2. A newborn full-term baby boy with diagnosis of anorectal malformat have a: A. Dextrocardia B. Rib cage anomaly C. Tracheoesophageal fistula D. Ulnar skeletal deformity E. Proximal limb malformation 3. Charcot's triad consists of A. Fever, nausea and vomiting B. Pain, nausea and jaundice C. Pain, nausea and vomiting D. Pain, jaundice and fever E. Jaundice, fever and nausea 4. Falsely high non-invasive blood pressure measurements are associated A. Relatively smaller cuffs B. Loosely applied cuff C. Extremity below the heart D. Even compression applied on arm E. Larger cuffs 5. In infants with duodenal atresia, all the following statements are true exc A. There is an increased incidence of Down syndrome. B. Duodenal atresia can be detected by prenatal ultrasoundexamination.

C. It may occur in infants with situs inversus, malrotation, annular pane

D. All patients should have a tissue diagnosis prior to definitive surgery

D. It is best treated by gastroenterostomy.

A. Commences most frequently in the nipple

E. Treatment does not depend on axillary node status

B. Peaud'orange is a sign of early disease

6. Breast cancer

C. Pain is an early sign

E. There is a high incidence of associated cardiac defects

A. Direct inguinal hernia

D. Indirect inguinal hernia

B. Femoral hernia

C. Obturator hernia

E. Umbilical hernia

- 7. Tom is a 7-week-old infant who presents to the A&E department with a 1-week history of non-bilious vomiting. His mother describes the vomit as 'shooting out'. He has a good appetite but has lost 300 g since he was last weighed a week earlier. He has mild constipation. On examination, Tom is apyrexial and mildly dehydrated. His pulse is 170 beats/min, blood pressure 82/43 mmHg, and peripheral capillary refill 2 s. There is no organomegaly, mass or tendemess on abdominal examination. There are no signs in the other systems. What is the most likely diagnosis?
 - A. Gastro-oesophageal reflux
 - B. Gastritis
 - C. Pyloric stenosis
 - D. Urinary tract infection
 - E. Duodenal atresia
- 8. The following are true regarding testicular torsion; except
 - A. The highest incidence is in the neonatal and peripubertal periods
 - B May present with abdominal pain and vomiting and few testicular symptoms
 - C. Radiological investigation with doppler ultrasound or isotope scanning is invariably indicated
 - D. Testicular viability is reduced if surgery is delayed more than 6 hours
 - E. Contralateral orchidopexy should also be performed if a torsion is confirmed
- 9. Which of the following statements is true?
 - A. Cutting needles are used for skin closure.
 - B. Hand needles are ideal for skin closure.
 - C. Round-bodied needles are used for closure of laparotomy wounds.
 - D. Needles with a loop-suture should not be used for mass closure of abdomen.
 - E. In subcuticular suturing, double-ended needle sutures are used.
- 10. All of the following statements about hydrocephalus are true EXCEPT?
 - A It is not found in adults.
 - B. It may present with a 6th nerve palsy.
 - C. It may present with sunsetting eyes and a bulging fontanelle in infants.
 - D. It can cause head enlargement in infants.
 - E. It can cause papilloedema
- 11. Which of the following statements regarding clinical features of gastric cancer are tru
 - A. They may be non-specific in the late stages.
 - B. Anaemia can be a presenting symptom.
 - C. Troiser's sign refers to a palpable 'Virchow's node' in the right supraclavicular
 - D. This is a rare cause of GOO.
 - E. Trousseau's sign is diagnostic
- 12. With uncomplicated para pneumonic pleural effusions, the pleural fluid usually ha
 - A. pH lower than 7.20
 - B. low glucose level
 - C. lactate dehydrogenase (LDH) level more than 3 times the upper limit of nor
 - D. negative gram stain for bacteria
 - E. high white cell count

