



SURGERY ARCHIVE

ABDOMINAL

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Gallbladder

pancreatic disease

Spleen

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Colorectal

small intestine

Large intestine

Drainage

Gi stoma

bariatric

Gi bleeding.

Gallbladder (Archive final)

1) One of the following carries a risk for cholelithiasis :

- a. Smoking
- b. Crohns
- c. Jejunal resection
- d. IBS
- e. depletion of the bile salt pool due either to terminal ileal disease or after ileal resection.

Answer : E

2) The most common cause of pyogenic liver abscesses :

- a. Livercirrhosis.
- b. Peritonitis.
- c. Secondary infected abdominal viscera
- d. Infection of liver hydatid cyst.
- e. Cholangitis due to biliary obustruction

Answer : E

3) A patient presents a few days after a laparoscopic cholecystectomy with right upper quadrant pain, tachycardia, fever, and crackles at the base of the lung. What is the most likely cause?

- A. Pneumonia
- B. Subphrenic abscess
- C. Pulmonary embolism
- D. Bile leak
- E. Surgical site infection

Answer: B

4) Which of the following is wrong about acalculous cholecystitis?

- A. It commonly occurs in critically ill patients.
- B. It can be managed conservatively with antibiotics alone in most cases.
- C. It is associated with bile stasis and gallbladder ischemia.
- D. Ultrasound is useful for diagnosis.
- E. Percutaneous cholecystostomy is a treatment option for unstable patients.

Answer: B

5) The most aggressive biliary tumor with the shortest overall survival rate is:

- a. gallbladder cancer
- b. biliary cystadenoma
- c. hepatocellular cancer
- d. Caroli's disease
- e. distal cholangiocarcinoma (dCCA)

Answer: A

6) Which of the following is the most appropriate investigation for a patient presenting with a recent episode of right upper quadrant (RUQ) pain and a normal physical examination?

- A. Abdominal X-ray
- B. Liver function tests (LFTs)
- C. Abdominal ultrasound
- D. CT scan of the abdomen
- E. Endoscopic retrograde cholangiopancreatography (ERCP)

Answer: C

7) A woman presents with right upper quadrant (RUQ) pain, thickening of the gallbladder wall, dilated common bile duct (CBD) >12 mm, and cholelithiasis on ultrasound. What is the most appropriate management?

- A. Admission, IV fluids, antibiotics, and recommend ERCP
- B. Discharge with oral antibiotics and outpatient follow-up
- C. Immediate laparoscopic cholecystectomy
- D. Percutaneous cholecystostomy
- E. Admission and observation with pain management

Answer: A

8) Cholangiocarcinoma is most commonly found:

- a. In the periphery of the liver
- b. In the gallbladder
- c. At the biliary confluence (Klatskin tumor)
- d. In the distal bile duct
- e. In the duodenum

Answer: C

9) Which of the following statements about cholesterol gallstones is incorrect?

- a. White
- b. Radiopaque
- c. Round
- d. Single, not multiple
- e. Friable

Answer: B

10) The most common type of biliary stone is:

- a. Cholesterol stones
- b. Pigment stones
- c. Mixed stones
- d. Black stones
- e. Brown stones

Answer: C

11) A 58-year-old man presents with a 3-day history of worsening abdominal pain and vomiting. Abdominal X-ray reveals dilated loops of small bowel and air in the biliary tree. The most likely diagnosis is:

- a. Ascending cholangitis
- b. Gallbladder cancer
- c. Choledochal cyst
- d. Gallstone ileus
- e. Emphysematous cholecystitis

Answer:D

12) A 63-year-old woman presents to the emergency department with postprandial RUQ pain, nausea, and emesis over the last 10 hours. The pain is persistent and radiates to her back. She is afebrile, and her abdomen is tender to palpation in the RUQ. Ultrasound examination demonstrates cholelithiasis, gallbladder wall thickening, and a dilated CBD measuring 12 mm. Laboratory studies reveal the following values: WBC count 14,000/mm³(HIGH), AST 220 U/L(HIGH), ALT 240 U/L(HIGH), alkaline phosphatase 385 U/L(HIGH), and direct bilirubin 4.0 mg/dL(HIGH). Which of the following is the most appropriate treatment at this time?

- a. Provide pain medication in the emergency department and ask the patient to follow up in the clinic.
- b. Admit the patient to the hospital, provide intravenous hydration, and check hepatitis serology values .
- c. Admit the patient to the hospital and perform a laparoscopic cholecystectomy.
- d. Schedule the patient for laparoscopic cholecystectomy and liver biopsy.
- e. Admit the patient to the hospital, provide intravenous hydration, begin antibiotic therapy, and recommend ERCP.

Answer:E

13) Regarding choledochal cyst, all the statements are true except:-

- a. A cystic dilatation is seen in the common bile duct By ultra sound.
- b. Bilobar caroli's disease is treatable only by Kasi procedure.
- c. Excision with Roux-en-Y cholidocho-jejunostomy.
- d. Hepato-imino-diacetic acid (HIDA) is used to demonstrate the communication of the cyst.
- e. None of the above

Answer: B

- 14) which of the following is not true regarding choledochal cyst? Select one:
- a. Choledochal cyst type I fusiform is the most common type.
 - b. Choledochal cystis more common in females and Asians.
 - c. More than two thirds of cases are diagnosed in children less than 10 years of age.
 - d. The majority of cases present with the classic triad of jaundice, right hypochondria, mass and pain.
 - e. The malignancy risk is age related and mainly affects adults.

Answer:D

15) In most instances, cholangiocarcinoma is:

- a. Idiopathic
- b. Secondary to choledocholithiasis
- c. Secondary to infection with Giardia lamblia
- d. Secondary to sclerosing cholangitis
- e. Secondary to ulcerative colitis

Answer:D

16) Regarding biliary atresia, all the statements are true except:

- a. Having surgery before 60 days of age
- b. Absence of portal hypertension
- c. Absence of fibrosis on liver biopsy
- d. Presence of cholangitis after surgery
- e. Clearing of jaundice after Kasai procedure

Answer:c or b

17) A 73-year-old man presents with cholangitis. He has no prior abdominal surgeries. The definitive treatment should be:

- a. Cholecystectomy and choledocholithotomy
- b. ERCP and sphincterotomy with stone extraction
- c. Antibiotics therapy followed by laparoscopic cholecystectomy
- d. Choledocholithotomy
- e. ERCP, sphincterotomy with stone extraction, and later consideration of cholecystectomy

Answer:E

18) Which of the following cannot be used to differentiate between biliary colic and acute cholecystitis?

- a. Duration of pain
- b. Presence of fever
- c. Presence of nausea and vomiting
- d. Localized tenderness in the right upper quadrant
- e. Presence of Murphy's sign

Answer: C

19) Pure cholesterol stones are:

- a. Radiopaque
- b. Radiolucent
- c. Both radiopaque and radiolucent
- d. Only visible on MRI

Answer: B

20) The most common bacteria found in bile in cases of infection is:

- a. Staphylococcus aureus
- b. Klebsiella pneumoniae
- c. Escherichia coli
- d. Clostridium perfringens

Answer: C

21) A choledochoenteric fistula is a connection between:

- a. The gallbladder and small intestine
- b. The gallbladder and duodenum
- c. The common bile duct and stomach
- d. The liver and small intestine

Answer: B

22) A patient undergoes cholecystectomy and later develops mild fever and pain. What is the next appropriate step in management?

- a. Ultrasound (US) to rule out complications.
- b. ERCP to evaluate for bile duct obstruction, retained stones, or biliary leak.
- c. Administer pain relief and discharge the patient.
- d. Prescribe antibiotics and admit for observation.
- e. Immediate reoperation for suspected bile leak.

Answer: A

23) Which of the following is not true regarding acute acalculous cholecystitis?

- a. It is commonly associated with gallstones.
- b. Jaundice is a frequent sign.
- c. It often occurs in critically ill patients.
- d. It can present with fever and right upper quadrant pain.
- e. It is associated with biliary stasis and infection.

Answer:a

24) A middle-aged female presents with right upper abdominal pain, fever, rigors, and jaundice. The most likely diagnosis is:

- a. Viral hepatitis
- b. Ascending cholangitis
- c. Acute pancreatitis
- d. Acute pyelonephritis
- e. Mucocele of the gallbladder

Answer:B

25) Which of the following is not used nowadays in the investigation of the biliary system?

- a. Oral cholecystography
- b. Ultrasonography
- c. Intravenous cholangiography (IVC)
- d. CT scan
- e. Endoscopic retrograde cholangiopancreatography (ERCP)

Answer:A

26) A 32-year-old female is found accidentally to have asymptomatic multiple small gallbladder stones. The best action to be taken is:

- a. Follow up and observation to have surgery when symptomatic
- b. Cholecystostomy and removal of the stones
- c. Lithotripsy by shock waves
- d. Chemical dissolution of the stones
- e. Cholecystectomy

Answer:A

27. The most common cause of ascending cholangitis is:

- a. Gallstones in the gallbladder
- b. Impacted stone in the common bile duct
- c. Pancreatic cancer
- d. Biliary stricture
- e. Cholecystectomy

Answer:B

28) All of the following are possible complications of biliary stones, EXCEPT:

- a. Obstructive jaundice
- b. Ascending cholangitis
- c. Intestinal obstruction
- d. Acute pancreatitis
- e. Gastric ulcer

Answer: E

29) In acute cholecystitis, one of the following may be true:

- a. Gallstones must be present to have jaundice
- b. It is better to operate after one week
- c. Commonly leads to suppurative cholangitis
- d. Leucocytosis is infrequent
- e. It is possible to do cholecystectomy in the first 72 hours

Answer: E

30) Which of the following is not true about the management of acute suppurative (toxic) cholangitis?

