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**UNIVERSITY OF NAIROBI**

UNIVERSITY EXAMINATIONS 2017/2018

FINAL YEAR SUPPLEMENTARY/SPECIALS EXAMINATIONS FOR  
THE DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF

SURGERY:

MCQ PAPER

CODE: HSU600

DATE: FEBRUARY 12, 2019

TIME: 9.00 A.M.-12.00P.M.

INSTRUCTIONS:

1. THERE ARE 100 MULTIPLE CHOICE QUESTIONS.
2. CHOOSE THE SINGLE BEST ANSWER
3. ANSWER IN THE ANSWER SHEET PROVIDED

Direct Hernia

- The following are true about inguinal triangle (of Hesselbach), EXCEPT:
  - Is bounded laterally by the inferior epigastric artery
  - Is bounded medially by the lateral border of rectus abdominis
  - Is bounded inferiorly by the inguinal ligament
  - D** Direct inguinal hernias occur lateral to inferior epigastric artery
  - It is also known as the medial inguinal fossa

- All of the following are findings of bladder exstrophy by screening ultrasound except:
  - Lower abdominal bulge
  - Low set umbilicus
  - Nonvisualization of the bladder
  - D** Hydronephrosis
  - Small penis

Female  
 - Bpd clefts  
 - Genital anomalies  
 - Diverted mare

Absence of bladder  
 Low set umbilicus  
 Widen pubic arch  
 Definitive genital  
 Lower abd mass as  
 Pres Pres. viscera  
 in size

- Regarding patients with rigid abdomen and free air in plain film, which of the following statements is true?
  - No further radiologic work up is required
  - CT scanning with contrast enhancement is required to confirm the diagnosis
  - Bedside sonographic imaging is preferred over CT imaging to confirm the diagnosis of the free air.
  - Narcotic are contradicted in patients with an acute abdomen
  - Preoperative prophylactic are indicated in patients with free air

Double hernias  
 Hypocalcemia  
 Direct hernia  
 Free air  
 Free air

- Regarding rhabdomyolysis:
  - Acute renal failure occurs secondary to the release of myoglobin.
  - An alkalotic environment promotes the formation of myoglobin casts in the renal tubules, thereby worsening the kidney damage.
  - The renal failure from rhabdomyolysis typically resolves within 3 to 5 days.
  - Severe hyponatremia is a frequent complication.
  - Alkalinization to a pH between 8 and 9 is an important treatment goal

XBC  
 Fluid  
 Electrolyte  
 Afferent  
 Cramp  
 alt  
 Mx  
 + Insulin  
 + Salbut  
 + Ion Ex  
 + Diu

- Hypocalcemia is associated with
  - Acidosis
  - Shortened QT interval
  - Hypomagnesemia
  - Myocardial irritability
  - Hyperproteinemia

Compounds  
 Ely  
 Hypocalcemia  
 HypoG  
 HypoK  
 Cardiac arrhythmia  
 Cardiac arrest

6.5

is better with hypercalcemia

high albumin / high calcium

- Patient presents to casualty with an abdominal stab wound. Which of the following is not a sign of shock in this patient?
  - Increased respiratory rate
  - Decreased pulse rate
  - Falling blood pressure
  - Increased pulse rate
  - Cold peripheries

Lab  
 NCK  
 HypoG  
 HypoK  
 HypoCa

Ca 9-10.3g/dl

Hypocalcemia < 8.5mg/dl in Normal plasma protein

Etiology:  
 Toxic severe tetany  
 arthly. SPT 211 P  
 Ca<sup>2+</sup> gluconate 10%  
 10-20 mg 10-15ml N.  
 @ monitor Ca<sup>2+</sup> & the circuitry.

Asym oral Ca<sup>2+</sup> 1-2s  
 & vit D prep  
 ↓ Ca with low low Alb NO  
 therapy req

In chronic hyperphosphatemia, which of the following is not a sign of brain excitation of Nerve & affects the neuromuscular

Muscle, is affects the neuromuscular  
 Extensive spasm of skeletal muscle causes cramps & tetany.  
 Laryngospasm with stridor can obstruct the airway.

Chvostek sign - Contraction of facial muscle in response to tapping the facial nerve ant to the ear

Trousseau's sign; Carpal spasm occurs after occlusion of brachial artery with BP cuff for 3 min.  
 Prolonged QT interval.

