

# GIT SURGERY

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## 1. Esophagus

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

- Achalasia
- Myasthenia gravis
- Esophageal carcinoma
- Esophageal web
- Systemic sclerosis

2. a 25 years old male with a history of frequent binge drinking presents 4 hours after having had a take away meal following a night 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?

- Gastric carcinoma
- Mallory Weiss tear
- Esophageal carcinoma
- Esophageal varices
- 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?

- Upper GI endoscopy
- Barium meal
- US
- Colonoscopy
- CT abdomen

4. Which of the following statement is true?

- in a suspected foreign body (FB) on esophagus, water-soluble contrast examination can be carried out
- when food bolus is stuck in the oesophagus, always suspect an underlying disease
- All iatrogenic perforation of the oesophagus must be treated surgically
- Most spontaneous perforations of the oesophagus (Boerhaave's syndrome) can be treated conservatively
- Mallory-Weiss syndrome the tear is usually in the lower end of oesophagus

5. Which of the following investigation regarding dysphagia is false?

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

6. The esophageal perforation occurs in all of the following except:

- Corrosives
- Esophagoscopy
- Mediastinitis
- Violent vomiting after a large meal
- Dilatation

7. 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 single most useful investigation?

- CXR
- MRI
- Esophageal biopsy
- Esophageal manometry
- Chest X-ray

8. 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

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

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

- Barium swallow
- chest x ray
- CT scan

- Endoscopy and biopsy
- Video fluoroscopy

10. A 36 year old man is in surgical ICU following thoracotomy for a 24 hour old oesophageal perforation.

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- it frequently involves multiple sites
- It is seen following shock in sepsis, but for some unknown reason does not occur major surgery, burn, trauma

11. A 41 years old man complains of regulation of saliva and undigested food. A barium swallow reveals a bird peak deformity. Which statement is more appropriate regarding this disease

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

12. A female patient develops Barret's oesophagus due to chronic gastrophageal reflux. She is at risk of

- Squamous cell carcinoma
- Adeno carcinoma
- Transitional cell carcinoma
- All of the above
- none of the above

13. Regarding oesophageal carcinoma all are helpful except

- Curative resection
- Feeding gastrostomy
- Radical radiotherapy
- Palliative laser ablation and stenting
- All of the above

14. A middle aged man present 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

- achalasia
- Oesophageal stricture
- Carcinoma oesophagus
- Diffuse oesophageal spasm
- None of the above

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

- Stool for occult blood
- Ultra sound abdomen
- X-ray chest
- Barium following through
- Hb

16. The gold standard of measuring gastro oesophageal reflux is

- Barium study
- CT scan
- GI endoscopy
- pH measurement
- MRI

17. Cause of upper GI bleeding includes all except

- Gastric ulcer
- Duodenal ulcer
- Hiatus hernia
- Oesophageal varices
- Ca stomach

18. For the diagnosis of dysphagia the first investigation should be

- Barium meal
- Plain radiography
- Barium study of oesophagus
- CT scan of chest
- Oesophago-gastroduodenoscopy

19. Commonest type of esophageal atresia and tracheoesophageal fistula (TEF) is

- Esophageal atresia with distal TEF
- Esophageal atresia with no TEF
- H-type TEF
- Esophageal atresia with proximal and distal TEF
- Esophageal atresia with proximal TEF

## 2. PERITONEUM

1. A 35-year-old female presented with abdominal pain, distention and vomiting, she has history of high grade fever for the last one week. On abdominal examination, there was 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

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

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

4. 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 faints 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

5. Features of the 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 parents 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. Symptoms and signs of sliding hiatus hernia include the following except

- Retrosternal pain getting worse on bending, stooping and lying
- Pain stimulates angina
- Pain not relieved antacid
- Causes cough and hiccups
- Ulceration and bleeding

8. A 30-year-old female was operated for peritonitis due to perforated appendicitis. Complication of peritonitis includes:

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

9. 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

10. Following a drug bust, a young man was confirmed to have swallowed small packets containing unknown substance. Indication of laparotomy in this patient include

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

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

- CT
- Laparoscopy
- MRI
- US
- barium meal

12. 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

- Scalenus medius
- Supra scapular nerve
- Spinal part of accessory nerve
- Spread of infection to the shoulder joint
- Long thoracic nerve

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

- a. Morphine
- b. Ketamine
- c. Propofol
- d. Diazepam
- e. Thiopentone sodium

14. A 60 year 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

15. A 70 years old osteoarthritic patient on NSAIDS for the last 5 years was brought to the emergency with o/e sudden onset of generalized abdominal pain and vomiting. O/E he is dehydrated, tachycardia 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 hemidiaphragm

16. A 60 years old female presented with peritonitis. On exploration a perforation is found in the pyloric part of the stomach. What is the treatment options?

- a. Omentopexy
- b. Omentopexy+ biopsy
- c. Partial gastrectomy
- d. Partial gastrectomy with vagotomy\*
- e. Distal gastrectomy with highly selective vagotomy

17. A 45-year-old executive experiences increasingly painful retrosternal heartburn, especially at night. He has been chewing antacids tablets. An esophagogram shows a hiatal hernia. In determining the proper treatment for a sliding hiatal hernia, which cinefluoroscopy during Valsalva maneuver

- a. Barium swallow with cinefluoroscopy of esophageal pH
- 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

18. A 56-year-old woman has non-specific 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

19. A 15-month-old girl presents with a three-day history of periorbital oedema. She is brought to hospital. On examination she has facial oedema and an tender distended abdomen. Her temperature is 39°C and her blood pressure is 90/45 mmHg. There is clinical evidence of poor peripheral perfusion. What is the most likely diagnosis?

