



**UNIVERSITI MALAYSIA SARAWAK**  
**Faculty of Medicine and Health Sciences**

**FINAL PROFESSIONAL EXAMINATION**  
**MD Degree**

**Session 2004/2005**

**MODIFIED ESSAY QUESTIONS**  
**(MEQs)**

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**April 2005**

**Time: 2 hours 30 minutes**

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**Date : Monday, 25 April 2005**  
**Time : 9:00 a.m. – 11:30 a.m.**  
**Venue : FPSK, UNIMAS, Lot 77, Kuching**

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**INSTRUCTIONS:**

1. There are **FIVE (5) MEQs** in this booklet.
2. Answer **All Questions** on this booklet itself.  
**No part** of this examination booklet should be taken away from the examination room.  
Please fill in your attendance sheet.

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*This examination paper contains 31 pages.*

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**MEQs**

Student No.: \_\_\_\_\_

**Question 1**

**Part I**

(6 minutes)

Miss KL is a 15-year-old schoolgirl who had allegedly being raped by a person unknown to her four days ago. She claimed that her last menstrual period was 14 days ago and it was a regular cycle of seven days duration.

A policewoman brought her to the hospital for further examination.

1. List **FOUR** relevant questions you would ask Miss KL with regards to her unfortunate incident.

(2 marks)

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_
- (iv) \_\_\_\_\_

2. What would you prescribe to reduce the chance of unwanted pregnancy? Give a reason for your answer.

(2 marks)

\_\_\_\_\_

\_\_\_\_\_

3. Describe the mechanism of the above method chosen in reducing the chance of unwanted pregnancy.

(2 marks)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEQs**

Student No.: \_\_\_\_\_

**Question 1 (continued)**

**Part II**

*(8 minutes)*

Miss KL is a 15-year-old schoolgirl who had allegedly being raped by a person unknown to her four days ago. She claimed that her last menstrual period was 14 days ago and it was a regular cycle of seven days duration.

Miss KL was referred for psychiatric opinion as she was found to be fearful, anxious and had difficulty in coping with her daily functions following the life-threatening event.

4. List **FOUR** information you would like to elicit from her to help you understand her psychological distress.

*(2 marks)*

- (i) \_\_\_\_\_  
\_\_\_\_\_
- (ii) \_\_\_\_\_  
\_\_\_\_\_
- (iii) \_\_\_\_\_  
\_\_\_\_\_
- (iv) \_\_\_\_\_  
\_\_\_\_\_

5. What is the likely psychological disorder suffered by the patient? Give your reasons.

*(2 marks)*

\_\_\_\_\_  
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**MEQs**

Student No.: \_\_\_\_\_

**Question 1 (continued)**

**Part II (continued)**

6. How would you manage this patient?

(2 marks)

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7. What are the good **and** poor prognostic factors of her illness?

(2 marks)

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**MEQs**

Student No.: \_\_\_\_\_

**Question 1 (continued)**

**Part III**

(8 minutes)

Miss KL is a 15-year-old schoolgirl who had allegedly being raped by a person unknown to her. She had an Intrauterine Contraceptive Device (IUCD) insertion as the emergency contraception.

Unfortunately, the IUCD failed. She defaulted her follow-up and only presented herself to labour ward at 32 weeks Period of Amenorrhoea (POA) with history of leaking.

8. List **FOUR** investigations that you would order **and** the reason for each investigation. (4 marks)

- (i) \_\_\_\_\_  
\_\_\_\_\_
- (ii) \_\_\_\_\_  
\_\_\_\_\_
- (iii) \_\_\_\_\_  
\_\_\_\_\_
- (iv) \_\_\_\_\_  
\_\_\_\_\_

9. How would you monitor this patient while she is in the ward? (4 marks)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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**MEQs**

Student No.: \_\_\_\_\_

**Question 1 (continued)**

**Part IV**

*(5 minutes)*

Miss KL is a 15-year-old schoolgirl who had allegedly being raped by a person unknown to her. She had an IUCD insertion as the emergency contraception. Unfortunately, the IUCD failed. She absconded her follow-up and only presented herself to labour ward at 32 weeks POA with Pre-term Pre-labour Rupture of Membrane (PPROM).

She was managed conservatively until 36 weeks POA when the Consultant decided for induction of labour.

