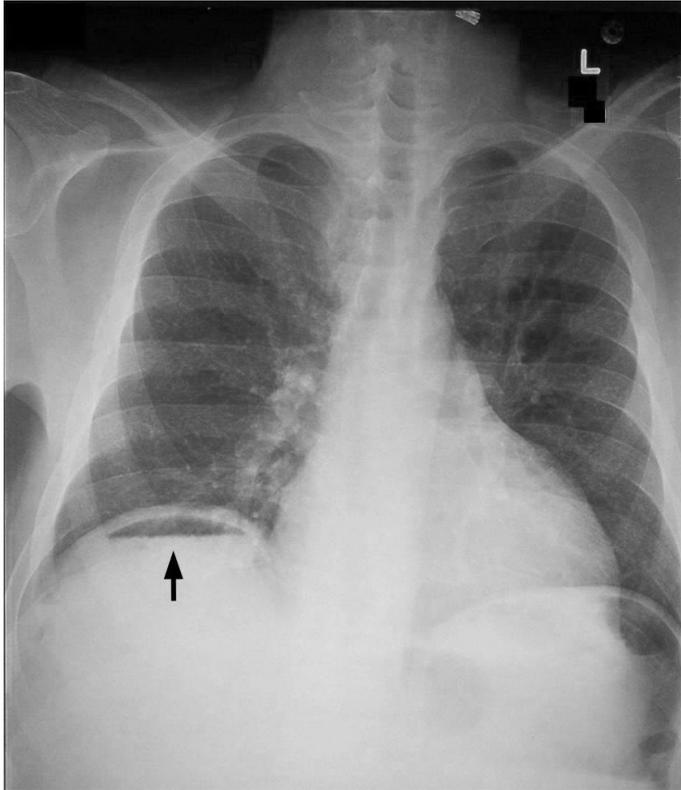


Case no 1

A 55 years old male present to the emergency department with generalized pain and tenderness all over the abdomen. He was taking NSAID for pain relief for coronary artery disease. His Bp 90/60 mm of Hg



1. What is the finding in this x-ray?
2. Give three causes of it?
3. Mechanism of this finding
4. How to manage this patient

Answers

1. Air under diaphragm

2. Perforated duodenal ulcer , perforation of ileum due to typhoid or tb) , injury to intestine (blunt or penetrating)
3. Normally there is no free air in the peritoneal cavity. Whenever there is perforation or any injury to gut the air enters into the peritoneal cavity. When patient is in standing position the air moves upward and can be seen under diaphragm on right side.
4. Resuscitation ,IV fluids , analgesics ,foley's catheterization , nasogastric aspiration.
 - a. Open or laparoscopic repair (exp .laparotomy)

Case no 2

A 30 year old female patient presented to the surgical department with history of difficulty in swallowing and recurrent chest infections.



1. What is this investigation and sign?
2. What are the findings and diagnosis?
3. What is differential diagnosis?
4. Investigation of choice for this disease?
5. How to manage this patient?
6. It increases risk of which malignancy?

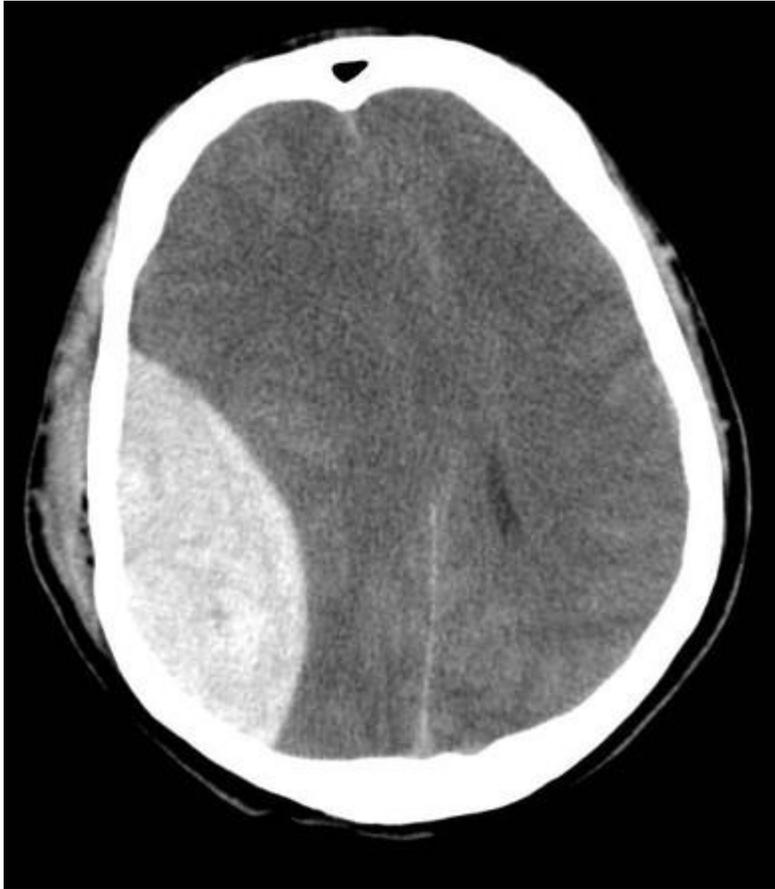
Answers

1. Contrast x-ray (barium swallow) and bird beak sign
2. Narrowing at the lower end of esophagus and dilated proximal esophagus , achalasia cardia

3. Carcinoma of esophagus , esophageal stricture , GERD
4. Upper GI endoscopy with manometry
5. Calcium channel blockers (nifedipine) , botulinum toxin , Heller's myotomy
6. Squamous cell carcinoma (SCC)

Case no 3

A 30 years old patient is brought to emergency department with road traffic accident. He is confused , localizes pain to stimuli and opens his eyes to painful stimuli.



1. Name of the investigation?
2. Findings on the investigation and diagnosis?
3. Most commonly involved vessel damage and at which point it is passing?
4. What is GCS of this patient?
5. Management of this patient?

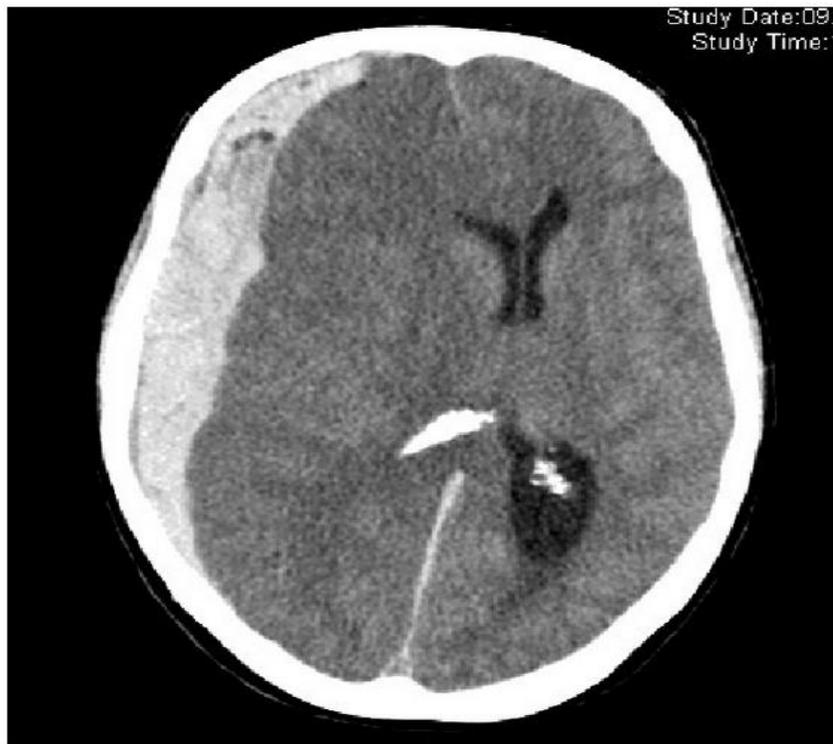
Answers

1. CT scan

2. Bright lens shape density in the right side , epidural hematoma(extradural hematoma)
3. Middle meningeal artery, pterion
4. GCS—11 , E2,V4,M5
5. Burr hole and craniotomy with evacuation of hematoma

Case no 4

A 70 years old male falls in the toilet presents to surgery department with head injury



1. What is the investigation and diagnosis?
2. What are clinical features of patient?
3. What are its various types?

4. Which vessels are ruptured?
5. Management of this patient?

Answers

1. CT scan and subdural hematoma
2. Headache with fluctuating levels of consciousness
3. Acute , subacute and chronic
4. Bridging veins or cortical veins
5. Burr hole and craniotomy

Case no 5

A 40 years old male presents to emergency department with severe headache and neck stiffness. He is having high blood pressure



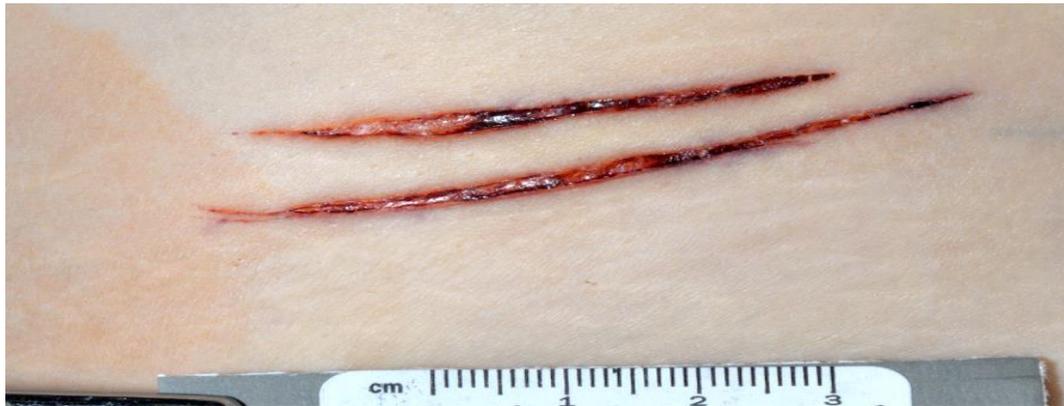
1. What is the investigation and diagnosis?
2. What are clinical features of patient?
3. What are the causes?
4. What you find on lumbar puncture?
5. What is the drug of choice?

