

MEDICAL QUIZ

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Medical quiz:SBA:

Question 1

The following treatment has NOT been shown to improve mortality in heart failure (HF): (www.medicinedpd.co.uk)

- Carvedilol
- Candesartan
- Digoxin
- Enalapril
- Spironolactone

Question 2

Regarding laboratory markers in the diagnosis of acute pancreatitis it is TRUE that: (www.medicinedpd.co.uk)

- when presentation is delayed by five days or more the serum amylase is more likely to still be raised than the serum lipase
- in severe acute pancreatitis CRP <81mg/l together with WBC <13 predict little risk of infection of the necrosed pancreas
- the urinary trypsinogen-2 dipstick test has poor sensitivity and specificity
- raised serum alanine amino transferase (ALT) is helpful in confirming alcohol as the likely cause

Question 3

The blood film of a 29-year-old woman suffering from anaemia has remained microcytic and hyperchromic despite taking ferrous sulphate for 6 months. Her transferrin saturation is 35%. The MOST appropriate investigation to elucidate the cause of the persistent morphological abnormalities is: (www.medicinedpd.co.uk)

- serum ferritin
- haemoglobin A2
- upper and lower GI endoscopy
- hysteroscopy
- C-reactive protein (CRP)

Question 4. (www.acphospitalist.org. september 2012)

A 23 year old woman is admitted to the hospital for plasma exchange. She was recently diagnosed with myasthenia gravis and remains symptomatic despite intravenous immunoglobulin and pyridostigmine. Medical history is otherwise noncontributory and she has no previous reaction to blood products.

Her respiratory function begins to worsen and therapeutic plasma exchange is begun. Albumin is used as the replacement fluid and citrate is used as the anticoagulant. One hour into the procedure, the patient becomes light-headed, vomits, develops extreme anxiety and experiences perioral numbness and tingling.

On physical examination, temperature is 37.0c, blood pressure is 121/48 mm Hg, pulse rate is 103/min and respiration rate is 16/min. She has labored breathing, appears agitated and has lid lag. She also has proximal muscles weakness and muscle twitching. Jugular venous distension and peripheral edema are absent.

Preplasmapheresis exchange laboratory studies show complete blood count normal, calcium 9.0mg/dl(2.25 mmol/l), creatinine 0.8 mg/dl(70.7 umol/L), magnesium 2.1 mg/dl (0.87 mmol/L), potassium 4.6 meq/L(4.6mmol/L) and sodium 144 meq/l(144 mmol/L).

In addition to temporary cessation of plasma exchange, which of the following is the most appropriate treatment? (www.acphospitalist.org. september 2012)

- A. 0.9% Normal saline
- B. Calcium gluconate
- C. Diphenhydramine
- D. Epinephrine
- E. Heparin