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SURGERY OSCE

Sister Mary Joseph nodules
Stomach and pancreas carcinoma
Falciform ligament
Bad prognosis

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STATION 4



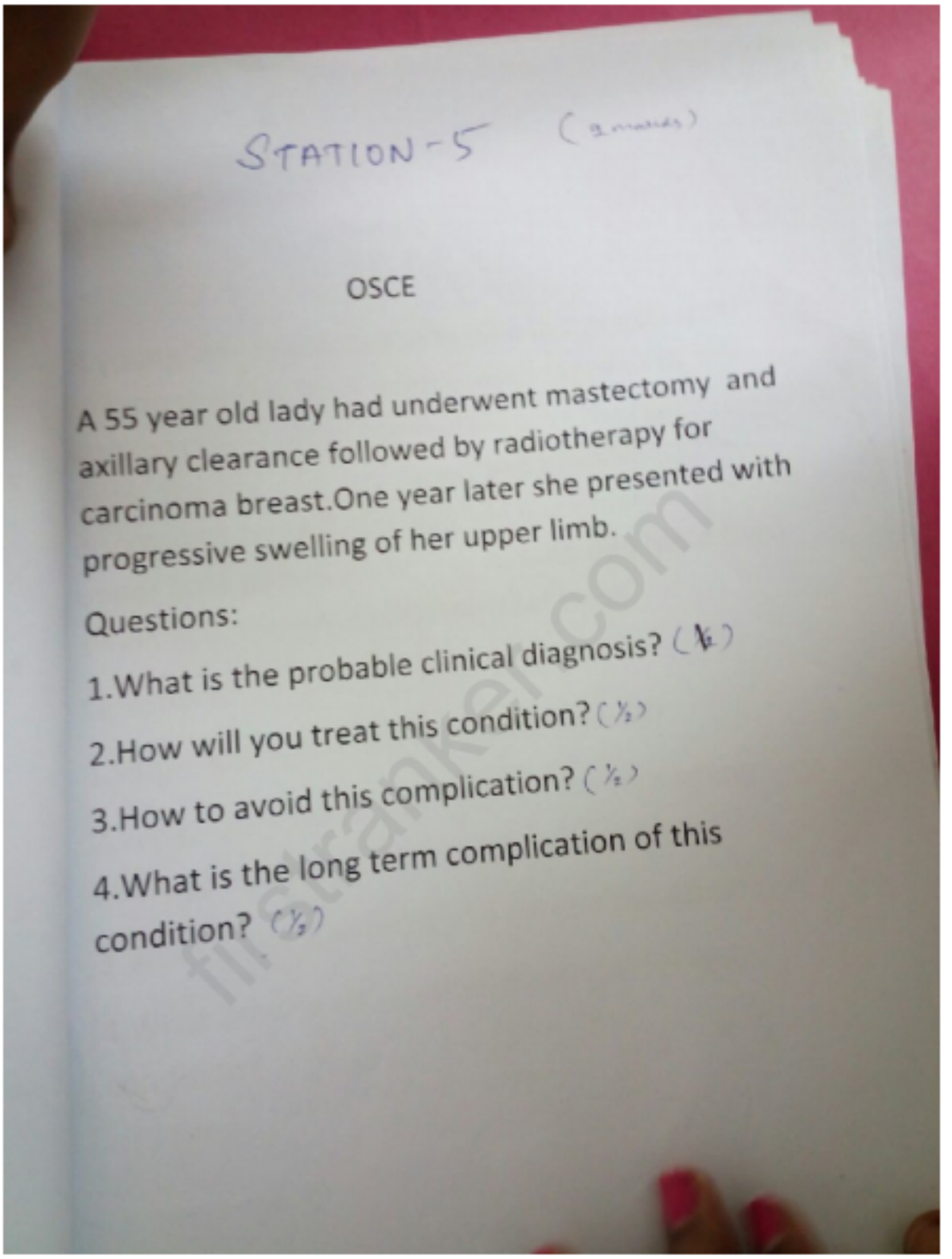


1. What is your diagnosis?
2. Name one condition where this lesion occurs
3. How does the cancer spread to the umbilicus?
4. What is the prognosis?

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

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STATION-5 (3 marks)

OSCE

A 55 year old lady had underwent mastectomy and axillary clearance followed by radiotherapy for carcinoma breast.One year later she presented with progressive swelling of her upper limb.

Questions:

1.What is the probable clinical diagnosis? (½)

2.How will you treat this condition? (½)

3.How to avoid this complication? (½)

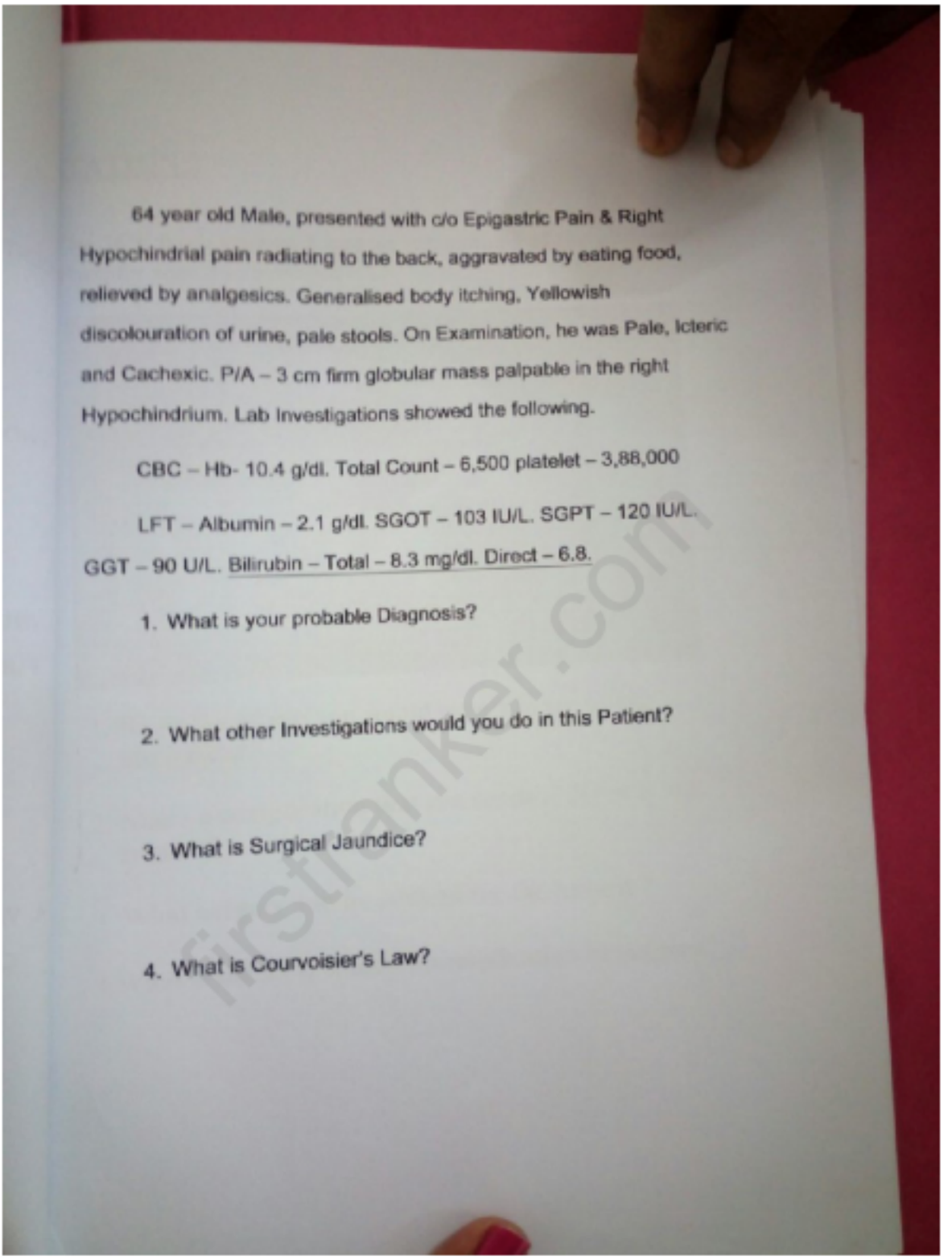
4.What is the long term complication of this condition? (½)

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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

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64 year old Male, presented with c/o Epigastric Pain & Right Hypochindrial 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 Hypochindrium. 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?

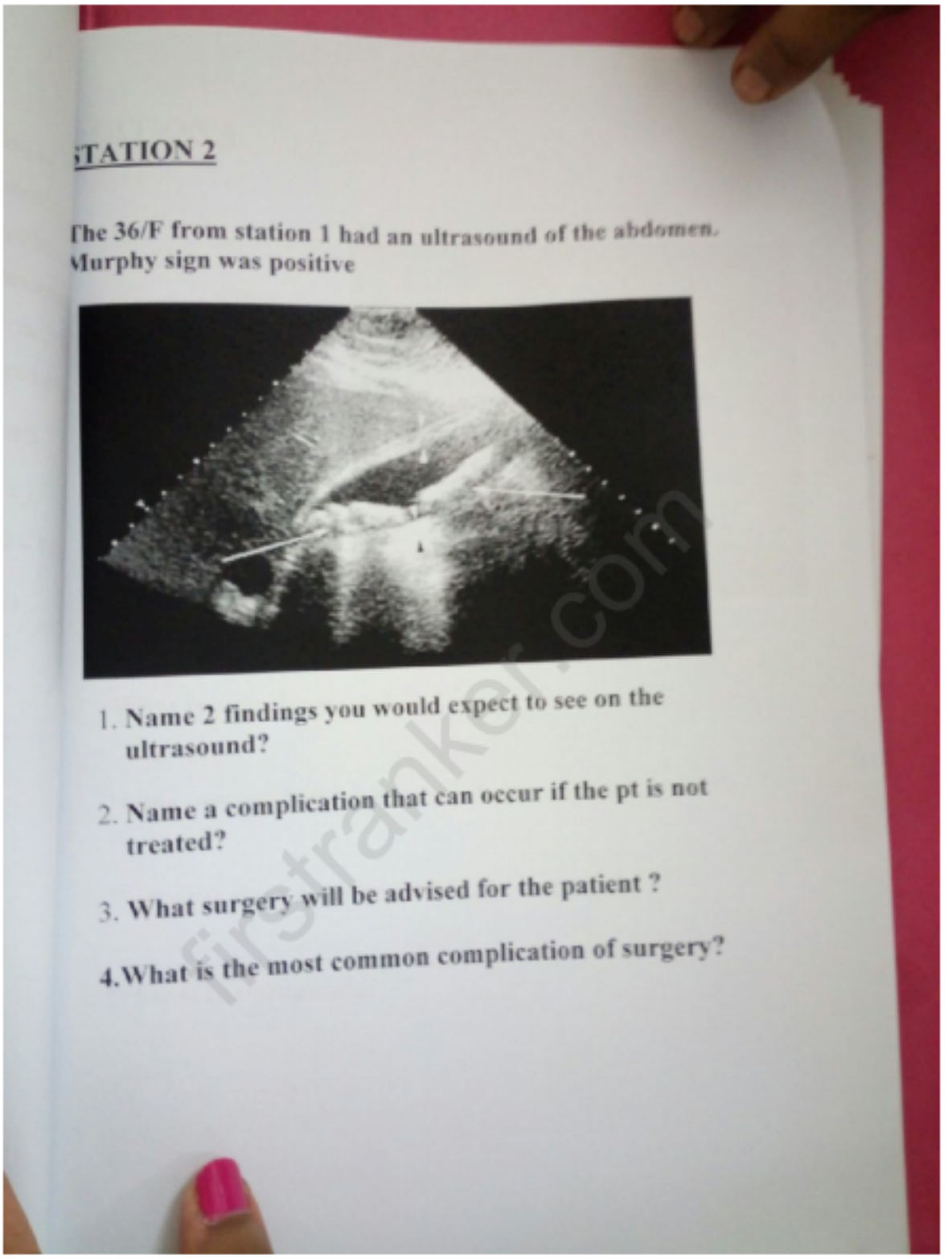
4. What is Courvoisier's Law?

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

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STATION 2

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

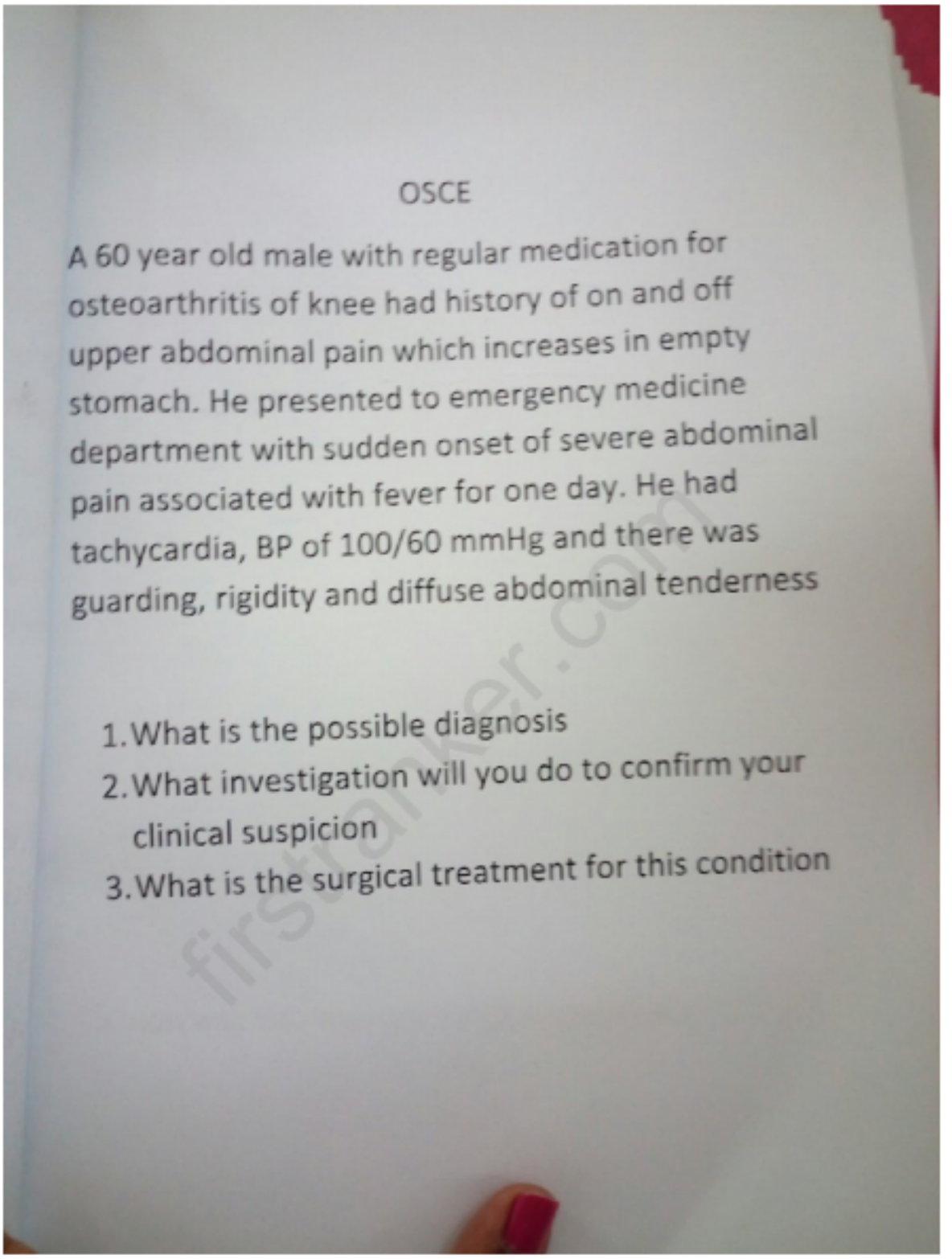
1. Name 2 findings you would expect to see on the ultrasound?
2. Name a complication that can occur if the pt is not treated?
3. What surgery will be advised for the patient ?
4. What is the most common complication of surgery?

