

THE SUPERIOR COLLEGE, LAHORE
 SEND UP EXAMINATION 2019
 SURGERY II
 (SEQ'S)



Time Allowed: 2Hrs.

Roll No. _____
 Total Marks: 65

Instructions

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

Q1. A 60yr man sustained trauma to his right leg during road traffic accident. On examination there is bone deep laceration 5 cm above the ankle. Radiograph shows commented fracture tibia/fibula. What is the management of this patient? **117 UHS** 05

126 UHS new

Q2. A 35yr lady known case of diabetes mellitus presents with severe pain in right upper abdomen for two days. She has history of fatty food intolerance and recurrent attacks of severe pain right hypochondrium for past about two years. On examination she has temperature 101 and has tenderness in right hypochondrium.

- a) What is your diagnosis? **Empyema gall bladder 99 Dogar** 02
Cholecystitis 02
 b) How will you investigate? **Chronic** 01
 c) What is treatment plan? **Cholecystectomy** 01

95 Dogar

Q3. What are different causes of dysphagia? How will you investigate an elderly patient with progressive dysphagia and weight loss? **139 UHS** 03, 02
149 UHS new

149 UHS new

Q4. A 50 year woman presents in emergency with sudden severe epigastric pain that spreads whole of her abdomen. She has habit of self-medication for her back pain for six months. On examination she is in shock like state with distended still abdomen.

secondary Peritonitis due to perforated Peptic ulcer

- a) What is your diagnosis? **Perforated peptic ulcer 64 Dogar** 02
 b) What is the initial investigation to diagnose the case? **64 dogar** 01
 c) Outline the treatment plan **64 dogar, 650** 02

Q5. A 60 year man presents with a mass in right iliac fossa for passed about four months. There is associated history of weight loss. On examination he is markedly pale and a hard mass in right iliac fossa.

- a) What is the most likely diagnosis? **CA Cecum 147 Dogar** 02
 b) How will you investigate to reach to the diagnosis? **172 UHS new** 03

160 UHS

CA prostate

Q6. A 70 year man presents with poor stream and hesitancy. He has also history of low back pain. On examination he has distended bladder. Digital rectal examination reveals hard irregular prostate.

- a) What is your diagnosis? **CA Prostate 245 Dogar** 02
- b) How will you investigate? **246** 02
- c) What are different treatment options? **249** 01

192 UHS
178 UHS
445 new

Q7. A 40yr woman presents with 3x3 cm lump in upper outer quadrant of right breast. Tru cut biopsy shows intraductal carcinoma.

- a) How will you investigate further? **245 UHS new** 01
- b) How will you manage? **333 Dogar** 04

229 UHS
226 UHS

Q8. A 55 year lady presents with a painful ulcer on right side of tongue. She has habit of chewing 'betel nut' for last many years. On examination she has 0.3cm ulcer on right lateral border of tongue with palpable lymph nodes in submandibular area.

- a) What is most probable diagnosis? **CA Tongue 230 Kultas** 02
- b) What is its stage? **Stage III** 01
- c) How will you investigate? **264 UHS new** 02

243 UHS

Q9. A young motor cyclist is brought in the casualty department by 1122 with an impact on his chest. He is breathless, trachea deviated to the left and hyper resonant percussion note on right side of chest.

Tension Pneumothorax

- a) What is the most probable diagnosis? **Tension Pneumothorax** 02
- b) How will you manage the patient in emergency? **200 UHS** 03

64 general surgery Dogar
288 Dogar

Q10. Enlist the operative steps of total thyroidectomy for multi nodular goitre?

Q11. What are common causes of enlarged lymph nodes in posterior triangle of neck? How will you diagnose a case? **268 UHS new** 247 UHS

Fine needle aspiration
Chest x ray
Mantoux test

Q12. A six weeks old male infant presents with recurrent projectile vomiting since birth. The vomitus is nonbilious in nature. The baby is always hungry after vomiting?

- a) What is your diagnosis? **Infantile hypertrophic pyloric stenosis** 02
- b) What are other clinical features in favour of diagnosis? **BEL 113** 02
- c) How will you prepare the patient for operation? **pyloromyotomy** 01

DX: JHPS
slides

Q13. Enumerate different types of intracranial hematomas. Describe salient clinical features of intracranial hematomas. What are indications of CT scan after head injury?

