

2026 FEBRUARY
JCM OSCE
QEH

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CASE 1



(AI generated)

A young male (~30-years-old) with unknown identity and past health was found collapsed during jogging

Bystander CPR was performed for 3 minutes with AED shock x 1

ROSC achieved at scene

Unresponsive, BP 119/80 P84 on ambulance

On arrival to A&E:

GCS 3/15, BP 108/64, P81, SpO₂ 97% on 15L NRM, PERL



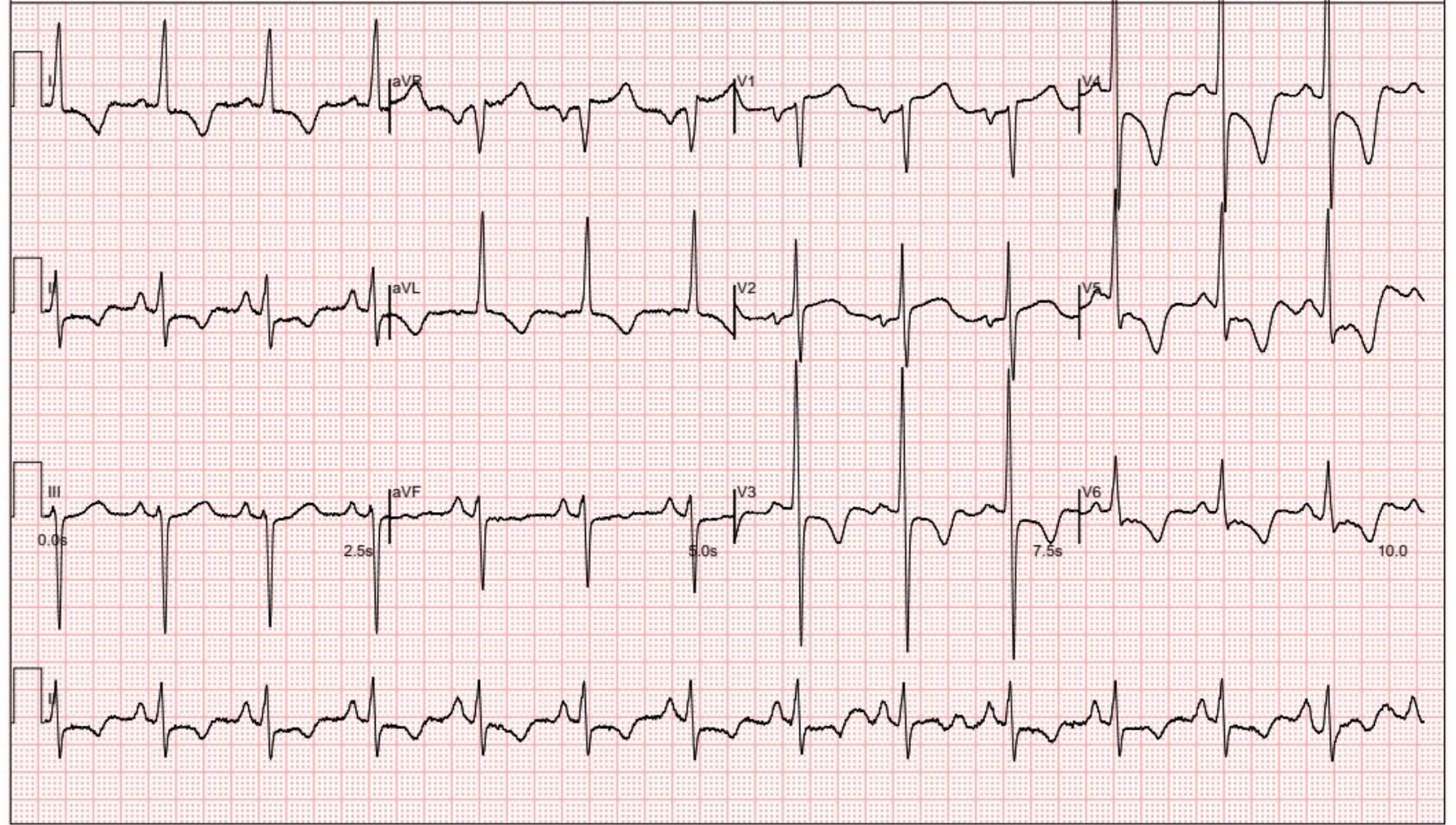
Q1. Outline your post-cardiac arrest management following ACLS guideline

