



UNIVERSITY OF JAFFNA, SRI LANKA
FINAL EXAMINATION FOR MEDICAL DEGREES – June 2020
SURGERY – PAPER II

Date: 18.06.2020

Time: 03 hours

1.30 p.m. – 4.30 p.m.

Answer all TEN questions

Answer the questions in the given space

1. A-65-year old woman presented to surgical clinic with the history of lump in her left breast of 2 weeks duration. On examination she has a 5 cm hard lump on her left breast which is not attached to skin or deep muscles. In addition, she has a few enlarged mobile ipsilateral axillary lymph nodes.

1.1. How would you investigate this woman to make a diagnosis and treatment? (15 Marks)

- 1.2. After the investigation she was diagnosed to have breast cancer. What will be the most possible histological diagnosis on her? (05 Marks)

- 1.3. Briefly describe the management of this patient. (30 Marks)

1.4. List 5 post-operative (acute and chronic) complications in this woman? (15 Marks)

1.5. What are the possible indications which necessitate chest wall radiotherapy in this woman? (10 Marks)

1.6. After the 3 months of surgery she presented to the clinic with the history of left upper limb swelling of 2 weeks duration.
What is the reason for her left upper limb swelling? (10 Marks)

1.7. How do you treat the above mentioned condition? (15 Marks)



2. A 40-year old woman presented to emergency department with the history of right hypochondrial pain associated with yellow discolouration of sclera of 4 days duration. She has fever with chills and rigors. She did not experience similar symptoms in the past. On abdominal examination her right hypochondrium was tender.

2.1. What would be the most likely diagnosis in this lady? (10 Marks)

2.2. How do you call the condition of jaundice, fever with right hypochondrial pain? (10 Marks)

2.3. List the investigations to confirm your diagnosis? (15 Marks)

2.4. Briefly describe the management of this patient. (35 Marks)

2.5. How do you prepare a patient for ERCP? (15 Marks)

2.6. List 5 complications of ERCP? (15 marks)

3. A-35-year old woman presented with solitary nodule in the right lobe of the thyroid gland. She underwent Final Needle Aspiration Cytology (FNAC) of the nodule after clinical and radiological evaluation.

3.1. What do you understand by solitary nodule of the thyroid? (10 marks)

FNAC report of this woman revealed follicular neoplasm.

3.2. Mention why it is reported as follicular neoplasm in the FNAC report? (10 marks)

3.3. How do you obtain a definitive diagnosis in this patient? (10 marks)

Give reason for your answer.

3.4. Mention the definitive management plan after you obtain the final histopathological diagnosis in this patient and give reasons for your answer. (40 marks)

3.5. Mention five early complications (within 72 hours) after total thyroidectomy. (10 marks)



3.6. Mention the management of two of the above complications mentioned in 3.5. (20 marks)

4. A-14-year old boy referred from paediatric ward with the history of right lower thigh pain and limbing on right leg of 2 weeks duration. He also complains of minor fall 2 months ago. The pain was severe in the night and unable to sleep. His mother told that she noticed mild swelling over the right lower thigh of her son.

4.1. What are the likely differential diagnoses? (20marks)

4.2. What are investigations used to confirm the diagnosis? (30marks)

4.3. How would you inform the parents about your diagnosis? (25 marks)

4.4. Outline the steps in the treatment of this patient. (25 marks)

5. A-30-year old man who was knocked down by a motorcycle while walking on the side of the road, is brought to the Accident and Emergency department by ambulance. The patient is on a spinal board but is not wearing a cervical collar. He is conscious and says he has right sided chest pain which is making breathing slightly difficult.

5.1. How will you evaluate this patient?

(40 marks)

As you are completing his assessment you observe that his breathing is getting worse and he is struggling to talk. Pulse rate is 130/min, respirations are 40/min, and systolic blood pressure is 80 mmHg. On physical examination, the neck veins are distended, the trachea is displaced to the left, and the right side of the chest is hyper resonant to percussion with muffled breath sounds.

5.2. What is the most likely cause for his vital signs being abnormal and his worsening breathing and describe how will you manage it?

(30 marks)

5.3. What type of intravenous fluid should be administered initially in this patient and in what quantities?

(10 marks)

5.4. What would be the indications for giving blood transfusions in this patient?

(10 marks)

5.5. He was not wearing a cervical collar on admission. How would you decide if he needs to have his neck immobilized by applying a cervical collar?

(10 marks)



6. A-68-year old man referred from medical ward as worsening lower urinary tract symptoms(LUTS) mainly voiding LUTS. He is known to have Diabetes Mellitus and Hypertension. He has history of urethral instrumentation in past but he is not having any records of it. He is transferred to your ward for further assessment of LUTS.

