

هذا مثال بسيط عن **LUMP** How to describe a

“ Mr X has a single lump in his right anterior cubital fossa. It is a well-defined oval 5x3cm across and 3cm in height. The overlying skin is shinier and slightly darker than the surrounding skin. It is soft, smooth and non-compressible. It is not tender, it is the same temperature as the surrounding skin and is freely mobile. The lump is pulsatile with an audible bruit. There's no fluctuation. Transillumination is negative. Percussion wasn't done. No cervical lymphadenopathy were found. Findings are consistent with an active brachiocephalic arteriovenous fistula.”

>> 5 Students and 3 Teachers go for **CAMPFIRE**.

Site: right anterior cubital fossa

Shape: oval

Size: 5x3x3 cm

Skin-overlying: shinier and slightly darker than the surrounding skin

Surface: smooth

Temperature: same temperature as the surrounding skin

Tenderness: not tender

Trans-illumination: negative

Consistency: soft

Compressibility: non-compressible

Attachment: freely mobile (not attached to overlying structures)

Auscultation: bruit

Mobility: mobile

Percussion: not done

Pulsation: pulsatile (expansile vs transmitted?)

Fluctuation: negative

Fluid thrill: no need to be done (since it's not a large cyst)

Irreducibility (reducibility): not reducible (since it's not compressible).

Regional LN: no cervical LN enlargement

Edge: well-defined

1- With regard to Hashimoto thyroiditis, which of the following is true?

- a. Thyroid microsomal antibodies are detected in the serum of patients
- b. The incidence of hypothyroidism in Hashimoto thyroiditis is higher in women than in men
- c. It is primarily in children
- d. The majority of patients are transiently hypothyroid but with time return to an euthyroid state
- e. Radioactive iodine is useful in the treatment of Hashimoto thyroiditis

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2- A 57-year-old man has a partial thyroidectomy. The histological report shows this to be a medullary cell carcinoma of the thyroid. Which one of the following would be the most useful further investigation?

- a. Urinary corticoids
- b. Urinary calcium
- c. Urinary gonadotrophins
- d. Urinary catecholamines
- e. Urinary phosphate

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3- A 40-year-old woman presents with weight loss, palpitation and exophthalmos. On physical exam the thyroid gland is diffusely enlarged. Blood tests reveal primary hyperthyroidism (HT). Which of the following is NOT the treatment of HT?

- a. Steroids
- b. Methimazole
- c. Lugols iodine
- d. Iodine¹³¹
- e. Subtotal thyroidectomy

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4- When part of the bowel wall is involved in a hernia sac, this is called:

- a. Sliding hernia
- b. Spigelian hernia
- c. Richter hernia
- d. Littre hernia
- e. Morgagni hernia

.....
5- Inguinal hernia, all the following are true except:

- a. Indirect hernia usually is congenital
- b. Direct hernia usually found in Hasselbach's triangle
- c. Accounts for 75% of abdominal wall hernias
- d. Indirect hernia origin is medial to the inferior epigastric vessels
- e. Most common hernia in men and women

.....
6- Strangulated hernia all the following are true except:

- a. The hernia becomes irreducible
- b. Risk of strangulation is highest in hernias which have a small neck of rigid tissue.
- c. Usually tender with local redness
- d. There is intermittent pain
- e. All of them

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7- All of the following are true about spigelian hernia EXCEPT:

- a. A palpable bulge on examination is uncommon
- b. They occur through the aponeurotic layer between the rectus abdominis and semilunar line
- c. A computed tomography scan is useful to establish the diagnosis
- d. They tend to be small
- e. The risk of incarceration is low

1. Answer: A

#Question: What are other antibodies found in Hashimoto thyroiditis?

2- Answer: D

3- Answer: A

#Question: Why not Iodine 131 is used to treat Graves with severe exophthalmos?

4- Answer: C

#Question: What's unique about Richter hernia regarding presentation?

5- Answer: D

#Question: What are the boundaries of Hasselbach's triangle?

6- Answer: D

#Question: What are the causes of irreducible hernia?

7- Answer: E

#Question: Which type of hernia that can be confused with PUD?

1 Anti thyroglobulin antibodies

3 Due to radiiodine potential to exacerbate pre-existing Graves ophthalmopathy due to : iodine 131 causes a thyroid flare massive release of thyroid hormone) which causes exacerbation of thyroid storm initially and worsening of ophthalmopathy ,، مشان هيك ممكن مش مناسب للكبار في العمر and titers of TSI increase significantly following RAI therapy, and RAI can cause worsening of ophthalmopathy.

4 It causes strangulation without obstruction

5 Inguinal ligament inferiorly/ inferior epigastric artery laterally/ rectus abdominis muscle medially

6 Incarceration/ Obstruction/strangulation

7 Epigastric hernia

• **1- The most common complication post abdominal surgery:**

- a. Pneumonia
- b. Aspiration
- c. Infection
- d. DVT
- e. Atelectasis

• **2- Paralytic ileus is caused by:**

- a. Hyperkalemia
- b. Food poisoning
- c. Peritonitis
- d. Head injury

• **3- On rectal examination the anus is tightly closed and patient resists attempted rectal exam, you suspect:**

- a. Fistula in anus
- b. External piles
- c. Carcinoma of rectum
- d. Internal piles
- e. Anal fissure

• **4- Most common complication following hemorrhoidectomy is:**

- a. Infection
- b. Urinary retention
- c. Bleeding
- d. Fecal Impaction

• **5- Regarding keloid , all the following are true except:**

- a. Common in scars over bones

- b. Due to inhibition of maturation of collagen fibril
- c. Common in fair skin
- d. Continues after 6 months
- e. Spreads to normal tissue

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• **6- The most common cause of large bowel obstruction is:**

- a. Diverticulosis
- b. Volvulus
- c. Colorectal cancer
- d. Adhesion

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• **7- Glasgow coma scale all the following are true except:**

- a. It ranges from 3 to 15
- b. Useful for neurological follow up.
- c. Best motor response given 6 point
- d. Used for evaluation of comatose patient
- e. Useful for pupils evaluation

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• **8- Barrett's oesophagus is a complication of one of the following conditions. Which one?**

- a. Helicobacter pylori associated gastritis
- b. Oesophageal varices
- c. Achalasia of the oesophagus
- d. Chronic reflux associated oesophagitis
- e. Squamous carcinoma of the oesophagus

.....

• **9- Which of the following is not a life threatening condition:**

- a. Tension pneumothorax
- b. Open Pneumothorax
- c. Cardiac tamponade
- d. Flail chest
- e. Large pneumothorax more than 50%

.....

• **10- A 39-year-old woman complains of difficult swallowing, predominantly with liquids, and regurgitation of foul-tasting food. She had an esophagram a few days ago, and you obtain the results, which show a flaccid, dilated esophagus with a sharply tapered narrowing at the gastroesophageal junction. She has:**

- a. Esophageal malignancy
- b. Reflux esophagitis
- c. Esophageal colic.
- d. Achalasia
- e. Scleroderma

The answers are:

1- E.

#Question: what are the causes of post-operative fever?

2- C.

#Question: What's the most common cause of ileus?

3- E

#Question: What are the findings indicate chronic anal fissure?

4- B

#Question: What are the locations of internal piles?

5- C

#Question: How to differentiate between keloid and hypertrophic scar (كثر جابوه بالالوسكي)

6- C

#Question: What's the most common cause of small bowel obstruction in adults? And in children?

7- E

#Question: What's the GCS of dead patient?

8- D

#Question: What's the treatment of Barrett's esophagus?

9- B

#Question: What's the triad for Cardiac tamponade? And what Tension pneumothorax differ from Cardiac tamponade? What type of shock they cause?

10- D

#Question: Is it mandatory to do upper endoscopy for Achalasia?

1) Within 1st 8hrs after surgery> malignant hyperthermia

After 1st 24 hrs> atelectasis

After 2-3 days> wound infection, UTI, pneumonia

After 5 days> may be venous thrombosis

2) Post-operative ileus

3) sentinel Piles (skin tags)/ hypertrophic papilla

4) Above dentate line

5) Keloid extends over normal skin (beyond normal wound margins)/ keloid raised above skin more than 4mm/ hypertrophic scars usually subside spontaneously while keloids need treatment

6) In adults> adhesions

6- Most common cause of intestinal obstruction in children overall=Hernia

Most common cause of intestinal obstruction in infants (beyond neonatal period) and from (6 - 36 months) is intussusception

7) The lowest GCS= 3

8 The usual treatment for GERD (PPI) with continuous monitoring of patient to prevent progression to malignancy and for refractory cases surgery

9) Beck's triad (Raised JVP/ hypotension/ Muffled heart sounds)

Tension pneumothorax> causes tracheal deviation and causes silent chest on the affected side

They cause obstructive shock

10) Yes to obtain biopsy as achalasia patients has a risk for developing squamous cell carcinoma, And to rule out pseudoachalasia, because esophageal cancer can cause narrowing in the distal end of the esophagus if it's there.

1- In the initial 48 hrs of acute pancreatitis, all the following are objective prognostic score (Ranson's criteria during the initial 48 hrs) except:

- a. Calcium less than 8 mg / dL
- b. Amylase value more than 1000
- c. Sequestration more than 6 L
- d. Hematocrit drop of more than 10%
- e. Oxygen less than 60

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2- Ranson's criteria involves all the following except:

- a. WBC>16,000
- b. Base deficit>10 mmol /
- c. FBS>10 mmol/L
- d. Age more than 55 years
- e. Blood urea nitrogen rise>5 mg per cent:

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3- A 3 months old infant found to have a right inguinal hernia, the best management is:

- a. Application of a truss
- b. Surgical treatment when he is six months old
- c. Re-examination every month until it disappears spontaneously
- d. Surgical treatment when he is one year old
- e. Surgical treatment as soon as possible

.....
4- In obstructive jaundice all of the following are true, except:

- a. Increased serum direct bilirubin
- b. Increase in urine urobilinogen
- c. Increased fat content of stool
- d. Increased serum alkaline phosphatase
- e. Increased urinary bilirubin

.....
5- A 50-year-old male presents with marked mid-abdominal pain. He had worsening abdominal pain over the past month. The patient is a chronic alcoholic. Physical examination reveals right upper and left upper quadrant pain with guarding. An abdominal radiograph reveals no free air, but there is extensive peritoneal fluid with dilated loops of small bowel. An abdominal CT scan reveals a 7 to 8 cm cystic mass in the tail of the pancreas. What would be the most probable diagnosis to explain these findings?

