



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, 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 – Danny Dacosta

Danny, aged 2 years, had an allergic reaction with lip swelling and a facial rash when exposed to egg at 8 months of age. Since then his parents have excluded egg from his diet, but he has not had formal allergy testing.

Question 1

Danny is brought in by his mother, Sandra. He had taken a bite of another child's peanut butter sandwich this morning and developed swelling of his lips and an urticarial rash. While in the treatment room, he develops tongue swelling and wheeze. Appropriate initial management is:

- A. discussing with Sandra the importance of an exclusion diet
- B. oral antihistamine
- C. nebulised salbutamol
- D. adrenalin IM
- E. referral for allergy testing.

Question 2

Danny recovers well from his allergic episode. You see Sandra and Danny a few days later to discuss future management. You tell Sandra that:

- A. 80% of children grow out of peanut allergy by the age of 5 years
- B. 20% of children grow out of egg allergy by the age of 5 years
- C. egg and milk allergies are more likely to be lifelong than peanut
- D. 1% of children under 4 years will have allergic reactions to peanuts
- E. peanut is the most common cause of serious food reactions in school aged children.

Question 3

Appropriate management for Danny includes:

- A. immunomodulatory treatment
- B. exclusion from child care because of the risk of accidental exposure
- C. treatment with adrenalin for all allergic reactions
- D. an anaphylaxis action plan
- E. prompt treatment with oral histamines for all allergic reactions.

Question 4

Danny sees an allergist who recommends an EpiPen for emergency use. Danny weighs 14 kg.

- A. EpiPen Junior is appropriate as it contains 0.15 mg adrenalin
- B. EpiPen Junior is appropriate as it contains 1.5 mg adrenalin
- C. EpiPen Junior is appropriate as it contains 0.3 mg adrenalin
- D. EpiPen and EpiPen Junior cannot be prescribed by GPs
- E. EpiPen Junior is for children less than 10 kg and EpiPen for those over 10 kg.

Case 2 – Brian Cooper

Brian, 45 years of age, tells you he has been sent in by his wife to have a mole on his back checked out. He has worked outdoors on building sites all his life, and hasn't had a day off or seen a doctor in 10 years. He is only here because his wife made the appointment.

Question 1

Men usually:

- A. are more likely than women to attend for preventive health checks
- B. attend GPs less frequently than female patients
- C. have longer consultations than women
- D. see GPs less because they are healthier
- E. see GPs less because they do not need to attend for reproductive issues.

Question 2

You examine Brian's skin. The skin lesion he identifies is a seborrhoeic keratosis. You:

- A. reassure Brian that the skin lesion is benign and tell him that his attendance was unnecessary
- B. use the opportunity for a general skin check and skin care advice
- C. let Brian know that you believe preventive health checks are appropriate reasons for attending a GP
- D. A and B
- E. B and C.

Question 3

Brian's skin examination reveals a tanned torso, arms and face. He has solar ker-

atoses on his forehead and the dorsum of his hands. You tell him:

- A. tanned skin offers protection from skin cancer and makes him look healthy
- B. sun protection is an important occupational health and safety issue
- C. it is too late to worry about sun protection now as the damage is done
- D. solar keratoses are signs of sun damage but will not undergo malignant change
- E. skin cancer checking is only required on the most highly sun exposed areas.

Question 4

You note Brian has a small nodule on his right cheek with a pearly edge and several lesions on his back you suspect are superficial basal skin carcinomas (SBCCs). There are no other lesions suspicious of skin cancer. You tell Brian the skin lesions are all basal cell carcinomas and

- A. histology is not required to confirm the diagnosis
- B. curette and cryotherapy (C&C) is an option for the SBCCs
- C. can all be treated successfully with imiquimod
- D. the only appropriate treatment is excision
- E. imiquimod could be used for the facial lesion, but not the back lesions.

Case 3 – Brian Cooper continued Treating his SBCCs

Question 1

You decide to treat Brian's back lesions with imiquimod. You tell him that, following Geisse's protocol imiquimod

- A. is applied 5 times per week for 6 weeks
- B. is applied 4 times per week for 4 weeks
- C. is applied once per week for 6 weeks
- D. results in a 95% clearance rate
- E. results in faster healing than surgical excision.

Question 2

Side effects of imiquimod include:

- A. erythema and oedema
- B. itching, but no pain

- C. hypopigmentation
- D. keloid formation
- E. all of the above.

Question 3

Brian's wife applied the imiquimod to the lesions on his back as per your instructions and Brian returns for review 2 months later. You note that the areas treated are erythematous and have a slightly thickened appearance. This

- A. indicates the treatment was unsuccessful
- B. is a consequence of the treatment and is definitely not treatment failure
- C. indicates another method of treatment is now required
- D. A and C
- E. indicates biopsy may be required to confirm no residual SBCCs.

Question 4

Six months later Brian returns. He has developed a new SBCC on his back. He found the treatment with imiquimod cumbersome and requests another treatment method this time. You decide to treat with C&C. Curette and cryotherapy

- A. has a recurrence rate higher than imiquimod
- B. is more painful than imiquimod
- C. is frequently associated with keloid formation
- D. is appropriate treatment for recurrent BCCs
- E. has a 10% recurrence rate.

Case 4 – Kylie Higgins

Kylie is in year 9 at the local high school. You have not met Kylie before but she comes in with Josie, a girl who had met you at school as part of a health education program. Josie suggested to Kylie that she come to you.

Question 1

From the reading you have done about youth health issues you know

- A. adolescents are usually confident in

accessing GP services

- B. about 10% of teenagers experience a mental health problem by age 18 years
- C. 70% of teenagers drink alcohol regularly
- D. the prevalence of chlamydia is increasing in young people
- E. 50% of young people smoke tobacco regularly.

Question 2

Kylie is 15 years of age and wants to go on the contraceptive pill. She has had sex on a couple of occasions after a party and is worried she might get pregnant. She does not want her parents to find out she is taking the pill. According to the Secondary students and sexual health survey of 2002

- A. sexual activity in adolescents has decreased over the past decade
- B. birth rates have increased
- C. birth rates have decreased
- D. 20% of young people reported having sex that resulted in a pregnancy
- E. young people are less confident in insisting on condom use.

Question 3

Issues that need to be discussed with Kylie include:

- A. contraceptive and safe sex advice
- B. confidentiality
- C. at risk behaviour
- D. Medicare and legal issues regarding minors and health care
- E. all of the above.

Question 4

Young women of Kylie's age

- A. are ineligible for their own Medicare card under current legislation
- B. cannot be prescribed medication without parental consent
- C. would be likely to have better outcomes relating to pregnancy than older women
- D. are at risk of poorer health and economic outcomes relating to pregnancy than older women
- E. usually require shorter consultations as they are generally healthy.