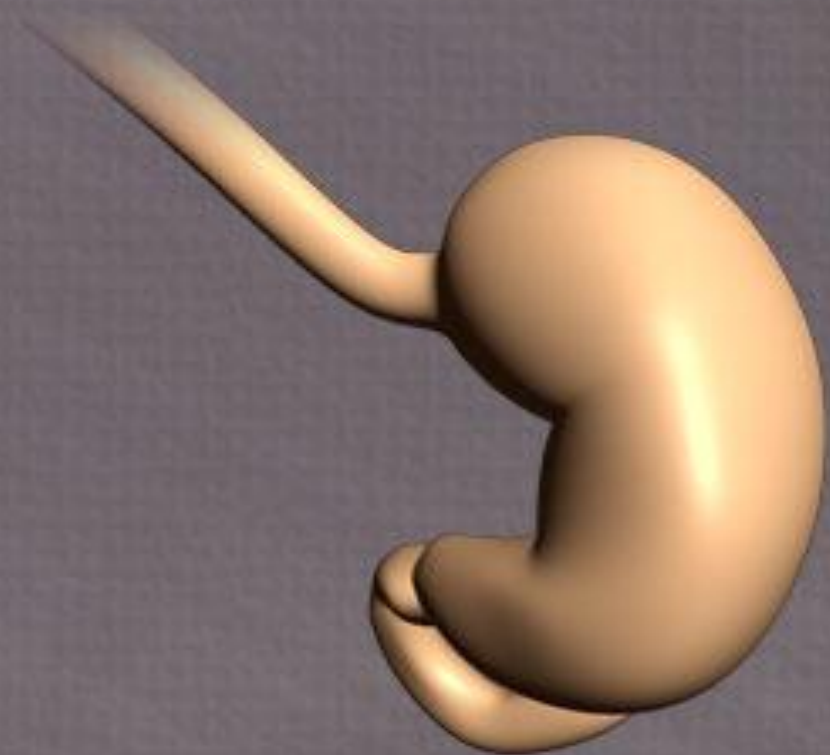


COMLEX Level 2 PE Exam

**A 53 year old man came to clinic with
complains of a burning sensation in his
tummy.**

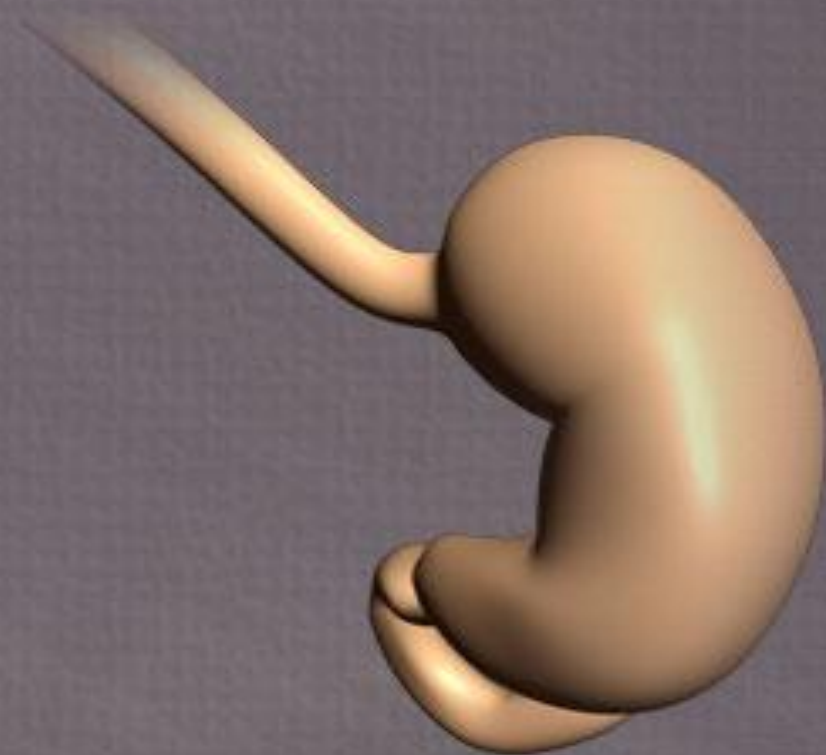


Patient Data Sheet

- **Patient Name** : Mr. Adam Thompson
- **Clinical Settings** : Medicine Office
- **CC** : A 53 year old male presents with complains of a burning sensation in his tummy.

