

**OLLSCOIL NA hEIREANN  
THE NATIONAL UNIVERSITY OF IRELAND**

**NATIONAL UNIVERSITY OF IRELAND, GALWAY**

**SUMMER EXAMINATION 2005  
M.B., BCh, B.A.O. WRITTEN**

**MEDICINE**

**PAPER 1(A)**

**PROFESSOR P. BELL**

**Time allowed : 1 hour**

A 47 year old office worker collapses at work and is brought to Accident and Emergency. He gives a 3 day history of black tarry bowel motions. On examination he is pale. Heart rate is 110/min. Blood pressure is 132/82

- a) Describe essential aspects of emergency assessment and management (within approximately the first hour after admission).
- b) List likely underlying causes of this presentation.
- c) Describe points in history and examination which should be explored, following stabilisation of his condition, to assist with diagnosis and management.
- d) You learn that this patient was well until 6 months ago when he presented to his general practitioner with a new onset of dyspepsia. Outline modern thinking with regard to appropriate management at this time from a primary care perspective.

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**MEDICINE**

**PAPER 1B**

Professor T. O'Brien  
Dr. T. O'Gorman  
Dr. S. O'Keeffe  
Dr. K. Daly

**Time allowed : 2 hours**

**EACH QUESTION (1,2,3.& 4) MUST BE ANSWERED ON A SEPARATE ANSWER BOOK**

1. Discuss secondary causes of hypertension under the following headings :  
Differential diagnosis, clinical circumstances when it should be considered and diagnostic evaluation.
2. A 55 year old woman presents to her GP with itch. The liver chemistries are abnormal.
  - (a) What features would you look for in the history to help you establish a working diagnosis?
  - (b) What are the biochemical features of cholestasis?
  - (c) What imaging studies will you request and how will the results help you?  
Her Anti Mitochondrial Antibody is positive
  - (d) What is the likely diagnosis? Should you do a liver biopsy? Is there any treatment available?
3. Discuss the safe use of medications in older people with particular reference to psychoactive drugs.
4. Discuss the following :
  - (a) Use of calcium antagonists (calcium channel blockers) in cardiovascular disease
  - (b) Ventricular septal defect
  - (c) Management of dilated cardiomyopathy