



**SURGERY ARCHIVE**

**TRAUMA**

**DONE BY:**

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# Abdominal trauma

A 24-year-old male presented to the emergency room after a history of blunt abdominal trauma he was diagnosed with bleeding that mandate surgical intervention, all of the following are expected to be in this

patient EXCEPT:

- a. Decreased cardiac output.
- b. Increased heart rate.
- c. Increased pulmonary artery occlusion pressure.
- d. Increased systematic vascular resistance.
- e. Decreased stroke volume

Answer: c

18 years old man has blunt abdominal trauma. is hemodynamically and neurologically stable. because of increasing abdominal pain, CT scan was ordered and showed a 3 cm liver tear, his hematocrit was 36% on admission, dropped to 34% after 2 hours . most appropriate management now would be:

- a. admit to ICU and observe
- b. immediate laparotomy
- c. immediate arteriography and possible embolization
- d. aggressive fluid resuscitation(3-5L of crystalloid in 30 minutes)
- e. diagnostic peritoneal lavage

Answer: A

hemodynamically stable patient suer from a blunt trauma which caused 3 cm liver tear what is the most appropriate management :

- a. laparoscopic suturing
- b. exploration
- c. conservative management

Answer: c

In a patient with a seat belt injury. The most likely organ to be injured is:

- A. Spleen
- B. Liver
- C. Kidney
- D. Intestine

Answer: d

Plain radiographic findings suggestive of splenic injury include except:

- a. left lower rib fracture
- b. left hemidiaphragm elevation
- c. left lower lobe atelectasis,
- d. Kehr's sign.
- e. Left pleural eusion

Answer: d

Which of the followings is the least used in the diagnosis of intra abdominal bleeding following blunt trauma

- a. repeated clinical exam.
- b. DPL diagnostic peritoneal lavage
- c. FAST
- d. CT
- e. MRI

Answer: e

All of the following data are considered positive peritoneal lavage after blunt abdominal trauma, EXCEPT:

- A. Amylase positive in the lavage fluid
- B. Bile positive in the lavage fluid
- C. Red blood cell count 100 000/ml
- D. Albumin of 5 g/l
- E. Gram stain positive for bacteria in the lavage fluid

Answer: d

19 years old pt come with gunshot in his umbilicus and systolic BP 70 with tense abdominal distention next step:

- A. Exploration laparotomy
- B. Keep on IV fluid till BP 90/70 then operate FAST
- C. DPL

Answer: a

Wrong about retroperitoneal injury?

- A. DPL is useful.
- B. Repeat clinical examination.
- C. Exploration is most commonly chosen.
- D. Regions II and III can be observed

Answer: a

All of the following contribute to a significant decrease in liver injury related mortality except

- a) management of juxtavenous injuries with packing
- b) Adopting Damage Control techniques
- c) adopting a non-operative policy irrespective of the severity of injury on C.T. scan
- d) the use of selective arteriography with transcather embolization to manage arterial bleeding
- e) the use of retrocaval shunts

Answer: c

39) Regarding overwhelming post splenectomy infection which of the following is not true:

- A) S. pneumonia bacteria is most often responsible.
- B) Children are at highest risk.
- C) It is a life long post splenectomy risk.
- D) Incidence is equal in all splenectomised patients regardless of the indication of splenectomy.
- E) Prophylactic immunization is optimally given at least 2 weeks prior to elective splenectomy.