Answers

1. CT scan and subarachnoid hemorrhage
2. Sudden transient loss of consciousness , neck stiffness ,
3. Most common cause is trauma , rupture of berry aneurysm due to hypertension
4. Xanthochromia
5. Calcium channel blockers--nimodipine

Case no 6

A patient presents to emergency with the wound .



1. What is the type of wound?
2. Types of wound healing?
3. Factors promote wound healing?
4. Factors delay wound healing?
5. Explain phases of wound healing?

Answers

1. Incised clean wound
2. Primary healing, secondary healing and tertiary healing
3. Good blood supply, good nutrition (vit.C, Zinc ,copper) , edges near and apposed and no infection , no foreign body
4. Ischemia ,infection ,foreign body , malnutrition ,uremia, advancing age ,steroids
5. Inflammatory , proliferative and remodeling

Case no 7

A 50 years old male patient presents to surgical department with road traffic accident



1. What is the name of this sign?
2. What is the diagnosis of this patient?
3. What are common types of skull fractures?
4. Which investigations are done to confirm the presence of CSF?

Answers

1. Raccoon eyes
2. Anterior cranial fossa fracture
3. Base of skull, simple linear, depressed, orbital blow out fractures
4. Beta 2 transferrin test, halo sign, double target sign

Case no 8

A 30 year old male present to emergency room 10 hours after road traffic accident with complaint of swelling and bruise over his right leg. On examination the leg was hot, tender and palpable crepitus



1. What is your diagnosis?
2. Which organism cause this infection?
3. Management of this patient?

Answers

1. Gas gangrene
2. Clostridium perfringens
3. ATLS protocol , resuscitation , extensive debridement , antibiotics , analgesics ,ICU and in severe cases amputation

Case no 9

A 50 year old male patient presented with severe thoracic spine injury and developed paraplegia.



1. What is the diagnosis?
2. What are the most common sites?
3. How to manage this patient?
4. How much the pressure must be exceed for this lesion?

Answers

1. Bed sores (pressure ulcers)
2. Most common site is ischium , greater trochanter, sacrum ,heel, malleolus, occiput
3. Prevention is best treatment (change position of patient every 2hrs)

- a. Wound debridement , nutrition, oxygenation and skin flaps
4. If external pressure exceeds to the capillary occlusive pressure over 30 mm of Hg

Case no 10

A 15 year old boy comes to emergency department with the lesion given in diagram



1. Identify this lesion?
2. What is the Wallace rule of 9?
3. Which formula is used to calculate fluid in the patient?
4. What is the fluid of choice?
5. What is the best chart for assessment of burn injury?
6. What is the best parameter to monitor burn injury in patient?

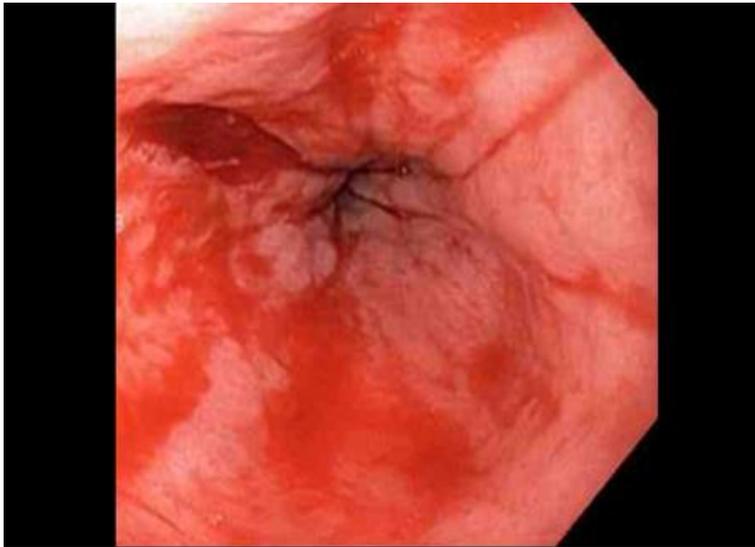
Answers

1. 2nd degree superficial burn
2. Upper limbs, head & face—9%, chest, abdomen and both lower limbs—18%, perineum—1%
3. Parkland formula
4. Ringer lactate

5. Lund and Browder chart
6. Urinary output

Case no 11

A 30 year old alcoholic patient comes to OPD with upper GI bleeding . There is a history of severe vomiting and hematemesis .He has a pain in the epigastric region. On endoscopy there is a tear below the GE junction.



1. Your diagnosis.
2. What is clinical presentation of patient?
3. What necessary investigations should be performed?
4. What are the most common site and which layers of GIT?
5. What is contraindicated in this lesion?

Answers

1. Mallory Weiss syndrome
2. Epigastric /back pain , hematemesis , possible hypovolemia
3. Upper GI endoscopy for diagnosis & treatment
4. MC site---cardia , involvement of mucosa and submucosa
5. Sengstaken-Blackmore tube is contra indicated

Case no 12

A 50-year-old male presents in the emergency with complaints of pain in right upper abdomen and fever with rigors for 4 days. On examination, he is jaundiced and has tenderness in right hypochondrium and lumbar regions.

1. What is your diagnosis?
2. Which investigation is required?
3. Your tactics regarding the treatment.
4. Characteristics of this disease (triad)

Answers

1. Ascending cholangitis----- usually due to obstruction that leads to stasis/bacterial overgrowth
2. USG
 1. Broad spectrum antibiotics and biliary drainage (ERCP)
 3. Charcot triad---jaundice , fever , right upper quadrant pain

Case no 13

A 53 year old male who is a heavy alcoholic presents with 12 hours of history of sharp central abdominal pain and vomiting, prefer to sit up rather than lying flat as pain increases on lying down .On examination he has a mild jaundice. There is peri umbilical and flank discoloration.



Questions to the situational task of surgery

1. Presumptive diagnosis.
2. What are the names of these signs?
3. What is the investigation of choice?
4. WHAT other investigations are required?
5. Which scores you know in relation to this disease?
7. What is the most common complication?

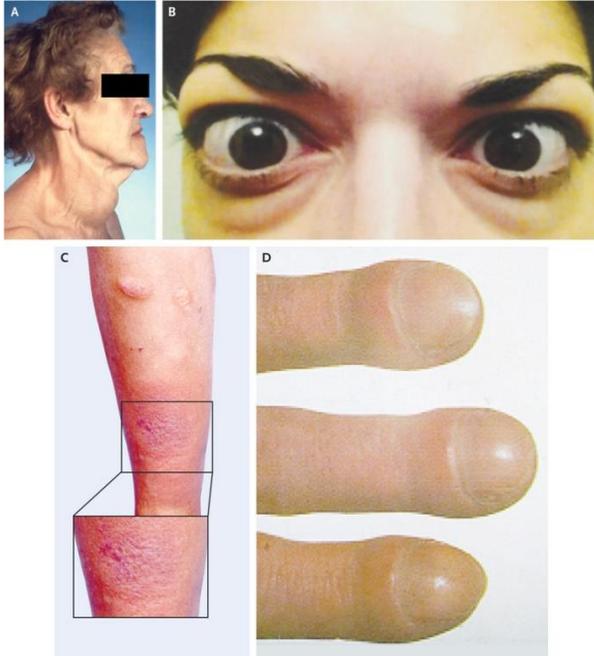
Answers

1. Acute pancreatitis
2. Cullen sign (umbilicus) and grey turner sign (flanks ecchymosis)
3. CECT

4. Serum amylase, serum lipase ,x-ray abdomen
5. Glasgow score, Atlanta score , Ranson score
6. Pseudocyst

Case no 14

A 45 year old female patient comes to the surgical OPD with presence of a swelling in the neck region .She had a history of goiter. On evaluation TSH was decreased and T3, T4 was high.



1. What is your diagnosis?
2. What is anatomy and function of thyroid gland?
3. What is the treatment?
4. which nerves must be protected during surgery of thyroid gland?

