



SubMedicine Mini-OSCE

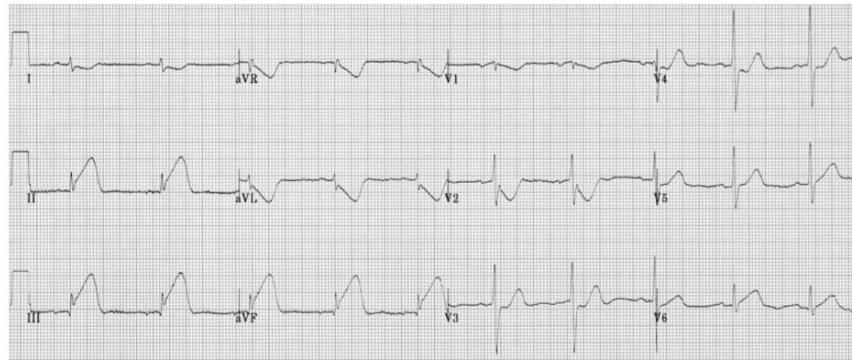
Doctor 020
Done by: Alaa Mutaz

Submedicine miniosce (4th group)

ER: (5Q)

1. Q1

5. A 55-year-old male presents to the Emergency Department with complaints of sudden-onset chest pain radiating to the left arm, nausea, and sweating. The pain started 3 hours ago while he was at rest. His medical history includes hypertension and hyperlipidemia. He denies any recent trauma or similar episodes in the past, ECG showed:



1. What is your diagnosis?
Inferior wall MI
2. Which artery is affected?
RCA
- 3.2 Signs of failed thrombolysis
Persistence of chest pain and non-resolution of ECG changes
4. V2 changes are called?
Reciprocal changes

2. Another ecg photo on monitor (v tach pattern) ... branches:

a) what score is used?

C) When you stop to assess the pulse and rhythm every? **2-3minutes**
[5 cpr cycles]

D) Which drug is used in this case?

ACS risk scores

- ◆ **HEART score:** scoring system designed to stratify risk of major adverse cardiac events in patients coming to the emergency room with chest pain.
- ◆ **TIMI score:** 14-day risk of death, new/ recurrent, or need to repeat revascularization.
- ◆ **GRACE score:** in-hospital, 6 months, 1 year, 3 years risk of death or MI.

3. Q2 (first branch of Q2, child is responsive so probable ans is Heimlich maneuver)

Other branches for choking case:

- a) The A in ABC stands for airway and?

Restricting cervical spine?

Upon initial evaluation of a trauma patient, first assess the airway to ascertain patency.

This rapid assessment for signs of airway obstruction includes

- inspecting for foreign bodies;
- identifying facial, mandibular, and/or tracheal/laryngeal fractures
- suctioning to clear accumulated blood or secretions that may lead to or be causing airway obstruction.

Begin measures to establish a patent airway while restricting cervical spine motion.

-2 tests for hemorrhage in seconds?
HR and cap refill

-3 life threatening injuries?

Tension pneumothorax, hemothorax, car

-Definite treatment?

Thoracotomy or sternotomy

2. A case describing choking in a child

-First thing to do if he was unresponsive?

Start CPR

-1st thing in the chain of survival in pediatrics?

Prevention

-2 rescuers, compression to breath ratio is

15:2

-How to ensure ET is located correctly?

Auscultation

-How to open airway in trauma patient?

Jaw thrust

Note: Do not perform head-tilt/ chin lift if you suspect the person may have a neck injury. In that case the jaw-thrust is used.

4. Q4)

- a) You find an unresponsive person, what is the first thing to do when you arrive? **Check safety?**

- b) What comes after primary survey? Secondary and tertiary

- c) Define secondary survey?

Be Safe

- Move the person out of traffic.
- Make sure the scene is safe before
- Be sure you do not become

Dermatology: (10 Q)

1. What is this?



2. Hx of injury, mass is sensitive and bleeds easily, what is the Dx?

Pyogenic granuloma:

- A lobular capillary hemangioma.
- Usually single vascular lesion.
- Grows rapidly and easily bleeds with minor trauma.
- Lesions may arise at the site of trauma, often on the digits.
- **Treatment:** surgical removal by curettage and cautery (rarely to resolve spontaneously).



3. painful lesion, what is the pointed area called? Dx? (past q)

Nail fold? Acute paronychia



4. (past Q)

Q4) Look at this picture carefully, then answer the following question?