Repeat
2019 annual
912
343 D

Q.7(b) Stage 0 :- DCIS (partial mastectomy)
 LCIS (Bilateral total mastectomy + Tamoxifen therapy)
 Stage I :- BCS (Mastectomy + Chemotherapy + Hormonal therapy)
 Stage II :- Modified radical mastectomy followed by adjuvant chemo & radiotherapy
 Stage III :- Total (total) mastectomy + Hormonal therapy + Chemotherapy
 Stage IV :- Radical mastectomy + NSARs + opiates + steroids

Q: 12(b) Symptoms :-
 • Vomiting
 • Constipation
 • Dehydration
 • Loss of weight
 Signs :-
 • Visible gastric peristalsis
 • Palpable lump of hypertrophied pylorus
 • Electrolyte imbalance

(c) Rehydrate
 • NPO
 • NG tube aspiration for empty the stomach procedure
 Ramstedt's pyloromyotomy
 (c) Investigations - Test feed - U&Es
 Hypochloremic metabolic alkalosis must be corrected before surgery.

Sendup 2019 Surgery - II

Q. No 1 Management :-

- ① Follows ATLS guidelines
- ② Debridement of wound
- ③ Antibiotics
- ④ Analgesics
- ⑤ Tetanus prophylaxis
- ⑥ External fixation of bone

Q. No 2 (a) Diagnose
chronic cholecystitis

(b) investigation

- (i) CBC
↳ leukocytosis
- (ii) ultrasonography
- (iii) Radionuclide scan
↳ HIDA scan

(1) Treatment

cholecystectomy

Q. No 3(a) causes of dysphagia

(1) Esophageal dysphagia :-

- (i) Achlasia
- (ii) Diffuse Spasm
- (iii) stricture
- (iv) Foreign bodies
- (v) Tumors
- (vi) GERD
- (vii) Esophageal Ring
- (viii) Radiation therapy

(2) oropharyngeal dysphagia :-

- (i) Neurological deficit
- (ii) Diverticula
- (iii) cancer

(b) investigations:

Endoscopy

Barium swallow

Manometry

pH monitoring

O. NOY (a)

Diagnose

Secondary Peritonitis due to perforated Peptic ulcer

(b) investigations

- ① diagnose is clinical
- ② X-ray chest
- ③ USG abdomen
- ④ CT-scan abdomen
- ⑤ Leukocytosis
- ⑥ serum amylase
↳ To rule out Pancreatitis

(1) Treatment

① Resuscitation

- (i) Intravenous Fluid
- (ii) NG aspiration
- (iii) Monitoring urine output
- (iv) intravenous antibiotics
↳ metronidazole + cephalosporin
- (v) analgesics
- (vi) arrangement of blood
- (vii) carry out all investigations required for fitness of anaesthesia

② Surgery

(A) Recum

Q. 1205(a)

Diagnose :-

(b) investigations

- ① Barium meal or follow through
- ② Sputum for AFB
- ③ CBC with ESR
- ④ USG abdomen
- ⑤ mountox Test

CA Prostate

Q: NOBES

Diagnose

① History

② Examination

③ Digital Rectal Examination

④ Prostate specific antigen (PSA)

⑤ Trans rectal ultrasound and biopsy

⑥ CT-scan and MRI

⑬ cytourethroscopy

(b) investigations

⑦ X-ray chest

⑧ Bone scan

⑨ Liver function Test

⑩ Blood Test

⑪ Urine Test

⑫ Cytoscopy

① watch Full waiting

② medical
↳ • α -blockers

• 5 α phosphoreductase inhibitors

③ surgical

↳ • Transurethral Resection of prostate

• Transvesical Prostatectomy

• RetroPubic Prostatectomy

(c) Treatment

Q. Not(a) investigations

① For Diagnose of malignancy =

- Triple assessment (history + Examination + Radiology + FNAC + Biopsy)
- FNAC

- core cut/ Trucut Needle biopsy
- incisional biopsy

② For local Extent of disease

- MRI

③ Lymph Node involvement

- clinical Judgment
- sentinel Lymph Node biopsy

④ systemic spread

- X-ray chest
- ultrasound abdomen
- CT-scan (Brain)
- Bone (Radio isotope bone)