- 13. Adequate minimum urine output during resuscitation is
 - A. 0.5-1 ml/kg/hr
 - B. 20 ml/kg/hr
 - C. 50 ml/kg/hr
 - D. 45 ml/hr
 - E. 60 ml/hr
- 14. A 78year old diabetic male resident of an old peoples' home is brought to A&E v two weeks history of episodes of somnolence and confusion. He is reported to have f the bathroom and hit his head two months ago. The most likely diagnosis is
 - A. Alzheimer's disease
 - B. Acute subdural haematoma
 - C. Chronic subdural haematoma
 - D. Viral encephalitis
 - E. Epidural haematoma
- 15. Surgical treatment for peptic ulcers is not indicated in:
 - A. Intractable ulcers
 - B. Bleeding that is not controlled by medical therapy or endoscopy
 - C. Perforation
 - D. Gastric outlet obstruction
 - E. For prophylaxis against developing malignancy
- Regarding myelomeningocele the following are true except;
 - A. It is part of a complex of diseases known as spinal dysraphism
 - D. It is a disorder of secondary neurulation
 - C. Myelomenigocele surgery aims at preventing preventing further neurological and infection
 - D. It is commonly associated with Chiari II Malformation
 - E. Caeserian delivery is preferred where an intrauterine diagnosis of a myelomeningocele has been made
- 17. You are the Paediatrics intern on call. You are called to casualty to review a 3 n baby brought by the mother with a history of progressive head enlargement, poo persistent crying and vomiting after feeds. Which of the following is true regard condition the baby is presenting with?
 - A. An occipito-frontal circumference is not needed in this baby
 - B. An examination of the back is not needed
 - e. A cranial ultrasound is indicated if the anterior fontanelle is open
 - D. MRI brain is the imaging modality of choice
- 18. A 57 year old male patient presents to casualty with a history of persistently headache over 3 months, vomiting, blurring of vision and gait ataxia. He reheadache is now not relieved by paracetamol. Which of the following state regarding his condition is false?
 - A. A thorough history and examination are the most important part of his
 - B. A CT scan brain pre and post contrast are the imaging modality of c
 - C. An MRI brain is the imaging modality of choice
 - D. Urgent neurosurgical review is needed
 - E. A fundoscopy is an important part of the management of this patie

- 19. The following is true of brain tumours except;
 - A. They are the second most common malignant tumours in Paediatrics
 - B. The most common brain tumour in adults is metastasis
 - C. Posterior fossa tumours may cause vomiting by compression of the chemoreceptor trigger zone (CTZ)
 - The most common posterior fossa tumour in children is metastasis
 - E. Glial tumours are the most common primary brain tumours
- Regarding congenital malformations of the spine in children, the following is true;
 - A. The cranial 1/3 of the neural tube forms the brain
 - B. The central nervous system is an encodermal structure
 - C The neural tube forms after closure of the cranial and caudal neuropores by day 28
 - D. Secondary neurulation is responsible for formation of the spine from L1 to the
 - E. Folic acid supplementation is not needed in all women of child bearing age
- Regarding congenital malformations of the brain the following are true except;
 - A. Anencephaly is not compatible with life
 - B. The telencephalon gives rise to the cerebral hemispheres
 - C. Hydrocephalus could result from congenital aqueducatal stenosis or failure of formation of arachnoid villi
 - D. Microcephalic children have normal intelligence
 - E. Holoprosencephaly represents varying degrees of failure of separation of the cerebral hemispheres
- The following statements are true except;
 - A. Hydrocephalus is defined as an enlargement of the ventricles
 - B. CSF is produced by the choroid plexus in the lateral ventricles, third ventricle and fourth ventricle
 - C. CSF production is dependent on carbonic anhydrase as it is an active process
 - CSF can be diverted to the peritoneum, atrium or pleural cavities during shunting for hydrocephalus
- 23. Which of the following represents the correct flow of CSF from production to reabsorption?
 - A. Choroid plexus-Foramen of Monro-Lateral ventricle-Aqueduct of Sylvius-Third ventricle-Foramina of Luschka and Magendie-Fourth ventricle-Arachnoid villi
 - B. Lateral ventricle-Choroid plexus-Foramen of Monro-Third ventricle-Aqueduct of Sylvius-Fourth Ventricle-Foramina of Luschka and Magendie-Arachnoid villi
 - C. Choroid plexus- Lateral ventricle-Foramen of Monro-Third ventricle-Aqueduct of Sylvius-Fourth Ventricle- Foramina of Luschka and Magendie- Archnoid villi
 - D. Arachnoid villi-Lateral ventricles- Foramen of Monro- Third ventricle-Aqueduct of Sylvius-Fourth ventricle- Formaina of Luschka and Magendie-Choroid plexus
 - E. Choroid plexus-Foramina of Luschka and Magendie-Lateral ventricle-Aqueduct of Sylvius-Third ventricle- Foramen of Monro-Fourth ventricle-Arachnoid villi