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Perforation of stomach
X-Ray
Urgent Laparotomy, suture of perforation using omentum

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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

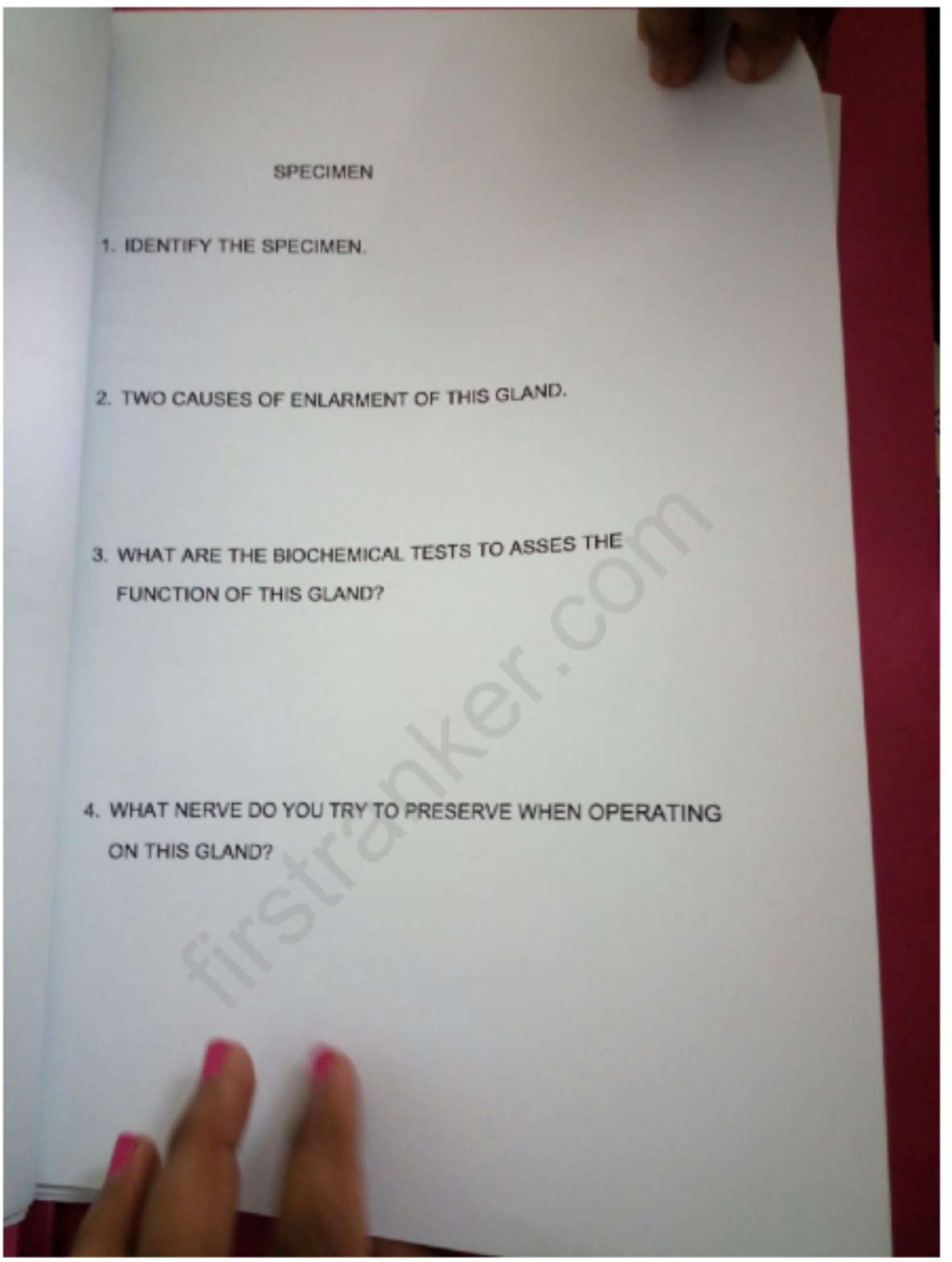
1. What is the possible diagnosis
2. What investigation will you do to confirm your clinical suspicion
3. What is the surgical treatment for this condition

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

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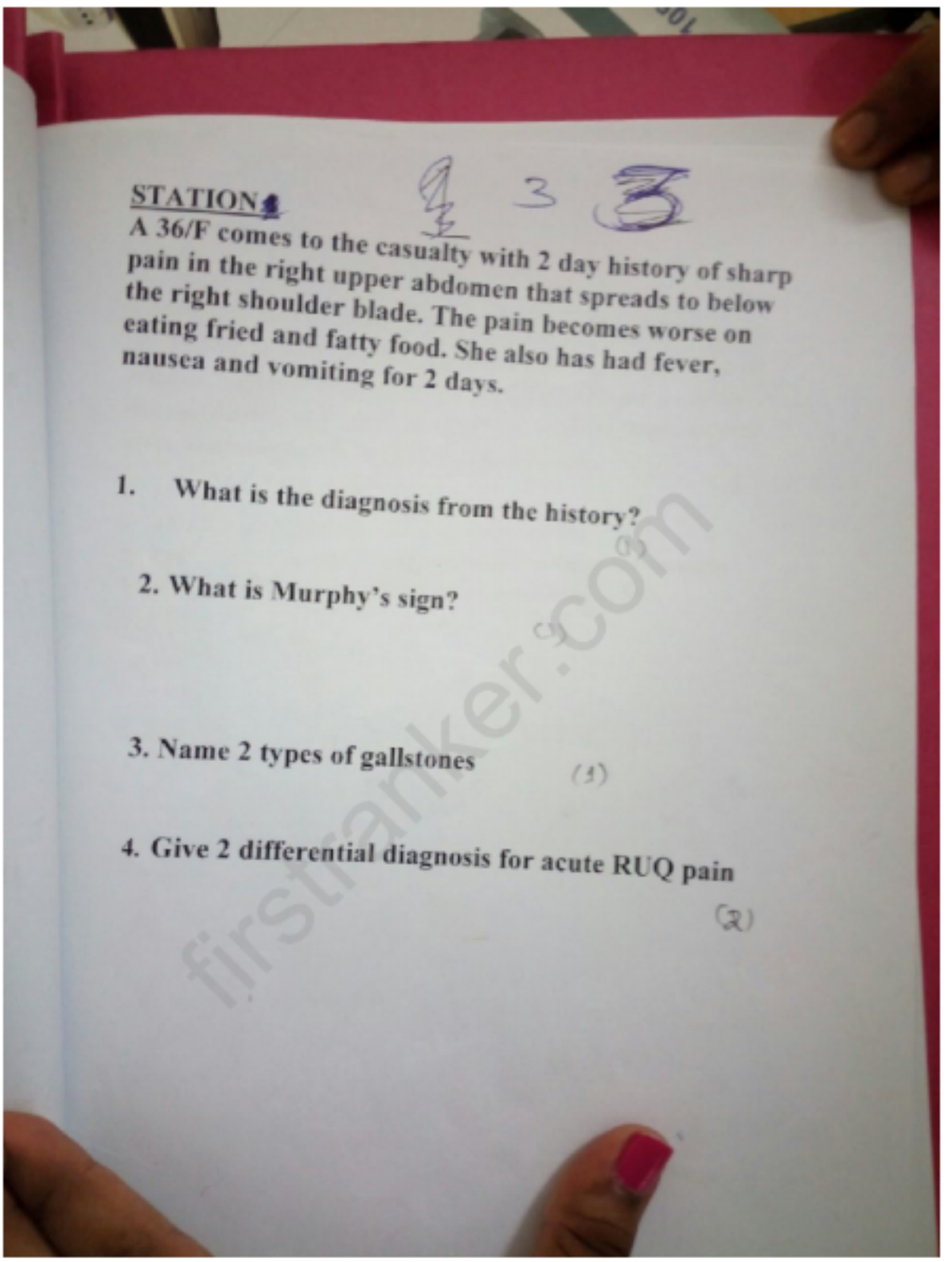
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Cholecystitis
In sitting position, catching breath with wincing pain occurs when deep breath is taken with deep palpating at the sub-costal border
Cholesterol stones, pigment stones
Hepatitis, cholangitis

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STATION 4

A 36/F comes to the casualty with 2 day history of sharp pain in the right upper abdomen that spreads to below the right shoulder blade. The pain becomes worse on eating fried and fatty food. She also has had fever, nausea and vomiting for 2 days.

1. What is the diagnosis from the history?

2. What is Murphy's sign?

3. Name 2 types of gallstones (1)

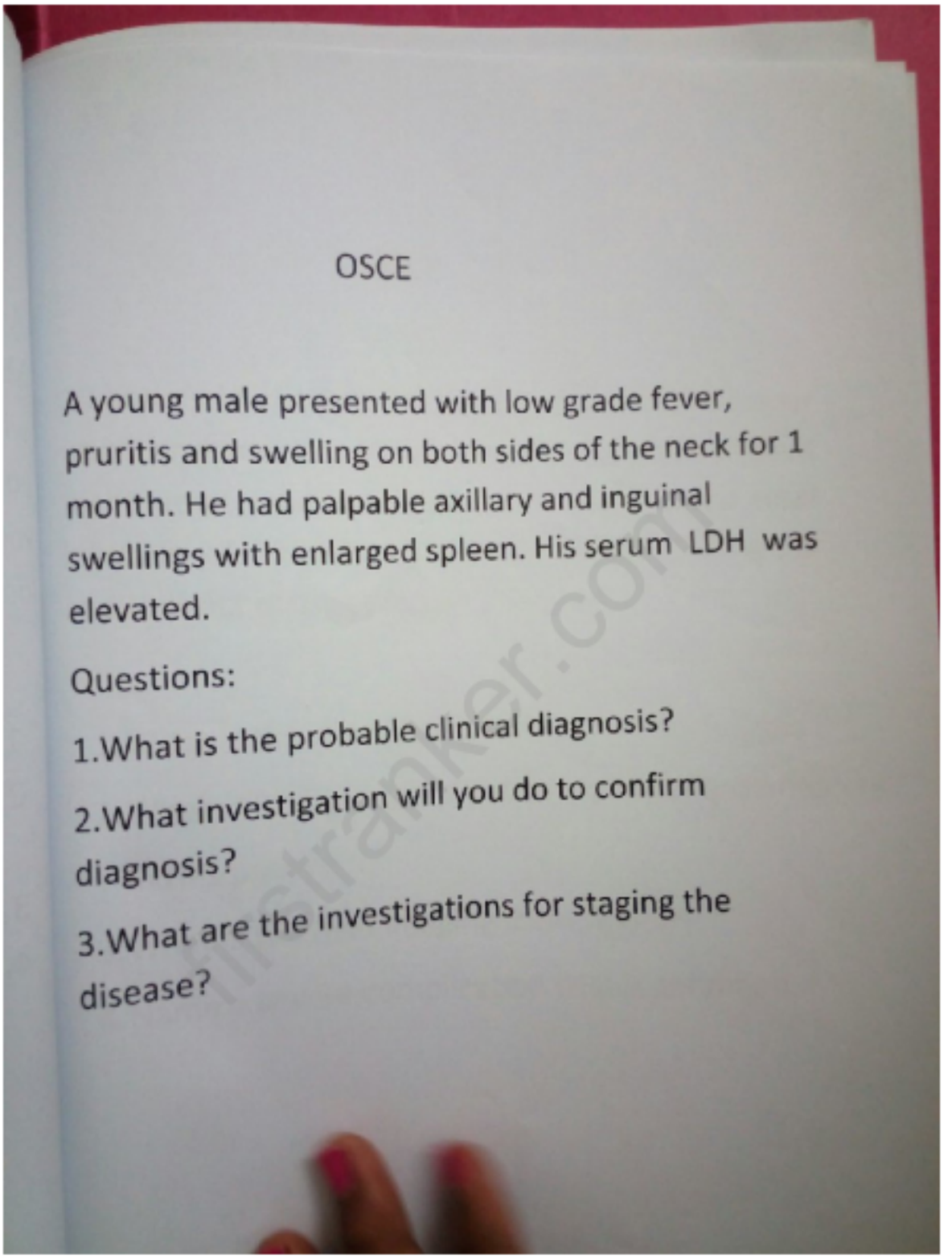
4. Give 2 differential diagnosis for acute RUQ pain (2)

