

Station 10

Paediatrics - PC

Remember to fill in your student ID No.

1. Each of these pictures, A, B and C, is taken from diapers of babies less than 3 weeks old. They are brought to you in your practice. Circle your choice of diagnosis based on the pictures.

Urate crystals:	A.	B.	C.
Blood in stool:	A.	B.	C.
Normal baby stool:	A.	B.	C.

2. Urate crystals in a baby's diaper may be seen in the following conditions: Circle up to two true alternatives. Please note – more than one answer may be correct. However, marking more than two answers will give negative points.

- 2.1. Healthy baby
- 2.2. Baby with maple syrup urine disease
- 2.3. Dehydrated baby
- 2.4. Baby with kidney disease

3. Blood in a baby's stool may be seen in the following diseases: Please note – more than one answer may be correct. However, marking more than two answers will give negative points.

- 3.1. Meckel's diverticulum
- 3.2. Congenital coagulation factor deficiency
- 3.3. Heart defect
- 3.4. Phenylketonuria

4. Characteristics of normal breast-fed babies: Circle up to two true alternatives. Please note – more than one answer may be correct. However, marking more than two answers will give negative points.

- 4.1. Stool frequency may be up to every 8th day
- 4.2. Breast-feeding mothers don't need to worry about which drugs they take
- 4.3. The growth of breast-fed and formula-fed babies is not similar until 6 month of age
- 4.4. Breast-feeding may be associated with prolonged jaundice

Examiner's sheet

Student ID number:.....

Examiner ID:.....

Station number 10

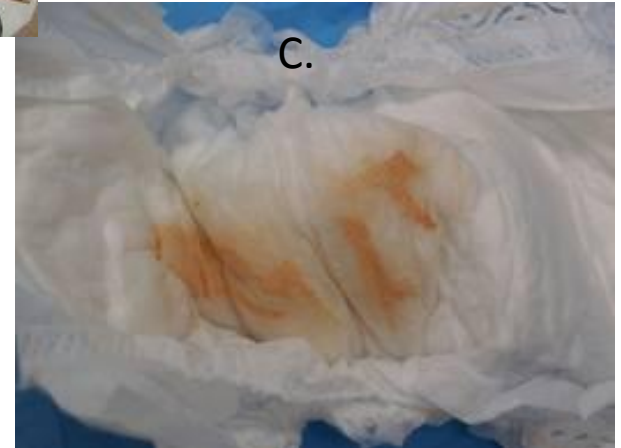
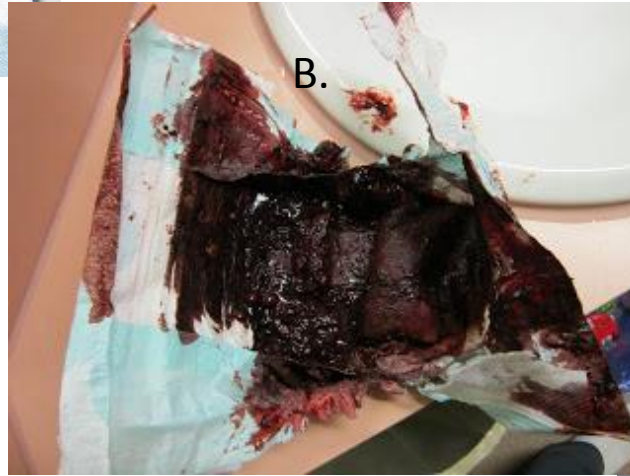
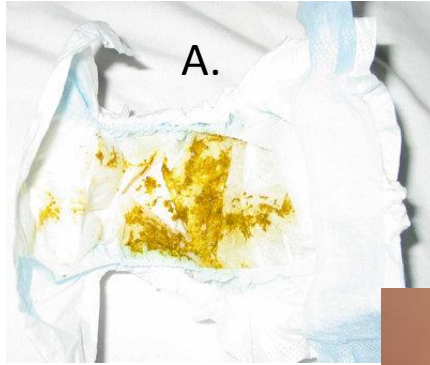
	Points	Score
<p>Question no. 1 Diapers from babies</p> <p>Urate crystals C. Blood in stool B. Normal baby stool A.</p>	<p>+2 +2 +2</p>	
<p>Question no. 2 Urate crystals</p> <p>2.1 Healthy baby 2.2 Maple syrup urine disease 2.3 Dehydrated baby 2.4 Baby with kidney disease</p> <p>More than two answers will give -3 points for each wrong answer</p>	<p>+3 0 +3 0</p>	
<p>Question no. 3 Blood in stool</p> <p>3.1 Meckel's diverticulum 3.2 Congenital coagulation factor deficiency 3.3 Heart defect 3.4 Phenylketonuria</p> <p>More than two answers will give -3 points for each wrong answer</p>	<p>+3 +3 0 0</p>	
<p>Question no. 4 Normal babies</p> <p>4.1 Stool frequency up to every 8th day 4.2 Breast-feeding mothers don't need to worry about which drugs they take 4.3 Growth of breast-fed and formula-fed babies is not similar before 6 months of age 4.4 Breastfeeding is associated with prolonged jaundice</p> <p>More than two answers will give -3 points for each wrong answer</p>	<p>• ○ +3 • 0 ○ 0 ○ +3</p>	<p>•</p>

