



**UNIVERSITY OF JAFFNA, SRI LANKA**  
**FINAL EXAMINATION FOR MEDICAL DEGREES - JULY 2023**  
**ACADEMIC YEAR 2015/2016**

**Surgery - Paper II**

**Date: 13.07.2023**

**Time: 03 hours**

**Question Number: 01**

A 75-year-old farmer with diabetes mellitus and ischaemic heart disease presented with worsening backache with voiding lower urinary tract symptoms (LUTS). PSA was 75 ng/ml (Normal <4ng/ml).

1.1. List five (5) common causes for voiding LUTS in this age group? (20 Marks)

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1.2. Explain the term "LUTS is not prostate or gender-specific"? (10 Marks)

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1.3. Briefly describe the important aspects of the examination of this patient. (20 Marks)

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1.4. Mention three (3) imaging investigations you will do in this patient? (10 Marks)

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1.5. List four (4) complications of Trans rectal Ultrasound (TRUS) guided biopsy of the prostate. (10 Marks)

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1.6. What precautions will you take to prevent the above complications as a house officer? (20 Marks)

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1.7. Investigations revealed multiple sclerotic bone metastasis with a Gleason score of 5+4=9. What is the next important step in the management to control the malignancy? (10 marks)

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**Question Number: 02**

A 30-year-old man is diagnosed in the surgery clinic to have a right-sided, reducible, indirect inguinal hernia. The consultant confirms the diagnosis and sets a date for surgery.

2.1. What information will you give during consenting for surgery? (40 marks)

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2.2. Who should obtain consent from this patient for surgery (10 marks)

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2.3. The patient is a teacher and lives near the hospital. He wanted to do the surgery as a day case.

2.3.1 Define the term "Day-case surgery". (10 Marks)

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2.3.2 List three (3) advantages of day-case surgery. (15 marks)

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2.4. This patient is found to be clinically fit and has no significant past medical or family history. He is listed to have an open mesh repair for his hernia.

Does he require any preoperative investigations? Give reasons for your answer.

(25 marks)

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**Question Number: 03**

**PART A**

A 35-year-old breastfeeding mother presented with painful right breast swelling for 5 days.

3.1. Mention the most likely diagnosis? (05 Marks)

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3.2. List the investigations to confirm your diagnosis. (10 Marks)

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3.3. Write the management of this woman? (10 Marks)

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**PART B**

A 60-year-old woman presented with a right breast lump of two cm for a 3-month. Her axillary examination reveals ipsilateral mobile lymph node enlargement. She investigated with ultrasonography, mammogram, and core biopsy of the right breast lump. The histology report came as breast cancer.

3.4. Mention the most likely histological type in the above woman. (10 Marks)

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3.5. Mention the TNM staging. (10 Marks)

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3.6. Outline the definitive management of the above woman.

(15 Marks)

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**PART C**

A 45-year-old man presented with a 2 cm nodule in the left lobe of the thyroid for 4 months.

3.7. List five (5) clinical features suggestive of a malignant thyroid nodule.

(10 Marks)

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3.8. Mention two (2) investigations to diagnose his condition mentioned in 3.7.

(10 Marks)

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3.9. FNAC report came as Thy 3. What is the next step in the management?

(10 Marks)

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3.10. Histology reveals papillary thyroid cancer. Mention the definitive management of the above patient.

(10 Marks)

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**Question Number: 04**

A 45-year-old woman presented with right hypochondrial pain and fever for 2 days. She has nausea but no vomiting. Her pain on and off radiates to the lower angle of the right scapula.

4.1.Mention the most likely diagnosis. (10 Marks)

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4.2.Mention the most sensitive examination finding which supports your diagnosis. (10 Marks)

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4.3.List the investigations with findings that support the diagnosis mentioned in 4.1. (15 Marks)

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4.4.Outline the management of this patient. (20 Marks)

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After 3<sup>rd</sup> day of admission, the patient was ill. She developed a swinging type of fever with right hypochondrial guarding and rigidity. Her pulse rate was 110 beats/min, BP was 90/60.