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

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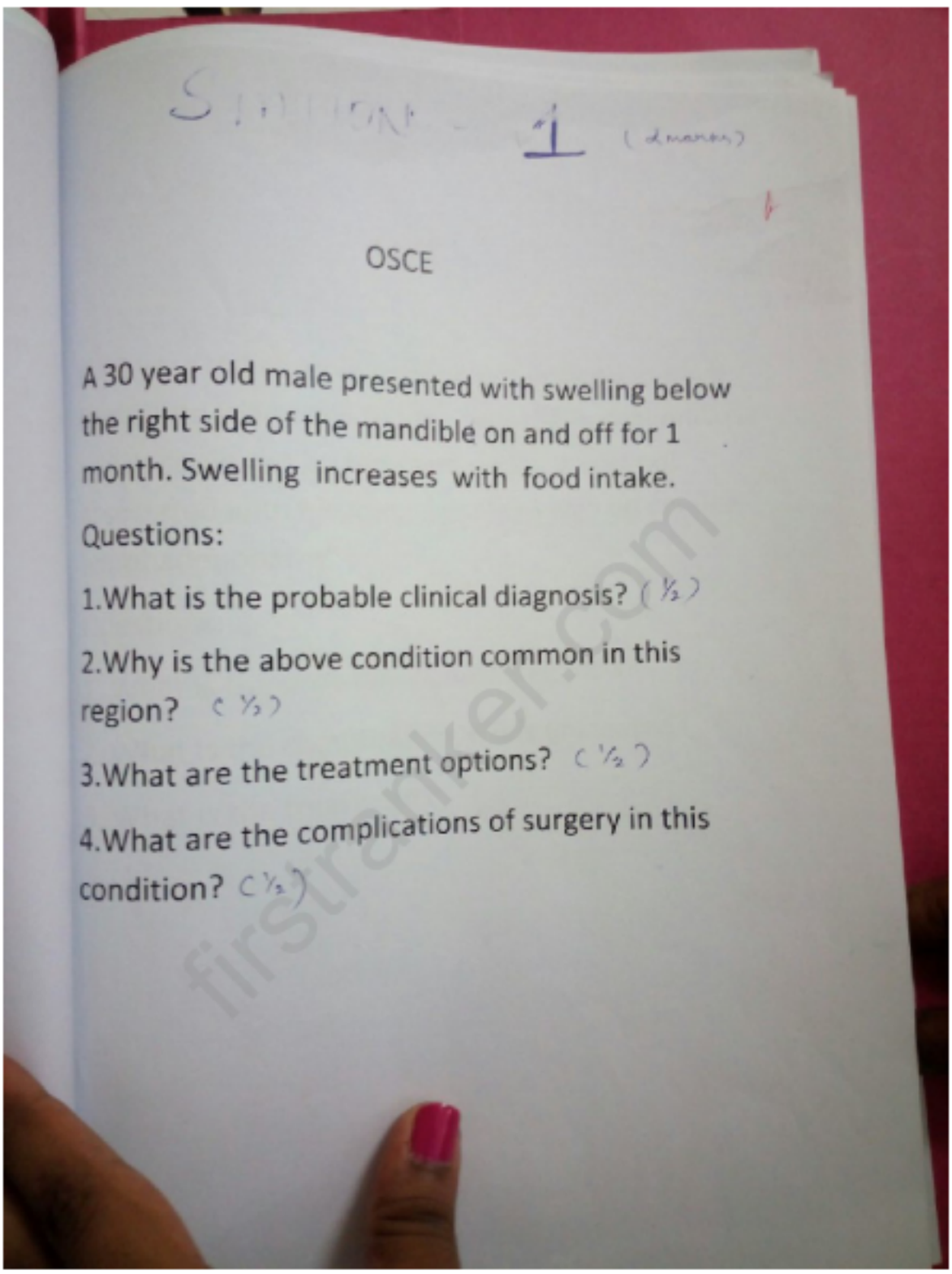
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Sialadenitis/ sialolithiasis
Warthon's duct drains against gravity
Papillotomy and sub-mandibular excision
Injury to lingual, marginal mandibular and hypoglossal nerve. Seroma and infections

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SOLUTION - 1 (2 marks)

OSCE

A 30 year old male presented with swelling below the right side of the mandible on and off for 1 month. Swelling increases with food intake.

Questions:

1.What is the probable clinical diagnosis? (½)

2.Why is the above condition common in this region? (½)

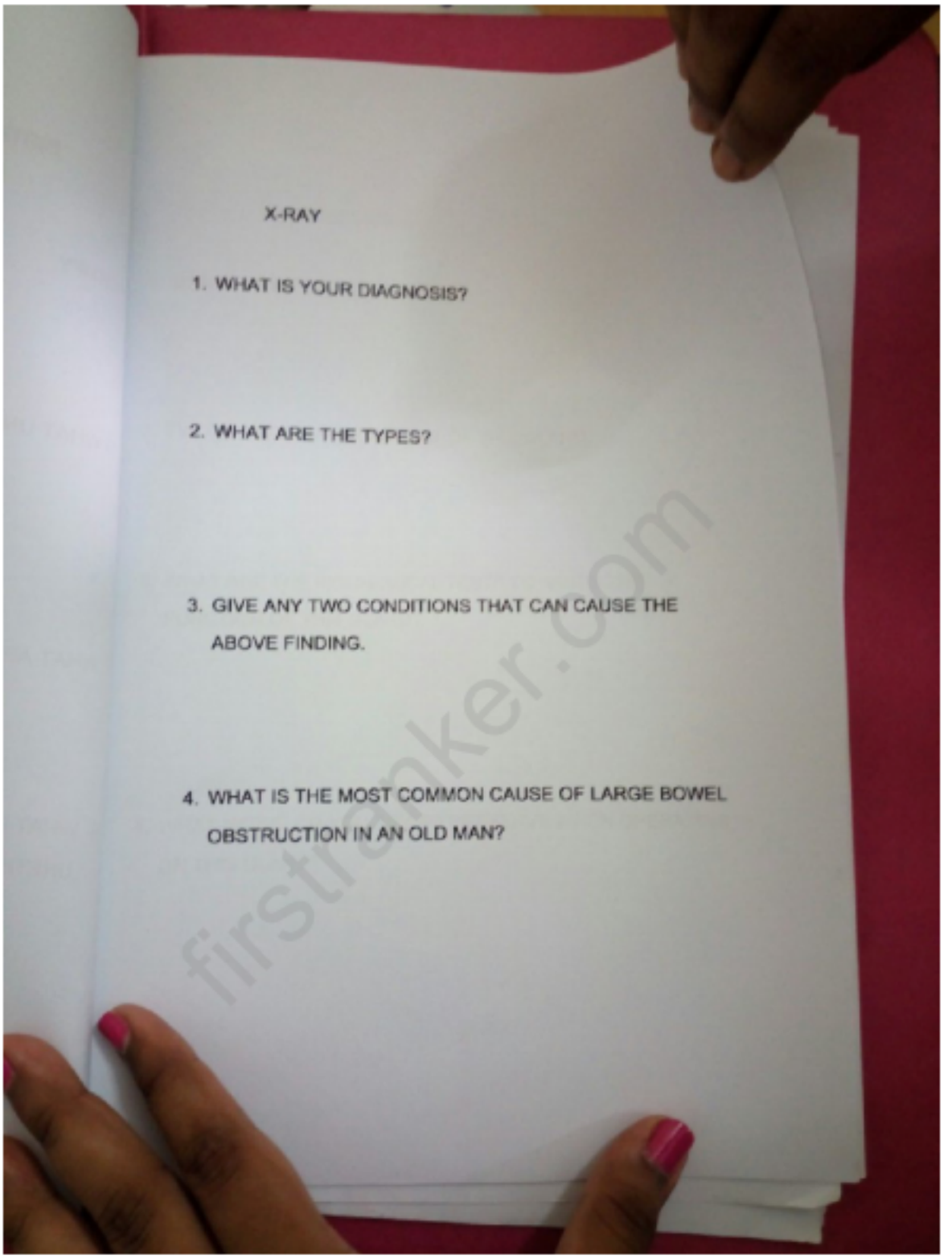
3.What are the treatment options? (½)

4.What are the complications of surgery in this condition? (½)

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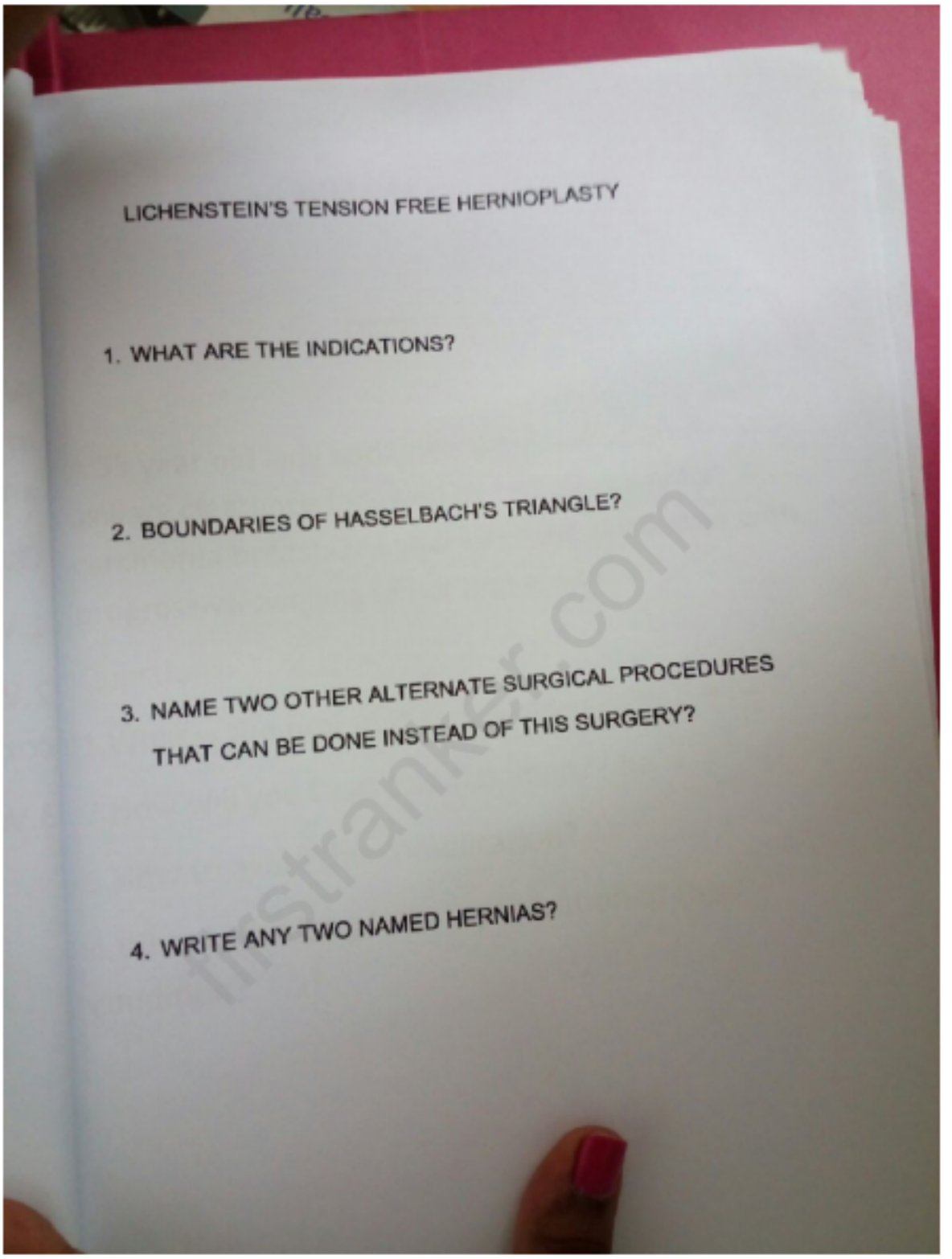
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Inguinal hernia
Inguinal ligament, lateral border of rectus, inferior epigastric artery
Modified Bassini's, Laparascopic - TEP, TAPP
Pantaloon's hernia, Richter's hernia

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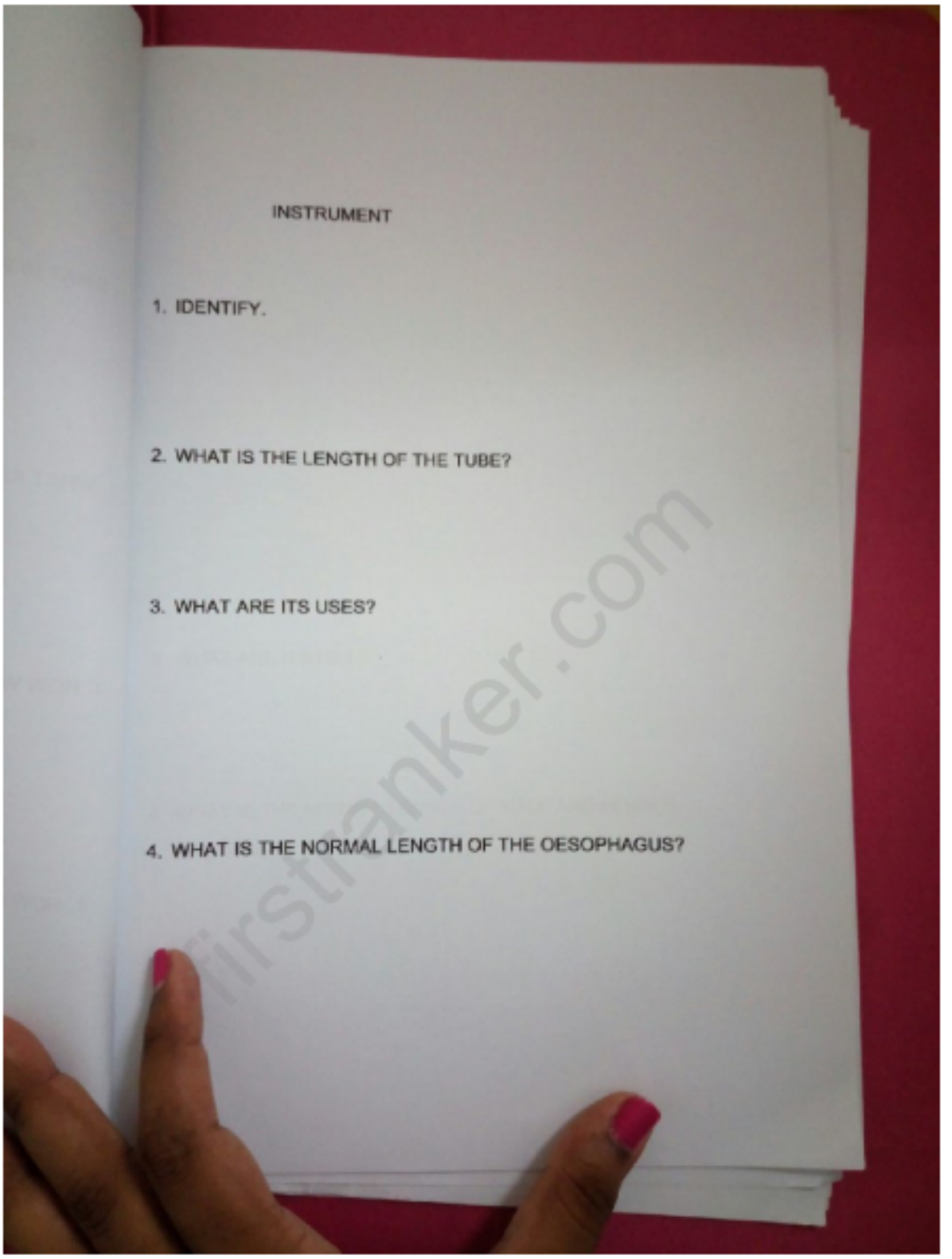
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Ryle's tube
Different sizes up to 65 cm
Gastric aspiration, nasogastric feeding
25 cms

