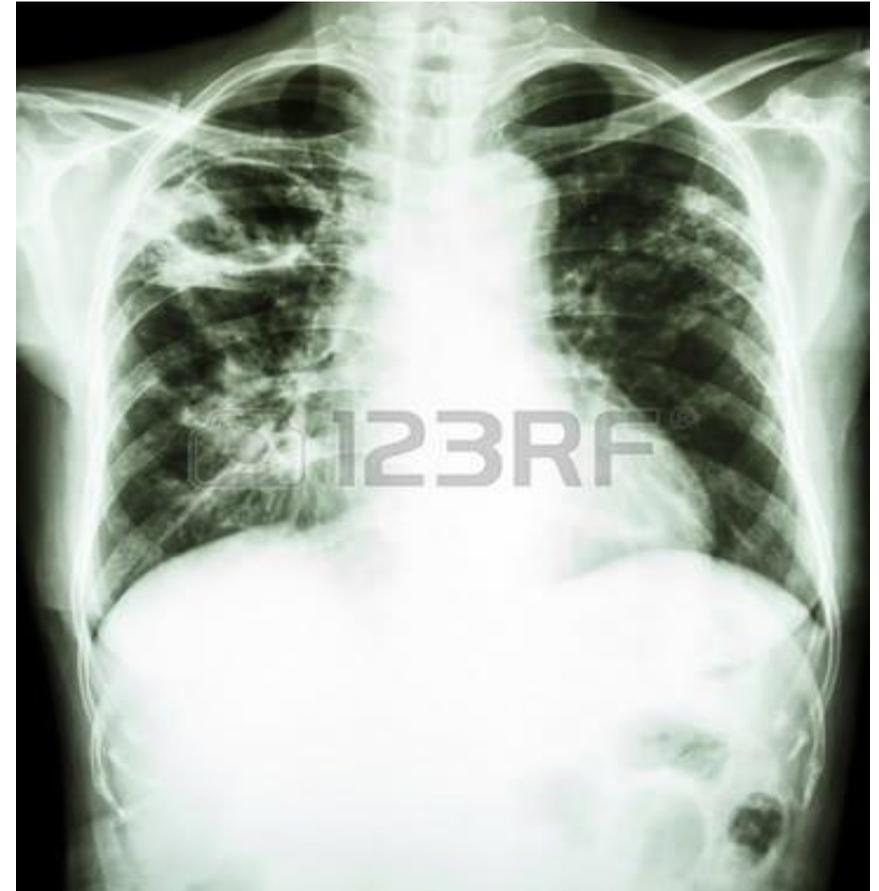


## Station 5

Mention two DDx:

TB

Lung abscess



## Station 6



Name of this : **abdominal stria**

## **Station 7**



Name : **Moon face or cushingoid face**

## Station 8

70 year old  
man with  
SOB



Diagnosis : **pulmonary edema**



## **Station 9**

**-Mention two causes of this Non-blanching Rash ?**

**1. Thrombocytopenia ( ITP . Aplastic anemia .)**

**2. Vasculitis**

**3- Meningococemia? (not sure)**

## Station 10

CBC shows :

Hb : 4

Platelets : 4000

WBC : 2200

MCV : 85

MCHC : 32

WHAT IS THE CASE ?

pancytopenia

Mention 2 causes :

Chemotherapy

Bone marrow fibrosis ( myelophthasic disorder )

Aplastic anemia

-What is this?

**Malar rash in SLE**

What is your initial investigation ?

**ANA then if positive order dsDNA**



## Station 12

What is this : spider  
nevi

One cause of it ?

Liver cirrhosis



## **Station 13**

Name this :

**Erythema nodosum**

3 causes of it :

**Sarcoidosis**

**Tuberculosis**

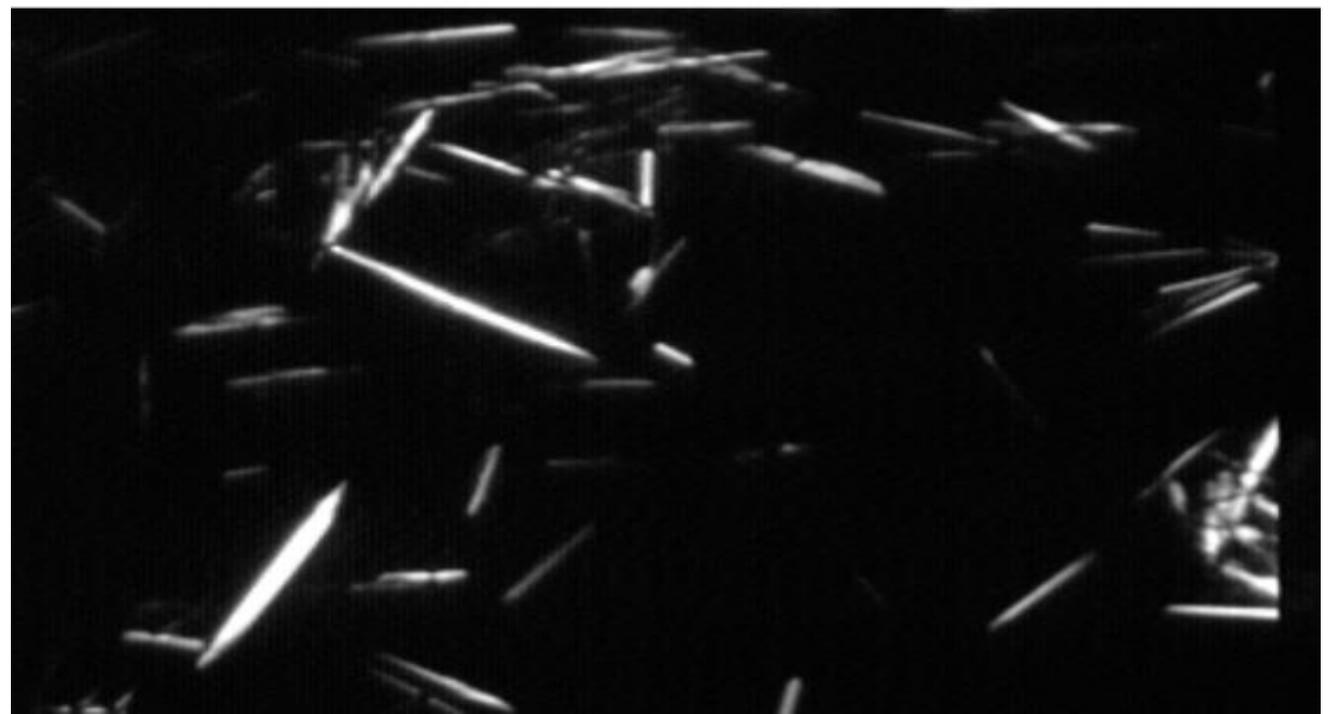
**IBD**

**oral contraceptive pills**

**Infection**



## Station 14



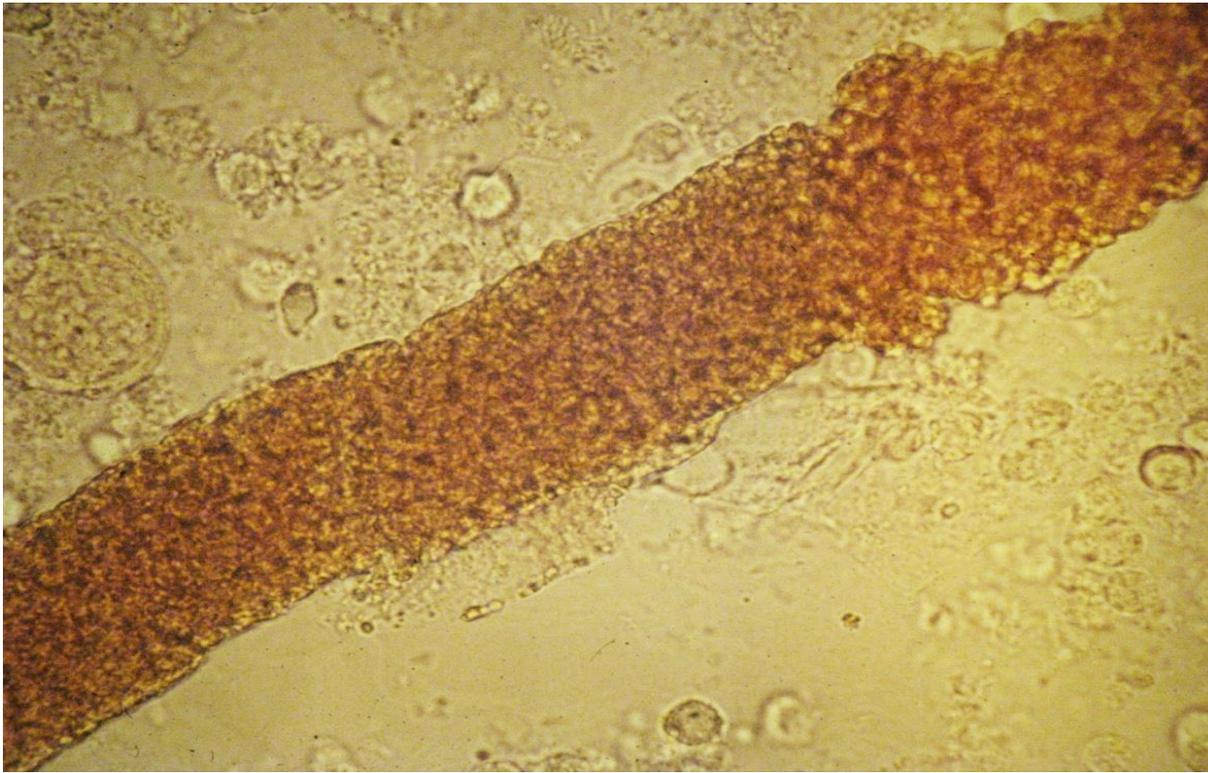
what do you see ?

needle shaped mono sodium urate crystals

Diagnosis ?

Gout

## Station 15



What is this ?

Heamaturia (RBC cast ).....

Diagnosis ?

Glumerulonephritis

**Station 16**



Finding : **Subluxation**  
diagnosis : **RA**

## Station 17



Investigation needed?.....

RF and anti ccp

## **Station 18**

# History of bone pain and low eGFR

-Diagnosis :

**multiple myeloma**

-What are causes of low eGFR?

**Bence jensen protein**

**Hypercalcemia**



## **Station 19**

**This patient  
complaining of  
hemoptysis**



**Diagnosis : Lung CA**

## Station 20

ABG Case :

-Dx :

Partially compensated respiratory acidosis with hypoxemia

-Mention one cause ?

medicine course exam  
2020/2021  
serotonin - 1st semester

case 1: 48 year old male , on examination , systolic ejection murmur heard on the right upper sternal border , the most likely cause is :

1-senile degenerative stenosis

2-bicuspid aortic valve

3- ventricular wall rupture

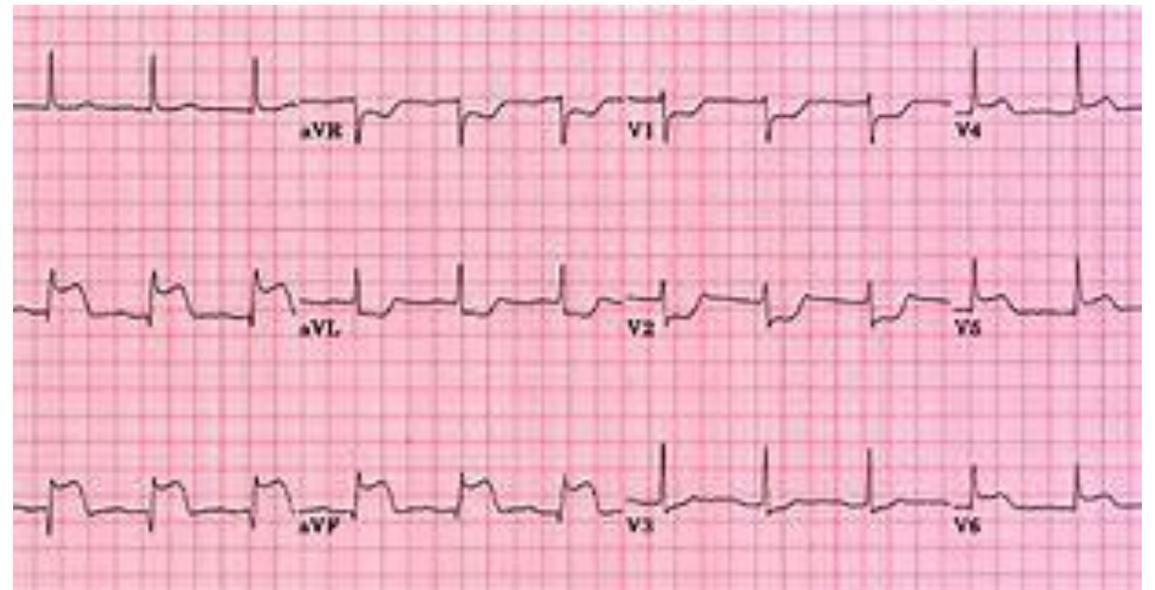
4-ventricular pseudoaneurysm

case 2 : 50 years old male presented with chest pain and sweating , ecg is done to the patient , what is the diagnosis :

- 1- inferior MI
- 2- anteroseptal MI
- 3- Hypertrophic cardiomyopathy
- 4- posterior MI

#which of the following isnt immaediate measure :

1. aspirin 300mg
2. LMWH
3. B-blocker
4. thrombolytic therapy
5. PCI

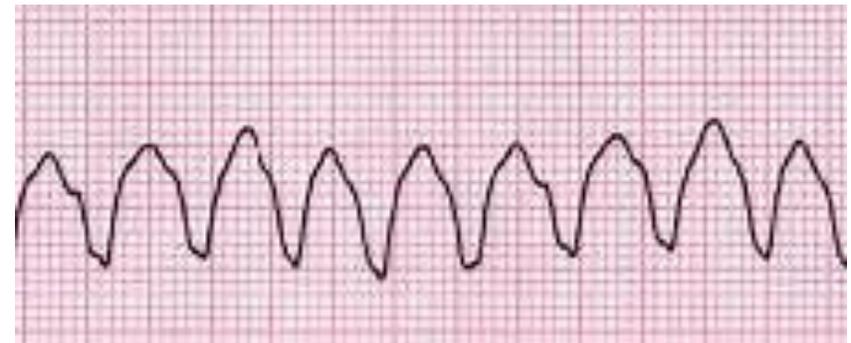


case 3 : 60 years old patient presented with severe palpitations  
, ecg shown in the picture :

**ventricular tachycardia**

the first line treatment of this patient (he is hemodynamically  
unstable)

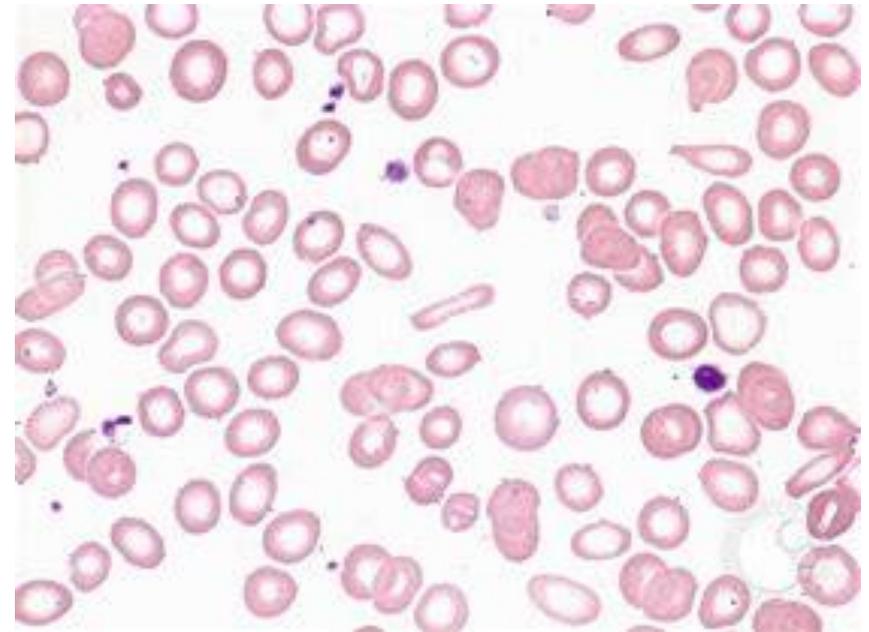
**Immediate synchronous DC cardioversion**



case 4 : patient presented with general fatigue and weakness after 1 year of gastrectomy , on examination (anemia findings is present )

the patient blood film is shown in the picture; all of the following findings are true except :

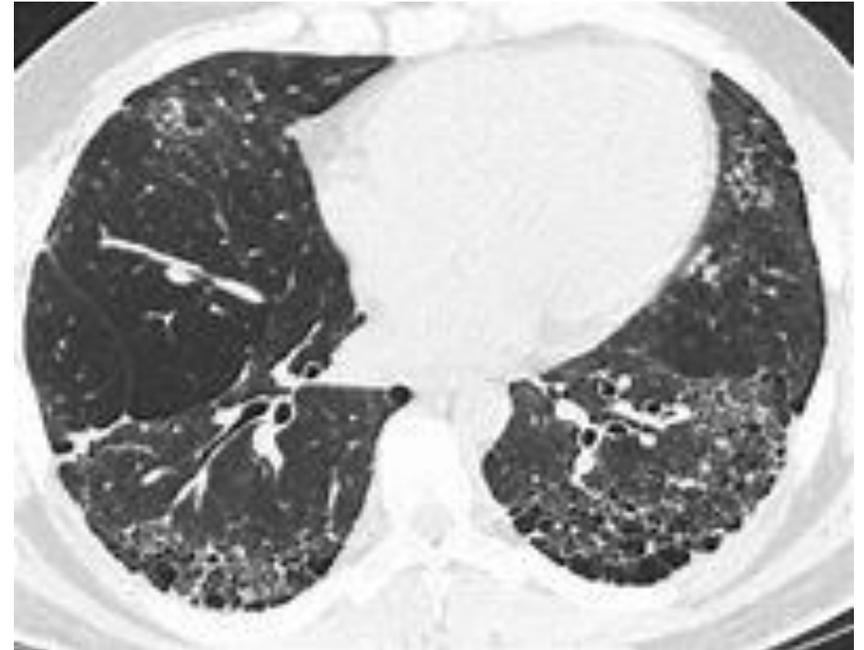
- 1- low serum iron
- 2- **low TIBC**
- 3- LOW FERRITIN
- 4- LOW % TRANSFERRIN SATURATION



Case 5 : this xray is for a patient with respiratory symptoms  
(the ct shows honey coomb appearance of IPF)  
what is expected spirometry pattern you will find  
**restrictive pattern**

on examination , one of these findings is not true

- 1- inspiratory crackles at base of lung
- 2- ecg shows right ventricular hypertrophy
- 3- normal JVP**



case 6 :what is your interpretation of this ABG

high anion gap metabolic acidosis with respiratory compensation

one of these can cause this disturbance

**lactic acidosis** was the answer

- *ABG Case*
- Ph: 7.29
- Co<sub>2</sub>: 22
- hco<sub>3</sub>: 10
- Cl: 100
- Na: 145
- + other labs , normal values was given

- Q: This pt presented with cough for 8 weeks, fever, Hemoptysis, wt loss, night sweats & anorexia.4.

what is the gold standard test to confirm the diagnosis ?

acid fast stain & culture

what is the first line treatment ?

isoniazid , rifampin, pyrazinamide,  
ethambutol



what is the name of this lesion

**pyoderma gangrenosum**

the patient complains from bloody diarrhea & abdominal pain , what is the first line treatment ?

