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UNIVERSITY OF JAFFNA, SRI LANKA
FINAL EXAMINATION FOR MEDICAL DEGREES – MARCH 2022
ACADEMIC YEAR 2014/2015
SURGERY PAPER II

DATE: 16/03/2022

Time : 03 Hours

Answer all TEN questions.

Answer the question in the given space.

1.

A. A 30 years old woman presented with a right-side neck nodule just lateral to the trachea. Her serum calcium level was significantly elevated.

a) Mention the most possible clinical diagnosis.

(5 Marks)

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b) Mention five other possible ways of presentation of this condition.

(20 Marks)

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c) List the investigations with expected findings which will aid in arriving at the final diagnosis.

(20 Marks)

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d) Mention the management options available for this patient. (5 Marks)

.....
e) Mention the practical difficulty faced during surgery if this patient requires surgery? (5 Marks)

.....
f) How can you overcome the difficulty mentioned above? (5 Marks)

.....
B. A patient underwent Total Thyroidectomy for Papillary Carcinoma, following which he developed circum-oral numbness on post-operative third day.

1. What is the likely cause for this presentation? (5 marks)

.....
2. What are the physical signs which will help in arriving at your clinical diagnosis (10 marks)

.....
3. Outline the management of this complication mentioned in B (1) ? (25 marks)



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2.

A. A 20 years old woman presented with a lump in her right breast for one month duration. She has no family history of malignancy

a) Mention the most likely diagnosis in this patient (5 marks)

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b) What physical signs will suggest your diagnosis (10 marks)

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c) Mention two useful investigations to support your clinical diagnosis (10 marks)

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B. A 35 years old woman with inverted nipple

a) Mention four causes for nipple retraction (10 marks)

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- b) Mention the useful investigations with interpretations to find the cause for nipple retraction (20 marks)

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- c) List the treatment options available for the causes you mentioned above (15 marks)

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C. A 40 years old woman presented with blood-stained nipple discharge for one month duration

- a) Mention three causes for this condition (6 marks)

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- b) How will the history help to differentiate the above three conditions (12 Marks)

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- c) Mention three investigations with interpretations to arrive at diagnosis (12 Marks)

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3. A 55 year old, otherwise healthy, male patient presented with dysphagia to solid for three months. He could swallow liquids. Upper GI endoscopy and biopsy revealed a lower oesophageal adeno carcinoma. Subsequent investigations staged the tumour as T₂N₀M₀. His weight was 50 kg and his BMI was 20 kg/m². His haemoglobin level was 8.5g/dl. It was decided to prehabilitate the patient before oesophagectomy.

a. Name one investigation used to stage oesophageal cancer (10 marks)

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b. Give 3 findings in the above investigation that will preclude surgical management in the patient (15 marks)

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c. What is prehabilitation and why is it considered in this patient (10 marks)

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d. Give 4 components of prehabilitation applicable to this patient (15 marks)

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- e. Briefly outline the methods to accomplish any of the two components mentioned above
(30 marks)

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- f. Briefly describe the immediate postoperative management of the patient following
oesophagectomy
(20 marks)

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4. A 57-year-old known diverticular disease patient presented to the surgical emergency unit with a history of pain in the left lower abdomen, increasing over the past two days. He notices some constipation but denies any blood per rectum. He has a fever of 100.5°F . He is otherwise healthy with no past medical history and no significant family history. His clinical findings were normal except for left lower quadrant tenderness in the abdomen.

a. What is your clinical diagnosis ? (05 marks)

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b. Mention the laboratory tests would help to confirm the diagnosis? (10 marks)

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c. How would you treat this patient ? (20 marks)

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On the third day of admission, his pain worsened, and he developed a high swinging fever. On abdominal examination, a mass was felt in the left iliac fossa with worsening tenderness. The rest of the abdomen was soft.

d. What would be the reason for worsening pain and high swinging fever? (10 marks)

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e. What imaging would you do to confirm your diagnosis? (10 marks)

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- f. What would be the best treatment option for the abovementioned condition in 4.a? (10 marks)

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- g. Mention the advice you would give to this patient on discharge. (10 marks)

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5. A 62-year-old man was referred to the surgical unit with the 3 cm Liver lesion in segment VI—
an ultrasound scan of the liver suggestive of suspicious liver lesion.

a. How do you broadly classify liver tumours? (10 Marks)

