

## UNIVERSITY OF NAIROBI COLLEGE OF HEALTH SCIENCES DEPARTMENT OF SURGERY

PRAB SEHMI 5B ANSWERS

## MBCHB LEVEL VI - END OF ROTATION CAT - GENERAL SURGERY

| DAT                                | E: 19 <sup>TH</sup> MARCH, 2019   | Maria   | TIME: 9.00 A.M.   | - 10.00 A.M.   |
|------------------------------------|---|---|---|----------------|
|                                    | Which of the following physical of<br>dehydration?<br>of Capillary refill of 4 s<br>b) Capillary refill of 1 s  | examination findin  | ngs may be seen in patier   | nts with       |
|                                    | What is the most common type of a) Ductal carcinoma in situ (DCIS b) Invasive lobular carcinoma (IL of Invasive ductal carcinoma (IDO d) Paget's disease e) Inflammatory Breast cancer                  | S)  |   |                |
| 3.                                 | Which one of the following cases Open cholecystectomy fo Herniorrhaphy with mesh c) Lumpectomy with axillar d) Appendectomy with walle e) Gunshot wound to the abo                                      | or cholelithiasis<br>i repair<br>ry node dissection<br>ed-off abscess       | Clean Clean   | 1              |
| a)                                 | he symptom which is least speci<br>Hesitancy Terminal dribbling Nocturia C Reduced urinary stream Intermittency   | fic for bladder o   | utflow obstruction is:  obstruction is:  FUND -                         | Tritat         |
| a) A<br>b) (c) T<br>d) B<br>e) B   | garding exomphalos and gastro<br>A gastroschisis has a sac<br>Gastroschisis is associated with<br>the postoperative mortality of so<br>toth conditions may be diagno<br>oth conditions require delivery | n major congeni<br>surgery for gast<br>osed prenatally v<br>by by caesarean | tal abnormalities<br>roschisis approaches<br>with ultrasound<br>section | nents is true? |
| a) Int<br>b) De<br>c) Co<br>d) Inc | ravenous antibiotics  | -ryci   |   | 74.21          |

6.

