

A 54 year old man comes in to the department feeling unwell. He has just come back from “cowboy holidays” in Oklahoma, where he spent 2 weeks cattle rustling and sleeping in tents. He developed flu-like symptoms on the last day of the holidays but did not think much of it. Now, 3 days later, he is complaining of headache and temperature but his main concern was a strange rash he noticed this morning (right). What is the main question you would ask him? 1 point
 What is the diagnosis? 1 point
 What is the causative organism? 1 point



*Had he been bitten by a tick?
 Rocky Mountain spotted fever
 Rickettsia rickettsii*

On examination he has a BP of 95/60, pulse 110, temp of 38.5°C. When you get back to him he appears lethargic and asks you to get his mum, it turns out she has been dead for 5 years. Describe your treatment. 3 points

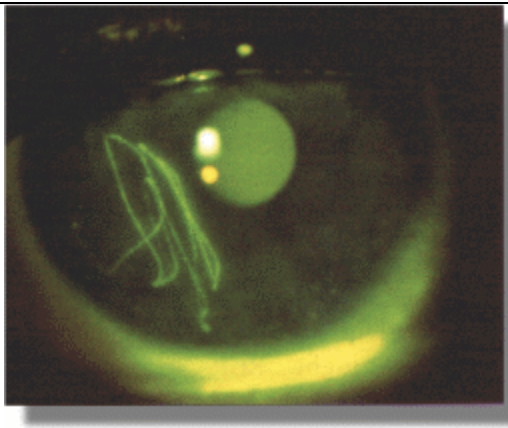
*Give Oxygen,
 IV access & Bolus of fluids 1 N Sal stat
 IV antibiotics- Doxycycline 200mg*

What is the likely cause of his confusion? 1 point
 List 3 investigations you would perform and how what clinically important abnormalities are they likely to show? 3 points

*FBC- anaemia and thrombocytopenia
 U&E- hyponatraemia & renal failure
 CXr- may show pulmonary oedema
 Blood gases- may show lactic acidosis
 BM- exclude hypoglycaemia*

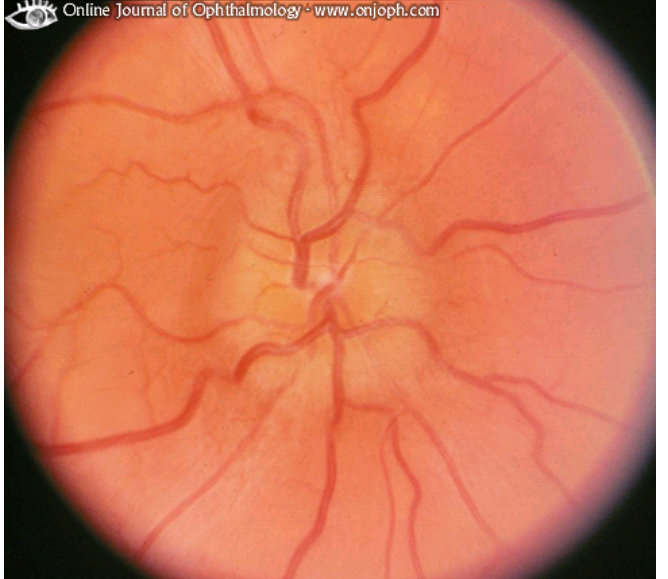
LFTs are likely to be abnormal but do not alter Rx, BC is very insensitive and few labs perform it due to biohazard. Serology gets done later.

Pt is complaining of a foreign body sensation in his eye.
 What is the most likely diagnosis?
 1 point



Subtarsal foreign body multiple vertical scratches

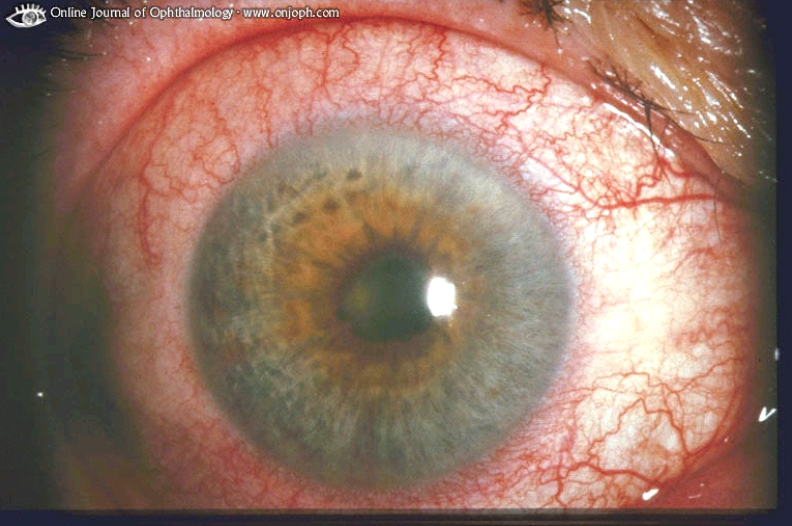
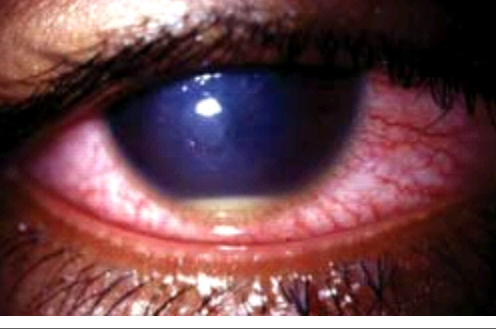


