

FINAL YEAR MBBS

General surgery

25 Questions

Single Best Answers

Each Questions 2 marks

1. A 20 years old boy sustained blunt trauma abdomen to ER with following Pulse rate 110/min weak thready, BP 80/60mmHg. His abdomen was bruised and distended, DPL was positive for blood. Best treatment would be
 - a) IV line, 6 units blood transfusions and ICU admission for observation
 - b) Resuscitation and Laparotomy
 - c) Resuscitation with infusion pump only
 - d) Conservative management only
2. 40 years post thyroidectomy patient developed sudden swelling at wound site 4 hours after operation, she was dyspnoic and loud stridor audible. Best action would be
 - a) Immediate blood transfusion as she is bleeding
 - b) Pressure over the neck to stop bleeding
 - c) Immediate release of skin sutures and rush towards theatre
 - d) This is normal stridor after surgery and no action needed.
3. Which one of the following clinical scenarios is associated with hypercalcemia?
 - a) Fluid resuscitation from shock
 - b) Rapid infusion of blood products
 - c) Improper administration of phosphates
 - d) Malignancy
 - e) Acute pancreatitis
4. Ideal fluid to be administered to the patient with hemorrhagic shock would be
 - a) Albumin
 - b) 10 % dextrose
 - c) 5 % dextrose
 - d) Ringer lactate followed by blood ✓
5. A 30 years old lady accidentally cut her wrist with knife while chopping vegetables in kitchen and presented to ER with profuse bleeding
 - a) need immediate intubation and ICU.
 - b) need packed RBC infusions
 - c) immediate pressure over the area
 - d) immediate clamping and ligation of bleeding artery
6. You are caring for a patient who recently had a thyroidectomy. She complains of perioral numbness and has a positive Chvostek sign. While sending her blood for laboratory examination, she has a seizure. What treatment is indicated?
 - a. 0.9 NS, 1 L bolus
 - b. 0.9 NS, 1 L bolus, and a loop diuretic therapy
 - c. 20 mL of calcium gluconate intravenously over 20 minutes
 - d. Oral calcium carbonate
 - e. 4 IU/kg subcutaneous salmon calcitonin.
7. You have a postsurgical patient who is dehydrated with hypernatremia. You calculate a free water deficit of 3 L. How much free water should be given in the first 24 hours?
 - a. 1 L
 - b. 1.5 L
 - c. 3.2 L
 - d. 2.5 L
 - e. It is safe to correct the entire deficit over 24 hours.
8. Which of the following disturbances is associated with tumor lysis syndrome?

- a. Hypocalcemia (sec. to hyperphosphatemia)
b. Hypouricemia
c. Hypokalemia
d. Hypomagnesemia
e. Hypophosphatemia

9. A 55-year-old female with a small bowel obstruction is found to have a serum potassium level of 2.8 mmol/L. Her hypokalemia is refractory to aggressive repletion. Which of the following is true?
a. The patient will likely suffer from flaccid paralysis and respiratory compromise until her potassium level is increased to at least 3.0 mmol/L.
b. An electrocardiogram will likely show peaked T waves.
c. Intravenous potassium repletion with a rate of 80 mEq/h should improve her condition.
d. Hypomagnesemia could contribute to her problem.
e. Hypokalemia results in hypopolarization of the resting potential of the cell.

10. Which one of the following clinical signs or symptoms is associated with serum sodium concentrations below 125 mEq/L?

- a. Restlessness
b. Hallucinations
c. Tachycardia
d. Hyperventilation
e. Hyperthermia

11. The following are the blood results of a 70-year-old man: Sodium: 128 mmol/L. Potassium: 4 mmol/L. Urea: 5 mmol/L, Creatinine: 89 mmol/L, Glucose: 13 mmol/L. What is the serum osmolality (mOsmol/kg)?

- a. 290
b. 288
c. 282
d. 269
e. 275

12. With regard to perioperative fluid management, which of the following statements is correct?

- a. Insensible loss is approximately 600 mL/day.
b. 2: Intraoperative insensible losses from an open abdomen are less than 250 mL/h.
c. About 200 to 300 mL of fluid is needed to excrete the catabolic end products of metabolism.
d. 4 Lost urine should be replaced milliliter for milliliter.
e. 5, Hypermetabolism and hyperventilation are not important factors in postoperative fluid loss or management.

