UNIVERSITY OF JAFFNA, SRI LANKA FINAL EXAMINATION FOR MEDICAL DEGREES-December 2011 SURGERY Paper II

Time: 03½ hours Date: 08.12.2011. ANSWER ALL THE TEN QUESTIONS Answer each QUESTION in separate answer book A 45 year old female was admitted with multi-nodular goitre for the last two years. Briefly discuss the complications that may occur in this patient. (35 Marks) 1.1. How will you detect the complications in history and examination (35 Marks) 1.2. Interpret the investigations which are useful in detecting the above 1.3. (30 Marks) complications. A twenty year old male was admitted with acute right side testicular pain for last four hours. He had no history of trauma to the testes recently. Mention three causes for this problem (15 Marks) 2.1. What features in history and examination will help you to arrive at a 2.2. (30 Marks) diagnosis? Interpret the investigations that you will consider to arrive at a diagnosis (25 Marks) 2.3. Mention the basic surgical principles of managing two of the above 2.4. (30 Marks) conditions A 20 year old girl is brought to the emergency room after an accidental kerosene oil burn. She sustained burns over the anterior chest and abdomen. As the house officer initially managing this patient, (30 Marks) Describe how you would assess this patient clinically. 3.1. Discuss briefly the important aspects of this patient's management 3.2. in the first 24 hours. (40 Marks) List 5 complications of this injury which may occur after the first 3.3. (20 Marks) 24 hours.

Briefly write the advise you would give this patient to minimise

3.4.

burn injury in future.

4.	Write short notes on:		
	4.1.	Investigations and management of chronic retention of urine.	(40 Marks)
	4.2.	Congenital pyloric stenosis.	(30 Marks)
	4.3.	Tumour markers and their uses.	(30 Marks)
5.	5.1.	Define 'fracture'.	(10 Marks)
	5.2.	A 30- year-old motorcyclist involved in a road traffic crash was admitted to the emergency ward with the history of pain and grossly swollen right thigh with overlying skin bruising, cold extremities, heart rate of 120 /minute and absent pedal pulses. He is fully conscious.	
	5.2.1.	Explain his haemodynamic status and estimated blood loss.	(20 Marks)
	5.2.2.	Outline the emergency management of this patient giving reasons.	(40 Marks)
	5.2.3.	Describe the definitive care of this person after initial stabilization.	(30 Marks)
6.	6.1.	Write notes on:	
		6.1.1. Laryngomalacia.	(30 Marks)
		6.1.2. Pre-operative assessment.	(30 Marks)
	6.2	How will you treat a patient with:	
		6.2.1. Corneal foreign body?	(10 Marks)
		6.2.2. Subtarsal foreign body?	(10 Marks)
		6.2.3. Lid injury involving margin?	(10 Marks)
		6.2.4. Corneal epithelial defect?	(10 Marks)
7.	A 57 year old man was admitted with a history of generalized abdominal pain of 2days duration.		
	On examination he is found to have generalized tenderness and rebound tenderness.		
	7.1.	What is the pathological process affecting the peritoneal cavity?	(10 Marks)
	7.2.	Mention the other physical signs of the above mentioned pathological condition.	(20 Marks)
	7.3.	Ultrasound examination done on admission of this patient shows stones in the gall bladder with thickened gall bladder and fluid collection in the pericholecystic area and in the peritoneal cavity. How will you manage this patient in the first 24 hours?	(70 Marks)

A 45 year old female presents with painless 2 x 3 cm hard mass in the upper 8. outer quadrant of right breast associated with hard right axillary lymph nodes. What is your clinical diagnosis? (20 Marks) 8.1. (20 Marks) How will you confirm your diagnosis? 8.2. What are the surgical options available to treat this patient? (60 Marks) 8.3. A 25 year-old male was admitted following road traffic accident. He had 9. laceration of the scalp and bleeding profusely from the wound and was unconscious. How will you initially manage this patient? (25 Marks) 9.1. Briefly discuss the mechanisms involved in various types of head (20 Marks) 9.2. injuries. Mention the investigations that are useful in assessing the head injury. 9.3. (15 Marks) Mention how you will manage a patient with head injury with EDH (40 Marks) 9.4. A 60 year old male patient presented to the surgical casualty with abdominal 10. distention, nausea and vomiting. He had undergone a laparotomy for a perforated duodenal ulcer two years ago. He was afebrile and further physical examination revealed a pulse rate of 84 / min and the abdomen was distended and non tender. Following investigations, he was diagnosed to have adhesive intestinal obstruction. He was managed conservatively. Two days later he had a fever spike and his pulse rate was 110 / min and the abdomen was tender and the blood investigation revealed leucocytosis. It was decided to proceed with a laparotomy on this patient. What do you understand by the term 'adhesive intestinal obstruction'? (10 Marks) Enumerate the features in history, examination and investigation that (25 Marks) 10.2. will help in the diagnosis of intestinal obstruction List the components of conservative management of intestinal 10.3. obstruction Mention the complications of adhesive intestinal obstruction

What is the most likely reason for proceeding with laparotomy in this

Write the advise to be given to this patient when discharging from ward.

10.4.

10.5.

10.6.

patient?

(15 Marks)

(15 Marks)