- a. Sickle cell crisis
- b. intussusception
- c. Spontaneous bacterial peritonitis
- d. Henoch Schenlein purpura
- e. Appendicitis

### 3. STOMACH AND INTESTINE

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 radiography of the abdomen is typical feature of

- a. Congenital hypertrophic pyloric obstruction
- b. Duodenal atresia
- c. Combine 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 A/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 present 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 follows through
- e. Upper GI endoscopy

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

- a. Difficulty on swallowing (dysphagia) is a cardinal system 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 patient 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 esophagus

7. 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

8. 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 type A and B gastritis do not predict to malignancy
- d. Erosive gastritis due to NSAIDs is mediated via inhibition of Cox1 Enzyme
- e. Reflux gastritis is commonly seen before gastric surgery

9. 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 notable feature
- c. Bleeding is rare
- d. they may cause gastric outlet obstruction
- e. Weight loss is a typical symptom

10. Complications of peptic ulceration include the following except:

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

11. A 25-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

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

- a. Hyponatremia
- b. Hypochloremia
- c. Hyperkalaemia
- d. Hypokalaemia
- e. Decreased ionized calcium

13. A 40 years old man, a known smoker and Ion history of NSAIDs 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. NSIAD induced glumentonephitis
- e. Ischemic colitis

14. A 26 years old male has been operated for abdominal trauma and splenectomy was done. On the third 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

15. In perforation of 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

16. In unrelieved benign gastric outlet obstruction, the following metabolic changes occur except:

- a. Sodium retention
- b. K+ and H+ Ion secretion
- c. Hyperkalemia
- d. Hypokalaemia
- e. Decreased ionized calcium

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

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

18. the most common cause of gastric outlet obstruction is

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

19. 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

20. 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

21. Regarding infantile gastric outlet obstruction

- a. characteristically a first born male child
- b. most commonly seen at 8 weeks after birth
- c. occurs twice more commonly in males than females
- d. Most commonly present at 12 weeks of age
- e. vomiting of milk (projectile, with bile staining)

22. Commonest cause of bilious vomiting in neonate is:

- a. Necrotising enterocolitis
- b. Meconium ileus
- c. Duodenal atresia
- d. Intestinal malrotation with volvulus
- e. Hirschsprug's diseases

23. Incidence of recurrence following duodenal ulcer operations is higher in

- a. Gastro enterostomy alone
- b. Selective vagotomy and drainage
- c. Highly active vagotomy
- d. Truncal vagotomy and drainage
- e. Gastrectomy

24. Regarding duodena; carcinoma

- a. At presentation the tumor is irresectable
- b. Originated from periampullary region
- c. Commonly metastasized to bones
- d. Histological it is squamous cell carcinoma
- e. It is common intestinal tumor

25. common cause of duodenal obstruction is

- a. Annular pancreas following pancreatitis
- b. Compression by mesenteric vessels
- c. Metastases from gastric cancer
- d. Primary duodenal CA
- e. Carcinoma head of pancreas

26. The optimal management of traumatic duodenal hematoma is

- a. Angiography
- b. Laparotomy and evacuation
- c. Laparotomy and gastrojejunostomy
- d. Observation
- e. None

27. The lateral boundary of a left Para duodenal hernia is

- a. The splenic artery
- b. the left renal vein
- c. the superior mesenteric vein
- d. the inferior mesenteric artery
- e. The inferior mesenteric vein

28. A 19-year-old lady is admitted with lower abdominal pain. On examination, she is diffusely tender. A laparoscopy is performed and at operation multiple fine adhesions are noted between the liver and abdominal wall. Her appendix is normal. What is the most likely diagnosis?

- a. Mesenteric infarct
- b. Fitz Hugh Curtis Syndrome
- c. Perforated peptic ulcer
- d. Appendicitis
- e. Pancreatic

### ANSWER KEYS

#### 1. ESOPHAGUS

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

#### 2. PERITONEUM

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

#### 3. STOMACH AND INTESTINE

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

# SPLEEN & LIVER, PANCREAS

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## 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 haemoptysis on leg elevation
- c. Pain and hyperaesthesia in left shoulder
- d. Pain and Hyperaesthesia 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 and down with respiration

5. The indications of splenectomy include all of the following except:

- a. Trauma
- b. Idiopathic thrombocytopenic purpura
- c. Thalassemia
- d. Malaria
- e. Tumors

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

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

7. Abdominal examination of a 36 years 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. Splenecull refers to:

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

9. Thrombocytopenia can be due to all except:

- a. Aplastic anaemia
- b. DIC
- c. Hypersplenism
- d. Post splenectomy
- e. Steroid

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

- a. Trypanosomiasis
- b. Malaria
- c. Schistosomiasis
- d. Amebiasis
- e. Filariasis

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

- a. Autoimmune haemolytic anaemia
- b. G6PD deficiency
- c. Thalassemia
- d. Spherocytosis
- e. Sickle cell disease

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

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

13. The most common site for accessory splenic tissue is:

- a. Gastrosplenic ligament
- b. Gastrocolic ligament
- c. Splenic hilum
- d. Splenocolic ligament
- e. The pelvis

## PANCREAS

1. A 65 years old male presented with severe abdominal pain, radiating to the back. All the following investigations will help in diagnosis except:

- a. Abdominal ultrasound
- b. Serum amylase
- c. Abdominal X-ray
- d. Serum Alpha Feto proteins
- e. Total leukocyte count (TLC)

2. Which of the following is not the etiology of acute pancreatitis?

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

3. Which of the following signs is known to accompany acute pancreatitis?

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

4. In acute pancreatitis, the following biochemistry results are expected except:

- a. White cell count is increased
- b. Blood sugar is increased
- c. PO2 is decreased
- d. Serum amylase is more than 100U/L
- e. Serum calcium is increased

