

UNIVERSITY OF CAPE TOWN
STELLENBOSCH UNIVERSITY
Faculty of Health Sciences

MMed Emergency Medicine
Final examination

MPhil Emergency Medicine
Written examination

24 March 2009

Clinical short answer paper 1

0900 - 1200

**NO CALCULATORS AND/OR
ELECTRONIC EQUIPMENT/AID WILL BE ALLOWED**

This paper consists of **FIFTEEN** short answer questions. All questions are to be answered. Each question is worth 10 marks.

Answer questions in the following books:

Question	Book
1-2	1
3-6	2
7-10	3
11-13	4
14-15	5

If you need to continue an answer in an extra book, do not mix answers in one book other than as detailed above.

1. Write short notes on the management of the needle stick injury victim from an unknown source.
2. List the potential risks involved in Brachial Plexus Blocks and the appropriate steps to avoid, limit and manage these.
3. Discuss the sensitivities and specificities of cardiac markers in the diagnosis of ACS (*2 marks are allocated to each portion of this question*):
 - a. Troponins
 - b. Creatine Kinase
 - c. Myoglobin
 - d. Highly specific- CRP
 - e. Pregnancy associated Plasma Protein-A
4. Write short notes on symptomatic hyperlactataemia and lactic acidosis in terms of clinical presentation and management.
5. Discuss the grading system and management of Supracondylar fractures in children.
6. Discuss Septic Arthritis in adults with respect to:
 - a. causative organisms
 - b. management
7. Write short notes on intraosseous infusions in children.
8. Illustrate an appropriate algorithm for assessment and resuscitation of a newborn infant.
9. Using a table to illustrate, discuss the composition and calculation of the Paediatric Trauma Score.
10. Write short notes on:
 - a. Perthes' disease 5
 - b. Slipped upper femoral epiphysis 5
11. Highlight key aspects of the initial management of the patient with:
 - a. 30% Full Thickness circumferential burns to the chest 5
 - b. The multiply injured patient who is 30 weeks pregnant 5

12. You have a patient with Blunt Abdominal Trauma who is difficult to evaluate. Discuss:
- a. The level of consciousness below which evaluation is unreliable 2
 - b. The merits and demerits of the various diagnostic tests that may be used to work-up the patient. 8
13. Compare penetrating versus blunt injuries of the diaphragm in terms of:
- a. The differences in clinical features at presentation. 6
 - b. Consequences of the injury or missed diagnosis. 4
14. List the differential diagnosis of a right iliac fossa mass that is tender on palpation, but non-pulsatile. Comment on those listed in the differential that are more common, and those that may be especially important in the South African context.
15. Briefly describe the possible features on history or examination that would lead one to suspect a leaking (contained rupture) infra-renal abdominal aortic aneurysm. Describe the specific approach to initial diagnosis in the stable and unstable patient respectively. How would the management of the two groups differ?