4.5.Mention the likely condition of the patient. (10 Marks)

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4.6. List the investigations with findings to confirm the patient's condition mentioned in 4.5. (15 Marks)

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4.7. Outline the management of the above patient's condition mentioned in 4.5. (20 Marks)

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**Question Number: 05**

A 56-year-old woman presented with loss of appetite and loss of weight for six months. Clinical examination was unremarkable. Her Hb is 7.8 g/dl, and upper gastrointestinal endoscopy revealed an ulcer in the stomach.

5.1.Mention the macroscopic appearance of the ulcer suggestive of chronic benign and malignant gastric ulcer. (20 Marks)

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5.2.Mention how the following gastric ulcer locations suggest benign and malignant nature. (20 Marks)

A. Lesser curvature

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B. Greater curvature

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5.3.List five (5) aetiological factors of carcinoma of stomach. (20 Marks)

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5.4. List four (4) complications of benign chronic gastric ulcer.

(15 Marks)

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5.5. Outline the management of one complication mentioned in 5.4.

(25 marks)

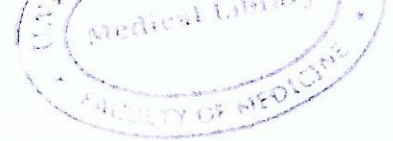
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**Question Number: 06**

A 70-year-old man presented with clinical features suggestive of large bowel obstruction. After the initial resuscitation, a basic imaging investigation was carried out. It revealed a closed-loop obstruction in the left colon. A non-operative intervention was carried out which was not successful. He underwent a laparotomy and was found to have perforation at the obstructed site.

6.1. List the clinical features of large bowel obstruction. (10 Marks)

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6.2. Outline the initial resuscitation measures carried out in this patient. (25 Marks)

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6.3. Name the basic image which was carried out initially in this patient, which revealed closed loop obstruction. (5 Marks)

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6.4. What is the likely site of closed loop obstruction in the left colon, and mention the possible imaging appearance of it? (10 Marks)

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6.5. Mention the likely non-operative intervention carried out to relieve the obstruction. (10 Marks)

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6.6. Mention the immediate postoperative management of this patient after laparotomy. (25 Marks)

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6.7. List three (3) postoperative complications expected in this patient. (15 Marks)

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**Question Number: 07**

A 66-year-old patient presented to the vascular clinic with a history of a big toe ulcer on the right foot and pain in the ipsilateral forefoot for 3 weeks. He has smoked 15 cigarettes per day for the last 10 years. He is not a diabetic.

7.1. Mention the most likely vascular pathology for his condition. (10 Marks)

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7.2. What is the most likely type of ulcer in this patient? (10 Marks)

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7.3. Mentioned the Fontaine stage of this patient. (10 Marks)

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7.4. List three (3) risk factors present in this patient for his vascular pathology. (15 Marks)

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7.5. What is the important examination finding you will look for? (10 Marks)

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7.6. List two (2) investigations useful in confirming and planning the management in this patient. (15 Marks)

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7.7.Mention two (2) medications that will be useful in this patient with reasons. (10 Marks)

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7.8.Mention the options available for his definitive management? (10 Marks)

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7.9.This patient is very keen on quitting smoking. How can you help as a doctor? (10 Marks)

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**Question Number: 08**

A 35-year-old male presents to the A & E department after a motor vehicle coalition, where his leg is under the car for 30 minutes. The primary was unremarkable. The radiograph of the leg shows a diaphyseal fracture of tibia and fibula, which is splinted with a POP back slab. After 12 hours of the above management, he was suspected to have impending compartment syndrome.

8.1. Define the leg compartment syndrome?

(10marks)

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8.2. List three (3) earliest features of (impending) compartment syndrome?

(30 Marks)

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8.3. List the other classic features of ischaemia?

(15 Marks)

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8.4. Outline the management of this patient's leg compartment syndrome?

(25 Marks)

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8.5. List five (5) complications of compartment syndrome?

(20 Marks)

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