**Exam : Midterm assignment paper**

**I.D :6928**

**Paper : Surgery**

**Submitted to : Dr sara naeem**

1. A 68 years old female with a history of Diabetes Type 2 presents with plantar ulcer at the first metatarsal head of the right foot. Patient also complains of losing balance while standing and walking.

o Ulcer shows sign of infection i.e. calluses and characteristic necrosis.

o Timed Up and Go test: 12 seconds, this is slower than age-adjusted norm.

o Patient reports longstanding history of type 2 diabetes.

 Keeping in mind the staging of infection, give

i. Complete management of the wound

ii. Physical therapy treatment if needed.

**ANSWER : The complete management of wound is ,**

 **DEBRIDEMENT :**

With a scalpel is the central feature

**Causes :** chronic wound into acute wound conversion.

Removes callus

Decrease bacterial load

Decrease dead tissue

And also growth factor release for wound healing.

**DRESSING :** Antiseptic dressing

Easy to apply

Non occlusive

Reman intact while walking

**ANTI MICROBIAL THERAPY :**

Initial treatment of infected foot should be with broad spectrum antibiotics followed by swab results.

**MEDICATION :**

Antibiotics ( Amoxicillin ,Erthromycin if allergic to pencillins)

Moderate cellulitis inj ceftriaxone daily

Follow up

**According to swab result**

Deep swab to be taken after starting days of debridement , positive culture antibiotics according to the sensitivity.

Weekly follow up .

**METABOLC MANAGEMENT :**

Control hyperglycemia , hyperlipidemia ,hypertension .

Cessation of smoking to prevent microvascular and macrovascular injury .

**VASCULAR INTERVENTIONS :**

Done in patient with peripheral vascular disease

Antiplatelet therapy with aspirin

Widespread disease , arterial bypass

**ANTIBIOTICS OINMENT :**

Use in the management of diabetic wound management

**PHYSICAL THERAPY TREATMENT :**

After surgery of dead tissue area :

Foot elevation ,

Reduce edema

Pain management

Positioning (improve circulation to the area )

Post surgery : when wound is complete recover (stretching and strenghtning)

Q2 : create a clinical scenario of your own targeting acute cholecystitis along with its clinical presentation ,investigation and management,role out the distinction points of chronic cholecystitis?

**ANSWER :**

 **Differnerence b/w acute cholecystitis and chronic cholecystitis :**

**ACUTE CHOLICYSTITIS :**

Patient with pre existing chronic cholicystitis.

As first episode

Most common cause impacted gallstone in hartmann’s pouch.

**Temporary impaction :**

Only biliary cholic

No inflammation

**Prolong impaction :**

Inflammation ensures

Edema of Gb

Subserosal hemmorage

**CAUSATIVE ORGANISM :**

E.coli ,

salmonella ,

proteus,

klebsiella .

**SIGN AND SYMPTOMS :**

Fever

Right upper quad pain

Nausea

Right upper quad tenderness ,rigidity

Murphy’s sign ,boAA’s sign

Palpable tenderness gallbladder

**CHRONIC CHOLICYSTITIS :**

Chrnic inflammed thicked ,gallbladder ,which is non functionally non distending.

**CAUSES :**

Gallstones ‘

Cholisytosis

Chronic acalculous cholicystitis.

**ORGANISM :**

Klebsiella

Streptococci

Salmonella

**SYMPTOMS :** sharp ,cramping ,steady ,spread to the back or bellow the right shoulder blade

Clay colored stools ,fever, nausea, vomiting ,jaundice.

CASE SCENERIO :

A 28 years patient comes to DR sara naeem clinic with a complain of fever ,abdomen pain ,vomiting and pain in the shoulder.after taking history she said from the past few days she use under the counter medications (pain killers, anti emesis ) but the pain gradually sharp and the donot decrease with pain killers. after proper examaination she is admit in the ward for surgery.

**DIAGNOSE :** cholisystitis

**Perform:** ultasonography , and cholescintigraphy .

**MANAGEMENT :**

**Surgical management :**removal og gallbladder

Cholecystectomy (if the gallstone is 2cm )is usually done by using flexible tube called laproscope.

**MEDICATIONS :**

Gallstone ,may also dissolve with medications taken by mouth but may take 2 years or long time

Medications name

Ursodiol (gallstone dissolution agent )