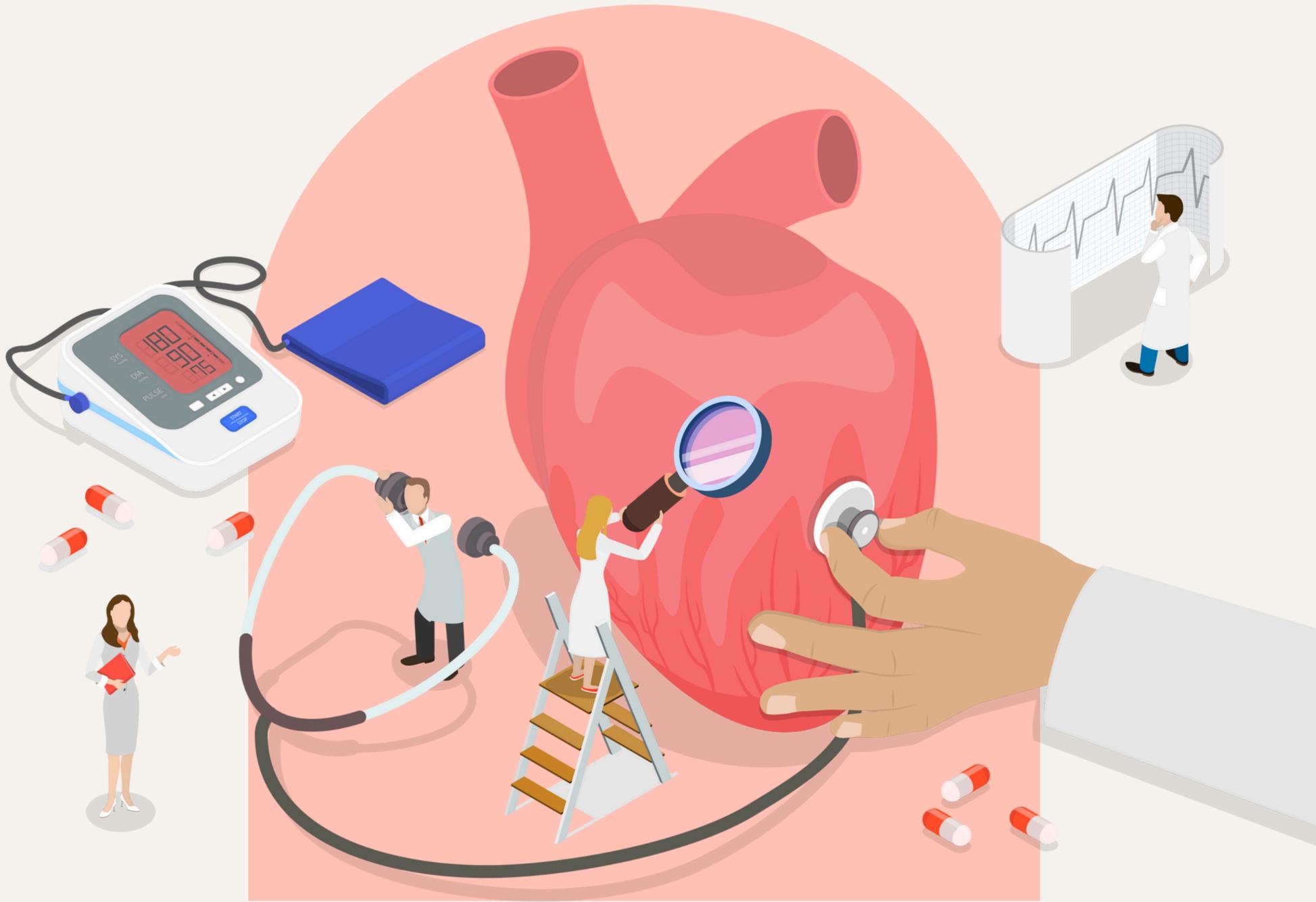


الطب والجراحة  
لجنة

# MINI-OSCE ARCHIVE

## INTERNAL MEDICINE



Rouh 2<sup>nd</sup> semester

## SESSION 1

A patient presents with unilateral lower limb swelling and pain. On examination, one leg appears swollen compared to the other, raising suspicion of a venous pathology.

