



UNIVERSITY OF NAIROBI  
COLLEGE OF HEALTH SCIENCES  
DEPARTMENT OF SURGERY

MBCHB IV: END OF ROTATION AUGUST 2018

10<sup>th</sup> August 2018

TIME : 9AM-10AM

INSTRUCTION: THERE ARE 50 MULTIPLE CHOICE QUESTIONS.

CHOOSE THE SINGLE BEST ANSWER

ANSWER IN THE ANSWER SHEET PROVIDED

SHADE THE CORRECT ANSWER ON THE ANSWER SHEET PROVIDED USING A PEN

A 19 year old was stabbed in the back of the chest by a farm equipment. His Blood Pressure is  $\downarrow$  80/50 mmHg and heart rate is 130 <sup>per min</sup> beats/minute. You are not able to hear the heart sounds and the breath sounds are normal on the left?

1. What is the most likely pathology?

- a. Tension pneumothorax
- b. Haemothorax
- c. Cardiac tamponade
- ~~d. Pneumo haemothorax~~
- e. Normal chest findings

C

2. In the patient described above , what is your next step of action?

- a. Insert a wide bore needle in the 2<sup>nd</sup> intercostal space , mid clavicular line
- b. Tube Thoracostomy
- c. Laparoscopic Thoracotomy
- d. Intubate
- e. Emergent pericardiocentesis

E

A 4 year old falls from a height. He presents to accident and emergency with difficulty in breathing. Respiratory rate is 60 breaths per minute. His left hemithorax is moving less with respiration. His neck veins are engorged and his percussion note on the same side is hyper-resonant.

DIG  
63

3. In the case above, what is the most likely diagnosis?

- a. Pneumothorax
- b. Haemothorax *chest tube*
- c. Pneumo-haemo thorax
- d. Tension pneumothorax
- e. Normal chest findings

↑ R.R  
↑ venous

A

4. What emergent intervention will you do next in the above mentioned patient?

- a. Insert a chest tube
- b. Pericardiocentesis
- c. Thoracotomy
- d. Intubate and ventilate
- e. Insert a wide wide bore needle in the 2<sup>nd</sup> intercostal space , mid clavicular line

E

5. Grade III dysphagia is when

- a. One cannot swallow saliva *6*
- b One cannot swallow solids but is able to take semi solids *3*
- ~~c~~ One can swallow liquids only *4*
- ~~d~~ One is unable to swallow liquids but able to swallow saliva *5*
- e. Can swallow solids with water

E

6. A good clinician

- a. Is sympathetic
- b. Does not listen, only gives answers
- c Simplifies complex issues for the listener
- d. Orders patients and relatives
- e. Is not open to learning

C

7. Trauma to the spinal cord and resultant loss of autonomic and motor reflexes below the injury level can lead to the following type of shock

- a. Cardiogenic
- b Septic
- ~~c~~ Anaphylactic
- d Neurogenic
- e. Obstructive

D

8. The skin is dry and warm in which type of shock ?

- a. Septic
- b. Anaphylactic
- c. Cardiogenic
- d. Obstructive
- e. Neurogenic

E

9. In what position should a patient in shock be placed ?

- a. Propped up
- b. Supine
- c. Prone
- d. Left lateral
- e. Head low

E

10. An asymmetrical abdomen indicates which of the following?

- a. Pregnancy
- b. Ascites
- c. Flatus
- d. Tumor
- e. Bowel obstruction

D

11. A nodule in the umbilicus secondary to an intra-abdominal cancer is known as?

- a. Umbilical hernia
- b. Umbilical nodule
- c. Sister mary joseph's nodule
- d. Intra-abdominal pressure
- e. Caput medusae

C

12. The following is a cause of mechanical bowel obstruction, except?

- a. Hernia
- b. Electrolyte imbalance
- c. Adhesions
- d. Tumor
- e. Intussusception

B

13. The most common hernia in females is?

- a. Indirect inguinal hernia
- b. Femoral hernia
- c. Direct inguinal hernia
- d. Obturator hernia
- e. Umbilical hernia

A

14. The following statements about the repair of inguinal hernias are false, except?

- a. The mesh repair has higher recurrence
- b. The bassini's repair involves suturing the conjoined tendon to the coopers ligament
- c. The lichtenstein repair is accomplished by prosthetic mesh laid between the conjoined tendon and inguinal ligament
- d. The Shouldice repair is a tension free repair
- e. The laparoscopic method is never an option

15. The pathophysiology of intestinal obstruction includes all of the following, except?

- a. Fluid loss ✓
- b. Constipation ✓
- c. Strangulation ✓
- d. Electrolyte loss
- e. Closed loop phenomenon

