

surgery

upper GIT

9. A 45 year old woman patient presented to opd with bad breath and regurgitation of food material. She is experiencing these symptoms for more than 2 years. Most likely diagnosis is

- a. Achalasia
- b. Hiatal hernia
- c. Diffuse esophageal spasm
- d. Zenker's diverticulum

10. A 60 year old female with recurrent visits to OPD with epigastric pain, O/D and on nausea and distaste

- a. Acid peptic disease is most probable diagnosis
- b. Duodenal ulcers commonly perforated while D/D ulcers bleed
- c. PPI alone are used for H. pylori eradication
- d. Stress and anxiety are least differential diagnosis in this patient

11. A 19 year old patient presented with complaints of repeated vomiting for 6 weeks. She has lost 6 kg of her weight. Her parents give H2O to on twice ingestion. Which one of investigation is most helpful in diagnosis

- a. Endoscopic ultrasonid
- b. Barium study
- c. CT thorax
- d. Pharyngoscopy

12. Which investigation is gold standard in diagnosis of GERD

- a. Barium swallow
- b. Barium meal
- c. Endoscopy and manometry
- d. 24H pH recording

24 H-PH recording.

13. Col. RD may be associated with hiatus hernia commonly

- a. Sliding type
- b. Rolling type
- c. Mixed type
- d. All of above

14. A 55 years old male was diagnosed as hiatus hernia and surgical correction was planned. following is the most appropriate surgical technique

- a. Heller's H
- b. Esophagectomy
- c. Proximal gastrectomy
- d. Nissen fundoplication
- e. Laparoscopic fundoplication

Buy.
unable to read.

15. All patients with gastric ulcers should be subjected to

- a. H. pylori confirmation test
- b. Antibiotics only will cure
- c. Endoscopic therapy is only indicated if patient age is above 50
- d. D/D perforation related to common surgical emergency

16. A 2 month baby boy presented to emergency with non bilious vomiting. On E small olive size mass is palpable in upper abdomen. what is next investigation to diagnose

- a. CT scan
- b. Biopsy
- c. Contrast study
- d. USG

DX = HPS

17. A 62 yrs old male chronic smoker, presented with severe difficulty in swallowing, vomiting, with a mass on the left side of neck along with hoarseness of voice, gross weight loss. Upper GI Endoscopy shows gross metaplasia

- a. Cancer stomach
- b. Cancer esophagus
- c. Cancer thyroid
- d. Lymphoma

17. A 55-year-old male present with heartburn, epigastric pain, which is sometimes radiates to the back and regurgitation of food after taking of fatty meal. He was diagnosed as a case of GERD by doing the Gold standard test, which is

- a) Endoscopy
- b) Endoscopy along with biopsy
- c) CT scan of thorax & abdomen
- d) 24 hrs pH monitoring
- e) barium meal to follow through

18. A 32-year-old female diagnosed as a case of achalasia is reluctant to undergo surgical intervention. She is willing to take some oral medications as a treatment, which medicine would you prescribe her

- a) oral botulinum toxin
- b) steroids
- c) calcium channel blockers
- d) propranolol
- e) azithromycin

19. A young female 29 years old, presented in OPD with two mild weight loss, chest discomfort along with difficulty in swallowing. She also complains of vomiting on a napkin that contained old food particles, her BMI is 35. Her father had died of cancer

- a) achalasia of esophagus
- b) Cancer esophagus
- c) Cancer stomach
- d) hypertrophic pyloric stenosis

20. What does the parietal cell secrete?

- a) Histamine
- b) Gastrin
- c) Intrinsic factor
- d) Vitamin B12

21. A 37-year-old male, smoker, presented to you in OPD with chest pain, difficulty in swallowing & change of taste of mouth. His chest pain is oftenly relieved by passing a loud belch, after that he feels very well by himself.

- a) GERD
- b) Paraesophageal (rolling) hernia *Rolling Hiatus Hernia.*
- c) Non-achalasia esophagus
- d) Achalasia
- e) Diffused esophageal spasm

22. A 68-year-old man taking NSAIDs for arthritis presented with severe abdominal pain for 6 hours. He is a chronic cigarette smoker and his vital signs are stable after the infusion of 1 L of normal saline solution. His X-ray chest is showing gas under right dome of diaphragm. What should be the next step in the management of this patient?

- a) Antisecretory drugs, broad-spectrum antibiotics,
- b) Antisecretory drugs, antibiotics and surgery if he fails to improve in 24 hours
- c) CT of the abdomen
- d) Endoscopy
- e) Exploratory laparotomy

23. A 65-year-old patient is diagnosed esophageal adenocarcinoma 39 cm from the incisors, involving only the submucosa. There is no apparent nodal involvement on EUS. His staging studies does not reveal disseminated disease, what is his best surgical option?

- a) A transhiatal esophagectomy
- b) McKeown esophagectomy
- c) Double abdominal esophagectomy
- d) Esophageal stenting and Radiotherapy

24. Which of the following tests is best to document eradication of H. pylori infection in patients with peptic ulcer disease (PUD)?

- a) Culture and sensitivity testing
- b) Histologic examination of mucosa
- c) Rapid urease test
- d) H. pylori serology
- e) Urea breath test

AZRA NAHEED MEDICAL COLLEGE

Department of Surgery

Final Year class Test (11 Feb 2021)

Single Best Answers

Time Allowed : 10minutes

Each question carry 2 marks

1. What is the commonest complaint of patients with duodenal ulcer
 - a. Abdominal distention
 - b. Epigastric pain
 - c. Diarrhea
 - d. Melena
 - e. Vomiting
2. What are risk factors for Adenocarcinoma esophagus?
 - a. Alcohol
 - b. Barrets Esophagus
 - c. Caustic Injury
 - d. Tobacco
 - e. Plummer Vinson Syndrome
3. Patient with gastric outlet obstruction has
 - a. Hypochloremic hypokalemic metabolic alkalosis
 - b. Hypernatremic metabolic acidosis
 - c. Hyperchloremia
 - d. Hypochloremic Hyperkalemic metabolic alkalosis
4. A 50 years old male presented to emergency with HO sudden onset of severe abdominal pain followed by vomiting and sweating. He d been taking NSAIDs for his arthritis for long time
 - a. This is simple gastritis and can be managed by PPI
 - b. Patient should be referred to cardiologist for Echo
 - c. Patient need resuscitation, imaging and likely he need exploration for DU perforation
 - d. Esophageal perforation is most likely diagnosis
 - e. CA stomach is least common in old age patients with recurrent Gastric outlet obstruction
5. Post gastrectomy, Explosive diarrhea, abdominal pain, nausea, vomiting, HR, syncope diaphoresis within 20-30 minutes of eating
 - a. Early dumping
 - b. Late Dumping
 - c. Afferent loop syndrome
 - d. Efferent loop syndrome
 - e. Roux syndrome
6. A 50 years old male smoker presented to Gastroenterologist with long history of heart burn and retching. At endoscopic findings of reflux esophagitis was made that's most likely due to
 - a. APD
 - b. GERD
 - c. Hiatus hernia
 - d. Duodenal ulcer
 - e. Malignancy
7. A 20 years old female was resuscitated for esophageal perforation and imaging with following contrast material is done
 - a. Barium
 - b. Gastragrafin
 - c. Urograffin
 - d. Omnipaque
 - e. Conray
8. A 20 yes male with past HO acid intake presented to OPD with gastric fullness, weight loss and melena
 - a. Carcinoma stomach is common
 - b. Gastric outlet obstruction give succussion splash
 - c. Upper GI endoscopy is contraindicated in this case
 - d. Melena indicates rectal polyps