Answer: d

All of the following are true about shock intrauma patient except-:

- A. Any patient who is cool and tachycardic is in shock until proved otherwise.
- B. Any shocked patient is considered hypovolaemic on the initial examination
- . C. Consider non-haemorrhagic shock in injury above the diaphragm.
- D. Initial normal BP and haematocrite does not exclude shock.
- E. The initial I.V. fluid administration of choice is Dextran\40

Answer: e

Which ONE of the following has the first priority in the management of multi- injured patient:

- A. Severely contaminated contused wound
- B. Compound fracture of both bones of the leg
- C. Massive hemo-pneumothorax
- D. Intracranial hematoma
- E. Rupture of the spleen

Answer: c

All of the following are true about [ I & II – Grade ] liver injury except

- A-They are less than 3 cm parenchymal depth laceration
- B-Usually treated conservatively in the I.C.U.
- C-If the patient is haemodynamicly unstable , other organs are injured
- D-If the patient remains stable there is no need for another C.T.
- E-Bilomas ,hepatic necrosis , arterial aneurysms ,arterio-venous fistula are recognized complications

Answer: d

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51- All of the following are true in regard of splenic injury except

- A-Nonoperative management is more successful in children than in adults
- B-CT scan determines the presence of injury
- C-CT scan does not always address the longitudinal splenic fracture
- D-CT is a good predictor of coexisting abdominal injury
- E-Absence of contrast extravasation on splenic arteriogram is a good predictor of Successful nonoperative management

Answer: c

50- Primary repair is an option for all of the following injuries except

- A-Knife wound to the right colon
- \* B-Gunshot to the rectum
- C-Gunshot to the transverse colon and spleen
- D-Knife to the sigmoid colon
- E-Gunshot to the descending colo

Answer: b

All of the following are true about splenorrhaphy except:-

- A-Can manage about 75% of splenic injury both in adults and children.
- B-Requires complete mobilization of the spleen.
- C-Hilum is approached through the gastrosplenic ligament.
- D-It includes; absorbable mattress sutures over Teflon patches, coagulation, Wrapping, and segmental resection.
- \* E-Wrapping can control all bleeding vessels except the hilar`s

Answer: e

## Mini Osci

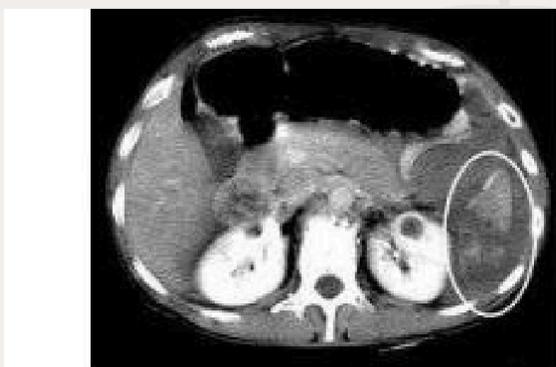
Q20) A-24-year old male involved in RTA as a passenger. Physical examination of the previous patient is unlikely to show:

- a. Rigid abdomen
- b. Low blood pressure
- c. Hyperactive bowel sounds
- d. Thready pulse
- e. Rebound tenderness over the abdominal wall



Q5) A-24-year old male involved in RTA as a passenger. What is the sign in the picture?

- a. Battle sign
- b. Seatbelt sign
- c. Collin's sign
- d. Dunphy sign
- e. Rovsings sign



- Hx of trauma What's the grade?  
- Grade V

- If the patient has left shoulder pain what's the name of this sign?  
- Kehr sign

- What's the most important complication of this surgery?

- Post-splenectomy overwhelming sepsis

- What vaccines should be given and when?

- Pneumococcal, within 14 days from splenectomy

## head trauma

22-year old male who was involved in a motor vehicle accident as a driver and presented to the emergency department with active bleeding from the nose and hypotension. The most appropriate next step is:

Select one:

- a. To take a full detailed history about the accident
- b. To wait for the official police report
- c. To resuscitate the patient with I.V fluids and control nasal bleeding
- d. To obtain urgent CT scan of the head
- e. To carry out full physical examination to exclude other injuries

Answer: c

Glasgow Coma Scale a patient who sustained a direct head trauma with the following parameters; opening of the eyes to pain, localize pain and have inappropriate words replies is:

10

Glasgow Coma Scale (GCS) for patient who sustained a direct head trauma with the following parameters; opening of the eyes to verbal command, abnormal flexion in response to painful stimulus and have inappropriate words replies is

: 9

extradural hematoma all are TRUE, EXCEPT:

- A. History of head injury
- B. Lucid interval
- C. Convulsions or hemiplegia of the contralateral side
- D. Dilatation of the ipsilateral pupil
- E. The source of bleeding is one of the scalp vessels

Answer: e

prevention of secondary brain insult after head trauma except :

Keep O<sub>2</sub> above 80

Keep CO<sub>2</sub> above 45

Avoid hyperglycemic food

Answer: b

Which of the following is a contraindication to insertion of a NGT {Nasogastric tube}:-

- a. A- Extradural haematoma.
- b. B- Subdural haematoma.
- C- Fracture base of skull.
- D- Rupture stomach.
- . E- Rupture duodenum

Answer: c

In comparison to extradural haematoma, a subdural haematoma has the following true fact:-

- A. Speed of bleeding is faster.
- B. Less severe.
- C. Occurs more in the younger age group.
- D. Associated more with brain injury.
- E. Needs a higher magnitude of trauma

Answer: d

In head injury all of the following are TRUE, EXCEPT:

- A. Skull X-ray is a useful method of showing the site of skull fracture
- B. CT scan is an excellent method of showing intracranial injuries and lesions
- C. Hyperventilation is an excellent method of reducing the intracranial pressure
- D. Patient with Glasgow coma scale of 14 carries a bad prognosis
- E. Extradural hematoma may produce contralateral hemiparesis

Answer: d

All are true about the use of mannitol in the head injured patients except

- A-It is an osmotic diuretic
- B-Does not cross the brain barrier
- C-The dose is 250\_500 ml of 20% sol. Given i.v over 30 min
- D-Can be safely given to all head injured patients
- E-Continuous recording of intra cranial pressure is the appropriate conjunction

Answer: d

When a patient is seen with stab wound of the neck that has injured the left vertebral artery. The most frequent clinical finding is:

- a. Hemiparesis.
- b. Hemiplegia.
- c. Hemorrhagic shock.
- d. Monocular blindness.
- e. Stable hematoma.

Answer: c/a

Which ONE of the following has the first priority in the management of multi- injured patient:

- A. Severely contaminated contused wound
- B. Compound fracture of both bones of the leg
- C. Massive hemo-pneumothorax
- D. Intracranial hematoma
- E. Rupture of the spleen

Answer: c

A 35-years-old man involved in road traffic accident presented to you in deep coma, pin pointed pupils. High fever and spastic rigidity of both upper and lower limbs; this man has:

- A. Frontal lobe injury
- B. Extradural hemorrhage
- C. Subdural hemorrhage
- D. Brain stem injury
- C. Cerebellar injury

Answer: d

Scalp hematoma which is small, very painful and tend is:

- A. Subgaleal
- B. Subcutaneous
- C. Subpericranial
- D. Intramuscular
- E. Epidural

Answer: b



Regarding diffuse axonal injury: deceleration injury

Which ONE of the following needs urgent surgical treatment:

- A. Brain concussion
- B. Brain stem laceration
- C. Compound fracture of the vault of the skull
- D. Linear fracture of the vault of the skull
- E. Compound fracture of the skull base

Answer: c

scalp hematoma that takes the shape of the underlying skull bone and with time it may give a false impression of a depressed fracture is:

- A. Subcutaneous hematoma
- B. Subgaleal hematoma
- C. Intramuscular hematoma
- D. Sub-epicranial hematoma
- E. Extradural hematoma

Answer: d

Scalp hematoma that takes the shape of the underlying bone is: (повтор)

- A. Subcutaneous
- B. Subgaleal
- C. Subperiostal
- D. Extradural
- E. Subdura

Answer: c

There is question about epidural hematoma not cause by veins it is cause by MMA

## Mini Osci

A 20 year old man, presents to the ER with left cheek pain and swelling after an assault to the face? what is the bone that has a high chance of being broken?