1- 5 ASA

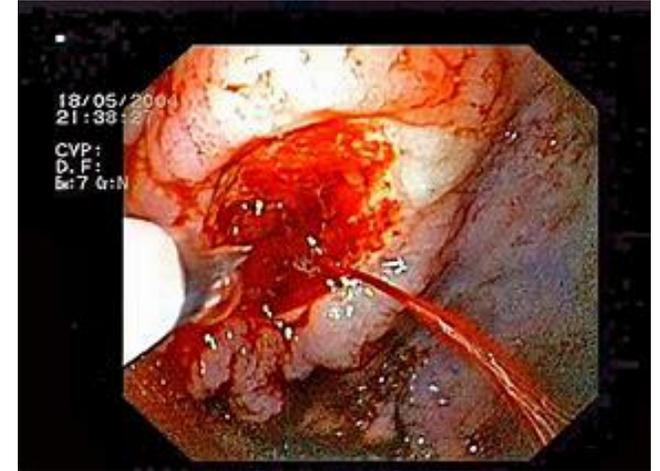
2- **STEROIDS**

3- IV antibiotics



a case of bleeding peptic ulcer , with presentation (cant remember )  
+ hg 10 g/dl , which of these isnt indicated

- 1- IV ppi
- 2- thermal coagulation
- 3- **blood transfusion**
- 4- metallic clips
- 5- epinephrine injection



what advice you give to the patient after discharge from the hospital

(the 4 other choices are false (cant remember))

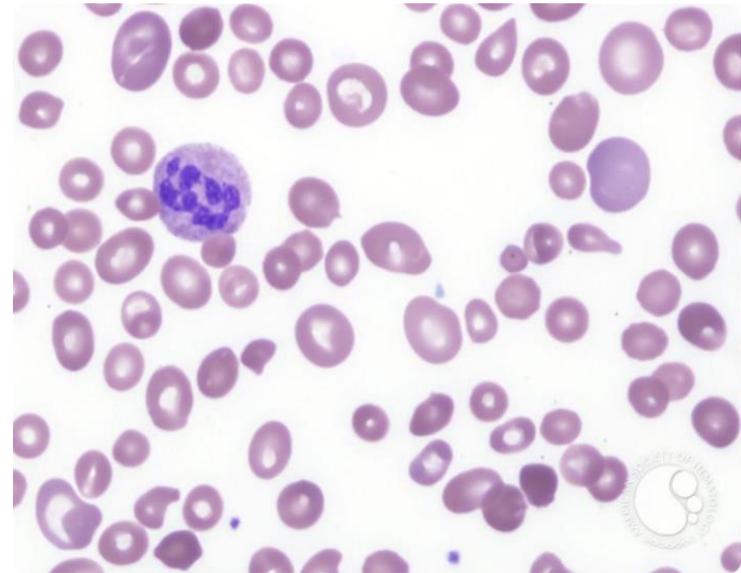
**test for h pylori and eradication treatment if present**

the definitive diagnosis of spontaneous bacterial peritonitis

paracentesis with ascitic fluid absolute neutrophils count  $> 250$   
cell /mm<sup>3</sup>

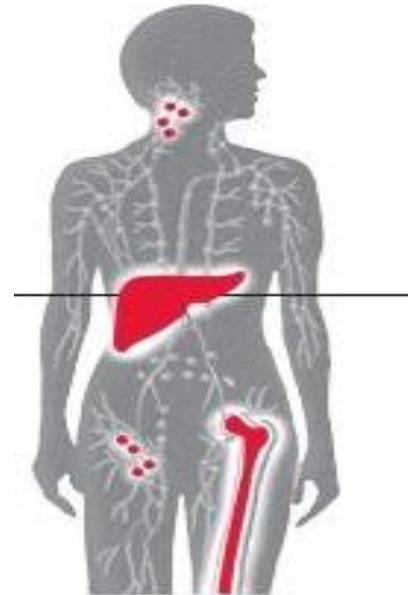
45 year old woman complaining from palpitation , fatigue and paresthesia in her limbs , all the followings are true except:

- A. Low serum and RBC folate
- B. Low serum B12
- C. High indirect bilirubin
- D. Ab against intrinsic factor should be tested
- E. High LDH



The patient complaining from fever , night sweat & weight loss more than 10% of his weight , which of the followings is true?

**The lymph nodes are rubbery**



The patient complaining from hepatitis A and his INR  $>2.1$  what is the best management to do?

- A. ICU
- B. SUPPORTIVE**
- C. Anticoagulant
- D. Antibiotic



Urine analysis:  
protein -ve , Glucose +2  
RBC 8 cells/uL , leukocytes 25/uL

60 years old male complaining from abdominal pain and dysuria the most likely diagnosis is :

- A. UTI
- B. Bladder stone
- C. Bladder tumor
- D. Rapidly progressive GN
- E. Tubular necrosis

Which of the followings isn't an indication for hemodialysis?

A. Pulmonary edema

B. Encephalopathy

C. Creatinine =9mg/dl

D. Metabolic acidosis

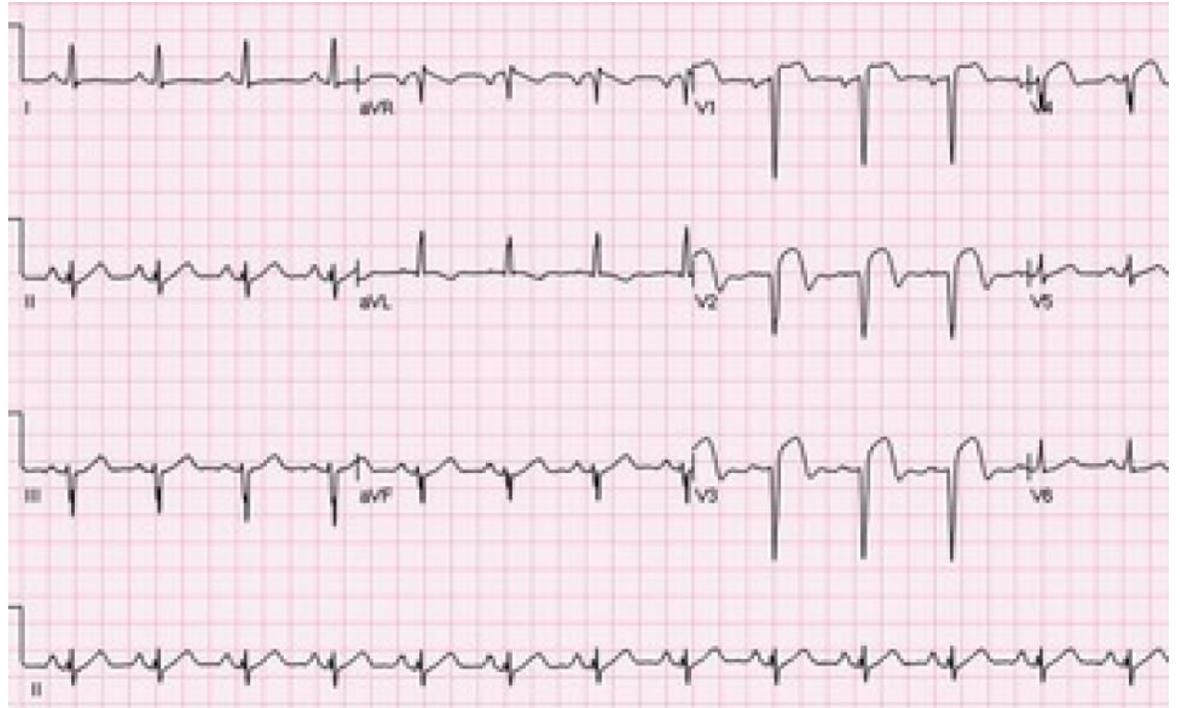
E. hyperkalemia

Mini-OSCE  
6<sup>th</sup> year \ 2<sup>nd</sup> form  
9-6-2021

Done by: Abdulrahman Alwardat, Abdullah Gumander

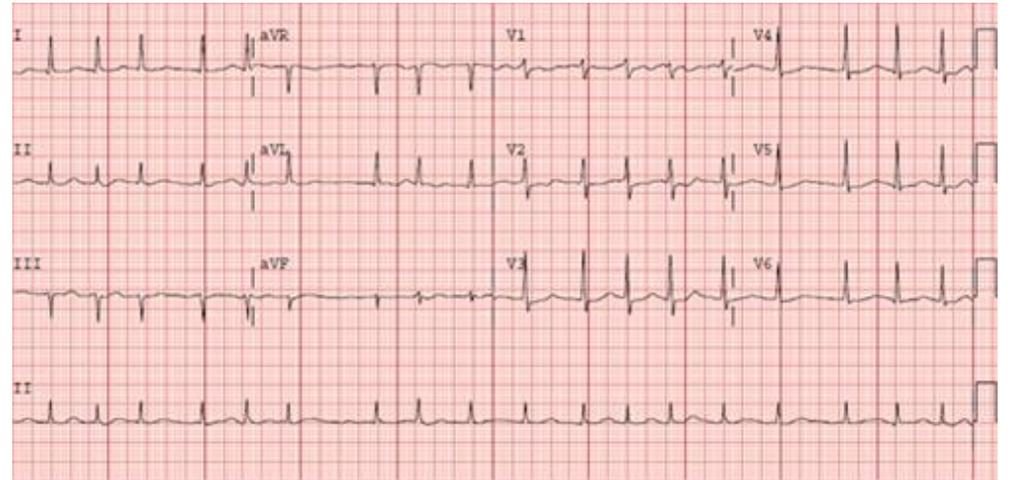
# Q1

- Mention 3 findings?
  1. ST elevation in anterior leads
  2. Left axis deviation
  3. Q wave (exam picture)
- mention 3 modality of treatment that can decrease mortality in this patient?
  1. Thrombolytics
  2. Catheterization
  3. CABG



# Q2

- Patient had MI 6 weeks ago, presented to ER , with this ECG ,he was symptomatic.
- Q1: Diagnosis?
  - Afib
- Q2: Treatment?
  - Rate control and electro cardioversion
  - (المفروض في تفاصيل اكثر للسؤال حتى approach Afib Mx) امشي على



# Q3

- This patient has positive anti-HBs antibody
- What's the most important test?
  - HBV DNA
- Other markers that'll show liver status?
  - PT\INR
  - Albumin levele
- After 6 months, most important follow up?
  - US
  - LFT
- Mention clinical tests for liver function?
  - Ascites
  - Hepatic encephalopathy



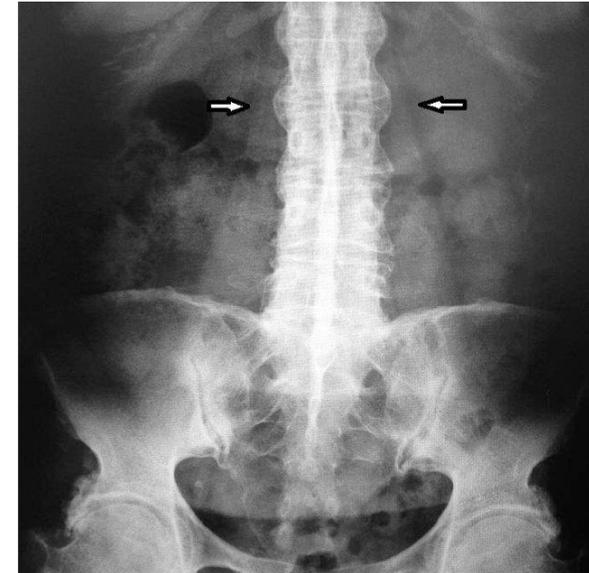
# Q4

- Diagnosis?
  - Cushing syndrome
- Metabolic findings?
  - hyperglycemia
  - hypokalemia
  - hypernatremia



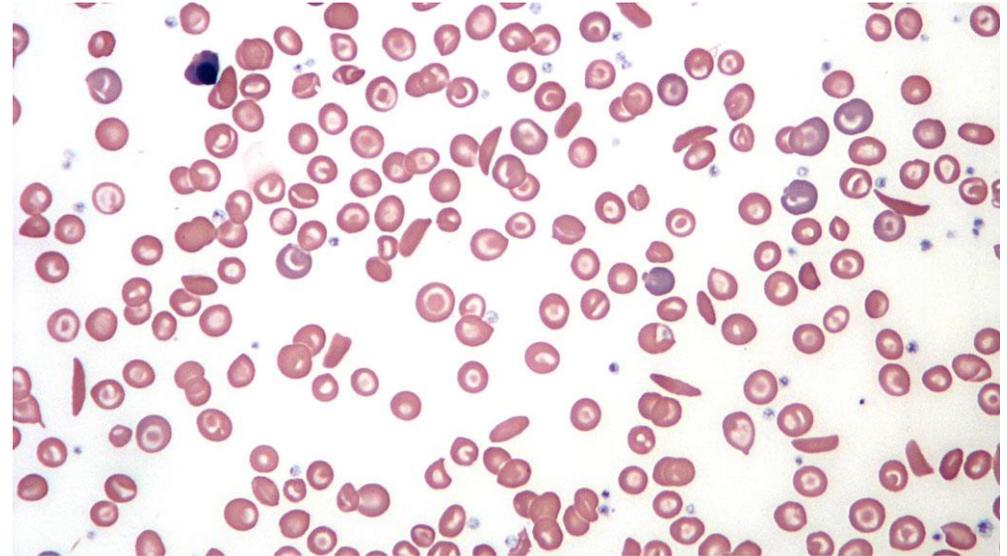
# Q5

- 35 yr old male with low back pain that is worse at morning and gets better with movements
- Diagnosis?
  - Ankylosing spondylitis
- findings on pic?
  - Bamboo spine
- Test to confirm the diagnosis?
  - HLA-B27



# Q6

- A 17 Yo came with severe hip pain and abdominal pain
- Diagnosis?
  - sickle cell crisis
- What's is the most important investigation that'll confirm your diagnosis?
  - Hb electrophoresis
- Lines of management?
  - pain control (NSAIDS)
  - hydroxyurea
  - O2 and hydration



# Q7

- PFT of obstructive lung disease, non smoker and attacks of dyspnea triggered by cold
- Diagnosis?
  - Asthma
- X-ray findings?
  - can be normal or hyperinflated and increase translucency
- The patient also complained from scleroderma presented with dyspnea and Sat 81, Dx?
  - Lung fibrosis
  - Management?
    - CPAP, lung transplant

Internal Mini-Osce 2020-  
2021-2<sup>nd</sup> semester

Serotonin

Done By :

Noor Al-Huda Esam Al-Karaki  
& Hashem Tarawneh

# CVS SECTIONS

Q1 : Male patient , 60 years , chest pain more than 30 min , increased Cardiac Enzyme , Sweating , No Nausea , No vomiting , Came to ER .

What is your Diagnosis ? And The Treatment ?

**1. Non STEM .**

2. A. Thrombolysis

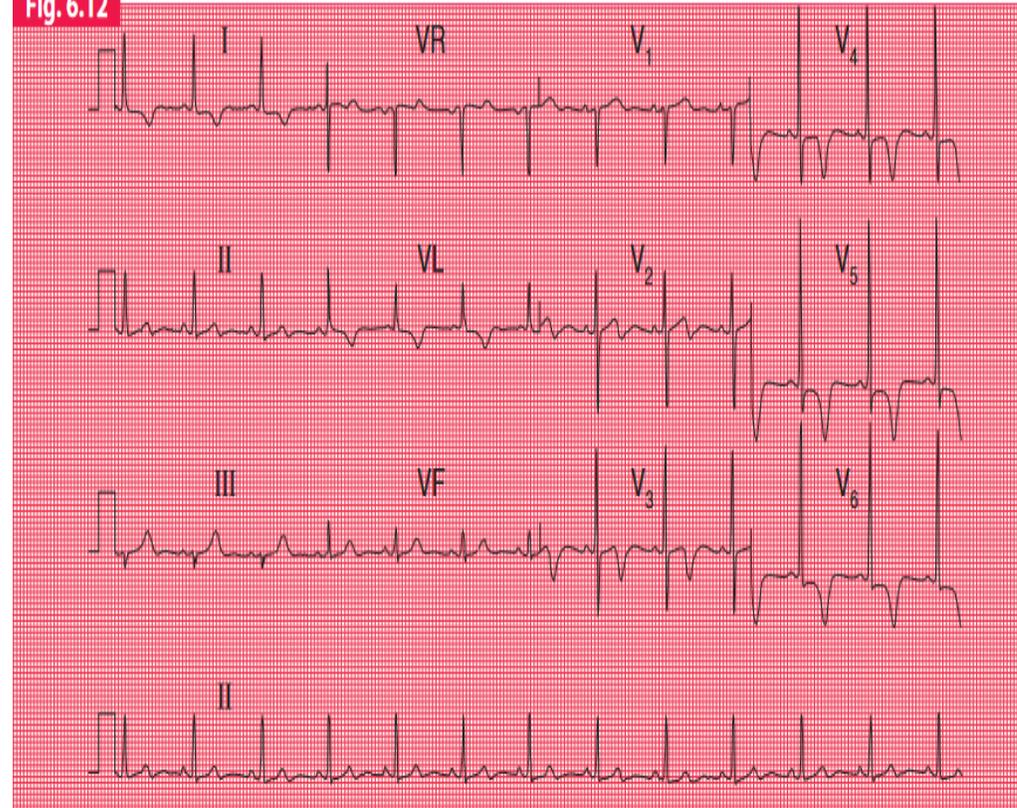
B. Catheter

C. PCI

D. CABAG

**E. Anti-platelets , Anti-Thrombin**

Fig. 6.12



## Anterior non-ST segment elevation myocardial infarction

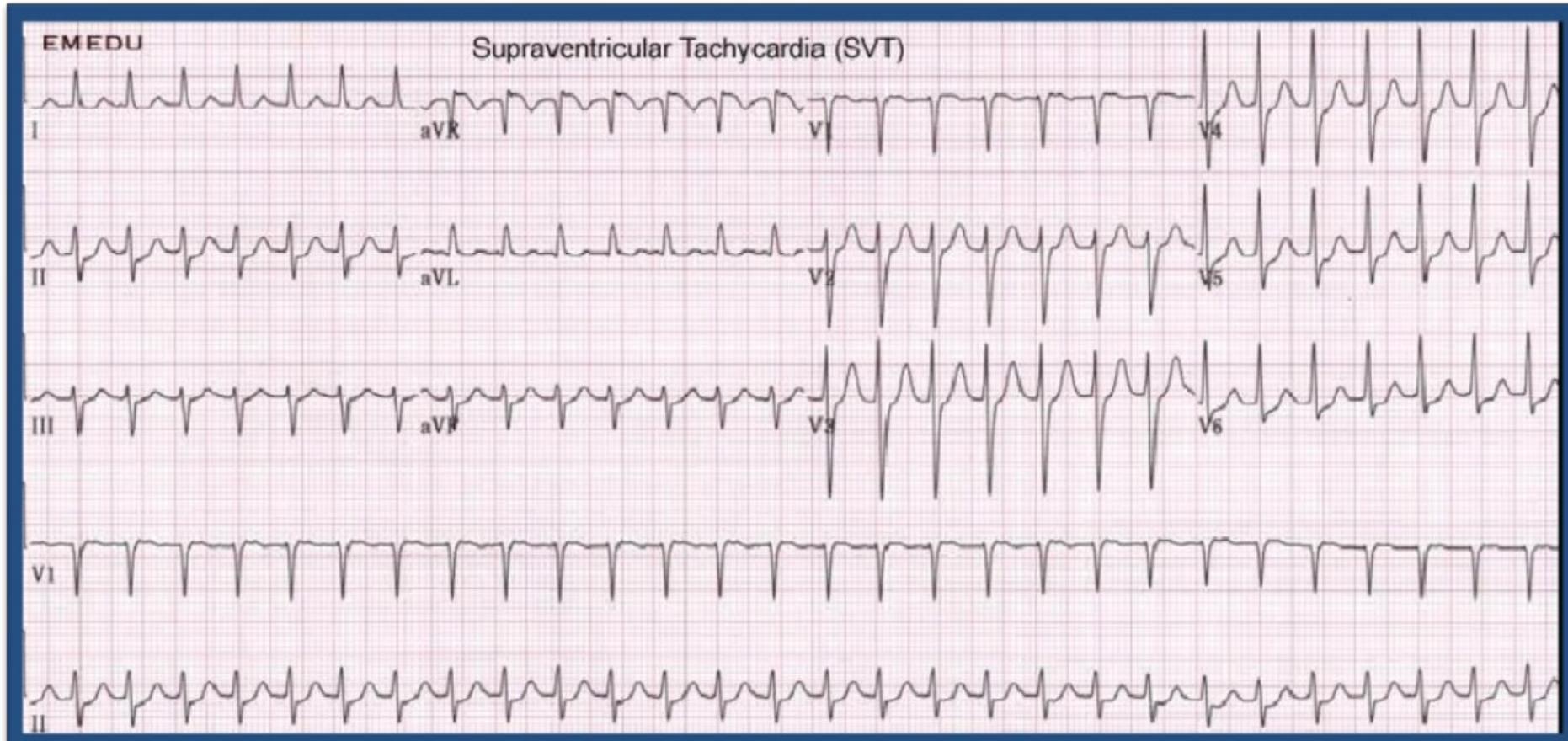
### Note

- Sinus rhythm, rate 75/min
- Normal axis
- Normal QRS complexes and ST segments
- T wave inversion in leads I, VL and V<sub>3</sub>-V<sub>6</sub>
- This pattern must be differentiated from that of left ventricular hypertrophy, where it would be most unusual to see T wave inversion in leads V<sub>3</sub>-V<sub>4</sub>

Q2:26 years male patient came with chest pain and recurrent palpitation, regarding the following ECG, What is your diagnosis? And your management?

