

FINAL YEAR MBBS
General surgery

25 Questions

Single Best Answers

Each Questions 2 marks

1. A 20 years old boy sustained blunt trauma abdomen to ER with following Pulse rate 110/min weak thready, BP 80/60mmHg. His abdomen was bruised and distended, DPL was positive for blood. best treatment would be
 - a) IV line, 6 units blood transfusions and ICU admission for observation
 - b) Resuscitation and Laparotomy
 - c) Resuscitation with infusion pump only
 - d) Conservative management only
2. 40 years post thyroidectomy patient developed sudden swelling at wound site 4 hours after operation, she was dyspnic and loud stridor audible. Best action would be
 - a) Immediate blood transfusion as she is bleeding
 - b) Pressure over the neck to stop bleeding
 - c) Immediate release of skin sutures and rush towards theatre
 - d) This is normal stridor after surgery and no action needed.
3. Which one of the following clinical scenarios is associated with hypercalcemia?
 - a) Fluid resuscitation from shock
 - b) Rapid infusion of blood products
 - c) Improper administration of phosphates
 - d) Malignancy
 - e) Acute pancreatitis
4. Ideal fluid to be administered to the patient with hemorrhagic shock would be
 - a) Albumin
 - b) 10 % dextrose
 - c) 5 % dextrose
 - d) Ringer lactate followed by blood ✓
5. A 30 years old lady accidentally cut her wrist with knife while chopping vegetables in kitchen and presented to ER with profuse bleeding
 - a) need immediate intubation and ICU.
 - b) need packed RBC infusions
 - c) immediate pressure over the area
 - d) immediate clamping and ligation of bleeding artery
6. You are caring for a patient who recently had a thyroidectomy. She complains of perioral numbness and has a positive Chvostek sign. While sending her blood for laboratory examination, she has a seizure. What treatment is indicated?
 - a. 0.9 NS, 1 L bolus
 - b. 0.9 NS, 1 L bolus, and a loop diuretic therapy
 - c. 20 mL of calcium gluconate intravenously over 20 minutes
 - d. Oral calcium carbonate
 - e. 4 IU/kg subcutaneous salmon calcitonin.
7. You have a postsurgical patient who is dehydrated with hypernatremia. You calculate a free water deficit of 3 L. How much free water should be given in the first 24 hours?
 - a. 1 L
 - b. 1.5 L
 - c. 3.2 L
 - d. 2.5 L
 - e. It is safe to correct the entire deficit over 24 hours.
8. Which of the following disturbances is associated with tumor lysis syndrome?

- a. Hypocalcemia (sec. to hyperphosphatemia)
- b. Hypouricemia
- c. Hypokalemia
- d. Hypomagnesemia
- e. Hypophosphatemia

9. A 55-year-old female with a small bowel obstruction is found to have a serum potassium level of 2.8 mmol/L. Her hypokalemia is refractory to aggressive repletion. Which of the following is true?

- a. The patient will likely suffer from flaccid paralysis and respiratory compromise until her potassium level is increased to at least 3.0 mmol/L.
- b. An electrocardiogram will likely show peaked T waves.
- c. Intravenous potassium repletion with a rate of 80 mEq/h should improve her condition.
- d. Hypomagnesemia could contribute to her problem.
- e. Hypokalemia results in hypopolarization of the resting potential of the cell.

10. Which one of the following clinical signs or symptoms is associated with serum sodium concentrations below 125 mEq/L?

- a. Restlessness
- b. Hallucinations
- c. Tachycardia
- d. Hyperventilation
- e. Hyperthermia

11. The following are the blood results of a 70-year-old man: Sodium: 128 mmol/L. Potassium: 4 mmol/L. Urea: 5 mmol/L, Creatinine: 89 mmol/L, Glucose: 13 mmol/L. What is the serum osmolality (mOsmol/kg)?

- a. 290
- b. 288
- c. 282
- d. 269
- e. 275

12. With regard to perioperative fluid management, which of the following statements is correct?

- a. Insensible loss is approximately 600 mL/day.
- b. 2: Intraoperative insensible losses from an open abdomen are less than 250 mL/h.
- c. About 200 to 300 mL of fluid is needed to excrete the catabolic end products of metabolism.
- d. 4 Lost urine should be replaced milliliter for milliliter.
- e. 5, Hypermetabolism and hyperventilation are not important factors in postoperative fluid loss or management.

13. Which one of the following is least useful in the immediate treatment of hyperkalemia?

- a. Calcium salts
- b. Sodium bicarbonate
- c. Potassium-binding resins
- d. Glucose and insulin
- e. Hemodialysis

14. A 70-kg man with pyloric obstruction secondary to ulcer disease is admitted to the hospital for resuscitation after 1 week of prolonged vomiting. What metabolic disturbance is expected?

- a. Hypokalemic, hyperchloremic metabolic acidosis
- b. Hyperkalemic, hypochloremic metabolic alkalosis
- c. Hyperkalemic, hyperchloremic metabolic acidosis
- d. Hypokalemic, hypochloremic metabolic alkalosis
- e. None of the above.

15. A 60-year-old woman undergoes a right hip hemiarthroplasty for a fracture of the right femoral neck. A few days postoperatively her serum sodium is found to be 124 mmol/L and her urinary sodium is <20 mmol/L.

Which of the following is the least likely cause of her hyponatraemia?

- a. Syndrome of inappropriate antidiuretic hormone hypersecretion (SIADH)

- b. Hypothyroidism
- c. Vomiting
- d. Addison's disease
- e. Diuretic therapy

16. A patient with severe sepsis secondary to cholangitis has received 4 L of crystalloid resuscitation over the last 6 hours. His MAP remains below 65, but he is fluid responsive. Which of the following fluids should be administered?

- a. 0.9% NS, 1 L over 1 hour
- b. 0.45% NS, 2 L over 1 hour
- c. 5% albumin, 500 cc over 1 hour
- d. Dextran 40, 500 cc over 2 hours
- e. Heastarch, 6% solution, 1 L over 1 hour

17. An anxious pt. With the h/o RTA, presented in the emergency with blue lips n fingernails, on examination there is bruise over the left lateral part of chest n abdomen, pulse is 123/min n B P is 80/60mmhg.

