

**Batch 17/18**  
**Therapeutics in Pharmacology**

**Date**  
**08.12.2022 (Thursday)**

**Time**  
**02.30 p.m. – 03.30 p.m.**

<b><u>Groups</u></b>	<b><u>Venue</u></b>	<b><u>Lecturer</u></b>
<b>M/17/055 – M/17/109</b>	<b>Pharmacology Auditorium</b>	<b>Dr. UD</b>
<b>M/17/163 – M/17/205 M/15/FQ/06, M/15/FQ/07 M/16/018, M/16/050, M/16/058, M/16/080, M/16/FQ/003, M/16/FQ/004 M/16/FQ/005, M/16/FQ/008</b>	<b>Psychiatry Tute Room 1</b>	<b>Dr. SF</b>
<b>M/17/110 – M/17/162</b>	<b>Psychiatry Tute Room 2</b>	<b>Dr. TS</b>
<b>M/17/001 – M/17/054</b>	<b>Physiology Lab 1</b>	<b>Dr. YI</b>

**2017/18 Batch**  
**Therapeutics in Pharmacology**  
**08.12.2022 – 2.30 p.m. – 3.30 p.m.**  
**Dr. U.Dangahadeniya**

A 32-year-old female school teacher has a history of episodic headache (2-4 per week) for the past 5 years. The headaches are preceded by visual flashes and associated with nausea and photophobia. The headache lasts up to 6-12 hours. She is currently using a fluticasone+ salmeterol metered dose inhaler for asthma. The physical examination is unremarkable.

Discuss the management of this patient.

**2017/18 Batch**  
**Therapeutics in Pharmacology**  
**08.12.2022 – 2.30 p.m. – 3.30 p.m.**  
**Dr. S.Fonseka**

A 20-year-old woman presented with oral ulceration, painful red eyes and dysuria for 2 days. She has a widespread erythematous maculopapular rash over the palms and trunk. She gives a history of taking ciprofloxacin for urinary tract infection 2 weeks back.

Discuss the management of this patient.

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**Dr. T.Seneviratne**

**Scenario 1**

A 8-year-old previously healthy child admitted to emergency treatment unit with acute onset fever, cough and difficulty in breathing for 3 day duration.

On admission to ETU the attending doctor examined and found that the patient is ill, dyspneic with respiratory rate 40/minute with pulse rate of 110 per minute. His blood pressure was 100/70mmHg, Temperature 101<sup>0</sup>C

- His lab investigations were as follows.

WBC 18,000

1. N 90%
2. L 10%
3. Platelets 250,000

CRP 135 mg/l

- Chest X ray-Left lower zone haziness noted
1. How would you plan the management of this patient?
  2. Discuss the general principles of selection of appropriate antibiotics

**Scenario 2**

A 3-year-old girl admitted to ETU with fever, abdominal pain and dysuria. On examination she was ill, febrile with temperature - 101<sup>0</sup>C, Respiratory rate 20/min. HR – 100/min, BP 100/70mmHg. Had right loin tenderness.

His lab investigations as follows

- WBC 18,500
  - CRP – 120
  - UFR – field full – pus cells
1. Discuss the principles of management of this patient highlighting the importance of further investigations, appropriate selection of antibiotics.
  2. He presented with another similar episode after 3 months. What will be your approach in managing the patient? What antibiotics you will be selecting to treat this patient?

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**Dr. Y.Illangasekera**

A 60-year-old man with a past medical history of hypertension and ischaemic heart disease presents with progressive exertional dyspnea over 4 months which has worsened over the last week. He suffered a NSTEMI 8 months ago. On examination he is sweaty and breathless at rest and unable to complete full sentences. He has moderate bilateral pitting oedema of the ankles. Auscultation of the heart reveals a 3<sup>rd</sup> heart sound in addition to first and second heart sounds. Auscultation of the lungs reveals bi-basal crepitations and an expiratory wheeze. His RR is 28 and O<sub>2</sub> saturation is 89% on air, BP is 110/75mmHg and HR is 108 bpm and regular. ECG shows sinus tachycardia with left bundle branch block.

His current medications

Aspirin 75mg od  
Clopidogrel 75 mg od  
Ramipril 2.5mg mg od  
Bisoprolol 1.25mg bd  
Atorvastatin 10 mg nocte

Discuss the management of this patient.