- A) What is this lesion?
- B) Describe this lesion
- C) What it is the most common trigger?

Answers:

A) Erythema multiforme

B) Target lesions, with three areas of discoloration; dusky red centers, outer pale rim and red erythematous borders

C) HSV infection



5. Dx? **Shingles / herpes zoster** (past Q)
what is the tx?



6. Dx?

(Koebner's phenomenon): psoriasis in surgical scar.

3/5/16
2/2/16



7. name 1 trigger factor? Heat / spicy food / alcohol / sun
(past q)



8. (past q)

Q6) A 28-year-old athlete male presented to the clinic with non-itchy, hyperpigmented, scaly patches on his back...

A) Most likely diagnosis?

B) Which organism causes this disease?

Answers:

A) Pityriasis versicolor

B) Furfur



9. Dx?



Forensic: (8Q)

NOTE: half of the questions were toxo, and they were all past Q

1. This is a case of () poisoning: **pesticide**

pesticide poisoning

1) A 45-year-old male farmer presents to the emergency department with symptoms of acute poisoning after a recent exposure to organophosphate pesticides. He reports sudden onset of severe headache, dizziness, excessive salivation, and difficulty breathing. On examination, he is found to be tachycardic, diaphoretic, and has pinpoint pupils. Neurologically, he exhibits muscle twitching and generalized weakness. His vital signs show elevated blood pressure and a rapid heart rate. The patient's history reveals he was spraying pesticides on his crops without appropriate protective gear.... (MINI OSCE 017+018)

B) True or false: Give atropine immediately?

False

C) If atropine is given immediately what will happen?

It might induce ventricular dysrhythmia in hypoxia patients (give O2 first)

D) Mention other antidote?

Pralidoxime

E) True or false: Measure the blood level of cholinesterase?

True

F) What will happen if we give physostigmine?

It will potentiate anticholinesterase activity which will increase organophosphate toxicity

G) This poisoning is due to accumulation of what substance?

Acetylcholine

- 2.

2) A 68-year-old man, a retired farmer living in Amman, was found unconscious in his small, dimly lit kitchen. Patient had accidentally ingested a small amount of kerosene, mistaking it for a medicinal tonic that he often kept on the same shelf.... (MINI OSCE 017+018+019)

a. What is the complication?

Chemical Pneumonitis

b. Active Charcoal can be beneficial?

False

c. Gastric lavage with unprotected airways will lead to?.

Aspiration leading to chemical pneumonia

d. True or false: Milk is effective?

False

e. Milk ingestion will result in?

Increased absorption

f. True or False: Caster oil increase its excretion?

False

3. 5) A 4-year-old boy was brought to the emergency department after his parents discovered him playing in the garage, where he ingested a small amount of car battery acid. The child was immediately rushed to the hospital after he began crying in pain, drooling excessively, and refusing to swallow. On examination, the child appeared distressed, with signs of oral burns, including redness and blistering on his lips and tongue.... (MINI OSCE 017+018)

- A) Induction of emesis is:
Contraindicated, may result in expulsion
- B) Activated charcoal is:
Ineffective and may impede wound healing
- C) we should do gastric lavage (t/f):
False, risk of perforation
- D) we should give sodium bicarbonate to neutralize the acid:
False
- E) give as a demulcent:
Milk

4. The hand is wet (t/f) → **false**

Dx: **electrocution**

In these cases rigor mortis is slower (t?f) → **F**

- C) What would you find in the autopsy?
Negative autopsy, not specific findings (Zenker's degeneration, petechial hemorrhage, focal necrosis with hemorrhage in the heart, congested lungs, Brain edema)

- E) What is the mode of death?

Syncope



5. RTA with LL fracture nondisplaced fracture:

- a) الحالة؟ متوسطة؟
b) مدة التعطيل؟
(LL 14-16 w / Nondisplaced 2-4)
- c) Tailing helps identify direction in this wound (t/f)
- d) Caused by blunt force (t/f)



6.

- a) Cause of bleeding from ear? **Intracranial hemorrhage?**
- b) Distance? **Close**
- c) Manner of death? **Homicide**
- d) Mode of death? **Coma**
- e) Type of beveling? **Internal**
- f) These marks are washable (t/f) → **T**



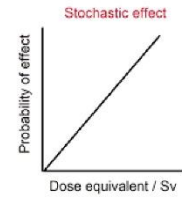
7.

- a) What is this sign? **Rigor mortis**
- b) 2 ddx? (heat and cold stiffening)
- c) 2 factors affecting? (age, temperature, gender, etc..)



