

Instruction to Candidates – Aim for 8 minutes

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

Tony Lars has been brought in via ambulance.

He is unable to walk.

Take a history and examine the patient. At 6 minutes you will be shown an image related to the case and observations.

Name: Tony Lars

Age: 26 years

PC & HPC

3 days ago noticed a rash on left knee coupled with a 'cramping' pain in the affected knee.

Over time you noticed the rash progressively spreading up and down the left leg and 2 days after this started the rash was present in the right leg and also spreading.

No overt discomfort, no itching, no discharge or oozing from rash. Currently, it is extending from both feet up to the hips.

Last night, you went out with your partner and friends. You drank 10 pints of beer. You all went to a club and danced.

At around 9pm, you suddenly noticed numbness in the soles of both feet. As the hours went by the numbness progressively spread upward until around 1am this morning when you suddenly found yourself unable to walk and having to drag your body with your arms, your partner then called an ambulance.

Denies any seizure last night – "I know when I'm having a seizure; I feel a strange sensation spreading up my body and can shake quite a lot. All of my friends were with me throughout the night and my partner with me when I couldn't walk."

Denies any recent or past head injury or accident.

No fever or rigors. However ambulance crew mentioned he had a fever on checking his temperature – not sure what the exact temperature was.

Experiencing some mild neck stiffness over the last 4-5 days, but still able to comfortably move neck.

No photophobia.

No weakness or change in sensation in either of the upper limbs.

PMH

Complex seizures – last seizure was 5 months ago.

MH

Keppra 500mg BD

NKDA

No FH of any significant health problems.

SH

- Lives with partner and daughter
- No recreational drug use
- Non-smoker
- Usually drinks no more than 12 units per week.

Image of rash:



Examination findings for lower limb neurological exam (if student is running out of time inform/show them the findings):

- Non-blanching purpuric rash going from feet up to pelvis bilaterally.
- Power in lower limbs bilaterally 0/5.
- Glove and stocking up to above the patella
- All lower limb reflexes present bilaterally – no hyper-reflexia or brisk reflexes.
- Babinski's: bilaterally plantars down
- Kernigs sign positive
- Budzinski's sign negative

Observations:

Respiratory rate – 17 breaths/minute.

Pulse rate – 83 beats per minute.

SpO₂ 99% on room air.

Temperature – 37.2°C (ambulance crew reported as 37.8°C on initial assessment; oral paracetamol (1g) was given).

BP: 122/86mmHg

Questions

1. What are your three differentials?
 - Guillain-Barr Syndrome
 - Multineuritis multiplex
 - Meningitis

2. What is your management plan?
 - CRP, ESR, FBC, U&Es, LFT, TFT, Bone profile, ECG
 - Contact Neurology registrar to discuss the matter as the patient likely requires urgent review
 - Lumbar puncture
 - IV antibiotics to cover underlying meningitis until reviewed

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					