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Medical Quiz: SBA – Answers

Answer 1: Correct answer - C (www.medicine-cpd.co.uk)

Explanation:

Early and effective cardiac compression, ideally at rate of 100/minute is the most important component of CPR though ventilation of 500-600 ml of 1 second between 30 chest compressions is desirable; nonetheless lay bystanders may be inhibited from performing compression by reluctance to deliver breaths. A recent study confirmed no difference in survival with or without breaths in out-of-hospital situations. Blood gas measurement (and palpation of arterial pulse) is unreliable indicators of efficacy of CPR. Although defibrillation is successful in terminating VF the resulting organized cardiac rhythm rarely results in ROSC. Compression must be continued and intravenous adrenaline given if there is PEA, resistant VF or asystole.

Answer 2: Correct answer - A (www.medicinecpd.co.uk) Explanation:

As in all medical specialties a sound knowledge of general medicine is essential as many diseases are not organ or system specific. Particularly in such a common and diverse disorder as diarrhoea general examination may reveal valuable clues as to its cause. Postural hypotension may be due to autonomic neuropathy found in amyloidosis where gut involvement may cause small bowel motility disorder and bacterial contamination. Hepatosplenomegaly is also found in amyloidosis whereas in carcinoid syndrome hepatomegaly alone is common due to the 5-hydroxytryptamine (5HT) secreting metastases. As well as provoking attacks of diarrhoea 5HT can affect the right heart, causing pulmonary stenosis, and lungs, causing asthma. DH is strongly linked to coeliac disease whereas pyoderma gangrenosum is associated with inflammatory bowel disease (IBD). The rare condition if Whipple's disease usually presents with diarrhoea and malabsorption but may be associated with arthritis and neuropsychiatric manifestations.

Answer 3: Correct answer - E (www.medicinecpd.co.uk) Explanation:

Although there are no alarm symptoms or features present to suggest malignancy or complications of a peptic ulcer age above 55 years is, alone, a cause for concern and warrants urgent endoscopy. In a younger patient test-and-treat for Hp would commonly be advocated. Whilst endoscopy enables biopsies for Hp to be taken both ¹³C-urea breath testing and faecal antigens are sensitive non-invasive tests. Serological testing does not differentiate present from past (resolved) infection and has no place here.

Answer 4: Correct answer-B (www.medicinecpd.co.uk) Explanation:

Pain control of an osteoporotic crush fracture follows the WHO pain ladder guidelines. Calcitonin (intranasally or subcutaneously) is a useful adjunct, probably acting by raising beta-endorphin levels. Although biphosphonates may be useful in controlling metastatic bone pain their role in this patient is in osteoporosis prophylaxis. Densitometry is not required over age 75 and MRI scan is not indicated in the absence of neurological symptoms or signs. An OT assessment, leading to a "care package" of helper(s) and home adaptations, is, crucial if he is to continue his independent existence; the role of physiotherapy is much more limited.

Answer 5: Correct answer - B (www.medicinecpd.co.uk) Explanation:

Further investigation of PUO can be very costly and uncomfortable if performed "blind". Deterioration is unusual and with close and regular monitoring, should it occur, is likely to be accompanied by new PDCs to guide further tests. The diagnosis of factitious fever must always be borne in mind in long undiagnosed "stable" PUO but a second opinion from an experienced clinician to back it up is preferable to a direct uncritical psychiatric "fishing expedition". Biopsy of a seemingly normal temporal artery may sometimes be rewarding, as will the subsequent responses to steroids, over the age of 55. Bone marrow biopsy and culture and CT of abdomen and chest may also be helpful. Supportive treatment with NSAIDs is acceptable but therapeutic trials of anti-TB drugs, antibiotics or steroids should be avoided.