- a. Pancreatic adenocarcinoma
- b. Metastatic carcinoma
- c. Acute pancreatitis
- d. Pancreatic pseudocyst
- e. Islet cell adenoma

.....
6- Which of the following is the best, in assessing acute pancreatitis?

- a. CT Severity Index
- b. Apache II score
- c. Galsgow scale
- d. Imri score
- e. Ranson;s criteria

1.b 2.b 3.e 4b 5d 6.a

US is not the best modality regarding pancreatitis even though it's very useful in Gallbladder condition? Due to it is retroperitoneal

Indication for drainage in pseudocyst if more than 6 weeks or > 6 cm or complicated ones (Infection, abscess, hemorrhage or rupture).

Regarding umbilical hernia: usually spontaneously closed within 3-5 years. Surgical indication:

1- the defect > 2 cm

2- Child > 3-5 years

3- Protrusion is disfiguring and disturbing to the child or parents.

Regarding undescended testes: as far as I know, should be done between 6 months and before 12 months!

The **CT severity index (CTSI)** is based on findings from a CT scan with intravenous contrast to assess the severity of [acute pancreatitis](#). The severity of computed tomography findings have been found to correlate well with clinical indices of severity.

Dx of acute pancreatitis requires 2 of the following criteria: acute onset of severe epigastric pain radiating to the back, increased amylase or lipase >3 times the upper limit of normal, and characteristic abdominal imaging findings (eg, focal or diffuse pancreatic enlargement). **#IMAGING**: is not required for diagnosis in patients with typical abdominal pain and significantly elevated amylase and/or lipase. Contrast-enhanced CT of the abdomen may be performed in: patients with unclear diagnosis or in those who fail to improve with conservative management

Amylase rises within 6-12 hours of symptom onset and may remain elevated for 3-5 days. Lipase (also more specific than amylase) rises within 4-8 hours of symptom onset but remains elevated longer than amylase (8-14 days). As a result, lipase is more specific and sensitive than amylase for diagnosis (especially for patients presenting later in the disease course)

Splenic vein thrombosis leads to ISOLATED gastric varices! Excellent

1- All of the following arteries contribute in the blood supply of the stomach, except:

- a. Hepatic
- b. Celiac
- c. Gastroduodenal
- d. Superior mesenteric
- e. Splenic

.....
2- Which of the following is contraindicated in a patient with a suspected perforated ulcer?

- a. Nasogastric tube placement
- b. Opiate pain medication
- c. Endoscopy
- d. Upper GI series with water-soluble contrast

.....
3- The best radiological examination to diagnose perforated peptic ulcer is:

- a. Barium meal
- b. Chest X-ray standing
- c. Gastrographin meal
- d. Technecium scanning
- e. Barium swallow

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4- A 45-year-old gentleman has undergone truncal vagotomy and pyloroplasty for bleeding duodenal ulcer seven years ago. Now he was intractable recurrent symptoms of peptic ulcer. All of the following suggest the diagnosis of Zollinger Ellison Syndrome, except:

- a. Ulcers in proximal jejunum and lower end of esophagus
- b. Serum gastrin value of 200 pg/ml with secretin stimulation
- c. Basal acid output of 15meq/hour
- d. Serum Gastrin value of 500pg/ml

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5- Complications of duodenal ulcer include all of the following, except:

- a. Penetration
 - b. Malignant change
 - c. Perforation
 - d. Obstruction of pylorus
- 1.d 2.c 3.b 4b 5b

percentage of malignancy regarding Gastric-ulcer 1-3%

Why endoscopy is contraindicated in perforated ulcer?

#QUESTION: What are the water-soluble and water-insoluble contrasts? Why water-insoluble is contraindicated here in perforated ulcer?

Because endoscopy will puff air and fluids so may lead to perforation in a suspected case!

#Answer_2: Because water-insoluble (barium) will lead to PERITONITIS, so we use water-soluble (Gastrografin)

Diagnosis of ZES requires a rise of 200 pg/ml or more in the serum gastrin level when stimulated with secretin. " We need a rise of 200 pg/ml over the BASELINE! So it's a tricky one.

- Regarding my 2nd part of my question: also there's #DIARRHEA, Do you know why diarrhea happens? And if I ask you there's also hypercalcemia what would you think?

Two types of diarrhea;

- Watery: due to the effect of much acid on small bowel so will increase the motility (irritate the bowel)
- Steatorrhea: since lipase will be inactivated due to low pH, fatty diarrhea will occur (pancreatic enzymes need certain pH in order to work!)

[#Surger 4th 2016](#) ([#Round Four](#)):

1- A middle aged female with acute right upper abdominal pain, fever, rigors and jaundice suggests the diagnosis of:

- a. Ascending cholangitis
 - b. Mucocoele of the gall bladder
 - c. Viral hepatitis
 - d. Acute pyelonephritis
 - e. Acute pancreatitis
-

2- Which of the following findings is the most consistent with diagnosis of acute cholecystitis?

- a. Intermittent abdominal pain and minimal tenderness over the gall bladder
 - b. US is not diagnostic
 - c. Persistent abdominal pain, RUQ tenderness, and leukocytosis
 - d. Fever, intermittent RUQ pain, and jaundice
 - e. Epigastric and back pain
-

3- Gall stones are composed of all except:

- a. Bile pigments
 - b. Cholesterol
 - c. Bile salts
 - d. Oxalates
-

4- A 40 year old female patient, presented with colicky abdominal pain, vomiting and abdominal distension, no hernias. Abdominal X-Ray shows dilated loops of small bowel, air in the biliary tree. The most likely diagnosis is:

- a. Internal hernia
 - b. Colon cancer
 - c. Gallstone ileus
 - d. Adhesion
 - e. Umbilical hernia
-

5- The following conditions are associated with increased gall stone formation, except:

- a. Multiparity
- b. Resection of terminal ileum
- c. Hemolytic anemia
- d. Ulcerative colitis

e. Obesity

.....

6- The treatment of choice for a mucocele of gall bladder is:

- a. Cholecystectomy
- b. Cholecystostomy
- c. Antibiotics and observation
- d. Aspiration of mucous

.....

7- What is the most common organism isolated from bile and blood cultures in patients with acute cholangitis?

- a. Escherichia coli
- b. Bacteroides species
- c. Candida albicans
- d. Enterobacter species
- e. Enterococcus species

1- A

2- C

3- D

4- C

5- D

6- A

7- A

-Rigler's triad

composed of: 1)pneumobilia/ 2) small bowel obstruction/3) gall stone outside gallbladder

- Air in biliary tree (pneumobilia)

-Reaches through cholecystoenteric fistula to duodenum and gets stuck in the ileum (ileocecal valve)

Brown: infection

Black associated with: 1- hemolysis 2- cirrhosis

gallbladder mucocele is the distention of the gallbladder by an inappropriate accumulation of mucus. Decreased bile flow, decreased gallbladder motility, and altered absorption of water from the gallbladder lumen are predisposing factors to biliary sludge

1- Regarding post splenectomy sepsis all are true except: (#6th 2018)

- a. Haemophilus influenzae, Streptococcus pneumoniae and Neisseria meningitidis are the most common causative organisms.
 - b. The incidence decreases gradually 2 years after surgery.
 - c. The incidence in children is generally reported as less than 5%.
 - d. The mortality rate is higher in adults than children .
 - e. The incidence is higher in pathological splenectomy .
-

2- About Overwhelming post-splenectomy infection, all the following are true Except (#4th 2019):

- a) Risk is higher in traumatic splenectomy
 - b) It is mostly caused by encapsulated bacteria
 - c) Sepsis is greatest within the first 2-3 years after splenectomy
 - d) Children are at a higher risk than adults
 - e) Streptococcus Pneumonia, Neisseria Meningitidis are common microbes
-

3- About splenectomy, all the following are true Except (#4th 2019):

- a) Trauma is the most common indication for surgery
 - b) Splenectomy may be required to achieve diagnosis or for staging
 - c) TTP (Thrombotic Thrombocytopenic Purpura) is the main indication for splenectomy in non-traumatic patients
 - d) Splenectomy may be indicated in tropical countries with malaria
 - e) Splenectomy is rarely indicated in Felty syndrome
-

4- About hypersplenism, all the following are true Except (#4th 2019):

- a) Bone marrow biopsy is usually normal
 - b) Hypersplenism may be primary or secondary
 - c) In the secondary type there is increased destruction of abnormal blood cells
 - d) There is usually associated splenic enlargement
 - e) Combination of anemia, leucopenia or thrombocytopenia is common.
-

5- In the post splenectomy, patients all the following are true Except: (#4th 2019)

- a) Thrombocytosis.
- b) Leukopenia.
- c) Appearance of Howel-Jolly bodies and siderocytes
- d) Increased hemoglobin level
- e) Left basal atelectasis and left pleural effusion are common

- d (children are at higher risk)
- 2. a (pathological not traumatic)
- 3. c (ITP not TTP)

4. a (hyperactive bone marrow)
5. b (WBCs count increases by 50%)

-
-
-
- **1- The most important test in diagnoses of acute appendicitis is:**
 - a. Loss of appetite
 - b. Low grade fever.
 - c. Localized RT iliac fossa tenderness
 - d. Elevated WBC

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- **2- Surgery for carcinoid (less than 1 cm) of the appendix:**
 - a. Appendicectomy
 - b. Rt. Hemicolectomy with 6 inches of the ileum also
 - c. Right hemicolectomy
 - d. Limited resection of the Rt. Colon

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- **3- Pelvic abscess developed after appendectomy for a perforated appendix, which of the following organisms would be the most likely cause:**
 - a. Pseudomonas aeruginosa
 - b. Proteus
 - c. Bacteroides
 - d. Escherichia coli
 - e. Streptococcus faecalis

.....
- **4- Physical examination and ultrasound are suggestive of appendicular mass, which is not true:**
 - a. Patient should undergo urgent appendectomy
 - b. it should be treated conservatively.
 - c. Interval appendectomy should be done 2-3 months later.
 - d. It may progress into an abscess.

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- **5- The frequent mechanism in perforation of appendix is:**
 - a. Impacted faecolith
 - b. Retrocaecal position
 - c. Tension gangrene due to the accumulating secretions
 - d. Necrosis of lymphoid patch

.....
- **6- Which of the following organisms produces signs and symptoms that mimic acute appendicitis:**
 - a. Enteropathic Escherichia coli
 - b. Yersinia enterocolitica
 - c. Enterobius vermicularis
 - d. Trichomonas hominis

Typically as “ TIPS = tricuspid insufficiency and Pulmonary stenosis

 - 1- C
 - 2- A
 - 3- D
 - 4- A
 - 5- C
 - 6- B

#Appendicular mass: mass consists of greater omentum with edematous cecal wall and loops of distal small intestine with inflamed appendix in the center.

