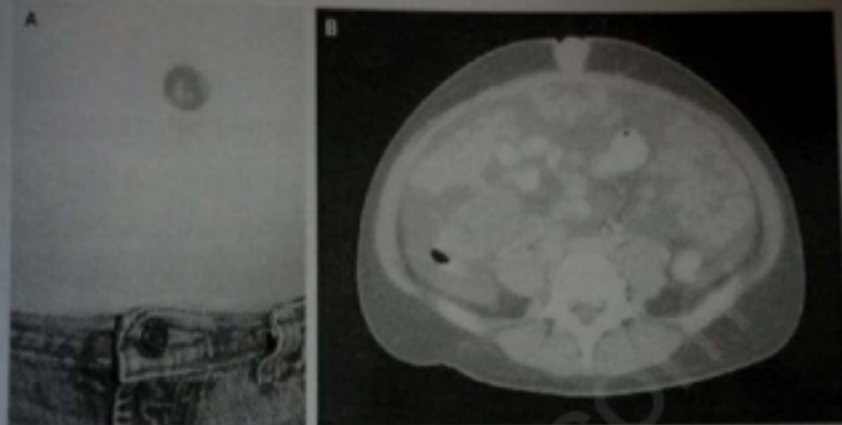
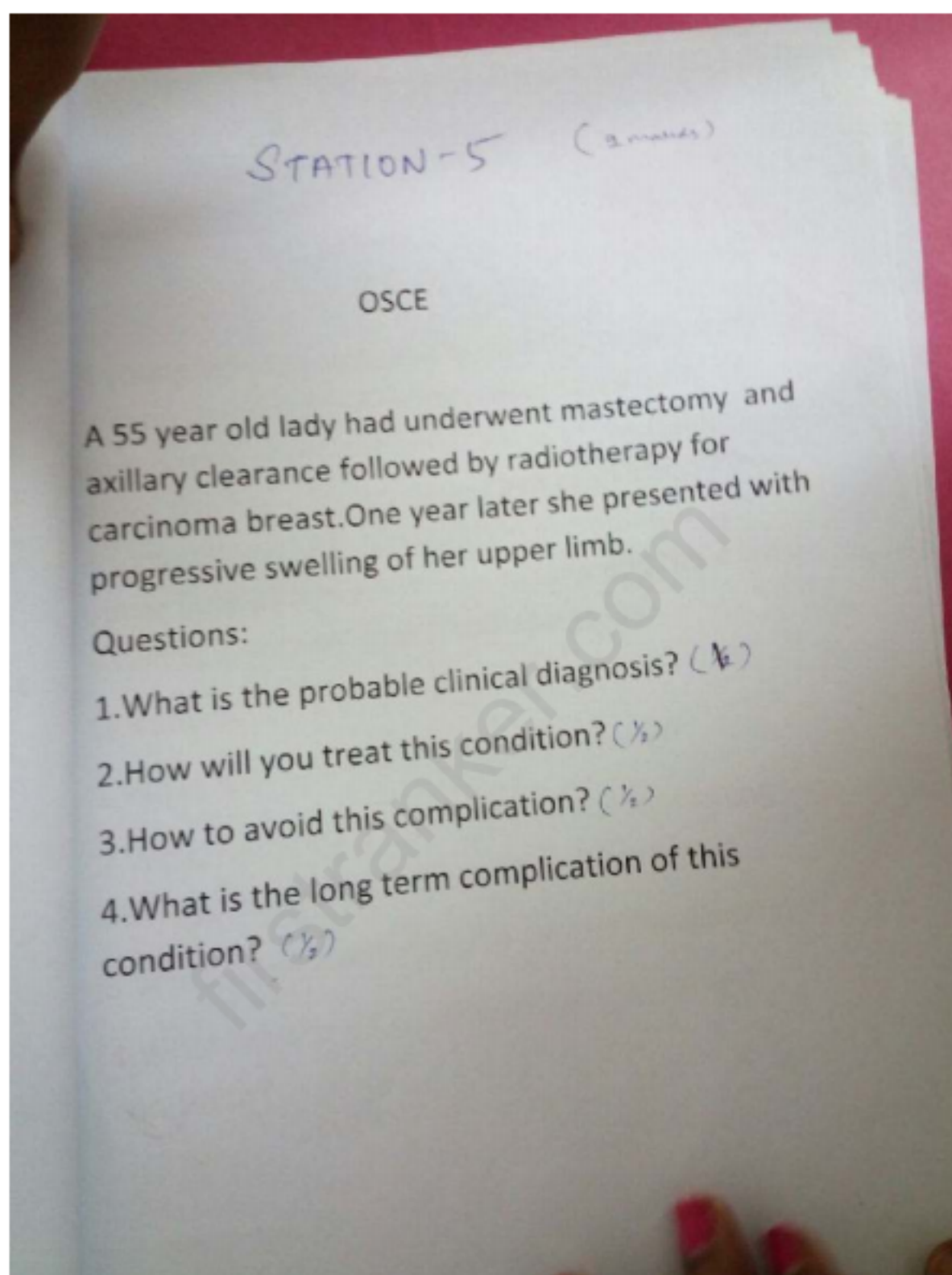


STATION 4



1. What is your diagnosis?
2. Name one condition where this lesion occurs
3. How does the cancer spread to the umbilicus?
4. What is the prognosis?

Elephantiasis chirurgens - Post operative lymphedema of the upper limb
 Elastic bandage, antibiotics, exercise and massage
 Radiation should not be given after you do block dissection
 Lymphangiosarcoma- Stewart-Trevis syndrome



Cholangiocarcinoma

MRCP, CT scan

Jaundice that can be corrected by surgery

In obstr jaundice if gall bladder is palpable, then it is not due to gall stones

64 year old Male, presented with c/o Epigastric Pain & Right Hypochondrial pain radiating to the back, aggravated by eating food, relieved by analgesics. Generalised body itching, Yellowish discolouration of urine, pale stools. On Examination, he was Pale, Icteric and Cachexic. P/A – 3 cm firm globular mass palpable in the right Hypochondrium. Lab Investigations showed the following.

CBC – Hb- 10.4 g/dl. Total Count – 6,500 platelet – 3,88,000

LFT – Albumin – 2.1 g/dl. SGOT – 103 IU/L. SGPT – 120 IU/L.
GGT – 90 U/L. Bilirubin – Total – 8.3 mg/dl. Direct – 6.8.

1. What is your probable Diagnosis?
2. What other Investigations would you do in this Patient?
3. What is Surgical Jaundice?
4. What is Courvoisier's Law?

Post acoustic shadow, gall bladder wall edema
Mirizzi syndrome, cholelithiasis, mucocoele
Lap. Cholecystectomy
Cystic artery damage

STATION 2

The 36/F from station 1 had an ultrasound of the abdomen. Murphy sign was positive



1. Name 2 findings you would expect to see on the ultrasound?
2. Name a complication that can occur if the pt is not treated?
3. What surgery will be advised for the patient ?
4. What is the most common complication of surgery?

Perforation of stomach

X-Ray

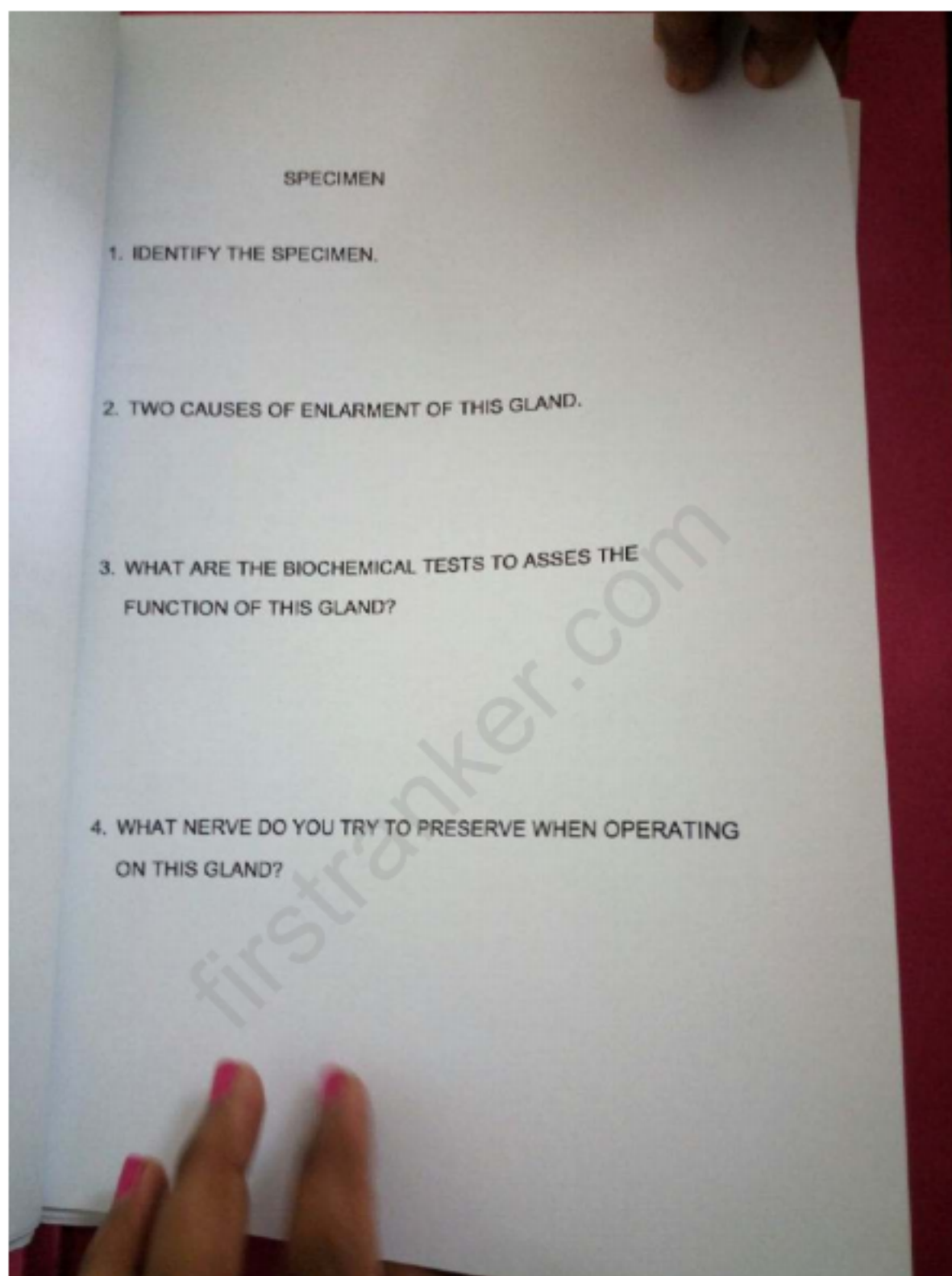
Urgent Laparotomy, suture of perforation using omentum