Hypocalcemia: HypoPTH, Vit D def; Renal tubular dx; Renal failure  
 Mg<sup>2+</sup> depletion, ADH P  
 Enhanced bone formation with inadequate intake  
 Septic shock; Hypertension; bugs; Excessive selective of calcitonin

7. The following are complications of massive transfusion except
- a) Coagulopathy (Platelets ↓)
  - b) Hypocalcaemia (Citrate)
  - c) Hyperkalaemia
  - d) Hypothermia
  - e) Hypercalcaemia
- citrate in blood binds calcium*
8. Which of the following descriptions of ulcer edges denotes malignancy?
- a) Sloping - *Healing ulcer*
  - b) Overhanging
  - c) Everted - *Squamous cell carcinoma*
  - d) Punched-out - *Trophic ulcer (Diabetic ulcer)*
- Undermined edge - Tuberculous ulcer*
9. The following investigations are appropriate prior to surgery in a 30yr old male patient except
- a) Full haemogram
  - b) INR
  - c) U/E/C
  - d) 12 lead ECG
  - e) Group and crossmatch
- Graves*
10. A patient presents with weight loss, heat intolerance, proptosis and a neck mass. Which of the following investigations would you not order? *Hypothyroidism / Graves*
- a) Full blood count
  - b) Thyroid Function Test (TFT)
  - c) Neck ultrasound
  - d) Parathyroid Hormone levels
  - e) Anti-thyroid Receptor Antibodies
11. Which of the following is not true in relation to strangulated hernias?
- a) The present with local and generalised abdominal pain and vomiting
  - b) A normal hernia can strangulate at any time
  - c) This is more common in femoral hernia
  - d) They can be reliably excluded in irreducible hernias on clinical examination
  - e) They require urgent surgery
12. Which of the following is not a risk factor for breast cancer?
- a) Early menarche
  - b) Family history
  - c) Hormone replacement therapy
  - d) Nulliparity
  - e) Obesity

13. In patients receiving massive blood transfusion for acute blood loss, which of the following is correct?

- a) Packed red blood cells and crystalloid solution should be infused to restore oxygen-carrying capacity and intravascular volume.
- b) Two units of FFP should be given with every 5 units of packed red blood cells in most cases. Six packs of platelet concentrate should be administered with every 10 units of packed red blood cells.
- c) One to two ampules of 8.4% sodium bicarbonate should be administered with every 5 units of packed red blood cells to avoid acidosis.
- d) One ampule of calcium chloride should be administered with every 5 units of packed red blood cells to avoid hypocalcemia.
- e) Whole blood and crystalloid solution should be infused to restore oxygen-carrying capacity and intravascular volume.

A

14. Which one of the following statements is INCORRECT regarding surgical emphysema of the chest?

- a) It is a surgical emergency ✓
- b) It is iatrogenic after thoracic surgical procedures
- c) It is a common complication in patients with chronic obstructive pulmonary disease (COPD)
- d) A perforated oesophagus is a well-known cause of surgical emphysema
- e) On a Chest radiograph it is noted as radiolucent areas within the subcutaneous tissue

A

15. A 49 year old man otherwise healthy man presented to the surgical clinic with complaints of a lump in his abdomen. On examination he was found to have a vertical midline mass measuring 5cm by 6cm with a cough impulse and was more prominent as he sat up from the recumbent position. His abdomen is otherwise soft and non-tender and he has no midline scars. What do you think this patient has?

- a) Incisional hernia
- b) Epigastric hernia
- c) Inguinal hernia
- d) Divarification of the rectus
- e) All of the above

D

zilingit cilsen  
A.D.

asymmetrical bulge  
Failed insertion of  
vitelline duct connects  
Lumen  
Ameyand's

16. Which one of the following statements is INCORRECT regarding a meckel diverticulum

- a) It is present in about 2% of the population
- b) It is about two metres from the ileocecal junction
- c) It may contain heterotopic pancreatic and gastric tissue
- d) It is about two inches long
- e) It is a true diverticulum

Rule of Twos  
2% PP1  
2 feet - 60cm 4mm lllcc valve  
29. 12ft from ileocecal junction  
2 inches long / By age of 2 to 5  
2 types of ectopic tissue  
2% symptomatic / Ratio 2:1

17. A 56 year old man had an abdominoperineal resection for rectal cancer. He has a stoma in the left iliac fossa that has no pout and is flush to the skin. What kind of stoma does this patient have?