Max score

Total Score

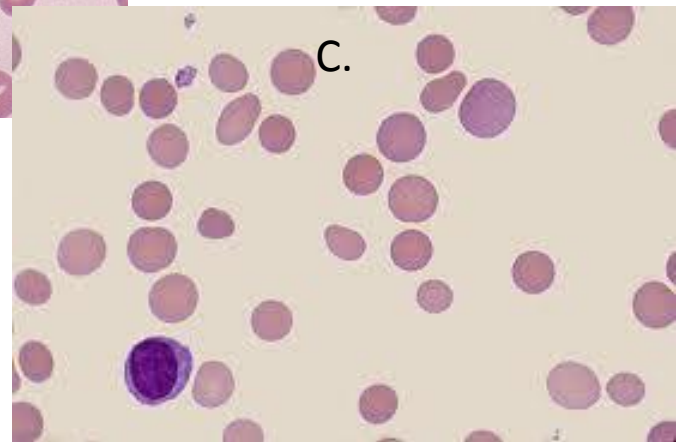
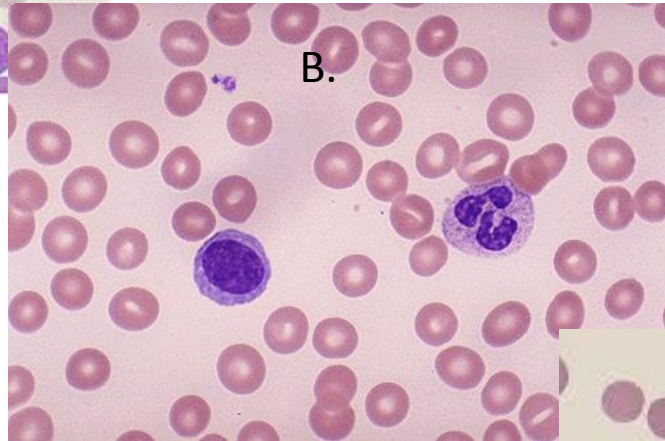
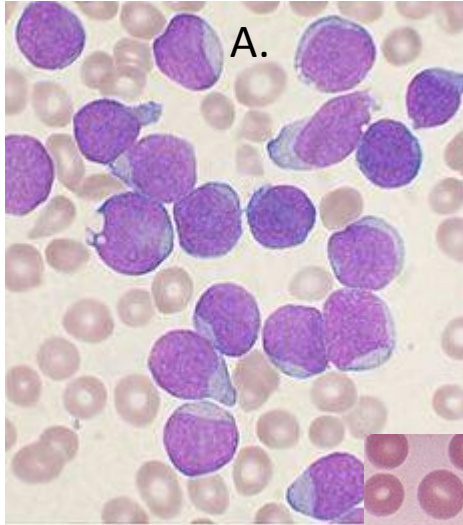
Station 10

DIAPER DIAGNOSES



Station 11

BLOOD FILMS



Student ID Number:.....

Station 11

Paediatrics - Short essay

Remember to fill in your student ID.

1. You see three images of different blood films marked A, B, and C. Circle the letter associated with each image.

Acute lymphatic leukaemia: A. B. C.

Hereditary spherocytosis: A. B. C.

Normal: A. B. C.

2. What are frequent signs/symptoms of acute lymphatic leukaemia? Circle up to three true alternatives. Four circles will give negative points.

- 2.1. Thrombocytopenia
- 2.2. Infection
- 2.3. Bone pain
- 2.4. Coagulopathies

3. What are frequent signs/symptoms of hereditary spherocytosis? Circle up to three true alternatives. Four circles will give negative points.

- 3.1. Haemolysis
- 3.2. Gallstones
- 3.3. Hypergammaglobulinaemia
- 3.4. Heart failure

4. Characteristics of normal hematopoiesis: Circle up to three true alternatives. Four circles will give negative points.

- 4.1. Fetal haemoglobin has disappeared by 12 months of age
- 4.2. Haemoglobin concentration at birth is low
- 4.3. Infants have a physiologic lymphocytosis
- 4.4. Splenectomy is problematic in children

Examiner's sheet

Student ID number:.....

Examiner ID:.....