OSCE

A 60 year old male with regular medication for osteoarthritis of knee had history of on and off upper abdominal pain which increases in empty stomach. He presented to emergency medicine department with sudden onset of severe abdominal pain associated with fever for one day. He had tachycardia, BP of 100/60 mmHg and there was guarding, rigidity and diffuse abdominal tenderness

1. What is the possible diagnosis
2. What investigation will you do to confirm your clinical suspicion
3. What is the surgical treatment for this condition

Thyroid gland
Iodine deficiency, multinodular goitre
TSH, T3, T4
Recurrent laryngeal nerve

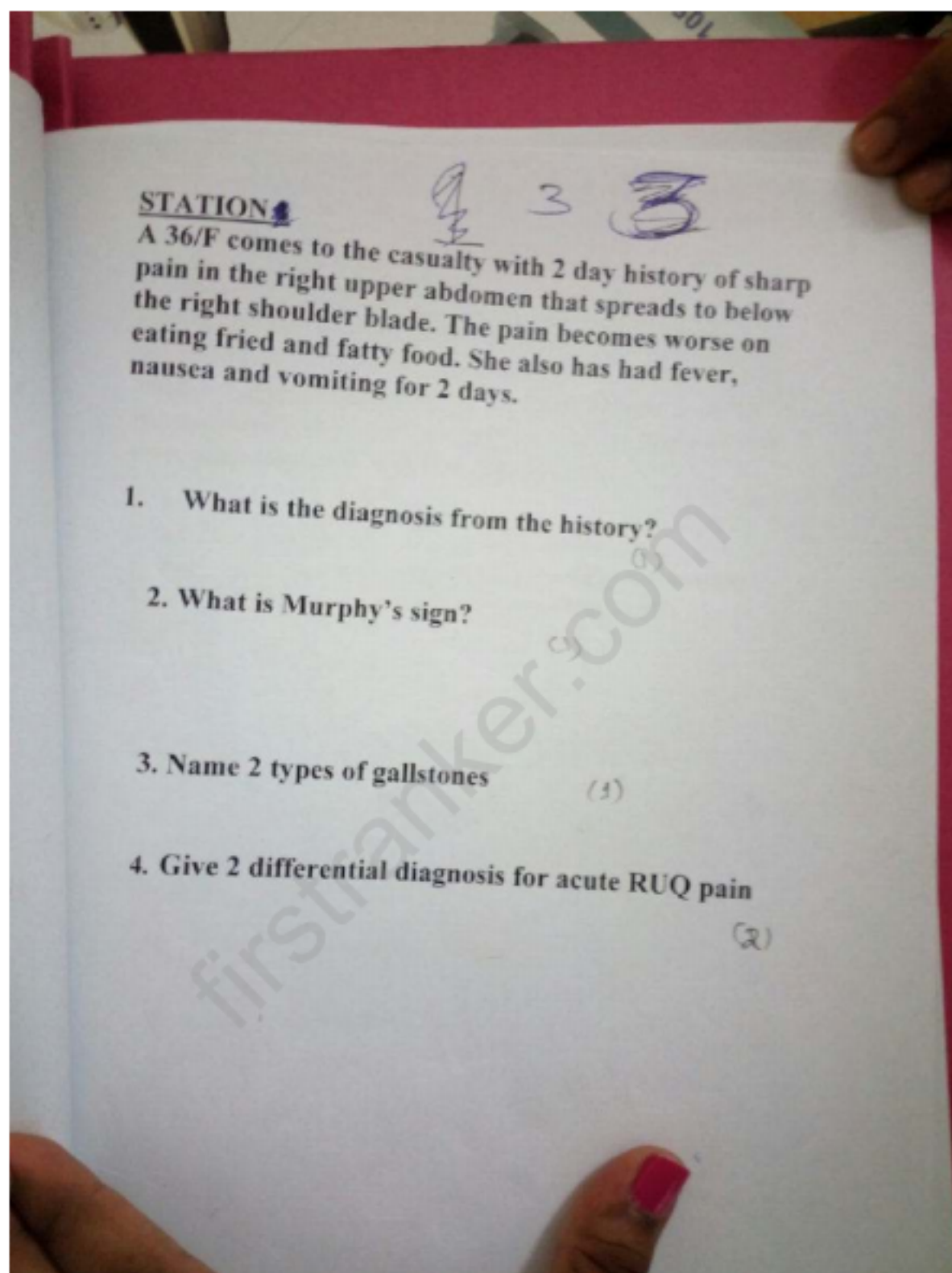


Cholecystitis

In sitting position, catching breath with wincing pain occurs when deep breath is taken with deep palpating at the sub-costal border

Cholesterol stones, pigment stones

Hepatitis, cholangitis



Lymphoma (LDH increases in non-hodgkin's type)
 Excision biopsy of the lymph node
 PET-CT and immunohistochemistry

OSCE

A young male presented with low grade fever, pruritis and swelling on both sides of the neck for 1 month. He had palpable axillary and inguinal swellings with enlarged spleen. His serum LDH was elevated.

Questions:

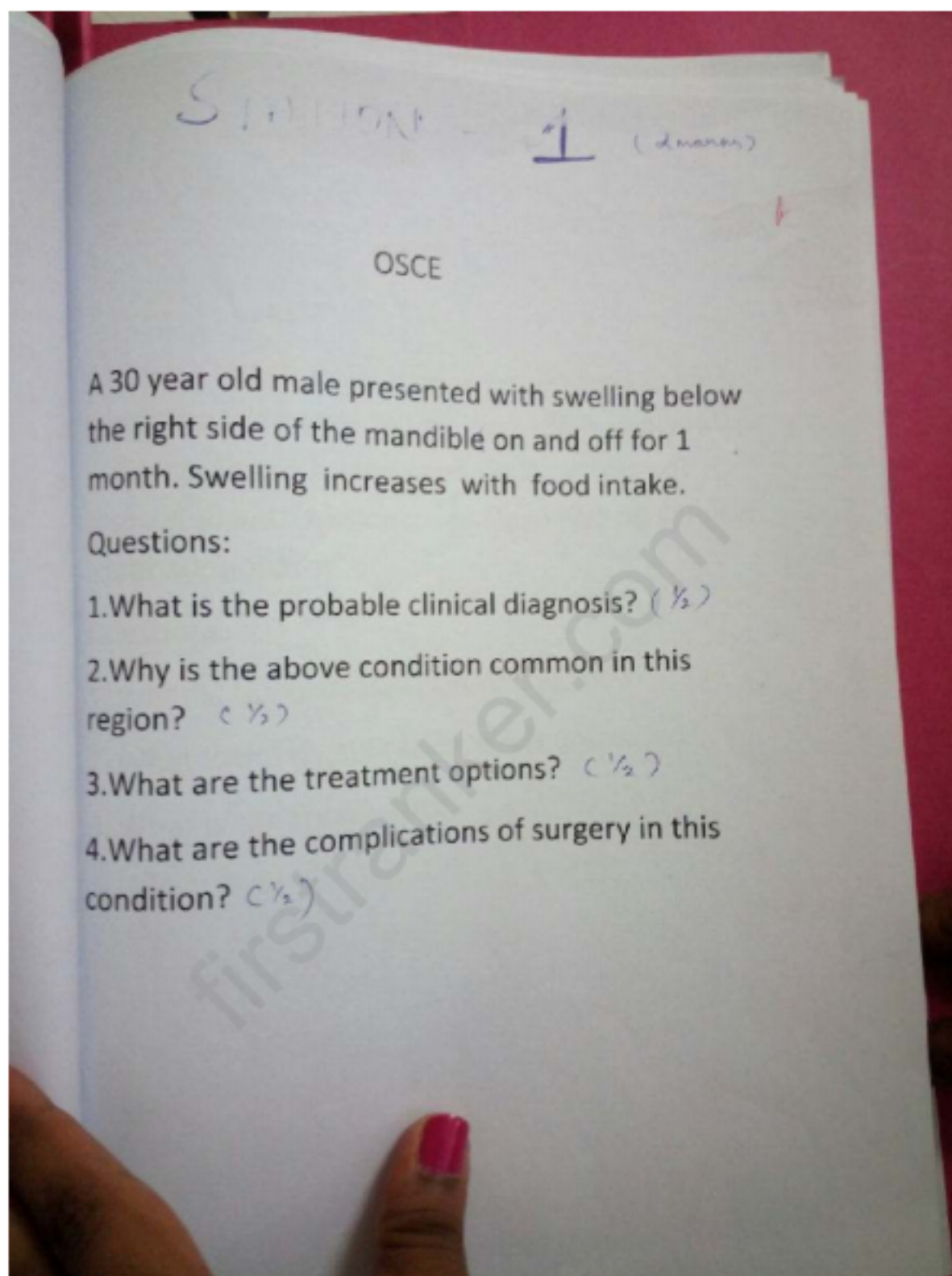
1. What is the probable clinical diagnosis?
2. What investigation will you do to confirm diagnosis?
3. What are the investigations for staging the disease?