10. Outline the procedure for induction of labour in this patient.

*(3 marks)*

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11. What precautions would you take in this patient?

*(2 marks)*

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**MEQs**

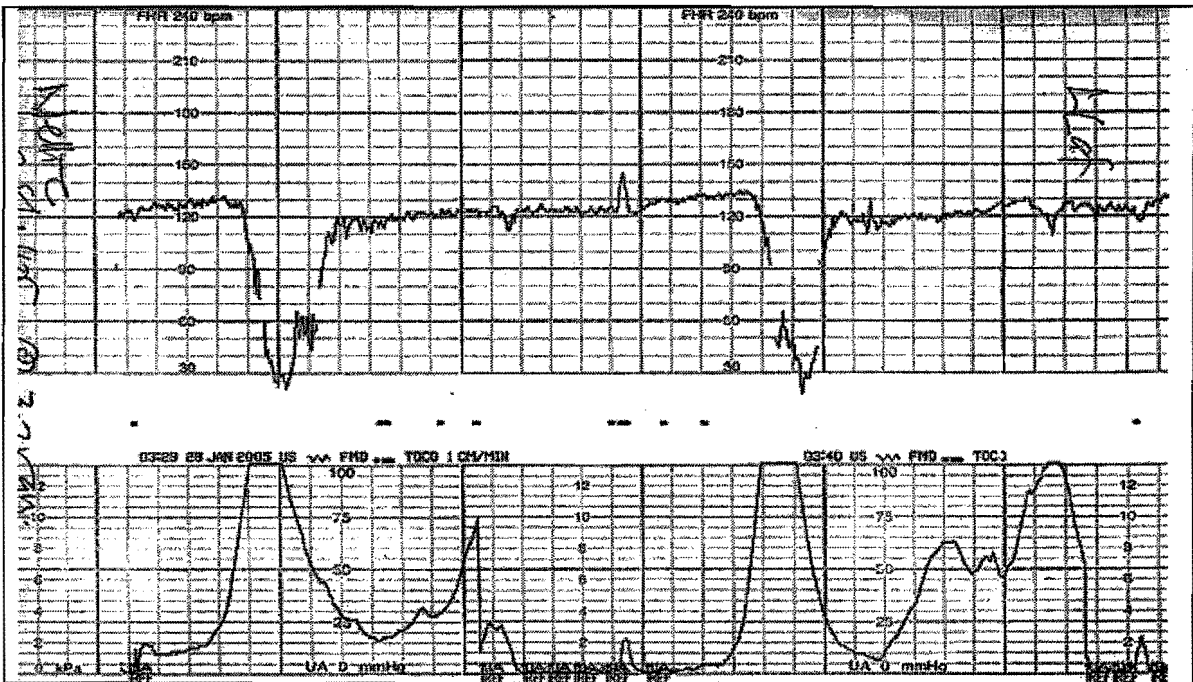
Student No.: \_\_\_\_\_

**Question 1 (continued)**

**Part V**

(3 minutes)

Miss KL is a 15-year-old schoolgirl who had allegedly being raped by a person unknown to her. She had an IUCD insertion as the emergency contraception. Unfortunately, the IUCD failed. She absconded her follow-up and only presented herself to labour ward at 32 weeks POA with PPROM. She was managed conservatively until 36 weeks POA. She was induced with Prostin. A cardio-tocography (CTG) was done and the result is shown below:



12. Describe the CTG.

(2 marks)

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13. How would you deliver her now?

(1 mark)

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**MEQs**

Student No.: \_\_\_\_\_

**Question 2**

**Part I**

*(10 minutes)*

Francis, a 22-year-old Iban man was admitted to Sarawak General Hospital for sudden onset of right upper and lower limbs weakness with difficulty in talking.

He had been unwell for the past three weeks with fever, lethargy, loss of appetite and mild shortness of breath on exertion. He had consulted several doctors but to no avail.

Two days before the limbs weakness, he had started to experience multiple joint pains and dark-coloured urine.

On examination, he had a gaze preference to the left and a right homonymous hemianopia. His speech was non-fluent but he was able to follow commands. He could neither name objects nor repeat sentences. He had a right facial weakness with a dense right hemiplegia. His pulse was regular and blood pressure normal. Fundoscopy showed Roth spots bilaterally.