Answer

1. Graves' disease
- 2.

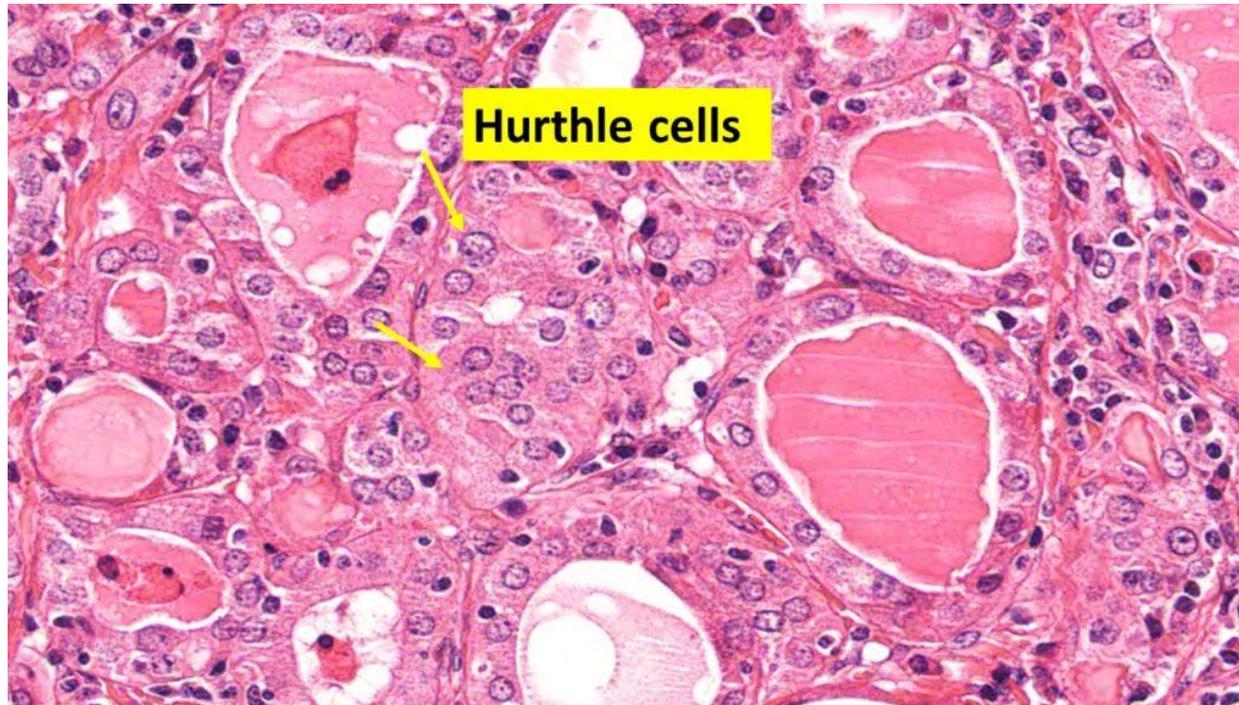
- Foetal brain development
- Skeletal maturation
- Increase basal metabolic rate
- Inotropic & chronotropic effects
- Increase sensitivity to catecholamines
- Stimulate gut motility
- Increase bone turnover
- Increase serum glucose
- Decrease serum cholesterol
- Conversion of carotene to vitamin A
- Play a role in thermal regulation

3. Carbimazole , methimazole , propylthiouracil, propranolol

4. Superior laryngeal nerve (external branch) in relation to superior thyroid artery and recurrent laryngeal nerve in relation to inferior thyroid artery

Case no 15

A 35 year old female comes to the surgical OPD with a previous history of thyroiditis. On examination there is low T4 and high TSH with raised anti TPO.



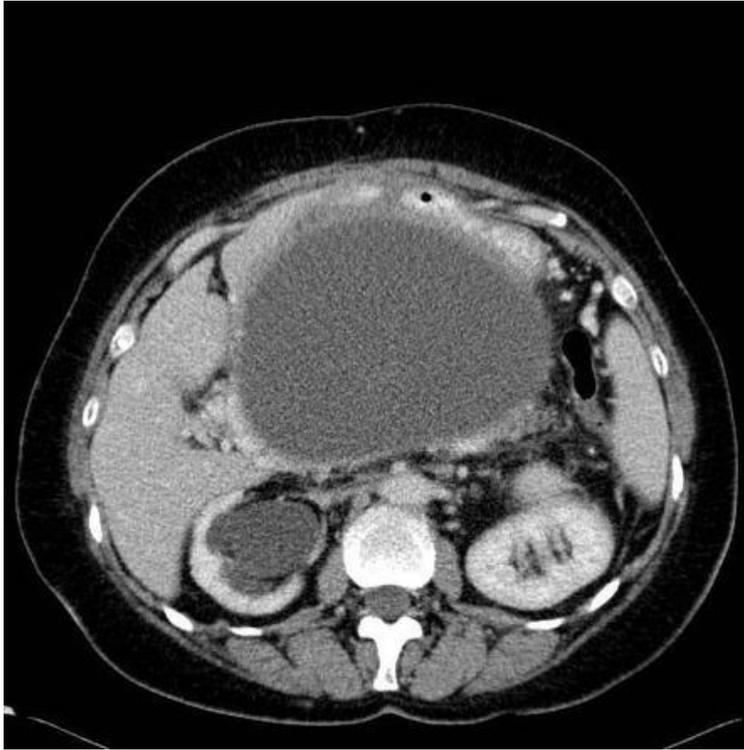
1. What is your diagnosis?
2. What is blood supply of thyroid gland?
3. What is the treatment?
4. This disease increases risk of which malignancy
5. Which is the most sensitive investigation for thyroid gland?

Answers

1. Hashimoto thyroiditis
2. Superior thyroid artery , inferior thyroid artery and thyroid ima artery
3. Thyroxine
4. associated with ↑ risk of non-Hodgkin lymphoma & papillary carcinoma
5. TSH

Case no 16

A 16-year-old alcoholic patient presented in hospital with history of severe epigastric pain radiating towards the left side of the back. After 10 weeks of recovery, CT scan was done and large collection was found.



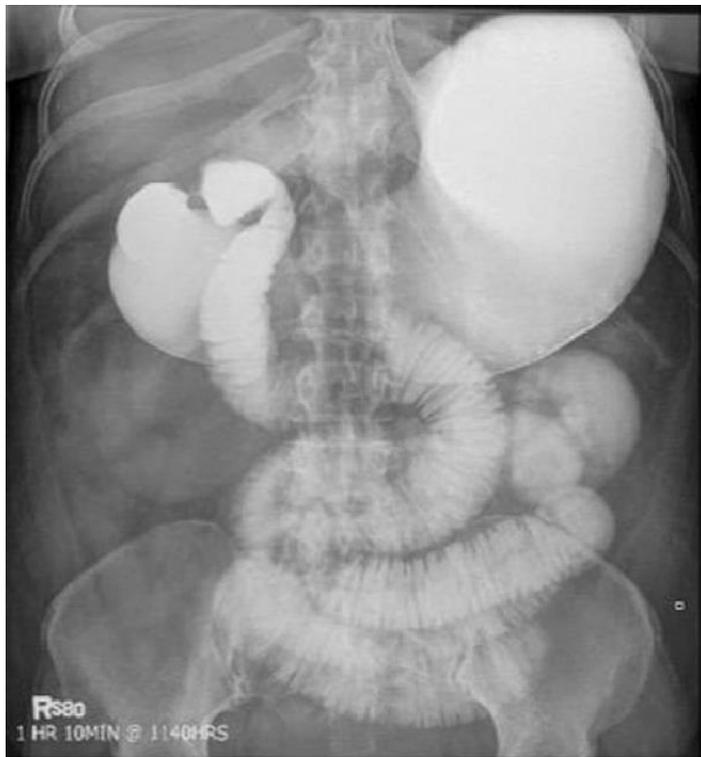
1. What is your diagnosis?
2. What is anatomy and function of pancreas?
3. What is the treatment?
4. What is initial investigation
5. Indications for surgical treatment

Answer s

1. Pseudocyst
2. -
- 3.

Case no 17

A 50 year old woman presents to emergency with nausea, vomiting, loss of appetite and abdominal pain. She had a history of Crohn disease for which she is taking infliximab but she reports that this did not feel like a flare of her disease. On physical examination there is tenderness to palpation of her abdomen without any peritoneal signs. An abdominal radiograph is given



Questions to the situational task of surgery

- 1. What is your diagnosis?**
- 2. What is anatomy and function of small and large intestine?**
- 3. What is the treatment?**
- 4. What is medical management?**
- 5. What is shown in abdominal x-ray?**

1. distal small bowel obstruction

2.

3.

4.

5. shows valves of Kerckering. (valvulae conniventes)

Case no 18

A 25 year old female presented with a history of fever and pain in the right lower abdomen for the last 7 days. On palpation, painful lump was palpable in right iliac fossa. On lab investigations, leukocytosis was found

- 1. What is your diagnosis?**
- 2. What is anatomy and function of appendix?**
- 3. What is medical management?**
- 4. Indications for surgical treatment**

Answers

- 1. appendicular lump (abscess)**
- 2. --**
- 3. Osherren Scherren regime**
- 4. –**

Case no 19

After resection of lipoma over the abdomen region the patient develop this lesion which is shown in picture.



