

Date: 00-04-2024

0124200

Final Year MBBS Examination

MDDS Part 2 Surgery Paper 1

Time: 3 hours

Max Marks: 100

Instructions:

1. Answer to the points
2. Figure to the right indicates marks.
3. Use separate answer books for each section.
4. Draw diagrams whenever necessary.
5. Write legibly.

Section 1

1. Structured Long Question (any One)

a) Briefly discuss clinical **1X10 = 10 marks**

Presentation and management of pancreatic Injury following blunt abdominal trauma.

b) Management of a 35-year female with strong family history of breast cancer,

presenting with a T2N0M0 lesion in the

right breast.

2. Case Based scenario (Any two)

a) A 19-year-old man **2X6 = 12 Marks**

presents with a 2-day history of abdominal pain. The pain Started in the central abdomen and has now become constant and has shifted to the right iliac fossa. The patient has vomited twice today and is off his food. His motions were loose today, but there was no associated rectal bleeding. On examination patient has a temperature of 37.6°C and a pulse rate of 110/min. On examination of his abdomen he has localized tenderness and guarding in the right iliac fossa. Urinalysis is clear.

Question-1 What is the likely diagnosis?

Question-2 What are the differential diagnoses for this condition?

Question-3 How would you manage this patient?

b) A 20-year-old male is referred to surgical outpatients complaining of pain in the right groin and his pain is worse on exertion. He

has also noticed an intermittent swelling in the right groin. There is a family history of bowel cancer. On examination he is afebrile with normal blood pressure and pulse. On per abdomen examination mild tenderness in the right groin. The patient is asked to stand, in the right groin, there is a swelling which is more pronounced when the patient coughs. The other groin and the scrotal examination are normal.

Question-1 What is the likely diagnosis?

Question-2 What are the anatomical boundaries?

Question-3 How should the patient be treated?

c) A 70-year-old man presented with a complain of a 3-month history of loose stools. The motions have been associated with the Passage of blood clots and fresh blood mixed within the stools. His appetite has been normal, but weight loss present. The abdomen is soft and non-tender. 2 with no palpable masses. On Digital rectal examination a mass felt approximately 5 cm

from the anal verge.

Question-1 What is the likely diagnosis?

Question-2 How should the patient be investigated?

Question-3 What are the options for treatment?

3. Write Short Notes on (Any Three)

- a) Enumerate the complications of Total thyroidectomy **3X6 = 18 Marks**
- b) Management of appendicular lump
- c) List the various types of hypospadias
- d) Closed loop intestinal obstruction

4. Answer only in 2-3 sentence (Any 5)

- a) Indications of Breast conservative surgery **2X5 = 10 Marks**
- b) Richter's hernia
- c) Biological Mesh
- d) Pseudomyxoma peritonei
- e) Mallory-Weiss Syndrome
- f) Caroli's Disease

Section 2

5. Structured Long Question (any One)

a) Pathophysiology, **1X10 = 10 marks**

Sequelae and management of renal tuberculosis.

b) Clinical features, Investigations and treatment of lower ureteric calculus.

6. Case Based scenario (Any two)

a) A 60-year-old female **2X6 = 12 Marks**

has a one month history of blood in the urine with passage of some small blood clots. She has had an intermittent urinary stream for the last 24 h and complains off pain in the suprapubic region on voiding. She has been complaining of urinary frequency and urgency for the last 6 months. She smokes 10 cigarettes per day and takes warfarin for atrial fibrillation. On examination of the abdomen there is some minor suprapubic tenderness, and a palpable bladder. The rest of the examination is unremarkable. Her pulse rate is 100/min and the blood pressure is 105/70 mmHg.

Question-1 What is the likely diagnosis?

Question-2 What are the differential diagnoses for this condition?

Question-3 How would you manage this patient?

b) A 16-year-old boy attends the emergency department complaining of sudden onset of right testicular pain. The pain woke him from his sleep and has persisted over the last 2 h. he has vomited once. His previous medical history Includes a similar event a year ago. On examination the left hemiscrotum feels normal but the right side is acutely swollen and tender on palpation. The testicle is elevated when compared to the other side and has an abnormal horizontal lie. The abdomen is soft and non-tender. His blood pressure is 130/84 mmHg and the pulse rate is 110/min. The cremasteric reflex is absent.

Question- 1 What is the diagnosis?

Question- 2 What should you consider in the differential?

Question- 3 What is the management in this case?

c) A 61-year-old male presented with complain of intermittent left-sided loin pain for 2 months. An ultrasound scan of the urinary tract was done, which showed a large central mass in the left kidney. His previous medical history Included a recent diagnosis of hypertension, hypothyroidism and non-insulin-dependent diabetes mellitus. He is currently on medication. He drinks 5-10 units of alcohol per week and smokes. On examination he is afebrile and his blood pressure is 105/99 mmHg. He has a soft non-tender abdomen with no palpable masses. A left sided varicocele is present. Digital rectal examination is unremarkable.

Question 1. What Investigation is now required?

Question 2. Can you explain why the patient may have a varicocele?

Question 3 How would you manage this patient?

7. Write Short Notes on (Any Three)

a) Discuss the causes of **3X6 = 18 Marks**

acute scrotum

- b) surgical anatomy of Adrenal glands
- c) Premalignant conditions for penile cancer
- d) Damage control surgery in a case of polytrauma

8. Answer only in 2-3 sentence (Any 5)

- a) Prostate specific antigen **2X5 = 10 Marks**
- b) DTPA Scan
- c) Horseshoe Kidney
- d) Ureterocele
- e) Cause of Raised Intracranial Pressure
- f) Ectopic Testis

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