5. 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 digestion is:

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

6. A 30 years old obese female on contraceptive drugs presents with pain in the epigastrium. The most likely diagnosis is:
- Peptic ulcer disease
  - Pancreatitis
  - Myocardial infarction
  - Appendicitis
  - Cholecystitis
7. A patient who had a total pancreatectomy might be expected to develop which of the following complication?
- Diabetes mellitus
  - Hyperphosphatemia
  - Constipation
  - Weight gain
  - Hypercalcemia
8. A jaundice patient with palpable gall bladder most probably has :
- Carcinoma gall bladder
  - Carcinoma stomach
  - Carcinoma pancreas
  - Carcinoma colon
  - Any of the above
9. Most specific investigation for acute pancreatitis is:
- Serum calcium
  - Serum amylase
  - Serum lipase
  - Serum potassium
  - Serum glucose
10. 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:
- It occurs most frequently in the body of the gland
  - It carries a 1-2% 5 years survival rate

- It is not resectable if it presents as painless jaundice
- It can usually be resectable if it present in the body and tail of the pancreas and does not involve the common bile duct
- It is associated with diabetes insipidus

11. An alcoholic man has been suffering unremitting 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:
- Diabetes mellitus
  - Hypertension
  - Hypercalcemia
  - hyperphosphatemia
  - Weight gain

**12. Acute pseudocyst of pancreas:**

- A collection of pancreatic juice enclosed in a wall with epithelial lining.
- A collection of circumscribed intra abdominal pus in proximity to pancreas.
- Encapsulated collection of fluid in greater sac.
- Collection of degenerated fluid enclosed in a wall of granulation tissue in the lesser sac.
- Formation requires 4 weeks or more.

**13. The most common cause of chronic pancreatitis in a young male patient is:**

- Pancreatic duct stricture
- Alcohol consumption
- Idiopathic pancreatitis
- Pancreatic duct obstruction due to gall stones
- Hereditary pancreatitis

**14. In our country the common cause of pancreatitis is:**

- Alcohol
- Gallstone
- Viral
- Trauma
- Drugs

15. Pancreatic auto digestion is due to intracellular activation of pancreatic enzyme:
- Amylase
  - Lipase
  - Pancreozymin
  - Trypsinogen
  - Cholecystokinin

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

- Hepatitis
- Cholangitis
- Pancreatitis
- Gastritis
- Gholcystitis

**17. The optimal treatment for bleeding gastric varices in chronic pancreatitis is:**

- Distal pancreatectomy
- Splenorenal shut
- Portocaval shunt
- Splenectomy
- Transjugular intrahepatic portosystemic shunt procedure

**3 LIVER AND GALL BLADDER**

1. The earliest onset of hepatoma in a cirrhotic patient, the test of choice is:

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

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

- ERCP
- Ultrasound abdomen
- CT scan
- MRCP
- MRI

3. 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 & anorexia

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

- Carcinoma Gall bladder
- Carcinoma head of the pancreas
- Cholangiocarcinoma
- Hepatoma
- Choledochal cyst

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

- Big stone in the gall bladder
- Lowered insertion of cystic duct
- Very thick walled gall bladder
- Presence of enlarged lymph nodes in the Calot's triangle
- A dilated common bile duct

6. Which of the following medical condition is not a cause of abdominal pain?

- Diabetic ketoacidosis
- Porphyria
- Angina
- Pneumonia
- Coeliac disease

7. A 30 years 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 shows intrahepatic ductal dilatation with stones. The likely diagnosis is:

- Budd-chiari syndrome
- Primary sclerosing cholangitis
- Primary biliary cirrhosis
- Caroli's disease
- Simple cystic disease

8. 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

9. Which of the following statement is true?

- a. CT scan is more sensitive than ultrasound for gallstones
- b. A plain radiograph can show radioopaque gallstones in 20 percent 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 application in bile duct disorders

10. A 78-years-old female with known gallstones for several years presents with central colicky abdominal pain and vomiting. She has also been consipated 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

11. A 72-years-old female with multiple comorbidities 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. Cholecystostomy

12. Regarding cholelithiasis, which is the correct statement?

- a. cholesterol stones are most common stones
- b. Pigmented stones are due to increased polymerized conjugated bilirubin

- c. Laparoscopic cholecystectomy is not the gold standard treatments
- d. 90% stones are radio opaque
- e. Mucocele is caused by stone impacted in Morrison pouch

13. select the best answer in respect to stone in common bile duct:

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

14. 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 8cm span, no ascites. He is in the risk of which condition.

- a. Cerebellar degeneration
- b. Wernicke's encephalopathy
- c. Hepatic vein thrombosis
- d. Hepatoma
- e. Renal failure

15. A 45-years-old woman has had severe epigastric and right hypochondrial pain for a few hours. She has a 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

16. The following are true statements about gall stones ilcus EXCEPT :

- a. Occure due to fistula between funds 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

17. 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

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

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

19. All are true about hepatocellular carcinoma of liver except:

- a. Occures in 50% cases of cirrhosis
- b. Associated with hepatitis C infection
- c. Associated with hepatitis B infection
- d. Associated with HIV infection
- e. Common in africa and far east

20. All of the following are features of obstructive jaundice except:

- a. Painless jaundice is due to malignancy
- b. Painful jaundice is due to gall stones
- c. Pruritis
- d. Dark urine
- e. Normal stools

21. The following investigation are needed in obstructive jaundice except:

- a. Ultrasound
- b. MRCP
- c. ERCP
- d. PTC
- e. Barium swallow

22. The following are true statement about gallstones ileus except:

- a. Occure 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 stones usually obstructs terminal ileum
- e. Treatment is by laparotomy and ileotomy