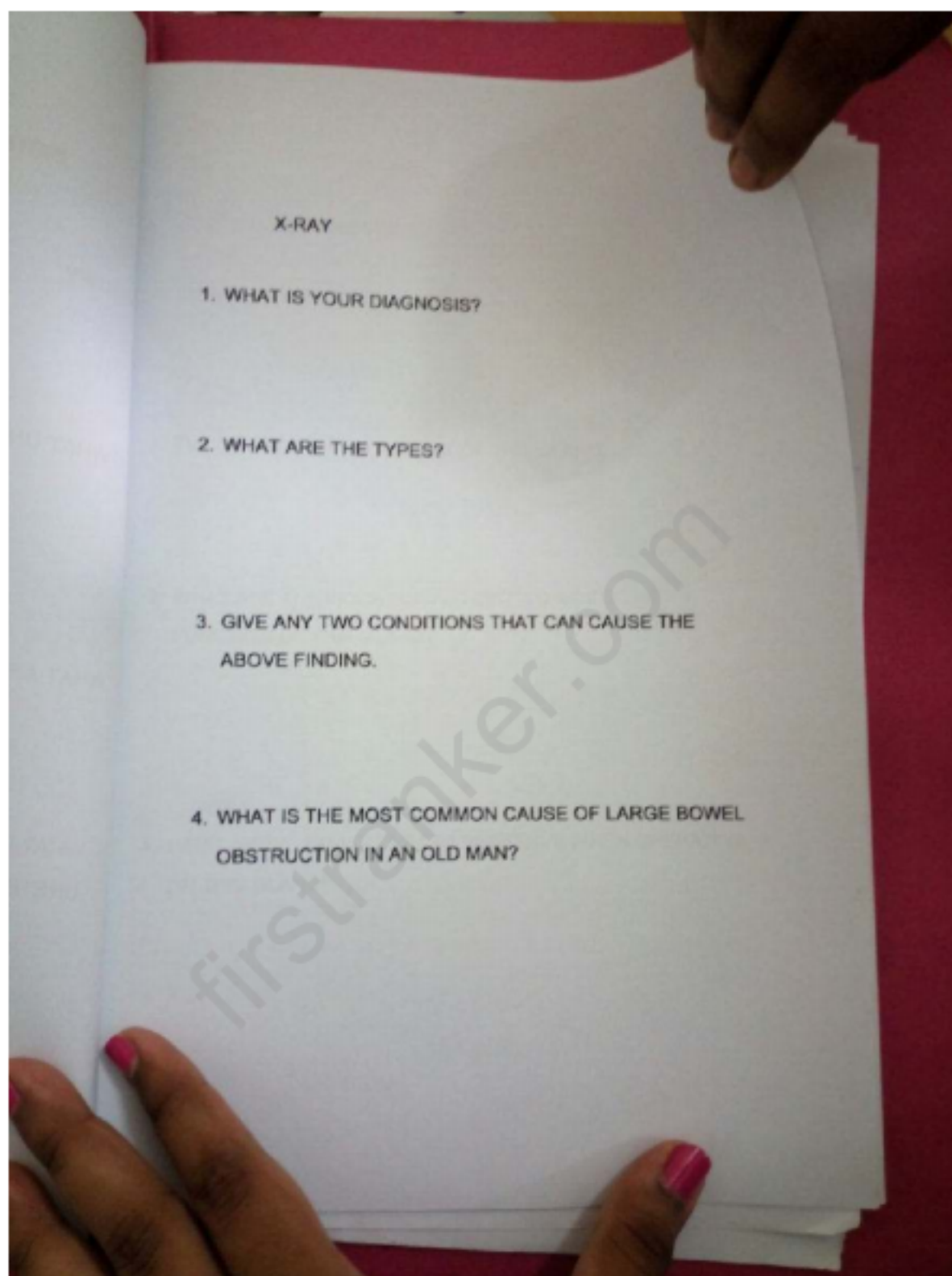
Sialadenitis/ sialolithiasis

Warthon's duct drains against gravity

Papillotomy and sub-mandibular excision

Injury to lingual, marginal mandibular and hypoglossal nerve. Seroma and infections