- a. The initial treatment requires rapid high-dose multiple broad-spectrum antibiotic therapy and fluid resuscitation.
- b. In a minority of cases with renal and liver impairment, biliary drainage is strongly indicated percutaneously or via naso-biliary tube.
- c. Having failed the previous measures, open choledochotomy is mandatory to ensure free flow of bile.
- d. It is necessary to clear the whole tree of stones.
- e. Open choledochotomy has a mortality rate of 25%.

Answer: D

31) Which of the following is wrong about choledocholithiasis?

- a. The stones are most commonly secondary to gallbladder stones.
- b. The stones are painful.
- c. They cause obstructive jaundice.
- d. They commonly cause gallstone ileus.

Answer: D

32) Gallstones are more common in persons having the following EXCEPT:

- a. Hemolytic diseases
- b. Crohn's disease
- c. Truncal vagotomy
- d. Multiple pregnancies
- e. Hypoparathyroidism

Answer: E

33)The following conditions are associated with an increase in gallstone formation, EXCEPT:

- a. Multiparity
- b. Obesity
- c. Resection of the terminal ileum
- d. Ulcerative colitis
- e. Hemolytic anemia

Answer:D

34)Gallstones may develop in ONE of the following diseases:

- a. Idiopathic thrombocytopenic purpura
- b. Sickle cell anemia
- c. Hemophilia
- d. Congenital spherocytosis
- e. Myelofibrosis

Answer:B

35)All of the following are indications for admission of a patient with a gallbladder problem, except:

- a. Pain > 6 hours
- b. Fever
- c. Right upper quadrant tenderness
- d. On US, fibrosis of gallbladder wall and stones

Answer:D

36)The cystic artery is a branch of:

- a. Left hepatic artery
- b. Right hepatic artery
- c. Common hepatic artery
- d. Celiac trunk
- e. Superior mesenteric artery

Answer: B

37)All are true about Strawberry Gallbladder except:

- a. Patient can come with chronic cholecystitis
- b. Can occur with gallstones
- c. Premalignant
- d. Ruptured hemangioma
- e. Bleeding hepatoma

Answer: C

Gallbladder (Archive mini OSCE)

1) **A-** year old male who is known to have gallbladder stones presented with this sign. The most likely cause is :

- a. Mirrizzi syndrome
- b. Common bile duct stone
- c. Gallbladder cancer
- d. Hepatocellular carcinoma
- e. Cholangiocarcinoma



Answer:B

B- 65-year old male who is known to have gallbladder stones presented with this sign, The most efficient diagnostic and therapeutic modality in this case is:

- a. Liver, gallbladder and hepatic ducts US scanning
- b. Magnetic resonance imaging of the biliary system
- c. Endoscopic retrograde cholangiopancreatography
- d. CT scan of the abdomen
- e. Percutaneous transhepatic cholangiopancreatography

Answer:C

2) **A-** Type of cholangiogram is this :

- a. MRCP
- b. ERCP
- c. Intraoperative cholangiogram
- d. T-tube cholangiogram
- e. Percutaneous cholangiogram



Answer:D

B- Main indication for it:

- A. Diagnosing possible CBD stricture
- B. Ruling out the presence of cholangiocarcinoma
- C. Detecting the presence of a stone in CBD
- D. Following biliary tree injury
- E. Done routinely in any old patient with gall bladder stones

Answer:C

3) **A-** The most likely cause behind this presentation ?

- a. Alcohol .
- b. Mumps
- c. ERCP .
- d. gallstones .



Answer: D

B- all of the following are initial management in patient with unstable hemodynamics except :

- a. CT scan .
- b. Antibiotics
- c. Iv fluids
- d. Pancreatic rest
- e. Pain control

Answer:A

4) Female patient with history of gallstones

A- What's your diagnosis?

Cholecholethiasis

B- If the patient came with chills and fever, what's the diagnosis?

Acute cholangitis

C- Mention two symptoms of obstructed jaundice?

dark urine - clay stools

D- Mention a modality that's used for diagnosis and treatment of this condition?

- ERCP



**pancreatitis
(Archive Final)**

Regarding insulinoma, all are true except:

- a. It is one of the most common endocrine neoplasm of the pancreas.**
- b. It is evenly distributed throughout the pancreas.**
- c. Majority are sporadic.**
- d. It is characterized by whipple triad.**
- e. In most cases pancreatico- duodenectomy is the treatment of choice**

Answer: e

.Which factor is most important in deciding whether a pancreatic adenocarcinoma is resectable?

- a. tumour size**
- b. tumour invasion of the portal vein**
- c. metastatic disease**
- d. enlarged peripancreatic lymph nodes**
- e. serum CA19-9 levels**

Answer: b

The most specific symptom associated with pancreatic adenocarcinoma is:

- a. weight loss**
- b. painless jaundice**
- c. epigastric pain**
- d. right upper quadrant pain, jaundice and fever**
- e. back pain relieved by leaning forwards**

Answer: b

Chronic pancreatitis most often presents with:

- a. weight loss**
- b. steatorrhoea**
- c. diabetes mellitus**
- d. fractures**
- e. recurrent epigastric pain**

Answer: e

patient who is a member of a known MEN1 family present with 2 cm mass in the head of the pancreas which of the following investigations in not indicated preoperatively Select one:

- a. 24 hour urine catecholamine**
- b. Serum calcium**
- c. Parathyroid hormon level**
- d. Serum gastrin**
- e. Brain CT scan**

Answer: a

Pancreatitis

The most common indication for surgery in chronic pancreatitis is: Select one:

- a. jaundice
- b. pain
- c. pseudocyst
- d. gastric outlet obstruction
- e. anorexia

Answer:b

A 43 year-old male presented with Whipple triad, by computed tomography he had one cm lesion at the head of pancreas, the best surgical management would be : Select one:

- a. Enucleation
- b. Pancreaticoduodenectomy
- c. Subtotal pancreatectomy
- d. Distal pancreatectomy

Answer:a

Which of the following is the most important initial step in management of a patient with acute pancreatitis?

- a. administer strong analgesia via an intravenous line
- b. ensure the patient is given intravenous crystalloid fluid
- c. determine the predicted severity by calculating the Glasgow score
- d. commence broad-spectrum antibiotics intravenously
- e. arrange an urgent ERCP if the patient has a fever with rigours, cholestatic liver function tests and tenderness in the right upper quadrant

Answer:b

the initial 48 hours of acute pancreatitis all of the following are objective prognostic signs, EXCEPT:

- a. Hematocrit fall $> 10\%$
- b. Serum calcium level $< 8\text{mg}\%$.
- c. Serum proteins level $< 5\text{mg}\%$.
- d. $\text{PaO}_2 < 60\text{mmHg}$
- e. Estimated fluid sequestration $> 6\text{ml}$.

Answer:c

not mandatory in treatment of acute pancreatitis: **antibiotic**

Acute Pancreatitis Except: **inflammatory bowel disease**

one isn't from criteria for prognosis in pancreatitis : **bilirubin**

Pancreatitis

In severe acute pancreatitis Ranson prognostic criteria include, values of the following EXCEPT:

- a. Serum Bilirubin
- b. White blood cell count
- c. Serum calcium
- d. Blood glucose
- e. Serum LDH

Answer :a

The usual early complications of acute pancreatitis is:

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

Answer :b

Complications associated with acute pancreatitis include the following, EXCEPT

- a. Retro Peritoneal Hemorrhage
- b. Splenic vein thrombosis
- c. Hypoglycemia
- d. Hypocalcemia
- e. Left Pleural effusion

Answer :c

Wrong about insulinoma:

- A. Pancreaticoduodenectomy
- B. Whipple triad
- C. Distributed evenly in the pancreas
- D. mainly sporadic

Answer :a

.Prognosis of pancreatitis; all true except :

- A. amylase
- B. paO₂
- C. age

Answer :a

All of the followings may show signs in or around umbilicus except:

- A- Acute hemorrhagic pancreatitis
- B- Portal hypertension.
- C- Patent vitello intestinal duct.
- D- Gastro intestinal malignancy .
- E- Chronic pancreatitis.

