**KENYA METHODIST UNIVERSITY**

**DEPARTMENT OF CLINICAL MEDICINE, SURGERY & COMMUNITY HEALTH**

**FINAL QUALIFYING MAY 2008 CLASS**

**SUBJCET : SURGERY**

**TIME : 3 HOURS**

**PAPER 1l**

**INSTRUCTIONS**

1. ***Write your University number and not name***
2. ***Attempt all the questions, part 1 & Part 2 on separate sheets of paper.***
3. ***Multiple choice questions:***

* ***Mark T for True of F for False***
* ***You score a mark for every correct response***
* ***You do not score or lose any mark for not responding***
* ***You will be penalized 1 mark (minus) for every wrong response***

1. ***Do not use pencil***

***PART MCQ’s***

* 1. Jane,25 years old presented with the following clinical features and was diagnosed with space occupying lesion (SOL)

1. Early morning spontaneous vomiting
2. Headache
3. Geuvulsions
4. Proptosis
   1. Spina Bifida Occulta: -
5. Is a protrusion of the spinal cord
6. Is a protrusion of the dura mater
7. Leakage of the spinal fluid through the lesion
8. Can present with only a taft of hair at the site of the lesion
   1. Epistaxes in childhood may be associated with: -
9. Nasal Neoplasm
10. Plexus or varicose veins in the little’s areas
11. Hypertension
12. Trauma
    1. The hematuria in a male aged 48 could be due to : -
13. Urethral structure
14. Benign prostatic hyperplasia
15. Tuberculosis of the urinary bladder
16. Laceration in the kidney
17. A patient presenting ruptured menisci (semi lunar cartilages of the knee)
18. Complain of cocking and unlocking with a click of the knee joint
19. Painful knee on flexing
20. Gives a good descriptive history of the injury to the knee
21. It’s usually associated with fracture of the patella
22. The following are associated with goitre: -
23. More common in females than in males
24. Can be associated with iodine deficiency
25. Some goitre cases can present with thyrotoxicosis
26. None of the above.
27. A patient presenting with Benign Prostatic Hyperplasia (BPH) prostatism shall have: -
28. Hematuria
29. Poor stream
30. Frequency
31. Priapism
32. Gladys presented with hemothorax after being involved in a road traffic accident, the following are clinical signs: -
33. Tarchypnoea
34. Dyspnoeoea
35. Cough
36. Hemoptysis
37. Hematemesis can be associated with the following: -
38. Oesophageal varices
39. Schistozoma Hematobeum Infection
40. Schistozomia Mansoni Infection
41. Helicobacter Pylori Infection
42. A patient presenting with compound fracture of the tibia can be managed with the following ways: -
43. Traction and counter traction
44. Open reduction internal fixation
45. Plaster of paris cast full length
46. Creppe bandage
47. A patient with the anterior dislocation of the shoulder joint should be managed using: -
48. Application of figure of eight on both shoulders.
49. Pulled to the back
50. Kocher’s maneuver
51. Plaster of paris cast of the chest
52. Bed rest
53. The following are complication of appendicitis: -
54. Peritonitis
55. Appendicular mass
56. Intestinal obstruction
57. Ruptured appendix
58. The following can be used as regional block in anesthesia: -
59. Lignocaine
60. Halothane
61. Hydrocortisone
62. None of the above
63. A human bite wound can be managed in the following: -
64. Clean the wound and leave it open.
65. Clean the wound and suture.
66. Give Tetanus Toxoid injection and give antibiotic, NO cleaning is requires.
67. Clean the wound, give tetanus-Toxoid, give antibiotics and leave the wound open.
68. The following factors interfere with the wound healing: -
69. Septicaemia
70. Jaundice
71. HIV positivity of a patient
72. The gender of a patient
73. Oesophagial strictures are associated with: -
74. Swallowing corrosive substances.
75. Swallowing fluids only
76. Iatrogenic traumas
77. Recurrent vomiting
78. The following diagnostic methodologies are safe for obstetrical investigations: -
79. X-Rays
80. Ultra Sounds
81. C.T Scans
82. Magnetic Resonance Imaging (MRI)
83. Rheumatoid Arthritis can be associated with: -
84. Gender preference
85. Rheumatoid factor as a specific testing
86. Immuno-reactions in the patient’s body system
87. Only involvement of the large joints alone
88. Gauty Athritis: -
89. Is a metabolic disease
90. Is associated with an infective condition
91. It’s only found in person of specific age bracket.
92. Uric acid crystals have a role to play.
93. A healing fracture when an X-Ray is taken there will be evidence of: -
94. Provision callus formation
95. Increased vascularization
96. Dense calcium deposit on the bone
