

This man is chronic consumer of alcohol (around 30 units of alcohol/week) for > 20 years, now he presented with history of recent abdominal distention. Mention the possible finding on general and abdominal examination. Comment on prognosis and future planning.

Answer: Stigmata of chronic liver disease like spider nevi, clubbing, parotid enlargement, contracture, gynecomastia, etc. jaundice also may be present. Abdominal examination: Ascites, splenomegaly and liver may be palpable in alcoholic cirrhosis. Prognosis; see textbook also see grading according to Child Pugh grading system.

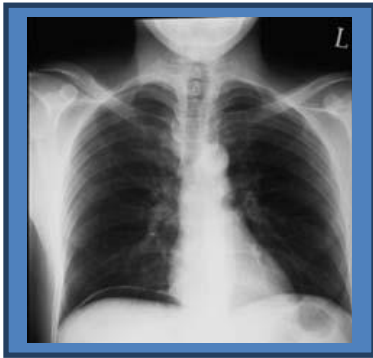


This is the colonoscopic finding (sigmoid colon) of 30 year old female patient with history of 1 month diarrhea, sometimes containing blood. How you can manage this patient?

Answer: If disease is limited to rectum and sigmoid one can give 5-ASA but oral steroid is needed in most cases. %-ASA enema or suppositories are especially effective in ulcerative proctitis.



This is chest X-ray of a patient with history of chronic dyspepsia. Mention the finding.



Answer: Gas under right dome of diaphragm. Perforated Du is most likely diagnosis.

Enumerate the possible complications of this disease? Answer: Face of patient with scleroderma. Complications: GIT: lower dysphagia and GERD, gastroparesis, chronic diarrhea and malabsorption syndrome due to bacterial overgrowth. Also R. phenomenon and ischemia to fingers, cardiac, respiratory, renal and psychological complications.



What is the finding? What are the causes? Answer: Right ptosis. 3rd nerve palsy. This nerve also supply superior, inferior, medial recti muscles, and inferior oblique muscle. Causes are many: it may be due to local causes that cause pressure or injury or ischaemia e. g. in DM to 3rd nerve or intracranial causes due to e. g. SOL, ischaemia, etc. Also disease of muscle like myopathies or disturbance of neuro-muscular junction as in myasthenia gravis.