23. The following are true about the causation of liver abscess with the exception of :

- a. Trauma
- b. Septicemia
- c. Appendicitis
- d. Cholecystitis
- e. Not caused by subphrenic abscess

24. A 45 years old male presents to you with pain Rt Hypochondrium. He has jaundice, rigors and fever he most likely diagnosis is :

- a. Acute cholecystitis
- b. Chronic cholecystitis
- c. Cholangitis
- d. Hepatitis
- e. Pancreatitis

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

- a. ERCP
- b. Ultrasound
- c. MRCP
- d. LEFT's
- e. Hide scan

26. Laproscopic cholecystectomy is indicated for symptomatic gallstone in which of the following condition?

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

27. Which of the following statement regarding the etiology of obstructive jaundice is true ?  
 a. a markedly elevated SGOT & SGPT are usually associated with obstructive jaundice  
 b. When biliary obstructive is suspected, the first step should be ultrasonography and LFTs.  
 c. A Klatskin tumour 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.

28. 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.

29. All of the following will favour 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

30. In a jaundice patient, if the gall bladder is palpable, the obstruction in the biliary tree is more probably not due to:

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

31. 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

32. To exclude onset of hepatoma in a cirrhotic patient, the test of choice is :

a. Alpha fetoprotein levels    b. CT scan  
 c. ESR    d. US    e. MRI

33. 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

34. In diagnosing hydatid liver disease all can be done except:

a. Casoni's skin test    b. CT scan  
 c. Needle Aspiration    d. US    e. MRI

35. 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's sign

36. An 88 years old man with a history of end stage renal failure, severe coronary artery disease, and brain management option in this patient is:

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

37. In a stable patient, 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 eny choledochoduodenostomy  
 e. Bridging of the injury with a T tube

38. Following investigations can be done for the biliary ductal system except:

a. Ultrasound    b. ERCP    c. MRCP  
 d. PTC    e. Oral cholecystography

39. In diagnosing hydatid liver diseases all can be done except:

a. Casoni's skin test    b. CT scan  
 c. Needle aspiration    d. US    e. MRI

40. To exclude one set of hepatoma in a cirrhotic patient, the test of choice is :

a. Alpha fetoprotein levels    b. CT  
 c. ESR    d. US    e. MRI

41. A 40 years old house wife undergoes open cholecystectomy for emphysema GB. On third post op day the surgeon observe some pussy discharge from the wound with signs of inflammation around the wound. The most likely causative organism is:

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

42. A Kocher incision for open cholecystectomy include cutting all the following structures expect one:

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

43. 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 >6mm 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 AP day.  
 e. Is the most common cause of acute pancreatitis in Pakistan.

44. Cystic artery is the branch of :

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

45. All are complications of liver trauma except:

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

46. Conformation test for acute acalculas cholecystitis:

a. U/S    b. CT scan    c. MRI  
 d. ERCP    e. HIDA scan

47. A 40 years lady underwent laproscopic cholecystectomy. Postoperatively there is significant bile leak in drain. U/S showed dilated CBD with 8mm stone in distal end of CBD. Best management would be.

a. MRCP  
 b. Laproscopic CBD exploration  
 c. Open exploration with T tube insertion  
 d. ESWL  
 e. ERCP with sphincterotomy

48. Regarding classification for cirrhosis does not include:

a. High insertion of cystic duct  
 b. Absence of the GB  
 c. The phrygian cap  
 d. Floating GB    e. Double GB



49. Child classification for cirrhosis does not include:

- a. Bilirubin
- b. Albumin
- c. SGPT
- d. Ascites
- e. Nutrition

50. Gold strained investigation for liver is :

- a. U/S abdomen
- b. Spiral CT
- c. ERCP
- d. PTC
- e. Angiography

51. A known patient of cholelithiasis ha pain in the epigastrium and serum analyse of 1000IU. His probable diagnosis is :

- a. Acute pancreatitis
- b. Mesenteric ischaemia
- c. Perforated du
- d. Biliary colic
- e. Ch. Pancreatitis

52. Following investigation is best for assessing hepatic metastases and its response to chemotherapy:

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

53. The commonest organism causing pyogenic liver abscess is :

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

54. In treatment of hydatid disease of the liver the safest scoloid 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

55. 90 years old lady on routine assessment has gall stone . she asymptomless . what is the treatment.

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

56. Hemangloma of the liver:

- a. Is the most common benign hepatic tumor
- b. Is diagnosed with percutaneous needle biopsy
- c. Is associated with ofeteprotien level
- d. Should be resected as soon as diagnosed
- e. Biopsy required to reach the diagnosis

57. Hepatic focal nadular hyperplasia:

- a. Usually occurs in women of reproductive age
- b. Is related to oral contraceptive use
- c. Presents with abdominal pain in most cases
- d. Carries the risk of spontaneous rupture
- e. Require surgery

58. The most common etiologic factor for hepatocellular carcinoma worldwide is:

- a. Hepatitis C virus
- b. Hepatitis B virus
- c. Alcholic cirrhosis
- d. Aflatoxin ingestion
- e. Schistosomiasis

**MIX**

1. All are signs of peritonitis except:

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

**TMM SUPER 6 FOR KMU 4TH YEAR MBBS**

2. A 40 years old lady with known ulcerative colitis presents with listlessness ,slured speech, muscular hypotonia, depressed reflexes and abdominal distension . Her ECG shows prolonge QT interval, depressed ST segment and flattening of T wave.The most appropriate parental fluid for this patient would be:

