

Azra Naheed Medical College
Department of Surgery
Final year MBBS

TOTAL MARKS 35

TIME ALLOWED 45 min

SEQs Lower GI

I. A 35 years old healthy looking male presents in surgical OPD with chief complaints of painless bleeding per rectum along with off & on mucus since last 3 months. He further describes his feeling of incomplete evacuation during feces and change in bowel habits also. He has mild weight loss. On proctoscopic examination, there is friable exophytic growth 7 cm away from the anal verge.

- A. What is most likely diagnosis? 1
- B. What investigations are performed to confirm and stage your diagnosis? 2
- C. What is the treatment options available for disease? 2

II. A 23 years married female presents in surgical E.R with complaints of sudden Right lower Quadrant abdominal pain, along with multiple episodes of vomiting since last night. She has H.O of previous one miscarriage and 1 cesarean section. Her LMP is 2 weeks back. Her vitals are pulse 110/mint, B.P is 110/70, and temp is 100 F. she denies of any burning micturition.

- A. What is the differential diagnosis? 2
- B. What investigations are needed to support your diagnosis and why? 1.5
- C. What do you understand by Alvarado Score? 1.5

III. A sick looking 18 years boy came from some village presents in Surgical E.R with history of abdominal distension and absolute constipation since 3 days. He also has history of high grade fever from last 2 weeks and multiple episode of greenish color vomiting. On Exam, pulse is 130/mint, B.P is 90/60, temp is 102F and R.R is 26/mint. He has sunken eyes with dry skin and generalized tenderness on abdomen.

- A. What is the diagnosis? 1
- B. Enlist investigations you would advise in emergency ward for this patient? 2
- C. Enlist steps in management 2

- C. Perforation
- D. Intussusception
- E. Anemia

15. A 54-year-old man reports with a 2-month history of abdominal pain and significant weight loss. Upper endoscopy, colonoscopy, and CT were all normal. A barium upper GI study with small bowel follow-through identified a mass in his mid-ileum. At surgical exploration, a carcinoid tumor, confirmed by frozen section, was found in the mid-ileum. Which statement is true regarding his condition?

- A. Prognosis is primarily related to lymph node status.
- B. The cell of origin is the Kulchitsky cell.
- C. The ileum is the most common site of origin.
- D. A 1-cm distal ileum carcinoid tumor should be treated with a formal right hemicolectomy.
- E. Resection is not indicated in patients with metastatic

16. During a routine appendectomy, a 1-cm mass is found at the tip of the appendix. Frozen section is concerning for carcinoid tumor. What is the best treatment option for this patient?

- A. Right hemicolectomy
- B. Medical therapy with octreotide
- C. Neoadjuvant therapy with streptozotocin and 5-fluorouracil
- D. Appendectomy
- E. Ileocecectomy

17. A 56-year-old woman had a right hemicolectomy for villous adenoma of the cecum. Five days after surgery her surgical wound becomes red and tender. She underwent pelvic radiation therapy 5 years ago for cervical cancer. The surgeon opens her wound with immediate drainage of purulent fluid. The drainage persists as a continuous brown liquid discharge over the next day. Which of the following is the most likely diagnosis?

- A. Simple wound infection
- B. Clostridial infection
- C. Anastomotic leakage with an enterocutaneous fistula
- D. Dehiscence
- E. Cellulitis

18. With regard to the anatomy of the colon and rectum, which of the following statements is true?

- A. The colon has a complete outer longitudinal and an incomplete inner circular muscle layer.
- B. The haustra are separated by plicae circulares.
- C. The ascending colon and descending colon are usually fixed to the retroperitoneum.
- D. The rectum is totally invested by three complete muscle layers.
- E. The distal part of the rectum begins at the point where the taeniae coli merge.

19. Peyer's patches are primarily responsible for the local synthesis of:

- A. IgD
- B. IgE
- C. IgG
- D. IgM
- E. IgA

20. Which of the following is true regarding the location of the appendix?

- A. The base of the appendix can always be found at the confluence of the cecal taenia.
- B. The tip of the appendix is found in the pelvis in the majority of cases.
- C. The appendix is often retrocecal and extraperitoneal.
- D. After the fifth gestational month of pregnancy, the appendix is shifted posteriorly and laterally by the gravid uterus.
- E. The position of the tip of the appendix does not determine the symptoms of the patient with appendicitis.

- A. Ultrasound is the most specific imaging study available.
- B. Selective imaging has been used to lower the accepted negative appendectomy rate to less than 20%.
- C. Confirmatory imaging is not required to make the diagnosis of acute appendicitis in all cases prior to definitive management.

D. The most accurate ultrasound finding in acute appendicitis is the presence of mesenteric lymphadenopathy.

E. For pregnant women, magnetic resonance imaging (MRI) is not recommended when ultrasound is non-diagnostic.

8. A 48-year-old male is referred to your office for painless hematochezia, which has been present for 1 year. He notes some mild fatigue but is otherwise asymptomatic and has no other past medical or surgical history. He is adopted so his family history is unknown. On physical exam, he has a BMI of 32 kg/m². His rectal and anoscopic exam show no lesions. His fecal occult blood test is positive. The rest of his exam is normal.