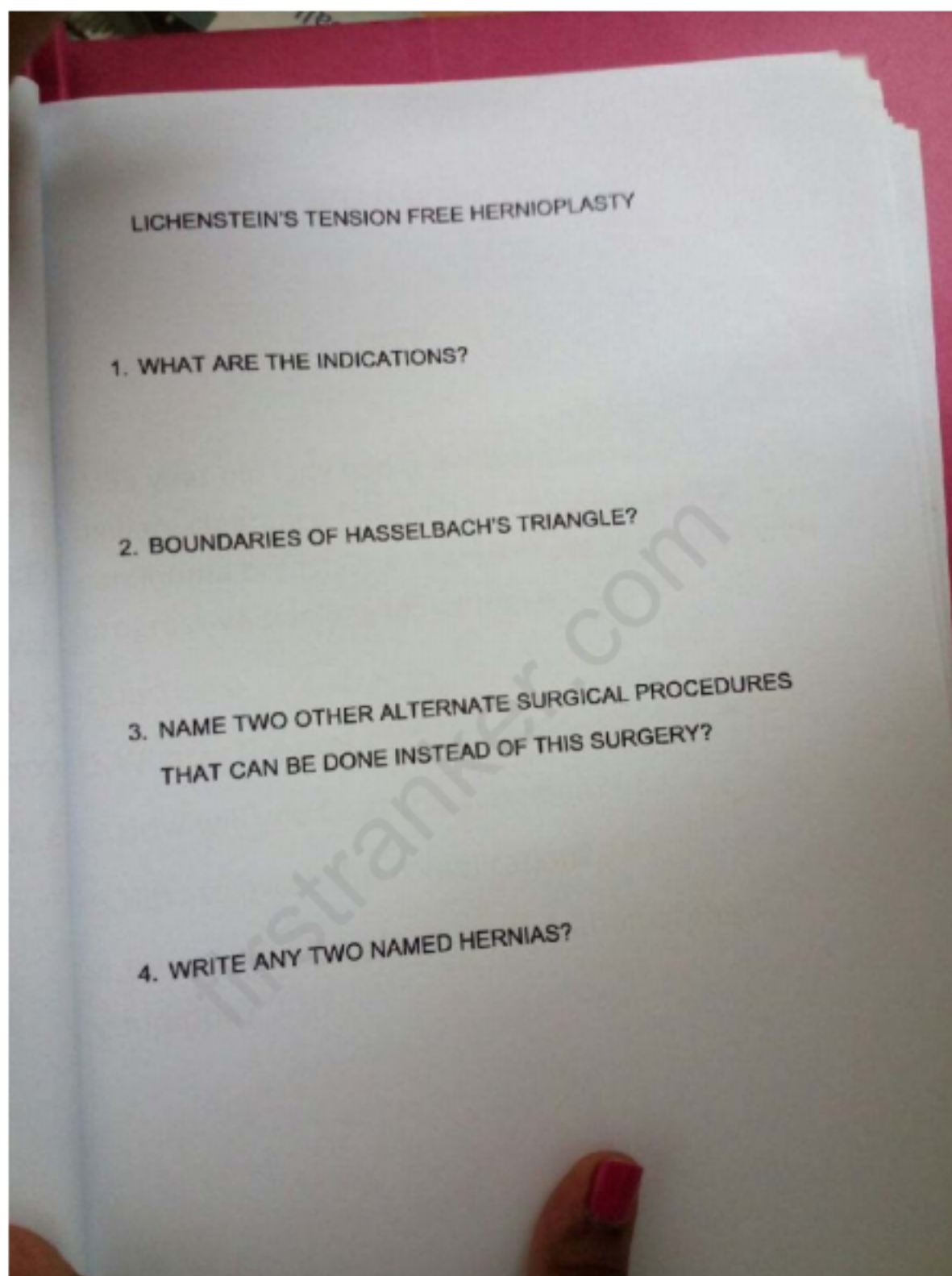


Inguinal hernia

Inguinal ligament, lateral border of rectus, inferior epigastric artery

Modified Bassini's, Laparoscopic - TEP, TAPP

Pantaloon's hernia, Richter's hernia

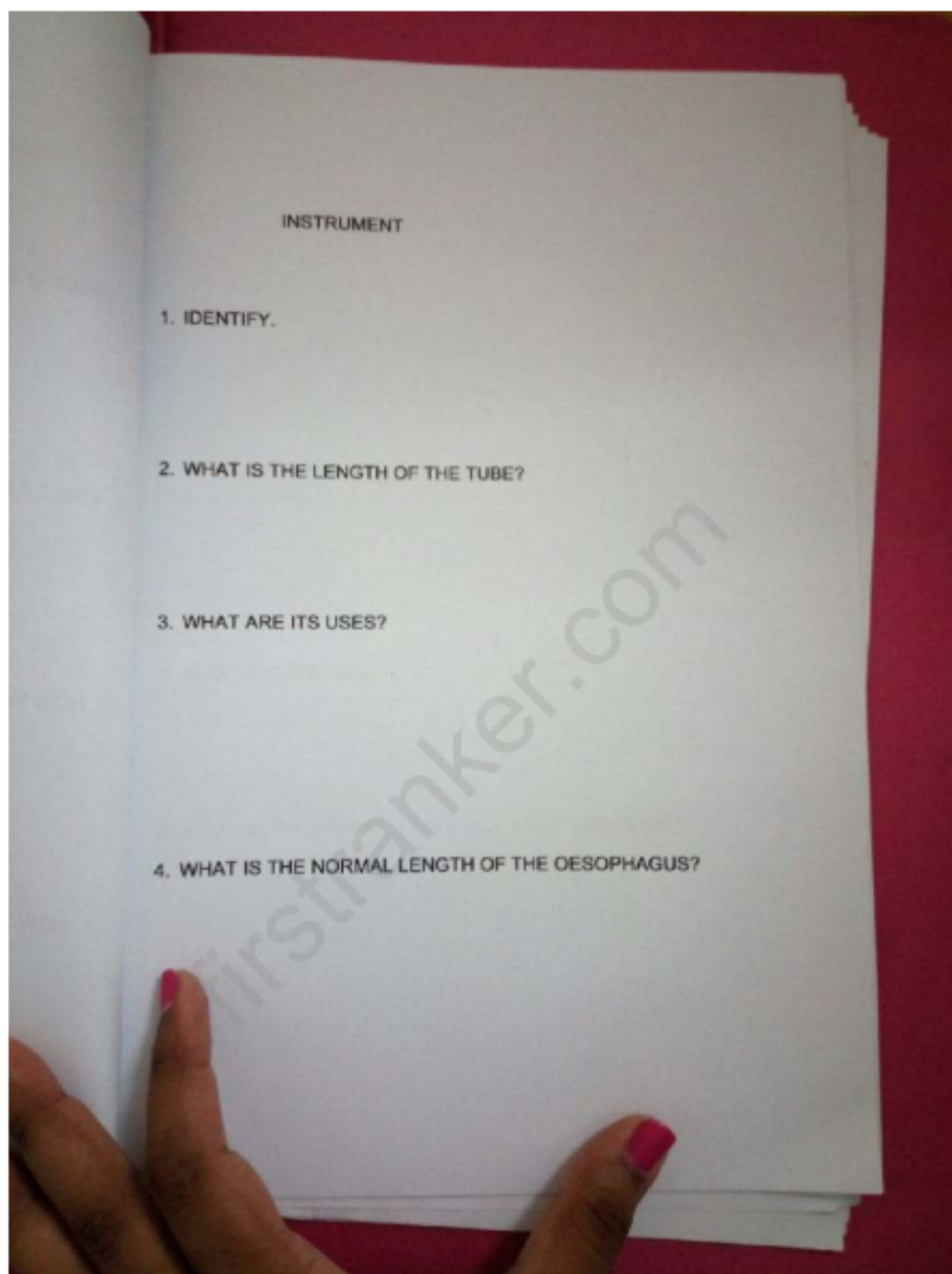


Ryle's tube

Different sizes up to 65 cm

Gastric aspiration, nasogastric feeding

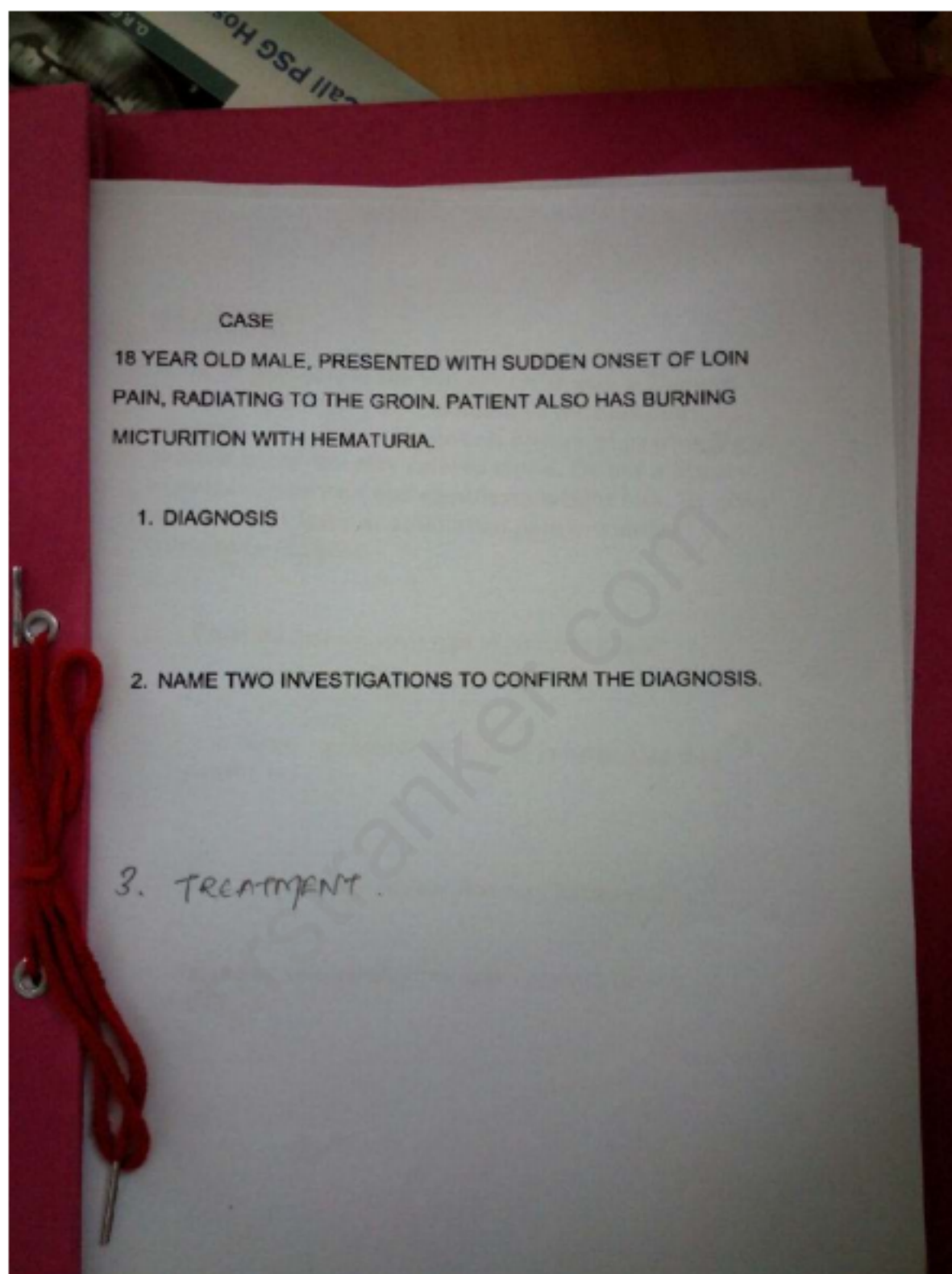
25 cms



Ureteric stones

Ultrasound, Intravenous pyelogram

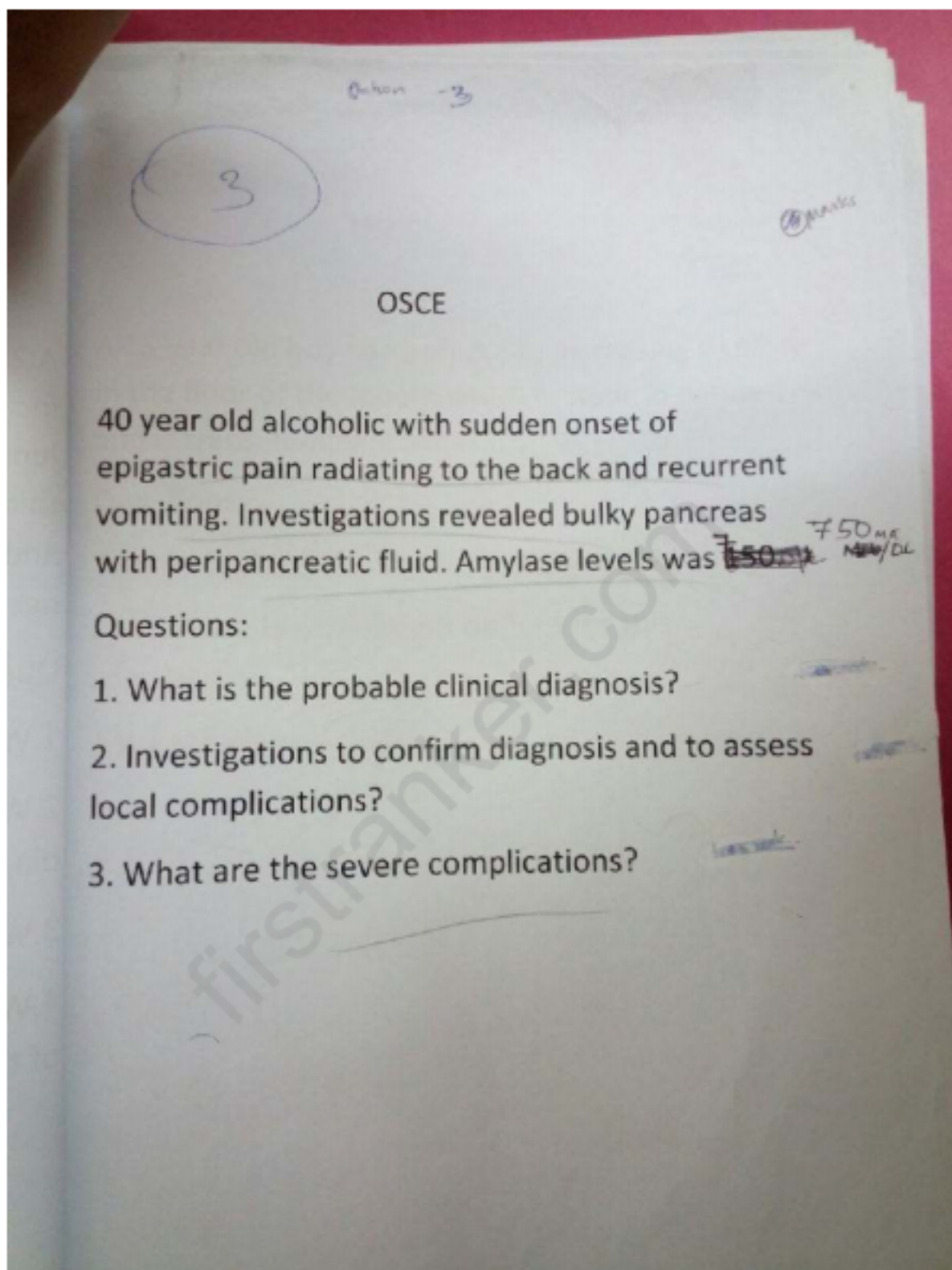
Extracorporeal shockwave lithotripsy with Double loop J-stent (ESWL with DJ stent)