➤ **Vital Signs** :

- **Blood Pressure** : 128/84 mm Hg
- **Respirations** : 14 per minute
- **Temperature** : 99.0 °F
- **Pulse** : 78 bpm, regular
- **Height** : 69 inches
- **Weight** : 225 lbs.
- **BMI** : 33.2 kg/m²



Differential Diagnosis

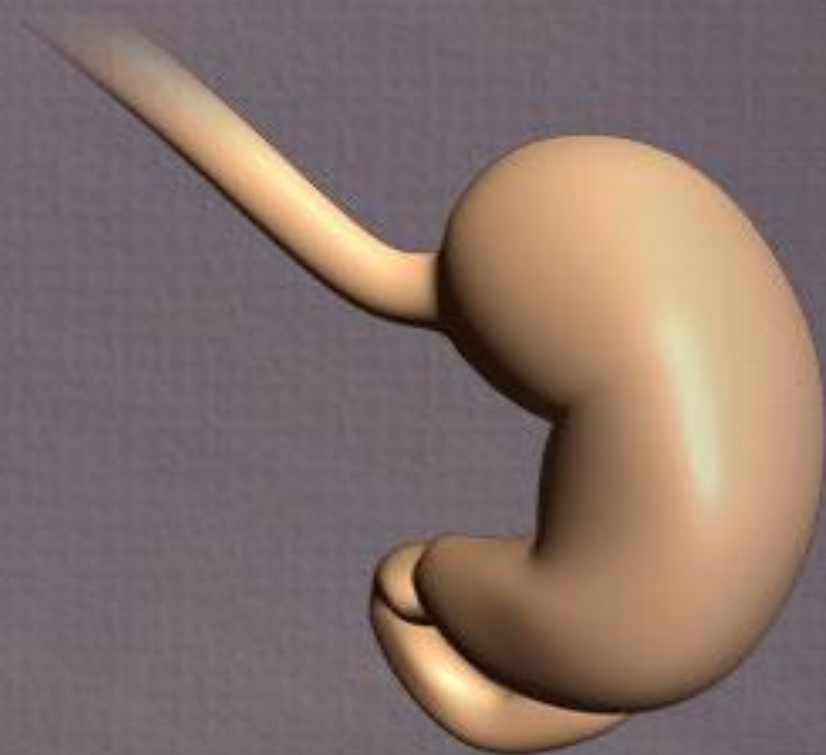
- GERD
- Peptic ulcer disease
- NSAID related esophagitis
- Hiatal hernia
- Acute MI (uncommon presentation)



Subjective

- **Good morning Mr. Thompson. My name is Dr. Smith. I am a physician in this hospital and I will take care of you today. What brings you to the office today ?**
- *Hi doctor. I have this burning like sensation in my chest and tummy which wont go away.*
- **I see. In the next 14 mins, I will ask you more questions about your problem and review your medical history. Then I will briefly examine you. Then we will go over my impressions of your problem. Does that sound reasonable sir ?**
- *Sure doc.*

Contd...



Subjective (Contd...)

- **Okay Mr. Thompson, lets get started then. So you said you have this burning sensation in your chest and belly ?**
- *Yes doc.*
- **How long has this been going on ?**
- *About 2 weeks now doctor. I think I have GERD.*
- **I see. Where is this located can you please show me ?**
- *Sure doc, right here (points to epigastric and lower sternal region).*



Subjective (Contd...)

- **Okay. Is this just burning sensation or does it ache too sometimes ?**
- *Its burning doctor, like I have acidity.*
- **I see. Does it just stay in this area or does it move anywhere else ?**
- *Just this area, doc.*
- **Is there anything that makes it worse ?**
- *Yeah doc, after eating it just gets worse.*
- **I see. Is there anything that makes it better ?**
- *I have tried gelusil and Maalox. They seem to help a little bit but not a whole lot.*



Subjective (Contd...)

