General Comments:

1. **Please write one response per allocated space. e.g. a question asks for 2 responses. On the first line, 2 responses are written and on the second line another response is added. This response on the second line will not be marked even if it is correct and one of the answers on the first line is incorrect.**
2. **Please use consultant level decision making, communication e.g. terminology, information. I.e. be specific about medications including doses, routes of administration, etc.**

Specific feedback below in red:

A 42-yr old male presents to the Emergency Dept with a painful middle finger, as pictured below, for the last three days.

- What is the most concerning diagnosis for this presentation? (1 mark)
    - Infectious (pyogenic) Flexor Tenosynovitis (if only mentions flexor tenosynovitis without mentioning the infective component = 0.5 mark)

- This is not a necrotising fasciitis

- List four pertinent physical examination signs you would expect to find which are consistent with this diagnosis. (4 marks)
    - Fusiform swelling of the digit
    - Flexed posturing of the digit
    - Tenderness to palpation over the tendon sheath
    - Marked pain with passive extension of the digit
    - increased warmth and erythema of the involved digit

- Describing it as a 'sausage finger' got zero marks as this is not consultant level terminology.
- The question asked for physical examination findings **consistent with this diagnosis**. Responses such as fever, decreased capillary refill time are general and not specific to this diagnosis.
- Look up the Kanavel signs if you aren't aware of them.

- List two mechanisms how this disease commences (2 marks)
    - Penetrating trauma to the tendon sheath
    - Direct spread from:
        i. Felon
        ii. Septic joint
        iii. Deep space infection
- I did not accept haematogenous spread. This is extremely rare and is usually associated with gonococcal infections with many other symptoms and signs. i.e. unlikely to be an isolated finger problem.

- List two patient risk factors which increase the risk for the development of this condition (2 marks)
    - Diabetes mellitus
    - Intravenous drug use
    - Being immunocompromised

- List three steps in your management of this patient (3 marks)
    - Flucloxacillin IV qid, Cefazolin 1-2g IV bd / tds or any other reasonable IV regimen
    - Splint to immobilise
    - Elevation
    - Refer to Hand surgery (Plastics/Ortho) for I&D

    - Analgesia
- It was essential that the antibiotic regimen selected included appropriate Staph aureus cover.
- Some candidates gave multiple antibiotics e.g. three. This is overkill and you need to demonstrate that you are a safely practising emergency physicians who orders investigations and initiates management with the appropriate perspective.
- It was an essential requirement that you referred the patient to a hand surgeon and described what the patient required. That is, **incision and drainage.** Many candidates did not correctly specify what the patient required for their surgical management. E.g., writing washout and / or debridement was not enough and is not what the patient requires for this condition.