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Maykut Kar

UNIVERSITY OF NAIROBI

College of Health Sciences

SCHOOL OF MEDICINE

DEPARTMENT OF SURGERY

MPCHB V END OF ROTATION CONTINUOUS ASSESSMENT EXAMINATION (MCQ)

DATE: 12/10/2015

prab selmi

TIME: ALLOCATED 1 1/2 HOURS - 9.00 AM. - 10.30 A.M.

INSTRUCTIONS:

YOU HAVE BEEN GIVEN 100 MULTIPLE CHOICE QUESTIONS. CHOOSE THE BEST ANSWER. EACH CORRECT ANSWER EARNS ONE MARK. ANSWER IN THE ANSWER SHEET PROVIDED

Chwika

1. A 27 year old woman experiences peri-oral numbness the morning after neck surgery. What is the most likely cause of her symptoms:

- A. Hypokalaemia
- B. Hypercalcaemia
- C. Hypocalcaemia
- D. Hypochloroemia
- E. Hyperkalaemia

*(Handwritten: also (tetanus) C)*

ms

2. A 40 year old man undergoes laparotomy for small bowel obstruction due to adhesions. During the release of the adhesions an enterotomy is made in the obstructed but viable gut resulting in spillage of faecal material into the abdomen. This converts the wound to:

- A. Clean contaminated
- B. Secondary
- C. Infected
- D. Contaminated
- E. Clean

*(Handwritten: D)*

D

3. Delayed primary wound closure would be most appropriate for the following procedure:

- A. Removal of perforated appendix
- B. Repair of wound dehiscence one week after colectomy
- C. Emergency drainage of a diverticular abscess with sigmoid resection and end colostomy
- D. Partial gastrectomy for a bleeding duodenal ulcer
- E. Repair of Incisional hernia 10 weeks after an elective left colectomy complicated by a wound infection and a resultant Incisional hernia

*(Handwritten: B)*

6 hrs

20

4 sh

10 days

14 days

10 days

Pr 2

10-15.3 ... 5/12

4. Several studies have followed up patients with asymptomatic gallstones. What percentage of patients develops symptoms after 5-20 years?

- A. 2%
- B. 10-20%
- C. 30-40%
- D. 50-60%
- E. 60%

5. In a patient with hypovolaemic shock, which cannular size would you ideally choose for infusion?

- A. 21G
- B. 19G
- C. 14G
- D. 26G
- E. 30G

18 → 4mm  
 20 → Pmc  
 22 → Blue  
 24 → yellow  
 16 → 3mm  
 26 → 10mm

6. 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

Charcot's triad  
 i) - rigidity  
 ii) intention tremors  
 iii) scanning speech

7. Meigs's disease is:

- A. The familial form of lymphoedema praecox
- B. Not a familial disease
- C. Caused by filarial worms
- D. Secondary lymphoedema
- E. Post-axillary surgery lymphoedema of the upper limb

axial dominant  
 affects lymphatics - 1° lymphedema present during birth - but seen till pubert  
 Cause unknown, but known to be genetic  
 left side  
 lower limb

8. Falsely high non-invasive blood pressure measurements may not be associated with:

- A. Relatively smaller cuffs
- \* B. Loosely applied cuff
- \* C. Extremity below the heart
- D. Even compression applied on arm
- \* E. Larger cuffs

9. In anorectal malformation, the following statements are true except:

- A. Occurs in one in 5000 births
- B. The commonest lesion in females is recto-vaginal fistula
- C. Recto-urethral fistula is the commonest lesion in males
- D. Persistent cloaca is the third-most-common lesion in females
- E. Imperforate anus in males or females occurs in under 12% of cases

Recto-vaginal fistula - Recto-urethral fistula  
 Recto bulbular - Recto in 20,000 births, exclusively in girls  
 ↓ Highest %  
 Milroy dx - congenital lymphedema - seen at birth