- a. 5% dextrose
- b. 0.9% Normal saline
- c. Dextrose ,saline
- d. Sallne with KCL
- e. Ringer lactate

3. In ITP which of the following will be deranged:

- a. Activated partial thromboplastin time
- b. Prothrombin time
- c. Bleeding time
- d. Clotting time
- e. Thrombin time

4. A 25 years young boy is brought to the emergency in shock with stab wound in Lt hypochondrium. The most appropriate next would be:

- a. CT scan
- b. Antibiotics
- c. Resuscitation and immediate exploration
- d. Exploration after 24 hours
- e. Conservative management

5. Charcateristics of somatostatinoma are:

- a. Mild diabetes, skin rash , glossitis
- b. Ulcer diathesis, diarrahea
- c. Mild diabetes , diarrhea, gallstones
- d. Diarrhea, hypokalemia, hypochloremia
- e. Mild diabetes, diarrhea, gallstones and nuerofibromattosis

**ANSWER KEYS**

**1. SPLEEN**

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

**2. PANCREAS**

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

**3. LIVER AND GALL BLADER**

- 1.A 2.A 3.D 4.B 5.E 6.D
- 7.D 8.D 9.D 10.B 11.C 12.A
- 13.E 14.D 15.B 16.B 17.C 18.A
- 19.E 20.E 21.E 22.B 23.E 24.
- 25.A 26.D 27.B 28.B 29.D 30.C
- 31.D 32.A 33.A 34.C 35.B 36.A
- 37.D 38.E 39.C 40.A 41.E 42.B
- 43.D 44.C 45.D 46.E 47.E 48.A
- 49.C 50.B 51.B 52.E 53.A 54.D
- 55.E 56.D 57.A 58.B

**4. MIX**

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

# HERNIAS

1. A 35 years old construction worker is diagnosis with Indirect Inguinal hernia. Which statement below best describe it?

- Passes through the superficial inguinal ring only
- Lies above and lateral to the public 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 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 surgery which she underwent in her childhood. What is the most appropriate treatment?

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

3. A 50 years 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 prolapsed

4. Hernia medial to inferior epigastric is

- Indirect inguinal hernia
- Direct inguinal
- Femoral hernia
- Pantaloon 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
- Intraperitoneal

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

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

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

- Indirect inguinal hernia
- Lumber hernia
- Paraumbilical hernia
- Direct inguinal hernia
- Spigelian hernia

8. A man has reducible bulge below the public 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 month old child 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 herniotomy + Orchidopexy

10. A 65-year-old gentleman came with right hemi scrotal swelling and unrelenting pain. He did not have any alteration of bowel or bladder symptoms. On examination there was Irreducible complete Inguinal hernia. HE did not have any other obvious causes for the increased intra-abdominal pressure. The patient is likely to have

- Omentocoele
- Enterocoele
- Littre's hernia
- Extraperitoneal fat in hernia sac
- All of the above

11. Which of the following is True about a sliding Inguinal hernia?

- It is far common in women
- It should be suspected clinically in small hernias confined to Inguinal canal
- It is more common in the young patient
- It is impossible to control with a truss and hence an operation is Indicated
- It is necessary to excise the sac and attempt to dissect the bowel wall is not dangerous

12. the predisposing factors of hernia formation Includes the following except:

- constipation
- Benign prostatic hypertrophy
- COPD
- Jogging
- Pregnancy

13. The following is true for inguinal hernia surgery except:

- Lichtenstein repair is an option
- Laparoscopic repair is an option
- Herniorrhaphy is done in children
- Herniotomy & herniorrhaphy is done in children
- Shouldice repair is an option

14. Regarding Incisional hernia, all are true except:

- More common in younger patients
- Occurs through a defect in the scar of previous abdominal incision
- Can be caused by post-operative wound infection
- Post-op wound hematoma can be predisposing cause
- Steroid therapy

15. The following definitions of various types of hernia are true except:

- Hernia-en-glissade is sliding hernia
- obturator hernia occurs through obturator foremen
- Richter's hernia has full circumference of bowel trapped
- Little's hernia has Mackel's diverticulum
- Spigelian hernia appears through the linea semilunaris at lateral border of the rectus sheath

16. Which of the following statement regarding direct Inguinal hernia is true?

- They are most common inguinal hernia in women
- they promote medially to the inferior epigastric vessels
- they should be opened and ligated at the internal ring
- they commonly protrude into the scrotal sac in men
- they incarcerate more commonly than Indirect hernias

## HERNIAS SURGERY

17. A 79 year old man has swelling of the right groin which clinically is diagnosed to be indirect inguinal hernia. What is the single feature of the hernia sac that would confirm the diagnosis?

- a. Comes through the femoral ring
- b. Doesn't pass through the deep inguinal ring
- c. lies below and lateral to the pubic tubercle
- d. Only passes through the superficial inguinal ring
- e. Passes through the deep inguinal ring

18. A 55 years old man has been admitted for elective herniorrhaphy. Which among the following can be the reason to delay his surgery?

- a. Controlled asthma
- b. Controlled arterial fibrillations
- c. DVT 2 years ago
- d. Diastolic BP 90mmHg
- e. Myocardial infarction 2 months ago

19. A 58 years old man notice a bulge in his groin, associated with mild discomfort. It is easily reducible when he is examined in your clinic. It does not descend into the scrotum. Give the appropriate statement regarding direct inguinal hernia

- a. they are most common inguinal hernia in women
- b. they protrude medial to the inferior gastric vessels
- c. They should be opened and ligated at the internal ring
- d. They commonly protrude into the scrotum
- e. They incarcerate more commonly than indirect hernias

20. A 50 years old lady present with a painless irreducible 2cm. umbilical hernia she is likely to have

- a. Omentocoele
- b. Enterocoele
- c. Littre's hernia
- d. Extraperitoneal fat in hernia sac
- e. All of the above

21. In mesh repair for inguinal hernia, which type of sutures can be used for suturing mesh to muscle?

- a. Silk
- b. Propylene
- c. Stainless steel
- d. Polylactic acid
- e. Catgut

22. A 45 years male presented to an OPD with swelling in Rt groin since last 2 months. on examination, cough impulse is positive and it is reducible. The ring occlusion test is positive. What is your most probable diagnosis?

