

NBME Surgery Shelf Exam 2020 (116)

Note: Answer highlighted in green are definitive answers, while answers highlighted in cyan are not.

1- man with 1 day history of painful anal mass that notices after straining to pass stool, there is history of intermittent constipation, physical exam findings in the photo, which of the following is the next step in management?

- A- biopsy
- B- excision
- C- steroids
- D- band ligation

2- Woman with germ cell tumor, undergo chemotherapy and it's not effective, her parents want to try a new therapy for her but she refuses, what should the physician do?

- A- ask hospital ethics committee
- B- respect her wishes

3- Patient, ventilator dependent for weeks after gastric resection, hx of OSA and restrictive lung disease, on sedation, and attempts to reduce the doses are unsuccessful. tracheostomy is recommended, he is not married, has only one sister in another state. Most appropriate action?

- A. Proceed with tracheostomy as a medical necessity
- B. Continue current ventilation with orotracheal intubation
- C. Contact his sister

4- young patient comes with intermittent abdominal pain, mucous-mixed stool, no blood, rectal exam normal. Most likely dx?

- A. Crohn's disease
- B. Ulcerative colitis

5- A woman with bloody discharge from one nipple, on exam, no masses or lymphadenopathy, mammogram normal, most likely dx?

- A. Intraductal papilloma
- B. Ductal carcinoma in situ
- C. Prolactinoma

6- Patient comes after sustaining a painful injury to his knee days ago, it is getting worse, he has fever, a photo for the knee similar to this is shown, there is crepitation on palpation, gas in soft tissue on x ray, analgesics begun, surgical debridement planned. Most appropriate next step?

- A. Hyperbaric oxygen therapy
- B. Antibiotics
- C. MRI of knee

7- Old man comes hours after awakened by severe pain in his leg, hx of stable claudication, DM, hyperlipidemia, recent dx of A fib., absent pulse on the leg. Most likely dx?

- A. Femoral artery embolism
- B. Rest pain

8- Patient comes with 1-hr hx of sever left-sided chest pain, hours age he underwent endoscopy which showed benign stricture of distal esophagus, was balloon dilated. Now x ray shows pleural effusion.

Most appropriate next step in dx?

A. Water-soluble contrast esophagography

B- chest CT

C- thoracocentesis

9- Patient with sever sudden headache that is never experienced before , vomiting and stiff neck, most likely dx?

A. Rupture cerebral aneurysm

10- Multigravida comes with a hx of loss of urine with coughing, no urinary symptoms, on exam, a cystocele is noted, loss of urine with valsalva, most appropriate next step in tx?

A. Placement of a midurethral sling

B. Transvaginal hysterectomy

11- Days after emergency surgery for a perforated appendix, pt comes with nausea, vomiting, abdominal pain, fever, hypotension, tachycardia, tachypnea. Most likely type of shock?

A. Septic

B. Hypovolemic

C-Neurogenic

13- Patient receiving blood has a sudden onset of dyspnea, pain at the IV site, back pain. Most likely mechanism?

A. Performed antibodies to transfused RBCs

14- Patient comes with a nontender lump on his neck, on exam, firm mass in one pole of the thyroid lobe, U/S showed irregular mass 2cm. Most appropriate next step?

A. FNA

B. Thyroid scan

C. Excisional bx

15- Patient with episode of blood in stool, with a hx of abdominal aortic aneurysm repair years ago, on imaging, the contrast fills the aneurysm and the proximal small bowel. Most likely cause for this GI hemorrhage?

A. Aortoduodenal fistula

B. Duodenal ulcer

C. Small bowel angiodysplasia

16- Patient with dyspnea after walking one block, leg swelling, leg ulcer in the medial side, snoring, daytime fatigue, hypertension, cyanotic, BMI in 40s, Pco2 high. If not treated, will develop ?

A. Cor pulmonale

17- Old man brought to the ED after collapsing, hypotensive and tachycardia on exam, flank fullness is noted. Most likely dx?

- A. AAA, rupture
- B. AAA, stable
- C. AAA, inoperative

18- A little boy is brought to the ED for a small amount of bright red blood in his diaper noted by his parents, has a hx of upper respiratory tract infection days ago, on exam, mild tenderness and mobile mass is noted, most appropriate next step in dx?

- A. Air enema with ultrasonography

19- A little boy(less than 1 yr) with a 2 cm soft, reducible umbilical hernia. Most appropriate next step?

