# **History:**

31 years old female complained form fever, malaise and sore throat. Her doctor obtained a throat swab and prescribed her amoxicillin antibiotics. 2 days later, she had a macullopapular skin rash all over her body, left upper abdominal pain and swelling. Throat culture was negative.

### **Physical Examination:**

V/S T: 38.6 P: 95/min BP: 120/84 mmHg RR: 17/min

Generalized lymphoadenopathy and spleenomegally

# **Investigations:**

CBC: Hb: 12.9 g/dl WBC 12.07/mm³ with lymphcytosis Platelets: normal

RBCs: normal

Blood film: atypical lymphocytes

Blood sample for culture was obtained

- 1. List differential diagnosis in order?
- 2. What investigations you would like to order?
- 3. Treatment?

# **History:**

26 years old male accountant returned recently from India after attending a workshop on accounting software's. He complained from progressively increasing fever, fatigue, headache, associated with watery diarrhea (3 times per day) for the last 3 days.

# **Physical Examination:**

V/S T 39.4 P: 75/min BP:100/79 mmHg RR:14/min

Spleenomegally

# **Investigations:**

CBC: Hb: 14.9 g/dl WBC: neutropenia Platelets: normal RBCs: normal

Blood samples for blood culture were obtained

- 1. List differential diagnosis in order?
- 2. What investigations you would like to order?
- 3. Treatment?

#### **History:**

HPI: 76 years old male known to have chronic leukemia on chemotherapy. Was admitted 3 days ago for 2 sessions of chemotherapy and discharged home with mild nausea. 2 days ago he had mild fever, productive cough stained with blood, and lateral chest pain. He was seen by his doctor and prescribed antibiotics for chest infection. Today the patient reported shortens of breath, high grade fever, being very tiered and lost ability to get out of bed, with no urination for the last 24 hours.

PMH: DM, HTN, CML

Current medications: Predneslone, Insulin SC, Atacand plus

FH: DM, CAD

## **Physical Examination:**

V/S T 40.1 P:115/min BP:145/90 mmHg RR:24/min

Respiratory: right side bronchial breathing and crepitations

### **Investigations:**

CBC: Hb: 14.9 g/dl WBC 100/mm<sup>3</sup> with neutrophila Platelets: normal

RBCs: normal

Chest X ray: opacification of middle right lobe

Blood samples were obtained for blood culture

- 1. List differential diagnosis in order?
- 2. What investigations you would like to order?
- 3. Treatment?

### **History:**

54 years old male was admitted to the hospital ICU with severe central chest pain. After multiple femoral vein catheterization trials, complete obstruction of left coronary artery was observed and the patient was treated accordingly using central jugular vein line. 3 days later the patient reported no further chest pain yet he complained from fever, shivering and generalized weakness and asked to remove the central line tube as it become painful to him.

### **Physical Examination:**

V/S T 39.5 P:125/min BP:125/90 mmHg RR:19/min

Hyperemia and swelling around central line

### **Investigations:**

CBC: Hb: 14.9g/dl WBC 18.7/mm<sup>3</sup> with neutrophila Platelets: normal RBCs: normal

Echocardiography indicated cardiac enlargement, inflammation and vegetations

Blood sample for microbiological culture was obtained

- 1. List differential diagnosis in order?
- 2. What investigations you would like to order?
- 3. Treatment?

# **History:**

HPI: 33 years old male patient working at the military forces has returned recently from his service in Ethiopia for 6 months. He was seen at the emergency department for high grade fever with shivering was given voltaren intramuscular injection and sent home. Next day at around the same time he had the same fever with shivering and sweating was given the same injection and sent home.

# **Physical Examination:**

V/S T 39.5 P:168/min BP:125/90 mmHg RR:20/min

# **Investigations:**

CBC: Hb: 10.0 g/dl WBC 6.7 /mm<sup>3</sup> Platelets: normal RBCs: low

- 1. List differential diagnosis in order?
- 2. What investigations you would like to order?
- 3. Treatment?