-Supraventricular Tachycardia

-IV Adenosine



# GIT SECTIONS

Q1: Regarding this Upper GI endoscopy , active antral bleeding , all of the following initial to do , EXCEPT ? Then please mention the most common cause for this lesion

A. IV PPI

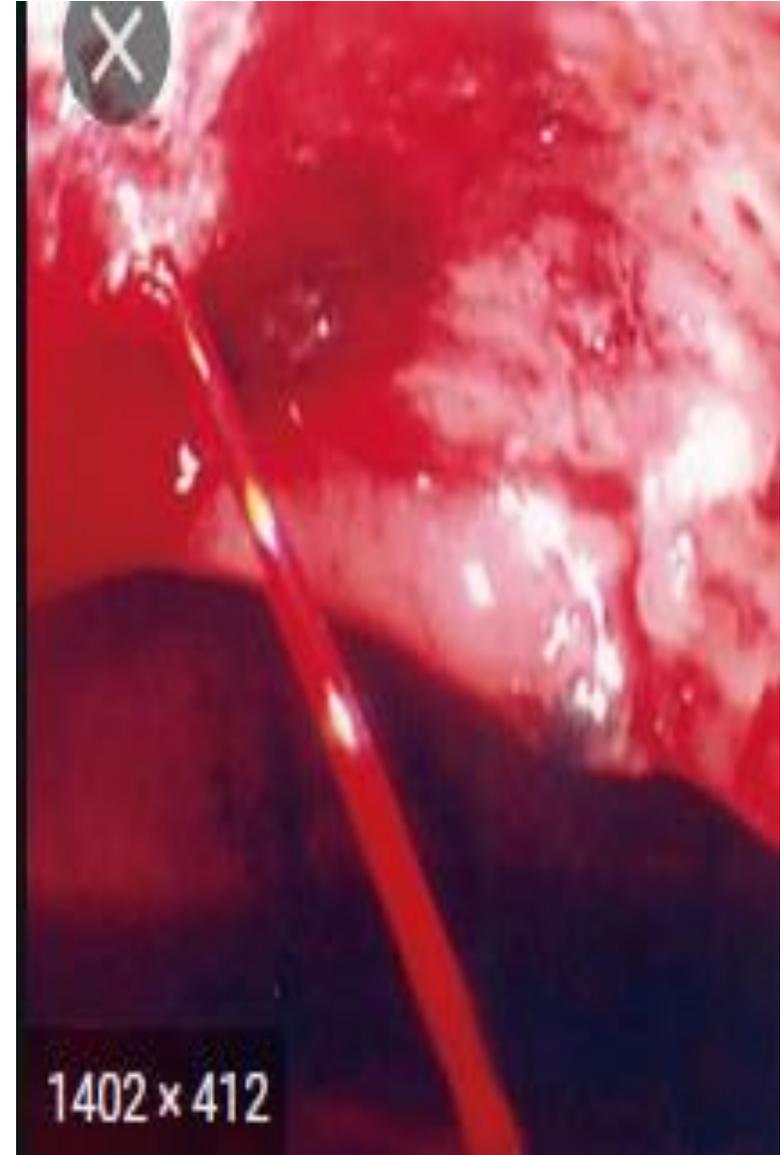
B. Thermal therapy

C. Mechanical Clips

D. Adrenaline Injection

E. Surgery

\* H Pylori infection is the most common cause



Q2 : Young Female , is diagnosed with osteoporosis , and complaining from diarrhea last two months , What is your fist investigation , and the diagnosis?

- Anti Tissue Transglutaminase
- Celiac Disease -



Q3 : patient with hepatitis B  
, the result of ascetic fluid  
culture is :

Neutrophils  $> 500/\text{mm}^3$

So what is your diagnosis ?  
And the treatment ?

- spontaneous bacterial  
peritonitis
- Cefotaxime



# RS SECTIONS

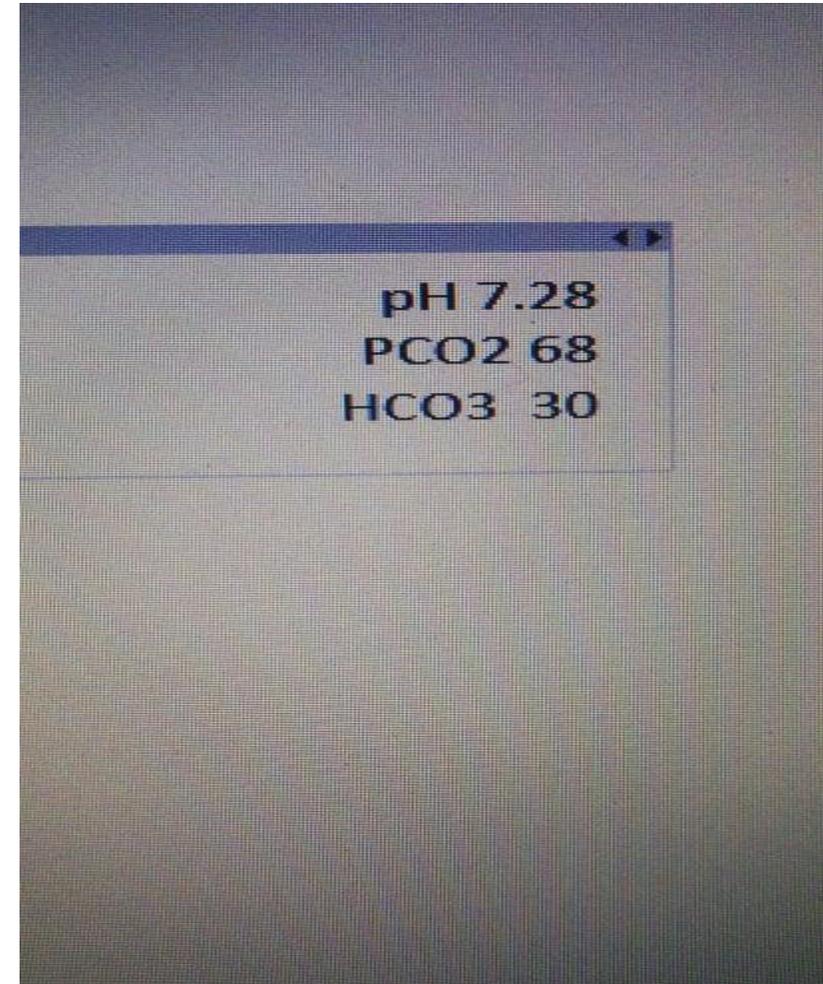
Q1 :Patient with this ABG  
Results :

The ABGs interpretation ?

-Partial compensated  
respiratory acidosis

\*One of the following can't  
cause this case ?

- A . COPD
- B. Pulmonary edema
- C. guillain barre syndrome
- D. Respiratoy muscle paralysis
- E. Pulmonary Infarction



Q2 : Regarding CXR :

-ALL of the following cause exudative Pleural effusion , Except ?

**A. Heart Failure**

b. Pneumonia

c. Mesothelioma

d. TB

\*According to the light's criteria ,  
which of the following +ve with  
exudative ?

**Pleural fluid to the serum total  
protein > .5**



Q3 : Female patient , Bed ridden , sudden dyspnea ,  
what is your first Investigation ?

**CT ANGIOGRAPHY**



# ENDOCRINE SECTIONS

Q1: What is your  
diagnosis ?

**CUSHING SYNDROME**



Q2 : this patient came to ER ,  
extremely fatigue , confused  
with BP 90/50 , so How To  
manage and Diagnose ?

-100 mg Hydrocortisone

- The diagnosis will be done by  
combination of Hyperkalemia ,  
Hypernatremia , Hypotension  
and Hypercalcaemia .

We can't order ACTH  
stimulation test in ER situation

.

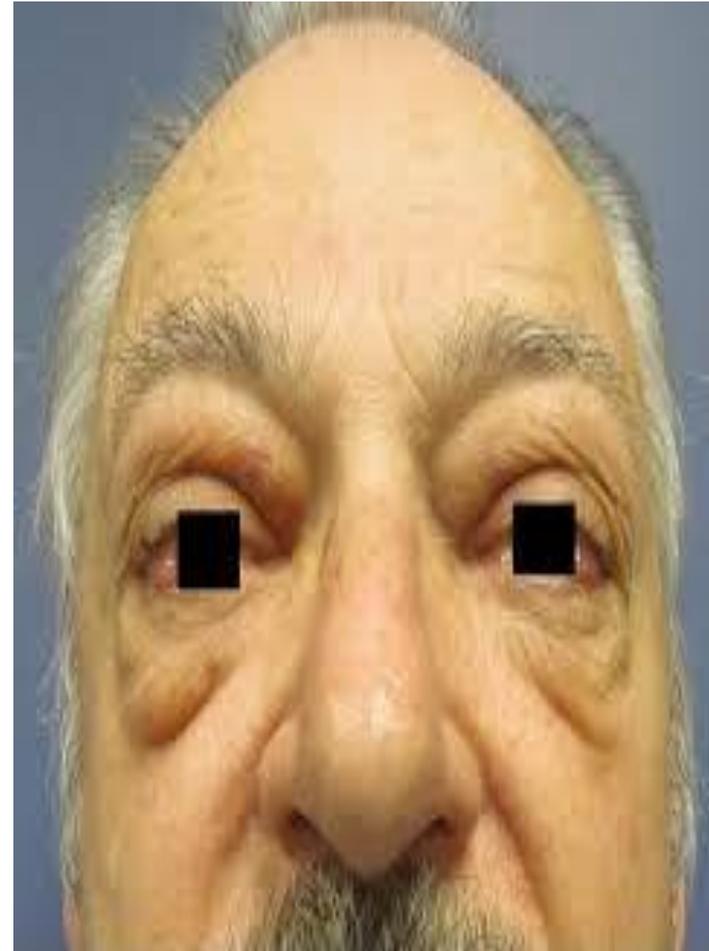


Q3: This patient with BP 130/90 , Normal Urinalysis , weight gain , Constipation

How To Diagnose ? And what is your diagnosis ?

-TSH test

-Myxedema



# 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



# RHUMATOLOGY SECTIONS

Q1: 69 YEARS , female patient

All the following possible finding ,  
**EXCEPT ?**

- A. Swan Neck
- B. Botreni
- C. Ulnar deviation
- D. Pain with passive movement

**E. Reducible deformity**

**\*\*One of these drugs not for  
this lesion :**

- A. Methotrexate
- B. Sulfasalazine
- C. Infliximab
- D. Hydroxychloroquine

**E. Chloramphenicol**



# Hematology Sections

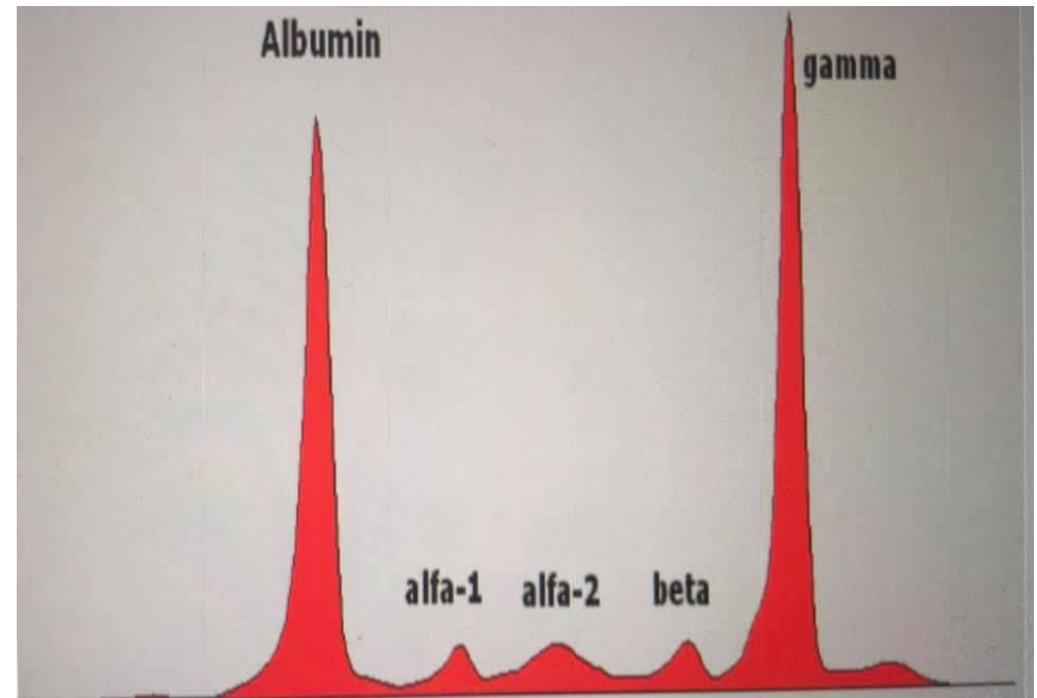
Q1 : what is the initial investigation ?

**Doppler US**



Q2: Patient came with hypercalcaemia , Bone Pain , the electrophoresis shows this peak , What is your diagnosis ?

**Multiple Myeloma**



Mini-Osce 2021-2022  
4<sup>th</sup> year - 1<sup>st</sup> semester  
wareed - 3/1/2022  
MCQ exam

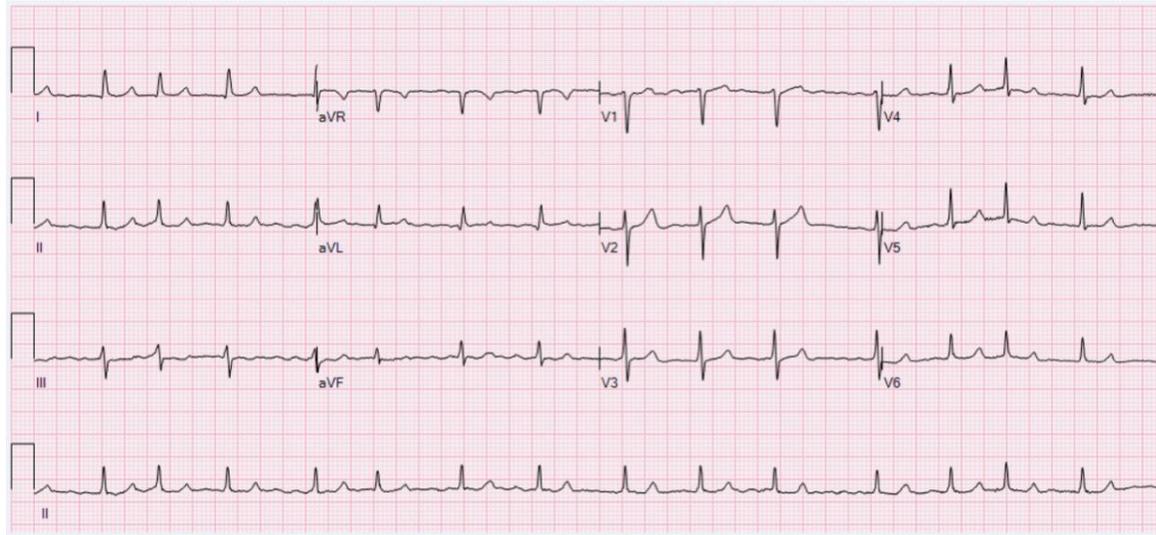
Done by :

Yousef Tarawneh

Monther Qatawneh

Ebaa Al-Khattab

Walid Azayzeh



**Q1) a 43 years old patient comes to the hospital with palpitations and you did an ECG and you see this picture.**

**- what is your clinical diagnosis?**

**a) Afib**

b) Atrial flutter

c) PSVT

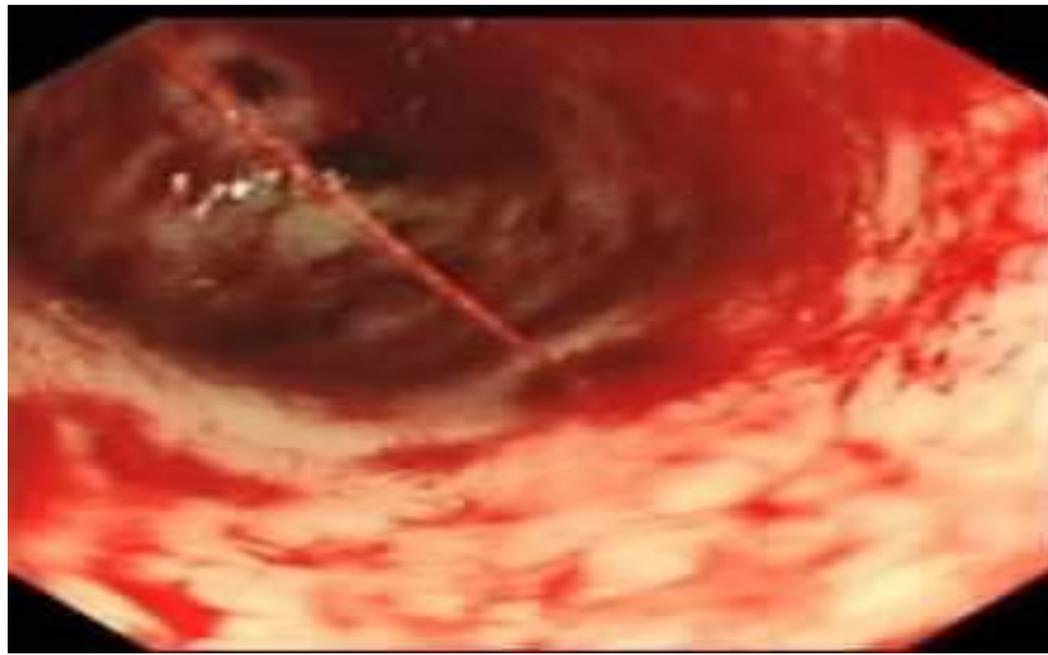
**- what medication you would give him ?**

**a) Beta blockers**

b) Anticoagulant

c) CCBs

d) Aspirin



**Q2) you did an endoscopy to a patient complaining of abdominal pain ,hematemesis and melena . the image above is what you saw during the endoscopy .**

**- Describe what you saw ?**

a)Oozing blood from vein

**b)Spruting blood from an artery**

**- What is not important in the management of this patient ?**

**a) IV corticosteroids**

b) endoscopic clipping

c) IV adrenalin

d) thermal coagulation

**Q3) a 34 year old patient comes to your clinic complaining of abdominal pain and non bloody diarrhea of 6 months of duration . during lower limb examination you see this lesion . what is the name of this lesion and what is your diagnosis ?**

**Erythema nodosum with Crohn's disease**



Q4) a 30 year old diabetic patient comes to your clinic complaining of headache , weakness and dizziness , during inspection you see the following findings which are showed with these images .

What is your diagnosis based on these findings ?

a) **Addison disease** (hyperpigmentation of the skin and mucous membranes)

b) DKA

what you would not see in his lab test ?

a) **Hypernatremia** (cuz with Addison disease you always see Hyponatremia)



**Q5) a 60 year old patient comes to the hospital suffering from chest pain and discomfort , you did an ECG and the result is shown in this picture .**

**What is your diagnosis ?**

**Inferior wall MI**

**What is not important for the management of this patient ?**

**a) Cardioversion**

b) Nitrate

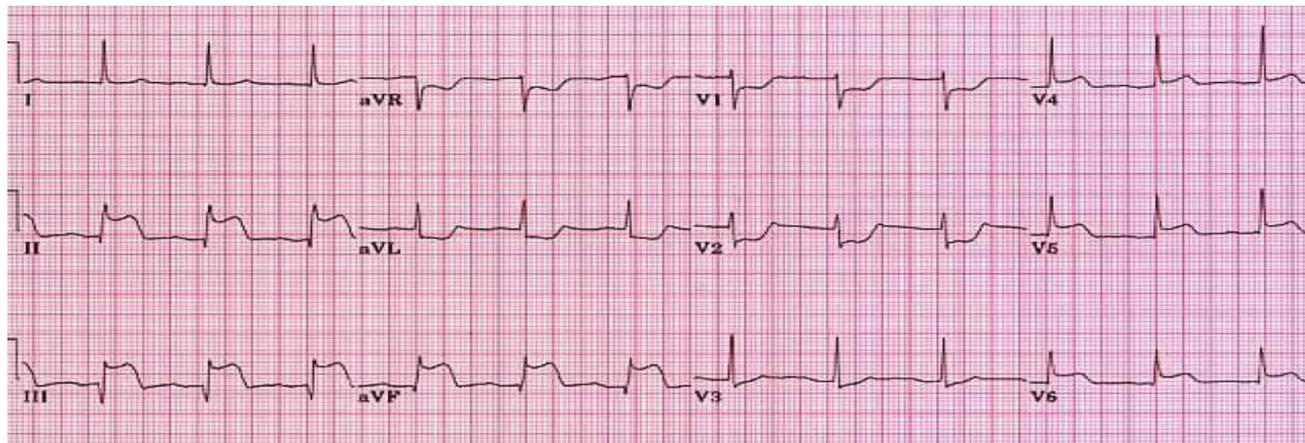
c) ACE inhibitor

d) Aspirin

Note :

1) BBs is C/I in Inferior MI.