1. What is the type of scar?
2. What are types of wound healing?
3. Which vitamins and microelements are requiring for wound healing?
4. What are histological characteristics of this scar?
5. Management of this lesion?

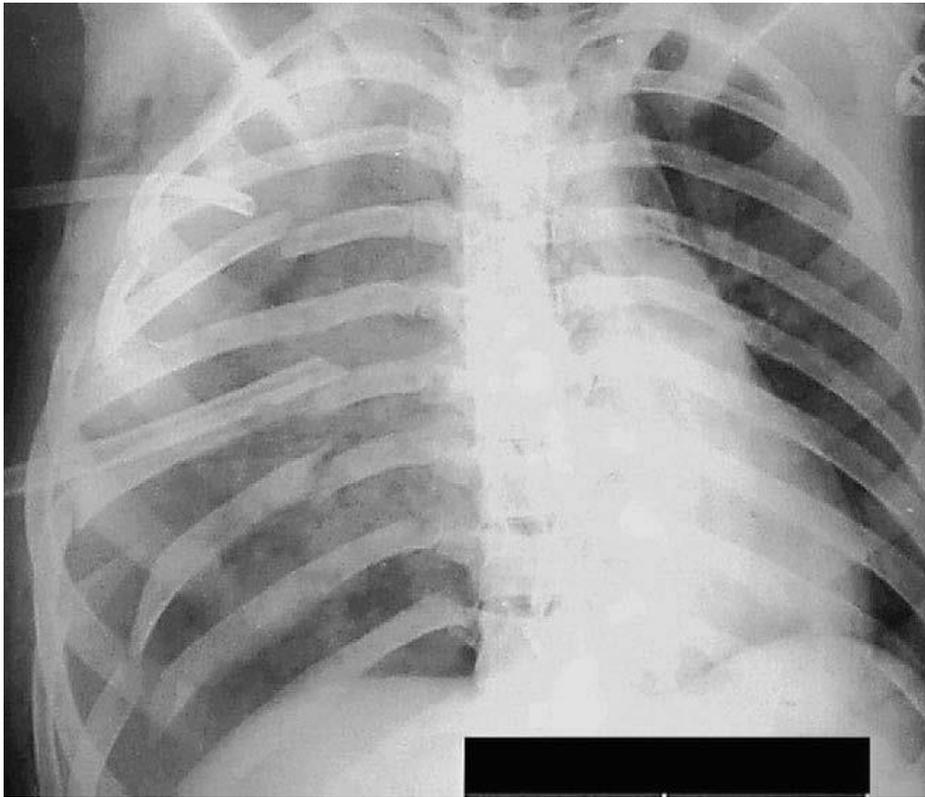
Answers

1. Hypertrophic scar
2. Healing by primary , secondary and tertiary healing
3. Vitamin C, copper and zinc

4. Well organized type 3 collagen
5. Pressure therapy , intra lesional triamcinolone , silicone gel

Case no 20

A 30 year old car driver was brought to emergency department with history of car accident. He is having breathlessness, pulse rate-110 /min, Bp---90/60 mm of Hg. A severe bruise is on the right side of chest



1. What is your diagnosis?

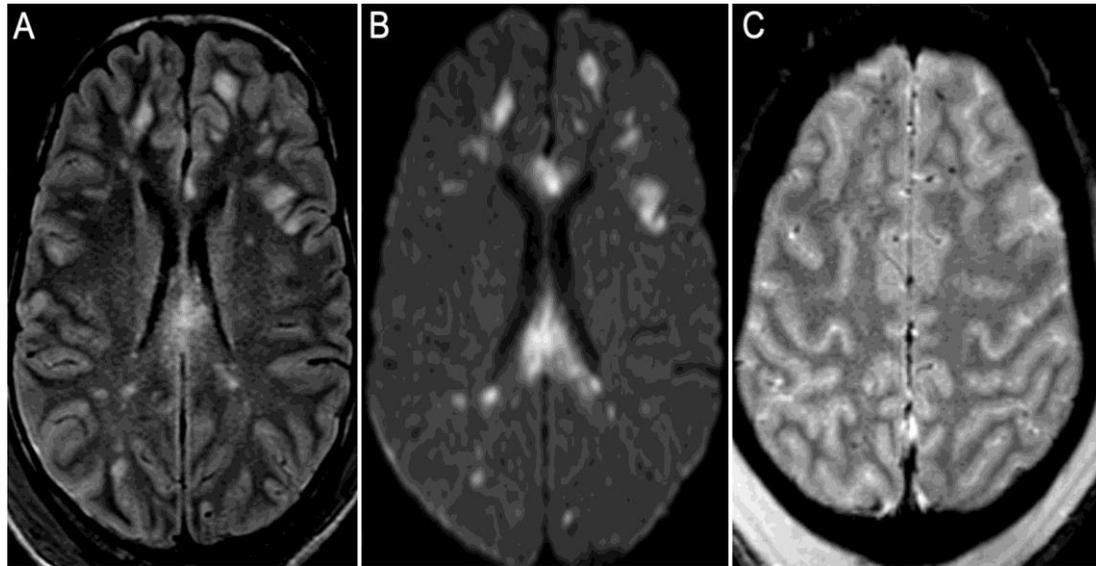
2. What are your findings on x-ray?
3. Management of patient?

Answers

1. Flail chest
2. More than 4 ribs are fractured on right side
3. Elective intubation and IPPV
 - a. If not severe oxygen, physiotherapy and analgesia

Case no 21

A 40 years old man brought to emergency department with loss of consciousness after a road traffic accident. On examination his GCS is 6 and CT scan was done but it comes normal.



1. What is the diagnosis
2. What is the investigation given and its findings
3. What is Glasgow coma score
4. What is trauma triage

Answers

1. Diffuse axonal injury
2. MRI showing micro hemorrhages
3. -
4. -

Case no 22

A young 30 years old female comes to the surgical department with history of a swelling in the inguinal region. The swelling is present above the inguinal ligament and medial to pubic tubercle. The swelling reduces from deep inguinal ring with gurgling sound.



- 1. What is your diagnosis?**
- 2. What is anatomy of anterior abdominal wall?**
- 3. What is the treatment?**
- 4. What is difference between direct and indirect inguinal hernia?**
- 5. Describe clinical signs to make your diagnosis?**

Answers

- 1. Indirect inguinal hernia**
- 2. –**
- 3. Leichestein repair---hernioplasty**
- 4. ---**
- 5. Reducibility , cough test , deep ring occlusion test**

Case no 23

An 18-year-old male complains of generalized colicky abdominal pain for about 6 hours. He feels unwell, has vomited a couple of times and is anorexic. The pain has shifted to the right iliac fossa. On examination he has pyrexia of 38°C, is tender over the right iliac fossa with rigidity and rebound tenderness



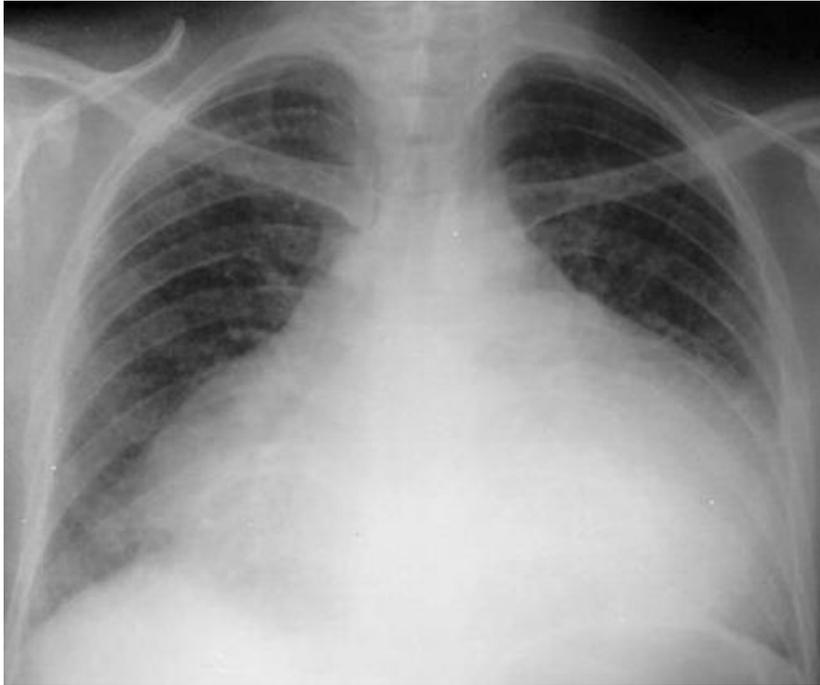
1. What is your diagnosis?
2. Which investigations are required to confirm?
3. What is Alvarado score?
4. Incisions used for this operation?
5. What are complications of this disease?

