**428 FINAL FEMALES EXAM**

**final editing**

**1- The following statements regarding anal fissure are true, except:**

a. longitudinal tear in the mucosa and skin of the anal canal

**b. commonly situated at the lateral side of the anal canal**

c. lateral fissures suggested specific lesions such as Ulcerative colitis or Malignancy

d. The chronic anal fissure can form A “sentinel “pile

e. lateral internal sphincterotomy

**2- Fistula that drains in the left lateral posterior side externally,, where does it open internally?**

1. **Posterior midline**

**3- Patient presented with bleeding per rectum and pain with defecation,, what is the diagnosis?**

1. **Anal fissure**

**4- An elderly male patient presented with asymmetrical abdominal distension and constipation with**

**tenderness on examination ,, x-ray showed omega sign,, what is the most likely diagnosis?**

1. **Sigmoid volvulus**

**5- A male patient presented with recurrent fistula, bloody mucus stool and tenesmus ,, colonoscopy showed unhealthy rectum, what is the likely diagnosis**?

a. Crohn’s disease

**b. Ulcerative colitis**

**6- A 70 year/old diabetic male, presented with LLQ abdominal tenderness , fever and elevated WBC count ,**

**CT abdomen showed thickening of sigmoid wall with no abdominal fluid collection, what is your next step**

**for management**:

**a. Iv fluid**

b. antibiotic

**7- 35 y/o, 6 times bloody, fever, leukocytosis, generalized abdominal tenderness, next step in management is:**

**a. Pancoloectomy**

b. Iv steroids and observation

c. Urgent colonoscopy

d. Parenteral nutrition and observation

**8- Patient with massive bleeding per rectum, diagnosed to have angiodysplasia, hemodynamically unstable,**

**next step in Tx :**

**a. Angiogram embolization**

b. Iv vasopressin

c. Cautery with endoscopy

d. Sclerotherapyendoscopically

**9-Regarding crohn's disease:**

1. **may come with perianal dis only**

**10- Premalignant polyp**

a. Hamartomatous

b. Inflammatory

c. Metaplastic

**d. Adenomatous**

**11- Staging of the colon cancer:**

**a. Ct pelvis, abdomen & chest**

b. X ray and ultrasound

c. Abdominal MRI

**12- 55 Y/O male presented to have sigmoid volvulus what is the Tx of choice:**

1. **Sigmoid Pexy**

**13-Definitive increase risk for colon ca:**

1. **ulcerative colitis**

**14- 24 Y/O married lady, presented with sudden RLQ colicky pain for 6 hours, associated with nausea,**

**fainting, and abdominal tenderness. She is tachycardic and hypotensive. what is the likely diagnosis?**

**a. Ruptured ectopic pregnancy**

b. Perforated appendicitis

**15- most common cause of intestinal obstruction in adults:**

**a. Adhesions**

b. Tumours

c. Atresia

**16-What is the best indicator for appendicitis :**

1. **Pain in the right iliac fossa when applying pressure in the left side**

**17- Regarding the direct inguinal hernia :**

a. most common type of hernia

**b. its medial to the inferior epigastric artery**

c. common in females

**19-all goes through aponeurosis except :**

**a. Umbilical hernia**

b. Paraumbilical hernia

c. Epigastric

d. Femoral hernia

**20- incarcerated inguinal hernia in a child:**

**a. Reduction under anesthesia and sedation**

b. Immediate surgery after reduction

**21- Elderly patient presented with supra-pubic pain and distension with drippling of urine, dullness on**

**percussion, what is the next step in management ?**

1. **Catheter insertion**

**22-voiding lower urinary tract symptoms can present in all except:**

**a. Cystitis**

b. BPH

c. Spina bifida

d. Diabetic cystopathy

**23- In a patient with BPH, all are true except:**

**a. Cystogram CT is ONLY done in pt with heamatourea**

b. The size of the prostate in digital examination could not expect the actual obstructive symptom that

the patient has.

c.Cystoscopy is done for patients with obstructive symptoms caused by BPH

**24-The following are true related to flail chest except:**

a. It is when three or more ribs are broken in two or more places

b. The underling lung is usually contused

c. It has paradoxical movement during the breathing as opposite direction of the rest of the chest wall

d. The patient usually manifested with chest pain, hypoxia, tachycardia and respiratory distress

