

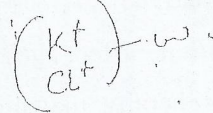
91. Regarding hypertrophic pyloric stenosis of infancy

- A. It is four times as common in females as in males ~~✓~~ *M males*
- B. Aetiology is well known to be of genetic origin ~~✓~~

~~C~~ There seems to be familial association ✓

D. The patients present with metabolic acidosis ~~✓~~ *metabolic acidosis*

E. Patient present with dehydration and hypernatremia, hyperchloremia and hypokalemia ~~✓~~ *↑K<sup>+</sup> ↓H<sup>+</sup>*



92. Regarding gastric carcinoma

A. H. pylori is not known to be a risk factor ~~✓~~

B. Early gastric cancer even in the presence of nodal involvement have 90% 5 year survival ~~✓~~ *Blumer's shelf - felt on DRE, due to mets.*

C. Diffuse type in Lauren's classification have the best prognosis ~~✓~~

D. Troisier's sign is due to transperitoneal spread - palpable left supraclav. LN (Virchow's node)

~~E~~ Sister Mary Joseph nodule is due to lymphatic spread ~~at the umbilicus~~

93. Regarding preoperative evaluation

A. There is no role for history and physical examination ~~✓~~

B. Chest x ray is useful in all circumstances ~~✓~~

C. Usefulness of hemogram is to avoid blood loss ~~✓~~

~~D~~ Post operative complication are a consideration ✓

E. Comorbidity is occasional consideration *always*

94. The following are methods of managing Inguinal hernia except

A. McVay's method ✓

B. Bassini's method ✓ *Tension repair*

C. Lichtensteins method ✓ *mesh repair*

- tension free repair*
- Orslanda*
- Guarnierie*

~~D~~ Lockwood

E. Shouldice method ✓ *Tension repair*

95. A postoperative pulmonary embolus

A. Is invariably associated with chest pain ~~✓~~

B. A chest x-ray is always normal ~~✓~~

C. Diagnosis can be confirmed by radiisotope ventilation/perfusion scan ~~✓~~

~~D~~ ECG may show Q wave in lead III. *acute myocardial*

E. is rarely seen between 7 and 10 days after operation *RBBB T wave inversion*