- a. Direct inguinal hernia
- b. Femoral hernia
- c. Indirect inguinal hernia
- d. Obturator hernia
- e. Spigelian hernia

23. Most common 'differential diagnosis of inguinal hernia in male is :

- a. Femoral hernia
- b. Lipoma of cord
- c. Undescended testes
- d. Vaginal hydrocele
- e. Encysted hydrocele of cord

24. Treatment of hernia in infant is:

- a. Hernioplasty
- b. Herniotomy
- c. Herniorrhaphy
- d. Herniotomy and Herniorrhaphy
- e. Herniotomy and Hernioplasty

25. Laparoscopic herniorrhaphy is indicated in:

- a. Indirect inguinal hernia
- b. Direct inguinal hernia
- c. Femoral hernia
- d. Recurrent bilateral inguinal hernia
- e. Incisional hernia

26. Direct inguinal hernias:

- a. Are treated by bassini-dam operation
- b. Are repaired by mesh implant
- c. Are congenital
- d. often strangulates
- e. Are complete

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27. Preferable treatment of femoral hernia is:

- a. Use of truss
- b. Femoral herniotomy
- c. Closure of saphenous opening
- d. Laparoscopic repair
- e. Surgical closure of femoral canal

28. The operative procedure with the least long-term recurrence in adult inguinal hernia is

- a. Lichtenstein hernioplasty
- b. Bassini's repair
- c. Lytle method
- d. Shouldice method
- e. Herniotomy

29. Howship-Romberg sign is characteristic of

- a. Femoral hernia
- b. Spigelian hernia
- c. Obturator hernia
- d. Lumbar hernia
- e. Epigastric hernia

30. The cremaster muscle is derived from:

- a. The external oblique muscle
- b. The internal oblique muscle
- c. The transversus abdominis muscle
- d. the transversalis fascia
- e. the rectus abdominis

31. The lateral boundary of femoral hernia is

- a. The femoral nerve
- b. The femoral artery
- c. The femoral vein
- d. The lacunar ligament
- e. The inguinal ligament

## ANSWER KEYS

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

# GIT SURGERY 2

## SMALL INTESTINE + LARGE INTESTINE

1. A 64-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 years old patient 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 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 present 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 colon
- b. peptic ulcer disease
- c. carcinoma of the right colon
- d. Ulcerative colitis
- e. Crohn's disease

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

- a. Toxic megacolon on ulcerative colitis
- b. small bowel perforation from regional enteritis
- c. perforated carcinoma of sigmoid colon
- d. Volvulus of the sigmoid colon
- e. Acute perforated diverticulitis

7. All of 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 hemorrhage
- 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

## TMM SUPER 6 FOR KMM 4TH YEAR MBBS

8. In large bowel cancer, which of the following statement is not true?

- a. Through preoperative assessment and staging should be done with colonoscopy, ultrasound and spinal CT scan
- 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 carcinoma can be resected

9. 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 > 1L/day
- c. They should be thoroughly assessed with barium studies and CT scan
- d. They always need an operation to cure the problem
- e. Hypoproteinemia and sepsis often accompany the condition

10. 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 dull ache in his lower abdomen. He has had these symptoms for the past 4 months during which time he lost about 10 pounds weight. Abdominal examination reveals some vague tenderness. Rectal examination shows blood and mucus, and sigmoidoscopy shows hyperemic mucous, which bleeds easily. What is the likely diagnosis?

- a. Diverticular disease
- b. Crohn's disease
- c. Ulcerative colitis
- d. Carcinoma of caecum
- e. Carcinoma of descending colon

11. Which of the following operation is not done in Crohn's disease?

- a. Segmental resection
- b. Strictureplasty
- c. Proctocolectomy and ileostomy
- d. Colectomy and ileorectal anastomosis
- e. Restorative proctocolectomy with ileoanal pouch

12. Correct statement concerning Intussusception in infants is

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

13. Regarding Meckel's diverticulum

- a. Diagnosed by barium meal and follow through
- b. diagnosed by CT scan only
- c. Meckel's diverticulum produces 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

14. 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 bowel lumen

15. Which of the following is false with regard to a enterocutaneous fistula?

- a. The commonest cause is postoperative

- b. A high output fistula is defined as one where collection is > than 1L/day  
 c. they should be thoroughly assessed with barium studies and CT scan  
 d. They always need an operation to cure the problem  
 e. Hyperproteinemia and sepsis often accompany the condition

16. Which of the following is not true in complicated diverticular disease?

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

17. All of the following are true about the diagnostic investigation for abdominal tuberculosis except

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

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

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

19. The following is true regarding Meckel's diverticulum except:

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

20. Bout volvulus of sigmoid colon all of the following are true except:

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

21. Features of ulcerative colitis include all of the following except:

- a. Diarrhea without bleeding  
 b. Maybe acute and fulminating  
 c. patient is malnourished  
 d. Associated with uveitis  
 e. erythema nodosum can be association

22. Investigation of large bowel includes

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

23. The following is true about intussusceptions except:

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

24. 35 years male presented to OPD with 2-year history of Abd pain anorexia and constipation alternating with diarrhea. O/E he is pale and weak. Barium meal & follow through shows two strictures in distal ileum. Biopsy showed non caseating granulomas in specimen. What is probable diagnosis?

