

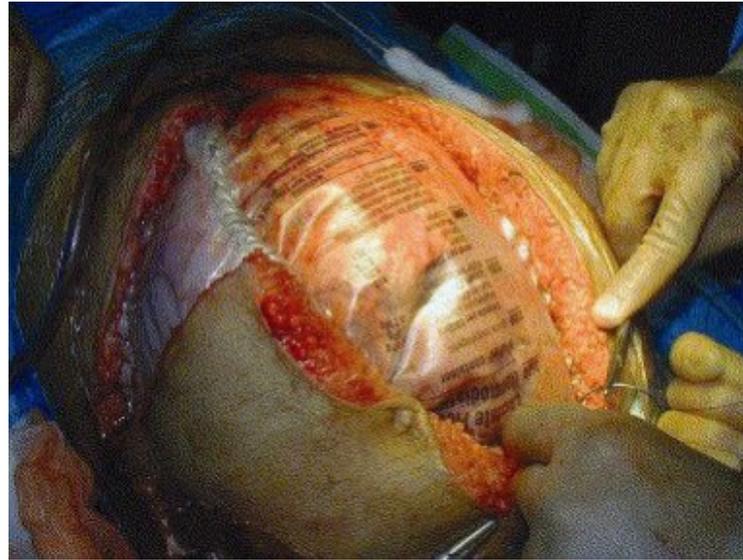
Surgery mini-OSCE

6th year(Wateen)

7/1/2026

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Station 1



A patient presents after a road traffic accident (RTA) hemodynamically unstable. An intra-operative image is shown:

1: What type of dressing is used?

Bogota bag (temporary abdominal closure) حسب اجابة الدكتور

2: What type of protocol was performed?

Damage control laparotomy(end organ damage control)

3: What are the physiological reasons for stopping the surgery early in this case?

Hypothermia, metabolic acidosis, and coagulopathy.

4:What type of drain used in picture?

Closed active drain(Jackson-Pratt drain) كانت موجودة بالصورة

Station 2



1: What is the name of the procedure?

Tracheostomy.

2: Mention two indications for this procedure

Prolonged mechanical ventilation; upper airway obstruction

3: Mention two complications of this procedure

Bleeding; infection

4: Mention one contraindication

Uncorrected coagulopathy.



Station 3



40-year-old patient with recurrent epigastric pain.

Q1: Name of this imaging modality?

ERCP

Q2: What is the duct shown in the image?

Pancreatic Duct.

Q3: What is the most likely diagnosis?

Chronic Pancreatitis.

Q4: Mention the main radiological findings?

stricture and dilatation of pancreatic duct (chain of lakes)

Q5: What is the most common symptom of this condition?

Anorexia

Station 4

Infant presenting with projectile vomiting.

Q1: What is the diagnosis?

Hypertrophic Pyloric Stenosis (HPS).

Q2: Mention 2 cardinal clinical features?

Answer: 1. Non-bilious projectile vomiting. 2. Palpable "Olive-shaped" mass in the epigastrium.

Q3: What are the electrolyte and metabolic disturbances associated with this case?

Hypochloremic, hypokalemic, metabolic alkalosis.

Q4: Mention the findings on Ultrasound (US)?

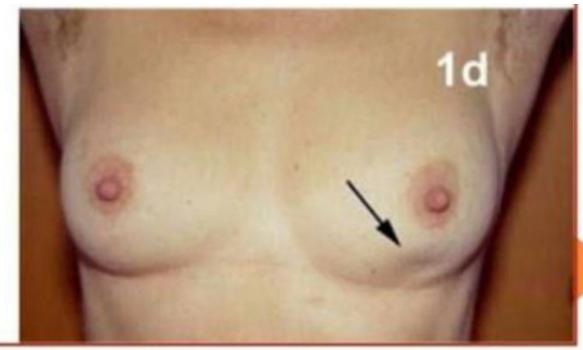
1. Pyloric muscle thickness > 4 - 3 mm
2. Pyloric canal length > 14 - 16 mm

Q5: What are the findings on Barium meal?