Answers

- 1. Acute appendicitis**
- 2. TLC ,urine C/E , ESR**
- 3. –**
- 4. Grid iron , Rutherford Morrison and Lanz incision**
- 5. Perforation , appendicular abscess and appendicular mass**

Case no24

A 60 years old woman, a known case of lung cancer is having shortness of breath. On examination her neck veins are engorged showing gross elevation of JVP. Heart sounds are distant and breath sounds appear reduced on left side infra scapular area. X-ray is given



1. What is your diagnosis?
2. Which investigations are required to confirm?
3. What is Beck's triad?
3. What is treatment?

Answers

1. Cardiac tamponade
2. X-ray, USG (FAST)
3. Muffled heart sounds , high JVP and low blood pressure

Case no 25

A 50-year-old patient admitted to the surgical department with lower GI bleeding. The amount of bleeding was 200-300ml. Bleeding stopped after conservative management.



Source: N. J. Greenberger, R. S. Blumberg, R. Burakoff: CURRENT Diagnosis & Treatment: Gastroenterology, Hepatology & Endoscopy, 3rd Edition.
www.accessmedicine.com
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1. What is your diagnosis?

2. What are causes of GI bleeding?
3. What is the treatment?
4. What is the appearance shown on barium enema?

Answers

1. Diverticulosis
2. –
3. –
4. Saw tooth appearance

Case no 26

A 35 year old male alcoholic patient arrives to the surgical department with history of severe chest pain and vomiting after taking large amount of alcohol. On examination of chest crepitus is present. There is a longitudinal tear in the esophagus

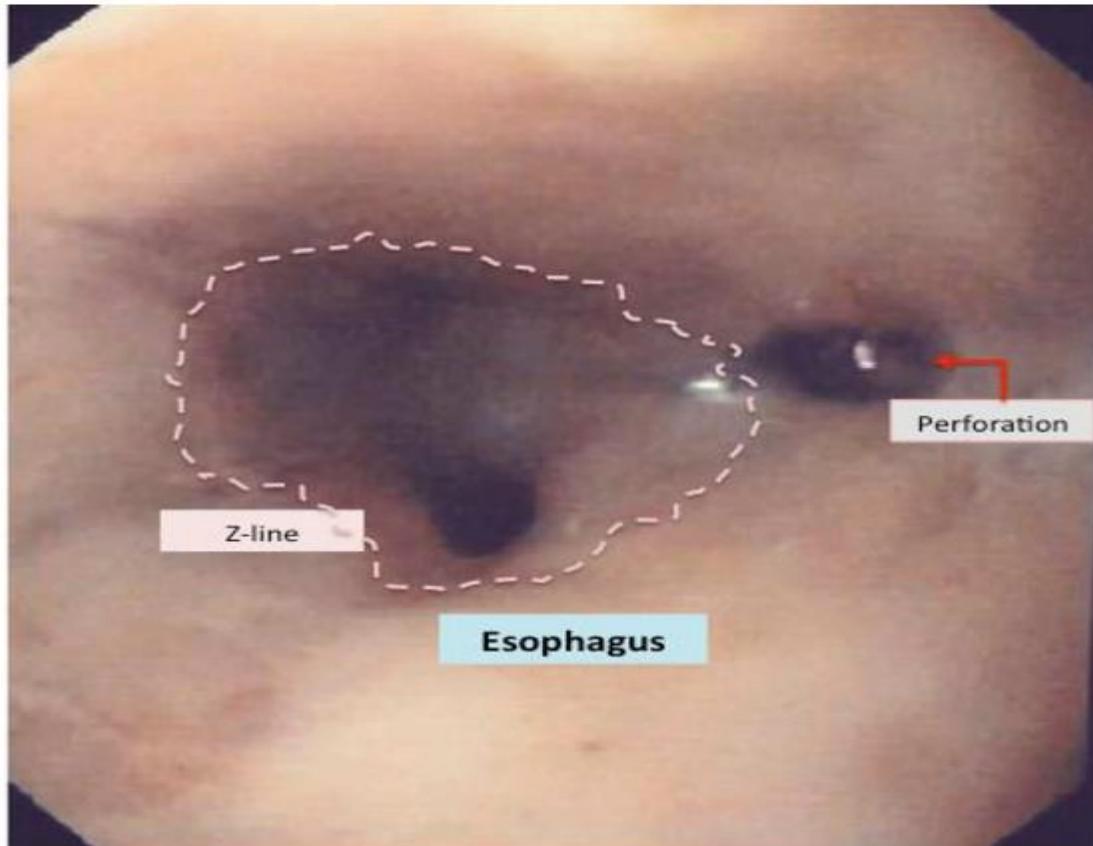


Figure 4. Endoscopic view of a distal spontaneous perforation

1. What is your diagnosis?
2. What is anatomy and function of esophagus?
3. What is the Mackler's triad ?
4. What is medical management?

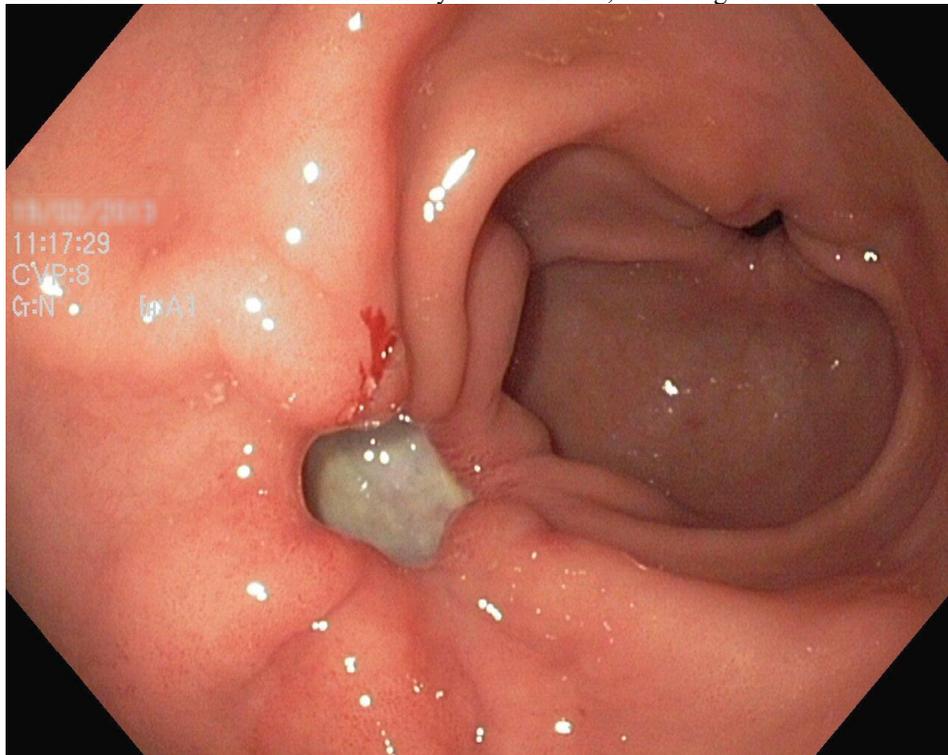
Answers

1. Boerhaave syndrome
2. -
3. Vomiting , chest pain and subcutaneous emphysema

4. -

Case no 27

A 24-year-old male patient presents with complaints of general weakness, hematemesis. Patient considers himself sick from the army when he began to notice the "hungry" pains in the epigastrium that arise periodically in the spring and autumn. He was treated independently. Deterioration the last two weeks, when there were pains in the epigastrium, which decreased after receiving the Alma gel. Two days ago patient noticed a tarry stool. Objectively, the general condition is satisfactory. Skin and mucous membranes are pale pink, pulse 96 per minute, rhythmic, blood pressure 110/70 mm Hg. The abdomen is not swollen, with palpation slightly painful in the epigastrium and on the right. Peristalsis is good, stool of dark color. In the blood: Erythrocytes $3.5 \times 10^9 / l$, HB - 10 g /d l.



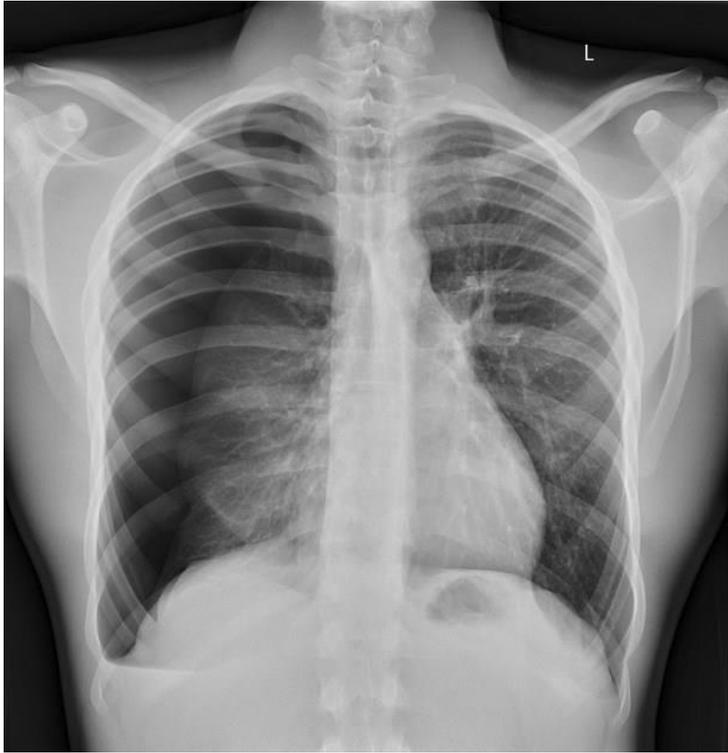
1. What is your diagnosis?
2. What is anatomy and function of stomach?
3. What is the treatment?
4. What is medical management?
5. Indications for surgical treatment?