| the history of husbands of   |
|--|
| 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 sustained a sustained seem in least   |
| house after this incident. On examination  |
| with no tendon or bone exposure and has no active but the done within?   |
| with no tendon or bone exposure and has no active blecomes that an inflact with no tendon or bone exposure of this wound must be done within?  |
| a) 2 hours   |
| b) 4 hours   |
| c) 6 hours B   |
| d) 12 hours  |
| 16 hours   |
| cared with matrix and a burner   |
| 8. Appropriate management of severe vomiting associated with gastric outlet obstruction from   |
| peptic ulcer disease includes all of the following except  |
| 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 amend menapy  |
| 9. Which of the following statements about haemorrhoids is/are not true?   |
| Which of the following statements about naction     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 skill   |
| 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.  |
| and the state of t |
| Acute appendicitis is most commonly associated with which of the following signs?  |
| a) Temperature above 40° C.  |
| b) Frequent loose stools.  |
| Aporexia abdominal pain and right lower quadrant tenderness.   |
| 3) M/h-2+ h-1- d - II d - II d - II d - III UP/ DCf CII mm   |
| e) Palpable right iliac fossa mass   |
| Table right mile to said the said to the s |
| hich of the following statement(s) is/are true concerning postoperative ileus?   |
| nich of the following statements) is at 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   |
|  |
|  |
| c) Use of oral contraceptives  |
| d) Low-fat, high-caloric diet  |
| e) Post-menopausal use of conjugated estrogens   |
| - 7 - 1 - 35 menopausar use of conjugated 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 hyperplassa:     Require routine rectal examinations to detect the development of carcinoma of the prostate     b) Do not need routine prostate examinations.   |      |
|      |  |      |
|      | c) riave a lesser incidence of carcinoma of the prostate   |      |
|      | trave a greater incidence of carcinoma 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 Trackonnected and the state of the state  |      |
|      | b) wound hematoma with compression of the tracheas   |      |
| C    | hypocalcemia   |      |
|      | d) thursday stores   |      |
| ,    | e) Bilateral recurrent laryngeal nerve injury  |      |
|      | /  |      |
| - 8  | 6. Which of the following statements is not true about inhereted susceptibility to colon cancer?   | ???? |
|      | There is no known genetic susceptibility to colon cancer.  There are known genetic susceptibilities to colon cancer, but they are always associated.   |      |
|      | Application of the second seco |      |
|      | with multiple adenomatous polyps  (c) There are known genetic susceptibilities to colon ancer, but they are always associated  |      |
| 1    | with enocitic others as a largups  |      |
|      | d) There are known genetic susceptibilities to colon cancer but they are frame-shift   |      |
| X    | / mutations only   |      |
| v    | e) None of the above.  |      |
|      |  |      |
| 1    | 7. All of the following factors influence healing of a wound except?   |      |
|      | a) Vascular insufficiency  |      |
|      | Diabetes insipidus   |      |
|      | c) Malnutrition B  |      |
|      | d) Site of wound   |      |
|      | e) Smoking.  |      |
|      |  |      |
| 18   | 8. Which of the following statements is true?  |      |
|      | a) Cutting needles are used for skin and bowel closures  |      |
|      | 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 laparotomy closure.   |      |
|      | e) In subcuticular suturing, double-ended needle sutures are used.   |      |
| 1000 | are false?   |      |
| 19.  | Which of the following statements with regard to postoperative vomiting are false?   |      |
|      | a) Inadequate analgesia can be a cause of postoperative vomiting.  |      |
|      | a) Inadequate analgesia can be a cause of postoperative volumes.  All abdominal operations must routinely have a nasogastric tube inserted preoperatively.   |      |
|      | c) Metoclopramide and cyclazine can ncip.  |      |
|      | d) Pulmonary aspiration may inadvertently occur.   |      |
| 4    | e) Wound dehiscence is a distinct possibility.   |      |
|      |  |      |
| 0.7  | All of the following statements about hydrocephalus are true EXCEPT?   |      |
|      | a) It is the diagnosis when the ventricles are enlarged on CT scan.  |      |
|      | It may present with a 6th nerve palsy.   |      |
|      | . At a most in a gree and a bulging ton angle in intants.  |      |
|      | It may present with sunsetting eyes and a durging tomation   |      |
| d    | ) It can cause head enlargement in infants.  |      |
| e    | ) It can cause papilloedema — A I CP   |      |
|      |  |      |
| Α    | thyroglossal duot cyst is a remnant of which structure?  |      |
|      | _  |      |
| a)   |  |      |
| b)   | The cervical sinus   |      |
| c)   |  |      |
| d)   | The fourth branchial pouch   |      |
| ak   | The track of the thyroid from the tongue base to the neck.   |      |
| -    |  |      |

| 22. Which of the following statements regarding statements   |
|--|
| a) 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.   |
| B 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 Thu QOC 2+1  |
| d) This is a rare cause of GOO. e) Trousseau's sign is diagnostic [NypoGo 24]  e) Trousseau's sign is diagnostic [NypoGo 24]   |
| 23. Which of the following causes dehydration and ejections and intestinal obstitution   |
|  |
| b) Defective intestinal absorption c) Vomiting   |
| D - Diarrhoea CONSTIPATED  |
| e) Sequestration in the bowel lumen  |
|  |
| Choose and match the correct diagnosis with each of the scenarios given below:   |
| Feoretian pain and the |
| 24. A 30-year-old female presents with a 2-day history of constant pain over the right upper quadrant  |
| (RUQ) associated with vomiting. She is febrile with a positive Murphy's sign.  |
| 25. A 38-year-old female presents with a 6 h history of colicky abdominal pain over the RUQ. This  |
| the second state of and state of auditor. On avangination she is altebrile with a soft abdomen   |
| radiates to the back and right shoulder. On examination are a second with a soft abdomen.  |
| 26. A 78-year-old female with known gallstones for several years presents with central colicky   |
| abdominal pain and vomiting. She has also been constipated for the past few days. Clinical   |
| examination reveals a distended abdomen with increased bowel sounds.   |
| examination reveals a street of the control of the  |
| 27. A 42-year-old male presents with a sudden onset of severe epigastric pain radiating to the back.   |
| This is associated with repeated vomiting and retching. He is very uncomfortable and in shock.   |
| Clinical examination reveals epigastrium tenderness with some guarding   |
| Chinical examination reveals epigasurant tenes in a second |
| 28. A 60-year-old male presents with a history of episodic abdominal pain, jaundice and fever with   |
|  |
| chills. 13   |
| a) Biliary colic   |
| b) Cholangitis   |
| c) Pancreatitis  |
| d) Gallstone ileus   |
| e) Acute cholecystitis   |
|  |
| 29. Which of the following statements regarding fine-needle aspiration cytology (FNAC) in  |
| oropharyngeal cancer is true?  |
| oropharyngeai cancer is the clin   |
| a) It causes seeding of disease to the skin.   |
| b) It provides reliable results independent of the operator.   |
| c) It is used for diagnosis of primary disease.  |
| d) It is used in assessment of enlarged cervical lymph nodes.  |
| e) It requires adequate fixation for interpretation.   |
| c) it requires assignment in   |
| no main to got a Catterning is not an eminant sign in a nation with abdominal pain?  |
| 30. Which of the following is not an ominous sign in a patient with abdominal pain?  |
|  |
| a) Diaphoresis   |
| b) Pallor ✓ E  |
| of Hypotension   |
|  |
| d) Patient lying still   |
| e) Jaundice 🗸  |

