

# ESOPHAGUS, STOMACH & PERITONEUM

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## 1. ESOPHAGUS

1. A 60 year old man presents with dysphagia and pain on swallowing both solids and liquids. A barium meal shows gross dilatation of the esophagus with a smooth narrowing at the lower end of the esophagus. What is the SINGLE most likely cause of dysphagia?

- a. Achalasia
- b. Myasthenia gravis
- c. Esophageal carcinoma
- d. Esophageal web
- e. Systemic sclerosis

2. A 25-year-old male with a history of frequent binge drinking presents 4 hours after having had a take away meal following a nights heavy drinking. He complains of nausea and has vomited on several occasions. After the last vomiting episode, he vomited approximately a cupful of blood. On admission, he smells of alcohol, pulse=100bpm, BP=140/80mmHg. He has some tenderness in the epigastrium. What is your diagnosis?

- a. Gastric carcinoma
- b. Mallory-Weiss tear
- c. Esophageal carcinoma
- d. Esophageal varices
- e. Esophageal varices

3. A 5 months old baby present with recurrent vomiting. Mother noticed some of the vomitus is blood stained. Choose the single most likely investigation?

- a. Upper GI endoscopy
- b. Barium meal
- c. US
- d. Colonoscopy

4. Which of the following statements is true?  
a. In a suspected foreign body (F8) in the esophagus, water-soluble contrast examination should be carried out

- b. When a food bolus is stuck in the esophagus, always suspect an underlying disease
- c. All iatrogenic perforations of the esophagus must be treated surgically
- d. Most spontaneous perforations of the esophagus (Boerhaave's syndrome) can be treated conservatively
- e. Mallory-Weiss syndrome the tear is usually in the lower end of the esophagus

5. Regarding dysphagia, which of the following statement is FALSE?

- a. Difficulty on swallowing (dysphagia) is a cardinal symptom of oesophageal carcinoma
- b. Retrosternal pain on swallowing (odynophagia) is always of cardiac origin
- c. Heartburn is a common symptom of gastro-oesophageal reflux disease (GORD)
- d. Dysphagia in the oral or pharyngeal (voluntary) phase, when patients say they cannot swallow, is usually from neurological or muscular diseases
- e. Regurgitation and reflux are the same and are not caused by obstruction to the oesophagus

6. Which of the following statement regarding Investigations in dysphagia is FALSE?

- a. Barium swallow is the investigation of choice in GORD
- b. Flexible oesophagogastroduodenoscopy (OGD) is the initial investigation of choice in suspected carcinoma
- c. Endosonography (EUS) should be carried out when a carcinoma is seen in the oesophagus
- d. Oesophageal manometry should be done when motility disorder is suspected
- e. 24 h pH recording is an accurate method of evaluating GORD

7. The esophageal perforation occurs in all of the following except?

- a. Corrosives
- b. Esophagoscopy
- c. Mediastinitis
- d. Violent vomiting after a large meal
- e. Dilatation

8. A 60-year-old woman presented to OPD with dysphagia. No history of weight loss or heartburns. No change in bowel habits. While doing endoscopy, there is some difficulty in passing through the lower esophagus sphincter but no other abnormality is noted. What is the single most useful investigation?

- a. CXR
- b. MRI
- c. Esophageal biopsy
- d. Esophageal manometry
- e. Abdominal X-ray

9. A 36 year old man is in surgical ICU following thoracotomy for a 24 hour old oesophageal perforation. His WBC is markedly elevated, he is febrile and hypotensive. His NG tube continues to drain blood. Upper OGD documents shows diffuse gastric erosion. Give the best statement regarding stress ulceration?

- a. It is a true ulcer, extending through the muscularis mucosa
- b. It classically involves the antrum of the stomach
- c. Increased secretion of gastric acid has been shown to play a role
- d. It frequently involves multiple sites
- e. It is seen following shock in sepsis, but for some unknown reason does not occur after major surgery, burn, and trauma

10. A 68 year old man has had increasing dysphagia for solid food for 3 months and has lost 5 kg in weight. What single investigation is most likely to lead to a definitive diagnosis?

- a. Barium swallow
- b. Chest x-ray
- c. CT chest
- d. Endoscopy and biopsy
- e. Video fluoroscopy

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12. A 41 year old man complains of regurgitation of saliva and undigested food. A barium swallow reveals a bird beak deformity. Which statement is more appropriate regarding this disease?

- a. Chest pain is common in the advanced stages of this disease
- b. More patients benefit from dilatation than by surgery
- c. Manometry can be expected to show high resting pressure of the lower oesophageal sphincter
- d. Surgical treatment consists of resection and anastomosis
- e. Patients with this disorder are at no increased risk of developing carcinoma

13. A female patient develops Barret's oesophagus due to chronic gastroesophageal reflux. She is at risk of?

- a. Squamous cell carcinoma
- b. Adeno carcinoma
- c. Transitional cell carcinoma
- d. All of the above
- e. None of the above

14. Regarding oesophageal carcinoma, all are helpful except?

- a. Curative resection
- b. Feeding gastrostomy
- c. Radical radiotherapy
- d. Palliative laser ablation and stenting
- E. All of the above

15. A middle aged man presents with dysphagia and cough at night. Barium swallow shows dilatation, tortuosity and S-shaped bend in the oesophagus with wide mediastinum. Gas bubble in the stomach is absent. He is probably suffering from?

- a. Achalasia
- b. Oesophageal stricture
- c. Carcinoma oesophagus
- d. Diffuse oesophageal spasm
- e. None of the above

16. The gold standard of measuring gastro oesophageal reflux is?

- a. Barium study
- b. CT scan
- c. GI endoscopy
- d. pH measurement
- e. MRI

17. Following the incision drainage of an abscess in the posterior triangle of neck, the patient was unable to extend her hand above the head. Damage to which structure could lead to this?

- a. Scalenus medius
- b. Supra scapular nerve
- c. Spinal part of accessory nerve
- d. Spread of infection to the shoulder joint
- e. Long thoracic nerve

18. A 45-year-old executive experiences increasingly painful retrosternal heartburn, especially at night. He has been chewing antacid tablets. An esophagogram shows a hiatal hernia. In determining the proper treatment for a sliding hiatal hernia, which of the following is the most useful modality?

- a. Barium swallow with cinefluoroscopy during Valsalva maneuver
- b. Flexible endoscopy
- c. Twenty-four-hour monitoring of esophageal pH
- d. Measurement of the size of the hernia on upper GI
- e. Assessment of the patient's smoking and drinking history

19. A 56-year-old woman has nonspecific complaints that include an abnormal sensation when swallowing. An esophagram is obtained. Which of the following is most likely to require surgical correction?

- a. Large sliding esophageal hiatal hernia
- b. Para esophageal hiatal hernia
- c. Traction diverticulum of esophagus
- d. Schatzki ring of distal esophagus
- e. Esophageal web

## 2. STOMACH

1. A 57-Year-old man with blood group A complains of symptoms of vomiting, tiredness, weight loss and palpitations, Exam: hepatomegaly, ascites, palpable left supraclavicular mass. What is the most likely diagnosis?

- a. Gastric carcinoma
- b. Colorectal carcinoma
- c. Peptic ulcer disease
- d. Atrophic gastritis
- e. Krukenburg tumor

2. Which of the following is a pre-malignant condition of the stomach?

- a. Peptic ulcer.
- b. Hyperacidity
- c. Atrophic gastritis
- d. Biliary reflux
- e. Leiomyoma of stomach wall

3. Double stomach appearance on plain radiograph of the abdomen is typical feature of?

- a. Congenital hypertrophic pyloric obstruction
- b. Duodenal atresia
- c. Combined duodenal and jejunal atresia
- d. Mid gut volvulus
- e. All of the above

4. A 45 year old female previously on NSAIDS presented in emergency with severe abdominal pain and vomiting, O/E, patient is in shock and the abdomen is distended and tender. What is the most probable diagnosis?

- a. Gastritis
- b. Acute cholecystitis
- c. Perforated peptic ulcer
- d. Pancreatitis
- e. Myocardial infarction

5. A woman presents with melena. Barium-meal shows a filling defect in the stomach. The next investigation will be?

- a. Stool for occult blood
- b. U/S abdomen
- c. X-ray chest
- d. Barium follow through
- e. Upper GI Endoscopy

6. Gastric mucosal barrier. Which of the following do not damage the gastric mucosal barrier?

- a. Non-steroidal anti-inflammatory drugs (NSAIDS)
- b. Alcohol
- c. Sucralfate
- d. Bile
- e. Shock

7. Gastritis: Which of the following statement is TRUE?

- a. Type B gastritis is an autoimmune condition
- b. Type A gastritis affects the antrum
- c. Both types A and B gastritis do not predispose to malignancy
- d. Erosive gastritis due to NSAIDs is mediated via inhibition of Cox1 enzyme
- e. Reflux gastritis is commonly seen before gastric surgery

8. Which of the following is TRUE with regard to the clinical features of peptic ulcers?

- a. The pain never radiates to the back and this differentiates this from biliary colic
- b. Vomiting is a potable feature
- c. Weight loss is atypical symptom
- d. Bleeding is rare
- e. They may cause gastric outlet obstruction

9. Symptoms and signs of sliding hiatus hernia include the following, except?

- a. Retrosternal pain getting worse on bending, stooping and lying
- b. Pain simulates angina
- c. Pain not relieved by antacids
- d. Causes cough and hiccups
- e. Ulceration and bleeding

10. Carcinoma of the stomach can be diagnosed and evaluated with the following except?

- a. CT Scan
- b. OGD
- c. Ultrasound
- d. Ca-125
- e. Laparoscopy

11. Complications of peptic ulceration include the following except?

- a. Hematemesis
- b. Black tarry stools
- c. Pyloric obstruction
- d. Duodenal perforation
- e. Intestinal obstruction

12. A 45-year-old man with posterior gastric ulcer presented with severe excruciating pain which subsided after conservative treatment. 10 days later, he developed swinging pyrexia. Ultrasound shows a collection in the peritoneum. What will be the most likely location of the collection?

- a. Hepatorenal pouch
- b. Left paracolic gutter
- c. Sub-phrenic
- d. Pelvic cavity
- e. Lesser sac

13. In unrelieved benign gastric outlet obstruction, the following metabolic changes occur except?

- a. Hyponatremia
- b. Hypochloremia
- c. Hyperkalemia
- d. Hypokalemia
- e. Decreased ionized calcium

14. A 40 years old man, a known smoker and long history of NSAID intake following- injury in a RTA presented with severe abdominal pain and a rigid abdomen. What is the most likely diagnosis?

- a. Perforated peptic ulcer
- b. NSAID induced gastritis
- c. Acute pancreatitis
- d. Ischemic colitis
- e. NSAID induced glomertonephritis

15. A 26 years old male has been operated for abdominal trauma and splenectomy was done. On the 3rd post op. day the pt developed acute abdominal pain and distention in the upper abdominal area with hypotension. On insertion of ryles tubes, 21 of coffee ground fluid was aspirated. What is the most probable diagnosis?

