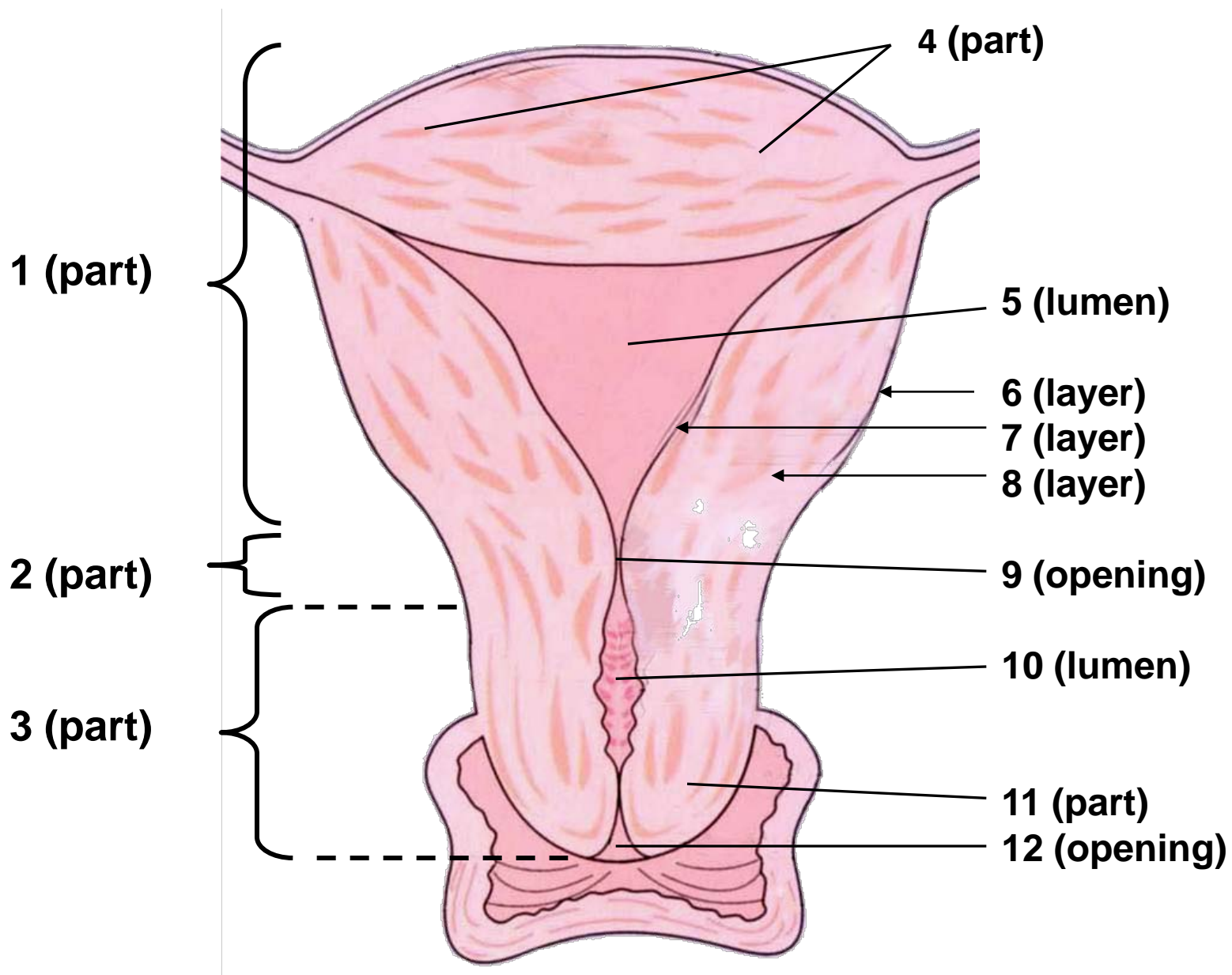


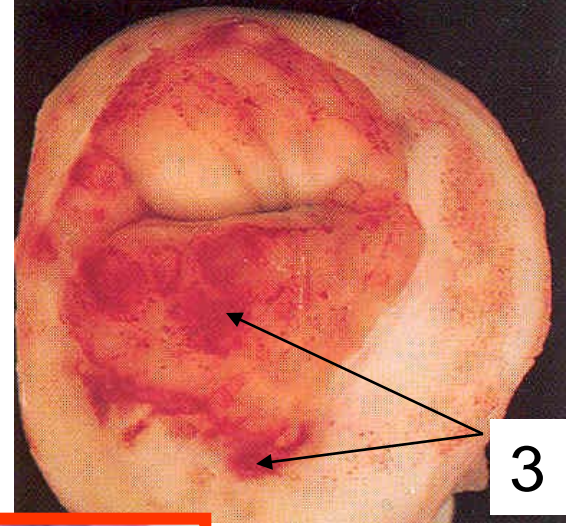
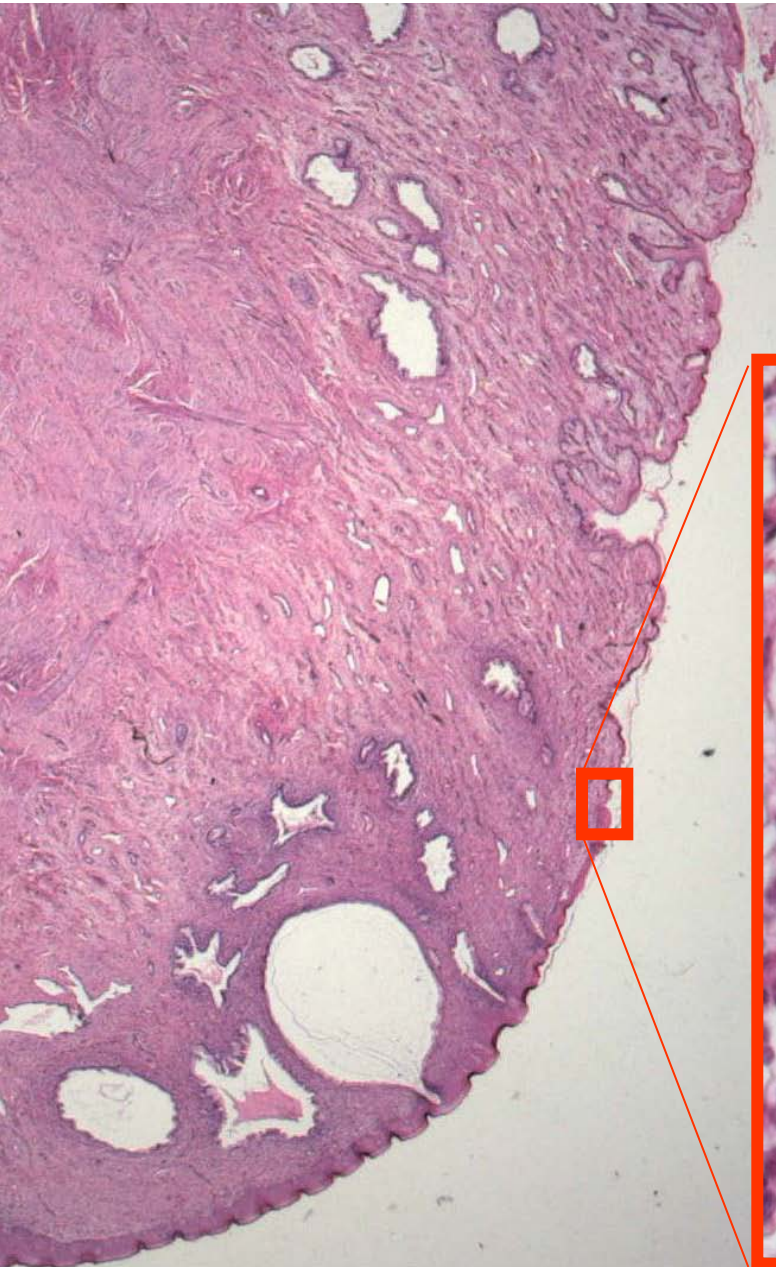
Station 10

