**INSTRUCTIONS**

1. Write you index number in the spaces provided in the answer sheet
2. Time allowed is 3 hours
3. Attempt all **questions**
4. **Do not** **use a pencil**
5. **Answer all** questions on the answer sheet provided by marking “x” against the appropriate response for either **true** or **false**
6. You score **one mark** for every correct response
7. You will be penalized **one mark** (minus 1 mark) for every wrong response
8. You do not score or loose any mark for not responding to the questions
9. **All cancellations** must be **clean** and **complete**

**QUESTIONS**

1. Chronic ulcers can be caused by: -
	1. Radiotherapy
	2. Diabetes mellitus
	3. Varicose ulcers
	4. Squamous cell carcinoma
	5. Gun shots
2. Chondrosarcoma: -
	1. Is a benign bone tumour
	2. Commonly affects the femur
	3. Commonly affects the middle aged
	4. Is associated with pain and local swelling
	5. Grows slowly
3. Intestinal obstruction can present with: -
	1. Abdominal pain
	2. Abdominal distension
	3. Faecal vomiting
	4. Constipation
	5. Dehydration
4. In pre-operative management of patients: -
	1. Patient must be starved for at least 6 hours
	2. Consent need not necessarily be informed
	3. Atropine is given to sedate the patient
	4. Intravenous fluids should be administered
	5. Morphine is given to allay anxiety
5. In spinal injuries:
	1. Treat all spinal injuries as stable until proved otherwise
	2. Bilateral skin traction is recommended for lumbar injuries
	3. Are classified as complete or incomplete
	4. Spinal shock occurs after the first 48 hours
	5. In any multiple injured patient cervical collar has a role
6. The following are indications of skin traction: -
	1. Posterior dislocation of the hip
	2. Infection to the hip
	3. Simple fracture of the distal tibia/fibula
	4. 20 year old with fracture femur
	5. Bilateral fracture femur
7. Which of the following would result from a fall on an outstretched hand: -
	1. Colle’s fracture
	2. Scaphoid fracture
	3. Shoulder dislocation
	4. Fracture clavicle
	5. Dislocation of acromio-clavicular joint
8. Monteggia fracture: -
	1. The usual cause is a fall on forearm with forced pronation
	2. Consists of proximal fracture ulna and dislocation of the proximal radio-ulnar joint
	3. Internal fixation is the treatment of choice
	4. It is the reverse of Colle’s fracture
	5. Most often closed reduction is important
9. Testicular torsion: -
	1. Presents with acute testicular pain
	2. Orchidopexy is indicated in case of gangrene
	3. Requires urgent exploration
	4. Trauma is a predisposing factor
	5. Undescended testis is a risk factor
10. A head injury chart contains: -
	1. Urine output
	2. Vital signs
	3. Pupillary size
	4. Glasgow coma scale
	5. Deep tendon reflexes
11. How would you manage a patient with a snake bite: -
	1. Apply tight tourniquet
	2. Anti-tetanus toxoid
	3. Antibiotics
	4. Anti-venom administration
	5. Hydrocortisone injection
12. Causes of gangrene include: -
	1. Frost bite
	2. Trauma
	3. Ergotism
	4. IV drug abuse
	5. Trench foot
13. Treatment of empyema thoracis entails: -
	1. Inserting a chest tube
	2. Thoracotomy
	3. Streptokinase
	4. Antibiotics
	5. Anti-turssives
14. How would you investigate a patient with peptic ulcer disease: -
	1. Chest x-ray
	2. Barium meal
	3. Barium swallow
	4. Endoscopy
	5. Urease test
15. The following investigations are relevant in chest injuries: -
	1. Blood gas analysis
	2. Electroencephalography
	3. Abdominal ultrasound
	4. Arteriography
	5. Electrocardiogram
16. Risk factors for cancer of the breast include: -
	1. Early menarche
	2. Irregular menstrual periods
	3. High protein diet
	4. Lack of breast feeding
	5. Hormonal replacement therapy
17. Which of the following factors cab affect wound healing: -
	1. Age
	2. Social habits
	3. Smoking
	4. Radiation
	5. Local infection
18. The following is true regarding ankle injuries: -
	1. Common in children
	2. A stress x-ray is indicated
	3. All ligament injuries must be repaired
	4. The fibula must be restored within the fibula notch
