# Medicine

Susmit

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# Chapter 1

# Cardiology

## 1.1 Presenting problems in CVS disease

## Features of benign murmur

- Soft
- Midsystolic
- Heard at left sternal edge
- No radiation
- No other cardiac abnormalities

# Chapter 2

# Dermatology

## 2.1 Anatomy and physiology

- Layers of skin:
  - Epidermis: further layered into (from out→in)
    - \* corneum
    - \* lucidum
    - \* granulosum
    - \* spinosum
    - \* basale
  - Dermis: contains
    - \* blood vessels
    - \* nerves
    - \* pilosebaceous units (hair follicle + sebaceous gland)
  - Subcutis: adipose

## Epidermal appendages

- Hair follicles:
  - phases of growth
    - \* anagen:
      - · active growth
      - · lasts years in scalp hairs
    - \* catagen:
      - · transitional
      - · lasts days (in scalp)
    - \* telogen:
      - · resting
      - · lasts months (in scalp)
- Sebaceous glands
  - usually associated with a hair follicle

$$\begin{array}{c} - \ \, \text{androgens} \, \to \, \uparrow \ \, \text{sebum} \\ - \ \, \text{oestrogen} \, \to \, \downarrow \ \, \text{sebum} \end{array}$$

- Sweat glands
  - innerved by *sympathetic cholinergic* fibres

## 2.2 Principles of management of skin disease

### Topical treatments

- Ointments vs Creams
  - Ointments preferred to creams for dry skin (e.g. chronic eczema) as
    - \* more hydrating
      - · 80% oil + 20% water in ointments (vs 50-50 for creams)  $\rightarrow$  prevent water loss from skin by oil layer
    - \* less preservatives  $\rightarrow$  less risk of allergy
- Emollients
  - Moisturise, lubricate, protect skin
  - Vehicles without active drug
- Gluocorticoids

### Phototherapy

- UVB
- Psoralen UVA
  - Psoralen:
    - \* natural photosensitiser from plant source
    - \* cross-link DNA strands on excitation with UVA
  - Cumulative exposure to PUVA  $\rightarrow \uparrow$  risk of SCC, so reserved for UVB resistance
- Uses
  - Psoriasis
  - Atopic eczema
  - Vitiligo
  - Chronic urticaria

### **Systemics**

- Antihistamines
- Retinoids
  - Anti-inflammatory
  - Promote differentiation of skin cells

#### - Teratogenic

- \* must be prescribed with robust contraception
- \* females must have negative pregnancy test before, during, and after therapy

#### • Immunosuppressants

- Glucocorticoids e.g. prednisolone
- Methotrexate
- Azathioprine

### **Biologics**

- Biological inhibitors of proinflammatory cytokines
- TNF- $\alpha$  inhibitors
  - Infliximab
  - Etanercept

#### • Interleukin inhibitors

- Ustekinumab: IL-12, 23

- Guselkumab: IL-23

- Secukinumab: IL-17

- Rituximab:
  - Binds to CD20  $\rightarrow$  cause ADCC of B cells
  - As terminally differentiated plasma cells don't have CD20 they're safe
  - Use: pemphigus vulgaris

### Non-surgical therapy

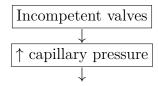
- Cryo
  - Liquid N<sub>2</sub>
  - Causes cell membrane destruction  $\rightarrow$  death
- Laser

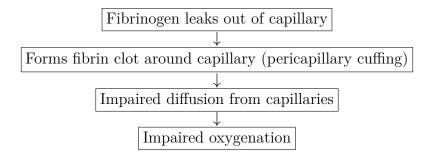
### 2.3 Pseudorandom factoids

### SPF (sun protection factor)

• UV dose for producing erythema with sunscreen UV dose for producing erythema without sunscreen

#### Mechanism of venous ulceration





# Chapter 3

# Neurology

### 3.1 Raised ICP

• Normal ICP = 5-15 mmHg

#### Causes

- ICSOL
  - Intracranial haemorrhage
  - Tumours e.g. glioma
  - Brain abscess
- Hydrocephalus: blockade of CSF circulation
  - Obstructive / non-communicating
  - Communicating
- Cerebral oedema e.g. meningoencephilitis
- Venous sinus obstruction e.g. cerebral venous thrombosis

#### **Features**

- Headache
- Vomiting
- Diplopia / blurred vision: Due to 6th nerve palsy
  - 6th nerve palsy due to
    - \* stretching of the long, slender nerve
    - \* compression against petrous temporal bone
- Papilloedema
- Bradycardia
- Hypertension
- Depressed consciousness