MCQs for 3rd years

1. Regarding causes of goiter, the following are true except
2. Neoplasm
3. Inflammatory
4. Endemic
5. Physiological periods
6. Gender
7. The following are important when taking history concerning pain except
8. Site
9. Onset
10. History of surgery
11. Surface
12. Timing
13. The following are methods of sterilization of surgical instruments except?
14. Glutaraldehyde 2%
15. Formaldehyde gas at airtight cabinet at 500C
16. Low temperature steam at 73oC for 20 minutes at sub-atmospheric pressure
17. Water at 1000C for 5 minutes
18. Ethylene oxide
19. The external features of a lump that should be recorded during examination include all the following except
20. Color
21. Mobility
22. Surface edge
23. Temperature
24. Consistency
25. A 45 year old man with a history of involvement in road traffic accident present with history of loss of consciousness, opening eyes only in pain, flexes upper limbs but extends lower limb in pain , an makes inaudible noises during pain. The right pupil is dilated. What is the Glasgow Coma scale?
26. 9
27. 8
28. 7
29. 6
30. 10
31. A 30 year old lady comes to outpatient for a check- up. In taking history, the following phases are important except?
32. Listening
33. Clarification
34. Diagnosis
35. Fitness
36. Feel
37. A 35 year man was being prepared for right inguinal hernia repair. Full blood count was ordered as part of the preparation. The following were reasons for the test
38. To find out if there is any infection
39. To find out if there are any bleeding diathesis
40. To find out if he has jaundice
41. To find out if he has enough Hemoglobin
42. TO find out if he can have adequate oxygen during anesthesia
43. During preoperative of John, a 32 year old man, he was informed that he will be nil per oral from midnight, the day before surgery. In the morning before surgery he had a intravenous line fixed. The following are reasons for being nil per oral before surgery
44. To help see the tissue plain during surgery
45. To avoid secretions during surgery
46. To avoid possible aspirations
47. To help with intravenous fluids
48. To help the electrolytes settle
49. In regard to haemorrhagic shock
50. Palpable carotid pulsation indicates normo-volemia
51. Thirty per cent of circulating blood volume may be lost without changes in blood pressure
52. Haemorrhage leads to a decreased conscious level at an early stage
53. Normal capillary refill is >2 seconds
54. Blood pressure is a good measure of tissue perfusion
55. Obstructive jaundice is not caused by
56. Bile duct stones
57. Viral hepatitis
58. Tumours of the pancrease
59. Duodenal tumours
60. Enlarged lymph nodes at the porta hepatis
61. In a patient with jaundice, your first investigation would be
62. ERCP
63. Liver function tests and abdominal ultrasound
64. CT scan
65. Laparoscopy
66. MRCP
67. Which of the following are not independent risk factors for pancreatic cancer?
68. Increasing age
69. Tobacco smoking
70. Coffee consumption
71. Chronic pancreatitis
72. Hereditary non-polyposis colorectal cancer
73. Which of the following is not a complication of biliary calculi?
74. Acute cholecystitis
75. Empyema of gall bladder
76. Liver abscess
77. Chronic hepatitis
78. Acute cholangitis
79. Gastric cancer is associated with the following except
80. Anaemia
81. Weight gain
82. Loss of appetite
83. Helicobacter pylori infection
84. Blood group A

A year –old woman presents with anorexia, early satiety and significant weight loss. The symptoms have gradually worsened over the previous three months. She is otherwise fit and well but has been found to have iron deficiency anemia. Answer questions 14 and 15 from this stem.