2)Nitrate is C/I in inferior MI, If right ventricles is failure.



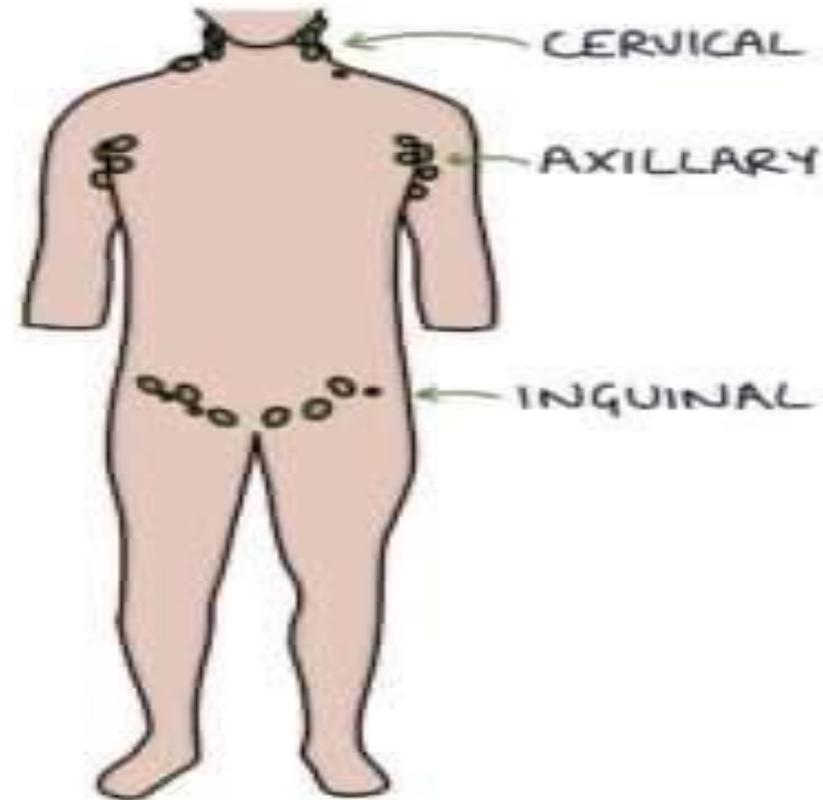
**Q6) a 55 year old patient comes to the hospital with lymphadenopathy, a cervical lymph node biopsy confirmed the presence of Reed-sternberg Cells . what is your diagnosis ?**

**a)Hodgkin lymphoma**

b)Haemolytic anemia

c)TB

d)leukaemia



**Q7) what is the most common presentation of the condition that is shown with this X-ray ?**

- Pseudogout
- Pseudorheumatoid
- **Asymptomatic**
- Pseudoosteoarthritis



- *the X-ray shows Chondrocalcinosis which is found with pseudogout and the most common presentation is asymptomatic*

Q8) a 24 year old patient complaining of high fever and dry cough for 9 days , 2 days ago he developed dyspnea and hypoxia . a CXR was done for him and gave the following appearance .

what is your diagnosis ?

- a) Covid19 pneumonia
- b) Aspiration pneumonia
- c) Lobar Pneumonia

What is presentation of patient?

- a) Low PH, High PCO<sub>2</sub>, High HCO<sub>3</sub>, 88% O<sub>2</sub>
- b) High PH, Low PCO<sub>2</sub>, Low HCO<sub>3</sub>, 88% O<sub>2</sub>
- c) High PH, Low PCO<sub>2</sub>, Low HCO<sub>3</sub>, 92% O<sub>2</sub>

((السؤال كان معطي أرقام بدل من عبارات  
((Low/High



The image from  
Google !!

Q9 ) Patient presented with this CBC findings :

LOW MCV

LOW MCHC

HIGH RDW

LOW Hgb

• **Which one of these tests should not be done to confirm diagnosis:**

a) Serum iron

b) Serum ferritin

c) TIBS

d) Transferrin Receptors antibodies

**e) Transferrin Saturation**

الأجابة من الدكتور ..

((Transferrin Saturation used to diagnosis hemochromatosis))

Q10)

What the name of this Finding ?

- a) *Telangiectasia*
- b) *Spider angioma***

what test does not be used to confirm diagnosis?

- a) Upper endoscopy
- b) Abdominal Ultrasound
- c) Liver function test
- d) *Liver biopsy***

Recently, Liver  
Biopsy does not  
common.

(آخر شيء نلجأ له)



Q11 : all precipitate the attack except :

a synthetic compound that promotes increased excretion of uric acid and is used to treat gout.

Chemical formula  $C_{13}H_{19}NO_4S$ .

- Physical stress
- Diuretic
- Alcohol
- **Probenecid**
- Trauma



**Q12) This is result of ABGs test, which one of the following is true :**

PH	Low
PCO2	High
HCO3	High
O2 saturation	92%

سؤال الأمتحان كان معطي أرقام  
وكان موجود الـ **normal**  
**range** بالجدول

- a) Partial compensated respiratory acidosis without hypoxemia**
- b) Partial compensated respiratory acidosis with hypoxemia

Q13)

Smoking patient for long time

ABGs result : Respiratory acidosis (from Table)

What is presentation of patient in PFTs is wronge?

a)  $FEV1/FVC \geq 70\%$

b) FVC1 changes less than 12%

c)  $FEV1/FVC \leq 70\%$

d) Irreversible condition

نص السؤال غير دقيق ولكن معطيات السؤال ونتائج الـ ABGs كانت  
تدل على إنه مريض COPD و irreversible changes

امتحان دفعة وطن

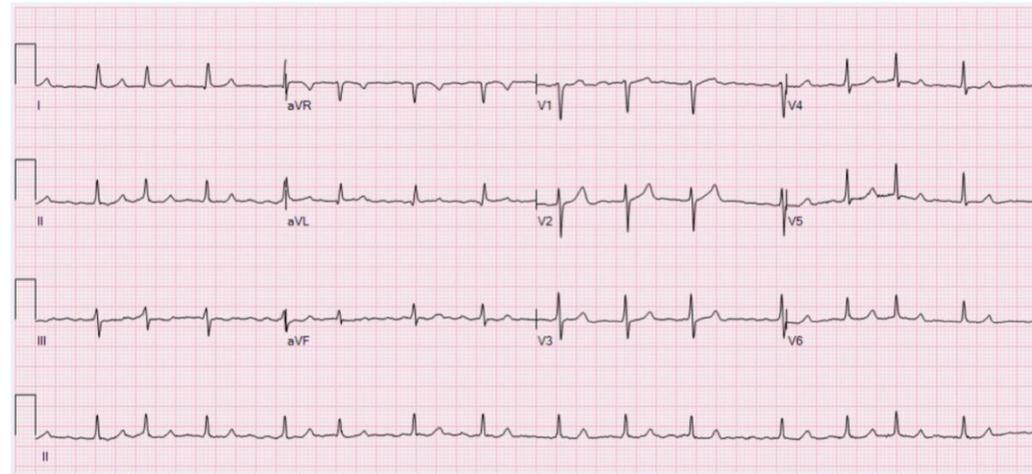
سادسة

2022



عمل الطالب : عبدالرحمن بدير

## A case of palpitation



**Q1 \ what is the ECG finding or what is the diagnosis?**

Atrial fibrillation

**Q2 \ mention 2 possible causes?**

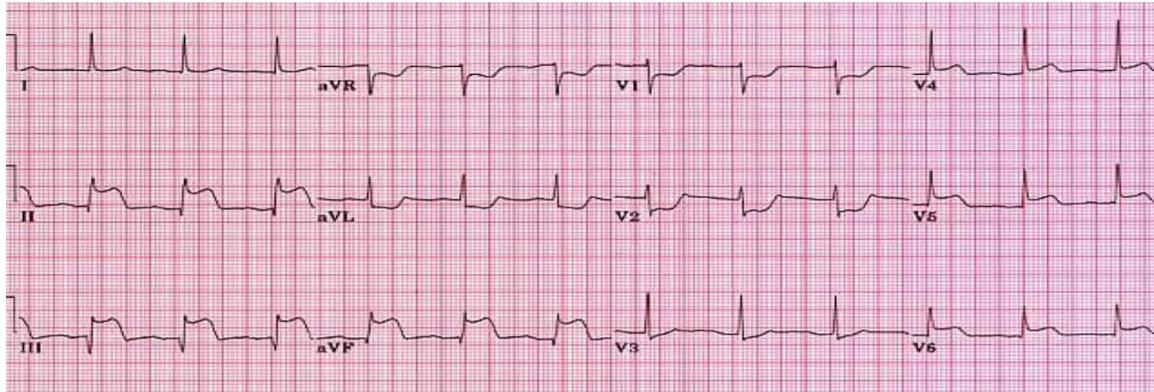
1- hyperthyroidism

2- mitral stenosis

**Q3 \ what is the treatment of choice?**

cardioversion & foci ablation

A 60 years old patient present with chest pain and sweating for  
1 hour duration



**Q1 \ what is the diagnosis?**

Inferior MI

**Q2 \ what are the treatment of choice?**

1- MONA : morphine , O2 , nitrate , aspirin

لا تحطوا ال nitrate اذا كان عنده hypotension

2- catheterization or thrombolytics

بس كونه اقل من 90 دقيقة حطوا cath

**Q3 \ after 5 days the patient present with shortness of breath and hypotension and when auscultate there is normal breath sounds , what is the diagnosis and what is the treatment ?**

Pericarditis as a complication of MI and the treatment is pericardiocentesis

A 50 years old patient presented with abdominal tenderness  
and fever 38.2



**Q1 \ what is the diagnosis?**

Spontaneous bacterial peritonitis ,most common pathogen is E.coli

**Q2 \ what is the underling risk factor?**

Liver cirrhosis

**Q3 \ what is the treatment?**

3<sup>rd</sup> generation cephalosporin

**Q4 \ mention 3 physical finding could you seen in this patient?**

1- jaundice

2- lower limb edema

3- crackles in auscultation

A case of bloody diarrhea and endoscopic finding in picture



**Q1 \ what is the diagnosis?**

Ulcerative colitis

**Q2 \ mention 2 complications?**

1- toxic megacolon

2- uveitis

3- colon cancer

**Q3 \ mention 2 investigation?**

1- ESR ,CRP

2- pANCA

**Q4\ what is the definitive treatment?**

Total colectomy

A 15 years old child present with periorbital edema  
A case of nephrotic syndrome



**Q1 \ how to diagnose?**

- 1- 24 hours protein urine collection
- 2- serum albumin level & protein-albumin ratio
- 3- kidney function test

**Q2 \ mention 3 physical findings you could see in this patient?**

- 1- ascites
- 2- lower limb edema
- 3- crackles on auscultation

**Q3 \ mention one line of management?**

Steroid

**Q4 \ Mention 2 complications of the drug prescribed?**

- 1- osteoporosis
- 2- Cushing syndrome
- 3- immunosuppression

A 50 years women presents with muscle weakness and a rash



**Q1 \ what is the name of this rash?**

Heliotrope rash

**Q2\ what is the diagnosis?**

dermatomyositis

**Q3 \ mention 3 investigation to diagnose it?**

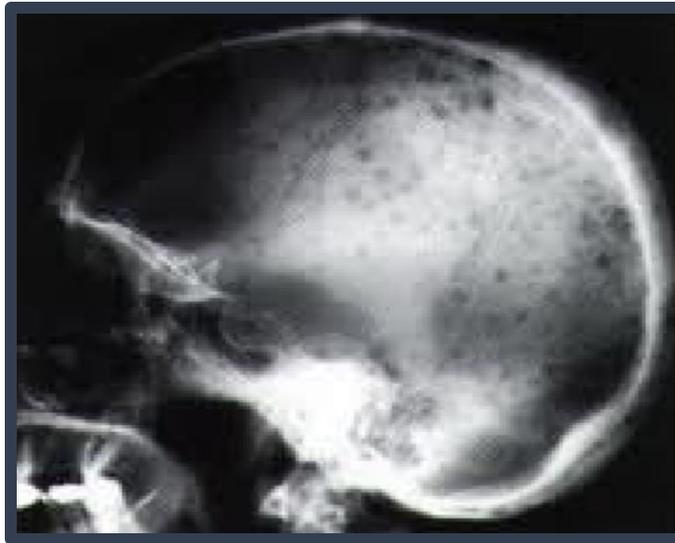
1- anti jo and anti mi 2 antibodies & ANA

2- muscle biopsy

3- electromyography

4- CK level

A 50 years old patient came with back pain and renal colic



**Q1 \ what is the diagnosis?**

Multiple myeloma

**Q2 \ mention 2 investigations you should order to diagnose?**

1-serum protein electrophoresis

2-bone marrow biopsy and cytology

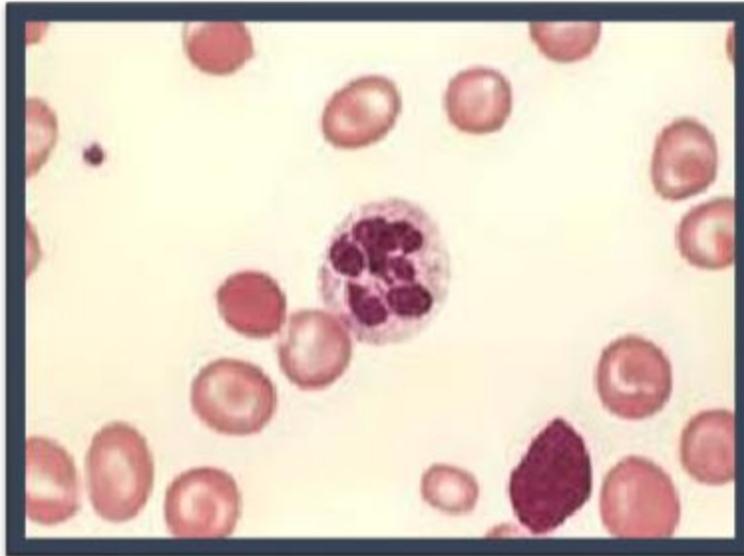
3-24 h urine collection, determination of free light chains

**Q3 \ mention 2 line of management?**

1-bone marrow transplant

2-chemotherapy

A 60 year old patient complains of hypothyroidism and there were pancytopenia



**Q1 \ what is the diagnosis?**

Pernicious anemia

**Q2 \ mention 2 investigations you should order?**

1- serology (antibodies to intrinsic factor and parietal cell)

2- vitamin b12 level

A 60 years patient came with shortness of breath  
and fever 38.2



الصورة كانت  
Middle and lower

**Q1 what is the diagnosis?**

Right lower & middle lobar pneumonia

**Q2 mention 4 investigations you should order?**

1- gram stain

2- sputum culture

3- CBC with differential

4- blood culture

A 55 patient present with fever and chronic cough



**Q1 \ mention 3 investigation you should order?**

1- tuberculin skin test

2- sputum culture

3- ziehl-neelsen stain

**Q2 \ what are the treatment and the duration?**

1- isoniazid and rifampin for 6 month

2- ethambutol and pyrazinamide for 4 month

**Q3 \ what is multidrug resistance TB?**

The microorganism become resistant to isoniazid and rifampin so we go to other regimen

Patient present with hyperpigmentation and signs of hypotension



**Q1 \ what is the diagnosis?**

Addison disease (primary adrenal insufficiency)

**Q2 \ what are the findings in hematological analysis?**

1- eosinophilia

2- lymphocytosis

3- neutropenia

**Q3 \ mention 2 line of management?**

1- hydrocortisone

2- fludrocortisone

## Case of acromegaly



**Q1 \ mention 2 findings from picture?**

1- large chin

2- skin tags

3-large face & ears

**Q2 \ mention 2 investigation you should order?**

1- oral glucose suppression test

2- IGF-1 level

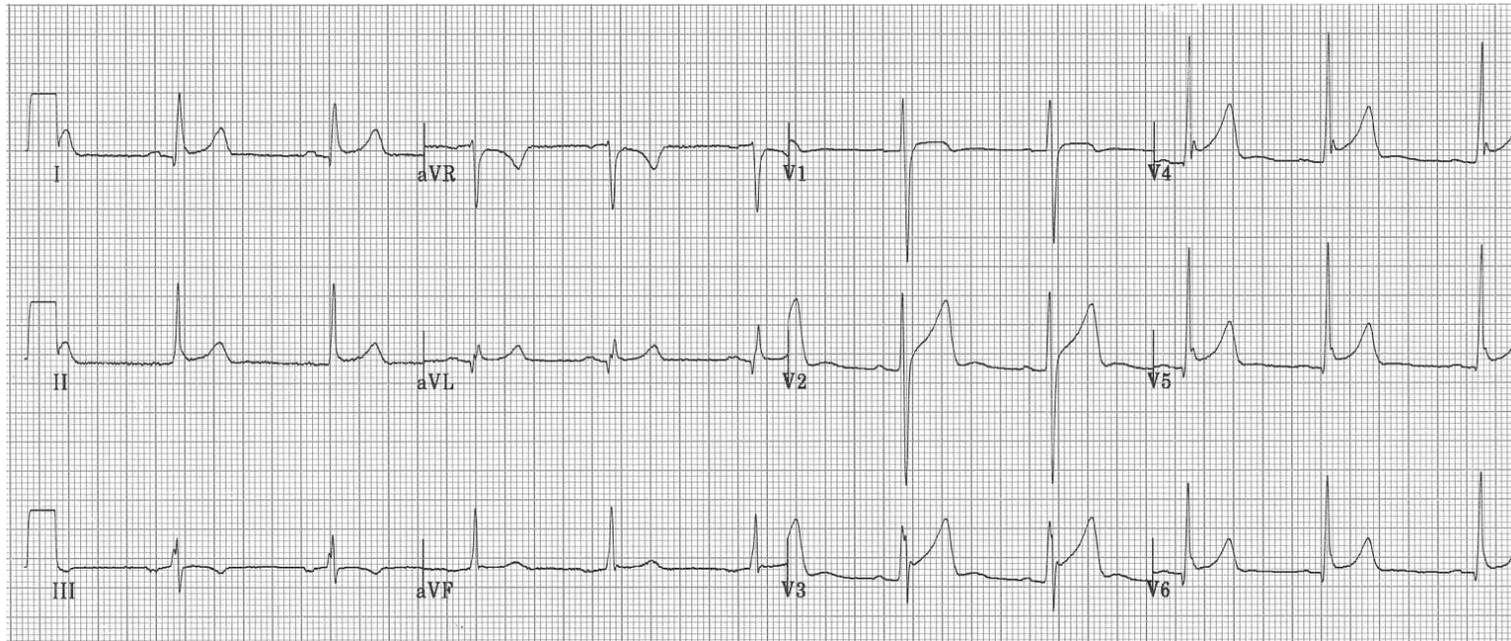
**Q3 \ mention 1 life threatening complication?**

Cardiomegaly and heart failure

Mini-Osce 2021-2022  
4<sup>th</sup> year - 2<sup>st</sup> semester  
wareed - 16/5/2022  
MCQ exam