- a. Acute gastric dilatation
- b. reactionary hemorrhage
- c. Sub-phrenic abscess
- d. Gastric volvulus
- e. Paralytic ileus

16. In perforation of a posterior gastric ulcer, where will the fluid accumulate in the peritoneal cavity?

- a. Lt paracolic gutter
- b. Pelvic cavity
- c. Lesser sac
- d. Under the diaphragm
- e. Rt. paracolic gutter

17. In unrelieved benign gastric outlet obstruction, the following metabolic changes occur except?

- a. Sodium retention
- b.  $K^+$  and  $H^+$  ion secretion
- c. Hyperkalemia
- d. Hypokalemia
- e. Decreased ionized calcium

18. A woman presents with melaena and upper GI endoscopy shows a tumor in the stomach. The next investigation will be?

- a. Stool for occult blood
- b. Ultra sound abdomen
- c. X-ray chest
- d. Barium follow through
- e. Hb

19. Which peptic ulcer complication manifests with vomiting, abdominal pain and rigidity?

- a. Hemorrhage
- b. Malignant transformation
- c. Pyloric obstruction
- d. Perforation
- e. Teapot stomach

20. The most common cause of gastric outlet obstruction is?

- a. Pancreatic mass
- b. Ca stomach
- c. Peptic ulcer disease
- d. Lymphoma
- e. Caustic soda ingestion

21. Causes of upper GI bleeding includes all except?

- a. Gastric ulcer
- b. Duodenal ulcer
- c. Hiatus hernia
- d. Esophageal varices
- e. Ca stomach

22. A 60 years male is diagnosed as Ca stomach the best investigation for peritoneal spread will be?

- a. CT scan
- b. U/S
- c. MRI
- d. Laparoscopy
- e. Endoluminal U/S

23. A 70 ye old osteoarthritic patient on NSAIDS for the last 5 years was brought to the emergency with c/o sudden onset of generalized abdominal pain and vomiting. O/E he is dehydrated, tachycardiac with board like rigidity. What radiological findings will you expect on x-ray abdomen in erect posture?

- a. Gas under right hemi diaphragm
- b. Step ladder pattern / multiple air fluid levels
- c. Sigma sign
- d. Colon cut-off sign
- e. Gas under Lt hemi-diaphragm

24. Regarding hiatus hernia?

- a. Whole of stomach lies in the chest in mixed hiatus hernia
- b. In mixed hiatus hernia cardia may be displaced into chest
- c. Volvulus or perforation occurs in herniated stomach
- d. Colon and small intestine cannot be contents of hernia
- e. In true para-oesophageal hernia cardia remains in normal anatomical position.

25. The association of H pylori and gastritis is well marked in?

- a. Lymphocytic gastritis
- b. Erosive gastritis
- c. Stress gastritis
- d. Type B gastritis
- e. Type A gastritis

26. Definitive investigation to suggest perforated peptic ulcer is?

- a. An erect plain chest X-ray
- b. Leucocyte count
- c. A water soluble contrast swallow
- d. Serum amylase
- e. Diagnostic peritoneal lavage

**27. Regarding infantile gastric outlet obstruction?**

- Characteristically a first born male child
- Most commonly seen at 8 weeks after birth
- Occurs twice more commonly in males than females.
- Most commonly presents at 12 weeks of age
- Vomiting of milk (projectile, with bile staining)

**28. Commonest cause of bilious vomiting in neonate is?**

- Meconium ileus
- Necrotizing enterocolitis
- Duodenal atresia
- Intestinal malrotation with volvulus
- Hirschsprung's disease

**29. Incidence of recurrence following duodenal ulcer operations is higher in?**

- Gastroenterostomy alone
- Selective vagotomy and drainage
- Highly selective vagotomy
- Truncal vagotomy and drainage
- Gastrectomy

**30. Regarding duodenal carcinoma?**

- At presentation the tumor is irresectable
- Originated from periampullary region
- Commonly metastasize to bones
- Histologically it is squamous cell carcinoma
- It is common intestinal tumor

**31. Common cause of duodenal obstruction is?**

- Annular pancreas following pancreatitis
- Compression by mesenteric vessels
- Metastases from gastric cancer
- Primary duodenal CA
- Carcinoma head of pancreas

### 3. PERITONEUM

**1. A 35 years old female presented with abdominal pain, distension and vomiting. She has history of high grade fever for the last one week. On abdominal examination, there is generalized tenderness and rigidity. What is the most likely diagnosis?**

- Peritonitis caused by perforation of duodenal ulcer
- Peritonitis caused by perforation of the appendix
- Peritonitis caused by typhoid perforation of small bowel

- Intestinal obstruction
- Acute pancreatitis
- All of the following are signs of peritonitis except
- Tenderness on palpation
- Rigidity
- Absence of abdominal movements with respiration
- Increased bowel sounds
- Severe abdominal pain on asking the patient to cough

**3. A 25-year-old female complains of severe pain in her central lower abdomen of 4 hours duration. It started with some initial discomfort around her suprapubic area. She feels faint and is very thirsty. She is not sure about her last menstrual period. On examination, she is in agony, looks pale and is cold, clammy and sweaty. She is apyrexial and has marked tenderness, rigidity and rebound tenderness over her entire lower abdomen. She has some discoloration around her umbilicus. The likely diagnosis is?**

- Acute appendicitis
- Right ureteric colic
- Ruptured ectopic pregnancy
- Perforated peptic ulcer
- Mittelschmerz

**4. Peritoneal spread of intra-abdominal malignancy is best diagnosed by?**

- CT scan
- Laparoscopy
- MRI
- U/S
- Barium meal

**5. Features of peritonitis include the following EXCEPT?**

- Sudden onset of abdominal pain
- Oliguria
- Worsen with cough
- Abdominal rigidity
- Normal bowel sounds

**6. A 40-years-old male presents with severe vomiting. A clinical diagnosis of peritonitis is made by?**

- TLC is raised
- Serum amylase is raised
- Severe pain in abdomen with guarding
- Pain on DRE examination
- Gas is seen under the diaphragm on chest X-ray

7. A 30 years old female was operated for peritonitis due to perforated Appendicitis. Complication of peritonitis includes?

- Paralytic ileus
- Swinging pyrexia
- Malaise and Anorexia
- Deep vein thrombosis

8. The following is true about chemical peritonitis except?

- Occurs because of gastric juice
- Caused by pancreatic juice
- Cannot occur because of urine
- Can occur with blood
- Can be caused by bile

9. Following a drug bust, a young man was confirmed to have swallowed small packets containing an unknown substance. Indications for laparotomy in this patient include?

- Refusal to take high doses of laxatives
- Refusal to allow endoscopic retrieval
- Refusal to allow digital rectal disimpaction
- Intra-gut drug packets evident on abdominal x-ray
- Signs of toxicity from leaking drug packets

10. Peritoneal spread of intra-abdominal malignancy is best diagnosed by?

- CT
- Laparoscopy
- MRI
- US
- Barium Meal

11. Which of the following I/V induction agent is the most suitable for day case surgery?

- Morphine
- Ketamine
- Propofol
- Diazepam
- Thiopentone sodium

12. A 60 year old female presented with peritonitis. On exploration a perforation is found in the pyloric part of the stomach. What is the best treatment option?

- Omentopexy
- Omentopexy + biopsy

- Partial gastrectomy
- Partial gastrectomy with vagotomy
- Distal gastrectomy with highly selective vagotomy

#### ANSWER KEYS

##### 1. ESOPHAGUS

1.A	2.B	3.A	4.B	5.B
6.A	7.C	8.D	9.D	10.D
11.D	12.C	13.B	14.B	15.A
16.D	17.C	18.B	19.B	

##### 2. STOMACH

1.A	2.C	3.B	4.C	5.E
6.C	7.D	8.D	9.E	10.D
11.E	12.E	13.C	14.A	15.A
16.C	17.C	18.B	19.D	20.D
21.C	22.D	23.A	24.B	25.D
26.A	27.A	28.C	29.A	30.B
31.E				

##### 3. PERITONEUM

1.C	2.D	3.C	4.B	5.E	6.C
7.C	8.C	9.E	10.B	11.C	12.B

# HERNIAS

**1. A 35-year-old construction worker is diagnosis with indirect inguinal hernia. Which statement below best describes it?**

- Passes through the superficial inguinal ring only
- Lies above and lateral to the pubic tubercle
- Does not pass through the superficial inguinal ring
- Passes through the deep inguinal ring
- Does not pass through the deep inguinal ring

**2. An 88-year-old woman is a known smoker. She had an attack of Myocardial infarction 2 years back and is known to have peripheral vascular disease, she presents with an irreducible herniation over the incision region of a surgery which she underwent in her childhood. What is the most appropriate treatment?**

- Truss
- Elective herniorrhaphy
- Urgent herniorrhaphy
- Elective herniotomy
- Reassure

**3. A 50 year old woman has reported for follow up. She has been operated 3 months back for carcinoma of sigmoid colon where resection plus colostomy were performed. Now she complains that her stoma is not functioning properly. Which of the following is the most common serious complication of an end colostomy?**

- Bleeding
- Colonic perforation during irrigation
- Parastomal hernia
- Skin breakdown
- Stomal prolapse

**4. Hernia medial to inferior epigastric is?**

- Indirect inguinal hernia
- Direct inguinal
- Femoral hernia
- Pantaloons hernia
- Obturator hernia

**5. Which of the following hernia follows the path of the spermatic cord with in cremaster muscle?**

- Femoral
- Direct inguinal
- Indirect inguinal
- Spigelian
- Interparietal

**6. Which of the following is not a predisposing factor for a hernia?**

- Chronic obstructive pulmonary disease
- Obesity
- Urinary stones
- Pregnancy
- Peritoneal dialysis

**7. Which of the following is common in multiparous women?**

- Indirect inguinal hernia
- Lumbar hernia
- Para umbilical hernia
- Direct inguinal hernia
- Spigelian hernia

**8. A man has reducible bulge below the pubic tubercle and on occlusion of the deep inguinal ring, cough impulse is present. What is the most likely diagnosis out of the following?**

- Direct inguinal
- Indirect inguinal
- Femoral hernia
- Spigelian
- Lumbar hernia

**9) A 9 months old child is brought to the emergency room with an irreducible firm swelling which descends into the left groin when the child is crying. On examination, both testicles are palpable in the scrotum. What is the most appropriate management strategy?**

- Reassurance
- Emergency herniotomy
- Elective herniotomy
- Emergency herniotomy + orchidopexy
- Elective + orchidopexy

<p><b>Q14. A 35-year-old man has a swelling in his right inguinal region. The swelling is:</b></p> <p>a. Reducible</p> <p>b. Irreducible</p> <p>c. Tense</p> <p>d. Soft</p> <p>e. Steroid therapy</p>	
<p><b>Q15. The following statement regarding various types of hernias are true, except:</b></p>	
<p>a. They are the most common inguinal hernia in children</p>	
<p>b. They are more common than indirect inguinal hernia</p>	
<p>c. They are more common than femoral hernia</p>	
<p>d. They are more common than obturator hernia</p>	
<p>e. They are more common than epigastric hernia</p>	

1. Evolution of the curriculum to be more student centred and to include more practical work.

2. More emphasis on clinical skills and practical work in the clinical years.

3. More emphasis on clinical skills and practical work in the clinical years.

4. More emphasis on clinical skills and practical work in the clinical years.

5. More emphasis on clinical skills and practical work in the clinical years.

6. More emphasis on clinical skills and practical work in the clinical years.

7. More emphasis on clinical skills and practical work in the clinical years.

8. More emphasis on clinical skills and practical work in the clinical years.

9. More emphasis on clinical skills and practical work in the clinical years.

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15. More emphasis on clinical skills and practical work in the clinical years.