Answer :e

Pancreatitis

in patient of pancreatic without complication which of the following not given to him?

antibiotics

All of the following are causes of hypercalcemia, EXCEPT:

- A. Acute pancreatitis
- B. Hyperparathyroidism
- C. Hypervitaminosis
- D. Sarcoidosis
- E. Milk alkali syndrome

Answer: a

All of the following are among RANSON Criteria of severity of acute pancreatitis except:-

- A. Serum L.D.H. >350 IU / L
- B. Arterial PaO₂ <60 mm Hg
- C. Serum amylase > 1000 IU / dL
- D. AST [SGOT] >250
- E. Age 55 years

Answer: c

The most common cystic swelling of the pancreas is:

- A. Hydatid cyst
- B. Dermoid cyst
- C. Cystadenoma
- D. Pancreatic pseudocyst
- E. Congenital cysts

Answer: d

Clinical presentation of chronic pancreatitis may include all of the following, EXCEPT:

- A. Jaundice
- B. Pain in the abdomen
- C. Diabetes mellitus
- D. Weight gain
- E. Malabsorption

Answer: d

Pancreatitis

Regarding pancreatic cysts and pseudo-cysts ONE is correct:

- A. Are the same things
- B. Are different on clinical examination
- C. Cause a swelling above umbilicus
- D. Cause a swelling below umbilicus
- E. Aspiration is a treatment of choice

Answer: e

Regarding annular pancreas which ONE is TRUE:

- A. All cases present in new born infants
- B. Frequently present with pancreatitis
- C. Usually present with duodenal obstruction
- D. It is best treated by resection of the annular portion
- E. Associated with risk of adenocarcinoma

Answer: c

Best method to diagnose CA head of pancreas? **CT**

Which of the following mortality correlation is false according to RANSON

CRITERIA In acute pancreatitis

- A- B- Up to 2 : 2% mortality
- B- Up to 4 : 15%
- C- Up to 6 : 40%
- D- Up to 8 : 80%
- E- Up to 10: 100%

Score Interpretation

- 0 to 2 points: Mortality 0% to 3%
- 3 to 4 points: 15%
- 5 to 6 points: 40%
- 7 to 11 points: Nearly 100%

Answer: d

6) The usual early complications of acute pancreatitis is :-

- A) Hyperglycemia
- B) Hypovolemic Shock
- C) ARDS
- D) Hypocalcemia
- E) Renal failure

Answer: b

Complications associated with acute pancreatitis include the following, EXCEPT :-

- A) Retro Peritoneal Hemorrhage
- B) Splenic vein thrombosis
- C) Hypoglycemia
- D) Hypocalcemia
- E) Left Pleural effusion

Answer: c

Pancreatitis

Which of the following is the most important initial step in management of a patient with acute pancreatitis?

- a. administer strong analgesia via an intravenous line
- b. ensure the patient is given intravenous crystalloid fluid
- c. determine the predicted severity by calculating the Glasgow score
- d. commence broad-spectrum antibiotics intravenously
- e. arrange an urgent ERCP if the patient has a fever with rigours, cholestatic liver function tests and tenderness in the right upper quadrant

Answer: b

Regarding insulinoma, all are true except:

- a. It is one of the most common endocrine neoplasm of the pancreas.
- b. It is evenly distributed throughout the pancreas.
- c. Majority are sporadic.
- d. It is characterized by whipple triad.
- e. In most cases pancreatico- duodenectomy is the treatment of choice

Answer: e

Complications associated with acute pancreatitis include the following, EXCEPT

- a. Retro Peritoneal Hemorrhage
- b. Splenic vein thrombosis
- c. Hypoglycemia
- d. Hypocalcemia
- e. Left Pleural effusion

Answer: c

Which factor is most important in deciding whether a pancreatic adenocarcinoma is resectable?

- a. tumour size
- b. tumour invasion of the portal vein
- c. metastatic disease
- d. enlarged peripancreatic lymph nodes
- e. serum CA19-9 levels

Answer: b

spleen
(Archive Final)

Overwhelming post splenectomy sepsis:

- a. commonly occurs after splenectomy for trauma
- b. doesn't occur if accessory spleens are present
- c. Can be fatal within hours of onset.
- d. is most common in elderly patients
- e. most fatal cases occur 10 to 15 years after splenectomy

Answer :c

.Most common cause of Spleen cyst ?

- a) Hydatid cyst
- b) Bacterial
- c) Congenital
- d) Traumatic

Answer :d

Regarding over whelming 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 pot 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

best initial diagnosis of splenic injury :

CT scan

Grossly enlarged spleen occurs in ONE of the following:

- A. Typhoid fever
- B. Sickle cell anemia
- C. Rheumatoid arthritis
- D. Chronic myeloid leukemia
- E. Infective endocarditi

Answer :d

Most common organism causing overwhelming sepsis post splenectomy

- A. Coxeilla
- B. E coli
- C. Pneumococcus
- D. Psuedomonas

Answer :c

Spleen (Archive Final)

the origin of left epiploic artery is : **the splenic artery**

25 years old pregnant female present it to the emergency room with hypotension 60\30, tachycardia HR=150, the most common ruptured aneurysm artery during pregnancy is:

- a. splenic artery
- b. Celiac artery
- c. hepatic artery
- d. femoral artery
- e. axillary artery

Answer:a

splenectomy, the most characteristic finding in peripheral film is:-

- a. decrease platelet count
- b. lymphocytosis
- c. presence of Howell-jolly body
- d. granulocytopenia

Answer:c

aneurysm rupture in pregnancy;

- A. Splenic artery
- B. celiac artery
- C. hepatic
- D. Femoral
- E. Axillary artery

Answer:a

Wrong about post splenectomy overwhelming sepsis:

- A. Higher risk in children
- B. Immunization 2 weeks prior to elective splenectomy
- C. Same risk indierent of the cause of splenectomy
- D. Most common cause is s.pneumonia

Answer:c

All of the following are absolute indications for splenectomy, EXCEPT:

- A. Massive tear of the spleen
- B. Malaria
- C. Congenital spherocytosis
- D. Splenic abscess
- E. Hydatid cyst of the spleen

Answer:b

Spleen (Archive Final)

All of the following are indications for splenectomy, EXCEPT:

- A. Congenital spherocytosis
- B. Splenic abscess
- C. Typhoid fever
- D. Splenic hydatid cyst
- E. Traumatic massive laceration

Answer:c

Following splenectomy in a child having blood dyscrasia which ONE of the following drugs has to be given:

- A. Tetanus toxoid
- B. Antitetanic human immunoglobulin
- C. Pneumococcal vaccine
- D. Long term tetracycline therapy
- E. Triple vaccine

Answer:c

most common congenital anomaly of spleen : **accessory spleen**

Splenectomy is beneficial in only ONE of the following:

- A. Malaria
- B. Pernicious anemia
- C. Typhoid fever
- D. Congenital spherocytosis
- E. Myeloid leukemia

Answer:d

Concerning splenectomy only ONE of the following is TRUE:

- A. Must be done in all splenic injuries in children
- B. Contraindicated in congenital spherocytosis
- C. Usually beneficial in patients with thalassemia minor
- D. It is associated with an increased risk of infections in the young children
- E. It is usual form of treatment of sickle cell anemia

Answer:d

spleen
(Archive Final)

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

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: e

Which of the following is not true in regard of I.T.P.

- A - 75% of children regress spontaneously.
- B - 60 - 80% of adults benefit from splenectomy.
- C - Splenectomy is strongly indicated in the acute phase of I.T.P.
- D - IgG transfusion may be needed prior to platelet concentrate transfusion.
- E - Response to steroids predicts good response to splenectomy.

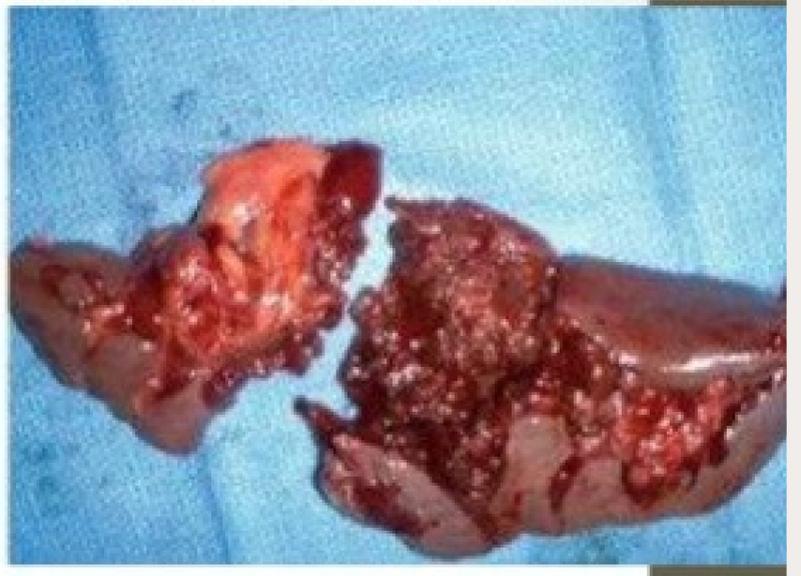
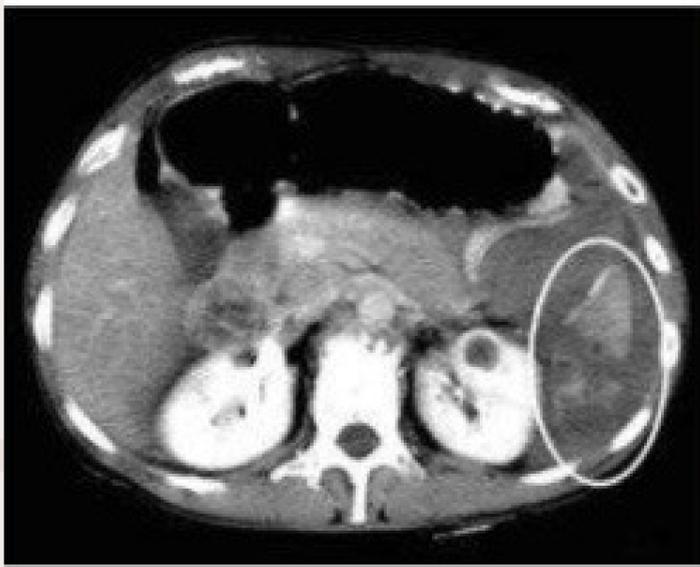
Answer: c

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

Spleen (Archive Mini OSCE)



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**

Appendix

(Archive Final)

1. An otherwise fit 57-year-old man developed fever of 39 degree Celsius 5 days after an open Appendectomy for acute appendicitis. There is a tender, reddened and fluctuant swelling at the medial end of the wound. What is the most appropriate initial action to take?