- Regarding brain tumours the following statements are all true except; A. A long history of symptoms may suggest a benign tumour B. Audiometry is needed in patients with a history of hearing loss C. Visual deterioration may be due to the tumour location or raised intracranial Dexamethasone is given in all patients with a brain tumour E. Pituitary tumours may cause endocrine disturbances as the primary presenting complaints You are called to the new born unit to review a baby. On arriving there you find a newborn boy with a midline swelling in the lumbosacral region. Clear fluid is seen coming from the swelling. The head circumference is normal with no lower limb movement noted. What would be your initial management of this baby? A. Proceed to aspirate fluid from the swelling and send it to the laboratory B. First get an ultrasound of the swelling C. Dress the area with wet sterile gauze and nurse the baby prone D. Suture the leak point of the swelling The following statements regarding suppurative otitis media are true except; 26. A. It is the most common inflammatory condition of the middle ear B. It may be associated with mastoiditis C. The tympanic membrane appears red and bulges due to pus accumulating behind it D. A normal ear drum is present in mastoiditis E. The most common causative organisms are Staphylococcus pneumoniae and Haemophilus influenza The following are indications for tonsillectomy except; 27. A. Chronic tonsillitis B. Systemic disease due to β-haemolytic streptococcus C. Suspected tonsillar malignancy D. Sleep apnoea E. Acute otitis media

 - 28. The symptom which is LEAST specific for bladder outflow obstruction is:
 - A. Hesitancy
 - B. Intermittency
 - C. Nocturia
 - D. Terminal dribbling
 - E. Reduced urinary stream
- 29. Which of the following statements is TRUE?
 - A. Haemospermia usually results from malignancy of the prostate
 - B. Pneumaturia is most frequently due to gas-forming organisms in diabetic patients with high concentrations of urinary sugar
 - C. A thick, purulent, profuse urethral discharge is usually seen in hor-gone urethritis
 - D. Closely urine most commonly results from phosphate crystals precipita alkaline urine
 - E. Spontaneous emission of semen from the urethra is abnormal

30. Which of the following statements about scrotal and testicular problems is true?

A. Torsion of the testis is most common between 20,20 years of age

B. Hydrocele is diagnosed by transillumination, if any part transilluminates then malignancy is excluded

- C. A right sided varicocele is slightly less common than a left sided one D. A painless testicular mass in a 20-35 year old man is the most common presentation of a testicular tumour
- E. Epidydymal cysts always occur in the sail of the epididymis
- 31. You are the intern on call in casualty in Meru. You are called to casualty to examine a patient with a chemical injury of the left eye. What is your immediate management of this patient?
 - A. Refer to the ophthalmologist in Nairobi
 - B. Topical antibiotics
 - C. Oral analgesia
 - D. Neutralization of the pH by irrigation
 - E. Topical cycloplegia
- Which of the following is a feature of a fracture of the orbital floor? 32.
 - A. Diplopia on upgaze or downgaze
 - B. Damage to the supra-orbital nerve
 - C. Haemoptysis
 - D. Numbness of the lateral canthus
 - E. Haziness of the ethmoidal sinus on X-ray
- If torsion of the testicle is suspected, surgical exploration; 33.
 - A. Can be delayed for 24 hours and limited to the affected side.
 - B. Can be delayed but should include the asymptomatic side.
 - C. Should be immediate and limited to the affected side.
 - D. Should be immediate and include the asymptomatic side.
 - E. Is not needed and patient can be managed conservatively
- 34. A 65-year-old male is diagnosed as having prostatic cancer based on transrectal biopsy of a 1 cm palpable nodule. Which of the following statements is true concerning his management?

A. If the tumour is confined within the prostatic capsule (stage A or B), radical prostatectomy is an appropriate option

- B. If positive lymph nodes are detected on laparoscopic pelvic lymph node dissection (stage DI), radical prostatectomy is indicated
- C. Radical prostatectomy is invariably associated with impotence
- D. External beam radiation is not an appropriate treatment if the tumour is confined to the prostate
- E. There is currently no role for orchiectomy in the management of prostatic cancer
- The most common cause of hearing loss in Kenya is? 35.
 - A. Acute Otitis Media
 - B. Chronic Otitis Media
 - C. Cerumen Impaction
 - D. Otitis Media with Effusion
 - E. Tympanic Membrane Perforation

- Jose is a 62 year man who has just been diagnosed with pancreatic cancer. You run 36. into his brother in the corridor and he asks you not to tell Jose because the knowledge will kill him faster. A family conference to discuss the prognosis is scheduled for that's same afternoon. What is the best way for you as the doctor to handle the situation?
 - A. Honour the request of the family member who is protecting his brother from the bad news
 - B. Tell his brother that withholding information is not permitted under any
 - C. Tell his brother to withhold the information as he wishes
 - D. Give the brother a dress down for suggesting such an option
 - Ask Jose how he would wish to handle the information in front of the rest of the family and allow the family some time to discuss the matter
 - Your 36yearold patient has just tested positive for HIV. He asks that you do not 37. inform his wife of the results claiming he is not ready to tell her just yet. What would you say to your patient?