| A 45-year-old man is assaulted by person   | ons known to him during a bar brawl. He arrives at the   |
|--|--|
|  |  |
| Section 1 Section 2 Section 1 Section 1  | nt's Glasgow Coma Scale (GCS) score?   |
| a) 3<br>b) 6   | 8/   |
| A1 D   | 6 m  |
| d) 8   | A. W   |
| e) Not enough information given to calculat  | e e  |
| and an annual given to can-  | a setting astride a manhole. His   |
| 32. A 30-year-old man is brought to the eme  | ergency department after falling astride a manhole. His is noted on rectal examination. On portable pelvic   |
| vital signs are stable. A high-riding prostate   | is noted on rectal examination. On portable pelvic bic rami fractures. He has not yet voided since admission. ten?   |
| thorographs he is found to have billiers   |  |
| Which of the following should be the next st   | lep?   |
| a) Wait for the patient to void freely before  |  |
| catheterization.   | and the same of th |
| b) Initially attempt gentle transurethral blad   | der catheterization, but stop if   |
| resistance is encountered.   |  |
| c) Obtain a cystourethrogram before attemp   | ting transurethral bladder   |
| catheterization.   |  |
| insert a suprapubic cystostomy tube.   |  |
| e) Perform computed tomography of the pel  | vis with three-dimensional   |
| reconstruction   | Designation of the contract of |
|  |  |
| 33. The most common histologic type of mel   | lanoma is:   |
| a) Superficial spreading   |  |
| b) Nodular 2   |  |
| c) Lentigo maligna 3   |  |
| A Company of the Comp |  |
| e) Desmoplastic <b>5</b>   |  |
|  |  |
| 24 Which of the following herniss represent  | incarceration of a limited portion of the small bowel?   |
| a) Spigelian hernia  | incarec, man   |
| b) Grynfeltt hernia  | 1 1  |
| c) Petit hernia  | 6611011  |
| Richter hernia   | abscess  |
| e) Littre hernia   |  |
|  |  |
| 25 4 24  | ostpartum has a tender, fluctuant area in her right breast   |
| 35. A 24-year-old woman who is 9 months po   | ostpartum has a tender, reducal problems. What is the  |
| near the areolar border. She has a lever and cl  | hills and has no other medical problems. What is the   |
| most appropriate treatment? Alvess   |  |
| Surgical incision and drainage   |  |
| b) Needle aspiration   |  |
| c) Multidrug antibiotics A   |  |
| d) Core needle biopsy to exclude malignancy  |  |
|  |  |
| e) Observation only  |  |
|  | the translate of the following   |
| <ol> <li>A patient with gastric outlet obstruction an</li> </ol>   | nd prolonged vomiting has which of the following   |
| metabolic abnormalities?   |  |
| a) Hypochloremic, hyperkalemic metabolic al  | kalosis  |
| a) Hypochiorenie, hyperkalenie metabolie ac  | idoeie   |
| b) Hyperchloremic, hypokalemic metabolic ac  | Idosis   |
| c) Hyponatremic, hypokalemic metabolic acide   | OSIS   |
| Typochloremic, hypokalemic metabolic alk   | alosis c paradoxical acauna  |
| e) Hyperchloremic, hyperkalemic metabolic ac   | idosis   |
| e) risperemoternie, risperkalenne metabolie ac   |  |
|  |  |
|  |  |
| D  |  |
| D  |  |