	5. The tarsus may be removed completely as part of management
19. Regarding septic arthritis: -
	1. Common in children
	2. Splinting is useful
	3. Intravenous drugs should be started within 48 hours
	4. May cause osteomyelitis
	5. Arthrotomy is a mode of management
20. Causes of lower GIT bleeding include:
	1. Peptic ulcer disease
	2. Haemorrhoids
	3. Bleeding disorders
	4. Oesophageal varices
	5. Anal fissure
21. Regarding multiply injured patient:-
	1. It means they fractures in multiple bones
	2. Injuries to the chest are handled first
	3. Common finding in patients with pelvic fractures
	4. Fall from a height is a possible cause
	5. Triage is not important
22. The following may cause dysphagia: -
	1. Oesophagitis
	2. Carcinoma of the oesophagus
	3. Dyspepsia
	4. Asthma
	5. Oesophageal candidiasis
23. The clinical presentation of acute appendicitis entails: -
	1. Sudden onset of severe abdominal pain on the left side of abdomen
	2. Anorexia
	3. Abdominal distention
	4. Vomiting
	5. Positive Rovsing’s sign
24. Regarding tibio-fibula fractures: -
	1. Compound fractures are a common finding
	2. The tibia is prone to oblique fractures
	3. Fibula involvement does not affect stability
	4. Usually managed conservatively
	5. Fat embolism is a complication
25. Regarding osteomyelitis: -
	1. Common in adults
	2. X-ray shows suggestive features after 3 weeks
	3. Involucrum refers to dead bone
	4. Treatment with intravenous antibiotics may take 6 weeks
	5. Anaemia is a complication
26. Features of Hirschsprung’s disease include: -
	1. Delay in passing meconium
	2. Chronic constipation
	3. Explosive release of stool on digital rectal examination
	4. Vomiting
	5. Neonatal jaundice
27. How would you manage a patient with bleeding oesophageal varices: -
	1. Pass a nasogastric tube
	2. Irrigation with warm saline
	3. Use Sangstaken Blackmoore tube
	4. Intravenous vasopressin
	5. Banding
28. A patient with pancreatitis may present with: -
	1. Long standing history of drug use
	2. Wasting
	3. Diarrhoea
	4. Diabetes mellitus
	5. Intestinal obstruction
29. Physical examination of a patient with peritonitis will reveal; -
	1. Fascio-abdominalis
	2. Normal bowel sounds
	3. Abdomen moves with respiration
	4. Rebound tenderness
	5. Reduced or absent bowel sounds
30. The following are examples of internal hernias: -
	1. Epigastric hernia
	2. Obturator hernia
	3. Diaphragmatic hernia
	4. Incisional hernia
	5. Inguino-scrotal hernia
31. Regarding colorectal cancer: -
	1. Colonic cancer is common in females
	2. Rectal cancer is common in males
	3. Chronic constipation is a predisposing factor
	4. May require a permanent colostomy
	5. Can present with diarrhoea
32. Causes of shoulder dislocation include: -
	1. Road traffic accidents
	2. Being gored by animals
	3. Epilepsy
	4. Habitual dislocation
	5. Sports
33. In diagnosis of rheumatoid arthritis the following are(is) important: -
	1. History of early morning stiffness
	2. Involvement of the hands
	3. Positive rheumatoid factor
	4. Bilateral joint involvement
	5. Sunburst appearance on x-ray
34. Indications for traction include: -
	1. Management of open fractures
	2. Pain management
	3. Limb lengthening
	4. Garden IV fracture neck of femur
	5. Management of muscle spasms
35. Cancer of the stomach is associated with: -
	1. Nyanza province
	2. North Eastern province
	3. High salt diet
	4. Smoked fish
	5. Blood group A
36. Complications of burns include: -
	1. Contractures
	2. Hypertrophic scars
	3. Renal failure
	4. Psychological instability
	5. Pyomyositis
37. Regarding suture material: -
	1. Nylon is absorbable
	2. All synthetic sutures are un-absorbable
	3. Silk is usually used for wounds on the face
	4. Simple interrupted suture is usually used on the skin
	5. Catgut is hypoallergenic
38. When managing a patient with pelvic fractures: -
	1. Rip off clothing for better inspection
	2. Check for urethral bleeding
	3. Hammock sling is important
	4. History of last feed is important
	5. Pneumatic trauses may be used in management