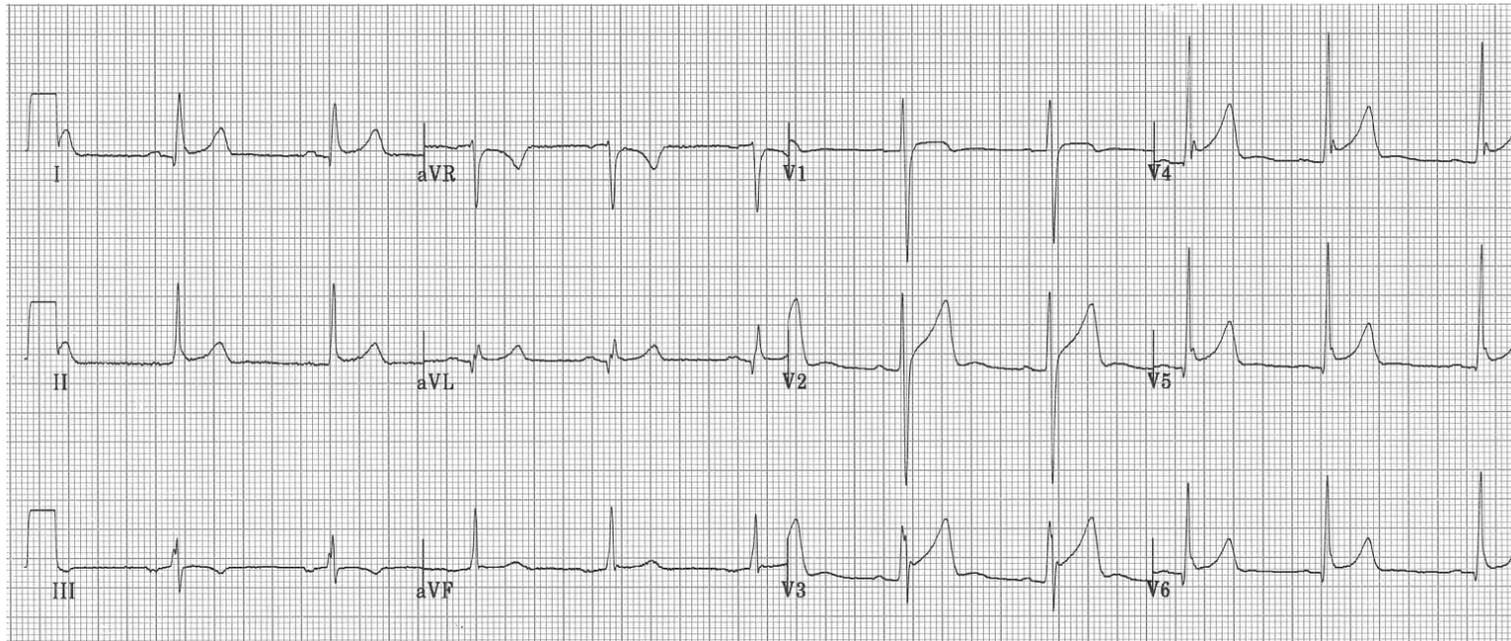
Q1: patient came with chest pain and flu-like symptoms. What is the most likely diagnosis:

- Inferior MI
- **Pericarditis**
- Atrial fibrillation



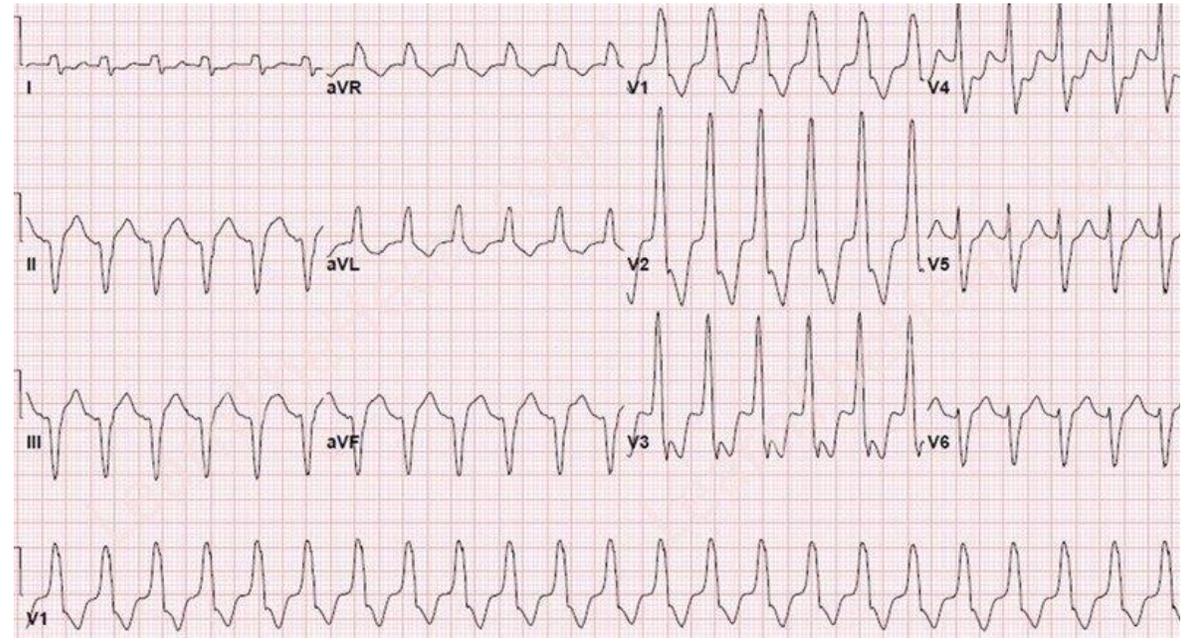
Q2: patient came with chest pain and flu-like symptoms. The proper management is:

- Anti-platelet
- NSAIDs and colchicine
- observation



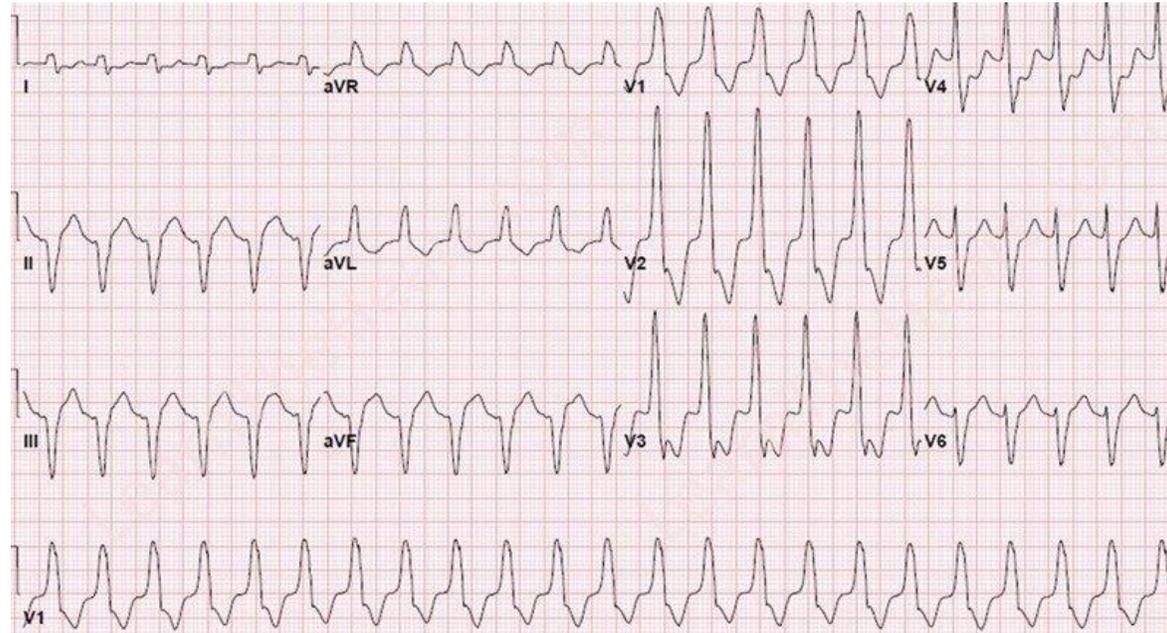
Q3: patient came with chest pain and blood pressure 90/50 . What is the most likely diagnosis:

- SVT
- **Monomorphic ventricular tachycardia**
- Atrial fibrillation



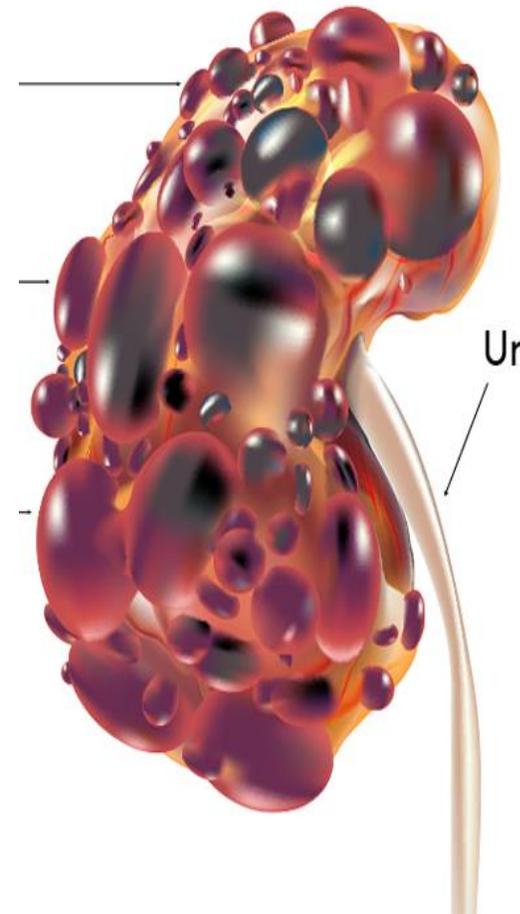
Q4: patient came with chest pain and blood pressure 90/50 . What is the initial line of management:

- Amiodarone
- **Immediate synchronous DC cardioversion**
- aspirine



Q5: which one of the following is NOT among the signs of this condition:

- Hematuria
- **Nephrotic syndrome**
- Loin pain
- Hypertension
- Renal failure



Q6: Hepatic patient came with abdominal distention and low grade fever for 1 day. What is the initial step to know the cause:

- **Aspiration (tapping)**
- Septic work up
- Urine analysis



Q7: Hepatic patient came with abdominal distention.  
What is the next step to establish the diagnosis:

- **Abdominal ultrasound**
- Abdominal CT
- Abdominal MRI

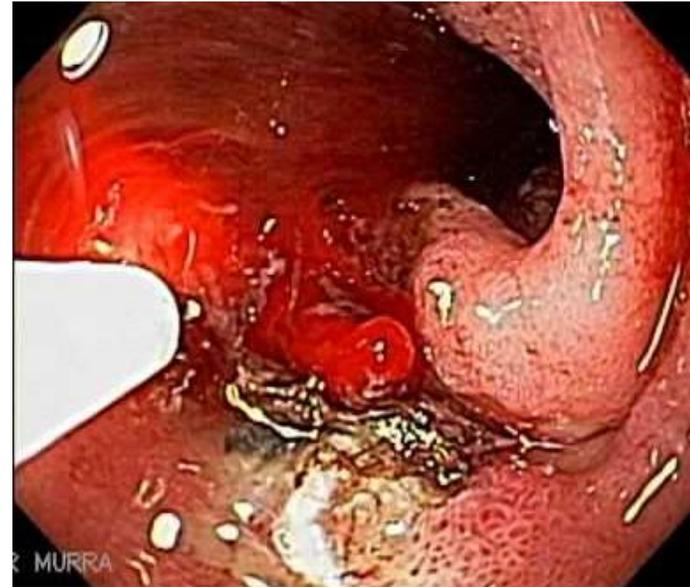


Q8: What is the most common cause of this condition:

- Peptic ulcer

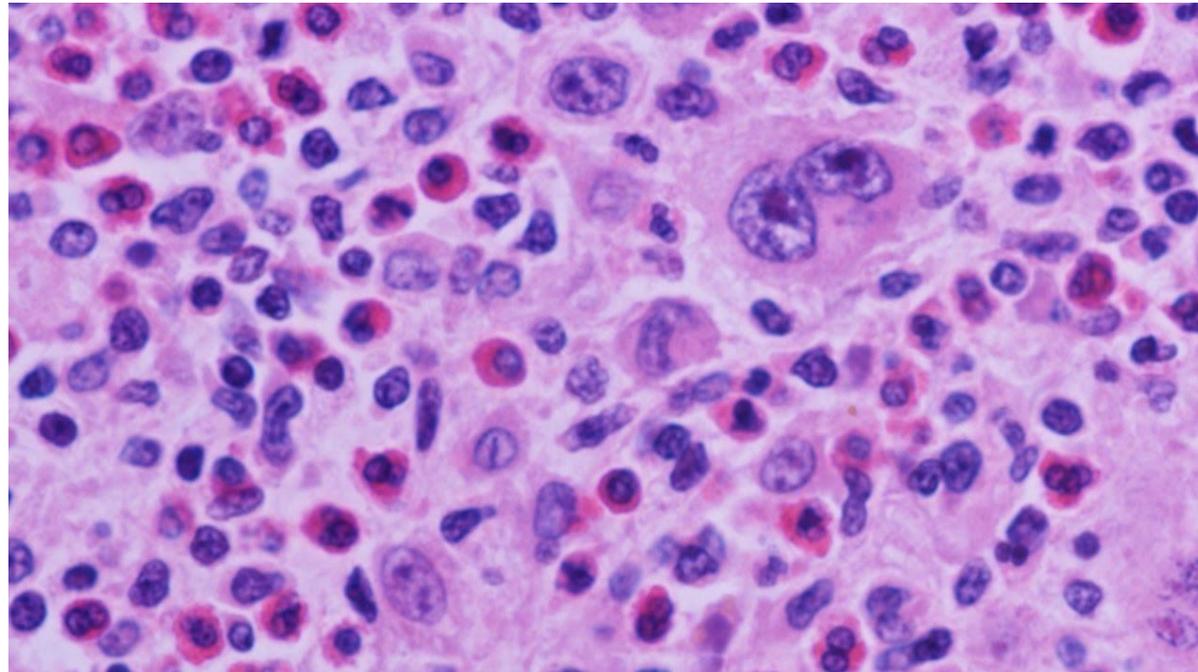
Q9: all of the following should be done immediately except:

- IV corticosteroid
- Adrenaline injection
- Metallic clip



Q10: NOT among diagnosis:

- **Non-Hodgkin Lymphoma**



Q11: one of the following is NOT expected to be present:

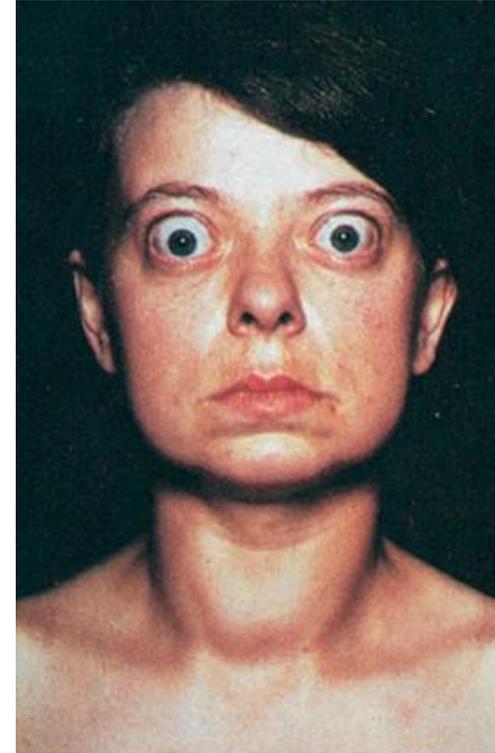
- Finger clubbing



Koilonychia in iron-deficiency anemia

Q12: Patient with enlarged non tender neck mass, fever, tremor and weight loss. (given values of low TSH and elevated T3 and T4). What is the most likely diagnosis:

- **Graves disease**
- Hashimoto thyroiditis
- Multinodular goiter
- Toxic adenoma
- Thyroid cancer



Q13: Patient with enlarged non tender neck mass, fever, tremor and weight loss. (given values of low TSH and elevated T3 and T4). Next step to confirm diagnosis is:

- **Radio Iodine uptake scan**
- Thyroid US
- Fine needle aspiration



Q14: All of the following are complications of this device except:

- Heart injury
- Thrombosis
- Pneumothorax
- Infection



Q15: 68 years old male patient came with low grade fever and cough for 3 days. Then he got confused and his blood pressure dropped to 90/50 with respiratory rate 28. What do you expect his classification:

- Mild pneumonia with antibiotic at home
- Severe pneumonia with inpatient ward admission.
- **Severe pneumonia with ICU admission**



CURB 65 = 4

Q16: 68 years old male patient came with low grade fever and cough for 3 days. Then he get confused and his blood pressure dropped to 90/50 and respiratory rate 28. The best way for diagnosis is:

- **Sputum culture and sensitivity**



Q17: What is the expected acid-base imbalance:

- **Hypokalemic metabolic alkalosis.**

Q18: Next step in diagnosis is:

- **24h urine free cortisol**



Q19: one of the following is wrong regarding this condition:

- Reversible deformity



**Q20: All of the following are differential diagnosis except:**

- SLE
- Viral arthritis
- Calcium pyrophosphate disease (CPPD)



Not sure about  
the exact  
answer 😊

ABGs: pH= 7.2

pCO<sub>2</sub> = 22 mmHg

HCO<sub>3</sub> = 28 mEq/L

SpO<sub>2</sub> = 99.8%

Q21: ABGs interpretation:

- **Metabolic acidosis with hyperoxemia.**

Q22: Next step to determine the cause:

- **Calculating anion gap**

Q23: All of the following are differential diagnosis except:

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



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

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



Nabed 1st semester 2022-2023

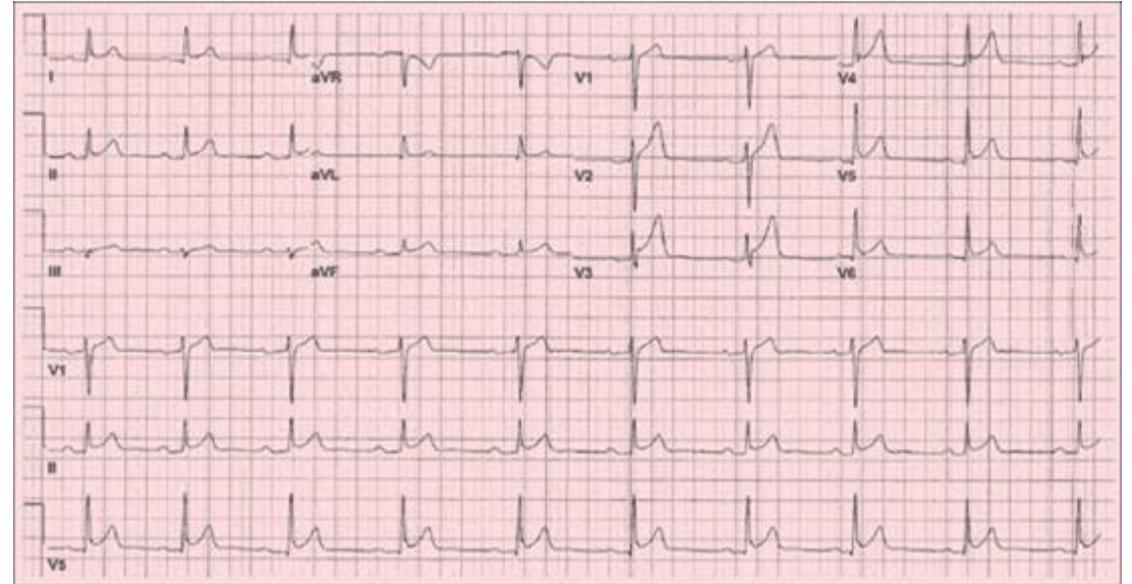
# Station 1

1) What is your diagnosis?  
Acute pericarditis

1) List three causes for this condition?  
Idiopathic – infectious – acute MI

1) Investigation to confirm your diagnosis?  
ECG ,Echocardiogram

1) What is the treatment?  
NSAIDs –glucocorticoids-colchicine – treat underlying cause



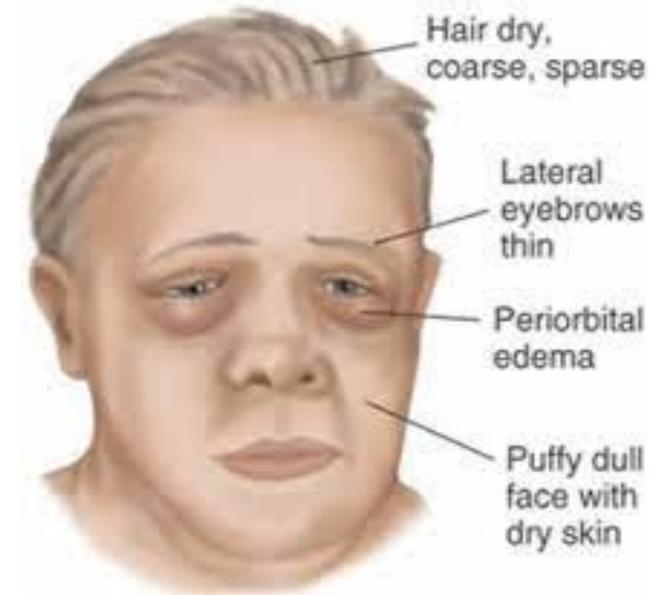
# Station 2: A patient presented with fatigue, cold intolerance, weight gain ...

