# AZRA NAHEED MEDICAL COLLEGE

**Final Year MBBS Send Up Exam Fall ~~2015~~ 2020 (SEQs)**

**SURGERY-II**

Name: SAMAR.

Roll No: _____

Date: _____

**Time Allowed: 90 Min.**
**Total Marks: 65**

***Instructions:***

1. No cutting or overwriting is allowed.
2. Use of mobile phone is strictly prohibited.
3. No extra time will be given.

Sendup 2020 52.

1. A 9 years old boy fell down roadside complaining of severe pain in left arm and swelling around elbow. He gives H/O falling down with his left outstretched hand. On examination, left radial pulse not palpable

   a. What is likely diagnosis Supracondylar fracture of humerus (14 Dogar) Supracondylar Fracture of Humerous 1
   b. What possible complication suspected in this patient 1
   c. Write steps in management of this patient 2

2. Name and describe layers of incision for open cholecystectomy. Enlist any four preoperative complications in open cholecystectomy (98 Dogar) 3+2

3. A 48 years woman presented in opd with complaining of epigastric pain and heartburn for 3 years. Her symptoms aggravate with lying down flat. She also complains for acid regurgitation. Her BMI is 35.

   a. What is most likely diagnosis GERD 1
   b. Name Four different risk factors could be associated to her diagnosis 2
   c. How will you confirm your diagnosis 2

4. A 27 years female presented in emergency with pain in right lower abdomen for five days with anorexia vomiting for 2 days and high grade fever. She is taking antibiotic and paracetamol, advised from a general practioner. On examination, she is severely tender in Right iliac fossa. Her pulse is 92/min, Temp is 100°F.

   a. What is likely diagnosis Acute appendicitis 1
   b. Describe Differential diagnosis 3
   c. Describe management plan for this patient → 152, 153 UHS

5. A 65 year man presented in opd complaining bleeding per rectum for 6 month. He has also chronic constipation but no painfull defecation. His wife mentioned for marked weight loss as well.

   Describe differential diagnosis Hemorrhoids, anal fissures, CA. (146 D) 1
   a. What is most likely diagnosis colorectal CA. 1
   b. Write down three different symptom and related questions you would like to ask in your history in making diagnosis. Family Hx, Tenesmus, bleeding Per rectum 1.5
   c. Enlist three investigation to confirm your diagnosis 1.5

6. A 28 year old labourer presented in emergency department with severe pain in his right flan radiating into groin with H/o of hematuria

   a. What is your diagnosis → Ureteric stone Renal stones 1
   b. Describe initial treatment in emergency → 140 78, 218 Dogar 2
   c. How would you investigate this patient → 223 D 2

7. A 35 years man presented in opd with right scrotal swelling for 6 month. He has H/O pain in right inguinoscrotal area, fever and burning micturation 6 months ago. That episode of symptoms relieved with medication but swelling gradually increased

194 UHS
a. What is likely diagnosis Epidydmorchitis. Epididymo-orchitis 266 D. Epididymoorchitis 2
b. Name investigation in this patient
c. Describe management plan 208 new UHS 2

8. A young man presented in emergency with severe shortness of breath. On examination he has tachycardia and tachypnea. In history he is a chronic cigarette smoker

a. What is most likely diagnosis Pneumothorax Spontaneous Pneumothorax 1
309 D b. What is the initial emergency management as he drops oxygen saturation 2
c. Describe definite management in this patient 309 Dogen 2

9. A 58 years female seen in surgical opd with complaints of lump in her right breast for last one year Now she presented as noticed some skin excoriation over the lump.

a. What is likely diagnosis CA Breast. 248 UHS new 1
229 UHS ← b. What are prognostic factors related to your diagnosis (333, 337 D) 2
226 UHS ← c. How would you proceed in investigation 245, 246 UHS new 2

10. A 60 years old patient brought to emergency with H/O fall in washroom 5 hour ago . There is a period of unconsciousness at home but he regained conscious level with an episode of vomiting . He is known case of IHD with Angioplasty 2 years ago . He is on multiple cardiac medications as well . on examination of his scalp there is soft swelling at right temporoperiatal area.

a. What is most likely diagnosis Extradural Hematoma.
342 D ← b. Describe clinical parameter help full in monitoring of this patient → Glasgow coma scale 343 2 Dogar.
(C) What necessary investigations are required immediately in this patient 2 CT-Scan, X-ray Head

11. A 55 year male patient presented in opd with epigastric mass for 6 months. On examination , non reducible mass with no cough impule but pulsatile

AAA (a.) What is your diagnosis AAA (Abdominal Aortic Aneurysm) 221 UHS new 1
204 UHS ← b. Name investigations USG | CT-Scan 204 D 3
2019 annual Q.13 (c.) What indication warrants for emergency surgical management 1