16. More emphasis on clinical skills and practical work in the clinical years.

17. More emphasis on clinical skills and practical work in the clinical years.

18. More emphasis on clinical skills and practical work in the clinical years.

19. More emphasis on clinical skills and practical work in the clinical years.

20. More emphasis on clinical skills and practical work in the clinical years.

21. More emphasis on clinical skills and practical work in the clinical years.

22. More emphasis on clinical skills and practical work in the clinical years.

# RECTUM & ANAL CANAL

1. A 60-year-old diabetic lady presents with severe perianal pain and swelling. What is the cause?

- a. Anal carcinoma
- b. Anal fissure
- c. Hemorrhoid
- d. Anal abscess
- e. Colorectal carcinoma

2. A 67-year-old lady with an ulcer on the anal margin. Which is the single most appropriate LN involved?

- a. External iliac Lymph Nodes
- b. Pre-aortic Lymph Nodes
- c. Aortic Lymph Nodes
- d. Inguinal Lymph Nodes
- e. Iliac Lymph Nodes

3. A man feels mild discomfort in the anal region and purulent discharge in underpants. What is the most likely diagnosis?

- a. Faecal incontinence
- b. Anal abscess
- c. Fistula in ano
- d. Anal tags
- e. Rectal Ca

4. A 63-year-old male has anal canal carcinoma with no evidence of spread to the pelvic wall, pelvic muscles or lymph nodes. This is typically managed by?

- a. Right hemicolectomy
- b. Left hemicolectomy
- c. Transverse colectomy
- d. Internal sphincterotomy
- e. Chemotherapy and radiotherapy

5. In a post-operative patient of piles, if he develops pain hypogastrium after 12 hours of surgery. The most probable cause for this pain is?

- a. Proctitis
- b. Pelvic hematoma
- c. Acute urinary retention

- d. Prostatic infection
- e. Cystitis

6. A patient with a history of familial polyposis undergoes a diagnostic polypectomy. Which of the following types of polyp is most likely to be found?

- a. Villous adenoma
- b. Hyperplastic polyp
- c. Adenomatous polyp
- d. Pseudo polyp
- e. Retention polyp

7. Assessment in rectal cancer should include?

- a. Sigmoidoscopy and biopsy
- b. Colonoscopy or CT colonography or barium enema to exclude synchronous cancer
- c. CT scan of liver and chest
- d. Magnetic resonance imaging (MRI) of pelvis and endoluminal ultrasound
- e. All of the above

8. A young married female complaining of painful defecation and blood streaks on stool from one year. DRE is painful and skin tag is visible at 12 o'clock position. The most probable diagnosis is?

- a. Acute anal fissure
- b. Hemorrhoids
- c. Chronic anal fissure
- d. Anal abscess
- e. Fistula in ano

9. An 83-years-old woman who is a resident in a nursing home is admitted to hospital with a 4 days history of diarrhea. She has had no weight loss or change in appetite. She has been on analgesics for 3 weeks for her back pain. She is in obvious discomfort. On rectal examination there is fecal impaction. What is the single most appropriate immediate management?

- a. Codelne phosphate for pain relief
- b. High fiber diet

- c. Oral laxative
- d. Phosphate enema
- e. Urinary catheterization

**10. In a 50-years-old male patient who is diagnosed as carcinoma of sigmoid colon?**

- a. Operations are planned to remove the primary tumor and its draining lymph nodes
- b. Bowel preparation is done before surgery
- c. Adjuvant chemotherapy is needed after surgery
- d. Double contrast Barium enema is the investigation choice
- e. CEA are always raised if recurrence occurs

**11. A 50-years-old female patient who is diagnosed as carcinoma of the rectum. Choose the best treatment option?**

- a. APR is the surgical treatment of choice for tumors in lower third of rectum
- b. DVT prophylaxis is necessary
- c. Prophylactic antibiotics must be given
- d. Patient is catheterized before surgery
- e. Counseling for permanent colostomy must be done before surgery

**12. A 65-years-old man had closure of colostomy performed 5 days ago. He is not systematically unwell. There is a tender, localized fluctuant swelling 4 cm in diameter in the wound. What is the single and most appropriate management?**

- a. Abdominal support
- b. Antibiotics
- c. Laparotomy and re-suturing of wound
- d. Local exploration of wound
- e. Observation

**13. A 26-years-old patient presents with prolonged constipation, blood on side of stool as well as very painful defecation. PR examination is very painful. What is the single most likely diagnosis?**

- a. Carcinoma Colon
- b. Ulcerative Colitis
- c. Crohn's disease
- d. Anal fissure
- e. Constipation

**14. A man presented with a purplish swelling at the anal area. It is acutely painful and constipation for**

**the last 2 months. What is the most appropriate management?**

- a. I&D
- b. I&D + antibiotics
- c. Reassurance
- d. Analgesia
- e. Sclerotherapy

**15. The most common malignancy in the anal canal is?**

- a. Adenocarcinoma
- b. Malignant melanoma
- c. Lyme
- d. Kaposi sarcoma
- e. Epidermoid carcinoma (squamous cell)

**16. The most common cause of fistula in ano is?**

- a. Carcinoma
- b. Tuberculosis
- c. Crohn's disease
- d. Inadequate treatment of anorectal abscess
- e. Previous surgery

**17. A 60 years old man underwent anterior resection for Ca rectum and end to end anastomosis was done. Now complains of severe pain in the chest and abdominal distension. What is the most appropriate investigation likely to review the cause of this deterioration?**

- a. X-Ray abdomen
- b. Barium follow through
- c. CT scan
- d. Ultrasound
- e. Laparotomy

**18. A 60 years old male patient presented to you with a history of painless fresh bleeding per rectum. He gives history of something coming out through anus which is manually reduced. The most likely diagnosis is?**

- a. 1st degree hemorrhoids
- b. 2nd degree hemorrhoids
- c. 3rd degree hemorrhoids
- d. 4th degree hemorrhoids
- e. Rectal prolapsed

**19. A 25 year old male had appendectomy 5 days ago presented with pain & swelling of the site &**

RECTUM & ANAL CANAL

fever O/E wound is red, tender & swollen. Temp is 102.0f & pulse is 105/min. what is next best step in management.

- a. I/A/antibiotics
- b. Take pus for culture/sensitivity
- c. Open up the wound
- d. All of the above
- e. Laparotomy

20. A 12 year old male presented with bleeding per rectum since last few months. Colonoscopy was normal. Radionuclide technetium scan confirm the cause of bleeding. What is most probable diagnosis?

- a. Ulcerated growth small bowel
- b. Small bowel polyps
- c. Meckel's diverticulum
- d. Bleeding Peptic Ulcer
- e. Crohn's ileitis

21. A young married female complaining of painful defecation and bright red bleeding per rectum appearing as streaks on stool. DRE is painful and skin tag is visible at 12 o clock. What is most probable diagnosis?

- a. Prolapsed thrombosed Hemorrhoids
- b. Anal Growth
- c. Anal fissure
- d. Perianal abscess
- e. Rectal prolapse

22. A 60 year old male presented with bleeding per rectum, constipation alternating with diarrhea and tenesmus. O/E he is pale and weak. DRE showed an ulcer on posterior wall of rectum. What is your most probable diagnosis?

- a. Ulcerative colitis
- b. Solitary rectal ulcer
- c. Rectal cancer
- d. Rectal adenoma
- e. Pseudo membranous colitis

23. Which of the following colonic polyp is not premalignant?

- a. Juvenile polyp
- b. Polyps associated with peutz jegherz syndrome
- c. Villous adenoma
- d. Tubular adenoma
- e. Tubulovillous adenoma

24. For a full thickness rectal prolapse the preferred procedure is?

- a. Thiersh stitch
- b. Submucosal injection
- c. Delorme's operation
- d. Atermier's procedure
- e. Rubber band ligation of redundant mucosa

25. A 15 year old boy underwent appendectomy 5 days ago presented with pain and swelling of the wound site and fever. On examination wound is red, tender and swollen. Temp is 101 F. what is the best step in the management of this patient?

- a. Take pus for C/S
- b. Restart I/V antibiotics
- c. Open up the wound
- d. Laparotomy
- e. Change of antibiotics and reevaluation after 48 hours.

26. A 5 year child presents to the OPD with painless bleeding PR of 1 year duration. The likely diagnosis is?

- a. Ca colon
- b. Ca rectum
- c. Hemorrhoid
- d. Polyp
- e. Anal fissure

27. Which of the following statement is wrong regarding anal fissure?

- a. It is a longitudinal split in lower anal mucosa
- b. It is most common in posterior wall
- c. Clinically there is a hypotonic anal sphincter
- d. Constipation is a predisposing factor
- e. Operation can be avoided in 50% cases by application of GTN ointment

28. The treatment of choice for squamous cell carcinoma of anal canal is?

- a. Abdominoperineal resection
- b. Laser fulguration
- c. Chemo radiotherapy
- d. Platinum based chemotherapy
- e. Radiotherapy with proximal dysfunctional colostomy

29. What is the most common site for colorectal carcinoma?

- a. Rectum
- b. Sigmoid colon
- c. Ascending colon
- d. Descending colon
- e. Caecum

30. A rectal growth at the middle third of rectum can be assessed by?

- a. Digital rectal examination and flexible sigmoidoscopy
- b. Digital rectal examination only
- c. Digital rectal examination and sigmoidoscopy
- d. Digital rectal examination and colonoscopy
- e. Digital rectal examination and proctoscopy

31. Young female complains of piles which comes out during defecation and reduces spontaneously thereafter, treatment is?