- Natural phenomenon to contain spread of infection.

- Presentation: firm, tender, irregular mass in RIF with localized guarding & rigidity and systemic manifestation.

#The answer: is A, we don't do urgent appendectomy because we are afraid of adjacent small bowel/cecum so we don't cause injury to these structures. We wait for 2-3 months to allow inflammation to settle down and then we do INTERVAL APPENDECTOMY.

#Question: why the appendix is vulnerable to perforation? (its artery called sth, what we call about this artery regarding its blood supply?)

#Question_2: Why pediatric-age group are higher risk for PERFORATION than adults?

End artery (more prone to ischemia)

Omentum is shorter in this age group, as we know the omentum plays as " policeman of the abdomen ", so it will not be able to contain the inflammation as fast as adults since it's shorter. As well they don't complain like adults, so it will be missed.

Since you took " **Small Bowel** " via ZOOM today.

1- Regarding Intestinal obstruction: (#4th 2019):

- a) Most of intestinal obstruction occurs in large bowel 80%.
- b) Adhesions are the commonest cause of large bowel obstruction.
- c) Hernias are the commonest cause of small bowel obstruction if no surgery was done on the abdomen.
- d) Commonest cause of large bowel obstruction is left side diverticular disease
- e) None of the above is true

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2. Universal features of intestinal obstruction: (#4th 2019):

- a) In high small bowel obstruction vomiting is early copious and bile stained.
- b) Distension is more severe in high small bowel obstruction. compared to lower small bowel obstruction
- c) Constipation is late in colonic obstruction
- d) Tender caecum is not important finding in colonic intestinal obstruction
- e) None of the above is true.

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3- 73-y/o female presents with acute onset of abdominal distention, pain, nausea and vomiting. She has no previous surgeries. She has no abdominal or inguinal hernias on examination. Abdominal x-ray shows dilated small bowel with air-fluid levels and pneumobilia . The obstruction is most likely at which site? (#4th 2019 + #6th 2019):

- a) Pylorus
- b) Duodenum
- c) Jejunum
- d) Ileocecal valve

e) Colon

.....

5- Major site of vitamin B12 absorption is ([#4th 2019](#)):

- a) Stomach.
- b) Duodenum.
- c) Ileum.
- d) Colon.

.....

6- A 4-year-old girl presents with bloody stools. She denies abdominal pain, fever, vomiting, or other symptoms. Her Vitals are within normal limits. On examination, she appears happy and playful, but slightly pale. The remainder of the physical examination is unremarkable. Laboratory studies show a hemoglobin level of 8.5 g/dL. Which of the following tests will most likely reveal the diagnosis? ([#6th 2019](#)):

- a) Abdominal CT scan
- b) Arteriography
- c) Barium contrast study
- d) Plain radiography
- e) Technetium-99m pertechnetate scintiscan

.....

7- What is the most common symptomatic small bowel tumor? ([#6th 2019](#)):

- a) Lipoma
- b) Gastrointestinal stromal tumor (GIST)
- c) Hamartoma
- d) Hemangioma
- e) Adenoma

1- C

2- A

3- D

4- --

5- C

6- E

7- B

the most common cause of LBO is indeed colorectal adenocarcinoma (65%) then diverticulitis (20%) then volvulus (5%).

Small bowel > 3 cm

Large bowel > 6 cm

Cecum > 9 cm

Rigler's Triad (SBO + Pneumobilia + Impacted gallstone) indicate gallstone ileus; pneumobilia of course indicate air in biliary tree! So how does the air reach there; the answer of course it must be fistula in this case scenario. If someone comes to you complaining of biliary pain then suddenly develops s/s of SBO and x-ray demonstrates that, it will indeed

indicate this condition. Check this photo out; hope it will help you. And yes as Deema said, ileocecal is the narrowest point; so it's the most common location in this case

"Schilling " test :

it's actually to know what's the cause of vit B12 deficiency.

Well this test is no longer used; but its principles:

1- Giving ORAL radioactive labeled B12

2- Then giving by IM injection of non-radioactive B12 in order to saturate B12 binding proteins; in order when oral radioactive labeled B12 is absorbed is gonna be flushed via kidney because all the binding proteins are saturated.

3- Then the urine is collected for 24 hours and check levels of radioactive oral dose of B12;

- If < 10% of oral dose (abnormal); then give oral IF and if now becomes normal after oral IF the dx is PERNICIOUS ANEMIA.

- If still abnormal after giving IF; the lesion is either terminal ileum or bacterial overgrowth.

What's the most common site of GIST? And what are their cells called? And lastly do you know its marker? And what's the drug name used for this tumor??

Stomach

Cajal cells

c-kit (CD117)

Gleevec

1- A 67-year-old man with dyspepsia undergoes endoscopy showing a 3-cm submucosal mass in the body of the stomach. Biopsy identifies mucosa-associated lymphoid tissue (MALT) and spiral-shaped, gram-negative rod bacteria. The most appropriate therapy for this patient would be: (#4th 2016)

- a. chemotherapy
- b. subtotal gastrectomy
- c. oral antibiotics
- d. total gastrectomy
- e. local excision

.....

2- A 40 year old man is on injectable vitamin B12 replacement therapy after a gastrectomy for tumor involving the gastric fundus, Absence of which of the following cell types are responsible for this vitamin: (#6th 2018 + #6th 2019)

- a. Parietal cells
- b. Chief cells
- c. Goblet cells
- d. G cells

.....

3- In cancer stomach: (#4th 2019)

- a) Diffuse type has better prognosis than intestinal type
- b) H. pylori is not a risk factor in Gastric Cancers
- c) Early gastric cancer is cancer limited to the mucosa and sub mucosa regardless of lymph node status

- d) Sister Mary Josef's nodule and Irish nodule are early signs in gastric cancers
- e) Symptoms in gastric cancer occurs early in the disease

.....

4- Gold standard method for diagnosis of gastric cancer is: (#4th 2019)

- a) Upper gastrointestinal endoscopy
- b) PET CT scan
- c) Barium meal
- d) Gastric MRI
- e) Ultrasound.

.....

5- Which of the following conditions is not associated with gastric cancer? (#4th 2019 + #6th 2019) :

- a) Chronic atrophic gastritis
- b) H. pylori infection
- c) Hereditary non-polyposis colorectal cancer
- d) Adenomatous gastric polyps
- e) Fundic gland polyps

1-c

2-a

3-c

4-a

5-e

MALToma is the 2nd most malignant gastric cancer. And stomach is most common site of primary GI lymphoma (majority are B-cell non-Hodgkin's type) but lymphoma comprise only 4% of all gastric tumors.

H. PYLORI has risk to MALToma & adenocarcinoma

What's the most common cause of vit B12 deficiency?

>> And since vit B12 is water soluble, why it's affected in pancreatic insufficiency??

Mcc is Autoimmune gastritis, loss of parietal cell lead to loss of IF and can't absorb of vitB12....in pancreatic insufficiency when loss of pancreatic enzyme, haptocorrin can't separate from vit B12 and then can't bind with IF to be absorbed

autoimmune gastritis which is also called " Pernicious Anemia "; a type A chronic gastritis.

Thank you, haptocorrin is for protection of vit B12 from acidity; so it needs to be separated via pancreatic enzymes in order to be absorbed in terminal ileum.

EARLY gastric adenocarcinoma= mucosa + submucosa only REGARDLESS presence or absence of LN involvement.

ADVANCED gastric adenocarcinoma= involvement beneath submucosa!

Be careful, LYNCH 2 syndrome (Hereditary non-polyposis colorectal cancer) can be associated with gastric cancer!

Please know that the only polyps with malignant potential is ADENOMATOUS polyps, otherwise FUNDIC gastric polyps don't have malignant potential.

1- Regarding colorectal cancer: (#4th 2019)

- a) Is the 2nd commonest cancer world wide
- b) Most colon cancer is due to adenoma-carcinoma sequence
- c) Mucinous colon cancer has over all better prognoses than non-mucinous type
- d) Dukes C tumor has no lymph node metastasis
- e) None of them is true.

.....

2- Diverticular disease of sigmoid colon all are true Except: (#4th 2019)

- a) Diverticulosis means the diverticulae are symptomatic
- b) Spectrum of clinical presentation, associated with the presence of colon diverticulae
- c) Is present in 30% of people above 60 years rarely found below 40 years of age
- d) Out pouching of colon are called diverticulae are false or pulsing diverticulae
- e) Diverticular disease is common in sigmoid due to its narrow diameter

.....

3- Symptoms and signs of diverticular disease of colon: (#4th 2019)

- a) Uncomplicated diverticulitis is like symptoms of left side appendicitis
- b) Complicated diverticulitis may lead to abscess formation fistulas or perforations
- c) Diverticular bleeding is more common than diverticulitis
- d) All of them is true
- e) Uncomplicated diverticulitis is like symptoms of left side appendicitis & Complicated diverticulitis may lead to abscess formation fistulas or perforations are true

.....

4- Regarding ulcerative colitis all are true Except: (#4th 2019)

- a) Chronic mucosal inflammation with remissions, and exacerbations
- b) Unknown etiology, confined to large bowel with genetic, environmental, seasonal components
- c) Abdominal examination is the usually diagnostic
- d) 30% of patient will come to surgery especially those with pan colitis
- e) Young people, equal sex, white, rich, 10% of patients have first degree relative affected

.....

5- Regarding colorectal polyps: (#4th 2019)

- a) Hamartomatus polyps occur in Peutz –jegher syndrome
- b) Villous polyps in the lower third rectum possibility of invasion is high
- c) Adenomatous polyps usually have stalk and Are usually multiple
- d) Pseudo polyps occur in ulcerative colitis
- e) All of them are true

.....
6- Inflammatory bowel disease: (#4th 2019)

- a) Anal involvement is common in ulcerative colitis
- b) Cancer risk is related to duration of disease extremely rare before 10 years of diagnosis
- c) Indeterminate colitis occur in acute onset small bowel colitis
- d) Rectal sparing is common in ulcerative colitis
- e) Giant cells are common finding in biopsy from ulcerative colitis

.....
7- Which of the following is true about HNPCC (Lynch syndrome)? (#6th 2019)

- a) It is inherited as an autosomal recessive trait.
- b) Most cancers in patients with HNPCC involve the right colon.
- c) The average age at diagnosis is 62 years.
- d) A segmental colectomy is frequently curative for these patients.
- e) There is a high frequency of associated breast, brain, and lung cancer

- 1-b
- 2-a
- 3-d
- 4-c
- 5-e
- 6-b
- 7-b

what are the symptoms of left sided colon CA vs right sided?