- A. Observation
- B. Herniorrhaphy
- C- surgery

20- Patient underwent an esophagogastroduodenoscopy for a reason I don't remember, at the time of endoscopy, the mucosa has the appearance of atrophic gastritis. This most likely associated with?

- A. Chronic malabsorption of vitamin B12

21- Patient comes with a hx of severe pain in buttocks that radiated to lower extremities, pain occurs while walking but not while riding a bicycle 🚲, pulse palpable bilaterally. Most likely explanation?

- A. Lumbar spinal stenosis
- B. Malignant mets to the vertebrae

22- Woman with a hx of mastectomy for estrogen +ve breast cancer, on tamoxifen since then, comes with low back pain, constipation, urinary incontinence, on exam, mild tenderness on palpation of the lower lumbar spine, rectal sphincter tone decreased. Best next step?

- A. MRI of the spine
- B. Antibiotics
- C. Discontinue tamoxifen

23- Days after a complicated left femoropopliteal bypass, has a decreased urine output, emergency angiography is done prior to operation and several times intra-op, lab values showed elevated BUN and cr(<20:1), granular cast. Most likely mechanism?

- A. Tubular injury
- B. Hypovolemia

24- A Patient is brought after vomiting blood during a drinking binge, x ray showed left pleural effusion, bilateral infiltration, mediastinal emphysema. Most likely dx?

- A. Esophageal rupture

25- Patient underwent colectomy with end colostomy for perforated sigmoid diverticula, has ARDS post op. On post op day 5, NG tube drainage is black, test +ve for blood, hematocrit drops in the last 24 hrs. Most appropriate next step in dx?

- A. EGD
- B. CT scan of the abdomen

26- Days after uncomplicated CS, the woman has profuse serosanguineous discharge from a lower midline incision, mid incisional defect, the defect is probed and no resistance is felt for the length of the cotton swab, most likely explanation?

- A. Fascial dehiscence
- B. Subfascial dehiscence
- C. Wound infection

27- Patient comes with severe epigastric pain radiating to the back with nausea and vomiting, fever, hx of alcoholism is mentioned, elevated amylase, CT provided, shown pancreatic pathology, in addition to IV fluid, most appropriate next step?

- A. Bowel rest
- B. ERCP
- C. start drain access

28- A player comes with severe leg pain after being knocked down by another player, his leg is edematous, tender, motion of the ankle and toes produces severe pain in the calf, x ray showed displaced fracture of the tibia. Most appropriate next step?

- A. Measurement of the compartment pressure
- B. Closed reduction with intramedullary nailing of the fracture
- C. Open reduction

29- A child comes with sore throat, difficulty swallowing, high fever, hypotension. The question mentioned that the patient underwent an operation for intra-abdominal bleeding following an accident but details are unknown, in addition to IV fluids which is the most appropriate next step?

- A. Ceftriaxone
- B. Granulocyte colony stimulating factor

30- A trauma patient, with blood at the urethral meatus, ecchymosis over the scrotum and perineum, on digital rectal exam, the prostate cannot be palpated, most likely dx?

- A. Urethral transection
- B. Bladder rupture

31- Patient undergoing renal transplant for ESRD, during the procedure anastomosis is completed and clamps removed, the transplant initially turns pink but quickly becomes grossly cyanotic, doppler ultrasound shows adequate blood flow. Most likely explanation?

- A. Hyperacute transplant rejection
- B. Acute transplant rejection
- C. DVT

32- Days after a procedure for cancer resection, the patient becomes dyspneic as she walks to the bathroom. Most likely cause?

- A. PE
- B. Atelectasis

33- 48 hours after a motor vehicle collision, the patient has cough and crackles, repeat x ray showed confluent infiltrate over the upper lobes while initial x ray shows minimal haziness. Most likely explanation?

A. Lung contusion

34- Woman in her 40s comes with a tender breast mass, no lymphadenopathy, mammogram well-defined mass, u/s shows fluid filled compressible mass. Most appropriate next step?

A. Needle aspiration

B. Core-needle biopsy

C. MRI

35- Patient in his/her 30s comes with a 13-year hx of ulcerative colitis, his father was diagnosed with colon cancer at 55. Most appropriate cancer screening for this pt?