- A. Arrange a CT scan of the abdomen
- B. Arrange an ultrasound scan of the wound and anterior abdominal wall
- C. start patient on oral antibiotic
- D. Open the wound and allow free drainage
- E. Send 2 blood samples for a white cell count and culture

Answer:D

2. most common complication after appendectomy is:

- A. Internal bleeding.
- B. Pelvic abscess.
- C. Wound infection.
- D. Intestinal obstruction
- E. Incisional hernia.

Answer:c

3. the least bacterial infection in appendicitis :-

- A. s.aureus
- B. E.coli
- C. s.viridans
- D. bacteriod
- E. klebsiella

According to chat gpt: this answer is the most correct one

Answer:A

4. Appendectomy is usually performed as a part of which procedure? Select one:

- A. Gastroschisis
- B. Congenital diaphragmatic hernia repair
- C. Ladd's procedure
- D. Laparotomy for meconium obstruction
- E. Pull-through procedure for Hirschsprung's disease

Answer:C

5. All symptoms in acute appendicitis are not common except

- A. hypogastric pain shifted to RIF
- B. lower abdominal pain and right quadrant tenderness
- C. wbc > 16000
- D. soft stool

Answer:B

Appendix

(Archive Final)

6. All these situations of acute appendicitis harbor higher risk to develop diffuse peritonitis except:

- A. acute appendicitis in old age patients
- B. acute appendicitis in immunocompromised patients
- C. acute catarrhal appendicitis
- D. free lying pelvic appendix
- E. previous abdominal surgery

Answer:C

7. Which statement is not true regarding of appendicular mass:

- A. It result due to delayed or mis-diagnosed acute appendicitis
- B. The diagnosis is reached by clinical and imaging means
- C. The standard treatment is the conservative Ochsner – Sherren regimen
- D. Persistent of high fever in spite of medical treatment for 48 hrs, suggests abscess formation
- E. Urgent appendicectomy is mandatory

Answer:E

8. Why is appendicitis in preschool-aged children more likely to lead to complications?

- A. Other causes of vomiting
- B. Risk of perforation
- C. Short omentum
- D. Not developed omentum

Answer:D

9. A 10-year-old boy presents with abdominal pain and anorexia. He had a slight fever one week ago, and the pain initially was diffuse but now localizes to the right iliac fossa (RIF). On examination, there is tenderness in the RIF with guarding. His parents report that his fever has increased slightly over the past few days. What is the most likely diagnosis?

- A. Acute appendicitis
- B. Appendicular abscess
- C. Mesenteric adenitis
- D. Gastroenteritis
- E. Intussusception

Answer:B

Appendix

(Archive Final)

10. Which of the following is a common early symptom of acute appendicitis?

- A. Diarrhea
- B. Loss of appetite (anorexia)
- C. High-grade fever
- D. Severe vomiting
- E. Generalized abdominal distension

Answer: B

11. All of the following statements about appendicitis are true except:

- A. The pain often starts around the navel before shifting to the lower right abdomen.
- B. Nausea and vomiting are common symptoms.
- C. Fever may be present in cases of appendicitis.
- D. Shifting of pain is always present.
- E. Rebound tenderness may indicate irritation of the abdominal lining.

Answer: D

12. What is the most important indicator for diagnosing acute appendicitis?

- A. Abdominal tenderness on examination
- B. WBC count greater than 20,000
- C. Presence of fever
- D. Nausea and vomiting
- E. Imaging findings (e.g., ultrasound or CT scan)

Answer: A

13. A person with undiagnosed appendicitis developed an appendicular abscess. All the following statements are correct except:

- A. An appendicular abscess may require drainage.
- B. Antibiotic therapy can be an initial treatment option.
- C. Surgery is typically recommended after the abscess resolves.
- D. Appendectomy is mandatory once symptoms disappear.
- E. Monitoring may be necessary if the abscess is small and asymptomatic.

Answer: D

14. Most common cause of abdominal pain in adolescent age is:

- A. Volvulus
- B. Intussusception
- C. Appendicitis
- D. Mesenteric adenitis
- E. Cholecystitis

Answer: C

Appendix

(Archive Final)

15. patient had appendectomy for perforated appendix, few days later he had diarrhea with tenesmus; the most likely cause is:

- A. Enterocolitis
- B. Adhesive intestinal obstruction
- C. Pelvic abscess
- D. Mesenteric lymphadenitis
- E. Paralytic ileus

Answer:C

16. appendicitis during pregnancy which ONE is CORRECT:

- A. May present with right upper quadrant or right flank pain
- B. Should be treated initially by antibiotics to avoid operation
- C. Occurs more frequently in pregnant than in non pregnant women
- D. Appendectomy is associated with 80% of abortion
- E. Maternal mortality is about 20%

Answer:A

17. acute appendicitis which ONE is CORRECT:

- A. Localized right iliac fossa tenderness is most reliable site
- B. Vomiting usually precedes pain
- C. WBC and RBC in urine will rule out the diagnosis
- D. In elderly patient with cardiac disease should be treated non-operatively
- E. If diarrhea is present the diagnosis is excluded.

Answer:A

18. acute appendicitis which ONE is CORRECT:

- A. Localized right iliac fossa tenderness is most reliable site
- B. Vomiting usually precedes pain
- C. WBC and RBC in urine will rule out the diagnosis
- D. In elderly patient with cardiac disease should be treated non operatively
- E. If diarrhea is present the diagnosis is excluded

Answer:A

19. Most common presentation for appendiceal adenocarcinoma:-

- A. Incidental finding during operation
- B. Palpable mass
- C. Acute appendicitis
- D. Chronic abdominal pain
- E. Signs of bowel obstruction

Answer: C

Appendix

(Archive Final)

20. 17-years-old female had undergone appendectomy for perforated appendicitis one week ago, presented with anorexia, swinging fever, ill looking and diarrhea with tenesmus. She is most likely has:

- A. Subphrenic abscess
- B. Pelvic abscess
- C. Gastroenteritis
- D. Intussusception
- E. Subacute intestinal obstruction

Answer: B

21. A 24-week pregnant woman comes to the emergency department with right upper quadrant (RUQ) pain, nausea, and vomiting that started 12 hours ago and has significantly worsened in the last 6 hours. The pain is constant, sharp, and radiates to her right shoulder. She denies fever but reports decreased appetite. On physical examination, the RUQ is tender with a positive Murphy's sign. Vital signs show mild tachycardia but no fever or hypotension. Laboratory results reveal mild leukocytosis and elevated liver enzymes. An abdominal ultrasound shows gallbladder wall thickening and pericholecystic fluid without stones. A. acute appendicitis B. acute cholecystitis C. pancreatitis D. HELLP syndrome E. Gastroenteritis

Answer: B

22. Most common presentation for appendiceal adenocarcinoma:-

- A) Incidental finding during operation
- B) Palpable mass
- C) Acute appendicitis
- D) Chronic abdominal pain
- E) Signs of bowel obstruction

Answer: C

Appendix

(Archive Mini Osce)

Q1. Name this sign?

