

UNIVERSITY OF NAIROBI COLLEGE OF HEALTH SCIENCES DEPARTMENT OF SURGERY

PRAB SEHMI 5B ANSWERS

MBCHB LEVEL VI - END OF ROTATION CAT - GENERAL SURGERY

DATE	: 19 TH MARCH, 2019	1	ГІМЕ: 9.00 A.M. – 10).00 A.M.
	Which of the following physical edehydration? (i) Capillary refill of 4 s (b) Capillary refill of 1 s (c) Hypertension (d) Bradycardia (e) Increased skin turgor		y be seen in patients w	vith
	What is the most common type of a) Ductal carcinoma in situ (DCIS b) Invasive lobular carcinoma (ILC Invasive ductal carcinoma (IDC I) Paget's disease c) Inflammatory Breast cancer			
3. 1	Which one of the following cases in Open cholecystectomy for Herniorrhaphy with mesh c) Lumpectomy with axillary d) Appendectomy with walle e) Gunshot wound to the abd	epair node dissection	Clean	r
a)	Hesitancy Terminal dribbling Nocturia Reduced urinary stream Intermittency		obstruction is: obstructiv UND - I	rritat
a) A b) C c) T d) B e) B	garding exomphalos and gastros a gastroschisis has a sac x gastroschisis is associated with the postoperative mortality of so th conditions may be diagnoso the conditions require delivery test management of perianal a	chisis, which of the finajor congenital abrurgery for gastroschied prenatally with ulby caesarean section	following statement normalities isis approaches/50% ltrasound	ts is true?
a) Int b) De c) Co d) Inc	ravenous antibiotics bridement	ruciat		

6.

A Common of the history of busine fellows a
7. A 16 year old boy presents to the Emergency Room with a history of having fallen while
siding his bicycle. He has sustained a company imately sem in least
have after this incident. On examination
hours after this incident. On examination the wound is adjudy. He also has an intact with no tendon or bone exposure and has no active bleeding. He also has an intact with no tendon or bone exposure of this wound must be done within?
with no tendon or bone exposure and has no active blecomes and must be done within? neurovascular bundle. Primary closure of this wound must be done within?
a) 2 hours
b) 4 hours
c) 6 hours B
d) 12 hours
16 hours
cared with protein quality has
8. Appropriate management of severe vomiting associated with gastric outlet obstruction from
peptic ulcer disease includes all of the following excepts
a) Nasogastric suction.
b) Intravenous hydration
b) Intravenous hydration. c) Nutritional assessment; upper endoscopy to rule out malignancy. (i) Intravenous hydration.
d) Intravenous proton Pump Inhibitor.
Oral antacid therapy. — VOMITING
2) San annula merapy.
9. Which of the following statements about haemorrhoids is/are not true?
Which of the following statements about nacrons in everyone that aid continence. Hemorrhoids are specialized "cushions" present in everyone that aid continence.
b) External hemorrhoids are covered by skin whereas internal hemorrhoids are covered by
b) External hemorrhoids are covered by seas
mucosa.
Pain is often associated with uncomplicated hemorrhoids.
d) Hemorrhoidectomy is reserved for third- and fourth-degree hemorrhoids.
e) Hemorrhoids are associated with painless bleeding.
a death a black of the C. H
Acute appendicitis is most commonly associated with which of the following signs?
a) Temperature above 40° C.
b) Frequent loose stools.
Anorexia abdominal pain, and right lower quadrant tenderness.
3) M/h-74 h-14 - II
e) Palpable right iliac fossa mass
Table right mile toss miles
hich of the following statement(s) is/are true concerning postoperative ileus?
nich of the following statements) is are the conclusion in the following statements;
The use of intravenous patient-controlled analgesia has no effect on return of small bowel
motor activity It has insalds I howel infi . I ileus
The presence of peritonitis at the time of the original operation delays the return of normal
bowel function
The routine use of metoclopramide will hasten the return of small intestinal motor activity
Contrast radiographic studies have no role in distinguishing early postoperative bowel
obstruction from normal ileus
All of the above
that age is surgical orchiopexy recommended for a child with a unilateral undescended testis?
a) Promptly upon discovery, regardless of age
b) I year
c) 5 to 6 years
d) Any time prior to puberty
e) All of the above
c) All of the above
of the following are factors associated with an increased risk for developing breast cancer?
at Nulliparity
b) Oophorectomy before age 35
c) Use of oral contraceptives
d) Low-fat, high-caloric diet
e) Post-menopausal use of conjugated estrogens
and the or confugated estrogens

10. A

c) d)

e)

de. At wi

13. Which

A?