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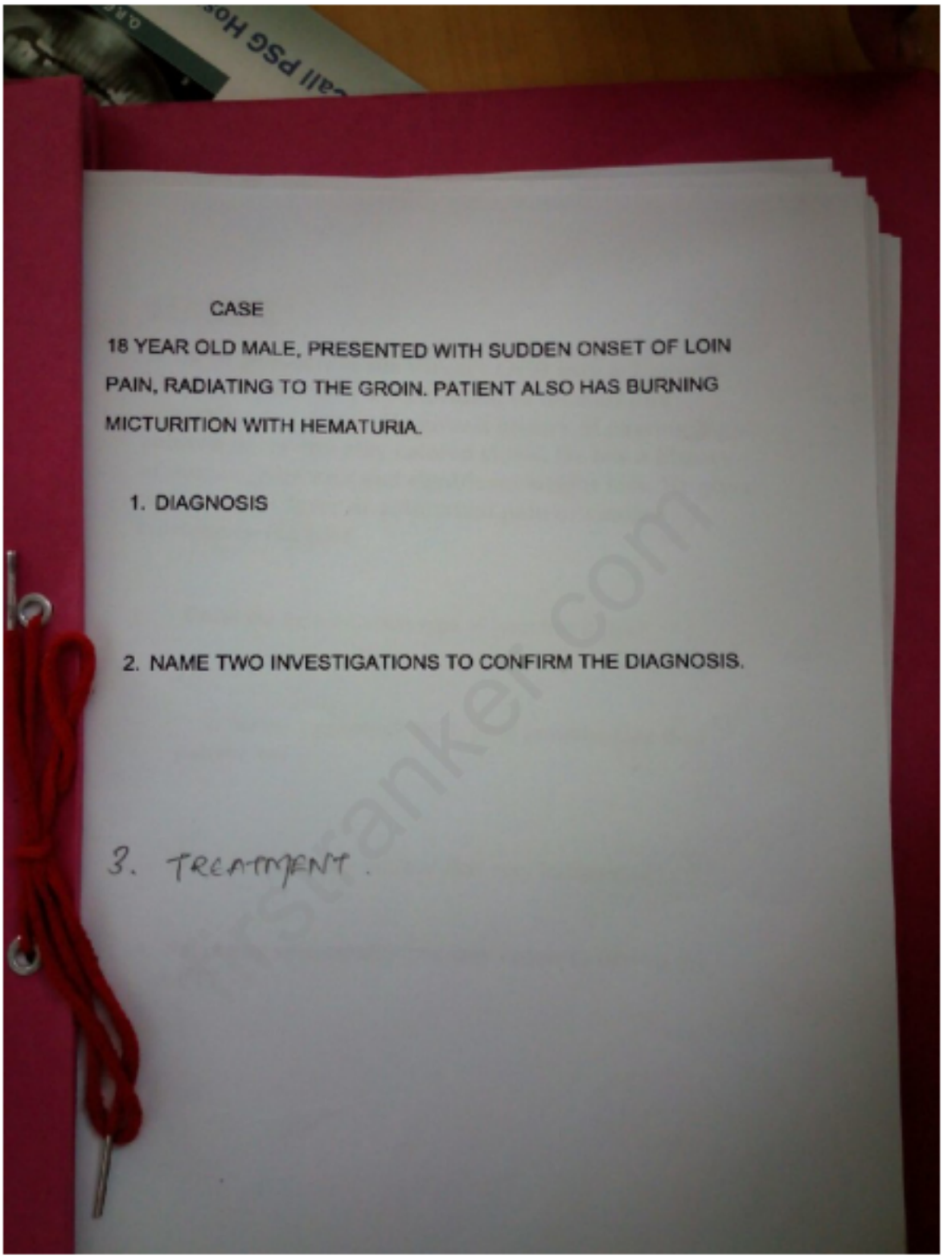
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Ureteric stones
Ultrasound, Intravenous pyelogram
Extracorporeal shockwave lithotripsy with Double loop J-stent (ESWL with DJ stent)

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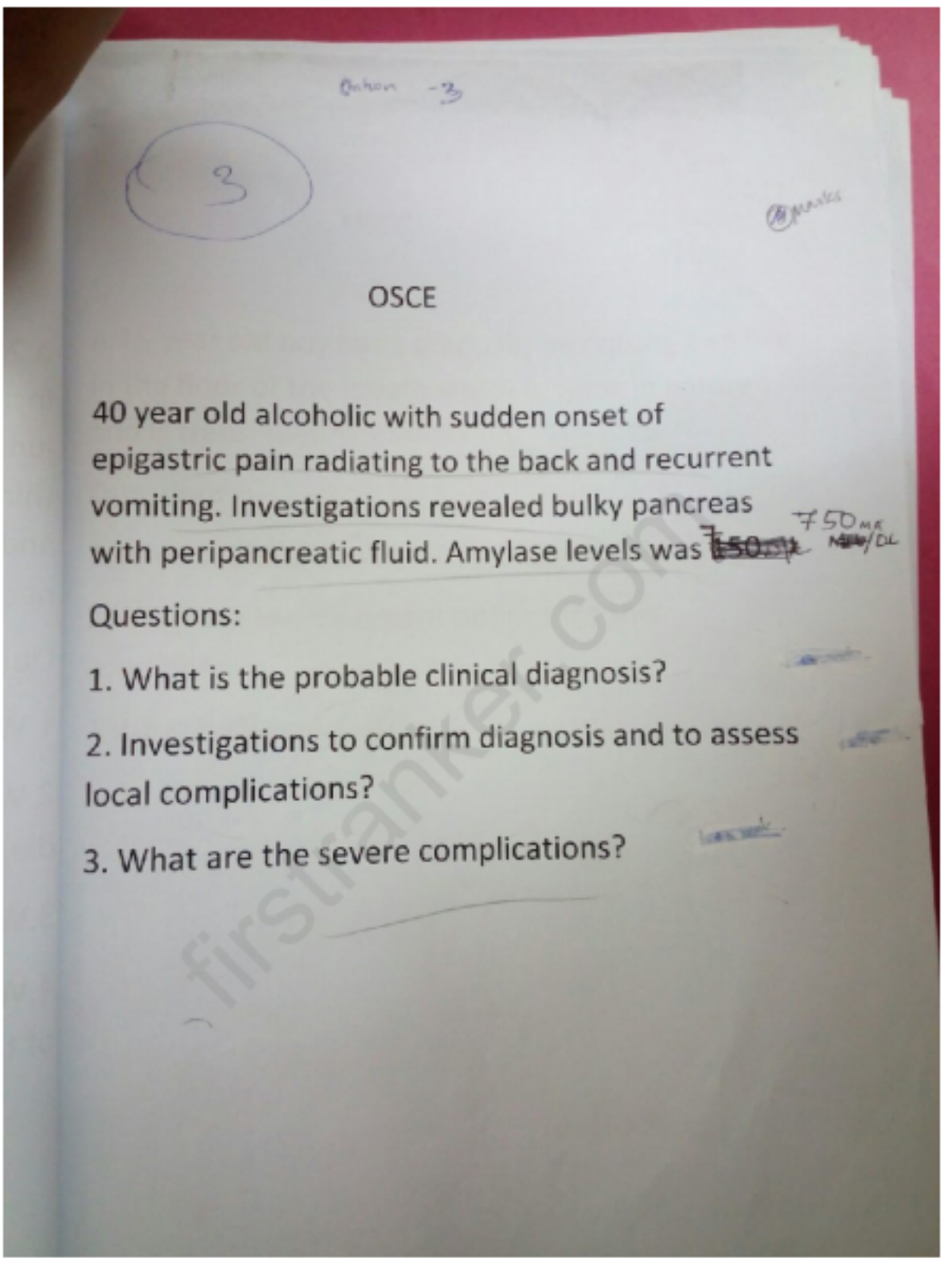
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Acute pancreatitis
Serum lipase, abdominal USG
Hypocalcemia, hypovolemic shock, ARDS

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Orthon -3

3

OSCE

40 year old alcoholic with sudden onset of epigastric pain radiating to the back and recurrent vomiting. Investigations revealed bulky pancreas with peripancreatic fluid. Amylase levels was ~~150~~ 750 mg/dl

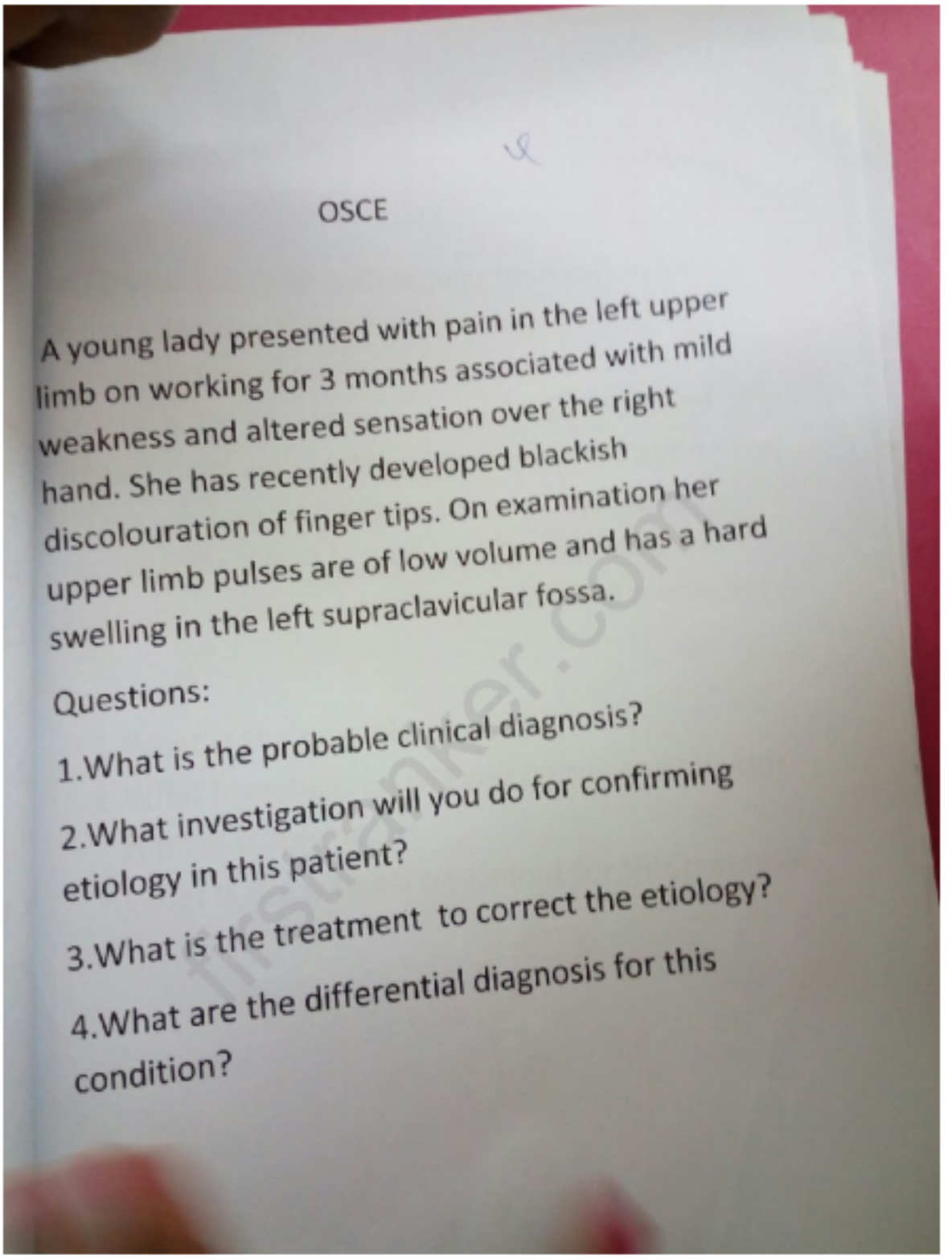
Questions:

1. What is the probable clinical diagnosis?
2. Investigations to confirm diagnosis and to assess local complications?
3. What are the severe complications?

Cervical rib
X-Ray chest
Extra-periosteal excision of the cervical rib with cervical symphatectomy
Cervical spondylosis, cervical disc protrusion, Carpal tunnel syndrome, Raynaud's phenomenon

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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?

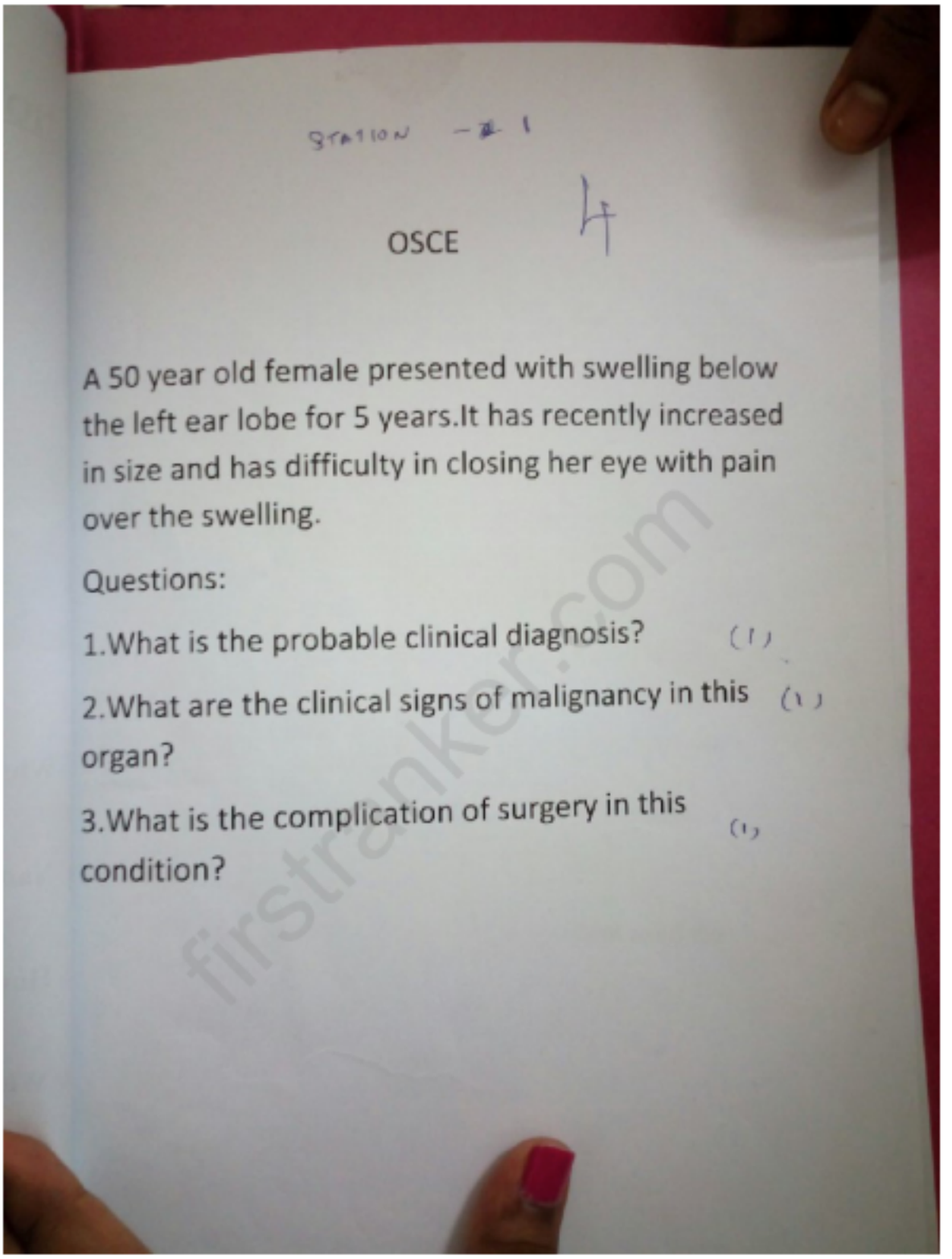
3.What is the treatment to correct the etiology?