- A. Obturator sign
- B. Psoas sign
- C. Rovsing sign
- D. rebound tenderness



Answer: A

Q2

A. What is the surgical procedure?

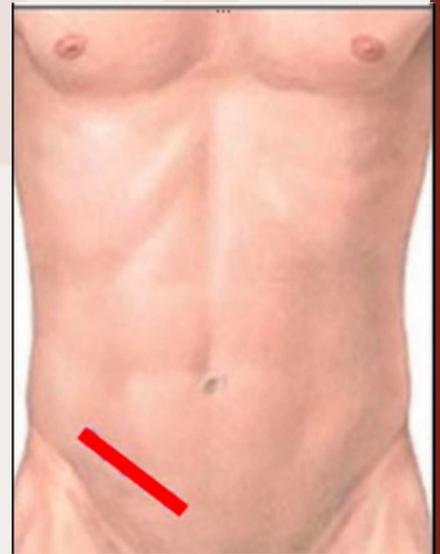
Appendectomy

B. what is the earliest complication after this surgery?

Wound infection

C. the layers that are incised in this incision are skin then

- 1- camper fascia and. 2- scarpa fascia. 3- external oblique muscle. 4- internal oblique muscle. 5- transversus abdominis
- 6- transversalis fascia



Anorectal disease

(Archive Final)

1) The most common early complication posthemorrhoidectomy is:

- a. Bleeding per rectum.
- b. Urinary retention.
- c. Infection.
- d. Incontinence.
- e. Stenosis

Answer: B

2) Painless anorectal condition:

- A. acute anal fissure
- B. chronic anal fissure
- C. second degree hemorrhoids
- D. p. Faugx

Answer: C

3) All are causes of melena, EXCEPT:

- A. Esophageal varices
- B. Bleeding duodenal ulcer
- C. Aorto-duodenal fistula
- D. Hematobilia
- E. Hemorrhoids

Answer: E

4) All of the following can be felt during per-rectum digital examination, EXCEPT:

- A. Chronic anal fissure
- B. Rectal carcinoma
- C. Second degree hemorrhoids
- D. Prostate in males
- E. Cervix of uterus in females

Answer: C

5) In anal fissure all are true EXCEPT:

- a. Most patients have high resting anal pressure
- b. Occurs equally in both sexes
- c. Majority are in midline posteriorly
- d. Laterally situated fissure has no clinical significance
- e. Chronic fissure is associated with sentinel pile

Answer: D

Anorectal disease

(Archive Final)

6) Blood drainage of lower rectum and upper anal canal by :

- a. middle rectal vein
- b. external iliac vein
- c. internal pudendal vein
- d. external pudendal vein

Answer:A

7) All of the following are true about the anatomy of the anal canal except:-

- A. The dentate line surgically demarcates the somatic and visceral parts
- B. The somatic part is skin devoid of its appendages
- C. Anal glands lie in the intersphincterc plane and open into the crypts of Morgagni
- D. Anorectal ring is made of puborectalis muscle and all the components of the external sphincter
- E. Superior rectal [haemorrhoidal] vein drains into inferior mesenteric vein

Answer:D

8) 60 yo male patient with a recent change in bowel habit presented with blood and mucus with stool. On examination, second degree hemorrhoids were found. What will you do next?

- A. Give him treatment for hemorrhoids and send him home.
- B. Total colonoscopy
- C. Sigmoidoscopy and hemorrhoidectomy
- D. Can complicate to a fistula

Answer: B

9) The most common cause of anal stenosis is

- A. Hemorrhoidectomy
- B. Bowen`s disease
- C. Fistulectomy
- D. Chronic laxative abuse
- E. Radiation

Answer: A

Anorectal disease

(Archive Final)

10) Regarding anal fissure all are true except:

- a. A common cause of non-healing is persistent spasm of the internal anal sphincter muscle
- b. Conservative treatment have a high success rate .
- c. The most common location of anal fissure in women is midline posteriorly below dentate line
- d. Few of patients with Crohn's disease will have an anal fissure as the first manifestation .
- e. Fissurectomy is the surgical treatment of choice

Answer: E

11) most common cause of minimal bleeding per rectum in children is:

- A. Volvulus neonatorum
- B. Necrotising enterocolitis
- C. Fissure in anus
- D. Hemorrhagic disease
- E. Polyp

Answer: C

12) acute anal fissure all are TRUE, EXCEPT:

- A. Presents with severe anal pain
- B. Anal spasm is a frequent finding
- C. Usually preceded by an episode of constipation
- D. Most of cases presents with severe bleeding per rectum
- E. Lateral sphincterotomy is the treatment of choice

Answer: D

13) On rectal examination the anus is tightly closed and patient resists attempted rectal exam; you suspect: A. Internal piles B. External piles C. Anal fissure D. Fistula in anus E. Carcinoma of rectum

Answer: C

Anorectal disease

(Archive Final)

14) Concerning anal fissure all of the following are TRUE, EXCEPT:

- A. It is a longitudinal mucosal tear or ulcer in the upper half of the anal canal
- B. Constipation is an important predisposing factor
- C. Pain during a half to one hour after defecation is an important leading symptom
- D. It is usually situated in the midline posteriorly
- E. Lateral sphincterotomy is now the ideal treatment of the chronic fissure

Answer: A

15) All of the following are true regarding the management of anal fissure except:-

- A- Glyceryl trinitate [0.2%] 2-3 times as topical application is used for acute and chronic fissures with a success rate of 50%-85%
- B- Botulinum toxin injection into the internal sphincter is used for the chronic fissure with a success rate of 65-85%
- C- Topical 2% diltiazem [Ca channel blocker] is effective in 50% of cases
- D- Surgical closed lateral internal sphincterotomy for the failed medical treatment is the treatment of choice

Answer: C

16) All of the following are true about perianal abscess, EXCEPT:

- a. Infection starts in the anal gland in the intersphincteric space
- b. The commonest organism is E-coli
- c. Drainage is by cruciate incision under general anesthesia
- d. Followed by fistula in 5% of cases
- e. Most of those fistulae are low fistulae

Answer: D

17) all of these are an painful anal condition, Except :

- a. anal fissure
- b. anal polyp
- c. perianal abscess
- d. thrombosed external haemorrhoid
- e. levator ani syndrome

Answer: B

Anorectal disease

(Archive Final)

18) Wrong regarding hemorrhoid :

- A. Chronic constipation is a common risk factor for hemorrhoids.
- B. Bleeding is a common symptom of internal hemorrhoids.
- C. 1st degree hemorrhoid can be easily diagnosed by inspection.
- D. Second-degree hemorrhoids reduce spontaneously after prolapse.
- E. Internal hemorrhoids originate above the dentate line.

Answer:C

19) A 22 year old woman presents with painful fluctuant mass in the midline between the gluteal folds. She denies pain on rectal examination. Which of the following is the most likely diagnosis?

- a. Pilonidal abscess
- b. Perianal abscess
- c. Perirectal abscess
- d. Fistula in ano
- e. Anal fissure

Answer:A

Anorectal disease

(Mini-osce)

1) A 40 year old male patient was presented with recurrent painless purulent discharge. The procedure that was done for this patient:

- a. Fistulotomy
- b. Fistuloectomy
- c. Seton placement for high fistula
- d. Advancement mucosal flap
- e. Injection of glue



Answer:C

2) A 40 year old male patient was presented with recurrent painless purulent perianal discharge. Examination under general anesthesia and the shown procedure were done. Arrows labeled A and B refers to:

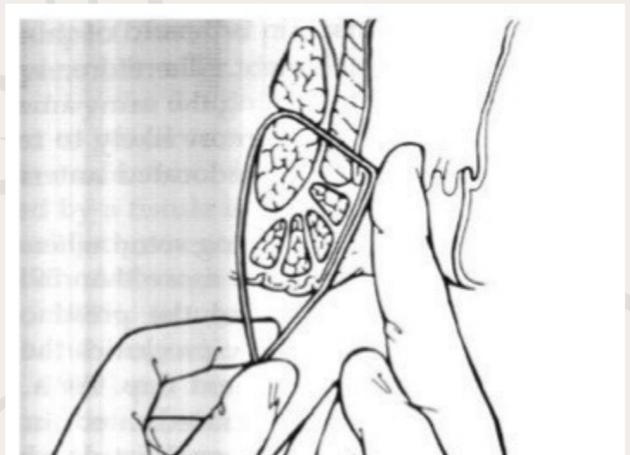
- a. Anoscope and fistula probe
- b. Probe and glue
- c. Hemorrhoids and external opening
- d. Sigmoid scope and external opening
- e. Anal plug and glue



Answer:A

3) What is the diagnosis of this condition?

- a. Anal fissure
- b. Perianal abscess
- c. Fistula in ano
- d. Third degree haemorrhoids
- e. external haemorrhoids



Answer: C

Anorectal disease

(Mini-osce)

4) patient presented with painful mass between gluteal fold and in DRE Its normal. Which of the following is the most likely diagnosis?

- a. Anal fissure
- b. Perianal abscess
- c. Perirectal abscess
- d. Fistula in ano
- e. Pilonidal abscess



Answer:E

5) The likely Diagnosis of the this swelling is:

- a. 3rd Degree Hemorrhoid.
- b. Prolapsed Piles.
- c. Thrombosed Hemorrhoid.
- d. Perianal abscess.
- e. Pilonidal abscess.



Answer:D

6) Treatment of this lesion is :

- a. Antibiotics.
- b. Warm SitzBaths.
- c. Incision and drainage.
- d. Analgesic and anti inflammatory Drugs.
- e. Stool softener.



Answer: C

Anorectal disease

(Mini-osce)

7) A patient came to the clinic with this presentation, along with tenderness on palpation. What is the diagnosis?

- a. Perianal abscess
- b. Anal fissure
- c. Anal fistula
- d. Prolapsed piles
- e. Thrombosed haemorrhoid



Answer:A

What is the management for the above condition?

Incision and drainage

Colorectal Cancer

- all of them are cancer of small intestine except: **Peutz-Jegher syndrome**.

