

57
Grit

52



DEPARTMENT OF SURGERY
TEST FINAL YEAR MBBS

Marks: (40)

Time: (40) mint

Q 1: A 30 yr. Male underwent Endoscopic balloon dilatation for esophageal stricture. Six hours after the procedure, patients develop chest pain, SOB, Tachypnea. On chest X-ray patients has left sided pleural effusion & Pneumomediastinum. Repeat

- What is the diagnosis? 2
- How will you manage? 8

→ Instrumental Esophageal perforation
→ therapeutic perforation
(50 Dogar)

Q 2: A 50 yr. Female presents the OPD with c/o Dysphagia more for Liquids

- Discuss the 3 Differential Diagnose? 10

Achalasia, Carcinoma, Stricture

*Achalasia
* Diffuse esophageal spasm
* Scleroderma

Q 3: A 55 yr. barker type a personality presents in A&E with Dizziness, cold sweating. O/E He is pale, Tachycardic & Tachypneic with B P 90/60 mm of Hg. Abdomen is soft & non tender.

- Write your diagnosis? 2
- How will you manage? 8

→ Perforated peptic ulcer disease (64 Dogar)

(49, 50 Dogar)

Q 4: A 55 yr. old male presents in surgical OPD with C/O Dyspepsia of recent onset bloating & weight loss O/E he is anemic cachectic & palpable left supraclavicular LN.

- What is your diagnosis? 2
- How will you manage? 8

Gastric Carcinoma
(66 Dogar)

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14175

Department of Surgery

Marks 15

Time Allow 30 mints

Q1: A 30 years female presents with H/o colicky abdominal pain with vomiting she has three C-Section previously on examination abdomen is distended?

- 1) What is Probable Diagnose? Intestinal obstruction due to adhesions 2
- 2) How will you manage this case? 156 D 3

Q2: 70years Old Man Presented with Bleeding P/R With For 5month. He Has Significant Weight Loss He also c/abdomen Distances Of On P/R. Examination Irregular Mass palpable 3cm From Anal Warge?

- 1) What is Probable Diagnose? → Colorectal carcinoma 1
- 2) What Name Investigation To Confirm your Diagnose? 2
- 3) Suggest Surgical Operation? 2

Q3:

- 1) What's are the Primary Site's of Hemorrhoids? → 1 3, 7, 11 o'clock
- 2) Describe different degrees of Hemorrhoids? 2 → Positive
- 3) What is Goodsall's Rule? 2 → 178 D

↓
Relates the external opening of an anal fistula to its internal opening.

(2) First degree

only bleeds

Second degree

Prolapse but reduce spontaneously

Third degree

Prolapse but ~~they~~ have to reduce manually

Fourth degree

Prolapse and irreducible

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2

CLASS TEST SURGERY
FINAL YEAR MBBS

TIME: 1 hr

Max Marks 20

Q=1 A 45 year old female presents with progressive dysphagia for liquids since 3 months.

Discuss the differential diagnosis. Achalasia, Diffuse esophageal spasm, Scleroderma

Q=2. A 60yr old presents in the OPD with H/O Dysphagia for the last 4 months. He has lost more than 20% of the body wt and is anorexic.

- a. What is ur provisional diagnosis Esophageal CA -124 UHS
- b. How will you investigate this case? 216 2
- c. What options are available for an unfit patient of advance esophageal cancer? stenting, laser, Ethanol injection, chemotherapy, radiotherapy -54 D

Q=3 A 35 year male presents in the emergency after one hour of an attempted dilatation of the distal oesophagus stricture. He is dyspneic with minimal cardiopulmonary upset.

- a. What is the likely diagnosis? Oesophageal Perforation
- b. How will you investigate this case? Chest x-ray, CT Chest 2
- c. Outline steps of his treatment. 212 2

Q=4 A young motorcyclist presents to you with road traffic accident. He is dyspneic and there are bruises on right chest. His blood pressure is 100/60 mm of Hg. On auscultation of chest; air entry was reduced on right side with

hyper-resonant percussion note:

- a. What is your most likely diagnosis? Tension pneumothorax
- b. What investigation you will advice in the emergency? 2
- c. Write down steps of the treatment you will provide. 2 309D

Q=5 Write down the post operative care of Intercostal chest tube 2 → * chest x-ray
Write down pre-operative evaluation of a male patient with lung cancer. 3 → * Bubble *

→ 305 D

seen in the water.