- a. neurogenic shock
- b. spinal shock.
- c. hpovolemic shock
- d. septic shock
- e. cardiogenic shock

18. A 57yrs old female diagnosed case of urinary tract infection admitted in the ICU For the last 5 days is now complaining of fever usually higher than 101°F (38°C), low body 98temperature (hypothermia) fast heart rate rapid breathing, confused.

- a. Heamorrhgic shock,
- b. septic shock,
- c. neurogenic shock,
- d. cardiogenic shock
- e. UTI

19. A 55 year old chronic alcoholic is admitted in the intensive care unit after being diagnosed as acute pancreatitis. His parameters reveal decreased cardiac output, mixed venous saturation and venous pressure. Vascular resistance and base deficit are raised. He is exhibiting which form of shock?

- a. Cardiogenic shock
- b. Distributive shock
- c. Endocrine shock
- d. Hypovolaemic shock
- e. Obstructive shock

20. A 40 year-old man is in postoperative HDU following splenectomy complaining severe abdominal pain. He has drained 500 mls of blood into his drains in the last 2 hours. His blood pressure is 90/50 mmHg and pulse 120beats/min. Which of the following is the next most appropriate therapeutic intervention?

- a. CT scan abdomen and pelvis
- b. Infuse Hemacel
- c. Re- exploration
- d. Transfuse whole blood
- e. Ultrasound abdomen

21. Second class of shock is defined as when heart rate is of

- a. 90/min
- b. 90-100/min
- c. 100-120/min
- d. 125/min
- e. 140/min

22. Blood pressure of 80/60mmhg, pulse rate 125/min, respiratory rate 30to 40breaths /min blood loss of 1500to 2000ml is defined as class of shock.

- a. 1st class

- b. 2nd class
- c. 3rd class
- d. 4th class
- e. 5th class

23. A 65 year old patient having high output enterocutaneous fistula is being resuscitated with IV fluids. What is the best guide to the assessment of fluid replacement?

- a. 1. Heart rate of <100/min
- b. 2. Normal JVP
- c. 3. Normal Skin turgor
- d. 4. Normal Urine output
- e. 5. Systolic BP above 100 mm Hg

24. A 19 years old young boy brought to ER by a rescue team following a blunt trauma abdomen in a RTA.. On primary survey pulse 110/min, RR 24/min, and mildly anxious. FAST exam suspecting spleen injury . What %age of blood volume is lost?

- a. <15%
- b. 15-30% (class - 2)
- c. 30-40%
- d. >40%

25. A 56 years old woman admitted in ICU with acute renal failure. Her ECG was done . which of the findings is associated with hyperkalemia

- a. Inverted T waves (hypokalemia)
- b. Narrowing of QRS complex
- c. Peaked P waves
- d. Shortened PR interval
- e. Tall tented T waves

SINGLE BEST ANSWERS

Q.no.1 A 55-year-old emaciated alcoholic male presents with a 2-day history of chest pain after forceful vomiting. He is taken to the OR for a thoracotomy after he is found to have an oesophageal rupture. A jejunal feeding tube is placed and he is started on tube feeds on POD 1, when he develops confusion, shallow breathing, and pulmonary oedema. What electrolyte abnormalities do you expect to see?

- a) Hypophosphatemia, hypokalemia, hypomagnesemia
- b) Hyperphosphatemia, hypokalemia, hypomagnesemia
- c) Hypernatremia, hyperkalemia, hyperphosphatemia
- d) Hypernatremia, hypokalemia, hypophosphatemia
- e) Hyperkalemia, hypophosphatemia, hypomagnesemia

Q.no.2 60-year-old TPN-dependent male with short-gut syndrome and diarrhoea presents with a nonhealing leg wound. Which trace element may he need supplementation with?

- a) Manganese
- b) Fluorine
- c) Selenium
- d) Copper
- e) Zinc

Q.no.3 A patient with severe sepsis secondary to cholangitis has received 4 L of crystalloid resuscitation over the last 6 hours. His MAP remains below 65, but he is fluid responsive. Which of the following fluids should be administered?

- a) 0.9% NS, 1 L over 1 hour
- b) 0.45% NS, 2 L over 1 hour
- c) 5% albumin, 500 cc over 1 hour
- d) Dextran 40, 500 cc over 2 hours
- e) Hetastarch, 6% solution, 1 L over 1 hour

DX = septic shock.

Q.no.4 which of the following is a manifestation of hypomagnesemia?

- a) Flaccid paralysis
- b) Renal insufficiency
- c) Insomnia
- d) Ventricular arrhythmias
- e) Vertigo

Q.no.5 A 32-year-old male sustains multiple gunshots to the abdomen and is brought to the emergency department. His blood pressure and heart rate on arrival are 120/90 mm Hg and 110 bpm, respectively. He has lost approximately 1 L of blood from the wounds per the paramedics. What class of haemorrhagic shock is he in, and what would you use to resuscitate him?

- a) Class 2, crystalloid
- b) Class 3, blood products
- c) Class 4, blood products
- d) Class 3, crystalloid
- e) Class 1, blood products

Q.no.6 which of the following is NOT a proactive approach to prevent unnecessary aspects of the surgical stress response.

- a) Minimal access techniques
- b) Blockage of afferent painful stimuli (epidural analgesia)
- c) Minimal periods of starvation
- d) DVT prophylaxis (mechanical and chemical)
- e) Early mobilization

Q.no.7 Following surgery or trauma, postoperative hyperglycaemia develops as a result of

- a) Increased production of glucose combined with decrease glucose uptake in peripheral tissue
- b) Decrease insulin production by pancreas
- c) Glaucoma
- d) Increase breakdown of Insulin by liver

Q.no.8 In the shock patient, the parameter for the systemic perfusion is NOT of the following

- a) Base deficit
- b) Lactate
- c) Bicarbonate
- d) Mixed venous oxygen saturation
- e) None of these.