12. A 19 years girl presented with lump Infront of her neck moves with deglutition. She had ultrasound done already reporting a lump in her right lobe of thyroid 2x2.5cm . she is clinically in Euthyroid status

285 D (a.) What are next investigations in line of diagnosis CA thyroid 277, 284 D. 3
810 Baily (b.) What are indication of surgical management in this patient 2

13. A 45 year man presented in opd with ulcer on his right border of his tongue for 6 month . He is cigarette smoker and pan chewer

a. How will you confirm diagnosis CA Tongue. CD Biopsy 364 Dogar. 231 UHS - D
MRI (b.) What investigation would help in planning surgical management 264 UHS new 2.
243, 244 UHS (c.) Describe surgical procedure if he has enlarged right submandibular lymph node are palpable 2
↳ selective Neck dissection.
↳ 265 UHS new

# Sendup 2020 Surgery S·2

**Q. No. 1 (a)** **Diagnose**

Supracondylar Fracture of humerus

**(b) complications**

1. vascular injuries — brachial artery
2. volkman ischemic contracture
3. Mal-union, non-union
4. Nerves Radial, ulnar, median

**(c) Treatment**

Type I — Fractures are treated conservatively.

Type II — Fractures are treated with closed reduction and cast fixation with elbow at 90°

Type III —

Fractures are reduced under GA anesthesia by traction and manipulation. but open reduction may be needed if closed reduction is failed or if there is vascular injury.

## Q. No 2 (a) Layers

1. Skin
2. subcutaneous tissue
3. anterior rectus sheath
4. Rectus Muscle
5. posterior rectus sheath
6. Fascia transversalis
7. Extra peritoneal Fat
8. Peritoneum

## (b) Pre-operative complications :-

1. Damage to hepatic artery
2. Damage to hepatic duct
3. Billiary Leakage lead to billiary Peritoneum
4. Missed stone in CBD or cystic duct
5. Wound complications
   - Hematoma
   - Infection
   - incisional Hernia

## Q. No 3(a) Diagnose

GERD (Gastroesophageal Reflux Disease)

## (b) Risk Factors

(i) obesity and Pregnancy

(ii) Fat, alcohol and large Meal

(iii) Spicy Diet

(iv) Smoking

(v) Hiatal Hernia

## (c) investigations

1. Endoscopy with biopsy
2. Esophageal manometry
3. contrast & Radiography
4. 24 hours PH Testing

## Q. No 4(a) Diagnose

Acute appendicitis

## (b) DD

① Gastroenteritis
② Lobar Pneumonia
] children

③ Acute Pancreatitis
④ Acute cholecystitis
] male adult

⑤ Pelvic inflammatory Disease
⑥ Ectopic Pregnancy
] Female

⑦ intestinal obstruction
⑧ carcinoma cecum
] elders

## (c) Management

**Pre-operative investigations** = ① CBC ② urinanalysis ③ Pregnancy Test (in female)
④ X-ray abdomen ⑤ chest-xray
⑥ ultrasound abdomen and pelvis
⑦ Diagnostic laproscopy
⑧ contrast enhanced CT-scan

① **conventional appendectomy**

incision

↳ (ii) Grid iron incision

(iii) Transverse skin crease (Lanz) incision

(iii) Rutherford Morrisons incision

(iv) Lower midline incision

② Laproscopic appendectomy

**Q. NOS (a) DID**

1. Hemorrhoides
2. Anal Fissure
3. Aorto-intestinal Fistula
4. inflammatory bowel disease
5. Meckel's diverticulum

**(b) Diagnose :-**

colorectal carcinoma

(ii) Family History

(iii) Tenasmus

(iiii) ~~rectal~~ bleeding Per rectum

## (D) investigations

1. Per-rectal Examination
2. Proctoscopy
3. sigmoidoscopy
4. colonoscopy
5. Biopsy
6. Investigation For extent of tumor

**Q. No6(a) Diagnose :**

ureteric stone

→

## (b) Emergency Treatment

- Patient is usually given Non-steroidal anti-inflammatory drugs such as diclofenac for pain relief and observe for other episode of pain
- Temprature, pulse, blood pressure and white blood count are monitored for signs of developing infection.
- The estimated glomerular Filtration rate is ~~non~~ monitored for signs of decline in renal Function.

(i) Extracarporeal shock wave Lithotripsy

(ii) Cytoscopy and insertion of ureteric stent

(iii) Primary uretroscopic stone retrieved, Now a days stone is usually treated with laser tripsy

(iv) insertion of an percutaneus nephrostomy under local anesthetic by an interventional Radiologist.