2400356#12Lead ECG Report

ID:1029251036030002 Department: Room No.:

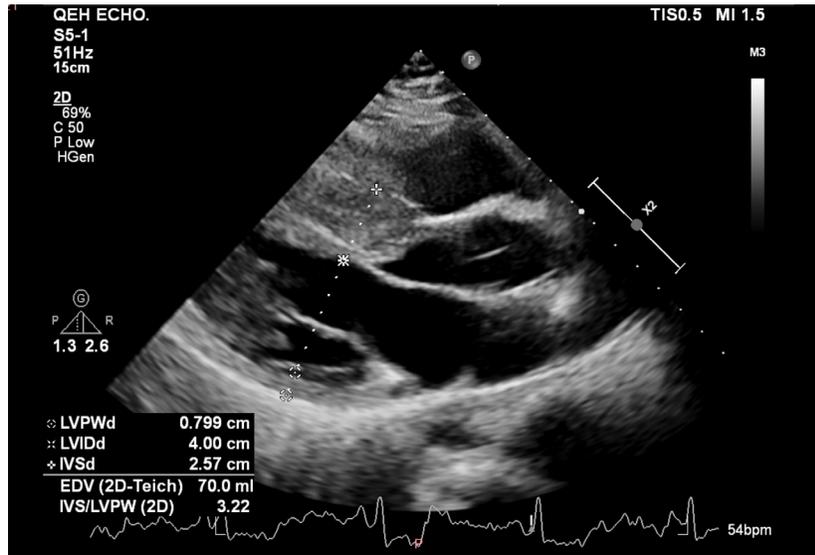
HR : 78 bpm RV5+SV1 : 3.041 mV
P : 118 ms
PR : 177 ms
QRS : 118 ms
QT/QTcBz : 431/491 ms
P/QRS/T : 67/-45/183 deg.
RV5/SV1 : 1.918/1.123 mV

