Annual 2020

Q1 a) Osteosarcoma.

b) CT scan, MRI, bone scan, confirmed by biopsy

c) Benign: osteoid osteoma, osteoblastoma, osteochondroma.

Q2 a) Gastroesophageal reflux disease (GERD)

b) D/D: achalasia, esophageal CA, NSAID gastritis, esophageal stricture.

c) Investigations: Barium swallow
Manometry
Esophageal pH monitoring.
Esophagoscopy, contrast radiograph

Q3 a) Choledocholithiasis

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

c) Manifestations in bladder: Acute[1] cholecystitis, chronic[2] cholecys. Gall bladder empyema[3], Mucocoele[4], CA gall bladder[5].

in bile duct:

Acute cholangitis, Acute pancreatitis
Cholangiocarcinoma.

Qu a) Appendicular Mass

b) Oschner-shessen regimen:

(conservative Rx)

i) Record pt's condition
ii) NPO the pt
iii) Record pulse 4 hrly
iv) " temp " "
v) Give IV fluids
vi) Antibiotic (triple regimen)
vii) Measure mass size
viii) CT, if abscess found.

c) Indications for surgery

·) Rising pulse rate
·) Increasing abd. pain
·) " size of mass
·) Vomiting

·) Situation indicates pus within mass
U/S & CT for locating site ~~to~~ of pus
·) Insert percutaneous drain to drain the abscess

Q5 a) Anal Fissure

b) .) Conservative Rx :

Stool softness

↑ fibre diet

sitz bath

.) Nitrates

→ Nitric oxide

causes relaxation of smooth muscle

→ Topical glyceol trinitrate

.) Botulinum Toxin

Prevents release of Ach

.) Manual dilation of anus

.) Lat. internal sphincterotomy

.) Anal advancement flap

c) Surgical:

.) Lat. internal sphincterotomy

Fibres of internal sphincter are divided

Sphincter tone is decreased which reduces pain and promotes vascularity and wound healing.

.) Anal advancement flap.

The edges of fissure are excised & wound is covered by flap.

Used in chronic non-healing fissure.

Management of anal fissures

Acute anal fissure

↓

High-fibre diet
Sitz baths
Stool softeners

→ **>90% healed**

↓ **Not healed**

Chronic anal fissure
(>6 weeks' duration)

↓

GTN 0.2% ointment
b.d. for 8 weeks

→ **50 - 70% healed**

↓ **Not healed**

Diltiazem 2% ointment
b.d. for 8 weeks

→ **70 - 80% healed**

↓ **Not healed**

Botulinum toxin
20 IU injected into IAS

→ **>80% healed**

↓ **Not healed**

Surgery
(LIS/advancement flap)

GTN: Glyceryl trinitrate;
IAS: Internal anal sphincter;
LIS: Lateral internal sphincterotomy

Mo Tu We Th Fr Sa Su

Memo No.
Date. / /

Q6

a) Ureteric Stone

b) U/S, X-ray KUB, IVU, Non-contrast CT scan

c) ⊙ 90% stones <5mm will pass spontaneously in 3 weeks

⊙ Stones not passed need endoscopic treatment

Surgical intervention indications:

- peresistant pain
- Fever
- Renal insufficiency
- Persistant obstruction

Rx:

Roximal stone <10mm ESWL, URS
Distal stone >10mm URS, ESWL
Proximal stone >10mm ESWL, URS

Mo Tu We Th Fr Sa Su

Memo No.
Date. / /

Treatment options

- URS
- JJ stents
- Dormia basket
- Rush bang
- Open surgery

Q7 Classification

Germ cell Tumor (90%)

.) Seminoma
- Spermatocytic
- Classical
- Anaplastic

.) Non-seminomatous
- Teratoma
- Yolk sac
- Choriocarcinoma
- Embryonic CA

Memo No.
Date. / /

Sex cord stromal

Leydig cell Tumor
Sertoli cell "
Theccoma

Miscellaneous / Non-specific

Investigation for seminoma.

Physical examination
U/S.
CT abd. & chest
Tumor markers
↓
β-HCG
LDH
ALP

Rx

Non metastatic Orchidectomy
Radiotherapy to lymph nodes

Memo No.
Date. / /

Metastatic

N1, N2 radiotherapy
N3 M1 chemotherapy

If residual lymph node present after chemo
↘ retroperitoneal lymph node dissection

Q8 / a) Discrete thyroid nodule

b) .) TSH, T3, T4
.) Thyroid scan (only when T3↑, T4↑)
.) U/S
.) FNAC
.) Core biopsy, if FNAC is non-conclusive

c) Chance of malignancy
15–20%

Q9/ Flial Chest is a traumatic condition of the thorax. It may occur when 2 & 3 or more ribs are broken in atleast 2 places. It can create disturbance in respiratory physiology.

Management..

If segment is small & not interfering with respiration
- Observe the pt
- Analgesics
- ABGs analysis

In severe cases Endotracheal intubation with positive pressure ventilation for upto 3 weeks.

Q10/ a) Thyroglossal Cyst

b) D/D Midline neck masses
Cystic " "
Metastatic lymph nodes
Dermoid cyst
Epidermoid cyst

c) Blood Tests
U/S
Thyroid scan
FNAC

Q11/ ·) General anesthesia
·) Pt position → supine
·) Head elevation
·) Right arm abduction
·) Raise flaps
→ Upper flap to clavicle
→ lower " " rectus abd. muscle

Memo No.
Date. / /

.) 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.

Memo No.
Date. / /

Q12/ a) Extradural hematoma
b) Glasgow coma scale
↓9

E2+V3+M4

Initial management

.) CT brain
.) Follow ATLS
.) Open craniotomy
.) Burr hole for clot ~~evacuate~~ evacuation.

Q13/ a) Rt. Temporal bone
Rt. Zygomatic bone
Rt. Maxillary bone
Rt. Mandible

b) Fracture can be management by closed or open technique.

Closed

Fracture reduced.

Intermaxillary fixation

↳ upper & lower arches splinted together by steel wires

Open

-) Fracture site opened
-) Reduced
-) Fixed by mandibular plate