A

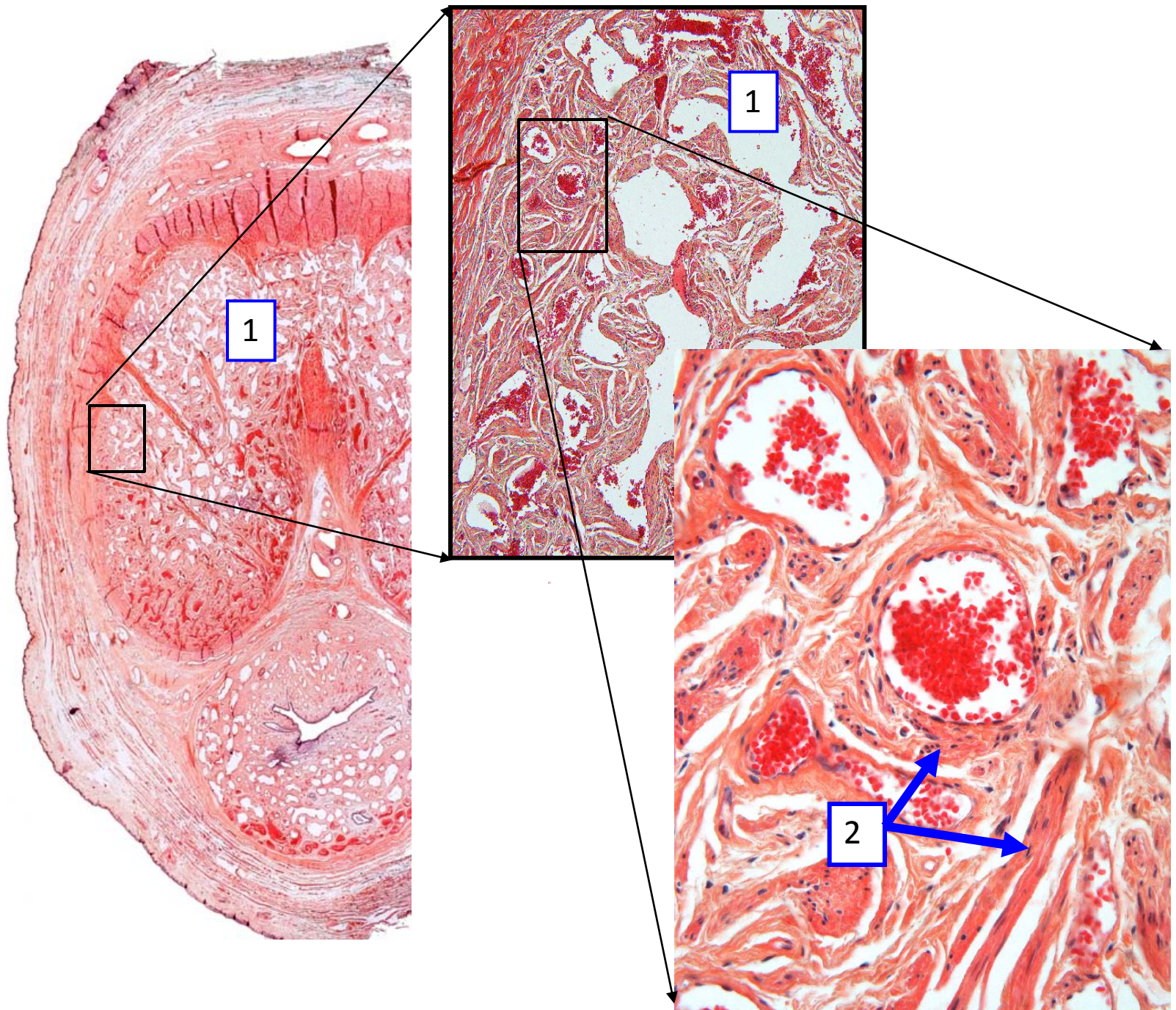
Uterus



B Portio vaginalis uteri



C



Station number 10 - Anatomy and Physiology

Slide Show – Short Answer

Remember to fill in your student ID on the top right of this paper

You are presented with questions which are connected to three slides (A, B and C) in a Power Point presentation.

A. The Uterus (see slide A)

1. Name part
2. Name part.....
3. Name part
4. Name part
5. Name lumen.....
6. Name layer.....
7. Name layer.....
8. Name layer.....
9. Name opening.....
10. Name lumen.....
11. Name part.....
12. Name opening.....

B. Portio (see slide B)

1. Type of epithelium
2. Type of epithelium.....
3. Why are these areas bright red?
-

C. Penis (see slide C)

1. Name the structures with lumina.....
2. Name the type of cell that the arrow is pointing to.....

How can erection be explained on basis of changes in blood flow?.....

.....

Examiner's sheet (avkrysningskjema for eksaminator= den som retter skjemaet)

Student ID number:

Examiner ID:

Station number 10 - Anatomy and Physiology

Slide Show

You are presented with 3 slides in a Power Point presentation.

	Score	Achieved
A. The Uterus		
1. Corpus uteri	1	
2. Isthmus	1	
3. Cervix uteri	1	
4. Fundus	1	
5. Cavum uteri	1	
6. Perimetrium	1	
7. Endometrium	1	
8. Myometrium	1	
9. Internal os	1	
10. Canalis cervicis	1	
11. Portio vaginalis	1	
12. External os	1	
B. Portio		
1. Cervical columnar epithelium	2	
2. Vaginal stratified squamous epithelium	2	
3. The red areas are covered with columnar epithelium that appears redder because it is thinner.	2	
C. Penis		
1. Caverns, cavernous blood vessel sinuses	2	
2. Smooth muscle cells	2	
Arterial dilatation gives blood flow into cavernous sinuses that overwhelms venous drainage.	2	

Total score: _____

Max. 24 points

Station number 11 - Anatomy and Physiology
Slide Show – Short Answer

Remember to fill in your student ID on the top right of this paper

You are presented with two slides (A and B) in a Power Point presentation.
The questions are numbered according to the numbers on the slides.

A. Adult histology

1. Name of structure.....

What are the three main functions of this structure?

.....

.....

2. Name of structure.....

3. Name of structures.....

4. Name of structures.....

5. Name of structures.....

6. Name of structures.....

B. From the same structure as in A1

1. Name of structures.....

2. Name of structure.....

Describe the epithelium

3. Name of thin structures

State function and mechanical properties

Examiner's sheet (avkrynings skjema for eksaminator= den som retter skjemaet)

Student ID number:

Examiner ID:

Station number 11 - Anatomy and Physiology

Slide Show

You are presented with 2 slides (A and B) in a Power Point presentation.

The questions are numbered according to the numbers on the slides.

