

Here are 30 new questions we got in our exams.  
Surgery 451, 428, Group A.

The best of luck,  
Abdulrahman Al-Deeri

Mid-Cycle:

Q1: A complication of gastric bypass surgery :

- Gallstone.

Q2: A patient who suffered head injury and is coming with peri-orbital hematoma and nasal bleeding, what is correct ?

- This patient ( MAY ! ) die from aspiration of blood
- You will intubate him
- The most likely life-threatening complication is shock

This is a case of skull base fracture, and the other answers are not correct.

Q3: What is the indication of meshing? ( in graft ).

- To reduce the donor area.
- In case of small donor area.

Q4: A feature of septic shock :

- microvascular occlusion and peripheral vasodilation.

Q5: A sign of full thickness ( 3<sup>rd</sup> degree ) burn :

- Thrombosed veins

Q6: A case esophageal cancer, how are you going to feed him?

- NGT
- G-tube
- TPN

Remember: whenever you can use the gut, you HAVE to use it.

Q7: In case of renal transplant, to what vessel do we anastomose the renal vein/artery?

- The external iliac.

Q8: Treatment of hyperkalemia:

- **IV calcium** ( all the other answers are correct, but this is the single most important initial treatment to protect the heart ). Revise the other measures.

Final:

Plastic :

Q9: If a patient is unable to do “ O “ sign , then the most likely diagnosis is :

**Anterior interosseous nerve injury**

Superficial radial nerve injury

Posterior interosseous nerve injury

Musculocutaneous nerve injury

Q10: The most common type of melanoma is :

**Superficial spreading**

Nodular

Lentiginous malignant

Acral

Q11: The top of the ladder of reconstructive plastic surgery is :

**Free flap**

Local flap

Distal flap

Primary closure

Q12: A child presented to the ER with right iliac fossa pain for 24 hours with nausea vomiting :

**Admit him for appendectomy**

Do US

Do CT scan

Antibiotic and discharge

Q13: A child presented to the ER with incarcerated hernia and intestinal obstruction, what is correct:

**Reduce the hernia under analgesia and sedation**

Book the patient for surgery 6 months after reduction

Immediate surgery to prevent infarction

Remember: WHENEVER you got a question of UPPER abdominal pain and the scenario doesn't included erect chest X-Ray then you asked what is initial radiological investigation.. pick up : erect chest X-Ray ( this should be the FIRST radiological investigation for any similar presentation )

Q14: A posterior-lateral opening of a fistula, opens into :

**posterior midline** ( Goodsall's rule )

Q15: A young lady with recurrent fistula in ano with bloody diarrhea and the sigmoidoscopy shows abnormal rectum .. the diagnosis is :

**Ulcerative colitis**, because chron's disease extremely rarely involves the rectum and is not bloody.

Q16: A young lady with angiodysplasia and has massive GI bleeding and the patient is ( not stable ) , your action is :

**Immediate surgery!**

Note : if the patient was stable the management will be different ( therapeutic colonoscopy )

Q17: All of the followings will present with voiding LUTS except :

**Cystitis**

BPH

Urethral stricture

Diabetic neuropathy

myelomeningocele

Q18: What is an absolute indication of bypass surgery among the following conditions :

**Rest pain and gangrene**

ABI > 1

Toe pressure > something :(

Claudication distance > 100 meters

Q19: An old man presented with bleeding with diarrhea for a couple of days and left iliac fossa pain and tenderness and AXR shows thick sigmoid mucosa , what's your management ?

**Give fluids and antibiotics ( colitis ).**

Q20: An old man presented with right upper quadrant pain, jaundice and fever .. your initial management is :

**IV fluids ( you are in the ER ).**

IV antibiotics

Q21: An old female took aspirin for joint pain and is presenting with one day history of abdominal pain , Dx is **peptic ulcer**.

Q22: A patient on aspirin presented with abdominal pain and resonant percussion under diaphragm Dx is **perforated peptic ulcer**.

Q23: A married lady presented to ER with RIF abdominal pain and now is becoming severe and diffuse and history of fainting, tachycardia and hypotension , Dx is :

- 1- Ruptured ectopic pregnancy
- 2- ruptured ovarian cyst
- 3- appendicitis

Q24: All predispose to malignancy except:

Esophageal cyst  
Plummer-Vinson Syndrome  
Achalasia  
Barrit esophagus

Q25: What is Courvoisier sign ?

If gallbladder palpable then its unlikely to be a stone.

Q26: A case of patient with Jaundice + right upper quadrant pain + fever, the diagnosis is : **Acute cholangitis**

Q27: What are the elements of Charcot's triad for acute cholangitis ? **RT upper quadrant pain + fever + jaundice**

Q28: Trauma patient with tension pneumothorax, Rx is : **needle thoracostomy midclavicular 2<sup>nd</sup> intercostal space.**

Q29: The chest tube for pneumothorax is inserted in **midaxillary line 6<sup>th</sup> intercostal space** ( **middle axillary of the middle space** 😊 )

Q30: Measures to reduce intracranial pressure include:

**Head elevation**  
Head flexion  
Head extension