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

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STATION - # 1

OSCE

A 50 year old female presented with swelling below the left ear lobe for 5 years.It has recently increased in size and has difficulty in closing her eye with pain over the swelling.

Questions:

1.What is the probable clinical diagnosis? (1)

2.What are the clinical signs of malignancy in this organ? (1)

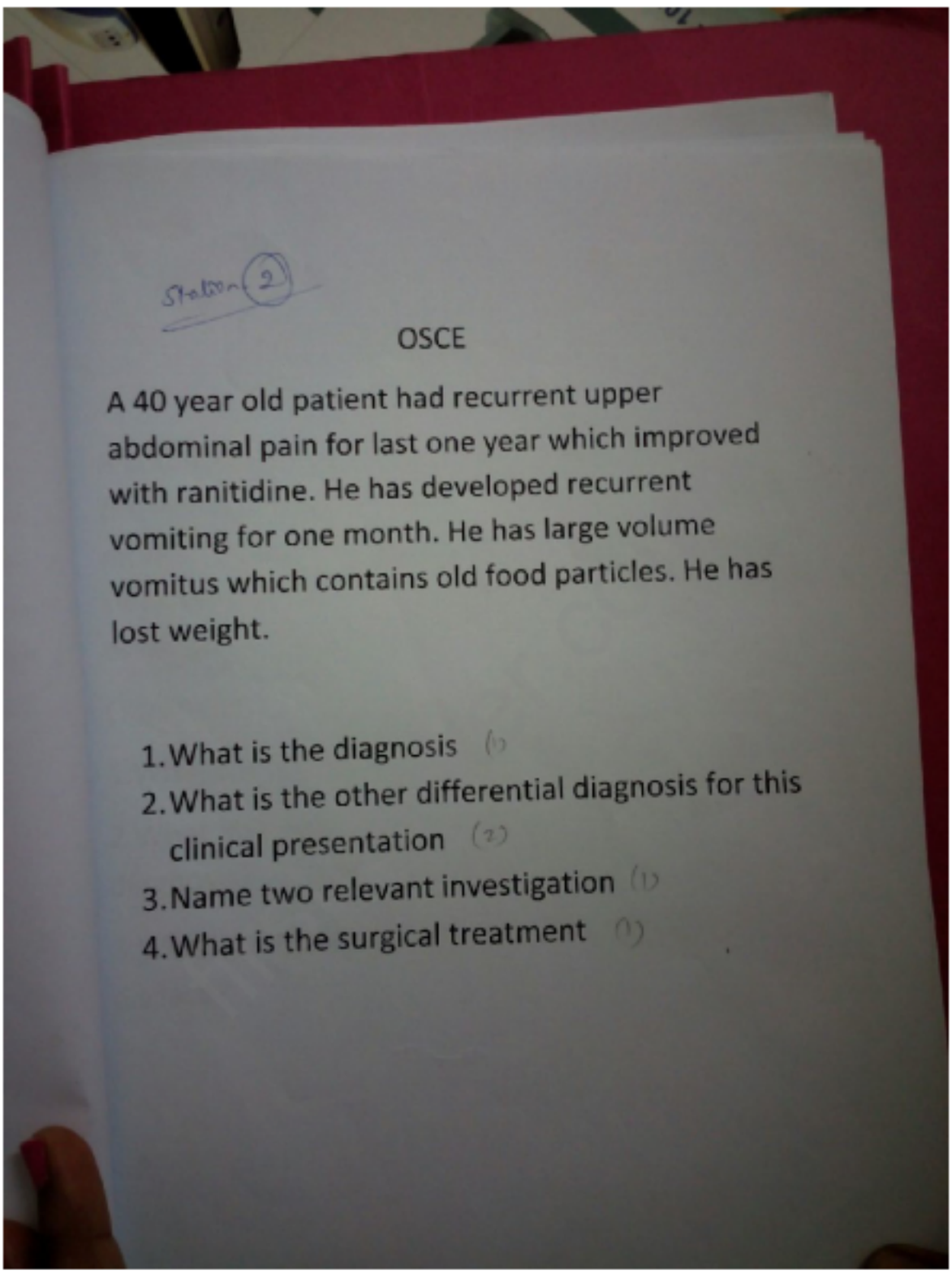
3.What is the complication of surgery in this condition? (1)

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Gastric outlet obstruction
Ca stomach
Upper GI scopy from which biopsy is taken, CT scan
Billroth 1 and 2

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Station (2)

OSCE

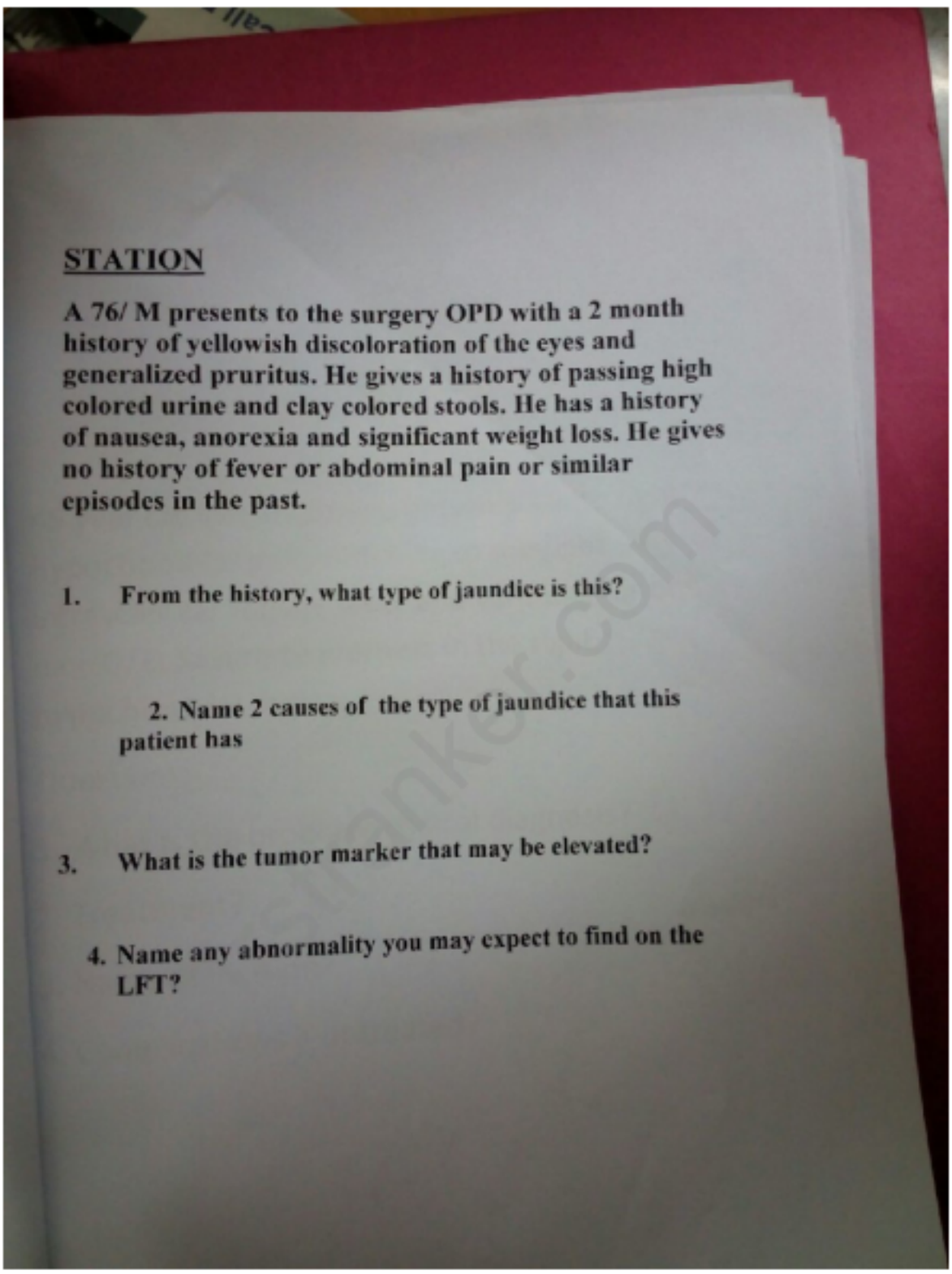
A 40 year old patient had recurrent upper abdominal pain for last one year which improved with ranitidine. He has developed recurrent vomiting for one month. He has large volume vomitus which contains old food particles. He has lost weight.

1. What is the diagnosis (1)
2. What is the other differential diagnosis for this clinical presentation (2)
3. Name two relevant investigation (1)
4. What is the surgical treatment (1)

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

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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**

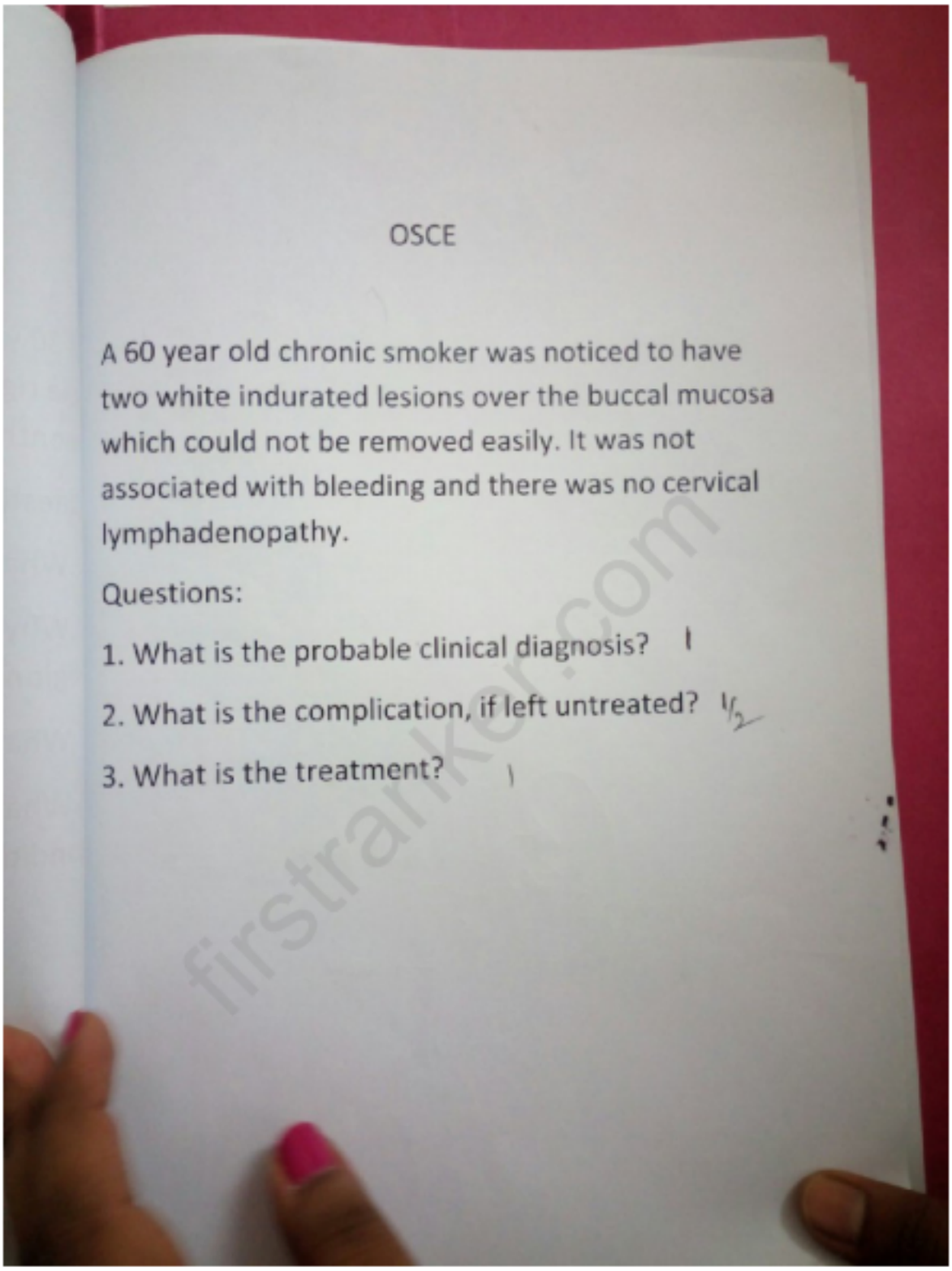
3. **What is the tumor marker that may be elevated?**

4. **Name any abnormality you may expect to find on the LFT?**

Leukoplakia
Malignancy leading to trismus
Wide local excision

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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.