Station number 11

	Points	Score
Question no. 1 Blood films Acute lymphatic leukaemia A. Hereditary spherocytosis C. Normal B.	 +2 +2 +2	
Question no. 2 Signs/symptoms of acute lymphatic leukaemia 2.1 Thrombocytopenia 2.2 Infection 2.3 Bone pain 2.4 Coagulopathies	 +2 +2 +2 -2	
Question no. 3 Signs/symptoms of hereditary spherocytosis 3.1 Haemolysis 3.2 Gallstones 3.3 Hypergammaglobulinaemia 3.4 Heart failure	 +2 +2 -2 +2	
Question no. 4 Normal hematopoiesis 4.1 Fetal haemoglobin has disappeared by 12 months of age 4.2 Haemoglobin concentration at birth is low 4.3 Infants have a physiological lymphocytosis 4.4 Splenectomy is problematic in children	 +2 -2 +2 +2	

Max 24 points

Total score:.....

Student ID Number:.....

Station number: 13

Paediatrics - Short essay

Remember to fill in your student ID.

A 1-year old boy was brought to your hospital outpatient clinic (poliklinikken) because his mother was worried. He had had a fever for 2 days, he was pale, and his general condition was affected. He vomited, but had no diarrhoea. He had lost his appetite and the parents were worried that he was not drinking enough. Urine in diapers was dark.

1. What clinical condition(s) do you suspect?
2. Which clinical examination(s) would you do?
3. The screening test showed CRP of 125, WBC of 25 with left shift, urine spot tested positive for leucocytes and nitrate. What additional test(s) would you order?
4. How would you treat this boy and what follow up would you suggest?

Examiner's sheet

Student ID Number:.....

Examiner ID:.....

Station number 13 Paediatrics, Short answers station.

A 1-year old boy was brought to your hospital outpatient clinic (poliklinikken) because his mother was worried. He had had fever for 2 days, he was pale, and his general condition was affected. He vomited, but had no diarrhoea. He had lost his appetite and the parents were worried that he was not drinking enough. Urine in diapers was dark.

DO THE POINTS TALLY - THERE ARE MORE POINTS NEXT TO THE ANSWERS THAN THE MAX INDICATED?

	Points
1. What clinical condition(s) do you suspect? a. Septicaemia: 3 b. Urinary tract infection: 3 c. Other serious infections: 3	Max 6 points
2 Which clinical examination(s) would you do? a. Complete somatic and neurological status: 4 b. Blood pressure: 2 c. Other specific clinical examinations e.g. neck stiffness: 2	Max 6 points
3. The screening test showed CRP of 125, WBC of 25 with left shift, urine spot tested positive for leucocytes and nitrate. What additional test(s) would you order a. Blood culture: 4 b. Urine culture: 4 c. Ultrasound of kidney and abdomen: 4 d. Spinal tap: 3	Max 6 points
4. How would you treat this boy and what follow up would you suggest a. Admit to the hospital: 3 b. Antibiotics i.v.: 3 c. Fluid i.v.: 3 d. Observe: 0 e. Send home: -2 f. Regular urine control for 6 months: 3 g. No follow-up necessary: 0	Max 6 points

Max 24 points

Total score: _____

Examiner's sheet

Student ID Number:.....

Examiner ID:.....

Station number 14 Paediatrics, Short answers station.

1. You are on-call and see a 3-month old child who has been vomiting for the last 24 hours. Which of the following diagnoses might be associated with or cause vomiting?

	True	False
Intussusception	2	0
Gastroenteritis	2	0
Pyloric stenosis	2	0
Colic	-1	2
Coeliac disease	0	2
Urinary tract infection	2	0

(Maximum 8 points)

Score:.....

2. You consider admitting the child to hospital. Circle True or False for each of the following statements with arguments for NOT sending the child to hospital.

	True	False
The 3-year old brother is also vomiting, so the diagnosis is clear. There is no need to send the child to hospital.	0	2
The parents are not concerned so there is no need to send him to the hospital.	0	2
It's in the middle of the night and a long drive/trip to the hospital; it's better to stay home.	0	2
The child is breastfeeding, and is therefore in no risk of serious illness.	0	2

Score:.....

3a. In a three-month old child what would be the signs of severe dehydration? Only one answer is permitted.

	True	False
400g weight loss, decreased skin turgor, normal pulses		0
Pale, thirsty with reduced urine output		0
800g weight loss, sunken fontanelle and reduced skin turgor	2	

Score:.....

3b. In a 3-month old child what would be the signs of moderate dehydration? Only one answer is permitted.

	True	False
400g weight loss, slightly sunken fontanelle and eyes, decreased urine output	2	
Drowsy, pale, no tears on crying		0
Alert, moist tongue, normal skin turgor		0

Score:.....

3c. In a child with these symptoms, when would you NOT expect dehydration? Only one answer is permitted.

	True	False
When there is no diarrhoea.		0
When the child is breastfed		0
There is always a risk of being dehydrated when vomiting	2	

Score:.....

3d. When evaluating a seriously ill 3-month old child what would you assess first? Only one answer is permitted.