1. What is the most likely diagnosis for this lady?
2. Small intestinal obstruction
3. Sigmoid volvulus
4. Gallstones
5. Gastric cancer
6. Peptic ulcer
7. The following signs are associated with disease above except
8. Virchow ‘s node
9. Irish node
10. Blumer’s shelf
11. Sister Mary Joseph node
12. Trousseau's sign
13. Complications of gastrectomy include all the following except
14. Blind loop syndrome
15. Dumping syndrome
16. Anastomotic leak
17. Infection
18. Chvostek’s sign
19. Rectal cancer
20. Is usually an adenocarcinoma
21. Usually present with anaemia
22. Usually arises in hyperplastic polyps
23. Is rare compared to colon cancer
24. Synchronous tumours occur in 20% of patient
25. Fissure –in-ano
26. Is premalignant
27. Respond rarely to topical glycerol trinitrate
28. Are mainly laterally located
29. Usually require surgical intervention
30. Can be treated using botulinium toxin
31. When considering haemorrhoids
32. Prolapse requiring digital reduction characterizes grade II disease
33. Rectal bleeding is always present
34. Grade I presents with bleeding and can be treated without surgery
35. Grade III reduces spontaneously
36. Iron deficiency anaemia is the most common presenting sign
37. Aetiological factors foe sigmoid volvulus include
38. Chronic constipation
39. Low fiber diet
40. Colon cancer
41. Warfarin
42. Previous left hemicolectomy
43. Anorectal abscesses
44. Cause pain on defection only
45. May discharge spontaneously into the rectum
46. Should be treated initially with high dose intra-venous antibiotics
47. Are not associated with systemic disorders
48. Are more likely to recur if a ski-derived organism is cultured
49. Neoplastic colonic polyps include
50. Hyperplastic polyps
51. All pedunculated polyps
52. All sessile polyps
53. Inflammatory polyps
54. Adenomatous polyps
55. Rectal prolapse
56. Grade III is irreducible
57. Always involves mucosa only
58. Grade III reduces spontaneously
59. Constipation is not a recognised complication of rectopexy
60. Incontinence is an associated feature
61. Stomas
62. Ileostomies are mainly sited in the right lower quadrant
63. Colostomies have a longer spout to protect the surrounding skin
64. Loop transverse colostomy is associated with fewer complication than loop ileostomy
65. Defunctioning stomas must be reversed after six months
66. Peristomal hernia usually results from bleeding
67. A patient who undergoes a pan procto-colectomy will require
68. Loop ileostomy
69. Hartmann’s procedure
70. End colostomy and mucous fistula
71. Gastrostomy
72. End ileostomy
73. A 23 year old lady is admitted with a history of painful defection and recent onset of constipation, blood streaked stool. What is the most likely diagnosis
74. Fistula –in –ano
75. Haemorrhoids
76. Caecal carcinoma
77. Fissure-in –ano
78. Rectal carcinoma
79. A 10 year old boy with a five hour history of Periumbilical pain presents with severe right lower quadrant pain, nausea and vomiting. He has not eaten the whole day. He even refuses his favourite ice’s cream. Which is the most likely diagnosis?
80. Constipation
81. Mesenteric adenitis
82. Inflammatory bowel disease
83. Meckel’s diverticulitis
84. Acute appendicitis
85. While walking his dog in the morning a 36 year old man experiences sudden excruciating pain in his right flank and back, which radiates into his right groin. Which of the following is the most likely diagnosis?
86. Acute mesenteric ischemia
87. Muscle spasm
88. Ureteric colic
89. Prolapsed intervertebral disc
90. Ruptured abdominal aortic aneurysm
91. A 59 year old bank executive is admitted with abdominal distension, vomiting and obstipation. You order an abdominal x-ray. Which of the following features would make you think you are dealing with small bowel obstruction?