- a) Loop colostomy
- b) Mucous fistula
- c) End colostomy - flush, fecal matter
- d) Ileostomy - spout, liquid
- e) Double barrel colostomy

C

18. Which one of the following statements is FALSE in regard to hernias?

- a) Inguinal hernia lie superomedial to the pubic tubercle
- b) Femoral hernias lie inferolateral to the pubic tubercle
- c) ~~Men are most likely to have femoral hernias than women~~
- d) The most common hernia in women are <sup>femoral</sup> inguinal hernias *(Andrew?)*
- e) Men are more likely to get inguinal hernias than women

19. Jose is a 62 year man who has just been diagnosed with pancreatic cancer. You run 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 circumstance~~
- c) Tell his brother to withhold the information as he wishes
- d) Give the brother a dress down for suggesting such an option
- e) 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

20. A 49 year old man is found to have a solitary neck nodule on physical examination.

Laboratory studies reveal an elevated calcitonin level and fine needle aspiration confirms a diagnosis of medullary carcinoma of the thyroid. Which of the following disease processes might the physician be concerned to look for in this patient?

- a) ~~Hyperparathyroidism~~ ✓
- b) Papillary thyroid carcinoma
- c) Pituitary adenoma
- d) Subacute thyroiditis
- e) Zollinger-Ellison syndrome

MEN 1 - Pancreas | Pituitary | Parathyroid

MEN 2A - Medullary | Hyperparathyroid | Pheo

MEN 2B - Pheochromocytoma | Medullary | Pheo

21. A 28 year 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 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

MEN 1: PANCREAS, HYPERPARATHYROIDISM

MEN 2A: Medullary CA, Hyperparathyroidism

MEN 2B: Pheochromocytoma, Medullary CA, Pheo

Medullary Thyroid CA

Neuroblastoma

(D)

22. Which one of the following is not associated with compartment syndrome?

- a) Disproportionate level of pain
- b) Paralysis
- c) Absent distal pulses
- d) Paraesthesia
- e) ~~Calor-Hard~~

E  
P

~~Duox-Pain~~      ~~Pulso-RED~~

23. Which one of the following statements is INCORRECT regarding chronic osteomyelitis? *-sclerosis, rodman, Δ, chronic & acute cavity*

- a) X-ray features may include sunrise calcification
- b) Brodie's abscess is a subacute complication of chronic osteomyelitis
- c) Marjolin's ulcer may be a long term complication in this disease
- d) Treatment include surgical debridement and long course IV antibiotics
- e) Staphylococcus aureus is the most common pathogen isolated in acute and chronic osteomyelitis

A  
B

24. Which is the common causative organism of chronic osteomyelitis in children with sickle cell disease?

- a) ~~Staphylococcus aureus~~
- b) Salmonella
- c) Group A Streptococcus
- d) Group B Streptococcus
- e) Shigella

A

B

25. Which of the following statements about necrotising soft-tissue infections are true?

- a) ~~They are usually polymicrobial infections.~~
- b) The onset is usually gradual and they run a chronic course.
- c) 'Dishwater pus' is a non-characteristic feature.
- d) Clostridial species cause toxic shock syndrome.
- e) Treatment is essentially medical using antibiotics

K

A

26. All of the following are problems associated with surgery in the jaundiced patient EXCEPT?

- a) Clotting disorders
- b) Hepatorenal syndrome
- c) Infection
- d) Poor wound healing
- e) ~~Myocardial infarction~~

C  
E

27. 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

A

A

Sue

28 Which of the following is the symptom least specific for bladder outlet obstruction?

(C)

- a) Hesitancy
- b) Intermittency
- ~~c) Nocturia~~
- d) Terminal dribbling
- e) Reduced urinary stream

29 In skin preparation prior to operation, which of the following statements are true?

(E)

- a) In preparing open wounds, aqueous solutions are used.
- b) For intact skin, alcohol-based solutions may be used.
- c) Prepare the skin from the incision site outwards.
- d) Heavily contaminated areas are prepared last, with the swab being discarded.
- ~~e) All of the above.~~

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

10-25yr (MC)  
15-18 (PEAK AGE)

(B)