Female  
 Recto-vaginal  
 male →

- ✓ 10. The following lesions are developmentally similar except:-
- A. Rectal urethral fistula ✓
  - B. Imperforate anus ✓
  - ~~C. Recto-vestibular fistula ✓~~ E
  - ~~D. Persistent cloaca ✓~~
  - ~~E. Rectal atresia ✓~~
- ✓ 11. Which of the following lesions will require colostomy as an emergency life saving procedure?
- ~~A. Imperforate anus in males and females~~
  - D B. Perineal fistula in both sexes A
  - C. Rectovestibular fistula
  - ~~D. Recto-urethral fistula~~
  - E. Persistent cloaca
- ✓ 12. Mrs Joseph, a 47 year lady is complaining of epigastric and right hypochondrial pain. She has nausea and has been vomiting for the last 24 hours. She recalls that the symptoms started when she was eating a cheese cake. The pain did not respond to over the counter antacids and prokinetic drugs which she tried. On examination she was an obese lady. Her liver enzymes are marginally elevated. Which ONE of the following is the most appropriate next investigation?
- A. Erect abdominal x-ray ✓
  - ~~B. Endoscopy~~
  - C ~~C. Ultrasound scan of the abdomen~~ C
  - D. H1 breath test for H pylori ✓
  - E. CT abdomen ✓

### Hernias

- Direct > likely in elderly
- Herniorraphy - strengthening of muscle
- Herniotomy - repair and close - mostly sufficient in kids

USE THE FOLLOWING CHOICES TO ANSWER QUESTIONS 13-17. Each choice may be used once, more than once or not at all.

- A. Immediate laparotomy
- B. Diagnostic peritoneal lavage
- C. Abdominal CT scan
- D. Observation
- E. Pericardiocentesis

13. Haemodynamically stable road traffic accident (RTA) victim with free gas under the diaphragm. ~~B~~ ~~A~~ ~~D~~ ~~A~~
14. Haemodynamically stable RTA victim who has blunt abdominal trauma with a grade I liver injury on CT scan. ~~D~~ ~~A~~ ~~D~~
15. Patient with multiple rib fractures without haemo/pneumothorax but has hypotension, distant heart sounds and low blood pressure following blunt chest trauma. ~~E~~ ~~E~~ ~~B~~ ~~E~~ ~~E~~ ~~A~~
16. Patient with ruptured urinary bladder following blunt abdominal trauma. ~~A~~
17. Patient who presents two days after blunt abdominal trauma with tachycardia, fever and abdominal distension. ~~C~~ ~~A~~ ~~C~~ ~~B~~ ~~B~~

18. Which one of the statements is INCORRECT with regard to sepsis

- A. Tachycardia or tachypnea may be a sign ✓
- B. Sepsis is defined as systemic inflammatory response syndrome in the presence of infection ✓
- C. Leucocytosis or leukopenia may be a sign ✓
- D. Sepsis and hypotension is defined as septic shock + metabolic ✓
- E. Temperature greater than 38 or less than 36 may be a sign ✓

19. Which of the following clinical conditions is not associated with rapid gastric emptying?

- A. Pancreatic insufficiency ✓
- B. Hyperthyroidism ✓
- C. Hypocalcaemia ✓
- D. Impaired fat absorption ✓
- E. Zollinger-Ellison syndrome ✓

Diagnosed  
 - hypocalcaemia  
 - DM  
 - hypocalcaemia  
 - Zollinger-Ellison syndrome

19. Infection with *Helicobacter pylori* has been associated with all of the following conditions EXCEPT

- A. Duodenal ulcer ✓
- B. Gastric cancer ✓
- C. Mucosa associated lymphoid tissue [MALT] lymphoma ✓
- D. Gastroesophageal reflux disease [GERD] ✗
- E. Chronic gastritis ✓

20. A 75 year old man taking NSAIDs for arthritis has an acute abdomen and <sup>Peritonitis</sup> pneumoperitoneum. His symptoms are 6 hours old and his vital signs are stable after the infusion of 1L of normal saline solution. What should the next step in the management of this patient?

- A. Computed tomography of the abdomen
- B. Esophagogastroduodenoscopy [EGD] ✗
- C. Antisecretory drugs, broad spectrum antibiotics, and surgery if he fails to improve in 6 hours ✗
- D. Antisecretory drugs, antibiotics for *H. pylori*, and surgery if he fails to improve in 6 hours
- E. Surgery ✗

21. Which of the following is the best test to confirm eradication of *Helicobacter pylori*?

- A. Negative histology after biopsy during endoscopy ✓
- B. Negative faecal antigen test ✗
- C. Negative urea breath test ✓
- D. Negative urea blood test ✗
- E. Negative urine antigen ✗