39. Special populations of people that may have delayed diagnosis of acute appendicitis due to atypical presentation include:
	1. Very young patients
	2. Elderly patients
	3. AIDS patients
	4. Pregnant patients
	5. Children
40. Causes of fracture neck of femur include: -
	1. Osteoporosis
	2. Tumours
	3. Irradiation
	4. Aneurysmal bone cyst
	5. Fibrous dysplacia
41. A 78 year old man presents with three day history of yellowness of the eyes and generalized body itchiness;
	1. Scabies is the likely diagnosis
	2. Diabetes mellitus is a likely complication
	3. Surgical jaundice is a likely diagnosis
	4. Cancer head of pancreas is a differential
	5. Cholestyramine is important
42. Persistent priapism can be caused by: -
	1. Sickle cell disease
	2. Leukaemia
	3. Prolonged bouts of normal sex
	4. Use of sildenafil
	5. Gonococcal infection
43. In flail chest: -
	1. There is fracture of multiple ribs at at least two sides
	2. Paradoxical breathing is not a common feature
	3. Respiratory distress can be a presenting feature
	4. Chest wall stabilization with assisted ventilation is not necessary
	5. Flail segment moves outwards during inspiration
44. Pneumothorax: -
	1. Thoracotomy is the treatment of choice
	2. Causes mediastinal shift towards the lesion
	3. Underweight seal drainage system is recommended
	4. Always occurs with haemothorax
	5. Sony dull percussion note is found on examination
45. Differential diagnosis of anterior neck swelling: -
	1. Goitre
	2. Cervical lymphadenopathy
	3. Thyroglosaal cyst
	4. Solitary thyroid nodules
	5. Carotid body tumour
46. Which of the following are predisposing factors to oestearthritis: -
	1. Obesity
	2. Joint infection
	3. Middle age
	4. Previous joint trauma
	5. Diabetes mellitus
47. Indications of amputation include: -
	1. Severe crush injury
	2. Diabetes mellitus
	3. Osteogenic sarcoma
	4. Crocodile bites
	5. Pathological fractures
48. Complications of fracture scaphoid include: -
	1. Avascular necrosis
	2. Non-union
	3. Osteoarthritis
	4. Mal-union
	5. Compartment syndrome
49. In lung cancer: -
	1. Haemoptysis is a feature
	2. Cough is a common presentation
	3. Chest wall invasion causes severe localized pain
	4. Finger clubbing is common
	5. Superior vena cava destruction could occur
50. Complications that may follow dislocation include:
	1. Infection
	2. Injury to ligaments
	3. Avascular necrosis
	4. Persistent instability
	5. Joint stiffness
51. The following factors determine the rate of healing of fractures: -
	1. Site of the fracture
	2. Type of fracture
	3. Age of the patient
	4. Blood supply to affected bone
	5. General nutritional status
52. Primary survey in advanced trauma life support entails: -
	1. Airway control
	2. Ensure breathing and ventilation
	3. Maintain circulation
	4. Patent intravenous line
	5. Pain relief with paracetamol
53. Predisposing factors to urinary bladder carcinoma include: -
	1. Cigarette smoking
	2. Prolonged catheterization
	3. Aniline dyes
	4. Schistosoma mansoni
	5. Aminoglycosides
54. Indications for surgery in peptic ulcer disease include: -
	1. Chronic gastritis
	2. Severe dyspepsia
	3. Haemorrhage
	4. Gastric outlet obstruction
	5. Gut perforation
55. Ranula: -
	1. Is a malignant condition
	2. Is found in the stomach
	3. Is congenital
	4. Is self-limiting and so does not require treatment
	5. Partial glossectomy is the treatment of choice
56. A patient who has undergone tracheostomy may have the following complications: -
	1. Loss of voice
	2. Inability to swallow
	3. Loss of appetite
	4. Difficulty in breathing
	5. Dependency on Ambu bag to assist in breathing
57. Pathological fractures may be caused by:-
	1. Acute osteomyelitis
	2. Osteosarcoma
	3. Chronic osteomyelitis
	4. Bone cysts
	5. Multiple myeloma
58. A positive transillumination test is usually found in: -
	1. Hydrocele
	2. Hernia
	3. Brachial cyst
	4. Cystic hygroma
	5. Testicular torsion
59. Karimi sustained fracture tibia 3 weeks ago and has been on a cast. She comes to the clinic for review. What will you do?
