



PTS Reading Week Question Series 2020

Day 5- MSK + GU

Andrew Maud

MSK QUESTIONS /32:

1. Joint pain can be categorised into inflammatory and non-inflammatory causes. Give 3 inflammatory and 2 non-inflammatory causes of joint pain. (5)
2. What clinical features that are found in the hands of a patient with RA? (3)
3. A patient is HLA-B27+, give 3 differential diagnoses. (3)
4. Give a pharmacological treatment for a patient with osteoporosis? (1)
5. Which antibody is specific for SLE? (1)
6. Which condition must always be ruled out in an acutely inflamed joint, and how could you investigate for this if you suspected it? (2)
7. What is the medical term given to a distal interphalangeal joint swelling in a patient with Osteoarthritis? (1)
8. Greg comes into your GP Clinical complaining of an aching pain in his hand and arm. The pain is worse at night and has paraesthesia in his thumb, he tells you the pain is relieved if he hands his hand over the edge of the bed. Greg has a wife and 3 children which his supports by working full time as a painter-decorator.
 - I. What condition does Greg have? (1)
 - II. Which nerve has been affected? (1)
9. Molly, a 5-year-old child presents to A&E with a fracture in the distal humerus. It passes through the growth plate and epiphysis yet spares the metaphysis. She is in a lot of pain and scared because this is the first time she's ever been in hospital.
 - I. What classing system is used for these types of fractures? (1)
 - II. What stage is Molly's fracture at? (1)
 - III. Do you suspect that Molly's injuries are caused by Non-Accidentally Injury. Justify your answer. **applied 2a/ 3a paed's q, just have a go!** (2)
10. Jean, a 63-year-old woman, has just had a DEXA Scan. Her results show a T score of -2.2 and Z score of -1.5.
 - I. Explain what is meant by a T / Z score? (2)
 - II. Based on a T score of -2.2 what is the diagnosis for Jean? (1)
 - III. You calculate a FRAX score with Jean. What is this measuring the risk of? (1)
11. The following questions relate to the drug Allopurinol:
 - I. Give an example of when you might prescribe allopurinol? (2)
 - II. How does it work? (2)
12. What medication would you prescribe for a patient with temporal arteritis? (1)

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GU QUESTIONS /34:

1. Give the name and class of 2 drugs used to treat Benign Prostatic Hyperplasia (4)
2. Berry aneurysms are a complication of which kidney disease? (2)
3. What parasite can cause bladder cancer? (1)
4. What antibiotic is used to treat cystitis? (1)
5. What is the classical triad of symptoms for a renal cell cancer? (3)
6. Give 3 function of the kidney? (3)
7. Give a Pre-renal, Renal and Post-renal cause of Chronic Kidney Disease (3)
8. What is the definition of erectile dysfunction? (2)
9. Give 3 clinical features of Nephrotic Syndrome? (3)
10. Give a cause of Nephritic Syndrome? (1)
11. Give 2 storage and 2 voiding symptoms in relation to the lower urinary tract? (4)
12. Stress incontinence is a prevalent urinary problem in women that increases with age.
Give an example of a non-pharmacological, pharmacological and surgical management option for stress incontinence. (3)
13. Prostate cancer is the most common cancer in men with an average lifetime risk of 1/8. Which ethnic group are at an increased risk of prostate cancer? (1)
14. Name the Gram-Negative Bacteria that causes:
 - I. Chlamydia (1)
 - II. Gonorrhoea (1)
15. What drug is used in the treatment of Syphilis? (1)



MSK ANSWERS:

1. *Joint pain can be categorised into inflammatory and non-inflammatory causes. Give 3 inflammatory and 2 non-inflammatory causes of joint pain.*

Inflammatory:

 - Autoimmune (1) / RA, Spondylo-arthropathies (1) Connective Tissue Disease (1)
 - Crystal Arthritis (1)
 - Infection (1)

Non-inflammatory:

 - Degenerative (1) OA (1) other degenerative example (1)
 - Non-degenerative (1) Fibromyalgia (1) other non-degenerative example (1)
2. *What clinical features that are found in the hands of a patient with Rheumatoid Arthritis? (1 mark per correct answer- max 3)*
 - Ulnar Deviation (1)
 - Swan neck deformity (1)
 - Distal Interphalangeal joint sparing (1)
 - Z-thumb (1)
 - Swollen Joints (1)
3. *A patient is HLA-B27+, give 3 differential diagnoses. (1 mark per correct- max 3)*
 - Ankylosing spondylitis (1)
 - Psoriatic arthritis (1)
 - Iritis/ Acute anterior uveitis (1)
 - Reactive arthritis (1)
 - Enteropathic arthritis (1)
4. *Give a pharmacological treatment for a patient with osteoporosis?*
 - Bisphosphonate (1) Alendronate (1) Alendronic acid (1)
 - Denosumab (1)
 - Teriparatide (1)
5. *Which antibody is specific for SLE?*
 - Double-stranded DNA (1) / Anti-dsDNA (1)
6. *Which condition must always be ruled out in an acutely inflamed joint, and how could you investigate for this if you suspected it?*
 - Septic Arthritis (1)
 - Joint aspiration for synovial fluid (1) MC&S (1)
7. *What is the medical term given to a distal interphalangeal joint swelling in a patient with Osteoarthritis?*
 - Heberden's Nodes (1)
8. *Greg comes into your GP Clinical complaining of an aching pain in his hand and arm. The pain is worse at night and has paraesthesia in his thumb, he tells you the pain is relieved if he hands his hand over the edge of the bed. Greg has a wife and 3 children which his supports by working full time as a painter-decorator.*
 - I. *What condition does Greg have? (1)* Carpal Tunnel Syndrome
 - II. *What nerve has been effected? (1)* Median Nerve

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9. Molly, a 5-year-old child presents to A&E with a fracture in the distal humerus. It passes through the growth plate and epiphysis yet spares the metaphysis. She is in a lot of pain and scared because this is the first time she's ever been in hospital.

- I. What classing system is used for these types of fractures?
 - Salter-Harris Classification (1)
- II. What stage is Molly's fracture at?
 - Type/Class 3 (1)
- III. Do you suspect that Molly's injuries are caused by Non-Accidentally Injury. Justify your answer (2)- **applied 2a/ 3a paed's q, just have a go!**
 - We should always be conscious of NAI as a potential cause (1) but in this case it is unlikely (1)
 - Justification:
 - First time in hospital (1) No history of previous repeated injuries that might indicate NAI (1)
 - Site of injury is fairly typical for child injury (1) e.g ribs, back are suspicious (1)
 - Activity/Force= At age 5 it is plausible that Molly is active enough to be able to generate sufficient force required to break a bone herself e.g climbing and falling / running / falling over, rather than being pushed or hit
 - Age (1), Molly is over 4, before age of 4 bone is not properly formed (1) and is more cartilaginous and so less likely to break hence breaks

10. Jean, a 63-year-old woman, has just had a DEXA Scan. Her results show a T score of -2.2 and Z score of -1.5.

- Explain what is meant by a T / Z score?
 - T= Bone density (score/standard deviations away from) compared to a 25 year-old of the same gender (1)
 - Z= bone density compared to the average for their age of the same gender (1)
- Based on a T score of -2.2 what is the diagnosis for Jean?
 - Osteopenia (Osteoporosis < -2.5)
- You decide to do a FRAX score with Jean. What is this measuring the risk of?
 - FRAX= Risk of developing a fracture in the next 10 years

11. The following questions relate to the drug Allopurinol:

- I. Give an example of when you might prescribe allopurinol? (2)
 - Long term (1) treatment of Gout (1)
 - Kidney stones (1) prevent uric acid/calcium oxalate (1)
 - Hyperuricaemia (1) e.g in Tumour Lysis Syndrome (1)
- II. How does it work? (1 mark per correct answer- max 2)
 - Xanthine Oxidase Inhibitor (1)
 - Xanthine oxidase metabolises xanthine into uric acid (1)
 - Therefore inhibiting XO lowers plasma uric acid (1) and precipitation of uric acid in joints/kidneys (1)

12. What medication would you prescribe for a patient with temporal arteritis? (1)

- Corticosteroid / Prednisolone (1)

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GU ANSWERS:

1. *Give the name and class of 2 drugs used to treat Benign Prostatic Hyperplasia*
 - Alpha Blocker/ Alpha-adrenergic antagonist (1) – Tamsulosin (1)
 - 5-alpha-reductase inhibitor (1) – Sildenafil / Viagra (1)

2. *Berry aneurysms are a complication of which kidney disease?*
 - Autosomal Dominant (1) Polycystic Kidney Disease (1)

3. *What parasite can cause bladder cancer?*
 - Schistosomiasis (1)

4. *What antibiotic is used to treat cystitis?*
 - Trimethoprim (1)