- a) Torsion of the testis is seen most commonly between the ages of 20-30 years <sup>12-18</sup>
- b) Hydrocele is diagnosed by transillumination and if any portion transilluminates malignancy is excluded
- ~~c) A right sided varicocele is slightly less common than a left sided ne~~
- ~~d) A painless testicular mass in a man ages 20-35 years found incidentally is the most common presentation of a testicular tumour~~
- e) Epididymal cysts always occur in the tail of the epididymis

31 Which one of the following cases is considered a clean-contaminated wound?

(A)

- a) Open cholecystectomy for cholelithiasis
- b) Herniorrhaphy with mesh repair
- c) Lumpectomy with axillary node dissection
- d) Appendectomy with walled-off abscess ~~contaminated~~
- e) Gunshot wound to the abdomen with injuries to the small bowel and sigmoid colon

32 Which of the following statements is true about testicular torsion?

(D)

- a) Swelling of the scrotum with fever
- b) A painless testicular mass that cannot be transilluminated
- c) A bag of worms appearance of the scrotum
- d) Sudden pain in the scrotum with an absent cremasteric reflex
- e) All of the above

33 Following an acute spinal cord injury a patient develops systematic hypotension and relative bradycardia. His bulbocavernosus reflex is present. This is a characteristic of what type of response in acute spinal cord injuries?

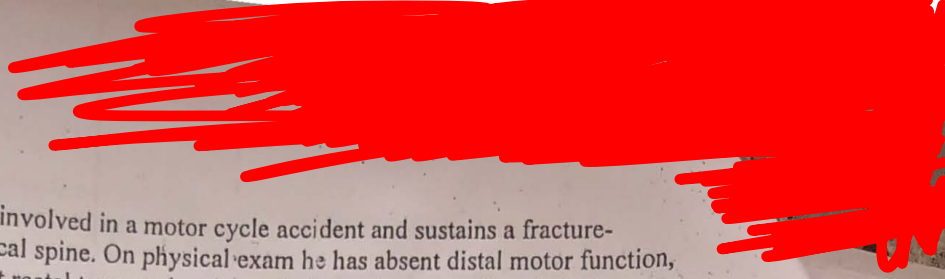
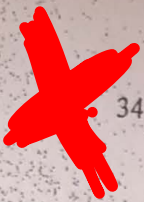
(C)

- a) Spinal shock
- b) Cardiac shock
- ~~c) Neurogenic shock~~
- d) Hypovolemic shock

AND

00N

encil



A

- 34 A 30-year-old male is involved in a motor cycle accident and sustains a fracture-dislocation of the cervical spine. On physical exam he has absent distal motor function, absent sensation, absent rectal tone, and an intact bulbocavernosus reflex. Which term best describes this spinal cord injury pattern?
- a) Incomplete spinal cord injury
  - b) Complete spinal cord injury
  - c) Neurogenic shock
  - d) Spinal shock

B

- 35 All of the following are attributed to the loss of supraspinal control of the sympathetic nervous system that commonly occurs in patients with spinal cord lesions at T-6 or higher EXCEPT?
- a) Orthostatic hypotension
  - b) Spasticity
  - c) Autonomic dysreflexia
  - d) Cardiac arrhythmias

B

C

- 36 A 49-year-old male fell from a height of 10 feet while cleaning his roof. He sustained a fracture dislocation of T6/T7. Upon transfer from the outside hospital 10 hours later, he has 0/5 motor strength in bilateral lower extremities, no sensation distal to umbilicus, and an intact bulbocavernosus reflex. He has no perianal sensation or rectal tone. He received no medical management at the outside hospital. Which of the following is the most appropriate use of methylprednisolone in this patient?
- a) Initiate high-dose methylprednisolone with a loading dose of 30mg/kg and a drip of 5.4mg/kg/hr ~~correct dose~~
  - b) Initiate high-dose methylprednisolone, without a loading dose, at 5.4mg/kg/hr
  - c) Do not initiate treatment with methylprednisolone.
  - d) Administer a one-time dose of methylprednisolone at a dose of 30mg/kg

C

- 37 A 35-year-old male is involved in a motor vehicle accident and sustains a neck injury. The patient's physical exam is consistent with a Brown-Sequard spinal cord injury. Which of the following likely represents the motor and sensory findings?
- a) Bilateral upper extremity loss of motor function and unilateral lower extremity loss of pain and temperature sensation
  - b) Bilateral loss of motor function and unilateral loss of pain and temperature sensation
  - c) Ipsilateral loss of motor function and contralateral loss of pain and temperature sensation.
  - d) Ipsilateral loss of pain and temperature sensation and contralateral loss of motor function

C

- 38 Which of the following are 'red flags' for possible serious spinal pathology?
- a) Age over 55
  - b) Systematic steroid therapy
  - c) Difficulty with micturition
  - d) Cough-impulse pain

A or b?