Acute pancreatitis

Serum lipase, abdominal USG

Hypocalcemia, hypovolemic shock, ARDS



Cervical rib

X-Ray chest

Extra-periosteal excision of the cervical rib with cervical sympathectomy

Cervical spondylosis, cervical disc protrusion, Carpal tunnel syndrome, Raynaud's phenomenon

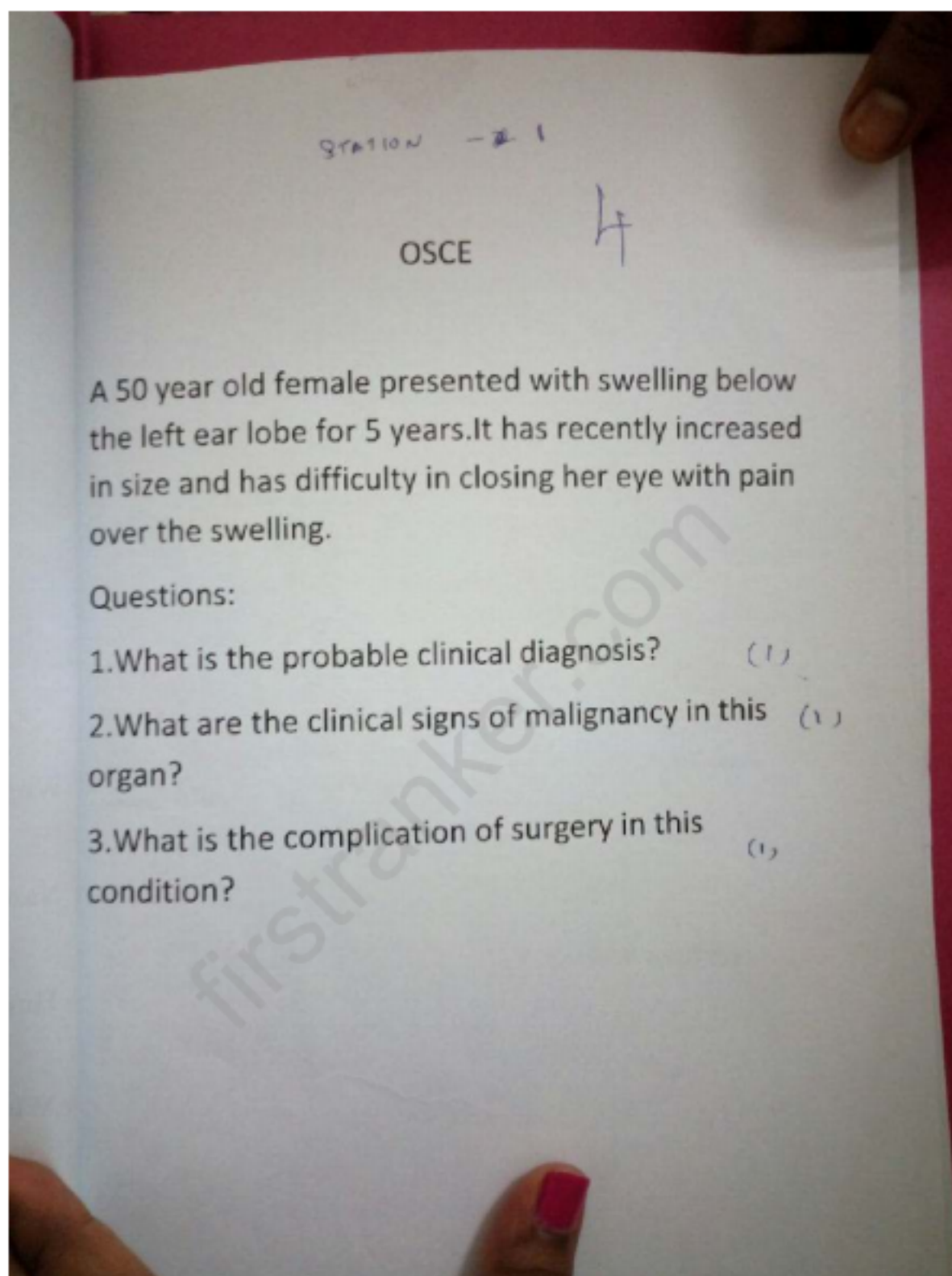
OSCE

A young lady presented with pain in the left upper limb on working for 3 months associated with mild weakness and altered sensation over the right hand. She has recently developed blackish discolouration of finger tips. On examination her upper limb pulses are of low volume and has a hard swelling in the left supraclavicular fossa.

Questions:

1. What is the probable clinical diagnosis?
2. What investigation will you do for confirming etiology in this patient?
3. What is the treatment to correct the etiology?
4. What are the differential diagnosis for this condition?

Carcinoma in pleomorphic adenoma of parotid gland
 Rapidly growing, fixity to mandible, hard swellings in the neck
 Frey's syndrome, facial nerve injury

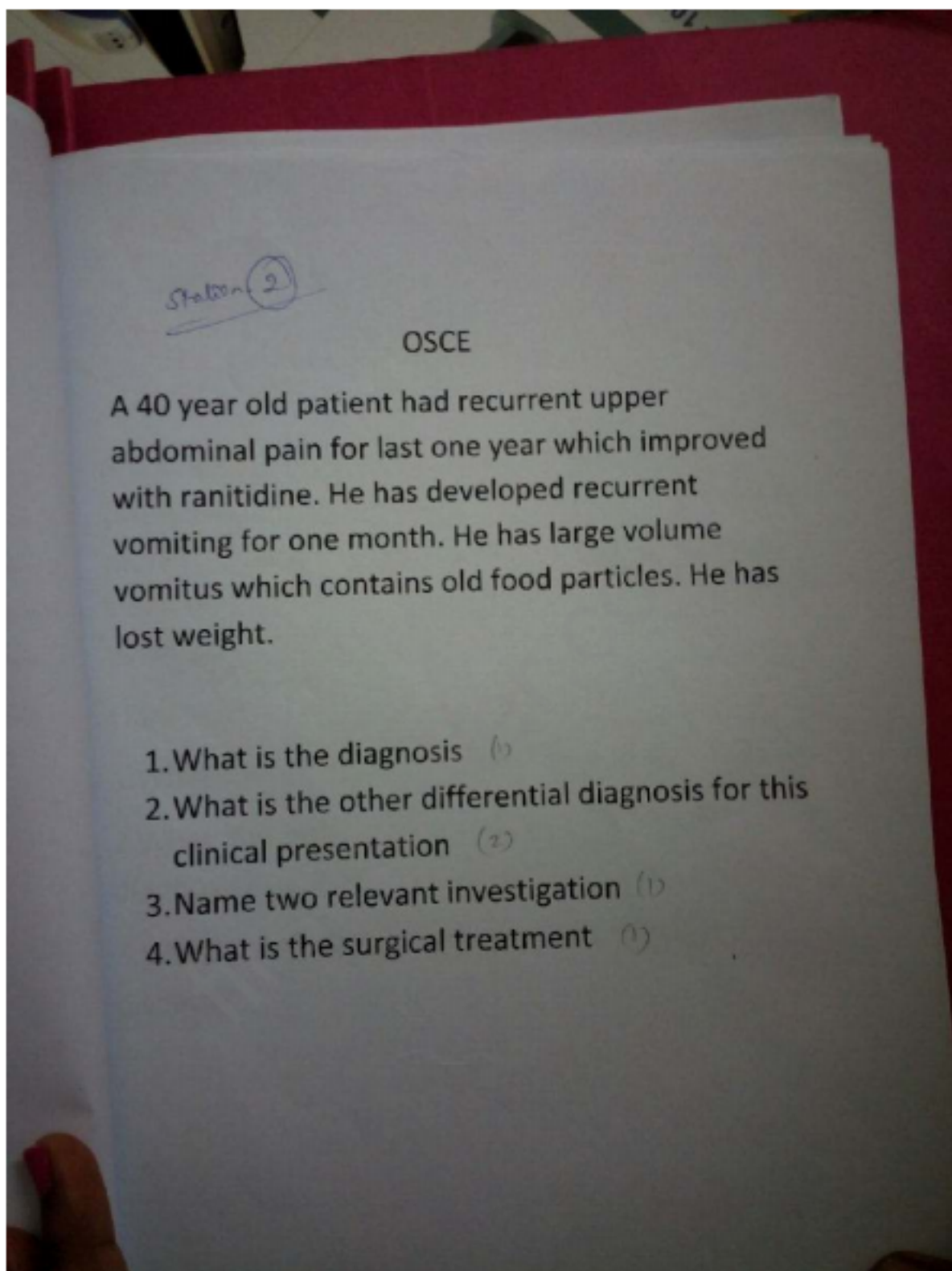


Gastric outlet obstruction

Ca stomach

Upper GI scopy from which biopsy is taken, CT scan

Bilroth 1 and 2



Obstructive jaundice
 CBD stones, Ca head of pancreas
 CA - 19-9
 ALP and GGT are elevated

STATION

A 76/ M presents to the surgery OPD with a 2 month history of yellowish discoloration of the eyes and generalized pruritus. He gives a history of passing high colored urine and clay colored stools. He has a history of nausea, anorexia and significant weight loss. He gives no history of fever or abdominal pain or similar episodes in the past.

1. From the history, what type of jaundice is this?
2. Name 2 causes of the type of jaundice that this patient has
3. What is the tumor marker that may be elevated?
4. Name any abnormality you may expect to find on the LFT?