97. Loose boney fragments which require to be removed surgically.
98. Intracapsular fracture of the femoral neck of the femour is associated with: -
99. Avascular necrosis of the femoral head in elderly patients irrespective of age.
100. Avasclular necrosis of the femoral head in all patients
101. Traction and counter traction as the treatment of choice in all circumstances
102. Surgical treatment in elderly is the treatment of choice.
103. Hydro Cephalus: -
104. Is the blockage of flow of cerebrospinal fluid.
105. Can be treated by surgery with a tube inserted to pour the cerebraspinal fluid to the abdominal Cavity
106. Can be treated by surgery with a tube inserted to pour the cerebraspinal fluid to the Thoracic Cavity
107. Is un-treatable condition
108. Obstructive jaundice: -
109. Associated with ca head of pancrease.
110. Associated with ca of the body of pancrease.
111. Associated with gall stones.
112. Associated with Hepatitis B infection.
113. Undescended testis should be treated: -
114. By surgery pushing them to the scrotum before age 8 years.
115. By surgery and do complete removal of the testis at any age.
116. A continuous pulling till they descend to the scrotum.
117. By a procedure referred to as orchideopexy.
118. Frail chest: -
119. Is a chest injury with a fracture of 2 or more ribs broken into two sites.
120. Can be managed as an outpatient case easily.
121. Should always be managed in a health facility with specialized care capacity
122. Is a common chest injury
123. Physiotherapy is a method of patients ‘management: -
124. During the Acute Stage of healing
125. During the rehabilitative stage
126. Is of importance in patients who have been immobilized mostly.
127. Is a therapy for the most stable persons who do not have any complaints.
128. Surgical Emphysema: -
129. Presence of pain in the soft tissue.
130. Can be dangerous by coursing restrictive constriction of the underlying structures.
131. Can only be diagnosed using X-Rays.
132. Can be diagnosed by the characteristic sensation on touching the site.
133. Cystic Hytgroma: -
134. Is a malignant tumour
135. Is a benigh tumour
136. Is a congenital tumour
137. Is usually associated with Hormonal changes.
138. A Patient presented with Tarchycordia, swelling in the neck anteriously Hyperactivity. These can be associated with: -
139. Grave’s disease (diffuse Toxic Goitre)
140. Simple goitre
141. Thyroid crisis
142. Physiologically normal Thyroid gland
143. Urinary retention: -
144. Can be due to prostatic enlargement in men who are above 45 years.
145. Can be due to prostatic enlargement at ages
146. Urethrostructures can cause it
147. Can be associated with cystitis
148. A patient presents with history of slight head injury but deteriorates in consciousness after a few hours and looses consciousness. The following are true: -
149. Epidural hematoma secondary to middle to menigcial artery laceration
150. Subdural hematoma
151. Cerebral concussion.
152. It’s a psychosomatic disorder.
153. Burkhitts Lymphoma is associated: -
154. With being fast growing tumour
155. With fast growing tumour but can be treatable
156. Is a benign tomour
157. Is a tumour that is mostly associated writh children
158. The visual contex is situated in the: -
159. Occipital lobe
160. Parietal lobe
161. Frontal lobe
162. Temporal lobe
163. Conductive deafness: -
164. Results from blockage of Auditory Cranal by wax
165. Destruction of ossicular chain
166. Disease of vestibulo cochlear nerve
167. Blockage of the eustachian tube
168. I n Acute Cholecystitis: -
169. Give Broad Spectrum antibiotics
170. Prepare for surgery immediately
171. Surgery should be selective
172. Operation if there is peritonitis as a complication.
173. A patient presented with initially generalized abdominal pain and settled in the right. Iliac fosa.
174. Has Acute appendicitis
175. Has Acute cholecystitis
176. Has pepeptic ulcer disease
177. Has cystitis
178. A patient sustained stub wound in the alterior abdominal wall: -
179. Stab wound to be closed and patient given antibiotics
180. Patient should be assessed assured and sent home
181. Patient should be admitted and laparotomy done.
182. The depth of the stab wound should be assessed and manage thereafter.
183. Circumcision is indicated in: -
184. Recurrent balanitis
185. In phymosis and paraphymosis
186. Recurrent urinary tract infection
187. Male who is over twenty (20) years who presents to a Clinician.
188. Intestinal obstruction: -
189. May result from inon reducibea haernais