Cardiac examination was remarkable with the following findings:

Thrusting apex beat, left parasternal heave, soft S1 and loud P2, a pansystolic murmur at the apex radiating to the left axilla.

His neurological diagnosis was an ischaemic stroke.

1. Based on his physical findings, name the artery that is most likely to be occluded in this case.

*(2 marks)*

\_\_\_\_\_

2. Interpret his cardiac findings.

*(2 marks)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**MEQs**

Student No.: \_\_\_\_\_

**Question 2 (continued)**

**Part I (continued)**

3. State the speech abnormality demonstrated by this patient.

(2 marks)

4. List **FOUR** investigations you would do for this patient **and** give **ONE** reason for each of them.

(4 marks)

	Investigation	Reason
(i)		
(ii)		
(iii)		
(iv)		

**MEQs**

Student No.: \_\_\_\_\_

**Question 2 (continued)**

**Part II**

(11 minutes)

Francis, a 22-year-old Iban man with sudden onset of right upper and lower limbs weakness with difficulty in talking. He had been unwell for the past three weeks with fever, lethargy, loss of appetite and mild shortness of breath on exertion.

Two days before admission, he experienced multiple joint pains with dark-coloured urine. He had a gaze preference to the left and a right homonymous hemianopia.

His speech was non-fluent but he was able to follow commands. He could neither name objects nor repeat sentences. He had a right facial weakness with a dense right hemiplegia. His pulse was regular and blood pressure normal. Fundoscopy showed Roth spots bilaterally.

**Cardiac examination findings:**

Thrusting apex beat, left parasternal heave, soft S1 and loud P2, a pansystolic murmur at the apex radiating to the left axilla.

**Neurological diagnosis - ischaemic stroke.**

**Investigations showed the following:**

- Hb 11 g/dL, TWC  $16 \times 10^9/L$ , Platelet  $230 \times 10^9/L$ , ESR 90 mm/1<sup>st</sup> hour
- CT scan brain - hypodensity in the left fronto-temporo-parietal areas.
- Chest X-ray - moderate cardiomegaly.
- ECG - sinus rhythm.
- Urine microscopy - Protein +, blood ++, WBC 4/hpf, occasional cast.
- Blood culture - grew *Streptococcus viridans*.

5. Interpret the above investigation results.

(3 marks)

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6. State the comprehensive diagnosis of this patient.

(3 marks)

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**MEQs**

Student No.: \_\_\_\_\_

**Question 2 (continued)**

**Part II (continued)**

7. Name **ONE** additional investigation to confirm the underlying diagnosis stated above.

(2 marks)

\_\_\_\_\_

8. State the principles of antibiotic therapy in this patient with regards to:

(3 marks)

(a) Choice of antibiotic(s) : \_\_\_\_\_

(b) Duration of antibiotic treatment : \_\_\_\_\_

**MEQs**

Student No.: \_\_\_\_\_

**Question 2 (continued)**

**Part III**

(6 minutes)

Francis, a 22-year-old Iban man with sudden onset of right upper and lower limbs weakness with difficulty in talking. He had been unwell for the past three weeks with fever, lethargy, loss of appetite and mild shortness of breath on exertion. Two days before admission, he experienced multiple joint pains with dark-coloured urine. He had a gaze preference to the left and a right homonymous hemianopia. His speech was non-fluent but he was able to follow commands. He could neither name objects nor repeat sentences. He had a right facial weakness with a dense right hemiplegia. His pulse was regular and blood pressure normal. Fundoscopy showed Roth spots bilaterally.

**Cardiac examination findings:**

Thrusting apex beat, left parasternal heave, soft S1 and loud P2, a pansystolic murmur at the apex radiating to the left axilla.

**Neurological diagnosis - ischaemic stroke.**

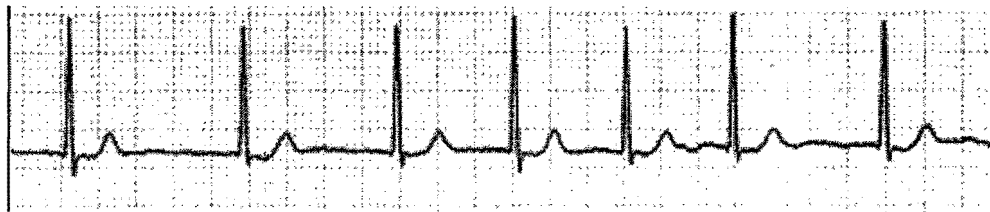
**Blood culture - grew *Streptococcus viridans*.**

**Other investigation results were given.**

The patient was diagnosed to have infective endocarditis and was given IV benzylpenicillin and gentamicin. His general conditions gradually improved and he was subsequently discharged after six weeks of antibiotic therapy.