**-Zygoma**

What is the best scan to be used

A-MRI

B-US

**C-Computerized tomography (CT)**

D-Panorex

E-plain radiograph



### Q3. Brain CT

A. Dx?

**right epidural hematoma**

B. Initial treatment ?

**Hyperventilating**

C. How you treat the brain edema ?

**hyperosmotic agents can help reduce swelling in your brain. They include mannitol, glycerol, and hypertonic saline**



## Thoracic trauma

All of the following statements regarding the chest tube are correct except:

- A. It should be made of non-toxic material
- B. Its size depends mainly on the amount of air or fluid to be drained \*
- C. It should not cause necrosis during prolonged insertion
- D. It should be removed if it is stop draining
- E. It should be soft enough to prevent laceration of intercostal vessels

Answer: d

indication of thoractomy in throacic trauma :

**more than 200 cc blood obtained from chest tube every hour for 3 hours**

2- Tension pneumothorax wrong thing about it :

**we shoud do Chest xray before starting management**

.All of the following are true regarding chest injury EXCEPT:

- a. Tension pneumothorax is diagnosed and managed on clinical grounds
- b. 500 cc haemothorax on initial drainage dictates thoracotomy
- c. In flail chest, the major element of respiratory embarrassment is lung injury(contusion)
- d. Success of managing lung contusion depends on early recognition
- e. Traumatic pneumothorax always needs chest tube irrespective of its volume

Answer: b

primary survey, breathing in ABCD is aected by the followings except: Select one:

- a. Tension pneumothorax
- b. massive pneumothorax
- c. open pneumothorax
- d. Flial chest
- e. Cardiac tamponade

Answer: e

Which of the following is the most potential life threatening conditions

- a- Bronchial tear
- b- Aortic disruption
- c- Myocardial contusion
- d- Flail chest
- e- Tracheal injury

Chylothorax

- a- is frequently seen after blunt chest trauma
- b- usually requires ligation of thoracic duct
- c- results in early symptoms
- d- has 0.5-1 gm/ml protein content
- e- rarely becomes infecte

Answer: b/e

Answer: b

The first to be managed in multi-injured patient is:

- A. Shock
- B. Intracranial hematoma
- C. Respiratory problems
- D. Open fracture of long bones
- E. Crushed contaminated wounds

Answer: c

Which ONE of the following has the first priority in the management of multi-injured patient:

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- C. Massive hemo-pneumothorax
- D. Intracranial hematoma
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Answer: c

All of the following are true about shock in trauma patient except:-

- A-Any patient who is cool and tachycardic is in shock until proved otherwise.
- B-Any shocked patient is considered hypovolaemic on the initial examination.
- C-Consider non-haemorrhagic shock in injury above the diaphragm.
- D-Initial normal BP and haematocrite does not exclude shock.
- E- The presence of shock in an injured does not demand the immediate presence of a qualified surgeon

Answer: e

Which of the following is untrue in regard of a spontaneous pneumothorax:-

- A-15-30 years old males are affected most
- B-Majority are idiopathic
- C-Never causes tension pneumothorax
- D-Recurrent and chronic cases need pleurodesis
- E-High incidence is reported in patients with Marfan's Syndrome

Answer

56) All are types of distributive shock except:

- a. Tension pneumothorax

not types of distributive shock :

- a. Cardiac tamponade

Which of the following is the least cause of iatrogenic pneumothorax?

- a. Transthoracic needle aspiration
- b. Subclavian vessel puncture.
- c. Thoracocentesis.
- d. Pleural biopsy.
- e. Intercostal nerve block.

Answer: e

Spine immobilization is indicated in prehospital trauma patient who has sustained an injury from a mechanism having the potential to cause a spine injury and who has at least one of the following except

- a) altered mental status
- b) evidence of intoxication
- c) a distracting painful injury "such as a long extremity fracture"
- d) neurologic deficits
- e) spine pain-free or tenderness on palpation

Answer: e

After a car accident, patient presented to ER with blood pressure of 90/60, distended neck-veins, heart sounds couldn't be assessed because of crepitations of the left lung. What are you going to do next?