A. Colonoscopy now

B. Virtual colonoscopy now

C. Colonoscopy at 45

36- Old man with smoking history. On exam, nontender pulsatile mass in the mid abdomen is noted, no bruit. Ultrasound confirms a 4 cm aneurysm with no evidence of rupture, which factor provides the best rationale for serial imaging rather than surgical repair for this pt?

A. Size of the aneurysm

37- Patient with a hx of ulcerative pancolitis, presents with sever abdominal pain, hematochezia, abdominal distention, x rays shows gas distending the colon. Most likely dx?

A. Toxic megacolon

38- Old man comes with difficulty swallowing solids and liquids with gurgling in his throat, bad breath, barium swallow is shown. Most appropriate next step?

A. Diverticulectomy

B. Dietary counseling

39- Patient comes with watery diarrhea and abdominal pain for weeks, he states that the stool contains blood and mucus, has lost some weight, colonoscopy showed pseudopolyps. Most likely dx?

A. Ulcerative colitis

40- Patient with pain and tenderness of the long bones of lower extremities, received a dx of squamous cell carcinoma of the lung 6 months ago, hx of RA, x rays shows periosteal new bone formation. Symptoms are most likely a complication of?

A. Squamous cell carcinoma of the lung

B. RA

C. Osteoporosis

41- Patient has pain after hernia under local(lidocaine) anesthesia. Most appropriate analgesic for the incisional pain?

A. Bupivacaine

42- Patient intubated and mechanically ventilated, meets the criteria for brain death, no advance directive stating his preference for care, family says that the pt told them several times that he didn't wish to receive life support in this sort of situation. They request discontinuation of the mechanical ventilation. Most appropriate next step?

A. Discontinue mechanical ventilation

B. Continue mechanical ventilation

43- Obese woman comes with headache for weeks that has worsened and now accompanied by blurry vision, fundoscopic exam shows bilateral papilledema. CT shows no abnormalities. Most appropriate next step?

A. Lumbar puncture

44- Patient presents with a month of progressive shortness of breath and fatigue, bilateral axillary adenopathy, x rays shows pleural effusion, pleural fluid leukocyte count is elevated with 80% lymphocytes. Most likely dx?

A. Lymphoma

45- Homeless patient with alcoholism comes with vomiting dark maroon fluid during the past few hours, has stigmata of chronic liver disease, endoscopy shows esophageal varices with evidence of recent bleeding, most appropriate next step?

A. Variceal banding

B. TIPS

46- Runner comes with intermittent pain in his foot on standing, x ray after a severe pain at the end of a race showed no abnormalities, exam shows tenderness proximal to the second metatarsal. Most likely dx?

A. Stress fracture

B. Planter fasciitis

47- Firefighter is hospitalized for third degree burns involving the upper extremity, purulent exudate is noted at the site of IV catheter in the proximal cephalic vein, when the catheter removed, additional exudates drains from the site, exam showed a segment of the cephalic vein firm, indurated, fluctuant and erythematous, most appropriate next step in addition to IV antibiotics?

A. IV heparin

B. Excision of the vein

49- Patient comes with vomiting bright red blood and tarry stool, fever, years ago he underwent aortofemoral bypass for claudication, blood cultures grows gram negative bacilli, CT shows air and fluid around the aortic graft, angiography shows patent aortofemoral graft with no pseudoaneurysm, upper endoscopy normal. Most appropriate next step?

A. Colonoscopy

B. Exploratory laparotomy

50- Case describes a newborn with progressive jaundice, direct hyper bilirubinemia, ultrasound shows no gallbladder, 99m technetium scan shows liver uptake, no gallbladder, no tracer in the bowel, most likely mechanism of this pt jaundice?

A. Impaired bile flow through ducts

51- patient admitted to the hospital due to bleeding in upper GI for 5 hours(I think), 3 months ago was hospitalized for necrotizing pancreatitis secondary to chondrolithiasis, 4 weeks ago admitted for similar episode of bleeding,

stable vital signs, endoscopy shows bleeding from gastric varices,
most likely cause of bleeding?

- A- alcoholic hepatitis
- B- cirrhosis of liver
- C- hepatic vein thrombosis
- D- **splenic vein thrombosis**

52- patient is brought to emergency after they found him on a snow-covered mountain.

Alert, oriented, shivering , unable to walk without assistance, his toes are numb.