Three example of true diverticular : traction and mickels and GIANT CECAL DIVERTICULUM.

After 4 - 6 weeks of diverticulitis : To rule out MALIGNANCY, because cancer can mimic diverticulitis.

hamartoma, normal tissue arranged in abnormal configuration

what's the amsterdam criteria regarding lynch syndrome? and what's the gene abnormality in this syndrome?

defect in DNA mismatch repair <Autosomal dominant

The criteria called " 3-2-1 rule " also; check this photo



"Amsterdam" Criteria for HNPCC Diagnosis

- 3 relatives with colorectal cancer, where one is 1st degree relative of other two
- 2 generations of colorectal cancer
- 1 colorectal cancer before age 50
- FAP is excluded

Which of the following clinical characteristics of breast masses on physical examination is more suggestive of malignant than benign disease? (#4th 2019)

- a) Indistinct borders blending into surrounding breast tissue.
 - b) Excessive mobility within breast tissue
 - c) Tenderness over a soft mass
 - d) Tethering to underlying muscular stru
 - e) Variability through the menstrual cycle
-

2- All true about fibroadenoma of the breast Except? (#4th 2019)

- a) Smooth highly mobile
 - b) Its growth is hormone dependent
 - c) Can be multiple in about 60 % of cases
 - d) Carries very small relative risk for cancer development
-

3- Which of the following is not in favor of benign cause of nipple discharge? (#4th 2019)

- a) Unilateral nipple discharge
 - b) Bilateral nipple discharge
 - c) Milky nipple discharge
 - d) Multiductal.
-

4- The long thoracic nerve supplies? (#4th 2019)

- a) Pectoralis major muscle
 - b) Serratus anterior muscle
 - c) latissmus dorsai muscle
 - d) Intercostal muscles
-

5- Regarding lactating breast abscess one statement is wrong: (#4th 2019)

- a) Due to staphylococcus bacteria
 - b) Associated with redness, hotness, tenderness.
 - c) High fever , pitting edema are present
 - d) Wait for fluctuation to occur before incision and drainage.
 - e) Patient can continue breast feeding
-

6- which of the followings is not true for ductal carcinoma in situ:(#6th 2019)

- a) can present as a palpable breast mass
 - b) they can progress into invasive breast cancer
 - c) total mastectomy is not an option of treatment
 - d) sentinel lymph node biopsy can be avoided in most women with DCIS
-

8- A 21-year-old woman presents with an asymptomatic breast mass. Which of the following statements is true concerning her diagnosis and treatment? (#6th 2019) a)
Mammography will play an important role in diagnosing the lesion

- b) Ultrasonography is often useful in the differential diagnosis of this lesion
- c) The mass should always be excised
- d) The lesion should be considered pre-malignant

- 1- D
- 2- C
- 3- A
- 4- B
- 5- D
- 6- C
- 7- B

inflammatory breast cancer where invasion of epidermal lymphatics occurs
 fixation : when cancer invade the skin, lump can't be moved without moving the skin, there will be dimpling of skin
 tethering: when cancer invade the cooper ligament, the lump can move independently to skin movement , but in limitation .

Which condition causes transverse slit-appearance of nipple?
 Mammary duct ecstasie

Abscess can not be fluctuation Breast, Palms of hands, Palms of foot (sole), Parotid, Perianal abscesses. So really we don't wait until fluctuation in order to treat!!!

1- About hydatid liver disease, all the following are true Except:

- a) The causative tapeworm is called Echinococcus Granulosus
- b) Albendazole has no role in the treatment of the disease
- c) Man is an intermediate host
- d) It may manifest as anaphylactic shock
- e) PAIR (percutaneous aspiration, installation of absolute alcohol, and aspiration) is an effective treatment modality

.....
2- About liver Hemangiomas, all the following are true except:

- a) They are usually discovered incidentally
- b) Often Hemangiomas are multiple
- c) CT scanning with delayed contrast enhancement is usually diagnostic
- d) Surgery is rarely necessary
- e) Diagnosis is confirmed by percutaneous biopsy

.....
3- About Hepatocellular carcinoma, all the following are true Except:

- a) Patients are often presented in 4th decade
- b) Is one of the world's most common solid cancers
- c) Its incidence is increasing rapidly
- d) It is associated with chronic liver disease like (HBV, HCV).
- e) A-fetoprotein (AFP) is usually elevated

.....
4- About hepatic adenomas, all the following are true Except:

- a) Females are more affected than males
- b) Incidence is increased by oral contraceptive pills
- c) Spontaneous regression is well recognized
- d) Usually they are asymptomatic and are discovered incidentally
- e) They can rupture and as many as 25% are identified after an acute episode of hemorrhage

.....
5- About amoebic liver abscess, one of the following is True:

- a) Metronidazole alone may be curative
- b) The infestation reaches the body by insect bite in endemic areas
- c) The causative agent is a bacterium called Entamoeba Hystolitica
- d) The disease is always preceded by gastrointestinal symptoms as dysentery
- e) Treatment is by ultrasound-guided percutaneous drainage

.....
6- Regarding liver abscesses:

- a) Most of pyogenic liver abscesses 80% are caused by mono microbial.
- b) Commonest route of pyogenic liver abscess is ascending from biliary tract.
- c) Commonest symptoms of pyogenic liver abscess is jaundice and nausea and vomiting
- d) Most common organisms causing pyogenic liver abscess are enteric organisms such as Streptococcus faecalis, pseudomonas, Bacteroides fragilis, and klebsella
- e) None of them is true

.....
7- Regarding Hydatid disease of liver

- a) The liver is the most common site for Hydatid disease (75%) of cases
- b) Half of cases of Hydatid disease of the liver are asymptomatic
- c) Indirect immunofluorescence assay (IFA) is the most sensitive test (95%) in patients with hepatic disease
- d) The most common complications of the disease is secondary Infection
- e) All of them are true

.....
8- Regarding liver haemangiomas

- a) Hemangioma are the second commonest solid benign masses that occur in the liver
- b) Male: female 4:1 multifocal 20% of cases
- c) Liver haemangiomas are usually asymptomatic
- d) Has malignant potential
- e) Haemangiomas > 3 cm are called Giant form

.....
9- Hepatocellular carcinoma HCC all are true Except:

- a) HCC is four to eight times more common in men
- b) Rarely occurs before the age of 40 years and reaches a peak at approximately 70 years of age
- c) Develop on top of liver cirrhosis, one third of cases
- d) Hepatitis B-C, alcoholism, hemochromatosis are risk factors
- e) Most people don't have signs and symptoms in the early stages

.....
10- How do you find by reading questions on this group:

- a- Makes me know what to focus on my study
- b- Makes me anxious
- c- Makes me wondering getting out this group.
- d- all of the above

- 1- B
- 2- E
- 3- A
- 4- D
- 5- A
- 6- B
- 7- E

8- C

9- C

HAYDATUID CYST

THE MOST MALIGNANT OF BENIGN DISEASE "

Layer :

Germinal layer (endocyst)

Laminated layer (ectocyst)

Adventitial layer (precyst)

actually the humans are ACCIDENTALLY INTERMEDIATE HOST; because regarding life cycle of parasite you have two cycles:

DEFINITE HOST: Where sexual maturation occurs.

INTERMEDIATE HOST: Where development occurs, and often acts as a vector of the parasite to reach its definitive host.

REMEBMER; most common liver cancer is SECONDARY (METASTATIC).

Most common primary liver cancer is HCC; where alcohol is the most common cause in Western countries and Post-hepatitis B and C in Eastern countries.

HCC It's in elderly actually (5th-6th decades)

actually hemangioma is the one is discovered incidentally. But adenoma (according to Dr. Rafiq's presentation) check the photo; although I read they maybe asymptomatic but most patients come complaining of symptoms!

Hepatic adenoma:

- Reproductive-aged women.
- Oral contraceptive pills (ocps).
- 75 % are symptomatic (abdominal pain).
- 25 % presents as acute hemorrhage (rupture).

Please remember all ABSCESSSES are treated by DRAINAGE except amoebic (and lung abscess) which can be treated by ATB!!

Well most commonly organisms are of course POLYMICROBIAL; but to be honest when I read option (d) is to me true but I'm not sure what are on their minds. Maybe cause they didn't write the most important organism which is " E. coli "? (The infection is caused by bacteria and is usually polymicrobial, with E. coli and K. pneumoniae being the common causative organisms).

Is actually 80-90% caused by liver cirrhosis!

1-1- A complication of thyroidectomy which can be prevented by prophylaxis is

- a. Hypocalcemia
- b. Injury to recurrent laryngeal nerve
- c. Hypoparathyroidism
- d. Thyroid Storm

.....
2- Fine needle aspiration cytology is not suitable for diagnosing:

- a. Papillary carcinoma thyroid
- b. Plasmacytoma
- c. Follicular thyroid carcinoma
- d. Tubercular lymphadenitis

.....
3- Thyroid gland:

- a. C cells develop from endoderm
- b. Develops from 4th pharyngeal arch
- c. Functioning lobules are lined by simple columnar epithelium
- d. The lateral lobes usually measure 4cm and 30-40mm thick

.....
5- One of the following is not correct in papillary carcinoma of thyroid

- a. Requires a total thyroidectomy for large tumours
- b. Always unifocal
- c. Can be diagnosed using fine needle aspiration cytology
- d. Typically spreads to the cervical lymph nodes

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

INDICATION FOR THYROIDECTOMY

Indications are:

- Very large goiter (Cosmetic)
- Suspicion of thyroid cancer
- Coexisting primary hyperparathyroidism
- Pregnant patient who can't tolerate thionamides
- Severe ophthalmopathy
- Retrosternal goiter with obstructive symptoms

Regarding " Gallbladder "

1- Asymptomatic gall bladder stones all are true Except:

- a) Almost two thirds of patients with gall bladder stones are asymptomatic
- b) In 20 years period one fifth will develop biliary colic
- c) In calcified gall bladder porcelain their low risk of gallbladder cancer.
- d) Elderly diabetics cholecystectomy is a good option if patient is low risk.
- e) Surgery is not usually recommended

.....