الجواب غلط

- not associated with increase malignancy: **Peutz-Jeghers syndrome**

• الجواب غلط

- Most common type of polyp: **adenoma**
- Peutz-Jeghers type of polyp: **hamartoma**

- Which of the following polyp harbor the highest malignancy potential:

- 3 cm tubulovillous polyp in the descending colon
- 2 cm villous polyp in the ascending colon.
- 4 cm hyperplastic polyp in the transverse colon.
- 5 cm tubular polyp in the ascending colon.
- 5 cm villous polyp in the descending colon.

ans.E of the following predispose to the development of cancer colon and

- rectum,

EXCEPT: (повтор)

- Familial polyposis coli
- Ulcerative colitis
- Villous adenoma
- Hamartomatous polyp
- Adenomatous polyp

AnsD

- The most useful screening for colon cancer is:

- Sigmoidoscopy
- Colonoscopy
- Test for occult blood in stool
- Level of carcinoembryonic antigen
- Barium enema

Ans.B

- 57. Concerning carcinoma of the colon, all of the following are TRUE, EXCEPT:

- Although most patients are above 60 years of age, younger ages are not immune
- Usually it is either well or moderately differentiated adenocarcinoma
- Right colon is affected more than left
- Recent changes of bowel habit and rectal bleeding are early manifestations
- Barium enema or colonoscopy must be done in all cases

Ans:c

Colorectal Cancer

- The parasympathetic nerves supply to the right colon is through:

Select one:

- a. **The vagus nerve**

A 68-year-old man is brought to the emergency ward with an acute abdomen. He is resuscitated and then taken to theatre for exploratory laparotomy. He is found to have a perforated sigmoid colon secondary to a mass with malignant features. The most appropriate surgical intervention is: Select one:

- a. Anterior resection
- b. Subtotal colectomy
- c. Extended left hemicolectomy
- d. Abdominoperineal resection
- e. Hartmann's procedure

Ans.e

- Hereditary non-polyposis colorectal cancer characterized by of the following EXCEPT:

- a. Increased risk of ovarian, gastric and small intestinal cancers.
- b. Accounts for about 5-10% of all colon cancers.
- c. Autosomal recessive condition caused by a mutation in DNA mismatch repair genes.
- d. The lifetime risk of developing colorectal cancer is 80%.
- e. Mean age of diagnosis is 45 years.

Ans.C

- One of the following is false about colonic function:

- a. Sodium is absorbed passively.
- b. Chloride is absorbed passively.
- c. Water is absorbed passively.
- d. Absorption of glucose and vitamins can take place in the colon.
- e. Generation of short chain fatty acids from dietary fiber fermentation

Ans.a

- Familial Adenomatous Polyposis (FAP), one is true:

- a. presence of more than 1,000 colorectal adenoma
- b. inherited as an autosomal recessive
- c. accounts for 1% or less of all colon cancer
- d. the risk of colorectal cancer is 80%
- e. congenital hypertrophy of the retinal pigment epithelium (chrpe) present in less than 5% of patients

Ans.C

Colorectal Cancer

- Commercially available screening tools for colorectal cancer in average risk population include all of the following EXCEPT:

- a. Colonoscopy
- b. Fecal occult blood
- c. Stool DNA testing
- d. Double-contrast barium enema
- e. CT colonography

ans.c

- Familial Adenomatous Polyposis (FAP):

- A. -100% colon cancer
- B. -100 polyp
- C. -15% of colon cancer

Ans.a

- wrong about Hereditary non polyposis colorectal cancer: **autosomal recessive**

- Volvulus doesn't occur at: **ascending colon (retroperitoneal)**

- parasympathetic innervation of left side of colon by: **82-84**

- left colon cancer presentation except:

Central Abdominal mass

- most common cause of colonic obstruction is:

- A. Adhesions
- B. Diverticulitis
- C. Cancer
- D. Intussusception
- E. Hernia

Ans.C

- The most common site of carcinoma of the colon is:

- A. Descending colon
- B. Splenic flexure
- C. Recto-sigmoid
- D. Cecum
- E. Transverse colon

Ans.C

Colorectal Cancer

- Histologically carcinoma of the colon is usually:
 - A. Basal celled carcinoma
 - B. Squamos celled carcinoma
 - C. Transitional celled carcinoma
 - D. Well to moderately differentiated adenocarcinoma
 - E. Columnar celled carcinoma

Ans.D

- All the following conditions are known to have a familial pattern associated with a predisposition to cancer except one:
 - a. Colonic polyposis
 - b. Breast cancer.
 - c. Peutz-Jeghers syndrome.
 - d. Gardner's syndrome.
 - e. retinoblastoma..

Ans.b

- Which of the following conditions is pre-malignant:
 - A. Juvenile polyp
 - B. Hamartomatous polyp
 - C. Adenomatous polyp

Ans.C

Patient with more than 100 polyp ...

3) Percentage for risk of malignancy is :

- a) 80%
- b) 100%**
- c) 50%

4) Involved gene :

- a) APC gene**
- b) P53 gene



Q6) A 70-year old gentleman is brought to the emergency department with a history of abdominal pain, distension, and absolute constipation. He had noticed increased constipation over the last 3 months and had lost weight significantly. Clinical examination reveals a tense and tympanic abdomen. Abdominal X-rays shows a dilated cecum and proximal colon up to the splenic flexure. The most likely cause of this intestinal obstruction is:



- a. Sigmoid volvulus
- b. A strangulated inguinal hernia
- c. Adhesive band
- d. Colonic cancer**
- e. Fecal impaction

Small intestines

- multiple anal fissure: **Chron's disease**
- One of the following carries a risk for choleylithiasis:

A. Smoking

B. Crohns

C. Jejunal resection Ibs

Ans.b

- Among the followings which is the least common complication of Crohn's disease Select one:

a. intestinal obstruction.

b. free perforation

c. entero cutaneous fistula

d. perianal abscess and fistulas

e. massive hemorrhage

Ans.E

- The most common location for a primary adenocarcinoma of the small intestine is:

a. Duodenum.

b. Jejunum.

c. lleum.

d. The distribution is roughly equal

e. Never occur in the small intestine.

Ans.a

- Which answer is true in crohns disease of the colon in contrast to ulcerative colitis: Select one:

a. Is not associated with increased risk of colon cancer

b. Seldom presents with daily hematochesia

c. is usually segmental rather than continuous

d. Has a lower incidence of perianal fistula

e. Non caseating granuloma present in all the histological specimens

Ans.C

- Small bowel obstruction in an elderly female without external hernia or previous surgery is most likely caused by:

1. small bowel neoplasm

2. Volvulus

3. gallstone lleus

4. abdominal abscess in crohns

5. obturator hernia

Ans.2

Small intestines

- All the followings are pathological features of Crohn's disease except:

Select one:

- a. oedematous mucosa
- b. enlarged mesenteric lymph nodes
- c. mesenteric fat creeping
- d. serosal involvement
- e. caseating granuloma

Ans.e

- previously healthy 10-year-old boy presented with a 12-hour history of anorexia, vomiting and pain in the right iliac fossa. Examination revealed a rectal temperature of 38.3, a white count of 13,700/cmm and signs of localized peritonitis in the right lower quadrant. At operation, his appendix and caecum were normal. The Most likely cause of his illness is:

- a. Acute gastroenteritis.
- b. Regional enteritis (Crohn's disease).
- c. Meckel's diverticulitis.
- d. Acute mesenteric lymphadenitis.
- e. Deep iliac adenitis.

Ans.c

- A 35-year-old man presents with weight loss, diarrhea and abdominal pain. On examination he has aphthous ulcers in the mouth and a mass is palpable in the right iliac fossa. Blood tests reveal low serum B12 and folate. The most likely diagnosis is: a. Cecal cancer.

- b. Ulcerative colitis.
- c. Diverticular disease.
- d. Crohn's disease.
- e. Appendicular cancer.

Ans.d

- 13. One of the followings is true in Crohn's disease:

- a. Is caused by Mycobacterium paratuberculosis.
- b. Is more common in Asians than in Jews.

Ans.a

Small intestines

• Why we prefer resection over the bypass in Crohn's disease:
because it decreases risk of malignancy

- Concerning Crohn's disease, all of the following are CORRECT, EXCEPT:
- A. It is a chronic transmural granulomatous inflammation
 - B. It involves the terminal ileum only
 - C. It commonly presents an abdominal mass, bloody diarrhea and anemia
 - D. Internal fistulation is common
 - E. Commonly associated with perianal suppuration

Ans.B

- 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

Ans.B

- Left Gastroepiploic artery is a direct branch of:
- a. Superior mesenteric artery
 - b. Splenic artery
 - c. Celiac trunk
 - d. Hepatic artery
 - e. Gastrooduodenal artery

Ans.b

Small intestines

- most common presentation of benign small intestine tumor:
incidental
GI bleeding
small bowel obstruction
perforation

Ans. incidental

- The most common presentation of Meckel's diverticulum in children is:
A. Frank rectal bleeding
B. Acute diverticulitis
C. Intussusception
D. Perforation of the diverticulum
E. Volvulus of small intestine

Ans. A

- Fat absorption occurs primarily in the:
a. Stomach.
b. First portion of duodenum.
c. Third portion of duodenum.
d. Jejunum.
e. Ileum.