C

16. The cardinal signs and symptoms of intestinal obstruction include all of the following, except?

- a. Vomiting
- b. Abdominal distention
- c. Abdominal pain
- d. Dehydration
- e. Crepitation

E

17. The definitive radiological investigation to confirm intestinal obstruction is?

- a. CT Scan Abdomen
- b. Barium enema
- c. Supine abdominal Xray
- d. MRI Abdomen
- e. Erect abdominal Xray

A

18. Regarding carcinoma of the stomach

- a. It is the commonest Gastro intestinal cancer in Kenya x
- b. There is no definitive link with blood group A
- c. Any age can be affected but commonly affects those between 40-50years ✓
- d. The earliest symptomatology is dyspepsia in a previously well person aged 35yr and above
- e. It is estimated that above 10% of malignant ulcers arise in a previously benign lesion

19. In the care of a bed ridden patient?

- a. A ripple mattress is not important
- b. Thromboprophylaxis is essential
- c. Pneumonia is not a risk
- d. Pressure sores rarely occur
- e. Bowel movements are not affected

B

20. Indications of admission in a burnt patient include all of the following except?

- a. Burns to the perineum ✓
- b. Circumferential burns
- c. Chemical burns
- d. Flame burns in closed room ✓
- e. 4% burns to the abdomen

E

21. Anorectal malformation is associated with all the following congenital anomalies, except?

- a. Cleft lip and palate
- b. Sacral agenesis ✓
- c. Renal agenesis ✓
- d. Ventricular septal defect
- e. Radial agenesis ✓

A

22. Which of the following causes terminal haematuria?

- a. Cancer bladder
- b. Renal cell carcinoma ✓
- c. Renal stone ✓
- d. Schistosomiasis
- e. Prostatitis ✓

Prostate  
Neck  
D

23. In trauma, the best fluid to start resuscitation through your two wide bore intravenous access is ?

- a. Dextrose/normal saline solution
- b. Hypertonic saline
- c. 10% dextrose
- d. Normal saline ✓
- e. Whole blood

D

24. Which of the following statements about cancer of the colon is true?

- a. Familial adenomatous polyposis is a predisposing factor ✓
- b. Right sided tumors cause intestinal obstruction
- c. Constipation is always a symptom
- d. Colonoscopy is not valid in confirming the diagnosis
- e. Bleeding per rectum never occurs

A

25. A 19 year old lady presents to you with a painless breast lump on the right side. Which of the following is not necessary in her management?

- a. Clinical examination ✓
- b. Ultrasound of the breast ✓
- c. Fine needle aspirate ✓
- d. Chest xray to rule out chest metastasis
- e. Axillary examination ✓

D

26. Which is not a principle of compound fracture treatment?

- a. No tendon repair
- b. Aggressive Antibiotic cover
- c. Wound debridement
- d. Immediate Wound closure
- e. external fixation

D

27. Medial meniscus is more vulnerable to injury because of

- a. Its fixity to tibial collateral ligament
- b. its semicircular shape
- c. action of adductor magnus
- d. its attachment to fibrous capsule
- e. Non of the above

A

28. Injury to the popliteal artery in fracture lower end of femur is often due to?

- a. Distal fragment pressing the artery
- b. Proximal fragment pressing the artery
- c. Tight plaster
- d. Hematoma
- e. Fracture comminution

A

29. In transverse fracture of the patella with displacement (the treatment is)

- a. excision of small fragment
- b. Wire fixation
- c. Plaster cylinder
- d. Patellectomy
- e. Skeletal traction

B

30. Commonest type of dislocation of the hip is

- a. Anterior
- b. Posterior
- c. central
- d. Lateral
- e. Medial

B

31. March fracture affects

- a. Neck of 2nd metatarsal
- b. Neck of 1st metatarsal
- c. Body of 2nd metatarsal
- d) Neck of 2nd & 1st metatarsal
- e. fracture of distal end of tibia

A

32. Commonest complication of extracapsular fracture of neck of femur is
- a. Nonunion
  - b. ischaemic necrosis
  - c. malunion
  - d. Pulmonary complications
  - e. Ipsilateral fracture of the shaft

C

33. These drugs cause congenital defects of fetus in pregnancy except
- a. Lithium
  - b. Thalidomide
  - c. Tetracycline
  - d. Sulfonamide
  - e. Non of the above

E

34. Myositis ossificans is commonly seen at the \_\_\_\_ joint
- a. Hip
  - b. Knee
  - c. Elbow
  - d. Shoulder
  - e. Acromioclavicular

C

35. The most important factor in fracture healing is
- a. Good alignment
  - b. Formation of blood clot
  - c. Accurate reduction and 100% apposition of fractured fragments
  - d. Immobilization
  - e. Adequate calcium intake

A

36. The most preferred treatment of fracture of the neck of femur in a young person is

- a. Hemiarthroplasty
- b. total hip replacement
- c. Skeletal traction
- d. reduction and screw fixation
- e. Hip spica POP application

D??