- a. Small gut tuberculosis  
 b. ulcerative colitis  
 c. Crohn's ileum  
 d. Small gut malignancy

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25. A 3 years old child is brought to emergency with two days history of abdominal pain / distension and vomiting. He has one episode of bleeding per rectum. On examination abdomen is distended and mass is palpable in Rt hypochondrium. Erect Abd x-ray shows air fluids levels. Which is your most probable diagnosis?

- a. acute appendicitis  
 b. acute cholecystitis  
 c. Intussusception  
 d. Hirsch Prung disease  
 e. Meckel's diverticulitis

26. a 50-year-old man presented to 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 101F. What is your most probable diagnosis?

- a. Lt Colonic Tumors  
 b. Acute diverticulitis (sigmoid)  
 c. Colonic Perforation  
 d. Sigmoid volvulus  
 e. Ulcerative colitis

27. A known ulcerative colitis patient presented with generalized abdominal pain vomiting and distention for the last 3 days, o/e he is tender all over the abdomen with temperature of 101F & 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 megacolon  
 d. Paralytic ileus  
 e. Malignant transformation in colon

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

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

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

- a. Ileocaecal valvulus  
 b. Intussusception  
 c. Ileocaecal TB  
 d. Cecal carcinoma  
 e. Crohn's disease

30. Colonic biopsy with granulomatous transmural inflammation is characteristic of

- a. Ulcerative colitis  
 b. Indeterminate colitis  
 c. Crohn's disease  
 d. Pseudomembranous colitis  
 e. Tuberculosis

31. Which of the following is the most common serious complication of colostomy

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

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

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

33. Which is not true regarding Meckel's diverticulum

- a. It represent the patient Vitello intestinal duct  
 b. It carries its own blood supply

- c. It is typically two inches long and two inches from the ileocaecal region  
 d. It is present in 2% of population  
 e. It is congenital condition
- 34. A patient with severe ulcerative colitis develops severe pain abdomen. Which of the following is most likely?**  
 a. toxic dilation      b. stricture  
 c. Malignancy      d. Severe hemorrhage  
 e. peptic ulcer
- 35. 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
- 36. 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
- 37. About intussusception all of 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
- 38. Which of the following colonic polyp is not pre-malignant?**  
 a. Juvenile polyp  
 b. Hamartomatous polyp associated with peutz-jegherz syndrome  
 c. Villous adenoma

- d. Tubular adenoma  
 e. Familial polyposis coli

**39. Which of the following is not complication of ulcerative colitis**

- a. carcinoma  
 b. primary sclerosing cholangitis  
 c. internal fistula  
 d. Ankylosing spondylitis  
 e. Perforation

**40. Best treatment option for adenocarcinoma of cecum is**

- a. ileotransverse bypass anastomosis  
 b. Rt hemicolectomy  
 c. extended Rt hemicolectomy  
 d. Chemoradiation  
 e. Endoscopic resection of tumour

**41. Which of the following is cause of adynamic intestinal obstruction**

- a. Hernia      b. Malignant mass  
 c. Adhesion      d. G stone  
 e. Paralytic ileus

**42. Regarding sigmoid volvulus which statement is wrong ?**

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

**43. A 20 years old 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. Osler Schering regimen  
 b. appendicectomy  
 c. laparoscopic appendicectomy  
 d. retro peritoneal drainage of the abscess  
 e. U/S guided aspiration

**44. A 60 years male Underwent Rt hemicolectomy with ilea transvers 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. ilea colic and middle colic artery

**45. 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 look quite sick, x rays 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

**46. hernia medial to inferior epigastric artery is**

- a. Indirect inguinal hernia  
 b. Direct inguinal hernia  
 c. Femoral hernia  
 d. pantaloon hernia  
 e. Spigelian hernia

**47. Hirschsprug's disease is due to:**

- a. loss if 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

**48. Ileocecal tuberculosis is associated with -**

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

**49. 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

**50. 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

**51. ileocecal tuberculosis is associated with-**

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

**52. 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. all of above

**53. Hirschsprug's disease is due to:**

- a. loss if ganglion cells in the sympatnetic 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

**54. 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

55. A 72 years old obese man undergoes an emergency of a ruptured abdominal aortic aneurysm. The wound is closed with an onlay prolene mesh to augment the closure. Post operatively he is taken to the Intensive care unit. Over the following twenty-four hours his nasogastric aspirates increase, his urine output falls and he have a metabolic acidosis. What is the most likely underlying cause.

- Colonic ischemia
- abdominal compartment syndrome
- Peritonitis
- Reactionary hemorrhage
- Aorto-duodenal fistula

56. A 56 years old lady is admitted with colicky abdominal pain. A plain x-ray performed. Which of the following should not show fluid levels on a normal plain abdominal film?

- Stomach
- Jejunum
- Ileum
- Caecum
- Descending colon

57. which of the following signs is seen in patient who have a significant retroperitoneal hemorrhage?

- Boas' sign
- Pemberton's sign
- Grey turners sign
- Cullens sign
- Rovsing's sign

58. In which of the condition listed below is Cullens sign most likely to be seen?

- ruptured ectopic pregnancy
- Appendicitis
- intestinal malrotation
- perforated peptic ulcer
- Incarcerated femoral hernia

59. A 75 years old man is admitted with sudden onset sever generalized pain, vomiting and a single episode of bloody diarrhea. On examination, he looks unwell and is in uncontrolled atrial fibrillation.

Although diffusely tender his abdomen is soft. What is the most likely diagnosis?

