

Azra Naheed Medical College
Department of Surgery
Final year MBBS

TIME ALLOWED 45 min

TOTAL MARKS 35

Short Essay Questions

Q1) 60 years old farmer was stabbed multiple times in the abdomen for which he underwent laparotomy. After successfully operated he was given TPN (total parental nutrition) Next day he developed shortness of breath and crepitus at the site of central line.

- a) What is the most likely complication? (1) ✓
- b) What are the tests and imaging that help confirm the diagnosis? (2) ✓
- c) Immediate intervention needed? (2) ✓

Q2) 55 Year old shopkeeper presented to OPD with long HO vomiting that's projectile in nature, non-bilious/E there ia palpable epigastric mass and a positive succussion splash

- a) What is the most likely electrolyte abnormality? (1)
- b) Enumerate causes of gastric outlet obstruction? (2)
- c) How will you correct the electrolyte abnormality? (2)

Q3) 50 years old lady presented to ER complaining of severe abdominal pain with following vitals

RR 35 rapid shallow

Pulse 90

BP 130/80

She was anxious and irritable .Her ABGs were sent and following report received

Ph 7.50 (7.35-7.45)

CO2 25 (35-45)

HCO 35 (22-26)

- a) What is the acid base abnormality in this patient? (2)
- b) Name three causes for this abnormality? (3)

SINGLE BEST ANSWERS

Q.no.1 A 55-year-old emaciated alcoholic male presents with a 2-day history of chest pain after forceful vomiting. He is taken to the OR for a thoracotomy after he is found to have an oesophageal rupture. A jejunal feeding tube is placed and he is started on tube feeds on POD 1, when he develops confusion, shallow breathing, and pulmonary oedema. What electrolyte abnormalities do you expect to see?

- a) Hypophosphatemia, hypokalemia, hypomagnesemia
- b) Hyperphosphatemia, hypokalemia, hypomagnesemia
- c) Hyponatremia, hyperkalemia, hyperphosphatemia
- d) Hyponatremia, hypokalemia, hypophosphatemia
- e) Hyperkalemia, hypophosphatemia, hypomagnesemia

Q.no.2 60-year-old TPN-dependent male with short-gut syndrome and diarrhoea presents with a nonhealing leg wound. Which trace element may he need supplementation with?

- a) Manganese
- b) Fluorine
- c) Selenium
- d) Copper
- e) Zinc

Q.no.3 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) Hetastarch, 6% solution, 1 L over 1 hour

DX = septic shock.

Q.no.4 which of the following is a manifestation of hypomagnesemia?

- a) Flaccid paralysis
- b) Renal insufficiency
- c) Insomnia
- d) Ventricular arrhythmias
- e) Vertigo

Q.no.5 A 32-year-old male sustains multiple gunshots to the abdomen and is brought to the emergency department. His blood pressure and heart rate on arrival are 120/90 mm Hg and 110 bpm, respectively. He has lost approximately 1 L of blood from the wounds per the paramedics. What class of haemorrhagic shock is he in, and what would you use to resuscitate him?

- a) Class 2, crystalloid
- b) Class 3, blood products
- c) Class 4, blood products
- d) Class 3, crystalloid
- e) Class 1, blood products

Q.no.6 which of the following is NOT a proactive approach to prevent unnecessary aspects of the surgical stress response.

- a) Minimal access techniques
- b) Blockage of afferent painful stimuli (epidural analgesia)
- c) Minimal periods of starvation
- d) DVT prophylaxis (mechanical and chemical)
- e) Early mobilization

Q.no.7 Following surgery or trauma, postoperative hyperglycaemia develops as a result of

- a) Increased production of glucose combined with decrease glucose uptake in peripheral tissue
- b) Decrease insulin production by pancreas
- c) Glaucoma
- d) Increase breakdown of Insulin by liver

Q.no.8 In the shock patient, the parameter for the systemic perfusion is NOT of the following

- a) Base deficit
- b) Lactate
- c) Bicarbonate
- d) Mixed venous oxygen saturation
- e) None of these.

Q.no.9 Severity of the shock is best determined by which of the following

- a) Lactic acidosis
- b) Urine output
- c) Conscious level
- d) Blood pressure
- e) All of these

Q.no.10 which of the following is not the indication of blood transfusion

- a) Acute blood loss
- b) Perioperative anaemia
- c) Symptomatic chronic anaemia
- d) Asymptomatic iron deficiency anaemia
- e) None of these

Q.no.11 40 years male encountered RTA received in emergency with PR 32/min BP= 80/60 Resident doctor after assessing the patient called his senior consultant and informed about class of shock patient suffering

- a) Class iv
- b) Class i
- c) Class ii
- d) Class iii

Q.no.12 18 years male met RTA received in in ER unconscious with swelling of Left Femur with PR 135/Min BP= 70/30 Urine output is nil, what is resuscitation therapy required for this patient

- a) Colloid and albumin
- b) Crystalloid and blood products
- c) Only crystalloids
- d) Only colloids

CLASS IV

Q.no.13 A 30 year old man is admitted to the Emergency Ward with sudden onset of severe shortness of breath, no chest pain, diffuse wheezing, cyanosis, and a BP of 70/30, Pulse = 100. This event occurred soon after a meal. What is the likely diagnosis?

- a) Acute pulmonary embolism
- b) Tension pneumothorax
- c) Anaphylaxis
- d) Myocardial infarction

Q.no.14 32 year old male brought in ER presented with profuse bleed from lacerated wound of Lt leg, patient had been hit at RT side of chest wall as well ,patient pulse is thready and having sweating and cold clammy extremity which kind of shock patient is suffering

- a) Neurogenic shock
- b) Septic shock
- c) Hypovolemic shock
- d) Anaphylactic shock

Q.no.15 In metabolic response to injury, the counter regulatory hormone in response to trauma are all except

- a) Glucocorticoids
- b) Catecholamine
- c) Thyroid hormone
- d) Glucagon

Q.no.16 when the food is directly given in the veins, it is called _____ nutrition.

- a) Parenteral
- b) Enteral
- c) Intravenous
- d) Saline

Q.no.17 a 67-year-old female is referred for consideration of total parenteral nutrition (TPN) following a total colostomy. Which of the following biochemical and clinical markers are suggestive of malnutrition?

- a) Albumin
- b) Urea and transthyretin
- c) Skin fold thickness
- d) Weight loss

Q.no.18 Normal adult requirement of fluid for healthy post op NPO individual

- a) 3 l approximately of dextrose saline is adequate in immediate post op patient.
- b) 2 l approximately
- c) No need of NPO in post op period
- d) Start oral immediately
- e) It must be normal saline

Q.no.19 A 68 male is in the ICU due to sepsis 5 days after a colectomy for a perforated diverticulitis. While the nurse is checking his blood pressure, his hand went into spasm. Which of the following is the most likely aetiology?

- a) Hypercalcemia
- b) Hypermagnesemia
- c) Hypomagnesaemia
- d) Hyponatremia
- e) Hyperkalacmia

Q.no.20 20 years old male is planned for elective lap cholecystectomy, he is advised to remain NPO from

- a) At least 24 NPO is needed
- b) Mid night NPO is required
- c) No need of NPO
- d) 3 hours NPO for solids is enough
- e) NPO for liquids is started night before surgery