	Score	Achieved
A.		
1a. Epididymis	2	
b. - Absorbing fluid (creating fluid movements from testis)	2	
- Facilitate maturation of spermatozoa	2	
- Storage of spermatozoa	2	
2. Testis	2	
3. Ductus epididymidis	2	
4. Ductuli efferentes	2	
5. Tunica albuginea	2	
6. Tubuli seminiferi contorti	2	
	2	
B		
1. Ductuli efferentes	2	
2. Ductus epididymidis: Pseudostratified columnar epithelium with short <i>basal cells</i> and tall <i>principal cells</i> with <u>stereocilia</u>	2	
3. Stereocilia. These are large microvilli and are not considered motile. Fluid absorption.	2	

Total score: _____

Max. 24 points

Station 11

A

1

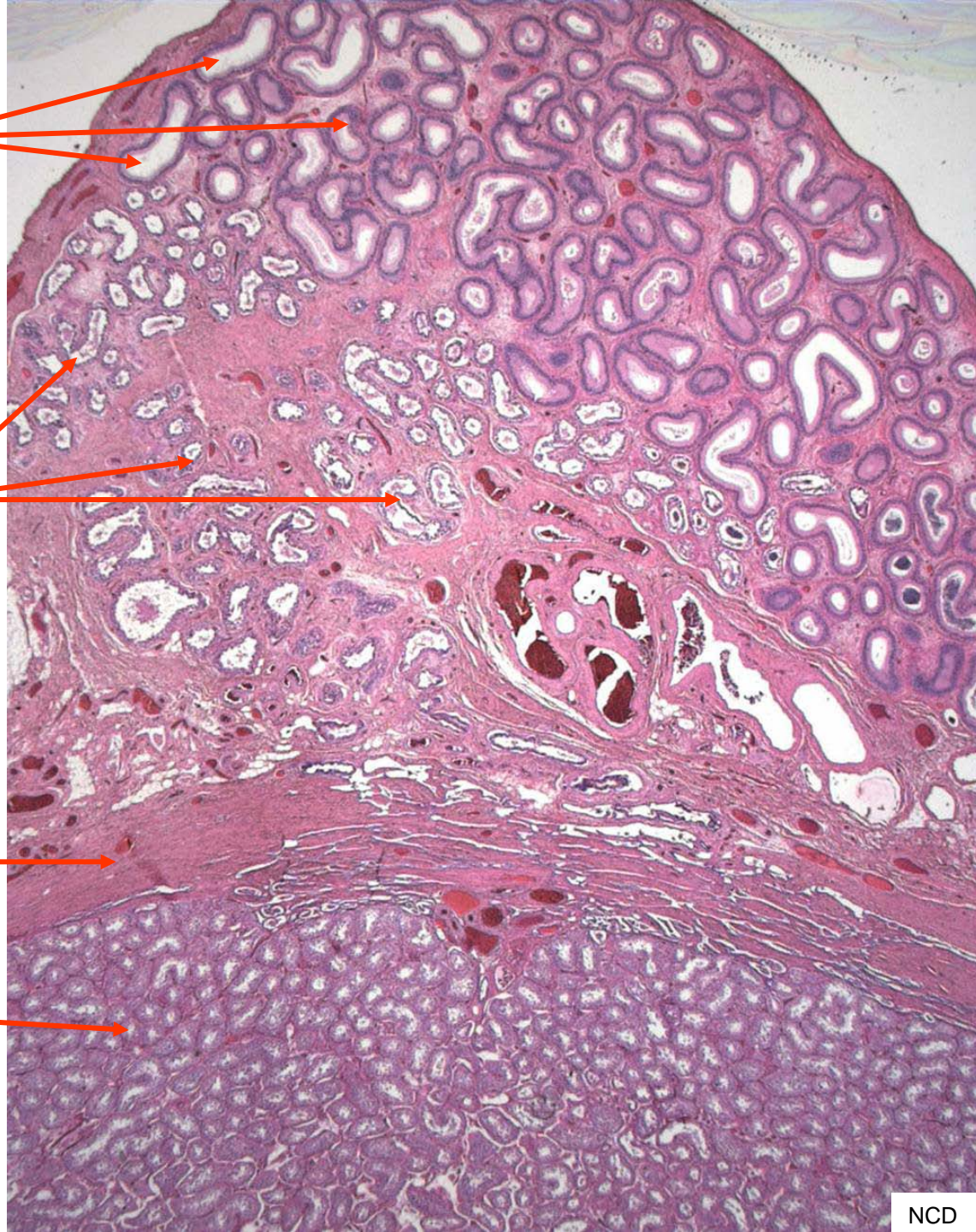
3

4

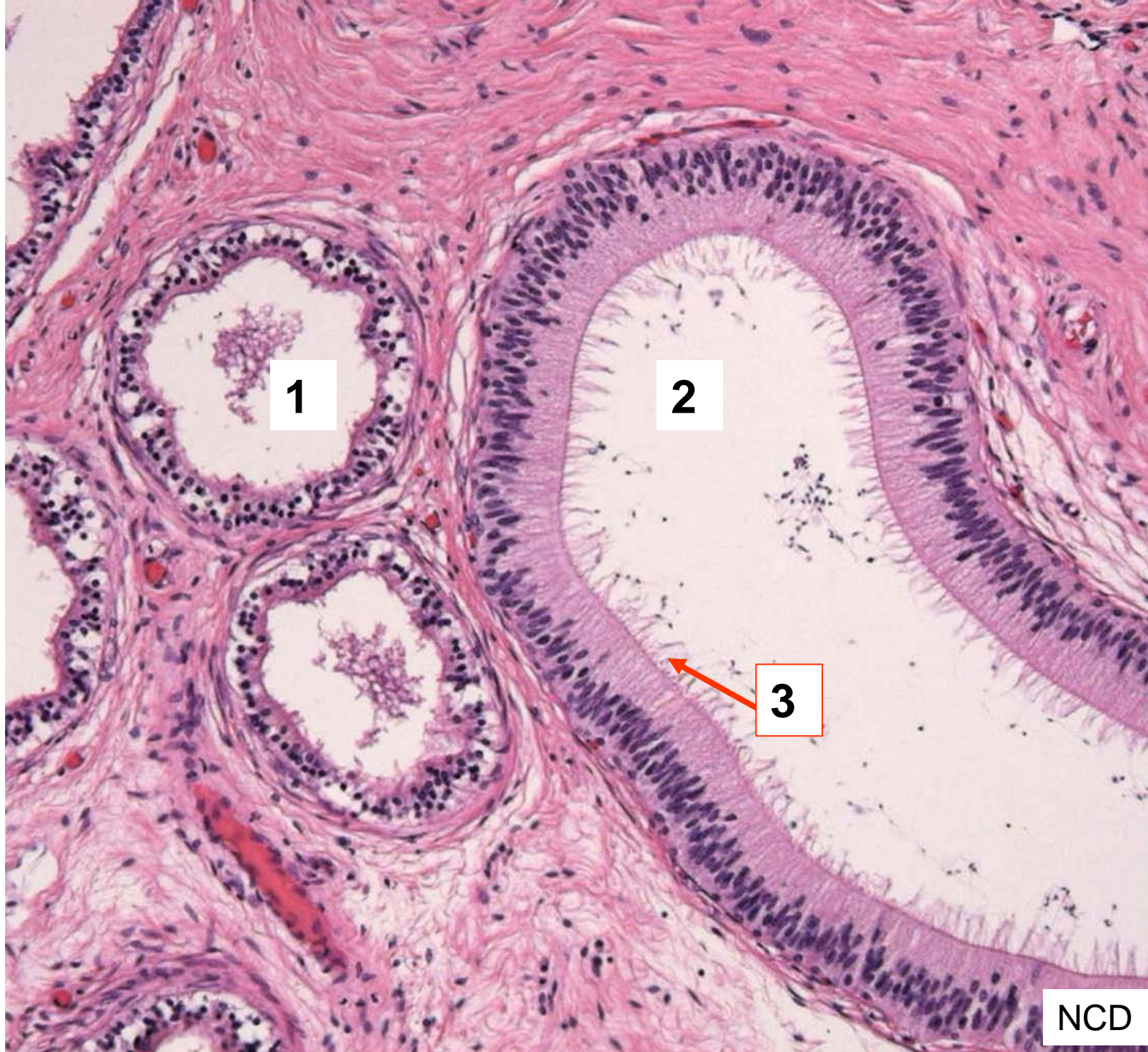
2

5