190. Adhesion are the common causes
191. Ascaris lumbricoides have no association
192. Pin warms are usually associated
193. Compound fractures are: -
194. Asleomyletis in a possible complication
195. Operative reduction internal fixation in the best management in fractures of the long bones.
196. Plaster of Paris casts is the first line of management
197. Patients can be managed as out-patients.
198. The following comprises management of thyroid storm: -
199. Administration of oxygen
200. Administration of sedatives
201. Administration of antidepressants
202. Cooling of patient with ice bags
203. Administration of lugol’s iodine
204. True or False?
205. A patient with a thyroid storm may present with altered consciousness.
206. A patient with thyroid storm CANNOT present with consciousness.
207. Desire for cosmetic appearance is an indication of tyroidectomy
208. It is vital to ensure patients are euthyroid before surgery
209. Inferior tyroid artery supplies the interior pole of the thyroid gland.
210. The following are likely causes of leg ulcers: -
211. Arterial and venous insufficiency
212. Trauma
213. Hypertension
214. Neoplasms
215. True or false?
216. Venous disease usually gives shallow ulcers
217. Venous disease usually gives deep ulcers
218. Artenal diseases may produce ulcers with a “punched out”appearance
219. History of DVT is unnecessary history in ulcerative disease
220. Sensory examination of lower limbs is necessary to rule out neuropathic ulcers.
221. Regarding pressure ulcers: -
222. The ischial tuberosity and trochanteric regions are common anatomical locations.
223. The elderly and the neurologically impaired are more at risk.
224. Most younger individuals with pressure ulceration are males.
225. Pain is a necessary stimulus for repositioning and pressure relief
226. Pain is an UNNECESSARY stimulus for repositioning and pressure relief.
227. Regarding umbilical hernias: -
228. They may close spontaneously
229. May become obstructed and present as acute abdomen
230. Defect may worsen in pregnancy if left unrepaired
231. There is no recurrence after corrective operation
232. Intestinal obstruction is a cause of mortality
233. Regarding abscesses: -
234. Can cause bacterimia
235. Cannot cause bacteremia
236. May be associated with formation of chronic draining sinuses
237. May rapture into adjacent tissue
238. Bleeding may occur due to vessel erosion by inflammation
239. The following are implicated in obstruction of appendiccal lumen: -
240. Lymphoid hypoplasia
241. Fecal stasis
242. Parasites
243. Neoplasms
244. Foreign bodies
245. True or false?
246. ‘Psoas sign’ denotes pain with right thigh extension in retrocecal appendilitis
247. ‘Psoas sign’ denotes pain with right thigh flexion in tetrececal appendicitis
248. In appendicitis, imaging is necessary especially to rule out differential diagnosis
249. Intra-abdominal abscess formation is a possible complication in appendicitis.
250. C-reactive protein is markedly reduced in appendicitis.
251. Regarding pancreatitis: -
252. Gall stones are a common cause
253. Alcohol may cause acute pancreatitis in the absence of chronic disease
254. Didanosine and furosemide have been implicated in drug-induced pancreatitits.
255. In rare occasions, it may have a viral etiology.
256. Viral etiologies have NOT been implicated in pancreatitis.
257. True or false?
258. The pancreas has both exocrine and endocrine functions.
259. In pancreatitis, ‘grey-turner sign’ denotes reddish-brown dis-colouration along flanks
260. In pancreatitis, ‘grey-turner’ sign denote bluish discolouration around the umbilicus.
261. A minority of patients with pancreatitis may have jaundice.
262. Fever and tachycardia are common signs in acute pancreatitis.
263. The following are predisposing factors to carcinoma of the breast: -
264. Irradiation to the chest
265. Family history of breast cancer, GIT or ovarian cancer
266. Multiparty
267. Shortened reproductive period - late menarche and early menopause.
268. Breast cancer in the contra lateral breast
269. True or False?
270. More than 70% of patients with ca breast present with a painless breast lump
271. A painful breast lump in ca breast may be due to superimposed infection
272. About 20% of normal breast is fat
273. Axillary node receive about 75% of the lymphatic drainage of the breast
274. The internal mammary nodes receive about 75% of breast lymphatic drainage.
275. The following are advanced disease symptoms of carcinoma of the breast: -
276. Chronic cough
