**2017 Sem 1 WH CAH Recall (Partial Recall)**

**MCQ**

1. 32 year old woman in labour, para 1, one previous Caesarean delivery. No complications in this pregnancy to date. The midwife ruptured the membranes 45 minutes ago. The woman reports pain between contractions. An in-out catheter is passed, and the urine is blood stained. The midwife then notes 30ml of fresh blood passed vaginally. CTG is abnormal. What is the most likely diagnosis:
   1. Uterine rupture
   2. Placenta accreta
   3. Normal
   4. Placental abruption
   5. Vasa praevia
2. 3 year old girl with shortness of breath coming on rapidly in the middle of the night. She has been sick with a coryza illness for the last 2 days. On examination, she has a moderate work of breathing, a barking cough and inspiratory stridor. The parents are quite distressed. What is the most appropriate management approach:
   1. Arrange for intubation under GA
   2. IV access for IV cefotaxime
   3. Oral prednisolone
   4. Discharge after reassuring parents that it is due to a virus, and that antibiotics won’t help
3. 2 year old previously well child with coryzal symptoms over the last 2 days. Mum has been taking the child’s temperature, and it has been raised up to 38.1 C. The girl then loses consciousness and is noted to have jerking movements of both arms and went blue around the mouth. The episode lasted 1 minute, after which the girl regained normal activity after 30 minutes. An ambulance was called, and they measured the girl’s temperature at 39.0 C and brought her in to the ED. In the ED, the girl was behaving normally, interactive with the intern, and seemed generally well. Vitals were stable. Her tympanic membranes were injected and her throat was red. Fluid status was normal. The rest of the examination was unremarkable. What is the most appropriate management?
   1. Admit for IV antibiotics
   2. Give oral paracetamol
   3. Perform a lumbar puncture for CSF examination
   4. Reassure and discharge with parental education
   5. Organise EEG

1. A 2 year old boy is brought into the ED by his mother. She noticed he wasn’t using his right leg and thinks his ankle is a bit swollen. On examination in the ED, he has a low grade fever, abdominal tenderness the following rash, which was non-blanching. What is the most likely clinical outcome?
   1. Permanent neurological sequelae, most commonly sensorineural deafness
   2. Acute kidney injury
   3. Chronic kidney disease
   4. Resolution with no long term effects
   5. Ongoing need for oral prednisolone



1. 15 year old boy with sudden onset abdominal pain whilst playing football. He feels nauseous and vomits. Ambulance is called. In the ED he is found to have an erythematous and swollen right hemiscrotum. What is the most appropriate initial management?
   1. Urgent surgical referral
   2. Mumps serology
   3. IV antibiotics
   4. Reassure that will likely resolve over next 3 months, if not can be drained at that time
2. A 2 year old child hits his head on a kitchen cupboard whilst ‘cruising’. She starts crying, but then seems to stop breathing and her limbs start to jerk. She becomes blue around the mouth. The episode lasts about 1 minute, and she is then drowsy and lethargic for 30 minutes. Which of the following features are least suggestive of a breath holding spell:
   1. Age of the child
   2. Peri-oral cyanosis

* 1. Triggered by hitting head
  2. Seizure with post-ictal drowsiness

1. Ovarian carcinoma histology (not recalled)
2. Ovarian carcinoma risk factors (not recalled)
3. Chinese woman with small volume of postmenopausal bleeding. A transvaginal ultrasound is arranged. What is the principle rationale for this scan as an initial investigation?
   1. Exclude invasive carcinoma of the cervix
   2. Exclude pelvic organ prolapse such as procidentia
   3. Exclude endometrial adenocarcinoma
4. 17 month child brought into GP clinic because mum is worried. She had developmental hip dysplasia requiring an operation at age 18. The child had a hip USS at age 6 weeks as well as against at 12 weeks. The child was cruising at 9 months, pulling to stand at 12 months, and is attempting to take a few steps but is yet to walk. The child is well grown and interactive. On examination, there are symmetrical skin creases, Galeazzi sign negative and Barlow and Ortolani manoeuvres are normal. What is the most correct statement?
   1. Child is developing normally
   2. Suspicious for DDH
   3. Gross motor development is delayed
5. 64 year old lesbian woman requesting cervical cancer screening. She last had a pap smear at age 32 and 34, both of which were negative. Her last sexual relationship with a male was when she was 25. What is the most correct statement:
   1. Cervical cancer screening not required, as she no longer meets the age requirement for Australian cervical cancer screening programme
   2. Screening not required, as she has had negative tests since her last heterosexual relationship
   3. Long period without screening is alarming, and colposcopy is indicated
   4. Cervical cancer screening is indicated regardless of sexual orientation
6. Unwell 5 month old with urinary tract infection. Signs of moderate dehydration. Most appropriate management
   1. Oral amoxicillin tablets
   2. Oral Bactrim (co-trimoxazole) syrup
   3. IV benzylpenicillin
   4. IV benzylpenicillin & gentamicin
   5. IV ceftriaxone