. Encourage the patient to share the information with his wife on his own and

give him a bit more time if necessary

- B. Tell the patient that his wife is at serious risk of being infected and that you have a duty to ensure she knows the risk
- C. Tell the patient that public health law requires reporting both the patient and any known sexual partners to local health officers
- D. All of the above
- E. None of the above
- Which of the following liver tests are abnormal? 38.

A. Bilirubin 5-17µmol/L

B. Alkaline phosphatase 35-130IU/L

C. Albumin 35-50g/L

C. Albumin 35-50g/L
D. Aspartate Transaminase (AST) 55-80IU/L E. Prothrombin time 12-16 sec

A 28year old man presents to casualty with testicular torsion and in extreme pain. He is scheduled for emergency surgery and the consultant urologist tells you he is on his 39. way and will be there in the next one hour. He asks you not to give any pain medication so that "consent can be obtained" on his arrival. Are the surgeons concerns about informed consent valid?

A. Yes. To obtain informed consent the patient must be lucid and pain medication can invalidate the consent

B. Yes. Because hospital policy requires informed consent from a lucid person before surgery

C. It's an emergency you do not need informed consent in this case

D. Because of severe pain, the surgeon's concerns are not valid as it can impair a patient's ability to listen and understand in the informed consent process

E. None of the above

Which of the following statements about the process of wound healing are true? 40.

A. Inflammatory phase begins 2-3 days after the injury

B. Proliferative phase lasts from 3 days to 3 weeks following the injury

C. The removelling phase involves fibroblast activity and production of collage

D. Fibroblasts do no require vitamin C to produce collagen

E. The white cells stick to the damaged endothelium and release cytokines

- 41. Which of the following statements regarding management of the acute wound are incorrect?
 - A. A bleeding wound should be elevated and a pressure pad applied
 - B. Clamps may sometimes need to be put on bleeding vessels bliedly
 - C. Anaesthesia is usually required in the assessment of wounds
 - D. A thorough debridement is essential
 - E. Repair of all damaged structures may be attempted in a tidy wound
- 42. A 21-year-old woman presents with an asymptomatic breast mass. Which of the following is true concerning her diagnosis and treatment?
 - A. Mammoscaphy will play an important role in diagnosing the lesion
 - B. Ultrasonography is often useful in the differential diagnosis of this lesion
 - C. The mass should always be excised
 - D. The lesion should be considered pre-malignant
 - E. The mass will definitely disappear after the first pregnancy

USE THE FOLLOWING CHOICES TO ANSWER QUESTIONS 43-45. SELECT THE MOST APPROPRIATE CHOICE FOR EACH STATEMENT CONCERNING MALIGNANT MELANOMA.

- A. Nodular type
- B. Acral lentiginous type
- C. Mucosal lentiginous type.
- D. Lentigo maligna melanoma.
- E. Superficial spreading type.
- 43. Carries the worst prognosis
- 44. Usually occurs on the face
- Locally aggressive disease
- 46. A careful history is necessary in all patients being considered for inguinal hernia repair. Symptoms which deserve investigation and appropriate treatment prior to proceeding with inguinal hernia repair include all the following except:
 - A. Chronic cough
 - B. Urinary hesitancy and straining
 - C. Chronic constipation
 - D. A specific episode of muscular straining with associated discomfort
 - E. History of long-standing heavy smoking
- 47. Carcinoma of the urinary bladder:
 - A. Is primarily of squamous cell origin.
 - B. Is preferentially treated by radiation.
 - C. May be successfully treated using only intravesical agents even if it invades the bladder muscle.
 - D. May mimic an acute UTI with irritability and haematuria.
 - E. Is preferentially treated by partial cystectomy.
- 48. A 22-year-old female patient presents five days after laparoscopic appendicecton with fever and a rectal mass. What is the most likely diagnosis?
 - A. Ruptured ectopic pregnancy
 - B. Ischiorectal abscess
 - C. Pelvic abscess
 - D. Ovarian cyst
 - E. Uterine fibroids

