TEST YOURSELF

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How good at are you?

Questions

1. Please consider the following:

A 53-year-old lady developed a subacute flaccid quadriparesis and bilateral facial weakness. A diagnosis was made and treatment initiated. Her strength began to improve, but a week later she developed sudden onset left sided weakness. The following investigations were carried out:

- Urgent CT brain scan: normal, but poor quality scan
- Na 132 mmol/L, K 4.4 mmol/L, urea 7.2 mmol/L, creatinine 110 mmol/L, albumin 38 mmol/L, Ca 2.3 mmol/L, PO₄ 2.1 mmol/L, Hb 11.5 g/dL, white cell count 8.4×10^9 /l, platelets 35×10^9 /L.

What is the underlying cause of her deterioration?

- Paroxysmal nocturnal haemoglobinuria (PNH)
- Thrombotic thrombocytopenic purpura (TTP)
- Haemolytic uraemic syndrome (HUS)
- Heparin induced thrombocytopenia (HIT)
- Vasculitis

2. Please study the following image:

This man presented with headache and obscurations of vision. What is the underlying diagnosis?

(Copyright: Diepgen TL, Yihune G *et al.* Dermatology Online Atlas. Published online at: <http://www.dermis.net/doi/>)

neurology

3. Please read the following passage:

A 26-year-old man presented with a 3-month history of numb, weak legs and unsteadiness, particularly when his eyes were shut. He reported progressive weight loss over 18 months with pale stools. He gave a long history of recurrent chest infections.

What is the underlying diagnosis?

4. Please consider the following:

A 48-year-old man is admitted to the ITU with a severe community-acquired pneumonia. He is treated successfully with a third generation cephalosporin, with a return to normal temperature and inflammatory markers over a 7-day period. He is being ventilated on air using BIPAP, but over the next few days proves difficult to wean. You record the following response on ITU.

What is the diagnosis?

5. The following nerve conduction results were obtained from a patient with a genetically determined neuropathy:

- Sensory nerves
 - R. ulnar sensory action potential 10 μ V, latency 6 ms (upper limit 3.5 ms)
 - R. median sensory action potential 15 μ V, latency 2.9 ms (upper limit 3.7 ms)
 - Normal digital sensory action potential amplitudes (10–25 μ V)
- Mixed nerves
 - R. median 30 μ V (normal 20–40 μ V), latency 10 msec (upper limit 5.5 ms)

Which of the following mutations would this be most in keeping with?

- (a) PMP22 point mutation
- (b) PMP22 deletion
- (c) PMP22 duplication

(See answers on page 127)