	True	False
Airways, breathing, circulation and alertness	2	
Fontanelle, skin color and signs of petechial rash		0
Neck stiffness/Nuchal rigidity, increased respiratory rate and heart rate		0

Maximum 24

Total score:.....

Station number 14

Remember to fill in your student ID.

1. You are on-call and see a 3-month old child who has been vomiting for the last 24 hours. Which of the following diagnoses might be associated with or cause vomiting?

	True	False
Intussusception		
Gastroenteritis		
Pyloric stenosis		
Colic		
Coeliac disease		
Urinary tract infection		

2. You consider admitting the child to hospital. Circle True or False for each of the following statements with arguments for NOT sending the child to hospital.

	True	False
The 3-year old brother is also vomiting, so the diagnosis is clear. There is no need to send the child to hospital.		
The parents are not concerned so there is no need to send him to the hospital.		
It's in the middle of the night and a long drive/trip to the hospital; it's better to stay home.		
The child is breastfeeding, and is therefore not at risk of serious illness.		

- 3a. In a three-month old child what would be the signs of severe dehydration? Only one answer is permitted

	True	False
400g weight loss, decreased skin turgor, normal pulses		
Pale, thirsty with reduced urine output		
800g weight loss, sunken fontanelle and reduced skin turgor		

Station 14

Student ID:.....

3b. In a 3-month old child what would be the signs of moderate dehydration? Only one answer is permitted

	True	False
400g weight loss, slightly sunken fontanelle and eyes, decreased urine output		
Drowsy, pale, no tears on crying		
Alert, moist tongue, normal skin turgor		

3c. In a child with these symptoms when would you NOT expect to see dehydration? Only one answer is permitted

	True	False
When there is no diarrhoea.		
When the child is breastfed		
There is always a risk of being dehydrated when vomiting		

3d. When evaluating a seriously ill 3-month old child what would you assess first? Only one answer is permitted

	True	False
Airways, breathing, circulation and alertness		
Fontanelle, skin color and signs of petechial rash		
Nuchal stiffness/rigidity, increased respiratory rate and heart rate This is different to what is written on the Examiner's sheet		

Station number 15 Paediatrics, Short answers station.

1. At a routine visit to the healthcare centre, a 2-year old boy appeared a little pale, his weight and height were at the 2.5 percentile, and his head circumference was at the 25 percentile. The clinical exam was otherwise normal. Haemoglobin was 7.8 g/100ml
Which of the following diagnoses are the most likely? **Mark 2 alternatives** - more than two marked alternatives will result in negative points for each excess answer.

Maximum score 6 points

Iron-deficiency anaemia	3
Coeliac disease	0
Post-infection anaemia	3
Haemoglobinopathies	1
Leukaemia	1
Urinary tract infection	1
Rickets	0

To examiner: Deduct 2 points for each excess answer. **Score:.....**

2. During a more detailed interview the parents told you that the child was not eating very well, but was very fond of milk. He attended nursery school and had had several episodes with fever and upper airway infections.

In addition to Hb, WBC, Platelets, MCH, MCV, MCHC, which of the following blood test would you order to start the diagnostic process? **Mark 2 alternatives** - more than two marked alternatives will result in negative points for each excess answer

Maximum score 6 points

Bone marrow examination	0
Haemoglobin electrophoresis	0
Serum ferritin and TIBC	3
Antibodies against gluten and gliadin	1
Peripheral blood smear, reticulocyte count	3
CRP (C-reactive protein)	1
Vitamin D status	1

To examiner: Deduct 2 points for each excess answer.

Score:.....

3. The initial tests showed: Hb 7.8 g/100 ml, WBC $7.5 \times 10^9/L$, platelets $455 \times 10^9/L$, low reticulocyte count, normal CRP, MCH, MCV, MCHC, ferritin and TIBC. Other tests have not been reported yet.

Which diagnosis is now most likely? **Mark 1 alternative** - more than one marked alternative will result in negative points for each excess answer

Maximum score 6 points

Iron-deficiency anaemia	1
Coeliac disease	0
Post-infection anaemia	6
Haemoglobinopathies	1
Leukaemia	0
Urinary tract infection	0
Rickets	0

To examiner: Deduct 2 points for each excess answer.

Score.....

4. Which of the following decisions would you now make? **Mark 1 alternative** - more than one marked alternative will result in negative points for each excess answer

Maximum score 6 points

Order more blood tests	1
Start with iron supplement	1
Refer him for a bone marrow examination	0
No treatment, no follow up	0
No treatment, follow up with blood test after 4 weeks	6
Start antibiotics	0
Start gluten-free diet	0
Star vitamin D treatment	0

To examiner: Deduct 2 points for each excess answer.

Score.....

Total score:.....

Station number: 15

Paediatrics - Short essay

Remember to fill in your student ID.