- Pancreatitis
- Infective diarrhea
- Ischemic colitis
- Crowns disease
- Mesenteric infarction

60. An 11 months old girl suddenly onset abdominal pain. Her mother stated that she had not been her usual self for the past 48 hours. Assessing her, she has a high-pitched scream and draws up her legs. Her BP is (1)/40mm/Hg, her pulse 118/min and abdominal examination is normal. What is the most likely diagnosis?

- Mid gut volvulus
- Intussusception
- Appendicitis
- Mesenteric adenitis
- Spontaneous bacterial peritonitis

61. Which of the following is not a typical feature of acute appendicitis?

- Neutrophilia
- Profuse vomiting
- anorexia
- low grade pyrexia
- Small amounts of protein on urine analysis

## 2. APPENDIX

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

- Evaluate pelvis for tubo-ovarian abscess, PID, malignancy or ectopic pregnancy
- Removal of the appendix
- Evaluate the terminal ileum and cecum for signs of regional or bacterial entities
- Evaluate the upper abdomen for cholecystitis
- 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 shoulder are. What is first step in management

- Maintain IV access and give IV fluids
- Start IV antibiotics
- Insert NGT for intestinal decompression
- Cross match blood
- Emergency exploratory laparotomy

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 + 37.80C and there is rebound tenderness in the RIF. What is probable diagnosis?

- Salpingitis
- Pelvic Inflammatory disease
- Appendicitis
- Ovarian torsion
- Uterine fibroid

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

- Chemotherapy only
- Right hemicolectomy
- Right hemicolectomy with chemotherapy
- No further treatment required
- Radiotherapy only

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

- Extremes of age
- Immunosuppressed
- Diabetes mellitus
- Pelvic position of appendix
- 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 carcinoid tumour. Which of the following statement is true?

- No further surgery is indicated
- A right hemicolectomy should be performed
- There is about 50% chance that this patient will develop the carcinoid syndrome
- Carcinoid tumour arise from islet cells
- Carcinoid syndrome can occur only in the presence of liver metastasis

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

- Gastroenteritis
- Mesenteric adenitis
- Meckel's diverticulum
- Intussusception
- Urinary tract infection

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

- Regional ileitis
- Ureteric colic
- Perforated peptic ulcer
- Acute pancreatitis
- Torsion of testis

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

- Mittelschmerz
- Pelvic inflammatory
- Pyelonephritis
- Biliary / acute cholecystitis
- Ruptured ectopic pregnancy

10. The most common cause of appendicitis is:

- Faecolith obstructing the lumen
- Tuberculosis
- Salpingitis
- Infertility in female
- Portal pyaemia

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- Biliary / acute cholecystitis
- Ruptured ectopic pregnancy

10. The most common cause of appendicitis is:

- Faecolith obstructing the lumen
- Tuberculosis
- Salpingitis
- Infertility in female
- Portal pyaemia



11. The following condition can be caused by appendicular abscess except:

- a. Sub phrenic
- b. Septicaemia
- c. Salpingitis
- d. Infertility female
- 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 damaged?

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

13. During an appendectomy for acute appendicitis, a 4 cm mass is found in midportion of the appendix. Frozen section reveals this lesion to be carcinoid tumour. What is the best statement regarding the patient's disease

- a. No further surgery
- b. A right hemicolectomy should be performed
- c. There is about 50% chance that this patient will develop the carcinoid syndrome
- d. Carcinoid tumours arise from islet cells
- e. Carcinoid syndrome can occur only when liver metastases occur

14. Oschner sherrren regimen is used for

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

15. A 15-year-old boy underwent appendectomy 5 days ago presented with pain and swelling of wound site and fever. On examination wound is red, tender and swollen. Temp is 101F. what is the best step in 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 antibiotic and revaluation after 48 hours

16. Carcinoid tumour of appendix commonly occurs in:

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

17. Most common presentation of pelvis abscess developing several days following appendectomy is:

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

18. 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. Vornitlno
- e. Nausea

19. Common cause of perforation of acute appendicitis is:

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

20. Ileocaecal tuberculosis is associated with

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

21. In which of the condition described below is Rovsing's sign most likely to be absent?

- a. Locally advanced caecal cancer
- b. Para ileal appendicitis
- c. Right sided colonic diverticulitis
- d. Retrocaecal appendicitis
- e. Severe terminal Crohn's disease

22. You embark on a laparoscopic appendectomy and find an inflammatory appendix mass. There is no free fluid and the patient has no evidence of peritonitis. What is the best course of action?

- a. Convert to midline laparotomy and perform a limited right hemicolectomy and end ileostomy
- b. Convert to midline laparotomy and perform appendectomy after taking down the adhesion
- c. Place drain laparoscopically and administer parenteral antibiotics
- d. Send the patient for CT guided drainage
- e. Wrap omentum around the area and avoid drainage

## ANSWER KEYS

## SMALL INTESTINE + LARGE INTESTINE

1.D	2.A	3.D	4.D	5.C	6.A
7.A	8.C	9.D	10.C	11.E	12.B
13.C	14.D	15.D	16.C	17.C	18.D
19.B	20.D	21.A	22.E	23.B	24.C
25.C	26.B	27.C	28.D	29.C	30.C
31.C	32.A	33.C	34.A	35.B	36.B
37.B	38.A	39.C	40.B	41.E	42.E
43.D	44.D	45.C	46.B	47.C	48.A
49.A	50.A	51.A	52.A	53.C	54.A
55.B	56.E	57.C	58.A	59.E	60.B
61.B					

## 2. 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.B	14.B	15.C	16.E	17.E	18.C
19.E	20.D	21.D	22.C		