6



B



1

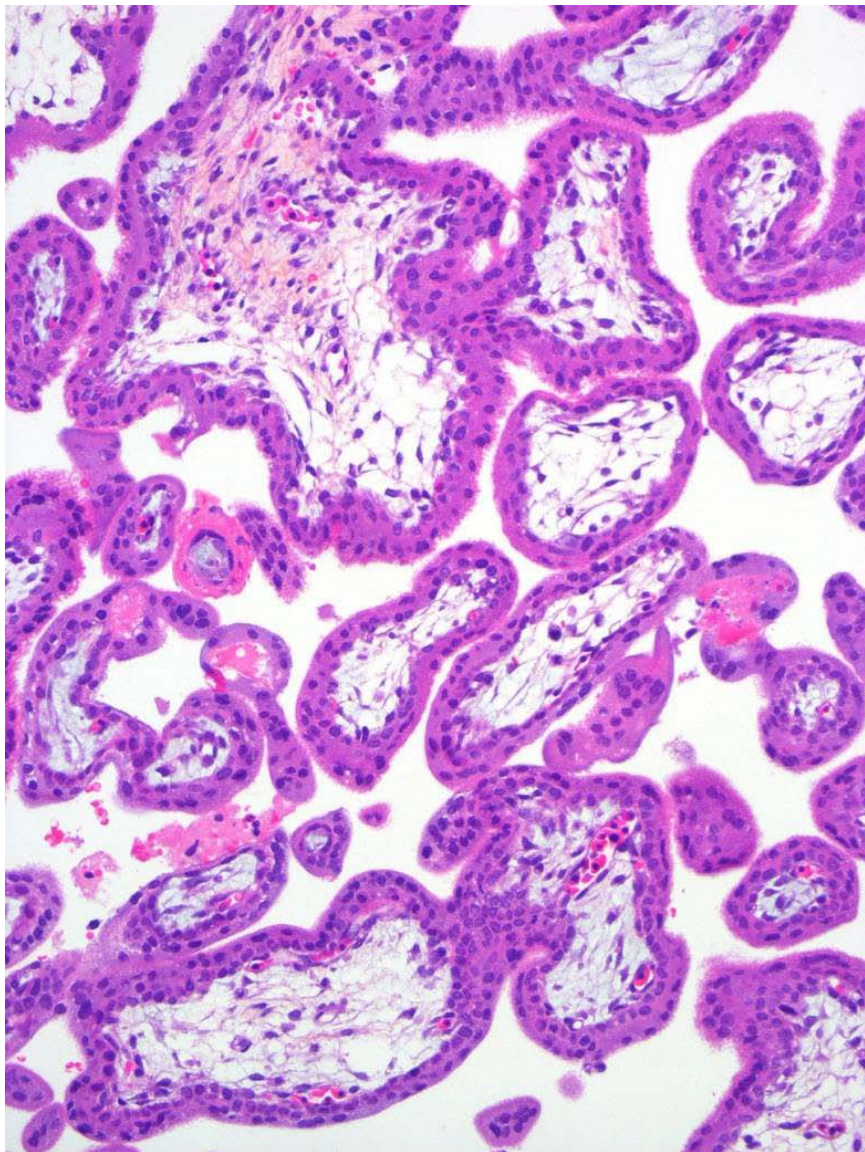
2

3

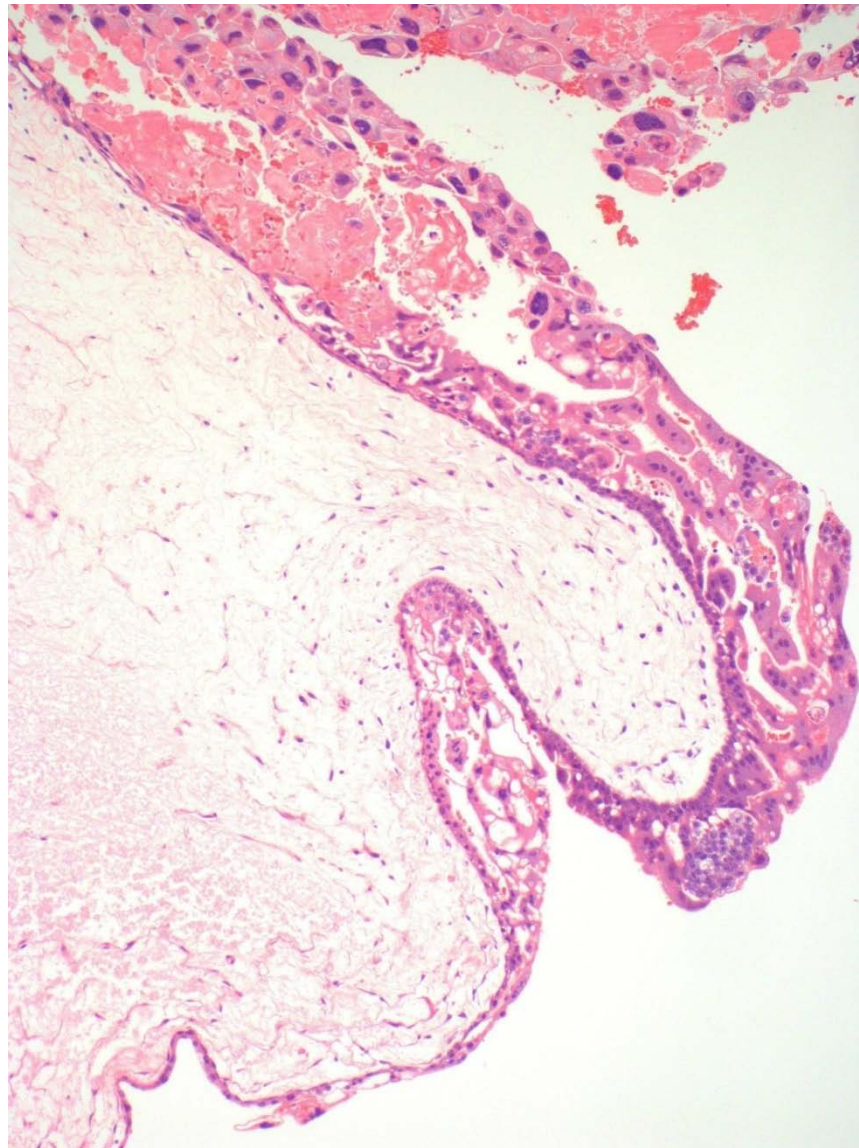
NCD

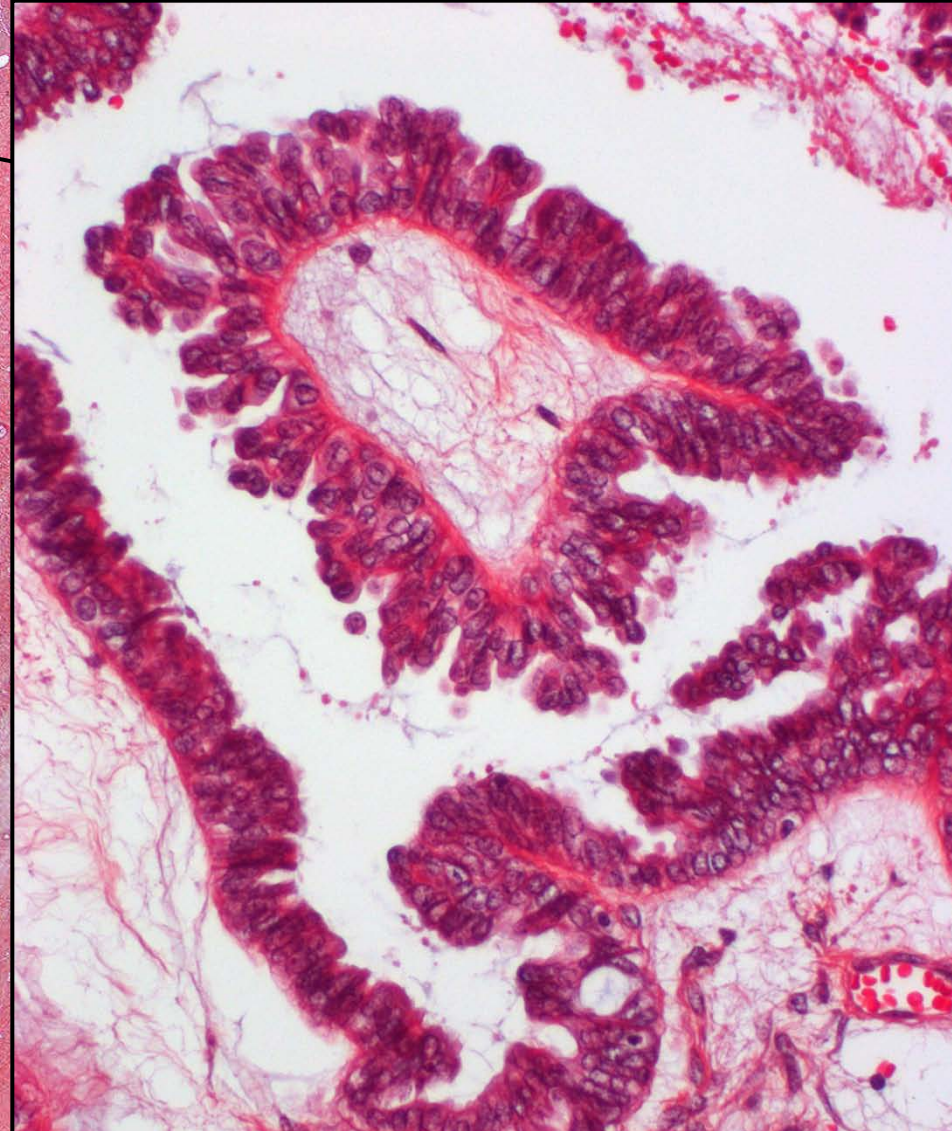
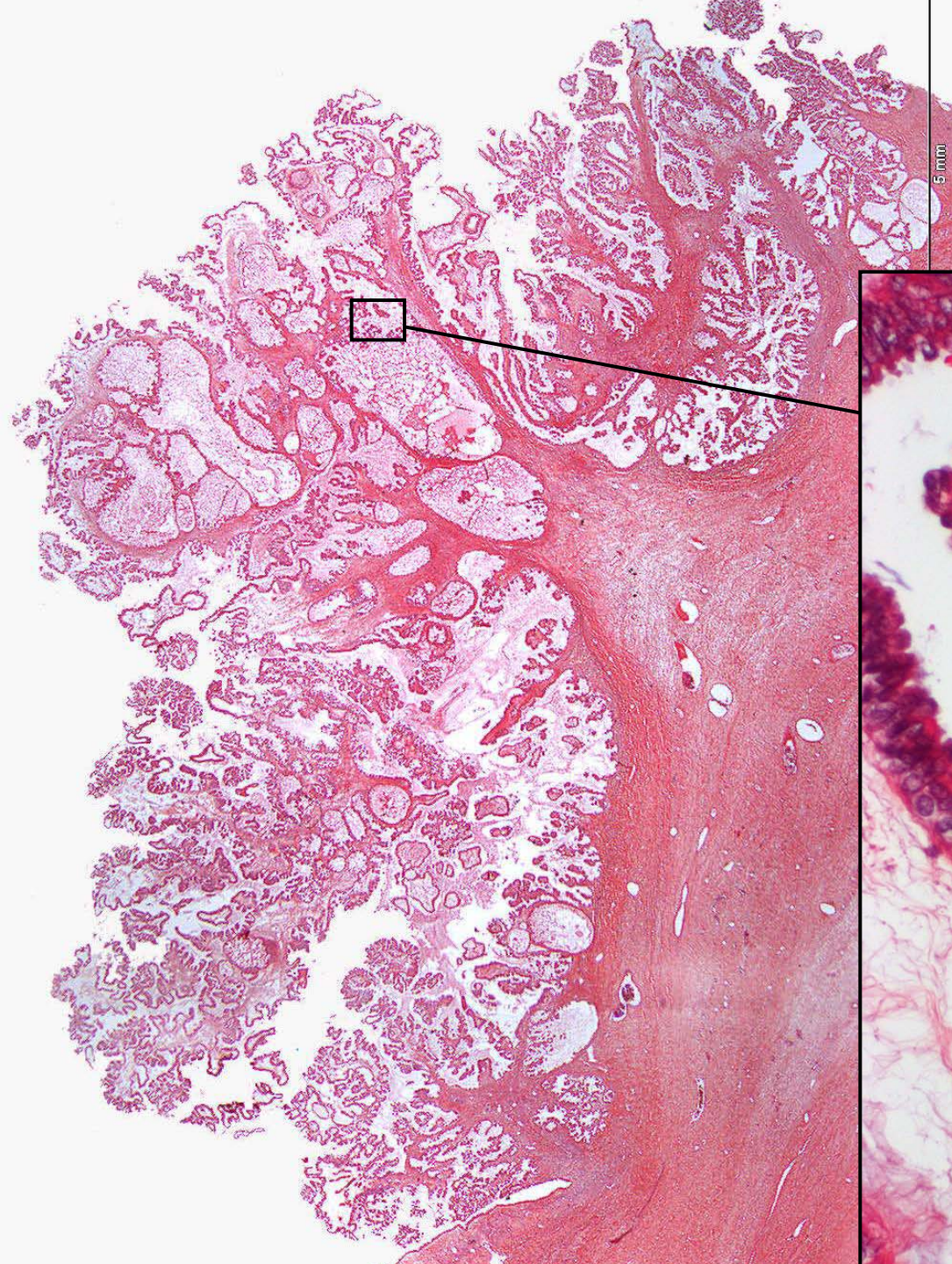
Station 16, short answers

A x100



B x100







Student ID Number:

Station 16 - Pathological anatomy - Short answers station

Remember to fill in your student ID on the top right of this paper

You are presented with micrographs from histopathological sections.
You are asked to answer all questions below.

1. Pictures A and B show placental tissue from two different, terminated pregnancies (12th – 14th week).

1.1. Which of the two would you consider histologically pathologic? A or B

1.2. Describe at least two characteristic histopathological findings in the abnormal case:

.....
.....

1.3. Diagnosis of histopathologically abnormal case?

.....

2. The pictures are from the inside of a cystic lesion in the ovary. The tumour measured 20 cm and contained thin, straw-yellow fluid.

2.1 Describe the pathologic epithelium

.....

2.2 What type of epithelium is this?.....

2.3 Examination in the microscope showed no signs of invasion. What is your diagnosis?

3. The pictures are from the uterine cervix of a 33 year-old woman.

3.1. Describe the normal epithelium.....

3.2. Describe the abnormal epithelium.....

.....

3.3. Diagnosis?.....

3.4. Is it likely that the HPV vaccine will influence the prevalence of this disease?

.....