	A. An ECG in all patients older than 30 years
	Coagulation screen for all patients with obstructive jaundice
	C. HIV screening for patients with acute appendicitis
	D Cheet Y-ray for all nationts over 40 years
	E. Liver function test for patients with acute appendicitis
50	
50.	A. Fasting blood sugar of 16 hamol/l on the day of surgery is optimal
	A. Fasting blood sugar of 16 kmol/l on the day of surgery is optime. B. An intravenous infusion of 5% dextrose should be started on the morning of
	B. An intravenous infusion of 5% dexesse site
	surgery
	Insulin requirements may increase and be given on the day of surgery
	D. Insulin requirements may increase after major surgery Half the morning dose of insulin should be given on the day of surgery
	E. Prophylactic antibiotics are not necessary
	The following are components of standard neuro-observation in head injury except
51.	The following are components of standard neuro-observations
	A. Glasgow coma scale
	B. Pupillary size
	C Pulce rate
	Crade of power in the limb
	E. Intracranial pressure monitoring
51	2. With regard to MEN2B Medullary carcinoma occurs 100% of time Medullary carcinoma occurs in up to 40% of time
	Medullary carcinoma occurs 100% of time B. Pheochromocytoma occurs in up to 40% of times Pheochromocytoma occurs in 25% of times
	B. Pheochromocytoma occurs in up to C. Hyperparathyroidism occur in 25% of times Hyperparathyroidism occurs in 10-20% of cases
	C. Hyperparathyroidism occur in 10-20% of cases
	C. Hyperparathyroldishi occur in 10-20% of cases D. Pheochromocytoma occurs in 10-20% of cases Pheochromocytoma occurs in 10-20% of cases Occur in 10-20% of cases
	D. Pheochromocytoma occurs in 10-20% of cases Pheochromocytoma occurs in 10-20% of cases Is an autosomal recessive disorder associated with an activating germ lin E. Is an autosomal recessive disorder associated with an activating germ lin
	E. Is an autosomal recessive disconnection of the RET proto-oncogene
-	3. In a T1, N0, M0 breast tumour
9	
	and a support of the
	There is no role for radiotherapy in the management
	- Joffnite role for chemomerapy
	and a state of the same
TI	SE THE FOLLOWING CHOICES TO ANSWER QUESTIONS 54-58. CHO
77	HE MOST APPROPRIATE CHOICE FOR EACH STEM.
A.	
В.	
C.	Claudication
D.	Angina pectoris
E.	Flank bruit
54.	Aorto-iliac arteriosclerosis Renal artery stenosis
55.	Renal artery stenosis
6.	Supreranal partia discontion
	Suprarenal aortic dissection
7.	Venous insufficiency
3.	Erectile dysfunction

The following investigations are appropriate prior to surgery

49.

4.5	E MOST APPROPRIATE CHOICE FOR EACH STEM.
A.	
B.	Necrotizing fasciitis
C.	Toxic epidermal necrosis
D.	Dry gangrene
E.	Gas gangrene
	Same Same Same
59.	Meleney's synergistic gangrene
60.	and the state of t
61.	
62.	
	Demarcation is very clear
63,	The following statement about peritonitis are all true EXCEPT:
	A. Peritonitis is defined as inflammation of the peritoneum.
	B. Most surgical peritonitis is secondary to bacterial contamination.
	e. Primary peritonitis has no documented source of contamination and is more
_	common in adults than in children and in men than in women.
	D. Tuberculous peritonitis can present without ascites
	E. Peritonitis can present as intestinal about
	E. Peritonitis can present as intestinal obstruction
USI	E THE FOLLOWING CHOICES TO ANSWER QUESTIONS 64-67. CHOOSE E MOST APPROPRIATE CHOICE FOR EACH STEM.
	CHOICE FOR EACH STEIVE
A. (CT of the abdomen.
B. (Contrast study of the intestine.
C. S	upine and erect radiographs of the abdomen.
D. 1	Ultrasonography of the abdomen.
B. C	Colonoscopy
64.	The most helpful disensetic and to the territory
65.	The most commonly used imagine and the first commonly used imagine
66.	the most commonly used imaging method for diagnosis of south about
57.	
114	The best radiographic procedure for grading liver injuries
ner	, in the contract of the con
USE	THE FOLLOWING CHOICES TO ANSWER QUESTIONS 68-70 CHOOSE
Sec.	Distended small bowel identifiable by the valuulageometric
3.	Confee beam sign
2.	Modest amount of gas in the pelvis.
).	reripheral, rather than central, distribution of one
ļ.	Prominent hiatal markings
8.	Patients with established
	Patients with established complete, simple, distal small bowel obstruction usually
	have the following finding on plain and upright abdominal radiographs.
	Sigmoid volvulus Sigmoi
	Obstructing rectal cancer

