

ureterocele
 cystic enlargement of intramural ureter
 due to congenital areas of uretero orifice

19. State whether the following are True or False

- T a. In oesophageal atresia the newborn vomits after feeds T
- F b. A ureterocele is a common cause of obstructive uropathy in boys *not common in women*
- T c. Urinary calculus may cause hematuria
- F d. Umbilical hernia in children do not obstruct F
- F e. Acute appendicitis is unusual in children F

20. Indications for admission of burn patients includes

- T a. All chemical burns T
- T b. All electrical burns T
- F c. All scalds F
- T d. All third degree burns T
- T e. 30% first degree burns in adult T

21. In inguinal hernia in children

- F a. The management in expectant (non operative) F
- T b. It may be associated with a hydrocele T
- T c. It may be a sign of an intraabdominal disease T
- F d. The repair involves herniorrhaphy F
- F e. Intestinal incarceration is rare F

22. In hypertrophic infantile pyloric stenosis

- T a. There is abdominal pain T
- F b. There is bilious vomiting *Non bilious*
- T c. Alkalosis is common *CO2 of vomiting*
- T d. The patient may have hypokalemia T
- F e. An epigastric mass is rarely palpable F

23. In Achalasia

- T a. Oesophageal aperistalsis is a feature T
- T b. Oesophageal dilation is a feature T
- F c. Failure of relaxation of upper oesophageal sphincter is a universal finding F
- F d. Dysphagia occurs in less than 50% of the cases F
- T e. Endoscopy is necessary to rule out mucosal lesion T

24. In cancer of the oesophagus

- T a. Lymphadenopathy is a sign of advanced disease T
- T b. Gastroesophageal reflux may be a risk factor T
- T c. Odynophagia can be a presentation T
- T d. Chemotherapy can be used for both squamous cell carcinoma and adenocarcinoma T
- T e. Early cases are best treated by radiotherapy T

ureterocele - cystic swelling of ureter at the junction of the bladder

*Herniorrhaphy
Hemepary*

LES relaxation, ↑ LES tone, oesophageal dilatation, ↓ LES tone, ↓ LES tone, ↓ LES tone

Radiotherapy

penetrating

iron def. anaemia, chronic atrophic glossitis, esophageal webs, cheilosis

25. Causes of dysphagia

- T a. Plummer vinson syndrome T
- T b. Carcinoma of the stomach T
- T c. Presby oesophagus T
- T d. Globus hystericus T
- F e. Meckels diverticulum F

26. Chest tube thoracostomy

- T a. Can sometimes be inserted outside the triangle of safety T
- F b. Can be removed when the drainage comes down to 200mls in 24 hours F
- T c. All cases of haemothorax require chest tube insertion T
- T d. Is usually effective in management of most cases of chronic empyema thoracis T
- T e. Post tube removal chest radiographs are unnecessary exposure to radiation for the patient if clinical condition is satisfactory T

27. Penetrating chest injury

- T a. Most cases will require surgery (thoracotomy) T
- F b. Tension pneumothorax does not occur F
- T c. Injury to the great vessels may be suggested by mediastinal widening on chest x-ray T
- F d. Flail chest is a common finding F
- T e. Diminished chest expansion, hyper-resonance and reddeed or absent breath sounds are common features of pneumothorax on the affected side T

28. According to the 'rule of 9' in burn patients

- T a. 9% for head and neck T
- T b. 18% for each lower limb T
- F c. 27% for anterior and posterior trunks together F *36% (18% each)*
- F d. 4.5% for head only F
- F e. 36% for upper limbs F *Arm 9% each*

29. Venous ulcers

- F a. Are never circumferential F
- T b. Have associated skin eczema T
- T c. Lipodermatosclerosis is a common associated finding T
- T d. Venography is done in all cases T
- T e. Skin grafting is the primary treatment of choice T

30. Which of the following stitches are absorbable:

- T a. Polyglactin T
- T b. Polyglycolic T
- T c. Catgut T
- F d. Silk F
- F e. Polytetrafluorene F

absorbable (vicryl, polyglactin, polyglycolic, polydioxanone, polyglycolic)

non absorbable (silk, catgut, polytetrafluorene)