Answers

1. **Peptic ulcer disease**
2. -
3. -
4. -
5. -

Case no 28

A 40-year-old patient present to surgical ward with breathlessness. There is a history of smoking. On examination there is tracheal deviation, tachypnea and distended neck veins. On percussion there is hyper resonance on affected side with absent breath sounds on auscultation.



1. What is your diagnosis?
2. What is anatomy and function of lungs?
3. What is the definitive treatment?
4. What is emergency management?

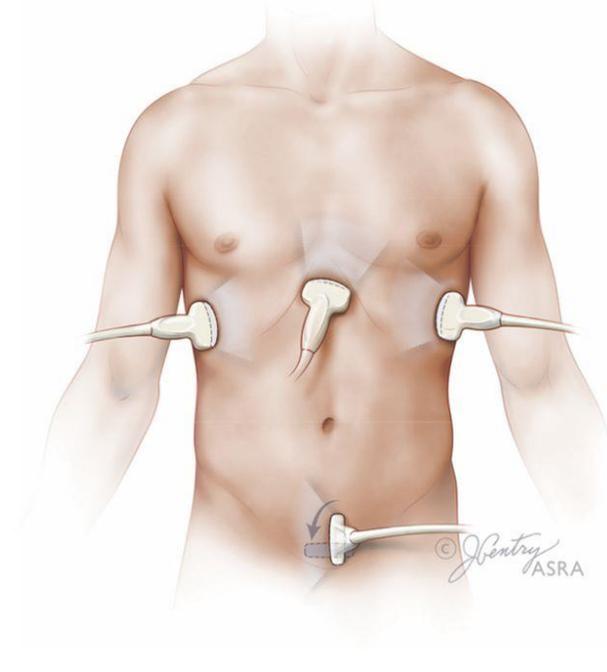
Answers

1. Tension pneumothorax
2. ---
3. Intercostal drainage tube in triangle of safety
4. Needle decompression—5th intercostal space slightly anterior to mid axillary line

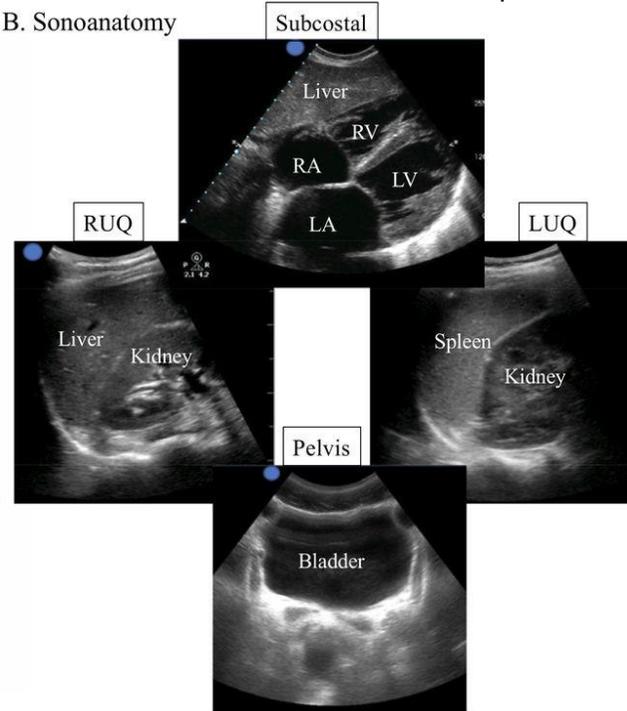
Case no 29

A 35-year-old patient present to surgical department with blunt abdominal trauma. On examination the pulse rate is increased and the skin is cold and clammy.

A. Probe Position



B. Sonoanatomy



1. What is your diagnosis?
2. What is the name of investigation shown above ?
3. What is the treatment?
4. What is classification of hemorrhagic shock?
5. Which organ is most commonly damage during blunt trauma of abdomen?

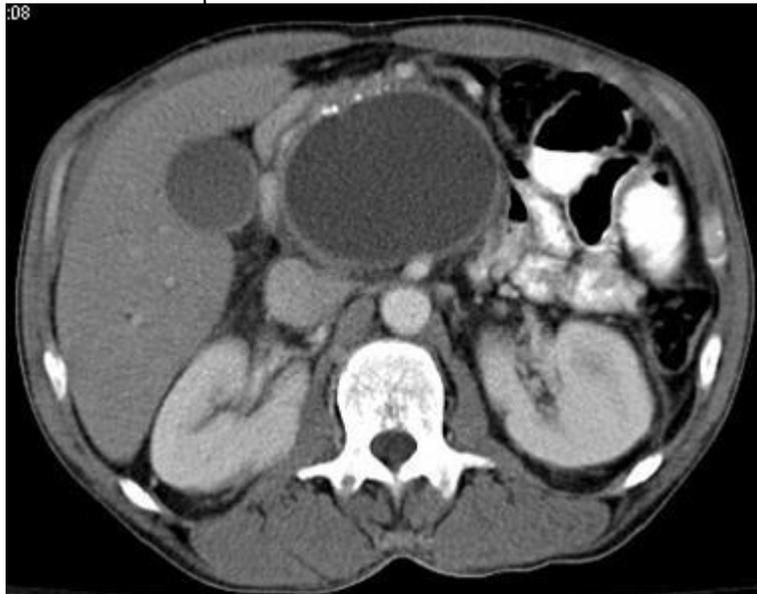
Answers

1. Hypovolemic shock

2. Focused assessment sonography in trauma
3. IV fluids , blood transfusion
4. –
5. Spleen than liver

Case no 30

The patient 38 years after drinking alcohol had severe pain in the upper abdomen, radiating to the back, repeated vomiting. The condition is severe. The facial skin is hyperemic, dry. Pulse 120 beats/ minute, blood pressure 150/90 mm Hg. The tongue is dry, coated. The abdomen is enlarged in volume, pain in epigastrium, where rigidity and a positive symptom of irritation of the peritoneum are determined. Peristalsis is absent.



1. What is your diagnosis?
2. What is anatomy and function of pancreas?
3. What is the investigation of choice?

4. What is medical management?
5. Indications for surgical treatment

Answers

1. Pancreatic pseudocyst
2. –
3. CECT
4. –
5. –

Caseno 31

After 3 days of delivery, a 25-year-old female presented with history of painful, red, fluctuant mass in the right breast. On USG examination collection was present. What is your diagnosis



1. What is your diagnosis?
2. What is anatomy and function of breast?
3. What is the most common microorganism involved?
4. What is triple assessment of breast?
5. What is management of this patient?

Answers

1. Breast abscess
2. –
3. Staph.aureus
4. --
5. Incision and drainage followed by antibiotics (cloxacillin or dicloxacillin for 10-14 days)

Case no 32

A 20 years old male comes to surgery department with pain in the umbilical region and, after sometime localized in the right half of the abdomen, more in the right iliac region. Temperature - 37.6 °. Tongue dry. The abdomen is not swollen. On palpation, severe pain in the right iliac region, where muscle tension is determined and positive Rovsing and Psoas signs are positive. Leukocytes - $14.5 \times 10^9 / l$.



1. What is your diagnosis?
2. What is anatomy and function of appendix?
3. What is Alvarado score?
4. Show Rovsing and Psoas signs?
5. Explain various types of incisions for appendectomy?

Answers

1. Acute appendicitis

2. ---

3. – Alvarado score for acute appendicitis

- a. Right lower quadrant tenderness-----2
- b. Elevated temperature-----1
- c. Rebound tenderness-----1
- d. Anorexia-----1
- e. Nausea or vomiting-----1
- f. Migration of pain to right lower quadrant---1
- g. Leukocytosis (> 10,000 WBC)-----2
- h. Left shift (>75% neutrophils)-----1

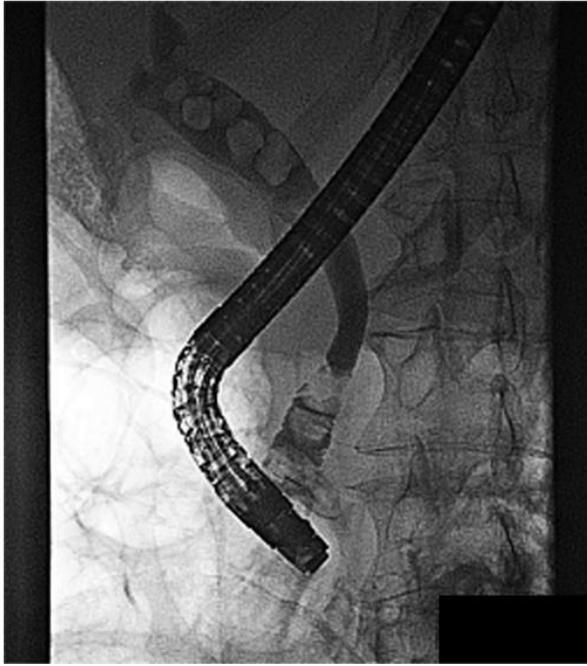
4. Acute appendicitis—signs

- a. Blumberg sign----rebound tenderness
- b. Psoas sign-----pain on hip extension---retrocecal appendix
- c. Obturator sign----hip medial rotation---pelvic position
- d. Rovsing sign-----pain in right iliac fossa on pressing in left iliac fossa

5. Grid iron , Lanz , Rutherford-Morrison incision

Case no 33

A 40 year old multiparous women with no other medical history presents to physician with crampy abdominal pain , fever and jaundice .lab studies shows total bilirubin—4.8mg/dl , direct bilirubin —4.2 mg/dl , amylase—50 IU/L , AST—75 U/L , ALT 70 U/L.



