

Pharmacology week 11 – Fluids and the Immune System

'Fluids and Electrolytes' makes up 5% of the pharmacology MCQ matrix.
'Immune System' makes up 5% of the pharmacology MCQ matrix.

Reference: Katzung's Basic and Clinical Pharmacology, 14th edition. Chapters 16-18



This week makes up 10% of the MCQ matrix topics, but is somewhat less commonly tested in Vivas



For IV fluids and electrolytes look at the 'product information' online for detail



Electrolyte composition of crystalloids makes for an easy MCQ question

Learning Outcomes LOA 1

- Intravenous fluid solutions
- Potassium
- Sodium
- Magnesium (Katzung p243)
- Calcium (Katzung p757-758)

Learning Outcomes LOA 2

- Histamine antagonists

Learning Outcomes LOA 3

- Serotonergic agents
- Eicosanoids
- Vaccines (p1134-1137)
- Immunoglobulins
- Cancer chemotherapy agents

Questions to consider

- Outline the electrolyte components of the crystalloid solutions used in clinical practice
- When would you choose 3% saline?
- What are the indications for magnesium? What are its adverse effects?
- Tell me about histamine. Where are the receptors located and what are their effects?
- What is the difference in the generations of H1 antagonists? Give named examples
- Tell me about serotonin, what is its role? What happens when it is agonised/antagonised? (*ondansetron comes up not infrequently*)
- Describe the storage and metabolism of serotonin. What is serotonin syndrome?
- Think about the ergot alkaloids briefly, mainly in the context of migraine, hyperprolactinaemia and PPH
- What is the role of the vasoactive peptides in vasodilation and pain?
- Tell me about vasopressin
- Tell me about the arachadonic acid pathways (Fig 18-1, Fig 18-2)
- What do the products of arachadonic acid do? Tell me about prostaglandins and thromboxanes
- What are eicosanoids? What clinical uses do they have?

Physiology week 11– Regulation of Extracellular Fluid

Contributes to 'Renal Physiology' which makes up 15% of the physiology MCQ matrix.

Reference: Ganong's Review of Medical Physiology, 26th edition. Chapter 38



The RAS comes up repeatedly in Vivas, make sure you *understand* its role



This is a bigger week than it appears and covers some overarching concepts



You need to know the hormonal role and regulation of the kidney in detail

Learning Outcomes LOA 1

- Tonicity
- Volume
- Renin-Angiotensin system

Learning Outcomes LOA 2

- Natriuretic factors

Questions to consider

- What is normal plasma osmolality? How is it regulated?
- What is vasopressin? Describe its role in detail
- What is diabetes insipidus? What is the role of dDAVP?
- Describe the formation and metabolism of the circulating angiotensins
- What factors affect renin secretion?
- What is the renal response to haemorrhage? (*common viva topic*)

Pathology week 11 – Genitourinary

Contributes to 'Renal system and Genitourinary' which makes up 8% of the MCQ matrix.

Reference: Robbins and Cotran Pathologic Basis of Disease, 9th edition. Chapters 21-22, 23



Breast pathology is not specified in the primary curriculum, however it has been examined in the past. Be sure to look at it



Relative frequency of location of ectopics makes for an easy MCQ



This should be a light week (*relatively*)

Learning Outcomes LOA 1

- Gestational disorders: miscarriage, ectopic pregnancy

Learning Outcomes LOA 2

- Gestational disorders (everything else)
- Disorders and diseases of the testes

Learning Outcomes LOA 3

- Disorders and diseases of the prostate
- Disorders and diseases of the female genital tract

Questions to consider

- Describe the disorders that can occur in early and in late pregnancy
- Where can ectopic pregnancies occur? With what frequency? What is a heterotopic pregnancy?
- What is the pathogenesis and morphological appearances in pre-eclampsia?
- What is gestational trophoblastic disease?
- Outline the pathophysiology of cystitis, including common causative organisms.
- Outline the pathogenesis and epidemiology of carcinoma of the bladder
- Which malignancies can arise in the lower urinary tracts and genitalia? Outline their morphology
- What is cryptorchidism? What is its significance?
- Outline the pathogenesis of epididymo-orchitis. How do we classify the causes? Give some examples
- How do we categorise prostatitis?
- Outline the pathogenesis and clinical features of benign prostatic hyperplasia
- What happens in PID? Which organisms are culprits? What are the potential sequelae? How does this differ from cervicitis?
- Outline the morphological changes in the endometrium during the menstrual cycle. What are other common causes for uterine bleeding?
- Outline the pathogenesis of endometriosis
- Describe the cystic conditions that can affect the ovaries - why is this important?

Anatomy weeks 11 & 12 – Lower Limb: Knee and Leg

Contributes to 'Lower Limb' which makes up 25% of the anatomy MCQ matrix.

Reference: Moore and Dalley's Clinically Oriented Anatomy, 8th edition. Chapter 7
Supplementary Reference: McMinn's clinical atlas of human anatomy 7th edition. Chapter 7



This page lists the content that should be covered in weeks 11 & 12 of anatomy, divide it up however you like



Consider if you would prefer to study the neurovasculature of the entire limb together, or divide into sections as the guide does



Review the steps and mechanisms involved in locking and unlocking the knee

Learning Outcomes LOA 1

- Bones (landmarks, attachments, relations of): patella, tibia, fibula
- Joints: Knee (in detail), tibiofibular
- Fascia and compartments of the leg
- Muscles of the leg
- The popliteal fossa: boundaries and contents in detail
- Surface anatomy of the leg
- Arterial supply and venous drainage of the leg
- Cutaneous and motor supply of the leg

Questions to consider

- Identify this bone in its anatomical position and describe its bony features
- Describe the venous drainage of the lower limb
- Describe the blood supply to the head of the femur
- What are the boundaries and contents of the popliteal fossa?
- Describe the course of the sural/tibial/peroneal/sciatic nerve in the leg
- Describe the ligaments, their attachment and function with regards the knee joint
- Describe the muscle: its origin, insertion, action, innervation and blood supply