



UNIVERSITY OF JAFFNA, SRI LANKA
FINAL EXAMINATION FOR MEDICAL DEGREES - JUNE 2024
ACADEMIC YEAR 2016/2017

Surgery - Paper II

Date: 06.06.2024

Time: 1.30 pm to 4.30 pm (03 hours)

Index Number:

Question 1

A 50-year-old diabetic woman was admitted to the hospital with high fever (axillary temperature of 39°C), confusion and low urine output. She had dysuria and loin pain for 3 days, according to her daughter. Her blood pressure was 80/60 mmHg, pulse rate was 122/bpm, and respiratory rate was 24/min. Her qSOFA score was 3. The senior registrar immediately reviewed the patient and said Urosepsis as a working diagnosis.

1.1 Briefly define the term ‘Sepsis’. (10 Marks)

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1.2 List the criteria used for the calculation of the qSOFA score. (10 Marks)

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1.3 Briefly describe her acute management during the next hour. (40 Marks)

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1.4 List three (3) likely organisms which can cause the above manifestation. (10 Marks)

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Her Arterial blood gas (ABG) analysis report is given below,

PH:7.2
pO₂ : 6.7kPa
pCO₂ :2.6kPa
HCO₃⁻ :14mmol/l
Lactate: 9.0 mmol/l
1kPa=7.5mmHg

1.5 Explain the reason for the above findings in ABG. (20 Marks)

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After 48 hours, Urine Culture revealed '**ESBL Coliform**'.

1.6 What do you understand by ESBL and its clinical significance? (10)

ESBL:.....
Clinical significance:.....
.....



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Question 2

A 68-year-old man was referred from the medical ward with worsening lower urinary tract symptoms (LUTS), mainly voiding LUTS. He is known to have Diabetes mellitus and Hypertension. He has a history of urethral instrumentation in the past, but the patient does not have any records of it. He is admitted to your ward for further assessment of LUTS.

2.1. List five (5) common causes for LUTS in this man. (10 Marks)

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2.2. What do you understand by voiding LUTS? (10 Marks)

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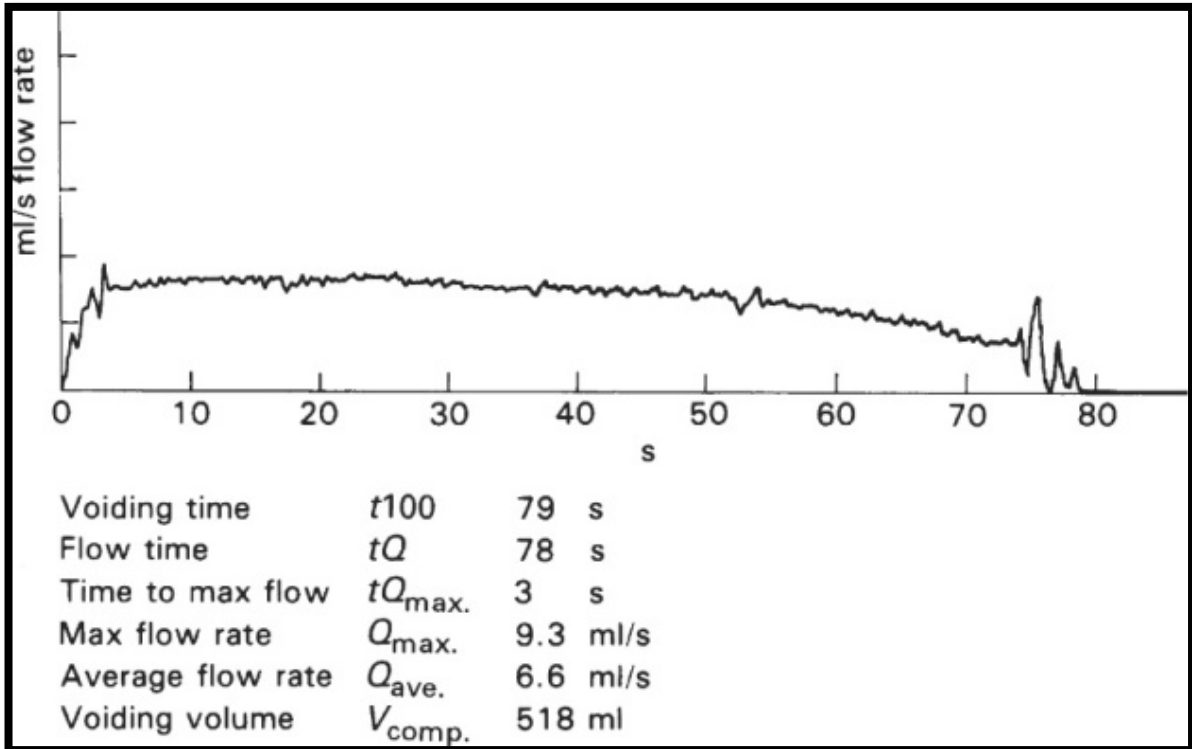
2.3. Briefly describe how you will assess him (History and Examination) in ward. (35 Marks)

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2.4. How will you investigate him?

