



MedEdu Tabuk



**Weekly Newsletter of the Department of Medical Education, Faculty of Medicine,
University of Tabuk**
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Editor's Corner- Dr. Tanveer

MedEdu Tabuk celebrated its 10th issue last week. Thank you for your continuous support by sharing your ideas in *Faculty Development* and your research work in *Reader's corner*. We hope you will continue this in the future. As we start the 11th issue, we like to add a new section titled "Knowledge Refreshment". Every week this section will contain a question on different topics of health sciences. The answer will be given the following week. Dr. Abdullah Alwakeel will select questions for this section.

Faculty Development Program

Teaching and learning in large groups – Dr. Sabah Hussien El-Ghaisheh

Teaching in large student cohort (> 30 -100 students) represents a challenge to academic staff. Lectures are the main teaching method of medical knowledge. Lectures are criticized of the passive role of students and inability to transfer skills or change behaviour. Accordingly, learning outcomes gained with lectures are less effective than more innovative student-centred teaching methods. Using active teaching strategies during lectures have been recommended in educational research. The purpose is to make the students more interested and interacting during the class. Furthermore, applying new technologies to improve and facilitate preparation, delivery and assessment of students pre- and after lectures has its impact on the effectiveness of lectures. For further reading, please refer to [PDF attachment](#).

Reader's Corner

Pilomatrical carcinoma in the thigh- Dr. Marwa Abd El-Haq Abd El-Azeem

Pilomatrical carcinoma is a rare malignant hair follicle tumor. It may arise *de novo* or as a malignant transformation from benign pilomatricoma. The tumor is locally aggressive with an increased tendency of recurrence but with a low metastatic potential. A 51-year-old male patient presented with a slowly growing mass in the middle inner aspect of the left thigh. After surgical excision, microscopically the tumor was diagnosed as pilomatrical carcinoma. For further reading, please refer to [PDF attachment](#)

Knowledge Refreshment- Dr. Abdullah A Alwakeel

A previously healthy 34-year-old woman is brought to the physician because of fever and headache for 1 week. She has not been exposed to any disease. She takes no medications. Her temperature is 39.3°C

(102.8°F), pulse is 104/min, respirations are 24/min, and blood pressure is 135/88 mm Hg. She is confused and oriented only to person. Examination shows jaundice of the skin and conjunctivae. There are a few scattered petechiae over the trunk and back. There is no lymphadenopathy. Physical and neurologic examinations show no other abnormalities. Test of the stool for occult blood is positive.

Laboratory studies show:

Hematocrit: 32% with fragmented and nucleated erythrocytes

Leukocyte count: 12,500/mm³

Platelet count: 20,000/mm³

Prothrombin time: 10 sec

Partial thromboplastin time: 30 sec

Fibrin split products: Negative

Serum

Urea nitrogen: 35 mg/dL

Creatinine: 3.0 mg/dL

Bilirubin

Total: 3.0 mg/dL

Direct: 0.5 mg/dL

Lactate dehydrogenase: 1000 U/L

Blood and urine cultures are negative. A CT scan of the head shows no abnormalities.

Which of the following is the most likely diagnosis?

- (A) Disseminated intravascular coagulation
- (B) Immune thrombocytopenic purpura
- (C) Meningococcal meningitis
- (D) Sarcoidosis
- (E) Systemic lupus erythematosus
- (F) Thrombotic thrombocytopenic purpura

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