

According to the BTS guidelines.
What are the 5 core criteria for the severity of community acquired pneumonia and what constitutes "severe pneumonia". - 6 points

New confusion

Urea > 7

RR > 30

BP < 90/60

Age > 64

Any 3 of the above criteria

What antibiotic regime would you use for severe community acquired pneumonia requiring hospitalisation- 3 points

Co-amoxiclav 1.2mg tds or cefuroxime 1.5 mg tds or cefotaxime 1mg tds or ceftriaxone 2g od

+

Erythromycin 500 mg qds or clarithromycin 500 mg bd

Alternatively

Levofloxacin 500 mg bd (oral or IV) + Benpen 1.2 mg qds

Name 2 other criteria associated with bad outcome – 1 point

Multi segment involvement

Sats < 92% or pO₂ < 8

Apyrexial

High or low WCC > 20 and < 4

CRP > 50

Positive BC

A 15 year old boy presents to A&E with 3 hour history of sudden onset severe Left lower abdominal pain, radiating to his groin and a tender L testicle. He feels sick but has not vomited, on examination he has exquisitely tender L testicle which feel larger than than the right. List 3 differential diagnoses and how would you treat this patient?
4 points

*Torsion, appendiceal torsion, epididymoorchitis, orchitis, trauma, testicular tumour
IV analgesia and refer to urology*

A 20 year old man presents with 2 week history of gradual swelling to his L testicle (see pic). He has a soft but firm swelling to his L testicle which is non tender.

What is the most likely diagnosis and how would you confirm it at the bed side?

2 points



Hydrocele, transilluminate or USS

A 14 year old boy comes in with his father. His dad had noticed a strange lesion on the patients penis the previous day at a swimming pool (see picture) The boy says that he's had it for a week or so but he did not bother with it as it was painless and he was hoping it would just go away.

What is the most likely diagnosis?

How would you treat it?

What else do you need to ask him regarding the history of this illness?

What other consideration do you need to take into account when discharging this boy home?

4 points



Syphilis

Procaine benzylpenicillin 750mg OD IM for 14 days

Sexual history and partners

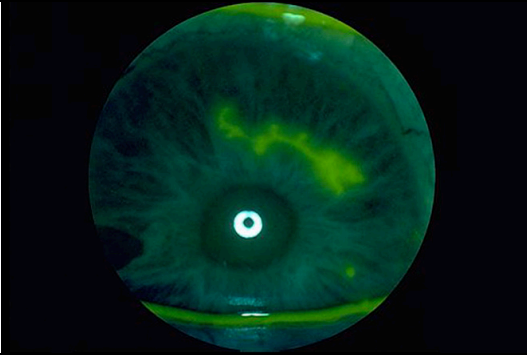
Under age sex

A 65 yr old patient presents to department with sudden onset pain in the left eye. He had been reading a book in bed when it happened. It is a severe pain and he finds it difficult to see out of that eye.

List 3 features on simple examination which would be suggestive of glaucoma? – 3 points

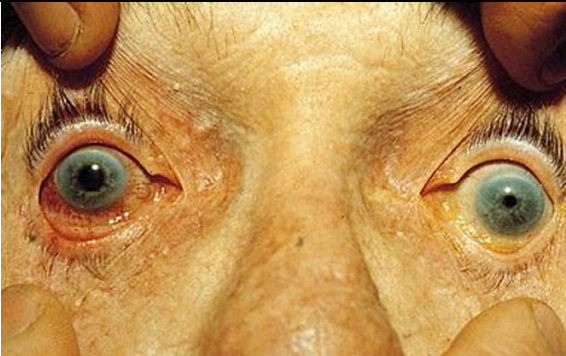
<i>Red eye, reduced visual acuity, fixed pupil, hazy sclera</i>
Which topical agents can be used in the initial management?- 3 points
<i>Topical beta blockers- eg timolol, Pilocarpine drops Apraclonidine- alpha agonist</i>
What features on the examination of the eye would make you suspect bacterial conjunctivitis rather than glaucoma? 4 points
<i>Frank puss Conjunctival oedma Reactive pupil Sensation of foreign body or grit in the eye</i>

What is the diagnosis?
How would you treat it?
2 points



HSV keratitis or dendritic ulcer
Rx with topical antiviral agent- eg Acyclovir

What is the diagnosis?
2 points



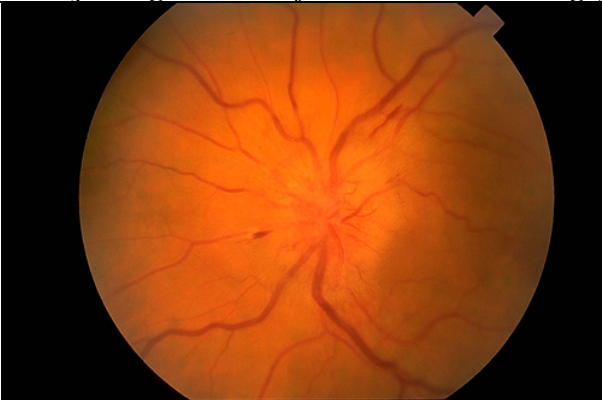
Acute angle glaucoma

This patient presented to the department with altered vision in one eye. A few days before he had noticed a sudden onset of black specks in front of that eye that seemed to settle but now he keeps seeing cobwebs in front of his eye and they not getting better by rubbing. What is the diagnosis?
What are the worrying features in the history?
3 points



Retinal detachment
Delayed presentation and black floaters (pathognomonic of vitreous haemorrhage)

What is this condition called?
1 point



Papilloedema

This 8 year old boy presented with a weeks history of erythematous rash on his flank(see pic). He has been treated by the GP with an antifungal and steroid ointment but it is not improving. The child does not seem to be bothered by the rash except when the cream is being put on he seems to be in a lot of pain. He is otherwise well and healthy, immunisation UTD.

What is the diagnosis? 1 point
 What is the key question in the past medical history? 1 point
 What is the most common complication of this condition and which patient subgroup is most likely to suffer from it? 2 points



Shingles(herpes zoster)
H/O chicken pox (extra point for very young age)
Post herpetic neuralgia (pain >120 days) elderly

Bell's palsy is defined as an abrupt, isolated, unilateral, peripheral facial paralysis without detectable causes. What is the treatment of choice currently? 1 point
 Name 5 factors which would give a worse prognosis.- 5 points

- Prednisolone and aciclovir/valaciclovir*
- Complete facial palsy
 - No recovery by three weeks
 - Age over 60 years
 - Severe pain
 - Ramsay Hunt syndrome (herpes zoster virus)
 - Associated conditions—hypertension, diabetes, pregnancy
 - Severe degeneration of the facial nerve shown by electrophysiological testing

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