

PICTURES IN CLINICAL MEDICINE

From Dept. of Medicine – Mosul College of Medicine

for undergraduate students

Every Tuesday we present 5 picture cases. The answers will be available a week later following the presentation.

Answers of March 11, 2014 pictures

Q1: A 42-year-old man, developed coffee-ground emesis a month earlier? What is diagnosis? What are the future management planning?



Answer: Oesophageal varices. Almost all cases are a sequence of portal hypertension due to chronic liver cirrhosis although rarely other causes may be responsible e. g. portal vein thrombosis or umbilical cord thrombosis in newborn babies, etc.

Treatment includes: Sclerotherapy, band-ligation especially during active bleeding or following bleeding as prophylaxis for future bleeding. Long-term B-blockers use may be beneficial for lowering portal vein pressure (most complications of portal hypertension occur when the pressure exceeding 12 mmHg).

Decompression of the portal vein by TIPS (Transjugular Intrahepatic Porto-Systemic Shunt), surgical shunt like porto-caval and leno-renal shunts. Liver transplant is the long term treatment of choice in case of decompensated liver cirrhosis.

Q2: An 18-year-girl admitted to ICU for sepsis. Three days later, she developed this skin rash. What specific blood tests you order that is important as part of management?



Answer: DIC: PT and INR, PTT, Platelet count, FPD test and D-Dimer test.

Q3: What are the differences? Enumerate causes for each.



Left picture: Upper MNL, Right picture: Lower MNL of left facial nerve (seventh cranial nerve)

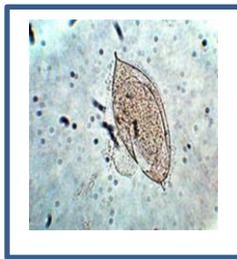
UMN: most due to cerebral or brain stem lesion that sparing the upper part of the face but also may be caused by other lesion like multiple sclerosis, acute and chronic infection, tumors and degerative condition of brain.

LMN: of facial nerve mostly due to peripheral lesions and sometimes brain stem lesions e.g. acoustic neuroma, fracture of base of skull, viral infection like Herpes Zoster (Ramzi hint syndrome), idiopathic (Bell's palsy, etc. The last one is the commonest cause.

Q4: Match each of the following helminthic ova to corresponding clinical pictures?



1



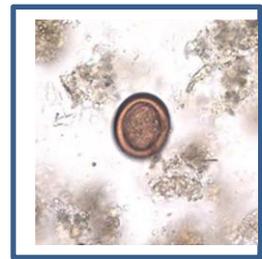
2



3



4



5

- A. A 9-year-old girl presented with severe nocturnal pruritus ani. **Answer: 3 Enterobius vermicularis ovum.**
- B. A 30-year-old young adult from southern Iraq presented with hematuria. **Answer 2 S. haematobium ovum.**
- C. A 16-year-old child from rural area presented with upper abdominal discomfort and iron deficiency anaemia. **Answer 1. Ancylostoma duodenale ovum.**
- D. History of chronic passage of ribbon like pieces at defecation. **Answer 5. T. saginata ovum.**
- E. Abdominal pain with passage of gray-white colored, round worms about 18-20 cm long. **Answer 4. Ascaris lumbricoides ovum.**

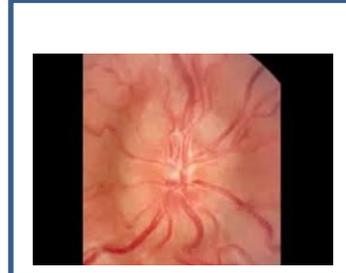
Q5: Match each of the following fundoscopic views with the corresponding diagnosis.



1



2



3



4

- A. A patient with hypertension. Answer 1. Multiple hard exudate
- B. A patient with vision loss. Answer 4. Optic atrophy.
- C. A patient with blurring vision and history of chronic headache. Answer 3. Papilledema.
- D. A patient with DM. Answer 2. Diabetic retinopathy: dots and blots with soft exudate.

New pictures of this week

March 18, 2014

This is a patient with bronchiectasis and lymphoema. What is diagnosis?



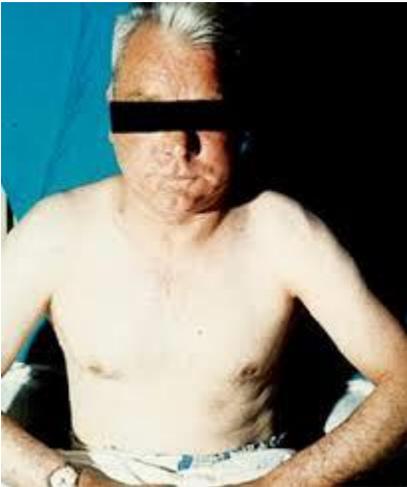
This patient with IHD. What this picture is demonstrating?



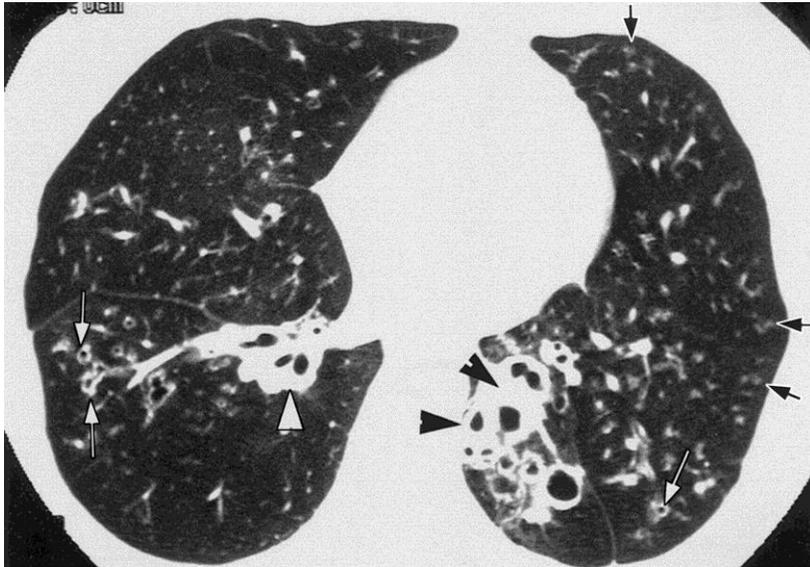
What are the causes?



What type of chest deformity is demonstrated in this picture? Mention the expected finding on 4 steps of chest examination?



This is a CT scan of 30-year-old male patient. What are the symptoms and signs that are expected to occur in this patient?



This is CXR of 55-years- old patient presented with wedge fracture of 3rd lumbar vertebra. What is the most likely diagnosis? What are other features of this disease?