**Q1: What is the diagnosis?**

**Deep Vein Thrombosis (DVT).**

**Q2: What is the initial investigation?**

**Doppler (Duplex) ultrasound of the affected limb.**

**Q3: Write three lines of treatment.**

**Anticoagulation therapy (e.g. low molecular weight heparin followed by oral anticoagulants).**

**Compression stockings.**

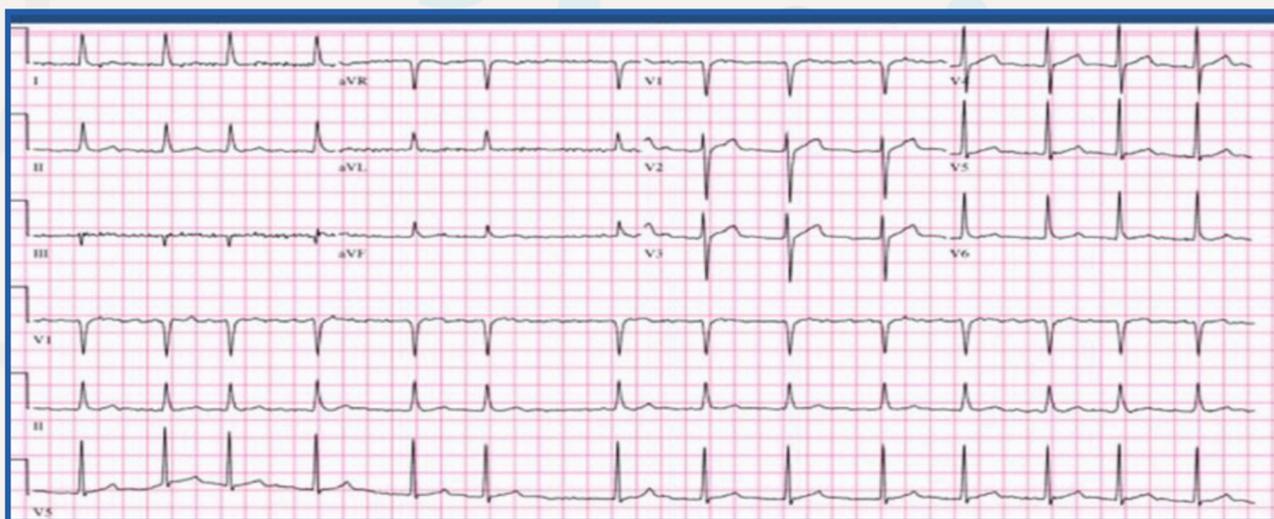
**Leg elevation and analgesia.**

**Q4: After a period of time, the patient presents with tachycardia. What is the most likely complication?**

**Pulmonary embolism.**



## SESSION 2



A 43-year-old patient presents with palpitations. An ECG is performed and shows an irregular rhythm with absent P waves.