Radiology: (30 Q)

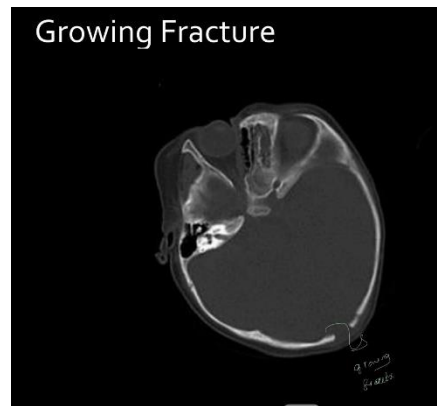
1. As dose increases the () of effect increases. **Ans: Probability**
2. considerations in radiological imaging include: Justification, Optimization, and (). **Ans: sensitive population?**
3. Lead aprons provide ()% protection. **Ans: 99%**



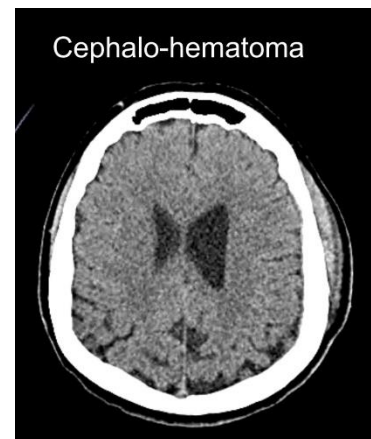
Lead aprons of 0.5 mm thickness have been shown to shield approximately **99%** of potential radiation dose. Lead apron must cover the front of the body from the throat to within 10 cm of the knees, as well as the sides of the body from the shoulder to below the buttocks.

<https://pubmed.ncbi.nlm.nih.gov/>
Radiation protection and standardization - PMC

4. What is the type of fracture?



5. Dx? Similar picture but bilateral



6. Dx? **Bilateral acute on top of chronic SAH**

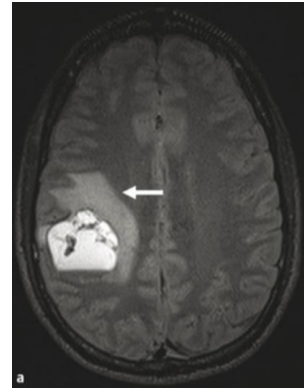
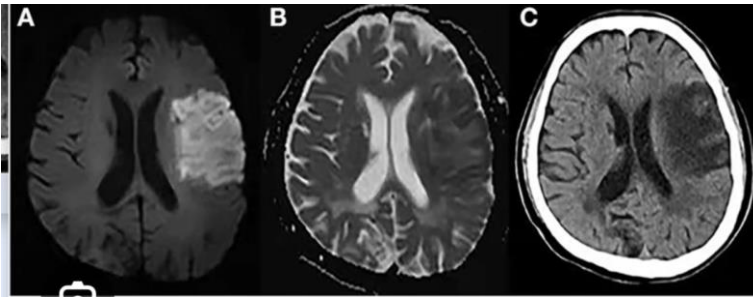


7. Modality of b? **T2**

8. Dx? **Cytotoxic edema**

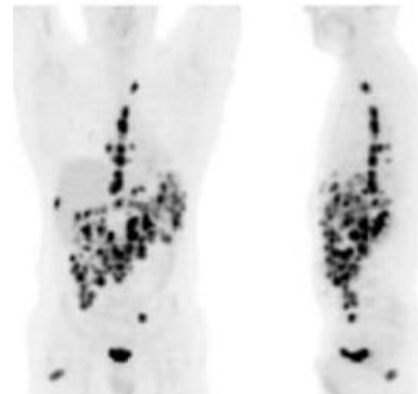
9. Arrow on A?

زي هيڪ السهم ب ا بال mca territory وال3 صور كلها بنفس المكان



10. Modality? **PET**

11. Substance? **FDG**



Positron Emitting Tomography

Radioactive fluorine is the most widely used (^{18}F -FDG)
Also uses ^{11}C , ^{13}N , ^{67}Ga
Indications
Staging
Response assessment
Interim evaluation of treatment (lymphoma)
Evaluation of suspected disease recurrence, relapse and/or residual disease
Evaluation of indeterminate lesion
Myocardial viability
Localizing seizure foci

12. Describe 4 findings: **hyperinflation (barrel), flattened diaphragm, tracheal deviation, mediastinal deviation/ widening?**

