

Medical Quiz: SBA – Answers

Answer 1: Correct answer – D (www.medicinedpd.co.uk)

Explanation:

Absence of pain does not exclude the passage of gallstones obstructing the CBD; even the appearance of bile duct dilatation may not be obvious on USG if the obstruction is intermittent. In this situation MRCP should be undertaken and the more invasive ERCP reserved for the therapeutic procedures such as stenting, sphincterotomy or stone extraction. With a 3 week history of cholestatic jaundice malabsorption of vitamin K is likely to have led to prothrombin time (INR) prolongation and it would be highly dangerous to undertake liver biopsy without first correcting it. The INR should return to normal within 6 hours of a single intravenous dose of vitamin K (5mg).

Answer 2: Correct answer - B (www.medicinedpd.co.uk)

Explanation:

The dose of PPI for acid suppression is not adequate for reflux cough, of which there are many positive features in the history. The next step in her management would be trial of full dose PPI plus ranitidine to achieve full acid suppression. Although pH studies, confirming acid reflux, and laryngoscopy, showing ventricular obliteration, would support the diagnosis they are probably unnecessary. There is no evidence in her of the other less common causes of chronic cough – rhinitis (post nasal drip syndrome) or cough variant asthma (eosinophilic bronchitis).

Answer 3: Correct answer - D (www.medicinedpd.co.uk)

Explanation:

Even though the condition is more common in men, the history is typical of cluster headache ('migrainous neuralgia') and neuro-imaging is not required. Of the

many forms of analgesia listed, all of which may be of some benefit, regular medication with verapamil (120mg tds or more) is the mainstay of management to prevent attacks and would be the treatment of choice.

Answer 4: Correct answer - E (www.medicinedpd.co.uk)

Explanation:

Although the most likely explanation for the systolic murmur is that it is innocent, occurring in the majority of pregnant women, as well as 10% of the normal population, referral to a cardiologist may be necessary but an echocardiogram should first be performed. Mild pulmonary stenosis is a possible but unlikely cause and may occur in the absence of a characteristic ejection click. The normal splitting of the second heart sound widens on inspiration due to increased delay of pulmonary valve closure from increased blood flow. Fixed splitting of the second heart sound is an abnormal finding and ASD would have to be excluded and reversal of splitting occurs in aortic stenosis.

Answer 5: Correct answer – C (www.medicinedpd.co.uk)

Explanation:

Since there has been significant bleeding related to the prolonged INR, which is beyond the therapeutic range, it is not sufficient to await its return to the therapeutic range – with or without vitamin K. Reversal can be achieved most rapidly with PCC which can be confirmed by repeating the INR at 10 minutes. However, as the response lasts for only a few hours, vitamin K should also be given (the PCC may have to be repeated every 6 hours). PCC has superseded FFP which is no longer recommended when rapid reversal of warfarin is urgently required because of its slower onset and lesser efficacy. The likely precipitating cause of the significant prolongation of INR was the recent use of an antibiotic.