

Pharmacology week 19 – Revision and Catch-up



This is often a sensible time to review the general principles in week 1 & 2



This is the only pharmacology revision and catch-up week



Use the time to go over high yield topics or any areas that were skipped

Physiology week 19 - Gastrointestinal

Contributes to 'Gastrointestinal & Metabolism' which makes up 10% of the physiology MCQ matrix.

Reference: Ganong's Review of Medical Physiology, 26th edition. Chapters 25, 27-28



Study in a structured way e.g. causes of jaundice should be listed by category



Cell types, location and roles make for easy MCQ questions



Make sure you understand the regulatory factors in digestion and motility

Learning Outcomes LOA 1

- Liver and biliary system

Learning Outcomes LOA 2

- Mouth and oesophagus
- Stomach
- Exocrine portion of the pancreas
- Small intestine
- Colon
- Gastrointestinal hormones
- Gastrointestinal motility

Questions to consider

- What is the role of saliva? How is it regulated?
- What are the major cell types in the stomach and what do they produce? How are they organised?
- What is the role of the pancreatic secretions? How is it regulated? What about bile?
- Outline the principal digestive enzymes, their activator, substrate, source and products
- Describe the daily water turnover that occurs in the gastrointestinal tract
- Which electrolytes are absorbed and secreted in the intestines?
- What hormones are produced by the gastrointestinal tract and what are their roles?
- Outline the innervation of the gastrointestinal system
- What is a migrating motor complex?
- How is swallowing controlled?
- What is the mechanism of vomiting? Defecation?
- What are the principal functions of the liver?
- What is the typical composition of bile?
- Outline the metabolism and excretion of bilirubin
- Outline the neurohumoral control of the gallbladder

Pathology week 19 - Hepatobiliary

'Liver, Biliary tract & Pancreas' makes up 8% of the pathology MCQ matrix.

Reference: Robbins and Cotran Pathologic Basis of Disease, 9th edition. Chapters 18, 19



This should be some revision and expansion of content for the infectious hepatitisides



This is a big week and covers common exam content



Make sure you go over cirrhosis and jaundice thoroughly

Learning Outcomes LOA 1

- General features of hepatic disease
- Liver failure
- Acute pancreatitis
- Infectious disorders of the liver and biliary tract
- Alcoholic liver disease
- Cholelithiasis
- Cholecystitis

Learning Outcomes LOA 2

- Principles of pancreatic disease

Learning Outcomes LOA 3

- Chronic pancreatitis

Questions to consider

- Which laboratory tests are relevant to the different categories of hepatobiliary dysfunction (table 18-1)
- Outline the morphological and microscopic pathologic changes in liver injury, what are the possible outcomes?
- Outline the pathophysiology of liver failure. How does this differ between acute and chronic? Give some causes for each
- What are the clinical features and potential outcomes of an infectious hepatitis? Describe the changes in serological markers with time. How does this differ between the different hepatitis viruses?
- Describe the other infectious and inflammatory conditions of the liver
- Outline the pathophysiology of alcoholic liver disease in detail including the morphological changes
- What are the metabolic liver disorders? Describe their pathogenesis, morphology and distinguishing clinical features briefly
- How does NAFLD differ between the paediatric and adult populations?
- How is bilirubin formed, metabolised and eliminated? How does this help us to distinguish potential causes of jaundice clinically?
- What are some congenital causes of jaundice? How are they classified?
- Compare the typical features of primary biliary cirrhosis and primary sclerosing cholangitis. Do they have any associations?
- Why are liver infarcts rare? What changes would be expected if they do occur? What about other conditions of impaired liver blood flow?
- Outline the hepatic diseases associated with pregnancy
- Describe the neoplasia which affect the hepatobiliary system. How does HCC presentation differ around the world? Why?
- Outline the pathophysiology of cholelithiasis in detail, including risk factors and morphology of the different stone types
- Outline the pathophysiology of acute pancreatitis in detail
- Briefly look at chronic pancreatitis and the other conditions affecting the pancreas described in chapter 19

Anatomy week 19 – Thorax part 1

Contributes to 'Thorax' which makes up 12.5% of the anatomy MCQ matrix.

Reference: Moore and Dalley's Clinically Oriented Anatomy, 8th edition. Chapter 4
Supplementary Reference: McMinn's clinical atlas of human anatomy 7th edition. Chapter 5



This is a relatively light week for anatomy



Surface anatomy is a common viva topic (can be asked via an X-Ray)



Look at McMinn's dissection images of the thoracic inlet and outlet - this comes up repeatedly in the Vivas

Learning Outcomes LOA 1

- Skeleton of the thoracic wall
- Surface anatomy of the thoracic wall

Learning Outcomes LOA 2

- Nerves and vasculature of the thoracic wall
- Muscles of the thoracic wall
- Breasts

Learning Outcomes LOA 3

- Thoracic apertures
- Fascia and joints of the thoracic wall
- Movements of the thoracic wall

Questions to consider

- Describe the surface anatomy of the thoracic wall
- Identify the landmarks on a typical rib and on the first rib. What are the relations of the first rib?
- What are the muscles of respiration?
- Outline the position of structures at the thoracic inlet and outlet