THE UNIVERSITY OF HONG KONG

LKS FACULTY OF MEDICINE

**Form for Extended Matching Question for e-learning video**

|  |  |
| --- | --- |
| Name of teacher: |  |
| Department: |  |
| Contact person/ email address: |  |
| Name of video clip: |  |
| Total number of EMQs: |  |

*Sample Extended Matching Question*

|  |  |  |
| --- | --- | --- |
| **Question:** | For each of the following patients with a myocardial infarction, select the most likely complication. Each option may be used once, more than once or not at all. Put in your answer at the spaces below. Only put in the letter corresponding to your answer. | |
| **Options:** | A: Asystole  B: Atrial fibrillation  C: Cardiac tamponnade  D: Complete heart block  E: Deep vein thrombosis  F: Papilliary muscle rupture  G: Pericarditis  H: Post myocardial infarction (Dressler's) syndrome  I: Pulmonary embolism  J: Pulmonary oedema  K: Unstable angina  L: Ventricular fibrillation  M: Ventricular septal rupture  N: Ventricular tachycardia | |
| **Stems:** | **1.**  **Case:** A 72-year-old man is admitted to hospital following a myocardial infarction. Seven days later he is noted to have severe dyspnoea and collapses. On examination he is pale and his right leg appears swollen compared to the left. Cardiac apex 5th intercostal space, mid-clavicular line. There are no murmurs audible but there are occasional bi-basal crackles in his chest. His pulse is 128/min, blood pressure 98/55 mmHg, temperature 37.7 degrees Celcius and jugular venous pressure is elevated.  **Explanation:** This is because the collapse after a period of immobility at seven days in someone with asymmetric leg swelling suggests the diagnosis. The lack of a murmur makes septal or papillary rupture less likely and the lack of chest signs is unusual for pulmonary oedema. | I |
| **2.**  **Case:** A 62-year-old woman with diabetes is admitted to the coronary care unit following a myocardial infarction. Three days later she has become very unwell. On examination she is dyspnoeic and the apex beat is at the 6th intercostal space, anterior axillary line, with a pansystolic murmur radiating to the axilla. Examination of the lungs reveals crackles at both bases and mid-zones, with raised jugular venous pressure and ankle swelling. Her pulse is 126/min, blood pressure 106/65 mmHG, temperature 37.3 degrees Celsius, respiratory rate 24/min.  **Explanation:** This is because the sudden onset at 3 days with evidence of a dilated heart, mitral regurgitation and pulmonary oedema suggests papillary muscle rupture. | F |

Extended Matching Question 1

|  |  |  |
| --- | --- | --- |
| **Question:** |  | |
| **Options:** |  | |
| **Stems:** | **1.**  **Case:**  **Explanation:** |  |
| **2.**  **Case:**  **Explanation:** |  |
| **3.**  **Case:**  **Explanation:** |  |
| **4.**  **Case:**  **Explanation:** |  |

Extended Matching Question 2

|  |  |  |
| --- | --- | --- |
| **Question:** |  | |
| **Options:** |  | |
| **Stems:** | **1.**  **Case:**  **Explanation:** |  |
| **2.**  **Case:**  **Explanation:** |  |
| **3.**  **Case:**  **Explanation:** |  |
| **4.**  **Case:**  **Explanation:** |  |

(Please extend the list, as necessary)

Updated on July 23, 2020