## (c) investigations

~~ultrasound~~ (1) ultrasonography

(2) x-rays KUB

(3) Ivu

(4) Non-contrast enhanced CT-scan

## ①. No7 (a) Diagnose

Epidydmo - orchitis

## (b) investigations :-

(i) CBC
(ii) C-reactive protein
(iii) ESR
(iv) urinalysis
(v) urethral discharge
(vi) Gram staining
(vii) Doppler sonogram

## (c) Treatment

1. scrotal support
2. start broad spectrum antibiotics
3. send culture and sensitivity
4. Analgesics
5. surgical measures if needed
6. scrotal abscess may form which need incision and drainage.

Q. No 8(a) Diagnose

Pneumothorax

(b) emergency management

① observation =

↳ 25% Pneumothorax will take 20 days to reabsorb completely once Pneumothorax is closed.

② Aspiration =

↳ Pneumothorax of more than 30% is can be aspirated using three way stop cock but the ~~recurrence~~ recurrence rate is high.

(c) definitive management

① chest intubation =

↳ chest intubation is gold standard espacially for large pneumothorax should be inserted in 5th intercostal space under water seal using

② **Pleurodesis** :

↳ If air leak persists for more than 7 days then sclerosing agent may be administered through chest tube to induce infusion of parietal and visceral pleural surface.

③ **Surgery** :

↳ (i) Complete Parietal Pleurectomy

(ii) Apical bullectomy

(iii) Partial pleurectomy

**Q. No 9(a) Diagnose :-**

CA breast

**(b) Prognostic Factors :-**

1. oncogene or oncogene product measurement
2. Histological grades of tumor
3. Hormone receptor status
4. measurement of ~~tiss~~ tumor proliferation such as s-phase Fraction
5. Growth Factor analysis

**(c) investigations**

1. **For Diagnosis of malignancy :**
   - Tripple assesment ( History + Examination + Radiology + FNAC + Biopsy)
   - FNAC
   - core cut / Trucut Needle biopsy
   - incisional biopsy
2. **Local Extent of disease**
   - MRI

③ **Lymph Nodes involvement**

- clinical Judgment
- sentinel lymph node biopsy

④ **systemic spread :-**

- x-ray chest
- USG abdomen
- CT-scan (brain)
- Bone (Radio isotope bone scan)

**① Notice Diagnose**

Extradural Hematoma

~~(b) clinic~~

**(c) investigations**

① CT-scan (brain)

② x-ray Head

## (b) clinical Parameter

Glass Gow coma scale

### Eye opening (E)

1. Spontaneus — 4
2. ~~To pain~~ To voice — 3
3. To pain — 2
4. None — 1

### verbal Response (V)

1. Normal conversation — 5
2. disoriented conversation — 4
3. words but not coherent — 3
4. No words only sound — 2
5. None — 1

### Motor Response (M)

1. Normal — 6
2. Localized to pain — 5
3. withdraws to pain — 4
4. abnormal Flexion response or Decorticate posture — 3
5. extention response or Decerebrate — 2
6. None — 1

Total = E + V + M

## Q. No 11 (a) Diagnose

Abdominal Aortic Aneurysm (AAA)

## (b) investigations

1. Arteriography
2. X-ray
3. CT-scan
4. MRI

## (c) indications

(i) Diameter ≥ 5.5cm (men)

(ii) For women, 4-5 to 5.0 cm diameter (due to greater incidence of Rupture)

(iii) Diameter ≥ 5.5cm (5cm in patient with marfan syndrome)

(iv) symptoms suggesting expansion or compression of surrounding structures

(v) Rapid expanding aneurysm (growth rate > 0.5 cm over a 6month period)

(vi) symptomatic aneurysm.

## Q.NO12 (a) investigations

1. FNAC
2. ~~Enucleation~~ lobectomy
3. Total thyroidectomy
4. Trucut biopsy
5. CT-scan
   ~MRI

## (b) indications

(i) Neoplasia
   ↳ FNAC positive thy 3–5
   clinical suspicioun
   ↳ Recurrent laryngeal nerve palsy
   Recurrent cyst
   lymphadenopathy

(ii) Toxic adenoma

(iii) Pressure symptoms

(iv) cosmosis

(v) Patient's wish

## Q. NO 13 (a) Diagnose

CA Tongue

## (b) investigations

1. MRI
2. CT-scan
3. FNAC
4. incisional biopsy at edge of ulcer
5. X-ray
6. USG
7. ~~Radionuclide scanning~~ (corrected: Radio nucleotide scanning)

## (c) Treatment surgical Procedure

1. upto 1/3 of tongue can be excised without need for construction
2. T1 (2 cm, confined to lateral border of tongue need partial glossectomy

3. Radiotherapy have same results
4. T4 and T3 → total glossectomy
5. Major resection of Floor of mouth and mandible also needed
6. Advance encroaching Floor of mouth
7. select Neck dissection