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b. Mention the commonest tumour which is metastasis to the liver? (10 Marks)

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c. List five (5) common risk factors for Hepatocellular carcinoma? (15 Marks)

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d. Mention the two essential investigations that will help to diagnose the HCC? (10 Marks)

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e. Why is obtaining a biopsy not routinely recommended before diagnosing the HCC? (10 Marks)

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- f. List the three (3) major curative treatment options for HCC. (15 Marks)

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- g. Mention the palliative treatment options available for HCC? (15 Marks)

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- h. Briefly mention the parameters of the abovementioned patient with suitability for resection of the liver lesion. (15 Marks)

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6. A 64-year-old manual worker presented with a painless passage of red urine for one week.

a. List four (4) possible substances/agents cause red colour to urine? (10 Marks)

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b. How will you confirm this is haematuria? (10 Marks)

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c. List five (5) possible causes of haematuria in this patient? (20 Marks)

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d. How will you differentiate medical haematuria from surgical(urological) haematuria? (10 Marks)

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e. List 5 Investigations you will do in this patient? (20 Marks)

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He underwent non-invasive imaging at the supra pubic region, and the image is given here,



f. Identify the investigation? (5 Marks)

.....

g. What advice will you give to a patient before sending to this imaging? (5 Marks)

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h. Mention the next invasive diagnostic investigation? (5 Marks)

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i. Mention the definitive treatment in this patient? (5 Marks)

.....

j. Mention the most likely histology of this lesion? (5 Marks)

.....

k. Mention the most common risk factor causing this pathology? (5 Marks)

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7. A 56-year-old female was admitted to A & E with sudden onset of pain in the left calf for 3 hours. On examination on the left side, she has had only a palpable femoral pulse. Right side, all the pulses were palpable. Her pulse rate was irregularly irregular, and p waves were absent in the ECG.

a. Mention the most probable diagnosis and cause for this condition? (10 Marks)

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b. List three (3) other causes for the above condition. (20 Marks)

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c. How will you assess this patient? (20 Marks)

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d. List the initial management steps for this patient? (20 Marks)

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e. How will you assess the viability of the leg? (10 Marks)

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f. Mention the definitive management? (10 Marks)

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g. Mention the medication you will consider in long term management? (10 Marks)

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8. While doing inguinal hernia repair for symptomatic hernia, intra-operatively immediately after skin incision, senior house officer realized he is doing surgery for the asymptomatic side.

a. Mention the definition of never events in medicine? (10 Marks)

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b. Mention 5 possible never events occur in surgical practice (10 marks)

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c. Mention the following two (2) appropriate steps the operator should take immediately?

(10 marks)

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d. What is the never event happened in this patient?

(10 marks)

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e. The surgeon noticed the WHO checklist was not applied in this patient. How does the

WHO surgical safety checklist help prevent the never event in this patient? (20 marks)

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- f. Mention the three components of the WHO safety checklist, and mention the specific time to fill that? (20 Marks)

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- g. Mention 2 possible never events and prevention methods in the surgical wards (20 marks)

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9. A thirty year old man is brought to the Accident and Emergency department after being knocked down by a motor cycle while walking on the road. He is brought in a private vehicle.

- a. List the five components of primary survey in the order in which they are carried out.

(10 marks)

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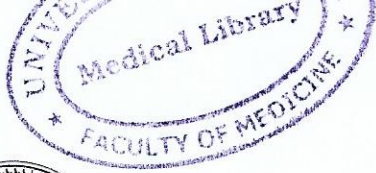
- b. What is the physiological basis for doing the above in that particular order? (20 marks)

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This patient was conscious on arrival but became severely breathless with a pulse rate of 110 per minute and respiratory rate of 34 per minute. His neck veins were distended, the trachea was deviating to the left side and he was found to have abrasions and tenderness on the right side of his chest.

- c. What are two possible causes for these symptoms and findings, and how will you clinically differentiate between them? (20 marks)

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- d. What immediate measures you will take to relieve either of the causes you have mentioned for 9.C. (30 marks)

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- e. There are existing road safety regulations which are often not followed. Mention four ways in which road safety can be improved. (20 marks)

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- e. Mention four expected complications of septic arthritis. (20marks)

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- f. After the aspiration of the joint, the consultant in charge asked you to start “empirical antibiotic therapy”. What do you understand by the term “empirical antibiotic therapy”?

(10 marks)

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