

## SAQ 2

### Candidates did well:

**1. When each historical feature or symptom was then ascribed to the condition that was being excluded or discriminated from in the relevant history of a 24 yo F with RLQ pain**

- Eg. Appendicitis – Mcburney sign, psoas sign, anorexia, rosvings sign
- Ectopic Pregnancy – confirmed pregnancy of unknown location, previous ectopic, known IUD insertion with pregnancy, known tubal pathology.

**2. When relevant detail was given for each of the imaging modalities which discriminates it from the other modality**

- Ultrasound - trans vaginal -
  - cut off > 1500 for Trans vaginal US for IUG, hence Earlier positive scan possible in threatened miscarriage.
  - Higher sensitivity and specificity for diagnosis of ectopic/ ruptured ectopic
  - patient and operator dependant ( .5 mark )

### Candidates did not do well

**1. When a symptom was just stated in a list without any detail given as to which condition that symptom/feature discriminated against. Therefore, not consultant level rather just a list of symptoms.**

- Eg. “Last period”
- Dysuria
- Pv bleeding

**2. When minimal detail given as to benefit of that particular imaging modality**

- Transvaginal- “more sensitive”- To what??
- POCUS – “free fluid” (rather this should be POCUS can be helpful in unstable pt to suggest free fluid and the can suggest ectopic preg and therefore expedite Mx)

**Candidates PLEASE Be as specific as possible as this is a consultant level exam yet also trying to minimise prose. Write only important relevant points to the question.**

**Best of Luck**