USE THE FOLLOWING CHOICES TO ANSWER QUESTIONS 59-62. CHOOSE

- 71. All of the following statements about the embryology of Meckel's diverticulum are true
 - A. Meckel's diverticulum usually arises from the ileum within 90 cm. of the ileocecal
 - B. Meckel's diverticulum results from the failure of the vitelline duct to obliterate.
 - The incidence of Meckel's diverticulum in the general population is 5%. D. Meckel's diverticulum is a true diverticulum possessing all layers of the intestinal
 - E. Gastric mucosa is the most common ectopic tissue found within a Meckel's
- 72. For which of the following consequences of radiation injury of the intestine is urgent A. Small bowel obstruction.

 - B. Colonic perforation.
 - C. Rectovaginal fistula.
 - D. Malabsorption and diarrhoea.
 - E. Rectal stenosis.
- 73. Which of the following statements or descriptions typically characterizes the syndrome of overwhelming post-splenectomy sepsis?
 - A. A syndrome of fulminant gram-negative bacteraemia and septicaemia in asplenic individuals, characterized by the presence of as many as 106 bacterial organisms per cu. mm. circulating in the bloodstream.
 - B. A syndrome caused primarily by impaired host ability to mount an effective humoral (immunoglobulin) response to infection.
 - C. A syndrome that occurs in 5% to 7% of patients following traumatic splenectomy.
 - D. A syndrome of rapidly appearing septic shock unresponsive to antibiotic therapy, with an average mortality of 50%.
 - E. The syndrome may be prevented by preserving as little as 15% of splenic mass in adult trauma victims.
- 74. Which of the following statement is true concerning the Advanced Trauma Life Support (ATLS) classification system of haemorrhagic shock?
 - Class I shock is equivalent to voluntary blood donation
 - B. In Class II shock there will be evidence of change in vital signs with tachycardia, tachypnea and a significant decrease in systolic blood pressure
 - C. Class III haemorrhage can usually be managed by simple administration of crystalloid solution
 - D. Class IV haemorrhage involves loss of over 20% of blood volume loss and can be classified as life-threatening
 - E. Respiratory rate has no relation with the level of shock
- All of the following are true about inhalation injury in burn patients except
 - A. A chest x-ray obtained within 24 hours of injury is an accurate means of diagnosis.
 - B. Its presence characteristically necessitates administration of resuscitation fluids in excess of estimated volume.
 - C. When moderate or severe, it exerts a comorbid effect that is related to both extent of burn and the age of the patient.
- D. It increases the prevalence of bronchopneumonia.
- E. Prophylactic high-frequency ventilation reduces the occurrence of pneumonia and mortality in burn patients with inhalation injury.

B. Meige's disease Primary lymphatic malignancy D. E. Sporadic praecox lymphoedema The following features favour late dumping syndrome over early dumping syndrome At times presents with diarrhoea Presents almost immediately after meal B. C. Relived by lying down Aggravated by exercise Đ. E. Caused by osmotic pressure The following are symptoms of anal fissure except 78. Pain on defecation Copious bright red bleeding Mucus discharge D. Constipation E. Tenderness on rectal examination Regarding the management of major trauma 79. Deaths follow a trimodal distribution B. X-rays after the primary survey should be of AP Cervical spine, chest and Cardiac tamponade is characterised by raised BP, low JVP and muffled heart C. D. Assessment of uncomplicated limb fractures should occur during the primary survey Deterioration of the casualty during the primary survey should lead to the E. secondary survey Which of the following is true regarding appendicitis? 80. The risk of developing the illness is greatest in middle age B. Mortality increases with age and is greatest in the young adult C. 90% of appendices are extra peritoneal in a retrocaecal position Faecoliths are present in 75-80% of resected specimens D. Appendicitis is impossible to diagnosis in the absence of abdominal tenderness E. Which of the following is true regarding benign breast disease? 81. Cyclical mastalgia is not the commonest reason for referral to the breast clinic В. Fibroadenomas are derived from the breast lobule Lactational breast abscesses are usually due to Enterobacteriaace C. Duct ectasia is least more common in smokers D. Atypical lobular hyperplasia is associated with an times increased risk of Ε. breast cancer

The following are forms of primary lymphoedema except

76.

