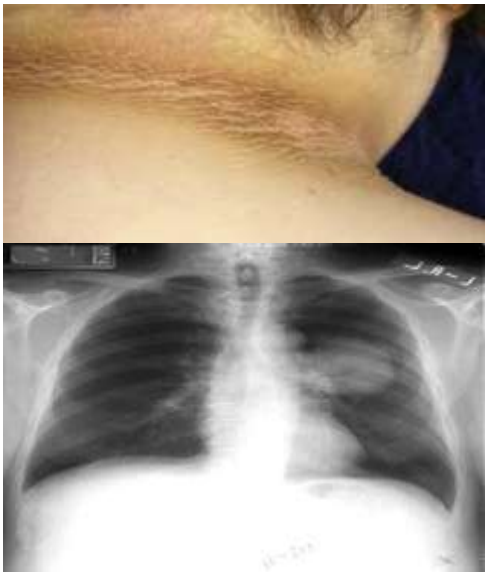
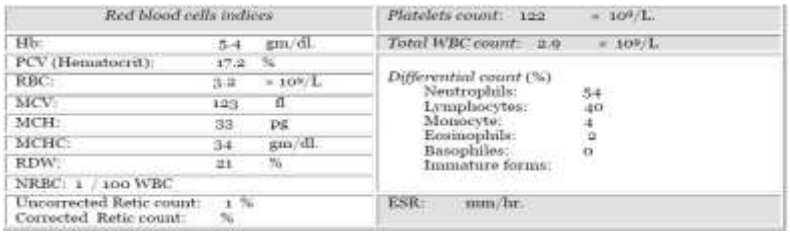
cases	objectives
Case 1: 65 years old male smoker,with history of DM & HTN presented with sudden onset weakness in right upper & lower limb..single dx?,ddx?,pathophysiology?,benefit of CT than MRI?	Definition Pathophysiology Level of C by((Glass cow coma scale)) Causes Approach…
Case 2 :19 years old female presented with headache ,fever,photophopia &Kerings sign positive ..dx?CSF parameters of aseptic type?	Definition Pathophysiology Causes((infectious & non infectious)) CSF parameters Indications & contraindications of lumper puncture…
Case 3: A 45-year old smoker man experiences crushing substernal chest pain after arriving at work one morning. Over the next 4 hours, the pain persists and begins to radiate to his left arm. He becomes diaphoretic and shortness of breath, but waits until the end of his 8-hour shift to go to the hospital. If you receive this patient what your action at emergency unit?	cardiac chest pain from other causes DDx Emergency causes of chest pain *(MI) * (aortic dissection) * (pulmonory embolism) How you can dell with patients presented with chest pain?
Case 4: A 34-year-old man suddenly develops severe dyspnea with wheezing and is taken to the emergency department. On physical examination, his vital signs are temperature, 37°C; pulse, 95/min; respirations, 15/min; and blood pressure, 130/80 mm Hg. A chest radiograph shows increased lucency in all lung fields. A sputum cytologic specimen shows	Pathophysiology Causes according to system involeved ((cardiac,musculoskeletal,respiratory, ect))

Curschmann spirals, Charcot-Leyden crystals, and acute inflammatory cells in a background of abundant mucus. Many ofthe inflammatory cells are eosinophils. What is the most likely diagnosis?	Approach(80% history,examination ,investigations) Chest X-ray normal & abnormal (explanation) CURB-65
Case 5: A 60y old men has developed cough with blood –streaked sputum ,wight loss . On physical examination he has brown to black ,hyperpigmentation of the skin of the neck fold and axilla . A CXR reveals a 5 cm consolidated area near the LT hilum(central) with Lt and Rt paratrachial L.N enlargement. Histopathological examination reveals nest of malignant cells with keratin . 1- What is the most likely diagnosis ?2-Stage , treatment and prognosis of this case .3-What is the skin lesion and the cause in this case ??? 	Types Pictures & slides Risk factors Staging Treatment and prognosis
Case 6: 35 years old female presented with polyuria since 1 week,she gives history of macrosomic baby....ddx?approach to confirm dx?	Etiological factors Mechanism Polyuria & polydypsia don't equal to DM
Case 7: 35 years old female presented with mass in the anterior triangle of the neck,noticed before 1month by her sister ,with no symptoms and deny any past medical problem ,but she had family history of goiter. How you can approch this case???	Definition Causes(DDx) Approach Key points((dominant,hot,cold,exclusion

	of malignancy"5-10'%))
Case 8: 72 years old male with CBC : WBC=5.5,RBC4.5,Hb=9.7,PCV=29.9,MCV=69.7,MCHC=32.4,Plattelet=331 What is the order for him: a-Hb electrophoresis b-retic count c-stool for occult blood d-B12assay e-bon marrow biopsy Give your diagnosis and what is your next step in this pt?	Definition Slides of blood film DDX Approach How you defferntiated from other types…
Case 9: 55 years old male presented with long history of sever pallor, chronic epigastric pain and peripheral neuropathy, on examination look pall, tinge of jaundice, no organomegaly, and no LAP. What is your next step?  *Red blood cells indices* Hb: 5.4 gm/dl PCV (Hematocrit): 17.2 % RBC: 3.2 × 10⁹/L MCV: 123 fl MCH: 33 pg MCHC: 34 gm/dl RDW: 21 % NRBC: 1 / 100 WBC Uncorrected Retic count: 1 % Corrected Retic count: % *Platelets count:* 122 × 10⁹/L *Total WBC count:* 2.9 × 10⁹/L *Differential count (%)* Neutrophils: 54 Lymphocytes: 40 Monocyte: 4 Eosinophils: 2 Basophiles: 0 Immature forms: ESR: mm/hr. **Blood film morphology** RBC: Normochromic, many oval macrocytes and occasional NRBC WBC: Leucopenia, absolute neutropenia, hypersegmented neutrophils with slight left shifting.Platelets: Look slightly reduce in count with normal morphology on film. What is the type of this anemia? What is the differential diagnosis of such type of anemia? What is the most likely diagnosis and why you consider such diagnosis? What is the most likely pathogenesis of such type of anemia if you know that the patient done endoscopy with biopsy for his epigastric pain and the result showing epigastric atrophy? How you can explain the jaundice and peripheral neuropathy in this case? What are the most important further investigations? Most important line of treatment?	Definition Causes Pernicious Anaemia Cause of peripheral neuropathy Pregnancy & folic acid
