

Surgery- Paper II

Date: 19.01.2024 Time: 1.30 pm to 4.30 pm (03 hours)

1. A 65-year-old fisherman presented with worsening backache with voiding lower urinary tract symptoms (LUTS). After a detailed assessment, PSA was 35 ng/ml. He subsequently underwent a guided biopsy of the prostate and imaging, which is given below (Figure 1).

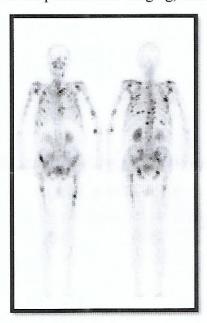


Figure 1

1.1. List three common causes for worsening backache in this age group.	(10 Marks)
1.2. List five causes for the rise in serum PSA.	(15 Marks)

1.3.	Identify the imaging given in Figure 1 and write the findings you see.	(10 Marks)
	Write three imaging investigations you will do in this patient other than given in Figure 1?	
1.5.	List three (3) complications of TRUS-guided biopsy of the prostate.	(15 Marks)
1.	D (TDVG): 1 (1) (1) (1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1.6.	Post TRUS biopsy day one (1) patient developed chills, rigor and confusi	
	blood pressure of 80/60mmhg, PR-110bpm, RR-37/min and CRP of 345	
	1.6.1. What is the most likely clinical diagnosis?	(10 Marks)
	1.6.2. Calculate his qSOFA Score.	(10 Marks)
	1.6.3. His blood culture revealed ESBL producing Coliform; what do you by "ESBL"?	understand (10 Marks)
1.7		
1./.	Investigations revealed multiple sclerotic bone metastasis with a Gleason	
	5+3=8. What is the next important step in management to control malignation	
		(10 Marks)



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2.	A 65-year-old man who underwent an elective left hemicolectomy formalignancy through a midline abdominal incision developed fever on the fift. He also complained of increasing pain at the site of the incision. 2.1. What is the most likely cause of his pain and fever?	h postop day. (10 Marks)
	2.2. What are the other signs that would support your diagnosis?	(15 Marks)
	2.3. What investigations would you do for this complication?	(15 Marks)
	2.4. How will you manage this patient?	(10 Marks)
	2.5. Mention the factors that increase the risk of this complication.	(25 Marks)

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2.6.	. What steps could be taken to reduce the risk of this complication? (25 M	[arks]
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3.	A 65-year-old man presented with progressive jaundice, loss of weight and reduced appetite
	for six weeks duration. He noticed dark urine and pale stool for the last three weeks.
	3.1. Mention the additional clinical features that help to manage his condition. (15 Marks)
	3.2. List the investigations you will request to diagnose his condition. (15 Marks)
	3.3. Mention the most possible diagnosis in this man. (15 Marks)

3.4. Mention the management options of the condition mentioned in 3.3 depending on the		
various stages of the disease.	(15 Marks)	
3.5. Before the definitive treatment, the patient has undergone ERCP and st	enting.	
Mention the preprocedural preparations for ERCP.	(15 Marks)	
	•••••	
3.6. List the complications of the ERCP procedure.	(15 Marks)	
3.7. Mention the tumour marker, which helps to diagnose the condition men	ntioned above	
in 3.3.	(10 Marks)	



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4.	4. A 43-year-old woman presented with severe loss of appetite, vomiting, loss of weight upper abdominal discomfort and distension for the last three months. The contained the previous day's consumed food particles. The examination revealed and epigastric fullness.	vomitus
	4.1.Mention five causes for the above clinical presentation. (10	Marks)
	4.2.Briefly describe five investigations to confirm the diagnosis. (25)	Marks)
	4.3. How will you prepare the patient for the above investigations? (25	Marks)

4.4. Mention three (3) predisposing factors or lesions causing the disease mentioned in 4.1. (5 Marks)
4.5.Mention the treatment modalities available for the conditions mentioned in 4.1. (20 Marks)
4.6. What do you mean by neoadjuvant chemotherapy? (05 Marks)
4.7.Briefly discuss neoadjuvant chemotherapy useful in one condition mentioned in 4.1. (10 marks)

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5.	Part I	
	Four (4) patients with thyroid-dominant nodule:	s underwent ultrasound-guided FNAC,
	and the pathologist reported as	
	a) Thy 3 – Neoplasm possibly suggests follicu	ılar neoplasm.
	b) Thy 4 – suspicious of papillary carcinoma	
	c) Thy 5 – Medullary carcinoma	
	d) Thy 2 – Non-neoplastic	
	a) in a rom neepmane	
	5.1.Briefly discuss the management of the above	four patients (40 Marks)
	a	
	, b	
	c	
	d	
	5.2.Mention five complications that may o	ccur during the first five days after
	thyroidectomy.	(5 Marks)

5.3.Mention briefly the management of one complication you mentioned in 5.2. (10 Marks)
Part II
A 40-year-old woman presented with nipple discharge and a retracted nipple.
5.4.Mention five causes for nipple discharge. (5 Marks)
5.5.Briefly describe the clinical assessment of nipple discharge in history and examination.
(15 Marks)

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5.6.Mention five investigations with reasons to confirm the diagnosis re	garding nipple
discharge.	(15 Marks)
5.7.Mention four causes for nipple retraction.	(4 Marks)
5.8. What are the problems caused by an inverted nipple in a young fema	ale who is
currently pregnant, and how can it be overcome?	(6 Marks)
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6. A 42-year-old male patient presented with blood and mucous diarrhoea for or has associated fever and left lower abdominal pain. He had episodes of dia blood and mucous for the last four years. Each episode was associated with a frequency of bowel opening and left-sided abdominal pain and lasted for a few also has associated joint pain and skin lesions in his legs.		rhoea with
	6.1.Mention the most likely diagnosis for the altered bowel habit.	(10 Marks)
		(15 Marks)
	6.3.Mention five (5) initial investigations you would carry out in this patient an reason for doing them.	
	6.4. What nutritional problems would you expect in this patient, and give reason	ns? (15 Marks)

6.5.	Enumerate the steps in the initial management of this patient	(25 Marks)
6.6.	Give three (3) likely complications this patient may develop.	(10 Marks)
6.7.	What is the role of surgery in this patient?	(5 Marks)
6.8	What is the risk of malignancy in this patient?	(5 Marks)



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7. A 62-year-old diabetic patient presented with gangrene of the ri examination, there was peeling skin with slough at the plantar surface of	
a bad odour.	
7.1. What factors would have contributed to this condition?	(10 Marks)
*	
7.2.Outline the initial clinical evaluation of this patient.	(20 Marks)
7.3.List the investigations you would carry out in this patient.	(15 Marks)

7.4. What would be the initial management for this patient?	(20 Marks)
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7.5. How would the vascular intervention subsequently help in the manageme	ent?
and the management	(15 Marks)
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.6. What advice would you offer for foot care in this patient?	(20 Marks)
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8.	A 24-year-old male presents to the A & E departure and secondary surveys, he has no life-three closed fracture and temporary skin traction applies the second day, he developed fat embolism syndrome.	no life-threatening injuries other than a right femurion applied and the plan for fixation in 3 days. On	
	8.1. Define the fat embolism syndrome.		
	8.2. What are the major criteria for diagnosing fat		
	8.3. What are the minor criteria for diagnosing fat		

8.4	. What are the differential diagnosis of fat embolism syndrome?	(20 Marks)
8.5.	. How will you manage this patient?	(20 Marks)
8.6.	. What are the preventive measures for fat embolism syndrome?	(20 Marks)