

SAQ 7 Neck Lump

a) List your three (3) top differential diagnoses (3 marks)

- **Hodgkins lymphoma and/or non-Hodgkins lymphoma**
- **EBV infection/glandular fever/infectious mononucleosis**
- **Bacterial tonsillitis (not viral)**
- Hyperthyroidism with thyroid mass
- Leukemia
- Other bacterial infection with nodular reaction

b) List the three (3) most important additional historical features you would seek to help establish a diagnosis and explain how each may be of use. (3 marks)

- Sore throat – suggest tonsillitis
- Dysphagia – suggests oropharyngeal pathology
- Night sweats – suggests lymphoma
- Features of infection in the regional drainage area of the node
- History suggestive of TB
- History of potential HIV exposure
- Back, chest pain or abdominal pain, shortness of breath – suggests more generalised nodal involvement
- Easy bruising – suggests leukaemia
- Features of hyper or hypothyroidism

SAQ 8 (12 marks)

A 52 year old judo exponent presents to you with a laceration and swelling to his left pinna. (see image)

Describe the injury (2 marks)

Answer –

- A) Auricular haematoma to the right pinna with small associated superficial skin tear. There is no apparent involvement of the tragus or of the external auditory meatus or canal. The overlying skin appears well perfused at this point.

Score 2/2 – one for the description of the lesion and one for the note regarding the lack of involvement of the external meatus and tragus.

Outline 4 important steps in the management (4 marks)

Analgesia

Drainage of the haematoma

Assessment for other injury including in the external canal and the medial aspect of the pinna..

Field block of the pinna

Pressure dressing post drainage

Tetanus prophylaxis as appropriate to immunisation status

Close follow up

Score 4/4 - lose 2 points for any of the answers in bold not included.

For this type of injury list 6 indications for referral for formal surgical review and repair (6 marks)

Answer –

- › **Large overlying skin avulsion (approximately 5 mm or greater)**
- › **Severe crush injuries**
- › **Complete or near-complete avulsions or amputations**
- › **Large cartilage defects (approximately 5 mm or greater)**
- › **Obvious devitalization**
- › Large auricular haematomas
- › Wounds that require the removal of more than approximately 5 mm of tissue
- › Significant involvement of the auditory canal

Score out of 6 points. Lose 2 points for any options in bold not included.

What are the contraindications to drainage of this problem in the ED (2 marks)

Answer–

- Haematomas older than 7 days
- Recurrent or chronic haematomas

(open surgical debridement indicated because the haematoma, granulation tissue, or both can be located within the cartilage instead of in the sub-perichondrial space.)

Score 2/2.

Q14

1.

Ice gargles

Hydrogen peroxide gargles

Co-phenylcaine spray

Adrenaline soaked gauze on Magill's forceps

Intubation and packing

2.

- ❖ Hypoxia post induction / difficulty pre-oxygenation / aspiration lung injury
 - 15L O₂ via NRB plus nasal prongs at max, sit up until stops breathing, 2 suckers, apnoeic intubation as fast as possible (use of NIV would be incorrect given blood)
- ❖ hypotension post induction
 - 2 IV access, adequate fluid load 20mL/kg N/S pre-induction, have O negative blood ready for use
- ❖ difficult laryngoscopy due to blood
 - use 2 suckers, extra assistant, have backup airway equipment ready esp LMA
- ❖ Scared child / unco-operative child
 - Have parents with child for support, also dedicated nurse for family / child support
- ❖ IV access
 - Have dedicated nurse to help with this, use IO if patient not able to be cannulated
- ❖ Difficult BVM due to blood
 - Early change to LMA, aim to have apnoeic intubation

SAQ 3 (6 Minutes)
(Total 12 marks)

Passmark: 8/12

A 21-year-old male presents to a tertiary Emergency Department after suffering an injury to his right eye at work while hammering metal.

His eye photo is included in the props booklet:

Questions:

1. List 3 abnormalities on the image

(3 marks)

- . Lacerated sclera
- Uveal prolapse
- Misshapen pupil

2. List 2 relevant negative findings

(2 mark)

- No hyphema
- No signs of extraocular trauma

3. State what further investigation you would perform and justify your choice.

(2 marks)

- Safe modality (CT/USS) to locate FB.
- MRI incorrect and contraindicated.
- Plain film not appropriate as investigation in a tertiary ED.

4. State 5 immediate management steps.

(5 marks)

- Immediate ophthalmological referral
 - Elevate head of the bed
 - Eye shield
 - ADT
 - IV antibiotics. (broad spectrum IV Pip taz or similar broad spectrum cover with appropriate dose)
 - Analgesia (IV with appropriate dose opiate)
 - Antiemetics (IV appropriate dose)

Pass mark: 8/12

Q6 Answers

Q1

Pupil mid-sized

pupil irregular

Lateral ciliary injection

Cloudy cornea

Q2

Acute angle closure glaucoma

Q3

(electronic indentation) Tonopen

Impression (Schiotz) tonometry

Applanation tonometry with slit lamp (Goldmann)

Rebound tonometry

Pneumato-tonometry

Q4

<20-22 cmH₂O

Q5

Acetazolamide 500mg iv or oral

Pilocarpine drops

Apraclonidine drops

timolol drops

Q6

Anti-emetic eg ondansetron 8mg

Analgesia eg morphine 2.5mg aliquots