Temperature 36, examination >> pale toes bilaterally, blisters on 4th and 5th toes bilaterally, sensation to touch is absent over the toes bilaterally, pedal pulses faintly palpable in both feet, ABI 0.85 bilaterally.

Feet are immersed in hot water bath for 20 minutes, and during immersion feet become painful,

In addition to administration of acetoaminphen, next step?

- A- **observation**
- B- nitroglycerin
- C- immediate arteriography of lower extremities

53- patient is brought to emergency 30 minutes after sustaining injuries to head chest and abdomen when he was thrown from his motorcycle.

Temperature 35.9, pulse 110, BP 115/90.

CT scan of the abdomen is shown in the picture, next step in management of his abdominal injuries?

- A- angiography
- B- ultrasonography
- C- Diagnostic peritoneal lavage
- D- **laparotomy**

54- 47 year patient with 1 month history of rectal bleeding that occurs with bowel movement.

No pain with bowel movement, no weight loss, normal vital signs, abdominal and digital rectal examination show no abnormalities, negative occult blood in stool, next step in diagnosis?

- A- barium enema
- B- capsule endoscopy
- C- **colonoscopy**
- D- CT colonography
- E- **repeat test of occult blood in 1 month**

55- 50 year old woman has lump in her breast for 2 months ago. Examination shows 3×2×2 cm smooth mass in upper outer quadrant of right breast. No lymphadenopathy, aspiration of mass yields dark green fluid, no residual mass is palpable,

most likely diagnosis?

- A- breast abscess
- B- breast cancer
- C- **breast cyst**

56- hospitalized patient has fever for 3 days. Underwent surgical repair of a perforated esophagus 4 weeks ago and has prolonged ileus. Diagnosed with pneumonia 16 days ago and intubated and mechanically ventilated since then, now he is receiving broad spectrum antibiotic therapy and parenteral nutrition.

Temperature 39,

central venous catheter in place,

Blood cultures grow candida albicans,

In addition to IV fluconazole, next step?

A-renal Ultrasound

B-CT scan of abdomen

C-IV amphotericin B

D-removal of central venous catheter

57- patient comes to emergency because of severe throat pain 1 hour after he ingested a small quantity of alkali cleaner in a suicide attempt, There is a scattered burns on the lips but no in the mouth.

Pulmonary and abdominal examinations no abnormalities.

Next step?

A-observation

B-gastrografin swallow

C-esophagoscopy

58- patient is recovering in post anesthesia 2 hours after a surgery during which he suffered a blood loss of 1.5 L and experienced several episodes of intraoperative hypotension during the operation, he received 3 units of crossmatched blood one hour later temperature 36, tachycardia, resp. 20, BP 95/50.

Urine output is 5 Infusion of 2 L of 0.9% saline during the next hour results in no change

Most likely cause of hypotension?

A- acute hepatic failure

B- intra abdominal bleeding

59- patient with 7 day history for fever and diffuse mild abdominal pain. During the past 2 months, he has noticed increased abdominal girth. He has long history of alcoholism. Temperature 38.5. Abdomen is distended with mild tenderness throughout all quadrants and shifting dullness. Bowel sounds are decreased.

Paracentesis:

SAAg > 1.1

WBCs = 3500 (I think) – in peritoneal fluid

Most likely diagnosis?

A-spontaneous bacterial peritonitis

60- patient comes with a skin lesion on her right leg that has been increasing in size since he first noticed it 3 months ago.

There is a photograph of the lesion in the exam.

Next step?

A-full thickness biopsy

B- wide excision with 1 cm margin

61- patient with 5 day history of constant numbness around her mouth, cramping in her forearms and hands, and tingling of her fingertips. He has Crohn disease, there is facial muscle contraction on tapping just anterior to the ear. A deficiency of which of the following is most likely?

A-**calcium**

B-vitamin D

62-patient with 2 year history of a lump on his right ankle that has increased in size during the past 2 months. The lump is slightly painful only when he is active. There is a raised lesion that is firm and adherent to bone. Range of motion is full .

X rays of right lower extremity are shown in the exam.

Most appropriate next step?

A-dexa scan

B-**biopsy of the lesion**

C-second x ray in 2 months

63- 27 years old woman comes for follow up 1 month after undergoing emergency appendectomy. While in the hospital, her blood pressure increased. BP 160/90.

A bruit is heard in the epigastrium.

Most likely cause of increased blood pressure?

