



HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

DIPLOMA OF FELLOWSHIP

FINAL FELLOWSHIP (INTENSIVE CARE)

LONG ANSWER PAPER

2 Questions

MONDAY, 15th AUGUST 2011

1:00 pm - 3:00 pm

NOTICE

- (A) There are two questions.
- (B) Each of the two questions is worth equal marks.
- (C) Write your answers to the two questions in separate books.
- (D) Record your candidate number on the cover of each book and hand in all books.

Question 1

A 56 year old woman presents to the A&E with a severe headache described as the worst she has ever suffered and was associated with neck stiffness and followed by loss of consciousness. She currently has a Glasgow Coma Scale of 6 and a blood pressure of 160/110 and a heart rate of 120.

- a. List the differential diagnoses. (1 mark)
- b. List the investigations you would request at this early stage and briefly explain why you would choose each of them. (1 mark)
- c. An emergency CT scan shows a large subarachnoid haemorrhage with ventricular extension. Briefly describe the short-term complications of SAH. DO NOT DISCUSS CEREBRAL VASOSPASM (see question e). (4 marks)
- d. List and briefly discuss the grading scales for grading the severity of SAH. (2 marks)
- e. Discuss the diagnosis and management of cerebral vasospasm in SAH. (2 marks)

Question 2

You are called to see a 55 year old gentleman at the emergency department with massive haematemesis. He has a past history of known alcoholic liver disease and recurrent variceal haemorrhage. His initial blood pressure is 82/55. He remains fully conscious.

- (a) What is your initial management plan? (2 marks)
- (b) Endoscopy confirms the diagnosis of recurrent variceal haemorrhage. However, haemostasis cannot be achieved with endoscopic treatment. Describe the technique involved in the placement of a Sengstaken-Blakemore tube. What are the potential problems with this tube? (3 marks)
- (c) Briefly discuss the pharmacological options available to aid haemostasis. (2 marks)
- (d) What other treatment modalities are available should repeated endoscopy fail to control the bleeding? (2 marks)
- (e) On day 3 after admission, he is noted to have significant desaturation after blood product transfusion. What are the possible causes for his respiratory failure? (1 mark)

End of paper