92. Central position of distended loops
93. Dilated bowel with haustrae
94. Peripheral position of distended loops
95. Presence of air in the rectum
96. Haustra crossing the bowel width
97. The female breast
98. Is a modified sweat gland
99. Is deep to the pectoral fascia
100. Consists of 30-40 lobules
101. The nipples contain sweat glands
102. The axillary tail is an abnormal condition of the breast
103. Regarding investigation of the breast
104. Triple assessment is a reliable test for diagnosing breast cancer
105. Mammographic interpretation is easier in young women
106. Mammographic involves the exposure to high radiation dose
107. Fine needle aspiration cytology is always reliable
108. Ultrasound is an effective screening tool
109. Risk factors in breast cancer
110. It is more common in multiparous women
111. Having first child at an early age is protective
112. Previous benign breast disease is not a risk factor
113. Up to 40% of breast cancer is due to genetic predisposition
114. Not related to diet and lifestyle
115. Pathology of breast cancer
116. Breast cancer arises in the proximal duct lobular unit
117. Lobular carcinoma is the least common variant
118. Inflammatory breast cancer carries a better prognosis
119. Medullary cancer carries a worse prognosis
120. Invasive lobular carcinoma is the most common type to be bilateral
121. Clinical presentation of the carcinoma of the breast
122. It commences most frequently in the inner lower quadrant
123. Peau d’orange is a sign of early disease
124. Most common presentation is a painful lump
125. All patients should have a tissue diagnosis prior to definitive surgery
126. Treatment does not depend on axillary node status
127. When requested to examine the thyroid
128. Palpation of the thyroid gland is performed from behind the patient
129. The neck should be extended during the palpation
130. Should include examination of the ears
131. If no neck mass is felt in the gland there is no need to examine lymph nodes of the neck
132. Does not require the use of stethoscope
133. With respect to cervical lumps presenting in childhood
134. Branchial cysts usually present symptomatically at birth
135. A cystic hygroma can cause stridor in babies
136. Dermoid cysts commonly occur at the angle of the mouth
137. Bronchogenic cysts present in the anterior triangle of the neck
138. Medullary carcinoma commonly presents in teenagers
139. Normal( 0.9%) saline
140. May cause acidosis
141. Preferentially expands the intracellular space
142. Is mainly excreted via sweat
143. Is isotonic with intracellular fluid
144. Contains 154mmol/l each of sodium and bicarbonate
145. With regard to crystalloids
146. Glucose 5% is isotonic
147. Hartmann’s solution has higher concentration of sodium than 0.9% saline
148. Glucose 5% has a lower pH than 0.9% saline
149. Hartmann’s solution contains 100mmol/l lactate anions
150. One litre of glucose 10% contains 10g of glucose
151. When managing post-operative fluid requirement
152. Hypotension may worsen acute renal failure
153. Fluid restriction is always needed in liver failure
154. A central venous pressure of 4 mmHg usually indicates hypovolemia
155. Excessive gastrointestinal stoma losses can be adequately replaced by 4% dextrose 0.18% saline solution( dextrose saline)
156. Urine output is not a good indicator of organ perfusion in post-operative surgical patients
157. In the first 2 hours after major surgery
158. Sodium is retained
159. Potassium is retained
160. Metabolic rate is decreased
161. Urinary nitrogen levels fall
162. ADH secretion is reduced
163. During the first hour of untreated acute blood loss of 15% of blood volume
164. Peripheral vascular resistance decreases
165. Fluid shifts from interstitial fluid space to the intravascular space
166. Oliguria is mainly due to ADH secretion
167. Capillary permeability is reduced
168. Reticulocyte count increases
169. Regarding blood transfusion
170. Blood group O positive is the universal donor
171. Leucocyte depleted is recommended
172. Packed red cells have a haematocrit of 45%
173. A bag of red cells contain 400ml of blood
174. Stored blood contains 60mmol/l of potassium
175. Regarding cellulitis
176. It is usually caused by staphylococcus aureus
177. Treament must involve amputation
178. Only affect patient with diabetes
179. Bacterial agent is streptococcus pyogenes
180. Only occur in the foot.
181. The following routes can be used for blood transfusion except
182. Intraosseous
183. Central line
184. Antecubital fossa line
185. Long line in femoral vessel
186. Intrathecal line