He was seen two weeks later for symptoms of palpitation and shortness of breath.

An ECG was done and the long lead II is shown below.



**MEQs**

Student No.: \_\_\_\_\_

**Question 2 (continued)**

**Part III (continued)**

9. List **TWO** abnormalities seen **and** give your ECG diagnosis.

(3 marks)

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

ECG diagnosis: \_\_\_\_\_  
\_\_\_\_\_

10. Discuss the principles of management of this patient's cardiac problem shown in the ECG.

(3 marks)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEQs**

Student No.: \_\_\_\_\_

**Question 2 (continued)**

**Part IV**

(3 minutes)

Francis, a 22-year-old Iban man with sudden onset of right upper and lower limbs weakness with difficulty in talking. He had been unwell for the past three weeks with fever, lethargy, loss of appetite and mild shortness of breath on exertion. Two days before admission, he experienced multiple joint pains with dark-coloured urine. He had a gaze preference to the left and a right homonymous hemianopia. His speech was non-fluent but he was able to follow commands. He could neither name objects nor repeat sentences. He had a right facial weakness with a dense right hemiplegia. His pulse was regular and blood pressure normal. Fundoscopy showed Roth spots bilaterally.

**Cardiac examination findings:**

Thrusting apex beat, left parasternal heave, soft S1 and loud P2, a pansystolic murmur at the apex radiating to the left axilla,.

**Neurological diagnosis - ischaemic stroke.**

**Blood culture - grew *Streptococcus viridans*.**

**Other investigation results were given.**

The patient was diagnosed to have infective endocarditis and was given IV benzylpenicilin and gentamycin. His general conditions gradually improved and he was subsequently discharged after six weeks of antibiotic therapy.

He was seen two weeks later for symptoms of palpitation and shortness of breath.

He was also noted to have a change of behaviour. He became quiet, withdrawn and disinterested in the surroundings. A psychiatry consultation was arranged.

11. Choose ONE most likely psychiatric disorder from the following list you need to rule out in this case. Give THREE reasons for your choice.

(3 marks)

- (a) Anxiety disorder    (b) Depressive disorder    (c) Anxiety and Depression (Mixed)

Psychiatric Disorder	Reasons	
	(i)	
	(ii)	
	(iii)	

**MEQs**

Student No.: \_\_\_\_\_

**Question 3**

**Part I**

(7 minutes)

A 25-year-old man, who was involved in a road traffic accident, arrived at the Accident and Emergency Unit. He was conscious and complained of pain and bleeding over the left leg. A medical officer performed the physical examination, which revealed an open wound over left leg measuring 6 cm x 7 cm with the tibia bone exposed. There was no neurovascular deficit.

1. Define the phrase "open fracture".

(1 mark)

\_\_\_\_\_

2. State the classification used to grade open fractures **and** briefly explain each grade.

(4 marks)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the most likely grading for this patient based on the physical examination findings given?

(2 marks)

\_\_\_\_\_  
\_\_\_\_\_

**MEQs**

*Student No.:* \_\_\_\_\_

**Question 3 (continued)**

**Part II**

*(9 minutes)*

A 25-year-old man, who was involved in a road traffic accident, arrived at the Accident and Emergency Unit. He was conscious and complained of pain and bleeding over the left leg. A medical officer performed the physical examination, which revealed an open wound over left leg measuring 6 cm x 7 cm with the tibia bone exposed. There was no neurovascular deficit.

Upon arrival at the Orthopaedic Ward, the wound was irrigated with saline and a dressing was applied. Diagnosis of an open fracture of the left tibia-fibula (Gustilo Grade III) was made.

4. Briefly discuss the principles of management of this patient.

*(5 marks)*

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5. List **FOUR** important complications of an open fracture.