Leukoplakia

Malignancy leading to trismus

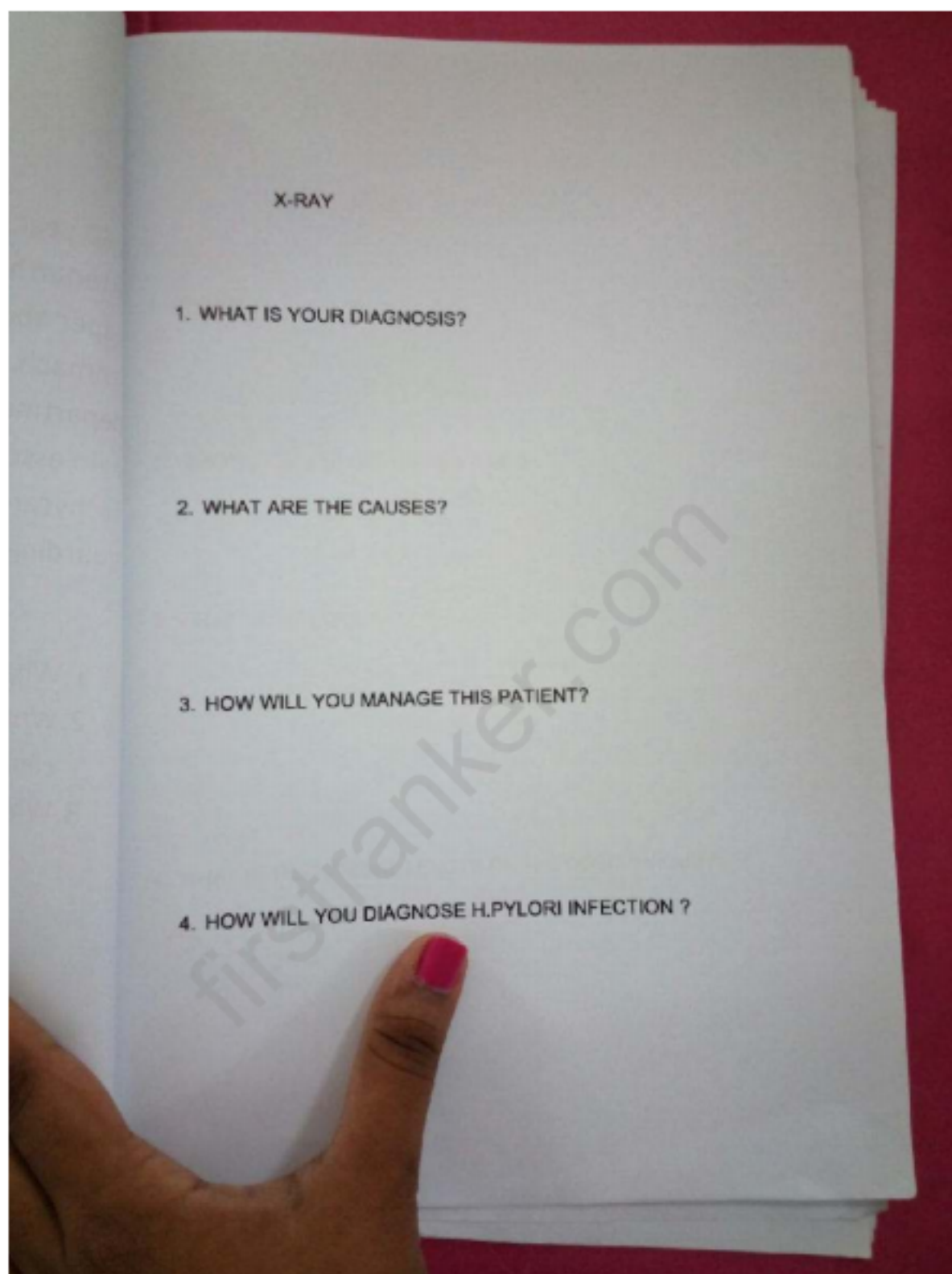
Wide local excision

OSCE

A 60 year old chronic smoker was noticed to have two white indurated lesions over the buccal mucosa which could not be removed easily. It was not associated with bleeding and there was no cervical lymphadenopathy.

Questions:

1. What is the probable clinical diagnosis? 1
2. What is the complication, if left untreated? 1/2
3. What is the treatment? 1