Q=6 Transhiatal esophagectomy.

- ① Ivor-lewis →
- ② left thoraco abdominal
- ④ McKeown three stage esophagectomy.

24

GI

2 3

CLASS TEST

FINAL YEAR MBBS.

SHORT ESSAY QUESTIONS

TOTAL MARKS:25

Q=1. A middle aged male chronic smoker presents in the Emergency with H/O Haemetemesis and fresh bleeding per rectum. O/E his pulse is 120/min and B.P 60/20 mm of Hg, his abdomen is soft.

- a. What is your provisional diagnosis?
- b. Outline steps of management.
- c. How will you investigate?

Haemorrhagic Duodenal ulcer.

1

Q=2. A 40yr female underwent upper GI endoscopy. One hour after the procedure she complain of chest pain and became restless and dyspnic. On examination she is cyanosed and tachycardic. On chest X-ray there is widening of mediastinum.

Repeat

- a. What is your diagnosis? Intra-aortic endoscopic perforation
- b. Out line steps of management. T-tube, Tujmotomy, oesophagostomy

Q=3. A 65year old male presented with severe heartburns refractory to any treatment for the last 3 months. On endoscopy he was found to have less than 2cm of barret oesophagus.

GERD

- a. What advise you will give to the patient?
- b. What is the risk of his developing malignancy in the oesophagus?

73cm Barret's esophagus → 25 times risk of developing

Q=4. A 70 year old smoker presents in the emergency with sudden onset severe upper abdominal pain. There is a history of joint pains. On examination his pulse is 110/min B.P 90/60, tachypenic with board-like rigidity of the abdomen and absent bowel sounds.

adenocarcinoma

- a. What is your diagnosis?
- b. How will you confirm the diagnosis?
- c. Out steps of treatment.

Perforated Peptic ulcer

Q=5. Write a note on

- a. Achlasia Cardia 490
- b. Zollinger Ellison Syndrome. 301D

Reliative resection

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(4)

SHORT ESSAY QUESTIONS

Each question carries five (5) marks.

Time Allowed: 30 min

Q=1. A 55 years old smoker presents with progressive dysphagia to solids for the past 4 months, he is anorexic with associated weight loss.

Repeat

- a. What is the most probable diagnosis? Esophageal carcinoma 1
- b. How will you investigate, describe with justification. 2
- c. Name different treatment options. 2

Q=2. A 35 year male presents in the emergency after one hour of an attempted dilatation of the distal oesophagus stricture. He is dyspneic with minimal cardiopulmonary upset. CXR show pneumo-mediastinum.

Repeat

- a. What is the likely diagnosis? E. perforation 1
- b. How will you investigate this case? Instrumental esophageal perforation 1.5
- c. Outline steps of his treatment. 2.5

Q=3 A 65 year male presents with H/O Anorexia, Epigastric pain and occasional coffee colored vomiting. His Gastroscopy reveals excavated lesion along the lesser curvature of the stomach.

- a. What is your provisional diagnosis CA stomach 1
- b. How will you investigate this case? 2
- c. What are the treatment options? 2

Q=4 A 50 year smoker presents in the emergency with severe upper abdominal pain which became generalized in 4 hours. He is a known case of OA. His pulse is 110/min, B.P=90/60 mm of Hg with sunken eyes and he is not moving his abdomen with respiration.

- a. What is your diagnosis? Perforated peptic ulcer 1
- b. How will you manage this case? 4

Repeat

... presents in the emergency after one hour of an attempted
dilatation of the distal oesophagus stricture. He is dyspneic with minimal
cardiopulmonary upset. CXR show pneumo-mediastinum.

- a. What is the likely diagnosis? *E. perforation*
- b. How will you investigate this case?
- c. Outline steps of his treatment.

Instrumental 1
esophageal 1.5
perforation 2.5

Repeat

Q=3 A 65year male presents with H/O Anorexia. Epigastric pain and occasional
colored vomiting. ...

Time allowed; 40 min.

Test: Thorax

Q1. A 25y. male is brought to ER after met a RTA with severe pain on Rt. side of chest. O/E his pulse is 115/min., B.P; 100/60 mmHg. and abrasion with dull percussion on same side.