Ans. d

- which segment of gastrointestinal tract is involved in the enterohepatic circulation in the bile salt:
a. duodenum b. proximal jejunum.
c. Terminal ileum d. distal jejunum
e. proximal ileum

Ans. c

- newly born presented with persistent bile stained vomiting. Straight, erect abdominal radiograph showed "double bubble" appearance in the upper abdomen. This infant has:
A. Meconium ileus
B. Duodenal atresia
C. Imperforated anus
D. Hypertrophic pyloric stenosis
E. Congenital intussusception

Ans. d

Small intestines

- all of them are cancer of small intestine except:

Peutz-Jagger syndrome

- Concerning malig. tumour of small intestine the followings are true except:

- a. As common as large bowel tumour.
- b. 40% of the malignant tumours of small intestine are adenocarcinoma
- c. similar to adenocarcinomas of the colon, it is mostly arises from premalignant adenomas.
- d. occurs frequently in the proximal small bowel
- e. synchronous malignant tumor is seen

Ans.a

- fistulas is most likely associated with metallic acidosis:

- a. gastric
- b. small intestine
- c. colon
- d. pancreas
- e. biliary

Ans.b



Large intestines

- All are true of diverticular disease of the colon except:

- It increases in frequency with increasing age.
- Colonoscopy is the diagnostic tool during acute attack of diverticulitis,
- Colovesical fistula is a known complication.
- Diverticulosis of colon is the most common cause of massive colonic hemorrhage.
- elective resection is indicated after repeated episodes of diverticulitis.

Ans.b

- Most common cause of massive lower GI bleeding:

- Gastric ulcer
- Diverticulosis
- Duodenal ulcer
- diverticulitis

Ans.B

- Which of the following is true regarding the incidence of Mickel's diverticulum?

Select one:

- It is twice as common in females as in males
- It commonly occur 2 feet away from the ligament of Trietz
- It is 2 cm long
- It contains two main heterotopic mucosa- namely gastric and pancreatic
- it is a false diverticulum

Ans.d

- A 64-year-old man with a history of diverticular disease is admitted to the surgical ward with suspected diverticulitis. He has been treated with antibiotics and intravenous fluids but is not improving after 24 hours. The next most appropriate step in the management is: Select one:

- Flexible sigmoidoscopy
- Total colonoscopy
- Barium enema
- Watch and wait
- Abdominal CT

Ans.e

Large intestines

- 72-year-old woman presents with left iliac fossa pain and is found to have a fever and left iliac fossa peritonism. The most likely diagnosis is:

- a. left ureteric calculus
- b. tubo-ovarian abscess
- c. irritable bowel syndrome
- d. acute diverticulitis
- e. sigmoid volvulus

Ans.d

- 35.y/o patient with history of constipation came to the ER with diarrhoea and fever and LIF pain:

Diverticulitis

40. Wrong about diverticular disease:

- A. low fiber is a predisposing factor..
- B. 80% develop diverticulitis. 90 in sigmoid..
- C. mc in Europe but not in Africa and Asia

Ans.B

- 48. Diverticulosis occurs in all of the following except: **rectum**
- Diverticulosis coli Except: **Congenital**

- Regarding Meckel's diverticulum all of the following are CORRECT, EXCEPT:

- A. It is an acquired diverticulum resulting from an increased intraluminal pressure
- B. It is situated usually 2-3 feet proximal to ileo-cecal junction
- C. It may be silent, discovered incidentally during laparotomy
- D. It may cause intestinal obstruction
- E. It may cause frank bleeding per rectum

Ans.A

- 35. Extraintestinal manifestations of ulcerative colitis include the following except: a.

- a. pyoderma gangrenosum
- b. iritis
- c. sacroiliitis
- d. sclerosing cholangitis
- e. eczema

Ans.e

Large intestines

-) all are true about ulcerative colitis except:

a. Smoking is not associated with pathogenesis of the disease

- The most specific pathological sign in ulcerative colitis:-

a. ulceration in mucosa and submucosa

b. crypt abscess

c. pseudopolyps

d. undermined ulcer

e. skip lesion

Ans.b

- Which answer is true in Crohn's disease of the colon in contrast to ulcerative colitis: Select one

a. Is not associated with increased risk of colon cancer

b. Seldom presents with daily hematochezia

c. Is usually segmental rather than continuous

d. Has a lower incidence of perianal fistula

e. Non caseating granuloma present in all the histological specimens

Ans.c

- 34 year old male, a known case of ulcerative colitis, presented to the Emergency room with severe diarrhea, weakness, and his ECG showed Prolongation of the QT wave. This patient is suffering mainly from Select one:

a. Hyponatremia

b. Hypokalemia

c. Metabolic Acidosis.

d. Hypernatremia

e. Hypermagnesaemia.

Ans.b

- 30 years old patient with ulcerative colitis is brought to the emergency ward suffering with severe abdominal pain. diagnosis of toxic megacolon is Made, the most suitable surgical treatment is:

a. proctocolectomy with ileostomy

b. subtotal colectomy and ileostomy

c. proctocolectomy with ileal pouch

d. Hartmann's procedure

e. transverse colectomy

Ans.b

Large intestines

- The following pathological features seen in ulcerative colitis except a. The mucosa is edematous & congested
- b. undermined ulcer
- c. crypt abscess
- d. hyperplastic polyps.
- e. cobble stone appearance

Ans.e

- wrong regarding complications of ulcerative colitis: **fistulas**
 - 31- not true regarding colon function: **sodium is passively absorbed**
 - commonest site of ulcerative colitis : **rectum.**
 - ulcerative colitis cause all except... **hyperkalemia**
 - all complication of ulcerative colitis except., **intestinal obstruction**
 - indication of surgery in ulcerative colitis... **disease for 10 year**
 - the pathology of ulcerative colitis all are true except
- A. mucosa & submucosa are mainly involved
B. The rectum is almost always involved
C. 10% patients have terminal ileal disease
D. intestinal fistulae are common
E. The serosa is usually normal

Ans.D

- Wrong about ulcerative colitis: **Commonly causes enteroenteric fistula**
 - Which one of the following statements regarding the risk of cancer in the context of ulcerative colitis is true
- a- after 10 years of active disease, the risk of cancer approximates 20%.
b- after 10 years of active disease, the risk of cancer approximates 2% to 3%
c- The risk of colon cancer in ulcerative colitis is identical to controls
d- after 20 years of disease activity, the risk of colon cancer approximates 80%
e- after 20 years of disease activity, the risk of colon cancer may be as much as 12%

Ans.b

Small and large intestine

Acute toxic dilatation of the colon is typically a complication of ONE of the following:

- A. Perforated carcinoma of the colon
- B. Amebic colitis
- C. Ulcerative colitis
- D. Large bowel obstruction
- E. Ischemic colitis

Ans.c

•What is the diagnosis ?

Diverticulosis

•Mention 4 symptoms this patient have ?

Bleeding per rectum / constipation / abdominal pain /

•Mention 4 indications for surgery

• **fistula / diverticulitis haven't improved after nonsurgical treatment / intractable bleeding**



A patient presented to the ER with atrial fibrillation, hypotension and abdominal pain what is the diagnosis

A-Bowel ischemia

B-Sigmoid volvulus

C-Crohn's disease

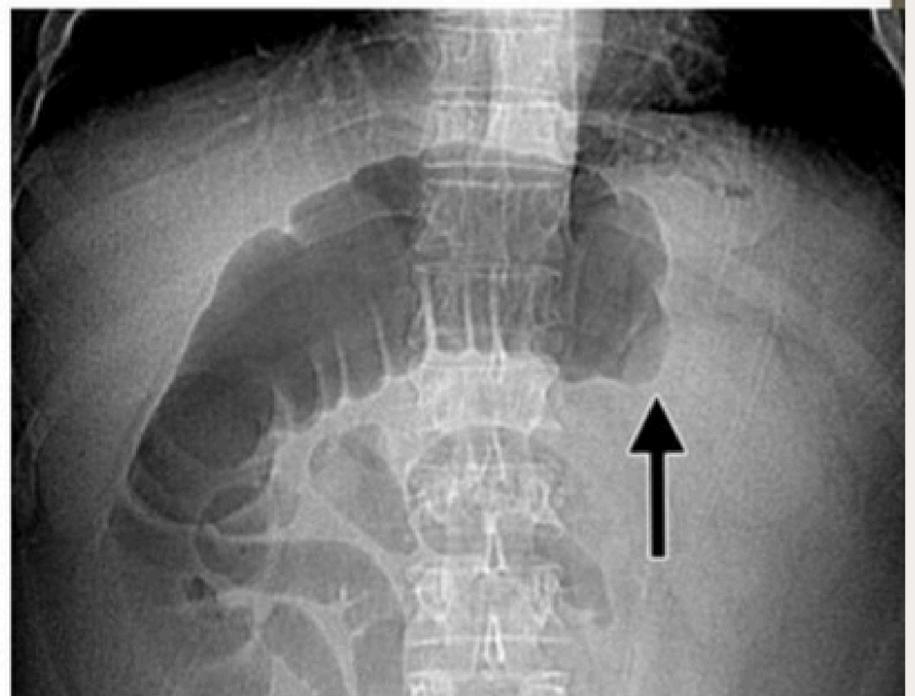
D-Colon CA

E-Toxic Megacolon



• Q1 62 years old male patient present with abdominal pain and constipation.... With this x ray

