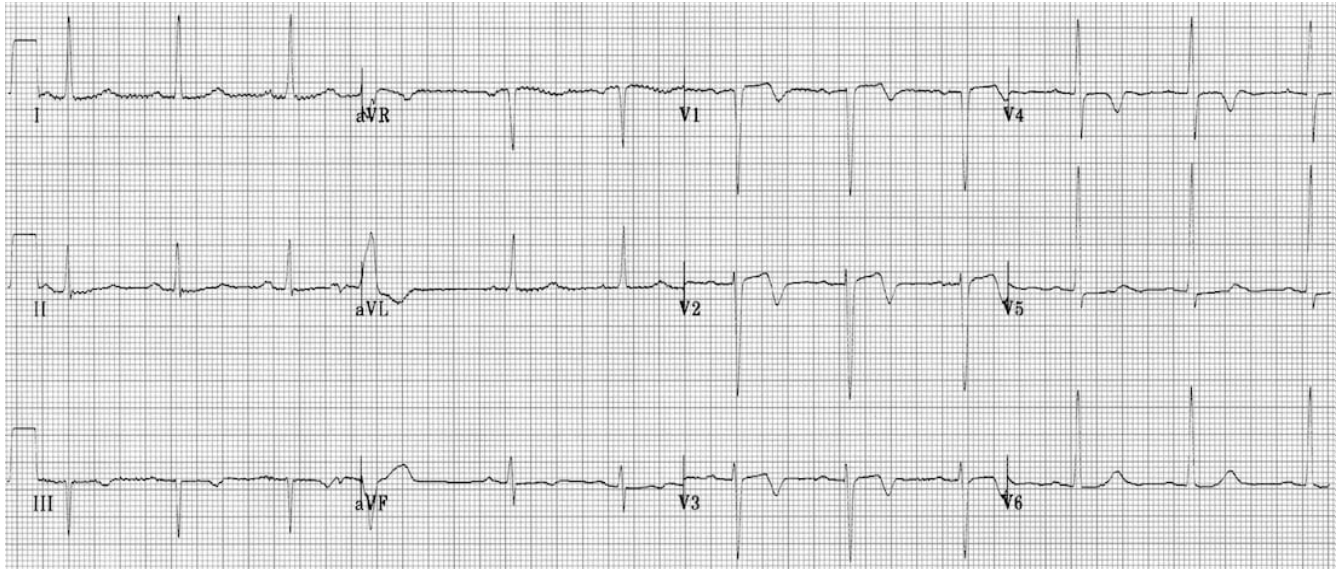


Monash SAQ 2022.1 Dane Horsfall Cabrini

CVS SAQ (11 marks, 5 Mins)

A 55 year old man presents to ED after a resolved episode of chest pain. His ECG is shown.



Answers:

A. List 3 (2) abnormal findings on the ECG (2-3 Marks)

- biphasic T waves V2-3,
- LVH with strain pattern
- VE
- Inf T inversion
- QT 480ms

-0.5 STE V1

Not accepted:

- 'bifid' T waves - they are 'biphasic'

B. What is your diagnosis? (1 Mark)

- Wellens type A- critical LAD stenosis-reperfusion

Not accepted:

STEMI/NSTEMI

C. List 4 Differential Diagnoses. (4 marks)

- PE/RV strain
- HCM
- Raised ICP
- Normal Paeds
- Persistent juvenile T wave inversion
- Vasospasm/Cocaine
- Brugada
- Sarcoid
- Myocarditis/pericarditis(late)
- HypoK, not hyperK
- Digoxin
- LVH with stain pattern
- ARVD

0.5 marks AS/MR cause LVH

Not accepted:

STEMI or NSTEMI

Viagra

Dissections(aortic/coronary) or emboli to coronary artery since they cause acute ischemia which is the Dx not a DDx

Sympathometic induced chest pain

LV aneurysm

Idiopathic structural abN

D. List four (4) steps in your management of this patient. (4 Marks)

- aspirin/clopidogrel/heparin/ticagrelor
- urgent angiogram within 24/24 and reperfusion of presumed critical LAD stenosis**
- dispo - admit cardiol
- analgesia gtn/morphine

0.5 mark if didn't specify PCI in < 24/24

Not accepted:

