



Emergency medicine &
Traumatology Department

Exam: MD (2nd part)
Paper: 3
No. of Questions: 4
Date: 13/11/2021
Time allowed: 3 hours
Total marks: 360



Tanta University
Faculty of Medicine

- A. A 4 week old baby is brought to ED by his parents with persistent intermittent vomiting. The vomiting is non-bilious, projectile and normally occurs 30-60 minutes after a feed. The baby won't settle and seems constantly hungry. His bowel movements are infrequent and mum is worried he is losing weight. He is afebrile, with normal observations and appears comfortable at rest.
- What is the most likely diagnosis? (10)
 - What acid-base/electrolyte disturbances would you most expect to see in this patient? (10)
 - What is your ED management? (10)
 - What is the definitive management of this condition? (10)
- B. A 35 year old known intravenous drug user (IVDU) presents to ED complaining of feeling generally unwell with low back pain which is worse at night and has been progressively worsening over the last couple of weeks. On examination he is pyrexia (39.1°C) and has midline tenderness to gentle spinal percussion over vertebra L4/L5.
- What is the most likely diagnosis? (10)
 - The patient complains of weakness in his lower legs and states that he is having difficulty passing urine. Which complication has most likely occurred? What is the investigation of choice? (20)
 - What is your management? (10)
- C. A 30 year old female with past vague history of breast cancer surgery woke up with swollen left forearm. What are your differential diagnoses & what is your management? (30)
- D. **Give short account on:**
- Biceps tendon rupture (15)
 - Maisonneuve fractures (15)
 - Knee meniscal injuries: Mechanism, types, diagnosis & management (20)
 - Boerhaave syndrome: Causes, Diagnosis & management (30)
 - Tracheobronchial injuries (30)
 - Surgical site infection (20)
 - Differential diagnosis & approach to a case of non traumatic pneumoperitoneum (20)
 - Management of a crushed limb (20)
 - Systemic patho-physiologic changes in burn injuries (30)
 - Inferior orbital blowout fracture: Possible clinical manifestations (with pathological rationale) and X-ray findings (30)
 - Non invasive methods for intracranial pressure (ICP) monitoring (20)

All questions should be answered

"Good luck"



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Exam: MD (2nd part)

Paper: 2

No. of Questions: 12

Date: 6/11/2021

Time allowed: 3 hours

Total marks: 240



Tanta University
Faculty of Medicine

Give an account on:

1. You are dealing with suspected COVID 19 patient in the triage area
 - a. Mention CT stages and the typical findings in each stage. (10)
 - b. How to assess clinical probability & severity of COVID 19 pneumonia? (20)
2. High altitude pulmonary edema (10)
3. Non thrombotic pulmonary embolism (20)
4. Myocardial Infarction with Non Obstructive Coronary Atherosclerosis "MINOCA" (20)
5. Long QT syndrome (20)
6. Definition, causes and manifestations of thrombophilia (20)
7. Dialysis Disequilibrium Syndrome: Causes, diagnosis & treatment (20)
8. Alarming signs for urgent endoscopy in patients with gastritis or peptic ulcer (20)
9. Patent Ductus Arteriosus (PDA): Risk factors, Manifestations & Management (20)
10. Management of non accidental injury in children (20)
11. Role of HINT test for differentiating types of vertigo (20)
12. Acute flaccid paralysis (20)

All questions should be answered

"Good luck"



Emergency medicine &
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Exam: MD (2nd part)
Paper: 1
No. of Questions: 5
Date: 30/10/2021
Time allowed: 1.5 hours
Total marks: 120



Tanta University
Faculty of Medicine

1. A 45 year old woman is brought to ED with signs of severe hemodynamic instability. Despite aggressive treatment, she continues to deteriorate and a decision is made to intubate a patient and transfer her to ICU. A rapid sequence induction was performed with the use of ketamine and suxamethonium. Shortly after intubation, you note the patient is flushed, tachycardic and her end tidal CO₂ levels are rising. Nursing staff report the patient's temperature is 38°C.
 - a. Which diagnosis should be considered in this patient? (5)
 - b. What drug should be given as soon as this diagnosis is suspected? (5)
 - c. Give two possible complications of this diagnosis. (10)

2. A 25 year old woman is brought into the ED with signs of severe sepsis. She was intubated and transferred to ICU. You are now following up her progress a week later and you note she has been diagnosed with ARDs.
 - a. Give two features that must be present to diagnose ARDS. (5)
 - b. Give four features of lung protective ventilation strategy. (10)
 - c. Give two mechanisms of ventilator induced lung injury. (5)

3. A 26-year-old woman collapses after 10 km of running in hot weather. She was attended on scene by medical volunteers who recorded her temperature as 40.7 °C. The ambulance crew transferred her as a priority to the nearest receiving hospital where she arrived in a confused state with initial observations of pulse 120 bpm and blood pressure 85/50 mmHg.
 - a. What is your provisional diagnosis for this patient? (5)
 - b. What would be the best way to control the temperature? (5)
 - c. Mention 4 differential diagnosis for this condition (10)

4. How to assess left ventricular function using POCUS in ED (20)

5. Give an account on:
 - a. Resuscitation of a case with Aluminum phosphide poisoning (10)
 - b. Non fatal drowning: Factors affecting outcome, Role of bronchoscope & modifications to CPR algorithm (10)
 - c. Updates of initial resuscitation strategy for septic patient in ED (10)
 - d. Steven Johnson Syndrome: Causes, manifestation & management (10)

All questions should be answered

"Good luck"