Examiner's sheet

Student ID number:

Examiner ID:

Station 16 - Pathological anatomy
Short answers station

	Max. score	Achieved points
Question 1		
1.1 B	2	
1.2 Pathological process: Hyperplasia of trophoblasts, lack of vessels, apolarity, edema (If at least 2 findings are given = full score)	3	
1.3 Diagnosis Molar pregnancy or complete mola (both correct)	3	
Question 2		
2.1 Columnar (or glandular), papillary, enlarged and crowded nuclei, pseudostratified (only "atypical" not enough)	3	
2.2 Serous type	2	
2.3 Diagnosis? Serous papillary cystadenoma with atypia, borderline (no points if the lesion is called carcinoma)	3	
Question 3		
3.1. Mucinous epithelium, basally located small nuclei, clear cytoplasm	2	
3.2. Atypical epithelium: enlarged nuclei, lack of mucin, goblet cells etc.	2	
3.3. Adenocarcinoma in situ (of the cervix) (if answered adenocarcinoma: 1 point)	2	
3.4. Yes	2	
Points (max. 24)		

Station number 17 - Pathological anatomy
Short answers station

Remember to fill in your student ID on the top right of this paper
You are asked to answer all questions below.

1. Gestational pathology

Encircle the correct answer:

1.1 A partial mole is mostly: diploid aneuploid triploid octaploid

1.2 A complete mole is mostly: diploid aneuploid triploid octaploid

1.3 The risk of malignancy is highest for: partial mole complete mole

1.4 Which type of malignancy is associated with molar pregnancy:

Choriocarcinoma serous carcinoma endometrial carcinoma leiomyosarcoma

2. Paediatric pathology

2.1 Owing to their often primitive histologic appearance, many childhood neoplasias are called “small round blue cell tumours”. Which of the following tumours are included in this group? *Encircle the correct answer(s):*

Lymphomas Ewing sarcoma Squamous cell carcinoma Neuroblastoma Mature teratoma

2.2 From what kind of tissue do neuroblastomas originate?
.....

2.3 Which are the two most common malignant diseases in childhood (0-5 years)?
.....

3. Ovarian pathology

3.1 What symptoms are typically caused by granulosa cell tumours in a:

a) 45 year-old woman.....

b) 7 year-old girl.....

3.2 Granulosa cell tumours belong to the group of sex-cord/stromal tumours in the ovary. Name the two other major tumour groups in the ovaries:

.....

Examiner's sheet (avkrysningskjema for eksaminator= den som retter skjemaet)

Student ID number:

Examiner ID:

Station number 17 - Pathological anatomy

Short answers station

	Max. score	Achieved points
Molar pregnancies		
1.1 Triploid	2	
1.2. Diploid	2	
1.3 Complete mole	2	
1.4 Choriocarcinoma	2	
Paediatric pathology		
2.1 No points if answers include carcinoma or teratoma 1 point for each of the other	3	
2.2 Origin from primordial neural crest (3 points if only answer), sympathetic ganglia (3 points if only answer) and adrenal medulla (1 point if only answer).	3	
2.3 Most common malignancies: Leukaemias and CNS tumours (both must be mentioned to give any points.)	2	
Ovarian pathology		
3.1 Granulosa cell tumour - 45 year-old: endometrial hyperplasia or endometrial carcinoma, irregular bleeding, pain etc - 7 year-old: pubertas praecox, irregular bleeding, pain etc. (symptoms associated with increased oestrogen levels must be mentioned to give any points in both groups)	2 2	
3.2. Germ cell tumours: 2 Epithelial tumours: 2	4	
Points (max. 24)		

Stasjon no. 19

Question no.	Correct answer	Point
1	D	
2	A	
3	D	
4	C	
5	A	
6	E	
7	A	
8	E	
9	B	
10	C	
11	C	
12	D	
13	C	
14	B	
15	C	
16	C	
17	A	
18	E	
19	E	
20	A	
21	E	
22	D	
23	D	
24	A	
25	B	
26	D	
27	A	
28	B	
29	A	
30	C	
31	B	
32	E	
33	A	
34	E	
35	D	
36	E	
37	C	
38	E	
39	E	
40	E	
41	C	
42	E	
43	D	
44	B	
45	B	

Candidate no.	
Examinator ID	

Station number 19

Instructions

There are 45 questions, with five suggestions each.

Draw a circle around **the one best** answer of the five suggestions given. There is only **one best** answer to each question. In some cases, more than one answer may be possible, but you are asked to choose the **best**. Other answers, not among the five listed, might also be correct, but you have to choose the best of the five given. A circle placed in a way that could cast doubt on which answer is circled, will be disregarded.

Example of correct placement of the circle:

The median age of menopause is around

- A. 30 years
- B. 40 years
- C. 50 years
- D. 60 years
- E. 70 years

1.

You are a GP. You are seeing a patient who is in pregnancy week 12. You have measured Hgb 10.3.

What would your most reasonable next step be?

- A. Advise her to eat green, leafy vegetables
- B. Measure MCV
- C. Measure hematocrit
- D. Measure serum ferritin
- E. Tell her to take iron supplements

2.

Normal physiological changes in pregnancy include

- A. Decreased hematocrit
- B. Decreased MCHC
- C. Decreased MCV
- D. Increased hematocrit
- E. Increased MCV

3.

In pregnancy

- A. FEV (forced expiratory volume) is decreased
- B. Functional residual capacity is unaltered
- C. MVV (maximum voluntary ventilation) is increased
- D. Tidal volume is increased
- E. Total lung capacity is increased

4.

A 34 year-old woman consults you for the first time at 8 weeks pregnancy. Five years previously she had a deep vein thrombosis in her left leg, associated with use of combined oral contraceptives.

How would you consider the case:

- A. Because such a long time has elapsed since her thrombotic event, she does not need any prophylaxis in the current pregnancy
- B. She will need a low dose of Warfarin from now on and throughout the remainder of the pregnancy
- C. She will need thrombosis prophylaxis (low molecular heparin) from now on and throughout the remainder of the pregnancy
- D. She will need thrombosis prophylaxis (low molecular heparin) in the last trimester of pregnancy
- E. She will need to take acetylsalicylic acid (ASA) only, throughout the remainder of the pregnancy

5.

The main reason for possibly doing an ultrasound screening test in week 12 (as opposed to week 17 – 18) is

- A. Detection of nuchal translucency
- B. Excluding microcephaly
- C. Increase bonding between mother and foetus
- D. Looking at the heart anatomy
- E. Obtaining a precise term date

6.

How fast drugs pass the placenta depends mainly on

- A. Metabolisation in placental tissue
- B. The duration of pregnancy
- C. The rate of the mother's excretion of the drug
- D. The volume of amniotic liquid
- E. Their lipid solubility

7.

About 80% of pregnant women have nausea in early pregnancy, and some will need antiemetics. The preferred antiemetic should be

- A. A first generation antihistamine
- B. A second generation antihistamine
- C. A serotonin antagonist
- D. Chlorpromazine
- E. Metochlopramide

8.

Hyperemesis gravidarum can be a relatively serious disease. As a very severe result, the patient can suffer from

- A. Anorexia
- B. Bowen's disease
- C. Diaphragmatic hernia
- D. Stress incontinence
- E. Wernickes encephalopathy

9.

If the symphysis-fundal height measurement stops to increase in pregnancy week 38, this is most likely due to

- A. Breech presentation
- B. Descent of the foetal head into the pelvis
- C. Effacement of the cervix
- D. Growth retardation
- E. Oligohydramnios

10.

Braxton Hicks' contractions are

- A. A sign of early pregnancy
- B. A sign of imminent labour
- C. More prominent in multipara
- D. Present after expulsion of the placenta
- E. Present during the first phase of labour

11.

The most frequent cause of miscarriage is

- A. An episode of binge drinking
- B. Cervical insufficiency
- C. Chromosomal anomaly
- D. Infection
- E. Smoking

12.