277. Weight loss
278. Upper limb swelling due to lymphedema
279. Back pain
280. Generalized fatigue
281. True or false?
282. Third degree burns are usually insensate
283. Pain stimulus is perceived in 3rd degree burns
284. Third degree burns heal with minimal scarring
285. Third degree burns have high risk of forming contractures.
286. Superficial burns are usually painful.
287. Regarding patients with inhalation burns: -
288. Early intubation is advised to avoid difficulty once odema sets in.
289. Chest physiotherapy is advisable.
290. History of having been in an enclosed space is unnecessary.
291. Stable patients DO NOT need hospital admission
292. Foot in nasopharynx is no clue.
293. The following are indications for admitting burn patients: -
294. Friction burns
295. Chemical burns
296. Electrical burns
297. Thermal burns
298. Circumferential burns
299. True or false?
300. A colostomy may be fashioned to protect a distal anastornosis following resections.
301. End barrel colostomies are usually permanent.
302. Double barrel colostomies are usual temporary and are performed to rest an area of bowel.
303. Social support is vital in patients with colostomies.
304. Patients with colostomies should not continue to have normal sexual function.
305. The following conditions may impair breathing: -
306. Simple rib fracture
307. Cardiac tamponade
308. Frail chest
309. Aspiration of foreign body
310. Tension pnumothorax
311. True or false?
312. Initial drain through a chest tube greater than 1.5l necessitates a thoracotomy.
313. Initial drain through a chest tube greater than 200 ml necessities a thoracotomy.
314. Mainstay of management of simple rib fracture is open reduction
315. A hemothorax presents with reduced chest movements and increased breath sound.
316. Any lung disease that breaches the pleura may cause a pneumothorax.
317. Regarding a chest tube and under-water seal drainage (UWSD)
318. Drainage of fluid is influenced by gravity
319. Drainage of air is NOT influenced BY GRAVITY]
320. Drainage of air is influenced by pressure difference of the chest cavity and UWSD system.
321. The chest tube should be removed STRICTLY after 24 hours.
322. Hemothorax can occur during placement o f a chest tube.
323. Regarding colorectal carcinoma: -
324. Inflammatory bowel disease is a predisposing factor
325. High fiber diet appears to predispose to colorectal cancer.
326. It may present with a change in bowel habits
327. Carcinoembryonic antigen may be used for monitoring
328. It may result to rectoresical and rectovaginal fistula.
329. Regarding carcinoma of the esophagus: -
330. Majority are squamous cell carcinomas
331. Majority are adenocarconomas
332. Chest irradiation is a predisposing factor.
333. CT scan of the chest is a MANDATORY investigation.
334. Espophagectomy may result in reflux disease.
335. The following are risk factors for hemorrhoids: -
336. Constipation
337. Low fiver diets
338. High fiber diets
339. Rectal surgery
340. Increase muscle bone in old age
341. Regarding Hirschsprung’ disease: -
342. It results from anexcess of fanglioncells in mucosal and muscular layers of colon.
343. Aganglionosis is limited to the rectum and sigmoid in approximately 75% of cases.
344. It has occasionally been associated with other congenital anomalies.
345. The affected part/segment is usually constricted/collapsed.
346. The affected segment has marked distension with hypertrophy.
347. The following are causes of adynamic obstruction: -
348. Bezoars
349. Uraemia
350. Peritonitis
351. Intussusceptions
352. Hernias
353. The following are more common causes of intestinal obstruction in children/neonates compared to adults: -
354. Malrotation of the gut
355. Medium ileus
356. Acquired hernias
357. Collateral carcinoma
358. Hirschsprung’s disease
359. True or false?
360. Polyhydramnios is a mother could be suggestive of intestinal obstruction in the fetus
361. Vomitus is usually bile-stained if obstruction is proximal to true ampullar of vater
362. Failure to pass meconium in the first 24 hours is usually normal
363. Obstipation usually refer to failure to pass faeces and flatus
364. Vomiting may result to hyperkalaemia and over-hydration
365. Regarding intussusceptions: -
366. In a majority (more than 95%) of infants and children, there is no contributing factor.
367. Hypoplasia of peyers patches is a predisposing factor
368. Increased bowel vascularity causes ‘red currant jelly stools’.
369. It involves invagination of a bowel segment into an adjacent segment