2- Acute cholecystitis (AC) all are true Except:

- a) HIDA scan is most accurate in diagnosis of cystic duct obstruction
- b) Patients with AC typically experience right upper abdominal pain that lasts for more than 6 hours
- c) Murphy's sign, is inspiratory arrest with palpation over the gallbladder is diagnostic of AC
- d) Liver function tests are typically highly elevated
- e) For patients with a typical presentation and a high clinical suspicion for AC, abdominal ultrasound is the current diagnostic test of choice

.....
3- Cholic acid is converted by bacteria to which of the following secondary bile acids?

- a) Deoxycholic acid
- b) Chenodeoxycholic acid
- c) Lithocholic acid
- d) Ursodeoxycholic acid
- e) None of them

.....
4- An 80-year-old man presents to the emergency department with nausea and vomiting for 2 days. CT scan shows air in the gallbladder, air-fluid levels in the small intestines, and a transition point in the distal small intestines. Operative management will require which of the following? (#6th_year)

- a) Cholecystostomy
- b) Strictureplasty
- c) Enteroscopy
- d) Enterotomy
- e) Cholecystectomy

.....
5- Regarding gall bladder stones which is not true:

- a) cholesterol stone are the most common
- b) pigment stones increases in hemolysis.
- c) gall stones carry a small risk for development of carcinoma
- d) 90% of gall stones are radio – opaque
- e) a mucocele is caused by a stone impacted in hartman's pouch

.....
6- A 60-year-old diabetic man is admitted to the hospital with a diagnosis of acute cholecystitis. The WBC count is 28,000, and a plain film of the abdomen and CT scan show evidence of intramural gas in the gallbladder. What is the most likely diagnosis?

- a) Emphysematous gallbladder
- b) Acalculous cholecystitis
- c) Cholangiohepatitis
- d) Sclerosing cholangitis
- e) Gallstone ileus

.....
7- A 40-year-old female who underwent laparoscopic cholecystectomy the previous day complains of pain over the right shoulder. She is otherwise stable and her abdomen is soft and non-tender. Her vital signs are normal and tolerating diet. This picture is mostly concomitant with:

- a) Retained stone in CBD
- b) Bowel injury
- c) Referred pain
- d) Bleeding
- e) Atelectasis

.....
8- A 35-year-old woman undergoes a laparoscopic cholecystectomy for recurrent biliary colic. During the operation, the surgeon seeks to identify Calot's triangle. Which structure is not bound by, or does not lie within, Calot's triangle?

- a) Common hepatic duct

- b) Common bile duct
- c) Cystic duct
- d) Cystic artery
- e) Inferior edge of the liver

.....
9- A 40 years old woman with a 2 day history of right upper quadrant abdominal pain, fever and vomiting, her liver function test and amylase are normal. What the next appropriate investigation to be done :

- a) Plain x ray
- b) Abdominal ultrasound scan
- c) Contrast CT scan
- d) ERCP

.....
10- A 45 year old healthy female undergoes virtual colonoscopy (abdominal ct) gallstones are suspected and later confirmed by abdominal US there is no history of pancreatitis or jaundice but the patient does describe reflux that is dependent on food types and responds well to antacid tablets with of the following is recommended treatment: (#Not_previous)

- a- Laparoscopic cholecystectomy
- b- Oral medication that can dissolve the stone
- c- Injection of dissolving substance directly into the gallbladder
- d- Follow-up

- 1- C
- 2- D
- 3- A
- 4- D
- 5- D
- 6- A
- 7- C
- 8- B
- 9- B
- 10- D

So you should always remember acute cholecystitis alone doesn't cause JAUNDICE (so if you see jaundice; be careful about CBD obstruction)

Yes in AC the pain is more than 4-6 hours, increasing in severity, FEVER, positive Murphy's sign.
 On lab basis; you find leukocytosis.
 >> ANY CHANGE OF CHARACTER, SEVERITY, DURATION of the original pain of biliary colic maybe become AC.

bile salts are bile acids after addition of glycine

bile salts are bile acids after conjugation with amino acids

Source of bile acid : from cholesterol and 95% of bile acids come from enterohepatic circulation (so it depends on recycling).

About " Trauma "

1- Which of the following steps is not a part of the primary survey in a trauma patient?

- a) Insuring adequate ventilatory support
- b) Examination of the lumbar spine
- c) Neurologic evaluation with the Glasgow Coma Scale
- d) Measurement of blood pressure and pulse
- e) Insertion of two large bore cannula

.....
2- In a patient with penetrating injury to the Lt hemithorax, having distended jugular vein, hypotension and distant heart sounds with trachea shifted to the right, one of the following has the first priority:

- a) Chest x-ray
- b) Intravenous cannula and start blood transfusion O negative group
- c) Chest CT scan
- d) Urgent surgery (thoracotomy)
- e) Insertion of a needle at LT midclavicular line at second intercostal space for decompression

.....
3- In long bone fractures early symptom or sign of compartment syndrome is:

- a) Loss of pulsation
- b) Intractable pain
- c) Pallor of the limb
- d) Paresthesia.
- e) Paralysis.

.....
4- Regarding abdominal trauma:

- a) CT is the most important Method to confirm diagnosis of blunt abdominal trauma in unstable patient
- b) FAST ultrasound is very accurate in grading the severity of injury in liver and spleen
- c) Most of renal injuries in blunt trauma are managed conservatively
- d) Blood at external urethral meatus warrants intravenous urothrogram
- e) None of them is true

.....
5- The most common cause for a transfusion reaction is:

- a) Air embolism
- b) Contaminated blood.
- c) Human error
- d) Unusual circulating antibodies

.....
6- Complications of blood transfusion include all except:

- a. urticaria.
- b. hypokalemia.
- c. hepatitis c.
- d. ARDS.
- e. Jaundice

.....
7- The essential pathophysiological disorder in all types of shock is:

- a) Hypotension.
- b) Tachycardia.
- c) Cutaneous vasoconstriction
- d) Impaired tissue perfusion
- e) Reduced blood volume

.....
8- A 55 y old male was involved in motor traffic accident , he suffered a poly trauma ,Which of the

following is not indication for damage control surgery:

- a. Serum bilirubin 1.5
- b. Severe metabolic acidosis (pH<7.30)
- c. Significant bleeding requiring massive transfusion >10 units
- d. Hypothermia (temperature <35°C)
- e. Lactate > 5 mmol litre

.....

9- Secondary survey in trauma management all are true except

- a. Perform a more thorough 'head to toe' examination
- b. Review of patient's history
- c. Does not begin until, after the 1ry survey has been completed
- d. Purpose of the secondary survey is to identify critical injuries
- e. In severely injured patient, it may not commence until the patient has returned from the operating theatre

.....

10- In trauma patient, all are true except :

- a) Airway and cervical spine are controlled first
- b) Tension pneumothorax is managed at first by chest tube
- c) Cardiac tamponade is treated by pericardiocentesis
- d) Massive haemothorax is treated at first by chest tube
- e) Airway obstruction relief is a top priority.

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

Regarding " Anal conditions "

1- Regarding anal fissure:

- a) In males almost 60% of fissures are midline posteriorly
- b) Lateral anal fissure should arouse the possibility of Crohn's disease
- c) Usually fissure presents only by bleeding per rectum
- d) Anal skin tag and hypertrophied anal papilla are signs of acute anal fissure
- e) Is defined is tear in the mucosa of anal canal above pectin

2- Regarding anal fistula:

- a) It is defined as normal communication between two epithelial surfaces
- b) 95% of fistula is due to perianal suppuration
- c) Commonest type of anal fistula is trans-sphincteric
- d) Goodsall's rule states that any fistula tract anterior to imaginary line bisecting the anus opens open in mid-line posteriorly
- e) None of them is true.

3- A patient with acute anal fissure has severe pain, The pain sensation in this condition are transmitted by:

- a. The superior rectal nerve
- b. The peroneal nerve
- c. The inferior rectal nerve
- d. The posterior scrotal nerve

4- External hemorrhoids , all are true except

- a. Are not true haemorrhoids
- b. Contain venous channels of the inferior haemorrhoidal plexus deep in the skin surrounding the anal verge
- c. Covered with anoderm
- d. Located distal to the dentate line
- e. May be treated with sclerotherapy

5- The inferior mesenteric vein drains into :

- a. The splenic vein.
- b. The portal vein.
- c. the inferior vena cava.
- d. The renal vein.
- e. The superior mesenteric vein

6- One of the following is an early complication of hemorrhoidectomy :

- a) Acute retention of urine
- b) Anal stricture
- c) Anal fissure
- d) Submucous abscess
- e) Incontinence

7- Which of the following is correct regard anal fissure?

- a- If the anal fissure is at a median and not lateral location then other comirbidities such as crohn diseases should be evaluated
- b- Surgical treatment involve incision of the external sphincter muscle
- c- Topical treatment include b-blocker
- e- Stool incontinence is a possible complication of surgical treatment

8- A 69 M complains anal pain during bowel movements and some blood on the toilet paper. A

proctologist identifies anal fissure. What is the first line of treatment?

- a- Lateral internal sphincterotomy
- b- NSAIDS
- c- Cortisone
- d- Topical treatment with nitroglycerin ointment

- 1- B
- 2- B
- 3- C
- 4- E
- 5- A
- 6- A
- 7- E
- 8- D

1- About oesophageal varices, all the following are true Except

- a) Usually present with a large volume hematemesis
- b) Vasopressin has no role in the treatment of bleeding varices
- c) Liver cirrhosis is the cause in most cases
- d) An associated thrombocytopenia is usually secondary to hypersplenism
- e) Sengstaken-Blakemore tube may be inserted to provide temporary hemostasis

2- In peptic ulcer disease PUD one answer is false:

- a) Commonest site of peptic ulcer disease in the duodenum.
- b) Commonest site of gastric ulcer is lower lesser curve of stomach
- c) Helicobacter pylori is responsible for more than 90% of duodenal ulcers.
- d) Helicobacter pylori HLO is Gram – ve comma shaped bacteria micro aerophilic with 4-6 flagella
- e) The commonest complication of HLO is atrophic gastritis

3- Commonest complication of PUD is:

- a) Bleeding.
- b) Perforation.
- c) Pyloric obstruction
- d) Penetration.
- e) Inflammation and malignant transformation

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

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

5- Esophageal contractions are coordinated in the

- a) Midbrain
- b) Pons
- c) Hypothalamus
- d) Medulla
- e) Cerebellum

6- Absent distal peristalsis, elevated resting lower esophageal sphincter pressure with failure to relax during deglutition:

- a) Achalasia
- b) Diffuse esophageal spasm

- c) Systemic sclerosis (scleroderma)
- d) Gastroesophageal reflux disease
- e) Nutcracker esophagus

- 1- B
- 2- E
- 3- A
- 4- A
- 5- D
- 6- A

1. Regarding papillary thyroid neoplasms one answer is False:

- a) Commonest type of thyroid cancer 75 – 80 %.
- b) Commonest type of thyroid cancer in children
- c) Multi-focality of the tumor is common
- d) Lymphatic spread is usually to level III, IV and level VI cervical lymph node
- e) Does not take radioactive iodine

2- Regarding thyroid gland enlargement all Are true Except:

- a) Lies in front of lower part of neck and moves up and down with deglutition.
- b) Lies deep to investing layer of deep fascia.
- c) Retrosternal goiter causes less pressure symptoms
- d) Pemberton's sign is due to pressure on Retrosternal innominate vein and superior vena cava
- e) Hoarseness of voice is due to pressure on branches which arise from vagus nerve

3- With regard to Hashimoto's thyroiditis, which of the following is correct?