**e. The management is usually by thoracotomy**

**25-chest tube:in our exam the choice was mid axillary ,6th**

**a. Mid axillary, 5th**

b. Mid axillary, 7th

c. Anterior axillary, 6th

d. Posterior axillary, 6th

**26- One of these is a malignant tumor of the lung :**

**a. Carcinoid**

b. Cyst

c. Hamartoma

**27- all are a predisposition for oesophageal cancer except:**

a. Achalasia

b. Plummer syndrome

c. Barrettsoesophagus

d. Corrosives

**e. Oesophageal cyst**

**28-cerebral perfusion pressure:**

a. Systolic

b. Diastolic

c**. Mean – ICP**

**29- Treatment of increased ICP in which position**:

**a. Elevate the head**

b. Foot up head down

c. Hyper-extension

d. Flexion

**30- Glasgow coma scale include:**

1. **Eye opening, response to motor, verbal**

**31- patient with suspected brain tumor the initial investigation to be done:**

**a. CT**

b. Mylogram

c. electomyography

**32- Investigation of choice post subclavian central catheter is:**

**a. Chest x ray**

b. ECG

c. Full blood count

**33-common site for venous cut down during resuscitation is:**

**a. Bisalic vein in antcuboidal fossa**

b. Cephalic in deltopectoral

c. Saphenous in ankle

d. Saphenous in popletial

**34- diagnostic peritoneal lavage all true except:**

a. Indicated in unexplained shock

b. NG tube insertion

c. Folly catheter insertion

**d. above Umbilical incision**

**35- A 10 years old child presented with RLQ pain , fever, tenderness and guarding ,, with elevated WBC,,what is the next step in management?**

**a. Urgent appendectomy**

b. Give the patient fluids and monitor

**36- A 2 days, full term, newly born baby, presented with inability to pass meconium, vomiting, distension,**

**what is the most likely diagnosis?**

1. **Hirschsprung’s Disease**

**37- Regarding undescended testis?**

**a. orchopexy is best done at 6-12 months**

b. risk of malignancy up to 20%

c. Laprascopy is not valuable in management

d. The risk of torsion is less than normal testis

e. Patantdductusvaginalis almost never present in these patients.