A-**renal artery fibromuscular dysplasia**

B-renal vein thrombosis

64- patient has an enlarging lump under his tongue. The lesion is ulcerated and painful. He quit smoking 10 years ago. There is a mass adjacent to the inferior dental arch extending to the inner surface of the tongue. Submental lymph nodes are palpable, no neck adenopathy.

Next step?

A-**biopsy of the mass**

B-biopsy of the lymph nodes

C-wide excision of the mass with radical neck dissection

65- patient with a lump on the right upper side of his back increasing in size since he first noticed it 2 years ago. It causes him discomfort when he leans against the back of a chair or car seat. Examination: 2 cm subcutaneous soft mass over the right scapular region.

Next step?

A-Incision and drainage of the mass

B-**Excision of the mass**

66- patient with systolic ejection murmur is best heard over the second right intercostal space with transmission to the carotid arteries. ECG shows normal sinus rhythm and a pattern of left ventricular hypertrophy with strain.

Which of the following manifestations would include the need for aortic valve replacement?

A-**angina and syncope**

B-ventricular arrhythmia

67- patient admitted for crohn disease. left subclavian catheter insertion for TPN are unsuccessful. 2 days later, a large pleural effusion is seen on chest x ray. Stable vital signs. Thoracocentesis yeilds milky fluid. On pleural fluid analysis, which of the following is most likely to confirm the diagnosis?

- A- measurement of LDH
- B- measurement of ph
- C- measurement of triglyceride concentration

68- patient admitted to ICU after surgery. He has histort of coronary artery disease. Pulse 110, respirations 32, BP 140/80. There is jugular venous distension, expiratory wheezes are heard at both lung bases.

Most likely diagnosis?

- A- Congestive heart failure
- B- pulmonary embolism

69- patient is brought to emergency 30 minutes after he was involved in a motor vehicle collision. He is oriented to person but not to place or time. He has no documentation in his wallet regarding his religious affiliation, but his friends says he thinks he might be a Jehovahs witness.

His family cannot be contacted. BP 90/50, pulse 110, respiration 20. 15 minutes later, pulse 135, BP 75/40. FAST shows blood in hepatorenal recess. Hematocrit 15%.

Next step?

- A- IV administration of fluids only
- B- transfusion of packed red blood cells

70- patient has incarcerated inguinal hernia resulting in small bowel obstruction. Patient is extubated after the procedure, 4 hours later he develops tachypnea and tachycardia.

X ray of the chest suggests a right upper lobe infiltrate.

ABG: pH 7.47 pco2 30 po2 52

Most likely diagnosis?

- A- PE
- B- aspiration pneumonitis

71- patient with 2 day history of severely painful red lump in his groin. BMI 33.

Examination: 2x2 cm erythematous indurated fluctuant mass in the right groin.

Next step?

- A- excisional biopsy
- B- incision and drainage

72- 2 days after undergoing thoracotomy for a stab wound to the right hemithorax, the patient has oligouria despite adequate fluid replacement. During the operation, he received 4 units of packed RBCs. Oligouria most likely caused by increased concentration which of the following hormones?

- A- ADH (vasopressin)

73- 14 years old patient has several generalized tonic clonic seizures and decreased urine output 24 hours after undergoing revision of an obstructed ventriculoperitoneal shunt.

Labs:

Serum >>

Na 118

K 4

Urea nitrogen 3

Osmolality 248

Urine >>

Specific gravity 1.032

Na 192

Osmolality 800

Urea nitrogen 600

Pulmonary artery catheterization shows central venous pressure of 9 cm H₂O.

Next step?

A-naloxone

B- 3% sodium chloride

74- 2 hours after admission to the hospital for injuries in motor vehicle collision, the patient has tachycardia. He has bilateral fractures of the 5th and 6th ribs. On admission, ECG showed occasional premature atrial contractions.

Examination : Posterior crackles are heard over the lower quarter of the lung fields bilaterally.

Most likely cause of cardiovascular findings?

A-blunt cardiac injury

B-hypovolemic shock

C-pericardial tamponade

75- patient with shortness of breath for 4 hours. He is taking digoxin and quinidine for AFib and lisinopril and furosemide for CHF. After admission he is found to have DVT of the right calf, heparin therapy is initiated. On day 4, he develops thrombosis of his left axillary artery. His platelet count is 10,000, ptt is 50 seconds.

