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

Date: 19.11.2020 1.30 p.m. – 4.30 p.m.



Time: 03 hours

#### Answer all TEN questions

Please answer the questions in the given space.

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1.	A67-year-old obese male underwent laparoscopic anterior resection for surgery lasted for 4 hours. He has Diabetes Mellitus, hyperlipidaemia, a is also a heavy smoker. On post-operative day 5 he developed fever.	or rectal cancer and nd hypertension. He
	is also a neavy smoker. On post-operative day	
	1.1.List 5 possible causes for fever in this patient.	(15 marks)
H	He also complains pain and swelling of right leg and clinical diagnormombosis was (DVT) made.	osis of deep venous
	1.2.How will you confirm your diagnosis?	(10 marks)
	1.3.List the contributing factors for DVT in this patient.	(25 marks)
	1.3.List the contributing factors for DVT in this patient.	

1.4. What are the peri-operative measures you take to prevent this	condition in this patient? (20 marks)
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1.5.List 2 acute complications of this condition (DVT).	(10 marks)
1.6. How will you manage DVT in this patient	(20 marks)
	••••

	34-year-old manual worker presented with sudden onset, severe right sociated with nausea and vomiting.	side abdominal pain
2.	1.List 3 differential diagnosis for his clinical presentation.	(10 marks)
2.	2.How will you investigate this patient?	(20 marks)
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Н	is X-rayKUB is given here.	
2.	3.Describe the finding in this X-rayKUB and	(15 1-)
	what is the most likely diagnosis?	(15 marks)
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2.4.Mention the investigation which will confirm your diagnosis.	(10 marks)
2.5. How will you manage his acute pain?	(15 marks)
2.6.2 days after admission he develops high fever with worsening pain. Briefly describe management of this patient now.	(30 marks)

yellow discoloration	n presented to the emon on of sclera. He denied a lour stool with increas	abdominal pain during	this period. l	He noticed that
3.1. What is the mo	st likely clinical diagnos	is?		(10 marks)
3.2.List four findin	gs in the clinical examir	nation, which will supp		nosis. (15 marks)
3.3.List five invest	igations to confirm your	diagnosis with expect	ed findings.	(20 marks)
	tigation, he has undergo prepare him for this proc	•	ic purposes.	(15 marks)
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3.5. Outline the management options of this patient.	(2)	(40 marks)
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SURGERY - PAPER II

•	A 45-year-old woman was found to have less than a centimeter size lesion in quadrant ofher right breast. It was suspected to have carcinoma of breast in this	• •
	4.1.How do you confirm your diagnosis?	(30 marks)
		•••••
	4.2.List 4 investigations which used to stage the disease.	(15 marks)

4.3.List 5 factors that determine the treatment option in this woman.	(10 marks)
4.4.Her biopsy report reveals invasive ductal carcinoma, and she has no axillary lymph node enlargement.	
Briefly outline the management of this woman.	(35 marks)
4.5.Her receptor statuses were positive for ER and PR.  What is additional treatment will be useful during the follow-up period	and how long she
needs that treatment?	(10 marks)

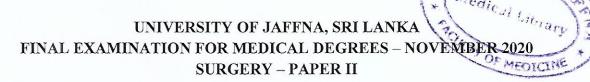
5. A 62 year old previously healthy male presents with loss of appetite and loss of weight of three months duration. He also had dyspepsia for the last four months. On examination he was cachectic, pale but not icteric and had lymph node enlargement in the left Supraclavicular fossa. He also had hyper pigmented skin lesions in neck and thickened skin over the palmer surface of hands. He did not have palpable intra-abdominal lumps.