Α.

Milroy's disease

- 71. All of the following statements about the embryology of Meckel's diverticulum are true
 - A. Meckel's diverticulum usually arises from the ileum within 90 cm. of the ileocecal
 - B. Meckel's diverticulum results from the failure of the vitelline duct to obliterate.

 - C. The incidence of Meckel's diverticulum in the general population is 5%. D. Meckel's diverticulum is a true diverticulum possessing all layers of the intestinal
 - E. Gastric mucosa is the most common ectopic tissue found within a Meckel's
- 72. For which of the following consequences of radiation injury of the intestine is urgent A. Small bowel obstruction.

 - B. Colonic perforation.
 - C. Rectovaginal fistula,
 - D. Malabsorption and diarrhoea.
 - E. Rectal stenosis.
- 73. Which of the following statements or descriptions typically characterizes the syndrome of overwhelming post-splenectomy sepsis?
 - A. A syndrome of fulminant gram-negative bacteraemia and septicaemia in asplenic individuals, characterized by the presence of as many as 106 bacterial organisms per cu. mm. circulating in the bloodstream.
 - B. A syndrome caused primarily by impaired host ability to mount an effective humoral (immunoglobulin) response to infection.
 - C. A syndrome that occurs in 5% to 7% of patients following traumatic splenectomy.
 - D. A syndrome of rapidly appearing septic shock unresponsive to antibiotic therapy, with an average mortality of 50%.
 - E. The syndrome may be prevented by preserving as little as 15% of splenic mass in adult trauma victims.
- 74. Which of the following statement is true concerning the Advanced Trauma Life Support (ATLS) classification system of haemorrhagic shock?
 - A. Class I shock is equivalent to voluntary blood donation
 - B. In Class II shock there will be evidence of change in vital signs with tachycardia, tachypnea and a significant decrease in systolic blood pressure
 - C. Class III haemorrhage can usually be managed by simple administration of crystalloid solution
 - D. Class IV haemorrhage involves loss of over 20% of blood volume loss and can be classified as life-threatening
 - E. Respiratory rate has no relation with the level of shock
- 75. All of the following are true about inhalation injury in burn patients except
 - A. A chest x-ray obtained within 24 hours of injury is an accurate means of diagnosis.
 - B. Its presence characteristically necessitates administration of resuscitation fluids in excess of estimated volume.
 - C. When moderate or severe, it exerts a comorbid effect that is related to both extent of burn and the age of the patient.
- D. It increases the prevalence of bronchopneumonia.
- E. Prophylactic high-frequency ventilation reduces the occurrence of pneumonia and mortality in burn patients with inhalation injury.

associated. Each lettered option may be used once, more than once, or not at all. B. Osteopetrosis Osteitis fibrosa cystica C. D. Osteomalacia Osteitis deformans (synonym for Paget disease) E. 82. A patient with elevated parathyroid hormone levels presents with brown tumours in 83. A patient with chronic renal failure presents with skeletal deformity and pain. 84. A genetically determined disorder in the structure or processing of type Leollagen may require your patient to wear various orthoses to protect himself. 85. A patient presents with cortical thickening and cortical expansion of the bone with sclerotic areas. FOR QUESTIONS 86-88, USE THE FOLLOWING STATEMENT For each description, select the type of lesion with which it is most likely to be associated. Each lettered option may be used once, more than once, or not at all. A. Osteoid osteoma B. Osteoblastoma C. Osteosarcoma D. Chondrosarcoma E. Ewing sarcoma 86. An II-year-old boy presents with pain in his right leg. A radiograph shows a circumscribed, densely sclerotic mass limited to the metaphysis of the lower femur 87. A 9-year-old boy presents with severe pain in the left femur. The pain is relieved by aspirin. On plain film a 0.5-cm lucent lesion, which is surrounded by marked reactive sclerosis, is seen. A 12-year-old boy complains of pain in his left leg that is worse at night. He has been 88. experiencing fevers and also has a 4.5kg weight loss. X-ray demonstrates an aggressive lesion with a permeative pattern of bone lysis and periosteal reaction. There is an associated large soft tissue mass as well. Pathology demonstrates the tumour to be of the round cell type. FOR QUESTION 89-92, USE THE FOLLOWING STATEMENT. For each description, select the type of fracture or dislocation with which it is most likely to be associated. Each lettered option may be used once, more than once, or not at all. Navicular (scaphoid) fracture A. B. Monteggia deformity C. Night stick fracture Anterior shoulder dislocation Fracture of the scapula A patient presents with pain in the shoulder after a fall. On examination, the should 89. is internally rotated. A patient has tenderness over the forearm after being attacked by gang members w 90. baseball bats. 91. A 30-year-old cyclist falls and injures her forearm. The radial head is dislocated a the proximal third of the ulna is fractured. 92. A patient has tenderness in the anatomical snuffbox. Page 14 of 16

