

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

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su	sa	pr
su	sa	pr
su	sa	pr

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Handwritten cursive letters in blue ink on lined paper. The letters are arranged in two rows. The first row contains: S, U, P, R, E, P, A, R, A, T, I, O, N. The second row contains: S, E, N, Z, O, R, I, A, N.

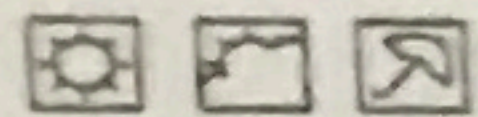


Q1

- .) General anesthesia
- .) Draping
- .) Insertion of Foley's catheter & orogastric tube.
- .) Establish pneumo-peritoneum
- .) Peritoneal cavity insufflated with CO<sub>2</sub>.
- .) After establishing pneumo-peritoneum 10mm trocar cannula inserted subumbilically.
- .) 30-degree laparoscope inserted through umbilical port, examination of peritoneal cavity.
- .) 3 additional ports inserted
  - 10mm below xiphisternum.
  - 5mm in mid-clavicular line
  - 5mm at anterior axillary line just below costal margin

- .) Gall bladder fundus is identified grasped & retracted.
- .) 2nd grasper is used to open Callot triangle.
- .) The triangle is dissected.
- .) Cystic duct & artery are identified & ligated by clips.
- .) Gallbladder dissected away from liver bed & removed through one of the ports (epigastric port)





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Q2

## Acute Pancreatitis

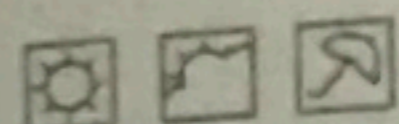
### Management

#### Mild Pancreatitis

- .) IV fluids
- .) Vitals monitoring
- .) Analgesia
- .) Anti-emetics

#### Severe Acute pancreatitis

- .) Admit pt in ICU
- .) Replace fluids & electrolytes
- .) Oxygenation
- .) Analgesia
- .) Monitor vitals, CVP, intake & output, ABGs.
- .) NG aspiration



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- .) LFTs, RFTs, Ca, TLC, LDH, BSR
- .) Antibiotic prophylaxis
- .) CT scan for organ failure/sepsis
- .) If pancreatitis due to gall stone → ERCP to extract stone.
- .) Nutritional support (conditional)
- .) System

CVS → inotropic support

Renal failure → dialysis

Respiratory → ventilation

Metabolic → IV-Ca, IV-Mg.

### Radiological Intervention

aspiration of pus. (C/S of sample) CT guided

### Surgery

If sepsis worsens → necrosectomy (debridement of necrotic tissue)



Q3

- ) Follow ATLS guidelines
- ) Wound debridement
- ) Analgesia
- ) Antibiotics
- ) Tetanus prophylaxis
- ) External fixation of bone

Q4 Urinary Retention

- ) BPM
- ) ~~Bladder~~ Bladder outlet obstruction
- ) Cystocele, Rectocele
- ) Urinary tract stones
- ) CA prostate

Management

For CA prostate

- ) Radical prostatectomy
- ) Radical Radiotherapy
- ) Hormonal ablation
- ) Orchiectomy
- ) LHRH agonists

For strictures

- ) Dilatation
- ) Optical urethrotomy
- ) Urethroplasty



## For BPH

- )  $\alpha$ -blockers
- ) 5 $\alpha$  reductase inhibitors
- ) Prostatectomy
- ) TURP
- ) Transvesicle prostatectomy

## Q5

Breast conservation involves resection of primary breast cancer with 1cm margin of normal-appearing breast tissue & radiotherapy to the remaining breast to avoid local recurrence of disease.

### Indications

- ) T<sub>1</sub>, T<sub>2</sub> (< 4cm)  
N<sub>0</sub>, N<sub>1</sub>, M<sub>0</sub>
- ) T<sub>2</sub> > 4cm
- ) Single clinical & mammographic lesion.



Q6

Etiology of pyogenic liver abscess

- .) Biliary tract obstruction
- .) ERCP
- .) PTC
- .) Hepaticojejunostomy
- .) Appendicitis
- .) IBD
- .) Endocarditis
- .) Pneumonia
- .) Tooth infection

Pathogenesis - Can develop from blood infection, abdominal infection or injury.