1) What is the diagnosis?  
Hypothyroidism

1) List two signs shown in this picture?  
Puffy face – periorbital edema

1) What are the investigations done to confirm your diagnosis?  
TSH as primary test

Additional tests:  Estimation of free T3 and T4  Test for thyroid autoantibodies  Thyroid scan/ultrasonography  Serum cholesterol-increase in hypothyroidism



# Station 3:

A patient with a known history of SLE ..... Came with BP (high) and HB1Ac = 8%.

1) What is your diagnosis?

Cushing syndrome

1) What are three things in the picture that support your diagnosis?

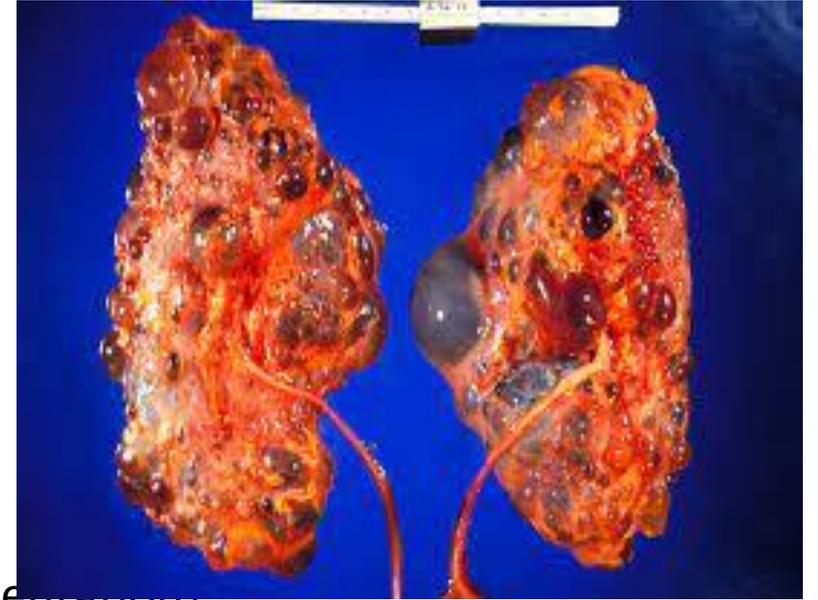
Moon face – hirsutism – striae

1) What is the most likely cause?

Iatrogenic due to Exogenous steroids (SLE medication)



**Station 4:** A patient presented to the ER with hematuria and ..... he died. This was found on autopsy.



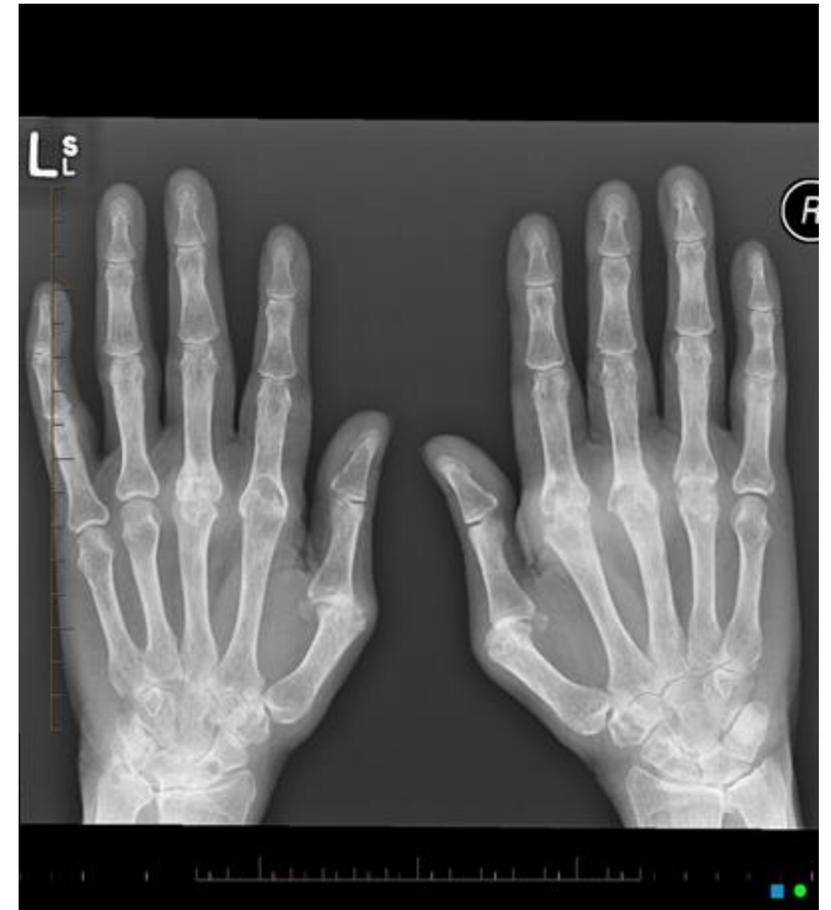
1) What is your diagnosis?  
Polycystic kidney disease

2) What is the inheritance trait of this disease?  
Autosomal dominant

3) What is the investigation that should have been done on presentation?  
Renal ultrasound

# Station 5

- 1) What is your diagnosis?  
Rheumatoid Arthritis
- 1) List three findings on the x-ray?  
Marginal erosion – Joint space narrowing –  
peri-articulate osteopenia
- 1) List two serological tests to confirm your  
diagnosis?  
anti-CCP – RF



## Station 6: A patient presented with jaundice ...

1) What are other signs you may see?

Ankle swelling , gynecomastia, palmar erythema, dupuytren's Contracture, amenorrhea

1) List two investigations?

Liver function test (serum albumin ,pt time,...) ,ALP,HB1Sa

1) What should you do if the patient had massive hematemesis?

Think of esophageal varices so

-endoscopic banding

-injection of sclerotherapy

-give vasoconstrictor therapy(Terlipressin ,somatostatin)



# Station 7: Table showing values of low MCV, low MCHC, high RDW, low Hg. \*normal values were given\*

1) What is your diagnosis?

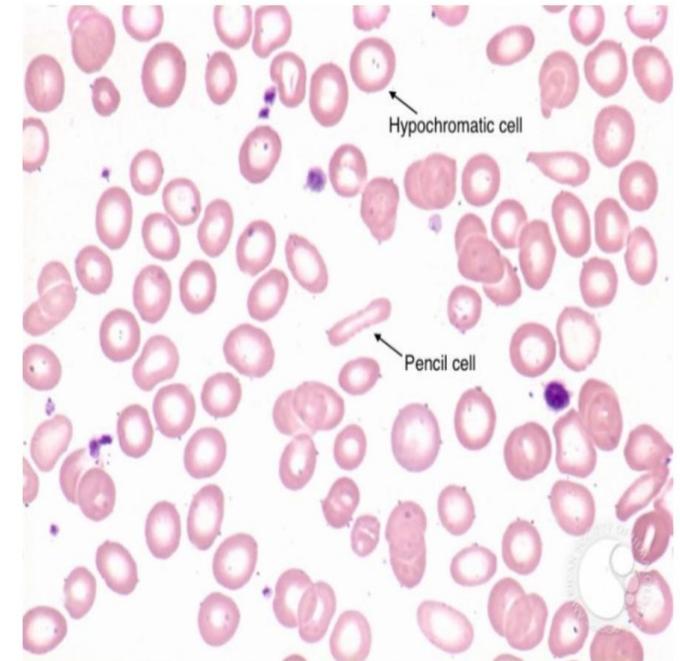
Microcytic hypochromic anemia

1) What is the most likely underlying cause?

IDA iron deficiency anemia

1) What are the investigations to confirm your diagnosis?

Serum ferritin – serum iron – TIBC – transferrin



# 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



# Station 9

“Pneumonia”

1) What is your diagnosis?

pneumonia

1) List two possible causes?

S.pneumonia, H.influenza

1) What is the line of treatment? Amoxicillin, fluroquinolone



**Station 10:** Patient presented with melena and hematemesis. This picture is from the antrum of the stomach. \*not the same picture\*

1) What is the diagnosis?

Peptic ulcer disease

1) What is the most common cause?

H. Pylori

1) What is the urgent management in case of massive GI bleeding?

1- injection with epinephrine (adrenaline) .2-thermal coagulation

3- endoscopic clipping.

1) What are common complications?

Perforation – hemorrhage – gastric outlet obstruction



# Station 11: A 75 year old patient

1) What is your diagnosis?

Atherosclerosis

1) What are three other possible causes if the patient was younger?

Takayasu arteritis –

1) What is the management?

Treat DM – treat HTN – revascularization

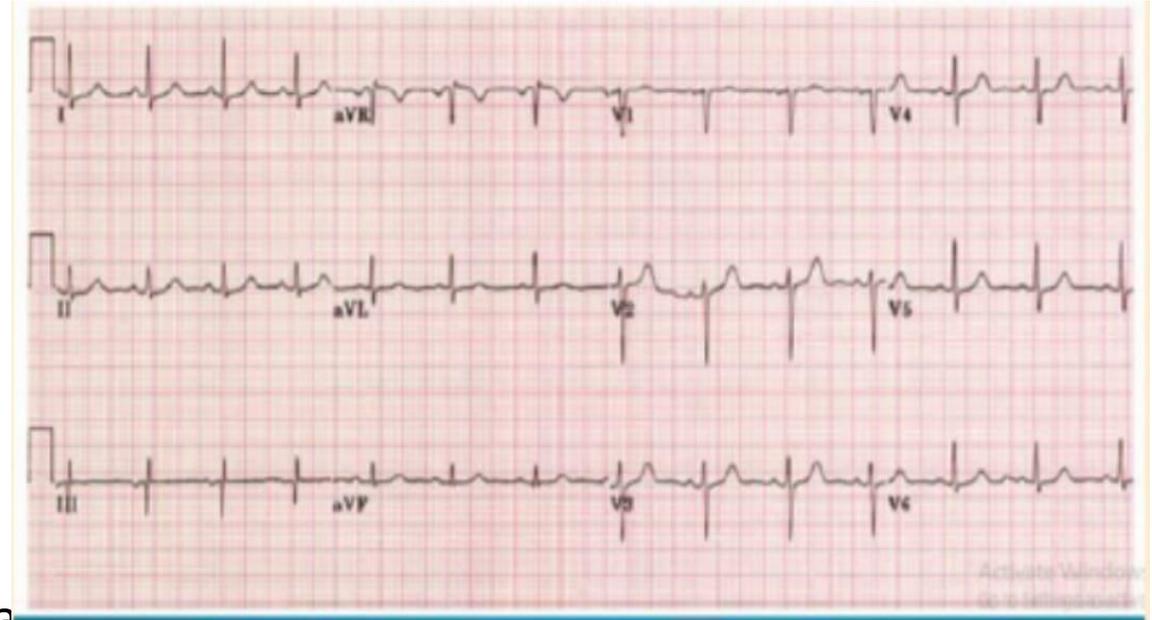


# Station 12: Patient presented with chest pain ... he had elevated CKMB ...

1) Describe the ECG?

1) What is your diagnosis?

Non-STEMI



1) What is the treatment ? aspirin,heparin ,beta blockers ,oxygen,ACE inhibitors

aspirin,heparin ,beta blockers ,oxygen,ACE inhibitors

- In the next slides :

Some cases that came in Osce Exam (first semester \_Nabed)

History: hemoptysis كل اشئ تقريباً

متعلق فيه

PE: posterior chest full examination

حالتى كانت

Hematemesis

Coffee ground و كانت طبيعته

hepatitic c و كان عنده

esophageal varices bleeding يعني

نتيجة liver cirrhosis و أسأل ع هالأساس

و ال examination

Abdomenal examination كامل

و سأل لل cause ascites

لما يكون ال SAAG اقل من ١.١

و اسباب ال splenomegaly و متى يكون

palpable

هستوري: chest pain وكان بالسؤال انه  
المريض جاي المطار من استراليا ف يكون PE  
كان ال pain في نقطه وحده laterally  
وطبيعته stabbing لهيك ال DD

PE

pericarditis

وسأل كيف بستثنيها: Pneumonia

عن طريق ال CXR

وسأل شو بنعمل &investigation

ال treatment of PE

ال examination :

كامل وسأل pericardium examination

عن ال

murmurs of murmurs كلهم وانواع ال

AR

بالفيزيكا اتسألت عن ال 3 😊 murmurs  
اسأله  
١. انواعهم

ينسمع او لا Murmure type 3  
كم murmur ممكن نسمع عند ال aorta

انا الهستوري كانت عن SOB والتشخيص  
heart failure وسأل عن الأدوية و  
investagation  
والفيزيكا ال posterior of the chest  
وسؤال عن auscultation of pleural  
effusion و pneumonia

انا cough

والتشخيص fibrosis

وسألني عن ال fibrosis

وسألني ايش بعمل hemoptysis أسباب

متعلقه بال RS و CVS

examination posterior chest

سأل عن الأصوات اللي بسمعهن في حالات

ال PLURAL EFFUSION AND

Pneumonia and pneumothorax

SOB+right leg edema... هیستوری

==DVT /PE

Pericardial.. فیزیکی

Nabed 2nd semester  
mini OSCE-

## CVS

1. Afib
2. Echo
3. Mitral stenosis  
Thyrotoxicosis
4. If hemodynamic stable /unstable

## Q2

1. ST elevation in inf lead  
T inversion in ant lateral lead v5 and v6
2. Inf mi
3. Thrombolysis etc

## Q3

1. Dvt
2. Doppler US
3. Ddx ✗
4. PE ct angio

## Renal

1. Pyelonephritis
2. Urinalysis  
Urinary collection  
Urine culture
3. Antibiotic amoxicillin  
Trimethoprim  
Antipyretic acetaminophen  
Glucose control

## RS

### Q1 Abg

- 1 ✗
- 2 ✗
- 3 anion gap = 26 high

### Q2

Atelectasis

- 1 describe ✗
- 2 investigation ✗
- 3 Dx ✗

## Gi

### Q1

1. Peptic ulcer
2. NSAID
3. Stabilize then clipping and inj  
sclerotherapy  
IV PPI
4. Perforation /gastric outlet obstruction

### Q2

Hepatitis

1. Hepatitis s again and ab
2. Hepatitis e ag
3. Vertical
4. I think should child pugh score ✗  
Ascites  
Encephalopathy  
Liver function test

### Heam

1. Hypochromic microcytic anemia
2. IDA
3. SERUM IRON
4. SERUM FERTITTN

### ENDO

1. Pperiorbital odema  
Lid retraction
2. Graves disease
3. TSH /FREE T4 \_FREE T3

### Rheumatology

1. RA ✗ it sle involve dip
2. Marginal erosion  
Narrow joint space  
1st mcp subluxation
3. Anti ccp ✗  
RF ✗

### Q2

1. ACUTE GOUTY ATTACK
  2. SEPTIC ARTHRITIS  
TRUMA
  3. NSAID  
COLICHICIN
-

Wateen 1st semester  
(2023-2024)  
Mini – OSCE

Done by :  
yousef Albojoq  
Safa'a olimat

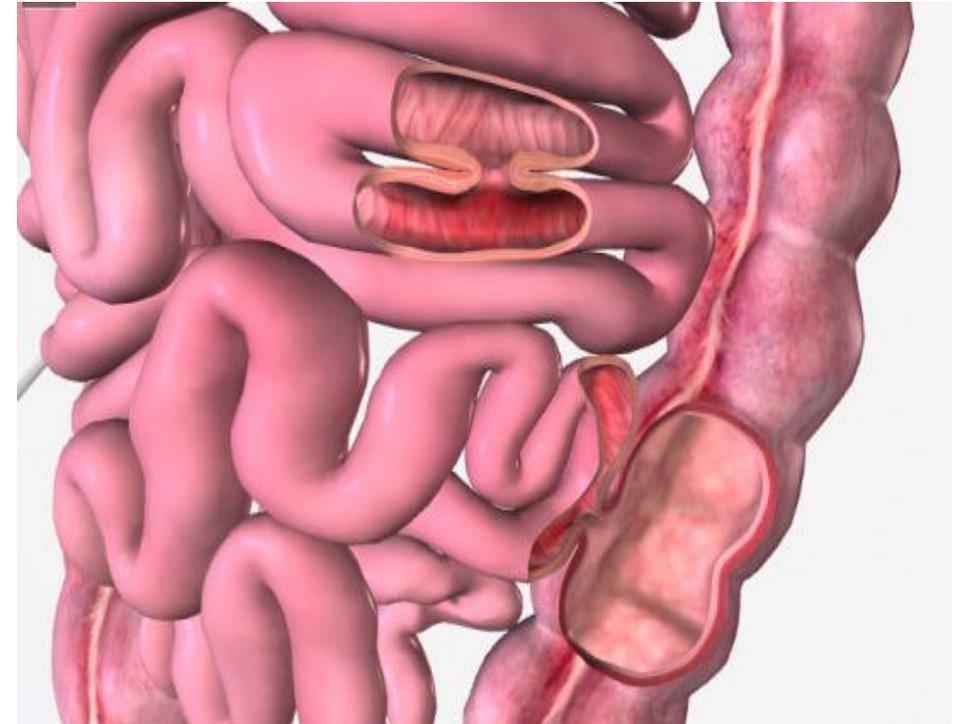
This p.t complains of SOB and doctor notice bells palsy

- 1) What is your diagnosis ? (Sarcoidosis)
- 2) what you will order next to this p.t? (PFT)
- 3) what will you do to confirm your diagnosis ? (hilar biopsy)
- 4) give 2 treatments for this patient ? (steroid, Methotrexate)



## Patient with non bloody diarrhea and abdominal pain

- 1) what is your diagnosis ? (chrons with entero enteric fistula)
- 2) give 2 investigation you will order to him ? (colonscope, gene detection for anti-saccaromyces cerevisiae)
- 3) give 3 lines of drug for this p.t  
(AZA , 6MP , steroid , TNF-inhibitor)



## Patient with hypotension and hyperpigmentation

what is your diagnosis? **عليه اختلاف**

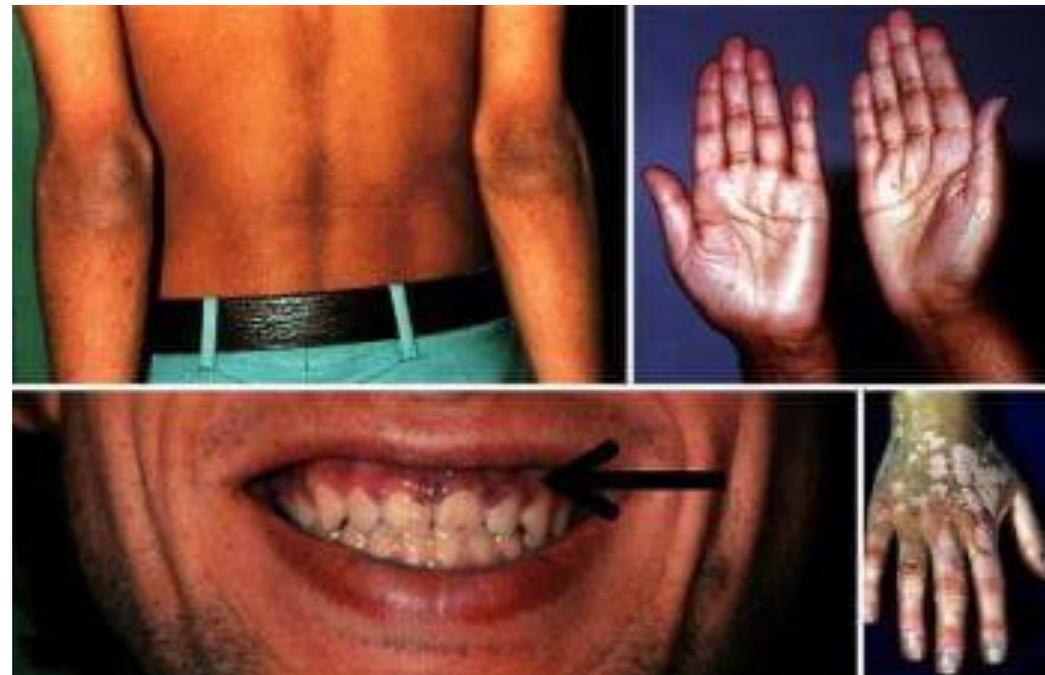
(Addison disease) or (adrenal crises ,, 100% with hypotension)

2) give me 3 lab abnormality you will see in this patient ?