A 32 year-old woman is brought to the hospital because she fainted when she got up in the morning. At examination she is awake, and has pain in the lower abdomen, which is tender to palpation. She has generalised abdominal rigidity. Her blood pressure is 95/50. She has a slight vaginal bleeding. Her last menstrual period started 7 weeks ago. What would be your first step?

- A. Do a pregnancy test
- B. Do a vaginal ultrasound examination
- C. Measure her haemoglobin concentration
- D. Prepare for immediate laparotomy/laparoscopy
- E. Require a CT examination

13.

A risk factor for intrauterine foetal death is

- A. Asthma
- B. Crohn's disease
- C. Hypertension
- D. Migraine with aura
- E. Rheumatoid arthritis

14.

Which of the following infections in the mother is **not** known to be harmful to the foetus during pregnancy

- A. Cytomegalovirus
- B. Hepatitis B
- C. Listeriosis
- D. Rubella
- E. Toxoplasmosis

15.

A dip stick test has shown the urine to be positive for nitrite in a pregnant woman in pregnancy week 9. A bacterial culture was obtained and showed asymptomatic bacteriuria. The correct next step is

- A. Do a new test one week later
- B. Treat with a sulfonamide for 4 days
- C. Treat with an antibiotic, according to antibiotic sensitivity, but avoiding tetracyclines, for 10 days
- D. Treat with an antibiotic, according to antibiotic sensitivity, for 10 days
- E. Treat with an antibiotic, according to antibiotic sensitivity, for 7 days

16.

Which of the following drugs/groups of drugs is **not** a teratogen

- A. Antiepileptics
- B. Cytostatics
- C. Erythromycin
- D. Retinoids
- E. Warfarin

17.

Haemoglobinuria in a pregnant woman could be a sign of

- A. HELLP syndrome
- B. Hyperemesis gravidarum
- C. Placenta previa
- D. Placental abruption
- E. Urolithiasis

18.

Pregnancy in a diabetic mother carries several risks. Which of the following risks is **not** increased

- A. Birth defects
- B. Growth restriction
- C. Macrosomia
- D. Miscarriage
- E. Spontaneous premature labour

19.

When looking for the cause of a slight vaginal bleeding during the last part of pregnancy, you will, as a GP, most frequently find

- A. Placenta previa
- B. Placental abruption
- C. A cervical polyp
- D. Cervical cancer
- E. No known cause

20.

Engagement of the foetal head in the pelvis during pregnancy week 36 - 37

- A. Has little clinical significance
- B. Is a sign of foetal well-being
- C. Means that there will most likely not be a need for an operative delivery
- D. Occurs more often in multigravida
- E. Predicts that labour will not be post term

21.

Failure to progress during the first stage of labour is most often due to

- A. Breech position
- B. Contracted pelvis
- C. Epidural analgesia
- D. Extended foetal head
- E. Insufficient labour contractions

22.

Which of the following is an absolute indication for Caesarean section

- A. Estimated foetal weight more than 4500 g
- B. Foetus is small for gestational age
- C. More than one previous Caesarean section
- D. Placenta previa
- E. Preeclampsia

23.

For the foetal head to be able to pass through the lower part of the pelvis, the most important condition is that

- A. Both the posterior and the anterior fontanelle should be felt on vaginal examination
- B. The face of the foetus should be turned against the mother's back
- C. The posterior fontanelle should be in the mid-pelvis
- D. The sagittal suture of the foetal head should be in the sagittal direction of the mother's pelvis
- E. The sagittal suture of the foetal head should be in the transverse direction of the mother's pelvis

24.

If you as a GP suspect an early stage of mastitis in a breast-feeding woman, the first measure should be

- A. Frequent and thorough emptying of the affected breast
- B. Treatment with a penicillinase-resistant penicillin and continuation of lactation
- C. Treatment with a penicillinase-resistant penicillin and continuation of lactation, but using a breast pump on the affected breast
- D. Treatment with a penicillinase-resistant penicillin and stopping lactation
- E. Treatment with a tetracycline and continuation of lactation

25.

Drugs pass into breast milk

- A. Depending on their metabolisation
- B. Depending on their lipid solubility
- C. In a higher concentration during the first days postpartum
- D. In a lower concentration than in the mother's plasma
- E. Only while the milk is produced

26.

Secondary amenorrhea due to weight loss and anorexia is characterised by

- A. High LH/FSH ratio
- B. High serum gonadotropins and low plasma estradiol
- C. High serum progesterone
- D. Low serum gonadotropins and low plasma estradiol
- E. Normal serum estradiol and low plasma progesterone

27.

Which of the following is **not** a treatment of menorrhagia

- A. Cyproterone acetate
- B. NSAIDs
- C. Oral contraceptives
- D. Progestin-releasing IUD
- E. Tranexamic acid

28.

A woman with anovulation and a normal or high plasma estradiol concentration has an increased risk of developing

- A. Adenomyosis
- B. Endometrial cancer
- C. Endometrial polyps
- D. Ovarian cancer
- E. Ovarian cysts

29.

A fish-smelling vaginal discharge is most likely due to

- A. Bacterial vaginosis
- B. Candida infection
- C. Group B Streptococci
- D. Gonorrhoea
- E. Trichomoniasis

30.

A 29 year-old woman complains of increasing dysmenorrhoea. Your primary suspicion as a GP would be

- A. Cervical cancer
- B. Endometrial polyps
- C. Endometriosis
- D. Fibromyoma
- E. Ovarian cyst

31.

A 43 year-old woman complains of increasingly heavy menstrual bleedings. The most likely reason is

- A. Endometriosis
- B. Fibromyomas
- C. Ovarian hormonal disturbances
- D. Hyperthyroidism
- E. Uterine descensus

32.

At a vaginal ultrasound examination performed at a regular routine check-up, a solitary ovarian cyst without excrescences measuring 3 x 2.5 cm is discovered in a 32 year-old woman. The correct treatment is

- A. A progestin-containing IUD
- B. Combined oral contraceptives
- C. Laparoscopic removal of the cyst
- D. Ultrasound-guided punctation
- E. Wait and see

33.

The most frequent type of ovarian cancer tumour is

- A. Epithelial
- B. Germ cell
- C. Metastatic from other sites
- D. Sarcomas
- E. Sex cord stromal

34.

The most important prognostic factor in ovarian cancer is

- A. CA 125
- B. Grade of differentiation
- C. Hormone production
- D. Ploidity
- E. Stage

35.

A risk factor for endometrial cancer is

- A. Combined oral contraceptives
- B. Copper-containing IUD
- C. Multiparity
- D. Obesity
- E. Smoking

36.

The 5-year survival rate of endometrial cancer stage 1 is approximately

- A. 10%
- B. 30%
- C. 50%
- D. 70%
- E. 90%

37.

Cervical cancer is caused by

- A. Adenovirus
- B. Herpes virus
- C. Human papilloma virus
- D. Human parvovirus
- E. Norwalk virus

38.

In addition to virus, a causative factor for cervical cancer seems to be

- A. Bacterial infection
- B. IUD
- C. Nulliparity
- D. Obesity
- E. Smoking

39.

Which laboratory test would you use to assess whether a woman has ovulatory cycles

- A. Serum LH/FSH ratio
- B. Serum estradiol
- C. Serum FSH
- D. Serum LH
- E. Serum progesterone

40.

A 58 year-old woman is complaining of an increasing feeling of fullness and pressure in her lower pelvis and vagina. There is no irregular bleeding. On your list of possible diagnoses, the first would be

- A. Cervical cancer
- B. Fibromyoma
- C. Ovarian cancer
- D. Ovarian cyst
- E. Pelvic organ prolapse

41.