Diagnosis

- .) Leukocytosis
- .) ALP ↑
- .) U/S
- .) CT scan
- .) Blood culture

Etiology of amoebic liver abscess

→ Entamoeba histolytica infection.

Pathogenesis

- .) Exists in vegetative form
- .) when ingested pass through stomach & transform into trophozoite in colon.
- .) Invades colonic mucosa
- .) Enters portal circulation
- .) Carried to liver.



•) In liver, causes necrosis of hepatocytes; leads to abscess formation.

### Diagnosis

- ) Leukocytosis
- ) Mild ALP ↑
- ) Antibody detection for *E. histolytica*.
- ) Sigmoidoscopy
- ) CXR
- ) U/S, CT

Q7

- ) Hemorrhoids
- ) Colorectal CA
- ) Anal fissure
- ) Polyps



Q8

Esophageal CA

Management

T<sub>1a</sub>, N<sub>0</sub> → esophagectomy

T<sub>1b</sub>, N<sub>0</sub>, T<sub>2</sub>, N<sub>0</sub> → esophagectomy

+ local lymphadenectomy.

T<sub>3</sub> N<sub>x</sub> → esophagectomy + lymphadenectomy

chemo + radiotherapy

T<sub>4</sub> → Palliative Rx

- ) Stenting
- ) Laser
- ) Ethanol injection
- ) Chemotherapy
- ) Radiotherapy

Q9

Ileocaecal Tb

CA caecum

~~ET~~ Crohn disease

Ovarian CA

Appendicular mass



Q10

a) Hirschsprung

Congenital absence

of ganglion cells in neural plexus of abdominal wall. due to failure of migration of vagal neural crest cells into developing gut.

Aganglionic segment remains contracted  
Disease involves

Rectum

Sigmoid colon

Proximal colon.

CF

- ) Delayed passage of meconium
- ) Bilious vomiting
- ) Constipation
- ) Failure to thrive

Diagnosis

- ) Rectal biopsy
- ) Barium enema
- ) Anorectal manometry

Surgery

- ) Remove aganglionic segment  
by:

Duhamel

Soave

Swenson

Transanal procedures



## b) Cystic hygroma.

- 1) Present in neonates
  - 2) Cysts filled with clear lymph
  - 3) Lined by single epithelium layer.
  - 4) Swelling occurs in neck
- may involve parotid, submandibular, tongue, floor of mouth.
- 5) Swelling may be bilateral
  - 6) " soft, compressible

### Treatment

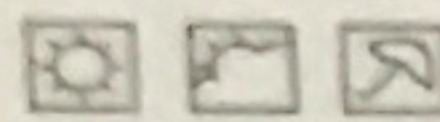
- 1) Complete excision of cyst
- 2) Sclerosing agent injection to reduce size.

Q11

## Tension pneumothorax

### Management





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Q12 Renal cell carcinoma

Management

Investigations

UIE

UIS

CT abd.

MRI

CXR

CT chest

Bone scan

TNM staging

Rx

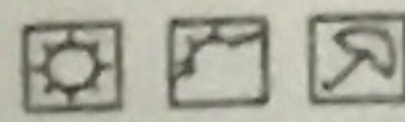
Localized RCC (T<sub>1</sub>, T<sub>2</sub>, T<sub>3a</sub>)

→ Radical nephrectomy

Laparoscopic nephrectomy

stage 1 tumors

< 7cm



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Partial nephrectomy

< 4cm tumors

Bilateral tumors

Stage T<sub>3b</sub> T<sub>3c</sub>

IVC clamping

T<sub>4</sub>

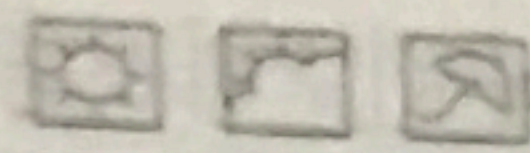
Radiotherapy

Immunotherapy

IL-2

interferon-α





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Q13

-) Papillary thyroid carcinoma.

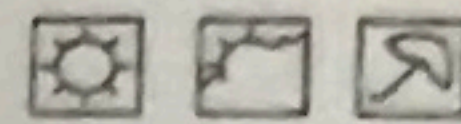
-) FNAC

CT scan

MRI scan

-) Total thyroidectomy

Radioisotope I<sub>2</sub> therapy



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