- **I see. Do any particular types of food worsen your problem ?**
- *Yes doc, I think any large meal or beer or spicy food. I cant take all of that.*
- **I see. Have you noticed any blood in the stools or any dark tarry stools ?**
- *No doc.*
- **Apart from the medicines you just mentioned, have you been taking any other pills for it ?**
- *Well I tried my wife's nexium it worked for me.*



Subjective (Contd...)

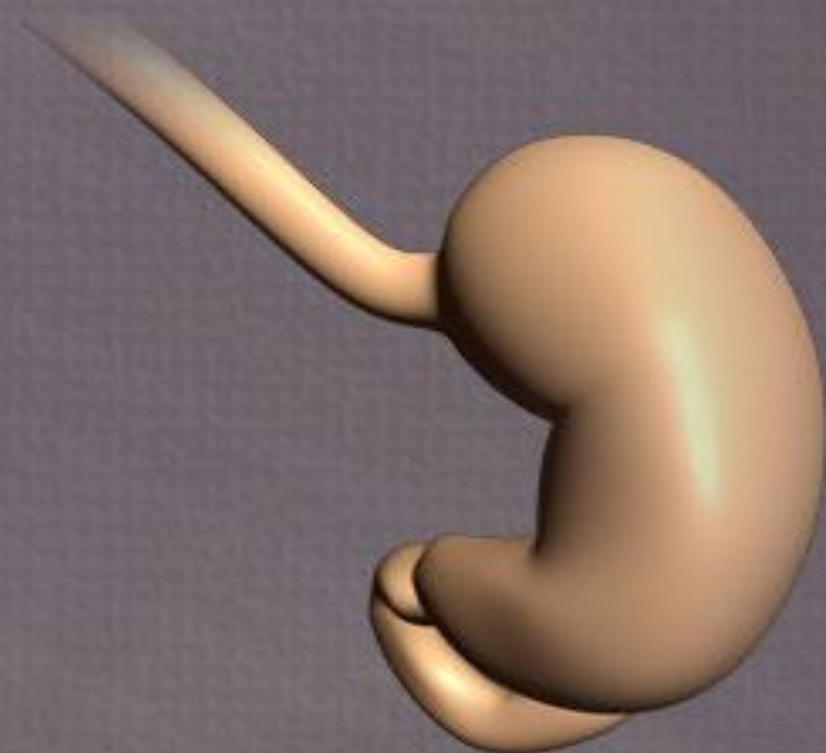
- **I see. Do you have any nausea or vomiting ?**
- *No doc.*
- **How has your appetite been ?**
- *Its not so good, doc. I fear that as soon as I eat, I will have this sensation again.*
- **I see. I think I would now like to review your medical history and list of medications. Then we will talk about your social habits. Is that okay with you Mr. Thompson ?**
- *Sure doc, whatever you say!*



Pam Hugs Foss

- **Do you have any other medical problems ?**
- *None that I know of doctor.*
- **Do you take any pills aside from the ones you just mentioned, prescription or otherwise ?**
- *Well I take Tylenols almost regularly.*
- **I see. What do you take the Tylenols for ?**
- *Doc I am a busy executive, I sleep very less. I travel a lot. I keep having these aches and pains. I always carry Tylenols with me.*

Contd...



Pam Hugs Foss (Contd...)

- **I see. So how much Tylenol do you think you take typically ?**
- *I would say a couple of pills or so every day.*
- **I see. And how long have you been doing that ?**
- *I would say 6 to 7 years now, doc. I became the CEO about that time and since then I have been doing this. (pt will look at his watch at this time as if pretending he's in a rush and wants to get a solution quickly).*



Pam Hugs Foss (Contd...)

- **I see. Are you allergic to any medication or other substance, Mr. Thompson ?**
- *No doc. Doc how long is this going to take ? I need to go back to work.*
- **I understand, Mr. Thompson, it wont be long, I will try to be as quick as possible, I need to ask you these questions to have a better idea of your problem and help you appropriately.**
- *Alright.*



Pam Hugs Foss (Contd...)

