



THE SUPERIOR COLLEGE, LAHORE
FINAL PROFESSIONAL MBBS
SUPPLEMENTARY EXAMINATION 2018
SURGERY II
(SEQ'S)

S2
19

Time Allowed: 2Hrs.

Roll No. 61
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.

(547
Bailey)
2.7

Q1. Bacterial infection of bone
 Define Osteomyelitis. Acute 27D 104 UHS 01
 Classify osteomyelitis. subacute 1.5
 What is the most common microorganisms involved? Staph aureus 01
 Outline the management plan in a patient with osteomyelitis. 1.5

3

Q2. What are causes of Dysphagia? How will you investigate a 25 year lady presents with dysphagia for liquids more than of solids? VHS 132 02,03

3

Q3. A forty years house wife presents in emergency with high grade shaking chill (fever) pain in right hypochondrium and mild jaundice. She is accompanying six months old Ultrasound report suggestive of multiple gall stones.
Ascending cholangitis with cholelithiasis 3.5
 a) What is your diagnosis? 02
 b) How will you investigate her further 1.5
 c) Outline the treatment plan 1.5

2

Q4. An elderly man known case of chronic constipation presents in emergency with discomfort in left iliac fossa and profuse bleeding per rectum. On examination his pulse is 105/min and mild tenderness and fullness in left iliac fossa.
150 UHS
 a) What is differential diagnosis 02
 b) How will you investigate the patient? 03

Management in Emergency
 PR de out the rectum
 Arrange blood
 Analgesic
 Monitor vitals
 maintain I/F line
 Fluids

Q5. A 35 years chain smoker presents in emergency with sudden onset of severe epigastric pain that spreads whole of her abdomen. On examination he is in shock like state with distended still abdomen and generalised rigidity.
Secondary peritonitis with perforated peptic ulcer
 a) What is your diagnosis? 02
 b) What is the initial investigation to diagnose the case? 01
 c) Outline the treatment plan 02

(3) Diverticulitis
 IBD-
 (D.U.D)
 131
 141
 Dogar)

P.T.O

(64 Dogar
1040 Bailey)

Q4(b) Investigation
 * CBC
 * ESR
 * USG of abdomen
 * x-rays of abdomen
 * CT-scan of abdomen
 * Biopsy
 * Colonoscopy

Q6. A young school boy presents in emergency with sudden severe pain in his right testis. On examination his pulse is 85/min, temperature is normal and right testis is elevated and tender? (3.5)

- a) What is your diagnosis? 02 Testicular torsion
- b) How will you investigate and treat the patient? 03 UHS (262 Dogan)

Q7. A 60-year-old man complains of haematuria associated with dragging pain in his left loin for about 2 months. He is passing clots. On examination he has varicocele on left side. (3.5)

- a) What is your diagnosis? 02 R.C.C
- b) How will you investigate? 03 2270 (227 Dogan) R.C.C

Q8. Describe the operative steps of Modified Radical Mastectomy. UHS 207 05 (3)

Q9. Define and classify Goitre. How will you investigate a lady of 50 years with goitre and secondary thyrotoxicosis? (273, 275 Dogan) 273-274D 02,03 (3)

Q10. A 40 years man is brought to emergency after met a road traffic accident. He is complaining of severe pain at his right side ribs. On examination there is abrasion on right antero-lateral chest with paradoxical movements. The breath sounds are diminished. (3.5)

- a) What is your diagnosis? 02 Flail chest/ribs chest
- b) How will you manage the patient? 03 → 193 UHS

Q11. Describe Glasgow Coma Score (GCS) to classify severity of head injury. (05) (3.5)

Q12. A six months old baby boy presents with recurrent vomiting. The baby is always hungry after an episode of vomiting which is non bilious. (3.5)

- a) What is the diagnosis? 02 IHPS
- b) What other clinical features will you anticipate in the child? 02 weight loss
- c) How will you prepare the child for surgery? 01 Dehydrate
- d) Suggest the operation. 01 Projectile vomiting

Q13. A 60 yrs. gentleman presents with a right parotid swelling for past two months. On examination the swelling is discrete with infiltration into the overlying skin and ipsilateral fascial Nv involvement. (3)

- a) What is your diagnosis? 01 CA parotid
- b) How will you investigate? 02 → CT, MRI, FNAC
- c) Suggest the operation for this tumour? 02 → Low grade tumor → Superficial parotidectomy
- d) Which Parotid tumour is notorious for its proclivity (tendency) for per neural invasion? (1) 01 High grade tumor → Radical parotidectomy

Adenocarcinoma
 Squamous cell carcinoma
 High grade mucopidermoid carcinoma
 (359 Dogan, 732 Bailey)

rrrecta
 hypochloremic
 hypokalemic
 alkalosis
 before surgery

116
 110.5
 26.5 140
 15
 40 30 110
 130 80
 90
 130
 60 130
 80
 70
 35x35 270.5
 = 120