



**Gain your 4 CPD points
online SOON!**



EDUCATION: Clinical challenge

Clinical challenge

Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 4 CPD points per issue. Answers to this clinical challenge will be published next month.

Jenni Parsons

SINGLE COMPLETION ITEMS

DIRECTIONS

Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

Case 1 – Tahir Ristic

Tahir, aged 23 years, presents for a general check up. In the course of the consultation he comments that his flatmate has recently been diagnosed with hepatitis C.

Question 1

Choose the best response. You:

- A. give him a slip for anti-HCV and ask him to come back to discuss the result
- B. reassure him that he is not at risk from household contact
- C. assess his risk of HCV infection before testing
- D. ask if his friend is a drug addict
- E. tell him not to have sexual or blood contact with his flatmate.

Question 2

Tahir has been an occasional injecting drug user over the past four years. He has not been tested before because he did not want anyone to find out about his drug use, and believed his risk was low. Tahir's anti-HCV test comes back positive. Appropriate management includes all except:

- A. phoning Tahir to give him the result and arrange follow up
- B. explaining the natural history and prognosis of HCV
- C. offering psychosocial support for

- Tahir and those close to him
- D. providing prevention information and education
- E. investigating coinfection.

Question 3

Tahir tests negative for HIV, HBV and HAV. However, his ALT is elevated. You discuss further management with him. Appropriate follow up includes:

- A. advising Tahir to minimise alcohol to a maximum of one standard drink per day
- B. immunisation against HBV
- C. repeat anti-HCV
- D. repeat ALT a total of three times over six months
- E. all of the above.

Question 4

Initial investigations of liver function for Tahir include all except:

- A. bilirubin
- B. platelet count
- C. albumin
- D. liver biopsy
- E. INR.

Case 2 – Janet MacDonald

Janet, aged 33 years, has recently been diagnosed as HCV positive. She has also found out she is six weeks pregnant. Naturally she is very distressed and comes in to discuss her options and the risks of transmission to the fetus.

Question 1

Vertical transmission of HCV:

- A. occurs in 6% of viraemic mothers

- B. occurs regardless of whether or not the mother has detectable HCV RNA
- C. is the same risk in women who are also HIV positive
- D. is less with caesarean section than vaginal delivery
- E. occurs in 6% of anti-HCV positive mothers.

Question 2

Janet breast fed her older children and asks about the risk of breastfeeding. You tell her:

- A. she should not breastfeed at all
- B. she should not breastfeed if the child is not infected with HCV after delivery
- C. HCV RNA has not been detected in breast milk
- D. she should express and discard milk if she has cracked or bleeding nipples
- E. there is a 6% risk of transmission of HCV with breastfeeding.

Question 3

Janet has a termination of pregnancy. Over the next six months her HCV remains positive and ALT elevated. She has no other abnormal tests, no clinical signs of chronic liver disease or extrahepatic manifestations. However, she does experience fatigue and lethargy. Choose the correct response.

- A. fatigue is unlikely to be related directly to HCV infection
- B. Janet has chronic HCV hepatitis
- C. the diagnosis of chronic HCV is only made on liver biopsy
- D. ALT levels predict the severity of the

liver disease

- E. liver biopsy results would have no implications for management.

Question 4

Janet is referred to an outpatient gastroenterology service. She is HCV RNA positive, genotype 1 and her liver biopsy reveals necroinflammatory changes and hepatic fibrosis. Janet decides to take antiviral therapy and is prescribed pegylated interferon weekly and ribavirin daily. Regarding antiviral treatment:

- A. ribovirin may cause flu-like symptoms
- B. mood lability and anxiety are usually related to ribovirin
- C. interferon causes a dose dependent haemolysis
- D. if Janet has a detectable viraemia after six months response to treatment is unlikely
- E. patients with genotype 1 usually need lower dose interferon and ribovirin treatment than other patients.

Case 3 – Simon Jones

Simon, a 20 year old student, attends your surgery in the midst of a local 'flu' epidemic. He has a two day history of high fever, lethargy, myalgia and cough. In passing, his girlfriend remarks that they are both just back from a cycling trip China. On further questioning their itinerary included a city recently reported to have had a SARS outbreak.

Question 1

Simon has a temperature of 38.9°C. Choose the correct statement.

- A. Simon meets the WHO criteria for a suspected SARS case
- B. it is likely that Simon has flu, so SARS precautions are unnecessary
- C. specific clinical features can distinguish SARS from influenza
- D. standard surgical masks don't provide protection from SARS so shouldn't be worn
- E. X-ray changes are required to meet the WHO suspect case definition.

Question 2

In a patient like Simon with suspected SARS, appropriate initial management includes all except:

- A. isolation from other patients
- B. provide the patient and attending staff with a surgical face mask
- C. contact SARS hotline
- D. urgent CXR and serology
- E. transfer to major hospital.

Question 3

Simon is admitted to a major metropolitan hospital and nursed in isolation with appropriate protection for staff while he is being investigated and treated. Twenty-four hours later Simon's girlfriend, Wendy, phones to say she has fever and feels unwell. You:

- A. advise her to go straight to hospital
- B. tell her to come to the surgery and you will assess her
- C. see her at home, (wearing a mask), to assess her
- D. tell her to take paracetamol and call you back if things get worse
- E. tell her to contact the SARS hotline.

Question 4

Simon's parents phone you to ask about SARS. You tell them:

- A. SARS is only spread by respiratory droplets
- B. the mortality rate in young adults is 50%
- C. the riskiest stage for Simon is the first 2–3 days
- D. younger patients have a more severe course
- E. patients with chronic hepatitis B have a more severe course.

Case 4 – Sally West

Sally, aged 16 years, is fly half for a women's rugby team. She presents with a five day history of increasing sore throat, fever and headache. She complains of nausea and anorexia. On examination you note that Sally has a temperature of 38.5°C and has swollen, inflamed tonsils with exudate.

Question 1

Which of the following features is least suggestive of infectious mononucleosis?

- A. posterior triangle cervical nodes
- B. very tender submandibular nodes
- C. periorbital oedema
- D. palatal petechiae
- E. splenomegaly.

Question 2

You suspect Epstein Barr virus infection and order a full blood examination, an EBV monospot test and liver function tests. Which finding is least likely in EBV infection?

- A. raised white cell count with a neutrophilia
- B. mild thrombocytopenia
- C. 20% atypical lymphocytes on blood film
- D. presence of heterophile antibodies
- E. LFT abnormalities.

Question 3

Sally's clinical features and test results suggest that she has infectious mononucleosis. You advise her that:

- A. the presence of exudates indicates secondary bacterial infection
- B. treatment is with analgesics for pain and fever and corticosteroids for inflammation
- C. the illness is likely to last for months
- D. the majority of people recover uneventfully in a few weeks
- E. she will be fit to play in the rugby final in two weeks.

Question 4

Sally is concerned that her liver function is abnormal and asks about complications of IM. Choose the most correct statement.

- A. liver function tests are abnormal in 25% of cases
- B. fulminant liver failure is a significant risk in severe cases
- C. autoimmune haemolysis occurs in 10%
- D. enlarged tonsils may endanger the airway
- E. EBV has no oncogenic potential.