Urine leakage during laughing is most likely due to

- A. Detrusor overactivity
- B. Mixed stress and urge incontinence
- C. Stress incontinence
- D. Urethral relaxation incontinence
- E. Urge incontinence

42.

A 22 year-old woman complains of irregular and absent menstrual periods. You notice that she is overweight, she has acne, and there is increased hair growth on her face. Which alternative will be the most helpful test to get to a diagnosis

- A. Serum estradiol
- B. Serum FSH
- C. Serum LH
- D. Serum progesterone
- E. Testosterone/SHGB ratio

43.

The main estrogen produced after the menopause is

- A. Dimethylestradiol
- B. Estradiol
- C. Estriol
- D. Estrone
- E. Ethinyl estradiol

44.

A woman aged 45 years has not had her menstrual period for 5 months. You want to investigate whether she has had an early menopause. Which single lab test will be most helpful?

- A. Serum estradiol
- B. Serum FSH
- C. Serum LH
- D. Serum LH/FSH ratio
- E. Serum progesterone

45.

Medical treatment of functional ovarian cysts is

- A. Antiandrogens
- B. Combined oral contraceptives
- C. Cyclic progestins
- D. NSAIDs
- E. Progestin-only pills (mini-pills)

Station number 20 - Anatomy and Physiology

Short Answer Questions

Remember to fill in your student ID on the top right of this paper

Please answer all questions below. The answers may be in key word form, and should not exceed the space allotted by the dotted lines.

1. Blood supply to the uterus

- a. Which is the major artery to the uterus?
- b. Where does it originate?
- c. With which two arteries does it anastomose?

2. List homologies (structures that develop from the same embryological structure in the indifferent stage) between the female and male external genitalia.

Female	Male
Labia majora
Bulbus vestibuli
Corpora cavernosa clitoridis
Glans clitoridis

3. List structures that may be damaged by perineal tears in midline.

.....
.....
.....

4. Why can incision of an ischioanal (ischioanal) abscess result in a reduced ability for faecal continence?

.....

5. From which embryological structures do the following structures develop?

- a. Ductus epididymidis and ductus deferens develop?.....
- b. Uterus and the tuba uterina develop?.....

6. Which cells of the seminiferous tubules are connected by occluding contacts?

.....

Examiner's sheet (avkrysningskjema for eksaminator= den som retter skjemaet)

Student ID number:

Examiner ID:

Station number 20 - Anatomy and Physiology

Short answer questions

Please answer all questions below. The answers may be in key word form, and should not exceed the space allotted by the dotted lines.

	Score	Achieved
<p>1</p> <p>a. Arteria uterina</p> <p>b. From the ventral stem of a. iliaca interna.</p> <p>c. Anastomoses with a. vaginalis from a. iliaca interna and a. ovarica from the aorta.</p>	<p>1</p> <p>1</p> <p>2</p>	
<p>2. Female</p> <p>Labia majora</p> <p>Bulbus vestibuli</p> <p>Corpora cavernosa clitoridis</p> <p>Glans clitoridis</p> <p>Male</p> <p>Scrotum</p> <p>Corpus spongiosum peni</p> <p>Corpora cavernosa penis</p> <p>Glans penis</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<p>3. The answer should list the following structures (specifications in parentheses are not mandatory):</p> <ul style="list-style-type: none"> - Skin and subcutaneous tissue - Vaginal wall (mucosa, submucosa, smooth muscle) - Perineal body (a tendinous connection point between several perineal muscles) - External anal sphincter - Wall of anal canal (smooth muscle, submucosa, mucosa) 	<p>1</p> <p>1</p> <p>2</p> <p>2</p> <p>2</p>	
<p>4. The incision can damage medial nerve fibres from the pudendal nerve to the external anal sphingter.</p>	<p>3</p>	
<p>5.</p> <p>a. Mesonephros (the mesonephric duct; Wolffian duct)</p> <p>c. Paramesonephros (the paramesonephric duct; Müllerian duct).</p>	<p>1</p> <p>2</p>	
<p>6. Sertoli cells</p>	<p>2</p>	
Total		

Max. 24 points

Station number 21. Multiple choice questions (MCQ)

Remember to fill in your student ID

1. Which of the following signs are typical for acute asthma?
Place a cross in the correct column:

<i>SIGN</i>	<i>Yes</i>	<i>No</i>
Audible expiratory wheeze		
Chest recessions		
Increased respiratory rate (tachypnoea)		
Prolonged expiratory phase		
Dullness on percussion		
On auscultation:		
Ronchi, sibilating rhonchi (in Norwegian: Pipelyder)		
Crepitations, rales (in Norwegian: Knattrelyder)		

2. Which of the following symptoms are typical for Lobar pneumonia?
Place a cross in the correct column:

<i>SIGN</i>	<i>Yes</i>	<i>No</i>
Audible expiratory wheeze		
Chest recessions		
Increased respiratory rate (tachypnoea)		
Prolonged expiratory phase		
Dullness on percussion		
On auscultation:		
Ronchi, sibilating rhonchi (in Norwegian: Pipelyder)		
Crepitations, rales (in Norwegian: Knattrelyder)		

Examiner's sheet

Examiner's ID

Station 21 – Paediatrics

1. Which of the following signs are typical for acute asthma?

<i>SIGN</i>	<i>Yes</i>	<i>No</i>	<i>Points</i>	<i>Given points</i>
Audible expiratory wheeze	X		2	
Chest recessions	X		2	
Increased respiratory rate (tachypnoea)	X		2	
Prolonged expiratory phase	X		2	
Dullness on percussion		X	2	
On auscultation: Ronchi, sibilating rhonchi (in Norwegian: Pipelyder)	X		1	
Crepitations, rales (in Norwegian: Knattrelyder)		X	1	

2. Which of the following symptoms are typical for lobar pneumonia?

<i>SIGN</i>	<i>Yes</i>	<i>No</i>	<i>Points</i>	<i>Given points</i>
Audible expiratory wheeze		X	2	
Chest recessions	X		2	
Increased respiratory rate (tachypnoea)	X		2	
Prolonged expiratory phase		X	2	
Dullness on percussion	X		2	
On auscultation: Ronchi, sibilating rhonchi (in Norwegian: Pipelyder)		X	1	
Crepitations, rales (in Norwegian: Knattrelyder)	X		1	

Max. score 24 p

Student ID:

Score obtained:

Station number 22 Paediatrics

Short essay – short answers

Remember to fill in your student ID - You may answer in Norwegian

A mother comes to your office with her 9 month-old son. She has observed that her son has the following symptoms and signs whenever drinking ordinary cows' milk: He cries, vomits and has some diarrhoea. His itching atopic eczema located at the flexor-sites of his arms and legs, is worsened, and he scratches himself.

1. What are the two most probable diagnoses you would consider?

Answer:

A.

B.

2. How would you diagnose these two conditions?

Answer:

A:

.....

B:

.....

3. What kind of treatment would you prescribe for these two conditions?

A:

.....

B:

.....

Examiner's sheet**Examiner's ID****Station number 22 – Paediatrics**

Points per item	Score for correct answer	Score attained
1. The two most probable diagnoses: A. Lactose intolerance	5	
B. Cows' milk allergy	5	
2. How would you diagnose the two clinical conditions? A. Lactose provocation DNA analysis of lactose intolerance gene	2 2	
B. Skin prick test to cows' milk or specific IgE to cows' milk (Cap, RAST)	2 2	
3. What kind of treatment: A. Lactose free diet – Lactose reduced milk (one of these is enough)	3	
B. Diet without cows' milk protein Protein or Casein hydrolysates: Nutramigen, Pregestemil (one of these is enough or writing hydrolysates)	3	
Sum	24	

Max. score 24 p