



*Sohag University
Sohag faculty of medicine
Surgery department*

*1/11/2011
Time allowed: 3hrs*

*General surgery exam for partial fulfillment of Master degree in
urology*

I- Discuss management of acute scrotum. (25 marks)

II- Write short account on:- (45 marks)

- 1- Differential diagnosis of solitary neck mass.
- 2- Clinical features of acute pancreatitis.
- 3- Update management of splenic trauma.

III- Case scenario:- (10 marks)

A 70 year old man presents with 3 months history of diarrhea (4 loose motions per day). By history: the stool was mixed with blood in some times. He has a history of weight loss and reduced appetite for that duration. His father died from cancer at the age of 55 years. On examination: there were no abdominal masses or tenderness and no findings on digital rectal examination, but there was an enlarged left supra-clavicular lymph nodes. Sigmoidoscopy showed normal rectal mucosa with a sessile mass occupying most of circumference of rectum.

- 1- What is the most likely diagnosis?
- 2- What other investigations would you request?
- 3- Describe the main lines of treatment.

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1st of November
MCQ Examination*

Answer all questions in the same sheet

Student's Name:

Secret Number:

Secret Number:

IV- Choose the single best answer:- (20 marks)

1)With regard to appendicitis:

1. McBurney's point lies one third of the way along a line drawn from the umbilicus to the right anterior superior iliac spine.
2. The presence of an appendix mass necessitates immediate surgical intervention.
3. A normal white cell count excludes appendicitis
4. Loss of appetite is a common feature of acute appendicitis
5. Rovsing's sign is an increase in pain in the left iliac fossa when the right iliac fossa is palpated

2)With respect to gallstones:

1. Most people with gallstones are asymptomatic.
2. CT is the imaging modality of choice in diagnosing gallstones.
3. Approximately 90% of gallstones are visible on plain abdominal x-ray.
4. Gallstone ileus occurs when a gallstone travels through the bile duct into the small bowel and causes an obstruction.
5. Mirizzi's syndrome is caused by a stone in the common bile duct

3)With regards to Peptic ulcer disease:

1. A minority of duodenal ulcers are caused by Helicobacter Pylori infection.
2. A raised serum creatinine is a sign of a significant upper GI bleed.
3. Triple therapy for H. Pylori eradication involves the combination of an H2 receptor antagonist, a proton pump inhibitor and an antibiotic.
4. Following endoscopic therapy for a bleeding ulcer, a rebleed warrants immediate open surgical intervention.
5. A bleeding ulcer can be managed by under-running the bleeding vessel.

4)With regards to Inguinal hernias:

1. A direct hernia passes through the deep inguinal ring into the inguinal canal.
2. A femoral hernia is more common than an inguinal hernia in females.
3. An inguinal hernia can be distinguished from a femoral hernia by its relationship to the inguinal ligament.
4. The superior epigastric vessels lie medial to the deep inguinal ring.
5. The floor of the inguinal canal is formed by the conjoint tendon.

5)With regards to the acute abdomen:

1. Mesenteric adenitis is a common cause of abdominal pain in children.
2. The absence of free air on an erect chest x-ray excludes an intra-abdominal perforation.
3. Free air under the right hemi-diaphragm can be mistaken for gas within the stomach.
4. A raised serum amylase is diagnostic of acute pancreatitis.
5. Diverticulosis is a common cause of acute left iliac fossa tenderness associated with pyrexia and a raised white cell count.

6)With regards to Testicular pain:

1. Testicular torsion can present with lower abdominal pain
2. Testicular pain in children is commonly due to epididymo-orchitis.
3. Torsion can be easily excluded on careful clinical examination alone.
4. A varicocele will readily transilluminate.
5. Testicular pain is not classically associated with viral infections.

7)With regards to Colorectal cancer:

1. Most tumours occur in the right side of the colon.
2. Neo-adjuvant radiotherapy has no role in the management of rectal tumours.
3. Rights sided tumours are more likely to obstruct than Left sided tumours.
4. Colorectal cancer has been associated with a diet high in fibre and low in saturated fat.
5. Villous adenomas have a greater malignant potential than tubular adenomas.

8)Which of the following has least incidence of malignancy:

1. Insulinoma
2. Gastrinoma
3. VIPoma
4. Glucagonoma

9)Right sided colon conduit after esophagectomy is based on:

1. Ileo colic artery
2. Right colic artery
3. c) Middle colic artery
4. Left colic artery

10)What is not true about blind loop syndrome:

1. It manifests as diarrhoea, weight loss and deficiency of fat soluble vitamins.
2. Megaloblastic anemia is commonly seen
3. Surgery is almost always required to correct small bowel syndrome
4. Broad spectrum antibiotics are the treatment of choice

Good luck