MedBlog18.com

FMGE Premium

BOOK OF CASES

FMGE Premium

2nd Edition

Contact:
Email: dipan.samanta@yahoo.com
Our Web portal: http://medblog18.com/fmge

Frequently Asked Questions from the Students

What to study for Case Based questions?

Studying for cases do not means you should study only clinical based questions. Even one-liners can help you out. One liners and super-points contain very important points about any condition. Now when you read case question, there are certain points inside the question of case which can give you the answer with certainty. That point may be present in one liners. Even in some cases, the question is very direct, you can check cases of anatomy. They simply gives you a story and ultimately ask you the nerve involved in this muscle or in this condition (like wrist drop) and these kinds of points are present in One liners and Super-points. So, do not neglect One liners and Super-points. They can help you to solve case based questions as well.

How to Solve Case Based questions?

Follow 3 - step approach in solving cases. It will save you time and will be effectively in solving the problem.

Another Important Point:

Do not read out the case studies given below. Try to learn and if possible also check out other case studies of the same type from other books. Try to understand what type of case studies should be gone through. Also try to learn the facts from the explanation of each case study.

Case 1:
A person of 50 year old had MI. Following MI, the person is presented with poor perfusion and on examination, heart rate is found to be 40/min and systolic BP fell to 60 mmHg. He was next given Atropine twice over 5 minutes. Even then, the condition did not improve. What should be the next step?
A. Trans cutaneous pacing
B. Atropine should be given again
C. Trans venous pacing
D. Implantable cardioverter defibrillator

In this case, as per ACLS guidelines, the patient has symptomatic bradycardia with the signs of poor perfusion, **transcutaneous pacing** should be done.

Case 2:
A male patient of 75 year old, suddenly, squeezes his chest and fall down. You were present at the scene. As a physician, what you should do?
A. Clear the airway of the patient
B. Check the peripheral pulse
C. Chest compression should be done
D. Call for help

In this case, the patient is unresponsive (that is no breathing). In this situation, two things can be done. One is CPR (Cardio Pulmonary Resuscitation) and another is using defribrillator. First option is manual while next option is more advanced. Manual option may not work and may be not effective. So, it is always recommended that you **call for help**, so that ambulance can come and the patient can be taken to emergency department for using defribrillator. In the meantime, start CPR.

Case 3:
A female patient of 42 years old develops recurrent episodes of sudden palpitations. On examination, heart rate was found to be 150/min but the rhythm is regular. From history, it can be found that after every episode, she has diuresis. What can be the possible diagnosis?
A. Atrial fibrillation
B. PSVT
C. Sinus tachycardia
D. Atrial flutter with block

As the rhythm of the heart beat is regular, it indicates that atrial flutter or fibrillation is not present. Sinus tachycardia is a kind of physiological response and so it is less likely. So, by exclusion, we have option B, that is, **PSVT**. It is quite common in females, specially in 2^{nd} to 4^{th} decades of life. This condition can also be found in absence of any

structural abnormality of heart. Elevated venous pressure also leads to release of natriuretic peptides, thus, there is diuresis.

Case 4:
A male of 78 year old with hypertension is presented with new onset of mild left hemiparesis and atrial fibrillation on ECG findings. On taking history, the patient reveals that the anti-hypertensives can control the hypertension. As a physician, what you can do?
A. Warfarin
B. Permanent pacemaker
C. Aspirin
D. Close observation

Now, we will go one by one. Firstly, aspirin can be easily given to any stroke patients. It will sufficient alone in case of a stroke patient. But in this particular patient, as ECG shows atrial fibrillation, there is need of anticoagulation before giving aspirin. This patient also can be considered as a candidate for medical or electrical cardioversion and for this, there is a need of pretreatment with **warfarin** for 3 weeks.

Case 5:
A male patient of 61 years old, is on aspirin, ACE inhibitor, nitrates and beta blockers for chronic stable angina. According to the patient's history, since 3 days, he is having long lasting angina every day, even at rest. ECG result came out to be normal and even Troponin I level is normal. As a physician, which of the following management you will choose?
A. Increase the dose of long lasting nitrates and no need to admit him
B. Admit him and heparin should be started
C. Admit him and observe for rise of cardiac biomarkers
D. Admit him and start thrombolysis

In this case, the patient is known case of chronic stable angina. What we get from his history, that stable angina has become more pronounced, frequent and at rest also, he has angina. This confers that the stable angina is developing into unstable one. Now we know thrombolysis is contra-indicated in unstable angina. There is a need of revascularization procedure in this case and so, anti-thrombolytic therapy is needed. So, its better to **admit him and to start heparin therapy**.