1. Which of the following scenarios is most likely consistent with non-accidental injury
   1. 2 month old girl with posterior rib fractures from rolling off her nappy change table
2. Child with meningitis. Weighs 5kg. What is the most appropriate fluid order after initial fluid boluses to treat shock?
   1. 0.9% Normal saline at 10ml/hr
   2. 0.9% Normal saline at 13ml/hr
   3. 0.9% Normal saline at 20ml/hr
   4. 0.9% Normal saline + 5% dextrose at 10ml/hr
   5. 0.9% Normal saline + 5% dextrose at 13ml/hr
   6. 0.9% Normal saline + 5% dextrose at 20ml/hr
3. Woman with 12 weeks amenorrhoea and 10-12 week uterus on examination. What is the most approbate next step in management?
   1. Serial beta hCG
   2. Pelvic USS
   3. Refer for surgical TOP
   4. Discharge with reassurance
4. Bronchiolitis. Most appropriate management
   1. Refer to ED for septic workup
   2. Advise mum to feed small amounts frequently and review in 24-48 hrs.
   3. Prescribe oral prednisolone
   4. Chest xray
5. Main benefit of IM analgesia (e.g. morphine) over epidural anaesthesia (local anaesthetic + opioid) is;
   1. Maternal sense of achievement
   2. Greater availability
   3. Less itchiness
   4. Less maternal sedation
6. Anaphylaxis question. Boy with peanut allergy at primary school. At lunchtime a friend gives him a biscuit. After only taking a small bite his tongue and lips start tingling. The nurse is called, and she gives him IM adrenaline with an auto injector pen 15 minutes after he ate the piece of biscuit. An ambulance is called. On arrival at the school, the boy reports feeling faint with chest tightness. What is the most appropriate next step:
   1. Wash out mouth to remove any biscuit remnants

* 1. Nebulised adrenaline
  2. Oral antihistamine
  3. Repeat IM adrenaline

1. Woman, G1P1 with bilateral severe nipple pain 5 days after delivery of her first child. She commenced breast feeding, but has had to stop. Her baby has lost 5% of its birth weight, but examination is otherwise reassuring (hydration status etc.). Her mother had to stop breast feeding for similar reasons. What is the most appropriate next step:
   1. Advise to cease breast feeding and commence formula feeding
   2. Observe attachment and breast feeding
   3. Alternate breast feeds with formula
   4. Topical anti-fungal and oral nystatin drops for the neonate
2. Which of the following interventions has led to the greatest decrease in congenital cardiac disease?
   1. Childhood rubella vaccination
   2. Preconceptual folate
   3. Community education about harms of alcohol during pregnancy
3. Head injury question. A 7 year old boy falls from a tree. Impact on R) parietal area. Which of the following features are most suggestive of severe head injury
   1. Long period of unconsciousness after fall
   2. Haematoma on area of impact
   3. Injury of area previously injured
   4. Vomiting several minutes after the impact
   5. Headache at the time of injury
4. 16 year old girl who recently started eating a vegetarian diet. Her mother is worried that she has an eating disorder. Which is most suggestive of bulimia nervosa, as opposed to anorexia nervosa
   1. Binge eating episodes
   2. Vomiting
   3. Normal weight
   4. Obsession over body image
5. 8 year old unvaccinated boy with 1 day history of severe headache, drowsiness and neck stiffness. Most appropriate management
   1. Notify Department of health of infectious disease