Q.no.9 Severity of the shock is best determined by which of the following

- a) Lactic acidosis
- b) Urine output
- c) Conscious level
- d) Blood pressure
- e) All of these

Q.no.10 which of the following is not the indication of blood transfusion

- a) Acute blood loss
- b) Perioperative anaemia
- c) Symptomatic chronic anaemia
- d) Asymptomatic iron deficiency anaemia
- e) None of these

Q.no.11 40 years male encountered RTA received in emergency with PR 32/min BP= 80/60 Resident doctor after assessing the patient called his senior consultant and informed about class of shock patient suffering

- a) Class iv
- b) Class i
- c) Class ii
- d) Class iii

Q.no.12 18 years male met RTA received in in ER unconscious with swelling of Left Femur with PR 135/Min BP= 70/30 Urine output is nil, what is resuscitation therapy required for this patient

- a) Colloid and albumin
- b) Crystalloid and blood products
- c) Only crystalloids
- d) Only colloids

class IV

Q.no.13 A 30 year old man is admitted to the Emergency Ward with sudden onset of severe shortness of breath, no chest pain, diffuse wheezing, cyanosis, and a BP of 70/30, Pulse = 100. This event occurred soon after a meal. What is the likely diagnosis?

- a) Acute pulmonary embolism
- b) Tension pneumothorax
- c) Anaphylaxis
- d) Myocardial infarction

Q.no.14 32 year old male brought in ER presented with profuse bleed from lacerated wound of Lt leg, patient had been hit at RT side of chest wall as well ,patient pulse is thready and having sweating and cold clammy extremity which kind of shock patient is suffering

- a) Neurogenic shock
- b) Septic shock
- c) Hypovolemic shock
- d) Anaphylactic shock

Q.no.15 In metabolic response to injury, the counter regulatory hormone in response to trauma are all except

- a) Glucocorticoids
- b) Catecholamine
- c) Thyroid hormone
- d) Glucagon

Q.no.16 when the food is directly given in the veins, it is called _____ nutrition.

- a) Parenteral
- b) Enteral
- c) Intravenous
- d) Saline

Q.no.17 a 67-year-old female is referred for consideration of total parenteral nutrition (TPN) following a total colostomy. Which of the following biochemical and clinical markers are suggestive of malnutrition?

- a) Albumin
- b) Urea and transthyretin
- c) Skin fold thickness
- d) Weight loss

Q.no.18 Normal adult requirement of fluid for healthy post op NPO individual

- a) 3 l approximately of dextrose saline is adequate in immediate post op patient.
- b) 2 l approximately
- c) No need of NPO in post op period
- d) Start oral immediately
- e) It must be normal saline

Q.no.19 A 68 male is in the ICU due to sepsis 5 days after a colectomy for a perforated diverticulitis. While the nurse is checking his blood pressure, his hand went into spasm. Which of the following is the most likely aetiology?

- a) Hypercalcemia
- b) Hypermagnesemia
- c) Hypomagnesaemia-
- d) Hyponatremia
- e) Hyperkalaemia

Q.no.20 20 years old male is planned for elective lap cholecystectomy, he is advised to remain NPO from

- a) At least 24 NPO is needed
- b) Mid night NPO is required
- c) No need of NPO
- d) 3 hours NPO for solids is enough
- e) NPO for liquids is started night before surgery

Azra Naheed Medical College
Department of Surgery
Final year MBBS

TOTAL MARKS 35

TIME ALLOWED 45 min

MCQs (single Best Answer) Lower GI

1. Which of the following is the most common cause of bowel obstruction?

- A. Small bowel ileus
- B. Mechanical small bowel obstruction
- C. Mechanical colonic obstruction
- D. Acute colonic pseudo-obstruction
- E. Gastric outlet obstruction

2. Which of the following is the most common cause of mechanical small bowel obstruction?

- A. Adhesions
- B. Strictures
- C. Hernias
- D. Gallstones
- E. Tumors

3. A 30-year-old, 28-week pregnant female presents to the emergency department with a 24-h history of right upper quadrant abdominal pain. The white blood cell (WBC) count is 18,000. An ultrasound was done showing a normal gallbladder and viable fetus. The appendix was not visualized. What is the next best step?

- A. Obtain a CT abdomen/pelvis.
- B. Treat with antibiotics in an attempt to avoid an operation.
- C. Proceed with laparoscopy after delivery.
- D. Obtain a magnetic resonance imaging (MRI) and proceed with an appendectomy if positive.
- E. Admit the patient for serial abdominal examinations and repeat lab tests in the morning.

4. A 50-year-old otherwise healthy male diagnosed with neuroendocrine tumor of small bowel and surgery was done and he ultimately recovers well and is discharged. What labs should be ordered for surveillance of recurrence and metastatic disease?

- A. Chromogranin A and Urine 5-HIAA
- B. CEA and CA 19-9
- C. Plasma VMA and metanephrines
- D. FSH and LH
- E. AFP and HCG

5. A 67-year-old male with a history of hypertension, atrial fibrillation, and obesity presents to the emergency department with acute onset abdominal pain, nausea, vomiting, and hematochezia. On physical exam the patient appears to be in significant distress due to pain; however, his abdomen is soft, non-tender, and non-distended. Laboratory analysis is remarkable for a white blood cell count of $21 \times 10^9/\text{mL}$ and a lactate of 3.5 mmol/L. Abdominal radiography is unremarkable. What is the likely etiology of this SMA occlusion?

- A. Splanchnic vasoconstriction
- B. Embolic occlusion of the mesenteric circulation
- C. Acute thrombosis of the mesenteric circulation
- D. Hypercoagulable state
- E. Mesenteric venous thrombosis (MVT)

6. During an exploratory laparotomy on a 46-year-old male with a small bowel obstruction, mucinous ascites is found throughout the abdomen along with a large cystic-appearing appendiceal mass. What is the most likely diagnosis?