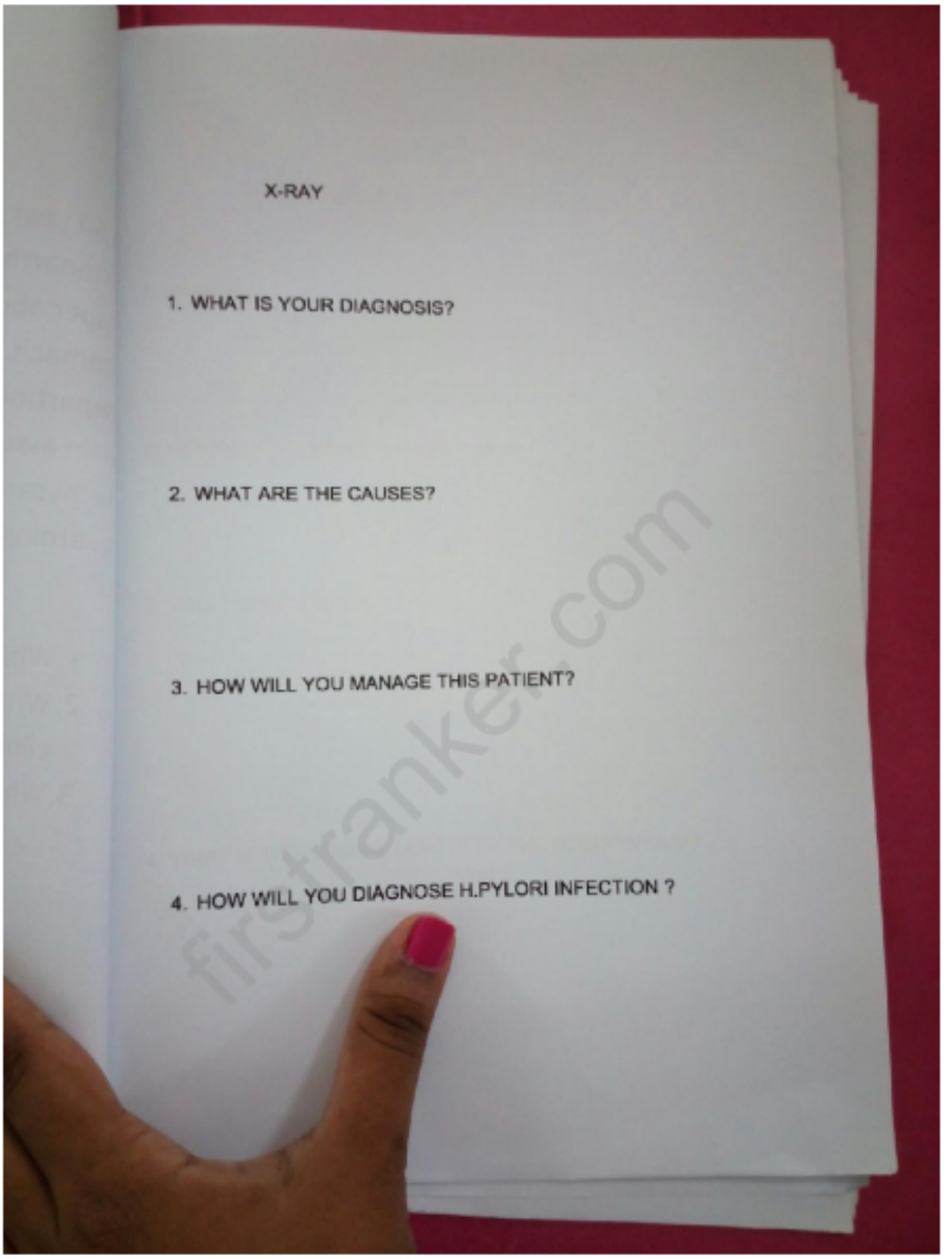
Questions:

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

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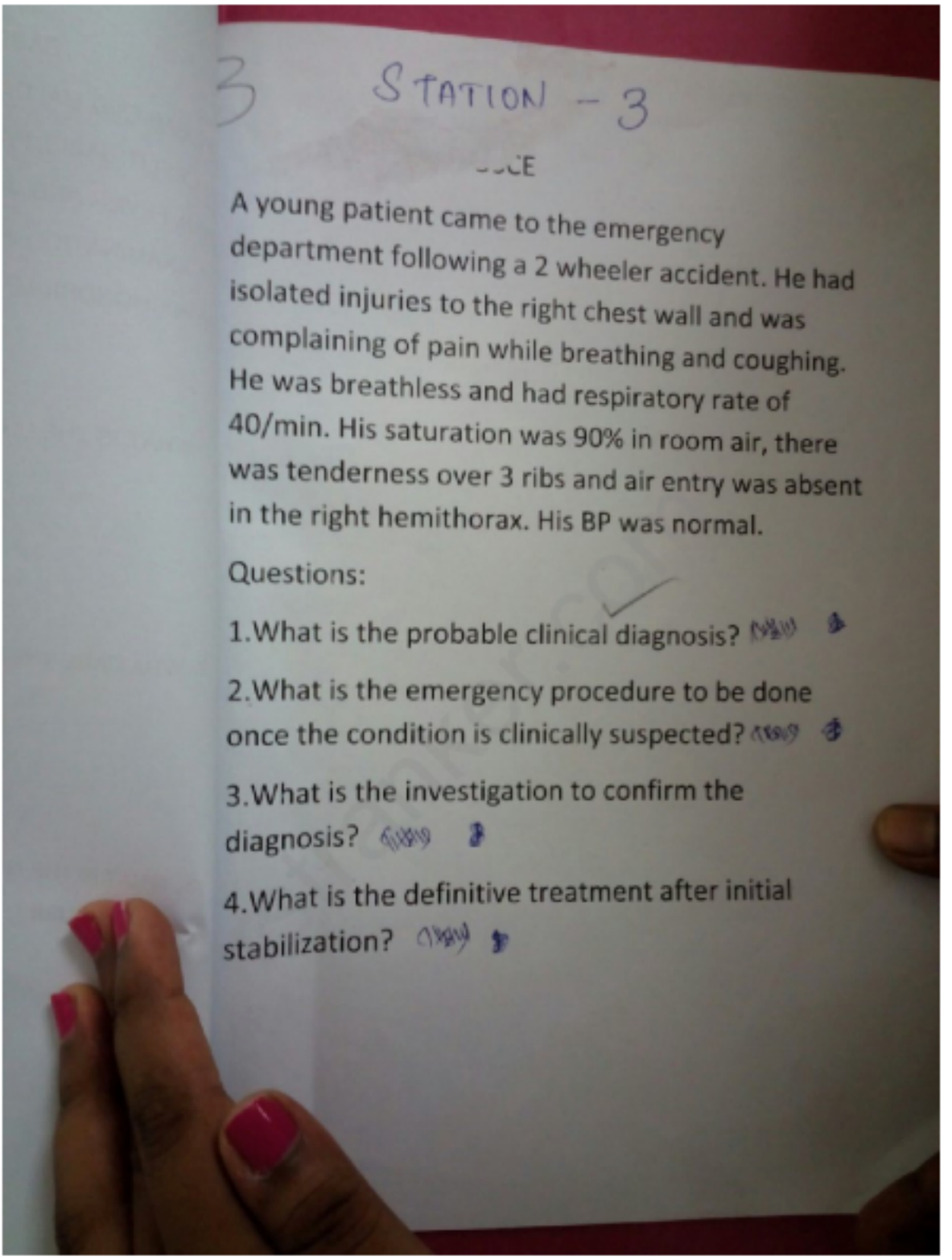
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Tension pneumothorax
Needle thoracocentesis in 2nd intercostal space in midclavicular line
X-Ray chest
Intercostal drainage tube

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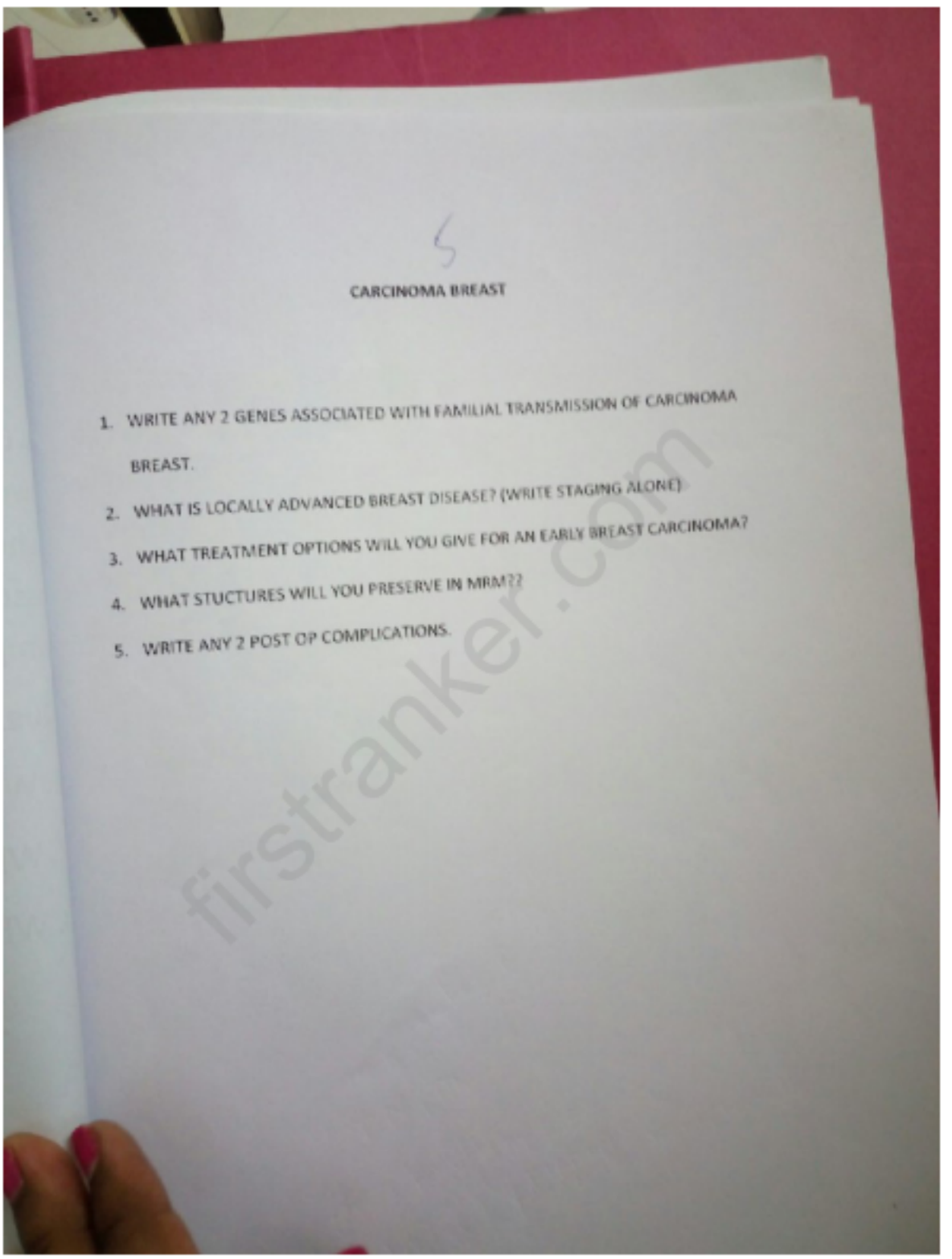


BRCA 1, BRCA 2
3A and 3B
Lumpectomy, MRM with chemo+radio, QUART(quadrantectomy with ancillary node dissection and radiotherapy)
Axillary vessels, Long thoracic nerve, Ceohalic vein, pectoralis major, nerve to

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lattismus dorsi
Flap necrosis and lymphedema



CARCINOMA BREAST

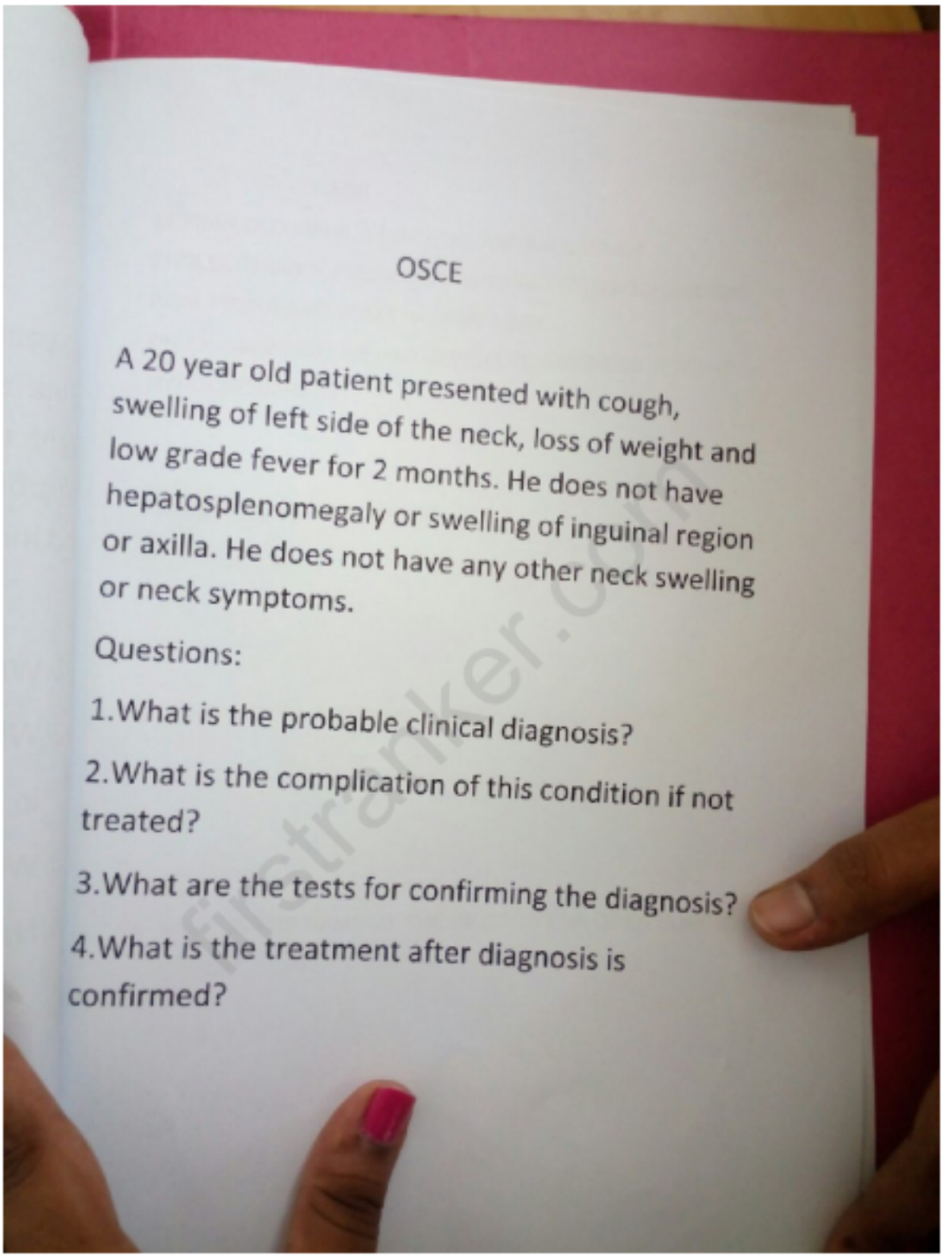
1. WRITE ANY 2 GENES ASSOCIATED WITH FAMILIAL TRANSMISSION OF CARCINOMA BREAST.
2. WHAT IS LOCALLY ADVANCED BREAST DISEASE? (WRITE STAGING ALONE)
3. WHAT TREATMENT OPTIONS WILL YOU GIVE FOR AN EARLY BREAST CARCINOMA?
4. WHAT STUCTURES WILL YOU PRESERVE IN MRM??
5. WRITE ANY 2 POST OP COMPLICATIONS.

