

SURGERY  
ANNULAR  
ROT



Q1

Non-union is where there are no signs of healing after > 3-6 months.

Causes

- Soft tissue damage
- ↓ blood supply
- infection
- Traction

Management

Surgical

- Site of fracture opened
- Ends of bones trimmed
- Gap b/w two bones

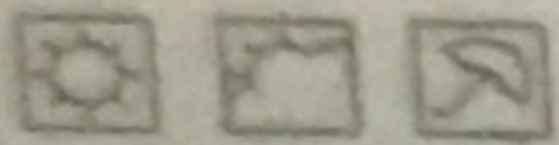
is bridged by a bone graft from iliac crest or fibula.

Q2

a) Tongue carcinoma.

b) Stage





Mo Tu We Th Fr Sa Su

Memo No. \_\_\_\_\_

Date. / /

Q3 Causes

Viral

infectious mononucleosis

HIV

Bacterial

Streptococcus

Staphylococcus

Tb

Protozoa

Toxoplasmosis

Neoplastic

Lymphoma

Squamous cell carcinoma

Diagnosis

FNAC

CXR

Mantoux test

Systemic investigations



Q4

## Flail Chest

is a traumatic condition of the thorax. It may occur when 2 or 3 or more ribs are broken in at least 2 places. It can create disturbance in respiratory physiology.

### Management

If segment is small

& not interfering with respiration

- Observe the pt

- Analgesics

- ABCs analysis

In severe cases

Endotracheal intubation with positive pressure ventilation for upto 3 weeks.

Q5

•) General anaesthesia

•) Pt position → supine

•) Head elevation

•) Right arm abduction

•) Raise flaps

→ Upper flap to clavicle

→ lower " " rectus abd. muscle



•) Removal of breast tissue & axillary tail.

•) Axillary clearance

→ Removal of Fat

" " lymph nodes

(Save long thoracic nerve

Thoracodorsal nerve

Axillary vein)

•) Closure

Two suction drains

placed

wound is closed.



Q6 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.



Q7 a) Choledocholithiasis

b) Ultrasound, MRCP, ERCP, Bilirubin level, TLC, ALP

c) Manifestations  
in bladder ← Acute<sup>1</sup> cholecystitis, chronic<sup>2</sup> choleang.  
3 Gall bladder empyema, Mucocoele,  
4  
5 CA gall bladder.

in bile duct:

Acute cholangitis, Acute pancreatitis  
Cholangiocarcinoma.



Q8 a) Primary hyperparathyroidism

b) PTH levels

Phosphate levels

Ca levels

Alkaline phosphatase.

c) Localize

MIBI isotope scan, U/S & Technetium

99m scan can localise 80%.

Q9 a) Fistula in Ano

b) Good sal Rule

Fistula with external opening to the anterior half of anus tend to be of direct type.

Fistula with external opening to the posterior half of anus have curved tracts and are difficult to manage.

Exception:

If anterior external opening is > 3cm from the anal margin. Such fistulas tract to posterior midline.



### c) Investigations

1) MRI is gold standard.

2) Endorectal U/S

3) CT scan

### d) Complications

1) Bowel incontinence

2) Anal stenosis

Q10

a) Single goiter

b) Diagnosis in clinical with palpable swelling in front of neck.

1) FNAC

2) Incisional biopsy

3) MRI, CT scan

c) Rx

1) Treated with thyroxine

2) Intake of iodized salt



Q11

a) DID

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 vaginalis

Q12

Types

Subdural hematoma

Epidural

Intracerebral

Features

Headache

Vomiting

Confusion

Loss of consciousness

indications of CT scan:

1) GCS < 13

2) Post traumatic seizures

3) Focal neurological deficits

4) Post-traumatic amnesia

5) Persistent vomiting.



Q13 a) Abdominal aortic aneurysm

b) Radiography  
U/S  
CT scan

c) Indications

- ) Diameter  $\geq 5.5$  cm (men)
- )  $\geq 4.5 - 5.5$  cm (women)
- ) Diameter  $> 5.5$  (Marfan syn. pt)
- ) Symptoms suggesting expansion or compression of surrounding structures
- ) Rapidly expanding aneurysm  
↓  
growth rate  $> 0.5$  cm over a 6 month period
- ) Symptomatic aneurysm