22. A 45-year old man requires surgery for an intractable duodenal ulcer. which operation best prevents ulcer recurrence

- A. Subtotal gastrectomy ✗
- B. Truncal vagotomy and pyloroplasty ✗
- C. Truncal vagotomy and antrectomy ✓
- D. Selective vagotomy ✗
- E. Highly selective vagotomy ✗

23. The most common cause of gastric outlet obstruction in adults is

- A. Peptic ulcer disease ✗
- B. Extrinsic neoplastic compression ✗
- C. Cancer ✓
- D. Primary lymphoma of the stomach ✗
- E. Duodenal Crohn's disease ✗

*Vagotomy and antrectomy*

USE THE FOLLOWING CHOICES TO ANSWER QUESTIONS 25-29.

- A. Fluctuating levels of consciousness
- B. Lucid interval - A demarcation between periods of unconsciousness
- C. Posterior fossa tumour
- D. Bitemporal hemianopsia
- E. Retroviral infection

- 25. Chronic subdural haematoma **A A A A**
- 26. Extradural haematoma **A B B B**
- 27. Pituitary adenoma **D D D D D**
- 28. Ventriculoperitoneal shunt is indicated **C C C**
- 29. Primary brain lymphoma **E E E E**

USE THE FOLLOWING CHOICES TO ANSWER QUESTIONS 30-34. MATCH THE CHOICES WITH THE MOST APPROPRIATE ANSWER.

- A** • Stewart-Treves' syndrome *lobular carcinoma in situ - due to chronic lymphoedema*
  - B** • Von Hippel-Lindau disease - *inherited disorder - due to formation of hamangiomas*
  - C** • Von Recklinghausen's disease *neurofibromatosis*
  - D** • Lynch syndrome *hereditary non-polyposis colorectal cancer - high risk of colon cancer*
  - E** • Peutz-Jegher's syndrome *hereditary hamartomatous polyposis in GIT*
- B** 30. Renal cell carcinoma **VHL**
  - C** 31. Increased risk of soft tissue sarcoma **Peutz 2**
  - D** 32. Increased risk of colon cancer and endometrial cancer **Lynch syndrome**
  - A** 33. Lymphangiosarcoma associated with lymphoedema following radical mastectomy **Stewart**
  - R** 34. Neurofibromatosis type I **Von Recklinghausen's disease**

35. With regard to the storage of banked blood, which of the following statement is true?

- A. Packed red blood cells stored in additive solution (AS-3) and kept at 4°C are suitable for transfusion for 3 months ~~3 months~~ **→ 35 days (1-6°C)**
- B. Platelets in banked blood retain their function for 3 days ~~3 days~~ **3-7**
- C** Factor II, VII, IX and XI are stable at 4°C **Factor II**
- D. A decrease in red blood storage cell oxygen affinity occurs during storage as a result of a decrease in 2,3-diphosphoglycerate (2,3-DPG) levels. ~~X~~
- ~~E~~ There is a significant rate of hemolysis in stored blood. **stored blood (destruct)**

4°C at PAC → 42 day  
 Cryoprecipitate below -25°C for year **E**  
 RBC - 3wks  
 WBC - Rapidly  
 Plets - 24hrs

In cirrhotic patient who are actively bleeding, the coagulopathy of end-stage liver disease can be differentiated from DIC most readily by estimation of which of the following factors?

- A. Factor II
- B. Factor V
- C. Factor VII
- D. Factor VIII:C
- E. Factor X

Factors = factor

Which of the following statements regarding the distribution, composition, and osmolarity of the body fluid compartments is not true?

- A. Most intracellular water resides in skeletal muscles. ✓
- B. The principal intracellular cation is sodium. <sup>extracellular</sup>  $K^+, Mg$
- C. Nonpermeable proteins determine the effective osmotic pressure between the interstitial and intravascular (plasma) fluid compartments.
- D. Calcium greatly determines the effective osmotic pressure between the ICF and ECF.
- E. The principal extracellular anion are chloride and bicarbonate.

Which one of the following is not a stimulus for ECF expansion?

- A. Hemorrhage leading to a reduction in blood volume
- B. Increased capillary permeability after major surgery
- C. Peripheral arterial vasoconstriction
- D. Negative interstitial fluid hydrostatic pressure ✓
- E. Colloid oncotic pressure ✓

Which of the following statements regarding hypervolemia in postoperative patients is not true?