370. Pneumatic reduction is an example of non operative management
371. The following are surgical indications in peptic ulcer disease: -
372. Severe epigastric pain
373. Hemorrhage
374. Perforation
375. Obstruction
376. Intractability to medical therapy
377. Regarding open reduction: -
378. It is indicated for fractures involving articular surfaces
379. It is suitable for fractures complicated by damage to a nerve or artery
380. It is NOT suitable for fractures complicated by damage to a nerve or artery
381. It risks damage to the blood supply of bone
382. It is indicated for grossly unstable fractures
383. The following are early complications associated with fractures: -
384. Compartment syndrome
385. Visceral injury
386. Myositis ossificans
387. Infections
388. Joint stiffness
389. True or False?
390. Pathological fractures are an indication for internal fixation
391. Pathological fractures are an indication for external fixation
392. External fixation is considered minimally invasive allowing early mobilization compared to internal fixation of fractures.
393. Avascular neurosis of head of femur may occur after a fracture through its neck
394. Fracture of the femur has NOT been associated with fat embolism
395. True or false?
396. In a majority of cases, childhood intussusceptions is idiopathic.
397. Pathologic lead points are more common in older children and adults
398. Pathologic lead points are more common in infants
399. Colo-colic intussusceptions is the most common
400. Ieo-colic intussusceptions is the most common
401. The following are some of the clinical features of osteosarcoma: -
402. Palpable mass in the involved area
403. Systemic symptoms
404. Pathological fracture
405. Pain
406. Edema distal to lesion
407. The following may comprise contents of a hernia sac: -
408. Portion of the circumference of the intestine
409. Omentum
410. Ovary
411. Meckel’s diverticulum
412. Fluid
413. The following are some of the etiologic factors implicated in peritonitis: -
414. Perforation of viscus into the peritoneal cavity.
415. Porto shunts
416. It could result as a complication of Barium examination
417. Infected ascitic fluid
418. Septic abortion
419. True or false?
420. Mastitis can occur in infants.
421. Polythelia is a congenital breast disorder associated with supernumerary nipples.
422. Fibroadenomas commonly undergo malignant transformation
423. Tamoxifen has been successfully used in estrogen-receptor negative tumours.
424. Lactating mother with mastitis should be encouraged to empty affected breasts.
425. A 22 year old lady is admitted in surgical ward with acute intestinal obstruction. The following is appropriate supportive management: -
426. A urethral catheter is unnecessary.
427. Insertion of a nasogastric tube for decompression
428. Fluid and electrolyte replacement
429. Oral intake of fees as desired
430. Antibiotic therapy may be started as pre-op preparation.
431. Regarding osteomyelitis; -
432. Draining sinus tracts and sequestrum denote acute disease.
433. Draining sinus tracts and sequestrum denote chronic disease
434. Subperiosteal abscesses may form.
435. S. aureus is the most common causative organism in all ages; including neonates.
436. More than 90% bony abnormalities within one week after onset of infection on X-ray.
437. The following factors impair wound healing: -
438. Malnutrition
439. Foreign bodies
440. Impaired perfusion
441. Infection
442. Drug therapy such as cytotoxics.
443. The following are predisposing factors for varicose veins: -
444. Family history
445. Cigarette smoking
446. Pregnancy
447. Multiparty
448. Abdominal tumours
449. True or false?
450. Varicose veins may present with pain especially after prolonged standing
451. Varicusities can occur in other areas besides the lower extremities
452. Varicosities occur ONLY in the lower extremities.
453. Deep venous thrombosis (DVT) can cause secondary varicose veins.
454. Decreased incidence of varicose veins is associated with marked obesity.
455. The following are causes of skin ulcers: -
456. Diabetes mellitus
457. Paraplegia
458. Early mobilization
459. Sickle cell disease
460. Trauma
461. Regarding chest trauma: -
462. Tension pneumothorax is primarily a radiological diagnosis
463. Tension pneumothorax is primarily a clinical diagnosis
464. Tachyarrhythmias may occur in myocardial confusion
465. Lower rib fractures may be associated with intra-abdominal injury
466. Diaphragmatic hernias pole no risk during thoracic catheter insertion.

