

Forensic 2nd mini-OSCE

Forensic

ملاحظة : الصور مختلفة عن الموجودة بالملف ولكن قريبة عليها

CASE 1

The cause for A

incomplete closure of the eyelids which results in
drying and
deposition of cellular debris

A is pathognomonic for

Nothing

Mention 2 factors that
influence B

Electrocaution, running, high
temperature

medicolegal importance

To estimate time of death

A



B



CASE 2

Mode of death

Syncope

Cause of death

Ventricular arrhythmia

Mention 1 factor that affect
damage

type of current, resistance ... etc

The cause of this manifestation

Electrocution



CASE 3

Manner of death

Homocidal

Type of asphyxia

Anoxic anoxia

Mention 2 unexpected events can present with this manifestation

death due to face mask // in infants when fall on their face

we can see hemorrhage

petechial



another pic
showing pallor
around mouth and
nose

CASE 4

A patient presented with hip fracture
come to ER , vitals were stable

The type of report تقرير أولي

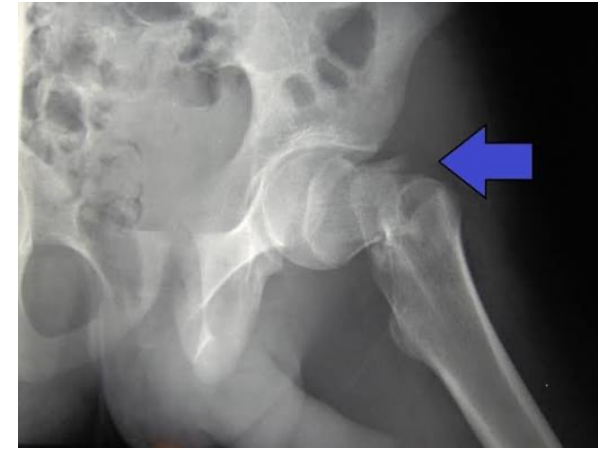
Status of the patient متوسطة

After physiotherapy the patient come after healing
completely

Type of report تقرير قطعي

inactivation period 12-16 weeks

who will write this report الطبيب الشرعي



Toxology

CASE 5

Organophosphate toxicity case

Toxicity Organophosphate toxicity

Antidote Atropine

before giving antidote Give O₂

what we measure RBC cholinesterase

what is the enzyme involved cholinesterase

CASE 6

Methanol toxicity case

accumulated substrate Formaldehyde

Antidote Fomipezole and ethanol

Most common presentation ?Blindness

brain effect ?CNS Ddepression

what about giving cocaine for this case Contraindicated

CASE 7

Heroin toxicity case

Toxicity Heroin toxicity

Antidote naloxone

withdrawal treatment methadone or buprenorphine

Urine test 6 MAM

CASE 8

Amphetamine toxicity case

Antidote **No antidote**

give for convulsions **benzodiazepine**

how his BP will be **elevated**

what we can give him **charcol**

what is accumulated **Dopamine , NE , serotonin**