- A. Hypervolemia can be reduced by the administration of isotonic salt solutions in amounts that exceed the loss of the volume. <sup>NaCl</sup>
- B. Acute overexpansion of the ECF space is usually well tolerated in healthy individuals
- C. Avoidance of volume excess requires daily monitoring of intake and output and determinations of serum sodium concentrations to guide accurate fluid administration.
- D. The most reliable sign of volume excess is peripheral edema
- E. The earliest sign of volume excess is weight gain.

Which of the following pairing statements regarding daily fluid balance is incorrect?

- A. Daily water intake, 2000 to 2500 mL
- B. Average stool loss, 100 mL
- C. Average insensible loss, 600 mL
- D. Average urine volume, 800 to 1500 mL
- E. Average increase in insensible loss in a febrile patient, 250 mL/day for each degree of fever.

After intake of 1500 mL

insensible loss  
750 → skin  
250 → lungs

600 loss

400/h

6 x 500 = 3000 mL

500 - 1000 urine  
700 - 1100 insensible

41. With regard to intraoperative management of fluids, which of the following statements is true?

- A  A. In a healthy person, up to 500 mL of blood loss may be well tolerated without the need for the blood replacement ✓
- B. During an operation, functional ECF volume is directly to the volume lost to suction.
- C. Functional ECF losses should be replaced with plasma
- D. Administration of albumin plays an important role in the replacement of functional ECF volume loss.
- E. Operative blood loss is usually overestimated by the surgeon. *label*

42. A 70-year-old man with sepsis has a pH of 7.18. Which of the following statements is true regarding his metabolic acidosis?

- A. Tissue hypoxia leads to increased oxidative metabolism.
- B. Acute compensation for metabolic acidosis is primarily renal.
- C  C. Metabolic acidosis results from the loss of bicarbonate or the gain of fixed acids ✓
- D. The most common cause of excess acid is prolonged nasogastric suction. *X*
- E. Restoration of blood pressure with vasopressors corrects the metabolic acidosis associated with circulatory failure.

43. Which of the following is true with regard to the metabolic response to stress as described by Cuthbertson:

- A. The flow phase of Cuthbertson's two-phase model of the metabolic response to injury is characterized by physiologic responses designed to restore tissue perfusion and circulating volume. *Flow-Maintenance of energy, replace lost tissue*
- B. The ebb phase begins once the patient is successfully resuscitated. *after injury*
- C. The ebb phase entails both a catabolic and an anabolic period. *flow*
- D. The flow phase occurs initially after traumatic injury. *ebb*
- E  E. The anabolic phase starts after wounds have closed and is characterized by the return of normal homeostasis ✓

44. Which of the following cases is considered a dirty wound?

- A. Open cholecystectomy for cholelithiasis *clean contaminated*
- B. Hemiorrhaphy with mesh repair *clean*
- C. Open prostatectomy *clean*
- D  D. Appendectomy with walled-off abscess ✓
- E. Thyroidectomy *clean*

45. Acute haemolytic transfusion reaction is associated with:-

- A  A. ABC incompatibility ✓
- B. Minor blood group incompatibility
- C. Rh incompatibility
- D. Transfusion through Ringer's lactate
- E. Transfusion through 5% dextrose and water

Millins → Ringer's lactate  
 Thrombolytics → Permittal

after injury  
 metabolic state  
 hypoglycemia  
 Anabolic  
 T.I.P  
 (3) (2)

semibious  
 sign  
 syndrome  
 SVc  
 nitre



46. A patient with a non-obstructing carcinoma of the sigmoid colon is being prepared for elective resection. To minimize the risk of postoperative infectious complications, your planning should include:-

- A. A single pre-operative parenteral dose of antibiotic effective against aerobes and anaerobes
- B. Avoidance of oral antibiotics to prevent emergence of *Clostridium difficile*
- C. Parenteral nutrition
- D. Postoperative administration for 5-7 days of parenteral antibiotics effective against aerobes and anaerobes
- E. Operative time less than 5 hrs

47. The most important effect of pre-operative potassium iodide solution in thyroid surgery is:

- A. A reduction in thyroid storm
- B. Reduced vascularity of the gland (Lugol's iodine)
- C. Increased chance of saving the parathyroid glands
- D. Reduced risk of recurrent laryngeal nerve damage
- E. Pigment deposition in the parathyroid gland which helps to identify them