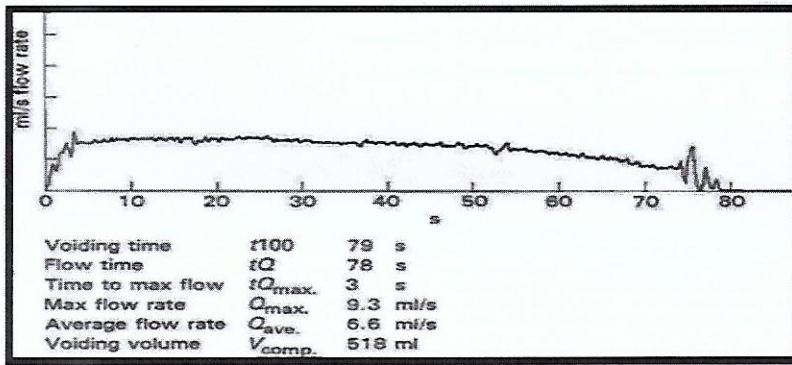
6.1. List 5 common causes for LUTS in this man?

(10 marks)

6.2. Mention the voiding lower urinary tract symptoms.

(20 marks)

6.3. Briefly describe how will you assess him (History and Examination) in the ward? (35 marks)



6.4. His Uroflowmetry graph is given above.

What are your interpretations and what is the likely diagnosis?

(25 marks)

6.5. How will you confirm your diagnosis?

(10 marks)

7. A 50-year old diabetic woman was admitted to the hospital with high fever (axillary temperature of 39° C), confusion and low urine output. She had dysuria and loin pain for 3 days according to her daughter. Blood pressure was 80/60, Pulse rate: 122/bpm, Respiratory rate: 24/min. Her qSOFA score was 3. Senior registrar immediately reviewed the patient and said Urosepsis as working diagnosis.

7.1. Briefly define the term 'Sepsis'.

(10 marks)

7.2. List the criteria used for calculation of the qSOFA score?

(10 marks)

7.3. Briefly describe her immediate management during the next hour?

(40 marks)



7.4. List 3 likely organism which can cause above manifestation? (10 marks)

Her Arterial blood gas(ABG) analysis report is given below,

PH:7.2
pO₂ : 6.7kPa
pCO₂ :2.6kPa
HCO₃⁻ :14mmol/l
Lactate : 9.0 mmol/l
1kPa=7.5mmHg

7.5. Explain the reason for above findings in ABG? (20 marks)

After 48 hours Urine Culture revealed reveals '**ESBL Coliform**'.

7.6. What do you understand by ESBL and its clinical significance? (10 marks)

ESBL: -----

Clinical significance: -----

8. A-45- year old obese woman underwent anterior resection for rectal cancer. She developed fever on the fourth post-operative day. She did not have cough, sputum or chest pain. She did not have pain at surgical site. She complained of calf pain. She had been treated for diabetes and ischaemic heart disease and had also taken oral contraceptive pills.

8.1. What is the most likely diagnosis in this patient? (10 marks)

8.2. Mention three important steps in the initial management of this patient. (30 marks)

8.3. What investigation will confirm your diagnosis? (10 marks)

8.4. Give three consequences of this clinical condition. (30 marks)

8.5. Mention three steps that could have been taken to prevent this clinical condition. (20 marks)



9. A-52-year old man presented with recurrent vomiting for three months. He had dyspepsia for the last two years and was treated with antacids for symptom relief. The vomitus contained particles of previous day meals.

9.1. What is the clinical diagnosis of this patient ? (05 marks)

9.2. Mention three important physical signs that you will look for in the initial assessment of the patient. (30 marks)

9.3. List three important metabolic abnormalities likely to be found in this patient . (15 marks)

9.4. Outline the initial management of this patient. (25 marks)

9.5. His urine pH was 4.5. Mention the possible reason for it. (10 marks)

9.6. Enumerate the principles of managing this patient. (15 marks)

10. A 43-year old bus driver whose father died of metastatic colonic cancer was referred by a general practitioner to the surgical outpatient clinic for further evaluation of positive faecal occult blood test.

10.1. How would you further investigate this patient? (05 marks)

10.2. Mention the action / actions you would take based on the findings in the above mentioned investigation. (20 marks)

10.3. Mention the different types of adenomatous polyps which arise in the colon. (10 marks)

10.4. Mention the symptoms which favour the diagnosis of rectal cancer in this patient? (20 marks)

10.5. If the initial investigation revealed a rectal cancer, what are the investigations you would do to stage the disease? (15 marks)

10.6. Describe the TNM staging of rectal cancer. (20 marks)

10.7. Mention the risk factors for colorectal cancer (other than family history). (10 marks)