- **Have you been hospitalized in the past ?**
 - *No doc.*
- **Any surgeries in the past ?**
 - *None doc.*
- **How have your bowel movements been lately?**
 - *Pretty okay.*
- **How about bladder?**
 - *That's fine too doc.*



Pam Hugs Foss (Contd...)

- **Have you been sleeping okay ?**
- *Yes doc, I manage about 6 to 7 hrs a day.*
- **I see. Do any diseases run in your family ?**
- *My father had a stroke last summer, he's 81. my mother has borderline diabetes. Both my brothers had heart attacks in the last couple of years or so.*
- **I see. Now I would like to review your social habits, Mr. Thompson.**



Pam Hugs Foss (Contd...)

- **Do you smoke ?**
- *Yes doc.*
- **How much ?**
- *About half a pack a day.*
- **How long have you been smoking ?**
- *I would say about 30 years now.*
- **Have you always smoked this much or have you tried to cut down or quit ?**
- *I used to do a pack a day in school. Then cut down after marriage.*



Pam Hugs Foss (Contd...)

- **I see. Have you tried to quit altogether though ?**
- *I tried once doc, but I didn't have the patience. The craving was just too much.*
- **I see. Mr. Thompson, as your physician its my responsibility to let you know of the ill effects that smoking can have on your body. It increases risk of lung diseases, many cancers like oral, tongue, lip, lung, stomach, colon, pancreas and prostate. It also increases the risk of heart disease and heart attacks by many times. Your burning sensation may be partly related to your smoking as well.**
- *Sure doc, I know all of that.*



Pam Hugs Foss (Contd...)

- **Well that is good to know Mr. Thompson that you know about these things. I would also like to encourage you to think about quitting smoking. I know its not easy, takes time and lot of motivation to do it. But there is help available. If you ever make up your mind to do it, I can guide you through it. We have an excellent smoking cessation program here in the hospital. They have support groups too**
- *Sure doc, I will think later.*
- **Okay. Please feel free to ask us whenever you need help with it.**
- *Okay.*



Pam Hugs Foss (Contd...)

- **Okay so coming back to your habits Mr. Thompson, do you drink alcohol ?**
- *Only 1-2 glasses a day.*
- **I see. Ever done recreational drugs ?**
- *No.*
- **Are you currently sexually active ?**
- *Yes only with my wife.*
- **How's the stress level at job and at home ?**
- *Too much on the job. At home small things happen but they don't bother me so much.*



Pam Hugs Foss (Contd...)

- **I see. Are you always pressured or under some deadline ?**
- *Yes doc, that's how my job is.*
- **I understand, Mr. Thompson. I would encourage you to try relaxation techniques, deep breathing exercises etc. which help reduce your stress. If you feel overwhelmed, please feel free to tell me. There might be many programs here that may be of great help to you.**
- *Sure doc, I will let you know.*
- **Part of your health problems may be related to and even worsened by your stress levels**
- *Sure doc, I understand.*



Pam Hugs Foss (Contd...)

- **Thank you for all the information, Mr. Thompson . I would now wash my hands and examine you . Then we will review your problem and the possibilities I have on my mind.**
- **Do you have any questions at this point ?**
- *No doc.*
- **Thank you.**



Objective

- Wash your hands.
- Drape the patient.
- Examine : good general and HEENT exam
- Examine abdo : Auscultate, palpate and percuss.
- Auscultate CVS and RS.
- Explains, offers and performs OMM if indicated.



Closure: Assessment and Plan discussion

- **Thank you for your cooperation Mr. Thompson. Now we will go over my impressions of your problem.**
- *Sure doc.*
- **So the number one possibility like you mentioned, is GERD. It's a pretty common condition and you have many risk factors which make you more susceptible.**
- *Sure doc.*
- ***Your history also sounds pretty typical of GERD or peptic ulcer disease.***



Contd...

Closure: Assessment and Plan discussion (Contd...)