5.1. Give three likely causes for dyspepsia.	(15 marks)
5.2. What is the most likely diagnosis in this patient?	(05 marks)
5.3. Give two reasons for your answer mention above in 3.2.	(20 marks)
5.4. How will you confirm the diagnosis?	(10 marks)
5.5. Give three predisposing factors for the likely diagnosis mentioned in 3.2.	(15 marks)

5.6. What is the likely reason for developing skin lesions and cachexia?	(10 marks)
5.7.Briefly outline the management plan of this patient.	(25 marks)
	•••••

6.	A 62-year- old farmer presented with a non-healing ulcer over the planter su foot of three months duration. He is a patient with diabetes mellitus and h was on metformin and losartan. He smokes cigarette occasionally. The ulcover the first metatarsal head and had slough on it. It was not painful.	ypertension. He
	6.1.List three common causes for non-healing ulcer in lower limb.	(15 marks)
	6.2. What is the most likely cause for ulcer in this patient	(05 marks)
	6.3.Mention three possible aetiological factors of ulcer in this patient	
	6.4.Give an important physical sign that needs to be elicited in this patient	(10 marks)
	6.5. Write three investigations to assess the extent of ulcer in left foot	(15 marks)

6.6.List five principles to treat the ulcer and to prevent its recurrence in th	is patient.
	(40 marks)
	• • • • • • • • • • • • • • • • • • • •



7. A 30-year-old woman was brought to the Accident and Emergency department of Hospital, in a car after having been knocked down by a motor cycle on the edge of the road. She is conscious and says that she has a painful neck as well as pain in the region of her left hip. On questioning she says she was able to stand with difficulty but had severe pain in the left hip region and therefore could not walk. She could not remember the accident itself.

7.1. How will you evaluate and manage this patient?	(50 marks)
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7.2.List two possible injuries this patient could have and describe the clinical of them.	features for one (25 marks)
7.3. What are the relevant X-rays that you would request in this patient givin for them?	ng your reasons (15 marks)
7.4.Are there any special precautions you would take before carrying mentioned imaging in this patient?	out the above (10 marks)
<u> </u>	

8. A 30-year-old married toddy tapper was brought to hospital following fall from palmyrah tree of 20 feet height. He was unable to move his legs and has sensory loss below umbilical level. His primary survey was normal.

His X-ray revealed burst fracture of 10th Thoracic vertebra.

8.1. What is the probable diagnosis?	(10 marks)
9.2 Describe the initial management of this nations	(40 marks)
8.2.Describe the initial management of this patient.	(40 marks)

8.3.List the possible 5 long term complications and mention the care to b those complications.	e given to attend (50 marks)

9.	9.1. List 3 common causes for the thyrotoxicosis.	*/
	9.1. List 3 common causes for the thyrotoxicosis.	03 marks)
	9.2.Outline the steps in preparing for total thyroidectomy in a patient with thyroidectomy in a patient with thyroidectomy.	otoxicosis. 07 marks)
	9.3.Mention three complication specifically related to the Thyroidectomy, where each mentioned time period below;	hich occurs in 30 marks)
	(A) Within 24 hours of surgery.	
	(B) Between post-operative 2 <sup>nd</sup> day to 5 <sup>th</sup> day.	
	(C) More than a month later.	
	(C) NOTO than a month rater.	

9.4. How would you identify the above mentioned com	plications at earliest the in this patient?
(A)	
(B)	
(C)	
9.5.Enumerate the management of each complication	mentioned above in (A) and (B).
	(30 marks)
(A)	(30 marks)
	(30 marks)

		COM OF
1(	<ol> <li>A 71-year-old retired teacher presented with a history of bleeding per rect features were suggestive of rectal cancer, it was decided to further evaluate h</li> </ol>	
	10.1. Mention two local causes for bleeding per rectum other than rectal cance	er.
		(10 marks)
	10.2. List five features in the history which suggestive that the rectal cancer his presentation.	is the cause for (15 marks)
	10.3. What investigation would you do to confirm the diagnosis of rectal cancel	er?
		(10 marks)
	10.4. How would you prepare him for the investigation you mentioned in 10.3.	?
		(15 marks)
		•••••
	•••••••••••••••••••••••••••••••••••••••	

10.5. Briefly describe the staging of rectal cancer.	FRECONT OF A	(25 marks)
10.6. What investigation would you do to stage the local		(05 marks)
After evaluation it was decided to do abdomino-perianal	resection (APR) in t	his patient.
10.7. Mention the important aspect in the consent for the	proposed surgery.	
	1 1 5 7	(05 marks)
		(05 marks)
		(05 marks)
10.8. Mention three complications of stoma.		(05 marks) (15 marks)
10.8. Mention three complications of stoma.		
10.8. Mention three complications of stoma.		