|   | 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  |
|   | e) Inadequate bowel mobilization   |
|   | (d) Hand-sewn anastomosis (  |
|   | e) Poor technique  |
|   | a) Acute SDHs are reperally unitated and have a poore recorner than chronic SDHs do.   |
|   |  |
|   | by Adequate treatment of an acute SDH usually consists of dramage through burmoles.  |
| т | d) Chemis SDUs should be supported in alderly anti-  |
| 1 | even without a definite history of trauma.   |
|   | e) SDHs carry a worse prognosis than do epidural hematomas (EDHs).   |
|   | 30 A 14 year old how is brought to the emergence description of the control with the contro |
|   | 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 ted or white blood cells. Which of the following is the   |
|   | treatment of choice at this point?   |
| г | The second desired and the second sec |
| E | a) Heat, scrotal elevation, and antibiotics b) Manual attempt at detorsion   |
|   | c) Analgesics and re-examination — Coding T- 10t   |
|   | Doppler examination to assess testicular blood flow  |
|   | e) 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 9°C and an ecchymotic  |
|   | and exquisitely tender scrotum with palpable crepitus. What are the immediate next steps in  |
|   | and exquisitely tender scrottum with parpaore explanation and the miniediate next steps in   |
|   | management?  a) CT of the pelvis to the midthigh  Fourniers  |
|   | to the series and designed of the scrotal skin and culture of the retrieved fluid c)Plain radiograph of  |
| F | the pelvis   |
|   | d) Duplex ultrasonography of the scrotum   |
|   | e) Wide débridement of the affected tissues  |
|   |  |
|   |  |
|   |  |
|   | 41. Which of the following is true concerning Hirschsprung disease?  |
|   | a) More common in females ( X 5 In Male )  Which of the following is true concerning Hirschsprung disease?  All Which of the following is true concerning Hirschsprung disease?  All Which of the following is true concerning Hirschsprung disease?  All Which of the following is true concerning Hirschsprung disease?  All Which of the following is true concerning Hirschsprung disease?   |
| - | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females  X 5 10 Male  b) Absent ganglion cells in both the Auerbach and Meissner plexuses  Menter C Plexus  |
| В | a) More common in females ( X 5 in Male b) Absent ganglion cells in both the Aueroach and Meissner plexuses [M-ten-tonic plexus] c) Failure to pass meconium in the first 48 hours of life   |
| В | a) More common in females ( X 5 in Male b) Absent ganglion cells in both the Aueroach and Meissner plexuses [M-ten-tonic plexus] c) Failure to pass meconium in the first 48 hours of life   |
| В | a) More common in females 5 10 Male b) Absent ganglion cells in both the Auerbach and Metssner plexuses Method biops c) Failure to pass meconium in the first 48 hours of life d) Best diagnosed by lower gastrointestinal contrast-enhanced study Rectal biops e) Atrophy of submucosal nerve endings seen on rectal biopsy specimens - Absence   |
| В | a) More common in females 5 10 Male b) Absent ganglion cells in both the Auerbach and Metssner plexuses Method biops c) Failure to pass meconium in the first 48 hours of life d) Best diagnosed by lower gastrointestinal contrast-enhanced study Rectal biops e) Atrophy of submucosal nerve endings seen on rectal biopsy specimens - Absence   |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females   |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (25 10 Ma) (25) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (27) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] (28) Absent ganglion cells in both the Auerbach and Meissner ganglion cells in both the Auerbach and Meissner ganglion cells in both the Auerbach and Meissner ganglion cells in both the Auerbach an |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females   |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (25 1) More b) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] c) Failure to pass meconium in the first 48 hours of life d) Best diagnosed by lower gastrointestinal contrast-enhanced study (20 Poetro) e) Atrophy of submucosal nerve endings seen on rectal biopsy specimens (20 Poetro) 42. The VACTERL association most commonly includes which of the following? a) Ankylosis (20 Poetro) b) Fine deformities (20 Poetro)  Even |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (25 1) More b) Absent ganglion cells in both the Auerbach and Meissner plexuses [M-tenteric] c) Failure to pass meconium in the first 48 hours of life d) Best diagnosed by lower gastrointestinal contrast-enhanced study (20 Poetro) e) Atrophy of submucosal nerve endings seen on rectal biopsy specimens (20 Poetro) 42. The VACTERL association most commonly includes which of the following? a) Ankylosis (20 Poetro) b) Fine deformities (20 Poetro)  Even |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females of the Auettach and Meissner plexuses More than the Auettach and Meissner plexuses More than the First 48 hours of life of the Biopsy of Best diagnosed by lower gastrointestinal contrast-enhanced study of Submucosal nerve endings seen on rectal biopsy specimens of the following?  42. The VACTERL association most commonly includes which of the following?  a) Ankylosis the Minimperforate anuse of the plant of the following includes which of the following?  B) Congenital cystic fung malformation to the following malformation of the following malformation to the following malformation to the following malformation of the following malformation to the following malformation malformation malformation malformation malf |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females of the house of the common in the first 48 hours of the diagnosed by lower gastrointestinal contrast-enhanced study to the house of the lower plexuse of the house of the  |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (2)   |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (**) ** ** ** ** ** ** ** ** ** ** ** **  |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (**)  Absent ganglion cells in both the Auerbach and Meissner plexuses (**)  C) Failure to pass meconium in the first 48 hours of life (**)  d) Best diagnosed by lower gastrointestinal contrast-enhanced study (**)  e) Atrophy of submucosal nerve endings seen on rectal biopsy specimens (**)  42. The VACTERL association most commonly includes which of the following?  