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Cold abscess
Sinus, fistula, dissemination
Lymph node biopsy or aspiration and AFB staining
Att

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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?

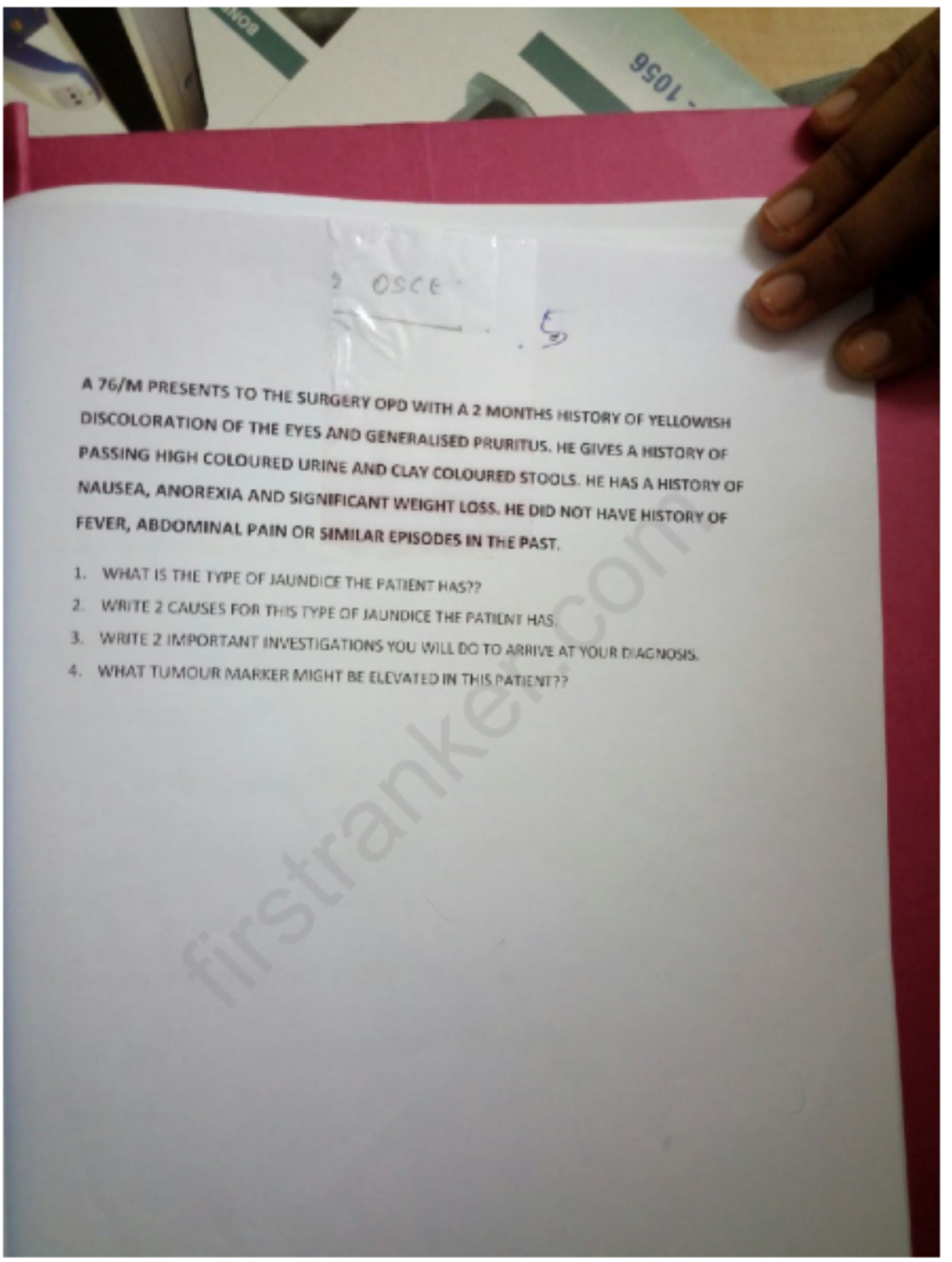
3.What are the tests for confirming the diagnosis?

4.What is the treatment after diagnosis is confirmed?

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OSCE 5

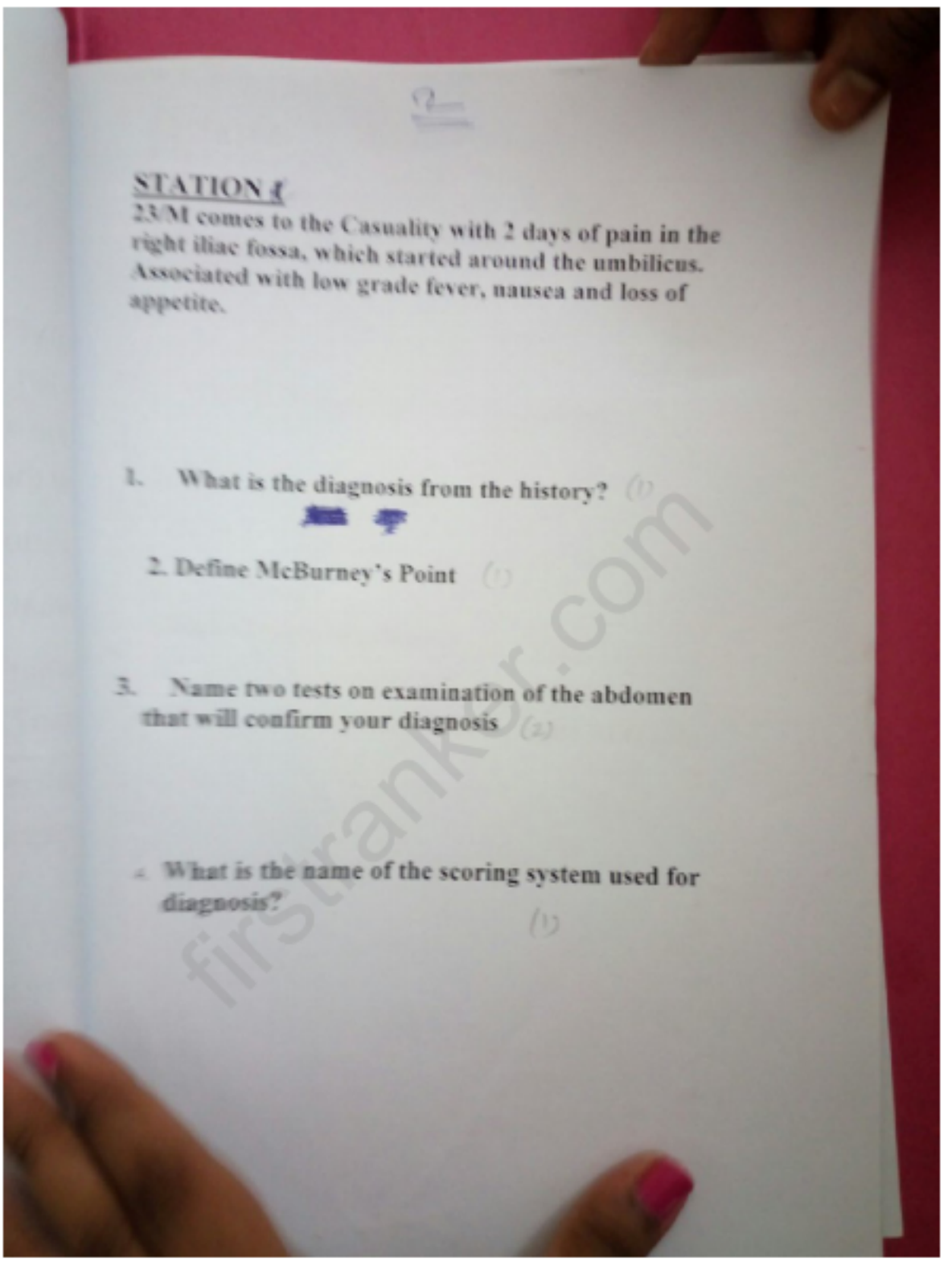
A 76/M PRESENTS TO THE SURGERY OPD WITH A 2 MONTHS HISTORY OF YELLOWISH DISCOLORATION OF THE EYES AND GENERALISED PRURITUS. HE GIVES A HISTORY OF PASSING HIGH COLOURED URINE AND CLAY COLOURED STOOLS. HE HAS A HISTORY OF NAUSEA, ANOREXIA AND SIGNIFICANT WEIGHT LOSS. HE DID NOT HAVE HISTORY OF FEVER, ABDOMINAL PAIN OR SIMILAR EPISODES IN THE PAST.

1. WHAT IS THE TYPE OF JAUNDICE THE PATIENT HAS??
2. WRITE 2 CAUSES FOR THIS TYPE OF JAUNDICE THE PATIENT HAS.
3. WRITE 2 IMPORTANT INVESTIGATIONS YOU WILL DO TO ARRIVE AT YOUR DIAGNOSIS.
4. WHAT TUMOUR MARKER MIGHT BE ELEVATED IN THIS PATIENT??

Appendicitis
Junction of medial 2/3 and lateral 1/3 on the right spinoumbilical line
Rebound tenderness and rovsing sing
Alvarado (mantels)

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STATION 4

23/M comes to the Casuality with 2 days of pain in the right iliac fossa, which started around the umbilicus. Associated with low grade fever, nausea and loss of appetite.

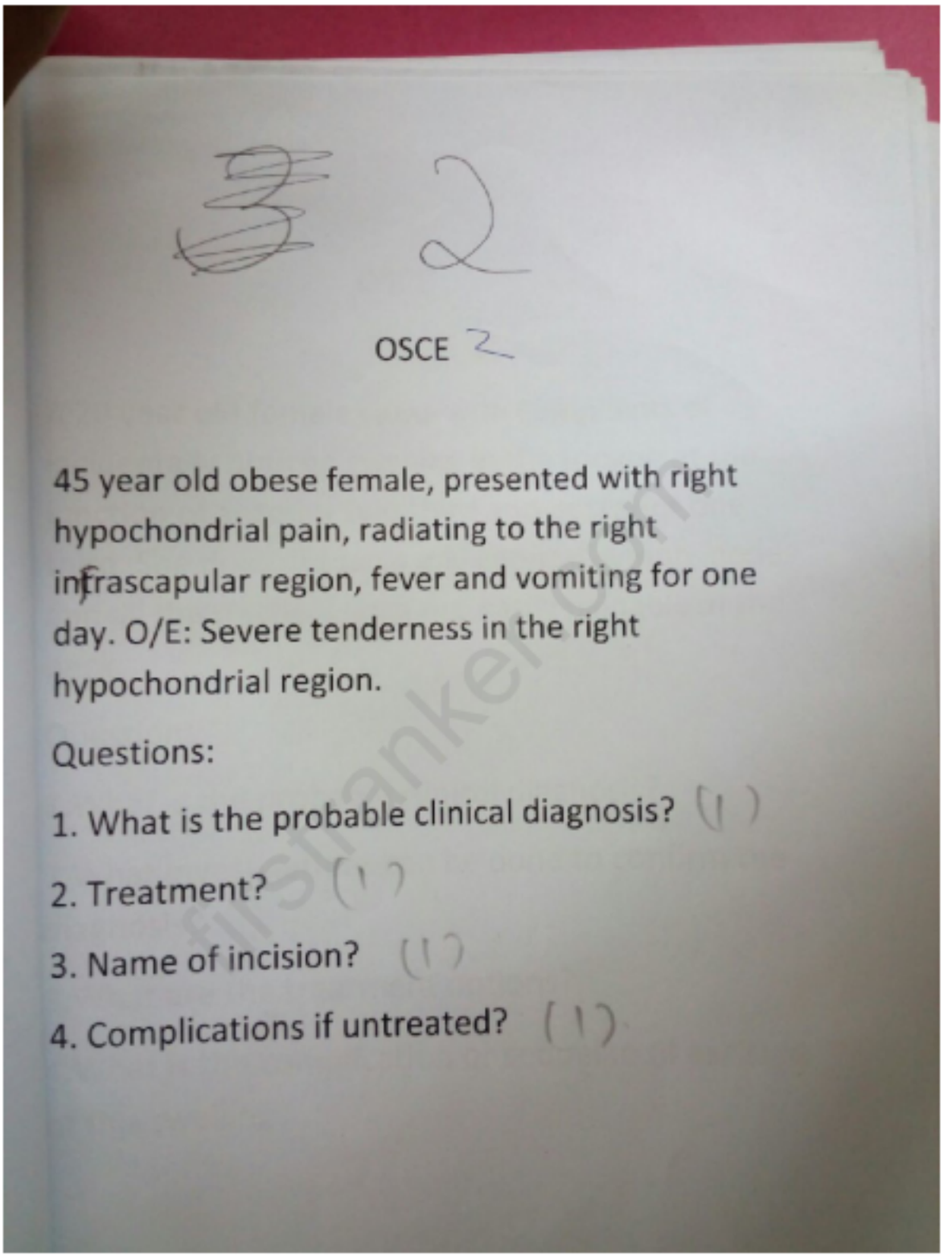
1. What is the diagnosis from the history?
2. Define McBurney's Point
3. Name two tests on examination of the abdomen that will confirm your diagnosis
4. What is the name of the scoring system used for diagnosis?