(hypo Na ,hyper K ,hypoglycemia )

3) what lab investigation you will order to confirm your diagnosis? (ACTH stimulation test)

4) give me 2 treatment for this patient? (Mineralocorticoid / corticosteroids)

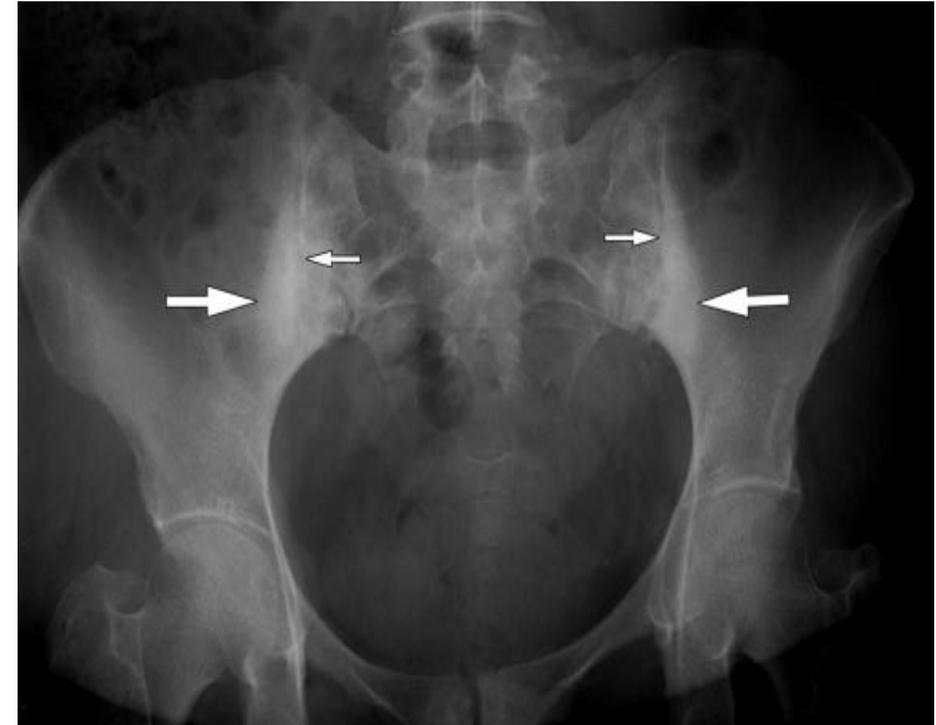


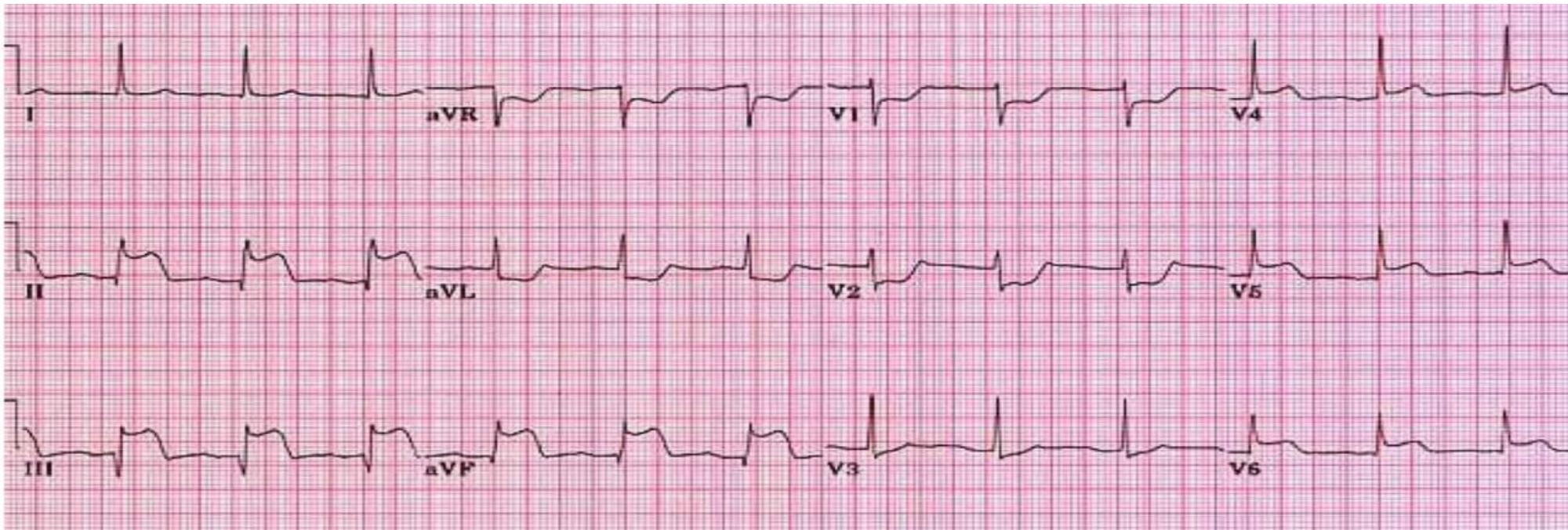
P.t with these finding presents with low back pain and morning stiffness more than one hour

1) what is your diagnosis (ankylosing spondylitis )note some says that is RA

2) give 2 radiological signs you will see in this patient (sacroiliitis ,Bamboo spine)

3) what 2 lab investigation you will order (antiCCP/ RF / gene detection for HLA B27)





1) what is your diagnosis ( inferior MI)

2) give me 3 finding in this ECG (ST elevation ,St depression,.....)

3) give me 2 lab investigations ( cardiac enzyme/ Echo)

4) give me 4 line of treatment ( o2, antithrmboltic ,aspirin, PCI



A 43-year-old female patient presented with a 1-year history of palpitation, fatigue, and hand tremor and weight loss

- 1) What you see in this 2 picture (exophthalmos /acropachy)
- 2) what is your diagnosis ( graves disease )
- 3) give me 2 lab order for this case (T3/T4. TSH levels)

- 1) what is your diagnosis (SLE)
- 2) give 3 associated symptoms (alopecia / Raynaud/malar rash)
- 3) Give 3 lab investigations for it (ANA ,anti ds dna, anti smith , anti phospholipid ab)
- 4) Give me 2 line of treatment? (Steroid , biological agents)



## Heavy smoker patient presented with SOB

- 1) what is ABG finding you see (partly compensated respiratory acidosis)
- 2) give me 3 causes for this condition (COPD, hypoventilation due drugs , PE )
- 3 ) give 3 line of treatment ( steroid / SABA and LABA / ibratrobium)

■ pH 7.34

■ PO<sub>2</sub> 90

■ PCO<sub>2</sub> 35

■ Bicarb 18

■ Na 136, Cl 100

Pale patient come with fatigue and SOB

Lab results : low HB / low MCV /low MCHC / high RDW )

NOTE : كان بأرقام والنورمال رينج كان محطوط

1)What's mostly the diagnosis? (microcytic hypochromic anemia)

2) give 2 other causes ? ,, هذا السؤال صار عليه اختلاف

فيه طلاب حكو بده causes for this diagnosis (IDA) يلي همة :: 2

1. Malabsorption
2. poor dietary intake

Or 2 causes as differential diagnosis و همة ::

(TAIL   Thalassemia/ anemia of chronic disease/sideroblastic anemia /IDA)

3) Order 2 test to coniform the diagnosis ? (ferritin level/ TIBC/ serum iron.....)



1 ) give me 2 finding (absent p wave / irregular irregularly rhythm)

2) diagnosis? (AFib)

3) give me 3 line of treatment (cardioversion , rate control like CCB and digoxin, rhythm control like amidarone)

- Patient come with lower abdominal pain and burning sensation during the urination ,RBC and WBC and nitrate were postive
- 1) What is your diagnosis? UTI
- 2) if he presents with recurrent symptoms what you will order?(renal biopsy/ Bun cr ratio / urine osmolarity.....)
- 3) give 3 line of treatment (antibioty/iv fluid ...)

- 1) what are 3 physical sign you may see ?  
(palmar erythema/ ascites/ bilateral lower limb edema/ spider nevi /gynecomastia.....)
- 2) What investigation you will order?  
(liver function test/liver enzymes)
- 3) if his brother have HBV infection from 2 months,  
what will you order to your P.t (not his brother) ?  
(HBs Ag)
- 4) If patient come with massive hematemesis  
(esophageal varices) , give 2 line management to  
keep vitals ?  
hypotension IV fluids لأنه  
اهم خطوة الدكتور بده  
Sclerotherapy ...



# كلهم نفس الصور اللي اجو بالامتحان بالضبط عدا

- صورہ مريضه من عندهم بالمشفى SLE
- كان حاطت جدول بس كتبتہ كتابه Anemia
- نفس نمط الجدول اللي حاطه ABG
- كان حاطت اللي كاتبه بجدول UTI

# Wateen 1st semester (2023-2024) OSCE

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Done by :

yousef Albojoq

Safa'a olimat

# مواضيع الهستوري اللي اجت

- Vomiting ----HAV
- Vomiting ---- PUD
- Hematemesis --- PUD
- SOB ---- HF
- SOB ---- PE
- SOB ---- COPD
- CHEST PAIN ---- MI

# الفيزيكا لأكزام ما خرجو عن المؤلف

- Posterior chest
- Anterior chest
- Abdomen
- pericardium

Internal medicine  
mini OSCE and OSCE  
serotonin

## **Surgery:**

### **Mini- OSCE/ Serotonin 2023**

- Tension pneumothorax
- Breast station (scoring system name for breast ca and radiologic features about benign breast mass)
- Acute cholecystitis complicated by ascending cholangitis station
- Colostomy station
- Peds; anal atresia, diagnosis and management.

## **OSCE:**

2 stations

- Emergency cases (pneumothorax... Spleen rupture) (5 minutes)
- Cold cases (5 minutes)

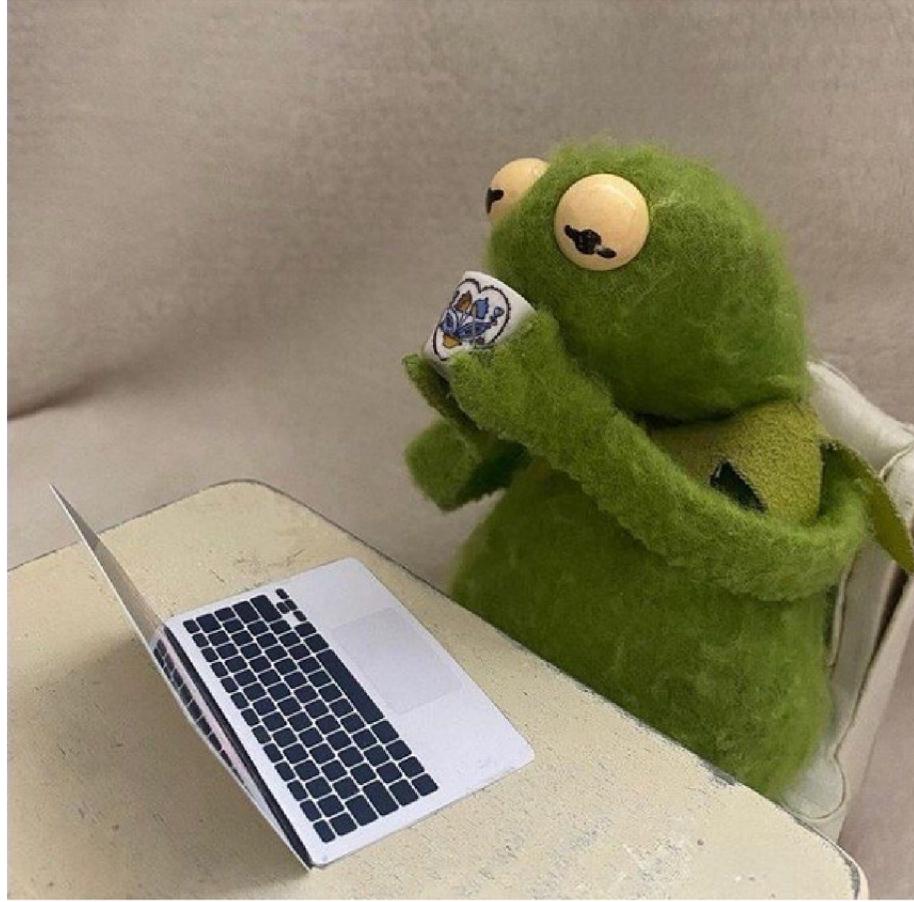
و آخر دعواهم أن الحمد لله رب العالمين

«وكلُّ مرءٍ سيشقىٰ دُونما هَدَفِ وِكلُّ عَيشٍ سَيَبِي دُونما أَمَلِ وِكلُّ سَعِي سَيَجْزِي اللهُ فَاعِلَهُ وِكلُّ حَلِمٍ  
سَرابٌ دُونما عَمَلِ!»



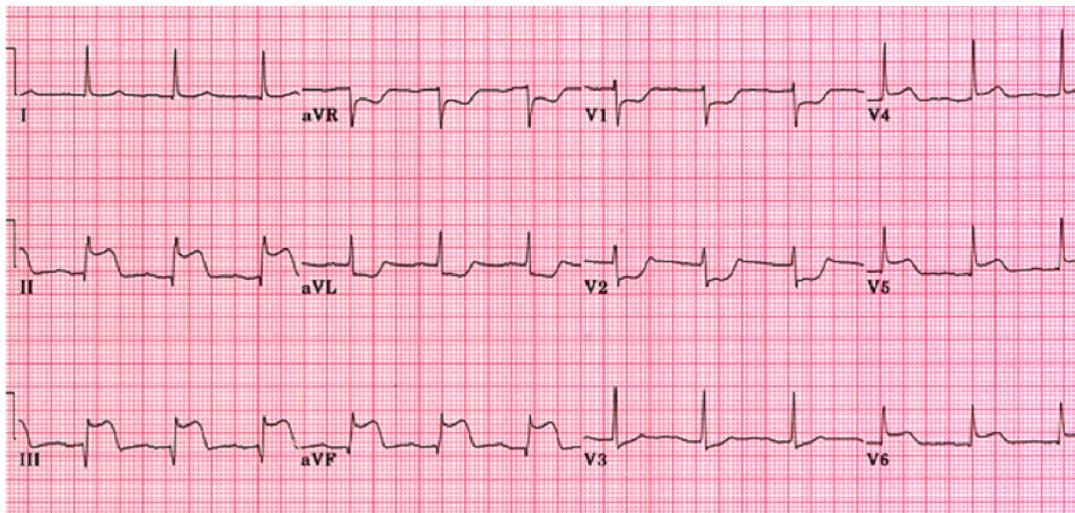
# **Wateen 2nd semester mini - OSCE**

**Jood Allan  
Hala Mahasneh  
Ayyad Qawaba'a**



من استصعب عليه أمر " اللهم لا سهل إلا ما جعلته سهلا وأنت تجعل الحزن إذا شئت سهلا "

**“رب اشرح لي صدري ويسّر لي أمري وألهمني الصّواب”**



1- three findings from ECG ?

ST elevation in leads (I , II , aVF)

ST depression in other leads

T wave inversion

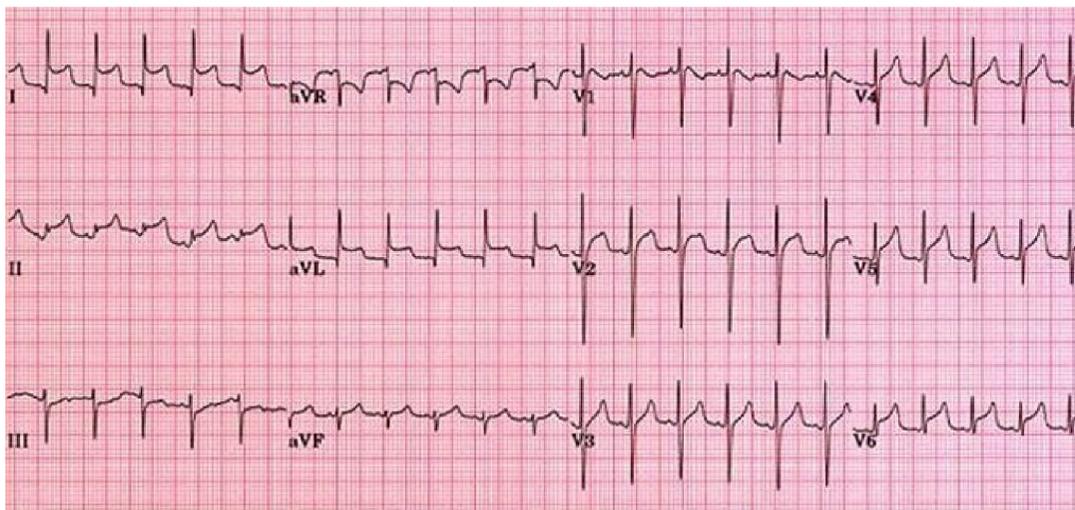
2- diagnosis ? **inferior MI**

3- tow investigations ?

**echo , cardiac enzymes**

4- for line treatments ?

**thromvolytic , PCI , oxygen , Aspirin ..**



1- two findings from ECG ?

**PR interval depression**

**ST elevation in other leads**

2- diagnosis ?

**acute Pericarditis**

3- 4 lines if treatment ?

**anti-inflammatory medication (colchicine), NSAIDs , O2**

صورتين ال ECG اجو من هذا الموقع ::

<https://elentra.healthsci.queensu.ca/assets/modules/ts-ecg/pericarditis.html>



1- what is the most likely Dx for (fresh hemat emisis )is ?

**Esophageal varices**

2-The likely cause of this Presentation is ?

**liver cirrhosis (portal HTN)**

4-emergency mangment ¿

**iv fluid .. terlipressine**

3-other 3 investigations ?

**LFT(albumin..bilirubin )..coagulatinbprofile..upper endoscopy..parietocentesis**

4-manegment to prevent recurrent ?

**banding ?**

44 year old patient with dyspnea , bloody cough , weight loss...

1- what is the diagnosis ? **TB**

2- 2 differential diagnosis ?

**Lung cancer**

**Lung abscess**

3- Specific test for diagnosis ?

**PPD?**

**و فيه طلاب جاوبوها**

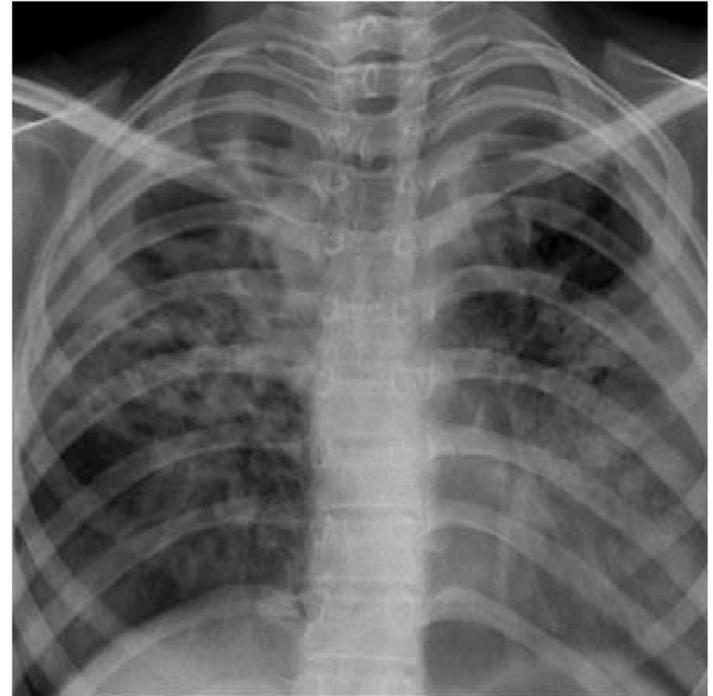
**culture**

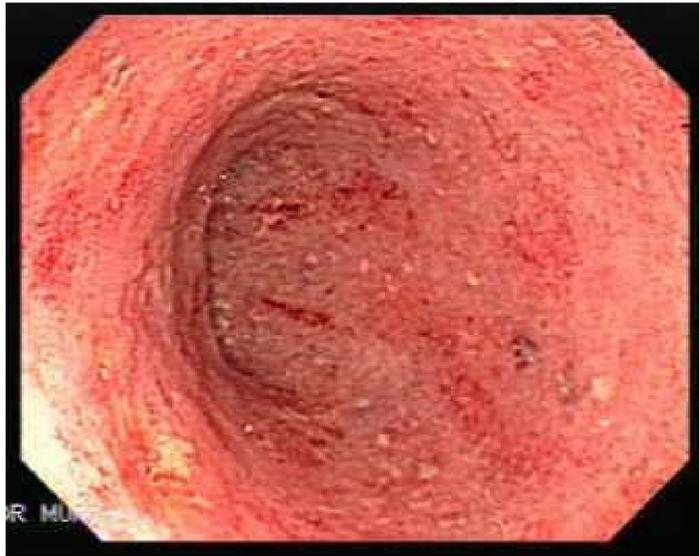
4- 2 regiment of treatment ?