- a. Injection sclerotherapy
- b. Banding
- c. Open haemorrhoidectomy
- d. Close haemorrhoidectomy
- e. Laser therapy

32. What is the treatment of choice in third degree Hemorrhoids?

- a. Injection sclerotherapy
- b. Banding
- c. Haemorrhoidectomy
- d. Medical treatment
- e. Phtocoagulation

33. Partial rectal prolapse in infants and children should be treated by?

- a. Excision of the prolapsed mucosa after applying Goodsall's ligature
- b. Thiersch operation
- c. Surgery by the abdominal approach.
- d. Conservative treatment (Digital reposition, dietary advice, treatment of diarrhea | dysentery)
- e. Submucous injectins of 5% phenol in almond oil

34. Best management of pelvic abscess is?

- a. Conservative
- b. Laparotomy
- c. UIS guided aspiration

- d. CT guided aspiration
- e. Trans rectal drainage

35. A 25 years old female presents with history of pain defecation, bleeding with stool passage and constipation since days. On examination puckered, tightly closed, anus observed with skin tag at 6 O' clock position. Most likely diagnosis is?

- a. Stenosis of anus
- b. Fistula in ano
- c. Perianal abscess.
- d. External hemorrhoids
- e. Fissure in ano

36. The most common type of anorectal malformation in boys is?

- a. Rectal atresia
- b. Imperforate anus with rectourethral fistula
- c. Stenosed anus
- d. Imperforate anus with anocutaneous fistula (perineal fistula)
- e. Imperforate anus with recto vesical fistula

1.D	2.D	3.C	4.E	5.C	6.C
7.E	8.A	9.D	10.A	11.A	12.D
13.D	14.B	15.E	16.D	17.C	18.C
19.D	20.C	21.C	22.C	23.A	24.C
25.C	26.D	27.C	28.C	29.A	30.E
31.B	32.C	33.D	34.E	35.E	36.B

# SMALL, LARGE INTESTINE & APPENDIX

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## 1. SMALL INTESTINE

1. All the following statements are true, except?

- a. Duodenal diverticulum may result from a long-standing duodenal ulcer
- b. Jejunal diverticula may give rise to malabsorption problems
- c. A Meckel's diverticulum can cause severe lower gastrointestinal haemorrhage
- d. A suspected Meckel's diverticulum is best imaged by a barium meal and follow through
- e. Pain originating in a Meckel's diverticulum is located around the umbilicus

2. Which of the following is false with regard to an enterocutaneous fistula?

- a. Commonest cause is postoperative
- b. A high-output fistula is defined as one where there is  $>1\text{L/day}$
- c. They should be thoroughly assessed with barium studies and CT scans
- d. They always need an operation to cure the problem
- e. Hypoproteinaemia and sepsis often accompany the condition

3. A 45-year-old male patient complains of diarrhea with mucus and blood. He has three to four such motions a day, which are associated with a dull ache in his lower abdomen. He has had these symptoms for the past 4 months during which time he has lost about 10 pounds in weight. Abdominal examination reveals some vague tenderness. Rectal examination shows blood and mucus, and sigmoidoscopy shows hyperemic mucosa, which bleeds easily. What is the likely diagnosis?

- a. Diverticular disease
- b. Crohn's disease

- c. Ulcerative colitis
- d. Carcinoma of the cecum
- e. Carcinoma of the descending colon

4. Correct statement concerning intussusceptions in infants is?

- a. Recurrence rates following surgery are high
- b. It is frequently preceded by a gastrointestinal viral illness
- c. A 1 to 2 weeks period of parenteral nutrition should precede surgical reduction when surgery is required
- d. Hydrostatic reduction without surgery rarely provides successful treatment
- e. The most common type occurs at the junction of descending colon and sigmoid colon

5. Regarding Meckel's diverticulum?

- a. Diagnosed by Barium meal and follow through
- b. Diagnosed by CT scan only
- c. Meckel's diverticulitis produce symptoms like that of acute appendicitis
- d. Meckel's diverticulectomy is treatment of choice in all cases
- e. Mucosa contains heterotopic epithelium of stomach, colon and pancreas

6. Which of the following do not cause dehydration and electrolyte loss in intestinal obstruction?

- a. Reduced oral intake
- b. Defective intestinal absorption
- c. Vomiting
- d. Diarrhea
- e. Sequestration in the bowel lumen

7. Which of the following is FALSE with regard to an enterocutaneous fistula?

- A. The commonest cause is postoperative
- b. A high-output fistula is defined as one where collection is  $>1\text{ L/day}$ .
- c. They should be thoroughly assessed with barium studies and CT scans
- d. They always need an operation to cure the problem
- e. Hypoproteinaemia and sepsis often accompany the condition

8. Which of the following is NOT true in complicated diverticular disease?

- a. Urinary symptoms may be the predominant presentation at times
- b. Fistulae occur in 5 per cent of cases.
- c. Profuse colonic hemorrhage may occur in 17%
- d. The commonest fistula is coelenteric
- e. In acute diverticulitis, CT scan is the 'gold standard' for imaging

9. All the following are true about the diagnostic investigations for abdominal tuberculosis except?

- a. CXR has a role
- b. Montox test has a role
- c. Laparotomy has no role
- d. Sputum culture has a role
- e. CT Scan has a role

10. Typhoid disease usually involves which one of the following?

- a. Jejunum
- b. Duodenum
- c. Rectum
- d. Ileum
- e. Colon

11. The following is true regarding Meckel's diverticulum except?

- a. It is a remnant of vitello intestinal duct
- b. Occurs in 4% of population
- c. It is 2 inches
- d. Usually two feet proximal to ileocecal junction
- e. Occurs on anti-mesenteric border

12. The following is true about intussusceptions except?

- a. Can be diagnosed by ultrasound
- b. Stools are always normal
- c. It is the telescoping of one part of the bowel into the other
- d. Peak incidence is between 6 to 9 months
- e. Can occur in patients of Henoch Schonlein purpura

13. A 3 years old child is brought to an emergency with two days history of abdominal pain / distension & vomiting. He has one episode of bleeding per rectum. On examination abdomen is distended &

mass is palpable in Rt. hypochondrium erect abd x ray shows air fluid levels. What is your most probable diagnosis?

- a. Acute appendicitis
- b. Acute cholecystitis
- c. Intussusception
- d. Hirsch Prung disease
- e. Meckel Diverticulitis

14. A 50 year old male presented to an emergency with 3 days history of pain LIF, fever and vomiting. He also has two episodes of bleeding per rectum. Examination shows tender LIF with rebound tenderness in LIF. His temperature is 1010F. What is your most probable diagnosis?

- a. Lt Colonic tumor
- b. Acute diverticulitis (Sigmoid)
- c. Colonic Perforation
- d. Sigmoid volvulus
- e. Ulcerative Colitis

15. A neonate presents with abdominal distension and non-bilious vomiting. Which of the following is the likely diagnosis?

- a. Congenital hypertrophic pyloric stenosis
- b. Malrotation
- c. Intussusception
- d. Hirschsprung's disease
- e. Atresia

16. Which is NOT true regarding Meckel's diverticulum?

- a. It represents the patent vitellointestinal duct
- b. It carries its own blood supply
- c. It is typically two inches long and 2 inches from the ileocaecal region
- d. It is present in about 2% of the population
- e. It is a congenital condition

17. Double stomach appearance on plain radiograph of the abdomen is a typical feature of?

- a. Congenital hypertrophic pyloric obstruction
- b. Duodenal atresia
- c. Combined duodenal and jejunal atresia
- d. Midgut volvulus
- e. All of the above

18. An old patient operated for perforated duodenum in emergency 5 days ago developed fever, is tachycardiac with tense and tender abdomen. The most likely diagnosis will be?

- a. Chest infection
- b. Anastomotic leakage
- c. Intestinal obstruction
- d. Wound Infection
- e. Pulmonary embolism

19. About intussusception all the following statements are true, except?

- a. It is most common in children
- b. Colocolic is the commonest variety
- c. Can lead to a gangrenous segment of involved intestine
- d. Radiological reduction is indicated in most cases
- e. Few require surgery

20. Best treatment option for adenocarcinoma of cecum is?

- a. Ileotransverse bypass anastomosis
- b. Rt hemicolectomy
- c. Extended Rt hemicolectomy
- d. Chemo radiation
- e. Endoscopic resection of tumor

21. Which of the following is cause of a dynamic intestinal obstruction?

- a. Hernias
- b. Malignant mass
- c. Adhesions
- d. G stone
- e. Paralytic ileus

22. A 60 years male underwent Rt hemicolectomy with ileo transverse anastomosis for the carcinoma cecum. Which of the following main arteries needs ligation during Rt hemicolectomy?

- a. Rt colic artery
- b. Rt colic and middle colic artery
- c. Middle colic artery
- d. Rt colic and ileocolic artery
- e. Ileo colic and middle colic artery

23. A 70 years old man with atrial fibrillation develops a generalized acute abdominal pain. On examination he has a silent abdomen, with diffuse

tenderness and mild rebound tenderness. There is a trace of blood on the rectal examination. He also has acidosis and looks quite sick. x-ray abdomen shows distended small bowels. Which of the following is the most likely cause of his acute abdomen?

- a. Acute pancreatitis
- b. Midgut volvulus
- c. Mesenteric ischemia
- d. Perforated viscus
- e. Acute cholecystitis

24. Ileocecal tuberculosis is associated with?

- a. Megaloblastic anemia
- b. Iron deficiency anemia
- c. Sideroblastic anemia
- d. Normocytic normochromic anemia
- e. All of the above

25. Ileocecal tuberculosis is associated with?

- a. Megaloblastic anemia
- b. Iron deficiency anemia
- c. Sideroblastic anemia
- d. Normocytic normochromic anemia
- e. None

## 2. LARGE INTESTINE

1. A 65-year-old woman had an excision of colonic tumor 3 years ago. Now she is losing weight and feels lethargic. Exam: pale but no abdominal findings. What is the most appropriate investigation?

- a. CA 125
- b. CA 153
- c. CA 199
- d. CEA
- e. AFP

2. A 58-year-old patient presents with altered bowel habits and bleeding per rectum. Exam and sigmoidoscopy showed an ulcer. What is the single most likely diagnosis?

- a. Colorectal carcinoma
- b. Celiac disease
- c. Crohn's disease
- d. UC
- e. IBS

3. An elderly woman is found anemia. As part of her examination, she had a barium enema which reveals a mass lesion in the ascending colon. What is the single most appropriate diagnosis?

- a. Sigmoid volvulus
- b. Anal fissure
- c. Sigmoid carcinoma
- d. Cecal carcinoma
- e. Diverticular disease

4. A 60-year-old male is admitted with a 2 days history of lower abdominal pain and marked vomiting. On examination, he has abdominal swelling, guarding and numerous audible bowel sounds. What is the likely diagnosis?

- a. Gallstone ileus
- b. Ischemic colitis
- c. Large bowel obstruction
- d. Sigmoid volvulus
- e. Small bowel obstruction

5. A 60 year old man presents with pallor and breathlessness on exertion. There are occasional black color stools along with complains of abdominal pain. He has microcytic hypochromic anemia. What is the most probable cause?

