

UNIVERSITY OF JAFFNA, SRI LANKA
FINAL EXAMINATION FOR MEDICAL DEGREES—DEC 2010
SURGERY Paper II

Date: 09.12.2010.

Time: 3½ hours

ANSWER ALL THE TEN QUESTIONS

Answer each **PART** in separate answer book

Part A

1. 1.1. Mention six radiological investigations (including imaging) useful in urological problems. (30 Marks)
- 1.2. Briefly discuss the preparations and usefulness of above investigations (70 Marks)

2. **Briefly discuss the management and complications of the following conditions.**
 - 2.1. Colostomy (30 Marks)
 - 2.2. Venous ulcer above medial malleolar region (40 Marks)
 - 2.3. Phimosis (30 Marks)

3. 3.1. Briefly discuss the investigations and preparative management of Congenital Pyloric Stenosis. (40 Marks)
- 3.2. Enumerate the management of hand infections. (30 Marks)
- 3.3. Write briefly about the indications and management of Intercostal Drainage Tube. (30 Marks)

Part B

4. **A 10 year old boy presented to the Emergency ward with a history of pain, swelling and deformity of the Right Elbow following fall in the school playground. He had no other injuries. His right hand was pale with limited movements of the fingers.**
 - 4.1. How will you assess him on admission to hospital? Give reasons for your findings. (40 Marks)
 - 4.2. Outline the management of this boy during the first 24 hours. (40 Marks)
 - 4.3. Enumerate the complications of elbow injuries in this age group. (20 Marks)

Part C

5. **A 50 year old diabetic female has ulcerated callosity over the first Metatarsophalangeal joint of her right foot.**
- 5.1. Give an account of pathogenesis of the above mentioned lesion. (25 Marks)
 - 5.2. Mention the relevant physical signs you will look for during local examination of her foot. (25 Marks)
 - 5.3. Mention the special investigations to be performed in this patient. (25 Marks)
 - 5.4. How will you treat her? (25 Marks)
6. **A 40 year male who has the habit of taking alcohol presents with Epigastric Abdominal pain of 24 hours duration. His serum Amylase was 1200 Somogy units/dl.**
- 6.1. What is the clinical diagnosis? (10 Marks)
 - 6.2. Mention the relevant physical signs. (30 Marks)
 - 6.3. How will you manage this patient during the first week? (60 Marks)

Part D

7. **A 28 year male patient presented to the surgical casualty with abdominal pain of one week. He developed central abdominal pain which moved to right iliac fossa and remained as a severe ache. He has vomited twice and the bowel has worked twice without diarrhea. He has been treated by a private practitioner with antibiotics for the last three days. There were no urinary symptoms and no urinary symptoms and no relevant past history.**

On examination he looked flushed and unwell with the temperature of 38°C and pulse rate of 100/min. The chest and heart were normal. The tongue was furred with a foetor. The abdomen was found to be tender over right iliac fossa with an intra abdominal mass arising out of pelvis. Digital rectal examination was normal.

- 7.1. What is the most likely diagnosis? (10 Marks)
- 7.2. How will you confirm your diagnosis? (20 Marks)
- 7.3. Outline the initial management of this patient. (30 Marks)
- 7.4. List the possible complications that can arise during the treatment period. (20 Marks)
- 7.5. What would be the definitive treatment of this patient? (20 Marks)

8. **A 24 year old woman who was crossing the street was struck on her left side by the side mirror of a car. She was thrown about 3 meters. She was admitted to the surgical casualty ward with the complaint of left sided chest pain and abdominal pain. She did not lose consciousness and neither had nausea nor vomiting.**

She was awake and talking. She was tachypnoeic and her respiratory rate was 28 / min. Trachea was found to be shifted to right side slightly. She had contusion over lower left chest wall and abdomen. Left lower chest was tender and air entry on the left side was diminished. She had slightly pale conjunctiva and her extremities were slightly cold. She had palpable radial pulse which was 110/ min. and was thready. Abdomen was tender over left hypochondrium and had shifting dullness.

- 8.1. Outline the principles of clinical assessment of this patient. (20 Marks)
8.2. Mention two likely surgical problems in her. (10 Marks)
8.3. Describe the immediate management of this patient. (20 Marks)
8.4. What further investigations will you request? (20 Marks)
8.5. How will you prepare her for Laparotomy? (20 Marks)
8.6. What would be the surgical follow up plan for her? (10 Marks)

Part E

9. **A 45 year old lady had a fall and complained of pain in her hip and right upper thigh. On local examination right leg was shortened and laterally rotated. On general examination she was found to have an ulcer over the left breast with enlarged axillary lymph nodes.**

- 9.1. What may be the probable diagnosis? (10 Marks)
9.2. What further investigations will you perform for making a definitive diagnosis? (40 Marks)
9.3. What treatment options are available for this patient? (20 Marks)
9.3. List the other primary cancers that can give rise to:
9.3.1. Lytic bone lesions. (10 Marks)
9.3.2. Sclerotic bone lesions. (10 Marks)
9.3.3. Haemorrhagic bone lesions. (10 Marks)

Part F

10. 10.1. Give a brief account on infective and inflammatory condition of Eye Lid. (30 Marks)
10.2. Write notes on the post operative pain management (40 Marks)
10.3. Give a brief account on indication/s and management of Tracheostomy. (30 Marks)