**6 months regimen :**

- Initiation phase: Rifampicin + INH +  
pyrazinamide + ethambutol. → for 2 months.

- Continuation phase :Rif + INH for 4 months





44 year old patient with dyspnea , bloody cough , weight loss...

1- diagnosis ? **Ulcerative colitis**

2- 2 skin manifestation ?

**pyoderma gangrenosum , erythema nodosum**

3- 2 investigations ?

**colonoscopy , PANCA**

4- treatment ?

**Sulfasalazine , Oral glucocorticoids , TNF inhibitors (infliximab, adalimumab)**

1- diagnosis?

**cushing disease**

2- what you see in lab test ?

**BMP : hypernatremia,**

**hypokalemia**

**Hyperlipidemia**

**Cbc: lymphocytopenia, neutrophilia**

3- how to confirm diagnosis ?

**24 hour collection urin**





1- diagnosis?

RA

2- three findings ?

nodules , ulnar dev. , swan neck deformity

3- two investigation ?

anti CCP , RF , x-ray

4- two treatment ?

Methotrexate , corticosteroids

patient with fatigue , contraption...

1- diagnosis ?

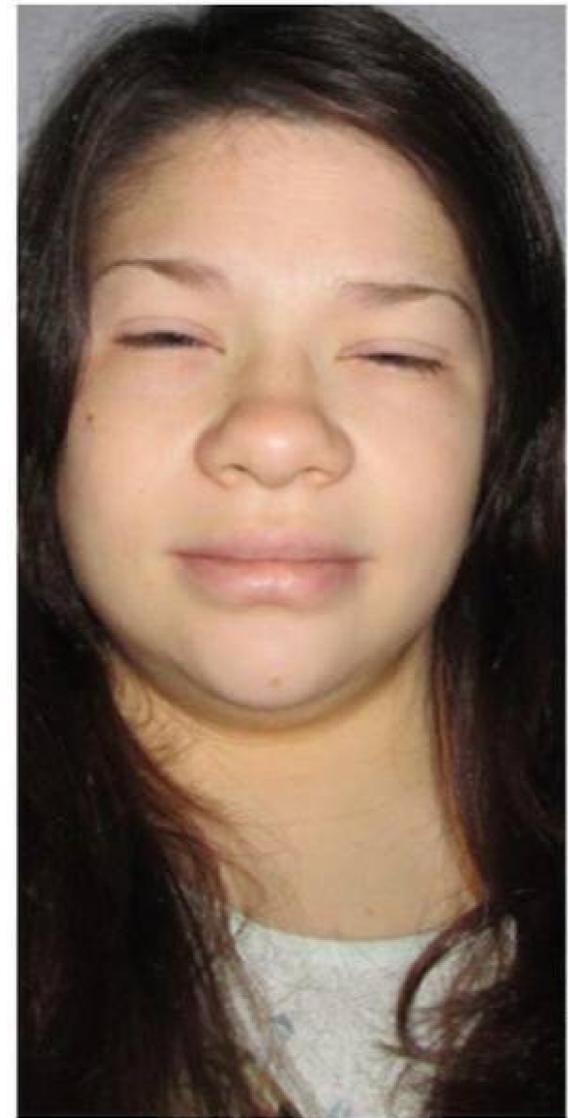
hypothyroidism

2- investigations ?

TSH , T3 , T4

3- complication ?

bradycardia , hypotension





1- diagnosis ?

**scleroderma**

2- findings in the pictures ?

**(Microstomia, raynaud)**

3- other 3 findings ?

**mask face ,...**

4- treatment ?

**Raynoud: CCB**

**Kidney and HTN: ACEI**

K=6.6  
Na=132  
Cl=100  
HCO<sub>3</sub>=20  
Urea=27  
Creatinine=4.2

Patient with HTN and DM , come with abdominal pain and diarrhea .  
He diagnosed with interogastritis , according to following table ;

1- diagnosis ?

Acute kidney injury

2- what emergent finding ?

hyperkalemia

3- treatments ?

Calcium gluconate

insulin with glucose

Diuretics

dialysis

Diagnosis?

**Macrocytic anemia**

1- lab finding?

**cbc..blood.film..**

**b12/intrinsic factor /folate**

2- 2 underlying causes ?

**B12 def..folate def ?**

or

**malabsorption , crohn's disease ?**

3- 2 investigations

**Peripheral smear , intrinsic factor**

**Hb→ low**

**Hct→ low**

**MCV→109**

**MCHC→low**

\*The values were written with the normal range

55 y Smoking patient for long time with chronic productive cough , before 3days come to the ER with fever and yellowish sputum SOB and cough..

1. describe pft

obstructive lung disease

2- diagnosis ? اعتمادا على الهستوري لانه ما كان في نسبة ال COPD

change for FEV1 , FEV1/FVC<70% , low FVC , low FEV1

3- what is your further investigations ?

Sputem culture

chest x.ray

abg

4- 3 line treatments ?

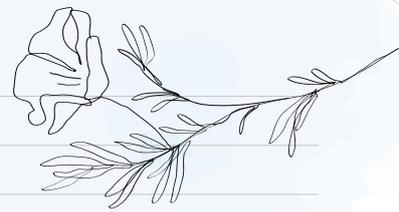
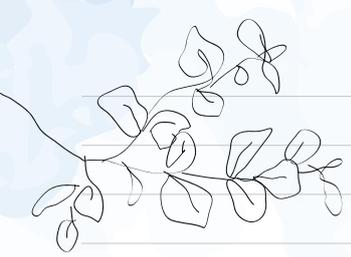
laba,saba,steroid

Spirometry			
	Prod	Pre	%Pred PRE
FVC	3.88	5.08	131.0
FEV1	3.09	3.89	126.0
FEV1/FVC	58	50	96.9

ممکن نضيف antibiotic كونه اخر برزنتيشن مبین انفسیکشن

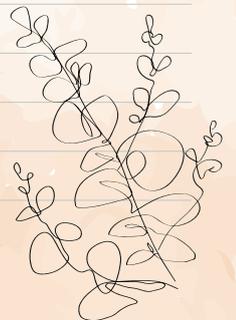
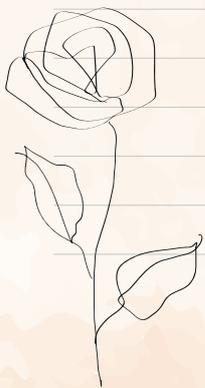


لأجل هذه الليالي الكشف هيبقى غالي



**INTERNAL MEDICINE ARCHIVE**  
**MINI-OSCE.**  
**FIRST SEMSTER-ROUH.**  
**2024/2025.**

**DONE BY BOSHRA AL-OMOUSH**



# Hematology;

1) write 2 about cbc results?

-low platelet

-anemia

-leukocytosis

2) what's your diagnosis ?

-AML

3) write 2 investigations?

-bone marrow biopsy

-peripheral blood smear

GIT :

29 years old women came with bleeding ulcer in antrum of stomach

1) most common cause ?

H.pylori

2) 3 line of urgent management?

-endoscopic hemostasis

-IV PPI

-H.pylori eradication therapy

3) write 3 complications?

-gastric outlet obstruction

-perforation

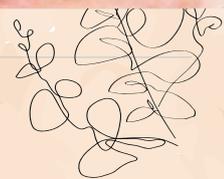
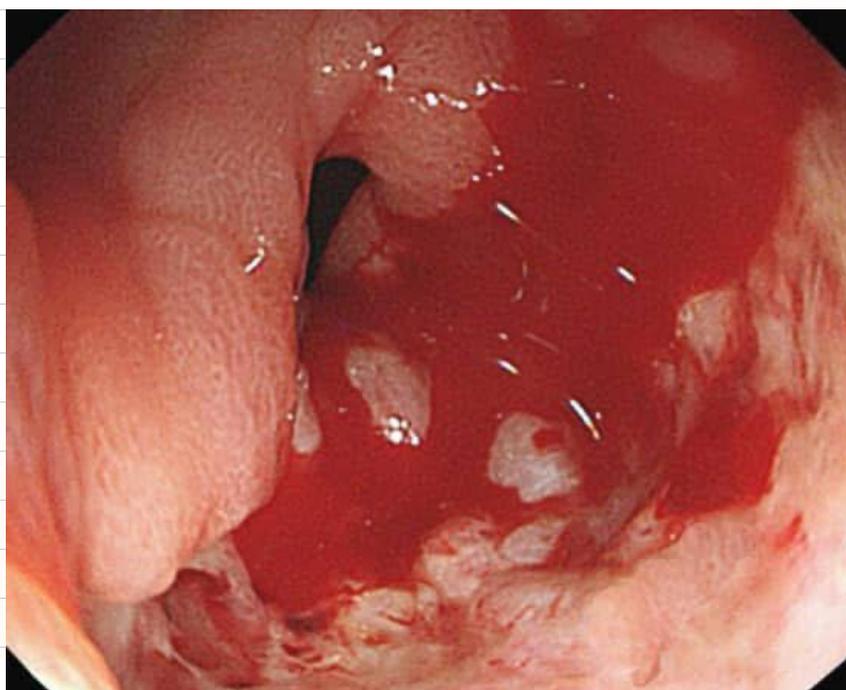
-haemorrhage

# Clinical History

- A 29 year-old pregnant female (G3P1A1) presented at ~6 weeks gestation with night sweats and nausea for one week.
- She had also experienced an episode of gum bleeding while brushing her teeth approximately one week prior.
- She was found to have leukocytosis, anemia and thrombocytopenia on routine CBC:

## CBC Results

CBC Result	Normal Range
WBC: 55 K/mm <sup>3</sup>	4.0-11.0 K/mm <sup>3</sup>
RBC: 3.29 M/mm <sup>3</sup>	3.70 – 5.10 M/mm <sup>3</sup>
Hgb: 11 g/dL	12.0 – 15.0 g/dL
HCT: 31.8%	34.0 - 44.0%
MCV: 96.7 fl	80.0 – 98.0 fl
MCH: 33.4 pg	27.0 – 33.0 pg
MCHC: 34.6 g/dL	33.0 – 35.0 g/dL
RDW: 13.7%	11.3 – 15.1 %
Platelets: 33 K/mm <sup>3</sup>	150 – 450 K/mm <sup>3</sup>



**GIT ;**

Female patient 6 months of fatigue, SOB , itchy rash , Iron deficiency anemia

1) what's your diagnosis ?

-celiac disease

2) write 2 investigations that supports your diagnosis?

-tTG IgA , total IgA

-endomysial IgA

3) the best thing for confirming your diagnosis ?

-endoscopy with biopsy ما يعرف اذا هيك صح



4) write 2 complications?

-secondary lactose deficiency

-T cell lymphoma

-refractory celiac disease

**Endocrine ;**

50 years female patient came to outpatient clinic with period of fatigue, weight gain, constipation and cold intolerance

1) 2 facial abnormalities?

-apathic face , dry skin

-loss of lateral third of eyebrows

2) your diagnosis ?

-Hypothyroidism

3) 2 diagnostic test?

-TSH

-T4



## Endocrine

44 female patient with SLE

1) 3 signs you see ?

- moon face
- purple stria
- hirsutism



2) your diagnosis ?

Cushing

3) what the cause for her condition?

Exogenous cortisol

## Rheumatology;

34 years old man with fatigue , stiffness back pain that persist for than 1 hour at the morning :

1) what's your diagnosis ?

-Ankylosing Spondylitis

2) Give 2 radiological signs ?

- bambo sign
- sacroilitis
- fusion and narrowing of joint space

3) investigations?

- gene study : HLA-B27
- negative rheumatic factor

4) 2 lines of management?

- intra joint glucocorticoid injection
- immunosuppressant agent



## Rheumatology;

74 years old male with difference and delay impulses

1) what the cause of his symptom?

-Atherosclerosis

2) give other 2 differential diagnosis in young age ?

-Takayause

-aortic coartication



3) 2 lines of treatment ?

-treat underlying disease (statin in case of hyperlipidemia)

-life style modification (stop smoking , weight reduction)

## Nephro ;

36 years old male , increase in creatine suddenly, apyrexia , then after he dies .. kidney autopsy shows this photo

في تكملة مهمة بس صراحة ما لحقت اقرأ

1) what's the cause for his death?

-PKD

2) the type of inheritance?

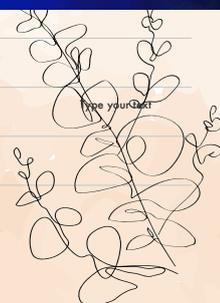
-AD

3) 3 investigations you will need for other than in image ?

-US

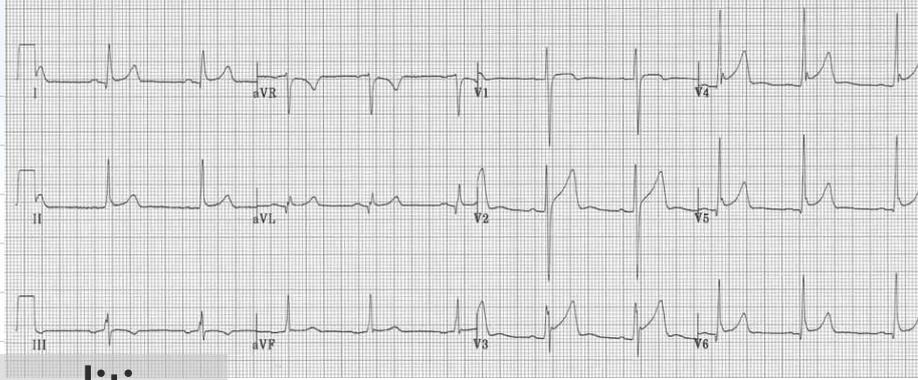
-KFT/urinalysis

-cbc



# CVS ;

1) your diagnosis  
-pericarditis



2) mention 3 causes for this condition :

- uremia
- post MI
- Radiation
- Idiopathic

3) confirm your diagnosis by?

Echo

4) line of treatment ?

- uremia -> dialysis
- post MI -> colchicine + aspirin
- another causes -> colchicine + high dose of nsaid

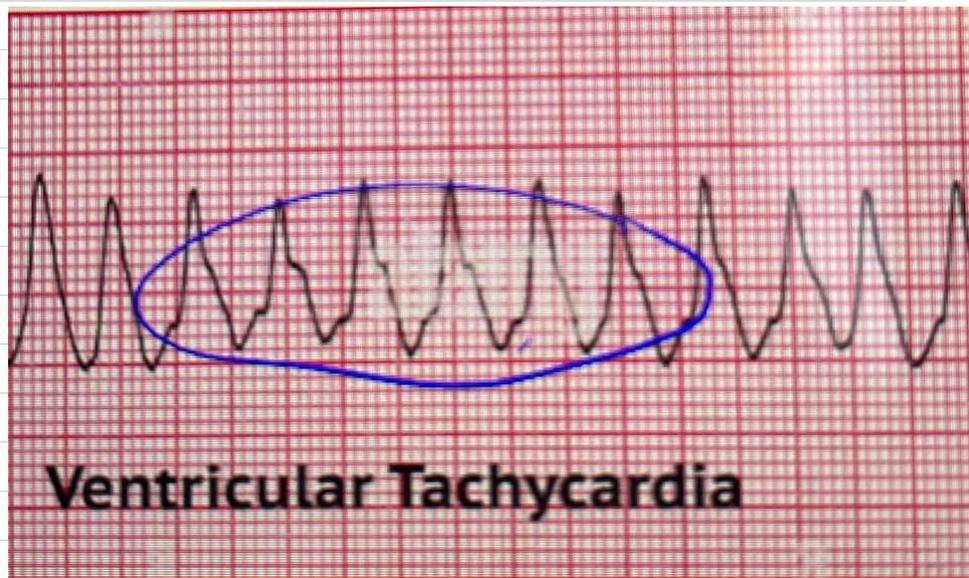
# CVS:

1) 2 ecg findings ?

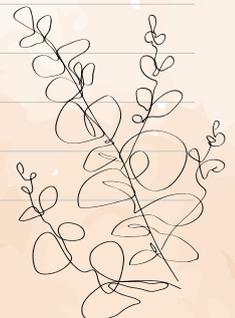
- wide QRS
- No p wave

2) Diagnosis?

-vent tachy



3) 3 lines of treatment?



RS

Diabetic patient with 80/60 BP , HbA1c:8,5 .. في تكملة للهستوري برضه كثير بده  
والوقت ما كان بكفي chest X-ray وقت قراءة الكيسات لصون ال

1) your diagnosis?

-left labor Pneumonia

2) 3 physical findings?

-dullnes on percussion

-increase tactile frematus

-bronchial breathing

3) 2 investigations?

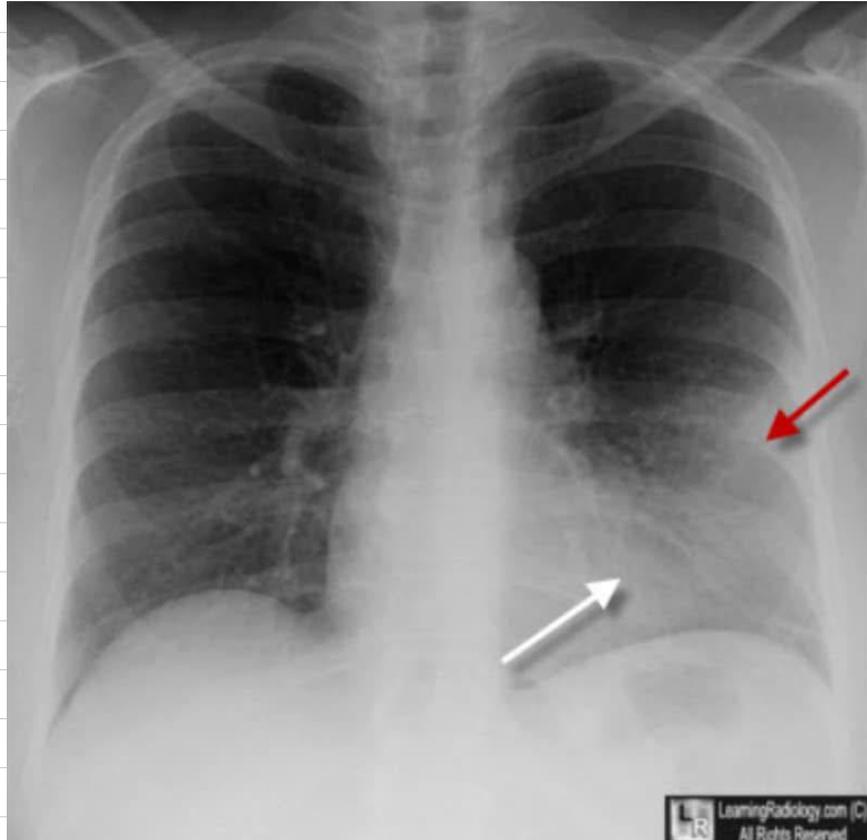
-cbc

-sputum culture

4) give me 3 causes ?

-s.pneumoniae

-klebsilla



RS ;

Female patient with sudden pleuritic chest pain , SOB ..

1) 2 characters of chest X-ray ?

-medistinal shifting

-obliteration of costophrenic angle

2) give 2 differential diagnosis ?

-fibrosis

-atelactasis

3) 2 lines of management?