- 1-what is the diagnosis? Large intestinal obstruction
- 2- mention 2 finding in this image ?
- 1-dilated bowel loop 2- air fluid level 3-haustra
- 3-What is finding on percussion? hyperresonance
- 4- what is the probable cause in this patient ? Colorectal cancer



Small and Large intestines

A. cause of bleeding in photo A ? .A

low fiber diet , constipation

B. One more complication ?

Perforation

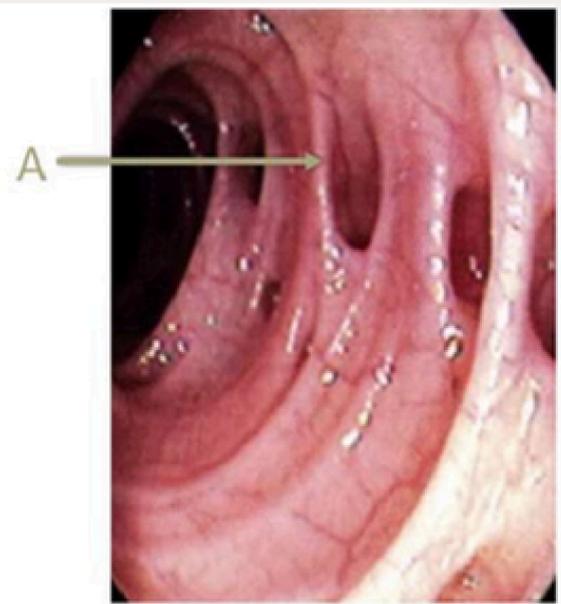
C. method of stop bleeding in the photo B ?

Endoscopic hemoclip

D. if it's massive bleeding and can't identify the source what's the management ?

:: عليه اختلاف

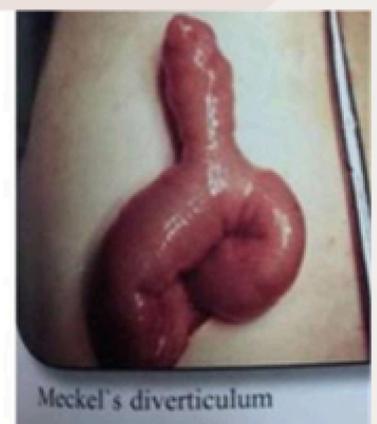
Laprotomy or Hartmann procedure



Failure of omphalomesenteric duct to regression.

A) Diagnosis

B) Mention 3 clinical presentations:



- What is your diagnosis?
- **Meckel's diverticulum**
- What 2 tissues that it contains?
- **Gastric – Pancreatic**
- Mention 2 complications?
- **Bleeding – intussusception**



What is your dx ?

Diverticulosis .1

Angiodysplasia .2

CroHns .3

UC .4

Pseudopolyps .5



Small and Large intestines

Wrong about this disease?

- .1 causes poly hydramnious
- .2 12% of patients have intra abdominal calcifications are observed on plain X ray
- .3 most commonly occurs in association with chromosomal anomalies ✓
- .4 occurs due to interruption of the superior mesentric blood supply



what is the diagnosis:

1. duodenal atresia
2. jejunoileal atresia
3. hirschsprung disease

Drains

Mini Osce

1- a) **Type:** Closed active (Redivac drain)

b) **Indications :**Used for Drainage of the wound to prevent anticipated collection.

c) **2 complications:** Infection ,Pain ,Bleeding



2- a) **Name this drains:**

1-corrugated drain

2-penroze drain

b) **Mention 2 indication for use of them:**

1- drain of abscess 2- after surgery

3-hemothorax



3- **Female with device after knee operation :**

What is the name of this device:

Redivac drain

What is the character of this device:

Closed active

What is the content of the device:

Fluids from body, blood post-op ..



4)open system surgical drain?

- A) jakson pratt
- B) chest tu be
- C)pennrose
- D)NG tube
- E)Hemivac

Answer:C

Stoma Mini Osce



1)What is the name of stoma in RIF ?

ileostomy

2) Early complication?

bleeding

3) Indication of this ?

rectal cancer

4) name the type of stoma with tow openings and mucosal bridge ?

loop ileostomy

What type of stoma is this :

- A-End Colostomy
- B-Loop ileostomy
- C-End ileostomy
- D-Loop ileostomy
- E-Double barrel ileostomy

Answer:c

What disease indicates this procedure?

- A-Crohn's disease
- B-Ulcerative colitis
- C-Colon CA
- D-Diverticulosis
- E-Bleeding

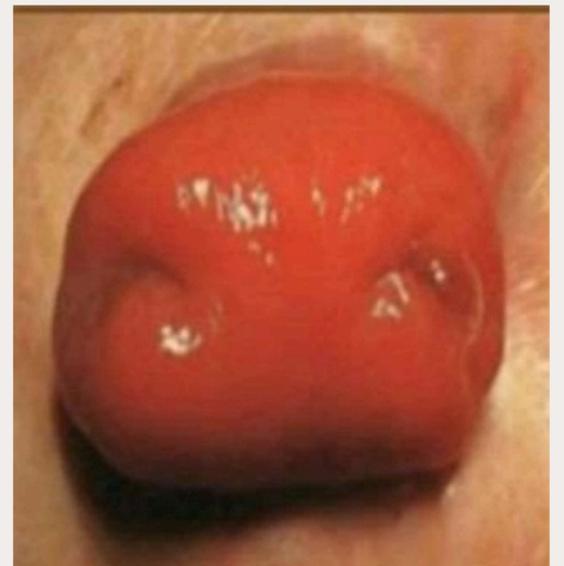
Answer :A



What is the type of stoma in the picture ?

- A.loop ileostomy
- B.right colostomy
- C. Double barrled colostomy

Answer :A



Patient have been through low anterior resection and and a bag put it in the right iliac fossa

-Describe what you see in the picture:

Stoma with two connected opening

-What is the type:

Loop ileostomy

-Other indication:

Relieved distal obstruction, fecal incontinence, perforation .. ect



Bariatric surgery

Male pt undergoes sleeve gastrectomy, he not quite since surgery , after 5 days developed epigastric pain - nausea-intolerance to oral intake -fever and chills ,the most initial emergency investigation that you can do to make diagnosis ?

- A)Gastrosocopy
- B)Ultrasound
- C)Barium meal
- D)Ct with contrast

Answer:D

GI bleeding

1- what's the diagnosis? (Or what do you see in the picture)

Upper GI endoscopy for upper GI bleeding (esophageal varices)



2-the characteristic feature of this condition is that it is ?

enlarge tortuous esophageal veins

3-write down 2 of the clinical findings you might find while examining the patient

Pale tachycardia and hypotension from UGIB
Jaundice asterixia ascites caput medusae from portal HTN

4-2 ways of managing this condition?

Initial resuscitation

Esophageal balloon tamponade Endoscopic sclerotherapy or banding Drug therapy:vassopressin ,octreotide

Patient suffer from massive upper GI bleeding for second time.

1-The cause of bleeding:

a. Esophageal varices

2-all of these are choice of management except ?

a. Sengstaken- Blakemore tube

b. Resuscitation and stop spontaneously

c. renal splenic shunt

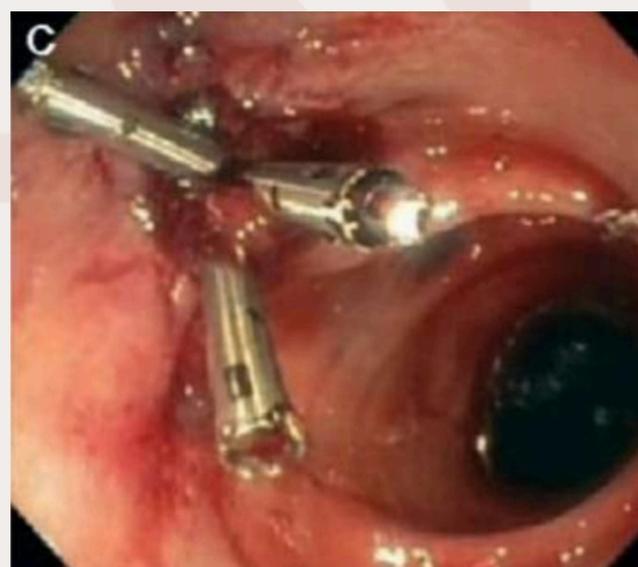
d. Portosystemic shunt

Answer:b



What is the name of this device / part ?

Endoscopic hemoclip



A. cause of bleeding in photo A?

A low fiber diet , constipation (Diverticulosis)

B. One more complication ?

Perforation

C. method of stop bleeding in the photo B ?

Endoscopic hemoclip

D. if it's massive bleeding and can't identify the source what's the management?

Subtotal colectomy ± ileorectal anastomosis