Case 6:
A 27 year old female has committed suicide. The police noticed that her feet did not touch the ground. Which of the following points justify it was suicide and homicide?
A. Saliva dribbling to the opposite side of the knot

B. The position of the knot at the angle of mandible
C. Red congested face
D. Ligature mark continuous around the neck

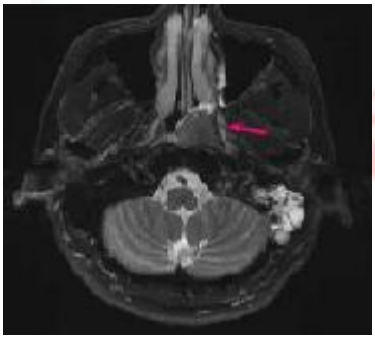
This question is very important. If you see the difference between hanging (suicide) and strangulation (homicide), then, it can be understood.

Parameters	Hanging	Strangulation
Manner of death	Commonly suicidal	Homicidal
Face	Pale, absence of petechiae	Red congested, marked petechiae
Saliva	Dribbles out of mouth	Very rare
Bleeding	Generally absent	Common (from nose, mouth, ears)
Ligature	Oblique, not continuous, placed high up in the neck between chin and larynx	Horizontal or transverse, continuous round the neck, low down in the neck below or across the thyroid
Abrasion and Ecchymosis around the edge of ligature	Rare	Common
Larynx and Trachea	Rare; that too in judicial hanging	Comparatively more common

So, from the table, we can understand **Saliva dribbling to the opposite side of the knot.**

Case 7:

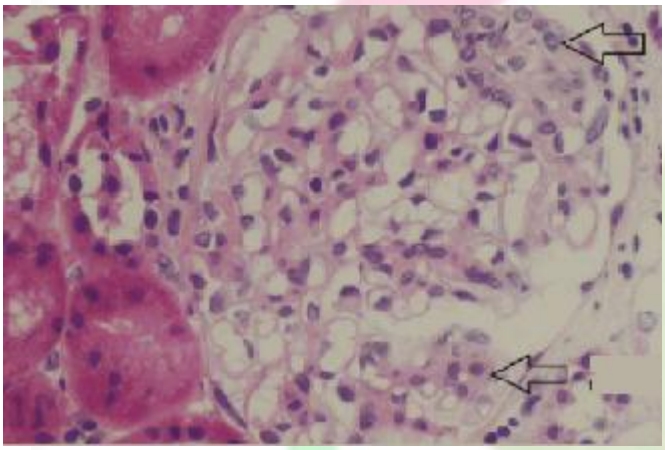
A patient is presented with nasal bleeding, nasal bleeding and hearing loss. On examination, it is revealed that he has cervical lymphadenopathy. He also revealed that he experiences painful attacks while touching the face. Sometimes, sense of burning skin occurs throughout the face. The previous day he also experienced bloody discharge from the nose. You order a CT scan to be performed. The CT is shown here. What is the most likely diagnosis?



A. Serous Otitis Media
B. Nasophryngeal Carcinoma
C. Atrophic Rhinitis
D. Nasophryngeal Angiofibroma

Some of the important points to be noted here are cervical lymphadenopathy at presentation, trigeminal neuralgia (painful attacks while touching the face), hearing loss (conductive hearling loss), bloody discharge. Another important is the image clearly shows along with the features, confirms that this case is of **Nasophryngeal Carcinoma**

Case 8:



A 42 year old man came to your clinic. His lab report shows he has gross hematuria following infection of urinary tract. Now this is no the first time. He had gross hematuria almost every month. The kidney biopsy reveal the mesangial region in the above picture. What may be the diagnosis?

A. Goodpasture syndrome
B. Chronic glomerulonephritis
C. Alport Syndrome
D. IgA Nephropathy

From the clinical features, we can understand this is glomerulonephritis. In the image, the arrow above shows endocapillary proliferation while the arrow below shows mesangial hypercellularity. The recurrence, clinical features, the specimen, all concludes this case is of **IgA Nephropathy.**

Our E-Notes will include:

1. One liners of each subject: 90 to 100 highest yielding points of each subject.

2. Online Tests covering each material containing many questions from basic to clinical type and image based type.

3. Mock Tests - 300 questions

4. Comprehensive Notes of around 20-30 pages (or more) of each subject

5. Summary of Important Diseases - briefly explained many important diseases

6. IBQ (3 PARTS) - Notes

7. A Book of Important Tables and Figures

8. A Book of Cases for FMGE - containing many cases and its solution with sufficient explanation

9. Super Points (Part 1 and Part 2) each containing 250 points (so, total 500 points)covering all the subjects

10. Supplements: Time to time we will send supplements and updated notes.

EXTRAS:
- Individualized FMGE guidance
- On demand Study Plan for each student
- General tips about how to study
- Specific guidance to students' problem
- Doubts solving about any topic

_____

* All the PDFs will be given at once, right after your payment verification

COST: 500 INR Only

To get all the materials listed here, kindly visit us and drop your whatsapp number or send us email

visit us at: medblog18.com/fmge

Or

Scan the below QR code

After our page opens, drop your whatsapp number
(the screenshot of our page is given below)