- **The medications you are taking like Gelusil, Maalox and Nexium do help with it. That is why you feel a little better when you take them.**
- *Sure doc.*
- **Another possibility tho might be peptic ulcer disease. Which means an ulcer or sore somewhere in your stomach.**
- *I see. That sounds serious doctor.*
- **It is. We need to treat it before there are any complications.**
- *So what complications can happen doc ?*



Closure: Assessment and Plan discussion (Contd...)

- **Well it could bleed. That's the most common complication. That would show up as blood in your stool, either fresh bright red blood or mixed with your stool, making it dark and tarry.**
- Oh I see. Anything else ?
- ***Well the ulcer is from excess acid in your stomach. Too much of it can burst the lining of your stomach and cause the acid to spread inside your abdomen.***
- ***This acid in the stomach normally is there to digest the food. If it spreads, it can affect organs around it. It needs immediate surgery.***



Closure: Assessment and Plan discussion (Contd...)

- *Oh that sounds scary.*
- **Yes it needs immediate treatment. But fortunately these are rare. And you seem to have come in fair early so we can fix things with medicines.**
- *Thank you doc .*
- **Another possibility I am considering is a Hiatal hernia, which is part of your stomach rolls up into the chest, as the diaphragm that shuts the chest off from the belly might be weak at some point. This allows part of your stomach to glide thru when you lay down. This can also give similar problem.**



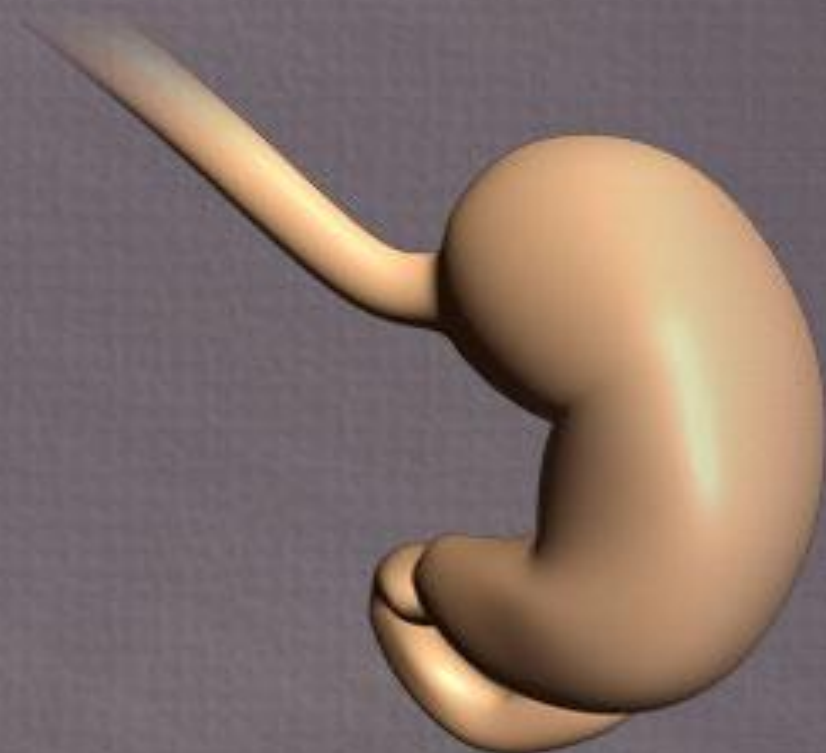
Closure: Assessment and Plan discussion (Contd...)

- *I see doc. What's the treatment ?*
- **Depends on how bad it is. If its not too severe, medicines may control symptoms. If not, surgery may be needed.**
- **I would also like to rule out any possibility of heart attack at this time.**
- *I see doc. Why would you think heart attack.*
- **Well you have many factors that put you at higher risk. First you are obese, you have a history in your family. You are under lot of stress. You smoke for nearly 30 years now. Besides, heart attacks can uncommonly present with burning sensation too. So I want to be sure.**



