

(40) IA

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THE SUPERIOR COLLEGE, LAHORE

Final PROFESSIONAL MBBS
ANNUAL EXAMINATION 2018
SURGERY II
(SEQ'S)

Time Allowed: 2 HOURS

Roll No. 14164
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 paper.
5. Do not write your name or disclose your identity in anyway.

(380 Bailey)

Q.1 A 75-year-old woman presents following a fall in her wash room. On examination her right leg is shortened and externally rotated and extremely painful movement at her right hip joint. She has a case of hypertension otherwise independent.

X-ray hip joint shows intracapsular fracture

- a) What is your diagnosis? Intracapsular fracture (displaced)
- b) What X-ray you will request? (Moberg)
- c) Suggest the treatment for her. 160

(4)

Q.2 A 30-year-old female presents in emergency with severe pain in epigastrium for 06 hr associated vomiting and abdominal distension. She is dehydrated, mildly febrile with pulse is 115/min. Blood pressure is 90/60 mmHg. and respiratory rate 31/min and generalised abdominal tenderness. 06 months old ultrasound shows multiple gall stones.

- a) What is the most likely diagnosis? Acute pancreatitis (109 Dogar)
- b) How will you investigate her?

(4)

Q.3 A 68 year old female presents with faecal incontinence - Per rectal examination shows squamous cell carcinoma of anal canal growth about 3cm from anal verge.

- a) What is your most probable diagnosis? Fibroid in anal (1266 Bailey)
- b) How will you investigate?
- c) Suggest the treatment. → Abdomino-perineal excision of rectum with or without previous radiotherapy and chemotherapy

cell carcinoma of anal canal

Q.4 A 20 year male presents with sudden severe abdominal pain that spreads to the whole abdomen associated with vomiting. He has been running fever for past about three weeks. On examination he is apprehensive and dehydrated with pulse 126/min, distended, still, and silent abdomen

- a) What is the most likely diagnosis? Typhoid perforated
- b) What initial investigation will you request to confirm your diagnosis?
- c) What operation will you suggest after resuscitation? Laparotomy

(91 Bailey)

Baseline

- CBC
- ESR, CRP
- X-ray abdomen
- CT-Scan
- Diagnostic paracentesis and

(4)

A 30 year thin tall labourer presents with sudden acute breathlessness for two hours. On examination he is cyanosed and decrease breath sounds on right side of the chest.

200 VMS

- a) What is your diagnosis?
b) How will you manage the patient?

Primary spontaneous pneumothorax (3)

(UTI Urethritis)

A 35 years old truck driver presents in outpatient department with two day history of dysuria and urethral discharge.

- a) What is the differential diagnosis?
b) How you will investigate the patient?
c) What are the most common microorganisms causing this disease?

UTI, urethritis (4)

234, 255 Dogar

A 14-year-old boy complains of sudden onset of agonising pain in his right groin of 4 hours duration. He has no urinary symptoms. On examination the right testis is drawn up and extremely tender.

- a) What is your diagnosis?
b) How will you manage the boy?

Testicular torsion (3.5)

Q.8 Enlist the operative steps of hernioplasty for direct inguinal hernia in a 55 year man.

Q.9

- a) What are indications of tracheostomy?
b) Discuss complications of tracheostomy?

(691 Bailey)

Q.10 A 45 year woman undergoes total thyroidectomy for toxic multinodular goitre controlled with medications. Discuss the per operative and post-operative complications.

- Damage to trachea
- Damage to esophagus
RLN damage
ELN damage

Q.11 A 30 year woman presents with a painless lump in right breast. On examination she has a hard lump about 03cm in upper outer quadrant with skin tethering and a mobile enlarged lymph node in ipsilateral axilla.

- a) What is your provisional diagnosis?
b) How will you confirm the diagnosis?
c) What is the stage of the disease?

Breast CA (3.5)
FNAC
Stage II

Q.12 A middle aged man known case of Familial Adenomatous Polyposis undergoes an operation which ended up in intestinal stoma.

- a) What is intestinal stoma?
b) What are different types of intestinal stomas?
c) What are complications of intestinal stomas?

Wileostomy (3) → Loop → Temporary
(2) Colostomy → Double barrel → Permanent
→ End

Q.13 A young boy is brought to emergency with head injury. He has no external injury during his primary survey. He opens eyes on vocal command, localises pain and confused.

- a) What is his GCS?
b) When CT scan brain is indicated in this patient?

GCS: 12 + 3 + 5 = 20

Artificial opening in the bowel which divert faeces and flatus to the external where they can be collected into a bag.

Q.12 c

Early → Diarrhea
→ Bleeding

Late → Excision of skin
→ Prolapse
→ Retraction

→ Strangulation of orifice
→ Parastomal hernia
→ Spillage of content into wound
→ Infection