Q2. Describe
the ECG
findings

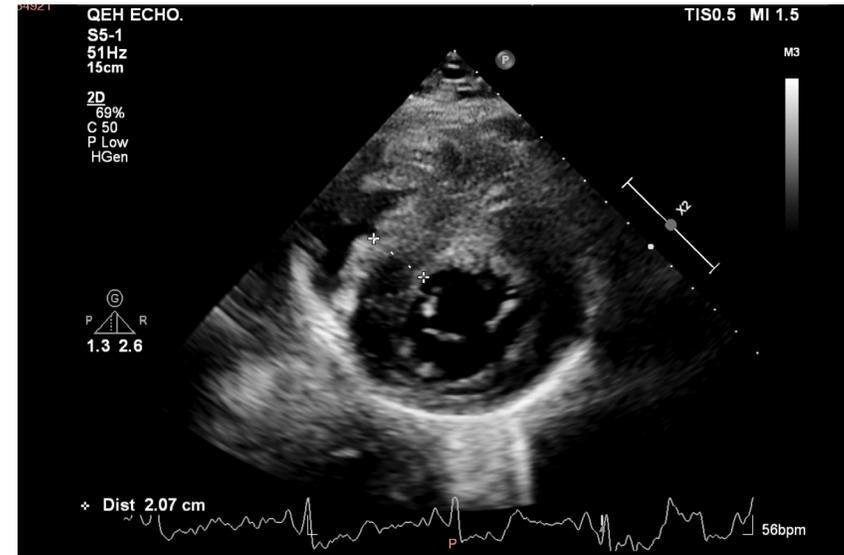


0.67-45Hz AC50 25 mm/s 10 mm/mV 4*2.5s+1r

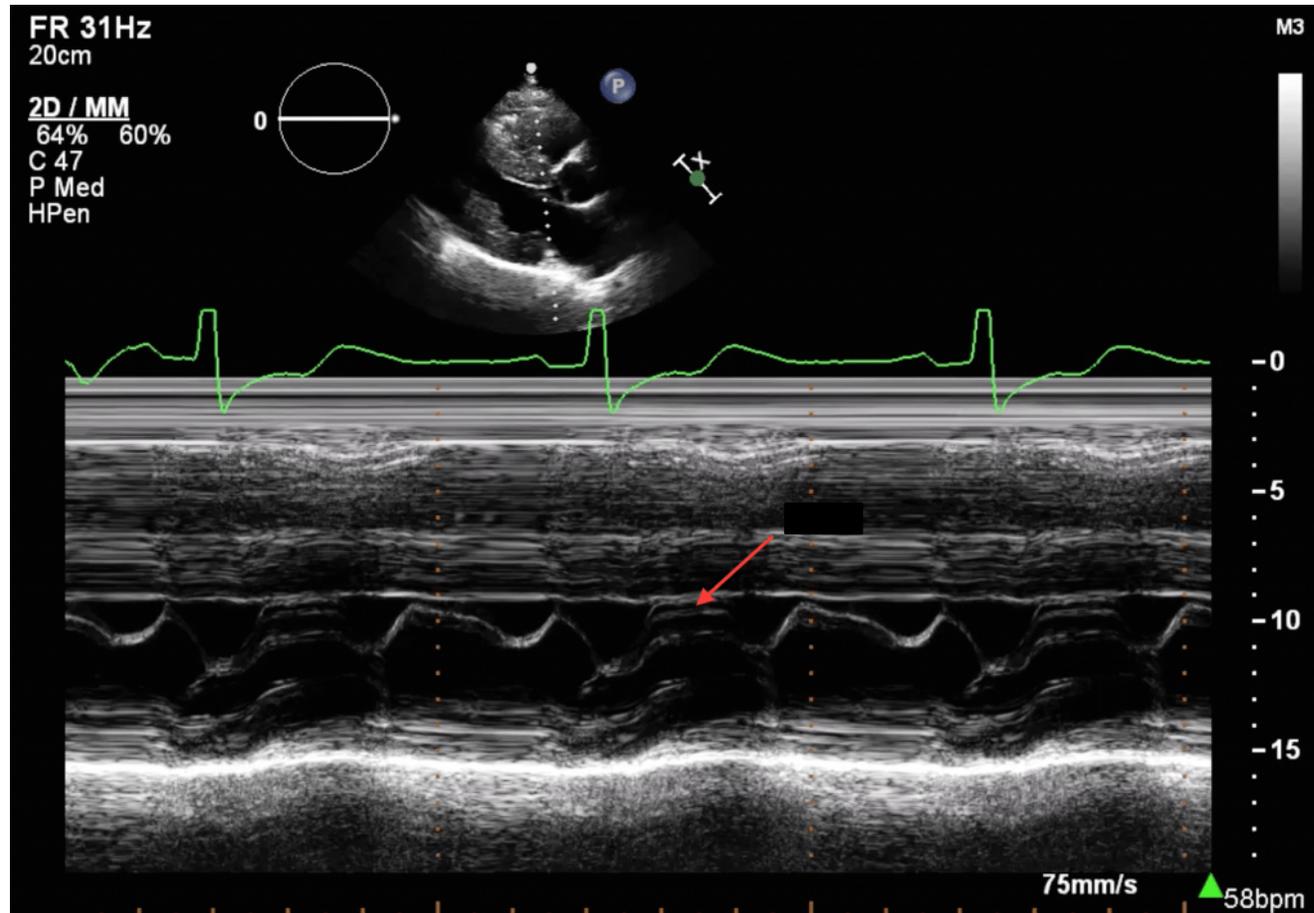
Q3. Describe the echo findings



Interventricular septum distance = 2.57cm



Q4. This is an M-mode image at the mitral valve (PLAX view) . What does the red arrow indicate?





Urgent coronary angiogram was done → non-obstructive coronaries

Extubated with full neurological recovery

Started on Bisoprolol

cMRI done → HCM

Q5. What is the most important management for this patient before discharge?



Q6. What are the drugs to avoid in patients known to have this condition?

CASE 2

M/64

Good past health

Presented with acute left lower limb swelling for 1 day, associated with severe pain and numbness.

No weakness, fever, chest pain or dyspnoea.