1. What is diagnosis?
2. What is Charcot's triad?
3. What is the investigation shown above?
4. What is investigation of choice?

Answers

1. Choledocholithiasis---common bile duct stone
2. fever ,pain and jaundice
3. ERCP
4. IOC----MRCP, Gold standard investigation----ERCP

Case no 34

A 40-year-old male patient with a history of chronic liver disease was presented to OPD with pain and tenderness all over the abdomen. Ascitic fluid examination reveals neutrophils 500/mm³.



1. What is your diagnosis?
2. What is anatomy and function of liver?
3. What is the treatment?
4. What is shown in picture above and how to check it?
 5. What is the most common organism involved in adults?

Answers

1. Spontaneous bacterial peritonitis

2. –
3. **Third generation cephalosporins (ceftriaxone)**
4. **–Ascites , fluid shift and shifting dullness**
5. **E.coli than Klebsiella**

Case no 35

A 22-year-old patient presented with passage of mucus and blood in the stool. On sigmoidoscopy the inflammation was seen, mainly in the rectum region. Biopsy was done and crypt abscess were detected.



1. **What is your diagnosis?**
2. **What is anatomy and function of large intestine?**
3. **What is the treatment?**
4. **What is differential diagnosis?**

Answers

1. Ulcerative colitis
2. –
3. 5-ASA (Mesasalazine) , in severe cases (toxic megacolon) IV hydrocortisone

FEATURE	ULCERATIVE COLITIS	CROHN'S DISEASE
Location	Begins in the rectum and proceeds in a continuous manner toward the cecum	Most often in the terminal ileum, with patchy involvement through all layers of the bowel
Etiology	Unknown	Unknown
Peak incidence at age	15-25 yr and 55-65 yr	15-40 yr
Number of stools	10-20 liquid, bloody stools per day	5-6 soft, loose stools per day, non-bloody
Complications	Hemorrhage Nutritional deficiencies	Fistulas (common) Nutritional deficiencies
Need for surgery	Infrequent	Frequent

From Ignatavicius DD, Workman ML: *Medical-Surgical Nursing: Patient-Centered Collaborative Care*, ed 8, St Louis, 2016, Elsevier.

4. Crohn's disease

Case no 36

A 54-year-old patient during furniture rearrangement develops a sharp pain in the right inguinal region, continuing after the cessation of the effort, which prompted the patient to seek help from a hospital. On examination: there is a presence of swelling oval shape with dimensions 6x4x3 cm of a tough-elastic consistency, on cough impulse test the swelling persists.



1. What is your diagnosis?
2. What diseases should be diagnosed differential?
3. Types of inguinal hernia and their differences?
4. Management of patient?

Answers

1. Direct inguinal hernia
2. –
3. Direct and indirect inguinal hernia
4. Hernioplasty (Lichenstein repair)

Case no 37

A 28-year-old man while working on a building site sustained a fracture of his tibia and fibula having fallen from a ladder. This was promptly treated by open reduction and internal fixation. On the second postoperative day, he developed severe pain in his leg exacerbated by passive movement and sensory loss



- 1) What is your diagnosis?
- 2) What are the symptoms?
- 3) What is the treatment strategy?

Answers

1. Compartment syndrome
2. Pain , pallor , paresthesia, pulselessness , paralysis
3. Fasciotomy
- 4.

Case no 38

A 68-year-old woman underwent an amputation of her right leg following severe crush injury. Three days postoperatively she has pyrexia and tachycardia and looks toxic. The amputation site looks red and brawny with the limb swollen with crepitus in the intramuscular planes.



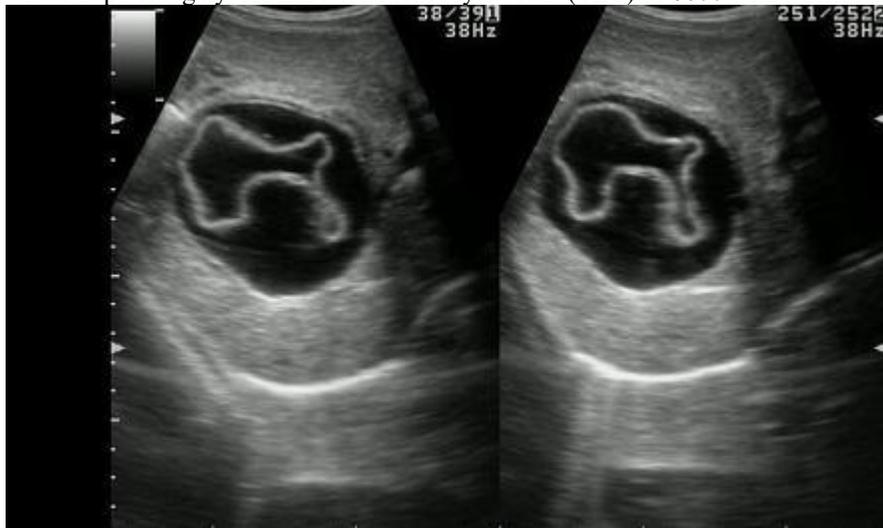
1. What is the diagnosis?
- 2) What is the microorganism involved?
- 3) Tactics of further treatment

Answers

1. Gas gangrene
2. Clostridium Perfringes
3. -

Case no 39

A 45-year-old sheep farmer complains about a gradually enlarging painful lump in the right upper abdomen for 3 months. He is otherwise healthy. Physical examination reveals firm tender hepatomegaly. He has a total leucocyte count (TLC) of 8600 with a differential leucocyte count (DLC) showing 12% eosinophil's.



1. What is the diagnosis and which microorganism cause it?
2. What is the sign shown above?
3. What is the Investigation of choice?
4. If it is indicated, which operation would you choose, if not, what treatment would you prescribe?

5. What is the drug of choice?

Answers

1. Hydatid cyst , echinococcus granulosa
2. Water lily sign water , floating membrane sign , honey comb appearance
3. Serology
4. PAIR
5. Albendazole

Case no 40

A 55-year-old female nurse is admitted with right upper quadrant pain. She undergoes a difficult laparoscopic cholecystectomy. At the end of the operation, a urinary catheter is inserted prior to extubation . Soon afterwards the patient's blood pressure drops to 50/30 mmHg, her heart rate is 170/minute and she becomes difficult to ventilate.

1. What is the diagnosis?
2. Which investigations are required and how to monitor?
3. What is your treatment options
4. What is qSofa score?

5. What is SIRS?

Answers

1. **Septic shock**
2. **Serum lactate levels , blood culture and check urinary output**
3. **IV fluids , antibiotics ,oxygen therapy and nor epinephrine**
4. –
5. –

Case no 41

A 60-year-old man of ASA 1 anaesthetic risk underwent a total gastrectomy for cancer stomach. While in the ITU, 12 hours postoperatively, his blood pressure has fallen to 80 mm Hg systolic, he is peripherally cold and his capillary refill time is 5 seconds. You note he has been oliguric for the last 3 hours

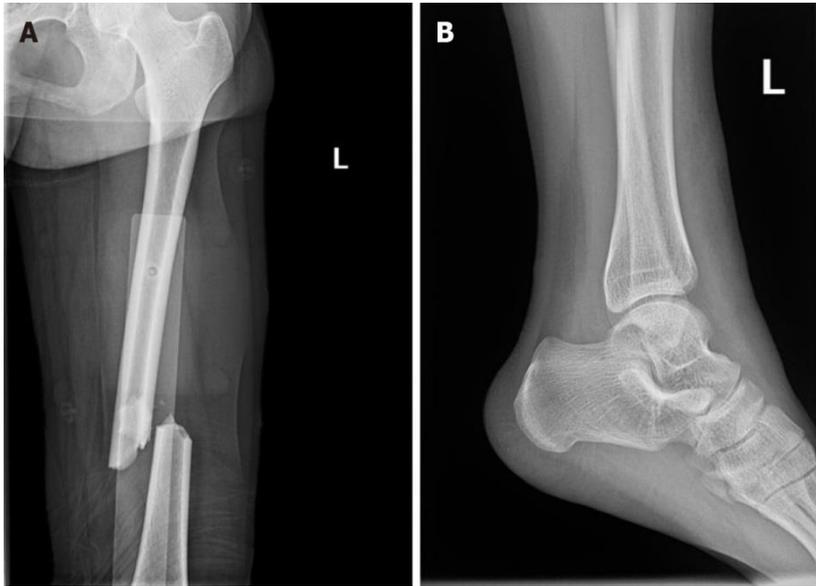
- 1) **What is your diagnosis?**
- 2) **What are different types of shock?**
- 3) **What is the treatment strategy?**

Answers

1. **Hypocolemic shock**
2. –
3. **IV fluids , ringer lactate , blood transfusion**

Case no 42

A fit 28-year-old motorcyclist involved in a road traffic accident was admitted with a femoral fracture and a fracture-dislocation of his elbow treated by internal fixation. On the second postoperative day he is hypoxic, confused, and agitated and has developed a petechial rash.



