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** out of **six** 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.

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1. Mr E is a 56 year old patient with idiopathic neuropathy. He presents with a chronic relapsing ulcer overlying the left 1st MTPJ with peripheral callus and slough tissue. Your patient works as a self-employed builder and struggles to attend regular appointments, relying on self-management when needed. The wound is producing moderate exudate and has an offensive odour.

   a. Discuss and debate the role of topical wound treatment interventions in the management of this wound. (10 marks)

   b. Explain alternative management strategies that will be beneficial to aid healing. (15 marks)

   Total: 25 marks

2. A 56 year old gentleman presents at your clinic with an acutely warm and swollen right foot which has become progressively painful in the ankle and midfoot over the last fortnight. He has been travelling around Europe for three weeks and has been walking more than normal.

   Your patient takes metformin and gliclazide for diabetes and has absent 10g monofilament perception in both feet. His pedal pulses are palpable and strong.

   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)

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

   Total: 25 marks
3. Mr T is 48 year old musician with evidence of bilateral tinea pedis. You notice interdigital fissuring to the right 2nd/3rd web space with tracking erythema and swelling which has been causing pain for the last few days.

His original reason for booking an appointment to see you was for the painful mosaic verrucae over the left calcaneus and right plantar metatarsal area. Mr T tells you that over-the-counter treatments have been unsuccessful to date. He recalls the verrucae developing over the last year.

a. Outline factors which may predispose Mr T 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

4. A routine patient attends your clinic for palliative management of involuted nails and ‘glassy’ callus over the 1st metatarsal heads. She complains of pain in the left hallux during the night and pain in both calves when walking 100 metres to the bus stop. The patient is prescribed GTN spray and atenolol.

a. With reference to pathophysiology, explain the likely cause of the presenting symptoms. (10 marks)

b. Discuss your assessment approach to diagnosing the cause of these symptoms, including the role of technology and referral pathways in supporting your diagnosis. (15 marks)

Total: 25 marks

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5. Miss Payne is a 55 year old female with a history of psoriasis and Hashimoto’s thyroiditis. She presents at your clinic complaining of severe pain in her digits. On examination you observe dactylitis of the right second and fourth toes. Plaque psoriasis is present over the extensor surfaces of both knees and nail pitting is evident on both hands and feet.

a. Give your diagnosis for the presenting symptoms with explanation.  

(6 marks)

b. Explain your assessment approach to confirming this diagnosis, including any specialist investigations you may need to request. Give reference to key diagnostic features in your answer.  

(15 marks)

c. Miss Payne is prescribed Betnovate ointment for her plaque psoriasis which she admits to using excessively. Outline the side-effects of prolonged topical steroid use.  

(4 marks)

Total: 25 marks

6. A 79 year old gentleman attends for routine management of onychauxic nails and plantar hyperkeratosis. He has Parkinson’s disease and is recently suffering with depression. He has had several falls at home over the last few months and his care worker has asked your advice on how future falls may be prevented.

Your patient presents in a pair of worn slippers with callus to the 1-3rd metatarsal heads of both feet.

a. Explain how underlying medical history may be contributing to the presenting podiatric findings and history of falls.  

(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