

MANIPAL UNIVERSITY**FINAL MBBS PART – II DEGREE EXAMINATION – JANUARY 2014****SUBJECT: MEDICINE: PAPER – I (ESSAY)**

Wednesday, January 08, 2014

Time: 10:15 – 13:00 Hrs.

Maximum Marks: 48

1. Define pyrexia of unknown origin (PUO)

A 30 year old salesman presents with high grade fever and weight loss of 5 kg over 1 month duration. How do you evaluate him clinically (history and examination)? How do you investigate a case of PUO in general?

(2+5+5 = 12 marks)

2. 18 year old girl with occasional dust allergy, comes to emergency with acute breathlessness of 2 days duration. She is barely able to complete her sentences, on examination, she is tachypneic, cyanosed. Pulse 110, BP-130/80, JVP not elevated, chest-extensive ronchi, CVS-normal. Spo2 -88 (room air).

What is the likely diagnosis? How will you investigate and treat her? Briefly discuss the usual triggers and long term management plan for the above condition.

(2+6+4 = 12 marks)

3. Short notes:

3A. HAART Therapy.

3B. Heart failure treatment.

3C. A patient of diabetic nephropathy admitted with pulmonary edema. ECG-tall T waves, ABG – pH-7.1, pO₂-64, pCo₂-20, HCO₃⁻ 8, Na⁺-128, K⁺-6.8. How will you treat his acute condition?

3D. 22 year old with recurrent anaemia, jaundice, splenomegaly-give differential diagnosis and discuss treatment of any one condition.

3E. Acute pyelonephritis.

3F. Idiopathic thrombocytopenic purpura.

(4×6 = 24 marks)



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Thursday, January 09, 2014

Time: 10:15 – 13:00 Hrs.

Maximum Marks: 48

Long Questions:

1. A 35 year old male patient with type I diabetes mellitus on irregular treatment presented to the casualty with pain abdomen and vomiting of 2 days duration. On examination patient had dehydration, tachycardia and hypotension with deep sighing respiration.

1A. What is the likely diagnosis and what investigations will confirm the diagnosis?

1B. Outline the management of above patient.

1C. Enumerate all the acute and long term complications of diabetes mellitus.

(4+4+4 = 12 marks)

2. Discuss the etiopathogenesis, clinical features, investigations and treatment of idiopathic Parkinson's disease.

(2+4+2+4 = 12 marks)

3. Write short notes:

3A. A patient is on DOTs category I ATT for pulmonary tuberculosis. After 3 weeks of treatment, patient presented with decreased appetite. On examination he had mild jaundice. How do you manage this patient?

3B. SIADH

3C. Genetic counselling.

3D. Heat stroke.

3E. A 20 year old male patient with history of dysentery 2 weeks prior, presented with complaints of pain and swelling of the lower limb joints. How do you approach this patient?

3F. Clinical assessment of elderly people.

(4×6 = 24 marks)