- A. CXR
- B. US
- C. Pericardiocentesis

Answer: c

**What is the diagnosis?**

- A-Right pneumothorax
- B-Haemothorax
- C-Lung cancer

**D-Right pneumothorax with upper lobe collapse (Record)**

- E-Lung abscess



**Q3. Pneumothorax**

**1- Finding:**

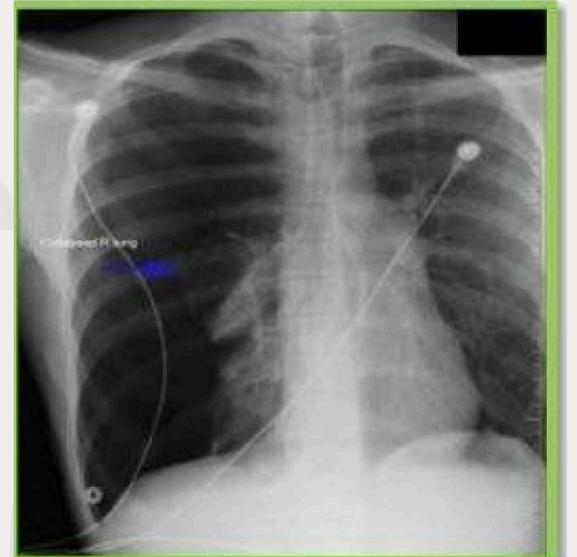
- a-shifting of mediastinum structures to the left
- b-absence of right lung bronchial markings (hyperlucency)
- c-depression of right hemidiaphragm.

**2- Diagnosis:**

right sided tension pneumothorax.

**3) Mention 3 signs for this patient :**

- A-Distended neck veins.
- B-absent breathing sounds on right
- C-deviated trachea
- D-tachypnea (severe respiratory distress)
- E-tachycardia and hypotension



# Shock

All of the following signs of different classes of shock are correct except :-

A-CLASS I: Tachycardia + Low diastolic pressure

B-CLASS II: Tachycardia + Narrow pulse pressure.

C-CLASS III: All signs of shock ; Low BP, Tachycardia, High resp rate, Low urinary Output, Deteriorated level of consciousness .

D-CLASS IV : Mental status is markedly depressed.

E-More than 50 % Blood loss : Comatose , No BP or pulse.

Answer: a

All of the following are true about shock in trauma patient except:-

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B-Any shocked patient is considered hypovolaemic on the initial examination.

C-Consider non-haemorrhagic shock in injury above the diaphragm.

D-Initial normal BP and haematocrite does not exclude shock.

E-bloodThe presence of shock in an injured does not demand the immediate presence of a qualified surgeon..

Answer: e

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D. Initial normal BP and haematocrite does not exclude shock.

E. The initial I.V. fluid administration of choice is Dextran\40

Answer: e

The cause of death in established tetanus is:

A. Septic shock

B. Heart failure

C. Renal failure

D. Respiratory failure

E. Pulmonary embolism

Answer: d

Three days after a myocardial infarction with cardiogenic shock, a 75-year-old man develops abdominal pain and distension. The abdomen is slightly tender with reduced bowel sounds. A plain abdominal X-ray shows distended small bowel without fluid levels. Blood tests reveal a metabolic acidosis. The most likely diagnosis is:

a. perforated peptic ulcer

b. mesenteric ischaemia

c. pseudo-obstruction of the colon

d. acute pancreatitis

e. diverticulitis

Answer: b

Blood loss of 1000 ml can cause which class of hypovolemic shock:

a. Class I

b. Class II

c. Class III

d. Class IV

e. Class V

Answer: b

patient with severe hypovolemic shock all of the following are common clinical features, EXCEPT:

- A. Tachycardia
- B. Sweating
- C. Hyperpyrexia
- D. Pallor
- E. Hypotension

Answer: c

The most important step in the early management of extensive burns is: (повтор)