*(4 marks)*

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_
- (iv) \_\_\_\_\_



**MEQs**

Student No.: \_\_\_\_\_

**Question 3 (continued)**

**Part III**

(7 minutes)

A 25-year-old man, who was involved in a road traffic accident, arrived at the Accident and Emergency Unit. He was conscious and complained of pain and bleeding over the left leg. A medical officer performed the physical examination, which revealed an open wound over left leg measuring 6 cm x 7 cm with the tibia bone exposed. There was no neurovascular deficit.

Upon arrival at the Orthopaedic Ward, the wound was irrigated with saline and a dressing was applied. Diagnosis of an open fracture of the left tibia-fibula (Gustilo Grade III) was made.

The fracture was debrided and stabilized with an external fixator. The external fixator was removed after six weeks and his left leg was further immobilized using a patella-bearing cast. He, however, defaulted follow-up and removed the cast himself two weeks after application. Six months later, he still cannot bear weight on his left leg and the fracture site was still mobile.

At four months follow-up, discharging sinus was noted from the previous surgical wound.

6. What is the **MOST** likely problem that has occurred in this patient?

(1 mark)

\_\_\_\_\_  
\_\_\_\_\_

7. List **THREE** reasons to support your diagnosis.

(3 marks)

- (i) \_\_\_\_\_  
(ii) \_\_\_\_\_  
(iii) \_\_\_\_\_

8. Name **ONE** investigation to confirm your diagnosis **and** state **TWO** expected findings.

(3 marks)

Investigation	Expected finding	
	(i)	
	(ii)	

**MEQs**

Student No.: \_\_\_\_\_

**Question 3 (continued)**

**Part IV**

(7 minutes)

A 25-year-old man, who was involved in a road traffic accident, arrived at the Accident and Emergency Unit. He was conscious and complained of pain and bleeding over the left leg. A medical officer performed the physical examination, which revealed an open wound over left leg measuring 6 cm x 7 cm with the tibia bone exposed. There was no neurovascular deficit.

Upon arrival at the Orthopaedic Ward, the wound was irrigated with saline and a dressing was applied. Diagnosis of an open fracture of the left tibia-fibula (Gustilo Grade III) was made.

The fracture was debrided and stabilized with an external fixator. The external fixator was removed after six weeks and his left leg was further immobilized using a patella-bearing cast. He, however, defaulted follow-up and removed the cast himself two weeks after application. Six months later, he still cannot bear weight on his left leg and the fracture site was still mobile.

At four months follow-up, discharging sinus was noted from the previous surgical wound.

He was treated with open reduction and internal fixation and discharged well.

A motor vehicle accident is one of the top ten leading causes of mortality in Malaysia.

9. List **FOUR** other top ten causes of mortality in Malaysia.

(2 marks)

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_
- (iv) \_\_\_\_\_

**MEQs**

**Student No.:** \_\_\_\_\_

**Question 3 (continued)**

**Part IV (continued)**

10. Briefly discuss the measures that can be taken to prevent motor vehicle accidents in Malaysia.

(5 marks)

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**MEQs**

Student No.: \_\_\_\_\_

**Question 4**

**Part I**

(4 minutes)

**Paul, a 20-month-old boy, was seen in the Emergency Department as he was having high fever for a day.**

1. List, with reasons, **FOUR** relevant questions that you would ask Paul's parents that would help you arrive at a diagnosis.

(4 marks)

	Questions	Reasons
(i)		
(ii)		
(iii)		
(iv)		

**MEQs**

Student No.: \_\_\_\_\_

**Question 4 (continued)**

**Part II**

(9.5 minutes)

Paul, a 20-month-old boy, was seen in the Emergency Department as he was having high fever for a day.

Paul had high fever with chills. He cried whenever he passed urine. He had no other symptoms.

Paul was born normally after a supervised antenatal period. On examination, he was alert, cooperative, playful and pink. He was not in respiratory distress. His temperature was 39°C. His anterior fontanelle was normal. He had no cyanosis, jaundice or clubbing. His capillary refill was less than two seconds. His tympanic membranes were normal. He passed urine during examination. The urine stream was good. However, the urine appeared cloudy and was foul smelling.