- a. Diverticulosis of the colon
- b. Peptic ulcer disease
- c. Carcinoma of the right colon
- d. Ulcerative colitis
- e. Crohn's disease

6. A 45 year old man with a long history of bloody diarrhea presents with increased abdominal pain, vomiting and fever. On examination, he is found to be dehydrated and shows tachycardia & hypotension. The abdomen is markedly tender with guarding and rigidity. What is the most likely cause?

- a. Toxic mega colon in ulcerative colitis
- b. Small bowel perforation from regional enteritis
- c. Perforated carcinoma of the sigmoid colon
- d. Volvulus of the sigmoid colon
- e. Acute perforated diverticulitis

7. In large bowel cancer, which of the following statements is not true?

- a. CT Scan Thorough preoperative assessment and staging should be done with colonoscopy, ultrasound and spiral
- b. Resection is not done if the patient has liver metastases
- c. If, at operation, hepatic metastases are found, biopsy should be done
- d. Hepatic resection for metastases should be considered as a staged procedure
- e. Over 95 percent of colonic carcinomas can be resected

8. About volvulus of sigmoid colon, all the following are true, except?

- a. Middle and old age males are often affected
- b. Sudden onset of lower abdominal colicky pain
- c. Distended tympanitic abdomen
- d. Twist is usually clockwise
- e. Barium enema may be helpful in doubtful cases

9. Investigations for large bowel includes the following with the exception of?

- a. Sigmoidoscopy
- b. Limited barium enema
- c. Laparoscopy
- d. Instant enema
- e. Plain X-ray abdomen

10. A known ulcerative colitis patient presented with generalized abdominal pain vomiting and distension for the last 3 days, o/e he is tender all over the abdomen with temperature of 101OF & pulse of 110/ min. he is very dehydrated, x ray showed dilated large gut mainly transverse colon. What is your most probable diagnosis?

- a. Large gut obstruction
- b. Colonic perforation
- c. Toxic mega colon
- d. Paralytic ileus.
- e. Malignant Transformation in colon

11. Which of the following colonic polyps has no risk for malignancy?

- a. Juvenile polyps
- b. Hamartomatous polyps associated with Peutz-Jegher's syndrome
- c. Juvenile polyposis syndrome
- d. Familial adenomatous polyposis syndrome
- e. None

12. Which of the following colonic polyps has no risk for malignancy?

- a. Juvenile polyps
- b. Hamartomatous polyps associated with Peutz-Jegher's syndrome
- c. Juvenile polyposis syndrome
- d. Familial adenomatous polyposis syndrome
- e. None

13. Which of the following is the most common serious complication of a colostomy?

- a. Bleeding
- b. Skin breakdown
- c. Parastomal hernia
- d. Colonic perforation during irrigation
- e. Stomal prolapsed

14. Which of the following colonic polyp is not pre malignant?

- a. Juvenile polyp
- b. Hematomatus polyp associated with peutz-jegherz syndrome
- c. Villous adenoma
- d. Tubular adenoma
- e. Familial polyposis coli

15. Regarding sigmoid volvulus, which statement is wrong?

- a. This is the most common site of volvulus in adults
- b. The predisposing factors include constipation, long and narrow meso colon
- c. Flatus tube Decompression is associated with high recurrence rate.
- d. Emergency surgery is the treatment
- e. Rotation is usually in clock wise direction.

16. Hirschsprung's disease is due to?

- a. Loss of ganglion cells in the sympathetic chain
- b. Atrophy of longitudinal muscles
- c. Failure of migration of neural crest cells from cranial to caudal direction
- d. Malformed taenia coli
- e. None

17. Lynch syndrome is associated with?

- a. Endometrial ca, Colon ca & ovarian ca
- b. Breast ca, Colon ca & Ovarian ca
- c. Breast ca, Endometrial ca & Ovarian ca
- d. Breast ca, Stomach ca & Colon ca
- e. B+C

### 3. APPENDIX

1. During surgery of a female patient, a normal appendix is found. What is the most common procedures surgeon should perform after finding a normal appendix during laparotomy?

- a. Evaluate pelvis for tubo-ovarian abscess, PID, malignancy or ectopic pregnancy

- b. Removal of the appendix
- c. Evaluate the terminal ilium and cecum for signs of regional or bacterial enteritis
- d. Evaluate the upper abdomen for cholecystitis or perforated duodenal ulcer
- e. Evaluate for Meckel's diverticulum

2. 2 hours after an appendectomy, a patient complains of a rapid Heart Rate and fever. He says there is also abdominal pain and pain in the shoulder area. What is the first step in the management?

- a. Maintain IV access and give IV fluids
- b. Start IV antibiotics
- c. Insert NGT for intestinal decompression
- d. Cross match blood

3. A 25-year-old woman who is 11 weeks pregnant had central abdominal pain for 36 hours. The pain is now colicky. There is no vaginal bleeding. She has vomited once and has had an episode of loose motion. She looks ill, temp=37.8°C and there is rebound tenderness in the RIF. What is the most probable diagnosis?

- a. Salpingitis
- b. Pelvic Inflammatory Disease
- c. Appendicitis
- d. Ovarian torsion
- e. Uterine fibroid

4. A 30 year old female undergoes an uncomplicated appendectomy for acute appendicitis. The pathologist reports presence of a 1 cm carcinoid tumor in the tip of the appendix. Which of the following is the most appropriate management of this patient?

- a: Chemotherapy only
- b. Right hemicolectomy
- c. Right hemicolectomy with chemotherapy
- No further treatment required
- e. Radiotherapy only

5. Which of the following types of patients with acute appendicitis do not have an increased risk of perforation?

- a. Extremes of age
- b. Immunosuppressed
- c. Diabetes mellitus
- d. Pelvic position of appendix
- e. Obese patient

6. During an appendectomy for acute appendicitis, a 4 cm mass is found in the mid portion of the appendix. Frozen section reveals this lesion to be a carcinoid tumor. Which of the following statements is true?

- a. No further surgery is indicated
- b. A Right hemicolectomy should be performed.
- c. There is about a 50% chance that this patient will develop the carcinoid syndrome
- d. Carcinoid tumor arise from islet cells
- e. Carcinoid syndrome can occur only in the presence of liver metastasis

7. In children, which of the following is NOT part of the differential diagnosis of acute appendicitis?

- a. Gastroenteritis
- b. Mesenteric adenitis
- c. Meckel's diverticulitis
- d. Intussusception
- e. Urinary tract infection

8. In the adult male, which of the following is NOT part of the differential diagnosis of acute appendicitis?

- a. Regional ileitis
- b. Ureteric colic
- c. Perforated peptic ulcer
- d. Acute pancreatitis
- e. Torsion of testis

9. In the adult female, which of the following is NOT part of the differential diagnosis of acute appendicitis?

- a. Mittelschmerz
- b. Pelvic inflammatory disease
- c. Pyelonephritis
- d. Biliary colic/acute cholecystitis
- e. Ruptured ectopic pregnancy

10. The most common cause of Appendicitis is?

- a. Faecolith obstructing the lumen
- b. Tuberculosis
- c. Carcinoma caecum
- d. Carcinoid tumor of appendix
- e. Carcinoma of appendix

11. The following conditions can be caused by appendicular abscess except?

- a. Sub phrenic abscess
- b. Septicemia
- c. Salpingitis
- d. Infertility in females
- e. Portal pyaemia

12. A young female gives history of pain in RIF, nausea and anorexia since last 3 days. O/E she is tender in RIF with rebound tenderness positive, which of the following blood test is suspected to be deranged?

- a. Urea
- b. Bilirubin
- c. TLC
- d. B HCG
- e. ALT

13. Obstructive acute appendicitis presents with?

- a. Pain at periumbilical area, which shifts to right iliac fossa
- b. Maximum tenderness at McBurne, point
- c. Anorexia.
- d. Generalized pain from the start
- e. Vomiting

14. Oschner sherren regimen is used for?

- a. Acute appendicitis
- b. Appendicular mass
- c. Carcinoid tumor of appendix
- d. Appendicular abscess
- e. None of the above

15. A 20 year male patient presents with 3 days history of pain in Rt iliac fossa with high grade fever. Clinically a tender mass is palpable, CT scan shows appendicular abscess. The best treatment will be?

- a. Oschler scherrin regimen
- b. Appendectomy
- c. Laparoscopic appendectomy
- d. Retro peritoneal drainage of the abscess
- e. U/S guided aspiration.

16. A 15 year old boy underwent appendectomy 5 days ago presented with pain and swelling of the wound site and fever. On examination wound is red, tender and swollen. Temp is 101 F. what is the best step in the management of this patient?

- a. Take pus for C/S
- b. Restart I/V antibiotics
- c. Open up the wound
- d. Laparotomy
- e. Change of antibiotics and reevaluation after 48 hours

SMALL, LARGE INTESTINE & APPENDIX

17. Carcinoid tumor of appendix commonly occurs in?

- a. Pelvic appendix
- b. Retrocaecal appendix
- c. Base of appendix
- d. Proximal third of appendix
- e. Distal third of appendix

18. Most common presentation of pelvic abscess developing- several days following appendectomy is?

- a. Pelvic pressure and discomfort
- b. Loose stool with tenesmus
- c. Boggy mass in pelvis
- d. Pain in suprapubic region
- e. Spiking pyrexia

19. A 15 years young male is diagnosed as a case of appendicular lump. He is on conservative treatment. What is the criteria to stop the conservative treatment?

- a. Abdominal pain
- b. Constipation
- c. Rising pulse rate
- d. Vomiting
- e. Nausea

20. The common cause of perforation of acute appendicitis is?

- a. Immunosuppression
- b. Previous abdominal surgery
- c. Pelvic appendix
- d. Diabetes mellitus
- e. Faecolith obstruction

ANSWER KEYS

1. SMALL INTESTINE

1.A	2.D	3.C	4.B	5.C
6.D	7.D	8.C	9.C	10.D
11.B	12.B	13.C	14.B	15.A
16.C	17.B	18.B	19.B	20.B
21.E	22.D	23.C	24.A	25.A

2. LARGE INTESTINE

1.D	2.A	3.D	4.D	5.C
6.A	7.C	8.D	9.E	10.C
11.A	12.A	13.C	14.A	15.E
16.C	17.A			

3. APPENDIX

1.B	2.A	3.C	4.B	5.D
6.B	7.E	8.A	9.C	10.A
11.A	12.C	13.D	14.B	15.D
16.C	17.E	18.E	19.C	20.E

# SPLEEN, LIVER & PANCREAS

1.	SPLEEN	180
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4.	GALL BLADDER / BILIARY TRUNK	183
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- a. Acute cholecystitis
- b. Chronic cholecystitis
- c. Cholangitis
- d. Hepatitis
- e. Pancreatitis

## 1. SPLEEN

1. Which of the following condition is common after splenectomy?

- a. Decrease in number of white blood cells
- b. Decrease in the number of platelets
- c. Increase in the number of platelets
- d. No effect on the number of platelets and WBCs
- e. Increase in the number of abnormal platelets and WBCs

2. Pain from splenic rupture radiates to the?

- a. Umbilicus
- b. Lower angle of scapula
- c. Loin
- d. Groin
- e. Left shoulder tip

3. Kehr's sign in splenic trauma refers to?

- a. Bruising around left 10th and 11th ribs
- b. Hiccup and hemoptysis on leg elevation
- c. Pain and hyperesthesia in left shoulder
- d. Pain and hyperesthesia in right shoulder
- e. Ecchymosis around umbilicus

4. The following is true about the examination of spleen except?

- a. Spleen can be felt at RIF
- b. Spleen has a notch
- c. Can be palpated bimanually
- d. It is dull on percussion
- e. Moves up & down with respiration

5. A 45 years old male presents to you with pain Rt. Hypochondrium. He has Jaundice, rigors and fever. The most likely diagnosis is?