**Q1: What are the findings on ECG?**

**Irregularly irregular rhythm, absent P waves, and narrow QRS complexes.**

**Q2: What is the diagnosis?**

**Atrial fibrillation.**

**Q3: Write three lines of management.**

**Rate control using beta blockers or calcium channel blockers.**

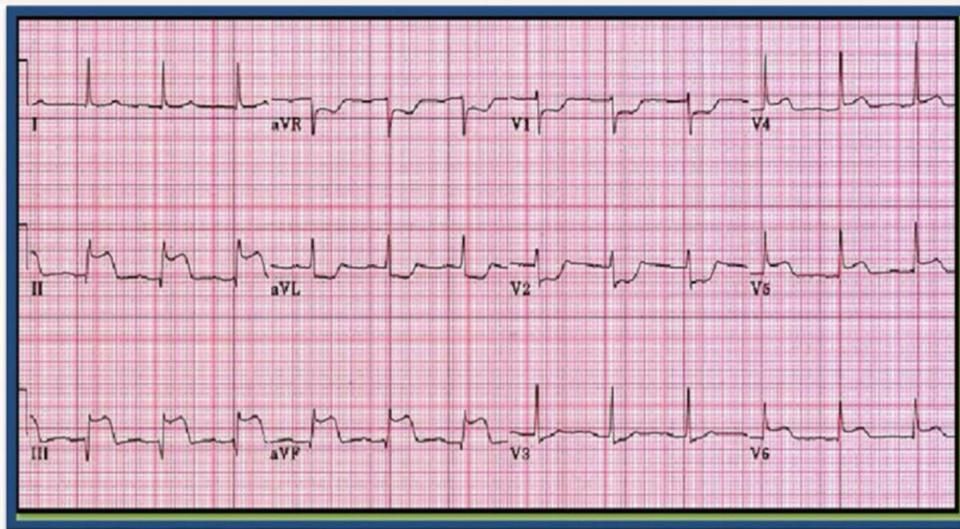
**Anticoagulation based on CHA<sub>2</sub>DS<sub>2</sub>-VASc score.**

**Rhythm control using antiarrhythmic drugs or electrical cardioversion when indicated.**

**Note:**

**session scenario and answer from chatGPT**

## SESSION 3



**A 60-year-old patient presents with acute chest pain and sweating of one-hour duration. ECG findings are consistent with an acute myocardial infarction.**

**Q1: What is the diagnosis?**

**Inferior myocardial infarction.**

**Q2: What are the treatments of choice?**

**Initial medical management with MONA (morphine, oxygen, nitrates if not hypotensive, and aspirin).**

**Definitive management with primary percutaneous coronary intervention or thrombolytic therapy if PCI is not available.**

**Q3: After five days, the patient presents with shortness of breath and hypotension, and on auscultation breath sounds are normal. What is the diagnosis and treatment?**

**The diagnosis is pericardial tamponade as a complication of myocardial infarction. The treatment is urgent pericardiocentesis.**

## SESSION 4



**A 30-year-old diabetic patient presents with headache, weakness, and dizziness. On inspection, there is hyperpigmentation of the skin, palms, and oral mucosa.**

**Q1: What is the diagnosis based on these findings?**

**Addison disease (primary adrenal insufficiency).**

**Q2: What would you NOT see in his laboratory tests?**

**Hypernatremia.**

**Expected laboratory findings in Addison disease include hyponatremia, hyperkalemia, hypoglycemia, low cortisol levels, and elevated ACTH.**

**Note:**

**session scenario and answer from chatGPT**

## SESSION 5



A patient presents with chronic hand deformities. On inspection of both hands, there is ulnar deviation of the fingers at the metacarpophalangeal joints with visible joint deformities suggesting a long-standing inflammatory arthritis.

**Q1: What is the diagnosis?**

**Rheumatoid arthritis.**

**Q2: Mention two serological investigations.**

**Rheumatoid factor (RF).**

**Anti-cyclic citrullinated peptide antibodies (anti-CCP).**

**Q3: What X-ray findings will you see in this patient's hands?**

**Joint space narrowing.**

**Marginal erosions.**

**Ulnar deviation and subluxation at the metacarpophalangeal joints.**

**Q4: Management?**

**Disease-modifying antirheumatic drugs such as methotrexate.**

**Short-term corticosteroids or NSAIDs for symptom control.**

**Biologic agents in refractory cases.**

## SESSION.6

A patient presents with urinary symptoms. Urinalysis is performed and shows nitrite positivity with the presence of white blood cell casts, suggesting an infectious process involving the urinary tract.