Most likely cause of these findings?

A-furosemide

B-heparin

C- lisinopril

D- thromboangitis obliterans

76-8 hours after laparoscopic cholecystectomy, an obese patient has pulse 150, BP 60/40. Hematocrit 28% (42% preop). Arterial pO₂ is 70. Central venous pressure is 2 mm Hg.

Most likely diagnosis?

A-addisonian crisis

B-MI

C-postoperative bleeding

77- 20 years old patient is brought to emergency immediately after being involved in a motor vehicle collision.

On arrival, he cannot catch his breath.

Temperature 36.5, pulse 118, respirations 30 and shallow, BP 80/40. Examination shows severe tenderness of the right chest wall with crepitus on palpation. Breath sounds are distant on the right. There is a bony deformity of right humerus.

Most likely cause of respiratory distress in this patient?

A-fat embolism

B-hydropneumothorax

78- patient with history of episodes of sweating, dizziness, confusion. 2 years ago, he underwent a parathyroidectomy for hyperparathyroidism.

Serum Ca 9, fasting serum glucose concentration is 30, serum insulin concentration 240.

CT scan of abdomen shows 1 cm mass in the body of the pancreas.

Next step?

A- somatostatin analog therapy

B-surgical resection of the pancreatic mass

C- total gastrectomy

79- 24 hour after splenectomy Cruz of MVC, a patient has oliguria, and there is urinary catheter, bowel sound absent, hematocrit 28%, BUN 30, Cr 2.5, electrolyte normal, CVP= 8, next step to confirm diagnosis?

A- measure urine Na and Creatinine

B- replacement of urinary catheter

80- 2 week after biopsy of nevus, a patient come with hematoma around incision site, the patient has history of easy bruising and heavy menstruation

PT13, PTT42, bleeding time 9min, normal platelets

After administration of desmopressin, bleeding time decrease to 4.3 min,

What is the cause of this symptoms?

A- decrease ristocetin cofactor activity

B- factor 8 def.

C- factor 9 def.

81- Case of adrenal crisis following surgery

(a patient with SLE take steroids go for surgery of perforated ulcer after surgery become hypotension, hyponatremia, hyperkalemia

What should be administered in addition to fluids?

A- hydrocortisone

82- 16 year old boy, history of intermittent bright blood per rectum, endoscopy shows 1 cm, 2cm polyps in colon, biopsy of polyps shows dilated, cystic, mucus filled glands with abundant lamina propria and inflammatory infiltrates

Diagnosis?

A-FAP

B- Juvenile polyposis

83- Patient going transurethral resection of prostate, hours later he develop hypotention and hyperkalemia with ECG changes (peaked T wave..)

Next step?

A- IV calcium chloride

84- 60s year old man come to ED after 15 min episode of blindness in left eye, he describes " a curtain coming down over eye".

He has CAD and hypertention, no bruit

Diagnosis?

A- carotid stenosis

B- cataracts

85- 70 year old Patient with RLQ abdominal mass in cecum become dyspnea, hemoglobin 5, CT shows 10cm mass on cecum, he revied blood transfusion, there is crackles heard bilaterally

Which of the following most likely to confirm cause of respiratory distress?

A- ABGs

B- V/Q scan

C- Xray

86- 20 year old woman has pain in her left breast after motor accident, exam shows hard irregular mass in the lower quadrant of left Breast, no nipple discharge or skin retraction no lymphadenopathy

Diagnosis?

A- breast cancer

B- fat necrosis

87- 60 year old woman with scalp pain and blurred vision in left eye, there is history of pain in left shoulder and hip muscles and range of motion limited by pain

ESR 52

Next step for Diagnosis?

A- temporal artery biopsy

B- CT scan of head

88- Patient did excision of small raised lesion at naris 1 week ago, today the pathologist confirm extending BCC to the resection margin in one section, next step?

A- Reexcision of excision site

89- 60 year old woman, mammogram of right Breast shows 15 mm area of microcalcification, core needle biopsy shows intraductal breast carcinoma

Next step?

A- lumpectomy with sentinel node biopsy

B- mastectomy and axillary node dissection

90- Patient undergo colon resection, after that patient become oliguric, and don't receive blood transfusion during operation Na 148 BUN 36 Cr1.6 urine sodium 5

Most likely cause of oliguria?