* 1. IV ceftriaxone

1. 18 month infant with 2 day history of fever and irritability. On examination, red and bulging right tympanic membrane. Most appropriate management:
   1. Oral amoxicillin for otitis media
   2. Topical anaesthetic drops
   3. Reassure that cause is viral and no role for antibiotics
   4. Topical ciprofloxacin drops
2. 15 year old boy at GP. Mother worried, as he is ‘one of the shortest boys in the class’. He was average height in primary school. Headaches after school sometimes. Examination: height 3rd centile, head circumference 5th centile, weight 3rd centile. Tanner stage 1. Testes 6-7 ml (prepubertal 4ml). Midparental height 50th centile. What is the most likely diagnosis?
   1. GH deficiency
   2. Skeletal dysplasia
   3. Panhypopituitarism
   4. Constitutional delay in growth and puberty
   5. Familial short stature
3. 30 year old woman with premature pre labour rupture of membranes at 30 weeks. Dose of IM betamethasone given, then repeated after 12 hours. She delivered 6 hours later. Normal vaginal delivery. Baby breathing well immediately after birth, but then developed respiratory distress after 1 hours. What is the most likely cause?
   1. Hyaline membrane disease
   2. Retained foetal lung fluid
   3. Meconium aspiration syndrome
4. Woman G1P0 at 38 weeks. BP at pregnancy day care was 135-145 systolic and between 90-100 diastolic. At booking visit, BP was 100/60 mmHg. No headache, photopsia, RUQ pain. Urine is negative for protein. Blood tests reveal normal LFTs, UEC and uric acid. What is the most appropriate step in management
   1. Admit for CS that day
   2. Obtain verbal consent for vaginal examination so that favourability for induction can be assessed and delivery planned
   3. Reassure that she does not have pre-eclampsia and review in clinic in 1 week

* 1. Prescribe oral methyldopa for pre-eclampsia

1. 25 year old Somali woman who does not speak English attends a sexual health clinic. She has an English language contact tracing letter stating that a sexual contact of hers has been diagnosed with Chlamydia. She has attended with a friend of hers who speak some English. No interpreter is available in the clinic today. What is the most appropriate approach:
   1. Use phone interpreter to take history and gain consent for examination and collection of swabs
   2. Take oral swab as this is non-invasive and does not require specific consent
   3. Reschedule appointment with an interpreter for history, exam and consent for blood test for HIV
2. 23 year old woman, 4 days post surgical termination of pregnancy at 13 weeks’ gestation. She is requesting the combined oral contraceptive and wants to commence it as soon as possible. When can she start it?
   1. Immediately
   2. One first day of next period
   3. After negative urine beta hCG
   4. After risk of DVT in the puerperium decreases (6 weeks)

**EMQ**

1. What is the most appropriate management approach?

1. 3 year old with fever and lymphadenopathy for 2 days, initially went to GP, reassured and sent home with advice to represent if not improving. Now several days later, and still febrile with maculopapular rash on trunk, conjunctivitis, cracked lips. IV access is difficult due to oedema of the hands.
2. 4 year old with coryza symptoms and this rash on his mouth, back and buttocks



C. B. 3 year old with this rash. Mum said it started as just red, now it is crusty



1. 17 year old girl in the ED with a sore throat, fatigue and lethargy. 4 days ago she went to her GP and was diagnosed with tonsillitis and prescribed or penicillin. His symptoms have not improved and today she woke up with a rash. On examination she has a fine maculopapular rash over her torso and hepatomegaly.
2. 6 year old boy with high fevers since yesterday. This morning he is very drowsy. Mother is very worried. She first noticed a rash earlier that day which she think was initially just pink but now looks worse. On examination, the boy is lethargic and his temperature is 39.1 C. The rash on his lower limbs is non-blanching.



**2.** Abdominal pain

What is the most likely diagnosis?