a) Ankylosis (**)  D'Imperforate anusy (**)  Eye deformities (**)  d) Congenital cystic lung malformation (**)  e) Choanal atresia (**)  43. A 6-month-old infant has a history of an acute onset of crampy abdominal pain and leg withdrawal of 12 hours' duration. Rectal examination shows red currant stool. Which of the following   |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (**)  Absent ganglion cells in both the Auerbach and Meissner plexuses (**)  C) Failure to pass meconium in the first 48 hours of life (**)  d) Best diagnosed by lower gastrointestinal contrast-enhanced study (**)  e) Atrophy of submucosal nerve endings seen on rectal biopsy specimens (**)  42. The VACTERL association most commonly includes which of the following?  a) Ankylosis (**)  D'Imperforate anusy (**)  Eye deformities (**)  d) Congenital cystic lung malformation (**)  e) Choanal atresia (**)  43. A 6-month-old infant has a history of an acute onset of crampy abdominal pain and leg withdrawal of 12 hours' duration. Rectal examination shows red currant stool. Which of the following   |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (2)  b) Absent ganglion cells in both the Auerbach and McIssner plexuses [M-ten-ten] (2)  c) Failure to pass meconium in the first 48 hours of life  d) Best diagnosed by lower gastrointestinal contrast-enhanced study (2)  e) Atrophy of submucosal nerve endings seen on rectal biopsy specimens (3)  42. The VACTERL association most commonly includes which of the following?  a) Ankylosis (2)  Dimperforate anusy (3)  C) Eye deformities (4)  d) Congenital cystic lung malformation (5)  e) Choanal atresia (2)  43. A 6-month-old infant has a history of an acute onset of crampy abdominal pain and leg withdrawal of 12 hours' duration. Rectal examination shows red currant 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?   |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (2)  b) Absent ganglion cells in both the Auerbach and McIssner plexuses [M-ten-ten] (2)  c) Failure to pass meconium in the first 48 hours of life  d) Best diagnosed by lower gastrointestinal contrast-enhanced study (2)  e) Atrophy of submucosal nerve endings seen on rectal biopsy specimens (3)  42. The VACTERL association most commonly includes which of the following?  a) Ankylosis (2)  Dimperforate anusy (3)  C) Eye deformities (4)  d) Congenital cystic lung malformation (5)  e) Choanal atresia (2)  43. A 6-month-old infant has a history of an acute onset of crampy abdominal pain and leg withdrawal of 12 hours' duration. Rectal examination shows red currant 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?   |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (2)  b) Absent ganglion cells in both the Auerbach and McIssner plexuses [M-ten-ten] (2)  c) Failure to pass meconium in the first 48 hours of life  d) Best diagnosed by lower gastrointestinal contrast-enhanced study (2)  e) Atrophy of submucosal nerve endings seen on rectal biopsy specimens (3)  42. The VACTERL association most commonly includes which of the following?  a) Ankylosis (2)  Dimperforate anusy (3)  C) Eye deformities (4)  d) Congenital cystic lung malformation (5)  e) Choanal atresia (2)  43. A 6-month-old infant has a history of an acute onset of crampy abdominal pain and leg withdrawal of 12 hours' duration. Rectal examination shows red currant 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?   |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (2) 43. Absent ganglion cells in both the Auerbach and Metssner plexuses (2) Failure to pass meconium in the first 48 hours of life (3) Best diagnosed by lower gastrointestinal contrast-enhanced study (3) Poet (4) Best diagnosed by lower gastrointestinal contrast-enhanced study (4) Best diagnosed by lower gastrointestinal contrast-enhanced study (5) Poet (4) Best diagnosed by lower gastrointestinal contrast-enhanced study (6) Poet (6) Best diagnosed by lower gastrointestinal contrast-enhanced study (7) Poet (6) Best diagnosed by lower gastrointestinal contrast-enhanced study (7) Poet (7) Best diagnosis (8) Poet  |
| В | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (1) House (2) House (3) House (4) House ( |
| B | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (1) Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 1] Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 2] Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 2] Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 2] Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 2] Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 2] Actrophy of submucosal nerve endings seen on rectal biopsy specimens [Machine 2] Absent ganglion gastrointestinal contrast-enhanced study [Machine 2] Absent ganglion ga |
| B | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (1) Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 1] Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 2] Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 2] Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 2] Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 2] Absent ganglion cells in both the Auctrach and Meissner plexuses [Machine 2] Actrophy of submucosal nerve endings seen on rectal biopsy specimens [Machine 2] Absent ganglion gastrointestinal contrast-enhanced study [Machine 2] Absent ganglion ga |
| B | 41. Which of the following is true concerning Hirschsprung disease?  a) More common in females (1) Absent ganglion cells in both the Auctbach and Meissner plexuses [Microscope Plexus]  b) Absent ganglion cells in both the Auctbach and Meissner plexuses [Microscope Plexus]  c) Failure to pass meconium in the first 48 hours of life d) Best diagnosed by lower gastrointestinal contrast-enhanced study (2) Rector biopsy e) Atrophy of submucosal nerve endings seen on rectal biopsy specimens (2) Ankylosis (3)  Dimperforate anus (2) Eye deformities (3) d) Congenital cystic lung malformation (4) e) Choanal atresia (5)  43. A 6-month-old infant has a history of an acute onset of crampy abdominal pain and leg withdrawal of 12 hours' duration. Rectal examination shows red currant stool. Which of the following is the most likely diagnosis?  a) Bleeding Merkel diverticulum (5) Acute appendicitis (5) Kidney stone (6) Infected urachal cyst   |