CUE

COSTICOSPINAL

UPPER LIMB - FLEXOR > EXTENSOR

LOWER LIMB EXTENSOR > FLEXOR (CORD SYNDROME)

- 39 A 63-year-old woman presents with low back pain and cramping in both posterior thighs and numbness radiating into the feet with ambulation. It worsens with standing and walking and improves with sitting and bending forward. She has no bowel or bladder complaints. On examination, she has full strength, normal sensation, reflexes are symmetric, and she has 2+ peripheral pulses. Straight leg raise is negative. What is the patient's most likely diagnosis?
- C**  c) Spinal stenosis
- a) Cauda equina syndrome  
b) Herniated disc  
d) Vascular claudication

- 40 A 55-year-old woman presents with a 9-month history of moderate low back pain constant in nature and not relieved with rest. The pain has awoken her from sleep on occasion. She has not had fever, chills, or night sweats; however, she has lost 15lb over the past 3 months. Her medical history is significant for hypertension and breast cancer treated surgically. What is the next step in this patient's management?
- C**  c) Magnetic resonance imaging (MRI) of the spine.
- a) Anti-inflammatory medications  
b) Epidural steroid injections  
d) Plain radiographs of the lumbar spine

- 41 A 33-year-old man presents with a sudden onset of back and left leg pain and weakness after performing heavy squats at the gym. Radiographs are normal, but a MRI reveals a posterolateral left L5-S1 herniated disc. What would a careful neurologic examination likely reveal?
- B**  b) Great toe extension weakness with absent Achilles reflex
- a) Foot plantar flexion weakness with absent Achilles reflex  
c) Great toe extension weakness with absent patella reflex  
d) Quadriceps extension weakness with absent patella reflex

- 42 A 71-year-old female presents with the sudden onset of severe lower back pain. Physical examination reveals severe kyphosis, while an x-ray of her back reveals a compression fracture of a vertebral body in the lumbar area along with marked thinning of the bones. Serum calcium, phosphorus, alkaline phosphatase, and parathyroid hormone levels are within normal limits. This woman's bone changes are likely due to?
- B**  b) Osteoporosis
- a) Osteopetrosis  
c) Osteomalacia  
d) Osteitis fibros cystica

- 43 A 56-year-old man is thrown violently against the steering wheel of his truck during a motor vehicle crash. On arrival in the emergency department he is diaphoretic and complains of chest pain. His blood pressure is 60/40 and his respiratory rate is 40 per minute. Which of the following would best differentiate cardiac tamponade from tension pneumothorax as the cause of his hypotension?
- B**  b) Breath sounds
- a) Pulse volume  
c) Pulse pressure  
d) Jugular venous pressure

44 A patient is brought to the emergency department 20 minutes after a motor vehicular crash. He is conscious and there is no obvious external trauma. He arrives at the hospital intubated and completely immobilized on a long spine board. His blood pressure is 60/40 his pulse rate is 70 beats per minute. His skin is warm and he has no rectal tone. Which one of the following statements is true?

- D**  D
- a) Vasoactive medications have no role in early management.
  - b) The hypotension should be managed with volume resuscitation alone.
  - c) Flexion and extension views of the c-spine should be performed early.
  - d) Flaccidity of the lower extremities and loss of deep tendon reflexes are expected.

45 Hemorrhage of 20% of the patient's blood volume is associated with?

- D**  D
- a) Oliguria - 30-40%
  - b) Confusion 30-40%
  - c) Hypotension - 30-40%
  - d) Tachycardia.