- A. Malignant peritoneal mesothelioma
- B. Appendiceal carcinoid tumor
- C. Perforated acute appendicitis
- D. Metastatic melanoma
- E. Pseudomyxoma peritonei

7. Regarding the use of imaging in acute appendicitis, which of the following is correct?

- Ultrasound is the most specific imaging study available.
- B. Selective imaging has been used to lower the accepted negative appendectomy rate to less than 20%.
- C. Confirmatory imaging is not required to make the diagnosis of acute appendicitis in all cases prior to definitive management.
- D. The most accurate ultrasound finding in acute appendicitis is the presence of mesenteric lymphadenopathy.
- E. For pregnant women, magnetic resonance imaging (MRI) is not recommended when ultrasound is non-diagnostic.
8. A 48-year-old male is referred to your office for painless hematochezia, which has been present for 1 year. He notes some mild fatigue but is otherwise asymptomatic and has no other past medical or surgical history. He is adopted so his family history is unknown. On physical exam, he has a BMI of 32 kg/m². His rectal and anoscopic exam show no lesions. His fecal occult blood test is positive. The rest of his exam is normal.
- For this patient, the next step in management should be
- A. Computed tomography (CT) virtual colonography
- B. Fecal immunochemical test
- C. Colonoscopy
- D. Stool DNA
- E. Capsule endoscopy
9. A 47-year-old obese man who presents in emergency department with left lower quadrant pain & without signs of sepsis but on imaging has evidence of complicated diverticulitis with a 6 cm pelvic abscess, what is the best treatment plan?
- A. Discharge with PO antibiotics and close follow up.
- B. Admission, IV antibiotics, and percutaneous drainage.
- C. Admission, IV antibiotics, and Laparoscopic washout with drain placement.
- D. Admission, IV antibiotics, laparoscopic washout & drain placement, and planned laparoscopic resection in 6–8 weeks.
- E. Admission, IV antibiotics, and resection of the diseased segment with end colostomy.
10. Diarrhea is one of the common clinical manifestations of Crohn's disease. Which of the following statements is true regarding this manifestation?
- A. Most patients experience intermittent bloody diarrhea.
- B. Diarrhea is the result of segmental inflammation, leading to decreased small bowel absorption.
- C. Decreased bile salt absorption in the diseased terminal ileum produces choleric diarrhea.
- D. Diarrhea is frequently described as mucus or pus like.
- E. Bloody diarrhea almost always produces anemia.
11. Which of the following statements is true concerning the causes of intestinal obstruction?
- A. Among adults, 20% of intussusception cases are associated with a pathologic process, most commonly a tumor.
- B. A leading cause of bowel obstruction is early postoperative adhesions.
- C. Adhesions account for more than 50% of cases of small bowel obstruction.
- D. Richter's hernia cannot lead to complete obstruction.
- E. Hernias are the leading cause of obstruction in the United States.
12. Which of the following is true concerning postoperative ileus (POI)?
- A. The presence of peritonitis at the time of surgery delays return of normal function.
- B. The use of metoclopramide hastens the return of motility.
- C. Contrast radiographic studies have no role in differentiating early postoperative bowel obstruction from POI.
- D. The judicious use of intravenous patient-controlled analgesia has no effect on the return of small bowel motor activity.
13. A woman is undergoing an open incisional hernia repair through a previous cesarean section incision. During the operation, Meckel's Diverticulum is noted about 60 cm from the ileocecal valve. What is true regarding this incidental finding?
- A. It is a true diverticulum.
- B. This lesion may be found in various anatomic forms in 50% of the population.
- C. Pancreatic tissue is the most common ectopic tissue found in this diverticula.
- D. Most complications occur in the elderly.
- E. Diverticulitis is the most common complication.
14. What is the most common finding with small bowel tumors?
- A. Hematemesis
- B. Abdominal pain

- C. Perforation
- D. Intussusception
- E. Anemia

15. A 54-year-old man reports with a 2-month history of abdominal pain and significant weight loss. Upper endoscopy, colonoscopy, and CT were all normal. A barium upper GI study with small bowel follow-through identified a mass in his mid-ileum. At surgical exploration, a carcinoid tumor, confirmed by frozen section, was found in the mid-ileum. Which statement is true regarding his condition?

- A. Prognosis is primarily related to lymph node status.
- B. The cell of origin is the Kulchitsky cell.
- C. The ileum is the most common site of origin.
- D. A 1-cm distal ileum carcinoid tumor should be treated with a formal right hemicolectomy.
- E. Resection is not indicated in patients with metastatic

16. During a routine appendectomy, a 1-cm mass is found at the tip of the appendix. Frozen section is concerning for carcinoid tumor. What is the best treatment option for this patient?

- A. Right hemicolectomy
- B. Medical therapy with octreotide
- C. Neoadjuvant therapy with streptozotocin and 5-fluorouracil
- D. Appendectomy
- E. Ileocecectomy

17. A 56-year-old woman had a right hemicolectomy for villous adenoma of the cecum. Five days after surgery her surgical wound becomes red and tender. She underwent pelvic radiation therapy 5 years ago for cervical cancer. The surgeon opens her wound with immediate drainage of purulent fluid. The drainage persists as a continuous brown liquid discharge over the next day. Which of the following is the most likely diagnosis?

- A. Simple wound infection
- B. Clostridial infection
- C. Anastomotic leakage with an enterocutaneous fistula
- D. Dehiscence
- E. Cellulitis

18. With regard to the anatomy of the colon and rectum, which of the following statements is true?

- A. The colon has a complete outer longitudinal and an incomplete inner circular muscle layer.
- B. The haustra are separated by plicae circulares.
- C. The ascending colon and descending colon are usually fixed to the retroperitoneum.
- D. The rectum is totally invested by three complete muscle layers.
- E. The distal part of the rectum begins at the point where the taeniae coli merge.

19. Peyer's patches are primarily responsible for the local synthesis of:

- A. IgD
- B. IgE
- C. IgG
- D. IgM
- E. IgA

20. Which of the following is true regarding the location of the appendix?

- A. The base of the appendix can always be found at the confluence of the cecal taenia.
- B. The tip of the appendix is found in the pelvis in the majority of cases.
- C. The appendix is often retrocecal and extraperitoneal.
- D. After the fifth gestational month of pregnancy, the appendix is shifted posteriorly and laterally by the gravid uterus.
- E. The position of the tip of the appendix does not determine the symptoms of the patient with appendicitis.

