SURGERY SUPLEMENTARY. 2012 CLASS

MCQ QUESTIONS

1.The length of oesophagus is: a, 10 cm b,15 cm c, 25 cm d, 50 cm

2. which of the following is an extrinsic cause of dysphagia: a, goitre b, oesophageal candidiasis c, swallowed coin d, carcinoma of the oesophagus

3. The following is not part of management of gastro-oesophageal reflux: a, using more pillows b, taking meals hours before bed time c, alcohol consumption d, use of anti-acid

4. Which of the following infection is associated with Achalasia of cardia: a, hericobacter pylori b, Escherichia coli c, malaria d, chaga’s disease

5. Which is not true concerning cancer of the oesophagus: a, squama cell affect upper 2/3 b, affect more women than men c, alcohol consumption is a predisposing d, dysphagia start with solids

6. The commonest site for peptic ulcer is the: a, the lesser curvature of the stomach b, the greater curvature c, the oesophagus d, the fundus

7. which microorganism is associated with peptic ulcer disease: a, salmonera typhi b, Escherichia coli c, helicobacter pylori d, rotavirus

8. The following drug is not used in the management of gastric ulcer: a, cimetidine b, omeprazole c, ranitidine d, ibrufen

9. Is a rare complication of peptic ulcer disease: a, haemorrhage b, perforation c, malignant change d, gastric outflow stenosis

10. Is the commonest cause of upper GI bleeding: a, duodenal ulcer b, oesophageal varices c, Mallory-Weiss tear d, carcinoma of the stomach

11. Which of the following is not true about infantile hypertrophic pyloric stenosis: a, is a cause of effortless vomiting b, more common in first born males c, baby get dehydrated d, peristalsis is visible during feeding

12. Is false about cancer of the stomach: a, is common among young adults b, h. pylori is a predisposing factor c, nyama choma eaters are at risk d, more men than women are affected

13. surgical causes of acute abdomen include: a, hepatitis b, salpingitis c, appendicitis d, tolsioned ovarian cyst

14. signs and symptoms of peritonitis include: a, bowel sounds are accentuated b, abdomen usually scaphoid c, painless abdominal distension d, abdominal guarding and rebound tenderness

15. The following are causes of luminal intestinal obstruction except: a, foreign bodies b. congenital atresia c, parasites d, impacted fecal matter

 TRUE/FALSE QUESTIONS

1. Clinical features of cancer of the stomach include: a, indigestion b, anemia c, weight gain d, Epigastric pain e, vomiting

2. Which of the following is true concerning abdominal pains: a, irritation of diaphragmatic parietal cause shoulder pain b, visceral pains are dull and deep c, parietal irritation causes guarding of overlying abdominal muscle d, foregut irritation pain referred to the hypogastric region e, pain from midgut felt at umbilicus

3. The commonest cause of small intestinal obstruction is: a, adhesion b, malignancy hernia c, hernia d, volvulus e, Ascalis lubricoid

4. Signs and symptoms of intestinal obstruction include: a, constipation b, vomiting c, reduced bowel sound d, severe abdominal pain e, abdominal distension

5. signs and symptoms of appendicitis include: a, pain localized in the left iliac fossa b, vomiting c, tenderness and guarding at McBurney’s d, Rovsing’s sign e, psoas stretch sign

6. Causes of hernias include: a, collagen deficiency b, obesity c, nulliparity d, previous abdominal incision e, straining on micturation or defecation

7. In indirect inguinal hernia: a, is the commonest hernia in males b, may present with scrotal swelling c, is medial and above the pubic tubercle d, more prone to strangulation than femoral hernia e, common in female than males

8. About Haemorrhoids: a, in 1st degree, there is bleeding but no prolapsed b, in lithotomy position, they lie at 3, 7 and 11 o’clock c, in 2nd degree, there is lump on defaecation that subside on its own d, in 3rd degree, the pile remain permanently outside e, constipation is a predisposing factor

9. Concerning pain on swallowing: a, retrosternal pain is usually due to gastric reflux b, Mallory-Weiss syndrome is due to tear of mucosal layer during vomiting c, pain due to ca. oesophagus radiate to the back between the scapula d, trauma from foreign body is a cause e, all of the above

10. Concerning Achalasia: a, abnormality is due to loss of ganglionic cells in the Auerbach’s plexus b, there is initial lack of relaxation followed by relaxation and dilatation c, swallowing is usually assisted by gravity d, patient is prone to cancer of oesophagus e, Chaga’s disease is a predisposing factor

11. Concerning peptic ulcer disease: a, commonest site is first half of duodenum and greater curvature of stomach b, kissing ulcers occur in the duodenum c, H. pylori infection is the commonest cause d, Epigastric pain on feeding that is relived by vomiting may be suggestive of gastic ulcer e, surgical management is necessary

12. In upper GI bleeding: a, asymptomatic chronic bleeding is diagnosed by stool for occult blood b, oesophageal varices is the commonest cause c, barium swallow is superior to endoscopy in identify the cause d, malaena stool is a symptom e, flank blood in stool signify brisk bleeding

13. Concerning Hernias: a, Bubonocele is a type of indirect inguinal hernia b, Direct Inguinal hernia are usually congenital c, femoral hernia are most prone to strangulation d, herniorrhaphy is required for most cases of umbilical hernia e, Para-umbilical hernia is prevalent among multiporous obese women in their middle age 14. In the management of variceal bleeding: a, high flow oxygen is required in severe cases b, two wide bore intravenous canillas are needed c, injection with ethanolamine is an option d, four-lumen tube is preferred than three-lumen e, oesophageal balloon can safely be left insitu for upto 48 hours

15. Concerning cancer of the stomach: a, adenocarcinoma affect majority b, preservative containing nitrate can predispose c, more common among the young than the elderly d, H. pylori can be a cause e, may present with mild symptoms like dyspepsia and indigestion