46 Which of the following is/are characteristics of hip osteoarthritis?

- C**  C
- a) Morning stiffness
  - b) Pain at rest
  - c) Antalgic gait
  - d) Thoracic spine pain

\* (47) A 45 year old lady has recently developed pain in the wrist especially late at night/early morning. She also experiences severe tingling sensation and sometimes her hand feel swollen. The one single examination you may want to do is:

- D**  D
- a) An X-ray of the wrist
  - b) Doppler ultra sound of the hand
  - c) A Hand CT-Scan
  - d) A nerve conduction test across the respective wrist

48 Which of the following is the earliest laboratory finding in fat embolism:

- C**  C
- a) Increased serum lipase
  - b) Increased serum fatty acids
  - c) Lipuria
  - d) Increased alkaline phosphatase.

49 The Commonest cause of failure of internal fixation is:

- A**  A
- a) Infection
  - b) Metal reaction
  - c) Immune deficient syndrome
  - d) Stress fracture of implant

50 Death 3 days after pelvic fracture is most likely to be due to:

- B**  B
- a) Hemorrhage
  - b) Pulmonary embolism
  - c) Multiple organ failure.
  - d) Infection.



58. An example of non-inflammatory arthropathy is the neuropathic kind as seen in:

- a) Gouty arthropathy
- b) Diabetic arthropathy
- c) Aseptic hip necrosis
- d) None of the above

B

59. Inflammatory arthritis include the following EXCEPT:

- a) osteoarthritis of the knee
- b) systemic lupus erythematosus
- c) rheumatoid arthritis
- d) ankylosing spondylitis

A

60. Which of the following conditions is not associated with joint destruction?

- a) pigmented villo-nodular synovitis
- b) sickle cell disease
- c) tuberculosis
- d) acute traumatic hemarthrosis

D

61. Rheumatoid arthritis is

- a) caused by a sex linked chromosome hence it affects women more
- b) Is a systemic disorder
- c) closely related to osteoarthritis as they affect the joints similarly
- d) Is the reason for a positive rheumatoid factor test

B

62. A healthy looking 50-year-old man presents with lytic lesions in his right humerus

- a) The lesion is most likely tuberculous in nature
- b) The patient should be observed and followed up by serial imaging before further treatment
- c) Urgent biopsy of the lesion for histological diagnosis should be done
- d) the lesion is most likely a metastasis from the prostate gland

C

63. Bone tumors are a challenge as:

- a) most tend to be very aggressive in nature and progression
- b) Many remain symptomless until late
- c) There is no known effective therapy
- d) most are metastatic in nature

A

64. The giant cell tumor is

- a) A benign tumor that does not metastases
- b) is a malignant tumor found around the knee
- c) is typically an epiphyseal tumor
- d) Is treated by amputation of the limb involved

C

65. A 12-year-old presents with mushroom like growths on both distal femora that are clearly outlined on radiographs and are painless.

- a) the boy should have an urgent CT scan of the growths
- b) an excision biopsy of the growths should be carried out
- c) The lesions are osteogenic sarcoma and the family should be counseled accordingly
- d) chemotherapy should be instituted as soon as possible

B

66. Which of the following statements regarding Hirschsprung's disease are true? *Mucosa*
- a) Suction rectal biopsy is always diagnostic if the specimen includes submucosa
  - b) Hirschsprung's disease is the result of a sex linked dominant gene *X NOT sex linked*
  - c) The endorectal pullthrough is demonstrably superior to other forms of surgical construction
  - d) 35 percent or less of patients have an excellent or good functional result following reconstructive surgery
  - e) The important cause of mortality in contemporary practice is enterocolitis *X*

E

(E)

67. Which of the following inhalation anesthetics accumulates in air-filled cavities during general anesthesia?

- a) Diethyl ether
- b) Nitrous oxide
- c) Halothane
- d) Methoxyflurane
- e) Trichloroethylene

B

(B)

68. Which of the following statements about head injury and concomitant hyponatremia are true?

- a) There are no primary alterations in cardiovascular signs.
- b) Signs of increased intracranial pressure may be masked by the hyponatremia.
- c) Oliguric renal failure is an unlikely complication.
- d) Rapid correction of the hyponatremia may prevent central pontine injury.
- e) This patient is best treated by restriction of water intake. *correct hyponat*

A

(B)

69. A newborn full-term baby boy with diagnosis of imperforate anus is also at risk to have a

- a) Dextrocardia
- b) Rib cage anomaly
- c) Tracheoesophageal fistula
- d) Ulnar skeletal deformity
- e) Proximal limb malformation

