

A 56-year-old male patient with severe COPD and no other medical diseases who presents to the emergency room with left side chest pain and shortness of breath of 8 hours duration. On examination, he is tachypneic and in severe respiratory distress and looks cyanosed, anxious and diaphoretic. His BP= 90/40. Chest examination showed decreased breath sounds of both bases with wheezes on the right side. There is decreased chest expansion with absent breath sounds on the left side. He has hyperresonance with decreased vocal resonance, much more apparent on the left side compared to the right. Which of the following is most consistent with this presentation?

- ECG with diffuse ST-elevation and tented T-wave
- Chest tube needs to be placed urgently
- Start low molecular weight heparin
- Order CT-Chest with contrast.
- Check pulmonary function test

Regarding anti epileptics drugs side effects one is not matching

- valproic acid (depakine)-----weight loss
- phenytoin(epanutin)-----hairsutism
- lamotrigine(lamictal)-----steven Johnson syndrome
- vigabatrin(sabril)-----visual field defect
- carbamazepine(tegretol)----- hyponatremia

Which statement is TRUE regarding the cause and complications of lymphedema?

- The major complication of lymphedema is the later development of Lymphangiosarcoma

- ○ Primary lymphedema appears at birth, is more common in females and occurs more often in the right lower extremity
- ○ In primary lymphedema, a lymphangiogram usually shows a point of obstruction in the lymphatic channels
- ○ Primary lymphedema almost always goes on to involve both lower extremities
- ○ Milroy disease is a form of primary lymphedema that is gender linked