6. Change in the blood picture of a post splenectomy patient?

- a. Leukopenia
- b. Thrombocytopenia
- c. Thrombocytosis
- d. Leukocytosis
- e. None of the above

7. Abdominal examination of a 36 year old man who was hit on the left trunk by a car reveals abdominal tenderness. His sensorium has been altered due to a closed head injury. The CT scan is not operational. A peritoneal lavage is bloody. The most likely organ to have been injured is the?

- a. Liver
- b. Kidney
- c. Spleen
- d. Intestine
- e. Pancreas

8. Splenenculi refer to?

- a. Accessory spleen
- b. Atrophic spleen
- c. Calculi within spleen
- d. None of the above
- e. Enlarged spleen

9. Thrombocytopenia can be due to all except?

- a. Aplastic anemia
- b. DIC
- c. Hypersplenism
- d. Postsplenectomy
- e. Steroids

10. In tropical countries, rupture of spleen following trivial injuries is seen in splenic disease due to?

- Trypanosomiasis
- Malaria
- Schistosomiasis
- Amebiasis
- Filariasis

11. Which one of the following is not a hereditary cause of splenomegaly?

- Autoimmune hemolytic anemia
- G6PD deficiency
- Thalassemia
- Spherocytosis
- Sickle cell disease

12. Treatment of choice in case of splenic abscess is?

- Open laparotomy and drainage of abscess
- Antibiotics only
- Splenectomy
- Drainage of splenic abscess by percutaneous route under radiological guidance.
- Laparoscopic aspiration

## 2. LIVER

1. To exclude onset of hepatoma in a cirrhotic patient, the test of choice is?

- Alpha fetoprotein level
- CT scan
- ESR
- US
- MRI

2. Which of the following is not the clinical feature of pyogenic liver abscess?

- High grade fever
- Jaundice
- Hepatomegaly
- Absence of tenderness on deep palpation
- Nausea and Anorexia

3. Which of the following statements is false?

- Liver injuries are uncommon
- Blunt trauma is often associated with splenic, mesenteric and renal injuries
- Penetrating trauma is often associated with pericardial or chest injuries
- Contrast Enhanced CT scan must be carried out in every case of liver trauma
- Laparoscopy as an investigation in trauma, has a role

4. An asymptomatic 56 years old man who has never consumed alcohol came for a routine checkup. Examination revealed increased skin pigmentation, spider angioma, cardiomegaly, S3 gallop, liver firm with 8 cm span, and no ascites. He is in the risk of which condition?

- Cerebellar degeneration
- Wernicke's encephalopathy
- Renal failure
- Hepatoma
- Hepatic vein thrombosis

5. All are true about hepatocellular carcinoma of liver except?

- Occurs in 50% cases of cirrhosis
- Associated with hepatitis C infection
- Associated with hepatitis B infection
- Associated with HIV infection
- Common in Africa and Far East

6. All of the following are features of obstructive jaundice except?

- Painless jaundice is due to malignancy
- Painful jaundice is due to gall stones
- Pruritis
- Dark urine
- Normal stools

7. The following investigations are needed in obstructive jaundice except?

- Ultrasound
- MRCP
- ERCP
- PTC
- Barium swallow

8. The following are true about the causation of liver abscess with the exception of?

- Trauma
- Septicemia
- Appendicitis
- Cholecystitis
- Not caused by subphrenic abscess

9. To exclude onset of hepatoma in a cirrhotic patient, the test of choice is?

- Alpha fetoprotein levels
- CT Scan
- ESR
- US
- MRI

10. In Diagnosing hydatid liver disease all can be done except?

- Casoni's skin test
- CT Scan
- US
- Needle Aspiration
- MRI

**11. In treatment of hydatid disease of the liver the safest scolicid agent for puncture, aspirate, injection and respiration (PAIR) therapy is?**

- a. 10% formaldehyde
- b. 70% mebendazole
- c. 30% tetracycline solution
- d. 20% hypertonic saline
- e. 95% ethanol

**12. The commonest organism causing pyogenic liver abscess is?**

- a. Streptococcus milleri
- b. Pseudomonas aeruginosa
- c. Streptococcus pyogens
- d. Proteus vulgaris
- e. Staphylococcus aureus

**13. All are complications of liver trauma except?**

- a. Intrahepatic hematoma
- b. Liver abscess
- c. Bile collection
- d. ARDS
- e. Liver failure

**14. Following investigation is best for assessing hepatic metastases and its response to chemotherapy?**

- a. CT scan
- b. Alkaline phosphatase level
- c. Hidascan
- d. Ultrasound
- e. PET scan

### 3. PANCREAS

**1. A 65 year old man presented with severe abdominal pain, radiating to the back. All of the following investigation will help in the diagnosis except?**

- a. Abdominal ultrasound
- b. Barium amylase
- c. Abdominal x-ray
- d. Barium Alpha Feto Proteins
- e. Total Leukocyte Count (TLC)

**2. A 65 year old male presented with painless, progressive jaundice and has a palpable swelling in the right hypochondrium. What is the most likely diagnosis?**

- a. Carcinoma Gall bladder
- b. Carcinoma head of the pancreas
- c. Cholangio carcinoma

- d. Hepatoma
- e. Choledochal cyst

**3. Which of the following is not the etiology of acute pancreatitis?**

- a. Trauma
- b. Alcohol
- c. Hyperlipidemia
- d. Smoking
- e. Gall stones

**4. Which of the following signs is known to occur in acute pancreatitis?**

- a. Troussseau's sign
- b. Courvoisier's sign
- c. Boas' sign
- d. Grey-Turner's sign
- e. Troisier's sign

**5. In acute pancreatitis, the following biochemistry results are expected EXCEPT?**

- a. White cell count is increased
- b. Blood sugar is increased
- c. PO<sub>2</sub> is decreased
- d. Serum calcium is increased
- e. Serum amylase is more than 100U/L

**6. A 40 years old alcoholic male patient is admitted in hospital with pain epigastrium which radiates towards the back. After 4 weeks, he develops a mass in the epigastrium which is fluctuant. Most likely diagnosis?**

- a. Pancreatic abscess
- b. Pseudo pancreatic cyst
- c. Pancreatic carcinoma
- d. Pancreatic ascites
- e. Abdominal aneurysm

**7. A 30 years old obese female on contraceptive drugs presents with pain in the epigastrium. The most likely diagnosis is?**

- a. Peptic ulcer disease
- b. Pancreatitis
- c. Myocardial infarction
- d. Appendicitis
- e. Cholecystitis

SPLEEN, LIVER & PANCREAS

8. A patient who had a total pancreatectomy might be expected to develop which of the following complication?

- a. Diabetes Mellitus
- b. Hypercalcemia
- c. Hyperphosphatemia
- d. Constipation
- e. Weight gain

9. All are signs of peritonitis except?

- a. Tenderness
- b. Rebound tenderness
- c. Guarding
- d. Rigidity
- e. Increase bowel sounds.

10. Most specific investigation for acute pancreatitis is?

- a. Serum calcium
- b. Serum amylase
- c. Serum lipase
- d. Serum potassium
- e. Serum glucose

11. A 54 years old man complains that his eyes are yellow. His bilirubin is elevated. A CT of the abdomen shows a mass in the head of the pancreas. Cytology from the ERCP is positive for cancer of pancreas. What is the best statement regarding adenocarcinoma pancreas?

- a. It occurs most frequently in the body of the gland
- b. It carries a 1-2% 5-year survival rate
- c. It is not resectable if it presents as painless jaundice
- d. It can usually be resected if it present in the body and tail of the pancreas and does not involve the common bile duct
- e. It is associated with diabetes insipidus

12. An alcoholic man has been suffering unremittent pain in epigastrium due to chronic pancreatitis. A surgeon recommends total pancreatectomy. A patient who has a total pancreatectomy might be expected to develop the following complications?

- a. Diabetes mellitus
- b. Hypertension
- c. Hypercalcemia
- d. Hyperphosphatemia
- e. Weight gain

13. In our country the common cause of pancreatitis is?

- a. Alcohol
- b. Gallstone
- c. Viral
- d. Trauma
- e. Drugs

14. Pancreatic auto digestion is due to intracellular activation of Pancreatic enzymes?

- a. Amylase
- b. Lipase
- c. Pancreozymin
- d. Trypsinogen
- e. Cholecystokinin

15. A patient develops severe epigastric pain few days after ERCP which is radiating towards back. Most likely cause is?

- a. Hepatitis
- b. Cholangitis
- c. Pancreatitis
- d. Gastritis
- e. Cholecystitis

4. GALL BLADDER / BILIARY TRUCK

1. A man post-cholecystectomy presented with jaundice, fever and dark urine. What is the most diagnostic investigation?

- a. ERCP
- b. Ultrasound Abdomen
- c. CT Scan
- d. MRCP
- e. MRI

2. Which of the following will be an indication for exploration of CBD while doing cholecystectomy?

- a. Big stone in the gall bladder
- b. Lowered insertion of cystic duct
- c. Very thick walled gall bladder
- d. Presence of enlarged lymph nodes in the callot's triangle
- e. A dilated common bile duct

3. Which of the following medical conditions is not a cause of abdominal pain?

- a. Diabetic ketoacidosis
- b. Porphyria
- c. Angina
- d. Pneumonia
- e. Coeliac disease

4. A 30-year-old patient has a history of recurrent attacks of fever with rigors, right upper quadrant pain and Jaundice with Itching. Biochemistry shows a jaundice of obstructive nature. CT scan shows intrahepatic ductal dilatation with stones. The likely diagnosis is?

- a. Budd-Chiari syndrome
- b. Primary sclerosing cholangitis
- c. Primary biliary cirrhosis
- d. Caroli's disease
- e. Simple cystic disease

5. Which of the following statements is true?

- a. CT scan is more sensitive than ultrasound for gallstones
- b. A plain radiograph can show radiopaque gallstones in 20 per cent of patients
- c. An 'end-viewing' endoscope is used during endoscopic retrograde cholangiopancreatography (ERCP) to cannulate the ampulla
- d. Biliary scintigraphy can be helpful in the diagnosis of cholecystitis, bile leaks and iatrogenic obstruction
- e. Magnetic resonance cholangiopancreatography (MRCP) has excellent diagnostic and therapeutic applications in bile duct disorders

6. A 78-year-old female with known gallstones for several years presents with central colicky abdominal pain and vomiting. She has also been constipated for the past few days. Clinical examination reveals a distended abdomen with increased bowel sounds. The likely diagnosis is?