C

(C)

70. Neonates with NEC may demonstrate all of the following findings on abdominal films except:

- a) Pneumatosis intestinalis. ✓ *Dilated bowel loops*
- b) Portal vein air. ✓ *Bowel edema*
- c) Pneumoperitoneum. ✓ *Aggras sign*
- d) Colovesical fistula.
- e) Fixed and thickened bowel loops. ✓

(D)

D

71. 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 ✓

C

(C)

72. Regarding infantile hypertrophic pyloric stenosis

- (a) Usually presents between 6 and 12 months of age *3-6 wks*  
(b) The female : male ratio is 4:1 *Male ratio 4-6:1*  
(c)  Has a strong familial predisposition  
(d) Pathologically shows hypertrophy of the longitudinal *circular* muscle layer of the pylorus  
(e) Presents with bile-stained projectile vomiting

73. Scar formation is part of the normal healing process following injury. Which of the following tissues has the ability to heal without scar formation?

- (a) Liver  
(b) Skin  
(c) Bone - *callus*  
(d)  Muscle - *contraction*  
(e) None of the above

74. Which of the following statements are true in regard to electrical burns?

- (a) High-tension electrical burn injury is most likely to be found in accidents in the home. Underlying heart muscle damage is likely in low-tension injuries. *Higher grade resistance - muscles/bones*  
(b)  Large amounts of damage to subcutaneous tissues and muscle are associated with high-tension electrical burns.  
(c)  Myoglobinuria is a serious complication of low-tension burns. *metabolic acidosis*  
(d) Severe alkalosis is common in large electrical burns. *X*  
(e) Underlying heart muscle damage is likely in low-tension injuries. *X*

75. 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 blindly ✓  
(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 ✓

Use the options below to answer questions 76-80. Match the conditions (A-E) with the correct statement below.

- a) Acute appendicitis  
b) Ruptured ectopic pregnancy  
c) Ureteric colic  
d) Perforated peptic ulcer  
e) Acute Cholecystitis

76. A 25 year old female with severe lower abdominal pain. Markedly pale, cold and clammy extremities and is feeling faint. Not sure of her last menstrual period. *B*

77. A 35 year old with tenderness at McBurney's point. Also has pyrexia of 38 degrees, has vomited a few times and is anorexic. *A*

78. A 40 year old male with right iliac fossa pain for 2 days preceded by severe epigastric and right upper quadrant pain, Pain subsided with antacids but recurred. On examination is pyrexial and very tender and rigid over the right iliac fossa. *D*

79. A 28 year old male with sudden onset severe right sided abdominal pain which he is unable to localise. He is writhing around and cannot find a comfortable position in which to get relief. On examination he is tender all over the right side of his abdomen with some rigidity but no rebound tenderness. **C**

80. A forty year old female complains of severe right upper quadrant abdominal pain following a fatty meal. She has had bouts of vomiting and pyrexia. On examination she has tenderness of the right upper quadrant associated with rebound tenderness. **E**

81. On examination of a patient with acute pancreatitis the periumbilical discoloration noted on abdominal examination is known as:

- ~~a) Cullen's sign~~
- A** b) Romberg's sign
- c) Rovsing's sign
- d) Grey-Turner's sign - flanks
- e) Obturator sign - spasms of obturator internus pain on internal rotation of flexed hip

82. A woman aged 76 years presents with a painful swelling in the right groin measuring 4cm in diameter. It lies below the inguinal ligament and medial to the femoral artery. A plain X-ray of the abdomen reveals dilated small bowel loops. What is the most appropriate diagnosis?

- ~~a) Direct inguinal hernia~~
- B** b) Femoral hernia
- c) Indirect inguinal hernia
- d) Intussusception
- e) Volvulus

83. Charcot's triad consists of

- a) Fever, nausea and vomiting
- b) Pain, nausea and jaundice
- c) Pain, nausea and vomiting
- D** d) Pain, jaundice and fever
- e) Jaundice, fever and nausea

84. A 20 year old man is brought to the emergency unit after falling from a height. He is complaining of dyspnoea and his blood pressure is low at 70/50 mm Hg. Breath sounds are reduced on the left side and he has a tracheal deviation to the right. The best initial treatment would be:

- ~~a) Chest radiograph~~
- ~~b) Close observation~~
- C** c) Needle decompression of the left chest
- d) Computed tomography scan of the thorax
- e) Emergency surgical exploration

