

CODE: CI 3

Question: Chronic Illness

Type:

Author: Dr. L. Brownell**Opening Scenario:**

42 year old female with Cushing's Syndrome and Rt adrenal mass for resection. ↑ BP for 10 years. Pt on your slate for tomorrow, a) What is Cushing's Syndrome? What are the expected features of Cushing's Syndrome? b) How would you proceed?

**Major points of additional information to be provided to the candidate, e.g., hx, px, labs, x-ray, consults:**

Hx: ↑ BP 10 years tx Enalapril. U.R.I. 10 days ago tx amoxicillin (3rd U.R.I. this year). Prior GA O.K. F/Hx neg. Px: 162 cm, 185 Kg, BMI 34, BP 160/100, H.R. 70, truncal obesity, A/W O.K. Chest clear, throat clear, no edema. Lab: cortisol levels ↑ Na140, K 3.0. Hb 126, EKG - LVH, CXR borderline cardiomegaly.

**Major decision points (major decision points or options which must be recognized by the candidate)**

Ask re: (1) hypokalemia/alkalosis (2) ↑ B.P., fluid retention (consider treatment with spironolactone) (3) U.R.I. consider delay (3) U.R.I. consider delay (4) post resection glucocorticoid replacement.

**Any followup information required to lead to the end of the question**

(1) How would you anesthetize this patient?  
 (2) Now Pt. in O.R. B.P. 160/95, H.R. 80, SpO<sub>2</sub> 88% How would you proceed? Later, further information: CXR shows interstitial pulmonary edema.

**Major decision points (major decision points or options which must be recognized by the candidate)**

Differential diagnosis of hypoxia: (1) supine position (2) obesity (3) CHF (↑ BP/fluid retention) (4) U.R.I. related.

**Critical features to be included i.e. the *must* have to pass the question or to be considered *completely unacceptable***

(1) consider: (a) ↓ K/alkalosis (b) fluid retention (c) poss. effect of U.R.I. (2) post resection glucocorticoid replacement  
 (3) don't proceed with SpO<sub>2</sub> 88% (4) some differential dx of SpO<sub>2</sub> 88%

Ref: RCEXAMAT EXAMS July, 95  
 Used: 94/06