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**FINAL QUALIFYING MAY 2008 CLASS**

**SUBJCET : SURGERY**

**TIME : 3 HOURS**

**PAPER 1**

**INSTRUCTIONS**

***Write your University number and not name***

***Attempt all the questions, Essay part 1 & Essay Part 2 on separate sheets of paper.***

* ***You do not score or lose any mark for not responding***
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***Do not use pencil***

**Essays For Part 1**

**Answer all questions in Short Answers.**

* 1. A 30 year old patient is brought to hospital with history of hematemesis: -

1. Define hematemesis (2 makrs)
2. Name the possible causes (4 marks)
3. Outline your management (4 marks)
   1. (a) List five (5) surgical indications of blood transfusion (2.5 marks)

(b) Describe two (2) complication of blood transfusion (2.5 marks)

3. Write short notes on Acute Supurative Otitis Midia

1. Aetiology (2 marks)
2. Clincial feature (4 marks)
3. Management (4 marks)
4. Discuss the management of a patient who present in Health Center with a fracture of femour in the following: -
   * 1. Clinical features (2 marks)
     2. Emergency management (4 marks)
     3. Final management (4 marks)
5. A 20 year old student sustains superficial burns on the entire outerior abdomen. The anterior aspect of both legs: -
6. Calculate the surface area of the burn (5 marks)
7. Calculate the amount of fluid you shall give in the first 24 hours (5 marks)
8. Discuss the: -
9. Indications for insertion of under-water seal drainage (wwsd) (5 marks)
10. Discuss the management of the patient presenting with Opthalmeial Neonatoru under the following headlines: -
11. Causes (2 marks)
12. Clinical features (4 marks)
13. Management (4 marks)
14. Write short notes on Hemoptysis under the following: -
15. Causes (5 marks)
16. Management (5 marks)
17. (a) Name the Para Nasal Sinuses (2 marks)
18. Describe the management of sinusitis under: -
19. Causes(4 marks)
20. Management (4 marks)
21. Discuss the septic osteoarthritis under: -
22. Causes (5 marks)
23. Management (5 marks)

**SAQ’s FOR PART 2**

1 (a) List 6 differential diagnoses of upper GI bleeding (3 marks)

(b) What are the surgical management indications in peptic ulcer disease? (2 marks)

2 (a) What is intussusceptions? (1 mark)

(b) Give four symptoms and signs of intussusceptions in a child with classical presentation (4 marks)

* 1. A 50 year old with history of previous surgery presents with intestinal obstruction.

1. List 6 causes of intestinal obstruction (3 marks)

(b) Give 4 symptoms that are common associated with intestinal obstruction (2 marks)

4 (a) What is Hirschprung’s disease? (2 marks)

(b) What is the definitive diagnosis of the disease? (1 mark) What investigation should be done?

(c ) What is the definitive management of the condition

5. A 43 year old man presents to the world with inguinal hernia

(a) List supportive management will you give to the client in the event of intestinal obstruction secondary to the hernia (3 marks)

1. (a) List the histologic types of ca esophagus (2 marks)
2. What are the likely complications associated with stent? (3 marks)

7. A 23 year old man is involved in an accident with subsequent chest trauma that results in a tension pneumothorax.

(a) List 4 clinical findings that can be found after palpation, percussion and ascutation (NOTE: NOT ON INSPECTION) (2 marks)

(b) What is the immediate management of the patient? (1 mark)

(c ) How do you manage the patient with: -

1. Minimal hemothorax (1 mark)
2. Moderate hemothorax (1 mark)
3. (a) What is the parklands formula that is used in estimation fluid volume requirement for a burn patient? (1 mark)

(b) List 8 complications associated with burns (4 marks)

9. A 30 year old lady with thyrotoxicosis is scheduled for surgery. After treatment, she is euthyroid and therefore is taken in for surgery. Unfortunately, she develops a thyroid storm. How do you proceed to manage it? (5 marks)

1. a) Which organism is commonly implicated in septic arthritis? (1 mark)

(b) What are true signs and symptoms associated with the disease? (4 marks

**LAQ’s FOR PART 2**

* + 1. A 35 year old man presents to the surgery ward with a two day history of abdominal pain, vomiting and on exam there is obvious tenderness.

1. List 4 differential diagnoses (2 marks)

On further investigations an abdominal radiograph reviews multiple air-fluids levels with distended loops of bowel.

1. What is the definitive diagnosis (1 mark)

(c ) What management will be involved in this patient? (Include drug dosages and frequency)

(6 marks)

(d) The patient was taken to theatre and a corrugated rubber drain was left in-situ. What is the purpose of a drain? (1 mark)

* + 1. A 16 year old boy presents with a Gustillo iiia fracture femur.

(a) What is Gustllo iiia fracture (2 marks)

(b) How do you proceed to manage the boy? (2 makrs)

(c ) What complications are associated with fractures ( 4 marks)

(d) Which is the ‘rule of twos’ when ordering/requesting radiographs for a suspected fracture? (2 marks)