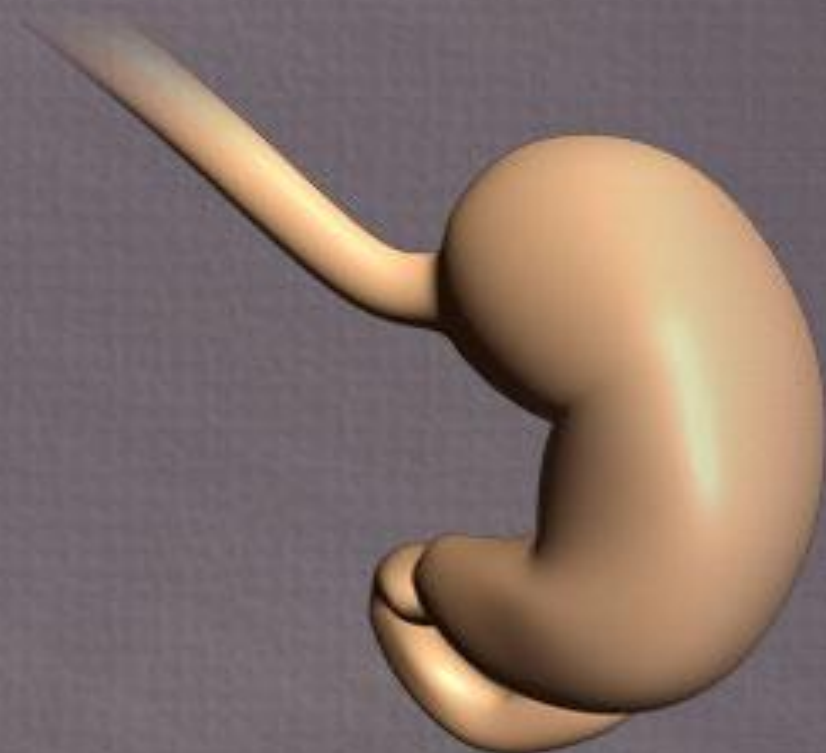
Closure: Assessment and Plan discussion (Contd...)

- So doc, how will you find out what it is ?
- *I will run some basic tests including a couple of blood tests, an X-ray of your belly, an EKG and a test of your breath. Those should give me enough information to be able to say what it is.*
- **After I have all the results back, I will be able to say what it is. I will review them all with you. Meanwhile I will start nexium and see you in a week.**
- Sure doc. How soon would we know ?
- *I would say by evening. If not, then latest by tomorrow morning.*



Closure: Assessment and Plan discussion (Contd...)

- *Sure doc. So do I have to come in tomorrow again ?*
- **No sir. I will call you with results. I can also go over their meaning with you on phone. We can call in your prescriptions as need be.**
- *Thank you doc, I would very much appreciate that.*
- **You are welcome.**



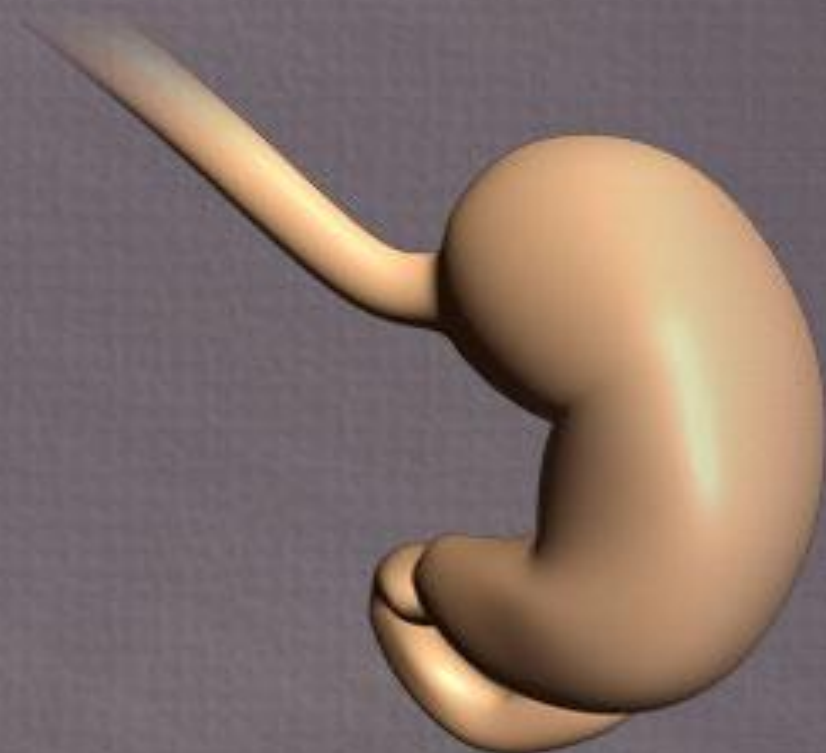
Closure: Assessment and Plan discussion (Contd...)