- a) The majorities of patients are transiently hypothyroid but with time return to a euthyroid state
- b) It is primarily treated surgically
- c) Radioactive iodine is useful in the treatment of Hashimoto's thyroiditis
- d) Thyroid microsomal antibodies are detected in the serum of patients
- e) Hashimoto's thyroiditis is more common in men than in women

4- All of the following are considered an increased risk factor for cancer in a patient with a thyroid mass Except

- a) Age younger than 45 years
- b) Rapid growth
- c) Family history
- d) Hot nodules on thyroid uptake scan
- e) Male gender

5- Regarding thyroid function all true Except:

- a) T4 is produced and released entirely by the thyroid gland
- b) 20% of the total T3 is produced by the thyroid gland
- c) Deiodination of T4 occurs in the liver, muscle, kidney, pituitary
- d) 5% of the T4 is free

6- Which of the followings is not true regarding thyroid blood supply:

- a) The right inferior thyroid artery arises from the thyro-cervical trunk
- b) The left inferior thyroid artery arises from the subclavian artery
- c) The superior thyroid artery arises from external jugular artery
- d) Thyroid ima artery arises directly from the aorta

7- Which of the following about follicular carcinoma of the thyroid gland is true:

- a) It usually present at an earlier age than papillary carcinoma
- b) It disseminates via haematogenous routes

- c) It is frequently multicentric
- d) It is the most common adenocarcinoma of the thyroid gland.

- 1- E
- 2- C
- 3- D
- 4- D
- 5- D
- 6- C
- 7- B

99.97% of T4 are bound to proteins (only 0.03% free) and 99.7% of T3 are bound (only 0.3% free). It's important to know only the free is active!

Appendix

1- In appendicitis one answer is false:

- a) WBC count is often within the reference range within the first 24 hours of symptoms
- b) Anorexia is a common finding
- c) Abdominal ultrasound has important rule in diagnosis of appendicitis
- d) Appendicitis can be treated with antibiotics alone
- e) The best treatment for appendicular mass is good antibiotic cover, follow up and interval appendectomy

2- Which of the following statements regarding the pathogenesis of appendicitis is False?

- a) The antimesenteric border has the poorest blood supply and is usually the site of the perforation
- b) Fecaliths are commonly responsible for appendicitis in children
- c) Viral or bacterial infections can precede an episode of appendicitis
- d) Obstruction of venous out flow and then arterial inflow results in gangrene
- e) Obstruction of the lumen may occur as a result of inspissated stool or a foreign body

3- When assessing a patient for acute appendicitis, which of the following describes the obturator sign?

- a) Pain produced by internal rotation of the fixed right thigh with the patient supine
- b) Pain produced by external rotation of the fixed right thigh with the patient supine
- c) Pain produced by extension of the right thigh with the patient in the left lateral decubitus position
- d) Pain sensation in the right lower quadrant with palpation of the left lower quadrant

4- A 65-year-old woman is seen in the surgery clinic. It has been 6 weeks since a recent hospitalization, in which she received non operative treatment of acute appendicitis .She is now feeling well and is tolerating a regular diet. On physical exam, she has normal vital signs and an unremarkable abdominal exam. Which of the following is the next step in management of this patient?

- a) Interval appendectomy
- b) Abdominal CT scan
- c) Diagnostic laparoscopy
- d) Colonoscopy
- e) C-reactive protein measurement

5- In appendicular mass all is true except :

- a) May be complicated and form appendicular abscess

- b) Treatment is immediate appendectomy
- c) Occurs due to adhesion of omentum and nearby intestine
- d) Most resolve with conservative treatment and elective appendectomy done after 2-3 months
- e) A mass can be felt in right iliac fossa

.....
6- A 24-year-old man complains of skin flushing, chronic watery diarrhea with cramps, and difficulty with breathing. He presents to the emergency department for evaluation. Physical examination reveals a cardiac murmur and diffuse wheeze bilaterally heard most at the bronchi. Should he be found to have a gastrointestinal source for this problem which of the following locations would be most likely?

- a) Appendix
- b) Cecum
- c) Descending colon
- d) Jejunum
- e) Sigmoid colon

.....
7- On pathology following an appendectomy a carcionid tumor is diagnosed 1 cm located at the tip , doesn't involve the base of the appendix, no lymphovascular or mesoappendical invasion and no LN involvement. What's the most appropriate next step in management?

- a- Observation only
- B- Diagnostic laparoscopy
- c- Right hemicolectomy
- d- Resection of terminal ileum and cecum
- e- Chemotherapy

.....
8- During laparoscopy for perforated appendicitis a culture is taken from the abdominal fluid with of the following bacteria is the most likely to grow:

- a- Escherichia coli
- b- Streptococcus viridans
- c- Group d streptococci
- d- Pseudomonas aeruginosa

- 1- D
- 2- B
- 3- A
- 4- D
- 5- B
- 6- A
- 7- A
- 8- A

What's facial expression of appendicitis?

Browse:

(flushed cheeks; the tongue is usually furred and most patients have a distinctive fetor oris "

About " Hernia "

1- Regarding inguinal hernias in adults all are true Except:

- a) Sliding hernia is hernia where part of hernia sac is formed by a viscus.
- b) Richter's hernia is hernia where part of bowel wall is trapped and leads strangulation without intestinal obstruction.
- c) Direct hernia complication is more common than indirect ones
- d) Hernia which neck lies lateral to inferior epigastric artery is indirect one
- e) Neck of sac is usually wide and does not reach scrotum in direct hernias

2- Regarding femoral hernias all are true Except:

- a) Lateral boundary of femoral hernia sac is more dangerous than medial one
- b) Complication is more common than inguinal hernias
- c) The sac lies below and lateral to pubic tubercle
- d) Less common than inguinal hernias in females
- e) Femoral hernia may be congenital or acquired

3- Regarding ventral and incisional hernias:

- a) Ventral hernias include umbilical para umbilical and epigastric hernias
- b) Commonest cause of incisional hernia is faulty repair of abdominal wounds
- c) Risk of complication is higher in incisional hernia and repair must be done unless patient is unfit
- d) All of them are true

4- In para umbilical hernias all are true Except:

- a) Usually lies above umbilicus
- b) Occurs usually in obese middle aged females five times more common than males
- c) Neck of the hernia sac is usually wide
- d) Content of sac is usually omentum, or small, or large bowel
- e) Partial reduction can be done complete reduction is difficult, impulse on cough is usually present

5- In an adult with recent onset groin Hernia, the following systems should be questioned carefully in the history except:

- a) Gastrointestinal system
- b) Cardiovascular system
- c) Genitourinary system
- d) Respiratory system

6- What is the significance of a hydrocele in a child compared with that in an adult?

- a) It means presence of processes vaginalis
- b) Association of an inguinal Hernia is common
- c) Presence of hydrocele in the other side
- d) Varicocele is common

7- Which of the following is a pure Scrotal swelling:

- a) Congenital Hydrocele.
- b) Hydrocele of Canal of Nuck
- c) Varicocele.
- d) Vaginal hydrocele

8- The cecum forms part of the wall of the hernial sac in :

- a) incarcerated hernia

- b) Irreducible hernia
- c) Sliding hernia
- d) Richter's hernia
- e) Interstitial hernia

.....
9- Regarding strangulated hernia all is true except :

- a) Hernia is tense and tender
- b) Hernia has impulse on cough
- c) Hernia is irreducible
- d) Symptoms of intestinal obstruction can occur
- e) Treatment is urgent surgery

.....
10- About Inguinal hernia, all are true except: (#6th Year)

- a) Most common hernia in men & women
- b) Herniorrhaphy in adults means Strengthen the lateral wall of the inguinal canal
- c) Herniotomy is the treatment of choice in children
- d) Open flat mesh repair is the most common operation done worldwide nowadays
- e) Laparoscopic repair is valuable in bilateral cases

- 1- C
- 2- E
- 3- D
- 4- C
- 5- B
- 6- B
- 7- D
- 8- C
- 9- B
- 10- B

Pancreas

1- The most important presenting feature of acute pancreatitis:

- a) Nausea and vomiting
- b) Abdominal pain
- c) Abdominal guarding
- d) Tachycardia, low grade fever
- e) Loss of bowel sounds, jaundice

.....
2- Pancreatic delta cells secrete which inhibitory peptide?

- a) Bombesin
- b) Glucagon
- c) Somatostatin
- d) Insulin
- e) Pancreatic polypeptide

.....
3- What is the leading cause of death from acute pancreatitis?

- a) Hemorrhage
- b) Pseudocyst rupture
- c) Secondary pancreatic infection
- d) Biliary sepsis
- e) Renal failure

.....

4- Which of the following statements about neuroendocrine tumor of the pancreas is TRUE?

- a) Glucagonoma is the most common functional neuroendocrine tumor of the pancreas.
- b) Gastrinomas are associated with a characteristic skin rash.
- c) Insulinomas typically cause a watery diarrhea.
- d) Patients with glucagonomas typically have elevated C-peptide levels.
- e) The secretin stimulation test is used for diagnosis of gastrinoma.