A 24 year old woman comes in to A&E c/o painful L eye. Pain gets worse on movement and she thinks she can't see very well out of the eye. There is no H/O trauma and slit lamp examination is unremarkable. Fundoscopy shown on the R- what does it show? 1 point
 List 3 other tests which should be performed in A&E to help reach the diagnosis. 3 points
 What is the diagnosis and what is the treatment? 2 points



Optic disc oedema
Visual acuity- of ten reduced, afferent pupillary defect often present and red desaturation test- usually positive
Optic neuritis- Rx either with IV steroids or conservative, oral steroids have a worsening outcome (-1/2 f or that)

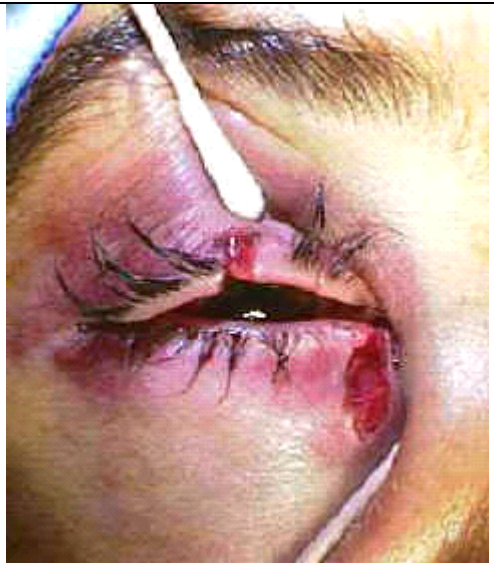
A 60 year old man is brought in by his daughter. He had been unwell recently and seems to have lost some weight and has been feeling increasingly tired and his GP has started him on immigran a couple of weeks ago. Today the pt noticed that he could not see out of his L eye. What is the diagnosis? 1 point
 What 2 blood tests would you perform to confirm it? 1 point
 How would you treat it? 1 point

Ischaemic optic neuropathy due to Giant Cell Arteritis
ESR and CRP
Steroids- IV hydrocort or methyl pred

<p>Painful red eye, pain worse on light. Name the condition and the treatment. 2 points</p>	
<p><i>Iritis/uveitis, Rx with topical steroid drops</i></p>	
<p>What does the picture show and what is the condition causing it? 1 points How would you dispose of the pt? 1 point</p>	
<p><i>Hypopyon, bacterial keratitis; refer for urgent ophthalmic opinion</i></p>	
<p>Painful L eye. Name the condition and 4 drugs which could be used to treat this in A&E. 3 points</p>	
<p><i>Acute angle closure glaucoma- topical b-blockers, topical α-agonists, pilocarpine drops and acetazolamide IV, analgesia, IV mannitol</i></p>	
<p>Very itchy, watering eye for last few hours no other symptoms. Pt noticed this swelling and is concerned. What is it? Which part of PMH would be important ? How would you treat this? 3points</p>	
<p><i>Conjunctival oedema/chemosis; ask for H/O allergies esp hey f ever; antihistamine eye drops</i></p>	

A young man is brought into your department. He had been assaulted and has sustained the following injury

What two important structures are likely to be damaged in this picture? 2 points
 How would you go about repairing this wound? 1 point

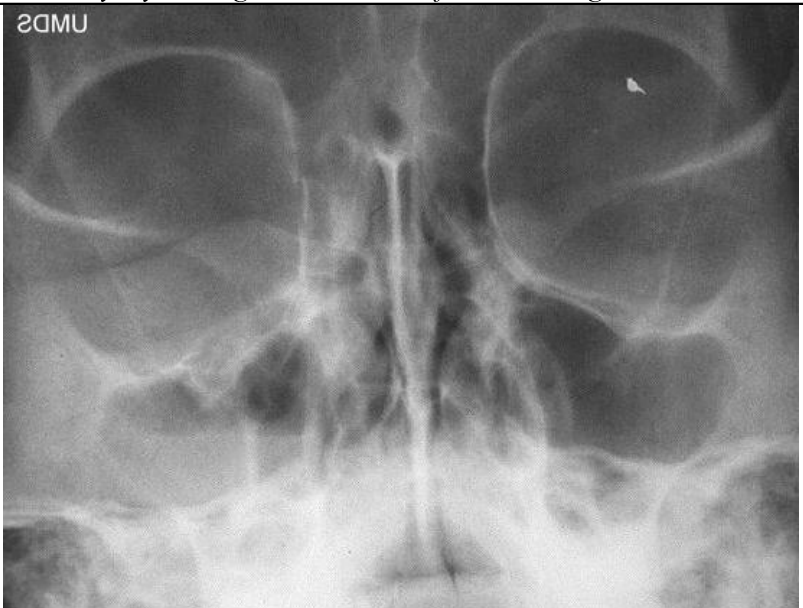


*Lacrimal duct and tarsal plate are likely to be damaged
 Do not repair-wet dressing and refer plastics/ ophthalmology*