No injury

Q1. Describe the findings on physical examination





Q2. What are the differential diagnosis?



D-dimer: 5055ng/mL

USG showed complete obstruction at left SFJ, FV and PV with absent doppler flow.

Q3. What is the diagnosis and underlying pathophysiology?



Q4. What are the potential complications of this condition?



Urgent CT was performed, showing left EIV and proximal CFV thrombosis.

Q5. What is the management for this condition?



Intra-op venogram and IVUS showed left Common Iliac Vein (EIV) compression by Right Common Iliac Artery (CIA). A stent was placed and patency was confirmed.

Q6. What is the name of this syndrome?

CASE 3

M/30, Good past health



Progressive worsening
blistering on both feet
Lips and throat pain
Scrotal blistering

Oct 19

Lips and genitalia itchiness
Progressive worsening oral
and foot ulcers

Oct 23

URTI symptoms
Took home stock meds:

- Cetirizine
- Codeine
- Etoricoxib
- Paracetamol
- Famotidine

Oct 22

Visit GP
IM Chlorpheniramine given
Prescribed 3 day course:

- Lansoprazole
- Azithromycin
- Omeprazole
- Prednisolone
- Etoricoxib
- Fexofenadine

Oct 29

Q1. Describe the findings on physical examination.
What is the diagnosis?



Feet



Face



Scrotum





Q2. What are the most common causes of this condition?



Q3. What are the potential complications of this condition?

Q4. What is the management of this condition?



Q5. What type of hypersensitivity reaction does this condition belong to?

CASE 4



(AI generated)

F/56, Good past health

Jumped from bridge ~8meters high

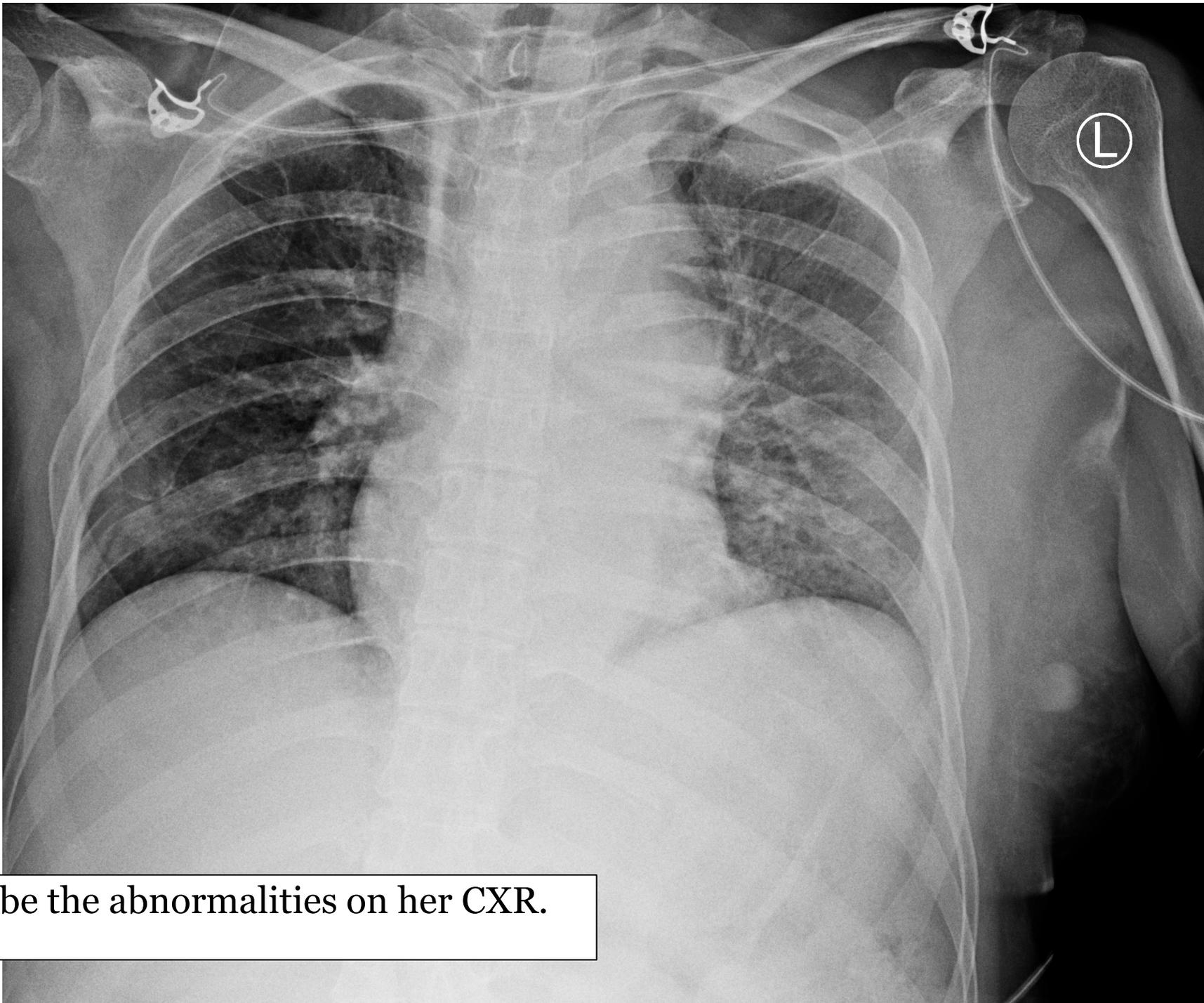
Vitals on arrival: BP 98/62, P120, SpO2 97%
on 15L NRM, GCS 14/15