В

В

	14. Patients who have undergone operations for home	
	 Patients who have undergone operations for benign prostatic hypertrophy or hyperplasia: a) Require routine rectal examinations to detect the development of carcinoma of the prostate. b) Do not need routine prostate examinations. 	
	c) Have a lesser incidence of carcinoma of the prostate	
	thave a greater incidence of carefforms of the prostate.	
	Are followed up yearly by use of DRE and PSA levels	
	15. All of the following are early life threatening complications of thyroidectomy except?	
	31 Trackanus Isa's 11 isa 11 i	
	b) wound hematoma with compression of the tracheas	
C	hypocalcemia hypocalcemia	
	d) Durnid stoom	
,	e) Bilateral recurrent laryngeal nerve injury	
	the state of the s	
-0	86. Which of the following statements is not true about inhereted susceptibility to colon cancer?	>
	There are known genetic susceptionings to colon career, our may	
	AND	
	c) There are known genetic susceptibilities to colon cancer, but they are always associated	
•	with specific ethnic or racial groups d) There are known genetic susceptibilities to colon cancer but they are frame-shift	
V	/ mutations only	
J	e) None of the above.	
	c) (voite of the above,	
1	7. All of the following factors influence healing of a wound except?	
	a) Vascular insufficiency	
	Diabetes insipidus	
- 1	c) Malnutrition	
	d) Site of wound B	
	e) Smoking.	
	c) Smoking.	
15	Which of the following statements is true?	
1.0	a)- Cutting needles are used for skin and bowel closure. A??	
	b) Hand needles are ideal for skin closure	
	e) Round-hodied needles are used for closure of laparotomy wounds.	
	d) Needles with a loop-suture should not be used for laparotomy closure.	
	e) In subcuticular suturing, double-ended needle sutures are used.	
10	Which of the following statements with regard to postoperative vomiting are false?	
	All abdominal operations must routinely have a nasogastric tube inserted preoperatively.	
,	All abdominal operations must routinely have	
	c) Metoclopramide and cyclazine can help.	
	d) Pulmonary aspiration may inadvertently occur.	
- 3	e) Wound dehiscence is a distinct possibility.	
	EVCEPT9	
20. /	All of the following statements about hydrocephalus are true EXCEPT?	
a) It is the diagnosis when the ventricles are enlarged on CT scan.	
b	1 It may present with a 6th nerve palsy.	
	At a setting areas and a bulging ton anelie in initiality.	
C	It may present what sunsening by the and a long and a long and a long and an long amount in infants	
d	It can cause head enlargement in infants.	
e)	It can cause papilloedema — 1 CP	
Α	thyroglossal duot cyst is a remnant of which structure?	
a)		
b)	The cervical sinus	
c)	The track of the thymus through the neck into the mediastinum	
d)	The fourth branchial pouch	
ak	The track of the thyroid from the tongue base to the neck.	
0		

	22. Which of the following statements regarding statements
	They may be non-specific in the late stages.
	Anaemia can be a presenting symptom. Anaemia can be a presenting symptom. Anaemia can be a presenting symptom.
В	Anaemia can be a presenting symptom c) Troiser's sign refers to a palpable 'Virchow's node' in the right supractavicular fossa.
	d) This is a rare cause of GOO. Trousseau's sign is diagnostic Twu OOC.
	d) This is a rare cause of GOO. e) Trousseau's sign is diagnostic [Ny po 6 24] Local State 1055 in investigal abstraction EXCEPT?
	23. Which of the following causes dehydration and electrons and inclinestinal obstitution
	b) Defective intestinal absorption
D	Diarrhoea CONSTIPATED
	e) Sequestration in the bowel lumens
C	hoose and match the correct diagnosis with each of the scenarios given below:
24	A 30-year-old female presents with a 2-day history of constant pain over the right upper quadrant
(R	UQ) associated with vomiting. She is febrile with a positive Murphy's sign.
	A 38-year-old female presents with a 6 h history of colicky abdominal pain over the RUQ. This
25	A 38-year-old female presents with a 6 it history of colors and pain over the KOO, this
FIRE	liates to the back and right shoulder. On examination she is afebrile with a soft abdomen.
	A 78-year-old female with known gallstones for several years presents with central colicky
26.	lominal pain and vomiting. She has also been constipated for the past few days. Clinical
abo	mination reveals a distended abdomen with increased bowel sounds.
exa	mination reveals a distended addonest with
-	A 42-year-old male presents with a sudden onset of severe epigastric pain radiating to the back.
27.	A 42-year-old male presents with a suggest of the leavest properties and in check
Th	s is associated with repeated vomiting and retching. He is very uncomfortable and in shock.
Cli	nical examination reveals epigastrium tenderness with some guarding
	11 Common Controlle of America Controlle Contr
28.	A 60-year-old male presents with a history of episodic abdominal pain, jaundice and fever with
chil	ls. 13
V	a) Biliary colic
	b) Cholangitis
	c) Pancreatitis
	d) Gallstone ileus
	e) Acute cholecystitis
20.1	Which of the following statements regarding fine-needle aspiration cytology (FNAC) in
orop	haryngeal cancer is true?
3) It causes seeding of disease to the skin.
b	It provides reliable results independent of the operator.
c	the state of the s
d	and the state of t
	a to the Continuous tation
e)	it requires adequate tixation for interpretation.
	Coing lonimak de data de la
30. W	hich of the following is not an ominous sign in a patient with abdominal pain?
a) Dia	phoresis -
-	
OT FIV	
	potension
d) Pat	ient lying still /
b) Pal	lor ✓ E