The rest of the general and systemic examination was unremarkable. He developed generalized tonic and clonic seizures lasting a few minutes as he was being examined. He received immediate treatment in the Emergency Department for his seizures and was admitted.

2. State, with reasons, the most likely cause of Paul's seizures.

(2 marks)

Cause of seizures:

\_\_\_\_\_

Reasons:

\_\_\_\_\_

**MEQs**

Student No.: \_\_\_\_\_

**Question 4 (continued)**

**Part II (continued)**

3. Describe, with reasons, **SIX** steps in the immediate management of Paul's seizures. (6 marks)

	Steps	Reasons
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

4. State the most likely cause of Paul's fever. (0.5 mark)
- 

5. State, with reasons, **ONE** immediate, and most relevant investigation that you would do to arrive at the cause of Paul's fever. (1 mark)

Investigation	Reasons

**MEQs**

Student No.: \_\_\_\_\_

**Question 4 (continued)**

**Part III**

(2.5 minutes)

Paul, a 20-month-old boy, was seen in the Emergency Department as he was having high fever with chills for a day.

He cried whenever he passed urine. He had no other symptoms.

Paul was born normally after a supervised antenatal period. On examination, he was alert, cooperative, playful and pink. He was not in respiratory distress. His temperature was 39°C. His anterior fontanelle was normal. He had no cyanosis, jaundice or clubbing. His capillary refill was less than two seconds. His tympanic membranes were normal. He passed urine during examination. The urine stream was good. However, the urine appeared cloudy and was foul smelling.

The rest of the general and systemic examination was unremarkable. He developed generalized tonic and clonic seizures lasting a few minutes as he was being examined. He received immediate treatment in the Emergency Department for his seizures and was admitted.

Further questioning revealed that he has had one episode of Simple Febrile Seizures at the age of 12 months. He continued to have fever. The following are the results of his investigations done in the ward:

**Full Blood Count**

Hb 12 g/dL

WBC TC  $9.6 \times 10^9/L$

DC Polymorph 45%, Lymphocytes 47%, Eosinophils 5%, Basophils 1% Monocyte 2%

Platelet count  $280 \times 10^9/L$

Peripheral blood picture – Normochromic, normocytic RBCs, WBCs and Platelets normal. No parasites seen.

Random blood glucose – 5 mmol/L

Bag urine culture – Mixed growth of organisms seen.

6. Interpret the above laboratory results.

(2 marks)

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7. State the next step in the immediate management of Paul.

(0.5 mark)

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**MEQs**

Student No.: \_\_\_\_\_

**Question 4 (continued)**

**Part IV**

(4 minutes)

Paul, a 20-month-old boy, was seen in the Emergency Department as he was having high fever with chills for a day.

He cried whenever he passed urine. He had no other symptoms.

Paul was born normally after a supervised antenatal period. On examination, he was alert, cooperative, playful and pink. He was not in respiratory distress. His temperature was 39°C. His anterior fontanelle was normal. He had no cyanosis, jaundice or clubbing. His capillary refill was less than two seconds. His tympanic membranes were normal. He passed urine during examination. The urine stream was good. However, the urine appeared cloudy and was foul smelling.

The rest of the general and systemic examination was unremarkable. He developed generalized tonic and clonic seizures lasting a few minutes as he was being examined. He received immediate treatment in the Emergency Department for his seizures and was admitted.

Further questioning revealed that he has had one episode of Simple Febrile Seizures at the age of 12 months. He continued to have fever. The results of his investigations done in the ward were provided.

As the urine was not collected properly, the Medical Officer requested for a collection of midstream urine for culture and sensitivity. Paul's midstream urine culture grew more than  $10^5$  colonies/ml of *E. coli*, which was sensitive to cotrimoxazole, augmentin, nitrofurantoin, ciprofloxacin and gentamicin.

He was diagnosed to have Urinary Tract Infection (UTI) due to *E. coli* with Simple Febrile Seizures and was treated appropriately in the ward.

8. Describe briefly your immediate and long-term treatment plans for Paul at this stage. (4 marks)

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**MEQs**

Student No.: \_\_\_\_\_

**Question 4 (continued)**

**Part V**

(10 minutes)

Paul, a 20-month-old boy, was seen in the Emergency Department as he was having high fever with chills for a day.

He cried whenever he passed urine. He had no other symptoms.