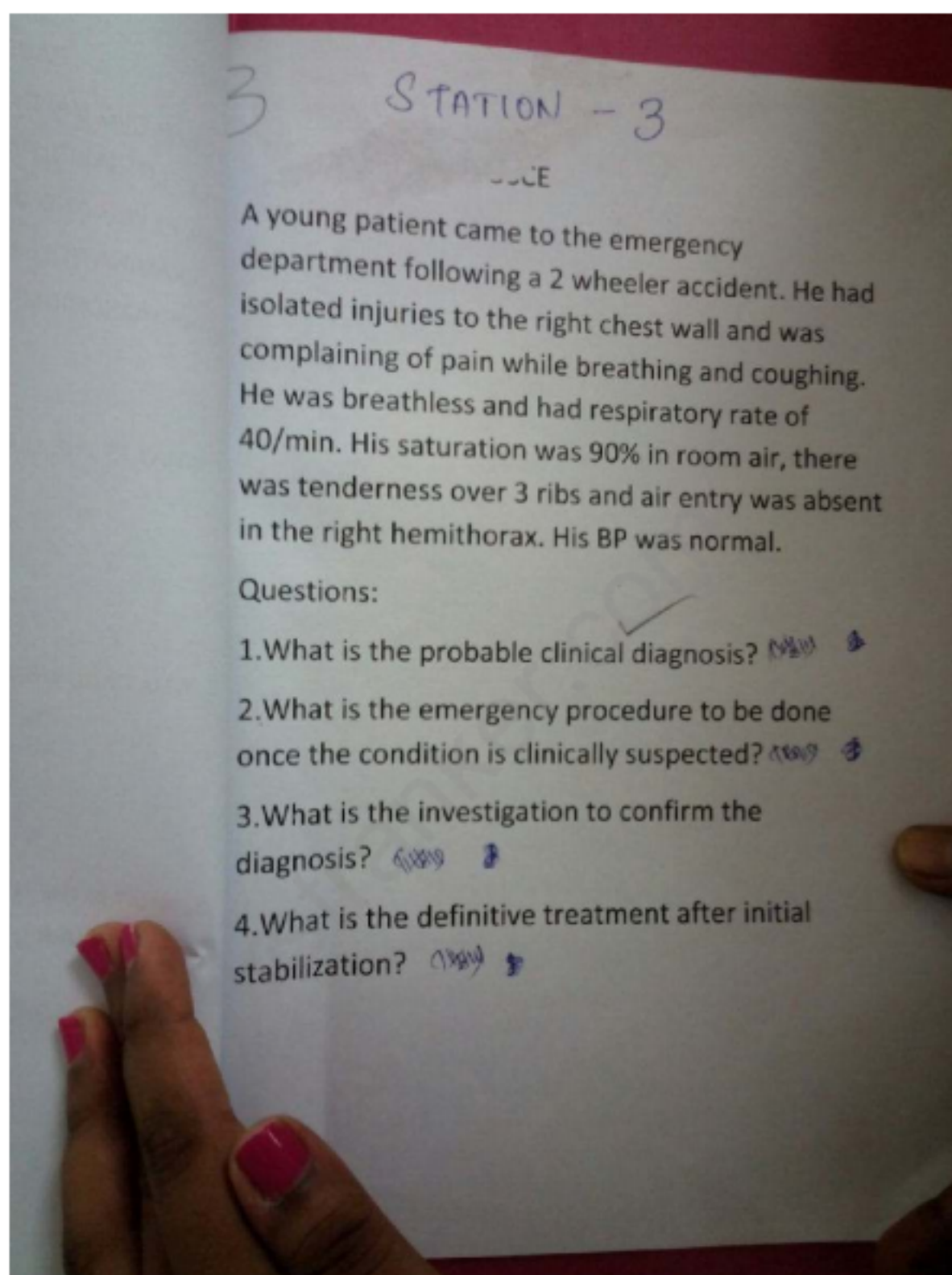


Tension pneumothorax

Needle thoracocentesis in 2nd intercostal space in midclavicular line

X-Ray chest

Intercostal drainage tube



BRCA 1, BRCA 2

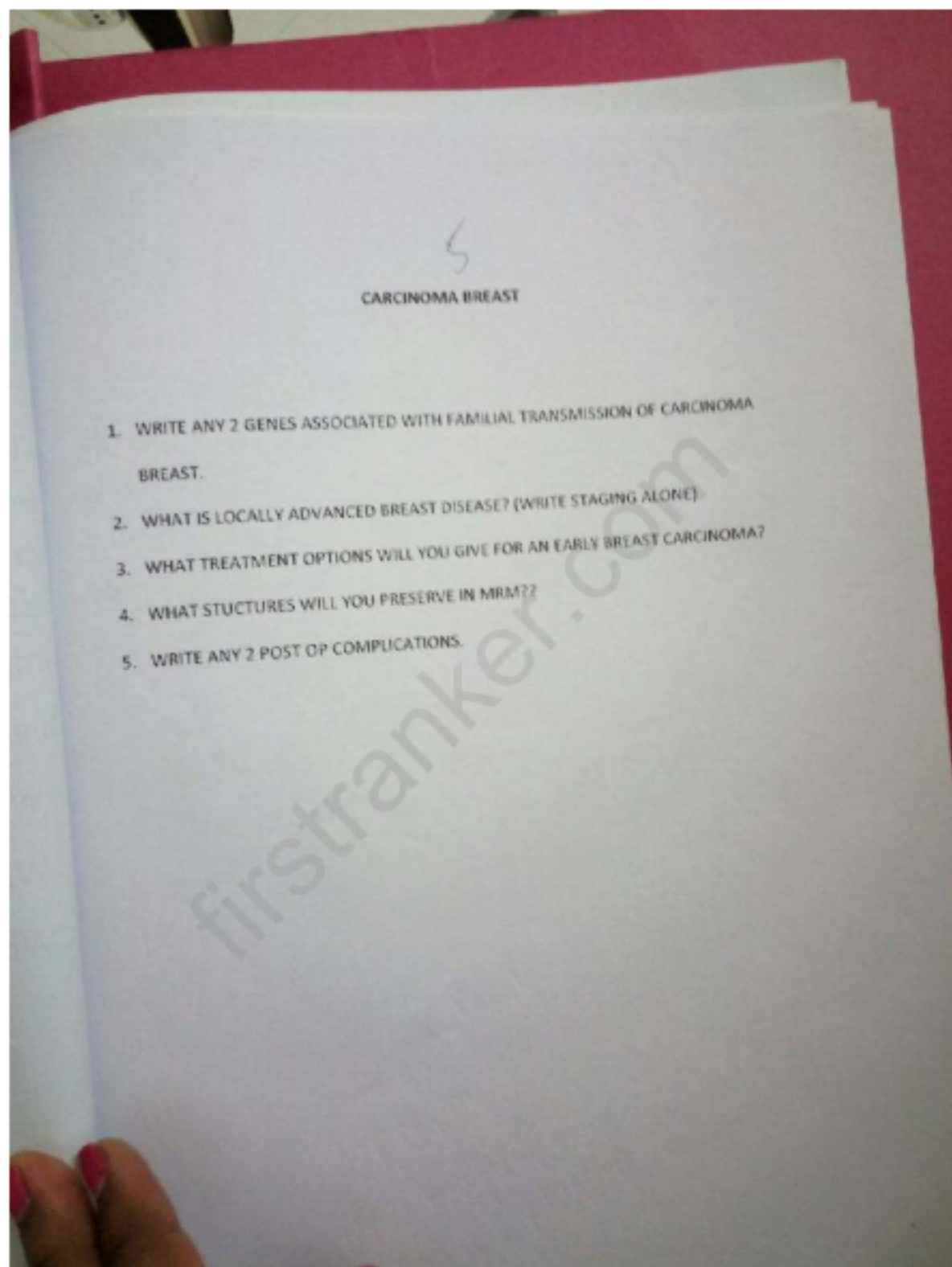
3A and 3B

Lumpectomy, MRM with chemo+radio, QUART (quadrantectomy with ancillary node dissection and radiotherapy)

Axillary vessels, Long thoracic nerve, Cephalic vein, pectoralis major, nerve to

lattismus dorsi

Flap necrosis and lymphedema



Cold abscess

Sinus, fistula, dissemination

Lymph node biopsy or aspiration and AFB staining

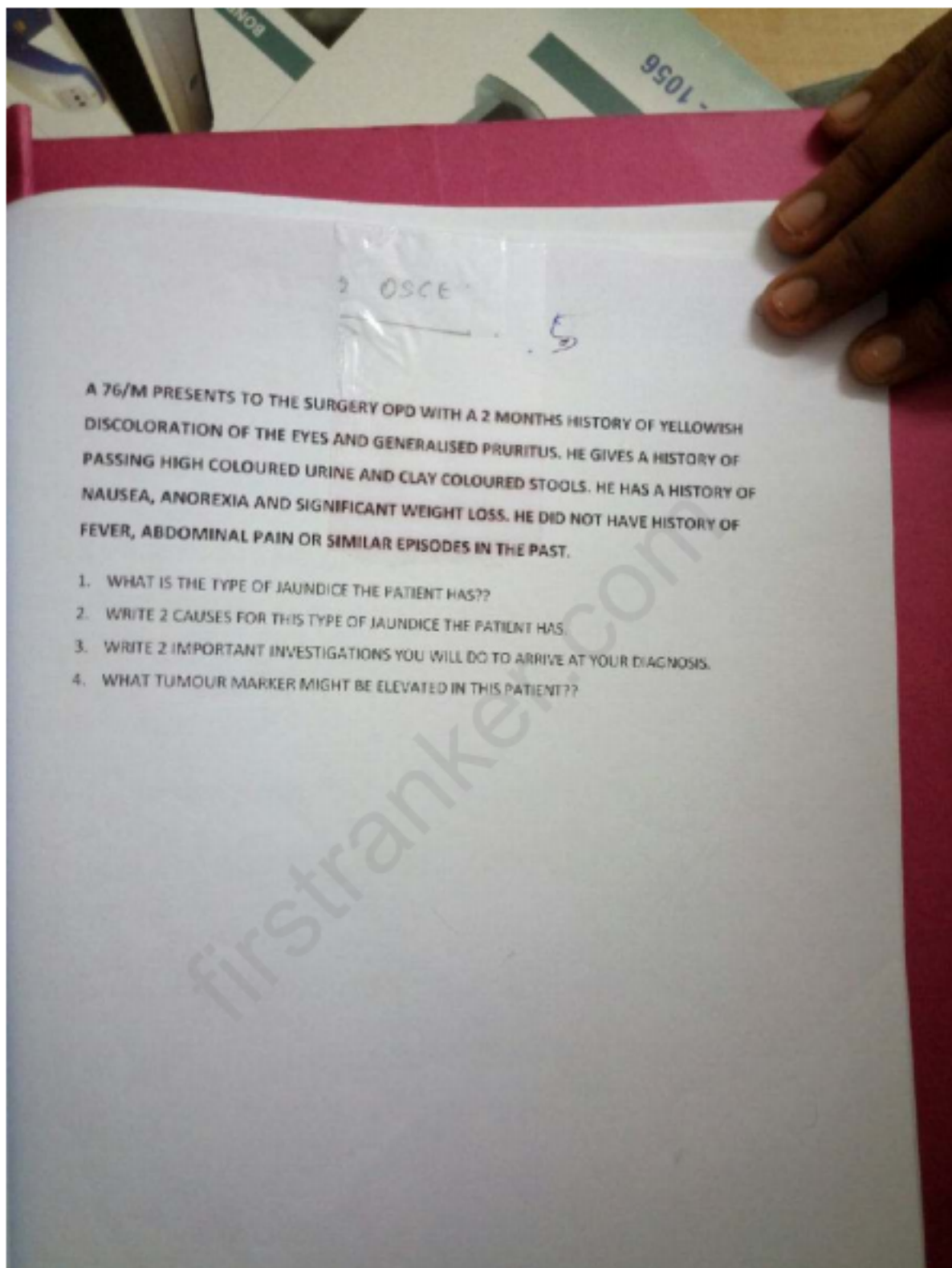
Att

OSCE

A 20 year old patient presented with cough, swelling of left side of the neck, loss of weight and low grade fever for 2 months. He does not have hepatosplenomegaly or swelling of inguinal region or axilla. He does not have any other neck swelling or neck symptoms.

Questions:

1. What is the probable clinical diagnosis?
2. What is the complication of this condition if not treated?
3. What are the tests for confirming the diagnosis?
4. What is the treatment after diagnosis is confirmed?

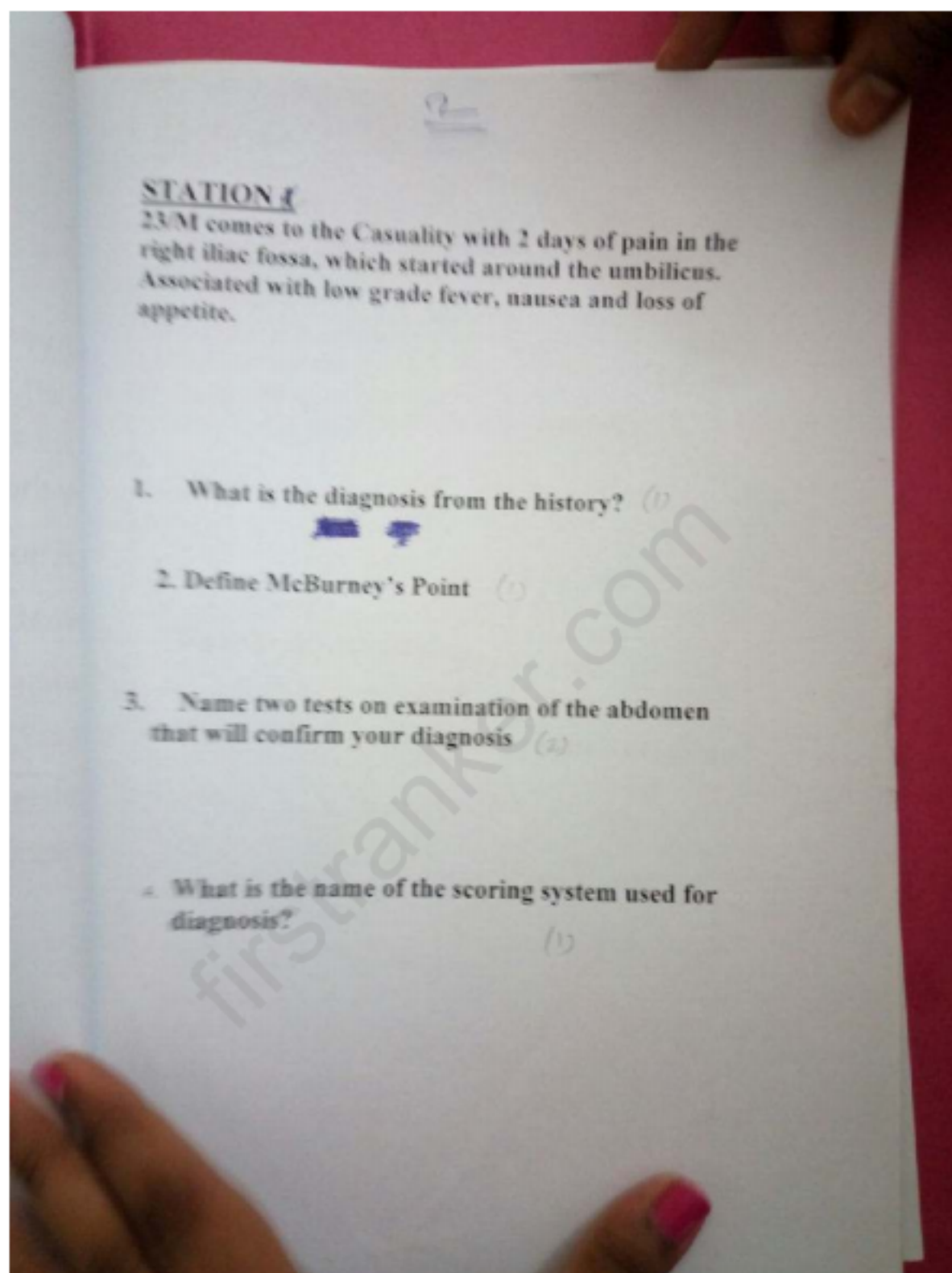


Appendicitis

Junction of medial 2/3 and lateral 1/3 on the right spinoumbilical line

Rebound tenderness and rovsing sing

Alvarado (mantels)