(20 Marks)

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Uroflowmetry graph

2.5. His Uroflowmetry graph is given above. What are your interpretations, and what is the likely diagnosis? (15 Marks)

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.....

2.6. How will you confirm your diagnosis?

(10 Marks)

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Question 3

A 50-year-old male patient presented with obstructive jaundice. On examination, he did not have a palpable gallbladder, and USS revealed stones in the gallbladder and a dilated common bile duct (CBD) with gallstone impaction at the distal end.

3.1.Mention the reason for looking for an enlarged gall bladder in this patient. (20 marks)

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.....

3.2.List the life-threatening complications the patient can develop. (15 marks)

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3.3.Enumerate the five (5) blood investigations you will request on admission. (15 marks)

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3.4.What would be the best method to relieve CBD obstruction by gallstone? (15 marks)

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3.5.How will you prepare the patient for the intervention you mentioned in 3.4? (20 marks)

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3.6.What would be the definitive management of this patient? (15 marks)

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Question 4

A 40-year-old man, getting treatment for ischaemic heart disease with atrial fibrillation, presented with acute right lower limb ischaemia to the surgical casualty

4.1. List the physical signs that will help to confirm acute limb ischaemia. (15 Marks)

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4.2. Mention three causes for acute limb ischaemia and give the most likely cause in this patient. (15 Marks)

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4.3. What is the best method to confirm the diagnosis? (10 Marks)

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4.4. Outline the initial management of this patient. (25 Marks)

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4.5. What would be the definitive management for this patient? (15 Marks)

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4.6.Mention an important complication anticipated following definitive treatment. (20 Marks)

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Question 5

A 72-year-old man with diabetes and ischaemic heart disease presented with severe left lower abdominal pain for one week. He had tenderness over the left iliac fossa without guarding or rigidity on examination. CT scan evaluation revealed a few out pouching lesions at the sigmoid colon.

5.1.Mention the most likely cause of his pain. (10 Marks)

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5.2.List 5 other likely clinical features in this patient. (15 Marks)

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5.3.Outline the initial management of this patient. (25 Marks)

.....

Two days after admission, he had a high fever spike with guarding and rigidity over his left lower abdomen.

5.4.What is the cause of this new development? (20 Marks)

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5.5.How will you confirm the cause mentioned in 5.4? (10 Marks)

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5.6. What would be the best treatment for this patient with this condition? (20 Marks)

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6.5.Mention the preoperative preparation of this patient. (15 Marks)

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6.6.Mention the definitive management of this patient (20 Marks)

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6.7.List five (5) early postoperative complications of this patient. (15 Marks)

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Question 7

A 35-year-old breastfeeding mother presented with left breast pain with swelling for three days.

7.1.Mentioned the two-differential diagnosis in the above-mentioned patient. (10 Marks)

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7.2.Mentioned the examination findings that favour the differential diagnosis. (15 Marks)

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7.3.How do you confirm your diagnosis? (10 Marks)

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7.4.Mentioned the management in each condition mentioned in 7.1. (25 Marks)

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A 40-year-old man presented with a right solitary thyroid nodule.

7.5.What do you understand by “solitary thyroid nodule”? (10 Marks)

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7.6.How does the solitary nodule differ from the dominant nodule? (10 Marks)

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7.7.List the investigation of this patient. (10 Marks)

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7.8.Investigations reveal it as follicular neoplasm. Mention the management of this patient. (10 Marks)

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Question 8

A 25-year-old male presented to the A & E with an isolated open tibia fracture.

8.1. Define the open fracture. (10 Marks)

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8.2. What is the commonly used classification for open fracture? (10 Marks)

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8.3. Describe the grades used in this classification. (25 marks)

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8.4. Outline the initial management of this patient at A & E? (25 marks)

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8.5. List the possible complications in this patient.

(15 Marks)

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8.6. What measures were taken to minimise the bone infection in this patient?

(15 marks)

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