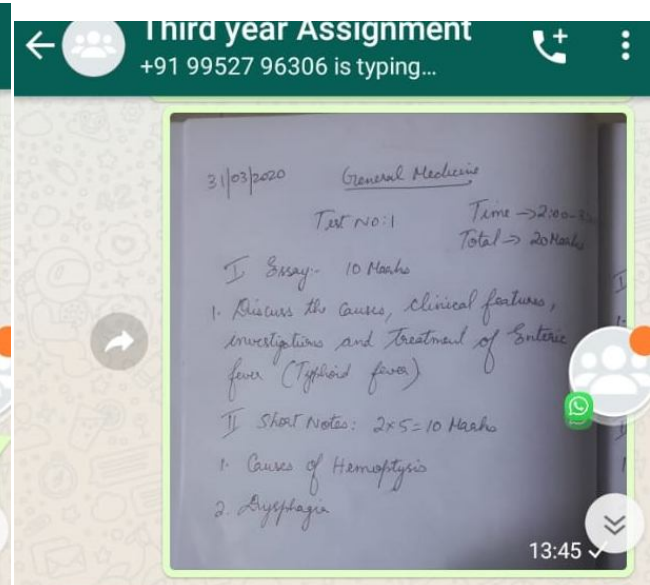
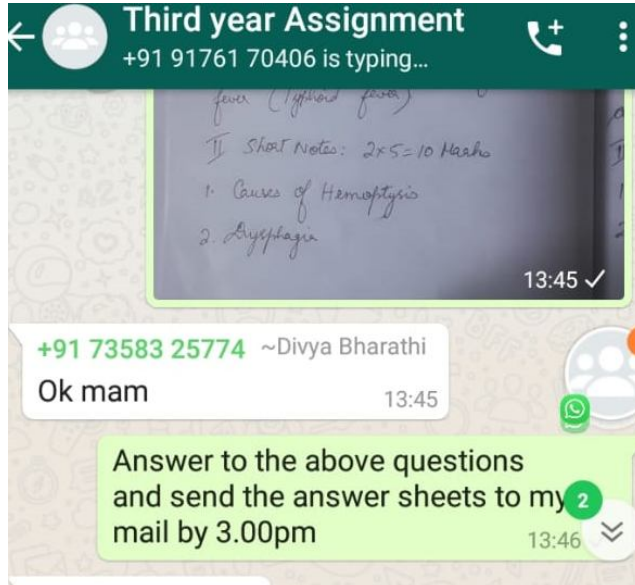


E – Teaching/Learning Sessions for 3rd year BDS
Department of General Medicine

Assignment

S.No	DATE	Assignment topic	Faculty	Participate d Students
1	31/03/2020	Gastro intestinal tract	Dr Agila	82- Regular batch 2019-20 8- Supplementary batch 2020-21
2	01/04/2020	Respiratory tract	Dr Agila	82- Regular batch 2019-20 8- Supplementary batch 2020-21

31/03/2020





amira moosa

Document from Amira Moosa 😎

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ENTERIC FEVER
(TYPHOID FEVER)

Akshaya.S

Typhoid fever, transmitted by faecal-oral route is an important cause of fever in India, sub-Saharan Africa and Latin America.

Causes:
Typhoid is caused by infection with *Salmonella typhi*. After a few days of bacteraemia, the bacilli localise, mainly in the lymphoid tissue of small intestine, resulting in typical lesions in Peyer's patches and follicles. These swell at first, then ulcerate and heal. After clinical recovery, about 5% of patients become chronic carriers.

Clinical features:

First week:

- Fever
- Headache
- Myalgia
- Relative bradycardia
- constipation
- Diarrhoea and vomiting in children

End of first week:

- Rose spots on trunk (salient feature)
- Splenomegaly
- Cough
- Abdominal distension
- Diarrhoea

Prevention:

- Vaccination
- Improved sanitation and living condition.

Short note:

③ Dysphagia:

Dysphagia is defined as difficulty in swallowing. It may co-exist with heart burn or vomiting but should be distinguished from both globus sensation.

Causes:

- Oropharyngeal disorders

The patient has difficulty initiating swallowing and complains of choking, nasal regurgitation or tracheal aspiration. Drooling, dysarthria, hoarseness and cranial nerve or other neurological signs may be present.

- Oesophageal Disorders

the obstruct lumen or affect motility.

Patient with this, complain of 'food sticking' after swallowing.

Investigations:

- Endoscopy
- Barium swallow with videofluoroscopic swallowing assessment.
- Oesophageal manometry

① Causes of Hemoptysis:

① Inflammatory Lung Disease

- Bronchitis
- Pneumonia
- Lung abscess
- Tuberculosis
- Bronchiectasis

② Neoplasms of lung

- Bronchial adenoma
- Bronchial carcinoma

③ Cardiovascular:

- Mitral stenosis
- Left ventricular failure.
- Deep vein thrombosis.

④ Miscellaneous

- Pulmonary vasculitis
- Anticoagulant therapy

End of second week:

→ Delirium, complications, then coma, and death (if untreated)

Complications:

Bowel:

- (a) Perforation
- (b) Haemorrhage

Septicaemic foci:

- (a) Bone and joint infection
- (b) Cholecystitis
- (c) Meningitis.

Toxic phenomena:

- (a) Myocarditis
- (b) Nephritis

Chronic carriage:

- (a) Persistent gall bladder carriage.

Investigations:

→ In the first week, the diagnosis is difficult because the symptoms are that of a generalized infection.

→ CBC - shows typical leucopenia

→ Blood culture is the most important diagnostic criteria. Faeces contain more org.