- A. Prevention of burn shock by giving i.v. fluids and analgesics

Patient with hemorrhagic shock, the best i.v. solution to be given until blood is at hand is:

- A. G/W 5%
- B. G/W 10%
- C. Ringer's lactate
- D. Albumin
- E. Aminoacid solution

Answer: c

first to be managed in multi-injured patient is:

- A. Shock
- B. Intracranial hematoma
- C. Respiratory problems
- D. Open fracture of long bones
- E. Crushed contaminated wounds

Answer: c

Patient with cholecystitis admitted to hospital and given IV antibiotic started to have tachypnea and palpitation and marked erythema around the canula Dx:

- Anaphylaxis
- septic shock

Answer: anaphylaxis

اجى Patient with history of bleeding per rectum and signs of shock:

Resuscitation, draw blood for cross match, colonoscopy

Shock is best described as :

- a. Inadequate tissue perfusion to vital organs
- b. Inadequate tissue perfusion and oxygen delivery to vital organs
- c. Systolic blood pressure less than 90 mmHg
- d. Mean arterial pressure less than 60 mmHg
- e. Central venous pressure less than 8 mmHg

Answer: b

usual early complications of acute pancreatitis is:

- a. Hyperglycemia
- b. Hypovolemia Shock
- c. ARDS
- d. Hypocalcemia
- e. Renal failure

Answer: b

treatment of penetrating colon injury which of the following has the least influence in the development of intra-abdominal complication:

- a. Severe fecal contamination
- b. use of Diverting colostomy
- c. blood transfusion more than 4 units/25 hours
- d. delay in therapy after 8 hours
- e. shock at admission

Answer: b

The best fluid replacement in case of class III hypovolemic shock is:

- a. Normal saline 0.9%
- b. Lactated Ringer
- c. Blood and blood products
- d. Glucose saline 0.9%
- e. Hypertonic saline 3% at

Answer: c

estimated blood loss in class III hypovolemic shock is:

- a. 1500-2000 cc blood
- b. 15-30% of total blood volume.
- c. More than 40% of total blood volume.
- d. 750-1500 cc blood.
- e. Less than 15% of total blood volume

Answer: a

The most common source of gram-negative infection in a patient with septic shock is the:

- a. Biliary tract.
- b. Tracheobronchial tree.
- c. Small bowel.
- d. Colon.
- e. Urinary tract.

Answer: d

not types of distributive shock :

- a. Cardiac tamponade

56) All are types of distributive shock except:

- a. tension pneumothorax

obstructive shock (one of the most common types of shock):-

- A) increase PAOP, CO, SVR
- B) increase PAOP decreases CO increases SVR
- C) decrease PAOP, increase CO, decrease SVR

Answer: b

year old male patient diagnosed to have obstructive shock one is false

Select one:

- a. Increased afterload.
- b. Decreased cardiac output.
- c. Increased pulmonary capillary pressure.
- d. Increased jugular venous pressure.
- e. Increased preload.

Answer: e

anaphylactic shock is characterized by the following signs except:

- a. Hyperventilation.
- b. Hypotension.
- c. Tachycardia.
- d. Pale cold extremities
- . e. Oliguria.

**Answer: d**

When a patient is seen with stab wound of the neck that has injured the left vertebral artery. The most frequent clinical finding is:

- a. Hemiparesis.
- b. Hemiplegia.
- c. Hemorrhagic shock.
- d. Monocular blindness
- e. Stable hematoma.

**Answer: c/a**

year-old patient complains of shortness of breath and palpitations shortly after admission to the surgical ward from the emergency ward for management of acute cholecystitis. Observation shows sudden drop in blood pressure to 90/40 mmHg with accompanying tachycardia. On examination there is marked erythema around the intravenous cannula on the dorsum of the left hand. The most likely cause is Select one:

- a. Septic Shock
- b. Anaphylaxis
- c. Pulmonary embolism
- d. Acute adrenal failure
- e. Cardiac tamponade

**Answer: b**

All of the following decrease in hypovolemic shock except: SVR