- a. Pancreatitis
- b. Gallstone ileus
- c. Empyema of the gall bladder
- d. Acute cholecystitis
- e. Gall bladder perforation/biliary peritonitis

7. A 72-year-old female with multiple co-morbidities is found to have incidental gallstones on abdominal ultrasound. What is the best line of management?

- a. Laparoscopic cholecystectomy
- b. Open cholecystectomy
- c. No active treatment
- d. Subtotal cholecystectomy
- e. Cholecystectomy

8. Regarding cholelithiasis, which is the correct statement?

- a. Cholesterol stones are the most common stones
- b. Pigmented stones are due to increased polymerized conjugated bilirubin
- c. Laparoscopic cholecystectomy is not the gold standard treatment
- d. 90% stones are radio opaque
- e. Mucocele is caused by stone impacted in Morrison pouch

9. Select the best answer in respect to stone in common bile duct?

- a. Found in up to 20% cases of patient undergoing cholecystectomy
- b. Cannot cause acute pancreatitis
- c. Always associated with cholelithiasis
- d. Can cause septicemia
- e. Can cause obstructive jaundice

10. A 45-years-old woman has had severe epigastric and right hypochondrial pain for a few hours. She has normal CBC, serum ALP is raised, normal transaminase, 3 months ago she had a cholecystectomy. What is the most appropriate investigation?

- a. Ultrasound abdomen
- b. ERCP
- c. MRCP
- d. CT scan abdomen
- e. Upper GI endoscopy

11. The following are true statements about gall stones ileus EXCEPT?

- a. Occurs due to fistula between fundus of gall bladder and duodenum
- b. Cannot be diagnosed on plain X-ray abdomen
- c. Vomiting and distention of abdomen
- d. Gall stone usually obstructs terminal ileum
- e. Treatment is by laparotomy and ileotomy

12. Gall stones can be complicated. The following are true EXCEPT?

- a. Empyema
- b. Perforation of the gall bladder
- c. Carcinoma is not a feature of gall stones
- d. Mucocele
- e. Intestinal obstruction

13. Which of the following predispose to bile duct carcinoma?

- a. Ulcerative colitis
- b. Gall bladder stones
- c. Acute cholangitis
- d. Choledochoduodenostomy
- e. Colorectal carcinoma

14. The following are true statements about gall stones ileus except?

- a. Occurs due to fistula between fundus of gall bladder and duodenum
- b. Cannot be diagnosed on plain X-ray abdomen
- c. Vomiting and distention of abdomen
- d. Gall stone usually obstructs terminal ileum
- e. Treatment is by laparotomy and ileostomy

15. In a 30 years old female with gall stones, the best investigation to detect CBD stones is?

- a. ERCP
- b. Ultrasound
- c. MRCP
- d. LFTs
- e. Hida scan

16. Laparoscopic cholecystectomy is indicated for symptomatic gallstone in which of the following conditions?

- a. Cirrhosis
- b. Prior Upper abdominal surgery
- c. Suspected carcinoma of the gall bladder
- d. Morbid obesity
- e. Coagulopathy

17. Which of the following statements regarding the etiology of obstructive jaundice is true?

- a. A markedly elevated SGOT & SGPT are usually associated with obstructive jaundice
- b. When biliary obstruction is suspected, the first step should be ultrasonography and LFTs
- c. A Klatskin tumor will result in extrahepatic ductal dilation only
- d. A liver spleen scan will add significantly to the diagnostic workup for obstructive jaundice
- e. Carcinoma of the head of the pancreas can cause deep epigastric or back pain in as many as 80% of patients

18. Which of the following statements concerning cholangitis is correct?

- a. The most common infecting organism is *staphylococcus aureus*
- b. The diagnosis is suggested by the Charcot's triad
- c. The Disease occurs primarily in young, immune compromised patients
- d. Cholecystectomy is the procedure of choice in affected patients
- e. Surgery is indicated once the diagnosis of cholangitis is made

19. All of the following will favor exploration of CBD during cholecystectomy except one:

- a. Dilated CBD
- b. Wide cystic duct
- c. Recent Hx of jaundice
- d. Large solitary non faceted stone in GB
- e. Tiny palpable stone in CBD

20. In a jaundiced patient, if the gall bladder is palpable, the obstruction in the biliary tree is most probably not due to?

- a. Pancreatic head tumour
- b. Tumour at the papilla of water
- c. Biliary calculi
- d. Klatskin tumor
- e. Cholangio carcinoma

21. In a stable patient, the management of a complete transection of the common bile duct distal to the insertion of the cystic duct would be optimally performed with a?

- a. Choledochoduodenostomy
- b. Loop Choledochoduodenostomy
- c. Primary end to end anastomosis of the transected bile duct
- d. Roux-en-Y Choledochoduodenostomy
- e. Bridging of the Injury with a T tube.

22. A man post Cholecystectomy presented with jaundice, fever, clay colored stools and dark urine. What is the most diagnostic investigation?

- a. ERCP
- b. Ultrasound Abdomen
- c. CT-Scan
- d. MRCP
- e. MRI

23. Which of the following signs is positive in acute cholecystitis?

- a. Rovsing's sign
- b. Murphy's sign
- c. Brudzinski's sign
- d. Cullen's sign
- e. Fox'es sign

24. A jaundiced patient with palpable gall bladder most probably has?

- a. Carcinoma stomach
- b. Carcinoma gall bladder
- c. Carcinoma pancreas
- d. Carcinoma colon
- e. Any of the above

25. An 88 year old man with a history of end stage renal failure, severe coronary artery disease, and brain metastases from lung cancer presents with acute cholecystitis. His family wants "everything done". The best management option in this patient is?

- a. Tube cholecystostomy
- b. Open cholecystectomy
- c. Intravenous antibiotics followed by elective cholecystectomy
- d. Laparoscopic cholecystectomy
- e. Lithotripsy followed by long term bile acid therapy

26. 90 years old lady on routine assessment has gall stone. She symptomless. What is the treatment?

- a. Open cholecystectomy
- b. Laparoscopic cholecystectomy
- c. NOTES
- d. Medical treatment
- e. No treatment required

27. Following investigations can be done for the biliary ductal system except?

- a. Ultra sound
- b. ERCP
- c. MRCP
- d. PTC
- e. Oral cholecystography

28. A 40 year old house wife undergoes open cholecystectomy for empyema GB. On third post op day the surgeon observes some pussy discharge from the wound with signs of inflammation around the wound. The most likely causative organism is?

- a. Pseudomonas aeruginosa
- b. Klebsiella pneumonia
- c. Streptococcus fecalis
- d. Proteus vulgaris
- e. Escherichia coli

29. A Kocher's incision for open cholecystectomy include open cutting all the following structures except one?

- a. Subcostal skin and subcutaneous fat
- b. Deep fascia
- c. Anterior rectus sheath
- d. Rectus abdominus muscle
- e. Posterior rectus sheath and peritoneum

30. Which of the following statement is incorrect regarding stone in the CBD?

- a. Can present as Charcot's triad
- b. Suggested by a CBD diameter of >6 mm on U/S
- c. ERCP, Sphincterotomy and balloon clearance is now the treatment of choice
- d. When removed by exploration of CBD, the T tube can be removed on 3rd post op day.
- e. It is the most common cause of acute pancreatitis in Pakistan

31. Cystic artery is the branch of?

- a. Gastroduodenal artery
- b. Lt gastroepiploic
- c. Rt hepatic artery
- d. Lt hepatic artery
- e. Pancreatico duodenal artery

#### ANSWER KEYS

##### 1. SPLEEN

1.C	2.E	3.C	4.C	5.C
6.C	7.C	8.A	9.D	10.B
11.A	12.D			

##### 2. LIVER

1.A	2.D	3.D	4.D	5.E
6.E	7.E	8.E	9.A	10.C
11.D	12.A	13.D	14.E	—

##### 3. PANCREAS

1.D	2.B	3.D	4.D	5.D
6.B	7.B	8.A	9.E	10.C
11.B	12.A	13.B	14.D	15.C

##### 4. GALL BLADDER / BILIARY TRUNK

1.A	2.E	3.D	4.D	5.D
6.B	7.C	8.A	9.E	10.B
11.B	12.C	13.A	14.B	15.A
16.D	17.B	18.B	19.D	20.C
21.D	22.A	23.B	24.C	25.A
26.E	27.E	28.E	29.B	30.D

31.C

# VESSELS & NERVES

1. A patient came to the casualty after he had banged his car quite a few times on reversing. He was complaining of seeing double while he tried to look back during the process of reversing the car, he also complains of double vision on looking at an outward gaze. Which nerve is involved?

- a. Abducent nerve
- b. Trochlear nerve
- c. Oculomotor nerve
- d. Optic nerve
- e. Trigeminal nerve

2. A 40-year-old man has fallen off a roof. He is shocked and has chest pain. There is a delay between the radial and femoral pulse. His CXR=widening of the mediastinum. What is the single most likely diagnosis?

- a. Cardiac tamponade
- b. Diaphragmatic rupture
- c. Fractured ribs
- d. Tension pneumothorax
- e. Traumatic rupture of aorta

3. A 70 years old man complains of bilateral thigh and buttock claudication of several months duration. He was told by his physician that the angiogram reveals that he has LERICHE SYNDROME. What does the patient have?

- a. Abdominal aortic aneurysm
- b. Aortoiliac occlusive disease
- c. Iliac artery aneurysm
- d. Femoro-popliteal occlusive disease
- e. Tibial occlusive disease

4. A 50 years old woman is suspected of having a carotid body tumor. Which of the following is characteristic of such a tumor?

- a. They secrete catecholamine
- b. They are more common at sea level
- c. They arise from structures that respond to changes in blood volume
- d. They arise from structures that respond to changes in PO<sub>2</sub>
- e. They are usually malignant

5. A 26-year-old man sustains a gunshot wound to the left thigh. Exploration reveals that a 5cm portion of superficial femoral artery is destroyed.

Appropriate management includes?

