



HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

DIPLOMA OF FELLOWSHIP

FINAL FELLOWSHIP (INTENSIVE CARE)

LONG ANSWER PAPER

2 Questions

MONDAY, 3rd SEPTEMBER 2012

1:00 pm - 3:00 pm

NOTICE

- (A) Write your answers to the two questions in separate books.
- (B) Read the questions carefully, and in view of the time available, balance your answers to encompass points of great importance without going into needless detail.
- (C) Record your number on the cover of each book and hand in all books.

Question 1

A 70 year-old patient with hypertension and gouty arthritis on a nonsteroidal anti-inflammatory drug was admitted for upper gastrointestinal bleeding. His blood pressure was 90/40, HR 120/min, Hb 7.6g/dL. Endoscopy found a bleeding duodenal ulcer and hemostasis was unsuccessful. Emergency operation and distal gastrectomy was performed. Blood loss was 1600ml. Three litres of fluid and four units of blood had been given in the operation theatre. Post operation his BP was 85/40 on norepinephrine, HR 130/min. SpO₂ was 92% on FiO₂ 0.50 and PEEP 10cmH₂O. He was oliguric. Hb 10.1g/dL.

- (a) List the differential diagnoses and investigations you would perform. (2 marks)
- (b) The subsequent investigations revealed an ECG showing rapid AF and serially rising Troponin T level. You suspect that the patient has a peri-operative myocardial infarct MI. What is the pathophysiology of peri-operative MI? (2 marks)
- (c) Discuss the management of peri-operative MI. (4 marks)
- (d) What is your view of beta-blockade in the management of PMI? (2 marks)

Question 2

A 39 year-old man was admitted for sudden severe epigastric pain for one day. His temperature was 37.6°C. BP 100/50, HR 130/min. SpO₂ 92% on O₂ 6L/min nasal cannula. Abdomen was mildly distended, with epigastric tenderness. ECG showed sinus tachycardia. CXR showed non-specific basal pulmonary infiltrates. ABG showed pH 7.25, PaCO₂ 19mmHg, PaO₂ 60mmHg, HCO₃ 14mmol/L.

- (a) What is your initial management for this patient? (2 marks)
- (b) Your investigations lead you to suspect acute pancreatitis. What are the diagnostic criteria of acute pancreatitis? What are the common causes of acute pancreatitis? (2 marks)
- (c) CT abdomen showed that the biliary system was not dilated and there was diffuse enlargement of pancreas and peri-pancreatic stranding. A blood specimen was saved for possible need to screen for toxicology. In the next morning the serum became milky. What was the patient suffering from and why was the serum milky? (2 marks)
- (d) What are the scoring systems for acute pancreatitis? (2 marks)
- (e) What is the management for this patient? (2 marks)

(All parts carry equal mark allocations.)

End of paper