1. String sign (narrowed pyloric canal). 2. Shoulder sign (pylorus bulging into the antrum). 3. Dilated stomach with delayed gastric emptying.



Station 5



الصورة قريبة من نفسها كانت من مرضى الدكتور بالعيادة

Q1: Finding in the picture when the patient elevated her hands?

Skin tethering

Q2: What is the Pathophysiology of this finding?

Tumor invasion of Cooper's ligaments (Suspensory ligaments), leading to shortening of the ligaments and retraction of the skin.

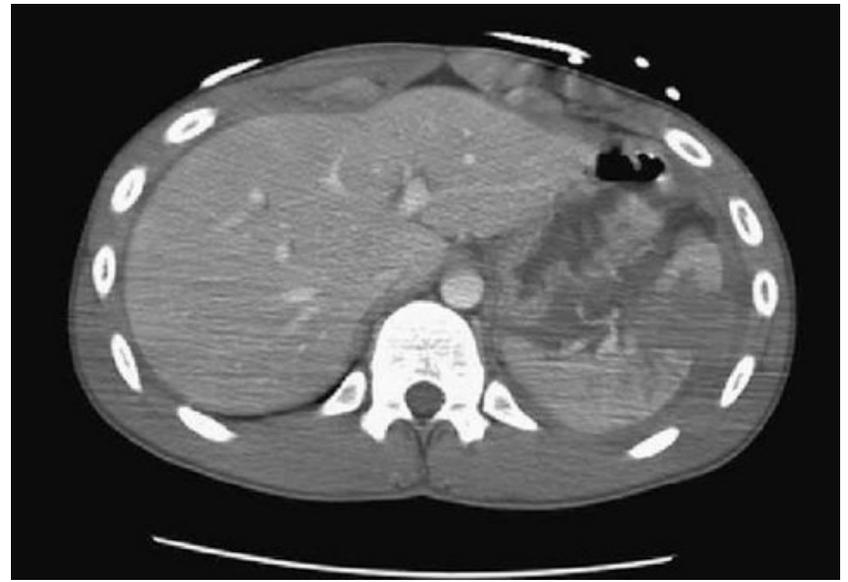
Q3: If the tumor is positive for (ER, PR, HER2) and high Ki67, what is the immunohistochemistry subtype?

Luminal B

Q4: If the cancer is invasive lobular carcinoma, size 2.5 cm, SLNB (Sentinel LN biopsy) was negative, and no metastasis (No Mets), what is the TNM stage?

Answer: * TNM: T2 N0 M0

Station 6



الصورة مو نفسها لانه ال case من مرضى الحكومي
الفكرة شوفوا صور ct وشو الاجزاء الموجودة

13-year-old patient, fell down after a blunt trauma to the left flank. The patient is hemodynamically unstable

Q1: Identify the injured organ?

Spleen

Q2: Based on the imaging, what is the Grade of injury?

صورة مختلفة الإجابة حسب الدكتور : stage 2

Q3: Would you do surgery or not? Why?

Yes, Urgent Laparotomy.

Why? Because the patient is Hemodynamically Unstable (Signs of internal bleeding with no response to fluid resuscitation).

Q4: Name A and B?

كان في سهمين على الصورة واحد على ال pancreas وسهم على ال colon



اللَّهُمَّ أَنْتَ رَبِّي لَا إِلَهَ إِلَّا أَنْتَ، خَلَقْتَنِي وَأَنَا عَبْدُكَ، وَأَنَا عَلَى عَهْدِكَ وَوَعْدِكَ مَا
أَنْطَقْتُ، أَعُوذُ بِكَ مِنْهُنَّ مَا صَنَعْتُ، أُوذُ لَكَ بِنِعْمَتِكَ عَلَيَّ، وَأُؤَدُّ لَكَ بِذَنْبِي فَاغْفِرْ لِي،
فَإِنَّهُ لَا يَغْفِرُ الذُّنُوبَ إِلَّا أَنْتَ"