	45-year-old man is assaulted	by persons known to him during a bar brawl. He arrives at the
	mergency department with incom	prehensible responses to questions, eyes opening to pain only, and
	thexor response to pain. What is to	his patient's Glasgow Coma Scale (GCS) score?
	a) 5	Shangow Coma Scale (OCS) score
7	b) 6	, Vo
	⊘ 7	WW.
	d) 8	in fair
	e) Not enough information given to	calculate
		and other falling astride a manhole. His
	 A 30-year-old man is brought to 	the emergency department armination. On portable pelvic
	vital signs are stable. A high-riding	the emergency department after an analysis of the emergency department after an area prostate is noted on rectal examination. On portable pelvic prostate is noted on rectal examination. On portable pelvic prostate is noted on rectal examination.
	radiographs he is found to have bila	prostate is noted on technic examination prostate is noted on technic examination. I public rami fractures. He has not yet voided since admission. I prostate is noted on technic examination.
	Which of the following should be th	e next step (787)(Val.
	a) Wait for the nations to will a	before attempting transurethral bladder
	catheterization y	Delive and the second s
	b) Initially attempt appella trans-	aral bladder catheterization, but stop if
	resistance is encountered.	rai piaves.
	c) Obtain a cystourethrogram before	
	catheterization.	allengens
	Insert a suprapubic cystostomy to	
	e) Perform computed tomography o	od, and vis with three-dimensional
	reconstruction,	I me per is with the second
	Teconoti delibily	
	33 The most common bissolveise.	e alamonta is:
	33. The most common histologic typ	e of metanorna is.
	b) Modulus 2 -15%	
	c) Lentigo maligna 3 - 6 - 107.	
	c) Lentigo mangna	
	d) Acral lentiginous 4 - 2 - 8%	
	e) Desmoplastic 5	
		e. It is at parties of the small bowel?
	34. Which of the following hernias re	present incarceration of a limited portion of the small bowel?
	b) Grynfelli hernia -through ruperior	lumber A (quadratur lumborum 12 mb, internal toll git
	Petit hernia -through injerior lumba	a A Gree margin of external oblianc anteriory, portulory
4	Richter hernia	tetally) approved the lumborum 10th rib. internal oblique) lumber of A (gree margin of external oblique anteriory, posteriorly by (atrivity light) line on the line of the line anteriory.
) Littre hernia-contain Meckel's di	
2	A 24-year-old woman who is 9 mo	onths postpartum has a tender, agant area in her right breast
-	or the arealer barder. The has a four	r and chills and has no other medical problems. What is the
n	ar the arcolar border. She has a level	and chins and has no other mean
	est appropriate treatment? Alveso	
	Surgical incision and drainage	
b)	Needle aspiration	
c) [Multidrug antibiotics	
	Core needle biopsy to exclude malig	nancy
		nancy
e) (Observation only	
36. /	A patient with gastric outlet obstruc	tion and prolonged vomiting has which of the following
meta	bolic abnormalities?	
1110-14	ypochloremic, hyperkalemic metal	polic alkalosis
a) H	vpoemoremie, nyperkalemie metat	t' day
b) Hy	perchloremic, hypokalemic metab	offic acidosis
	t total a matched	is saidanie
(D)	pochloremic hypokalemic metabo	olic alkalosis è paradoxical aciduria
y Y	poemoremie, nypokaremie metabo	alia midneis
e) Hy	perchloremic, hyperkalemic metab	one actuosis
		The state of the s