Paul was born normally after a supervised antenatal period. On examination, he was alert, cooperative, playful and pink. He was not in respiratory distress. His temperature was 39°C. His anterior fontanelle was normal. He had no cyanosis, jaundice or clubbing. His capillary refill was less than two seconds. His tympanic membranes were normal. He passed urine during examination. The urine stream was good. However, the urine appeared cloudy and was foul smelling.

The rest of the general and systemic examination was unremarkable. He developed generalized tonic and clonic seizures lasting a few minutes as he was being examined. He received immediate treatment in the Emergency Department for his seizures and was admitted.

Further questioning revealed that he has had one episode of Simple Febrile Seizures at the age of 12 months. He continued to have fever. The results of his investigations done in the ward were provided.

As the urine was not collected properly, the Medical Officer requested for a collection of midstream urine for culture and sensitivity. Paul's midstream urine culture grew more than 10<sup>5</sup> colonies/ml of *E. coli*, which was sensitive to cotrimoxazole, augmentin, nitrofurantoin, ciprofloxacin and gentamicin.

He was diagnosed to have UTI due to *E. coli* with Simple Febrile Seizures and was treated appropriately in the ward.

At the time of discharge, Paul's parents were advised by the Medical Officer that they have to get an appointment with the Radiology Department to complete the investigations regarding Paul's urinary tract infection.

9. List with reasons, the **TWO** most relevant imaging procedures that you would request for Paul with reference to his urinary tract infection. State when you would do the two procedures.

(4 marks)

	Procedures	Reasons	Timing of the procedure
(i)			
(ii)			

**MEQs**

Student No.: \_\_\_\_\_

**Question 4 (continued)**

**Part V (continued)**

10. Define the following:

(2 marks)

**Primary prevention:**

\_\_\_\_\_

**Secondary prevention:**

\_\_\_\_\_

11. List **TWO** relevant steps each for Primary and Secondary Prevention for UTI in children.

(4 marks)

	<b>Primary Prevention</b>	<b>Secondary Prevention</b>
<b>(i)</b>		
<b>(ii)</b>		

**MEQs**

Student No.: \_\_\_\_\_

**Question 5**

**Part I**

(3.5 minutes)

Encik Rashid, a 50-year-old man, had been attending various clinics in Kuching for the past one month with vague upper abdominal discomfort and loss of weight. He had an episode of passing black stools three months prior to the onset of his present complaints. A week ago, he developed vomiting. On general examination, he was noted to be slightly wasted and mildly dehydrated.

1. List **THREE** possible causes for his symptoms.

(1.5 marks)

- (i) \_\_\_\_\_  
\_\_\_\_\_
- (ii) \_\_\_\_\_  
\_\_\_\_\_
- (iii) \_\_\_\_\_  
\_\_\_\_\_

2. Briefly describe the physiology of the production of gastric juice.

(2 marks)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**MEQs**

Student No.: \_\_\_\_\_

**Question 5 (continued)**

**Part II**

(11.5 minutes)

Encik Rashid, a 50-year-old man, had been attending various clinics in Kuching for the past one month with vague upper abdominal discomfort and loss of weight. He had an episode of passing black stools three months prior to the onset of his present complaints. A week ago, he developed vomiting. On general examination, he was noted to be slightly wasted and mildly dehydrated.

On examination of the abdomen, a vague mass was felt in the epigastric region and succussion splash could be elicited. A working diagnosis of gastric outlet obstruction due to carcinoma was made.

3. Illustrate, with the aid of a diagram, the lymphatic drainage of the stomach. (2 marks)

4. What are the malignant tumours of the stomach? State **FOUR** risk factors in their aetiology. (1+1.5 marks)

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- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_
- (iv) \_\_\_\_\_

**MEQs**

Student No.: \_\_\_\_\_

**Question 5 (continued)**

**Part II**

*(11.5 minutes)*

Encik Rashid, a 50-year-old man, had been attending various clinics in Kuching for the past one month with vague upper abdominal discomfort and loss of weight. He had an episode of passing black stools three months prior to the onset of his present complaints. A week ago, he developed vomiting. On general examination, he was noted to be slightly wasted and mildly dehydrated.

On examination of the abdomen, a vague mass was felt in the epigastric region and succussion splash could be elicited. A working diagnosis of gastric outlet obstruction due to carcinoma was made.

