

Instruction to Candidates – Aim for 8 minutes

You are a Foundation doctor in your A&E rotation.

Christine Abram has been experiencing problems with her vision.

You have 7 minutes to take a history and complete an appropriate examination focused on her clinical presentation. At 7 minutes, the examiner will ask you some questions.

Name: Christine Abram

Age: 69 years

PC – Headache

HPC

“Over the past 5 days I’ve been experiencing worsening headaches”

Headache started generally across the whole head but over the last 1-2 days you have noticed it worse on the left side (temporal) region of the head.

When the pain first started it would periodically come and go. You have a history of migraines in the past but you have not experienced one since you started going through menopause; before this you would experience migraines at least 3 times per year.

When this headache started 5 days ago, on the pain scale, it was 5/10 and controlled with paracetamol; you assumed it was the start of your usual migraines. The pain was a dull ache throughout the head.

However, 2 days ago the pain was getting sharper and more localised on the left side of your head. This was tolerable until the last 24 hours when you suddenly noticed that chewing food and touching the left (temporal) side worsened the pain. Over-the-counter co-codamol or ibuprofen has not been helping with the pain.

Approximately one hour ago you noticed new blurring of vision in your left eye and now you feel frightened that you’re losing vision in the left eye.

No photophobia or phonophobia.

No flashing light or floaters seen in vision.

No vomiting.

You do not brush your hair to know if doing so worsens the headaches.

Denies any recent head trauma, injury, or fall. No weakness or loss of sensation in any of the upper or lower limbs.

PMH

- STEMI 2 years ago

MH

- Clopidogrel 75mg OD
- NKDA

SH

Lives with partner. University lecturer in Economics.

Ex-smoker; stopped 20 years ago, previously smoked for 25 years.

Consumes one bottle of wine per week with her husband. Never drinks more than 14 units per week.

No recreational drug use.

Examination:

Student should at least palpate the temporal regions – palpating the left temporal side should elicit pain for the patient.

Visual field test reduced in the left eye.

Visual acuity right eye 6/6, left eye 2/6.

No double vision in either eye.

Questions

1. What is your likely primary diagnosis?
Temporal arteritis

2. What is your management plan?
 - Discuss with on-call ophthalmologist for urgent review
 - Discuss with rheumatology team
 - Provide high dose PO Prednisolone
 - PRN analgesia for headache related pain
 - Bloods: ESR, CRP, FBC, U&Es, Bone profile, LFTs
 -

Topic	Clear Fail	Fail	Satisfactory	Good	Excellent
Adequate history taken covering PMH, MH, SH and allergies.					
Student Performs an appropriate ABCDE assessment					
Differential dx					
Investigations					
Rapport/communication skills					
Overall					