.....
5- A 34-year-old man is admitted to the hospital with sudden onset of severe epigastric pain and vomiting. His father died of a heart attack at age 42. On examination, there is marked epigastric tenderness. Bowel sounds are decreased. Crops of yellow-red papules are seen on the extensor surfaces of his arms and shoulders. Laboratory results are as follows: Total bilirubin 0.7 mg/dL, AST and ALT (33, 28 respectively) and Lipase 3500 (normal 0-160). Which of the following is most likely to reveal the cause of this patient's current condition? (#Not_Previous)

- A. CFTR genetic testing
- B. Endoscopic retrograde cholangiopancreatography
- C. Fasting lipid profile
- D. Serology for viral titers
- E. Urine toxicology screen

.....
6- A 58-year-old man comes to the office due to skin discoloration, anorexia, and unintentional weight loss of 6 kg over the past 3 months. He also reports dark urine and pale stools. The patient has no fever, abdominal pain, constipation, or diarrhea. The patient does not use tobacco, alcohol, or illicit drugs. His vital signs are within normal limits. BMI is 32 kg/m'. Scleral icterus is present. All enlarged, nontender gallbladder is palpated below the right costal margin. There is no ascites. Abdominal imaging in this patient would most likely reveal which of the following: (#Not_Previous)

- A. Clot in the portal vein
- B. Gallstone obstructing the cystic duct
- C. Intra- and extrahepatic biliary tract dilation
- D. Intrahepatic biliary cyst
- E. Pancreatic calcifications

.....
7- A 30 years old male is being evaluated for pancreatic mass. Biopsy confirms adenocarcinoma. Which gastric mutation can be suspected?

- a- MEN I
- b- MEN II
- c- CD117
- d- BRCA2

.....
8- A woman of 50-year-old, held fasting on Ramadan, was taken to the admissions office for dizziness, weakness, tremors, excessive sweating, and seizures. The level of glucose in the blood, measured in the admissions department of 40 mg / dL (2.22 mmol/l). After the introduction of glucose, the symptoms disappeared. What is the likely diagnosis of this patient?

- a- Diabetes mellitus of the first type.
- b- Insulinoma.
- c- Gluconoma.
- d- Hormonal-inactive pancreatic tumor

- 1- B
- 2- C
- 3- C
- 4- E
- 5- C
- 6- C
- 7- D

- 8- B
neuroendocrine tumors like carcinoid , acromegaly , islet cell tumors
Esophageal variceal rupture
Hepatorenal syndrome
High output fistulas
Dumping syndrome
Short bowel syndrome

About " Burns "

1- In pathophysiology of burns:

- a) Second Degree Superficial/Partial thickness involves the epidermis and deep layers of dermis
- b) Full thickness burns is more painful than partial thickness
- c) 3rd degree burns the skin is dead white in color and leathery
- d) Second degree burns of greater than 15% of body surface area in adults is classified as major burn.
- e) None of the above is true

.....
2- A 50 year old male , 70 kg sustained a 65% total body surface area burn what are his fluid requirement according to parklands formula:

- a) 8000cc in 24 hours
- b) 18,200 cc in 16 hours
- c) 12, 800 cc in 24 hours
- d) 9100 cc in 8 hours
- e) 3000 cc in 24 hours

.....
3- Burns Management , early surgery, has the following advantages except:

- a) Reduce the risk of sepsis,
- b) Improve nitrogen balance
- c) Shortens the period of hospitalization
- d) Has better healing
- e) Can be done for superficial partial thickness burns

.....
4- In burn one statement is wrong:

- a) Fluid is calculated according to Parklands formula
- b) Hypovolemic and neurogenic shock can occur
- c) The rule of "9 " in adults is the same as in children
- d) Analgesia is part of the management
- e) Facial burns are the worst because they are likely to be associated with inhalation burn.

.....
5- Which of the following statements are correct regarding plasma loss with burns? ([#6th_year](#))

- a) The plasma loss is most extensive 12 hours after a burn
- b) Plasma loss doesn't occur in burns
- c) The amount of plasma loss is proportional to the surface area of a burn
- d) The amount of plasma loss is proportional to the depth of a burn
- e) Plasma loss results from exudation of plasma through damaged arteries

.....
6- A 25-year-old patient has been in the burn intensive care unit (ICU) intubated and sedated for 2 weeks after an 80% TBSA burn. He suddenly develops hypotension, tachycardia, and melena. What

type of surgical problem is this patient most likely to have?

- a) Curling's ulcer
- b) Cushing's ulcer
- c) Marjolin's ulcer
- d) Dieulafoy's lesion
- e) Boerhaave's syndrome

.....
7- Which of the following is considered an indication for referral of the burned patient to a burns center?

- a. Scald burn.
- b. Partial-thickness burn greater than 7% of the total body surface area.
- c. Age above 65 years regardless of the degree and the surface area involved
- d. Electrical burn.
- e. Burns involving the neck

.....
8- Which of the following bacteria is the predominant secondary infection in patients with burn injuries?

- a- Streptococcus
- b- Pseudomonas
- c- E. coli
- d- Clostridium

- 1- C
- 2- D
- 3- E
- 4- C
- 5- C
- 6- A
- 7- D
- 8- B

About " Vascular ".

1- In patient who develop deep venous thrombosis, the most significant long term sequel is:

- a) Claudication.
- b) Recurrent foot infections
- c) Development of venous ulcer.
- d) Pulmonary embolization
- e) Diminished arterial perfusion

.....
2- Which of the following is not one of the features of acute limb ischemia?

- a) Loss of pulse
- b) Limb swelling
- c) Limb coldness
- d) Pain.
- e) Loss of movement

.....
3- Which of the following dose not describe intermittent claudication?

- a) It's a type of pain in the limb increased by exercise
- b) It's a type of pain improved by rest
- c) Is often worse at night
- d) May be an indication for bypass surgery

.....

4- A 7 years old girl had right lower limb diffuse painless swelling since birth and no other findings. The most likely diagnosis is:

- a) Congenital Arterio Venous fistula
- b) Chronic venous obstruction from a congenital band in the groin
- c) Abnormalities in lymphatic system
- d) Right femur bone exostosis

.....

5- In bilaterally swollen leg, the best clinical sign to differentiate between cardiac or renal cause is:

- a) Buffy swollen eye lids
- b) Dyspnea.
- c) Dependent oedema
- d) Oliguria.

.....

6- The last one to appear in the classic symptoms and signs of acute ischemia

- a) Parasthesia
- b) Pallor
- c) Paralysis
- d) Pulselessness
- e) Poikilothermia

.....

7- Complications of deep venous thrombosis include the following except : ([#6th_year](#))

- a) Venous gangrene
- b) Phlegmasia alba dolens
- c) Phlegmasia rubra dolens
- d) Phlegmasia cerulea dolens

.....

8- Venous ulcers of the lower limb: choose the one most correct answer: ([#6th_year](#))

- a) are usually the result of long-standing varicose veins
- b) commonly follow deep vein thrombosis
- c) most commonly occur above the lateral malleolus
- d) rarely heal when graded compression bandage is applied

- 1- C
- 2- B
- 3- C
- 4- C
- 5- A
- 6- C
- 7- C
- 8- B

Regarding " Wounds "

1- Healthy granulation in a wound is characterized by all Except:

- a) Uniformly pink in color.
- b) Not gelatinous
- c) Not exuberant (raised).
- d) Dry with minimal discharge
- e) Compact and does bleed easily on touch

.....
2- Regarding hypertrophic scar (HC) and keloid all are true Except

- a) HC Scar is thick red & itchy and continue to grow for two years
- b) HC is excessive scar tissue that does not extend beyond the boundary of the original incision or wound
- c) Keloid is tumor-like mass of dense excessive scar tissue
- d) Most common site of keloid is earlobes, arms, and over the collar bone anterior chest.
- e) Keloids are more common in youth, females and in the colored races

.....
3- The difference between cellulitis & erysipelas is:

- a) The first is a spreading infection while the second is not a spreading infection
- b) The first had non elevated edge while the second had an elevated edge
- c) Both are non suppurative type of infection
- d) The first is caused by streptococcus while the second by staphylococcus bacteria

.....
4- Clean Contaminated operations: (#6th year):

- a) Appendectomy, pyosalpinx surgery are good examples
- b) Incidence of wound infection is around 45%
- c) With prophylactic antibiotics ,incidence of wound infection is reduced.
- d) Prophylactic antibiotics has minimal impact on wound infection
- e) None of them

.....
5- In contrast to a keloid, a hypertrophic scar:

- a) is more likely to be familial.
- b) May subside spontaneously
- c) May develop in delayed fashion after years
- d) Often extends beyond the limits of the original wound

.....
6- The adverse effects of steroids on wound healing can be reversed with: (#6th Year):

- a) vitamin C
- b) vitamin A
- c) copper
- d) vitamin D
- e) vitamin E

.....
7-The commonest cause of post-operative fever in the 3rd post-operative day is:

- a) Pulmonary embolism

- b) Wound infection
- c) Urinary tract infection
- d) Medications

.....

8- Which is not true about wound healing :

- a) Early in normal wound healing, type I collagen predominates
- b) The PMNs attain their maximal numbers in 24-48 hours
- c) Both the intrinsic and extrinsic clotting mechanisms are activated.
- d) Tropocollagen is transformed within the cell's rough endoplasmic reticulum.

.....

9- All true regarding wound healing except :

- a) The collagen deposition in normal wound healing reaches a peak by the eighth week
- b) Wound contraction occurs to a greater extent with secondary healing than with primary healing.
- c) Maximal tensile strength of the wound is achieved by the 12th week
- d) Re-epithelization occurs within 24 hours

.....

10- Which of the following increases the risk of post-op surgical site infection:

- a- BMI 22
- b- Hypothermia
- c- Increases oxygen therapy
- d- Septal scrub the night before surgery

- 1- E
- 2- A
- 3- B
- 4- C
- 5- B
- 6- B
- 7- C
- 8- A
- 9- A
- 10- B

Wound infection 1- Fever is new after 5 days (wound infection is unusual before day 3). Especially if the fever is increasing (becomes high-grade).

2- The pain of inflammation is decreasing in intensity unlike wound infection which will there be increased of intensity.

3- If the wound begins to drain yellow or greenish fluid (pus)

4- If the skin becomes red streaking around the wound (indicated lymphangitis).

5- If there's persistent and progressive swelling of the wound.