- At a routine visit to the healthcare centre, a 2-year old boy appeared a little pale, his weight and height were at the 2.5 percentile, and his head circumference was at the 25 percentile. The clinical exam was otherwise normal. Haemoglobin was 7.8 g/100ml

Which of the following diagnoses are the most likely? **Mark 2 alternatives** – more than two marked alternatives will result in negative points for each excess answer.

Iron-deficiency anaemia	
Coeliac disease	
Post-infection anaemia	
Haemoglobinopathies	
Leukaemia	
Urinary tract infection	
Rickets	

- During a more detailed interview the parents told you that the child was not eating very well, but was very fond of milk. He attended nursery school and had had several episodes with fever and upper airway infections.

In addition to Hb, WBC, Platelets, MCH, MCV, MCHC, which of the following blood tests would you order to start the diagnostic process? **Mark 2 alternatives** - more than two marked alternatives will result in negative points for each excess answer

Bone marrow examination	
Haemoglobin electrophoresis	
Serum ferritin and TIBC	
Antibodies against gluten and gliadin	
Peripheral blood smear, reticulocyte count	
CRP (C-reactive protein)	
Vitamin D status	

Station No 15

Student ID Number:.....

3. The initial tests showed: Hb 7.8 g/100 ml, WBC $7.5 \times 10^9/L$, platelets $455 \times 10^9/L$, low reticulocyte count, normal CRP, MCH, MCV, MCHC, ferritin and TIBC. Other tests have not been reported yet

Which diagnosis is now most likely? **Mark 1 alternative** - more than one marked alternative will result in negative points for each excess answer

Iron-deficiency anaemia	
Coeliac disease	
Post-infection anaemia	
Haemoglobinopathies	
Leukaemia	
Urinary tract infection	
Rickets	

4. Which of the following decisions would you now make? **Mark 1 alternative** - more than one marked alternative will result in negative points for each excess answer

Order more blood tests	
Start with iron supplement	
Refer him for bone marrow examination	
No treatment, no follow up	
No treatment, follow up with blood test after 4 weeks	
Start antibiotics	
Start gluten-free diet	
Start vitamin D treatment	

Station No 16

More than one answer may be correct. Wrong answers will be awarded negative points

Question 1

A 4-year old boy is admitted to the emergency department due to respiratory problems with wheezing and dyspnoea.

You examine the child and find him to have a lower respiratory tract obstruction rated at P4 on the Kjell Aas scale (listed as some distress when calm, fine sibilant sounds are audible without a stethoscope, jugular/intercostal recessions, use of accessory respiratory muscle which may worsen (P5) after cough)

What would your first actions be?

- Order a chest X-ray -2 Points
- Give an inhalation with a β -2 agonist (bronchodilator) 2 points
- Give a subcutaneous adrenaline (epinephrine) injection -2 points
- Reassure the boy and attempt to calm him down 2 points
- Order a blood sample to check for infection and specific IgE against inhalant allergens
-2 points

Score:..... (0 or higher)

Correct answers:

Give an inhalation with a β -2 agonist (bronchodilator)

Reassure the boy and attempt to calm him down

Comment: the use of subcutaneous adrenaline may be relevant for P6 or possibly P5 but not for P4

Question 2

You think that the child may have asthma. What important information in the patient history may help you rule out this diagnosis?

- The child has had previous episodes of bronchial obstruction 2 points
- There is allergic disease(s) among first-degree relatives 2 points
- The family keeps pets at home -2 points
- The child has atopic eczema, food allergy or rhinitis 2 points
- The child's diet is low on antioxidants and omega-3 fatty acids: -2 points

Score:.....(0 or higher)

Correct answers:

The child has had previous episodes of bronchial obstruction

There are allergic diseases among first-degree relatives

The child has other atopic diseases

Question 3:

You conclude that the child has asthma and decide to start regular treatment. Which of the following medications act by decreasing the airway inflammation?

- B-2 agonists -2 points
- Glucocorticosteroids 2 points
- Ipratropium bromide -2 points
- Penicillins -2 points
- Leukotriene antagonists 2 points

Score:.....(0 or higher)

Correct answers:

Glucocorticosteroids

Leukotriene antagonists

Question 4:

What actions should be taken in relation to children who start regular asthma treatment?

- Parents should ask the pharmacist to teach them how to use the inhalation device: -2 points
- Train the parents in how to use inhalation device(s) for their child: 2 points
- Give the doctor's mobile (cell) telephone number to the parents – 2 points
- Advise that the child should avoid strenuous physical activity – 2 points
- Provide the parents with an updated treatment/action plan: 2 points

Score:.....(0 or higher)

Correct answers:

Train the parents in how to use inhalation device(s) for their child

Provide the parents with an updated treatment/action plan

Question 5:

The boy returns to you at the outpatient clinic 2-3 months after starting regular asthma treatment. Despite treatment he has had several episodes of dyspnoea and wheezing. What are possible explanations for this lack of response to treatment?