48. Phosphate containing solutions for bowel preparation for colonoscopy are contraindicated in the elderly because of the risk of:

- A. Hypokalaemia
- B. Hypercalcaemia
- C. Large fluid shifts
- D. Nausea and vomiting
- E. Bloating

hypocalcaemia  
hypura  
hypostatic  
hypophosphate



49. Severe and complicated pancreatitis is associated with all of the following EXCEPT:

- A. Adult Respiratory Distress Syndrome ✓
- B. Hyperglycaemia ✓
- C. Ascites ✓
- D. Hypocalcaemia ✓
- E. Gout

50. In inflammatory bowel disease, which extra-gastrointestinal manifestation is more likely in a patient with ulcerative colitis than one with Crohn's disease?

- A. Uveitis
- B. Renal stones
- C. Gallstones
- D. Venous thrombosis
- E. Erythema nodosum

- Toxic megacolon  
- DVT

Parathyroid  
33-50%  
Medullary thyroid carcinoma

51. With regard to MEN IIA
- A. Pheochromocytoma will 20% of cases  $\times 50\%$  / 33-50%
  - B. Medullary thyroid carcinoma will be present all the time  $\times 20-50\%$
  - C. Parathyroid over activity will be present 60% of cases  $\times 5-20\%$
  - D. Parathyroid tumours will be present all the time  $\times 10-50\%$
  - ~~E. Most of the time pheochromocytoma will be bilateral  $\times 72\%$~~

52. With regard to risk of breast tumour, all the following syndromes carry genetic risk of the disease EXCEPT:

- A. Women with Li-Fraumeni syndrome are at risk ✓
- B. Men with Cowden syndrome are at risk ✓
- C. Muir-Torre syndrome ✓
- ~~D. Sipple syndrome (MEN2)~~ → hamman-Rich → (HNPCC)
- E. Ataxia-telangiectasia (Louis Burr syndrome)

53. Which of the following is true with regard to hernia?

- A. It is impossible to differential femoral from inguinal hernia clinically.  $\times$
- B. It is impossible to differentiate indirect from direct hernia clinically  $\times$
- C. Ultrasound is always the investigation of choice before diagnosis of hernia
- D. Hernia is the commonest cause of intestinal obstruction in developed countries
- ~~E. Saphena varix is a differential diagnosis of groin hernia.~~ ✓ Dilation of saphenous vein at join with femoral vein

54. Assessment of a breast lump include all of the following EXCEPT

- A. Clinical examination ✓
- B. Mammography ✓
- C. Core biopsy ✓
- D. Ultrasonography ✓
- ~~E. Mastectomy~~

55. Which of the following conditions is associated with an isolated prothrombin time (PT) prolongation?

- A. von Willebrand disease APTT
- B. Factor VIII deficiency (hemophilia A) APTT
- C. Common pathway factor deficiencies (factors II, V, and X and fibrinogen) TT
- ~~D. Therapeutic anticoagulation with warfarin (Coumadin) PT ✓~~
- E. Therapeutic anticoagulation with heparin APTT

USE THE FOLLOWING INFORMATION FOR QUESTIONS 56-60. A two year old boy presents in hospital having been run over by his father when he was reversing in the driveway. He is found to be drifting in and out of consciousness, blood pressure of 50/35mmHg, pulse of 120 beats per minute and capillary refill of 4 seconds.

A B C D

- 56. What will be the initial management?
  - A. Put a large bore intravenous cannula and start saline boluses
  - B. Take to theatre for exploration x
  - C. Give oxygen
  - D. Immobilise any fractured bones to prevent further bleeding x
  - E. Secure the airway

20 x 70 = 1.4 L

4 x 21 vol

- 57. In giving saline boluses, the recommended initial dose is
  - A. 20ml/kg body weight (.)
  - B. 10ml/kg
  - C. 100ml
  - D. 1L
  - E. 50ml/kg

- 58. Which of the following test is NOT recommended initially to evaluate for the presence of intraabdominal trauma in such a child
  - A. Abdominal CT scan x hemodynamically stable
  - B. Liver function tests
  - C. Urinalysis
  - D. Serum amylase
  - E. Abdominal FAST scan

- 59. The child is found to stabilise but have splenic laceration. Which is the best management option?
  - A. Urgent operation and splenectomy
  - B. Bed rest
  - C. Discharge for observation at home
  - D. Blood transfusion
  - E. Anticoagulants