37. Lisfranc dislocation is
- a. Tarsometatarsal dislocation
  - b. Lunate dislocation
  - c. Scaphoid dislocation
  - d. Posterior dislocation of elbow
  - e. Intertarsal dislocation

A

38. Carpal bone which dislocates commonly is

- a. Scaphoid
- b. Lunate
- c. Hamate
- d. Pisiform
- e. Capitate

A

39. A lady presents with a history of fracture radius which was put on plaster of Paris casts for 6 weeks. After that she developed swelling of hands with shiny skin. What is the most likely diagnosis.

- a. Rupture of extensor pollicis longus tendon
- b. Myositis ossificans
- c. Reflex sympathetic dystrophy
- d. Malunion
- e. Non union

C??

40. True about clavicular fracture is

- a. Most common at medial 1/3
- b. Comminuted fracture common
- c. Malunion occurs
- d. Usually due to fall on elbow
- e. Associated nerve injury is common

E

41. The evaluation of a comatose patient with a head injury begins with

- a. Cardiovascular examination
- b. Pupillary reflex
- c. Establishment of an airway
- d. CT scan
- e. Establishment of Glasgow coma scale

C

42. An epidural hematoma is usually

- a. Venous in origin
- b. Is usually accompanied by a skull fracture
- c. Should be suspected only in a comatose patient
- d. Cannot be diagnosed from a brain CT scan
- e. Is not associated with a lucid period

B

43. Which of the following statements is true concerning brain injury?

- a. Increased intracranial pressure does not lead to secondary brain injury
- b. In using Glasgow Coma Scale, the higher the score, the poorer the neurologic status
- c. Corticosteroids are the first line for elevation of ICP
- d. Osmotic diuretics are indicated in reducing ICP
- e. Patient with Glasgow coma scale of 7 should not be intubated

D



44. Regarding peripheral nerve injury, which of the following statements is true?
- a. Neuropraxia is temporary loss of function without axonal injury: structural damage does not occur
  - b. Axonotemesis is disruption of the axon and axon sheath
  - c. Neurotemesis is disruption of the axon with preservation of the axon sheath
  - d. Electromyography is useful in early assessment of nerve injuries
  - e. Regeneration never occurs

A

45. The intracranial tumor most likely found in a middle aged man with acquired autoimmune deficiency syndrome (AIDS)
- a. Glioblastoma Multiforme
  - b. Ependymoma
  - c. Meningioma
  - d. Lymphoma
  - e. Pituitary adenoma

A??

46. In acute cholecystitis pain elicited on palpation of the right upper quadrant is known as
- a. Kehr's sign
  - b. Rovsing's sign
  - c. Murphy's sign
  - d. Pointing sign
  - e. Kerning's sign

C

47. Which of the following is not a risk factor for breast cancer?
- a. Early menarche ✓
  - b. Family history ✓
  - c. Hormone replacement therapy ✓
  - d. Nulliparity
  - e. Obesity

E

48. The following are the four cardinal signs of intestinal obstruction except:
- a. Vomiting ✓
  - b. Nausea
  - c. Abdominal distention ✓
  - d. Constipation ✓
  - e. Abdominal pain

B

49. Which of the following regarding anatomy of the oesophagus is true?

- a. The oesophagus is 30cm long from the incisors
- b. Oesophagus has 3<sup>h</sup> natural constrictions
- c. It is lined throughout by columnar epithelium
- d. The lower oesophageal sphincter is a low pressure zone
- e. The pressure at the lower oesophageal sphincter is 50mmHg

B

50. Jose is a 62 year man who has just been diagnosed with pancreatic cancer. You run into his brother in the corridor and he asks you not to tell Jose because the knowledge will kill him faster. A family conference to discuss the prognosis is scheduled for that's same afternoon. What is the best way for you as the doctor to handle the situation?

- a. Honour the request of the family member who is protecting his brother from the bad news
- b. Tell his brother that withholding information is not permitted under any circumstance
- c. Tell his brother to withhold the information as he wishes
- d. Give the brother a dress down for suggesting such an option
- e. ✓ Ask Jose how he would wish to handle the information in front of the rest of the family and allow the family some time to discuss the matter

E

K I  
K O E  
K K H  
H