- What is your clinical suspicion. (2) **hemothorax**
- What X ray you will request. (1) → **Erect P-A view**
- What radiological findings are you anticipating? (2) **Back**

Q2. You are planning for tube thoracostomy in 40 y. obese female diagnosed as Rt. Hemothorax after met a RTA.

- What is protocole for tube thoracostomy (2) **855 B**
- How you will monitor the progress of you procedure? (1.5)
- What are indications of thoracotomy in this patient? (5)

- Write short note on VATS. (2) → **Video assisted thoracoscopy surgery**
- What is Flail chest, how will you manage a case of Flail chest? (3) **193**

Q4. A 35y. male presents with sudden attack of breathlessness. He is cyanosed irritable with trachea deviated to Left side and hyper resonant percussion note on right. He has similar attack on year ago.

- What is your Diagnosis (2) **Primary spontaneous pneumothorax**
- What are different steps of management (3)

*X-rays
Bubble in the water

*Resuscitation
*Insert into safety triangle
*Aseptic measures
*Local anaesthesia
Video assisted thoracoscopy surgery is a ~~small~~ type of thoracic surgery performed using a small video camera that is introduced into the patient's chest via small incision. It is used to treat the problems and diagnose in your chest.

Perinatal surgery

Time (30) mints

Q1: A male Neonate Presented to ER with vomiting Which is Recurrent & projectile, during test feed there is visible peristalsis in upper abdomen from left to right.

- a) How will you diagnose the patient? **IHPS** (3)
- b) Out time treatment plan? **Ramstads operation** (2)

Q2: A new born male baby with slanted eyes and protruding tongue is brought to ER with bilious vomiting. His X-ray upper abdomen shows double bubble sign. **Duodenal atresia**

- a) How you will manage the child? *** N/L intubation**
*** I/V Fluids** (5)
*** Duodenoduodenostomy** → Performed openly/Lapros-copical

Q3: Write short note

- a) TOF? (**Tracheo-esophageal fistula**) (2)
- b) Hirsch sprung's Disease? (3)

Treatment
sealed the fistula
Tracheal resection and reconstruction

Absence of ganglion cells in the intestine resulting in loss of peristalsis

posi. base of amilla.

Auricula = lateral part major.

pos :- labial border of litzner
Inf :- line of 5th intercostal space

3

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2nd Quarter Examination 2016

PAPER SURGERY SEQ'S

TIME ALLOWED 1 Hr 30min

MAX MARKS 50

1. A 45 years old female who had intermittent upper abdominal pain for the past 6 months, now presents with jaundice and high colored urine for 2 weeks. Abdominal examination shows deep tenderness in the Rt hypochondrium and epigastrium. Her LFTs shows bilirubin 4mg/ and alkaline phosphatase 350 IU. Discuss as under
 - a. Differential diagnosis *Cholecystitis, Ductal ectasia, Cholelithiasis, ascending cholangitis* 6
 - b. How will you investigate her *primary sclerosing cholangitis* 4

2. A 50 yrs old male banker presents with haemetemesis, 2-3 times a day for the past two days. On inquiry he admits passing tarry stools sometimes during the past 6 months. On examination pallor is the only positive finding.
 - a. Discuss the differential diagnosis *duodenal, peptic ulcer, oesophageal varices* 6
 - b. How will you investigate this case *Liver LA* 4

3. A 20 year male presents with pain Rt lower abdomen and occasional vomiting for the past 2 days. On examination he is having low grade fever, pulse rate 90/min and a vague mass in Rt lower quadrant *Appendicula mass*
 - a. What is the most likely diagnosis 4
 - b. How will you manage this patient 6

4. A 50 years old female house wife presents with 2 days history of intermittent colicky abdominal pain, vomiting and constipation for the last 2 days. On examination, she is dehydrated, afebrile and normotensive. abdominal examination shows lower midline scar from previous hysterectomy and moderate distension with hyperactive bowel sounds *Bowel obstruction*
 - a. What is the most likely diagnosis 4
 - b. How will you manage her *1193* 6

5. write short notes on the following
 - a. Hirschsprung's disease *131 D* 3
 - b. Pancreatic pseudocyst *12 D* 3
 - c. Congenital hypertrophic pyloric stenosis 4