



UNIVERSITY OF JAFFNA, SRI LANKA
FINAL EXAMINATION FOR MEDICAL DEGREES SEPTEMBER 2009
SURGERY PAPER II

DATE: 07.09.2009

TIME ALLOWED : 3 ½ HOURS
01.00 PM- 4.30 PM

ANSWER ALL 10 QUESTIONS

ANSWER EACH PART IN A SEPARATE ANSWER BOOK

Part A

1. 50 year –old male patient was admitted with acute abdomen to the casualty ward. His abdomen is board like rigid on examination.

1.a. Mention the relevant physical sign to support bowel perforation (5 marks)

1.b. Give the appropriate investigation with interpretation to arrive above diagnosis (10 marks)

1.2 Mention two investigations with expected findings to find out the cause for the acute abdomen with haemoperitoneum (15 marks)

1.3 .a. Mention another cause for acute abdomen other than bowel perforation and Haemoperitoneum (5 marks)

1.3.b. What investigation will you consider to support the cause mentioned in 1.3 a? (10 marks)

1.4.a. Mention five major problems you will encounter during the pre-operative management of acute abdomen (15 marks)

1.4.b. Briefly outline how you will overcome the above problems? (40 marks)

2. A patient underwent two stage oesophagectomy – IverLewis(Right thoracotomy & laparotomy) for lower third adeno carcinoma of the oesophagus.

2.1. a. What are the parameters you will monitor in the post-operative first 24 hours? (15 marks)

2.1.b. Indicate the importance of these parameters (30 marks)

- 2.2.a.** Mention five complications that may occur in this patient during first week after Surgery (10 marks)
- 2.2.b.** Briefly state the investigations with interpretations to detect the above Complications (25 marks)
- 2.3.a.** Mention two late complications that may occur in this patient (5 marks)
- 2.3.b.** What are the principles of managing these complications? (15 marks)

Part B

3. A 45 year-old male patient was admitted with the history of haematuria and found to have an intra - abdominal lump in the left lumbar region. The lump is ballotable.

- 3.1.** Mention two possible differential diagnoses (10 marks)
- 3.2.** Briefly discuss how history & examination will help to arrive at a diagnosis in this Patient (40 marks)
- 3.3.** Mention the relevant investigations with the interpretations to arrive at the Diagnosis (30 marks)
- 3.4.** Briefly discuss the treatment options available for one of the conditions mentioned in 3.1 (20 marks)

4. Write notes on

- 4.1.** Post operative fever on the 3rd day after appendicectomy (40 marks)
- 4.2.** Lump confined to the scrotum in a 40 year –old male (30 marks)
- 4.3.** Presentation & investigations of Congenital diaphragmatic hernia (30 marks)

Part C

5. A 60 year –old man is presenting with jaundice of two weeks duration.

- 5.1.** Explain how clinical features will help to arrive at a diagnosis (30 marks)
- 5.2.** How will you proceed to further investigate this patient? (30 marks)
- 5.3.** What treatment options are available if he has obstructive jaundice? (40 marks)

6. A 40-year-old female presents with 2cm x 3cm ill defined mass in the periphery of the upper Outer quadrant of the left breast. She has no palpable axillary and supraclavicular Lymphnodes. On triple assessment this lump was turned out to be an invasive ductal Carcinoma. There is no clinical evidence of distant metastases.

6.1. What are the favourable prognostic factors in a patient with breast carcinoma? (20 marks)

6.2. How will you further investigate this patient? (20 marks)

6.3. Give an account on the treatment options available to this patient if there are no Co-morbidity. (60 marks)

Part D

7.

7.1. A 8 – year –old boy sustained a supracondylar fracture to his right arm during a fall from bicycle

7.1.a As a House Officer how will you assess & treat this patient after admission? (30 marks)

7.1.b. Out line the complications of this fracture and describe the management of the Complications (20 marks)

7.2. Write notes on Acute haematogenous osteomyelitis in a child (25 marks)

7.3. Out line the principles of management of Hand infection (25 marks)

Part E

8. A 35 year old otherwise healthy male patient was admitted to surgical casualty ward following Road Traffic Accident. He had a heavy object impact on to his left side of head and had loss of consciousness for few minutes. On admission he was fully conscious and after few hours he started to deteriorate clinically. He was confused and opened his eyes to painful stimulus and could only locate the pain stimulus. His left pupil was dilated and not reacting to light and he had weakness of right lower limb.

As a doctor working in the casualty ward,

8.1 Briefly outline the initial management to this patient (20 marks)

8.2 What is his current GCS and grade the severity of head injury of this patient? (10 marks)

8.3 List the parameters checked in the head injury observation chart (15 marks)

8.4 What is the most likely diagnosis in this patient and give reasons? (15 marks)

8.5 How will you confirm the diagnosis (10 marks)

8.6 Briefly enumerate the principles of subsequent management of this patient (30 marks)

9. Write short notes on:

9.1 Hypokalaemia in surgical practice (25 marks)

9.2 Adverse reactions to blood transfusion (25 marks)

9.3 Prevention of surgical infections (25 marks)

9.4 Haemorrhoids (25 marks)

Part F



10.

10.1 Give a brief account on ocular torticollis (30 marks)

10.2 Briefly outline the management of strider in an adult patient (30 marks)

10.3 Write notes on Hypovolaemic shock (40 marks)