**Q1: What is the diagnosis?**

**Urinary tract infection.**

**Q2: What other tests will you do?**

**Urine culture and sensitivity.**

**Renal ultrasound if complications or obstruction are suspected.**

**Q3: Write three lines of treatment.**

**Antibiotic therapy such as trimethoprim-sulfamethoxazole.**

**Nitrofurantoin as an alternative antibiotic.**

**Adequate fluid intake.**

**Note:**

**session scenario and answer from chatGPT**

## SESSION 7

A female patient presents with sudden onset pleuritic chest pain and shortness of breath. A chest X-ray is performed and demonstrates abnormal findings suggestive of a pleural pathology.

**Q1: Mention two characters of the chest X-ray.**

**Mediastinal shifting.**

**Obliteration of the costophrenic angle.**

**Q2: Give two differential diagnoses.**

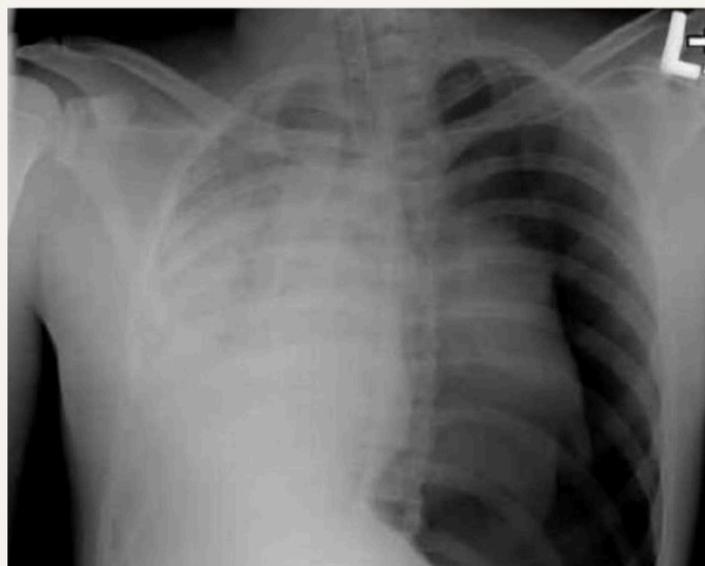
**Pulmonary fibrosis.**

**Atelectasis.**

**Q3: Mention two lines of management.**

**Therapeutic and diagnostic thoracentesis.**

**Management of the underlying cause with supportive care such as oxygen therapy.**



## SESSION 8

A patient presents to the emergency department with acute hematemesis. The vomitus is described as fresh red blood. Endoscopic images show dilated veins in the lower esophagus extending to the fundus of the stomach, with evidence of active bleeding.

**Q1: What is the diagnosis?**

**Esophageal varices.**

**Q2: Mention three lines of treatment.**

**Airway protection and hemodynamic stabilization with intravenous fluids and blood transfusion if needed.**

**Pharmacological therapy with vasoactive drugs such as octreotide or terlipressin.**

**Endoscopic management with variceal band ligation or sclerotherapy.**

**Q3: Management after discharge.**

**Non-selective beta blockers such as propranolol for secondary prevention.**

**Repeated endoscopic surveillance and band ligation if indicated.**

**Management of underlying liver disease and avoidance of precipitating factors.**

**Note:**

**session scenario and answer from chatGPT**

## SESSION 9



**A 50-year-old patient presents with abdominal tenderness and fever of 38.2°C. On examination, the abdomen is distended with ascites. The clinical picture suggests an infectious complication in a patient with chronic liver disease.**

**Q1: What is the diagnosis?**

**Spontaneous bacterial peritonitis.**

**Q2: What is the most common causative organism?**

**Escherichia coli.**

**Q3: What is the underlying risk factor?**

**Liver cirrhosis.**

**Q4: What is the treatment?**

**Third-generation cephalosporins such as cefotaxime.**

**Q5: Mention three physical findings that could be seen in this patient.**

**Jaundice.**

**Lower limb edema.**

**Crackles on chest auscultation.**

**Note:**

**session scenario and answer from chatGPT**