- Lack of adherence to the treatment regime you have prescribed 2 points
- Incorrect diagnosis 2 points
- The child is too physically active - 2 points
- Wrong medication and/or insufficient dose of the medicine 2 points
- Use of other medicines that interact with the effect of the prescribed medication: - 2 points

Score:.....(0 or higher)

Correct answers:

Lack of adherence to prescribed medication

Incorrect diagnosis

Wrong medication and/or insufficient dose of the medicine

Total score:.....

Totalt 12 riktige svar. Hver riktige svar gir 2 poeng, totalt 24 poeng. Hver feilesvar gir 2poeng i trekk.

Station number 16

More than one answer may be correct. Wrong answers are awarded negative points

Question 1

A 4-year old boy is admitted to the emergency department due to respiratory problems with wheezing and dyspnoea.

You examine the child and find him to have a lower respiratory tract obstruction rated at P4 on the Kjell Aas scale (listed as: some distress when calm, fine sibilant sounds are audible without a stethoscope, jugular/intercostal recessions, use of accessory respiratory muscle which may worsen (P5) after cough)

What would your first actions be?

- Order a chest X-ray
- Give an inhalation with a β -2 agonist (bronchodilator)
- Give a subcutaneous adrenaline (epinephrine) injection
- Reassure the boy and attempt to calm him down
- Order a blood sample to check for infection and specific IgE against inhalant allergens

Question 2

You think that the child may have asthma. What important information in the patient history may help you confirm this diagnosis?

- The child has had previous episodes of bronchial obstruction
- There are allergic diseases among first-degree relatives
- The family keeps pets at home
- The child has atopic eczema, food allergy or rhinitis
- The child's diet is low in antioxidants and omega-3 fatty acids

Student ID:.....

Eksaminer ID

Question 3:

You conclude that the child has asthma and decide to start regular treatment. Which of the following medications act by decreasing airway inflammation?

- B-2 agonists
- Glucocorticosteroids
- Ipratropium bromide
- Penicillins
- Leukotriene antagonists

Question 4:

What actions should be taken in relation to children who start regular asthma treatment?

- Parents should ask the pharmacist to teach them how to use the inhalation device
- Train the parents in how to use inhalation device(s) for their child
- Give the doctor's mobile/cell telephone number to the parents
- Advise that the child should avoid strenuous physical activity
- Provide the parents with an updated treatment/action plan

Question 5:

The boy returns to you at the outpatient clinic 2-3 months after starting regular asthma treatment. He has had three more episodes of dyspnoea and wheezing. What are likely explanations for this lack of response to treatment?

- Lack of adherence to the treatment regime you prescribed
- Incorrect diagnosis
- The child is too physically active
- Wrong medication and/or insufficient dose of the medicine
- Use of other medicines that interact with the effect of the prescribed medication

Student ID Number:.....

Station number 17 Paediatrics -

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

1a) What are the 4 most common CLINICAL signs of coarctation of the aorta in older children? (Explain each sign in a few words)

-
2. Describe how central cyanosis can be recognized.

 3. Some congenital heart malformations are associated with central cyanosis. What is the mechanism involved?

 4. In the newborn child, a VSD may be present without a systolic murmur during the first days of life. Why?
-
-
-

Examiner's sheet

Student ID number:

Examiner ID:

Station number 17 Paediatrics

Heart disease

	4-6p			Score
<p>1 What are the 4 most common CLINICAL signs of coarctation of the aorta in older children? (Explain each sign in a few words)</p> <p>Differential blood pressure: arms > legs</p> <p>Systolic murmur or bruit in the back</p> <p>Systolic hypertension in the upper extremities</p> <p>Diminished or absent femoral or lower extremity pulses</p> <p>Max 12 points</p>	2			
<hr/> <p>2. Colour of the skin</p> <p>Colour of mucous membranes</p> <p>3. Right to left shunt</p> <p>4. The pressures in right and left ventricle are the same: thus there is no shunting and no murmur</p> <p>Max 12 points</p> <hr/>	2	2	4	4

Max Score 24

Total Score

Station 18

Short answer - Infertility

Fill in your student ID in the right-hand corner of this page

Your new patient is a 36-year old woman. She had her appendix removed at the age of 18, she is otherwise previously healthy. Her menstrual periods are regular, cycle 5/28 days, but she has experienced increasing dysmenorrhea during the last 3 years.

Her husband is 40 years old, previously healthy, and the father of a 6-year old son from a previous relationship.

They consult you as a General Practitioner because of infertility, they have tried to conceive for 18 months without success.

1. List potential causes of this couple's infertility.

2. In addition to taking their history, which investigations would you propose for the couple before referring them to an infertility clinic?

3. If female infertility, what are the treatment options?

Gynecology - Infertility

Student ID number.....

Examiner's sheet

Examiner ID.....