1. 4 year old girl, abdominal pain over the last 4 days. Hasn’t passed a bowel motion since the pain started. On examination, well, but hard mass in the left lower quadrant

1. 60 year old woman with lower abdominal pain. Recently, had a breast lump removed, and so ceased her regular HRT because she was worried. Has been very worried recently, and hasn’t been eating or drinking as much as usually. Has been constipated for several days. Passed a bowel motion this morning which was very hard and painful, associated with bright red blood on the toilet paper.
2. A 25 year old woman with acute onset RIF pain associated with nausea and vomiting. On examination, she is afebrile, she has RIF peritonism and on vaginal examination there is a R) adnexal mass.
3. 29 year old woman G1P0, 11 weeks pregnant. Known Type I diabetes. Hyperemesis gravidarum, so markedly reduced oral intake. She ceased her insulin because she wasn’t eating. On examination: dehydrated, diffuse abdominal pain. BSL 20, proteinuria +, ketones +++, glucose ++++.
4. 31 year old woman G1P0 at 38 weeks’ gestation with abdominal pain. On examination, 4cm dilated with foetal hair felt on vaginal examination.

**3.** Itch

1. Vulvar itch in a 39 year old woman for the last 6 months. On examination, areas of thin, white skin. Speculum examination not tolerated due to introital pain.
2. Vulvar itch in pregnancy. On examination, white creamy discharge from the vagina
3. Caucasian woman with intensely itchy palms of hands and soles of feet. Her face looks suntanned
4. 70 year old woman with a past history of cervical dysplasia treated with cervical laser. Presents now with intense itch of the vulva. On examination, there is a thickened white area with excoriation.

4. Shortness of breath

1. 29 year old G1P0 woman at 17 weeks’ gestation. Vesicular lesions first on face, then trunk. She describes feeling very fatigued and short of breath

**SAQ**

1. Young couple with 2 years of primary infertility. The male does not have any erectile dysfunction. The woman has oligomenorrhoea.

1. List 3 questions on history to help determine potential causes in the male, and give explanation.
2. List 4 features on examination of the woman to help determine underlying cause in the woman, give explanation.
3. List 3 investigations you would perform (on man or woman) to help find a cause for their infertility.

A diagnosis of PCOS is confirmed in the woman. List 2 lifestyle modifications and 3 medical/surgical interventions used to improve chances of conception.

With your interventions, her periods return. She has two cycles, and then 2 months of amenorrhoea. She takes a urine pregnancy test, which is positive.

1. State whether the following non-routine antenatal investigations would be warranted in her case, and give justification of your answer.
2. Dating ultrasound
3. First trimester HbA1c
4. Fasting lipids
5. Vitamin D

2. 21 year old women G3P0. Now 17 weeks’ pregnant. 1 prior early miscarriage and 1 early surgical termination of pregnancy. She has cut down cigarettes from 25 to 12 during this pregnancy. She is still smoking 1g of cannabis several times a week to calm her in the evenings. She doesn’t drink alcohol, and denies ever using IV drugs. She works at a sandwich shop in a food court. The biological father of this pregnancy is no longer on the scene. She thinks she is ‘better off without him’. She denies that he was ever violent towards her, and she never felt endangered or belittled.

Her mother passed away several years ago. Her father had a heart attack at 38, but is doing well (independent etc.). She has a 12 year old brother with ADHD.

On examination, BMI 17.1, fundal heigh consistent with 17 week pregnancy. BP 100/60 mmHg. Rest of examination is normal.

1. List 4 features relevant to her history that are of concern. State the maternal and perinatal effects of these features, and strategies to overcome these risks.

She enquires about testing for Down syndrome. She is already 17 weeks’ pregnant. List two options for screening for Down syndrome at her gestation. Give one advantage and one disadvantage of each.

The woman attends antenatal clinic at 36 weeks’ gestation. The obstetric registrar confirms a breech presentation. All else is normal.

1. State whether or not the following interventions or investigations are indicated, and give your reasoning:

1. Admission to hospital
2. CTG monitoring
3. External cephalic version
4. Follow up with GP in 1 week and antenatal clinic in 2 weeks

10 days after an uncomplicated delivery of her baby, the woman is requesting contraception, as she doesn’t want to try for another pregnancy for 18 months. She ceased breast feeding 4 days ago.

1. List two methods of contraception, and give an advantage and a disadvantage of each.

3. Acute RIF pain with peritonism in a 26 year old woman.

1. Give 5 features on history and examination that will help you differentiate appendicitis and a right tubal ectopic pregnancy. Explain how they help you.
2. Apart from ectopic pregnancy, appendicitis and Mittelschmerz, state four other possible diagnoses for this presentation of acute RIF pain, and give a features on examination for each that would be suggestive of these diagnoses.