- a. Debridement and end-to-end anastomosis
- b. Debridement and repair with an interposition prosthetic graft
- c. Debridement and repair with an interposition arterial graft
- d. Debridement and repair with an interposition vein graft
- e. Ligation and observation

6. Which one of the following is not the feature of chronic lower limb arteria stenosis or occlusion?

- a. Intermittent claudication
- b. Rest pain
- c. Ulceration
- d. Gangrene
- e. Presence of arterial pulsation

7. Indication for carotid endarterectomy in symptomatic patient is?

- a. 50% carotid artery stenosis
- b. 40% Carotid artery stenosis
- c. 60% carotid artery stenosis

- d. 70% or greater carotid artery stenosis
- e. 30% carotid artery stenosis

**8. Which one of the following is an indication for limb amputation?**

- a. Fungal disease of the big toe
- b. Diabetes mellitus
- c. Gas gangrene
- d. Atherosclerosis
- e. Both b and d

**9. Repair of asymptomatic abdominal aortic aneurysm is considered when?**

- a. Diameter is <55mm on ultrasound
- b. Diameter is >55 mm on ultrasound
- c. Diameter is <85mm on ultrasound
- d. Diameter is > 85 mm on ultrasound
- e. Diameter is < 40 mm on ultrasound

**10. The best test to diagnose DVT is?**

- a. Clinical examination
- b. Doppler ultrasound
- c. duplex ultrasound
- d. Venography
- e. Both b and c

**11. Gold standard investigation to diagnose pulmonary embolism is?**

- a. CT pulmonary angiogram
- b. Chest X ray
- c. V/Q Scan
- d. Ultrasound
- e. MRI

**12. Which of the following is the presentation of early arterial occlusive disease of the lower limb?**

- a. Absent peripheral pulses
- b. Decreased sensation
- c. Intermittent claudication
- d. Peripheral-paresthesia
- e. Slow venous refilling

**13. A 75 years old male underwent abdomino-perineal resection for carcinoma rectum 5 days ago. It is noted that he develops swelling of the right leg**

and calf tenderness. Which of the following options should be adopted to safeguard this patient?

- a. Low dose aspirin
- b. Low molecular weight heparin
- c. Rest
- d. Use of stockings
- e. Inferior vena cava filters

**14. Sixty years old male brought to emergency with back pain. On examination, he had cold clammy skin and sweating. His blood pressure was 80/50mmHg and pulse 120 beats/min, abdominal examination showed tender abdomen with pulsatile mass. The most likely diagnosis is?**

- a. Myocardial infarction
- b. Obstructed para-umbilical hernia
- c. Perforated duodenal ulcer
- d. Pseudo-pancreatic cyst
- e. Ruptured abdominal aortic aneurysm

**15. A 30 years old female is admitted in CCU for management of cardiac failure and atrial fibrillation due to rheumatic mitral stenosis. One fine morning, she complains of sudden onset of periumbilical pain with abdominal distension. Examination reveals minimal tenderness. What is the most likely diagnosis?**

- a. Abdominal angina
- b. Acute mesenteric ischemia
- c. Paralytic ileus
- d. Acute intestinal obstruction
- e. Peptic ulcer disease

**16. A 40 years old man who had undergone sapheno-femoral ligation with stripping and multiple avulsions 5 years ago, presents with recurrent varicosities in leg. What do you think is the proper investigations to reach a diagnosis?**

- a. Duplex
- b. CT Scan
- c. Hand held Doppler
- d. Descending venography
- e. Ascending venography

17. A 60 years old man presents with mass in the groin. On Examination: The mass lies below the midpoint of the inguinal ligament, is pulsatile and has no change in size with body positions. What is the most probable diagnosis?

- a. Direct inguinal hernia
- b. Saphenavarix
- c. Femoral hernia
- d. Irreducible hernia
- e. Femoral aneurysm

18. A 55 years old patient presents with collapse and complains of abdominal pain that radiates to the back. An expansile abdominal mass is felt on examination and the patient is in shock. What is the single most likely diagnosis?

- a. Ruptured aortic aneurysm
- b. Renal colic
- c. Trauma
- d. Endocarditis
- e. Atheroma

19. A 34 years old man sustains a fracture to shaft of femur after falling from the roof of his house. On Examination: distal pulses are not palpable. What vessel is damaged?

- a. Femoral artery
- b. Circumflex femoral artery
- c. Profunda femoris artery
- d. Popliteal artery
- e. Obturator artery

20. A 40 years old man has fallen off a roof. He is shocked and has chest pain. There is a delay between the radial and femoral pulse. His CXR reveals widening of the mediastinum. What is the single most likely diagnosis?

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22. A 50 years old woman is suspected of having a carotid body tumor. Which of the following is characteristic of such a tumor?

- a. They secrete catecholamine
- b. They are more common at sea level
- c. They arise from structures that respond to changes in blood volume
- d. They arise from structures that respond to changes in PO<sub>2</sub>
- e. They are usually malignant

23. Varicose vein statement is true?

- a. Defined as dilated leg vein
- b. They sometime bleed profusely and cause shock
- c. Never cause leg ulcer
- d. May result from increase systolic blood pressure
- e. The varicose veins are best examined in lying down position on coach

24. A 45 years old female on 3rd post-operative day of hysterectomy develops pain and swelling of her right leg. What is the most probable cause?

- a. Lymphoedema
- b. Ruptured Baker's cyst
- c. Haemathrosis
- d. DVT
- e. Calf muscle hematoma

25. Packed red cells are prepared by?

- a. Centrifugation
- b. Filtration
- c. Freeze drying
- d. Precipitation
- e. Siphoning

26. The term cellulitis means?

- a. A malignant condition
- b. Inflammation of the bone marrow
- c. Inflammation of the mastoid air cells
- d. Inflammation of the subcutaneous tissues
- e. Infiltration of the skin by giant cells

27. Milroy's disease characteristically is lymphedema which?

- a. Follow filariasis
- b. Follow erysipelas
- c. Is familial
- d. Is the sequel to 'white leg'
- e. Is due to malignant disease

28. A 14 years old male sustains severe lower limb trauma including a femur fracture and a crush injury to his foot. He underwent surgery and his fractures were fixed. On the 1st post-operative day, he became dyspneic and hypoxic and required endotracheal intubation and mechanical ventilation. The most probable cause of this complication is?

- a. Aspiration of stomach contents
- b. Atelectasis
- c. Fat embolism syndrome
- d. Fluid overload
- e. Pneumonia

29. A cystic hygroma is a?

- a. Cystic sweat gland tumor
- b. Cystic rodent
- c. Type of hydrocele
- d. Type of lymphangioma
- e. Type of brachial cyst

30. A 40 years old female with varicose veins presents to OPD with a swelling near the medial end of the left lingual ligament which disappears on lying flat and has on cough impulse. The most probable diagnosis is

- a. Femoral hernia
- b. Saphena varix
- c. Enlarged femoral lymph node
- d. Psoas abscess
- e. Lipoma

31. A 52 years old male has history of leg pains at rest patient also has coronary artery disease. He gets shortness of breath while walking a few steps. On evaluation he has aortoiliac occlusive disease. He needs surgery. Which of the following is appropriate treatment?

- a. Aortobifemoral bypass
- b. Aortobifemoral bypass
- c. Aortoiliac angioplasty and stent placement
- d. Axillofemoral bypass
- e. Axilloiliac

32. Cystic hygroma?

- a. Usually manifests in the neonate or in early infancy
- b. Anterior triangle of the neck is usually involved
- c. Treatment is removal & is known as sistrunk's operation
- d. It is completely compressible
- e. Does not increase in size when child cries

33. A 30 years old woman in the 3rd trimester of pregnancy suddenly develops massive swelling of the left lower limb from the lingual ligament to the ankle. The proper sequence of workup and treatment should be?

- a. Doppler ultrasound, bed rest, lipo bondage, heparin
- b. Plethysmography, bed rest, heparin
- c. Venogram, bed rest, vena laval filter
- d. Venogram, bed rest, heparin, warfarin
- e. Clinical evaluation, bed rest, warfarin

34. Following pelvic gynecology surgery a 34 years old obese woman becomes dyspneic. Her peripheral arterial oxygen saturation falls from 94% to 81% and her PaO<sub>2</sub> is 52 on a 100% non rebreathing mask. This complication mostly due to?

- a. Pulmonary thromboembolism
- b. Lower abdominal surgery
- c. Stimulation
- d. The upright position
- e. Increased cardiac output

35. Best investigation for assessing size of abdominal aortic aneurysm?

- a. Abdominal X-ray
- b. Ultrasound abdomen
- c. CT
- d. MRI
- e. Aortography

36. A 60 year old diabetic presents with inflammation and blackish discolouration of left middle toe?

- a. Exercise can help improve circulation in the limb
- b. This change is due to peripheral neuropathy
- c. Medications to improve peripheral circulation can be given

## VESSELS AND NERVES

- d. Conservative surgery with local debridement is indicated
- e. Rising head end of bed while sleeping can be helpful

37. Following has the longest potency when used as a bypass conduit for arterial occlusion in lower limb?

- a. Knitted Dacron graft
- b. Poly tetra fluoroethylene (PTFE, Graft)
- c. Autologous long saphenous vein
- d. Dacron woven graft
- e. Dacron knitted grafts

38. Most commonly used sclerosant injection therapy for varicose veins?

- a. Bleomycin
- b. vancomycin
- c. 5% phenol in almond oil
- d. Sodium tertradecyl (STD)
- e. Talc

39. Healing of lower limb venous ulcers through high level of compression is best achieved through?

- a. Layer of T.e.D stockings with a layer of zip fast even class II stocking
- b. Class III compression stockings
- c. Two layers of class II stockings
- d. UNA boot
- e. Charing cross hospital four layered bandages

40. A 45 year's old ~female following open cholecystectomy is diagnosed as having deep venous thrombosis (DVT) on 3<sup>rd</sup> post op, day, her management to prevent pulmonary embolism would be?

- a. Immediate thrombolysis with catheter and streptokinase
- b. Subcutaneous low molecular weight heparin according to weight and immediate warfarinization
- c. Immediate placement of inferior vena caval filter (Greenfield)
- d. Use of tissue plasminogen activator into the affected vein

e. Thromboembolic (OVT) stocking and 5000 unit of heparin subcutaneously for 5 days then start Warfarin

41. Among the following Investigations for arterial disease, best to diagnose carotid stenosis is?

- a. Arteriography
- b. Magnetic resonance angiography
- c. Digital subtraction angiography
- d. Doppler ultrasound
- e. Duplex scan

42. The investigative modality which gives the maximum information non-invasively for patency of deep veins is?

- a. Air plethysmography
- b. Light reflex plethysmography
- c. Venography
- d. Doppler ultrasound
- e. Duplex ultrasound

43. A newborn girl with family history of Lymphedema is noted to have bilateral lower extremity swelling. What is the diagnosis?

- a. Secondary lymphedema
- b. Lymphedema praecox      c. Milroy disease
- d. Lymphedema tarda      e. 'Meigs's syndrome'

1.A	2.E	3.B	4.D	5.D
6.D	7.C	8.C	9.B	10.C
11.A	12.A	13.E	14.E	15.B
16.A	17.E	18.A	19.A	20.E
21.B	22.D	23.B	24.D	25.A
26.D	27.C	28.C	29.D	30.B
31.B	32.A	33.A	34.A	35.C
36.D	37.C	38.D	39.A	40.C

41 E 42 E 43 C