13. Dx? **COPD**

14. Modality? **Chest xray**

15. Position? **PA**

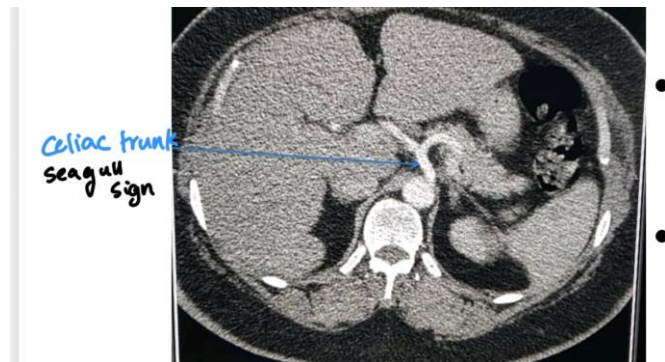
(Same pic exactly from slides)



16. findings and dx? **Air under diaphragm**



17. name structure



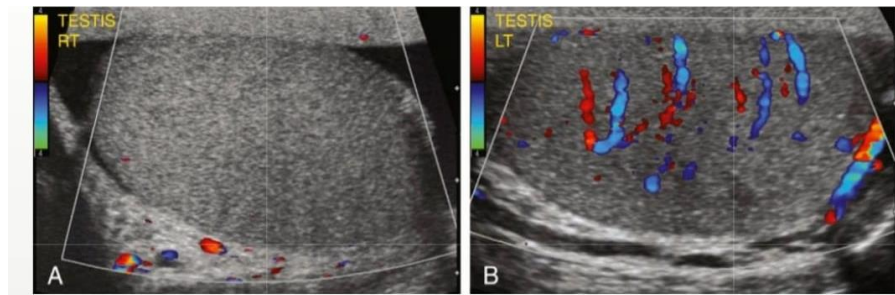
- 18. Modality: **abdominal axial ct with contrast**
- 19. Primary pathology: **aortic aneurysm**
- 20. Complication: **rupture and active bleeding**



Abdominal aortic aneurysm rupture | Radiology Case |...

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21. Dx?

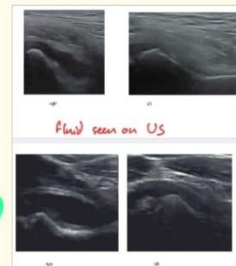


22. Dx? **Septic Arthritis**

Exactly the same photo from slides

Q4: A 5-year-old boy, non-weight bearing on the right side for the last 24 hours, low-grade fever

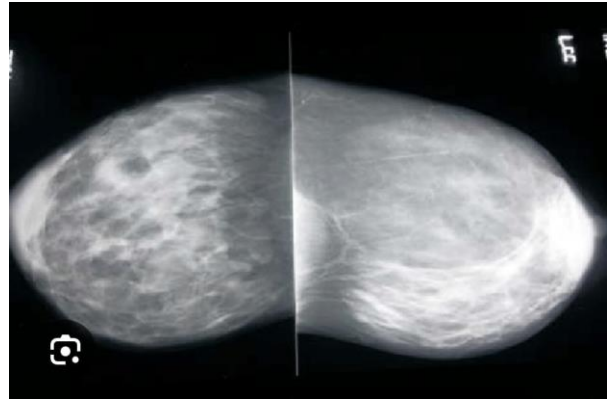
↳ Dx → *Septic Arthritis*
Modality → *US*



23. BIRADS score?



24. Dx? Lipoma



25. Dx? **Small bowel obstruction**



Double bubble sign (duodenum) | Radiology...

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26. Dx? **Rheumatoid arthritis**



27. Describe the fracture accurately:

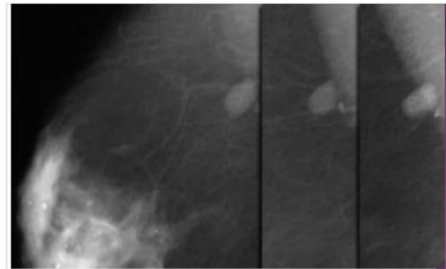
Proximal humeral fracture due to pathological cause, displaced laterally, no angulation or rotation



Pathological fracture of humerus | Radiology Case |...

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28. Calcification, next step? **Follow up**



Follow up at 6, 12 and 24 months showed no change. Final assessment was changed to a Category 2.

29. Dx? **Achilles tendinitis? (calcification of Achilles tendon)**



Achilles Tendinitis - OrthoInfo - AAOS

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