

**Instruction to Candidates** – Aim for 8 minutes

**You are a Foundation doctor in your GP rotation.**

**Nina Abdul has come to see you with problems with her bowels.**

**You have 6 minutes to take an appropriate history from her, the examiner will then ask you some questions**

**Name:** Nina Abdul

**Age:** 42 years

**PC & HPC**

“Since two days ago my partner noticed my skin colour was slightly yellow, but I thought it’s one of those strange things that would go back to normal on its own. Yesterday there was no change, but this morning it was really bad, so I decided to come in.”

This suddenly started 2 days ago, and suddenly got worse this morning.

You have not experienced any abdominal pain or pain elsewhere.

Urine is not darker coloured than usual. No pale stools, no change in bowel habit.

No vomiting or nausea.

If asks patient whether she has been unwell or seen her GP recently for anything: Recently started treatment for a skin infection on your left thumb. Visited GP for this 5 days ago.

1kg lost in weight over last 2 months but this was intention as you had reduced your intake of takeaway foods.

No recent hospital admission or blood transfusion.

(If asked: Your periods are regular, occurring every 27-32 days; periods started at age 11, no past problems, bleeding minimal, sometimes cramping pain where ibuprofen helps)

ICE: “I have no idea what this could be but I Googled yellow skin this morning and I read that if someone’s gallbladder has been removed it could be a cancer. I’m really worried about this. I’d like whatever test you can refer for to check if there is a cancer.”

**PMH**

Caesarean section 8 years ago.

Pancreatitis 1 year ago.

Familial hypercholesterolaemia.

**Past Surgical History**

Gallbladder removed 3 years ago due to gallstones.

**MH**

Flucloxacillin – started 5 days ago, due to finish in 2 days.

Ezetamibe and Rosuvastatin for cholesterol. Switched from Simvastatin 4 weeks ago as it was not helping reduce her serum LDL levels.

NKDA

**FH**

Familial hypercholesterolaemia

High blood pressure

**SH**

Lives with wife and son. No problems at home.

Occupation: Supermarket manager.

Ex-smoker: stopped 1.5 years ago; smoking 2 packs per day for last 16 years. Consumes no more than half a bottle of wine only over the weekends. No recreational drug use.

Questions

**What are your differentials?**

Drug-induced jaundice

Cholangiocarcinoma

Gallstones in bile ducts

**What investigation(s) would you like to perform?**

Bloods: CRP, FBC, U&Es, LFT.

FBC and CRP to check for any underlying ongoing infection (i.e. in relation to skin infection or biliary sepsis). U&Es to establish baseline. LFT to monitor liver function and check for biochemical evidence of obstructive jaundice.

Tumour markers: CEA, CA 19-9. CEA for gastrointestinal, ovarian, breast cancer; CA19-9 for pancreatic tumour.

Request ERCP.

Area	Clear Fail	Fail	Satisfactory	Good	Excellent
PC & HPC: Good range of open and closed questions asked.					
PMH & DH					
SH					
FH					
ICE					
Differential dx					
Investigations					
Rapport/communication skill					
<b>Overall</b>					

## **Feedback**

Examples of medication causing drug-induced jaundice include:

<b>Problem</b>	<b>Causative agent</b>
Cholecystitis	<ul style="list-style-type: none"><li>- Steroids</li><li>- Co-amoxiclav, Nitrofurantoin. Fusidic acid</li><li>- Chlorpromazine</li><li>- Prochlorperazine</li></ul>
Haemolysis	<ul style="list-style-type: none"><li>- Antimalarials</li></ul>
Hepatitis	<ul style="list-style-type: none"><li>- Paracetamol overdose</li><li>- Flucloxacillin</li><li>- Monoamine oxidase inhibitors</li><li>- Statins</li><li>- Sodium Valproate</li></ul>