**38- Child presented to the ER with history of aspirating a peanut, had a stridor, dyspnea and cyanosis. what**

**is the initial step in management:**

a. Confirm the diagnosis with rigid bronchoscope

**b. Try to secure the airway**

**39- All can occur after total thyroidectomy, except :**

a. Hypoparathyroidism

**b. Hypercalcemia**

**40- 35 Y/O female postpartum lactating presented with red hot tender mass around the areola. Tx of**

**choice:**

**a.** Ampicillin

**b. Flucacillin**

**c.** Erythromycin

**41-few hours post thyroidectomy female presented with progressive swelling under the incision site, stride,**

**cyanosis:**

**a. Exploration**

b. Abx

**42- In breast cancer prognosis depend mainly on:**

**a. number of positive axillary lymph node**

b. Tumor size

c. Histopathology

**43- patient came to the hospital with a mass over her neck, examination and ultrasound revealed a nodule**

**within the thyroid. What is the most appropriate next step :**

1. **Fine needle aspiration**

**44- malignant tumour that arise from the parafollicular C cells :**

**a. Medullary**

b. Papillary

c. Anaplastic

**47- first ranked in recounstructive surgery ladder is:**

a. The top of tag

b. Local flap

c. Primary closure

**d. Free flap🡪plzplz don’t chose any other answer**

e. Distant flap

**48- the most common investigation used in acute venous thrombosis is:**

a. Hand held Doppler

**b. Duplex**

**49- surgical rather than conservative:**

1. **Rest pain with gangrene of toe**

**50- contraindication for coronary bypass:**

a. Acute coronary ischemia

**b. Cardiognic shock🡪 most likely but really I'm not sure**

c. Congestive heart failure with no angina

d. Chronic stable angina

**51-keloid Vs hypertrophic scar:**

a. More itching

**b. Extended beyond the margins**

**52-commonest malignant melanoma:**

**a. Superficial spreading**

b. Modular melanoma

c. A melanotic melanoma

**53- hidradenitissuppurativa is a disease of:**

a. Hair follicle

**b. Appocrine sweat gland**

c. Eecrine sweat gland

**54 –Patient cannot make O sign, which nerve is injured :**

**a. Anterior interosseous nerve**

**55- charcot triad:**

1. **Pain, fever, jaundice**

**56- palpable gall bladder:**

**a. Tumor of the head of the pancreas**

b. Stone in CBD

**57-air in biliary tree:**

1. **Gallstone illius**

**58- Egypetion male, had history of bilharziasis :**

1. **Hepatocellular ca**

**59-Typical case of appendicitis and with examination there was a mass in LRQ what is the next step :**

**a. Appendectomy**

b. Ultra sound

**60. Which of the following is the most common cause of calf claudication in a non smoker 20 years old male**

a. atherosclerotic occlusive disease

b. buerger's disease

c. deep vein thrombosis

**d. popliteal entrapment syndrome**

e. takayasu's disease

**61.A 65-year-old healthy man presented with sudden sever abdominal pain. He has abdominal tenderness and guarding in all four quadrants. A radiograph is obtained that demonstrates radiolucency under the right hemidiaphragm .. Which of the following is not part of the differential diagnosis ?**

a.perforated gastric ulcer

b.perforated transverse colon carcinoma

c.sigmoid volvulus

d.spontanous bacterial peritonitis

e.strangulated hernia with necrotic bowel

**62.Regarding crohn's disease of the colon, which one of the following statements is true**

a.it is the most common site during initial presentation of the disease

b.peri anal crohn's disease could be the only presenting symptom

c.totalproctocolectomy and ileoanal pouch anastomosis is the treatment of choice

d.usually has no malignant potential

**63.Which of the following is of greatest benefit in the treatment of patients with Buerger's disease**

a.anticoagulation

b.arterial reconstructive surgery

c.aspirin

d.cessation of tobacco use

e.sympathectomy

**64. Which one of the followings is a proven risk factor for colon cancer:**

a.cholecystectomy

b.high fiber diet

c.red meet consumption

d.ulcerative colitis

**65.A 39-year-old healthy male is hospitalized for 2 weeks with epigastric pain radiating to his back, nausea and vomiting. Initial laboratory values revealed an elevated amylase level consistent with acute pancreatitis event. Five weeks following discharge , he complained of early satiety epigastric pain and fever (38.9 C). his heart rate was 120/min , WBC was 24,000/mm³ and his amylase was normal. CT-scan demonstrated a 6cm by 6cm rim enhancing fluid collection in the body of the pancreas**

**Which of the following would be an appropriate management of the fluid collection?Please make sure about the correct answer**

a.antibiotics and percutanous catheter drainage

b.antibiotics therapy alone

c.CT-guided aspiration with repeat imaging in 2 to 3 days

d.surgical internal drainage of the fluid collection with a cyst-gastrostomy or roux en y jujenostomy

**66. A 25-year-old man has recurrent, indolent fistula-in-ano. He also complains of loss of weight, recurrent attacks of diarrhea with blood mixed with stool, and tenesmus. Proctoscopy revealed unhealthy appearing rectum, What is the most likely diagnosis?**

a.amoebic colitis

b.colitis associated with acquired immunodeficiency syndrome (AIDS)

c.crohn's colitis

d.ischemic colitis

e.ulcerative colitis

**67. One of the following lung lesions is a malignant tumor :**

a.carcinoid lung tumor

b.fibroma

c.granular cell tumor

d.hamartoma

e.sclerosinghemangioma

**68. Which one of the following is not indicated in the treatment of symptomatic hemorrhoids .**

a.banding

b.haemorrhiodectomy

c.injection of sclerosing agent

d.stoolsoftner

e.topicalglyceryltrinitrate the dr said after the exam this is the correct answer.

**69. Acute appendicitis is mainly diagnosed by which of the following :**

a.clinical methods

b.laboratory tests

c.laparoscopy

d.ultrasonography of the abdomen

70.**Which of the following is the commonest cause of small intestinal obstruction**

a.adhesions

b.benign tumors

c.intussusception

d.malignant tumors

e.obstructed hernia

71.**in a patient with proximal jejunal obstruction, which of the following combined signs and symptoms will be more prominent**

a.abdominal distention and constipation

b.abdominal distention and vomiting

c.abdominal pain and distention

d.abdominal pain and vomiting

**72.69year-old woman who is known to have atrial fibrillation presented to the emergency department complaining of sudden diffuse sever abdominal pain and vomiting. Physical examination revealed non-tender abdomen. WBC was 27,000/mm³, serum amylase 285 IU**

**Which of the following is the most likely diagnosis?**

**a.acute appendicitis**

**b.acutecholecystitis**

**c.acute mesenteric ischemia**

**d.acute small intestinal obstruction**

GOOD LUCK