

## **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

## **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?

## **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?

## **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?

## **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?

## 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?

## 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 is done to confirm the presence of CSF?

## 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?

## 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?

## 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?**

**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?**

### **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)**

### **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?**

### **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?**

#### **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?**

#### **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**

### **Case no 17**

A 50 year old women 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?**

### **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**

### **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**

#### **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.

- 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?**

#### **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

- 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?**

#### **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?**

#### **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?**

### **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.

- 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?**

### **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**