5. *What is the classical triad of symptoms for a renal cell cancer?*
 - Flank pain (1)
 - Haematuria (1)
 - Palpable Mass (1)

6. *Give 3 function of the kidney? (1 mark per correct answer- max 3)*
 - Excretion of: water/soluble wastes/urea/creatinine/drugs (1)
 - Ultrafiltration (1)
 - Maintains: volume of circulating fluids (1) / electrolyte balance (1) / acid-base balance(1)
 - Endocrine functions: Produces Epo (1)
 -

7. *Give a Pre-renal, Renal and Post-renal cause of Chronic Kidney Disease:*
 - Pre-renal: BP/ DM/ High Cholesterol (1)
 - Renal: Glomerulonephritis / PKD / Drugs e.g NSAIDS/Lithium (1)
 - Post-renal: Kidney stones / Enlarged Prostate (1)

8. *What is the definition of erectile dysfunction?*
 - The inability to gain and maintain an erection (1) long enough to achieve sexual satisfaction (1)

9. *Give 3 clinical features of Nephrotic Syndrome?*
 - Proteinuria / Frothy Urine (1)
 - Hypoalbuminaemia (1)
 - Hyperlipidaemia (1)
 - Peripheral Oedema/ Fluid overloaded (1)

10. *Give a cause of Nephritic Syndrome? (1 mark max)*
 - IgA Nephropathy (Berger's disease) (1)
 - Post-streptococcal infection (1)
 - ANCA (1)

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- Goodpasture's (1)
 - SLE (1)
11. Give 2 storage and 2 voiding symptoms in relation to the lower urinary tract
- *Storage: (max 2):* Frequency (1), Urgency (1), Nocturia (1), Incontinence (1)
 - *Voiding (max 2):* Poor stream (1), Hesitancy (1), Straining (1), Incomplete emptying (1), Terminal dribble (1)
12. Stress incontinence is a prevalent urinary problem in women that increases with age. Give an example of a non-pharmacological, pharmacological and surgical management option for stress incontinence.
- Non-Pharmacological: Pelvic Floor Exercises (1)
 - Pharmacological: Duloxetine (1)
 - Surgical : Sling / Colposuspension / Artificial urinary sphincter (1)
13. Prostate cancer is the most common cancer in men with an average lifetime risk of 1/8. Which ethnic group are at an increased risk of prostate cancer? (1)
- Afro-Caribbean
14. Name the Gram-Negative Bacteria that causes:
- i. Chlamydia = Chlamydia Trachomatis (1)
 - ii. Gonorrhoea = Neisseria Gonorrhoea (1)
15. What drug is used in the treatment of Syphilis?
- Benzathine Penicillin (1) / Azithromycin (1)



Summary Page

Set Goals.

Work smart to achieve them.

Reflect. Adapt. Succeed

<i>MSK Question</i>	<i>Theme</i>	<i>Correct?</i>
1	Categories of Joint Pain	
2	RA -Hand Signs	
3	HLA B27+	
4	Osteoporosis- Mx	
5	SLE- Ix	
6	Septic Arthritis	
7	OA- Hand Signs	
8	<i>Carpal Tunnel Syndrome History</i>	-----
- 8i)	Carpal Tunnel Syndrome	
- 8ii)	Nerve distribution	
9-----	<i>Fracture History</i>	-----
- 9i)	Salter-Harris Fractures	
- 9ii)	Salter-Harris Fractures	
- 9iii)	Non-Accidental Injury	
10-----	<i>DXA results</i>	-----
- 10i)	Interpreting DXA results	
- 10ii)	Osteopenia	
- 10iii)	FRAX Score	
11-----	<i>Allopurinol</i>	-----
- 11i)	Indications for Allopurinol	
- 11ii)	Mechanism of Allopurinol	
12	Temporal Arteritis	

MSK Score / 32

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Area to Focus on next:

<i>GU Question</i>	<i>Theme</i>	<i>Correct?</i>
1.	BPH Tx	
2.	PKD	
3.	Bladder CA	
4.	Cystitis Tx	
5.	Renal Cell Cancer	
6.	Kidney Functions	
7.	CKD	
8.	Erectile Dysfunction	
9.	Nephrotic Syndrome	
10.	Nephritic Syndrome	
11	LUTS	
12	Stress Incontinence	
13.	Prostate CA	
14-----	<i>STI Microbiology</i>	-----
- 14i)	Chlamydia	
- 14ii)	Gonorrhoea	
15)	Syphilis Tx	

GU Score / 34

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Area to Focus on:

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