- 60. In resuscitating a child, the following is the recommended chest compression:breath ratio
  - A. 15:2 - two rescuers
  - B. 15:1
  - C. 30:2
  - D. 30:1 x
  - E. 5:1

51. A six week infant is brought to hospital with projectile nonbilious vomiting. The doctor orders an ultrasound scan and confirms presence of pyloric stenosis. He then orders some laboratory tests. The following are possible findings EXCEPT

Vomiting = ↓ electrolytes  
= ↓ acid

- A. Acidosis
- B. Alkalosis
- C. Hypochloreaemia
- D. Hyponatraemia
- E. Hypokalaemia

52. A 12 year old girl complains of abdominal pain that started suddenly in the morning and has persisted 4 hours since. She is also vomiting and has not had any diarrhoea. She reports no change in appetite or dysuria. She is not febrile but is tender in suprapubic and left iliac fossa, and the tenderness is not migratory. Laboratory tests are ordered and white blood cell count is 8 and a CRP of 4. What is the most likely diagnosis?

- A. Appendicitis \*
- B. Ovarian torsion ✓
- C. Merkel's diverticulitis \*
- D. Constipation
- E. Mesenteric adenitis (5/1) \*

53. Colonic pseudo obstruction is caused by all except.

Ogilvie  
No mechanical obstruction

- A. Systemic illness
- B. Electrolyte imbalance \*
- C. Faecal impaction ✓
- D. Opioids ✓
- E. Hypothyroidism ✓

54. An 18 year old girl is brought to the casualty with worsening severe abdominal pain which started 6 hours ago. Her abdomen is tender, particularly in the lower abdomen and there is guarding. She also has a history of Chlamydia. She has tachycardic but her blood pressure is normal at 137/78. Which one of the following is the diagnosis you should confirm or rule out in this patient?

↓  
tubal abscess

↓  
ectopic pregnancy

- A. Acute appendicitis
- B. Pelvic inflammatory disease → No fever
- C. Acute intestinal obstruction X
- D. An ectopic pregnancy X ✓
- E. Crohn's disease X

65. Which of the following is INCORRECT concerning colorectal carcinoma?

Lung  
Breast  
Colon  
Prostate

- A. Is the second most cause of cancer related death in western world ✓
- B. A T1 N1 M0 stage III is equivalent to Duke stage C tumour ✓
- C. Majority of the cancers occur in the descending colon ~~Left colon~~ ✓ Colorectal.
- D. Familial adenosis polyposis and HNPCC are two inherited causes of colon cancer ✓
- E. Patient with primary Sclerosing cholangitis and ulcerative colitis have increased risk of developing colon cancer ✓

66. Which ONE of the following is INCORRECT with regard to familial adenomatous polyposis.

- A. Account for about 1% of colorectal cancers ✓ 2-5%
- B. Is autosomal dominant inherited ✓
- C. Patient may develop extra colonic manifestation such as desmoids, epidermoid cysts and dental cysts.
- D. Adenomas develop during teenage years of life will become malignant around the age of 20
- E. Treatment is with a subtotal colectomy

67. All are important in the preoperative management of patients with jaundice except

- A. Vitamin K
- B. Adequate hydration
- C. Input-Output charts
- D. Prophylactic antibiotics
- E. Scrubbing of the surgical site in the ward

68. All are complications of cholelithiasis except

- A. Cholangitis ✓
- B. Pancreatitis ✓
- C. Gall bladder abscess ✓
- D. Duodenal ulcers
- E. Recurrent cholecystitis ✓

69) Carcinoma of the bladder:

A. Is primarily of squamous cell origin ~~X~~ *transitional*

B. Is preferentially treated by radiation.

C. May be treated conservatively by use of intravesical agents even if it invades the bladder muscle. ~~X~~

~~D~~ ~~C~~ May mimic an acute UTI with irritability and hematuria.

E. Is preferentially treated by partial cystectomy.

70. If torsion of the testicle is suspected, surgical exploration:

A. Can be delayed 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 *Orchiopexy*

71) A 22 year old female patient presents five days after laparoscopic appendicectomy with fever and a rectal mass. What is the most likely diagnosis?