Clinical assessment and investigations are performed, and a diagnosis of Mittelschmerz is made. The woman is relieved, as she is hoping to become pregnant. She attends a pre conceptual clinical appointment. An extensive history is taken. She had heavy and painful periods as a teenager, which impacted on attendance of school, and requiring NSAIDs and codeine. She commencing the COCP as treatment (which was effective). She has several siblings. Her mother’s first pregnancy was stillborn at term, she thinks doe to a congenital abnormality, but she doesn’t know much more information, as it is not much talked about in her family. Her mother is from Chile, and had a hysterectomy to treat ‘troublesome periods’. He father had an AMI at 40 yrs, and is currently pretty well. Her sister recently had a healthy baby in Australia.

1. State whether the following are relevant to this woman’s pregnancy care:
2. Assessment for endometriosis
3. Thalassaemia
4. 5mg preconceptual folate
5. Preconceptual genetic testing for autosomal recessive conditions.

4. 16 year old boy with central chest pain associated with shortness of breath. No radiations. Occurring more frequently over the last few weeks. Not associated with meals. No palpitations. He has asthma, but he doesn’t think his inhaled helps. The pain usually goes away after a few minutes of sitting down and controlling his breathing. Sometimes occurs at night, but does not interrupt his sleep. Mum very worried. Father had an AMI aged 38. High achieving boy, good marks at school, considering studying law in the future.

1. List three differentials for his chest pain. Give two supportive features on history, as well as one feature that goes against this diagnosis.

You ask to speak to the boy alone, but the mother is worried that she will miss important information. Describe your approach to managing this situation.

1. List three features of the HEADSS screen that are particularly relevant to this case, and for each, state two questions you would ask (use exact wording).

At the end of the consultation, the boy asks about the spots on his face. He thinks he might have a bad diet, and his mum tells him that he gets the spots because he eats too much sugar.

1. Describe what advice you will give him, and how you will help manage his problem.

5. 6 year old boy with cough for 3 weeks. Cough worse at night and with exercise (plays soccer). Had a cold 4 weeks ago. Younger sister at home also had a coryzal illness recently. Dad at home smokes. Eczema as infant. Examination: well grown, normal respiratory and ENT examination, SaO2 98%.

1. Give 3 differentials for the boys cough. Give 2 supporting features on history for each.

GP reassures the mum and boy that no specific management is required at this stage.  Friend at school has had a cold the last few days. The boy then develops worsening shortness of breath and chest tightness. In ED: moderate work of breathing, speaking in short sentences, prolonged expiratory phase, widespread wheeze.

1. What is the precise diagnosis, underlying condition and what is the underlying cause of this presentation?
2. Describe immediate management
3. Describe ongoing management

His 4 year old sister also develops a viral respiratory tract infection and is brought to the GP. On examination, she has a harsh pansystolic murmur at the left lower sternal edge with an associated thrill. Rest of exam in normal: heart sounds, lung fields, no hepatomegaly. She is otherwise generally well and asymptomatic. The mother remembers a murmur being heard when she was a baby, and was told that it was not significant. The girl is well grown and thriving.

1. What is the most likely diagnosis? Explain your rationale.

6. 5 month old boy with non-bilious vomiting, worsening over the last 4 days. Intermittently pulling up his legs. Bowel motions have been soft and regular. Generally lethargic and grizzly. Fewer wet nappies. Normal neonatal history. One 4 year old sister who is at kindergarten.

1. List four differential diagnoses.

Further information: on examination, CRT 3 seconds, mildly reduced skin turgor. You observe the boy intermittently becoming very pale and pulling up his legs.

1. Of your four differentials, state the 2 most likely causes. For each, give two features on the history already given that support these two diagnosis. Also give two more features on history or examination that would support each diagnosis.
2. Comment on the boy’s hydration status, giving a rationale.
3. A plain abdominal film is taken. The report reads ‘RUQ target sign’. What is the diagnosis?
4. List 5 immediate steps of management given this diagnosis

