Instructions to Candidates – Aim for 8 minutes

You are a Foundation doctor in General Practice.

Jacob Jones is 75 years old. He is attending with incontinence.

At 6 minutes the examiner will ask you questions.

© OSCE Revision, 2021 - Dr Susanna Hotchkiss

Name: Jacob Jones

Age: 75

Over the past couple of days, you have been feeling the need to rush to the toilet to pass urine. Four times you have not been able to make it in time which has been embarrassing. No pain on passing urine, no blood in the urine. No hesitancy, good flow, no feeling of incomplete emptying. Have had some lower back pain recently too which is worse when lying down. Your wife has said you seem a bit clumsier recently too. On further questioning, you reveal that you find that you have been stubbing your toes a lot more recently and generally feel a little weaker in your legs (just a suggestion).

No issues with bowels. Normal stool. No incontinence

No recent weight loss

PMH: Prostate cancer treated with prostatectomy a year ago.

DH: Amlodipine 5mg OD, Atorvastatin 20mg OD

Allergy: NKDA

SH: smokes 20/day for 40 years. Drinks 8 pints of beer a week. Lives with wife in a bungalow. Retired lorry driver. Normally able to mobilise independently.

FH: nil significant.

I: Is this a side effect of the previous surgery?

C: I’m worried cancer has come back

E: I would like some help with the incontinence as it is embarrassing

© OSCE Revision, 2021 - Dr Susanna Hotchkiss

Questions:

1. What is your differential diagnosis?

Urge incontinence: MSSC (metastatic spinal cord compression), spinal cord compression, cord injury, detrusor instability, multiple sclerosis.

2. Which is the most likely diagnosis?

MSSC

3. What investigations and initial treatment would you do next?

Neurological examination. Order MRI whole spine and dexamethasone 16mg loading dose. Involve the MSSC co-ordinator.

Area	**Clear Fail**	**Fail**	**Satisfactory**	**Good**	**Excellent**
PC & HPC					
PMH & DH					
SH					
FH					
ICE					
Differential dx					
Investigations					
Treatment					
Rapport/comms					
Overall					

Feedback

This station should be approached as a urology history. Remember to ask about red flags such as haematuria and weight loss. Other symptoms to ask about include dysuria and LUTS.

Lower urinary tract symptoms (LUTS) are split into storage and voiding symptoms.

© OSCE Revision, 2021 - Dr Susanna Hotchkiss

Storage symptoms include urge incontinence, urinary frequency and urgency.

Voiding symptoms include hesitancy, poor stream/flow, post micturition dribbling and incomplete emptying.

There are some clues that lead you to a likely diagnosis of MSSC. The patient's wife has noticed he is becoming clumsier as the nerves controlling the lower limbs are affected. He reports a history of prostate cancer which commonly metastasises to bone including the spine. He doesn't have a prostate anymore, so prostate enlargement is not causing his LUTS.

Metastatic spinal cord compression is an emergency and if suspected investigations should not delay steroid treatment.

© OSCE Revision, 2021 - Dr Susanna Hotchkiss