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**UNIVERSITY OF JAFFNA, SRI LANKA**  
**FINAL EXAMINATION FOR MEDICAL DEGREES - MARCH 2025**  
**ACADEMIC YEAR 2017/2018**

**Surgery - Paper II**

**Date: 20.03.2025**

**Time: 1.30 pm to 4.30 pm (03 hours)**

**Question 1:**

A 50-year-old woman presents with colicky abdominal pain, distension and bilious vomiting for 3 days. She underwent laparotomy for a perforated appendix at 28 years and abdominal hysterectomy for dysfunctional uterine bleeding at 40 years. On examination, she was afebrile, her pulse rate was 110 bpm, BP was 110/90 mmHg, and her abdomen was distended but soft. Her investigation reports are given below:

WBC -  $10 \times 10^9/L$  ( $4.5-11.0 \times 10^9/L$ )

Na- 128 mmol/L (135-145)

K- 2.9 mmol/L (3.5-5.0)

Supine abdominal X-ray - dilated small bowel loops

Erect chest X-ray - normal

- a. Mention the clinical diagnosis and the most likely cause for it. (10 Marks)

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- b. Explain the pathophysiological basis for the high pulse rate and the electrolyte abnormalities seen. (20 Marks)

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- c. Briefly outline the initial management of this patient. (25 Marks)

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- d. Next day, a decision was made to proceed with laparotomy based on the clinical assessment of this patient. Mention three likely findings in the clinical evaluation of this patient. (15 Marks)

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- e. Bowel resection and anastomosis was performed to her. Outline the fluid management of this patient for the first postoperative day. (15 Marks)

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f. Mention five (5) likely early post-operative complications in this patient. (15 Marks)

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**Question 2:**

**Part A**

A 34-year-old woman presents to the outpatient surgical clinic with diffuse goitre and clinically she is hyperthyroid.

- a. How would you further investigate this woman? (15 Marks)

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- b. Mention three (3) causes of hyperthyroidism. (15 Marks)

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- c. What is the probable cause for hyperthyroidism in this woman? (05 Marks)

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- d. Mention the steps in the management of this woman. (15 Marks)

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## Part B

A 54-year-old woman was referred to the outpatient clinic for further evaluation of nipple discharge.

- e. What important aspects would you consider in your clinical evaluation of this woman? (15 Marks)

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- f. Mention the five (5) causes for the nipple discharge. (20 Marks)

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- g. Mention the steps to take in further investigation of this woman. (15 Marks)

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**Question 3:**

A 45-year-old woman presented with severe upper abdominal pain for 3 days duration. She felt the pain was radiating to the back and she had no previous history of peptic ulcer symptoms or dyspeptic symptoms. She had been diagnosed with asymptomatic gallstones three years back. On examination, her upper abdomen was tender but no guarding. Her serum amylase was 2000 U/L (normal 40 – 140 U/L).

a. What is the most likely diagnosis? (10 Marks)

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b. Mention the aetiological factor for her condition. (10 Marks)

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c. Mention the investigations to confirm the aetiology mentioned in 3.b. (10 Marks)

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d. Briefly describe the management of this patient. (45 Marks)

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- e. Mention five (5) local complications of the above mentioned condition in 3.a.

(15 Marks)

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- f. Mention the step to prevent further episodes of the above mentioned condition in 3.a.

(10 Marks)

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Question 4:

A 68-year-old man with a history of benign prostatic hyperplasia (BPH) and type 2 diabetes mellitus presents with fever ( $38.9^{\circ}\text{C}$ ), chills, dysuria, and severe right flank pain for two days. On admission, he is confused, hypotensive (BP 80/40 mmHg), tachycardic (HR 120/min), tachypneic (RR 28/min), and has an oxygen saturation of 94% on room air. Laboratory findings indicate leukocytosis, elevated creatinine, and a lactate of 4.2 mmol/L ( $< 1.0$  mmol/L). Urinalysis reveals significant pyuria, and bedside ultrasound suggests hydronephrosis. The diagnosis is **urosepsis with septic shock**.

- a. Briefly define the “sepsis”. (10 Marks)

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- b. Mention the components of qSOFA and identify those present in this patient. (20 Marks)

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- c. Describe the immediate management of this patient. (30 Marks)

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d. What is the possible cause and mention the source control treatment? (10 Marks)

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e. Mention the pathophysiology of the clinical signs in this patient? (30 Marks)

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**Question 5:**

A previously well 9-month-old baby boy presents with episodic crying and vomiting. In between episodes, the child appears lethargic but is not crying. After 12 hours, the baby passes red-colored, mucus-filled stool.