	1. Measure the length of the POP
	2. Check for distal pulses
	3. Assess for capillary refill
	4. Request for check x-ray
	5. Remove the cast and start physiotherapy
60. What are the possible complications of carrying out ascetic tap: -
	1. Shock
	2. Peritonitis
	3. Rebound ascites
	4. Herniation
	5. Splenic injury
61. The following conditions may predispose to burns:
	1. Psychosis
	2. Diabetes insipidus
	3. Hysteria
	4. Leprosy
	5. Alcoholism
62. Inguinal hernias:
	1. Herniotomy is the procedure of choice in children
	2. Recurrence is rare
	3. Truss may suffice in management
	4. Indirect hernias require no surgery
	5. Reitchers hernia rarely obstruct
63. Worms of surgical importance:
	1. Trichuris trichura
	2. Ancyclostoma duodenale
	3. Enterobias vermicularis
	4. Schistosoma japonicum
	5. Echinococus granulosus
64. In patient with an appendicular abscess:
	1. Conservative management is the best choice of initial management
	2. Surgery should be done as an emergency
	3. Analgesics are the mainstay of treatment
	4. Antibiotics and sedation may be all that is required
	5. Interval appendicetomy may be necessary
65. Concerning ano-rectal malformations:
	1. An invertogram may be useful
	2. Renal anomalies should be ruled out
	3. May be “high” or “low”
	4. Meconium plug could be a differential
	5. Vertebral x-rays may be required
66. In a patient with HIV in the surgical ward:
	1. Isolation is recommended to avoid hospital acquired infections
	2. Long term use of zidovudine may cause anaemia
	3. Oral nevirapine is currently the best option for resource poor nations
	4. Surgical procedures are best avoided because of low rate of healing
	5. Haematemesis may be due to oesophageal candidiasis
67. Burkitts Lymphoma:
	1. Is a low growing jaw tumour
	2. Is associated with human papilloma virus
	3. Is common in malaria endemic areas
	4. Is a common childhood tumour
	5. Is rare in Africans
68. Concerning space occupying lesions:
	1. Monro-Kelly doctrine is of no use
	2. A head injury chart is a must
	3. Daily head circumference is important
	4. Tendon reflexes are usually pendulous
	5. Blurred vision may be a feature
69. About urethral catheterization:
	1. Condom catheters are not useful in prostatic enlargement
	2. May be indicated in children
	3. May lead to bladder trauma
	4. Is indicated pre-operatively for leg amputations
	5. The procedure is similar to that of passage of sound
70. Burns:
	1. Electric burns cause death through fluid loss and hypovolaemia
	2. Facial burns may cause inhalation injury
	3. Hypothermia is a real danger
	4. Lund and Browder chart may be used for estimating surface area burnt
	5. Escar formation may be treated with raw pawpaw
71. The action of heat therapy used in physiotherapy is to:
	1. Relax the patient
	2. Decrease blood flow in a particular area
	3. Relieve pain
	4. Speed the healing of the fracture
	5. Decrease nerve conduction
72. Undescended testis:
	1. Operation of choice is orchidectomy
	2. May become malignant
	3. Saphena varix is a differential
	4. Always bilateral
	5. Retractile testis may be milked down
73. In a patient with chest injury:
	1. Sucking wound requires a 3 way strapping
	2. Lung contusion is an immediate life threatening condition
	3. Daily auscultation is not necessary
	4. Beck’s triad is indicative of cardiac tamponade