For this patient, the next step in management should be

A. Computed tomography (CT) virtual colonography

B. Fecal immunochemical test

C. Colonoscopy

D. Stool DNA

E. Capsule endoscopy

9. A 47-year-old obese man who presents in emergency department with left lower quadrant pain & without signs of sepsis but on imaging has evidence of complicated diverticulitis with a 6 cm pelvic abscess, what is the best treatment plan?

A. Discharge with PO antibiotics and close follow up.

B. Admission, IV antibiotics, and percutaneous drainage.

C. Admission, IV antibiotics, and Laparoscopic washout with drain placement.

D. Admission, IV antibiotics, laparoscopic washout & drain placement, and planned laparoscopic resection in 6–8 weeks.

E. Admission, IV antibiotics, and resection of the diseased segment with end colostomy.

10. Diarrhea is one of the common clinical manifestations of Crohn's disease. Which of the following statements is true regarding this manifestation?

A. Most patients experience intermittent bloody diarrhea.

B. Diarrhea is the result of segmental inflammation, leading to decreased small bowel absorption.

C. Decreased bile salt absorption in the diseased terminal ileum produces choleric diarrhea.

D. Diarrhea is frequently described as mucus or pus like.

E. Bloody diarrhea almost always produces anemia.

11. Which of the following statements is true concerning the causes of intestinal obstruction?

A. Among adults, 20% of intussusception cases are associated with a pathologic process, most commonly a tumor.

B. A leading cause of bowel obstruction is early postoperative adhesions.

C. Adhesions account for more than 50% of cases of small bowel obstruction.

D. Richter's hernia cannot lead to complete obstruction.

E. Hernias are the leading cause of obstruction in the United States.

12. Which of the following is true concerning postoperative ileus (POI)?

A. The presence of peritonitis at the time of surgery delays return of normal function.

B. The use of metoclopramide hastens the return of motility.

C. Contrast radiographic studies have no role in differentiating early postoperative bowel obstruction from POI.

D. The judicious use of intravenous patient-controlled analgesia has no effect on the return of small bowel motor activity.

13. A woman is undergoing an open incisional hernia repair through a previous cesarean section incision. During the operation, Meckel's Diverticulum is noted about 60 cm from the ileocecal valve. What is true regarding this incidental finding?

A. It is a true diverticulum.

B. This lesion may be found in various anatomic forms in 50% of the population.

C. Pancreatic tissue is the most common ectopic tissue found in this diverticula.

D. Most complications occur in the elderly.

E. Diverticulitis is the most common complication.

14. What is the most common finding with small bowel tumors?

A. Hematemesis

B. Abdominal pain

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MCQs (single Best Answer) Lower GI

1. Which of the following is the most common cause of bowel obstruction?
 - A. Small bowel ileus
 - B. Mechanical small bowel obstruction
 - C. Mechanical colonic obstruction
 - D. Acute colonic pseudo-obstruction
 - E. Gastric outlet obstruction
2. Which of the following is the most common cause of mechanical small bowel obstruction?
 - A. Adhesions
 - B. Strictures
 - C. Hernias
 - D. Gallstones
 - E. Tumors
3. A 30-year-old, 28-week pregnant female presents to the emergency department with a 24-h history of right upper quadrant abdominal pain. The white blood cell (WBC) count is 18,000. An ultrasound was done showing a normal gallbladder and viable fetus. The appendix was not visualized. What is the next best step?
 - A. Obtain a CT abdomen/pelvis.
 - B. Treat with antibiotics in an attempt to avoid an operation.
 - C. Proceed with laparoscopy after delivery.
 - D. Obtain a magnetic resonance imaging (MRI) and proceed with an appendectomy if positive.
 - E. Admit the patient for serial abdominal examinations and repeat lab tests in the morning.
4. A 50-year-old otherwise healthy male diagnosed with neuroendocrine tumor of small bowel and surgery was done and he ultimately recovers well and is discharged. What labs should be ordered for surveillance of recurrence and metastatic disease?
 - A. Chromogranin A and Urine 5-HIAA
 - B. CEA and CA 19-9
 - C. Plasma VMA and metanephrines
 - D. FSH and LH
 - E. AFP and HCG
5. A 67-year-old male with a history of hypertension, atrial fibrillation, and obesity presents to the emergency department with acute onset abdominal pain, nausea, vomiting, and hematochezia. On physical exam the patient appears to be in significant distress due to pain; however, his abdomen is soft, non-tender, and non-distended. Laboratory analysis is remarkable for a white blood cell count of $21 \times 10^9/\text{mL}$ and a lactate of 3.5 mmol/L. Abdominal radiography is unremarkable. What is the likely etiology of this SMA occlusion?
 - A. Splanchnic vasoconstriction
 - B. Embolic occlusion of the mesenteric circulation
 - C. Acute thrombosis of the mesenteric circulation
 - D. Hypercoagulable state
 - E. Mesenteric venous thrombosis (MVT)
6. During an exploratory laparotomy on a 46-year-old male with a small bowel obstruction, mucinous ascites is found throughout the abdomen along with a large cystic-appearing appendiceal mass. What is the most likely diagnosis?
 - A. Malignant peritoneal mesothelioma
 - B. Appendiceal carcinoid tumor
 - C. Perforated acute appendicitis
 - D. Metastatic melanoma
 - E. Pseudomyxoma peritonei
7. Regarding the use of imaging in acute appendicitis, which of the following is correct?