- a. What is the most likely diagnosis in this patient? (10 Marks)

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- b. What is the most common aetiology for the above-mentioned diagnosis in 5.a? (10 Marks)

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- c. Outline the steps for the initial management of this patient. (20 Marks)

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- d. What is the first line imaging investigation performed to arrive at the diagnosis? (10 Marks)

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- e. Mention the typical radiological appearance you would see in this patient? (10 Marks)

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f. What are the available definite management options? (20 Marks)

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g. List three (3) complications if there is a delay in diagnosis and management? (20 Marks)

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**Question 6:**

A 65-year-old smoker presented with right side calf pain after walking for 500m for 6 months duration. The pain relieved after 5 minutes of rest. This pain did not affect his quality of life.

- a. Define Intermittent claudication. (20 Marks)

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- b. List two (2) other possible causes for this type of leg pain. (10 Marks)

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- c. According to the history, where could the possibility of occlusion/stenosis of the artery be? (05 Marks)

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- d. List the management principles of this patient (15 Marks)

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- e. List two (2) medications that can be used to improve the walking distance.(10 Marks)

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- f. After three (3) months, he presented with right big toe gangrene and pain in the foot.  
Define Chronic Limb Threatening Ischaemia. (20 Marks)

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- g. List three (3) imaging modalities that can be used to delineate the vascular pathology.  
(10 Marks)

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- h. Mention two (2) possible interventions that can be used to restore the blood  
circulation in this patient. (10 Marks)

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**Question 7:**

A 65-year-old male is scheduled for a Thoracoscopic oesophagectomy for oesophageal cancer. He has a history of smoking, Diabetes Mellitus (DM), Hypertension (HTN), and Chronic Obstructive Pulmonary Disease (COPD).

- a. Mention three **key components of the preoperative assessment** for this patient, considering his comorbidities. (20 Marks)

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- b. List the **preoperative investigations** required before surgery. (25 Marks)

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The intraoperative arterial blood gas (ABG) shows:

pH: 7.2, PCO<sub>2</sub>: 50 mmHg, PO<sub>2</sub>: 100 mmHg, HCO<sub>3</sub><sup>-</sup>: 20 mmol/L, Base Excess: -8, Lactate: 3.5, Blood sugar: 190 mg/dL.

- c. Interpret the ABG mentioned above. (20 Marks)

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- d. Mention **three (3) postoperative pain relief** methods. (15 Marks)

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- e. Mention **four (4) potential postoperative complications**. (20 Marks)

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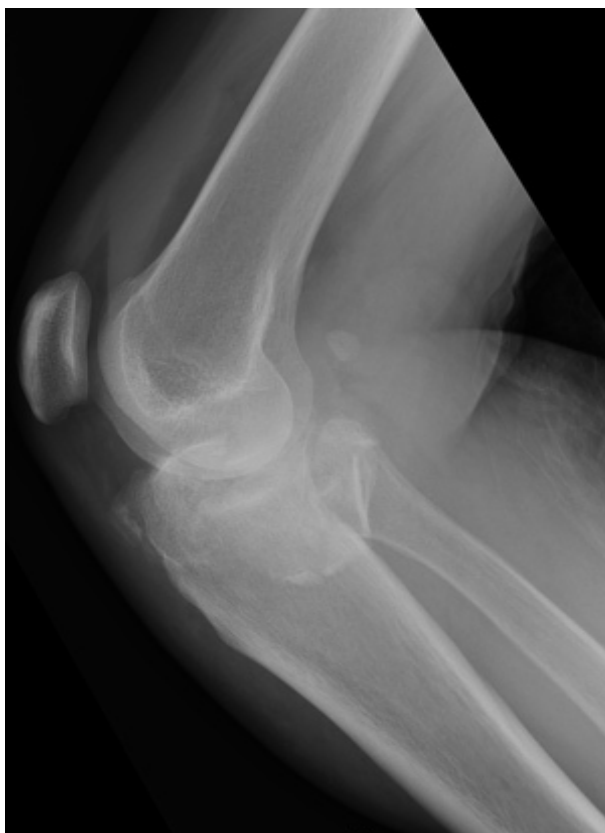
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Question 8:

A 35-year-old cyclist collided with a truck and sustained the following injury.



a. What is the diagnosis? (10 Marks)

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b. Describe your initial management? (30 Marks)

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This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

c. What is your definitive management?

(20 Marks)

This image shows a blank sheet of white paper with ten sets of horizontal dashed lines. Each set consists of three parallel lines, with the middle line being slightly longer than the two outer lines, creating a series of rectangular boxes typical of primary school handwriting practice paper. The lines are evenly spaced and extend across the width of the page.

d. List the possible early complications of this injury?

(20 Marks)

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- e. What late complications are possible due to the injury and its management?  
(20 Marks)

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