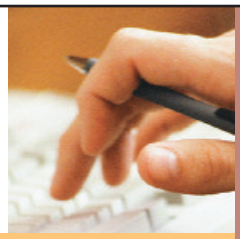
Clinical challenge



Questions for this month's clinical challenge are based on theme 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, and are available immediately following successful completion online at: www.racgp.org.au/clinicalchallenge. *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 – Becky Jordan

Kerry Jordan brings 6 month old Becky to see you. Kerry tells you that Becky has a rash on her face and arms, is scratching and miserable.

Question 1

Important features to note in the history are:

A. a family history of atopy
B. dietary history
C. treatments that Kerry has tried
D. all of the above
E. A and C.

Question 2

You examine Becky and note an eczematous rash on the face, cubital fossa and popliteal fossa, and less extensive areas on the trunk. There are marked excoriations and the rash on the arm is infected with a marked exudate. You discuss skin care in eczema with Kerry suggesting she:

A. wash the affected area twice per day with soap
B. apply a moisturiser such as sorbolene
C. give Becky long soothing baths
D. use Lycra clothing to reduce skin friction
E. all of the above.

Question 3

Specific treatment for Becky includes:

A. systemic antibiotics for secondary bacterial infection
B. topical antibiotic creams
C. beclomethasone diproprionate 0.05% ointment to face
D. oral corticosteroid
E. none of the above.

Question 4

Kerry feels that Becky's skin has deteriorated since the introduction of solids and asks your advice on how to modify Becky's diet to improve her skin. You tell Kerry:

A. in most children, allergies have little bearing on the activity of eczema
B. dietary elimination and challenge can be useful
C. RAST or skin prick testing is not appropriate for allergy testing in eczema
D. A and C
E. A and B.

Case 2 – June Cordell

June Cordell, aged 32 years, has two young children. The past history section of her notes states: 'irritable bowel syndrome', 'menorrhagia' and 'anxiety'. She is on no medication.

Question 1

June comes to see you complaining of a 3 week history of generalised itch that is 'driving her mad'. She has not noted any rash. She is feeling tired and has lost 5 kg in the past 3 months. You note dry skin with excoriations on the arms, thighs and trunk. Which of the following combination of initial investigations are most likely to be helpful:

A. FBE, TFTs and glucose
B. FBE, LFTs and U&Es
C. FBE, stool exam for ova and parasites, and faecal occult blood
D. FBE, ESR and CXR
E. FBE, ESR and immunoglobulins.

Question 2

June's FBE reveals a haemoglobin of 8.7 with a microcytic, hypochromic picture. Other investigations you ordered are normal. You treat her pruritus with:

A. regular moisturiser and avoidance of skin irritants
B. folate tablets
C. iron tablets
D. topical corticosteroids
E. A and C.

Question 3

June's itch settles with the treatment you suggested. Her ferritin level is 3 µg/L with raised total iron binding capacity. You do all except:

A. initiate treatment for her menorrhagia
B. arrange repeat FBE and iron studies in 3 months
C. advise her no further follow up is required
D. advise continued general skin care measures
E. arrange a colonoscopy and gastroscopy.

Question 4

Six months later June returns with an extremely itchy vesicular rash on her scalp, buttocks, knees and extensor surface of the elbows. Choose the most helpful initial investigation to perform.

A. swab of the lesions for herpes PCR and culture
B. skin biopsy
C. transglutaminase
D. thyroid function tests
E. small bowel biopsy.

Case 3 – Imelda Black

Imelda Black, aged 33 years, rushes into your consulting room very distressed. She says: 'I've had thrush for months and I'm sick of it. I want you to give me something strong that will get rid of it'.

Question 1

You:

A. prescribe fluconazole 150 mg immediately then 50 mg weekly
B. prescribe nystatin pessaries alternate nights for 6 months
C. suggest oral nystatin to eliminate candida from the gastrointestinal tract
D. suggest treating her sexual partner with topical antifungals
E. none of the above.

Question 2

Initially Imelda experienced burning and itching – worse premenstrually. She used a variety of topical treatments. For the past few months the itch and soreness has been present all the time and over-the-counter thrush treatments don't help and seem to make the burning worse. This suggests:

A. a candidal infection resistant to common drugs
B. dermatitis
C. incorrect application of topical antifungals
D. a systemic antifungal treatment is required
E. a prolonged course of topical antifungals is required.

Question 3

You discuss general vulval care with Imelda. You advise all except:

A. wearing cotton underwear and loose fitting clothing
B. washing the vulval area with water only
C. using cool salt baths to relieve irritation
D. using 'KY' gel as a lubricant during sexual intercourse
E. avoiding bubblebath.

Question 4

You examine Imelda and note well defined white areas on the vulva with an atrophic appearance. Telangiectasia and fissures are also present and the clitoral foreskin is oedematous. Appropriate management includes:

A. skin biopsy
B. low vaginal swabs
C. betamethasone diproprionate 0.05% topically twice per day
D. all of the above
E. A and C.

Case 4 – Sam Wallace

Sam, aged 49 years, is a school teacher. He has a past history of mixed anxiety and depression for which he takes a selective serotonin reuptake inhibitor (SSRI).

Question 1

Sam tells you that he has been experiencing perianal itching for 3 weeks. He is finding this extremely distressing and is worried about experiencing the symptom when teaching. Perianal itch:

A. is caused by poor hygiene
B. is a psychosomatic symptom
C. is caused by a fungal infection
D. can be associated with an anal fissure
E. all of the above.

Question 2

You advise Sam to:

A. wash the perianal area frequently with soap
B. ensure the perianal area is cleaned thoroughly with toilet paper
C. apply sorbolene cream topically
D. apply an antifungal cream
E. increase the dose of his SSRI.

Question 3

Sam's perianal itch settles with the treatment you suggested but he returns 2 months later with a generalised itchy rash. His two young children have also developed similar symptoms. Which findings are unlikely in a scabies infection?

A. an excoriated eczematous rash on trunk
B. nodules and papules in the axilla
C. facial or scalp rash
D. nodules on the penis
E. burrows in the interdigital spaces.

Question 4

You diagnose scabies. Sam has a widespread excoriated rash. Sam tells you his wife, Amanda, has no symptoms and there are no other close contacts. Choose the best option for treatment, on two occasions, 7 days apart.

A. benzyl benzoate lotion 25% for all household members
B. permethrin cream 5% for Sam and the children, and benzyl benzoate 25% for Amanda
C. permethrin cream 5% for Sam and the children, but no treatment for Amanda
D. benzyl benzoate 25% for both adults, and permethrin cream 5% for the children
E. permethrin cream 5% for both adults, and benzyl benzoate 25% for the children.