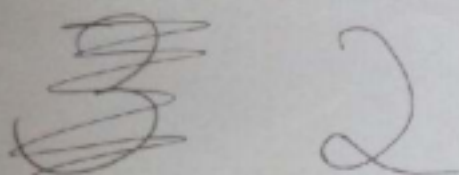


Cholelithiasis

Laparoscopic cholecystectomy

Kochers incision

Mucocoele, carcinoma, mirizzi syndrome



OSCE 2

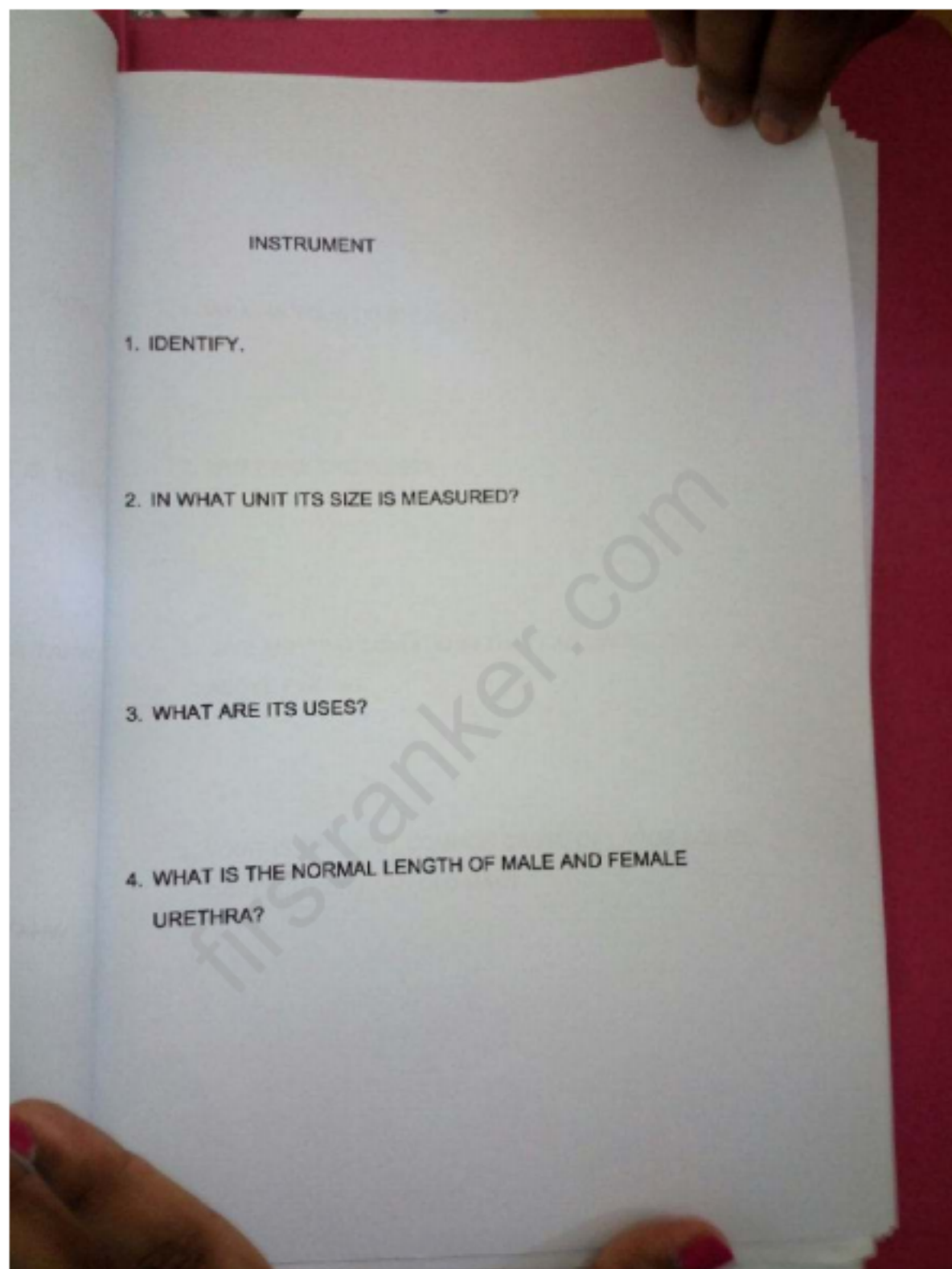
45 year old obese female, presented with right hypochondrial pain, radiating to the right infrascapular region, fever and vomiting for one day. O/E: Severe tenderness in the right hypochondrial region.

Questions:

1. What is the probable clinical diagnosis? (1)
2. Treatment? (1)
3. Name of incision? (1)
4. Complications if untreated? (1)

Urinary catheter
Unit - Fr

Male - 20cm. Female - 3.7cm



Ranula

Marsupialization, Complete excision

Obstruction of the ducts secreting mucus - retention cysts

OSCE

A 15 year old boy has a gradually increasing swelling in the floor of the mouth which is cystic in nature and is transilluminant brilliantly.

Questions:

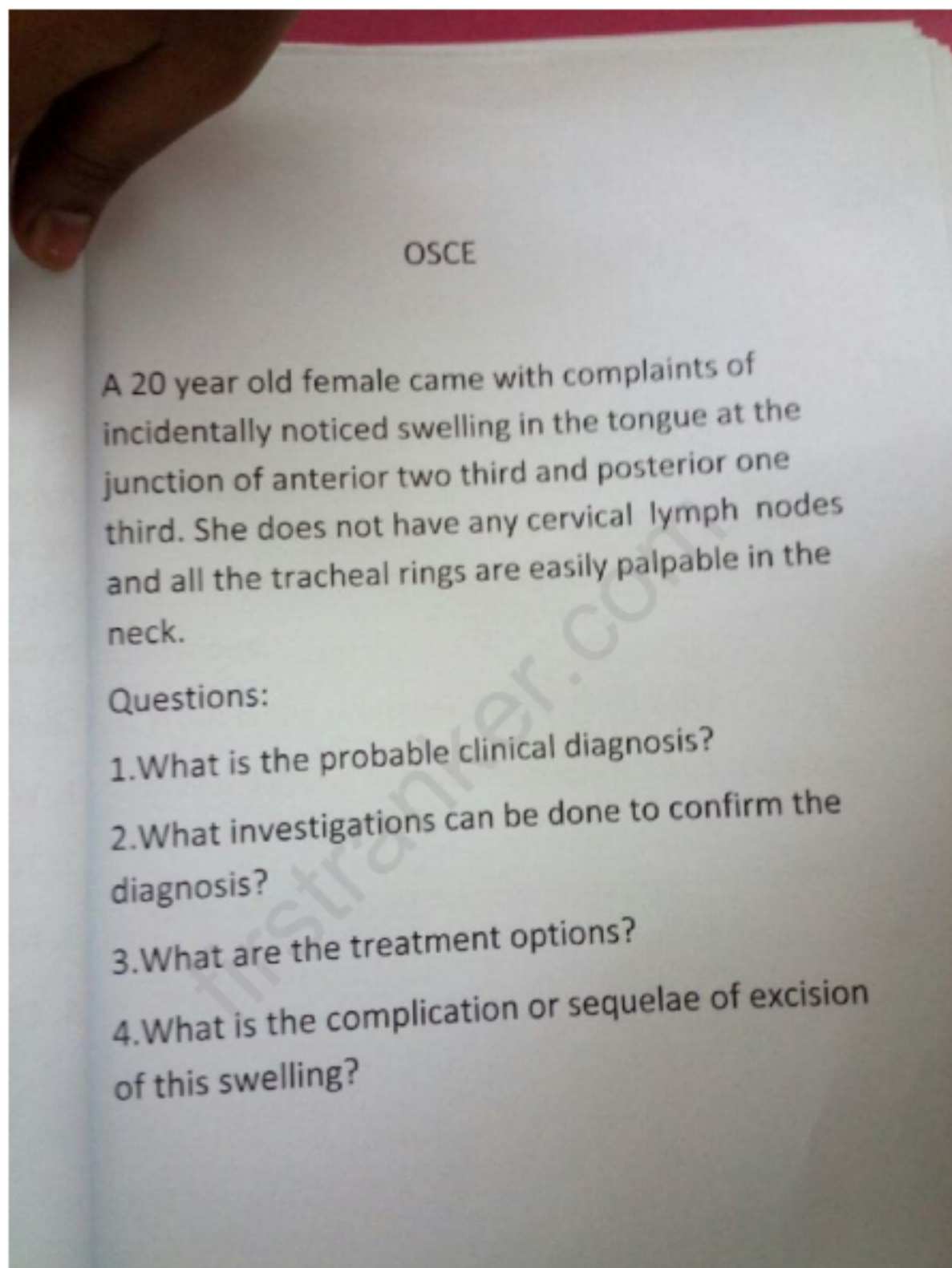
- 1.What is the probable clinical diagnosis?
- 2.What are the treatment options for this condition?
- 3.What is the etiology?

Lingual thyroid

Thyroid scan, Technetium scan

Give thyroxine. If size of swelling doesn't decrease then excision, radio iodine

Hypothyroidism



Obstructive jaundice
Elevated ALP, GGT
Ultrasound
Cholangitis

OSCE

30 years old patient was admitted with high colour urine and pruritis. He also had history of ^{recurrent} ~~relovent~~ Right upper abdominal pain. His LFT showed total bilirubin of 10.3MG /dL. Direct bilirubin 9.3mg /dl and indirect of 1mg /dL.

1. What is the clinical diagnosis
2. What is the expected pattern of liver enzymes in this patient
3. What is the next imaging investigation
4. Name a severe complication of this condition