~~B~~ A. Ruptured ectopic pregnancy ~~X~~

~~C~~ B. Ischiorectal abscess

B C. Pelvic abscess

D. Ovarian cyst ~~X~~

E. Uterine fibroids ~~X~~

72) The following investigations are appropriate prior to surgery

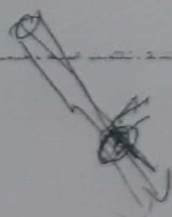
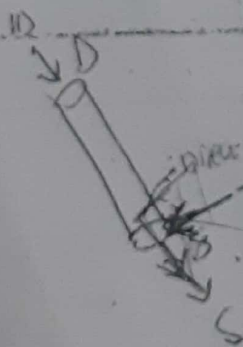
A. An ECG in all patients older than 30 years ~~X~~

~~B~~ ~~B~~ Coagulation screen for all patients with obstructive jaundice ~~X~~ ✓

~~B~~ C. HIV screening for patients with acute appendicitis ~~X~~

~~D~~ D. Chest X-ray for all patients over 40 years

E. Liver function test for patients with acute appendicitis



Ind 14

USE THE FOLLOWING CHOICES TO ANSWER QUESTIONS 73-77. CHOOSE THE MOST APPROPRIATE CHOICE FOR EACH STEM

- A. Familial adenomatous polyposis syndrome (FAP)
- B. BRCA mutation
- C. Down's Syndrome
- D. MEN IIA
- E. Long-term immunosuppressive treatment after kidney transplant

- 73. 100% lifetime risk of colon cancer AA
- 74. Increased risk of periampullary tumours CA
- 75. Increased risk of bilateral breast cancer BB
- 76. Increased risk of pheochromocytoma DD
- 77. Increased risk of Kaposi's sarcoma EE

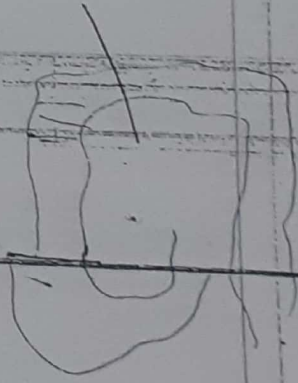
USE THE FOLLOWING CHOICES TO ANSWER QUESTIONS 78-82. CHOOSE THE MOST APPROPRIATE CHOICE FOR EACH STEM.

- A. Left hemicolectomy
- B. Anterior resection
- C. Diverting ileostomy
- D. Abdominoperineal resection
- E. Right hemicolectomy

- 78. Rectal cancer 3 cm from the anal verge DD
- 79. Colon cancer at the rectosigmoid junction AB
- 80. Descending colon perforation at colonoscopy CC
- 81. Consent for a permanent colostomy DD
- 82. Hepatic flexure tumour EE

- Postop fever
- Wind 1d - Atelectasis, pneumonia
- Wound 3d - UTI
- Walking 5d - PE/DVT
- Wound 7d - surgical site infection
- Wound where? ICD - Access

war




USE THE FOLLOWING CHOICES TO ANSWER QUESTIONS 83-87. CHOOSE THE MOST APPROPRIATE CHOICE FOR EACH STEM.

- A. Distended small bowel identifiable by the valvulae conniventes (✓10)
- B. Coffee bean sign
- C. Modest amount of gas in the pelvis. ✓
- D. Peripheral, rather than central, distribution of gas.
- E. Prominent haustral markings ✓

D 83. Intussusceptions B

B 84. Sigmoid volvulus D.B → B

AA 85. Small bowel obstruction AA

CC 86. "Closed-loop" obstruction of the colon C (volvulus) 

EE 87. Obstructing rectal-cancer EE

88. Rectal Juvenile polyps: hamatoma-like polyps

- B A. Almost invariably undergo malignant change x 39% risk.
- B C. Occasionally persist into adult life
- B C. Are pre-malignant x
- B D. Are not associated with pain x
- B E. Are not associated with rectal bleeding x

89. Which statement with regards to breast cancer is TRUE?

- C A. The commonest site of metastases is the contralateral breast x
- D B. Local spread to the chest wall occurs earlier in female patients than male patients x
- C C. Klinefelter's syndrome is a predisposing factor x
- D D. Inflammatory breast-cancer is classified as locally-advanced disease ✓
- E E. There is no role for neo-adjuvant chemotherapy x

90. Preservation of normothermia in surgical patients is important. All of the following are negative outcomes associated with perioperative hypothermia except?