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Cholelithiasis
Laparoscopic cholecystectomy
Kochers incision
Mucocoele, carcinoma, mirizzi syndrome

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3 2

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:

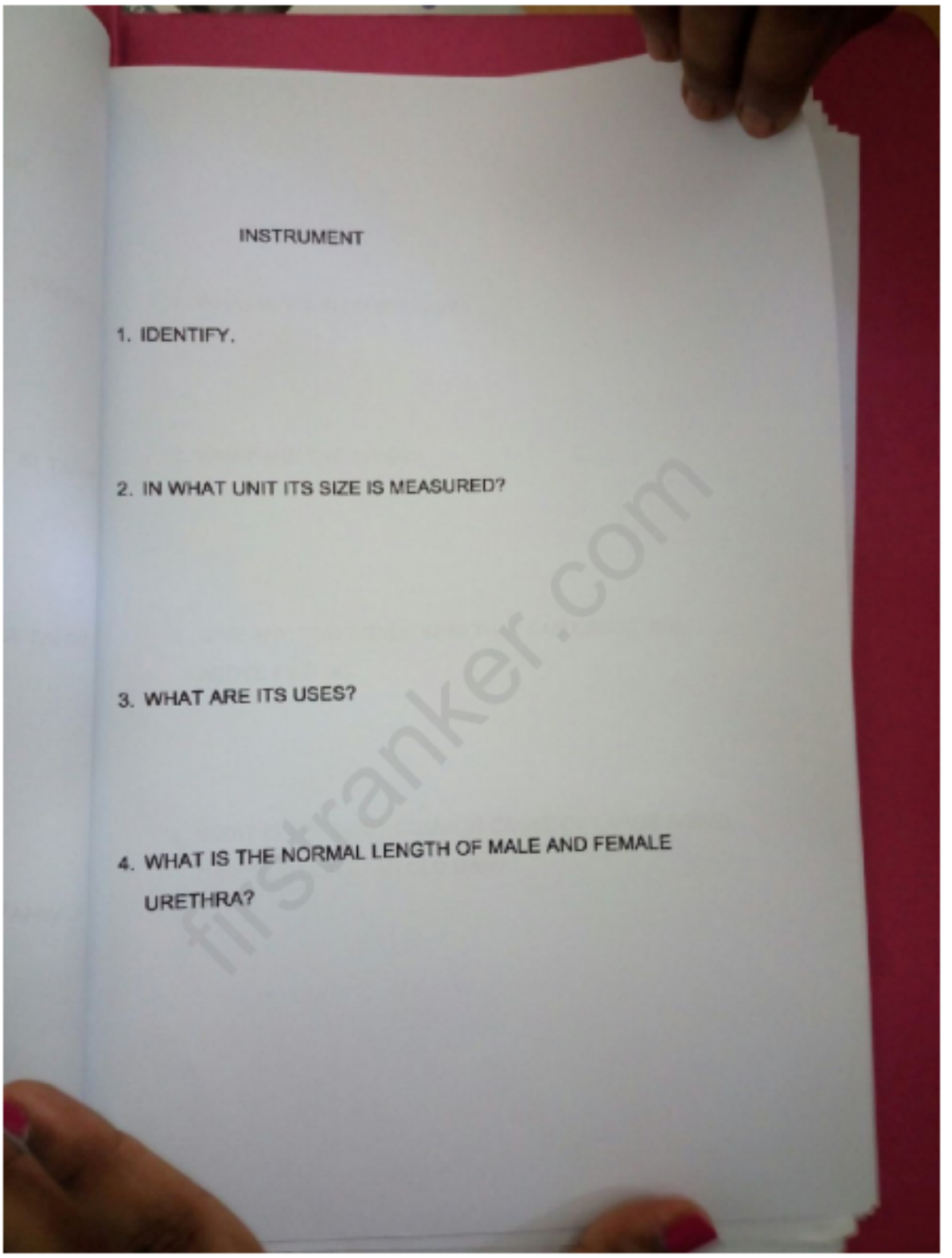
1. What is the probable clinical diagnosis? (1)
2. Treatment? (1)
3. Name of incision? (1)
4. Complications if untreated? (1)

Urinary catheter
Unit - Fr

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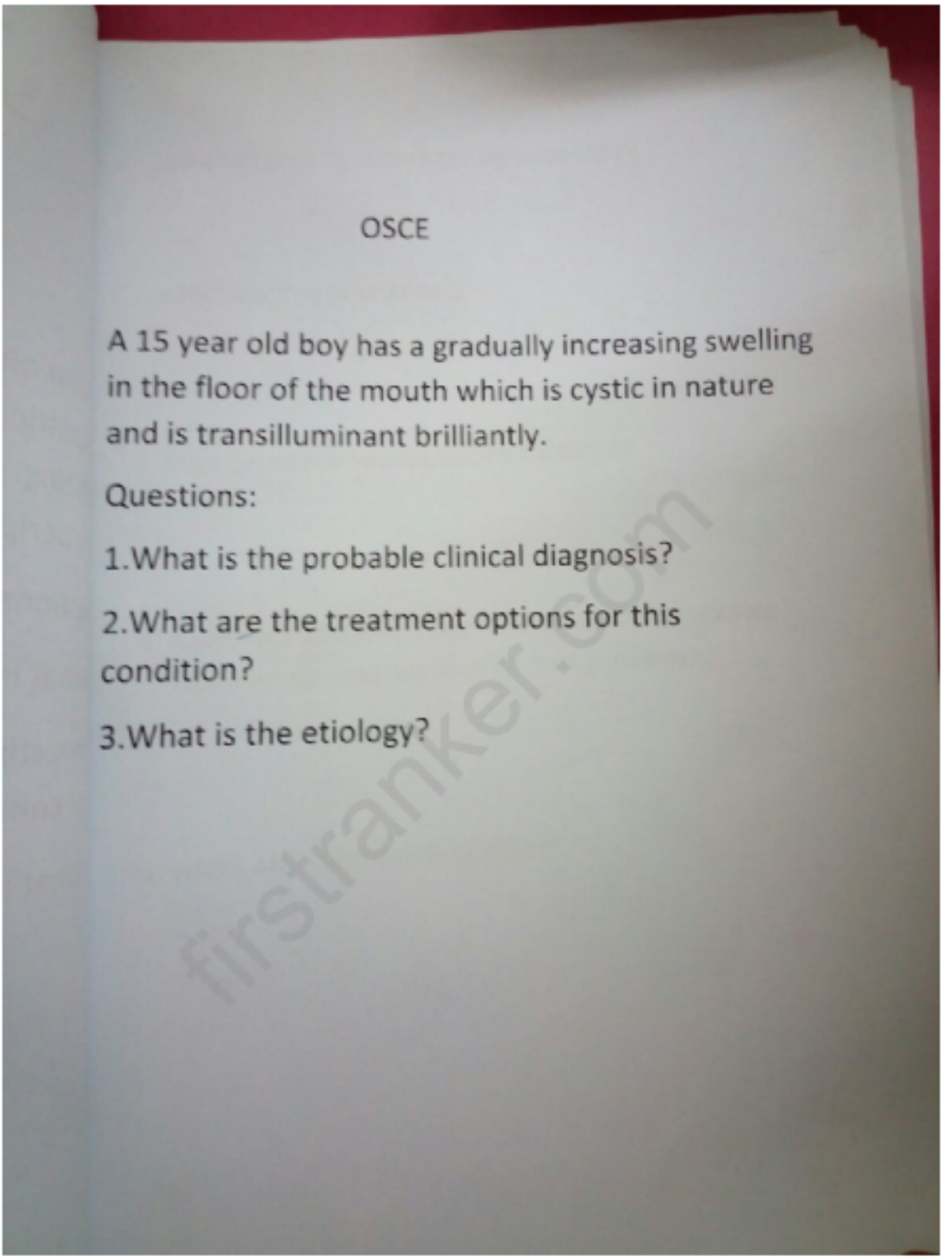
Male - 20cm. Female - 3.7cm



Ranula
Marsupialization, Complete excision
Obstruction of the ducts secreting mucus - retention cysts

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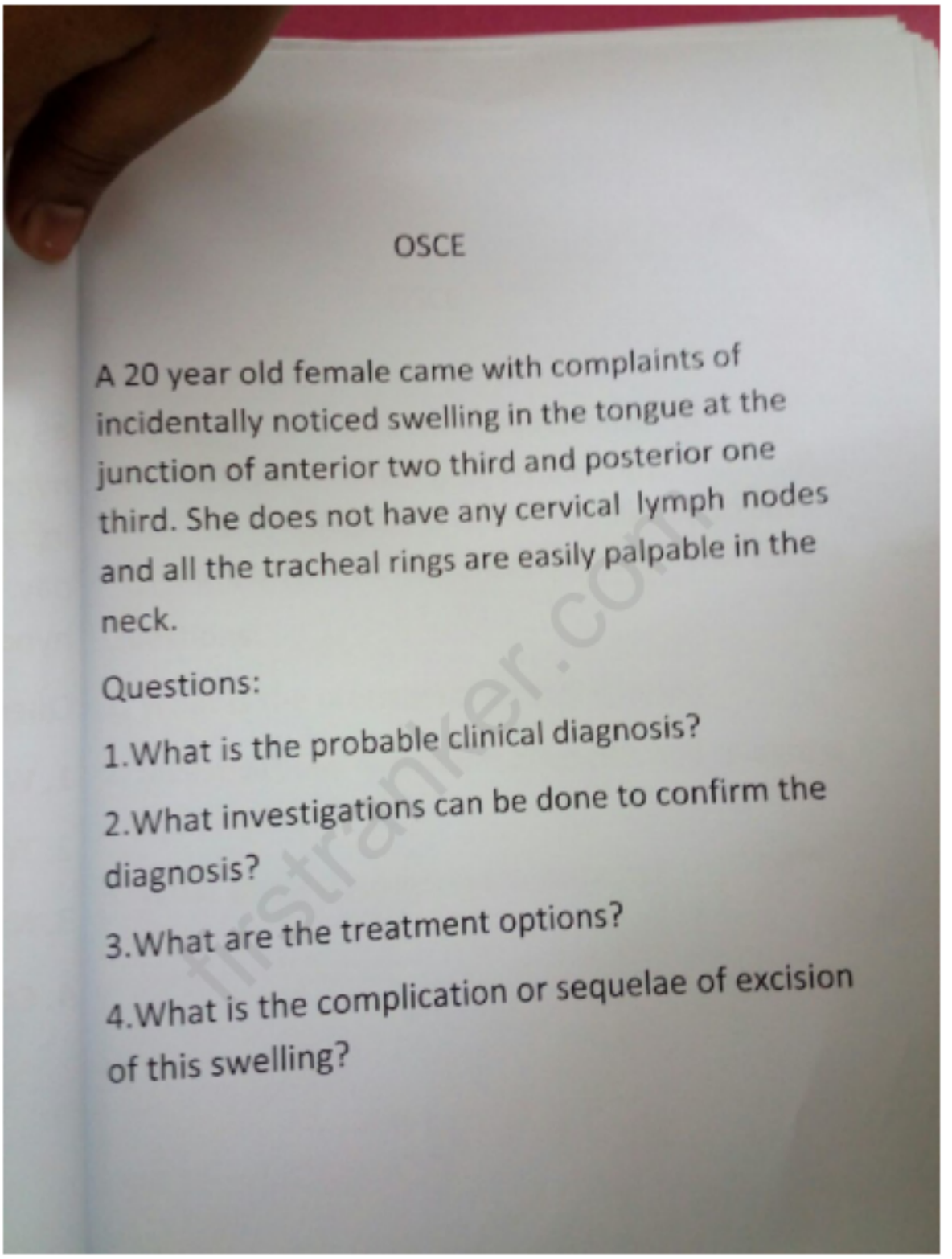
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Lingual thyroid
Thyroid scan, Technetium scan
Give thyroxine. If size of swelling doesn't decrease then excision, radio iodine
Hypothyroidism

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OSCE

A 20 year old female came with complaints of incidentally noticed swelling in the tongue at the junction of anterior two third and posterior one third. She does not have any cervical lymph nodes and all the tracheal rings are easily palpable in the neck.

Questions:

1.What is the probable clinical diagnosis?

2.What investigations can be done to confirm the diagnosis?

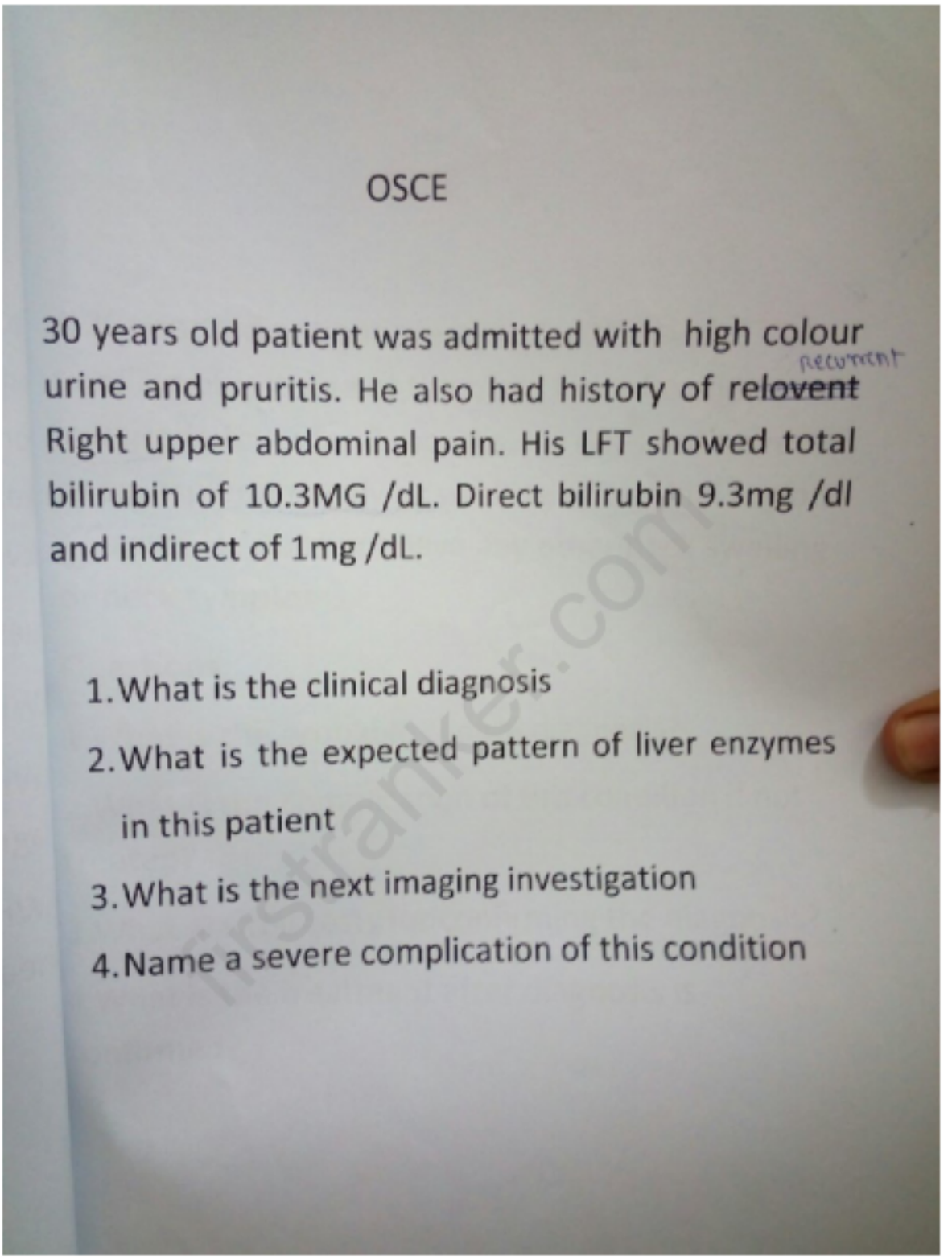
3.What are the treatment options?

4.What is the complication or sequelae of excision of this swelling?

Obstructive jaundice
Elevated ALP, GGT
Ultrasound
Cholangitis

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OSCE

30 years old patient was admitted with high colour urine and pruritis. He also had history of ~~relovent~~ recurrent 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

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