In distress

Right ankle open fracture with active
bleeding



Q1. Outline the initial management in the Resuscitation room, following the ATLS algorithm



Q2. Describe the abnormalities on her CXR.



She was stabilized and CT was performed.

Q3. Describe the CT findings.



Q4. What is the management of this specific condition?



Q5. Where is the most common site of this injury and why?

CASE 5



(AI generated)

F/31

PMHx: harmful stimulant use, ex IVDA

At 2am, fell asleep while smoking cigarette on bed → bedsheets caught fire

Extensive burns over face, neck, trunk and upper limbs

Vitals on arrival: GCS full BP=131/82
P=68 SPO₂=99% on 15L NRM



Right UL



back



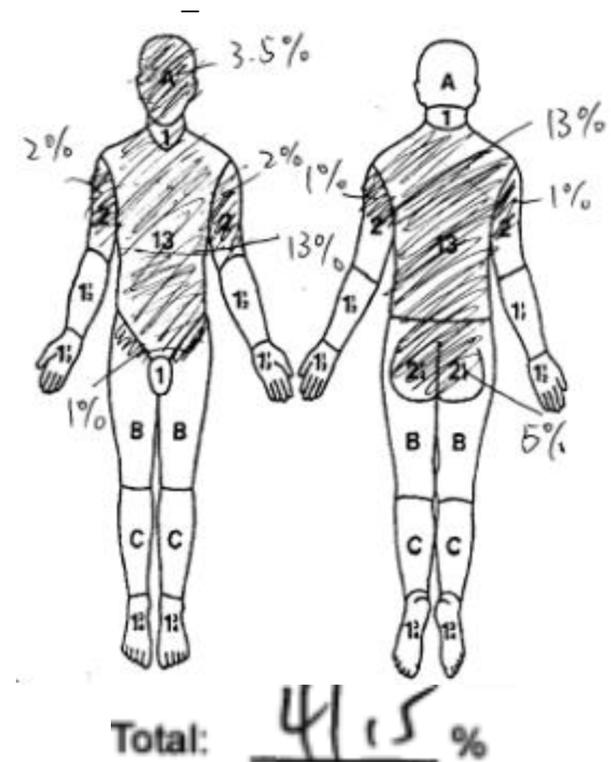
Left UL



Q1. Name 3 methods for determining the Total Body Surface Area (TBSA) in this patient

Her TBSA is 41.5%. Assume body weight = 50kg.

Q2. According to ATLS, what is the recommended fluid management for this patient?





Q3. What factors should be considered when determining whether a burns patient requires endotracheal intubation?



Transferal to Burns Center was arranged.

While waiting in A&E, you noticed her bilateral radial pulses were weak, and CR >2 seconds on both hands

Q4. What are the signs and symptoms of Compartment Syndrome?

Q5. What is the next step of management?