	Max score	Actual score
Causes of infertility Endometriosis 4 Adhesions 2 Sequelae silent PID 2 Low ovarian reserve 2 (anovulation) Male factor 1 (reduced sperm quality)	11	
Investigations for infertility Hormone analyses (woman) 2 Ovulation tests (progesterone lut. phase or preov. LH) 1 Sperm analysis 2 Test for tubal patency (laparoscopy, HSG, saline sonography) 2	7	
Treatment of infertility Laparoscopy, treatment endometriosis & adhesions 2 Ovulation stimulation 2 IVF (ass. reproduction) 2	6	

Max score 24**Total score.....**

Station 19

Short answer - "Pelvic mass"

Fill in your student ID in the right-hand corner of this page

You are a General Practitioner

The patient is 42 years old, and she is previously healthy. She has been pregnant twice, delivering two healthy children vaginally. She is not using any contraception, but the condom is used quite regularly by her husband.

Over the last four weeks she has experienced irregular bleeding and some lower abdominal pain.

She consults you as a General Practitioner. On abdominal palpation you find some peritoneal irritation, and gynecologic examination reveals a tender mass of about 5 cm in the right adnex.

1. If urine HCG is positive - list possible diagnoses

2. If urine HCG is negative, but the temperature is elevated, as are CRP and white cell count - list possible diagnoses

3. If urine HCG is negative, but the tumor marker CA 125 is elevated (5 times normal value) – list possible diagnoses

Examiner's sheet

Gynecology - "Pelvic mass"

Student ID number.....

Examiner ID.....

Station 19

	Max score	Actual score
Pelvic mass HCG pos. Intrauterine pregn. w/cyst 3 -add point if threatening abortion mentioned 1 - add point if bleeding or torsion of cyst mentioned 1 Extrauterine pregnancy 3	8	
Pelvic mass Temp/CRP elevated PID 4 Appendicitis 4	8	
Pelvic mass CA 125 elevated Ovarian malignancy 2 Endometrioma 2 (only 1 if endometriosis alone is mentioned) Myoma 1 Ovarian cyst 1 Any abd. mass w/ abdominal inflammation/infection 2	8	

Max score 24

Total score.....

Station 20

Student ID Number:.....

Short answers station

Acute abdominal pain last trimester *Obstetrics*

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

You are a GP in a rural practice. Your patient is a 24-year old woman who is 35 weeks pregnant. She has been experiencing acute abdominal pain for some hours. At her last visit she had slightly increased blood pressure, but otherwise was very healthy. She is a smoker, but has reduced the number of cigarettes per day.

She enters your office complaining of pain located on the right side above the umbilicus. She puts her hand on her abdomen and you immediately see that she is in pain. She has no fever, but asks for painkillers.

Answer briefly (in 7 minutes):

- a. Which examinations and tests would you consider?
- b. List the differential diagnoses, start with the most probable.
- c. Discuss briefly the management of this patient

Examiner sheet

Student ID Number:.....

Examiner.....

Acute abdominal pain in last trimester Obstetrics

You are a GP in a rural practice. Your patient is a 24-year old woman who is 35 weeks pregnant. She has been experiencing acute abdominal pain for some hours. At her last visit she had slightly increased blood pressure, but is otherwise very healthy. She is a smoker, but has reduced the number of cigarettes per day.

She enters your office complaining of pain located on the right side above the umbilicus. She puts her hand on her abdomen and you immediately see that she is in pain. She has no fever, but asks for painkillers.

<p>Which examinations and tests would you consider?</p> <p>General examination of the woman:</p> <ul style="list-style-type: none"> i. Blood pressure, pulse, ii. Edema (weight) iii. Urine sticks: proteinuria? <p>2. Abdominal palpation Pain? Tenderness? Percussion of the kidneys Palpation of uterus: Tenderness, Pain, Contractions??</p> <p>3. Fetal condition SF measurements Auscultation fetal heart rate</p> <p>4. Gyn inspection: bleeding? discharge?</p> <p>5. Gyn exploration should not be done</p>	<p>Total 10</p> <p>3</p> <p>3</p> <p>2</p> <p>2</p> <p>minus 2</p>	
<p>Differential diagnoses? (Start with most probable)</p> <ul style="list-style-type: none"> 1. Placenta abruption 2. Pre-eclampsia (HELLP with epigastric pain) 3. Onset of labour 4. Ureter colic, Urolithiasis, 5. Gallstone 6. Liver disease 	<p>Total 10</p> <p>3</p> <p>3</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<p>Discuss briefly the management of this patient</p> <p>No painkillers</p> <p>Referral to the maternity ward</p> <p>Further examinations to be performed in hospital i.e. CTG, ultrasound scan (fetus, and additional abdominal scan (renal system, gallbladder), BP, blood samples (Hb, liver, kidney, coagulation status, etc.)</p>	<p>Total 4</p> <p>1</p> <p>1</p> <p>2</p>	

Max 24 points

Total score: _____

Station 21

Student no.....