You suspect he might have sustained damage to his cornea and are concerned about a penetrating injury. How would you investigate that and what must you never do while examining such an eye and why? 2 points

*Methods- stain washout: f luorescein gets washed away on examination
 Anterior chamber thickness- shine light f rom side if does not illuminate the whole of iris it suggests a shallow chamber= penetration
 You should never press on the eye you might cause more f luid leakage*

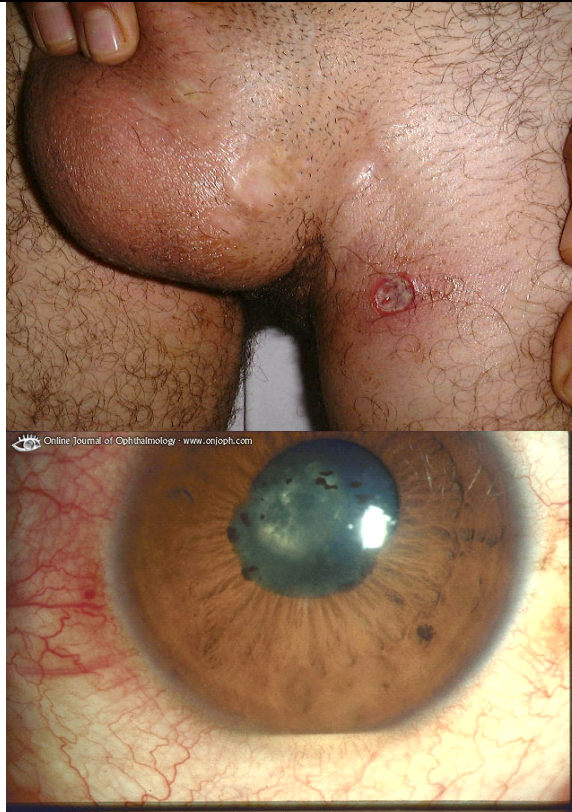
He keeps complaining of pain around the eye and on examination does not seem to be able to look upwards. You X-rayed the man's face. List 3 abnormalities on this X-ray. 3 points



*Fracture R medial orbital wall
 Fracture R orbital f loor
 Fluid in the R maxillary sinus
 ? FB L orbit f or extra mark*

List 2 indications for orbital blow out repair. 2points
*Persistent diplopia in a f unctioal f ield of gaze
 > 50% f loor involved
 enophthalmos > 2mm*

A 25 year old man presented to the department because of a strange lesion in his groin (upper pic) and sore eyes (bottom picture). He had been unwell for a while with sore joints and mouth and has lost some weight. A couple of weeks ago he had noticed that his shins developed some strange bruises. Describe the top lesion. 1 point
 List 3 abnormalities in the bottom picture and what is their cause? 3 points
 What is the unifying diagnosis and what blood tests would you do to confirm it? 2 points



*A single well defined ulcer in the left groin.
 Injected cornea, uneven pupil, hypopyon= uveitis
 Behcet's disease
 No bloods- there are no diagnostic test it is a clinical diagnosis:*

Major features
 Recurrent aphthous ulceration of the oral mucous membrane
 Skin lesions - Erythema nodosum-like lesions, subcutaneous thrombophlebitis, folliculitis (acnelike lesions), cutaneous hypersensitivity
 Eye lesions - Iridocyclitis, chorioretinitis, retinouveitis, definite history of chorioretinitis or retinouveitis
 Genital ulcers
Minor features Arthritis without deformity and ankylosis
 Gastrointestinal lesions characterized by ileocecal ulcers
 Epididymitis
 Vascular lesions
 Central nervous system symptoms
Diagnosis
 Complete - Four major features
 Incomplete - (1) 3 major features, (2) 2 major and 2 minor features, or (3) typical ocular symptom and 1 major or 2 minor features
 Possible - (1) 2 major features or (2) 1 major and 2 minor features

List 8 other systemic, non traumatic, conditions which can present with a skin ulcer.
 4 points

*Arterial insufficiency
 Diabetes Mellitus
 Venous insufficiency
 pyoderma gangrenosum
 Syphilis
 TB/ Leprosy
 Trigeminal trophic syndrome
 Leishmaniasis
 Drug reactions e.g. methotrexate
 Skin secondaries
 Calciphylaxis
 SLE*