	5. Chest tube may be required in management
74. Lateral neck swellings include:
	1. Carotid body tumor
	2. Thyroglossal cyst
	3. Hanging ranula
	4. Branchial cyst
	5. Submandibular abscess
75. Circumcision:
	1. Balanitis xerotica obliterans is an indication
	2. Penile amputation is a real danger
	3. Gangrene is a common complication
	4. Is contraindicated in the elderly
	5. The inner foreskin need not be removed
76. Common pre-operative medications:
	1. Diazepam
	2. Atropine
	3. Antacids
	4. Pethidine
	5. Plasil
77. In a patient with obstructive jaundice:
	1. Abdominal x-ray is of limited value
	2. Endoscopic retrograde cholangiopancreotography (ERCP) is useful
	3. Injection piriton is useful
	4. Bleeding diasthesis may be a feature
	5. Magnetic resonance imaging is of no use
78. Quinsy:
	1. Is a cause of odenophagia
	2. Haematemesis can occur
	3. Urgent incision and drainage is necessary
	4. Commonly follows tonsillitis
	5. Intravenous antibiotics are of no use
79. TB spine :
	1. Commonly affects lumbar region
	2. Anterior wedge collapse is common
	3. Broodies abscess may occur
	4. Deformity is usually kyphosis
	5. Paraplegia may occur
80. The commonest site of fracture involving the collar bone is the junction of medial and lateral third because:
	1. It is the most exposed part of bone
	2. It is the site of passage of body weight
	3. It is the meeting point of two ossification centers
	4. It is the junction of two curves and contour in the bone
	5. It is the weakest part of the bone
81. The following splints/tractions are correctly Which of the following injuries are prone to nerve damage:
	1. Posterior hip dislocations
	2. Cervical spine fractures
	3. Supra-condylar fractures
	4. Muller’s fracture
	5. Fracture neck of fibula
82. The following splints/tractions are correctly matched to their use:
	1. Thomas splint – Potts fracture
	2. Braun’s splint – Tibia fracture
	3. Gallows traction – fracture mid-shaft of humerus
	4. Bryant’s splint – fracture femur
	5. Skin traction - TB spine
83. Club foot:
	1. Common in males than females
	2. Surgery may be necessary
	3. Dennis – Brown splint is useful
	4. Over-correction may be necessary
	5. Serial casts are not necessary
84. A fall from an outstretched hand may cause:
	1. Fracture scapula
	2. Clavicular fracture
	3. Muller’s fracture
	4. Supracondylar fracture
	5. Bennett’s fracture
85. The following Manuervers/ tests are useful in congenital hip dislocation:
	1. Ortolani’s manuerver
	2. Barlow’s manuerver
	3. Galleazzi test
	4. Trendelburg’s test
	5. Tonic labyrinthine reflex
86. Malignant bone tumours:
	1. Ewing’s Sarcoma
	2. Osteoclasstoma
	3. Osteochondroma
	4. Osteogenic Sarcoma
	5. Chondroma
87. Features consistent with Rheumatoid arthritis:
	1. Herbeden’s nodes
	2. Osler’s nodes
	3. Pannus
	4. Subchondral sclerosis
	5. Marginal osteophytes
88. Smith’s fracture:
	1. Results from fall on outstretched hand
	2. Is analogues to Colle’s fracture
	3. Conservative management is the management of choice
	4. Volar angle is lost
	5. Common in the young
89. Complications of amputation are:
	1. Ring sequestrum
	2. Phantom limb
	3. Neuroma
	4. Pathological fracture
	5. Haemorhage
90. Complications of fracture of femur are:
	1. Fat embolism
	2. Malunion
	3. Non-union
	4. Delayed union
	5. Muscle atrophy