3. Illustrate, with the aid of a diagram, the lymphatic drainage of the stomach. *(2 marks)*

4. What are the malignant tumours of the stomach? State **FOUR** risk factors in their aetiology. *(1+1.5 marks)*

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- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_
- (iv) \_\_\_\_\_

**MEQs**

Student No.: \_\_\_\_\_

**Question 5 (continued)**

**Part II (continued)**

5. How would you classify cancers of the stomach? Outline their modes of spread.  
(1.5+1.5 marks)

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6. List **FOUR** investigations you would request to arrive at the diagnosis and the stage of the disease. Give reasons for the investigations you have chosen.  
(2+2 marks)

	Investigations	Reasons
(i)		
(ii)		
(iii)		
(iv)		

**MEQs**

Student No.: \_\_\_\_\_

**Question 5 (continued)**

**Part III**

(6 minutes)

Encik Rashid, a 50-year-old man, had been attending various clinics in Kuching for the past one month with vague upper abdominal discomfort and loss of weight. He had an episode of passing black stools three months prior to the onset of his present complaints. A week ago, he developed vomiting. On general examination, he was noted to be slightly wasted and mildly dehydrated.

On examination of the abdomen, a vague mass was felt in the epigastric region and succussion splash could be elicited. A working diagnosis of gastric outlet obstruction due to carcinoma was made.

Surgery – D2 Gastrectomy was contemplated.

Blood investigations result:

Potassium level: 3.1 mmol/L

Chlorides: 96mmol/L

7. How would you account for the electrolyte imbalance?

(2 marks)

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8. What do you understand by D2 Gastrectomy?

(1 mark)

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9. Describe the pre-operative preparation of this patient.

(3 marks)

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**MEQs**

Student No.: \_\_\_\_\_

**Question 5 (continued)**

**Part IV**

(4 minutes)

Encik Rashid, a 50-year-old man, had been attending various clinics in Kuching for the past one month with vague upper abdominal discomfort and loss of weight. He had an episode of passing black stools three months prior to the onset of his present complaints. A week ago, he developed vomiting. On general examination, he was noted to be slightly wasted and mildly dehydrated.

On examination of the abdomen, a vague mass was felt in the epigastric region and succussion splash could be elicited. A working diagnosis of gastric outlet obstruction due to carcinoma was made.

Surgery – D2 Gastrectomy was contemplated.

Blood investigations result: Potassium level: 3.1 mmol/L and Chlorides: 96mmol/L.

He was progressing well post-operatively until the 5<sup>th</sup> post-operative day when he suddenly complained of pain in the right hypochondrium and was cold and clammy. He appeared jaundiced.

10. What is the most likely complication that the patient has developed?

(1 mark)

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11. How would you explain to the patient and his relatives the sudden setback in his progress? Give the principles of management at this stage.

(1.5+1.5 marks)

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**MEQs**

Student No.: \_\_\_\_\_

**Question 5 (continued)**

**Part V**

(5 minutes)

Encik Rashid, a 50-year-old man, had been attending various clinics in Kuching for the past one month with vague upper abdominal discomfort and loss of weight. He had an episode of passing black stools three months prior to the onset of his present complaints. A week ago, he developed vomiting. On general examination, he was noted to be slightly wasted and mildly dehydrated.

On examination of the abdomen, a vague mass was felt in the epigastric region and succussion splash could be elicited. A working diagnosis of gastric outlet obstruction due to carcinoma was made.

Surgery – D2 Gastrectomy was contemplated.

Blood investigations result: Potassium level: 3.1 mmol/L and Chlorides: 96mmol/L.

He was progressing well post-operatively until the 5<sup>th</sup> post-operative day when he suddenly complained of pain in the right hypochondrium and was cold and clammy. He appeared jaundiced.

Encik Rashid became more quiet when seen by the bedside, avoiding eye contact and made a request he would not like to receive visitors. He did not eat much and his sleep was reported to be poor. He has expressed that he felt hopeless and declared that life is not worth living anymore.

12. Describe the mood of the patient and explain why it is so.

(1.5 marks)

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13. What are you most worried about in this patient? Give your reasons.

(1.5 marks)

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14. How would you intervene to help him overcome his emotion?

(2 marks)

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