SINGLE BEST ANSWERS

Q1) A young male complaining of flushing of face which became prominent when he raised his hands above the clavicle. His investigations showed multiple lymph nodes in his anterior mediastinum & also in the retroperitoneum

- a) Thymoma
- b) Retrosternal goitre
- c) Cancer lung
- d) Lymphoma
- e) Pancoast Syndrome

Q2) A 28 years old male patient complaining of huge swelling in front of neck which moves on swallowing, along with flushing of face and engorged neck veins which became prominent when he raised his hands above the clavicle. His investigations showing a mass in the anterior part of neck.

Pamberton's sign.

- a) Bronchogenic carcinoma
- b) Retrosternal goitre
- c) Thyroid Cancer
- d) Thymoma
- e) Lymphoma

Q3) A young man had trauma to abdomen two weeks which was managed conservatively in the emergency & he was discharged after a day. Now presented with pain in the left upper abdomen, his chest x ray showed air fluid levels in the left hemithorax

- a) Bronchiectasis
- b) Diaphragmatic hernia
- c) Left side pleural effusion due to infection
- d) Tension pneumothorax
- e) Pneumothorax

Q4) A young female presented complaining of numbness and paresthesia along with color changes in her left arm, on examination there is no wasting of the interosseal but altered sensation in the T1 distribution.

- a) Cervical ribs
- b) Raynauds phenomena
- c) Osteoporosis of cervical spine
- d) pectus excavitum
- e) spinal cord stenosis

Q5) A young boy presented with deformed chest due to his congenitally deformed chest which showed "the sternum is depressed, with a dish-shaped deformity of the anterior portions of the ribs on both sides".

- a) Pectus carinatum
- b) Osteoporosis
- c) Vit D & E Deformity
- d) Pectus Excavitum
- e) Pigeon Chest

Funnel chest

Q6) Small cell lung cancers were known as oat cell cancers because of the packed nature of small dense cells. These represent about 20 per cent of all lung cancer. Although they do less but very good response to treatment given to pt which double its prognosis is

- a) Chemotherapy
- b) Chemoradiotherapy
- c) Radiotherapy
- d) Surgical resection
- e) Surgery & chemoradiotherapy

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Q7) Which lung tumour is the commonest of non small cell Lung cancers

- a) Adenocarcinoma (40%)
- b) Bronchioalveolar carcinoma
- c) Bronchioalveolar carcinoma
- d) Large cell undifferentiated
- e) Small cell lung ca

Q8) A young boy having swelling in front of neck in midline which is just below the chin, not moving on deglutiation. It is there since his childhood. Now more swollen and can be seen under the tongue on oral examination

- a) Dermoid cyst
- b) Thyroid cyst
- c) Lingual thyroid
- d) Sebaceous cyst
- e) Plunging ranula

surgery

Q9) A 4 yr old boy presented to you in opd with complaints of swelling in front of both ears, firm in consistency with overlying skin but not moving in any direction mild redness is there

- a) Parotid gland tumor
- b) Preauricular lymph node
- c) Mumps
- d) Ranula
- e) Minor salivary gland tumor

Q10) A young female who is already a diagnosed case of eczema of foot has presented to you in the opd with the skin changes over her both nipples n also complaining of discharge from that area with no mass under her nipple n areola complex

- a) Ca breast
- b) Breast ectasia
- c) Eczema
- d) Papiloma of breast
- e) Pagets disease of nipple

Q11) A young female complaining of black and greenish discharge from her right side of breast nipple for the last 3 months which is really worrisome for her as she is very concerned for her health, US breast shows no mass in her breast

- a) Breast ectasia
- b) Pagets disease of nipple
- c) Pappiloma of breast
- d) Ca breast
- e) Physiological discharge

Q12) A congenital absence of the breast may occur on one or both sides. It is sometimes associated with absence of the sternal portion of the pectoralis major (poland's syndrome). It is more common in males.

- a) Polyamazia
- b) Amazia
- c) Duct ectasia
- d) Breast ectasia
- e) Pigeon chest

Q13) A young female who delivered a child 5 days back and is breast feeding to her neonate is presented in the opd with swollen left side of breast, it is red in color n warm on palpation with running fever of 100 n her US breast showed no collection on that side

- a) Breast tumour
- b) Breast abscess
- c) Inflammatory ca breast
- d) Mastitis
- e) Breast eczema

if collection on that side then Breast abscess.

Q14) A mammogram is indicated in diagnosing cancer breast at the age of

- a) 30 years
- b) 32 years
- c) 35 years
- d) 37 years
- e) 40 years

Q15) A tripple assesment is comprises of

- a) USG, FNAC, Chest XRAY
- b) History, US breast, chest xray
- c) History, examination. Mamography, tru cut along with chest xray
- d) History, examination. USG/mamography, FNAC/TRU CUT
- e) History, examination. USG/mamography

Q16) A 16 yr young female having a well mobilised swelling in her left side of breast is of 4 x 3cm, firm, with normal overlying skin n no other mass in her axilla, with no family history of cancer breast.

- a) Ca breast
- b) Fibroadenoma
- c) Fibrocystic disease of breast along with pappiloma
- d) Breast ectasia
- e) Breast cyst

Q17) A Neoadjuvant chemotherapy means :

- a) After operation alone
- b) After operation and radiotherapy
- c) Before radiotherapy

Before the primary treatment.

operation and radiotherapy

after radiotherapy

65 year old female having a swelling in her left breast for the last 1 year which gradually increased in size n now is of 5 x 6 cm
resistant for her surgery as is shown in her last opd visit which was done 6 months back. Now she presented with redness,
and black patches seen over her breast. What is your working diagnosis?