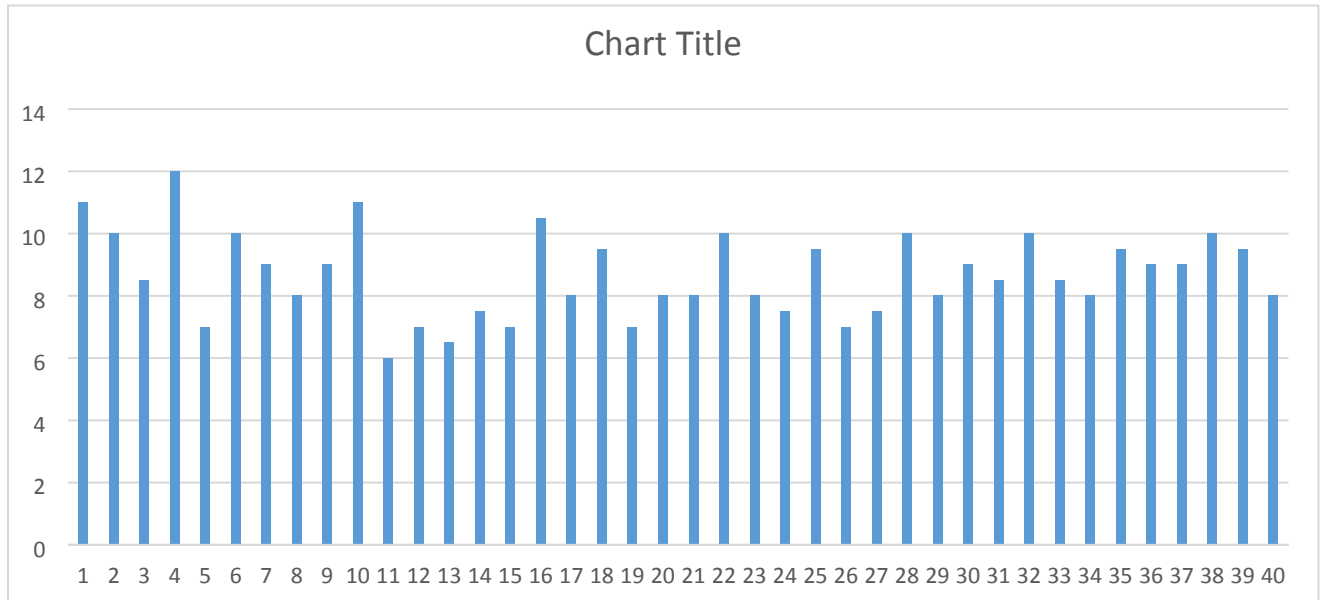
- Ix or not doing Ix or Mx eg not doing EST
- trop and Echo as Ix not Mx,
- 'Bed rest in a resus cubicle'
- 'Preferably for immediate cath lab if available' - too vague

Results

Pass mark > 8/12

Pass 22/40 55%

Failed 18/40 45%



Paeds SAQ (19 Marks, 9 mins) :

A 8 year old boy presents to your ED with a rash as shown:



He is otherwise well, you make the diagnosis of Henoch Schonlein Purpura (HSP):

A.List 3 other Differential Diagnoses other than HSP: (3 Marks)

1.

2.

3.

B. Complete the table below by listing 4 body systems affected by Henoch Schonlein Purpura and 1 Clinical feature for each of these systems for this condition: (8 Marks)

| Body System | Clinical Features |
|-------------|-------------------|
| | |
| | |
| | |
| | |

C. List 4 potential complications of HSP. (4 marks)

1.

2.

3.

4.

D. List 3 aspects of your management of this child: (3 Marks)

1.

2.

3.

Paeds SAQ Answers:

A.DDx

- Meningococcus septicaemia (not meningitis)
- ITP
- Trauma/NAI
- Drugs- co-trimoxazole, quinine, carbamazepine, valproate, anticoagulants, antiplatelet agents, steroids in older patients
- Congenital bleeding disorders including haemophilia and von Willebrand disease
- Vit def – B12, folate, Vit C
- Haem malignancy/bone marrow failure – acute leukaemia
- Other types of vasculitis - SLE, viral

B.Complete the table below by listing 4 body systems affected and their clinical features for this condition:

| Body System | Clinical Features |
|--------------|---|
| Skin | Usually symmetrical Palpable purpura, petechiae and ecchymoses Gravity/pressure-dependent areas (buttocks and lower limbs in ambulatory children) Painful subcutaneous oedema, Periorbital/Dependent areas (hands, feet, scrotum) |
| Joints | Arthritis/arthralgia Usually large joints of lower limbs Occasionally upper limbs Usually no significant effusion or warmth |
| Abdominal | Abdominal Pain |
| Renal | Proteinuria/haematuria, |
| Neurological | Changes in mental status Labile mood, apathy, hyperactivity, encephalopathy Focal neurological signs |
| Respiratory | Shortness of breath |

C.List 4 potential complications of this condition: (4 marks)

- Abdo- intussusception/bowel obstruction, GI haemorrhage, bowel ischaemia, necrosis/perforation, protein-losing enteropathy, pancreatitis
- Renal – Nephrotic/Nephritic syndrome, renal failure

Neuro - intracranial haemorrhage

Respiratory - Respiratory distress, Diffuse alveolar haemorrhage

D. Describe your management of this child: (3 Marks)

Analgesia- bed rest, paracetamol, NSAID

Steroids – reduces duration of abdominal and joint pain

Seek/treat complications

Follow-up- home if no complications – Gp, Paediatrician fup to identify subsequent renal involvement which rarely requires a renal biopsy +/- immunosuppression,

Fup Weekly for the first month, Fortnightly from weeks 5-12, Single reviews at 6 and 12 months,

Return to weekly if there is a clinical disease flare

Ref- https://www.rch.org.au/clinicalguide/guideline_index/HenochSchonlein_Purpura/