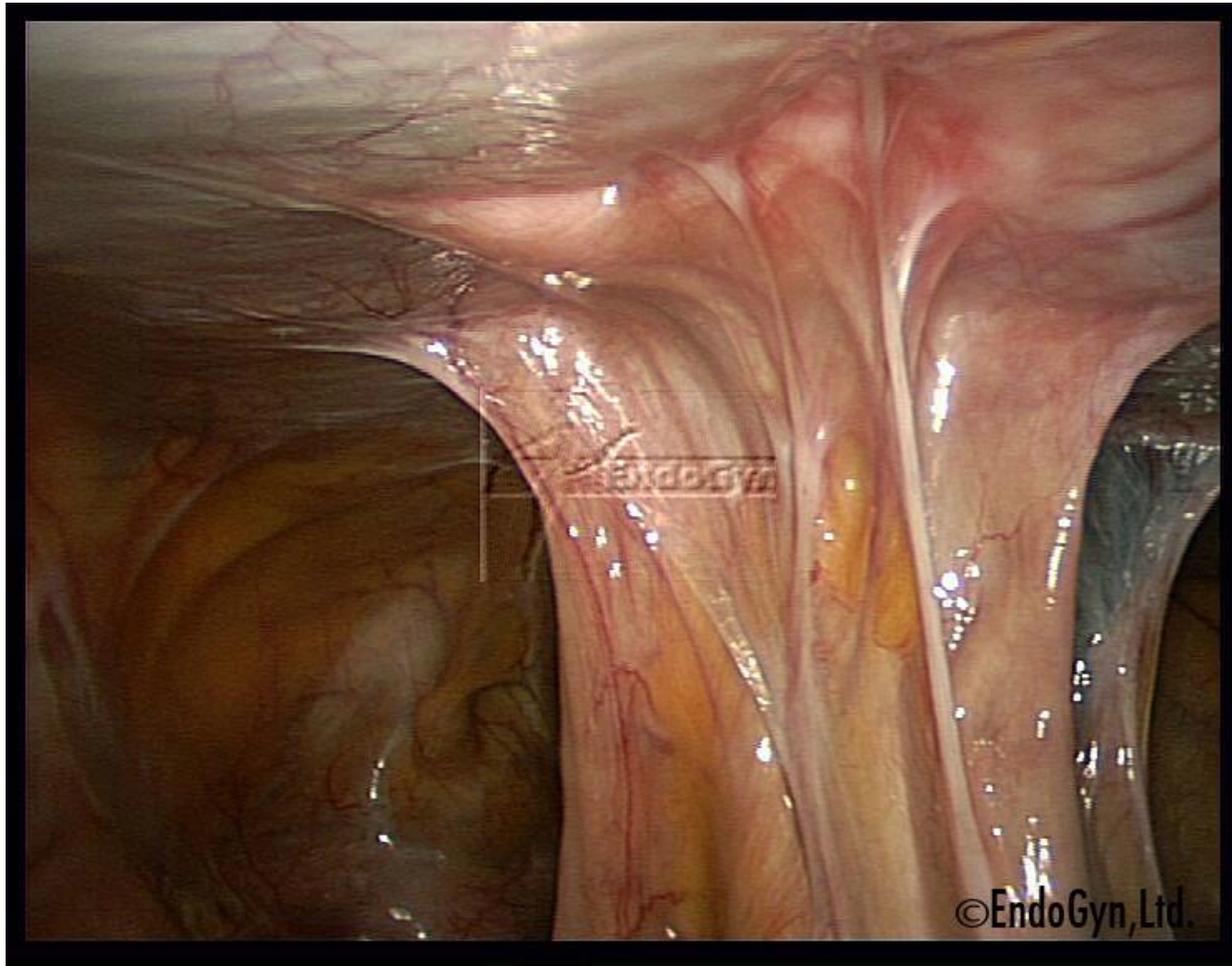
- 1) What is your presumptive diagnosis?
- 2) Which investigations are required?
- 3) What treatment will you offer to the patient?

Answers

1. Fat embolism
2. ...
3.

Case no 43

A 62-year-old man presents with generalized colicky abdominal pain with bilious vomiting for 48 hours. His symptoms have been intermittent. He has a distended abdomen with generalized tenderness without any rigidity or rebound tenderness. Following an operation for left hemicolectomy 3 years ago through a long midline incision, he has had several such episodes some of them requiring admission.



- 1) What is the diagnosis of the patient?
- 2) Principles of conservative therapy?
- 3) Medical tactics and surgical treatment

Answers

1. Adhesions (most common cause of small bowel obstruction)
2. -
3. -

Case no 44

A 48-year-old man, a heavy smoker, has been admitted with sudden onset of very severe pain in the epigastrium radiating to the back and right shoulder tip of 3 hours duration. His pulse is 88 beats per minute and his blood pressure (BP) is 120/70 mmHg; his abdomen has board-like rigidity and does not move with respiration, which is mainly thoracic.



1. What is the diagnosis?
2. What findings on x-ray chest?
3. Management of patient?

Answers

1. Perforated duodenal ulcer
2. Gas under diaphragm
3. -

Case no 45

A 38-year-old woman is seen as an emergency complaining of severe right upper quadrant pain radiating to the back and epigastrium of 24 hours duration. She has vomited a few times and is feverish. On examination she is febrile, and slightly jaundiced; palpation of the right upper quadrant elicits extreme tenderness, which is exacerbated by taking a deep breath



- 1) What is your diagnosis?
- 2) What is Murphy sign?
- 3) What should be the investigation of choice and gold standard ?

4) Surgical management?

Answers

- 1. Acute cholecystitis**
2. palpation of the right upper quadrant elicits extreme tenderness, which is exacerbated by taking a deep breath
- 3. USG , HIDA scan**
- 4. Cholecystectomy**

Case no 46

A patient after post-operative surgery develops low grade fever on 5th day and pain in the calf region with pedal edema?



1. **What is the diagnosis?**
2. **What is investigation of choice?**
3. **What is medical and mechanical prophylaxis in these patients?**
4. **–**

Answers

1. **Deep vein thrombosis**
2. **Doppler USG**
3. **LMW heparin and pneumatic stockings**
4. **---**

Case no 47

A 40 years old female patient comes to surgical department with history of prominent veins in the lower limb for past 2 years. Swelling and pain is also present



- 1. What is your diagnosis?**
- 2. What is the investigation of choice?**

3. Most commonly used sclerosing agent?
4. Striping of long saphenous vein and short saphenous vein damage which nerves?
5. Gold standard treatment?

Answers

1. Varicose veins
2. Duplex scan
3. 3% sodium tetra decyl sulphate
4. Injury to saphenous nerve and sural nerve
5. Endothermal ablation

Case no 48

A 56 year old female was brought to hospital with enlargement of breast?



1. What is the diagnosis?
2. Explain TNM classification of breast?
3. How it will be spread?
4. Management of patient?

Answers

1. Phyllodes tumor of breast
2. –
3. Hematogenous
4. Simple mastectomy

Case no 49

A 50 year old male brought to hospital with dysphagia , halitosis and regurgitation.



- 1. What is the diagnosis?**
- 2. What is the investigation?**
- 3. Explain the anatomical explanation of this lesion?**

4. Treatment of choice?

Answers

- 1. Zenker's diverticulum(most common esophageal diverticulum)**
- 2. Barium swallow**
- 3. Killian's dehiscence**
- 4. Cricopharyngeal myotomy with diverticulopexy**

Case no 50

A 40 years old male presents with recurrent painful nodules on buttocks with serous discharge. Image is given



1. What is your diagnosis?
2. What is the most common type?
3. Which classification is used?
4. Investigation of choice?

Answers

1. Fistula in ano
2. Intersphincteric
3. Park's classification
4. MRI

**Декан ММФ ОшГУ,
д.м.н., профессор**

**Зав. кафедры «Акушерства, гинекологии и хирургических дисциплин»
к.м.н., доцент**

**Руководитель ООП
560001- «Лечебное дело» (GM)
ММФ, ОшГУ, к.м.н., доцент**

Калматов Роман Калматович

Каримова Назгул Абдижалиловна

Бугубаева Махабат Миталиповна