- a) Ca breast
- b) Fungating ca breast
- c) Ulcerated ca breast
- d) Phylloides tumor
- e) Squamous cell ca of breast

Q19) A treatment plan for a patient of 55 yrs old, diagnosed as a case of ca breast for her with stage 2 is

- a) Only wide local excision
- b) Breast conservation surgery
- c) Patey's mastectomy (modified radical mastectomy)
- d) Chemo n radiotherapy only
- e) MRM with chemo & radiotherapy (stage 3)

Q 20) A 58 yrs old male who has been treated for his gynecomastia. 20 years ago he presented to you with a hard swelling in left side of breast with slight ulceration over the swelling along with other swellings on his left side of axilla which are fixed too

- a) Mastitis
- b) Breast tuberculosis.
- c) Cancer breast
- d) Eczema of breast
- e) Recurrence of infected gynaecomastia

9. A 55 years old woman Patient presented to you with bad breath and regurgitation of food material. She is experiencing these symptoms for more than 2 years. Most likely diagnosis is

- a. Achilasia
- b. Bacteri esophagitis
- c. Diffuse squam of esophagus
- d. Zenker's Diverticulum

10. A 60 years female with recurrent visits to OPD with epigastric pain, GER and on nausea and distaste

- a. Acid peptic disease is most probable diagnosis
- b. Gastric ulcers commonly perforated while DU 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 years girl presented with complaints of repeated vomiting for 6 weeks. She has lost 6 kg of her weight. Her parents give HCl antacid ingestion. Which one of investigation is most helpful in diagnosis

- a. Endoscopic ultrasound
- 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. GERD may be associated with hiatus hernia commonly

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

14. A 55 years 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. Antacid only will cure
- c. Eradication therapy is only indicated if patient age is above 50
- d. GER perforation is least 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

DX = IHPS

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

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

18. A 55-year-old male presents 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
- Endoscopy
 - Endoscopy along with biopsy
 - CT scan of the thorax and abdomen
 - 24 hrs pH monitoring
 - barium meal follow through
19. 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
- oral botulinum toxin
 - steroids
 - calcium channel blockers
 - propranolol
 - azithromycin
20. A young female 29 years old, presented in OPD with two mild weight loss, chest discomfort along with difficulty in swallowing. She also reports vomiting on auff that contained old food particles, her BMI is 35. Her father had died of Cancer
- achalasia of esophagus
 - Cancer esophagus
 - Cancer stomach
 - hypertrophic pyloric stenosis
21. What does the parietal cell secrete?
- Histamine
 - Gastrin
 - Intrinsic factor
 - Vitamin B12
22. A 37-year-old male, smoker, presented to you in OPD with chest pain, difficulty in swallowing and change of taste of mouth. His chest pain is oftenly relieved by passing a loud belch, after that he feels very well by himself.
- GERD
 - Paraesophageal (rolling) hernia *Rolling Hiatus Hernia.*
 - Nutmeg liver esophagus
 - Achalasia
 - Diffused esophageal spasm
23. 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?
- Antisecretory drugs, broad-spectrum antibiotics,
 - Antisecretory drugs, antibiotics and surgery if he fails to improve in 24 hours
 - CT of the abdomen
 - Endoscopy
 - Exploratory laparotomy
24. A 65-year-old patient is diagnosed esophageal adenocarcinoma 14 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 transhiatal esophagectomy
 - Mackey's esophagectomy
 - Thyroid abdominal esophagectomy
 - Esophageal stenting and Radiotherapy
25. Which of the following tests is best to document eradication of H. pylori infection in patients with peptic ulcer disease (PUD)?
- Culture and sensitivity testing
 - Histologic examination of mucosa
 - Rapid urease test
 - H. pylori serology
 - Urea breath test

AZRA NAHEED MEDICAL COLLEGE

Department of Surgery

Final Year class Test (11 Feb 2021)

Single Best Answers

Time Allowed : 30 minutes

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 yrs 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

Azra Naheed Medical College
Department of Surgery
Final year MBBS

TIME ALLOWED 45 min

TOTAL MARKS 35

MCQs (single Best Answer)

1. A 16 years young boy presented with midline swelling in front of his neck since childhood and moves up with protrusion of tongue
 - a. Sistrunk operation is treatment of choice
 - b. Abberant thyroid is most common differential
 - c. Solitary nodule need trucut biopsy to confirm
 - d. Midline swellings are mostly malignant
2. A 30 years old woman with diffuse neck swelling of butterfly shape. She is Euthyroid and denies any voice change and pressure symptoms.
 - a. Expophthalmos is swelling in front of tibia
 - b. Graves disease is most likely diagnosis.
 - c. Autoantibodies are not required for diagnosis.
 - d. This patient need CT neck for diagnosis.
3. Regarding Linugal thyroid (b)
 - a. Foraman cecum lies at root of neck
 - b. Surgery should be abandoned unless we confirm presence of normal thyroid tissue.
 - c. This condition happens bcos of abnormal ascend of thyroid.
 - d. This condition need conservative treatment only.
4. Post thyroidectomy patient with circumoral tingling and numbness .Twitching of facial muscles is likey
 - a. Due to recurrent laryngeal nerve damage
 - b. Need serum calcium level monitoring only
 - c. Need to be treated with calcim supplements till symptoms subside
 - d. External laryngeal nerve injury is the cause of this condition.
5. A 40 years female with HO sweating ,palpitation ,weight loss and warm sweaty hands
 - a. Need to investigate for brain tumour causing hypothalamus dysfunction.
 - b. Need reassurance ,anxiolytics and follow up
 - c. CT neck is advisable before any other Lab.
 - d. Thyroid function tests.Neck imaging is standard approach.
6. Post thyroidectomy patient suddenly become tachypnic,enlarging neck swelling at operation site.the most important steps taken by attending junior doctor are
 - a. Call to senior and start IV fluids
 - b. Call to senior, immediate release sutures at incision site in theatre while senior on the way .
 - c. Call to senior ,compression at neck to control bleeding
 - d. Call to senior and take permission for re exploration of thyroid pedicle.
7. During total thyroidectomy
 - a. Collar incision is given ,skin and platysma incised ,strap muscles divided and thyroid approached.
 - b. Collar incision is given ,skin and platysma incised, internal carotid artery dissected away from thyroid
 - c. Collar incision is given ,skin incised and platysma muscles retracted to reach thyroid
 - d. Collar incision is given ,skin and platysma incised ,jugular vein identified and clipped .
8. All of the following are extrathyroidal manifestations of Graves' disease except
 - a. Vitiligo
 - b. Pretibial myxedema
 - c. Exophthalmos
 - d. Myxedema coma
 - e. Acropachy
9. All of the following are considered an increased risk factor for cancer in a patient with a thyroid mass except
 - a. Age younger than 45 years
 - b. Rapid growth