(B) Management

Mastectomy

- ① Simple mastectomy = Removal of all breast tissue
- ② Extended simple mastectomy = simple mastectomy + level I axillary LN
- ③ Modified Radical mastectomy = whole breast + lymph node upto level 2

steps of modified Radical mastectomy

- (i) Anesthesia (General)
- (ii) incision (Eliptical)
- (iii) Raised flaps
- (iv) Removal of breast
- (v) clearance of axilla
- (vi) closure

Q. NO 8(a)

Diagnose

CA Tongue

(b) stage

stage III

(c) investigations

choice investigation

- ① MRI
- ② CT-scan
- ③ FNAC
- ④ Incisional biopsy at the edge of ulcer
- ⑤ X-ray ~~stage~~
- ⑥ USG
- ⑦ Radionucleotide scanning

Q. No 9(a) Diagnose
Tension Pneumothorax

(b) management

① Immediate Needle compression in second intercostal space in mid clavicular line while Patient is sitting - Gush of air is escaped From Needle and confirm the Placement.

② Chest intubation or tube thoracostomy in 5th intercostal space ~~superior~~ anterior to midaxillary line - it is attached with under water seal -

Q. No 10 steps of Thyroidectomy

① - General anaesthesia ^{is given} Neck is extended - elevate the head of operation table.

② - Transverse incision (4-5cm) is given 2cm upto supra-sternal notch - also called collar ~~incision~~ incision.

- ③ - The subcutaneous tissues and platysma are incised sharply. Platysmal flaps are raised superiorly to the level of thyroid cartilage and inferiorly to suprasternal notch.
- ④ - Incised median raphe and strap muscles are mobilized. Strap muscles are retracted laterally in ~~stret~~^{small} goitre and divide in case of large goitre.
- ⑤ - Retract affected lobe of ~~the~~ thyroid medially and identified middle thyroid vein ligate and divide it. Be careful of recurrent laryngeal nerve posterior to vein.
- ⑥ - Identify and mobilize superior pole and ligate/divide vessels ~~to~~ close to thyroid to avoid damage to external laryngeal nerve.
- ⑦ - Identify and ligate divide inferior pole vessels medial & lateral. Be careful to identify recurrent laryngeal nerve which is always close to inferior pole vessels.
- ⑧ - Divide ~~Berry's~~ Berry's ligament and mobilize thyroid from trachea.

Q. 1011 (a) Causes

① Inflammatory : Reactive Hyperplasia

② Infective :

(i) viral



infectious mononucleosis, HIV

(ii) Bacterial

• acute —

streptococcus + staphylococcus

• chronic — Tuberculosis

(iii) Protozoans —

Toxoplasmosis

③ Neoplastic

Primary — Lymphoma

Secondary — squamous cell carcinoma

(b) investigations

① chest x-ray

② mantoux test

③ Raised ESR and CRP

④ low Hb

⑤ sputum for culture and sensitivity

⑥ ZN staining

⑦ Inf gamma release assay = To detect latent and sub-clinical tumor

⑧ confirmed by excision biopsy

⑧ Fine needle aspiration for acid fast bacilli

Hypertrophic infantile pyloric stenosis

D. No. 1261 Diagnose

(b) Clinical Features

signs

- vomiting
- constipation
- dehydration
- loss of weight
- visible gastric peristalsis
- palpable lump of hypertrophied pylorus
- electrolyte imbalance

(c) Treatment

- ① Rehydrate
- ② NPO
- ③ NG tube aspiration For empty the stomach
- ④ IV Fluid

Q. No 13(a)

Types of intracranial hematomas

- ① Extradural hematoma
- ② Subdural hematoma
- ③ Epidural hematoma
- ④ Intracerebral hematoma

(b) Salient Features

Extradural Hematoma

Signs

- ① Bradycardia
- ② Pupil on affected side becomes fixed, dilated and non-reactive
- ③ GF clot lies in the motor area than contralateral hemiparesis

Symptoms

- ① Headache
- ② vomiting
- ③ confusion
- ④ loss of consciousness

12) indications of CT-scan

- ① - GCS $>$ 13 at any age
- ② - GCS \leq 13 or 14 at \geq 2 hours following injury
- ③ - suspected open or depressed
- ④ - Any sign of basal skull
- ⑤ - Post-traumatic seizures
- ⑥ - Post-traumatic amnesia $>$ 30 mins
- ⑦ - Persistent vomiting
- ⑧ - Focal Neurologic deficit