NOR QUESTIONS 82-85, USE THE FOLLOWING STATEMENT

For each description, select the type of bone disease with which it is most likely to be

- 93; An 18-year-old football player is seen in the emergency ward with severe knee pain incurred after being hit by a tackler while running. Which of the following findings on physical examination is most sensitive for an anterior cruciate ligament injury?
 - Excessive valgus laxity of the knee В. Excessive varus laxity of the knee
 - C. Locked knee
 - Positive Lachman test
 - B. Positive posterior drawer test
- 94. A 34-year-old man is extricated from an automobile after a motor vehicle collision. The patient has an obvious deformity of his right thigh consistent with a femur fracture. Upon closer examination of the right thigh, there is bone visible through an open wound. Which of the following is the most appropriate management of his open femur fracture?
 - Intravenous (IV) antibiotics and cast or splint placement A.
 - B. IV antibiotics and internal or external fixation
 - C. Early irrigation and debridement, IV antibiotics, and cast or splint placement
 - D. Early irrigation and debridement, IV antibiotics, and internal or external fixation
 - E. Early irrigation and debridement, IV antibiotics, compartment decompression, and internal or external fixation
- 95. A 6-year-old boy is brought into the emergency room by his mother for walking with a limp for several weeks. On examination, the patient has tenderness over his right thigh without evidence of external trauma. An x-ray of the pelvis shows a right femoral head that is small and denser than normal. Which of the following is the most likely diagnosis?
 - Slipped capital femoral epiphysis (SCFE)
 - В. Legg-Calve-Perthes (LCP) disease
 - C. Dysplasia of the hip
 - D. Talipes equinovarus
 - E. Blount disease
- A 65-year-old man presents with acute onset of pain, swelling, and erythema of the 96. left knee. He denies previous episodes or trauma to the knee. The differential diagnosis includes septic arthritis and gout. Which of the following is the best study to differentiate between gout and septic arthritis?
 - A. White blood cell count
 - В. X-ray of the knee
 - Magnetic resonance imaging (MRI) of the knee C.
 - D. Bone scan
 - Evaluation of synovial fluid aspirate
- While playing with his children, a 44-year-old man falls and lands on his right 97. shoulder. There is immediate pain and deformity. In an uncomplicated dislocation of the gleno-humeral joint, the humeral head usually dislocates primarily in which of the following directions?
 - Anteriorly
 - B. Superiorly
 - C. Posteriorly
 - D. Laterally
 - E. Medially

- 98. In a failed suicide gesture, a depressed student severs her radial nerve at the wrist.

 A. Loss of ability to extend the wrist.

 B. Loss of ability to flex the wrist.

 C. Wasting of the intrinsic muscles of the hand.

 E. Palmar insensitivity

 99. After being injured by a bull on his mother's farm, a young man is placed in a cast find a supracondylar fracture of his humerus. A few home the several hand a cast find a supracondylar fracture of his humerus.
- After being injured by a bull on his mother's farm, a young man is placed in a cast for a supracondylar fracture of his humerus. A few hours later he begins to experience intense pain, swelling, and weakness in the ipsilateral hand. Pulses are normal in management of this patient?
 - A. Observation
 - B. Repeat imaging of the humerus
 - C. Elevation of the extremity
 - D. Removal of the cast
 - E. Surgical decompression (fasciotomy)
- 100. A 39-year-old man presents with an isolated fracture of the tibia after being hit on the leg with a car. The patient is stable and a radiograph of the leg shows a tibial shaft fracture with severe dislocation. Which of the following is the most appropriate management of the fracture?
 - Closed reduction and application of a long leg cast
 - Intramedullary nailing
 - C. Surgical fixation with un-reamed nailing
 - D. External fixation
 - E. Plate fixation