- c. Family history
 d. Hot nodules on thyroid uptake scan
 e. Male gender
10. Calcitonin is produced by the parafollicular cells of the thyroid gland. Measurement of calcitonin is most useful in what disease process
- a. Pheochromocytoma
 b. Follicular thyroid carcinoma
 c. Hashimoto's disease
 d. Medullary thyroid cancer
 e. Papillary thyroid carcinoma
11. After total thyroidectomy, patient facial twitch and numbness of the face started next day
- a. His PTH is intact but his potassium level drops causes symptoms
 b. His PTH is responsible for maintenance of calcium levels
 c. PTH gland is supplied by internal carotid a.
 d. Risk of parathyroid gland ischemia is negligible
12. A 54-year-old woman has proximal muscle weakness, polyuria, and depressed mood. Her serum calcium level of 11.2 mg/dL and a PTH level of 110 ng/L. Which of the following is the least sensitive preoperative localization study to identify an abnormal parathyroid gland?
- a. MRI
 b. Single-photon emission computed tomography (SPECT)
 c. Technetium-99m-labeled sestamibi scan
 d. Neck ultrasound
 e. Four-dimensional CT (4D-CT)
13. The most common site of an ectopic parathyroid gland in a patient with persistent or recurrent hyperparathyroidism
- a. Paraesophageal
 b. Mediastinal
 c. Intrathymic
 d. Intrathyroidal
 e. In the carotid sheath
14. Which of the following is the first sign or symptom of hypocalcemia?
- a. Shortened QT interval
 b. Trousseau sign
 c. Circumoral numbness
 d. Anxiety
 e. Laryngospasm
15. A 30 years old patient with recurrent renal stones, chronic constipation, he is taking antidepressants, now presented with lumbar pain. Investigations revealed high calcium levels, PTH level also very high.
- a. Sestamibi scan is most appropriate to locate the lesion.
 b. FNA C is required for diagnosis
 c. MRI neck is investigation of choice
 d. PET scan is most appropriate imaging to locate tumor.
16. A 50 years old house wife with recurrent renal stones, abdominal cramps, she is taking antidepressants for psychic moans, now presented with bone pains. Investigations revealed high calcium levels, PTH level also very high and USG detected nodule at lower pole of thyroid gland. Definite diagnosis?
- a. PTH adenoma
 b. PTH carcinoma
 c. PTH hyperplasia
 d. Toxic Adenoma
17. A 50 years old patient with recurrent renal stones, chronic constipation, he is taking antidepressants, now presented with lumbar pain. Investigations revealed high calcium levels, PTH level also very high. Management would be
- a. only medical management

- a. selective parathyroidectomy
- c. All 4 gland parathyroidectomy
- d. Total thyroidectomy

18. A 60 years old diabetic man admitted for dialysis due to Chronic renal failure. Metabolic workup showed high PTH and low calcium levels. Most likely diagnosis would be

- a. primary hyper parathyroidism
- b. Secondary hyperparathyroidism
- c. Tertiary hyperparathyroidism.
- d. Parathyroid carcinoma

19. A 26-year-old university student with a history of deep vein thromboses presents to the office with hypertension, facial plethora, and truncal obesity. Which of the following additional features is not associated with this syndrome?

- a. Hyperglycemia
- b. Decreased libido
- c. Hyperkalemia
- d. Nephrolithiasis
- e. Proximal muscle weakness

DX = Cushing syndrome

20. According to the most current recommendations, at what size should operative intervention of adrenal incidentalomas be considered?

- a. 2 cm
- b. 3 cm
- c. 4 cm
- d. 5 cm
- e. 6 cm

Department of Surgery
Final year MBBS

TIME ALLOWED 45 min

TOTAL MARKS 35

MCQs (single Best Answer) 09 July 2021 MCQs liver, GB, pancreas

1. A 40 Years office lady had a recurrent pain RHC for the last 3 months. For which she had USG done that showed 1 cm polyp in gall bladder
 - A. This patient need follow up only
 - B. She need urgent MRCP to rule out CBD malignancy
 - C. Cholecystectomy is the treatment of choice
 - D. Polyps are always benign so need no treatment
 - E. Polyps need resection endoscopically while preserving gall bladder.
2. A 60 years old male with H/O yellow discoloration of sclera and skin and marked weight loss. On examination there is a palpable mass in RHC.
 - A. It is likely due to stones in Gall bladder.
 - B. It is unlikely due to stones.
 - C. It is always a benign condition
 - D. It is likely malignancy.
 - E. It is likely CBD stones.
3. A 45 years old shop keeper presented to ER with C/O Pain, fever and yellowish discoloration of sclera
 - A. Cholangitis is unlikely
 - B. Acute Cholecystitis is not among differential diagnosis.
 - C. CBD stones are not associated with above mentioned complaints.
 - D. This triade is common sequele of CBS stones.

→ charcot's triad
dx = cholangit
4. A 24 years old university female student after completion of Laparoscopic Cholecystectomy Developed fever on first post op day
 - A. likely due to atelactasis.
 - B. Cause is mostly wound infection
 - C. Fever is due to bile leakage at gall bladder bed.
 - D. always due to UTI
 - E. DVT is most common cause.
5. During Lap cholecystectomy there was caterpillar anomaly noted at callot's Triangle
 - A. This is normal and proceed with clipping of structures
 - B. This is mostly right gastric artery
 - C. This is Right hepatic artery taking tortuous course in front of Cystic artery.
 - D. Procedure should be abandoned and convert to open cholecystectomy
 - E. CBD is mostly present at this position.
6. While creating pneumoparitoneum, safe method is to
 - A. Use verrese needle always
 - B. Use open technique and Hassan trocar
 - C. Keep pressure at 20 mmHg
 - D. Never use open technique
 - E. Always perform MRCP before procedure.
7. A 40 Years old alcoholic presented to ER with severe pain RHC and Recurrent vomiting . On examination, he has Tenderness over Upper abdomen, and Tachycardia . Pain relieved by leaning forward
 - A. Need resuscitation, labs and imaging
 - B. Need symptomatic management only
 - C. Need admission to psychiatric unit for counselling
 - D. Ranson criteria is obsolete now
 - E. APACHE 11 is not used in ICU