All these three can occur both in primary and secondary; but:

- Epithelization = more clear in primary than 2nd

Granulation tissue= more clear in 2nd

Contraction = more clear in 2nd

Since you took " Neck Mass "; check out these questions from previous year:

1- A 12 years old boy with a 3 cm soft fluctuant swelling on the left side of the neck below the angle of the mandible, that brightly transilluminant. The most appropriate diagnosis of this swelling is:

- a) Dermoid cyst
- b) Branchial cyst
- c) Cystic hygroma
- d) Thyroglossal cyst

.....
2- Regarding thyroglossal cyst all are true Except:

- a) Is remnant of thyroglossal tract
- b) Midline swelling that move up and down with swallowing and tongue protruding
- c) Commonest site is below hyoid bone
- d) Has no malignant potentials
- e) Infection lead to thyroglossal fistula.

.....
3- Which of the following statements is most accurate regarding carotid body tumors?

- a) It represents the most common paraganglioma in the head and neck.
- b) The rate of malignancy is about 30%.
- c) The majority of these lesions show functional secretion of catecholamines.
- d) FNA biopsy is indicated to rule out malignancy.
- e) Radiation therapy is the most effective treatment of these lesions.

.....
4- Carotid body tumour all are true except

- a) Arises from the chemoreceptor cells
- b) Mostly present after the age of 40
- c) Very slow growing tumour
- d) About 5% of carotid body tumors are bilateral
- e) 40% are malignant

.....
5- The most common site of thyroglossal cyst is :

- a) lingual
- b) Supra hyoid
- c) Infra hyoid
- d) Suprasternal
- e) Retrosternal

.....
6. About branchial cysts, all are true except :

- a) Due to failure of obliteration of the third branchial cleft in embryonic development.
- b) Common in the 2nd and 3rd decade of life
- c) Present clinically as swelling in the upper part of neck, anterior to SCM
- d) Increase in size at the time of upper respiratory infections
- e) May be treated with sclerotherapy

.....
7- Zenker's diverticulum is:

- a. a pulsion diverticulum
- b. doesn't cause fetor oris
- c. treated with PPI
- d. caused by penetrating injury to the neck
- e. investigated by esophagoscopy

.....
8- Thyroglossal cyst:

- a. Malignancy is rare but a known complication

- b. In 75% of cases it is presented above the level of the hyoid bone
- c. Doesn't move with swallowing
- d. Is the commonest cause of swelling in the neck
- e. Most commonly it manifests as infected midline neck mass

- 1- C
- 2- D
- 3- A
- 4- E
- 5- C
- 6- A
- 7- A
- 8- A

one that TRANSLUMINATES and FLUCTUATES is likely to be cystic hygroma

You can notice they ask about Neurohormonal response and many other questions.

1- Regarding the response to injury in trauma patients one is False:

- a) The response is usually initiated by loss of effective circulatory volume and pain
- b) Other stimuli are: hypoxemia, hypercarbia, acidosis and emotional stress.
- c) Negative nitrogen balance at early stage
- d) Decreased protein destruction
- e) Increased peripheral resistance to insulin

2- All the following mediators are increased after trauma Except

- a) TSH.
- b) Growth hormone.
- c) Glucagon.
- d) Catecholamines.
- e) AVP (anti-diuretic hormone)

3- After trauma all the following are true except:

- a) Resistant hyperglycemia
- b) Increased peripheral resistance to glucose
- c) Increased glycogenolysis
- d) Decreased consumption of protein as fuel.
- e) Increased lipolysis.

4- In the Neuro-hormonal response to injury the most important stimulus is:

- a) Hypoxemia.
- b) Hypercarbia.
- c) The afferent sensory nerve from the injured area
- d) Acidosis.
- e) Endotoxins.

5- Regarding fluid and electrolyte balance:

- a) Total body water is more in females as they have more fat
- b) Extracellular water is $\frac{1}{4}$ of total body water
- c) The main intracellular anion is protein and sulphate
- d) Ringer lactate solution has nearly the same electrolyte concentration to plasma
- e) None of them is true

6- Third space loss is due to all Except:

- a) NG tube losses

- b) Pancreatitis.
- c) Intestinal obstruction
- d) Pleural effusion and ascites
- e) Severe soft tissue infections

.....
7- Regarding hypokalemia all are true Except:

- a) Is rare in surgical hospitalized patients
- b) Is defined as serum level less than 3.5 mmol/ L
- c) Alkalosis leads to hypokalemia
- d) Hypokalemia leads to alkalosis
- e) Hypokalemia leads to muscle weakness, myalgia absent tendon reflexes, Paralytic Ileus

.....
8-. Causes of wide gap metabolic acidosis include all except:

- a) Diabetic ketoacidosis
- b) Lactic acidosis
- c) Acute renal failure
- d) Severe diarrhea and pancreatic fistula
- e) Rhabdomyolysis

.....
9- The body could compensate for these ABGs (pH-7.30 , p CO₂-40 , HCO₃-17) by:

- a) Breathing in a shallow manner
- b) Producing urine with a high PH
- c) Increasing the respiratory rate, and depth of breathing
- d) Retaining more H⁺ ions
- e) Excreting more bicarbonate

.....
10- In a healthy 70-kg man, the volume of intracellular water is approximately

- a) 3.5L.
- b) 5L.
- c) 10.5L
- d) 28L.
- e) 42L.

- 1- D
- 2- A
- 3- D
- 4- C
- 5- D
- 6- A
- 7- A
- 8- D
- 9- C
- 10- D

Surgery or trauma is stressful condition. The body tries to be in stress-situation; that's it; it will try to use everything as fuel preparing for this stressful condition. So stress hormones will be secreted (catecholamine, glucagon, growth hormone) and anabolic hormones (such as insulin) will be suppressed or suppressed its action because now the body is not concerned about BUILDING; it concerns about having energy and having glucose in the blood to be ready and reach the vital organs. The other options:

- a) yes in trauma pain and loss of circulation will lead to warn the body something is happening.
- b) all of these are listed will also warn the body; because under normal conditions they shouldn't be present!
- c) since destruction of proteins and CATABOLIC state; the output will be higher than input in these circumstances leading to negative-balance.

- d) No; there's gonna be increase destruction of proteins in order to utilize everything available to use energy.
- e) Yes we want to suppress the action of insulin or the action of it; growth-hormone has anti-insulin properties. In order the glucose stays to blood and reach vital organs! And it's not the time for building.

Well in trauma TSH will be impaired and peripheral conversion of T4 to T3 will also be impaired because cortisol (which is stress-hormone will impair conversion of T4 to T3). All the other options (Growth hormone, glucagon, catecholamines are stress-hormones as well as ADH will be secreted because in trauma loss of fluids leading to stimulation its secretion and try to reabsorption of water to stay in the body for this stressful condition).

Miscellaneous questions - NOT PREVIOUS

1- The physiologic parameters used in the definition of SIRS include all of the following except:

- a. Temperature lower than 36° C
- b. Respiratory rate greater than 20 breaths/min
- c. PaCO₂ less than 32 mm Hg
- d. Systolic blood pressure lower than 90 mm Hg
- e. Heart rate greater than 90 beats/min

.....

2- Which of the following pairing statements regarding daily fluid balance is incorrect?

- a. Daily water intake, 2000 to 2500 mL
- b. Average stool loss, 1000 mL
- c. Average insensible loss, 600 mL
- d. Average urine volume, 800 to 1500 mL
- e. Average increase in insensible loss in a febrile patient, 250 mL/day for each degree of fever

.....

3- All of the following activate the sympathoadrenal and hypothalamic-pituitary axes during stress or injury except:

- a. Pain
- b. Hypovolemia
- c. Acidosis
- d. Hypercapnia
- e. Acetylcholine

.....

4- An 18-year-old man has a 12-hour history of vague, periumbilical abdominal pain, anorexia, and nonbilious vomiting. The pain has now localized to the right lower quadrant. On examination he is found to have tenderness over the McBurney point along with involuntary muscle rigidity. Which of the following best explains the localization of pain?

- a. Inflammation of the visceral peritoneum produces localizing pain.
- b. Pain over the McBurney point is caused by distention of the appendiceal lumen.
- c. Unmyelinated fibers carry pain signals with the thoracic and lumbar spinal nerves.
- d. Movement of the inflamed parietal peritoneum induces rebound tenderness.
- e. The somatic pain fibers course through spinal nerve roots L3-5

.....

5- A 60-year-old man with chronic alcoholism awakens at 3:00 am with severe, sharp epigastric pain that 3 hours later becomes diffuse abdominal pain. What is the most likely source of the abdominal pain?

- a. Perforated ulcer

- b. Acute appendicitis
- c. Perforation following bowel obstruction
- d. Cholecystitis
- e. Diverticulitis

.....

6- A 30-year-old man is brought to the ER after being involved in a Jet Ski crash. His vital signs are stable. A high-riding prostate is noted on rectal examination. On portable pelvic radiographs he is found to have bilateral pubic rami fractures. He has not yet voided since admission. Which of the following should be the next step?

- a. Wait for the patient to void freely before attempting transurethral bladder catheterization.
- b. Initially attempt gentle transurethral bladder catheterization, but stop if resistance is encountered.
- c. Obtain a urethrogram before attempting transurethral bladder catheterization.
- d- Perform computed tomography of the pelvis with three-dimensional reconstruction.
- e. Just observe the patient

.....

7- Which of the following regarding burn wound depth is true?

- a. First-degree burns heal rapidly but contribute significantly to the total body surface area (TBSA) burned in large, mixed-depth wounds.
- b. Second-degree burns characteristically cause erythema, pain, and blistering.
- c. Third-degree burns are generally painful and extremely sensitive to touch
- d. Fourth-degree burns mandate amputation of the involved extremities.
- e. Superficial partial-thickness burn is the contemporary term for first-degree burns

.....

8- Which of the following is not a risk factor for melanoma?

- a. Total nevus count
- b. Fair skin
- c. Natural red or blonde hair
- d. Prior blistering sunburn
- e. Cigarette smoking

.....

9- Which of the following statements is false regarding the incidence of abdominal wall hernias?

- a. Two thirds of all inguinal hernias are classified as indirect.
- b. Femoral hernias are more common in females than in males.
- c. Indirect hernias are common in females.
- d. Hernias generally occur with equal frequency in males and females.
- e. Premature babies have a 10% incidence of inguinal hernia.

.....

10- A 45-year-old woman has a newly diagnosed posterior pharyngeal neck mass found on MRI performed for chronic neck pain (see image). The next step in appropriate management of this patient is:

- a- CT
- b- FNA biopsy
- c- Excisional biopsy
- d- Radioiodine uptake scan
- e- Observation

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

7- B

8- E

9- D

10- D