

Q1 a) Displaced intracapsular fracture of femur.

b) X-ray pelvis AP view.

c) Replacement of compromised femoral head by artificial head (hemiarthroplasty)

.) Total hip replacement

Q2 a) Acute pancreatitis

b) Serum amylase levels

Serum lipase levels

U/S abdomen

CT abdomen is gold standard

Laparotomy

Q3 a) Squamous cell carcinoma of anal canal

- b) Clinical examination
- .) inguinal lymph nodes
 - .) Anoscopy + FNAC or core biopsy
 - .) CT pelvis
 - .) MRI for pelvic lymph nodes
 - .) Colonoscopy

c) Rx

Previously

- wide local excision
- APR

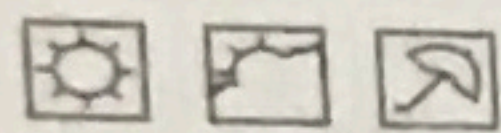
Now

Primary

- Chemotherapy
- Radiotherapy
- Combination of 5FU & mitomycin

Small marginal tumors: local excision

Tumor does not respond to chemo:
or recurrence: ↓
→ Radical Surgery



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Q4 a) Secondary peritonitis

b) CBC, Hb leukocytosis

Urine dipstick for UTI

Serum electrolytes, creatinine, urea

LFTs

Serum amylase

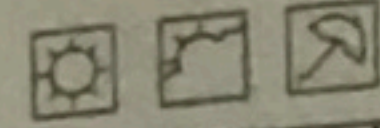
U/S, CT scan to identify cause

c) Remove or divert cause

Peritoneal lavage + drainage

Laparotomy

Abdomen washed with plenty of normal saline 4-8 litres.



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Q5

a) Pneumothorax

b)

•) Observation

25% ~~pts~~

pneumothorax expected of complete resolution. (almost 20 days)

•) Aspiration

pneumothorax of >30% is aspirated by 3 way stopcock.

(Recurrence can occur)

•) Chest intubation

+) Gold standard

+) For large pneumothorax

+) Tube inserted in 5th ICS

using under water seal.

•) Pleurodesis

+) Air leakage > 7 days
↓

Administration of sclerosing agent
↓

induce fusion of parietal & visceral pleura.

+) Doxycyclin
Bleomycin
Talc → induce inflammatory reaction

↓
adhesions form b/w parietal & visceral pleura.

+) Surgery

Indications

Recurrence

Massive air leak

Bilateral pneumothorax

Surgical procedures

-) Complete parietal pleurectomy
-) Apical bullectomy
-) Partial pleurectomy

Q6

Memo No. _____
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a) D/D

urethritis

Prostatitis

epididymitis

cystitis

Pyelonephritis

b) invest.

1) Urine culture

2) Gram staining urine

3) Cystoscopy

4) Leucocyte count

c)

80% non-gonococcal:

1) Chlamydia trachomatis

4) Herpes simplex

2) Mycoplasma genitalium

3) ~~Trichomonas~~ Trichomonas vaginalis

Q7 a) Testicular Torsion
b) Management

It is a surgical emergency.

Counsel parents & take consent for orchidectomy

~~Urgent~~ Urgent exploration of testis is performed through scrotal incision

If testis is pink, salvage rate is 100%

If testis is blue-black, orchidectomy must be done.

If viable, torsion is untwisted and testis is fixed in 3 places with a non-absorbable suture.

Q9

- a) i) Upper airway obstruction
-) Trauma - burns facial fractures
 -) Coma - head injury
 -) Ventilatory support
 -) Respiratory failure
 -) Foreign body larynx
 -) Neoplasms
 -) Vocal cord paralysis

b) Immediate	Early	Late
Early Hemorrhage	Bleeding	Tracheal stenosis
Failure	Pneumothorax	Pneumonia
Aspiration	Emphysema	Tracheoesophageal -
Hypoxemia	Dysphagia	-fistula
Air embolus		Dysphagia
death		

Q10

Per operative complications

-) Recurrent laryngeal nerve damage
-) Parathyroid glands
-) Inferior thyroid artery

Post operative

-) Hemorrhage
-) Respiratory obstruction
-) Tracheomalacia
-) Thyroid insufficiency
-) Thyrotoxic crisis
-) Hypocalcemia
-) Wound infection
-) Hypertrophic scar
-) Sticth granuloma

Q11

a) Breast carcinoma

b) FNAC

True-cut biopsy
incisional biopsy

c) Stage II carcinoma

Q12

a) Artificial openings in the bowel which divert faeces and flatus to the exterior where they can be collected into a bag.

b) Colostomy

i) Ileostomy:

+ loop ileostomy

+ end ileostomy

i) Urostomy

c) Complications

Early

Diarrhea

Bleeding

Late

i) Prolapse

i) Stenosis of orifice

i) Retraction

i) Parastomal hernia

i) Excoriation of skin



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Q13 a) GCS = 9

b) GCS < 13

-) Focal neurological defect
-) Seizures
-) Skull fracture
-) Vomiting
-) Coagulopathy