which of the following is an important risk factor for transmission of HIV to the surgeon after a needle stick injury? needle stick injury;
a) The source patient has advanced HIV infection with a CD4+ T-cell count of less than 50 cells/mm3. b) The surgeon sustains a deep puncture injury c) Blood was visible on the sharp object causing the injury 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 A Thyroid ultrasound b) B Preoperative antibody assay of autoimmune diseases A 2) C Achievement of a cuthyroid state through the use of antithyroid drugs

D Administration of supersaturated potassium iodide (SSKI) 7 to 10 days before surgery e) E 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 noticed that his stools have diminished in calibre and has a feeling of tenesmus. The most likely differential diagnosis is? TRectal carcinoma - Age + WH loss b) Amebic colitis c) Intussusception d)lleocecal tuberculosis e) Inflammatory bowel disease 47. In trauma imaging, which of the following statements is false? in a multiply injured patient. CT scap of the head and spine should be the first line of imaging. A -vay of dest, spine 3 Pelvis (Vauva sevies b) Focused assessment with sonography for trauma (FAST) helps in detecting intraperitoneal A fluid and cardiac tamponade. 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 Good for Soft huse 48. All of the following are true of preoperative patient preparation EXCEPT? a) It includes a thorough history-taking and medical examination. b) The patient's medical state is not important c) It is to anticipate and plan for management of perioperative problems. B d) Good communication is required. e) It involves taking informed consent. 49. Which of the following statements is true about sigmoid volvulus? a) This is the most common site of volvulus in adults. b) The predisposing factors include constipation, long pelvic mesocolon and broad attachment c) The rotation is usually in a clockwise direction. A d) Flatus tube decompression is associated with a low rate of recurrence. e) There is no role for emergency surgery X M910Stan 50. Which of the following statements regarding clinical features of intestinal obstruction are true? a) Vomiting occurs early in low bowel obstruction. 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. e) Constipation is a predominant feature of Richter's hernia.