85. Falsely high non-invasive blood pressure measurements are associated with all the following except:-

- a) Relatively smaller cuffs
- b) Loosely applied cuff
- c) Extremity below the heart
- d) Even compression applied on arm
- e) Larger cuffs

E

86. Which of the following lesions will require colostomy as an emergency lifesaving procedure?

- a) Imperforate anus in males
- b) Perineal fistula in both sexes
- c) Rectovestibular fistula
- d) Recto-urethral fistula
- e) Persistent cloaca

A

87. Painless frank haematuria

- a) Indicates cancer of the urinary tract until proven otherwise
- b) Is usually caused by kidney stones
- c) Is often caused by ranitidine treatment
- d) A computerized tomography (CT) of the abdomen is first line investigation
- e) Usually indicates mild urinary tract infection

A

88. Breast cancer

- a) Commences most frequently in the nipple
- b) Peau d'orange is a sign of early disease.
- c) Pain is an early sign
- d) All patients should have a tissue diagnosis prior to definitive surgery
- e) Treatment does not depend on axillary node status

D

89. The following investigations are appropriate prior to surgery

- a) An ECG in all patients older than 30 years
- b) Coagulation screen for all patients with obstructive jaundice
- c) HIV screening for patients with acute appendicitis
- d) Chest X-ray for all patients over 40 years
- e) Liver function test for patients with acute appendicitis

B

90. 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
- d) Post operative complications are a consideration
- e) Comorbidities are an occasional consideration

D



91. A 16 year old lady presents with a 3 month history of palpitations and anxiety. She prefers cold to warm environments. She has lost about 5 kilos in 3 months and experiences mood swings. Which statement is true?

- a) She most likely has anxiety-neurosis
- b) Thyroid antibodies assay is likely to be positive
- c) Radioiodine is the preferred treatment option
- d) B-adrenergic blockers are contraindicated
- e) Elevated TSH is expected

(Graves dx)

GTH R - Ab  
↑ T3/4 → ↓ TSH

-Xmph-TPO/  
Anti Thyroid

92. A 2.8-kg. neonate with excessive salivation develops respiratory distress. Attempts to pass an orogastric catheter fail because the catheter coils in the back of the throat. A chest film is obtained and shows right upper lobe atelectasis and a gasless abdomen. The most likely diagnosis is:

- a) Proximal esophageal atresia without a fistula.
- b) Proximal esophageal atresia with a distal tracheoesophageal (TE) fistula.
- c) "H-type" TE fistula.
- d) Esophageal atresia with both proximal and distal TE fistula.
- e) Congenital esophageal stricture

93. Proper management of a head injured patient with a GCS of 9 include all of the following EXCEPT:

- a) Preventing hypoxia
- b) Preventing hypotension
- c) Giving oxygen
- d) Preventing hypoglycaemia
- e) Use of steroids

94. All of the following factors influence healing of a wound except?

- a) Vascular insufficiency ✓
- b) Diabetes insipidus ✓
- c) Malnutrition ✓
- d) Site of wound ✓
- e) Smoking ✓

95. 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 sunseting eyes and a bulging fontanelle in infants.
- d) It can cause head enlargement in infants.
- e) It can cause papilloedema

96. Common causes of bowel anastomotic breakdown include all of the following except:

- a) Poor blood supply to the bowel edges ✓
- b) Gross intraperitoneal contamination ✓
- c) Inadequate bowel mobilization
- d) Hand-sewn anastomosis
- e) Poor technique ✓

97. With uncomplicated para pneumonic pleural effusions, the pleural fluid usually has a:

- a) pH lower than 7.20
- b) low glucose level
- c) lactate dehydrogenase (LDH) level more than 3 times the upper limit of normal.
- d) negative gram stain for bacteria ✓
- e) high white cell count

D  
B

98. Risk factors for developing peripheral arterial disease include all of the following except:

- a) cigarette smoking ✓
- b) hypertension. ✓
- c) hypercholesterolemia. ✓
- d) diabetes mellitus. ✓
- e) exercise

E

99. A 78 year old diabetic male resident of an old peoples' home is brought to A&E with a two weeks history of episodes of somnolence and confusion. He is reported to have fallen in 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

C

100. 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

B

5  
mm