13. Which one of the following is least useful in the immediate treatment of hyperkalemia?

- a. Calcium salts
b. Sodium bicarbonate
c. Potassium-binding resins
d. Glucose and insulin
e. Hemodialysis

14. A 70-kg man with pyloric obstruction secondary to ulcer disease is admitted to the hospital for resuscitation after 1 week of prolonged vomiting. What metabolic disturbance is expected?

- a. Hypokalemic, hyperchloremic metabolic acidosis
b. Hyperkalemic, hypochloremic metabolic alkalosis
c. Hyperkalemic, hyperchloremic metabolic acidosis
d. Hypokalemic, hypochloremic metabolic alkalosis
e. None of the above.

15. A 60-year-old woman undergoes a right hip hemiarthroplasty for a fracture of the right femoral neck. A few days postoperatively her serum sodium is found to be 124 mmol/L and her urinary sodium is <20 mmol/L. Which of the following is the least likely cause of her hyponatremia?

- a. Syndrome of inappropriate antidiuretic hormone hypersecretion (SIADH)

- b. Hypothyroidism
- c. Vomiting
- d. Addison's disease
- e. Diuretic therapy

16. A patient with severe sepsis secondary to cholangitis has received 4 L of crystalloid resuscitation over the last 6 hours. His MAP remains below 65, but he is fluid responsive. Which of the following fluids should be administered?

- a. 0.9% NS, 1 L over 1 hour
- b. 0.45% NS, 2 L over 1 hour
- c. 5% albumin, 500 cc over 1 hour
- d. Dextran 40, 500 cc over 2 hours
- e. Heastarch, 6% solution, 1 L over 1 hour

17. An anxious pt. With the h/o RTA, presented in the emergency with blue lips n fingernails, on examination there is bruise over the left lateral part of chest n abdomen, pulse is 123/min n B P is 80/60mmhg.

- a. neurogenic shock
- b. spinal shock.
- c. hypovolemic shock
- d. septic shock
- e. cardiogenic shock

18. A 57yrs old female diagnosed case of urinary tract infection admitted in the ICU For the last 5 days is now complaining of fever usually higher than 101°F (38°C), low body temperature (hypothermia) fast heart rate rapid breathing, confused.

- a. Hemorrhagic shock,
- b. septic shock,
- c. neurogenic shock,
- d. cardiogenic shock
- e. UTI

19. A 55 year old chronic alcoholic is admitted in the intensive care unit after being diagnosed as acute pancreatitis. His parameters reveal decreased cardiac output, mixed venous saturation and venous pressure. Vascular resistance and base deficit are raised. He is exhibiting which form of shock?

- a. Cardiogenic shock
- b. Distributive shock
- c. Endocrine shock
- d. Hypovolaemic shock
- e. Obstructive shock

20. A 40 year-old man is in postoperative HDU following splenectomy complaining severe abdominal pain. He has drained 500 mls of blood into his drains in the last 2 hours. His blood pressure is 90/50 mmHg and pulse 120beats/min. Which of the following is the next most appropriate therapeutic intervention?

- a. CT scan abdomen and pelvis
- b. Infuse Hemacel
- c. Re-exploration
- d. Transfuse whole blood
- e. Ultrasound abdomen

21. Second class of shock is defined as when heart rate is of

- a. 90/min
- b. 90-100/min
- c. 100-120/min
- d. 125/min
- e. 140/min

22. Blood pressure of 80/60mmhg, pulse rate 125/min, respiratory rate 30to 40breaths /min blood loss of 1500to 2000ml is defined as class of shock.

- a. Ist class

- b. 2nd class
- c. 3rd class
- d. 4th class
- e. 5th class

23. A 65 year old patient having high output enterocutaneous fistula is being resuscitated with IV fluids. What is the best guide to the assessment of fluid replacement?

- a. 1. Heart rate of <100/min
- b. 2. Normal JVP
- c. 3. Normal Skin turgor
- d. 4. Normal Urine output
- e. 5. Systolic BP above 100 mm Hg

24. A 19 years old young boy brought to ER by a rescue team following a blunt trauma abdomen in a RTA.. On primary survey pulse 110/min, RR 24/min, and mildly anxious. FAST exam suspecting spleen injury . What %age of blood volume is lost?

- a. <15%
- b. 15-30% (class -2)
- c. 30-40%
- d. >40%

25. A 56 years old woman admitted in ICU with acute renal failure. Her ECG was done . which of the findings is associated with hyperkalemia

- a. Inverted T waves (hypokalemia)
- b. Narrowing of QRS complex
- c. Peaked P waves
- d. Shortened PR interval
- e. Tall tented T waves