Module Title: The Foot at Risk
Level: Six
Time Allowed: Three hours

Instructions to students:
- Enter your student number not your name on all answer books.
- Answer four questions only.
- All questions carry equal marks.
- Begin each question in a separate answer book; label each answer book clearly with the number of the question you are answering.
- Students are not permitted to remove this examination paper from the examination room. For all purposes the examination paper remains the property of the University of Northampton.

No. of Pages | 4
---|---
No. of Questions | 6
Answer four questions

**Question 1**

Miss Teary is a seventy three year old lady who has been referred to your clinic by her GP in relation to a non-healing wound over the left 4th proximal interphalangeal joint. The wound presents with moderate exudate, surrounding maceration and is asymptomatic. The patient tells you “there used to be a corn there until I used a corn plaster one month ago”.

The patient takes no medication but is undergoing blood tests for recent fatigue and paraesthesia in her hands and feet. She wears slip-on court shoes and has not seen a podiatrist in two years.

a. In reference to the presenting findings, discuss potential causes for the ulceration. (10 marks)

b. Discuss how you would assess the patient further. (7 marks)

c. Give your short and long-term management plan. (8 marks)

(Total 25 marks)

**Question 2**

A 56 year old gentleman presents at your clinic with an acutely warm and swollen right foot which has become progressively uncomfortable in the ankle and midfoot over the last fortnight. He tells you “It has become difficult to walk on it. Last weekend it was my daughter’s wedding day and I struggled to dance as much as usual.”

Your patient takes metformin and gliclazide for diabetes and has reduced 10g monofilament perception in both feet.

a. Give your differential diagnoses for these clinical features with explanation. (7 marks)

b. Explain how clinical investigations and tests may be used to identify a definitive diagnosis. (10 marks)

c. Detail your management of this patient including the role of the multidisciplinary team. (8 marks)

(Total 25 marks)
Question 3

Mr White is 40-year-old businessman with evidence of interdigital and plantar tinea pedis. There is fissuring to the 4th/5th web space bilaterally with erythema and an odour, however his chief complaint is painful mosaic verrucae over the plantar metatarsal aspects of both feet. On examination you notice warts on the palms of both hands.

Mr White tells you that over-the-counter caustic treatments have so far been unsuccessful. He recalls the warts developing over the last 2 years and he tells you "My health has not been good recently. I have been to see my GP and I’m awaiting the outcome of blood tests.”

a. Outline factors which may predispose Mr White to these skin findings.  
(7 marks)

b. Discuss how you would assess this patient further including relevant history taking.  
(8 marks)

c. Specify your short and long-term management of this patient.  
(10 marks)

(Total 25 marks)

Question 4

Mrs Doubtfire is a routine patient that attends your clinic for palliative management of onychauxic nails and cushioning insoles. She complains of pain in the left hallux during the night and pain in both calves and the left heel when walking. Mrs Doubtfire has a history of angina for which she takes GTN spray; she is also prescribed atenolol.

a. Outline your assessment approach in diagnosing the cause of these symptoms.  
(10 marks)

b. Explain the likely pathogenesis for the presenting symptoms.  
(5 marks)

c. Give your short and long term management plan for this patient.  
(10 marks)

(Total 25 marks)
Question 5

For each of the following scenarios:
(i) Explain your diagnosis outlining briefly the pathology of the condition.
(ii) Describe how you would manage the case and list any further tests required.

a. A 39 year old female patient presents with a warm, swollen and painful right leg. She has recently returned from a holiday to New Zealand.

b. A new patient presents at your clinic for an appointment on the wrong day. When told she cannot be seen, the patient becomes aggressive. You notice the patient is sweating and shaking.

c. Your patient complains of a headache during routine treatment and starts to speak with slurred speech. Her face appears to be asymmetrical and she slumps to one side.

d. Your patient appears agitated and breathless. He tells you that he has indigestion pains and is clutching his chest. He suddenly collapses.

e. Your patient presents with central obesity and a round face. He has been feeling depressed recently. An abrasion on his leg is slow to heal.

(5 marks for each)
(Total 25 marks)

Question 6

Miss Tanner is a routine patient who attends your clinic for the management of persistent verrucae. She is 48 years old and suffers with Type I diabetes. During treatment you notice recent periungual pigmentation of the right hallux.

a. Describe your assessment of this lesion including the use of diagnostic aids and classification systems as appropriate.

(10 marks)

b. Discuss your short and long term management plan for this patient, including the role of the wider multidisciplinary team.

(15 marks)
(Total 25 marks)

End of Paper