A- ATN

B- prerenal azotemia

91- Patient with fibroadenoma and globular carcinoma in situ

Over the next 10 years she at increased risk for?

A- Bone mets

B- **invasive ductal carcinoma**

92- Patient has onset of chills after 2 hours of transfusion of 2 units of RBCs, temp 38.5

Explanation of patient fever?

A- bacterial contamination

B- **hemolytic transfusion reaction**

C- cytokines

93- 50 year old with 5 days history of blood in urine, he has history of smoking for 30 years, CT shows large solid mass involving posterior bladder wall and evidence of distant metastasis

Next step?

A- **systematic chemotherapy**

B- TURP with intravesical chemunotherpay

94- 30min after Motor accident, there is ecchymoses over forehead, left chest, breath sound decrease at left lung base, epigastric tenderness, xray shows revels bowel in chest

Most likely diagnosis?

A- **diaphragmtic rupture**

B- hemothorax

95- 50 year old woman develop swelling 3 days after Roux for cancer of head on pancreas, venous

Doppler is positive

Next step?

A- **compression stocking**

B- heparin

96- Woman come to ED after trauma to neck and head cuz for motor accident, exam shows contusion at right side of head and clear fluid drain from right ear, explanation of this findings?

A- zygomatic fracture

B- **cranial fracture that has disrupted the meninges**

97- Man with BMI 52, decrease breath sound bilaterally, ABGs shows pH 7.3, Pco2 55, Po2 72

Cause of this findings?

A- **decrease ventilation**

98- 50 year old man with heart burn and took omeprazole, upper endoscopy shows narrowing of esophagus and biobsy shows barret esophagus with carcinoma in situ

Next step?

A- increase dose of omeprazole

B- **Esophagectomy**

99- 90 year old man with black skin on his right leg, exam shows black skin over right ankle and foot, pulses absent distally

Next step?

A- Arteriography with contrast

B- **Amputation**

100- Man with chronic infection at left axilla, he has had infections of right axilla and groin with multiple small abscess, exam show multiple draining sinuses

Diagnosis?

A- **Hidradentitis suppurativa**

B- Folliculitis

101- 57 year old man with epigastric pain 1 hour after meal, no weight loss, no vomiting

Decal occult blood is positive

Next step?

A- Serum H.Pylori

B- **EGD**

102- Old man with End stage renal disease undergoes renal transplant, there immediate diuresis of the kidney with high urine output

Creatinine normal, phosphorus 1.5

Cause of decrease phosphorus?

A- Hypocalcemia

B- **Hyperparathyroidism**

103- Case about patient undergoes gastrectomy after GI hemorrhage, and there is increasing in abdominal pain, he has hypertension and DM2

Hematocrit 32%, leukocytes 8000

In addition to morphine, next step?

A- **12 Lead ECG**

B- D-dimer

104- Young boy with sudden onset on pain at right testis, exam shows swollen, tender, erythematous scrotum

Next step?

A- **surgical exp.**

105- After pancreatic cancer surgery patient develop fever, tachycardia, tachypnea, crackles on lung bases, leukocytes 15000, and there is small pleural effusion at left

Diagnosis?

A- **Atelectasis**

B- PE

106- Patient after trauma he develop edema and ecchymoses on scrotum. scrotal hematoma detected by Doppler next step?

A- **Surgical exp.**

107- After liver transplant patient develop fever, dyspnea, recurrent pleural effusion since the operation, breath sound decrease at right hemithorax and there is dullness

xray and CT shown in exam

Diagnosis?

A- Empyema

B- chronic atelectasis

108- Patient with injury of upper arm while playing, exam shows swelling of arm, absence of wrist extension, xray shows fracture at the distal humerus, most likely site of nerve injury?

A- radial nerve at elbow

B- radial nerve above elbow

109- Elderly patient with abdominal distention and obstipation, occult stool negative, xray shown in exam with dilated bowel

Diagnosis?

A- volvulus of sigmoidal

B- ischemic colitis

110- Patient with trauma after motor accident with tree, temp 35.5, pulse 120. Resp. 30 systolic pressure 60

Exam shows angulation of midthoracic spine, he is unable to move his lower extremity, xray shows compression fracture, obliteration of spinal canal

Cause of patient hypertension?

A- decrease sympathetic tone

دعوة في ظهر الغيب لطلبة طب دفعة ١١٦
بالتوفيق للأجيال القادمة ❤️