

Answer to Medical Quiz - 1

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Answer 1: Contrast CT scan of abdomen showing multiple hypo-dense lesions in the liver with hepatomegaly with right sided huge hydronephrosis with a suspected growth in right side of pelvis compressing the right ureter.

Answer 2: Multiple metastatic secondaries in the liver with right sided huge hydronephrosis due to right ureter compression by suspected right ovarian tumor.

Answer 3: Do tumor marker CA-125 and CT scan guided fine needle aspiration cytology (FNAC) from the lesion in liver and right ovarian growth.

Review:

Most of the ovarian cancer patients are diagnosed at advanced stages because lack of specific symptoms or existing screening tests. Secondaries in the liver have been found in up to 50% of patients dying of advanced ovarian cancer.¹

Ovarian cancer often has no symptoms, but it may be presented with abdominal bloating pelvic pain, feeling abdominal fullness after taking small amount

of food. Sometimes presented with urinary frequency or hesitancy. Other symptoms include; extreme fatigue, back pain, pain during sex, constipation, unexplained weight loss and period changes (heavy bleeding or irregular bleeding).² So any elderly woman with these vague symptoms should be screened for ovarian malignancy. If it detect early, treatment response will be very good.

References:

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Answer to Medical Quiz - 2

Answer:

- A. Cervical spine magnetic resonance imaging (MRI). (A1-B2) Sagittal cervical spine MRI slices demonstrate demyelinating lesions in the cervical spinal cord (<2 segments). (A1, B1) T2-weighted images. (A2, B2) T1-weighted, postcontrast images.
- B. Primary progressive Multiple sclerosis
- C. I.V Methylprednisolon

Review

Multiple sclerosis is a relatively common acquired chronic relapsing demyelinating disease involving the central nervous system, and is the second most common cause of neurological impairment in young adults, after trauma. Characteristically, and by definition, there is dissemination in space (i.e. multiple lesions in different regions of the brain; periventricular, juxtacortical, brainstem, and spinal cord) and also in time (i.e. lesions occur at different times). The presentation is usually between adolescence and the sixth decade, with a peak at approximately 35 years of age. There is a strong female predilection with a F: M ratio of approximately 2:1. Radiological features of spinal MS include: More than 2/3 of the cross sectional area is involved, Focal enlargement, the sagittal image shows a large segment of hyperintensity on T2WI, enhancement +

/ -. Multiple periventricular T2-bright lesions indicate a risk of e— 50% over the same time. The patient subsequently had CSF analysis which showed oligoclonal bands. Treatment of Multiple sclerosis consider with intravenous steroids, IV immunoglobulin (IVIG), or emergent plasmapheresis. Treatment recommendations, based on anecdotes, include plasma exchange in conjunction with high-dose glucocorticoids (e.g., 1 to 2 g/day of methylprednisolone for 10 days followed by a slow taper). One study suggested that plasmapheresis may be superior to IV steroids in patients with acute fulminant MS.

References:

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