Choose the single most correct or best answer to the following statements

Multiple Choice questions

During pregnancy maternal estrogen increases markedly. Most of this estrogen is produced by the

1. Ovaries
2. Adrenals
3. Fetus
4. Placenta
5. Uterus

A 32-year old woman with one previous late miscarriage starts antenatal care at 10 weeks gestation. Which of the following is the most worrisome with regard to poor obstetric outcome?

1. Traces of proteinuria on dipstick
2. Blood pressure of 145/95
3. No audible fetal heart tone by electronic Doppler (Sonic aid)
4. Maternal height 144 cm
5. The presence of discharge such as Candida at the speculum examination

Of the following, which is the most worrisome sign or symptoms of potentially serious pathology in late pregnancy?

1. Swollen ankles
2. Constipation
3. Visual changes
4. Head not fixed in the pelvic inlet
5. Heartburn

There is good evidence that a mother who gave birth to an infant with neural tube defects can reduce the risk and recurrence by taking folic acid.

The recommended advice for such a woman is

1. Start when planning pregnancy and continue through the first 12 weeks of gestation
2. Start at conception and continue through the first 12 weeks of gestation
3. Start when pregnancy test is positive and continue until the 6th month of pregnancy
4. Start when pregnancy test is positive and continue throughout the pregnancy

In antenatal care it is important to detect pre-eclampsia.

Which of these symptoms or signs does not belong?

1. Headaches
2. Epigastric pain
3. Blurring vision
4. Frequency of urination
5. Hyperreflexia

Extensive Coagulopathy may be a serious complication with which of the following conditions:

1. Severe pre-eclampsia
2. Diabetes
3. Acute pyelonephritis
4. Twin pregnancy with polyhydramnios
5. Post-date pregnancy.

A pregnant woman with leakage of water from her vagina is diagnosed with rupture of the membranes in the 28th gestational week.

What should the hospital **not** do?

1. Collect vaginal swabs for microbiological diagnosis
2. Give steroids to prevent RDS.
3. Start on antibiotics
4. Induce labour as soon as possible
5. Evaluate the amniotic fluid by ultrasound

In a **twin pregnancy** which statement is **not** correct?

1. The optimal time to determine mono or di-chorionicity is 17-19 weeks.
2. Increased risk of preterm labour
3. Higher risk of congenital abnormality
4. Cervical length scan should be offered at 22-24 weeks.
5. Higher rate of pre-eclampsia and antepartum bleeding.

In a **twin delivery** which of the following statements is correct?

1. Twin no. 1 is at greater risk than twin no. 2.
2. Avoid epidural anesthesia
3. Deliver the twins in week 37
4. It is most common for the twins to be monozygotic
5. The mother is at a higher risk for postpartum bleeding

A 28-year old primigravida presents at 36 weeks gestation complaining of a sore in her vulva. She has a long history of genital herpes. This is her 2nd episode in this pregnancy.

What advice is correct:

1. Recommend C. Section at term.
2. Start acyclovir treatment and plan C. Section.
3. Plan vaginal delivery but start prophylactic acyclovir at 38 weeks; continue until the baby is born.
4. Reassure her that because she has had the episode now, there will be no virus present at the birth.

A 28-year old primigravida presents at 36 weeks gestation complaining of a burning sore in her vulva. She has no prior history of genital herpes.

What advice is best:

1. Recommend C. Section when labour starts.
2. Start acyclovir treatment now and plan C. Section.
3. Plan vaginal delivery but start acyclovir prophylaxis at 38 weeks.
4. Take a viral test of the sore and a blood sample to determine if she has a primary genital herpes infection
5. Tell her that a sore at the end of pregnancy is common due to increased vaginal discharge.

A woman, 3 months pregnant, visited Poland **3 weeks ago**. When she returned to Norway she was very tired and wondered if she had got an infection. She had eaten tartar (raw meat). What should you as a physician do?

1. Reassure her that it is probably nothing and not to worry
2. Wait and see if she gets any other symptoms of infection
3. Take a blood sample for testing for Toxoplasma antibodies
4. Recommend vaccination for hepatitis B

A primigravida now in her 32nd week of gestation calls your office to say that she feels **some murmuring in her abdomen** and that her underwear **is getting wet**. Fetal movement is OK. Part of her cervix was removed some years ago due to irregular cervical cells. What will you do?

1. A complete evaluation of her cervix at your GP office.
2. Encourage the woman to rest at home and send her a sickness certificate.
3. Send her to the maternity outpatient clinic for evaluation.
4. Ask her to bring a urine sample since she may have a UTI.
5. Advise her to do pelvic floor exercises.

Worldwide, the most common problem during pregnancy is

1. Diabetes
2. Toxaemia
3. Heart disease
4. Urinary tract infection
5. Iron-deficiency anaemia