8. A 60-year-old previously healthy businessman notices that his eyes are yellow and he has been losing weight. On physical examination the patient has jaundice and scleral icterus with a palpable mass in the right upper quadrant. Abdominal ultrasound demonstrates biliary ductal dilation without gallstones. Which of the following is the most appropriate next step in the workup of this patient?
- Acute abdominal series
 - Computed tomography (CT) scan
 - Esophagogastroduodenoscopy (EGD)
 - Endoscopic retrograde cholangiopancreatography (ERCP)
 - Positron emission tomography (PET) scan
9. A 43-year-old woman undergoes open cholecystectomy. Intraoperative cholangiogram revealed multiple stones in the CBD. Exploration of the CBD was performed to extract gallstones. The CBD was drained with a #18 T-tube. After 10 days, a T-tube cholangiogram reveals a retained CBD stone. This should be treated by which of the following?
- Laparotomy and CBD exploration
 - Subcutaneous heparinization
 - Antibiotic therapy for 6 months and then reevaluation
 - Extraction of the stone through the pathway created by the T-tube (after 6 weeks)
 - Ultrasound crushing of the CBD stone
10. A 15-year-old female presents with RUQ abdominal pain. Workup reveals a choledochal cyst. Which of the following statements is most appropriate?
- Choledochal cysts are more common in men.
 - Laparoscopic cholecystectomy is the recommended treatment.
 - Patients with a choledochal cyst have an increased risk of cholangiocarcinoma.
 - All patients with a choledochal cyst have abdominal pain, a RUQ mass, and jaundice.
 - The etiology is infectious.
11. A 45-year-old man with hepatitis C undergoes an uneventful percutaneous liver biopsy. About 6-weeks later, he complains of RUQ pain, is clinically jaundiced, with a hemoglobin of 9.2 mg/dL and is fecal occult blood positive. Which diagnosis best explains this patient's symptoms?
- Hepatocellular carcinoma
 - Chronic hepatitis C
 - Colon carcinoma with liver metastasis
 - Hemobilia
 - Symptomatic cholelithiasis
12. A 24-year-old college student recovers from a bout of severe pancreatitis. He has mild epigastric discomfort, sensation of bloating, and loss of appetite. Examination reveals an epigastric fullness that on ultrasound is confirmed to be a pseudocyst. The swelling increases in size over a 3-week period of observation. What should be the next step in management?
- Percutaneous drainage of the cyst
 - Laparotomy and internal drainage of the cyst
 - Excision of pseudocyst
 - Total pancreatectomy
 - Administration of pancreatic enzymes
13. A 42-year-old woman with a history of chronic alcoholism is admitted to the hospital because of acute pancreatitis. The bilirubin and amylase levels are in the normal range. An ultrasound reveals cholelithiasis. The symptoms abate on the fifth day after admission. What should she be advised?
- To start on a low-fat diet.
 - To increase the fat content of her diet.
 - To undergo immediate cholecystectomy.
 - To undergo cholecystectomy during the same hospital stay and assessment of her bile ducts.
 - That she will be discharged and now should undergo elective cholecystectomy after 3 months.
14. A 66-year-old man having jaundice undergoes ERCP and found to have periampullary carcinoma. He is otherwise in excellent physical status and no evidence of metastasis. What is the most appropriate treatment?
- Radical excision (Whipple procedure) where possible

- B. Local excision and radiotherapy
- C. External radiotherapy
- D. Internal radiation seeds via catheter
- E. Stent and chemotherapy

15. A 48-year-old woman presents with severe recurrent peptic ulcer located in the proximal jejunum. Five years previously she underwent parathyroidectomy for hypercalcemia. Her brother was previously diagnosed as having Zollinger-Ellison syndrome. To confirm the diagnosis of Zollinger-Ellison syndrome, blood should be tested for levels of which of the following?

- A. Parathyroid hormone
- B. Histamine
- C. Pepsin
- D. Gastrin
- E. Secretin

16. A 73-year-old woman is evaluated for obstructive jaundice after an injury to the CBD, 7 months previously at laparoscopic cholecystectomy. The alkaline phosphatase is elevated. In obstructive jaundice, which of the following statements is most relevant regarding alkaline phosphatase?

- A. Its level increases before that of bilirubin.
- B. Its level is unlikely to be increased in pancreatic malignancy.
- C. Its elevation indicates bone metastasis.
- D. Its elevation excludes hepatic metastasis.
- E. Its level falls after that of the bilirubin, following surgical intervention.

17. A recently arrived emigrant from China develops jaundice, rigors, and high fever. Investigations revealed that he is suffering from oriental cholangiohepatitis. This condition is confirmed by detecting which of the following?

- A. Schistosomiasis (Bilharzia) parasite
- B. Ameba
- C. Opisthorchis (Clonorchis) sinensis
- D. Hydatid cyst (Echinococcus)
- E. Hookworm

18. Magnetic resonance cholangiopancreatography (MRCP) is an imaging technique based on the principles of nuclear magnetic resonance used to image the:

- A. stomach & duodenum
- B. duodenum & small bowel
- C. duodenum & liver
- D. gall bladder & biliary system
- E. biliary system & large bowel

19. In Peroperative cholangiopancreatography with open or laparoscopic cholecystectomy, a catheter can be placed in the cystic duct and contrast injected directly into the biliary tree. It defines mainly:

- A. Physiology of biliary tract
- B. Anatomy of biliary tree
- C. Anatomy & physiology
- D. It is a non-invasive technique
- E. Can be done preoperatively

20. A 5-month-old baby presented in the OPD with a diagnosed case of BILIARY ATRESIA, his investigations done which showed biliary atresia limited to common bile duct. It is classified as class.

- A. 1
- B. 2
- C. 3
- D. 4
- E. 5