

ENT

Name 4 symptoms useful in the diagnosis of acute bacterial sinusitis.

4 points

<i>Unilateral face pain</i> <i>Purulent nasal discharge</i> <i>Pain during mastication</i> <i>Anosmia</i> <i>Headache</i> <i>Fever</i> <i>Nasal congestion</i> <i>Halitosis</i> <i>Toothache</i> <i>Metallic taste</i> <i>Cough</i>

What is the investigation of choice in the diagnosis of sinusitis- 1 point and when is it indicated- 2 points?

<i>CT</i> <i>Chronic disease/treatment failure, exclusion of alternative diagnosis, evaluation of the severity of complications e.g. orbital cellulitis 1 point each</i>

Name 3 signs which would distinguish orbital from periorbital cellulites. – 3 points

<i>Proptosis</i> <i>Chemosis</i> <i>Visual Disturbance</i> <i>Eye lid paralysis</i> <i>Pain on movement</i>

Neurology. (NICE)

Write out the Adult Glasgow Coma Score for an intubated patient – 10 points for all

Eye opening

No eye opening -1

To pain- 2

To voice- 3

Spontaneous- 4

Motor

No movement- 1

Extensor to pain- 2

Flexor to pain- 3

Withdrawal from pain- 4

Localising pain- 5

Obeys commands- 6

½ point for above

Grimace

No grimace to pain- 1

Slight grimace to pain- 2

Vigorous grimace to pain- 3

Less than usual spontaneous or to touch only- 4

Normal spontaneous grimace/facial movement- 5

1 point for above

What does SAD PERSONS score stand for?- 10 points

Sex

Age

Depression- H/O

Previous attempt at suicide

Excessive alcohol/drugs

Rational thinking loss

Separated/divorced/widowed

Organised/serious attempt

No social support

Suicide intent for the future

A 5 month old boy is brought in by his parents because of intermittent screaming. They got a bit concerned in the morning when he appeared to be less active than usual. Was not eating and for the last 2 hours started screaming intermittently and kicking with his legs up in the air. On the way to the hospital he vomited once. On examination he is lethargic but calm initially. HR is 140, BP 80/65. Abdomen is firm with a fullness felt in the RUQ. When you are examining him child starts to cry as above and vomits some bile stained fluid. Describe your initial management.
5 points

<i>IV access, IV fluids maintenance, morphine IV, NG tube, refer surgery and paediatrics</i>
What is the likely diagnosis? 1 points
<i>Intussusception</i>
What bedside investigation could aid with the diagnosis? 1 point
<i>FOB or USS</i>
What is the investigation of choice in this patient? 1 points
<i>Ba/double contrast enema</i>
What is the treatment of choice in this patient?- 1 point
Name an absolute contraindication to this.- 1 point
<i>Hydrostatic enema</i>
<i>Signs of perforation- peritonitis/ air on AXr</i>

This 6 year old patient noticed a few these spots on his forearm last week. They are not itchy but are not going away. Parents are concerned. What is the diagnosis? How serious is this disease? 2 points



Molluscum contagiosum
Self terminating with no morbidity

This 14 year old boy has started complaining of painful L knee. The re is no history of trauma. What is the diagnosis and treatment?



Osgood Schlatter
Rest and NSAIDs for the pain

A 6 year old boy presents to A&E with difficulty in walking. He has been unwell for a few days with temperatures. GP diagnosed a viral illness and advised ibuprofen and paracetamol. Pt has not been getting any better and has had several episodes of shakes and sweats. He has an unremarkable PMH except a heart murmur which is thought to be benign and has not been investigated. Yesterday he c/o painfull foot but today he is having problems walking on it. O/E he has a temp of 38.7, is a bit lethargic, tachycardic at 140, BP 75/60. He has a systolic murmur best heard at the apex. His foot examination reveals tender nodules(see pic) What does the picture show?- 1 point What is the diagnosis? – 1 point Describe your immediate management. 4 points



Oslers nodes
Endocarditis
Oxygen, IV access and culture from 3 sites, IV N sal bolus- 20ml/kg, start a-bio, refer to paediatrics, baseline bloods, analgesia