3.3.2020

General Medicine
Test no. 1

I. Essay -

1. Enteric fever.

Typhoid and paratyphoid fever which are transmitted by faecal oral route, are important causes of typhoid fever.

Causes:

→ Caused by infection of *Salmonella typhi* and *S. paratyphi A* and *B*.

Clinical Features:

- The incubation period is typically about 10-14 days.
- Temperature rises in a step-ladder fashion for 4 or 5 days.
- Malaise increasing headache, dizziness and aching in the limbs.
- At the end of the first week, a rash may appear on the upper abdomen and on the back as sparse, slightly raised rose-red spots which fade on pressure. It is usually visible only on white skin.
- Cough and epistaxis occur. Around the 7th-10th day, the spleen becomes palpable.

The course tends to be shorter and milder than that of typhoid fever and sunset is often more abrupt with acute enteritis. The rash may be more abundant and the intestinal complications less frequent.

01/04/2020



Third year Assignment

Aadhya, Aakash, Aatheef, Abigna, Abir...



Dr Agila Maam

1/04/2020

General Medicine

Test No: 2

Time → 1:00-2:00 pm

Total → 20 Marks

I. Essay: 10 Marks

1. Discuss the etiology, classification, pathology, clinical features, complications, investigation and treatment of Lobar Pneumonia

II. Short Notes: 2 x 5 = 10 Marks

1. Primary complex

2. Chronic Bronchitis

12:44 pm

1. Lobar pneumonia:

Etiology:-

It is caused by streptococcal pneumonia.

It is characterized by homogenous consolidation of one lobe of lung - called lobar pneumonia.

CF:

fever

chills

vomiting

convulsion.

Symptoms:

Cough, dyspnoea.

tachypnoea.

tachycardia.

loss of appetite, headache.

central cyanosis

hemoptysis.

Signs:

Decreased respiratory movements.

During resolution, numerous crackles / crepitations are heard.

If pleural effusion develops then signs of effusion appear.

* tachypnoea

* Decreased movement of chest

* No shift of trachea / apex beat

* Increased vocal fremitus

* Bronchial breath sounds

* Egophony, wheezing, crackles, pleural rub

* Respiratory rate more than 30/min

Pulse rate - > 125/min

BP - less than 90 mm Hg

COMPLICATION:

pulmonary

→ parapneumonic pleural effusion

→ Emphysema

→ Suppurative pneumonia

→ ARDS

→ pneumothorax

* Extrapulmonary complication:

→ Hepatitis, Pericarditis, Meningoencephalitis

→ Multiorgan failure

→ formation of ectopic abscess

Investigation:

(1) Radiograph chest:

Homogenous opacity localized to lobe
other finding include - pleural effusion, lung abscess, hilar lymphadenopathy

(2) Sputum examination

Carm staining & culture - identifiable

(3) Blood test:

Blood culture, Arterial blood gas analysis, CBC, differential count

(4) Serological test: Detection of antibodies in Chlamydia, Legionella

(5) PCR is needed in some case

3/7

1. Lobal pneumonia:

Etiology:-

It is caused by streptococcal pneumonia.

It is characterized by homogenous consolidation of one lobe lobes of lung - called lobal pneumonia.

CF:

fever
chills
vomiting
convulsion.

Symptoms:

Cough, dyspnoea.

tachypnoea.

tachycardia.

loss of appetite, headache.

central cyanosis

Hemoptysis.

Signs:

Decreased respiratory movements.

During resolution, numerous crackles / crepitations

are heard.

If pleural effusion develops then signs of effusion appear.

Test no: 2

GENERAL MEDICINE

Hanpriya .s

Essay

Pneumonia is defined as the infection of the lung parenchyma. (i.e) alveoli & distal airway.

Classification:

- ⊗ Lobal pneumonia
- ⊗ Broncho pneumonia
- ⊗ Interstitial pneumonia
- ⊗ Military pneumonia

LOBAR PNEUMONIA

→ It is a radiological & pathological term referring to homogenous consolidation of one / more lung lobes, often with associated pleural inflammation.

→ First stage - congestion (within 24 hours)

parenchyma - highly vascular & oedematous with plenty of bacteria & scanty neutrophils.

→ Second stage - numerous erythrocytes, neutrophils, desquamated epithelial cells & fibrin in alveoli resulting in red dotless lung.

→ Third stage → parenchyma - grey, dry, friable

→ Finally in the stage of resolution - exudates are digested & removed by scavenger / coughed out

ROUTE OF INFECTION:

* microaspiration of oropharyngeal secretion colonized with pathological microorganism

* Gross aspiration, Aerosolization, hematogenous spread

II.

1.

Primary complex

→ Synonym: primary tuberculosis
Ghon's complex
childhood tuberculosis

* It is a infection who has not been previously infected / immunized

* most common involved tissue - lung & hilar lymph node

* primary complex consists of 2 component

→ pulmonary

→ lymphatic vessel

→ lymph node component

* pulmonary component - lesion in lung - primary focus / Ghon's focus

* Tubercle bacilli, either free / within phagocytes, drain to the regional lymph node, which often caseate.

* this combination of parenchymal lesion & nodal involvement - Ghon complex.

2. CHRONIC BRONCHITIS

It is a chronic inflammation of bronchi in the lungs

signs & symptoms:

* expectorating cough

* Shortness of breath

* wheezing

* Occasionally, chest pain, fever & fatigue(s)

Halalae may be recurrent

* Mucus - green / yellowish green and also may be orange / pink.

AETIOLOGY:

* Tobacco smoking → common cause

* pneumonia & long term time inhalation

* Allergies → mucous hypersecretion leading to symptoms of bronchitis

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























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