- C A. Coagulopathy ✓
- C B. Wound infection ✓
- C C. Nosocomial pneumonia ✓
- C D. Myocardial ischaemia ✓
- C E. Delayed wound healing ✓

91. Which of the following is NOT a complication of urethral stricture?

- C A. Retention of urine ✓
- C C B. Urethral diverticulum ✓
- C C C. Peyronie's disease ✓
- C D. Peri-urethral abscess ✓
- C E. Urethral fistula ✓



92. Which of the following people can give a valid consent for elective surgery?

- A. A surgeon not involved in care of the patient ~~x~~
- B. The headmaster of a child in boarding school ~~x~~
- C. A patient who is under the influence of alcohol ~~x~~
- D. A magistrate for a minor whose parents decline life-saving surgery ✓
- E. A 14-year old ~~x~~ (16)

93. Kaposi's sarcoma:

- A. Is an X-linked recessive disease ~~x~~
- B. Can be treated with radiotherapy ~~x~~
- C. Does not respond to chemotherapy ✓
- D. Only affects people with AIDS ✓
- E. Mainly affects the central nervous system

94. Regarding gastric carcinoma

- A. H. pylori is not known to be a risk factor ~~x~~
- B. Early gastric cancer is, even in the presence of nodal involvement have 90% 5 year survival  
↑ confined to the mucosa & submucosa and serosa depends on nodal inv. ✓
- C. Diffuse type in Lauren's classification have the best prognosis ~~x~~ intestinal ✓
- D. Troisier's sign is due to transperitoneal spread ~~x~~ ↑ moracic duct to supraclavicular nodes ✓
- E. Sister Mary Joseph nodule is due to lymphatic spread ~~x~~ periumbilical / transperitoneal ✓

95. Regarding preoperative evaluation

- A. There is no role for history and physical examination ~~x~~
- B. Chest x ray is useful in all circumstances ~~x~~
- C. Usefulness of hemogram is to avoid blood loss ~~x~~
- D. Post operative complication are a consideration ✓
- E. Comorbidities are an occasional consideration ~~x~~

96. The following are methods of managing Inguinal hernia except

- A. Mcvays method ✓ (Stewart's ligament)
  - B. Bassini's method ✓ (Marry)
  - C. Lichensteins method ✓
  - D. Lockwood (Femoral hernia) ~~x~~
  - E. Shouldice method ✓
- TAPP ✓  
TEP ✓ totally extraperitoneal

- 97. A postoperative pulmonary embolus
  - A. Is invariably associated with chest pain ~~X~~
  - B. A chest x-ray is always normal ~~X~~
  - C. ~~X~~ Diagnosis can be confirmed by radioisotope ventilation/perfusion scan
  - D. ~~X~~ ECG may show Q wave in lead III. *S<sub>1</sub> Q<sub>3</sub> T<sub>3</sub>*
  - E. is rarely seen between 7 and 10 days after operation ~~X~~

*most commonly*

- 98. Phylloides tumour
  - A. Is invariably a benign disease
  - B. Modified radical mastectomy is the treatment of choice ~~X~~
  - C. Commonly affect ages 20-30 years just like fibroadenoma
  - D. Chemotherapy may not be useful
  - E. ~~X~~ Local recurrence are common than distance metastasis

- 99. Enterocutaneous fistula
  - A. Always close spontaneously ~~X~~
  - B. 250ml discharge from the fistula per day is considered low out put ~~X~~
  - C. Conventional therapy is surgery for the first phase
  - D. ~~X~~ Spontaneous causes include intestinal sepsis
  - E. Fistulas with tracts longer than 2cm hardly closes *Short < 2cm don't close*

- 100. Which of the following is true regarding malignant melanoma
  - A. The most common type is nodular melanoma ~~X~~ *superficial spreading; Pre existing nevus*
  - B. Breslow thickness is not a good prognostic factor ~~X~~ *It is*
  - C. Sentinel lymph node biopsy is not a means of assessing lymph node status in this disease ~~X~~
  - D. ~~X~~ Isolated limb perfusion with cytotoxic agents palliates recurrent limb disease
  - E. Lentigo maligna is deep disease *in situ, elderly, fine, Best prognosis*

*good prognosis*  
*superficial*  
*in situ*  
*transit melanomas*  
*irresectable local dx*  
*palliation to maintain*  
*adjvant therapy*  
*poor prognosis*