- What about if its one of those things that need surgery ?
- *Well then I would say we can wait. You don't look like someone who is sick enough to need surgery right away. The chance of an ulcer having perforated is very low from your examination. If it is hernia , we can delay the surgery to a more convenient time and till then give you medicines to help take care of symptoms.*



Closure: Assessment and Plan discussion (Contd...)

- *Great! What about heart attack ?*
- **I would say then we might need you to be in the hospital for at least 24 hrs. to monitor you and get some more tests done. But I would need to look at the EKG first before saying anything about that.**
- *Sure doc.*
- **Can I answer any more questions for you ?**
- *No doc, I think I am all set.*



Closure: Assessment and Plan discussion (Contd...)

- **Great. I will call you with the results, the EKG of course can be done in 10 mins and I can take a look at it right away. So we will know if you need to be here or if you can go home for now.**
- *Thanks doctor that would be great.*
- **Sure.**
- **Thank you take care.**
- **Shake hands and leave**



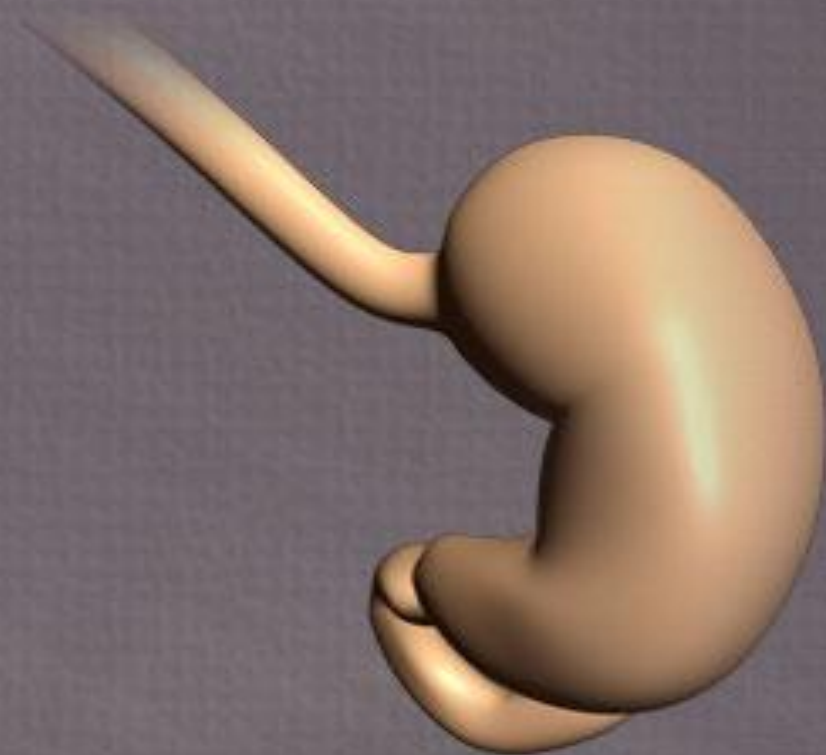
Assessment and Plan

➤ **Assessment:**

1. GERD
2. Peptic ulcer disease
3. Functional Dyspepsia
4. Hiatal hernia
5. Acute Coronary Syndrome

➤ **Plan:**

1. Esomeprazole 40 mg PO daily for a month, avoid NSAIDs,
2. Triple antibiotic therapy for H. Pylori positive ulcers for 2 weeks
3. 12 lead EKG, CBC with differential ,BMP, Urease breath test
4. Smoking cessation and life style modification
5. Consult GI and EGD if symptoms persist
6. Follow up in a week



Happy Reading