37. Common causes of bowel anastomotic breakdown include all of the following except: a) Poor blood supply to the bowel edges b) Gross peritoneal contamination c) Inadequate bowel mobilization d) Hand-sewn anastomosise. e) Poor technique
a) Acute SDHs are generally unilateral and have a poorer prognosis than chronic SDHs do Acute SDHs are generally unilateral and have a poorer prognosis than chronic SDHs do Chronic SDHs frequently recur. d) Chronic SDHs should be suspected in elderly patients with progressive changes in mental status, even without a definite history of traumate) e) SDHs carry a worse prognosis than do epidural hematomas (EDHs)
39. A 14-year-old boy is brought to the emergency department with a Chour history of acute, severe left scrotal pain. Examination reveals a high-riding left testicle with severe pain on palpation. Urinalysis does not reveal any evidence of red or white blood cells. Which of the following is the treatment of choice at this point? a) Heat, scrotal elevation, and antibiotics b) Manual attempt at detorsion c) Analgesics and re-examination Doppler examination to assess testicular blood flow Surgical exploration
40. A 40-year-old man with a history of alcoholism comes to the emergency department with obtundation and scrotal pain. Physical examination reveals a temperature of 39°C and an ecchymotic and exquisitely tender scrotum with palpable crepitus. What are the immediate next steps in management? Fournier is Canarella and CT of the pelvis to the midthigh b) Incision and drainage of the scrotal skin and culture of the retrieved fluid c)Plain radiograph of the pelvis at Duplex ultrasonography of the scrotum c) Wide débridement of the affected tissues
a) More common in females (**) X 5 10 Male Absent ganglion cells in both the Auerbach and Meissner plexuses [M-ten-tonic Plexus] c) Failure to pass meconium in the first 48 hours of life. d) Best diagnosed by lower gastrointestinal contrast-enhanced study (**) Rec. tol. Bio 75 e) Atrophy of submucosal nerve endings seen on rectal biopsy specimens (**) Absence
42. The VACTERL association most commonly includes which of the following? a) Ankylosis A - mal anomalies C - cardiac mal formation C) Eye deformities TE- 7E F d) Congenital cystic lung malformation e) Choanal atresia
43. A 6-month-old infant has a history of all actic constraint stool. Which of the following withdrawal of 12 hours' duration. Rectal examination shows red currant stool. Which of the following is the most likely diagnosis?
a) Bleeding Merkel diverticulum b) Acute appendicitis c) Kidney stone d) Infected urachal cyst Intussusception DRE-Rectal Mass 6

a) The source patient has advanced HIV infection with a CDA. To the surgeon after a cells/mm3.	
a) The source patient has advanced HIV infection with a CD4+ T-cell count of less than 50 (c) Blood.	
b) The surgeon asset of the surgeon after a	
c) blood was visible	
d) The injury was caused by a device that had entered a blood vessel of the source patient before	
All of the above.	
45. Preoperative preparation of patients with Graves disease should include all of the following	I
A Thyroid ultrasound	ı
A soperative approach a successive approximations discussed	
c) C Achievement of a cuthyroid state through the use of antithyroid drugs. d) D Administration of supersaturated potassium iodide (SSK1) 7 to 10 days before surgery.	
Control of arrhythmias and palpitations	
46. A 50 year old male comes to see you because of weight loss associated with on and off colicky abdominal pain. He also paid to see you because of weight loss associated with on and off colicky	
the disc noticed that the stool have diminished in calibre and has a feeting of	
Pactal const likely differential diagnosts is?	
b) Amebic colitis Age + WH loss	
c) Intussusception	
d)lleocecal tuberculosis	
e) Inflammatory bowel disease	
17. In traupa imaging, which of the following statements is false?	
In a multiply injured patient CT scan of the head and spine should be the first line of	
imaging. A - vay of overt spine is reivis (haund sevies)	
b) Focused assessment with sonography for trauma (FAST) helps in detecting intraperitoneal	
fluid and cardiac tamponade. c) CT should not be used when a patient is unstable.	
c) CT should not be used when a patient is unstable. d) CT is the main imaging method for intracranial, intra-abdominal and vertebral injuries. e) Use of MRI in trauma is limited	
e) Use of MRI in trauma is limited Good for Soft titrue	
48. All of the following are true of preoperative patient preparation EXCEPT? a) It includes a thorough history-taking and medical examination.	
The natient's medical state is not important	
c) It is to anticipate and plan for management of perioperative problems.	
d) Good communication is required.	
e) It involves taking informed consent.	
19. Which of the following statements is true about sigmoid volvulus?	
narrow narrow	
b) The predisposing factors include constipation, long pelvic mesocolor and broad attachment	
of the mesocolony	
of the mesocolony c) The rotation is usually in a clockwise direction A A TE d) Flatus tube decompression is associated with a low rate of recurrence.	
d) Flatus tube decompression is associated with a low rate of recurrence.	
e) There is no role for emergency surgery M 910 Stay TX	
Which of the following statements regarding clinical features of intestinal obstruction are true?	
a) Vomiting occurs early in low bowel obstruction A proximal	
On the development of severe pair to be a seve	
b) The development of severe pain is not indicative of strangulation. C) Distension is an early feature in large-bowel obstruction. d) Some patients may pass flatus or faeces even after the onset of obstruction.	
Some patients may pass flatus or faeces even after the offset of obstruction	
e) Constipation is a predominant feature of Richter's hernia.	

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